

ORIGINAL RESEARCH

Implementing Health Financing Reforms in Africa: Perspectives of Health System Stewards



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Abstract

BACKGROUND A majority of health systems in the sub-Saharan Africa region are faced with multiple competing priorities amid pressing resource constraints. Health financing reforms, characterized by expansion of health insurance coverage, have been proposed as promising in the quest to improve health sustainably. However, in many countries where these measures are being attempted, their broader implications have not been fully appreciated.

METHODS This study was based on perspectives of 37 health system stewards from Botswana who were interviewed in order to understand opportunities and challenges that would result in the quest to expand health insurance coverage in the country. Thematic synthesis of their perspectives, focusing on the key aspects of the health systems, was done in order to draw informative lessons that could be applicable to a broader set of low- and middle-income countries.

FINDINGS Health systems attempting to expand health insurance coverage would be faced with various opportunities and challenges that have implications on performance. By increasing the pool of resources available to spend on health, health insurance would afford health systems the opportunity to increase population access to and use of health services. However, if unchecked, this could also translate to uncontrolled demand for expensive medicines and other health technologies, leading to cost escalation and inefficiencies within the system. Therefore, the success of any health financing reform is dependent on embracing sound policies, regulations, and accountability measures.

CONCLUSIONS Health financing reforms have broader implications to health system performance that should be fully appreciated and anticipated before implementation. Therefore, health system leaders who are keen to improve health must view any health financing reforms through the broader framework of the health system framework in order to make progress.

KEY WORDS health systems, health financing reform, access to medicines, health insurance

INTRODUCTION

Over the past 2 decades, there has been progress in many countries in the sub-Saharan Africa region in addressing some of the priority population health

needs. Health system stakeholders across the region have invested tremendous resources in health programs aimed at addressing some of the key areas, such as HIV/AIDS, malaria, and tuberculosis. Efforts to scale up health interventions for maternal

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T.A. conceptualized and designed the study. All authors carried out data collection and analysis. T.A. drafted the manuscript and A.L. did the critical revisions of the manuscript. All authors read and approved the final manuscript.

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and child health conditions have also been reinforced. Recently, there has been clear evidence pointing to improvements in child survival that could be attributed to these efforts in many countries.^{1–4}

With multiple competing priorities, many health systems in low- and middle- income countries are trying to secure their recent progress in improving population health. This is particularly urgent when considering that many of these countries are faced with a health transition characterized by emerging noncommunicable diseases, in the backdrop of the unfinished agenda of communicable diseases.^{2,3} This situation has led to a vibrant debate on sustainable health financing options as means toward universal health coverage (UHC). It remains true that majority of low- and middle- income countries in Africa are heavily reliant on donor financing to deliver essential health services. This puts into the question the very sustainability of health programs that have led to the recent achievements in population health in many African countries.^{2,3,5}

Therefore, many health systems decision makers are making efforts to secure their health financing position with proposals to tap into domestic resources and make progress toward UHC. By aligning their health financing strategies with the lofty policy aspirations of UHC, health system stewards would be able to mobilize across multiple stakeholders in the efforts toward sustainable financing.^{4–6} Many are of the opinion that domestic resources would be more predictable, unlike donor funds, and therefore facilitate better planning and implementation of health services. In addition, investment of domestic resources would foster a stronger sense of ownership and accountability in health programming at different levels of the health system.^{1,4,6}

The primary goal of any national health financing strategy is to raise adequate financial resources in ways that ensure the population in need can access health services without undue financial pressure.^{4–6} Therefore, health systems should have functional structures to collect and pool resources that would enable strategic purchase of appropriate health goods and services for those in need.^{4–6} In addition, in order to make progress toward UHC, the health financing function should also seek to promote access to and equitable distribution of health services and improve efficiency and cost effectiveness to ensure a sustainable use of resources.⁴

Therefore, any health financing reform needs to be investigated in totality before full-scale

implementation. In particular, interrogation of the complex interactions across the different facets of the health system is an imperative for decision makers who need to appreciate both the intended and unintended consequences of such reform efforts. Failure to embrace this approach would risk putting any well-intended health financing reform into jeopardy, the consequences of which would be potentially calamitous to progress in population health.^{4–9}

Our study was based in Botswana, a middle-income country in Africa that sought to institute ambitious health financing reforms, characterized by expansion of health insurance coverage in the population, starting with employees in the public sector. Based on the perspectives of health systems stewards, we seek to highlight the key challenges and opportunities that this reform agenda presents to the health system. In addition, our analysis attempts to generate a fuller understanding of the potential health system impacts of such reforms so that policymakers across low- and middle- income countries who are contemplating such action can anticipate and mitigate any unintended consequences.

METHODS

This was a qualitative study that sought to highlight the challenges and opportunities for health systems in the face of a proposed health financing reform. It was part of a larger study that sought to understand the demand for and uptake of health insurance among the public sector employees in the country.

Setting. The health system in Botswana followed a decentralized structure with varying levels of autonomy at the district level. The national Ministry of Health was the central planning and policy-setting unit, with the overarching responsibilities of coordination and supervision toward the national policy objectives.

The district health system was composed of many stakeholders drawn from various sectors, such as the public, private, and civil society, all working together to deliver health services. The role of the district was primarily implementation, where provision of health services was based on the principles of the primary health care. Within the district, there were different levels of health facilities, ranging from clinics and health posts to primary and district hospitals. The latter formed the first referral point within the district health system, offering a range of specialist support to the

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