

# **HNP and the Poor: Applying the Lifecycle Framework and Going Beyond Country Averages**

## **Session 2**

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# Session Objectives

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**This session will answer the questions:**

- **Why is it important to take a lifecycle approach to poverty reduction?**
- **How can the lifecycle approach be used?**
- **What have we learned to date from applying the lifecycle approach?**
- **How to look at the distributional dimension of health outcomes and outputs data?**

# Session Outline

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- 1. Why is a lifecycle approach important?**
- 2. What is it and *how* can it be used?**
  - To assess risks and gaps
  - To identify key interventions
  - To identify and measure outcomes among the poor
  - To identify external influences
  - As an input to prioritization of interventions for the poor
- 3. What have we learned and summary of applications**
- 4. How to look at the distributional dimension of health outcomes and outputs?**

*WHY* is a lifecycle approach important?

## **Advantages**

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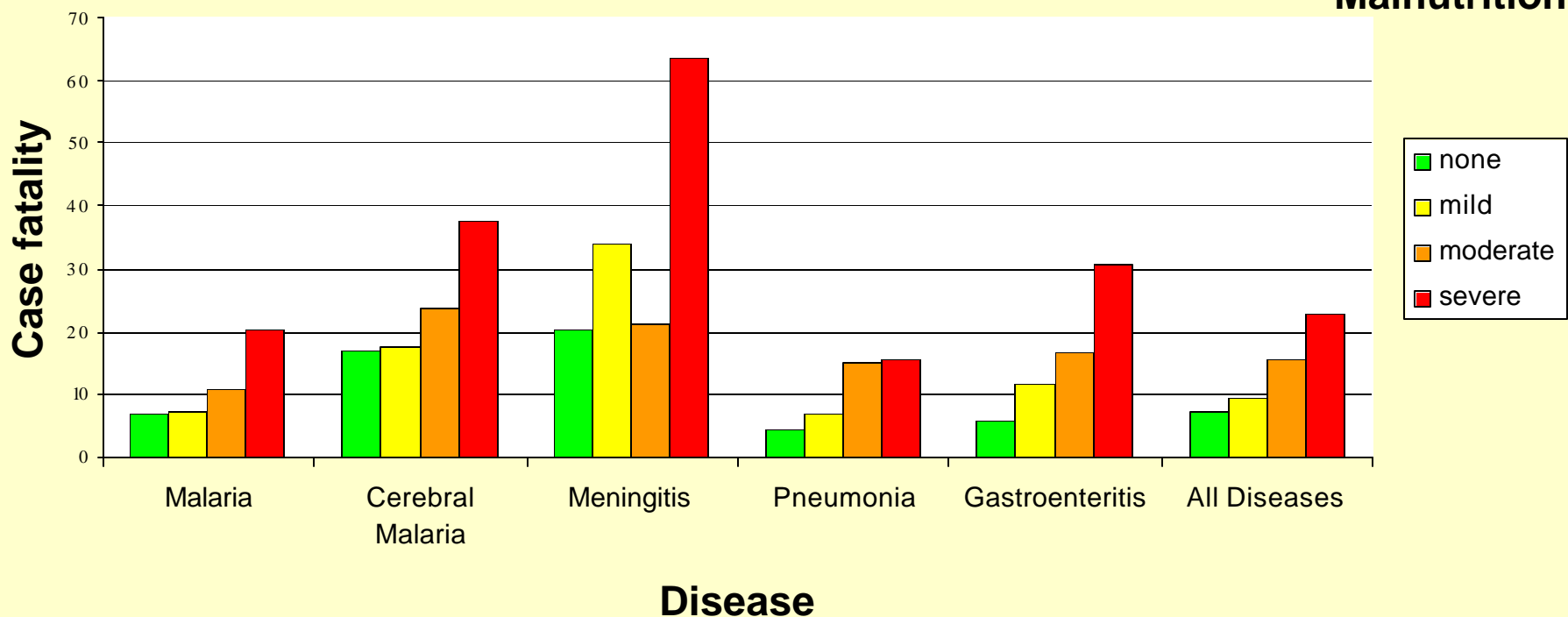
**It helps in understanding that:**

- **Maximum benefits in one age group can be derived from interventions in an earlier age group**
- **Interventions at several points across the lifecycle are needed to sustain improvements in health outcomes**
- **There are intergenerational risks and benefits**

# WHY is a lifecycle approach important?

## Nutrition and Health Synergy

Case fatality rates in children under five from different diseases by nutritional status



Source: WHO

*WHY* is a lifecycle approach important?

# HNP Outcomes of the Poor

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The lifecycle approach can help to:

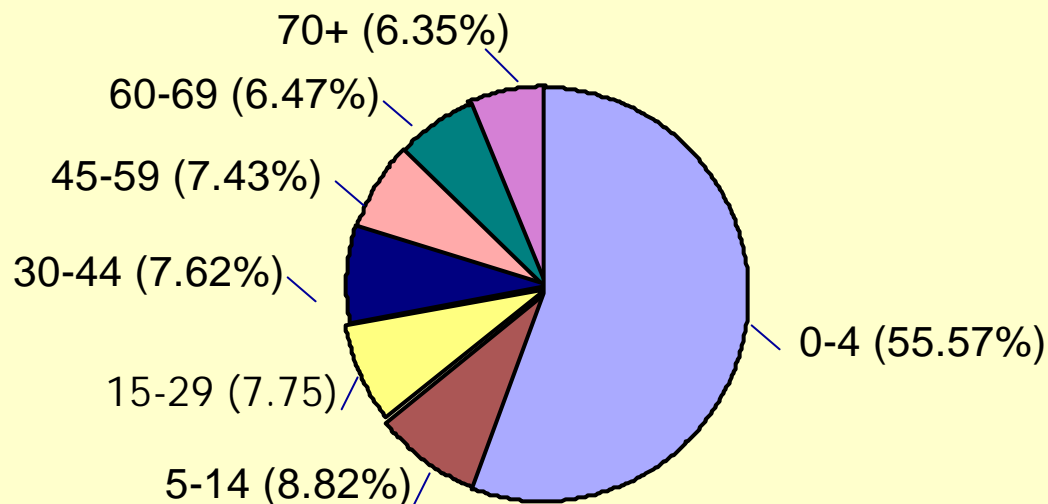
- Recognize age-specific vulnerability among the poor throughout the lifecycle
- Assess multiple risks and gaps, more common among the poor than the rich
- Identify interventions that are likely to benefit the poor specifically

*WHY* is a lifecycle approach important?

# Global Poor-Rich Health Gap, 1990

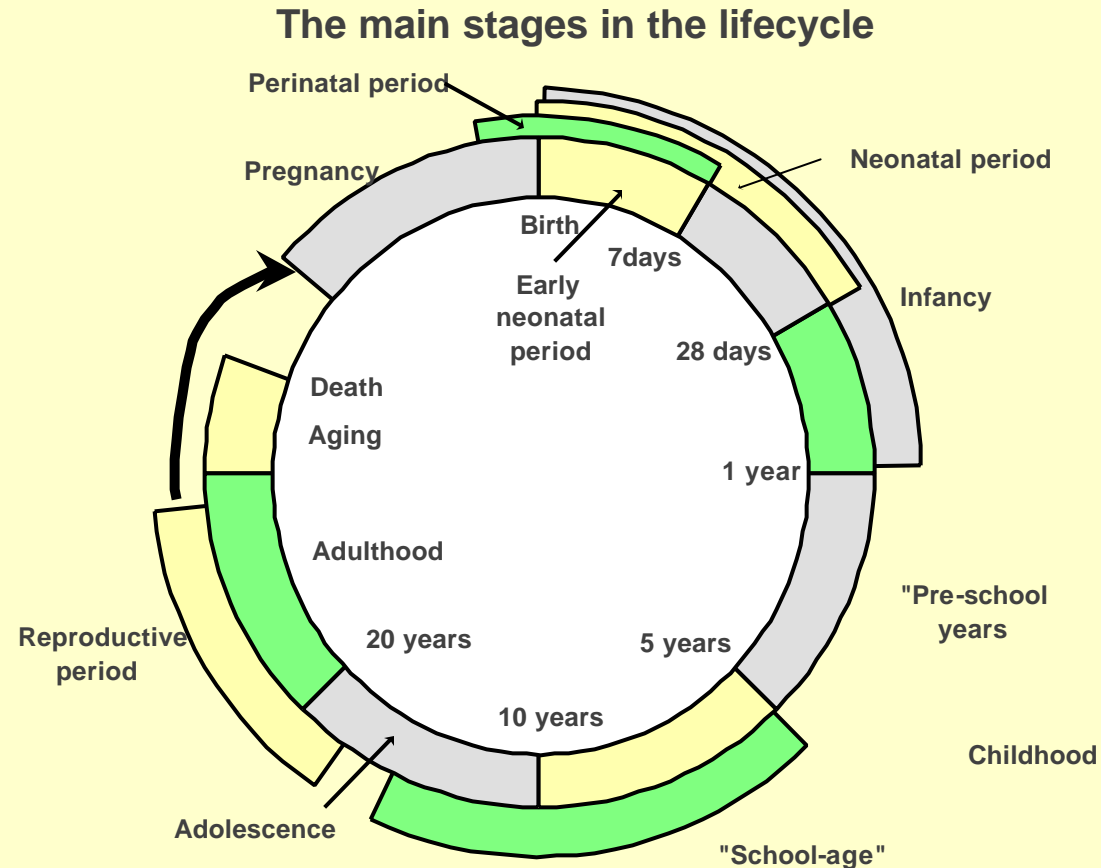
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**Contribution of High Mortality at Each Age among the World's Poor, to Total Mortality Gap between World's Poorest and Richest 20%**



Source: The Burden of Disease among the Global Poor, World Bank

# *What is it and how can it be used?*

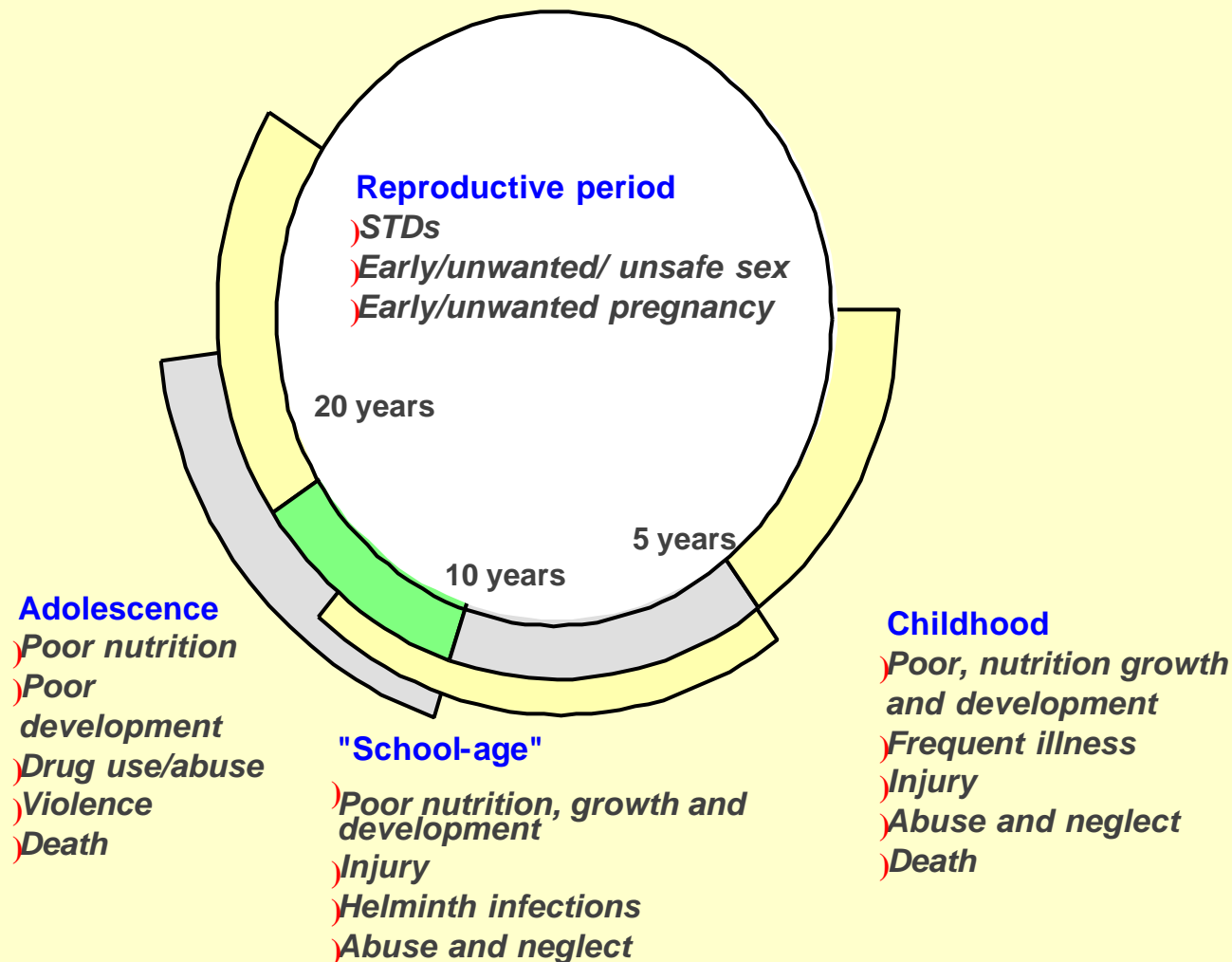


Source: Child and Adolescent Health and Development Department (CAH), WHO



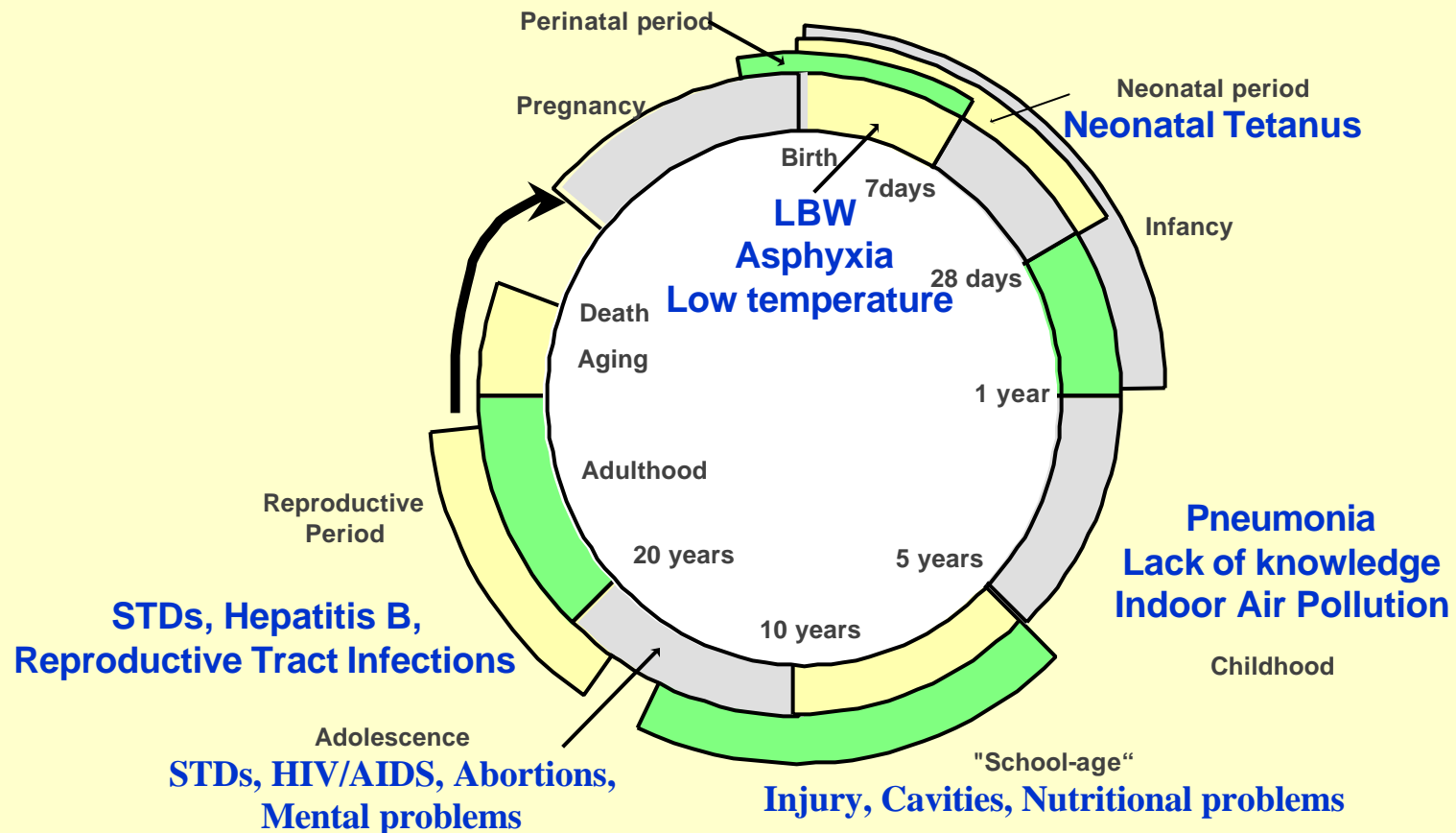
# 1. To Assess Risks and Gaps

Example: Main risks of childhood, adolescence and reproductive period



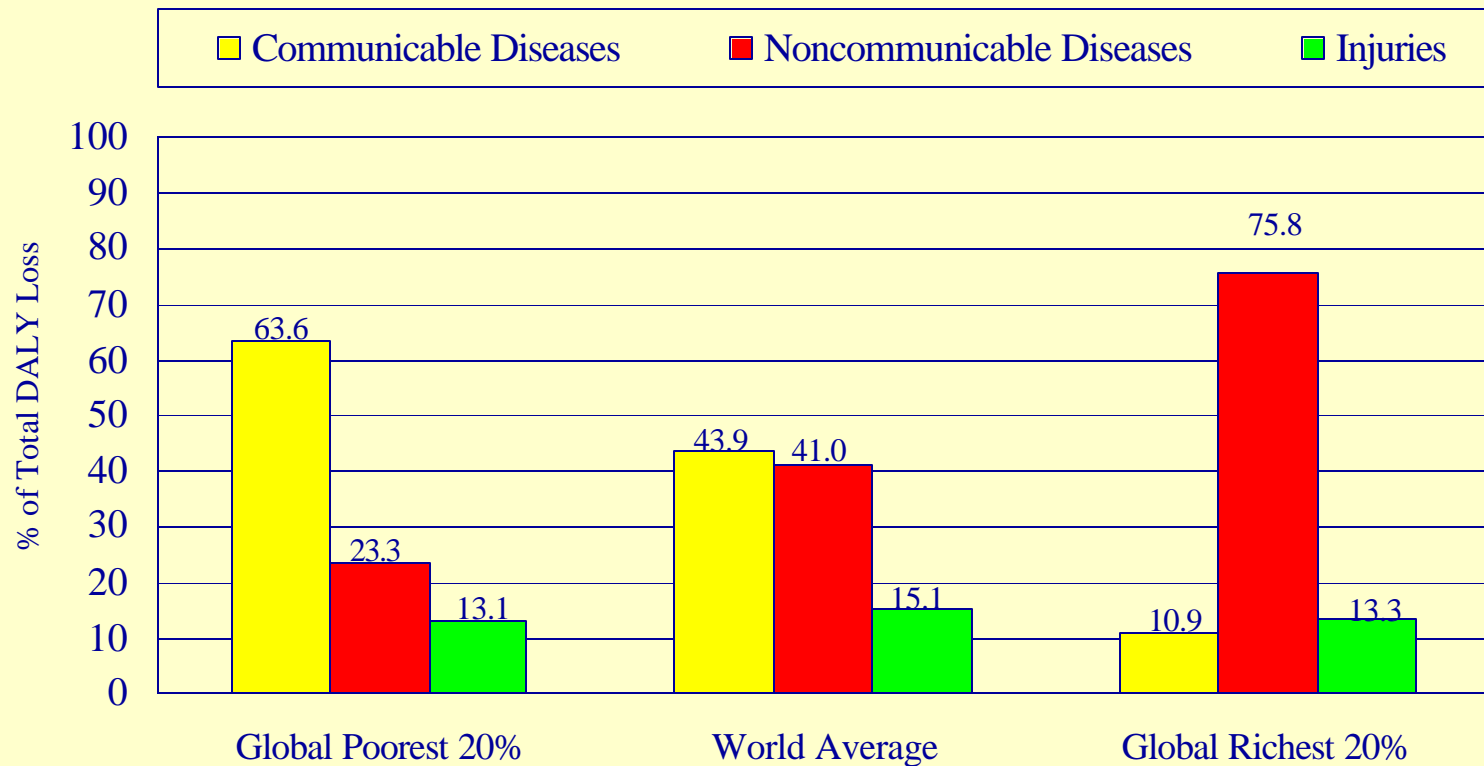
# Using the Life Cycle (Assessing Risks) China Country Example

## China: Possible Risk factors influencing MCH outcomes of the poor



## Using the Life Cycle (Assessing Risks)

# Problems of the global poorest



Source: The Burden of Disease among the Global Poor, World Bank

Using the Life Cycle (Assessing Risks)

# Lessons from Latin America

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## *Social risk management in Latin American countries*

- **Social protection provides a collection of measures to improve & protect the poor. The lifecycle has been used for risk assessment in several countries in Latin America to:**
  - identify vulnerable groups, lifecycle specific interventions and their coverage;
  - identify emerging groups at risk: i.e., the aging population.

# Lessons from Latin America

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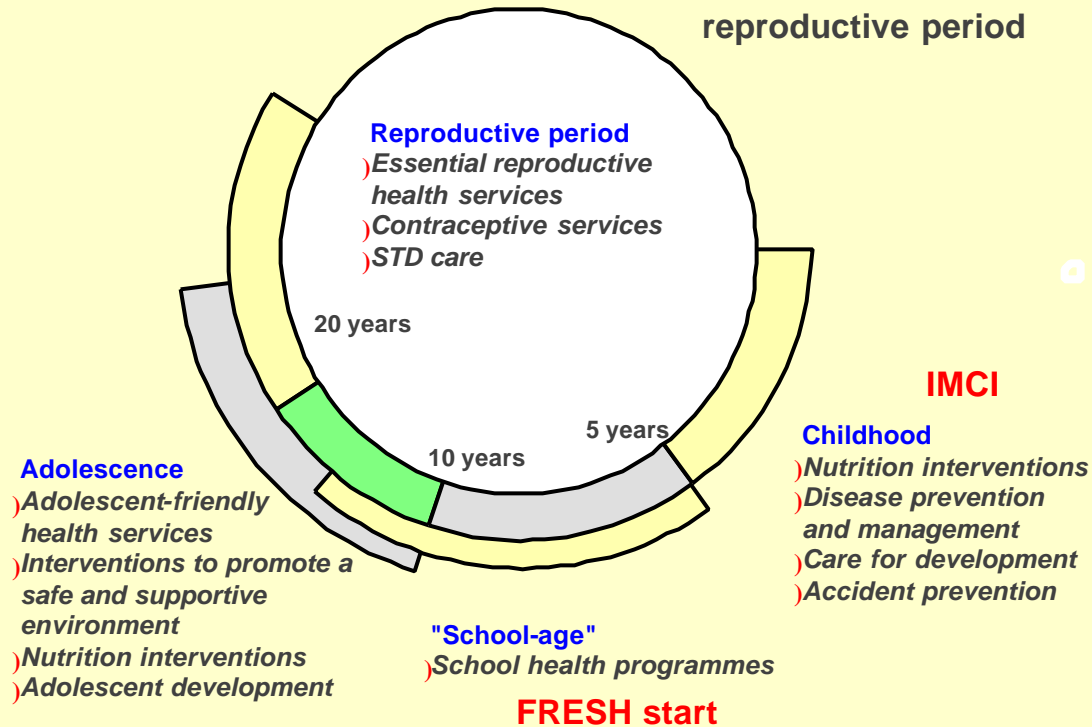
- **The policy implications:**
  - **Jamaica**: Coverage of safety nets for all age groups at risk; identification of critical life stages and corresponding HNP preventive strategies.
  - **Dominican Republic**: Identification of key risks by age & income group, risk indicators and coverage rates; inefficient strategies (i.e. food distribution programs) also identified.

Age Group	Main Risks	Role for Health, Education and Infra. Services	Role for Safety Nets Insurance	Social Assistance
<b>0-5</b>	<b>Stunted child development</b>	<b>PHC Services</b> Pre-school education	<b>Early Child Development Programs</b>	<b>Nutrition programs of small children and mothers.</b>
<b>6-13</b>	Low human capital development	Improve quality of primary education Reduce late entry and repetition	--	--
<b>14-24</b>	Low human capital development Unemployment, low wages <b>Teen pregnancy, STDs</b>	Improve access/quality of secondary education Remedial education <b>Reproductive health programs</b>	--	Scholarship/return-to-school incentive programs
<b>25-64</b>	Low income (unemployment/ underemployment)	Promote labor-intensive growth. Emphasis in agriculture and rural development where poor live.	--	Income transfers, training and/or job search assistance.
<b>65 and Over</b>	<b>Chronic diseases</b> Low income	<b>Health insurance</b>	Social security (contributory pensions)	Income transfer (non-contributory pensions) <b>Health care</b>

# 2. To Identify Key Interventions

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Example: Main strategies & interventions in childhood, adolescence and reproductive period



Using the Life Cycle (Identify Interventions)

# PH at a Glance Fact Sheets

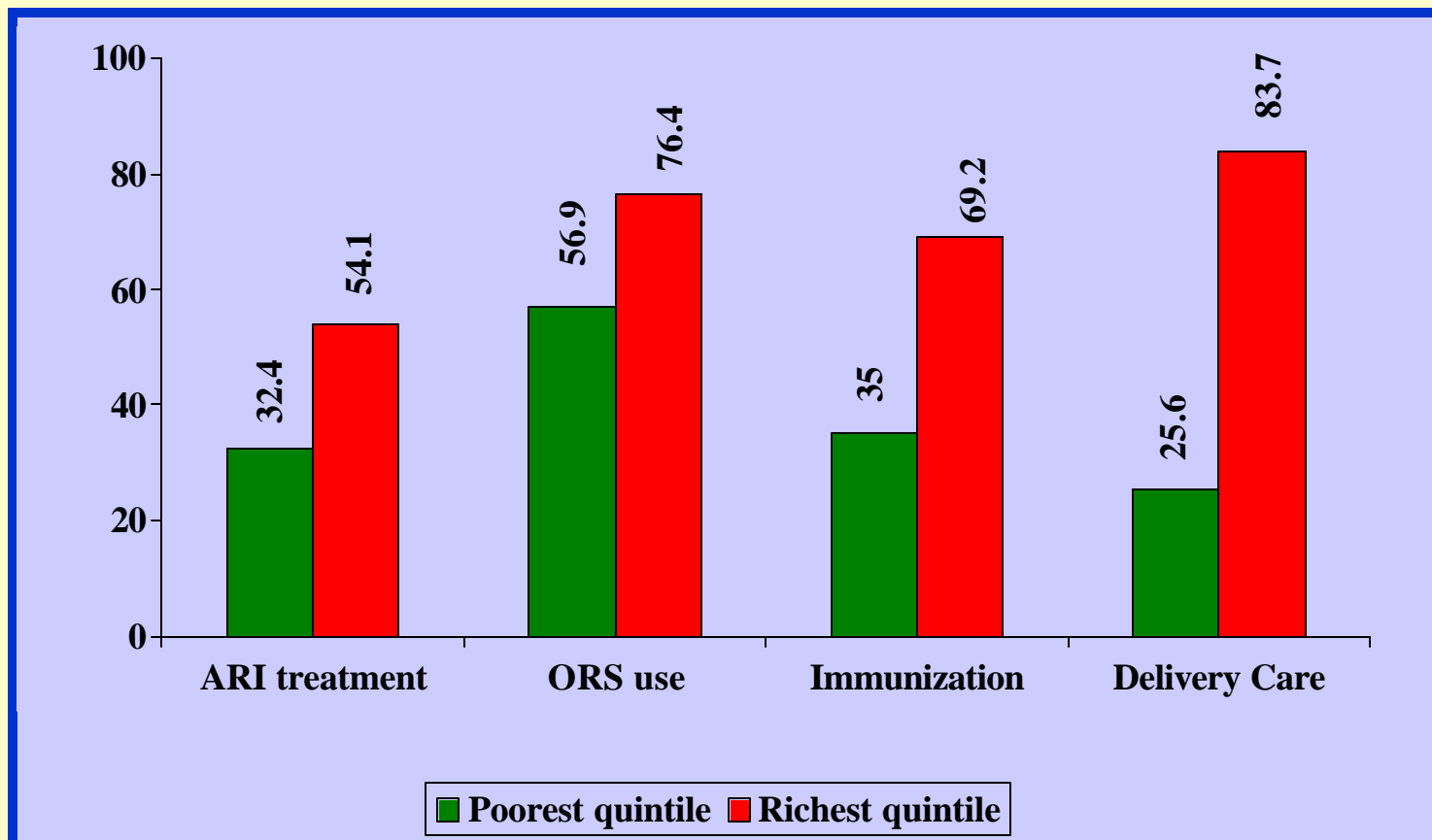
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- **Easy access to the state of the art in HNP**
- **Key facts, evidence-based intervention, indicators**
- **Implementation lessons learned, selected sources**
- **Websites with Terms of Reference, PADs & useful links**



Using the Life Cycle (Identify Interventions)

# Distributional Coverage of Best Buys



Source: Davidson R. Gwatkin, World Bank

Using the Life Cycle (Identify Interventions)

# School Health in Africa

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- *Linking School health with ECD and IMCI in Sub Saharan Africa*
- Scenario: Access to, and performance in, basic education have had a major effect on poor children's escape from poverty. However, from 1990 to 2000, the number of children w/o access to school increased.
- The rationale for a lifecycle approach: Interventions to improve school performance and attendance act at different stages of the lifecycle.

Using the Life Cycle (Identify Interventions)

# School Health in Africa

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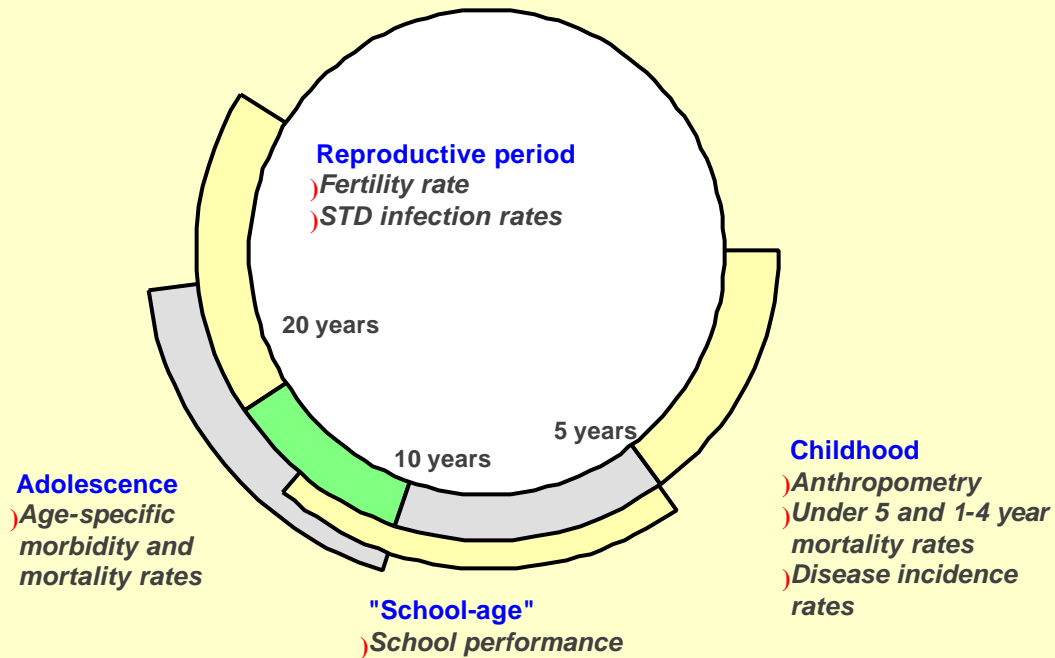
- **Policy implication:** Coordinated implementation of these interventions (ECD, IMCI and FRESH) can achieve synergy on HNP & educational outcomes.

**Country examples:**

<u>Country</u>	<u>IMCI</u>	<u>ECD</u>	<u>FRESH</u>
Eritrea	ECD project	ECD project	ECD & HNP
Madagascar	HNP project	NUT project	NUT project
Mali	HSIP project	ED project	ED project
Mauritania	HSIP	ED	ED
Senegal	NUT	ED	ED
Uganda	ECD & NUT	ED	ED

# 3. To Measure Outcomes

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Example: Main outcome measures of childhood, adolescence and the reproductive stages

Using the Life Cycle (Measure Outcomes)

# Lessons from India

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## *Improving child health outcomes in India; sector work*

- **Scenario: The decline in national and some state level childmortality rates is leveling off.**
- **The focus on child mortality reduction has been on child survival interventions.**
- **However, key determinants of under five mortality are maternal health and nutrition status, reproductive and neonatal health services.**

Using the Life Cycle (Measure Outcomes)

# Lessons from India

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<u>Mothers education</u>	IMR	U5MR
Illiterate	101	141
Literate	63	84
<u>Medical maternity care</u>		
No antenatal care	97	146
Antenatal & delivery care	44	57

Source: NFHS 1992 - 93

Using the Life Cycle (Measure Outcomes)

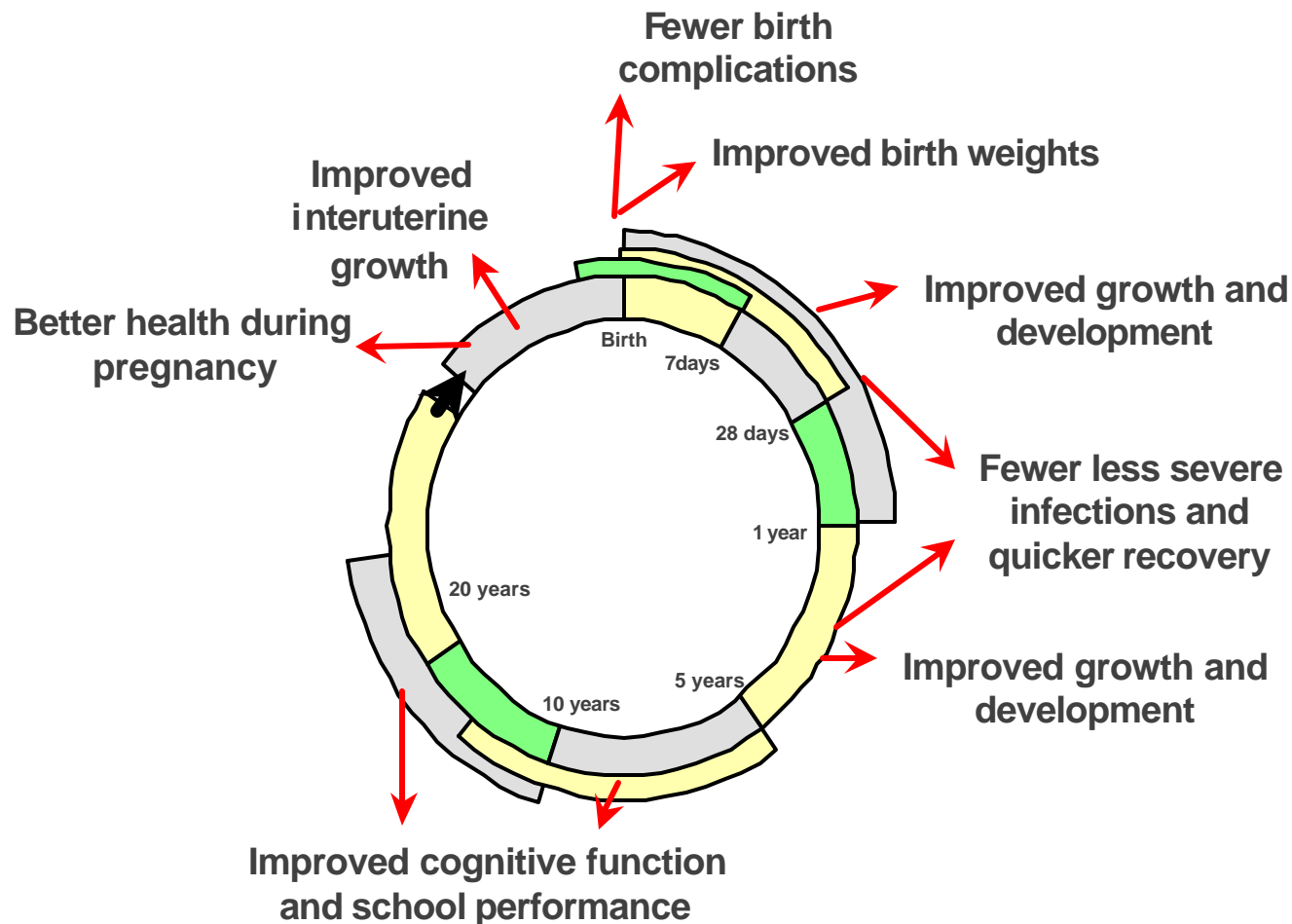
# Lessons from India

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- **The policy option: *A lifecycle approach to improving child health outcomes in the new millenium:***
  - female education and nutrition
  - access to pregnancy and neonatal services
  - bridging the gender gap in child mortality by a focus on health and nutrition of the girl child
  - socio economic environmental, behavioral, health and nutrition influences on the lifecycle
  - focus on urban poor; innovative approaches to health services delivery.

# Using the Life Cycle Nutrition Programming

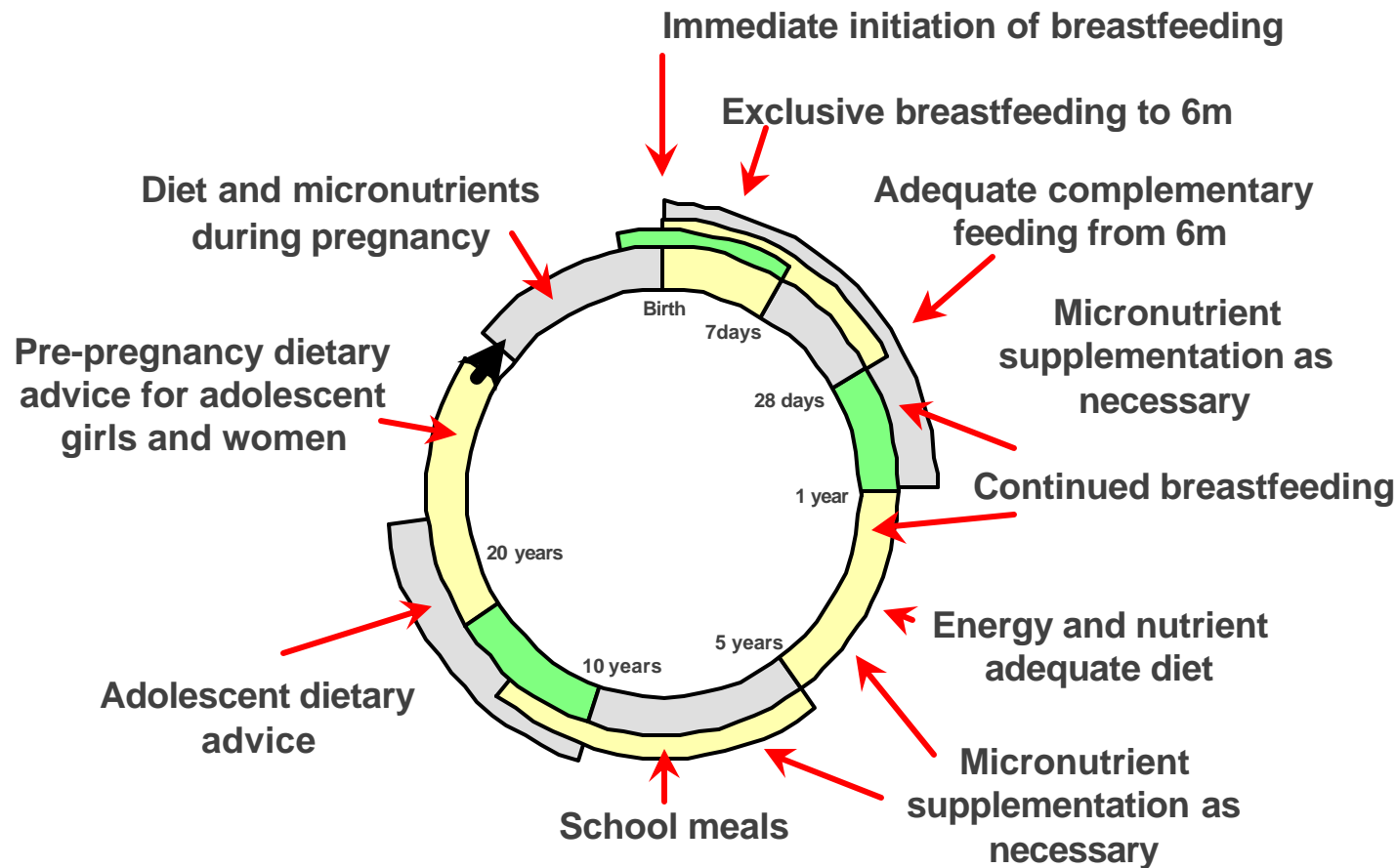
## Consequences of improved nutrition around the MCH cycle





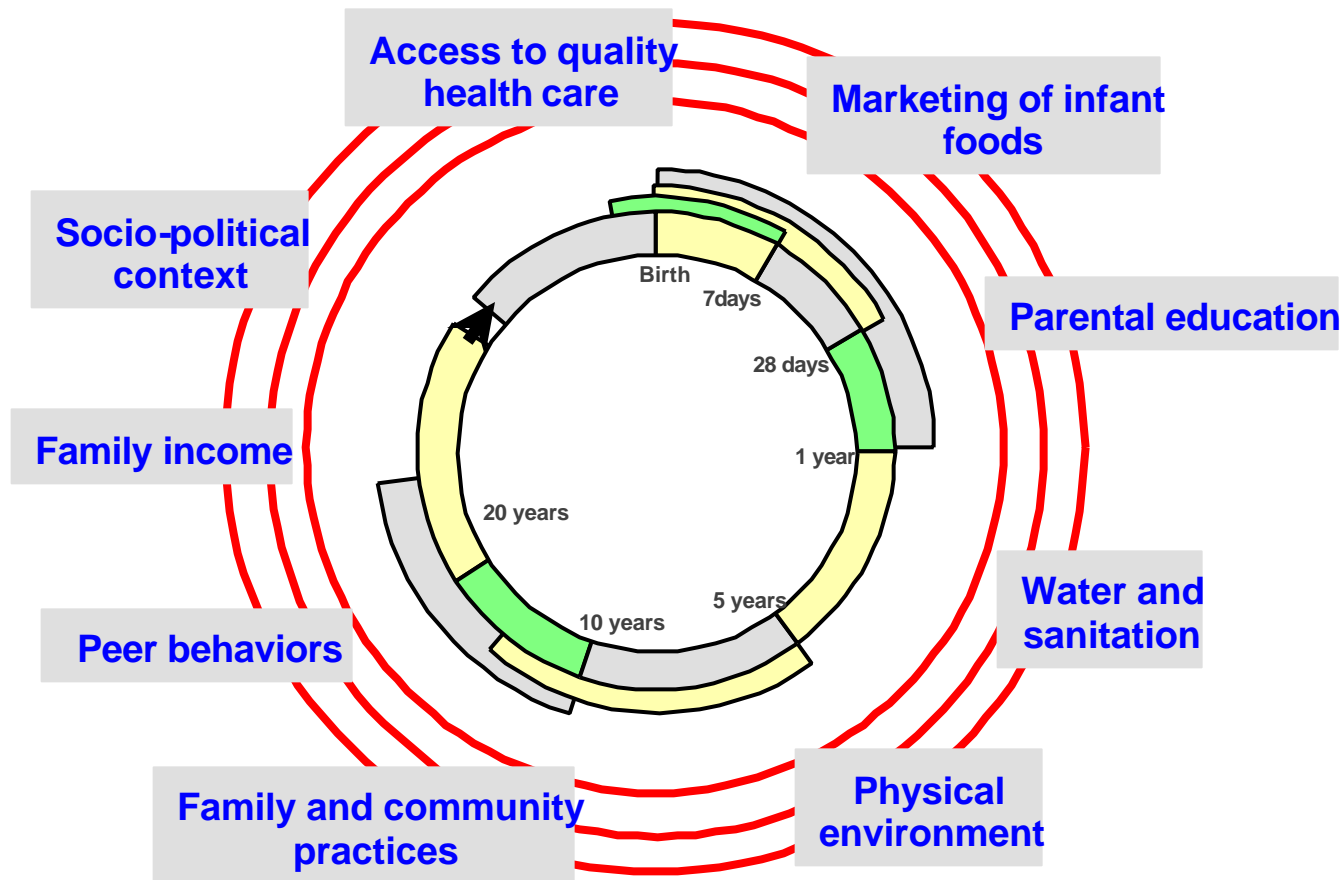
# Using the Life Cycle Nutrition Programming

## Nutrition interventions around the MCH cycle

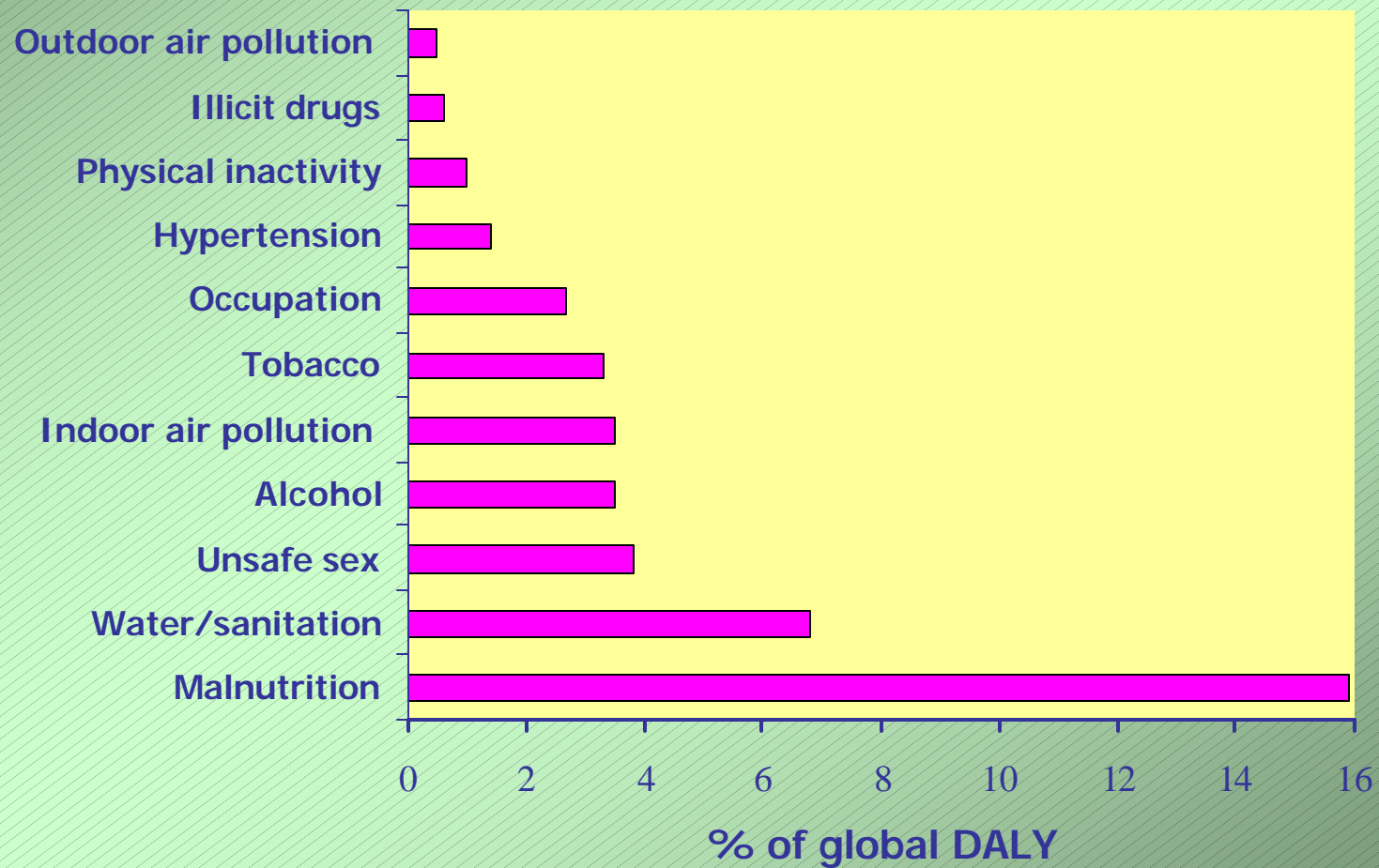


# 4. To Identify External Influences

Example: External factors influence MCH outcomes throughout the lifecycle

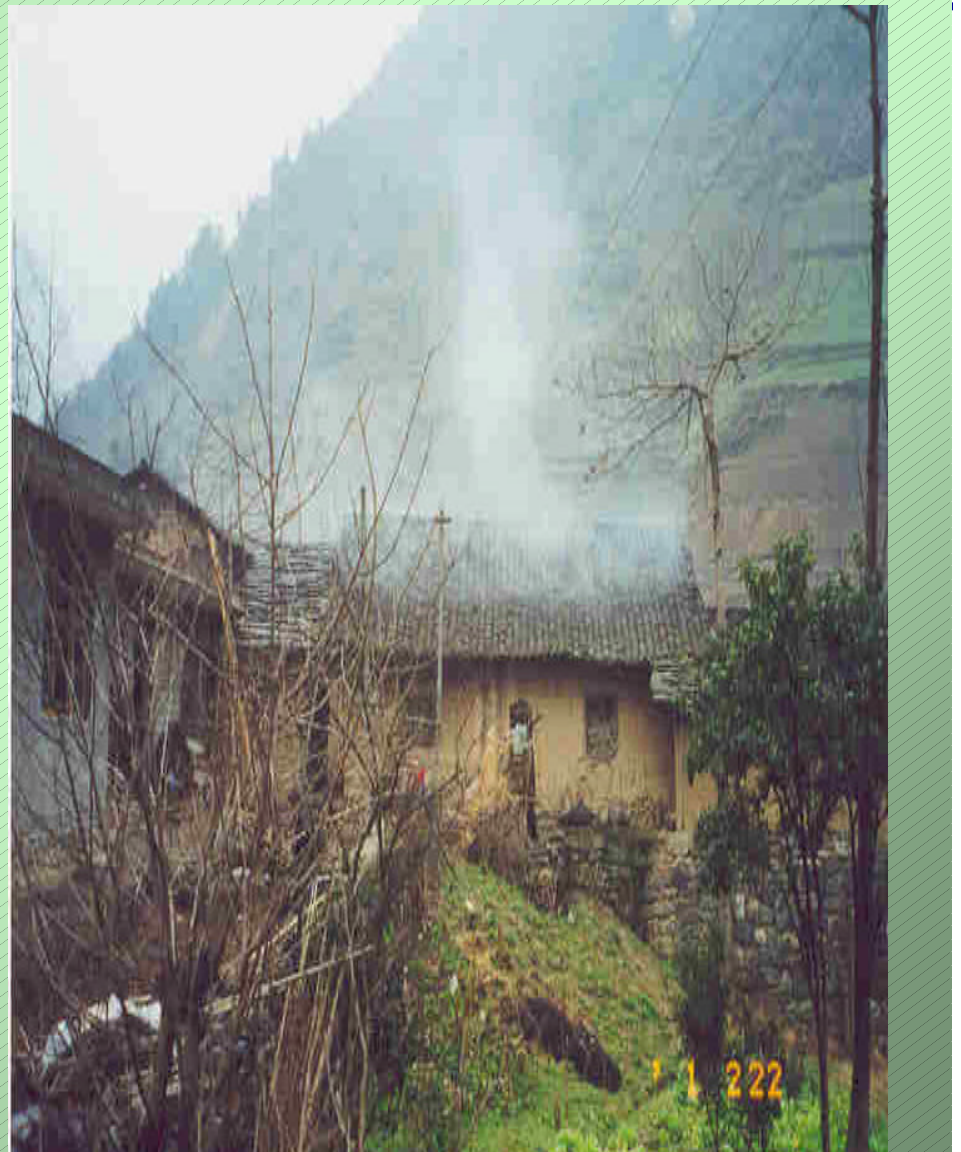


# Burden of disease due to selected risk factors, 1995



# AIR POLLUTION and HEALTH

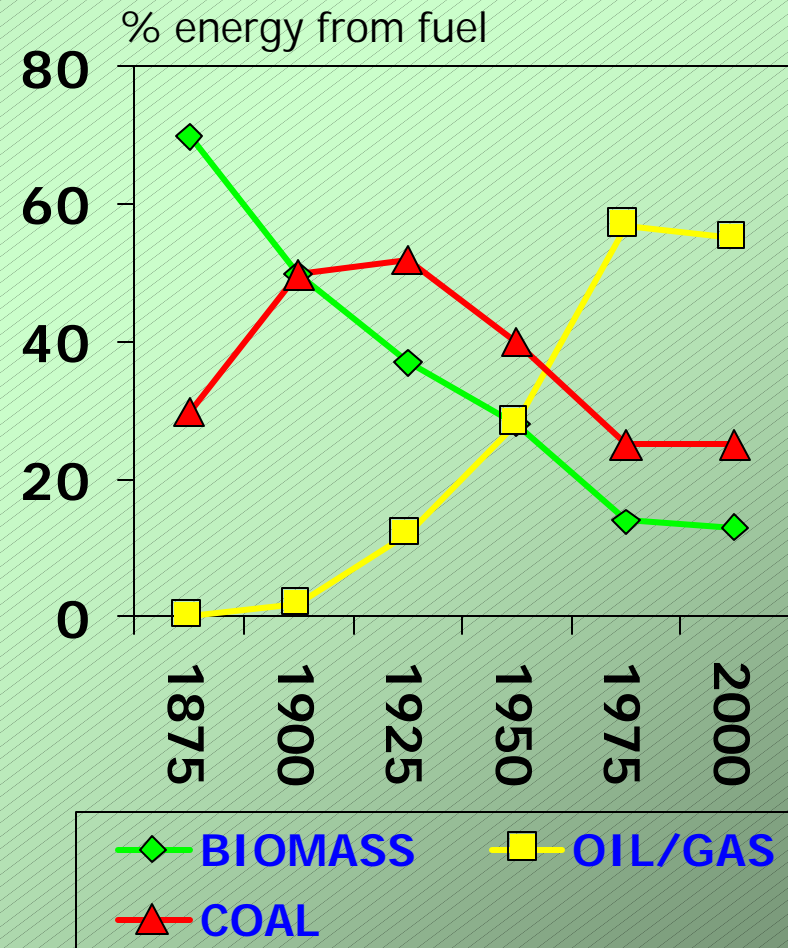
- Most attention on effects of outdoor air pollution in cities of the developed world
- Indoor air pollution among rural and urban poor has been overlooked



# BIOMASS:

## Still an important fuel for the poor

- Biomass use declined during 20th century
- Still primary fuel for 60 to 90% people in developing countries: 3.5 billion people
- Use increasing with growing poverty



# HEALTH EFFECTS OF INDOOR AIR POLLUTION

- Chronic obstructive lung disease (especially among women)
- ALRI
- Cancer (lung - coal only); oropharynx, larynx
- Low birth weight
- TB
- Stoves - burns, etc.

# WHAT FACTORS INCREASE THE RISK OF PNEUMONIA?



- Poverty, poor housing
- Overcrowding
- Malnutrition, LBW
- Lack of breast feeding
- Micro nutrient deficiencies
- Air pollution: ETS, ambient, indoor

# **Key Family and Community Practices**

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- **Reproductive health behaviors**
- **Infant and child feeding practices**
- **Immunization practices**
- **Home health practices**
  - **Prevention**
  - **Treatment**
- **Care seeking practices**



# Session Outline

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4. *How* to look at the distributional dimension of health outcomes and outputs?

Using the Life Cycle (Inputs into Prioritization)

# Type of Information

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**What information is available regarding:**

- affordability of intervention – for the poor?
- efficiency of implementation strategy – in reaching the poor?
- equity - potential for positive impact on the poor?
- cultural appropriateness ?
- feasibility of implementation in reaching the poor?

Using the Life Cycle (Inputs into Prioritization)

# Lessons from East Asia

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## *Prioritizing reproductive health services at community level in The Philippines*

- **The scenario:**
  - MCH funds primarily for child health with shortage of services for women. MMR at 200 per 100,000 live births and TFR at 4.3.
  - A safe motherhood project included a lifecycle pilot to cover the stages before and during pregnancy, at childbirth, postnatal stage and in the first five years.
  - Outreach identified poor women at risk who enrolled in family planning program; and, registered pregnant women.

Using the Life Cycle (Inputs into Prioritization)

# Lessons from East Asia

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- **Rationale for lifecycle approach:**
  - **Improve efficiency - focus services on women at risk**
  - **Enhance equity**
  - **Improve quality of client/provider relationship**
  - **Foster sustainability**

Using the Life Cycle (Inputs into Prioritization)

# Lessons from East Asia

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## The policy implications:

- Reordering of *priorities*; *Managing risks* reduced scope & work load on public health system
- *Reorientation* of policy makers, health providers & community
- *Retraining* of health providers
- *Community participation* essential
- *New information and reporting* system
- *Infrastructure and resources for effective referral system*

# What have we learned ?

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- of applying the lifecycle approach to addressing the outcomes of the poor?
  - to *assess risk* in social protection
  - to *increase impact* through synergy in HNP & education
  - to *identify gaps in reproductive health services* for the poor
  - to *identify gaps in achieving improved child health outcomes*
  - to *improve nutrition outcomes* throughout the lifecycle

# **Lifecycle summary of applications**

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- **Assessment tool**
  - to identify gaps, risks, interventions & outcomes
- **Project planning tool**
  - to facilitate prioritization & target the poor
- **Advocacy, communications and ESW tool**
  - to draw attention to multiple determinants of illhealth
- **Intersectoral tool**
  - to identify risks & actions beyond the health sector

# **The HNP Lifecycle**

## **– more information?**

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**All you want to know about the lifecycle is in:**

- **The PRSP Technical Annex**
- **The Public health at a glance - fact sheets**
- **The Family Health cycle- from concept to implementation**
- **The Review of the best buys**



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# Using Household Data

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**Household level data can be used to estimate:**

- **The Stages of the Life Cycle Most Responsible for the Poor-Rich Health Gap**
- **Other Poor-Rich HNP Differences: Infant and Child Mortality, Nutritional Status, Fertility, Immunization, Use of Public and Private Facilities, Contraceptive Prevalence, and More**

# What is Needed

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- 1. Household data set that has critical information on wealth and HNP and is representative and relatively large**
- 2. *A Statistician/Demographer/Economist familiar with the use of a statistical package, like SPSS or STATA, and Model Life Tables***

# Three Illustrations from India

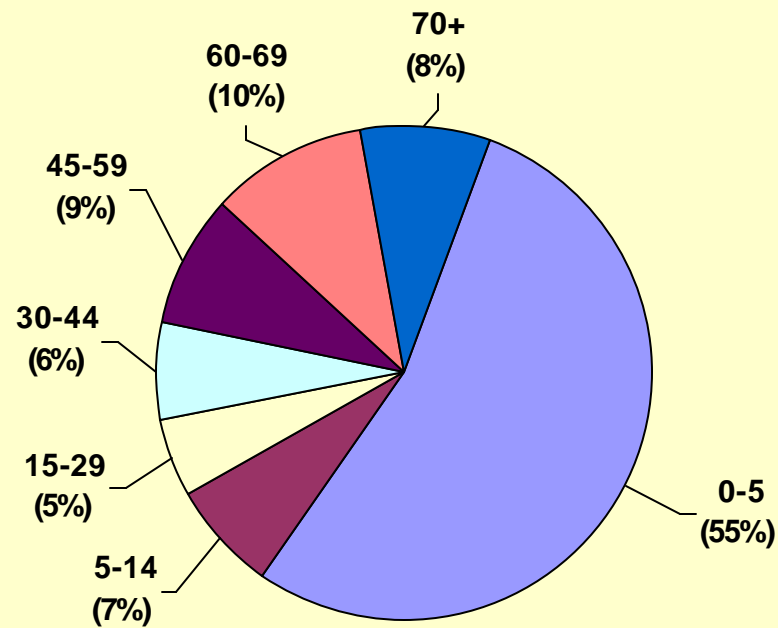
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- **The Contribution of Poor-Rich Mortality Differences at Each Stage of the Life Cycle to the Total Poor-Rich Health Gap**
- **Poor-Rich Differences in HNP Status Indicators Like: Infant Mortality, Stunting, Total Fertility**
- **Poor-Rich Differences in Use of HNP Services Like Immunization, Delivery Attendance, and Modern Contraception**

## Poor-Rich Differences

# First India Illustration

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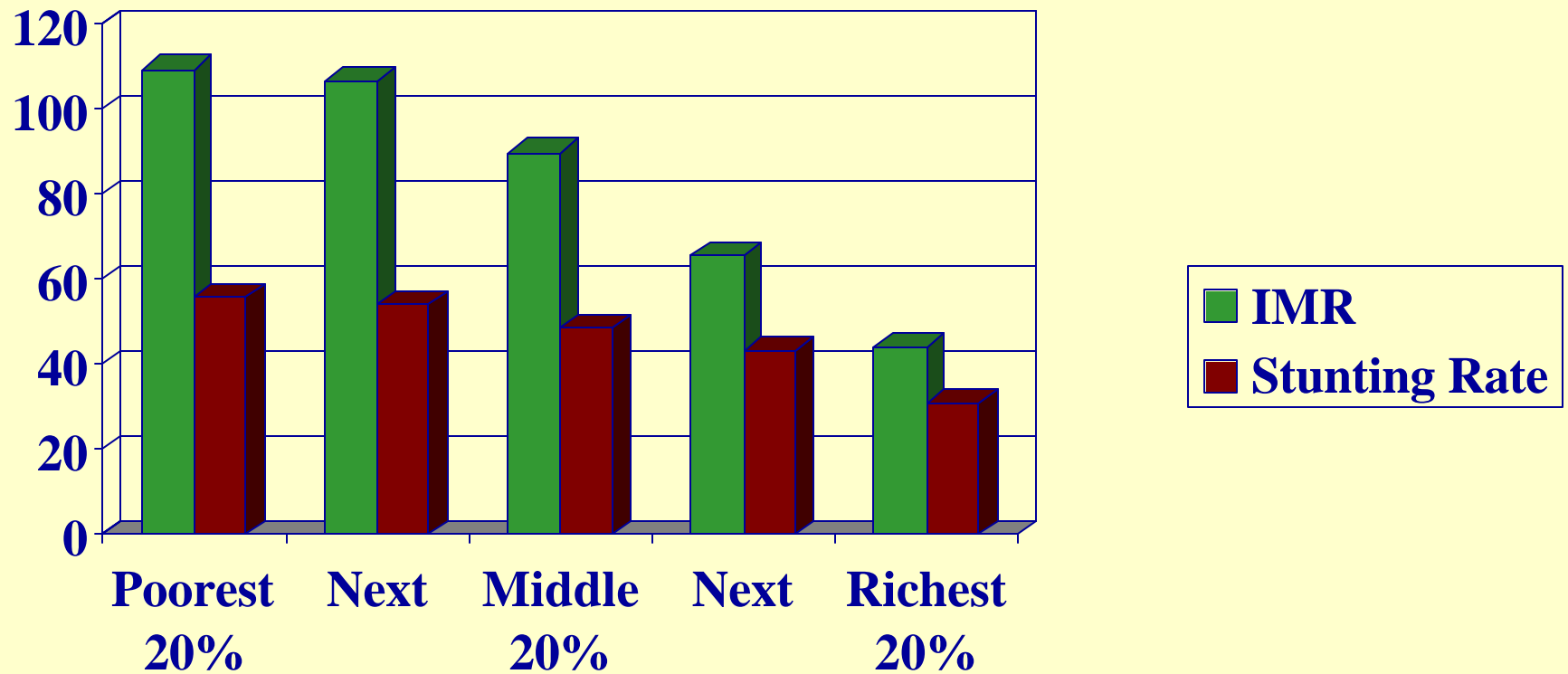
Provisional Figures

# Poor-Rich Differences

## Second India Illustration

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### HNP Status Differences

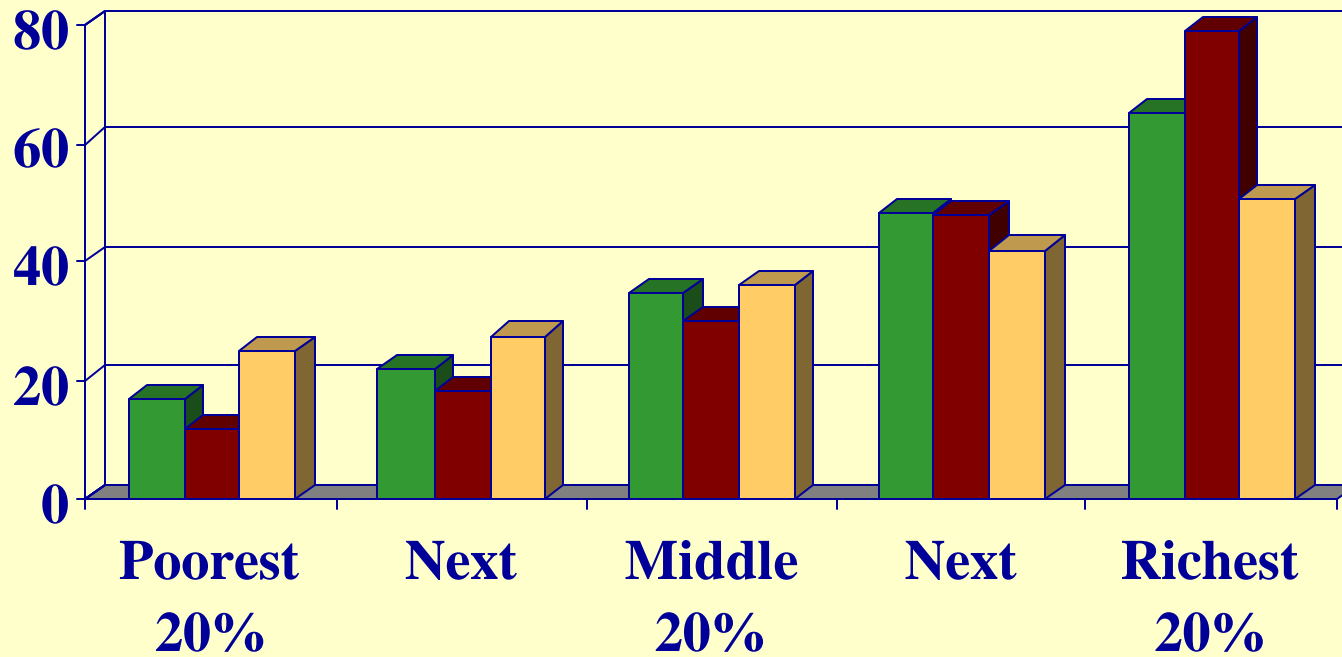


Poor-Rich Differences

# Third India Illustration

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## HNP Service Use



■ Immunization Rate ■ Attended Deliveries ■ Contraceptive Use

# **Additional Information**

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- **Technical Annexes to Any of the Country Studies at:**  
**[www.worldbank.org/poverty/health/data/index.htm](http://www.worldbank.org/poverty/health/data/index.htm)**
- **Davidson R. Gwatkin and Nathan R. Jones, “The Age of Death among the Global Poor”**