POLICY DIALOGUES

Inequalities in Maternal Healthcare Spending: Evidence from Zambia

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MAIN MESSAGE

Public and overall health spending on institutional delivery services are more egalitarian as policies targeting universal maternal care are being rolled out in Zambia.

While the distribution of benefits becomes pro-poor for public spending, the distribution of benefits for overall spending becomes increasingly pro-least-poor over time.

Considerable provincial differences persist only in relation to overall spending, while they become smaller for public spending. Further policy action is needed to tackle persisting causes of inequality, especially those related to the distribution of benefits for overall spending.

CONTEXT & MOTIVATION

In spite of reductions in last decades, maternal and neonatal mortality in Zambia remain high. The government has tackled maternal and neonatal mortality by ensuring universal access to family planning, skilled attendance at birth, and basic and comprehensive emergency obstetric care. Increased number of primary health facilities in rural areas and of specialized services in urban hospitals aim to promote the establishment of an adequate referral system for pregnant women.

Despite the formal removal of user fees for delivery, women are often required to procure their own supplies used for delivery and/or to cover some costs for the services received at childbirth. Consequently, only about half of all women deliver in health facilities and/or in the presence of a skilled attendant. In addition, due to financial and geographical barriers, referral systems do not always work adequately, so women with a complication during delivery may struggle to reach a facility capable of addressing it in time. A number of Safe Motherhood initiatives are being implemented across the country to address these issues and the inequality they entail in access to services. Against this background, this study applies Benefit Incidence Analysis to analyze the distribution of health spending for delivery services over time. The study inspects equality in the distribution of health spending on institutional delivery care in light of the latest reforms and interventions.

METHODS

The study considers two levels of analysis, one referring exclusively to public spending (including only recurrent government spending on delivery services) and one referring to overall spending on health (including donor and private spending on delivery services). The study examines what proportion of health spending has reached women using delivery services across socio-economic groups, from the poorest to the least poor. Estimates from 2007 and 2014 are used to capture changes over time. Utilization rates for institutional delivery come from the 2007 Demographic Health Survey and the 2014 Zambia Household Health Utilization and Expenditure Survey.

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Geography Zambia

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Find out more about this project: afd.fr/en/carte-des-projets/assessing-equity-health-spending-sub-saharan-africa

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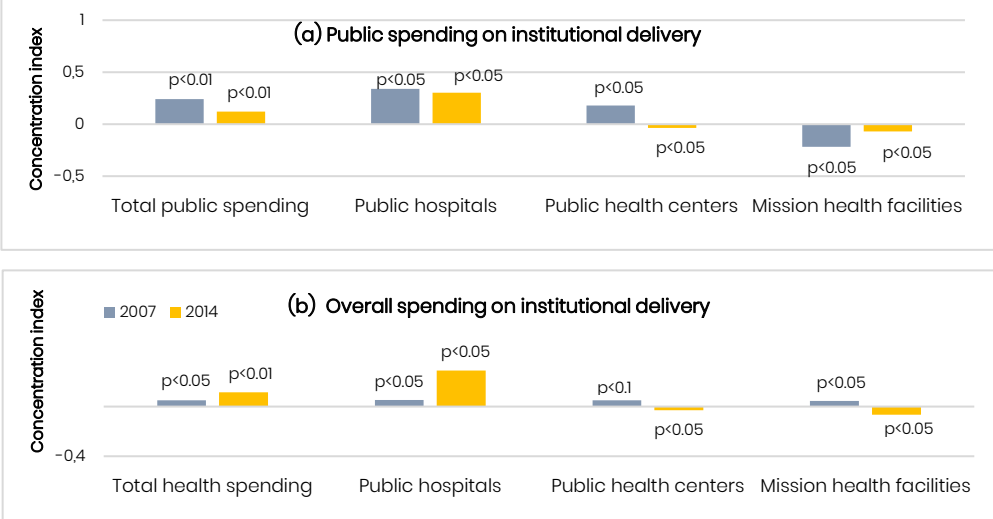
To compute unit costs, data are extracted from National Health Accounts. Descriptive geo-spatial analysis is used to visualize disparities in both public and overall health spending on delivery services across regions within the country.

Distributional incidence of public and overall spending on institutional delivery by level of care and time



RESULTS

Equality increases in public spending on delivery services, with public spending on delivery at public health centers and mission facilities becoming pro-poor Equality in total public spending on delivery services has been increasing significantly between 2007 and 2014, albeit it remains distinctly pro-least-poor. Looking across provider typology and levels of care reveals that while public spending on delivery services remains pro-least-poor at public hospitals, it becomes pro-poor at public health centers and remains pro-poor at mission health facilities. These results are a reflection of health utilization patterns, with poorer women utilizing delivery services disproportionately more at primary vs. secondary facilities.

Inequality increases in overall health spending, with only spending at public health centers and mission health facilities becoming increasing pro-poor over time Contrary to public spending, the distributional incidence of total overall spending on delivery services is significantly more non-egalitarian over time. The pattern observed for total overall spending is largely driven by allocation inequities at the level of public hospitals, where highly specialized care is made available, but only to those who can afford to reach the facility and pay for services received. On the other hand, overall spending on delivery services turns from being slightly pro-least-poor to slightly pro-poor between 2007 and 2014 (Figure 1). This pattern is due to poorer women using lower level facilities more than secondary level, so public and donor resources are effectively allocated to their benefit.

Provincial disparities in the distributional incidence decrease over time for public, but not for overall spending While remaining pro-least-poor, values reflecting inequality in public health spending consistently move towards the line of equality across all provinces. Contrary to results for public spending, provincial disparities in the distributional incidence of overall spending on delivery services are more marked over time. Inequality measures indicate increasingly pro-least-poor spending as well as increasing differences across provinces.

RECOMMENDATIONS

- The causes of persisting inequality in public and overall spending for delivery services must be addressed to ensure progress towards a more egalitarian distribution of financial resources in the future.
- Designing policies to increase utilization of delivery services and improve referral systems can be done by establishing effective emergency transport from primary to secondary levels of care, as a means of ensuring more equitable utilization of secondary services and overcoming the inequalities in distributional incidence captured by our work.
- An investigation into the origin of increasing differences in the distributional incidence of overall health spending across provinces is a first step towards closing these emerging gaps.
- Government and development partners should channel their resources towards the regions which currently experience the most substantial inequalities in the distribution of both public and overall health spending, targeting specifically the most vulnerable segments of society.

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