

HFG DRM for Health Workshop

Introduction

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September 1, 2016



Relationships between Ministries of Finance and Health are important

- ▶▶ Ministries of Health (MOHs) responsible for using scarce government resources to guide the health of the population
- ▶▶ Ministries of Finance (MOFs) responsible for allocating and ensuring efficient use of and accountability for all of government's scarce resources



All too often the MOF-MOH relationship is not so good

- ▶▶ MOHs say that they don't get sufficient resources to meet their needs
- ▶▶ MOFs say that MOHs can't show how the money that they get is used productively and that, often, the MOH can't spend what it gets by the end of the fiscal year



How are MOFs and MOHs staffed and how do they talk?

- ▶▶ MOFs are staffed by economists, MBAs, accountants, etc.—they speak the language of money, costs and benefits, productivity, return on investment, zero-based budgeting, MTEFs, etc.
- ▶▶ MOHs are staffed by doctors, nurses, public health specialists, etc.—they speak the language of morbidity and mortality, epidemiology, primary, secondary, and tertiary care, IMCI, BEmonC, CEmonC, pentavalent, pneumococcus, etc.
- ▶▶ Dialog between MOFs and MOHs often is like speaking to someone who doesn't speak your language



The health sector has some specific features that differ from other sectors

- ▶▶ MOHs own, operate, and employ the personnel of direct service providers
- ▶▶ Budgetary needs of MOHs during a year fluctuate with health needs (e.g., peaks during malaria or diarrhea “seasons”)
- ▶▶ Outputs are treatments of people who are ill or injured, safe deliveries, and preventions (immunizations) that are not directly productive, but contribute to productivity
- ▶▶ Enjoyment of good health is difficult to “monetize”, but has important value to consumers



More shared objectives between MOFs and MOHs than generally recognized?

▶▶ Both want:

- ❖ What is best for the population, often with specific emphasis on poverty reduction
- ❖ Resources to be used effectively
- ❖ Costs to be as low as possible consistent with effective services
- ❖ A healthy and productive work force
- ❖ Healthy and ready to learn children attending school (investment in future work force productivity)
- ❖ No diversion of resources to personal ends (no corruption)

Resources may be available?

- ▶▶ Many low- and middle-income countries have had strong economic growth in recent years
- ▶▶ Those countries that are net energy importers have benefited from an “energy dividend”
- ▶▶ The external support “surge” of support for health of the 2000s is waning





Hypotheses of this workshop

- ▶▶ The shared objectives between MOFs and MOHs can be the basis for more productive relationships
- ▶▶ Each side has tools and approaches that when applied together can lead to better outcomes on the shared objectives
- ▶▶ A health sector that is more effective, efficient, and equitable can attract more of government's scarce resources and achieve more against the shared objectives

Thank you

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In collaboration with:

Avenir Health | Broad Branch Associates | Development Alternatives Inc. (DAI) | Johns Hopkins Bloomberg School of Public Health (JHSPH) |
Results for Development Institute (R4D) | RTI International | Training Resources Group, Inc. (TRG)

Agreement/disagreement with statements about resource allocations to health

“Ice breaker”

September 1, 2016



Agree/disagree/no opinion/don't understand

- ▶▶ Will present a series of statements about resource allocations to health
- ▶▶ For each of the statements tell us if you:
 - ❖ Agree with it
 - ❖ Disagree with it
 - ❖ Have no opinion about it
 - ❖ Don't understand it
- ▶▶ Be prepared to explain your answer



Statements

1. Government resources allocated to health are sufficient to meet needs
2. The allocation to health is always spent completely
3. Funds spent on health contribute to economic growth
4. Allocations to health are a high priority for government
5. The health sector spends its resources efficiently



Statements (2/2)

6. Health program budgets are closely aligned to policy priorities
7. The health sector is among the best (among all sectors) at accounting for financial resources and preventing inappropriate use
8. There are few better investments than investing in the health of the population
9. Disbursements of funds occur in a timely manner
10. Universal health coverage is attainable and will be sustainable



Government resources allocated to health are sufficient to meet needs

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



The allocation to health is always spent completely

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



Funds spent on health contribute to economic growth

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



Allocations to health are a high priority for government

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



The health sector spends its resources efficiently

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



Health program budgets are closely aligned to policy priorities

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



The health sector is among the best (among all sectors) at accounting for financial resources and preventing inappropriate use

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



There are few better investments than investing in the health of the population

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



Disbursements of funds occur in a timely manner

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				



Universal health coverage is attainable and will be sustainable

	Agree	Disagree	No Opinion	Don't understand
MOF				
MOH				

Experiences with domestic mobilization of resources for health



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Objective of the session

- ▶▶ Describe the process:
 - ❖ Resource mobilization processes (e.g., budget presentations and negotiations)
 - ❖ Key stakeholders in the processes
 - ❖ Tools and data used in the processes (and missing tools/data)
 - ❖ Context issues (e.g., trends in external support, disease outbreaks, new initiatives such as performance based financing, MTEF, zero-based budgeting, strategic purchasing)
 - ❖ Nature of the MOF-MOH relationship (adversarial, collegial, something else?)
- ▶▶ Identify successes and failures:
 - ❖ Successes and failures in the above in mobilizing domestic resources for health



Method

- ▶▶ Small group brainstorming
- ▶▶ **Before lunch:** groups by country and by role (health or finance) focus on the “describe the process” task on the previous slide
- ▶▶ Record results on flip charts (following template on previous slide) and post them side-by-side for the MOF and MOH from the same country
- ▶▶ **After lunch:** MOF and MOH participants from the same country work together for 45 minutes to compare their work from before lunch (on the side-by-side flip charts) and then focus on the “identify successes and failures” task on the previous slide



Objective of the session

- ▶▶ **Before lunch:** Describe the process:
 - ❖ Resource mobilization processes (e.g., budget presentations and negotiations)
 - ❖ Key stakeholders in the processes
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 - ❖ Nature of the MOF-MOH relationship (adversarial, collegial, something else?)
- ▶▶ **After lunch:** Identify successes and failures:
 - ❖ Successes and failures in the above in mobilizing domestic resources for health
 - ❖ Common disagreements between Ministries of Finance and Health
 - ❖ Factors contributing to successes and failures
 - ❖ Report out two major findings