Do countries that spend relatively more on PHC compared to higher level care have better health outcomes than those that spend relatively more on higher level care compared to PHC?

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Background

Primary health care (PHC) has been touted as a critical cornerstone for achieving universal health coverage (UHC). Indeed, the just ended Astana Conference on PHC, on the 40th Anniversary of the Alma Ata Declaration, committed all participant countries to seek PHC for all as the basis for making progress towards UHC.

To demonstrate their commitment to PHC as a priority health policy, countries are frequently asked to do all they can to shift health spending from emphasis on secondary and tertiary levels towards the PHC level of the health system. Yet the empirical evidence that links a focus on PHC related expenditures to better health outcomes is scarce.

This study seeks to answer the question of whether countries that spend relatively more on PHC compared to higher level care have better health outcomes than those that spend more on higher level care. Countries from around the world including sub-Saharan Africa were selected based on data availability. Our approach is the multivariate panel data regression.

Objectives

1. To find the effects of PHC related expenditures and higher level care expenditures on health outcomes

2. To find out whether countries that spend relatively more on PHC compared to higher level care have better health outcomes than countries that spend more on higher level care.

3. To assess the impact of other social determinants of health

Expected Results

Our working hypothesis is that a trend analysis of health outcomes and expenditures on the different levels of care would reveal that countries that spend more on PHC will have better outcomes than those that spend more on higher level care. The reason for this hypothesis is twofold. First, unit cost of PHC services is usually lower compared to higher level care and prior global evidence (e.g. global burden of disease studies) have shown conclusively that many PHC type services such as childhood immunizations, maternal care services, and community integrated management of childhood illnesses (C-IMCI) cost very little in relation to their benefits. Second, PHC focuses on prevention, gate keeping, early detection and treatment which can greatly reduce cost compared to higher level care. We also expect that a regression analysis will lend credence to the trend analysis and reveal results that indicate that PHC related expenditures exert significant influence on health outcomes much better than higher level care expenditures. Finally, we expect other social determinants of health (SDH) to significantly affect health outcomes.