

Equity in access to maternal and child health care in the Asia-Pacific region

Ravi P. Rannan-Eliya

A Consultation on Equity in Access to Quality Health Care for Women and Children

Halong Bay, Viet Nam

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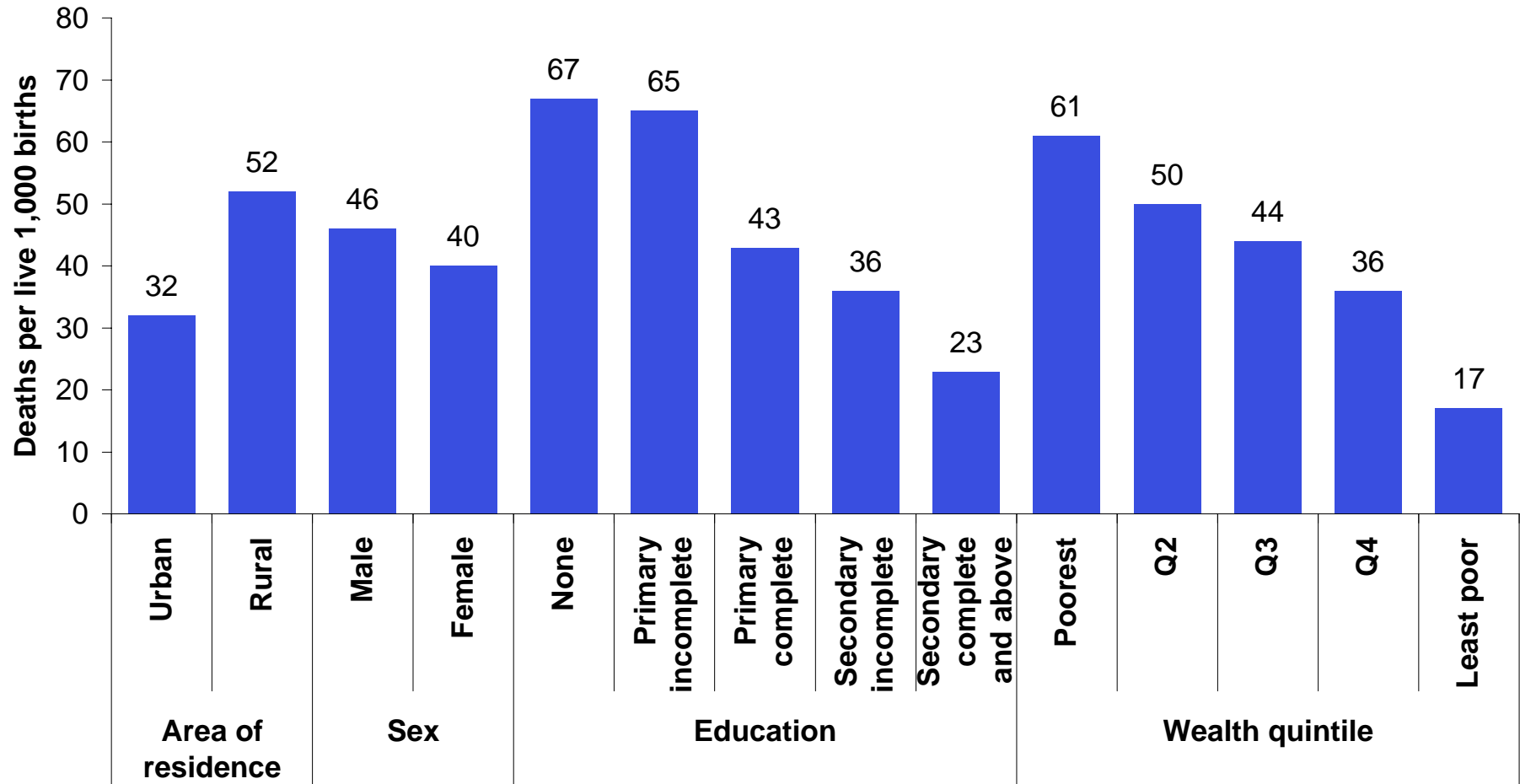
Why focus on mothers and children?

- MCH is a key component of the MDGs
- In most equitable health care systems (developed and developing countries) MCH has been the first driver for change
 - Midwives - changing the human resource mix
 - Expanding hospital supply for child birth
- We know more about equity in MCH than other types of illness and interventions for reasons of data, surveys, etc
 - Improving equity in MCH is likely to result in better equity overall

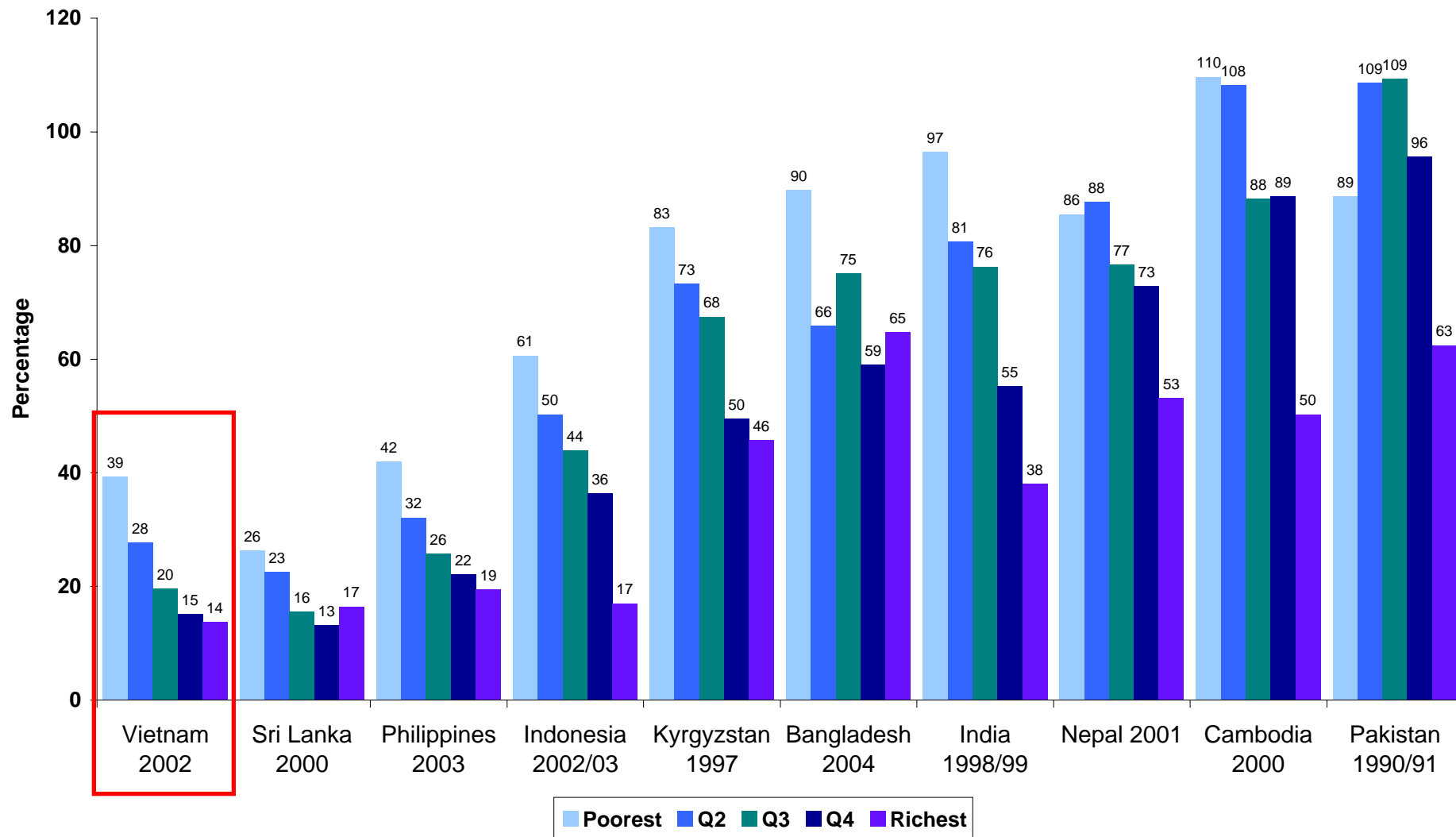
Current situation in Asia

- Developed economies have high coverage for MCH care, the best global outcomes, and equity is not a problem
 - Japan, Hong Kong SAR, Korea
- Developing countries
 - Inequalities in outcomes and in access are the norm in all developing countries in Asia
 -But some countries have done much better in reducing inequalities

IMR differentials, Indonesia 2002-2003



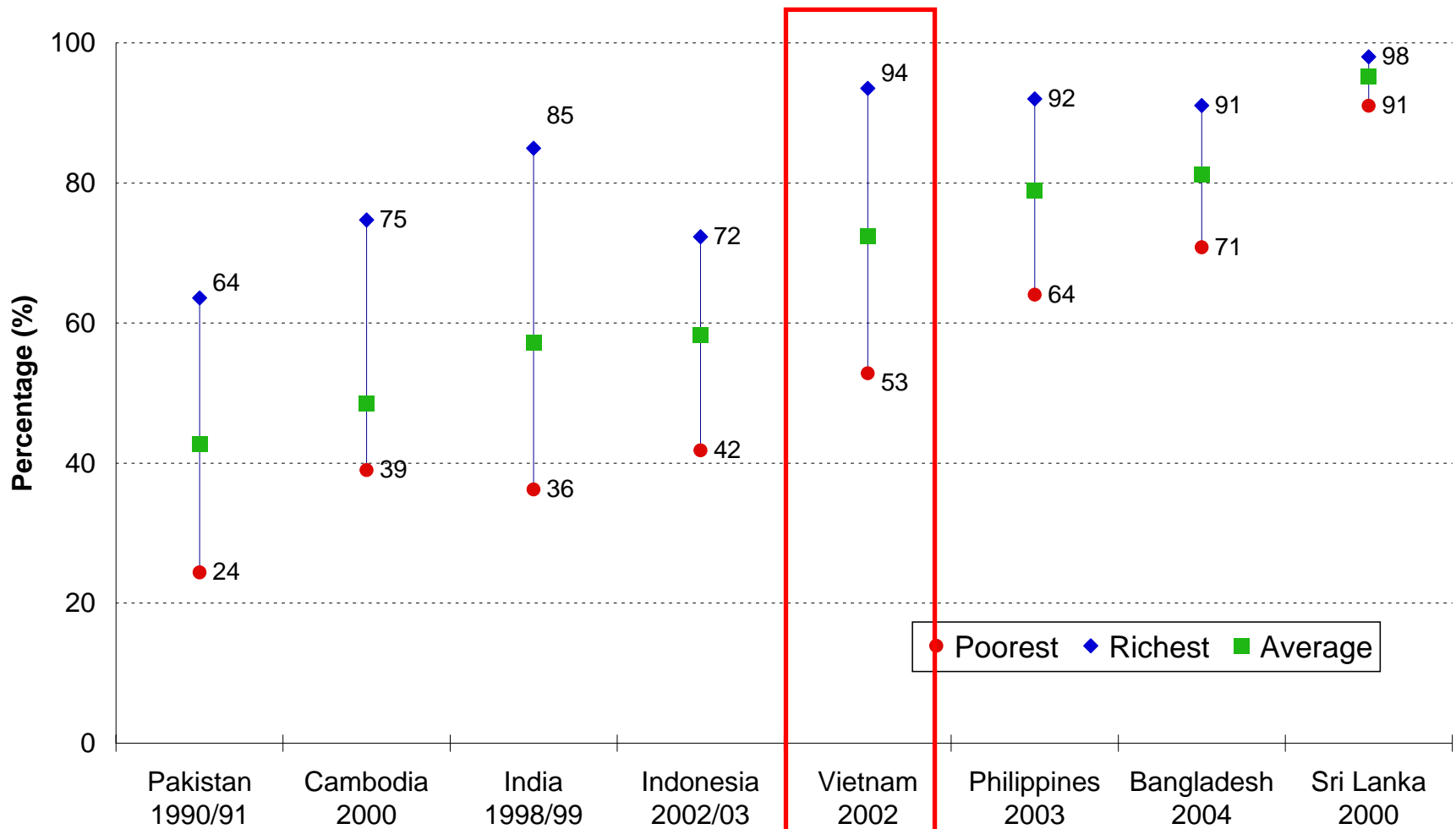
Country inequalities – IMR



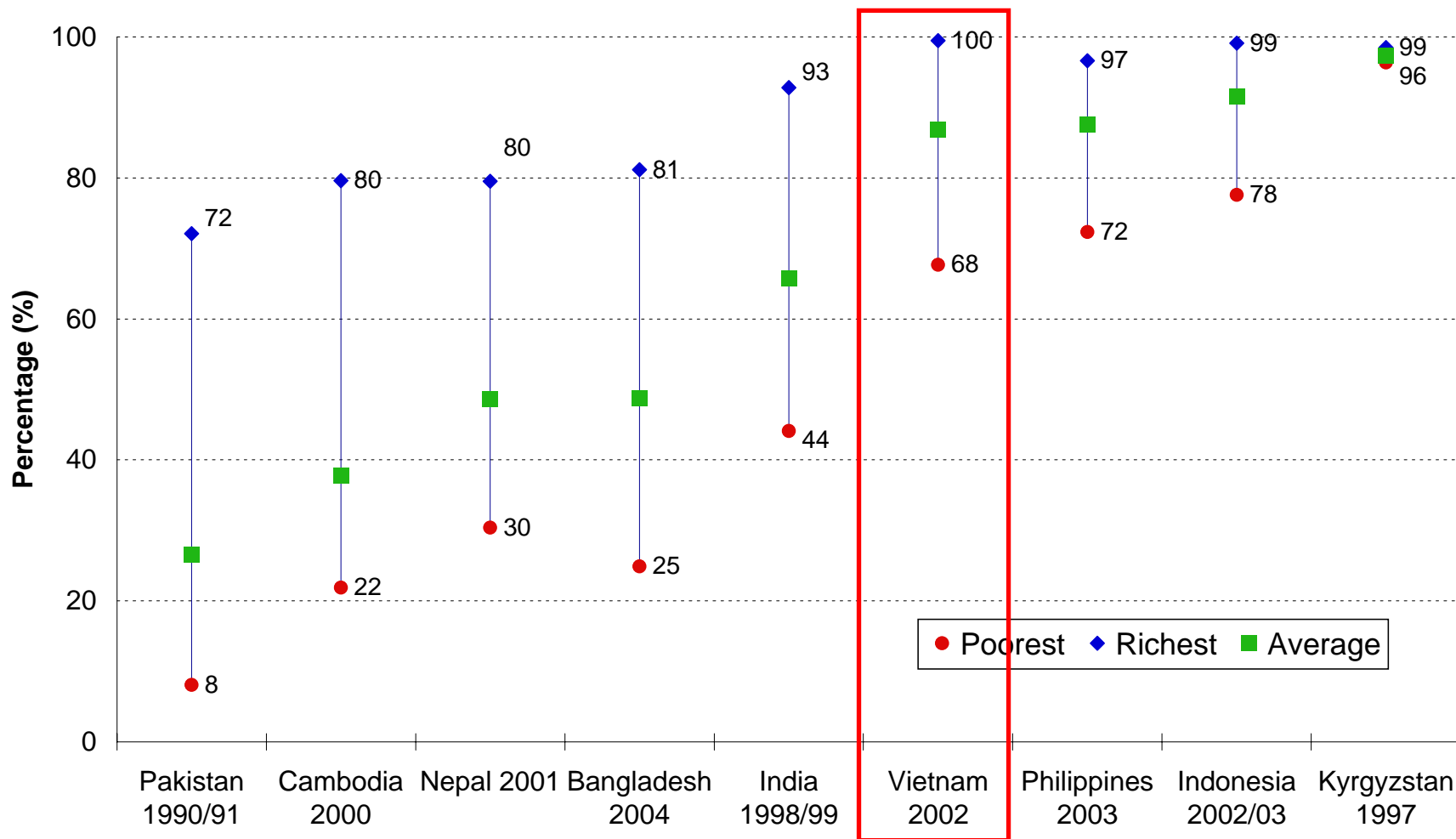
Inequalities in health outcomes related to inequalities in use of health services

(. . . but less for nutrition)

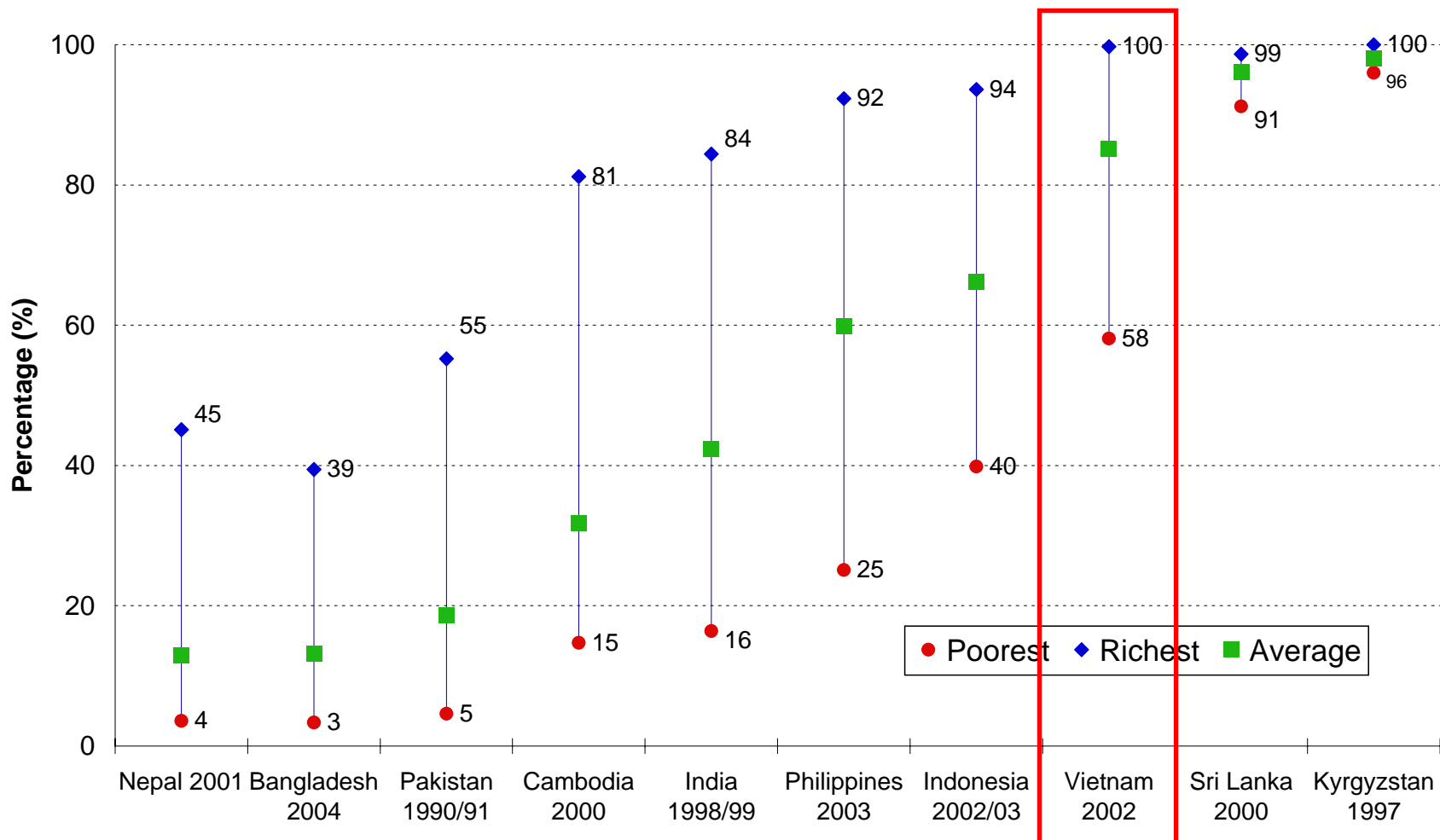
Inequalities in use - DPT immunization



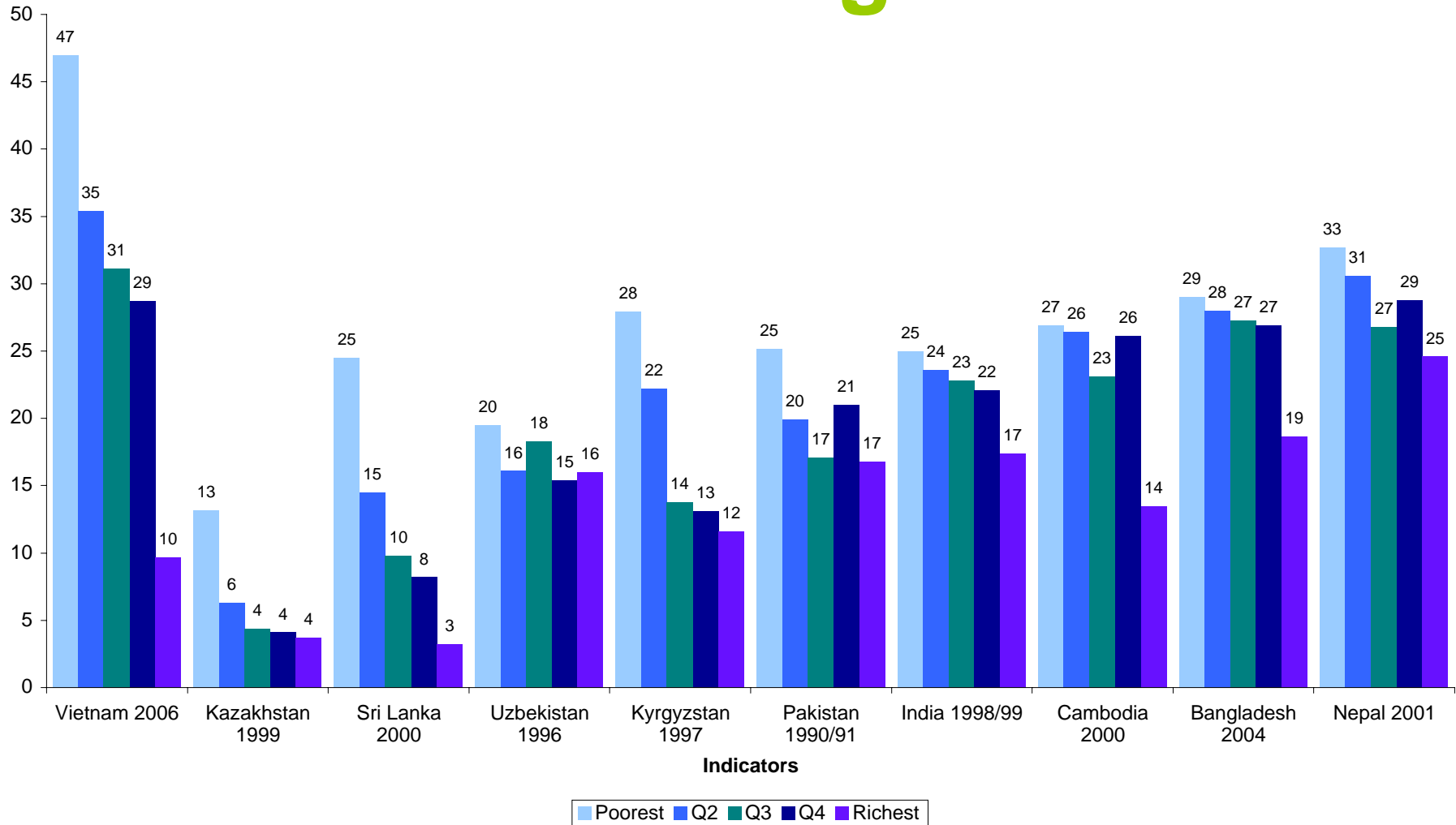
Inequalities in use - Antenatal care



Inequalities in use - Skilled birth attendance



Inequalities in moderate stunting



Impact of economic security matters most for nutrition

Percentage contribution to inequities in skilled birth attendance of six common determinants (that contribute positively to inequities)

	Wealth	Mother's education	Valid antenatal care	Quality of antenatal care	Partner's education	Urban (residence)
Bangladesh	27	14	8	18	8	12
India	31	12	7	18		10
Indonesia	27	12	6		9	
Nepal	35	10	9	19	6	6

Percentage contribution to inequities in childhood stunting of six common determinants (that contribute positively to inequities)

	Wealth	Mother's biological characteristics	Sanitation facilities	Mother's education	Exposure to media	Partner's education
Bangladesh	68	20			10	8
India	28	13	11	19		7
Nepal	15	12	19	16	8	
Sri Lanka	40	20	19	19		

What matters in reducing inequalities in health service use?

Supply factors

- Prioritize access over quality until universal access is achieved
 - Japan, Sri Lanka, Malaysia, Mongolia, Viet Nam
- Reduce physical barriers requires expanding service delivery infrastructure
 - Especially rural areas, especially hospitals
 - Solving how to expand supply at low cost
 - Expanding public provision has proved more effective in the early stages
- Ensure supply is equal
 - Solve problems with human resources & supplies
 - Decentralization can be a barrier
- Reduce economic barriers to use
 - Reduce user charges AND control informal payments

Demand factors

- Increasing supply alone was not enough, unless mothers:
 - Were aware of needs
 - Were willing to use services
- Changing behavior takes time, but can be accelerated
 - Particular problem for maternal care
 - Reduce barriers to use
 - Create positive incentives to choose over existing alternatives
- Behavior is not only an individual issue
 - It matters who you live with
 - Involves social beliefs & culture
 - Equity may require interfering in existing beliefs

Impact of where mothers live in India

