



## Financing Access to RMNCH Interventions for Universal Health Coverage

### RATIONALE

Improving health outcomes for women and children requires sufficient funding to implement proven interventions that span the continuum of care from pre-pregnancy to delivery, the postnatal period, and childhood. The global economic crisis has led to greater volatility in international development assistance for RMNCH, both in terms of availability of funds and consistency with which donors meet their commitments. There is now increased focus on the role of national financing – funds for public or private sources within a country that are committed to the health sector – in reaching universal health coverage (UHC). UHC is the ability of patients to access health services without suffering financial hardship. Strong national financing mechanisms for achieving UHC are required to ensure that country-level efforts to meet Millennium Development Goals 4 (child health) and 5 (maternal health) are sustainable beyond 2015.

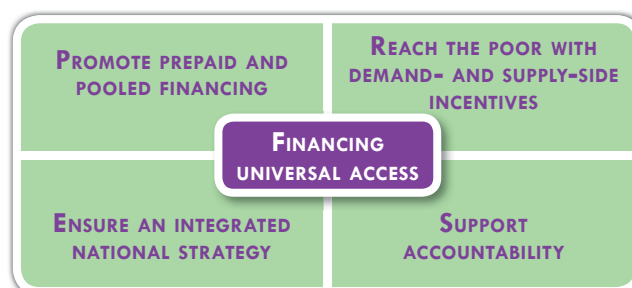
### GETTING STARTED

Carry out an evidence-based assessment of the cost barriers (both direct and indirect) to accessing RMNCH services. Conduct landscape analysis of historical and current health financing and track sources of funding for health and RMNCH. Assess institutions and programs already working on health systems issues to identify points at which to improve alignment, coordination and integration. Quantify demand for health services, as well as current rates of coverage, so as to assess whether volume and coverage of providers will absorb increased demand from new health financing arrangements.



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### APPROACHES



#### 1. PROMOTE PREPAID AND POOLED FINANCING

- Reduce reliance on direct, out-of-pocket payments for essential RMNCH services as these can deter people from using required services and lead to financial hardship.
- Create a mechanism for raising and pooling funds to reduce out-of-pocket payments and share healthcare costs equitably across the population, provide financial risk protection, and increase access to services.
- One mechanism is general revenue taxation where health services are provided free to the population. Make decisions on the amount of taxes to be raised and the amount allocated to RMNCH.
- Another mechanism is social health insurance (SHI) where workers and employers in the formal sector pay mandatory contributions to cover a package of services for workers and their dependents. Because there are always some who cannot afford to contribute directly to SHI, all countries with universal coverage rely on general budget revenues (in whole or in part) to cover certain sub-populations. In some countries, a separate mechanism supported by government subsidies has been created for this purpose (see Case Study).

#### 2. REACH THE POOR WITH DEMAND- AND SUPPLY-SIDE INCENTIVES

- Design schemes to reach the poor who continue to face financial barriers to access (e.g., from transport costs).
- Establish a cash transfer system to encourage appropriate health-seeking behavior, support access to transport, and replace loss of income during health service use. Assess the recipient population to understand basic barriers to care and establish realistic compliance targets, useful reimbursement structures and non-health sector partnerships (e.g., transport vouchers to bus companies). Ensure the health system can respond to increased demand and implement quality improvement strategies (see summary on *Ensure Quality of Care for Women's and Children's Health*).
- Introduce vouchers to entitle the bearer to obtain free or heavily subsidized health goods or services from a contracted provider. Define target communities and volume levels of vouchers intended for distribution. Assess the use of mobile transactions for implementation and accountability, as well as the capacity of implementing partners to create a viable voucher system.

- Address supply-side issues by introducing incentives for providers to expand access to health services, for example through contracting.

### 3. ENSURE AN INTEGRATED NATIONAL HEALTH FINANCING STRATEGY

- Carefully coordinate health-financing strategies at the national level to avoid fragmentation and ensure universal access. Ensure that voluntary schemes already existing in the country (e.g., community health insurance) are harmonized with the mandatory prepayment system and integrated over the long term. Enlist the support of civil society and a broad range of stakeholders.
- Recognize that if access to health is improved, the corollary is that service delivery must meet the increased demand. Therefore, improve quantity, spread and quality of services – especially at the primary level.

### 4. SUPPORT ACCOUNTABILITY

- Build and strengthen systems to track resources and commitments for health and RMNCH. Establish a system for review and remedial action when required.

## ROLE OF ACTORS

This summary may be of use to members of local and national governments, policy-makers, and health professionals. The approaches should be carefully coordinated with implementation-related mechanisms for universal access (see summary on *Achieving Universal Access to Quality Healthcare*).

## TOOLKIT

APPROACH	RESOURCES
Assess potential financing mechanisms for UHC	<ul style="list-style-type: none"> <li>▪ Gottret P, Schieber G (2006) <i>Health Financing Revisited: A Practitioner's Guide</i>. Washington, D.C., USA: World Bank. <a href="http://siteresources.worldbank.org">siteresources.worldbank.org</a></li> </ul>
Equity analysis of health financing mechanisms	<ul style="list-style-type: none"> <li>▪ O'Donnell O, van Doorslaer E, Wagstaff A, Lindelow M. (2008). <i>Analyzing Health Equity Using Household Survey Data: A Guide to Techniques and Their Implementation</i>, WBI Learning Resources Series. Washington, D.C., USA: World Bank. <a href="http://web.worldbank.org/">web.worldbank.org/</a></li> </ul>
Out-of-pocket payments	<ul style="list-style-type: none"> <li>▪ UNICEF (2009). <i>Removing User Fees in the Health Sector in Low-Income Countries: A Multi-Country Review</i>. <a href="http://www.itg.be/itg/Uploads/Volksgesondheid/unicef/UNICEF_Multi-Country_review.pdf">www.itg.be/itg/Uploads/Volksgesondheid/unicef/UNICEF_Multi-Country_review.pdf</a></li> </ul>
Prepayment schemes	<ul style="list-style-type: none"> <li>▪ UHC Forward. <a href="http://uchforward.org/">uchforward.org/</a></li> <li>▪ WHO. <i>Thinking of Introducing Social Health Insurance? Ten Questions</i>. <a href="http://www.who.int/health_financing/documents/cov-pb_e_09_04-10qshi/en/index.html">www.who.int/health_financing/documents/cov-pb_e_09_04-10qshi/en/index.html</a></li> </ul>
Cash transfers and vouchers	<ul style="list-style-type: none"> <li>▪ Samuels F, Jones N (2011). <i>Cash transfers for maternal health: design opportunities and challenges in low-resource settings</i>. London: ODI. <a href="http://www.odi.org.uk/resources/details.asp?id=6186&amp;title=cash-transfers-maternal-health-project-design">www.odi.org.uk/resources/details.asp?id=6186&amp;title=cash-transfers-maternal-health-project-design</a></li> <li>▪ Results-based financing for health. <a href="http://www.rbhealth.org/rbhealth/">www.rbhealth.org/rbhealth/</a></li> </ul>

## CASE STUDY

Thailand has a tripartite national health insurance system. Individuals working within the formal sector are covered

by employer contributions to the Social Security Scheme, while government workers qualify for the Civil Servant Medical Benefit Scheme. In 2001, a Universal Coverage Scheme (UCS) – also called the “30 Baht Scheme” – was introduced to cover the rest of the population. UCS enrolls 74% of the population under a comprehensive benefits package including both inpatient and outpatient care, and curative and preventative services. Members enroll through local contracting units that deliver care through public and qualified private service providers. Service providers are reimbursed for primary health care through a capitation payment mechanism. UCS is financed through general tax revenue paid to local contracting units on the basis of population size. Successful implementation has been attributed to a number of factors, such as the willingness of the government to invest both financial and political resources, buy-in from a wide group of stakeholders including civil society, strong local research expertise with capacity to translate evidence into policy, and the political will to harness economic growth to finance health care. Experts also attribute the success of UCS to Thailand's historical investment in service coverage; increased overall availability of services helped absorb increased demand following UCS, and helped ensure that direct and indirect costs of health-seeking behavior did not erode the benefits poor people received from free health care.

Sources: McManus, J, Chowdhury AMR, et al. (2012). *Thailand's Universal Coverage Scheme: Achievements and Challenges. An Independent Assessment of the First 10 Years (2001-2010)*. Nonthaburi, Thailand: Health Insurance Research Office, 2012.

## OPPORTUNITIES TO ENGAGE

- Participate in the Joint Learning Network for Universal Health Coverage ([www.jointlearningnetwork.org](http://www.jointlearningnetwork.org)), a platform for countries to exchange experiences and information about the implementation of health financing reforms.

## RESOURCES

- Center for Global Development (2012). *Priority-Setting in Health: Building Institutions for Smarter Public Spending*. Washington, DC: CGD. [www.cgdev.org/content/publications/detail/1426240/](http://www.cgdev.org/content/publications/detail/1426240/)
- PMNCH (2010). *Knowledge Summary 8: Strive for Universal Access*. <http://portal.pmnch.org/knowledge-summaries/ks8>
- PMNCH (2012). *Knowledge Summary 21: Strengthen National Financing*. <http://portal.pmnch.org/knowledge-summaries/ks21>
- Providing for Health (P4H) Social Health Protection Initiative. [www.who.int/providingforhealth/](http://www.who.int/providingforhealth/)
- Save the Children Equitable Health Financing Website. [www.equitablehealthfinancing.org/](http://www.equitablehealthfinancing.org/)
- The Lancet (2012). *Theme Issue: Universal Health Coverage*. September 8-14 2012. 380(9845): 859-948.
- WHO (2010). *The World Health Report: Health Systems Financing: The Path to Universal Coverage*. [www.who.int/whr/2010/en/index.html](http://www.who.int/whr/2010/en/index.html)
- WHO Health Systems Financing. [www.who.int/healthsystems/topics/financing/en/index.html](http://www.who.int/healthsystems/topics/financing/en/index.html)

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