The issue

Few would disagree that a healthy life is a key ingredient of human happiness and wellbeing, and that good health for all should be one of development’s most important goals. Good health is also a powerful contributor to other dimensions of development, such as social mobility and education, labour productivity and political participation.

However, gains in global health are threatened by a range of factors both internal and external to health and health systems. These include the rising burden of infectious, non-communicable and neglected tropical diseases; risks posed by environmental hazards and climate change, like increasing urbanisation; changing
population dynamics and demographics; and the damaging impact of conflicts and other man-made disasters. Stresses caused by health risks, combined with inadequate health systems and financial protection, impoverish people by increasing individual and state health expenditures. Exclusion (including based on gender, age, sexuality, class and location) may prevent the most marginalised from accessing even basic health services.

Our approach

Driven by our commitment to reducing poverty and inequality and enhancing security, resilience and equity, ODI takes a holistic, cross-disciplinary, systemic view of health.

Using our thematic and methodological expertise in medical anthropology, geography, financial systems, sociology and political economy, we generate evidence on health issues and provide policy and programmatic advice to international donors, governments and NGOs. We also collaborate and partner with health experts outside ODI, providing a broader contextualisation and a non-biomedical lens through which health issues can be explored. The local research partners we work alongside are critical in embedding evidence into country systems and processes. Building capacity and sharing knowledge and learning is another key aspect of our approach.

In ODI’s view, social norms, financial systems, health governance and societal conditions are all intimately connected. Successful health policy involves understanding these relations and designing programmes and interventions accordingly.

Priority areas and themes

Global health policy

In recent years, global public health has emerged as an important international issue. It encompasses a wide range of concerns linked to globalisation, development and migration, including the spread of infectious diseases such as HIV/AIDS and Ebola, the growth in antibiotic resistance and the rise in non-communicable diseases such as hypertension and mental illnesses – as well as broader concerns around health equity.

At a policy level, many of these concerns are reflected in Sustainable Development Goal (SDG) 3 – Good Health and Wellbeing. Implicit in the SDGs is the idea that the goals should be realised progressively, with no one left behind. At ODI, we conduct research and advocacy that shapes global health policy, whether highlighting neglected health issues, generating evidence on social and environmental causes of poor health, exploring what policies work in which political contexts, convening national and international actors for policy discussions or taking stock of efforts to leave no one behind.
Sexual and reproductive health and rights

Access to contraceptive methods, pregnancy termination, sex education and related services are critical not only for health but for women’s autonomy, economic empowerment and political participation. ODI works to reveal and challenge the barriers and norms that condition access to sexual and reproductive health and rights (SRHR). Our outstanding track record covers projects on SRHR in Bangladesh, Cuba, Ethiopia, Kenya, Malawi, Pakistan, Nepal and Uganda. ODI’s work has contributed to a growing consensus on the crucial role of social norms in shaping SRHR outcomes. Gender norms in particular condition how people access health services and receive knowledge and information about SRHR. Norms also shape the broader social environment and attitudes of service providers, policy makers, parents, doctors and teachers.

ODI’s work has ranged from research on adolescent family planning, contraceptive use, child marriage, maternal and child health, and access to HIV/AIDS information. Our research also supports SDG 5 on gender equality and women’s empowerment, which includes a target on universal access to SRHR. As an independent research centre, ODI is especially well placed to take on SRHR issues at this critical juncture when a global backlash is threatening women’s right to choose.

Social determinants of health

Following the World Health Organisation (WHO)’s commission on the social determinants of health (2005–2008), there is increasing acceptance that good health outcomes are inextricably linked to broader aspects of life and issues beyond the individual and individual risk factors. These range from living conditions to work and working life, the policy environment, climate, gender and other social factors. With this broad definition of social determinants, and given our wide-ranging expertise, ODI is uniquely placed to contribute to debates around how such determinants can be meaningfully and systematically incorporated in health policies and programmes.

Rather than looking solely at individual risk behaviour, ODI researchers take into account underlying structural factors as social determinants of health. These might include social norms that stop girls from accessing health services; community engagement that facilitate uptake of services; aspects of the policy environment which lead to unfavourable health service provision for minority groups in remote areas; and barriers migrants and refugees face in accessing services at different stages of the migration journey. Using such a lens helps us situate health issues within a broader wellbeing context, as well as allowing country specificities to emerge.

Health and emergencies

ODI houses experts in climate, conflict and humanitarian crises – three critical dimensions of fragility with major implications for health.

Climate: Over 12.5 million people die each year – one in four deaths worldwide – from diseases associated with environmental hazards. Rising temperatures and changing rainfall patterns, giving rise to heat stress, floods, drought, wildfires and intense storms, are expected to lead to excess morbidity and mortality. Disasters and climate change risks thus impact individual health and wellbeing directly, and indirectly by damaging health systems and affecting the wider range of institutions
associated with the delivery of healthcare. Applying a resilience perspective on current and future risks, research at ODI aims to advance knowledge and explore sustainable solutions to minimise climate-related impacts on health and anticipate best adaptive practice.

**Conflict:** Conflict and post-conflict situations affect all aspects of life, including health and broader wellbeing. Not only do conflict and post-conflict contexts affect the physical health of individuals, with often the poorest and most marginalised being the most affected, but conflicts also invariably leave a long-lasting legacy of mental ill-health and psychosocial distress. Conflict can also undermine and in many cases even destroy health systems. ODI research in this area includes exploring health-related challenges and vulnerabilities faced by different groups of people (children, adolescents, older people, disabled people, ethnic minorities) in conflict contexts; identifying barriers to accessing health- and wellbeing-related services; providing suggestions on tailored (often age- and gender-specific) programming and interventions, including beyond the health sector; and advising on policy implications and responses.

**The politics and economics of health systems**

Choices about which diseases to target, which population groups to serve and how to reach them, are as much political as they are technical. At ODI, we specialise in analysing the political economy behind the prioritisation and implementation of different health policies and interventions. Very often, results in these areas are determined by accountability relations between citizens, advocacy groups, politicians, patients and health service providers, as well as the vested interests that may operate in the background of health systems. By researching these relationships, ODI’s political economy experts can help assess the chances of success of specific policies and programmes, for example action on drug stock-outs, antimicrobial resistance or maternal mortality, and suggest ways in which technical interventions can be made politically smarter. Adequate funding is essential to a well-functioning health system. ODI researchers have a track record of analysing different approaches to health finance, as well as technical and political-economic expertise in health budgeting.

We also specialise in research and technical advisory work on the role of social protection policies in extending health services to poor and vulnerable households, on the links between social protection and health outcomes and on the relationship between social protection and quality of care.

For information contact Fiona Samuels on f.samuels@odi.org.uk