

Has Health Expenditure for Women and Children Scaled Up or Scaled Down in Low and Middle-Income Countries?

An Analysis of Reproductive Health and
Child Health subaccounts

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Organization**

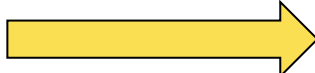
Outline

- Why track expenditure on reproductive health (RH) and child health (CH)?
- Study objectives, and key findings from report
- National health accounts the past, and, the new generation of health accounting

Why track expenditure on RH and CH?

- Timely, reliable and complete information on RH and CH expenditure is key for sound policy making and planning purposes
- Tracking resources for RH and CH is vital for enhance accountability mechanisms and practices, and to assess whether resources are sufficient and used in the best possible way with respect to efficiency, equity, and sustainability
- Tracking resources for RH and CH using a system of health accounts; a international recognised methodology ensures international comparability of country data over time

The Study

- Objectives of the analysis:
 - i. Assess and compare all of the reproductive health and child health subaccounts to better understand the expenditures flows
 - ii. To understand the process of how countries went about producing these subaccounts
 - A total of 39 RH (26) and CH (13) subaccounts were analyzed for 11 countries (of which only 7 have more than one data point) 
 - Timeframe: From 2002 to 2010
- 1 Congo (DRC)
 - 2 Ethiopia
 - 3 Georgia
 - 4 Jordan
 - 5 Kenya
 - 6 Liberia
 - 7 Malawi
 - 8 Mexico
 - 9 Namibia
 - 10 Rwanda
 - 11 Tanzania

Who pays for RH and CH?

Who pays for RH and CH

Average values of contributions by key financiers to health care			
	General NHA	RH	CH
Household	26%	27%	32%
Donor	39%	40%	46%
Public	25%	31%	21%

Note: Total does not add up to 100% because private sector contributions are excluded wherever possible

RH and CH as % of THE

Comparison of RH and CH as share of Total Health Expenditure (THE)		
	RH	CH
Count	26	13
Median	11.5%	13.9%
Low income avg	13.3%	13.3%
Overall average	11.1%	13.3%
Lower limit	5.3%	6.9%
Upper limit	19.0%	21.9%

Key findings #1

1. Over the last decade, very few countries have invested in tracking expenditures for RH and CH
2. Both RH and CH expenditures averaged at 11-13% of total health expenditure (THE)
RH expenditures varied from 19% to 6% of THE
CH expenditures ranged from 22% to 7% of THE
3. In per capita terms these are relatively low levels of expenditures
 - In DRC, RH and CH expenditures constitute 15% and 19% of THE, this however translate into \$2.00 and \$2.40 per capita RH and CH expenditure

Key findings #2

4. Data does not reflect an increasing commitment from national governments to spend money on RH and CH, instead there seems to be a high reliance on donors for financing of reproductive and child health care
5. General decline in overall RH and CH expenditures is observed in the 7 countries where you have 2 data points, with an increasing dependence on donors over time
6. RH and CH expenditures are skewed toward curative health rather than preventive health care

Report published soon at who.int/nha. Bhawalkar M., (2013) “Analysis of reproductive health and child health subaccounts – Results produced by countries “

Health accounting – new generation

Past

- Health accounting (SHA 1.0)
 - Health expenditures only, did not separate current and capital spending
 - Subaccounts
- Project approach
 - T-(2+)
 - "rounds"
- NHA launch and report

Now

- Health accounting and policy analysis using System of Health Accounts, 2011 (SHA 2011)
 - Health expenditures: more disaggregation (current vs. capital exp., inputs, age, diseases classification)
- Routine production by platform approach
 - T-1 year
 - Time trend analysis
- Annual health sector review

Why track health expenditures using a single platform in the country?

1. Technically rigorous in that there is a standard way to track and allocate expenditures by diseases and type of interventions in a relevant and practical way
2. Ensures comparability of country data over time
3. It will minimize multiple parallel data collection initiatives at the country level that are labour intensive
4. The approach that will be used is to try to institutionalize by automating the reporting and mapping of data so that expenditures can be easier reported yearly. This will make the reporting of health exp. more regular and timely, hence more relevant for policy use. It should also shift the effort in countries from collecting and reporting the data, to using the data for national purposes
5. Summary: good value for money (more technically rigorous estimates, less costly)
6. Plus this approach supports Paris, Accra, Busan, and Tunis Declarations on aid effectiveness

How will this be institutionalized in the country?

- Work will be led by national health accountant, assisted by program managers
- Technical assistance will not be primarily directed to collecting data, but will be focused on setting up a system for reporting expenditures annually (in time for annual health sector review; but also depending on fiscal year in the country)
- Maximize use of IT to facilitate downloading of data direct from accounting systems and uploading to the HA Production Tool (HAPT) where mapping and generation of HA tables (including tables such as disease distribution) will be done
 - This will work with government expenditures (Tanzania and Benin is current test case); will be tried on donor expenditures, if there is willingness, but if not possible; reporting by donors and NGOs will be done preferably through a web-based platform, rather than paper based surveys

How to organize this at the global level?

- Multiple initiatives with resource tracking elements:
 - Commission on Information and Accountability for Mothers and Children's health (COIA)
 - Counterpart financing tracking for Global Fund (GFATM)
 - Decade of Vaccines (DoV)
 - Clinton Health Access Initiative (CHAI)
 - Family Planning Initiative (FP2020)
- Select priority countries together (first wave of about 25 countries by June 2013)
- Do regional trainings
- Use trained pool of consultants to provide technical assistance
- WHO will provide technical oversight

The Tools

- **Health Accounts Production Tool (HAPT)**
 - Guides health accountants teams through the entire production process, thereby reducing the need for technical assistance and increasing local capacity for NHA production
- **Health Accounts Analysis Tool (HAAT)**
 - Guides health account teams through the analysis of health expenditure data by automatically producing relevant graphs and charts by using the data entered into the production tool

Thank you

Comments and Suggestions

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