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EQUITY Framework for Health

Health and poverty are intertwined. Social determinants of health, such as poor living conditions and limited access to resources, contribute to increasing inequities.[1] It is often the poor and vulnerable groups who experience the burden of disease, which can plunge poor and near poor families deeper into poverty. Recognition of these facts has put health and poverty issues high on the international agenda. Poverty reduction and improved health are paramount objectives of the 2015 Millennium Development Goals (MDGs). Eligibility for international development loans and debt relief is tied to a country's demonstrated progress in meeting the varied needs of its poorest citizens. The U.S. Foreign Assistance Framework aims to invest in people, improve public health, and reduce widespread poverty.[2] In addition, the new Global Health Initiative recognizes that "Health is at the heart of human progress,"[3] and calls for engaging underserved populations, especially women and girls, in decisionmaking.

> Health is at the heart of human progress.
>
> – Global Health Initiative

The links between poverty reduction and reproductive health (RH) issues, in particular, are becoming increasingly clear.[4] Satisfying unmet need for family planning (FP) can lower population growth and reduce the strain on limited national and household resources. Improving maternal health has a ripple effect on families and communities. Mothers who live and thrive are better able to care for, feed, and educate their children, as well as contribute to increased household resources. The HIV epidemic is reversing national development gains in highly-affected countries and bankrupting families through lost wages and high medical and associated costs—highlighting the need to expand access to prevention, treatment, and care, especially for poor and vulnerable populations.

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Why the EQUITY Framework?

Despite the best of intentions, health resources and program efforts often fail to reach those in greatest need. The poor have worse health outcomes than the better-off and use health services less. Tragically, government health expenditures tend to benefit the better-off more than the poorest groups.[5]

In response, the USAID | Health Policy Initiative, Task Order 1, designed the EQUITY Framework for Health to provide stakeholders with practical guidance on how to ensure that the voices of the poor are actively engaged in policymaking and that pro-poor strategies are incorporated throughout the *policy-to-action* process. In this framework, "equity" is both the goal—something to strive for—and a way of working that involves the poor and integrates equity concerns and approaches. The framework's components are dynamic, can overlap, and do not necessarily follow a linear process. Underlying the whole process are analysis, advocacy and dialogue, and action. While the project designed the framework with RH issues in mind, it can be adapted and applied to a range of health issues.

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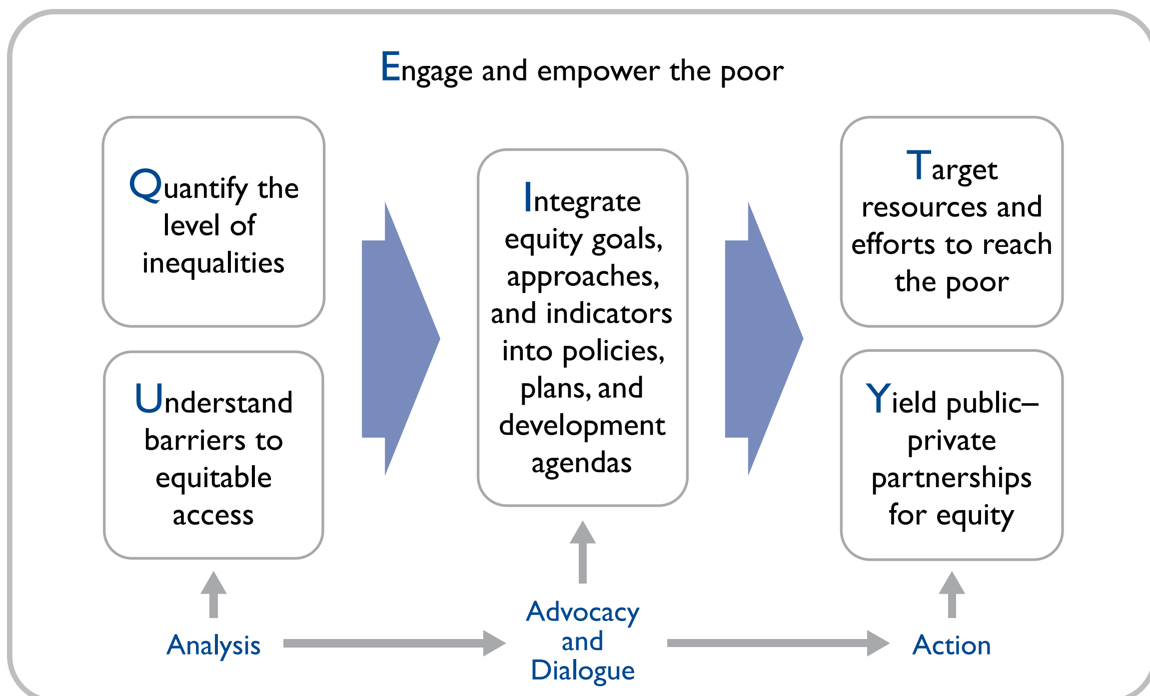
This brief provides an overview of the EQUITY Framework for Health and an example of how the approach was rolled out in Peru. The additional briefs in this series provide further guidance and examples of how stakeholders can use each component of the EQUITY Framework (E-Q-U-I-T-Y) to design policies, programs, and financing mechanisms to meet the needs of the poor and vulnerable groups.

The EQUITY Framework for Health



Social Determinants of Health

The World Health Organization (WHO) has called attention to the social determinants of health, which are the "conditions in which people are born, grow, live, work, and age, including the health system."[6] Health is affected by one's socioeconomic context and position in society, including access to power and resources. These determinants result in differential exposure (social and physical environment), differential vulnerability (population group), differential health outcomes (individual), and differential consequences of health issues (individual). The poor tend to live in conditions that increase their exposure to health problems and they are more vulnerable once exposed; have worse health outcomes; and have limited means to deal with health consequences.

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Core Components of the EQUITY Framework

E

Engage and empower the poor. How can countries address the health needs of the poor? The first step is to engage the poor in finding the solutions. International studies have attributed persistent poverty, in part, to a failure to effectively involve the poor in programs intended to reach them. Moreover, "poverty" is a multidimensional concept that has evolved over time. Traditional definitions of poverty relied on quantitative measures (e.g., income, assets, nutrition, and education level). While important, these measures do not fully capture the impact of poverty on the lives of the poor. Definitions have expanded to include issues such as voicelessness, isolation, and vulnerability.[7]

Reducing poverty requires engaging the poor to overcome the voicelessness and isolation they experience; doing so is beneficial for both programs and people. The poor are best able to speak to the challenges they face and provide insights on approaches that will work. Engagement promotes dialogue, transparency, accountability, and shared ownership of initiatives. Engagement in itself is empowering for the poor, helping to build their life skills and reduce isolation.

Illustrative Actions:

- Build capacity of the poor and NGOs representing them to engage in the policy process
- Identify and address barriers to participation of the poor in the policy process
- Support advocacy led by the poor and organize dialogue between the poor and community, provincial, and national decisionmakers
- Mobilize the poor to provide counseling, information, and, where appropriate, services to their fellow community members
- Involve the poor as active members of health program planning, oversight, and monitoring committees

Q

Quantify inequalities in access to health services and health status. Getting the FP/RH, HIV, and maternal and child health needs of the poor on the national policy agenda requires an appreciation of the magnitude and urgency of the issues. Quintile analyses of population-based surveys and mapping of poor and other vulnerable groups can reveal the level of inequalities, identify the populations with high disease burden, and pinpoint geographic imbalances in the distribution of resources. It is also important to recognize that the poor are not a homogenous group. It is not enough to equate poverty with rural areas and relative wealth with urban areas, as inequalities are faced even within these areas by the urban and rural poor. Further, while HIV affects all groups, the poor and marginalized groups—including low-income women and orphans, sex workers, injecting drug users, and others—are hard hit by the epidemic due to limited access to prevention, treatment, and care and support.

Illustrative Actions:

- Carry out methods for identification of the poor and other vulnerable or underserved groups, such as poverty mapping
- Analyze inequalities in health status and disease burden within and across groups by socioeconomic status (e.g., quintile analyses), gender, age, rural/urban residence, indigenous/non-indigenous, most-at-risk populations, and other key characteristics
- Analyze inequalities in health service access and use, as well as distribution of human and financial resources and infrastructure

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U

Understand and address barriers to equitable access. After determining the extent of inequalities, policymakers must understand the root causes of inequalities in health status and service access. Barriers to equitable service access and use are often rooted in a variety of sources, including policy, resource, operational, and sociocultural issues. Understanding these diverse issues will enable policymakers and program managers to design policy and programmatic strategies that are more responsive to the needs of the poor and other vulnerable groups.

Illustrative Actions:

Engage the poor in focus group discussions and other participatory research methods to identify their needs, challenges, barriers, and perspectives on potential solutions

- Investigate knowledge, attitudes, behaviors, and practices of clients, community members, and service providers to identify barriers to equitable access
- Assess policy and operational barriers to service use and provision, using proven tools such as the Policy Implementation Assessment Tool[8] or program implementation barriers analysis
- Analyze the distribution, flow, and use of resources, commodities, and information in the health system, to reveal bottlenecks in the system
- Explore links among poverty, gender, stigma and discrimination, and other sociocultural barriers

I

Integrate equity goals, approaches, and indicators into policies, plans, and development agendas. Policies are the foundation on which to build high-quality, sustainable programs. Too often, however, countries aspire to enhance health equity and alleviate poverty, yet fail to articulate clear equity-based goals in policies and strategies. Key considerations are: Does the policy, plan, or strategy identify inequality as a priority to address? Does the policy demonstrate commitment to reducing health inequalities by articulating specific, time-bound equity goals? Does it outline relevant interventions, budgets, and roles and responsibilities that would contribute to attainment of the equity goals? Are mechanisms for monitoring and ensuring accountability for achieving equity goals in place? If so, are the poor and their representatives involved to ensure transparency and responsiveness?

Illustrative Actions:

- Use evidence (both quantitative and qualitative) on the level of inequalities and barriers to equity to inform the design of specific equity goals and pro-poor policies
- Consult the poor on priorities and potential approaches
- Establish legal and regulatory mechanisms to protect the rights of the poor and other vulnerable groups
- Develop operational policies to remove barriers to access among the poor and underserved
- Establish linkages with district-level and community groups to ensure national equity goals are integrated at the local, implementation level
- Design equity-based monitoring and evaluation indicators[9]
- Integrate health issues into national development and poverty reduction plans
- Involve the poor in citizen monitoring, community watchdogs groups, and other oversight mechanisms

Photo credit: Baraka Karama

T

Target resources and efforts to reach the poor. While overall improvements in health systems are desirable in most developing countries, experience has shown that health interventions will not reach the poorest, most at-risk groups without appropriate planning, targeting, and oversight.[10] Care must be taken to first identify the poor, understand their needs, and assess their barriers to increased service access and use. Building on this evidence, governments should integrate pro-poor approaches and formulate targeted, pro-poor policies, strategies, and financing as the foundation of appropriate programs. "Targeting" directs scarce resources to those most in need.[11] A "pro-poor" approach means that healthcare costs are based on the client's ability to pay; the poor and nearly poor are protected from financial calamity due to a severe illness; and steps are taken to improve equitable access—in terms of quality, affordability, and the geographic distribution of services.[12]

Illustrative Actions:

- Map and address gaps in distribution of resources (funding, personnel, facilities, etc.) and level of need/burden of disease
- Introduce equity formulas (e.g., based on socioeconomic status, disease burden, gender, geographic area) into budgeting processes and involve public sector and citizen groups in tracking resource allocation and expenditure
- Explore alternate financing mechanisms, such as social health insurance, conditional cash transfers, and voucher schemes, to increase service access and use
- Foster micro-credit and income-generation activities for the poor
- Initiate performance-based budgeting and accountability mechanisms
- Support public-private partnerships (PPPs)

Y

Yield public-private partnerships for equity. Few government health systems can meet the health needs of all the country's citizens, let alone those in developing countries that are facing severe gaps in human, financial, and infrastructural resources. Thus, to meet the needs of the poor, countries must make the best use of all available public, private, donor, and NGO resources. A "total market approach" takes advantage of resources in the public, private, and NGO sectors to ensure that the government and/or subsidized NGO, faith-based, and private sector services cater to the needs of the poor, while clients who can afford to pay for health services patronize the commercial sector.

Illustrative Actions:

- Involve the private sector, faith-based groups, and NGOs in the design of PPP policies
- With broad stakeholder involvement, develop appropriate quality standards and accreditation mechanisms for private providers
- Use evidence to inform the design, piloting, and scale-up of effective, tailored, pro-poor interventions (e.g., such as voucher schemes, mobile health vans to reach underserved areas, incentives for rural health service, among others)
- Involve the poor and other vulnerable groups as community and outreach workers in the provision of information and services
- Mobilize the private sector, both as healthcare providers (e.g., private and Mission hospitals) and as businesses acting on principles of corporate social responsibility (e.g., adoption of family-friendly and HIV workplace policies)

EQUITY in Action:

Peru Promotes Equity in Family Planning for Indigenous Populations

Peru is a geographically and culturally diverse country. The population of 27.6 million is unevenly distributed, with 73 percent residing in urban areas. More than half of the population lives in poverty, with significant disparities between urban and rural areas and between indigenous and non-indigenous populations. The government is committed to addressing inequality, and various public agencies are implementing strategies to better reach the poor. Additionally, Peru's health sector reform and decentralization present opportunities and challenges to ensure more equitable and effective health service delivery, particularly in rural and remote areas where many of the poor reside.

Inequalities are evident in access to FP services among income groups, geographic areas, and ethnic groups, especially in regions such as Junín. More than 7 in 10 people in Junín live in poverty (53%) or extreme poverty (19%). The region has two main indigenous groups that reside in the Sierra and Jungle areas and are traditionally underserved by social programs. To help address these inequities, beginning in 2006, the Health Policy Initiative worked with in-country partners to design and test strategies to meet the FP/RH needs of poor women in Peru's Junín region.[13] Following the EQUITY Framework for Health, the project sought to (1) identify and understand barriers that affect poor women's access to and use of FP services; and (2) incorporate appropriate interventions into existing policies and programs to ensure a sustainable and replicable response. Beginning in 2008, the project has also provided support to encourage PPPs nationwide.

To select appropriate policy and finance strategies to help ensure FP access among the poor and indigenous populations in Junín, the project and partners considered

- Relevant issues at the local, regional, and national levels;
- Involvement of regional authorities and the local community;
- Local capacity of organizations and individuals;
- Existing mechanisms and current work being done to reach the poor; and
- Financial sustainability and replicability of strategies.

The project worked with in-country counterparts to raise awareness of the needs of the poor and weigh existing opportunities, challenges, and requirements for the implementation of appropriate responses (see table).

Engage and empower the poor

- ☐ Focus group discussions with poor and non-poor women and men
- ☐ Community-level meetings
- ☐ Introduction of guidelines and training on culturally appropriate counseling—resulting in an increased number of FP/RH educational sessions held, greater attendance of poor women at counseling sessions, and improved quality of culturally appropriate counseling

Quantify inequalities in access to health services and health status

- ☐ Market segmentation analysis of Demographic and Health Survey data (1996, 2000, 2004, 2008)
  - Higher unmet FP need among the poor
  - Increased use of traditional methods
  - Highly-subsidized public sector services not reaching the poor

Understand and address barriers to access

- ☐ Lack of accurate, culturally appropriate FP/RH information for indigenous populations
- ☐ Limited financing for training, monitoring, and information, education, and communication for family planning
- ☐ Operational barriers and resource restrictions due to the integrated health model

Integrate equity goals and approaches into policies and plans

- ☐ Included counseling and family planning in the list of health interventions covered by the National Social Insurance Scheme for the poor (adopted by a Supreme Decree in March 2007)
- ☐ Added FP/RH counseling as preventive interventions under the CRECER ("Grow") initiative

Target resources and efforts

- ☐ Strengthened the FP/RH component of the JUNTOS conditional cash transfer program
- ☐ Mobilized $1.8 million in social investment funds for pro-poor interventions

Yield public-private partnerships

- ☐ Organized public-private sector dialogue
- ☐ Formed Investment and Development Group for PPPs in Health
- ☐ Designed a roadmap for implementing PPPs, endorsed by the government in 2010
- ☐ Launched a website to facilitate PPP initiatives

Recommended Project Resources

The briefs in the Health Policy Initiative's EQUITY series provide additional examples of how countries can design and implement pro-poor strategies to increase equitable access to and improve quality of services for the poor and other vulnerable and underserved populations. Other recommended project resources are listed below. The EQUITY series and other resources are available online at **www.healthpolicyinitiative.com**.

Publications

- Engaging the Poor on Family Planning as a Poverty Reduction Strategy
- The EQUITY Framework: Influencing Policy and Financing Reforms to Increase Family Planning Access for the Poor in Kenya
- FP/RH Access for the Poor in Kenya: EQUITY Framework Encourages Policy and Financing Reforms (Brief)
- Improving Resource Allocation in Kenya's Public Health Sector
- Increasing Access to Family Planning Among Indigenous Groups in Guatemala (Full Report and Brief)
- Increasing Access to Family Planning Among the Poor in Peru: Building on and Strengthening Financing Mechanisms for the Poor
- Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs
- Informing Health Policy Reform: Policy Implementation Assessment Inspires Action in Uttarakhand, India (Brief)
- Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers
- A Multi-tiered Approach to Meeting Family Planning Needs of the Poor in Peru (Brief)
- Reducing Adolescent Girls' Vulnerability to HIV Infection: Examining Microfinance and Sustainable Livelihood Approaches
- Vouchers to Improve Access by the Poor to Reproductive Health Services: Design and Early Implementation Experience of a Pilot Voucher Scheme in Agra District, Uttar Pradesh, India

Training Materials

"Policy Approaches to EQUITY in Health": This two-day seminar is designed to help USAID Missions and in-country partners gain a better understanding of how to incorporate equity approaches in their country programs. The seminar aims to share effective approaches and proven methodologies for addressing population and health in the context of poverty and explore how to incorporate them into relevant programs. Although the intended audience for the seminar is technical staff working in health in USAID and USAID-supported projects, the presentations use concepts and explanations given in concise, non-technical language to allow for greater accessibility and ease of understanding for wider audiences. The presentations will be available online at www.healthpolicyinitiative.com.

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ENDNOTES

[1] See WHO, http://www.who.int/social_determinants/en/ [accessed August 3, 2010].

[2] See U.S. Agency for International Development, http://www.usaid.gov/about_usaid/dfa/ [accessed August 3, 2010].

[3] U.S. Department of State. 2010. *Implementation of the Global Health Initiative: Consultation Document*. Washington, DC: U.S. Department of State; see page 3.

[4] Singh, S., J. Darroch, M. Vlassof, and J. Nadeau. 2004. *Adding It Up: The Benefits of Investing in Sexual and Reproductive Health Care*. New York: UNFPA.

[5] See Marmot, M. 2007. "Achieving Health Equity: From Root Causes to Fair Outcomes." *The Lancet 370*: 1153–1163; Castro-Leal, F., J. Dayton, L. Demery, and K. Mehtra. 2000. "Public Spending on Health Care in Africa: Do the Poor Benefit?" *Bulletin of the World Health Organization 78 (1)*: 66–74; and Health Policy Initiative. 2007. *Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

[6] See Endnote #1.

[7] Zosa-Feranil, I., C.P. Green, and L. Cucuzza. 2009. *Engaging the Poor on Family Planning as a Poverty Reduction Strategy*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

[8] Bhuyan, A., A. Jorgensen, and S. Sharma. 2010. *Taking the Pulse of Policy: The Policy Implementation Assessment Tool*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

[9] Foreit, Karen. 2008. *Addressing Poverty: A Guide for Considering Poverty-related and Other Inequities in Health*. Chapel Hill, NC: MEASURE Evaluation.

[10] Gwatkin, D.R. 2004. "Are Free Government Health Services the Best Way to Reach the Poor?" *Health, Nutrition, and Population (HNP) Discussion Paper*. Washington, DC: World Bank.

[11] POLICY Project. 2003. "Targeting: A Key Element of National Contraceptive Security Planning." *Policy Issues in Planning and Finance No. 3*. Washington, DC: Futures Group, POLICY Project.

[12] Bennett, S., and L. Gilson. 2001. *Health Financing: Designing and Implementing Pro-poor Policies*. London: Department for International Development (DFID) Health Systems Resource Centre.

[13] Menotti, E., S. Sharma, and G. Subiria. 2008. *Increasing Access to Family Planning Among the Poor in Peru: Building on and Strengthening Financing Mechanisms for the Poor*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.