

Economic and Financial Tools Assess Safe Motherhood Programme Costs and Benefits

Impact, a global research initiative, conducted research to explore how health systems can be improved to make safe motherhood programmes successful. Impact developed and tailored several economic and financial tools and methods to improve the assessment of costs and benefits of improved maternal health to women, families, and health systems. Selected findings from research conducted to develop these tools are highlighted in this fact sheet.

Findings

Determining the cost of safe motherhood programmes yields valuable information for decision-makers.

Impact assessed the health system costs of various safe motherhood programmes—village midwifery in Indonesia; skilled attendance of births in Burkina Faso; and delivery fee exemption in Ghana. To identify the costs of maternal health care, information was collected on a whole range of costs, including personnel, drugs, supplies, buildings, and vehicles. In Burkina Faso, personnel and building costs made up the largest portion of the cost of the skilled attendance programme.

In Indonesia, the annual average cost to the government of providing a village midwife was about US\$4,000. Impact research found that midwives with sole responsibility for a village were more productive. They were able to attend more deliveries possibly because they did not have to

travel long distances between villages. Therefore, resident midwives were less expensive (\$48 per delivery) than midwives who split their time between villages (\$60 per delivery).

Clarifying how funds are allocated and spent helps to paint a more complete picture of programme costs.

Regardless of the source, funding for safe motherhood programmes must be consistently and equitably allocated to health facilities. Problems with funding have often undermined programme goals. In the case of the delivery-fee-exemption policy in Ghana, lack of a dedicated funding source led to the policy being implemented unevenly, and eventually some health facilities resumed user fee charges. Impact developed a financial flows tool to collect information on health system funding at the national, regional, district, and health centre levels to learn how much public funding is allocated to maternal health care services.

In Indonesia, an analysis of financial flows showed that the village midwives programme was successful in getting public funding for maternal health to more remote areas of the country. However, these resources benefited the richest more than the poorest groups, with 40 percent of the funding spent on providing care for the richest and only 10 percent on the poorest.

Incentive surveys can provide important human resources information.

Safe motherhood programmes require large numbers of personnel, yet many developing countries suffer from a lack of human resources. To improve staff retention, Impact conducted surveys to understand better what motivates maternal health services staff. These incentive surveys, conducted in Burkina Faso, Indonesia, and Ghana, revealed the importance of payments to boost the incomes of Indonesian midwives for services outside of the village midwives programme. In Ghana, research found that the increased workload generated by the delivery-fee-exemption policy made it difficult to regulate quality of care. In Burkina Faso, research clarified factors that affected health worker retention in remote locations.

Cost and Number of Deliveries per Year, by Type of Midwife, Indonesia, 2004-05

	Average cost per delivery per year (US\$)	Average number of deliveries per year
Resident midwife with one village	48	45
Non-resident midwife with one village	81	25
Midwife shared by more than one village	60	26

Source: Impact.

Women and families still pay too much for delivery care.

To gain a realistic picture of total programme costs, it helps to examine the cost of delivery care, which often constitutes a critical barrier to women's and families' utilisation of services. Immpact's work in Ghana to assess the impact of the government's delivery-fee-exemption policy found that payments for normal and caesarean deliveries at health facilities declined after the policy began. Yet women still incurred other expenses related to delivery for items they had to bring to the health facility, such as baby clothes and cot sheets, as well as facility-related costs, such as laboratory fees and drugs. In Indonesia, Immpact found that normal delivery care in the community cost US\$51 for births attended by a trained midwife, yet 20 percent of the poorest women still had to borrow money to pay for their care. Payments for hospital admissions for women with complications were about US\$255 (about 14 percent of average annual income), a figure that could have a catastrophic impact on household finances.

Safe motherhood has important benefits for the labour force.

These economic and financial tools have generated new knowledge about community values and the secondary benefits of safe motherhood programmes, in some cases measuring indicators that have not been measured to date, such as maternal productivity. Maternal ill health is detrimental not only to the woman and her family, but to the broader community as well. Immpact research on productivity costs after the delivery fee exemption policy was implemented in Ghana showed that reducing maternal ill health leads to increased productivity. Although household coping strategies, such as children helping do a mother's work, were able to recover a significant share of time lost, on average, the number of days of work lost due to the reduced productivity was 26 for pregnant women and 23 for postpartum women who continued to work despite poor health.