



# Strengthening Mutual Accountability in the Health Financing Agenda

Investors Group Meeting  
October 20-21, 2020



# Overview of the GFF Health Financing Portfolio



# Presentation

## 1. How the GFF monitors Health Financing results

- Examples of Bangladesh and Mozambique

## 2. Portfolio review

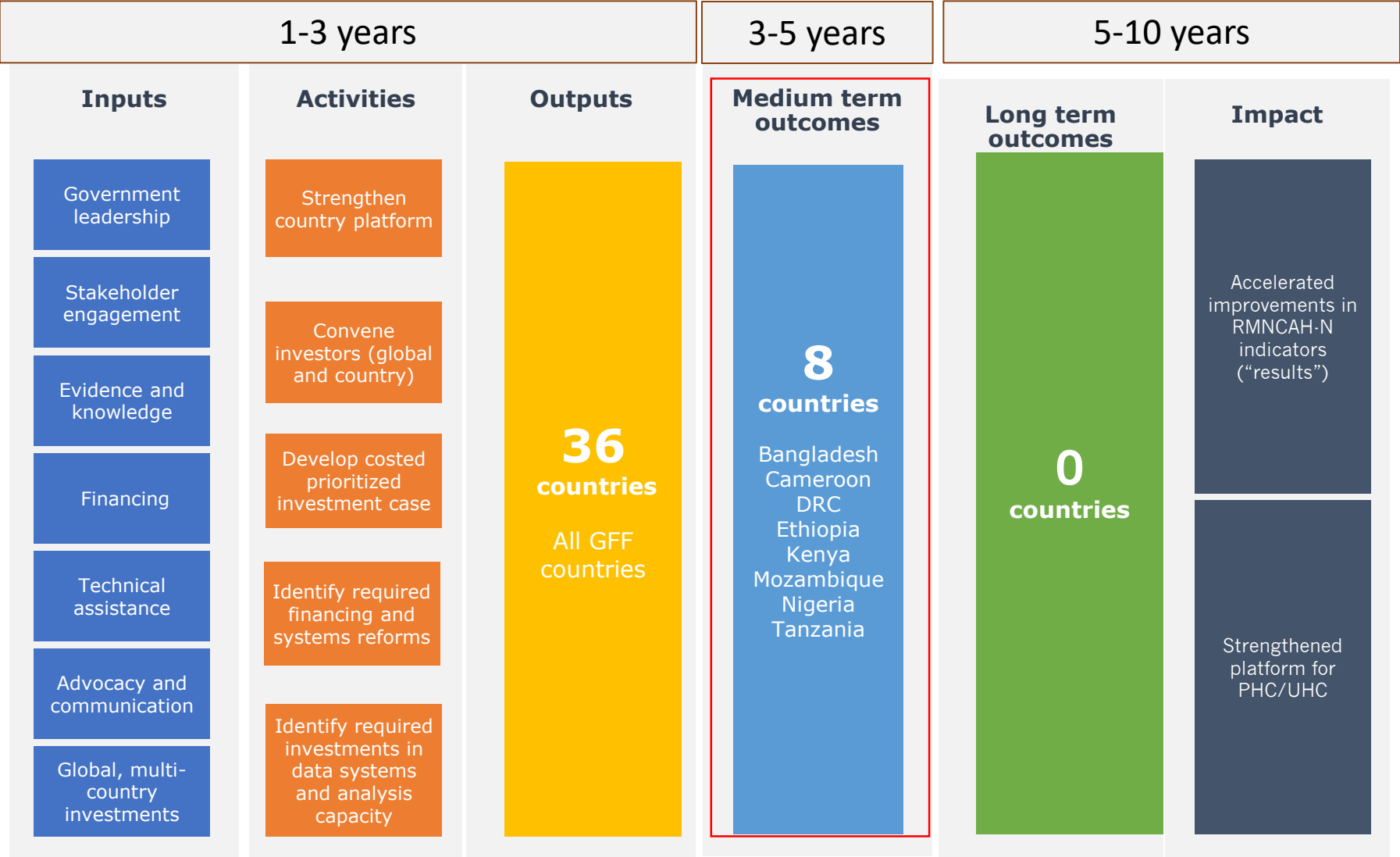
- Results in relation to the GFF Logic Framework
- Focus areas of support
- Process outcomes of Resource Mapping and Expenditure Tracking (RMET) and IDA leveraging

## 3. Results on outputs and outcomes



# **1. How the GFF monitors Health Financing results**

# Time of engagement: countries where engagement is >3 years



# Bangladesh - What

	Context	Reform
Efficiency	<ul style="list-style-type: none"><li>▪ Low capacity in budget planning, execution, and monitoring in the Ministry of Health and Family Welfare (MoHFW).</li><li>▪ Space to improve efficiency in procurement.</li><li>▪ Highly centralized budget.</li><li>▪ Strengthening the procurement and financial management capacity of the MoHFW are key priorities of IC (SWAP/HSSP) and Health Care Financing Strategy (HCFS)</li></ul>	<ol style="list-style-type: none"><li><b>1. Improving budget planning, preparation, and execution.</b> There are DLIs linked to preparation of Operational Plans and execution of budgets (repairs and maintenance for example) .</li><li><b>2. Improving the efficiency of the supply chain.</b> There are several interventions aimed at improving procurement of drugs and medical supplies and asset management.</li><li><b>3. Increasing the resources allocated to frontline providers.</b> The IC (SWAP) includes interventions aimed at increasing both financial and human resources (midwives) to the frontlines (DLIs).</li></ol>
DRM	<ul style="list-style-type: none"><li>▪ Real per capita GDP has been increasing fast.</li><li>▪ Total Health Expenditure (THE) per capita is very low (among the 3 lowest in the world) due to low share of health in Government budget and low public revenue collection. Health budget share has been increasing at a lower rate than GDP.</li></ul>	<ol style="list-style-type: none"><li>1. DRM was not part of the IC and the HCFS focused this agenda on developing insurance schemes for the informal sector workers and collecting premiums.</li></ol>
Financial Protection	<ul style="list-style-type: none"><li>▪ OOPs are high with low financial protection in case of illness. Partly reflecting very low government expenditure on health.</li></ul>	<ol style="list-style-type: none"><li><b>1. Piloting a health social protection scheme</b> (known as SSK) as part of the Health Care Financing Strategy (2012-2032); pilot is under implementation but is not part of the SWAP.</li><li><b>2. Implementation of maternal vouchers.</b></li></ol>

# Bangladesh - How

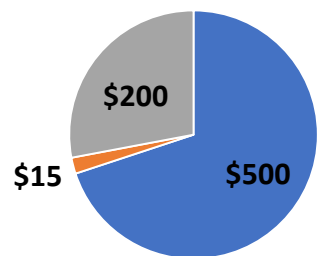
	Indicator	Instrument	Progress/Challenges
Efficiency	<ul style="list-style-type: none"> <li>Budget planning and allocation are improved</li> <li>Financial management system is strengthened</li> <li>Asset management is improved.</li> <li>Procurement process is improved using information technology</li> <li>Institutional capacity is developed for procurement and supply management</li> <li>Health budget execution rate</li> </ul>	<ul style="list-style-type: none"> <li>Project financing SWAP: Health Sector Strengthening Project (P160846) 2017-2022</li> </ul>	<ul style="list-style-type: none"> <li>Most DLIs have been achieved or are under verification process.</li> <li>The Government implemented the mid-term review of its program.</li> </ul>
DRM	Health share of Government spending (GHE/GGE)	<ul style="list-style-type: none"> <li>T.A. included in the WB Bangladesh Health Financing and Fiduciary PASA (training and advocacy); analytics, including FSA</li> </ul>	<ul style="list-style-type: none"> <li>This is still not an area included in the IC.</li> </ul>
Financial Protection		<ul style="list-style-type: none"> <li>TA to assess options to reduce household OOP payments. This was an action point agreed in the annual review of HSSP (the IC).</li> <li>For coming months TA will be provided for the revision/strengthening of the SSK.</li> </ul>	<ul style="list-style-type: none"> <li>The SSK pilot has some challenges in implementation and remains small.</li> <li>The maternal voucher program is working well, but the package of services is limited.</li> </ul>



# Bangladesh

## Health Sector Support Project (P160846)

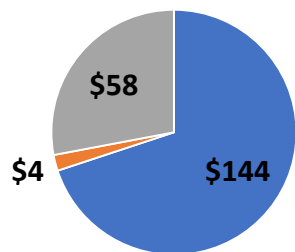
Total Funding



\*plus \$385M counterpart financing

**Health financing: 29% of the overall project funding**

Health Financing



■ IDA ■ GFF ■ Other \*\*

\*\*Anticipated other dev partners, not yet confirmed

### PDO:

Strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas.

### Health financing supported by project:

6 DLIs related to health financing related to the reforms in public financial management within the health sector, with a strong focus on fiduciary reforms (budgeting formulation, monitoring, budget execution):

- Improved budget planning (DLI 2)
- Improving internal audit function and capacity (DLI 3)
- Expanding the asset management system of district hospitals (DLI 4)
- Improving public procurement through the introduction of the national e-procurement system in the health sector (DLI 5) and
- Reforming the Central Medical Store Depot (CMSD) (DLI 6)
- Availability of midwives for maternal care is increased (DLI 7)

### GFF value added to health financing agenda:

Initially, GFF was only financing RMNCAH indicators in two divisions but later it was decided to pool all donor financing to allocate across all DLIs.



# Bangladesh – Results so far

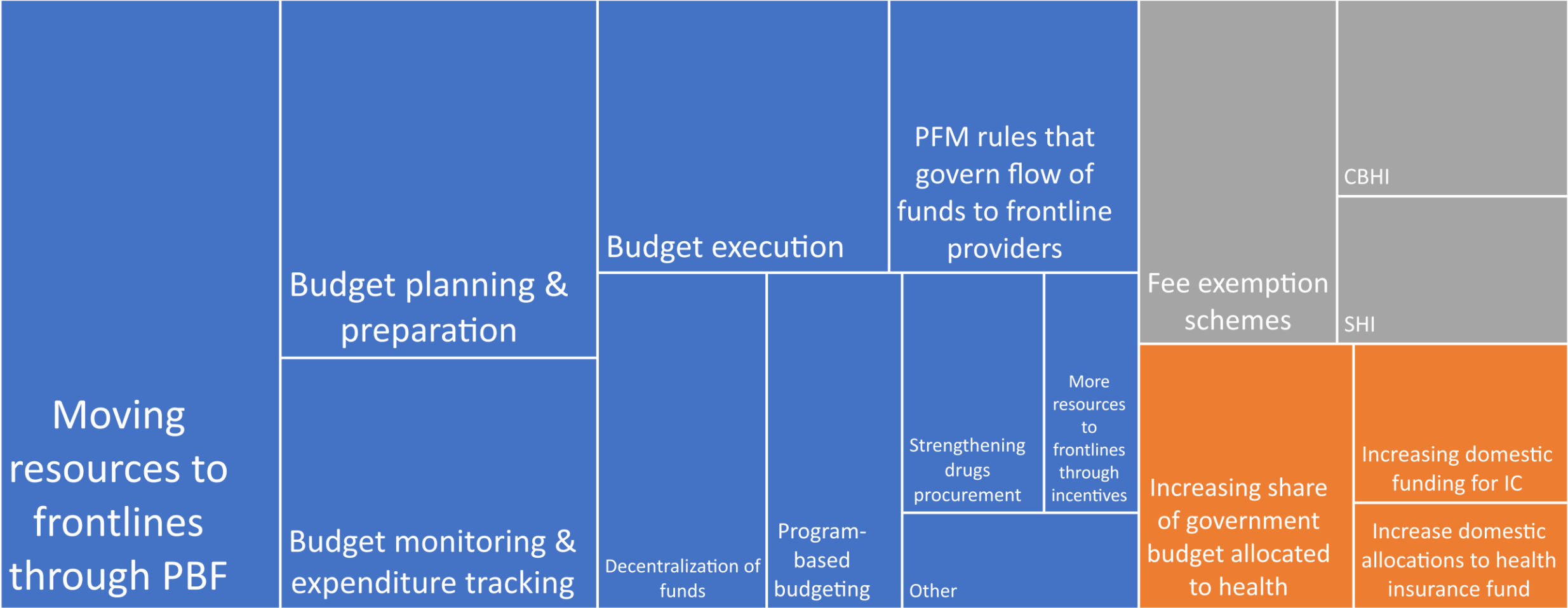
Indicator	2016	2017	2018	2019
Share of health in total government budget	4.7%	5.20%	5.2%	5.0%
Health budget execution rate	N/A	84%	85%	85%
Share of public health resources spent on frontlines	N/A	19%	33%*	31%*

Indicators	2017	2018	2019	2020	End Target
Budget planning and allocation are improved: OPs approved including activities and budgets for achievement of DLIs	0	13	13	13	-
Increase in the percentage (from FY2016) in baseline repair and maintenance expenditure at levels of Upazila and below	0	0	197.8%	197.8%	100%
Financial management system is strengthened: FMAU (Financial Management and Audit Unit) recruitment rules are endorsed by MOPA	No	Yes	Yes	Yes	Yes
Asset management is improved: number of district-level referral facilities in which AMS is implemented	1	1	1	4	15
Procurement process is improved using IT: % of NCTs using e-GP issued by MOHFW	0	0	17.7%	17.7%	75%
At least 2,500 midwife posts are created by MOHFW and recruitment of midwives is underway	No	Yes	Yes	Yes	Yes

## **2. Portfolio review**

# Health Financing focus areas across the portfolio

■ Efficiency ■ Domestic resource mobilization ■ Financial protection



# Instruments used

- The **Investment Case**, including **Resource Mapping and Expenditure Tracking (RMET)**, as a tool for improving efficiency of resources
- The linking **IDA** to a sustainable health financing agenda
- The World Bank's **convening power and knowledge**
- The **GFF Partnership** at global and country level for increased efficiency of DAH and joint advocacy for health financing reform



# 3 phases of RMET implementation in GFF countries

## Category 1: Starting phase (22 countries)

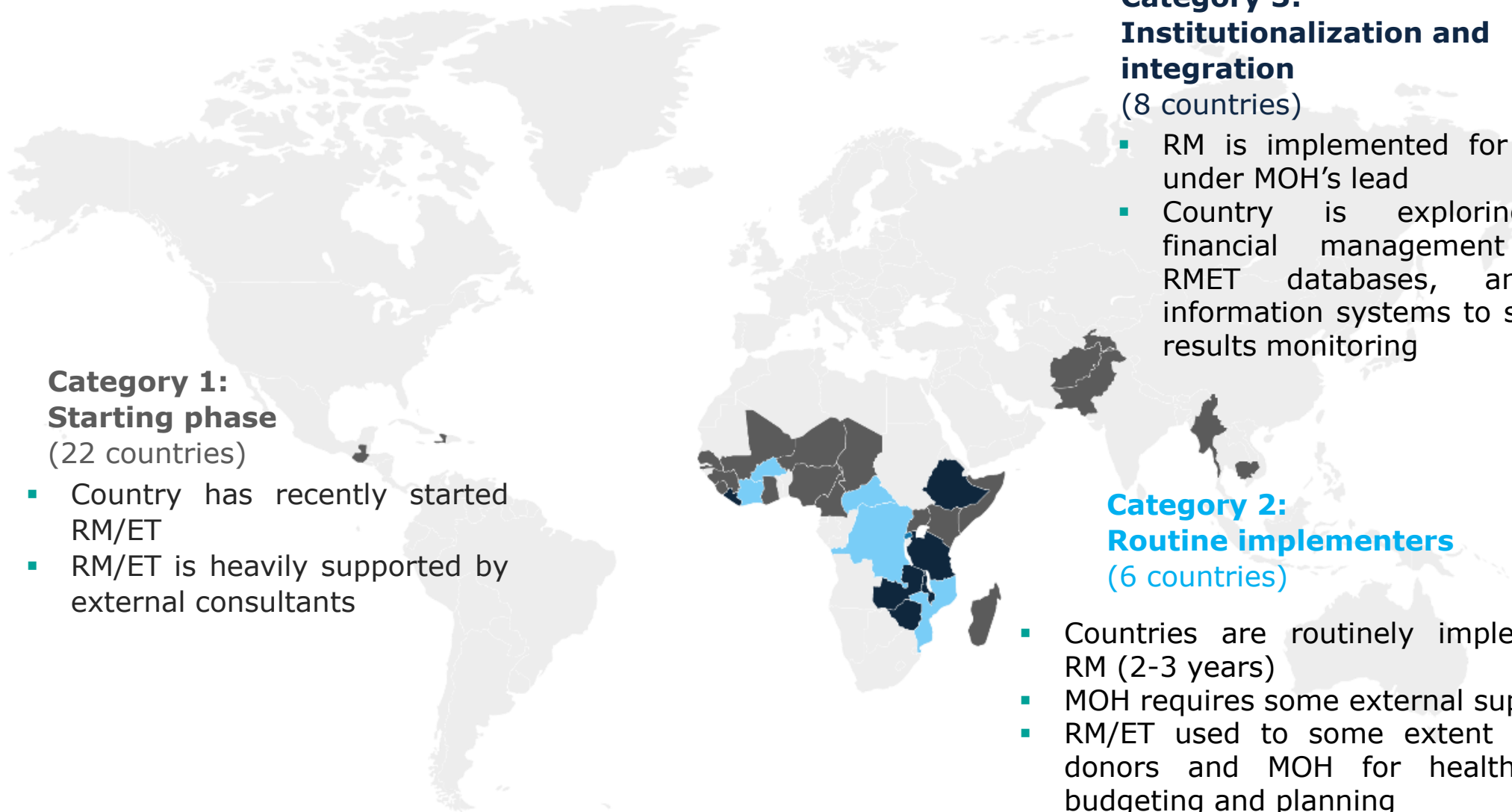
- Country has recently started RM/ET
- RM/ET is heavily supported by external consultants

## Category 3: Institutionalization and integration (8 countries)

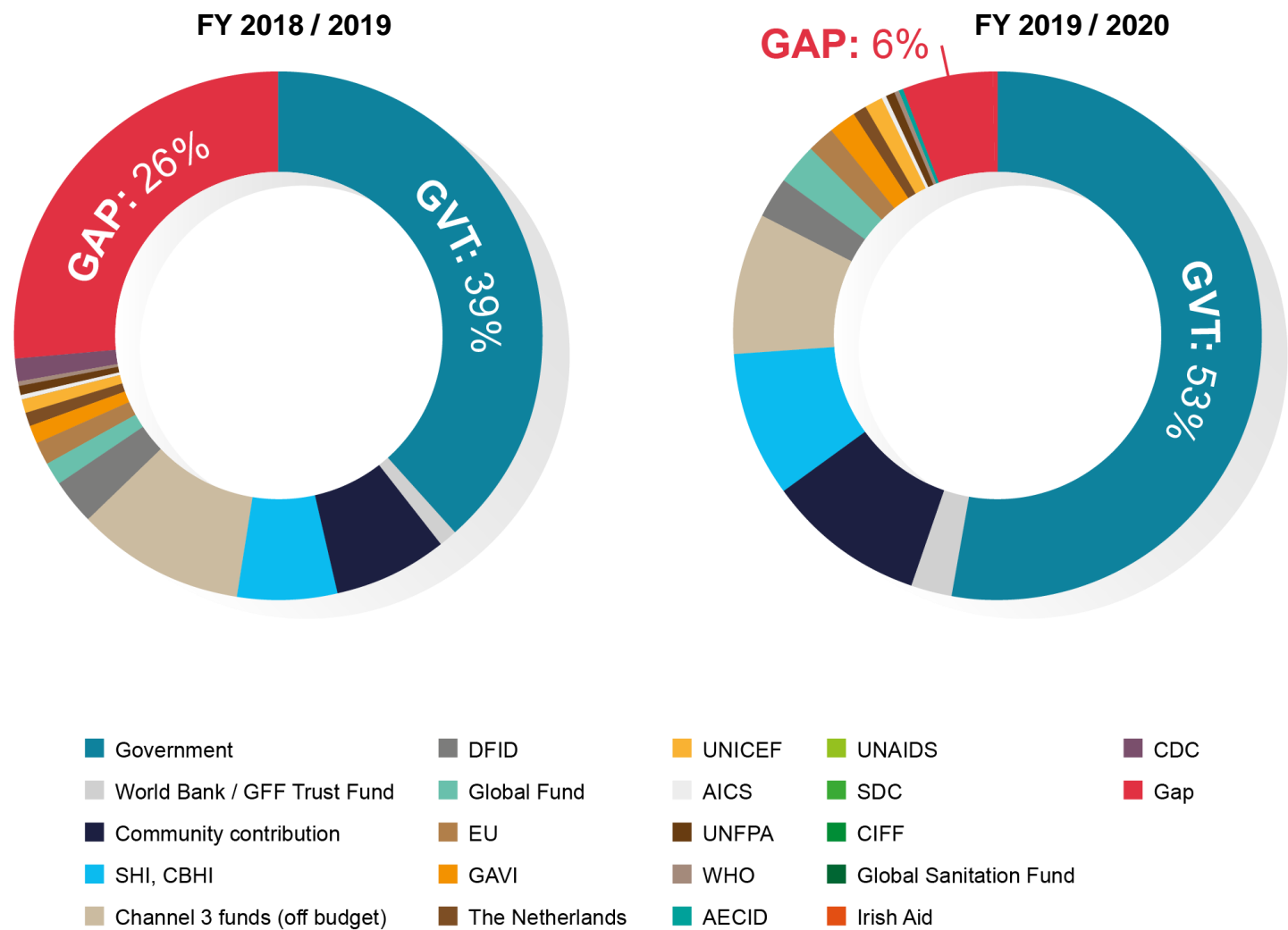
- RM is implemented for 3-5 years under MOH's lead
- Country is exploring linking financial management systems, RMET databases, and health information systems to systematize results monitoring

## Category 2: Routine implementers (6 countries)

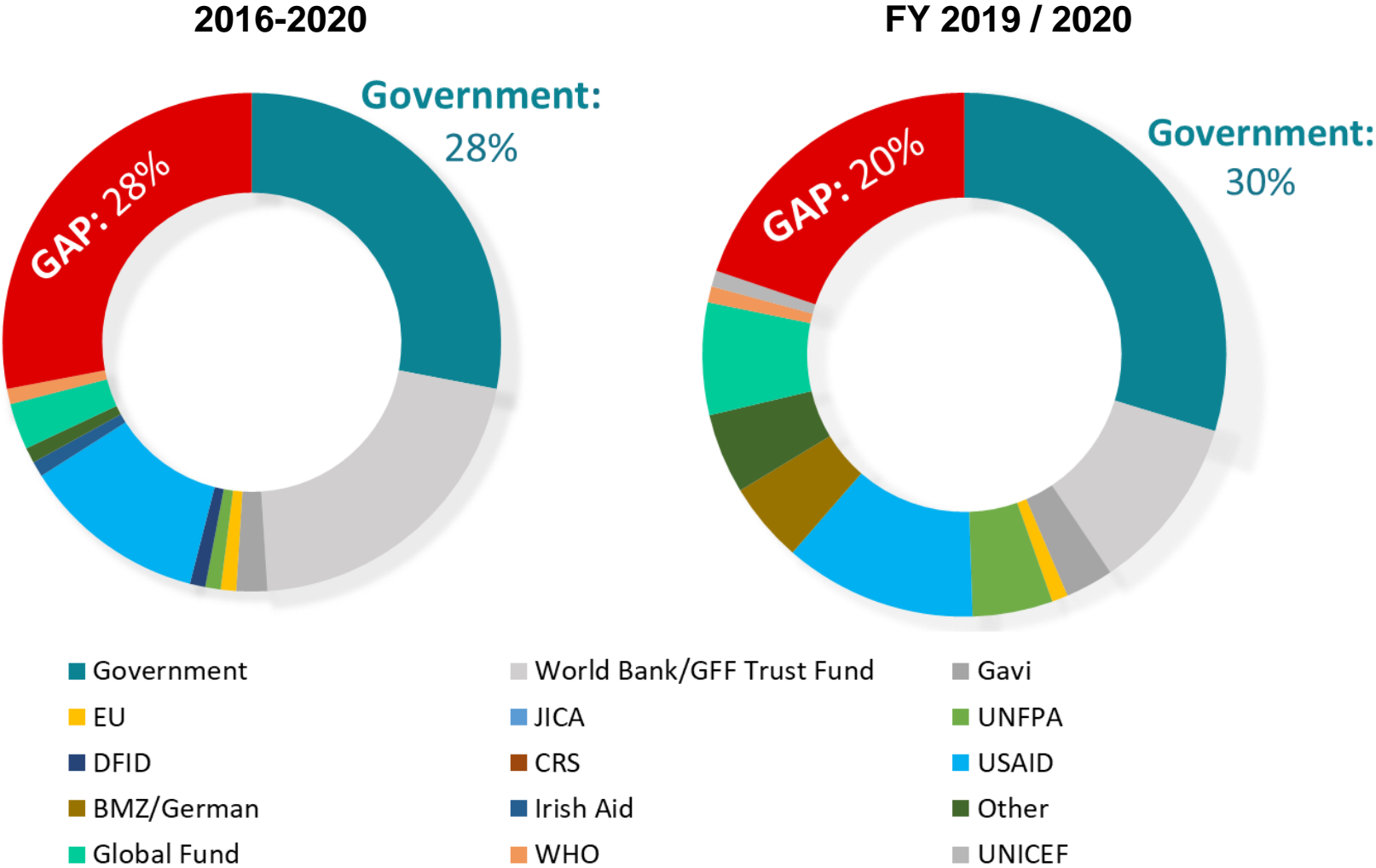
- Countries are routinely implementing RM (2-3 years)
- MOH requires some external support
- RM/ET used to some extent by both donors and MOH for health sector budgeting and planning



# RMET in Ethiopia showing increased government contribution

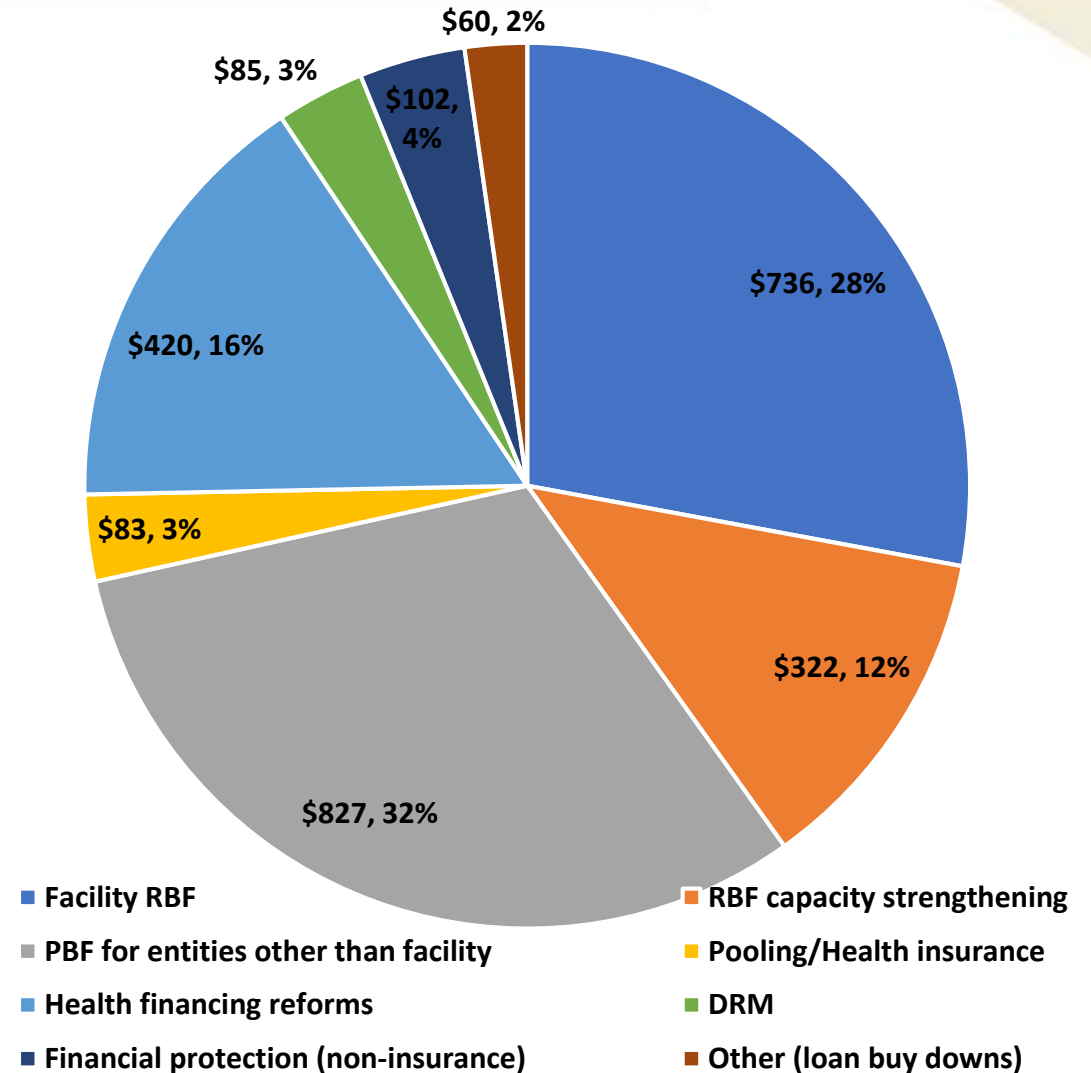
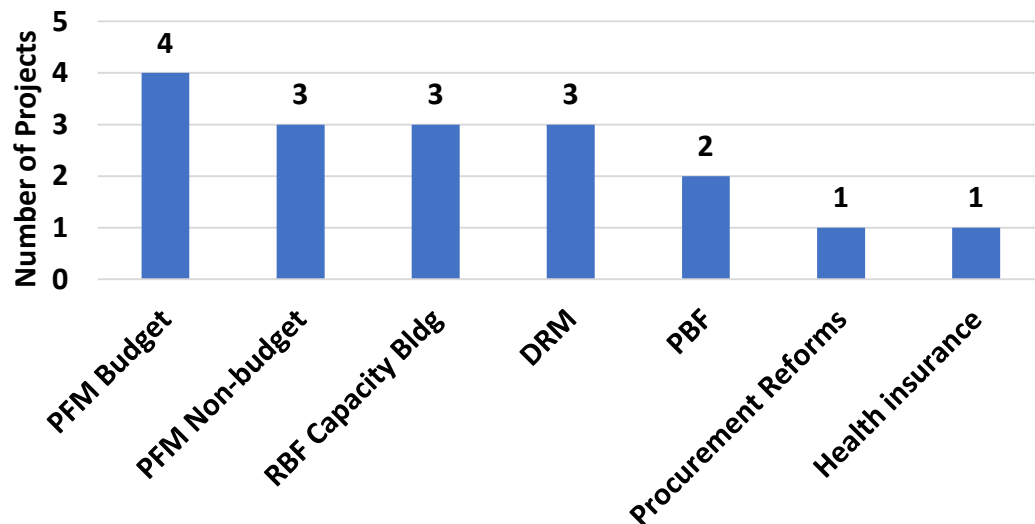


# RMET in Liberia showing increased donor alignment to the IC



# Leveraging IDA

- **72%** of the health financing support is linked to some form of RBF
- **18** projects include RBF or PBF
- 16% (\$420 million) spent on health financing reforms (including through DLIs)
- 8 of 29 projects (28% of projects) include DLIs with health financing objectives, half of those PFM related





# Concluding remarks

- The HF agenda and results framework is country specific
- Focus lies on more resources going to PHC/frontlines – both through allocation and execution (PFM) -> country specific measurement is key!
- RBF can be important vehicle for HF reform but that link is not automatic
- Getting consensus on these results frameworks is very challenging but key if we want to move on the alignment agenda
- More traction when results are linked to financial instruments
- Populating these country specific results frameworks should become a shared responsibility



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MINISTRY OF HEALTH - ETHIOPIA

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HEALTHIER CITIZENS FOR PROSPEROUS NATION



# A RENEWED ERA OF PARTNERSHIP LEVERAGING DEVELOPMENT PARTNERS RESOURCES FOR SUSTAINABLE HEALTH FINANCING IN ETHIOPIA

| OCTOBER 21<sup>ST</sup>, 2020

# DECADES OF STRONG PARTNERSHIP

## ACHIEVING RESULT WHILE BUILDING TRUST & CONFIDENCE



**Early signatory of International Health Partnership plus (IHP+) compact & lead in taking commitments into action**

**Upholds the principle of harmonization and alignment seriously**

- All non-state actors buy into “one plan, one budget and one report” f

**Translation of global compacts and commitments into action**

- Establishment of SDG PF, as a translation of the international aid harmonization and alignment compacts and commitments into actions

**Aligning stakeholders behind one national plan through building trust and confidence**

**Aligning stakeholders behind one national plan through building trust and confidence**

- Use of GoE systems to reduce transaction and overhead costs, is flexible and promotes value for money and while still jointly setting priorities and review of performance.

**Unprecedented support from DP over the years which has nurtured the culture of candid discussion and inclusion of lessons learned to the national health development efforts**

**Coordination with partners and with different levels of government**

**Ethiopia – a decentralized system**

- Effective use of existing country partnership platforms (both Government and partners) – national policies and strategies are implemented at the local (JCF, JCCC, JSC\*, Annual Woreda based plan etc.

\*JCF – joint consultative forum  
JCCC – joint core coordination committee  
JSC = joint steering committee  
(between MOH and regional health authorities)

# HOW THE SDG POOL FUND HAS BEEN FUNCTIONING SINCE 2008



- **Established in 2008**, managed by MoH through a Joint Financing Arrangement (JFA) signed by all DP contributors and MoF. Contributor DPs: WB/GFF, European Union, DFID, The Netherlands, Italian Cooperation (IC), Irish Aid, Spanish Aid, GAVI, UNICEF, WHO and UNFPA
- **Fill HSTP financial gaps** - in the priority areas of RMNCHY, HRH, Public Health infrastructure related interventions.
- **Resources are provided based on achievement of results** (WB/GFF and EU) and based on fulfillment of disbursement triggers mostly at national level (RMNCAH, Supply Chain, Health Financing)
- **Key financing instrument to strengthen** the health system and achieve sector/HSTP goals: Strengthen PHC, reduce MMR, U5MR, UHC, etc

**Challenges:** Unfinished agenda – Stunting, Adolescent health, Quality and Equity in health outcome, sustainable financing and rolling out of reforms to enhance efficiency and effectiveness in health spending.



# SDG PF 2020 REFORM

- ADDRESSING THE UNFINISHED AGENDA THROUGH  
REVAMPED PARTNERSHIP



Partnership – culture  
of candid discussions  
and mutual  
accountability for  
results

- Joint identification of system constraints and designing reforms – JANS, HSTP II process
- Enhance aid predictability – DP financial commitment for the national sector plan
- Use of SDG PF resources to influence the overall government system for better Public Financial Management (PFM) reforms - TAs

Improve efficiency and  
effectiveness in  
spending - More value  
for money

- Well prioritized national plan -
- Focus in filling critical sector gap - focus on lagging agendas of equity and quality
- Focus on results - use of result-based approaches

Sustainability of health  
financing

- **Use of incentives for more DRM in Health** – Performance-Based Financing; target at the regional level ; Disbursement Linked Indicators on DRM at regional level; regional marching fund
- **Leveraging donor resources** – Domestic resources to fill sector resource gap; DP resources to leverage that (Eg. GFF US\$60)
- **Use of evidences for dialogue** – TA and different analytics



THANK YOU



# Aligning Partner Support on Health Financing for UHC

Joseph Kutzin | Unit Head, Health Financing  
| WHO |  
Health Systems Governance and Financing  
Department



# Background

- Sustainable Health Financing Accelerator *accelerated* discussions on better alignment around Health Financing
- Implementation at scale requires translation of the SHFA principles to country operations
- This session lays out a vision of how technical assistance and financial incentives through grants/loans can come together to support implementation of a HF results agenda and reduce transaction costs for countries
- Objective is to agree how all IG members can operationally commit to implementing this approach



# Example: user fee removal for children and pregnant women

Implementation: must compensate providers for lost fee revenues

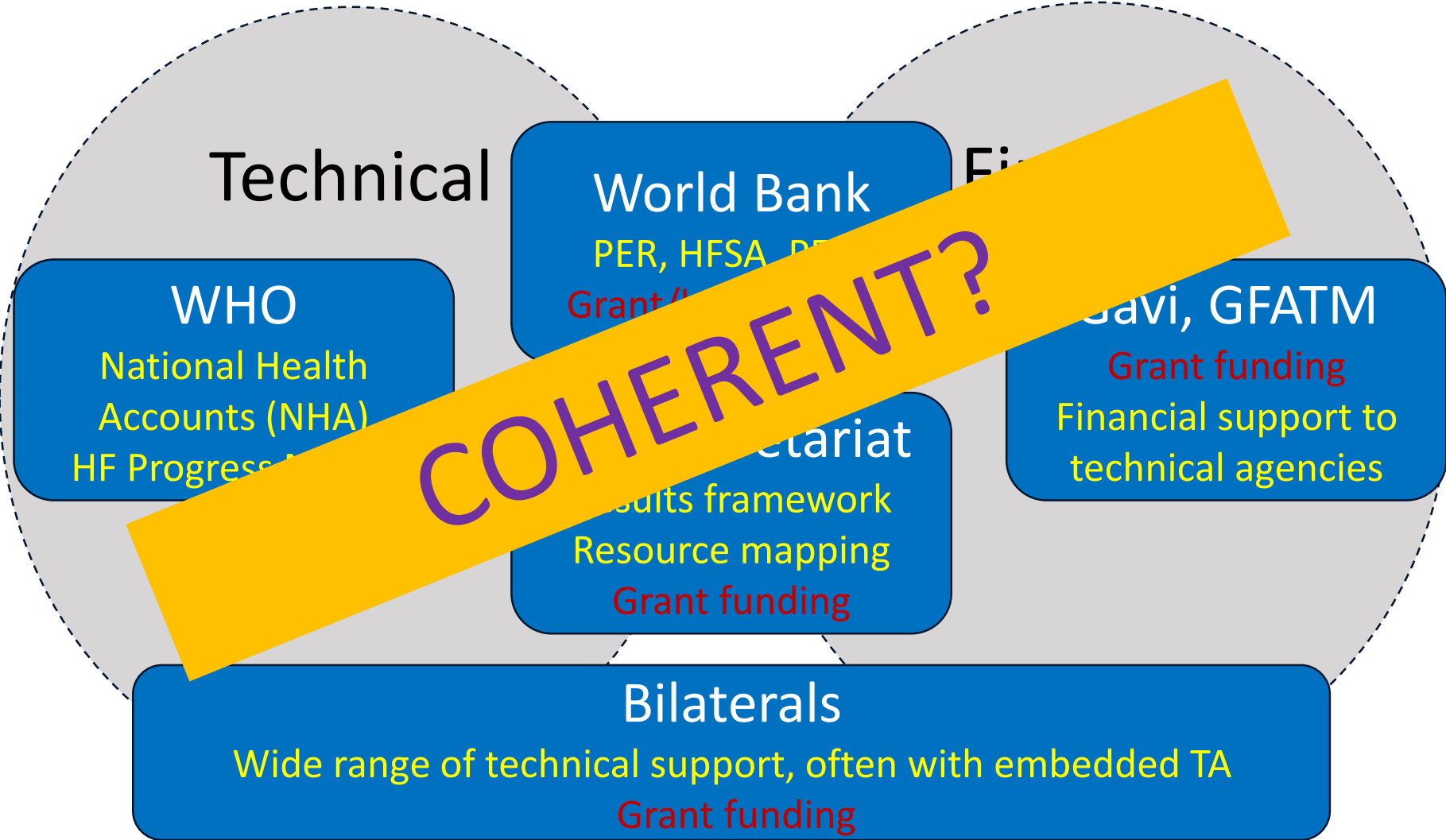
- PFM to enable funds to flow to frontlines with provider autonomy over their use
- Provider payment to maintain incentives for treating these population groups
- Data systems linked to payment mechanism and to ensure reporting/accountability

What does aligning around this as a strategy imply for DPs?

- It's a sector reform, not a pilot (attribution to country rather than "my project")
- Seek cross-cutting opportunities (e.g. information system, PFM, provider payment changes not only for this reform)
- Common monitoring framework – and support national analytic capacity and evidence-to-policy links
- Joint advocacy



# Selected support instruments being implemented in countries (SHFA+)



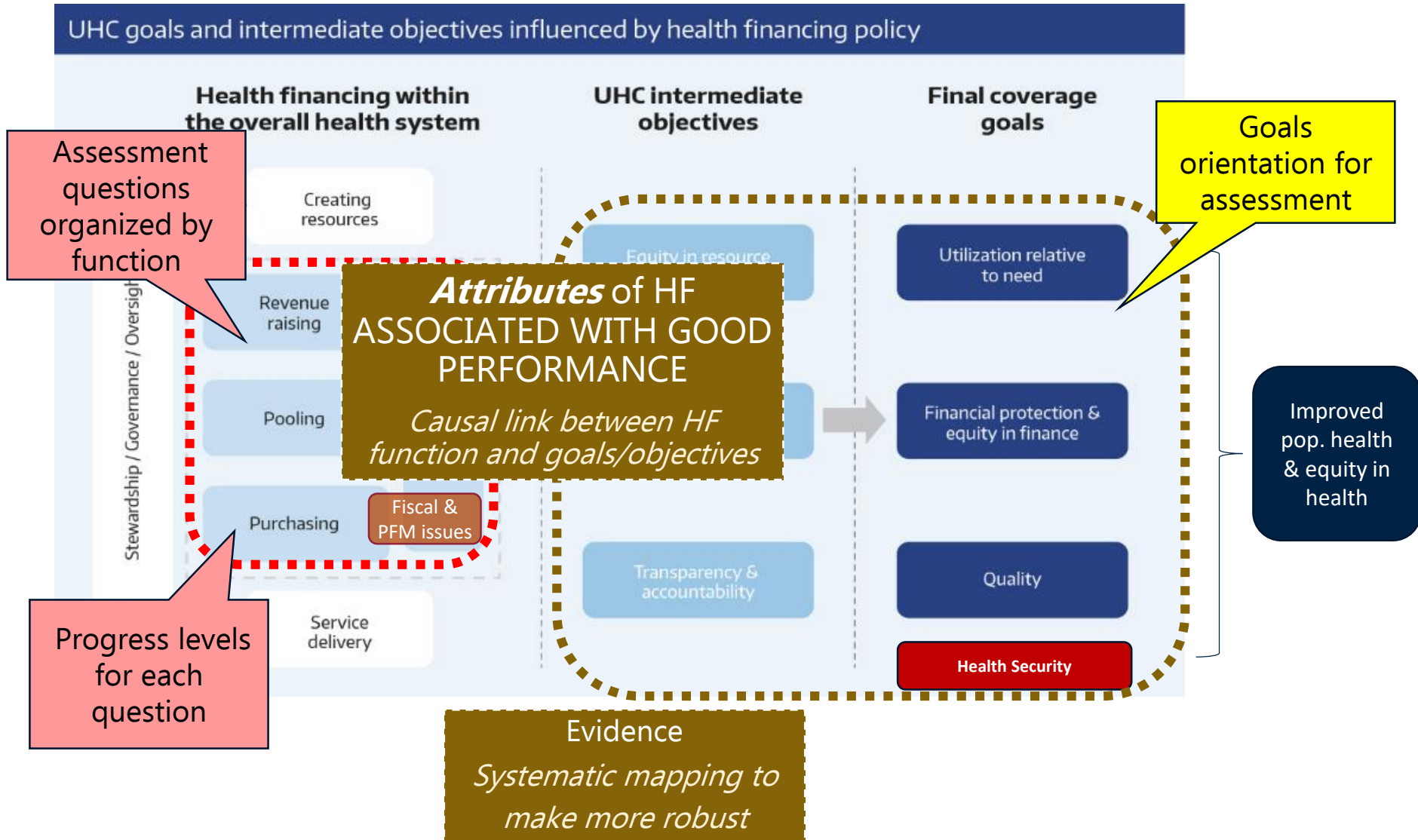
# Towards more efficient support from partners

- Support and align with common plan (not a new idea, but needs to translate into action)
- Agencies reinforce roles and “natural comparative advantages”
- Define key points of intersection in partner support
  - Seek synergies in technical instruments and financial mechanisms (key aim of the SHFA Accelerator)
- Work with common national teams and support institutional development (e.g. policy units, purchasing agencies) -> reduce transaction costs for governments

# Towards synergy with a focus on implementation support

- WHO Health Financing Progress Matrix (HFPM) assesses progress in health financing relative to global good practice
- Application of WHO normative guidance on health financing to country specificities - a systematic qualitative assessment (quantitative indicators as backup) of implementation and direction of reform
- Pulls together different, often independently conducted studies (e.g. WB Health Financing Systems Assessment) into a single common Framework
- Can inform the design (and later population) of GFF Results Framework: track and report on progress relative to key defined milestones
- Also underpins high-level assessment of AU Progress Tracker

# Example: the HFPM and possible synergies



# Adapt to country specifics for agenda-setting and monitoring: an example

- Q3.3 What measures are in place to address problems arising from fragmented pools?

PROGRESS LEVELS			
EMERGING	PROGRESSING	ESTABLISHED	ADVANCED
There are no compensating measures to address inequity and inefficiency arising from fragmentation	Some measures in place to address inequity and inefficiency arising from fragmentation	Substantial measures in place, though with room for improvement, to address inequity and inefficiency arising from fragmentation.	Compensation measures fully implemented to enable equity and efficiency challenges arising from pool fragmentation to be fully addressed.

- **Ghana**: partial NHI coverage, different data systems for insured and uninsured. Possible tailored progress measures:
  - Harmonize or unify data systems to enable population-based analysis and develop options to scale up coverage with more relevant data
  - One data entry unit per facility to consolidate staff effort
  - Justification: unified systems are on critical path to scaling up coverage



# HFPM can help define and sharpen **Results Framework**

## Efficiency Reforms

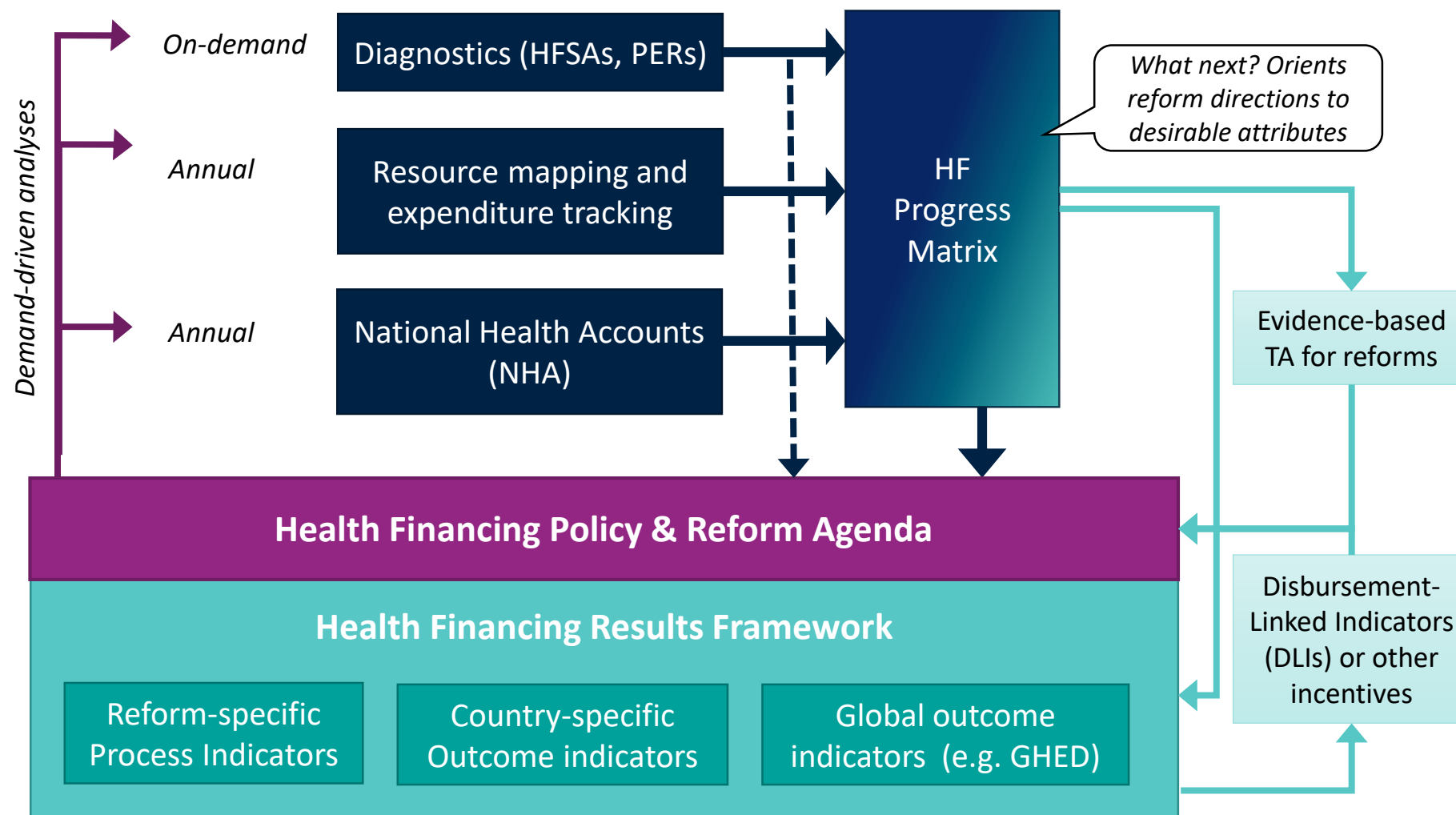
### Indicator

- Percent of hospitals with one unified process for entry of data on all patients, regardless of insurance status
- Annual inpatient statistics report derived from unified, individual records-based database on patient admissions

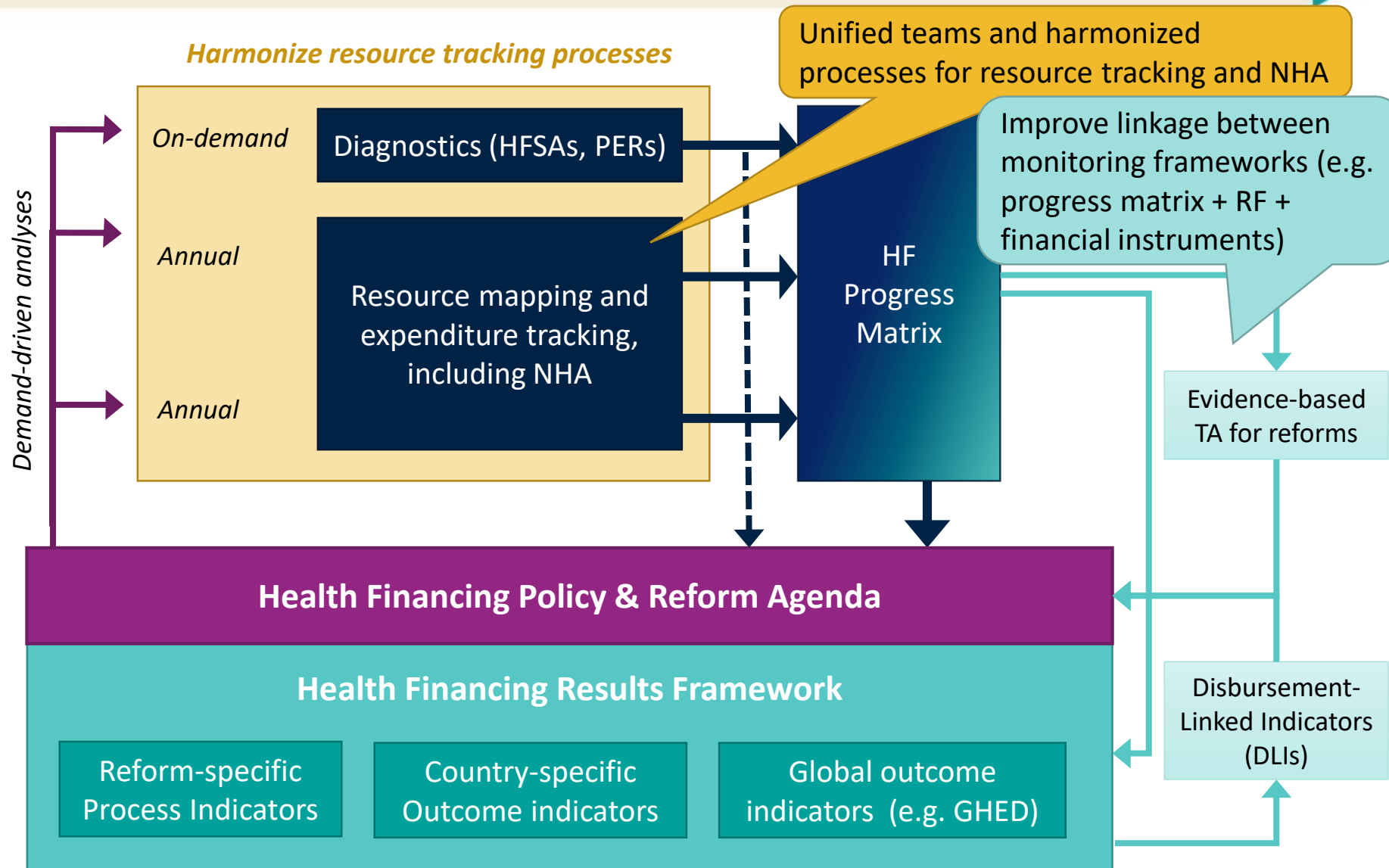
### Possible Instruments

- TA to support the development of the data entry protocols
- Development of software through **grant financing**
- **DLIs** based on the number of health facilities that are using the unified data system to incentivize scale up, or as a final payment linked to the establishment of the unified national database
- **Development Policy Loan/budget support** with a condition for MOH to establish a regulation requiring common patient encounter form for all patients regardless of insurance status, enabling implementation steps to move towards unified database.

# 1. Moving from ownership labels to country system coherence



## 2. Move toward unified national teams for production of closely-linked outputs



# Build institutional foundations for the future

- ▶ Develop explicit strategies for policy design and analysis skills in national health system with three-pronged strategy
  - Demand for evidence, working with decision-makers
  - Supply of key products, through training, TA
  - Institutional platform that can attract and retain key staff (e.g. Health Policy Unit as semi-autonomous public agency)
- ▶ Facilitate peer knowledge exchange across countries
- ▶ More challenging, but not impossible, to fund through IDA/grant financing

# WHO Commitments

- ▶ Annual reporting obligations within General Program of Work and Program Budget as part of WHO's "Output Balanced Scorecard"
  - "Number of countries supported showing evidence of progress in their health financing arrangements"
  - "Increased number of countries producing country-specific health accounts using SHA2011 classifications"
  - "Increased number of countries that have completed or updated an analysis of financial protection"
- ▶ Alignment agenda within GAP process
- ▶ Buy-in of Regional Office health financing teams to align our exercises with partners



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