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## HEALTH SYSTEMS REPORTER: focus on household costs of maternal care 23 October 2007

produced by the [IDS Health and Development Information](#) team  
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This is our monthly email bulletin, bringing together research to inform policy debates on health in developing countries.

The Health Systems Reporter aims to provide readers with a more in-depth look at a particular area of health policy. This month's theme is on [household costs of maternal care](#). The bulletin also features summaries of new documents and other additions to the [Health Systems Resource Guide](#).

[Health Systems Reporter archive](#) - an archive is now available on the Health Systems Resource Guide. See previous issues of the Health Systems Reporter at [www.eldis.org/go/topics/resource-guides/health-systems/health-systems-reporter](http://www.eldis.org/go/topics/resource-guides/health-systems/health-systems-reporter)

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## Feature: household costs of maternal care

The burden of maternal mortality is located disproportionately among poor people. One reason for this is that they are less likely to access essential maternal health services due to the substantial financial costs that are borne by the household. Costs of seeking care comprise direct and indirect expenditures. Direct costs include transport, supplies, drugs, health-care personnel and treatment. Indirect costs include lost earnings, patient time costs (time spent travelling, waiting for and receiving treatment) and informal care-givers time costs.

If women experience complications during pregnancy these costs are usually higher and may result in catastrophic payments. Catastrophic payments occur when the households' financial contributions to health care exceed 40 per cent of income remaining after subsistence needs have been met. Catastrophic payments can force households to sell assets or take loans at high rates of interest and exacerbate poverty.

It is necessary to address financial barriers to care for poorest people in order to achieve the Millennium Development Goal 5. There are several health-related interventions that aim to remove financial barriers to care. For example voucher schemes that offer subsidised or free access to specific services, and community-based health insurance schemes which provide a mechanism for community-level pooling of risk. These are known as 'demand-side financing' strategies since they give resources directly to users (or to a third party that will act on their behalf) with the aim of improving equity in access to care.

Strategies outside the health sector can also improve access to services for poor women although there is limited evidence to demonstrate how interventions in one sector, for example improved access to credit, impact on health. Whilst there are multiple potentially effective approaches for reducing the costs of accessing maternal health services, strategies need to be designed within countries and contexts to best suit particular settings and systems, and need to take account of the different costs to households.

### For more information see:

- Health, poverty and vulnerability section in the health systems resource guide  
[www.eldis.org/go/topics/resource-guides/health-systems/health-poverty-and-vulnerability](http://www.eldis.org/go/topics/resource-guides/health-systems/health-poverty-and-vulnerability)
  - id21 health insights: improving the health of mothers and babies  
[www.id21.org/insights/insights-h11/art03.html](http://www.id21.org/insights/insights-h11/art03.html)
  - Maternal and newborn health section in the health resource guide  
[www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health](http://www.eldis.org/go/topics/resource-guides/health/maternal-and-newborn-health)
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## Recommended readings on the household costs of maternal care

**A decade of inequality in maternity care: antenatal care, professional attendance at delivery, and caesarean section in Bangladesh (1991-2004)**

Authors: S. M. Collin; I. Anwar; C. Ronsmans

Publisher: International Journal for Equity in Health, 2007

This paper published in the International Journal for Equity in Health, looks at progress made towards improving access to emergency obstetric care in Bangladesh. Using data from four Demographic and Health Surveys conducted between 1993 and 2004 the paper analyses trends in the proportions of live births preceded by antenatal consultation, attended by a health professional, and delivered by caesarean section. It finds that during this period utilisation of antenatal care increased from 24 per cent to 60 per cent. Professional attendance at delivery increased by 50 per cent, and caesarean sections trebled. Within these trends there were huge inequalities: 86 per cent of live births among the richest urban women with secondary or higher education were attended by a health professional, compared with 2 per cent of live births among the poorest rural women without formal education.

The paper concludes that despite progress in improving uptake of antenatal care, and in equipping health facilities to provide emergency obstetrics care, the very low utilisation of these facilities, especially by poor women, is a major impediment to meeting the Millennium Development Goal 5 in Bangladesh. Financial barriers to utilisation of facility-based care are prohibitive even where the actual care is free-of-charge.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33810&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33810&type=Document)

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### **Household expenditures on reproductive and child health services in Udaipur**

Authors: D. R. Hotchkiss; B. Kanjilal; S. Sharma

Publisher: Indian Institute of Health Management Research, India , 2000

This paper investigates reproductive and child health (RCH) service utilisation and expenditure patterns among households in the district of Udaipur in Rajasthan, India. From a survey of 1,100 households the paper examines how much households spend on RCH care and what types of public and private services are being utilised. It explores how health care utilization and expenditure patterns of poor households differ from those of better-off households and the percentage of household out-of-pocket funds that is spent on different health service providers.

The paper finds that utilisation rates for many important RCH services are particularly low in rural areas: only 55 per cent of women utilised antenatal care services during their most recent pregnancies, only 37 per cent were assisted during their most recent deliveries by a trained practitioner such as a midwife, nurse or doctor. Women who used government RCH services incurred large out-of-pocket costs. The paper shows that even though the public system provides individuals with access to free health care services most women who used public facilities reported spending something to receive services, either for consultations, medicines, tests, transportation, or lodging.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33812&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33812&type=Document)

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### **A new method for linking maternal death with poverty: the familial technique**

Author: W. Graham

Publisher: Initiative for Maternal Mortality Programme Assessment, 2004

This paper from the Initiative for Maternal Mortality Impact Assessment (Immpact) presents a new approach - the Familial Technique - for linking maternal mortality and poverty. Traditionally, survey analysis extrapolates to all household members certain responses given by the household head. The novel element of the Familial Technique is the extrapolation of data from a respondent to their siblings - here their adult sisters. The findings presented relate to the application of the technique to a group of 10

countries, with wide-ranging maternal mortality ratios. These countries were also selected for diversity with regard to political, social, religious, environmental, demographic and economic parameters.

Despite the differences between the 10 selected countries, the paper finds that there is a clear association between the risk of maternal death and a variety of poverty-related characteristics. Moreover there is an indication that maternal mortality is a sensitive marker of disadvantage, since non-maternal deaths did not exhibit such extreme clustering in the poorest groups. The authors find that the new method demonstrates the magnitude of the poor-rich gap in maternal mortality, and should be a stimulus to setting and monitoring poverty-relevant development goals. [adapted from author]

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=15953&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=15953&type=Document)

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### **Coping with the burden of the costs of maternal health**

Authors: J. Borghi; T. Ensor; B. D. Neupane; S. Tiwari

Publisher: Nepal Safer Motherhood Project, 2004

This paper, from the Nepal Safer Motherhood Project, funded by DFID, examines the costs associated with maternal health seeking behaviour in Nepal. The study is based on a survey of women who recently delivered at home and in health facilities, and a willingness-to-pay study that was used to investigate women's preferences for, and valuation of, alternative delivery care services. The paper finds that facility based childbirth leads to considerable transport and time costs that are mostly borne by the household. For poorer families, these costs can leave a considerable dent in household finances and lead to the sale of assets and loans at high rates of interest. Home deliveries are not without costs as households pay for a trained attendant at home. However, within the home, payment methods are flexible and the extent of payment is largely up to the household.

The paper investigates options for addressing the issues of high cost. The authors recommend that governments develop a financed strategy for covering costs of maternal care and improved transparency and funding for exemptions. As transport represents a large and variable proportion of total costs in mountain and hill areas, providing assistance to cover these costs should be a key part of any strategy to increase access to emergency obstetric services.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33413&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33413&type=Document)

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### **Mobilising financial resources for maternal health**

Authors: J. Borghi; T. Ensor; A. Somanathan

Publisher: The Lancet, 2006

This paper is part of a Lancet series of articles about maternal survival. It begins by making the case for investment in maternal health and then considers how financial resources can be channeled to maternal health within countries. The paper examines the limitations and successes of conventional financing mechanisms including user fees; tax revenue; and insurance. It also highlights some alternative methods in providing quality care and ensuring access to the poor such as conditional cash transfers (providing money to individuals or households, which is conditional on their use of pre-specified services); and voucher schemes.

The paper concludes that there is a strong case for public investment in maternal health in view of its multiple health and social benefits and current investment in maternal health is insufficient to meet MDG-5 (to improve maternal health). User fees have impeded access to maternal health care, especially for the poor. The authors recommend that substantial resources are needed to scale up coverage of maternal health services and to create demand for these services through appropriate financing initiatives. Donors will need to pledge substantial increases in financial contributions for maternal health in low-income countries to help fill the resource gap.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=24363&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=24363&type=Document)

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## Other documents from the health systems resource guide

### **Effect of payments for health care on poverty estimates in 11 countries in Asia: an analysis of household survey data**

Author: E. van Doorslaer; O. O'Donnell; P. Rannan-Eliya

Publisher: The Lancet, 2006

This study, published in the Lancet, aims to reassess measures of poverty in 11 low- and middle-income countries in Asia by calculating total household resources both with and without out-of-pocket payments for health care. The authors calculate the number of individuals with less than US\$1 per head per day after making health payments. They also assessed the effect of health-care payments on the poverty gap (the amount by which household resources fell short of the \$1 poverty line) in these countries.

These methods estimate that the overall prevalence of absolute poverty in these countries is 14 per cent higher than conventional estimates, which do not take account of out-of-pocket payments for health care. In Bangladesh, China, India, Nepal, and Vietnam, where more than 60 percent of health-care costs are paid out-of-pocket by households, the estimates of poverty were much higher than conventional figures, ranging from an additional 1.2 per cent of the population in Vietnam to 3.8 per cent in Bangladesh. The study concludes that out-of-pocket health payments exacerbate poverty. Policies to reduce the number of Asians living on less than \$1 per day need to include measures to reduce such outgoings [adapted from author].

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33707&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33707&type=Document)

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## **The forgotten tribe: people with disabilities in Zimbabwe**

Authors: T. Choruma

Publisher: Progressio, 2007

Disabled people in Zimbabwe are more likely to experience poverty and discrimination due to social and cultural norms as well as problems with accessing health, education and employment. Legislation makes no provision for affirmative action or positive discrimination and policies remain vague or unenforced. Where rights have been enshrined by law, professionals in health and education, employers and disabled people themselves remain largely unaware of what these are. The focus of funding has on tackling HIV and AIDS combined with Zimbabwe's fast declining national economy has meant the disability sector has been

overlooked leaving disabled people with little support.

Progressio's survey was carried out in 2006 and asked respondents about their knowledge of their rights and experiences with respect to: poverty, gender and social status, health, HIV and AIDS, education, employment, sports and recreation.

The report makes the following recommendations:

- develop policies that challenge social systems and institutions that discriminate against disabled people, including addressing inherent gender biases
- HIV and AIDS responses need to address the needs of people with disabilities, and information needs to be accessible in a variety of formats
- the government should ensure compliance with legal requirements to ensure workplace accessibility, and interventions against discrimination should be scaled up
- finance is required for resources such as special equipment, trained personnel and accessible venues. In addition, the national curriculum should take into account the needs and issues of disabled people, specific educational materials should be made available and teachers given additional support and training in order to adequately teach disabled children

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33637&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33637&type=Document)

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### **Scaling up to achieve the health MDGs in Rwanda**

Authors: Rwanda Ministry of Finance and Economic Planning and Rwanda Ministry of Health  
Publisher: High-Level Forum on the Health Millennium Development Goals (MDGs), 2006

This Rwandan case study, produced in conjunction with the World Bank, was prepared for the High-Level Forum on the Health Millennium Development Goals (MDGs). It finds that the Rwandan government, through its Health Sector Strategic Plan (HSSP), has a clear strategy for scaling up evidence-based interventions. However, insufficient funding is a major constraint to the effectiveness of the approach: donor funds are perceived as being outside government control, and not reliable. The study tests the viability and added value of a World Bank proposal for a brokering service that would facilitate coherent donor support for government health strategies and expenditure plans.

The study concludes that additional resources will have greatest impact if they are focused on the HSSP and channeled through the Government budget. It notes that donor impediments to compliance with the new Rwanda aid policy need to be addressed, and will need sustained high level attention within each agency. The report recommends the process proposed by the Government of Rwanda, of asking each agency to undertake a self-assessment against the aid policy and to come up with a plan of action. Coordinating this would be a potential role for the proposed brokering service [adapted from author]

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33614&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33614&type=Document)

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### **Equity in financing healthcare: impact of universal access to healthcare in Thailand**

Author: S. Limwattananon; V. Tangcharoensathien; P. Prakongsai  
Publisher: Equitap, 2005

This Equitap paper analyses the impact of the introduction of universal health care coverage in Thailand in

2001. It examines changes in the use of public health care and the incidence of catastrophic health expenditures. The universal coverage scheme provides free care at registered primary-care networks and free hospital admissions to poor households. The paper finds that between 2000 and 2004 the incidence of catastrophic health expenditure (defined as out-of-pocket (OOP) payments for health care of more than 10 per cent of total household consumption), reduced from 5.4 per cent to 2.8 per cent. The number of households that were impoverished as a result of OOP health payments reduced from 4.4 to 1.8 per cent the whole population, and from 18 to 8 per cent during the same periods for the poorest quintile.

The paper concludes that the current publicly funded universal coverage scheme adds to the existing pro-poor financing systems in Thailand. It recommends that in order to foster pro-poor financing, policymakers need to strategically allocate adequate resources to levels of health facilities that are easily accessible, especially by the poor. District health services in particular are crucial in providing comprehensive and integrated facilities that cover curative, prevention and promotion services.

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33690&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33690&type=Document)

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### **Everybody's business, nobody's responsibility: how the UK government and the European Commission are failing to tackle malnutrition**

Authors: Save the Children (UK)

Publisher: Child Rights Information Network , 2007

Malnutrition is the leading cause of child death, yet it is not a top priority for the UK government and the European Commission (EC). This brief highlights the grave implications that rising rates of malnutrition have on poverty reduction, HIV and AIDS control, social development and good governance.

The brief provides three key reasons why the UK and EC should take on international leadership role on nutrition:

- important links between nutrition and good governance
- comparative advantage of the UK and EU over other donors in their commitments to indirect investments in nutrition
- nutrition improvements are a precondition for social development and successful services for the poor

Save the Children calls on the UK government and the EC to:

- prioritise nutrition in a way they have never done before
- review and evaluate whether their indirect investments really do tackle malnutrition and reform them accordingly
- immediately start reporting against the internationally agreed indicator on nutrition
- form a European partnership to ensure that efforts to tackle malnutrition are based on evidence
- review and reform the EC food aid policy to ensure that resources can be used flexibly

Available online at: [www.eldis.org/go/topics/resource-guides/health-systems&id=33593&type=Document](http://www.eldis.org/go/topics/resource-guides/health-systems&id=33593&type=Document)

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## Announcements

### **Reproductive Health (RH) in Emergencies Conference 2008, 18-20 June 2008, Kampala, Uganda**

Organised by Reproductive Health Access, Information and Services in Emergencies (RAISE), the conference will bring together a wide range of actors from the fields of RH in emergencies, reproductive health, humanitarian assistance and development to contribute to the expansion of comprehensive RH services in crisis settings.

It is possible to submit abstracts describing efforts to improve the reproductive health (RH) of populations affected by conflict and natural disaster in the developing world.

For more information go to: [www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33793&type=Item](http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33793&type=Item)

### **XVIII IEA World Congress of Epidemiology: Epidemiology in the Construction of Health for All: Tools for a Changing World, Porto Alegre, Brazil**

The theme of this conference is 'Epidemiology in the Construction of Health for All: Tools for a Changing World'. Possible topics include: Epidemiologists and policy-makers: how to work together; Epidemiology and the Millennium Development Goals; Epidemiology and primary health care; International and intra-national inequalities in health; Health promotion, disease prevention and surveillance for non-communicable diseases; Global trends in health and in its determinants; New exposures and new diseases; Environmental change and public health; Managing noncommunicable diseases in low and middle-income countries.

For more information go to: <http://www.eldis.org/go/topics/resource-guides/health/health-events-and-announcements&id=33797&type=Item>

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See the complete list of new additions, announcements, job adverts at:

<http://www.med.monash.edu.au/spppm/conference/index.html>

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- HIV and AIDS Resource Guide - [www.eldis.org/hiv aids](http://www.eldis.org/hiv aids)

The HRC provides access to technical assistance and information for the Department for International Development (DFID UK), and its partners, in support of pro-poor health policies as well as health systems, service delivery and public health topics and programmes.

Eldis currently includes descriptions and links to over 4,500 organisations and over 16,000 full-text online documents covering development and environmental issues. It can be searched or browsed free over the Internet.

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