



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

Health Assistance During Crises

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

Health Financing Principles

- 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

Health Financing Modalities

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.)

Using CVA for Health outcomes

- 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**