

# Introduction to FEMHealth panel: fee exemptions for obstetric care in West Africa and Morocco – new knowledge, new tools

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#### **Partners**

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For further details, please see: www.abdn.ac.uk/femhealth



# Original rationale for research

- High regional maternal mortality and morbidity
- Awareness of the role of financial barriers
- Large number of government initiatives in recent years to reduce these through fee exemptions & subsidies, particularly in West Africa region
- Donor interest related in part to the MDGs
- Ongoing studies but limited scope
- Some degree of francophone isolation? Limited linkages internationally and across region?



# Programme objectives

Improving the health of mothers and newborn through:

- Improved methodologies for complex evaluations
- 2. Better evidence on fee exemption, its implementation and impact
- 3. Innovations in communicating evidence, with a focus on regional networks



### Methodology – the objectives

- Tools for assessing policy transfer (international, regional, national, district)
- Tools for assessing implementation of health financing policies
- Development of realist case study approach
- Tool for mapping policy effects on local health systems (POEM)
- Using near miss to assess impact on quality of care and health outcomes



#### Evidence – some of the

#### questions

- How cost-effective are the exemption policies?
- What are the drivers behind their introduction?
- What common implementation challenges do they face?
- How do they affect, and how are they affected by the local health system?
- What is their impact on the quality of care on offer to women?
- Do they reach those in most need?
- How do they affect other (non-financial) barriers?
- What health gains can be attributed to them?
- How could their overall effectiveness be strengthened?
- Are they sustainable within these kinds of contexts?



# Communicating research - objectives

- Pilot a 'community of practice' approach to disseminating learning (creating a network of researchers, policy-makers, technical staff and development partners), linked by theme and region
- Document its dynamics and evaluate its strengths and weaknesses
- If successful, establish a functioning network which survives beyond the project lifespan



#### Methods

Development of conceptual framework Purposive selection of 6-8 sites per country 14 main research tools:

- 1. Health policy interviews with key national and international actors, document review and observation of meetings
- 2. Health financing financial flows tracking, HW survey, exit interviews, costing of services
- 3. Local health system Policy Effects Mapping (interviews, observation and data analysis) and realist evaluation
- 4. Quality of care medical records review (near miss, omissions score)
- 5. Utilisation secondary data analysis
- 6. Anthropological component interviews and observation in facilities (patients and staff)



# Some general limitations

- Limited baseline data in all countries
- No 'controls' national policies introduced simultaneously and in all areas
- Gaps in routine data, especially for some aspects of financing

#### Addressed through:

- Use of time series data, where available
- Horizontal analyses, e.g. between implementation and quality of care
- Triangulation of multiple sources