



Network for
Equity in Health
in Southern Africa

**INTERNATIONAL SOCIETY FOR EQUITY
IN HEALTH CONFERENCE, TORONTO
JUNE 2002
EQUINET SECRETARIAT BRIEFING
JULY 2002**

R Loewenson, T Maistry TARSC, Zimbabwe

EQUINET recently participated and held a workshop in the second conference of the International Society for Equity in Health, Toronto Canada in June 2002.. The event brought together people from across the globe to share their interest and knowledge of issues of health and equity. The theme for the gathering was **Equity: Research in the Service of Policy and Advocacy for Health and Health Services.**

EQUINET shared its time slot with a workshop on NEPAD where a report card on the G8. Health and Development commitments and the New Plan for African Development (NEPAD) was presented by Ronald Labonte and David Sanders of the University of the Western Cape. The presentation outlined the G8 commitments, the potential of NEPAD to address specific health inequities, and the investment issues that would need to be addressed to deal with such inequities. The authors noted that "Without challenging the causes of poverty and inequity and without addressing the functioning of health systems, NEPAD's health project is unlikely to achieve its goals." They called for more investment in health and health related sectors for infrastructure and recurrent expenditure to enable retention strategies, training, support and supervision of personnel. It was noted that each year Africa subsidises \$500 m of training for health personnel for rich countries in response to the climate in free trade of health professionals.

In EQUINET's input on Southern African perspectives

Lucy Gilson, CHP outlined the problems of equity in health in terms of rich – poor health inequalities. In the Social sectors, relatively more emphasis has been placed on improving health of worst-off, through identifying the most disadvantaged (in context of poor data), factoring in socio-economic / deprivation indicators, eliciting community views and community preferences for use of resources in the context of the PHC approach.

Di McIntyre, Health Economics Unit, University of Cape Town noted that intra-country geographic analyses have shown promise in exploring health system equity issues. Small area analyses of the distribution of deprivation, ill-health and health services draws attention to areas with high levels of deprivation, poor health status and limited public sector health care provision in order that these areas can receive greater priority in resource allocation decisions.

I Rusike Community Working Group on Health and Rene Loewenson, Training and Research Support Centre Zimbabwe presented work done by Equinet in Governance in Health. They argued that reversing inequities depends in the main on social and political factors. This goes beyond the fact that social networking is important for service outreach and health seeking behaviour, and that social exclusion as a dimension of deprivation or poverty affects health outcomes. Unless the people affected by ill health have greater control over the resources needed for health care or to be healthy, then equity goals will remain a dream. They presented work in Zimbabwe investigating whether community mechanisms health centre committees make any difference to equity in resource allocation to health centre and

community level and to health system performance (availability of drugs, staff and inclusion of community priorities).

Firoze Manji, Fahamu (UK) raised the question: Is equity in health about making poverty palatable for the poor? Or should it be about contributing to the struggle for social emancipation? He presented evidence from Nairobi on health struggles of poor people centering around basic rights. He observed that we tend as health workers, to look at health outcomes and treat the symptoms. But the problem caused by illnesses is in the social, economic and political domains, it only manifests in the health domain. Equity in health is inevitably a political struggle and its starting point should be the defence of social, economic, political and civil rights.

Prof Godfrey Swai, Tanzania, was not able to participate but his paper reviewing equity issues in the Global Health Fund noted that HIV/AIDS, Tuberculosis and Malaria are diseases of poverty or deprivation. Effective rolling back of the three diseases must equally roll back poverty. Equity in health and poverty reduction are intimately linked issues that the international community cannot dismiss and are a challenge for effectiveness of the Global Health Fund. He proposed specific actions for the GHF noting that the share of the global burden of the three diseases for the Sub Sahara Africa / region is unacceptably high, is increasing, deepening poverty and threatening human survival.

Thumida Maistry, EQUINET described the mission and work of Equinet in the region around evidence gathering and policy alternatives, networking and regional response, information provision and exchange as well as challenges and plans for the future around advocacy.

In discussion, debt servicing was regarded as a key problem as it exacerbated the impact of unfair competition and trade rules that had negatively affected economies in southern Africa. The mismatch between will and resources was constantly raised.

The ISEQH conference provided an opportunity to raise the wider issues, to learn from other pathways, to share the commitment to a fairer world and to give Africa a voice at an international forum. In the next months, it may be expected that greater sensitivity will be given to the priorities of the region. Equinet should be able to participate more actively in ISEQH through the election of Lucy Gilson onto the Board and through the work of TJ Ngulube and Di McIntyre as nominating committee members.

The full report of the EQUINET ISEqH workshop is available in hardcopy from the EQUINET secretariat at TARSC, 47 Van Praagh Ave, Harare, email rlowenson@healthnet.zw or as a downloadable pdf file from our website at www.equinet africa.org . If you have input or comments on this issue please email these to the secretariat to rlowenson@healthnet.zw.