



## WHEC UPDATE

Briefings of worldwide activity of Women's Health and Education Center (WHEC)  
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### *Making A Difference*

The behavior of donors and their interaction with national authorities have a major bearing on wastage. In some developing countries it is a matter of life and death. Although wastage is often severe in these countries, they also suffer from absolute deficiencies of resources, leading to inefficiency because staff cannot be paid to work full time and because budgetary allocations are unpredictable and their disbursement is unreliable. Even in developed world, unpredictable budgetary allocations and abrupt cuts impedes efficient management. The efficient use of resources requires that budgetary allocations be both predictable and transparent. So that their contributions can be as effective as possible, international donors and implementing agencies should be informed of the timing and volume of national budgetary allocations. It may prove extremely difficult to assess, for example, national contributions to a district health services, and virtually impossible to obtain good information on planned budgetary flows.

Donors themselves may create problems if they insist on planning in accordance with their own budgetary cycles and if their resource allocation is insufficiently transparent. The project approach used by most international donors is also a source of inefficiency in national health systems. The plethora of project mechanisms creates an administrative burden that overwhelms many ministries of health. With certain exception, special programs imposed by donors are barrier to effective and efficient management.

Donors should collaborate closely with national administrations, but should not respond to unreasonable requests. For instance, a new district hospital should be located close to a town where a recently constructed facility is not in use. It is, of course, extremely wasteful if donors compete among themselves and thereby produce this kind of result, and such behavior encourages national governments to believe that it is easier to obtain funds for new investments than the continuation of established programs. Equally undesirable is the fact that donor agencies and their national partners often concentrate their planning budget on buildings and equipment while neglecting the operational aspects of healthcare delivery. Private contractors funded by bilateral and multilateral donors may be another source of wastage. The firms in question have an interest in perpetuating their contracts, and the actions they to achieve this may range from subtle lobbying to corrupt practices.

Improved methods of communication are needed so that the numbers of people involved in introductory meetings to make new initiatives and program can be optimized. The competition for personnel between donors, consultancy firms, implementing agencies and non-governmental organizations (NGOs) is a further source of inefficiency in national institutions. In countries with very limited professional resources, pressure of this kind may deprive health ministries of their best staff.

We believe, openness is a fundamental moral requirement for NGOs that exercise power and for the individual authorized to represent them. Health systems exercise substantial power by virtue of the fact that they administer and distribute a substantial part of the economic resources available to communities. Power, by its very nature, is open to individual and collective abuse. The only way to avoid abuse of power is to expose the systems to control and criticism, both internally and externally. The best way of judging a health system from a moral standpoint is to consider whether it increases or decreases the gap between the rich and poor in terms of access to public amenities. Many experts in **WomensHealthSection.com** have expressed reforms and structural changes tending to obscure the relations of power and responsibility in health systems. Those likely to increase openness and accountability are highly desirable.

Ethical Aspects of Wastage

**Rita Luthra, MD**

## Your Questions, Our Reply

Does international aid exacerbate or reduce inefficiency in health care systems?

**Saving energy and reducing costs:** Allocative inefficiencies sometimes occur because donors support inappropriate services or programs. Donors, although rightly concerned about inefficiency in many health ministries, should carefully examine their own approaches and policies to see if they are likely to make matters worse. Some donors respond to government inefficiency by shifting resources to the private sector and NGOs. Yet the uncritical channeling of resources to NGOs should be avoided, since there is no guarantee of success.

Any analysis of aid should take account of the intentions behind it. On the one hand, aid is meant to support development and reduce poverty, and on the other hand it is used to win political support in both the donor and recipient support in both the donor and recipient countries; additionally it is often linked to economic interests. There are many instances of donors having supported the construction or renovation of hospitals in central situations in recipient countries so as to satisfy political groups in the donor countries or to provide markets for their own exports. The running of some such hospitals consumes a substantial proportion of health budgets in several countries of sub-Saharan Africa, and gross inefficiency results.

Donors also contribute to inefficient resource use by insisting that aid be used to buy equipment or expertise from the donor countries. This may happen, for example, when alternative products are available on the world market at competitive prices. In these circumstances the purchasing power of financial aid is diminished.

Donors should not merely support efforts to use resources more efficiently in recipient countries but should also explain to their own publics how aid can be made more cost-effective and less wasteful. Poor coordination of assistance from donors sometimes results in the duplication of effort. On occasions, donor governments evidently have a stronger interest in activities that carry their name than in participating with other donors in projects coordinated by ministries of health in recipient countries. At present there is a fashion for health sector reform and cost recovery, and several donors are promoting their own projects in this field without considering that merging forces might be more cost-effective.

Internet and television audiences in the developed world are frequently impressed by presentations of costly and spectacular interventions in developing countries. Rarely is comparable attention given to aid workers who, at low cost, routinely provide life-saving food, immunization and oral rehydration in refugee camps or remote villages.

Women's Health and Education Center (WHEC) seeks to form partnerships with other agencies and with bilateral donors, and there have been attempts to organize a network on health policy issues in order to strengthen the international resource base and avoid duplication of effort in implementation and research. In the international community there is undoubtedly an awareness of the costs of inefficiency and waste in the health sector. The tool for analyzing costs and effects are being rapidly developed, and it is to be hoped, therefore, that resources will be better used in the future for the benefit of the sick and the poor.

## United Nations At A Glance

### Belarus and the United Nations

Belarus is a founder of the United Nations, and the Belarusian delegation alongside other delegations that represented UN' initial Members, signed the United Nations Charter in San Francisco in October 1945. Admission of Belarus, which at the time was not even an independent state, into the newly born global Organization reflected international community's recognition of the role played by the people of Belarus in defeating fascism. Despite a considerably more complex structure of international relations that has been

taking shape in the wake of the Cold War's end, the United Nations still remains a vital place for multilateral diplomatic activity.

Participation in the United Nations and its institutions and specialized agencies enables Belarus to more effectively pursue its foreign policy goals that aim to underpin country's development, as well as modernize its economy. From a political perspective, through its efforts at various United Nations' mechanisms Belarus is keen to lay ground for a benign external context that helps ensure national security, sovereignty, its territorial integrity, and which is also conducive to enhancing the country's international profile.

Belarus is striving to contribute to the same goal through its activities related to United Nations reform, above all, with regard to streamlining UN's principle organs like the General Assembly, the Security Council and the Economic and Social Council. UN reform must result in empowering the Organization, as well as its institutions and agencies, with adequate capacities to deal effectively with the implementation of UN Charter's goals and objectives as the UN confronts contemporary challenges both in the realm of international security and the social and economic area.

In economic terms, the Belarusian diplomacy is seeking to make effective use of United Nations immense capacities in support of country's overall internal development. The United Nations Development Framework (UNDAF) for Belarus for 2011-2015 spells out specific co-operation areas between Belarus and United Nations organizations and agencies. The document foresees that up to US\$ 490 million should be mobilized and made available to national recipients. Moreover, some UN institutions and agencies, such, for example, as the United Nations Development Programme and the United Nations Children's Fund, in partnership with their Belarusian counterparts, have developed individual programs that specify and enlarge relevant co-operation areas outlined in the UNDAF.

Belarus' engagement with some other UN specialized organizations, such as the International Monetary Fund (IMF), the World Bank, the European Economic Commission, the United Nations Conference on Trade and Development also helps the country fulfill its economic and developmental priorities. Specifically, Belarus has received around US\$ 3, 5 million of IMF credits in 2009-2010 to support the country's balance of payments. As for co-operation with the World Bank, in the course of 2012 the latter is supposed to implement five projects in Belarus worth US\$ 400 million, which address, among others, such issues as industrial and social infrastructure, energy efficiency, and the environment. With the view to utilizing UN capacities for national humanitarian and social purposes, Belarus works in a proactive manner with a number of relevant United Nations specialized organizations and institutions, like the International Labor Organization, the World Health Organization, the United Nations Office on Drugs and Crime, as well as with some others.

Details: <http://un.mfa.gov.by/en/>

## Collaboration with World Health Organization (WHO)

### WHO | Belarus



Belarus is located in the eastern part of Europe. In the west it borders on Poland, in the north-west – Lithuania, in the north - Latvia, in the north-east and east - the Russian Federation, in the south – the Ukraine. The country is divided into six regions (oblasts): Brest oblast, Gomel oblast, Grodno oblast, Minsk oblast, Mogilev oblast and Vitebsk oblast. The capital of Belarus is Minsk, the biggest political, economic, scientific and cultural center of the country.

Belarus became a sovereign state on 25 December 1991. The President, Mr. Alexander Lukashenko, was elected in 1994 and re-elected in 2001. After the constitutional changes through the national referendum he was re-elected for the third term in March 2006. Belarus faces international criticism on

unfair elections and on human rights issues related to violation of the freedom of expression, lack of independence of judiciary and persecution of opposition politicians.

## **Health & Development**

The country is a highly industrialized country that heavily depends on imported natural commodities to meet its energy needs. Health System in Belarus remains mostly unchanged since Soviet times. PHC delivered mainly through “Semasko”- system policlinics in urban areas and characterized with low responsiveness to patients’ needs, weak gate-keeping role, utilization of non-evidence-based interventions and low morale among PHC professionals. Most of the patients try bypassing PHC and come to the specialists directly. Belarus has a very high health services utilization rate, including in-patient care admissions (29.4 per 100). The number of hospital beds (1107 per 100 000) is the highest in the European region. Purchasing at primary and secondary level of health care is not quite strategic and evidence-based and virtually has not changed since Soviet times. The generation of Human Recourses for Health is now reshaping, including education, planning, work tasks and incentives. Starting in 2010 Belarus provides annual data on non-Monetary Health Care Resources (comprehensive questionnaire on human resources for health), and now has corrected information regarding provision of HRH.

Details: <http://www.who.int/countries/blr/en/>

## **Bulletin of the World Health Organization; Complete list of [contents](#) for Volume 92, Number 11, November, 773-848**

## **Collaboration with UN University (UNU)**

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

### **Trade Openness and Vulnerability in Central and Eastern Europe**

This paper offers a substantive contribution to the debate on the role of international trade on the development of emerging countries. The aim is to detect empirically the phenomenon of vulnerability induced by trade openness. The methodology adopts a forward-looking approach and tries to fill a missing link in the theory between trade shocks, volatility, and the wellbeing of countries, distinguishing between ‘normal’ and ‘extreme’ volatility.

The analysis is focused on Europe, in consideration of the dramatic and unprecedented trade liberalization process experienced by the Central and Eastern European countries at the beginning of the 1990s. The main result of the analysis is that in spite of the apparent association between trade openness and good macroeconomic performance, Eastern European countries have experienced a worsening of their macroeconomic wellbeing because of the trade shocks of the early 1990s. This preliminary evidence, remarkably strong also in the case of the poorest sections of the population, spurs some relevant policy implications, both at the national and supranational levels.

Countries with weak institutions and imperfect internal markets risk being adversely affected by the consequences of globalization. Hence, the *governance* of the globalization process needs to be improved, establishing a new ‘culture of prevention’ and designing policies that are able to limit the size and frequency of shocks at the international level. In other words, multilateral agreements and international institutions should play a role in reducing the degree of risk exposure within the current international setting.

This paper points to a new direction for future research. It is, for instance, fundamental to test and improve the methodology by broadening on the one hand the areas of research (e.g., to include other shocks linked to trade openness) and the instruments adopted and deepening, on the other hand, the level of analysis so as to conduct specific risk and vulnerability analysis at the ‘meso’ level.

Publisher: UNU-WIDER; Authors: Pierluigi Montalbano, Alessandro Federici, Umberto Triulzi, and Carlo Pietrobelli; Sponsors: UNU-WIDER acknowledges the financial contributions to its research programme by the governments of Denmark (Royal Ministry of Foreign Affairs), Finland (Ministry for Foreign Affairs), Norway (Royal Ministry of Foreign Affairs), Sweden (Swedish International Development Cooperation Agency—Sida) and the United Kingdom (Department for International Development).

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

## **United Nations Girls' Education Initiative (UNGEI)**

*The Effort to Advance the Global Strategy (Continued)*

Countries with weak educational systems can learn from the many developing countries that have made progress

The school system has been documented in **Belarus** and the Slovak Republic...community level 51 compiled reports from **Belarus**, Lithuania, Macedonia, Serbia and Montenegro, and the Slovak Republic on the extent and nature of bribes required...the conflicts of interest that emerge for **Belarus** when teachers become purveyors.

In low-income countries making progress, some key principles have guided policy-makers in defining strategies and choosing interventions. Many countries have managed to build education systems with universal primary completion and considerably more. China, Chile, Cuba, the Republic of Korea, Singapore, the Slovak Republic, Sri Lanka, Tunisia, and Uruguay have also improved quality and learning. Most of these are middle-income countries today, but many achieved universal primary completion when they were at similar stages of development as today's poorer countries.

Even among the poorest countries today, an encouraging number have begun to register strong and sustained increases in primary completion rates. These include many countries in Sub-Saharan Africa. Benin, Burkina Faso, Eritrea, Ethiopia, The Gambia, Guinea, Malawi, Mali, Mozambique, and Togo, for example, increased their primary completion rate by more than 3.5 percent a year – well above the median 1.5 percent annual rate of improvement for low-income countries as a whole. Bhutan, Cambodia, the Lao People's Democratic Republic, Nepal, Nicaragua, Mongolia, and Tajikistan are making similarly strong progress. While all of these countries face major challenges in increasing quality and efficiency – and none could yet be considered a high-performing education system – they are performing considerably better than their peers. The message from these examples is clear: low-income countries can achieve universal primary completion, and it is possible to move faster toward that Goal.

In low-income countries making progress, some key principles have guided policy-makers in defining strategies and choosing interventions. Examples of successful interventions and evidence from many countries provide a menu of ideas for education leaders in countries addressing the education Goal.

- Be pragmatic to reduce cost;
- Focus on teaching and learning;
- Make good use of the private sector;
- Watch out for equity

Education sector policymakers can ensure that the benefits of system expansion are being shared by the poor by setting clear rules for the distribution of resources across different regions and schools; by monitoring outputs and outcomes across schools and regions to identify where performance needs strengthening; by increasing support, pressure, inspection, and skill-specific capacity building that targets the lowest-performing regions and schools; by developing condensed accelerated programs to get drop-outs back in school and up to grade levels; by providing targeted subsidies to get and keep vulnerable

children in school; and by introducing cost-effective programs to enhance early child development (health programs, nutrition programs and early stimulation of infants and young children).

Details: [http://www.ungei.org/resources/files/UNGEI\\_Gender\\_and\\_Skills\\_Print\\_v1\\_3.pdf](http://www.ungei.org/resources/files/UNGEI_Gender_and_Skills_Print_v1_3.pdf)

*To be Continued.....*

## Top Two-Articles Accessed in October 2014

1. Female Sexual Dysfunction; <http://www.womenshealthsection.com/content/gyn/gyn032.php3>  
WHEC Publications. Special thanks to our reviewers for helpful suggestions.
2. Ebola Virus and Pregnancy;  
<http://www.womenshealthsection.com/content/obsidp/obsidp011.php3>  
WHEC Publications. Thanks to WHO, NIH and CDC for contributions. We thank our writers, editors and reviewer for compiling the information and bulletin.

## From Editor's Desk



## United Nations Foundation

The United Nations Foundation links the UN's work with others around the world, mobilizing the energy and expertise of business and non-governmental organizations to help the UN tackle issues including climate change, global health, peace and security, women's empowerment, poverty eradication, energy access, and U.S.-UN relations.

The United Nations was established to foster global peace, prosperity and justice. It has succeeded in its fundamental mission of preventing a third world war and improving global quality of life. But over the last 60 years, the UN's mission and membership have been broadened dramatically.

The UN is now asked to tackle the world's most intractable problems—global scale challenges that transcend borders but directly or indirectly affect us all: health, the environment, human rights and justice, peace and security, population, hunger and peacekeeping. The UN has a proud record of accomplishment in helping address key global challenges.

In today's interconnected world, governments working through the United Nations can't do it alone. A worldwide partnership between the public and private sectors is needed involving individuals, non-governmental organizations, corporations and foundations.

We work with UN Secretary-General Ban Ki-moon and the [UN Office of Partnerships](#) to connect people, ideas and resources with the UN to solve the great global challenges of the 21st century. To learn more about the UN, click [here](#).

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<http://www.unfoundation.org/who-we-are/board/our-board.html>

## Words of Wisdom

Man is born free; and everywhere he is in chains. One thinks himself the master of others, and still remains a greater slave than they.

– Jean-Jacques Rousseau (1712-1778), Genevan Philosopher

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

<http://www.womenshealthsection.com/>

