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EQUITY

Integrate Equity Goals, Approaches, and Indicators Into Policies, Plans, and Development Agendas

Many countries aspire to alleviate poverty and enhance health equity. Too often, however, aspirations are not followed up with clear goals and action items. Thus, the fourth component of the EQUITY Framework[1] is to integrate equity goals, approaches, and indicators into policies, plans, and development agendas.

E - engage the poor
Q - quantify inequalities
U - understand barriers
I - **integrate equity goals**
T - target resources and efforts
Y - yield public-private partnerships

Policies must be informed by an understanding of the nature of health inequalities in the country, which entails identifying the poor and most vulnerable groups, quantifying inequalities in health service access and health status, and understanding the barriers to equitable access—as highlighted in the first three components of the EQUITY Framework (see box). Ideally, the problem identification or situational analysis section of the policy or strategy would describe the health issue, assess how different groups are affected, and diagnose the reasons why the inequalities persist.

Policies can demonstrate a government's priorities and commitment to improving the lives of its people. When health inequalities are recognized as a priority that requires action, policies and strategies should outline clear, time-bound equity goals. Typically, goals are stated in broad terms for the population as a whole and do not consider the needs of various groups. A country may be able to achieve certain goals, yet still face inequalities by socioeconomic status or region that hamper improved health of communities and societies.[2] Care must be taken to ensure that goals are designed to address and track these inequalities.

With equity stated as a clear goal, the policy, action plan, or strategy must determine specific pro-poor interventions that will contribute to improved equity. Interventions should consider the barriers faced by the poor and other groups and work to alleviate them. Policies and plans should also designate the responsible persons and organizations, offer operational guidance for implementation, and assess the capacity and resources needed for each intervention.

Finally, the policy or strategy must include equity-based monitoring mechanisms and indicators that assess the reach of programs and impact on health outcomes and status. Such mechanisms are needed to foster accountability for reducing inequalities.

It cannot be emphasized enough that the poor and other vulnerable, underserved, and most-at-risk populations should be engaged throughout the policy-to-action process. These groups are best able to speak to the challenges and barriers they face, and the interventions most appropriate for their needs. They can play a role in implementing policies and strategies, for example, as outreach workers for their peers. Further, input from the poor and other vulnerable groups is essential for monitoring service delivery, quality, and access. Their feedback can be gleaned through client exit interviews, community scorecards, citizen monitoring activities, or engagement in local- or facility-level oversight committees, among others.

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To provide further guidance on this component of the EQUITY Framework, this brief presents examples of how stakeholders integrated equity into health policies and strategies in Kenya and Uttarakhand, India.

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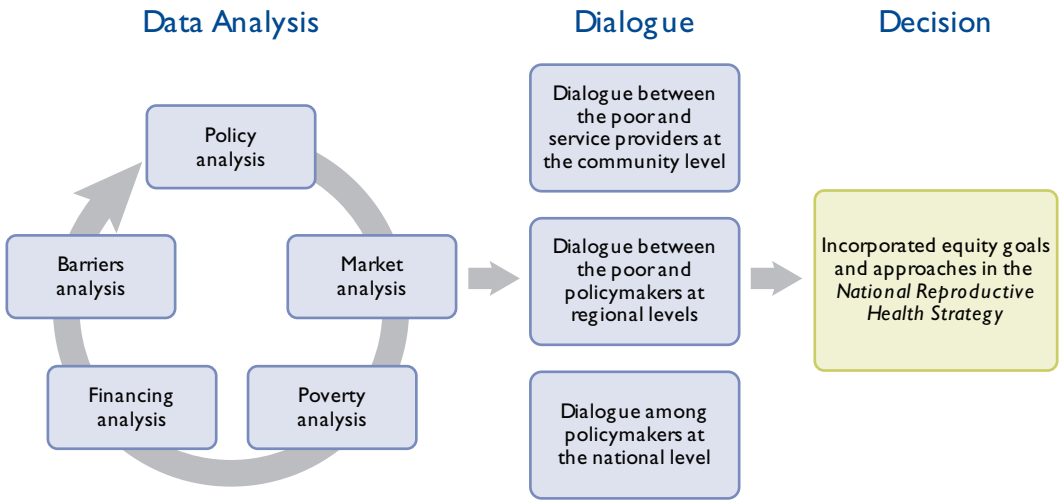
Kenya's National Reproductive Health Strategy

Beginning in 2007, the USAID | Health Policy Initiative, Task Order 1, assisted stakeholders in Kenya—including the Health Financing Task Force and Division of Reproductive Health—to carry out a multifaceted activity designed to improve access to family planning (FP)/reproductive health (RH) services for the poor.[3] The project used a three-step process (Figure 1): first researching policy, operational, and financial issues affecting access to services for the poor; then engaging the poor in policy dialogue and advocacy; and finally, collaborating with partners, under the government's leadership, to create appropriate policy strategies to improve access for the poor. This evidence-based analysis and dialogue approach at the national, regional, and community levels infused equity concerns into the policy process. The approach also helped to effectively engage the poor in multi-level policy dialogue and generated ideas about policy options to better target services and resources to the poor.

As a result, for the first time ever, Kenya's *National Reproductive Health Strategy* includes quantifiable equity objectives and specific strategies to reach the poor. The strategy describes health needs and historical trends, and seeks to set goals that can be reasonably achieved with stepped-up efforts over the next five years to address the special needs of the poor, hard-to-reach, and other vulnerable populations. The strategy includes a time-bound indicator to increase modern contraceptive prevalence among the poor by 20 percentage points by 2015. It also outlines pro-poor strategies, including

- Conduct an assessment of the RH needs and availability of services for hard-to-reach populations;
- Support research on social and cultural determinants of non-use and unmet need for family planning among various social and economic groups to advocate for and promote evidence-based interventions;
- Review and update policies and regulatory mechanisms to ensure that they facilitate universal and equitable access to FP education, information, and services;
- Design strategies to improve equity in access to reproductive healthcare for hard-to-reach populations—such as innovative outreach services and use of e-health technologies;

FIGURE 1. INTEGRATING EQUITY IN KENYA



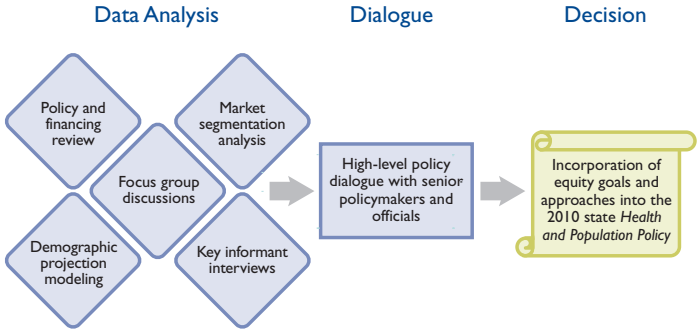
- Implement healthcare financing mechanisms:
  - Inform the scale-up of the Output Based Approach for family planning under *Vision 2030*, the country's development agenda;
  - Create a national social health insurance fund;
  - Strengthen the implementation of fee exemption mechanisms;
- Mobilize civil society to advocate for family planning in disadvantaged communities;
- Use participatory approaches to work with communities, public and private sector institutions, and NGOs and to promote appropriate use of available services;
- Support community-based distribution of FP products particularly in rural and remote areas; and
- Redistribute resources from relatively well-served areas to areas of extreme poverty (poverty mapping) such as North Eastern Province, Nyanza Province, the dry (and poor) northern areas, areas with pastoralist populations, and urban slums in major cities.

The government officially launched the *National RH Strategy* in Nairobi in April 2010.[4] Integrating equity goals and interventions into Kenya's national strategy is a positive step. The strategy's goals and proposed interventions link well with the social pillar of *Vision 2030*, Kenya's blueprint for development. *Vision 2030* aims to address social equity and poverty reduction issues and promote poverty reduction programs as part of the country's development agenda. Next, the focus must turn to implementing the RH strategy, mobilizing and allocating resources equitably, and establishing monitoring and evaluation mechanisms.

Uttarakhand's Health and Population Policy

In 2002, Uttarakhand became the first state in India to adopt an integrated *Health and Population Policy*. Since then, the government of Uttarakhand has worked to put the policy into practice. For example, it has expanded services under the central government's Reproductive and Child Health II Program and National Rural Health Mission. All districts have created district action plans to better coordinate local health services. The state has also carried out innovative pilot approaches to implement the state policy, including public-private partnerships. In 2008, in-state stakeholders decided to assess the status of implementation of the *Health and Population Policy* and make recommended course corrections as needed.

FIGURE 2. INTEGRATING EQUITY IN UTTARAKHAND



The Health Policy Initiative assisted the Directorate of Medical Health and Family Welfare (DoMHFW) to carry out data analysis and policy dialogue to inform decisionmaking (Figure 2):

Analysis of health indicators and policy implementation. A first step was to analyze health and demographic indicators to determine inequities based on the most recent data from national- (2005/06) and district-level (2007/08) surveys. The project and local partners also applied the Policy Implementation Assessment Tool[5] to gather input from more than 400 people, including policymakers, implementers, and clients, to identify facilitators and barriers to implementation. The assessment also provided a way for clients, especially poor women and men, to voice their concerns, which informed the government's decisionmaking. Further, the project compiled information on innovative programs undertaken in the state. Together, these analyses revealed that while Uttarakhand has a solid policy foundation and financial resources, there are issues in operationalizing, managing, and monitoring services in an efficient and equitable manner, especially in urban slums and hilly, hard-to-reach areas.

Policy dialogue. The government of Uttarakhand—in collaboration with the Health Policy Initiative, USAID/India, and the USAID-funded ITAP Project[6]—organized a high-level policy dialogue in Dehradun in November 2008. More than 50 participants attended, including government leaders, NGOs, donors, and civil society and private sector partners. The workshop provided an opportunity to review the state's health indicators, learn from innovative programs in the state, discuss findings from the policy implementation assessment, and renew commitment to health sector reforms.

Preparation of an updated policy. The next step was to draft an updated policy to reinforce strengths in the original state policy, alleviate barriers, provide guidance on new priority areas and service delivery mechanisms, and address emerging priority health issues, including equity. In April 2009, the DoMHFW formed a Policy Revision Coordination Committee to lead the drafting of the policy. The committee organized interviews and meetings with key policymakers, senior state administrators, and civil society groups. Based on the policy implementation assessment, review of innovative approaches, analysis of health indicators and projections, and consultations with stakeholders, the state government approved the policy in 2010.[7]

Equity is a key concern addressed in the policy. The policy includes not only statewide goals, but also goals to encourage equity (e.g., to increase the proportion of safe deliveries to 65 percent statewide by 2017 and to at least 60 percent in rural areas). Specific interventions called for in the updated policy include

- Tailor approaches to urban, rural, and hilly areas;
- Scale up public-private partnerships:
  - Mobile health vans in remote areas;
  - Community mobilization in the rural plains;
  - "Contracting out" non-clinical services to the private sector in urban areas;
  - Outreach for the urban poor;
- Implement pro-poor financing mechanisms such as health insurance, a voucher scheme, and community savings plans; and
- Ensure equitable allocation of resources based on regional disparities, poverty level, disease patterns, and underserved groups.

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Conclusion

A key lesson learned from the policy processes in Kenya and Uttarakhand is the need to tailor responses to the local context, especially the needs of the underserved populations. Promoting equity involves several dimensions—geographic region, area of residence, socioeconomic status, gender, age—and using evidence is crucial for understanding the needs and barriers of these diverse groups to design appropriate, responsive policies and strategies.

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ENDNOTES

[1] Health Policy Initiative, Task Order 1. 2010. "EQUITY Framework for Health." Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

[2] Health Policy Initiative, Task Order 1. 2007. *Inequalities in the Use of Family Planning and Reproductive Health Services: Implications for Policies and Programs.* Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

[3] Health Policy Initiative, Task Order 1. 2010. *The EQUITY Framework: Influencing Policy and Financing Reforms to Increase Family Planning Access for the Poor in Kenya.* Washington, DC: Futures Group, Health Policy Initiative, Task Order 1.

[4] Ministry of Public Health and Sanitation (MOPHS) and Ministry of Medical Services (MOMS). 2009. *National Reproductive Health Strategy 2009–2015.* Nairobi: Republic of Kenya, MOPHS and MOMS.

[5] Health Policy Initiative, Task Order 1. 2009. *The Health and Population Policy of Uttarakhand: A Review—Application of the Policy Implementation Assessment Tool.* New Delhi: Futures Group, Health Policy Initiative, Task Order 1.

[6] ITAP is the Innovations in Family Planning Services II Technical Assistance Project.

[7] Health Policy Initiative, Task Order 1. 2010. "Informing Health Policy Reform: Policy Implementation Assessment Inspires Action in Uttarakhand, India." New Delhi: Futures Group, Health Policy Initiative, Task Order 1.