

### Theme III: Strengthening primary health care: the roles of rights, ethics and economic analyses

Research is designed to inform key decision-makers involved in actions and interventions to strengthen primary health care in poor and rich countries, through projects stemming from integrated rights-based approaches and economic analyses. Theme III is structured into 4 research areas:

#### (1) *Financing*

Research analyses the economic burden that health care financing lays on households and the potential for health insurance.

#### (2) *Priority setting and fair procedures*

Studies apply cost-effectiveness analysis and other priority-setting within the frame of fair procedures.

#### (3) *Local governance*

Aims to improve inclusion and equity of health systems through active local citizen participation, and build regional capacity to monitor and improve governance and equity within local health systems.

#### (4) *Human rights and public health ethics*

Work seeks to understand the associations between health, human rights and public health ethics, developing adequate monitoring instruments and exploring the effects of applying health and human rights frameworks within certain health domains.

**Figure 1: Core values and principles in primary health care**



### Research highlights

Work conducted under Theme III centres around operational research in low- and middle-income countries working in partnership with key stakeholders such as ministries of health and non-governmental organisations. We have received encouraging responses from many partners to date; our research initiative on health care for the elderly in Vietnam has been given top priority by the Vietnamese Ministry of Health, and work on local governance has also been well received by stakeholders in Guatemala and Tanzania where ongoing processes of decentralisation give new room for participation. In general, case studies and action research highlight the need to move from guidelines to practice.

Ongoing and future areas of focus include studies of elderly health care in South-East Asia and Sweden; priority-setting at district levels in sub-Saharan Africa and Sweden; user fees and equity in sub-Saharan Africa; citizen participation in promoting equity and democratic governance in health systems in Latin America; and indigenous primary health care in Latin America.

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