Tracking of Out-of-Pocket Expenditures for Sexual and Reproductive Health

12 – 13 December 2011

NIDI, The Hague

Proceeding of the Meeting with main Action Points

Background

Addressing the financial barriers to access to essential health care is critical to improving progress towards MDGs 4 (Reduce Child Mortality) and MDGs 5 (Reduce Maternal Mortality and Achieve Universal Access to Reproductive Health). Out of Pocket Expenditures for health act as a barrier to the utilization of health care services and act as a source of impoverishment and ill health. No full evaluation of public spending can be made without a consideration of OOPS. Moreover information on OOPE for sexual and reproductive health is scarce. Special attention is needed to get reliable estimates on the same. So, the basic objectives of this meeting are (1) to discuss what is known on the level of OOPE for SRH, (2) to review experiences with the collection of data on OOPE for SRH and (3) to determine optimal strategies. The expert meeting was organized on December 12 and 13 at NIDI, The Hague. In preparation of the workshop, the background discussion paper "Out-of-pocket expenditures (OOPE) for sexual and reproductive health" was prepared and sent to the participants.

Main Action Points

Opening address

On behalf of Prof. Leo van Wissen, Director of NIDI, Prof. Frans Willekens welcomed the members and briefly highlighted the research areas of NIDI. Subsequently Erik Beekink presented an overview of the Resource Flow (RF) Project and importance of OOPE surveys on SRH. Prof. Frans Willekens started the discussion by referring to the background discussion paper and the five key questions listed in the paper and to be addressed at the meeting.

Question 1. What are the current methods for measuring out-of-pocket health expenditures? How well have such methods addressed the measuring of out-of-pocket spending for sexual and reproductive health?

Context of discussion

The critical question was to review the current methodologies and their suitability to measure OOPE for SRH activities. The key question is: who pays for what? Household budget surveys and Health Accounts are two related methodologies. National Health Accounts broadly use three different approaches to estimate household out-pocket spending for health, viz; i) direct derivation from household expenditure survey; ii) indirect derivation from survey of household expenditure by reference to national accounts estimates of household consumption; and iii) indirect derivation by triangulating and integrating different data sources. The basic question was to assess the suitability and feasibility of the above methods to estimate OOPE for SRH. It was observed that in National Health Accounts OOPE for health are generally obtained as a residual, i.e. what is not accounted for by provider surveys. A common practice is to consider the total OOPS in NHA and break it down in details based on shares found in surveys. Estimates of OOPE for SRH are included in Reproductive Health Subaccounts (RHA). A total of 25 countries have RHAs, but the implementation meets many difficulties, notably to account detailed spending from private origins, as is the case in general health accounts.

Recommendations

- It was agreed that household budget surveys can be used to measure out of pocket expenditure for health. But the expenditure for SRH need to be disaggregated using utilization data. It was observed that the DHS, which is a major source of utilization data, does not include information on cancers, however.

- There are certain critical issues related to the inclusion of all types of diseases/health problems in household budget surveys to estimate health care expenditures. Some of the surveys are quite inclusive and specific to particular diseases. So, a single survey may not be sufficient to estimate the OOPE expenditure on SRH. It was suggested to use all possible information available at the country level and triangulate the latter to give better estimates of OOPE on SRH.

- It was suggested and agreed that the survey questionnaire should fit to the local context as well as serve global comparability. In general, the terminology used in health accounts and reproductive health subaccounts, which are designed with international comparability in mind, cannot be used straightforward in questionnaires.

- The development of health accounts requires capacity building and institutionalization. In some countries (e.g. Benin) free-lance consultants construct health accounts but the country can face problems to institutionalize the process.

- It was suggested to consider the implementation of the RHAs in Mexico, which is a good example of institutionalization by appropriateness of the data by relevant governance officers, who have applied the data for decision making. Availability of information in time allows for identification of the need of interventions, setting interventions and monitoring them.

- It was also suggested to consider the OECD guidelines for health expenditures by disease. The experience validated in OECD and EU countries to date involves the use of utilization data in the country as allocation key to distribute expenditure in a low cost process. This approach is the result of recognized interest in the detailed data, when lack of detailed records is faced. For low and middle income countries, this approach can be applied selectively for SRH estimates. It is suggested that additional analysis of available and appropriate records to test them as allocation keys may be needed.

- The classification of health services used in health accounts and reproductive health subaccounts should be sufficiently flexible to accommodate new policy-relevant health problems. Domestic violence was mentioned.

Question 2. What are the major limitations of OOPE surveys for sexual and reproductive health? Issues include sample design, functional boundaries, time frame (recall period) and questionnaire. Is it sufficient to know how much was spent on SRH during a specific period or is it critical to understand the type of expenditure (e.g. caesarian section, contraceptives, transportation) as well? Catastrophic expenditures demand special attention.

Context of discussion

As part of the UNFPA/NIDI RF project activities, OOPE surveys were carried out in Nepal and Ethiopia. The scholars who coordinated these surveys were at the meeting. The

discussion addressed issues and problems faced while conducting OOPE survey particularly for sexual and reproductive health. There were certain subjective issues about how to collect detailed information about health expenditures with minimal error of exclusion. Often OOPE surveys fail to capture the entire dimension of health expenditures for sexual and reproductive health. Basic point was whether we should collect information following a fixed recall period or whether we will go with episode-wise expenditure (e.g. stage of reproductive life or state before and after critical health event).

Recommendations

- It was suggested that in order to estimate catastrophic expenditure we need to collect information following a fixed recall period (e.g one year, 6 months etc). But to capture the entire gamut of expenditures for sexual and reproductive health, the episode-wise expenditure would be useful for the planner and policy makers.

- General household budget surveys underestimate health expenditures related to SRH, however disease-specific household surveys are likely to overestimate the level of health expenditures. So, an integrative approach combining data from different sources (including service providers) is recommended.

- The effect of survey design and questionnaires on the estimates of health expenditures for SRH poses a major challenges. It was suggested to link questions to policy purposes.

- The expert committee suggested that a new instrument could be developed that is sensitive to the local cultural context, collects information on informal payments (non-observed economy), and produces internationally comparable results. Also this would require substantial effort to convene the national stakeholders to facilitate the survey.

- It was also recommended to collect information on persons who died during the reference period. For instance, the costs associated with a maternal death at childbirth can be high.

- It was recommended to collect information on causes of OOPE and the system of waivers for those unable to pay or for persons in a particular condition (e.g. pregnant).

- Lack of detailed data from surveys may require strategies of compensatory coverage, especially when the details are needed to approach SRH: full detailed can be obtained from additional surveys or modules in surveys, covering selected urban and rural areas for selected issues.

Question 3. What are the prospects for health financing modules in health surveys and surveillance systems? Examples of such surveys are the World Health Survey, the Demographic and Health Survey (DHS), UNICEF's Multiple Indicator Cluster Survey (MICS) and the Health and Demographic Surveillance Systems (DHSS).

Context of discussion

The main thrust was to find possibilities for the inclusion of a health financing module in ongoing surveys e.g. WHS, DHS, DSS etc. It is worthwhile to include financing module in these surveys, because of their national representativeness. Moreover, the surveys are

conducted very frequently in most of the countries, and they could facilitate for trend analysis of health care expenditure in SRH.

Recommendations

- It was suggested that inclusion of a financing module in DHS, MICs would be worthwhile, but it involves enormous technical and financial difficulties. The DHS questionnaire is quite lengthy and inclusion of one or more modules may fail to collect the correct information on health expenditure. It is noted that the respondents (generally women) may lack information on amounts spent. Moreover, it requires enormous effort to convince the funding agencies and national stakeholders to include this module.

- To add a financing module to the DHS (and MIC), participants suggested to approach national DHS (MIC) committees in participating countries and to negotiate at country level.

- It was suggested that a specific financial module could be introduced in DSS, though there are certain financial and substantive issues involved in this (e.g. representativeness). However, it is important to discuss these issues with national stakeholders before introducing the module in DSS. Negotiation at the country-level is the recommended approach.

- It was suggested to introduce country specific questionnaires in DSS to collect information on health care expenditure on SRH.

- It was suggested to introduce the financing module on pilot basis in one of the following DSS sites.
  1) Burkina Faso
  2) Cameron
  3) Ghana
  4) Ethiopia (Butajira)

Question 4. How to monitor health spending trajectories triggered by health problems (e.g. complication during delivery; chronic health problems)? This requires longitudinal data. What are the prospects for longitudinal surveys that include a health financing module?

Context of discussion

Monitoring of health spending for chronic health problems is useful for planners and policy makers for long term health strategy. So, the point of discussion was to find a way to monitor health spending of chronic health problems that seems to be a major concern for catastrophic health expenditure. In many developing and underdeveloped countries catastrophic health expenditures increase the risk of falling into poverty.

Recommendations

- It is quite difficult to conduct a longitudinal survey to capture health expenditures for SRH. However it was suggested that cross sectional data at multiple points of time (repeated cross-sections) could help to monitor health spending on SRH. It was also noted that DSS are longitudinal studies because they follow persons in time.

Question 5. How can the outputs from this meeting support the recommendations and workplan of the Commission on Information and Accountability (http://www.everywomaneverychild.org/pages?pageid=14)

Context of discussion

The data on OOPE for SRH is essential to monitor the status of maternal and child health conditions as well as to address the issue of the Millennium Development Goals (MDGs). The Commission on Information and Accountability for Women's and Children's Health concluded with 10 recommendations. The overall objective is to implement the ten recommendations of the Commission and to realize the accountability framework at the country and global level. The specific objectives are to:

- strengthen country mechanisms and practices to enhance accountability for women's and children's health in the 74 countries, listed in the Commission's report, during 2011-2015;
- enhance global accountability mechanisms and practices.

The Work plan of the Commission stresses the need for information on spending for MCH by finance source.

Recommendations

- The data on OOPE for SRH can be used by the Commission in many ways. First, for an international comparability of OOPE for sexual and reproductive health. Second, specific data on MCH could help the Commission to design standard health intervention strategies to enhance sexual and reproductive health in particular, and overall health in general.

- Finally, it was suggested to invite WHO, UNFPA and OECD to carry forward the discussion on the areas of OOPE on SRH and find ways to build capacity and assure sustainability.

Participants

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From NIDI

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Relevant Reports

OECD (2000), "A System of Health Accounts". OECD Publishing. http://www.oecd.org/dataoecd/41/4/1841456.pdf

OECD, EUROSTAT and WHO (2011), "A System of Health Accounts – 2011 Edition". OECD Publishing. http://www.who.int/nha/sha_revision/sha_2011_final1.pdf

World Health Organization (2010),"Guide to producing Reproductive Health Subaccounts". WHO Press, Geneva. http://www.who.int/nha/developments/Guide_to_RH_subaccounts.pdf

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World Health Organization (2010), "Packages of Interventions for Family Planning, Safe Abortion care, Maternal, Newborn and Child Health". WHO Press, Geneva. http://whqlibdoc.who.int/hq/2010/WHO_FCH_10.06_eng.pdf

Resource Flows

- UN CPD Report 2010
- Advocacy Brochure 2010
- Africa Financial Resources for Population 2011
- Arab States Financial Resources for Population 2011
- Eastern Europe and Central Asia Financial Resources for Population 2011
- Latin America and the Caribbean Financial Resources for Population 2011
- Asia and the Pacific Financial Resources for Population 2011
- German Foundation for World Population (DSW) and European Parliamentary Forum on Population and Development (EPF) (2011), "Euromapping 2010: mapping European development aid & population assistance". Brussels. Euromapping 2010