

## **CDP Working Group on Global Public Health**

### **Issues Note for the 2009 AMR**

This note is to specify the overall objective of the group's inputs to the ECOSOC debate on the 2009 Annual Ministerial Review (AMR) theme. It also proposes a work plan for the members of the working group for 2008 and 2009.

The topic of the 2009 AMR is "Implementing the Internationally Agreed Goals and Commitments in regard to Global Public Health". The Secretary-General regards the AMR 2009 as one of the key opportunities to engage and encourage Members States to renew actions in areas that remain at the bottom of the development and global health strategies. In this regard, the SG will be prioritizing three issues; health system strengthening, women's and girl's health and neglected tropical diseases.

#### **Objectives**

At its plenary meeting in March in 2008, CDP members agreed that the main objective of the Committee's contribution was to examine ways in which global partnerships could support developing countries in strengthening their capacity to deliver health services for all.

Taking into account the wide range of factors underlying health outcomes as well as the research interests of the members of the CDP working group on global health, it is suggested to organize the CDP contribution around the overarching theme of inequality of health outcomes—both across and within countries—and to examine the role that global health partnerships could play in alleviating the inequalities. CDP will thus examine why health inequalities persist in one form or another (and its implications for attaining the MDGs for all), the role of domestic and international policies, and the impact of global health partnerships on health inequalities. It will also make recommendations on how to address problems identified.

#### **Issues**

Despite progress over the last decades, health conditions in many developing countries are still unsatisfactory and, in most instances, health outcomes in these economies remain below those attained in the developed countries, with a significant share of the populations suffering from preventable and/or easily treatable diseases. To a large extent, global inequalities in health outcomes reflect the enormous socio-economic disparities that exist between rich and poor countries. Simultaneously, inequalities in health outcomes are prevalent between or among different socio-economic, ethnic, racial,

cultural groups in a country: for example, between male and female, between urban and rural populations, between rich and poor groups, the old and the young, etc. Health inequalities exist not only in terms of health status (such as life expectancy at birth, child mortality rate, and prevalence of TB, HIV/AIDS ), but also in relation to health “inputs” (such as the number of hospitals or doctors per unit of population, the quality or types of medical treatment the patient receives and health spending per person). More generally, inequalities in access to health inputs also include disparities in knowledge about health status, health information, nutrition in-take and working and living conditions. Among other things, the level of income and education that an individual or a family enjoys is likely to affect access to health inputs [both level and quality]. In this regard, health inequalities are also a manifestation—as well as a determining factor—of existing income and educational inequalities.

Inequalities in health, both in terms of outcomes and inputs, reflect the interplay of cultural, political and economic forces, with long history behind leading to the existing state, including the frequency, lengths and depths of conflicts as well as other severe adverse shocks (natural disasters, for instance) that a country or a region experiences. Development partners need to ensure that their programmes take account of the existing inequalities, when designing and implementing them. When aggravated, inequalities – not only in health, but also other aspects of inequalities – can become a source for social unrest or conflict. Such considerations go beyond narrowly focused efficiency or effectiveness objectives of aid policies.

The sub-group will examine inequalities in health, focusing on salient features of the inequality of health outcomes among and within countries, identifying the factors underlining their persistence and the impact of health policies on the inequalities. At the international level, the group will examine if and how the existing global health partnerships (GHPs) affect the health inequalities. One hypothesis is that while GHPs may have a positive impact in reducing the health gap at the global level, that impact may not take place at the country level in view of current patterns of aid allocation and related practices. At the same time, existing disparities between developed and developing countries act to reinforce inequalities in health as living standards in general and labour market conditions in particular in developed countries act as magnets for health workers from developing countries. The group will also recommend how global health partnerships can help reduce health inequalities.

### **Expert Group Meeting on global partnership for public health**

The main objective of the EGM is to prepare a draft report to be submitted to the CDP in March 2009 (the report will be finalized after the EGM). Based on the exchange of ideas among sub-group members both on the occasion of the CDP meeting and afterwards, the following is suggested:

## 1. Introduction

- Overview of persistence of inequalities in health outcomes across and within countries, complexity of the topic, indicators and data availability.
- Link with MDGs.
- Objective of the report and its structure.

National and international dimensions of health inequalities in developing countries

### a. Health inequalities at the national level

Magnitudes of health inequalities between or among various socio-economic groups (and geographical areas) are presented and the reasons for the persistency of the inequalities are examined. It also examines to what extent domestic policies and national health systems in the past and present have affected the health inequality outcome.

While several specific issues could be addressed here, the focus of the analysis will be on health inequalities among different groups, regions and gender.

### b. Inequalities in health inputs at the international level and their implications for the sustainability of health systems

It will examine the impact of the disparities in health inputs—such as in salaries, working conditions, R&D and health spending patterns—at the international level, as these factors are likely to affect the supply of health inputs in developing countries. For some countries in conflict or post-conflict situations, on-going or recent conflicts or civil unrests should be not ignored.

It will include an analysis on intra- [and inter-] national migration of health professionals and workers, its determinants (including income and other socio-economic differentials) and regulatory measures to control the flow.

## 2. Global health partnerships and health inequalities

### a. Impacts of the partnerships on health inequalities

Have the international partnerships alleviated or aggravated health inequalities the national level?

- b. Impacts of the partnership on national health delivery systems, including access to medicines
  - Other indirect impacts on health inequalities, including sustainability of services, bypassing local budget processes, etc

### 3. Recommendations