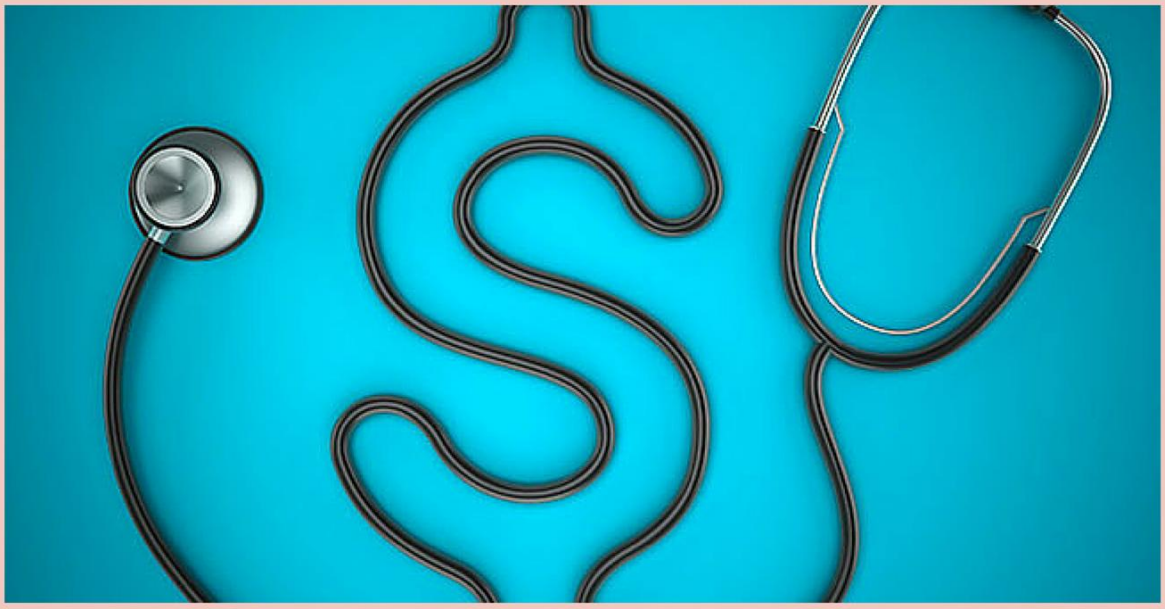
2016

Health Policies in Emerging Economies



A SUMMARY REPORT

JUNE, 2016

SUDEEP UPRETY AND BIPUL LAMICHHANE

This report presents summary of the report titled, 'Health Policies in Emerging Emergencies: Innovations and Challenges' published by UNDP as part of its Policy in Focus series. The report presents case studies of country efforts to address health inequities prevalent mostly in low and middle income countries.

This summary report focuses on global findings, pillars of social protection, legislative review of health policies in South East Asia, significance of tele-health and major recommendations from the report.

Background

The global health agenda has taken shape in the form of various policies and interventions targeting towards greater equity over the last decade. Achieving universal health care coverage is not just a basic human right but can also have a significant impact on the improvement of the distribution of income and on the construction of a more equitable and cohesive society.

Through the great diversity in their historical and institutional framework, developing countries still face challenges like inequality in access to services, quality of pharmaceutical products, the control of diseases and capacity building.

The globalization of health issues demands a global response towards the production of multidisciplinary and collaborative knowledge, which can only occur as a result of quick mobilization and cooperation among research institutions and multilateral agencies, both in the elaboration of biomedical solutions and the development of social research capable of generating evidence regarding the effectiveness of actions and the determinants of the challenges being tackled.

Although progress towards universal health coverage has been made throughout many developing economies, the characteristics of health systems in terms of investment effort, out-of-pocket expenditures of households, integration of the public health and social security systems, coverage of the population and health impact indicators are still quite uneven.

Global Findings

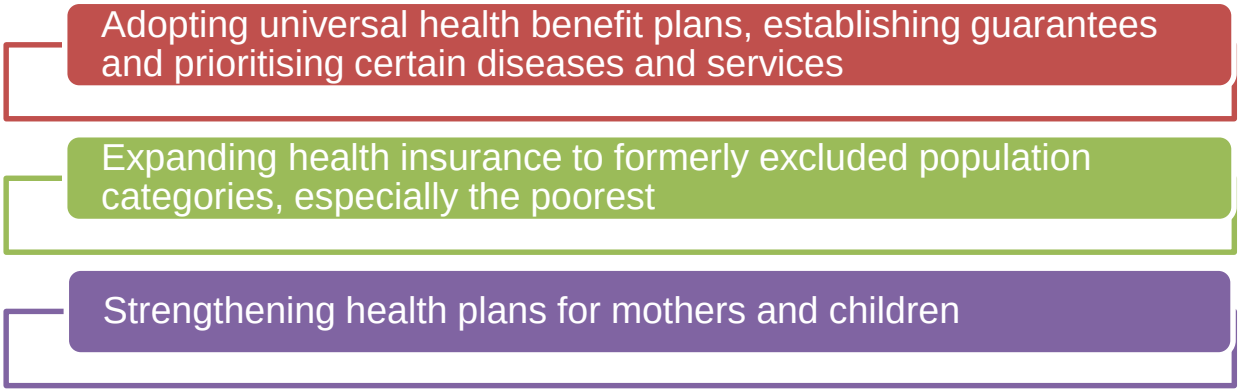
- The BRICS countries (Brazil, Russia, India, China, and South Africa) face a number of structural holdups despite their legal and political tendencies towards providing universal health care that challenge the delivery of and access to these services. This is particularly the case regarding the distribution of services within the countries, particularly in rural and less developed regions.
- India, Brazil and South Africa share democratic political systems and an avowed commitment to achieving equitable access to affordable health care for all their citizens.
- During the past two decades, Brazil, China, India and South Africa have experienced sustained economic growth, with real GDP growing at above the Organization for Economic Co-operation and Development (OECD) average, particularly in China and India. However this has not resulted in poverty reduction or inequality reduction.
- In recent years, the BRICS governments have incorporated the goal of reducing poverty and inequality into their approaches to more sustainable growth and have enacted some reforms in that direction. Tackling inequality traps requires improving economic opportunities for all, and this covers a variety of policy actions.
- In Brazil, the agenda of priorities in health research includes various diseases of this nature, which have been contemplated in calls for projects launched by the National Research Council and by the Ministry of Health.

- The most meaningful accomplishment of HIV-related policy in Peru has been the inclusion of government-funded ART, as it has led to drastically reduced morbidity and mortality, turning HIV infection into a chronic disease.
- South Africa and India have expressed high ambitions to realize universal access to health care as a strategy to improve overall population health and both countries have made progress in their health care systems and in the overall health of their populations.

Strengthening the Pillars of Social Protection

Strengthening the solidarity pillar of social protection systems has been the key to providing health care coverage to populations without access to contributory social protection, such as informal workers and poor households, often in rural areas. Additionally, the past decade of sustained economic growth was accompanied by policies oriented towards the formalization of employment, which led to the expansion of coverage through traditional social security systems.

More recently, to strengthen the solidarity pillar, countries have followed a variety of approaches, including:



The Need for a Legislative Review in South East Asia

HIV/AIDS remains a serious global health issue. South-East Asia Region is second only to the African Region in the number of people living with HIV and the number of AIDS-related deaths

To provide universal access to prevention, care and treatment of HIV/AIDS, health care systems need sufficient competent human resources. In this context, competence means that health workers, particularly nurses, who comprise the majority of professional health workers in the countries reviewed, have and use the requisite knowledge and skills to fulfil their defined roles.

In India, Indonesia, Myanmar, Nepal and Thailand, there are more nurses than physicians, suggesting that nurses are probably providing a larger proportion of health care services—especially in Indonesia and Thailand, which have the highest densities of nurses and lowest densities of physicians in the region.

Legislation can establish mandates, authorize the issue of regulations and allocate resources to address deficiencies in the numbers of health workers, their distribution and clinical capacity. In

many low- and middle-income countries, nurses are in greater supply than physicians, and a growing body of evidence suggests that the quality of nurse and management services is not inferior to that provided by physicians.

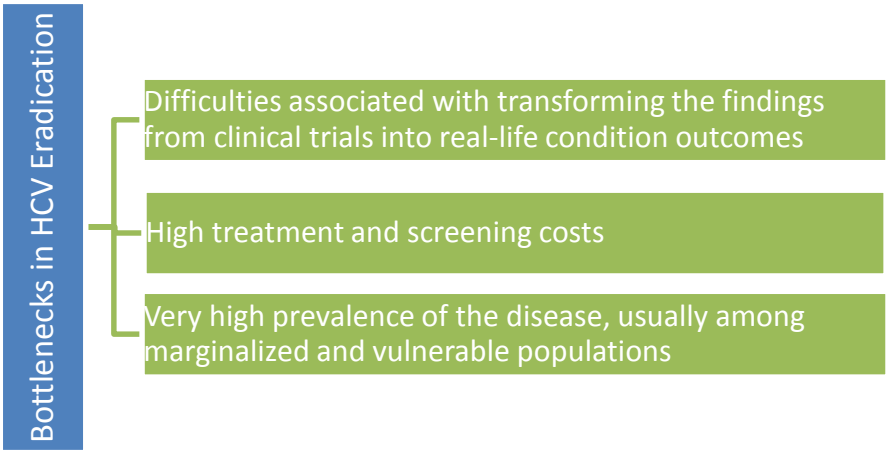
The role of nurses and midwives in HIV/ AIDS care is vital in South-East Asia. This is due to the greater density of nurses and midwives compared with physicians, and to their placement at the front lines of health care, often in facilities lacking physicians. Nurses and midwives are critical to HIV/AIDS care. Therefore, those interested in improving the sustainability of the scale-up for HIV services may benefit from a greater understanding of the manner in which nursing and midwifery are regulated, be it through continuing education, scopes of practice or other relevant requirements for training, registration and licensing.

Countries considering reform to their existing nursing and midwifery acts may benefit from comparing their legislation with those of other similarly situated countries and with global standards. Such a review may assist countries in the WHO South East Asia Region to evaluate and improve their nursing and midwifery legislation and regulations as part of efforts to strengthen their national health systems, and increase coverage of HIV and other primary health care services.

Eradication of the Hepatitis C Virus in Low and Middle-Income Countries

Hepatitis C virus (HCV) is a single-stranded ribonucleic acid (RNA) blood-borne virus, transmitted predominantly through unsterile medical equipment and supplies, transfusion of unscreened blood/blood products and unsafe injection practices. It is a major global health problem with high morbidity and mortality. About 185 million people are living with HCV, of which 80% are living in low and middle income countries. With the development of new highly effective treatments for HCV, it is considered that the eradication of HCV may only be one step away. However, there is still a long way to go before Hepatitis C can be eradicated.

In the context of low and middle-income countries, several bottlenecks may pose formidable challenges for scaling up treatment to eradicate HCV. For the sake of conciseness, we have divided these bottlenecks into three broad categories:



Lack of knowledge and awareness about HCV are observed among healthcare providers, policy makers, the general public, and at risk populations. About 40% of global HCV infections are due to unsafe injections and improperly sterilized medical equipment. Health care providers need education and training to reduce the risk of disease transmission by malpractice. Massive awareness programmes are required to reduce the future burden of HCV on society. There is insufficient understanding about the seriousness of this public health problem, so inadequate public resources are allocated for the prevention and control of HCV. There is a need to develop a global strategy for HCV eradication. The control of massive HCV pandemic requires financial investment, political will, and support from medical, pharmaceutical, and civil organizations around the globe.

Challenges facing access to medicines

Regular access to medicines is one of the essential conditions for the realization of the basic human right to health. The worsening of acute or chronic diseases, the appearance or dissemination of infectious illnesses, the avoidable suffering of great masses of the population, the loss of quality of life, the increase in mortality and health system expenditures, as well as the deepening of social inequities are some of the consequences of the lack of regular access to medicines.

At the health service level, access to medicines depends on certain factors such as availability, geographic accessibility, affordability, acceptability and quality. From a political perspective, it is necessary that government representatives and leaders have the political will to bring about related international commitments. This goes beyond the technical availability of medicines, and it is necessary to invest in strengthening health systems and achieving affordability to ensure the sustainable financing of medicines policy.

Ensuring access to new medicines compromises the sustainability of health systems in developing as well as developed countries. One possible way for governments and civil society to deal with the high prices of medicines under a monopoly is the adoption of the Trade-Related Aspects of Intellectual Property Rights (TRIPS) agreement safeguards for the protection of public health. Such safeguards ensure the availability of generic medicines, which can be cheaper and prevent the abuse of patent rights and the granting of secondary patents, while promoting scientific and technological advancement.

Telehealth and its Significance

Telehealth can be referred as “the use of electronic information and telecommunication technologies to support long-distance clinical healthcare, patient and professional health-related education, public health and health administration.” Telehealth includes remote non-clinical services, such as provider training, administrative meetings, and continuing medical education, in addition to clinical services. Telehealth is emerging as a critical component of the healthcare crisis solution. Telehealth holds the promise to significantly impact some of the most challenging problems of our current healthcare system: access to care, cost effective delivery, and distribution of limited providers. Telehealth can change the current paradigm of care and allow

for improved access and improved health outcomes in cost effective ways. Telehealth can be important for the following reasons:

Telehealth's Significance	**Increases access to healthcare**. Remote patients can more easily obtain clinical services and remote hospitals can provide emergency and intensive care services.
	Improves health outcomes. Patients diagnosed and treated earlier often have improved outcomes and less costly treatments. Furthermore, patients with Telehealth supported ICU's have substantially reduced mortality rates, reduced complications, and reduced hospital stay.
	Reduces healthcare costs as home monitoring programs can reduce high cost hospital visits. Also the high cost of patient transfers for stroke and other emergencies are reduced.
	Assists in **addressing shortages and misdistribution of healthcare providers**. Health specialists can serve more patients using Telehealth technologies and also the nursing shortages can be addressed using Telehealth technologies.
	Supports **clinical education programmes** as rural clinicians can more easily obtain continuing education and can more easily consult with specialists.
	Improves **support for patients and families**. Patients can stay in their local communities and, when hospitalized away from home, can keep in contact with family and friends.
	Helps the environment as it reduces the need to travel to obtain necessary care which reduces the related carbon emission
	Improves organizational productivity. Employees can avoid absences from work when telehealth services are available on site or when employees can remotely participate in consultations about family members.

Recommendations

Conclusion and Way Forward

Emerging market cities are dynamic contrasts of wealth and poverty. Broadly put, urban elites have healthy physical environments and world class healthcare, expanding middle classes have adequate physical environments and adequate healthcare and the poor have unhealthy physical environments and limited if any healthcare. There is room for improvement across the board but the greatest challenge by far is to create healthy environments for and to deliver at least minimal healthcare to the urban poor.

The most basic needs of the urban poor can be marginally alleviated through subsidies, income transfers and public expenditures but cannot be satisfied without sustained economic growth, job and income creation and public and/or private investment in housing and health related infrastructure and services including healthcare services.. A few countries – China in particular –

have made spectacular progress towards sustainable solutions in relatively short order. But most emerging markets, like now wealthy countries before them, will need time to reach such solutions.

The question therefore is what national and local governments can do in the short run to improve urban health, most specifically that of the poor. The answer is to focus on enhancing the efficiency and effectiveness of public health and healthcare programs through bold innovations designed to remove or modify the administrative, political, cultural and intellectual barriers that constrain the planning, design and delivery of public health and healthcare programs.

National and local governments could enhance the efficiency and effectiveness of public health and healthcare policies and programs by developing technological and organizational solutions grounded in local realities rather than models imported from wealthier countries. Coordinating health policies and programmes within city governments and between national and city governments should take place. Reforming health and healthcare education to cover urban health, the social determinants of health and collaboration between public health and healthcare practitioners is also recommended. Urban healthcare and knowledge networks should be established to promote mutual learning and assistance between cities.