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HEALTH SYSTEMS REPORTER: focus on targeting health interventions to reach the poor

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produced by the [IDS Health and Development Information](#) team
in collaboration with [Eldis](#) and the [DFID Health Resource Centre](#)

This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on **targeting health interventions to reach the poor**. The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

Health Systems Reporter archive - an archive is now available on the Health Systems Resource Guide. See previous issues of the Health Systems Reporter at www.eldis.org/go/topics/resource-guides/health-systems/health-systems-reporter

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Feature: targeting health interventions to reach the poor

A large evidence-base highlights the fact that there are widespread inequalities in access to health care: in many developing countries individuals and households suffering from chronic poverty often benefit the least from high quality national health programmes, even if they have special health-related needs. Targeted approaches may be an effective way meeting the health-related needs of poor and vulnerable people and ensuring that the benefits of health interventions are equitably distributed across populations.

Targeting is defined as the identification and selection of certain groups, households or individuals and the distribution of benefits to them. There are a variety of different mechanisms that can be used to reach poor people. 'Direct' targeting refers to interventions that focus their benefits towards individuals through means testing. 'Indirect' targeting concentrates resources on specific groups of people rather than individuals; examples include categorical, geographical and self-targeting where programmes are made universally available but on terms that are attractive only to the poor.

In practice, directly targeting the very poor can be difficult, particularly where limited population-based data exists and the accuracy of data is questionable. Reaching these people and meeting their specific needs will usually be more costly than delivering equivalent services to the average population, and targeting scarce resources can result in resentment from other sections of the population.

In order for programmes to be successful they must be well designed and carefully targeted; when individual targeting has been tried without administrative support and additional resources to cover the costs, the approach has failed. Other targeting options such as by age and disease, applied in conjunction with direct approaches, are likely to be more effective in reaching the very poor than reliance on a single mechanism.

For more information see:

- Health, poverty and vulnerability section in the health systems resource guide www.eldis.org/go/topics/resource-guides/health-systems/health-poverty-and-vulnerability
- World Health Organization Commission on Social Determinants of Health http://www.who.int/social_determinants/en/

Recommended readings on targeting health interventions to reach the poor

Making health systems more equitable

Authors: D. R. Gwatkin; A. Bhuiya; C. G. Victora
Publisher: The Lancet, 2004

This article, published in The Lancet, looks at the challenges involved in making health systems more equitable and examines a range of mechanisms for achieving this. The authors find that health systems are consistently inequitable, providing more and higher quality services to the well-off rather than to the poor, who need them more. They identify several measures that can help to resolve this inequity, including: establishing goals for improved coverage in the poor, rather than in entire populations, and

use of those goals to direct planning toward the needs of the disadvantaged; use of one or more of the several techniques that have been effective in at least some settings; and empowering poor clients to play a more central role in health system design and operation.

The authors recommend that health policy makers experiment with a wide range of possibilities, monitor progress carefully to see how well they work, and retain those that prove effective. They acknowledge that this process is not guaranteed to bring greater efficiency in health systems. However, they suggest that equity in coverage is at least as important a basis for change as efficiency. [adapted from author]

NB: To access this paper, you will first be asked to register with The Lancet. This process and access to the paper is free of charge.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=17467&type=Document

Free government health services: are they the best way to reach the poor?

Authors: D. Gwatkin

Publisher: World Bank, 2003

Equity is a frequently stated justification for government involvement in the health care market. This is often taken to mean directly providing all segments of the population with a wide range of government-operated health services at no cost. Yet evidence suggests that this goal often remains elusive, especially in poor countries; that governments serve only some of the population; and that the people served are disproportionately concentrated among the better-off. When this happens, government health services, far from promoting equity, work against it.

The purpose of this document, produced by the World Bank, is to illustrate that there are many ways for governments to pursue the goal of ensuring that the poor receive adequate, affordable services through alternative approaches to resource allocation and purchasing. The first section summarises the information known about the distribution of benefits from government health services across social groups, in order to document the regressive pattern that now frequently exists and the need for significant changes in approach if the poor are to benefit. The second and third sections illustrate the kinds of changes that might be considered. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=13122&type=Document

Targeting services towards the poor: a review of targeting mechanisms and their effectiveness

Author: K. Hanson; E. Worrall; V. Wiseman

Publisher: Health Systems Resource Guide, 2006

This chapter analyses the alternative approaches to targeting the poor that have been used in healthcare delivery and draws together evidence from a range of countries about their effectiveness. The authors emphasise the importance of programme design and implementation issues and argue that successful programmes will need to identify these issues and devote adequate resources to overcoming them.

The authors propose a conceptual framework for understanding the key elements of targeting policies. These elements are: who is targeted; what is the targeted benefit; what is the targeting method; and what evaluation criteria are used to measure the impact. The paper then uses this framework to assess six different targeting mechanisms that have been applied in the health sector in a range of contexts. These approaches are: resource allocation formulae, contracting Non-governmental Organisations (NGOs), user fee exemptions, cash transfers, vouchers and market segmentation strategies using self-selection.

A critical issue identified in the chapter is the availability of good information for programme design and evaluation. Most evaluations in this area have focused on the main targeting outcomes (coverage, under-coverage and leakage) and have neglected the other issues of concern to policymakers such as cost and sustainability. Future research in this area needs to consider a broader range of outcomes, and more systematically compare the costs and consequences of alternative methods of directing resources towards those most in need.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=22157&type=Document

Targeting in health: a summary of the evidence

Authors: D.R. Gwatkin

Publisher: Poverty and Health, PovertyNet, World Bank, 2000

This paper, published by the World Bank, examines attempts to focus health sector development programmes on the poor. Drawing particularly on a series of case studies undertaken in Latin America in the late 1980s and early 1990s, it notes that although none of the programmes studied were perfect, the more carefully targeted ones were much more successful in reaching the poor than the less carefully targeted ones. The administrative costs of targeting were below 10 per cent of total programme costs. However, other studies describe the failure of many targeting programmes, particularly in Africa, leaving a mixed picture overall.

The paper suggests that it is worth the time and trouble to explore carefully the targeting options available in any particular setting, but that more than targeting will be required for the development of highly progressive, pro-poor initiatives. Targeting individuals through methods such as means testing can work well, but has failed when it was tried 'on the cheap' - with minimal administrative effort and without additional resources to cover the costs of the services provided. Targeting by age and by disease should also be considered, and using several targeting mechanisms at once appears more effective than reliance on a single mechanism.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=19580&type=Document

Institutional issues in scaling up programmes for meeting the health related needs of the very poor

Authors: E. Kirk; H. Standing

Publisher: Department for International Development Health Systems Resource Centre, 2005

This paper from the DFID Health Systems Resource Centre reviews current strategies for scaling up

successful interventions to meet the health-related needs of the poorest in developing countries. Findings show that all mechanisms for targeting the poorest suffer from elements of leakage, as well as weak institutional and governance structures. However, these problems are outweighed by the distributive benefits of some schemes. Demand-driven financing (involving the provision of resources to supply services for a distinct group) also has potential for reaching the poorest. However, parallel interventions on the supply side are needed to ensure quality is raised in addition to coverage.

The authors identify several institutional obstacles to scaling-up small-scale interventions. These include prohibitive or unsustainable costs, problems with scaling up targeting mechanisms (which often rely on local knowledge to target the poor effectively), and the risks of capture of decentralised resources by local elites. Effective collaboration between local constituencies and local governments or agencies is also harder to replicate on a regional or national scale. Key principles for successful scaling-up are identified as: a gradualist approach, a serious commitment to shifting power to the local level, a focus on ease of replication, and working within existing structures. [adapted from author]

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=19919&type=Document

Other documents from the health systems resource guide

Costs of scaling up health interventions: a systematic review

Author: B. Johns; T. T. Torres

Publisher: Health Policy and Planning, 2005

This article, in health policy and planning, reviews the literature on the costs of scaling up health interventions, and identifies the factors affecting costs as coverage increases. It finds that whilst national governments and other actors have committed to scaling up health interventions, there has been no systematic attempt to determine the impact of scaling up on the costs of programmes. The review demonstrates that the costs of scaling up an intervention are specific to both the type of interventions and its particular setting. It is therefore not possible to identify typical cost curves for health interventions.

The authors identify general trends that can serve as guidelines applicable to a wide range of interventions and settings:

- calculate separate unit costs for urban and rural populations
- identify economies and diseconomies of scale, and separate the fixed and variable components of the costs
- assess availability and capacity of health human resources
- include administrative costs which can constitute a significant proportion of scale up costs in the short run

Finally the paper recommends that, as coverage of health interventions increases, costs of scaling up should be reported alongside the impact on health of the scaled-up interventions.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33421&type=Document

Health warning: why Europe must act now to rescue the health Millennium Development Goals

Publisher: Action for Global Health, 2007

This report, by Action for Global Health (AFGH), examines the level of Official Development Assistance (ODA) for health that is needed to accelerate progress towards achieving the health Millennium Development Goals (MDGs). The paper is in two main sections: the first looks at overall actions needed to rescue the health MDGs and the second focuses on the role Europe can play in this. AFGH calls on Europe to publicly acknowledge the lack of progress made towards the health MDGs and to ensure that by 2009 donors contribute Euro 20 billion a year to health.

The report contains detailed recommendations on actions that policy makers must take to ensure the health MDGs are met and developing countries are adequately supported to strengthen their health systems. It recommends that:

- Restrictive macroeconomic policies which limit the amount of funds spent on public services need to be revised.
- Health systems need to be strengthened, both through existing bilateral and multilateral channels and through new global health initiatives.
- The human resource crisis affecting the health sector needs to be addressed.
- Access to basic health care needs to be scaled-up and made more equitable.
- More funding needs to be provided for research on health issues affecting poor people.
- Aid needs to be delivered in a much more aligned and harmonised way.

Available online at: <http://www.eldis.org/go/topics/resource-guides/health-systems&id=33264%20&type=Document>

New actors in health financing - implications for a donor darling

Authors: D. Drechsler; F. Zimmermann

Publisher: OECD Development Centre, 2006

This policy brief, by the OECD Development Centre, examines trends in development finance, focusing on the emergence of new actors such as global funds, foundations and NGOs, who provide additional financial flows. The paper draws on the experience of Ghana's health sector. It finds that, even for 'donor darlings', where aid accounts for a large percentage of gross domestic product, new sources of finance have become a credible alternative to Official Development Assistance (ODA).

The brief identifies major challenges for effective development finance. It shows that developing countries need stronger information systems to predict the various flows, and better co-ordination mechanisms. In order to take ownership of their own development process, countries must find ways to improve inter-ministerial co-operation and to address mismatches between budgets and spending. The paper concludes that domestically, many poor countries face capacity gaps that can not be filled by increased finance or improved effectiveness alone. These include skills shortages in ministries and unpredictable human resources in the public service. Addressing such capacity gaps should be an urgent priority for both governments and the donors seeking to assist them.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33363&type=Document

Posting of trained birthing attendants: a comparison of home- and facility based obstetric care

Publisher: ICDDR, B., 2005

This article, published in Health and Science Bulletin, reports on a study conducted between 1987 and 2001 in Matlab, Bangladesh, where both home- and facility-based obstetric care approaches have been implemented. It examines whether a home-based approach to professional birth attendance is associated with a more equitable utilisation pattern than a facility-based approach. The paper finds that between 1987 and 2001, there is a striking increase in the utilisation of skilled attendance at birth in Matlab. There are marked differences in the use of professional attendants according to wealth quintile, mother's and father's education and distance to the attendant. These differences were similar for both home- and facility-based obstetric care.

Obstacles to seeking care include fear and misconceptions about the care provided; long distance to facilities; social taboos associated with women's sexuality; preferences towards using traditional birth attendants; and the expenses associated with emergency obstetrics care. The paper concludes that before reinforcing home-based delivery care strategies, further research comparing the feasibility, cost, effectiveness, and acceptability and equity implications of the different obstetric care strategies is needed.

Available online at: www.eldis.org/go/topics/resource-guides/health-systems&id=33328&type=Document

Mental health systems in countries: where are we now?

Authors: K. S. Jacob; P. Sharan; I. Mirza

Publisher: The Lancet, 2007

This is the fourth in a series of papers on global mental health. The paper attempts to review the current status of mental health systems in countries using data compiled by international organisations and from published country profiles. It looks at data on the number of psychiatric nurses and psychiatrists per 100 000 people, the percentage of mental health beds outside mental hospitals, the presence of mental health legislation, policies and programmes, and the suicide rate per 100 000 people. Case studies from Brazil, India and South Africa are presented.

The paper finds that mental health receives a very small proportion of the total health budget in many low- and middle-income countries. Many of these countries have substantial burdens due to mental disorders, as assessed with disability adjusted life years (DALYs). A large proportion of countries do not have mental health policies, programmes and legislation, and scarce numbers of psychiatrists and psychiatric nurses compound the problems of mental health care delivery. The paper concludes that limited resources available for mental health in low- and middle-income countries has led to poor delivery of services, and to suffering and disability in people with mental disorders.

Please note: To read this article, you will first need to register with The Lancet. This process and access to the article is free of charge.

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