

Poverty & Health Inequity in Global Health: Trends & Donor Strategies to Address Them

Charles Teller, Ph. D

Population Reference Bureau Fellow

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Outline

- Background and Objectives
- Methods and Indicators
- Trends in health status and health service
- UN/MDGs; WB/PSRPs
- USAID country strategic plans
- Discussion and Policy implications
- Ways Forward

Background

- U.N. MDGs - Poverty & health targets, but no health equity targets (eg. reduce mortality among poor)
- World Bank PRSPs- Poverty Reduction, with little health, nutrition or population content
- UNDP- Human Development Reports and strong equity focus
- USAID/State Dept- “Reduce Widespread Poverty” concept introduced as the part of the “transformational development” foreign assistance goal in Jan. 2007

Objectives

1. Analyze the widening poverty-health equity gap in health indicators
2. Assess poverty-equity-vulnerability indicators in World Bank PRSPs and USAID Mission strategic plans
3. Compare the poverty-equity indicators in health sector strategies with other USAID sectors
4. Observe current USAID progress in addressing the new interest in poverty, equity and vulnerability
5. Advocate global leadership in addressing health needs of poor and underserved.

Methods

1. Use of the new wealth index with DHS and other USAID and World Bank data
2. Trends analysis of DHS measures of geographic and socio-cultural inequity and economic poverty
3. Desk review of 27 recent WB PRSPs; of 85 USAID mission strategic plans and annual report summaries, 2004-05; of UNICEF monitoring of Poverty Targets
4. Review of more recent policies and activities to increasing attention to poverty-health equity targets

Construction of new poverty and inequity indicators

Equity: linked with societal value and principle of social justice that promote equality and avoid absolute deprivation

Health inequity: differences by socioeconomic status, ethnicity, race and location in health status and access to health care

Health Vulnerability: the degree of exposure to future risk of poor health and death

Measurement of the poverty in the **DHS:** Low index of ownership of household amenities (eg. water, light, toilet) and assets (eg., radio, TV, refrigerator)

Widening of poverty-equity gap in health status/service indicators (DHS data)

Current ratios of the wealthiest to the poorest quintiles:

Skilled Assistance at Delivery 4.8x

Use of Modern Contraception 4.4x

Use of Antenatal Care 3.1x

Child Vaccinations 2.3x

Rural-urban inequity trends widening in most of Sub-Saharan African in period 1990-2006:

Total Fertility Rate: in 16 of 24 countries

Under-Five Mortality Rate: in 14 of 24 countries

Progress in Meeting Poverty Reduction goals in MDGs*

Indicator: average annual pace of 50% reduction
under-nutrition indicator, 1990-2015, based on
status in 2005:

AFR: Far behind pace

ANE: Mostly on target

LAC: Mostly behind pace

*UNICEF, 2007

Common Indicators of Poverty, Equity, Vulnerability in Health Sector

- Residence in inaccessible rural areas
- Incomplete primary schooling
- Household ownership of amenities/assets
- Unmet minimum food consumption requisites
- Child and Maternal stunting and undernutrition
- Female-headed households (without adult male)
- Social, ethnic, religious exclusion

**FINDINGS-
WORLD BANK-POPULATION
&
USAID- GLOBAL HEALTH**

Many Bank PRSPs fail to translate population objectives/strategies into specific policies*

Of 35 high fertility countries, 27 had PRSPs

- Most recognized population growth as an issue
- Half (48%) had indicators of objectives and strategies to address it, but the other half did not
- Even those with objectives/strategies, most failed to develop specific policies or indicators to measure progress over time

*World Bank: Population Issues, April.,2007

Methods in the Review of Pov.-Health Inequity Targets and Indicators included in USAID Country Health Sector Strategies*

- Existing and current (2005-06) Mission strategies and Annual (FY '05) reports
- Comparison of strategies with annual reports
- Strategic objectives, intermediate results and indicators quoted directly
- Review of USAID common indicators for mission performance reporting (Oct. '05)
- HIV/AIDS (PEPFAR) country strategies

*Winfrey and Foreit, 2007

No. of Poverty-Equity-Vulnerability Results & Indicators by Region and Sector, 2004-05: Health Sector has the Least No.

(Winfrey and Foreit, 2006)

Region	Health	Economic Growth	Humanitarian Food Secure.	Other	No. of Countries
AFR	5	20	12	5	27
ANE	0	9	3	6	19
Eurasia	1	11	0	3	22
LAC	2	15	0	6	16
Total	8	55	15	20	84
(% total)	(10%)	(65%)	(18%)	(24%)	(100%)

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jghowrwal, 10/31/2007

jg4

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jghowrwal, 10/31/2007

Very Few Indicators of Pov.-Eq. in Country Strategic Plans, 2005-06 *

In **ANE**: none of the 19 country health strategies had explicit pov-equity indicators, 3 had included vulnerable populations

In **LAC**: 1 of 16 health strategies had explicit poverty-equity, and 3 had vulnerability

In **AFR**: 4 of the 27 had pov-eq., 1 had vulnerability

In **E&E**: 0 of 22 had pov-eq., 1 had vulnerability

TOTAL: 6% had pov-eq.; 14% with vulnerability

PEPFAR: no poverty-equity indicators found

*Winfrey and Foreit, 2006

Little Change also in the 2006 USAID Country Plans*

From June to Dec., 2006, 17 new African country strategies were released:

Four countries which had explicit poverty/equity strategies in their previous country strategy dropped them.

For health, two countries dropped their poverty/equity strategies, and one added “increasing access to health services among poor & underserved.”

*Winfrey and Foreit, 2007

Recent Improvements in USAID Health Equity Planning in 2007

- Leadership- Poverty-health equity is a Global Leadership Priority, with advocacy, awareness-raising and mainstreaming
- Technical Working Groups- with many partners
- Vulnerability assessments- for fragile and rebuilding states
- Health Policy Project- State of the Art strategies
- Publications: new data sheet on Poverty-Health Equity (PRB)
- New Project proposals (RFP/RFA) request information on reaching the poorest 20%

NEW HEALTH EQUITY INDICATOR

- Long-term (2008-2012) goals in FP: “1% point increase in contraceptive use annually in 2 poorest wealth quintiles”

2007: New Countries with Health Equity Objectives and Indicators*

Regions with USAID Missions that now have explicit poverty-health equity targets in their Country Strategies:

- Asia/Near East: India, Cambodia
- AFR: Senegal, Madagascar
- LAC: Peru, Guatemala (esp. for indigenous populations)
- Mai Hijazi, USAID/GH, personal communication, Oct. 2007

Policy Implications for Poverty Reduction & Health Equity

- Long-range strategic planning for linkages and leveraging resources
- Fragile and Rebuilding States- take different approaches toward health's role in state building
- MDG Goals should to be predicated on reducing inequities, not just on national averages
- Health and poverty linkages need to be made more explicit and monitored closely, evaluated

The Way Forward in Health and Social Sectors: Investing in People

LEADERSHIP: World Bank, UNICEF and USAID

- New Global Health Policy and Strategy on IIP (USAID/GH)
- Country and Situational Needs Assessments

RESEARCH:

- Data trends analysis by poverty and inequity
- Rigorous evaluation of impact on the poor, underserved, isolated

SUPPORT TO THE FIELD:

- Project designs and planning
- SOTA and training

OTHER: Communication of results on increasing equity and improving health status among the poorest and underserved