WHEC UPDATE
Briefings of worldwide activity of Women's Health and Education Center (WHEC)
March 2015; Vol. 10, No. 3

New Perspectives

Not surprisingly, people all over the world, rate health as one of their highest priorities. 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. The need for guidance in health systems financing has become all the more pressing at a time characterized by both economic and downturn and rising health-care costs, as populations age, chronic diseases increase, and new and more expensive treatments become available. Growing public demand for access to high-quality, affordable care further increases the political pressure to make wise policy choices. Before looking for places to cut spending on health care, we suggest look first for opportunities to improve efficiency. All health systems, everywhere, could make better use of resources, whether through better procurement practices, broader use of generic products, better incentives for providers, or streamlined financing and administrative procedures.

Abundant evidence shows that from 20% to 40% of all health spending is currently wasted through inefficiency, and better policies and practices could increase the impact of expenditures, sometimes dramatically. Investing these resources more wisely can help countries move much closer to universal coverage without increasing spending. Concerning the path to universal coverage, continued reliance on direct payments, including user fees, as by far the greatest obstacle to progress. Abundant evidence shows that raising funds through required prepayment is the most efficient and equitable base for increasing population coverage. In effect, such mechanisms mean that the rich subsidize the poor, and the healthy subsidize the sick. Experience shows this approach works best when prepayment comes from a large number of people, with subsequent pooling of funds to cover everyone's health-care costs.

No one in need of health care, whether curative or preventive, should risk financial ruin as a result. As the evidence shows, countries whether rich or poor, do need stable and sufficient funds for health, but national wealth is not a prerequisite for moving closer to universal coverage. Countries with similar levels of health expenditure achieve strikingly different health outcomes from their investment. Policy decisions help explain much of this difference. At the same time, no single mix of policy options will work well in every setting. The effective strategy for health financing needs to be home-grown; as health systems are complex adaptive systems and are discussed in ***WomenshealthSection.com***. The different components of health systems can interact in unexpected ways. By covering failures and setbacks as well as successes, unwelcome surprises can be avoided. Trade-offs are inevitable, and decisions will need to strike the right balance between the proportion of the population covered, the range of services included, and costs to be covered.

Striving for universal coverage is an admirable goal, and a feasible one – everywhere. All countries, at all stages of development, can take immediate steps to move towards universal coverage and to maintain their achievements. Promoting and protecting health is essential to human welfare and sustained economic and social development. There is no magic bullet to achieving universal access. Nevertheless, a wide range of experiences from around the world suggests that countries can move forward faster than they have done in the past or take actions to protect the gains that have been made. It is possible to raise additional funds and to diversify funding sources. 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. A message of hope!

Striving for Universal Coverage

Rita Luthra, MD

Your Questions, Our Reply

What can International NGOs help to achieve universal health coverage? How can we close this coverage gap and healthcare access between rich and poor?

Promoting Efficiency and Eliminating Waste: 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 2030. 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. But income is not the only influencing service coverage. In many settings, migrants, ethnic minorities and indigenous people use services less than other populations groups, even though their needs may be greater. The other side of the coin is that when people do use services, they often incur high, sometimes catastrophic costs in paying for their care. In some countries, up to 11% of the population suffers this type of 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.

Health financing is an important part of broader efforts to ensure social protection in health. Three fundamental, interrelated problems restrict countries from moving closer to universal coverage:

1. The availability of resources. No country, no matter how rich, has been able to ensure that everyone has immediate access to every technology and intervention that may improve their health or prolong their lives.
2. An overreliance on direct payments at the time people need care. These include over-the-counter payments for medicines and fees for consultations and procedures. Even if people have some form of health insurance, they may need to contribute in the form of co-payments, co-insurance or deductibles.
3. A more rapid movement towards universal coverage is the inefficient and inequitable use of resources. At a conservative estimate, 20-40% of the health resources are being wasted. Reducing this waste would greatly improve the ability of health systems to provide quality services and improve health. Improved efficiency often makes it easier for the ministry of health to make a case for obtaining additional funding from the ministry of finance.

It is clear that every country can do more in at least one of the three key areas. Even high-income countries now realize they must continually reassess how they move forward in the face of rising costs and expectations.

An agenda for action

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. All countries can do more to raise funds for health or to diversify their sources of funding, to reduce the reliance on direct payments by promoting prepayment and pooling, and to use funds more efficiently and equitable, provided the political will exists.

Healthcare can be a trailblazer in increasing efficiency and equity. Decision-makers in health can do a great deal to reduce leakage, 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 be sufficient. Health financing strategy needs to be home-grown, pushing towards universal coverage out of existing terrain. It is imperative, therefore, that countries develop their capacities to analyze and understand the strengths and weaknesses of the system in place so that they can adapt health financing policies accordingly, implement them, and monitor and modify them over time.

United Nations At A Glance

Permanent Mission of Kingdom of Bhutan
Bhutan and United Nations

2751 [XXVI] Admission of Bhutan to membership in the United Nations

The General Assembly,

- Having received the recommendation of the Security Council of 10 February 1971 that Bhutan should be admitted to membership in the United Nations,
- Having considered the application for membership of Bhutan,
- Decides to admit Bhutan to membership in the United Nations.

1934th plenary meeting, 21 September 1971

His Majesty the Druk Gyalpo is the Head of State and the symbol of unity of the Kingdom and of the people of Bhutan. The Chhoe-sid-nyi of Bhutan is unified in the person of the Druk Gyalpo.

1. Bhutan is a Sovereign Kingdom and the Sovereign power belongs to the people of Bhutan;
2. The form of Government is that of a Democratic Constitutional Monarchy;
3. The international territorial boundary of Bhutan is inviolable and any alteration of areas and boundaries may be done only with the consent of not less than three-fourths of the total number of members of Parliament;
4. The territory of Bhutan comprise twenty Dzongkhags with each Dzongkhag consisting of Gewogs and Thromdes. Alteration of areas and boundaries of any Dzongkhag or Gewog may be done only with the consent of not less than three-fourths of the total number of members of Parliament;
5. National Symbols
    - The National Flag and the National Emblem of Bhutan is as specified in the First Schedule of the Constitution
    - The National Anthem of Bhutan is as specified in the Second Schedule of the Constitution
    - The National Day of Bhutan is the Seventeenth Day of December of each year.
6. Dzongkha is the National Language of Bhutan;
7. The Constitution of Bhutan is the Supreme Law of the State.

Details: http://www.un.int/wcm/content/site/bhutan

Collaboration with World Health Organization (WHO)

WHO | Bhutan

Bhutan made laudable progress in several health indicators due to a number of factors— the constitutional mandate for free health care, well managed policies, overall socio-economic development and consistent investments in public health over several decades. The high coverage of the expanded programme of immunization has led to a notable decrease in vaccine preventable diseases and to zero reporting of poliomyelitis since 1986. The elimination of endemic goiter and leprosy, significant reduction in maternal, infant and under-five mortality, and in cases and deaths due to major communicable diseases such as tuberculosis and malaria, are documented public health successes. Coverage and access to safe drinking water and basic sanitation has increased significantly.

There has been a spectacular decrease in mortality and morbidity, with an increase in the average life expectancy from 37 years in 1960 to over 68 in 2012. However rapid demographic, epidemiological and

environmental transitions, including rapid urbanization and the changes in lifestyle of the population present new challenges. Rising road traffic accidents and occupational safety are emerging concerns. These together with the effects on health due to climate and environmental changes, and frequent natural disasters to which Bhutan is prone, pose an increasing burden on the national health system and health status of the people. While Bhutan is well on course to achieving several of the health-related MDGs and has opted for "MDG-plus", aiming to surpass the MDGs beyond 2015, strengthening health systems capacity for designing and implementing cost-effective interventions emerges as a key priority to achieve targets set under the 11th National 5-year plan.

Cooperation for Health

The contribution through the various agencies – including the UN specialized agencies present in the country – is welcomed while the country aims to achieve self-reliance in the longer term. Bhutan differs from most other aid-dependent countries in that the Royal Government of Bhutan has a very strong sense of development priorities that help determine where technical and financial assistance is most needed, and which external partners are best placed to meet the required support. The government is proactive in managing donor assistance within a well-defined framework, avoiding duplication and overlaps, with each donor or development partner active in preferred areas of assistance. Bhutan encourages close liaison between partners both in terms of overall assistance and within individual sectors. This framework has resulted in partnerships with many donor and development partners particularly the Government of India, which remains Bhutan's largest development partner. Other important partners in the health sector include AusAID, the European Union, GAVI, the Global Environment Fund, Global Fund, the Government of Japan, OPEC, UN agencies, funds and programmes, and the World Bank.

The democratization process, existence of a well-established public accounting and strong national auditing mechanism ensures transparency and accountability of aid management.

WHO country Cooperation Strategy
Bhutan 2014-2018

http://www.who.int/countryfocus/cooperation_strategy/ccs_btn_en.pdf?ua=1

Bulletin of the World Health Organization; Complete list of contents for Volume 93, Number 3, March, 133-208

Collaboration with UN University (UNU)

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

Evaluation of non-governmental development organizations

How do we know that a non-governmental development organization is effective? Evaluation reports written by commercial consultants typically describe what a non-governmental organization (NGO) has done and how outcomes have changed over time, *implying* that these changes can be attributed to the NGO's actions. This has never been convincing, but only recently has the disenchantment with such before-after comparisons in most evaluation reports become widespread.

Randomized controlled trials (RCTs) are now widely used in development economics. However, their use is often resisted by non-governmental development organizations. The objections they raise differ between the three types of activities of such non-governmental organizations (NGOs): capacity building, advocacy, and service delivery. This paper discusses the objections and alternatives to RCTs for each type. RCTs might not be appropriate even for service delivery, the activity which would appear to be best suited to their use. This is because typically local NGO staff can use their discretion in selecting communities or individuals for participation in a service-delivery programme. A standard RCT does not mimic the use of private knowledge of local circumstances and can therefore be misleading.

Publisher: UNU-WIDER; Authors: Chris Elbers and Jan Willem Gunning; 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)

Bhutan

Bhutan has experienced solid economic growth in recent decades, and the Government is devoting significant portions of the national budget to health and education. But positive macroeconomic trends have not transformed living conditions in the countryside. Poverty is concentrated in rural areas and in the eastern regions, causing many people to migrate to the cities in search of jobs and better social services.

Significant disparities in enrolment and other education indicators exist between urban and rural areas, and between different income groups. Challenges include enhancing the access and quality of primary education to children in rural and remote areas.

Bhutan has made significant progress towards meeting the third Millennium Development Goal (promote gender equality and empower women) target, by ensuring gender equity in education. The percentage of girls to boys at primary and lower secondary education levels is now almost at par. The ratio widens, however, at the middle and higher secondary levels. This poses a serious challenge towards achieving gender parity at all levels by 2015. The barriers to enrolment of girls into education, particularly at the higher levels, are broadly identified as family responsibilities, traditional stereotyping of gender roles and individual household impediments.

Barriers to girls' education

Major barriers to girls' education include

- Many rural children have been left behind by migrating parents or have been sent by themselves into urban areas for education.

- Basic education is free but not compulsory. Many schools in the south were closed due to political unrest in the 1990s and have yet to reopen.
- Prevalent traditional views devalue education for girls.
- There is a high turnover rate among teachers and other instructors.

Key initiatives for girls' education

- Early Childhood Care and Education practices to be carried out in some Non-Formal Education (NFE) learning centers.
- Child-Friendly Schools (CFS) self-assessments and implementation of the CFS concept in some schools.
- Construction of community primary schools.
- Improving the content and quality of training for instructors.
- Strengthening capacity of the Ministry of Education at the central level, as well as at the district level.
- Assessment and mapping.

Partners

Partners include the Ministry of Education, Department of Public Health and Engineering under the Ministry of Health, Royal Government of Bhutan officials, Bhutan Broadcasting Service, Canadian International Development Agency (CIDA), Danish International Development Agency (DANIDA), Helvetas (Swiss Association for International Cooperation), Save the Children and other non-governmental organizations, UNICEF, UN agencies and the World Food Programme.

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 exist at the national level.

Details: http://www.ungei.org/news/bhutan_2097.html

To be Continued……..

Top Two-Articles Accessed in February 2015

1. Non-Invasive Prenatal Testing Genetic Testing for Fetal Anomalies;
   http://www.womenshealthsection.com/content/obs/obs034.php3
   WHEC Publications. Special thanks to our writers and editors for compiling the review.

2. Ebola Virus Disease and Pregnancy.
   http://www.womenshealthsection.com/content/obsidp/obsidp011.php3
   WHEC Publications. Special thanks to WHO, CDC and NIH for contributions.

From Editor's Desk

World Bank Annual Report 2014

The Annual Report 2014 focuses on two of the World Bank Group's institutions: The International Bank for Reconstruction and Development (IBRD) and the International Development Association (IDA), collectively known as the World Bank. We encourage you to read this report to learn more about the work of the World Bank, the operations and outcomes it supports in the six regions, and the results of that work in helping to overcome poverty and create opportunities for people in developing countries. To the right on this page, you can download the full audited Financial Statements and Management's Discussion and Analysis documents for IBRD and IDA and eBook versions of the report in seven translations.

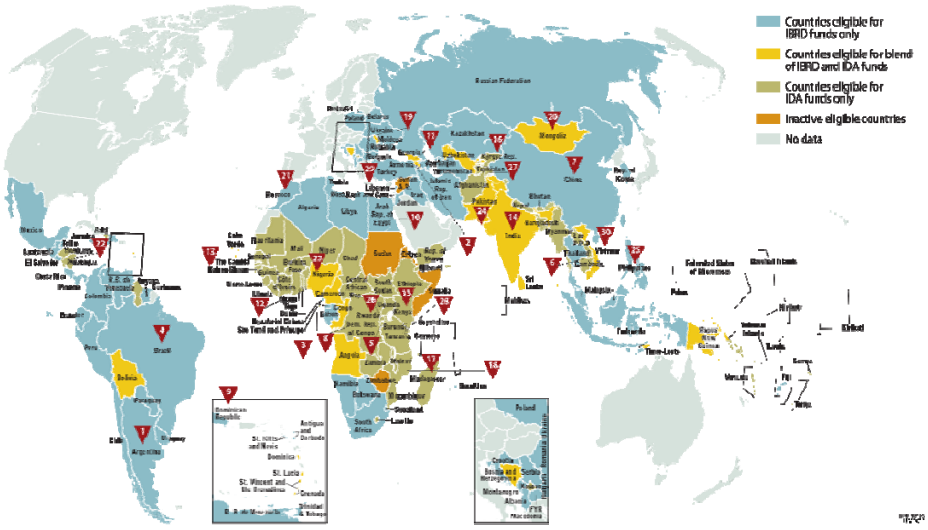
You will also find multiple links throughout the website that will connect you with even more information. We invite you to visit these sites to broaden your understanding of how the World Bank partners with countries to end extreme poverty, boost shared prosperity, and achieve sustainable results.

Supporting Strong, Inclusive, and Sustainable Growth

The progress in poverty reduction of the past 20 years presents the opportunity to envision a world free of poverty within a generation. Nonetheless, more than 1 billion people worldwide remain living in extreme poverty—on less than $1.25 a day. Challenges to poverty reduction are increasingly differentiated and vary across countries and regions, and solutions will need to take on multi-sectoral approaches. Greater progress is achieved when investments—including improving the environment for private investment and productivity growth, building human capital, and promoting climate-smart growth—are well designed, efforts are coordinated across regions and sectors, and growth is inclusive.

Combining concern for greater equity with the need for growth will help to ensure that the bottom 40 percent of society will share in prosperity. The depth and breadth of the World Bank Group's sectoral knowledge, along with its range of financial and technical assistance instruments, can help countries address these challenges. This year, the World Bank Group has undergone a historic institutional change. The new Global Practices and Cross-Cutting Solution Areas, for example, will improve the sharing of knowledge and complement the Bank Group's country-based engagement model and the existing strengths of its regional units and country offices. The implementation of these changes creates a more nimble global structure and improves the World Bank Group's ability to help countries make progress toward the twin goals of ending extreme poverty and boosting shared prosperity.

Sustainable development in partner countries



Details: http://www.worldbank.org/en/about/annual-report

Words *of* Wisdom

The secret of getting ahead is getting started.

– Mark Twain (1870-1904); American Author and Humorist

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

http://www.womenshealthsection.com/