WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)

September 2009; Vol. 4, No. 9

The community health worker (CHW) makes a practical and proven contribution to the core of the primary health care approach, which is the involvement of people. It is absolutely essential for the health sector to promote good health rather than just control disease. Health personnel tend to assume that people do not know anything. They often see communities as empty vessels into which scientific knowledge have to be poured. But in reality, of course, there are no empty vessels; they are filled with popular health culture. Perhaps those who know their communities and their health culture best are the traditional healers. These are available in significant numbers in many parts of the world and are unlikely to disappear, despite the spread of modern health services. They have been found to be willing, effective and sustainable CHWs once they are given the necessary training and support. Traditional healers include people who may be known as herbalists, diviners, spiritual or faith healers, traditional birth attendants, curanderos, shamans, bone-setters and by many other names. Using available potential is essential. There is often strong opposition to traditional healers on the grounds that they are those who argue that whether they are "scientific". On the other hand there are those who argue that whether they are "scientific" or not, they are effective. Furthermore, many people trust them, they are accessible and affordable, and they are the only health services available to millions of people. In practice, arguments for and against traditional healers are not productive. It is more useful to start from the fact that they exist, they are accepted and used by their communities, and that in many cases they have the potential to be excellent CHWs. When a survey was made of projects that trained and used traditional healers as community health workers, the findings of summaries are as follows: Traditional healers are available and willing to work in community health; Traditional healers can be trained to perform a wide range of primary health care tasks; Training had affected the attitudes, knowledge and practice of traditional healers in positive ways; Training the healers has proved to be cost-effective; The drop-out rate for traditional healers is much lower than that of other CHWs.

On the other hand, there are also a number of difficulties to be overcome in using traditional healers as CHWs. The most important of these were found to be the following: There is a lack of supportive government policies to promote cooperation with and use of traditional healers in primary health care; This lack of clear policy has helped to foster a negative attitude on the part of health staff towards traditional healers; Many healers are illiterate or lack formal education, thus making it difficult for health staff to discuss ideas and approaches with them. There are many Projects in Bangladesh, Ghana and Mexico organized by the World Health Organization (WHO) and the guidelines are produced. The aim is to assist individuals and organizations to develop the right kind of training programs. These will enable traditional healers to play a significant role in improving the health of their communities because they know the local traditions and culture, and can therefore build on them with the help of the modern health sector. CHWs play a unique role because they belong both to the community and to the health sector. They make a practical and useful contribution to the core of the primary health care delivery in rural areas. There are many articles in the section – Healthcare Policies and Women's Health of **WomensHealthSection.com** that explore this collaboration in detail. Hope helps you to forge the links.

Building on Local Health Culture

Rita Luthra, MD

Your Questions, Our Reply:

Why performance-based funding of health services in developing countries is getting more attention?

Making Healthcare Accountable: Developing countries and their international partners are increasingly adopting methods of financing health care activities in developing countries that link the availability of funding to concrete, measurable results on the ground. Such "performance-based" financing was advocated a decade ago in the World Bank's 1993 World Development Report--Investing in Health and other policy documents in the early 1990s, although relatively little practical experience with this type of financing was available. Since then, much experimentation has taken place, and we are seeing with growing clarity the important potential – as well as the challenges of performance-based financing for achieving national and global health goals. Governments and partner agencies are interested in performance based financing for health for a number of reasons. First, there is a growing focus worldwide on achieving measurable results with development assistance, and performance-based financing spotlights such results. Second, even though external funding for health care in developing countries is currently in excess of $8 billion a year, substantially greater development assistance will be needed to reach the health Millennium Development Goals (MDGs). Third, linking the availability of financing to measurable results, whether in terms of changes in health status or in the coverage and quality of health services is consistent with the objective of making service providers more accountable. Increasing accountability of service providers to clients in low-income communities and to government policymakers was the theme of the 2004 World Development Report: Making Services Work for Poor People.

Looking ahead: performance-based financing for health is likely not only to continue but to expand. This trend is being spurred on by several factors. They include government and donor concern for health outcomes; interest in improved measurement of results; the push for greater accountability of health care providers to their clients and to governments and for stronger accountability of governments to donor agencies; and a recognition that non-governmental organizations (NGOs) and the private sector can, in some cases, deliver essential health services to poor people more efficiently than the public sector. It is vital for the development community to continue to monitor closely these promising experiments in performance-based financing and to disseminate and apply the lessons of success and failure as rapidly as possible to maximize the benefits of development assistance in pursuit of the health Millennium Development Goals.

About NGO Association with the UN:

UN Partner on Millennium Development Goals (MDGs)
A Gateway to the UN System's Work on MDGs

IMF - International Monetary Fund
Development, Trade & Aid

The IMF contributes to this effort through its advice, technical assistance, and lending to countries, as well as its role in mobilizing donor support. Together with the World Bank, it assesses progress toward the MDGs through an annual Global Monitoring Report. There are many ways in which the IMF helps poor countries achieve the sustained high levels of growth that establish the basis for poverty reduction—including through policy advice, technical assistance, financial support and debt relief. It also tries to ensure that developed countries' policies are supportive of low-income countries' development efforts, by advocating for increased foreign aid, the opening of markets to developing countries' exports, and the maintenance of a healthy enabling international economic climate. The pressures to meet the MDGs by 2015 have further focused the IMF's efforts on helping countries assess the macroeconomic consequences of scaling up both their own policy efforts and external financial support. In this context, the IMF

encourages countries to develop and analyze alternative frameworks for achieving the MDGs, and to make these underpin their poverty reduction strategies. Typically, one scenario might include a realistic projection that assumes good policy implementation and continued donor support at a level based on current trends and expectations. Another more ambitious projection would take account of absorptive and administrative constraints and try to identify policies to alleviate them so as to put the country on a higher growth path. This can help countries use the MDGs to design their policies, and guide donors in assessing the capacity of a country to absorb increased levels of aid and put it to effective use. Increasingly, it is recognized that macroeconomic stability and growth depend heavily on structural and institutional factors. Therefore, in contributing to the achievement of the MDGs, the Fund works closely with partner agencies, especially the World Bank, but also other multilateral and bilateral providers of aid and financing.

Collaboration with World Health Organization (WHO):

Art for Health: contemporary art and women's health

The intention of the Art for Health project is to contribute to the improvement of global sexual and reproductive health in an innovative way. Specifically, the project uses contemporary art as a medium to increase people's awareness of sexual and reproductive health issues prevalent around the world, particularly those that negatively affect the lives of women and their families.

Objectives: The A4H project transmits key public health messages about women's sexual and reproductive health through art to accomplish the following set of objectives:

- Increase awareness of global disparities in women's sexual and reproductive health;
- Mobilize resources for the health of women and newborns around the world;
- Expand beyond the scientific and public health communities to reach other audiences and engage them in the challenge of improving women's sexual and reproductive health conditions;
- Promote the notion that underprivileged women can be partners in the effort to change their adverse life circumstances and poor health outcomes.

Details: http://www.who.int/reproductive-health/artforhealth/index.htm

Bulletin of the World Health Organization; Volume 87, Number 9, September 2009, 645-732 Table of contents

Collaboration with UN University (UNU):

UNU-WIDER (World Institute for Development Economics Research) *Expert Series on Health Economics:*

Understanding the African Growth Record: the Importance of Policy Syndromes and Governance

The current paper, first, finds that although the post-independence growth of African economies has fallen substantially below that of other regions, this comparative evidence is less than uniform across time and countries. Second, it uncovers total factor productivity as the primary culprit underlying the generally dismal growth record. Third, reflecting recent evidence, the paper finds that 'policy syndromes' represent a major culprit explaining the growth performance, with their absence accounting for nearly 3.0 percentage point rise in the annual per capita GDP growth via increases in TFP. Finally, the paper finds that governance exerts positive direct and indirect impacts on growth; the latter is via the potential ability of governance to achieve a syndrome-free regime.

Most countries of sub-Saharan Africa (SSA) attained political independence from colonial rule in the late 1950s through mid-1960s. Since 1960, economic performance of this region has substantially lagged behind that of other regions of the world. Nonetheless, the performance has been rather episodic, with the economies of African countries growing fairly strongly until about the late 1970s, when the region's GDP growth began to decline substantially, falling short of population growth. Many countries of Africa1 have, however, exhibited increasingly strong growth since the mid-1990s. In 2007, for instance, the GDP growth of SSA economies averaged 5.8 per cent, a rate that was comparable to those in other regions of the world. Some 26 African countries, representing 70 per cent of the SSA population and 78 per cent of the GDP, grew by at least 4.0 per cent per year on average. Indeed, since 1995, the annual growth rates of these countries have averaged 6.9 per cent, a rate that is comparable to that of India, for instance, whose growth averaged 6.7 per cent over the same period. At the same time, however, about one-third of African countries registered growth rates that averaged 2.1 per cent. In sum, not only has the African growth record been episodic over time, but has also varied substantially across countries. The above overall historically low SSA economic growth is reflected in the dismal poverty picture over the last 25 years. Based on World Bank (2007) data, the proportion of the population earning less than US$1 decreased only slightly from 42 per cent in 1981 to 41 per cent in 2004. Over the same period, this measure of poverty fell substantially for South Asia (SAS), as a reference region, from 50 per cent in 1981 to 31 per cent in 2004, so that the relative SSA/SAS poverty rate gap increased steadily by nearly 50 percentage points.

The present paper, first, presented the growth record of African economies. It observed that the overall post-independence GDP growth of SSA countries has been quite paltry, especially when compared with the rest of the world. On average, output growth was barely enough to cover population increases. The growth record has, however, been quite episodic. From 1960 until the mid-1970s, African countries generally grew reasonably well, with GDP growth rates of nearly 2 percentage points annually above population growth, though this performance was still below that of other regions. GDP growth declined substantially in the 1980s and early 1990s, however, resulting in decreases in per capita income. Fortunately, there has been growth resurgence in many African economies since the mid-1990s, with per capita SSA growth averaging about 2 per cent once again. The above aggregate picture fails to properly reflect the heterogeneity in African country performance at a point in time or across time. For example, Botswana and Mauritius have performed spectacularly well during the overall period. Moreover, even when growth declined substantially in the early 1980s and early 1990s, a number of African countries bucked the trend. Unfortunately, the growth of most of the countries has also been episodic, with many of those starting out with relatively strong growth faltering subsequently, and conversely.

Publisher: UNU–WIDER; Author: Augustin Kwasi Fosu ; Sponsor: UNU-WIDER gratefully acknowledges the financial contributions to the project by the Finnish Ministry for Foreign Affairs, and the financial contributions to the research program by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Finnish Ministry for Foreign Affairs), Norway (Royal Ministry of Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development).

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page of WomensHealthSection.com)

Universal Declaration of Human Rights:

All human beings are born with equal and inalienable rights and fundamental freedoms. (Continued)

Article 19

Everyone has the right to freedom of opinion and expression; this right includes freedom to hold opinions without interference and to seek, receive and impart information and ideas through any media and regardless of frontiers.

Article 20

1. Everyone has the right to freedom of peaceful assembly and association.
2. No one may be compelled to belong to an association.

Article 21

1. Everyone has the right to take part in the government of his country, directly or through freely chosen representatives.
2. Everyone has the right to equal access to public service in his country.
3. The will of the people shall be the basis of the authority of government; this will shall be expressed in periodic and genuine elections which shall be by universal and equal suffrage and shall be held by secret vote or by equivalent free voting procedures.

To be continued……

Top Two Articles Accessed in August 2009:

1. Cardiovascular Diseases and Pregnancy;
   http://www.womenshealthsection.com/content/obsmd/obsm005.php3
   WHEC Publications. Special thanks to the reviewers for helpful suggestions and comments.

2. Psychosocial Impact of Breast Cancer;
   http://www.womenshealthsection.com/content/gynmh/gynmh007.php3
   WHEC Publications. Special thanks to U.S. Department of Health and Human Services and the editorial board for the contributions

From Editor's Desk:

Experience to date with Poverty Reduction Strategy Papers (PRSPs):

The PRSP approach, initiated by the IMF and the World Bank in 1999, results in a comprehensive country-based strategy for poverty reduction. The introduction of PRSPs was a recognition by the IMF and the World Bank of the importance of ownership as well as the need for a greater focus on poverty reduction. PRSPs aim to provide the crucial link between national public actions, donor support, and the development outcomes needed to meet the United Nations' Millennium Development Goals, which are centered on halving poverty between 1990 and 2015. PRSPs provide the operational basis for Fund and Bank concessional lending and for debt relief under the Heavily Indebted Poor Countries (HIPC). They are made available on the IMF and World Bank websites by agreement with the member country.

The PRSP approach is by now well established in a substantial number of countries and has been associated with notable advances in country ownership, making poverty reduction more

prominent in policy debates, and facilitating more open dialogue. As of end-March 2008, more than 70 full PRSPs have been circulated to the Fund Executive Board, as well as around 50 preliminary, or "interim", PRSPs. With PRSPs now in place in a large share of low-income countries, the focus in recent years has been on effective implementation. The PRSP approach is continually being refined, including through periodic staff assessments. The most recent in-depth assessment was completed by the IMF and World Bank Boards in September 2005. In October 2007, the IMF Executive Board reviewed the role of the Fund in the PRS process and in its collaboration with donors.

Key messages from past reviews include: the importance of country ownership; realism, flexibility, and better prioritization in setting goals and targets; and more open discussion of alternative policy choices. The need for donors to enhance the overall effectiveness of aid by better aligning their support around the priorities articulated in the PRSP, and by harmonizing and simplifying their policies and practices, was also highlighted. The latest in-depth assessment conducted jointly by IMF and World Bank staff further emphasized the role PRSPs can play in balancing the different tensions inherent in the formulation of national development strategies, notably between realism and ambition, and between domestic accountability—closely related to ownership—and external accountability vis-à-vis donors and other development partners. The IMF's recent review has clarified the parameters of Fund staff's involvement in the PRSP process, emphasizing that IMF support should be focused on policy advice and technical support in the design of appropriate macroeconomic frameworks and macroeconomically critical structural reforms.
IMF and World Bank staff continues to provide candid feedback to countries on the PRSP through the Joint Staff Advisory Note (JSAN). Both institutions also work to link more explicitly their lending operations to the PRSP's own strategy and priorities.
In order to further improve the effectiveness of the PRSP process, the Fund will continue to:

- Help countries design realistic, yet flexible, macroeconomic frameworks linked to national strategies and budgets;
- Align the Fund's country operations and program work as closely as possible with domestic cycles, including the PRSP and budget;
- Strengthen public expenditure management to maximize the impact of public spending on poverty reduction; and
- Work with other donors for better-coordinated assistance that will enhance aid effectiveness and rationalize support for PRSP implementation.

Country Papers and assessments

Special Thanks:

WHEC thanks Dr. Frank H. Boehm, Professor of Obstetrics and Gynecology, Vice Chairman Department of Obstetrics and Gynecology, Vanderbilt University Medical Center, Nashville, TN (USA) for priceless support, contributions and friendship to the women’s health and health development project / program. Thanks again.

Words *of* Wisdom:

Discontent is the first step in the progress of man or nation.

****