# **Session 4**

# Mobilizing Resources at National and Sub-national Levels:

**Grace Chee** 





# Session 4: Mobilizing Resources at National and Subnational Levels

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Grace Chee

# Mobilizing Resources for Immunization

- Domestic public funding
- Earmarked taxes
- Domestic trust funds
- Households
- Development assistance

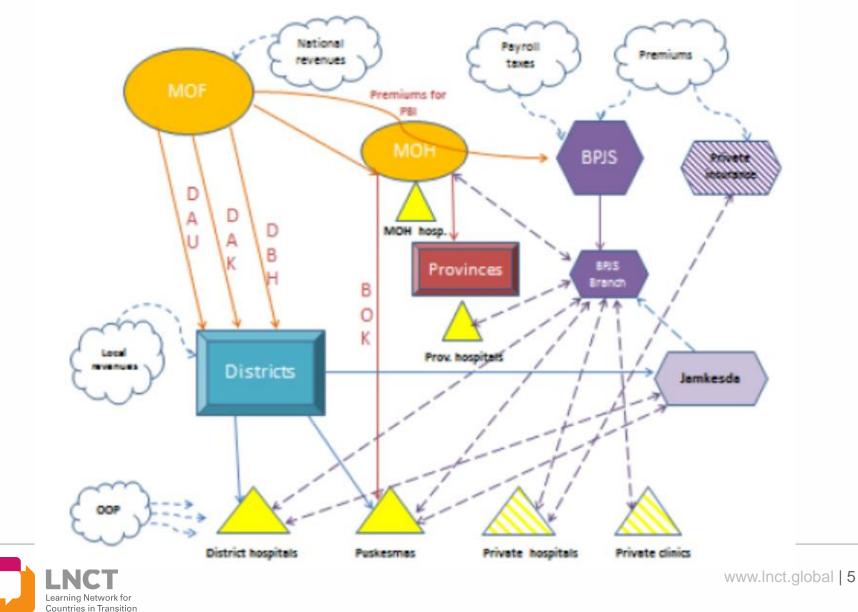


**Domestic Public Funding Challenges/Bottlenecks** 

- Fragmentation of funding streams
  - Multiple budget sources at central budget
  - Inconsistency in formulation of subnational budgets (districts/states/provinces)
- Multiple budgeting processes and decision-makers
- Delayed and unreliable funds disbursement
- Poor budget execution



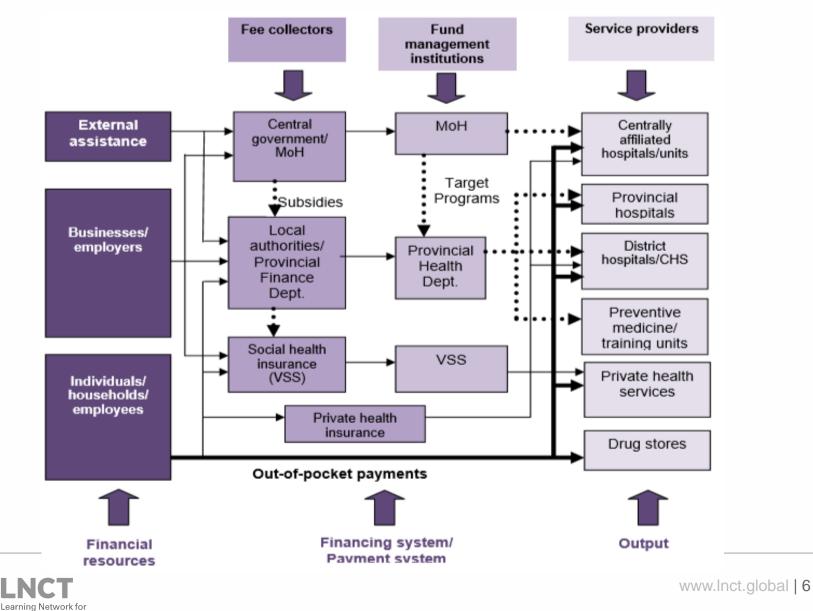
#### **Financing Flows in Indonesia 2016**



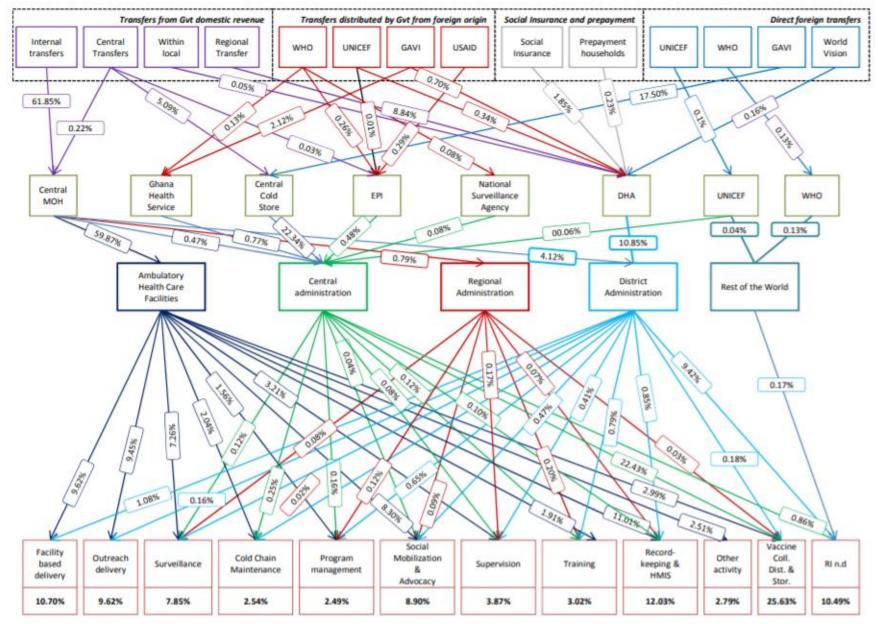
HFG, Rapid Analytical Review and Assessment of Health System 2016

#### Channels of Financing for Vietnam Health System

Countries in Transition

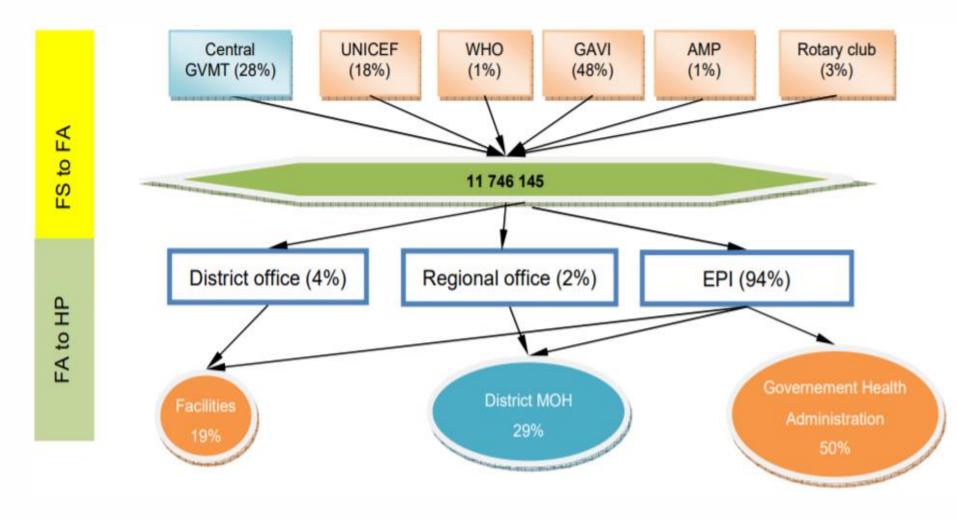


#### Funding Flows for Routine Immunization in Ghana 2011



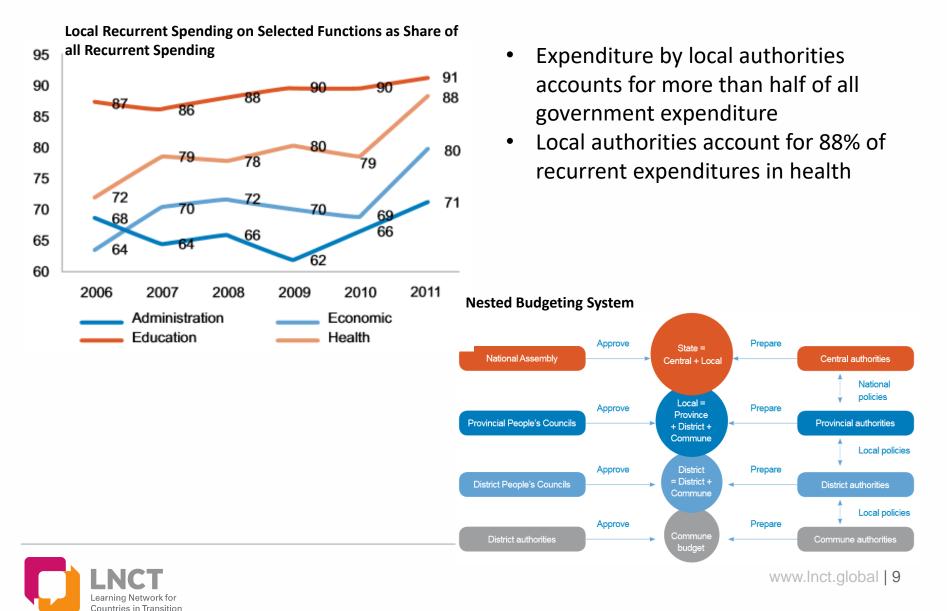
Costing & Financing of Routine Immunization and New Vaccines Introduction in Ghana (EPIC Country Report.)

# Financial Flows for Immunization in Benin 2011

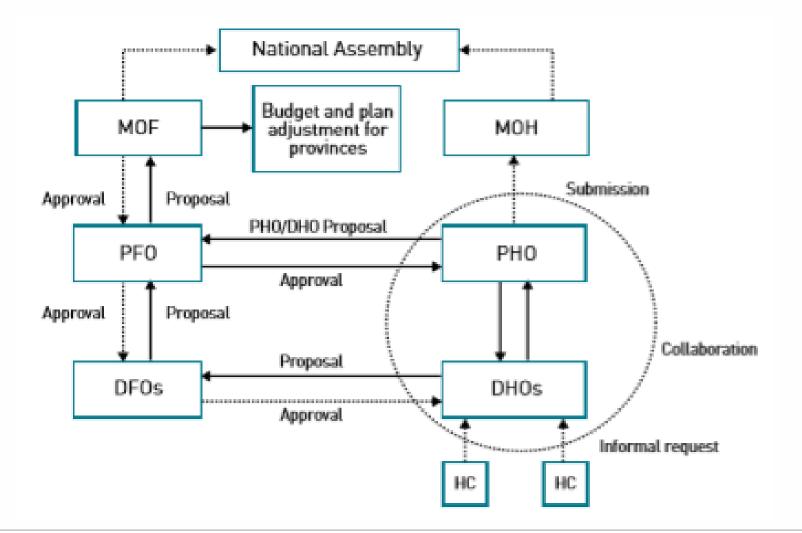




## **Government Expenditures in Vietnam**



#### Lao PDR – Health Sector Budget Process





# Local Level Resources are not Prioritized for PHC/Immunization

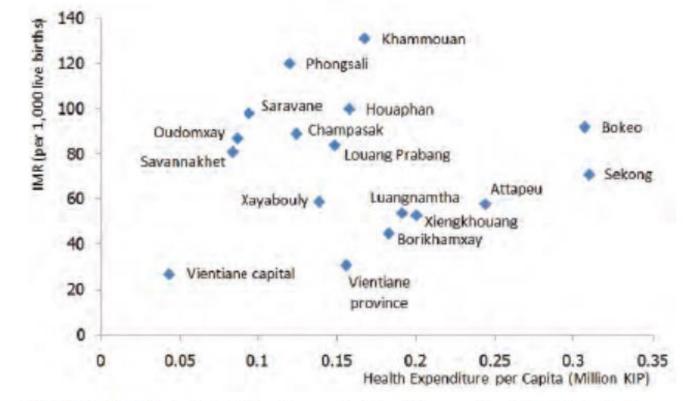
Operational costs of service delivery is the responsibility of sub-national levels and needs to get more attention

		County 1	County 2	County 3	County 4	County 5	County 6	County 7	County 8	County 9	County 10
Budget level	Explicitly included in budget documents		~					~			
	No identifiable resources			~	~		~			~	~
	Budget documents not available	~				~			~		



#### Variance in Provincial Health Expenditures (Lao PDR)

Figure 3-9: Provincial Health Expenditure per Capita (FY 2015-16) (including technical revenue and external resources for health) versus IMR



Sources: GoL FY2015-16 State Budget Plan (for provincial health expenditure), Lao Statistics Bureau 2015 (for population), MoH and Lao Statistics Bureau 2012 (for IMR).



Where may there be Under-utilized Funds?

- MOH budget
- Central budget allocations to districts/states
  - Targeted to health (to District Health Dept)
  - Targeted to priority program (MCH)
  - For general district/state government budget
- District and state government revenues
- Integrating into other PHC activities/budgets
- Health insurance payments
- Private funds private insurance, employers



#### **Budget** Execution Rates

Country	MOH Budget	Subnational Government Budgets
Georgia	100%	98%
Ghana	100%	94%
India	94%	N/A
Indonesia	85%	67%
Nigeria	98%	N/A
Sao Tome e Principe	51%	57%
Timor Leste	92%	98%

N/A – Not available



# **Budget Execution Challenges**

- Unreliable funding disbursements
- Difficulties transferring funds
  - No banking at subnational level
  - District or facility staff need resources to collect funds
- Facilities do not prepare budgets for activities
- Guidelines for spending are unclear and facility HWs are not authorized to make decisions

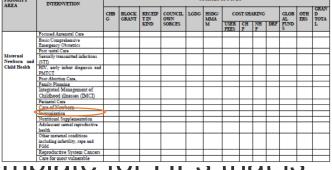


Comprehensive Council Health Plans (CCHP) in Tanzania

- Primary tool for Council (district) level health planning
- Compiled by Prime Ministers Office Regional and Local Government (PMORALG)
- Comprehensive guidelines, but hard to operationalize
- For immunization, often critical expenses were not budgeted

  Image: state
  Image: state
  - Funding for outreach
  - LPG for cold chain
  - Vaccine distribution
- Developed planning/budgeting template





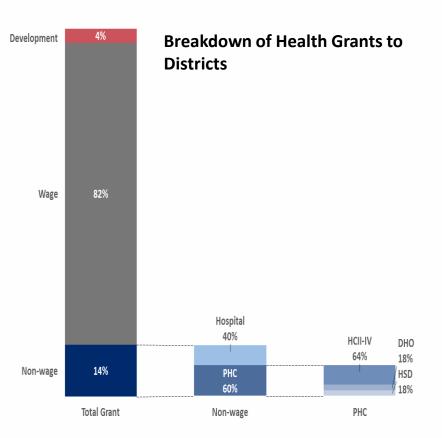
## Integrating Family Planning and Immunization

Country		Baseline	Endline	Difference in differnce	Change in Immunization	Citation
Chana	Intervention	646 (22%)ª	482 (24%)ª	1 nn	Not reported	Vance et
Ghana	Control	833 (21%) <sup>a</sup>	801 (22%)ª	1 pp		<u>al.,2013</u>
Liberia	Intervention only	NA	1224 (8-41%) <sup>b</sup>	NA	No negative effects	<u>Cooper et</u> al.,2015
Nepal	Intervention only	NA	2349 (37%)	NA	No negative effects	<u>NHSSP,2013</u>
Dhilingings	Intervention	191 (27%) <sup>c</sup>	275 (38%^) <sup>c</sup>	9 nn	Not reported	<u>Herrin et</u>
Philippines	Control	301 (35%) <sup>c</sup>	331 (38%^) <sup>c</sup>	8 pp		<u>al.,2012</u>
Duranda	Intervention	403 (49%*) <sup>d</sup>	426 (57%*^) <sup>d</sup>	15 pp	No negative	<u>Dulli et</u>
Rwanda	Control	403 (58%) <sup>d</sup>	422 (51%^) <sup>d</sup>	15 pp	effects	<u>al.,2016</u>
Zambia	Intervention	1506 (41%)ª	962 (49%)ª	4 pp	Not reported	<u>Vance et</u> al.,2013



## Limited, Late (but Reliable?) Funding in Uganda

- Districts are mandated to provide health services
- Transfers from central government for health
- Integrated service delivery with FP
- Funding disbursements often late, especially in Q1
- Facility and district staff carry out activities before funding arrives





# Key Takeaways

- Look beyond increasing the NIP budget!
- Understand the budget formulation process and decisionmakers for different budget sources
- Pinpoint bottlenecks affecting budget execution
- Identify who is positioned to affect changes
  - District level stakeholders (mayors, governors, finance officers, CSOs, district/local EPI officers)
  - MOH Directorates (MCH, HR, Health promotion)
  - Other government agencies (MOF, local government ministry and other authorities, planning ministry)
- Provide tools and support
  - Prepare briefs/ppts to target specific sources for key inputs
  - Develop tools to support subnational budget formulation
  - Have ready plans and budgets for key activities

