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➤ The Health Finance  
and Governance  
Briefing Kit

## The Health Finance and Governance Project

USAID's Health Finance and Governance (HFG) project helps to improve health in developing countries by expanding people's access to health care. Led by Abt Associates, the project team works with partner countries to increase their domestic resources for health, manage those precious resources more effectively, and make wise purchasing decisions. This five-year, \$209 million global project aims to increase the use of both primary and priority health services, including HIV/AIDS, tuberculosis, malaria, and reproductive health services. Designed to fundamentally strengthen health systems, HFG supports countries as they navigate the economic transitions needed to achieve universal health care.

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## The Health Finance and Governance Briefing Kit



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*“I thought of health finance stories as always being sensational – only about money and certain politicians and big headlines. But now I understand that they are much deeper than that, that they touch all Kenyans.”*

Nairobi-based television journalist Jimmy Makhulo (September 2013)

# I NTRODUCTION: THE CRITICAL LINKS BETWEEN HEALTH, FINANCE, AND GOVERNANCE

**G**etting access to affordable, quality health care is a universal story that touches virtually every family in the world. At the same time, providing quality health services and access to trained health professionals is a challenge for governments.

The World Health Organization (WHO) estimates that 150 million people worldwide face “catastrophic expenditure” because of high costs of health care. In other words, they may have to forgo paying for basic needs, such as food, housing, or education to pay for medical treatment instead. These costs include transportation, doctors’ fees, medicine, hospitalization bills, and days lost from work.

Behind these sobering statistics lies a wealth of news and feature stories waiting for the media to investigate and share with national leaders and policymakers as well as civil society groups who can advocate for changes to health budgets and policies.

At the heart of these stories are important questions about the financing of health care and the quality of governance that ensures responsive and effective management of those resources and services.

But writing health finance and governance stories can be challenging. Health finance is riddled with complex language, technical economic terms, and numbers – not necessarily a journalist’s comfort zone. The right sources for these stories can be difficult to identify and unwilling to talk. Data may be difficult to locate or to understand. And while corruption makes for splashy headlines, the broader systemic challenges of health governance are not widely understood — and yet they are important.

The *Health Finance and Governance Briefing Kit* is designed to help journalists and their editors uncover and tell these important health stories that affect people all around the world.





## Tips for Using the Briefing Kit

This briefing kit was created by journalists who understand the realities of newsroom deadlines and editors' expectations. In collaboration with Internews Kenya's Health Media Project (HMP), the Health Finance & Governance project (HFG) piloted this kit with 15 health journalists during a week-long workshop in Nairobi. Both projects are funded by the United States Agency for International Development (USAID).

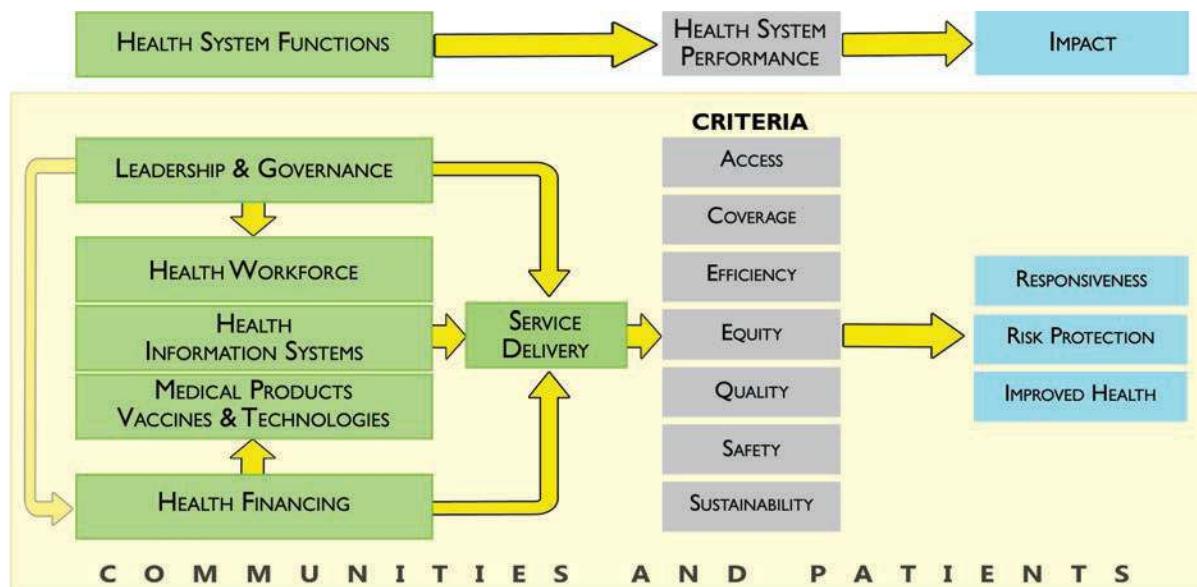
The briefing kit is organized into the following sections:

1. **Examples** of health finance and governance stories;
2. Four **important reasons** for covering health finance and governance issues;
3. Essential **health finance resources** and background materials;
4. Essential **health governance resources** and background materials;
5. **Strategies** for identifying and accessing key sources for health finance and governance issues;

6. A **glossary** of essential key health finance and health governance terms and concepts with hyperlinks to primary sources;
7. **Tips** for writing about health finance and governance topics, such as Universal Health Coverage (UHC) or resource tracking; and
8. **Links to media outlets** for health finance and governance news.

The briefing kit can be used in different ways. Journalists may read it as a primer to better understand the technical concepts and language behind health finance and health governance. It can also serve as a quick, go-to resource for journalists—as well as other stakeholders—interested in learning more about these issues. Journalists also can take a deeper dive into a specific issue, such as UHC or they can read sample news and feature stories to get ideas about how to cover a particular health issue in their country. As Figure I shows, health financing and governance underpin a strong health system, and form the foundation for quality health services.

Figure I: Strong Health Financing and Governance Improve Health



There are many ways to report on these stories: by highlighting evidence-based health priorities, analyzing health budgets, identifying gaps between national health statistics and health spending, explaining new health policies, fact-checking sensational stories, and dispelling rumors with facts.

The media can shine a light on these important and often underreported issues by connecting the dots for the public, civil society organizations, and decision-makers to fully understand health priorities and the funding and governance issues behind them. For example, when the national budget is presented, a potential news story could

cover the overall changes in the budget from the previous year and over time. It could also compare funding for the health sector with other sectors or with neighboring countries' health budgets.

A feature story could investigate a particular health issue, such as maternal mortality, and include an analysis of the funds and resources dedicated to address the issue. If there is a disease outbreak or specific ongoing health challenge, such as Ebola, HIV/AIDS, or malaria, how are health policies addressing this disease or failing to? What would be needed in terms of resources and governance to improve health outcomes?



## Breaking Down Barriers, Telling Better Stories

By highlighting the important link between health outcomes, health finance, and health governance, the media can play a key role in expanding access to life-saving health care for millions of people all over the world.

At the Kenya workshop, Dr. Regina Ombam, Head of Strategy for Kenya's National AIDS Control Council, emphasized the media's unique role in promoting health governance. "The best way we can govern our health is when we communicate about it. If I have information and don't give it out in the best way possible, then that is what will be consumed. If I give it in an effective, understandable manner, then whoever reports on it will report on it the same way."

As the journalists found, being better informed about health finance and health governance issues made it easier to identify more potential health stories, all related to health finance and governance. During the workshop, the journalists learned that government stakeholders became increasingly engaged when they realized the valuable role media could play in explaining important policies, such as decentralization. It also facilitated interacting with their potential sources, including ministry of health communications staff.

"We want the media to understand us, but we never try to understand them," said Mr. Joseph Kamotho, Senior Communications Officer at Kenya's Ministry of Health. "As a sector, we need to wake up. The media has the role of agenda setting. We want them to understand our agenda and buy into it so we can move together. We need to do media better."



**Photo Credit:** Valerie Cardas/Johns Hopkins Center for Communication Programs,  
2012/Courtesy of Photoshare

# S TORIES FROM AROUND THE WORLD

The following are three examples of newspaper articles on different aspects of health finance and governance. These examples give a sense of the wide range of possible health finance and governance stories – from local level health worker issues, to national level health policy and budgeting.

## Example 1: Health Engineering Officials Booked for Corruption

This article, published by Dawn newspaper in Pakistan, uses information from the Punjab Province Anti-Corruption Establishment, a public oversight institution, to report on corruption within the Pakistan health sector. The article highlights two

types of health sector corruption or mismanagement: the use of substandard construction materials and health worker absenteeism. Corruption and lack of accountability in how health resources are spent are important factors impacting health governance.



### Health Engineering Officials Booked for Corruption

GUJRANWALA, Nov 25: The Anti-Corruption Establishment (ACE) on Monday registered cases against six officials of the Public Health Engineering Department (PHED), including two executive engineers, as many sub-divisional officers, an accountant and a sub-engineer.

Reports said ACE Director Muhammad Ilyas Gil had received complaints that development schemes were completed with defective and substandard material while two executive engineers Arshad Ali and Ahmad Manzoor, SDOs Zulfikar and Riaz, District Accounts Officer Nazar Bhatti and Sub-Engineer Mudassar were involved in corruption.

The ACE director ordered an inquiry into the allegations and appointed Deputy Director Technical Ijaz Akbar Bhatti as inquiry officer. The accused were found guilty and corruption cases were recommended against them.

The ACE also registered corruption cases against Gujrat revenue patwari Khizar Hayat and Tetley Sub-Inspector Riaz Ahmad.

Meanwhile, 29 health officials of anti-polio teams were issued show-cause notices while five others were transferred by the executive district officer health when he found them absent from duty during his surprise visit to the Tehsil Headquarters (THQ) Hospital, Kamoki.

Reports said that when EDO Health Dr Pervaiz Nazir Tarar paid a surprise visit to the civil hospital and deputy director health's office at 9am and checked the attendance of employees, he found about 34 health officials absent from duty.

The second phase of anti-polio drive in the area would continue until Nov 30.



## Example 2: Mixed News about Health Budget

This article, published by Uganda's New Vision newspaper, details the political debate over the annual budget for the health sector. The annual budget is central to health finance and outlines the government's financial commitments and health priorities for the year ahead.

The budget can highlight policy differences between political parties and advocates for different interest groups within the health sector. The budget debate also often draws attention to government performance in health. This article states the government's position on their performance in increasing the number of health workers.



### Health Budget Increased, but...

By Chris Kiwawulo

The status of a country's health sector is undoubtedly one of the core yardsticks upon which its overall growth and development is judged. However, Uganda's budgetary allocation towards the health sector has been fluctuating, at least in the past four financial years.

Whereas health activists have, for long, been advocating for a continuous increase in the health sector budget, it has been inconsistent. Besides, the health budget has, for many years, been falling short of the 15% Abuja Declaration target. Heads of state of African Union countries, including President Yoweri Museveni, set the target in April 2001.

In the financial year (2013/14), the health sector has received sh940b, up from sh852b in 2012/13. This means the sector has received about 7.2% of the national budget of sh13.1 trillion, which is still below the 15% target. Last year, the health sector got about 7.6%, while in 2011/12, it got slightly over 8%.

In 2010/11, the allocation to health was sh660b and it leaped to sh985.58b in the subsequent year (2011/12). However, the drop by sh133.58b in the following year (2012/13) to sh852b left many health activists' tongues wagging.

The Government would have reduced it further by another sh52b to go to the defence ministry had it not been for the intervention of MPs. They argued that more funding was needed to cater for an increase in the number of medics and their pay.

Since it was the Government that had promised to recruit more health workers and increase their salary, the decision makers realised that reducing the budgetary allocation to health would be shooting their own foot.

Indeed, finance minister Maria Kiwanuka, while reading the budget on Thursday, announced that last financial year (2012/13) has seen the Government recruit 6,172 health workers and double the monthly pay for doctors at health centre IVs from sh1.2m to sh2.5m.

[Excerpt] [New Vision, Uganda, June 19, 2013](#)

### Example 3: Health Workers Strike at Government Hospitals

This article, published by IRIN Africa, dives into the impact of Malawi's health worker strike on ordinary people. Workers struck because they had not been paid – a problem in many countries.

A lack of strong governance was behind the government's inability to pay workers. The strike is one way that the government is being held accountable, and a way for health care workers to voice their concerns.



### Government Corruption “Cripples” Malawi’s Health Sector

LILONGWE, 24 October 2013 (IRIN) - Extensive looting of public funds by government officials in Malawi has dangerously undermined the country's public health sector, with hundreds of public health workers striking in recent weeks to protest late payments of their September salaries.

The delays were the result of a financial scandal involving government officials who exploited loopholes in a government payment system to make fraudulent deposits into the accounts of companies that did not have government contracts. Up to 20 billion kwacha (US\$5.3 million) was siphoned from public funds, according to the Financial Intelligence Unit, a government organ.

The health worker strike, which started in early October, crippled operations at public hospitals, which are also experiencing depleted budgets for essential medical equipment and drugs.

“My three-year-old daughter had a fever, and I went to our district hospital to seek medical attention, but I came back without any. I found the staff at the hospital just lying around,” said Laurine Mwangupili of Karonga District, in Malawi's Northern Region. “They told us that they could not attend to patients because they had not been paid their salaries.”

A health worker at the hospital, who did not wish to be named, said all the facility's technical staff - including nurses, clinical officers and medical assistants - participated in the strike.

Workers at the country's two largest referral hospitals - Kamuzu Central Hospital in Lilongwe and Queen Elizabeth Central Hospital in Blantyre - and at Dedza and Salima district hospitals also went on strike after the salary delays. They said they would be willing to strike again if this month's salaries are delayed.

Martha Kwataine, executive director of the NGO Malawi Health Equity Network, raised the alarm over the effect of corruption on the already underfunded health sector earlier this year.

“We have been saying that the health sector in this country is being crippled because of corruption,” Kwataine told IRIN. “As a country, we cannot retain specialist medical personnel because we lose our money this way. As a result, we keep sending patients to countries like Tanzania to receive specialized treatment” for diseases like cancer.



# W HY COVER HEALTH FINANCE AND GOVERNANCE ISSUES?

C overing health finance and governance stories can be challenging. The issues are complex and require time and written material to provide sufficient background information. Stories often deal with multiple institutions and organizations – and interaction among different institutions. It can also take time to illustrate the human dimension of these stories.

The following rationale underscores why covering health finance and governance stories is important for a country's progress, presented as four major dimensions of the health sector: Equity, Sustainability, Accountability, and Performance. Each theme is also linked to the human dimension of health finance and governance issues.





## Equity

**Q**uestions of health equity – that is, the differences in the quality of health and access to health care across different populations in a country or region – are central to human development, to better health outcomes, and to individuals and families who rely on public health services. These questions are also strongly linked to health finance and governance.

Health equity questions might include:

- Do certain groups—by socio-economic status, geographic location, ethnicity, gender, education, and/or disability—need more in terms of public health services or investments in public health than others?
- Do certain groups benefit more from public health services or investments in public health than others?
- Does the quality of public health services reflect socio-economic status, geographic location, ethnicity, gender, education, and/or disability differences?
- Are there certain health services that benefit some groups over others?
- Are public resources targeted toward those who need health services the most? How is this targeting achieved and how often is it updated?
- What population segments are not treated equitably?

For journalists, important questions related to health equity are:

- **Who** (individuals or institutions) is responsible for ensuring equity issues are integrated into health policy and program decisions?
- Who benefits more from health service delivery and access to services and who is left out? What is the impact of this inequity?
- **What** are the actions the government is taking to address inequity?
- What is the impact of health inequity on people's lives, the country's development, and economic growth?
- **When** did decisions and policies lead to inequity?
- When does health inequity most affect those being left out?
- **Where** is health inequity concentrated?
- Where are the government institutions or bodies where health equity should be addressed?

The following article is an example of what health equity reporting looks like. In the Eastern Cape of South Africa, groups are protesting poor access to health services, particularly for people with HIV/AIDS and tuberculosis.



## Eastern Cape Health Access 'Made to look Like a Privilege'

By Ina Skosana, Amy Green

Health advocacy organisations are up in arms over the deteriorating state of the Eastern Cape's public health system. The Eastern Cape Health Crisis Action Coalition, which includes groups such as Section27, the Treatment Action Campaign and the Rural Doctors Association of South Africa, will deliver a memorandum of grievances to the province's health MEC Sicelo Gqobana as part of their "right to health" campaign, which was launched in Johannesburg and East London on Wednesday.

Vuyokazi Matiso of the Treatment Action Campaign in the province said access to health is "being made to look like a privilege" because many people don't get the medical care they need.

"Patients are being turned away from health facilities without essential drugs and there have been cases of people going to test for HIV and being told that there are no test kits available," she said. "This is a crisis and it has been going on for some time now."

The coalition first investigated essential drug stock-outs in the province's Mthatha depot between September 2012 and January 2013. The investigation found that over half of the facilities served by the depot had run out of HIV and tuberculosis medication.

The investigation resulted in a report that included suggestions of how these problems could be solved being delivered to Eastern Cape health authorities. A follow-up investigation released at the National Aids Conference in June this year showed that not much had changed. The report noted that "continued staff shortages and lack of management" at the depot contributed to the stock-outs of essential medicines.

Numerous attempts to meet with the MEC by the coalition have been met with disinterest, the coalition said, so Matiso said she hopes a "march for health" scheduled for Friday will pressure the department into action. "We have no other platforms to share the challenges of the community. Even now we don't know if he will be there to accept our memorandum on Friday," she said.

Around 2 000 healthcare workers, civil society and community members are expected to march the 2km from Bisho Stadium to the provincial legislature.

The provincial health department has been plagued by staff and equipment shortages as well as doctor strikes. The coalition previously called on the health minister to place the department under administration.

Matiso said both patients and health professionals are "suffering" because of a lack of leadership on the part of the MEC. The march and its call to action are a result of a special Section27 and Treatment Action Campaign investigative report into the "collapsing health system in the Eastern Cape".

[Excerpt] [Mail and Guardian, South Africa, September 11, 2013](#)



## Sustainability

Issues of the sustainability of health services, particularly around the financing of health services, focus on the current and future level of resources needed to address the changing health needs of the population. While financial resources are important, the sustainability of human resources for health (number and skills of health workers), information systems (ability to manage increasingly complex and voluminous health information), and physical resources (health infrastructure, including number, location and quality of health facilities), are also fundamental to health sustainability.

Health sustainability questions might include:

- Are the resources (financial, human, infrastructure) sufficient to address the future health needs of the country?
- What are the major demographic and health trends that will change the need for health resources?
- Does the planning for health resources take into account the country's evolving demographic trends (e.g., Is there a youth bulge, an aging population, increased urbanization, etc.)?
- Does the current planning for health resources take into account the changing burden of diseases, especially non-communicable diseases, such as cancer and diabetes?
- Is economic growth being translated into additional resources for health?

- How are policymakers and the health sector preparing for future health resource needs?
  - Are educational facilities producing enough health professionals with the right skills?
  - Does medium-term budgeting reflect changes in health needs?
  - Are health facilities being maintained and built to keep up with populations changes?

For journalists, important questions on health sustainability are:

- **Who** (individuals and institutions) is responsible for ensuring planning for sustainable health resources?
- Who might be left out if sustainable planning and resource allocation does not occur?
- **What** are the actions the government is taking to address sustainability? Is it taking place quickly enough?
- What is the impact of unsustainability in the health sector on people's lives, the country's development, and economic growth?
- **When** did decisions and policies lead to sustainable/unsustainable health planning?
- When might the lack of sustainability begin to start affecting those being left out?
- **Where** are the government institutions or oversight bodies where health sustainability should be addressed?

The following article highlights issues of health sustainability. In Tanzania, the shortage of health workers is a significant challenge to the delivery of adequate health services. As the population grows and health challenges become more complex, this situation will only become more pronounced.



## Over 5,000 Health Workers Employed

THE government had until May, this year, employed a total of 5,600 health workers out of the required 9,000, in a quest to minimize the shortage of medical workers, the National Assembly was told here on Monday.

A Deputy Minister in the Prime Minister's Office (Regional Administration and Local Government – Education), Mr Majaliwa Kassim Majaliwa, told the august House that the government envisages engaging 3,400 more health workers this fiscal year to seal the shortage gap.

Mr Majaliwa was answering a supplementary question floated in the House by Ms Cynthia Hilda Ngoye, who wished to know when the shortage of health workers would eventually come to an end. He assured the Special Seats legislator that some of the new medics would be shunted to Mbeya.

In her main question Ms Ngoye had sought to know when Igawilo Health Centre in the city of Mbeya would be elevated to district designate hospital. He said the officials from the Ministry of Health and Social Welfare inspected the health centre on October 29, last year to see its suitability.

The inspectors were satisfied that Igawilo Health Centre is good enough to qualify for elevation to the status of regional hospital. However, it was suggested that a theatre room; a children's ward; a maternity ward; a pharmacy block; more patient beds and mortuary deep freezers be added.

Mr Majaliwa told the House that in 2012/13 the government has set aside 120m/- for completion of ongoing construction of the wards which will accommodate ailing children and pregnant women. The money will also cover the purchases of deep freezers and surgical tools. The status of the health centre will be elevated soon after the missing wards and other facilities have been made available.

*Daily News, Tanzania, July 24, 2012*



## Accountability

**A**ccountability in the health sector involves issues of corruption, oversight and the responsiveness of public health officials towards recipients of health services. Strong accountability is often the result of a system of checks and balances and multiple stakeholders—both internal and external. Internal accountability includes policies and processes for approvers to spend money and make resource decisions, and the supervisory system within institutions. External accountability includes public oversight institutions (anti-corruption bodies, parliamentary standing committees, supreme audit institutions) that monitor how public resources are used, as well as civil society watchdog groups, media and community groups.

Health accountability questions might include:

- Are health resources being used efficiently and effectively?
- Are public officials held to account when programs and policies do not have their intended impact?
- Are public officials held to account when public health funds are not spent effectively?
- Are there formal opportunities for health services recipients to provide feedback on the quality of health services?
- What institutions are responsible for conducting oversight over the health sector?
- Is accountability in the health sector getting better or worse?
- How does the lack of accountability affect health service delivery and achievement of health goals?
- Is the government meeting the domestic and international commitments it has made to providing health resources or implementing health programs?

For journalists, important questions on health accountability are:

- **Who** is responsible for ensuring health sector accountability at the national, regional, local and facility level?
- Who gets hurt the most due to corruption and lack of accountability in health service delivery? Who benefits?
- **What** are the actions the government is taking to address accountability?
- **What** is the impact of strong/weak accountability in the health sector on people's lives, the country's development, and economic growth?
- **When** do decisions and policies lead to improved/poor accountability in health? Who benefits from these decisions?
- When might weak/strong accountability begin to start affecting health outcomes more systematically?
- **Where** (geographically or at what level of the health system) is poor health accountability concentrated?
- Where are the internal and external bodies that are monitoring health sector accountability? What are they finding?

The following article highlights issues of health accountability. In Bangladesh, pervasive corruption permeates all sectors, including health. Corruption touches all levels of the health system – how funds are spent, how health workers get promoted, how contracts to build new facilities are awarded. This misappropriation happens because of a weak accountability system.



## Bribe for Everything

Recruitment, transfer and promotion in public health sector involve bribes up to Tk 10 lakh in each case, says a new report released by the Transparency International Bangladesh (TIB) yesterday.

Ruling party men, officials at the Directorate General of Health Services (DGHS) and civil surgeon's office and trade union leaders are mostly engaged in the corruption, the report said at a press conference at Hotel Abakash in the city.

The study also found doctors at the private sector get 30-50 percent commission from diagnostic centres for referring patients.

Many doctors at district and upazila hospitals remain off-duty during office hours, while patients are suggested to go to private diagnostic centres or chambers.

Patients at the public hospitals also have to pay bribes for beds, tests, ambulance and other services.

TIB Executive Director Dr Iftekharuzzaman said it is a matter of concern that corruption has been institutionalised in the health sector.

Because of such irregularities, people are losing confidence in healthcare in Bangladesh, he added. Those who can afford are going abroad for treatment though the country has made great achievements in reducing birth, child and maternal death rates and increasing life expectancy.

Responding to a query, Iftekharuzzaman said the anomalies found in the study are not applicable for all doctors or officials, but these are common phenomena in the sector.

“Healthcare could have been much better had we checked the anomalies.”

### Bribery

The range of bribes for recruitment, transfers or promotions is Tk 10,000 to Tk 10 lakh, said Taslima Akhter, TIB Programme Manager (Research and Policy), who presented the report titled “Governance challenges in health sector and the way forward”.

“In some cases, more people are recruited than is required. Even bribe is collected just on an assurance of recruitment,” she said.

Besides, political influence and lobbying are used for transfer or remaining in a privileged facility for longer period. For promotion of teachers, experience, seniority and publications are often not considered.

“Some officials or physicians get training facilities not necessary for them.”



## Performance

**P**erformance in the health sector involves the government's ability to develop effective health policies and then deliver quality health services to the public, from national referral hospitals down to rural health facilities. With increased use of performance-based financing (the transfer of funding based on predetermined performance standards) and performance-based incentives (payments, including salaries, made based on achieving results) in the health sector, there is more information and data on performance than ever before. Likewise, clients expect increasing levels of performance as there is more competition in the health sector, including from the private sector.

Health performance questions might include:

- How are performance standards being used to improve health programming?
- What are the performance standards and targets being used? How have they been developed? Is that data publicly available?
- How has performance within the health sector improved over time?
- What do citizens believe about the performance of the health sector?
- How does government track health performance—at the facility level, regionally and nationally? How do external stakeholders track health performance?
- Who benefits from the standard of performance in the health sector?
- Is performance consistent? Are there areas (socio-economic status, geographic location, ethnicity, gender, education, disability) that are not benefiting from improved performance?
- Is the focus on performance consistent throughout all levels of the health sector or only at the national level?

- How can citizens use health sector performance information to influence their health decisions?

For journalists, important accountability questions related to health are:

- **Who** is responsible for measuring and assessing health sector performance at the national, regional, local, and facility level?
- Who gets hurt the most due to poor performance in health service delivery? Who benefits?
- **What** are the actions the government is taking to address performance?
- **What** is the impact of poor performance in the health sector on people's lives, the country's development, and economic growth? What is the impact of positive performance?
- **When** did decisions and policies lead to changes in health performance?
- **When** might poor/improved health performance begin to start affecting health outcomes more systematically?
- **Where** (geographically or at what level of the health system) is poor/improved health performance concentrated?
- **Where** are the internal and external bodies that are monitoring health sector performance? What are they finding?
- **Where** is information on health sector performance (systemically or at the facility level) available to the public?

The following article highlights issues around the health sector's performance. In Kenya, audits are conducted to assess hospital performance. The resulting rankings can be useful for consumers as they make decisions about where they get their health care and for hospitals to improve their management and policies.



## Public Hospitals' List of Shame Now Out

By Francis Ngige and Boniface Gikandi

A new audit has exposed the sorry state of Government hospitals. Most have dilapidated facilities that can barely cope with emergencies and do not adhere to clinical guidelines. The audit conducted by Ministry of Medical Services established scores of hospitals have failed to live up to their billing, raising queries about the safety of patients and competence of medical staff.

In the audit conducted last month, hospitals have been ranked according to their performance on an array of issues including use of clinical guidelines, safety, hygiene, nursing care and waste management. Other areas audited by a team of experts from the Ministry are referral strategies, human resources, management, infrastructure and equipment. According to the audit, 56 hospitals scored below 50 on emergency preparedness against a score of 100. Shockingly, 18 hospitals did not have any form of emergency preparedness and scored zero.

On the list of shame are Kericho, Lodwar, Uasin Gishu, Kisii, Iten, Entebbes, Eldama Ravine, Lopiding, Nakuru Annex, Elwak and Kajiado hospitals. Others are Longisa, Molo, Modogashe, Mandera, Dadaab and Mathari.

The performance was found to be dismal, with a whopping 62 of 99 hospitals sampled being ranked as “poor”. Twenty-two scored “good” while the rest were rated as “fair”, according to the list seen by The Standard. Murang'a™ a District Hospital is rated the best, followed by Kitale and Machakos. Dadaab Sub-district Hospital in North Eastern Province is at the bottom of the list, just below Mautuma and Mandera District Hospital.

### **Emergency preparedness**

Director of Medical Services Francis Kimani said the audit was being studied to establish necessary reforms to improve service delivery. “After some time, we will use the data to measure what improvements have been made by the different public hospitals,” said the director.

Mr Kimani said the concept used is the same as that of performance contracts, where staffs are appraised against a set of targets.

*[The Standard Media, Kenya, August 24, 2009](#)*



# E SSENTIALS OF HEALTH FINANCE

**F**inancing or paying for health care is a universal story that cuts across national boundaries, impacting virtually every family on the planet. When health systems have sufficient funding and resources that are managed well through good governance structures, more people will be able to access the quality health care they need, at prices they can afford. But in many countries, health systems do not function well because of inadequate resources and the poor use of existing resources. Even in well-financed health systems, policymakers and leaders still have to make tough choices about what health priorities to support, and all possible health needs cannot be met. However, choices can be made to reflect stated policies, enhance health gains, and ensure financial protection.

Most health systems in the developing world are characterized by mixed public and private financing and delivery of care. For a health system to perform well – that is, to provide needed, good-quality health services to all who need the services – public and private financing agents need to: generate an appropriate amount of revenue from all sources relative to what is possible in the country; pool risk effectively; create appropriate incentives for quality service provision from all providers including public, private, and not-for-profit; and allocate resources to the most effective, efficient, and equitable interventions and services irrespective of the sector.

Protecting people from this financial risk and ruin is at the heart of UHC. Sound health financing will be essential to expanding UHC in low- and middle-

income countries. Each country will need to develop its own path to achieving this goal based on its resources, health priorities, and leadership. But as the experience in the United States and other countries has shown, UHC is not easy to achieve. Still, it is an important concept and goal for countries to consider.

Health financing, however, is complex – full of technical terms, numbers, and economic theory, which are not necessarily a journalist's comfort zone. With that in mind, HFG's technical experts selected the following resources by prominent health finance topics areas to serve as an essential collection of clearly written, reliable resources to assist journalists as they report and write health news and feature stories.



## Health Budgeting

The [International Budget Partnership \(IBP\)](#) offers an overview of the basics of public budgeting, including the budget cycle, why budgets are important, who is involved in the process, and how civil society organizations can engage. “At the heart of IBP’s work are efforts to make government budgeting more transparent and participatory, more responsive to national priorities, better able to resist corruption, and more efficient and effective,” their website says.

[Health Sector Budget Advocacy: A guide for civil society organizations](#) explains why health budget advocacy is important and includes a section on the health sector’s key elements, including how health budgets are funded. The guide discusses budget basics (such as what a budget is, and how the budget cycle works), health budget advocacy and strategy, and health budget analysis.



## Health Finance

The “What is health financing?” [chapter](#) of the [Health Systems Assessment Manual](#) defines health financing and its key components and describes the process of—public and private—resource flows in a health system. It also provides information to better understand the strengths and weaknesses of a country’s type of health financing.

The WHO [Global Health Observatory](#) is a portal to health-related statistics from around the world. The aim of the WHO portal is to provide access to country data and statistics with a focus on comparable estimates, theme pages—including [health financing](#)—covering global health priorities such as the health-related Millennium Development Goals, and including links to relevant publications relevant and web pages within WHO and elsewhere.

[Harmonization for Health](#) is a “regional mechanism through which collaborating partners agree to focus on providing support to governments in Africa on particularly in the areas of Health Financing—including Evidence Based Budgeting, Results Based Financing and Health Insurance—Human Resources for Health, Pharmaceuticals and Supply Chains, Governance, Service Delivery, Monitoring and Evaluation, and Infrastructure and ICT.” The website features communities of practice, a blog, and news.

The [World Health Report 2010: the role of innovative financing mechanisms for health](#) defines “innovative financing,” describes successful innovative financing mechanism models, presents a framework to assess innovative financing mechanisms, and describes challenges associated with innovative financing models.



In the working paper, [Innovative Financing for Global Health: Tools for Analyzing the Options](#), the authors share practical guidance about how to think about, understand, and evaluate different innovative health financing options. It is designed to help decision makers, practitioners, and other stakeholders who are interested in, and need to make choices about, innovative health financing issues.

A report by the Institute for Health Metrics and Evaluation at the University of Washington, [Financing Global Health 2013: Transition in an Age of Austerity](#) is the fifth annual report on global health expenditure. “This year’s updated estimates show that despite lackluster economic growth and fiscal cutbacks in many developed countries, total assistance remained steady, reaching an all-time high of \$31.3 billion in 2013. While annual increases have leveled off since 2010, continued international funding is a sign of the international development community’s enduring support for global health. The report also shows shifts in sources of financing. As funding from many bilateral donors and development banks has declined, growth in funding from the GAVI Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, non-governmental organizations, and the UK government is counteracting these cuts. Development assistance for different health issues is tracked up to 2011, revealing that the greatest increase in funding was for maternal, newborn, and child health.”

## Health Insurance

The [Health Insurance Handbook](#) offers practical information about health insurance concepts, identifies different design and implementation challenges, and defines realistic steps for the development and scaling up of equitable, efficient, and sustainable health insurance schemes.

The WHO brief, “[Thinking of introducing social health insurance? Ten Questions.](#)” explains social health insurance and describes how it can contribute to help strengthen the health system and benefit members of the insurance scheme.

In the advocacy paper, [National health insurance in Asia and Africa: Advancing equitable Social Health Protection to achieve universal health coverage](#), UNICEF explores how different forms of national health insurance and other social health protection mechanisms help countries achieve UHC. The authors explain the different types of health insurance and share country examples.

In the article [Community-Based Health Insurance \(CBHI\): An Evolutionary Approach to Achieving Universal Coverage in Low-Income Countries](#), the authors “summarize the development of CBHI as a way to achieve universal coverage in low-income countries through three stages: the basic model, the enhanced model, and the nationwide model. They also describe the characteristics of each model, as well as its potential for and challenges to achieving universal coverage.”

The brief [Scaling Up Community-Based Health Insurance in Mali](#) describes the government-led process of building consensus to reach a national strategy for the roll-out of CBHI. For more than 20 years, CBHI has been a component of the health financing system in Mali. Known as mutual health organizations, or mutuelles in French, CBHI schemes are not-for-profit mechanisms of health financing grounded in principles of solidarity and risk sharing. The Government of Mali uses mutuelles to address limited access to and low utilization of priority health services.



## Resource Tracking

As health systems grow in complexity, so does health financing. Increasingly, low- and middle-income governments use National Health Accounts (NHA) to understand their country's health spending – where the money comes from, who decides how it is spent, and where and what types of health services are being purchased. The brief [Institutionalizing National Health Accounts Pays Off](#) describes three countries experiences with NHA.

The [Primer for Policymakers: Understanding the National Health Accounts Process](#) outlines the steps involved in conducting NHA and how NHA data can be used. The document is intended for individuals who are new to NHA and who are interested in gaining a basic understanding of the health accounts concept. Topics covered in this primer include: overview of the concept and purpose of NHA, country experiences with NHA, the NHA framework and classification system, assembling an NHA team, collecting and analyzing data, and the use of NHA for policy purposes.

WHO's NHA [website](#) answers basic questions about NHA and also the updated 2011 System of Health Accounts (SHA 2011). NHA data can help in developing national strategies for

effective health financing and in raising additional funds for health. Information can be used to make financial projections of a country's health system requirements and compare their own experiences with the past or with those of other countries, according to the website. The website also includes the [Global Health Expenditure database](#), which features expenditure information on health for 1995-2009 for member states.

The Kenya NHA subaccounts policy [brochures](#) offer quick, visual interpretations of key findings from the 2012 Kenya NHA (general NHA, Tuberculosis, Reproductive Health, Malaria, HIV/AIDS, Child health). NHA are comprised of a standard set of tables that presents various aspects of a nation's health expenditures. It encompasses total health spending in a country – including public, private, and donor expenditures.

The [Health Finance & Governance Project](#) supports USAID's quest for stronger health systems that deliver quality, affordable health care. Strong health governance is necessary to ensure that resources, including domestic financing, devoted to the health sector achieve their intended results. The project website provides case studies, reports, tool kits, and other resources that explain the critical link between stronger health governance and better health.



## Universal Health Coverage (UHC)

[Universal Health Coverage: Five Questions](#), a short Q&A about UHC, provides clear, concise information about UHC and the role of health financing. Coupled with [Ten Facts about UHC](#) both documents offer a short and insightful overview of the concept.

In its 2010 World Health Report, [Health Systems financing: the path to Universal Health Coverage](#), the WHO describes what countries can do to modify their financing systems to achieve UHC. The report includes new research and lessons learned from different country's experiences.

The WHO video, [The many paths toward universal health coverage](#), provides an overview and history of UHC and the associated challenges and benefits. It uses case studies of countries that are making progress with UHC, such as China, Mexico, Oman, Rwanda, Thailand, and Turkey. These country examples help to address the pivotal UHC questions: Who is covered? Which services are covered and at what level of quality? How are the services paid for?

The [Joint Learning Network for Universal Health Coverage](#) (JLN) is a practitioner-to-practitioner learning network that connects low- and middle-income countries with one another so that they can learn from one another's successes and challenges with implementing UHC, jointly solve problems, and collectively produce and use new knowledge, tools, and innovative approaches to accelerate country progress and avoid 'recreating the wheel'.



**Photo Credit:** Derek Brown/USAID, 2012, C  
ourtesy of Photoshare

The World Bank's [Universal Health Coverage series](#) takes a close look at the experiences of 22 countries in expanding health coverage to the poor and vulnerable. The papers look at the "nuts and bolts" of these programs, and discuss what worked and what did not. Countries include Chile, India, Kenya, the Philippines, and Vietnam, among others.



# E SSENTIALS OF HEALTH GOVERNANCE

**W**hen it comes to health systems, governance is most apparent when it is missing or weak. Clinics are not adequately staffed. Immunization rates decline. There are frequent stock outs of essential drugs. Disease prevalence increases. Ordinary people spend far too much of their own money paying for health services. Too many resources benefit too few people and either cannot be adequately accounted for or are being directed to areas that provide limited benefit.

Health governance is needed at all levels of the health system to ensure precious resources devoted to the health sector actually achieve their intended results, namely better access to health care and improved health. Policymakers and donors agree that strong health governance at all levels is necessary to ensure that resources devoted to the health sector achieve their intended results.

Rising income levels in some countries represent an opportunity to improve health services. Strong health governance—that is, effective stewardship of the health sector and its resources—is essential to ensure the correlation between increased spending in health and a healthier population.

Increased transparency and civil society engagement can promote the effective use of health care funds. In addition, health governance policies developed with stakeholder input and bolstered with economic analysis can yield more sustainable health benefits.

The media plays a critical role in improving health governance by analyzing and sharing data, informing civil society about health policy debates, comparing health data with budgets, and sharing information from ministries of health and other key health sector actors.

In particular, the media can highlight governance issues by covering stories from different angles, including:

- Transparency – by increasing public access to health programming, budget information, and outcomes;
- Accountability – by clarifying delineation of authorities for health programming and expenditures and external pressure for results;
- Oversight – by reviewing the results of health investments by institutions and independent entities (parliaments, oversight institutions);
- Responsiveness – by linking health policy and expenditures with public priorities; and
- Integrity/Ethics – by investigating ethical management and standards among health professionals.

With these angles in mind, HFG's technical experts selected the following governance resources to serve as an essential collection of reliable, clear resources to assist journalists when reporting on or writing health news and feature stories.



## Health Governance Resources

The [International Budget Partnership's \(IBP\)](#) website offers an overview on the basics of public budgeting, including the budget cycle, why budgets are important, who is involved in the budget process, and how civil society organizations can get involved. As the website explains, “At the heart of IBP’s work are efforts to make government budgeting more transparent and participatory, more responsive to national priorities, better able to resist corruption, and more efficient and effective.” IBP also offers [country-specific budget briefs](#) that offer insights to how budgets are formed, including spending levels and public participation.

The World Bank's [Worldwide Governance Indicators Project](#) reports aggregate and individual governance indicators for six dimensions of governance for 215 countries between the years 1996–2012. The dimensions are: Voice and Accountability; Political Stability and Absence of Violence; Government Effectiveness; Regulatory Quality; Rule of Law; and Control of Corruption.

The [U4 Anti-Corruption Resource Center](#) offers a wide range of resources, including a comprehensive [glossary of terms](#), to help donors address specific challenges related to corruption.

The Internews report, [Media and Global Health: From Information to Action](#), shows how establishing, supporting, and enhancing local information platforms can contribute significantly to health-seeking behavior and community mobilization around health issues.

द्रवाइयों के नाम	द्रवाइयों की क्रम उपलब्ध मात्रा संख्या	द्रवाइयों के नाम	द्रवाइयों की उपलब्धता
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” डाइसाइडलॉनीमेल	1000 रुपये	25 शेपाटेक्सेल 500 mg.	—
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” मेटोक्लोप्रामाइड	1500 रुपये	27 ” सेंटेक्सेल	—
” सेर्टीजील 10 mg.	2000 रुपये	28 ” एग्गोसीलीन 500 mg.	100%
” सिप्रोक्लोक्सीन 500 mg.	900 रुपये	29 ” ड्रेनामाइसिन 80 mg.	25
” को-द्राईमोक्साजॉल KID	—	30 ” रेसिटीन 200.	25
” को-द्राईमोक्साजॉल D.S.	1000 रुपये	31 ” मेटाक्लोप्रामाइड 200.	25
” क्लोरोक्वीन फॉस्फेट 250 mg.	3000 रुपये	32 ” डाइक्लोफेनाक 300.	20
” एलबन्डाजॉल 400 mg.	1500	33 ” डेक्सामेथासोन 200.	25
” मेंटोनिडाजॉल 200 mg.	500	34 ” एग्गीकालीन 200.	50
” मेंटोनिडाजॉल 400 mg.	1500	35 ” डाइसाइडलॉनीमेल 500 mg.	25
” सालून्यटाजॉल 4 mg.	1200	36 ” आर.एल.एस. 500 mg.	100
” आइब्रोफेन 400 mg.	—	37 ” जी.ए.एस. 500 mg.	50
” आइरन लैफालिक एसिड	—	38 ” एन.एस. 500 mg.	100
” आपेलिकार्बिन	—	39 ” जी.डी.डब्ल्यू 5-500 mg.	—
” कफ सारप	—	40 ” पेरासिटामोल 60 mg.	—
” कफ सारप कार्बिक	—	41 ” को-द्राईमोक्साजॉल 60 mg.	—
” कफ सारप कार्बिक	—	42 ” कफ सारप	50

The [Media Map Project](#) aims to understand the interrelations between media development and outcomes in democracy and governance, economic growth, poverty reduction, human rights, gender equality, and health. The project has made 25 data sets which collectively touch on every country in the world and makes up to 30 years' worth of information available to the public for download and analysis. The project is a research collaboration between Internews and the [World Bank Institute](#), funded by the [Bill & Melinda Gates Foundation](#).

The “[Leadership and Governance](#)” chapter of the Health Systems Assessment Manual defines leadership and governance of the health sector, and describes what information is needed to assess governance as well as different methods and sources for collecting this information.

The Demographic and Health Surveys (DHS) are the most comprehensive source of data on real-life health issues found anywhere in the world. The [DHS program](#) has collected, analyzed, and disseminated accurate and representative data on population, health, HIV, and nutrition through more than 300 surveys in 90 countries. It is considered the “gold standard” for health statistics, and offers comparable health data over time.

The [Journalists' Guide to DHS](#) is a user-friendly, easily accessible guide to understanding DHS surveys and how to incorporate the data into news stories. DHS surveys are the most comprehensive source of data on real-life health issues found anywhere in the world. [Measure DHS](#) population based surveys provide reliable and accurate information on HIV/AIDS, malaria, gender, family planning, maternal and child health, and nutrition in more than 90 countries. Using data from a reputable source like the DHS adds credibility and context to news and feature health stories.

The [Global Health Governance Journal](#) website “is an open access, peer-reviewed online journal that provides a platform for academics and practitioners to explore global health issues and their implications for governance and security at national and international levels. The journal provides interdisciplinary analyses and a vigorous exchange of perspectives that are essential to the understanding of the nature of global health challenges and the strategies aimed at their solution.”

The New England Journal of Medicine’s article, [Governance Challenges in Global Health](#), offers a high-level view of the state of health governance worldwide. The article defines and discusses the importance of good global governance for health, outlines major challenges to such governance, and describes the necessary functions of a global health system.

The [WHO](#) offers a clear explanation of health governance and its role in strengthening health systems: “Governance in the health sector refers to a wide range of steering and rule-making related functions carried out by governments/decision makers as they seek to achieve national health policy objectives that are conducive to universal health coverage”.

The [Health Finance & Governance Project](#) supports USAID’s quest for stronger health systems that deliver quality, affordable health care. Strong health governance is necessary to ensure that resources, including domestic financing, devoted to the health sector achieve their intended results. The project website provides case studies, reports, tool kits, and other resources that explain the critical link between stronger health governance and better health.

USAID’s [Leadership, Management and Governance Project](#) (LMG) improves leadership, management and governance practices to strengthen health systems and improve health for all, including vulnerable populations worldwide. The LMG website offers resources to communicate effective management practices.



**Photo Credit:** Anil Gulati, 2010, Courtesy of Photoshare



# SOURCES FOR REPORTING

**T**here are many good sources for media coverage of health finance and governance stories. These sources help provide background on complex topics, avenues for investigation into government programming, and validation of documentation, statements or press releases.

## National and Local Level Sources

**Health Bureaucrats:** Health ministries are very large and complex institutions typically operating at the national, regional, and local levels. Getting the organigram of a ministry is very helpful in identifying the right department. Often, sources at lower levels of government are easier to cultivate than at the national level and may provide references/introductions to higher level officials.

Other public institutions are also involved in the health sector. These include disease specific bodies (HIV/AIDS agencies, etc.), regulatory agencies (health professional certification, pharmaceutical testing and approvals, etc.), health insurance bodies, public health schools, and public health research institutions.

**Other government officials:** Officials from a range of other ministries – including the Ministries of Finance, Planning, Labor, Local Government, etc. – contribute to health service delivery at the national or local level and may have important perspectives on health finance and governance issues.

**Health Non-Governmental Organizations (NGOs):** Service-oriented NGOs can offer a good sense of the health sector's strengths and limitations

and can provide details on issues of access to services for groups vulnerable to poor health finance and governance.

**Health Consumers:** Individuals receiving health services can offer first person perceptions of health service quality, accountability and performance of the sector in general or of specific facilities. These first person angles to a story can highlight the human interest dimension of broader health finance and governance stories.

**Think Tanks:** Think tank reports that focus on health issues can be useful in providing background for complex issues. Experts within these organizations can also serve as expert sources to identify possible stories as well as explain the broader consequences of issues. Think tanks also may be involved in analyzing the national budget and are an important source for stories on trends in government spending on health.

**Parliament:** National and subnational parliaments or councils can provide useful information on health policy debates, budget figures, and oversight over key health programs. Members of these institutions can provide the political dimension of these issues; staffers also may have expert knowledge on health issues.



**Oversight Institutions:** Institutions such as a supreme audit agency or national anti-corruption body can provide a wealth of information on health sector governance. Audit reports on the health sector or of health facilities can highlight cases of waste and mismanagement. Tracked over time, these can illustrate systemic problems. Reports or cases taken up by anti-corruption bodies focus on individual and system-wide problems in health service delivery.

Civil Society Organizations (CSOs) focused on governance and anti-corruption issues—both at the national and local level—can be an important source for specific cases of corruption and the macro-level data on health system governance.

**Donors:** In many countries, donors are very active in supporting health finance and governance initiatives. Some donors work at the national level providing technical support to ministries; others fund projects working to strengthen systems for health service delivery. These donors—and their local staff—can offer important details into key developments at the local and national levels.



## Regional and International Media Resources and Organizations

This section features hyperlinks to a variety of international media outlets that cover health news in low- and middle-income countries, such as AllAfrica and IRIN. It also includes tools for journalists, such as the Journalists' Guide to Demographic and Health Surveys. These resources contain links to recent news and feature stories that cover health finance and/or health governance issues from around the world. These stories are good examples of different types of reporting on important health finance and governance issues.

[AllAfrica](#) (in French and English) aggregates, produces, and distributes news from more than 130 African news organizations as well as its own reporters' stories. Its offices are in Cape Town, Dakar, Lagos, Monrovia, Nairobi, and Washington, D.C.

The [Journalists' Guide to Demographic and Health Surveys \(DHS\)](#) is a user-friendly, easily accessible guide to understanding the DHS surveys, and how to incorporate the health data into news stories.

The [Demographic and Health Surveys](#) are an excellent source of free, reliable health statistics in low- and middle-income countries worldwide. These statistics can add important evidence and data to health stories, especially when linked with health budget figures and analysis. The guide includes news and feature stories from around the world. Using data from a reputable source like the DHS adds credibility and context to health stories.

[Internews](#) is an international non-profit organization whose mission is to empower local media worldwide to give people the news and information they need, the ability to connect, and the means to make their voices heard. It is an excellent source of media resources, including health and governance stories from around the world and tool kits designed for journalists in low- and middle-income countries.

IRIN – or the Integrated Regional Information Networks – is based in Nairobi, Kenya, and has regional offices in Johannesburg, Dakar, Dubai and Bangkok, covering some 70 countries. The bureaus are supported by a network of local correspondents. The service is delivered in English, French, and Arabic, through a free email subscription service and social media syndication. IRIN is an editorially independent, non-profit project of the UN Office for the Coordination of Humanitarian Affairs.

Thomas Reuters Foundation uses its “unique set of skills to run programmes that trigger change and empower people: free legal assistance, media development and in-depth coverage of the world’s under-reported stories.” The foundation stands for “human rights, women’s empowerment, better governance, greater transparency, and for the rule of law.”

USAID’s Global Health: Science and Practice Journal (GHSP) is a “no-fee, open-access, peer-reviewed, online journal.” GHSP aims “to improve health practice, especially in low- and middle-income countries, by publishing current research and program experiences.”

Global Health NOW (GHN) is a forum for news and information for the global health community. Launched as a weekday e-newsletter in March 2014, GHN has gathered thousands of subscribers worldwide who use it as a source for their global health news. The newsletter turned into a full-fledged website in March 2015, featuring exclusive stories and commentaries, breaking news, and news summaries. The GHN staff scours the global media and selects the day’s most important articles about research, trends and events to summarize in the e-newsletter and on the website. Staff and freelance writers also create original content including news articles, commentaries and Q&As. GHN also regularly publishes op-eds by global experts.





# GLOSSARY OF TERMS

**Abuja Declaration:** In September 2000, 189 heads of state adopted the Millennium Declaration designed to improve social and economic conditions in the world's poorest countries by 2015. This drew attention to the shortage of resources necessary to improve health in low income settings, resulting in the [Abuja Declaration](#). In April 2001, heads of state of African Union countries met in Abuja, Nigeria and pledged to set a target of allocating at least 15% of their annual budget to improve the health sector. As of March 2011, only one African country has reached that target. Overall, 26 increased the proportion of government expenditures allocated to health and 11 have reduced it since 2001. In the other 9, there is no obvious trend up or down. Current donor spending varies dramatically, from US\$ 115 per person in one country, to less than US\$ 5 per person in 12 others.

**Catastrophic Health Expenditures:** This is the condition when a household's expenditures on health are so high that it impoverishes the household. One study defined expenditure as being catastrophic if a household's financial contributions to the health system exceed 40% of income remaining after subsistence needs have been met. (Xu et al. 2003).

**Civil Society:** Civil society includes all actors of the health system that are not government or the commercial private sector. Civil society is often represented by Civil Society Organizations (CSOs). See below for the definition of CSO. Civil society can play an important role in strengthening the governance of the health sector by advocating for consumer preferences, providing expert technical inputs, and performing monitoring functions at the local level.

**Civil Society Organizations (CSOs):** Civil society organizations (CSOs) are a diverse group of NGOs and not-for-profit organizations that have a presence in public life and express the interests and values of their members or others, based on ethical, cultural, political, scientific, religious, or philanthropic considerations. CSOs refer to organizations such as community groups, NGOs, labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, political parties, and foundations. The exchange between governments and CSOs, especially those representing divergent constituencies, can result in better informed health policies and programs and can increase civil society influence in expressing preference for health services.

**Community-based Health Insurance:** [Community-based health insurance \(CBHI\)](#) is not-for-profit, private health insurance that pools members' premium payments into a collective fund, which is managed by the members. CBHI plans, typically subsidized by donors or governments, have been shown to reach marginalized populations and to increase access to health care for low-income rural and informal sector workers.

**Deductible:** A deductible is a fixed amount of money that must be paid by an insurance policy holder out-of-pocket in a given year before an insurer will cover any expenses incurred by the beneficiary.



**Domestic Resource Mobilization:** “[Domestic resource mobilization \(DRM\)](#)—the process in which countries transparently raise and spend their own funds to provide for their people – is the long-term path to sustainable development finance. DRM doesn’t have to mean new taxes or higher tax rates—governments often see their revenues rise through improved audits or simplified filing processes.” (USAID)

**Financial Risk Protection:** In terms of health, [financial risk protection](#) means that means that a health system does not require a person or family to spend more than they can afford on health care.

**Fiscal Space:** [Fiscal space](#) is the term used to describe a government’s ability to raise revenue without jeopardizing economic stability and sustainability. A government can raise revenue through administering taxes, selling natural resources, seeking outside grants or donor funding, borrowing money, and also by cutting expenditures and finding ways to increase efficiencies.

**Health Accounts:** Health Accounts is an internationally standardized methodology for tracking the flow of health resources in a country. It is based on the System of Health Accounts (SHA) 2011, an update to SHA 1.0 (2000) and National Health Accounts (NHA) (2003). Because NHA has had widespread usage, and hence name recognition, in many low- and middle-income countries, the term “NHA” is still sometimes used to refer to Health Accounts.

**Health Financing:** WHO defines health financing as the “function of a health system concerned with the mobilization, accumulation and allocation of money to cover the health needs of the people, individually and collectively, in the health system.”

**Health Governance:** USAID’s priority objectives in health governance are to: “Develop sustainable country capacity in transparent and accountable law, policy, planning, leadership, and management to advance shared goals in national agendas; Build capacity of civil society and private sector for stronger voice and better advocacy to increase government transparency and accountability; and Engage a new generation of health systems leaders at regional, country, and community levels.”

**Health Insurance:** [Health insurance](#) is a formal arrangement, such as a contract or policy, where insured persons (beneficiaries) are protected from the costs of medical services covered by their insurance plan (the benefits). Health insurance works best when risk pools of beneficiaries are large because in essence the healthy can subsidize the sick. Health insurance can be financed and managed in different ways, such as by private companies, national schemes, or communities. There are different types of health insurance available in many [countries](#).

**Health System:** A health system is the sum total of all the organizations, institutions and resources whose primary purpose is to improve health. The [six building blocks](#) of a health system are: service delivery; health workforce; health information systems; medical products, vaccines, and technologies; financing; and leadership and governance.

**Health Systems Strengthening:** [Strengthening the health system](#) is accomplished by comprehensive changes to policies and regulations, financing mechanisms, organizational structures, and relationships across the health system building blocks that allow more effective use of resources to improve multiple health services. By contrast, [supporting the health system](#) can include any activity that improves services, from upgrading facilities and equipment to distributing mosquito nets.

**Innovative Financing:** The term [innovative financing](#) has multiple definitions. The Kaiser Family Foundation describes some common aspects: “... innovative financing mechanisms are typically presented in contrast to ‘traditional’ mechanisms for raising and delivering aid. ‘Traditional’ mechanisms for global health financing include direct bilateral and multilateral assistance provided by government donors, or funds channeled through private philanthropy; innovative approaches to raise funds from other sources or catalyze financing in unique, non-traditional ways [...] Innovative financing mechanisms are meant to add value by raising additional funds and/or make existing funds go farther. They are meant to be complementary to existing, traditional approaches, but are not designed to displace or replace them.” This term can also describe domestic innovative financing as well. Domestic ‘innovative’ financing can be thought of as new measures for a country and likely includes things other than basic general tax revenue or other long established revenue generating measures.

**Insurance Beneficiaries:** An insurance beneficiary is someone who has health insurance. They can also be called a subscriber, member, or enrollee.

**Investment Case:** An evidence-based argument for investment in a specific sector (such as health) or more typically, the prevention of or response to a specific disease or health issue.

**Millennium Development Goals:** The [Millennium Development Goals](#) were an action plan for the world’s nations, with United Nations leadership, to achieve eight high-level goals to reduce and reverse the poverty, hunger, and disease affecting billions of people by 2015.

**Mutual Health Organization (MHO):** [Mutual Health Organizations \(MHOs\)](#) are known as mutuelles in French-speaking countries and are another name for community based health insurance. See the definition of CBHI above.

**National AIDS Spending Assessment (NASA):** A [NASA](#) describes the flow of resources spent on the HIV response from their origin to the users of the health care services. It offers strategic information that allows governments to mobilize resources, increase accountability and develop more efficient, effective program implementation. The main questions addressed are:

- Who finances the HIV response?
- Who manages the funds?
- Who provides the services?
- What programs are provided?
- Who benefits from the programs?
- What resources are consumed in the production of these programs?”

**National Health Accounts (NHA):** NHA refers to a methodology for health accounting in low- and middle-income countries that was standardized in 2003 with the publication of the Guide to Producing NHA (World Bank, WHO, USAID 2003). This guide customized the OECD’s SHA 1.0 to the developing country context. NHA had widespread usage among low- and middle-income countries globally. The term NHA is now sometimes used to refer to Health Accounts conducted according to SHA 2011, the updated version of the internationally standardized framework.



**National Health Insurance:** [National health insurance](#) is “... any government-managed insurance plan seeking to enroll the entire population into some financial and risk-pooling insurance mechanism, or set of mechanisms, with the aim of removing the financial barriers to attaining UHC.” (UNICEF)

**Out-of-Pocket:** [Out-of-pocket \(OOP\)](#) refers to the money clients pay at the time of service to cover the costs of their health services, including medicine, doctor's fee, laboratory tests, and hospitalizations. It includes formal and informal user fees and any deductible if a client holds insurance, and differs from prepayment.

**Premium:** A [premium](#) is the amount of money charged for a certain amount of insurance coverage. The cost of a premium is tied to the benefits package covered by the insurance policy, the cost of those health services, and estimates about the likelihood individuals or the group will actually use the benefits.

**Prepayment:** This is when a consumer of health services makes payments for care before the time when it is needed. Some examples would be insurance premiums, taxes paid for state-financed care, and health savings accounts. Prepayment mechanisms are one strategy to mitigate or avoid the risk of catastrophic health expenditures.

**Public Expenditure Tracking Survey (PETS):** [Public Expenditure Tracking Survey \(PETS\)](#) is a technique for tracking the effect of public expenditure on growth and/or social outcomes including health. It explores the ways in which public expenditures become public goods, by examining service facilities and surveying firms. A PETS typically collects information on facility characteristics, financial flows, outputs, accountability arrangements, etc.

**Resource Tracking:** [Resource tracking](#) looks retrospectively at past health expenditures and plays a critical role in ensuring accountability and transparency. Resource tracking entails collecting and analyzing expenditure data on the flow of resources through the health sector during a set time, usually one year.

**Risk Pooling:** In terms of health insurance, [risk pooling](#) means spreading the financial risk of an individual paying for health care costs across a group of members and across time for an individual. Members pay premiums to the insurer, who then pools the money to cover costs. The larger and more diverse (age, gender, etc.) the group is, the more effectively health insurance spreads risk.

**Social Health Insurance:** [Social health insurance \(SHI\)](#) generally has four features: 1) independent or quasi-independent management of insurance funds (such as by social security institutes or sickness funds); 2) compulsory earmarked payroll contributions; 3) a direct link between the contributions and defined medical benefits for the insured population; and 4) concept of social solidarity. Social health insurance is sometimes referred to as the Bismarck model due to its origin in Germany.

**Sustainable Development Goals:** In September 2015, the 193 countries of the UN General Assembly officially adopted the new 2030 Development Agenda, which includes the 17 [Sustainable Development Goals](#) or SDGs. The SDGs will build on the progress achieved under the MDGs. Goal three, “ensure healthy lives and promote well-being for all at all ages,” includes health finance and governance targets. (UN, 2015)

**System of Health Accounts (SHA) 2011:** SHA 2011 is the basis for Health Accounts, an internationally standardized methodology that allows countries of all income levels to understand their country's health spending – where the money comes from, how it is managed and spent, and where and what types of health goods and services are purchased. It measures resource flows in a country's health system for a given period and reflects the main functions of health care financing: resource mobilization and allocation, pooling and insurance, purchasing of care and the distribution of benefits. Health Accounts with SHA 2011 is critical for improving governance and accountability at the national and international levels of policymaking.

**Transparency:** Transparency occurs when decisions and actions are taken openly and sufficient information is available for other agencies, civil society, and the general public procedures are followed.

**Universal Health Coverage:** [Universal health coverage \(UHC\)](#) is a health systems goal to provide access to quality health services to all according to need and without the risk of financial hardship. Efforts to progress towards UHC are characterized by prioritizing the needs of the poor and replacing reliance on OOP payments with a progressive and sustainable system for prepayment – whether that be insurance, general tax based, or another type of financing scheme. The pathway a country takes to progress towards UHC varies depending on the country's health finance resources and governance.



# TIPS FOR WRITING COMPELLING STORIES

The *Health Finance and Governance Briefing Kit* is designed to help journalists and their editors uncover and tell important health stories that affect people all around the world. The media can shine a light on these important and often underreported issues by connecting the dots for the public, civil society organizations, and decision-makers to fully understand health priorities and the funding and governance of health resources. This briefing kit was created by journalists who understand the realities of newsroom deadlines and editors' expectations. There are many ways that to report these stories – by highlighting evidence-based health priorities, analyzing health budgets, identifying gaps between national health statistics and health spending, explaining new health policies, fact-checking sensational stories, and dispelling rumors with facts. To assist with writing about significant health finance and governance topics, the following table offers tips, important background information, and key points to highlight.

## Topics, Tips, and Background Information

### Abuja Declaration

- Several African countries, including Rwanda, have reached the Abuja Declaration target of dedicating 15% of government funding for the health sector.
- Overall, 26 countries have increased the proportion of government expenditures allocated to health and 11 have reduced it since 2001.
- A WHO report, [The Abuja Declaration: Ten Years On](#) shows the progress made since 2001 by African Union countries in meeting the Abuja Declaration target and achieving the health Millennium Development Goals.

### Community-based Health Insurance (CBHI)

- CBHIs are often financed both by the beneficiaries (through premium contributions) and by the government or a donor organization (through subsidies).
- In French-speaking countries, CBHI schemes are called mutuelles (mutual health organization)
  - Read more about CBHI in the brief [Scaling-Up Community-Based Health Insurance in Mali](#).
  - The success of a CBHI is measured by whether or not beneficiaries receive the care they expect at the cost they expected to pay, the number of members reached/enrolled, quality of and access to health care, and the financial sustainability of the scheme.



### Financial Risk Protection

- Financial risk protection is a key component of the movement to progress towards universal health coverage in low- and middle-income countries.
- The WHO estimates that 150 million people face “catastrophic expenditure” from paying their medical bills, meaning that they can’t pay for other necessities, such as food, housing, or education. Of these, 100 million are forced into poverty every year as a result of the direct health care costs (fees for medicines, lab tests, and doctors) and indirect costs (transportation, food, lost work).

Read more [here](#).

### Health Financing

- Health financing is a process composed of three main functions - [revenue collection, pooling of resources](#), and [purchasing health services](#).
- Revenue collection generally refers to tax revenues.
- Pooling of funds for health can happen at the national, sub-national, or local level and can also be comprised of insurance scheme pooling.
- Purchases for health care can generally entail:
  - the government paying directly for the budgets of government owned health care providers of services (including medicines and products);
  - government payments for services delivered by public or private sector providers;
  - national, social, or private insurance payments for services; and
  - out of pocket payments.
- WHO argues that “A good health financing system raises adequate funds for health, in ways that ensure people can use needed services, and are protected from financial catastrophe or impoverishment associated with having to pay for them. It provides incentives for providers and users to be efficient.”
- Based on HFG analysis, 12 of 43 African countries, including Angola, Gabon, Namibia, and South Africa, already spend at least US\$ 60 per capita on health from domestic sources, which is an internationally accepted essential package of health services.
- Very high levels of OPP indicate that a population is at risk of reduced access to care and catastrophic health expenditures, and the health system’s financing structure and levels may need attention to address this problem. Government payment for services is considered best practice to encourage quality and performance at the facility level.
- Read more about health financing in [Universal Coverage of Essential Health Services in Sub-Saharan Africa: Projections of Domestic Resources](#).

## Health Governance

- Effective governance is a key success factor to meeting the health needs of a population.
- When governance of the health sector is weak, investments are far less likely to achieve their intended results.
- Corruption is the most extreme symptom of poor governance and can be found:
  - At the facility level: informal payments being asked of patients for services that should be free, “ghost” health workers receiving salaries who are not actually showing up for work
  - In government: shady procurement practices for drugs, bribes for import approvals or accreditations, etc.
  - In state insurance organizations: large pools of revenues with insufficient regulation or oversight may invite syphoning of funds.
  - In the private sector: private service providers submit false claims for payment of services to social or private health insurance schemes.
- In some countries, a lack of transparency and of civil society engagement threatens to undermine the effective use of health care funds, particularly when global programs target large amounts of funding for specific diseases. In others, policies are developed with limited domestic stakeholder input and are not analyzed early on for their financial costs, implications, and effects. As a result, they may remain unfunded without advocates to hold governments accountable.
- Solutions to poor health sector governance should tackle both the demand and supply sides of governance. The demand side entails working with citizens, the media, and oversight entities to increase their ability to voice their needs and ensure accountability. On the supply side, interventions should strengthen the Ministry of Health’s and other health sector actors’ incentives and ability to share information, incorporate external input, and deliver improved performance.
- Policymakers and donors alike know that strong health governance at all levels is necessary to ensure that resources devoted to the health sector achieve their intended results, namely expanded access to health care and improved health. If health governance takes place efficiently, effectively, and equitably in a country, then responsive and sustainable health services can lead to positive health outcomes.
- An informed and responsible media can contribute to stronger health sector governance by providing a watch dog function and educating the population.

## Health Insurance

- There are different types of [health insurance](#), including national health insurance, social health insurance, CBHI, and private health insurance.
- Each country has its own mix of health insurance choices depending on its resources, leadership, and health financing and governance. For more information and country examples, see [WHO's systematic review](#) of the impact of health insurance in Africa and Asia.
- Health insurance is important to protect people from financial ruin when they seek health care.



## Health Systems Strengthening

- Well-functioning health systems deliver the quality health care people need, when they need it, where they need it, and at prices they can afford. USAID defines health systems strengthening as a set of interventions that comprise the strategies, responses, and activities that are designed to sustainably improve country health system performance. It is “a process that concentrates on ensuring that people and institutions, both public and private, undertake core functions of the health system—governance, financing, service delivery, health workforce, information, and medicines/vaccines/other technologies—in a mutually enhancing way, to improve health outcomes, protect citizens from catastrophic financial loss and impoverishment due to illness, and ensure consumer satisfaction, in an equitable, efficient and sustainable manner.”
- Strengthening a health system is different from supporting a health system. Supporting the health system refers to any activity that improves services, from upgrading facilities and equipment to distributing mosquito nets. In contrast, strengthening the health system requires more comprehensive changes to policies and regulations, financing mechanisms, organizational structures, and relationships across the entire system. Both supporting and strengthening efforts are important and necessary, and the balance between them should be driven by a country’s context and priorities.
- Learn more about health systems and how the different components work together here: [www.healthsystemassessment.com](http://www.healthsystemassessment.com)

## Innovative Financing

- To reach their Millennium Development Goals (MDGs) targets by 2015, many countries turned to creating innovative or nontraditional financing options to generate additional resources and revenue for their health sector.
- The Third International Conference on Financing for Development, held in Addis Ababa, Ethiopia in July 2015, reached consensus on an economic framework to support the sustainable development agenda.
- Not all of the new financing mechanisms are taxes. Other options include public-private partnerships for the health sector. For other examples, see the report Domestic Innovative Financing for Health: Learning from Country Examples.

## Insurance Beneficiaries

- Beneficiaries should understand what services their health insurance scheme covers and which ones it does not. They should also understand where they can access services and understand the fee structure in advance of using those health services.
- Health insurance schemes are financed or paid for by the beneficiaries (through their premium contributions).
- Health insurance involves a contract which is the policy, and it is between the insurer and the policy holder (this individual and his/her family are the beneficiaries.) Insurance companies and organizations should be held accountable to uphold commitments made in the policy.

### Millennium Development Goals (MDGs)

- The world has made significant [progress](#) in achieving many of the goals – between 1990 and 2002 the number of people in extreme poverty declined by an estimated 130 million.
- Similarly, child mortality rates fell from 103 deaths per 1,000 live births a year to 88.
- New HIV infections are declining worldwide.
- The global estimated incidence of malaria has decreased by 17 percent since 2000, and malaria-specific mortality rates by 25 percent.

### National Health Accounts (NHA)

- NHAs offer a lot of important information that can influence health policy. For instance, they show how much money a government spends on health, who finances health care, how much households spend on health, and which health conditions get the most or least resources.

In Kenya, for example, an analysis of the 2009-2010 [NHA data](#) show:

- Total Health Expenditure (THE) per capita increased from Kenya shilling (Ksh) 2,636 (US\$34) in 2001/02 to Ksh 3,203 (US\$42) in 2009/10, a 24 percent increase.
- Government health expenditures as a percentage of total government expenditures declined from 8.0 percent in 2001/02 to 5 percent in 2009/10.
- Public sector financing has remained constant over the last decade, at about 29 percent of THE, while donor contributions more than doubled.
- The health sector continues to be predominantly financed by private sector sources (including households' OOP spending).





### Out-of-Pocket (OOP)

- NHA data show how much OOP spending is taking place in a country.
- OOP spending can be compared to how much governments and donors are spending on health care to highlight who is assuming the greatest burden to pay for health care.
- High OOP expenses also make people financially vulnerable to catastrophic events and increasing poverty, and can slow a country's development progress.

### Public Expenditure Tracking Survey (PETS)

- PETS are one way that the media and others can see if funds allocated for health services and supplies reaching their targeted uses and beneficiaries. At every point at which funds or procured supplies change hands, the potential for leakage of funds exists – a breakdown that could be caused by administrative errors or corruption. For more: <http://dld.bz/dutzq>

### Premium

- A state-led health insurance scheme in **India** was launched to cover all of the people living below the poverty line. The state government fully subsidized the premium and contracted an insurance company to cover this population.
  - Including the premium payment, in India the lowest-income members spent 20 percent of household income on health care vs. 5 percent for non-members

### Resource Tracking

- **Namibia** released its joint [National Health and HIV/AIDS Resource Tracking report](#) in February 2011. In response, the deputy minister of health challenged the government to increase its spending on health from 14.3 to 20 percent of the national budget.
  - The expenditure tracking report highlighted the country's need to find ways to sustain HIV spending, 51 percent of which is currently covered by external donors.

### Sustainable Development Goals:

- The SDGs will build on the progress achieved under the MDGs.
- SDG goal three, “ensure healthy lives and promote well-being for all at all ages,” includes health finance and governance targets. (UN, 2015)

### Transparency

- Transparency is an important measure of good health governance. Do governments make health data, such as NHA results or DHS findings, easily available to the public, including the media? Or is it difficult or even impossible for the public to access such information? Are the processes for pharmaceutical procurement and government contracting clear and easily understood?

### Universal Health Coverage (UHC)

- UHC is widely discussed by donors and governments as a promising way to help more people get the health care they need without pushing them into poverty or forcing them to make tough financial choices.
- There is no one-size-fits-all model for UHC because such efforts should respond to the country context and be country-driven. Each country will follow a unique path to improving its health system's performance, depending on its specific health care needs, resources, politics, and leadership. Above all, country ownership is essential for building a health system's sustainability and its ability to promote UHC.
- According to a [UNICEF report](#), "...most low- and middle-income countries have adopted a formal UHC policy of some type....Most low- and middle-income countries are pursuing UHC through a diverse mix of social protection schemes, including health insurance."
- Most European nations purport to have UHC offered by government sponsored or a mix of public and privately provided care. Many nations in Asia, Latin America and the Caribbean, North America (the United States does not), and Africa also claim to provide universal health care. One challenge to assessing progress is the lack of a universally accepted measurement of UHC.
- UHC should not be confused with insurance coverage. Also, it is a goal and not a scheme or specific road map for all countries to follow.





**Photo Credit:** Sangee Vijas for Abt Associates Inc.

# R EFERENCES

- Chee, Grace, Nancy Pielemeier, Ann Lion, and Catherine Connor. "Why differentiating between health system support and health system strengthening is needed." *The International Journal of Health Planning and Management* 28 (2013):85-94. [doi:10.1002/hpm.2122/pdf](https://doi.org/10.1002/hpm.2122/pdf)
- Doetinchem, Ole, Guy Carrin, and David Evans. "Thinking of introducing social health insurance? Ten questions." *World Health Report (2010)* Background Paper, 26.WHO. [http://www.who.int/healthsystems/topics/financing/healthreport/26\\_10Q.pdf](http://www.who.int/healthsystems/topics/financing/healthreport/26_10Q.pdf)
- East-West Center. "39th Summer Seminar on Population: Workshop on Communicating Population and Health Research to Policymakers." Workshop, University of Hawaii, Honolulu, HI, June 2 – July 2, 2008.
- Frenk, Julio, and Suerie Moon. "Governance Challenges in Global Health," Julio Frank et al., *New England Journal of Medicine* 368 (2013):936-42. [doi:10.1056/NEJMra1109339](https://doi.org/10.1056/NEJMra1109339)
- Health Systems 20/20. *The Health System Assessment Approach:A How-To Manual Version 2.0*. Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc. September 2012. <http://www.healthsystemassessment.com/health-system-assessment-approach-a-how-to-manual/>
- Lakin, Jason and Vivian Magero. "Health Ambitions: Kenya's National Hospital Insurance Fund (NHIF) Must Become More Transparent if it is to Anchor Universal Health Coverage." *International Budget Partnership Budget Brief*, No. 14 (2012). <http://internationalbudget.org/budget-briefs/brief14/>
- Malan, Mia. *Teaching Effective Media Relations to NGOs, PLHIV and Government Communications Officials: A Manual for Trainers*. Washington, DC: Internews Network's Local Voices Program, Internews Network. September 2008. [http://www.internews.org/sites/default/files/resources/Internews\\_TrainingManual\\_NGO\\_MediaRelations.pdf](http://www.internews.org/sites/default/files/resources/Internews_TrainingManual_NGO_MediaRelations.pdf)
- Mbengue, Cheikh, Katie Senauer, and Fred Rosensweig. *Scaling Up Community-Based Health Insurance in Mali. Brief, Better Health Systems – Strategies that Work Series*. Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc. August 2012.
- Meline, Megan and Doug Glandon. March 2012. *Institutionalizing National Health Accounts Pays Off. Brief, Better Health Systems – Strategies that Work Series*. Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc.
- Michaud, Josh, and Jen Kates. *Innovative Financing Mechanisms for Global Health: Overview & Considerations for U.S. Government Participation*. U.S. Global Health Policy Report. Washington, DC: The Henry J. Kaiser Family Foundation. October 2011. <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8247.pdf>

Ministry of Medical Services, Ministry of Public Health & Sanitation, Kenya. *Kenya National Health Accounts (NHA) General Brochure*. January 2012.

<https://www.hfgproject.org/kenya-nha-200910-general-brochure/>

Ministry of Medical Services, Ministry of Public Health & Sanitation, Kenya. *Kenya National Health Accounts (NHA) Reproductive Health Subaccount Brochure*. January 2012.

<https://www.hfgproject.org/kenya-nha-200910-reproductive-health-subaccount-brochure/>

Monitoring and Evaluation to Assess and Use Results Demographic and Health Surveys (MEASURE DHS). *Journalists' Guide to Demographic and Health Surveys*. Rockville, MD: The Demographic and Health Surveys (DHS) Program, ICF International. July 2012.

<http://www.measuredhs.com/publications/publication-dm24-other-dissemination-materials.cfm>

O'Connell, Thomas. *National Health Insurance in Asia and Africa: Advancing Equitable Social Health Protection to Achieve Universal Health Coverage*. Division of Social Protection, United Nations Children's Fund. May 2012. [http://www.unicef.org/socialpolicy/files/National\\_health\\_insurance\\_in\\_Asia\\_and\\_Africa-Final-22MAY12.pdf](http://www.unicef.org/socialpolicy/files/National_health_insurance_in_Asia_and_Africa-Final-22MAY12.pdf)

Partners for Health Reformplus. *Understanding the National Health Accounts Process. The PHRplus Primer for Policymakers series*. Bethesda, MD: Partners for Health Reformplus Project, Abt Associates Inc. May 2003. <http://www.phrplus.org/Pubs/prim1.pdf>

The Joint Learning Network for Universal Health Coverage. "Learning Laboratory." Accessed September 2013. <http://www.jointlearningnetwork.org/>

United Nations. "We Can End Poverty: Millennium Development Goals and Beyond 2015." Accessed December 2013. <http://www.un.org/millenniumgoals/>

United Nations. "Sustainable Development Goals." September 2015. <http://sustainabledevelopments.un.org>

Wang, Hong, Kimberly Switlick, Christine Ortiz, Catherine Connor, and Beatriz Zurita. *The Health Insurance Handbook—How To Make It Work*. Edited by Catherine Connor and Hong Wang. Bethesda, MD: Health Systems 20/20 Project, Abt Associates Inc. June 2010. <https://www.hfgproject.org/health-insurance-handbook-make-work/>

WHO. "Health Accounts." Accessed September 2013. <http://www.who.int/nha/docs/en/>

WHO. *The Abuja Declaration: Ten Years On*. WHO. 2011. <http://www.who.int/healthsystems/publications/Abuja10.pdf>

"WHO: The many paths towards universal health coverage." YouTube video, 10:27. August 15, 2013. <http://www.youtube.com/watch?v=VQ3sHfYzcv8&feature=youtu.be>

*The World Health Report 2010: Health Systems Financing: The Path to Universal Coverage*. Geneva: WHO, 2010. <http://www.who.int/whr/2010/en/>

*The World Health Report 2013: Research for Universal Health Coverage*. Geneva: WHO, 2013. <http://www.who.int/whr/2013/report/en/index.html>

Xu, Ke, David B Evans, Kei Kawabata, Riadh Zeramdini, Jan Klavus, and Christopher J L Murray Evans. "Household catastrophic health expenditure: a multi-country analysis," *Lancet* 362 (2003): 111–17. [doi:10.1016/S0140-6736\(03\)13861-5](doi:10.1016/S0140-6736(03)13861-5)





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