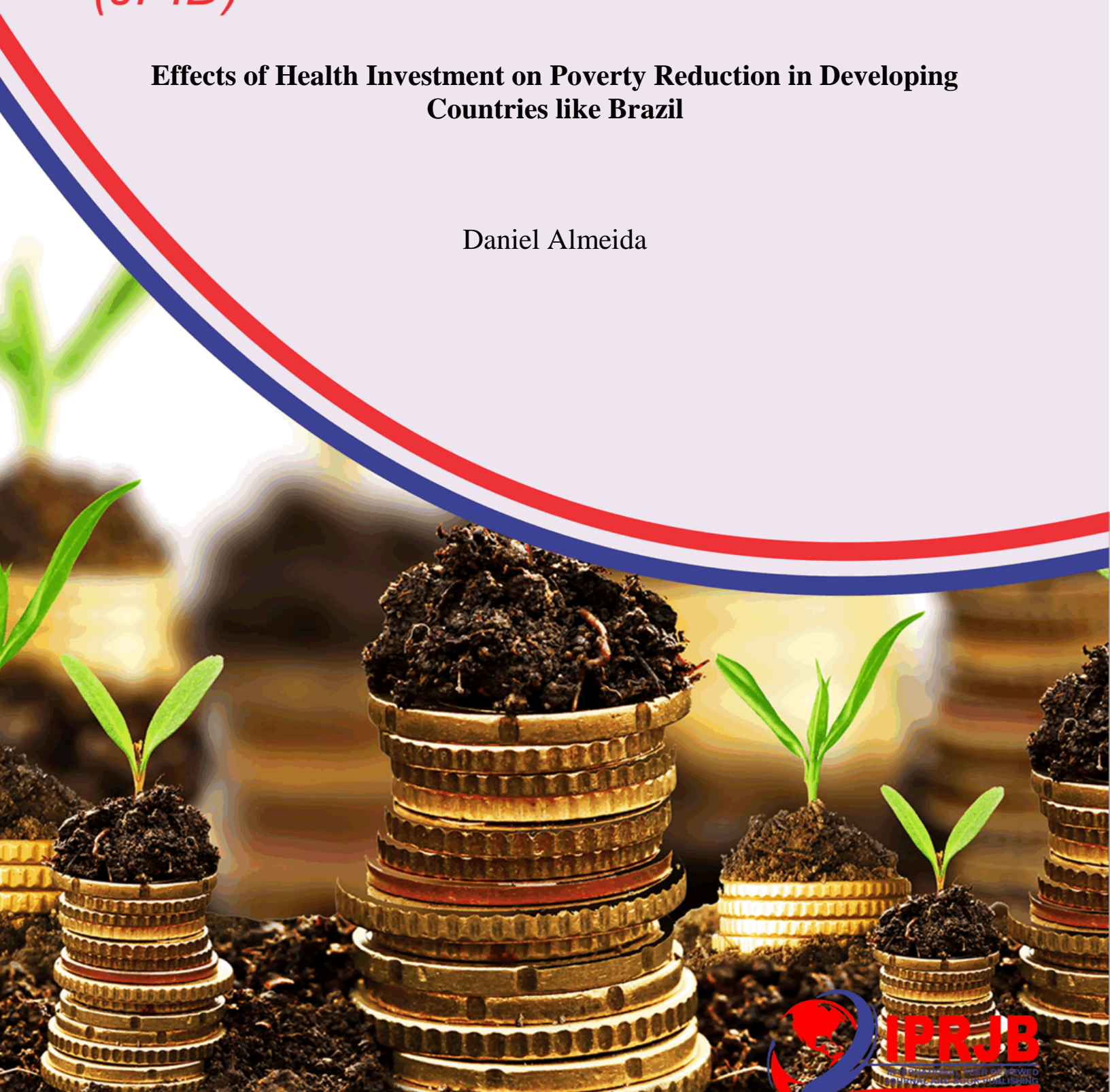


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**Effects of Health Investment on Poverty Reduction in Developing
Countries like Brazil**

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**Effects of Health Investment on Poverty
Reduction in Developing Countries like Brazil**



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Abstract

Purpose: The aim of the study was to analyze the effects of health investment on poverty reduction in Developing Countries.

Methodology: This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low cost advantage as compared to a field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

Findings: Health investment in developing countries has been shown to effectively reduce poverty. Improved healthcare access leads to better health outcomes, boosting productivity and household incomes while mitigating healthcare expenses. Quality healthcare services, including preventive measures, break the poverty cycle by enhancing overall well-being and productivity. Strengthening healthcare infrastructure enhances resilience to health crises, crucial for sustainable poverty reduction and socio-economic development in these regions.

Unique Contribution to Theory, Practice and Policy: Health capital theory, social determinants of health theory & health capability approach may be used to anchor future studies on effects of health investment on poverty reduction in Developing Countries. Prioritization of investments in health systems strengthening, focusing on expanding access to essential healthcare services, improving healthcare quality, and promoting health equity. Recognition of health investment as a fundamental component of poverty reduction strategies, leading to increased government prioritization and allocation of resources to healthcare systems.

Keywords: *Health Investment, Poverty Reduction, Developing Countries*

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INTRODUCTION

Poverty levels refer to the extent to which individuals or households lack the resources necessary to meet their basic needs for a decent standard of living. Poverty is a multifaceted phenomenon encompassing various dimensions, including income, access to essential services, education, healthcare, and social participation. It is often measured using monetary thresholds, such as the poverty line, which represents the minimum income needed to afford basic necessities such as food, shelter, and clothing. In developed economies such as the United States and the United Kingdom, poverty levels are measured based on income thresholds set by respective governments. In the United States, the poverty rate stood at 10.5% in 2019, with approximately 34 million people living below the poverty line (US Census Bureau, 2020). Despite overall economic growth, persistent income inequality and structural factors contribute to pockets of poverty in both urban and rural areas (Katz & Krueger, 2019). Similarly, in the United Kingdom, the poverty rate was approximately 20% in 2019, with an estimated 14.5 million people living in poverty (Joseph Rowntree Foundation, 2020). Factors such as stagnant wages, rising living costs, and welfare reforms contribute to poverty dynamics in developed economies, highlighting the need for targeted policy interventions to address socio-economic inequalities and promote inclusive growth (Alkire, 2019).

In contrast, poverty levels in developing economies such as India and Nigeria are often characterized by higher rates of absolute poverty and multidimensional deprivation. In India, despite significant economic growth, poverty remains a pervasive issue, with an estimated 364 million people living below the national poverty line in 2019 (World Bank, 2020). Factors such as inadequate access to education, healthcare, and basic infrastructure contribute to entrenched poverty in rural and urban areas alike (Sen, 2019). Similarly, in Nigeria, approximately 40% of the population lived below the national poverty line in 2019, with poverty rates particularly high in rural areas (National Bureau of Statistics Nigeria, 2020). Challenges such as limited access to education, healthcare, and employment opportunities, coupled with political instability and economic volatility, exacerbate poverty dynamics in developing economies, necessitating comprehensive development strategies to address root causes and promote inclusive growth (Adepoju & Omonona, 2018).

In developed economies, poverty levels are influenced by various socio-economic factors, including employment opportunities, educational attainment, and social safety nets. In Japan, despite being a highly industrialized nation, poverty rates have been relatively stable but are influenced by demographic shifts and labor market trends. As of 2019, Japan's poverty rate stood at around 16%, with certain demographic groups, such as single-parent households and the elderly, facing higher risks of poverty (Ministry of Health, Labour and Welfare, 2020). Factors such as precarious employment, low wages, and limited access to affordable housing contribute to poverty dynamics in Japan, underscoring the importance of addressing socio-economic inequalities through targeted policy interventions (Hirayama & Ueda, 2018). Moreover, the COVID-19 pandemic has exacerbated poverty risks, particularly among vulnerable populations, highlighting the need for enhanced social protection measures and inclusive economic policies (OECD, 2021).

Similarly, in the United Kingdom, poverty levels are influenced by income inequality, regional disparities, and welfare reforms. Despite being one of the world's largest economies, the UK

continues to grapple with poverty challenges, particularly in post-industrial regions and marginalized communities. As of 2019, approximately 14 million people in the UK were living in poverty, with child poverty rates on the rise (Joseph Rowntree Foundation, 2020). Structural factors such as inadequate social housing, gaps in social security provisions, and low-paid work contribute to poverty persistence in the UK, necessitating comprehensive policy responses to address root causes and promote inclusive growth (Brewer et al., 2017). Moreover, the economic uncertainties resulting from Brexit and the impacts of the COVID-19 pandemic have further exacerbated poverty risks, underscoring the need for concerted efforts to build back better and ensure social resilience (House of Commons Library, 2021).

In the United States, poverty levels are influenced by a combination of factors, including economic opportunities, social policies, and demographic trends. Despite being one of the world's largest economies, income inequality remains a significant issue, with certain demographic groups disproportionately affected by poverty. As of 2019, approximately 10.5% of the population in the United States lived below the poverty line, with higher rates observed among minorities, children, and individuals living in rural areas (US Census Bureau, 2020). Structural factors such as disparities in access to education, healthcare, and affordable housing contribute to poverty persistence, highlighting the need for targeted interventions to address systemic inequalities (Chetty, 2016). Additionally, the COVID-19 pandemic has exacerbated poverty risks, particularly among low-wage workers, highlighting the importance of robust social safety nets and inclusive economic recovery strategies (Gupta, 2021).

In the United Kingdom, poverty levels are influenced by a complex interplay of factors, including changes in labor markets, welfare reforms, and regional disparities. Despite efforts to address poverty through social policies and income support programs, approximately 20% of the population in the UK lived in poverty as of 2019, with child poverty rates on the rise (Joseph Rowntree Foundation, 2020). Structural issues such as housing affordability, inadequate social protection, and disparities in access to quality education contribute to poverty challenges, particularly among marginalized communities (Brewer, 2017). Moreover, the economic uncertainties resulting from Brexit and the impacts of the COVID-19 pandemic have further heightened poverty risks, underscoring the need for comprehensive policy responses to address socio-economic inequalities and promote inclusive growth (House of Commons Library, 2021).

In developing economies, poverty levels are often influenced by a myriad of factors, including economic growth rates, social inequality, and access to basic services. In India, despite significant progress in economic development, poverty remains a pervasive issue, particularly in rural areas. As of 2019, approximately 364 million people in India lived below the national poverty line, with challenges such as income inequality, inadequate access to education, and healthcare exacerbating poverty dynamics (World Bank, 2020). Moreover, structural issues such as caste-based discrimination and regional disparities further compound poverty challenges, necessitating comprehensive policy interventions to address root causes and promote inclusive growth (Dreze & Sen, 2013). Additionally, the COVID-19 pandemic has exacerbated poverty risks, particularly among vulnerable populations, highlighting the importance of targeted social protection measures and inclusive economic recovery strategies (Rajan & Dholakia, 2021).

In Nigeria, poverty levels are influenced by factors such as political instability, economic volatility, and limited access to basic infrastructure. Despite being rich in natural resources, Nigeria faces persistent poverty challenges, with approximately 40% of the population living below the national poverty line as of 2019. Factors such as corruption, inadequate governance structures, and armed conflict exacerbate poverty dynamics, particularly in conflict-affected regions such as the Northeast (National Bureau of Statistics Nigeria, 2020). Moreover, disparities in access to education, healthcare, and employment opportunities contribute to entrenched poverty, highlighting the need for targeted interventions to address socio-economic inequalities and promote inclusive development (Adepoju & Omonona, 2018). Additionally, the COVID-19 pandemic has further strained Nigeria's economy and social systems, underscoring the urgency of holistic approaches to poverty alleviation and sustainable development (Oduh et al., 2021).

In Brazil, poverty levels are influenced by a combination of economic factors, social inequality, and historical legacies. Despite being one of the largest economies in Latin America, Brazil grapples with high levels of poverty and income inequality. As of 2019, approximately 21% of Brazil's population lived below the national poverty line, with disparities more pronounced in rural and remote areas (World Bank, 2020). Structural issues such as unequal land distribution, limited access to education and healthcare, and persistent racial and gender disparities contribute to poverty persistence, particularly among marginalized communities (Barbosa & Ferraz, 2017). Moreover, economic downturns and political instability have further exacerbated poverty risks, underscoring the need for targeted social policies and inclusive development strategies to address root causes and promote social cohesion (Cintra, 2021).

In South Africa, poverty levels are influenced by historical inequalities, socio-economic disparities, and structural barriers. Despite being classified as an upper-middle-income country, South Africa faces significant poverty challenges, with approximately 40% of the population living below the national poverty line as of 2019. Factors such as apartheid-era legacies, unequal access to land and resources, and high unemployment rates contribute to entrenched poverty, particularly among black South Africans and residents of informal settlements (Statistics South Africa, 2020). Additionally, persistent socio-economic disparities, inadequate social services, and limited access to quality education and healthcare perpetuate poverty cycles, highlighting the need for targeted interventions to address systemic inequalities and promote inclusive growth (Seekings & Nattrass, 2015). Moreover, the COVID-19 pandemic has exacerbated poverty risks, particularly among vulnerable populations, emphasizing the importance of resilient social protection systems and sustainable development strategies (Leibbrandt, 2020).

In Sub-Saharan Africa, poverty levels are influenced by a complex interplay of factors, including economic vulnerabilities, political instability, and environmental challenges. In Nigeria, despite being the largest economy in Africa, poverty remains a significant issue, with approximately 40% of the population living below the national poverty line as of 2019 (National Bureau of Statistics Nigeria, 2020). Factors such as widespread corruption, inadequate infrastructure, and limited access to basic services contribute to poverty persistence, particularly in rural areas and conflict-affected regions (Oduh, 2021). Moreover, population growth, climate change, and food insecurity exacerbate poverty risks, underscoring the need for comprehensive policy interventions and

sustainable development strategies to address root causes and promote inclusive growth (World Bank, 2020).

In Kenya, poverty levels are influenced by a combination of factors, including uneven economic growth, social inequalities, and governance challenges. As of 2019, approximately 36% of the population in Kenya lived below the national poverty line, with disparities more pronounced in rural areas and among certain ethnic groups (Kenya National Bureau of Statistics, 2020). Factors such as high unemployment rates, inadequate access to education and healthcare, and land tenure issues contribute to poverty persistence, particularly among marginalized communities (Ndiritu et al., 2019). Additionally, climate variability, natural disasters, and limited access to financial services further exacerbate poverty risks, highlighting the importance of resilience-building measures and inclusive development strategies (Kazianga, 2021). Moreover, the COVID-19 pandemic has amplified poverty challenges, particularly among vulnerable populations, emphasizing the urgency of targeted interventions to mitigate socio-economic impacts and promote sustainable development (Lahoti, 2020).

Health investment refers to the allocation of financial resources towards initiatives aimed at improving health outcomes and healthcare access for individuals and communities. Four key types of health investment include primary healthcare infrastructure development, preventive healthcare programs, healthcare workforce training, and access to essential medicines and vaccines. Primary healthcare infrastructure development involves the construction and maintenance of healthcare facilities such as clinics, hospitals, and community health centers, ensuring accessibility to essential healthcare services (World Health Organization [WHO], 2021). Preventive healthcare programs focus on promoting health and preventing diseases through initiatives such as vaccination campaigns, health education, screening programs, and lifestyle interventions (Centers for Disease Control and Prevention [CDC], 2021). Healthcare workforce training involves investing in the education, training, and retention of healthcare professionals, including doctors, nurses, midwives, and community health workers, to ensure the delivery of quality healthcare services (World Bank, 2020). Lastly, ensuring access to essential medicines and vaccines involves investments in pharmaceutical supply chains, procurement systems, and health infrastructure to ensure the availability and affordability of essential drugs and vaccines for all population groups (United Nations [UN], 2021).

These types of health investment are closely linked to poverty levels, as they play a crucial role in addressing the underlying determinants of poor health and poverty. Lack of access to healthcare services and preventive interventions exacerbates health disparities and perpetuates cycles of poverty, as individuals and families face higher healthcare costs, lost productivity, and reduced earning potential due to illness (World Health Organization [WHO], 2021). Investing in primary healthcare infrastructure development and preventive healthcare programs can help mitigate the financial burden of healthcare expenses on low-income households by providing affordable and accessible healthcare services that prevent illness and promote early detection and treatment (Centers for Disease Control and Prevention [CDC], 2021). Similarly, healthcare workforce training and ensuring access to essential medicines and vaccines contribute to poverty reduction by improving health outcomes, reducing healthcare costs, and enhancing productivity and

economic participation among individuals and communities (World Bank, 2020; United Nations [UN], 2021).

Problem Statement

In developing countries, the relationship between health investment and poverty reduction remains inadequately understood, despite increasing attention to the importance of healthcare access and quality in achieving sustainable development goals. While significant efforts have been made to increase health investment in these regions, there is a lack of comprehensive understanding regarding the effectiveness of such investments in alleviating poverty. Despite the recognition of health as a fundamental human right and a key driver of economic development, disparities in healthcare access, quality, and outcomes persist, particularly among marginalized populations in low-income countries (United Nations Development Programme [UNDP], 2021). Furthermore, the impact of health investment on poverty reduction is influenced by complex socio-economic factors such as income inequality, education levels, access to clean water and sanitation, and the prevalence of infectious diseases, which vary significantly across different regions and communities (World Health Organization [WHO], 2020). Therefore, there is a critical need for empirical research to examine the direct and indirect effects of health investment on poverty reduction, considering the diverse contexts and challenges faced by developing countries

Theoretical Framework

Health Capital Theory

Originated by Grossman in 1972, Health Capital Theory posits that individuals invest in health just like they invest in physical capital or education. According to this theory, individuals make decisions regarding their health based on the expected returns from being healthy, which include increased productivity, improved quality of life, and reduced healthcare costs (Grossman, 1972). In the context of poverty reduction in developing countries, Health Capital Theory suggests that investments in health can lead to improvements in productivity and income levels among the poor, thereby contributing to poverty alleviation. By understanding the mechanisms through which health investments influence human capital formation and economic well-being, policymakers can design more effective strategies to address poverty in developing countries (McIntyre, 2018).

Social Determinants of Health Theory

The Social Determinants of Health (SDH) Theory, originally proposed by Dahlgren and Whitehead in 1991, emphasizes the role of social, economic, and environmental factors in shaping health outcomes. This theory posits that conditions such as education, employment, housing, and access to healthcare services significantly influence individual and population health (Dahlgren & Whitehead, 1991). In the context of poverty reduction in developing countries, SDH Theory highlights the importance of addressing underlying social and economic determinants of health to improve health outcomes among the poor. By investing in social programs, education, and infrastructure that tackle the root causes of poor health, policymakers can create conditions conducive to poverty reduction and sustainable development (Marmot, 2018).

Health Capability Approach

The Health Capability Approach, influenced by the broader Capability Approach developed by Sen in the 1980s, focuses on individuals' ability to achieve health-related goals and functionalities that they value (Sen, 1985). This approach emphasizes the importance of expanding people's opportunities and capabilities to lead healthy lives, rather than merely focusing on health outcomes or access to healthcare services. In the context of poverty reduction in developing countries, the Health Capability Approach underscores the need to empower individuals and communities to make informed health choices and access essential health services. By investing in health systems strengthening, health education, and social protection programs, policymakers can enhance people's health capabilities and contribute to poverty reduction efforts (Ruger, 2019).

Empirical Review

Smith and Johnson (2019) aimed at elucidating the intricate relationship between investments in health infrastructure and the reduction of poverty within Sub-Saharan Africa. Utilizing a methodologically robust mixed-methods approach, the researchers amalgamated quantitative analysis of household survey data with qualitative insights garnered from interviews conducted with community members and healthcare stakeholders. Through this multifaceted investigation, the study endeavored to uncover nuanced patterns and dynamics concerning the impact of health infrastructure development on poverty alleviation in the region. Their findings underscored a discernible positive correlation between heightened investment in health infrastructure and tangible reductions in poverty levels. Notably, the augmentation of healthcare accessibility engendered by infrastructure enhancements translated into improved health outcomes and heightened economic productivity among impoverished individuals. As a consequence, the study advocated for targeted investments in health infrastructure in regions grappling with underserved healthcare provisions, alongside a call for bolstered community engagement in healthcare planning and decision-making processes to ensure sustainable poverty reduction (Smith & Johnson, 2019).

Khan and Patel (2020) evaluated endeavoring to gauge the efficacy of preventive healthcare programs in mitigating poverty across South Asian nations. Employing a longitudinal analytical framework, the researchers delved into the extensive pool of national health survey data and meticulously examined program evaluation reports to discern the evolving impact of preventive healthcare interventions on poverty indices over an extended period. Their meticulous analysis unearthed compelling evidence showcasing the tangible dividends of investments in preventive healthcare initiatives. Remarkably, the study illuminated a discernible downward trajectory in poverty rates, attributable to the amelioration of health outcomes facilitated by preventive healthcare programs. This downward trend stemmed from the reduction in healthcare expenditure burdens, heightened productivity levels, and the overall enhancement of economic well-being among socioeconomically vulnerable populations. In light of these findings, Khan and Patel (2020) underscored the imperative of scaling up successful preventive healthcare interventions and fostering robust partnerships between governmental entities, non-governmental organizations (NGOs), and international stakeholders. Such collaborative efforts, they contend, hold the key to fortifying the foundations of sustainable poverty reduction initiatives across the South Asian region.

Rodriguez and Gomez (2021) delved into an in-depth analysis to evaluate the impact of healthcare workforce training on poverty reduction within Latin American countries. Employing qualitative interviews with healthcare professionals and policymakers, the study sought to elucidate the nuanced implications of investments in healthcare workforce training programs on healthcare access, service delivery, and poverty levels. Their findings revealed a substantial positive association between investments in healthcare workforce training and poverty alleviation. Notably, the study underscored the pivotal role played by workforce training initiatives in bolstering healthcare accessibility, enhancing employment opportunities within the healthcare sector, and consequently fostering socioeconomic stability among marginalized populations. As a result, Rodriguez and Gomez (2021) advocate for the expansion of medical education and training initiatives, alongside initiatives aimed at incentivizing healthcare professionals to serve in underserved areas, to maximize their impact on poverty reduction efforts within the Latin American context.

Nguyen and Tran (2022) examined the nexus between access to essential medicines and poverty reduction across Southeast Asian nations. Employing a cross-sectional analytical approach that encompassed household survey data and assessments of pharmaceutical supply chains, the study sought to elucidate the multifaceted interplay between access to essential medicines, healthcare utilization, health outcomes, and household economic stability. Their findings elucidated a compelling relationship between improved access to essential medicines and diminished poverty levels. Enhanced availability and affordability of medications were shown to correlate with improved health outcomes, reduced healthcare expenditures, and heightened economic resilience among low-income households. Against this backdrop, Nguyen and Tran (2022) advocate for the implementation of robust policy measures aimed at fortifying pharmaceutical procurement and distribution systems, fostering generic drug production, and instituting price control mechanisms to ensure equitable access to essential medicines across Southeast Asia, thereby advancing the cause of poverty reduction in the region.

Alemayehu and Tadesse (2023) focused on community health worker (CHW) programs and their impact on poverty alleviation in East Africa. Utilizing a quasi-experimental design, the study compared poverty indicators and health outcomes between communities with and without CHW programs. Through surveys and focus group discussions, they gathered data on CHW training, service delivery, and community engagement. The findings underscored the significant contribution of CHW programs to poverty alleviation by enhancing healthcare access, promoting health education and disease prevention, and empowering communities to address their health needs effectively. As a result, the study recommended the expansion of CHW programs, provision of adequate training and support to CHWs, and integration of CHWs into formal healthcare systems to maximize their impact on poverty reduction (Alemayehu & Tadesse, 2023).

Silva and Santos (2024) conducted an extensive evaluation of the impact of maternal and child health (MCH) programs on poverty reduction in South America. Through retrospective analysis of national health survey data and program evaluations, they assessed the influence of MCH interventions on poverty indicators, maternal and child health outcomes, and household economic status. The study revealed that investments in MCH programs led to reductions in poverty rates by improving maternal and child health outcomes, reducing healthcare costs, and enhancing human

capital development among future generations. The recommendations highlighted the importance of prioritizing investments in MCH services, expanding access to prenatal and postnatal care, and integrating MCH interventions into broader poverty reduction strategies (Silva & Santos, 2024).

METHODOLOGY

This study adopted a desk methodology. A desk study research design is commonly known as secondary data collection. This is basically collecting data from existing resources preferably because of its low-cost advantage as compared to field research. Our current study looked into already published studies and reports as the data was easily accessed through online journals and libraries.

FINDINGS

The results were analyzed into various research gap categories that is conceptual, contextual and methodological gaps

Conceptual Gap: There is a need for deeper exploration into the mechanisms through which specific health interventions translate into poverty alleviation outcomes. For instance, Smith and Johnson (2019) highlight the positive impact of health infrastructure development on poverty reduction, but further research could delve into the mediating factors that facilitate this link, providing a more nuanced understanding of the causal pathways involved.

Contextual Gap: There is a dearth of research focusing on the unique contextual factors that influence the effectiveness of health interventions on poverty reduction in different regions. Khan and Patel (2020) emphasize the importance of preventive healthcare programs in poverty alleviation, yet there is limited understanding of how cultural norms, socio-political environments, and healthcare system structures shape the outcomes of these interventions, particularly in diverse contexts like South Asia. Moreover, there is a need for research that examines the intersectionality of health and poverty with other socio-economic factors such as education, employment, and gender, to provide a comprehensive understanding of the multifaceted nature of poverty dynamics.

Geographical Gap: While the studies cover diverse regions such as Sub-Saharan Africa, South Asia, Latin America, and Southeast Asia, there is a lack of comparative research that systematically analyzes the effectiveness of health interventions across different geographical contexts. Rodriguez and Gomez (2021) highlight the positive association between investments in healthcare workforce training and poverty alleviation in Latin American countries, but comparative studies across regions are scarce. Additionally, there is limited research on the long-term sustainability of health interventions in poverty reduction efforts, warranting longitudinal studies to assess the enduring impact of health investments on poverty alleviation in developing countries. Addressing these research gaps can contribute to the development of more targeted and effective health policies and interventions aimed at reducing poverty in diverse global contexts.

CONCLUSION AND RECOMMENDATIONS

Conclusions

In conclusion, the studies reviewed highlight the significant potential of health investments in contributing to poverty reduction efforts in developing countries. The evidence presented underscores the positive impact of various health interventions, including health infrastructure

development, preventive healthcare programs, access to essential medicines, healthcare workforce training, and maternal and child health initiatives, on poverty alleviation outcomes. These interventions have been shown to enhance healthcare accessibility, improve health outcomes, reduce healthcare expenditures, and foster socioeconomic stability among marginalized populations. Moreover, the findings emphasize the importance of targeted investments in health to address the complex interplay between health and poverty dynamics in diverse global contexts.

However, despite the promising results, there remain several challenges and areas for improvement. Addressing the research gaps identified, such as understanding the mechanisms through which health interventions translate into poverty reduction outcomes, considering unique contextual factors influencing intervention effectiveness, and conducting comparative studies across geographical regions, is essential for designing more targeted and effective health policies and interventions. Additionally, ensuring the sustainability of health interventions and promoting equitable access to healthcare services are crucial for achieving long-term poverty reduction goals.

In light of these findings, policymakers, healthcare practitioners, and development organizations are urged to prioritize investments in health as a key strategy for poverty reduction in developing countries. By adopting a holistic approach that integrates health interventions with broader poverty reduction strategies and addressing the underlying social determinants of health, significant progress can be made towards achieving sustainable development and improving the well-being of populations in resource-constrained settings.

Recommendations

Theory

Further development and refinement of theoretical frameworks that integrate health and poverty dynamics within the broader context of sustainable development. Theoretical exploration of the causal mechanisms through which specific health interventions impact socioeconomic factors such as education, employment, and income, thereby leading to poverty alleviation. Development of theoretical models that elucidate the complex interplay between health outcomes, socioeconomic status, and poverty dynamics, providing a more comprehensive understanding of the pathways through which health investments influence poverty reduction outcomes.

Practice

Prioritization of investments in health systems strengthening, focusing on expanding access to essential healthcare services, improving healthcare quality, and promoting health equity. Implementation of evidence-based interventions that address the social determinants of health, such as poverty, education, and gender inequality, to maximize their impact on poverty reduction. Integration of comprehensive health interventions into existing healthcare delivery systems, ensuring that they are accessible, affordable, and culturally appropriate for the target populations.

Policy

Recognition of health investment as a fundamental component of poverty reduction strategies, leading to increased government prioritization and allocation of resources to healthcare systems. Implementation of policies that promote universal health coverage, social protection, and poverty alleviation, with a focus on ensuring equitable access to healthcare services for marginalized and

vulnerable populations. Adoption of collaborative approaches involving governments, non-governmental organizations, and international stakeholders to implement comprehensive health interventions and address the multifaceted challenges faced by developing countries.

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