



# 13<sup>th</sup> World Congress on Public Health

23 – 27 April, 2012

Addis Ababa, Ethiopia

**“Towards Global Health Equity:  
Opportunities and Threats”**

## **Towards the achievement of the MDGS in Africa and Worldwide**

**Global health equity: threats and opportunities**

Dr Tedros Adhanom  
Minister, Federal Ministry of Health  
Addis Ababa, 24 April 2012

# **Content of the presentation**

---

1. Global health equity overview
2. Threats and opportunities
3. Way forward



# What is health equity?

---

**Equity in health can be — and has widely been — defined as the absence of socially unjust or unfair health disparities.”**

**(Braveman P, Gruskin P; *Defining Equity in Health* / *Epidemiol Community Health* 2003;**57**:254-258)**



## What is health equity?

---

“The existing gross inequality in the health status of the people 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.”

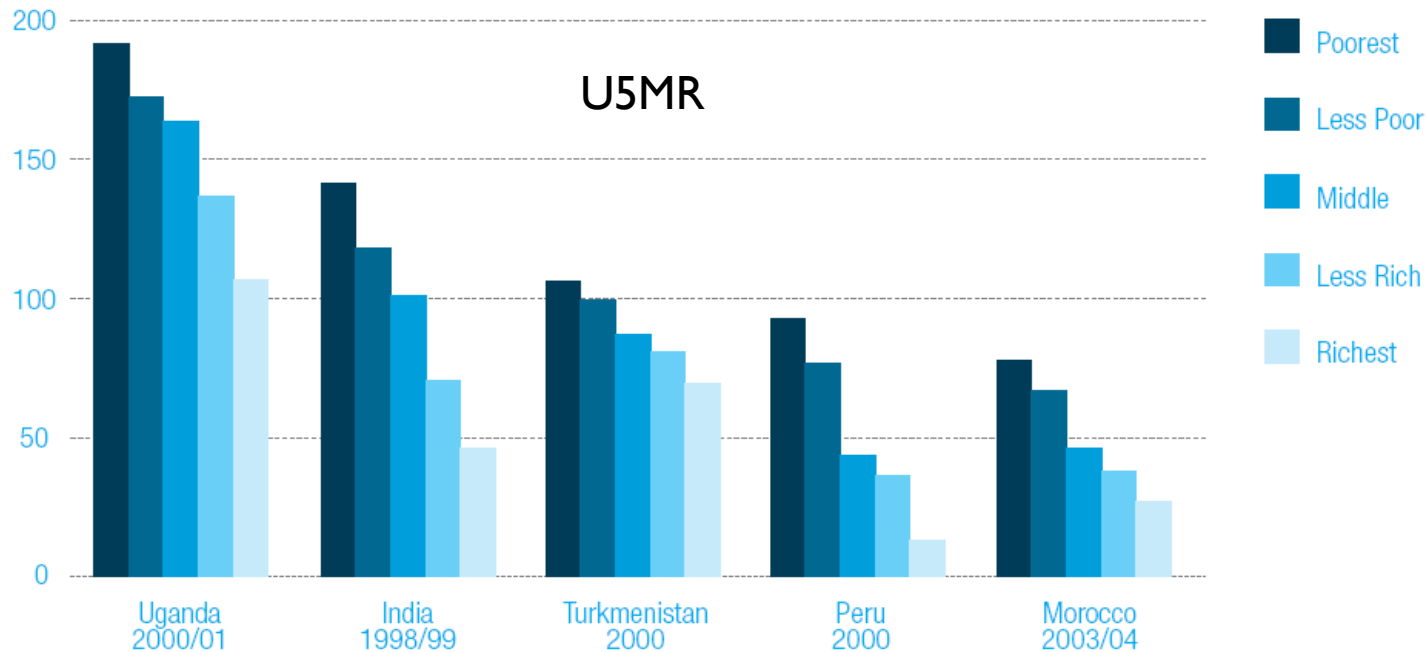
Alma Ata Declaration, WHO (1978)

---



# Health inequity exists between and within countries

**Figure 2.2:** Under-5 mortality rate per 1000 live births by level of household wealth.

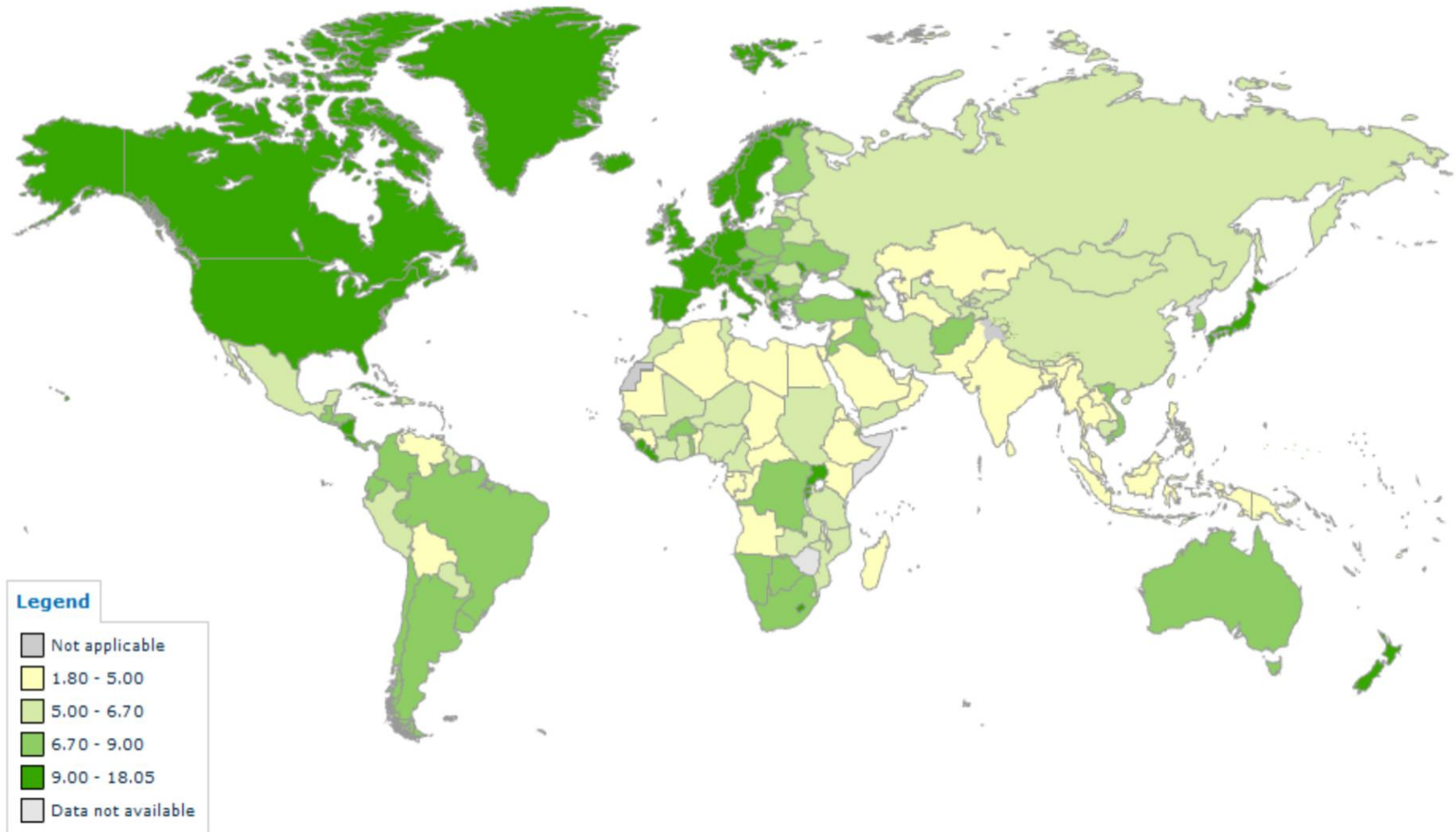


Source: Gwatkin et al. (2007), using DHS data.

The social gradient is not confined to poorer countries. Fig. 2.3 shows national data for some areas of the United Kingdom (England and Wales) for people classified according to levels of neighbourhood deprivation. As can be seen, the mortality rate varies in a continuous way with degrees of deprivation (Romeri, Baker & Griffiths, 2006). The range is large: the difference in mortality between the most and least deprived is more than 2.5-fold.

# Health spending inequity persists at global level

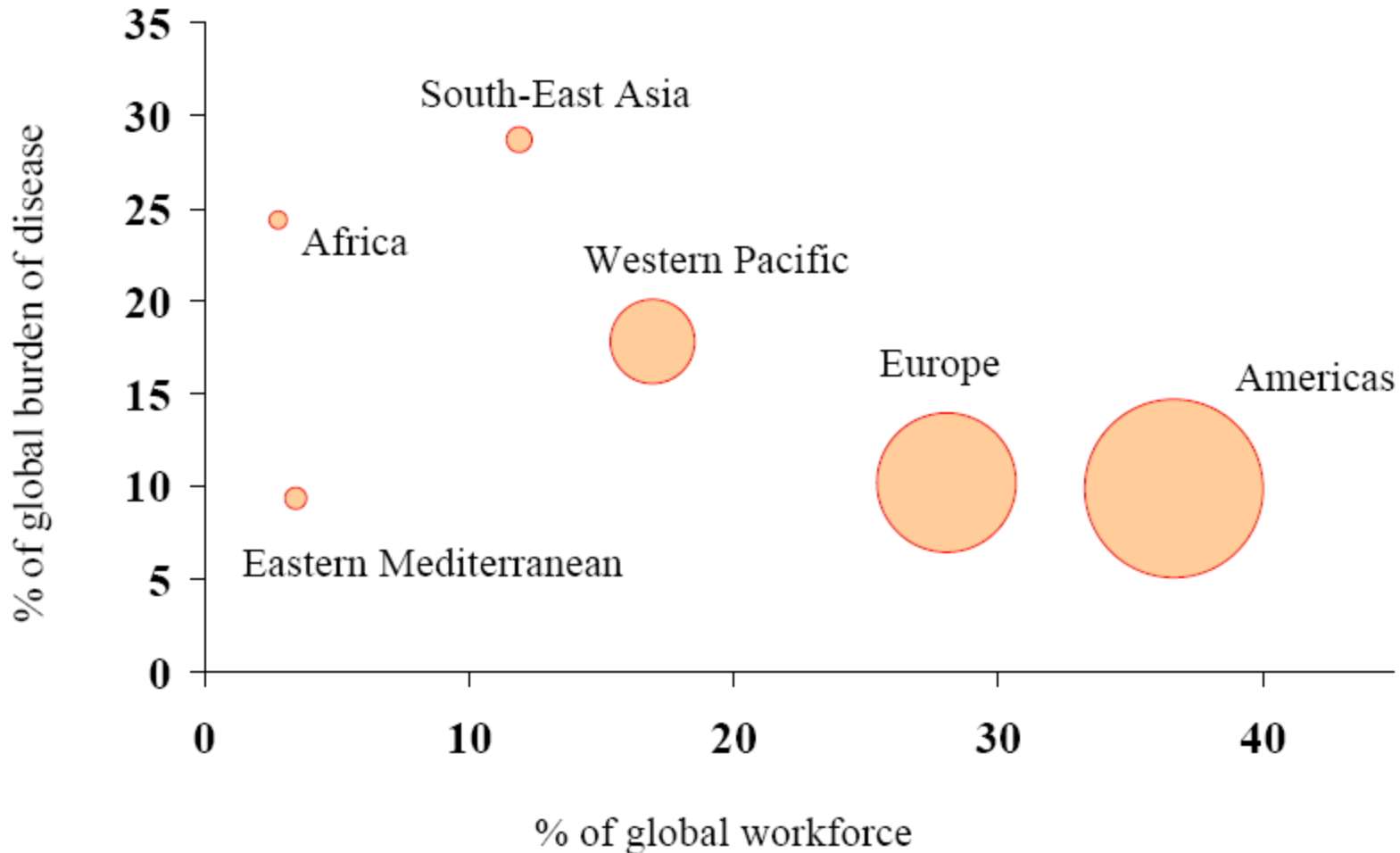
---



---

▶ Source: : National Health Accounts Database, World Health Organization 2011

# Health spending inequity translates to resource inequity



Source: World Health Report 2006, World Health Organization



# Threats: Financing for health

---

## Industrialized Countries

Slower growth, constrained public budgets, increased income inequality reduce the revenues available for financing health

Aging population and the rising prices of care/treatment increase the cost of care provision

## Developing countries

Health ODA has seen a substantial deceleration in spite of the considerable needs and financial gap.

However, health ODA remains unpredictable and below commitment.

Private and public domestic health spending remain subject to economic shocks





# **Threat: The political environment for health**

---

**1. Conflict and instability**

**2. Poor governance**

**3. Lack of leadership and faltering political commitment**

**4. Denial of health service access for geographical, cultural, economic and religious reasons.**



# Threat: Shifting Epidemiological Paradigms

---

## High income countries

Persistent rise of NCDs require interventions beyond the medical model and reforms addressing the social determinants of health

## Lower, middle income countries

The dual burden of disease (communicable & non-communicable) increase cost and create challenges for priority setting

Emerging infections and drug resistance pathogens cross borders and become global problems

---

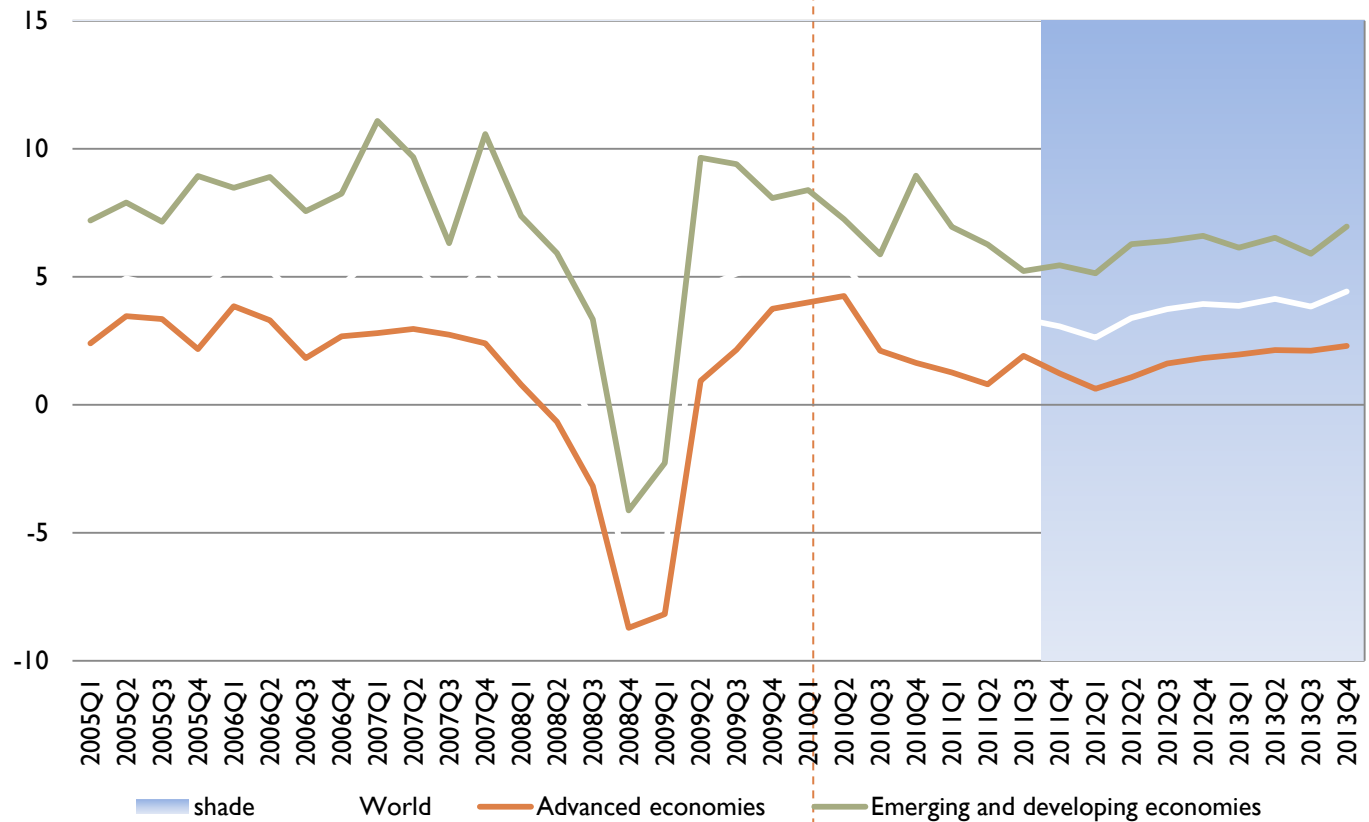


# Opportunity: Strong economic growth in emerging economies

Strong growth in emerging and developing economies. Multi-speed recovery since global financial crisis .

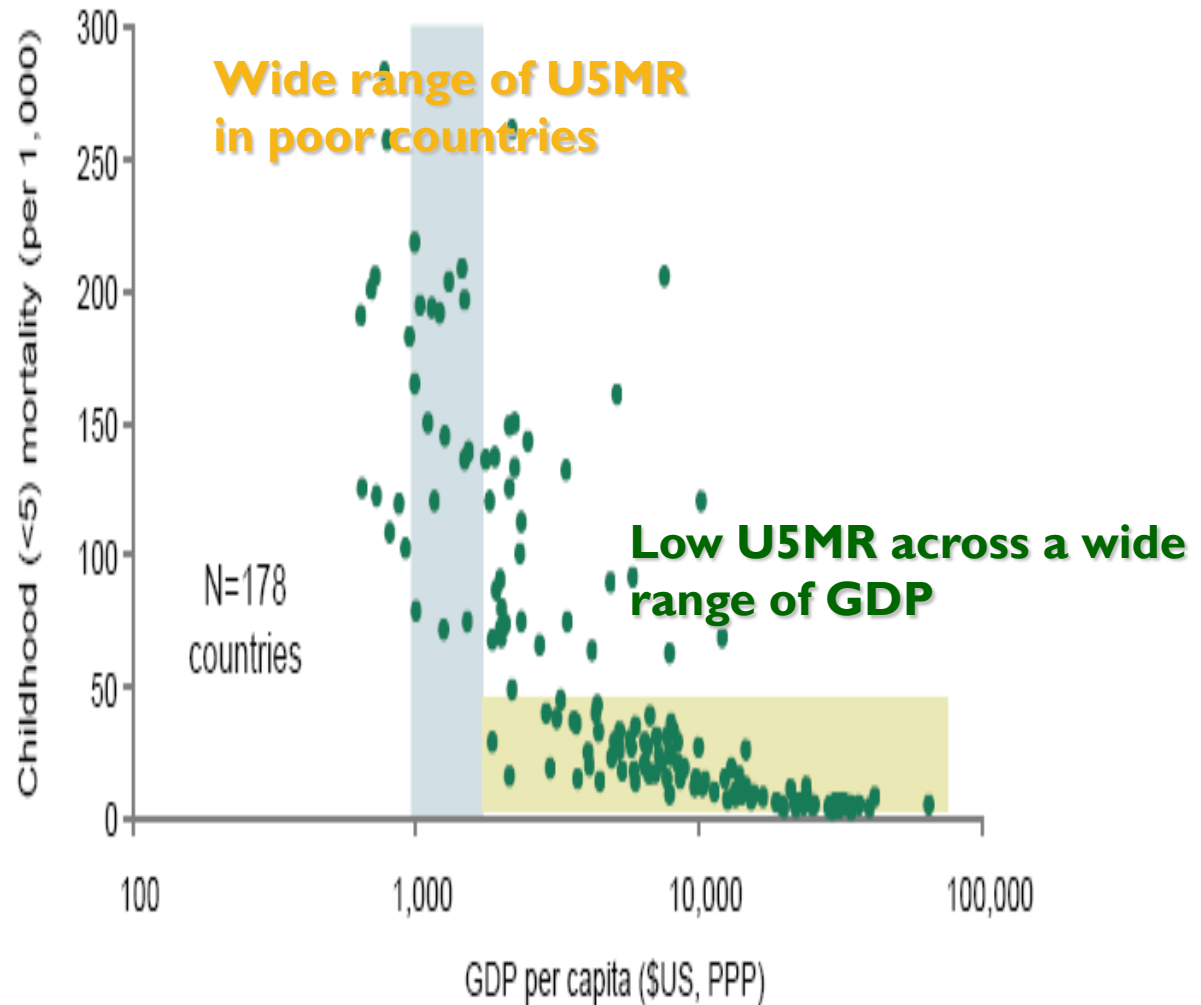
Source: IMF World Economic Outlook Update

## World GDP Growth Rates 2005-2011, Projections



# Opportunity: Strong economic growth in emerging economies

Higher GDP = lower U5MR, but within any income bracket, **performance matters!**



# Opportunity: Increased aid

Health aid has increased dramatically.

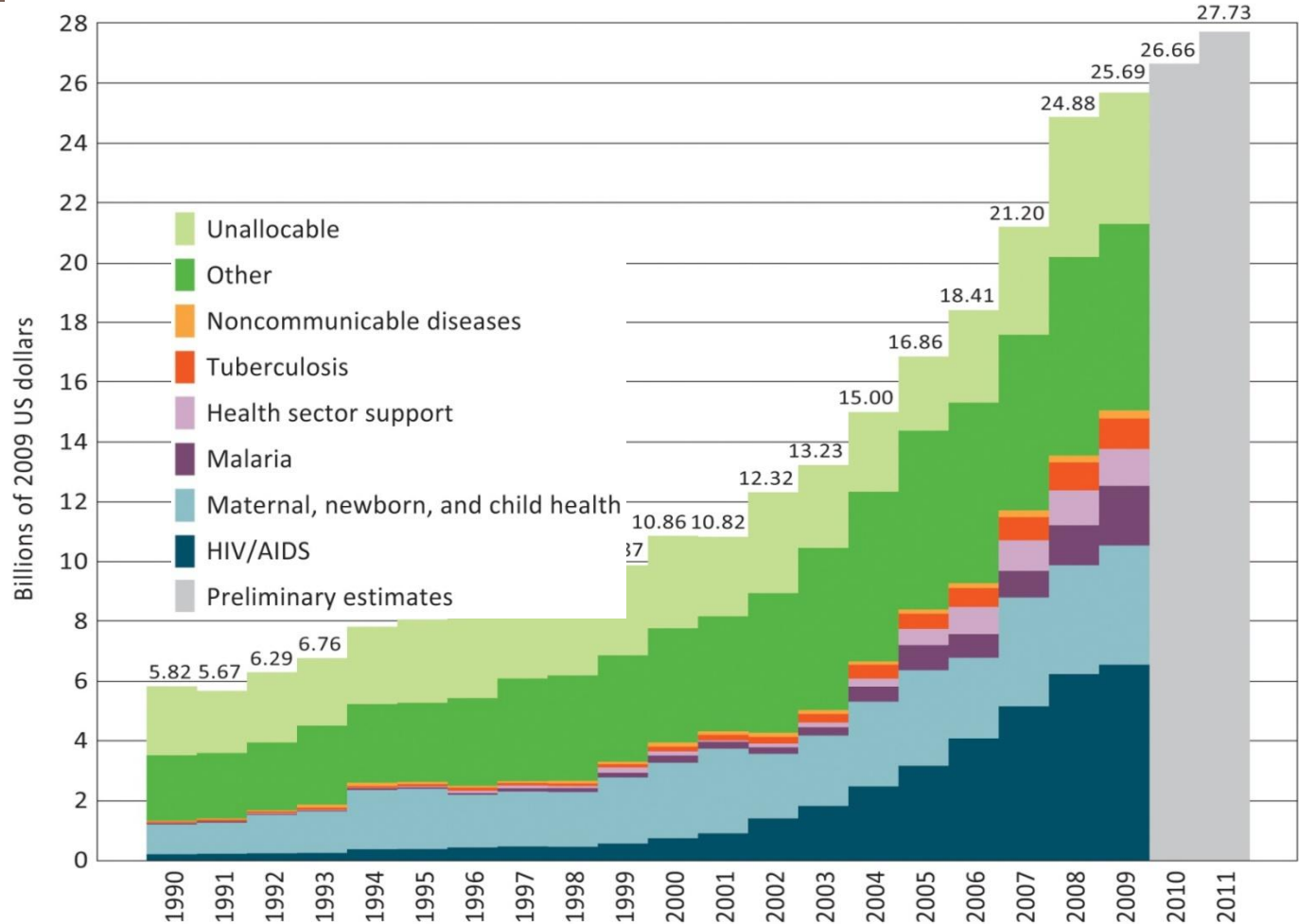
Aid should be better spent and managed:

-Countries in the lead

-Harmonization and alignment

-Single plan in the context of country development framework

-Predictability of donor funding

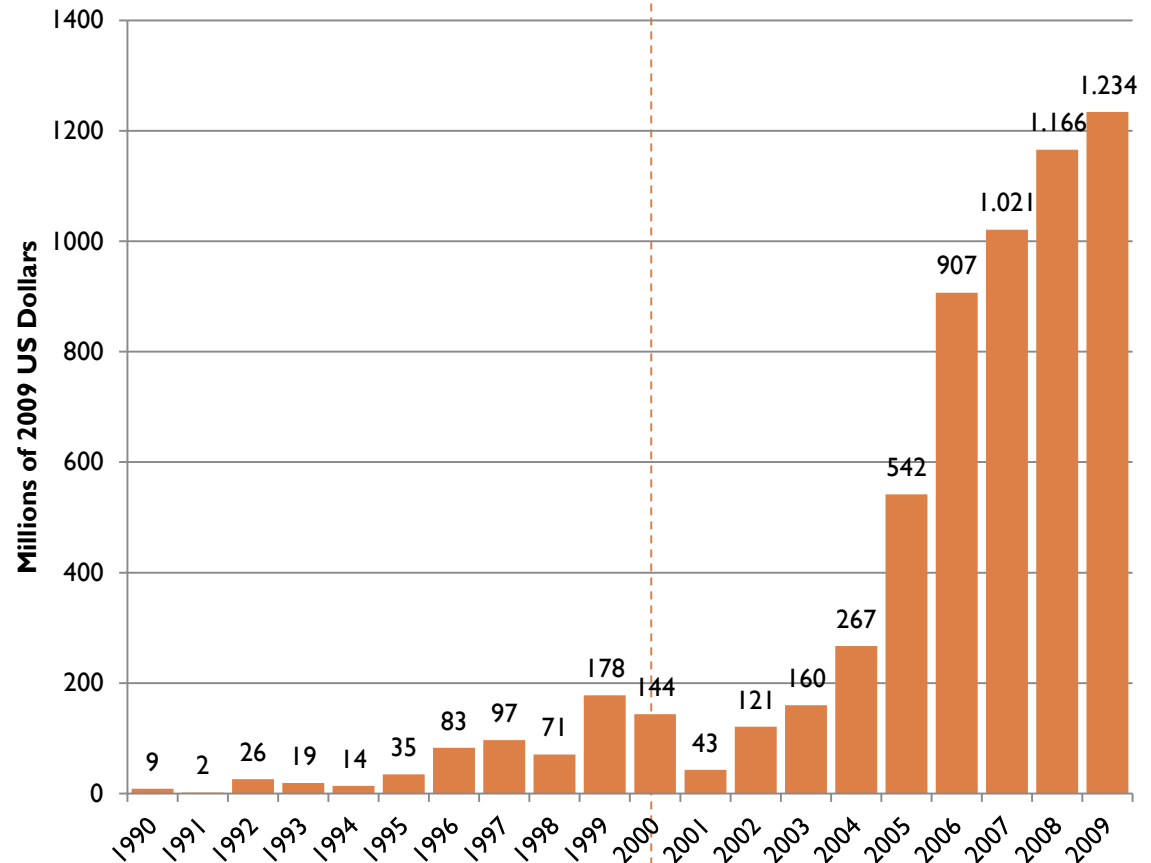


Source: Institute for Health Metrics and Evaluation. Financing Global Health 2011: Continued Growth as MDG Deadline Approaches. Seattle, WA: IHME, 2011.

# Opportunity: Renewed focus on health systems strengthening

Policy focus on health systems strengthening (HSS)

Synergies between global health initiatives (Global Fund, GAVI, etc.) and Health Systems Strengthening with positive implications for service delivery (i.e., Maternal and Child Health Services)



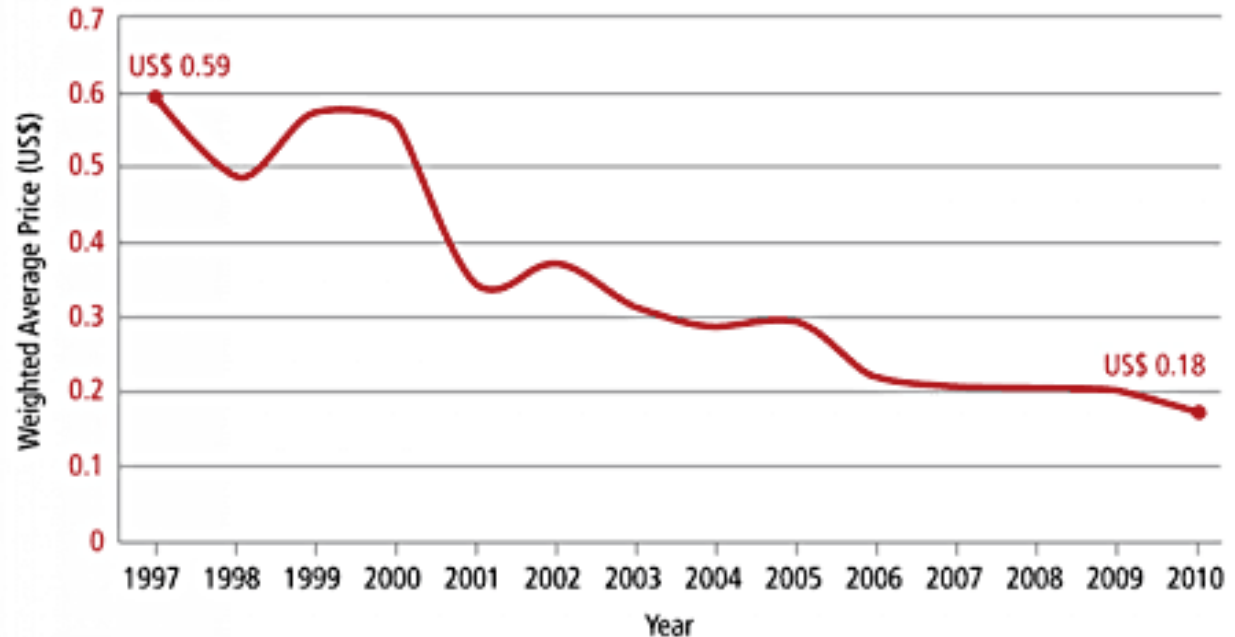
Source: Institute for Health Metrics and Evaluation. Financing Global Health 2011: Continued Growth as MDG Deadline Approaches. Seattle, WA: IHME, 2011.



# Opportunity: innovation in technology and health programs

Falling prices for existing interventions allows improved access

It is possible to achieve better and more equitable health through increasingly cost effective technologies!







Price decline of hepatitis B vaccines.  
Source: UNICEF Supply Division, 2010.



# Opportunity: innovation in technology and health programs

New technologies appropriate for developing country settings

Symbol	Explanation	Stage
	The inner square is lighter than the outer circle. If the expiry date has not passed, <b>USE</b> the vaccine.	I
	As time passes the inner square is still lighter than the outer circle. If the expiry date has not passed, <b>USE</b> the vaccine.	II
	<b>Discard point:</b> the color of the inner square matches that of the outer circle. <b>DO NOT USE</b> the vaccine.	III
	Beyond the discard point: inner square is darker than the outer circle. <b>DO NOT USE</b> the vaccine.	IV

From WHO ([www.who.int](http://www.who.int)).





# Opportunity: community participation and ownership

Change in paradigm

Community as producer of health instead of as consumer of medicine and curative services

Promotion of women from the community as leaders in community-based health delivery



# **Opportunity: synergies from intersectoral collaboration**

---

Recognizing the social determinants of health, the synergistic effects on health from areas outside of health are increasingly recognized.

Simultaneously, health interventions can achieve synergistic effects through cooperation from with non-health actors.

Health in all policies!

---



# Opportunity: women's empowerment and education

The **economic empowerment** and **education** of women have shown to be strong determinants of child and family health.

These areas represent obvious low-hanging interventions *outside* of the health sector that will make a tangible improvement to health outcomes and equity.



# **Actions needed to improve health equity**

---

- ▶ We must recognize that the roots of health disparities lie in wider social and economic inequality and exclusion.
- ▶ Therefore, tailored interventions are needed to mitigate disparities according to the context of individual countries.



# Action needed.....

---

## **Within the health sector, we seek to:**

- ▶ Reducing barriers to equitable access through
    - Strengthen the delivery of primary health care services as a key enabler of health equity
    - Introducing universal health insurance
    - Strengthening country health system
  - ▶ Targeted and innovative interventions to improve the health of the poorest fastest
  - ▶ Enhanced community participation and engagement in health care planning, monitoring and evaluation
  - ▶ Good governance and country ownership
- 



# Action needed.....

## At the global level

---

- ▶ Global partnership and cooperation should be strengthened as the gross inequity still remains a challenge.
- ▶ The opportunities to improve health equities must be seized together
- ▶ Increased and effective aid is crucial to minimize the disparities between developing and developed countries

### **We need to act on:**

Paris Declaration on **aid effectiveness** based on five mutually reinforcing principles: **Ownership, Harmonization, Alignment, Mutual Accountability and Managing for development results**

---



---

**Thank you**

---

