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EQUITY IN MATERNAL AND CHILD HEALTH SERVICES: THE ROLE OF POLICY

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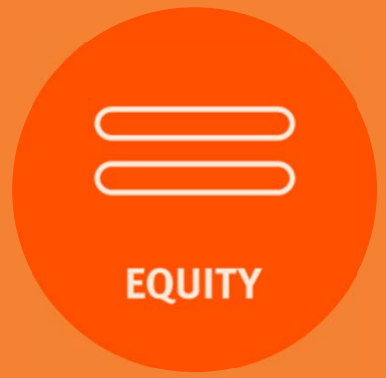

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Reproductive Health SUPPLIES COALITION 10 YEARS

Background

- Financial barriers are one of many barriers hindering the use of maternal and child health (MCH) services.
- Numerous cross-country studies examine health outcomes or access to services in relation to expenditures and governance, but few look at the distribution of such indicators.
- This study examines trends in the equity of MCH services utilization across countries and over time and discusses how these changes relate to policy and financing reforms.
- Understanding which aspects of the policy environment that are associated with improved equity is important for the progressive universalism approach to achieving universal health coverage (UHC).

Methodology

- Utilization data were drawn from the 168 Demographic and Health Surveys (DHS, RHS, MIS) conducted between1990 and 2012, covering 65 countries.
- Focused on trends in the distribution of utilization across wealth quintiles for five MCH services. This presentation focuses on institutional delivery and antenatal care.
- Constructed concentration indices based on these distributions for cross-country comparisons and multivariate regression analysis to examine associations between equity of service use and various macro indicators of health expenditure, socio-economic status, and policy environment.

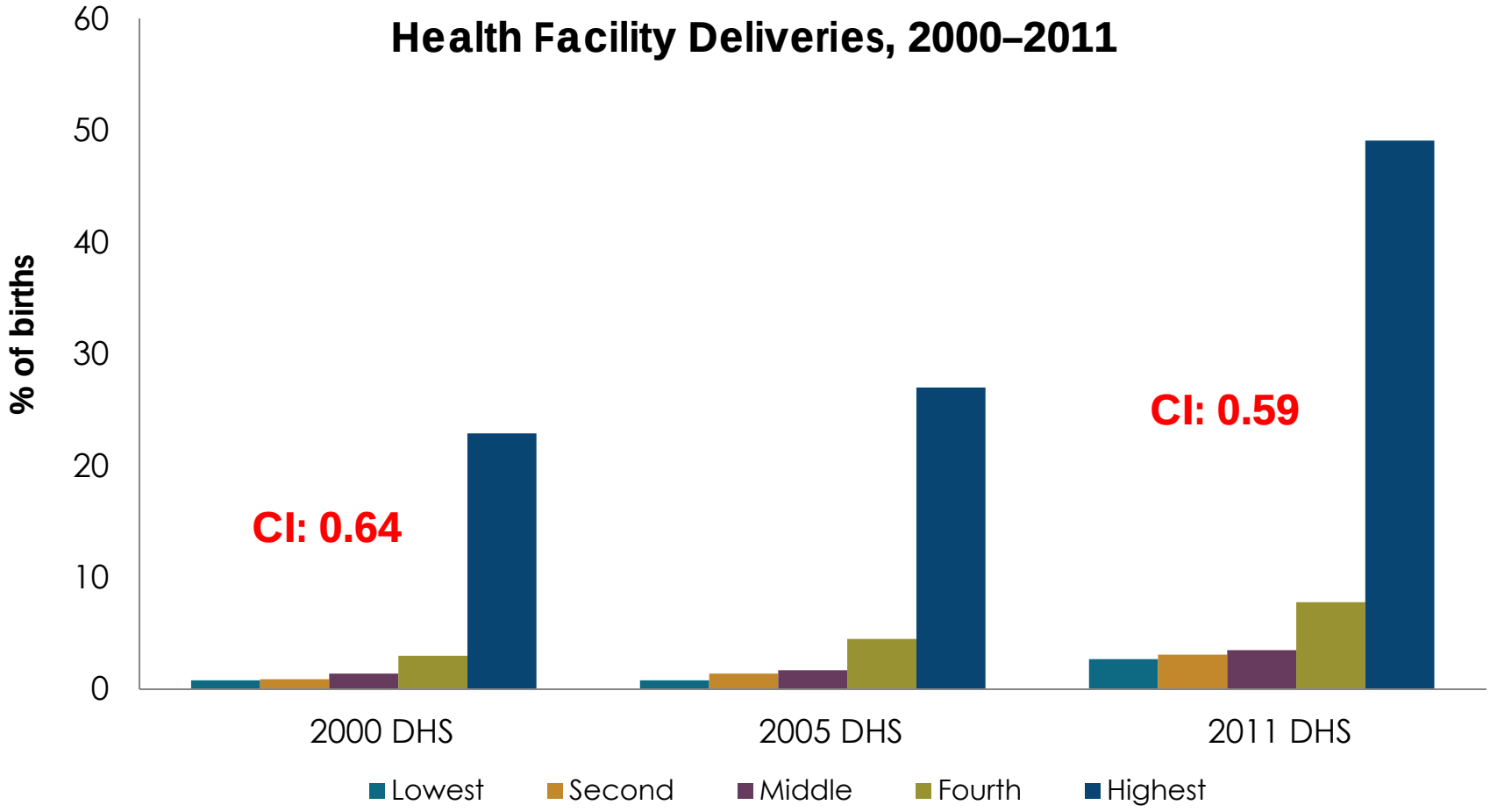
Methodology (continued)

- Specified a random-effects regression model with for outcome of interest: equity of access to selected MCH services.
  - Dependent variables were concentration indices for the following:
    - Institutional delivery
    - Antenatal care (ANC)
    - Not presented here: family planning (CPR and demand met) and assisted delivery
  - Independent variables in three categories:
    - Socio-economic status: income, education, urbanization
    - Health expenditure mix: government, private prepaid, out-of-pocket
    - Policy environment: political commitment, governance indicators

Descriptive Results

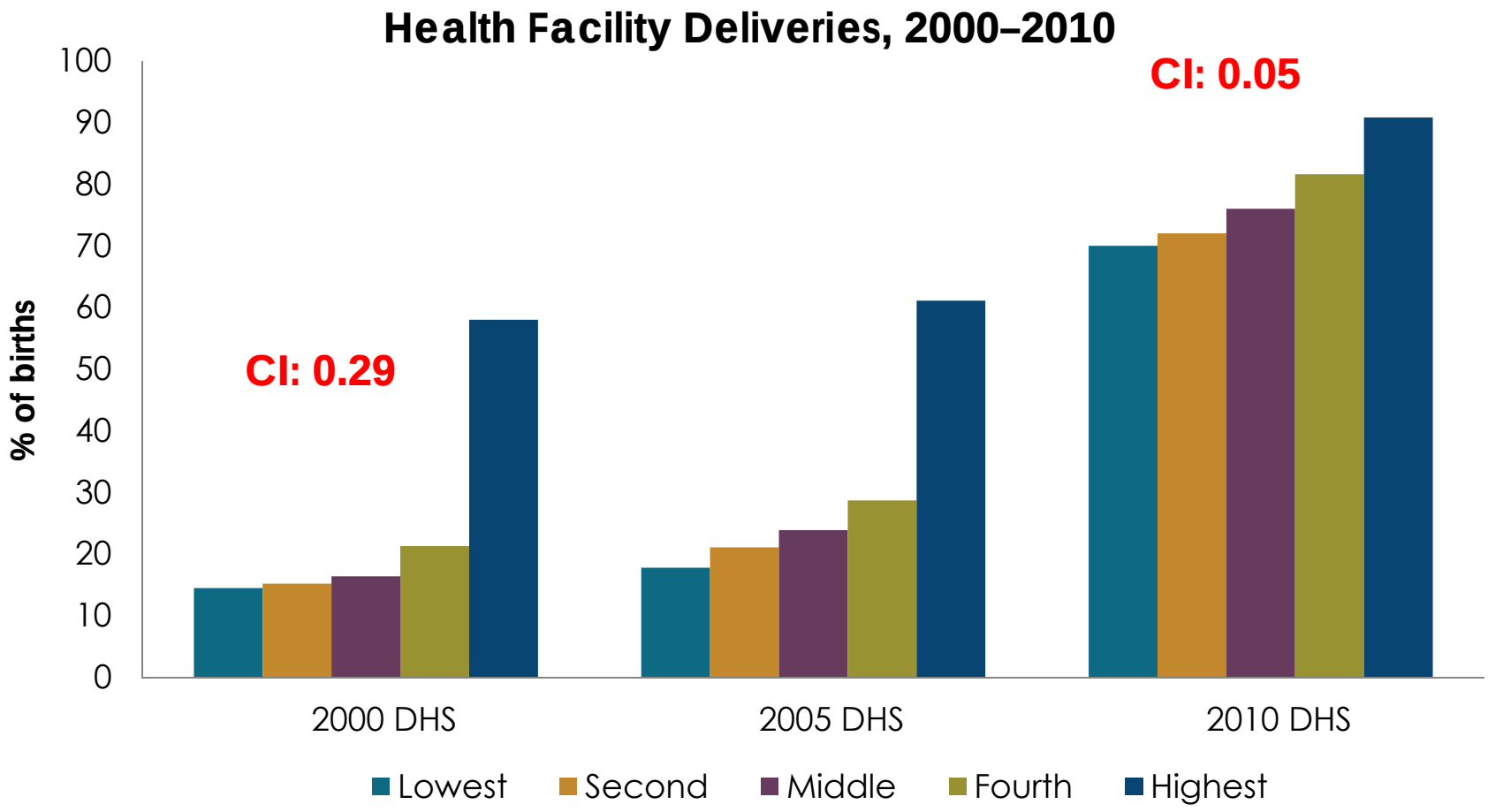
Ethiopia:

User fees have served as a barrier to health facility deliveries



Rwanda:

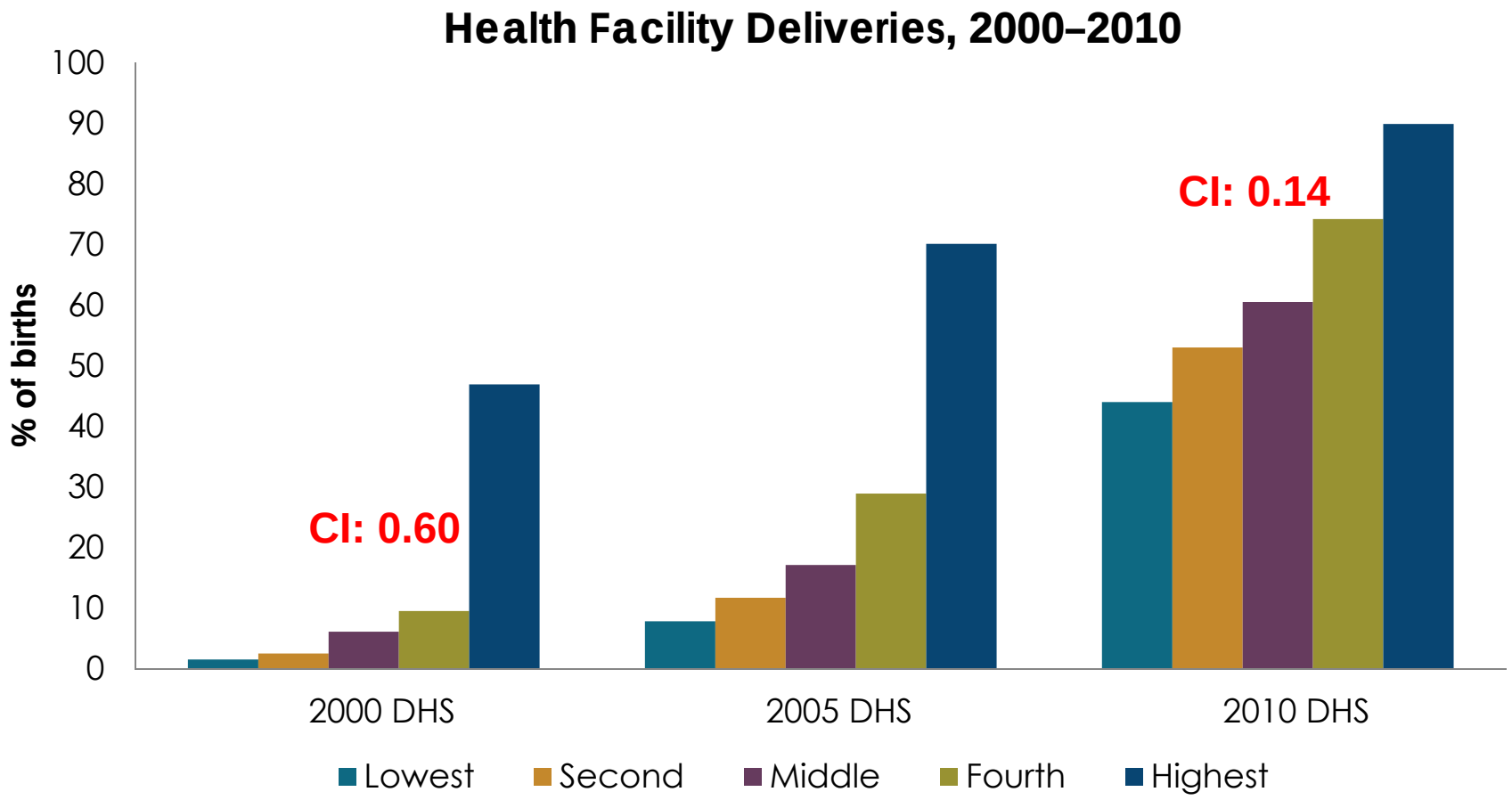
Health facility deliveries increased with expanded coverage of CBHI



CBHI = community-based health insurance

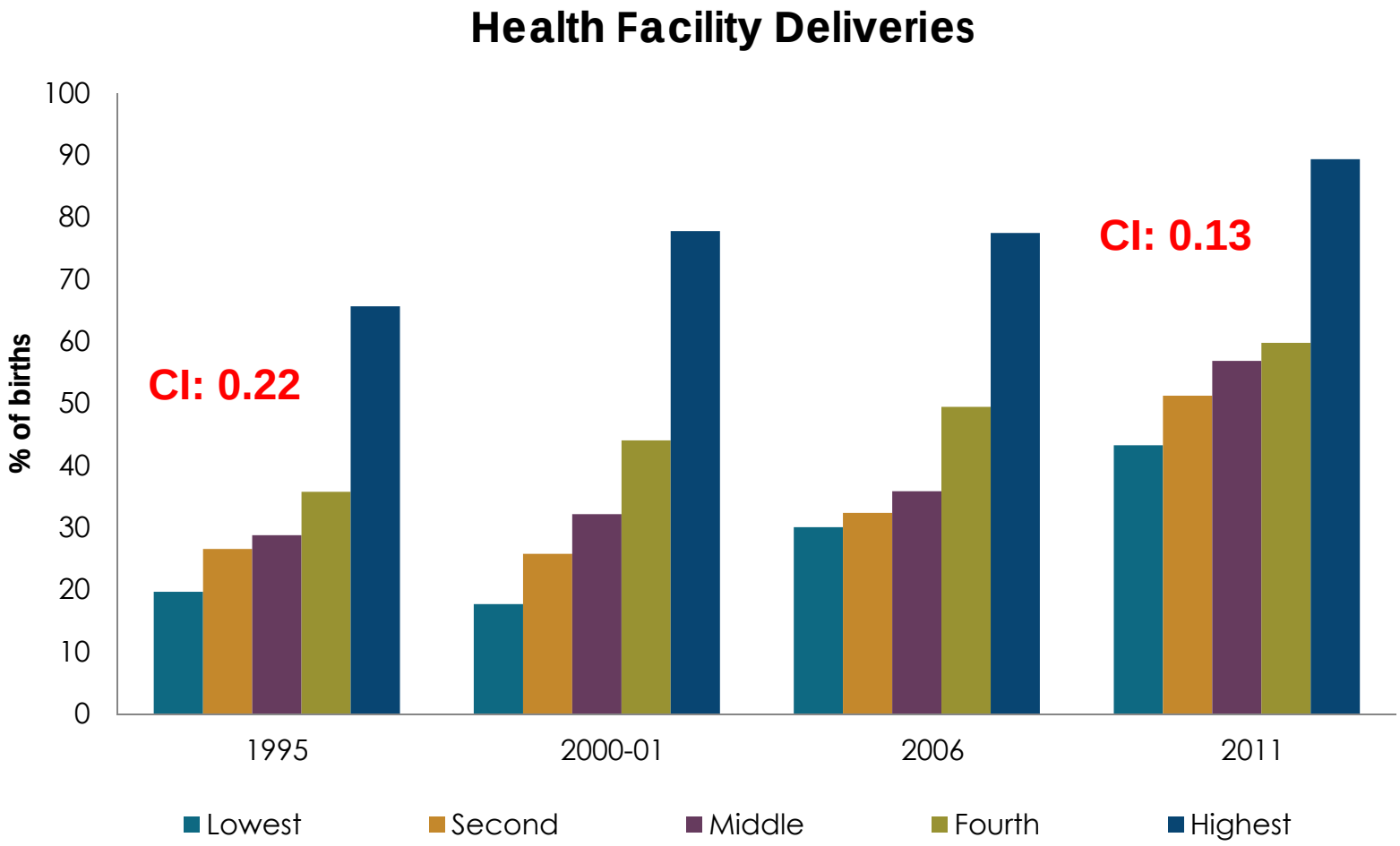
Cambodia:

Health equity funds have increased use of facility deliveries among the poor

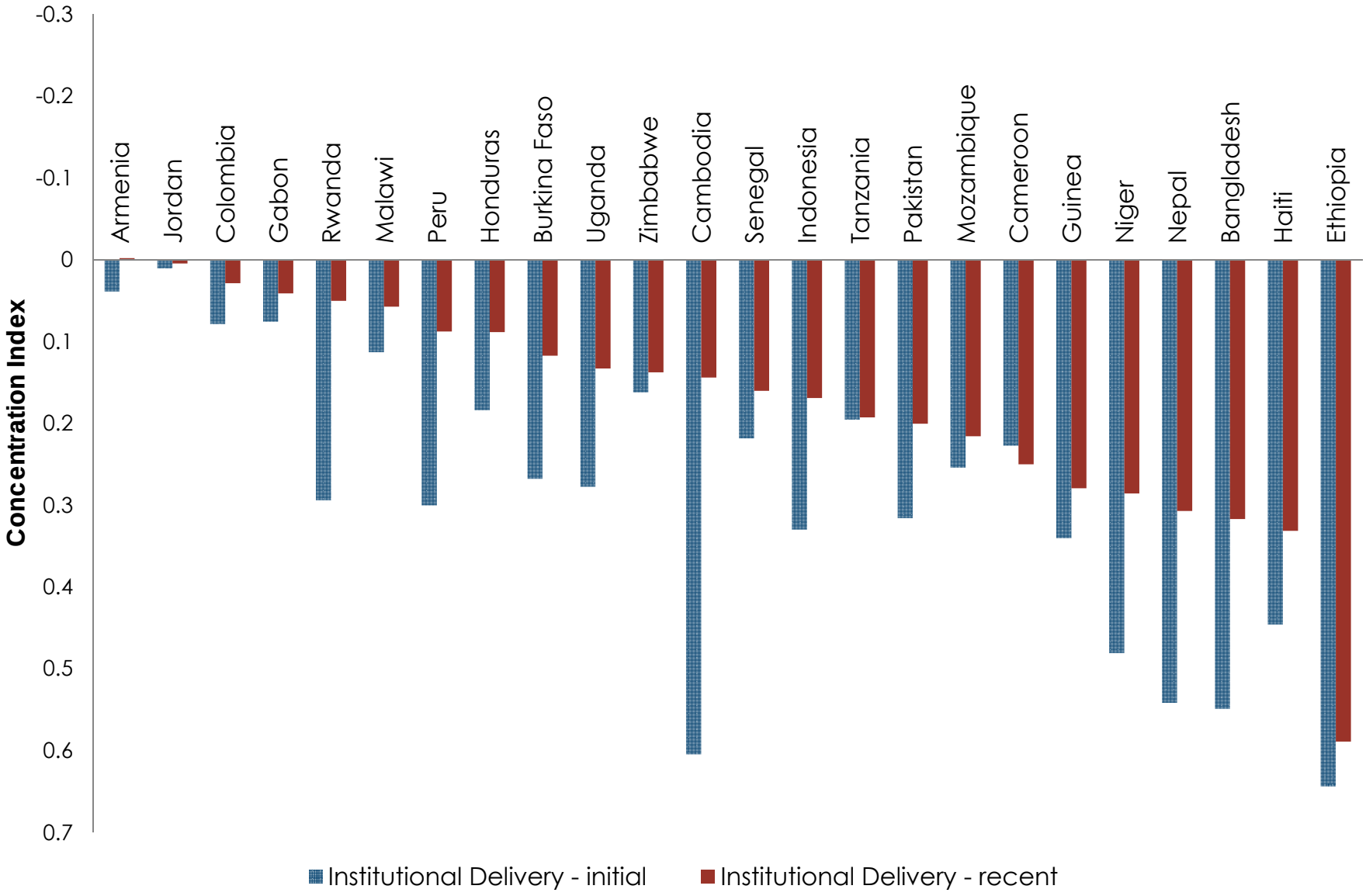


Uganda:

Institutional deliveries have increased among the poor since user fee removal in 2001



Institutional Delivery Equity (MDG era)



Multivariate Results

Multivariate findings (Inst. Delivery)

Variable	Inst. Delivery
Income (ln GDP per capita)	+
Education (secondary school enrollment)	**(-)****
Government Health Expenditure (as share of THE)†	
Social security share	+
Non-social security share	-
Private Prepaid Health Exp. (as share of THE)†	-
Political Commitment to health (GHE/GTE)	**(-)****
Governance factor 1	-
Governance factor 2	-
Constant	+
Number of observations (N)	97
Number of countries	46

* p<0.05 ** p<0.01 † Reference group: out-of-pocket spending (as share of THE)

Conclusions

- Equity of maternal health service utilization has improved during the MDG period both across countries and over time
- Political commitment to health and education have a significant association with the equity of maternal health service utilization
- The findings support various health system frameworks in that political commitment can be viewed as a control knob that can influence health system performance
- As countries attempt to achieve progressive universalism, governments can take steps to strengthen political commitment and reduce out-of-pocket spending
- Ongoing monitoring to examine whether countries are becoming more equitable will be important for holding governments accountable as they move toward universal health coverage

Thank You!

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