The Framework Convention on Global Health (FCGH) and equity (targets, definitions, and distribution)

Submitted February 6, 2014, by Davidson Gwatkin, Results for Development

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Domestic health equity principles: *Should the FCGH include principles related to domestic health equity? If so, what should they be?*

The FCGH should absolutely address domestic inequities. These represent a major portion of the total health inequities people face, along with the also forceful global dimensions of health inequity.

Domestic health equity targets: *Should the FCGH include targets on domestic health equity? If so, what should the targets be? Should they address health system inputs (e.g., distribution of health workers, marginalized populations with access to sanitation), outputs (e.g., health services delivery and marginalized populations), and outcomes (improved health of marginalized populations)? To what degree should there be globally agreed deadlines, and to what degree should these be determined nationally?*

Setting targets is a political exercise. Avoid getting too caught up in perfect target as enemy of the good. Better to use existing, accepted, targets than try to create the more technically perfect ones that might not be accepted. Equity targets in the FCGH could take the form of reducing various health equity gaps, such as between high- and low-income quintiles (and low and high educational attainment). The FCGH might cover other dimensions of marginalization, but should be cautious where discrimination might make highlighting a certain marginalized population have unintended effects, even making it difficult to address the health inequities they face. For example, where ethno-religious strife reign, it might be better to use income as a very good proxy for a minority population than to have a target specifically on that population, which might create opposition to efforts to directly address the inequity.

Defining marginalized populations: *As part of its requirements on addressing marginalized populations, such as through a national strategy and specific measures the FCGH may require, to what degree should the FCGH specify marginalized populations, and to what degree should this be left for countries to determine? Should the FCGH include a minimum set of populations to be considered with respect to any treaty stipulations on marginalized populations, and if so, which groups? What are such groups presently included in international instruments (e.g., General Comment 14, international declarations on HIV/AIDS)? Should the FCGH establish or provide guidelines for a national process to identify these groups? Or should the FCGH simply refer to such groups in broad terms (e.g., disadvantaged, marginalized, and vulnerable populations), without further specification? Does this last approach pose the risk that certain*

marginalized or disfavored groups would be left out from national definitions and measures to support (and reduce discrimination against and other mistreatment of) these populations?

It is better to use accepted definitions, even if imperfect, than to try to create new ones. WHO definitions, because of authoritative nature, are particularly good in this regard.

Equitable distribution of health facilities, goods, and services: *What measures should the FCGH include to achieve the equitable distribution of health facilities, goods, and services, including the equitable distribution of health workers? Should the FCGH require that this goal should be part of national health strategies and plans of action?*

Equitable distribution based on geography is one easily measurable approach to equity, but will vary in usefulness for equity depending on marginalized populations' spread. If they are spread out geographically, it is not useful, because the populations are too disperse to be captured by this measure. If they are concentrated in single province or region, it can be useful in the areas in which they are concentrated, as it is possible to assess whether health services are equitably distributed in these regions compared to others.