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The World Health Report 2000

This report is the first of its kind to measure health service coverage and financial protection to assess countries' progress towards universal health coverage. It shows that at least 400 million people do not have access to one or more essential health services and 6% of people in low- and middle-income countries are tipped into or pushed further into extreme poverty because of health spending. Universal health coverage (UHC) means that all people receive the quality essential health services they need without being exposed to financial hardship. A significant number of countries at all levels of development are embracing the goal of UHC as the right thing to do for their citizens. It is a powerful social equalizer and contributes to social cohesion and stability. Every country has the potential to improve the performance of its health system in the main dimensions of UHC: coverage of quality services and financial protection for all. Priorities strategies and implementation plans for UHC will differ from one country to another. Enhanced and expanded monitoring of health under the Sustainable Development Goals (SDGs) should seek to build on that experience sharpening our focus on the key health service and financial protection interventions that underpin UHC. Effective UHC tracking is central to achieving the global goals for poverty alleviation and health improvement set by the World Bank Group and WHO. Without it policymakers and decision-takers cannot say exactly where they are or set a course for where they want to go. They cannot know whether they are focusing their efforts in the right areas or whether their efforts are making a
difference. Monitoring is thus fundamental to the achievement of UHC objectives. It will also be vital to the realization of the SDGs. This report is a critical step to show how monitoring progress can be done telling us what the state of coverage of interventions and financial protection is and telling us where to focus most.

**Health and Inequality**

Leadership for Health Professionals, Third Edition is the first textbook of its kind to apply classical knowledge of leadership theory and time-honored best practices of industry leaders to a health organization context. This comprehensive and well-organized text is grounded in real-world applications of theoretical concepts, and focuses on practical examples of leadership in actual healthcare scenarios.

**Global Health Economics: Shaping Health Policy In Low- And Middle-income Countries**

The last 10 years have seen a resurgence in interest and research around inequalities in the health sector. While a disproportionate share of the new research has focused on measuring inequality in the health sector, work is emerging on how to understand the causes of inequality and on identifying successful approaches for tackling the problem. This book summarizes the operational lessons emerging from this new focus. It is intended to be an operational resource for change agents within and outside government in low and middle countries committed to improve access and use of critical health services to income poor and social vulnerable populations.

**Handbook on Health Inequality Monitoring**

This book focuses on the theory, methodology, and analysis of food security indicators derived from food
consumption data collected in household surveys. These indicators are produced by the software, ADePT-Food Security Module.

Performance Measurement for Health System Improvement

This book includes 25 peer-reviewed short papers submitted to the Scientific Opening Conference titled “Statistics and Information Systems for Policy Evaluation”, aimed at promoting new statistical methods and applications for the evaluation of policies and organized by the Association for Applied Statistics (ASA) and the Department of Statistics, Computer Science, Applications DiSIA “G. Parenti” of the University of Florence, jointly with the partners AICQ (Italian Association for Quality Culture), AICQ-CN (Italian Association for Quality Culture North and Centre of Italy), AISS (Italian Academy for Six Sigma), ASSIRM (Italian Association for Marketing, Social and Opinion Research), Comune di Firenze, the SIS – Italian Statistical Society, Regione Toscana and Valmon – Evaluation & Monitoring.

Analyzing Food Security Using Household Surveys

"This paper describes approaches to the measurement and explanation of income-related inequality and inequity in health care financing, health care utilization and health and considers the applicability and the feasibility of these methods in low-income countries. Results from a comparative study of 14 Asian countries are used to illustrate the main issues. The structure of health finance in low-income countries, in particular the heavy reliance on out-of-pocket payments, means that the equity issues in finance are quite different from those of concern in high-income countries. Primary concern is not with the distribution of contributions to pre-payment
mechanisms but with the deterrent effect of payments on utilization and the distribution of uninsured payment risks. Measurement of inequity in utilization of health care in low-income countries is constrained by the lack of reliable measures of health that can be used to standardize" -- abstract.


Best international health practice requires that all people benefit equally from health care services regardless of their socio-economic status and that healthcare payments be based on ability to pay. Although recent household surveys in Malawi show progress in a number of health indicators population averages, many inequalities in health outcomes still exist or are widening among households stratified by socioeconomic and geographical location variables. Inequalities in out-of-pocket expenditures (OOPEs) for healthcare and how they influence utilization of healthcare services are of particular interest to policy makers as they ultimately affect overall health of households. The rationale for this study is that analysis of inequities in healthcare between socioeconomic groups can help to unmask intra-group and between groups' inequities hidden in national population averages. The study's three main papers examined equity in households' out-of-pocket healthcare payments and utilization of medical care. The study adopted the widely used economic frameworks and techniques developed by O'Donnell et al (2008) for analyzing health equity using household data. These economic frameworks focus on the notion of equal treatment for equal need and that payment for healthcare should be according to ability to pay. The Malawi Integrated Household Survey 2(2005) (MIHS2) was the main dataset used in the analysis. The MIHS2 is currently the only dataset that presents inequalities in healthcare expenditures at the household level in Malawi. However, the MIHS2 report does not examine the
extent to which these inequalities are inequities. It is in this context that the first study focused on assessing, first, the progressivity of OOPEs for healthcare and second, the redistributive effect of OOPEs for healthcare as a source of finance in the Malawi health system. The progressivity results indicate that OOPEs for healthcare are relatively regressive in Malawi with the poor shouldering the highest financial burden relative to their ability to pay. The study found no evidence of redistributive effect of OOPEs on income inequalities in Malawi. The second study focused on linking OOPEs to use of healthcare using the recommended two-part model (Probit and OLS). The concentration indices were decomposed into contributing factors after standardizing for health need factors, which include age, sex, self-assessed health, chronic illness and disabilities. Probability of use of healthcare and OOPEs were both found to be concentrated among the non-poor while the poor who have higher health need have less use of healthcare. The last study assessed the socioeconomic factors associated with horizontal equity in use of medical facilities and predicted use using logistic regression. General medical facilities use was found to be more concentrated among the non-poor despite the poor having a higher health need. The results showed no significant inequalities in use of public medical facilities and self-treatment between the poor and the non-poor. Overall, inequalities in healthcare utilization and out-of-pocket healthcare expenditures in Malawi are mainly influenced by socioeconomic factors, which are non-need factors than health need factors. Inequalities due to non-need factors suggest presence of inequities, which are avoidable and unjust. This study can help policy makers have a better understanding of the possible effects of OOPEs and help in explaining the factors contributing to inequities in medical care utilization in Malawi. Such information is necessary so that highest priority should be given to the health
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problems or challenges disproportionately affecting households with varying levels of socioeconomic privilege.

**Distributional Cost-Effectiveness Analysis**

Health inequalities blight lives, generate enormous costs, and exist everywhere. This book is the definitive all-in-one guide for anyone who wishes to learn about, commission, and use distributional cost-effectiveness analysis to promote both equity and efficiency in health and healthcare.

**The Impact of Community Based Health Insurance Schemes on Out-of-Pocket Healthcare Spending: Evidence from Rwanda**

This volume contains methodological and empirical research on the measurement and causes of health inequality from leading experts in health economics and economic inequality. It is essential reading for researchers working on health inequality and provides an immediate reconnaissance of the frontiers for those entering this exciting field.

**National Health Inequality Monitoring**

"This resource book discusses the economic arguments that could (and could not) be put forth to support the case for investing in the social determinants of health on average and in the reduction in socially determined health inequalities. It provides an overview and introduction into how economists would approach the assessment of the economic motivation to invest in the social determinants of health and socially determined health inequities, including what the major challenges are in this assessment. It illustrates the extent to which an economic argument can be made in favour of investment in 3 major social
determinants of health areas: education, social protection, and urban development and infrastructure. It describes whether education policy, social protection, and urban development, housing and transport policy can act as health policy"

Social Science Research Ethics in Africa

This book addresses major aspects of inequity, such as access, financing, financial risk protection, gender, service delivery and utilization, in the healthcare sector in India. Further, it discusses various measures for defining inequity in each of these aspects, and employs different indices for each dimension of inequity, which include financing, utilization, region, health outcomes, caste and class, and gender. The book covers both theoretical and empirical issues, examining fifteen major Indian States, as well as selected case studies at the district level. Combining quantitative and qualitative analyses, the book provides an overall view of the outcomes attributable to both economic development and policy changes per se. While providing essential data and insights for policymakers and researchers alike, the book also outlines further feasible policy changes that could potentially mitigate the current inequities in Indian healthcare. As such, it offers a valuable resource for upper graduate-level students in health economics, as well as for researchers and policymakers.

Reaching the Poor with Health, Nutrition, and Population Services

Over the past three decades, many countries of Latin America and the Caribbean have recognized health as a human right. Since the early 2000s, 46 million more people in the countries studied are covered by health programs with explicit guarantees of affordable care. Reforms have been accompanied by a rise in public
spending for health, financed largely from general revenues that prioritized or explicitly target the population without capacity to pay. Political commitment has generally translated into larger budgets as well as passage of legislation that ring-fenced funding for health. Most countries have prioritized cost-effective primary care and adopted purchasing methods that incentivize efficiency and accountability for results, and that give stewards of the health sector greater leverage to steer providers to deliver on public health priorities. Evidence from the analysis of 54 household surveys corroborates that investments in extending coverage are yielding results. Though the poor still have worse health outcomes than the rich, disparities have narrowed considerably – particularly in the early stage of the life course. Countries have reached high levels of coverage and equity in utilization of maternal and child health services; coverage of noncommunicable disease interventions is not as high and service utilization is still skewed toward the better off. Catastrophic health expenditures have declined in most countries; the picture regarding equity, however, is mixed. While the rate of impoverishment owing to health-care expenditures is low and generally declining, 2-4 million people in the countries studied still fall below the poverty line after health spending. Efforts to systematically monitor quality of care in the region are still in their infancy. Nonetheless, a review of the literature reveals important shortcomings in quality of care, as well as substantial differences across subsystems. Improving quality of care and ensuring sustainability of investments in health remain an unfinished agenda.

**Closing the Gap in a Generation**

Includes table of health system attainment and performance in all member states (191), ranked by eight measures.
Los enfoques de Pago por Desempeño (PPD) se han expandido con rapidez en los países de ingresos bajos y medios en todo el mundo. El número de países ha crecido de 3 en 2006 a 32 en 2013. Los esquemas de PPD están floreciendo y crean una demanda considerable de asistencia técnica a fin de ejecutar estas reformas sanitarias en una forma racional y responsable. Tres pioneros internacionales del PPD se han unido para dar una respuesta a esta demanda internacional. Ellos son: György Fritsche, MD, MSc (Banco Mundial, Washington); Robert Soeters, MD, PhD (SINA Health, La Haya); y Bruno Meessen, MA, PhD (Instituto de Medicina Tropical, Amberes). Su trabajo vuelca sus 40 años de experiencia total en el diseño e implementación de esquemas de PPD en un manual de PPD de vanguardia, dirigido a implementadores y hacedores de políticas. Se unió al equipo Godelieve van Heteren (MD; Erasmus University Rotterdam Global Health Initiative (RGHI)), quien realizó la co-edición a fin de darle al manual consistencia, contenido y formato. Cedric Ndizeye, MD, MPH (MSH, Ruanda), redactó las partes principales del capítulo sobre desarrollo de competencias, y Caryn Bredenkamp, PhD (Banco Mundial, Washington) contribuyó con el capítulo 5 sobre equidad. Actualmente, existe poco conocimiento entre muchos de los que ejecutan reformas sanitarias sobre cómo implementar proyectos piloto de pago por desempeño y cómo ampliarlos a nivel nacional en forma inteligente. En un contexto de gran demanda de un diseño sólido y experiencia en la implementación, y dada la rápida expansión de los programas de Financiación Basada en Resultados, existe una necesidad urgente de desarrollar competencias para el diseño e implementación de programas de FBR. Hasta el momento, ha habido poco interés en combinar las enseñanzas de esas experiencias en un solo volumen y, más aún, en un formato que sirva como guía a los
implementadores. Este manual es una respuesta a las preguntas más urgentes sobre programas de FBR del lado de la oferta, del cual el PPD es parte. Este manual estará disponible en una versión on-line, que será actualizada en forma regular, y una versión impresa en 3 idiomas (inglés, francés y español).

**Tracking Universal Health Coverage**

This book seeks to identify the current ‘state of the art’ of health system comparison, identifying data and methodological issues and exploring the current interface between evidence and practice.

**Health System Performance Comparison: An Agenda For Policy, Information And Research**

Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death. We watch in wonder as life expectancy and good health continue to increase in parts of the world and in alarm as they fail to improve in others.

**Analyzing Health Equity Using Household Survey Data**

As the culminating volume in the DCP3 series, volume 9 will provide an overview of DCP3 findings and methods, a summary of messages and substantive lessons to be taken from DCP3, and a further discussion of cross-cutting and synthesizing topics across the first eight volumes. The introductory chapters (1-3) in this volume take as their starting point the elements of the Essential Packages presented in the overview chapters of each volume. First, the chapter on intersectoral policy priorities for health includes fiscal and intersectoral policies and assembles a subset of the population policies and applies strict
criteria for a low-income setting in order to propose a "highest-priority" essential package. Second, the chapter on packages of care and delivery platforms for universal health coverage (UHC) includes health sector interventions, primarily clinical and public health services, and uses the same approach to propose a highest priority package of interventions and policies that meet similar criteria, provides cost estimates, and describes a pathway to UHC.

Encyclopedia of Health Economics

In the United States, some populations suffer from far greater disparities in health than others. Those disparities are caused not only by fundamental differences in health status across segments of the population, but also because of inequities in factors that impact health status, so-called determinants of health. Only part of an individual's health status depends on his or her behavior and choice; community-wide problems like poverty, unemployment, poor education, inadequate housing, poor public transportation, interpersonal violence, and decaying neighborhoods also contribute to health inequities, as well as the historic and ongoing interplay of structures, policies, and norms that shape lives. When these factors are not optimal in a community, it does not mean they are intractable: such inequities can be mitigated by social policies that can shape health in powerful ways. Communities in Action: Pathways to Health Equity seeks to delineate the causes of and the solutions to health inequities in the United States. This report focuses on what communities can do to promote health equity, what actions are needed by the many and varied stakeholders that are part of communities or support them, as well as the root causes and structural barriers that need to be overcome.

The LSE Companion to Health Policy
Low- and middle-income countries face major challenges to their health systems. These include a high burden of communicable disease and an emerging non-communicable disease burden. This work deals with the elements of health care financing, focusing on middle- and low-income settings.

**Toward Universal Health Coverage and Equity in Latin America and the Caribbean**

The SAGE Encyclopedia of World Poverty, Second Edition addresses the persistence of poverty across the globe while updating and expanding the landmark work, Encyclopedia of World Poverty, originally published in 2006 prior to the economic calamities of 2008. For instance, while continued high rates of income inequality might be unsurprising in developing countries such as Mexico, the Organization of Economic Co-operation and Development (OECD) reported in May 2013 even countries with historically low levels of income inequality have experienced significant increases over the past decade, including Denmark, Sweden, and Germany. The U.N. and the World Bank also emphasize the persistent nature of the problem. It is not all bad news. In March 2013, the Guardian newspaper reported, “Some of the poorest people in the world are becoming significantly less poor, according to a groundbreaking academic study which has taken a new approach to measuring deprivation. The report, by Oxford University’s poverty and human development initiative, predicts that countries among the most impoverished in the world could see acute poverty eradicated within 20 years if they continue at present rates.” On the other hand, the U.N. says environmental threats from climate change could push billions more into extreme poverty in coming decades. All of these points lead to the need for a revised, updated, and expanded edition of the Encyclopedia of World Poverty. Key Features: 775 evaluated and updated and 175 entirely new entries New Reader’s Guide categories
Signed articles, with cross-references Further Readings will be accompanied by pedagogical elements Updated Chronology, Resource Guide, Glossary, and thorough new Index The SAGE Encyclopedia of World Poverty, Second Edition is a dependable source for students and researchers who are researching world poverty, making it a must-have reference for all academic libraries.

**Manual de pago por desempeño**

Have gaps in health outcomes between the poor and better off grown? Are they larger in one country than another? Are health sector subsidies more equally distributed in some countries than others? Are health care payments more progressive in one health care financing system than another? What are catastrophic payments and how can they be measured? How far do health care payments impoverish households? Answering questions such as these requires quantitative analysis. This in turn depends on a clear understanding of how to measure key variables in the analysis, such as health outcomes, health expenditures, need, and living standards. It also requires set quantitative methods for measuring inequality and inequity, progressivity, catastrophic expenditures, poverty impact, and so on. This book provides an overview of the key issues that arise in the measurement of health variables and living standards, outlines and explains essential tools and methods for distributional analysis, and, using worked examples, shows how these tools and methods can be applied in the health sector. The book seeks to provide the reader with both a solid grasp of the principles underpinning distributional analysis, while at the same time offering hands-on guidance on how to move from principles to practice.

**Disease Control Priorities, Third Edition (Volume 9)**
"This manual serves as a step-by-step practical reference to support countries in building capacity for integrating health inequality monitoring into their health information systems. It presents a range of World Health Organization tools and resources developed for measuring and reporting health inequality"--Publisher's description.

**Innovations in Health Care Financing in Low and Middle Income Countries**

The Oxford Handbook of Health Economics provides an accessible and authoritative guide to health economics, intended for scholars and students in the field, as well as those in adjacent disciplines including health policy and clinical medicine. The chapters stress the direct impact of health economics reasoning on policy and practice, offering readers an introduction to the potential reach of the discipline. Contributions come from internationally-recognized leaders in health economics and reflect the worldwide reach of the discipline. Authoritative, but non-technical, the chapters place great emphasis on the connections between theory and policy-making, and develop the contributions of health economics to problems arising in a variety of institutional contexts, from primary care to the operations of health insurers. The volume addresses policy concerns relevant to health systems in both developed and developing countries. It takes a broad perspective, with relevance to systems with single or multi-payer health insurance arrangements, and to those relying predominantly on user charges; contributions are also included that focus both on medical care and on non-medical factors that affect health. Each chapter provides a succinct summary of the current state of economic thinking in a given area, as well as the author's unique perspective on issues that remain open to debate. The volume presents a view of health economics as a vibrant and continually advancing
field, highlighting ongoing challenges and pointing to new directions for further progress.

**Measurement and Explanation of Inequality in Health and Health Care in Low-income Settings**

This book gives a voice to debates surrounding social science research ethics in Africa and brings them together in a coherent form to assist readers in being at the forefront of the discussions. The book gives an overview of the importance of research ethics in social sciences, as well as articulating the African influence on the subject matter. Subsequently it looks into specific frameworks and tools that researchers can apply in the process of doing research. Last but not least it also takes an in-depth look at traditional ethical issues pertaining to research in social sciences, through the lens of the African continent. This is the first book on social science research ethics in an African context and an indispensable resource for researchers, students, policy makers and research institutions in or interested in African research ethics.

**Equity and Healthcare Reform in Developing Economies**

In a world where there is increasing demand for the performance of health providers to be measured, there is a need for a more strategic vision of the role that performance measurement can play in securing health system improvement. This volume meets this need by presenting the opportunities and challenges associated with performance measurement in a framework that is clear and easy to understand. It examines the various levels at which health system performance is undertaken, the technical instruments and tools available, and the implications using these may have for those charged with the governance of the health system. Technical material is presented in an
accessible way and is illustrated with examples from all over the world. Performance Measurement for Health System Improvement is an authoritative and practical guide for policy makers, regulators, patient groups and researchers.

**Public Health in the Arab World**

The Encyclopedia of Health Economics offers students, researchers and policymakers objective and detailed empirical analysis and clear reviews of current theories and polices. It helps practitioners such as health care managers and planners by providing accessible overviews into the broad field of health economics, including the economics of designing health service finance and delivery and the economics of public and population health. This encyclopedia provides an organized overview of this diverse field, providing one trusted source for up-to-date research and analysis of this highly charged and fast-moving subject area. Features research-driven articles that are objective, better-crafted, and more detailed than is currently available in journals and handbooks Combines insights and scholarship across the breadth of health economics, where theory and empirical work increasingly come from non-economists Provides overviews of key policies, theories and programs in easy-to-understand language

**Leadership for Health Professionals**

Today, as never before, healthcare has the ability to enhance the quality and duration of life. At the same time, healthcare has become so costly that it can easily bankrupt governments and impoverish individuals and families. Health services research is a highly multidisciplinary field, including such areas as health administration, health economics, medical sociology, medicine, , political science, public health, and public policy. The Encyclopedia of Health
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Services Research is the first single reference source to capture the diversity and complexity of the field. With more than 400 entries, these two volumes investigate the relationship between the factors of cost, quality, and access to healthcare and their impact upon medical outcomes such as death, disability, disease, discomfort, and dissatisfaction with care. Key Features Examines the growing healthcare crisis facing the United States Encompasses the structure, process, and outcomes of healthcare Aims to improve the equity, efficiency, effectiveness, and safety of healthcare by influencing and developing public policies Describes healthcare systems and issues from around the globe Key Themes Access to Care Accreditation, Associations, Foundations, and Research Organizations Biographies of Current and Past Leaders Cost of Care, Economics, Finance, and Payment Mechanisms Disease, Disability, Health, and Health Behavior Government and International Healthcare Organizations Health Insurance Health Professionals and Healthcare Organizations Health Services Research Laws, Regulations, and Ethics Measurement; Data Sources and Coding; and Research Methods Outcomes of Care Policy Issues, Healthcare Reform, and International Comparisons Public Health Quality and Safety of Care Special and Vulnerable Groups The Encyclopedia is designed to be an introduction to the various topics of health services research for an audience including undergraduate students, graduate students, and general readers seeking non-technical descriptions of the field and its practices. It is also useful for healthcare practitioners wishing to stay abreast of the changes and updates in the field.

Communities in Action

Good health is a key component of people’s well-being. It is a value in itself but – through its influence on social, education and labour market outcomes – being in good or bad health has also wider implications on
people’s chances of leading a fulfilling and productive life. Yet, even in the OECD countries, health inequality persists with severe consequences on the goal of promoting inclusive growth. This report documents a comprehensive range of inequalities in health and health systems to the detriment of disadvantaged population groups in a large set of OECD and EU countries.

The Oxford Handbook of Health Economics

Achieving universal health coverage, including financial risk protection and access to quality essential health-care services, is one of the main Sustainable Development Goals. In low-income countries, innovative and affordable health financing systems are key to realize these goals. This paper assesses the impacts of Community-Based Health Insurance Scheme in Rwanda on health-related financial risks using a nationally representative household survey data collected over a ten-year period. We find that the scheme significantly reduce annual per capita out-of-pocket spending by about 3,600 Rwandan Franc (about US$12) or about 83 percent of average per capita healthcare expenditure compared to the baseline level in 2000. The impacts however favor the rich as compared to the poor. The program also reduces the incidence of catastrophic healthcare spending significantly.

Equity and Well-Being

This pocket-sized reference on key environmental data for over 200 countries includes key indicators on agriculture, forestry, biodiversity, energy, emission and pollution, and water and sanitation. The volume helps establish a sound base of information to help set priorities and measure progress toward environmental sustainability goals.
The Economics of Social Determinants of Health and Health Inequalities

Evidence-based Public Health: Effectiveness and efficiency continues the themes raised in Public Health Evidence - tackling health inequalities. Written by the same author team, this book is a comprehensive reference to evidence-based approaches in public health. It covers the context and role of evidence-based public health in England; frameworks for evaluating the effectiveness and cost effectiveness of public health policies and interventions; diversity, vulnerability and risk as a focus for understanding the role of social context in influencing health-related behaviours; approaches and methods to generate and synthesize evidence of what works to improve health and tackle health inequalities; current best available evidence on the effectiveness of a diverse range of interventions; and the role of evidence-based guidance and standards in changing policy and practice. This book will be essential reading for all those concerned with advancing an evidence-based approach to public health, and tackling health inequalities, including academics, researchers, policy makers, postgraduate students in public health, and anyone involved across different sectors of public health, including local government, health and education, Whilst based on work done in England by NICE, the book contains generic principles which are applicable internationally.

Inequity in Indian Health Care

Ensuring equity in healthcare is the main concern of health policymakers in order to provide a sustainable health system. This concern is more prominent in developing countries due to the scarcity of resources. This book provides a comprehensive analysis and discussion on the distributive pattern of out-of-pocket pharmaceutical expenditures under the health
reforms in Turkey and makes comparisons with pharmerging countries. Turkey’s health reforms began in 2003 to address shortcomings related to financial protection and to improve health outcomes and the quality of healthcare services. The primary motivation was to ensure equity in the distribution of health resources, and this transformation process led to profound changes in how these resources were used, and in health financing in general. However, there is a lack of knowledge regarding the long-term effect of health reforms on the distribution patterns of health expenditures and health service use. This book offers a thorough equity analysis of the health financing system, affected by this health transformation program. Index and curve approaches are used in the equity analysis of pharmaceutical expenditures. The book examines the long-term effects of health system regulations on the health spending characteristics of households and improves the current understanding of equity in this context. It includes extensive international comparisons of healthcare services across a range of developing countries and highlights the significance of ensuring equity for emerging economies. The author explores the existing evidence as well as future research directions and provides policy and planning advice for health policymakers to contribute to establishing a more equal health system design. Additionally, the book will be of interest to scholars and professionals in the fields of health economics, public health management and health financing.

**Attacking Inequality in the Health Sector**

This volume presents eleven case studies that document how well or poorly health, nutrition, and population programs have reached disadvantaged groups in the countries of Africa, Asia, and Latin America where they were undertaken. The studies were commissioned by the Reaching the Poor Program, undertaken by the World
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Bank in cooperation with the Bill and Melinda Gates Foundation and the Dutch and Swedish governments, in an effort to find better ways of ensuring that health, nutrition, and population programs benefit the neediest. These case studies, reinforced by other material gathered by the.

*Health Equity and Financial Protection*

Two key policy goals in the health sector are equity and financial protection. New methods, data and powerful computers have led to a surge of interest in quantitative analysis that permits monitoring progress toward these objectives, and comparisons across countries. ADePT is a new computer program that streamlines and automates such work, ensuring that results are genuinely comparable and allowing them to be produced with a minimum of programming skills. This book provides a step-by-step guide to the use of ADePT for quantitative analysis of equity and financial protection in the health sector.

*Evidence-based Public Health*

The LSE Companion to Health Policy covers a wide range of conceptual and practical issues from a number of different perspectives introducing the reader to, and summarising, the vast literature that analyses the complexities of health policy. the Companion also assesses the current state of the art. Health policy is a wide-ranging subject covering many academic disciplines, but what most studies in health policy have in common is an interest in applying theory to improve practice. This Companion brings academic rigour to bear evidence on a range of central areas within health policy. It covers key issues on the quality, access and inequalities in health and health care; supply and health markets; insurance and expenditures; pharmaceuticals and new technologies; and aging and long-term care. This unique Companion on
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health policy contains the most important features for health system reform at a time of funding constraints and will therefore hold great appeal for policy analysts and makers, students, academics and management professionals.

OECD Health Policy Studies Health for Everyone? Social Inequalities in Health and Health Systems

This volume reviews the public health concerns and challenges specific to the complex Arab world from a multidisciplinary perspective.

ASA 2021 Statistics and Information Systems for Policy Evaluation

This book contains a collection of works showcasing the latest research into global health economics conducted by leading experts in the field from the Centre for Health Economics (CHE) at the University of York and other partner research institutions. Each chapter focuses upon an important topic in global health economics and a number of separate research projects. The discussion delves into health care policy evaluation; economic evaluation; econometric and other analytic methods; health equity and universal health coverage; consideration of cost-effectiveness thresholds and opportunity costs in the health sector; health system challenges and possible solutions; and others. Case study examples from a variety of low- and middle-income countries (LMIC) settings are also showcased in the final part of this volume. The research presented seeks to contribute toward increasing understanding on how health policy can be enhanced to improve the welfare of LMIC populations. It is strongly recommended for public health policymakers and analysts in low- and middle-income country settings and those affiliated to
international health organizations and donor organizations.

The SAGE Encyclopedia of World Poverty

Equity is an abstract concept covering philosophical issues such as fairness and social justice, making its definition and measurement complex. This volume tackles these complexities head-on. The book is enriched with many empirical analyses and provides a comprehensive analysis of equity ranging from concepts and measurements to empirical illustrations and policy implications. After an extensive discussion on equity in the introduction, this volume begins with a chapter on well-being where the concepts of functioning and capability are discussed. This is followed by a few chapters on what an equitable distribution is and how equity can be measured. The volume then provides a definition and a methodology to measure equitable growth, examining the relationship between growth, inequality, and poverty. It also presents various empirical illustrations and country-specific experiences with three country case studies which assess whether publicly provided health and education services are equitable in developing Asia, examining the extent to which these social services favor the poor as well as the policy challenges to a more equitable delivery of these services. Finally, these country studies provide evidence-based policy recommendations to improve equity in social service delivery in developing countries. Achieving social equity has long been an important policy goal. There are relatively few studies on equity. This book aims to help fill this gap with an in-depth analysis of the issues associated with equity, covering its concept, measurement, and policy practices and implications.

Encyclopedia of Health Services Research

Monitoring health inequality is a practice that
fosters accountability and continuous improvement within health systems. The cycle of health inequality monitoring helps to identify and track health differences between subgroups, providing evidence and feedback to strengthen equity-oriented policies, programs and practices. Through inequality monitoring and the use of disaggregated data, countries gain insight into how health is distributed in the population, looking beyond what is indicated by national averages. Data about health inequalities underlie health interventions that aim to reach vulnerable populations. Furthermore, they constitute an evidence base to inform and promote equity-oriented health initiatives, including the movement towards equitable universal health coverage. This Handbook is a user-friendly resource developed to help countries establish and strengthen health inequality monitoring practices. The handbook elaborates on the steps of health inequality monitoring, including selecting relevant health indicators and equity stratifiers, obtaining data, analyzing data, reporting results and implementing changes. Throughout the handbook, examples from low- and middle-income countries are presented to illustrate how concepts are relevant and applied in real-world situations; informative text boxes provide the context to better understand the complexities of the subject. The final section of the handbook presents an expanded example of national-level health inequality monitoring of reproductive, maternal and child health.

Global Health Justice and Governance

In a world beset by serious and unconscionable health disparities, by dangerous contagions that can circle our globalized planet in hours, and by a bewildering confusion of health actors and systems, humankind needs a new vision, a new architecture, new coordination among renewed systems to ensure central health capabilities for all. Global Health Justice and
Governance lays out the critical problems facing the world today and offers a new theory of justice and governance as a way to resolve these seemingly intractable issues. A fundamental responsibility of society is to ensure human flourishing. The central role that health plays in flourishing places a unique claim on our public institutions and resources, to ensure central health capabilities to reduce premature death and avoid preventable morbidities. Faced with staggering inequalities, imperiling epidemics, and inadequate systems, the world desperately needs a new global health architecture. Global Health Justice and Governance lays out this vision.