# Rethinking health financing for UHC and healthier societies: The critical role of Primary Health Care

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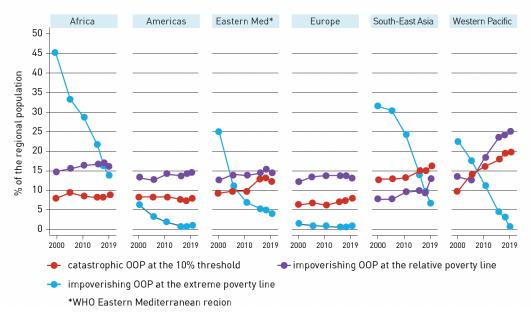


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## Service coverage in WPRO has improved, but financial risk protection has worsened



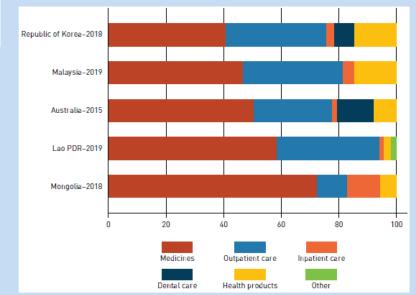
Fig. 4.1. Progress in the incidence of catastrophic and impoverishing OOP health spending by WHO region, 2000–2019



OOPs driven by spending on medicines and outpatient care

Increase in catastrophic and impoverishing spending greatest in Western Pacific region

Fig. 4.8. Composition of OOP health spending, the latest year available, evidence from various countries



Source: Background data prepared by WHO for the forthcoming WHO Western Pacific Region report on financial protection (90).

#### Source:

Tracking universal health coverage: 2023 global monitoring report

### Financing Primary Health Care



## The Lancet Global Health Commission on financing primary health care: putting people at the centre



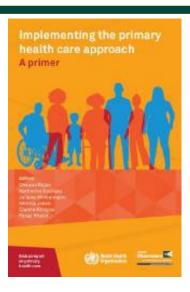
Kara Hanson, Nouria Brikci, Darius Erlangga, Abebe Alebachew, Manuela De Allegri, Dina Balabanova, Mark Blecher, Cheryl Cashin, Alexo Esperato, David Hipgrave, Ina Kalisa, Christoph Kurowski, Qingyue Meng, David Morgan, Gemini Mtei, Ellen Nolte, Chima Onoka, Timothy Powell-Jackson, Martin Roland, Rajeev Sadanandan, Karin Stenberg, Jeanette Vega Morales, Hong Wang, Haja Wurie





#### Health financing

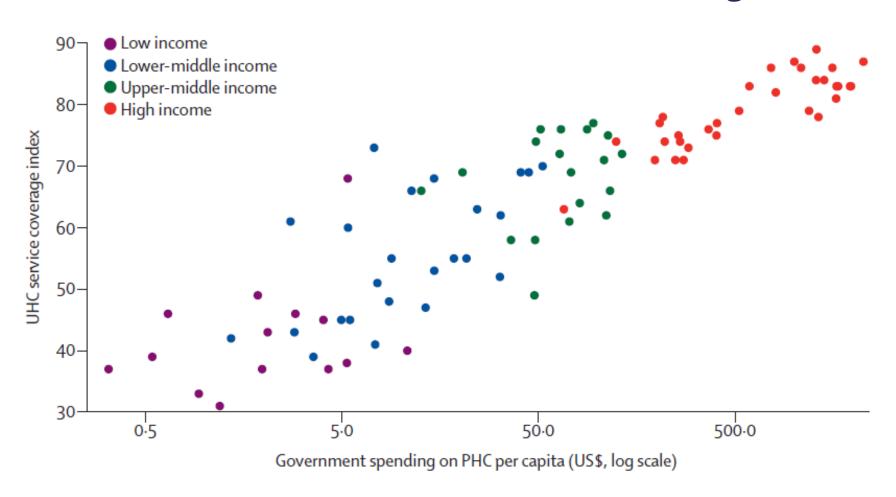
Kara Hanson, Marcel Venema, Triin Habicht, Ewout van Ginneken, Xu Jin, Grace Achungura, Faraz Khalid, Beibei Yuan and Melitta Jakab



#### The importance of Primary Health Care



## Higher government spending on PHC is strongly associated with better UHC service coverage



Source: Lancet Global Health Commission on financing primary health care

#### The importance of Primary Health Care



- Expanding access to frontline providers through increased public funding is the most efficient and equitable way of improving health outcomes
- Up to 75% of projected health gains from SDGs can be achieved through PHC (Stenberg et al Lancet Global Health 2019)
- PHC provides a platform for improving population health, and for managing the evolving burden of disease
- PHC services are more pro-poor than hospital care

# Lancet Global Health Commission on Financing PHC



#### The challenge

Limited priority given to health in public spending; political and professional pressures favour hospitals

Insufficient funding for PHC

Allocate more resources to PHC

Funding often captured by hospitals



Allocate equitably, ensure allocations reach PHC level PHC funding is fragmented, Inflexible, inefficient



Align funding flows, incentives

Better financing for people-centred PHC

#### Insufficient funding for PHC

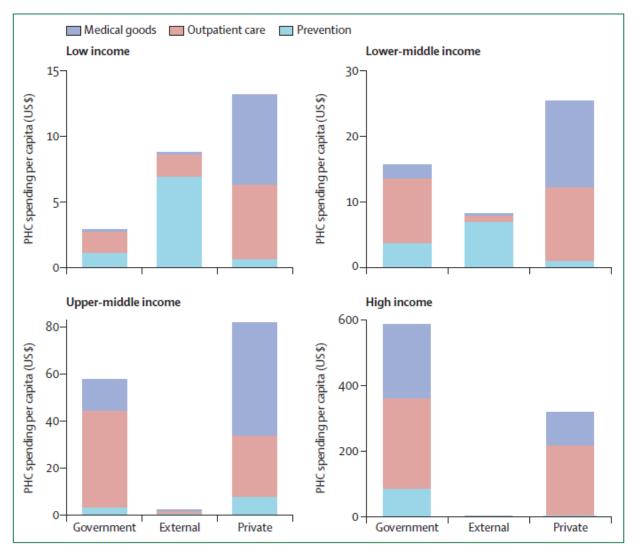


Government spending on PHC in low- and lower-middle income countries is very low



## PHC funding is fragmented, inflexible, inefficient





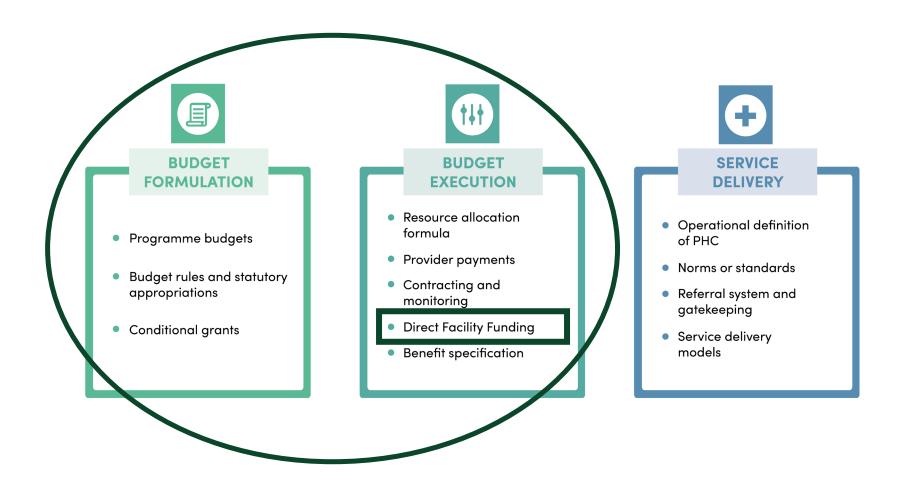
Financing for PHC is highly fragmented:

- Low government spending and high OOP
- High share of external spending (in LICs)
- Patients pay for drugs, donors for prevention, governments for outpatient care
- As countries grow richer, government share of funding comes to dominate

Source: Lancet Global Health Commission on financing primary health care

#### Allocating more resources to PHC





## Spend more: Allocate more resources to PHC

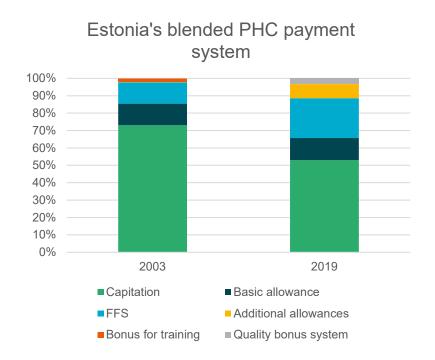


- Ensure clear allocation of responsibility for PHC within the MoH
- Prioritize PHC within government budget processes
- Use funding to increase accessibility and quality of primary care services free at the point of use, to make them more attractive than paying out-of-pocket
- Include essential medicines in service package, review essential drugs lists, address procurement practices throughout the system

## Paying providers: Blended payment with capitation at the core



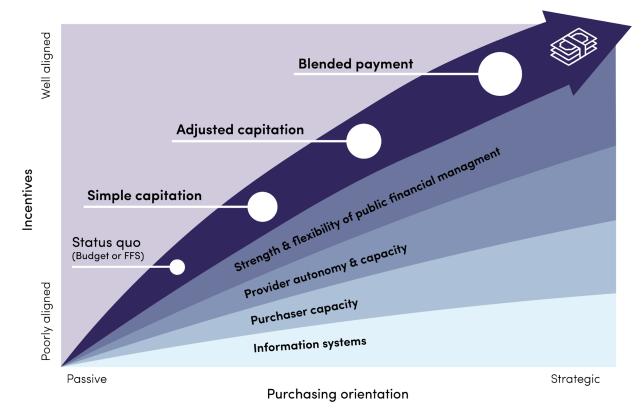
- PHC providers can be paid through line-item budget, fee-forservice, capitation, pay-forperformance
- Capitation places people at the centre
- But all payment systems have weaknesses: Blending can mitigate



# Spend better on PHC: Allocate equitably, purchase strategically



- Introduce a budget line for PHC, if this does not already exist
- Use population-related resource allocation formula to allocate funding to local level (ie capitation-based)
- Allocate budget, define spending rules, give local decision-making authority, monitor performance
- As management capacity permits, develop a more strategic purchasing approach



Lancet Commission on financing primary health care

## Designing a politically informed strategy for people-centred PHC financing arrangements



- What is the problem to be addressed? What ideas exist for changing PHC financing? What technical strategy/strategies would achieve this over time?
- Who are the stakeholders with an influence over the problem? What are their positions on the topic, and what is relative power?
- What could help to shift incentives to promote the changes pursued?
- What social and economic conditions that underpin the political process could present opportunities or constraints for the proposed change?
- What are the most likely pathways for change? What are possible entry points to move the reform forwards? How can a window of opportunity be used to generate/ sustain political momentum?
- How to sequence the strategies?

## Putting people at the centre of PHC financing arrangements: Key messages



Public resources should form the core of PHC funding Pooled funds should cover PHC first, including essential medicines

Resources should be allocated equitably and protected to reach frontline providers

Provider payment should be blended with capitation at the core