

Who is your candidate for the World Bank presidency?

Posted by Vincent Okungu on March 9, 2012 at 2:21 pm

A few questions that policy-makers, academics, researchers and all involved in health system research should think about regarding the candidates lining up for the World Bank presidency:

1. Does the candidate fit the description of a reformist?
2. Does the candidate have developing countries' (African) health and governance problems at heart?
3. Should the candidate be a battle-tested finance mega-power (Trevor Manuel) or a dyed-in-the-wool practical academic (Prof. Jeffrey Sachs)?
4. Which candidate will advance health care reforms, especially in the developing world?

Answer: ?????

Certainly, these two candidates fit the bill (disregard the rest). My fear is that the position may not be filled on merit but through political patronage.

Reflections on the non existant health system - a blog post

Posted by David Hercot on February 23, 2011 at 11:24pm

Nobody mentioned this blog post from Seye Abimbola, another emerging voices, on the BMJ blog. It's good to keep track of all your publications in one place. Why not on this website.

<http://blogs.bmj.com/bmj/2011/01/11/seye-abimbola-reflections-on-the-non-existent-health-system/>

A great contribution on a great place.

Congratulations Seye.

Emerging Voices on the spotlight on healthaffairs'blog

Posted by David Hercot on February 10, 2011 at 12:35pm

Our colleagues, Meena Daivadanam, Kristof Decoster, Asmat Malik, & Prashanth N just published a blog on Health Affairs' website where they depict the dichotomy of a gala diner at the Casino in Montreux during the WHO symposium on Health Systems research we attended as part of the emerging voices process.

visit their post on health affairs here

<http://healthaffairs.org/blog/2011/02/09/and-then-the-dessert-arrived-global-health-dichotomies/>

Global Health debates

Posted by Vincent Okungu on January 24, 2011 at 12:15pm

Follow global health debates on this

link: http://law.slu.edu/healthlaw/journal/archives/Ruger_and_Nq_Article.pdf

Credits & Thanks

Posted by Jos Assayag on January 4, 2011 at 1:41 pm

I would like to extend my sincere thanks to everyone who participated on the technology-side of this colloquium:

"Studio Colloquium" Corner

Nico Van Aerde

(webmaster)

Inge de Waard

(website editor)

San-Ho Correwyn

(video editing)

Caroline Nieva

(video editing)

Niels Frederickx

(video editing)

Camera operators

Stefan De Pauw

Koen Vandelannoote

Bert Verdick

Interviews

Pieter Van Dooren

Kirezi Kanobana

Wim Jennes

Rafael Van den Bergh

Josefien Van Olmen

Katja Polman

An Appelmans

Thank you for the dedication, the talent and the guidance that you shared with us during this event. I would also like to thank the Emerging Voices executive committee for their support in making this possible. In addition, we owe a great deal to all the volunteers who participated in the interviews, to the technical and administrative staff who helped us to an extraordinary extent, and to everyone else who participated in one way or another. And lastly, to the emerging voices, thank you for making this worthwhile, we wish you all the best in your future endeavors and we hope to hear from you again soon.

Jean Patrick Alfred, un talent émergent, partage son vécu sur les trois semaines avec l'IMT

Posted by David Hercot on November 25, 2010 at 5:30pm

A toute l'équipe de l'IMT et à vous tous les EV,

Je suis arrivé chez moi avec le sentiment que je viens de vivre une expérience très enrichissante et qui sera sans doute considéré par tout un chacun comme un début vers l'accès à la connaissance universelle à tous et point de départ vers la couverture universelle en santé.

je vous félicite pour l'extraordinaire travail que vous avez réalisé. comme je l'ai dit vendredi, il faisait froid à Anvers mais l'ambiance tropicale régnait à l'IMT grâce à votre dynamisme. L'équipe de coordination a été impeccable car nous avons toujours eu l'appui nécessaire.

A tous les EV 2010, vous avez été formidable et je n'oublierai jamais cette famille qui a été conçu par l'IMT.

Nous avons eu un programme très riche. Au colloquium de l'IMT, nous avons pu arriver tous à faire des présentations en utilisant le style Pecha kucha, des discussions avec lefishball et des rencontres avec le mixte. L'ouverture d'esprit que vous avez fait montre pour comprendre et accommoder tout un chacun a été apprécié. Vous nous avez permis de dire ce que nous pensons, au point où je me rappelle encore ce béninois qui est venu me dire qu'il aime bien ce que je dis car c'est la vérité mais de faire attention à Montreux car ce ne sera plus la même ouverture d'esprit. Effectivement, à Montreux j'ai pu faire une autre expérience car j'ai appris ce

qui se passe dans ces grandes conférences où chaque personne vient avec son agenda pour agrandir son réseau. Mais néanmoins, nous avons eu droit à des présentations extraordinaires même s'il reste pour la plupart très conceptuel. Je pense qu'ils ont trop mis l'accent sur l'exemption de paiement au point de prestation car nous sommes tous d'accord au moins sur cet aspect du problème mais comment le mettre en place? Quels sont les stratégies viables utilisés pour y arriver? Je reste encore sur ma faim. Alors qu'à Anvers, je commençais à penser à des solutions peut-être que ceci est du au fait que ceux qui vivent les problèmes ont vraiment eu l'occasion de dire ce qu'ils pensaient. Je pense également qu'il faut travailler avec les politiques mais ça ne suffira

pas de les amener à formuler les décisions si au moment de faire la mise en oeuvre, il n'arrive pas à compter sur les meilleurs ressources humaines des pays. C'est pourquoi qu'il est vraiment important de travailler au renforcement des capacités à tous les niveaux dans les systèmes de santé.

C'est vrai que les pays du sud ont un problème de management qui est du à la faiblesse des institutions étatiques. Mais malheureusement nous n'arriverons pas

tant que la manière de donner l'aide internationale ne se fera pas dans le respect de la culture de chaque pays. Je me positionne en faveur d'une solidarité internationale en faveur des pays à faible revenu si nous voulons arriver à la couverture universelle. Ceci doit se faire dans le cadre d'une franche

collaboration. Cette solidarité internationale est plus que nécessaire surtout par rapport au financement équitable car l'aide est plus nécessaire que jamais surtout pour les pays à faible revenu.

J'ai pu constater qu'il y a eu ce qui travaille pour la couverture universelle et ceux qui ne le font pas. Mais comme je l'ai entendu tant à Anvers qu'à Montreux, le temps est maintenant à l'action. Et l'IMT a fait du concret en nous amenant, les EV jusqu'à Montreux. Je ne souhaite pas que cette expérience dont je ne trouve pas les mots pour en faire la description exacte car je suis fier de vous tous les membres de cette nouvelle famille pour la couverture universelle en santé. Vous avez été formidable.

Dr Jean Patrick ALFRED

Diplôme D'Études Spécialisées en Gestion
et Management des Services de Santé.

Assistant MEDCO MSF-Espagne Haiti

Professeur du cours de Concept de Santé FMSS/UNDH

#itmc10 fishbowl format discussions on power imbalance in health

Posted by Ignatia / Inge de Waard on November 9, 2010 at 3:17pm

Dynamic formats: the fishbowl linked to the mc battle

a great way to get different viewpoints out there, and to get an idea of the ethical views, or socio-political views of participants is to set up a discussion, fishbowl style.

at the emerging voices conference, we are testing out the fishbowl dynamic to get people talking about Universal Health Coverage (UHC) is about addressing power imbalances. This got people on their chairs to discuss the topic. Now I will show you a small 5 minute video on the dynamics, and ... on the fact that power imbalance was happening in the fishbowl format as it was going on. Now the idea behind this fishbowl is, that you give your point of view on a topic in the middle of the fishbowl, and you give away your chair if someone else wants to share a thought.

So, you need to allow others to speak, and be to the point once you are speaking.

What I write below are just some of the topics, I took notes live, so excuse me for any typo's.

There were a lot of topics touched in this fishbowl session. A topic close to my heart is the gender imbalance, the way this gender imbalance affects patient/doctor relationship. The discussion was very relevant and very dynamic, as it covered the importance of empowering those who do not have a voice, how to push governments or persuade governments to be more interested in the voiceless citizens in all the different countries. Global, macro dynamics in UHC was discussed. The ngo professionalism has been turning into businesses,

which is diverting the interest from the people to the working. Distribution of power was also touched. Access to health care has seen many disasters, but the global–local dynamics are a big part in this. The idea of policies is not wrong, but if the conditions for policies are not the right once, they risk on giving unsuccessful outcomes. So to what extend is the policy issues and building neutral for universal coverage. Is it a neutral discourse?

What are the power dynamics from the world–bank? There are governments behind those super–national organizations, so the governments are also involved in those non–governmental organizations, so where do these power imbalances really occur that effect UHC?

Access to right to health is important. We must also see where we as health people stand in the framework of where the imbalance is. So we should really look into the role of the state, there should be a redistribution of wealth if we want to shift the power imbalance. The fact alone that only the 20 richest countries, this global elite, has the power to envision the future of all items, including health should be questioned. Democracy is a principle, but if we only look at the concept, then it might not be sufficient. Democracy as a non–concept can lead to imbalance, but we must be aware that democracy is relatively new, which also leads to different interpretation. Democracy can lead to successful health implementation if government is willing to act upon its principal.

Who decides on what is written in policies for global health issues, are also instruments of power, written by those who are in power. If we have to team up as a health community to become a group to take into account by the global government.

If we look at the UN, the US is the one that dictates what will be done or not. But nevertheless we need the UN to advocate for a more power balanced system. We need to recognize that there are a lot of power dynamics, but that we need to use it to transform power imbalance.

The nice thing about the fishbowl dynamic, is that – as the discussions are moving on – your brain wants to follow, so the format increases reflective action, which is a nice way to get more information into the brain, and deepen knowledge as it is processed.

The citizens voice is the most powerful tool to move towards power balance, in favor also of health. The rights of the citizens are at this point in time addressed by increased 'security' issues, which affects the rights of citizens and their voice.

We must empower citizens (my remark (Inge): I belief in it, and I belief empowerment can happen via citizen technologies such as basic mobile phones).

Also in world bank there is an increased awareness or more responsible people. But the time–frame to shift will only happens over a big amount of time. Even if we look at the EU whitebook, it takes decades to result into change. And giving up power is a very difficult thing to do (remark from me, Inge: this sounds very much like a feminist discourse on how power–shifts can happen). If we put something in place for something else, it still does not guarantee that it will be a positive step forward. And if we only add things, and do not take down any of the existing power bastions, we again only divide power, we do not address it

to be more balanced.

We must make power more transparent.

Using Twitter is a way of gaining influence over global and national health

Posted by David Hercot on November 8, 2010 at 4:50pm

We believe new media technologies can help getting research into policy and practice. One of the formats we encourage you to use is to post your ideas, the good suggestions you have eard either on this blog or forum or on Twitter. Using twitter is like sending a short message to the world. Join Twitter and send your first message. Include the #ITMC10 code and your message will automatically pop up on the main page of this ning forum. Go [here to register on Twitter](#). And start posting in no time even from your smartphone.

Luc Van Leemput from Belgium on topic of universal health care coverage.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:38pm

We need to aim at a different (new) financial health paradigm. Health is an increasing business field, but there is a big discrepancy between rich and poor countries. Financial sustainability is currently defined to poorly (too limited). Paradigm shift should embrace operational sustainability and ownership on many levels, and to include long-term aid. In the HIV/AIDS field research has shown that it can be done. This convergence could take place also because of public, social action. (remark from myself – Inge, AIDS was a thread, malaria is not a thread to the west, so why should international politics be interested in supporting a funding that meets AIDS funding for health issues that do not thread the west?). Since a few years there is a shift towards integration of vertical programs within health systems. To make a shift towards financial sustainability we need: leadership, We need innovative strategies for turbulent times.

Luc wears a striped shirt and brown pants.

Mit Philips from Belgium on the topic of health user fees.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:37pm

She touches on many topics with great speed and based on statistics. Essential mitigation measures: fundings to cover membership. Effective health interventions will remain unused if these are not made accessible on all areas. Which road to universal coverage? Priority to those unable to pay, for these have the highest percentage of disease. The statistics are very relevant, so if you are interested, try to get her slides. We need an international framework to insure health insurance for all.

Mit wears a nice white top over a red t-shirt and she speaks with a nice Flemish accent (which I like).

Rachel on global health what does health justice have to do with it?

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:36pm

She looks at international financing of health. She starts with the core idea equity in access to health care which is none existing internationally, it depends on the country. Rachel uses Wurdle.net to get some nice slides going. We need to make a distinction between human rights for health and international health care. The right to health is written down in many declarations. International collaboration should work to get to access to health. She takes a look at statistics and financial shift with clear slides and numbers. The global fund has served as one of the means to get antiretroviral help to many countries. We might need a global fund for health (coverage). How can we take away the lottery of life? How can we insure health coverage for both international as national purposes.

Rachel is wearing a gray long sweater and has blond, mid-long hair.

Kristof Decoster from Belgium on will China contribute to multilateral global health financing?

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:35pm

The G8 want this to happen, but will it happen? 14 million US dollars were promised, but this is just a small part of what they pay in comparison to defense... (just like other countries). He thinks that china will want to tackle national health and digital divide nationally first, internationally after that. Public opinion is important because if people do not belief in international strengthening, it will not happen. There is bilateral help though. China is afraid that the West will push its own definition of transparency. China stands opposite to the West in some cases, so we will need to look for a balance. Public health is slowly becoming an item in China. A key topic should be to raise pressure for public health multilateral on countries like China, India, Brazil (the emerging countries).

Kristof wears a gray sweater, wears dark glasses and jeans and went over his dedicated time.

Khim Keovathanak from Cambodia on contributions of research to achieve universal health coverage in Cambodia.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:31pm

Three areas of research. Scale up and merge current schemes. Some challenges: how to mobilize support; what contextual factors, what strategies, fair allocation. Second: increase resources for health: tax increase (sin taxes). Thirdly: improving governance of resources (efficiency: pay for performance; financial auditing; client scorecard, ...). What is needed is leadership and political commitment, they will inspire and motivate. Partners need to be sought. Research is necessary for all these three areas.

Khim wears a black coat on top of a white shirt and he lists examples that illustrate the visual slides.

An Appelmans on sustainable universal health care in Malaysia.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:30pm

Health indicators are similar to US, yet Malaysia spends 20 times less than US. What was at the source of this success: mobile clinics, primary health care package covers the country, and almost free. The health policy is linked to political arena, but this has not changed in years, allowing stability and vision in this area. Far engaged in mobile solutions as well. There are two sectors: public and private sector, which is almost balanced. Challenge is the braindrain of the doctors. So to compare with Korea and Thailand (both have universal health coverage), allows us to indicate success factors: identifying the poor, and they were given coverage (also informal sector). It is an easy system which is transparent. Primary care is installed as a gate-keeping system for the complete health system. Universal coverage is complex, but possible and Malaysia will do it.

An wears a red dress with a black pull-over, and she speaks with a slightly Belgian voice (which I find cute).

Walaiporn Patcharanarumol from Thailand on achieving universal health coverage.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:29pm

She starts with indicating all the factors that are needed to achieve universal health coverage. She wears a nice suit and white shirt and glasses.

One party used this topic to get elected. The health delivery system was expanded for many decades. Thailand have many national researchers to screen health. The health expenses were monitored for many years, as indicators for policy decisions. So, there is a close relationship between the politicians and the researchers. Another important factor is the social mobilization, with this group, you can move mountains. Long-term financial sustainability is one of the big challenges. She concludes that universal health coverage is not easy, but it can be done with the triangle mentioned above (political, social mobilization and research).

Amal Shafik from Egypt speaking on the topic of how health has been changed in Egypt.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:29pm

She talks in a very captivating narrative way, while wearing a nice gray dress with white shirt. She has a great way of grabbing the attention, by linking historical health moments in time, with politics, to the personal, really getting people to think about the real results of the implemented projects. Community based insurance was started as an initiative with a human face, implementing the bamako treaty. But, did this answer to the needs for which this initiative was build? That is what Amal wants to reflect upon.

CDI scheme gave the sicker people. This free, but people need to pay first, then they get the benefit. Community based insurance did not work, for people got pushed out. The community was the first target group, but they were not heard. We should all really think about why we are here, time and time again. Great presentation.

Ngo Duc Anh from Vietnam, speaking on primary health care system in Vietnam.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:25pm

The primary healthcare system in Vietnam is clearly put forward and gives a good historical overview of how it came to be. In early nineties the health care was reformed. Although the primary care remains free, the infrastructure becomes old, and the HR are beginning to get under pressure due to the lack of confidence by patients in health care, and the braindrain to commercial health care. The growth of private doctors, also leads to use of expensive medication. So the system needs to be reviewed, re-examine local needs. A responsive payment scheme must be implemented broadly.

Anh is speaking in a nice blue coat, and a striped shirt. The slides are full of relevant data.

Maria Augusta Molina from Ecuador starts with a clear holistic overview of Ecuador and its health system.

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:24pm

She was wearing a beautiful poncho-like top in purple colors. She speaks on privatize healthcare services in Ecuador. Poor people cannot pay for health services. Rural areas sometimes lack human and material resources. Which means 30% of people do not have access. Since 2008 there is an increased interest in public health. There are big health waiting lists. She spoke quickly, yet eloquently and her topic was brought very structured. The slides showed clear descriptive pictures.

Pecha Kucha is getting us excited

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:24pm

Another innovative format which is used at the emerging voices conference, is pecha kucha. This format demands that each speaker speaks for 6 minutes on a given topic, with slides changing every 20 seconds. In total we have had 11 presentations of each 6 minutes.

The speed keeps the speakers on top of their toes, and the format also pressures the speakers to reflect deeply on what they want to put forward. But, did this pressure result in good speaking outcomes? Let me list some of the speakers and how their presentation went, I have put each one of them in a separate post.

Speed dating between professionals is a successful format for getting to know one another

Posted by Ignatia / Inge de Waard on November 8, 2010 at 4:23pm

The speed dating was already a big success at the conference. A lot of people were willing and able to interact and talk with one another. There was ample time so all of the people were able to talk with different people all of the time, keeping all the interactions dynamic and energetic.

The format is simple: all of the participants to the conference got a bundle of 'identity cards'. These identity cards featured a picture of the person, a short biography and some interests. These cards were swapped at the beginning of each 'talk', and each talk was between as many or as few people the group wanted. After ten minutes a bell was rung,

pushing people to stop talking in the current group and actively forming other groups. The goal of this frequent swapping of places, is to get people connected and into a networking frame of mind.

How many people did you talk to today?