



PRIMARY HEALTH CARE EXPENDITURE AND BUDGET ADVOCACY CONSULTATION REPORT AND RECOMMENDATIONS

The Sustainable Development Goals (SDGs) highlight the global community's commitment to achieving a rigorous standard of universal health coverage (UHC) as a means to promote the right to health. However, before achieving UHC, a strong primary health care (PHC) system needs to be in place. Almost forty years ago, the Alma-Ata Declaration elevated the profile of PHC as pivotal to delivering health for all. Evidence has shown that a health system based on high-quality, equitable PHC delivers better health outcomes including longer life expectancy, decreased infant mortality and decreased under five mortality.

A high-functioning PHC system helps individuals and families build connections with locally-based health care workers and facilitates access to high-quality essential health services. When PHC works, it is the first point of contact for people accessing the healthcare system. As such, it plays an important role in preventative care, including early diagnosis and treatment, and is the first line of defense against communicable diseases. Although PHC is one of the most important facets in a country's health care system, it is often the weakest link, faced with insufficient funding and staffing. Limited support for PHC services has resulted in a lack of access to quality services at the basic level of care for an estimated 400 million people around the world.

Current health financing focuses on vertical funding for specific health programs and diseases, an approach that can drive significant progress for some health areas but can leave the underlying health system starved for support. Household out-of-pocket expenditure is one of the largest contributors to financing PHC, which limits access to health care services. A strong primary health care system is the first step toward achieving UHC and we must address the funding shortfall as well as develop innovative financing strategies.

CONSULTATION ON PRIMARY HEALTH CARE FINANCING

From March 13-15, 2017, civil society advocates, technical experts and development partners convened in Johannesburg, South Africa around the common goal of improving government investment in PHC. Advocates and policymakers drew upon their experiences in health financing to begin developing a learning and advocacy agenda for PHC financing. This agenda included reviewing the current state of the field for PHC expenditures, identifying opportunities and challenges to influencing domestic resource mobilization and integrating both into advocacy recommendations, and developing appropriate messaging to build support for PHC financing advocacy among vertical health advocates.

To lay the groundwork for a common understanding of the current state of PHC expenditures, participants began to review available information. However, PHC spending is not routinely measured in low and middle-income countries and this lack of data presents a challenge in understanding the state of play.

Analysts from the Bill & Melinda Gates Foundation (BMGF) and World Health Organization (WHO) recently tracked health expenditures across relevant budget lines in 31 low and middle-income countries using System of Health Accounts (SHA) 2011 data.

The following preliminary findings from that analysis informed the direction of the consultation:

- 1. Among the 31 countries analyzed, the average current health expenditure (CHE)—total health expenditure (THE) minus capital expenditure—is \$56.80, which is significantly lower than the Chatham House Global Benchmark of \$86.**
- 2. The average percentage of government health expenditure in GDP for the 31 countries studied is 1.5% and the average percentage of donor health expenditure in GDP is only 0.7%. Chatham House suggests that the combined donor and government health expenditures equal 5% of GDP.**
- 3. Median out-of-pocket (OOP) expenditure among the 31 countries reviewed accounts for 43.9% of total current health expenditure, more than donor and country health expenditures combined and twice as much as Chatham House’s global benchmark.**
- 4. On average, less than half of CHE (45.9%) is spent on PHC among the countries represented in the BMGF/WHO analysis.**
- 5. Household OOP expenditure, on average, is the largest contributor to PHC expenditures accounting for 59.0% of total current primary health care (CPHC) expenditure.**
Government spending on PHC services is only 17.2% of total CPHC expenditure. Donor contributions are similar.
- 6. An average, 32.9% of total government health expenditure goes to PHC, meaning that approximately two-thirds is spent on “non-PHC” care, including secondary, tertiary and specialty care.**
- 7. The countries with higher per capita government PHC expenditure have higher PHC service coverage rate. The countries with higher per capita OOP PHC expenditure have lower PHC service coverage rate.**

EMERGENT THEMES TO INFORM CALL TO ACTION FOR GOVERNMENT AND CIVIL SOCIETY

Throughout the convening, consultation participants identified common themes around which to shape an agenda to improve financing for PHC systems. These themes include:

Theme 1: Defining PHC—Identifying the Package of PHC Services

Theme 2: Resource Mobilization

Theme 3: Transparency and Accountability

Theme 4: Access and Affordability

Theme 5: Citizen Engagement

Theme 6: Evidence and Data for PHC

THEME 1: DEFINING PHC—IDENTIFYING THE PACKAGE OF PHC SERVICES

Knowing which PHC services are covered under the essential health services package in each country is important baseline information for governments and health advocates alike.

BACKGROUND

- There is no single definition of PHC that works for every country; each country has its own identification of what is included within PHC.
- PHC is largely regarded as a means of meeting the health needs of the hard-to-reach rather than supporting the health system as a whole.
- Due to the verticalization of health programs, PHC services are often split across different health areas in policy and financing, making it difficult to determine where PHC is being implemented.

ASK TO GOVERNMENTS

- Establish country-specific outcomes for achieving PHC, and define government support for PHC through an essential health services package.

RECOMMENDATIONS FOR CIVIL SOCIETY

- Determine which PHC services need to be included in the essential health services package (may include MISP) and advocate for their inclusion in policy and budget documents.
- Work with CSOs aligned to vertical health agendas to help define how a PHC agenda could be important in shaping their health programs.

THEME 2: RESOURCE ALLOCATION

Achieving a strong PHC system would be impossible without adequate funding for primary health care and supportive health systems.

BACKGROUND

- On average, less than half of CHE (45.9%) is spent on PHC among the countries represented in the BMGF/WHO analysis. An average of 32.9% of total government health expenditure goes to PHC, meaning that approximately two-thirds is spent on “non-PHC” care including secondary, tertiary and specialty care.

ASK TO GOVERNMENTS

- Shift financing focus from tertiary care to primary health care.
- Fund MISP in health insurance schemes.
- Spend \$86 per capita which is the Chatham House Working Group MISP for UHC.

RECOMMENDATIONS FOR CIVIL SOCIETY

- Encourage governments to play an important role in PHC by allocating increased funding to health systems (\$86 per capita based on the Chatham House Working Group MISP for UHC) that supports primary health care.

THEME 3: TRANSPARENCY AND ACCOUNTABILITY

Tracking PHC expenditures provides critical information about where to target advocacy efforts to ensure that governments are keeping their commitments to PHC, reducing waste of taxpayer funds and improving efficiency so that better PHC outcomes are achieved.

BACKGROUND

- PHC expenditures are difficult to track as they are not publicly reported in most countries.
- Since PHC is funded out of several distinct budget lines and from various ministries it is difficult to track and verify PHC-related expenditures.
- In most cases there is no clear documentation of PHC allocations, and advocates depend on multiple resources, including verbal confirmation of expenditures, which are not easily cited.

ASK TO GOVERNMENTS

- Increase availability and tracking of government budget documents on health care allocations and expenditures. These documents should list what governments are funding, what it is tied to and where it can be tracked.
- Publicly publish budget data in a timely manner and make it accessible (free of cost) to the public.

RECOMMENDATIONS FOR CIVIL SOCIETY

- Encourage governments to better document and improve data collection through individual tracking of publicly-available budget documents.
- Produce a PHC citizens' budget to help the public have a better understanding of how the budget affects their lives.

THEME 4: ACCESS AND AFFORDABILITY

PHC services should be universally available for everyone and not dependent on people's abilities to pay or where they live.

BACKGROUND

- PHC services should be universally available and not dependent on ability to pay or where one lives.
- Households have to pay out-of-pocket (OOP) to access health care services. The median OOP expenditure accounts for 43.9% of total current health expenditure, more than donor and country PHC combined. This is twice as much as the global benchmark for OOP (BMGF + WHO).
- Countries with higher per capita government PHC expenditure have higher PHC service coverage rate. The countries with higher per capita OOP PHC expenditure have lower PHC service coverage rate (BMGF + WHO).

ASK TO GOVERNMENTS

- Establish official guidelines to decrease or abolish user fees and reduce OOP, especially for pregnant women and children under the age of five years old.
- Ensure universal primary health care regardless of insurance coverage.

RECOMMENDATIONS FOR CIVIL SOCIETY

- Call on governments to ensure quality access to healthcare services regardless of ability to pay, including but not limited to decreasing or abolishing user fees and reducing OOP.

THEME 5: CITIZEN ENGAGEMENT

As the primary users of PHC, citizens should be engaged in discussions about their health care, identifying gaps in services and the need for greater investments.

BACKGROUND

- Citizens are the primary users of primary health care but are not consulted on government health care spending.
- Citizens have the right to demand quality health services when they visit a clinic, but in many communities they do not have the mechanism to do so.

ASK TO GOVERNMENTS

- Develop or build on existing mechanisms to involve communities in the planning and decision making for health budgets, including requiring citizen representation in local health committees.
- Incorporate community dialogue into budget planning and policy documents.

RECOMMENDATIONS FOR CIVIL SOCIETY

- Train community participants in surveillance and oversight of promised PHC spending.
- Conduct public meetings to obtain public testimony about health successes and challenges useful for PHC advocacy efforts.
- Create community feedback forum to inform advocacy asks.

THEME 6: EVIDENCE AND DATA FOR PHC

Despite the scarcity of data detailing benefits and impact of PHC, this information is important for advocates to make the case for government investment in a PHC package.

BACKGROUND

- Available evidence of impact from strong PHC systems will bolster advocacy efforts.
- Documentation of positive health outcomes from a strong PHC system is needed to encourage greater support for PHC.
- The BMGF/WHO analysis is one of the first forms of documentation about PHC financing at the country level. Further evidence is needed to build advocacy agendas and to encourage sounder investments.

ASK TO GOVERNMENTS

- Improve data collection to tie expenditure data with results.

RECOMMENDATIONS FOR CIVIL SOCIETY

- Support data collection of health outcomes related to PHC investment in country.

RESOURCES

- [Health Sector Budget Advocacy: A guide for civil society organisations](#)
- [Within our means: Why countries can afford universal health coverage](#)
- [A Common Cause: Reaching every woman and child through universal health coverage](#)

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