

## Overcoming financial barriers to reproductive health care: experiences with free care and health insurance

### A framework for discussion

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You received a draft issue brief that was written as background for this session: it is not meant to be a comprehensive piece on health financing approaches, on insurance, or free care, but a document based on the experiences that MLI countries are undergoing, with a few examples taken from several countries a bit further along in the process. Its purpose is to promote discussion and bring out more detail and exchange around these issues within MLI countries.

It is a draft, and, as such, will benefit greatly from your comments, clarifications, corrections, and suggestions. But if it promotes a lively discussion among us today, it will have served its primary purpose.

## Context

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- Focus on finding ways to boost progress on reproductive health, as MDGs loom and improvements in maternal health indicators (MDG5) lag
- Out-of-pocket health financing by HHs remains high, raises equity and efficiency questions
- Increasing « political » involvement in health sector – high profile examples (Ghana, Rwanda, etc.)

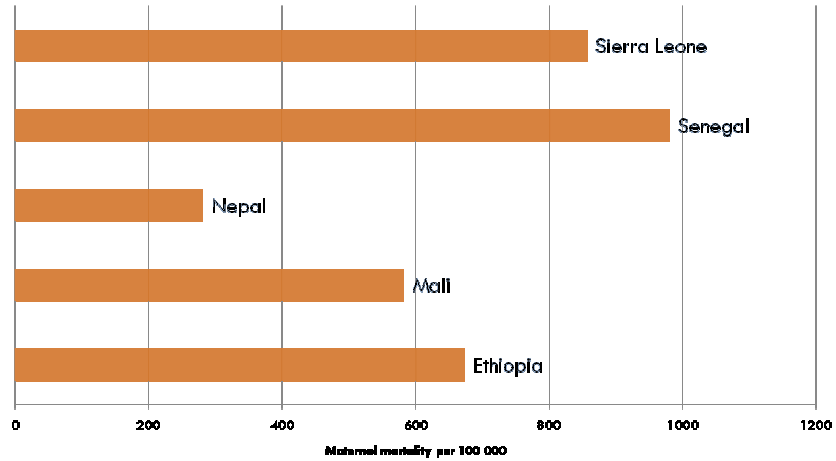


We will see in a minute a graph demonstrating the importance of OOP household spending as a % of total health spending. This is usually in the form of user fees paid at the point of service, which is

Topic of financial access to health has made its way into the political sphere. Increasing number of presidents who have taken up insurance or free care as a top priority, largely because it is politically popular. In Mali for example, presidential speeches today almost always include a reference to health insurance.

## Snapshot of maternal mortality

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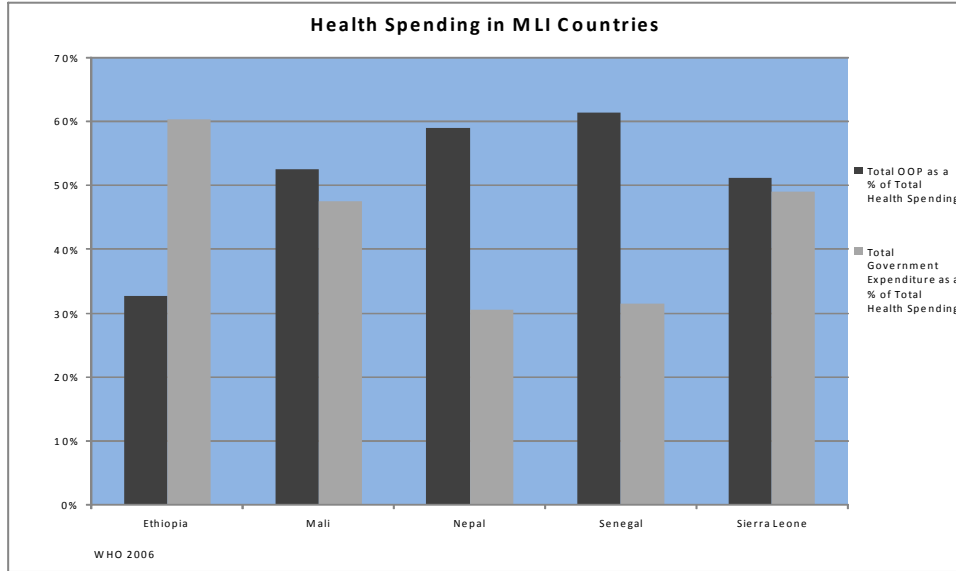
Source: Demographic Health Surveys and World Development indicators



Nepal stands out among MLI countries in term of MMR.

# Snapshot of health spending

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## Context (2)

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- Consensus that user fees at the point of service constitute a barrier to utilization and are especially problematic for pregnancy-related care
- Other ways of financing health needed to reduce burden on households of out-of-pocket spending and to promote utilization

## Definitions important for our discussion

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- Reproductive health is used broadly and includes:
  - Maternal health care: care received during pregnancy, childbirth, and postpartum
  - Other sexual and reproductive health care including access to information, supplies and medical treatment for family planning/birth spacing methods that are safe, effective, affordable, and acceptable
- Health financing strategy is also used broadly
  - Mechanisms used to mobilize, collect, and pool resources for the health sector, and the tools and approaches employed to purchase and allocate funds for health care services



## Policy tools to reduce financial barriers

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- Different approaches to meeting shared objectives - to reduce OOP spending and improve RH indicators
  - Universal free care, exemptions from user fees, health equity funds for the poor, vouchers, health insurance
- Trade-offs, strengths and weaknesses – all have consequences for the health system
  - volume of services, human resource workload, administration costs and complexity, equity, consumer choice, quality

## Weighing the options

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- Verify that financial barriers are a major obstacle
- Choice of approach depends on objectives **and** resources!
- Targeted tools – vouchers, cash transfers, exemptions – may work best for discrete service population group, or limited geographic scope
- Risk pooling/insurance may be more appropriate for national scale or more comprehensive care – such as maternal and child health care
- Untargeted free of charge care – works best where resources are ample and/or targeting is costly

## Lessons for success from Africa

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- Political leadership provides momentum, advances reform, but may shortcut technical and sustainability considerations
- Effective communication of approach - how it works, who it benefits – critical not only for beneficiaries, but also health personnel, elected officials, opinion leaders, public support

## Lessons for success from Africa

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- The devil is in the details – problems during implementation inevitable (logistical, organizational, financial)
- Advance preparation and anticipation can help: thinking through how the initiative will work, what is needed to make it work, and what could go wrong

## Lessons for success from Africa (2)

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- Plan for stock-taking at critical junctures during implementation: robust monitoring and evaluation helps catch and resolve problems; suggests adaptations to promote success and sustainability
- Long-term vision (beyond 2015!) important to sustainably finance improved RH outcomes

## Pursuing the discussion further

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- What are the biggest challenges you face to ensuring financial access to RH? Are they different for pregnancy-related care and family planning?
- What approaches have you implemented to reduce financial barriers to RH? What have been the main challenges and successes?
- What challenges do you see for sustainability? How do you plan to address them?
- How do free care policies and health insurance relate in your country? How might this change/evolve in the future?

