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GEGA ACTIVITIES:

GEGA would like to welcome Thando Ford as the new Deputy Coordinator of GEGA. Thando is a medical doctor by profession and has worked in the private and public sector. Her public health focus from 2002 to 2004 has been in strengthening district health systems. Thando is currently enrolled for masters in public health with the School of Public Health, University of the Western Cape.

Nairobi Urban Health Equity Gauge (NUHEG), represented by African Population and Health Research Center (APHRC), National Coordinating Agency for Population and Development (NCAPD), and the City Council of Nairobi Urban Slums Development, organized a one-day meeting entitled 'Repositioning Population and Reproductive Health for the Attainment of National and MDG goals' on the 19th of April 2005. The meeting was jointly organized with the Ministry of Health, Kenya. The meeting was attended by 8 Kenyan MPs and aimed at developing a country specific network of Parliamentarians which would link up with **Southern and East African Parliamentary Alliance of Committee on Health (SEAPACoH)** at a regional level. The meeting concluded with nominating Kenyan parliamentarians who would form the national network of MPs involved with advocacy on reproductive and population health issues.

Equity and health systems conference Dhaka 29-31 May 2005

GEGA, along with Independent University Bangladesh (IUB) is involved in organizing a conference for the South Asian region called 'Equity and Health Systems'. Support for the conference is being provided by the Canadian International Development Agency with a view to highlight health systems orientation and the centrality of equity as development objective. The Bangladesh Health Equity Watch (BHEW) is taking the lead from Bangladesh. The conference will be followed by one-day workshop on Community Empowerment and Community monitoring. The idea behind this workshop is to arrive at a common understanding of community empowerment and participation within the overall GEGA framework.

Health Equity Research to Action Course

GEGA has been very active, over the past few months, in organizing courses based on its Health Equity: Research to Action Short-course

Last year in November a course was organized for country directors of a fairly large Italian NGO, **CUAMM**. This course was followed by a request by **CARE** to organize a course for Latin America. In response to this request a course in Spanish was organized in **Antigua, Guatemala from 4-6th April 2005**.

GEGA was also invited to organize a workshop on **'Working for health system equity – strengthening health rights'** for the Emory University, CDC, and WHO conference on **Lessons learned from Rights-based Approaches to Health and Human Rights from 14-16 April 2005 in Atlanta**. Another workshop entitled **'Partnerships and pillars for Health Equity: a Multi-pronged Approach to reducing Health Inequities'** is being organized during the next Peoples Health Assembly (**PHA2**) in **Cuenca, Ecuador**.

Future courses include three regional level courses. For **Latin America**, a course will be organized in Cuenca right after the PHA 2. See below for details.

For South Asia there will be a course organized later this year in India. And discussions are underway for a regional course in November 2005 for the East African Region. The Nairobi Urban Health Equity Gauge will take the lead from East Africa for this course.

Latin American Alliance for Equity in Health (GEGA projects in Chile, Ecuador, Peru, and Guatemala) – Call for participants

Health Equity: Research to Action Short course. Cuenca, Ecuador 23rd and 24th July. **GEGA** is calling for participants to attend a short course (IN SPANISH) designed to build capacity for pro-equity policy development and evidence based action.

Deadline for applications: June 17th. For details on registration and how to apply, please visit:

English: http://www.gega.org.za/other/healthequity_0705.php

Spanish: http://www.gega.org.za/other/healthequity_0705_esp.php

Global Health Watch 2005/6 has gone to the publisher!!

The first ever global civil society report on health has finally gone to our publisher - Zed Books. After 18 months of preparation, the Global Health Watch 2005/6 is around 120 000 words and the GHW Secretariat is proud to say that it is a high quality document that will hopefully catalyse the budding global health movement. See the www.ghwatch.org for the final contents of the 2005/6 edition. Global Launch of the GHW 2005/6 - 20th July in eight countries:

- Cuenca, Ecuador at the 2nd Peoples Health Assembly (<http://www.phmovement.org/pha2>)
- London, UK hosted by the Royal Society for the Arts and the Lancet
- France, Paris hosted by Medecins du Monde
- Switzerland, Geneva hosted by Medact
- Germany hosted by Medico International
- Malaysia hosted by Third World Network
- Belgrade, Serbia and Montenegro hosted by the Institute of Social Medicine of the University of Belgrade.
- South Africa hosted by the Health Systems Trust
- India hosted by the Peoples Health Movement India (August 2005)
- United States at the American Public Health Association Annual Meeting (November 2005)

Help spread the word about the GHW and hold a launch in your city! For more information on what this involves please contact ghw@medact.org.

An advocacy document highlighting the key messages from the Watch will be posted on the GHW website on the 20th of July. It will be available in Arabic, French, German and Spanish. If you can help translate this document into other languages please contact us at ghw@medact.org.

PUBLICATIONS:

The World Health Report 2005 – Make Every Mother and Child Count

World health organization WHO, April 7, 2005

".... Exclusion from maternal, newborn and child health care is a key feature of inequity as well as a crucial obstacle to progress towards the MDGs, the report says. The health of mothers and children "is at the core of the struggle against poverty and inequality, as a matter of human rights".

Available online at:

English: <http://www.who.int/whr/2005/en/index.html>

Spanish: <http://www.who.int/whr/2005/es/index.html>

French: <http://www.who.int/whr/2005/fr/index.html>

Arabic: <http://www.who.int/whr/2005/ar/index.html>

Chinese: <http://www.who.int/whr/2005/zh/index.html>

Russian: <http://www.who.int/whr/2005/ru/index.html>

Theme of the next World Health Report 2006 Health Workforce

In response to World Health Assembly resolution WHA57.19, the Director-General has declared the health workforce to be the theme of the World health report 2006. And for the first time, WHO is offering open consultation on the World health report via the World Wide Web and electronic mail. Broad participation is encouraged - from schools for the health professions to national and international financing institutions to the ultimate beneficiaries of health services, the general public.

The draft Report is scheduled to be available by the end of October 2005, after which further consultation will take place. The Report will be launched on World Health Day, 7 April 2006.

Load https://extranet.who.int/datacol/survey.asp?survey_id=153 and log on using the details Username: whr2006, Password: outline. The page that loads will enable you to make a contribution.

Measuring Empowerment: Cross Disciplinary Perspectives

New World Bank Book Explores How to Empower the Poor

Edited by Deepa Narayan - ISBN: 0-8213-6057-4 SKU: 16057 – April 2005

Website:

http://publications.worldbank.org/ecommerce/catalog/product?item_id=3839257

“...The book brings together the research and experience of 27 development experts from different disciplines who were asked to address the question of how best to define and measure empowerment. Differences between social groups are often more relevant to development and empowerment questions than individual differences. However, most research and measurement efforts focus on individuals. The book builds a framework to ensure that empowerment becomes part of the development agenda so that the poor are treated as invaluable partners in development, and are finally treated as a resource and not the problem...”

Action on the Social Determinants of Health: Learning from previous experiences.

A background paper prepared for the Commission on Social Determinants of Health
WHO, March 2005

“...The Millennium Development Goals (MDGs) shape the current global development agenda. The MDGs recognize the interdependence of health and social conditions and present an opportunity to promote health policies that tackle the social roots of unfair and avoidable human suffering. The Commission on Social Determinants of Health (CSDH) is poised for leadership in this process. To reach its objectives, however, the CSDH must learn from the history of previous attempts to spur action on Social Determinants of Health.

This paper pursues three questions:

- (1) Why didn't previous efforts to promote health policies on social determinants succeed?
- (2) Why do we think the Commission on Social Determinants of Health (CSDH) can do better?
- (3) What can the Commission learn from previous experiences – negative and positive – that can increase its chances for success?...”

Available online as PDF file [50p.] at:

http://www.who.int/social_determinants/strategy/en/CSDH_socialdet_backgrounder.pdf

ARTICLES:

How much would poor people gain from faster progress towards the Millennium Development Goals for health?

Davidson R Gwatkin

Lancet 2005; 365: 813–17 - www.thelancet.com Vol 365 February 26, 2005

PDF file at:

http://pdf.thelancet.com/pdfdownload?uid=llan.365.9461.review_and_opinion.32382.1&x=x.pdf

“...The health objectives set out in the United Nations Millennium Development Goals (MDGs) do not share the focus on poor people that typifies the MDGs overall. Rather, they call for improvements in national averages that can be achieved through gains in both advantaged and disadvantaged groups. As a result, any reduction in society-wide average rates of death or illness can provide a wide range of outcomes for poor people.

Since expanded health services typically reach better-off groups before disadvantaged ones, poor people are unlikely to be the principal beneficiaries of efforts to accelerate

progress towards the MDGs by providing additional resources to the health sector, as presently constituted. More plausible is faster progress among privileged groups and a rise in poor-rich health disparities...”

What is Social Medicine?

Matthew R. Anderson, Lanny Smith, and Victor W. Sidel

Monthly Review, January 2005

Available online at <http://www.monthlyreview.org/0105anderson.htm>

“.....Although he was not the first to point out the links between society and health, the German physician, Rudolf Virchow, is considered by many to be the founder of social medicine. Virchow was one of the great pathologists of the nineteenth century, most notably contributing to the understanding of disease at the cellular level. He was also keenly aware of the social origins of illness. In 1848, while working as a staff physician at the Royal Charité Hospital in Berlin, he investigated an outbreak of typhus in the Prussian province of Upper Silesia. Virchow identified social factors, such as poverty and the lack of education and democracy, as key elements in the development of the epidemic.....”

A global health equity agenda for the G8 summit

Ronald Labonte, Canada research chair¹, Ted Schrecker, senior policy researcher¹, Amit Sen Gupta, co-convenor²

¹ Globalisation and Health Equity Research Program, Institute of Population Health, University of Ottawa, Ottawa, Canada, ² People's Health Movement—India, New Delhi, India

BMJ 2005;330:533-536 (5 March), doi:10.1136/bmj.330.7490.533

<http://bmj.bmjournals.com/cgi/content/full/330/7490/533?etoc>

“...Substantial reversals of the global trend in improvements in health of the past 150 years are now evident in large parts of the developing world, particularly insub-Saharan Africa. In addition to its intrinsic value as a human right, health is an important contributor to economic development. This creates a compelling case for investing in health, especially since several cost effective interventions are available that can produce rapid and broadly shared improvements in health....”

Talking points

Health inequalities

The Lancet - Volume 365, Number 9464 19 March 2005

'If the major determinants of health are social, so must be the remedies'

“...Many gross health inequalities that exist between and within countries have social factors at the root. Michael Marmot introduces the independent Commission on Social Determinants of Health, set up by WHO, and consisting of prominent figures in politics, research, and social action. Within 3 years the Commission aims to understand the societal factors that influence health and use this knowledge to develop policies to improve health.

In a Comment paper, Lee Jong-wook argues that public health begins with the recognition of the need for favourable social conditions, and that neglect of such factors undermines health efforts...”.

Public health is a social issue

Lee Jong-wook , Director-General of WHO.

Free online at:

http://www.thelancet.com/journal/vol365/iss9464/full/llan.365.9464.analysis_and_interpretation.32561.1

The sense of urgency comes from awareness of the magnitude of suffering, disease, and premature death in the world today that are caused by social factors and widening inequalities.

Social determinants of health inequalities

Michael Marmot

Lancet 2005; 365: 1099-104

International Centre for Health and Society, University College London

Free online at:

http://www.thelancet.com/journal/vol365/iss9464/full/llan.365.9464.review_and_opinion.32545.1

- Inequalities in health between and within countries: poverty and inequality
- Social determinants: poverty, inequality, and the causes of the causes
- Action is possible and necessary
- Meeting human needs

TRAINING:

University of Oxford Health Economics Research Centre HERC, University of Oxford
6-8 July 2005

Advanced Methods of Cost-Effectiveness Analysis

Three-day residential course providing practical computer based experience of CEA as used in trials and other healthcare research. Some prior knowledge of the principles of health economic evaluation is required. The course takes place in Oxford and taught by health economists in the Health Economics Research Centre, University of Oxford.

For more information on course content, fees, and online booking visit the Courses pages on www.herc.ox.ac.uk

Email herc@dphpc.ox.ac.uk

Phone 01865 226679 / 227135

CONFERENCES:

The 12th Annual Canadian Conference on International Health

November 6-9th, 2005 Ottawa Canada

Hosted by the Canadian Society for International Health (CSIH) is currently accepting abstracts for its annual conference.

Deadline for receipt of abstracts is: May 31st, 2005

This year's theme is: "YOUR MONEY OR YOUR LIFE: HEALTH IN THE GLOBAL ECONOMY"

“...Market-driven policies are dominating and guiding the global economy, reshaping our environment and impacting our health. Since the early 1980s, international health theories and practices have been strongly influenced by the neo-liberal agenda. The time has arrived, we believe, to pause and reflect on the lessons learned at the global, national, and local levels over the past quarter of a century. Are we moving in the right direction? What results have we achieved in terms of reduced poverty, increased equity of opportunity and improved health status? Is a course correction in order? Please join us to discuss these important issues...”

Website: <http://www.csih.org/what/conferences2005.html>

Contact Information: Lisa Jibson, Executive Assistant/Conference Coordinator
Canadian Society for International Health, ljibson@csih.org

CALL FOR RESEARCH GRANTS/AWARDS

Call for Proposals - Alliance for Health Policy and Systems Research Strategic Research 2005.

An Initiative of Alliance for Health Policy and Systems Research in Collaboration with Systemwide Effects of the Fund (SWEF) Research Network Strategic Research Grants.

Effects of Global Health Initiatives on Health Systems Development.

Call for Proposals. Third Round 2005

Deadline: 15 June 2005

Funding limits

\$50,000 to \$150,000 for a maximum of two years. Smaller research efforts that consider specific questions will also be considered favorably.

Who can apply for funding?

Research institutions, government agencies, health service providers and civil society organizations are eligible for funding.

Research topics and questions

Institutions are invited to consider and address at least one (but possibly more than one) of the following research issues in their proposals:

- Effects of the global health initiatives on the broader health system, within the four thematic areas currently included in the current SWEF protocol, including:
 - o Policy processes
 - o Human resources
 - o Role of the private sector
 - o Pharmaceuticals and commodities
- Funding additionality, absorption and sustainability
- Equity and financial protection
- Vertical versus integrated delivery services

For more information go to: <http://www.alliance-hpsr.org/jahia/Jahia/lang/fr/pid/1>

TOOLS FOR ACTION, ADVOCACY, AND COMMUNITY EMPOWERMENT

E-Learning Course on Poverty and Social Impact Analysis

Web link:

<http://lnweb18.worldbank.org/ESSD/sdvext.nsf/81ByDocName/TrainingMaterialTHEPSIAE-LEARNINGCOURSE>

The Poverty and Social Impact Analysis (PSIA) team in the World Bank has launched a new PSIA e-learning course. PSIA implies an analysis of the distributional impact of policy reforms on the well-being or welfare of different stakeholder groups, with particular focus on the poor and vulnerable.

Basic Poverty and Social Impact Analysis PSIA training in three modules:

Module 1: How and when it is applied

Module 2: Overview of Tools and Methods:

Module 3: Implementing The Poverty and Social Impact Analysis PSIA - Good Practice:

A User's Guide to Poverty and Social Impact Analysis

Available online as PDF file [98p.] at:

http://poverty2.forumone.com/files/12685_PSIA_Users_Guide_-_Complete_-_High_resolution_-_English_-_May_2003.pdf

Content:

Purpose of the User's Guide

1 Introduction

2 A Conceptual Framework for Understanding Poverty and Social Impacts

3 Elements of Good Poverty and Social Impact Analysis

4 Challenges and Operational Principles 39

5 Possible Summary Matrix

6 Conclusions

Annex: Economic and Social Tools for Poverty and Social Impact Analysis

Bibliography

Poverty : assessing the distribution of health risks by socioeconomic position at national and local levels

Blakely T, Hales S, Woodward A.

Geneva, World Health Organization, 2004 -WHO Environmental Burden of Disease Series, No. 10

Available online as PDF file [40p.] at:

http://www.who.int/quantifying_ehimpacts/publications/en/ebd10.pdf

In the guide, conceptual issues that link socioeconomic status, exposure to risk factors and health are first explained. A practical, step-by-step approach is then used to assess the impact of socioeconomic status on risk factors and health, using numerical examples. The methods can be adapted both to local and national levels, and can be tailored to suit data availability.....”