Attacking inequality in the health sector - a synthesis of evidence and tools

World Bank - ATTACKING INEQUALITY IN THE HEALTH SECTOR A SYNTHESIS OF EVIDENCE AND TOOLS

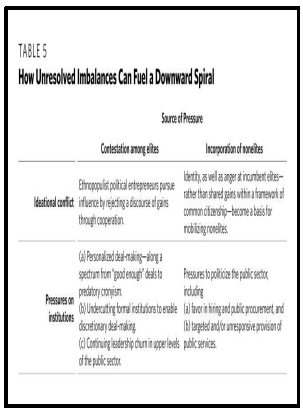

TABLE 5

How Unresolved Imbalances Can Fuel a Downward Spiral

	Source of Pressure	
	Contestation among elites	Incorporation of nonelites
Ideational conflict	Ethnopopulist political entrepreneurs pursue influence by rejecting a discourse of gains through cooperation.	Identity, as well as anger at incumbent elites—rather than shared gains within a framework of common citizenship—become a basis for mobilizing nonelites.
Pressures on institutions	(a) Personalized deal-making—along a spectrum from "good enough" deals to predatory cronyism. (b) Undercutting formal institutions to enable discretionary deal-making. (c) Continuing leadership churn in upper levels of the public sector.	Pressures to politicize the public sector, including (a) favor in hiring and public procurement, and (b) targeted and/or unresponsive provision of public services.

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Inequities in utilization of maternal health interventions in Namibia: implications for progress towards MDG 5 targets

But the boards and committees are limited in this role by: low expectations or lack of information on the minimum standard to expect from service providers or governments; lack of awareness of their roles in decision-making, cultural attitudes that encourage respect for authority; access to alternative source of formal health services nearby; use of individual patron-client relations to resolve immediate health problems which diminishes the necessity to engage in collective pressure to improve local health services; low social capital in form of existing community-based organizations that provide fora for expressing health-related needs; high opportunity cost of attending meetings for board or committee members who have to take time out of income-earning activities; high cost of attending meetings in jurisdictions and communities with large land areas and distant settlements especially among low-income members; high cost of accessing government officials due to long travel distance to reach local government offices; not having responsive governments officials to attend committee or board meetings; lack of support from local NGOs, high-income community members, and individuals with high level of legitimacy such as traditional leaders; lack of autonomy to make their own rules and rules that govern health in their community or jurisdiction; and lack of accountability for finances raised by their efforts or from NGOs or governments among themselves and to the community. Ethical approval was obtained from the university where lead researchers were based: Lancaster University for the Public Health programme and CLAHRC-NWC strategic objectives; Liverpool University for the Partners Priority Programme; and the University of Central Lancashire for the Intern programme. The rich use the public health facilities 30% more than the poor for child delivery.

Attacking Inequality in the Health Sector: A Synthesis of Evidence and Tools by Abdo S. Yazbeck

Mother's education As seen above, there is a significant inequality in the rates of caesarean section and delivery by skilled health workers favouring the educated. Terms used in MEDLINE search. Why a realist review of context? This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

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In addition, centralization may progressively exclude actors at the periphery from participation in governance. For commercial re-use, please contact journals.

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In addition, included studies must examine the direct consequence of decentralization not of an intervention implemented alongside —to help enhance the focus of the review as our specific interest was in studies in which the primary issue under consideration was decentralization. Taylor-Robinson D, Milton B, Lloyd-Williams F, O'Flaherty M, Capewell S 2008 Policy-makers' attitudes to decision support models for coronary heart disease: a qualitative study.

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Hence, the distribution of uptake of maternal health interventions is also related to those components of the HDI, which are largely outside the health sector.

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Zere E, McIntyre D: Inequities in under-five child malnutrition in South Africa. Attacking Inequality in the Health Sector: A synthesis and evidence of tools.

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