ANNUAL REPORT 2009

PRINCE CLAUS CHAIR

UTRECHT UNIVERSITY AND THE INSTITUTE OF SOCIAL STUDIES WILL ALTERNATELY APPOINT AN OUTSTANDING YOUNG ACADEMIC FROM AFRICA, ASIA, LATIN AMERICA, THE CARIBBEAN OR THE PACIFIC TO THE PRINCE CLAUS CHAIR, FOR THE ADVANCEMENT OF RESEARCH AND TEACHING IN THE FIELD OF DEVELOPMENT AND EQUITY.

ANNUAL REPORT 2009

Prince Claus Chair

development and equity ightarrow



FOREWORD

In 2000, government leaders from 189 countries agreed to tackle the most important global problems before 2015. These agreements were laid down in eight concrete objectives: the millennium objectives. Three of these objectives relate to proper basic facilities for worldwide healthcare:

- The percentage of children younger than five who die in developing countries should be reduced by two-thirds in 2015 compared to 1990. In that year, 13 million children died in the poor countries.
- Every year, more than half a million women die as a consequence of their pregnancy. In the millennium objectives, it was laid down that maternal mortality in 2015 must be reduced by three-quarters compared to 1990 levels.
- Since the early 1990s, AIDS has claimed millions of victims, especially in Africa. It has been agreed that in 2015, the spread of HIV/AIDS must have been brought to a halt. In addition, in 2015, everyone infected with HIV/AIDS must have access to the right drugs.

Good healthcare is a basic condition for the well-being and development of individuals and society. A weakened child cannot attend school, a sick mother cannot raise her children, and a population that is decimated by fatal diseases cannot hold out.

A sharp mind not only considers a simplified relationship between cause and consequence, but also the more complex relationships within a system. In her inaugural address, Professor Irene Agyepong, holder of the Prince Claus Chair from 2008 to 2010, shows with a great deal of verve that she has such a sharp mind. In a richly illustrated presentation, she approaches healthcare as a system with different parts that are mutually related. According to Professor Agyepong, if we want to be able to truly understand – and ultimately improve – the healthcare system, we first need to fully understand the objectives and the factors that influence us while we are striving to achieve these objectives. Professor Agyepong is taking full advantage of the Prince Claus Chair to share her knowledge of the healthcare system and expand her network. With determination and commitment, she managed to pave part of the long way to better healthcare in sub-Saharan Africa. The Curatorium is particularly pleased about the fact that, as a direct result of her stay in Utrecht, she is now working closely with Utrecht University/UMC Utrecht, the Research School for Resource Studies for Development (CERES) and the University of Cape Town.

Promoting such sustainable cooperation is one of the Curatorium's objectives. For this reason, we are very grateful for the support made available to each chair holder by NWO/WOTRO. This support enables the appointment of an academic assistant, who will mainly focus on developing a research proposal that should lead to long-term research collaboration between the Netherlands and the home country of the chair holder.

In the meantime, the new holder of the Prince Claus Chair has been appointed: Professor Patricia Almeida Ashley, whose research has resulted in a generic model for analysing corporate social responsibility. She will hold the Chair until September 2011.

The Curatorium hopes that reading this annual report will arouse your interest in the topic of 'Development and Equity' – and in Prince Claus's view on this theme. We are confident that you, like us, will be inspired by the research carried out by young academics and their commitment to more equitable development in this world.

H.R.H. Princess Máxima of the Netherlands

Chair

CONTENTS

OBJECTIVES OF THE PRINCE CLAUS CHAIR	6
PRINCE CLAUS, THE INSPIRATION FOR THE CHAIR	
PROFESSOR IRENE AKUA AGYEPONG,	
CHAIR HOLDER 2008-2010	
LOCAL SOLUTIONS AND LONG-TERM ENGAGEMENT	
PROFESSOR AGYEPONG MEETS STUDENTS AT	
UTRECHT UNIVERSITY	
PROFESSOR PATRICIA ALMEIDA ASHLEY,	
CHAIR HOLDER 2009-2011	30
PREVIOUS HOLDERS OF THE CHAIR	
PARTICIPATING INSTITUTES	36
THE CURATORIUM OF THE PRINCE CLAUS CHAIR	38
CONTACTING THE CURATORIUM	39

OBJECTIVES OF THE PRINCE CLAUS CHAIR

To continue the work of Prince Claus (1926-2002) in development and equity by establishing a rotating Academic Chair. Utrecht University and the Institute of Social Studies will alternately appoint an outstanding young academic from Africa, Asia, Latin America, the Caribbean or the Pacific to the Prince Claus Chair, for the advancement of research and teaching in the field of development and equity. A candidate for the Chair will be nominated by a Curatorium, chaired by Princess Máxima of the Netherlands. The Chair was established in December 2002.



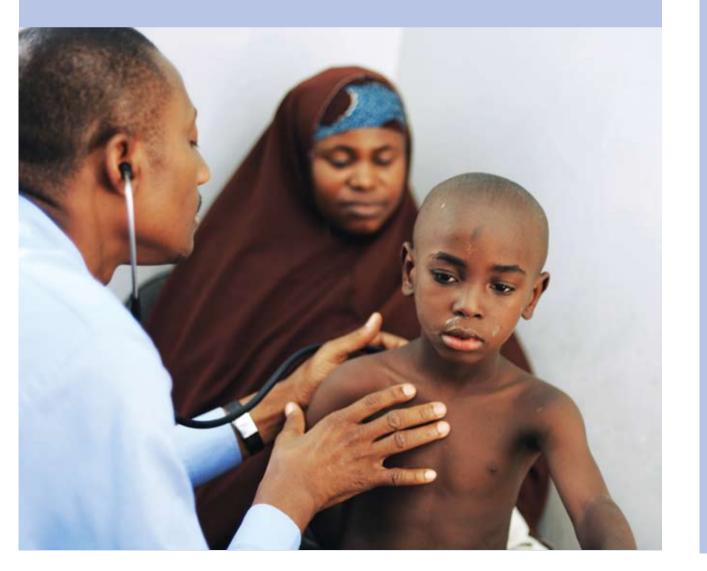
PRINCE CLAUS THE INSPIRATION FOR THE CHAIR

Prince Claus was strongly committed to development and equity in North-South relations. Through his work, his travels and his personal contacts, he gained a deep understanding of the opportunities for and particularly the obstacles to equitable development. He was tireless in his work of development and equity throughout the world, bringing people together to solve problems and make the most of opportunities. His knowledge, his accessibility and his personality all made an important contribution to his work. As a result, he was – and remains – a source of inspiration to many.

In 1988, Prince Claus received an Honorary Fellowship from the International Institute of Social Studies (ISS) 'in recognition of his continued insistence on the importance of reducing the differences between the rich and the poor in national and international fora, while emphasising the human dimension of this process and not only that of international policy and strategy.' At the official ceremony for the Fellowship, Prince Claus gave an acceptance speech stating his views on development and equity in the form of 23 propositions.

The establishment of the Prince Claus Chair attests to the deep respect and appreciation of the academic community of Utrecht University and the ISS for Prince Claus as a person, for his work, and for his commitment to and authority in the field of development and equity throughout the world.

Prince Claus was born Claus von Amsberg in 1926, in Dötzingen (Hitzacker), Niedersachsen. He studied at the University of Hamburg, in the Faculty of Law and Political Science (1948–1956), after which he worked at the German embassy to the Dominican Republic and as Chargé d'Affaires to the Republic of the Ivory Coast. From 1963 to 1965, he worked at the Ministry of Foreign Affairs in Bonn, in the Department of African Economic Relations. After his marriage to Princess Beatrix in 1966, Prince Claus focused his efforts on development cooperation. He was appointed member of the National Advisory Council for Development Cooperation (Nationale Adviesraad voor Ontwikkelingssamenwerking, NAR) and member of the Office of this Commission. In addition, he was Chair of the National Committee for Development Strategy (Nationale Commissie voor de Ontwikkelingsstrategie), a position he held from 1970 to 1980, and Special Advisor to the Minister of Development Cooperation. In 1984, he was appointed Inspector General of Development Cooperation. To commemorate the Prince's seventieth birthday, the Dutch government established the Prince Claus Fund for Culture and Development (Prins Claus Fonds voor Cultuur en Ontwikkeling), of which Prince Claus was Honorary Chair. The objective of the Fund is to increase cultural awareness and promote development.



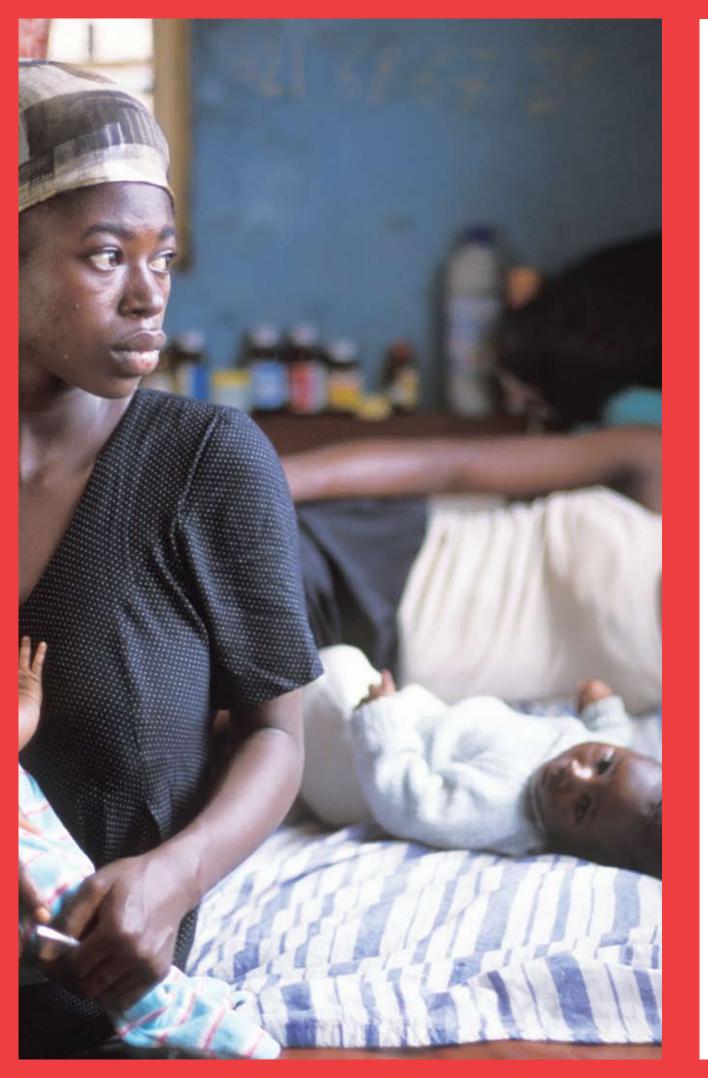
Prince Claus, in his acceptance speech upon receiving an honorary fellowship at the International Institute of Social Studies, 1988

"It is not so much a question of how much money you spend on development cooperation but how you spend it. A smaller amount may be made to count for more. I would advocate a system of evaluating aid in gross and net terms. This would mean deducting from the gross aid flow all of the failures, adverse effects (for example in the ecological sphere) and the costs of tied aid – to name just a few – to arrive at a more relevant figure for the genuinely effective, or net, flow of aid."



PROFESSOR IRENE AGYEPONG CHAIR HOLDER 2008 - 2010

On the recommendation of the Curatorium of the Prince Claus Chair in Development and Equity, the Board of Utrecht University appointed Professor Irene Agyepong as holder of the Prince Claus Chair in 2008. Her appointment is for a term of two years until the end of August 2010. Professor Agyepong delivered her inaugural address on 28 May 2009 in the University Hall of Utrecht University.



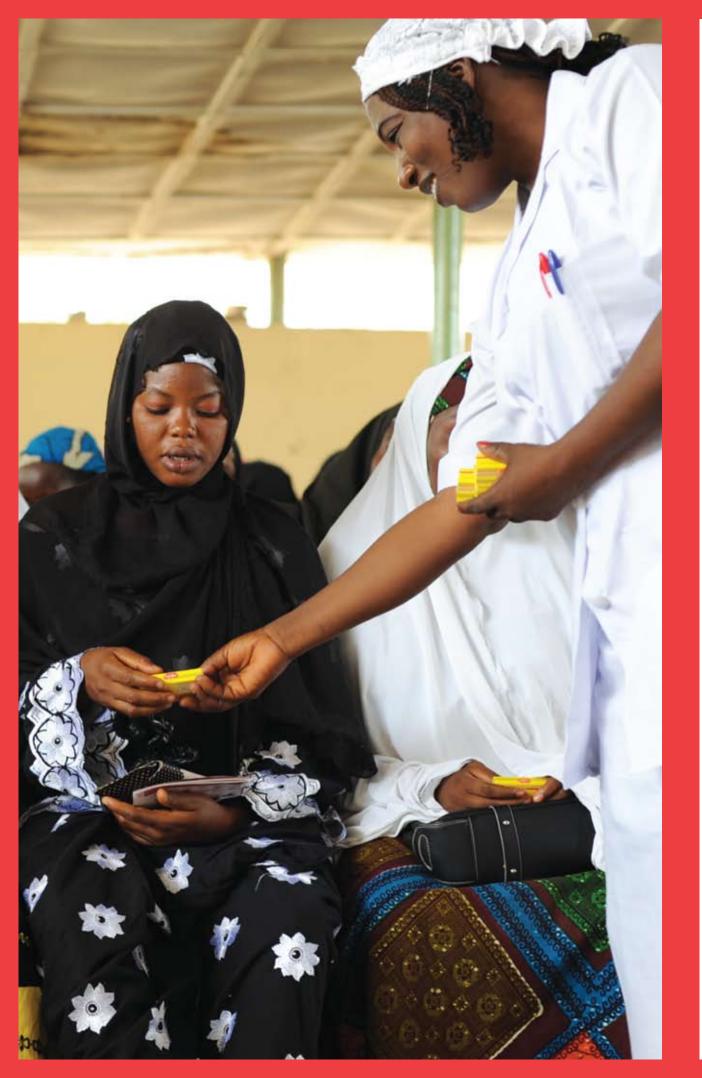
UNDERSTAND, FORGIVE AND REMEMBER

Managing and Transforming Health Systems Failure in Sub-Saharan Africa

Abstract of the inaugural speech

The focus of this inaugural address is on health systems in Ghana and sub-Saharan Africa and on how we can manage and transform their inadequacies. Systems are made up of separate and yet interrelated interdependent parts. A system can only be fully understood by examining the degree to which the separate parts are interrelated. Many health systems in sub-Saharan Africa are weak as reflected in health outcomes. For example, Sub-Saharan Africa, with a population of almost seven hundred million people, loses 164 out of every 1,000 children born before they reach the age of five. Deaths in the first month of life account for about a quarter of these deaths and out of every 1,000 children born, 41 die in the first month of life.

So what can we do? The complexity of systems makes any effort to improve the performance of health systems a difficult and challenging endeavour, requiring multi-disciplinary analysis and effort. However, avoiding addressing health system issues because of the difficulties and challenges is to render it impossible to realise any sustainable improvement in health outcomes and a reduction in inequalities in health outcomes. Moreover, difficult and challenging is not the same as impossible.



It is Professor Agyepong's opinion that, if we are to realise effective management and transformation, we need to understand the goals of health systems and factors that affect our ability to achieve these goals. Beyond understanding, we need to forgive our genuine past and present inadequacies in order to encourage honesty in analysis and learning and not to paralyse present and future efforts. However, unlike the old adage that says 'forgive and forget', we need to forgive and yet remember the past in order to effectively apply what we have learned. Finally, we need to apply the philosophy and principles of continuous quality improvement to transformation efforts.

The full text of the inaugural address can be downloaded on www.princeclauschair.nl

QUALIFICATIONS

The Ghanaian Irene Akua Agyepong (1960) is a public health expert. She believes it is important to invest in research into public health and in the development of health policy at the same time. 'Whenever a critical political decision has to be made, there is no time to first set up a research programme and then wait for the results. The great advantage of a good research centre in Africa is that it supports the local health system, studies trends and provides answers to tomorrow's political questions,' says Agyepong. 'Strengthening the healthcare systems in Africa must be an integral part of the current focus on poverty-related illnesses, such as AIDS, malaria and tuberculosis.'

SUMMARY CV

- At present, Professor Agyepong is Regional Director of the Ghana Health Service and lecturer at the School of Public Health of the University of Ghana.
- She is a member of the NWO/NACCAP Programme Committee, which combines scientific research with investment in Africa to support the fight against diseases such as AIDS, malaria and tuberculosis. In addition, she is serving the Scientific and Technical Advisory Committee (STAC) of the Alliance for Health Policy and Systems Research and she is a member of the Steering Committee of the Partnership for Social Sciences in Malaria Control.
- Professor Agyepong obtained her Bachelor of Medicine and Bachelor of Surgery degrees (MBChB) at the University of Ghana. She holds a Master of Community Health (MCommH) from the Liverpool School of Tropical Medicine, University of Liverpool.













She completed Part I of the West African College of Physicians and holds a Doctor of Public Health (DrPH) degree in Health Policy and Administration/Public Health Leadership from the University of North Carolina.

- Previous positions held by Professor Agyepong are: District Director of Health Services, Ghana Health Service, Dangme West district, and Medical Officer at various departments in Korle-Bu Teaching Hospital and Cape Coast Central Hospital. Since 1993, she has been a consultant in a broad range of projects in the health sector.
- Professor Agyepong has published many journal articles, books and contributions to books. Her latest publications in peer-reviewed journals include A case study of the Ghana National Health Insurance Scheme (2008), an article on Management of Mutual Health Organizations in Ghana (2006) and an article on Improving access to early treatment of malaria: a trial with primary school teachers as care providers (2005). Furthermore, she has written several reports about research funded by, amongst others, Ghana Dutch research collaboration, WHO, INRUD and UNICEF.

ACTIVITIES AS HOLDER OF THE CHAIR

INAUGURAL ADDRESS

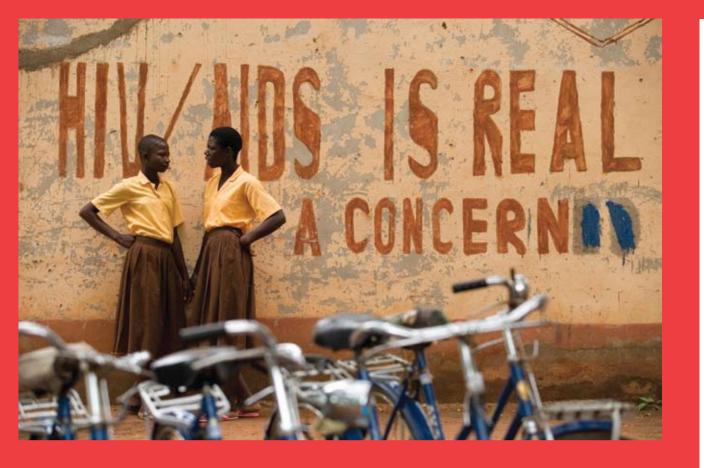
On 28 May 2009, Professor Agyepong delivered her inaugural address in the University Hall of Utrecht University, entitled *Understand, Forgive and Remember: Managing and Transforming Health Systems Failure in Sub-Saharan Africa.* (See abstract on page 13)

The event was attended by HRH Princess Máxima, members of the Curatorium of the Prince Claus Chair, Professor Agyepong's family and friends, and members of the diplomatic, academic, policymaking and NGO communities.

SEMINARS AND PRESENTATIONS

As holder of the Chair, Professor Agyepong presented numerous lectures and seminars:

 Presentation on Ghana's experiences and challenges in trying to develop a more equitable health financing policy in the form of the National Health Insurance Scheme – Julius Centre, Utrecht University, 14 May 2009.



- Policy Effectiveness Bottom up or top down? Operational translators and the user fees plus exemptions and the health insurance policy effectiveness in Ghana Life Sciences Seminar, 18 June 2009.
- Presentation at the International Workshop Technoscience and the transformation of the global south – Trippenhuis KNAW, Amsterdam, 23 June 2009.
- Presentation of a summary of the inaugural address to the Netherlands Platform for Health Policy and Health Systems research WEMOS, Amsterdam, 23 June 2009.
- Participation as a facilitator at the PhD programme student seminar on malaria and human development – University of Camerino, 6-8 July 2009. One of the supervisors for a candidate from Ghana on the PhD programme in Malaria and Human Development at the University of Camerino. Presentations on Social Sciences and Malaria Control, co-sponsored by the University of Camerino.
- Participation as a presenter in the 7th World Congress of the International Health Economics Association – Beijing, 12-15 July. The presentation was about the experiences and lessons for other low- and middle-income countries on the policy development process of the Ghana National Health Insurance scheme. The presentation was part of a panel, organised by the World Bank on the National Health Insurance Scheme in Ghana. Participation was co-sponsored by the African Health Economics and Policy Network (HEPNET) and DANIDA.
- Presentation on international health, based on research findings on the role of implementers in policy effectiveness, specifically the relevance of street-level bureaucracy theory – CERES Summer School, Nijmegen, 21 July 2009.

RESEARCH PROPOSAL WOTRO

Working with partners from the Julius Center, CERES and the University of Cape Town, Professor Agyepong wrote a proposal to introduce and evaluate the impact of integrated basic health system functions on accelerating progress towards attainment of Millennium Development Goals 4 and 5 in Ghana, and generating lessons for the rest of sub-Saharan Africa.

In September 2009, Edward Antwi's MSc Epidemiology training started at the Julius Centre, with funding from the Prince Claus Chair. Edward Antwi is the Deputy Director Public Health for the Greater Accra region and Agyepong's immediate assistant. His training is the first step towards using the opportunity presented by the Prince Claus Chair for capacity building and the strengthening of equal North-South partnerships.

The funds that result from the research proposal will be used to implement the collaborative research and capacity building project between UMC Utrecht, CERES, University of Cape Town and institutions in Ghana over a four- to five-year period. Expected outputs include innovative approaches to accelerate progress towards MDG 4 (reduce under-five mortality) and MDG 5 (reduce maternal mortality), as well as capacity building for the tertiary educational and the public-health sector in Ghana that can provide learning models for other countries in sub-Saharan Africa. It is anticipated that at least 4 Ghanaian PhD candidates be trained, who will be retained and continue to work on the continent and to train others.

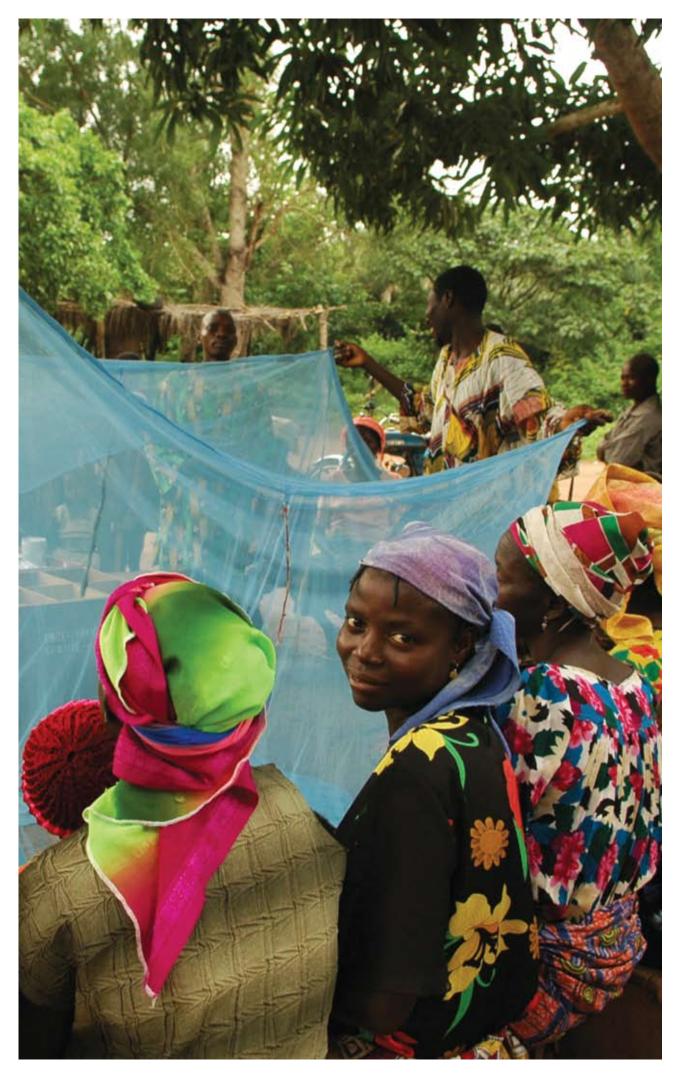
A related, smaller proposal describes a short qualitative research on the use of guidelines by clinicians and clinical decision making. This smaller research will be done with part of the funding of the Prince Claus Chair. It is anticipated to be carried out before the end of the year.

SUMMARY OF THE RESEARCH PROPOSAL

The proposal seeks to promote reductions in maternal and infant mortality by developing and evaluating approaches for accelerated attainment of Millennium Development Goal 4 and 5. The work will be carried out in the Northern and Greater Accra regions of Ghana and is expected to provide lessons for Ghana as well as other sub-Saharan African countries. The interventions aim at strengthening the basic health system functions and delivering essential and guality health services, human resource management and governance and clinical decision-making related to maternal and neonatal health. The interventions will be executed in three closely interrelated research sub-projects. PhD researchers in the disciplines of epidemiology, medical anthropology, political economy and health systems management will be trained within the projects as part of capacity building for sustainable development. Their participation in the project will be rooted in their institutional context to strengthen health service delivery and academic institutions in Ghana.

OTHER ACTIVITIES

- Attended the NWO/WOTRO introduction to the Global Health Policy and Health Systems Research Program – The Hague, 14 May 2009.
- Visited the RAVU (Regional Ambulance Facilities Utrecht) by courtesy of its director Jack Versluis – Utrecht, 2 June 2009. The goal was to learn more about the organisation of Emergency Transportation services in the Netherlands and the possibilities of the motorbike ambulance system for Ghana. Subsequently, Professor Agyepong discussed these issues by email with the Director of the National Ambulance Service in Ghana and she is working on a proposal for submission to the Ministry of Health to strengthen the organisation of emergency services and emergency transportation to be piloted in the region where she works.
- Participation in a meeting organised by Witwatersrand University (WITS) and the University of Cape Town (UCT), South Africa – Johannesburg, 4 to 6 July 2009. The aim of the meeting was to promote the teaching of health policy analysis in low-income countries and also to create a support, exchange and learning network for teachers and strengthen the teaching of Health Policy Analysis in Low and Middle Income Countries. This meeting was organised by Professor Lucy Gilson and colleagues. The collaboration with Professor Gilson has proved to be relevant also to the activities of the Prince Claus Chair, since she has accepted to be a partner on the proposal that is being developed for submission to WOTRO. The participation was sponsored by the University of Witwatersrand, Johannesburg.
- Participation in the Scientific and Technical Advisory Committee meeting of the Alliance for Health Policy and Systems Research – Geneva, 29 June-1 July 2009. The participation was co-sponsored by WHO.
- Participation as a presenter in a meeting with six students of Utrecht University. The aim was to have an open discussion with young academics, based on the legacy of Prince Claus – Utrecht, 9 October 2009. (See also page 24)



Prince Claus, in his acceptance speech upon receiving an honorary fellowship at the International Institute of Social Studies, 1988

LOCAL SOLUTIONS AND LONG-TERM ENGAGEMENT

Professor Agyepong meets students at Utrecht University

On Friday 9 October 2009, Utrecht University organised a meeting between Professor Irene Akua Agyepong and six students. The aim was to have an open discussion with young academics, based on the legacy of Prince Claus. The discussion focused specifically on the problems and opportunities for improving health systems in developing countries. The conclusion: We should try to reform health systems one step at the time, starting at the local level, but always taking into account the whole system.

Soft-spoken, and enriched with many personal stories, Professor Agyepong first summarised the key elements of her inaugural address. She argued that transforming health systems in Sub-Saharan Africa does not only require an effort to understand the factors that affect the functioning of health systems, but also requires an effort to forgive the mistakes that were made in the past and to learn from these mistakes for the future. When reforming health system, four basic functions would need to be addressed. First, the way the system is financed. Second, the way resources (including human resources) are distributed. Third, the way health services are provided. And, fourth, the quality of 'stewardship', which relates to the performance and commitment of decision makers.

It was a clear and powerful message, and her small audience listened breathlessly. After the introduction, the students seized the opportunity to fire their questions, resulting in a lively one-and-a-half hour discussion that could have easily lasted the whole day.

HUMAN RESOURCES

The discussion first focused on the skewed distribution of skilled health professionals – a phenomenon that is visible at local, national and global levels. An important question here is how to make sure that skilled people will also provide their services in the more remote and peripheral places. In some countries, medical doctors are obliged to serve in rural areas after graduation. Such systems may create new challenges. For example, when it became clear that Indonesian medical doctors were finding creative ways to escape the obligatory local service, the government decided to offer incentives for community service in rural areas. This, however, resulted in a situation where medical professionals from urban areas started competing with local health providers for patients and training opportunities, which led to tensions. An additional problem with such programmes is that urban medical professionals will take all their knowledge and experience back to the city as soon as the term is over.

Professor Agyepong stressed that there is no universally applicable solution to ensure access to skilled professionals in remote areas. Even though there is a pattern that is visible in many parts of the world, the push and pull factors for professionals are highly context-specific, which means the solutions will differ from place to place. Moreover, motivations vary per individual. *"In Ghana there are huge internal differences,"* explained Agyepong *"The south is relatively wealthy and urban, while the north is rural and poor. In general, doctors don't want to go to the north, but their personal reasons may differ. A Ghanaian doctor told me he did not want to serve in the north because of the lack of good education facilities for his children. Then I spoke to a younger doctor, who said he did not want to work in the north, because of the lack of entertainment options – he was afraid he would be bored in the weekends..."*





Professor Irene Akua Agyepong: "You will have to adjust the length of a sleeve to fit the size of the arm."

RURAL AND URBAN HEALTH

In general, improving health systems requires an understanding of poverty and development in all its complexities. The discussion on the lack of health care services in remote rural areas was illustrative of a general tendency to focus on rural areas when talking about health systems in developing countries. Poverty, however, is increasingly an urban problem. With a sense of irony, you could say that subsidies are going to rural areas, while the poor are going to urban areas. Child nutrition in some urban slums may be even worse than in the most deprived rural areas. Children in rural areas may, for example, still have occasional access to fresh fruits, which is no option in an urban slum.

In addition to urbanisation, the increased importance of rural-urban linkages – made possible by improved accessibility – is an important element in the development process in many poor countries. Health interventions will thus not only have to be adjusted to the fact that urban populations are growing rapidly, but also to the increased importance of rural-urban relations.

LOCAL SOLUTIONS

A recurring theme throughout the discussion was the need to find local solutions and to move away from blue-print approaches. *"There are no global solutions to local problems,"* said Agyepong. *"There are global principles, but these principles will need to be adjusted to the local context. It's like clothing. You will have to adjust the length of*

PARTICIPATING STUDENTS FROM UTRECHT UNIVERSITY

- Joëlle Hoebert from the Netherlands is doing a multi-country comparative analysis of health policies as part of her PhD study in Pharmaceutical Sciences. She is also involved in the Utrecht WHO Collaborating Centre for Pharmacoepidemiology and Pharmaceutical Policy Analysis and is studying for an MSc degree in Epidemiology at the same time.
- **Monika Raethke** is from South Africa and has been living in the Netherlands for eight years. She is currently studying for an MSc degree in Epidemiology.
- **Dinasas Abdella** from Ethiopia used to work at the Social Science Research Council in New York and is currently doing her PhD in International Development Studies, looking at implications of reproductive health service delivery on local development in Tanzania and Ethiopia.
- **Connie VanBerkel** from Canada completed her MA degree in International Development Studies, with a thesis on the role of education for young people in access to reproductive health services.
- **David Ong** from the Netherlands is close to finishing two degree programmes: Pharmacy and Medicine. He did an internship on Gynaecology & Obstetrics in Indonesia.
- Welling Oei from Indonesia is a medical doctor. She worked for WHO, Care International Indonesia and the Indonesian Ministry of Health on health issues in remote and disaster-affected areas in Indonesia. She is now studying for an MSc in Epidemiology, focusing on the influenza pandemic.

a sleeve to fit the size of the arm." To improve health systems, Agyepong stressed that everybody – not least the local people themselves – will need to be involved. The women and men who are dealing with local problems on a day-to-day basis are likely to have useful and practical ideas that can help to improve the health system.

Any approach to reforming health systems should be firmly embedded in the local context and should link up with creative solutions that exist within communities. This means that the improvement of health systems should not be approached from the supply side only, but should be based on the active involvement of local communities. The Ethiopian community-based initiatives, which focus on issues such as family planning, are a good example. Here, volunteers go from house to house to distribute condoms and to inform people about the other services that are available. These people then form a bridge between local users and health services. These types of initiatives are necessary at the very local level – they help to ensure that the services of a health care system will actually reach the people it is intended to reach.



Dinasas Abdella: "We can only improve health systems if we understand local development in all its complexities"

OUT-OF-POCKET PAYMENTS

A significant part of the discussion focused on the pros and cons of out-of-pocket payments for health services. In many developing countries, people do not have access to medical insurance, so patients will pay for the health services on the spot. The lack of a common basis for health services implies that patients are responsible for paying the full amount needed for their treatment. In the absence of other well-developed and viable financing options such as insurance or tax-based systems, it is almost impossible to abolish out-of-pocket fees. The system, however, is very susceptible to corruption. Moreover, informal out-of-pocket systems are leading to dreadful situations in the developing world. Whole families go bankrupt because they spend all their capital on the health care of a family member. In Ghana, some families sell all they have - including productive assets - to generate finances to pay for the treatment of a sick family member. In the end, they have nothing left. And when there are moneylenders involved, as professor Agyepong witnessed in the hills of Nepal, the situation can even lead to families being tied to financial debts over several generations.

A COMMON BASIS

A sudden ban on the out-of-pocket system is impossible, as it would leave people without access to health care and medicines.

A relevant question therefore seems to be whether there is a way to use out-of-pocket payments in a more constructive way. In Tanzania, there have been experiments with innovative financing systems, such as 'community cost revolving schemes'. These are community-based systems where the revenues – generated with out-of-pocket payments – are used to improve the local health services. The results so far have been promising, and community members have become more willing to pay for health care, as they can see the improvements.

Professor Agyepong stressed that any scheme that does not involve a shared financial basis for the payment of an individual's treatment tends to be problematic. Therefore, community-based systems should preferably involve the creation of a common fund. *"The crux of the matter is that, in the end, someone has to pay for health services,"* says Agyepong. *"And it will always be the citizens who pay, either directly, or through an insurance or tax system. The advantage of the insurance or tax system is that the service is decoupled from the payment. Everyone pays a little bit on a regular basis. Then, when you fall sick, you will not be pushed into poverty. Obviously, however, one of the main problems in Africa is that the tax base is too narrow."*

WHOLE SYSTEMS AND LONG-TERM ENGAGEMENT

There is a need to create common health funds, but the development of such funds creates new problems. In some rural areas, there are funds, but there are no services – the money has disappeared in people's pockets. Just like out-of-pocket payments, common health funds are susceptible to corruption. It means that the effectiveness of health systems will depend to a large extent on the quality of local governance systems.

This illustrates one of Professor Agyepong's main points, i.e., the need to address health care in terms of the whole system. A health system can only be improved if you look at all the links in the chain. This also means that there are no quick fixes. And this is where, in Agyepong's view, development projects tend to go wrong. *"They all want a quick fix,"* she says. *"They will give you a grant for five years, but after five years you've only just started to understand the complexity of the problem. We don't need short-term projects – we need long-term commitment!"*



PROFESSOR PATRICIA ALMEIDA ASHLEY CHAIR HOLDER 2009 - 2011

Erasmus University's International Institute of Social Studies (ISS) in The Hague, on the recommendation of the Curatorium of the Prince Claus Chair, has appointed Patricia Almeida Ashley as holder of the Prince Claus Chair 2009-2011. She has been appointed for her interdisciplinary approach to Socially Responsible Entrepreneurship (SRE) and her knowledge of the relationship between SRE and important social issues.

Professor Almeida Ashley completed her Bachelor degree in Economic Sciences at the Federal University of Rio de Janeiro in 1985. After this, she studied Systems' Analysis and Projects at the Brazilian Institute for the Amazon (IBAM) in 1991. She continued with a Master in Management of Public Services at the Aston Business School, Aston University (UK) as a Fellowship holder of the British Council (1992/1993). In 2002, she completed her Doctorate in Business Management, with a specialisation in Change Management at the Catholic Pontifical University of Rio de Janeiro.

Her research resulted in a generic model for analysing various aspects of SRE, the 'Multidimensional Relational and Multidirectional Model for Business Social Responsibility'. To a large extent, this model has contributed to the academic research in the field of SRE, and it is also frequently used by consultants and managers outside of the academic world.

Professor Almeida Ashley takes an interdisciplinary approach to the areas of Management, Information Science, Urban and Regional Planning, and Economics, and her publications cover the following topics: eco-development, socio-environmental responsibility of public and private organisations, business ethics, university management, knowledge management, strategy, public management, and responsible consumers. She has a broad academic profile and a keen interest in the role of companies in society.

PREVIOUS HOLDERS OF THE CHAIR

2007 - 2008



Professor Alcinda Honwana was appointed by the International Institute of Social Studies (ISS) to the Prince Claus Chair. Born in Mozambique, Professor Honwana is an authority on child soldiers in Africa and on the predicament of young Africans in the context of ongoing globalisation processes in post-colonial Africa. Professor Alcinda Honwana resided at the International Institute of Social Studies from April to June 2008 and returned as the co-convener of an international conference in the autumn of that year.

2006 - 2007



Professor Nasira Jabeen was appointed to the Prince Claus Chair by Utrecht University. Coming from a Pakistani background, Professor Jabeen focuses her teaching and research on the possibilities and constraints of good governance as a concept in the developing world. Professor Nasira Jabeen resided at the Utrecht School of Governance from April to July 2007.

2005 - 2006



Professor Rema Hammami was appointed to the Prince Claus Chair by the International Institute of Social Studies because of her impressive academic contribution, as an intellectual champion, to peace and co-existence in the Palestinian Territories. Her gendered approach provides a valuable point of entry into issues of governance, civil society, citizenship, rights and peace. Professor Rema Hammami resided at the International Institute of Social Studies from April to the end of July 2006. Professor Gaspar Rivera-Salgado was appointed to the Prince Claus Chair by Utrecht University. Born in 1965, he is a sociologist from Mexico. Professor Rivera-Salgado was appointed on the basis of his academic work in the field of indigenous rights, particularly in Latin America and the United States. Professor Rivera-Salgado resided at Utrecht University's Netherlands Institute of Human Rights and School of Human Rights Research from April to June 2005.



2004 - 2005

2003 - 2004

Professor Amina Mama was appointed to the Prince Claus Chair by the International Institute of Social Studies. Born in 1958, Professor Mama was a ppointed for her contribution to the academic field of African culture and its relationship to development. Professor Mama resided at the International Institute of Social Studies from mid-April to the end of July 2004.



2002 - 2003

Professor S. Mansoob Murshed was appointed as the first holder of the Prince Claus Chair by Utrecht University. Born in 1958, Professor Murshed is an economist from Bangladesh. Reasons for appointing Professor Murshed included his academic work in the fields of trade and freedom of trade and in the field of peace and conflict management in relation to economic development. Professor Murshed's most recent field of research concerns the economics of conflict. Professor Murshed resided at Utrecht University's Utrecht School of Economics in April, May and June 2003.



Prince Claus, in his acceptance speech upon receiving an honorary fellowship at the International Institute of Social Studies, 1988

"Much of the human suffering in developing countries cannot be attributed to global power structures, natural disasters, multinational companies, the World Bank, the IMF or other exogenous evil doers and easy scapegoats."



The Prince Claus Chair in Development and Equity was established by Utrecht University and the International Institute of Social Studies (ISS).

UTRECHT UNIVERSITY

Utrecht University is a research university comprising seven faculties that collectively span the entire academic spectrum in teaching and research. Founded in 1636, the University is now a modern, leading institute enjoying a growing international reputation. Utrecht University has concentrated its leading research into fifteen research focus areas. Within these focus areas, scientists have set up new multidisciplinary collaborations with other research organisations, industry and social institutions. Through selective research themes and an integrated approach, Utrecht University is able to foster solutions to social issues such as climate change, health, social cohesion and sustainability.

In the Shanghai Ranking, Utrecht University ranks 1st in the Netherlands, 11th in Europe and 52nd worldwide. Utrecht University offers a broad range of 45 undergraduate and over 180 graduate programmes, the latter including many English-taught programmes. There are over 32,000 students at Utrecht University and 8,500 members of staff. Every year, more than 2,000 international students and researchers stay in Utrecht for variable periods of time.

For more information, please visit www.uu.nl



Universiteit Utrecht

THE INTERNATIONAL INSTITUTE OF SOCIAL STUDIES

Erasmus University's International Institute of Social Studies (ISS) is a graduate school geared to critical social science through research, teaching, capacity development and public debate. ISS deals with issues such as globalisation, development, poverty, inequality, human rights, human security and the environment. Participants come primarily from the Global South. Founded in 1952, the Institute is one of the world's leading centres of higher education and research in this field. Since 1 July 2009, ISS has been a University Institute of Erasmus University Rotterdam.

Teaching at ISS includes postgraduate diploma programmes, a Master of Arts programme in Development Studies and a Doctoral Programme in Development Studies. In addition, ISS provides Executive Education and tailor-made training. More than 11,000 students from all over the world have studied at ISS.

ISS Research is at the cutting edge of a range of development-related areas, including development economics, sociology, political science, anthropology, children and youth, social security, and human rights. ISS shares and deepens knowledge and insights with partners worldwide.

ISS provides a national and international platform for public debate and critical reflection on development. Public debate refers to the exchange of knowledge, views and interpretation for the sake of greater public understanding.

For more information, please visit www.iss.nl

1SS Institute of Social Studies Frans

THE CURATORIUM OF THE PRINCE CLAUS CHAIR

The procedure for the appointment of a candidate to the Prince Claus Chair is carried out by the Curatorium of the Chair. In 2009, the composition of the Curatorium was as follows:

- Princess Máxima of the Netherlands (Chair)
- Professor Ton Dietz (Vice Chair)
 Professor in Human Geography
 University of Amsterdam
- Professor Hans Stoof Rector Magnificus of Utrecht University
- Professor Louk de la Rive Box Rector of the International Institute of Social Studies Erasmus University Rotterdam
- Dr. Joop Kessels is Secretary of the Curatorium.

CONTACTING THE CURATORIUM

Please address any queries to:

Dr. Joop Kessels Secretary of the Curatorium of the Prince Claus Chair PO Box 80125 3508 TC Utrecht The Netherlands Tel.: +31 (0)30-253 44 77 Fax: +31 (0)30-253 77 52 Email: curatorium@princeclauschair.nl Website: www.princeclauschair.nl

From 12 April 2010:

Ms Linda Johnson, BA (Hons), MBA Secretary of the Curatorium of the Prince Claus Chair PO Box 29776 2502 LT The Hague The Netherlands Tel: +31 (0)70-426 04 96 Fax: +31 (0)70-426 07 14 Email: curatorium@princeclauschair.nl Website: www.princeclauschair.nl

© Curatorium of the Prince Claus Chair, 2010 Editorial assistance: Baxter Communications, Hilversum Photography: Unicef/O. Asselin (cover, pp. 2, 18), Robert Vos ANP (p. 6), Unicef/R. Gangale (pp. 8, 14), Ivar Pel (pp. 10, 16), Unicef/G. Pirozzi (p. 12), Unicef/J. Pudlowski (p. 22), Chris Timmers (pp. 25, 26, 28), Beni Jr. (p. 30), Piet Gispen (p. 32), Rula Halawani (p. 32), Evelyne Jacq en Maarten Hartman (p. 33), Jager en Krijger Studio's (p. 33), René Miranda (p. 33), Unicef/C. Nesbitt (p. 35), Design: Rita Ottink, Kantens Printed by: ZuidamUithof Drukkerijen, Utrecht ISBN: 978-90-393-53165

No part of this report may be reproduced in any form without the permission of the Curatorium of the Prince Claus Chair.

Prince Claus Chair

development and equity

