

# **Country Countdown**

## **Health financing component**

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31 May 2013

## Theoretically

Health burden



Strategy



Health policy



Health systems



Health outcomes



Health impact

## Financing....

Should be allocated to address health burden

Should reflect strategy & policy

Should be allocated to address system bottlenecks

Should not be a barrier to access and use.

Should finance cost effective, evidence based interventions at scale.

Should be sustainable

# But is it like this in your country?

- What sources of funding?
- How much is public spending? OOP?
- Who benefits?
- How efficiently allocated and used?

# Objectives of Countdown financing component

- Document status quo:
  - Amount of all financial resources for health from all sources
  - How effectively and efficiently resources are allocated and used
  - Whether maximum impact is obtained from current spending
- Whether current allocation and use is in line with national policies, e.g., increase high impact interventions and improve equity
- **Understand reasons why** financial resources are allocated, distributed and used as they are.
- Identify gaps, bottlenecks, inefficiencies, problems
- Hold policy makers, providers and consumers accountable

# Sources, destination and uses of financial resources

- **Sources**: public, donor, out-of-pocket, private
- **Destinations** (i.e., financial flows)
  - Which providers
  - Which services
  - Which populations/beneficiaries
  - Which geographies
- **Uses**: Use of financial resources, e.g., RMNCH interventions, medicines.
- Methods of risk pooling
- Efficiency, effectiveness and equity
  - Which populations and geographies benefits from spending
  - For which services and interventions
  - Level of financial risk

Understand financial flows helps identify what data are needed.

Figure 2: Health finance flows in Viet Nam

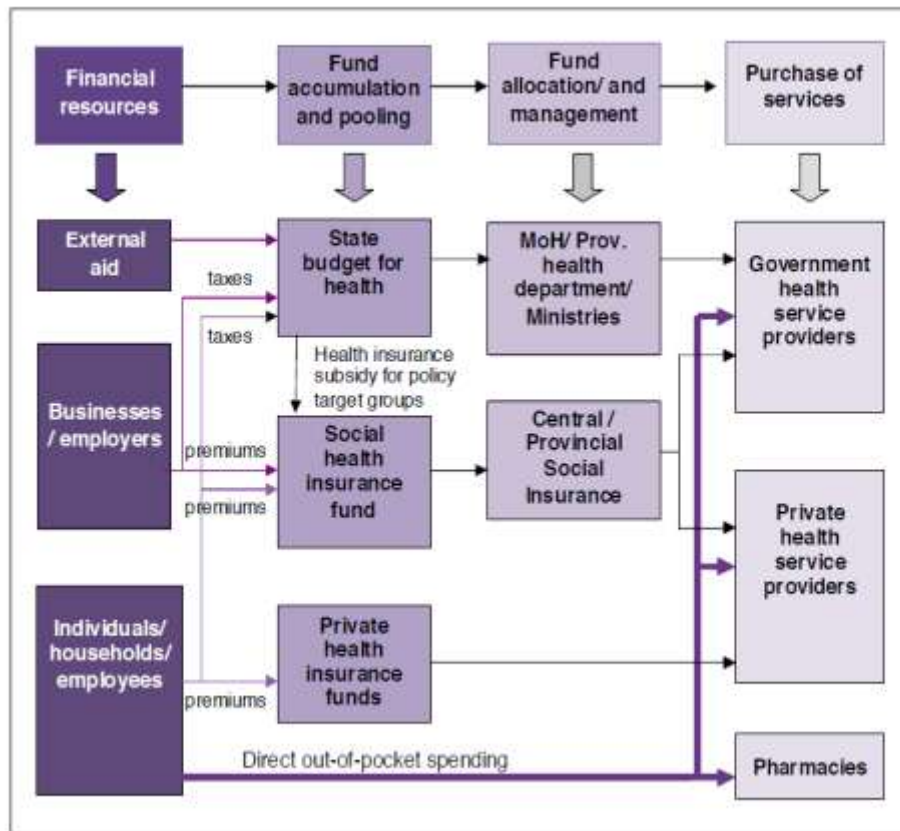
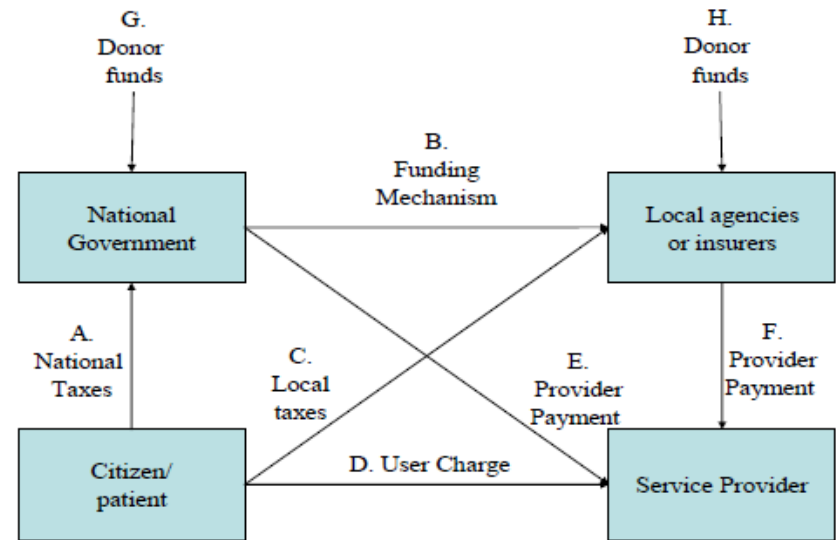
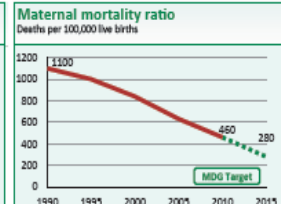
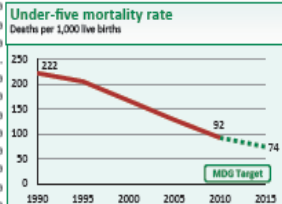


Figure 1: The flow of funds in the health system

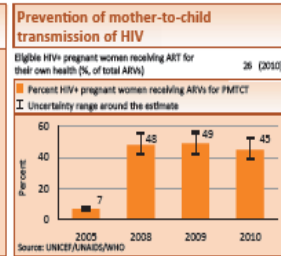
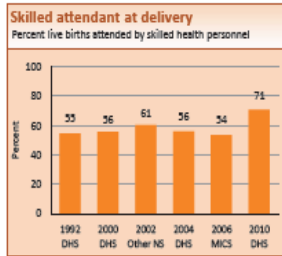
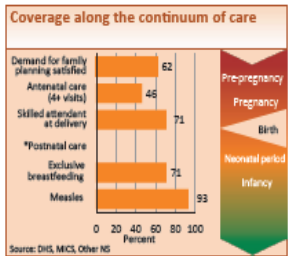


DEMOGRAPHICS

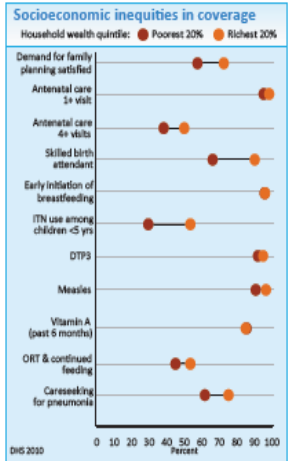
Total population (000)	14,901	(IHS)
Total under-five population (000)	2,715	(IHS)
Births (000)	663	(IHS)
Birth registration (%)	-	(IHS)
Total under-five deaths (000)	56	(IHS)
Neonatal deaths: % of all under-5 deaths	32	(IHS)
Neonatal mortality rate (per 1000 live births)	27	(IHS)
Infant mortality rate (per 1000 live births)	58	(IHS)
Stillbirth rate (per 1000 total births)	24	(IHS)
Total maternal deaths	3,000	(IHS)
Lifetime risk of maternal death (1 in N)	36	(IHS)
Total fertility rate (per woman)	6.0	(IHS)
Adolescent birth rate (per 1000 women)	177	(IHS)



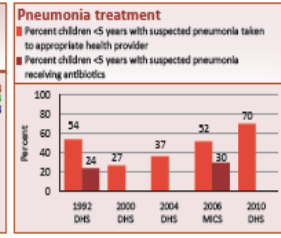
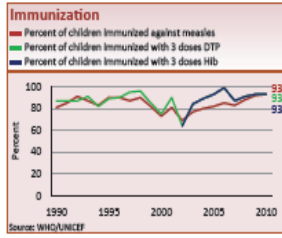
MATERNAL AND NEWBORN HEALTH



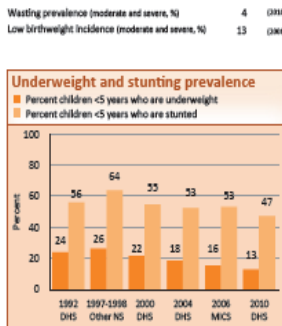
EQUITY



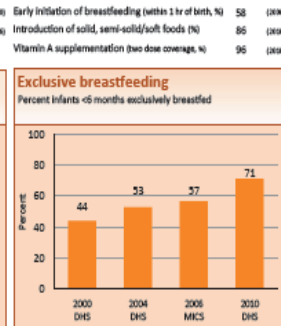
CHILD HEALTH



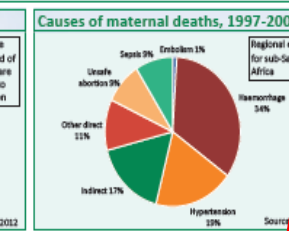
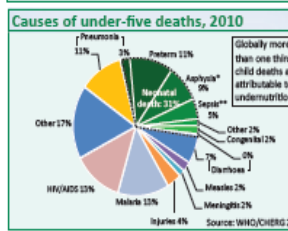
NUTRITION



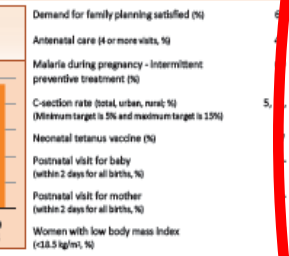
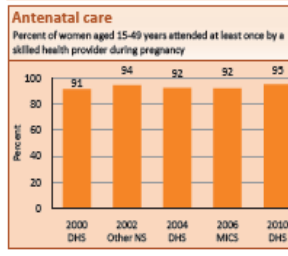
CHILD HEALTH



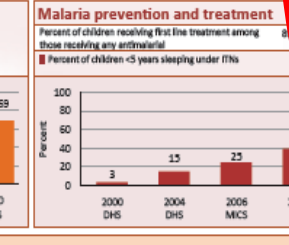
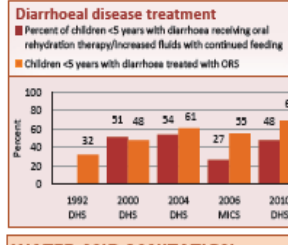
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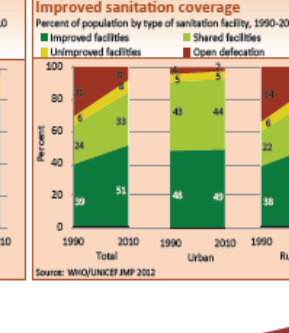
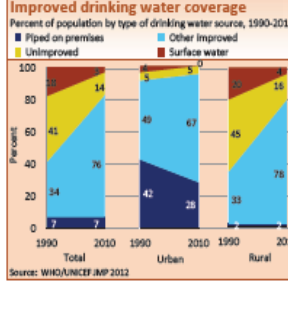
MATERNAL AND NEWBORN HEALTH



CHILD HEALTH



WATER AND SANITATION



POLICIES

Maternity protection in accordance with Convention 183	Yes
Specific notification of maternal deaths	Yes
Midwifery personnel authorized to administer core set of life saving interventions	Yes
International Code of Marketing of Breastmilk Substitutes	Yes
Postnatal home visits in first week of life	Yes
Community treatment of pneumonia with antibiotics	Yes
Low osmolarity ORS and zinc for management of diarrhoea	Yes
Rotavirus vaccine	Partial
Pneumococcal vaccine	Yes

SYSTEMS AND FINANCING

Costed national implementation plan(s) for maternal, newborn and child health available	Partial
Density of doctors, nurses and midwives (per 10,000 population)	3.0 (IHS)
National availability of emergency obstetric care services (% of recommended minimum)	32 (IHS)
Per capita total expenditure on health (USD)	56 (IHS)
General government expenditure on health as % of total government expenditure (%)	14 (IHS)
Out-of-pocket expenditure as % of total expenditure on health (%)	11 (IHS)
Official development assistance to child health per child (USD)	24 (IHS)
Official development assistance to maternal and neonatal health (live birth USD)	78 (IHS)

## SYSTEMS AND FINANCING

### Countdown global systems and financing indicators (India)

Costed national implementation plan(s) for maternal, newborn and child health available		Yes
Density of doctors, nurses and midwives (per 10,000 population)	19	(2005)
National availability of emergency obstetric care services (% of recommended minimum)	-	-
Per capita total expenditure on health (Int\$)	112	(2010)
General government expenditure on health as % of total government expenditure (%)	4	(2010)
Out-of-pocket expenditure as % of total expenditure on health (%)	61	(2010)
Official development assistance to child health per child (US\$)	2	(2009)
Official development assistance to maternal and neonatal health per live birth (US\$)	5	(2009)

# Systems and financing for MNCH

- Costed national implementation plans for MNCH: **Partial**
- Density of doctors, nurses and midwives (per 10,000 population): **3.0** (2008)
- National availability of EmOC services: **32%** (2010)  
(% of recommended minimum)
- Per capita total expenditure on health (Int\$): **\$56** (2010)
- Government spending on health: **14%** (2010)  
(as % of total govt spending)
- Out-of-pocket spending on health: **11%** (2010)  
(as % of total health spending)
- Official development assistance to child health per child (US\$): **\$24** (2009)
- Official development assistance to maternal and newborn health per live birth (US\$): **\$78** (2009)



# Resource documents and guidelines

**Appendix G in guide for country countdowns (today's handout)**

## **Public Expenditure Reviews:**

- Preparing PERs for Human Development: Core Guidance

## **Medium Term Expenditure Frameworks:**

- Linking policies and budgets

## **National Health Accounts (NHA):**

- Guide to producing NHA
- Manual on the System of National Health Accounts, including classifications

## **NHA sub-accounts:**

- Reproductive health
- Child health
- Nutrition I
- Human resources for health

## **Health budget advocacy:**

- Guide for civil society
- Maternal mortality guide

## **Official Development Assistance**

- Measuring country programmable aid


# Many other guides available.

PUBLIC LIBRARY

**PRACTICAL GUIDELINES**  
for  
**Analyzing Public Expenditure**  
at the Sub-National Level




PUBLIC LIBRARY






**Conference edition**

**GUIDELINES**  
for  
**DISTRICT HEALTH**  
**EXPENDITURE REVIEWS**  
in South Africa



**A guide for managers in the health sector**



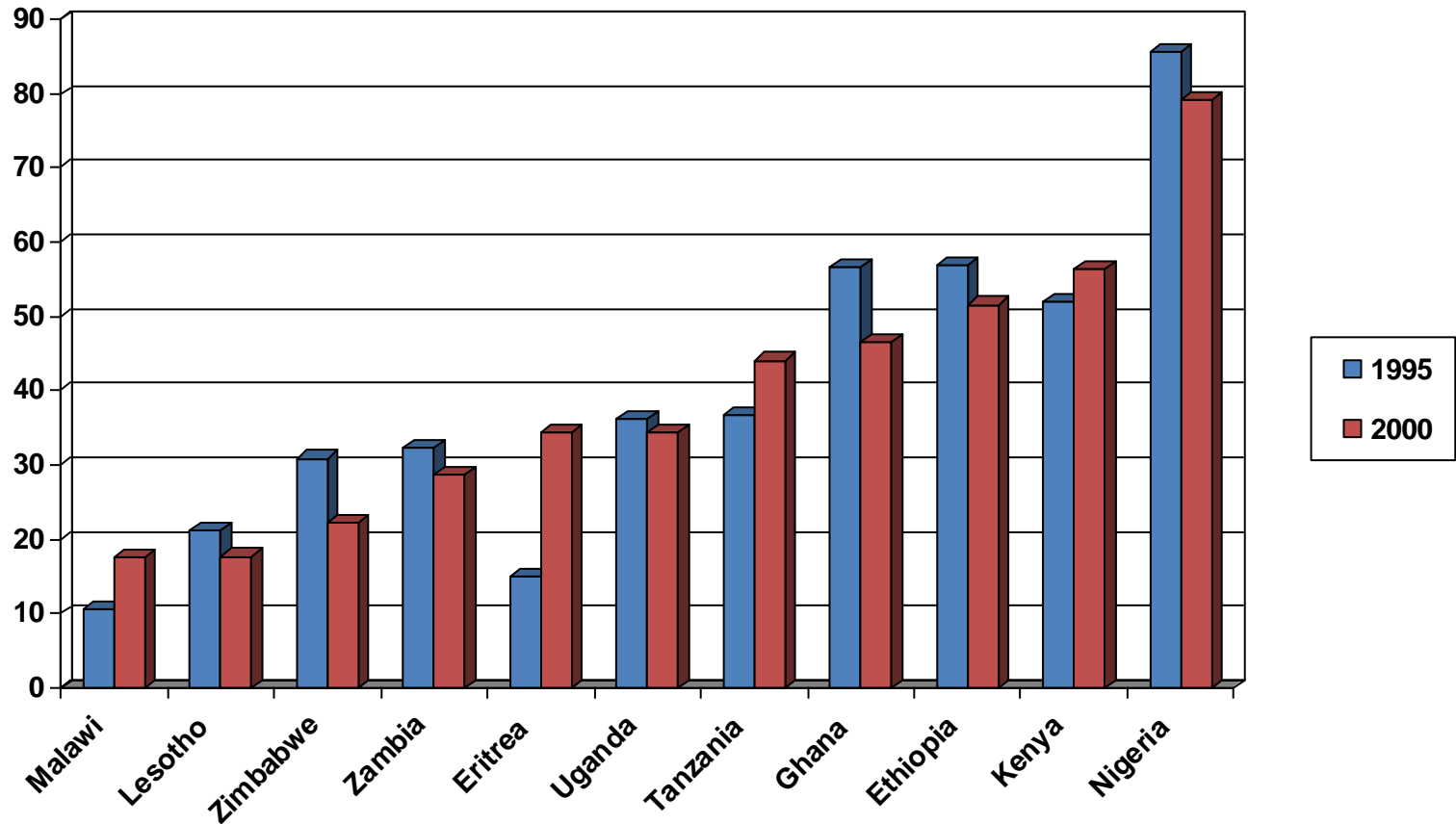
# Global Countdown financing indicators are important but perhaps insufficient for country countdowns

- Country countdowns can be more revealing
- Country countdowns can be more focused on country-specific successes as well as issues:
  - Resource allocation and spending within a country
  - Inequities in distribution of financial inputs
  - How well targeted (interventions, geographies, people)
  - How efficiently used
  - Incentives within current resource flows
- More analytical, more revealing, needing some degree of creativity
- Understanding all financial resources is critical.

**Be creative!**

**Triangulate!**

# Out-of-pocket expenditures as percent of total health expenditures

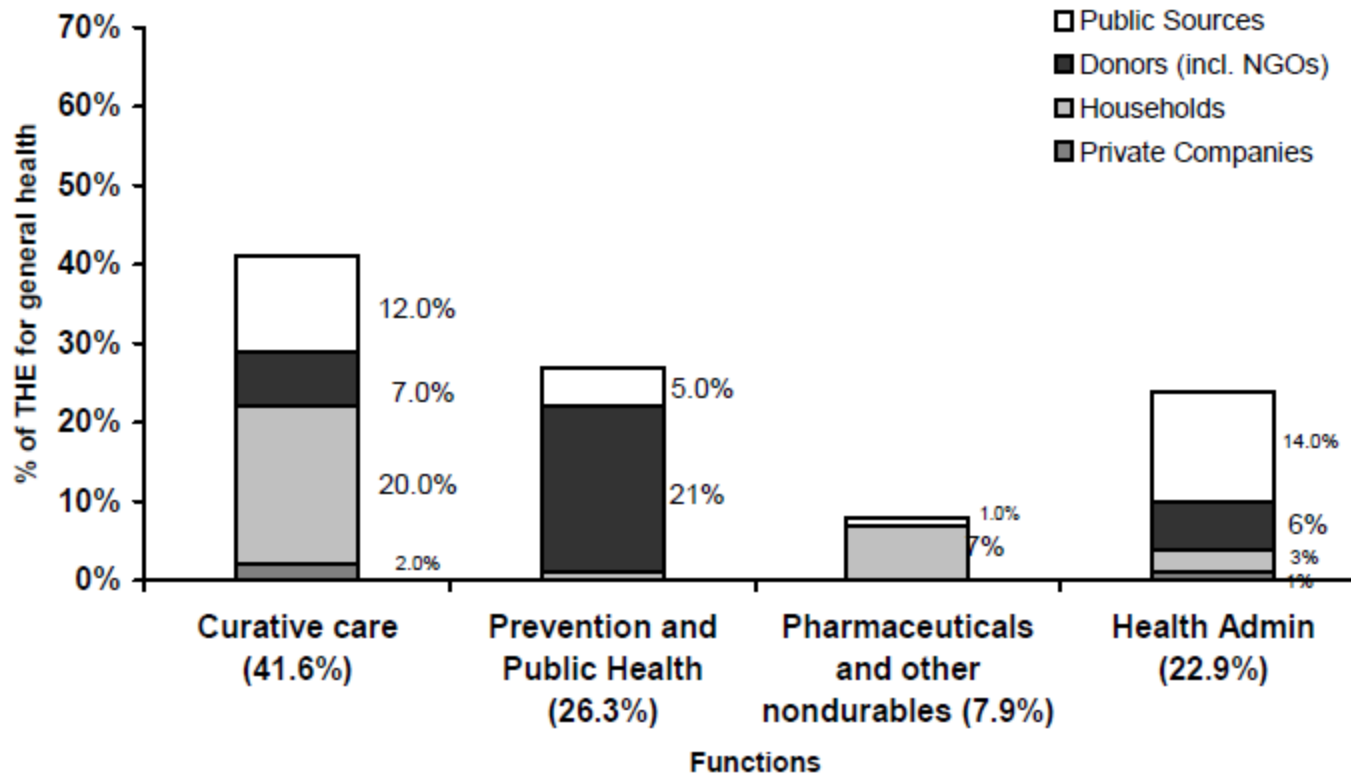


WHO: 1998-2002

Picazo WB Flagship Course 2003

# Example: Is our allocation across services appropriate? Who pays for what? Some single sources are adequate, e.g., NHA

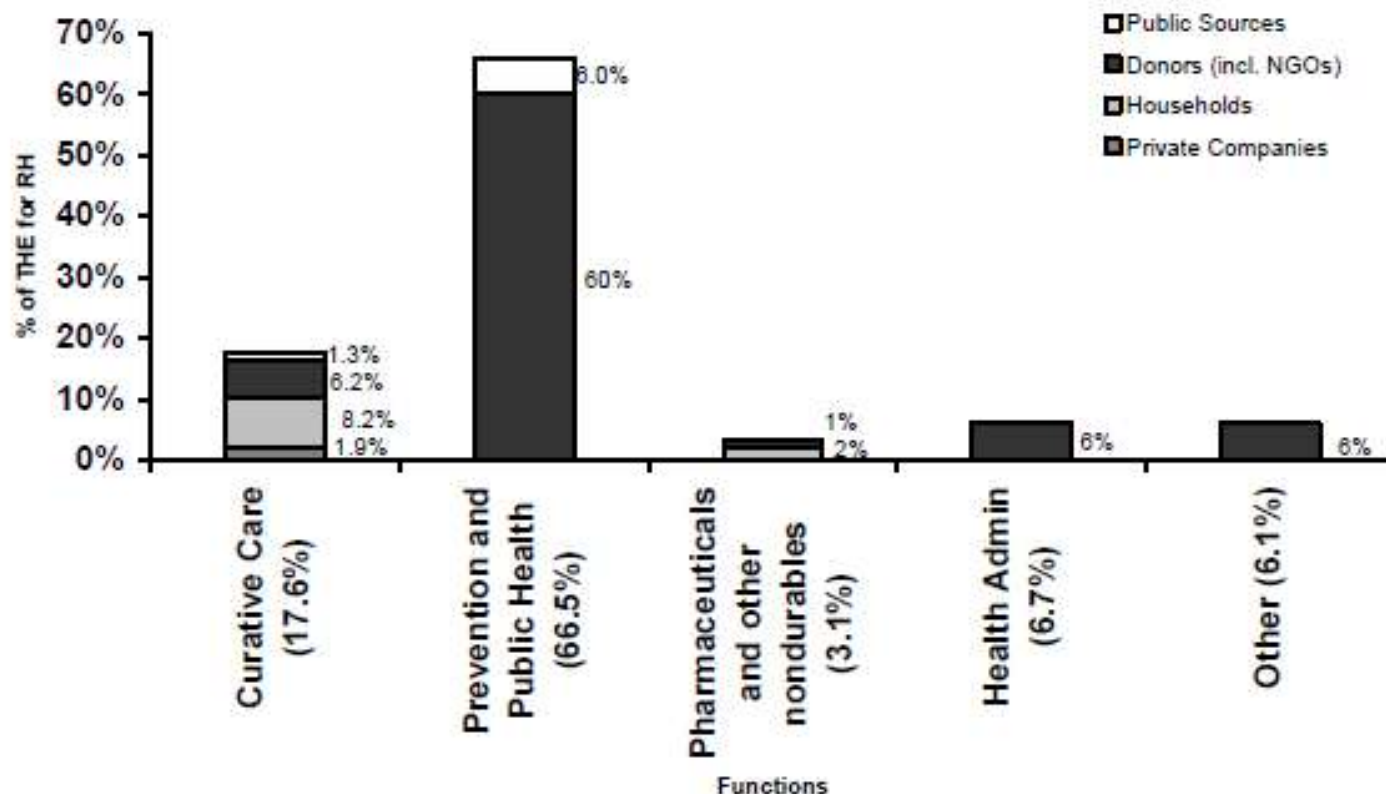
Figure ES-2: Financiers of general health care functions\*



\*Note, 1.2 percent of all health spending occurs on functions not specified by any kind. This is not shown in figure ES-2 as each financing source contributes less than 0.5 percent to this category.

# Which source of financing different parts of cost effective interventions? Source: NHA

Figure ES-4: What are reproductive health funds spent on? A breakdown by functions\*



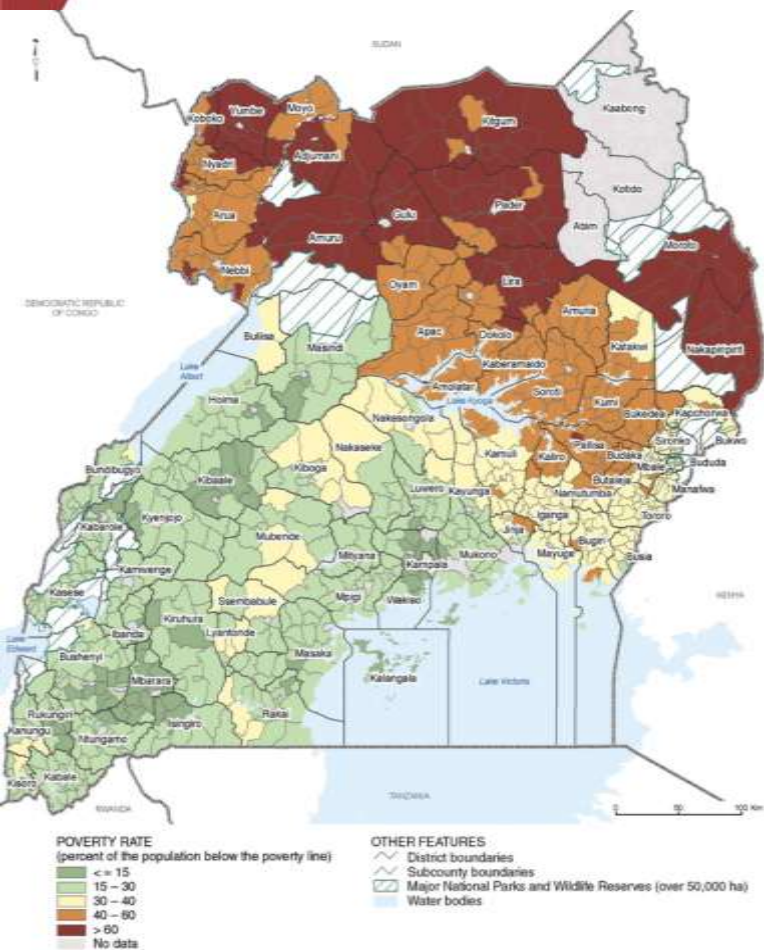
\* Sources contributing less than 0.5% to any given function are not included in the figure.

Source: Rwanda NHA 2002

Other analyses require you to triangulate across multiple data sources



## Uganda sub county poverty map



Are health resources flowing to these populations and geographies?

Where do the poor and disadvantaged live?

Where is the burden of disease?

## Distribution of <5 mortality

Infant and child mortality by background characteristics (10 year rates)  
Mortality rate: Under-5 mortality (5q0)

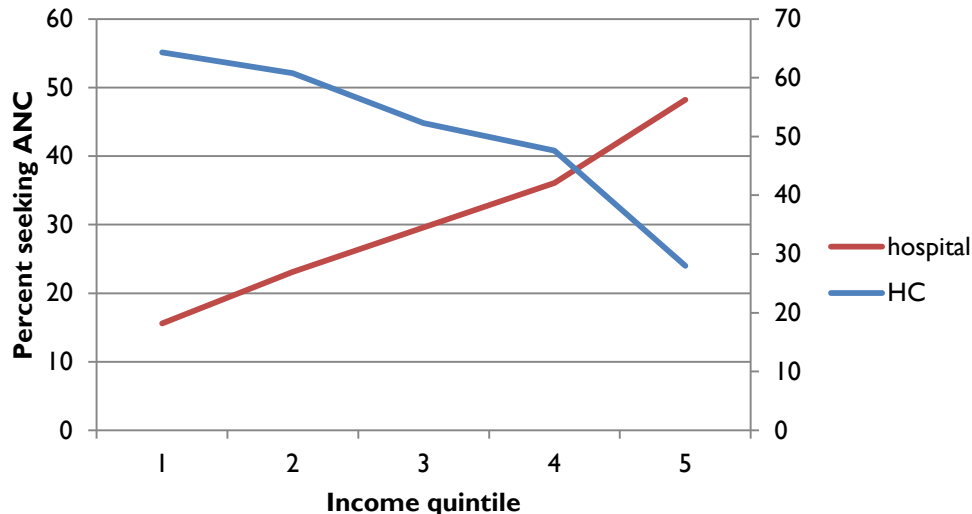


<http://www.wri.org/map/poverty-rate-uganda-percentage-rural-subcounty-population-below-poverty-line-2005>

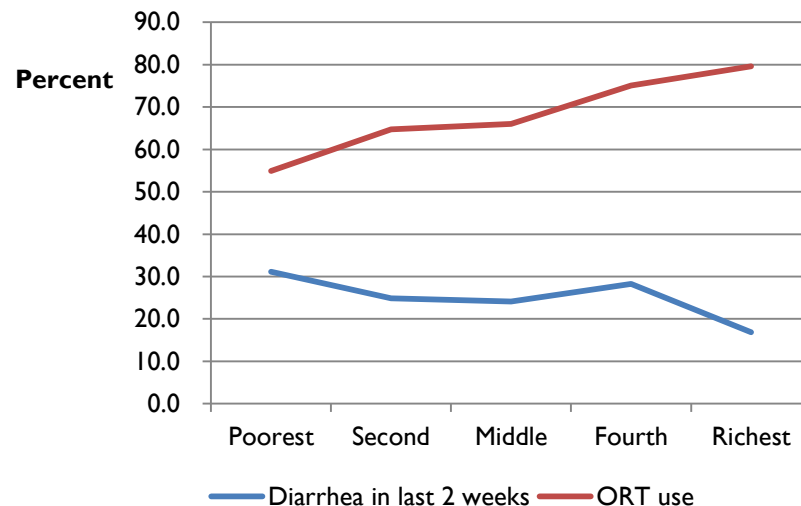
<http://www.ugandaclusters.ug/PVRTY-INQLTY/map3.html>

# Are those populations and geographies benefiting from public spending on effective interventions?

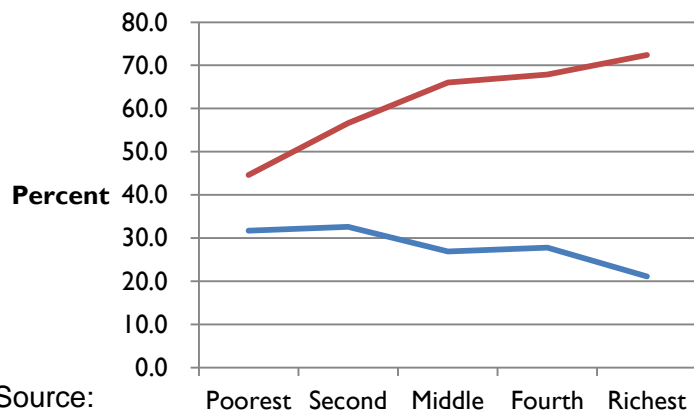
## Benefit incidence: source of ANC



## Benefit incidence of ORT use by males in Uganda

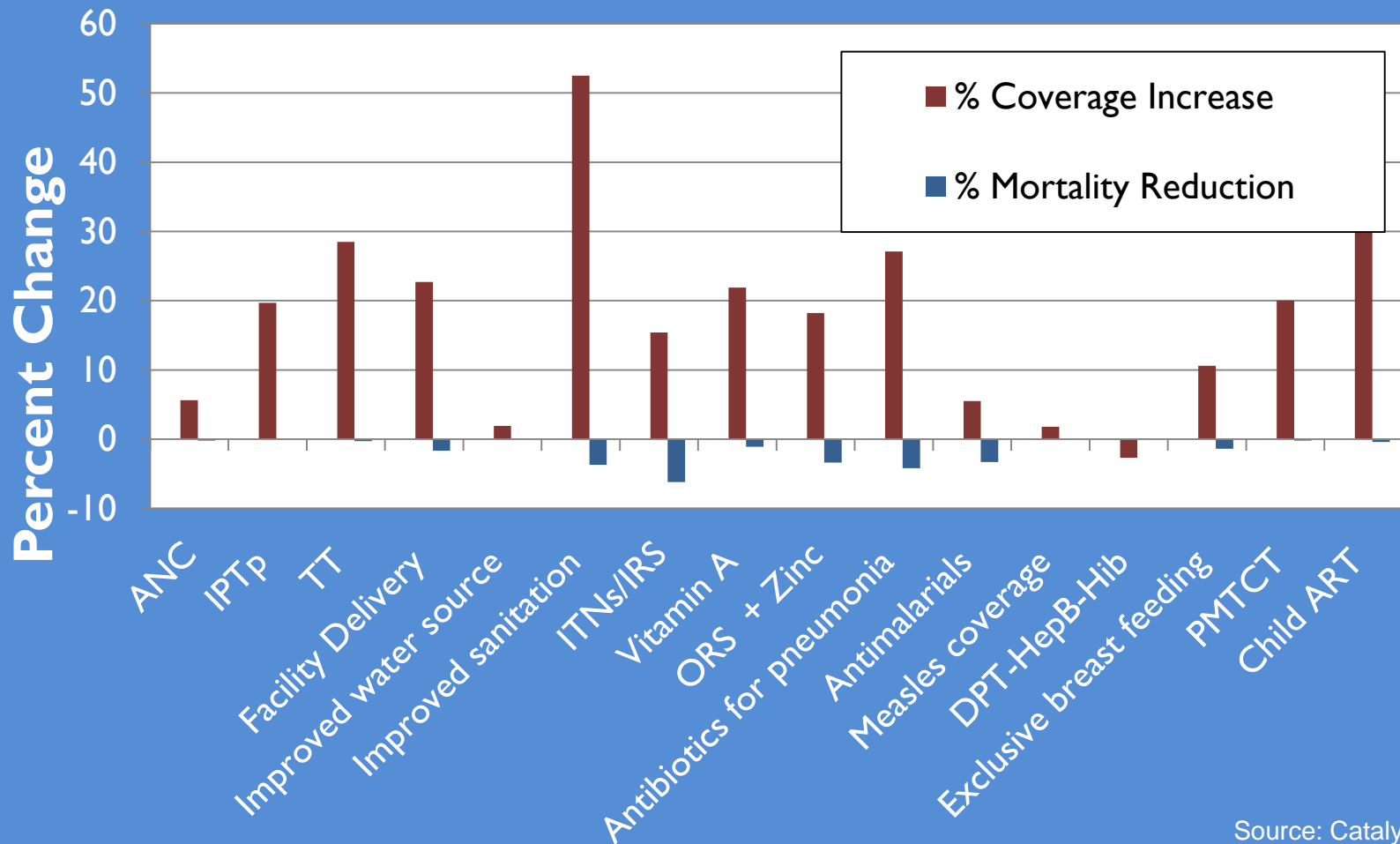


## Benefit incidence: facility based ART treatment by males in Uganda



# Are we financing interventions that will have the greatest impact for least effort & cost? (Ghana)

Comparison of Percent Increase in Coverage with Percent Reduction in Maternal and Child Mortality



# Combining estimates of need and current supply

		Adok HCII	Agwata HCIII	Anyacoto HCII	Atabu HCII
<b>Expected cases</b>	diarrhea	1,344	2,160	1,123	784
each 2 months	pneumonia	75	121	63	44

<b>Estimated need for vital medicines</b> based on UCG	diarrhea	ORS sachet	2,688	4,320	2,246	1,568
		zinc tablets	26,880	43,200	22,464	15,680
		Vit A capsule cotrim 240 or 360mg	1,344	2,160	1,123	784
	pneumonia	Vit A capsule	1,505	2,419	1,258	878
			75	121	63	44

<b>Vital medicines received</b>	in kit 3 (1)	ORS sachet (2)	300	300	300	300
Based on SURE kit assessment		zinc tablets (2)	0	0	300	300
Quantities received from kit #3		Vit A capsule	500	1,000	500	500
		cotrim 240 or 360mg	12,000	20,000	12,000	12,000

<b>Medicines variance</b>		ORS sachet	(2,388)	(4,020)	(1,946)	(1,268)
		zinc tablets	(26,880)	(43,200)	(22,164)	(15,380)
		Vit A capsule cotrim 240 or 360mg	(919)	(1,281)	(686)	(328)
			10,495	17,581	10,742	11,122

Variance:  
Expected visits, need for medicines, medicines received, variance (Uganda)

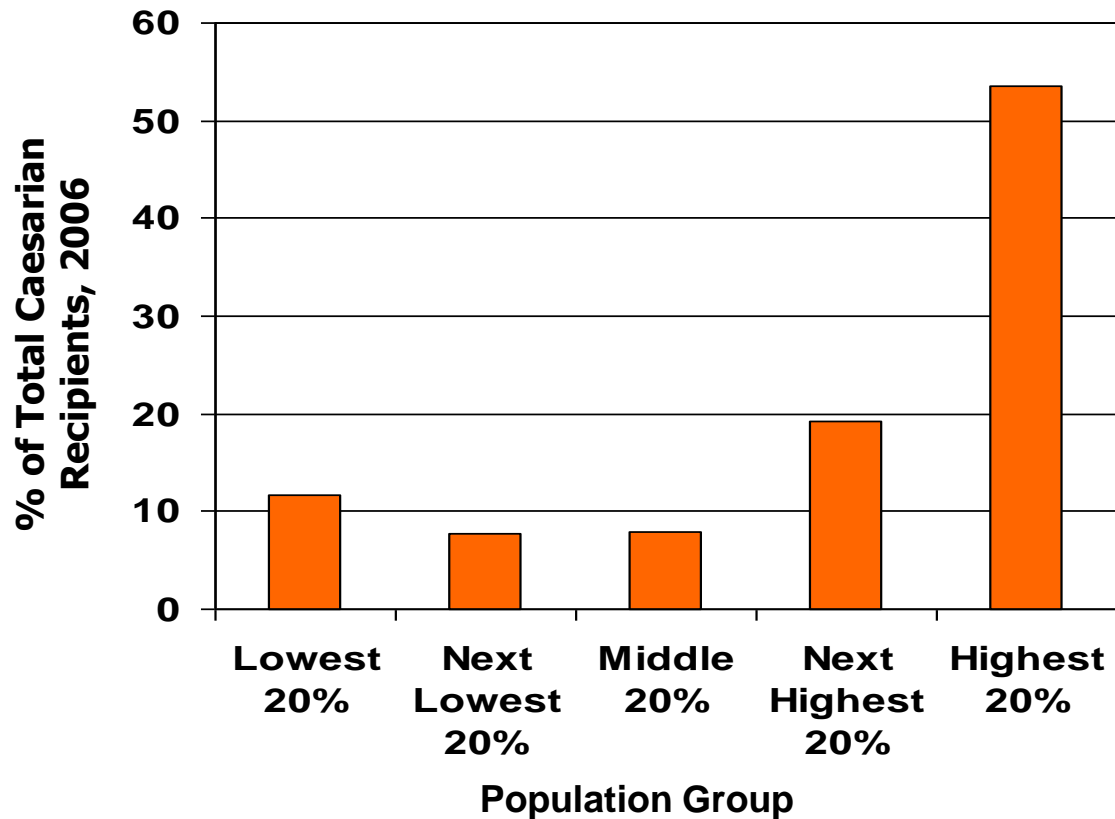
# Combined with cost and budget analysis examines adequacy of financing.

Combining epidemiology, treatment guidelines, knowledge of interventions, service statistics and cost of medicines helps determine adequacy of current spending.

<b>Value</b>	diarrhea	ORS sachet	295,680	475,200	247,104	172,480
<b>Est vital meds needed</b>		zinc tablets	2,634,240	4,233,600	2,201,472	1,536,640
Uganda shilling		Vit A capsule	94,239	151,456	78,757	54,973
	pneumonia	cotrim 240 or 360mg	28,299	45,481	23,650	16,508
		<b>total</b>	<b>3,052,458</b>	<b>4,905,737</b>	<b>2,550,983</b>	<b>1,780,601</b>
<b>Value</b>	diarrhea	ORS sachet	33000	33000	33000	33000
<b>current deliveries (current kit supply)</b>		zinc tablets	0	0	29400	29400
		Vit A capsule	33200	66400	33200	33200
Uganda shilling	pneumonia	cotrim 240 or 360mg	225600	376000	225600	225600
		<b>total</b>	<b>291,800</b>	<b>475,400</b>	<b>321,200</b>	<b>321,200</b>
<b>Variance</b>	<b>diarrhea</b>	<b>ORS sachet</b>	<b>(262,680)</b>	<b>(442,200)</b>	<b>(214,104)</b>	<b>(139,480)</b>
<b>Estimated vs actual</b>		<b>zinc tablets</b>	<b>(2,634,240)</b>	<b>(4,233,600)</b>	<b>(2,172,072)</b>	<b>(1,507,240)</b>
<b>Uganda shilling</b>		<b>Vit A capsule</b>	<b>(61,039)</b>	<b>(85,056)</b>	<b>(45,557)</b>	<b>(21,773)</b>
	<b>pneumonia</b>	<b>cotrim 240 or 360mg</b>	<b>197,301</b>	<b>330,519</b>	<b>201,950</b>	<b>209,092</b>
		<b>total</b>	<b>(2,760,658)</b>	<b>(4,430,337)</b>	<b>(2,229,783)</b>	<b>(1,459,401)</b>

# Countdown data can help you make financing policy change. But be careful!

Free caesarian sections in Mali benefited primarily better off women



Source: Mali Demographic and Health Survey, 2006