

## Innovations in Quality for Bottom Billion; integrating microfinance and health

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## Why microfinance and health? What relationship to health care quality?



## What are the Barriers to Health for Poor?

Biggest threat to health is poverty

- > 2.0 billion live on \$ 2 a day
- > 1.0 billion live on \$ 1 a day

(World Bank website)

## What are Barriers to health for poor; quality of health care

- **Access** is a pre-requisite;
  - Geographic
  - Affordable
  - Skilled providers
  - Inequities of access
- **Knowledge** to be an informed patient
- Services must be **effective and appropriate**
- Facilities must be **safe**
- Care should be **patient-centered**

## Overview of Remarks



- Background and Concepts
- Case studies from MAHP
- Evidence of impact
- Implications

## The Microfinance “Industry”

- Provision of financial services to poor people
- 3,500+ institutions serving 150 million households
- **Microcredit**;
  - 80% women
  - Group organization is fundamental
  - Average Loans est. \$20 to \$300 indiv over 6 mos
  - Self-Sustaining; loan interest supports operations
  - 98-99% repayment; a “renewable resource”

## Innovation for accelerating global health Tandem strategy; microfinance w/health

- MFIs as ‘distribution platform’;
  - Over 3500 organizations
  - Frequent, trusted and multi-year relationships w/155 million households = 500 million people
  - Often in rural and remote environments
  - Distribution platform for health improvement

## Issues for integrating Microfinance w/health

- **What is the impact on the poor?**
  - Bangladesh; 40 percent of the entire reduction of rural poverty over 14 years directly attributable to 3 microfinance institutions
- **Are we reaching the poorest?** (Khandker, World bank 2005)
  - About 75% are “very poor” defined as either;
    - bottom half of country’s poverty line OR
    - below US\$1 a day
  - However, most marginalized may not be routinely included
- **Will MFIs “do health”?**
  - Yes, in their social mission and /or self-interest

## Global context; A global divide

The bottom billion – who live on less than a dollar a day – coexist with the 21st century, but their reality is the 14th century: civil war, plague, ignorance.

We will need to go beyond aid if we are really to make a difference. “

*The Bottom Billion: Why the Poorest Countries Are Failing and What Can Be Done About It*

Paul Collier, Oxford University



## Beyond MicroCredit ; Adding education



## Early innovation; Credit with Education (CwE)

(Freedom From Hunger in 1980s)

- Every microcredit client receives education
  - Health prevention and management; generic and disease-specific
  - Business Practices
  - Household management; ex. Family budgeting
  - Self-esteem and empowerment; increased role in family decision-making

## Evidence of IMPACT ; Microcredit w/ education



- household income
- food security
- child well-being
  - Health status
  - School Attendance
- knowledge
- self-empowerment
- social solidarity
- status in community

## Rationale for expanding to health

Illness was the most commonly cited reason for “a downward slide into poverty... ahead of losing a job, which took second place.

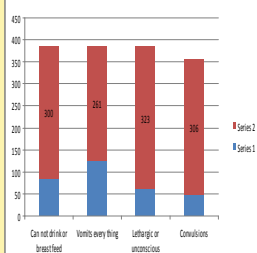
*Dying for Change, World bank (2002)*

In India;  
Est . 20 million people a year or 24% of those receiving medical treatment, end up below the poverty line as a result of the high cost  
(WB, 2002)

In Benin and Burkina Faso;  
microfinance clients spent an average of 1/3 of their annual income to combat malaria alone  
FFH 2006

Knowledge changes;  
Integrated Management of Childhood Illnesses (IMCI);  
Critical danger signs and when to take child to doctor  
Health Education; South India 2007-2008

Intervention; deliver “health lessons” to credit groups by training 100 field workers ( 4 MFIs in 15 months)  
GSK Rau; Freedom from Hunger; Microcredit Summit Campaign



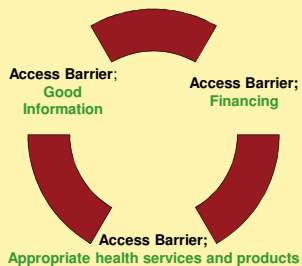
## Microfinance and Health Protection Initiative (MAHP)

Gates Foundation grant to Freedom from Hunger  
Jan 2006 through July 2010

Demonstration ;test health interventions for microcredit clients  
Countries ; India, Philippines, Benin, Burkina Faso, Bolivia  
150,000 Clients receiving health interventions



MAHP; Improving predictable access to health-related services and products = quality of health care



## 4 ways; improving quality of health care

### Information Knowledge

### Education and Promotion


### Health Financing

1. Major health risks- specific to locale  
malaria, diarrhea, respiratory, AIDS
2. Integrated management child illness
3. Water sanitation and hygiene
4. Reproductive health
5. Nutrition
6. Consumer of health products/services
7. Community outreach health events; screening and referrals

1. Loans; individual and collective
2. Savings
3. Micro-health insurance

| 4 ways; improving quality of care |  |
|-----------------------------------|--|
| <b>Health Services</b>            | <p>Direct delivery of health services</p> <p>Linkages to public &amp; private providers incl;<br/>organizing provider networks<br/>negotiation for discounted fees<br/>influencing quality of care<br/>Facilitating Health referrals</p> |
| <b>Health Products</b>            | <p>Community based sales of products including;</p> <ul style="list-style-type: none"> <li>pharmaceuticals</li> <li>oral rehydration</li> <li>contraception</li> <li>water treatments</li> <li>bed nets</li> </ul>                       |

### MAHP in India; Bandhan MFI



- MFI w/ 1.4 million clients
- Market research based Intervention package;
  - **Information;**
    - Education
    - Community health workers
  - **Financing; Health Loans**
  - **Effective services/products; community distributors**

### Health education and product distribution

- Model adapted from BRAC/Bangladesh
- Health Community Organizers
  - Trained volunteers
  - One-hour education monthly for entire village (incl non- clients)
  - First 2 courses based on market research;
    - diarrhea and sanitation
    - better self-care and use of health services
  - Can provide referrals to health clinic
- Health product distributors
  - Trained women microentrepreneurs
  - Household visits to reinforce health messages, sell products
  - 250-300 households assigned
  - Supervision by HCO bi-weekly and random house visits to audit

### Philippines; CARD Center for Agricultural and Rural development

- Established 1985
- 875,000 women clients
- Est 4.5 million served
- Livelihoods
  - Food vendor
  - Charcoal production
  - Tricycle taxi
  - Sewing
  - Sari-sari store
  - Fishing related



### Philippines; Health Programs

- Knowledge; Education
  - Dengue fever
  - Planning for better health
  - Clients' priority ; fam. planning and chronic diseases
- Financial/Affordability
  - Health loans for Government Insurance program
  - Discounts for private doctors and hospitals
- Health services and product availability;
  - Provider network
  - Community drug dispensaries

- Phil Health Insurance
  - Women pay 30 pp weekly ( 60 US cents)
  - Hospital insurance
  - All family members
- PPP; Preferred Providers Program  
"Green Card program" est 45,000 members
  - Doctors and hospitals
    - avg 10-20% discounts( up to 50%)
    - 10 % doctor discount = 2.5 kg bag of rice
    - reviewed against checklist for basic " quality"

**Bolivia;**  
**Improving health care quality in remote areas**



**Bolivia; addressing quality barriers**  
**education and health services**



**Jornadas: "Health Days"**

-Regional fairs; remote  
 956 events =19,800 indiv.

- immunizations
- womens health
- eye clinics,
- Screening and referral
  - heart disease
  - diabetes
  - Cancer
- Health loans

**Making the Case; building evidence base**  
**Goals;integrating microfinance and health**

- Poverty reduction
- Enhanced health knowledge
- Changing health behaviors
- Strengthening access to health services
- Improving health outcomes

**Interventions with Positive Benefit;**  
**Review of scientific Literature**

|                           | Health Knowledge | Behavior change | Use of health services | Positive health outcome | Increase household income | Increase health system capacity |
|---------------------------|------------------|-----------------|------------------------|-------------------------|---------------------------|---------------------------------|
| Health education          | X                | X               | X                      | X                       | X                         |                                 |
| Trained health workers    | X                | X               |                        |                         |                           |                                 |
| Linkages w/ providers     | X                | X               | X                      |                         |                           |                                 |
| Micro insurance           |                  |                 | X                      |                         |                           |                                 |
| Loans to health providers |                  |                 | X                      |                         |                           | X                               |

**Evidence of Impact ;**  
**Health education combined with Microfinance**

- Reproductive Health
- Primary care for children
- Nutrition/Breastfeeding
- Diarrheal illness
- HIV Prevention
- Gender based Violence
- STDs
- Malaria
- Tuberculosis



| Intervention                                | Outcomes/Impact   |
|---|---|
| <b>Education and promotion</b>              |   |
| <b>Maternal health</b>                      | Reduced birth rate<br>Reductions in GB violence<br>Reduced STDs                               |
| <b>Child health</b>                         |   |
| Nutrition; 53% of deaths                    | Better nutrition > Increased weight/height  |
| Diarrhea 2 <sup>nd</sup> cause of death     | Reduction diarrheal incidence   |
| <b>Health financing</b>                     |   |
| Health loans/health savings, microinsurance | Use of " formal" health care<br>Earlier admit to hosp-malaria                                 |
| <b>Health services</b>                      |   |
|   | Increase use of sba/midwives<br>Discerning use trad vs. "west" ID / treatment of tuberculosis |

## Discussion

