

#### CashHelpdesk

#### Webinar 13: CVA for Health

# Adapting to COVID-19 - The Use of Cash & Markets in the Red Cross Red Crescent Movement 21 October 2020



	Agenda	Speaker
3 mins	Housekeeping	David Dalgado, Cash Hub team - Host
7 mins	Opening	Mark James Johnson, Health and Care Department, IFRC, Geneva
7 mins	Cost of Health Care	Ansa Masaud Baloch Jørgensen – Cash and Health Coordinator, Norwegian Red Cross
10 mins	<b>Hellenic Red Cross</b>	Sophia Peponi- Director of Programme Dept. Cash Transfer
	<ul><li>– CVA for Health</li></ul>	Programming (CTP) Coordinator, Hellenic Red Cross
	<b>Programme Plans</b>	
12 mins	<b>DR Congo Case</b>	Jo Burton, Global Cash and Markets Lead, ICRC &
	Study & ICRC	Jan van Zoelen, former Cash & Markets Specialist, DR Congo, ICRC
	<b>Global Overview</b>	
	<b>CVA</b> for Health	
15 mins	Q&A	Questions & Answers

www.cash-hub.org - Cash Helpdesk available for all RCRC Movement CVA support



Cash for health outcomes

An overview of key concepts

Mark James Johnson

Movement Cash and Health Technical Working Group







• Introduction

What we mean by CVA for health outcomes

Demand side versus supply side

Key concepts and unanswered questions

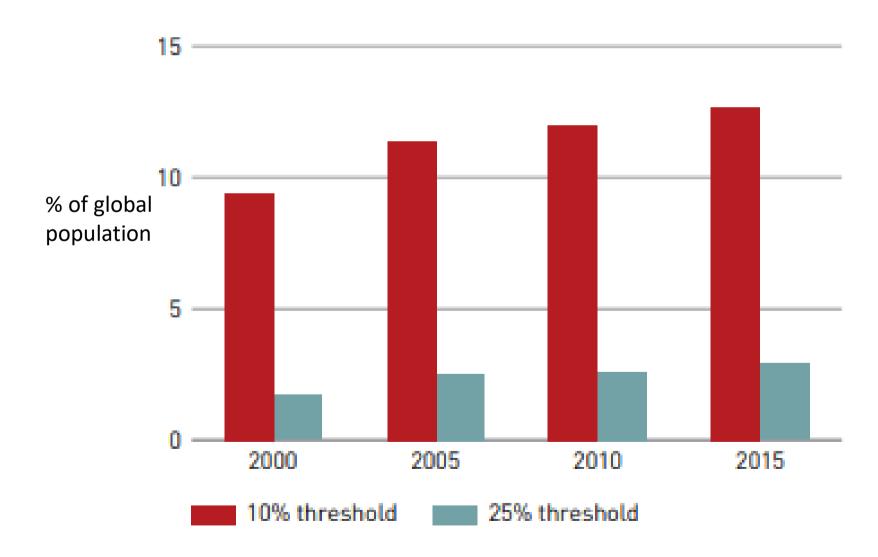
**Summary** 

#### The numbers...

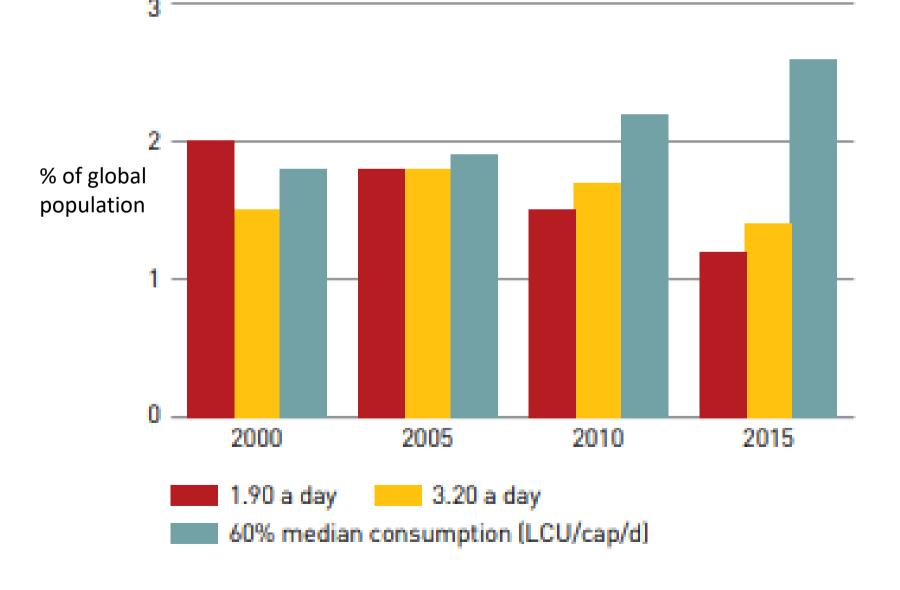


% of the global population with out-of-pocket health spending exceeding 10% or 25% of the household budget

(SDG indicator 3.8.2)



% of the global population impoverished by outof-pocket health spending at the relative poverty line of 60% of median daily per capita consumption, \$1.90 and \$3.20 a day absolute poverty lines



Source: Global Monitoring Report on Financial Protection in Heath 2019, WHO and World Bank

#### Cash and health – two worlds collide



#### The policy response

- Universal Health Coverage access to quality services and protection from undue financial hardship
- **Grand Bargain** commitments on cashbased humanitarian assistance

#### In practice

- Reduce reliance on out of pocket payments in all contexts
- Protection from catastrophic health expenditures
- Accounting for direct and indirect financial barriers to access







#### **Definitions**



• Cash and voucher assistance (CVA) is the provision of cash and/or vouchers to individuals, households or communities to enable them to access the goods and services that they need (CaLP, Movement definition)

therefore...

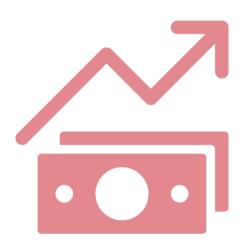
 CVA for health outcomes is the use of cash and/or voucher assistance to help achieve health outcomes

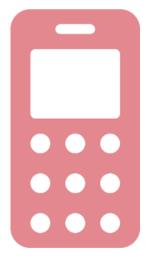
#### **Demand side**

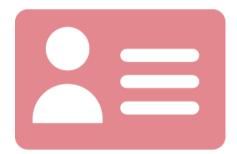


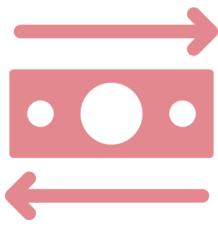
Support provided directly to recipients - CVA

- Service/commodity vouchers
- Value vouchers
- (Un)conditional cash transfer
- Multipurpose cash









# Supply side



Support provided to those who supply health care services – Not CVA

- Subsidising coverage under health insurance schemes
- Contracting providers to deliver prioritised services
  - Inputs staffing, running costs etc
  - Outputs fee per service, reimbursement of referral/hospitlisation
  - Performance targets
- Direct external assistance





#### **Preferred financing options**



The Global Health Cluster Cash Task Team

- Supply side
   Subsidised coverage under national health insurance
   Purchasing prioritised services through contracting, possible health emergency pooled fund

If not (yet) possible:

Demand side

- 3. Service or commodity vouchers
- 4. Value vouchers for people with predictable health needs
- 5. Unconditional cash for a defined health need with pre-commitment to seek the service from a qualified provider
- 6. Add amount for health expenditures to multi-purpose grant

# Health – a special case?



- 1. Quality, quality, quality
- 2. The unpredictable nature of illness/injury
- 3. Health as a dysfunctional market system
- 4. Unequal knowledge between patients and providers
- 5. Small, but growing evidence base



# Framing the Issue

- Health care recovery happens in a context. Health care choices are made based on range of factors, with costs and fees being one key dimension (not only). Other being information barrier, health seeking behaviour etc.
- Undertanding health care costs and expenditures informs CVA costs coverage and programming.
- Health expenditures not even; unpredictable nature of illness/injury, spending vs need.
- Criteria, categories, thresholds when meeting health care costs
- Expenditures show spending gaps between rich and poor, varies often with income strata and health seeking behaviours
- For CTP experts, understanding health care costs to support or program is key.

# Key Terms Health Care Costs

- Out of pocket expenses: Direct payments made by individuals to health service providers. Excludes taxes and insurance premiums etc (WHO)
- User fees: Direct charges to users for a health service
- User fees are often major; exemption for specific groups in some country contexts.
- Unregulated direct charges adding to direct costs and financial burdens (informal user fees)
- Types of costs: Direct (at the health service) + Indirect (costs related to access the health service)

#### Health Care Costs by Individuals /HHs

#### **Direct health costs**

Costs/user fees for healthcare services/ treatment in all settings (primary, secondary, tertiary care)

Admission and registration fees Diagnosis & test fees

Hospitalization and bed charges Operational and surgery

Costs for drugs and medicines (pharmaceuticals)

Vaccination costs

Cost for medical/therapeutic appliances/supplies

Costs for hygiene products

#### Indirect health costs and opportunity costs

Non-medical (hospitalization/) healthcare costs
Accommodation cost & food expenditures
during hospital stay,

Costs for shelter/accommodation of close relatives/ dependents during hospitalization (in case hospital is further away from home town)

#### **Transport**

Travel expenses/costs for transport to the health service

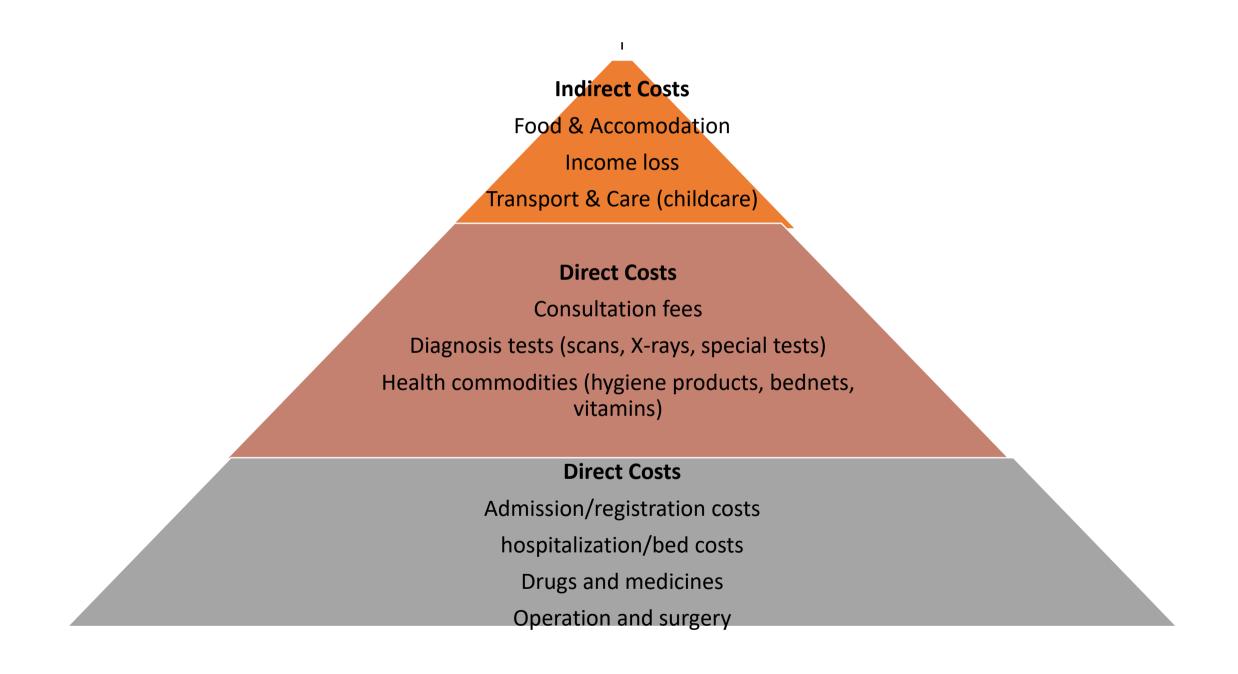
#### Social/Family surrounding

costs for caretakers of children and dependents (incl. cooking and taking care of the house)

<u>Income Loss</u>
Loss of revenue/income



#### Pyramid of health care costs



#### Conclusion

- Understand health care costs and HH expenditures for designing CVA options
- Regulated and unregulated fees
- Indirect costs can hinder access to health care (including knowledge, information etc)
- Health expenses are not even, cannot be calculated as an average/same amounts for HHs in need

#### Upcoming Resources

#### **Thematic Series**

- Health care costs
- Access to and utilization of health care
- CVA in nutrition and maternal care

# Hellenic Red Cross Conditional Cash for Health

Cash Hub Webinar- CVA for Health
21st October 2020



# Conditional Cash for Health

status: planned

The Conditional Cash for Health is part of the HRC National Plan for Covid19, under Health Pilar 6: "maintain access to essential health services (clinical and paramedical)".

The project fills gaps and weaknesses of the national health system for vulnerable people in two areas:

- Patients' contribution to medicines and diagnostic tests expenses
- Health care follow-up, consultation and personal contact

**Objective**: to support with cash assistance 500 vulnerable individuals with underlying chronic diseases to supplement their medical and pharmaceutical expenses and assist them to take better care of their health condition, so they are less prone to infections such as Covid-19.

# Intervention details and Targeting

status: planned

**Modality**: Conditional cash grants

Transfer value: 130 EUR per month

**Duration**: 6 months

Total amount of cash grants: 390,000EUR - Total budget: 438,652 EUR

Status: planned to start 1st quarter of 2021 – requests for funding

Link with HRC programmes/services: implementation in cooperation with the HRC Health Sector at Branch level (5 Branches)

Target: 500 individuals with an underlying chronic diseases coming from vulnerable social and economic contexts in 2 regions of North Greece.

Selection based on criteria



## MEB and Transfer value

status: planned

Transfer value: 130 EUR, fixed for all beneficiaries

Transfer mechanism: bank transfers (mass payments)

The MEB contains recurring cost as follows:

70euros for pharmacy expenses (patients' contribution for medicines, purchase of vitamins, consumables, sanitizers, masks, moisturizers/cremes, etc.),

30euros for diagnostic tests (blood tests, dietician, etc.)

20euros for transportation (visits to the HRC Branch nurses)

10euros for voice/data expenses (Greek Government promotes electronic prescriptions by the patients for recurring prescriptions)

## Selection Criteria

#### status: planned

- 1) Context specific criteria: we target people with underlying chronic diseases vulnerable to Covid19 infection (meet at least 2 of this category)
- Chronic Obstructive Pulmonary Disease (COPD)
- Individuals 65+ who have been hospitalized with Covid19 (potential complications, special needs, after hospitalization, etc.)
- diabetes
- hypertension
- heart disease
- obesity
- 2) Vulnerability criteria (meet at least 1 of this category)

Standard vulnerabilities such as: lonely elderly 65+, family members of single headed families or large families (6+) persons with a serious health condition (life threatening), people with disabilities, unemployed (long-term or due to Covid19).

- 3) Annual income criteria: using thresholds (indicative)
- 6,500 EUR for lonely elderly
- 9,000 EUR for single headed family with at least one member with disability or chronic disease



# Cooperation with the HRC Health Sector (HQs and Branch level) status: planned

#### The HRC nurses:

- will work together with the beneficiaries to prepare the individual health care plans based on the initial assessment after the final selection.
- will follow up on the implementation of the health care plans
- will visit/receive the beneficiaries twice per month for personalized care depending on the condition (weight/sugar measurements, blood pressure, consultations, etc.) and set goals for the next month.
- will provide health and hygiene promotion and instructions based on the condition.
- will verify at the end of each month in the beneficiaries' list that the health care plan has been followed so that the CTP team proceeds with the next instalment of the cash grant.

# Conditionality

Beneficiaries should follow the individual health care plan, cooperate and respect the instructions and goals set by the HRC nurses in order to be

entitled to the next instalment.

Conditionality is imposed to ensure engagement of the beneficiaries and to emphasize on the need to take care of their health condition.

The aim of the condition is for the beneficiaries to be encouraged to adopt a healthier lifestyle and take care of their health so that they become less vulnerable to Covid19 infection. The cash assistance will further empower the beneficiary towards the same direction.



status: planned

# Exit strategy

- status: planned
- Provision of services will continue potential home visits for the most vulnerable
- Group sessions with tailor made thematics link with the health club of the Branch (where possible)
- Referrals to social pharmacies and social services of the local authorities
- Inform them on the Social Solidarity Income (eligibility, applications)
- Prepare the ground for exiting from the cash assistance (i.e. request from local pharmacies and diagnostic centers for a discount offer for HRC beneficiaries, trigger social corporate responsibility)



Any Questions? —
please post in Q&A or Chat, they will be responded
to at the end

## Thank you!



Jo Burton - Global Cash and Markets Lead, ICRC & Jan van Zoelen - former Cash & Markets Specialist, DR Congo, ICRC

#### DR Congo Case Study & ICRC Global Overview - CVA for Health

Stop sharing screen so that video feed can be seen



#### **Thank You**

- Mark James Johnson, Health and Care Department, IFRC
- Jo Burton, Global Cash and Markets Lead, ICRC
- Ansa Masaud Baloch Jørgensen, (Cash and Health Coordinator, Norwegian Red Cross)
- **Sophia Peponi,** Director of Programme Dept. Cash Transfer Programming (CTP) Coordinator, Hellenic Red Cross
- Jan van Zoelen, former Cash & Markets Specialist, DR Congo, ICRC
- Cash and Health Working group of RCRC Movement
- Stefania Imperia & Cara Wilson Cash Hub team, British Red Cross

Next Webinar 4th November - Monitoring