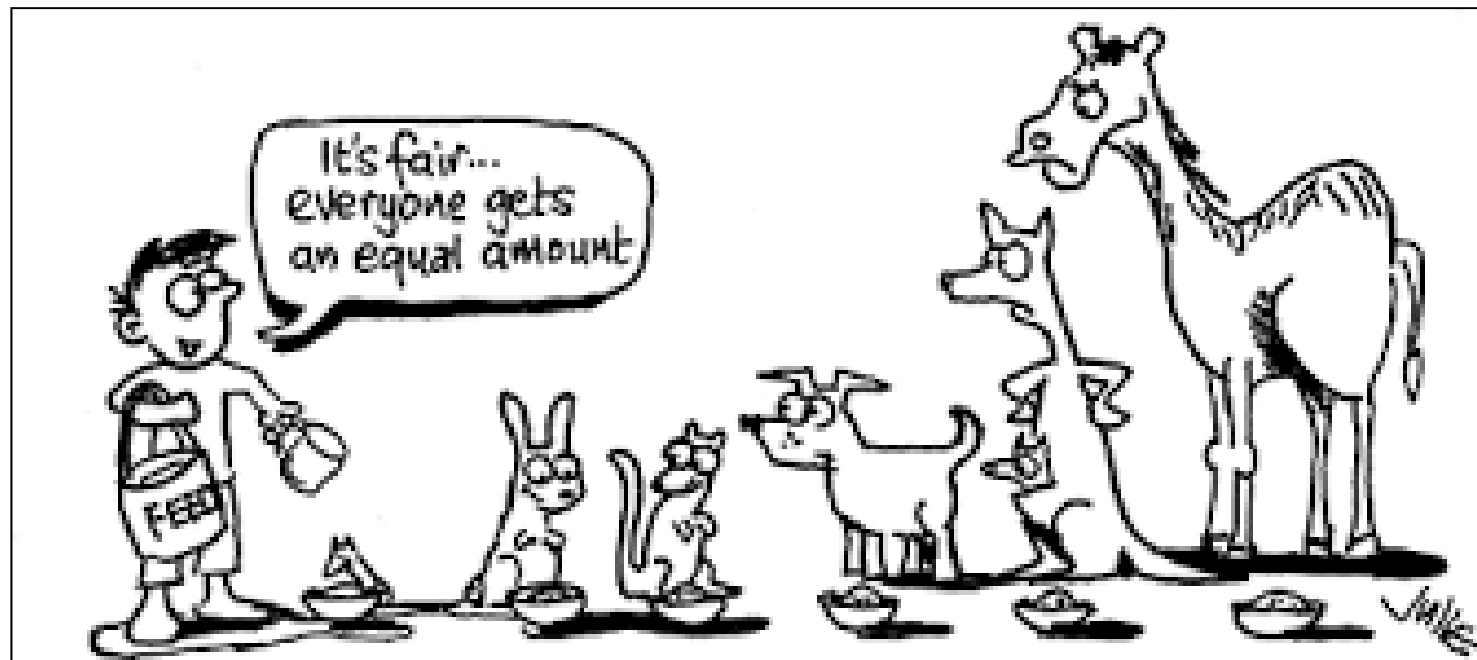




## Institutionalising equity in health programming: SDC's contribution to advancing equity in accessing health

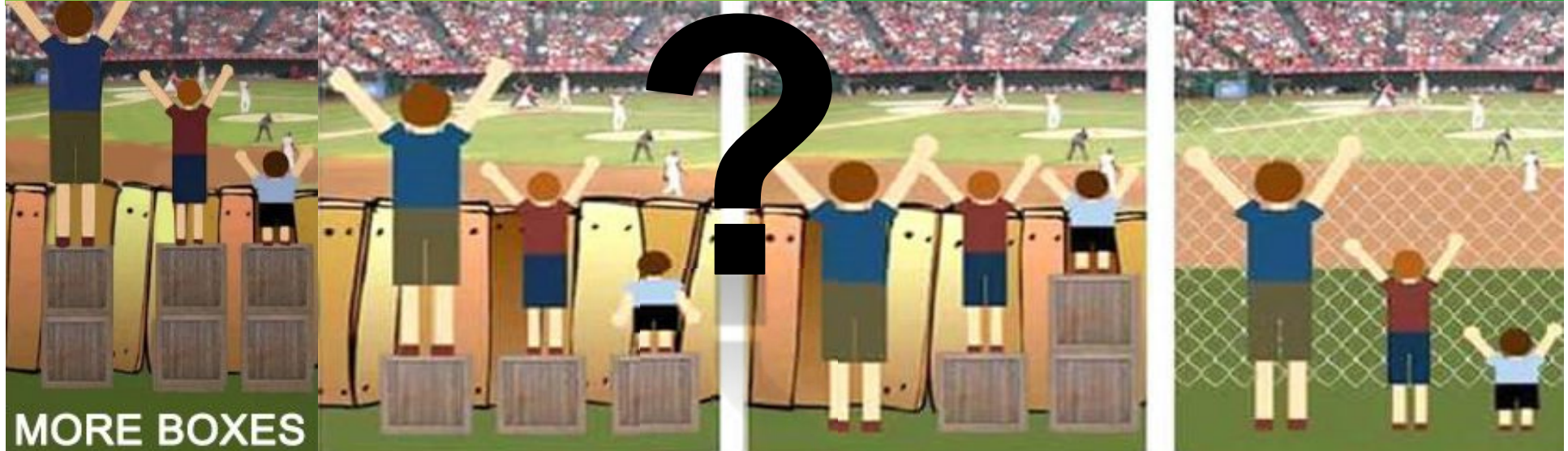
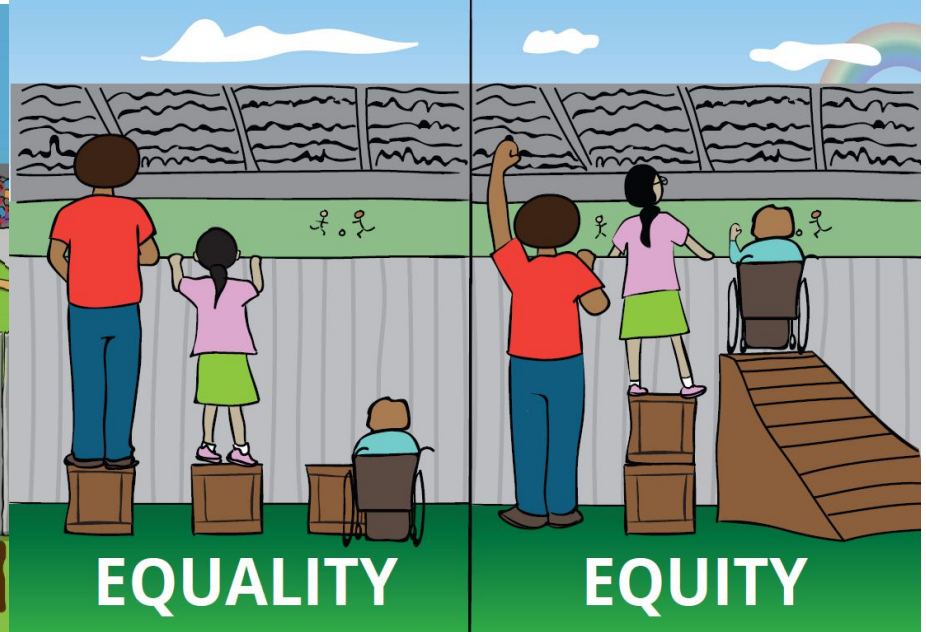
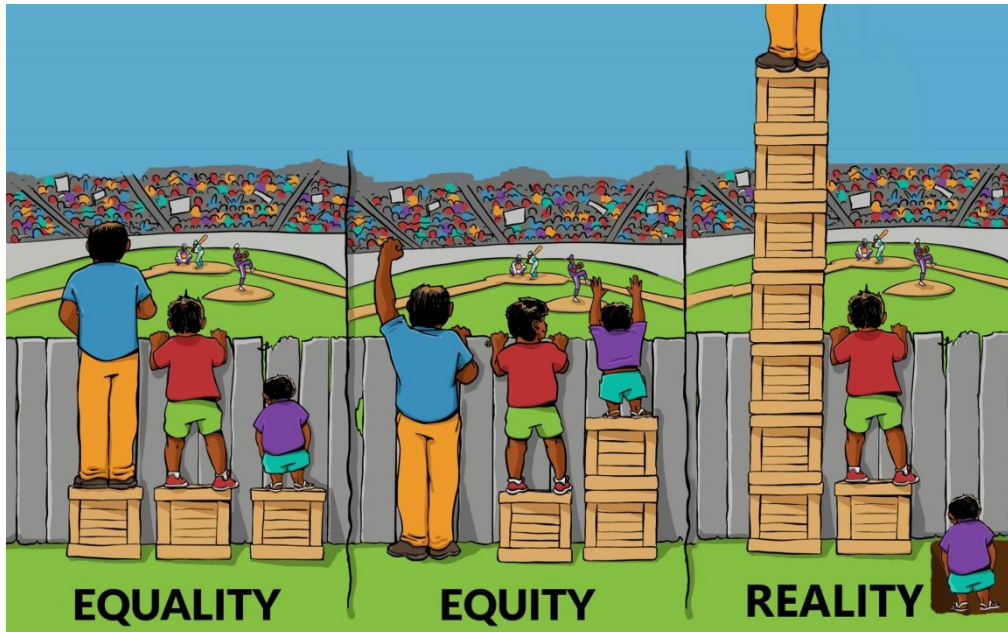
**MMs Symposium: Inequity in Health Persists: Should Switzerland Be Concerned?, 6 November 2019, Basel**



Erika Placella, Swiss Agency for Development and Cooperation (SDC)

## Equity is high on SDC agenda

- **Global Policy Framework and Institutional Strategy:** SDGs 1 (End poverty) and 10 (Reduction of inequalities and LNOB), EU framework for National Roma Integration Strategies, IC strategy addressing importance of reducing disparities (UHC).
- Equity and inclusion is one of the 5 implementation principles of ***SDC Health Policy***. Almost all country strategies/health programs target the most marginalized groups and aim at improving their access to health services.
- SDC is **working in many contexts where equity and inclusion are a key issue** (i.e. transition countries, fragile and conflict-affected contexts, working with minorities, etc.).





## Equity Learning Journey: Objectives

- Raise awareness and provide a **common understanding** of equity and inclusion in a rights-based approach to health.
- Define **guiding principles** for inclusive approaches to health to be applied in programs, establish a set of minimum equity- and inclusion-related **standards** and indicators.
- Foster **collaborative knowledge-sharing** on equity and inclusion in health within SDC and among external partners in order to **improve practice**.



- Addressing **key questions** which arise in the programs:
  - **Who are the disadvantaged** and/or the excluded groups having no or limited access to health?
  - What are the main **reasons/factors** why people lack access to basic health services (political, economic, social, cultural)?
  - How can SDC **empower** them to claim their rights to health?
  - How can SDC better work with **duty bearers** to increase their accountability and responsiveness to **rights-holders**?
  - How can **financial protection** be better addressed?
  - How can we better act on **social determinants of health** and better promote cooperation across sectors?
  - How can we better **measure** inequalities and monitor progress in terms of equity and inclusion?



## Learning Process

- Launching a **learning trajectory** with the support of IDS
- Recruiting learning trajectory members (SDC field staff)
- Organizing online exchanges/learning activities (Webinar, F2F)
- Identifying **case studies** and compiling good practices:
  - External peer review of Mental Health Project in BiH
  - Elaboration of new Cooperation Strategy for Moldova
  - Designing new NCDs project in Kyrgyzstan
- Elaborating a **Two Pager** on Equity in accessing health
- Sharing outcomes and **disseminating** results



## Operationalizing Key Findings

- **Identifying drivers and patterns of exclusion is crucial** (ethnicity, age, migration, gender, disability, socioeconomic status); as well as defining cross-sectoral determinants of inequity and exclusion; understanding and addressing **intersecting forms of inequities**. Addressing **financial barriers** (UHC).
- **Identifying and monitoring inequity is key**: focus on data and methodology issues, including quantitative, qualitative and participatory research and survey approaches and integration of service users' perspectives into performance monitoring.
- **Addressing decentralisation and local accountability** for equity&inclusion: central-local government relations, role of CSOs and design of participatory institutions for local service oversight.



- **Understanding political dynamics** of equity and inclusion is key: power plays multiple roles in shaping health status, health spending, health regulation, health systems performance.
- **Carrying out a strong “Pro-inclusion Policy dialogue”**: in WBA, social inclusion policies show shortcomings in implementation (e.g. Roma social inclusion strategies). Reality checks and results monitoring of implementation of these policies should be followed up closely and be tabled in a suitable form in Policy Dialogue. Pro-inclusion policy influencing is made more effective when it builds on **alliances with CSOs**.
- **Challenges**: political will and commitment to equity and inclusion, regulatory frameworks and enabling environments for tackling inequities, mechanisms for promoting accountability (including social audits and local committees), activating demand for accountability where passivity and mistrust predominate, role of social and financial protection mechanisms.





## Entry points for action to address inequity

- Support studies to **document** equity-related problems (e.g. assessment to identify vulnerable groups/drivers of exclusion).
- Strengthen **policy analysis and strategic planning** to address equity-related problems (e.g. identify policy and/or regulatory gaps related to the access of vulnerable groups to health services).
- Strengthen **capacity of stakeholders** to gather information and influence change (e.g. conducting baselines on vulnerable groups, selecting and monitoring equity-related indicators).



## How to apply an equity lens?

- Assess benefits by different groups and identify unmet needs.
- Identify strategies for improving access to health for poor/socially excluded.
- Map stakeholders, interests and influence.
- Monitor implementation for progress/unintended outcomes.
- Revise strategies on basis of findings.
- Continue to monitor for changing patterns of unmet needs.