



World Health
Organization

WHO Symposium on Health Financing for UHC

A closer look at fiscal space and public finance issues in
health

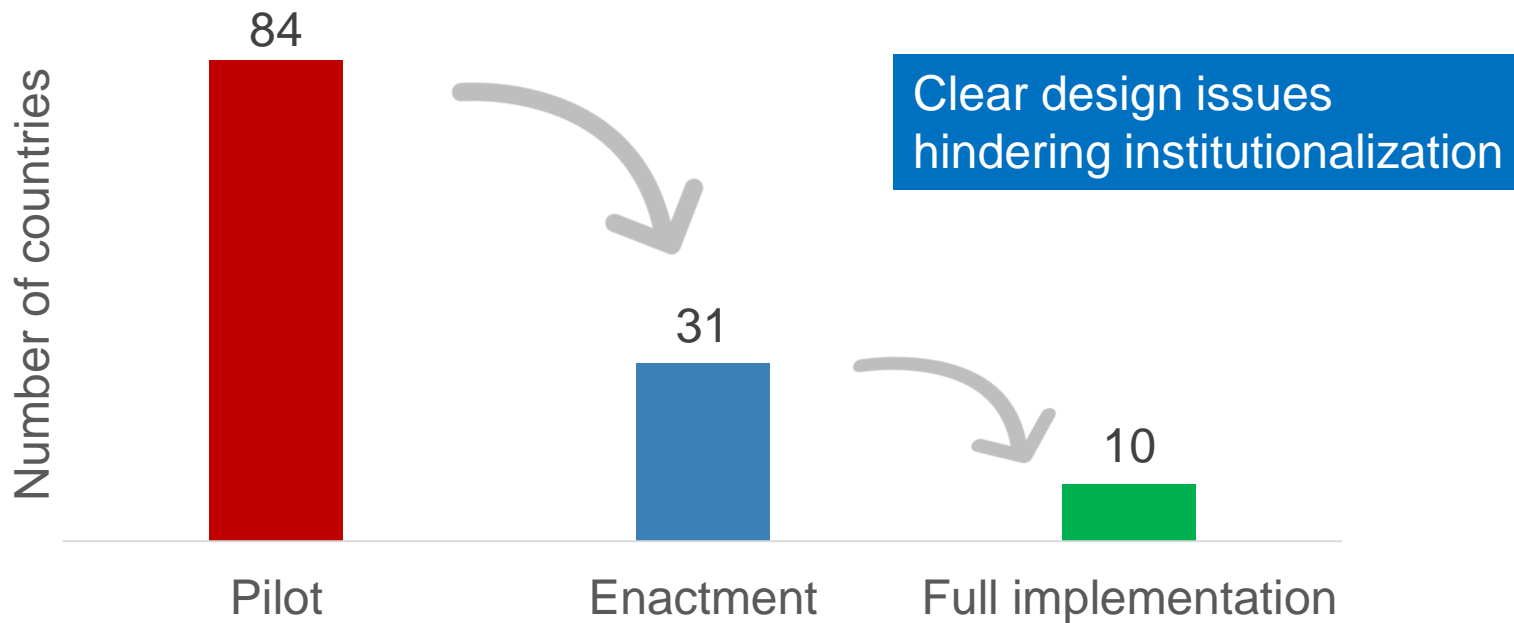
Montreux, 13 November 2019

Design of budgetary programs: key questions for health

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Program budgets in health in LMICs



What do we mean by design of budgetary programs?

» **Formulation:**

- Program names and formulation of objectives and activities
- Type of programs: uniform, mixed

» Structure:

- Number and size of programs
- Hierarchy and chain of results

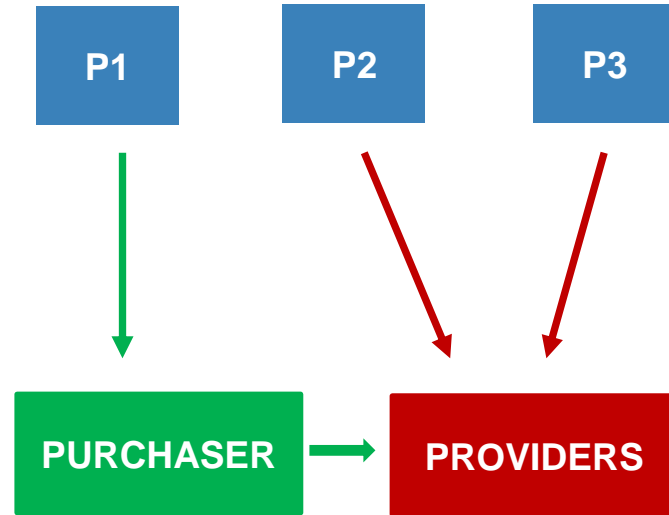
» Content:

- Alignment with sector priorities
- Consistency with managerial accountability



Why does it matter for health?

- » How budget allocations are **aligned** to sector priorities
- » How **funds flow** to purchaser/providers
- » How **outputs** are monitored and reported



Three design problems

1. Hybrid design

Budget of Chapter 2701 - Ministry of Health
For the Year 2019 Distributed According to Program

Jordan Finance Law

(In JDs)

Prog.	Description	Current Expenditures	Capital Expenditures	Total Expenditures
4601	Administration and Supportive Services	19,711,000	1,465,000	21,176,000
4605	Manpower Development	2,812,000	0	2,812,000
4610	Primary Health Care/ Health Services Centers	104,555,000	25,354,000	129,909,000
4615	Secondary Health Care/ Hospitals	223,315,000	46,771,000	270,086,000
4620	Serums, Vaccines, Medicines and Medical Consumables	102,050,000	0	102,050,000
4625	Expanding Health Insurance Coverage	125,000,000	0	125,000,000
Total		577,443,000	73,590,000	651,033,000

- » Mixing input- and output-oriented program lines
- » Staff (and other inputs) **separated out** from other programs
- » Issue for **efficient** service delivery

Three design problems

2. Inconsistent program type mix

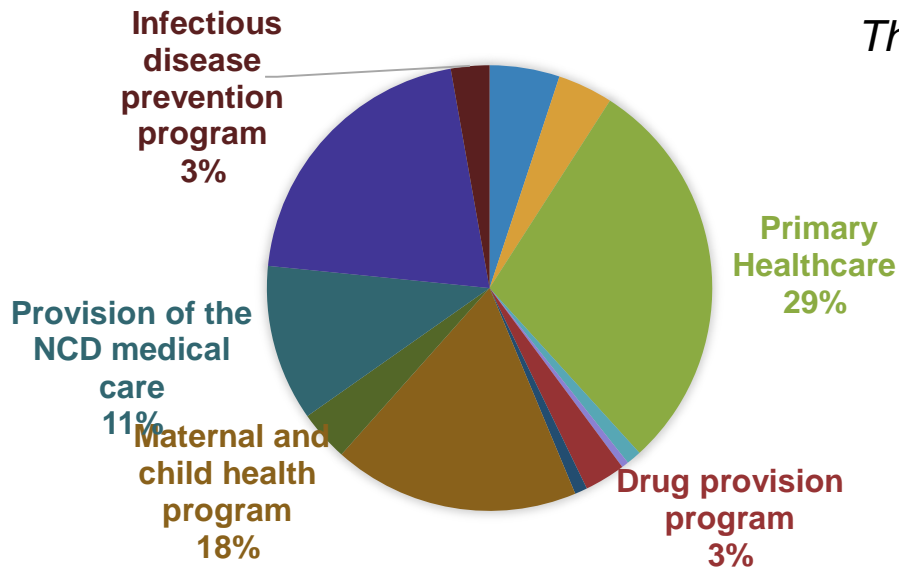
Program type	Program example
Functional	COFOG: e.g. outpatient, medical products, hospital services
Level of care	PHC, secondary care
Disease	HIV/Aids, malaria
Thematic	Maternal health, nutrition
Organizational	= MoH departments

- » Program types have **different implications** for service financing
- » **Mixing** level of care-based program, with disease and other thematic programs **creates overlaps** in funding and **complexities in resource management** for providers

Three design problems

2. Inconsistent program type mix

The example of Armenia



Three design problems

3. Disease-focused design

- » Disease responses treated as individual budgetary programs
- » Increases **financial fragmentation** at service level
- » Transition from externally funded operations to budgetary programs?

Country	Total number of programmes	Number of disease programmes
Armenia	8	0
Burkina Faso	3	0
China	12	0
Gabon	4	1
Georgia	4	0
Ghana	5	0
Indonesia	9	0
Jordan	6	0
Kenya	5	0
Kyrgyzstan	10	1
Mauritius	4	2
Mexico	31	3
Morocco	6	0
Peru	10	6
Philippines	10	0
South Africa	6	1
Thailand	2	0

Integrating disease interventions in program

1. Integrating disease interventions at program sub-level

Burkina Faso: Immunization in programs

Programme	Action	Activity
Access to health services	Improved availability of health products	Purchaser vaccines and consumables
Health service delivery	Quality health services for mother and child health	Organize national immunization days

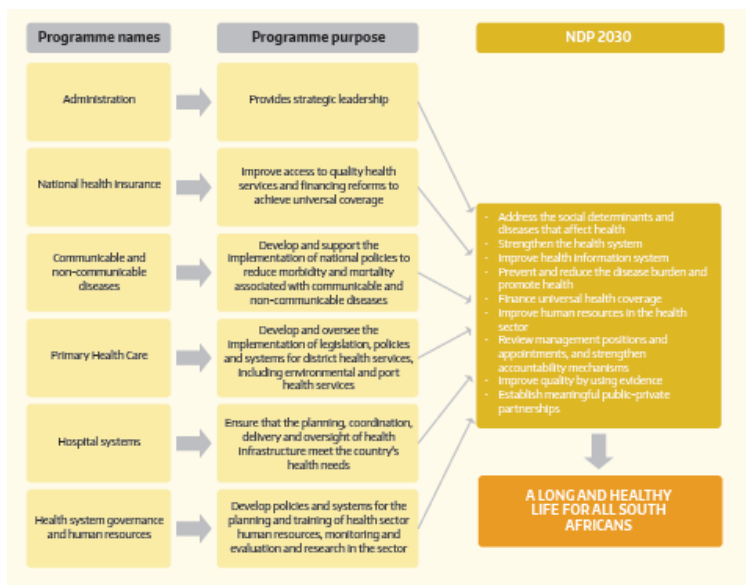
2. Tracking disease outputs in performance monitoring

Philippines: Disease indicators of PH program

<ul style="list-style-type: none">-95% fully immunized children-Number of malaria-free provinces-Number of filariasis-free provinces-Number of rabies-free areas-75% of ART for HIV +-TB treatment success-Decrease in premature mortality rate attributed to NCDs	Public health program
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Consolidating good design practices?

South Africa's health budget structure



- » **Clear program structure**, activities linked to 6 programs' outputs
- » Country-specific design with efforts to **integrate disease interventions** in larger programs
- » **Staff and inputs embedded** in program design
- » Programme structure aligned with managerial roles

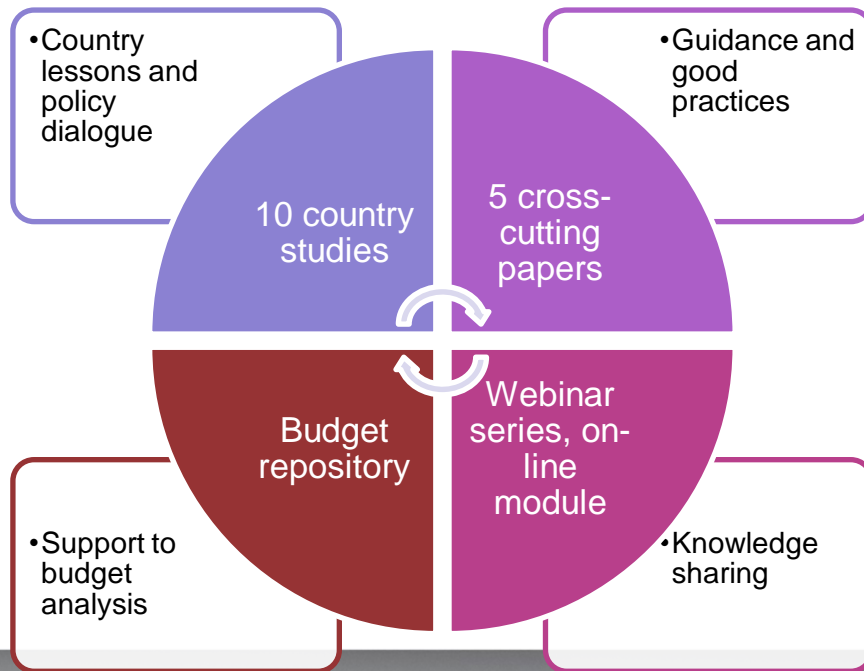
Looking ahead...



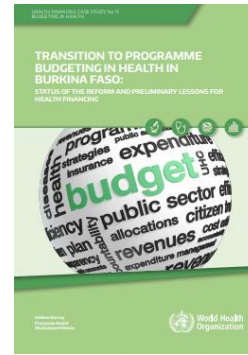
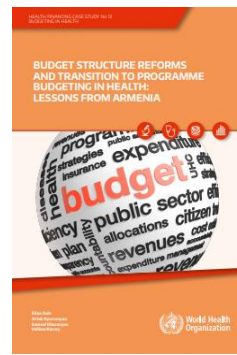
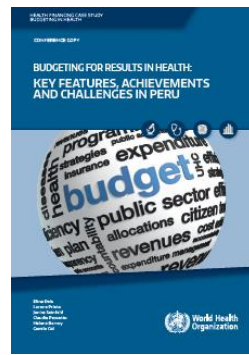
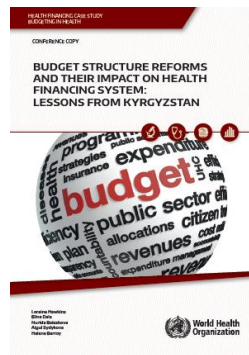
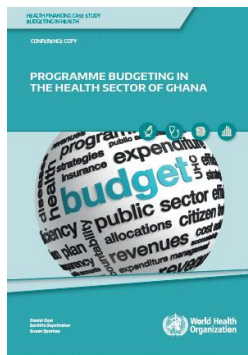
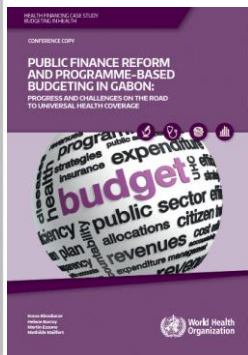
Is it worth the journey?

- If well designed, PB is a step toward alignment, flexibility, accountability
- If design aspects matter, implementation is crucial too:
 - Mechanism for releasing funds
 - Focus of controls
 - Reporting and accountability system
 - Consistency with incentives of provider payments
- Alternative: grouping inputs by “chapters” and introducing an output-based monitoring framework?

WHO PoW on budget structure in health



WHO budget structure case studies



Thank you!