Rapid Social Response Story Series No.1
Health Equity and Financial Protection Project

Around a billion people [worldwide] cannot afford any health services and... paying for healthcare pushes about 100 million people a year into poverty.

World Health Organization

In poor countries, this situation is intensified during an economic crisis. Unemployment, wage-cuts, and reductions in remittances make it very difficult for poor families to pay for health care. In fact, health care costs can have catastrophic effects on families who are already financially vulnerable. At the same time, governments’ shrinking budgets limit their ability to protect poor families and provide them with access to affordable and quality care. This has multi-faceted and long-term consequences for human development. Families, for example, may have to cut back on expenses such as education to pay for needed health services, and end up compromising their children’s future in terms of their educational attainment, future earnings and employment.

To respond to crisis and implement health care policies that ensure equity and protect poor as well as vulnerable families, a government needs to know how families use and pay for health services. For example, when does paying out-of-pocket for expenses such as malaria treatment for a young child or a mother giving birth in a health clinic push a family into, or further into, poverty? Who benefits from health programs? How does an economic crisis affect families’ health outcomes and financial vulnerabilities?

Thanks to a project supported by the World Bank’s Rapid Social Response Program and Trust Fund for Environmentally and Socially Sustainable Development, countries can now be better prepared to address critical health issues in crisis situations and prevent poor families from having to choose between health or financial ruin. More specifically, the Health Equity and Financial Protection Project aims to expand the global knowledge base by shedding light on the relationship between health equity and the financial vulnerability of households, a relationship that is rarely explored. It also aims to train policy makers, researchers, and development practitioners including World Bank staff, on how to use, analyze, and interpret data, and apply the information to protect the poorest and most vulnerable families in crisis.

The project will produce a new series of country reports that use standard measures to facilitate consistent data collection and analysis across time and across countries. Ten reports will be produced on countries across Africa and Asia by June 2011. Accompanying each report will be a data sheet that provides an at-a-glance view of the key indicators. The reports and datasheets will be available online (http://www.worldbank.org/povertyandhealth).

A particularly innovative dimension is that all analyses will be performed using ADePT, a user-friendly, cutting-edge software developed by the World Bank that standardizes and automates equity analysis (Figure 1). ADePT and a tutorial are available online (http://www.worldbank.org/adept) at no cost to users.

A series of learning events are planned for 2011 (Table 1) including in-country training, seminars, workshops, and pre-conference events. In these learning events, policy makers, researchers, and
development practitioners including World Bank staff will learn how to use ADePT software to analyze and interpret data to create health equity and financial protection indicators and reports. By making the tools to monitor and analyze vulnerability and equity in the health sector widely available, this work will assist decision-makers to implement well-targeted and equitable health care policies during economic crises and help to mitigate the impoverishment of individuals and families.

Figure 1: An Example of the Data Analysis Tool

Table 1: Health Equity and Financial Protection Learning Events
(For updated information on training, check the website: http://www.worldbank.org/povertyandhealth)

<table>
<thead>
<tr>
<th>Date</th>
<th>Place</th>
<th>Events</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 5, 2010</td>
<td>Manila, Philippines</td>
<td>World Bank Institute (WBI)-ANHSS Asia Course on Health Equity and Finance</td>
</tr>
<tr>
<td>March 10, 2011</td>
<td>Washington D.C.</td>
<td>Human Development Week at the World Bank</td>
</tr>
<tr>
<td>March 14, 2011</td>
<td>Saly, Senegal</td>
<td>African Health Economics Association Conference, pre-conference training</td>
</tr>
<tr>
<td>July 10, 2011</td>
<td>Toronto, Canada</td>
<td>International Health Economics Association Conference, pre-conference training</td>
</tr>
<tr>
<td>TBA</td>
<td>TBA</td>
<td>A course on &quot;Equity and Financial Protection in the Health Sector&quot;</td>
</tr>
<tr>
<td>TBA</td>
<td>TBA</td>
<td>Hosting at least two multi-day training courses at locations in Africa and one other continent</td>
</tr>
</tbody>
</table>

Rapid Social Response Program (RSR) is part of the World Bank’s response to the Food, Fuel and Financial Crisis. Its mission is to help the World’s poorest countries become better prepared to cope with systemic and unpredictable shocks like sudden increases of food and fuel prices and financial crises. RSR has been generously supported by the governments of Russia, Norway and United Kingdom. For further information, please visit http://www.worldbank.org/sp.

Disclaimer: The World Bank Group does not guarantee the accuracy of the information contained in Rapid Social Response Story Series, which does not necessarily reflect the views of the World Bank Group, its Executive Directors or the governments they represent.

Written by Andrea L. Robles, February 23, 2011

ii The World Bank team leader for the project is Caryn Bredenkamp (Health Specialist, Human Development Network). This 18-month project has a combined budget of $382,000 and is expected to be completed by September 2011.
iii ADePT was developed by the World Bank’s Development and Economic Research Group.