provision both reflects and entrenches the social exclusion faced by the poorest and the most marginalized groups and helps explain why maternal, neonatal and child mortality show such marked socio-economic variations.

Health systems have an important role in overcoming these disparities. Examples from across the developing world show that much can be, and is being, done to address and reduce disparities in access to essential services.

• In the United Republic of Tanzania, prioritizing interventions to combat diseases that affect poor mothers and children, and allocating district health budgets preferentially to these conditions, led to marked reductions in mortality.

• In Peru, the poorest departments (provinces) in the country are earmarked as the first to receive new vaccines; only after high coverage levels are reached in these districts are vaccines rolled out to the rest of the country.

• In Bangladesh, the Integrated Management of Childhood Illness (IMCI) strategy was systematically deployed in the poorest areas of the country; a similar strategy is employed by Brazil’s Family Health Programme.

Because the poor are more likely to live in rural and remote areas, use of appropriate channels for reaching them with essential services should be a primary concern of the health sector. Figure 2.7 shows how implementation of the Accelerated Child Survival and Development (ACSD) strategy has reduced inequities in access to antenatal care in Mali. Whereas both ACSD and control districts showed marked social disparities before the programme was deployed in 2001, five years later access to antenatal care was significantly more equitable in districts with ACSD than in the control areas. The ACSD strategy relied heavily on outreach initiatives aimed at improving access for rural mothers living in remote areas. This finding, however, was not replicated in other ACSD countries where outreach activities were not strongly implemented.

The reduction of inequalities in health is essential for the full achievement of human rights. Gaps in health-care provision contribute to the generation of these inequalities; consequently, health systems also play a role in their elimination. This is particularly true because the greatest gains in maternal, neonatal and child survival depend on effectively reaching the poorest and the most marginalized, who suffer the greatest burden of disease. There are many examples of successful initiatives that, when implemented with sufficient political support and adequate resources, have led to substantial reductions in health inequities. The main challenge for countries and societies is to disseminate these success stories, adopt best practices, and generate and sustain the political will to put equity at the top of the health agenda.

See References, page 108.

**Figure 2.7**

Women in Mali receiving three or more antenatal care visits, before and after the implementation of the Accelerated Child Survival and Development (ACSD) initiative

![Figure 2.7](#)