



BUILDING KNOWLEDGE TO INFORM POLICIES



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Health Equity – PAHO/WHO agenda

Alma Ata Declaration, 1978

“The existing gross inequality in the health status of the people particularly between developed and developing countries as well as within countries is politically, socially and economically unacceptable and is, therefore, of common concern to all countries.”





Health Equity – PAHO/WHO Agenda












WHO Equity Initiative, 1998

“Inequities have severe health consequences, therefore efforts to promote economic growth should be accompanied by policies and actions in support of equitable access to the benefits of development.”

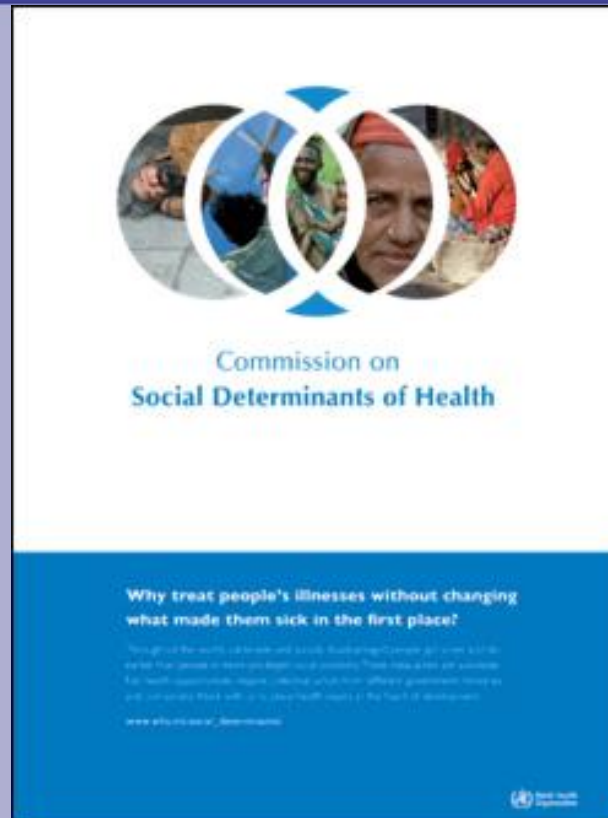
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Essential Public Health Functions

(Resolution DC 42.42, 2000)

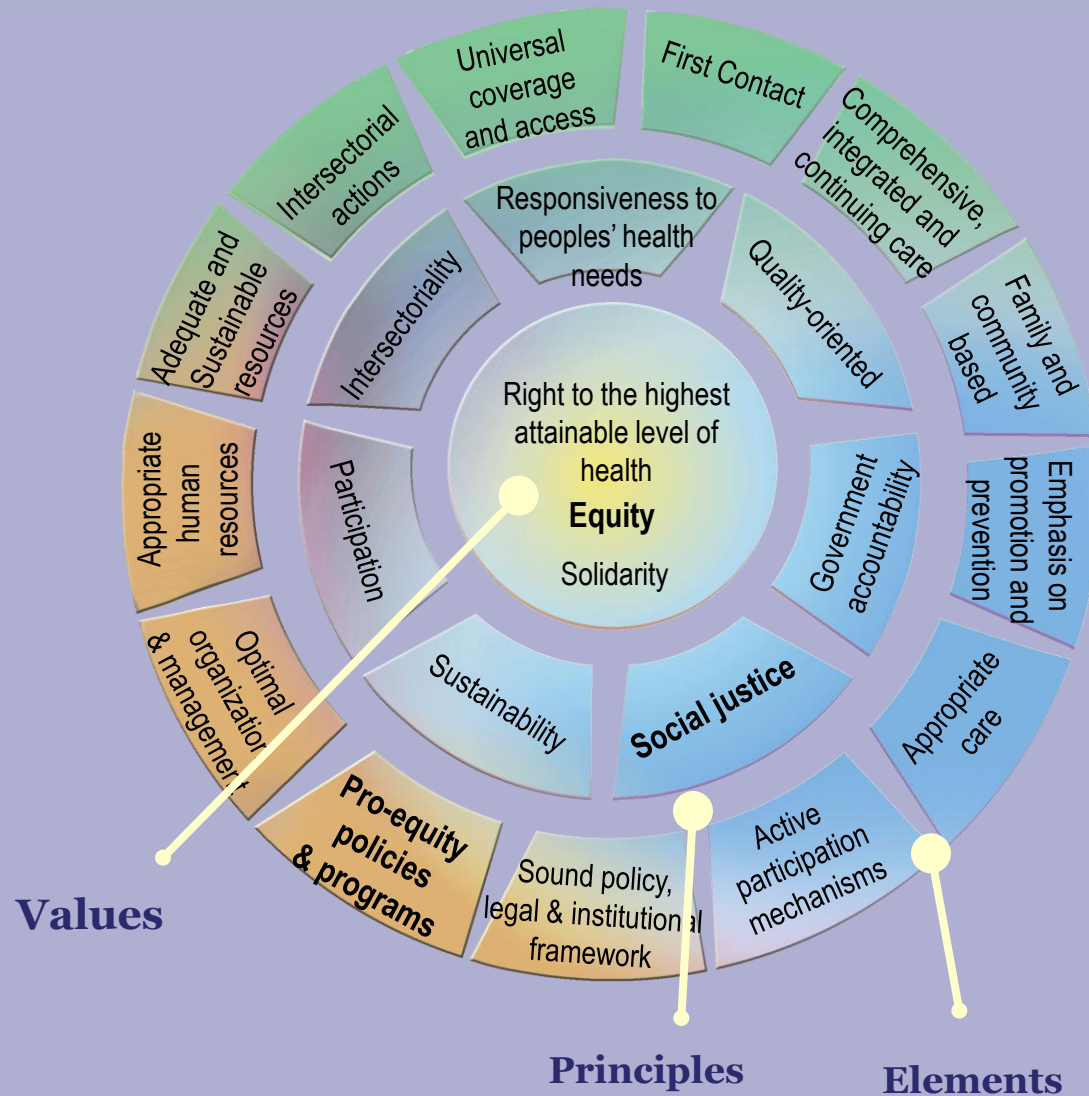
-  1. Monitoring, evaluation, and analysis of health status;
-  2. Surveillance, research, and control of the risks and threats to public health;
-  3. Health promotion;
-  4. Social participation in health;
-  5. Development of policies and institutional capacity for public health planning and management;
-  6. Strengthening of public health regulation and enforcement capacity;
-  7. Evaluation and promotion of equitable access to necessary health services;
-  8. Human resources development and training in public health;
-  9. Quality assurance in personal and population-based health services;
-  10. Research in public health;
-  11. Reduction of the impact of emergencies and disasters on health.

Health Equity – PAHO/WHO agenda



Established in 2005 to respond to increasing concerns about persisting and widening inequities and to provide advice on how to reduce them.

Health Equity – PAHO/WHO agenda





Health Equity – PAHO/WHO Agenda

PAHO Mission

To lead strategic collaborative efforts among Member States and other partners to promote equity in health, to combat disease, and to improve the quality of, and lengthen, the lives of the peoples of the Americas.

PAHO Values: Equity, Excellence, Solidarity, Respect, Integrity

Equity – Striving for fairness and justice by eliminating differences that are unnecessary and avoidable.



Equity and Universal Coverage

“Universal coverage implies that financing and organizational arrangements are sufficient to cover the entire population, removing ability to pay as a barrier to accessing health services and protecting people from financial risk, while providing additional support to meet equity goals and implement health promoting activities.” PHC 2007



Equity in health and health care

Inequities in health are based on ethical judgments about observed differences. For example:

- Is it fair that the poor die at a younger age than the rich?
- Is it just that babies born to poor mothers have lower birth weight and higher risk of mortality when compared to the better off?⁸



Equity in health and health care

Equity in health care: “equal access to care for equal need implies equal entitlement to the available services for everyone, a fair distribution throughout the country based on health care needs and ease of access in each geographical area, and the removal of other barriers to access.”⁷

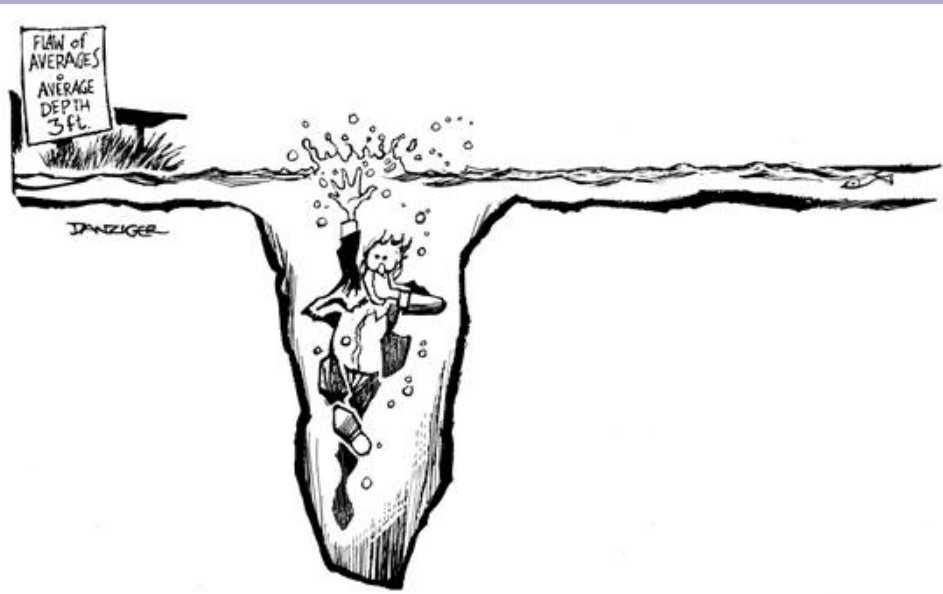


What We Know

- Health systems can modify the negative effects of socioeconomic inequalities, reduce the burden of disease on the poor, contribute to poverty reduction; but it can also play a role in increasing inequalities and exclusion;⁶
- Reducing/eliminating inequity in health and health care is a major objective of many health systems in the Region and key to Universal Health Coverage.

What is the problem?

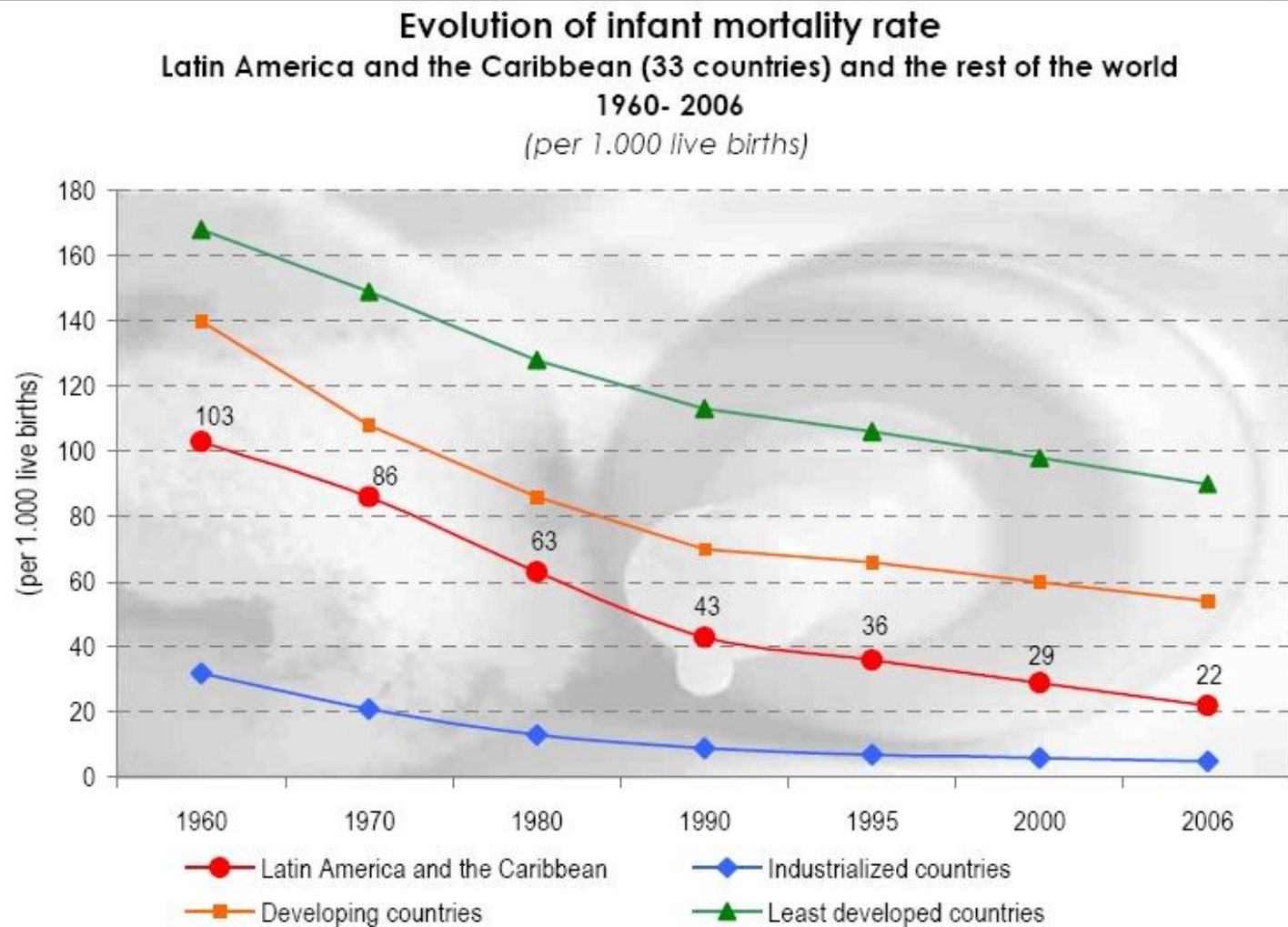
The flaw of averages



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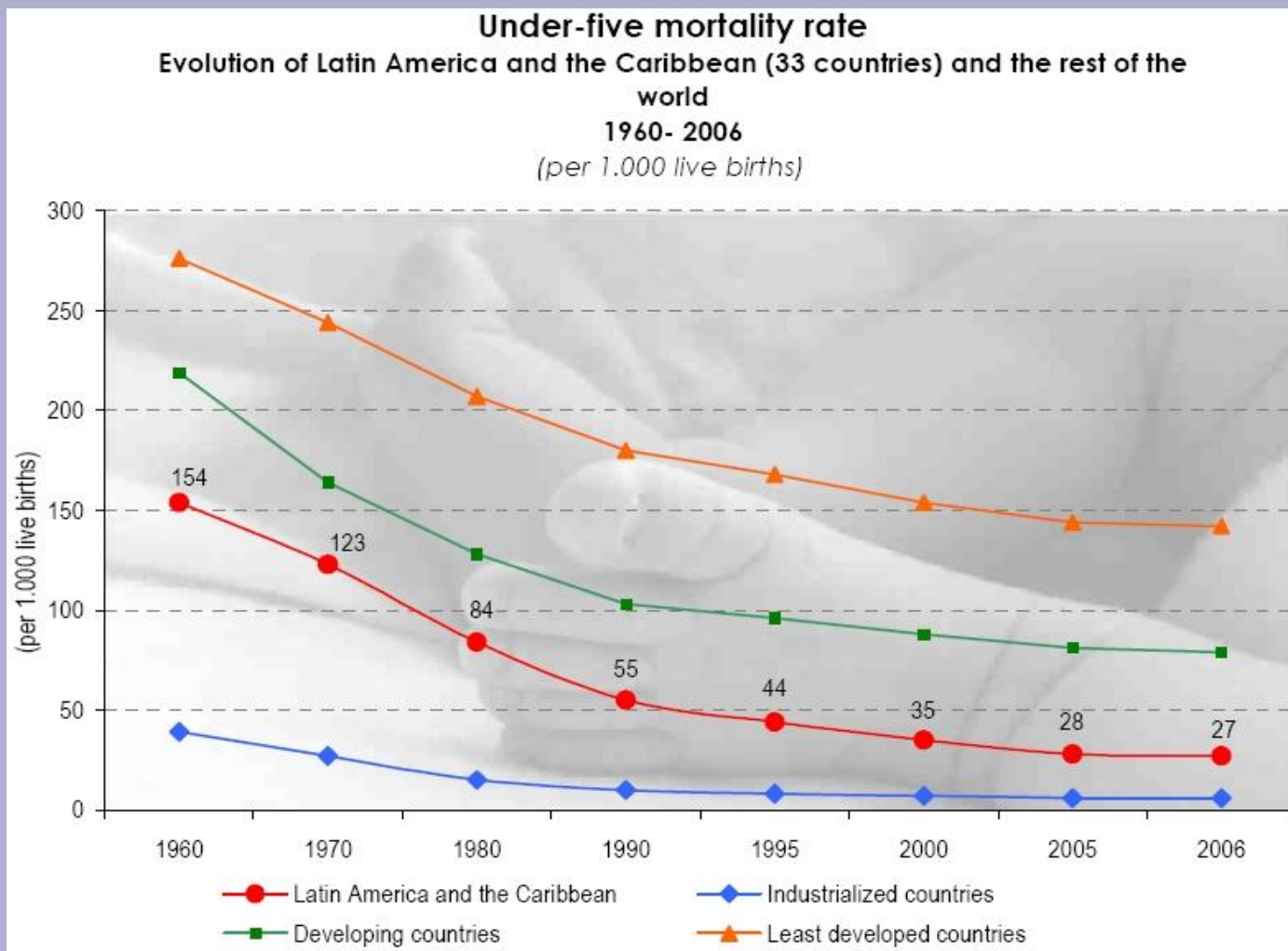
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Health Situation in the LAC



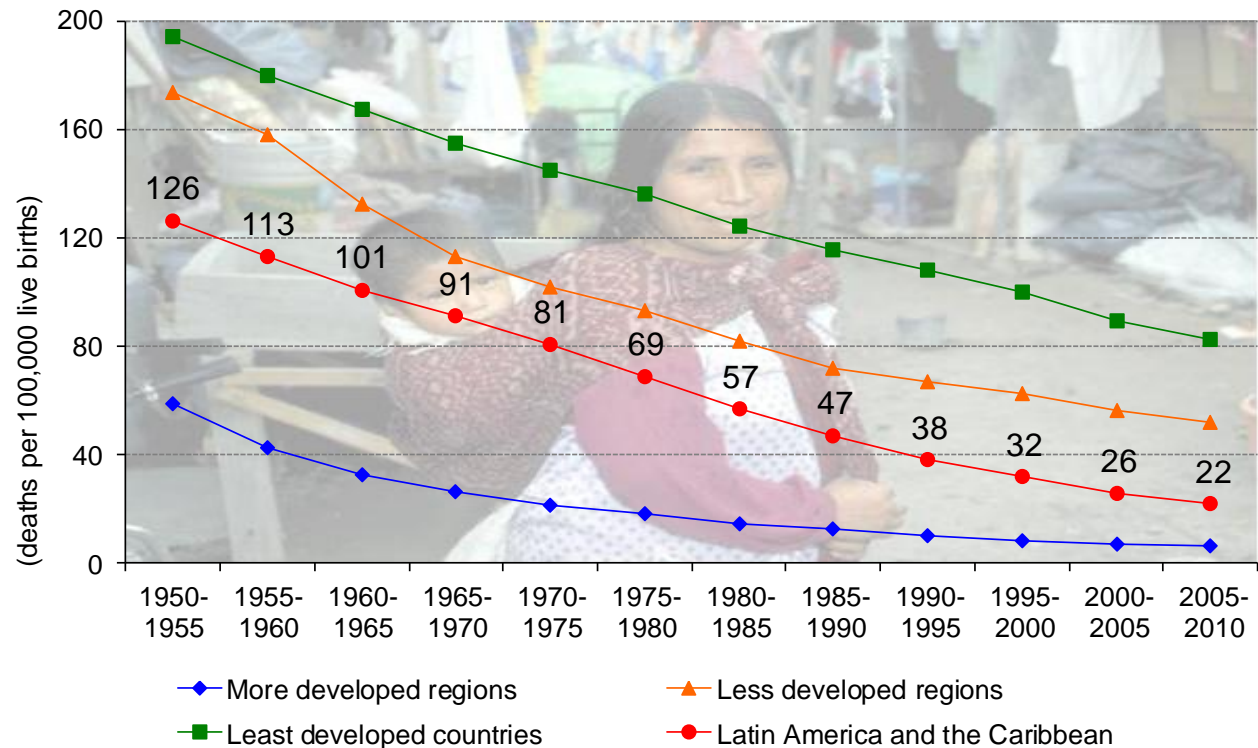
Source: ECLAC based on data from UNICEF, United Nations. Online database: Monitoring the situation of women and children. www.childinfo.org.

Health Situation in the LAC



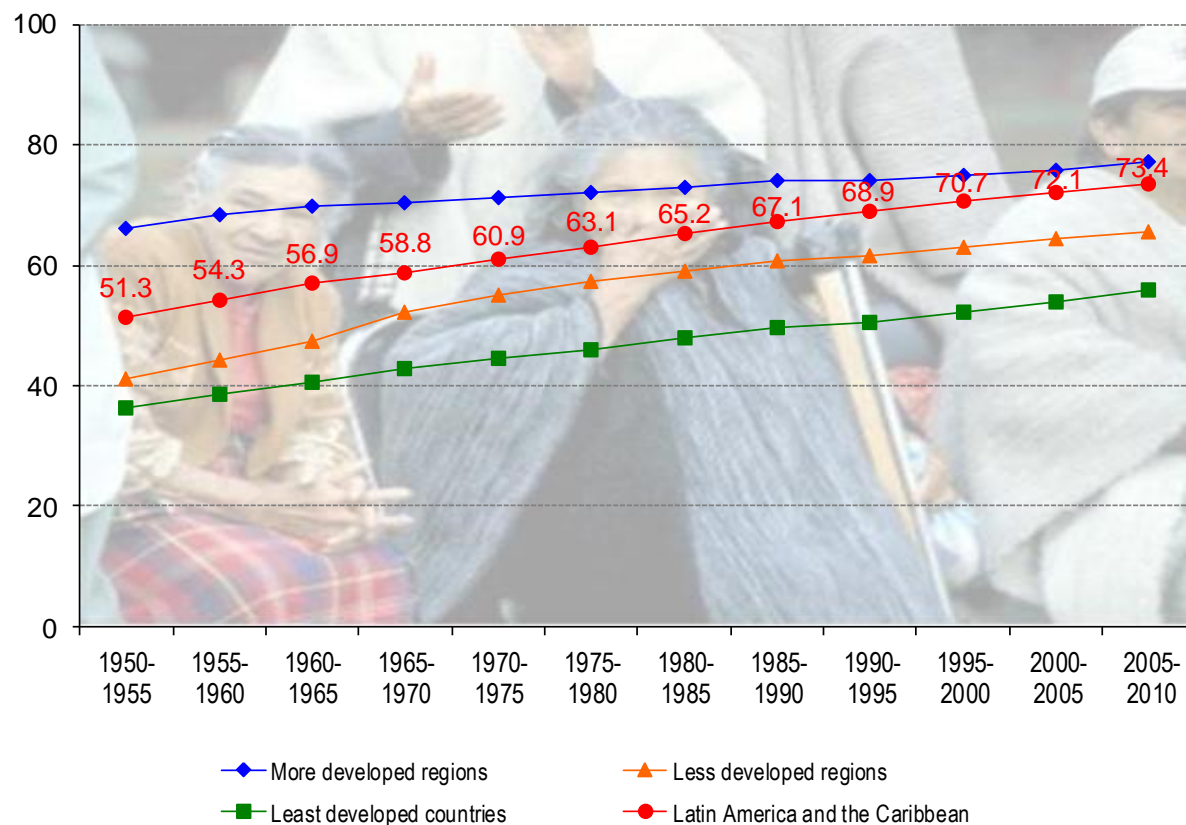
Health Situation in the LAC

Evolution of maternal mortality rate
Latin American and the Caribbean Region compared to the
rest of the world,
1950-2010



Health Situation in the LAC

Evolution of Life Expectancy at Birth
Latin America and the Caribbean Region compared to the rest of the world,
1950-2010



Inequity in LAC



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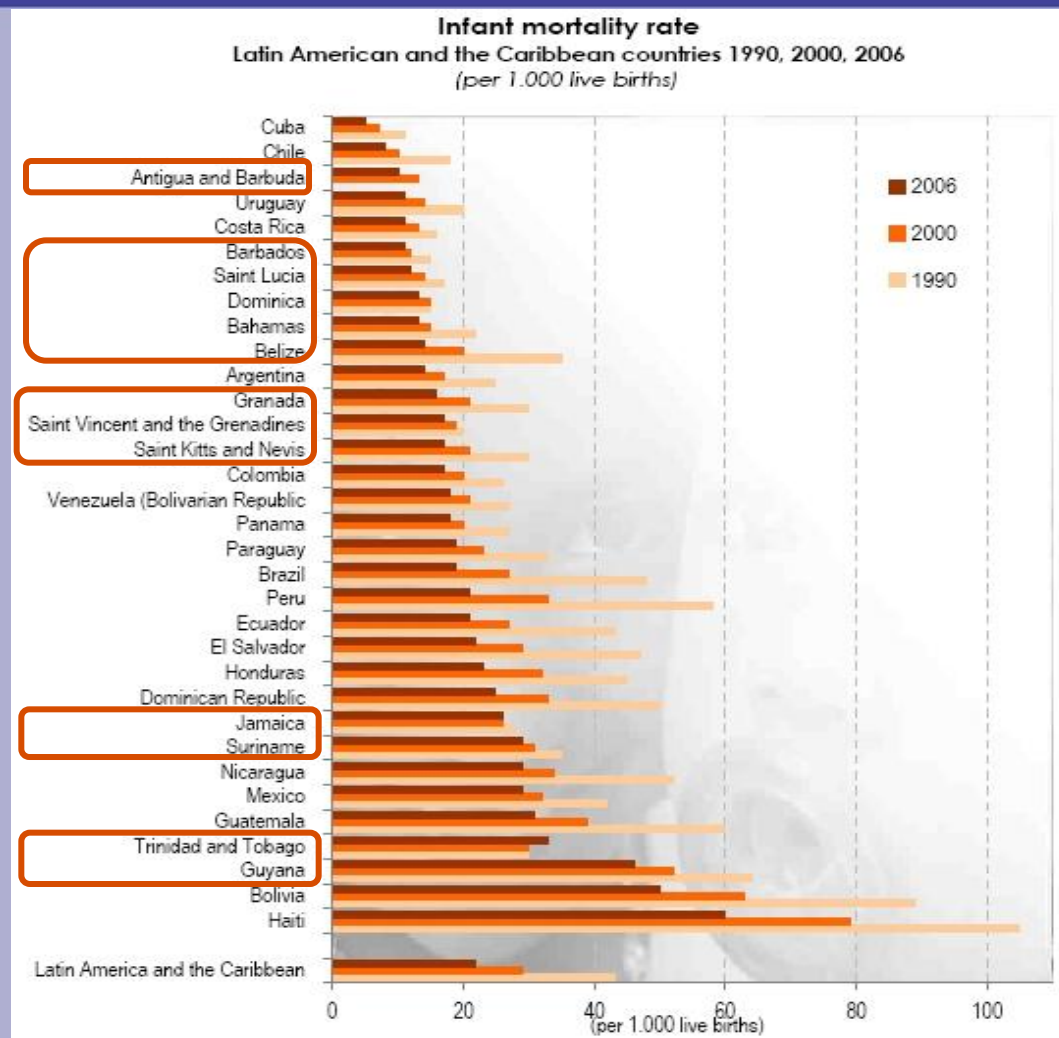
Inequity in LAC



36.5% of the population of LAC lives in poverty, while extreme poverty affects 13.4%;

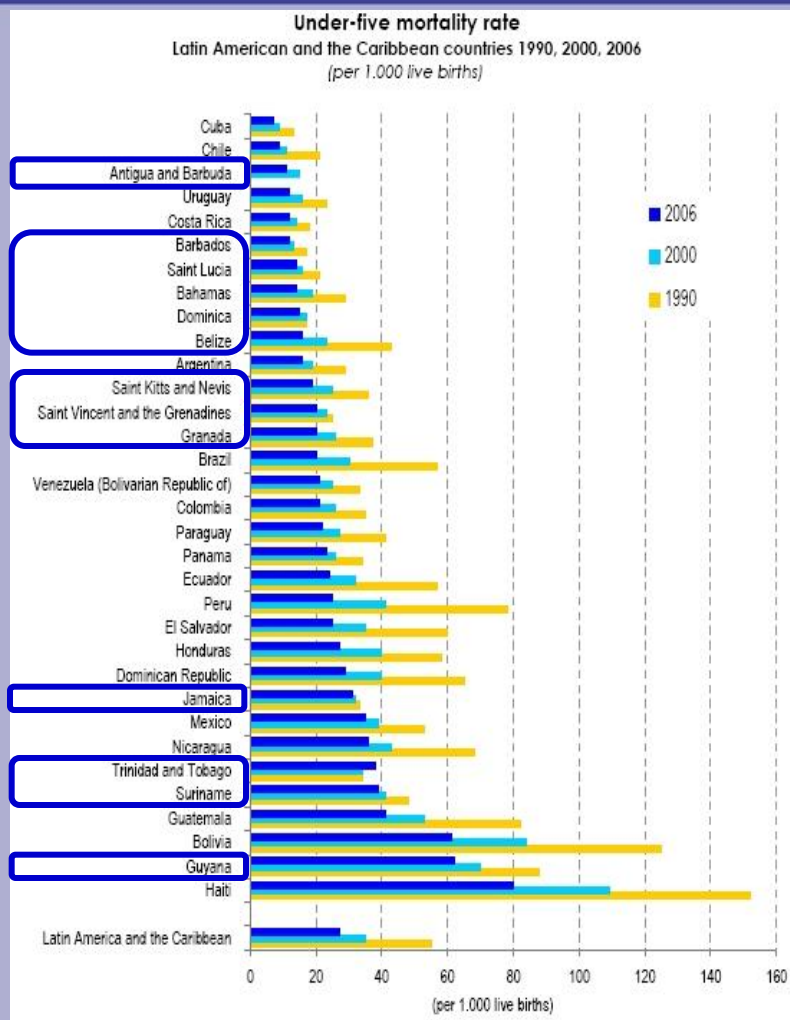
One of the highest income inequality of all regions of the world.

Inequities in LAC



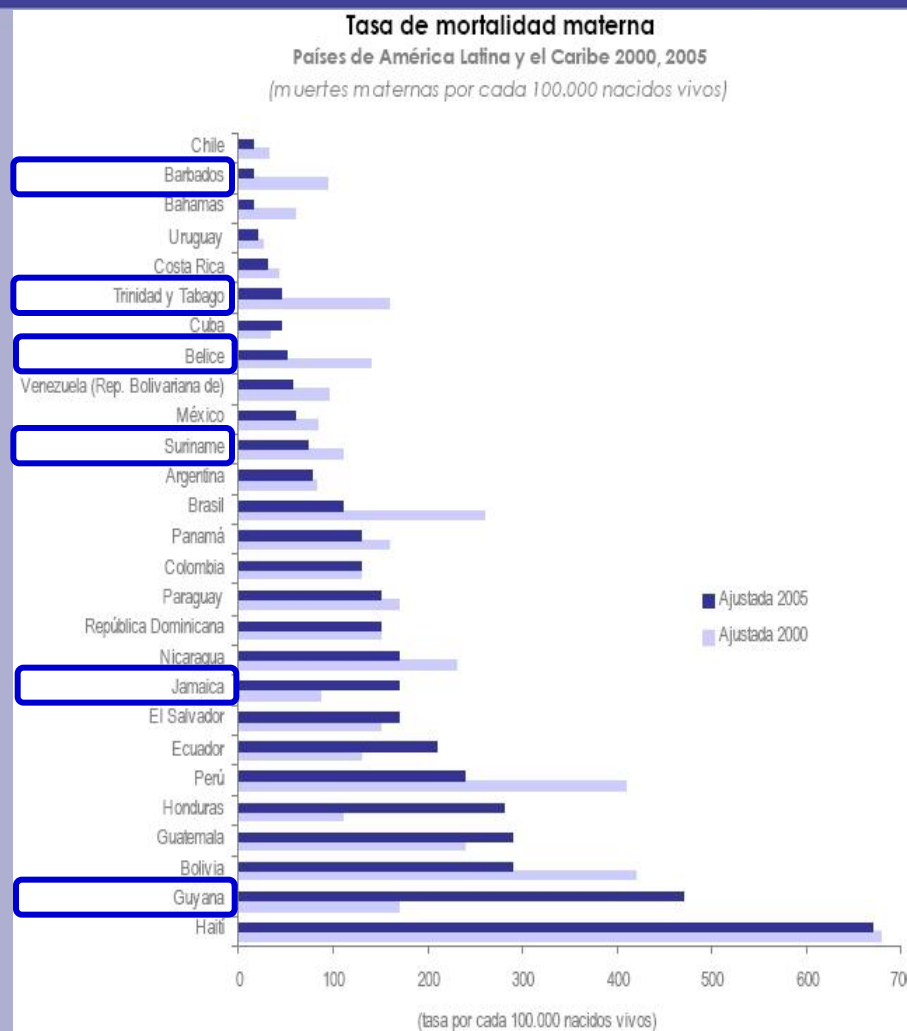
Source: ECLAC on the basis of UNICEF, United Nations Children's Fund . On-line database: Monitoring the Situation of Children and Women. www.childinfo.org. Information download: August, 2008.

Inequities in LAC



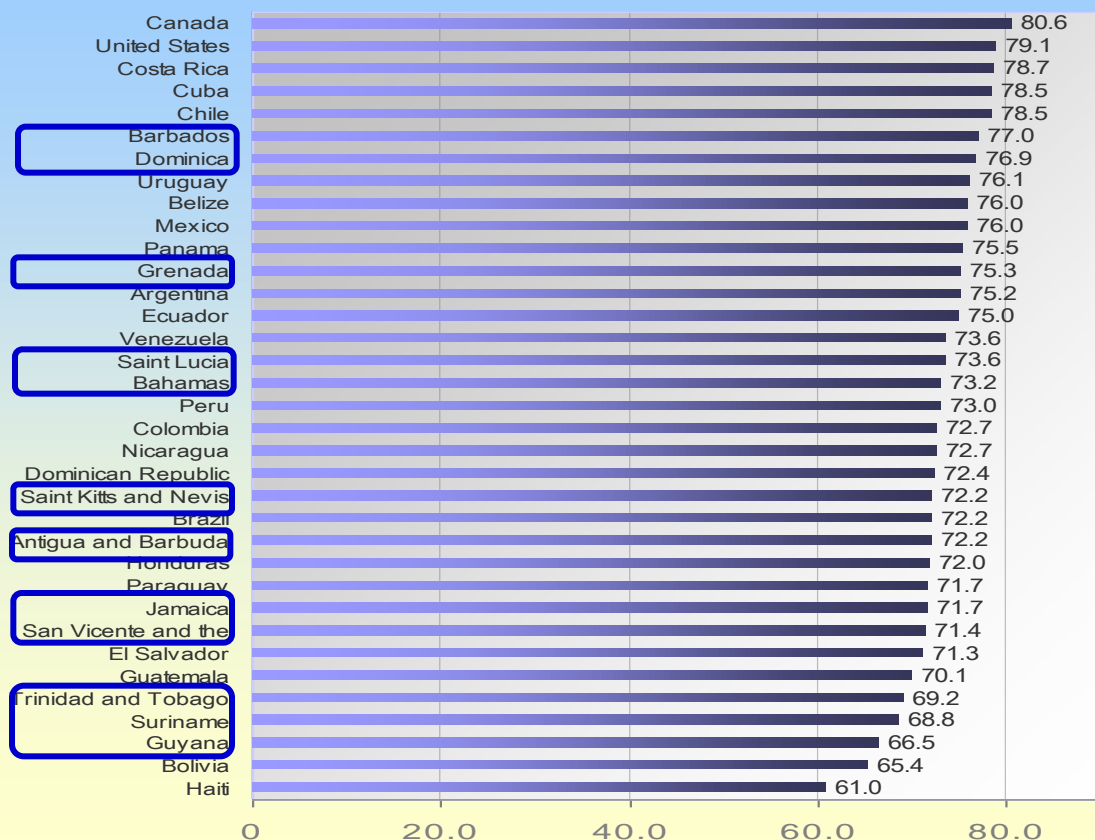
Source: ECLAC on the basis of UNICEF, United Nations Children's Fund . On-line database: Monitoring the Situation of Children and Women. www.childinfo.org. Information download: August, 2008.

Inequities in LAC



Inequities in LAC

Life expectancy at birth
in the Americas, 2007



Source: Almeida, G. based on data available on line from the United Nations Development Program, HDI trends and indicators (1980-2007).

Inequidades en LAC

- 230 million people without social or private insurance (46% of the population);¹
- 125 million (27%) do not have access to basic health services;¹

Inequidades en LAC

- A child born in Haiti is 17 times more likely to die before reaching the age of 5 than a child born in Canada;³
- Maternal mortality in Bolivia is 230/100,000 live births or 10 times more than Chile, which is 23/100,000;³
- In Bolivia's valley region, maternal mortality is 124/100,000 live births, while in the rural areas with predominant indigenous population it is 352/100,000 life births;³

Inequidades en LAC

- The main causes of infant mortality are asphyxia, sepsis, and low birth weight;³
- The most efficient way to prevent infant mortality is to ensure adequate prenatal care, but the proportion of women with the minimum recommended of 4 prenatal visit is very low in LAC with high levels of inequity;⁴

Inequidades en LAC

- The major cause of maternal mortality is postpartum hemorrhage, followed by sepsis and eclampsia;³
- Maternal mortality is concentrated among poor women, with limited access to health services, who usually receive low quality of care;⁵
- The most efficient way to prevent maternal mortality is to have qualified health personnel during delivery, but 4 out of 10 deliveries in LAC occurs without qualified personnel;³



Inequidades en LAC

- 80% of cervical cancer deaths in LAC occur in low income countries, in women who are poor, indigenous, or living in rural areas, where access to health services is unequitable;²
- Cervical cancer is preventable when detected early, but more than 33,000 women die annually of this disease in LAC;²
- Most of these deaths are avoidable!

Inequity in LAC



Brazil, 2008

- Population: 192,000,000
- Poor: 48,000,000
- Indigents: 17,000,000



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Inequity in LAC

Percentage of mothers with the recommended six or more prenatal visits, by region and state. Brazil.



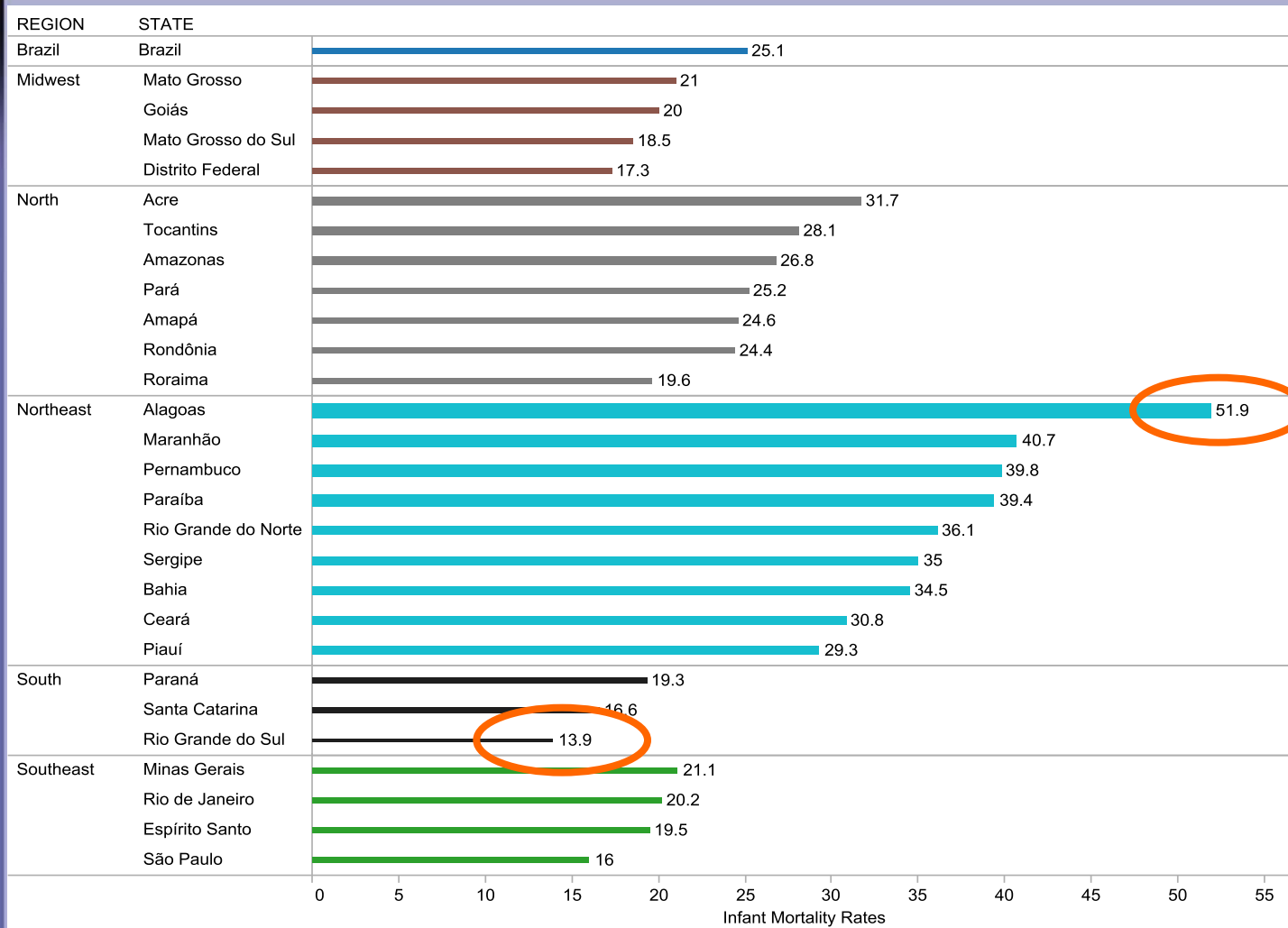
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Source: IBGE. (2002) Social Indicators. Brazil.

Inequity in LAC

Infant Mortality (per 1,000 live births, by state). Brazil, 2006



Source: Almeida, G based on data available online from IBGE, Social Indicators 2007, Brazil.

Equity in Health Systems



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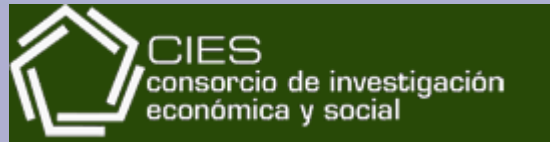
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Participating Countries

1. Brazil
2. Canada
3. Chile
4. Colombia
5. Jamaica
6. Peru
7. Mexico
8. Costa Rica
9. El Salvador
10. Ecuador

Partners/Contributors



Income-related inequality in health care utilization

- Measurement and explanation of income-related inequalities in health and health care.
- Based on the horizontal equity principle of equal care for equal need, irrespective of other characteristics such as income, sex, race, geographic region, etc.
- The use of a multidisciplinary group of professionals and the participation of policy makers are encouraged for the development of studies.



Income-related inequality in health care utilization

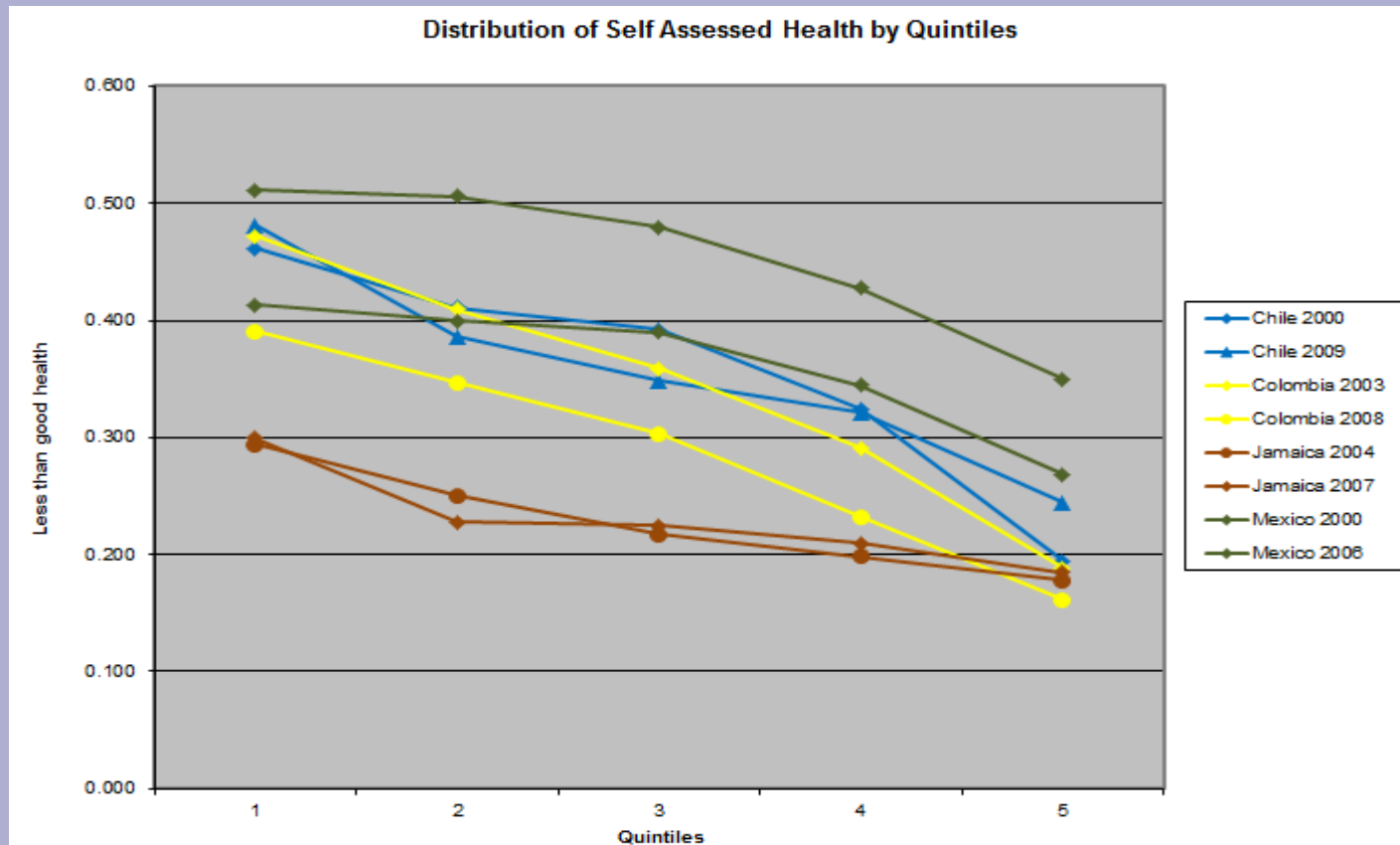
1. Are there inequalities in health and health care utilization by income before and after standardizing for differences in the need for health care?
2. What is the magnitude of income-related inequalities?
3. Have inequalities changed over time? Have they narrowed or widened?
4. How these inequalities compare among geographic regions, rural/urban populations, race/ethnic groups, etc.?



Income-related inequality in health care utilization

1. What are the major factors that contribute to the inequalities identified?
2. What is the OOP distribution among quintiles?
3. Is health care financing progressive?
4. Who benefits the most from public health services?

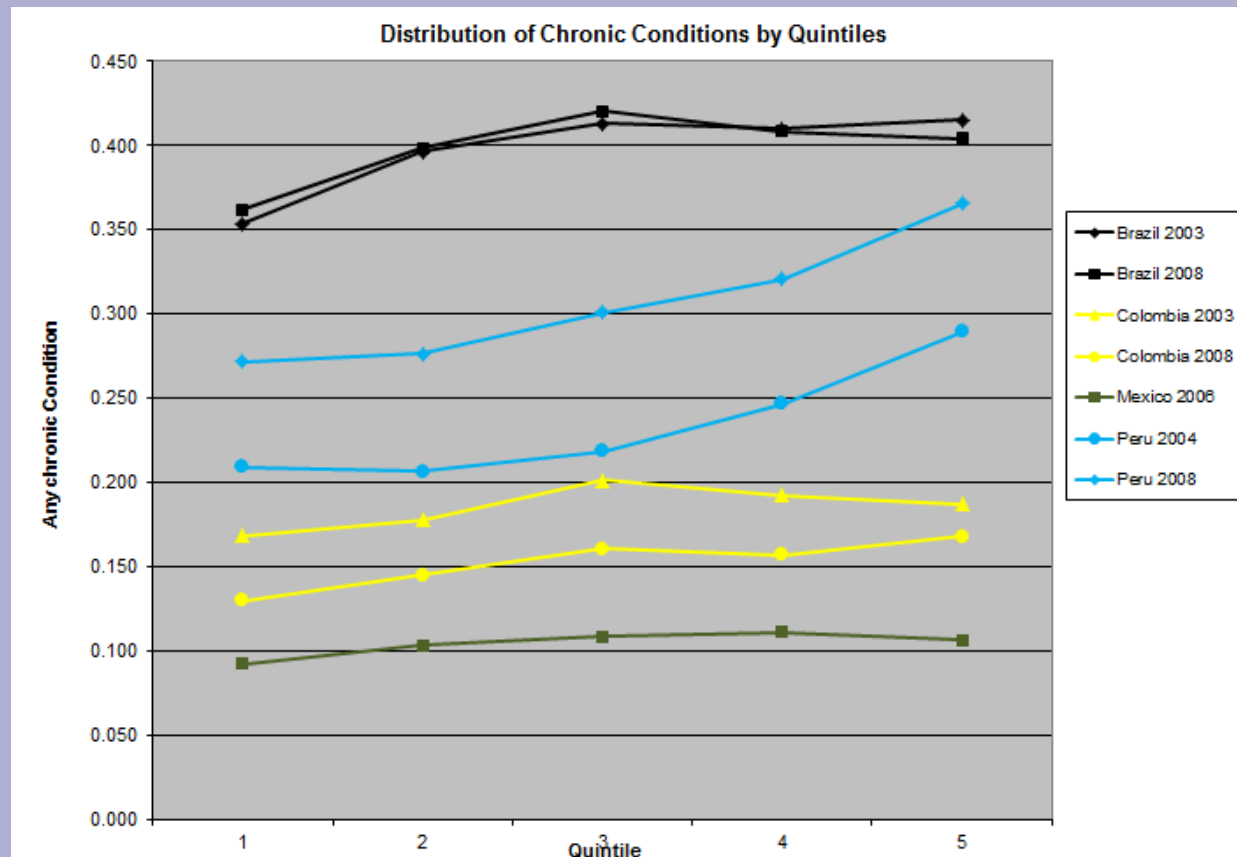
Results



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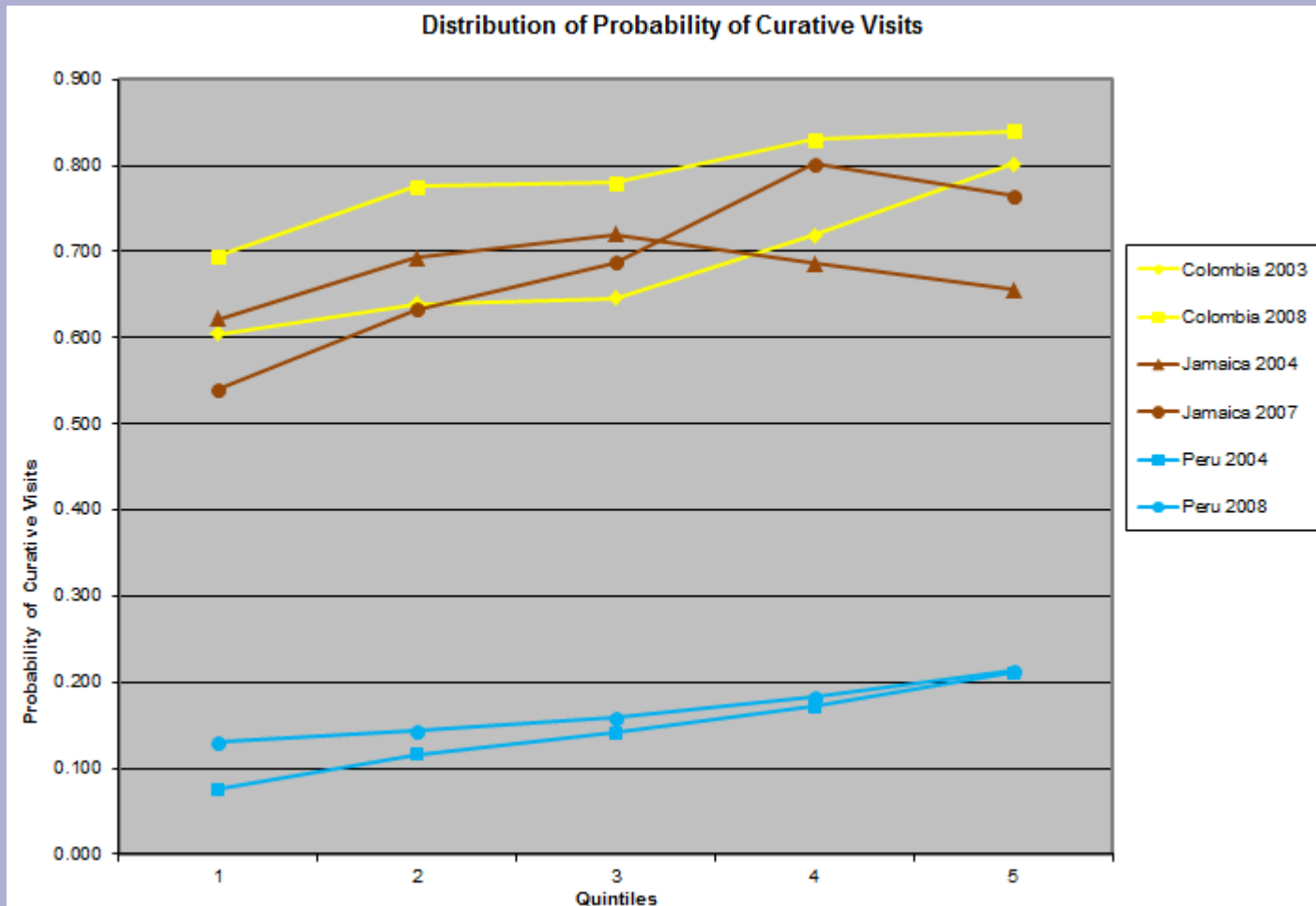
Results



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Results



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Inequidades en LAC

- Health and health care inequities exist among countries and within the countries;
- Health systems cannot reduce inequities alone, they can reduce disease burden among vulnerable population groups and contribute to the reduction of poverty; but they can also increase inequity and exclusion;⁶
- UHC is a necessary step to achieve equity;
- Monitor and evaluation of equity are key processes to inform public policy and guide priorities.



EquiLAC



“If you cannot measure it, you cannot improve it.” Lord Kelvin



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