



EquiLAC

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Health Systems and Services

Challenges to the Health Sector

External Context	Challenges to the Health Sector	Institutional Strengthening
<p>Complexity of health determinants</p> <p>Multiplicity of initiatives and actors</p> <p>United Nations Reform</p> <p>Paris Declaration</p>	<p>Millennium Development Goals</p> <p>Health and human security</p> <p>Poverty and inequity</p> <p>Social exclusion</p>	<p>Transparent, responsible, and efficient organizations</p> <p>Strategic thinking for complex problems</p> <p>Flexibility in the face of change</p> <p>Information and knowledge management with emerging technologies</p>



Strategic Plan

Equity - Solidarity - Pan-Americanism

Health Equity – PAHO's agenda

Vision 2008-2012

Convergence of Thought and Action

Immunization as a regional public resource, maintaining equity and universal coverage.

Elimination or reduction of diseases afflicting neglected populations to levels that no longer pose a public health problem through a local development and citizenship-building approach.

Middle-income countries positioned in global health scenario.

Equity in access to timely, quality health goods and services.

Access to reliable, validated health information, based on scientific evidence.

Timely, complete, shared health surveillance.

Measurement of inequality and the burden of disease.

PASB as a reliable, technically competent, neutral partner

Health Systems and Services

We work closely with Member States to improve institutional capacities in the design and implementation of public policies and strategies for strengthening national health care systems, in order for them to:

- achieve their national health objectives;
- improve the management of health care services networks;
- monitor and evaluate performance of health systems;
- improve access and utilization to health care services;
- reduce social exclusion and health systems inequalities and inequities.

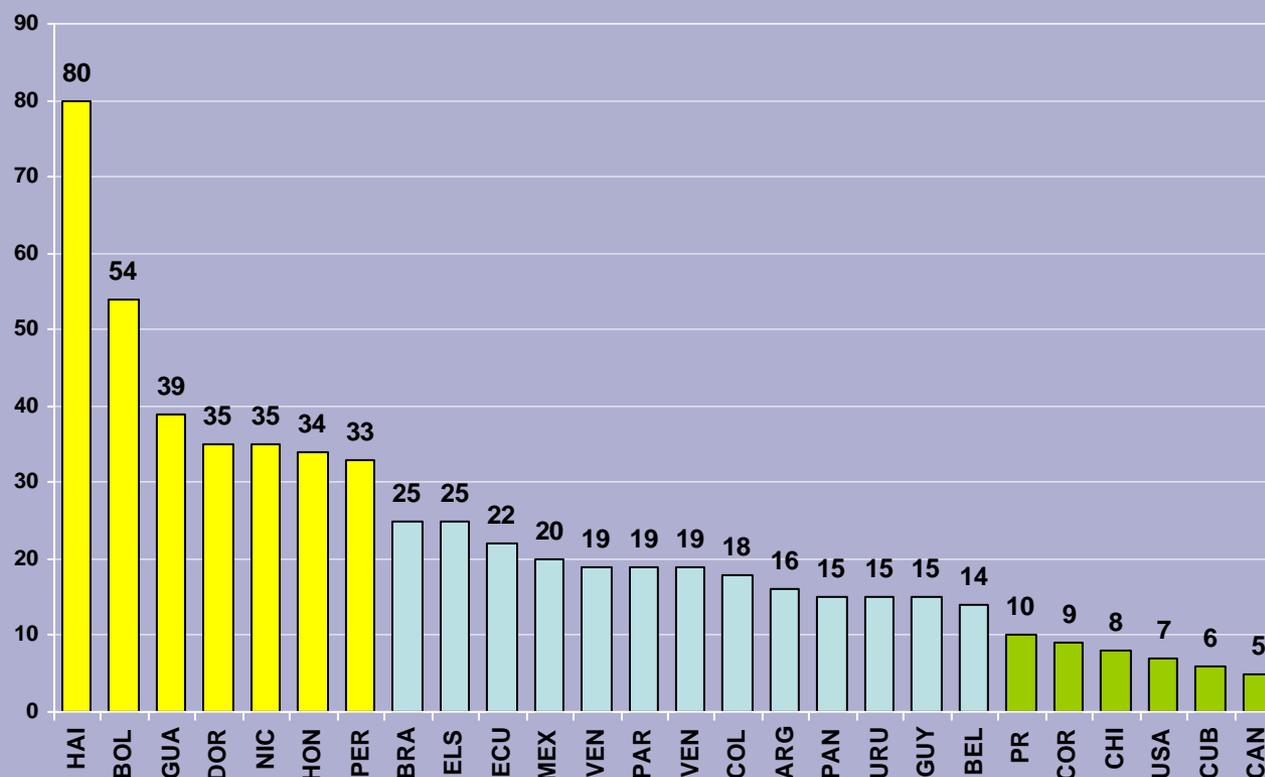
Problem

In Latin America and the Caribbean:

- more than 240 million people live in poverty;
- 125 million people lack access to basic health services;
- income inequalities is one of the widest of all regions;
- despite improvements in almost all health indicators, socioeconomic inequalities among and within countries persist;
- opportunity to measure the magnitude and nature of inequalities in health systems not seized.

Inequalities in the Region

Infant mortality rate in the Americas per 1,000 live-births



Source: AIEPI, PAHO/WHO, 2005

Solution

1. Generate evidence on health system inequalities and changes over time, in particular those related to public policies and programs.
2. Capacity building for the continuous assessment of inequalities.
3. Knowledge sharing to support policy development, monitoring, and evaluation.

Proposed Result

Improved quality of evidence and policy recommendations to support evidence-informed decision-making and to bridge research to policy, and policy to action in the Region of the Americas.

Health Systems, Equity and the Poor

- Health care can reduce the burden of disease on the poor and contribute to poverty reduction.
- Half of the improvement in life expectancy in developing countries is attributable to the provision of preventive and curative care.
- Health systems can modify the negative effects of socioeconomic inequalities in health but can also play a role in increasing inequalities and exclusion.
- Equity in health is a major objective of many health systems in the Americas.
- Evidence shows that inadequate access to health services is a key determinant of health inequalities.

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Goal:

To increase understanding and knowledge of health system inequalities in the region of the Americas by producing evidence to support policy development, monitoring, and evaluation.

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Objectives:

- Facilitate relevant cross-country studies to systematically assess equity in national health systems and investigate possible determinants.
- Strengthen partnerships with research institutions and bilateral, multilateral, and international organizations.
- Promote networking among researchers, policy makers, and institutions involved in the project.
- Share research experiences and build capacity in the methods to measure and explain health care inequalities.



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Phase I (2009-2010): health status and health care inequalities.

Phase II (2011): inequalities in financing, expenditures, and public subsidies.

Phase III (2012): inequalities in health outcomes (infant mortality, under five mortality, stunting, underweight, life expectancy, maternal mortality, mortality of diabetes mellitus, etc) and distribution of health services (physicians, nurses, hospitals, health centers, etc).

Challenges

- Comparative analysis of country studies and data heterogeneity.
- Availability of indicators for need variables.
- Financing for continuity of studies.
- Regional technical group.

Participating Countries

- **Brazil**
- **Canada**
- **Chile**
- Colombia
- **Ecuador**
- **Jamaica**
- Mexico
- **Peru**
- USA

EquiLAC Activities (2009-2010)

- Two workshops
- Nine country studies
- One comparative report

Workshop Objectives

- to take stock of the methodologies and tools available to measure and explain health and health systems inequalities.
- to share information regarding the latest assessment of socioeconomic inequalities in the Region.