Design of budgetary programs: key questions for health

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Program budgets in health in LMICs

Number of countries

Pilot: 84
Enactment: 31
Full implementation: 10

Clear design issues hindering institutionalization
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

- 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

<table>
<thead>
<tr>
<th>Program type</th>
<th>Program example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional</td>
<td>COFOG: e.g. outpatient, medical products, hospital services</td>
</tr>
<tr>
<td>Level of care</td>
<td>PHC, secondary care</td>
</tr>
<tr>
<td>Disease</td>
<td>HIV/AIDS, malaria</td>
</tr>
<tr>
<td>Thematic</td>
<td>Maternal health, nutrition</td>
</tr>
<tr>
<td>Organizational</td>
<td>= MoH departments</td>
</tr>
</tbody>
</table>

- 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

- Primary Healthcare 29%
- Drug provision program 3%
- Maternal and child health program 18%
- Provision of the NCD medical care 11%
- Infectious disease prevention program 3%

*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?

<table>
<thead>
<tr>
<th>Country</th>
<th>Total number of programmes</th>
<th>Number of disease programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Armenia</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>China</td>
<td>12</td>
<td>0</td>
</tr>
<tr>
<td>Gabon</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Georgia</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>Ghana</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Indonesia</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>Jordan</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>Kenya</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Kyrgyzstan</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Mauritius</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Mexico</td>
<td>31</td>
<td>3</td>
</tr>
<tr>
<td>Morocco</td>
<td>6</td>
<td>0</td>
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<tr>
<td>Peru</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Philippines</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>South Africa</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Thailand</td>
<td>2</td>
<td>0</td>
</tr>
</tbody>
</table>
1. Integrating disease interventions at program sub-level

**Burkina Faso: Immunization in programs**

<table>
<thead>
<tr>
<th>Programme</th>
<th>Action</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to health services</td>
<td>Improved availability of health products</td>
<td>Purchaser vaccines and consumables</td>
</tr>
<tr>
<td>Health service delivery</td>
<td>Quality health services for mother and child health</td>
<td>Organize national immunization days</td>
</tr>
</tbody>
</table>

2. Tracking disease outputs in performance monitoring

**Philippines: Disease indicators of PH program**

- 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
### Consolidating good design practices?

**South Africa’s health budget structure**

<table>
<thead>
<tr>
<th>Programme names</th>
<th>Programme purpose</th>
<th>NDP 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administration</td>
<td>Provides strategic leadership</td>
<td></td>
</tr>
<tr>
<td>National health insurance</td>
<td>Improve access to quality health services and financial returns to achieve universal coverage</td>
<td></td>
</tr>
<tr>
<td>Communicable and non-communicable diseases</td>
<td>Develop and support the implementation of national policies to reduce mortality and morbidity associated with communicable and non-communicable diseases</td>
<td></td>
</tr>
<tr>
<td>Primary Health Care</td>
<td>Develop and oversee the implementation of legislation, policies and systems for district health services, including environmental and sport health services</td>
<td></td>
</tr>
<tr>
<td>Hospital systems</td>
<td>Ensure that the planning, coordination, delivery and evaluation of health infrastructure across the country’s health needs</td>
<td></td>
</tr>
<tr>
<td>Health system governance and human resources</td>
<td>Develop policies and systems for the planning and delivery of health sector human resources, monitoring, and evaluation and response in the sector</td>
<td></td>
</tr>
</tbody>
</table>

- Address the social determinants and choices that affect health
- Strengthen the health system
- Improve the health information system
- Prevent and reduce the disease burden and promote health
- Direct national health coverage
- Improve human resources in the health sector
- Review management positions and appointments, including those accountable to mechanisms
- Improve quality, knowledge and evidence
- Establish meaningful public-private partnerships

- A L O N G A N D H E A L T H Y L I F E F O R A L L S O U T H A F R I C A N S

» **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

- 10 country studies
- 5 cross-cutting papers
- Webinar series, online module
- Budget repository

- Country lessons and policy dialogue
- Guidance and good practices
- Support to budget analysis
- Knowledge sharing
WHO budget structure case studies
Thank you!