

## Supporting the implementation of pro-poor and equitable health services

Health Partners International has been working for some time with governments in low-income countries to look at options for tackling issues of equity and poverty within a health systems framework. A 'pro-poor health service' usually involves implementation of a minimum package of basic health interventions that focus on the diseases that are particularly prevalent among the poor, and re-orientating health financing strategies to increase the share of the health budget that is spent on pro-poor services.

Not all governments emphasise equity as a specific goal within their pro-poor health policy. Some argue that it is unrealistic to prioritise improving the health of the poorest when this is costly and would be at the expense of the health gains of many others segments of the population. Others argue that ignoring equity considerations will undermine longer-term health goals, and is contrary to principles of social justice and human rights. However, it is possible to reconcile these views by pursuing strategies that aim to improve the health of the poor, while also targeting resources to specific under-served groups, where resources allow.

In contexts where health budgets are grossly inadequate, ensuring a high profile for health equity issues can be challenging. Some of the ways to ensure that this issue stays on the agenda include:

- Identifying health equity 'champions' to lead advocacy efforts
- Building an 'institutional home' for these issues within government
- Ensuring integration of health equity issues throughout the health system (for example, in planning and budgeting processes, within human resource development policy and monitoring and supervisory systems)
- Supporting civil society coalitions so that they can campaign effectively on this issue.

In practice, significant gaps exist in many poor countries between pro-poor policy commitments and actual implementation. Finding practical ways to support governments so that they can begin to translate their policy commitments into action is a key challenge. To this end, Health Partners has been supporting governments in the following ways:

- Providing high-level policy advisory support on health equity issues
- Costing essential health care packages
- Supporting the incorporation of equity considerations into

health financing policy

- Monitoring government policy commitments to health equity
- Designing health 'safety net' and demand-side financing schemes
- Designing targeted strategies for reaching under-served groups
- Supporting an international research programme (GHEN) on gender and health equity.

Many low-income countries lack comprehensive and up-to-date information on poverty. In the absence of hard data, it is difficult to design appropriate financial protection mechanisms for the very poor. Experience shows, however, that carefully facilitated community consultation processes can provide vital information on the characteristics and extent of poverty in specific communities, using indicators based on household assets, schooling of children and types of food consumed.

Over the years Health Partners has developed effective participatory methodologies for working with communities to define – in the communities' own terms – the main characteristics of poverty and who the most appropriate target groups for financial protection measures are. Involving communities from the outset has proved to be a vital way of building local support for health safety nets. Improving the evidence base on poverty has also challenged policy-makers to act on behalf of the very poor in contexts where perceptions of generalised poverty have tended to prevail.

Below we highlight a small selection of our recent work on pro-poor and equitable health services:

- In **Nigeria**, Health Partners has supported three state governments to put their policy commitments to the provision of free health services into operation. In Kano, a costing exercise investigated the recurrent cost implications of providing free maternal and child health (MCH) services, a long-term policy commitment of the government. As part of this exercise, options for targeting free services to particular population sub-groups and geographical areas were considered. This provided important information on which the government could base its pro-poor decision-making. In Jigawa, an exercise was undertaken to explore the public health benefits, equity implications, and the affordability and sustainability of introducing free emergency obstetric care services. This exercise, and the advocacy efforts that followed,

helped leverage substantial earmarked funds for health safety nets for the very poor. And in Kaduna, similar work has focused on supporting the Ministry of Health to prepare a policy for the state government's policy commitment to free MCH services, and to work out how to put the policy into practice.

the aim of providing practical tools and resources that can be used to integrate gender and health equity concerns into health-related work in different sectors.

- In recent years the government of **Ghana** has explicitly attempted to address existing inequities in access to health services and health outcomes, and to give greater priority to meeting the health needs of the poor. As part of the Annual Health Sector Review process, a Health Partners social development consultant reviewed the health-sector component of the Ghana Poverty Reduction Strategy, and the second five-year Programme of Work; examined health service supply and demand issues from the perspectives of the poor; reviewed mechanisms for identifying and targeting the poor; and examined inter-sectoral collaboration in support of pro-poor strategies. Our consultant made recommendations on how to fine-tune the health sector response to poverty alleviation, and options were outlined for improving systems for identifying the poor, developing a framework for allocating resources to the poor, and strengthening multi-sectoral responses towards pro-poor action.
- In the **UK**, Health Partners prepared an online dossier on meeting the health-related needs of the very poor on behalf of the Department for International Development. Aimed at policy-makers and development practitioners, the dossier is a dynamic guide to the topic that provides narrative and up-to-date resources on the key issues and debates. The dossier looks at different strategies for reaching the very poor within the health sector, and at the institutional challenges associated with scaling up health-related interventions to cover broader segments of the population. It also highlights the fact that there are ways outside the health sector to improve health or reduce the impoverishing impact of disease, and that in some contexts these may benefit the poor the most.
- Since 2003, Health Partners International has been supporting the international Gender and Health Equity Network (GHEN). This network is a partnership of individuals and institutions committed to demonstrating, through applied research, the case for taking gender equity issues into account in health policy and programming. The current phase of network activity is focusing on the implementation of action research projects in **Mozambique, India and China**. The projects will contribute towards strengthening the evidence base on gender inequalities in health and on the relationship between gender, poverty and health in contexts where very little documented case study material exists. Wide dissemination of findings and lessons learned to policy-makers, practitioners, and researchers is planned, with