



Dear Colleague,

The question of whether user fees in public facilities [reduce healthcare utilization](#) and [worsen health outcomes](#), which was vigorously debated by health financing experts in the past, has largely been settled; they do. The focus of discussion has shifted instead to [user fee removal policies](#) introduced by low- and middle-income countries. Today, I have the pleasure of sharing with you three recent products from the SP4PHC project that discuss Kenya's experience with removing user fees for maternal health services.

In 2013, **Kenya** introduced a free maternity policy abolishing all charges for childbirths at public facilities. At first, the Ministry of Health (MOH) started reimbursing health facilities directly, but later transferred the program to the National Hospital Insurance Fund (NHIF). Under the renamed *Linda Mama* program, women who register with the NHIF are meant to have access to an expanded package of maternal and newborn health services free of charge from NHIF-contracted public and private providers, and the MOH is supposed to provide funding to the NHIF to reimburse the facilities.

In two recent journal articles, KEMRI Wellcome Trust and ThinkWell share findings from a survey of facilities and program beneficiaries that shows that [the impact of Linda Mama on healthcare utilization](#) has been mixed and the program faces many [implementation challenges](#). Most troubling is the fact that program beneficiaries are still incurring out-of-pocket charges. This is in part due to the unavailability of essential commodities and supplies at public facilities that then force mothers to buy them elsewhere. Another reason is that providers are not being reimbursed for all the services that are in the expanded benefits package, forcing them to charge patients and undermine the intention behind the free maternity policy. Facilities face other challenges too. Some smaller facilities lack the staff and infrastructure to submit claims to the NHIF and payments from the NHIF are frequently delayed, often because the MOH has not provided the necessary funds to the NHIF.

Such implementation challenges are not uncommon for a large program of this kind; however, it is imperative that the NHIF work with the MOH, county governments, and facilities to address them quickly. One county's ongoing efforts to improve uptake of the Linda Mama program, which are described in [a recent project brief](#), show that progress is possible. The NHIF undertaking analysis of claims and payment data on a routine basis and sharing results with program stakeholders would go a long way in improving the performance of the Linda Mama program nationwide.

Below, you can find more details about these products in addition to resources from other SP4PHC countries. As always, we look forward to hearing your thoughts and feedback!

Regards,



Nirmala Ravishankar, PhD
SP4PHC Program Director
ThinkWell



FEATURED EVENTS AND PRODUCTS



Burkina Faso Gratuité Bulletin

ThinkWell supported Burkina Faso's Technical Secretariat for Universal Health Coverage (TS-UHC) to revitalize the Gratuité program's routine feedback bulletin. Using data from the e-Gratuité platform and reports from contracted non-governmental organizations (NGOs), including those that carry out control and evaluation functions, this [special edition bulletin](#) covers the performance of the Gratuité program from January to December 2020.



Challenges to Maintaining Essential Services in Indonesia During COVID-19

How did the Government of Indonesia try to maintain essential health services (EHS) in the midst of the COVID-19 pandemic? [This policy brief](#) focuses on how upstream financing challenges at the national and district levels affected frontline providers' ability to respond to COVID-19 and maintain routine EHS in addition to policy recommendations for improving these processes in future crises.



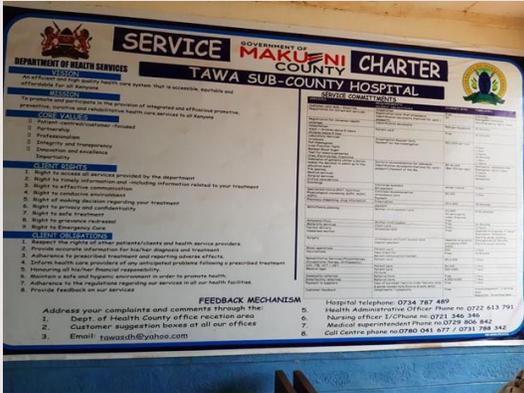
Universal Healthcare in The Philippines

The Universal Healthcare (UHC) Law, enacted in 2019, aims to revitalize PhilHealth's role and capacity to become the national strategic purchaser of health services. This [recent blog](#) and [report](#) discuss how ThinkWell supported the UHC Law by facilitating learning sessions with PhilHealth representatives to inform health financing and the development of provider payment policies. These include mechanisms that can bolster primary healthcare financing in the long term, detailed in another [recent blog](#) by our team.



Participation at the 2021 International Health Economics Association

From July 12-15, ThinkWell participated in the virtual 2021 International Health Economics Association (iHEA) Congress to discuss bold, practical solutions for health financing. In addition to two organized sessions titled [Health Financing in Devolved Contexts and Its Implications for Progress Towards Universal Health Coverage](#) and [Are Public Facilities Set up to Respond to Strategic Purchasing Signals: Insights from East Africa](#), multiple ThinkWell team members participated as panelists and presented seven posters on various topics. Read about several takeaways in a new [blog](#).



Health Financing Webinar for Kenya's Maternity Policy

ThinkWell's Kenya team is excited to partner with KEMRI Wellcome Trust and P4H to host a virtual discussion about the performance of Kenya's Linda Mama maternity program and how it relates to the country's health financing strategy for achieving universal health coverage. This webinar, coming up in early November, will build upon the findings discussed in two studies by ThinkWell and KEMRI Wellcome Trust, one measuring the [impact of the free maternity policy](#) in *BMJ Global Health* and a [qualitative process evaluation of Linda Mama](#) in the *International Journal of Health Planning and Management*. Stay tuned for the exact date and time of this webinar.

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