

Poverty, Health and Equity Concern in Health Systems and Policy Research: What has been done and what needs to be done?

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Progress

- **Pre 90s**
 - Mexico City Conference 1978
 - Alma Ata - Primary Health Care
 - Small area based data (Matlab, Surveys)
- **90s onwards**
 - Global Health Equity Initiative (Rockefeller & Sida)
 - Equity in health and healthcare (WHO)
 - Nobel award to Amartya Sen
 - Two books (Challenging Inequities in Health: From Ethics to Action & Poverty, Health and Inequity: An International Perspectives – OUP)
 - Analysis of data from many countries (DHS 36 countries, INDEPTH 38 sites)



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Responses - Recent Years

- Organizational & Policy
 - Commission on Health Research for Development (COHRED), 1991
 - United Nations Millennium Declaration, 2000
 - Poverty Reduction Strategy Paper
 - WHO
 - Alliance for HPSR, established in 2000
 - Global Forum for Health Research
 - Task force on Health Systems Research, 2003 for attaining MDGs
 - Task Force on Health System Research Priorities for Equity published, 2004
 - Commission on Social Determinants of Health , 2005
 - People's Health Movement



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Responses – Programmatic

- Performance-based Payment, Demand side Financing, Conditional Cash Transfer
 - Haiti USAID, 1995 – contracting out to NGOs
 - Tanzania for Mosquito bed net
 - Nicaragua for Sexual and Reproductive Health Services
 - Latin America for preventive health and educational services
 - Bangladesh for education & safe motherhood services
- Bangladesh microfinance for the ultra-poor

Research Needs - 1

Task Force on Health System Research Priorities for Equity in Health (Five Areas)

- Important **global factors and processes** that affect health equity and/or constrain what countries can do to address health inequities;
- Specific **societal and political structures and relationships** that differentially affect people's chances to be healthy within a given society;
- **Inter-relationships between individual-level factors and societal context** that affect the likelihood of achieving and maintaining good health;
- **Health-care system** factors that influence health equity and
- **Documenting, and widely disseminating** effective policy interventions to reduce health inequity, in the four above areas, as examples that offer potential options for consideration.



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Research Needs - 2

- **Removing Financial Barrier - Universal Access or Access for the Poor**
 - What to aim? (Many believe that achieving universal access is unrealistic and this emphasis will continue to result in poor access for the poor)
 - How to reduce out of pocket costs, especially, catastrophic cost ?
 - How to pool risk to reduce out of pocket cost?
- **Service Provision**
 - state versus non-state - What is the best model?
 - Quality of services - How to ensure?
 - Medical pluralism (informal health care providers) – how to deal?
 - Public private partnership – What is the best model?
 - Health workforce – how to overcome the shortfall?
 - Health information – how to have a functional system?



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Research Needs - 3

- Information
 - ❖ Equity focused health information management system
- Preventive vs. curative
 - ❖ Making a case for preventive behaviour change (Prevention is better than cure – more so poor)



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Focused Research to Make Health Systems Work for the Poor

- ❖ Removing financial barrier
- ❖ Improvement of quality of service provision used by the poor
- ❖ Promotion of preventing behaviour
- ❖ Equity driven information and monitoring system
- ❖ Monitoring equity gain in outcome



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