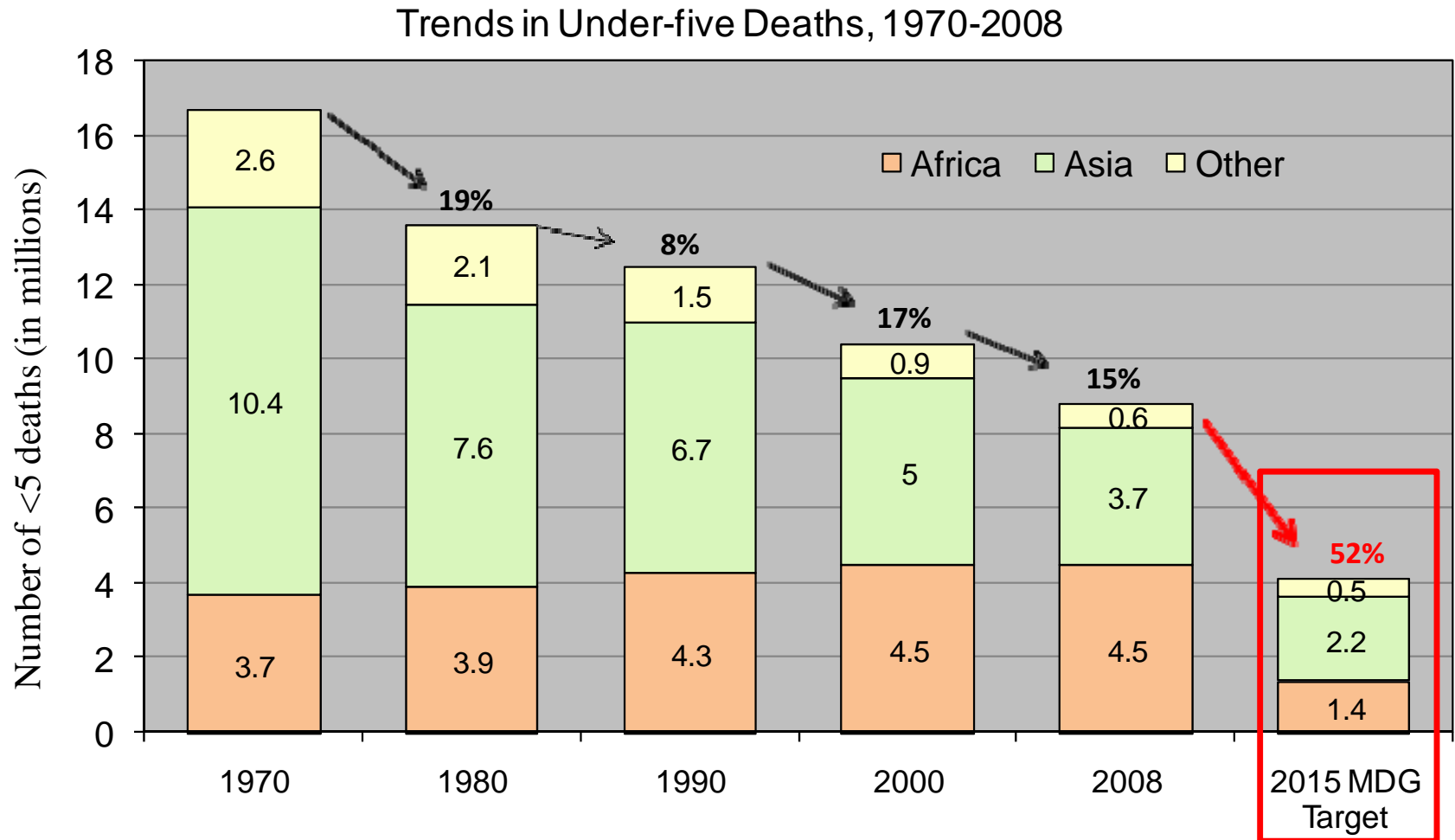


**Taking an equity focused
approach to achieving the MDGs:
getting results faster?**

***Dr Mickey Chopra
UNICEF, New York***

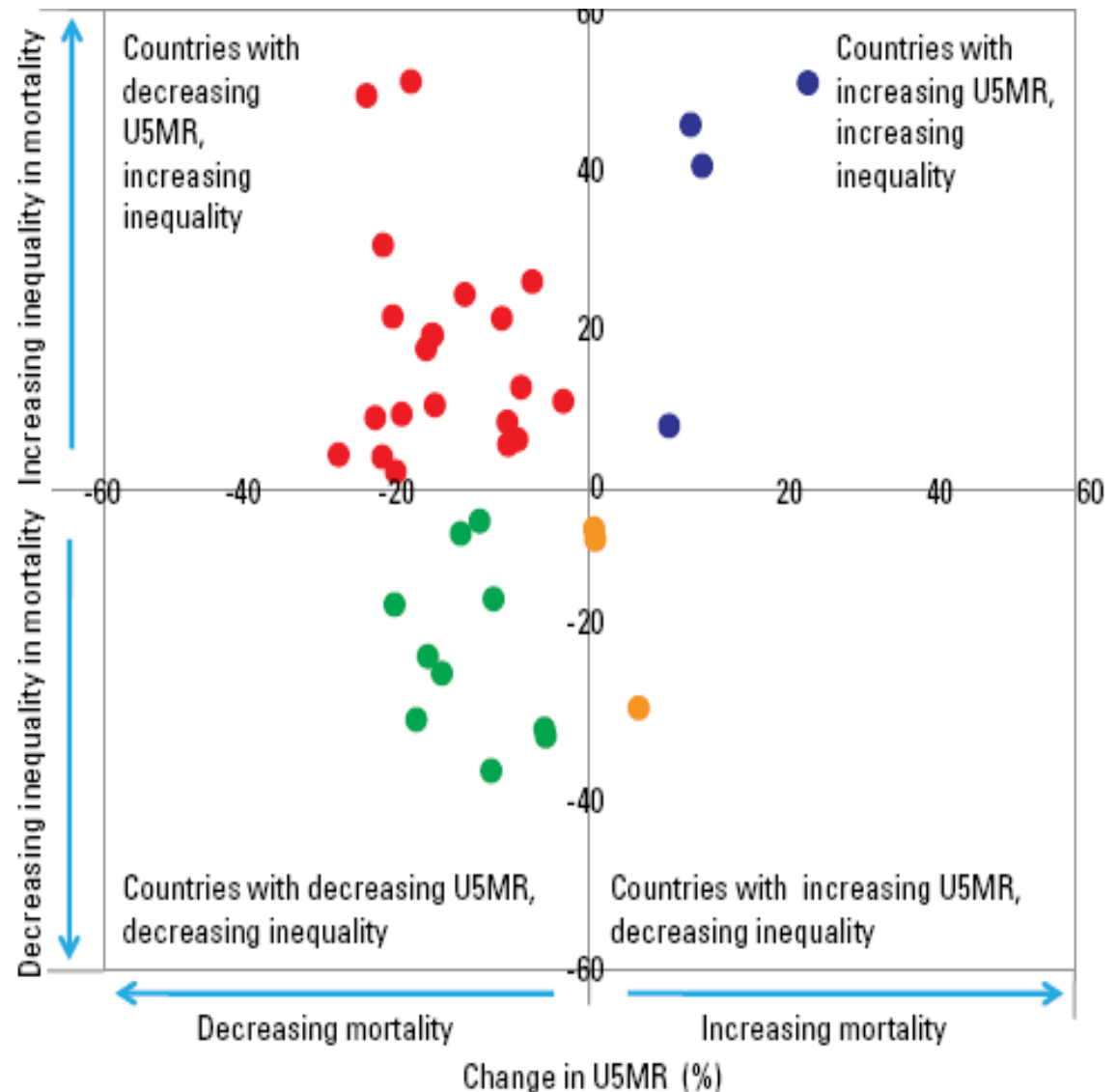
U5MR reduction - Progress but needs to be accelerated



Unequal progress

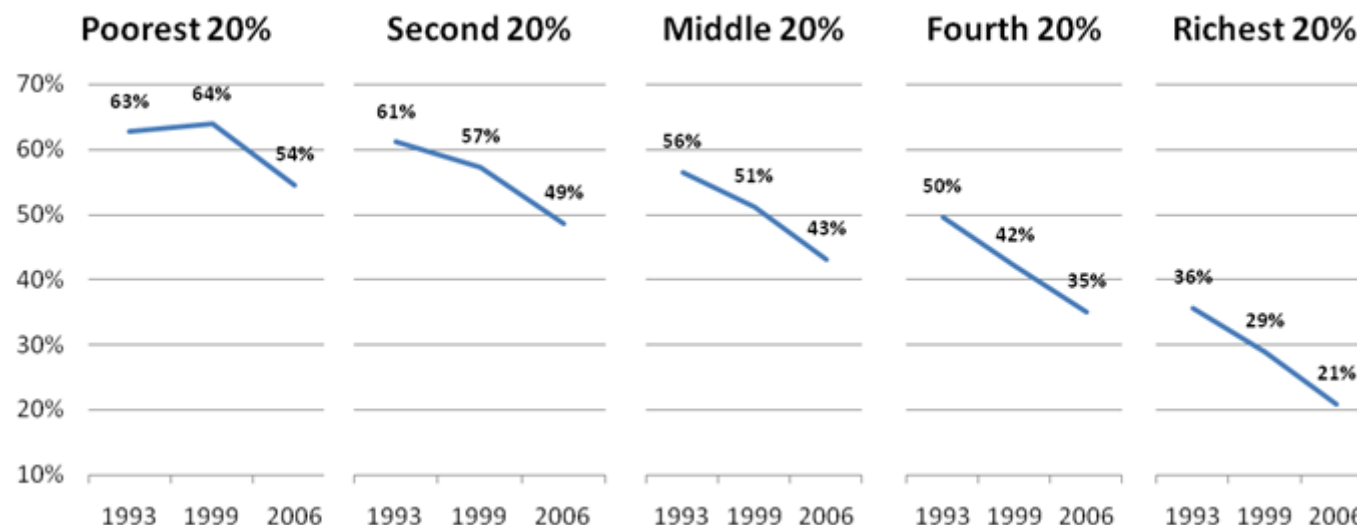
2/3 countries that have made progress in reducing U5MR have shown worsening inequalities (i.e gaps between better off and worse off have increased)

Indicates : delivery and financing of health and nutrition services as well as demand / use of these favor the better off



The rich are still capturing most of the new investments/interventions

Proportion of children 0 – 59 months old who are stunted, by household wealth quintile

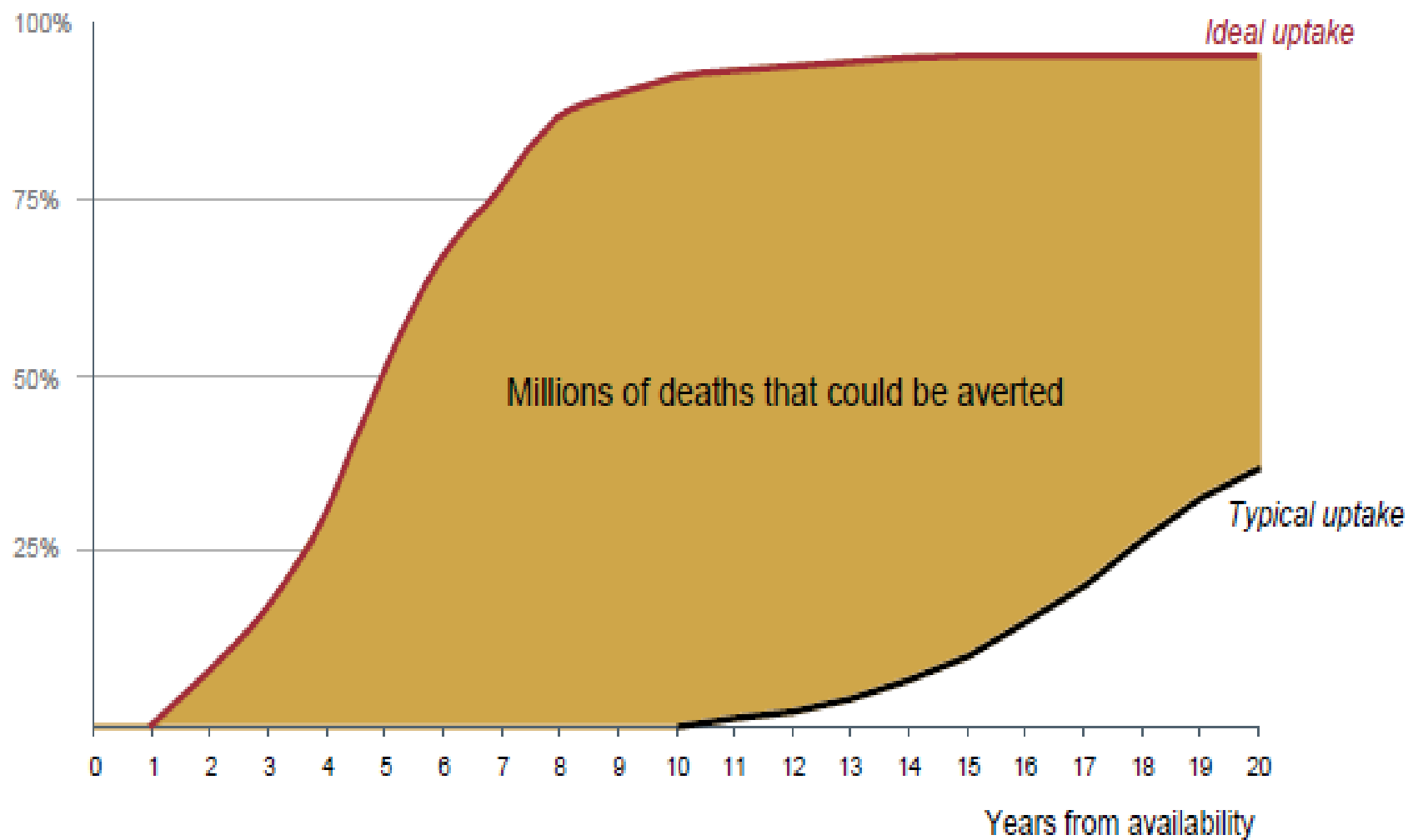


Note: Prevalence trend estimates are calculated according to the NCHS reference population, as there were insufficient data to calculate trend estimates according to WHO Child Growth Standards. Estimates are age-adjusted to represent children 0–59 months old in each survey.

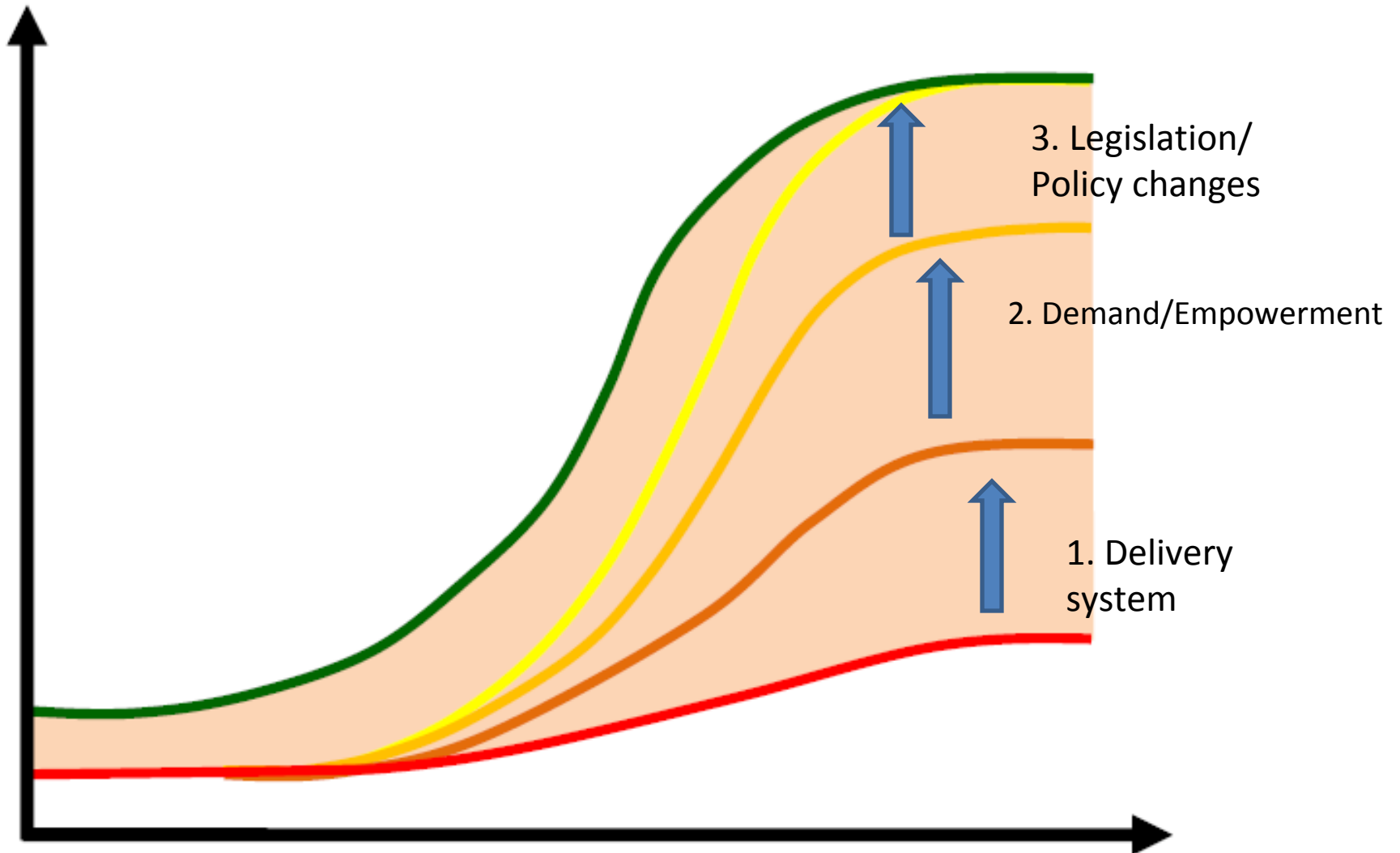
Information on household wealth quintiles was not originally published in the 1992–1993 and 1998–1999 National Family Health Surveys (NFHS). Data sets with household wealth quintile information for these surveys were later released by MeasureDHS. For the analysis here, the NFHS 1992–1993 and 1998–1999 data sets were reanalysed in order to estimate child stunting prevalence by household wealth quintile. Estimates from these two earlier rounds of surveys were age-adjusted so that they would all refer to children 0–59 months old and would thus be comparable with estimates from the 2005–2006 NFHS.

Source: National Family Health Survey, 1992–1993, 1998–1999 and 2005–2006.

Coverage of health solution



3 Main ways of reducing gap



1. CHANGING THE DELIVERY SYSTEM

We have a number of cost effective treatment and prevention interventions

Treatment				
Acute	ACTs			Emergency obstetric care
	ORT	Supplements (e.g. Zinc, Vitamin A, folic acid)		Emergency neonatal care
Chronic		Field-based diagnostics		Malaria Severe case management
	Fortified food		Misoprostal For PPH	Primary care Attended delivery
Temporary	Vaginal contraceptives Microbicides Clean home delivery kits Male contraceptives		IPTp, IPTi	
	Bednets	Chemo prophylaxis	IRS	
Long-lasting Prevention	Campaign-delivered vaccines EPI-delivered vaccines			Male circumcision



**Individual Oriented
non-schedulable
services**

Providers:

Hospitals

Clinics

Individual practitioners
(licensed or not...)

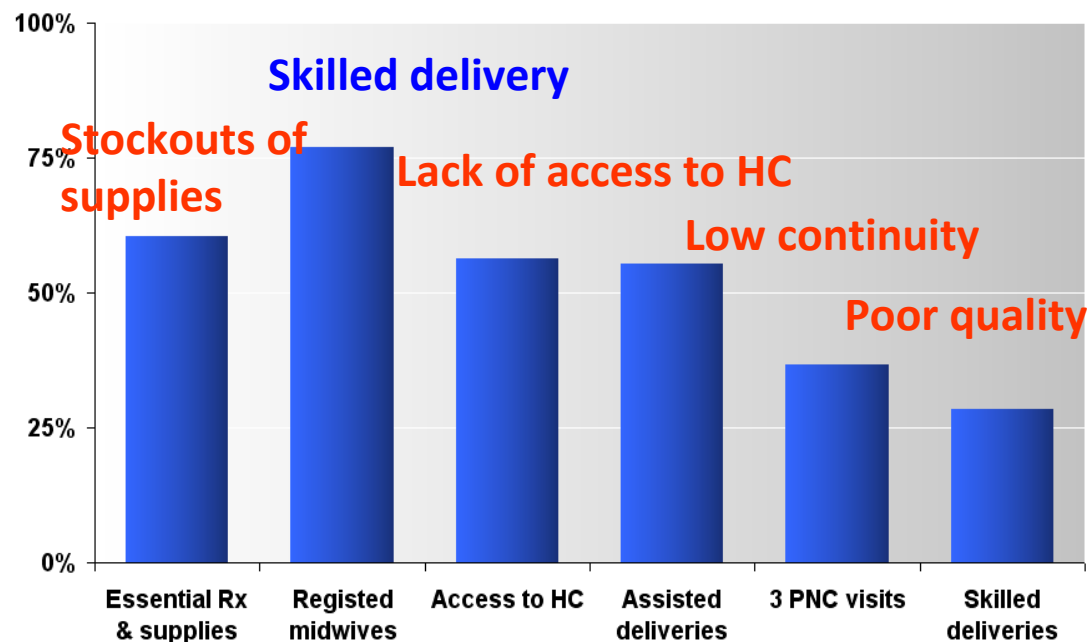
High asymmetry of information
Transaction intensive
High discretion

Levers:

Direct control of users
Self Regulation
Sophisticated purchasing
capacity

Bottlenecks:
Skilled human resources
Physical access
Quality
Cost

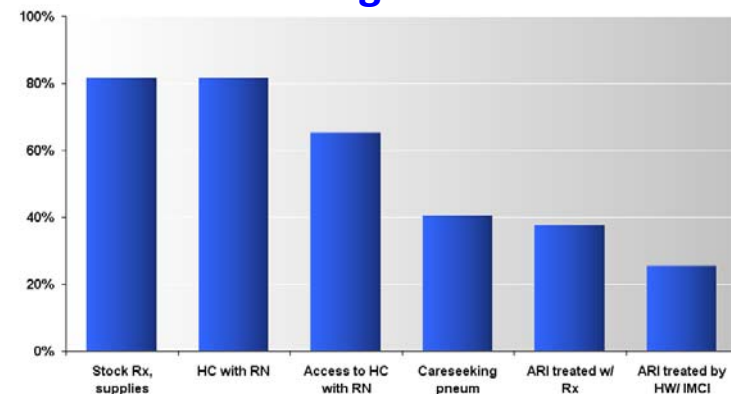
Cross cutting bottlenecks & strategies for clinical care level in Africa



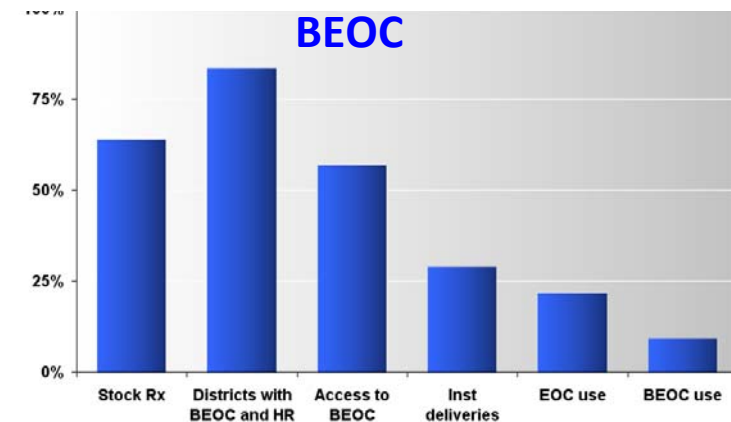
Strategies to remove bottlenecks

1. Improve supply of essential drugs & supplies
2. Increase financial access & perceived quality
3. Ensure quality of care: supervision & training

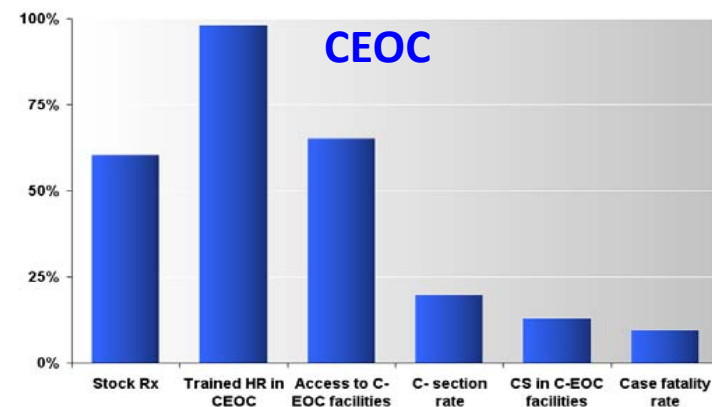
ARI management



BEOC



CEOC





Population Oriented Schedulable Services

Lower Asymmetry of information
Less Transaction intensive
Low discretion: standards
Public good nature
or network externality

Levers:
Collective action:
Government
Primarily

Providers

- Integrated in clinical services (clinics, GP)
- Integrated in schools, workplace
- Outreach health post
- Mobile Activities
- Home visits, door to door activities

Bottlenecks:
Low demand
Low continuity
Opportunity Cost



Family/Community based Care

Low asymmetry of information
Transaction light
High discretion in taste/ values

Levers:

Imitate the market
Direct control of users

Providers

Retail

Community based
organizations/
associations

Cooperatives

- ▣ Social marketing, media,
Women's groups,
associations etc

Bottlenecks:
Knowledge
Availability and
cost of commodities

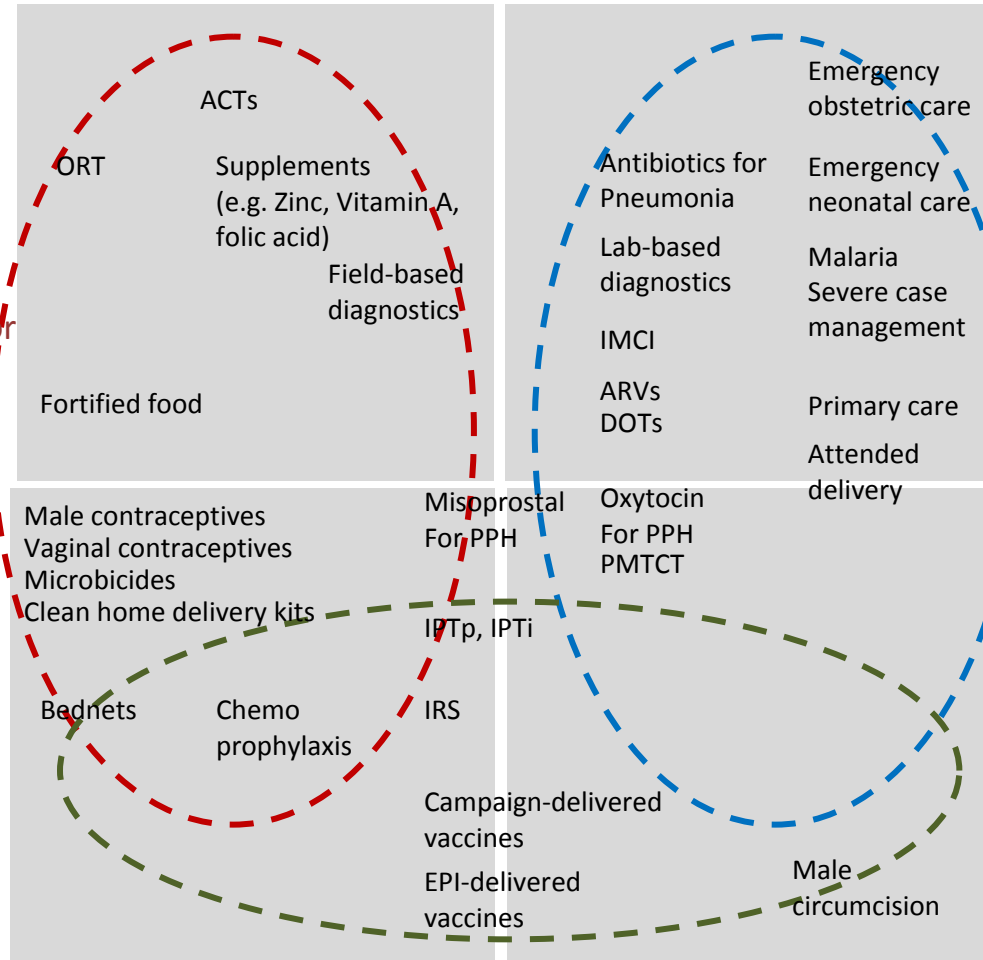
Treatment Acute

Consumer directed interventions

- Self diagnosis, self treatment
- Significant private sector involvement



Chronic Temporary



Provider dependent interventions

- Highly dependent on performance of human resources and physical infrastructure
- Significant private sector involvement

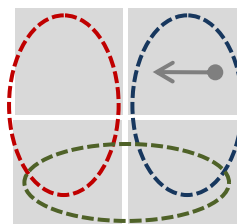


Amenable to command and control

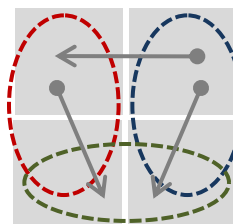
- Campaign approach
- Semi-skilled worker
- Government run



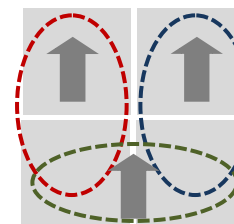
Acknowledgement: Dan Kreis, BMGF



Shift
existing
within
channel



New
delivery or
technology
approach



Improve
channel
performance

Potential approach

Shift intervention within channel

Shift intervention to different delivery channel

Improve performance of delivery channel

Description

Improve intervention to increase delivery within existing channels (e.g. less need for skilled provider)

New technology or policy change to deliver the intervention through a better performing channel

Improve efficiency, capacity or equity of delivery channel

Examples

- Develop point-of-care diagnostic to replace lab based test
- Inject for delivery of Oxytocin by midwives

- Deliver Vitamin A supplement with annual Onchocerciasis treatment campaigns
- Develop a vaccine to prevent malaria
- Replace lab based diagnostics with self administered test

- Increase EPI coverage and expand cold chain capacity
- Better use of the private sector to deliver antimalarials
- Voucher program to increase use and quality of skilled birth attendance

Potential solutions

Addressable through better target product profiles and customization of intervention
Need to improve target product profiles to account for delivery channel

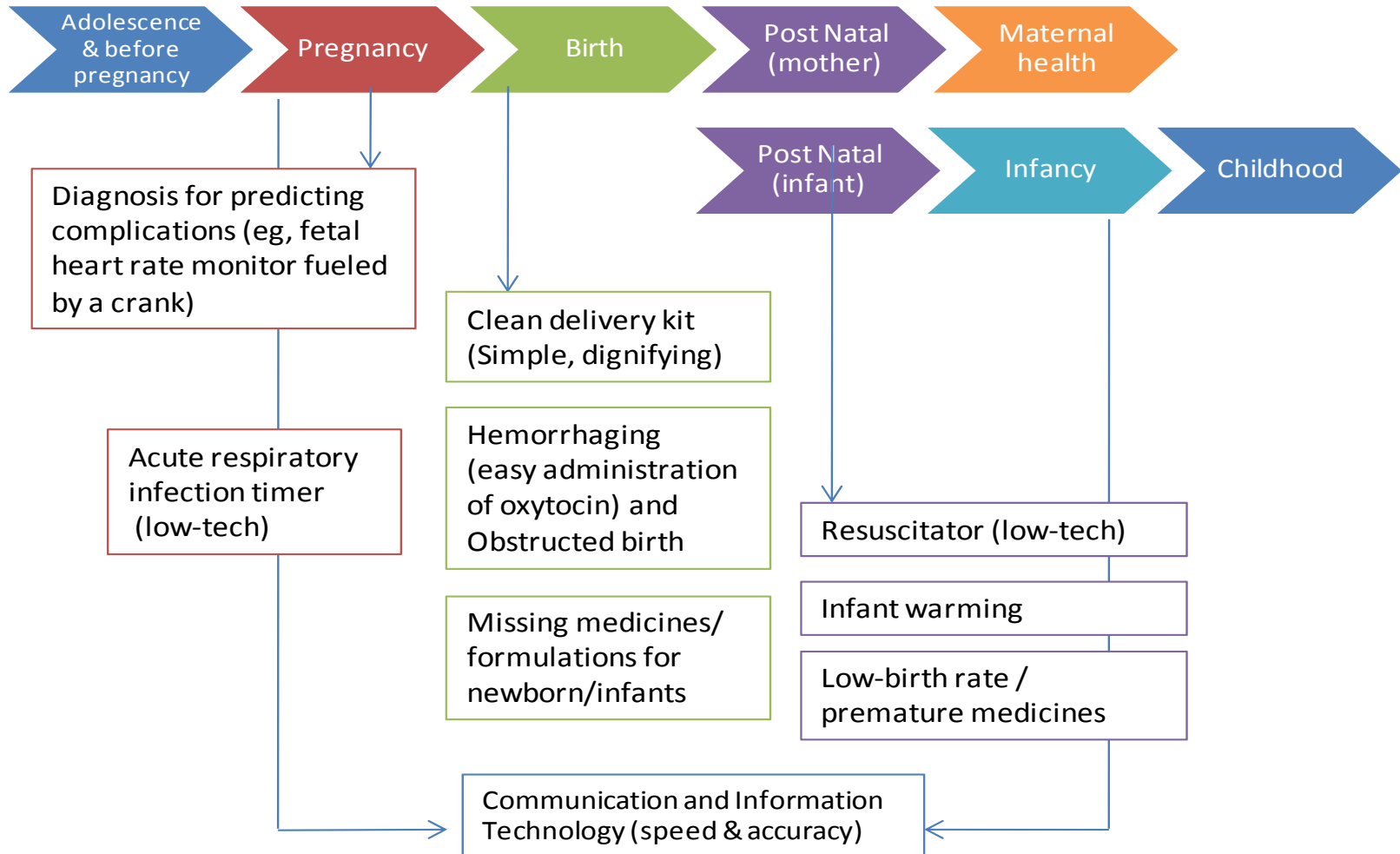
Addressable through better target product profiles and customization of intervention
Only applies to a limited range of interventions – e.g. no vaccine for attended child birth

Different strategies are needed for each delivery channel
For many interventions, improving channels performance is the only way to increase equitable uptake

Acknowledgement: Dan Kreis, BMGF

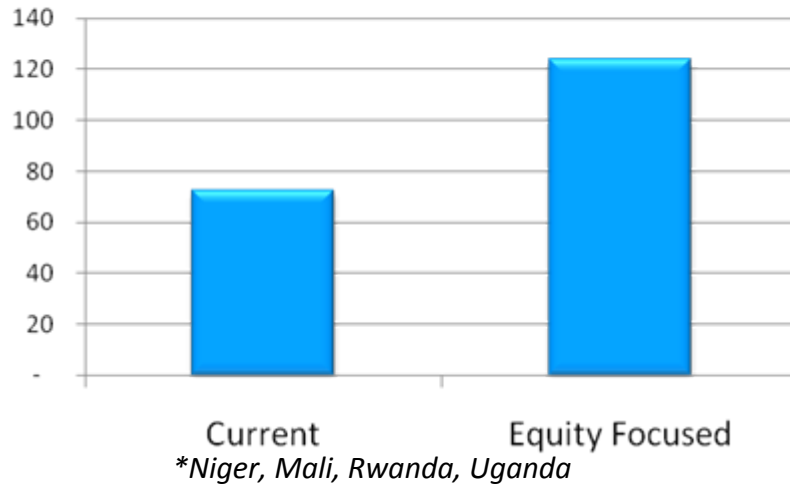
innovations for MDG 4+5

Essential innovations needed on the continuum of care

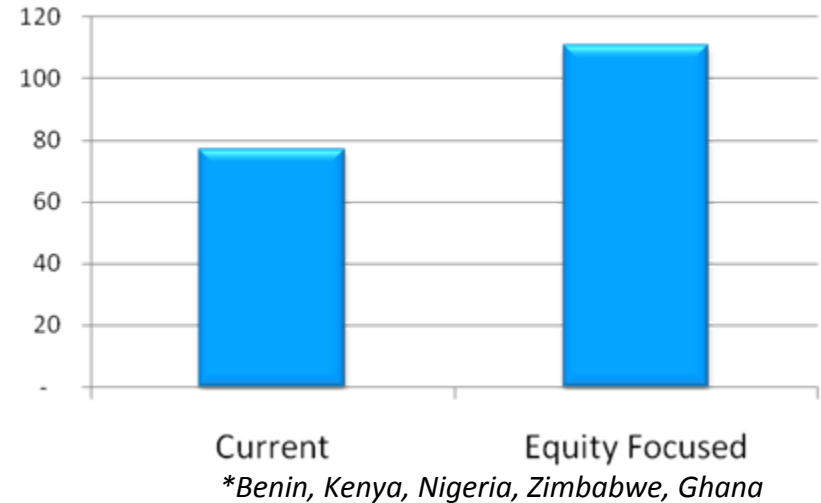


Per \$1m additional invested - equity-focused strategies can avert more child deaths

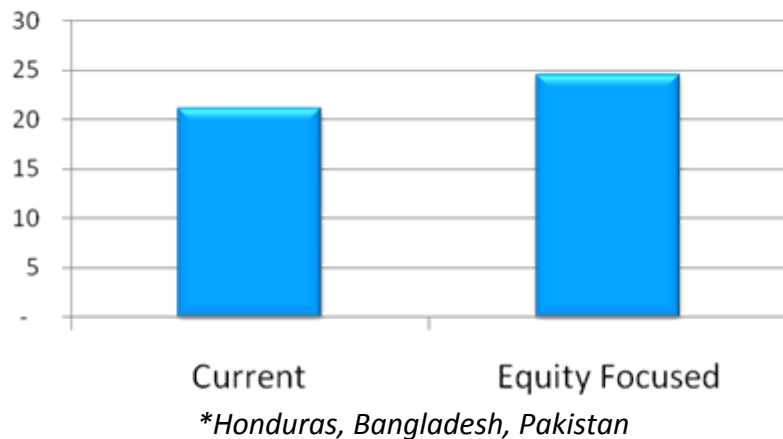
Equity Typology A



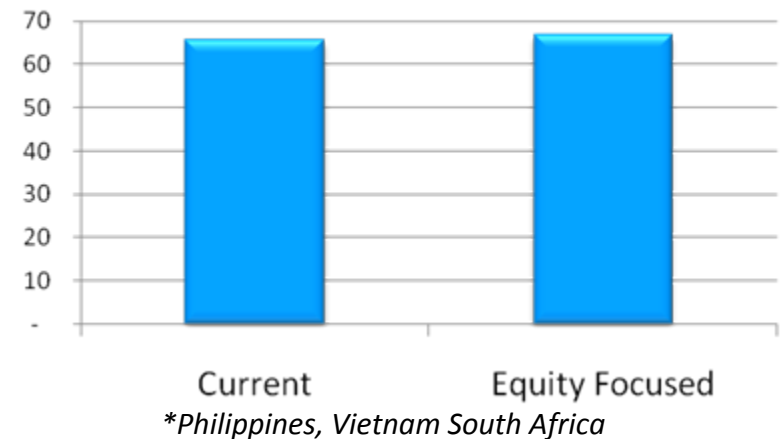
Equity Typology B1



Equity Typology C



Equity Typology B2



THANK YOU