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Global Health Equity Watch:

GEGA, along with the People's Health Movement, Medact, and Wemos and in cooperation with other NGOs propose to mobilise a fragmented global health community around values that stress the need to tackle the fundamental causes of ill-health and inequity in our societies. The vehicle for this advocacy is through publication of an annual Global Health Equity Watch, which would address a topical development issue at the global level that is relevant to health equity. Of particular interest is identifying the ways that global processes, policies, and bodies influence health inequities. The Watch is designed to contribute to the global support of health equity issues and help sustain political pressure for those issues to be addressed. For further details: <http://www.gega.org.za/download/globalhealthwatch.pdf>

Publications:

In the September 2003 edition of the Journal of Health Population and Nutrition and with a combined effort of the Gauges and the Secretariat, GEGA was able to publish an article documenting the experiences and tracing the evolution and working of GEGA and its efforts to promote health equity. The article is available at: <http://www.gega.org.za/download/jhpn2103.pdf>. The paper provides examples of strategies for pro-equity policy and social change and reviews experiences and lessons, both in terms of technical success of interventions and in relation to the conceptual development and refinement of the Equity Gauge Strategy and overall direction of the Alliance. The paper argues that to become most effective in furthering the agenda of the Alliance, it must now reach out to and involve a wider range of organizations, groups and actors at both national and international levels.

FATAL INDIFFERENCE The G8, Africa, and Global Health, by Ronald Labonte, Ted Schrecker, David Sanders, and Wilma Meeus; published by the University of Cape Town Press/IDRC 2004 ISBN 1-55250-130-2 paperback (COPUB) 400 pp. Purchase book online: University of Cape Town Press. The book deals with Globalization and how it affects the determinants of health by changing exposures to health risks and the characteristics of health systems, and by affecting the structure of households, communities and national economies. 'The G8 (the United States, England, France, Germany, Japan, Italy, Russia, the European Union, and Canada) represents the major

political driver of contemporary globalization and member nations largely shape the development possibilities of poorer countries around the world. This book provides a “report card” of commitments over the past three G8 summits (1999, 2000, and 2001) with a preliminary assessment of the most recent 2002 summit in Kananaskis, Canada’ and presents findings from a multiyear study.

Health and Social Justice: Politics, Ideology, and Inequity in the Distribution of Disease. A public health reader, for those interested in issues of public health and social justice: Editor, Richard Hofrichter ISBN: 0-7879-6733-5 Paperback, 688 pages, Published by Jossey-Bass, October 2003 ‘Health and Social Justice draws on the growing body of recent literature to offer a comprehensive collection of articles written by a panel of expert contributors who represent a broad range of fields – sociology, epidemiology, public health, ecology, politics, organizing, and advocacy. Each article explores a particular aspect of health inequalities and demonstrates how the sources of health inequalities are rooted in injustices associated with racism, sex discrimination, and social class. This book examines the political implications of various perspectives used to explain health inequities and explores alternative strategies for eliminating them...’ If you order through Community-Campus Partnerships for Health's website you automatically get a 15% discount--go to www.ccph.info Read Excerpt at: http://media.wiley.com/product_data/excerpt/35/07879673/0787967335.pdf

Health inequalities and the psychosocial environment, Social Science and Medicine, Volume 58, Issue 8, Pages 1461-1574 (April 2004). Edited by Michael Marmot and Johannes Siegrist <http://www.sciencedirect.com/science/issue/5925-2004-999419991-477113>. The studies presented especially focus on exposure to adverse psychosocial environments during midlife, and particularly at work. The authors argue that such conditions adversely impact the lower socio-economic groups more so as compared to others, due primarily to the differential vulnerability of such groups. The papers advance the case for robust associations between measures of adverse psychosocial environment and ill health, as they are based on comparative studies across several European countries and as they combine different types of study designs.

Monitoring Equity in Health and Healthcare: A Conceptual Framework by Paula A. Braveman. Journal of Health Population and Nutrition (JHPN), September 2003 available at <http://202.136.7.26/pub/publication.jsp?classificationID=30&pubID=4166> ‘This paper aims at articulating a conceptual framework for monitoring equity in health and healthcare. The focus is on four main questions: What is health equity? What is monitoring? What are the essential components of a system for monitoring health equity? and Why monitor health equity? Monitoring equity in health and healthcare requires comparing indicators of health and its social determinants among social groups with different levels of underlying social advantage, i.e. groups who occupy different positions in a social hierarchy. A framework is presented for formulating the key questions, defining the social groups to be compared, and selecting the health indicators and measures of disparity that are fundamental to monitoring health equity. Although monitoring health equity is a scientific endeavour, its fundamental objective is guided by values; technical challenges should be addressed as part of a broader strategy to confront the political obstacles to greater equity...’

Training:

An Eight-week Intensive course in International Health Economics from May 3rd – June 25th is being organized by Center for Health Economics University of York. Centre Website: <http://www.york.ac.uk/inst/che/welcome.htm> Course Website: <http://www.york.ac.uk/inst/che/internat.htm> 'This eight week intensive course is uniquely designed for health managers and researchers who want to specialise in health economics. This course aims to provide state-of-the-art knowledge on the principles of health economics including lessons learned and best practices from country experience and equip policy-makers, planners, doctors and managers with a set of analytical tools based on economic principles. These tools will be used to examine the practical problems facing participants in their work. These include decisions about how to allocate and spend funds, techniques for service planning, policy development, evaluating and prioritising projects, issues of sustainability, dealing with donor and non-governmental agencies, and regulating private providers. Each issue dealt with will be related to its impact on health sector goals..' For further Information contact: Linda Whiting Centre for Health Economics, University of York, Heslington, York, YO10 5DD, England Phone: 44 - 1904- 431448 Fax: 44 - 1904 - 431456 E-mail: che-ip@york.ac.uk International Programme Tel: +44 1904 431448 Fax: +44 1904 431456 E-mail: che-ip@york.ac.uk

Fellowship at University of Toronto. The Comparative Program on Health and Society at the Munk Centre for International Studies in the University of Toronto invites applications for the 2004/5 CPHS Distinguished Visitor Fellowship. The Distinguished Visitor Fellowship is tenable at the Munk Centre in the University of Toronto. It carries a value up to \$40,000 and is designed to assist a senior scholar or practitioner working on some aspect of the social determinants of health. The length and start dates of the award can be tailored to meet the needs of the successful applicant. While applications may be made at any time, it is strongly suggested that completed applications be submitted by February 13, 2004 so that they may be considered in the initial round of fellowship distribution.

For more information on the CPHS, the fellowship, and to download an application package, please see the web site at: www.utoronto.ca/cphs or contact the program coordinator, Dr. Joshua Goldstein, at cphs.munk@utoronto.ca or 416 946-8891.

Websites:

The Free Medical Journals Site is dedicated to the promotion of free access to medical journals over the Internet <http://www.freemedicaljournals.com/htm/index.htm>. This website includes journals from the field of public health, reproductive health, nutrition, alternative medicine, ethics, evidence-based medicine, legal medicine and primary care.

Conferences:

GEGA along with EQUINET and HST is hosting the 3rd International Conference of ISEqH 'Pathways to Equity in Health' from the 10th to 12th of June 2004 in Durban, South Africa. Several other events are planned along with this conference. These include Equinet writers workshop from the 4th to 7th, GEQA's 'Equity Research to Action Short-course' from the 6th to 8th, Public Health Association of South Africa (PHASA) and

International Association of Health Policy (IHAP) conference 'Partnerships for Health Equity' from the 6th to 8th, Equinet Meeting 'Reclaiming the State' on the 8th and 9th and GEGA meeting on the 13th and 14th of June 2004. For details go to GEGA website <http://www.gega.org.za/other/calendar.php>

Call for Research Grants/Awards:

Southern African Regional Network on Equity in Health (EQUINET) and Health Systems Trust (HST) South Africa are inviting expressions of interest from individuals and organizations based in the region to contribute to a work on Equity in the distribution of Health Personnel in Southern Africa. Equinet is a network of research and advocacy organizations that have a specific concern for equity in health issues based within the SADC region (see www.equinetafrica.org or email admin@equinetafrica.org). The programme seeks to promote the equitable distribution of health personnel in southern Africa and is focused on, although not only limited to, the production of health personnel, their availability and distribution and on aspects of their movement and migration. 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. Applicants should submit this information by **12th March 2004** to ant@hst.org.za or by Fax to 2731-304-0775 (attention A Ntuli).

Tools for Action, Advocacy and Community Empowerment:

Health Equity Audit: A Self-Assessment Toolkit Department of Health, UK. Health equity audits identify how fairly services or other resources are distributed in relation to the health needs of different groups and areas, and the priority action to provide services relative to need. The overall aim is to distribute resources relative to health need, otherwise inequities occur which lead to health inequalities. Website: <http://www.sepho.org.uk/news.asp?itemID=8020>. Toolkit available at: <http://www.doh.gov.uk/healthinequalities/heasat.doc>. The toolkit identifies 6 steps for performing a health equity audit. Starting with agreement of the stakeholders involved over inequities to preparing an equity profile of the area and identifying the high impact local action to reduce the gaps. The cycle moves into action with prioritizing the health action needed to reduce the gaps and to any changes required in the investment and service delivery to bring about this change. The last step involves reviewing progress and assessing the impact. The tool, through using the planning cycle, has a focus on action to reduce health inequities. For each step, the toolkit provides a set of questions that could provide useful insights and pointers to guide the user as well as a rating scale.

Information provided in this newsletter is taken from a variety of sources including websites and listserves like Equidad list, Health Equity Network list, spirit of 1848 list.