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The HNP PRSP Sourcebook

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Overview of the Presentation

- **What is the HNP PRSP sourcebook?**
- **Where we end up**
- **Conceptual framework & stages of PRSP**
- **Assessing outcomes of the poor**
- **Understanding outcomes of the poor**
- **Endpoint—policy design, implementation, and M&E**



What's the HNP PRSP sourcebook?

- A framework—not a blueprint—for putting together a poverty-focused health policy
- Diagnostic tools & resources—not solutions
- Pointers for policy-making—covering the What questions, as well as the How questions
- An owner's manual and a service manual—text plus annexes
- A tool for public expenditure analysts, system reformers, and service managers



HNP & the PRSP

- **Adverse HNP outcomes are:**
 - an important cause of income poverty
 - a dimension of multidimensional poverty
- **Objectives of PRSP:**
 - to *assess* HNP outcomes, especially amongst income poor;
 - to *understand causes* of low HNP outcomes amongst the poor, and
 - to *design policies* (a) to improve HNP outcomes amongst the poor and (b) to reduce the impoverishing effect of adverse HNP outcomes



Where we end up ...

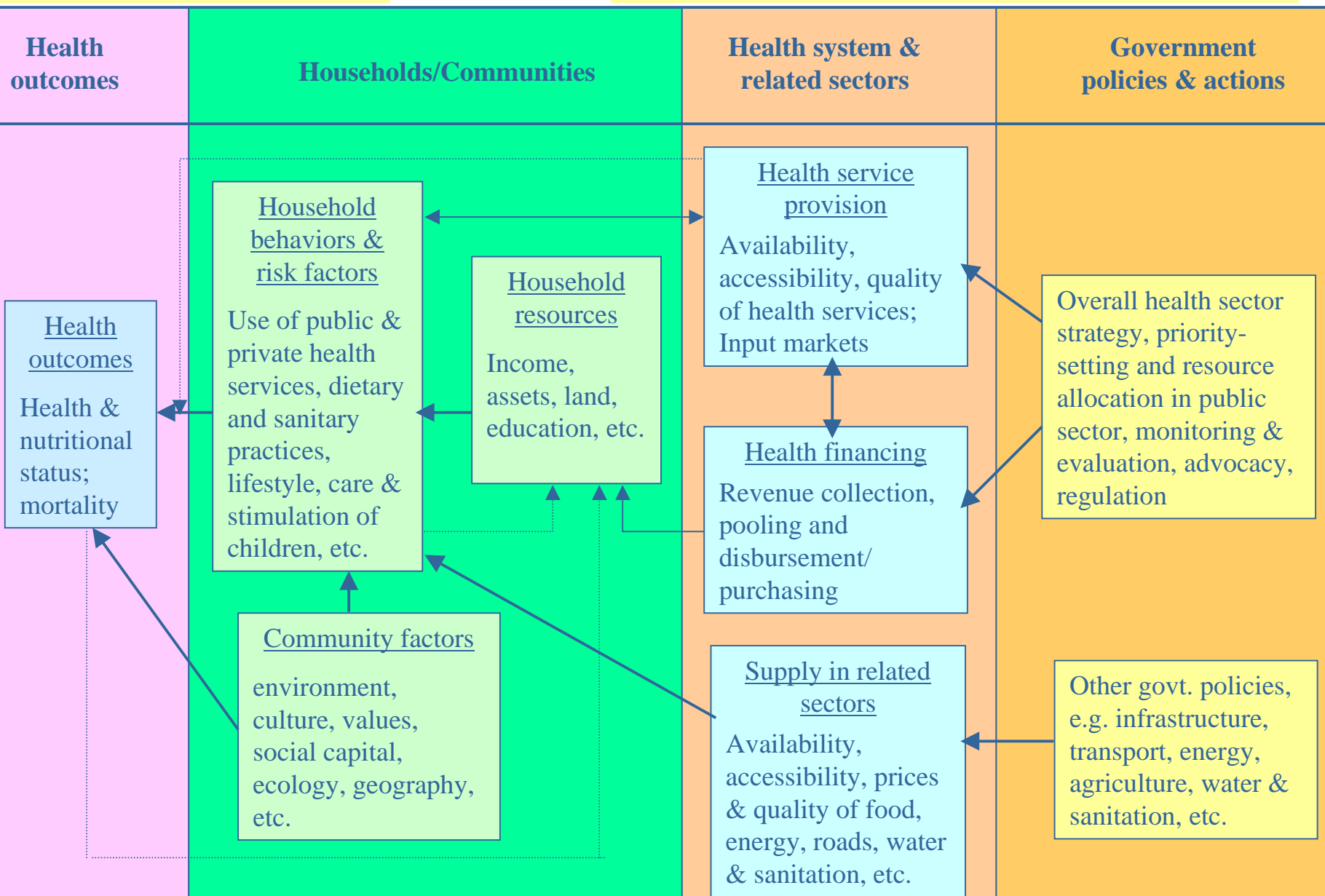
Problem Area	Issues	Actions
Public Expenditure	<ul style="list-style-type: none">• Reallocations to improve targeting and efficiency of expenditure	<ul style="list-style-type: none">• 3-5 year plan for expenditure changes, taking into account reallocations and new resources
Making the Health System Function Better	<ul style="list-style-type: none">• Increasing effectiveness, quality, and outputs through improved system performance. Improving receptiveness of the system to poor and excluded populations	<ul style="list-style-type: none">• Systemic reforms in incentives, contracting, ownership, insurance coverage, and coordination among partners• Pilot testing• Knowledge dissemination; training and communication about changes
Targeted Interventions that Work	<ul style="list-style-type: none">• Implementable, business-like, focused interventions for the poor• Measurable and evaluated outcomes	<ul style="list-style-type: none">• Projects and pilots in system context: targeted maternal and child health, nutrition, public health programs



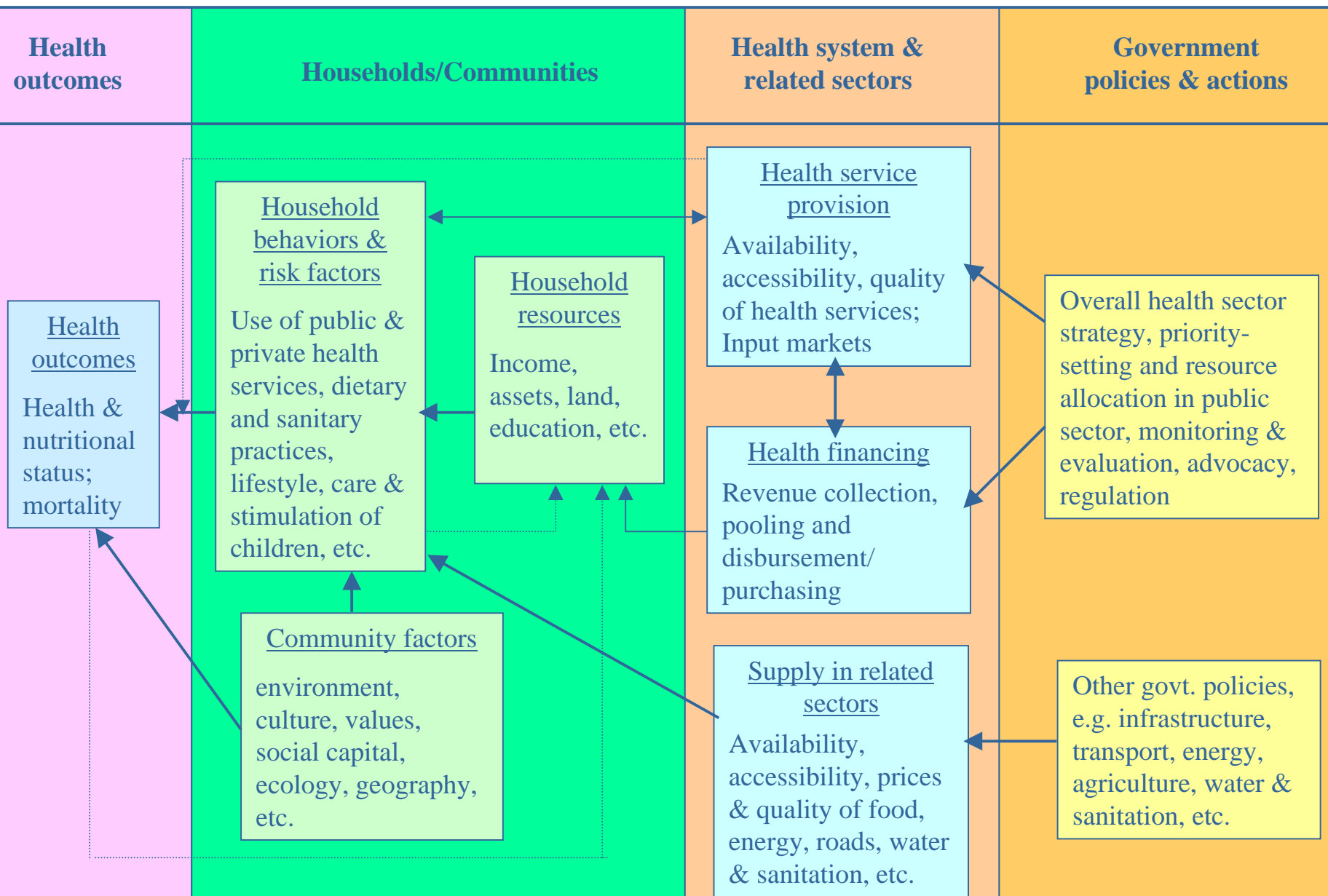
A conceptual framework...Why?

- **Poverty occurs at household and community levels. To find out why the system fails to reach the poor, need to look first at the household and community. Listen to voices of the poor, but some bottlenecks are systemic and require changes in ways of doing business regardless of the poverty performance.**
- **Prioritization is needed. Resources and capacity limited. No laundry lists.**

Diagnostics → **Challenges** ← Monitoring & Evaluation



Determinants of Health Outcomes





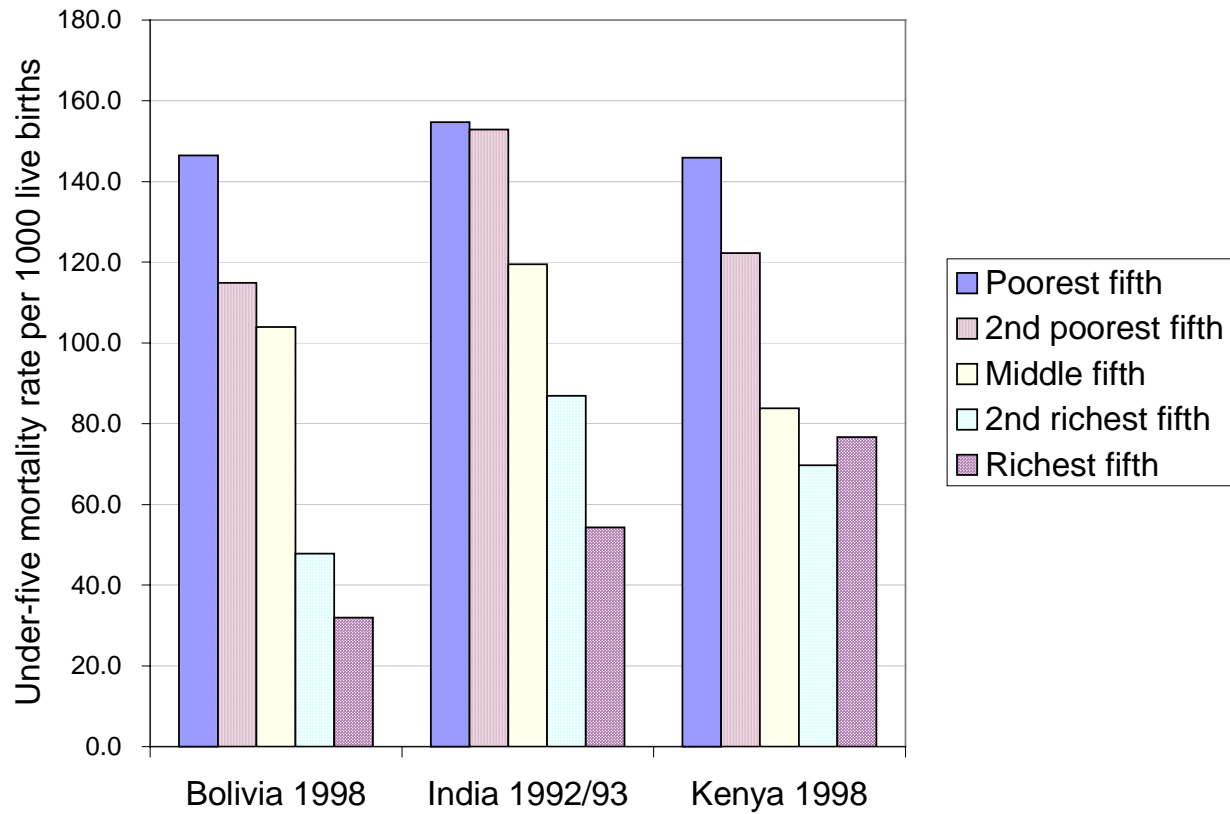
PRSP stages

- 1 **Assessing health outcomes amongst the poor**
- 2 **Understanding outcomes amongst the poor**
 - **Assessing risk factors, health care use of the poor**
 - **Explaining risk factors, health service use of the poor**
 - Household/community influences (income, knowledge, social capital, etc.)
 - Health system influences
 - Health service provision: What are the levels of availability, quality, etc., for the poor? Why?
 - Health financing: How do they influence affordability, and hence use of services and disposable income?
- 3 **Designing policy for the poor**
 - Overall health sector strategy, priority-setting and resource allocation in public sector, monitoring & evaluation, advocacy, regulation



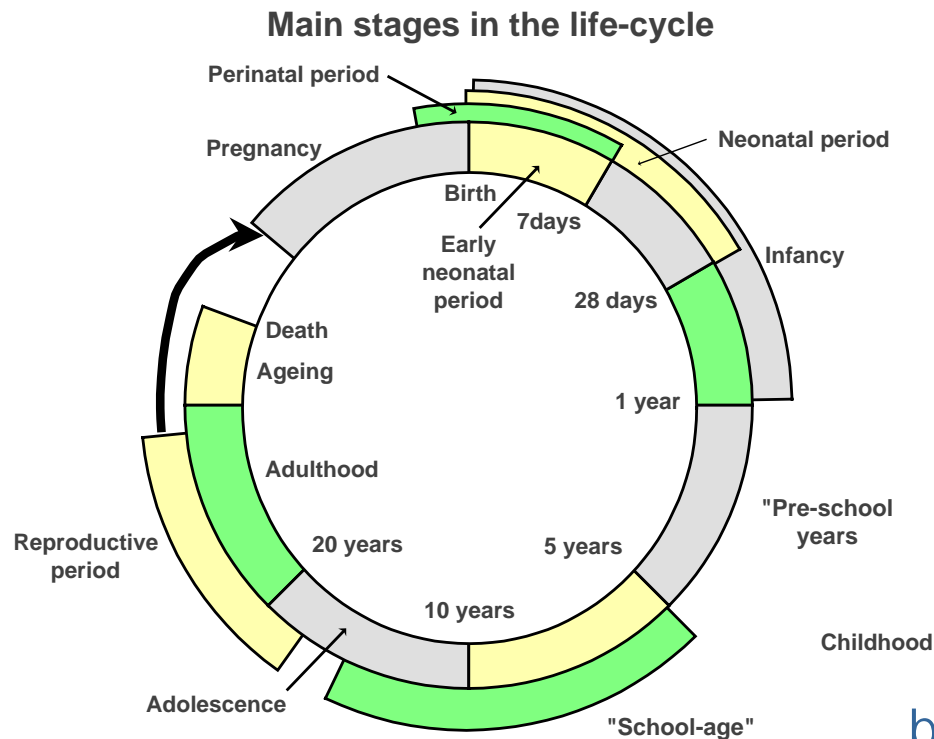
Stage 1: Assessing health
outcomes amongst the poor

Focus on outcomes, amongst the poor



HNP lifecycle & outcomes

Risks vary at different stages.



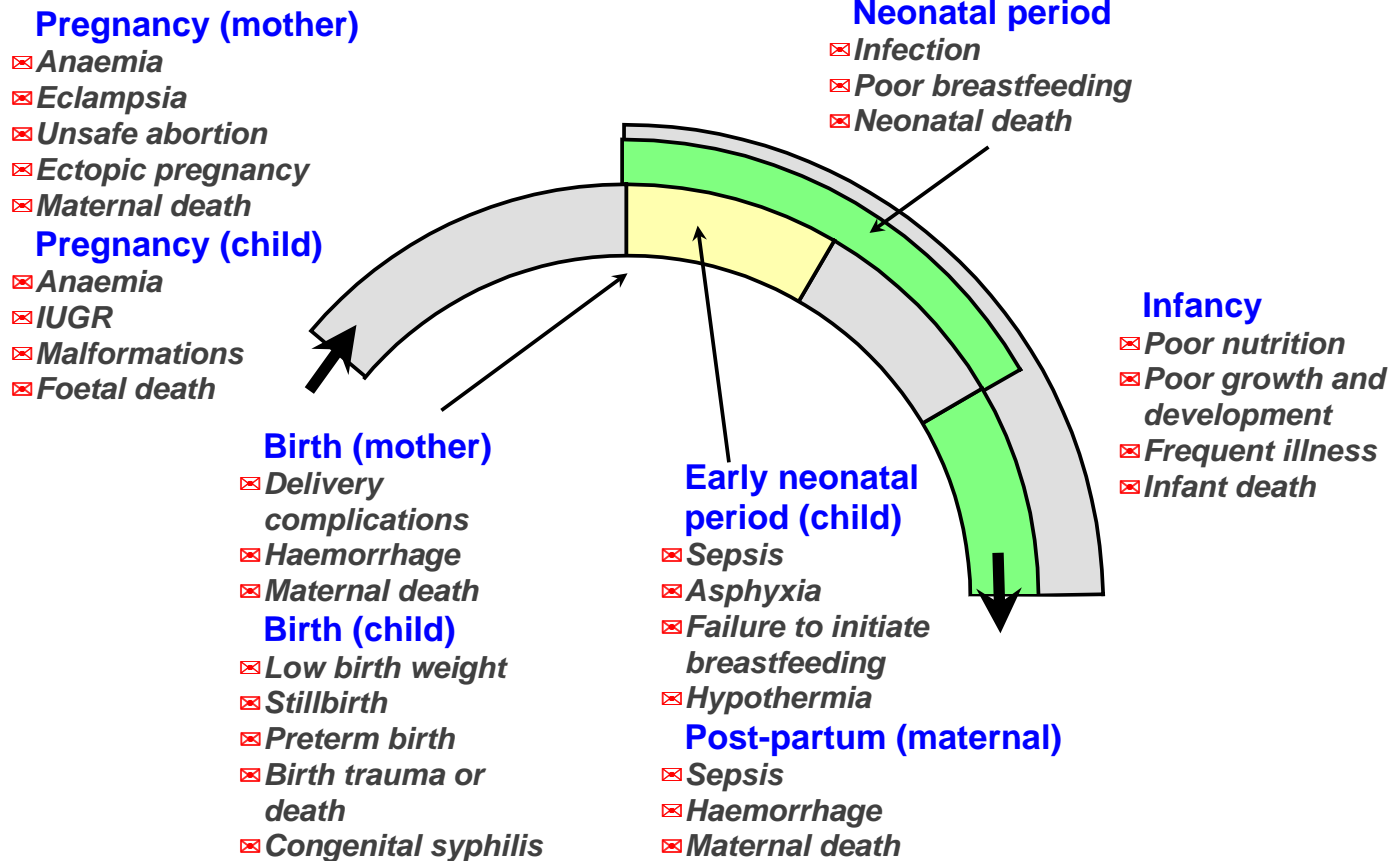
Each has corresponding outcome indicator.

Annexes outlining risks and outcome indicators, data availability.

HNP Poverty TG Information sheets. Data broken down across wealth quintiles—for 48 countries on key MCH outcomes, and risk factors, use of health services, etc.

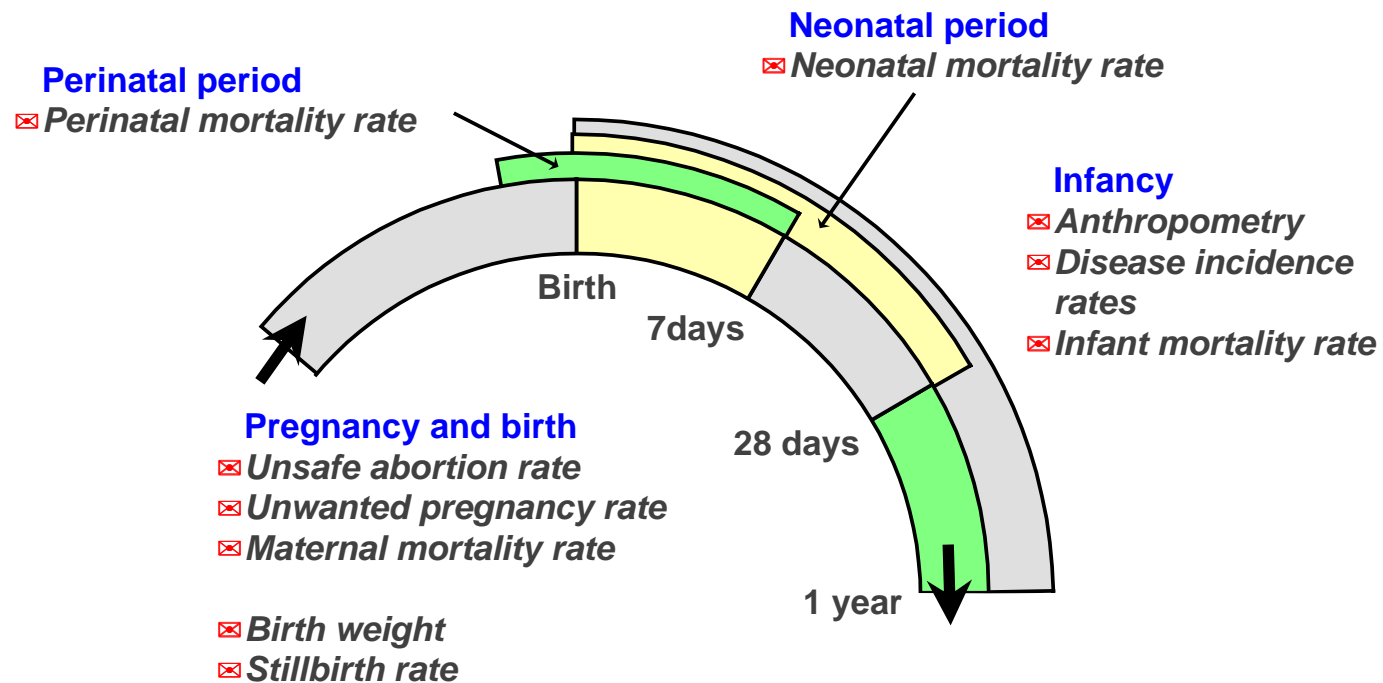
Risks vary at different stages

Main risks of pregnancy and early life



Outcome measures vary too

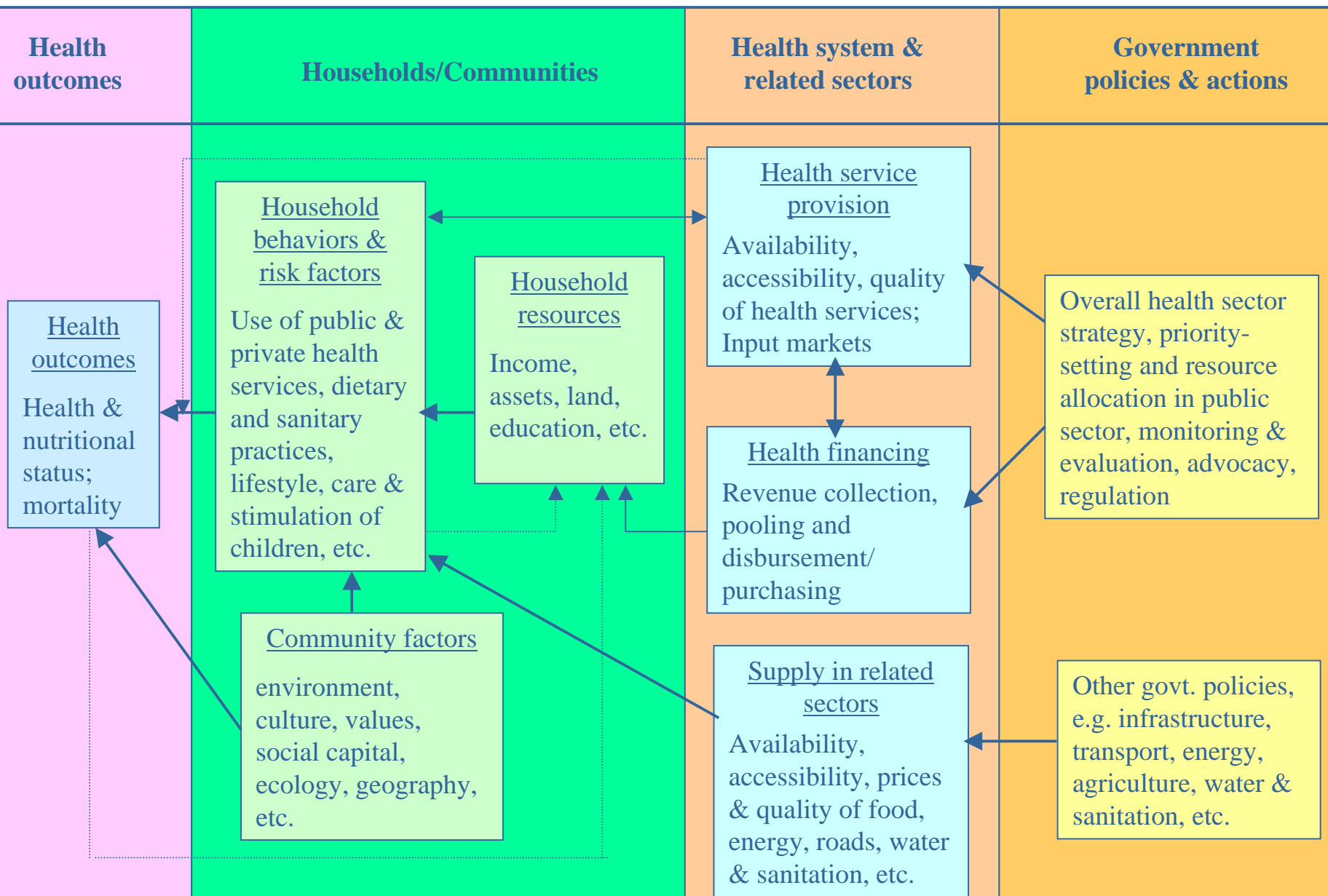
Main outcome measures of pregnancy and early life





Stage 2: Understanding health outcomes amongst the poor

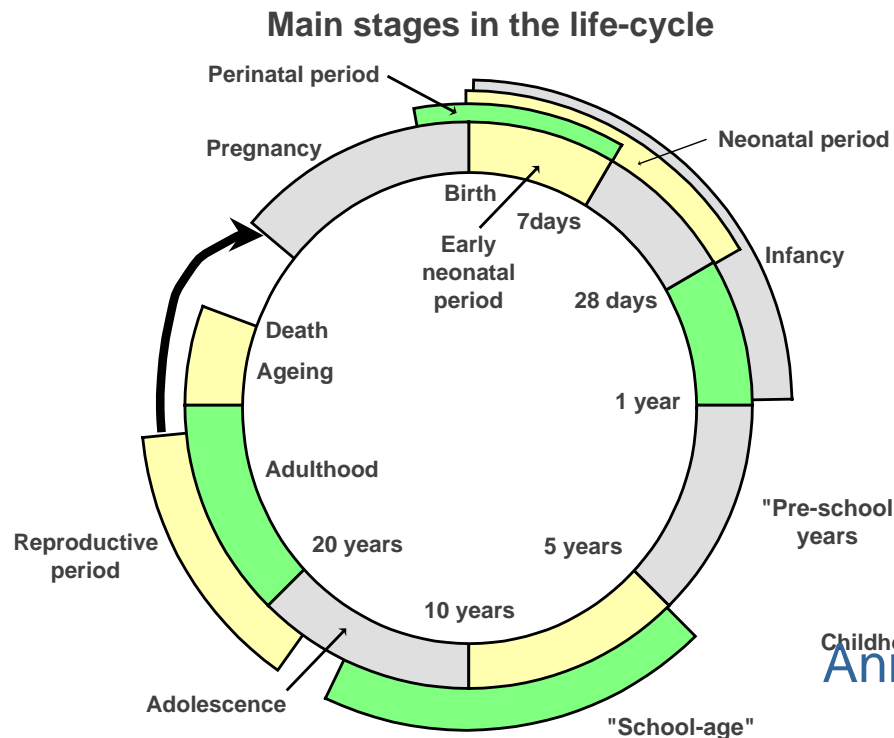
Determinants of Health Outcomes



HNP lifecycle: risk factors, interventions

Annexes summarize what's known about health interventions, risk factors & behaviors for key risks.

Annexes point to data allowing the poor's use of health services, risk factors, etc. to be assessed.



Childhood
Annexes outline what's known about training & resource requirements for delivering services, how to do good BCC, intersectoral issues, etc.



Household & community factors

Area	Issues	Diagnostic tools	Policy angle
Household	Income, wealth, education, knowledge, gender bias	Household surveys; various statistical methods	Health finance; social protection; BCC and health education; advocacy for gender equality
Community	Physical factors, values & culture, social capital	Community surveys, consultation exercises	Transport & infrastructure; advocacy for changes in attitudes harmful to HNP outcomes; foster social capital



Health provision: diagnostic tools

Determinants of Sector's performance	Examples of problem	Diagnostic tools
Accessibility	Low access to PHC, to community based activities	Consultation exercises; household surveys
Availability	Shortages of drugs vaccines, trained staff	Facility surveys
Organizational quality	Inconvenient opening hours, lack of privacy	Consultation exercises
Service Production	Price, perceived quality	
Continuity	Weak linkages with community structures. Poor supervision	Consultation exercises
Technical Quality	Inefficacious services because of non respect of standards	Facility surveys
Social Accountability	No voice of the poor in delivery of services	Consultation exercises
Allocative efficiency	Low funding to cost-effective PHC	Cost-effectiveness analysis
Expenditures equity	Low level of resources channeled to the poor	Benefit incidence analysis



Health provision: solutions

Determinants of Sector's performance	Examples of problem	Structural problems to explore
Accessibility	Low access to PHC, to community based activities	"Mix". Core Packages and areas of responsibility. Human Resources
Availability	Shortages of drugs vaccines, trained staff	Pharmaceuticals. Human Resources
Organizational quality	Inconvenient opening hours, lack of privacy	Human Resources. Community/civil society Participation
Service Production	Price, perceived quality	"Mix"
Continuity	Weak linkages with community structures. Poor supervision	Community participation. Contracting
Technical Quality	Inefficacious services because of non respect of standards	Contracting. Pharmaceuticals. Human Resources. Stewardship
Social Accountability	No voice of the poor in delivery of services	Community and civil participation
Allocative efficiency	Low funding to cost-effective PHC	Purchasing
Expenditures equity	Low level of resources channeled to the poor	Purchasing. Stewardship



Health financing issues

Area	Issues	Diagnostic tools	Policy angle
Collecting revenues	Sustainability; balance between user fees and prepayment; fee waivers for the poor; making prepayments progressive	Overall revenue levels; financing mix; survey analysis of fee waivers; progressivity and poverty-impact analyses	Make financing sustainable; reduce emphasis on user fees and try fee waivers for poor; link prepayments to income via tax or social insurance
Fund pooling	Size, wealth & diversity of risk pools; covering the poor for major risks	Analyses of pools—who is covered in each and for what; gaps in coverage	Merging pools—esp. groups with different risks and resources
Purchasing	Using revenues to buy services for the poor	Benefit incidence	Needs-based geographical resource allocation mechanisms



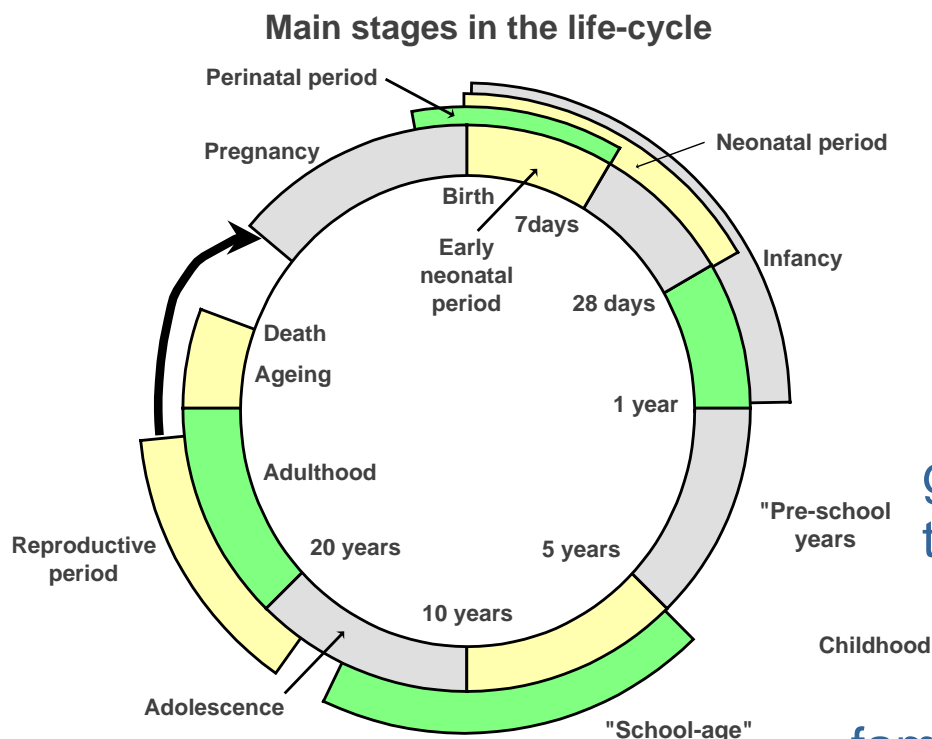
Stage 3: Policy



The layers of policy problems

Problem Area	Issues	Actions
Public Expenditure	<ul style="list-style-type: none">• Reallocations to improve targeting and efficiency of expenditure	<ul style="list-style-type: none">• 3-5 year plan for expenditure changes, taking into account reallocations and new resources
Making the Health System Function Better	<ul style="list-style-type: none">• Increasing effectiveness, quality, and outputs through improved system performance. Improving receptiveness of the system to poor and excluded populations	<ul style="list-style-type: none">• Systemic reforms in incentives, contracting, ownership, insurance coverage, and coordination among partners• Pilot testing• Knowledge dissemination; training and communication about changes
Targeted Interventions that Work	<ul style="list-style-type: none">• Implementable, business-like, focused interventions for the poor• Measurable and evaluated outcomes	<ul style="list-style-type: none">• Projects and pilots in system context: targeted maternal and child health, nutrition, public health programs

HNP lifecycle: risk factors, interventions



Health interventions are cumulative.

Prioritize interventions at several points to get sustained, high-impact health improvements.

Interventions in one generation brings benefits to successive generations.

Identify key risks for families and associated gaps in the health system, where interventions can break the cycle of poverty and ill health.



Resources for stages 1&2

- **Life cycle annexes.** One for each stage. Each to cover: key risks; corresponding outcome indicators, definition, measurement, and data availability; key medical interventions/proximate determinants/household behaviors/risk factors associated with each risk/outcome, and where data can be got on each; and the key policy issues specific to the area in question.
- **HNP Poverty Information Sheets.** Data—broken down across wealth quintiles—for 48 countries on key MCH outcomes, and risk factors, use of health services, etc.
- **Annexes on surveys.**



HNP indicators by poverty status

HNP Poverty TG Information Sheets (48 Countries)

- **Infant & under-five mortality rate**
- **% of children stunted & underweight**
- **% of children with diarrhea and ARI**
- **% of mothers with low Body Mass Index**
- **Total & Adolescent Fertility Rates**

Interventions vary over lifecycle

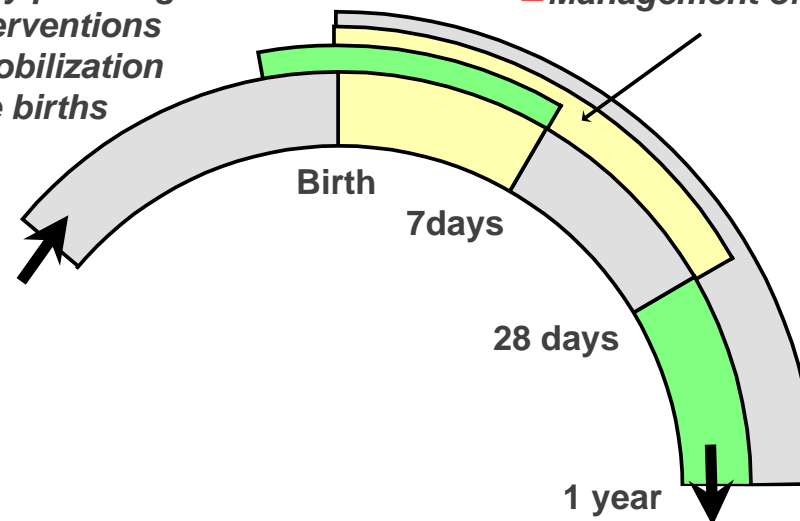
Main interventions in pregnancy and early life

Pregnancy, birth and perinatal period

- ☒ Antenatal care
- ☒ Essential obstetric care
- ☒ Essential family planning
- ☒ Nutritional interventions
- ☒ Community mobilization for safer home births

Neonatal period

- ☒ Essential newborn care
- ☒ Breastfeeding counselling
- ☒ Immunization
- ☒ Management of illness



Infancy

- ☒ Breastfeeding counselling
- ☒ Nutrition interventions
- ☒ Management of illness
- ☒ Care for development
- ☒ Immunization
- ☒ Other preventive measures



Key behaviors vary over lifecycle

Good practice for child health

- **Health & nutrition services**
 - immunization, bed nets, infection treatment
- **Dietary & feeding practice**
 - breastfeeding, complementary feeding >6 months
- **Sanitary practices**
 - hand washing, disposal of feces
- **Care & stimulation of child**
 - activities, interactions
- **Maternal factors**



HNP behaviors by poverty status

HNP Poverty TG Information Sheets (48 Countries)

- Immunization rates amongst children aged 12-23 for measles, DPT and polio
- % of children with diarrhea receiving ORH
- % of children with ARI taken to medical facility
- % of births for which women received at least one antenatal consultation
- % of births attended by medically trained person
- % of married women using contraception



Determinants of behaviors for child health

- **Household resources**
 - income, education, intra-household inequalities, ...
- **Community factors**
 - environment & geography, culture and values, ...
- **Prices, quality & availability of public and nongovernmental health services**
- **Prices, quality and availability of other goods & services**
 - food, energy, water & sanitation services, transport

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Establishing key determinants

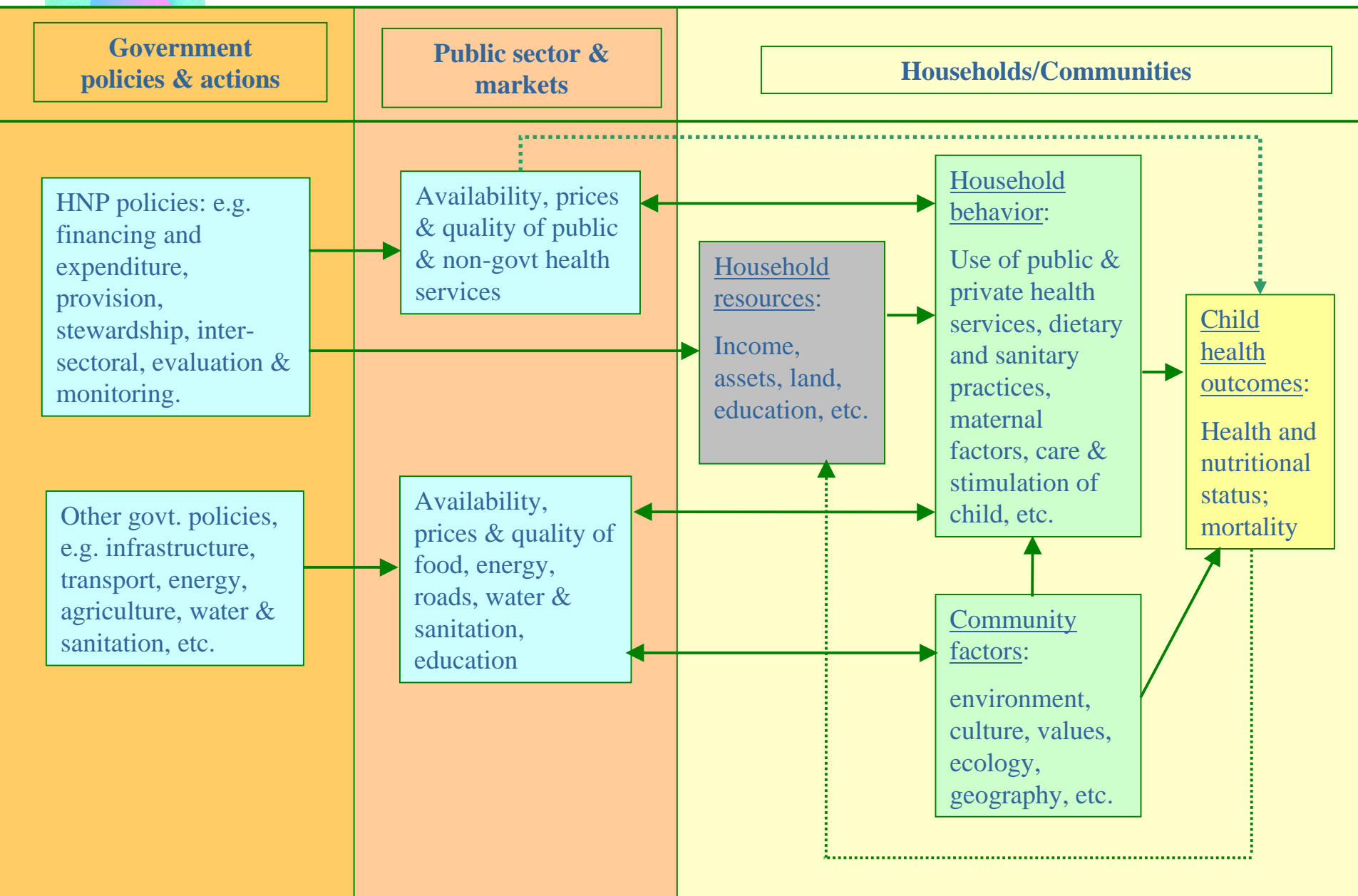
- **Focus groups & one-to-one interviews—e.g. El Salvador**
- **Simple tabulations from household surveys—e.g. India**
- **Regression analyses—e.g. Cebu**



Governments

- **Health & related services**
 - **Delivery**
 - access & availability, quality, efficiency, stewardship, including making services more pro-poor
 - **Financing**
 - user fees, insurance—improving access for the poor and improving the distribution of the burden of financing insurance
- **Beyond health services**
 - Household resources, income and education, water & sanitation, food & agriculture, infrastructure—key is to enhance impact on HNP outcomes

Determinants of Child Health Outcomes





Public Policy: Problems and Available Instruments

Problem Area

Instruments

Public Expenditures –
What Can You Do with
\$3-\$5 Per Capita?

PRSP Expenditure Review

Making the Health
System Function Better

Sector Reforms, Change
Initiatives

Targeted Interventions
that Work

Govt. Coordination of Existing
Initiatives (internal & externally
financed), M&E, Projects



Problems, Issues, Actions

Problem Area	Issues	Actions
Public Expenditure	Reallocations to Gain Efficiency and Targeting	<ul style="list-style-type: none">• 3-5 Year Plan for Expenditure Changes
Making the Health System Function Better	Incentives, Contracting, Ownership, Insurance Coverage, Coordination	<ul style="list-style-type: none">• System Change/Reform Planning• Pilot Testing• Conferences, KM, Training
Targeted Interventions that Work	Business-like, focused interventions for the poor, with measurable and evaluated outcomes	<ul style="list-style-type: none">• Projects and Pilots in System Context: Targeted MCH, Nutrition, Public Health Programs

Government policies & the determinants of HNP behaviors



Determinants of HNP behaviors & outcomes

Government policies

	HNP expenditure allocations	Financing and Revenue	Provision and Service delivery	Stewardship	Monitoring & evaluation	Policies Outside the Ministry of Health
Availability & accessibility of HNP services						
Quality of HNP services						
Price of HNP services						
Household income						
General education						
Health-specific knowledge						
Gender inequality						
Price, availability, accessibility & quality of food						
Price, availability, accessibility & quality of water & sanitation						
Community & social capital						



Example for Expenditures

- **Availability and accessibility of HNP services:** Set clear priorities within budget constraints: (1) Public Health and Preventive Services; (2) Basic Clinic Services for Mothers and Children; Improving Risk Protection for the Poor. This entails, in practice, balancing spending on (a) specific public health/preventive interventions; (b) primary vs. other levels of care. ; and (c) improving access of poor to high cost services when in need.
- **Quality of HNP services:** Quality is determined by quantity and quality of labor, capital, equipment, and consumables. It is thus partially dependent on balanced expenditure decisions on (a) labor v. equipment and consumables, (b) capital v. recurrent expenditures, and (e) maintenance.
- **Price of HNP services:** Public expenditure decisions are joint with revenue decisions in the HNP system. User fees are a response to inadequate public funding. Provision must be made for full financing of services to be delivered without charge to consumers, which requires (a) priorities for public funding and (b) pricing of services to close expenditure gaps.
- **Household income:** Expenditures should include formula to provide additional subsidies for poorer areas and for poorer households for priority HNP services
- **Health-specific knowledge:** Core public health function of government requiring adequate financing
- **Gender inequality in control over resources:** Almost all basic health services involve mothers and children; women should be carefully consulted in the budgeting process.



Criticisms

- **Shop or Service Manual**
 - Conceptual, excess sophistication, especially on data
 - Short on practical assistance to produce an HNP chapter
 - Too Long
- **Missing**
 - Supply constraints
 - Various disease threats, especially for adults



Needed

- **Owner's Manual**
 - Simple presentation of main issues
 - How to go about collecting and organizing the information
 - How to make the case simply for HNP
- **As always, authors must juggle**
 - More coverage needed
 - But make it simpler



And Your Views?

