

**FINANCING MATERNAL AND CHILD HEALTH SERVICES
SOME PERSPECTIVES FOR PHARMACY PRACTICE**

ISAAC ADAMS MINISTRY OF HEALTH, GHANA

OUTLINE

- Global trends in MCH Financing
- Financing patterns in West Africa
- The financing challenge for MCH
- Addressing the financing challenges
- The pharmacy perspective
- The way forward

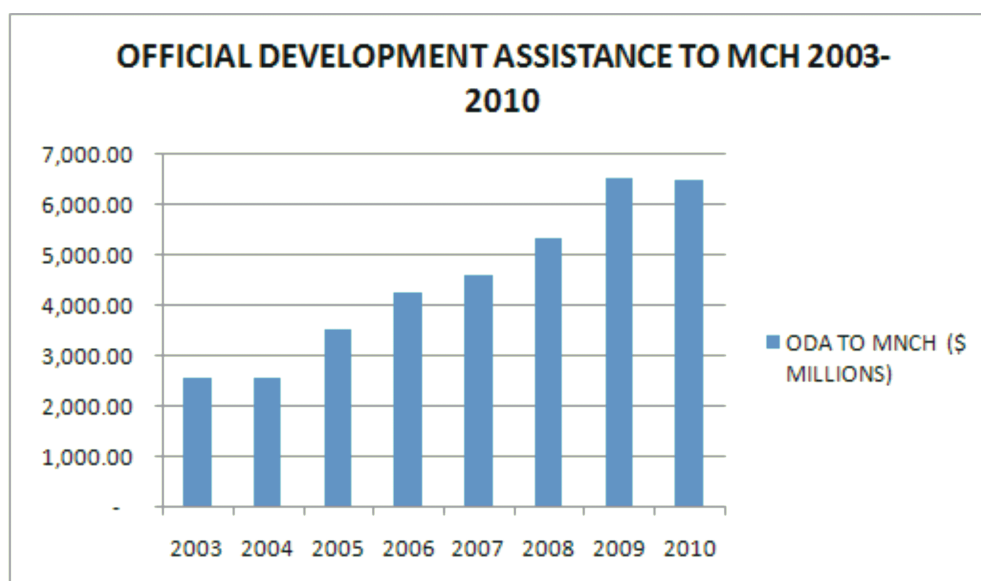
INTRODUCTION

- Mothers and children carry the most burden of diseases
- Ill health and malnutrition define growth and development potential of children
- Women bear higher burden of ill health
- Among women (15 to 19 years), giving birth is the leading cause of death
- Causes of these deaths are well documented
- Sufficient evidence to show the link between cost, access, infrastructure and quality of care

GLOBAL TRENDS IN MCH FINANCING

- Significant donor funded programmes target MNCH
- UNICEF and UNFPA established to respond MCH need
- Between 2003 and 2010 ODA rose from \$2.6b \$6.5b
- 15% change per annum
- \$4 to \$17.9 per child I
- \$7 to \$29.4 per live birth for mothers
- Decrease of \$32M between 2009 and 2010
- Increase between 2008 and 2009 due to six new donors and a large increase from the GAVI Alliance
- Signals of overall reduction in ODA in future
- Ghana already experienced reduction nearly 22%

GLOBAL TRENDS IN MCH FINANCING

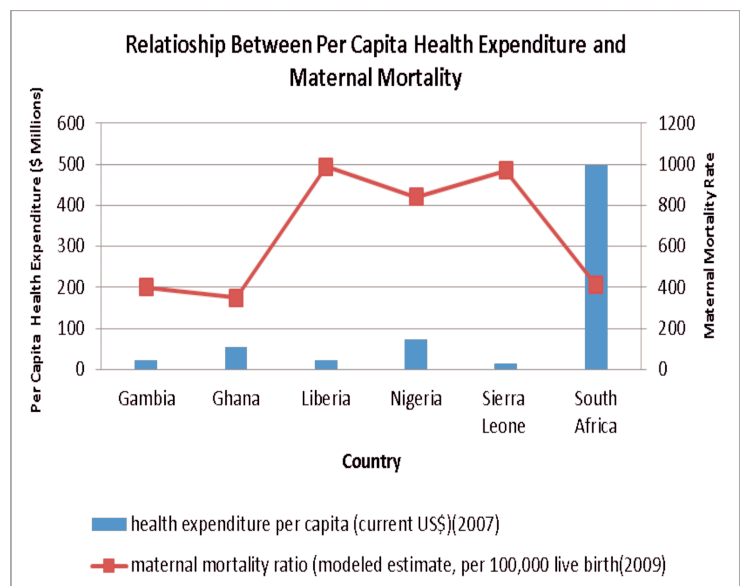
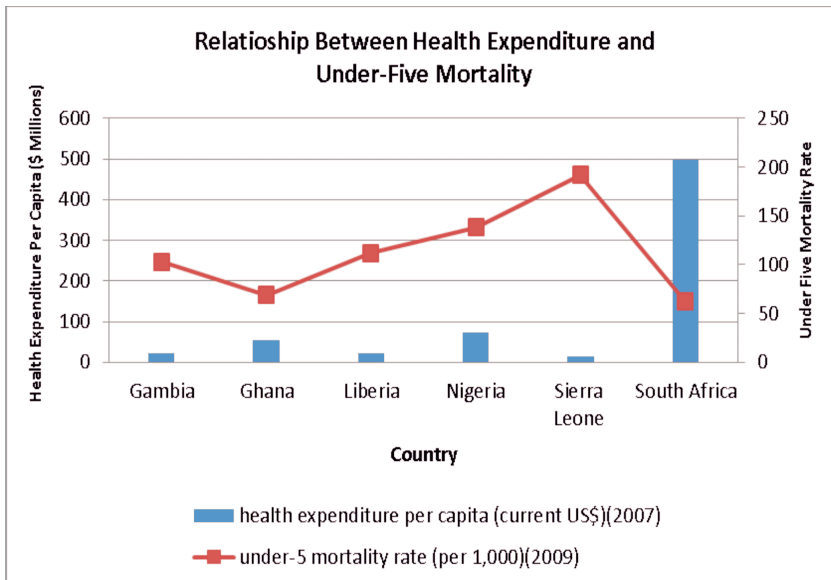


GLOBAL TRENDS IN MCH FINANCING

- Need to increase funding from government budget
 - Abuja Target - 15% of the government budget allocated to health
 - This source of funding associated with increased use of skilled attendants
 - Current financial crisis - donors implementing public expenditure reduction
 - Additional resource may not be available for development assistance
 - Global Fund will not issue new grants until 2014
 - European Union Member States have decreased overall ODA for the first time since 2002
- Despite volume, government resources constitute more than half or more on spending on maternal and child health

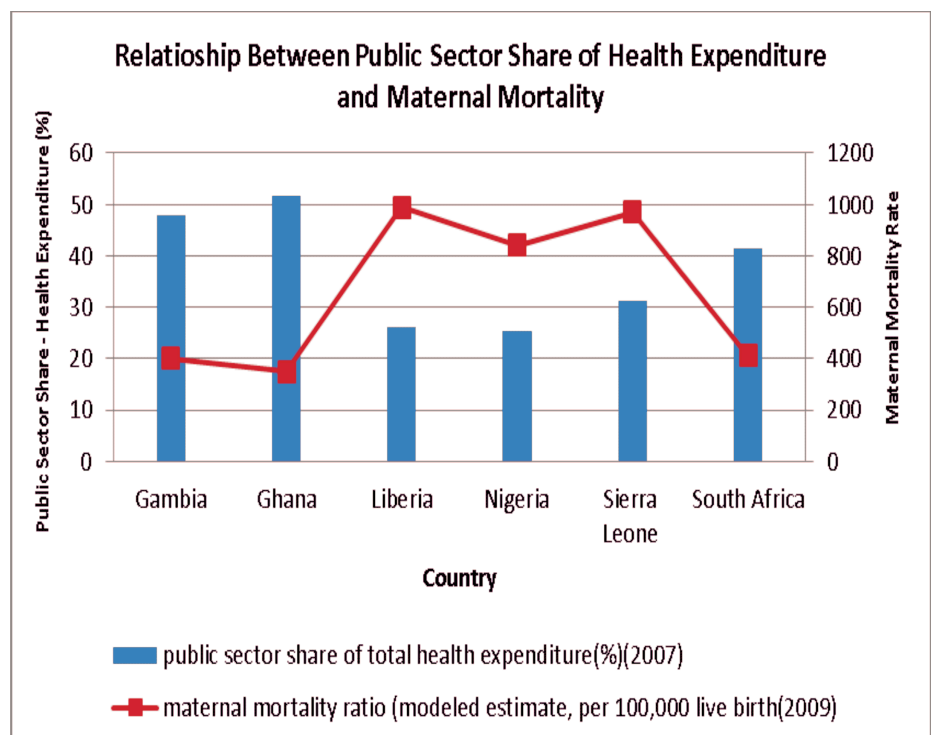
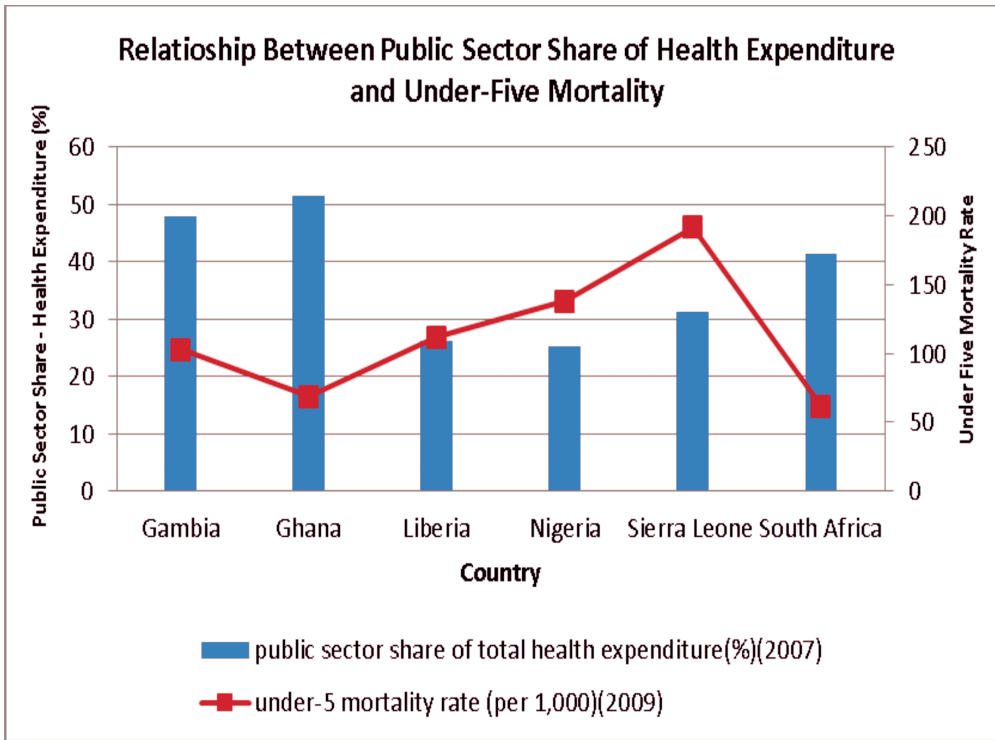
FINANCING PATTERNS IN WEST AFRICA

- Four major financing strategies dominate
 - Government budgets
 - Donor support
 - Out of pocket payment
 - Third party arrangements
- Total spending has remained under \$100 per capita



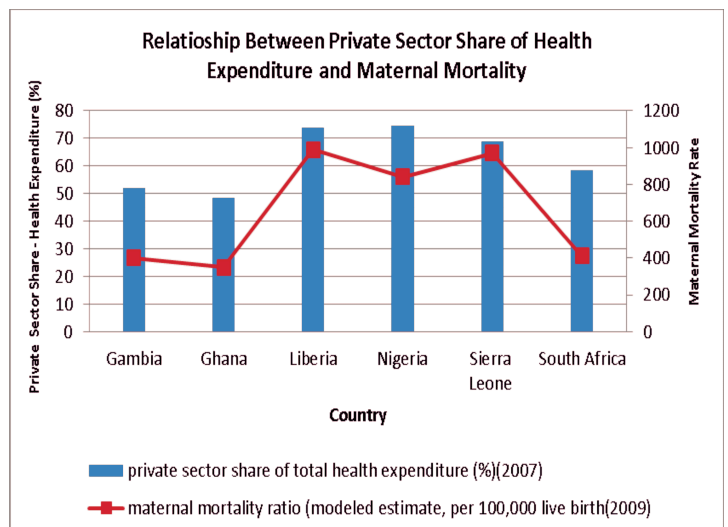
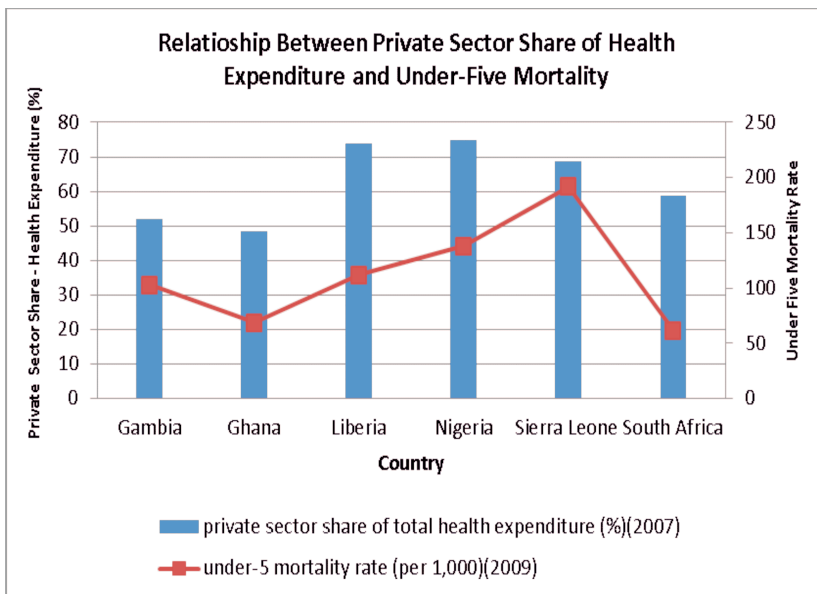
FINANCING PATTERNS IN WEST AFRICA

- Government spending constitutes less than half of the total health expenditure but:
- Mainly funds training
- Funds wage bill
- Funds much of the health infrastructure
- Acts as counterpart funding and provides critical support donor funded programmes
- Biggest challenge with this source is predictability with discretionary component



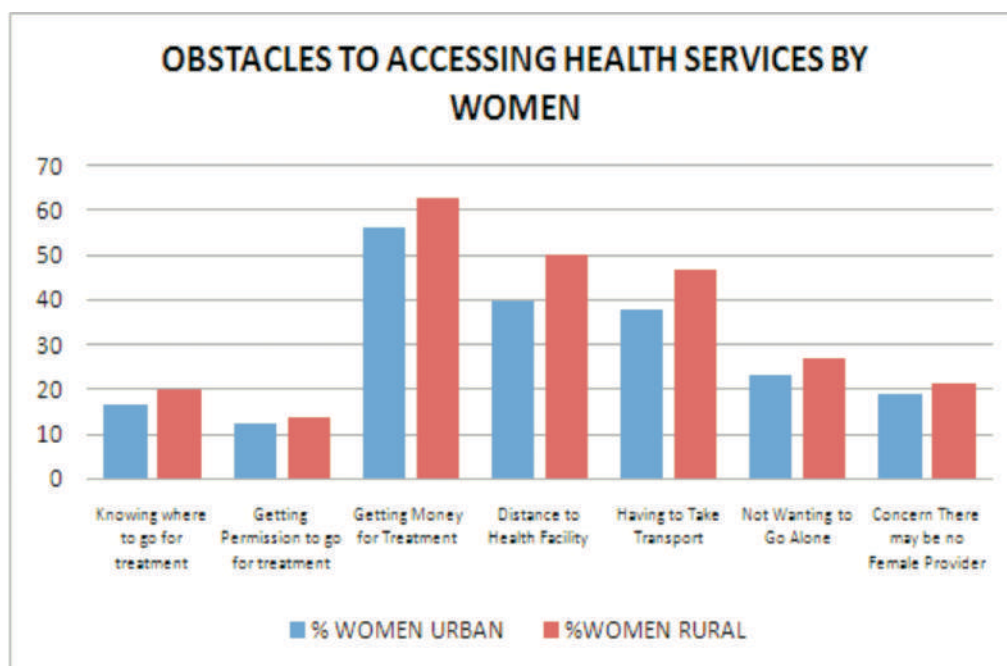
FINANCING PATTERNS IN WEST AFRICA

- Donor support comes in the form of:
 - A health fund (SWAPs)
 - Sector budgetary support
 - Earmarked funding
 - Most are programme linked
 - Critical support when government funding is delayed
 - Provides some major capital support but link with programmes limits scope with eventual challenge to system
- For West Africa inflow picture is mixed:
 - Half of the countries experienced a reduction in donor inflow from 2003-2006
 - Ghana's reduced by 26% for Child Health and 37% for Maternal
 - Liberia's increased by 65% and 175% respectively
 - Sierra Leone's increased by 2% for child health and reduced by 46% for maternal health
- Out of pocket payment constitutes over 92% of private sector spending
- Has received very high-level criticisms in the literature
- Now a political issue rather than a purely health financing mechanism
- In West Africa accounts for more than a third of total health expenditure
- Comprises a larger percentage of household expenditure for the poor rather than the rich
- Generally agreed that it has the most negative impact on the poorest quintiles



FINANCING PATTERNS IN WEST AFRICA

- Third party arrangement perceived as a financial protection mechanism through health risk-sharing and fund pooling
- Aims at universal coverage and introducing equity
- Relies on a combination of compulsory contributions and tax-based subsidies
- Government steps to cover the poor
- Ghana National Health Insurance Scheme funded by:
 - Social Health Insurance contributions from sector employees
 - Mutual Health Insurance from those working in the informal sector
 - Tax-based fiscal transfers to subsidize the exempted
- Third party schemes create health purchaser-provider split
- Noted to be the best means of smoothing health expenditure and providing protection from catastrophic expenditure
- Associated with increased uptake of services
- Injects some efficiency in the sector
- Needs expensive and sustained enrollment initiatives to keep rural informal sector and avoid problems of adverse selection
- Little correlation between the different financing mechanisms and selected indicators as many other variable play a part
- Some amount of sensitivity with respect to maternal mortality and private financing
- Though not conclusive, points to the ineffective safety net arrangements in private sector financing
- Noted that countries with higher total investment and the lowest out of pocket share tend to have significantly lower under-five and maternal mortality rates
- Financing strategies primarily about the need for stable level of revenue over medium to long term
- It is about ensuring financial sustainability of priority health programmes (MCH is key)
- Reduction of out of pocket
- Removal of financial barriers to seeking care
- Main aims :
 - ensuring equity in service access and contribution
 - assuring affordability, efficiency and effectiveness of resource allocation and use



THE FINANCING CHALLENGE FOR MCH

- The first challenge is cost
 - Over half West African women listed cost as the reason they did not seek health care
 - These costs include fees for use of facilities, services and medicines
 - In Ghana, 45.1% (40.0% urban and 49.0% rural) women have no access because of money
 - About 45% of women did not access health facilities due to concern that there will be no medicines
 - 43.5% were concerned that there will be no provider
- Challenge is use of personal income for health
- Affordability is only one measure of access but seems to be the most significant obstacle to health service utilization among women in the sub region
- Financing mechanism therefore need to be flexible enough to help shape the degree of protection for vulnerability rather than making services that cannot be accessed free
- Aligning donor funding remains one of the difficult tasks for MoH
- Earmarked funding has always remained a well guarded source
 - One way of ensuring that donor ideologies, preferences and priorities are safe
 - Earmarked funds which could be as high as 40% of total donor
 - Mostly spent on technical support for preferred programmes
- The new trend now is to pull out of general health sector support and to focus on specific areas of interest
 - This leaves the multilateral organization with special focus on MCH as the major donor funding windows

ADDRESSING FINANCING CHALLENGES

- Gradual but effective removal of fee for service
 - Nabyonga et al (2005) shows how the removal of user fees led to about 84% increase in outpatient attendance
- Increasing budget for maternal and child health from government sources
 - Several studies have shown this to have more effect in building systems and structures that ensures sustained service delivery
 - It addresses systemic challenges and provide funding for areas where programmes would not
- Developing capacity to work with donors to align with government plans and programmes
 - External aide coordination capacity needs to be built
 - Ensure that funding to NGOs outside the health sector focus on the priorities of the sector
- Bringing the private sector on board
 - The WHO estimates that 68% of pregnant women use a variety of private facilities
 - Particularly among the poor, the use of private facilities is rather high despite the relative cost
 - Involving the private sector in major policies and ensuring access to services in thus a strategy that cannot be over looked

THE PHARMACY PERSPECTIVE

- The presence of pharmacies in communities
 - Provides opportunities for services that will help reduce the financing obstacles
 - Provide opportunities for services to over half the population of women and children
 - A strategic link between community and health facilities
 - In health facilities need to respond to new demands within the context of the health team arrangements
- Need to plan with maternal and child health needs in mind
- Fairly well established that investing in a functioning emergency service
 - provides significant protection for mothers during delivery
 - helps to avoid maternal and neonatal deaths
- What part of the emergency system does pharmacy practice control and how can we “perfect” it.
 - Making emergency medicines available when needed
 - Invest in systems that will to monitor use and to advice in areas where women’s health are being compromised
- Children die of easily treatable diseases
 - Health initiatives and drug therapy are central to the management of these diseases

- Investing in paediatric formulations should be approached as medicines for children and not young adults
- Invest in dispensing aides that will allow poor illiterate mothers to understand and adhere to the full treatment
- People in the poorer community were likely to purchase drugs without a prescription and less likely to take the children to a hospital (Biritwum et al, 2000)
 - Within communities pharmacies have a much wider responsibility for MCH
 - Better placed to provide for the over 50% of women who do not use health facilities
 - The challenge of access and access to trained professional is one that community pharmacies can contribute to alleviate
 - Provides opportunities for health education
 - Acts as part of the screening mechanisms for identifying women at risk
- To do this community pharmacy must consider expanding the frontier of the practice:
 - Take advantage of effective and inexpensive technology to provide additional services such as blood sugar, urine analysis and malaria tests etc.
 - Support evidence-based and to complement institutional-based screening
 - Need to reverse the thin spread of pharmacies in the rural areas through direct investment and other corporative arrangements that will cushion investors in this area

THE WAY FORWARD

- Health issues of women and children provide an important and relevant context for the development of pharmacists' abilities across board
 - Pharmacists need to understand women's health issues such as differences between males and females in disease manifestation, drug response, and the clinical, social and other factors impacting health across female lifespan stages
- In the community, pharmacists are increasingly engaged in health promotion, disease prevention, and public health initiatives
 - The pharmacist must understand the unique nutrition concerns for a pregnant woman, abrest-feeding woman, the infant, and how they relate to breastfeeding and infant formulas.
 - The pharmacist must describe principles of medicines transfer across the placenta, medicines transfer into breast milk and discuss the lactation process including the pharmacokinetics of drugs during lactation and many more
- These perspectives will also require a drastic review of policies guiding the practice to take on board:
 - New developments in the area of technology
 - New demands by patients and clients
 - Provide a clear vision on engaging those who do not use the health services and provide them with structured and well-tailored services that will help bridge the gap