CREHS is addressing three prerequisites which must be fulfilled if health systems are to improve equity and contribute to poverty reduction. These are:

- Better protection of the poorest from the financial risks associated with illness
- Health care delivery systems that are responsive to the poorest
- An overall policy context and process which favours policies that benefit the poorest.

The consortium will achieve this aim by:

- Working in partnership to develop research
- Strengthening the capacity of partners to undertake relevant research and of policymakers to use research effectively
- Communicating findings in a timely, accessible and appropriate manner so as to influence local and global policy development.

Our objective is to examine how health financing mechanisms can be combined and implemented to strengthen the allocation of resources to benefit the poorest. CREHS work in this area involves three main tracks:

- Benefit/financing incidence analysis of public programmes: this involves studying the socioeconomic distribution of payments for health services from different sources and an analysis of who benefits from publicly provided health services.
- Supplier responses to changes in health financing arrangements.
- Household experiences of ill-health and risk protection mechanisms: these include the extent of catastrophic health expenditure, the degree to which household resilience is threatened by health shocks, and policies to protect households against the risks of health expenditures.

Preliminary findings from these studies point to the:

- Risks of imposing global blueprint policies on people working in health systems
- Continuing need for better basic planning and management of policy implementation within health systems
- Importance of ensuring flexibility in policy implementation to allow learning from experience and to address the concerns and responses of key actors
- Value of re-considering how to design policies in ways that support and encourage adaptation in local circumstances
- Need for health management development programmes that equip managers to manage the politics of policy change.

The research undertaken within this theme examines how strategies for scaling up coverage of priority health interventions can be designed and implemented in order to successfully reach the poorest.

The consortium will achieve this aim by:

- Communicating findings in a timely, accessible and appropriate manner so as to influence local and global policy development.
- Strengthening the capacity of partners to undertake relevant research and of policymakers to use research effectively
- Communicating findings in a timely, accessible and appropriate manner so as to influence local and global policy development.

The consortium is supporting ongoing partner research activities related to this theme. These include:

- Kenya: the Kenya Medical Research Institute and the London School of Hygiene and Tropical Medicine are working with Population Services International on a study which evaluates the impact of delivering subsidised Artemisinin-based combination therapy through shops.
- South Africa: a number of studies that address the cost, equity and efficiency of scaling-up HIV treatment in South Africa.
- Tanzania: Ifakara Health Institute and the London School of Hygiene and Tropical Medicine have been evaluating the impact of a national level programme to deliver insecticide-treated nets to prevent malaria by means of a voucher system.

In mid-2009, CREHS will host a working workshop at which findings from partner research on scaling up will be showcased and opportunities for cross-country analysis and comparison will be identified.