WHEC UPDATE

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Sustainable Development

Good health is essential to human welfare and to sustained economic and social development. Promoting and protecting health is essential for a better quality of life, and also to global peace and security. Not surprisingly, people also rate health one of their highest priorities, in most countries behind only economic concerns, such as unemployment, low wages and high cost of living. As a result, health frequently becomes a political issue as governments try to meet peoples' expectations. There are many ways to promote and sustain health. Some lie outside the confines of the health sector. The "circumstances in which people grow, live, work, and age" strongly influence how people live and die. Education, housing, food and employment all impact on health. Redressing inequalities in these will reduce inequalities in health. But timely access to health services – a mix of promotion, prevention, treatment and rehabilitation – is also critical. This cannot be achieved, except for a small minority of the population, without a well-functioning health financing system. It determines if the services exist. Recognizing this, and in striving for this goal, governments face three fundamental questions: 1) How is such a health system to be financed? 2) How can they protect people from the financial consequences of ill-health and paying for health services? 3) How can they encourage the optimum use of available resources?

As the world grapples with economic slow-down, globalization of diseases as well as economies, and growing demands for chronic care that are linked partly to ageing populations, the need for universal health coverage, and a strategy for financing it, has never been greater. No country starts from scratch in the way it finances health care. All have some form of system in place, and must build on it according to their values, constraints and opportunities. This process should be informed by national and international experience.

Health can be a trailblazer in increasing efficiency and equality. Decision-makers in health can do a great deal to reduce wastage, for example, notably in procurement. They can also take steps, including regulation and legislation, to improve service delivery and the overall efficiency of the system – steps that other sectors could then follow. Simply choosing from a menu of options, or importing what has worked in other settings, will not be sufficient. Health financing strategy needs to be home-grown, pushing towards universal coverage out of existing terrain. It is imperative, therefore, that countries their capacities to analyze and understand the strengths and weakness of the system in place so that they can adapt health financing policies accordingly, implement them, and monitor and modify them over time. High-income countries that have achieved elevated levels of financial risk protection and coverage also need to continuously self-assess to ensure the financing system achieves its objectives in the face of ever-changing diagnostic and treatment practices and technologies, increasing demands and fiscal constraints. Devising and implementing health finance strategy is a process of continuous adaptation, rather than linear progress towards some notional perfection. We suggest it must start with a clear statement of the principles and ideals driving the financial system – an understanding of what universal health coverage means in that particular country.

Our expert panel in ***WomensHealthSection.com*** maps out what countries can do to modify their financial systems so that they can move more quickly towards this goal – universal coverage – and sustain the gains that have been achieved. There is no peace without development; there is no development without peace; and there is no lasting peace and sustainable development without respect for human rights.

An Agenda for Action

Rita Luthra, MD

Your Questions, Our Reply

Where are we now in terms of universal health coverage? How to promote efficiency in health sector and eliminate waste?

Path to Universal Coverage: Health financing is an important part of broader efforts to ensure social protection in health. The World Health Assembly resolution 58.33 from 2005 says everyone should be able to access health services and not be subject to financial hardship in doing so. On both counts, the world is still a long way from universal health coverage. On the service coverage side, the proportion of births attended by a skilled health worker can be as low as 10% in some countries, for example, while it is close to 100% for countries with lowest rates of maternal mortality. Within countries, similar variations exist. Rich women generally obtain similar levels of coverage, wherever they live, but the poor miss out. Women in the richest 20% of population are up to 20 times more likely to have a birth attended by a skilled health worker than a poor woman. Closing this coverage gap between rich and poor in 49 low-income countries would save the lives of more than 700,000 women between now and 2015. In the same vein, rich children live longer than poor ones; closing the coverage gap for a range of services for children under the age of 5, particularly routine immunization, would save more than 16 million lives.

In some countries, up to 11% of the population suffers catastrophic costs for paying for their health care and severe financial hardship each year, and up to 5% is forced into poverty. Globally, about 150 million people suffer financial catastrophe annually while 100 million are pushed below the poverty line. The other financial penalty imposed on the ill (and often their care-takers) is lost income.

Raising sufficient money for health is imperative, but just have the money will not ensure universal coverage. Nor will removing financial barriers to access through prepayment and pooling. The final requirement is to ensure resources are used efficiently. Opportunities to achieve more with the same resources exist in all countries. Reducing unnecessary expenditure on medicines and using them more appropriately, and improving quality control, could save countries up to 5% of their health expenditure. Solutions can be grouped under the following six headings:

- Get the most out of technologies and health services;
- Motivate health workers;
- Improve hospital efficiency;
- Get care right the first time by reducing medical errors;
- Eliminate waste and corruption;
- Critically assess what services are needed.

Conservatively speaking, about 20-40% of resources spent on health are wasted, resources that could be redirected towards achieving universal coverage. All countries, no matter their income level, can take steps to reduce inefficiency, something that requires an initial assessment of the nature and causes of local inefficiencies drawing on the analysis in our initiatives.

The principles are well established. Lessons have been learned from the countries that have put these principles into practice. Now is the time to take those lessons and build on them, for there is scope for every country to do something to speed up or sustain progress towards universal coverage.

United Nations At A Glance

Bangladesh and the United Nations

The Permanent Mission of Bangladesh to the United Nations in New York covers a wide range of the objectives of the Bangladesh Ministry of Foreign Affairs - from the peaceful settlement of

disputes, promotion of human rights, protection of environment, sustainable development and so on.

The Permanent Mission, with support from other government ministries, represents Bangladesh in every negotiation that takes place at the United Nations in New York, ensuring that Bangladesh's interests and views are taken into account by UN bodies and the other member states. Hours are long and negotiations can be tough and intricate. But playing a key part in achieving a successful outcome can be very rewarding.

http://www.un.int/wcm/content/site/bangladesh/

Collaboration with World Health Organization (WHO)

Sixty-six World Health Assembly

Date: 20–28 May 2013
Location: Geneva, Switzerland

The Sixty-sixth session of the World Health Assembly will take place in Geneva during 20–28 May 2013

The World Health Assembly is the supreme decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board.

The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed program budget. The Health Assembly is held annually in Geneva, Switzerland.

All documentation

Bulletin of the World Health Organization; Complete list of contents for Volume 91, Number 5, May, 313-388

Collaboration with UN University (UNU)

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

The political economy of food price policy: The case of Bangladesh

Global food price hikes during 2007 and 2008 resulted in a sharp rise in staple food prices in Bangladesh. The poor and marginalized households were particularly vulnerable to such an adverse situation as their real purchasing power eroded. Several studies indicated that the adverse effects of the food price hike in Bangladesh were primarily manifested by the significant rise in the number of households falling below the poverty line income. At the political front, Bangladesh was run by an unelected and undemocratic ‘civil’ caretaker government backed by the military. The civil caretaker government came to power in January 2007 in the wake of intense political conflicts between the outgoing government led by the Bangladesh Nationalist Party and the opposition, led by the Awami League. The civil caretaker government remained in

power until the end of 2008 and undertook several steps to contain price hikes. These measures included cuts in tariffs and taxes, increase in the allocation for subsidies, widening the scope and coverage of the social safety net programmes, public procurement, and distribution programmes, etc. Some of these policies and programmes were effective and some were not. Also, different stakeholders were affected differently depending on their interaction and integration with the markets.

This paper has explored the political economy of food price policy in Bangladesh. The analysis suggests that the food price hike during 2007 and 2009 had a profound impact on the welfare of the households in Bangladesh. The then government undertook several measures to contain the overall inflation rate generating mainly from the food inflation. Since the country was then run by an undemocratic interim and military backed government, there was little accountability of their actions. Even under a democratically elected government there was a lack of co-ordination among different ministries and government institutions. It is also learnt that though the major focus of containing food prices is the Ministry of Commerce (MoC), they have very little power and tools in hand in influencing the market prices. The power and tools are in the hand of other ministries, such as the Ministry of Finance, though they are not the major focus of such discussion.

Publisher: UNU-WIDER; Author: Selim Raihan; Sponsors: UNU-WIDER gratefully acknowledges the financial contributions to the research programme from the governments of Denmark, Finland, Sweden, and the United Kingdom.

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

United Nations Girls' Education Initiative (UNGEI)

The Effort to Advance the Global Strategy
(Continued)

Bangladesh

Bangladesh has a stable, growing economy, but living standards have yet to improve for the poorest and most vulnerable segments of the population. Bangladesh has made significant increases in access to primary education during recent years. Gender parity based on enrolment figures has improved in both primary and lower secondary levels. But there are still large disparities in the upper levels of secondary schooling and in tertiary education, indicating lower expectations and limited opportunities for girls. Although the enrolment rate is relatively high, the completion rate is much lower. High drop-out rates and poor quality continue to be major challenges for the primary education system.

There are pockets of children who are not enrolling or continuing in school. Despite some noteworthy initiatives in Early Childhood Development (ECD) during the past five years, there are still very few school-readiness programmes, and most children enter primary school with no experience of preschool or other types of organized learning.
The basic education for urban children aims to ensure that the most disadvantaged children have access to primary education or its equivalent.

Barriers to girls' education

Major barriers to girls' education include:

- Lack of trained teachers and lack of female teachers.
- Inadequate school materials.
- School environments that are unfriendly to girls.

- Distances to schools.
- Perceptions of lesser value and limited roles of girls.
- Child trafficking.

Despite having achieved gender parity in primary school enrolment, Bangladesh still has a long way to go to achieve gender equity, access to quality education for all girls, completion of basic education with acceptable competency levels and relevant life skills, and equal roles for women and girls in society.

UNGEI in action

UNGEI was established in 2006 by UNICEF and the Minister of Education.
Key initiatives for girls' education:

- Promoting girls' education and empowerment in national policies.
- Networking, and building alliances and partnerships.
- Promotion of multidimensional and cross-sectoral approaches.
- Support to formal and non-formal channels.
- Promotion of girls' education at every stage of the life cycle.
- Promotion of girls' participation and empowerment.
- Inclusion of boys.
- Monitoring of progress.

Partners

Partners include the Directorate of Primary Education (DPE) and Minister of Primary and Mass Education (MOPME), Bangladesh Shishu Academy, BRAC, Centers for Disease Control and Prevention (United States), Save the Children Alliance and others.
UNGEI within other national and international frameworks; Poverty Reduction Strategy Papers (PRSPs) and sector-wide approaches to planning (SWAPs); Common Country Assessments (CCAs) and UN Development Assistance Frameworks (UNDAF) exist at the national level. The key objectives of the Second Primary Education Development Programme (PEDP II) are to increase primary school access, participation and completion in accordance with the Government's Education For All, Millennium Development Goals and other policy commitments.

Bangladesh Country Assistance Strategy 2011-2014

To be continued……

Top Two-Articles Accessed in April 2013

1. Psychiatric Disorders During Pregnancy;
   http://www.womenshealthsection.com/content/obsmd/obsm017.php3
   WHEC Publications. Special thanks to our writers and editors for compiling the review and the Reviewers for helpful suggestions.

2. Community Acquired Pneumonia in Pregnancy;
   http://www.womenshealthsection.com/content/obsidp/obsidp009.php3
   WHEC Publications. Gratitude expressed to Dr. Robert P. Hoffman Chairman, Infectious Diseases, Mercy Medical Center, Springfield, MA (USA) for the expert opinions, review and support in preparing this manuscript.

From Editor's Desk

WHO Country Cooperation Strategy 2008-2013; Bangladesh

The collaborative work of WHO in the South-East Asia Region is aimed at improving health in its Member countries. It is recognized that WHO's contribution varies from country to country depending on the health situation, the needs of the Ministries of Health and the efforts of other health development partners. The Country Cooperation Strategy (CCS) is WHO's major instrument for identifying its strategic agenda for a country over the medium-term period. The efforts of all levels of the Organization then focus on the CCS when planning and implementing WHO's work in the country. At the same time, the CCSs for countries in the Region are used to develop regional and global priorities for WHO, as the Organization's work in countries is its main priority. The South-East Asia Region was one of the first WHO regions to develop CCSs and the first region to develop a CCS for each of the countries in the Region. Working with headquarters, the Region has improved the quality of the CCSs to make them more strategic and provide a sharper focus for WHO's work in countries. This also involves closer participation of the Ministry of Health, other relevant ministries, and key development partners in drafting the CCS, ensuring that their inputs are a key consideration in developing WHO's strategic agenda in the country.

The first CCS for Bangladesh was for the period from 2004 to 2007. During that time Bangladesh made substantial progress in health development. This second CCS covers the years 2008 to 2013 and focuses on new challenges. The groundwork and development of this CCS were extensive, with close involvement of the Ministry of Health and Family Welfare, other relevant ministries and key health development partners in the country. Two stakeholder meetings were held in Bangladesh to discuss the work of WHO in the country and to review the proposed CCS draft. We appreciate the efforts of the Government and other partners made during this period, which have helped to guide the work of WHO in Bangladesh.

We recognize that a strong and capable WHO country office is a key to successfully achieving the strategic agenda of the CCS. Therefore, we will continue to strengthen the Bangladesh Country Office over the CCS period. I can assure all concerned that we are committed to this CCS and will provide support as needed.

Finally, I would like to thank all those who were involved in developing this CCS for Bangladesh. We expect that the work of WHO, along with the Ministry of Health and Family Welfare, other relevant ministries and our development partners will lead to further improvements in the health of the people of Bangladesh.

- Samlee Plianbangchang, M.D., Dr.P.H.; Regional Director

Details: http://www.who.int/countryfocus/cooperation_strategy/ccs_bgd_en.pdf

Words *of* Wisdom

There are only two eras of any importance in the world's history. The first is the appearance of a new medium for art; the second is the appearance of new personality for art.

– Oscar Wilde (1854-1900)

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