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World Health Report: Focus on equity
Health systems reporter, 22 October 2008

Feature: World Health Report: Focus on equity

Recommended readings:

- World health report 2008: primary health care - now more than ever
- Health programmes need to address local health inequalities to achieve maximum improvements
- Renewed interest in primary health care and the Alma Ata Declaration
- Writing about equity in health in east and southern Africa: a writing skills manual
- Health care services in Asia cannot address the growing threat of chronic illnesses

Latest additions:

- The future of pensions and healthcare in a rapidly ageing world - scenarios to 2030
- Social issues under economic transformation and integration in Vietnam, Volume 2
- Sri Lanka: addressing the needs of an aging population
- 12 steps for creating a culture of retention: a workbook for home and community-based long-term care providers

Announcements

Feature: World Health Report: Focus on equity

The 2008 World Health Report highlights the huge inequalities in the cost of and access to health care between and within countries across the globe. The report, written to coincide with the 30 th anniversary of the Alma Ata Declaration that introduced the concept of Primary Health Care, finds that health inequalities have increased in the last three decades, despite the emphasis of Alma Ata on greater equity in health.

Government annual health spend per capita varies wildly across the world, from as little as USD20 per person to over USD6000 in some countries. Differences in life expectancy between the richest and poorest nations now exceed 40 years, although this is due to a range of reasons including HIV/AIDS. Large discrepancies in health can also occur within countries, between rural and urban communities, and even within individual cities. For example in Nairobi, the capital of Kenya, the slum neighbourhoods have an under-five

mortality rate 17 times greater than that of the wealthiest areas.

Health systems in most countries tend to cater for those who are able to pay for their treatment, rather than for those with greater need. The report states that most of the world's health systems still use the most inequitable method of paying for health care: out of pocket payments at the point of contact. This means that only those with the ability to pay can receive health care. In addition, it finds that prevention programmes are often ignored, with health care focusing on disease specific treatment technology and specialist-care treatments that are not affordable to most.

Equity within health systems does not improve automatically, and there are many challenges that must be overcome. Barriers to creating a health system that provides universal coverage include the lack of a functioning health infrastructure, and lack of access for remote, rural, marginalised or vulnerable populations to existing functioning health systems.

Increasing access to health care can be achieved in a number of ways.

- Creating a pre-paid pool of resources, collected according to ability to pay. This ensures that adequate services are available and can be achieved through tax or health insurance.
- Building the fundamentals of a health system where they are absent through, for example, rolling out district level primary care networks.
- Providing services for dispersed populations by promoting community level collaboration and mobile resources that can travel to remote regions.

The report concludes that efforts must be redoubled to ensure that PHC is available to all. The Director-General of the WHO, Dr. Margaret Chan, states that “Viewed against current trends, primary health care looks more and more like a smart way to get health development back on track. We are, in effect, encouraging countries to go back to the basics. Thirty years of well-monitored experience tell us what works and where we need to head, in rich and poor countries alike.”

More information:

- World Health Report <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40422&type=Document>
- Eldis key issues guide on primary health care <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care>
- Lancet series on primary health care <http://www.thelancet.com/journals/lancet/article/PIIS0140673608613690/fulltext>

Recommended readings

1. World health report 2008: primary health care - now more than ever
Publisher: World Health Organization , 2008

The 2008 WHO World Health Report focuses on Primary Health Care (PHC) and marks the

30th anniversary of the inception of PHC at Alma Ata, Kazakhstan. The report is split into six chapters:

- The first chapter describes current challenges faced by health and health systems. These include social, demographic and epidemiological transformations resulting from globalization, urbanization and ageing populations that were not anticipated 30 years ago.
- The second chapter looks at the roots of inequity in health and how reforms can move countries towards universal access to PHC services including social health protection. The third chapter describes how PHC can be used to bring health promotion and prevention programmes together in a safe, effective and socially productive way.
- Chapter four examines how health policies can be used to improve the health of communities. The authors look ahead to consider the diverse challenges associated with the growing importance of ageing, urbanization and the social determinants of health. They explain how better public policies, along with universal coverage and primary care, form the three pillars that support the move towards PHC.
- In chapter five, the authors look at how leadership within the public sector is vital to steer PHC reform, and should be done in collaboration with multiple stakeholders. They then consider strategies to improve the effectiveness of reform efforts and the management of the political processes that condition them.
- The last chapter looks at the fact that the different social, economic and health realities faced by countries must inform the way forward for PHC.

The report also looks at cross-cutting elements in the reforms, common to all countries, which provide a basis for globally shared learning and understanding about how PHC reforms can be advanced more systematically everywhere. [adapted from author]

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=40422&type=Document>

2. Health programmes need to address local health inequalities to achieve maximum improvements

Authors: H. B. Perry; L. W. KingSchultz; A. S. Aftab

Publisher: International Journal for Equity in Health, 2007

This article in the International Journal for Equity in Health looks at health equity issues at the local level in Haiti. It describes a comprehensive equity assessment carried out by the Hopital Albert Schweitzer-Haiti (HAS) in 2003. This included a study to assess factors determining the use of prenatal care services. It finds that there is markedly reduced access to health services in the peripheral mountainous areas compared to the central plains. Both the quality and coverage of key services was lower in the mountains. Health status, measured by under-five mortality rates and levels of childhood malnutrition, was also worse in the mountains.

The article concludes that local health programmes need to give attention to monitoring the health status as well as the quality and coverage of basic services among marginalized groups. It is speculated that, within relatively small geographic areas in resource-poor settings

around the world, similar, if not even greater, levels of health inequities exist. The authors argue that these inequities need to be measured and addressed in order for health programmes to achieve equity and maximum improvement in health status within the population [adapted from author].

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=32884&type=Document>

3. Renewed interest in primary health care and the Alma Ata Declaration

Authors: A. Haines; R. Horton; Z. Bhutta

Publisher: The Lancet, 2007

This comment published in the Lancet, describes the vision of primary health care (PHC) in the Alma Ata declaration and highlights some of the tensions between this and the selective approach to PHC, which promotes a few cost-effective interventions. The authors show that despite movements towards selective packages of care and health-care reforms the idea of PHC as described in the Alma Ata declaration is attracting renewed interest. There are several reasons for this: shortages in health workers, especially in sub-Saharan Africa, have renewed interest in the role of community-health workers; also, many programmes that address specific diseases have been shown to interact adversely with each other and lead to inefficient use of limited resources.

The article also highlights the growing research evidence about the cost-effectiveness of some components of PHC, such as the role of community participation improving neonatal and maternal mortality in Nepal. PHC is also better able to address pervasive health inequalities, poor coverage of basic health care, and lack of engagement by communities in health systems. Finally, the article lists several questions that remain to be addressed. These include: how should scarce resources be prioritised and how can sufficient health workers be recruited, trained, and retained?

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=36835&type=Document>

4. Writing about equity in health in east and southern Africa: a writing skills manual

Authors: R. Pointer; P. Norden; R. Loewenson; Teaching and Research Support Centre

Publisher: EQUINET: Network for Equity in Health in Southern Africa, 2008

Equity in health implies addressing differences in health status that are unnecessary, unavoidable and unfair. Equity-motivated interventions seek to allocate resources preferentially to those with the lowest health status. This means understanding and influencing the redistribution of social and economic resources for equity-oriented interventions, and understanding and informing the power and ability people have to make choices over health inputs and to use these choices for better health. [adapted from author]

This manual is intended to help writers develop writing skills and the ability to produce easily understood health information which can be disseminated to a diverse audience. This edition of the manual is a guide for producing scientific reports, peer-reviewed articles, EQUINET policy and discussion papers, briefs and reports.

The manual is made up of 7 modules including:

- Preparing to write
- Writing scientific papers
- Computer skills to aid writers
- Getting feedback and revising your drafts
- Publishing in peer-reviewed journals
- Writing an EQUINET paper
- Writing a EQUINET meeting report

Step by step guidelines are provided on the writing process including planning and structure and how to write specific sections of the paper such as: abstracts, executive summary, methodology, conclusion and how to get published.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=38206&type=Document>

5. Health care services in Asia cannot address the growing threat of chronic illnesses

Publisher: HelpAge International Asia, Pacific Regional Development Centre, 2008

This study documents the perceptions of older people, care-givers, and health service providers in terms of knowledge of active and healthy ageing, access and quality of Primary Health Care (PHC) services. It particularly looks at the increasing experiences of older people in managing stroke and diabetes conditions. Recommendations to improve PHC services are provided to support policy development in the Asian context.

The five countries in the study are Cambodia, India, Indonesia, Singapore, and Vietnam. These countries represent the variety of socioeconomic conditions in the region. This study also examines the conditions in rural, urban and tsunami affected areas (in India and Indonesia) in order to provide additional insight into possible geographical discrepancies in provision of PHC services for older people.

The research teams found that the majority of the disadvantaged older participants in the study had low expectations of the access and quality of PHC services. Most experienced their conditions with a sense of fate, and were not aware of the interventions that could improve their health conditions. There were also socio-cultural factors, such as education and ethnicity, which lent to a mind-set of accepting existing conditions as part of their life struggle.

The study highlights the need for governments and civil society to work together to support the delivery of comprehensive primary healthcare. It recommends:

- eliminating physical barriers to accessing primary healthcare by ensuring that there are enough easily accessible centres reducing the cost of accessing primary healthcare by ensuring national-level budgeting of services for older people, improving income security of older people, and mainstreaming ageing into community health and disaster risk reduction planning
- improving the quality of primary healthcare services through training, provision of age-friendly services and exchange of experience among health professionals
- integrating age-specific medical and social support services into institutions and communities.

With particular respect to diabetes and strokes, the role of the informal caregiver is highlighted:

- in the case of older persons with stroke, informal caregivers should be trained in fall prevention, rehabilitation exercises and disease management due to the frequent occurrence of falls in the older population. It is estimated the older the person, the more likely they will fall
- in the case of an older person with diabetes, health education should be focused on the early signs of complications, as well as eating a regular, balanced and nutritious diet. For those with more advanced disease, the informal caregiver in the home should be trained to provide insulin injections at regular intervals while making sure that the older person eats at regular intervals

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems/primary-health-care/recommended-reading&id=35089&type=Document>

Latest additions from the Health systems resource guide

1. The future of pensions and healthcare in a rapidly ageing world - scenarios to 2030

Authors: B.J. Sikken; N. Davis; C. Hayashi; H. Olkkonen

Publisher: World Economic Forum, 2008

Populations are ageing at an unprecedented rate. This will undermine the financial sustainability of not only traditional pension systems, but also conventional healthcare systems. This report argues that urgent action in many countries around the globe is required to meet these challenges.

The report describes three thought-provoking scenarios to 2030. They are not designed to predict the future but to explore the boundaries of the plausible. The authors also explore two case study countries, China and Italy, to see how the scenarios could play out in developed and emerging economies. The scenarios are designed to challenge current thinking, create new insights, facilitate the debate between key decision-makers and provide momentum for action:

- scenario one: "The Winners and the Rest" - is a world in which global economic growth delays the financial consequences of the emerging demographic crisis. Despite growing liabilities from ageing populations, most governments are able to maintain scaled-back versions of existing social security systems, which they do as a matter of political expediency. However, amid growing inequality and underinvestment in the public sector, such systems are seen as increasingly inadequate by those forced by low incomes to rely on them, creating a conflict-ridden climate of "The Winners and the Rest" on a global scale.
- scenario two: "We Are in This Together" - is a world distinguished by a concerted effort on behalf of leaders and electorates to rein in growing inequality and reassert the idea of collective responsibility and accountability for social services. In this world, growth is moderate, but lower than expected returns on capital are compensated for by an emphasis on finding innovative, efficient and inclusive ways to manage the financial implications of the demographic shift, including family- and community-based solutions.
- scenario three: "You Are on Your Own" - is a world in which an economic recession is prolonged in the early 2010s, causing fiscal difficulties for most state-funded pension and health systems. Individual responsibility is forced upon many people by the failure of existing social security systems under extreme financial pressure. Struggling to borrow or raise taxes sufficiently, many governments take aggressive measures – such as "retiring retirement" – to push healthcare and pension liabilities onto individuals and the private sector, maintaining only an absolutely minimal role in social security provision for the very need.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=39800&type=Document>

2. Social issues under economic transformation and integration in Vietnam, Volume 2

Authors: G.T. Long

Publisher: Vietnam Development Forum, 2008

This is the second of two volumes looking at social issues in transition economies in reference to Vietnam.

The document provides an evaluation of prospects and challenges of growth and poverty reduction. Estimates show impressive growth in Vietnam. Agricultural reform policies are found to have contributed to this growth. Further achievements for the country are constrained by rising inequality between areas and regions. The author recommends institutional innovation and agricultural reforms through different channels.

In the last ten years the primary health care systems in Vietnam have been reformed. Several thousand community health centres were rebuilt and reequipped in the late 1990's. The author found that investments resulted in marginal increases in utilisation and the quality of services. Failure to provide care appears to be an equity problem as ethnic minorities and the poor are not being treated. Policy measures on the incentives and pressures faced by facility staff are important in dealing with this.

Children working in the streets is one of the most pressing social issues in urban Vietnam.

Case studies are analysed. The two main reasons that the children need to work is the current poverty of their families and their feeling of familial duty to help the families overcome this situation. Parental expectations create tensions against government policies to overcome street children making their lives more difficult. Policy measures need to be carefully considered to take account of the diverse situations of these children.

Another emerging issue involved in the urbanisation of Vietnam is rural to urban migration. The author analyses this and finds internal migrants have low accessibility to social services such as education, health care, housing, vocational training, and loans and credit. Macroeconomic measures to promote rural development are suggested. Encouraging the business sector to provide further protection for labourers will also help access issues.

Finally the paper investigates elderly populations in Vietnam. Trends of concern include a decline in the elderly being supported by others and a constant rise in elderly people living alone. These situations need to be thoroughly considered in social policy making processes.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=39600&type=Document>

3. Sri Lanka: addressing the needs of an aging population

Authors: M. Vodopivec

Publisher: World Bank, 2008

In slightly more than two decades, Sri Lanka's population will grow to be as old as Europe or Japan's today, but its level of income will be much lower. This study is about the key issues that will have to be addressed in order to successfully avert serious problems, or even crisis, as Sri Lanka's inevitable population ageing unfolds.

Developing an effective, coherent strategy to address population ageing, the report argues, needs to concentrate on the following four key, interconnected challenges:

- how to reinforce traditional family support to old people and to supplement it with formal systems without damaging the family support
- how to improve formal old age income support programs - in particular, how to increase their coverage and ensure adequacy and sustainability and ensure that such a scheme would not "crowd out" other formal and informal support systems
- how to improve healthcare and long-term care to support an ageing population - to orient health care towards the needs of old people. Also how to improve the provision of long-term, institutional care of the frail, dependent old people
- how to mitigate the slowdown of GDP growth when one of key production inputs – labour – will start shrinking in the coming years In particular, how to promote longer working lives and improve employability of old workers, as well as improve labour market choices for those that are forced to continue working late in their lives

The ageing of the population does not have to imply slow down in growth as long as measures are enacted to boost labour productivity, increase labour force participation, or both. Thus the report makes the following key policy recommendations:

- expand social welfare and care services targeted to the most vulnerable, and provide community- and home-based support services for the sick and frail old people. Through such approaches, the country can reduce the demand for expensive institutional care, reduce burden on caregivers and enable the old people to continue to live in their home/community
- strengthen formal income support for elderly. A coherent policy for income support for the old people would begin with a predetermined set of objectives for the two functions of the pension system - providing a minimum income and smoothing consumption
- re-orienting the health system to respond to an ageing population will require developing a health system that enables Sri Lankans at all ages to achieve healthy ageing, minimising the costs of the health system to the economy, and reducing out-of-pocket catastrophic health expenditure
- countering labour force declines by improving employment, productivity, and choice - increasing participation rates, particularly of women but also of old workers. The introduction of family-friendly employment policies (including increasing part-time/flexible working opportunities) would also be helpful
- improving the productivity of the labour force would help in boosting economic growth, another factor countering the taxation effect of population ageing on growth

The policies noted above will need to be finalised carefully, with involvement of several line ministries, given their inter-sectoral linkages. In most cases, these policy changes would have to be phased in gradually, and they would take several years or even decades to implement in any case. Fiscal costs will also need to be carefully analysed to ensure overall sustainability. Given the speed of the population ageing over the next two decades, delays in action are likely to prove costly. In order to avert an ageing crisis in Sri Lanka, preparations to address ageing will have to begin sooner rather than later.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=39566&type=Document>

4. 12 steps for creating a culture of retention: a workbook for home and community-based long-term care providers

Publisher: PHI, 2008

All long-term care agencies struggle to find and keep sufficient, reliable, and skilled staff capable of meeting client needs and providing great quality care. This workbook offers 12 concrete steps to guide agencies in developing excellent recruitment, selection and retention practices - the three key elements necessary to manage long-term care organisations successfully. The 12 steps that frame this workbook are based on the principle of “quality care through quality jobs”: Direct-care workers must have quality jobs to provide the highest quality care for consumers.

The workbook includes case studies, and advocates the following steps:

Section one looks at recruitment and selection:

- prepare your agency for effective recruitment and selection of new employees
- conduct a staffing needs assessment
- design and implement effective recruitment strategies
- design and implement a successful selection process

Section two looks at creating a culture of retention:

- build a strong management system to support retention
- orient and support employees in their first few weeks on the job
- provide employee supports to address life challenges
- establish a peer mentor programme
- ensure constructive and effective coaching supervision
- offer robust learning through training, on-the-job learning, career development and advancement
- establish an Infrastructure that fosters worker participation
- create a worker-management leadership team to provide oversight and inspiration to the plan and ensure ongoing evaluation and improvement

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=39843&type=Document>

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Announcements

Media briefings: Media briefing on tobacco control efforts by Indian Media Centre for Journalists, Lucknow 2008-2009

Dates: 07 November 2008 - 31 March 2009

On behalf of the Indian Media Centre for Journalists (IMCFJ), Lucknow, we are pleased to invite you to a series of briefing and Journalist to journalist briefing on tobacco control issues. The briefing and journalist to journalist (J2J) interaction are being organised across the 10 Hindi and Urdu speaking states of north India (please see the proposed itinerary below). On May 31, 2008 IMCFJ organised a briefing in Lucknow for over 200 editors, proprietors and journalists of Hindi and Urdu press to discuss, debate and build consensus around the role of journalists in addressing serious health concerns like tobacco use and inspiring journalists to report actively on this issue.

Date of forthcoming J2J briefings:

- November 7th & 8th 2008: Shimla
- November 29th & 30th, 2008: Ranchi
- December 19th & 20th, 2008: Jaipur
- Two fellows meetings proposed in early January and another mid March 2009

For full details, paper templates and author guidelines please see the full details link: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and->

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- Health Resource Guide - <http://www.eldis.org/health/index.htm>
- Health Systems Resource Guide - <http://www.eldis.org/healthsystems/index.htm>
- HIV and AIDS Resource Guide - <http://www.eldis.org/go/topics/resource-guides/hiv-and-aids>

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

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Contact details:

Matt Jones
IDS Health Development Information Team
Institute of Development Studies, Sussex
Brighton BN1 9RE, UK

Email: m.jones@ids.ac.uk
Tel: 44 1273 877 540
Fax: 44 1273 621202