



2nd Conference of the African Health Economics and Policy Association (AfHEA)

Overcoming financial barriers to
reproductive health care:

Some lessons from free care and health insurance
experiences in Africa

Allison Gamble Kelley, MLI-Mali Country Lead

Overview of presentation

- Context of health financing and reproductive health
- Brief background on MLI support to country leadership on health financing
- Approaches to improving financial access: choices and considerations
- Lessons for success from Africa
- Consolidating best practices

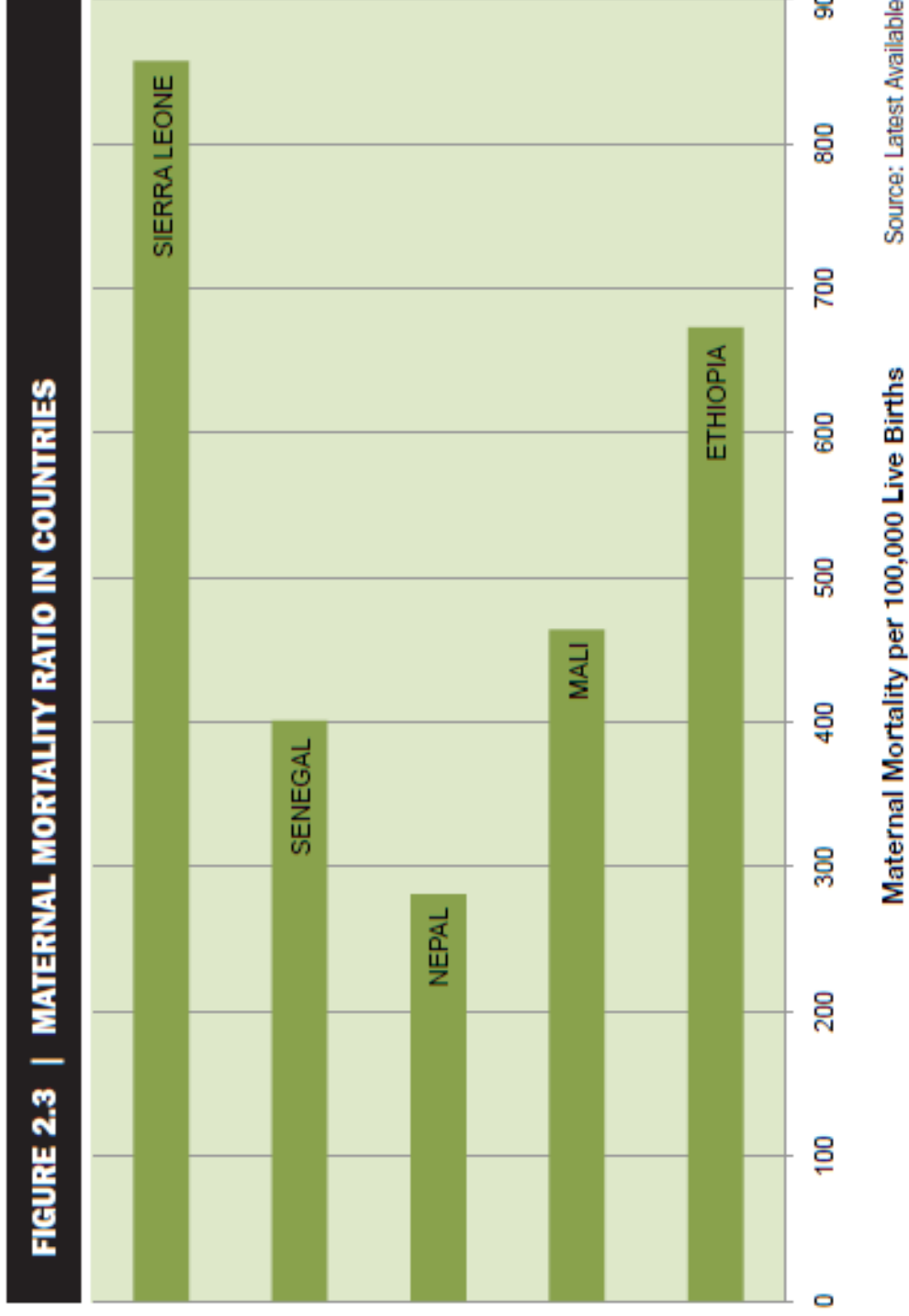
Across the African continent

- Focus on finding ways to boost progress on reproductive health, as MDGs loom and improvements in maternal health indicators (MDG5) lag
- Out-of-pocket health financing by HHs remains high, raises equity and efficiency questions
- Increasing « political » involvement in health sector – high profile examples (Ghana, Rwanda, Sierra Leone, etc.)

Ministerial Leadership Initiative

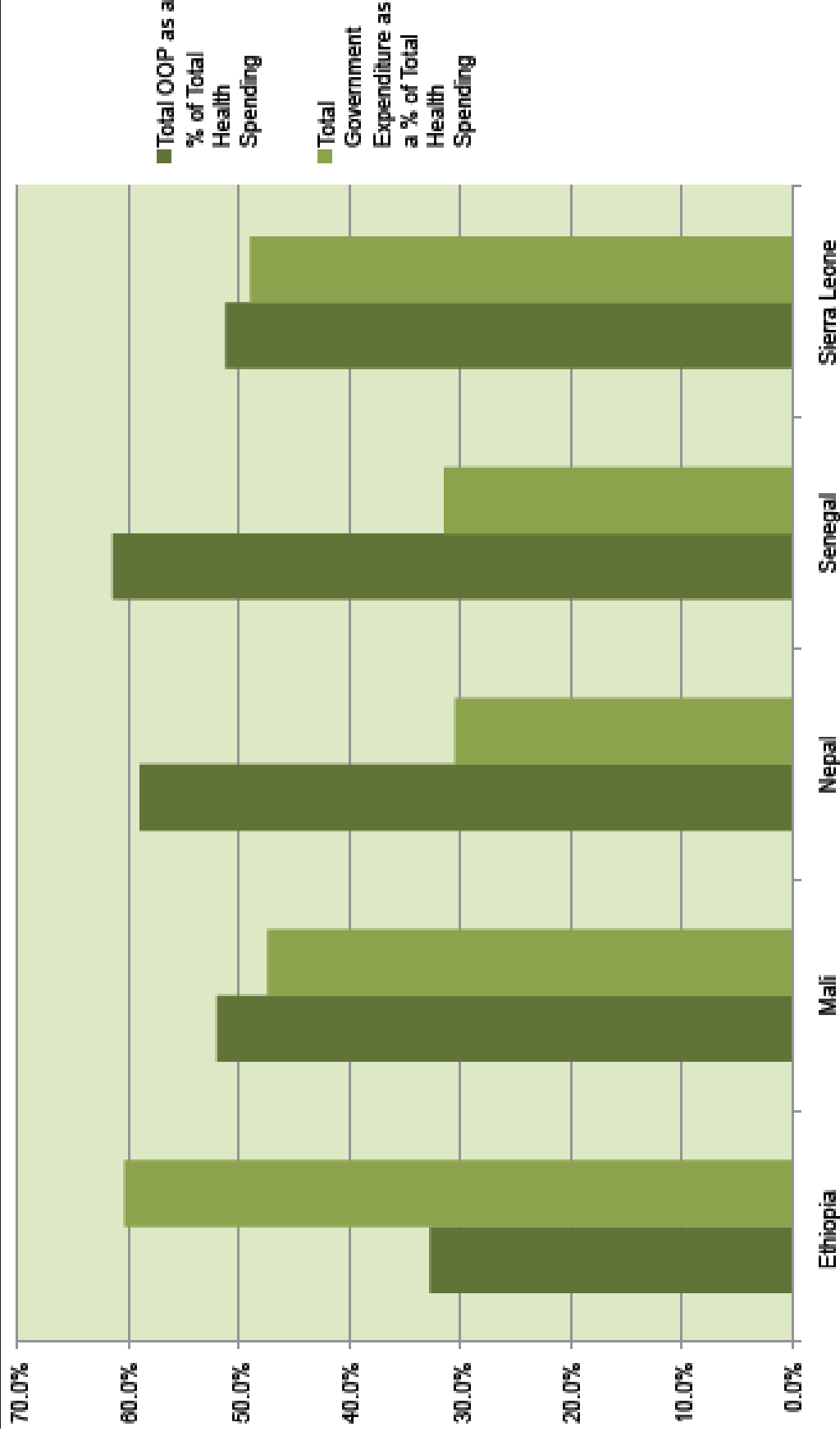
- Supports health ministry senior teams to advance country ownership and leadership in the areas of health financing, reproductive health and donor harmonization
- « MLI 5 » include Ethiopia, Mali, Senegal, Sierra Leone, and Nepal
- Leadership strengthening and capacity development programs through south-to-south peer learning, workshops on negotiations, and one-on-one communications coaching around key reforms

Snapshot of maternal mortality in MLI countries



Health Spending in MLI countries

FIGURE 3.1 | HEALTH SPENDING IN MLI COUNTRIES



Paradigm shift?

- Consensus that user fees at the point of service constitute a barrier to utilization and are especially problematic for pregnancy-related care
- Other ways of financing health needed to reduce burden on households of out-of-pocket spending and to promote utilization

Growing momentum to improve financial access

- Priority reforms for MLI support for Mali, Senegal, and Sierra Leone - improving the efficiency and equity of health financing and specifically, improving financial access
 - Mali – scaling up mutuelles
 - Sierra Leone – implementing free care
 - Senegal – improving resource allocation and piloting PBF
- Growing number of African countries implementing initiatives to abolish user fees and/or expand health insurance
- Harmonization for Health in Africa workshop in November 2010 (Dakar) on improving financial access

Policy tools to reduce financial barriers

- Different approaches to meeting shared objectives - to reduce OOP spending and improve RH indicators
 - Universal free care, exemptions from user fees, health equity funds for the poor, vouchers, health insurance
- Trade-offs, strengths and weaknesses – all have consequences for the health system
 - volume of services, human resource workload, administration costs and complexity, equity, consumer choice, quality

Weighing the options

- Verify that financial barriers are a major obstacle
- Choice of approach depends on objectives *and* resources!
- Targeted tools – vouchers, cash transfers, exemptions – may work best for discrete service population group, or limited geographic scope
- Risk pooling/insurance may be more appropriate for national scale or more comprehensive care – such as maternal and child health care
- Untargeted free of charge care – works best where resources are ample and/or targeting is costly

Lessons for success from Africa

- Political leadership provides momentum, advances reform, but may shortcut technical and sustainability considerations
- Avoid fragmentation - financing approaches should be situated within a sustainable national health care financing framework
- Effective communication is critical – how approach works, who it benefits –not only for beneficiaries, but also health personnel, elected officials, opinion leaders, public support

Lessons for success from Africa (2)

- The devil is in the details – problems during implementation inevitable (logistical, organizational, financial)
- Advance preparation and anticipation can help: thinking through how the initiative will work, what is needed to make it work (complementary systems), and what could go wrong

Lessons for success from Africa (3)

- Plan for stock-taking at critical junctures during implementation: robust monitoring and evaluation helps catch and resolve problems; suggests adaptations to promote equity, success and sustainability
- Long-term vision (beyond 2015!) important to sustainably finance improved RH outcomes

Consolidating experiences and lessons

- **Financial Access to Health Care Community of Practice**
 - Objective = support development and implementation of policy initiatives to improve financial access; promote constructive sharing of experiences and expertise across countries
 - Three technical clusters: health insurance, means-testing-based mechanisms, categorical targeting mechanisms

Thank you

For more information on MLI:

www.ministerial-leadership.org or visit the MLI booth at AfHEA

And to become part of the FA CoP, visit the stand at AfHEA, or go to:

www.hha-online.org/hso/financing/subpillar/Financial-Access-to-Health-Services

