Conference of Ministers of Finance and Health

Theme: Value for Money and Equity

Session 3: African Innovations

Date: 04 July 2012
Time: 13:15-14:15
Venue: Tunis, Tunisia

SESSION AIM

Panelists will describe country implementation of innovative African reforms to achieve greater value for money and which have helped to improve health outcomes.

BACKGROUND

Two African countries represented in the panel have implemented important health reforms aimed at improving access and service delivery, while at the same time building in accountability mechanisms to enhance value for money. These countries are implementing multiple reforms, but the panelists will focus on a particular innovation which has drawn attention in the global health community.

Ethiopia: Protection of basic services, health extension workers program, family planning and success of malaria. Over 80% of Ethiopians live in difficult to access rural areas. In 2003, recognizing the need “to improve the status of families with their full participation, using local technologies and community wisdom”, the government launched a comprehensive Health Extension Program (HEP) in 2003. The HEP aims to provide quality promotive, preventive and selective curative services in an affordable and equitable manner to all segments of the population, with a particular focus on women and children. At the core of the program are over 34,000 female health extension workers, two to a village, who are trained to implement a package of health care services at the village level. The health workers are assigned to health posts and work directly with families. The workers are trained to provide the first line curative care (malaria, dysentery, first aid etc.) and to refer more complicated cases to the nearest health center.

Results from the 2011 Demographic and Health Survey (DHS) have demonstrated strong progress. The contraceptive prevalence rate of 29 percent doubled since the 2005 DHS. Malaria incidence has declined. During the same period, infant mortality decreased by 23 percent, from 77 to 59 deaths per 1,000 births, while under-five mortality decreased by 28 percent from 123 to 88 per 1,000 births. The government recently introduced a parallel scheme for urban health extension workers.

Rwanda: The successful experience of combining innovative financing, health insurance and fiscal decentralization. Health insurance has increased rapidly in Rwanda, from less than 1% of the
population in 2000, to reach more than 90% of the population by 2008. Health insurance coverage contributes significantly to increased utilization of health services and reduction of out of pocket spending. This success required strong leadership at central and local levels, building on community based health insurance principles to develop the decentralized local health insurance organizations that function as the insurance carriers into which individuals and families register. Rwanda also developed comprehensive frameworks to support local health insurance mechanisms, including strong legislative and regulatory instruments, financing mechanisms at the national level to subsidize care for vulnerable groups and strong technical assistance to support the local health insurance mechanisms.

Rwanda is now benefiting from improvements in many health indicators. The infant mortality rate has declined from 66 per thousand in 2008, to 59 per thousand in 2010, while the contraceptive prevalence rate increased from 36% to 52% of the relevant age group during the same period.

In addition Rwanda designed and implemented a nationwide RBF scheme, which had a significant impact on the use and quality of MCH services, with initial results indicating improvements in child health outcomes. Impact evaluation of the RBF initiative revealed that providing incentives appears to encourage providers to translate their knowledge about prenatal care into better practice.

**KEY DISCUSSION TOPICS**

- Do these reforms have continent wide relevance? What are the lessons so far in terms of achieving value for money and accountability?
- What are the enabling conditions for success? What is the role of leadership in government and civil society?
- How can development partners help?

**CHAIRS & SPEAKERS**

Chair: Hon. Onyebuchi Chukwu, Minister of Health, *Nigeria*
Ariel Pablos-Mendes, Assistant Administrator for Global Health, *USAID*

Hon. Tim Thahane, Minister of Minerals, Energy and Water Affairs, *Lesotho* (10 mins)
Mr. Claude Sekabaraga, Senior Health Systems Strengthening and Results Based Financing Specialist, *World Bank* (10 mins)
Hon. Kebede Worku, State Minister of Health, *Ethiopia* (10 mins)
Mr. Michel Sidibé, Executive Director, *UNAIDS* (10 mins)

Open discussion (20 mins)