BHEW

# Equity Dialogue

CENTRE FOR HEALTH AND POPULATION RESEARCH

Vol. 1. No. 1 March 2003



Equity Dialogue is a joint initiative of the Bangladesh Health Equity Watch (BHEW) and the Poverty and Health Programme of ICDDR,B, to provide a forum for exchanges on equity issues. We welcome contributions summarising equity aspects of recent study findings, conference proceedings, reviews of recent equity related publications, and details of funding opportunities.
Initially Equity Dialogue will be published quarterly, but if conditions warrant issues will be published more frequently. Equity Dialogue will also be accessible on the internet at wwwicddrb.org.

Bangladesh Health Equity Watch (BHEW) is a collaborative initiative of four organisations that share a common concern for equitable health and development in Bangladesh. The organisations are the Bangladesh Bureau of Statistics (BBS), Bangladesh Institute of Development Studies (BIDS), BRAC and ICDDR,B. The initiative expects to attract more member organisations in the near future. Although the initial focus of BHEW is on health, the scope of the initiative may be broadened in the future to include development issues such as poverty and human rights issues. The Rockefeller Foundation currently funds the project.

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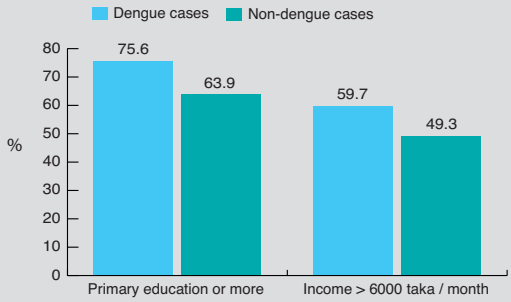
## Inequities in dengue incidence and mortality:

### Incidence of dengue illness may increase with socio-economic status, however risk of death greatest for the poorest of the poor

In a surveillance established by ICDDR,B at the Dhaka Medical College Hospital and Holy Family Red Crescent Hospital in Dhaka, of 1297 patients evaluated for possible dengue during 2001, 935 (72.1%) had laboratory confirmation of dengue infection; 73.9% of the dengue confirmed cases were male.

The 935 dengue patients had higher monthly incomes and education level compared with the 362 patients without laboratory confirmation of dengue.

Socio-economic parameters for patients with laboratory confirmed dengue and patients initially suspected to have dengue for whom laboratory tests were negative




However, death was more likely to occur in the patients that had incomes less than Tk.6000/month (2.5%) than among dengue patients with higher incomes (>=Tk.6000/month) (0.4%). All of the 11 deaths occurred in dengue patients with no education or no greater than primary education.

For patients with income <Tk.6000/month, 47.2% had fever for >5 days before hospitalisation compared with 30.8% of dengue patients with income > Tk.6000/month.

Impoverished and poorly educated people with dengue take longer to become hospitalised than others. Delay in hospitalisation may contribute to mortality since careful fluid management is the most important factor for determining survival in dengue haemoragghic fever.

Reasons suggested for the delay in hospitalisation include inequities in knowledge about dengue and its complications and in access to medical care, differences in health seeking behaviour, and a variety of economic/financial considerations. Socio-behavioural and economic investigations may be helpful in identifying barriers to optimal medical care. In the meantime, efforts are needed to encourage more rapid assessment and therapy of impoverished patients with dengue-like symptoms. ■

Source: Health and Science Bulletin Vol.1 No.1, November 2002, ICDDR,B, Dhaka.

## Workshop on Benchmarks of Fairness for Health Care Reform in Developing Countries held in Dhaka

A training workshop on the Benchmarks of Fairness for Health Care Reform was held 6 - 9 January, 2003, at ICDDR,B. Professors Norman Daniels (Professor at the Department of Population and International Health of Harvard School of Public Health) and John Bryant (Professor Emeritus, Aga Khan University) facilitated the four-day workshop. BHEW and ICDDR,B jointly organised the workshop.


Briefly, the Benchmarks of Fairness for Health Care Reform in Developing Countries (see Daniels et al. Bulletin of WHO, June 2000) are a policy tool for evaluating the overall fairness - the effects on equity, efficiency, and accountability - of health sector reform proposals, or recent implemented reforms. The tool can be used at the national or sub-national level and can be adapted to focus on specific impacts of reforms- such as the impact on public health measures or on the poor or other vulnerable groups.

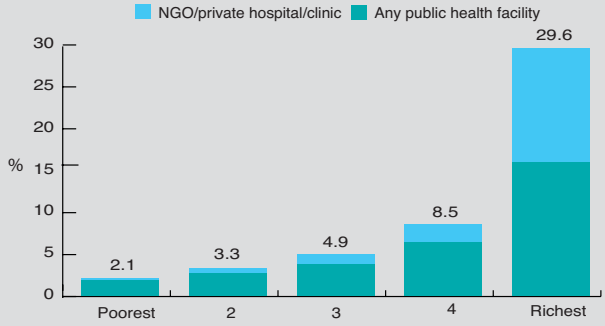
The workshop was preceded by visits to various health facilities, and then involved spending a day on each of following topics: (1) discussion on the situation in the health sector in Bangladesh, the nature of the benchmarks, and their relevance to Bangladesh; (2) the construction of an evidence base for the benchmarks approach; and (3) making plans to adapt and apply the benchmarks to Bangladesh.

Participants of the workshop represented a variety of key organisations with a special interest in equity and expertise at research and operational programmes involving the health sector. They included: Bangladesh Institute of Development Studies (BIDS), BRAC, ICDDR,B, the Bureau of Statistics (BBS), NICARE of British Council, Plan Bangladesh, Health Economics Unit - Ministry of Health, and Family Welfare, Population Planning Wing - Ministry of Planning, NIPSOM, Institute of Health Economics - Dhaka University and BHEW.

The Benchmark training workshop was a successful first step towards building capacity to adapt and use the benchmarks in Bangladesh. The participants concluded that the benchmarks connected well with the problems and proposed reforms in Bangladesh, but it was clear that modifications of criteria and careful construction of an evidence base appropriate to the local conditions would be needed. ■

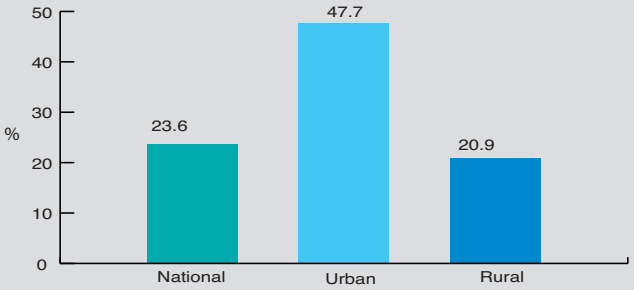
## Inequalities in the utilisation of safe delivery services in Bangladesh

Women of the richest households are almost 15 times more likely to have their children delivered in a health facility than those of the poorest households (29.65 vs. 2.1%) (1998-2001).



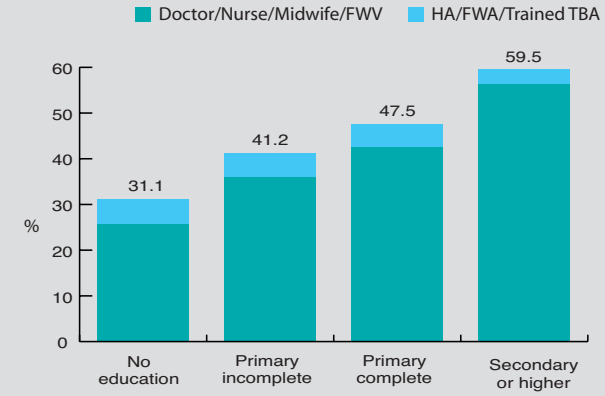

Source: Bangladesh Maternal Health Services & Maternal Mortality Survey, 2001

Women residing in urban areas are 2.3 times more likely to avail trained assistance during delivery than women living in rural areas (1997-2000).




Source: Multiple Indicator Cluster Survey, 2000

Pregnant women who had read up to secondary or higher levels were twice as likely to avail antenatal care than women who had received no education (1998-2001).




Source: Bangladesh Maternal Health Services & Maternal Mortality Survey, 2001

## Recent publications

The hidden penalties of gender inequality: fetal origins of ill-health
Siddiq Osmania, University of Ulster, UK
Amartya Sen, Trinity College, Cambridge, UK
Economics and Human Biology 1 (2003) 91-104
URL: http://www.sciencedirect.com/science

Abstract:
".....This paper is concerned with the interconnections between gender inequality and maternal deprivation, on the one hand, and the health of children (of either sex) and of adults that the children grow into (again, of either sex). The basic message of the paper is that women's deprivation in terms of nutrition and healthcare rebounds on the society as a whole in the form of ill-health of their offspring-males and females alike-both as children and as adults.

There are a variety of pathways through which women's deprivation can affect the health of the society as a whole. This paper focuses on the pathways that operate through undernourishment of the mother. Maternal deprivation adversely affects the health of the foetus, which in turn leads to long-term health risks that extend not just into childhood but into adulthood as well.

There are, however, important differences in the way children and adults experience the consequences of maternal deprivation via foetal deprivation. In particular, the pathways that lead to their respective risk factors and the circumstances under which those risk factors actually translate into ill-health are very different. These differences are best understood through the concept of 'overlapping health transition' in which two different regimes of diseases coexist side by side. Gender inequality exacerbates the old regime of diseases among the less affluent through the pathway of childhood under nutrition. At the same time it also exacerbates the new regime of diseases among the relatively more affluent through a pathway that has come to be known as the 'Barker hypothesis'. Gender inequality thus leads to a double jeopardy - simultaneously aggravating both regimes of diseases and thus raising the economic cost of overlapping health transition. ....."

## Resources for Researchers

Getting Research into Policy and Practice (GRIPP) website - http://www.grip-resources.org/.

The Getting Research into Policy and Practice (GRIPP) website is a practical resource produced by, and written for researchers in order to maximise the impact of their research on policy. The site aims to document and disaggregate the processes and strategies used by researchers (from developing countries, Europe and USA) to maximise the impact of their research on policy and practice. It is believed that through the sharing of experiences and ideas from a range of projects and programmes, researchers will be able to achieve greater utilisation of their own research in the development of policies.

The site is funded by UK Department for International Development (DFID), and managed by John Snow International (JSI) UK.

### 5th issue of the 'The Bibliographical Alert: Health, Poverty, and Equity' published

The 'Bibliographic Alert' is a resource published quarterly by BHEW to inform concerned individuals and organisations of health, equity and poverty related literatures. The 'Alert' is compiled by conducting searches of the Internet and popular databases such as Popline and Medline.

Hard copies and electronic copies of the Alert are currently being distributed among interested individuals and organisations. The Alert is also available on the Internet at wwwicddrb.org. ■

## Global Equity Gauge Alliance:

### An action based organisation - focusing on policy-oriented monitoring and remediation of health inequities at all levels of society

GEGA
Global Equity Gauge Alliance

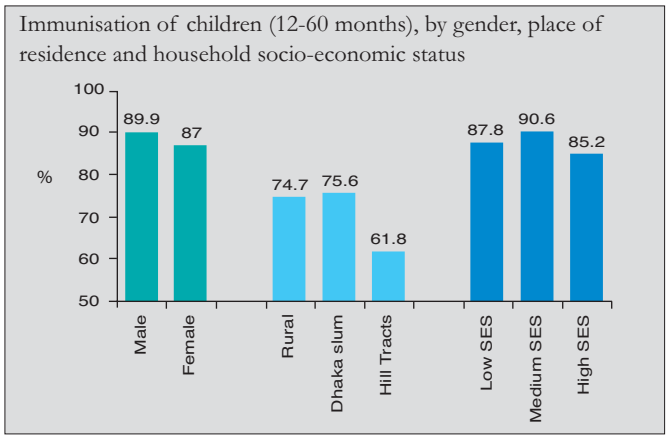
**"By the year 2015 every country should have an integrated system for monitoring health inequalities that informs, tracks and evaluates health and other socio-economic policies."**

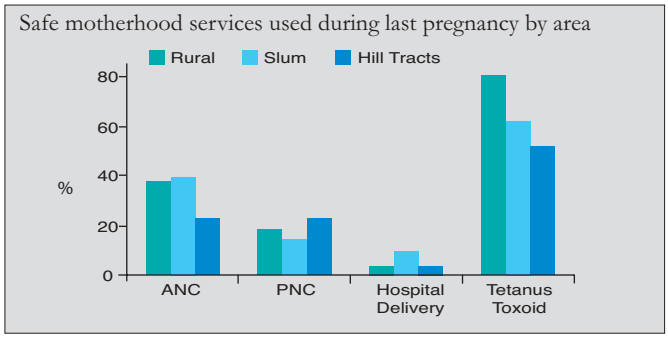
The Global Equity Gauge Alliance was created to participate in and support an active approach to monitoring health inequalities and promoting equity within and between societies. The Alliance currently includes 12 member-teams, called Equity Gauges, located in 11 countries in the Americas, Africa and Asia.

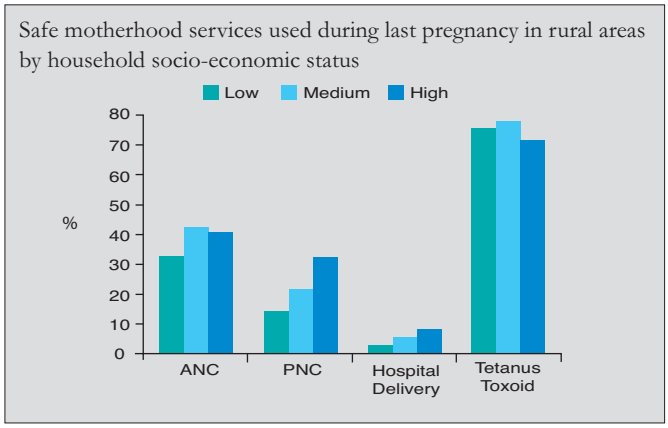
BHEW is a member of the GEGA (URL:http://gega.org.za).

## Recent findings from the BHEW Survey

Despite recent reductions in gender and socio-economic inequalities in case of immunization (and for other services), socio-economic inequalities still persist for most of the safe motherhood services. However, variation by place of residence for all services is still quite striking.




These findings are from a cross-sectional survey carried out during the first half of 2002 by BHEW in collaboration with BRAC Health Watch. The survey covered 11 rural sites (2220 households); Dhaka slums (201 households); and Bandarban - of Chittagong Hill Tracts (201 households). A repeat survey is planned for early 2003. ■