



SUMMER TRAINING REPORT 2020

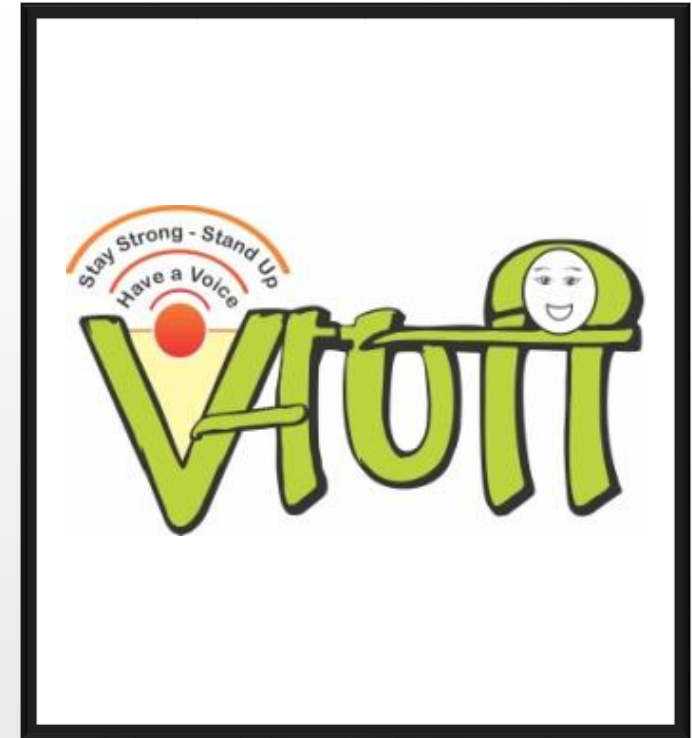
**GUIDED BY:
DR. SHWETA AGGARWAL**

**PRESENTED BY:
DR. ASTHA SHARMA
ROLL NO. 0893**



VANI SANSTHA

- ❖ Vani sanstha is a non - government organization (NGO) working under PPP mode. 10 PHCs function under Vani Sanstha across various districts of Rajasthan.
- ❖ Vision: “Socio-economic empowerment of the marginalized sections of the society through the overall development of human capital and thrusting on the sustainability of natural resources.”



PHCS UNDER VANI SANSTHA

DISTRICT	BLOCK	NAME OF PHC
Bharatpur	Kaman	Andhwari
Baran	Atru	Badora
Dholpur	Rajakhera	Gopalpura
Bharatpur	Bayana	Kapuramaluka
Dholpur	Bari	Nagla Beedhora
Dholpur	Rajakhera	Samona
Dholpur	Bari	UPHC Bari City
Ajmer	Kishangarh	UPHC Chainpuria
Dholpur	Urban Units	UPHC Ondela Road
Dholpur	Urban Units	UPHC Sagarpara

RESEARCH TITLES

- Gap analysis of Maternal and Child Health indicators across 10 PHCs in Rajasthan functioning under Vani Sanstha according to Pregnancy and Child Tracking Management System in one financial year (April 1, 2019 – March 31, 2020).
- Comparison of all the 10 PHCs in Rajasthan functioning under Vani Sanstha based on Maternal and Child Health Indicators in the duration of one financial year(April 1, 2019 – March 31, 2020).

RESEARCH QUESTION



- What recommendations can be given to improve the Maternal and Child Health indicators across 10 PHCs in Rajasthan functioning under Vani Sanstha?

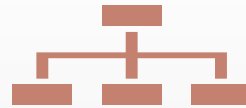
RATIONALE

- The purpose of this study was to identify the gaps in the MCH indicators, assess them and provide ways to improve those indicators and bridge those gaps. This will help the organization in following ways:
 1. Achieving a decline in Maternal Mortality Rates(MMR) and Infant Mortality Rates(IMR)
 2. Assessing and evaluating the performances of the PHCs.
 3. Designing a good strategy for Program Monitoring and Evaluation of all 10 PHCs.

OBJECTIVES



To identify the gaps between the target vs achievement of all the MCH indicators across 10 PHCs under Vani Sanstha during one financial year (April 1, 2019 – March 31, 2020).



To rank all the PHCs according to the given MCH indicators.



To suggest ways of improvement performance of PHCs according to the ranking done per indicator.

RESEARCH METHODOLOGY

S.NO.	TOPIC	DESCRIPTION
1.	STUDY TYPE	DESCRIPTIVE STUDY
2.	STUDY AREA	10 PHCs UNDER VANI SANSTHA
3.	STUDY DURATION	APRIL 15, 2020 – JULY 10, 2020
4.	DATA COLLECTION TOOL	• PCTS SOFTWARE • FACTSHEETS PROVIDED BY VANI SANSTHA • TELEPHONIC INTERVIEWS OF PHC STAFF MEMBERS
5.	DATA TYPE	SECONDARY DATA (APRIL 1, 2019 – MARCH 31, 2020)
6.	DATA ANALYSIS TOOL	MICROSOFT EXCEL

OBJECTIVE 1

- To identify the gaps between the target vs achievement of all the MCH indicators across 10 PHCs under Vani Sanstha during one financial year (April 1, 2019 – March 31, 2020).

STEP 1: FIVE MAJOR MCH INDICATORS WERE IDENTIFIED:

1. Registration of Pregnant Women
2. Institutional Deliveries
3. Infant (Fully Immunized)
4. Sterilization
5. IUD Insertion

STEP 2: EVALUATION STANDARDS WERE SET BY DEPARTMENT OF MEDICAL, HEALTH AND FAMILY WELFARE.

EVALUATION RANGE: EXCELLENT > 120%

VERY GOOD > 100%

GOOD > 80% TO ≤ 100%

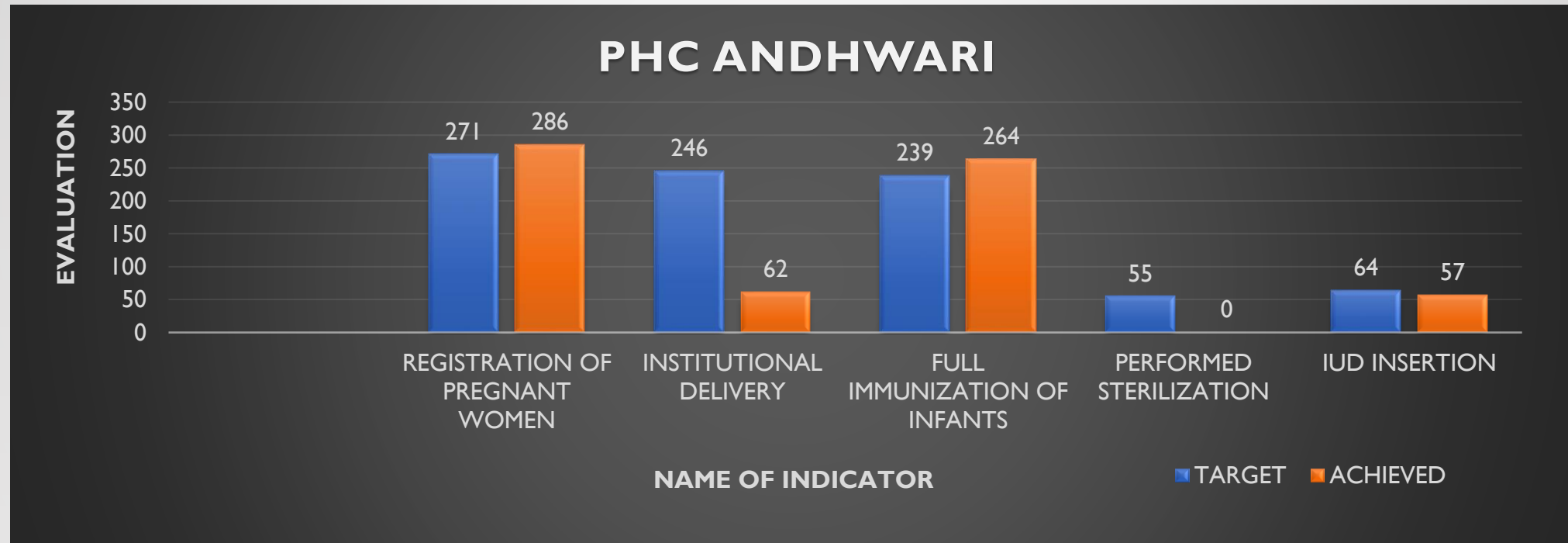
SATISFACTORY > 60% TO ≤ 80%

UNSATISFACTORY < 60%

Note: range > 100% means that the achievement of MCH indicators exceeded the given target set.

STEP 3: GAPS WERE IDENTIFIED IN EVERY PHC

For example : PHC Andhwari



GRAPH I

STEP 4: EVALUATION WAS DONE

- FOR PHC ANDHWARI: Gaps between target and achieved were identified and converted into percentage and then evaluation was done.
- Evaluation for PHC Andhwari: 82% (GOOD)

STEP 5

INTERPRETATION:

- Gaps between target vs achieved were identified among 3 indicators on which recommendations will be given:
 1. Institutional deliveries
 2. Performed sterilization
 3. IUD insertion



Similar gaps were identified among other 9
PHCs and then interpreted

OBJECTIVE 2

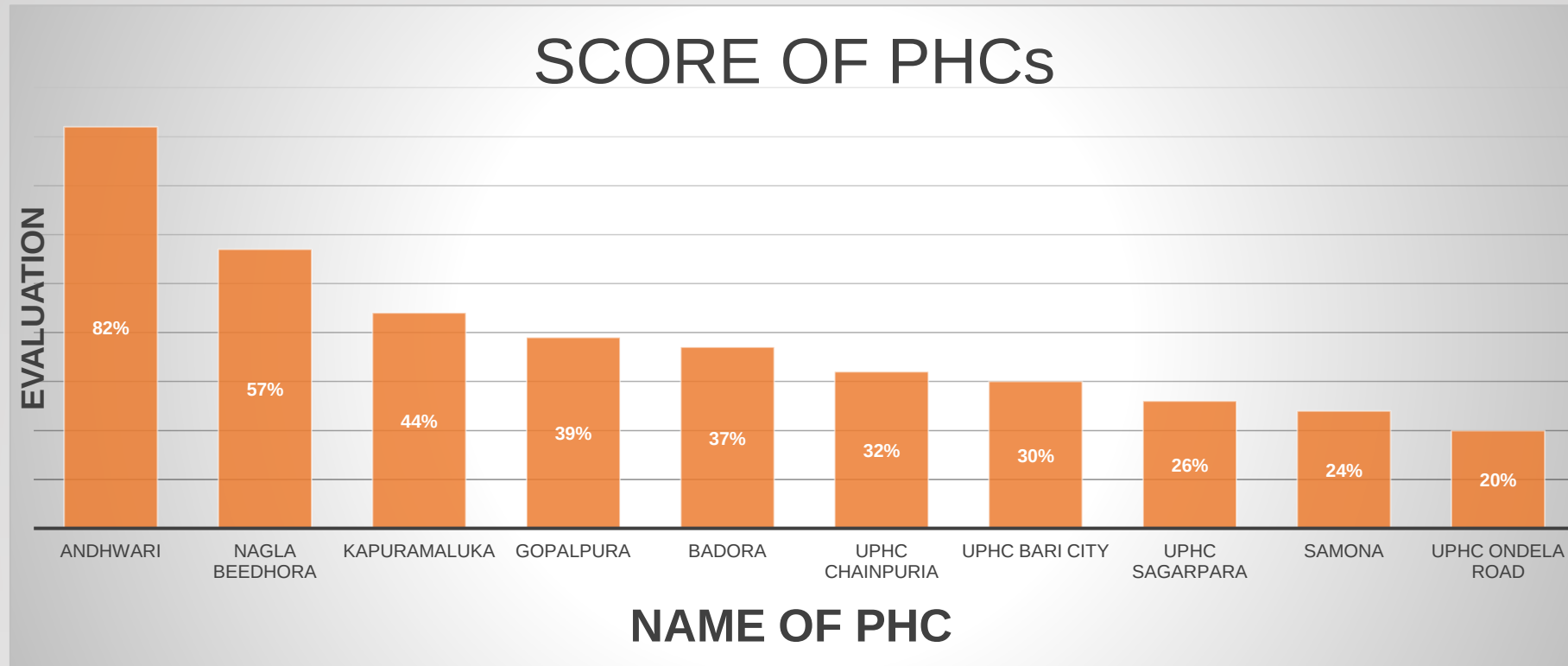
To rank all the PHCs according to the given MCH indicators.



RANKING ACCORDING TO 5 MAJOR INDICATORS:

NAME OF PHC	SCORE	EVALUATION
Andhwari	82%	GOOD
Badora	37%	UNSATISFACTORY
Gopalpura	39%	UNSATISFACTORY
Kapuramaluka	44%	UNSATISFACTORY
Nagla Beedhora	57%	UNSATISFACTORY
Samona	24%	UNSATISFACTORY
UPHC Bari City	30%	UNSATISFACTORY
UPHC Chainpuria	32%	UNSATISFACTORY
UPHC Ondela Road	20%	UNSATISFACTORY
UPHC Sagarpara	26%	UNSATISFACTORY

GRAPH 2



GRAPHICAL REPRESENTATION

INTERPRETATION

- Only, the performance of PHC Andhwari was found GOOD, rest all PHCs had UNSATISFACTORY performance.
- The unsatisfactory performance was because two major indicators :
Performed sterilization and IUD insertion were not recorded into PCTS software by the staff of PHCs.

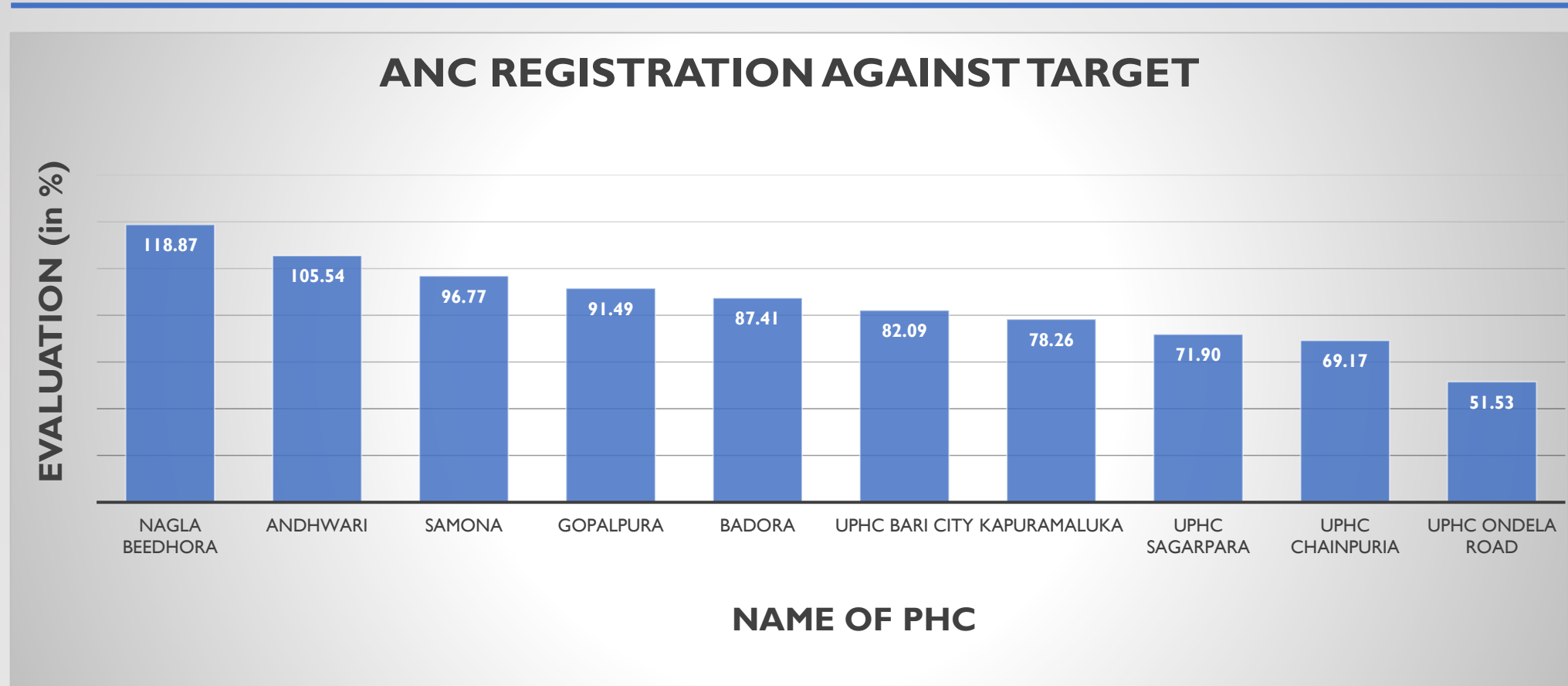
OBJECTIVE 3

- To suggest ways of improvement in performance of PHCs according to the ranking done per indicator.

INDICATOR 1 : ANC REGISTRATION AGAINST TARGET

- Antenatal care is provided to all the pregnant ladies and adolescent girls by skilled healthcare professionals for ensuring proper and healthy conditions for baby and mother during pregnancy.

GRAPHICAL REPRESENTATION



GRAPH 3

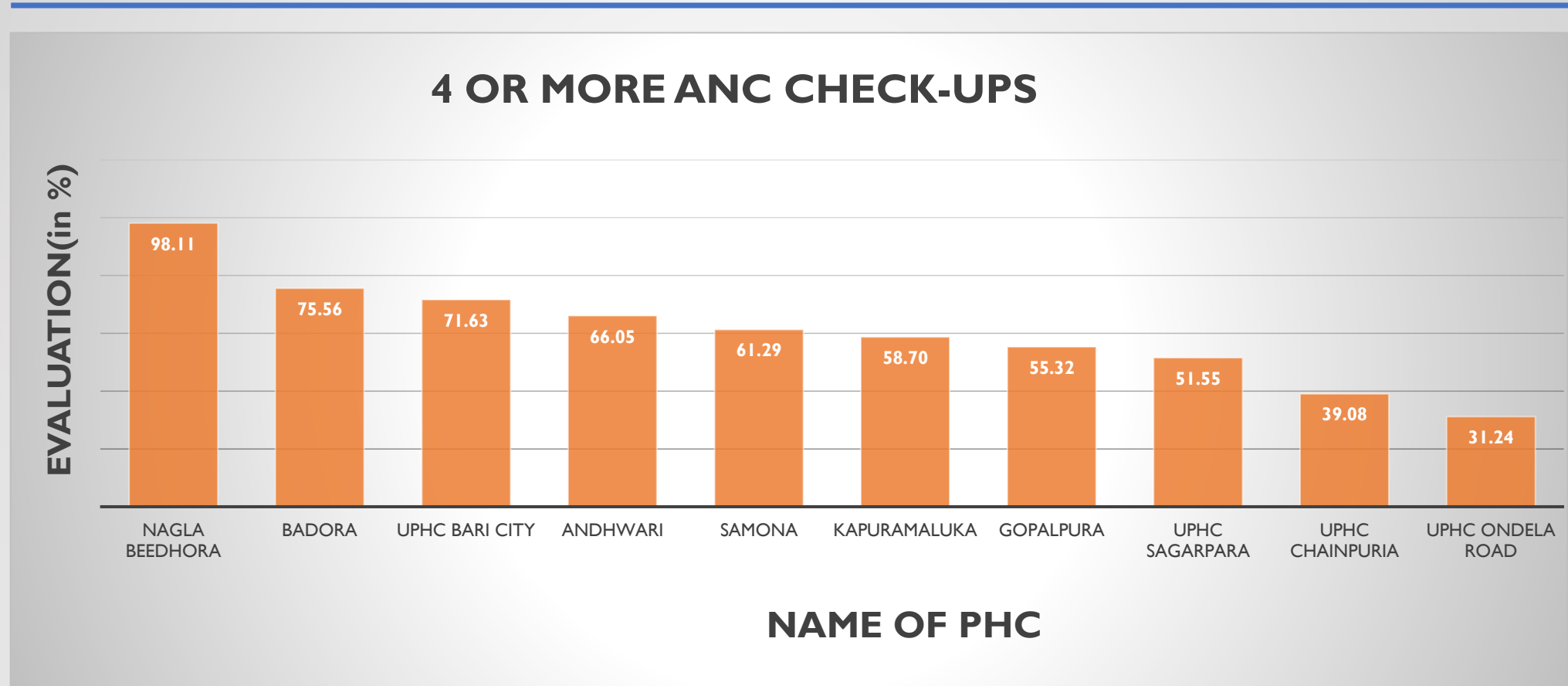
GAPS IDENTIFIED

- Increased number of migrant populations.
- Tracking system at ASHA level was not satisfactory.
- Hesitation due to male nurse staff among pregnant women.
- Lack of motivation among PHC staff members.

INDICATOR 2: FOUR OR MORE ANC CHECK- UPS

- Regular visits for ANC checkups for 4 or more times is mainly needed to track the growth of fetus in the womb. It also helps in establishing a contact between the nurses and the pregnant woman.

GRAPHICAL REPRESENTATION



GRAPH 4

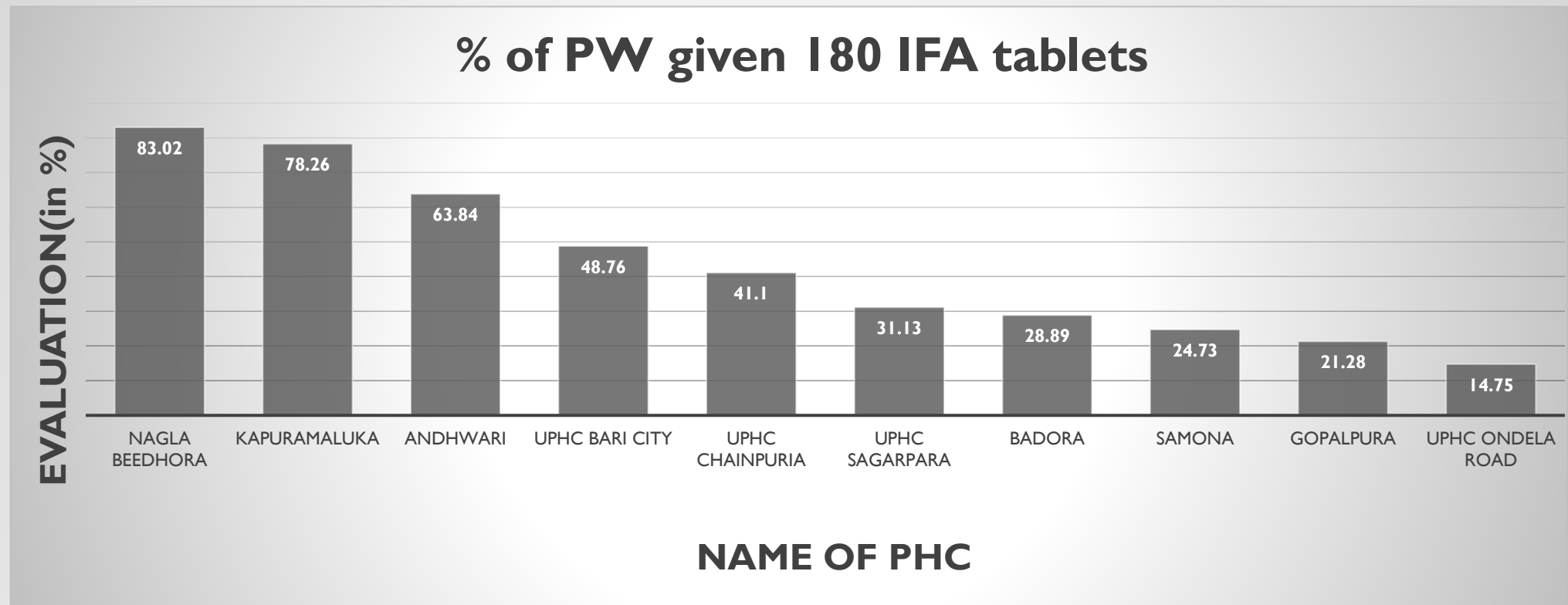
GAPS IDENTIFIED

- UPHC Chainpuriya and UPHC Ondela Road had poor performances. After telephonic interview, the main reasons identified were:
 1. Proper follow – ups were not performed by ASHA.
 2. People preferred district hospitals instead of PHCs.
 3. Referrals by PHCs due to complex conditions in pregnancies.

INDICATOR 3: PERCENTAGE OF PREGNANT WOMEN GIVEN 180 IFA TABLETS

- All PW should be supplemented with 30 tablets of Iron Folic Acid for 6 months of duration i.e. total 180 tablets. This is done to prevent PW from iron deficiency anemia.

GRAPHICAL REPRESENTATION



GRAPH 5

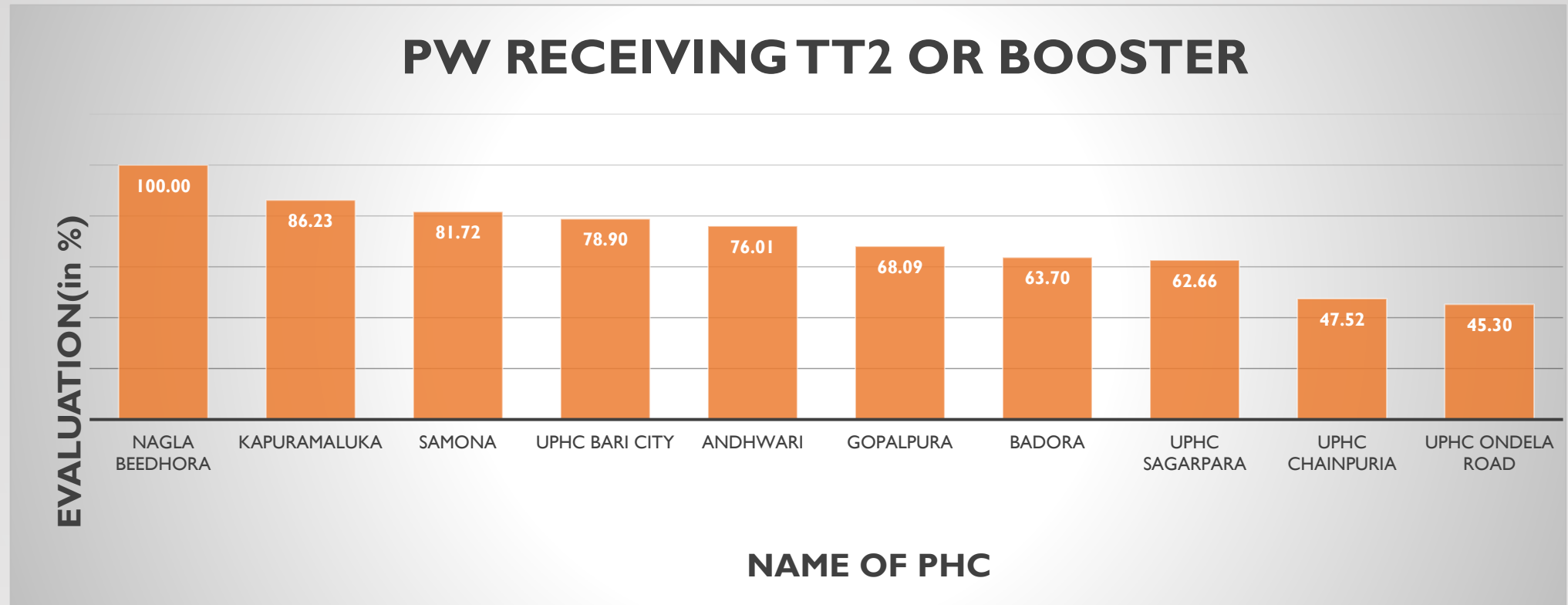
GAPS IDENTIFIED

- All other PHCs except PHC Nagla Beedhora, PHC Kapurmaluka and PHC Andhwari had a poor performance. After telephonic interview, the main reasons identified were:
 1. Less number of MCHN days due to COVID-19 pandemic.
 2. Lack of motivation among PHC staff members.
 3. Distribution of IFA tablets was not managed and recorded properly.

INDICATOR 4: PREGNANT WOMEN RECEIVING TT2 OR BOOSTER

Tetanus toxoid is given to pregnant women as soon as pregnancy is detected, and booster doses are given at a later stage. This is done to prevent PW from tetanus, though the chances are less but if tetanus is detected, it is fatal.

GRAPHICAL REPRESENTATION



GRAPH 6

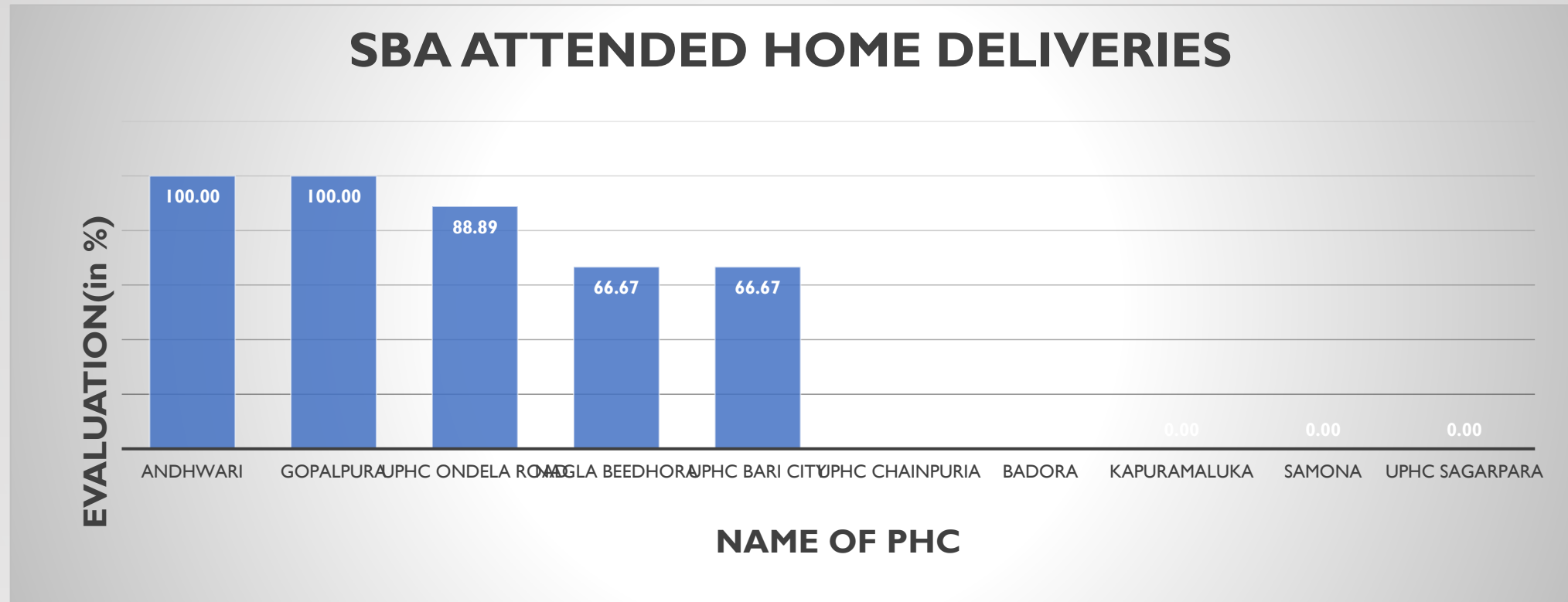
GAPS IDENTIFIED

- UPHC Chainpuriya and UPHC Ondela Road had performances below expectations and need urgent improvement. After telephonic interview, the main reasons identified were:
 1. Less number of MCHN days due to COVID-19 pandemic.
 2. Lack of motivation among PHC staff members.
 3. Record was not maintained and updated properly.

INDICATOR 5: SKILLED BIRTH ATTENDANTS ATTENDED HOME DELIVERIES

- In home deliveries, it is essential that the skilled birth attendants are available and assist during delivery.

GRAPHICAL REPRESENTATION



GRAPH 7

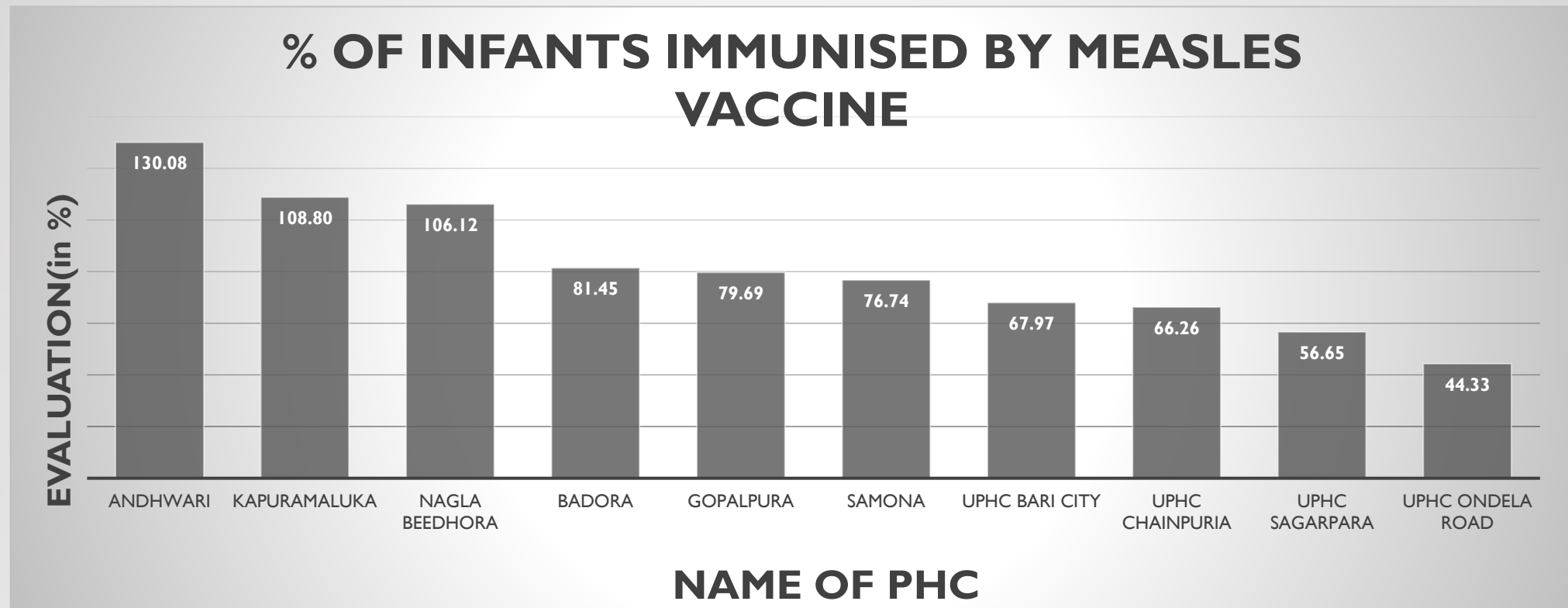
GAPS IDENTIFIED

1. UPHC Sagarpara and UPHC Chainpuriya had 100% missing deliveries. No home deliveries or institutional deliveries occurred there.
2. PHC Badora had total 4 home deliveries, all of which were not attended by SBA.
3. PHC Kapurmaluka and PHC Samona had 0% home deliveries. They had major portion of deliveries missing and others were institutional deliveries.

INDICATOR 6: PERCENTAGE OF INFANTS IMMUNISED BY MEASLES VACCINE

- Measles vaccination is given to the infants at 9 or 12 months of age to prevent infants from measles.

GRAPHICAL REPRESENTATION



GRAPH 8

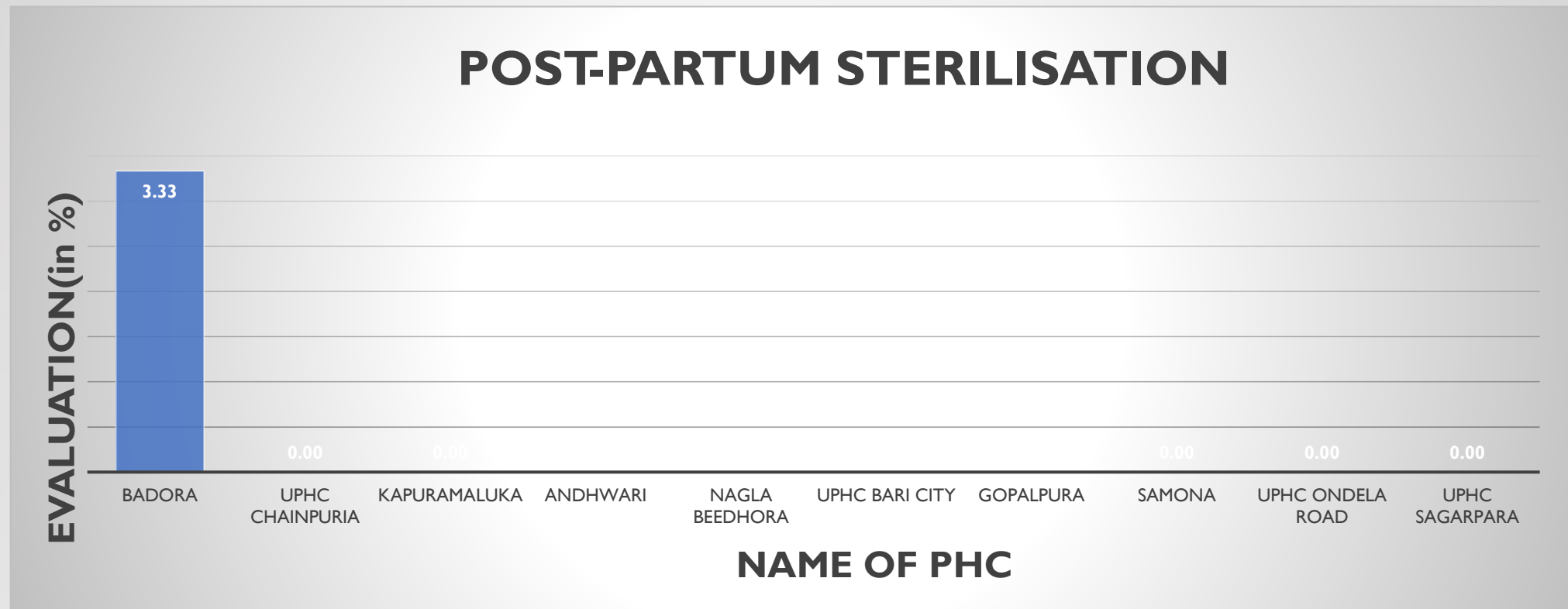
GAPS IDENTIFIED

- UPHC Sagarpara and UPHC Ondela Road were not able to perform as per the expectations and urgent improvement is needed in these PHCs. After telephonic interview, the main reasons identified were:
 1. Less number of MCHN days due to COVID-19 pandemic.
 2. Lack of motivation among PHC staff members.

INDICATOR 7: POST-PARTUM STERILISATION

- This procedure is performed just after the delivery of the baby. The fallopian tubes are cut and ligated together. This is a method of permanent birth control.

GRAPHICAL REPRESENTATION



GRAPH 9

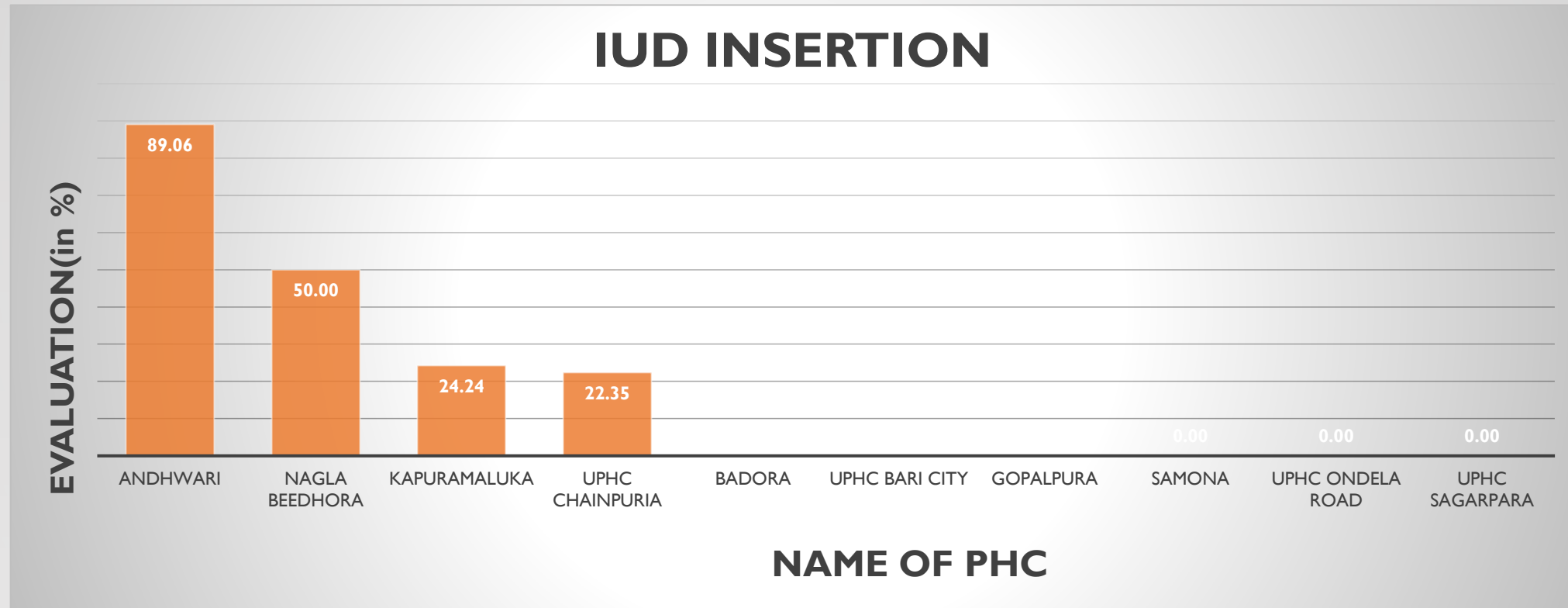
GAPS IDENTIFIED

- The results are poor in all PHCs due to following reasons:
 1. Proper record maintenance is not done with respect to post-partum sterilization.
 2. Complex procedures like these are referred to district hospitals.

INDICATOR 8: IUD INSERTION

- Intra- uterine devices are inserted in uterus as a measure of birth control. They prevent pregnancy for next 10 years approximately.

GRAPHICAL REPRESENTATION



GRAPH 10

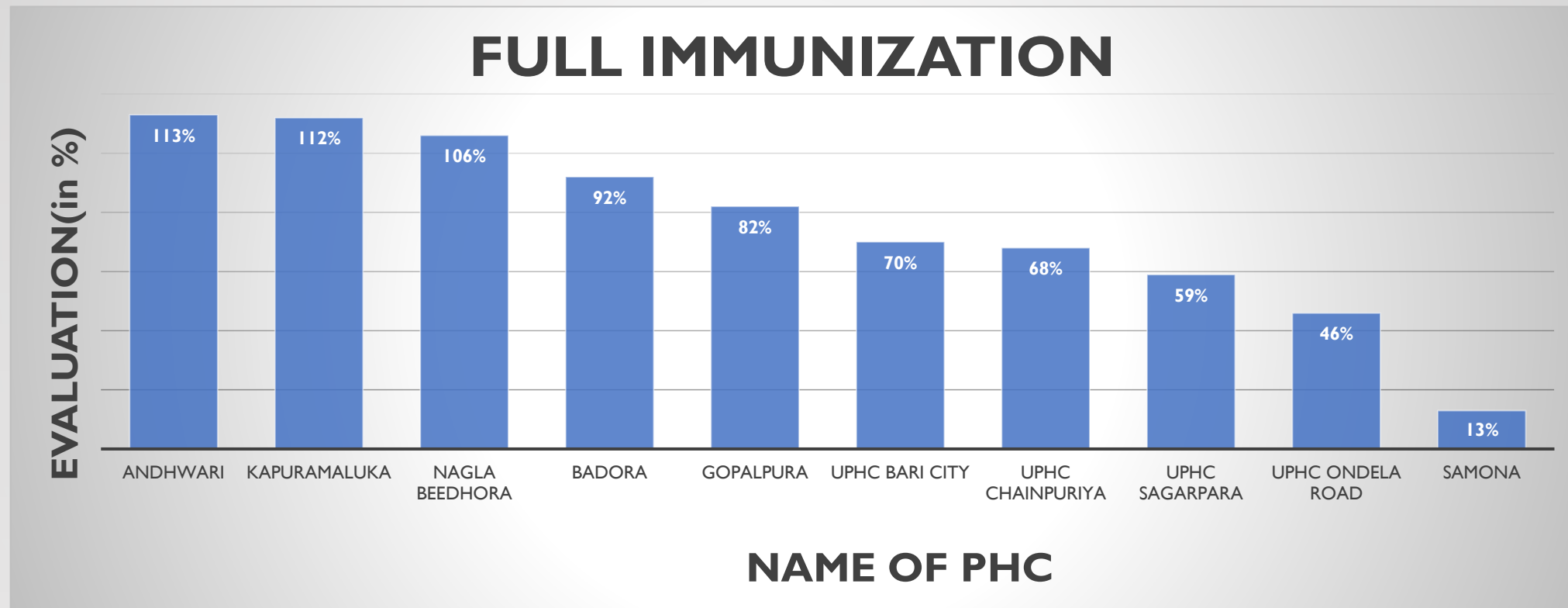
GAPS IDENTIFIED

- All the other PHCs except PHC Andhwari had their performances below expectations. After telephonic interview, the main reasons identified were:
 1. They did not have proper facilities and infrastructure required for IUD Insertion.
 2. Records were not maintained properly.
 3. People preferred private hospitals over PHCs and UPHCs for birth control procedures.

INDICATOR 9: FULL IMMUNIZATION

- A child is said to be fully immunized if he has received one dose of BCG, three doses of OPV and DPT each, two doses of rotavirus vaccine and one dose of measles vaccine. (WHO guidelines)

GRAPHICAL REPRESENTATION



GRAPH II

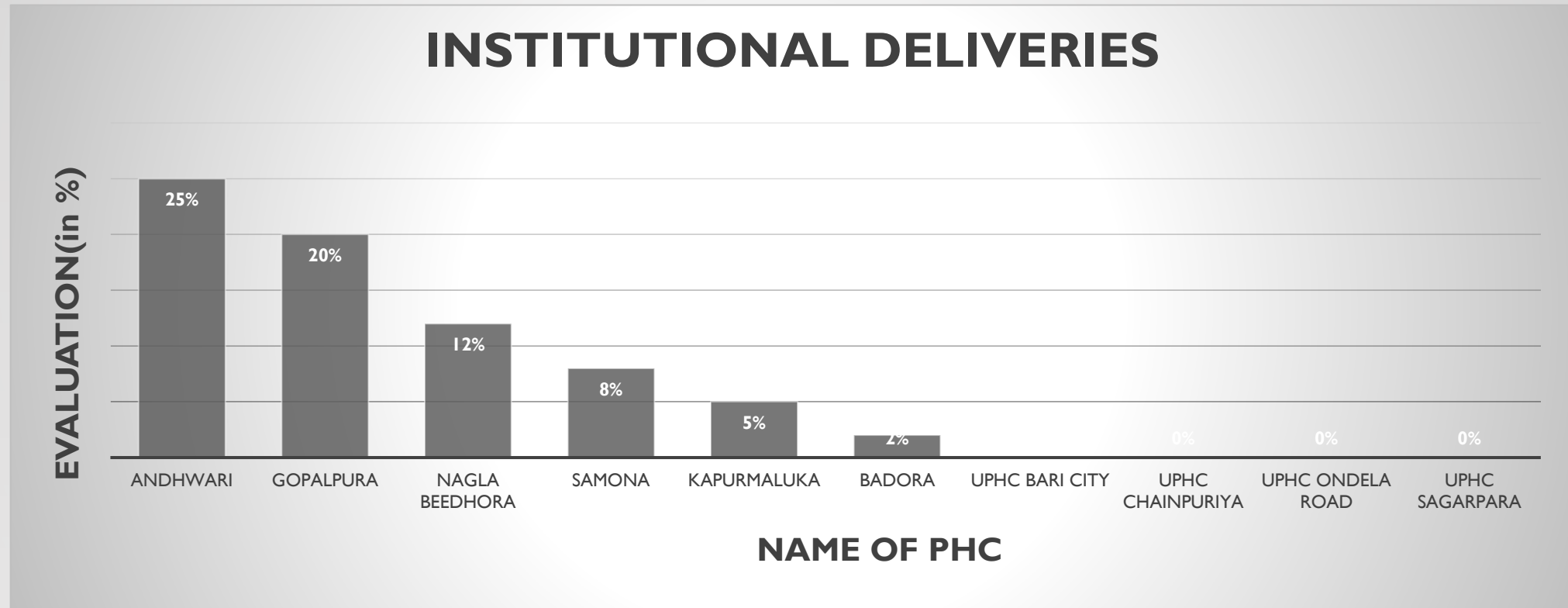
GAPS IDENTIFIED

- An interesting observation was made: all PHCs had a good performance except PHC Samona. After telephonic interview, the main reason identified was that though they had good performance with respect to this indicator, but they failed to maintain a proper record and upload it on the PCTS software.

INDICATOR 10: INSTITUTIONAL DELIVERIES

- Deliveries occurring at an institution like PHC or UPHC are counted as institutional deliveries.

GRAPHICAL REPRESENTATION



GRAPH 12

GAPS IDENTIFIED

- All the PHCs had a poor performance. After telephonic interview, following reasons were identified:
 1. First pregnancy and complex cases were usually referred.
 2. UPHC Bari City has no infrastructure for performing deliveries. They are running UPHC in a school building.
 3. People prefer private hospitals for deliveries due to better facilities available.

RECOMMENDATIONS

- Proper and timely tracking and recording of indicators should be done.
- Motivational training to all the health workers and staff members should be given.
- ANC check-ups should always be performed by female staff nurses.
- Follow-ups should be done at regular interval of time.
- Headcount surveys should be done at regular interval of time and should be recorded in a proper manner to track migrant population.
- Data for IFA tablets distribution should be recorded properly.

- Increased awareness among people by using IEC materials.
- Provisions of improving the infrastructure facilities should be made.
- Provisions should be made to record missing deliveries as well.
- Proper provisions for recording migrant population should be made.
- Post-partum sterilization facilities should be made available at the PHCs.
- IUD Insertion facilities should be provided for family planning.

CONTINUED...

- Providing proper sanitation and cleanliness facilities at all PHCs.
- Aware PW about the importance of 4 ANC check-ups.
- Some volunteers must be chosen from the native citizens who can understand the problems faced by the common people in that area and inform the staff of PHC.
- Retired ASHA and ANM workers can be asked to volunteer as there is increased workload due to COVID 19 pandemic situations.
- HBPNC should be promoted and proper care of mothers should be taken.
- Supply of MCH services must be optimum to meet the increasing demand in urban areas.

CONTINUED...

⇒ Conclusion ⇒

- Even after increasing the health expenditure in India, the PHCs are not able to achieve their targets. The main gaps identified were lack of motivation among PHC staff members, inability to maintain proper records and poor infrastructure. After proper recommendations addressing all the gaps, there will be a significant improvement in the performances of the PHCs. These recommendations were incorporated in Program Monitoring and Evaluation by Vani Sanstha. The next gap analysis that will occur after the end of this financial year (April 1, 2020 – March 31, 2021) and we are optimistic to find improvement in the performances of all the PHCs.

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PART B: ONLINE COURSE PRESENTATION



COURSE REPORT ON

HEALTH ECONOMICS AND FINANCING

**GUIDED BY
DR. SHWETA AGGARWAL**

**PRESENTED BY
DR. ASTHA SHARMA**

COURSE DESCRIPTION

- The primary goal of this course on “HEALTH ECONOMICS AND FINANCING” is to provide knowledge, skills and basic economic arguments that considered to be very important in discussions about health policy options and choices in developing countries.

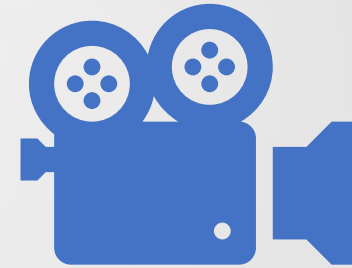
COURSE OBJECTIVES

1. To explain the key economic concepts and the principles which are relevant to health financing and provision.
2. To understand the main functions of health systems and the specific challenges facing such systems in developing countries.
3. To critique different tools for measuring equity and efficiency and understand how they can be used to guide health policy and programming.
4. To provide knowledge regarding the global health policies with present and upcoming trends.
5. To apply the necessary economic concepts and skills to produce and estimate health policies and plans from an equity and efficiency perspectives.
6. To display written and verbal skills in consolidating and objectively assessing public policy and public funding debates, especially from an equity perspective.

LEARNING METHODOLOGY



Reading material



Video Lectures

UNICEF AGORA PLATFORM

COURSE
CONDUCTED BY



COURSE CONTENTS

S. NO	NAME OF THE MODULE
1	Course Roadmap: Overview
2	Key principles for Healthcare Financing and Delivery: Equity and Efficiency
3	Health Systems: Fundamentals
4	Demand, Supply and Markets: Application to the Health Sector
5	Failing Markets: The Role of State and Non-state Actors in Health
6	Measuring Equity: Tools and their Applications
7	Economic Evaluation of Efficiency
8	Health Systems Financing: Creating Fiscal Space for Health
9	Health Systems Financing: Purchasing Health Services
10	The Big Picture: Macroeconomic Considerations.



I. COURSE ROADMAP: OVERVIEW

➤ **ECONOMICS:**

Economics starts from the basic premise that the resources are scarce but wants are unlimited. Choices are therefore needed to be made in the allocation of those resources. This principle of scarcity is at the core of all areas of economics including health economics.

➤ HEALTH ECONOMICS:

- Health economics is about how scarce healthcare resources can be allocated to get the most from these resources. It is all about making choices to employ resources in a way that maximizes a chosen objective.
- Healthcare policy assists in the study of health initiatives, funding for resources and the quality of public services offered to multiple communities.
- It is concerned not only to economists but also to those involved in the planning, management and delivery of health services and programmes.

➤ **Health economics answers following important questions:**

1. Can government spend more on healthcare resources?
2. How can resources be better targeted to stimulate demand from target population?
3. How can the measures of efficiency be used to attain better value for money?

➤ WHAT DETERMINES DIFFERENCES IN PROGRESS AMONG COUNTRIES?

- Professor McKee states that there is no “magical bullet” solution to the strengthening of health systems and that funding is a essential but not plenty condition. The Good Health at Low Cost (GHLC) study (Balabanova et al. 2010) concludes that the following factors are responsible:
 1. Leadership with a vision.
 2. Strong, consistent institutions.
 3. Taking advantage of catalytic events such as independence.
 4. Understanding the problems and using appropriate and context specific solutions.

➤ **CHALLENGES FACED BY HEALTH SYSTEMS:**

There are many health system constraints including:

1. Human resources
2. Financing
3. Drugs and supply system, and the
4. Generation and use of information

2. EFFICIENCY AND EQUITY



➤ **EFFICIENCY:**

Efficiency establishes a relationship between inputs and outputs, which can be measured in terms of cost and benefits. Efficiency describes elevating benefits with the available capital or reducing costs for a given level of benefit.

➤ TYPES OF EFFICIENCIES

1. **Technical efficiency:** more output cannot be produced without using more of at least one input. The resources available must be used to maximum advantage.
2. **Economic (or productive) efficiency:** choosing different combinations of resources until maximum value is obtained for a given cost. Economic efficiency in healthcare allows for the estimation of the relative benefit for money of interventions with closely comparable outcomes.
3. **Scale efficiency:** Efficiency of the scale refers to the possible efficiency gain from the optimum size of a health service or system. In other words, producing at an output level such that average cost is minimized.
4. **Allocative efficiency:** Concerning the tools we use to generate the goods and services we need, and on which we put the highest importance.

➤ EQUITY:

Equity is concerned with fairness and justice. It is subjective as it means different things to different people and different communities. In healthcare, it means equal access for healthcare services to all.

➤ TYPES OF EQUITY:

1. HORIZONTAL EQUITY: guarantees fair treatment of individuals in similar circumstances. Horizontal equity is characterized in 3 ways:

- a. Fair access with fair needs to the healthcare.
- b. Fair healthcare use for fair needs.
- c. Equal healthcare expenses for same needs.

2. VERTICAL EQUITY: Treating people differently is perceived when the degree of need between them varies.

A close-up photograph of several wooden alphabet blocks stacked on a light-colored, textured surface. The top block is red with a white letter 'A'. Below it, a yellow block with a white letter 'C' is visible. To the left of the 'C' block is a green block with a white letter 'B'. Below the 'B' block, a green block with a white letter '1' is partially visible. The blocks are arranged in a slightly overlapping manner, creating a sense of depth. A semi-transparent black rectangular box with a thin yellow horizontal line is overlaid on the lower right portion of the image, containing the text '3. HEALTH SYSTEM FUNDAMENTALS' in white, bold, sans-serif capital letters.

3. HEALTH SYSTEM FUNDAMENTALS

➤ **HEALTH SYSTEM:**

According to WHO “A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health.” (WHO 2007).

➤ OBJECTIVES OF HEALTH SYSTEM:

The WHO's framework on health systems (2010a) defines their objectives as follows:

1. Improving people's health status, families, and neighborhoods.
2. Protecting against financial ill-health effects.
3. Protecting health of the community against threat.
4. Enabling people to engage in actions that impact their wellbeing and the health system.

➤ **FUNCTIONS OF HEALTH SYSTEM:**

1. Delivering personal and non-personal medical services (or provisions)
2. Financing services
3. Resources generation
4. Providing overall “Stewardship” of the health system



4. DEMAND, SUPPLY AND MARKETS

➤ DEMAND:

- Demand refers to the quantity of a specific good consumers want at a given price. For most goods, the higher the price, the less of that good people will want to buy; the lower the price, the more is the quantity demanded. This relationship is called Demand curve.

➤ FACTORS AFFECTING DEMAND:

- a. price
- b. income
- c. price of other goods
- d. tastes or preferences
 - Demand for health services is a **derived** demand.

➤ SUPPLY:

- Supply is defined as the amount of a particular product that manufacturers are able to sell at a given price. Only a few suppliers are willing to sell it when a good is sold at a low price so the quantity supplied is low. More suppliers are willing to sell the good at a high price and therefore the supply is high.

➤ **MARKET EQUILIBRIUM:**

- A situation where the quantity supplied matches the quantity demanded is called market equilibrium. A change in one aspect of the market (for e.g. supply) will have ripple effects throughout the whole market.

➤ BARRIERS TO HEALTH SERVICE ACCESS

- DEMAND SIDE:
 - a. Means of transport available
 - b. Information on healthcare services / providers
 - c. Education
 - d. Cash flow within society
 - e. Lack of health awareness

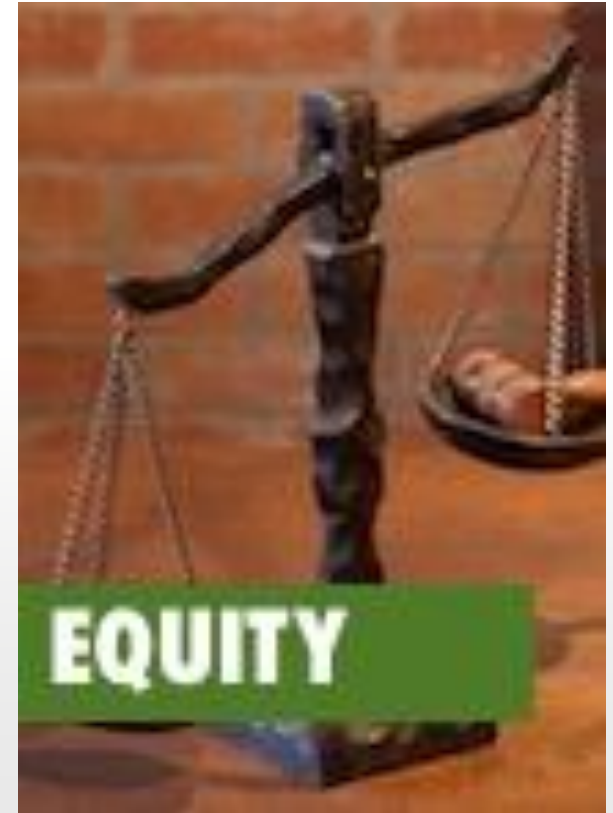
- SUPPLY SIDE:

- a. Location
- b. Availability of qualified staff, services / Providers
- c. Staff motivation, interpersonal skills, and level of trust
- d. Non integration of health services
- e. Exclusion from services or lack of referral assistance
- f. Costs of services

5. THE ROLE OF STATE AND NONSTATE ACTORS IN HEALTH: -

- a. Government intervention in Healthcare is necessary to minimize the impact of market failures and reduce inequities
- b. The state can act as provider, financial and regulator of services as well as a stable environment
- c. Both public and private sectors have a role to play in financing and provision of services in most health systems.

6. MEASURING EQUITY - TOOLS AND THEIR APPLICATIONS:



➤ EQUITY ANALYSIS:

- Health equity analysis can be defined as the study of inequalities between different population groups in terms of health outcomes, healthcare utilisation, subsidies, and payments. (O' Donnell et al. 2008).

➤ TOOLS AND APPLICATIONS:

Equity analysis provides us with that **tools** to explain the following questions:

- a. What are the overall disparity patterns and scope in the country?
- b. How large and persistent are the gaps in access to services and in outcomes?
- c. How do trends and outcomes differ across populations groups and regions?
- d. What is the equity impact of subsidies or other policy changes?
- e. Are existing patterns of financing regressive or progressive?

7. ECONOMIC EVALUATION OF EFFICIENCY



Framing the evaluation and identifying alternatives for comparison



Identification, quantification, and assessment of the necessary resources



Identify, measure, and evaluate health effects and equate them with costs

8: HEALTH SYSTEM FINANCING – CREATING FISCAL SPACE FOR HEALTH: -

➤ FISCAL SPACE:

- Fiscal space is defined as “the room in a government budget to provide additional resources for a desired purpose without jeopardizing the governments financial position or economic stability” (Heller 2005).
- Increasing fiscal space means making additional resources available to fund priority government programs.

➤ **HOW CAN GOVERNMENT INCREASE FISCAL SPACE FOR HEALTH?**

1. Conducive macroeconomic conditions.
2. Restoring health priorities within government
3. Introducing or raising earmarked taxes for health
4. Increase of specific grants for the health sector and foreign aid
5. Increasing efficiency of existing government health program.

9. HEALTH SYSTEM FINANCING – PURCHASING HEALTH SERVICES: -

➤ **CONTRACTING IN HEALTH SERVICES:**

- A contract is an exchange of promises between 2 or more parties to do, or refrain from doing, an act which is enforceable in a court of law. In economics, contracts are saying to mediate all forms of exchange.

➤ **PERFORMANCE BASED FINANCING:**

- In contrast to inputs or working processes, it is a technique that structures the contracting arrangement around the outputs.



10. THE BIG PICTURE – MACROECONOMIC CONSIDERATIONS: -

➤ **MACROECONOMICS:**

- Macroeconomics looks at the economy's production and functioning as one-the bond between economic growth, productivity, employment and inflation.
- On the other hand, microeconomics studies, the choices at the individual or firm level.

KEY MESSAGES:

Macroeconomic factors will affect population groups differently. They are likely to negatively impact the poor disproportionately more.

It is important to consider what the distributional consequences of macroeconomic changes and policies are.



THANK YOU

"Stay safe and maintain social distancing"

