HEALTH ECONOMICS AND FINANCING FOR DEVELOPING COUNTRIES

....IMPROVING THE EFFICIENCY AND EQUITY OF RESOURCE USE IN THE DEVELOPING WORLD

http://sphcm.med.unsw.edu.au/SHIFT
Policy-makers must have access to the best possible research and analysis to ensure their health investments save as many lives as possible. We are a group of health economists working in partnership with other scientists and policy-makers to improve the way health care is delivered and financed in low and middle income countries.

**WE CONDUCT OUR RESEARCH TO BUILD STRONGER HEALTH SYSTEMS IN A VARIETY OF COUNTRIES IN ASIA, THE PACIFIC AND AFRICA:**

- Low-income countries (Cambodia, Kenya)
- Middle-income countries (Fiji, Cameroon, Nigeria, Ghana, Papua New Guinea, Indonesia); and
- Post-conflict (Timor-Leste).

Our aim, wherever possible, is to draw lessons across these different health systems and countries.

🌟 = Research studies and collaborators
MISSION STATEMENT

‘MAKING RESOURCES GO FURTHER…..’

It is our aim to support health systems in developing countries to ensure that resources are not wasted, and that those who need health services get them – not only those who can pay for them.

IN LOW AND MIDDLE INCOME COUNTRIES, OUR RESEARCH FOCUSES ON:

- Equity in health system financing
- Evaluation of health system interventions
- Human resources for health development
Many developing countries are exploring how to move towards universal health coverage (UHC) through an equitable health financing system. The governments of low and middle income countries recognise that any modifications to their health financing systems in the pursuit of UHC require good evidence on the equity of present arrangements.

We investigate this using analytical techniques such as financing incidence analysis to measure how the burden of financing the health system is distributed across socio-economic groups, and benefit incidence analysis to track the distribution of health care benefits (utilisation) by socio-economic groups.

Our analyses provide answers to the following questions:

- How is the burden for financing the health system distributed across socio-economic groups?
- How are the benefits from the health system, measured in terms of health care use, distributed across socio-economic groups? and
- What are the complex range of socio-economic, cultural, and demographic factors that may influence health spending and the utilisation of health services?

This evidence gives policy makers a better understanding of how their health system is performing and how to modify health financing and service delivery for a fairer system – moving towards UHC and maintaining it once it has been achieved.
I regard universal health coverage as the single most powerful concept that public health has to offer... All countries, at all stages of development, can take immediate steps to move towards universal coverage and to maintain their achievements. Countries that adopt the right policies can achieve vastly improved service coverage and protection against financial risk for any given level of expenditure.

DR MARGARET CHAN, WHO DIRECTOR-GENERAL
SOURCE: WORLD HEALTH REPORT 2010

http://www.who.int/universal_health_coverage/en/

HIGHLIGHT LIST
http://heapol.oxfordjournals.org/content/early/2014/09/24/heapol.czu108.abstract?keytype=ref&ijkey=pMczrvmR7sFaUSS
http://bmjopen.bmj.com/content/4/12/e006806.full.pdf+html?sid=f0540376-4e21-431c-9771-a97fe842a526

CHETS IN TIMOR-LESTE. PHOTO COURTESY OF PATTI SHIH
**AIMS:** To support government efforts towards UHC through the analysis of equity in health system financing and service use in Fiji and Timor-Leste.

**BACKGROUND:** There are growing concerns worldwide about the limited access to quality health services faced by the poor and most disadvantaged groups. Universal health coverage calls for nations to ensure that all people, including the poorest and the most vulnerable, have access to the health services they need without risking financial ruin. For UHC to become a reality in the Asia Pacific region, there is the need to ensure that the distribution of the burden of health-care financing are proportional to different households’ ability-to-pay and health-care benefits are shared in accordance with need. These can only be achieved if health care planners and policy makers are well-informed about the current distribution of health financing benefits and burden. In Fiji, the study will undertake a ‘whole-of-system’ analysis—integrating public and private sectors—of the equity of health financing and services use, including who pays for health care and who benefits from health care spending. In Timor-Leste, the study uses existing quantitative evidence from a recent World Bank study on health equity and financial protection to explore the factors that influence the distribution of health-care benefits.

**Sustainable Health Financing in Fiji and Timor-Leste (SHIFT) Study**

**Time Frame:** 2013 - 2016

**Funding:** Australian Aid, Department of Foreign Affairs & Trade

**Project team**
- Associate Professor Virginia Wiseman, UNSW Australia and London School of Hygiene & Tropical Medicine
- Professor Joao Martins, Universidade Nacional Timor-Leste
- Dr Wayne Irava, Centre for Health Information, Policy & Systems Research, Fiji National University
- Associate Professor Andrew Hayen, UNSW Australia
- Dr Augustine Asante, Research Fellow, UNSW Australia
- Ms Jennifer Price, Research Assistant, UNSW Australia
- Mrs Christina Rofe, Project Manager, UNSW Australia

**Collaborators**
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- Dr Lorna Guinness, London School of Hygiene & Tropical Medicine
- Dr John Ataguba, Health Economics Unit, School of Public Health & Family Medicine, University of Cape Town
- Professor Stephen Jan, George Institute for Global Health and University of Sydney
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A SYSTEM WIDE ANALYSIS
OF HEALTH FINANCING
EQUITY IN CAMBODIA

With about one-third of the population too poor
to pay for health care in the public or the private
sector, any plan for national health financing
must provide appropriate and satisfactory social-
protection measures and other safety nets.
Currently, this protection is provided through
various fee exemption systems and through
health equity funding; the need is to institutionalize
and scale-up these mechanisms in the national
framework and to develop new means to protect
the poor.

GOVERNMENT OF CAMBODIA
AIMS: The aim of this project is to evaluate equity in health care financing across both public and private sectors in Cambodia.

BACKGROUND: Cambodia is currently introducing a number of significant financing mechanisms designed to promote access to effective and affordable health care for its population, especially the poor. As Cambodia plans its path to universal coverage and while debate grows on the relative merits of different financing mechanisms including various types of tax financing and insurance programmes, social health insurance, community-based insurance, and out-of-pocket payments and Health Equity Funds, it is crucial that ‘systems-wide’ evidence on the equity impact of all the different schemes is available. This study represents the first attempt to quantify financing and benefit incidence for the entire health system of Cambodia. Qualitative methods will also be used to explore the factors that influence health care spending and utilisation of different health services across socio-economic groups.

A System Wide Analysis of Health Financing Equity in Cambodia
Time Frame: 2015 - 2017
Funding: Australian Research Council (ARC)
Project team
Associate Professor Virginia Wiseman, UNSW Australia and London School of Hygiene & Tropical Medicine
Dr Augustine Asante, Research Fellow, UNSW Australia
Associate Professor Andrew Hayen, UNSW Australia
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Website: https://sphcm.med.unsw.edu.au/project/system-wide-analysis-health-financing-equity-cambodia
We are involved in evaluating a range of health service and health systems interventions, from national level programmes to small-scale pilots, in a variety of low- and middle-income countries. These interventions are often complex, and evaluations reflect the complexity of introducing change into health system settings. The methodological approaches employed include process evaluations (to assess fidelity and quality of implementation, clarify causal mechanisms and identify relevant contextual factors), impact evaluations (to assess the changes brought about by an intervention) and economic evaluations (to assess the cost-effectiveness of interventions). These evaluations are undertaken using rigorous study designs, including randomised trials. We use both quantitative and qualitative approaches as well as systematic reviews to inform our research.
EVALUATION OF THE IMPACT OF THE RWANDA HEALTH SYSTEMS STRENGTHENING ACTIVITY (RHSSA)

In an environment of competing investment options, decision-makers demand robust, evidence-based reasons for investing health funds in health systems strengthening interventions. Evidence on whether and how much such interventions affect health are thus necessary for justifying continued investment, whatever the difficulties in research and the newness of the health systems research field in general.

HATT ET AL (2015). IMPACT OF HEALTH SYSTEMS STRENGTHENING ON HEALTH. BETHESDA, MD: HEALTH FINANCE & GOVERNANCE PROJECT, ABT ASSOCIATES. 
**Aim:** To evaluate prospectively the impact of the 5-year USAID-funded Rwanda Health Systems Strengthening Activity (RHSSA) on the performance and functioning of the health system and on health outcomes.

**Background:** Rwanda’s impressive recovery from the 1994 genocide represents a unique African success story. One area where the recovery has been dramatic is the health sector. Key health indicators of the country have improved significantly in the last 20 years. Life expectancy at birth has risen by 17 years from 48 years in 1990 to 65 years in 2013. Deaths due to infectious disease and maternal disorders have been on the decline since 2000. These great achievements are underpinned by concerted efforts by the Government and its development partners to strengthen the health system. USAID is the largest partner in health systems strengthening in Rwanda. In November 2014, USAID launched the RHSSA to support government efforts to consolidate and sustain the gains already made in the health sector and move the country towards universal health coverage. This evaluation, which is led by Tulane University in the USA with health economics and financing support from UNSW, will generate evidence on the RHSSA’s impact and help the government to determine which HSS interventions to scale up.

**Evaluation of the impact of the Rwanda Health Systems Strengthening Activity (RHSSA)**

**Time Frame:** 2014 - 2019

**Project Implementer:** MSH-Rwanda

**Funded by:** USAID/Rwanda

**Evaluation team:**
- Professor David Hotchkiss, Tulane University, USA
- Dr Augustine Asante, UNSW Australia
- Associate Professor Nancy Mock, Tulane University, USA
- Dr James Humuza, Rwanda School of Public Health
- Dr Manassé Nzayirambaho, Rwanda School of Public Health

**Website:** Please refer to the MSH/Rwanda Organisational 
https://www.msh.org/our-work/country/rwanda
Efficacy and cost-effectiveness of long-lasting microbial larvicides for malaria mosquito control

Most vector control experts agree that there are some specific circumstances where larviciding programmes can be cost-effective and useful for malaria control, and many other circumstances where such efforts are unlikely to be cost-effective. For malaria vector control, the key question is how national programmes can identify those specific situations where larviciding is likely to be useful and cost-effective.

SOURCE: WORLD HEALTH ORGANIZATION, GLOBAL MALARIA PROGRAMME 2012.
http://www.who.int/malaria/mpac/feb2012/larviciding_intro.pdf
**AIMS:** This project will determine the efficacy and cost-effectiveness of long-lasting microbial larvicides in malaria control in western Kenya highland, providing critically needed data on whether of long-lasting microbial larviciding should be scaled up to supplement existing malaria control tools.

**BACKGROUND:** In the past decade, massive scale-up of insecticide-treated nets (ITN) and indoor residual spraying (IRS), together with the introduction of artemisinin-combination treatments, have led to substantial reductions in malaria prevalence and incidence in this setting. However, rising insecticide resistance and increased outdoor transmission have greatly hampered the effectiveness of ITN and IRS because the current indoor-based interventions do not target the outdoor-biting mosquitoes. Consequently, most highland sites maintain sustained low-level transmission while some others have recently experienced resurgence in malaria rates. Therefore, new supplemental interventions that can tackle outdoor transmission and pyrethroid insecticide resistance are urgently needed. This study will provide much needed evidence on the efficacy and cost-effectiveness of EPA-approved long-lasting microbial larvicides in reducing malaria transmission and clinical malaria incidence in the highlands of western Kenya.

**Efficacy and cost-effectiveness of long-lasting microbial larvicides for malaria mosquito control**

**Time frame:** 2014-2018

**Funding:** National Institute of Health (USA)

**Project team:**

Professor Guiyan Yan, University of California at Irvine

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Dr Guofa Zhou, University of California at Irvine

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Dr Yaw Afrane, Kenya Medical Research Institute

Dr Andrew Githeko, Kenya Medical Research Institute

A COST-EFFECTIVENESS ANALYSIS OF PROVIDER INTERVENTIONS TO IMPROVE HEALTH WORKER PRACTICE IN PROVIDING TREATMENT FOR UNCOMPLICATED MALARIA IN CAMEROON

In Africa antimalarials are often prescribed when malaria is unlikely, a problem that is becoming critical as more expensive antimalarials replace established drugs… Improving diagnostic behaviour is thus a high priority.

CLARE CHANDLER
SOURCE: HEALTH POLICY & PLANNING 2008
http://heapol.oxfordjournals.org/content/23/3/170.full

HIGHLIGHT LIST
Mbacham WF; Mangham-Jefferies L; Cundill B; Achonduh OA; Chandler CIR; Ambebla JN; Nkwescueu A; Forsah-Achu D; Ndiforcu V; Chekountouo OT; Akindeh-Nji M; Ongolo-Zogo P; Wiseman V, 2014, Basic or enhanced clinician training to improve adherence to malaria treatment guidelines: a cluster-randomised trial in two areas of Cameroon. Lancet Global Health. http://dx.doi.org/10.1016/S2214-109X(14)70201-3

**AIMS:** To design, implement and evaluate provider training interventions to improve malaria case management in public and mission health facilities in Cameroon.

**BACKGROUND:** Governments and donors all over Africa are searching for sustainable, affordable and cost-effective ways to improve the quality of malaria case management. Widespread deficiencies have been reported in the prescribing and counselling practices of health care providers treating febrile patients in both public and private health facilities. Cameroon is no exception with low levels of adherence to national guidelines, the frequent selection of non-recommended antimalarials and the use of incorrect dosages. This trial evaluates the effectiveness and cost-effectiveness of introducing two different provider training packages, alongside rapid diagnostic tests (RDTs), designed to equip providers with the knowledge and practical skills needed to effectively diagnose and treat febrile patients. The overall aim is to target antimalarial treatment better and to facilitate optimal use of malaria treatment guidelines.

**A cost-effectiveness analysis of provider interventions to improve health worker practice in providing treatment for uncomplicated malaria in Cameroon**

**Time frame:** 2009 - 2015

**Funding:** The research was supported by the ACT Consortium, which is funded through a grant from the Bill & Melinda Gates Foundation to London School of Hygiene and Tropical Medicine

**Project team:**
Associate Professor Virginia Wiseman, UNSW Australia and London School of Hygiene & Tropical Medicine
Professor Wilfred Mbacham, University of Yaoundé, Cameroon
Dr Lindsay Mangham-Jefferies, London School of Hygiene & Tropical Medicine
Ms Bonnie Cundill, London School of Hygiene & Tropical Medicine
Dr Clare Chandler, London School of Hygiene & Tropical Medicine
Ms Olivia Achonduh, University of Yaoundé
Dr Akindeh Mbu Nji, University of Yaoundé

**Website:** [http://www.actconsortium.org/projects/10/cost-effectiveness-of-interventions-to-support-the-introduction-of-malaria-rapid-diagnostic-tests-in#sthash.n0iXskbN.dpuf](http://www.actconsortium.org/projects/10/cost-effectiveness-of-interventions-to-support-the-introduction-of-malaria-rapid-diagnostic-tests-in#sthash.n0iXskbN.dpuf)
A COST-EFFECTIVENESS ANALYSIS OF PROVIDER AND COMMUNITY INTERVENTIONS TO IMPROVE THE TREATMENT OF UNCOMPPLICATED MALARIA IN NIGERIA

By 2010, 37 out of 43 endemic countries in the WHO African Region, and 53 out of 63 countries in other WHO Regions, had adopted the policy of providing malaria diagnostic testing for all age groups. Despite this progress, the number of diagnostic tests carried out in 2010 in Africa was still less than half the total number of ACTs (Artemisinin Combination Therapy) procured and distributed.

WHO 2012
http://www.who.int/malaria/publications/atoz/test_treat_track_brochure.pdf

HIGHLIGHT LIST

AIMS: To evaluate the effectiveness and cost-effectiveness of provider and community interventions to support the roll-out of Rapid Diagnostic Tests (RDTs) and improve the rational use of Artemisinin Combination Therapy (ACTs) in public and private sectors.

BACKGROUND: According to the WHO, the move towards universal diagnostic testing of malaria is a critical step forward in the fight against malaria as it will allow for the targeted use of ACTs for those who actually have malaria. In practice however, studies suggest that there are persistent barriers to universal testing such as distrust of test results particularly negative ones, lack of alternative drugs with which to treat fever patients and patient demand for inappropriate medicines. This study uses a cluster randomized design to compare the cost-effectiveness of provider and school-based interventions that address both demand and supply-side influences on malaria treatment. The overall aim is to assist Nigerian policymakers in their pursuit of delivering maximum health benefits and value for money in malaria control.

A cost-effectiveness analysis of provider and community interventions to improve the treatment of uncomplicated malaria in Nigeria

Time frame: 2009-2015

Funding:
The research was supported by the ACT Consortium, which is funded through a grant from the Bill & Melinda Gates Foundation to London School of Hygiene and Tropical Medicine

Project team:
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POINT-OF-CARE TESTING AND TREATMENT OF SEXUALLY TRANSMITTED INFECTIONS TO IMPROVE PREGNANCY OUTCOMES IN PAPUA NEW GUINEA
Aims: To assess effectiveness and cost-effectiveness of novel point-of-care testing and treatment algorithms for curable sexually transmitted infections in pregnancy to reduce pre-term birth and low-birth weight.

Background: In many resource-limited settings, curable genital sexually-transmitted infections (STIs) are important causes of adverse maternal and neonatal health outcomes but often remain undiagnosed and therefore untreated, because of a lack of suitable diagnostic technology. This study represents the first effectiveness and cost-effectiveness trial of novel, newly-available, easy-to-use, and highly accurate point-of-care (POC) assays for STIs that will allow trained health staff to make correct diagnoses and provide curative treatment during routine antenatal visits.

Point-of-care testing and treatment of sexually transmitted infections to improve pregnancy outcomes in Papua New Guinea

Time frame: 2009-2015

Funding: This research is funded by the Joint Global Health Trials Scheme (UK Department for International Development, the Medical Research Council and the Wellcome Trust)

Investigators:
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Associate Professor Rebecca Guy, Kirby Institute, UNSW Australia
Associate Professor Virginia Wiseman, UNSW Australia and London School of Hygiene & Tropical Medicine
Professor John Kaldor, Kirby Institute, UNSW Australia
Professor Glen Mola, University of PNG
Dr Chris Morgan, Burnet Institute
Associate Professor Handan Wand, Kirby Institute, UNSW Australia
Dr N Low, University of Bern

Website: [http://kirby.unsw.edu.au/](http://kirby.unsw.edu.au/)
Human resources for health (HRH) remains the backbone of every health system. Without an adequate, well-trained and motivated workforce, the dream of achieving universal health coverage (UHC) will not be achieved.

About 90% of all maternal deaths and 80% of all still births occur in 58 countries largely as a result of lack of midwives. Globally there is a shortage of nearly 7.2 million health workers and this is expected to reach 12.9 million by 2035. Developing countries in Asia and sub-Saharan Africa face the most acute of these shortages.

We conduct reviews and evaluations of key HRH interventions to support governments efforts to strengthen health workforce capacity and availability. We collaborate with bilateral and multilateral agencies and health ministries in HRH needs assessments and financing. Our interests range from assessment of the HRH labour market to analysis of the fiscal space for HRH.
Approximately one half of the global population lives in rural areas, but these areas are served by only 38% of the total nursing workforce and by less than a quarter of the total physician workforce.

SOURCE: WHO, 2010


HIGHLIGHT LIST
AIMS: To contribute to the current health policy debate on retention of health professionals in rural areas by analysing the opportunities for and challenges to retaining doctors in rural Timor-Leste, particularly the many new doctors who have either been trained within Cuba or by the Cuban Medical Brigade in Timor-Leste.

BACKGROUND: Timor-Leste has addressed a key issue for the country’s health sector: a medical workforce that is too small to provide adequate care. A bilateral programme of medical cooperation with Cuba created in 2003 has solved this problem. By the end of 2013, nearly 700 new doctors trained in Cuba were added to the medical workforce and by 2017 a further 328 doctors trained in Timor-Leste by Cuban and local health professionals will be added. A few more trained doctors in Indonesia and elsewhere have also entered the workforce and this is expected to push the number of doctors in the country to more than three times the number of doctors in 2003. Most of the new doctors are expected to be deployed in rural areas in support of the government’s goal of improving health outcomes for the rural majority. While the massive growth in the medical workforce could change the way health care is delivered and substantially improve health outcomes throughout the country, there are challenges that must be overcome if Timor-Leste is to derive the maximum benefit from such growth. It is crucial that most of the new doctors be deployed in rural communities and managed carefully to optimize their retention in these communities. Our study informs policy makers about different strategies for retaining doctors in rural communities to achieve better health outcomes.
The goal of this 4 day course is to provide participants with the knowledge, skills and fundamental economic arguments that are central to discussions about health policy options and resource allocation choices. Drawing on examples and case studies from low and middle income countries, by the end of this course participants will be able to: demonstrate an understanding of the main functions and challenges facing health systems in the developing world; explain the key economic principles and concepts relevant to health economics and financing; discuss specific features that distinguish markets for health care from markets for other goods and services; distinguish between the principal ways of funding health services and paying health care providers; and critically appraise evidence on the efficiency and equity implications of health financing reforms in low and middle income countries.

For more details, please visit our website:

https://sphtm.med.unsw.edu.au/course/phcm9443
**Recent Publication Highlights**

**Books and Chapters**


**Journal articles**

Achonduh OA; Mbacham WF; Mangham-Jefferies L; Cundill B; Chandler C; Pamen-Ngako J; Lele AK; Ndong IC; Ndive SN; Ambeila JN; Orang-Ojong BB; Metoh TN; Akindeh-Nji M; Wiseman V, 2014, ‘Designing and implementing interventions to change clinicians’ practice in the management of uncomplicated malaria: lessons from Cameroon.’, Malaria Journal, vol. 13, pp. 204, http://dx.doi.org/10.1186/1475-2875-13-204


Asante AD; Iljanto S; Rule J; Doyle J, 2015, ‘Do district health systems perform differently because of their managers? Preliminary insights from Indonesia.’, Healthcare in Low-resource Settings. 3:4471, http://dx.doi.org/10.4081/hts.2015.4471

Asante AD; Körner H, 2011, ‘Knowledge of HIV risk and protection in people from four CALD communities in Sydney.’, HIV Australia. Vol 9, No. 2 (Community journal)


Chandler CI; Mangham L; Njie AN; Achonduh O; Mbacham WF; Wiseman V, 2012, ‘“As a clinician, you are not managing lab results, you are managing the patient”: how the enactment of malaria at health facilities in Cameroon compares with new WHO guidelines for the use of malaria’, Social Science and Medicine, 74(10): 1528-1535, http://dx.doi.org/10.1016/j.socscimed.2012.01.025


Ibe OP; Mangham-Jefferies L; Cundill B; Wiseman V; Uzochukwu BS; Onwujekwe OE, 2015, ‘Quality of care for the treatment for uncomplicated malaria in South-East Nigeria: how important is socioeconomic status?’, International Journal for Equity in Health, 14(1): 19, http://dx.doi.org/10.1186/s12939-015-0150-6


Mangham LJ; Cundill B; Achonduh OA; Ambebiela JN; Lele AK; Metoh TN; Ndive SN; Ndong IC; Nguela RL; Nji AM; Orang-Ojong B; Wiseman V; Pamen-Ngako J; Mbacham WF, 2012, ‘Malaria prevalence and treatment of febrile patients at health facilities and medicine retailers in Cameroon.’, Tropical Medicine and International Health, 17(3): 330-342, http://dx.doi.org/10.1111/j.1365-3156.2011.02918.x


Mangham-Jefferies L; Hanson K; Mbacham W; Onwujekwe O; Wiseman V, 2014, ‘Mind the gap: knowledge and practice of providers treating uncomplicated malaria at public and mission health facilities, pharmacies and drug stores in Cameroon and Nigeria.’, Health Policy and Planning, http://dx.doi.org/10.1093/heapol/czu118


Mbacham WF; Mangham-Jefferies L; Cundill B; Achonduh OA; Chandler CI; Ambibila JN; Nkwashecue A; Forsah-Achu D; Nalforchv V; Tchekountouo O; Akindeh-Nji M; Ongolo-Zogo P; Wiseman V, 2014, ‘Basic or enhanced clinician training to improve adherence to malaria treatment guidelines: a cluster-randomised trial in two areas of Cameroon.’, Lancet Global Health, 2(6): e346 - e358, http://dx.doi.org/10.1016/S2214-109X(14)70201-3

Onwujekwe O; Mangham-Jefferies L; Cundill B; Alexander N; Langham J; Ibe O; Uzochukwu B; Wiseman V, 2015, ‘Effectiveness of Provider and Community Interventions to Improve Treatment of Uncomplicated Malaria in Nigeria: A Cluster Randomized Controlled Trial’, PLoS One, doi: 10.1371/journal.pone.0133832


Price J; Irava W; Idrish S; Guinness L; Asante AD; Wiseman V. 2015 ‘How to (or not to) translate national health accounts data to evidence for policy-making in a low resourced setting: the Fiji experience.’, Health Policy and Planning, doi: 10.1093/heapol/czv089

Reynolds J; DiLiberto D; Mangham-Jefferies L; Ansah EK; Lal S; Mbakilwa H; Bruxvoort K; Webster J; Vestergaard LS; Yeung S; Leslie T; Hutchinson E; Reyburn H; Lalloo DG; Schellenberg D; Cundill B; Staedke SG; Wiseman V; Goodman C; Chandler CI, 2014, ‘The practice of ‘doing’ evaluation: lessons learned from nine complex intervention trials in action.’, Implementation Science, 9:75, http://dx.doi.org/10.1186/1748-5908-9-75


Policy Briefs


Technical Reports


Asante A; Wiseman VL, 2014, ‘Relationship between health and economic growth,’ Report prepared for the Health Resource Facility, Department of Foreign Affairs and Trade (Australian Aid). Canberra


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