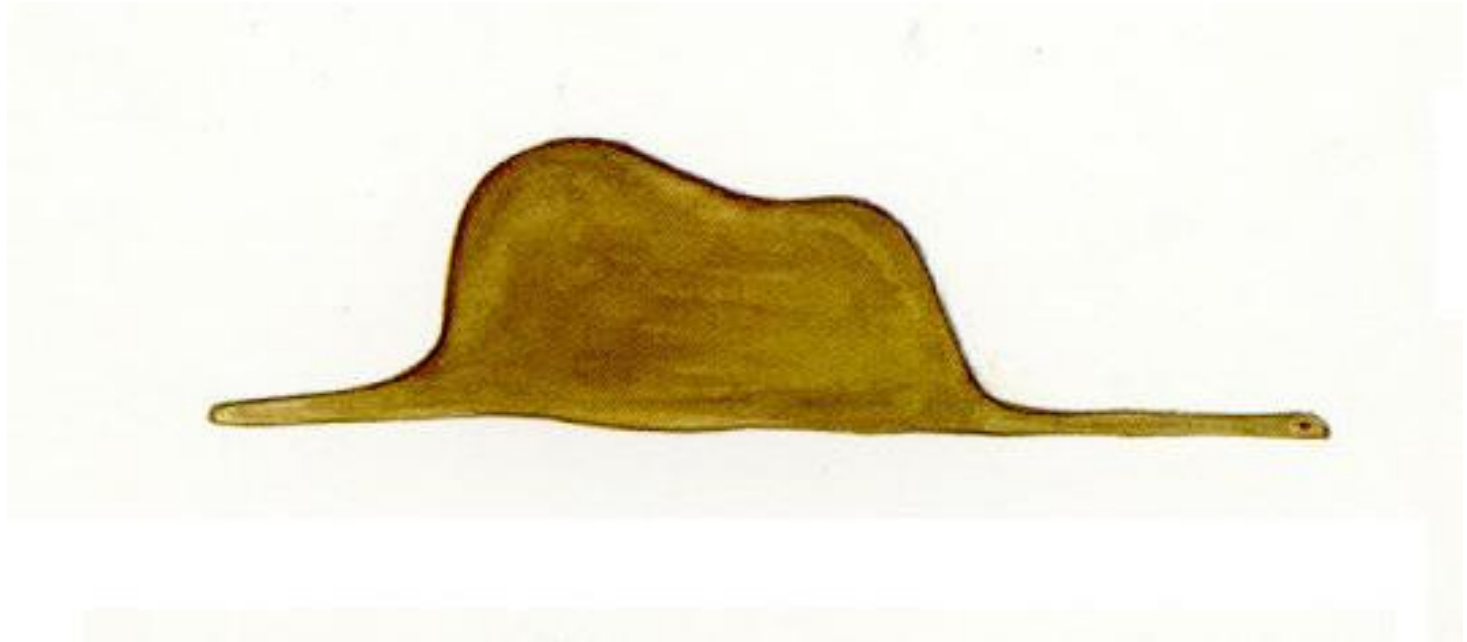


Monitoring the Health Financing agenda





Le Petit Prince



Aims of this session

1. (re)Introduce GFF HF results indicators
2. What are (your) health financing reforms and how do they relate to the IC?
3. How to develop a Theory of Change for impact on HF indicators?
4. How to develop a results framework for Health Financing reforms?

1. Core health financing indicators

Core health financing indicators:

- ▶ Health expenditure per capita financed from [redacted] sources
- ▶ Ratio of government health expenditure to [redacted] expenditures
- ▶ Percent of current health expenditures on [redacted] health care
- ▶ Incidence of financial catastrophe due to [redacted]

1. Core health financing indicators

Core health financing indicators:

- ▶ Health expenditure per capita financed from domestic sources
- ▶ Ratio of government health expenditure to [REDACTED] expenditures
- ▶ Percent of current health expenditures on [REDACTED] health care
- ▶ Incidence of financial catastrophe due to [REDACTED]

1. Core health financing indicators

Core health financing indicators:

- ▶ Health expenditure per capita financed from domestic sources
- ▶ Ratio of government health expenditure to total government expenditures
- ▶ Percent of current health expenditures on [REDACTED] health care
- ▶ Incidence of financial catastrophe due to [REDACTED]

1. Core health financing indicators

Core health financing indicators:

- ▶ Health expenditure per capita financed from domestic sources
- ▶ Ratio of government health expenditure to total government expenditures
- ▶ Percent of current health expenditures on primary health care
- ▶ Incidence of financial catastrophe due to



1. Core health financing indicators

Core health financing indicators:

- ▶ Health expenditure per capita financed from domestic sources
- ▶ Ratio of government health expenditure to total government expenditures
- ▶ Percent of current health expenditures on primary health care
- ▶ Incidence of financial catastrophe due to out of pocket payments

2. HF reforms and relation to IC

Example of HF reform relevant to their country and explain relationship to IC results?

3. The need for a Theory of Change for HF reforms

- HF reforms challenging to implement
- Core impact indicators only available with long delay

Let's take 3 HF reforms that impact RMNCAH-N outcomes

1. DRM

- Increase share of the budget going to health

2. Efficiency

- 'right sizing' the health sector to improve quality

3. Financial protection

- Reduce OOPs on medicines and drugs

Imagine.....

Indicators:

- Lower-middle income country, expected high growth (transition)
- Poor health outcomes given GDP/cap: MMR of 645, IMR of 60
- Health expenditures/cap: 80 USD, of which 13 by government, 10 by donors, 57 by OOPs
- Government spending on health has been stable at 5% of total spending (among lowest in SSA)
- 23% of government spending goes to primary care

Context:

- Country wants to launch UHC through a Social Health Insurance. Purchasing agency already established
- PBF (WB and GFATM) in 1/4th of the districts. Results have been promising

Goal: Increase the share of the budget going to health

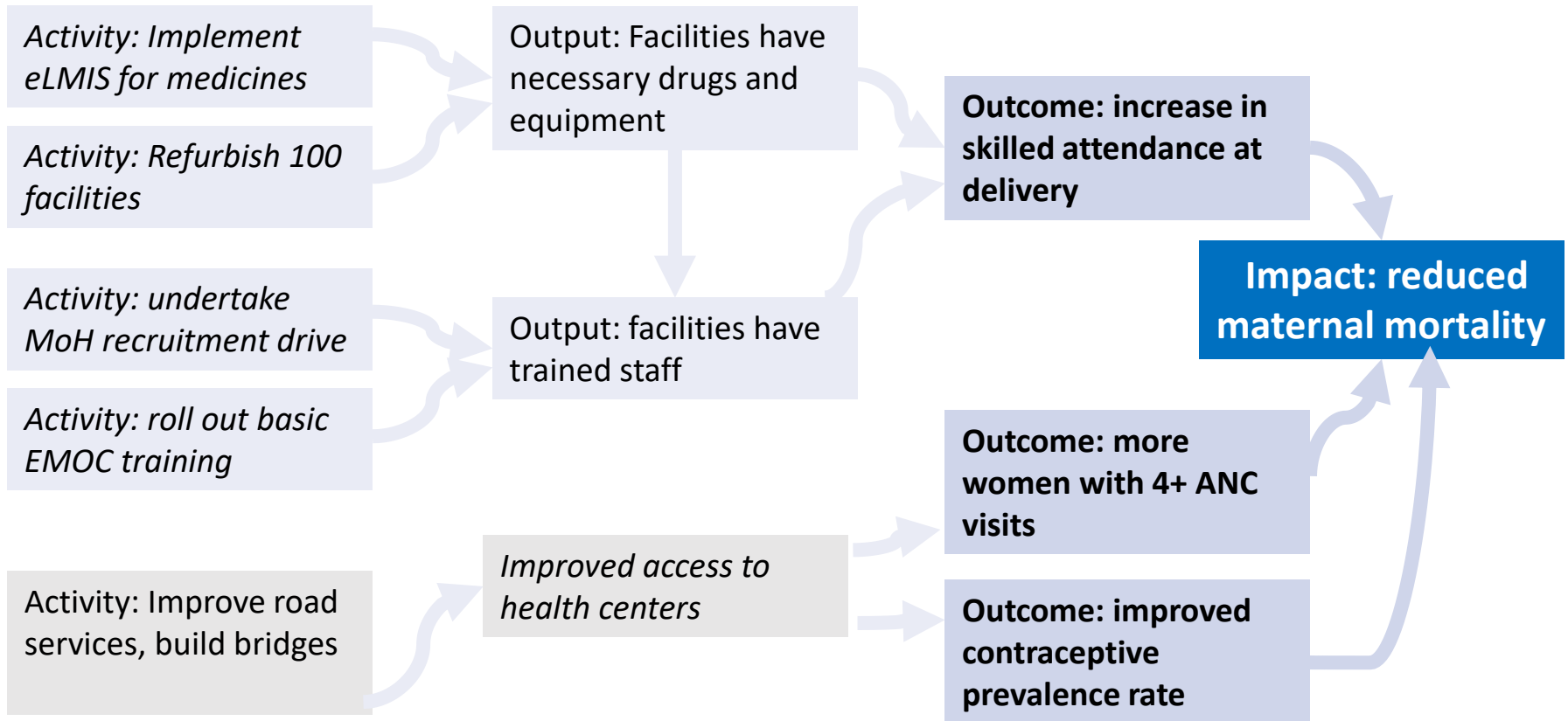
Impact indicator:

- Increase share of the government budget spent on health from 5 to 10% in the next 5 years
- Double the share going to primary health care (to 40%)
- With the ultimate aim of reducing maternal mortality by half

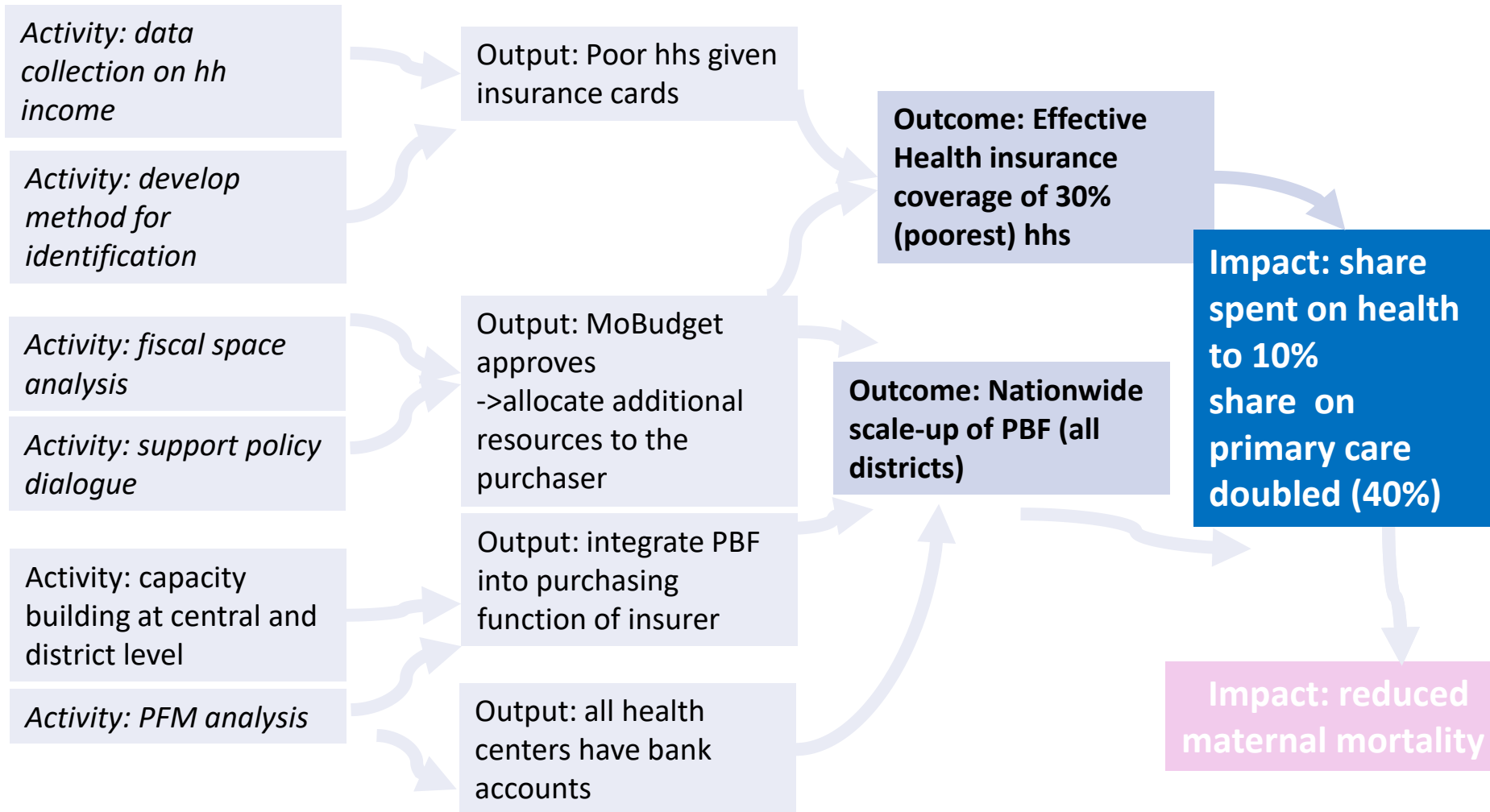
How?

Scale up of the PBF, integrate into government budget and combine with targeted user-fee exemption for the poor

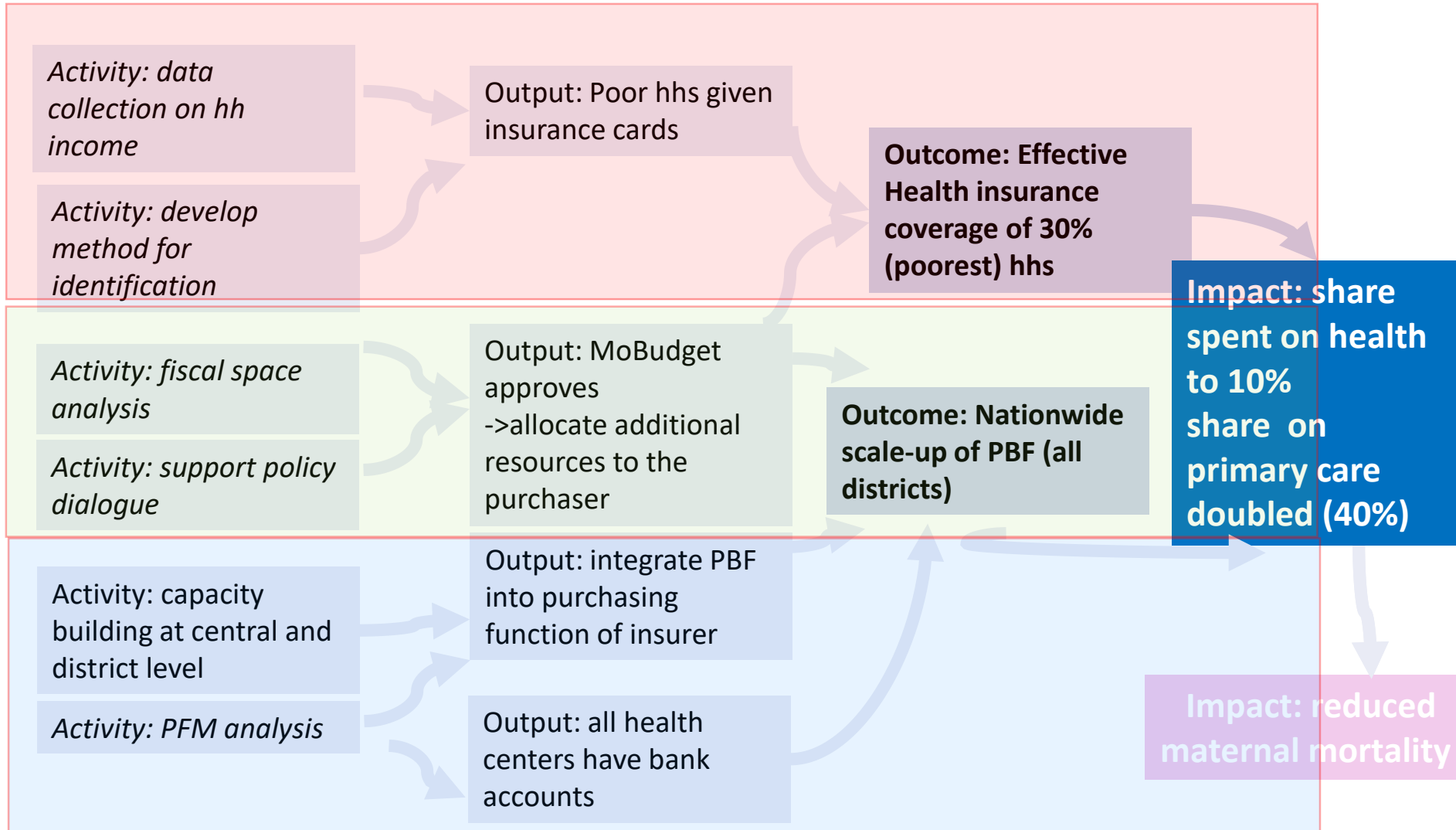
ToC for reducing MMR



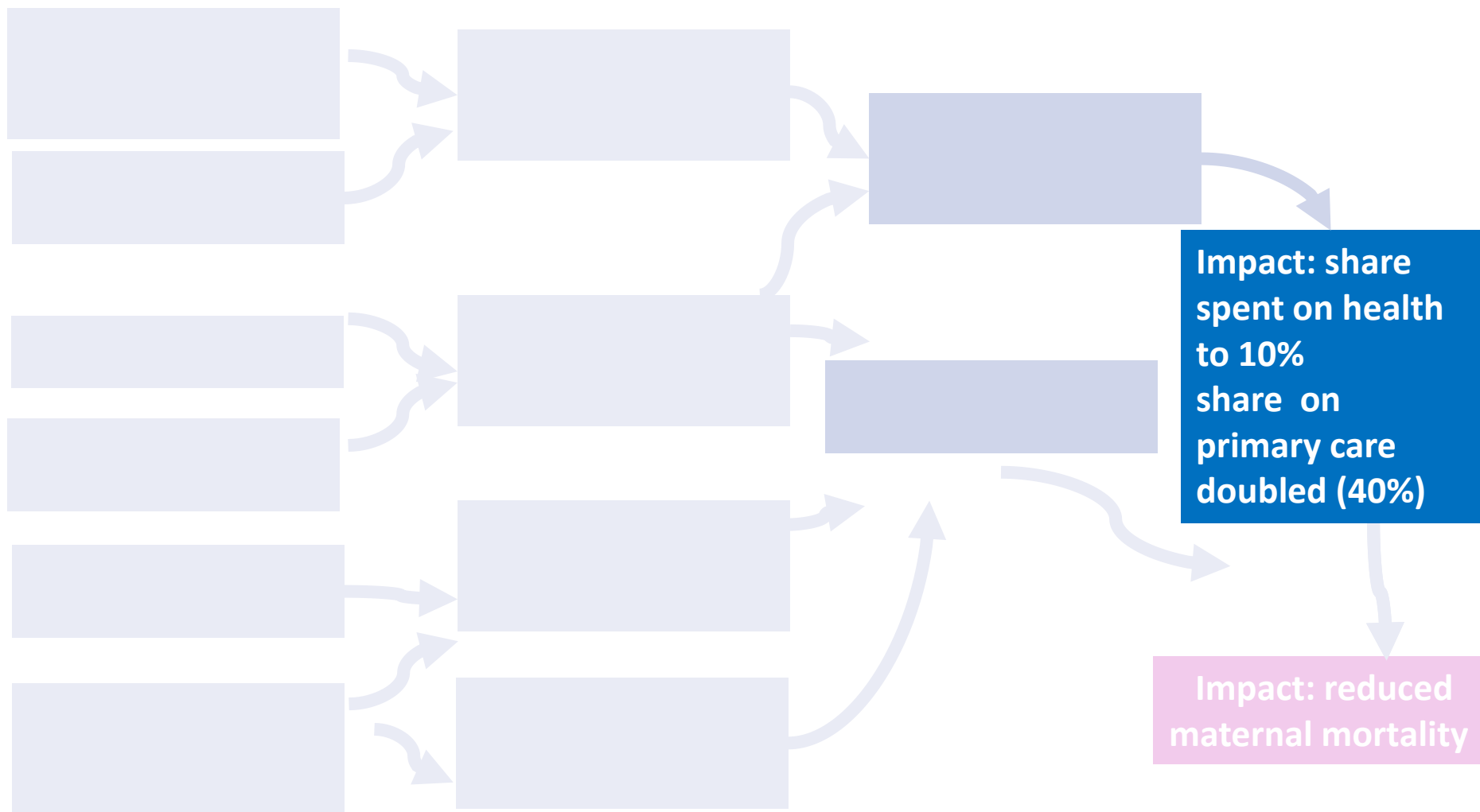
ToC for increasing share of budget spent on health



ToC for increasing share of budget spent on health



Results framework for increasing share of budget spent on health





**KEEP
CALM
AND
LET'S DO IT
AGAIN**

Imagine.....

Indicators:

- Low income country, low growth (little DRM potential)
- Very poor health outcomes (MMR 1440, IMR 96) but ...
- ... High service coverage (79% of ANC4)
- Health expenditures/cap: 96 USD, of which 12 by government, 24 by donors, 60 by OOPs
- Government spending on health is 12% of total budget

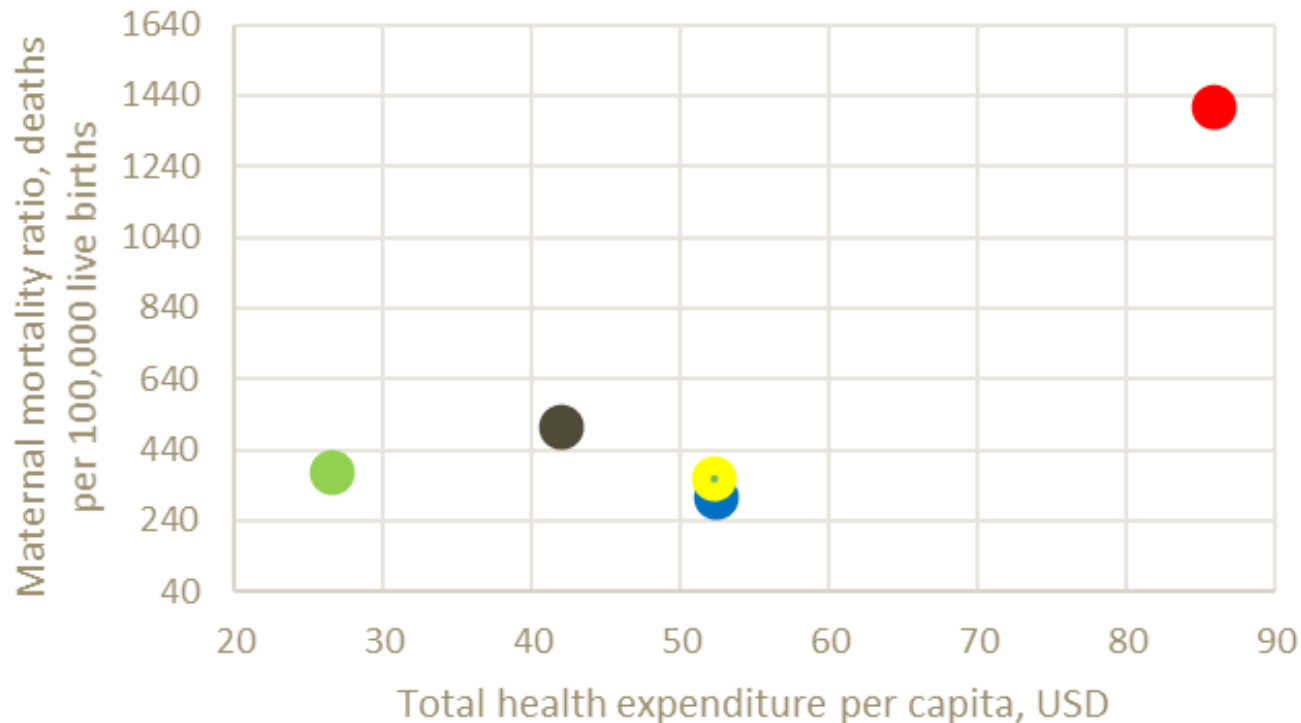
Context:

- Too many facilities in total (given the resources) and not spread equitably
- Nationwide PBF, but effectiveness limited (partly because of too many facilities to verify -> payments too little too late)

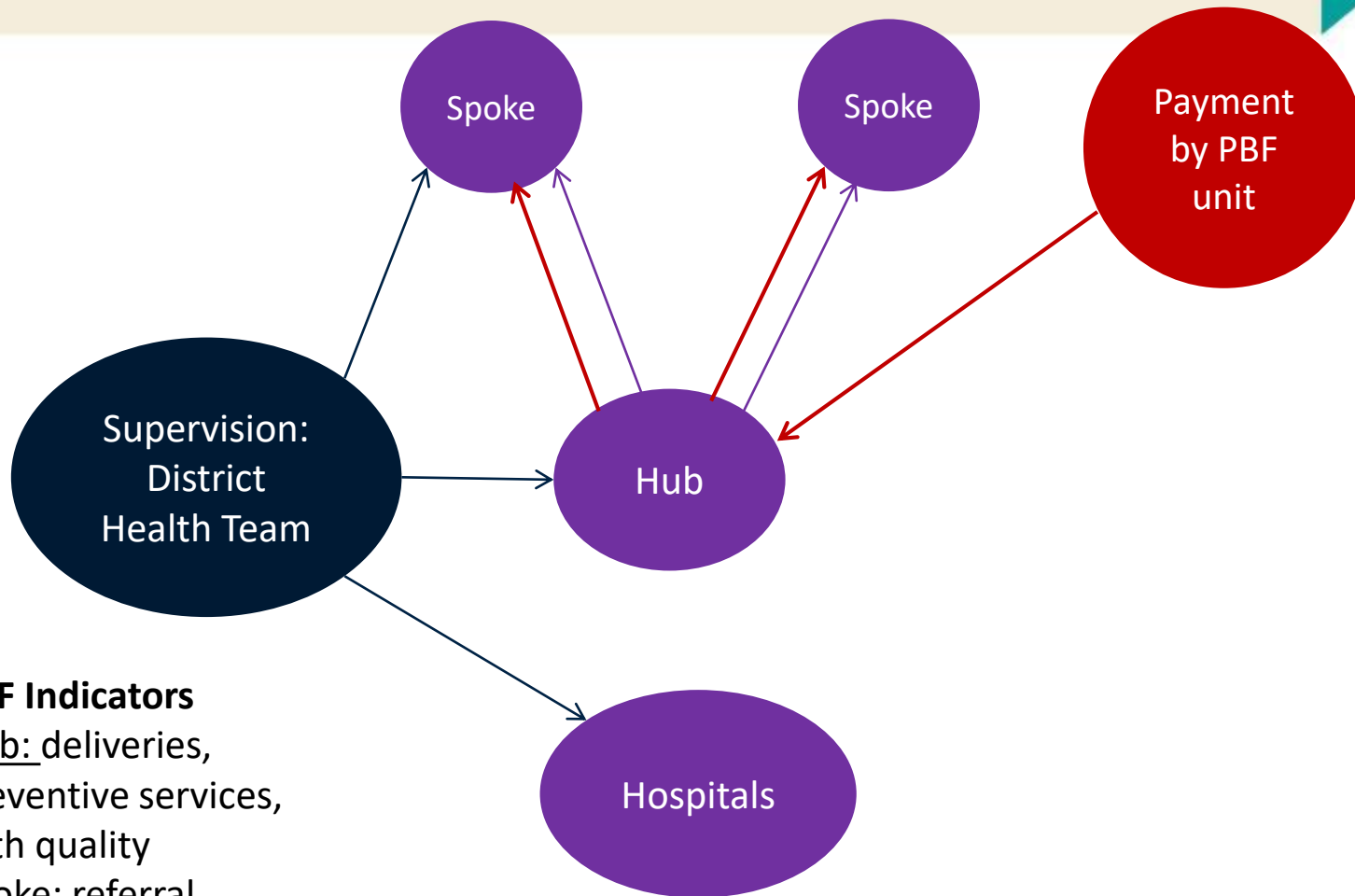
Goal: Right-size the health sector

Impact indicator:

lower maternal deaths/spending
(1440 deaths/96 capita) 15- > 7.5



Hub and Spoke model

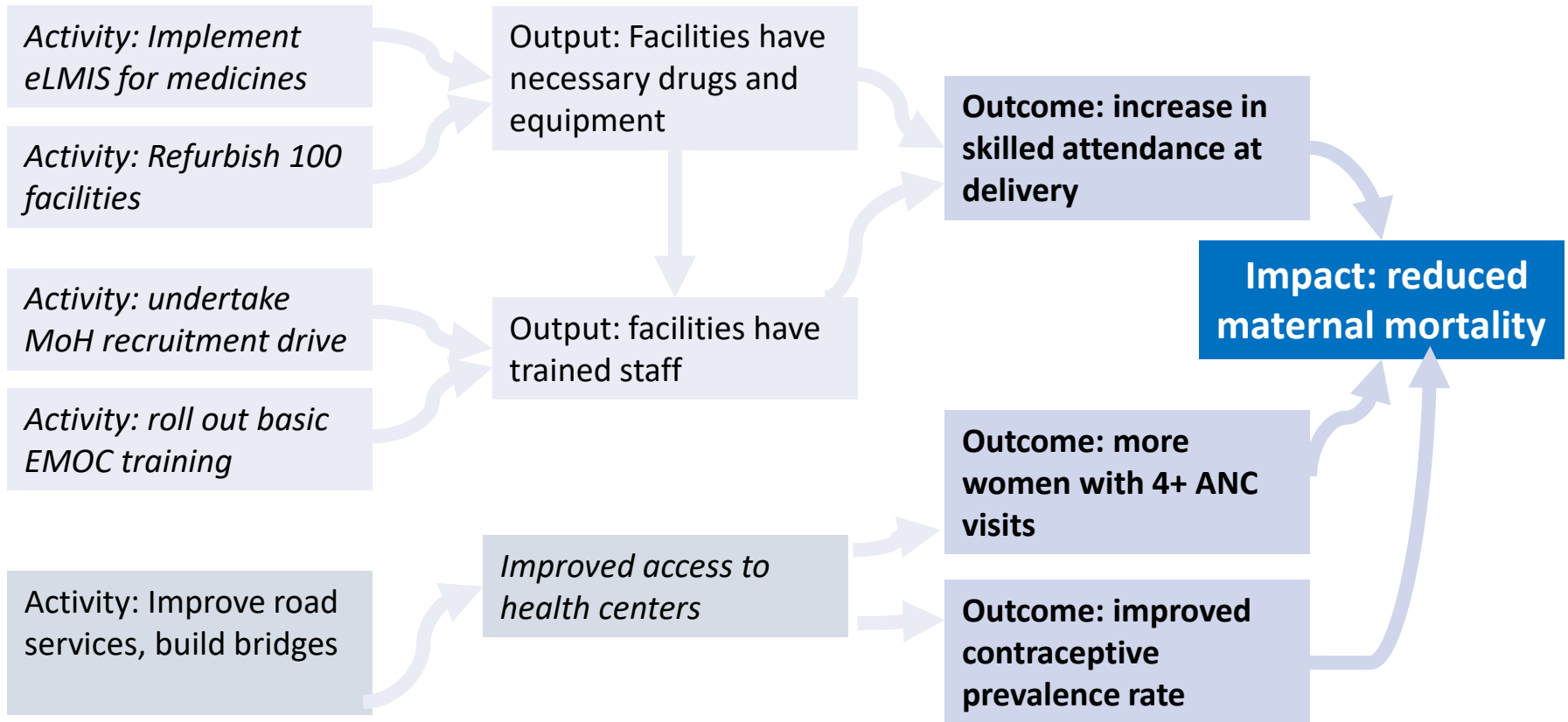


PBF Indicators

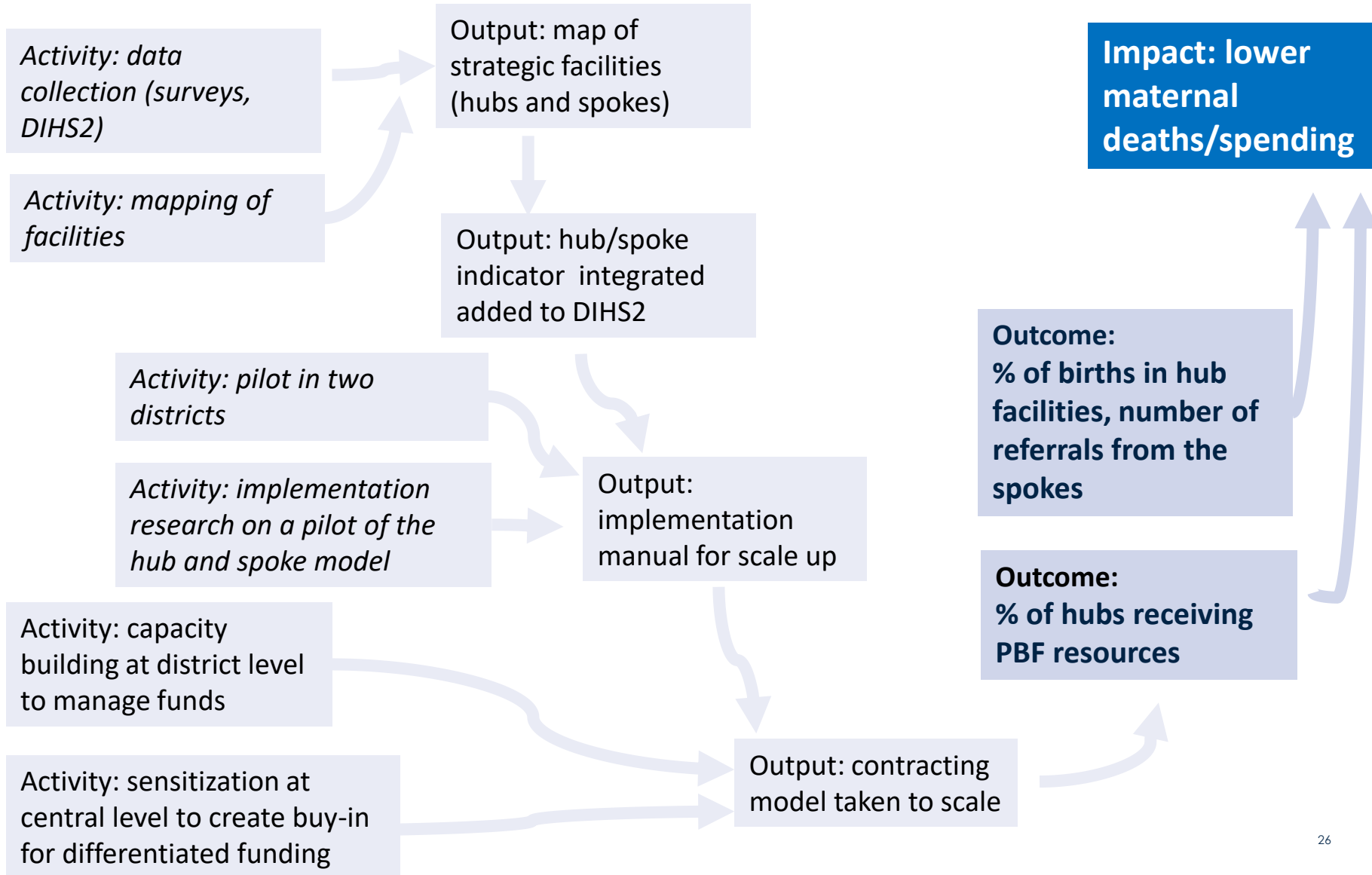
Hub: deliveries,
preventive services,
with quality

Spoke: referral,
preventive services

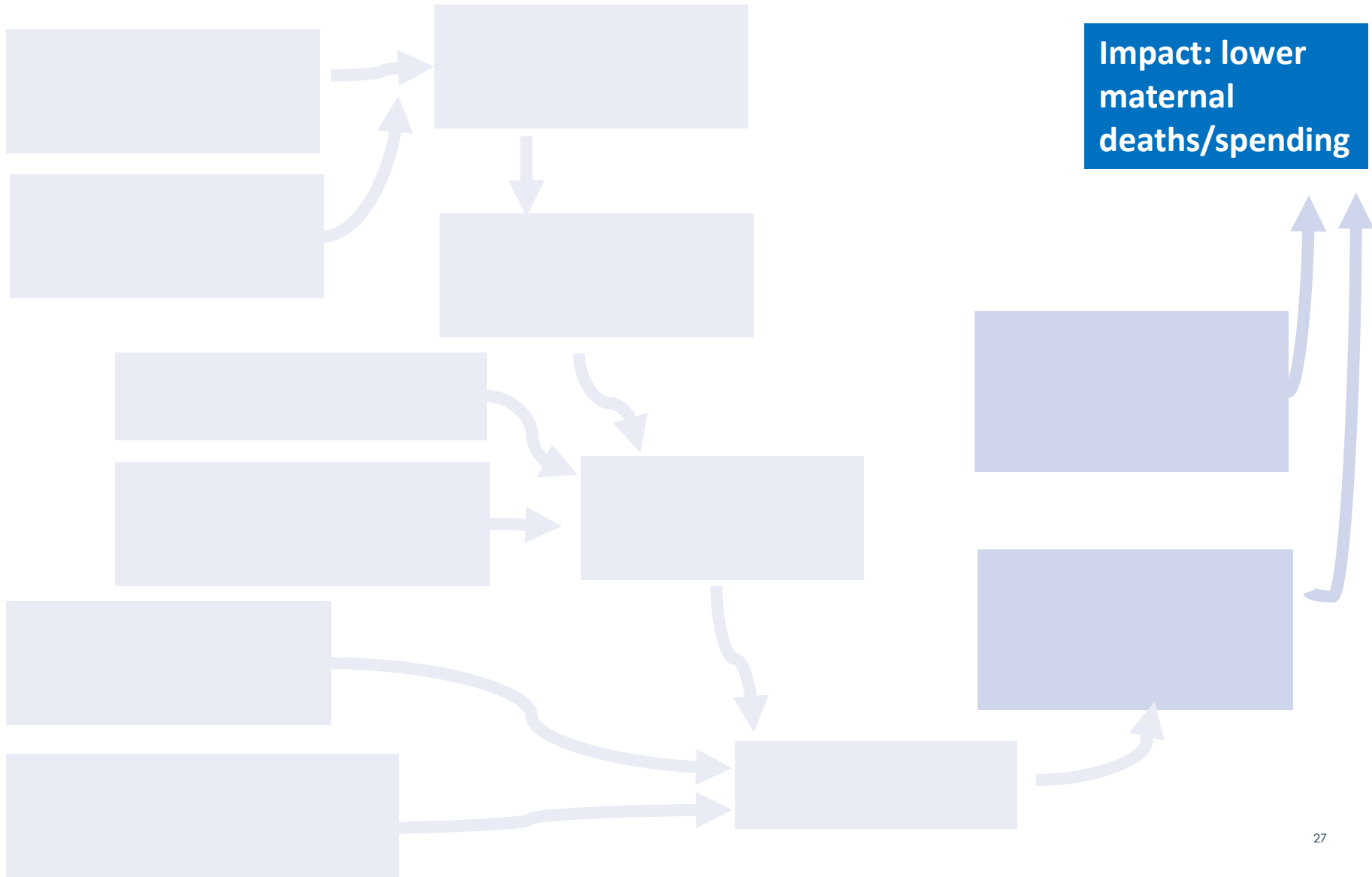
ToC for reducing MMR

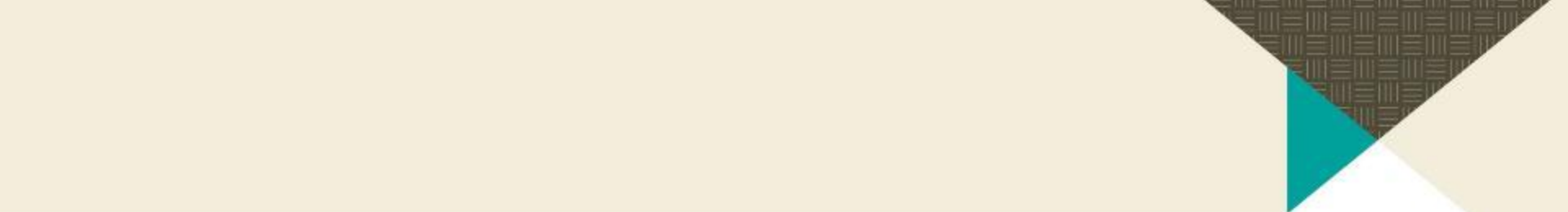


ToC for right-sizing the health sector through strategic contracting



RF for right-sizing the health sector through strategic contracting





Results framework for increasing share of budget spent on health

