GLOBAL HEALTH: POLICY, ECONOMICS, JUSTICE, AND EQUITY

The dangers of cooking in Kakuma: How access to cooking fuel compromises the safety, dignity, and well-being of women living in refugee camps, a quantitative analysis

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Background: In 2012, 250 incidents of sexual and gender-based violence (SGBV) were reported in Kakuma Refugee Camp in Kenya. Due to the sensitive nature of SGBV, cases usually go unreported. Collecting firewood in unsafe locations leaves women vulnerable to SGBV and attacks. This study explores the relationship between firewood collection and incidences of SGBV in Kakuma through the Safe Access to Firewood and alternative Energy (SAFE) intervention. The study evaluated if the provision of fuel-efficient stoves and training on SGBV decreased the number of trips women take to collect firewood and increased the number of violent acts reported.
Structure/Method/Design: The SAFE study divided 402 households into three groups: nonintervention, stove recipient only, and stove plus SGBV sensitization for both baseline and end line surveys. For this evaluation, the stove recipient only group and stove plus SGBV sensitization group were combined. Two outcome variables were chosen for analysis: the number of collection trips per week and if the participant reports incidences of SGBV. Overall, the number of firewood collection trips per week decreased. In the end line survey, the majority of respondents reported collecting firewood one to two times per week, in contrast to the baseline, at two to three times. For the intervention group, the proportion of respondents who reported incidences of SGBV increased by 14.21%. 76.29% of participants reported saving fuel with the fuel-efficient stove and all but two participants reported saving cooking time per day, with 34.04% saving 3 or more hours per day. Chi-squared tests revealed the variables that were both statistically significant at a 95% confidence interval ($P < 0.05$) and practically significant for both outcome variables were type of fuel, if firewood is provided for free, and if the participant saved time and fuel.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): Data were retrieved from the World Food Progamme's (WFP) SAFE study in Kakuma Refugee Camp. The WFP Kenya country and sub-office staff conducted the field missions and data collection.
Summary/Conclusion: Important strengths of the study included the ability to conduct a study like this in Kakuma, filling a gap in research concerning fuel-efficient stoves, and the vast opportunities for expansion. Some challenges of the study were the difficulty in defining the measures of SGBV, the vulnerable state of a refugee population, and the relatively small sample size.

A framework for measuring progress towards universal health coverage

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Background: The elegant notion of Universal Health Coverage (UHC), when attained, ensures that everyone is able to access health services and not be subject to financial hardship in doing so. The wideness in scope and interpretability of UHC, however, emphasizes a need to develop a unifying framework for its measurement thereby facilitating countries progress toward reaching this goal.
Structure/Method/Design: We identify two major issues in the realm of measuring the UHC. First and more prominent issue relates to defining the range of service coverage to be considered for measurement. Most of the current attempts to measure UHC have primarily focused on tracking maternal and child health services and a few communicable diseases. Service coverage for noncommunicable diseases (NCDs) and injuries remain unmeasured although they account for the majority of the global disease burden. The second issue relates to developing a metric that unifies different dimensions of UHC. Several studies have separately analyzed the service coverage and financial protection dimensions, often without regard to the other. Further, each study employ different definitions of coverage and methods for measurement hence can't be compared. We argue that these dimensions should be analyzed together to depict a comprehensive picture on coverage and to make valid cross-country comparisons on progress to UHC. In this paper, we propose a framework to address some of these issues.

We objectively define a set of health problems to be measured for monitoring UHC based on the global burden of disease criteria. We select the top 50 causes of global disease burden and identify the indicators for measuring each of these diseases and conditions. For measuring the financial coverage, we rely on existing indicators of financial coverage such as health insurance coverage rate and incidence of catastrophic health payments. We propose a two-dimensional scatter plot to simultaneously assess both financial and service coverage.
Results (Scientific Abstract)/Collaborative Partners (Programmatic Abstract): The proposed framework could be employed for tracking the progress made by all countries towards reaching the UHC goal. Most of the indicators for communicable diseases and maternal child health are already tracked by various organizations, thus is utilized. For NCDs and injuries, with limited data being tracked at the global level, we utilize the disease incidence and prevalence data in conjunction with the cause specific service utilization data available from but not limited to inpatient and outpatient registries, and existing surveys, for each country. Similarly for the financial coverage components we utilize the existing databases and household surveys.
Summary/Conclusion: Our efforts to measuring UHC is both timely and relevant. Results from this endeavor will act as a database for measuring and monitoring country's progress toward UHC.

An innovative approach to measuring efficiency of health service provision in developing countries

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Background: Governments of developing countries lack information about the process of providing health services (WHO, 2000). When services are provided inefficiently, scarce resources that could be used to treat additional patients are wasted. Even when the political will for efficiency assessment exists, the lack of adequate data represents a barrier to conduct accurate studies on the production and costs of health care services.