

## **Equity strategies and considerations**

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Equity and participation: Equity in health outcomes across and within countries (race, caste, gender etc) needs to be central goal of the Framework Convention on Global Health. I think we need to shift the debate beyond primary health care for all.

It is important that there is a mechanism, like in South Africa, of drafting White Papers on Equity in Health at global and national levels, and getting comments from marginalised women and men to the extent possible. Literacy levels are rising, and direct engagement should be possible.

Equity and accreditation: The goal of equity in health outcomes required a new way of thinking. For too long debates have been polarized around public vs. private financing and health care. The way to move forward may be to look at public financing and provisioning of health care by accredited public or private health care providers/institutions. Accreditation institutions must have people from health, women's and social movements, local government, etc., and criteria for accreditation must include equity in outcomes and processes.

Equity and accountability: Accountability mechanisms have to be strengthened in countries judicial mechanisms like allowing right to information and public interest litigation. Equity sensitive health provider/facility score cards are also helpful.

Equity, changing burden of disease, and climate change: Look twenty years from now and predict disease burdens: There is a movement from communicable to non-communicable diseases (not all over the world) and this has received much attention. At the same time we do know much about the implications of climate change on health of men and women, young and old, different races, pregnant/lactating women and others. There is a need for research into this aspect, and predict patterns of health diseases.

Equitable health outcomes and women's rights: Equitable health outcomes require not only accessible and equitable quality health services, but changes in social norms related to health and health determinants at intra-household, community and market levels. There are good examples at establishing community level monitoring (women men, teachers, local government) of nutrition, infant health, child health and maternal health in Nepal under the project Decentralized Action for Children and Women (DACAW) by UNICEF. Intra-household distribution of food improved, as well as rest that women add after delivery leading to lowered infant, child and maternal mortality. Under this programme paralegal women workers have been trained and formed into a network who support women survivors of violence and refer them to legal, health

and counseling services. This programme is presently being expanded through the Ministry of Local Development (cited in Murthy and Sachdev, 2008). At another level, women earn lower wages in the market place. In India, the Mahatma Gandhi National Rural Employment Guarantee Scheme which pays equal wages for women and men, has pushed up the market wages for women. This has improved women's health seeking behaviour and women's health (Panda et al, 2009).

Murthy, R.K and N Sachdev, 2008, Country Case Study Nepal, in UNICEF (ed), Evaluation of Gender Policy Implementation in UNICEF, UNICEF New York.