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Reaching the poor with infectious disease programmes: a review of concepts and available evidence

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Abstract

Background: There is an increasing awareness that control programmes for infectious diseases in the context of social and economic inequalities might not sufficiently benefit the poorest and most vulnerable groups. In health care, the challenges of targeting the poor are associated with the complex socio-economic and demographic context surrounding poor households and the technical nature of health care programmes. Previous research has highlighted the problems of equitable access to interventions, measured by the resulting patterns of health services uptake.

Objective

The aim of this study was two fold. Firstly, to develop a conceptual framework that can assist in the design, implementation and evaluation of the pro-poorness of infectious disease programmes. Secondly, to critically assess the evidence on the extent to which infectious diseases programmes reach and benefit the poor.

Methods: A systematic literature review on infectious diseases programmes that report coverage on poor population in developing countries was undertaken. The development of the conceptual framework was based on a synthesis of lessons drawn from previous research. We critically evaluate the success of specific disease programmes at reaching the poor. These include malaria, tuberculosis and HIV/AIDS as well as the group of diseases so-called “the neglected diseases of the poor”.

Results

Evidence on the distribution of benefits of health programmes across socioeconomic groups is very sparse. Programmes focusing on a “single” infectious disease or vertically delivered frequently fail to effectively reach the poor. Poverty it-self may become one of the main constraints for the poor with regard to utilisation of services and long-term benefits from service utilisation. Utilisation patterns are no necessarily an indicator of health gains as this varies across socioeconomic groups.

Conclusions

Poverty as an underline cause of disease must not be ignored. Poverty will influence relapses, lack of treatment adherence and sustain effects on health gains. Pro-poor approaches can be systematically evaluated and its effectiveness monitored by addressing the degree of fit between programmes characteristics and patients' needs. Intersectoral or structural approaches will be more likely to work in favour of the poor.