

**EVIDENCE AND INNOVATIVE
APPROACHES
to
REACHING POOR AND
MARGINALIZED
POPULATIONS**

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OUTLINE

PROLOGUE

- I. **WHY: The Importance of Reaching Poor and Marginalized Populations**
- II. **HOW: Illustrative Ways of Reaching Poor and Marginalized Populations**

PROLOGUE

**WHY CONTINUE TO
BOTHER WITH
MATERNAL AND
CHILD HEALTH IN THE
CARIBBEAN?**

PROLOGUE (2)

I. A RATIONALE

II. A RESPONSIBILITY

PROLOGUE (3)

- I. RATIONALE: Maternal and Child Health Problems Are Concentrated Heavily among the Poor and Remain Important for Them**
- II. A RESPONSIBILITY: To Ensure that Maternal and Child Health Programs Reach the Poor Mothers and Children who Need Them Most**

Part I

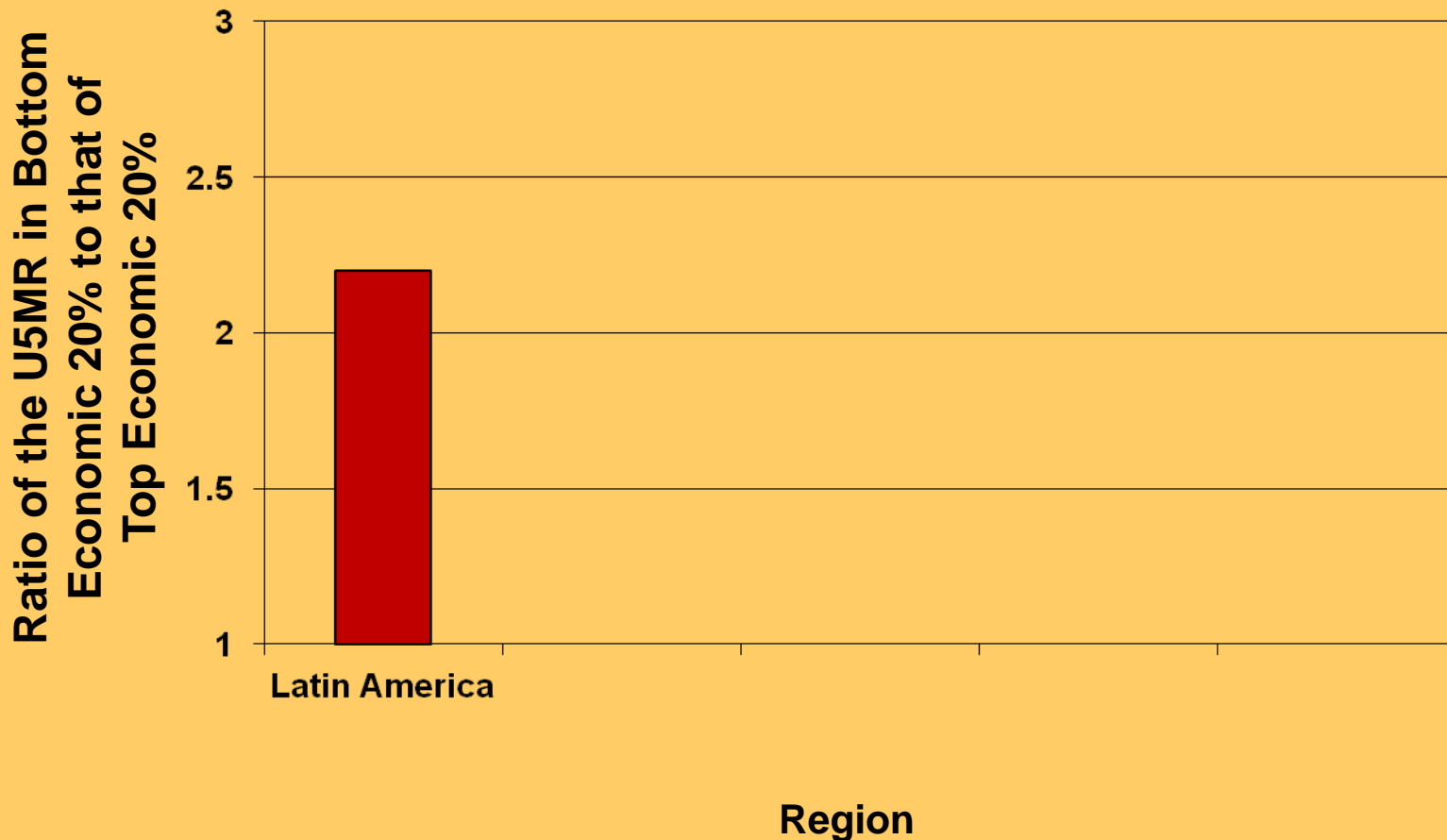
The Importance of Reaching Poor and Marginalized Populations

- **THE REASONS**
- **THE EVIDENCE**

The Reasons

- **MATERNAL AND CHILD HEALTH PROBLEMS ARE HEAVILY CONCENTRATED AMONG THE POOR, SO THAT**
- **MATERNAL AND CHILD HEALTH PROGRAMS HAVE TO REACH THE POOR IN ORDER TO BE EFFECTIVE**

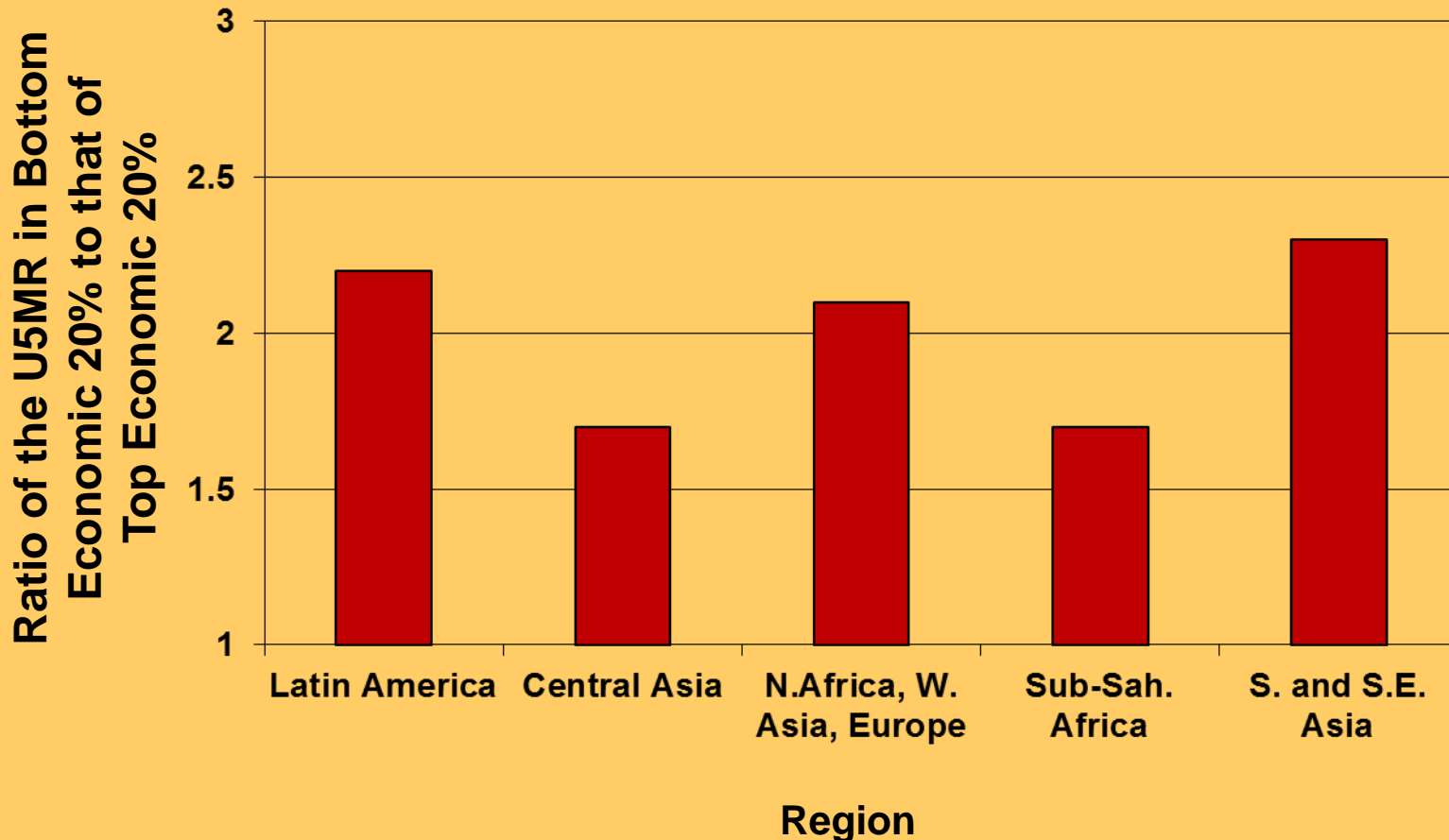
Evidence (1)
SOCIOECONOMIC INEQUALITIES IN UNDER-5 MORTALITY,
Latin America, Early 2000s



Note: Unweighted Averages of Most Recent Available DHS Data from Countries in Regions Concerned,

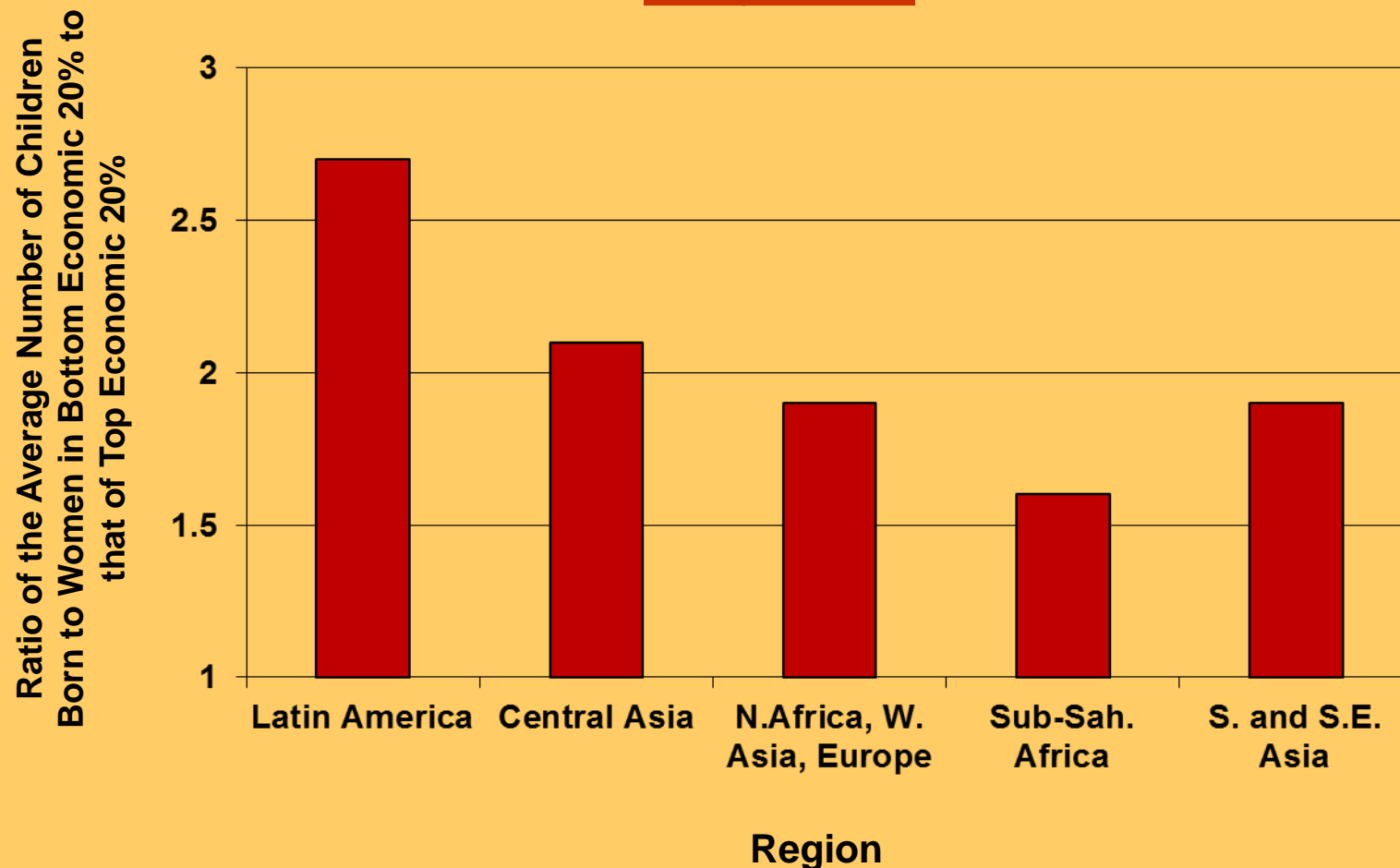
Evidence (2)

SOCIOECONOMIC INEQUALITIES IN UNDER-5 MORTALITY, Latin America and Other Regions of the Developing World, Early 2000s



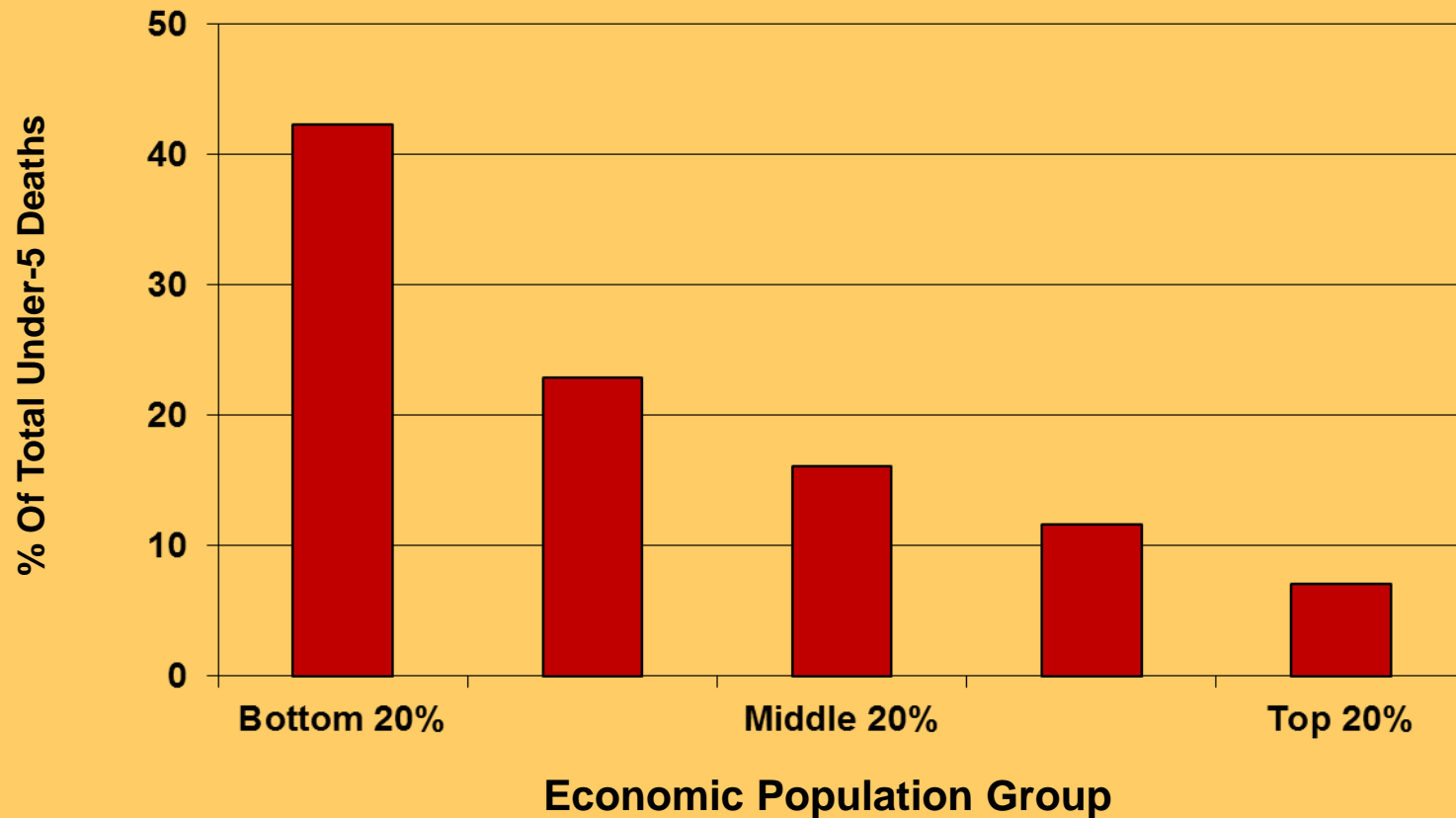
Note: Unweighted Averages of Most Recent Available DHS Data from Countries in Regions Concerned,

Evidence (3)
SOCIOECONOMIC INEQUALITIES IN FERTILITY,
Latin America and Other Regions of the Developing World,
Early 2000s



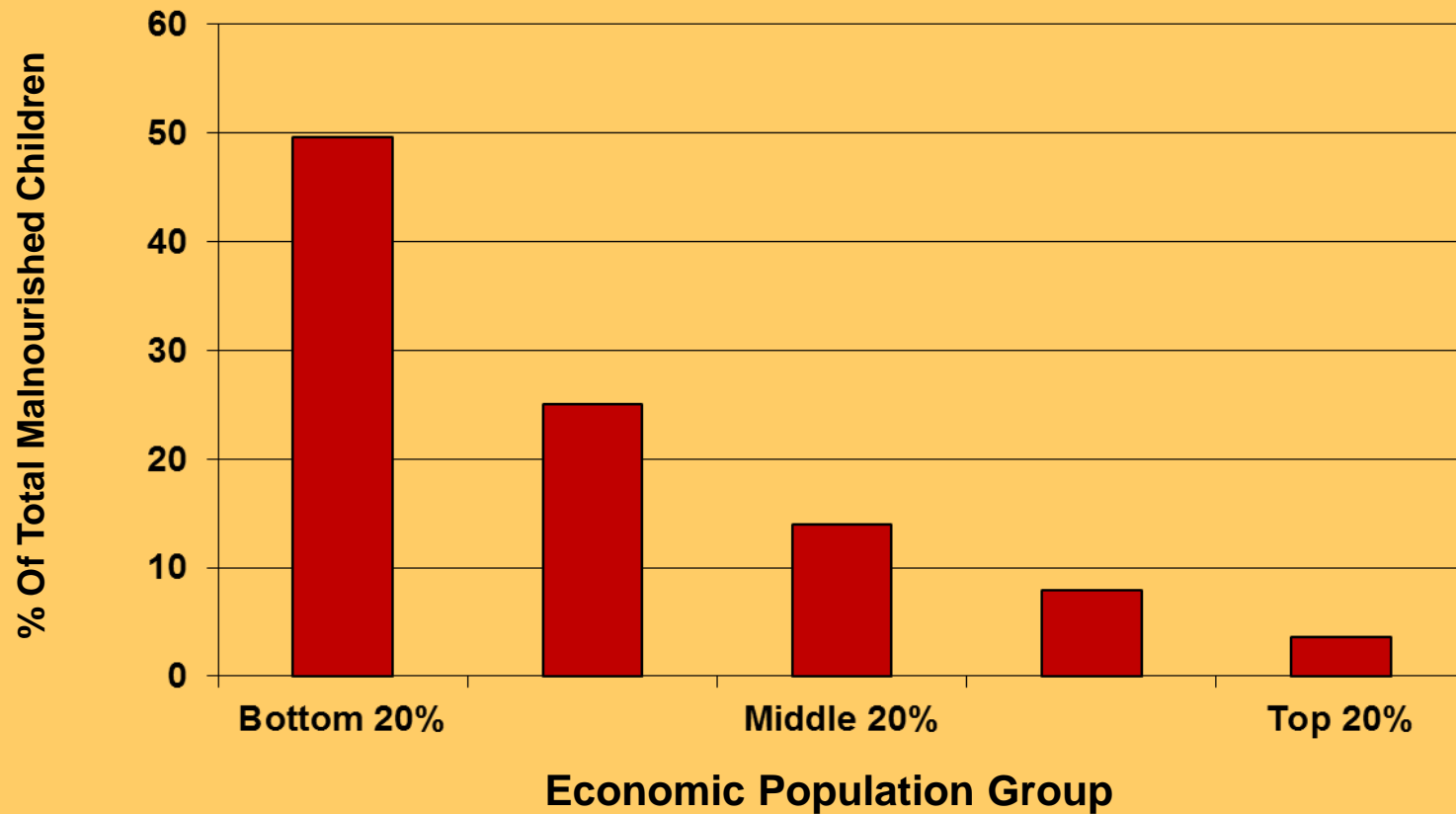
Note: Unweighted Averages of Most Recent Available DHS Data from Countries in Regions Concerned,

Evidence (4)
SOCIOECONOMIC DISTRIBUTION OF UNDER-5 DEATHS,
Latin America, Early 2000s



Note: Unweighted Averages of Most Recent Available DHS Data from 8 Latin American and Caribbean Countries

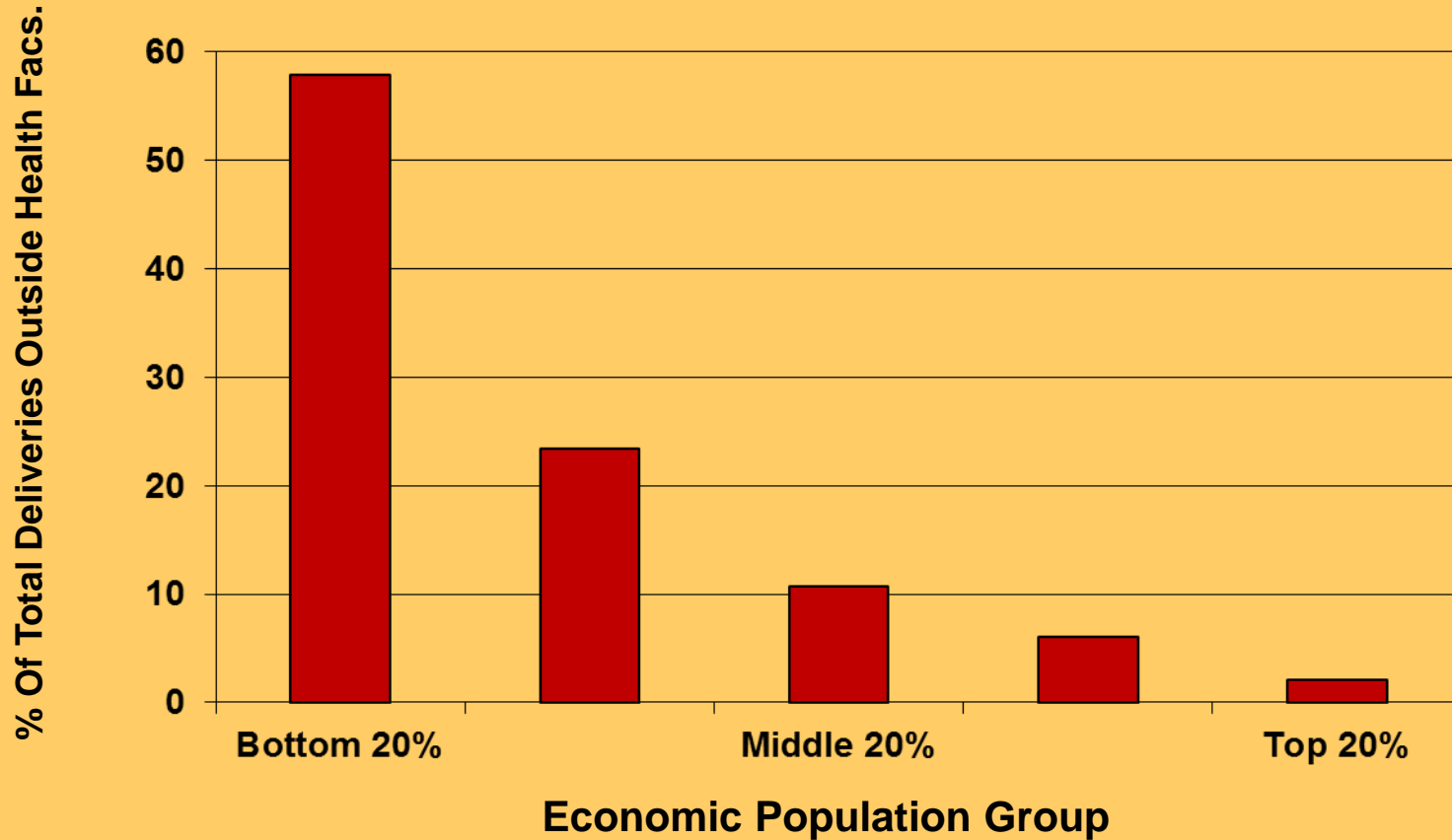
Evidence (5)
SOCIOECONOMIC DISTRIBUTION OF MALNUTRITION,
Latin America, Early 2000s



Notes: Unweighted Averages of Most Recent Available DHS Data from 8 Latin American and Caribbean Countries. Malnutrition Defined as Second-Degree Stunting

Evidence (6)

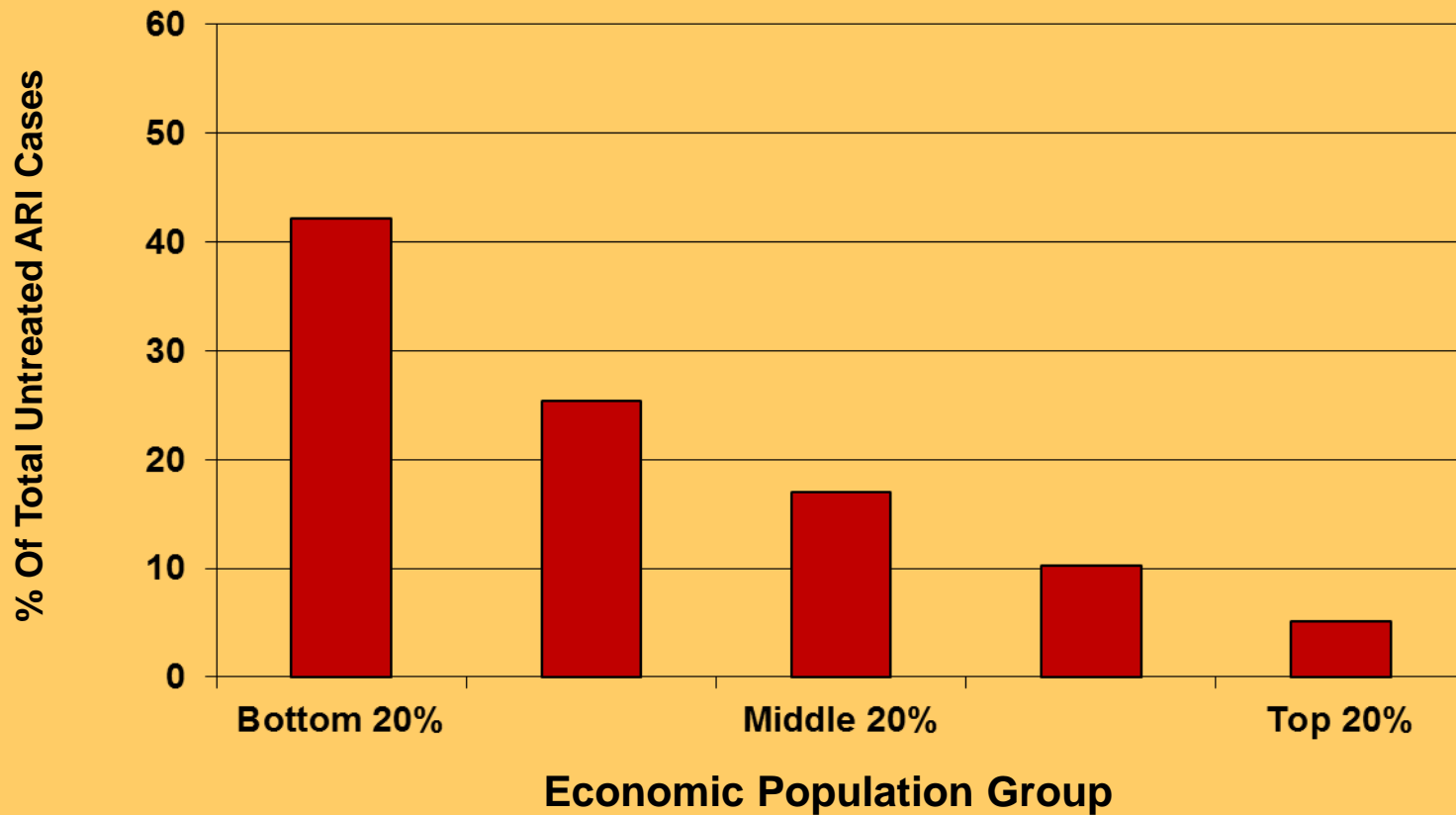
SOCIOECONOMIC DISTRIBUTION OF DELIVERIES OUTSIDE OF HEALTH FACILITIES, Latin America, Early 2000s



Notes: Unweighted Averages of Most Recent Available DHS Data from 8 Latin American and Caribbean Countries.

Evidence (7)

SOCIOECONOMIC DISTRIBUTION OF UNTREATED ARI CASES, **Latin America, Early 2000s**



Notes: Unweighted Averages of Most Recent Available DHS Data from 11 Latin American and Caribbean Countries. Untreated Refers to Children with ARI Not Taken to a Health Facility for Treatment

Part II

Illustrative Ways of Reaching Poor and Marginalized Mothers and Children Through Universal Health Coverage

WHY?

HOW?

Reaching Poor and Marginalized Mothers and Children through Universal Health Coverage

WHY?

Because “as new public health interventions and programmes initially reach those of higher socioeconomic status and only later reach the poor, there are initial increases in equity for coverage...Inequities only improve later...”

Source: Cesar G. Victora et al., “Explaining Trends in Inequities: Evidence from Brazilian Child Health Studies,” The Lancet, vol. 356 (2000)

**Which Means That in the
Absence of Special Effort to
Reach the Poor, They Are Likely
to:**

- **Come Last in Any Quest for
Universal Coverage, and**
- **Suffer Most if Full Attainment
of the Universal Coverage
Goal Is Delayed or Never
Achieved**

Reaching Poor and Marginalized Mothers and Children through Universal Health Coverage HOW?

- **DESIGNING APPROPRIATE UHC PROGRAMS**
- **ENSURING THAT THESE PROGRAMS REACH POOR AND MARGINALIZED MOTHERS AND CHILDREN**

Designing Appropriate UHC Programs

- **THAT COVER ALL FAMILY MEMBERS, INCLUDING WOMEN AND CHILDREN**
- **THAT COVER BASIC MCH OUTPATIENT AND INPATIENT CARE**

**Illustrative Ways of Reaching Poor
and Marginalized Mothers and
Children**

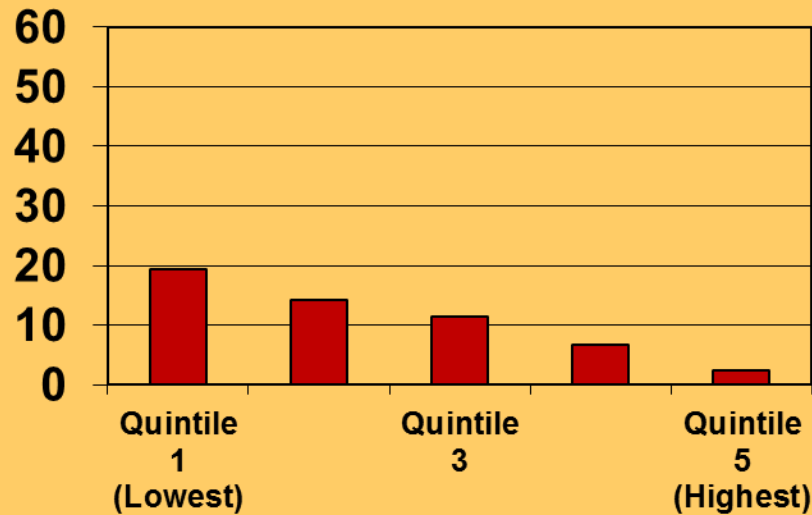
- **THROUGH A FOCUS ON
POOR GEOGRAPHIC
AREAS**
- **THROUGH A FOCUS ON
POOR FAMILIES**

BRAZIL'S REORGANIZED FAMILY HEALTH PROGRAM: Introduction Strategy

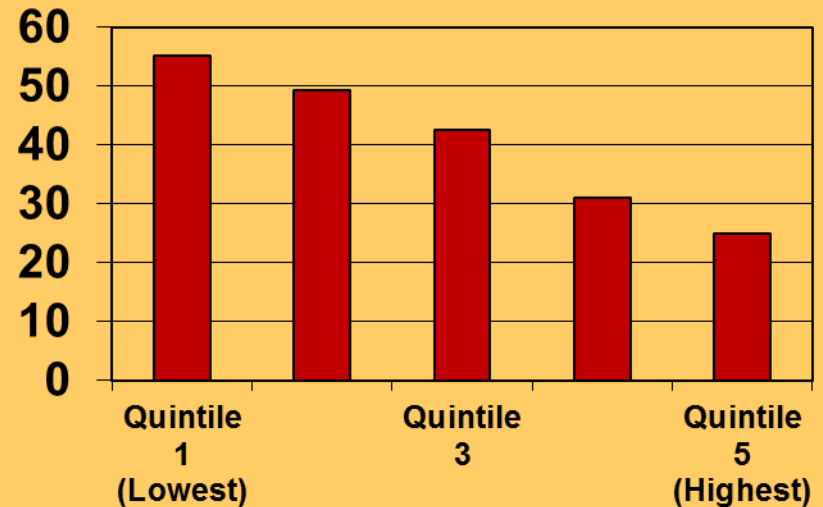
- **Phased Introduction of Program:
Starting in Poorest Areas,**
- **Then Expanding to Better-Off Ones en
Route to Ultimate Objective of
Universal Coverage**

EARLY COVERAGE RECORD OF BRAZIL'S REORGANIZED FAMILY HEALTH PROGRAM

Initial Stage (Porto Alegre City)



Mature Stage (Sergipe State)



Source: Aluisio J. D. Barros, et al., "Brazil: Are Health and Nutrition Programs Reaching the Neediest," in Davidson R. Gwatkin, Adam Wagstaff, and Abdo S. Yazbeck, eds. (Washington, D.C.: The World Bank, 2005), p. 295.

MEXICO'S SEGURO POPULAR

Introduction Strategy

- **Phased Introduction of Program: Starting with Poorest Families, then Expanding to Better-Off Ones en Route to Ultimate Objective of Universal Coverage**
- **Use of Pre-Existing List of Poor Families, Developed by Progresa/Oportunidades Cash Transfer Program, As Basis for Determining Highest Priority during Initial Phase**

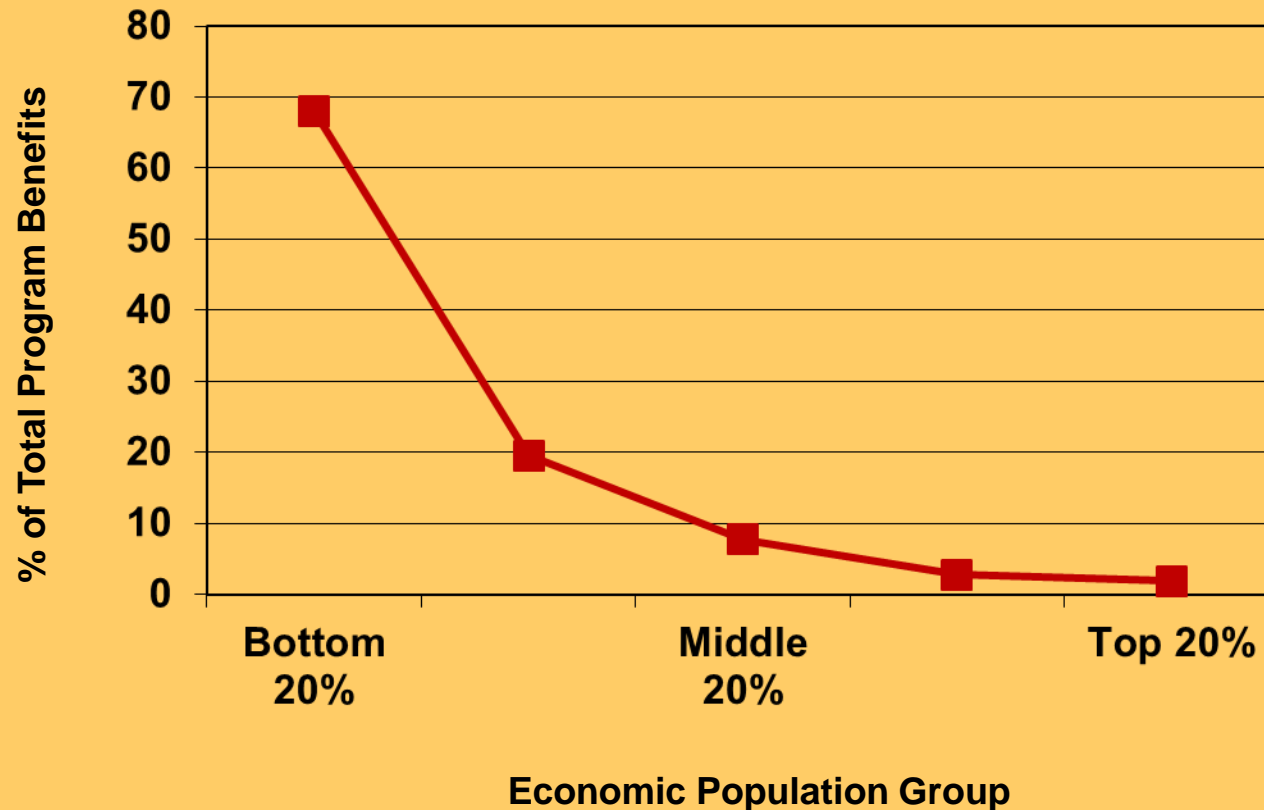
Method Used by Mexico's PROGRESA/OPORTUNIDADES Program to Identify House- holds Eligible for Benefits

- **Step One: Geographic Emphasis** – Identification of Poor Villages from National Census Data about Educational Levels, Occupational Composition, Housing Conditions, Inhabitants' Age and Gender.
- **Step Two: Individual Household Emphasis** – Identification of Poor Households in the Poor Villages, on the Basis of Survey Information about Factors Related to Income

Benefits Provided by Mexico's PROGRESA/OPORTUNIDADES Program

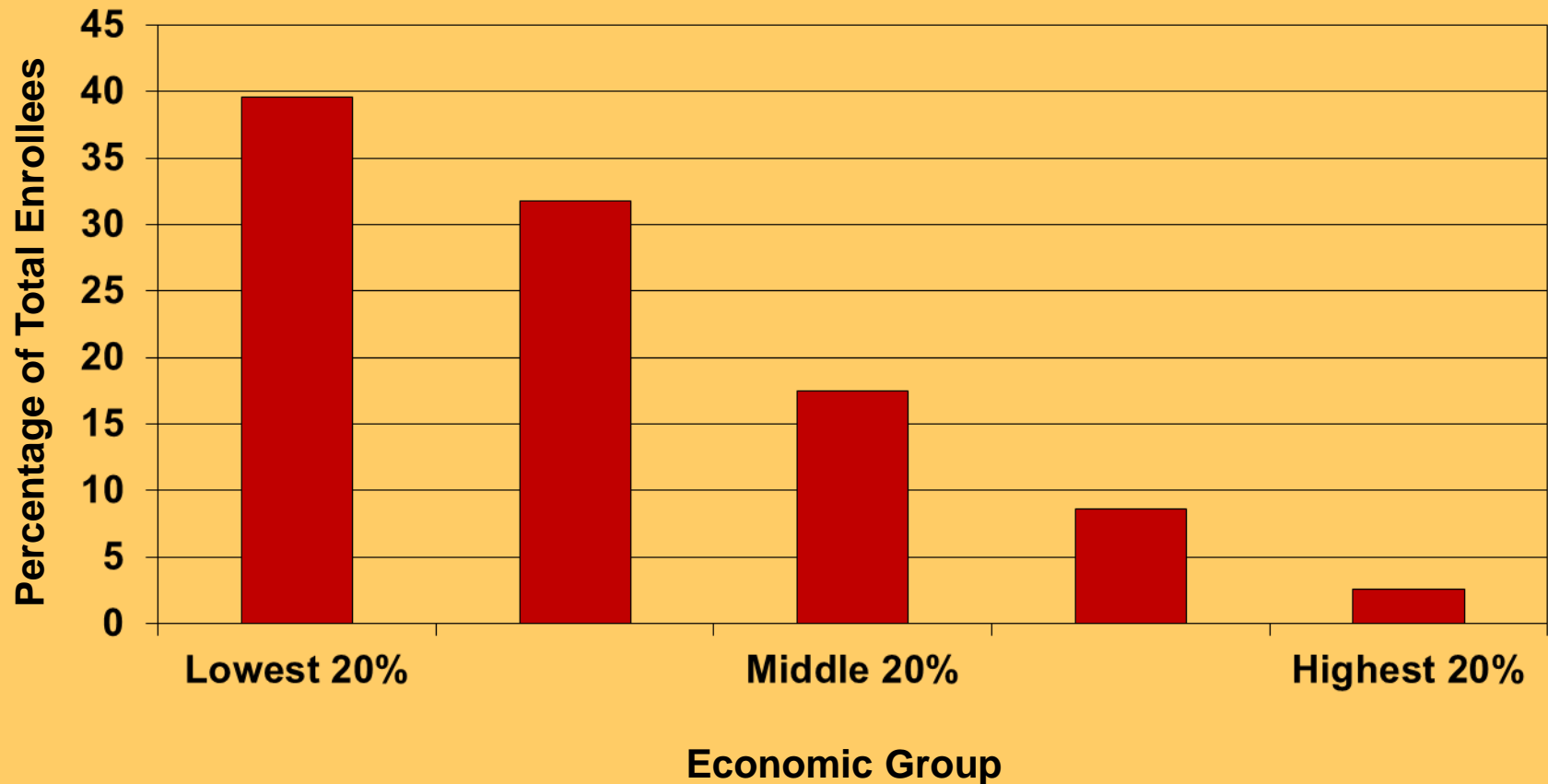
- **Monthly Cash and Food Payments to Women in Eligible Families**
- **IF People in the Families Use Health and Education Services**

DISTRIBUTION OF BENEFITS FROM MEXICO'S PROGRESA/OPORTUNIDADES PROGRAM



Source: 2004 Data from Ariel Fiszbein, Norbert Schady, et al., Conditional Cash Transfers: Reducing Present and Future Poverty, World Bank Policy Study 47604 (Washington, D.C.: The World Bank, 2009)

Enrollment in Mexico's SEGURO POPULAR Program by Economic Level



Source: Emmanuela Gakidou et al., "Assessing the Effect of the 2001-06 Mexican Health Reform, The Lancet, vol. 365 (November 25, 2006)

THANK YOU!