



'A CALL TO ACTION' FOR EQUITY IN HEALTH IN SOUTHERN AFRICA

Broederstroom, September 2000

The Southern African Regional meeting on Equity in Health in Southern Africa, gathering delegates from health sector, civil, organised labour, political and academic institutions in the region, confirmed the policy commitment to equity in health in southern Africa and urged that greater effort be put into dealing with differences in health status and access to health care that are unnecessary, avoidable and unfair.

The meeting noted that economic measures should include human development goals, and efforts be made to reduce the disproportionate burden of poverty and ill health borne by women.

The meeting noted that governments need to move beyond declarations of policy support for equity in health and accept and act on their primary responsibility for improving equity in health. This implies assessing the equity impacts of health policies, monitoring the equity performance of health systems, making public resource allocation systems more responsive to deprivation, investing in those areas of health systems that enhance equity, such as primary health care, and dealing with those that increase inequities.

The meeting affirmed that community participation and involvement of the poor in decision making are important determinants of equity in health. These goals need to be actively pursued in ways that support community involvement with investments in community capacities and that match responsibilities with authority and resources.

These broad resolutions emanated from the evidence presented at the meeting on the rising threats to equity in the region, including

- The inadequate incorporation of human development goals into economic development and processes, together with the declines in human development from economic shocks;
- The increase in poverty and deprivation;
- The disproportionate burden of poverty and ill-health borne by women;
- Significant levels of HIV/AIDS, associated with and exacerbating deprivation;
- The effect of deprivation in weakening individual and household abilities to direct resources to address health needs and in intensifying ill-health;

- The lower level of health spending per capita in groups whose health risks are higher, even within the public sector;
- Scarcity of resources, undermining commitments to and delivery of primary health care.
- Liberalised private health sector growth exacerbating inequity.

The pressure to act on equity was also motivated by the need to consolidate and widen existing potentials for and positive actions towards equity in the region, such as in:

- Support of health worker commitment at primary care levels
- attempts to strengthen primary health care
- increasing civil society pressures for health rights,
- national and local attention to resource allocation decisions, and
- SADC cooperation in confronting current trade policies in securing essential drug access.

The 'call to action' implied a number of specific policy measures:

- Strengthening democratic political systems that guarantee fundamental social, economic rights and opportunities and publicly promoting health rights;
- Promoting human centred development policies that fairly distribute societal, economic and social resources at local, national and international levels;
- Ensuring that national and regional laws provide for government and civil rights to protect public health interests in relation to trade and economic policies;
- Rejection of demands by international organisations or donors for conditionalities on investments and loans that drive inequities, such as user fee charges;
- Strengthening the use of evidence and participatory policy processes in policy formulation;
- Including the meaningful participation of the poor in decision-making within health systems through representation, transparency in procedures, incorporation of community perspectives in planning and strengthening community capacities;
- Facilitating wider public involvement in budget processes at local and national level; Integrating evidence on deprivation into resource allocation decisions;
- Prioritising primary health care, especially when budgets are cut; Investing in information flow to communities and community capacities for involvement in health planning;
- Providing adequate incentive systems to retain human resources
Assessing the inequities resulting from the growth in the private-for-profit health sector and addressing these by introducing legal, institutional and economic measures to promote a more equitable mix between private and public services;

- Incorporating, monitoring and disseminating information on indicators of equity in health and access to health care in public health surveillance systems

Research: To support the 'call to action' the delegates identified areas where further research was needed. Priority areas identified were:

On Monitoring progress towards equity in health

- Methods for incorporating deprivation in monitoring systems
- Methods for incorporating the social dimensions of equity in monitoring systems
- National and regional analysis and reporting on equity indicators
- Developing a tool for assessing the equity impact of health and economic policy measures

On Equity-poverty-development links and macro-economic issues

- Assessment of the links between household health, poverty and healthcare and the coping strategies used at household level
- Conceptualising, analysing and operationalising equity - poverty links, including in poverty reduction strategy programmes
- Developing evidence based proposals for what interpretation of 'public health interests' in WTO agreements

On Health service issues

- Assessing the impacts on equity of growth in private for profit sector and the effectiveness of various tools for enhancing equity in the mix of private - public services
- Assessing the impact of health worker interests on equity in health service provision
- Assessment of options for health worker retention
- Assessment of the impact of specific health reform measures on equity in access to health services

In relation to Resource allocation issues

- Development of methods for widening resource allocation decisions
- Assessment of the impact of incorporating deprivation and capacity to benefit in resource allocation formulae
- Assessment of the relationship between poverty and resource allocation constraints in the implementation of redistributive measures, particularly in relation to primary health care
- Assessment of the impact of household resource allocations to health and linkages with deprivation

In relation to Governance and participation

- Development of methods for integrating community preferences in health planning
- Assessment of the impact of participation on equity outcomes
- Analysis of policy processes and decision making and the key interests and influences within this
- Analysis of the state -citizen interface in decision making in health systems (and the role of local government)
- Analysis of the level of inclusion of vulnerable groups in mechanisms for community participation
- Assessment of the role of health and human rights as a driving force for equity

Advocacy:

The meeting felt strongly that EQUINET should enhance its advocacy around health equity issues, particularly if information already gathered was to be incorporated into policy. To do this it was noted that the network should build alliances with new groups that have experience in advocacy, and work with them to pressure and lobby on specific policies at both SADC and national level. This should link in with other initiatives taking place around health.

EQUINET has in the past year generated evidence and practical approaches towards taking strengthening equity oriented health systems. These were summarised in the conference papers. In the next phase it was proposed that EQUINET also enhance uptake of its work by more effectively disseminating materials, supporting skills development and training on proposed measures, mapping equity performance in the region, facilitating the exchange of good practice and promoting dialogue across sectors and different social groups.