

GEGA NEWSLETTER

January 2003

GEGA Activities

The GEGA Secretariat is happy to announce that Mr. **John Phiri will begin his tenure as Assistant Coordinator** in mid-January. John is originally from Malawi, and has been working in international health development for more than 15 years within the region of southern Africa. We are very happy he will be joining our team.

GEGA will continue to accept **applications for Advocacy Officer** until February 28. Of special interest are applicants with significant experience in planning and carrying out international advocacy campaigns on health issues. Details for the position as well as instructions on applying can be found on the GEGA website.

Gauge activities

Several Gauges have recently or will soon complete **equity analyses** for the national or district levels, including Zimbabwe, Ecuador, Zambia, China and Thailand. Dissemination activities will be conducted over the next several months, and information on findings from the Gauges should be forthcoming soon.

Training opportunities

Asia Training Opportunity. The Bangladesh Gauge plans to provide **training in analysis of poverty-related data**, currently planned for March of 2003. More information will be available soon on the GEGA webpage, or interested parties can contact secretariat@gega.org.za.

Southern Africa Training Opportunity. Southern African Regional Network on Equity in Health (Equinet) in co-operation with Centre for Health Policy, University of Witwatersrand, South Africa call for expressions of interest for **work and skills development in health policy analysis** within the region, including small-scale studies on policy issues focused around concern for equity in health and health care. **Applications are due by 8th January 2003** to Ermin Erasmus at ermine@mail.saimr.wits.ac.za (address attention Ermin Erasmus). Applicants will be informed by 17th January 2003 if they have been successful. Successful applicants will be invited to attend a training workshop to be held in Johannesburg between 10th and 19th February 2003 (with full funding from Equinet). Applicants must, therefore, be available to attend this workshop. More information can be found at the end of this newsletter. *Equinet News* is the electronic mailing list of the Equinet. To subscribe, go to <http://www.equinet africa.org/>.

Resources, documents, and websites related to equity

Tools

The South East Public Health Observatory has recently launched a prototype online tool to assist in **understanding and measuring health inequalities and deprivation**. The tool has been developed in conjunction with Roy Carr-Hill and Paul Dixon from York University. It is designed to be an easily navigable system for users to access information and support in the area of health inequalities. The toolkit has descriptions and directions for using various data sources and methodologies and includes links to data sources. It may be viewed at:

<http://www.sepho.org.uk/HealthInequalities/carrhill/index.htm>

The **World Health Chart** has been developed by Karolinska Institute with WHO and depicts about 50 health and development variables which can be seen in the form of pictorial charts. The variables include those concerning Health Systems (including health expenditure and fairness of finance), Health (various mortality and life expectancy indicators including equality of child survival), Population, Economic, Social and environmental indicators. One can chart any variable against any other, for all countries of the world or any selected region or country. For some variables, one can even see a dynamic chart in motion, depicting changes evolving over the last 40 years." It is quite a powerful way of visually depicting health information. You can download this rather large programme (3.5 MB) from www.whc.ki.se/index.php

Documents

Communication for Social Change: An Integrated Model for Measuring the Process and Its Outcomes. By Maria Elena Figueroa, D. Lawrence Kincaid, Manju Rani, Gary Lewis. Published in 2002 by The Rockefeller Foundation.

"...The model of Communication for Social Change (CFSC) describes an iterative process where "community dialogue" and "collective action" work together to produce social change in a community that improves the health and welfare of all of its members. It is an integrated model that draws from a broad literature on development communication developed since the early 1960s. In particular, the work of Latin American theorists and communication activists was used for its clarity and rich recommendations for a more people-inclusive, integrated approach of using communication for development. Likewise, theories of group dynamics, conflict resolution, leadership, quality improvement and future search, as well as the network/convergence theory of communication, have been used to develop the model..." Available online PDF file [50p.] at:

<http://164.109.175.24/Documents/540/socialchange.pdf>

Millennium Goals Evaluation: First annual report on implementing the Millennium Declaration, UN 2002. Focuses on commitments made in all chapters of the Declaration and on issues that were particularly salient over the past year, and pays particular attention to cross-cutting relationships among them. It contains a statistical annex that tracks the progress made in achieving the Millennium development goals, starting from a common baseline. The report also highlights the two themes designated for the current year: preventing armed conflict, and the treatment and prevention of major diseases, including HIV/AIDS, malaria and tuberculosis. Online at <http://www.un.org/millenniumgoals/>.

Health Insurance for the Informal Sector: Problems and Prospects. Anil Gumber, Senior Fellow, Warwick Business School, University of Warwick, UK. Indian Council for Research on International Economic Relations - November 2002. This paper addresses some critical issues with regard to extending health insurance coverage to poor households in general and those working in the informal sector in particular. A review of the existing health insurance schemes in India and select Asian and Latin American countries, such as China, Thailand, Sri Lanka, Chile, Uruguay, Colombia, Brazil, and Argentina, is undertaken with a view to drawing lessons for India. On the basis of a pilot study undertaken in Gujarat during 1999, the paper examines the feasibility of providing health insurance to poor people in terms of both willingness and capacity to pay for such services. The paper also suggests various options available to introduce an affordable health insurance plan for workers in the informal sector. Available online as PDF file [49p.] at: <http://www.icrier.res.in/public/WP-90.pdf>.

External Assistance to the Health Sector and its Contributions: Problems and Prognosis. Devendra B. Gupta and Anil Gumber. Indian Council for Research on International Economic Relations - November 2002. This paper formed part of a series of background papers prepared for the ICRIER India Health Study, "Changing the Indian Health System: Current Issues, Future Directions" by Rajiv L. Misra, Rachel Chatterjee, and Sujatha Rao. This paper documents the externally funded programmes, projects, and activities in the health sector in India. The paper examines the extent of utilisation of the external funds in this sector and provides a brief description of the problems associated with the externally funded projects; and indicates the role of donors in reshaping health policies and in improving domestic resource mobilisation for the health sector in the country. Available online as PDF [56p.] at: <http://www.icrier.res.in/public/WP-88.pdf>

Do Microfinance Programs Help Families Insure Consumption Against Illness? By Paul Gertler, U.C. Berkeley and NBER; David I. Levine, U.C. Berkeley; Enrico Moretti, Department of Economics, UCLA. Institute for Development Research, Boston, (2002). "Families in developing countries face enormous financial risks from major illness both in terms of the cost of medical care and the loss in income associated with reduced labor supply and productivity. Authors tested whether access to

microfinancial savings and lending institutions helps Indonesian families smooth consumption after declines in adult health. In general, results support the importance of these institutions in helping families to self-insure consumption against health shocks.....The paper concludes that governments should promote microfinance and microsavings programmes in addition to traditional tools such as subsidies, mandates, or direct government provision of health insurance and disability insurance."

Available online as PDF file [25p.] at:

<http://www.bu.edu/econ/ied/seminars/pdf/levine9-30-02Microfinance.pdf>

Millennium Indicators Database: Goals, targets and indicators. A

framework of 8 goals, 18 targets and 48 indicators to measure progress towards the Millennium Development goals was adopted by a consensus of experts from the United Nations Secretariat and IMF, OECD and the World Bank. (Road Map towards the Implementation of the United Nations Millennium Declaration, A/56/326 [PDF, 450KB]). Each indicator is linked to millennium data series as well as to background series related to the target in question. For a description of the monitoring process, see About the Millennium development goals. Website: http://millenniumindicators.un.org/unsd/mi/mi_goals.asp

CIN, Cordaid and Wemos, report of the seminar "**A Healthy PRSP? Towards a stronger voice of health organisations in Poverty Reduction Strategy Papers**" (18-20 September, Nairobi) can now be viewed (and downloaded) from the Wemos website <http://www.wemos.nl/index.asp?lang=en>.

WHO: The World Health Report 2002, officially launched on 30 October, represents one of the largest research projects ever undertaken by the World Health Organization. The report, subtitled Reducing risks, promoting healthy life, measures the amount of disease, disability and death in the world today that can be attributed to some of the most important risks to human health. It then goes on to calculate how much of this present burden could be avoided in the next 20 years, opening the door to a healthier future for people in all countries.

<http://www.who.int/whr/en/>

Inequalities in self-reported health: validation of a new approach to measurement. E.v. Doorslaer, A.M. Jones, pp 61-87, Journal of Health Economics, 05393, Vol 22 Iss 1 January 2003. "This paper assesses the internal validity of using the McMaster 'Health Utility Index Mark III' (HUI) to scale the responses on the typical self-assessed health (SAH) question, "how do you rate your health status in general?" It compares alternative procedures to impose cardinality on the ordinal responses... The interval regression approach, which exploits a mapping from the empirical distribution function (EDF) of HUI into SAH, outperforms the other approaches. In addition, we show how the method can be extended to allow for differences in SAH thresholds across different groups of people and to measuring and decomposing 'pure' health inequality."

<http://www.elsevier.com/locate/jnlmr/05393>, Full text via ScienceDirect
http://www.sciencedirect.com/science?_ob=GatewayURL&_origin=CONTENTS&_method=citationSearch&_piikey=S0167629602000802&_version=1&md5=4558143109cd47f2503f87e5000f9e14.

Prejudice, clinical uncertainty and stereotyping as sources of health disparities. A.I. Balsa, T.G. McGuire, pp 89-116. "Disparities in health can result from the clinical encounter between a doctor and a patient. This paper studies three possible mechanisms: prejudice of doctors in the form of being less willing to interact with members of minority groups, clinical uncertainty associated with doctors' differential interpretation of symptoms from minority patients or from doctor's distinct priors across races, and stereotypes doctors hold about health-related behavior of minority patients. Within a unified conceptual framework, we show how all three can lead to disparities in health and health services use. We also show that the effect of social policy depends critically on the underlying cause of disparities." Full text via ScienceDirect

http://www.sciencedirect.com/science?_ob=GatewayURL&_origin=CONTENTS&_method=citationSearch&_piikey=S016762960200098X&_version=1&md5=2f3429a1750375e646b3d33ba7e35138.

An annotated bibliography on incidence research (focused on reaching the poor) is available from the Poverty, Health, and Nutrition Group at the World Bank. <http://www.worldbank.org/poverty/health/library/incidence.htm>.

Books

The Health of Nations: Why Inequality is Harmful to your Health. Ichiro Kawachi, Bruce P Kennedy. New York: The New Press, 2002. The Lancet - Dissecting Room Section Volume 360, Number 9347 - 30 November 2002. "...With recommendations on this book's cover by Richard Wilkinson, Amartya Sen, Katherine Newman, Alvin Tarlov, and Robert Putnam, The Health of Nations looks like a well orchestrated attack on those who defend inequalities in income because they are good for the economy. Harvard scholars Ichiro Kawachi and Bruce Kennedy have synthesised an enormous amount of evidence that suggests more inequality not only is bad for health, but also may ultimately threaten all the freedoms that economic development is meant to bring about. For many readers of The Lancet, their conclusion that wider disparities in income lead to wider inequalities in health--and may even lead to higher average levels of ill-health because of the curvilinear effect of income on health--will not come as a surprise. What Kawachi and Kennedy add to this story, however, is a provocative analysis of all the other harmful effects of income inequalities. They argue that income inequality, contrary to popular belief, does not promote economic development but fosters certain dysfunctional factors, such as social exclusion, that may threaten economic growth..." Book review at: http://pdf.thelancet.com/pdfdownload?uid=llan.360.9347.dissecting_room.23361.1&x=x.pdf

Engendering International Health: The Challenge of Equity, MIT Press 2002. Edited by Gita Sen, Asha George and Pirooska Ostlin. Available to order via The MIT Press website and Amazon.com, Paperback USD 25, Hard cover USD 62. A limited amount of free copies are available to those based in low income countries on a first come first basis. If interested please contact Susan Mani susanm@iimb.ernet.in. The table of contents can be found at the end of this newsletter.

Publishing opportunities

The International Journal for Equity in Health (IJEqH) invites submissions on equity-related themes. IJEqH is a peer-reviewed online journal published through BioMed Central. Papers are available for no charge on line, and are listed in PubMed. Although BioMed Central generally charges authors \$500 for each published article (waivers are considered for some authors), there will be no charge for the first year of publication of IJEqH. Further information on the journal and submission process can be found at <http://www.equityhealthj.com>.

Funding opportunities

The Center for the Advancement of Health has been awarded a \$2.5 million grant from the W.K. Kellogg Foundation to continue and expand the successful **Scholars in Health Disparities** program through 2005. The program is designed to train minority scholars conducting research on understanding health disparities by race, ethnicity, gender and socioeconomic status, the mechanisms that influence health outcomes and interventions and policy alternatives that can be developed to reduce those disparities. The new grant will enable 20 new minority postdoctoral fellows to conduct research at Harvard University, the University of Michigan, Morgan State University and the University of California, San Francisco. Eight scholars will be chosen for the academic year 2003-2004, and 12 scholars will be chosen for the 2004-2005 year. Scholars receive annual stipends of \$50,000, plus benefits and a research budget. **Deadline for applications January 15, 2003.** More information at: <http://www.cfah.org/programs/03letter.pdf>. Center for the Advancement of Health website: <http://www.cfah.org/>.

Migration

National Institute of Child Health and Human Development/NIH/DHHS is sponsoring a grant entitled **Population Movement: Determinants and Consequences** (program number 53386). "The sponsor provides support for research on the determinants and consequences of population movement.

Eligible applicants are domestic and foreign for-profit and non-profit organizations, public and private, such as universities, colleges, hospitals, laboratories, units of state and local governments, and eligible agencies of the federal government." **Deadlines 02/01/2003**, 06/01/2003, 10/01/2003. Contact Christine A. Bachrach, Ph.D., Cbachrach@nih.gov. Program URL <http://grants.nih.gov/grants/guide/pa-files/PA-00-032.html>.

Gender

Program for the Study of Sexuality, Gender, Health and Human Rights.

The Program invites applications from scholars, advocates, and activists conducting innovative interdisciplinary work in U.S. and international contexts. Our focus is on examining and expanding traditional definitions and boundaries, while acknowledging conditions of inequality, marginality, and post-coloniality. Applicants should have the Ph.D. or an equivalent level of professional achievement, experience, and publication at time of application. While in residence at Columbia University in New York City, fellows work on their projects (from 1 month to 1 year in length). Stipend, health insurance, and office are provided. **Deadline: 1/15/03**. For more information and application form, see <http://cpmcnet.columbia.edu/dept.gender>.

HIV/AIDS and Equity

Equinet and Oxfam GB are inviting expressions of interest from individuals or organizations based within the region for a programme of work on **Equity issues in HIV/AIDS**, Health Sector Responses and Treatment Access in Southern Africa between February and July 2003. The **call for applications closes on 24 January 2003**. For more information, go to the end of this newsletter.

Feedback

Feedback from you! Send to secretariat@gega.org.za.

 Information relevant to the Newsletter, including **upcoming equity activities** by Gauges or other groups, **publication opportunities, tools, and documents**

SUPPLEMENTARY INFORMATION

Equinet Health Policy Analysis Training

Applicants should be able to demonstrate previous experience of health sector analysis or policy analysis and an enthusiasm for better understanding the forces shaping policy responses to equity concerns in the health sector.

Objectives of programme:

- ? To promote investigation of health equity-related topics using policy analysis frameworks;
- ? To better understand the forces constraining decision-making on equity issues and shaping the achievement of equity goals in the health sector;
- ? To identify levers for equity-oriented advocacy and policy change within the health sector at national/regional/international levels;
- ? To build capacity in conducting health policy analyses;
- ? To strengthen the networks between those involved in this area of work.

Field of work: Equinet will support analysis of the forces shaping responses to key health and health system equity problems. These may be micro-level: e.g. the extent to which different groups have access to anti-retroviral treatment; or meso-level: e.g. the extent to which antiretroviral drugs are available in health clinics outside the capital city, or the pattern of participation in the application process to the Global Fund. Of specific interest is analysis of the responses of groups such as regional bodies, government officials, politicians, civil society organizations, trade unions, professional bodies, consumer groups, and citizens. At the same time, we are particularly interested in understanding issues such as:

- ? the factors shaping the equity impacts of particular policy changes or explaining the level of achievement of health equity goals within a country;
- ? decision-making at various levels (e.g. international to national; national to sub-national; or national and sub-national separately);
- ? the levers for equity-oriented change that exist within countries and the region, and that could provide a basis for advocacy.

Activities: Successful applicants for involvement in this programme of work will be

required to:

- ? Attend an initial training workshop (in February 2003 in South Africa);
- ? Develop a protocol for a small-scale study on a topic of the choice for submission to an Equinet peer review of these protocols (by end March 2003);
- ? If successful in the peer review process, implement the study (by February 2004);
- ? Present a draft analysis of their study at an Equinet workshop (March/April 2004);
- ? Finalise the report of their study (by June 2004).

The total funding level available to each successful study will be clarified before applicants prepare and submit their proposals.

Submission procedures for expressions of interest: Interested applicants should submit a 1-2 page 'expression of interest' concept note, a personal CV, and a sample document written by the applicant on any relevant theme. The concept note should include information on:

- ? A potential topic of focus;
- ? The applicant's interest in the topic and in the broad field of health policy analysis;
- ? The applicant's key experiences and skills that have relevance to this work.

Applicants should submit this information by 8th January 2003 to Ermin Erasmus at ermine@mail.saimr.wits.ac.za or at +27-11-89-9900 (address attention Ermin Erasmus).

Applicants will be informed by 17th January 2003 if they have been successful. Successful applicants will be invited to attend a training workshop to be held in Johannesburg between 10th and 19th February 2003 (with full funding from Equinet). Applicants must, therefore, be available to attend this workshop. Participants of existing Equinet programmes are also welcome to apply.

Co-ordination and queries: The programme of work will be co-ordinated on behalf of Equinet by Lucy Gilson of the Centre for Health Policy, University of Witwatersrand. For any queries about the programme please contact her via Ermin Erasmus at ermine@mail.saimr.wits.ac.za. For general queries on Equinet please email the co-ordinator at admin@equinetafrica.org or visit the Equinet website (www.equinetafrica.org).

Engendering International Health: The Challenge of Equity

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Equinet HIV/AIDS

GRANTS/AWARDS: Technical paper and review meetings on EQUITY ISSUES IN HIV/AIDS, HEALTH SECTOR RESPONSES AND TREATMENT ACCESS IN SOUTHERN AFRICA

EQUINET and Oxfam seek to inform the policy debates and advocacy that have grown around health sector responses to HIV/AIDS in the region, particularly with respect to care and health sector responses and treatment access within the region. This work will be supported by a review panel of key personnel working on HIV/AIDS in Southern Africa and internationally, and will include

- I. the commissioning of a technical paper,
- II. the holding of a one day review meeting in February / March 2003 to review current knowledge and refine further the scope for the technical paper at regional and country level
- III. peer review by the review panel of the paper produced and discussion of follow up work.

CALL FOR EXPRESSION OF INTEREST

EQUINET and Oxfam are thus calling for expressions of interest from individuals or organizations based within the region to prepare the technical / research paper for this programme of work.

The research paper will review evidence and make recommendations on:

1. Equity issues in current health sector responses in southern Africa to the HIV/AIDS epidemic and the extent to which these are associated with increased/decreased risk of HIV infection or vulnerability to the impacts of HIV/AIDS.
2. The public policy choices now being faced and made in relation to the health sector response to the epidemic in southern Africa, with analysis of the equity implications of these policy options and of the choices currently proposed or being made. This will include a specific focus on treatment access policies and practice.
3. Recommendations for equitable public policy within the health sector and mapping of the policy platforms and institutional agents that need to be engaged for such recommendations to be taken forward.

The paper will be expected to provide information for the region from secondary sources, but to also provide more indepth information from primary sources at country (and district) level from at least three countries within Southern Africa. Point (2) is the primary focus of the paper.

Equinet/Oxfam will make available a grant for the work and travel funds of up to USd9 000 and will further support the costs of participation of the applicant at the one day review meeting in South Africa in February/March 2003. The paper is expected to be produced between March 2003 and July 2003.

SUBMISSION PROCEDURES FOR EXPRESSIONS OF INTEREST

Applicants requested to submit a more detailed scope of work of no more than two pages based on the three points above, that outlines further the issues to be addressed within each point, the major sources of information and the countries to be covered through primary sources. Applications should be accompanied by a CV. Applications should also include or provide a url for a sample of a previous paper written by the applicant.

The application should give evidence of experience and competence in this area and of a conceptual understanding of the broad issues around which evidence will be presented.

Applicants should submit this information by 24th January 2003 to Equinet at admin@equinetafrica.org or at +263-4-737220 (address attention R Loewenson).

Applicants will be informed by 5th February 2003 if they have been successful. Successful applicants will be invited to attend the regional workshop provisionally scheduled for late February 2003 (with full funding from Equinet). Applicants must, therefore, be available to attend this workshop. Participants of existing Equinet programmes are welcome to apply.