

# Setting Health Financing Priorities in Botswana using Consensus-Oriented Decision-Making

**IHEA World Congress**

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# Team members

## **Botswana Ministry of Health**

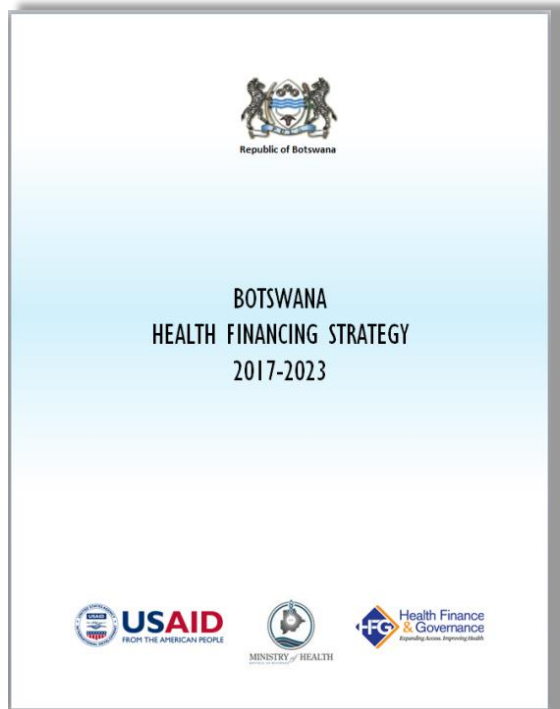
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## **Health Finance and Governance**

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- ▶▶ Carlos Avila

# Botswana's health financing strategy

- ▶▶ Long-term financing strategy for universal health coverage
- ▶▶ Support with analysis and facilitation





# Challenges for setting health financing policy

- ▶▶ “technically optimal reforms are rarely politically feasible”
- ▶▶ Politically difficult to compel wealthy to subsidize the poor
- ▶▶ Some groups will be made worse off
- ▶▶ Powerful entrenched interests
- ▶▶ Political systems resist radical reforms

# Consensus-oriented decision-making

- ▶▶ Hartnett 2011
- ▶▶ Framework for reaching decisions “collaboratively and efficiently”





# Steps of the Process

1. Frame the issue
2. Facilitate open discussion
3. Identify underlying concerns
4. Collaborative proposal development
5. Choose a direction
6. Synthesize a final proposal
7. Closure



# 1. **Frame the issue**

2. Facilitate open discussion

3. Identify underlying concerns

4. Collaborative proposal development

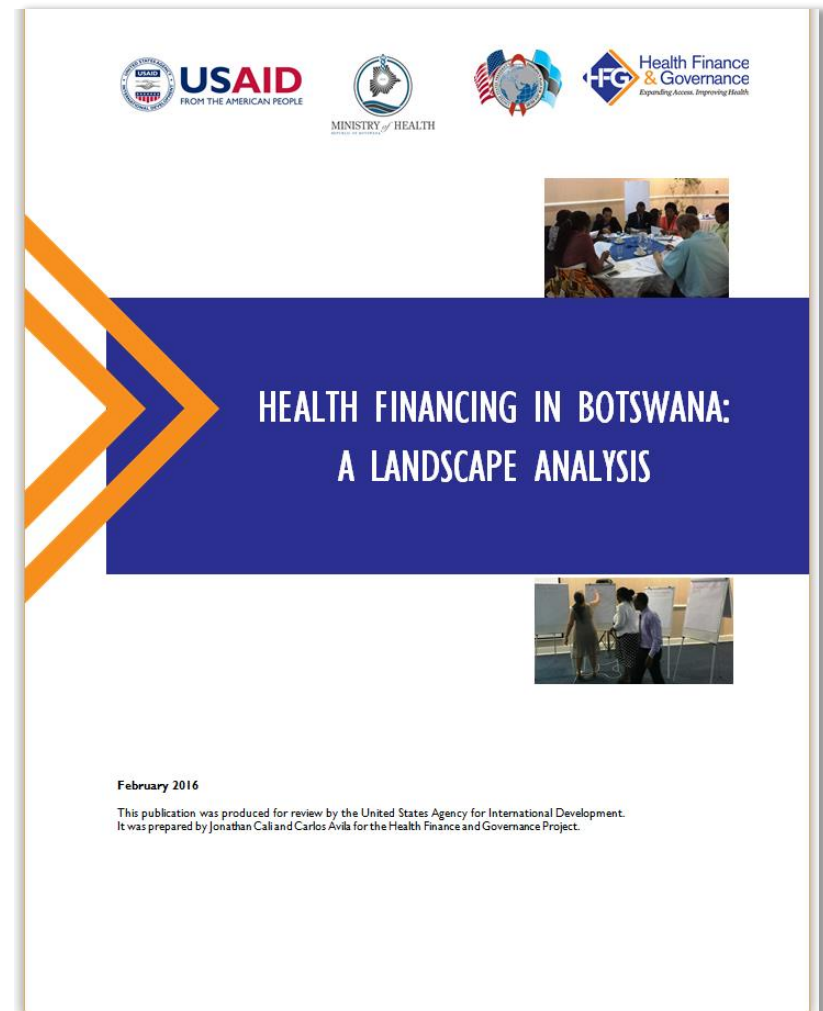
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# Framing the issue

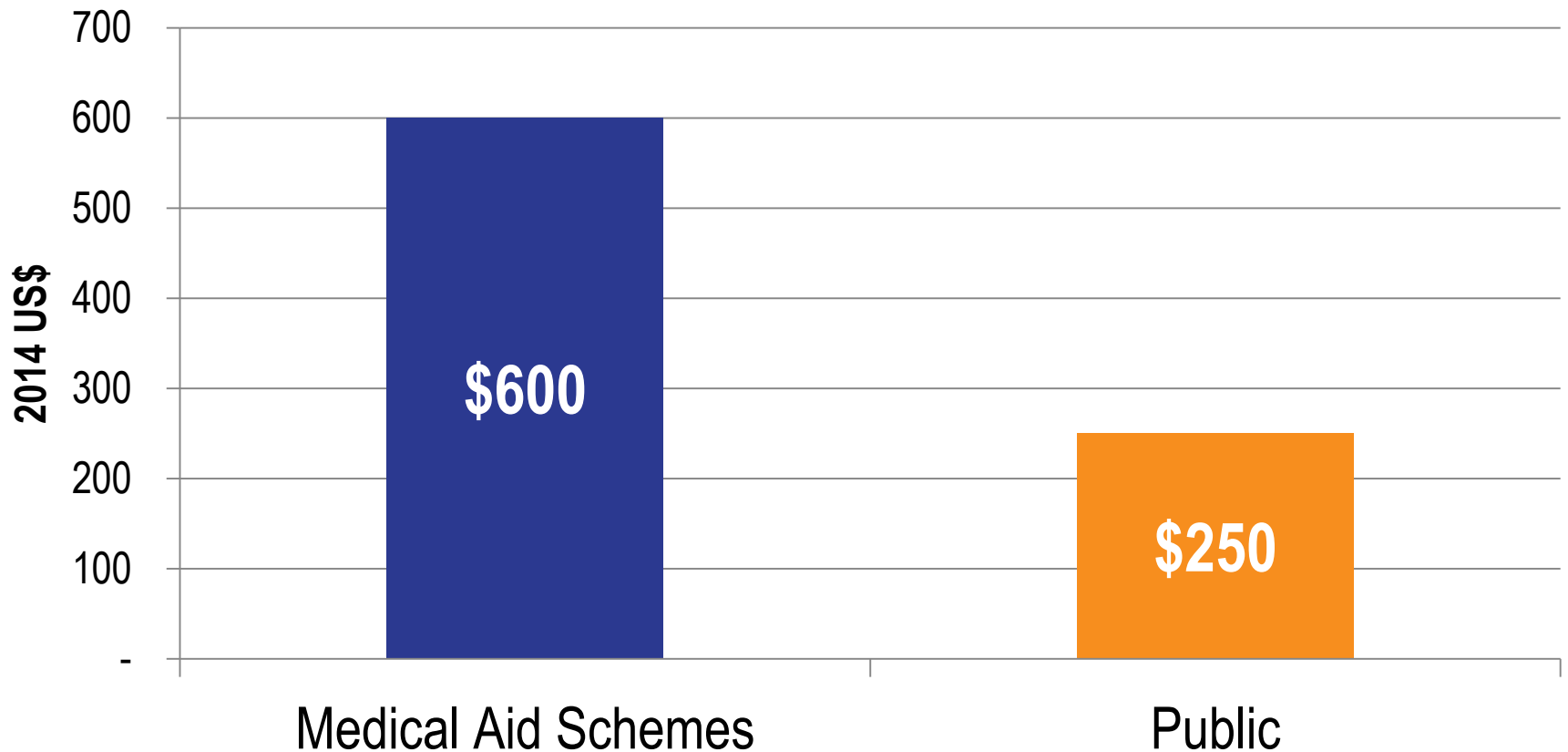
- ▶▶ Key informant interviews
- ▶▶ Landscape analysis



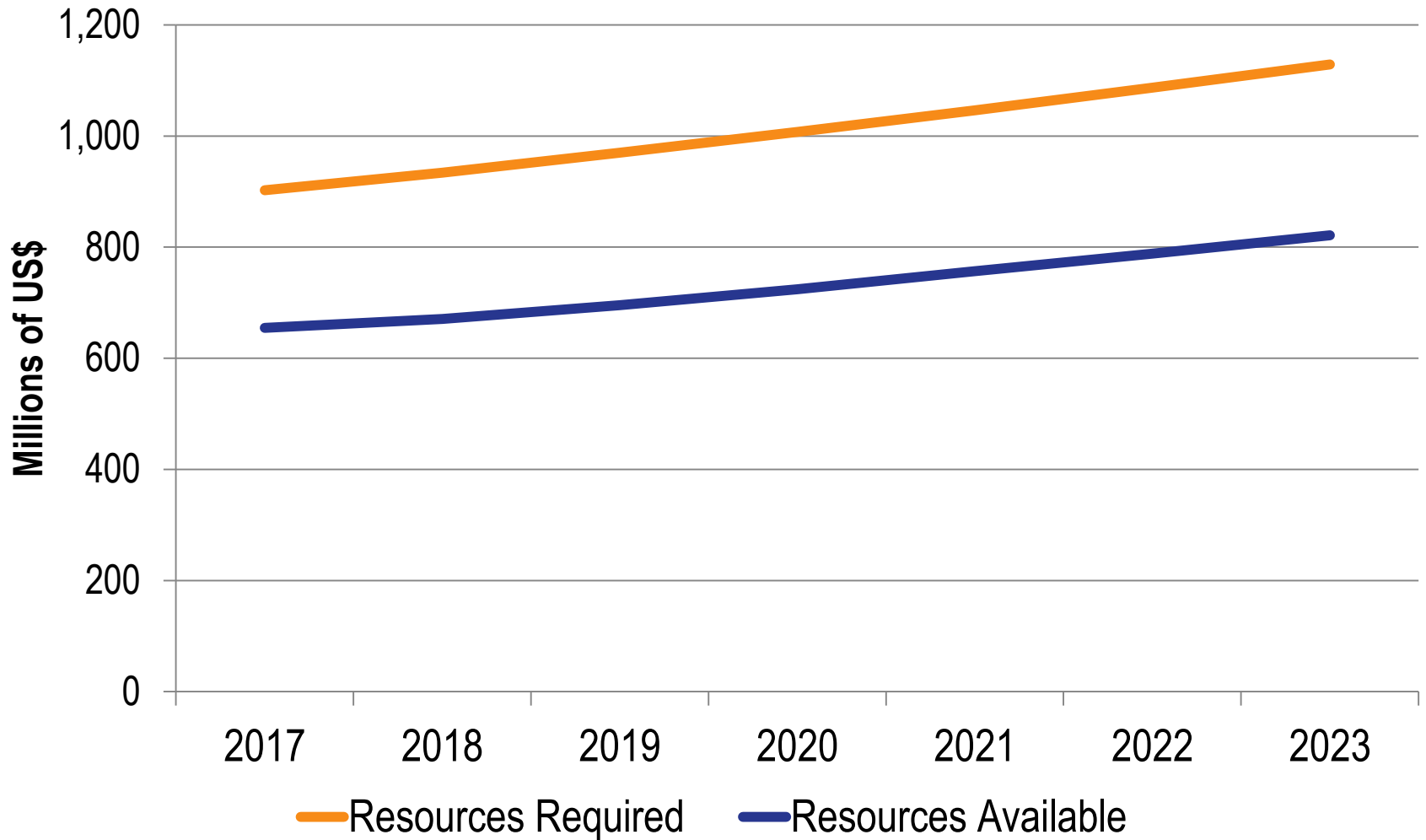


# Landscape: Inequality

Difference in Per Capita Health Expenditures between MAS and Public Health System



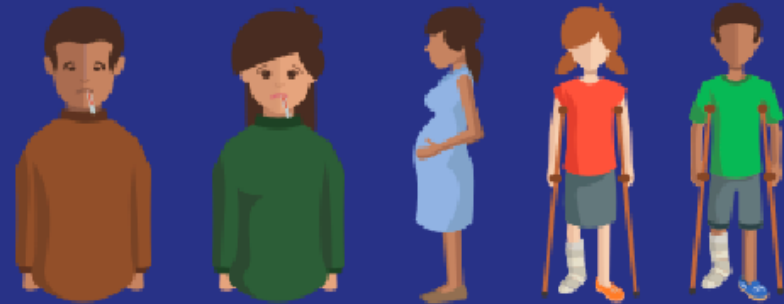
# Landscape: Health Financing Gap



# Landscape: Patient Satisfaction, 2013

**52%**  
unsatisfied  
with their experiences

In Botswana less than  $\frac{1}{2}$   
of public health system users are  
**satisfied** with their experiences.





# Outcomes of Framing

- ▶▶ Inequality
- ▶▶ Need to mobilize resources
- ▶▶ Poor performance (Quality and Efficiency)



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# Facilitating Open Discussion

- ▶▶ Three stakeholder workshops
- ▶▶ Small group discussions, exercises, plenary discussion

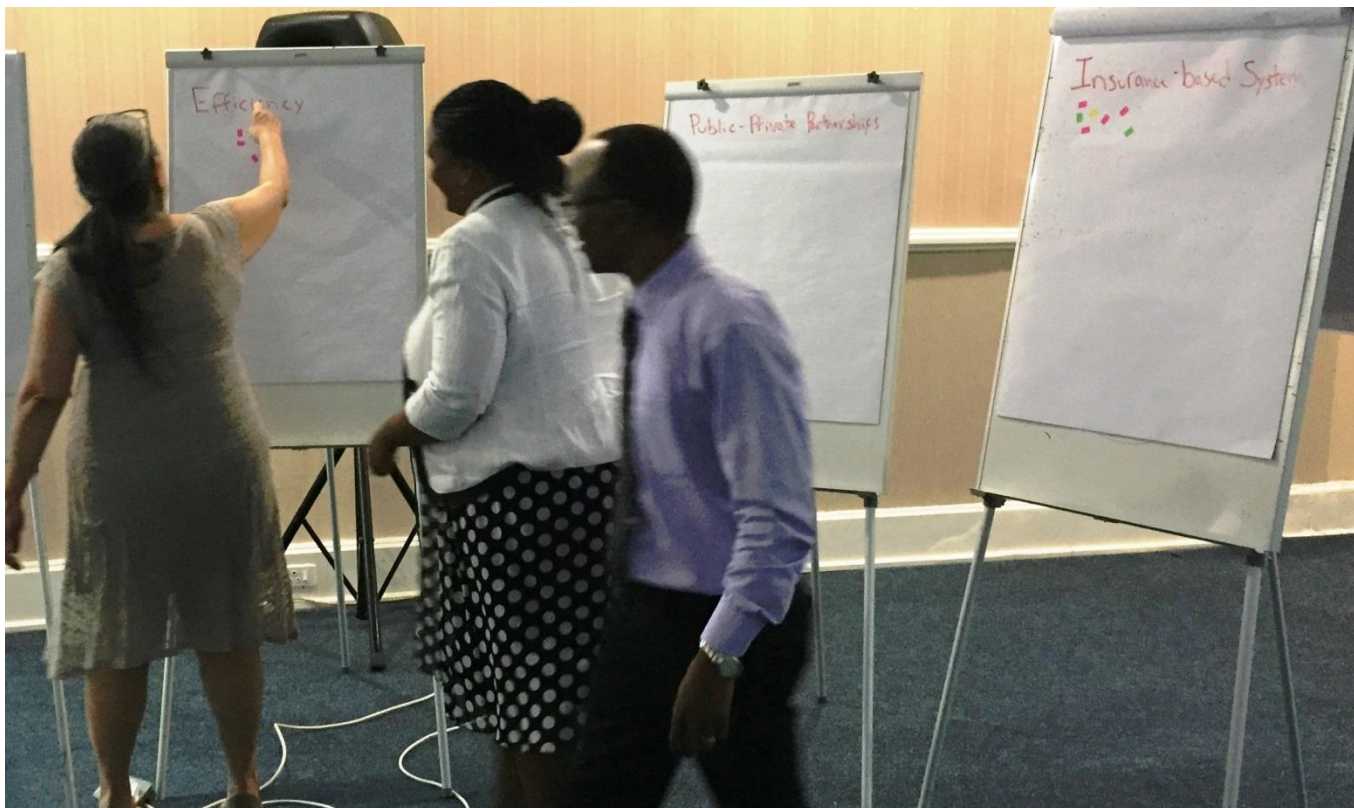




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# Identifying Underlying Concerns

- ▶▶ Stakeholder Analysis
- ▶▶ Voting on top priorities







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# Proposal development and choosing a direction

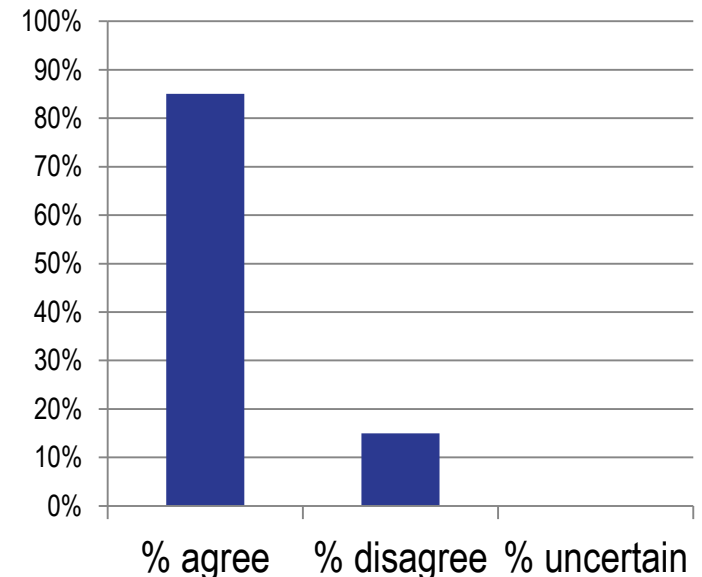
- ▶ Surveys to select amongst different policies for addressing health financing concerns
- ▶ Vignettes to get input on detailed aspects of health insurance design

## Vignettes

- In Botswana's health system, citizens currently pay nominal user fees (5 BWP) to access basic health services at public facilities. Shifting to an insurance system would entail collecting contributions from enrolling individuals; however, 30% of Botswana live below the poverty line, such that paying an insurance contribution could present financial difficulties. In many countries with national insurance schemes, the government provides subsidies for low-income families to enroll in the insurance scheme.*

*In order to encourage enrollment among low-income families, the Government of Botswana should subsidize the costs of enrolling in a national insurance system.*

1. Strongly Agree    2. Agree    3. Uncertain    4. Disagree    5. Strongly Disagree





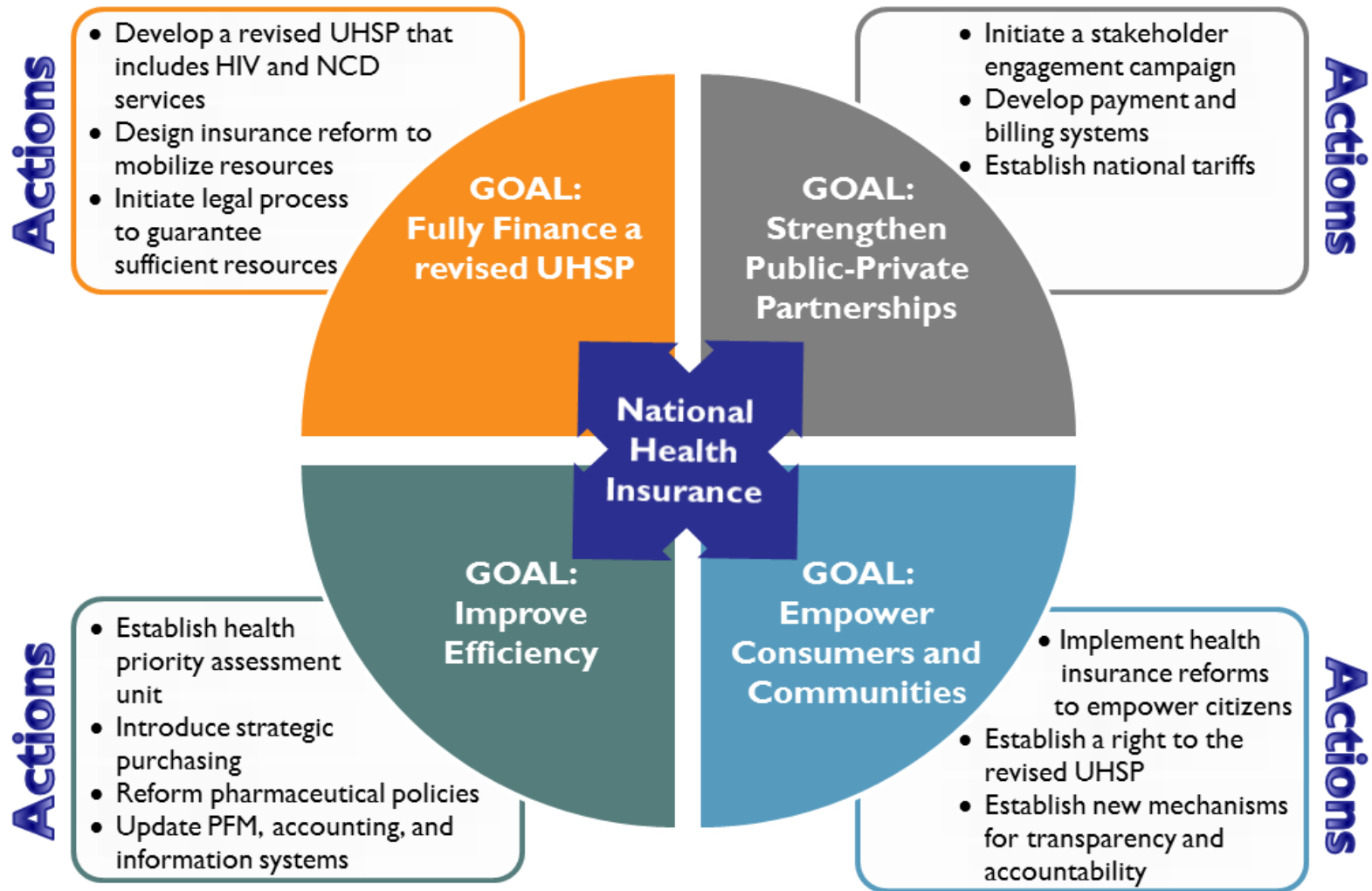
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# Synthesizing a final proposal and Closure

- ▶▶ HFG team produced draft
- ▶▶ Anonymous feedback through a form
- ▶▶ Open discussion to express opposition or modifications

# Health Financing Strategy





# Conclusions

- ▶▶ Successful for bringing groups together behind common objective
- ▶▶ Participatory process provided technical inputs but also created trust
- ▶▶ Needed more involvement of high-level decision-makers from beginning
- ▶▶ Documenting process important for explaining to decision makers and replicating