



# HEALTH EQUITY

## **Policy Changes at Multiple Levels Benefit the Rural Poor in Peru**

In Peru, the Health Policy Initiative identified barriers to accessing FP services among the rural poor. We then worked with in-country partners to identify and successfully advocate for pro-poor policy interventions to address those barriers at three levels:

1. *Local:* Strengthened the FP/RH component of the JUNTOS (conditional cash transfer program) and developed culturally appropriate FP counseling guidelines and training.
2. *Regional:* Mobilized resources for informational materials and quality improvement strategies.
3. *National:* Advocated for policy change leading to the inclusion of FP services and counseling, prevention, and treatment of STIs/HIV in the list of obligatory health interventions covered by the national social insurance scheme for the poor.

Overall improvements in healthcare systems often fail to benefit those in greatest need. The poor have worse health outcomes, use health services less, and benefit less from government health expenditures than the better-off. According to recent Demographic and Health Survey data,<sup>1</sup> the poorest groups constitute less than half of the public sector family planning (FP) service clientele, and a study of seven African countries found that total government healthcare expenditures were 2.5 times more likely to benefit the wealthiest quintile than the poorest quintile.<sup>2</sup> Pro-poor policies can help eliminate these disparities, giving the poor equitable access to healthcare services.

The USAID | Health Policy Initiative, Task Order 1 uses a policy-based approach to help countries address inequities in access to high-quality healthcare services. The Poverty-Equity Framework was designed to enable countries to formulate policy responses to ensure that FP, reproductive health (RH), HIV, and maternal health services reach the poor. This framework addresses not only policies, strategic plans, and operational guidelines; it also encompasses the resources, evidence base, and multisectoral coordination and leadership needed to develop and implement pro-poor programs.

## **OUR APPROACH**

The Poverty-Equity Framework includes the following five key components:

- **Adopting and putting into practice policies** that improve equitable and affordable access to healthcare services. Policies are the starting point for pro-poor strategies. We help countries to formulate and implement pro-poor policies; integrate equity approaches into existing policies and strategies; develop operational policies to remove barriers to access; design equity-based monitoring and evaluation indicators; establish legal and regulatory mechanisms to protect the poor; and incorporate FP/RH, HIV, and maternal health issues in development plans.
- **Strengthening political commitment and promoting leadership among the poor in the policy process** is one of the best ways to ensure that policies appropriately address the needs of the poor. We have helped to involve the poor as leaders and decisionmakers in the policy process; encouraged political and public support for the poor; and raised awareness at community, provider, and policy levels regarding specific needs of the poor.
- **Mobilizing resources and ensuring they are allocated effectively and equitably**, which calls not only for increasing overall resources but also for paying attention to how resources are used. Particularly in the context of scarce human and financial resources, care must be taken to ensure that public

sector resources are invested in the poor. We have helped to foster equitable resource allocation, mobilize public sector resources for the poor, design and implement demand-side pro-poor financing mechanisms, and promote income-generation schemes for the poor.

- **Strengthening multisectoral engagement** must be encouraged because, as government subsidized services are increasingly targeted to the poorer segments of society, the commercial/private sector can help satisfy the needs of clients who are able to pay. Moreover, NGOs may be adept at serving hard-to-reach poor populations. To strengthen multisectoral engagement, we have engaged the poor in planning, implementation, and financing; involved non-health ministries, faith-based groups, and the private sector; conducted comprehensive stakeholder analyses, including the poor; and worked to sensitize and engage the media in reporting on poverty issues.
- **Encouraging evidence-based decisionmaking** is critical to the pro-poor policy approach. A strong evidence base is needed to support program planning, advocate for increased political commitment, effectively allocate resources, and evaluate impact. Developing methodologies for the identification of the poor; assessing the level of inequality in access and use of services; identifying access barriers for the poor; understanding and revealing links between poverty and RH, HIV, and other health issues, and among poverty, gender, and stigma and discrimination—all of these actions contribute to building that base.

### For More Information

Health Policy Initiative, Task Order I  
Futures Group International  
One Thomas Circle, NW, Suite 200  
Washington, DC 20005 USA  
Tel: (202) 775-9680  
Fax: (202) 775-9694

[policyinfo@healthpolicyinitiative.com](mailto:policyinfo@healthpolicyinitiative.com)  
<http://www.healthpolicyinitiative.com>  
<http://ghiqc.usaid.gov>

The USAID | Health Policy Initiative, Task Order I, is funded by USAID under Contract No. GPO-I-01-05-00040-00, beginning September 30, 2005. HIV-related activities are supported by the President's Emergency Plan for AIDS Relief. Task Order I is implemented by Futures Group International, in collaboration with the Centre for Development and Population Activities (CEDPA), White Ribbon Alliance for Safe Motherhood (WRA), Futures Institute, and Religions for Peace.

The views expressed in this publication do not necessarily reflect the views of USAID or the U.S. government.

### RECOMMENDED RESOURCES

- *Achieving the Millennium Development Goals (MDGs): The Contribution of Fulfilling the Unmet Need for Family Planning* (May 2006)
- *Achieving the MDGs: Country Brief Series* (2007)
- "Formal and Informal Fees for Maternal Health Care Services in Five Countries: Policies, Practices, and Perspectives" *Working Paper #16* (POLICY Project, 2005)
- *Guidelines for Establishing Centers to Implement Alternative Dispute Resolution to Increase Access to Healthcare* (October 2007)
- *Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs* (February 2007)
- *Making Family Planning Part of the PRSP Process: A Guide for Incorporating Family Planning Programs into Poverty Reduction Strategy Papers* (July 2007)
- "Targeting: A Key Element of National Contraceptive Security Planning." *POLICY Planning & Finance Series #3* (POLICY Project, 2003)

<sup>1</sup> Demographic and Health Surveys, 2001-2004.

<sup>2</sup> Castro-Leal, F., J. Dayton, L. Demery, and K. Mehtra. 2000. "Public Spending on Health Care in Africa: Do the Poor Benefit?" *Bulletin of the World Health Organization* 78(1): 66–74.