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POVERTY AND HEALTH: A STRATEGY FOR THE AFRICAN REGION

Report of the Regional Director

EXECUTIVE SUMMARY

1. The paradox of the African Region is the extreme and increasing poverty of its people who face various forms of deprivation (ill-health, illiteracy, unemployment, inadequate housing, poor governance, etc.) in a land so richly endowed with natural resources. This paradox is increasingly visible in the light of the changes in the world poverty profile: while poor people in Africa represented only 16% of the world's poor in 1985, this proportion had risen to 31% by 1998. In the next 20 years, poverty is likely to decline in every other part of the world except in Africa where a dramatic increase is projected.
2. Many policies and strategies have been adopted in the health sector in the recent past in order to improve the health status of people in developing countries in general and in the African Region in particular. The most recent of these was the Health-for-all Policy for the 21st Century, adopted by the 49th session of the Regional Committee for Africa. The health-for-all policy aims to significantly improve the health status of African people by promoting healthier lifestyles, preventing the occurrence of disease, increasing life expectancy at birth and reducing mortality. It also aims to arrest the increasing morbidity due to malaria, TB and HIV/AIDS.
3. Health constitutes a strong entry point for poverty reduction and economic growth. In this context, this strategy provides a framework of analysis and interventions at three levels: (a) increasing advocacy and mobilization of all stakeholders inside and outside the health sector; (b) implementing health systems reform to redirect interventions towards the poor; and (c) targeting the priority needs of the poorest with specific interventions that ensure universal access to basic health services.
4. The Regional Committee is invited to examine the proposed strategy and give orientations for its implementation consistent with national health policies.

INTRODUCTION

1. Poverty is a multidimensional and cross-sectoral phenomenon. To facilitate a comparative analysis of the different poverty profiles across the world, a standard definition of poverty, based on daily consumption, has been adopted. This definition considers as "poor" anyone who cannot afford a daily consumption of US\$1.

2. Using this US \$1 as the universal poverty-line definition, more than two billion people worldwide can be counted as poor¹. In the WHO African Region, more than 45% of the population fall under this category. Poverty is more prevalent in rural areas where the majority of the African populations live. Unfortunately, the incidence of poverty is on the rise in Africa causing deterioration in social and health indicators, particularly life expectancy, child and infant mortality, maternal mortality, and morbidity due to malaria, TB and HIV/AIDS.

3. Yet, health impacts upon and is affected by issues of the environment, transportation, water, energy, urbanization and employment. Consequently, health presents an optimal entry point in order to adopt a comprehensive development approach which is consistent with the internationally-agreed objectives of poverty reduction and development.

4. In the African context, the heavy burden of disease causes significant loss of output which, in turn, accentuates the gap between the actual and the potential economic growth. Reducing the burden of disease in Africa, a noble objective in itself, will directly release countries' potential to increase production and achieve the high growth rates that are vital for poverty reduction.

5. In many African communities the linkages between ill-health and poverty are well perceived. For example, reports from the 'Voices of the Poor' survey, conducted in Ghana, Malawi, Mauritania and Zimbabwe in 2000, showed how individuals, families and communities linked their capacity to earn adequately to their health status. Some respondents equated health with wealth, which underscores the importance of good health as a critical factor for living a decent life.

6. On the basis of the clear linkages between poverty and ill-health, this strategy explores the potential contribution of health to poverty reduction, economic growth and human development. It builds on the current profiles of poverty, health and socioeconomic indicators.

7. The regional strategy proposes a paradigm shift from an overly biomedical approach to a more preventive and promotional pattern of health interventions. Such a reorientation is necessary in the light of the inability of current health interventions to meet the health needs of the poor in the African Region.

¹Poverty reduction is a complex exercise which broadly follows this sequence:

- (i) Analysis of prevailing poverty profile;
- (ii) Measurement of the different magnitudes of incidence, income gap, severity, etc;
- (iii) Identification of the poor, according to the findings of (ii);
- (iv) Diagnosis of their livelihood;
- (v) Assessment of current interventions for reducing poverty;
- (vi) Formulation of relevant strategies, i.e.: (a) setting goals; (b) formulating a framework of analysis and implementation, including indicators for monitoring/evaluation and the institutional changes required.

SITUATION ANALYSIS

8. Overall, about 45% of the African population are living below the poverty line. The incidence of poverty in Africa is higher in rural areas, although urban poverty is an explosive problem. The Region is facing many health challenges, especially HIV/AIDS. Although 92% of the causes of death in poor countries are related to communicable diseases, 60% of deaths are attributable to a few diseases, namely, tuberculosis, malaria, HIV/AIDS and some childhood illnesses. There has also been a very significant rise in noncommunicable conditions (cancers, cardiovascular diseases, accidents and mental illness) due to changes in lifestyles. Malnutrition is a persistent problem, particularly in children and women. It accounts for 45% of child deaths.
9. Furthermore, environmental degradation, primarily poor water and waste management, has contributed to the outbreak of diseases. Rapid and uncontrolled urbanization has also had serious health consequences. Only 45% of the total population of the Region have access to safe water and less than 40% have access to sanitation. The Region has a low primary-school enrolment rate and a high adult illiteracy rate (especially of women), which have direct repercussions on infant and maternal mortality rates which remain the highest in the world.
10. The link between poverty and health is very clear. The poor in the African Region are caught in a complex poverty trap in which *low incomes lead to low consumption which in turn result in low capacity and low productivity*. This concept was brilliantly illustrated by the landmark report of the WHO Commission of Macroeconomics and Health, which demonstrated that the disease burden attributable to three diseases (malaria, tuberculosis and HIV/AIDS) annually reduces GDP growth by as much as 1.3%.
11. Addressing the health needs of the poor has been a long-standing preoccupation of the health sector. The Alma-Ata conference, which endorsed the principle of primary health care and led to the Health-for-all policy by the year 2000, was very much influenced by the need to ensure that health care was accessible to the majority of the population. In the African Region, the adoption of the three-phase Health Development Scenario (1985) reaffirmed the validity of the primary health care approach at district level, and the Bamako Initiative (1987) highlighted the need for community participation in health development.
12. Nevertheless, the health sector has not, to date, developed a strategy that explicitly targets poverty and health. The time is ripe to develop such a strategy. The central role of health in the development process is increasingly recognized, and national and international goodwill for improving health, especially of the poor, has never been so evident.
13. Therefore, alleviating the disease burden of poor countries will contribute to the improvement of their social status. Combating the diseases that afflict the poor will reduce their vulnerability to poverty-inducing health shocks and increase their productivity. This will help to increase economic growth so as to reduce poverty.

THE REGIONAL STRATEGY

14. Considering the multidimensional nature of health, the contribution of the health sector to poverty reduction will include interventions both outside and within the health sector. This endorses the leadership role of the health sector as a valid entry point to poverty reduction and the need for intersectoral approaches.

Objectives

15. The overall objective of the strategy is to have the health sector, because of its comparative advantage, contribute to poverty reduction by improving health. Specifically, the strategy will:

- (a) **Outside the health sector:** develop and maintain a strong advocacy platform targeting stakeholders and partners operating outside the health sector in order to sensitize them on the contribution of health to poverty reduction, and to provide orientations on how other sectors (education, agriculture, transport, energy, water and environment, etc.) should incorporate health considerations into policies and practices to improve health outcomes;
- (b) **At health system policy level:** address the reforms with a view to shifting the focus of health systems away from an overly curative approach to a more preventive and promotional pattern of health interventions, with a view to accelerating the improvement of the health status of the poor; and
- (c) **At the implementation level:** target the most vulnerable population groups and direct specific interventions towards their concerns by strengthening and promoting their capacities, instead of focusing on limiting their vulnerability.

Guiding principles

16. To attain these objectives, the following principles will guide the implementation of the strategy:

- (a) **Equity and fairness of services.** If equity and equality of opportunities are not ensured, any additional investments will only increase existing inequalities.
- (b) **Quality, accessibility and sustainability.** Because poor people usually have access only to public health services, it is important that financial and geographical accessibility as well as quality are ensured on a sustainable basis.
- (c) **Community participation and gender sensitivity.** Many health interventions fail to achieve their objectives in Africa because of inherent gender bias and lack of community involvement. These two aspects are critical in interventions which target the poor.
- (d) **Intersectorality and partnership.** Health issues are development issues. Achieving health outcomes therefore calls for the contribution of other sectors, especially as concerns maternal and child health. Hence, partnerships based on a clear definition of the roles and responsibilities are critical to meeting the concerns of the poor.

- (e) **Strong monitoring and evaluation mechanism.** To ensure that the set objectives of the complex interventions are met, it is necessary to measure improvement, efficacy and efficiency as well as qualitative aspects such as equity, fairness, gender sensitivity and community involvement.

Priority interventions

17. In the light of the increasingly recognized and appreciated role of health in the development process and in view of the substantial increase in resources available to the health sector, derived particularly from the HIPC/PRSP mechanism, the Global Fund to fight HIV/AIDS, tuberculosis and malaria, and other financial instruments, per capita expenditures on health are progressively being scaled up to meet the expenditure levels required to ensure a minimum package of health services for all.
18. At the community level, empowerment by increasing accessibility to health services, providing health information, etc., should be the strategic option. At the national level, health-promoting services (hygiene, education, nutrition, immunization, food safety, water and sanitation) should be strengthened.
19. Specifically, the priority interventions include:
- (a) generating evidence on the linkages between health and other socioeconomic sectors (education, transport, agriculture, energy, chemicals, tourism) for advocacy outside the health sector;
 - (b) setting up a transparent resource allocation mechanism with a view to recording the responsiveness of interventions to poverty reduction objectives;
 - (c) extending health coverage (infrastructure, mobile units and health services, including antenatal care and birth attendance) to underserved areas for the benefit of vulnerable populations;
 - (d) reinforcing immunization programmes against childhood illnesses through regular monitoring and mobilization of adequate funding;
 - (e) strengthening environmental health services, including safe water, nutrition, safe food and hygiene education;
 - (f) strengthening health promotion initiatives to improve health and prevent diseases, particularly those afflicting the poor;
 - (g) scaling up interventions against malaria, tuberculosis, HIV/AIDS and childhood illnesses.
20. Such health interventions will create new opportunities for poor people to enter the labour market with increased capacities and thus result in higher productivity. This, in turn, will help to reduce poverty insofar as it affects the individual, the community and the nation.

ROLES AND RESPONSIBILITIES OF DIFFERENT STAKEHOLDERS

21. The contribution of all stakeholders in the health as well as in non-health sectors is required for achieving overall poverty-reduction objectives. For example, child nutrition and health are critical for the achievement of universal primary education. The specific roles and responsibilities of each stakeholder need therefore to be clearly defined.

Roles and responsibilities of countries

22. Governments, particularly ministries of health, should:

- (a) undertake regular assessments of poverty and epidemiological profiles, focusing on health-related poverty determinants;
- (b) implement the institutional changes required for reorienting health-care delivery by moving away from an approach which is too biomedical to a more promotive and preventive approach (e.g. extending health coverage, both personnel and infrastructure, to underserved areas); expanding health promotion activities to cover all levels of the health system; and developing budget frameworks that are responsive to interventions targeting the poor;
- (c) encourage more micro-interventions (e.g. through the Healthy Settings approach), especially at community level, with the increased involvement of the beneficiaries.

Roles and responsibilities of WHO

23. In addition to identifying and disseminating best practices among the countries of the Region, WHO should:

- (a) provide sustained technical support for policy analysis and formulation;
- (b) mobilize partners to allocate additional resources to health-related poverty reduction interventions;
- (c) assist countries in formulating and implementing the health component of their national poverty reduction programme.

Roles and responsibilities of partners

24. New cooperation mechanisms that promote development and which are more beneficial to poor countries (e.g. the Global Fund to fight HIV/AIDS, tuberculosis and malaria) should be encouraged. Global partnerships of all development partners, including bilateral and multilateral agencies, involved in the PRSP process should also be consolidated.

MONITORING AND EVALUATION INDICATORS

25. The monitoring and evaluation indicators are based on the sectoral targets of the Health-for-all policy for the 21st Century. They reflect the health sector's contributions to poverty reduction in the Region. The framework of objectives, strategic interventions and the role and responsibility of stakeholders constitute the measures of attainment. Therefore, by 2020:

- (a) seventy-five per cent of the population in the Region will have access to safe water and adequate sanitation;
- (b) seventy per cent of the population in countries will have safe mechanisms for dealing with chemical and industrial waste that are public health risks;
- (c) the health sector will help to reduce the incidence of poverty in the Region by half;
- (d) health systems will provide quality health services for 80% of the population;
- (e) infant mortality will be reduced by 50%;
- (f) the current burden of malaria will be reduced by 75%.

CONCLUSION

26. The strategy highlights the comparative advantage of the health sector in poverty reduction and provides guidance on health-related poverty reduction policy content. Specifically, it argues that to achieve health-related poverty reduction objectives, it is critical and necessary to shift the paradigm reorienting the pattern of public health expenditures from curative care to preventive and promotional health care.

27. The countries of the Region will have to rely on their own capacities to improve the quality of life of their people. The recent creation of the African Union and the adoption of the New Partnership for Africa's Development (NEPAD) already reflect the strong political commitment to poverty reduction and development in the Region.