WHEC UPDATE

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

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Making A Difference

Financing is the key to success for any project and sustainability. We thank our partners and donors for supporting our initiative – ***WomensHealthSection.com***. Performance-based financing is generating a heated debate in both developed and developing countries. Some suggest that it may be a donor fad with limited potential to improve service delivery. Most of its critics view it solely as a provider payment mechanism. Performance-based financing can be defined as a mechanism by which health providers are, at least partially, funded on the basis on their performance. It can be contrasted with the line-item approach, which finances a health facility through the provision of inputs (e.g. drugs, personnel). The emergence of a performance-based financing movement in Africa suggests that it may contribute to profoundly transforming the public sectors of low-income countries. Public expenditure on health – both domestic and official development assistance – has increased over the past few years in most low-income countries, but results have been slow. As the public health system remains the backbone of national health policy and the main beneficiary of international aid, it is most likely to be part of the problem. In too many countries, the public health system does not meet user needs and demands. Ministries of health and their international advocates often cite insufficient funding as the underlying cause of low performance. Others argue that it also stems from a lack of accountability within public health systems. In most low-income countries, some kind of National Health Service remains the backbone of the health system (at least in theory). These public systems rely on the central government and the ministry of health, in particular, to fulfill nearly all functions of the health system including: resource allocation, pooling of funds, purchasing, regulation, provision, employment, drug supply, ownership of infrastructure and equipment, monitoring and evaluation.

Performance-based financing takes a radically different approach to the health system, giving organizational units substantial decision rights over their resources (i.e. autonomy). Our opinion is that performance-based financing, as it is being developed in several sub-Saharan African countries, is a strategy that could help address the structural problems plaguing health systems. Performance-based financing is all about public finance and in many countries has become central to the public sector reform toolbox. Ministries of finance and local governments see health performance-based financing as part of a strong international movement towards more result-based and client-oriented public finance models inspired by the new public management model. Many countries have embarked on some form of budget reform, including performance-based budgeting, and needs-and performance-based formulas for inter-governmental transfers. Our experience is that performance-based financing can catalyze comprehensive reforms and help address structural problems of public health services, such as low responsiveness, inefficiency and inequality. Performance-based financing sheds new light on decentralization in the health sector. It may also help level the playing field for public, private-for-profit and not-for-profit facilities, an interesting policy option in low-income countries whose health sectors are growingly pluralistic. We do not pretend that performance-based financing is a panacea; more classical support and mechanisms will remain crucial for strengthening health systems. The strategy has limits: some dimensions of performance are difficult to design and implement correctly and some conditions are necessary for its success. Performance-based financing, if it is incorporated into a broader reform context; it can help address several structural problems facing health systems around the world, problems that have proven intractable for years.

Performance-based Financing

Rita Luthra, MD

Your Questions, Our Reply

Can performance-based financing help with accountability and improved efficiency in healthcare systems, especially in low-income countries?

Performance-based Financing Reform Package: In traditional low-income country health systems, citizens have limited or no way to influence the availability and quality of health services. With performance-based financing, the community can help verify results and provide feedback on the quality of services received. It is a powerful means to improve the way health facilities respond to users. As health facilities are remunerated according to their outputs, they have strong incentives to satisfy users. The pressure for results impacts on the entire system. They might, for example, extend opening hours; provide consultations during the weekend, subcontract community actors or offer baby clothes to mothers who deliver in a health center, as is the case in Rwanda. Health facilities, for instance, will put pressure on their suppliers, including the central medical store and national programs, to receive the inputs required to make their provision of service attractive. In addition, health workers view health information systems differently under performance-based financing: properly completing and filing health information forms is a “must”, as the data provide the basis for part of their remuneration. Performance-based financing also can empower consumers. The community can help verify results and provide feedback on the quality of services received. This may be more effective in terms of accountability than voicing one’s discontent.

Performance-based financing can help improve allocative efficiency by strengthening stewardship. Implementation requires the ministry of health to clarify key health priorities to finance, such as interventions aimed at reaching the Millennium Development Goals (MDGs) or reducing other important causes of morbidity or mortality. Performance-based financing can also lead to greater technical efficiency in the health sector by increasing the quantity and quality of services delivered for a given amount of money. This is obtained by modifying incentives for health workers. Evidence shows that performance-based can boost staff productivity, an important outcome in countries experiencing a human resource shortage. By increasing the income of health providers – often a prerequisite for accepting reform – performance-based financing can secure greater motivation, reduce the brain drain and even encourage staff to work in remote areas. In Rwanda, performance-based financing helped trigger a major reform of human resource management. The number of health workers increased by 62% between 2005 and 2008 and public subsidies for health worker remuneration more than tripled. Moreover, the average remuneration increased by 60% to 100% depending in the facility. The successful experience with performance-based financing convinced the central Government of Rwanda that facilities could successfully manage wage payment. It subsequently devolved this responsibility to health facilities, while also giving them the power to hire and fire staff.

We believe, as with any health financing strategy, performance-based financing must be seen as part of a broader vision. Ideally, this vision supports universal coverage. Performance-based financing focuses on preventive services and quality control, leaving access to curative care and protection against catastrophic expenditures to the community health insurance. It can also better align donor initiatives with country frameworks.

About NGO Association with the UN

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

UNOSDP – United Nations office of Sports for Development and Peace
Sports for Peace and Development

Sports unite people of all social classes, cultures and religions in a positive and educational way. Sport as a universal language can be a powerful tool to promote peace, tolerance and understanding by bringing people together across boundaries, cultures and religions. Its intrinsic values such as teamwork, fairness, discipline, respect for the opponent and the rules of the game are understood all over the world and can be harnessed in the advancement of solidarity, social cohesion and peaceful coexistence.

Sports programs permit encounters on neutral territory and in an environment where aggression can be controlled regulated and transformed and hence facilitate rapprochement and reconciliation between opposing parties. Many UN funds, programs and specialized agencies have used and continue to use sport programs to achieve their objectives. In post-conflict situations, sport programs are systematically used by UN peacekeeping operations and UN country teams as a "door opener" to rebuild trust by bringing together former opponents, and to re-integrate child soldiers and ex-combatants into the civil communities. Although sport alone cannot stop or solve an acute conflict, it represents a flexible and cost-effective medium for post-conflict relief work and peace building as well as conflict prevention.

While Sports for Development and Peace is widely seen as an emerging field in the area of development, its antecedents can be traced back to antiquity when the Olympic Truce was first used to establish temporary peace between warring states, to allow for competition by their athletes. However, recognition by the United Nations of the value of sport with regard to development and peace is far more recent. The Sport for Development and Peace agenda gained momentum when in 2001; former UN Secretary-General Kofi Annan nominated former President of the Swiss Confederation Adolf Ogi as his Special Adviser on Sport for Development and Peace. In July 2002, the Secretary-General convened a UN Inter-Agency Task Force on Sport for Development and Peace to review activities involving sport within the UN system. In October 2003, the Secretary-General published the report of the Task Force entitled: "Sport for Development and Peace: Towards Achieving the Millennium Development Goals" which constituted the basis for UN General Assembly resolution 58/5 and represents a synthesis of the long-standing relationship between the world of sport and the UN system.

Collaboration with World Health Organization (WHO)

Global Recommendations on Physical Activity for Health

Physical inactivity is now identified as the fourth leading risk factor for global mortality. Physical inactivity levels are rising in many countries with major implications for the prevalence of non-communicable diseases (NCDs) and the general health of the population worldwide. The significance of physical activity on public health, the global mandates for the work carried out by WHO in relation to promotion of physical activity and NCD prevention, and the limited existence of national guidelines on physical activity for health in low- and middle-income countries make evident the need for the development of global recommendations that address the links between the frequency, duration, intensity, type and total amount of physical activity needed for the prevention of NCDs.

The focus of The Global Recommendations on Physical Activity for Heath is primary prevention of NCDs through physical activity at population level, and the primary target audience for these recommendations is policy-makers at national level. Overall, across all the age groups, the benefits of implementing the above recommendations, and of being physically active, outweigh the harms. At the recommended level of 150 minutes per week of moderate-intensity activity, musculoskeletal injury rates appear to be uncommon. In a population-based approach, in order to decrease the risks of musculoskeletal injuries, it is appropriate to encourage a moderate start with gradual progress to higher levels of physical activity.

Details: http://www.who.int/dietphysicalactivity/leaflet-physical-activity-recommendations.pdf

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Collaboration with UN University (UNU)

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

Growth, Inequality, and Poverty Reduction in Developing Countries: Recent Global Evidence

The study presents recent global evidence on the transformation of economic growth to poverty reduction in developing countries, with emphasis on the role of income inequality. The focus is on the period since the early/mid-1990s when growth in these countries as a group has been relatively strong, surpassing that of the advanced economies. Both regional and country-specific data are analyzed for the US$1.25 and US$2.50 level poverty headcount ratios using the most recent World Bank data. The study finds that on average income growth has been the major driving force behind both the declines and increases in poverty. The study, however, documents substantial regional and country differences that are masked by this 'average' dominant growth story. While in the majority of countries growth was the major factor behind falling or increasing poverty, inequality, nevertheless, played the crucial role in poverty behavior in a large number of countries. And, even in those countries where growth has been the main driver of poverty reduction, further progress could have occurred under relatively favorable income distribution. For more efficient policy-making, therefore, idiosyncratic attributes of countries should be emphasized. In general, high initial levels of inequality limit the effectiveness of growth in reducing poverty while growing inequality reduces poverty directly for a given level of growth. It would seem judicious, therefore, to accord special attention to reducing inequality in certain countries where income distribution is especially unfavorable. Unfortunately, the present study also points to the limited effects of growth and inequality-reducing policies in low-income countries.

The current paper has examined the poverty reduction performance in developing countries during the more recent period of relatively rapid growth globally. Using the most recent comparable data from World Bank (2009a), we first presented evidence on GDP growth, income growth, and poverty reduction since the 1980s for the various regions of the world: EAP, EECA, LAC, MENA, SAS, and SSA. The regional evidence is provided for two periods: 1981 to mid-1990s and mid-1990s to the present, with a focus on the latter strong growth sub-period. Also examined is a global sample of 80 countries for which available data would permit reasonably comprehensive country comparative analysis.

The current results suggest that adopting the appropriate pro-poor growth strategies requires some understanding of idiosyncratic country attributes.33 After all, policies are by and large country-specific, and the present study does indeed find that there are substantial differences in the abilities of countries to translate economic growth to poverty reduction, based on their respective inequality and income profiles. By shedding light on this transformation process by country these findings, at least, provide a 'roadmap' for undertaking country studies to uncover the underpinning idiosyncratic factors. Understanding such country-specific profiles is crucial in crafting polices for most effectively achieving poverty reduction globally.

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

(Details of the paper can be accessed from the link of UNU-WIDER on CME Page http://www.womenshealthsection.com/content/cme/)

NGO NEWS

66th General Assembly's *High Level Panel Discussion on NEPAD (the New Partnership for Africa's Development) and the MDG's (Millennium Development Goals): Progress, Challenges and the Way Forward.* The panel convened on October 7th, 2011 at United Nations Headquarters in New York City.

Marking the 10th anniversary of NEPAD, many illustrious African dignitaries and top U.N. officials assembled to address African accomplishments and ongoing challenges to meeting the MDG's by 2015. Mr. Cheick Sidi Diarra, Under-Secretary-General and Special Advisor on Africa opened the panel and was very enthusiastic about the direction the NEPAD initiatives had taken the continent. He declared that decentralization of governments, at the local and national levels, had provided less corruption and more accountability of African nations.

His Excellency Mr. Nassir Abdulazis Al-Nasser, President of the 66th Session of the United Nations General Assembly, discussed NEPAD's priorities and how to accomplish the lofty goals of the 2015 MDG's. He elaborated on sustainable development, eradication of poverty and women's health and empowerment. The ascendancy of NEPAD, in regard to economic success and African social progress, is apparent in the past 10 years. Food security and agriculture, two of the MDG's, have improved significantly with the goal to reduce poverty and hunger. The MDG's are an immensely important gauge in measuring the outcomes of projects and programs being implemented across the African continent. Many indicators of progress are evident:

- primary school enrollment is up from 65% (1999) to 83% (2009);
- gender parity at schools is on course;
- Women's representation in Parliament has increased in 80% of African countries;
- Advances have been made in HIV prevention and retroviral medications have been made more accessible to those infected with AIDS.

The United Nation's support to NEPAD's objectives is coordinated by the *Regional Coordination Mechanism for Africa.* The RCM-Africa brings U.N. agencies together to confer and examine the programs implemented to advance African development. NEPAD has done much to elevate the U.N.'s vision for Africa and the MDG's. Future efforts must move NEPAD forward by translating "vision, philosophy, and principles" into sustainable projects and programs to keep African development proceeding in a timely fashion.

Details: http://www.un.org/apps/news/story.asp?NewsID=39973&Cr=mdgs&Cr1=

By Faustine Arel
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Constitution Of The World Health Organization

Draft network Constitution

(Continued)

Article 3: Objectives
3.1 The overall objective of the Network is to improve the coverage and quality of health services in Africa by strengthening management and leadership.

3.2 The specific objectives of the Network are as follows:

- To build the capacity of resource institutions and persons in Africa to support effective management and leadership strengthening for the health sector;
- To promote in Africa high-quality health-sector management development activities that can compete with the best on offer in the world;
- To advocate for improved health-sector management and service delivery in Africa;
- To facilitate the exchange of health-sector management expertise and services across Africa by pooling technical and human resources across countries and institutions;
- To contribute to the available knowledge and evidence of what works in health management strengthening in Africa;
- To advance an understanding of health-sector management improvement that embraces the four dimensions of the WHO Leadership and Management Strengthening Framework;
- To promote technical assistance and support of health sector management and leadership especially in the poorer countries of the region;
- To support the highest ethical and legal standards of accountability in the conduct and operation of management strengthening activities in Africa;
- To undertake supra-national and cross-institutional activities that enhance the work of individual members; and
- To raise and manage funds as an organization in order to conduct activities appropriate to achieving the overall objective.

Article 4: Activities

4.1 The Network shall undertake activities appropriate to meeting the objectives cited in Article 3, in areas such as:

- Capacity assessments
- Consultative meetings and research
- Education & training curricula
- Quality standards
- Monitoring & evaluation procedures
- Management consulting protocols
- Dissemination and advocacy
- Training, technical assistance & advice
- Other areas as appropriate.

4.2 The activities of the Network shall be conducted as much as possible by pooling and making use of Members' own human and technical resources, including existing staff, intervention prototypes, materials and research findings.

Article 5: Members

5.1 The Network is composed of three categories of members: Full Members, Associate Members and Individual Members.

5.1.1 Full Members are defined as institutions, agencies, divisions or other formal entities with headquarters in an African country (defined as a WHO AFRO member country) whose work contributes to the strengthening of management in one or more African health sectors.

5.1.2 Associate Members are defined as institutions, agencies, divisions or other formal entities with headquarters based elsewhere or who are in other fields of endeavor and whose work contributes to the strengthening of management in one or more African health sectors.

5.1.3 Individual Members are defined as people based anywhere whose work contributes to strengthening health management in Africa.

5.2 The founding members, who are all African organizations meeting the definition of Full Members, create the Network by agreeing to this constitution and having their representative sign it before the end of 2009.

5.3 Only Full Members have voting rights.

5.4 New members (Full, Associate and Individual) are only admitted by a majority vote of the Assembly of Members until the creation of the Council of the Assembly; after the creation of the

Council in accordance with Article 9, new members (Full, Associate and Individual) are only admitted by a majority vote of the Council.

To be continued……

Top Two-Articles Accessed in October 2011

1. Breast Cancer Surgical Complications & Lymphedema;
   http://www.womenshealthsection.com/content/gyno/gyno005.php3
   WHEC Publications. Special thanks to Dr. Steven M. Schonholz, Medical Director, Breast Cancer Center at Mercy Medical Center, Springfield, MA (USA) for expert opinions and assistance in preparation of the manuscript.

2. The Diseases of Addiction: Disorders Related to Alcohol;
   http://www.womenshealthsection.com/content/gynmh/gynmh011.php3
   WHEC Publications. Special thanks to Alcoholics Anonymous World Services for the assistance with research and writers/editors associated with womenshealthsection.com for compiling it.

From Editor's Desk

World Population Day: 7 Billion People -- 7 Billion Actions

This World Population Day (11 July) falls in a milestone year, when we anticipate the birth of the Earth's seven billionth inhabitant. "This is an opportunity to celebrate our common humanity and our diversity. It is also a reminder of our shared responsibility to care for each other and our planet," UN Secretary-General Ban Ki-moon stated. In a world that is more interconnected than ever before, challenges such as poverty, inequality, women's rights, aging, and the environment belong to all of us. That's why UNFPA and partners are launching a campaign called: 7 Billion Actions. It aims to engage people, spur commitment and spark actions related to the opportunities and challenges presented by a world of 7 billion people.

Reaching a global population of seven billion is a numerical landmark, but our focus should always be on people. That is why I am pleased that the United Nations Population Fund is giving meaning to the number by launching its campaign for "7 Billion Actions" to contribute to a better world. More than ever, individuals can make a difference by uniting together through social networks and working for change. We have seen many examples this year of the immense power of people to embrace hope over despair, to seek fair treatment where they are suffering discrimination, and to demand justice over tyranny. They are aspiring to attain universal rights that the United Nations proudly upholds and relentlessly works to realize. When we act on our shared values, we contribute to our common future. Ending poverty and inequality unleashes vast human potential. Promoting the Millennium Development Goals fosters prosperity and peace. And protecting our planet safeguards the natural resources that sustain us all.

Later this year, a seven billionth baby will be born into our world of complexity and contradiction. We have enough food for everyone, yet nearly a billion go hungry. We have the means to eradicate many diseases, yet they continue to spread. We have the gift of a rich natural environment, yet it remains subjected to daily assault and exploitation. All people of conscience dream of peace, yet too much of the world is in conflict and steeped in armaments. Overcoming challenges of this magnitude will demand the best in each of us. Let us use this World Population Day to take determined actions to create a better future for our world's seven billionth inhabitant and for generations to come.

Words *of* Wisdom

Love is the subtlest force in the world.

– *Gandhi* (1869-1948)

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Monthly newsletter of WHEC designed to keep you informed on the latest UN and NGO activities