

The World Health Report 2010

Health systems financing: the path to universal coverage

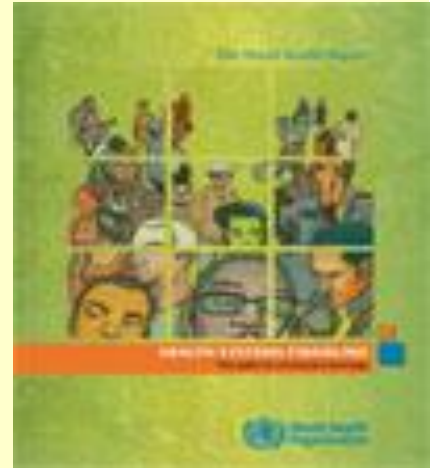
The Director-General, WHO comments on the Report



Dr Margaret Chan
Director General, WHO

...This report estimates that from 20% to 40% of all health spending is currently wasted through inefficiency, and points to 10 specific areas where 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, the report identifies 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 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 investments. Policy decisions help explain much of this difference.

Why universal coverage?

Promoting and protecting health is essential to human welfare and sustained economic and social development. This was recognized more than 30 years ago by the Alma-Ata Declaration signatories, who noted that Health for All would contribute both to 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 a 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 whether people can afford to use health services when they need them. It determines if the services exist.



*Brazil is one of many low and middle-income countries that have adjusted financing systems so more people can access health services (Emergency Unit, Manguinhos, Brazil.).
Credit: WHO Bulletin/Claudia Jurberg*

Recognizing this, Member States of the World Health Organization (WHO) committed in 2005 to develop their health financing systems so that all people have access to services and do not suffer financial hardship paying for them (4). This goal was defined as universal coverage, sometimes called universal health coverage.

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?

They must also ensure coverage is equitable and establish reliable means to monitor and evaluate progress.

In this report, WHO outlines how countries can modify their financing systems to move more quickly towards universal coverage and to sustain those achievements. The report synthesizes new research and lessons learnt from experience into a set of possible actions that countries at all stages of development can consider and adapt to their own needs. It suggests ways the international community can support efforts in low-income countries to achieve universal coverage.

As the world grapples with economic slowdown, 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.

Access the Report at: <http://www.who.int/whr/2010/en/index.html>

Montreux Statement from the Steering Committee of the First Global Symposium on Health Systems Research

From November 16-19, 2010, 1,200 participants from over 100 countries gathered in Montreux, Switzerland for the First Global Symposium on health systems research. Under the theme “science to accelerate universal coverage” the Symposium reviewed state-of-the-art research and discussed strategies for strengthening the field of health systems research.

After five days of keynotes, plenaries, concurrent sessions, satellites and informal discussions and debates, the Steering Committee recognizes that there is an enormous energy to move forward with a further agenda of action reflecting the spirit and commitment that brought us to Montreux from Mexico and Mali. This agenda includes:

- 1) Bringing this symposium to fruition by electronically preserving and disseminating the intellectual products and knowledge discourse, ensuring their appropriate archiving and creating channels of innovative communication.
- 2) Creating an international society for health systems research, knowledge and innovation, which under the umbrella of “science to accelerate UHC”, will take forward the collective opportunities identified by participants in Montreux with the aim of building greater constituency, credibility and capacity for systems research on health globally.
- 3) Articulating a further agenda of “improvement” and “action” related to research on systems for health
 - a. Provide visibility and lend support to regional and national efforts to strengthen health systems research;

b. Work with the priority agendas related to the recently agreed UNSG strategy on maternal, neo-natal and child health; and the upcoming UNGASS related to NCDs to bring more effective health systems strengthening to accelerate universal health coverage;

c. Catalyze contributions from the global scientific community to establish norms, standards and practices to strengthen the foundations for health systems research related to the production, translation and reproduction of knowledge for health systems including: 1) the terms and typologies of research; 2) the range and appropriate use of methods, measures and instruments; 3) criteria for evaluation of strength of evidence and methods for its synthesis; 4) mechanisms for bridging the gap between demand and supply for HSR and enhancing its translation to policy; and 5) opportunities to strengthen research capacity through core curricula, and courses, clearer career paths and supportive institutions;

d. Identify joint opportunities for collaborative research and knowledge production across different disciplines, sectors, stakeholders and geographies.

4) Gather for a Second Global Symposium on Health Systems Research in 2012 or 2013 to evaluate progress, share insights and recalibrate the agenda of science to accelerate universal health coverage. China has kindly offered to host such a symposium.

<http://www.hsr-symposium.org/index.php/hsr-webcast>



Journal of Public Health in Africa

Abdu Ibrahim

Department of Psychiatry, Abubakar Tafawa Balewa University Teaching Hospital, Bauchi-Nigeria

We are delighted to present the maiden edition of the Journal of public health in Africa. Like most great innovations, the idea behind JPHA was spontaneously conceived upon observing the precarious state of public health care delivery in the African continent. The JPHA is set up as non-profit making open source that will compete with other world class journals. The strength of JPHA is in the people behind the journal's existence as well as the teeming interested readership. The

journal will be published online and quarterly. No effort will be spared in ensuring that we publish high quality refereed materials despite our limited resources at this point.

The maiden edition mirrors the diversity and richness of the journal. HIV/AIDS has taken a central position in the Africa's public health debate, so also the state of the health system. There is also the largely ignored role of mass media in public health discourse. A valuable report is reproduced with the kind permission of the CSIS global health policy centre. A review of the current debate on health workers migration is surely a thoughtful item for our readers. The JPHA will always be happy to introduce more entries to cover all aspect of public health discourse in Africa. Your letters to the editor are welcome, to serve as guide for our improvement. We hope you shall join hand with us in sustaining this noble idea.

Bvudzai Priscilla Magadzire

I have joined the UWC School of Public Health as a Research Assistant for the *Access to Medicines in Africa and South Asia (AMASA)* project. Previously, I worked on various consultancy assignments conducting public health related research and programme & project evaluations for donor agencies, NGOs and governments in South Africa, Zimbabwe and Malawi. My first degree was in Environmental Health which I obtained from Solusi University in Zimbabwe. I then did a postgraduate diploma and masters (MPhil) in HIV/AIDS Management at the University of Stellenbosch. My masters' thesis was on "*Contraceptive practices and fertility intentions of women living with HIV in South Africa.*" A manuscript is being prepared for publication with support from the Health Economics and HIV/AIDS Research Division (HEARD), UKZN Young Researchers' Initiative. My other interests include relationships between urban lifestyles particularly diet and disease and the role of indigenous medical knowledge in public health. Other than contributing to the achievement of project objectives for the AMASA project, I will do my PhD in a related area.



Coming soon: CHEPSAA

A Consortium for Health Policy
& Systems Analysis in Africa

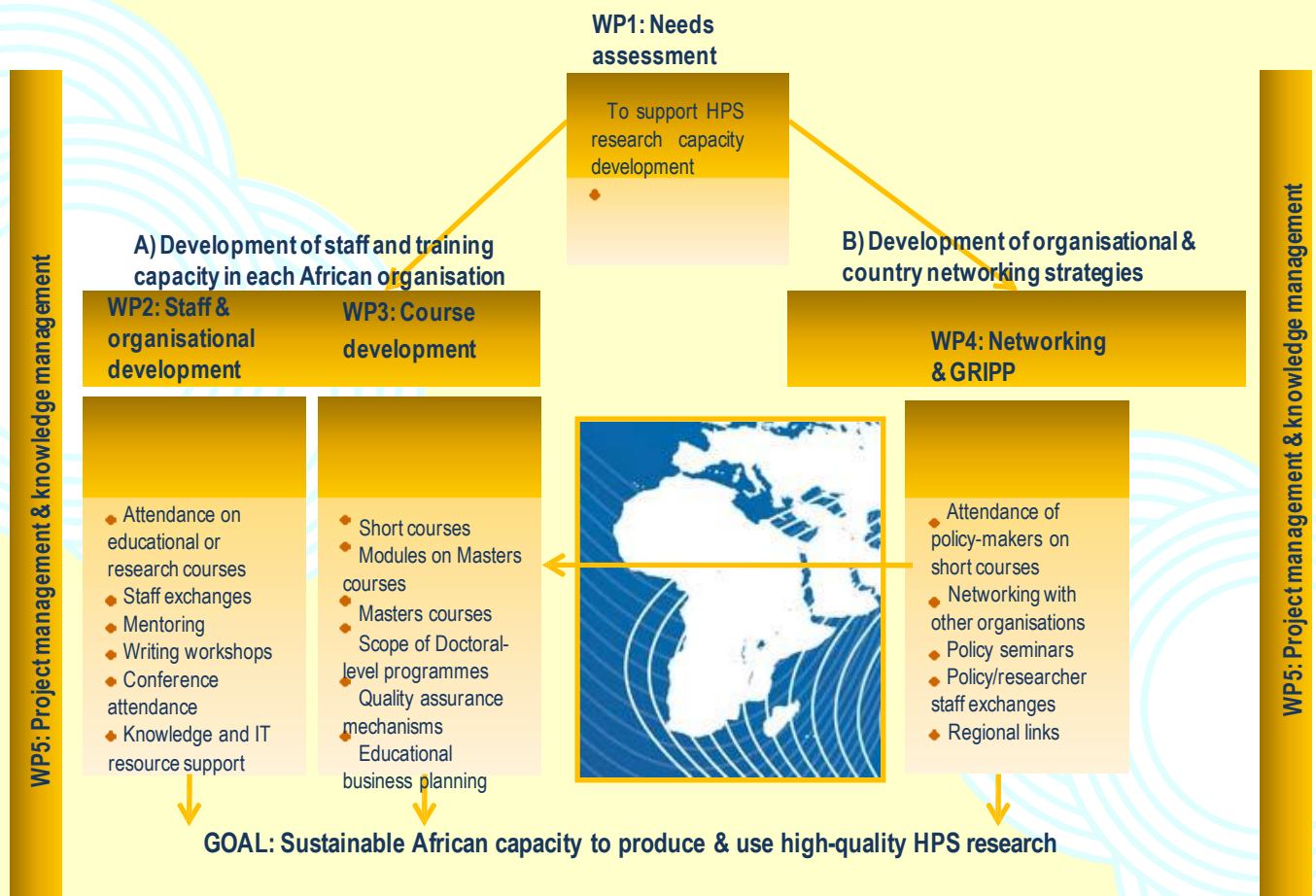
The development of sustained African health policy and systems research capacity requires the consolidation and strengthening of relevant research and educational programmes as well as the development of stronger engagement between the policy and research communities. The **Consortium for Health Policy and Systems Analysis in Africa (CHEPSAA)** will address both of these issues over the period 2011 - 2015.

Who is involved in CHEPSAA?

- * School of Public Health and Family Medicine, University of Cape Town, South Africa
- * School of Public Health, University of Western Cape, South Africa
- * Centre for Health Policy, University of Witwatersrand, South Africa
- * Institute of Development Studies, University of Dar es Salaam, Tanzania
- * School of Public Health, University of Ghana, Legon, Ghana
- * Tropical Institute of Community Health, Great Lakes University of Kisumu, Kenya
- * College of Medicine, University of Nigeria Enugu, Nigeria
- * London School of Hygiene & Tropical Medicine, United Kingdom
- * Nuffield Centre for International Health and Development, University of Leeds, United Kingdom
- * Karolinska Institutet, Sweden
- * Swiss Tropical and Public Health Institute, University of Basel, Switzerland

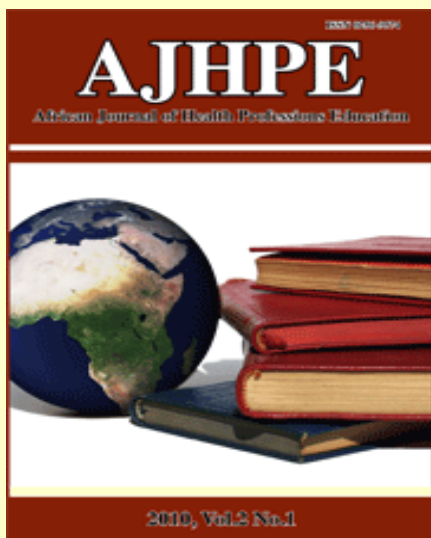
CHEPSAA's **goal** is to extend sustainable African capacity to produce and use high quality Health Policy Systems (HPS) research by harnessing synergies among a Consortium of African and European universities with relevant expertise. This goal will be reached through CHEPSAA's five work packages as shown in the diagram below; each of the work packages contain specific objectives which will help realize this goal.

The five workpackages of CHEPSAA



For more information on CHEPSAA, contact Professor Lucy Gilson on Lucy.Gilson@uct.ac.za
CHEPSAA's work is funded by the European Commission FP7- Africa - 2010.

African Journal of Health Professions Education Vol 1, No 2 (2010)



The African Journal of Health Professions Education is an online, bi-annual, peer reviewed, journal that covers matters related to education for health professionals

Editorial: Educating health professionals to meet Africa's needs

Vanessa Burch

Moving beyond description: Research that helps improve teaching and learning

Wendy McMillan

The AJHPE can be accessed at:

<http://www.ajhpe.org.za/index.php/ajhpe/issue/view/2/showToc>

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ISHReCA: Working towards a better and sustainable health research capacity in Africa



ISHReCA (The Initiative to Strengthen Health Research Capacity in Africa) is an African-led initiative aimed at building a strong foundation for health research in Africa. ISHReCA was born out of consultative meetings between African researchers and research funders and aims to serve as a forum for African scientist to collate ideas to capacity building, and to speak to funders collectively.

ISHReCA lays emphasis on a comprehensive approach to capacity building that leads to sustained increase recruitment, training and retention of African scientist.

This website serves 3 key purposes

1. A forum for African health researchers to discuss capacity building needs and approaches. These discussions will be used to negotiate with funders' innovative initiatives for capacity building and to give feed back to funders on current capacity building initiatives.
2. A resource tool for providing up to date information on capacity building to African health researchers.
3. A tool for collecting information for an African Health Researchers database. We hope that this will be used to facilitate development of collaboration networks.

Source: <http://ishreca.tropika.net/>

2010 Excellence in Healthcare Awards

SoPH MPH Graduate Abdus Samad Cassim wins 2010 SACP National Pharmacist of the Year Award

Sponsored by: Aspen Pharmacare, Clicks Pharmacy and Pfizer

Nominated by Kheth'Impilo



Kheth' Impilo is a South African NGO dedicated to increasing access to HIV treatment, care and support in high-need districts in the service of achieving the goal of an AIDS-free generation in our time. The organization was formed by the former senior managers of ARK. The mission of the organization is to support the goals of the South African government's National strategic plan for HIV/AIDS.

Targeting districts with high HIV prevalence in the Eastern Cape, KwaZulu Natal, Mpumalanga and the Western Cape—Kheth'Impilo's programs scale up access to prevention, care, treatment and support services to contribute to the National



Strategic Plan goals of reaching 80% of people living with HIV/AIDS and reducing new HIV infections by 50%.

Do you have a copy of the...?

HEALTH RESEARCH POLICY IN SOUTH AFRICA 2001

Access the report at: <http://www.info.gov.za/view/DownloadFileAction?id=70285>