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**POVERTY REDUCTION: THE ROLE OF THE HEALTH SECTOR**

**Round Table 3**

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## INTRODUCTION

1. The present document is an invitation to discuss the role of the health sector in the fight against poverty, a fight that has become inevitable in most countries of the African Region. The document restates the main orientations of the draft strategic framework on poverty and health in the African Region. The points for discussion are some issues for which available information is inadequate; yet they are important in order to better define the health intervention framework for the purpose of contributing to poverty reduction.
2. The present Round Table provides the ministers of health the opportunity to examine the principal elements of the proposed framework, respond to the issues raised, and exchange information on the role of the health sector in the fight against poverty.

## BACKGROUND

3. It is now recognized that poverty is a factor that promotes ill health; and that ill health increases the risks of sinking into poverty. It has also been accepted that health is the most precious and important asset to the poor. Indeed, it is good health that enables the poor to lead a life of dignity and productivity, to participate in the labour market, in the production of goods and to assert their rights to life as total persons. If health is an asset and disease a handicap to the poor, then the protection, promotion and rehabilitation of health must be central to all measures aimed at eradicating poverty and promoting human development.<sup>1</sup>
4. There is therefore a vicious circle between poverty and health in the sense that poverty has negative effects on the health of individuals and ill health contributes largely to increased poverty.<sup>2</sup>
5. The poor generally face a large number of obstacles when they try to access health services. The first and foremost of these obstacles is that of costs, whether financial or non-financial. In other words, poverty means that the most basic rights, means and choices regarding human development are denied a group of people.
6. Another problem that often confronts the poor is the lack of equity. The disadvantaged groups do not benefit from the same level of treatment, neither are their needs met equally within the health facilities, especially in terms of waiting time, quality of care, and availability of specialized care or medication.
7. Despite the efforts made, poverty continues to spread and intensify in the great majority of developing countries. This scourge is a moral burden for the international community. Consequently, the fight against poverty has become one of the principal objectives of almost all donor countries and international development bodies. Several instruments have been developed for this fight, the best known being debt relief or cancellation and poverty reduction strategies (PRS). In addition, many solidarity networks at the local, national and international levels are known to have as a major concern the fight against poverty.
8. The fight against poverty, like the fight against disease, requires an epidemiological approach in examining its determinants, causes, symptoms, distribution, and the means for its cure.

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<sup>1</sup> According to UNDP, human poverty is defined as the absence of basic human capacities: illiteracy, malnutrition, reduced life expectancy, the fact of being infected by an avoidable disease.

<sup>2</sup> Statement by Dr Gro Harlem Brundtland, WHO Director-General, at the 105th Executive Board, January 2000, Geneva.

9. In collaboration with its international partners, WHO recently launched the initiative on **AMASSIVE EFFORT AGAINST DISEASES OF POVERTY**<sup>3</sup> which targets, in particular, tuberculosis, malaria, and HIV/AIDS.

10. In the African Region of WHO, a vision of health development by the year 2020 was adopted at the fiftieth session of the Regional Committee that took place in Ouagadougou, Burkina Faso, in August-September 2000 (document AFR/RC50/8/Rev.1). This vision that aims to conquer the diseases of poverty and ignorance will be the driving force of the work of the Regional Office and of Member countries.

11. The WHO Regional Office for Africa has also prepared a draft strategic framework on poverty and health. The document acknowledges that the health sector has an important role to play in poverty reduction.

12. The objective of the framework is therefore to assist the Ministers of Health to better define their contribution to the fight against poverty, to strengthen their capacity in advocacy with other ministries (economic planning, finance) in order to enable the health sector to take advantage of the resources generated as a result of the debt relief.

#### **FRAMEWORK AND CHALLENGES**

13. Concerning the role that the health sector can play in poverty reduction and health promotion, the strategic framework comprises three components:

- (a) definition and implementation of a range of priority interventions and of health services, with account taken of the principal causes of morbidity and mortality among the poor;
- (b) strengthening and expansion of health services to better take account of the poor through increases in the budget allocated to the ministries of health and by ensuring a more efficient utilization of resources by them; and
- (c) strengthening of intersectoral collaboration in the interest of the poor in order to have a positive impact on the key determinants of health such as education, employment and nutrition and to secure the participation of the poor in the decision making process.<sup>3</sup>

14. Furthermore, every intervention designed to reduce poverty must be grounded on certain guiding principles that comprise the following:

- (a) equity and ethics;
- (b) relevance of health interventions in relation to the needs of the poor;
- (c) accessibility, quality, efficiency and sustainability;
- (d) participation of the populations concerned; and
- (e) due consideration of gender issues.

15. These interventions must have, as their main objective, the easing of the burden of morbidity among poor and marginalized populations. Specific objectives should aim at:

- (a) increasing the accessibility (both financial and geographic) of the poor to health care;
- (b) improving the quality and utilization of health services;

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<sup>3</sup>Report of the Regional Consultation on Poverty and Health, WHO Regional Office for Africa, July 2000, Harare.

- (c) ensuring that an adequate percentage of the ministry of health's budget is allocated to interventions targeting the poor; and
  - (d) ensuring that intersectoral collaboration and partnerships at the local level are developed, given the very multidimensional nature of poverty.
16. The preferred health interventions are many, and can include the following:
- (a) advocacy with sectors other than health: education, finance, research, agriculture, public works, water and sanitation;
  - (b) actions targeting the health system as a whole, especially those contributing to efforts to attain the following goals: (i) health status improvement; (ii) higher responsiveness to the legitimate aspirations of individuals; and (iii) equity in financial contributions; and also entailing the promotion of the four functions vested in the health system, namely: (i) service provision; (ii) financing; (iii) resource generation; and (iv) stewardship;<sup>4</sup>
  - (c) specific interventions such as the intensification of the fight against: (i) traditional and modern practices that are harmful to health; (ii) diseases to which the poor are prone, in particular, malaria, HIV/AIDS, tuberculosis, childhood diseases; (iii) scourges such as maternal mortality and the tobacco epidemic; and
  - (d) preventive actions through immunization, education, environmental hygiene and improved nutrition.
17. Special emphasis must be put on intersectoral collaboration, which is important for poverty reduction, especially as both the principal determinants of poverty and poverty itself, are not within the control of the health services.<sup>5</sup>
18. It is however important to note that ministries of health could be confronted with a number of challenges in the implementation of the proposed framework. The most daunting of these challenges is lack of the competencies required, resulting from inadequate knowledge of the phenomenon of poverty.
19. The list of major challenges that the ministries will have to face is long, for example:
- (a) how to overcome the poor perception of the contribution of health to economic development;
  - (b) how to strengthen the efficiency or effectiveness of ministry of health advocacy with other sectors;
  - (c) how to achieve the desired results in the context of limited resources (material and human);
  - (d) how to assure the participation of the private sector, given the increasing role it is playing in the provision of health care; and
  - (e) how to overcome the low level of education of the populations and how to reduce the frequent recourse among the poor to dangerous treatment practices.

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<sup>4</sup>WHO, World Health Report 2000 (WHR 2000).

<sup>5</sup>Report of the administrative coordination committee (ACC/2000/20), November 2000, New-York.

### **DISCUSSION POINTS**

20. The answers to the four questions below will elucidate the intervention framework of the health sector in the fight against poverty:

- (a) What, according to you, are the main obstacles (political, institutional, technical, socio-cultural, economic, etc.) being encountered by ministries of health in the fight against poverty? How do you think they can be overcome?
- (b) What are the main criteria governing health care delivery and the allocation of resources within your ministry? Do the criteria take account of the needs of the poor?
- (c) Which interventions must be given preference in order to reduce the increasing inequalities in access to health services?
- (d) How can ministries of health assure sustainability of the interventions referred to in the previous paragraph?

### **EXPECTED OUTCOMES**

21. Four main results are expected from the Round Table:

- (a) identification of the main institutional, technical, financial and socio-political obstacles to health sector intervention in the fight against poverty;
- (b) determination of the actual capacity of the health sector to respond to what is required in order to reduce poverty;
- (c) broad definition of the principles of the main strategies of the health sector in order to better contribute in the fight against poverty; and
- (d) identification of the conditions for sustainability of the action of the health sector.

