Woodrow Wilson Center
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Strengthening health systems to reach the poor: what can MOHs do?

Cesar Victora
Federal University of Pelotas, Brazil
Visiting Professor, Johns Hopkins University

Inequalities in child health

Distal determinants
(social, political, economic)

Social stratification

Access to preventive and curative interventions

Child health and nutrition

Types of inequities

- Other types of inequalities are also important, such as
  - Gender
  - Urban/rural
  - Ethnic group
  - Education
- These inequalities interact and overlap with socioeconomic inequalities

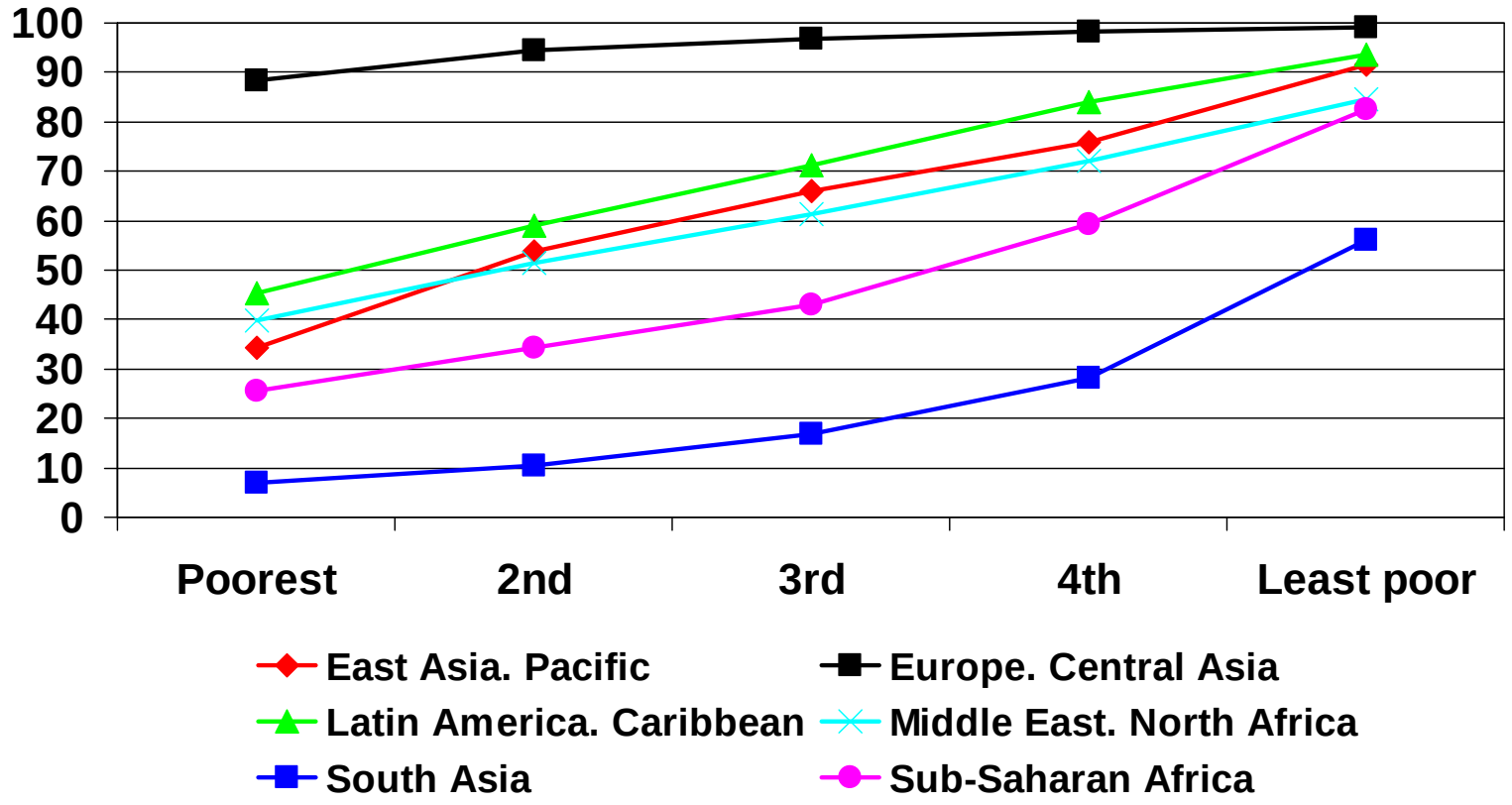
What can countries do?

- Recognize that health services often contribute to increasing inequities
- Prioritize diseases of the poor
- Consider the pattern of inequity
- Deploy/improve services where the poor live
- Employ appropriate delivery channels
- Remove financial barriers (user fees, etc)
- Monitor implementation, coverage and impact with an equity lens

What can countries do?

- **Recognize that health services often contribute to increasing inequities**

Skilled attendant at delivery by region, recent DHS

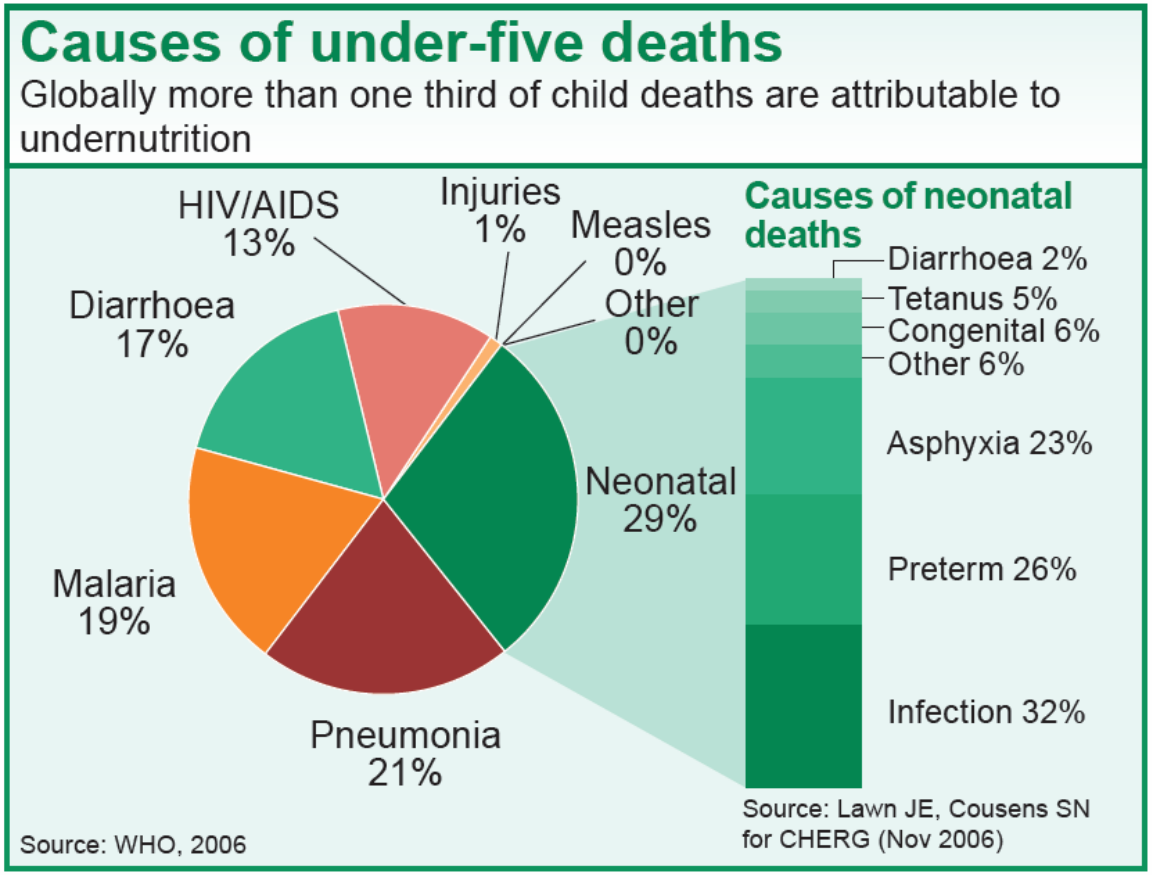


Gwatkin et al, 2007

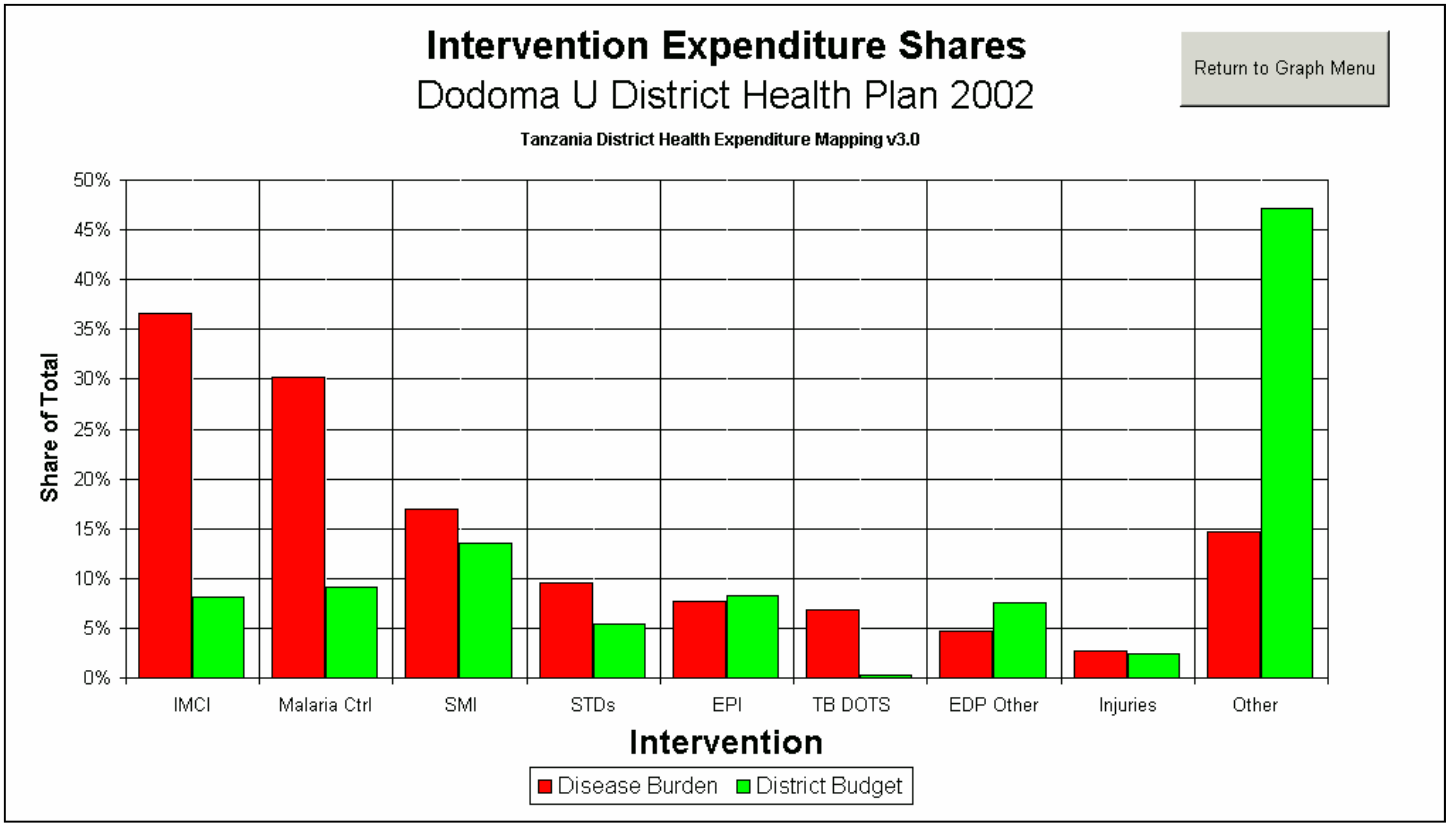
What can countries do?

- Recognize that health services often contribute to increasing inequities
- **Prioritize diseases of the poor**

Causes of death, Mozambique



Matching budget to disease burden



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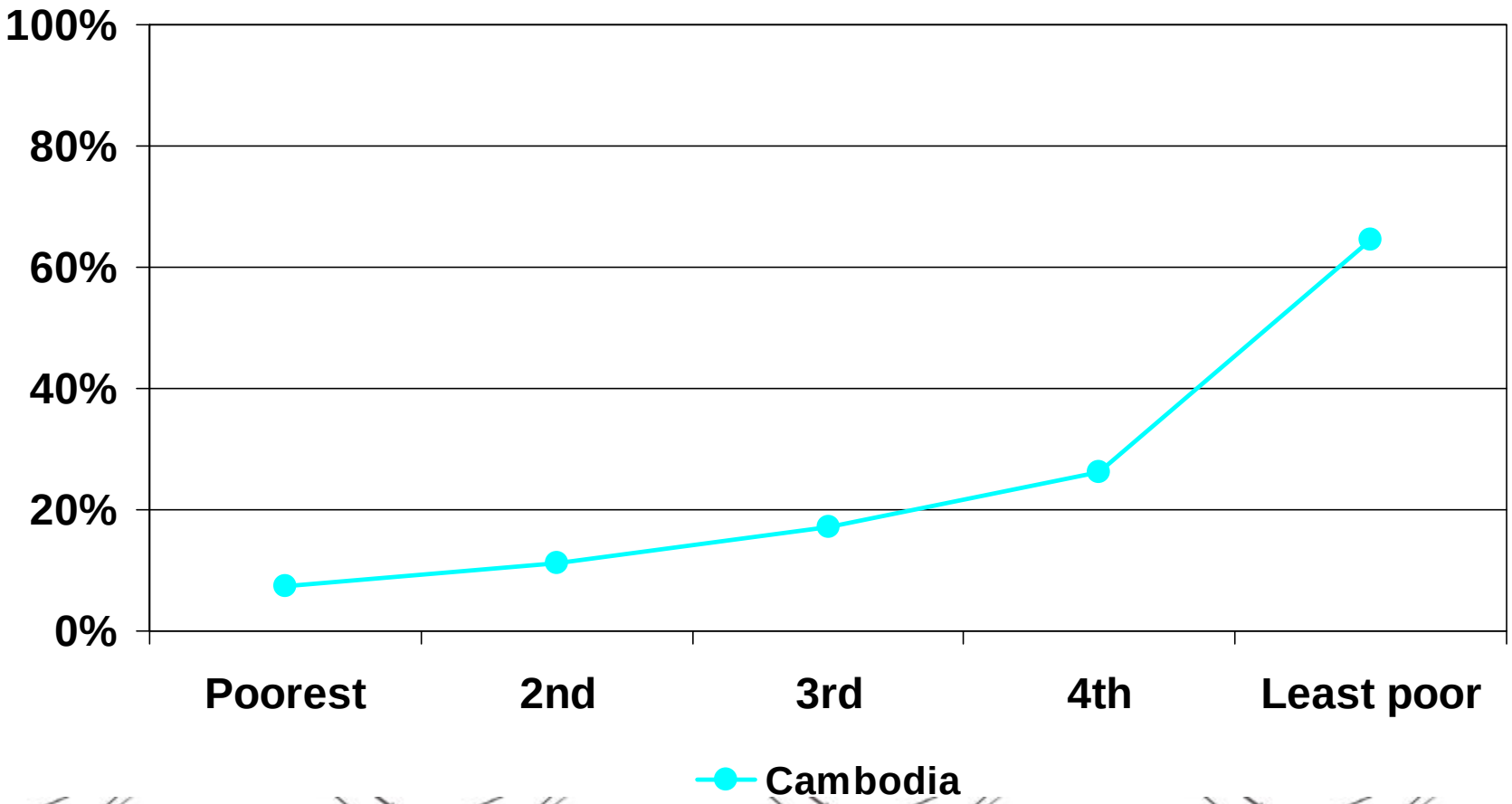
- **Consider the pattern of inequity**

Co-coverage

Is each underfive child getting the preventive interventions s/he should receive?

Victora et al, Lancet 2005

Percent of underfive children receiving six or more child survival interventions



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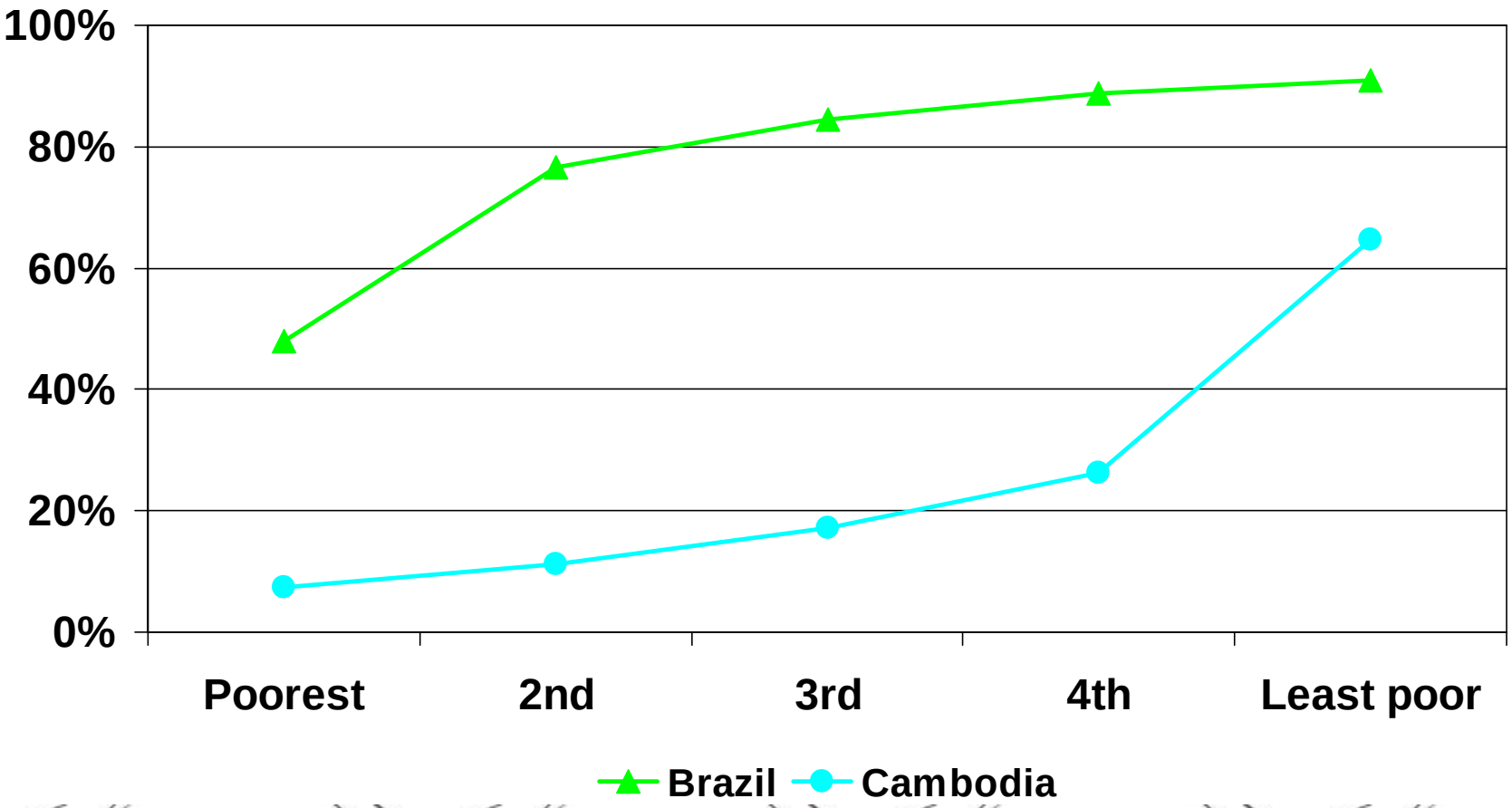

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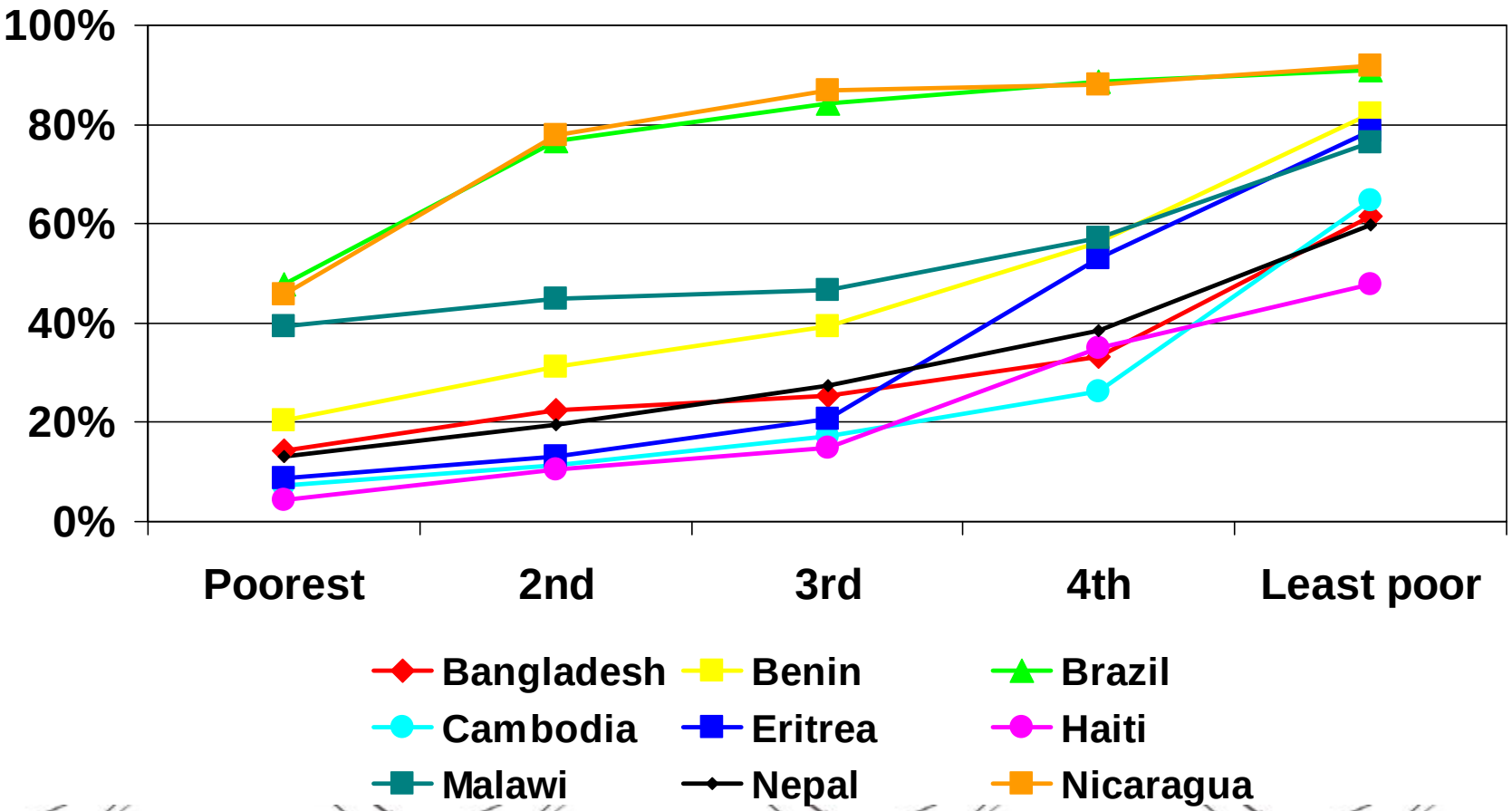

Source: Victora et al, Lancet 2005

Victora et al, Lancet 2005

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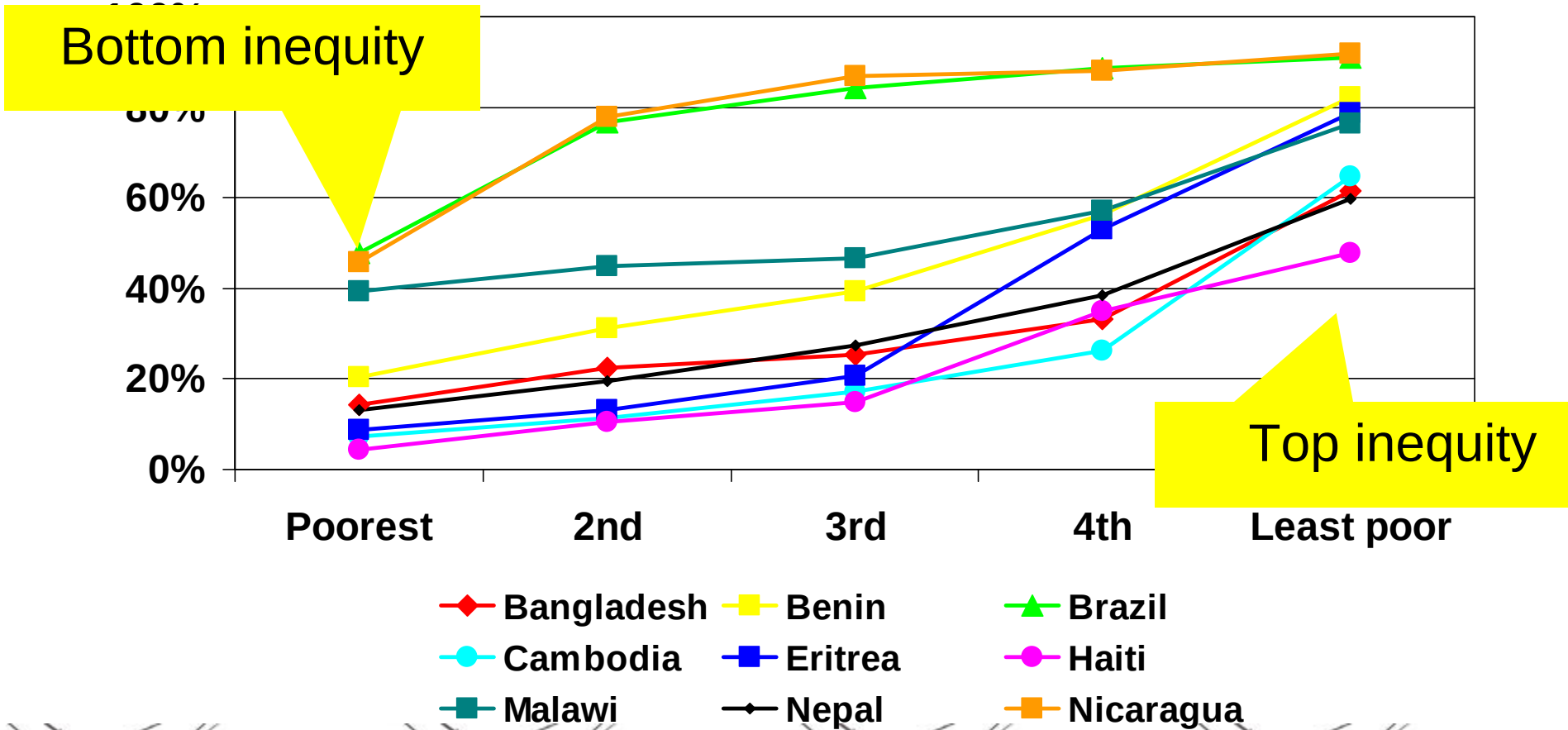

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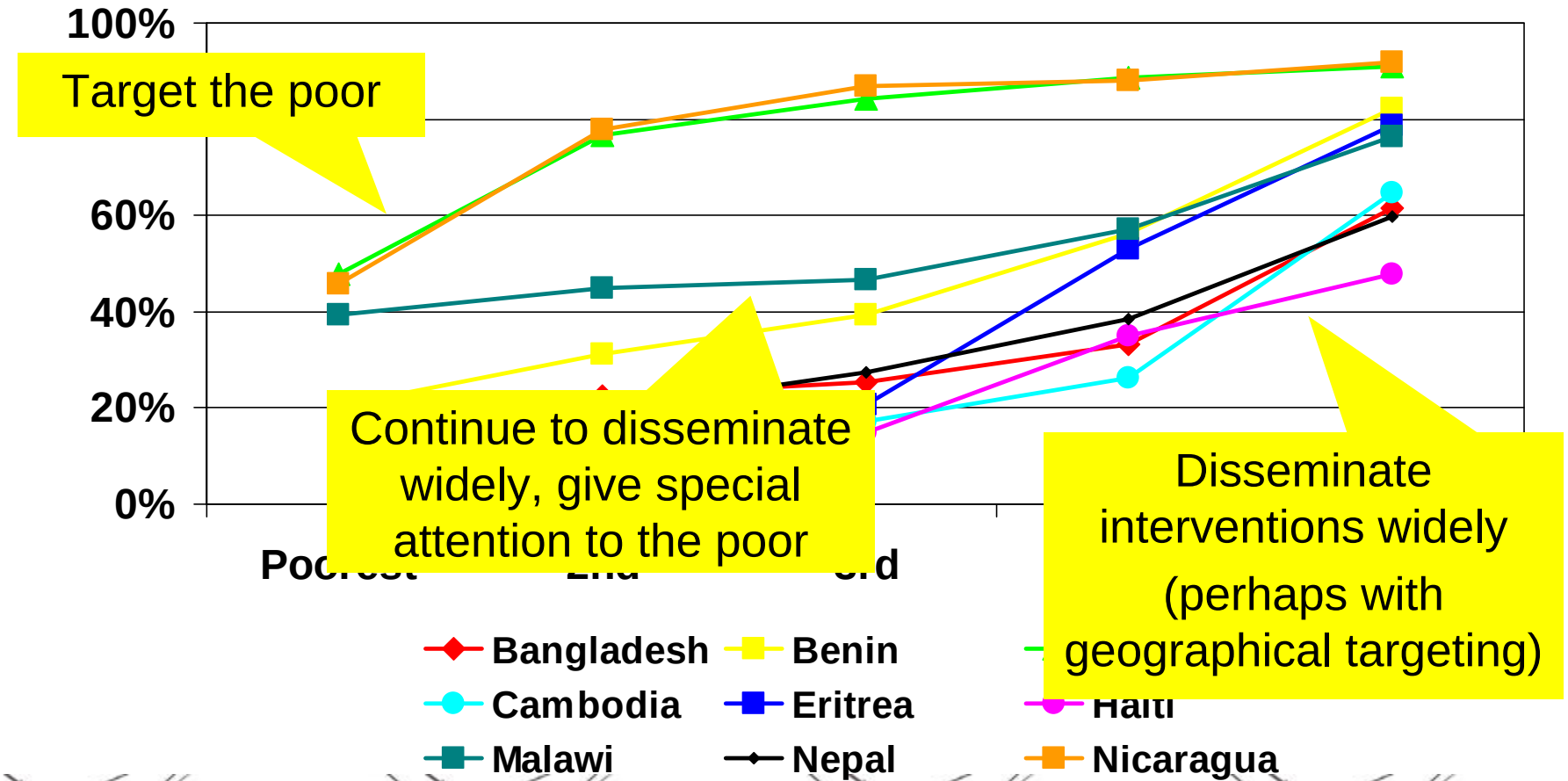

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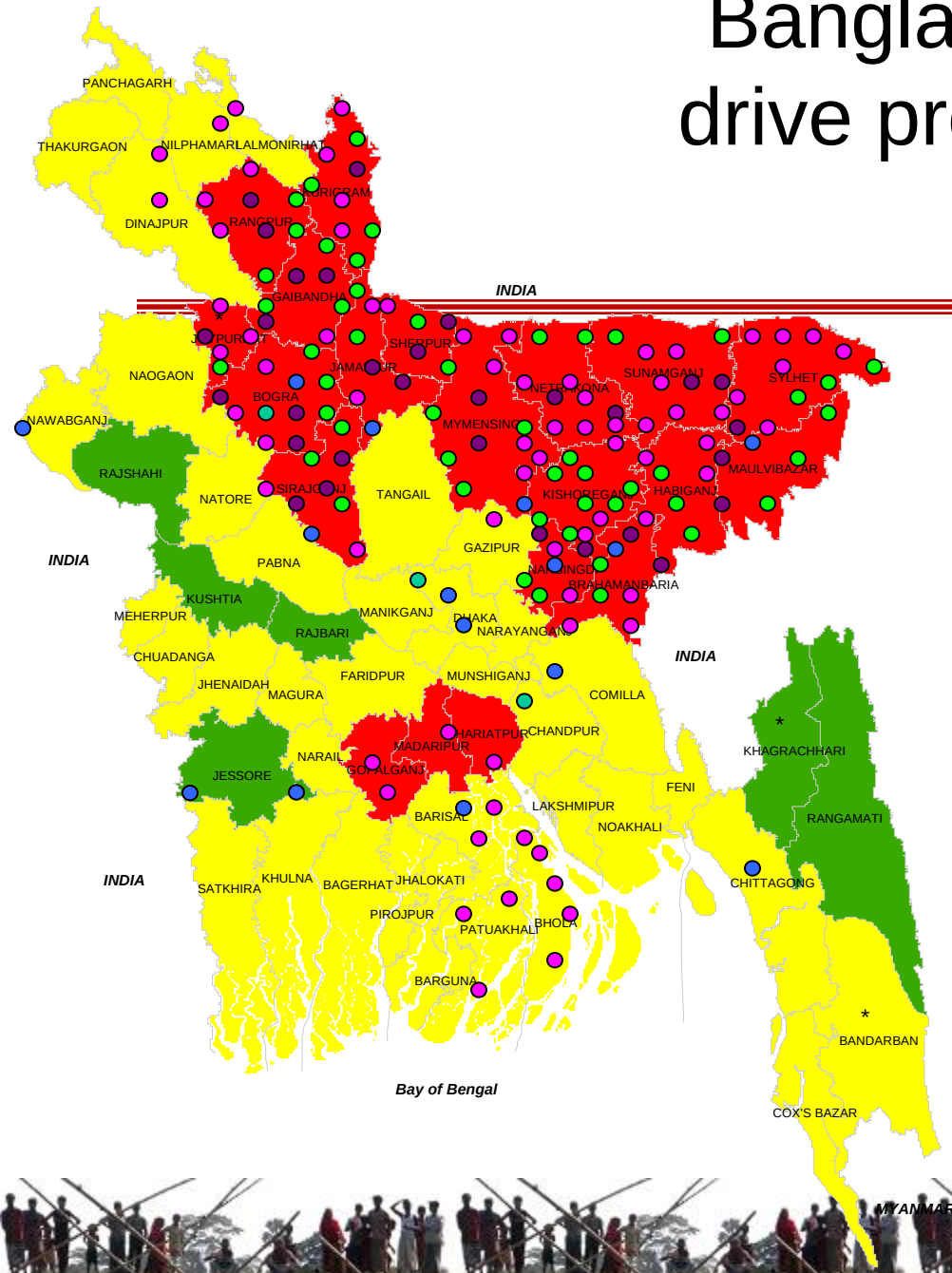
- **Deploy/improve services where the poor live**

Bangladesh: how equity can drive program implementation



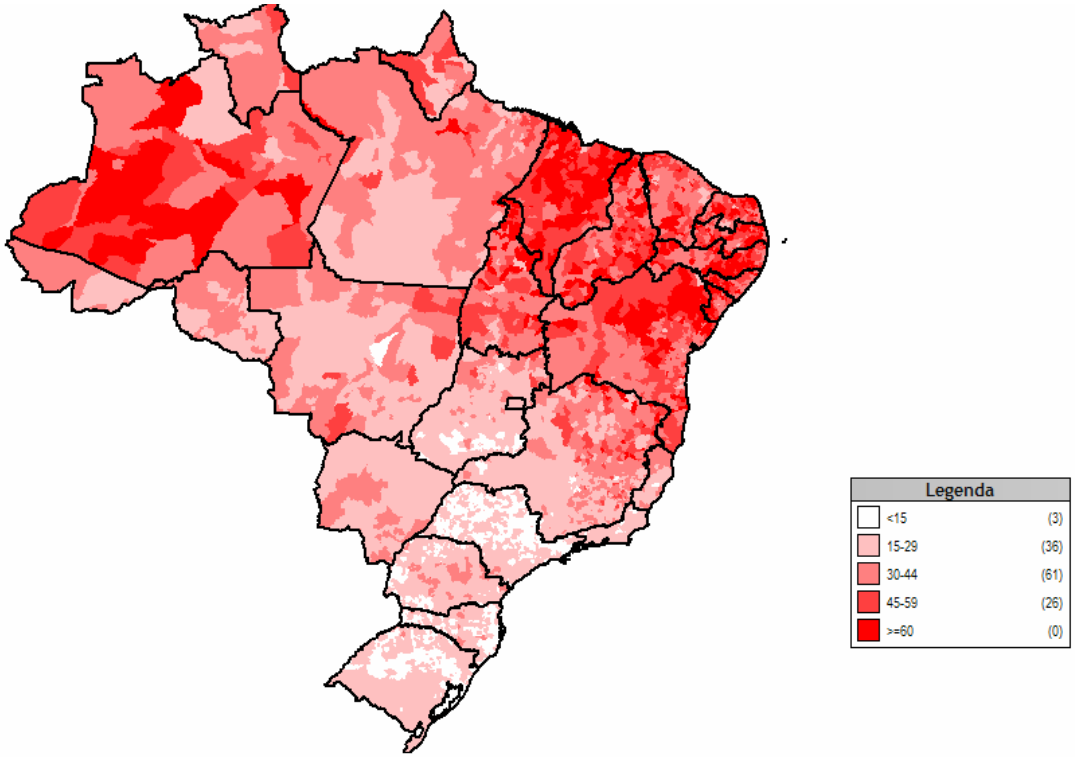
- 2002
- 2003
- 2004
- 2005
- 2006

By 2006, 148 of 159 sub-districts in the "red" areas had IMCI

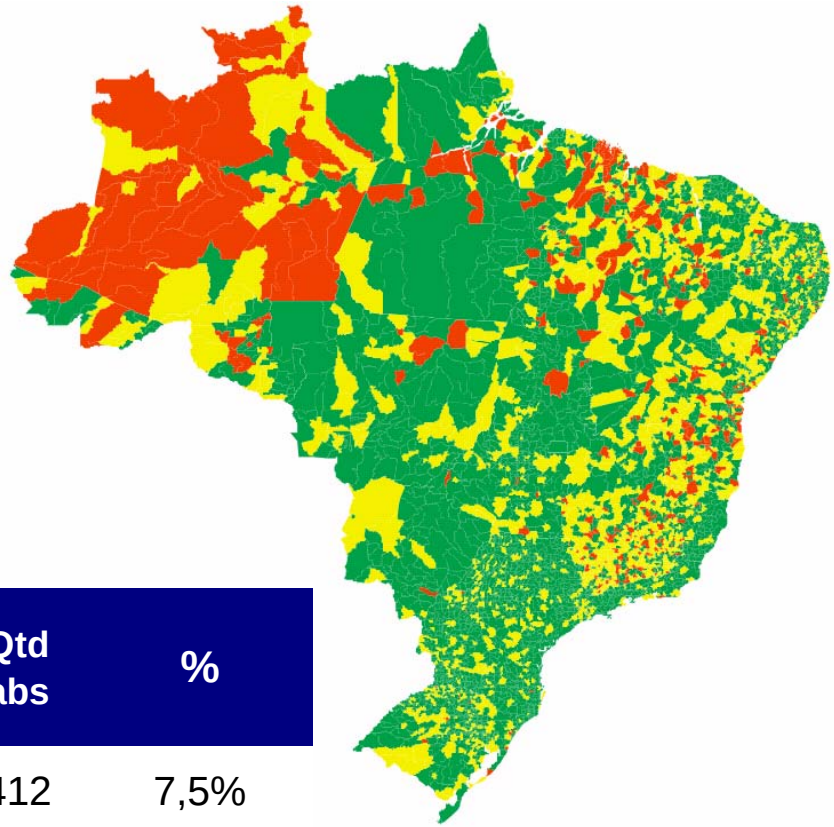
Source: Bangladesh Maternal Mortality Survey, 2001: Provided District Under-5 Mortality Estimates

Infant mortality by region, Brazil

Infant mortality rate, 2000



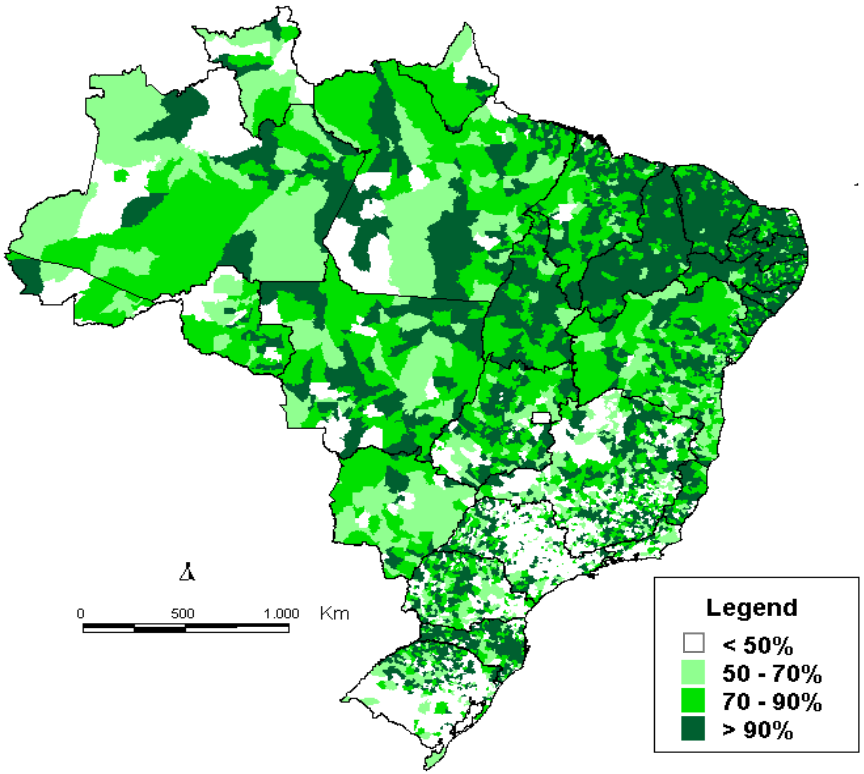
Tetravalent vaccine, Brazil



Cobertura de imunização nos municípios	Qtd abs	%
Até 70%	412	7,5%
Acima de 70% até 95%	1659	30,1%
Acima de 95%	3436	62,4%

Family health program, Brazil

Coverage of the Family Health Program. Brazil, 2002-04



Peru: introduction of new vaccines

- Pentavalent vaccine was first introduced to 40% of the country population, living in the poorest districts of Peru.
  - It took 4 years to reach universal coverage
- 2008: rotavirus vaccine being introduced to about 20% of the population, again in the poorest districts.
- Conjugated pneumococcal vaccine to follow the same pattern.

C. Lanata, personal communication

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- **Employ appropriate delivery channels**

Delivery channels: community case-management

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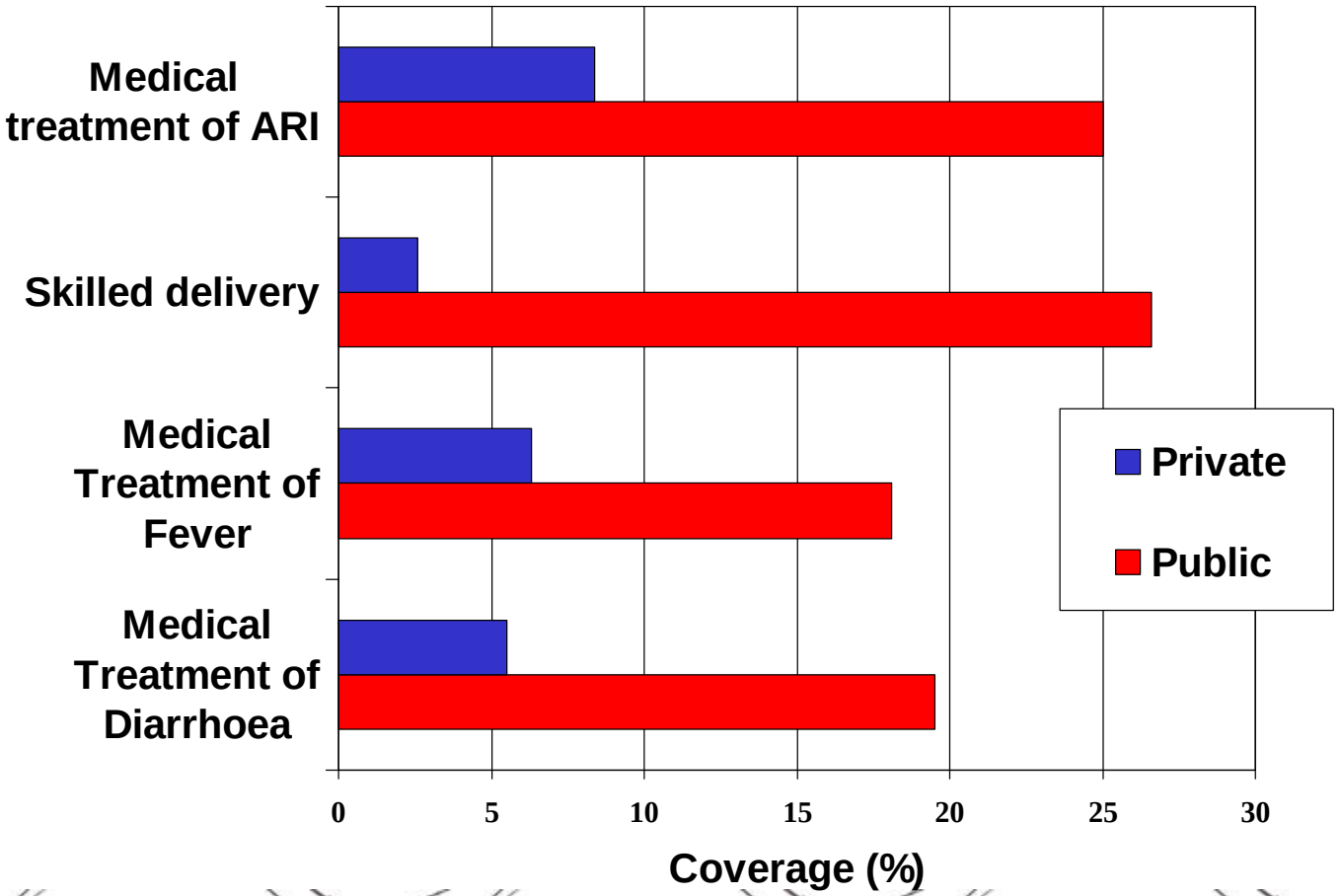
- **Remove financial barriers (user fees, etc)**

Coverage in the poorest quintile by the public and private sectors



>50 countries with DHS surveys

Gwatkin, Bhuiya, Victora - Lancet 2005

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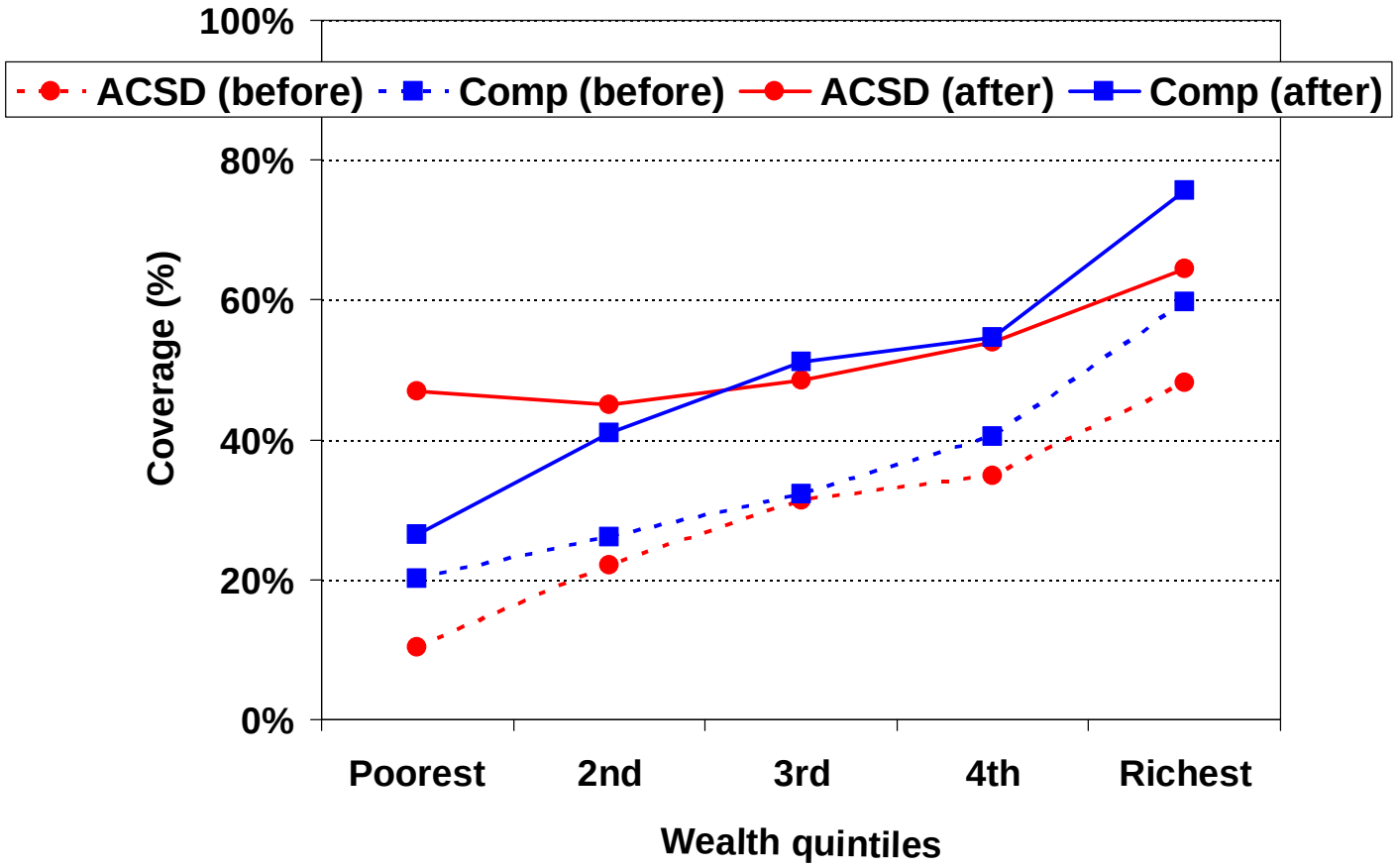
ACSD evaluation in a West African country: antenatal care (3+ visits)



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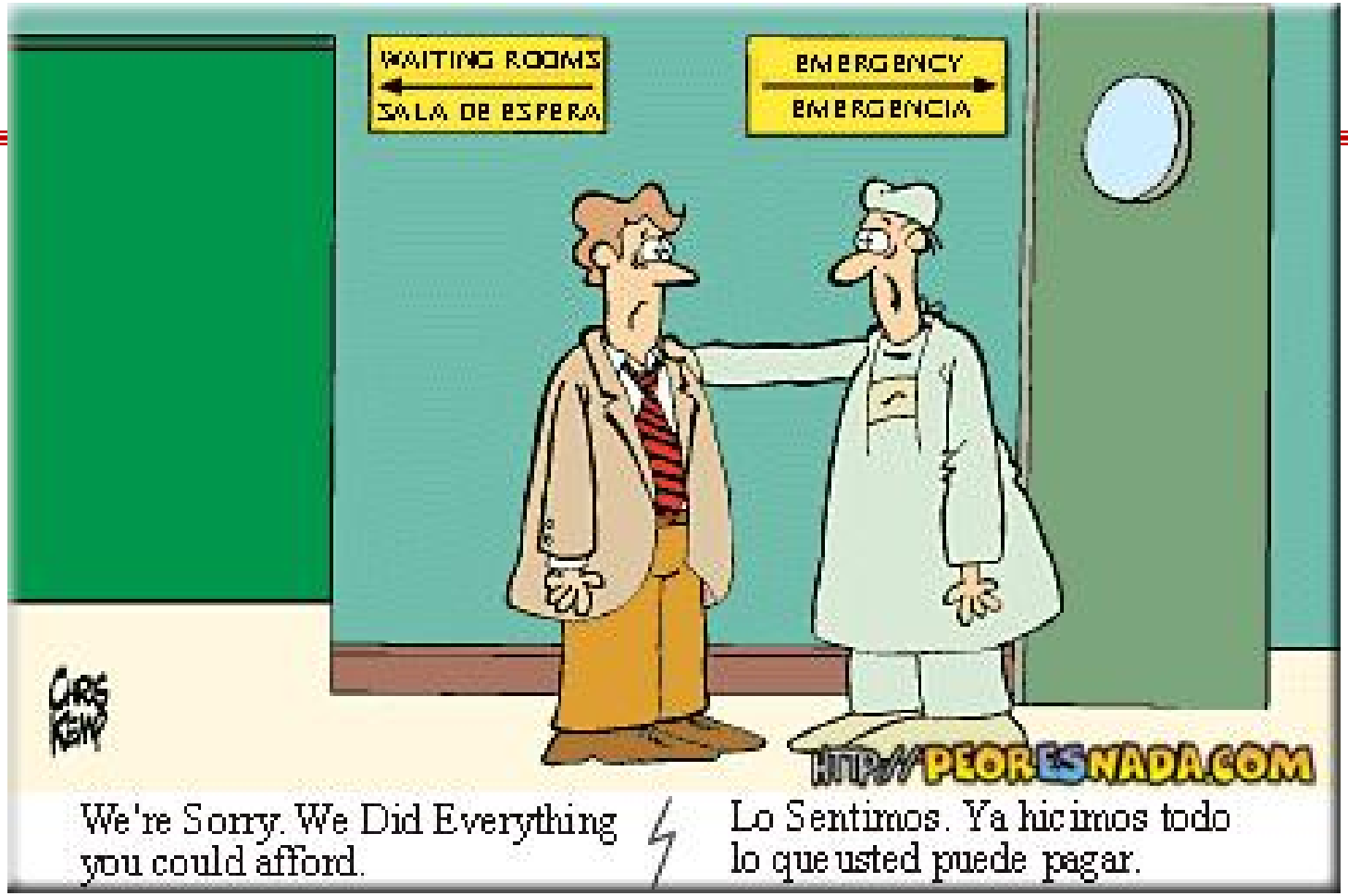
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