The links between poverty reduction and reproductive health (RH) issues, in particular, are becoming increasingly clear. Satisfying women’s 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 jeopardizing 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.

**The 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. It is often the poor and vulnerable groups who experience the burdens of disease, which can plague poor and near-poor families deeper into poverty.

The EQUITY Framework for Health, launched by the U.S. Agency for International Development (USAID) in 2003, provides a multi-sectoral, multi-level, and multi-dimensional approach to understanding and addressing the health challenges faced by poor and near-poor people. It is a strategic framework that identifies the key determinants of health (social, economic, and political) and the mechanisms through which these determinants impact health outcomes. The framework is designed to help policymakers and program managers in low- and middle-income countries to develop and implement strategies that address the health needs of the poor and near-poor.

**Recommended Project Resources**

The benefits of the Health Policy Initiative’s EQUITY series provide additional examples of how countries can design and implement pro-poor strategies to increase equitable access and improve quality of care 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 Reform to Increase Family Planning Access for the Poor in Kenya
- Improving 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
- Increasing Health Policy Reform: Barriers Policy Implementation Assessment: Amicus, Actions in Unhambol, Inda (Brief)
- A Multinational Approach to Meeting Family Planning Needs of the Poor in Peru (Brief)
- Reducing Adolescent Girls’ Vulnerability to HIV Infection: Facilitating Microfinance and Sustainable Livelihood Approaches
- Gender and Health: Improving Access to the Poor in Reproductive Health Services: Design and Early Implementation Experience of a Pilot Voucher Scheme in Aga District, Uttar Pradesh, India
- Benefits of Investing in Sexual and Reproductive Health Care

**Training Materials**

- “Policy Approach to EQUITY in Health?” This two-day seminar is designed to help USAID Missions and populations understand the role of poverty in shaping health outcomes and the importance of addressing poverty and health in the context of poverty and other social determinants.
- “Improving 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”
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**ENDNOTES**

Engage and empower this poor community. 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 failures to effectively involve the poor in programs intended to reach them. Moreover, “poverty” is multidimensional concept that has evolved over time. Traditional definitions of poverty relied on quantification (e.g., income, assets, nutrition, and education levels). 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.

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 processes promote 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.

Quantitative 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. Quintiles analysis of population-based surveys and mapping of poor and other vulnerable groups can reveal the level of inequalities; identify the populations with high disease burdens, and prepare geographic imbalances in the distribution of resources. It is also important to recognize that the poor are not a homogeneous 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 poor in the same region. For instance, within the region that HIV affects all groups, the poor and marginalized groups— including low-income women and orphans, sex workers, injecting drug users, and others—are hit hard by the epidemic due to limited access to prevention, treatment, and care support.

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 contexts, including policy, resource, operational, and social structural issues. Understanding these deeper 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.

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 appear to enhance health equity and effective poverty, fail to articulate clear equity-based goals in policies and strategies. Key considerations may be: Does the policy plan, or study identify inequality as a priority to address? Does the policy demonstrate commitment to address the 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 equity goals? Are mechanisms for monitoring and accountability for achieving equity goals in place? If so, are the poor and their representatives involved in ensuring transparency and responsiveness?

Target resources and efforts to reach the poor. While improvements in health systems are desirable in most developing countries, experience has shown that health interventions left out reach the poorest, most at-risk groups without appropriate planning, targeting, and investment. Care must be taken to first identify the poor, understand their needs, and assess their barriers to/improved service access and use. Building on this evidence, governments should implement pre-poor approaches and frameworks targeted, pro-poor policies, strategies, and financing as the foundation of appropriate programs. “PPPs” mean different things to different people. A “pro-poor” approach means that healthcare costs are based on the client’s ability to pay. The poor and near-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.

Integrating equity in health service access and use, as well as in distribution of human and financial resources.

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 address this root cause. Additionally, Peru’s health sector reform and decentralization processes aimed at ensuring access to health care and ensuring that indigenous people have access to culturally appropriate services. The poor and near-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.

Peru has been working to integrate equity considerations into all levels of the health system, from policy overtures to budgeting processes. The government and/or subsidized NGO, faith-based, and private sector services cater to the needs of the poor, while other groups are the focus of service provision. Thus, to meet the needs of the poor, countries must make the best use of all available public, private, donor, and NGO resources. An “integrated equity approach” takes advantage of resources in the public, private, and NGO sector to ensure that the government and/or subsidized NGO, faith-based, and private sector service cater to the needs of the poor, while clients who can afford to pay for health services profit the commercial sector.

Quantiﬁcations inequalities in access to health services and health status.

Interview and address barriers to participation of the poor in the policy process.

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

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Understand and address barriers to access.

Target resources and efforts to reach the poor.

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Lack of accurate, culturally appropriate 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.

EQUITY in Action: Peru Promotes Equity in Family Planning for Indigenous Populations

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.

Quantiﬁcations inequalities in access to health services and health status.


Higher-than-normal FP rates among the poor.

Increased use of traditional methods.

Highly-subsidized public sector services not reaching the poor.

Understand and address barriers to access.

Target resources and efforts.

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