

**Taking an equity focused  
approach to achieving the MDGs:  
right in principle; right in practice?**

unite for  
children

unicef 



# HYPOTHESIS

- **Conventional wisdom** has been that it is too costly and too difficult to go into poor, hard to reach communities; reaching better off, easier to reach children has been considered more cost effective.
- **Hypothesis tested** : Because the needs are greatest amongst the unreached, and new, innovative, efficient strategies and tools exist to reach them, the benefits of concentrating on them could outweigh the additional costs of reaching them.
- This would mean a greater equity focus would :
  - a) be more cost effective and
  - b) accelerate progress towards MDG's

# Testing the Hypothesis

- **Review of literature:** hundreds of rigorous controlled studies on equity focused strategies
- **Reviewed effective large scale programmes**
- **Devised an equity-focused approach** building on the literature and Alma Ata Declaration(1978)
- Designed an **analytical framework** for modeling
- **Undertook modeling exercise**
  - used data from 15 out of 60 countries reviewed
  - analyzed 180,000 data points
  - compared equity focused approach and the current path in terms of cost effectiveness by 2015 and contribution to health related MDG's

# Two model strategies were compared - Current and Equity-focused approach

**Modeled equity-focused approach** - adds ways to ensure the most deprived children are reached

## **(a) Different ways of delivering services:**

Shifting treatment of main child killers to communities

Providing maternal and newborn services closer to communities

Incentives for improved distribution and performance of health workers

## **(b) Reducing financial barriers for the poor**

Reducing costs of drugs and other commodities

Insurance or free provision of services for the poor

Subsidizing indirect costs for using services e.g. through cash transfers

## **(c) Empowering communities**

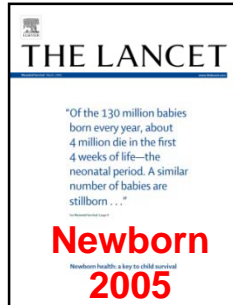
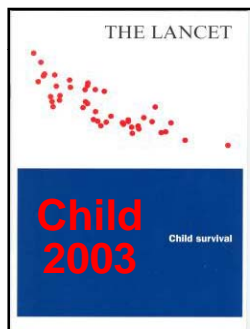
Community participation and organization

Community based promotion of positive health-related practices

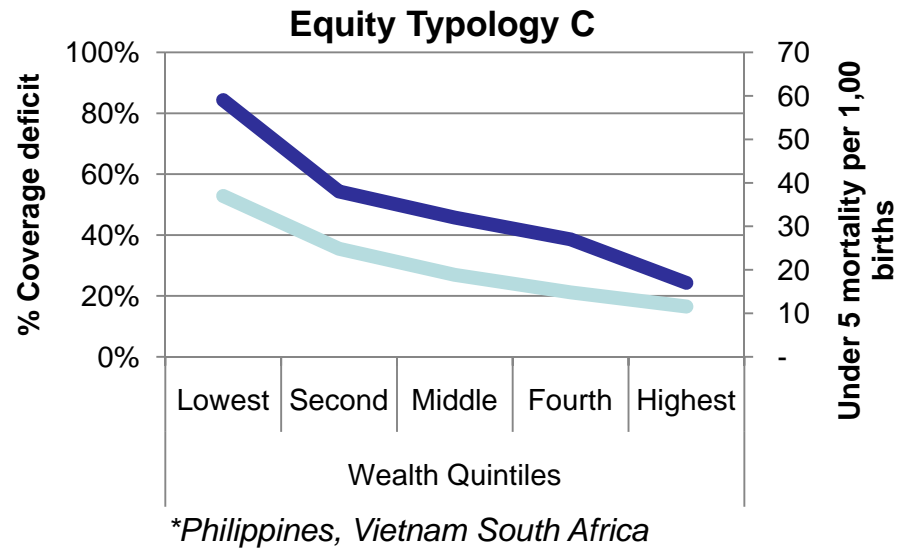
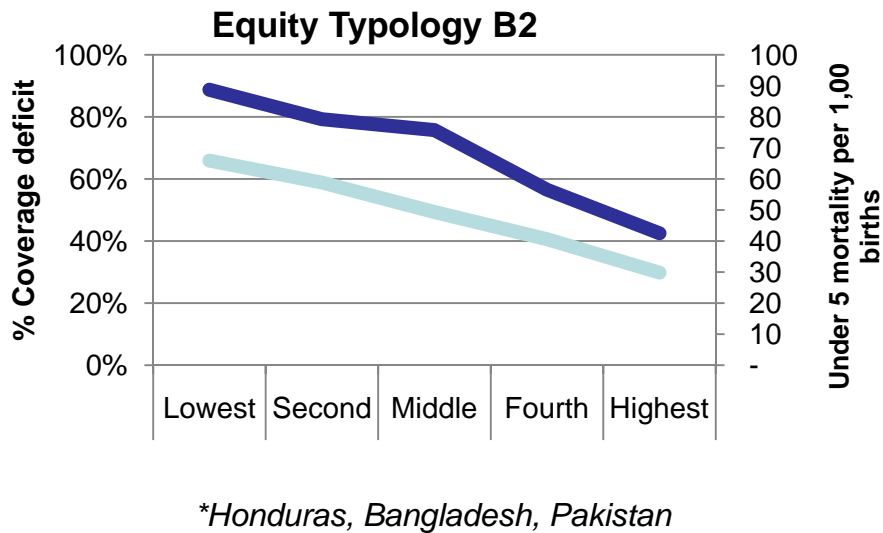
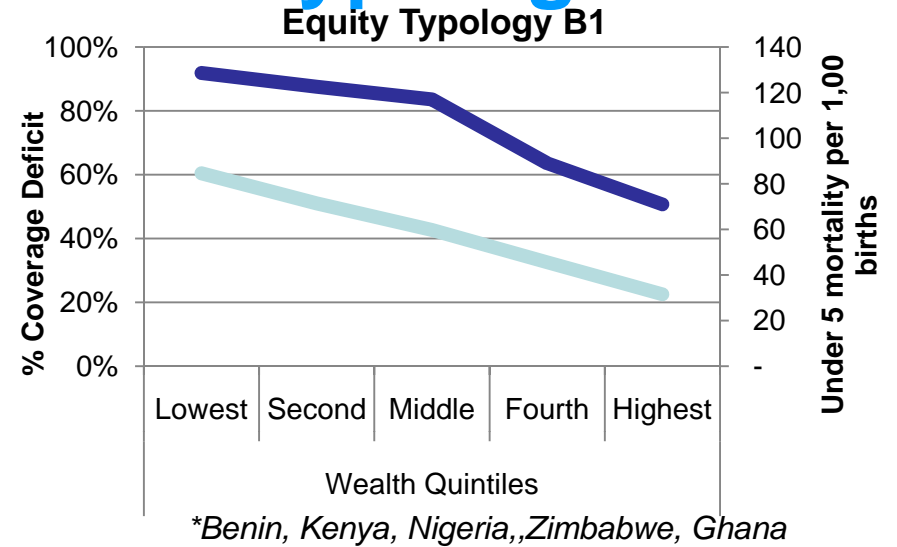
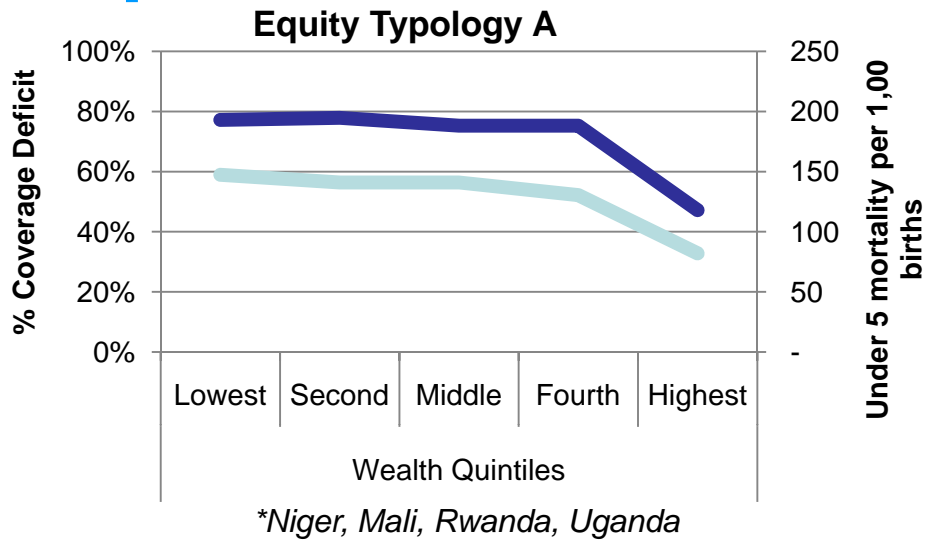
Intensified communication e.g. face to face

# Cost effective proven interventions are known

- strategies differ in the way these are delivered, promoted and financed



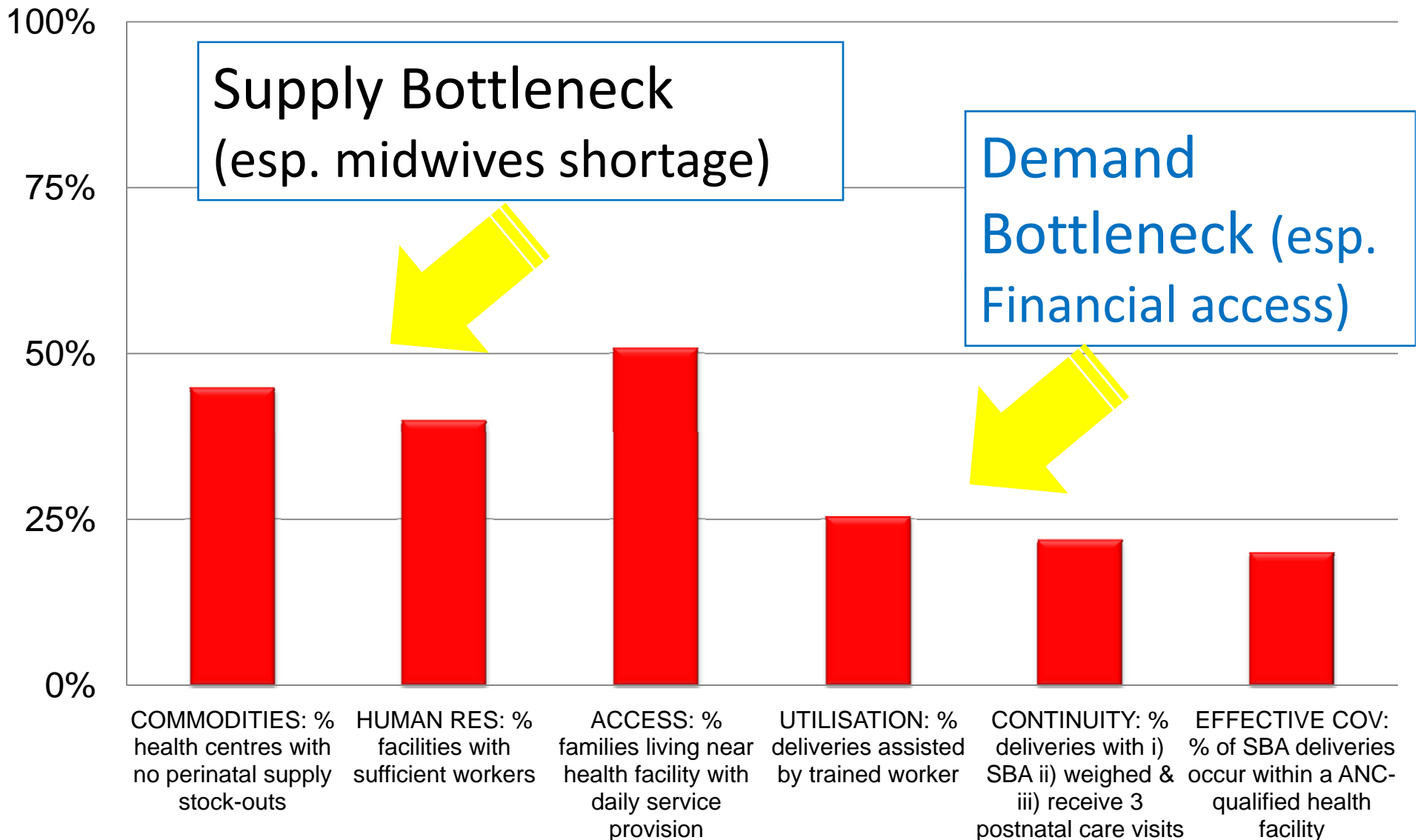
# Distribution patterns for mortality and deprivation in 15 countries – 4 typologies



Coverage Deficit score

Under five Mortality rate

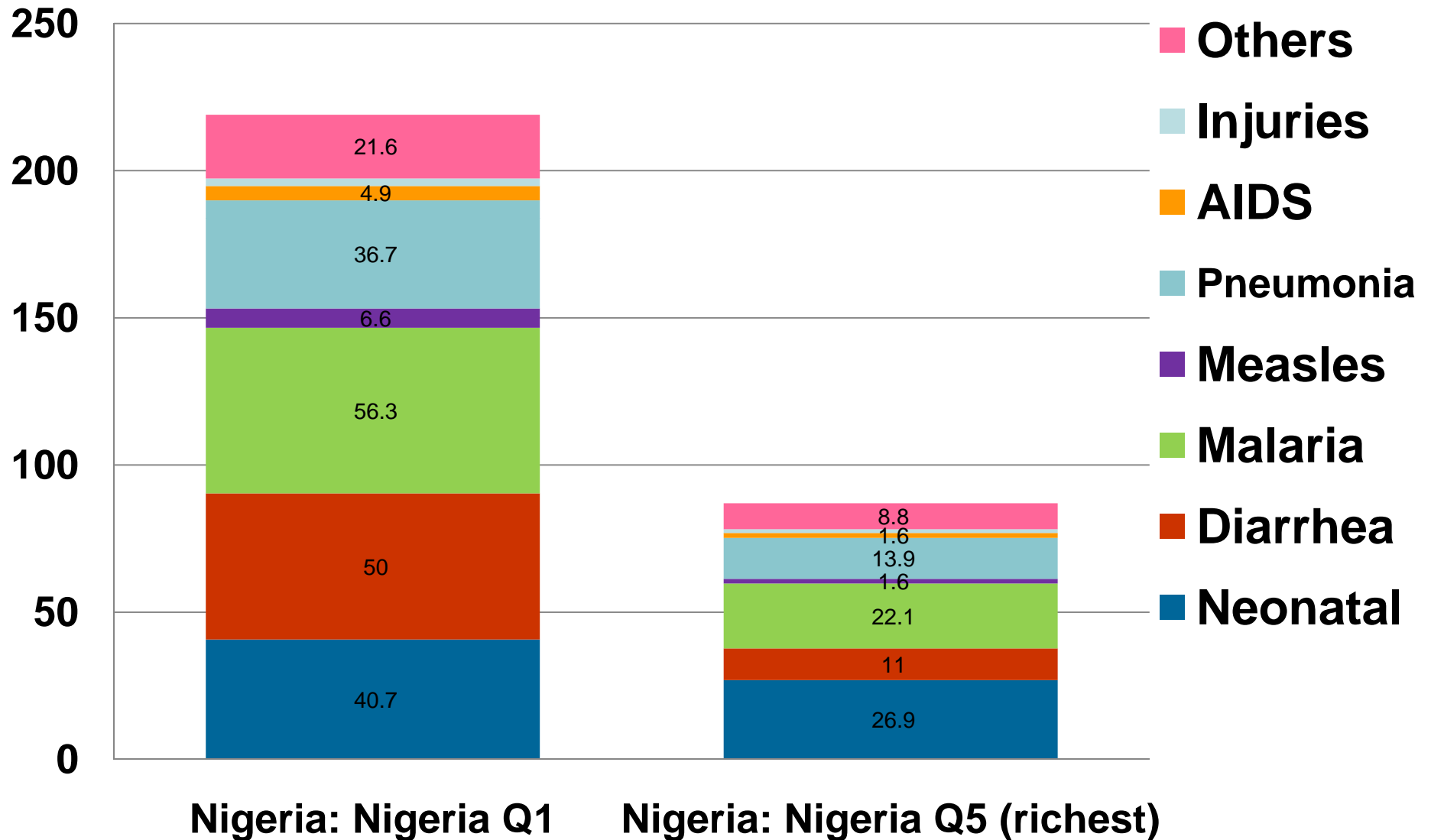
# Using MBB (WB-UNICEF) Supply and Demand bottlenecks for most / least deprived areas analyzed



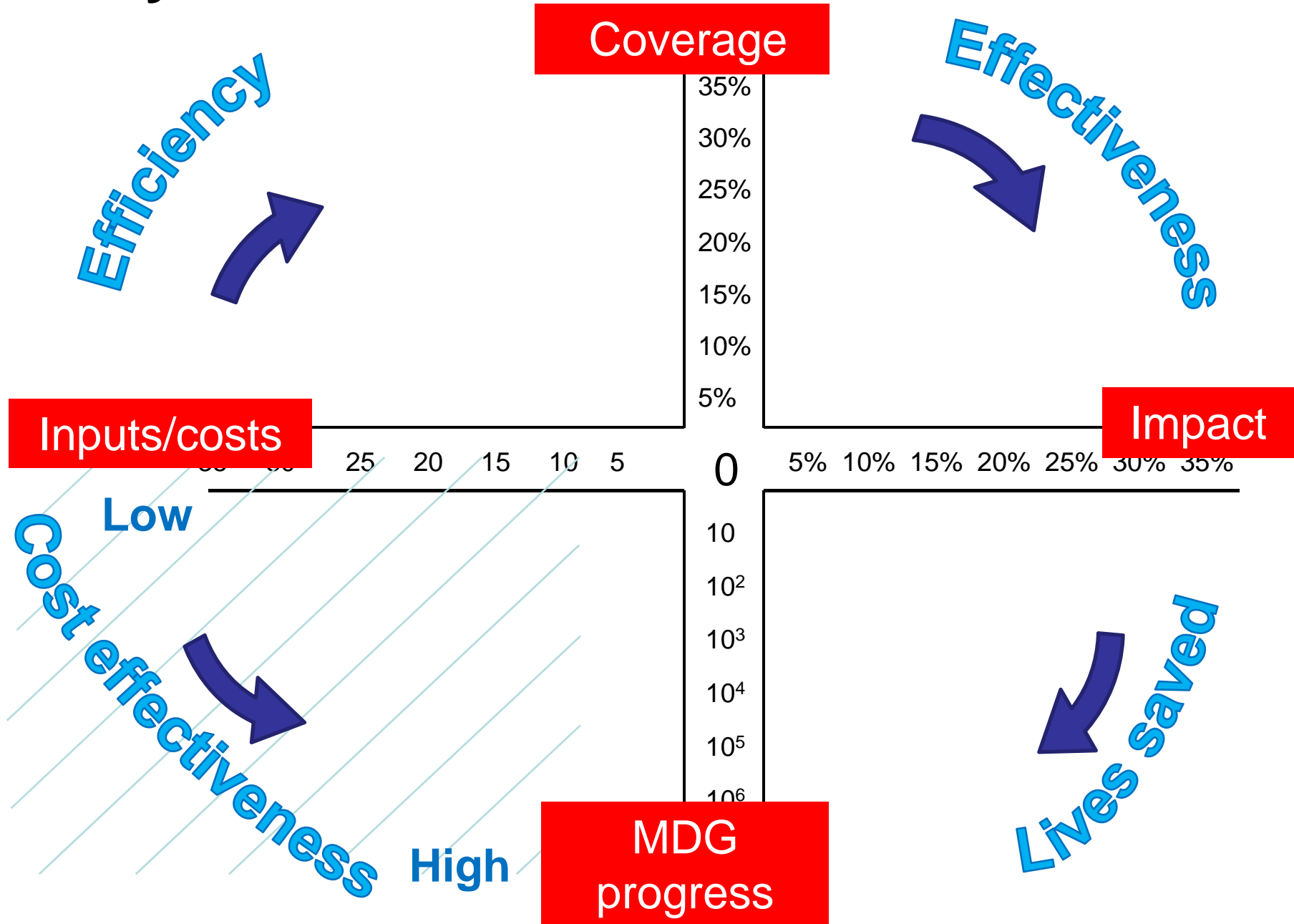


# Mortality: causes in poor compared to rich children

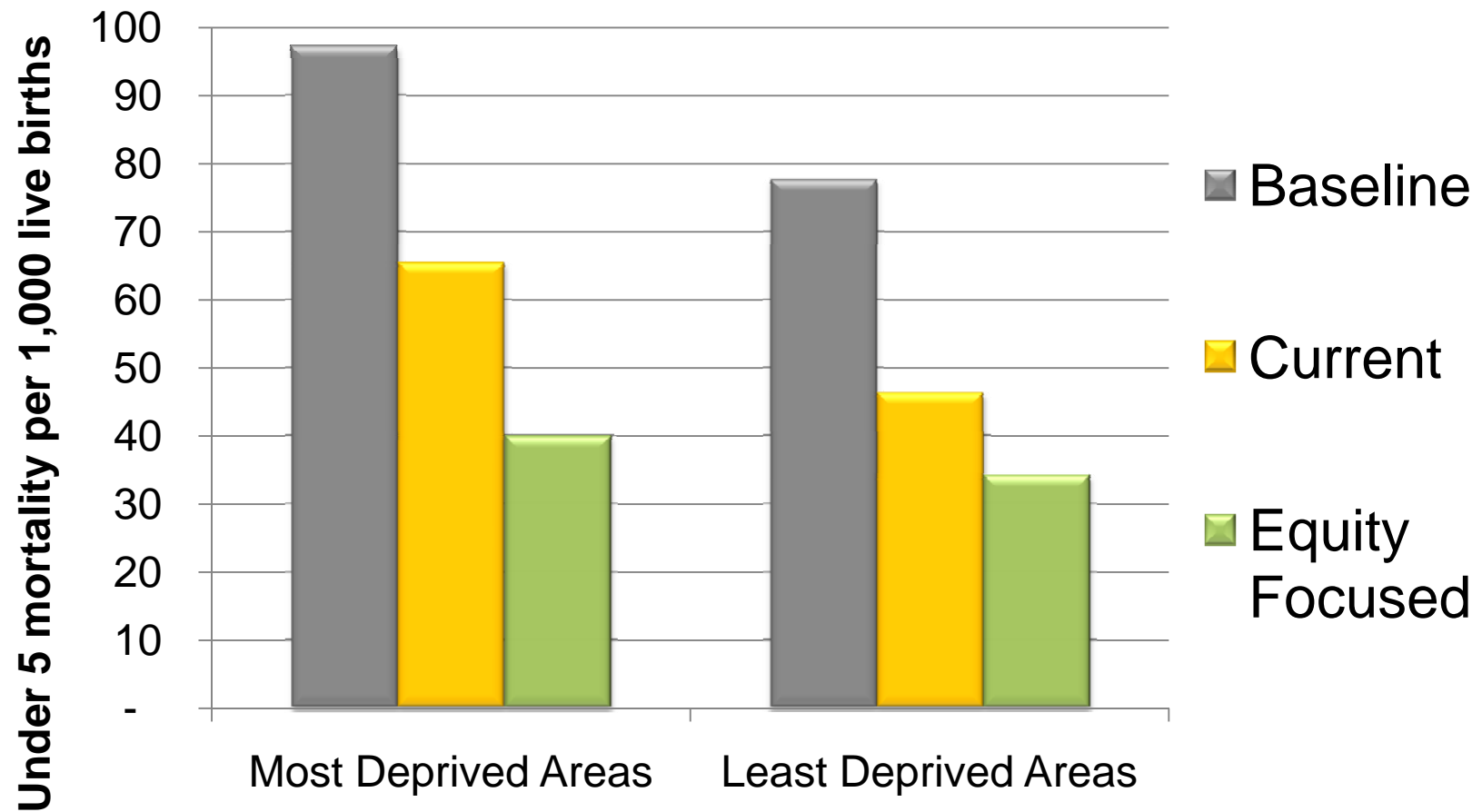
(Under Five Mortality Rate per 1000 Live Births)



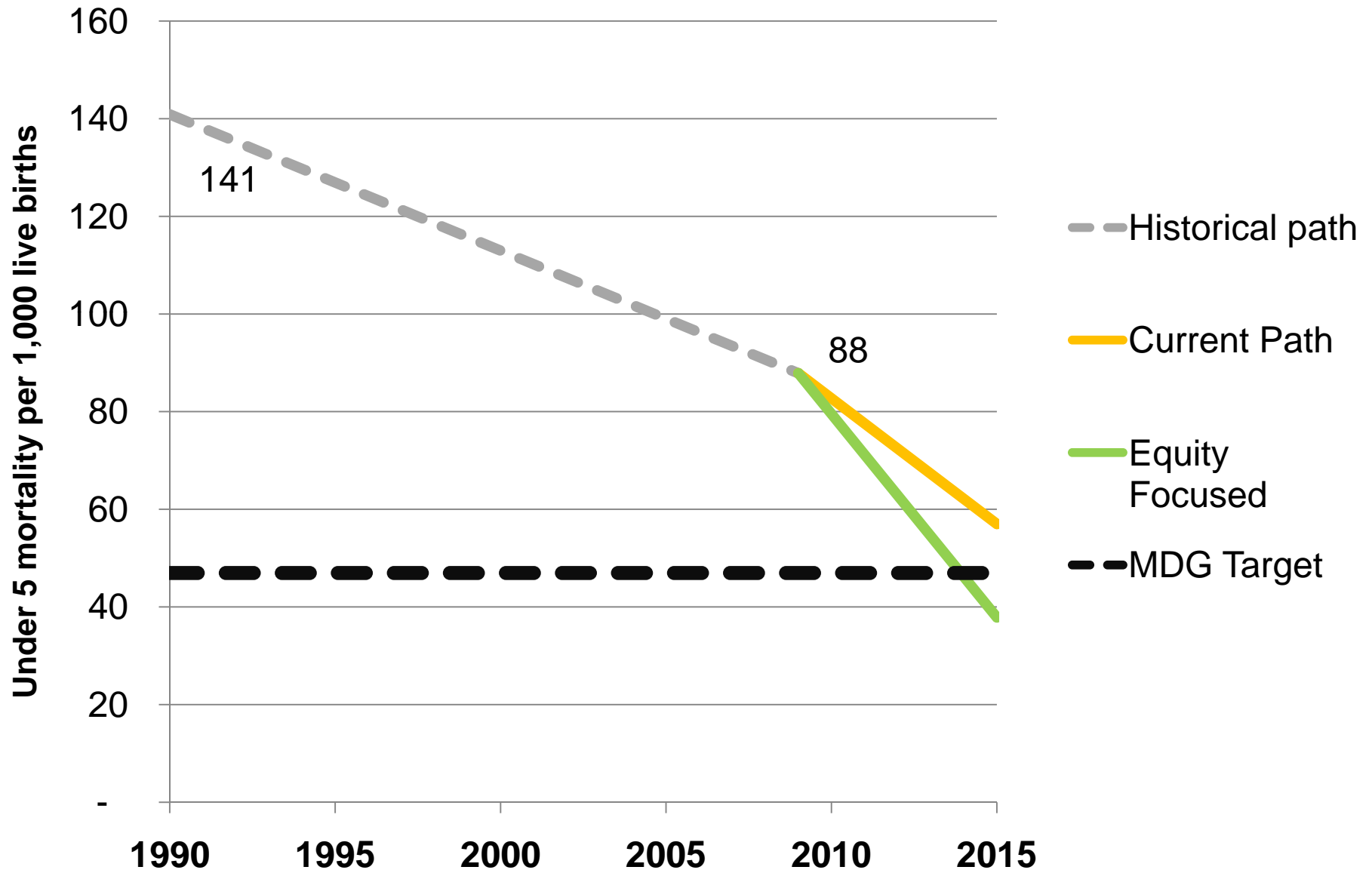
# Analytical Framework



# Impact on child mortality in most and least deprived areas

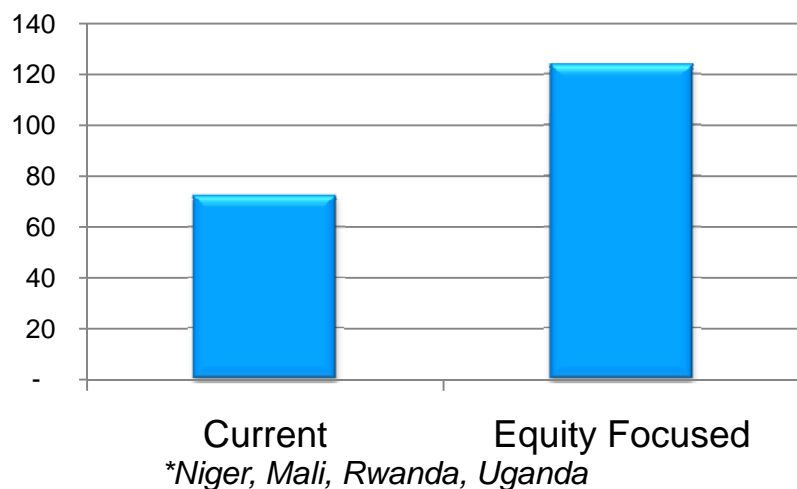


# Progress towards MDG 4

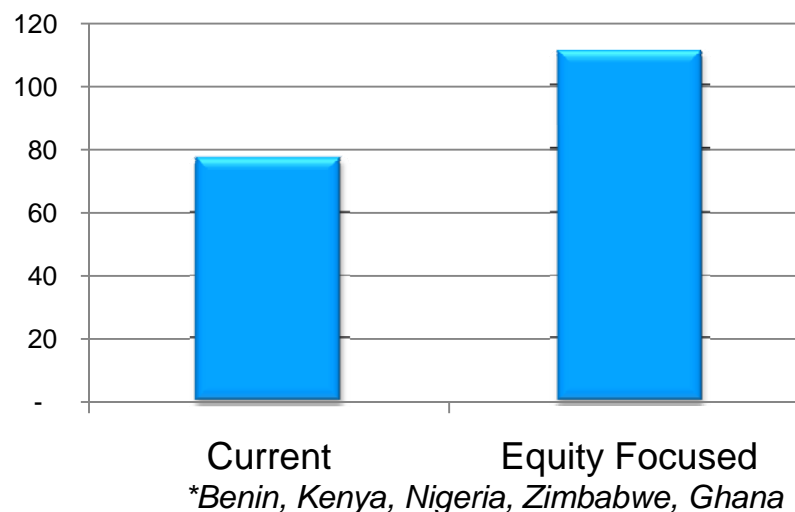


# Per \$1m additional invested - equity-focused strategies can avert more child deaths

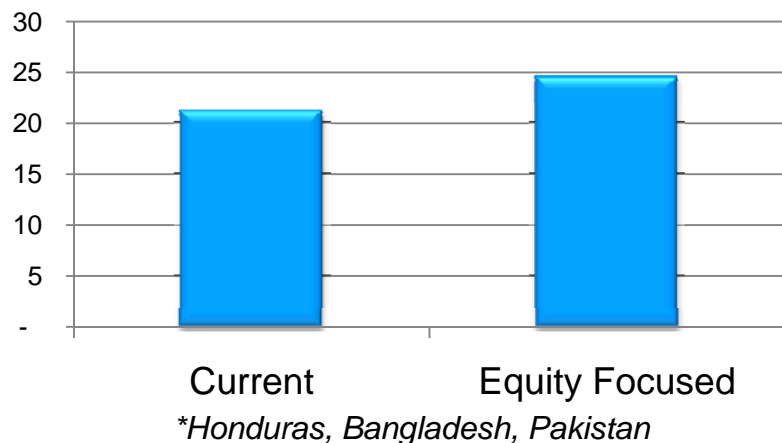
## Equity Typology A



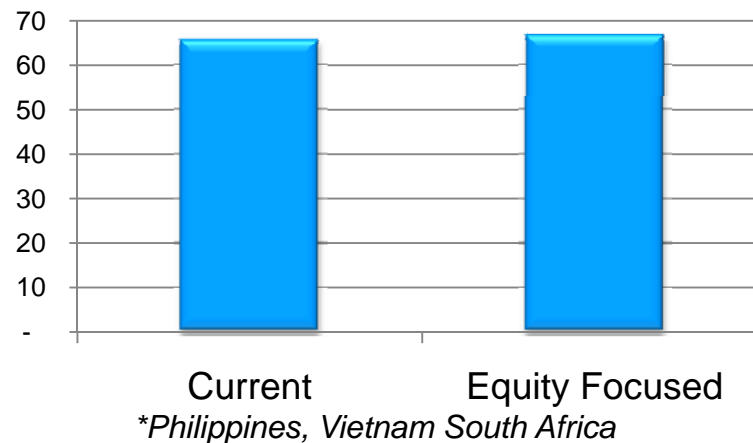
## Equity Typology B1



## Equity Typology C



## Equity Typology B2



# Conclusion

- An equity-focused approach improves returns on investment, averting many more child and maternal deaths and episodes of stunting than the current path.
- Using an equity focused approach, a US \$1 million investment in reducing under-five deaths in a low-income, high-mortality country would avert an estimated 60% more deaths than the current approach.
- Because national burdens of disease, ill health and malnutrition are concentrated in the most excluded and deprived child populations, providing these children with essential services can accelerate progress towards the health related MDGs and reduce disparities within nations.