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
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 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.

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

<table>
<thead>
<tr>
<th>Knowledge</th>
<th>POV</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td>POV1</td>
</tr>
<tr>
<td>Promising entry points in the policymaking process to advocate for equity-oriented policies, financing, and programs</td>
<td>POV2</td>
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#### SKILLS TO BE ABLE TO

<table>
<thead>
<tr>
<th>Skill</th>
<th>POV</th>
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<tbody>
<tr>
<td>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</td>
<td>POV3</td>
</tr>
<tr>
<td>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</td>
<td>POV4</td>
</tr>
<tr>
<td>Develop the knowledge and skills of the poor and other marginalized populations to be engaged in participatory research and the policy process</td>
<td>POV5</td>
</tr>
<tr>
<td>Implement and monitor policies and programs designed to increase access, use, and coverage of services among marginalized populations</td>
<td>POV6, POV7</td>
</tr>
<tr>
<td>Communicate persuasively (in writing and orally) with policymakers, donors, civil society, and other stakeholders to prioritize and take action to address health inequities</td>
<td>POV8</td>
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</table>

#### ATTITUDES/VALUES/ATTRIBUTES

<table>
<thead>
<tr>
<th>Attitude/Value/Attribute</th>
<th>POV</th>
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<tbody>
<tr>
<td>Values participatory approaches and collaboration</td>
<td>POV9</td>
</tr>
<tr>
<td>Demonstrates leadership to mobilize and inspire others to promote equity-based policies and programs</td>
<td>POV10</td>
</tr>
</tbody>
</table>
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

Earn and maintain a reputation of integrity, expertise, and commitment to health equity among stakeholders

Collaborate and mobilize the private sector (businesses) to act on principles of corporate social responsibility to address health inequity issues

POV15, POV16

POV38

POV35

ORGANIZATIONAL OPERATIONS AND MANAGEMENT TO SUPPORT

An organizational mission, values, and leadership that reflect a commitment to promoting and upholding equity

An adequate number of qualified staff to collect, disaggregate, and analyze information on health inequities

Appropriate systems and tools to collect/document, disaggregate, analyze, and use information on health inequities, including to inform funding allocations

Regular tracking of public resource allocation and expenditure related to issues of health equity and policy implementation

Strategic and equitable allocation of organizational resources based on disease burden and other relevant vulnerability factors (e.g., poverty)

Equity-based indicators used to monitor and assess the effect of policies and programs on the poor

POV26

POV11

POV12, POV21, POV23, POV27, POV28, POV30

POV29, POV31

POV24, POV25

POV40
- Train researchers, policymakers, program managers, and other stakeholders on the use of the EQUITY Approach (USAID | Health Policy Initiative, Task Order 1, 2010a) to
  - Engage and empower the poor
  - Quantify the level of inequality in healthcare use and health status
  - Understand the barriers to access
  - Integrate equity goals and approaches in policies, plans, and agendas
  - Target resources and efforts to the poor
  - Yield 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**


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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.

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