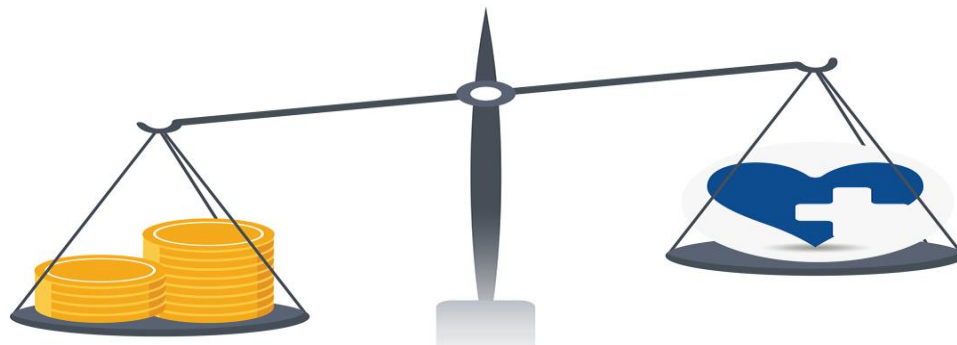


5th AFHEA Conference
Accra, Ghana
11-14 March 2019

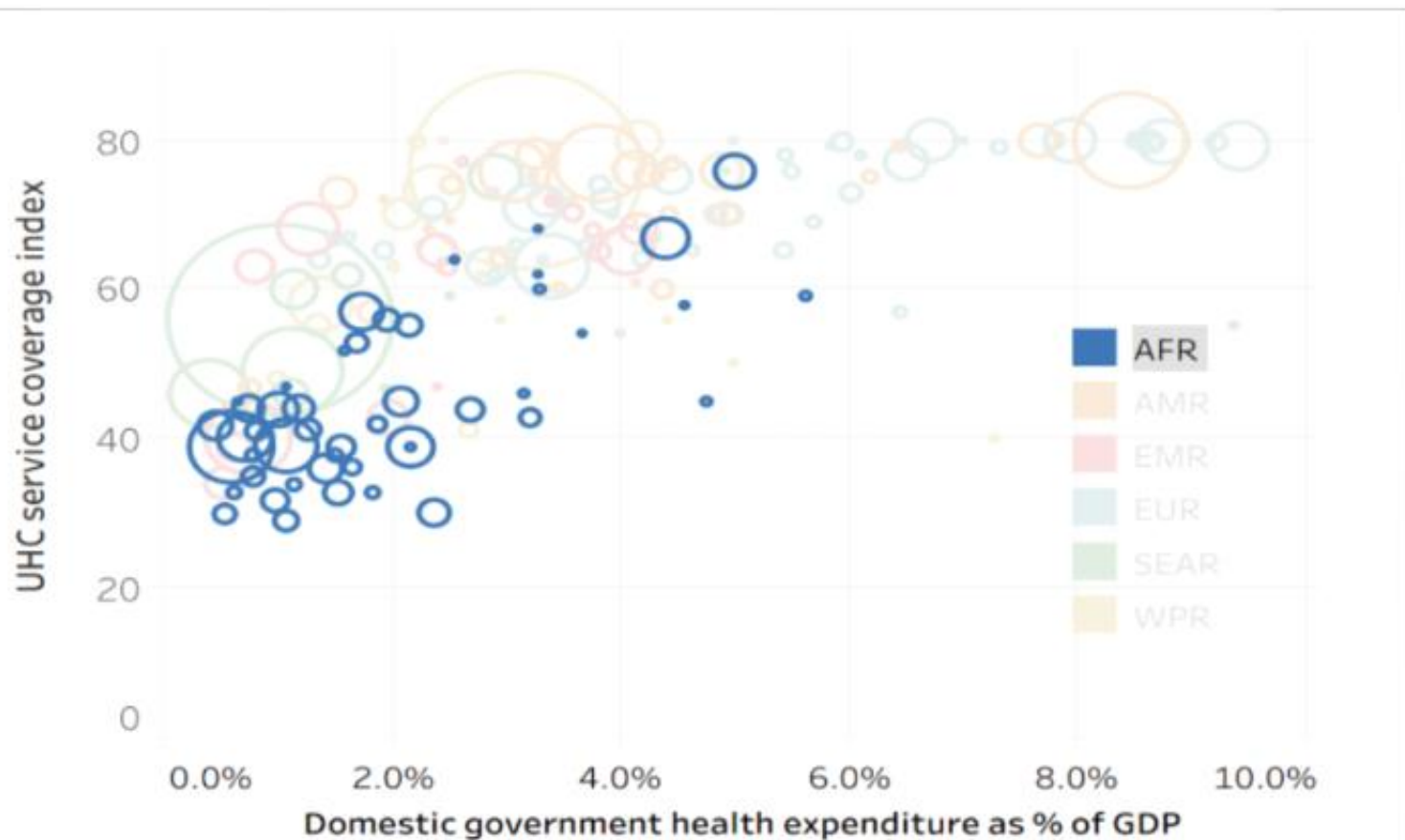
WHO Organized Session: PFM for better PHC and health outputs in Africa



Leveraging PFM for better health in Africa

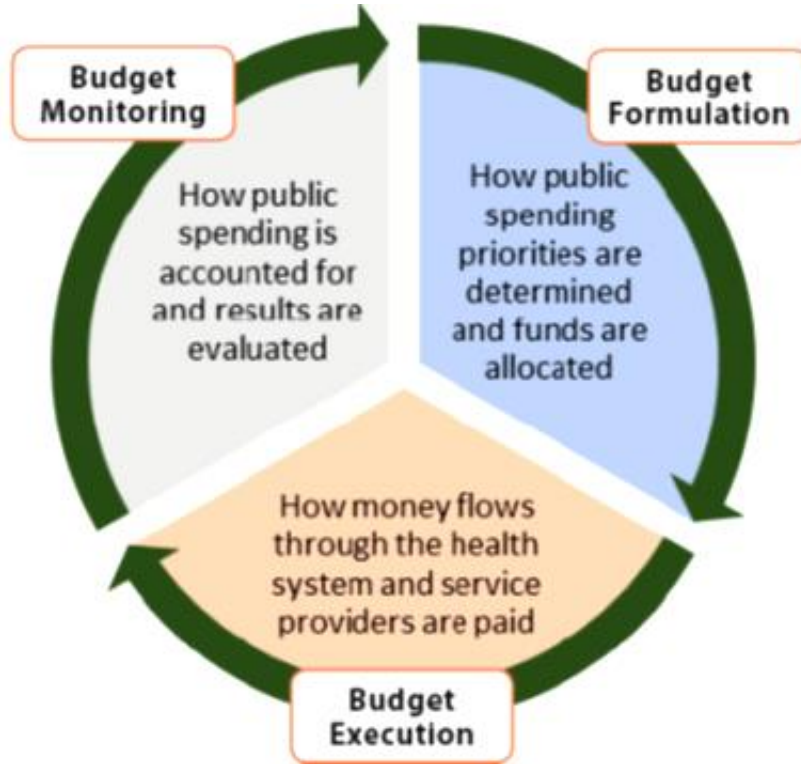
Dr Hélène Barroy, Sr Health Financing Specialist, WHO HQ

Critical role of public funds for UHC in Africa



Source: WHO UHC portal

Each step of the budget cycle matters for health expenditure



Source: WHO/R4D: Aligning PFM and health financing, 2017

Study objectives and methods

1. Review of PFM bottlenecks in health:

- Country case studies

2. Analysis of effectiveness and relevance of PFM reform in health:

- Cross-country analysis of budget formulation and execution
- Policy consultations

3. Identification and validation of policy lessons:

- Country workshops
- Regional conference



Observation 1: Budget formation has improved in health in several African countries

Budget formation:
backbone for well-defined
and efficient health spending



❑ Overall improvements in budget preparation benefit to health:

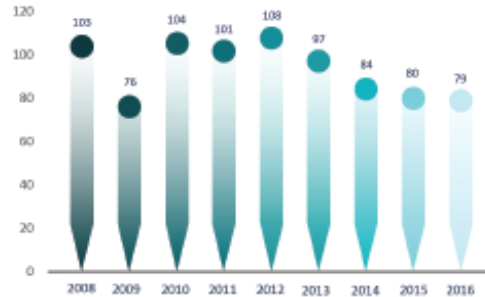
- Better enforcement of budget calendars
- Formalized dialogue for budget approval process (“budget conferences”)
- 3-year rolling budget

❑ Specific improvements in health include:

- Better links between health planning and budgeting (e.g. AOPs)
- Improved costing and priority-setting, leading to quality budget proposals
- Change initiated in budget structure

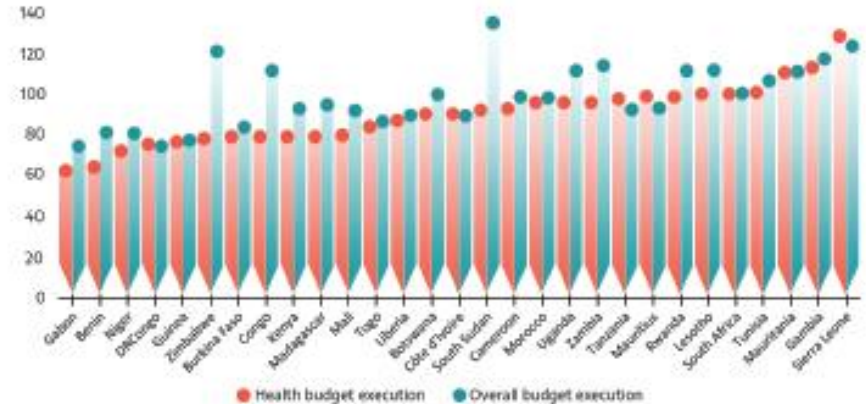
Observation 2: Health budget execution is increasingly problematic in Africa

Trend in health budget execution in African countries



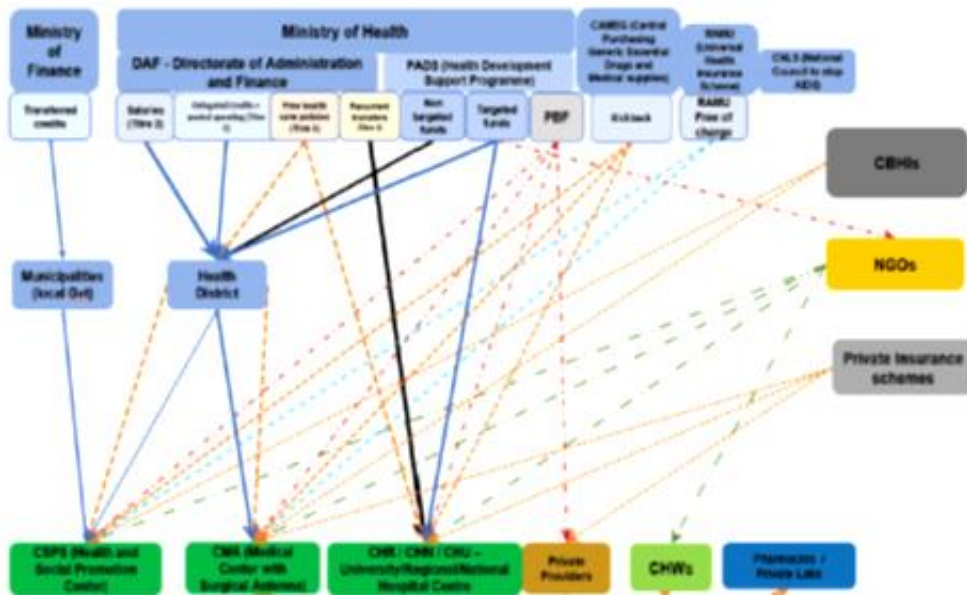
Source: PEFA and country expenditure reports, authors' calculations. Countries included in these data: Benin, Botswana, Burkina Faso, Cameroon, Congo, DRC, Côte d'Ivoire, Gabon, Gambia, Guinea, Kenya, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mauritius, Morocco, Niger, Rwanda, Sierra Leone, South Africa, South Sudan, United Republic of Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe.

Overall government and health budget execution in African countries, 2008-2016 average



Source: PEFA and country expenditure reports, authors' calculations

Observation 3: Budget monitoring systems remain fragmented for health in most African countries



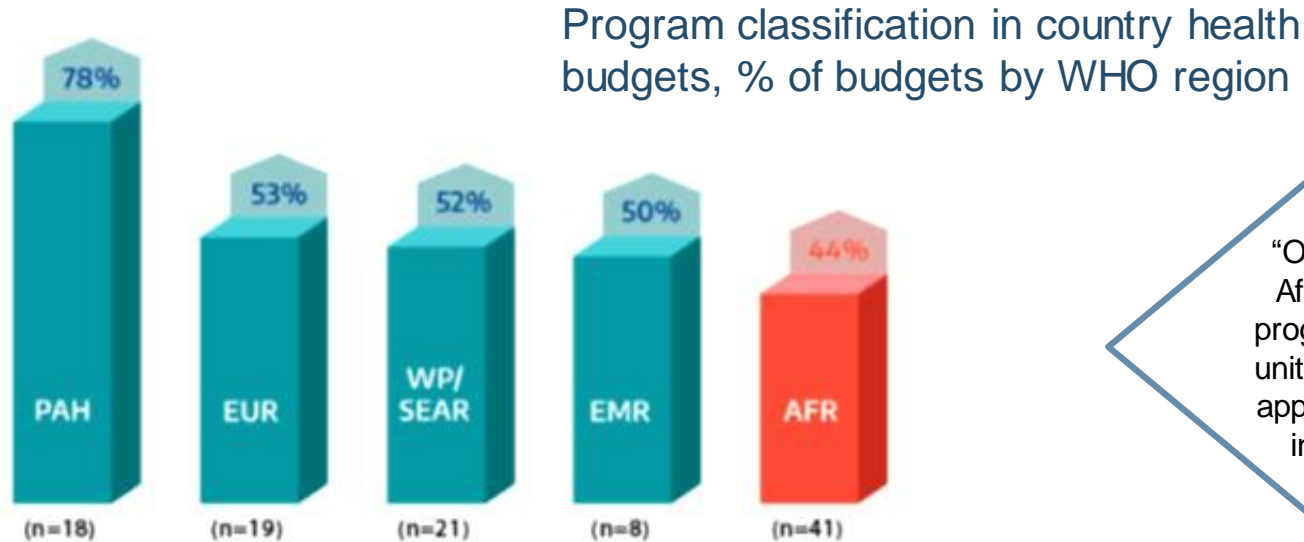
- Reporting fragmentation associated with multiplicity of funding flows and their associated spending and reporting rules
- Further exacerbated by high dependency on external aid channeled and reported through separate arrangements.

Example of domestic funding flows in health (Burkina Faso)

Policy lessons: unfinished PFM transitions in health

- Half way implementation of complex PFM interventions
- Basic PFM functions not yet in place in some countries
- Disconnect between response and needs
- MOH not aware, involved and/or equipped to design tailored PFM response

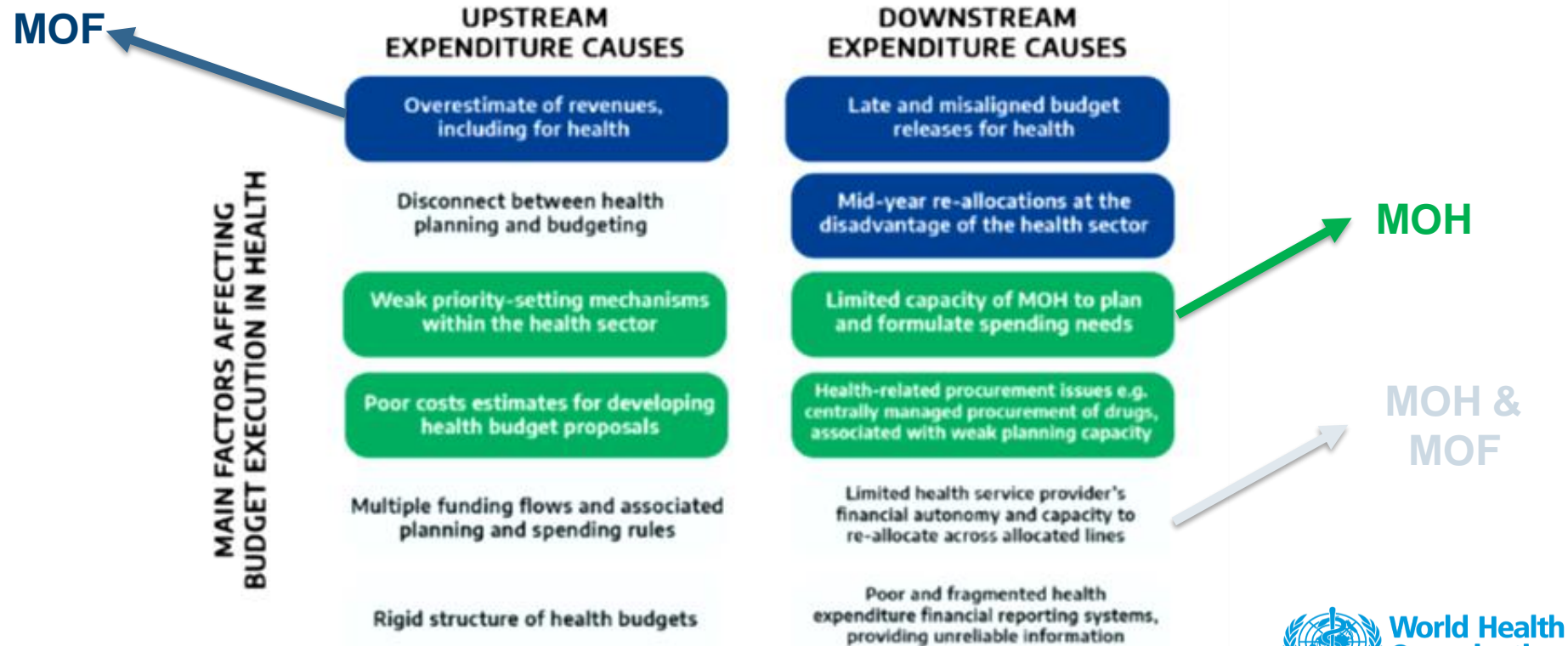
Policy recommendation 1: Program budgets should be institutionalized in health, where possible in Africa



“Only South Africa uses programs as a unit for budget appropriations in health”

Source: The WHO Country Mapping of Health Budget Classifications, authors calculations [39]. The bars indicate the countries with a programme budget in health as a percentage of the regional sample. EMR=Easter Mediterranean Region; SEAR=South-East Asian Region; AMR=Americas Region; AFR=African Region; EUR: European Region; WPR=Western Pacific Region.

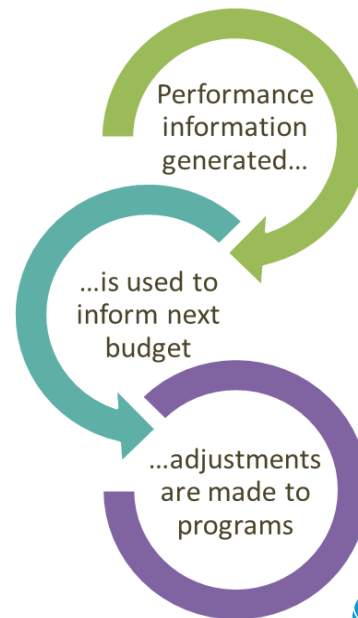
Policy recommendation 2: Causes of health under-spending should be better understood and prioritized for action



Policy recommendation 3: Better accountability is made possible through consolidated performance framework

Performance monitoring framework of program budgets is an opportunity to consolidate and streamline financial and technical performance reporting.

Objective Statement	Performance Indicator	Audited/Actual performance		
		2013/14	2014/15	2015/16
Improve district governance and strengthen management and leadership of the district health system	Number of Districts with management structures in line with the National Guidelines	New Indicator	WSDN process and normative guidelines for PHC facilities have been completed	The draft District Health Management Office structure and job profiles was finalised
	Number of PHC facility committees assessed to determine functionality	New Indicator	Implementation plan approved and Monitoring and evaluation system developed	1588 PHC facility committees assessed to determine its functionality
Improve access to community based PHC services	Number of functional WBPNCOTs ¹⁷	1063 functional WBPNCOTs	1748 functional WBPNCOTs	2590 functional WBPNCOTs
Improve quality of services at primary health care facilities	Number of primary health care facilities in the 52 districts that qualify as Ideal Clinics	New Indicator	New Indicator	322 facilities qualifying as Ideal clinics
Improve accessibility of Primary Health Services to people with physical disabilities	Proportion of PHC facilities accessible to people with physical disabilities	New Indicator	New Indicator	New Indicator
Improve quality of services at District Hospitals through the Ideal District Hospitals Programme	Ideal District Hospital Framework	New Indicator	New Indicator	New Indicator



Example of South Africa's performance monitoring framework of program budget

Policy recommendation 4: PFM response should be tailored to better respond to health sector's requirements

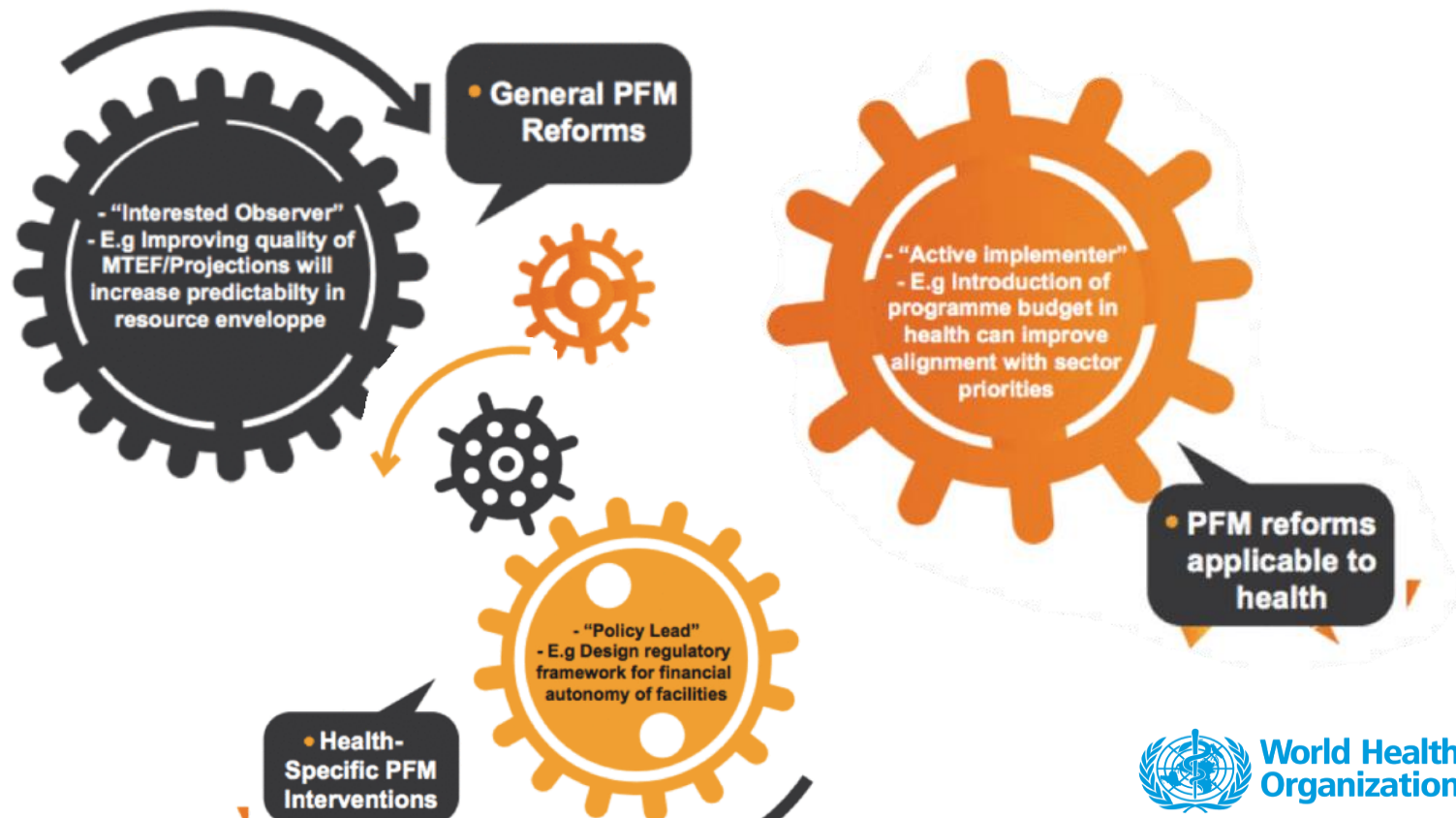
Focus of reforms:

- Priority to predictability-enhancing reforms (eg 3 year rolling budget)
- Particular attention to local-level PFM reforms
- Strengthening financial management and providing more flexibility to health facilities

Process of reforms:

- Policy design based on comprehensive assessment of PFM bottlenecks in health
- Engaging MOH in reform design from early start
- Improving coordination for better consistency across reforms (ie PFM, HF, decentralization)

Policy recommendation 5: More direct engagement from MOH is needed for effective PFM reform in health



Thank you!

Conference copies available in the room:

CONFERENCE COPY

LEVERAGING PUBLIC FINANCIAL MANAGEMENT
FOR BETTER HEALTH IN AFRICA:
KEY BOTTLENECKS AND OPPORTUNITIES FOR REFORM

The report is the product of the collective effort by the WHO's Department of Health Systems Financing and Governance and the WHO Regional Office for Africa's Department for Health Systems.

Feedback most welcome to: barroyh@who.int

