Pro-Poor Health Policies: A framework for analysis & action
What is Poverty?

Poverty is multidimensional:

- Low income
- Poor access to resources and skills
- Vulnerability
- Insecurity
- Voicelessness, disempowerment

Gender
Race
Ethnicity
Poverty and health: the links

The vicious circle:
- Ill health leads to poverty
- Poverty leads to ill health

The virtuous circle:
- Good health is linked to higher income and welfare
- Higher income is linked to good health
The poor are at greater risk of ill-health

Prevalence of moderate underweight by average daily household, by subregion

The poor have greater health care needs

U5 mortality by income quintile in 3 countries

Source: WHO
The poor have greater health care needs

Health Status and Poverty: Viet Nam

Malnutrition

<table>
<thead>
<tr>
<th></th>
<th>Rural</th>
<th>Urban</th>
<th>Rural Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMR</td>
<td>26.7</td>
<td>10.4</td>
<td>40</td>
</tr>
<tr>
<td>Malnutrition</td>
<td>28.4</td>
<td>21.8</td>
<td>9.6</td>
</tr>
</tbody>
</table>

Source: ADB
The use of services by the poor is low

Proportion of those with ARI attending a medical facility

The use of services by the poor is low

**Inpatient Care by Expenditure Quintiles: Viet Nam**

<table>
<thead>
<tr>
<th>Quintile</th>
<th>Inpatient Adm. Rate (/10,000)</th>
<th>Average Length of Stay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poorest</td>
<td>3.4</td>
<td>10.3</td>
</tr>
<tr>
<td>Second</td>
<td>4.5</td>
<td>10.9</td>
</tr>
<tr>
<td>Third</td>
<td>4.9</td>
<td>13.9</td>
</tr>
<tr>
<td>Fourth</td>
<td>6.2</td>
<td>14.6</td>
</tr>
<tr>
<td>Richest</td>
<td>6.2</td>
<td>18.8</td>
</tr>
</tbody>
</table>

Source: ADB
The poor pay a higher share of their income for health care.

Proportion of total household expenditure on health and average monthly health expenditures, by expenditure group: Cambodia.

Source: The demand for health care in Cambodia, 1998; MOH/GTZ/WHO.
Health care costs can impoverish...

Income Distribution in Viet Nam (VLSS 1998)

Source: ADB
Health care costs can impoverish...

Income Distribution in Viet Nam (VLSS 1998)

Source: ADB
The poor can ill afford sickness

Affordability of Health Services: Viet Nam

<table>
<thead>
<tr>
<th>Share of Persons with Health Insurance</th>
<th>Poorest</th>
<th>Second</th>
<th>Third</th>
<th>Fourth</th>
<th>Richest</th>
</tr>
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<td>6.2</td>
<td>9.5</td>
<td>13.5</td>
<td>18.9</td>
<td>28.7</td>
</tr>
</tbody>
</table>

Source: ADB
The poor face supply-side barriers

- Physical
- Quality of services (actual or perceived)
The poor face demand-side barriers

Financial barriers
- Direct costs
- Indirect costs
- Opportunity costs
Why address poverty in health work?

- **Efficiency:** e.g., Public spending in health is captured by non-poor

Benefit incidence of public spending on health

<table>
<thead>
<tr>
<th>0%</th>
<th>20%</th>
<th>40%</th>
<th>60%</th>
<th>80%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PHC</td>
<td>Tot</td>
<td>PHC</td>
<td>Tot</td>
<td>PHC</td>
<td>Tot</td>
</tr>
<tr>
<td>C d’ivoire (95)</td>
<td>Ghana (92)</td>
<td>South Africa (94)</td>
<td>Vietnam (93)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Why address poverty...?

Equity: Health inequalities are widening

Ratio of U5MR of bottom to top quintile

Zimbabwe
Indonesia
Colombia
Philippines
Ghana

Late 1980s
Mid/late 1990s
Why address poverty…?

- **Equity**: Active efforts can narrow the poor-rich gap

IMR and U5MR by income quintile in Mali, 1996 and 2000
Why address poverty...?

- **Human rights:**
  - An obligation of society
    - Availability
    - Accessibility
      - Non-discrimination
      - Physical accessibility
      - Economic accessibility
      - Information accessibility
    - Acceptability
    - Quality
What can we do?

- Put health on the poverty agenda
- Put poverty on the health agenda
Putting health on poverty agenda

- Increase resource flows the health and improve allocation

- Advocacy: promote understanding of health as central to development

- Cross-sectoral work: address non-health sector determinants
Putting health on poverty agenda

1. Global:
   - CMH

2. Regional:
   - Ministerial Round Table, RCM
   - HSD Technical Advisory Group
   - WRs/CLOs’ meetings

3. Country:
   - Health in PRSPs
   - MDGs
   - GFATM
Putting poverty on health agenda

Target/prioritize:
- Health conditions that disproportionately affect the poor
Putting poverty on health agenda

Target/prioritize:
- Regions or areas

Source: ADB
Putting poverty on health agenda

Target/prioritize:

- Types of service
Putting poverty on health agenda

Target/prioritize:

- Levels of service
Putting poverty on health agenda

Target/prioritize:
- Population groups
Putting poverty on health agenda

Address financial barriers to access:
- finance services according to means and ability to pay
- introduce targeted subsidies
- replace direct out-of-pocket payments with prepayment
- apply risk pooling and fund sharing principles where appropriate
- strengthen social safety nets
Putting poverty on health agenda

Address low demand and use of services among the poor:
- identify and address social, linguistic, and other non-financial barriers
- improve quality of care
- increase provider awareness, sensitivity and skills
- enhance awareness and information among the poor
In monitoring and evaluation:
- disaggregate information by income, sex, ethnicity, rural-urban residence, employment status, etc.
- analyze incidence of benefits: are the poor benefiting at least proportionately? why or why not?
Address other cross-cutting issues

Indigenous
Health

Gender
NGOs
Role of MOHs

- Integrate poverty into health and health financing policies, programs, interventions
- Promote integration of health in poverty agenda
- Promote action on wider determinants of health
- Increase capacity and skills of health staff to address poverty
Role of WHO

- Undertake analysis of health and poverty situation
- Provide technical support on pro-poor health interventions
- Undertake advocacy to ensure multi-sectoral approach to health and poverty
- Enhance capacity and skills within WHO to address poverty and health
THANK YOU