

Governance, Equity, and Health

Health and well-being lie at the core of every individual, every community, and every nation. A health system can define a nation, and a government's response to the health needs of its citizens can influence the shape of the state itself. In the developing world, the relationship between health and development is particularly close, with health fostering the social and economic development that, in turn, will further nurture health. However, the failure of many governments to ensure equitable access to health has widened the gap between rich and poor and excluded those most in need. Deteriorating health outcomes have deepened poverty, hindered growth, and divided societies.

In this context, health policy and the delivery of basic public services clearly depend upon committed institutions, human capacity and, above all, on evidence-based decision-making. Identifying health needs and translating them into viable policies demand greater state responsibility and accountability, and wider citizen participation. Equitable health reforms can create a more cohesive society and extend, not only the rights of citizenship, but the boundaries of democracy itself.

Our Mission

The mission of IDRC's *Governance, Equity, and Health* (GEH) program initiative is to strengthen health systems, promote civic engagement and make research matter. GEH examines health systems through a governance lens and focuses on the challenges of governance as they play out in the health sector. Through research, GEH has begun to build a community for the practitioner and the politician, the academic and the activist, a space for reflecting on the politics of health, the science of health, and a society's access to health. By supporting research on policy processes, health systems, interventions, and civic engagement, the work of GEH illuminates

all points on the research-to-policy-to-practice spectrum, from idea to influence to impact.

Health must be seen as part of a much broader picture. Experience reveals that containing new and emerging health risks is less a matter of technology than of effectively delivering interventions, equitably and accessibly. Controlling these risks now depends on the skill, capacity, and will of citizens, scientists, and governments alike.

GEH currently supports research in sub-Saharan Africa and Latin America and the Caribbean, with a portfolio of projects, programs, and networks engaging the following themes and entry points:

GEH themes

- Understanding and improving the politics and processes of service delivery for health.
- Understanding and improving access and its effects on health and social equity.

GEH entry points

- *The policy process*: Formulating, implementing, and evaluating pro-poor policies for health; increasing effective research-to-policy linkages.
- *Health systems*: Research to strengthen the effective delivery of quality services.
- *Priority conditions and interventions*: Learning how programs focused on priority conditions — such as immunization, TB, and HIV/AIDS — can strengthen health systems and promote health and social equity.
- *Civic engagement*: Research to inform, influence, and promote effective citizen participation to exercise the right to health.

Some Examples

Equinet: Equity and Governance in Southern Africa. This network builds human and institutional capacity, involves stakeholders in policy dialogue, and promotes equitable health policies. Equinet researchers identify critical policy issues and inequities in health: their goal is to influence health policy, both locally and regionally. Through a problem-solving and policy-support approach, Equinet increases the likelihood that policy choices — and implementation — will become more evidence-based and equitable. Current thematic areas include: health rights as a driver for health equity; building civil society; parliamentary alliances for equity in health; and trade and health, among others.

Municipal Services Project. This research, policy, and capacity-building initiative examines the restructuring of municipal services in Southern Africa from a public health perspective. Although much is already known about the negative effects of poor or non-existent basic services such as water and sanitation on the health of low-income households, little is known about the impacts of service delivery restructuring (e.g. privatization, decentralization) on health status. By focusing on the power relationships between citizen and state and the complexities of the health-services link, the project is examining the potential of municipal service delivery models to be pro-equity, participatory, and health-oriented.

Equity, Financing, and Decentralization in Mexico. This project seeks to strengthen human capacities and provide tools for improving the financial control and authority over health spending at the local level. This project examines the political and social dynamics of health sector reform in three Mexican states and analyzes the equity impacts of these reforms.

A Practical Approach to Lung Health in South Africa. This project examines the nurse-identified barriers to effective care of adult lung diseases. Given the strong ties between HIV/AIDS, pneumonia, and tuberculosis, effective care of pulmonary diseases has an impact not only on the health system, but on the population as a whole. After the project has identified barriers to effective care, it will engage health care decision-makers in the design, adaptation, development, and pilot testing of an appropriate intervention, first in the Free State and, if successful, nationally.

For more information

Governance, Equity, and Health
International Development Research Centre
PO Box 8500, Ottawa, Canada K1G 3H9
Tel: +1 (613) 236-6163 Fax: +1 (613) 567-7748

Team members: Roberto Bazzani, Jean-Michel Labatut, Sharmila Mhatre, Martha Melesse, Danielle Reinhardt, Andrés Rius, Moussa Samb, Matthew Sanger, Christina Zarowsky (team leader)

Strengthening health systems ∞ Promoting civic engagement ∞ Making research matter

Canada's International Development Research Centre (IDRC) is one of the world's leading institutions in the generation and application of new knowledge to meet the challenges of international development. For more than 30 years, IDRC has worked in close collaboration with researchers from the developing world in their search for the means to build healthier, more equitable, and more prosperous societies.



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