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 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
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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 1/4\(^\text{th}\) 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

Activity: Implement eLMIS for medicines

Activity: Refurbish 100 facilities

Activity: undertake MoH recruitment drive

Activity: roll out basic EMOC training

Activity: Improve road services, build bridges

Output: Facilities have necessary drugs and equipment

Output: facilities have trained staff

Output: more women with 4+ ANC visits

Improved access to health centers

Outcome: increased in skilled attendance at delivery

Outcome: improved contraceptive prevalence rate

Outcome: increased in skilled attendance at delivery

Impact: reduced maternal mortality

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ToC for increasing share of budget spent on health

**Activity: data collection on hh income**
- Output: Poor hhs given insurance cards
- Impact: share spent on health to 10%

**Activity: develop method for identification**
- Output: MoBudget approves -> allocate additional resources to the purchaser
- Impact: share on primary care doubled (40%)

**Activity: fiscal space analysis**
- Output: integrate PBF into purchasing function of insurer

**Activity: support policy dialogue**
- Output: all health centers have bank accounts
- Impact: reduced maternal mortality

**Activity: capacity building at central and district level**
- Output: nationwide scale-up of PBF (all districts)

**Activity: PFM analysis**
- Outcome: Effective Health insurance coverage of 30% (poorest) hhs
# ToC for increasing share of budget spent on health

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**ToC** for increasing share of budget spent on health
Results framework for increasing share of budget spent on health

Impact: share spent on health to 10%

Impact: reduced maternal mortality

Impact: reduced maternal mortality

Impact: share on primary care doubled (40%)
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

Supervision: District Health Team

Spoke

Spoke

Hub

Payment by PBF unit

Hospitals

PBF Indicators
Hub: deliveries, preventive services, with quality
Spoke: referral, preventive services
ToC for reducing MMR

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**Activity: roll out basic EMOC training**

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**Output: facilities have trained staff**

**Output: improved contraceptive prevalence rate**

**Outcome: increase in skilled attendance at delivery**

**Outcome: more women with 4+ ANC visits**

**Improved access to health centers**

**Impact: reduced maternal mortality**
ToC for right-sizing the health sector through strategic contracting

Activity: data collection (surveys, DIHS2)

Activity: mapping of facilities

Activity: pilot in two districts

Activity: implementation research on a pilot of the hub and spoke model

Activity: capacity building at district level to manage funds

Activity: sensitization at central level to create buy-in for differentiated funding

Output: map of strategic facilities (hubs and spokes)

Output: hub/spoke indicator integrated added to DIHS2

Output: implementation manual for scale up

Output: contracting model taken to scale

Impact: lower maternal deaths/spending

Outcome: % of births in hub facilities, number of referrals from the spokes

Outcome: % of hubs receiving PBF resources

Output: implementation manual for scale up
RF for right-sizing the health sector through strategic contracting

Impact: lower maternal deaths/spending
Results framework for increasing share of budget spent on health

Activity: survey completed, data analyzed

Activity: identification method developed

Activity: fiscal space analysis completed, disseminated

Activity: HF national workshop with MoH and MoF

Activity: workshops, trainings, study tours, in house training

Activity: PFM analysis completed, disseminated, guidelines developed

Output: number of cards distributed

Output: % of poor hh receiving free care when they need it

Output: % of HC receiving PBF funds

Output: integrate PBF into purchasing function of insurer

Output: legal changes approved, all health centers have bank accounts

Impact: share spent on health to 10% share on primary care doubled (40%)

Impact: reduced maternal mortality