policy

CapacityDevelopment

RESOURCE GUIDE

POVERTY

July 2014

The Capacity Development Resource Guides highlight the key technical areas of expertise needed to effectively influence health policy design, implementation, and monitoring and evaluation. Each guide identifies the specific skills, knowledge, and capacities that individuals and organizations should possess in the area. The standardized indicators listed for each competency and capability map to the accompanying Capacity Indicators Catalog, which helps to generate a tailored tool for assessing and scoring an organization's capacity level. Each guide also includes a list of useful resources for designing and delivering capacity development assistance.

This resource guide, along with the Stigma and Discrimination and Gender guides, highlight the importance of addressing equity in health policies and programs.

Ensuring Health Equity by Addressing the Needs of the Poor and Other Marginalized Groups

DEFINITION

The link between poverty and poor health outcomes is evident. Poverty has many dimensions, including material deprivation (of food, shelter, sanitation, and safe drinking water), social exclusion, lack of formal education, unemployment, and low income, which, all working together, reduce opportunities, limit choices, and undermine access, and, as a result, threaten health (National Collaborating Centre for Aboriginal Health, 2009–10). In addition, poverty has been linked to higher prevalence of many health conditions, including increased risk of infectious diseases such as tuberculosis and HIV, chronic diseases, injury, deprived infant development, stress, anxiety, depression, and premature death. Further, these health afflictions of poverty tend to disproportionally affect marginalized groups, including women, children, ethnic minorities, and people with disabilities.

RELEVANCE TO POLICY

The poor, and in particular, marginalized groups, often need public health services the most; as such, health policies and programs must account for the stated poverty dimensions by addressing their specific needs and challenges. Health policy development should include an analysis of the poor's access to and

USAID FROM THE AMERICAN PEOPLE

HEALTH POLICY PROJECT

use of services to ensure the policies will support and contribute to health equity and poverty reduction efforts. Of particular importance are financial, geographic, and social limitations, including stigma and discrimination. Policy and program monitoring are also vital to ensure that interventions targeting these groups (e.g., removal of user fees, voucher schemes, mobile services, etc.) have the intended effects and lead to improved health outcomes.

KEY CAPABILITIES

Key competencies and capacities required in addressing poverty and its relation to health inequities include the ability to quantify and understand the root causes of health disparities and scrutinize health financing policies and systems to ensure they support equitable access to services. Moreover, the poor and marginalized groups need to be able to actively engage in policy development processes and implementation to ensure equity issues are included on the policy agenda, programs and services respond to their needs, and governments are held accountable for achieving health equity goals.

PERFORMANCE IDEAL

High capacity to address the health needs of the poor and other marginalized groups includes being able to

- Promote equity within the policy process by assessing, monitoring, and evaluating the implications of policies, strategies, resource allocation, and programs on the poor and marginalized communities
- Actively engage the poor and other vulnerable groups in policymaking, implementation, and monitoring
- Ensure that all policies, strategies, plans, programs, and financing interventions reflect the realities of the poor and other marginalized groups and respond to their needs as defined by them

In the ideal, the following would exist:

- Systems and processes to identify health inequities and address them in all aspects of policy formulation, implementation, monitoring and evaluation
- Policymakers, implementers, managers, and service providers who are accountable to achieving health equity goals
- The equitable allocation of relevant resources based on disease burden and poverty
- Opportunities and mechanisms for the poor and other marginalized populations to participate in the policy process
- Systemic monitoring and evaluation of the impact of policy development and implementation on health equities among the poor and other marginalized populations

INDIVIDUAL COMPETENCIES

KNOWLEDGE OF

The interplay between multiple vulnerability factors (e.g., poverty, gender, sexual identity, ethnicity, age, geography) and how they affect the achievement of desirable health outcomes	POV1
Promising entry points in the policymaking process to advocate for equity-oriented policies, financing, and programs	POV2

SKILLS TO BE ABLE TO

Apply different research methods (e.g., qualitative, quantitative, poverty mapping) to identify marginalized communities, their needs, and barriers to participation in the policy process and/or to equitable access to services	POV3
Analyze and use evidence (e.g., burden of disease, barriers, financing) to inform the design of policies and programs that respond to the needs of the poor and other marginalized populations	POV4
Develop the knowledge and skills of the poor and other marginalized populations to be engaged in participatory research and the policy process	POV5
Implement and monitor policies and programs designed to increase access, use, and coverage of services among marginalized populations	POV6, POV7
Communicate persuasively (in writing and orally) with policymakers, donors, civil society, and other stakeholders to prioritize and take action to address health inequities	POV8

ATTITUDES/VALUES/ATTRIBUTES

Values participatory approaches and collaboration	POV9
Demonstrates leadership to mobilize and inspire others to promote equity-based policies and programs	POV10

ORGANIZATIONAL CAPABILITIES

TECHNICAL ABILITY TO

Involve, train, and support the poor and other marginalized groups to be engaged in the policy process and social accountability efforts (e.g., citizen monitoring, community watchdog groups)	POV32, POV34, POV37
Provide capacity development support to nongovernmental organizations or other groups representing the poor and other marginalized groups in the policy process to address health equity issues	POV33
Apply different research methods (e.g., focus groups, key informant interviews, participatory assessments, poverty mapping, etc.) to identify marginalized communities, their needs, and barriers to participation in the policy process and/or to equitable access to services	POV39
Facilitate the development of public-private partnerships involving the government, the private sector, civil society organizations, faith-based groups, and other stakeholders to achieve equity goals	POV36
Champion, establish, or redress legal and regulatory mechanisms to protect the rights of the poor and other marginalized groups	POV14
Use evidence to develop operational policies that remove barriers to access among the poor and other marginalized groups	POV13
Advocate for the integration of health equity goals into national development and poverty reduction plans	POV17
Establish and/or support mechanisms to implement national development and poverty reduction plans to achieve health equity goals	POV18
Monitor and hold accountable national-, district-, and community-level stakeholders for the attainment of established health equity goals	POV19
Translate policies into programs in such a way that health inequities are addressed and/or eliminated	POV20
Monitor the budget process to ensure that policy implementation is adequately funded and takes poverty into consideration	POV22

RELATIONAL ABILITY TO

Mobilize political commitment and/or financial resources to achieve health equity goals	POV15, POV16
Earn and maintain a reputation of integrity, expertise, and commitment to health equity among stakeholders	POV38
Collaborate and mobilize the private sector (businesses) to act on principles of corporate social responsibility to address health inequity issues	POV35

ORGANIZATIONAL OPERATIONS AND MANAGEMENT TO SUPPORT

An organizational mission, values, and leadership that reflect a commitment to promoting and upholding equity	POV26
An adequate number of qualified staff to collect, disaggregate, and analyze information on health inequities	POV11
Appropriate systems and tools to collect/document, disaggregate, analyze, and use information on health inequities, including to inform funding allocations	POV12, POV21, POV23, POV27, POV28, POV30
Regular tracking of public resource allocation and expenditure related to issues of health equity and policy implementation	POV29, POV31
Strategic and equitable allocation of organizational resources based on disease burden and other relevant vulnerability factors (e.g., poverty)	POV24, POV25
Equity-based indicators used to monitor and assess the effect of policies and programs on the poor	POV40

ILLUSTRATIVE CAPACITY-STRENGTHENING ACTIVITIES

- Train researchers, policymakers, program managers, and other stakeholders on the use of the EQUITY Approach (USAID | Health Policy Initiative, Task Order 1, 2010a) to
  - **E**ngage and empower the poor
  - **Q**uantify the level of inequality in healthcare use and health status
  - **U**nderstand the barriers to access
  - **I**ntegrate equity goals and approaches in policies, plans, and agendas
  - **T**arget resources and efforts to the poor
  - **Y**ield public-private partnerships for equity
- Partner with organizations representing marginalized populations, particularly the poor, to develop proposals and implement awards jointly, conduct advocacy activities to adopt pro-poor policies, and hold governments accountable for health equity goals

RESOURCES

Bennett, S., and L. Gilson. 2001. "Health Financing: Designing and Implementing Pro-Poor Policies." London: UK Department for International Development (DFID) Health Systems Resource Centre. Available at: http://hdrc.dfid.gov.uk/wp-content/uploads/2012/10/Health-financing.pdf.

Bhuyan, A., M. Borda, and W. Winfrey. 2007. *Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1. Available at: http://www.healthpolicyinitiative.com/Publications/Documents/257_1_PRSP_paper_final.pdf.

Diamond, I., M. Zoe, and R. Stephenson. 2001. "Assessing the Health of the Poor: Towards a Pro-Poor Measurement Strategy." London: DFID Health Systems Resource Center. Available at: http://r4d.dfid.gov.uk/PDF/Outputs/HOppsIssuesPaperDiamond.pdf.

Foreit, K. 2012. *Addressing Poverty: A Guide for Considering Poverty-Related and Other Inequities in Health*. Chapel Hill, NC: MEASURE Evaluation. Available at: http://www.cpc.unc.edu/measure/publications/ms-08-27.

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. Available at: http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/Chapter2Final.pdf.

London, L., and H. Schneider. 2012. "Globalisation and health inequalities: can a human rights paradigm create space for civil society action?" *Soc Sci Med* 74(1): 6–13. Available at: http://www.ncbi.nlm.nih.gov/pubmed/21511377.

Malena, C., R. Forster, and J. Singh. 2004. "Social Accountability: An Introduction to the Concept and Emerging Practice." *Social Development Paper* No. 76. Washington, DC: World Bank. Available at: http://siteresources.worldbank.org/INTPCENG/214578-1116499844371/20524122/310420PAPER0So1ity0SDP0Civic0no1076.pdf.

Marmot, M., and Commission on Social Determinants of Health. 2007. "Achieving health equity: from root causes to fair outcomes." *Lancet* 370(9593): 1153–63. Available at: http://www.ncbi.nlm.nih.gov/pubmed/17905168.

National Collaborating Centre for Aboriginal Health. 2009–10. "Poverty as a Social Determinant of First Nations, Inuit, and Métis Health." *Social Determinants of Health*. Prince George, BC,

Canada: National Collaborating Centre for Aboriginal Health, University of Northern British Columbia. Available at: http://www.nccah-ccnsa.ca/docs/fact%20sheets/social%20determinates/NCCAH_fs_poverty_EN.pdf.

Ostlin, P., P. Braveman, N. Dachs, World Health Organization (WHO) Task Force on Research Priorities for Equity in Health, and WHO Equity Team. 2005. "Priorities for Research to Take Forward the Health Equity Policy Agenda." *Bull World Health Organ* 83(12): 948–53. Available at: http://www.ncbi.nlm.nih.gov/pubmed/16462988.

Ozonas, M. 2011. "The Gender Responsive Budgeting Capacity Index: Methodology for Assessing and Monitoring GRB Capacity in Public Institutions." Mexico: ONU Mujeres. Available at: http://www.gender-budgets.org/index.php?option=com_joomdoc&task=document.download&path=resources/by-type/guidance-sheets/the-grb-capacity-index&Itemid=381.

Reading, Charlotte Loppie, and Fred Wien. 2009. Health Inequalities and Social Determinants of Aboriginal People's Health. Prince George, BC, Canada: National Collaborating Centre for Aboriginal Health, University of Northern British Columbia. Available at: http://www.nccah-ccnsa.ca/docs/social%20determinates/NCCAH-loppie-Wien_report.pdf.

Rocha, G.M., A.M. Martinez, E.V. Rios, and M.E. Elizondo. 2004. "Resource Allocation Equity in Northeastern Mexico." *Health Policy* 70(3): 271–9. Available at: http://www.ncbi.nlm.nih.gov/pubmed/15488994.

USAID | Health Policy Initiative, Task Order 1. 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. Available at: http://pdf.usaid.gov/pdf_docs/PNADM166.pdf.

USAID | Health Policy Initiative, Task Order 1. 2010a. *The Equity Framework: Influencing Policy and Financing Reforms to Increase Family Planning Access for the Poor in Kenya*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1. Available at: http://www.healthpolicyinitiative.com/Publications/Documents/1146_1_Kenya_EQUITY_Approach_FINAL_5_18_10_acc.pdf.

USAID | Health Policy Initiative, Task Order 1. 2010b. "Policy Approaches to Equity in Health." Washington, DC: Futures Group, Health Policy Initiative, Task Order 1. Available at: http://www.healthpolicyinitiative.com/index.cfm?id=elearnEquity.

USAID | Health Policy Initiative, Task Order 1. 2010c. *Seminar on Policy Approaches to EQUITY in Health: Facilitator Guide*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1. Available at: http://www.healthpolicyinitiative.com/Publications/Documents/1381_1_Seminar_on_Policy_Approaches_to_Equity_in_Health_Faci.pdf.

Victora, C.G., A. Wagstaff, J.A. Schellenberg, D. Gwatkin, M. Claeson, et al. 2003. "Applying an Equity Lens to Child Health and Mortality: More of the Same is Not Enough." *Lancet* 362(9379): 233–41. Available at: http://www.ncbi.nlm.nih.gov/pubmed/12885488.

White Ribbon Alliance for Safe Motherhood. 2010. "Promoting Accountability for Safe Motherhood: The WRA's Social Watch Approach for Mobilizing Civil Society to Hold Government Accountable." Washington, DC: Futures Group, Health Policy Initiative, Task Order 1. Available at: http://www.healthpolicyinitiative.com/Publications/Documents/1282_1_Social_Watch_WRA_HPI_FINAL_acc.pdf.

World Health Organization. 2012. "All for Equity: World Conference on Social Determinants of Health: Meeting Report, Rio De Janeiro, Brazil, 19–21 October 2011." Geneva: WHO. Available at: http://www.who.int/sdhconference/resources/wcsdh_report/en/index.html.

Zosa-Feranil, I., C.P. Green, et al. 2009. *Engaging the Poor on Family Planning as a Poverty Reduction Strategy*. Washington, DC: Futures Group, Health Policy Initiative, Task Order 1. Available at: http://www.healthpolicyinitiative.com/Publications/Documents/995_1_Engaging_the_Poor_IA5__FINAL_12_1_09_acc.pdf.

Suggested citation: Health Policy Project. 2014. "Capacity Development Resource Guide: Poverty." Washington, DC: Futures Group, Health Policy Project.

ISBN: 978-1-59560-037-0

This resource guide is part of an Organizational Capacity Assessment (OCA) suite of tools. The USAID-funded Health Policy Project developed the suite to help organizations assess and strengthen their capacity to contribute to improved health systems and health outcomes. The tools include an overview of the OCA approach, a facilitator guide, a series of capacity development resource guides, and a Capacity Indicators Catalog. The suite is available at www.healthpolicyproject.com.

The Health Policy Project is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-10-00067, beginning September 30, 2010. It is implemented by Futures Group, in collaboration with part of Plan International USA, Futures Institute, Partners in Population and Development, Africa Regional Office (PPD ARO), Population Reference Bureau (PRB), RTI International, and the White Ribbon Alliance for Safe Motherhood (WRA).

The information provided in this document is not official U.S. Government information and does not necessarily represent the views or positions of the U.S. Agency for International Development.