## ATTACKING INEQUALITY IN THE HEALTH SECTOR

B 362428

## Contents

Foreword	xiii
Preface	XV
Acknowledgments	xxi
Abbreviations	xxii
1. An Unacceptable Reality  A Light at the End of the Tunnel: A New Way to  Measure Inequalities 2  Not a Pretty Picture 4  Health Sector May Exacerbate Inequality 8  The Misallocation of Public Spending on Health 15  Presenting Inequality Data 17  Annex 1.1 Asset Index as a Measure of Relative Wealth 24  Annex 1.2 Health, Nutrition, and Population  Inequality Data 29  Annex 1.3 Benefit Incidence Analysis 72  Annex 1.4 Recommendations for Further Reading 74	1
Notes 76  2. Approaching a Complex and Persistent Problem Pathways to Good Health 79 The Binding Constraints Faced by the Poor 81 The Blind Spots of the Health Sector 84 Health Sector Finance and the Poor 87 Moving Forward 93 Annex 2.1 Summary of the Multisectoral Determinants of Health 94 Annex 2.2 Recommendations for Further Reading 99 Notes 101	79

3.	The Importance of "Listening"	103
	The Views of Leaders from Low- and Middle-Income	
	Countries 103	
	The Dilemmas Posed by the Long List of Causes 105	
	Listening Is Critical 107	
	Combining Active and Passive Listening: Immunization	
	in India 111	
	Advanced Analytical Techniques 113	*
	Eight Steps to Effective Use by the Poor 116	
	Following the Money: Tools for Analyzing the Role of Resource	
	Allocations and Financing in Inequality 127	
	An Analytical Checklist 139	
	Annex 3.1 Data Sources and Their Limitations 141	
	Annex 3.2 Beneficiary Assessment 148	
	Annex 3.3 Recommendations for Further Reading 151	
	Notes 154	
4	A Menu of Pro-Poor Policies	157
т.	Hope 158	107
	Recurring Themes 158	
	A Menu of Pro-Poor Policies 160	
	Rules of Thumb 160	
	Annex 4.1 Accountability Framework 165	
	Annex 4.2 Recommendations for Further Reading 170	
	Note 172	
	11010 112	
5.	Brazil, Filling the Cracks in Universal Coverage	173
	Challenges 173	
	Policy Change: Supplementing Universal Health Coverage 176	
	Findings 178	
	Note 178	
	·	
6.	Cambodia: Contracting with Nongovernmental	
	Organizations to Serve the Poor	179
	Policy Change: Contracting with NGOs 179	
	Findings 181	
	Note 185	

7.	Cambodia: Health Equity Fund for the Poor Policy Change: The Health Equity Fund 188 Findings 193 Note 195	187
8.	Chile: Integrated Services Program for the Poor Policy Change: Chile Solidario 198 Findings 202 Note 204	197
9.	Colombia: Expanding Health Insurance for the Poor Policy Change: The 1993 Health Sector Reform 206 Findings 208 Note 213	205
10.	India: Community-Based Health Care Services  Policy Change: The Self-Employed Women's  Association (SEWA) 216  Findings 218  Note 221	215
11.	Indonesia: Health Cards for the Poor  Policy Change: The Health Card Program 223  Findings 224  Note 227	223
12.	Kenya: Expanding Immunization Reach through Campaigns Policy Change: Immunization Campaigns 230 Findings 231 Note 234	229
13.	The Kyrgyz Republic: Health Financing Reform and the Poor Policy Change: The Kyrgyz Health Finance Reforms (2001–05) 236 Findings 237 Note 240	235

14. Mexico: Paying the Poor to Use Health Services  Policy Change: Conditional Cash Transfers in Health  and Education 241  Findings 243  Note 246	241
15. Mexico: Providing Subsidized Health Insurance to the Poor Policy Change: Subsidized Health Insurance for the Poor through Segura Popular 248 Findings 251 Note 253	247
16. Nepal: Participatory Planning Policy Change: The Nepal Adolescent Project 255 Findings 257 Note 260	255
17. Rwanda: Community-Based Health Insurance Policy Change: Emergence of Community-Based Health Insurance Schemes 262 Findings 263 Note 267	261
18. Tanzania: Social Marketing for Malaria Prevention  Policy Change: The KINET Project 270  Findings 272  Note 275	269
19 Vigilance What to Monitor 279 Other Elements of Monitoring Frameworks 282 Annex 19.1 Recommendations for Further Reading 285 Note 287	277
References	289
Index	295