SUMMARY OF WORK

Our research unit will focus on health services in slums. Many of the world’s poorest people live in slums, over-crowded neighbourhoods often made up of makeshift or derelict housing, without running water or sanitation. Slums house nearly a billion people and are growing, as more and more people are born and move to cities. People living in slums have many of the health issues seen in the rural poor (dangerous childbirth, malnutrition, infectious disease deaths) alongside increasing risk of diseases linked to cities (traffic accidents, violence, stroke, heart disease). Even if slum residents live close to health services, they can have difficulty getting needed care. There are many reasons for this. It can be because city authorities do not have the will or the resources to meet the needs of those living in the slums. It can also be because people living in slums can’t afford the cost of health care, or the time off work to seek care. The result is that many people living in slums go to low quality or unqualified clinics, or to various places (such as clinics run by charities to tackle specific issues e.g. HIV) but without joined-up care. This has negative consequences for both individual and population health.

Improving health services in slums would have a large impact on health in low and middle income countries. Because slums are overcrowded, better health services could benefit many people at once. Our unit will aim to make progress in this direction. Our goals are:

Short-term
• To map current health services and facilities and understand how these are used in six slums across Asia and Africa.

Medium-term
• To identify the costs associated with how the health services run in each site, including costs to the patients and their households.

Long-term
• To build models of the health services and use these models to look at ways of improving health service delivery.
• To build a research programme which survives after our NIHR funding ceases; and to create a platform of funded activities into the future.

Throughout
• To bring together all the existing evidence on what might work to improve health services in slums.
• To involve people who can change things in slums, including politicians, civil servants and people who live in slums.

Our director has directed successful large research units and our expert team have experience conducting global health research and shaping policy and practice. Our work programme is designed to achieve the unit goals, using state of the art methods, alongside our partners. These include academic institutions in Nigeria, Kenya, Pakistan and Bangladesh, policy organisations and slum communities. We will produce tools and information to support people who make decisions relating to health service planning. Examples include:

• Detailed slum maps, which have already been demonstrated to support health service delivery by aid organisations during health crises (such as cholera outbreaks(1));
• Knowledge of current demand and supply of health services in slums vital to planning future services;
• A body of evidence on health service delivery relevant to slum populations, so policy-makers can learn what is happening in this area globally so that good practice is shared and failures are not duplicated.

Our outputs will support improvements in the organisation and effectiveness of health services, thereby delivering measurable benefits to one of the world’s most vulnerable population groups.