HEALTH SYSTEMS GOVERNANCE & FINANCING

Cross-programmatic inefficiencies: from silos to sustainability

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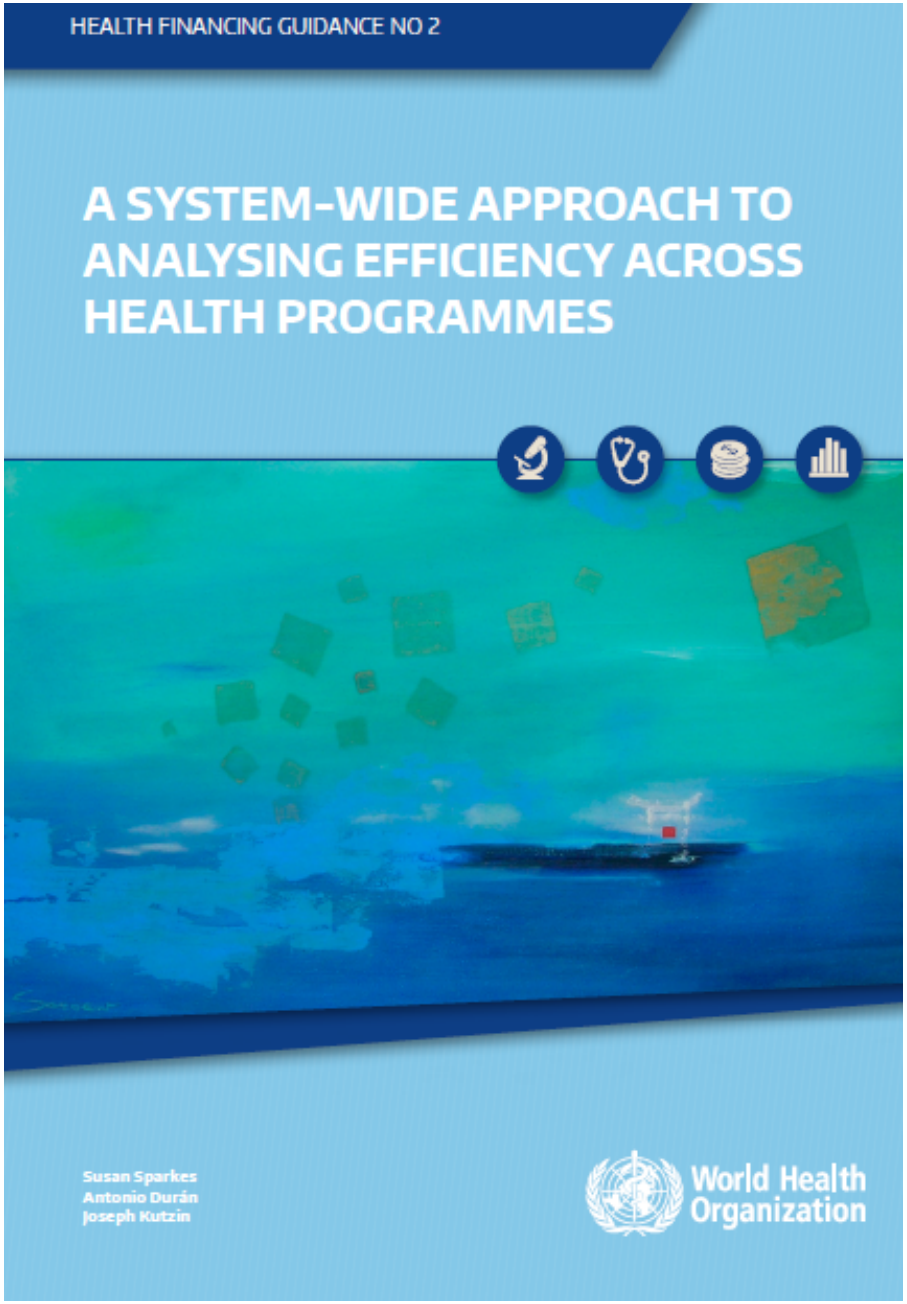

http://www.who.int/health_financing/documents/system-wide-approach/en/

Quick overview of approach

- Starts with the premise that by embedding and viewing health programs as part of the overall health system, a more efficient allocation of resources can be reached.
- Disaggregates health programs to understand how they are financed, governed, use and generate inputs and deliver priority services within the context of the overall health system to achieve their outcomes.
- By doing so, critical areas of duplication, overlap, misalignment can be identified to lead to targeted reform.
- Piloted in South Africa, Estonia and Ghana

Perceived difference between health programmes serving “public health” and not “personal health”

1. **Estonia:** many TB, HIV and drug abuse services are funded directly by the National Institute of Health Development (i.e. public health institute), with 95% of population covered by the National Health Insurance Fund

2. **Ghana:** HIV and TB positive individuals are provided free enrolment into NHI, but HIV and TB specific services are explicitly excluded from benefit package.

Financial fragmentation can work against policies of service/system integration

1. **South Africa:** Policy to integrate services, with 20% of public budget for health earmarked for HIV conditional grant.
   - Even within 12 HIV subprograms, each budgets separately for health workers all the way down to the facility level.
   - Separate information systems for TB, HIV, and district health information system

2. **Estonia:** policy of having TB and HIV services provided by family medicine, but NIHD contracts with NGOs and specialists. Misaligned incentives for family medicine (paid on capitation) to test or treat HIV/TB because specialists can be reimbursed fee-for-service.

Health programme financing and related transition are part of overall health financing landscape

1. **Ghana:** Pressure from Global Fund and Gavi to pay arrears….BUT NHIF hasn't paid its bills since March 2017.

2. **South Africa:** Increasing funding to HIV conditional grant, but no increases to general health budgets.

Takeaway messages

1. Think of incentives that are established from the outset
2. How to integrate priority health services into benefit package design
3. Institutional framework can work against policy priorities
4. Vested interests are well-established and any changes become very political
5. Refocus some funding to build underlying systems well in advance of transition
6. Not transition specific issues but directly relate to the process

Possible implications for the TWG

- Identify opportunities for investment or reform in underlying sub-systems
- Taking on political economy of the international and national dimensions
- How to bring “program” and “system” communities together
- Importance of capacity building agenda focused on implementation support
- Provide conceptual clarity – e.g. public versus personal health services and institutional incentives