

Learning Brief

Essential link to equity in development - the Philippine experience

This learning brief presents the main results of the Philippine component of the COHRED-funded multi-country study on ENHR, entitled 'The essential link to equity in development'. The other four countries participating in the study are Bangladesh, Indonesia, Malaysia and Thailand.

The primary **objectives** of the Philippine study were:

- to identify data sets and projects related to health equity;
- to work on a preliminary framework linking health research and equity.

The five countries agreed to collect data for indicators that monitor health equity under 37 major categories. In the Philippines data was found under only 16 of these categories, covering one or more of the specified population groups. Much of the available data clusters around demographic and health indicators regularly measured in population surveys (e.g. life expectancy, mortality and literacy rates, educational attainment, population growth rates, disease-specific morbidity rates, coverage rate for health care, and health resources). Data gaps occur in indicators that have to do with health care expenditures and finance, as well as social and behavioural indicators on lifestyle and the use of health facilities. Data was organised primarily by geographical region, occasionally by gender, and seldom by socio-economic status.

Linking research and equity:

The link between research and equity in health is roundabout at best. Even if a piece of research directly addresses the issue of equity, it may not directly contribute to improving the equity situation, unless its results happen to be in the policy process. It is, therefore, important to define with some rigour the analytical framework that seeks to establish this link, no matter how

tenuous. At the very least, it can serve to temper expectations.

First is the question of indicators to be used to capture the relationship. In discovering his seven possible definitions of equity, Mooney concluded that there is no one correct way of defining equity, since it is dependent on a value judgement both about equity itself and about the relative weights attached to it vis-à-vis other objectives of any health care system. He further suggested that in the process of determining the relevant definition of equity, one should look carefully at the potential trade-off between equity and efficiency. This is particularly relevant to developing economies, where health systems normally operate under a severe budget constraint. In such a situation, pursuing one objective means having to sacrifice the other. Thus, a blind pursuit of equity at the expense of efficiency may very well result in a low level of health for all.

This trade-off is critical in the Philippine context where equity issues are mainly addressed by a dominant public sector. The sector has recently undergone decentralisation. Thus, relative equity among local government units is becoming a prominent concern as well. However, efficiency is also a serious problem, as budgetary allocations for health have perennially lagged behind the needs of a population, whose growth has been among the highest in the Asian region. Providing the proper health services to the under-served, particularly those at the periphery, has remained a challenge to government health workers.

The process of studying health equity in the Philippine context could, therefore, benefit greatly form a consultative approach, where stakeholders are asked to make inputs to the process of formulating the appropriate definition of health equity, as well as its indicators. One advantage of such an approach is that the resulting definition and indicators would reflect

the value judgements that government policy makers and programme managers in the field attach to the various objectives of the health system. Due consideration of such value judgements would not only contribute to an accurate description of health priorities, but would also help ensure the relevance of research results to health policy formulation.

Second is whether such indicators can influence the pertinent policy mechanisms, as well as processes that address equity. Perhaps the ideal situation is to have policy

mechanisms as well as processes that, in fact, generate the equity indicators, and, in the process, build commitment for them.

Next steps:

Based on the results of this study, the first thing to address in the Philippines is the definition of equity. In terms of health equity related efforts, the Department of Health and other government agencies need to agree on a working definition of equity that is acceptable to all stakeholders. For as long as equity in not clearly defined, it will be difficult to define the parameters that will determine the presence or lack of equity in health, as well as the information needed for such parameters. Since equity issues in the Philippines are mainly addressed by the public sector, it seems logical that the same sector should possess the capability to generate information and the commitment to undertake research on this matter.

As a next step, the findings of this study can be brought to bear on the health equity- related indicators that first have to be in place before attempts to relate them to health research, as well as to health policy, can proceed. All stakeholders involved in the pursuit of health equity must agree upon these indicators. They must be defined consistently across data collection agencies and across time, so that they form a database, to which statistical analysis can be rigorously applied. They must be sufficiently disaggregated and accessible to allow comparisons between and within groups. They should also be relevant to policy management in pertinent sectors.

Further reading:

- ➤ Essential National Health Research (ENHR): An essential link to equity in development, the Philippine experience; Centre for Economic Policy Research; Quezon City, Philippines, 1999
- Mooney, Gavin A. (1992). Economics, medicine, and health care (second edition). Hemel Hempstead (England): Harvester Wheatsheaf.

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