

# Dossier “Health and poverty”

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## Scope

To improve health outcomes for the poor in a sustainable way, it is crucial to strengthen health systems. Central to this issue, is the need to recognize the role of health in poverty reduction. This role is still insufficiently reflected in many policy-documents. Also there is a need for evidence-based implementation policies.

In partnership with a number of Dutch organizations, KIT started the project [Information for Health Action](#) (I4HA). This project aims to promote the use of information to improve the health of the poor and to reduce poverty. This dossier provides background information on this topic. For more resources on equity in health systems, please refer to the [KIT Information Portal Health and Poverty](#).



If you would like to make any comments on this dossier or suggest new resources, please contact the editor, [Ingeborg Nagel](#). Inquiries on KIT’s expertise and activities in this field can be directed to [Jurrien Toonen](#).

## In-Depth

*By KIT Development Policy & Practice*

The fact that the major health gains are to be made in the poorest social-economic strata is beyond discussion. Progress made towards the health MDGs does not necessarily imply progress towards improving the health of the poor and most vulnerable. Investing in the control of the so-called diseases of poverty does not automatically imply that these programs reach the poor. This largely depends on whether the wider health system is targeting the poor.



Analysis of public expenditure in health shows that few of the resources spent in the health sector actually reach the poor. According to a literature survey, only in 4 out of 21 countries public spending in health resulted in a larger subsidy to the poorest population quintile than to the richer quintiles (Argentina, Colombia, Costa Rica and Honduras). The same study shows that health services targeted at diseases of the poor (e.g. infectious diseases and maternal and child health) might be less pro-rich than secondary or tertiary care, but are nevertheless rarely pro-poor.<sup>(1)</sup>

As a result of this and other inequalities or social exclusion, poor groups suffer from relatively higher levels of ill health and mortality compared to the better off. The poor have less access to health services, have riskier health-related behaviors, and are disadvantaged with respect to other determinants of health status (e.g. education). Moreover, illness in a poor household can accelerate indebtedness and hence poverty or keep them poor.

Poverty is not just about income, it also has non-material dimensions such as socio-cultural (e.g. dignity, inclusion, gender) and political dimensions (e.g. empowerment, participation and accountability of governments, human rights).<sup>(2)</sup> This has implications for the way in which specific health services are delivered, if they are to benefit poorer and vulnerable population groups in a sustainable way and in respect of human rights. For example, in order to achieve poverty reduction through health it is important to address quality of care from a patient's perspective, ensure community involvement and socio-cultural acceptability of policies, in addition to disaggregating monitoring and evaluation data and targeting poverty pockets for resource allocation.

In several countries special programmes aimed at reaching the poor have been successful and led to improvements in health for the poor. This required political commitment and vigilance for seeing through that policy is effectively implemented.<sup>(3)</sup> Moreover, as already noted by the World Bank report "Reaching the Poor with health, Nutrition and Population Services – What works, what doesn't and why", it is important to provide evidence of what works why to make the health sector more equitable. This includes information and evidence on where the poor are, why they fail to access services, why services fail to reach the poor, as well as the role of the private sector in assisting the public sector to serve the poor.<sup>(4)</sup>

Finally, clearly defining expected results with regards to targeting the poor and vulnerable in the health sector and monitoring progress towards these goals enables the various stakeholders (including the poor themselves and their close advocates) to establish a common focus and hold the health sector actors accountable. Too often different actors (e.g. policy makers at central government level and implementers at local or facility level) work in isolation. Agreeing common goals and monitoring results can serve as a pressure instrument to hold governments accountable for achieving poverty reduction through more equitable health systems. These institutional and political processes are essential if pro-

poor and equity policies in the health sector are to contribute to broader societal goals such as democracy building.

1. Filmer D. [The incidence of public expenditures on health and education: background note for world development report 2004: making services work for poor people](#). The World Bank; 2003.
2. Maxwell S. [Heaven or hubris: reflections on the new 'new poverty agenda'](#). Development Policy Review. 2003; 21(1):5–25.
3. Gwatkin DR, Wagstaff A, Yazbeck A. [Reaching the poor with health, nutrition, and population services : what works, what doesn't, and why](#). The World Bank; 2005
4. Gwatkin DR, Yazbeck A. [Health services and the poor: vigilance, hope and hard work](#). Development Outreach. 2005 May.

## KIT's Involvement

### Background

Since 2000, many countries have been searching to develop their health systems, often embarking on a process of health reform: redefining priorities and policies, reforming the institutions implementing these policies, and developing new partnerships for health. The goal is equitable health systems that perform better in terms of productivity and quality of care, and that are affordable at both country and household levels.

### Approach

KIT supports countries in strengthening their capacity for health systems development. The goal is to coordinate health systems and priority programmes; integrate global, central and operational level initiatives; and bring together the public and private sectors, donors and receiving countries.

KIT provides information that enables informed choices for health systems development. It builds evidence through policy research, operational health systems research, and the development of monitoring and evaluation systems. It further reviews national health plans and supports donors in implementing sector-wide approaches, reviewing their partnerships and their ODA policies.

### Information for Health Action (I4HA)

KIT has the lead in the Information for Health Action (I4HA) project. I4HA is an action-oriented project focused on generating, sharing and translating health information by and for country stakeholders.

I4HA started in 2009 at the invitation of the World Health Organization (WHO), as a follow-up to its Poverty Reduction Strategy Papers database which aimed to monitor how health concerns are reflected in PRSPs. See the [WHO Database on Health in PRSPs](#).

The I4HA project is currently led by KIT in partnership with a number of Dutch organizations, including Wemos, Cordaid and Radboud University Nijmegen. At global level, I4HA works with WHO and COHRED, the Council on Health Research for Development. The latter advises on strengthening the capacity of researchers and national systems for health research in low income countries and links I4HA to [Health Research Web](#).

For more information on I4HA, visit: [www.kit.nl/I4HA](http://www.kit.nl/I4HA)

## Resources

This is a selection of documents and websites from the [KIT Information Portal on Health and Poverty](#). Please refer to the [portal](#) for more information sources on this topic.

- Documents
- Websites
- Library queries

## Documents

- [Public financing of health in developing countries: a cross-national systematic analysis](#)  
Lu C. et al.  
This article presents a systematic analysis of all data sources available for government spending on health in developing countries as well as a description of trends in public financing of health.  
The Lancet | 375(9723) | 2011 | pp. 1375-1387
- [The impact of vouchers on the use and quality of health goods and services in developing countries : a systematic review](#)  
Meyer, C. et al.  
This systematic review aims to assess whether health voucher programmes in developing countries have been successful in achieving their desired outcomes, which include successfully targeting specific populations, increasing utilisation, and ultimately improving the health of populations.  
EPPI-Centre, Social Science Research Unit, Institute of Education, University of London | 2011 | 81 pp.
- [Equity, social determinants and public health programmes](#)  
Blas E. and Sivasankara Kurup, A.  
This book is a collection of analyses of the social determinants of health that impact on specific health conditions and relative promising interventions to improve health equity.  
World Health Organization | 2010 | 291 pp.
- [Your money or your life: will leaders act now to save lives and make health care free in poor countries?](#)  
Marriott A., Goodey B. and Green C.  
This paper describes the proposal to support at least seven developing countries to fully implement free care for women and children or to expand free health services to all.  
Oxfam International | 2009 | 14 pp.
- [Attacking inequality in the health sector: a synthesis of evidence and tools](#)  
Yazbeck A.  
The main aim of this book is to synthesize the growing volume of empirical research in the area of inequalities in health care. The book is directed at policy makers, advocates in civil society, and development agencies. With 14 evaluated, proven successes and an exhaustive literature reviews.  
World Bank | 2009 | 308 pp.
- [Reaching the poor with health, nutrition, and population services: what works, what doesn't, and why](#)  
Gwatkin D., Wagstaff A. and Yazbeck A.  
This book contains 11 case studies which present the results of evaluation research commissioned by the Reaching the Poor Program (RPP) in an effort to fill gaps in knowledge about what types of program reach the poor most effectively.  
World Bank | 2005 | 353 pp.
- [Poverty Reduction Strategy Papers \(PRSPs\): their significance for health: second synthesis report](#)  
Dodd R., Hinshelwood E. and Harvey C.  
This report presents an analysis of Poverty Reduction Strategy Papers (PRSPs) from a health

perspective. It is based on a desk review of 21 “full” or “final” PRSPs, and builds on previous work by WHO in this area.

World Health Organization | 2004 | 28 pp.

- [Pro-poor health policies in poverty reduction strategies](#)

Laterveer L., Niessen L. and Yazbeck A.

This study assesses the extent to which the first batch of interim PRSPs actually addresses the health of the poor and vulnerable. A literature study was used to design and test a semi-quantitative approach to assess the pro-poor focus of health policies in national documents.

Health Policy and Planning | 18(2) | 2003 | pp. 138-145

## Websites

- [Consortium for Research on Equitable Health Systems \(CREHS\)](#)
- [EQUINET - The Network on Equity in Health in Southern Africa](#)
- [WHO database on health in Poverty Reduction Strategy Papers](#)
- [WHO - Health systems](#)
- [WHO - Poverty and Health](#)
- [World Bank - Poverty & Health](#)

## KIT Library Queries

- [Service delivery](#)
- [Health workforce](#)
- [Health systems financing](#)
- [Medical products and technologies](#)
- [Health information system](#)
- [Leadership and governance](#)

## Glossary

### Civil society

Civil society refers to a wide array of non-governmental and not-for-profit organizations who participate in public or community public life, expressing the interests and values of their members or others, based on ethical, cultural, political, scientific, religious or philanthropic considerations. Civil Society Organizations (CSOs) include community groups, non-governmental organizations (NGOs), labor unions, indigenous groups, charitable organizations, faith-based organizations, professional associations, and foundations (source: [World Bank](#)).

### Health services

Health services include all services dealing with the diagnosis and treatment of disease, or the promotion, maintenance and restoration of health. They include personal and non-personal health services (source: [WHO](#)).

**Health systems**

A health system comprises all organizations, institutions and resources devoted to producing actions whose primary intent is to improve health. Most national health systems include public, private, traditional and informal sectors. The four essential functions of a health system have been defined as service provision, resource generation, financing and stewardship (source: [WHO](#)).

**Poverty reduction strategy papers (PRSP)**

Poverty Reduction Strategy Papers (PRSP) describe a country's macroeconomic, structural and social policies and programs to promote growth and reduce poverty, as well as associated external financing needs. PRSPs are prepared by governments through a participatory process involving civil society and development partners, including the World Bank and the International Monetary Fund (IMF) (source: [World Bank](#)).

**Pro-poor health policies**

Health policies which prioritize and respond to the needs of poor people (source: [WHO](#)).

**Six building blocks of health systems**

In 2007, the World Health Organization (WHO) drafted a framework to guide efforts to strengthen health systems. This framework identifies six building blocks needed to establish, sustain and strengthen a health system, while allowing it to provide needed services, universal access to those services and universal coverage of health care benefits. The six building blocks are: service delivery, health workforce, financing, medical products and technologies, health information system and leadership and governance (source: [Global Health Council](#)).

**Millennium Development Goals (MDGs)**

The Millennium Development Goals (MDGs) are eight goals to be achieved by 2015 that respond to the world's main development challenges. The MDGs are drawn from the actions and targets contained in the Millennium Declaration that was adopted by 189 nations-and signed by 147 heads of state and governments during the UN Millennium Summit in September 2000 (source: [UNDP](#)).