Country Countdown
Health financing component

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**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.
## 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
- 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.
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

*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.

Source: Rwanda NHA 2002
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*

- Public Sources
- Donors (incl. NGOs)
- Households
- Private Companies

* 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
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.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: facility based ART treatment by males in Uganda**

**Benefit incidence of ORT use by males in Uganda**

Source: Uganda DHS2006
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

Source: Catalytic Initiative
Combining estimates of need and current supply

<table>
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<tr>
<th></th>
<th>Adok HCII</th>
<th>Agwata HCIII</th>
<th>Anyacoto HCII</th>
<th>Atabu HCII</th>
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<tr>
<td><strong>Expected cases</strong></td>
<td></td>
<td></td>
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<tr>
<td>diarrhea each 2 months</td>
<td>1,344</td>
<td>2,160</td>
<td>1,123</td>
<td>784</td>
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<tr>
<td>pneumonia</td>
<td>75</td>
<td>121</td>
<td>63</td>
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<td><strong>Estimated need for</strong></td>
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<tr>
<td>diarrhea</td>
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<td>zinc tablets</td>
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<td>Vit A capsule</td>
<td>1,344</td>
<td>2,160</td>
<td>1,123</td>
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<tr>
<td></td>
<td>cotrim 240 or 360mg</td>
<td>1,505</td>
<td>2,419</td>
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<tr>
<td></td>
<td>Vit A capsule</td>
<td>75</td>
<td>121</td>
<td>63</td>
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<tr>
<td><strong>Vital medicines received in kit</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 (1)</td>
<td>ORS sachet (2)</td>
<td>300</td>
<td>300</td>
<td>300</td>
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<tr>
<td>Based on SURE kit assessment</td>
<td>zinc tablets (2)</td>
<td>0</td>
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<td>300</td>
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<tr>
<td>Quantities received from kit #3</td>
<td>Vit A capsule</td>
<td>500</td>
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<td></td>
<td>cotrim 240 or 360mg</td>
<td>12,000</td>
<td>20,000</td>
<td>12,000</td>
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<tr>
<td><strong>Medicines variance</strong></td>
<td>ORS sachet</td>
<td>(2,388)</td>
<td>(4,020)</td>
<td>(1,946)</td>
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<td>(26,880)</td>
<td>(43,200)</td>
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<td>Vit A capsule</td>
<td>(919)</td>
<td>(1,281)</td>
<td>(686)</td>
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<td></td>
<td>cotrim 240 or 360mg</td>
<td>10,495</td>
<td>17,581</td>
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Variance: Expected visits, need for medicines, medicines received, variance (Uganda)
Combined with cost and budget analysis examines adequacy of financing.

<table>
<thead>
<tr>
<th>Value</th>
<th>diarrhea</th>
<th>ORS sachet</th>
<th>295,680</th>
<th>475,200</th>
<th>247,104</th>
<th>172,480</th>
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<td>zinc tablets</td>
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<td>2,201,472</td>
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<td>Uganda shilling</td>
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<td>3,052,458</td>
<td>4,905,737</td>
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<table>
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<th>33000</th>
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<td>current deliveries (current kit supply)</td>
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<td>0</td>
<td>0</td>
<td>29400</td>
<td>29400</td>
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<tr>
<td>Uganda shilling</td>
<td>Vit A capsule</td>
<td>33200</td>
<td>66400</td>
<td>33200</td>
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<tr>
<td></td>
<td>pneumonia</td>
<td>225600</td>
<td>376000</td>
<td>225600</td>
<td>225600</td>
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<tr>
<td>total</td>
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<td></td>
<td>291,800</td>
<td>475,400</td>
<td>321,200</td>
<td>321,200</td>
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<table>
<thead>
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<th>Variance</th>
<th>diarrhea</th>
<th>ORS sachet</th>
<th>(262,680)</th>
<th>(442,200)</th>
<th>(214,104)</th>
<th>(139,480)</th>
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<td>Estimated vs actual</td>
<td>zinc tablets</td>
<td>(2,634,240)</td>
<td>(4,233,600)</td>
<td>(2,172,072)</td>
<td>(1,507,240)</td>
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<tr>
<td>Uganda shilling</td>
<td>Vit A capsule</td>
<td>(61,039)</td>
<td>(85,056)</td>
<td>(45,557)</td>
<td>(21,773)</td>
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<td></td>
<td>pneumonia</td>
<td>197,301</td>
<td>330,519</td>
<td>201,950</td>
<td>209,092</td>
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<tr>
<td>total</td>
<td></td>
<td></td>
<td>(2,760,658)</td>
<td>(4,430,337)</td>
<td>(2,229,783)</td>
<td>(1,459,401)</td>
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</table>
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