



Is this email not displaying correctly?  
[View it in your Browser.](#)

Contact us : [cdp.afss@gmail.com](mailto:cdp.afss@gmail.com)

## Newsletter No: 007

December 2012

In this issue:

Editorial

Recent events

Upcoming Events

Articles / Documents

---

### Dear members,

In our last newsletter of 2012, we offer you an editorial by Ghanaian parliamentarian Matthew Prempeh who participated in the September CoP workshop on equity in Universal Health Coverage: reaching the poorest. The active participation of parliamentarians and senior level policymakers alongside technical experts at this workshop was a first at a CoP workshop – but won't be the last! During a political roundtable, technical experts listened intently as parliamentarians discussed equity and how they can contribute to ensuring that health care reaches the poorest. In turn, by listening to the technical experts, parliamentarians were able to better understand the complex design and implementation issues of these policies. Such interaction can have tangible impact, as you will read in Parliamentarian Prempeh's piece.

In the coming weeks, we will be soliciting your input on CoP priorities for the coming year. We are thrilled to see that recent activity on the Google group has shown deepening and increasingly substantive exchanges. We are conscious of the importance of reinforcing and sustaining communication, learning, and exchange opportunities on an ongoing basis and not just at workshops, and as such, we will be proposing a number of possible activities and approaches for your feedback.

In recent months we have also made some significant progress in

measuring and evaluating our CoP – some of which was presented in Beijing, and more that will be shared with you in the coming weeks. We continue to count on your engagement and active participation as our CoP grows and evolves, and as we share this exciting story with the international health community.

Warm wishes for the upcoming holiday season.

**Allison, Isidore, Yamba and Catherine**

---

## Editorial

### **Parliamentarians as key allies in the movement towards universal health coverage: my experience at the equity in universal healthcare coverage workshop in Marrakech, Morocco**



Between 24th and 27th September 2012, I participated, as part of Ghana's team, in a workshop themed "Equity in Universal Healthcare Coverage: How to reach the Poorest" jointly organized in Marrakech, Morocco by the Moroccan Ministry of Health, the Financial Access to Health Services Community of Practice (FAHS CoP) and the Joint

Learning Network.

The workshop provided an opportunity to review efforts by countries in Africa and Asia in their march towards universal health coverage for their populations. As the theme of the 2011 World Health Report, as well as of a number of international and regional conferences over the past 18 months. Indeed, the topical nature of universal healthcare coverage in these two continents is not surprising considering the endemic inequities that bedevil their healthcare delivery systems.

Topics dealt with at the workshop were well selected and included "Overview of mechanisms implemented in Africa to cover the poorest: summary of experiences from participating countries", Universal Health Coverage Strategy in Morocco and stakes of scaling up the RAMEd and

other interventions nationally and “The evidence base on mechanisms to expand health coverage to the poorest in developing countries”.

The workshop also featured field trips to selected health facilities and district administrations in Marrakech and its environs. By far a notable key innovation of the workshop was a session dubbed “Parliamentary Round Table: Political View on Equity and Universal Health Coverage”. The session provided an opportunity for five lawmakers from four African countries to share their perspectives about the role of Parliaments in the forward march towards universal healthcare coverage.

One thing that struck me during the parliamentary round table was the commonality of purpose and efforts of the participating parliamentarians to expand access to healthcare notwithstanding the diversity of their democracies. Indeed, it emerged from the discussions that as elected representatives of the people, members of parliament can become key agents for catalyzing the movement towards universal coverage in a number of ways including:

1. Eliciting the healthcare needs of their constituents to enrich the universal coverage debate;
2. Informing their constituents about progress being made in the movement towards universal health coverage;
3. Influencing universal health coverage legislation;
4. Influencing the allocation of budgets to universal health coverage programs; and
5. Strengthening parliamentary oversight on universal health coverage programs.

Subsequent to the round table during a country group discussion by the Ghanaian team, it transpired that assessing equity in Ghana’s National Health Insurance Scheme was a challenge. Accordingly the team’s workshop action plan was to develop tools for assessing equity of access within the scheme.

In view of my experience that many such action plans often do not see any progress of implementation following a return home, I took advantage of the opportunity provided by the ongoing revision of the National Health Insurance Bill then pending before Parliament to introduce an amendment into the bill to mandate the National Health Insurance Authority to annually

report on equity of access within the National Health Insurance Scheme. I managed to table this amendment within six hours of my return to Ghana and the Bill was passed into law two days after.

Overall the experience in Marrakech was rewarding and reinforced the fact that Ghana's move towards universal coverage was a right one. The excellent organization and the hospitality of the Moroccan Government contributed in no small way in making the workshop experience a memorable one.

**Dr. Matthew Opoku Prempeh (MP)**

Parliament of the Republic of Ghana

---

## **Recent events**

- **FAHS CoP workshop on “Equity in Universal Health Coverage: how to reach the poorest” September 24-27, 2012, Marrakech, Morocco**

Identified as a priority issue by CoP members and supporting agencies and governments, the FA CoP, together with the Government of Morocco and the Joint Learning Network for Universal Coverage, organized a 3-day workshop on covering the poorest September 24-27, 2012 in Morocco. Participants included experts, researchers, policy makers and field practitioners working directly on covering the poorest in African countries. The workshop approach focused on peer learning and promoted in-depth exchanges across countries, but also among different actors within a country. It also included site visits to pilot areas for Morocco's medical assistance fund (RAMED). As noted by Dr. Matthew Opoku Prempeh (juste above), the hospitality of the Moroccans help to make this workshop a success. A large part of the participants reported it was very stimulating.

For more details, see the [report](#) and the workshop [webpage](#).

- **Second Global Symposium on Health Systems Research,**

## October 31 to November 3, 2012, Beijing, China

The [Second Global Symposium on Health Systems Research](#) took place in Beijing two weeks ago and focused on inclusion and innovations towards universal health coverage. There, a session organized by the communities of practice discussed the production and sharing of knowledge in policy and health systems, with particular interest in the model of communities of practice (links to the presentations below). This effort to share our views was not remained unnoticed as you'll read in the '[Beijing statement](#)', issued at the end of the Symposium.

You can also read some general viewpoints of the conference; here we suggest you the ones by [Adam Wagstaff](#) (World Bank), [Kristof Decoster](#) (ITM), or [Duncan Green](#) (Oxfam).

Here are the presentations of the Communities of Practice Session in Beijing:

- [Experiences and lessons from the HHA initiative](#), by Allison Kelley;
- [Assessing Communities of Practice in Health Policy, a conceptual framework](#), by Maria Paola Bertone;
- [Assessing Communities of Practice in Health Policy, an application to the CoPs FAHS and PBF](#), by Bruno Meessen, Catherine Korachais and Jean-Louis Koulidiati;
- [Exploring the potential of Communities of Practice for knowledge sharing: A case study of the HHA CoP for Financial Access](#), by Isabelle Lange and Sophie Witter.

## Upcoming events

- [Sidney Congress 9th World Congress on Health Economics: Celebrating Health Economics](#)

Congress dates : 7-10 July 2013

Pre-congress dates: 6-7 July 2013

Where : Sydney, Australia

Deadline to submit an article : 15 January 2013

- [Workshop](#): **Analysing Patient Data using Hospital Episode Statistics (HES) to Evaluate Health Care Policy and Practice**

Course dates : 12-14 March 2013

Where : Université de York, UK

Registration online

- **Colloque : Nouveaux enjeux éthiques du médicament en Afrique**

Pluridisciplinary [conference](#) on ethics of medicines in West and Central Africal

Dates: 1-2 July 2013

Where: Dakar, Sénégal

Deadline to submit a summary: 31 December 2012

## Articles / Documents

### Health insurance

- **Measuring universal health coverage – plus ça change?**

In this [blog post](#), Adam Wagstaff reports progress on the ways to measure universal health coverage and more particularly on financial protection and health equity.

- **Moving towards universal health coverage: health insurance reforms in nine developing countries in Africa and Asia, Lagomarsino et al.**

Researchers in [this study](#) analyse nine low-income and lower-middle-income countries in Africa (Ghana, Kenya, Mali, Nigeria, Rwanda) and Asia (India, Indonesia, the Philippines, Vietnam) that have implemented national health insurance reforms designed to move towards universal health coverage. Using the functions-of-health-systems framework, they first describe these countries' approaches to raising prepaid revenues,

pooling risk, and purchasing services. Then, using the coverage-box framework, they assess their progress across three dimensions of coverage: who, what services, and what proportion of health costs are covered. Their findings revealed some patterns in the structure of these countries' reforms, such as use of tax revenues to subsidise target populations, steps towards broader risk pools, and emphasis on purchasing services through demand-side financing mechanisms. Trends in these countries' progress towards universal coverage include increasing enrolment in government health insurance, a movement towards expanded benefits packages, and decreasing out-of-pocket spending accompanied by increasing government share of spending on health.

- **The impact of health insurance in Africa and Asia: a systematic review, Spaan et al.**

[This paper](#) is a literature review on the impact of health insurance on resource mobilisation, financial protection, service utilisation, quality of care, social inclusion and community empowerment in low- and lower-middle-income countries in Africa and Asia. Overall 159 studies were included – 68 in Africa and 91 in Asia. Most African studies reported on community-based health insurance (CBHI) and were of relatively high quality, whereas social health insurance (SHI) studies were mostly Asian and of medium quality. Only one Asian study dealt with private health insurance (PHI). Most studies were observational, while four had randomised controls and 20 had a quasi-experimental design. In these studies, financial protection, utilisation and social inclusion were far more common subjects than resource mobilisation, quality of care or community empowerment. Strong evidence shows that CBHI and SHI improve service utilisation and protect members financially by reducing their out-of-pocket expenditure. On the contrary, there was a weak evidence on their positive effects on quality of care and social inclusion, and their effect on community empowerment was inconclusive. Findings for PHI were also inconclusive because of a lack of studies. The authors conclude that health insurance offers some protection against the detrimental effects of user fees and a promising avenue towards universal health-care coverage.

- **Moving from ideas to action - developing health financing systems towards universal coverage in Africa, Laurent Musango et al.**

Based on [their analysis](#) the authors find that there are points of convergence and divergence in the discourse and positions of the ministry of health and the ministry of finance regarding key health financing problems. The current blockage points holding back budget allocations for health can be solved with a more evidence based approach and dialogue based on a clear vision and costed strategic plan articulated by the ministry of health. Improving health in Africa is a driver for long-term economic growth and development and this is the reason why the ministries of health and finance will need to find common ground on how to create policy coherence and how to articulate their respective objectives.

- **Les paiements directs des soins dans les pays à faible et moyen revenu ne font plus l'unanimité au sein de la communauté internationale, Emilie Robert & Valéry Ridde**

The objective of [this paper](#) is to identify and analyze the position of global health actors in the debate on out-of-pocket payments. The user-payer principle seems to have fizzled out. For the authors, scientific evidence and some stakeholder networks may have contributed to this change in discourse. However, the global health actors who have now reached a consensus should now translate their words into action and support technically and financially the countries that have chosen to implement exemption measures, sometimes under their influence.

### **Categorical targeting**

- **Why do women pay more than they should? A mixed methods study of the implementation gap in a policy to subsidize the costs of deliveries in Burkina Faso, Valéry Ridde et al.**

The authors used a [mixed method research](#) approach to better measure



and understand the gap between what women report paying for a delivery and what they should be paying officially. Even if there has been a progressive distribution of the policy's benefits, a more rigorous implementation would certainly help to make it even more equitable. Institutional design and organizational practices are at the core of the explanation, since the absence or lack of clarity regarding certain rules, as well as weak rule enforcement and organizational capacity, are factors that impede the achievement of universal coverage.

- **User fee exemptions and equity in access to caesarean sections: an analysis of patient survey data in Mali, El-Khoury et al.**

[The author found](#) that wealthier women make up a disproportionate share of those having free caesareans, five years after implementation of the fee exemption policy. Women in the richest two quintiles accounted for 58 percent of all caesareans, while women in the poorest two quintiles accounted for only 27 percent of all caesareans. While fee exemptions remove important financial barriers to accessing priority maternal health services, they are insufficient to ensure equal access among wealth groups.

- **Removal of user fees for caesareans and under-fives in northern Sudan: a review of policy implementation and effectiveness, Sophie Witter et al.**

The findings of [this study](#) point to important weaknesses in the implementation of this policy in Sudan, such as unclear specification of the exact target group and package of care and inadequate funding. Despite this, service utilisation appears to have responded, at least in the short term. The findings also highlight the urgent need for improved access to basic health care and financial protection against health care costs in northern Sudan (for those with and without national health insurance membership). This review contributes to the growing literature on the selective removal of user fees for priority services. It indicates the range of challenges to effective implementation (strategic, financial and organisational). Some of these are particular to Sudan, but many are shared, and indicate important lessons for improving access to and quality

of care for women and children in Africa.

- **Combining user fees exemption with training and supervision helps to maintain the quality of drug prescriptions in Burkina Faso, Atchessi et al.**

[To improve access to health care services](#), an intervention was implemented in Burkina Faso granting full exemption from user fees to children aged 0-4 years. Two further components, staff training and supervision, were added to support the intervention. The aim of the authors was here to examine how this tripartite intervention affected the quality of drug prescriptions. The authors used three World Health Organization (WHO) indicators - (i) the presence or absence of an antibiotic in the prescription; (ii) the presence or absence of an injectable product in the prescription; and (iii) the number of drugs per prescription -, to assess drug prescription quality. The prescribers' statements underwent content analysis, to understand their perceptions and changes in their practice since the subsidy's introduction. The user fees exemption programme, combined with health staff training and supervision, did not lead to any deterioration in the quality of drug prescriptions.