

**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

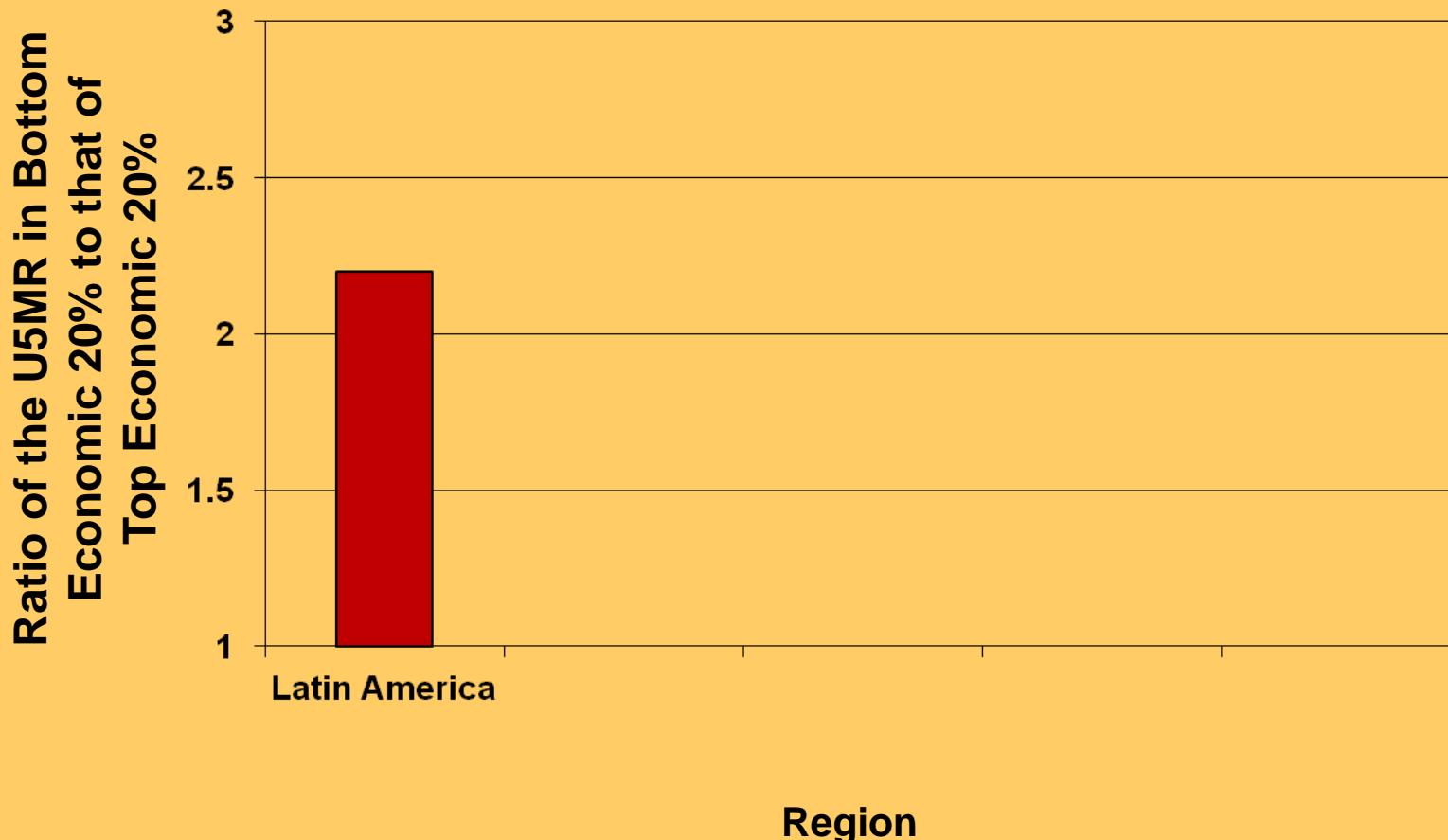
- **THE REASONS**
- **THE EVIDENCE**

# 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)

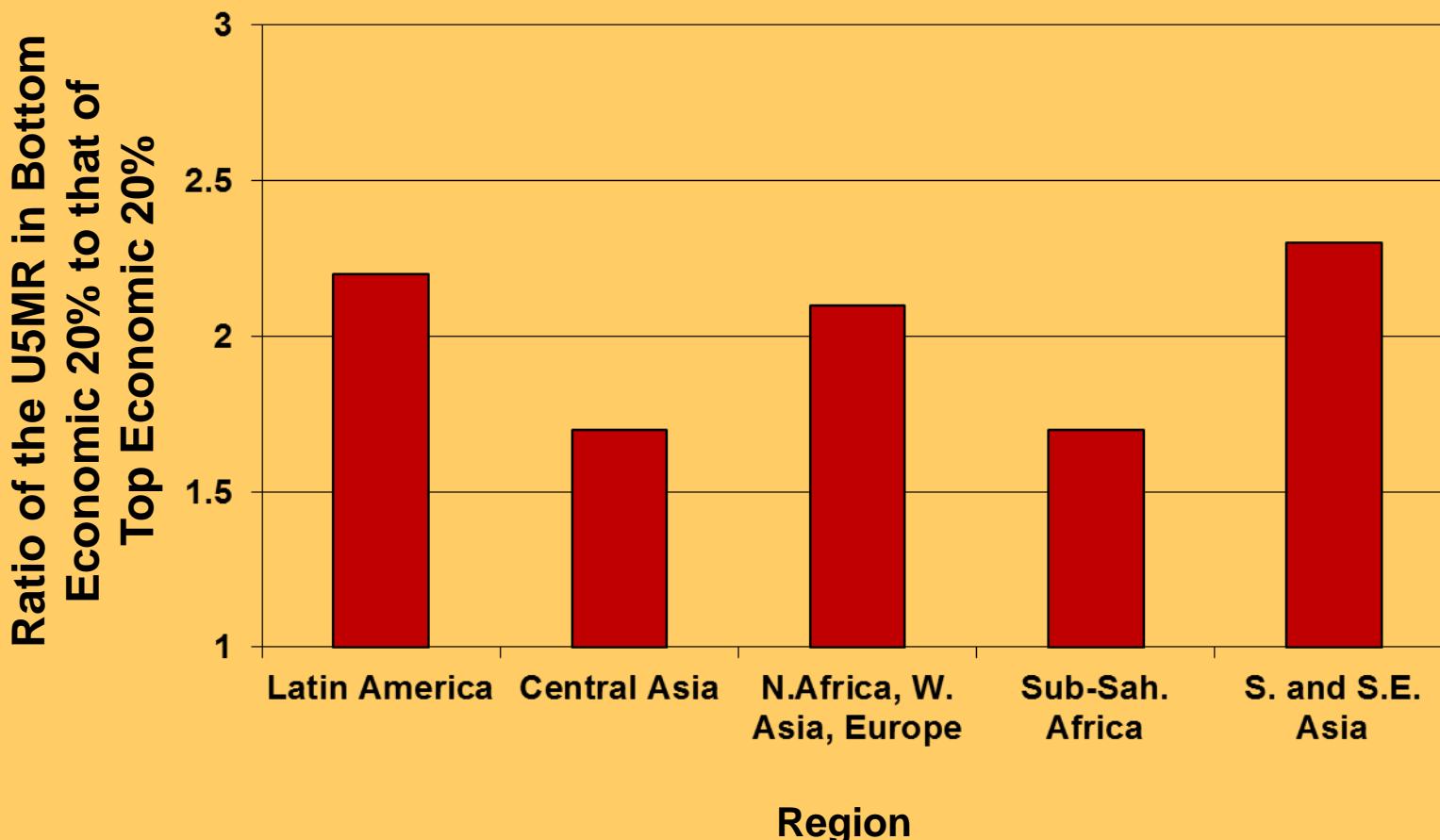
### SOCIOECONOMIC INEQUALITIES IN UNDER-5 MORTALITY, Latin America, Early 2000s



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

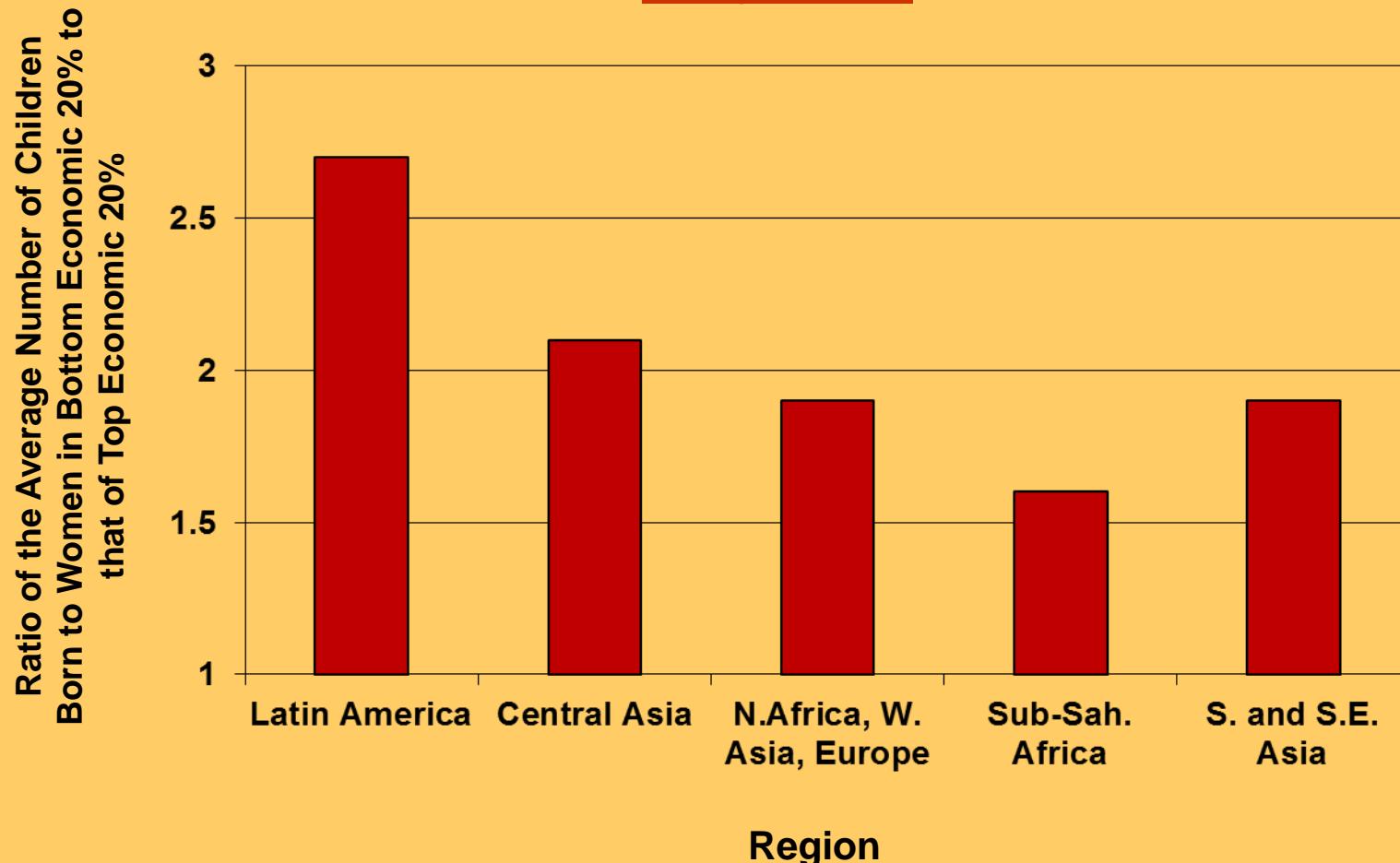
## Evidence (2)

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



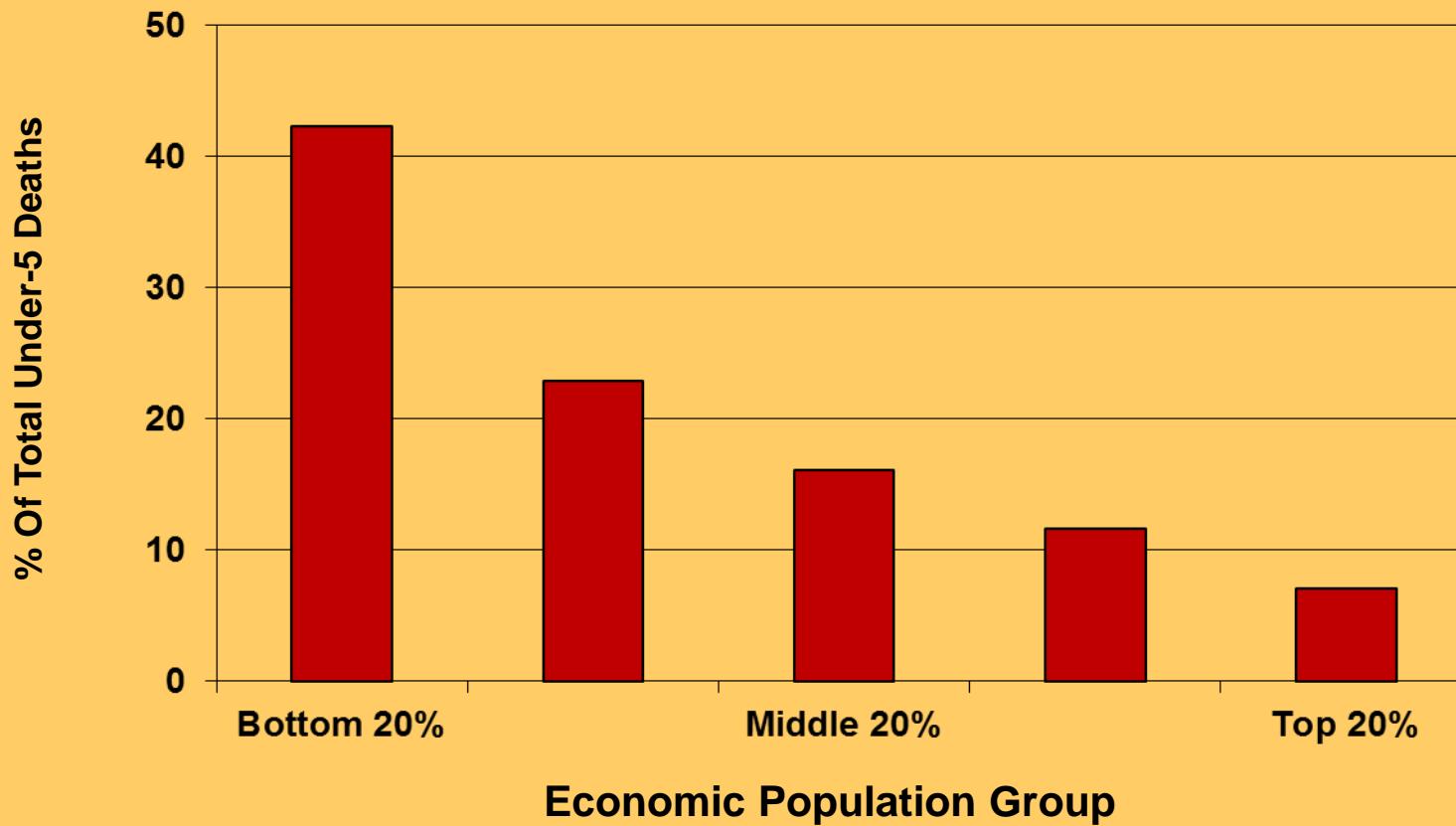
Note: Unweighted Averages of Most Recent Available DHS Data from Countries in Regions Concerned,

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



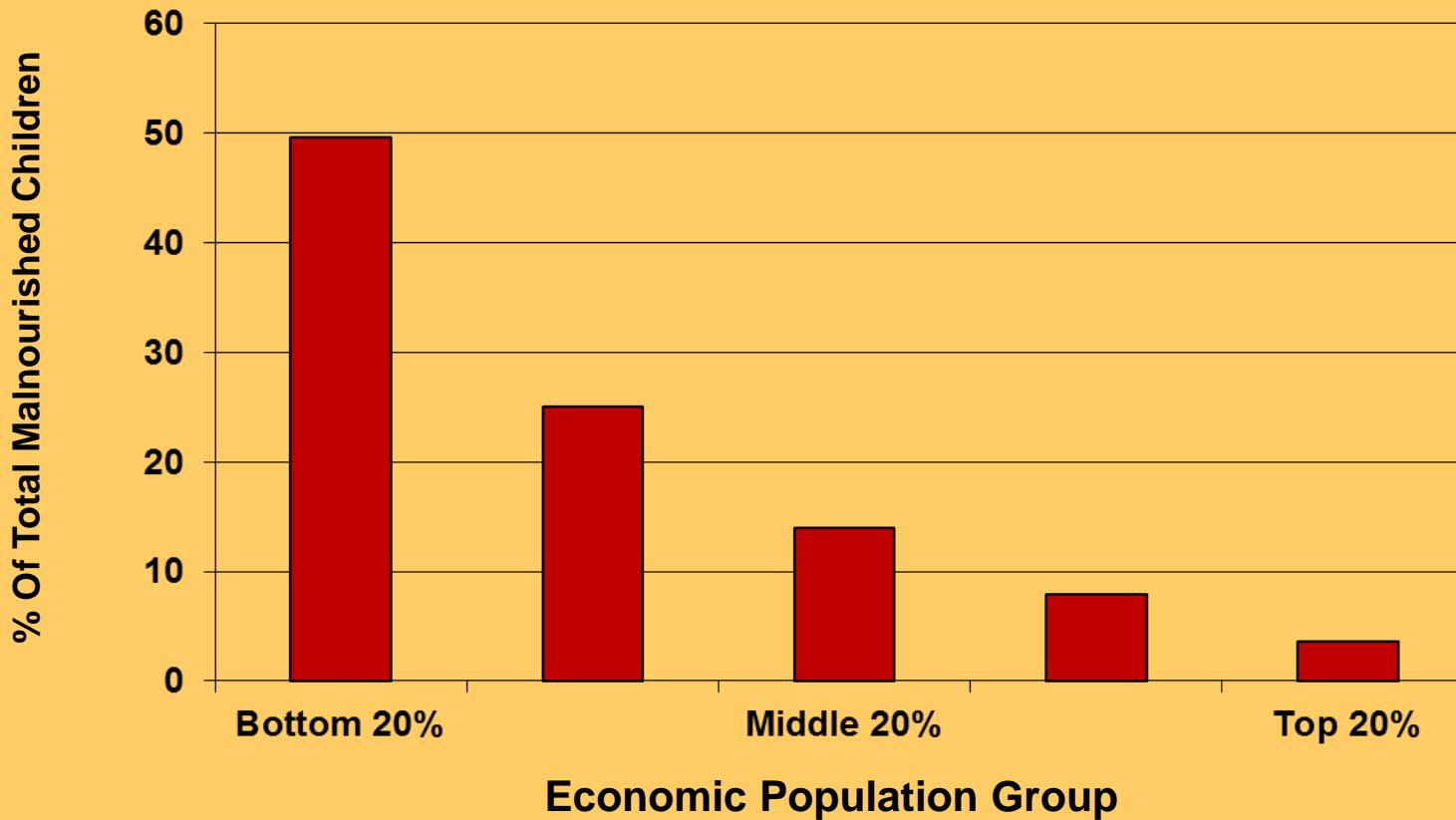
**Note: Unweighted Averages of Most Recent Available DHS Data from Countries in Regions Concerned,**

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



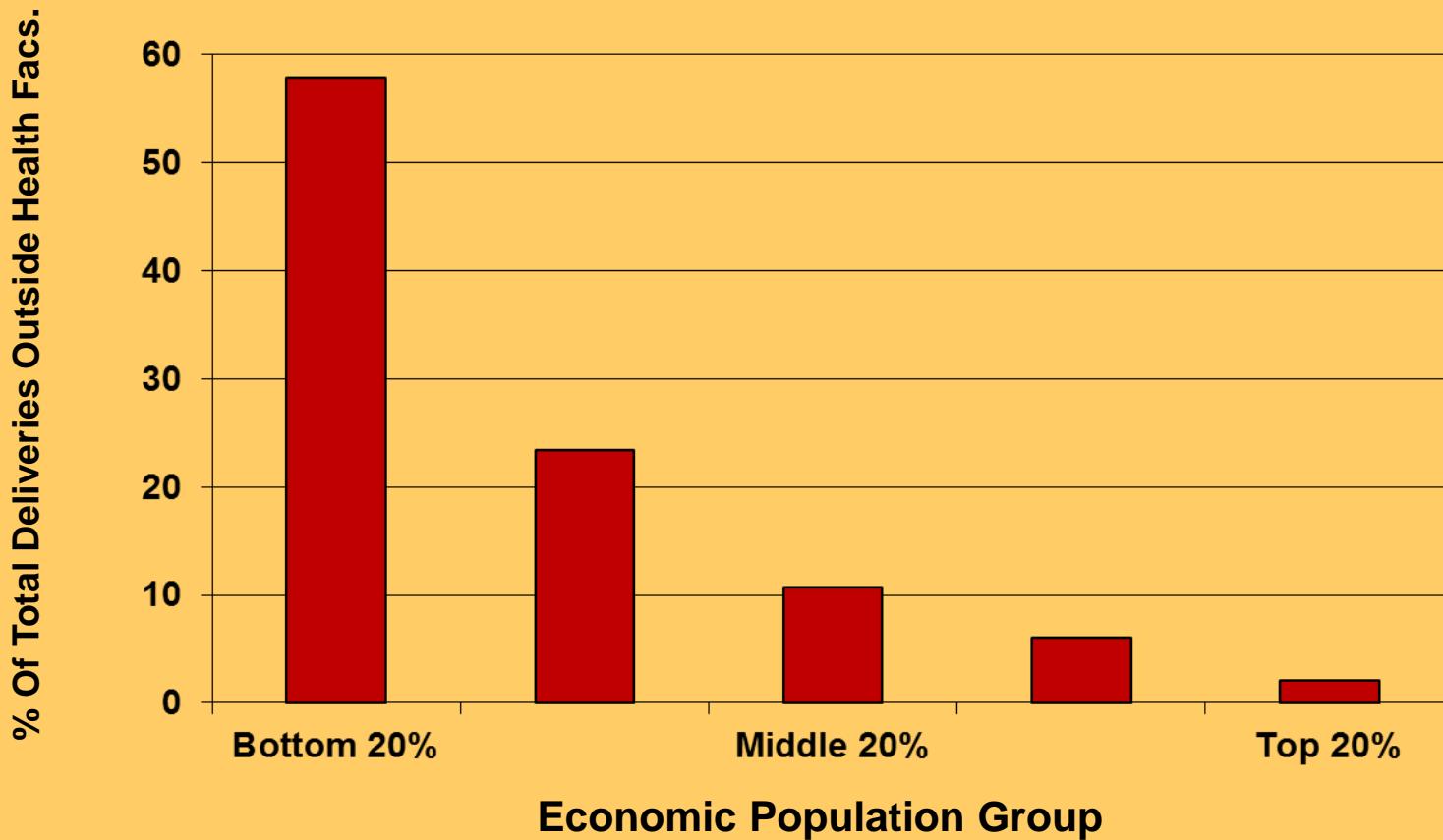
**Note:** Unweighted Averages of Most Recent Available DHS Data from 8 Latin American and Caribbean Countries

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



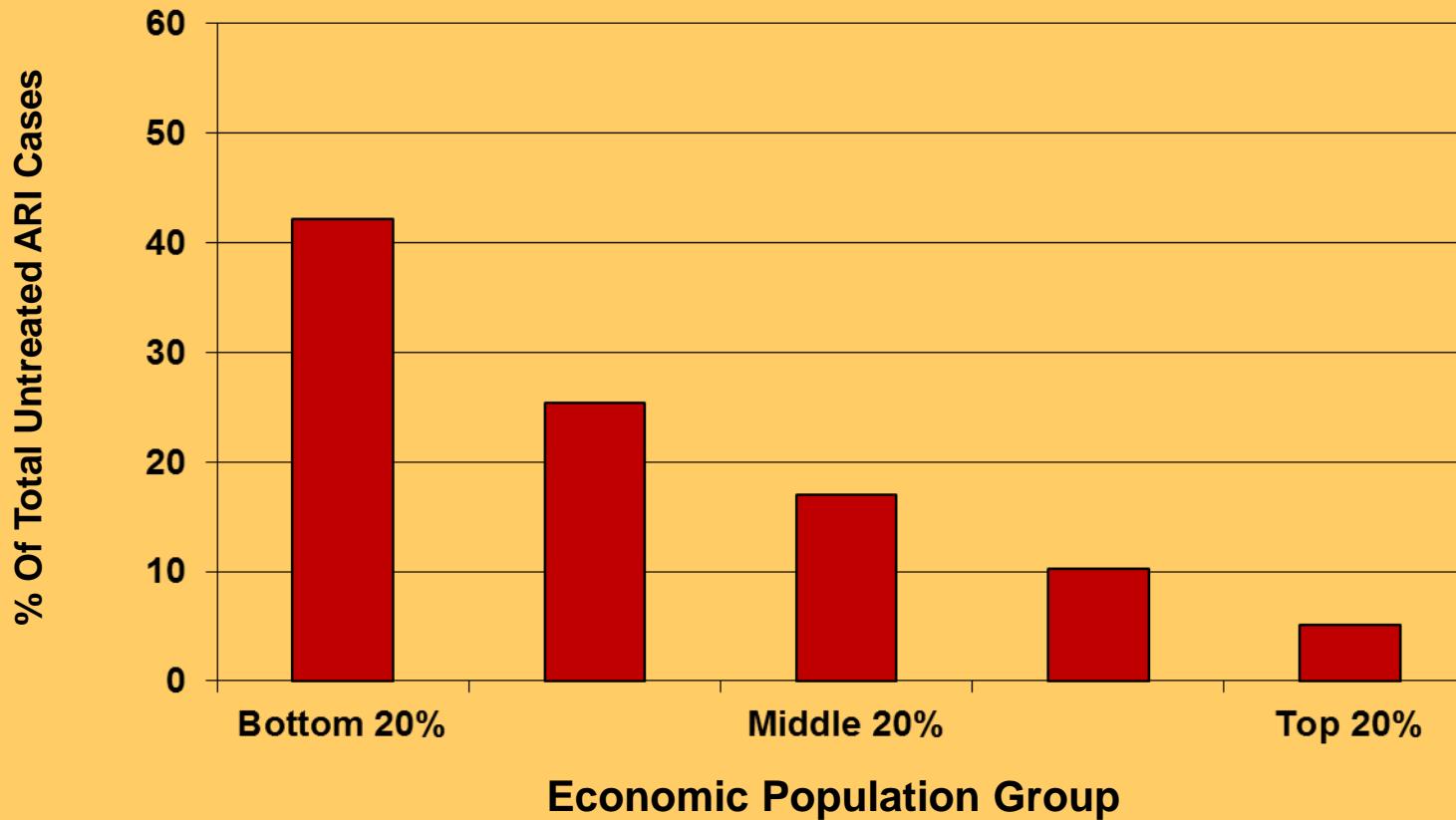
**Notes:** Unweighted Averages of Most Recent Available DHS Data from 8 Latin American and Caribbean Countries. Malnutrition Defined as Second-Degree Stunting

**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 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***

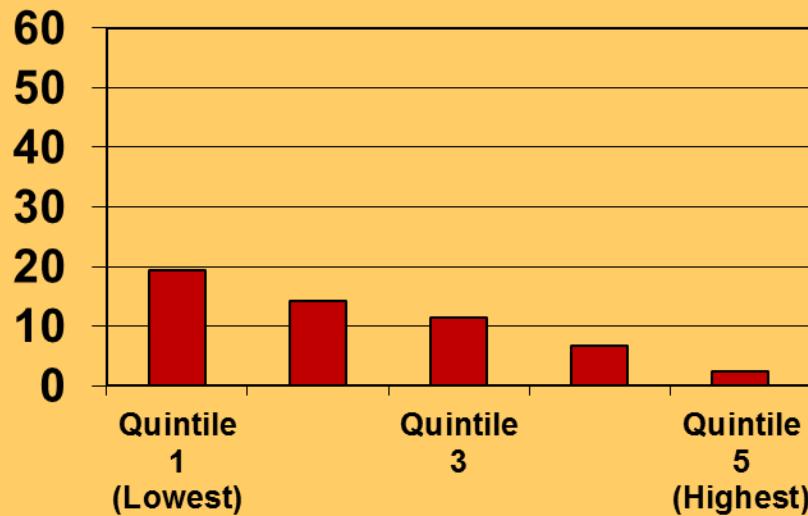
- THROUGH A FOCUS ON  
POOR GEOGRAPHIC  
AREAS
- THROUGH A FOCUS ON  
POOR FAMILIES

# **BRAZIL'S REORGANIZED FAMILY HEALTH PROGRAM: Introduction Strategy**

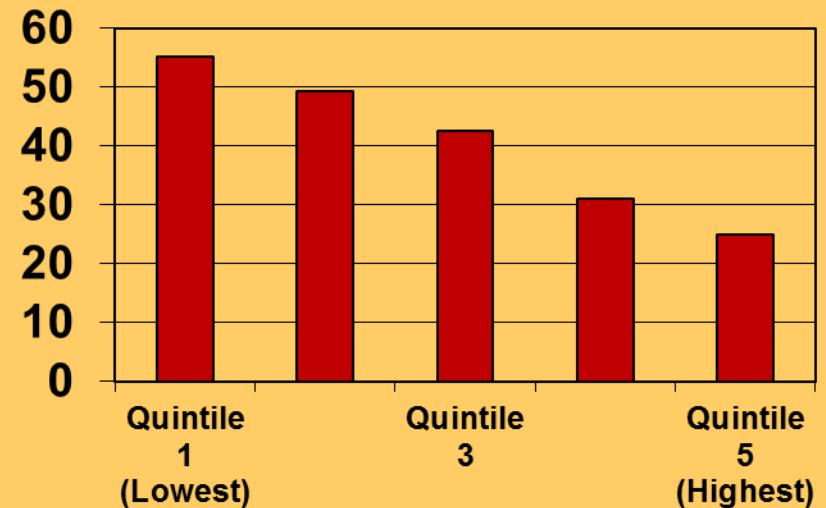
- **Phased Introduction of Program:  
Starting in Poorest Areas,**
- **Then Expanding to Better-Off Ones en  
Route to Ultimate Objective of  
Universal Coverage**

# 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**

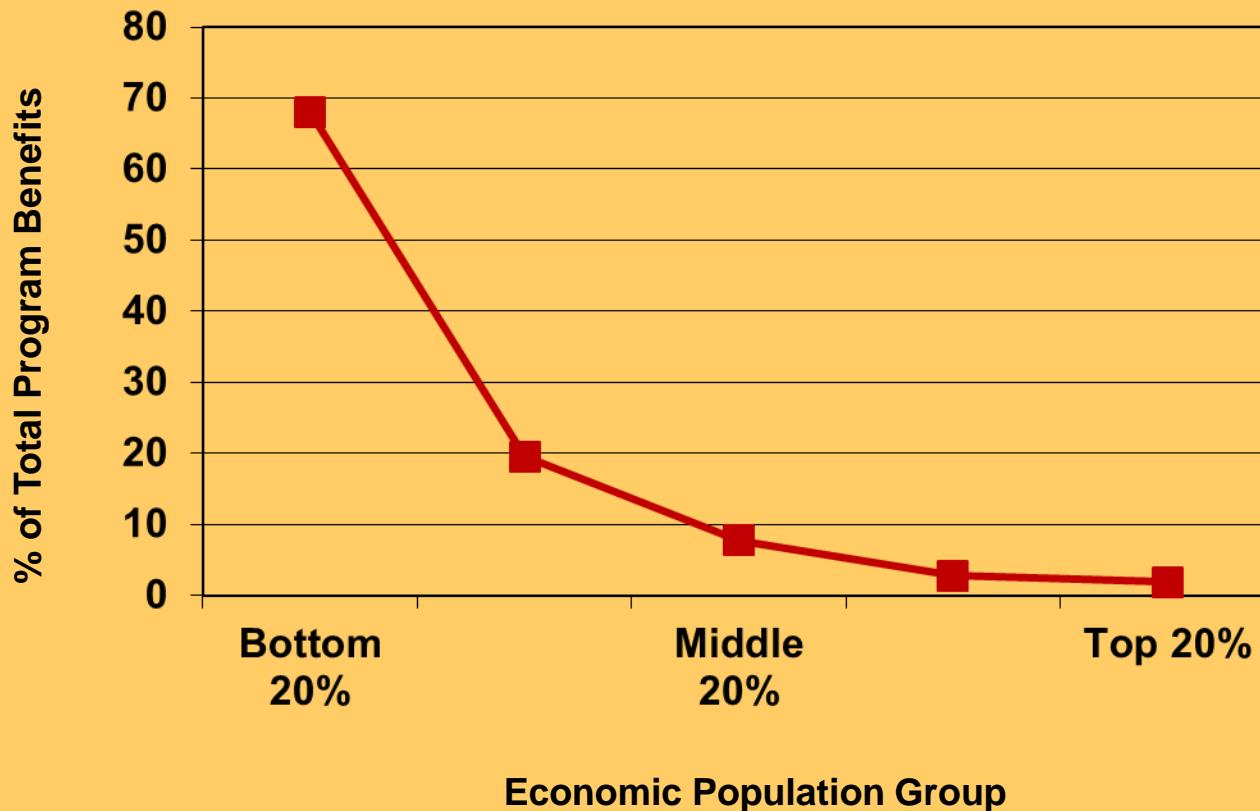
# Method Used by Mexico's PROGRESA/OPORTUNIDADES Program to Identify House- holds Eligible for Benefits

- *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**

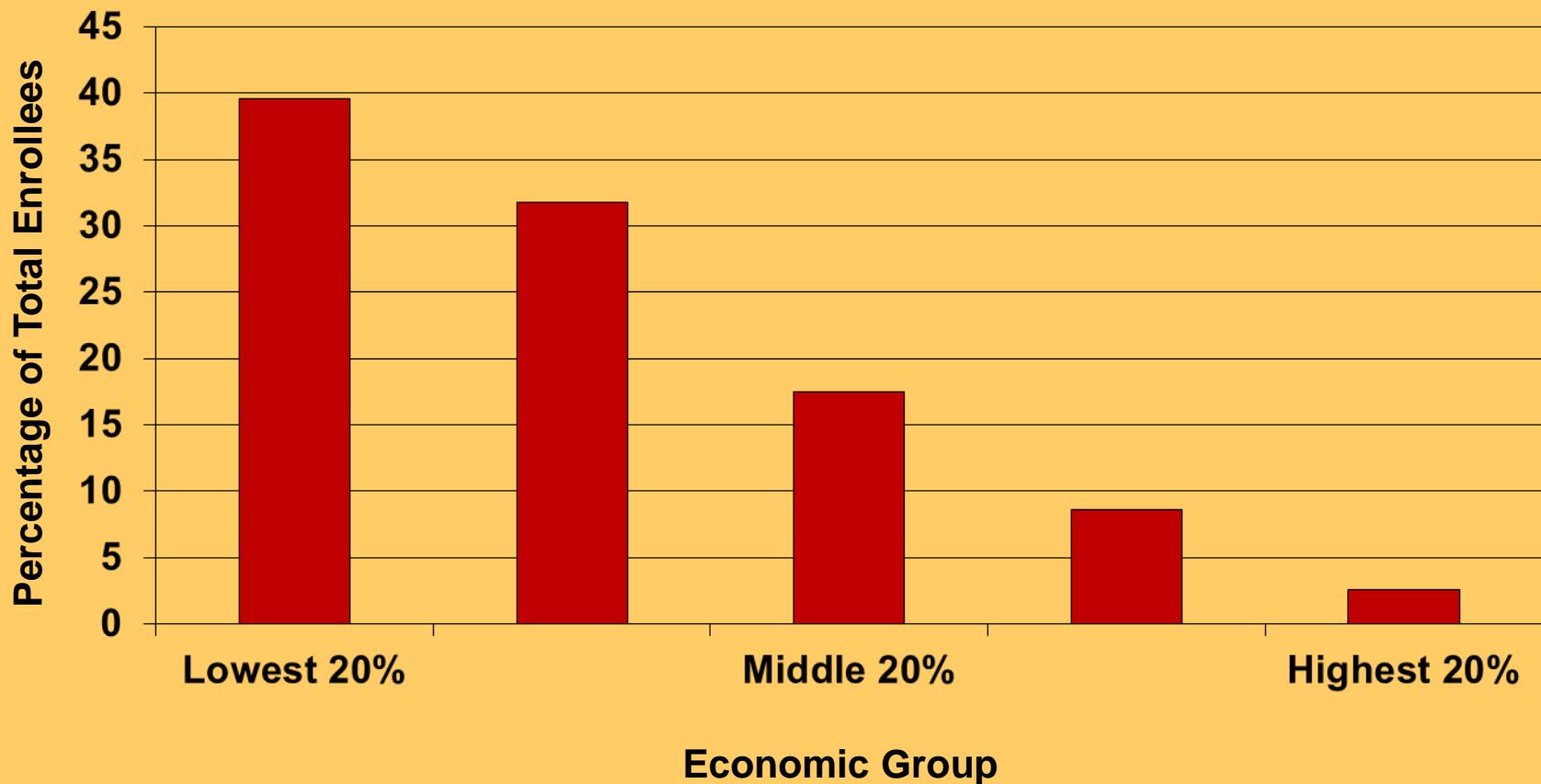
- **Monthly Cash and Food Payments  
to Women in Eligible Families**
- **IF People in the Families Use  
Health and Education Services**

# 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!