



**Financial Access to Health Services
Community of Practice**

**Exemption policies for maternal health services in Africa:
evaluations, experiences and knowledge-sharing.
25-29 November 2013 – Ouagadougou, Burkina Faso**

Concept note

A note prepared by the FEMHealth team in collaboration with Financial Access CoP
Facilitation Team



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Background

Because of the slow progress towards MDG5 (reduction of maternal mortality) in Africa, there is considerable interest in the development of new approaches to improve access to good quality emergency obstetric care and skilled birth attendance. In recent years, African countries have experienced a strong political dynamic to improve financial access to a range of health services. In the early 2000s, targeted exemption policies were initiated in West Africa for specific pathologies (HIV, Malaria, Tuberculosis) or groups of people (pregnant women, children under five). Maternity care that is free at the point of service is of particular interest because emergency obstetric care can be very costly for women and their families and lead to catastrophic costs. As complications are hard to predict, household savings are often insufficient to cover these costs and gathering money at times of crisis can be very difficult. Different studies have been trying to assess these maternal and infant health policies in challenging circumstances, as these policies have often been rapidly implemented nationally, usually without a plan for monitoring and evaluation, thereby making it difficult to attribute observed impacts. In addition it has proved challenging to measure the particular impact of these policies not just on service usage but also on quality of care and on maternal and neonatal outcomes such as maternal mortality or severe maternal morbidity. A number of different research projects have contributed to understanding the implementation and effects of these exemption or subsidy policies, including the FEMHealth project. However, these findings have not been brought together and discussed with key stakeholder groups, including policy makers, civil society, health practitioners, maternal health specialists and parliamentarians, in a systematic way.

Conference objectives

This conference on policies to reduce financial barriers to obstetric care in West Africa has as its objectives to:

1. **Share evaluation findings** across research teams and countries on policy formulation, implementation and effects
2. **Share methodological innovations** across teams, and learning on knowledge transfer mechanism
3. **Discuss findings with a range of stakeholder groups**, including policy-makers, civil society, health practitioners, maternal health specialists and parliamentarians
4. **Understand what policies to make maternity services free at the point of delivery** can add to the portfolio of available interventions to reduce maternal mortality and early neonatal deaths
5. **Develop guidance notes/recommendations for each country**, based on research findings and group discussion

6. **Continue the regional dynamic of knowledge exchange** on issues relating to financial access by bringing together key stakeholder groups from as wide a range of countries as possible.

The conference is a follow-up to the conference convened in Bamako in November 2011 to discuss the design of obstetric fee exemption policies. It will aim to gather the best scientific teams working on these issues in Africa today. The objective of the conference is not to judge choices made by countries in regards to these policies, but rather to help make them more effective and efficient and so to improve maternal and newborn health.

The organising bodies

Financial Access to Health Services Community of Practice (CoP)

In May 2009, international agencies¹ meeting in the framework of HHA (Harmonization for Health in Africa) agreed to better coordinate their efforts in managing knowledge and their support to health systems and health policy through a *Community of practice* strategy. This strategy's main purpose is to promote and capitalize on the knowledge and experience of African experts, and to improve and deepen exchanges of knowledge not only across these experts, but also across countries and among different stakeholders within countries.

In November 2010, with some 15 African countries, HHA agencies jointly agreed to establish a community of practice on the issue of financial access to health care. This CoP, structured in three clusters (insurance, individual targeting and categorical targeting) is responsible for furthering the knowledge agenda through different strategies to reduce the financial barriers to utilization of health services encountered by African people.

The CoP works through different activities, including the organization of face-to-face events, such as this one. The scientific conference presented in this note has been identified as a priority for 2013, as a follow-up to the recommendations of the workshop convened in Bamako, Mali in November 2011, when the design of exemption packages for maternal health services was debated². The outstanding research and policy questions raised at that meeting are summarised in Annexe 2.

¹ The African Development Bank (AfDB), UNAIDS, UNFPA, UNICEF, WHO, and World Bank

² See: <http://www.abdn.ac.uk/femhealth/current/community-of-practice/>

The FEMHealth Consortium

European and African researchers interested in exemption policies combined their strength and expertise to develop FEMHealth project³. It is a 3-year project funded by the European Union (FP7). It runs in four countries from 2011 to 2013 (Benin, Burkina Faso, Mali and Morocco).

The overall aims of the project are:

- (1) to develop new methodological approaches for the evaluation of complex interventions in low income countries;
- (2) to improve the health of mothers and their newborns by performing comprehensive evaluations of the impact, cost and effectiveness of the removal of user fees for delivery care and EmOC on maternal and neonatal health outcomes and service quality, and
- (3) to improve the communication of this evidence to policy-makers and other stakeholders. This has included supporting the establishment of an active regional Community of Practice.

The Institute of Research in Health (IRSS, Burkina Faso)

The Institute of Research in Health is one of four institutes of the National Center for Scientific and Technological Research (CNRST) of Burkina Faso.

It has the following tasks:

- Conduct research that can provide solutions to priority health problems;
- Coordinate research in the health sector in Burkina Faso;
- Promote and disseminate the results of research.

The Institute of Research in Health is a multidisciplinary team and develop a dynamic partnership with the Ministry of Health of Burkina Faso, NGOs and research institutions and universities in the South and the North. The institute is a member of several research consortium including the FEMHealth project. He will chair the local organizing committee.

The **University of Montreal** and **University of Heidelberg** will be involved as co-organisers of the conference.

³ <http://www.abdn.ac.uk/femhealth/>. Partners include the University of Aberdeen; London School of Hygiene and Tropical Medicine; Institute of Tropical Medicine, Antwerp; the Agence de Formation, de Recherche et d'Expertise en Santé pour l'Afrique (AFRICSanté), Burkina Faso; the Centre de Recherche en Reproduction Humaine et en Démographie (CERRHUD), Benin; MARIKANI, Mali, the Institut National d'Administration Sanitaire (INAS), Morocco; and the Institut de Recherche en Sciences de la Santé (IRSS), Burkina Faso.

The location and timing

The conference will be held in Ouagadougou, Burkina Faso.

The Institut de Recherche en Sciences de la Santé (IRSS) will chair the local coordinating committee. It will last from the 25 to 29th November 2013.

Intended participants

The conference will gather:

- decision-makers and national experts from Ministries of Health directly involved in the operation of exemption policies
- researchers who have been studying these policies and their effects (from a range of disciplinary backgrounds) civil society organizations representatives and parliamentarians
- technical and financial partners involved in supporting these reforms
- members of the financial access CoP
- safe motherhood experts
- providers of health care facilities concerned by these policies

We hope and expect to convene individuals with a real passion for these issues, who are willing to learn and share, and who are enthusiastic about creating a strong regional dynamic for on-going knowledge sharing.

The conference is particularly suitable for countries with exemption policies for maternal health or who are considering introducing such a policy, *a fortiori* if exchanges during the conference are likely to influence the design or review of these policies.

Country teams should be composed of three or four people (depending on available resources) to get a range of different stakeholder profiles.

Conference overview

The conference aims to address four main questions:

Question 1:

What have we learned from recent studies on the costs and effects of national policies to introduce fee exemptions or reductions for obstetric care in Africa? What conclusions and recommendations can we draw for the implementation of existing policies and further policy development in the region?

Question 2:

What new research methods have been developed and tried in these studies? What is their applicability for future evaluation in the region and elsewhere?

Question 3:

What learning can we take from recent innovations (such as the Community of Practice) in knowledge sharing and transfer? How can we develop further a regional dynamic for sharing experiences and learning?

Question 4;

What are the implications of these findings for future approaches to reduce maternal and early neonatal mortality?

A draft programme for illustrative purposes is given in Annex 3. The final programme will depend on the number and quality of submissions received in response to our call.

Conference organization

The conference will be organized in the framework of the Financial Access to Health Services community of practice; Harmonization for Health in Africa (HHA).

FEMHealth project is responsible for the technical organization of the workshop. It will chair the organizing committee. It will be composed of researchers, policy makers and representatives of HHA agencies.

The committee will put out a call, through the CoP group and other online platforms, to other researchers working on these topics and in this region. Those with relevant contributions will be invited to attend and present during the meeting.

Working language of the workshop: the workshop will be conducted in French and in English, if funds can be obtained for interpreters (simultaneous translation for plenary sessions).

Financial support for participants

Participants are requested to identify funding from their own country resources. One option is to approach country offices of HHA partners (with no obligation on their part).⁴

Preparatory Work

- Step 1: January 2013 to June 2013: Setting up the organising committee of the Ouagadougou workshop; finalizing the technical note and developing the preliminary

⁴ Complete list available on www.hha-online.org

programme, based on exchanges with researchers and country technical partners in the region; seeking funding for delegates; organising the venue for the workshop

- Step 2: July 2013 to October 2013: Identification of the participants; preparatory work by research teams and country experts (compiling findings of studies to date, and circulating these within agreed framework, prior to the workshop); finalising the programme
- Step 3: November 2013: organization of the workshop
- Step 4: December 2013: circulation of workshop report with agreed conclusions and recommendations and related materials (e.g. policy briefs)

Expected written outputs

- Evidence-informed briefs to countries and overall from the workshop on the four themes:
 - How to design exemption policies to reduce financial burdens for households and increase access to high quality obstetric care
 - How to improve the management and implementation of exemption policies, and ensure that they strengthen health systems
 - Lessons for reaching the most vulnerable with exemption policies
 - How to finance and sustain exemption policies
- A plan of action to further exchanges after the conference on these issues and for ongoing action through/for the CoP on the topic

Annex I:**Recent experiences of direct payment exemption for maternal health care in African countries**

Countries	Policy Description	Implementation Date
Benin	Free Caesarean section	April 2009
Burkina Faso	80% reduction in of the rate of Caesarean section and delivery price	October 2006 – April 2007
Burundi	Free deliveries and care for children under 5 years	May 2006
Republic of Congo	Free malaria treatment for children under 15 years and pregnant women	July 2008
Ghana	Free delivery	April 2005 (national)
Kenya	Free delivery	January 2007
Madagascar	Free delivery and Caesarean section	June 2008 September 2008
Mali	Free Caesarean section	June 2005
Morocco	Free delivery and Caesarean section	December 2008, national level
Niger	Free Caesarean section and care for children under 5 years	February 2006 March 2007
Senegal	Free Caesarean section (hospitals) and deliveries (health centres)	January 2006 (national level except Dakar)
Sierra Leone	Free care for mothers and children	April 2010
Sudan	Free Caesarean section and care for children under 5 years	February 2008

Source: FEMHealth, 2011

Annexe 2. What are the outstanding questions for fee exemption policies in the region – summary presentation of Sophie Witter, FEMHealth coordinator, at the Bamako workshop in 2011

Drivers

Why were these particular policies developed? What were the drivers? What informed the different choices which countries made?

Formulation

Were they based on a clear situation analysis?
Do they have clear objectives?

Prioritisation

If you have limited funds, which services provide the best return? How can different criteria be traded off (e.g. greater coverage versus broader package of services)?

Sustainability

Can the cost be sustained, now and as utilisation/coverage increases?
What support is likely to be forthcoming, especially after 2015?
What is the fit between exemption policies and overall health financing strategies? (Are they pulling together or pulling apart?)

Impact on staff

How well were staff working before?
What margin was there for additional effort?
How has the removal of fees affected their financial rewards?
How has removal of fees affected their non-financial (and intrinsic) rewards and their motivation?

Health impact

How have the exemption schemes affected the quality of care?
How have they affected utilisation (taking into account secular trends, and any changes to reporting)?
What is their contribution to addressing the burden of mortality & morbidity?
To what extent have they had adverse effects (e.g. over-medicalisation)?

Equity & access

How have the benefits of the policy been distributed, in terms of poverty, geographical and other marginalisations?
Are they based on a consensus about priority groups?
How have they affected social solidarity?
Have they addressed the most significant access barriers?
Have they changed community perceptions and care seeking?

Economic impacts

What impact have they had on household payments?

What are the longer term economic and social impacts on the households?

Impact on the health facilities

What are the financial implications of selective removal of fees for the facilities?

How do they affect their accountability?

How have they adapted to it (threats and opportunities)?

Health system

What impact has the free care had on the system as a whole?

Has it helped to integrate services or to fragment them?

Has it added to or diverted finance, staff time, and other resources?

Has it managed to catalyse wider health system strengthening?

Cost effectiveness

What is the cost effectiveness of these policies? How do their marginal costs and benefits compare to alternative possible use of the funds?

Conclusions

Is there one correct package across different contexts?

How do we measure success?

What explains success?

Annex 3. Draft programme outline

(example of possible time allocation but subject to submissions and agreed presenters)

Day 1: Sharing evidence

Introductions

Official opening from the MoH

Programme presentation and conference objectives

Presentation of evidence by themes. These will depend on the research topics submitted in response to our call but will include:

- What were the drivers behind the development of these policies?
- How are they financed, and what impact have they had incentives at facility and health worker level?
- What impact do they have on the local health system?
- What is their impact on the quality of care on offer to women?
- Impact on utilisation and equity of access
- How cost-effective are the exemption policies?

Day 2: Evidence and methods sharing

Morning:

Continued presentation of findings and working of country groups to respond to studies and start to develop conclusions and recommendations for their context.

Afternoon:

Presentation of some interesting methodologies used to assess policies, including :

- Use of realist case study approach
- Tool for mapping policy effects on local health systems (POEM)
- Using near miss to assess impact on quality of care and health outcomes

Evening: CoP Financial access meeting to discuss strategic and organisational issues.

Day 3: Knowledge sharing

Morning:

What new approaches have been tried in the region to develop knowledge creation and sharing mechanisms? Presentations by groups, including documenting the CoP dynamics and presenting some findings on its strengths and weaknesses to date.

Afternoon:

Continued working of country groups on country lessons and actions.

Day 4: Summary and recommendations***Morning:***

Plenary presentation by sub-groups and recommendations for guidance notes/recommendations by countries to improve the content of benefits packages and their implementation.

Afternoon:

Discussion on post-workshop monitoring and follow-up actions

Closure

Day 5: field visit