**Cost implications free maternal policies: Lessons from both the globe and implementation in Kenya**

**Authors**

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**Background:** There are nearly 290,000 maternal deaths due to preventable pregnancy and childbirth related complications globally. Low- and middle-income countries are the most affected because of poor access to and utilization of maternal and family planning services. Several countries, including Kenya, are addressing the challenge by reducing catastrophic expenditure on maternity care through incentives such as free (non-user fee) delivery (birth) policies with a view to achieving UHC.

**Objectives:** To explore the cost implications of the global free maternal policies (FMP) and evaluate the cost of the free maternity implemented in Kenya

**Methods:** An ongoing study that uses mixed methods. In part one, we systematically searched through EBSCO Host, ArticleFirst, CCRCT, Emerald Insight, JSTOR, and PUBMED databases guided by the preferred reporting item for systematic review and meta-analysis protocol (PRISMA) guideline. A total of 43 papers met the criteria and their themes were analysed thematically. Part two, is an embedded case study done in 3 county hospitals in Kenya that will use a structured questionnaire to collect cost data from postnatal mothers and health workers from October 2018 till February 2019.

**Results:** Review findings showed that households, in different countries were still bearing the burden of out of pocket (OOP) payments, and some experienced catastrophic expenditures, despite the implementation of FMPs. Majority of the reviewed policies were unsustainable due to poor planning or haphazard implementation of the policies and some governments were resorting to more domestic tax or grants from donors. Additionally, the review evidenced inequality of access and utilisation of FMPs between the rich and poor households particularly in rural areas. We anticipate having results from Kenya during the conference to build on the review.

**Conclusion:** Many FMS were formulated on the premise of reducing maternal mortalities and catering for pregnant mothers with a view to achieving UHC. The results from the Kenyan case study and the review will be used to contribute to the current discourse on Universal Health Coverage (UHC) and help improve the Kenya FMP. The policies can reduce the financial burden on the households if well implemented and sustainably funded. In addition, they may also contribute to decline in inequity between the rich and poor though innovation and strategic collaboration with partners. Additionally, there is a need to promote awareness of the policy to the poor and disadvantaged women in rural areas to help narrow the inequality gap on utilisation and reduce impoverishment of households.

**Key words:** Free, maternity, delivery, policy, cost, and Universal Health Coverage

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