Webinar

CVA for Health Outcomes in the Mena Region

Moving from Evidence to Practice

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Collective outcome:

All people can use a quality health service when needed, without financial hardship

Foundation for all financing approaches:

Address barriers reacted to:

- **Availability** of health services from qualified providers
- **Accessibility and affordability** – reducing financial barriers to accessing health services, and protection against catastrophic health expenditures
- **Effective coverage**: increase utilization and ensure quality of services provided
Principles:

• Essential health services during a humanitarian crisis should be provided free of charge at the point of delivery; reduce out of pocket payment when ill

• protect people from catastrophic health expenditures

- is aligned with equitable financing for UHC

• In reality: people still have direct as well as indirect health expenditures
Addressing Health Needs is Different:

Market Failure

- Illness or health needs are unpredictable
- Illness is not equally distributed between families and their members
- The cost of services is not average
- Public and private providers (incl. unregulated drug outlets)
- Need to guarantee quality of health services and medicines, as patients can’t tell the difference
- Systems that rely on OOP lead to patients delaying or not seeking needed services, and expose patients to catastrophic expenditures
- OOP is regressive, inequitable
- Low demand for preventive services and health commodities
→ Reduce user fees (private funding, OOP)
→ Increase public funding
→ Pooling of funds (e.g. insurance fund, health equity fund)
→ Strategic purchasing, provider payment
→ Complemented by demand side financing

Health financing payment options, including CVA, are linked to a particular beneficiary or beneficiaries in need of specific healthcare by a qualified provider, and which addresses the barriers which s/he encounters when accessing that care, while incentivising use or adherence
Supply Side Financing
- Coverage under a health insurance fund, national health services (obligatory prepayment, public funding)
- Contracting providers to deliver prioritised health services (provider payment based on inputs, outputs, and/or performance)

Hybrid characteristics:
- Vouchers for health services
- Health Equity Funds

Demand Side Financing
- Cash to reimburse costs for services, and/or for indirect costs
- Conditional cash to incentivise utilisation
- Using part of MPC for remaining health expenditures (including self-medication, transport, etc.)
• Cash and Voucher Assistance is effective to improve access to and utilisation of health services in humanitarian settings, by reducing direct and indirect financial barriers and/or by incentivising the use of free preventive services.

• When health services are available with adequate capacity and quality but user fees are applied, the preferred response option is through provider payment mechanisms, with CVA to be considered complementary to such supply side health financing strategies, and not aim to replace these.

• Start from the barriers and the financing principles, not with a limited set of solutions: Don’t let definition of CVA prevent from doing what is right for the health sector

• But given that there are almost always significant financial barriers: Explore all options, including CVA