

### ABOUT CREHS

The Consortium for Research on Equitable Health Systems (CREHS) aims to generate knowledge about how to strengthen health systems, policies and interventions in ways that preferentially benefit the poorest.

In many low and middle income countries, health systems - which comprise the organisations, institutions and resources needed to deliver health care, are failing to address the needs of all people. Those who are socially marginalised face particular constraints in accessing health services and many are not protected against the catastrophic costs of care. Weak health systems can therefore exacerbate ill-health, inequalities and poverty, undermining progress towards achieving the Millennium Development Goals.

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.



### HEALTH SECTOR REFORM

By examining recent health sector reforms, our research seeks to identify the economic, political and institutional factors that enable or constrain the implementation of equity promoting health policies. Studies include:

**Nigeria:** an evaluation of a community based health insurance scheme in Anambra State.

**India:** a study examining the impact of mobile health units on access to health care.

**Kenya and Tanzania:** studies that examine the implementation of the Integrated Management of Childhood Illness policy.

**South Africa:** investigating the role of power and institutions in hospital level implementation of equity-oriented policies.

**Thailand:** an assessment of budget allocation changes that accompanied the implementation of the universal health care coverage policy.

Preliminary findings from these studies point to the:

- dangers 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 implementation to local circumstances
- need for health management development programmes that equip managers to manage the politics of policy change.

### FINANCIAL RISK PROTECTION

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 topics:

- 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 expenditures, the degree to which household resilience is threatened by health shocks, and policies to protect households against the risks of health expenditures.

Studies include:

**India:** research to find out whether poor people benefit from public spending on health care, and whether the financial protection provided by the Employees' State Insurance Scheme is equitably distributed.

**Nigeria:** a study of the benefit incidence of different health financing mechanisms including the national health insurance scheme, community based health insurance and tax revenue.

**Kenya:** examination of the impact of a pilot project that provides direct funding to health facilities on utilization, quality of care, and the financial burden of health care on households.

**Thailand:** examining the impact of the Government's Universal health care coverage policy on financial risk protection for the poor.

### HEALTH WORKFORCE PERFORMANCE

We aim to identify strategies to improve health workforce recruitment, retention, productivity and responsiveness in ways that preferentially benefit the poorest.

International attention remains focused on the challenge of developing more effective responses to health workforce problems. The CREHS programme of work has been developed to address three main issues:

- Factors affecting the motivation and retention of nurses
- Issues relating to accountability between health workers and the populations/individuals they serve
- The effective functioning of community health worker programmes.

Major progress has been made on the health worker retention study. Research is investigating the attitudes, values, preferences and early choices of a cohort of nursing graduates in **Kenya, South Africa and Thailand**. A cohort of doctors is being followed-up in Thailand.

The intention of the research is to follow up over time the study cohorts in each country, to observe the actual career choices that health graduates make and to compare these choices with their initial stated preferences.

We have set up a blog to document our current research on health workers in the three countries. The blog currently includes pictures from data collection in South Africa and will be used to maintain contact with and get feedback from cohort members.

For more information go to: [www.cohort08.blogspot.com](http://www.cohort08.blogspot.com)

### SCALING UP

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 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 is 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 writing workshop at which findings from partner research on scaling up will be showcased and opportunities for cross-country analysis and comparison will be identified.


### PARTNERS

 Indian Institute of Technology, Madras (IITM), India  
Contact: Professor V Muraleedharan  
Email: [vrm@iitm.ac.uk](mailto:vrm@iitm.ac.uk)

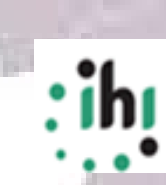
 Kemri-Wellcome Trust Programme, Kenya  
Contact: Mike English  
Email: [menglish@nairobi.kemri-wellcome.org](mailto:menglish@nairobi.kemri-wellcome.org)


Health Policy Research Group, University of Nigeria  
Contact: Dr Obinna Onwujekwe  
Email: [onwujekwe@yahoo.co.uk](mailto:onwujekwe@yahoo.co.uk)

 University of Cape Town, South Africa  
Contact: Dr Susan Cleary  
Email: [susan.cleary@uct.ac.za](mailto:susan.cleary@uct.ac.za)

 University of Witwatersrand, South Africa  
Contact: Dr Jane Goudge  
Email: [jane.goudge@gmail.com](mailto:jane.goudge@gmail.com)

 International Health Policy Programme (IHPP), Thailand  
Contact: Dr Viroj Tangcharoensathien  
Email: [viroj@ihpp.thaigov.net](mailto:viroj@ihpp.thaigov.net)

 Ifakara Health Institute (IHI), Tanzania  
Contact: Maria Msellemu  
Email: [mmsellemu@ihi.or.tz](mailto:mmsellemu@ihi.or.tz)

 London School of Hygiene and Tropical Medicine (LSHTM), UK  
Contact: Dr Kara Hanson  
Email: [kara.hanson@lshtm.ac.uk](mailto:kara.hanson@lshtm.ac.uk)