Presentation 3 – Focus on Financing

How MNCH is financed in-country e.g. national government, donors, out of pocket as well as the amount of money available to be spent and what the money is spent on e.g. drugs, staff, advocacy etc. acted as both conducive and limiting factor depending on the details. Out of pocket payments at point of service were a limiting health system factor. They acted both as a deterrent to service use and by exposing women and their families to potentially catastrophic expenditure. Several interventions such as targeted user fee exemptions, community based health insurance and national health insurance were reported in the literature which had been put in place or were being piloted in various countries in the sub-region to completely remove or reduce OOP for services related to mothers and children. Several of these interventions had had positive effects with evidence of reductions in inequalities of access with removal of out of pocket user fees. However, the effect of interventions to remove OOP was often modified in implementation by other health system conducive and facilitating factors such as service availability, perceived quality and human resource issues. Failure to reimburse providers in a timely and complete manner was another factor that led to modification of these policies so that in implementation they achieved less than anticipated in design.