



Reflections and implications

“There is increasing recognition by key decision-makers – in government, in the private sector and in civil society – that healthy communities and societies are vital for the future development of nations and of our planet. Simply put, investing in health used to be seen as a luxury, to follow investing in energy, in transport or in defence. Now the health of a society is seen as one of the first pre-requisites for the development of its people.”

— Dr Gro Harlem Brundtland,
Director-General,
World Health Organisation.

“Inequity is becoming less and less affordable not only for poor people but for the global community as a whole. The world can no longer turn a blind eye to the cost of diseases that poverty generates.”

— Mamphela Ramphele,
Managing Director World Bank

Voices of the Poor confirms, from a family and community perspective, what we already know from macro-economic data: that poverty and ill-health are inseparable; that the principal causes of ill-health fall within the domain of public health; and that health systems in developing countries are failing the poor.

How can the health of the poor be improved? Part II discusses the implications of what poor people said in Part I. It is structured around the three areas mentioned above, and a fourth that covers health concerns that disproportionately affect poor people. These tentative conclusions reflect the *Voices of the Poor*, but they are also based on WHO's knowledge and expertise. They are, therefore, the conclusions of WHO, not the suggestions of poor people. Part II begins by looking at the importance of poor people's participation in efforts to improve their health.

Focusing on the needs of the poor is essential. Overall improvements in health status, or efforts to reform health services, will not necessarily benefit the poor – they face specific health problems and specific barriers to accessing care, and therefore require targeted interventions. Research by WHO suggests that in many developing countries neither health policies nor broader development strategies are explicitly designed to address the health needs of the poor (2)⁴. The result is that the poor continue to shoulder a disproportionate burden of ill-health and to be excluded from health care. This in turn perpetuates inequality between the poor and the better off.

The strategies presented here are deliberately broad and non-prescriptive. This is for two reasons. Firstly, WHO believes that to a large extent health policy must be determined by the local context. Secondly, very little hard evidence exists on what works to protect, restore and maintain the health of the poor. Some work has been done by WHO (3) and the World Bank (4), and that has been drawn on here, but in general the technical detail of policy is missing. Perhaps the most important conclusion of this document is that the learning has to be done through action and innovation in the field.

⁴ Preliminary findings from a WHO study of national policies on health and poverty reduction found that the majority of health policies have no explicit concern for poverty. The majority are concerned with improving overall health gains, without concern for the distribution of those gains.