**Division (delete as appropriate):** Health Sciences

**Project Title:** Access to emergency care for people living in slums

**Application Deadline:** 15th June 2018

**Degree (delete as appropriate):** PhD

**Mode of Study (delete as appropriate):** Full time

**Project suitability (delete as appropriate):** Home / EU

**Supervisor(s):** Professor Richard Lilford

**Funding body (please tick as appropriate):**
- Other (please specify)
- University of Warwick

**Has the funding been awarded?:** Yes

**If the project requires consumables, please specify the amount and who is responsible for covering the cost:** Reasonable consumables relating to project fieldwork will be funded by the NIHR Global Health Research Unit, subject to approval.

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**Project Summary including key research questions, aims and anticipated outcomes (max 300 words)**

Access to surgery is a big problem in lower income countries. This is not mainly because people live so far from facilities but because they cannot access them when they are acutely ill or injured. Does this mean that these hospitals should immediately acquire fully fledged ambulance services? Probably not – the opportunity cost might exceed the benefit. Are there cheaper alternatives? Most likely; grass roots / community owned services flourish in some cases and an Uber style taxi service has come into being in some places.

This project brings together the NIHR Global Health Research Unit on Improving Health in Slums at University of Warwick which focuses on healthcare provision in densely inhabited informal settlements (slums) across Africa and Asia and a NIHR Global Health Research Unit on Global Surgery at University of Birmingham. The project concerns access to emergency care for people living in slums.

The student will be embedded in an interdisciplinary, international team and have access to training programmes.

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**Describe the methodology and techniques to be employed (max 200 words)**

The methodology and techniques to be employed are as follows:
1) Working with colleagues within the two NIHR Global Health Research Units to summarise existing knowledge and how access to acute care is provided in slum areas.

2) Working with colleagues to critique possible future alternatives.

3) Analyse incentives and barriers from a behavioural economic perspective.

4) Conduct experiments (such as discreet choice) to elicit community preferences.

5) Develop a cost benefit model for the most viable alternatives.

6) Working with colleagues to populate the model with data concerning benefits (e.g. from reduced time to care costs).