



**USAID**  
FROM THE AMERICAN PEOPLE

# Maternal and child health MDGs: The neglected priorities?

Stephanie Boulenger

Health Systems 20/20, Abt Associates

APHA Annual Meeting  
5 November 2007



**Abt Associates Inc.**

*In collaboration with:*

- | Aga Khan Foundation | BearingPoint
- | Bitrán y Asociados | BRAC University
- | Broad Branch Associates
- | Forum One Communications | RTI International
- | Training Resources Group
- | Tulane University's School of Public Health



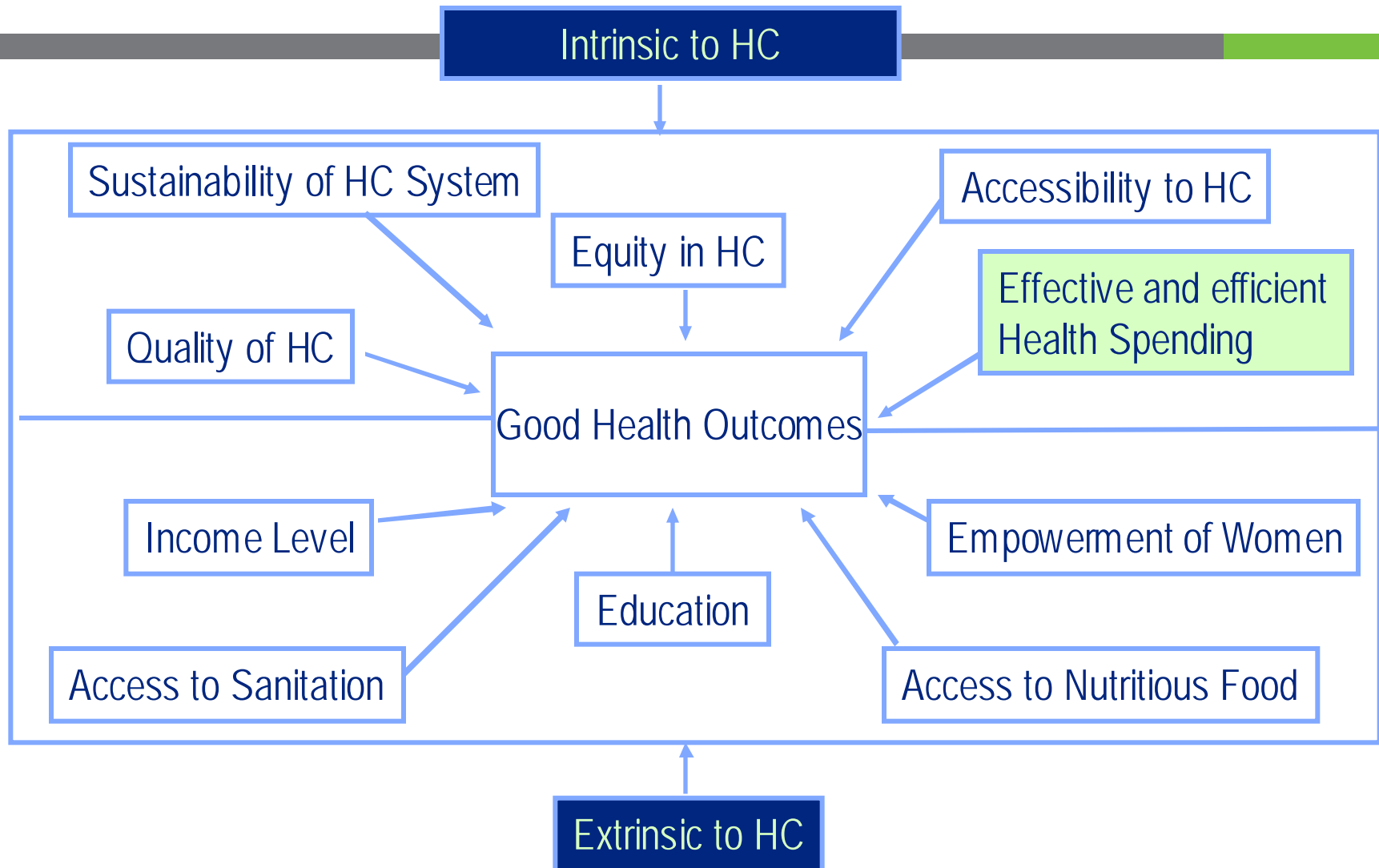
# Rationale

- Slow improvements in health status have led the international community to renew efforts to combat specific diseases and reduce the burden associated with the principal causes of morbidity and mortality
  - ↳ MDGs
  - ↳ Unprecedented level of funding

# Study Question

- Are the investments in MH and CH measuring up to the current health trends to ultimately reach Goals 4 and 5 of the Millennium Development Goals (MDGs)?
  - Goal 4: Reduce child mortality
  - Goal 5: Improve maternal health

# Health Spending Is Only One Component Contributing to a Population's Health Outcomes



# Methods

- 6 case studies/countries from 2000-2005 based on National Health Accounts (NHA) methodology
- The International Classification of Health Accounts is adapted to track the flow of funds for HIV/AIDS, child health and reproductive health.
- The origins of funds and allocation to different programs and service delivery components was studied.
- An analysis of these flow of funds in comparison to the health outcomes.

# Health status indicators

	Infant mortality rate (per 1 000 live births)	Under-5 mortality rate (per 1 000 live births)	Maternal mortality ratio (per 100 000 live births)	HIV/AIDS prevalence rate (%)
Ethiopia	109 (>)	169 (=)	850 (>)	4.4 (<)
Kenya	78 (<)	123 (<)	1000 (<)	6.7 (<)
Malawi	78 (<)	178 (>)	1800 (>)	14.2 (>)
Rwanda	118 (>)	203 (>)	1400 (>)	5.1 (<)
Jordan	22 (<)	28 (<)	41 (<)	n.a
Ukraine	13 (<)	20 (<)	38 (<)	1.4 (>)

WHO. 2007.

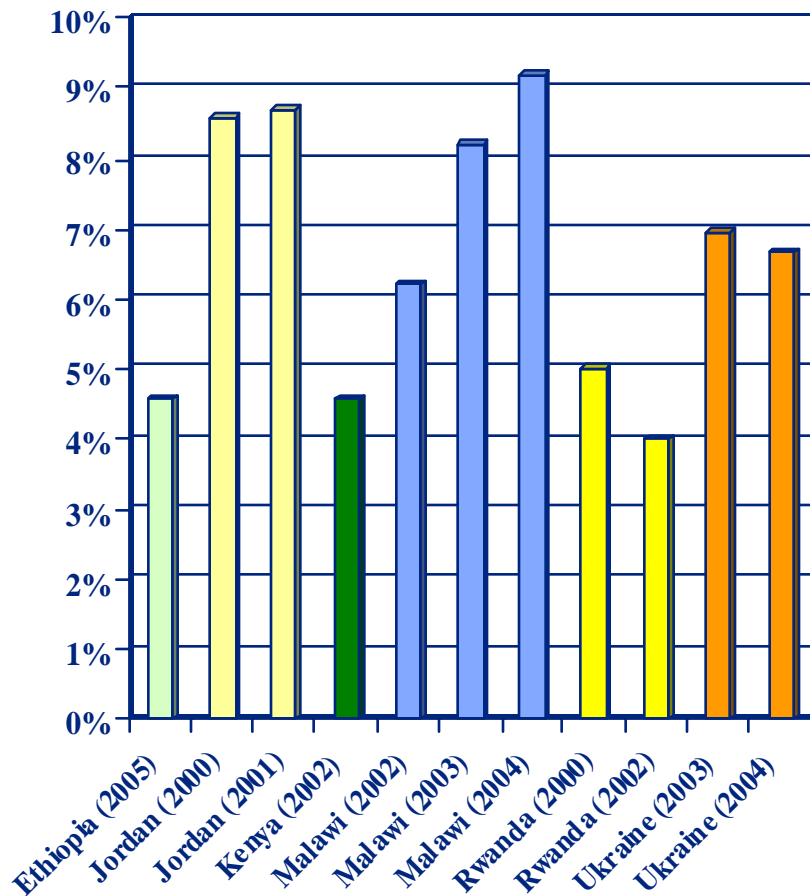
# Main causes of death

Ethiopia	Lower respiratory tract infections (LRI), HIV/AIDS, Perinatal conditions, Diarrhoeal diseases, TB
Kenya	HIV/AIDS, LRI, Diarrhoeal diseases, TB, Malaria
Malawi	HIV/AIDS, LRI, Malaria, Diarrhoeal diseases, Perinatal conditions
Rwanda	HIV/AIDS, LRI, Diarrhoeal diseases, Perinatal conditions, TB
Jordan	Ischaemic heart disease (IHD), Road traffic accidents, Congenital anomalies, Cerebrovascular disease, LRI
Ukraine	IHD, Cerebrovascular disease, Chronic obstructive pulmonary disease, Trachea, bronchus, lung cancers, Self-inflicted injuries

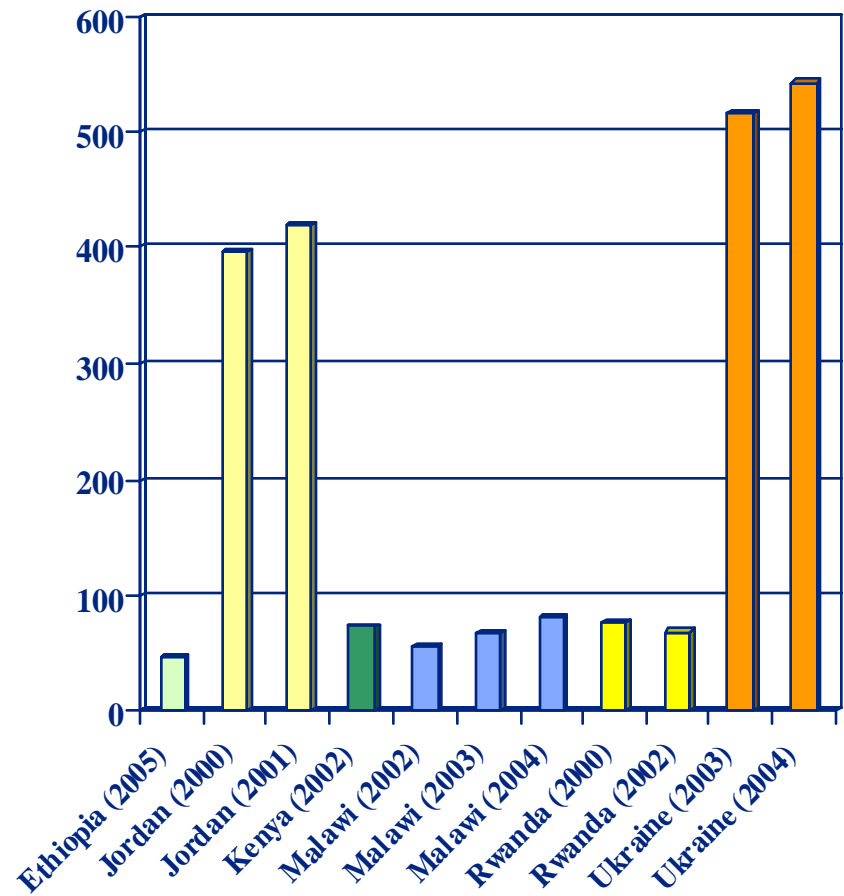
WHO. Mortality Country Fact Sheet 2006.

# Expenditures in health

THE as % of GDP

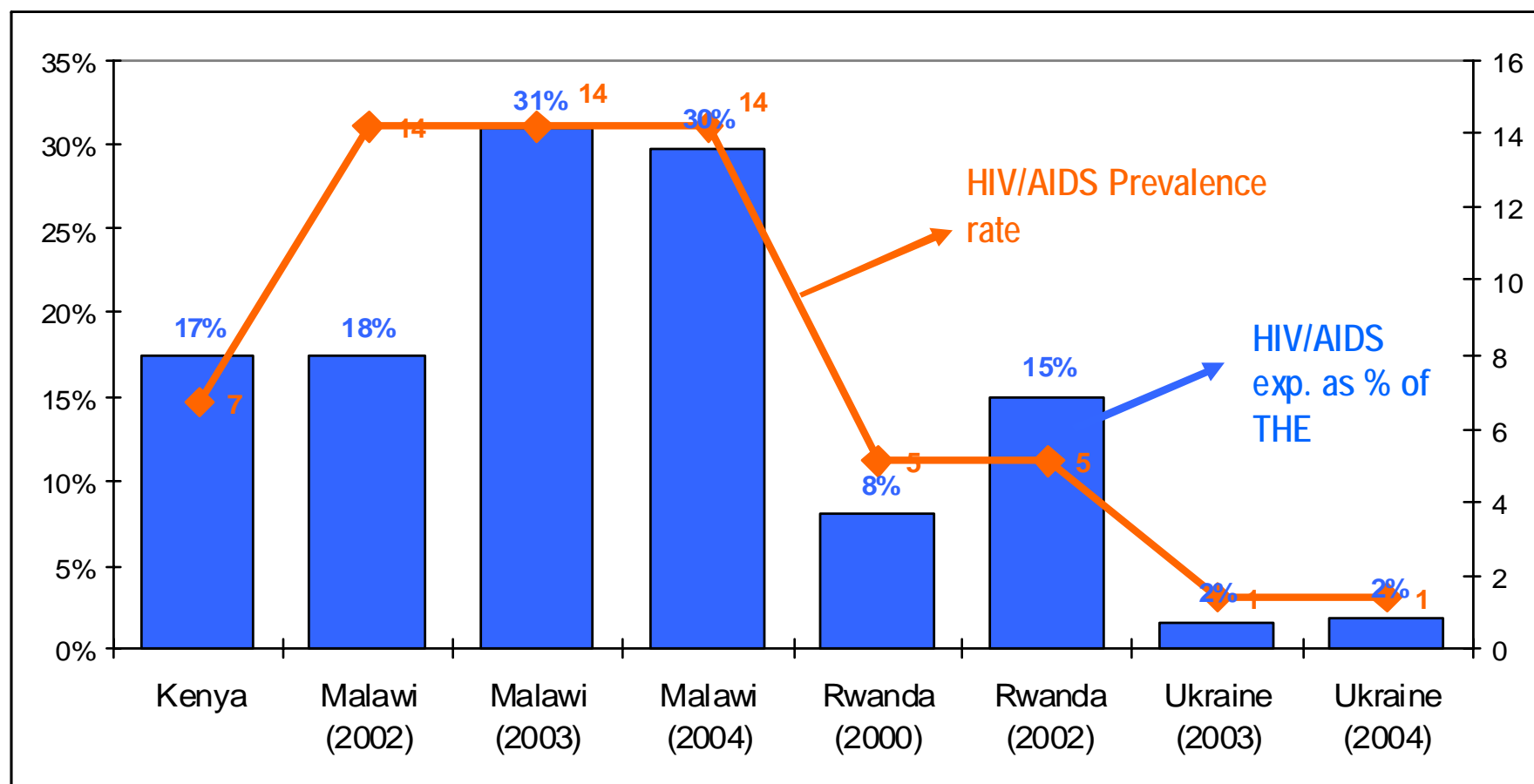


THE per capita 2005 (US\$,) PPP



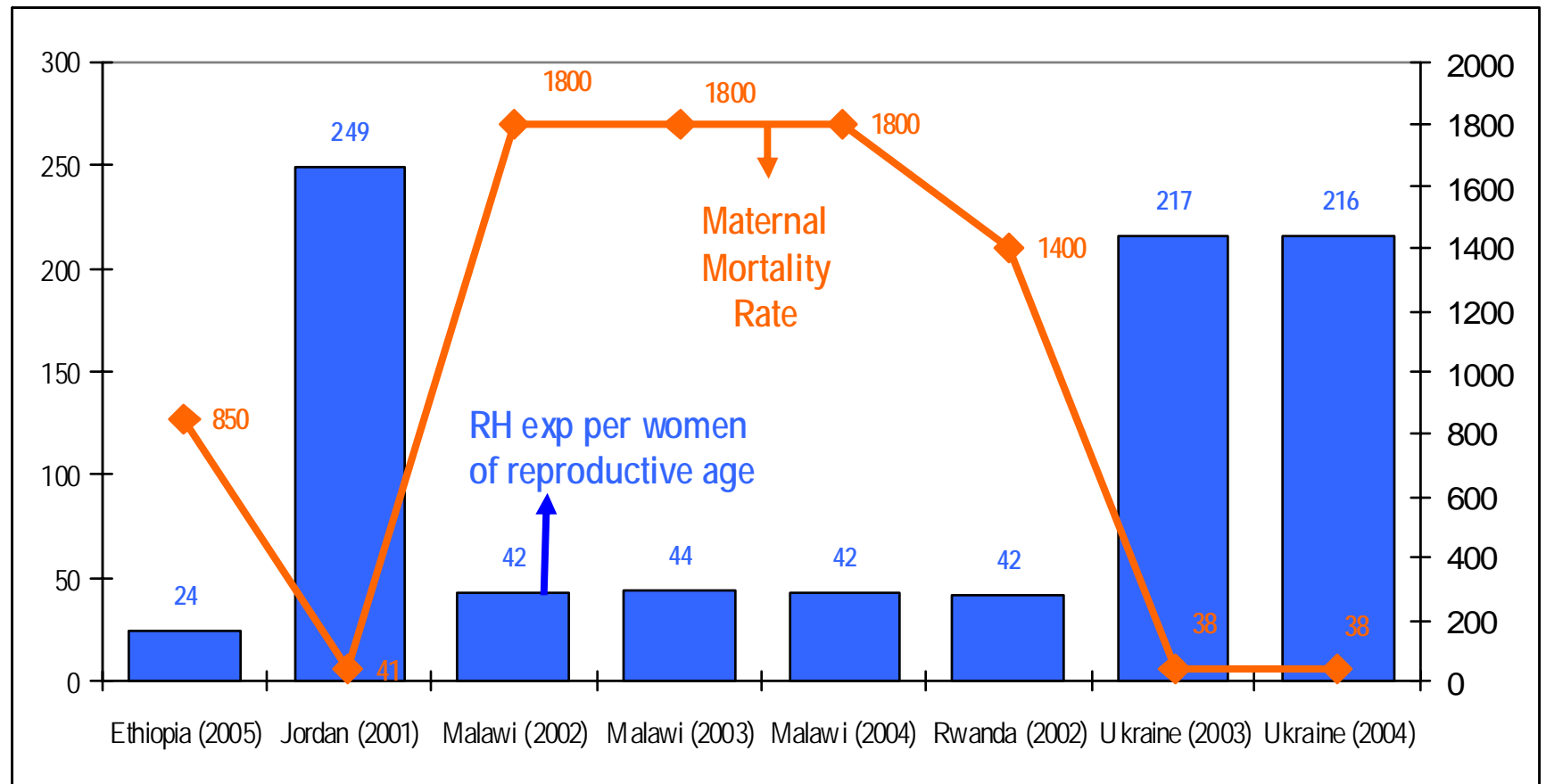


# HIV/AIDS Expenditure as % of THE in relation to HIV/AIDS prevalence rates



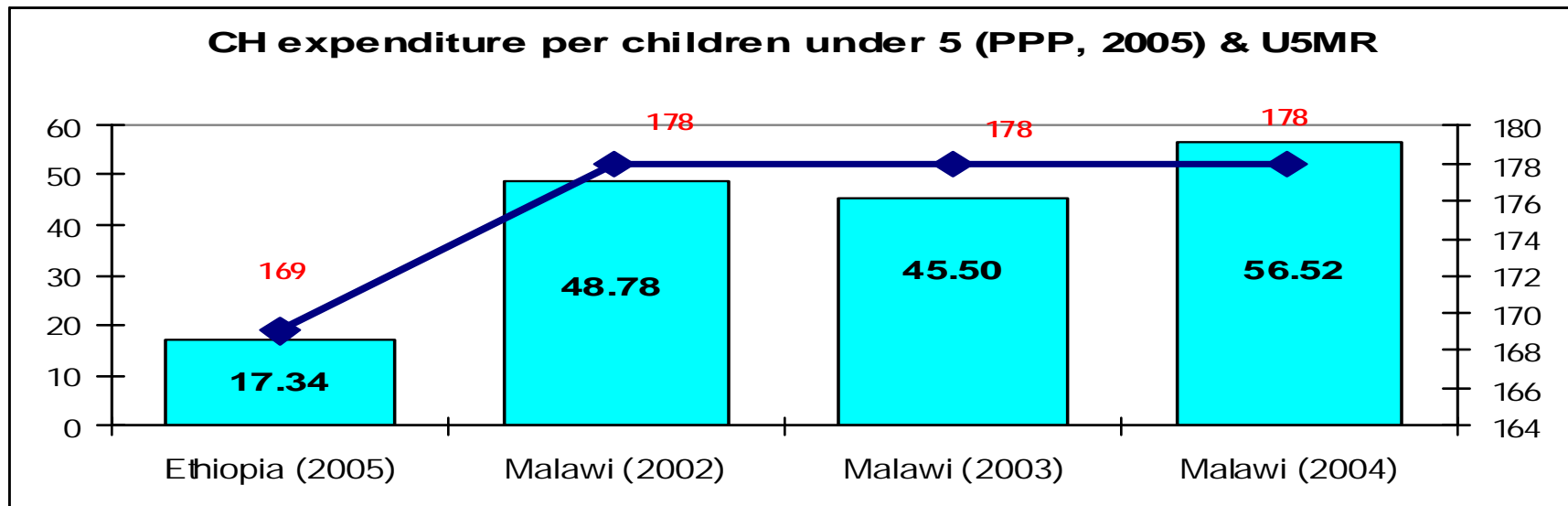
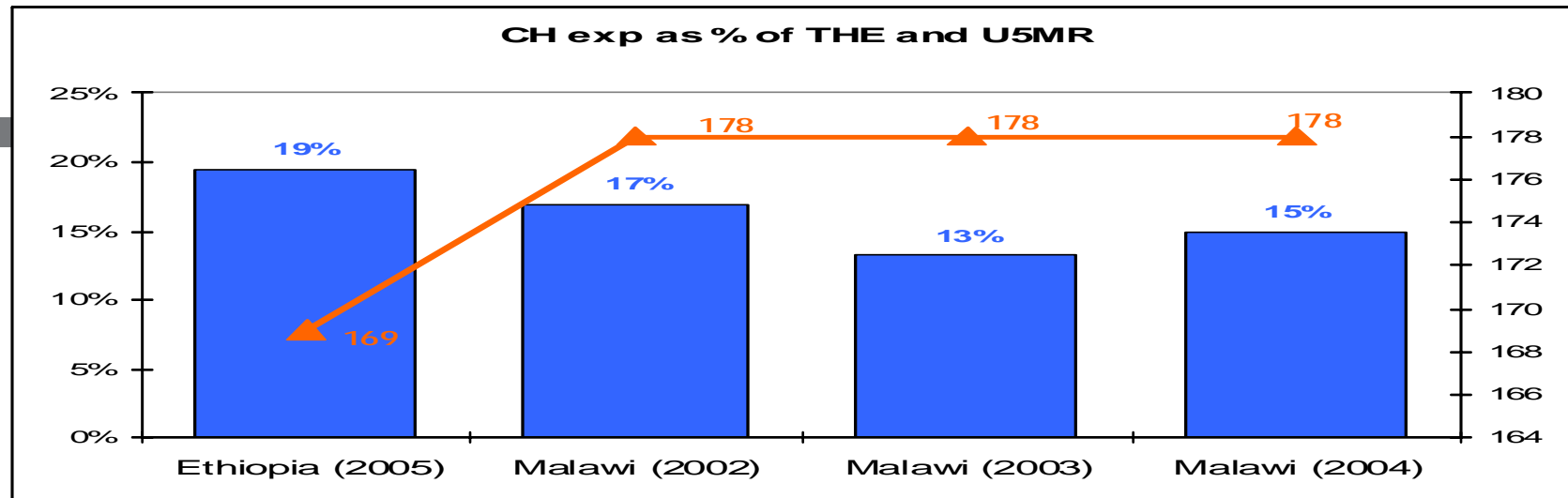
Sources: IMF 2007. NHA reports. WHO 2007

# RH Expenditure per women of reproductive age (US\$, PPP) in relation to MMR, 2005



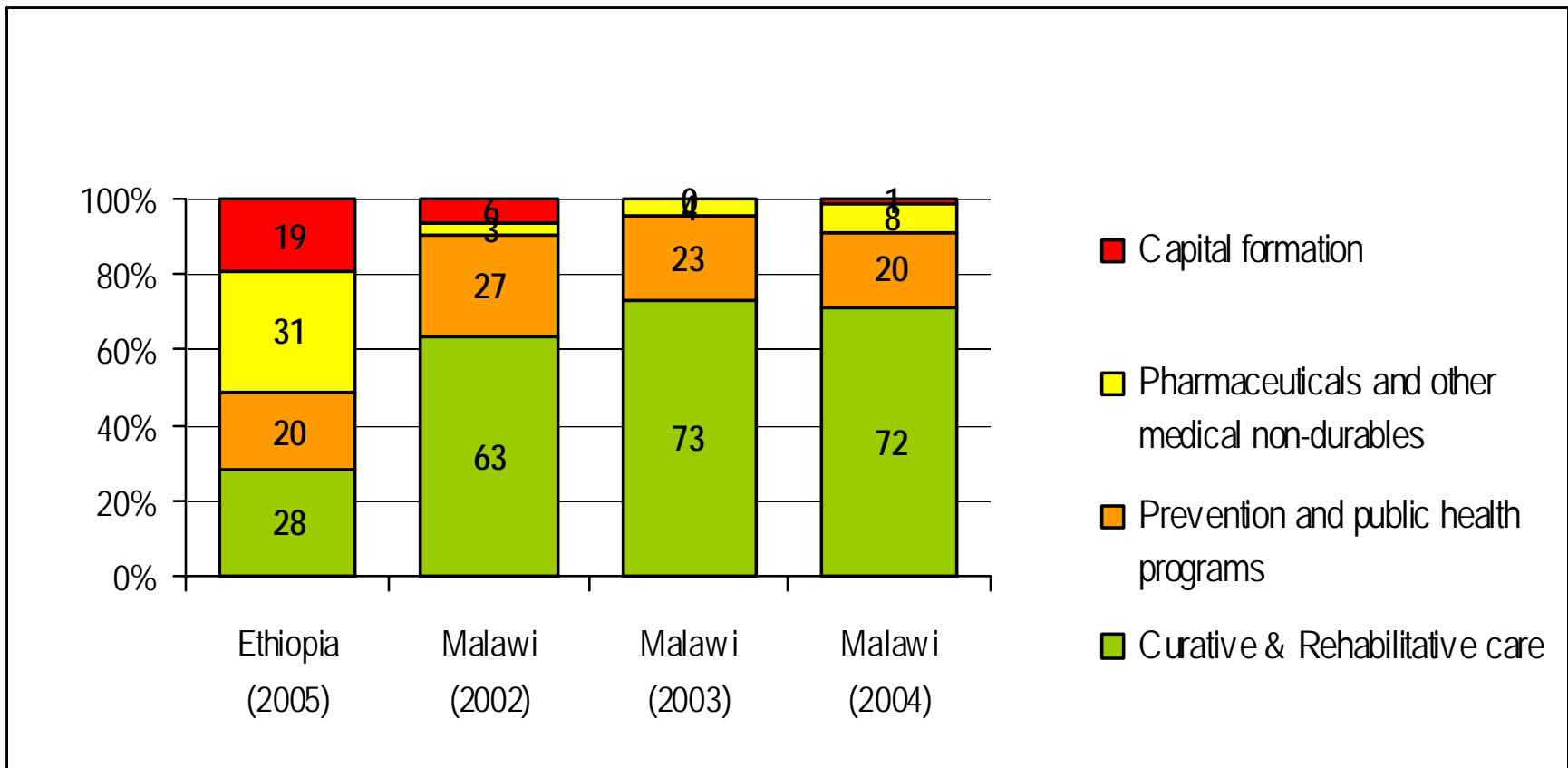
Sources: IMF 2007. NHA reports

# Ch expenditure and U5MR



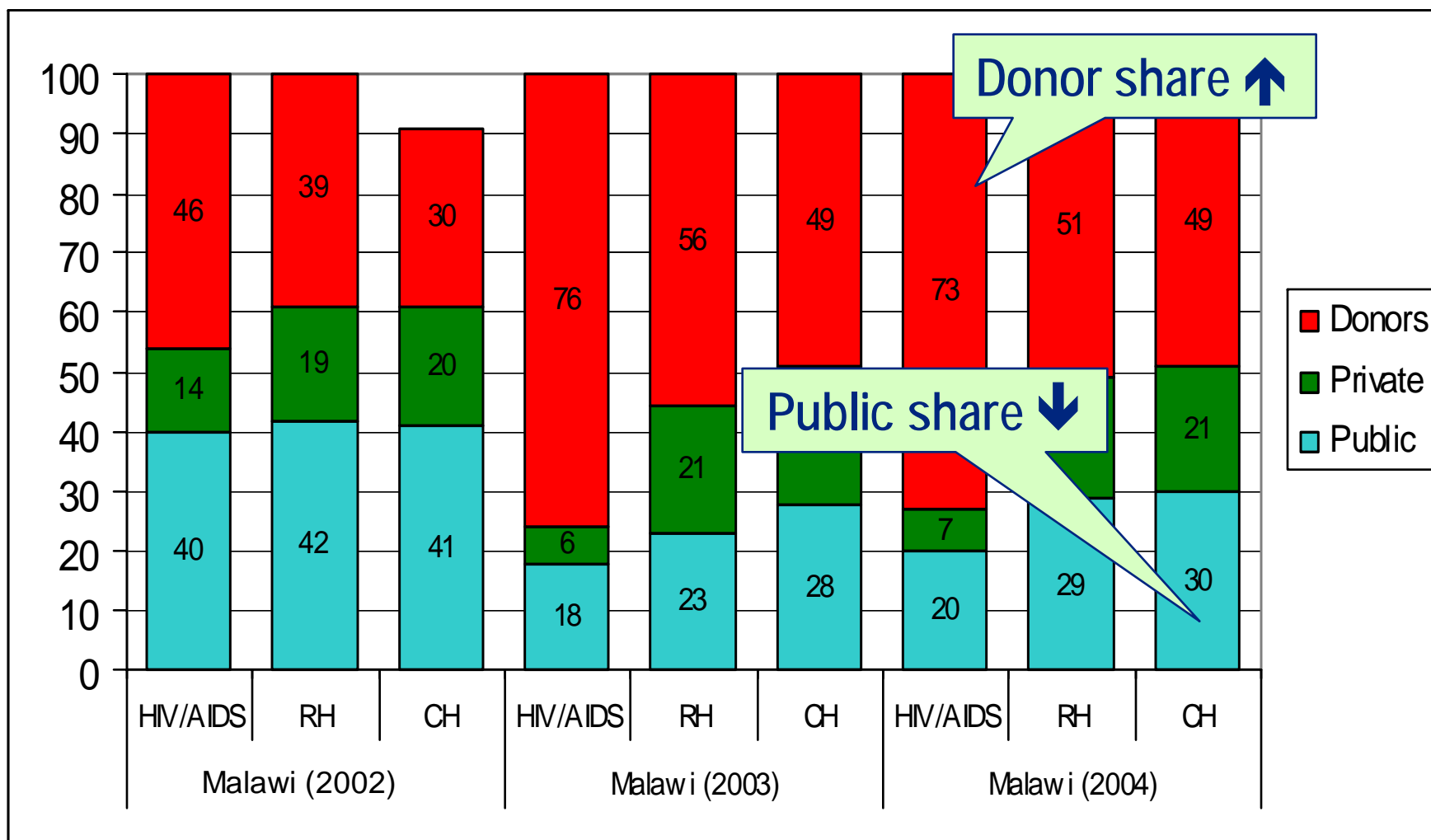
Sources: IMF 2007. NHA reports. WHO 2007

# How is the money spent on CH in Ethiopia and Malawi?

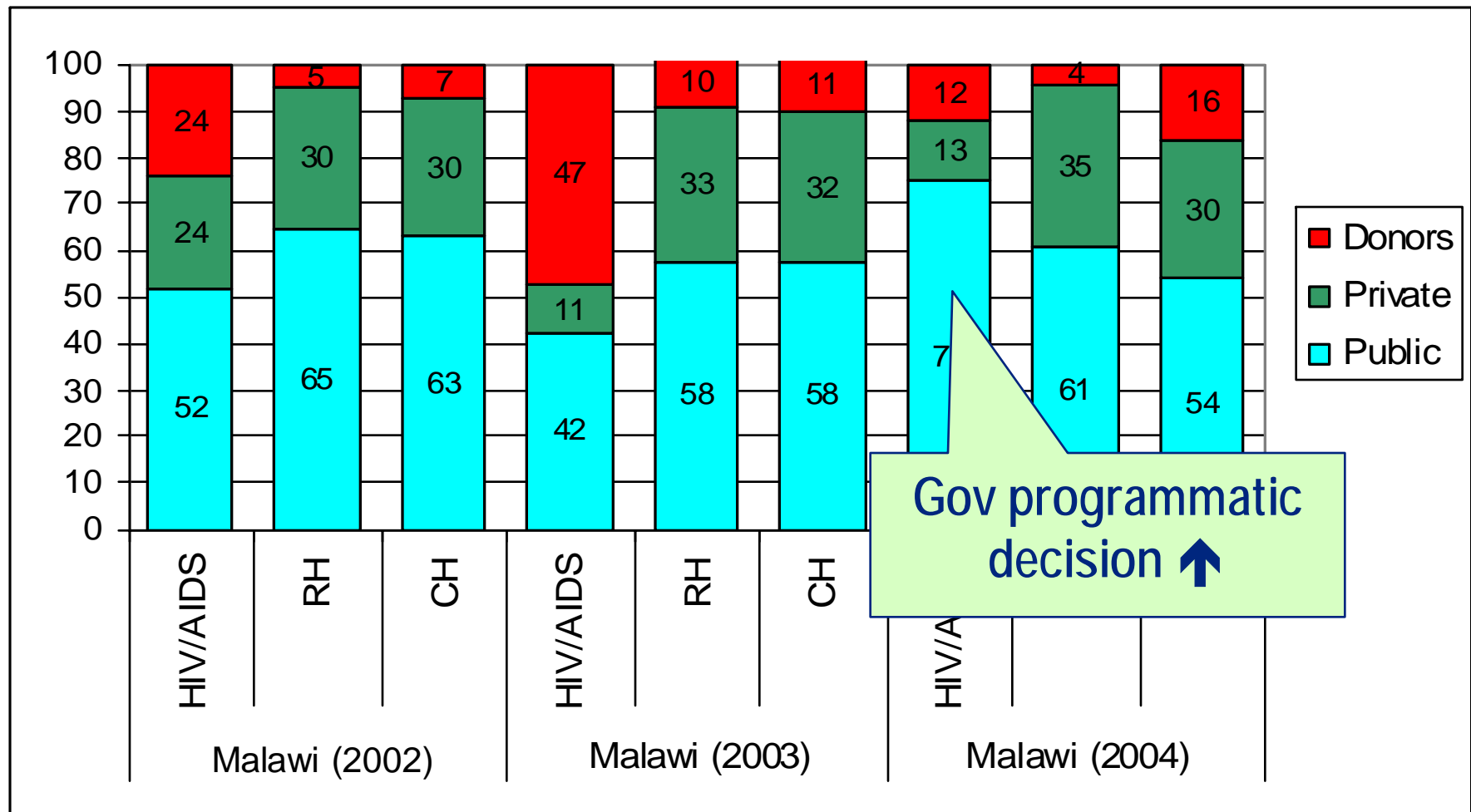


Sources: NHA Reports. PHRplus

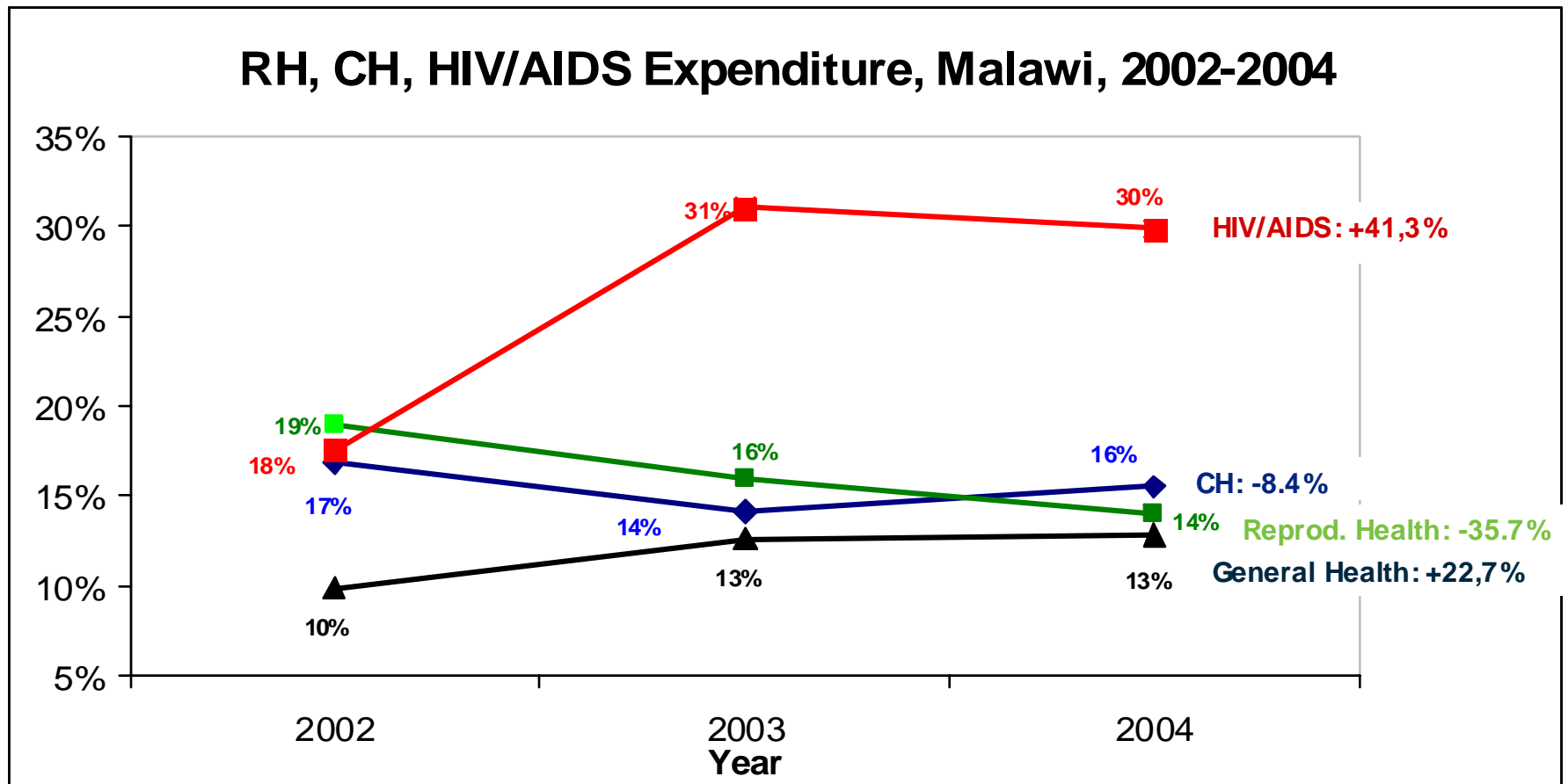
# Financing Sources for HIV/AIDS, CH and RH in Malawi



# Financing Agents for HIV/AIDS, CH and RH in Malawi

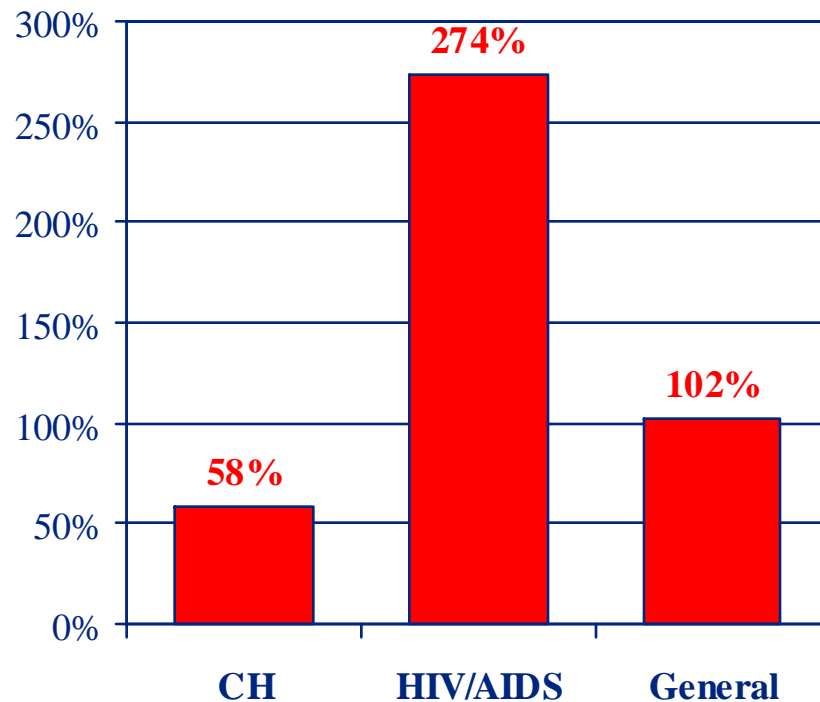


# Malawi – Health Expenditure Breakdown

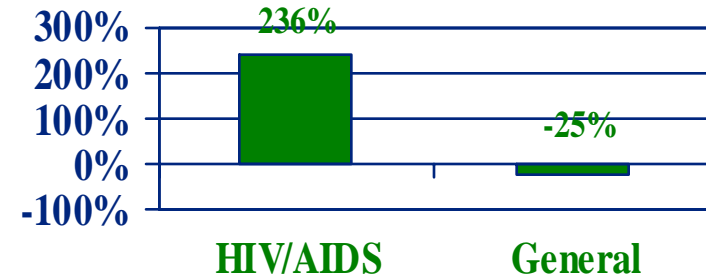


# Evolution of donor funding in Malawi, Rwanda and Ukraine, absolute values (2005)

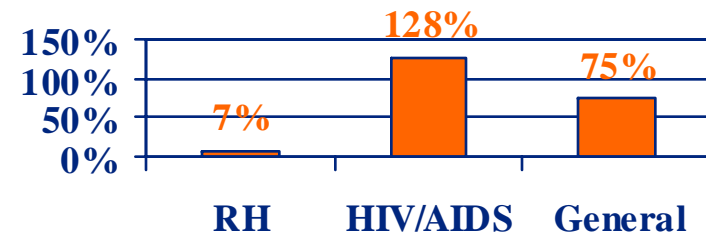
## Malawi (2002-2004)



## Rwanda (2000-2002)



## Ukraine (2003-2004)



Sources: NHA Reports. PHRplus. IMF 2007



# Distribution of donor funding

	Malawi			Rwanda	Ukraine	
	RH	CH	HIV/AIDS	HIV/AIDS	RH	HIV/AIDS
2000						
2002	15.9%	13.6%	16.5%	32.9%	21.7%	49.0%
2003	12.5%	9.2%	3.1%		13.3%	6.4%
2004	10.1%	10.6%	30.7%			

Annotations:

- Malawi RH (2000-2004): ↓36.4%
- Malawi CH (2000-2004): ↓21.9%
- Malawi HIV/AIDS (2000-2004): ↑85.5%
- Rwanda HIV/AIDS (2000-2004): ↑348%
- Ukraine RH (2000-2004): ↓38.8%
- Ukraine HIV/AIDS (2000-2004): ↑30.6%

# Limitations

- Few data on MH and CH expenditures at national level
  - Most data are on commitments and disbursements
- Few countries where NHA subaccounts have been conducted
- Discrepancies in years of data: expenditure versus health indicators
- Need to look at which interventions are the funds used for
- Need to look at how the money is being spent
- Lack of information on expenditure at national level

# Conclusions and Findings

- Donor funding
  - Increased in absolute terms
  - But RH and CH have had less interests from donors
  - Shift of spending towards HIV/AIDS
- Levels of spending do not necessarily follow disease burden, national priorities or international priorities (MDGs)
- Spending patterns change between COUNTRIES and YEAR

# Acknowledgements

- Thanks to the national NHA teams and NHA technical leaders: Leulseged Ageze, Fatina Al-Halawani, Ali Al-Madani, Genet Anteneh, Dwayne Banks, Manjiri Bhawalkar, Rudolph Chandler Catherine Chanfreau, Yuriy Chechulin, Susna De, Esubalew Demissie, Tesfaye Dereje, Tania Dmytraczenko, Taissir Fardous, Victor Galayda, George Gotsadze, Emmanuel Kabanda, A. K. M. Kilele, Pascal Kayobotsi, Valeria Lekhan, Laurent Manizabayo, Brian Mtonya, Spy Munthali, Steve Musau, Tako Mwase, A.K. Nandakumar, Lazare Ndazaro, Vianney Nizeyimana, Hailu Nega, Médard Nyandekwe, Théophile Nzeyimana, Tim Powell Jackson, Pia Schneider, Owen Smith, Bernard Storme, Charles Waza, Getachew Worku, Yasmin Yusuf, Eyob Zere.



**USAID**  
FROM THE AMERICAN PEOPLE

# Thank you

Reports related to this presentation  
are available at [www.HS2020.org](http://www.HS2020.org)



**Abt Associates Inc.**

*In collaboration with:*

- | Aga Khan Foundation | BearingPoint
- | Bitrán y Asociados | BRAC University
- | Broad Branch Associates
- | Forum One Communications | RTI International
- | Training Resources Group
- | Tulane University's School of Public Health

