

**FINANCIAL PROTECTION AND IMPROVED ACCESS TO HEALTH CARE:
PEER-TO-PEER LEARNING WORKSHOP
FINDING SOLUTIONS TO COMMON CHALLENGES**

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#access2care #NHISAfrica16



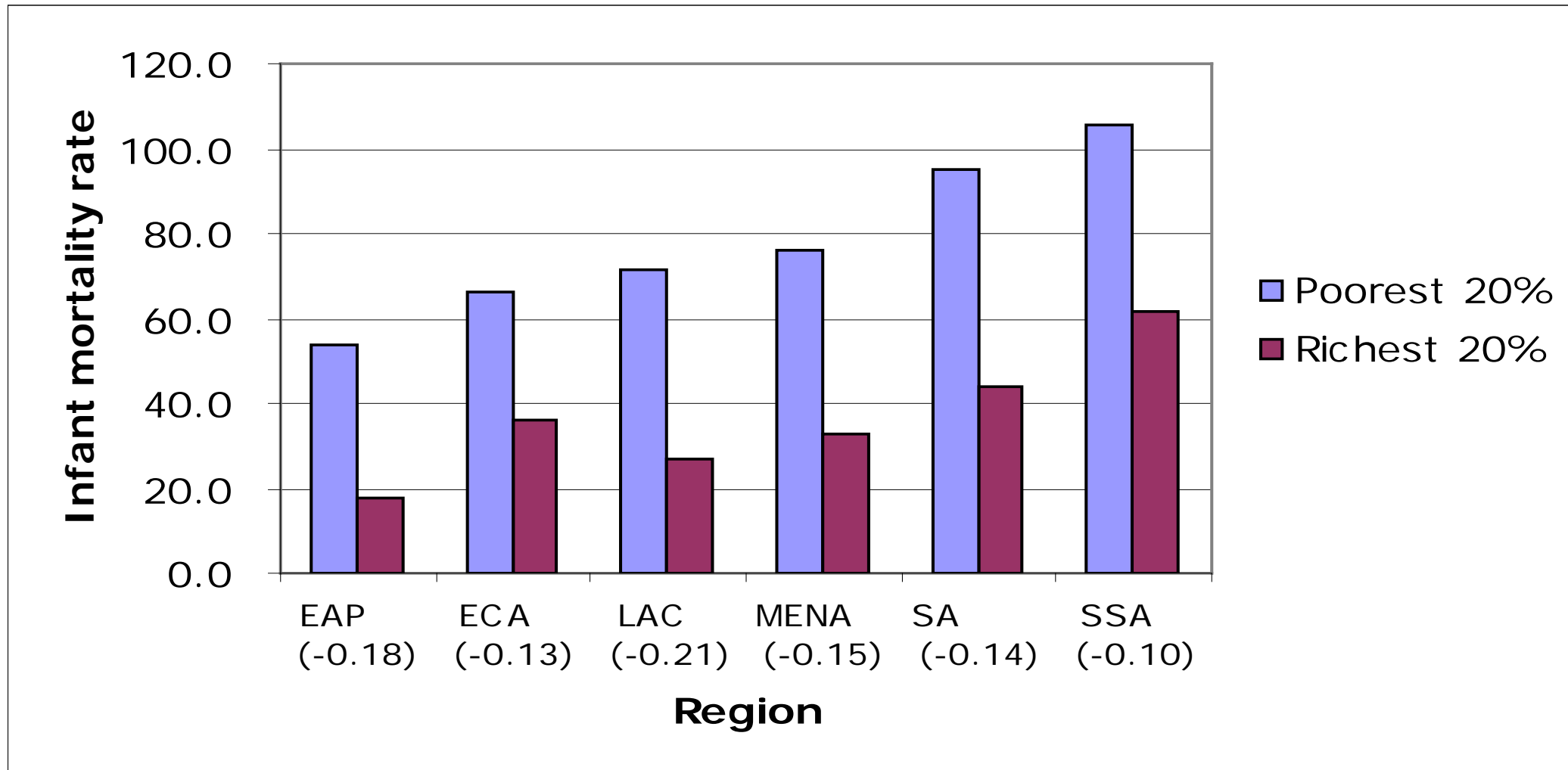
Covering the Poor and Ensuring More Equitable Health Financing

**Financial Protection and Improved Access to Health Care: Peer-to-Peer
Learning Workshop
Finding Solutions to Common Challenges**

Abdo Yazbeck
World Bank

Accra, February 15, 2016

Infant Mortality by Region



EAP=East Asia and Pacific Islands, ECA=Europe and Central Asia, LAC=Latin America and the Caribbean, MENA=Middle East and North Africa, SA=South Asia, SSA= Sub-Saharan Africa

We Have a Problem!

Data from 56 Countries (2.8 billion), comparing the poor to the rich (quintiles—20% of pop.)

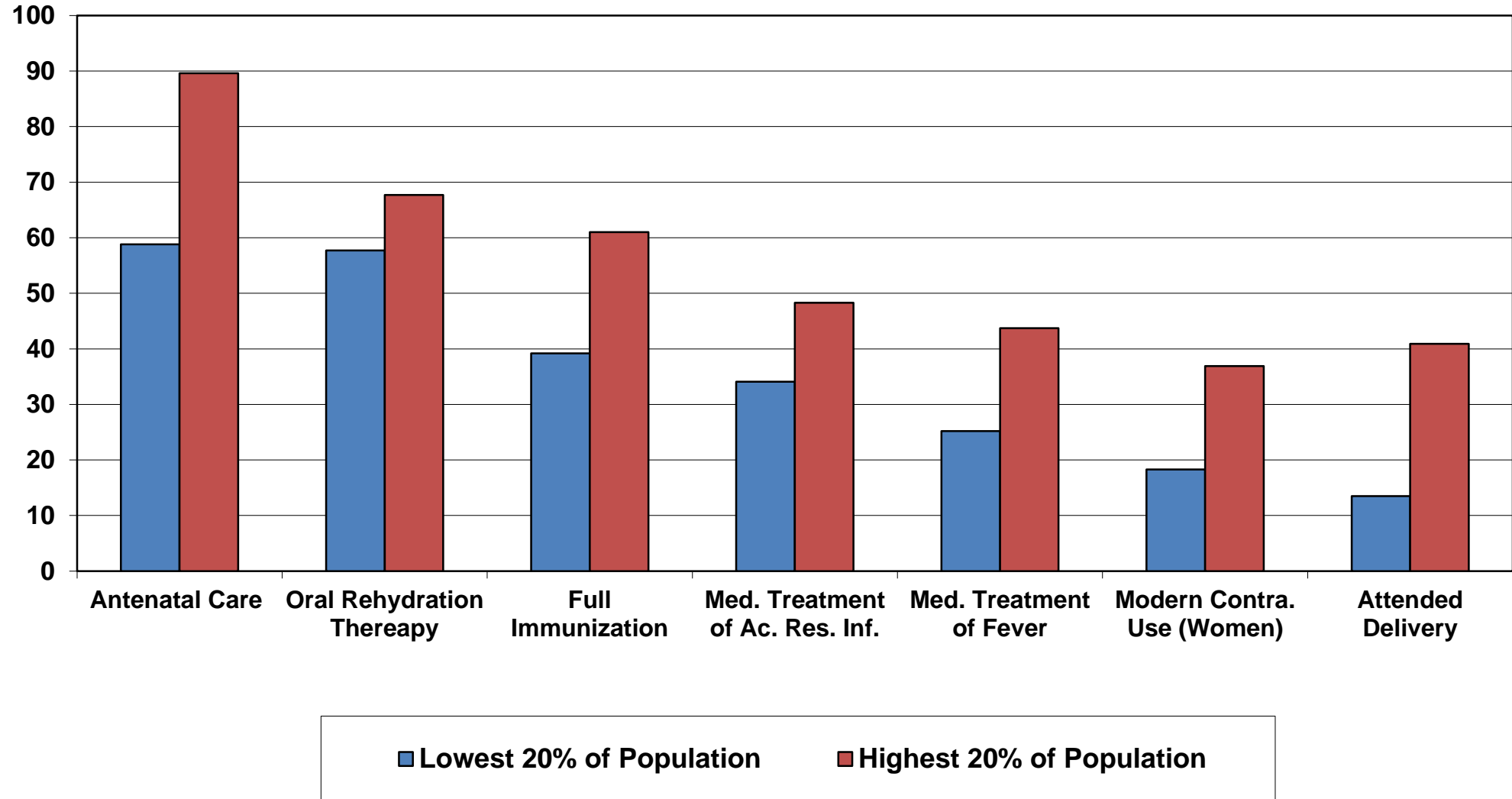
- An infant is more than **twice** as likely to die before reaching the age of 1
- A child is more than **3 times** as likely to suffer from severe stunting
- The adolescent fertility rate is **3 times** higher

The Road to Hell is Paved with Good Intentions

The Health Sector has been Part of the Problem, not the Solution

USE OF BASIC MATERNAL AND CHILD HEALTH SERVICES

Coverage Rates among Lowest and Highest 20% of the Population,
56 Low- and Middle Income Countries



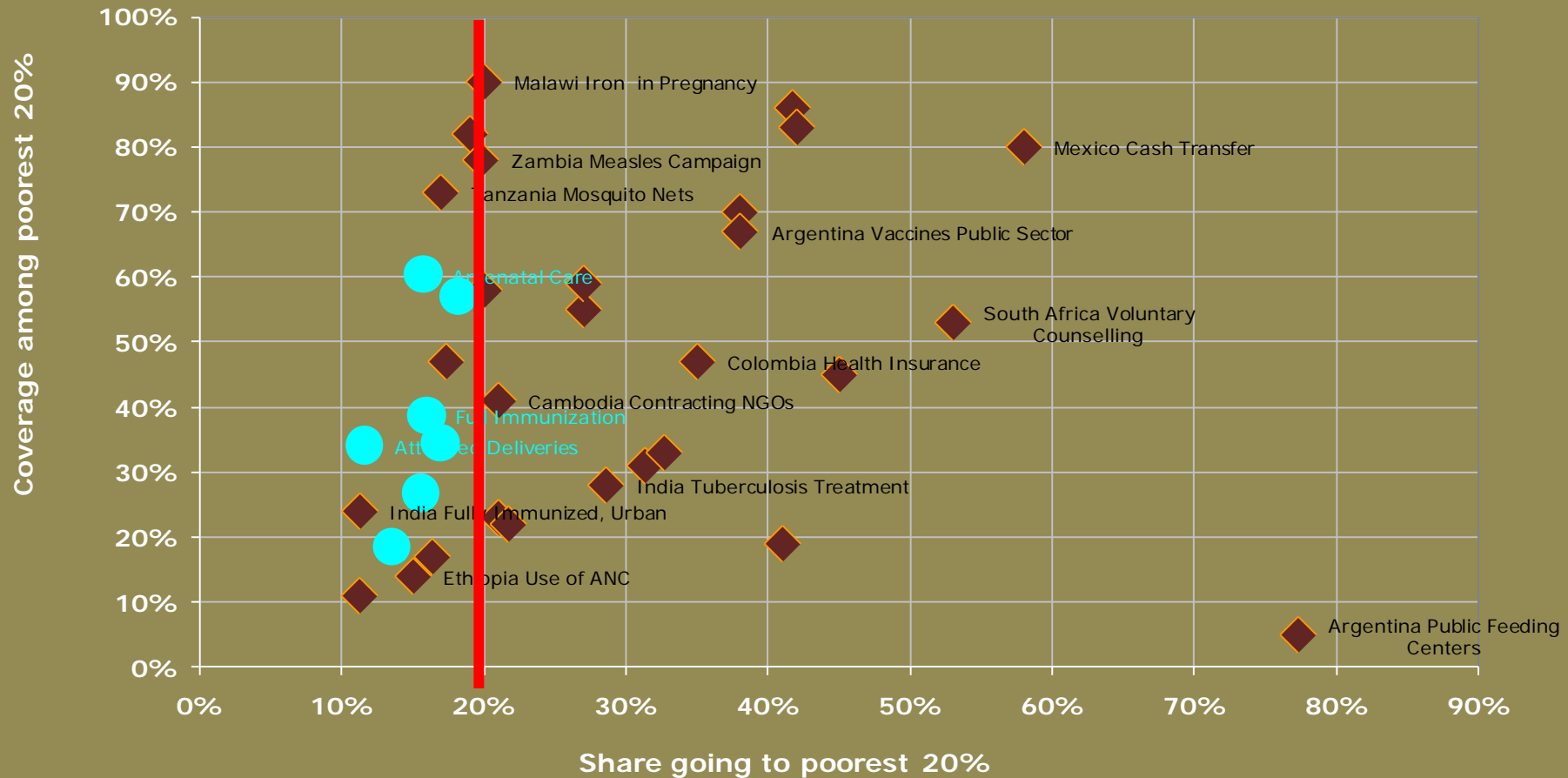
WHY?

What are the Bottlenecks?

- The Poor are at a higher risk to diseases, illness, and injuries
 - Worse environmental factors where they live
 - Riskier jobs with higher exposure
- The Poor demand less services and comply less when served
 - Lack of knowledge/education
 - Lack of resources to pay for care, for transport
 - Lack of free time (taking away from work is very expensive)
- The Health system fails them
 - Location of facilities
 - Availability of critical inputs (providers, medicines, equipment)
 - Quality of care at facilities serving them
 - Bad treatment by providers (or at least perception)

RESULTS FROM STUDIES PRESENTED AT RPP CONFERENCE

Compared with DHS Findings



Are there Key Success Factors?

Recurring Themes (A.C.T.I.V.)

***A**nalyze the causes of inequality*

***C**ustomize answers to address local constraints and capacities*

***T**ry out new ways of doing business*

***I**mprove the results over time by learning from pilots and experimentation*

***V**erify that the use of services by the poor is improving and that bottlenecks are being eliminated*

Pro-Poor Reform

6 Rules of Thumb

1. Revenue Generation: Delink payment by the poor from use of services
2. Allocation: Make the money follow the poor
3. Provider Payment: Link provider payment to service use by the poor
4. Organization: Close the “distance” between the poor and services
5. Regulation: Amplifying the voice of the poor in health
6. Persuasion: Closing the need-demand gap for the poor

Revenue Generation Rule of Thumb

Delink payment by the poor from use of services

- Expansion of health insurance coverage to the Poor
 - **Colombia & Mexico:** expansion of Social Security arrangements
 - **Rwanda:** expansion of community-based health insurance
- Fee exemption mechanism
 - **Cambodia:** Health equity fund
 - **Indonesia:** Health card

Allocation Rule of Thumb

Make the money follow the poor

- Direct targeting of the poor
 - **Chile & Mexico:** Targeted Conditional Cash Transfers
- Targeting facilities that serve the poor
 - **Kyrgyz Republic:** Equalizing per capita spending
 - **Brazil:** Targeted phasing of family health services

Provider Payment Rule of Thumb

Link provider payment to service use by the poor

- Incentives to Municipalities
 - **Brazil:** Increase utilization by the poor
- Incentives through contracting NGOs
 - **Cambodia:** monitoring utilization by the poor
- Incentives through fees
 - **Cambodia:** Equity fund targeted to the poor

Organization Rule of Thumb

Close the *distance* between the poor and services

- Addressing the needs of the poor
 - **Brazil, Cambodia, Colombia, Mexico, Nepal, & Rwanda:** Defining a benefits package
- Closing Social Distance
 - **India:** Community delivery
 - **Rwanda:** Community management
 - **Nepal:** Participatory planning

Regulation Rule of Thumb

Amplifying the voice of the poor in health

- Correcting two deficits faced by the poor: political voice and market power
 - **Nepal:** Participatory planning
 - **Rwanda:** Community oversight
 - **Cambodia:** Community identification
 - **Tanzania:** Research needs and preferences
 - **Chile:** Household planning
 - **Kenya:** Community mobilization

Persuasion Rule of Thumb

Closing the need-demand gap for the poor

- Combining information and incentives
 - **Tanzania:** Social marketing
 - **Chile & Mexico:** Conditional cash transfers
 - **Brazil, Cambodia, Chile & Kenya:** outreach with health education and behavior change communication interventions.

A breakthrough in measuring inequalities in health has shattered myths about the effectiveness of health systems in helping the poor. The resulting evidence on outcome inequality is overwhelming. Children from poor families from over 50 low- and middle-income countries suffer from malnutrition and die at much higher rates than children from better-off families. Fertility rates for poor women far outpace those of better-off women. The most jarring finding, however, is not that the poor suffer more, but that health systems, even when publicly financed, are much more likely to serve the better-off than the poor and, by doing so, increase inequalities in health, nutrition, and fertility outcomes. There is hope, though. In this ocean of inequality, islands of success exist and critical lessons can and should be learned.

Attacking Inequality in the Health Sector distills the operational knowledge relevant to attacking health sector inequality and uses available empirical evidence to answer two critical questions: Why is there persistent inequality in health care? What can be done about it?

Using 14 evaluated, proven successes and an exhaustive literature review, this book serves as a practical “how to” manual for defining, understanding, and effectively addressing the problems of inequality in health service use. It will be of particular interest to policy makers, advocates in civil society, and development agencies that are committed to improving health service use by the poor and socially vulnerable.

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Attacking Inequality in the Health Sector

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Attacking Inequality in the Health Sector

A Synthesis of Evidence and Tools

Abdo S. Yazbeck



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