

Financing essential health services in countries experiencing extreme fragility - contrasting approaches in the Somali States, South Sudan, DRC & Libya

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Tasters & teasers



Navigating fragility: lessons from health system research and practice

October 5th 2018 – 11:00 – 15:30

Queen Margaret University – Conference Suite

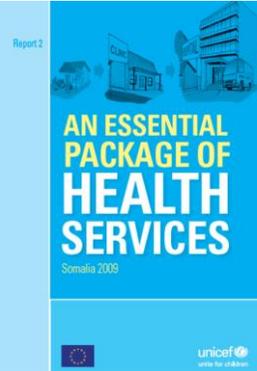


Themes

- essential service & health benefits packages
- financing
- financial management & tracking of inputs
- service delivery
- procurement models
- where gains can be made (in capacity building in the face of political fragility and insecurity).



Essential service & health benefits packages



	Somali States (Federal Member States/ Somaliland)	South Sudan	DRC	Libya
EPHS	yes	yes	yes	In development
Health benefits package	in theory free SRMNCH services. Piecemeal donor coverage.	In theory PHC free, financed entirely by donors (HPF. WB. + additional programmes)	Donor-financed vaccines, 3 disease services. Wider PHC package in select HF in select provinces. Much donor experimentation.	In theory 'everything' paid by state
Health compact	Developing Federal engagement with EPHS & HBP but in practice no actual 'buy-in'.	Donor-supported MOH commitment. Not currently possible to interpret a government intention.	No government commitment. WB promoting UHC & QOC and reform of recruitment & health financing.	In theory entire health service state provided

Teaser: which should come first? Social compact, EPHS or HBP?

Financing

	Somali States	South Sudan	DRC	Libya
Who pays for services?	Donors & OOP. Diaspora.	Donors & OOP	Donors & OOP. Limited encouragement of co-financing.	State & OOP
Who promotes Health Benefits Package with significant investment?	DFID, EU, bilaterals, humanitarian funding, GF, Gavi,	HPF, WB, bilaterals, humanitarian funding GF, Gavi,	WB, DFID, USAID , EU, humanitarian funding, GF, Gavi,	State

Teaser: is 'humanitarian funding' counted under service package delivery?

Financial management & tracking of financial inputs

	Somali States	South Sudan	DRC	Libya
Is spending visible?	Limited FM capacity to give a clear picture. Government spending on salaries.	Yes from HPF & WB, less so from bilateral & humanitarian inputs. Government spending on payroll.	Yes with harmonised donor provincial one system of payments. Not with provincial ministry budgets.	No visibility of government spending outside payroll. Procurment particularly hard to add up.
MOH Financial management capacity	Limited	Limited	Limited, some improvements in budget cycle. PMU for donors.	High, but split between different institutions.

Teaser: is the lack of financial information deliberate?

Service delivery

	Somali States	South Sudan	DRC	Libya
Service delivery model	NGOs supporting state & local facilities.	NGOs with county or facility contracts	Provincial <i>Contrat Unique</i> ; and provincial purchasing agencies; & PBF. NGOs & faith-inspired institutions;	All centrally provided, by different centres.
Statebuiding?	Support FMS management of service delivery. Promote social compact/ UHC.	Support state/ county management of service delivery.	Strengthening provincial & district managent. Increased central oversight. Promote social compact/ UHC.	<i>Do anything to improve resource management.</i> Support budget holding by regions and facilities.



Procurement models



	Somali States	South Sudan	DRC	Libya
Who procures & distributes?	Donors, service providers, private sector, warehousing in states.	Donor central tenders & distribution; service providers.	Donor strategic purchasing of drugs & supplies. Large % bought in private sector.	Various non-transparent state committees.
What improvements are possible?	Find flexible local solutions. 	Strengthen 'parallel' supply chain for future adoption by state.	Increase donor use of regional depots. Open up supplies from the east.	Need highest level commitment to transparency & major institutional reform.

Where gains can/ are be(ing) made (capacity building)

	Somali States	South Sudan	DRC	Libya
Financing	Slow increase in donor commitment to financing of EPHS. Needs to be by state & region. Potential for more diversification of revenue sources.	Harmonised donors & WB. Need greater harmonisation with 'humanitarian' financing.	Donor harmonisation in provinces	Lack of decentralisation plan makes financing tracking by region impossible. New social insurance fund for teachers
Financial mangement	Good time to invest in FM in states.	Not currently easy.	Support to MOH FM.(& large DFID WB PFM programme)	Not yet possible? Needs concerted donor effort.
Payroll reform	Good time for reform.	Approachable.	Substantial insight from some provinces	A good place to start?



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