

Strengthening Financial Protection



Why is it important?

Universal health coverage isn't possible unless



people can get the
HEALTH SERVICES
they need

without fear of
FINANCIAL HARDSHIP.

uhc2030

Why is it important to GFF?

- OOPs represent the bulk of financing in most GFF countries Very inefficient and inequitable way of paying for health care
- Even when OOPs are not directly related to RMNCAH, strategies to cope with them heavily impact on the lives of women and children
- The aim is for **free RMNCAH-N services** at the point of use, especially for the poor

Why is it important to GFF?

OOPs represent a significant portion of health care costs.

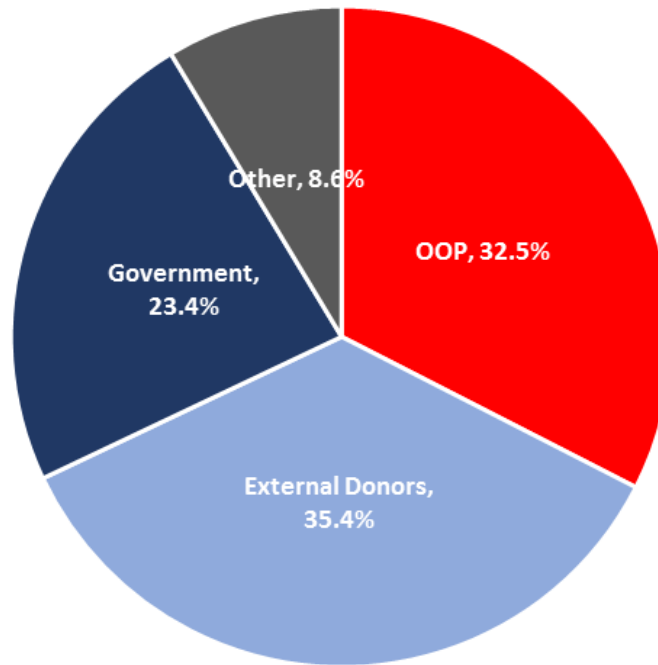
Even when OOPs are paid by family members, they can have a significant impact on the lives of women and children.

The aim is for GFF to provide a sustainable way of paying for health care.

able way of paying for health care.

vily impact on the lives of women and children.

Source of current health expenditure for GFF LICs



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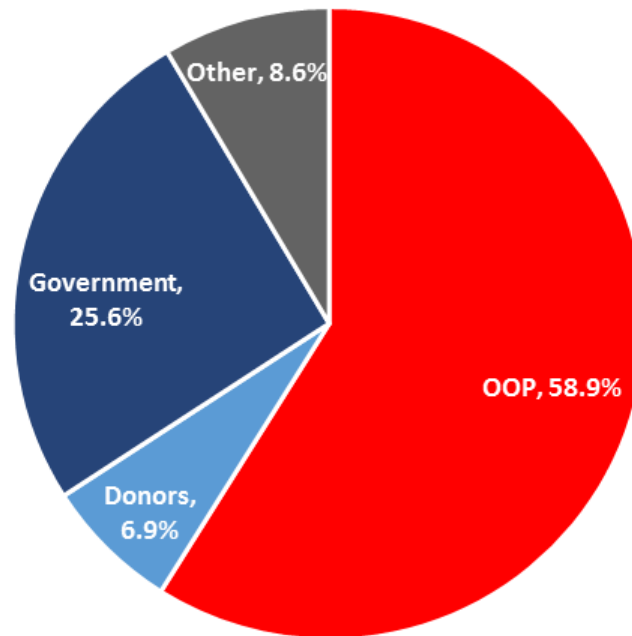
OOPs represent a significant portion of health care costs.

Even when OOPs are covered by insurance, they can still have a negative impact on the lives of women and children. The aim is for

the way of paying for

has a significant impact on the lives

Source of current health expenditure for GGF LMICs



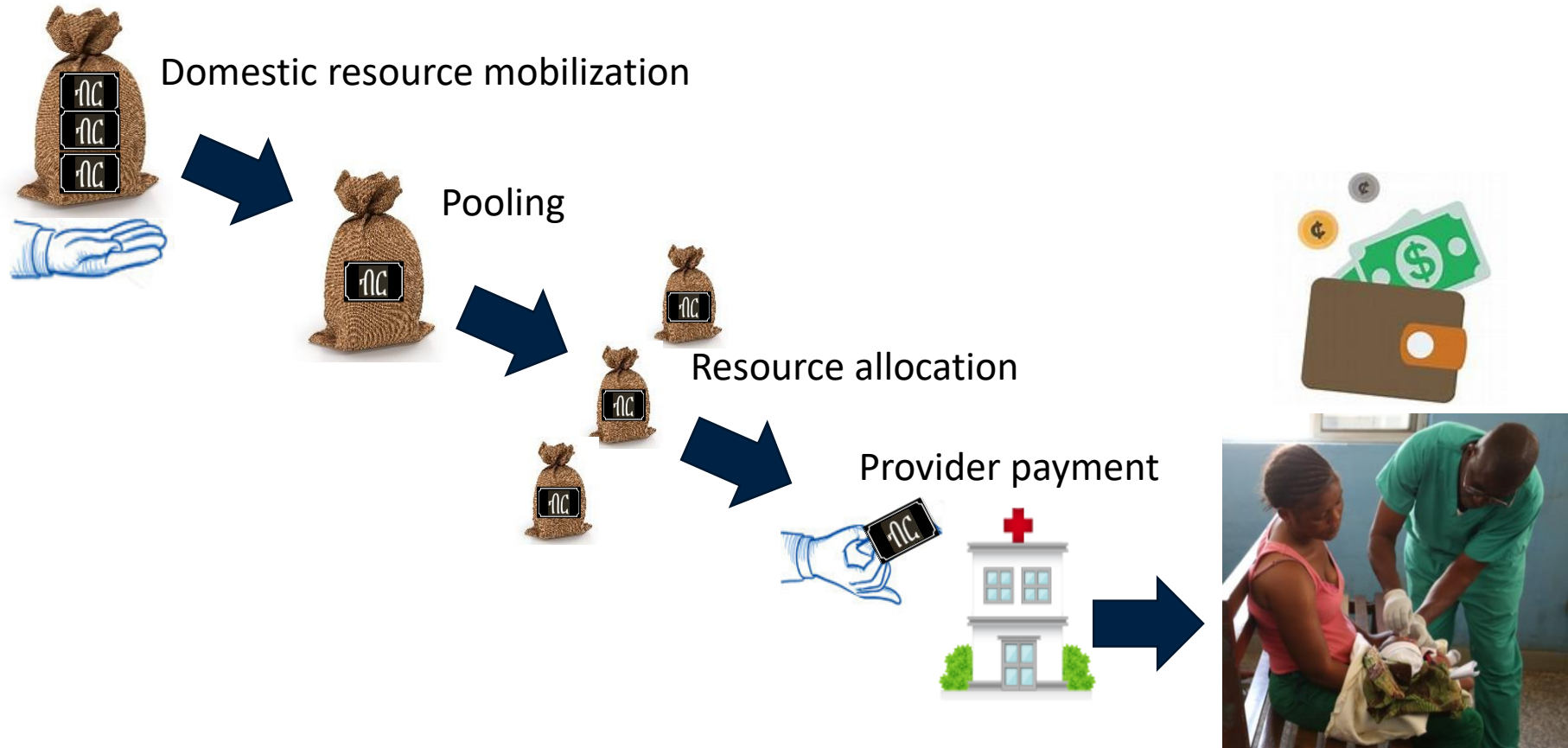
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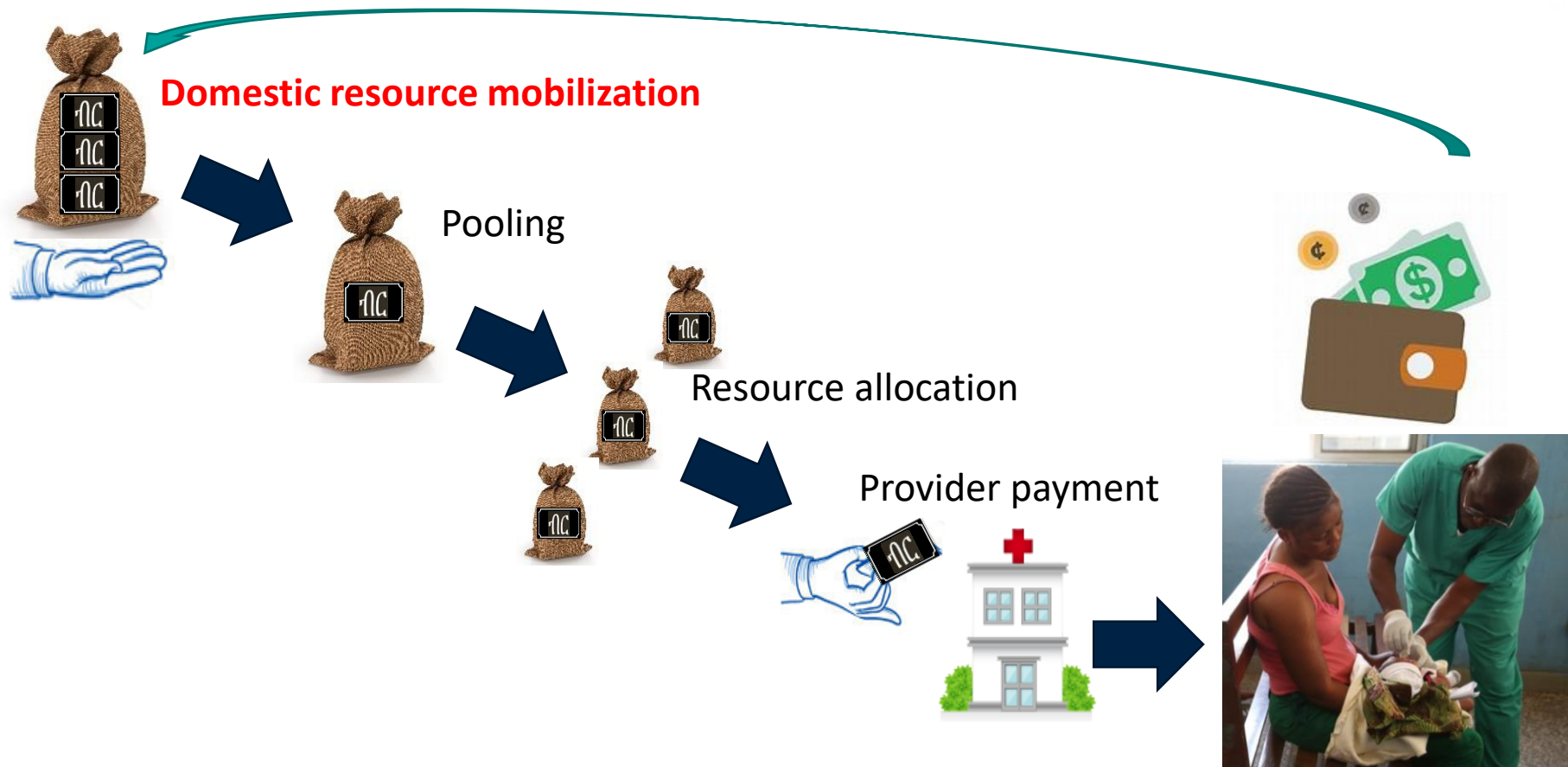
What do we mean by financial protection?



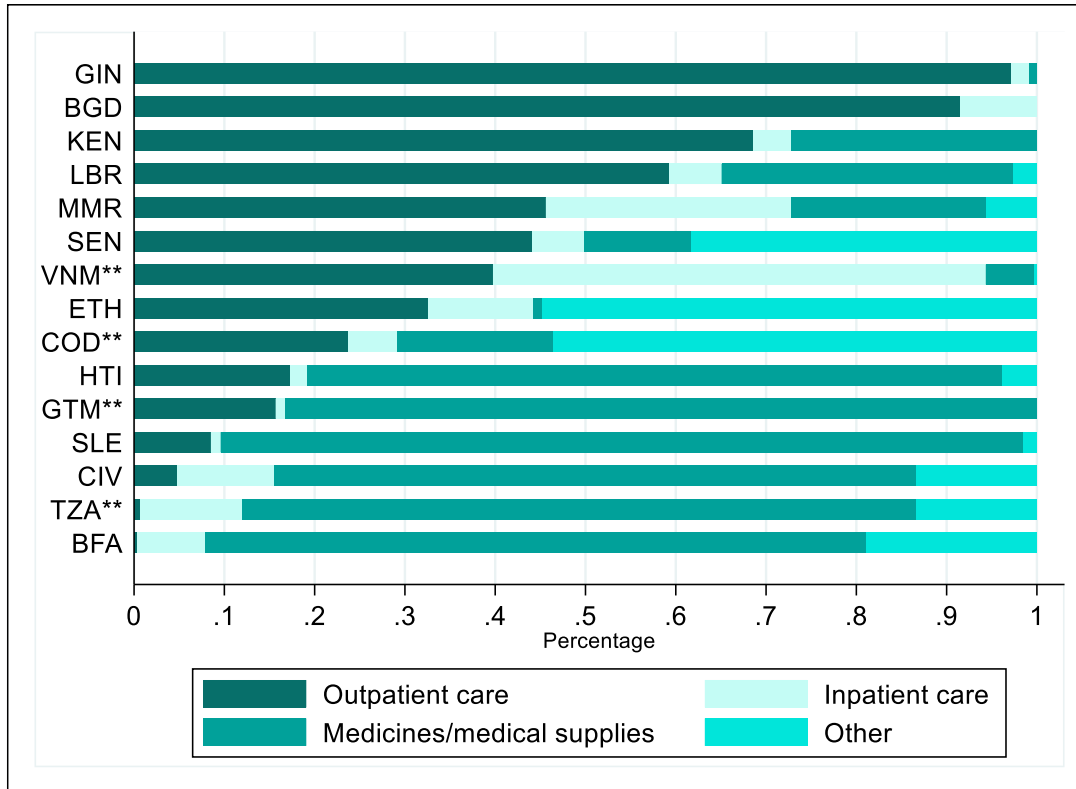
What is driving financial protection?



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It's not just a problem of big hospital bills



Examples from GFF countries



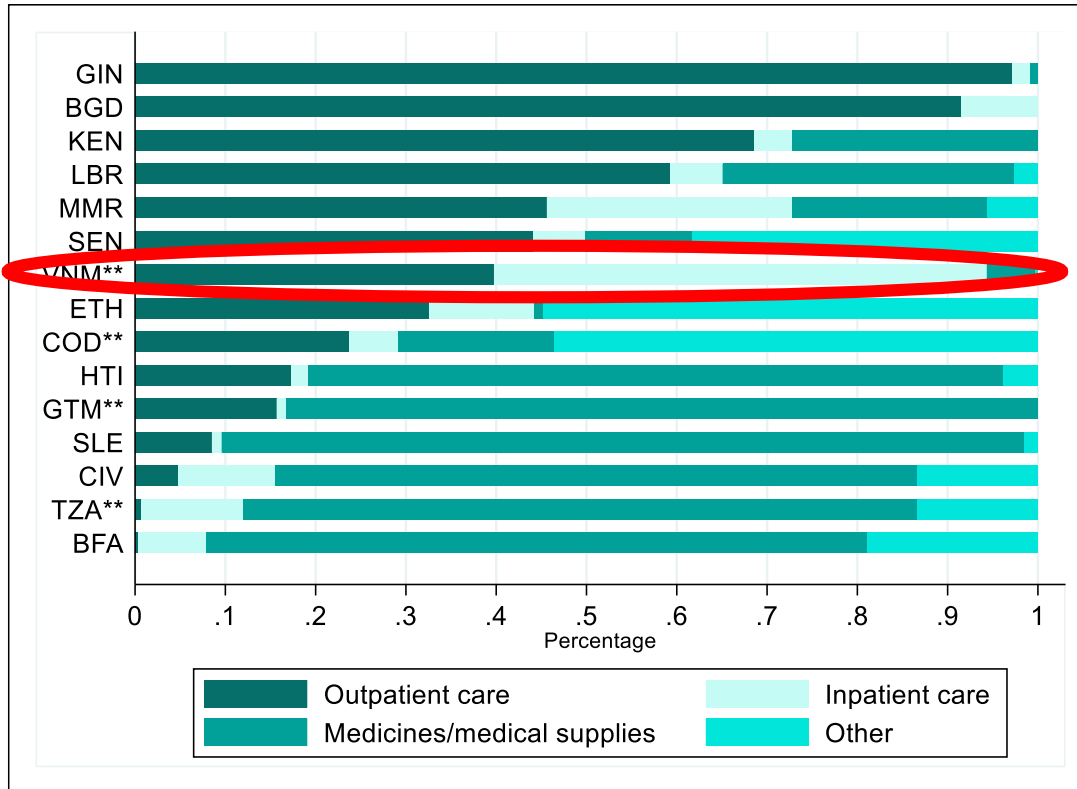
Sierra Leone

-OOPs mostly for drugs/commodities obtained from private sector

-> RBF to support implementation of Free Health Care Initiative

+ Contracting with private sector to reduce **stockouts**

Examples from GFF countries

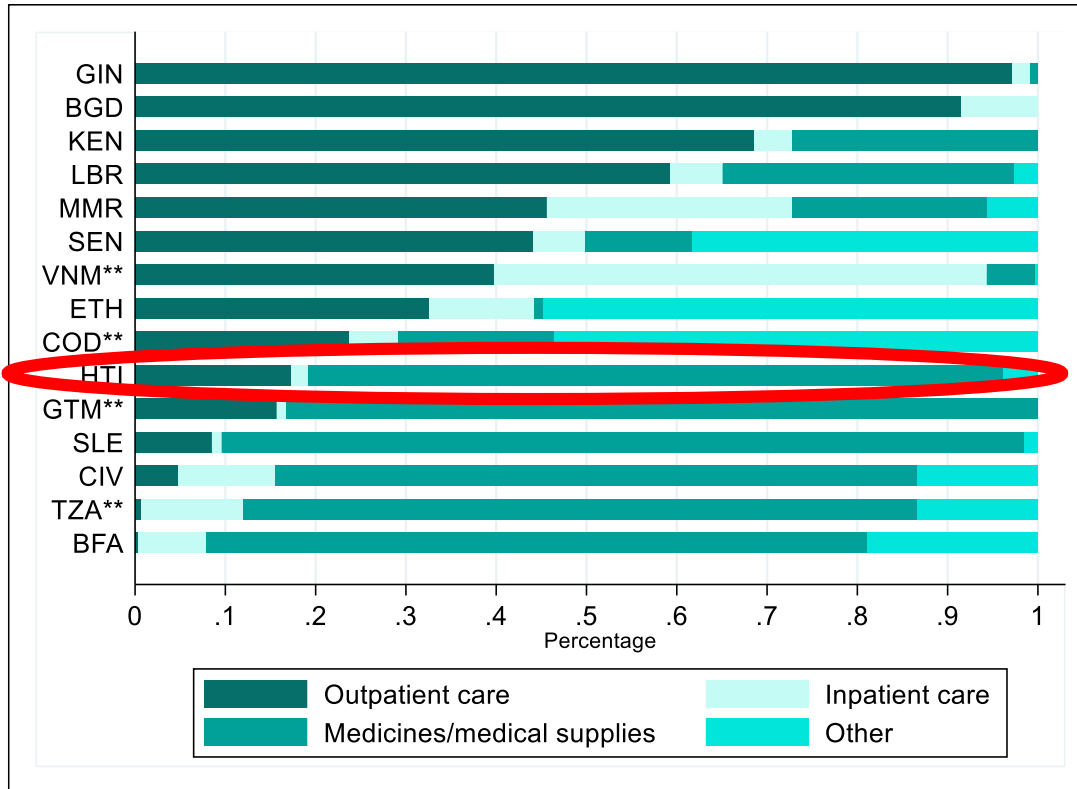


Vietnam

-Over use at the secondary and tertiary facilities

-> increase use of **grassroots level system** through quality improvement and provider payment reform

Examples from GFF countries



Haiti

- OOPs went up after fall in DAH
- OOPs mostly for drugs, especially for elderly (NCDs?)
- Very low utilization of RMNCAH-N services
- -> DRM + increase service coverage (at mobile health clinics) w/o increasing OOPs

In sum, what can GFF contribute?

- Work closely together with countries and partners to better understand the problem before trying to solve it
- Key priority for GFF
 - Define an explicit benefit package
 - Strengthen supply side to deliver it
 - Strategic purchasing (RBF)
 - Supply chain work
 - HR retention
 - Domestic resource mobilization
 - **Free services do not exist!**

How to measure financial protection?

- Catastrophic health expenditures
 - Proportion of households that spend more than **X%** of their **available budget** on out of pocket health expenditures
- Impoverishing health expenditures
 - Proportion of households that are pushed into **poverty** because of out of pocket expenditures

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