Session 4

Mobilizing Resources at National and Sub-national Levels:

Grace Chee





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Tangerang, Indonesia July 3-5, 2019

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Mobilizing Resources for Immunization

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

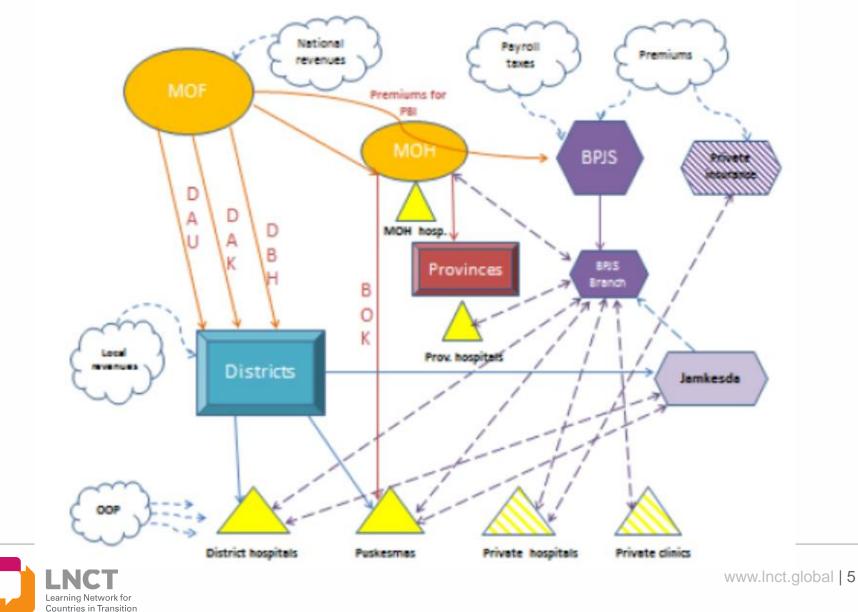


Domestic Public Funding Challenges/Bottlenecks

- 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



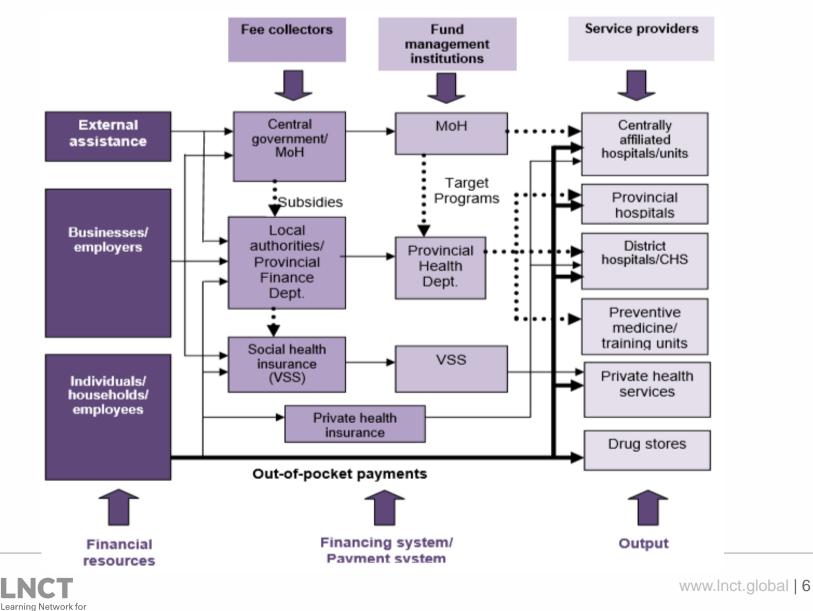
Financing Flows in Indonesia 2016



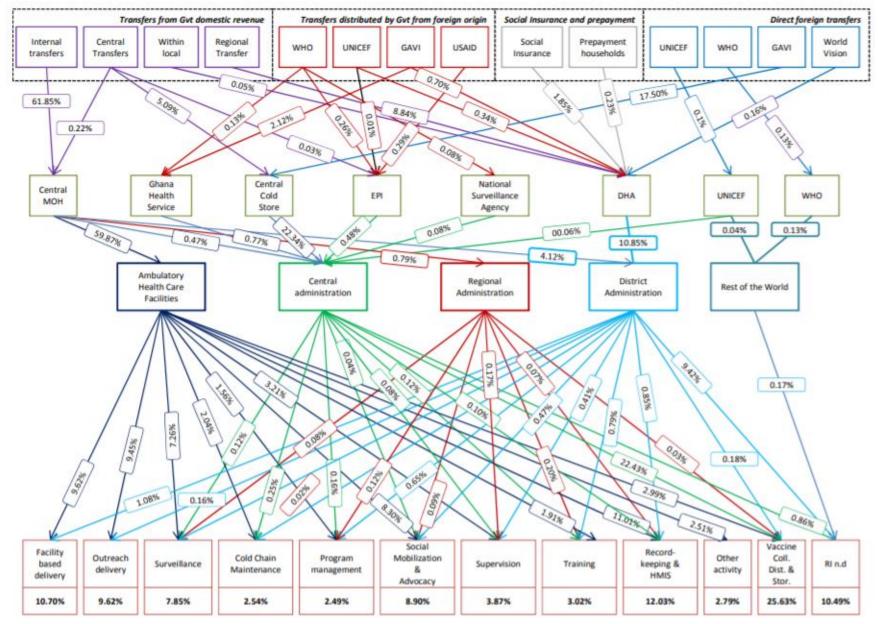
HFG, Rapid Analytical Review and Assessment of Health System 2016

Channels of Financing for Vietnam Health System

Countries in Transition

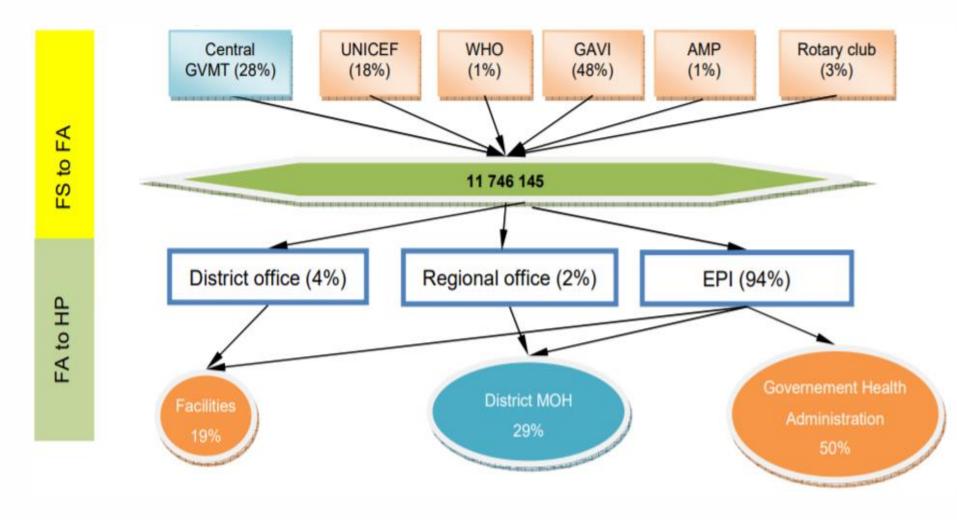


Funding Flows for Routine Immunization in Ghana 2011



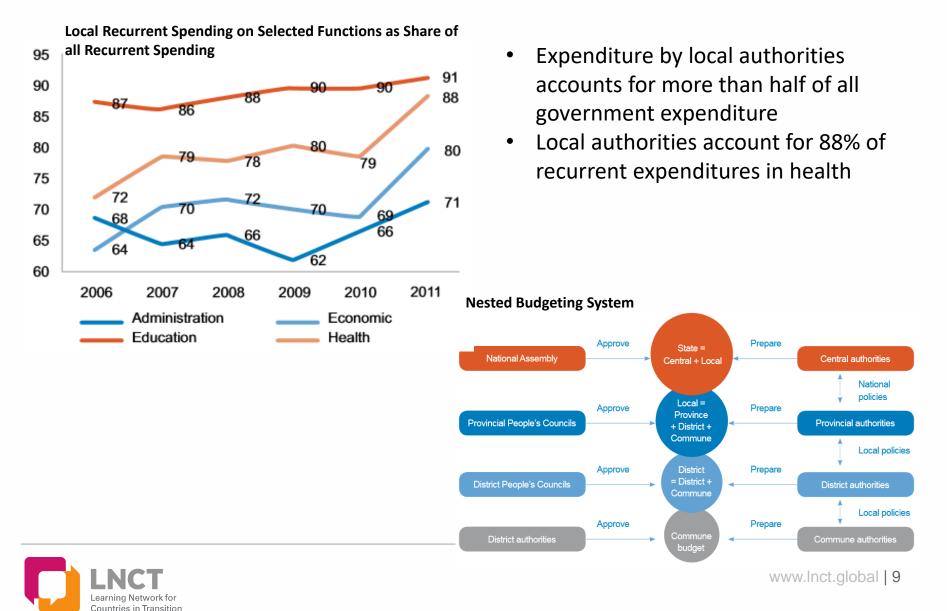
Costing & Financing of Routine Immunization and New Vaccines Introduction in Ghana (EPIC Country Report.)

Financial Flows for Immunization in Benin 2011

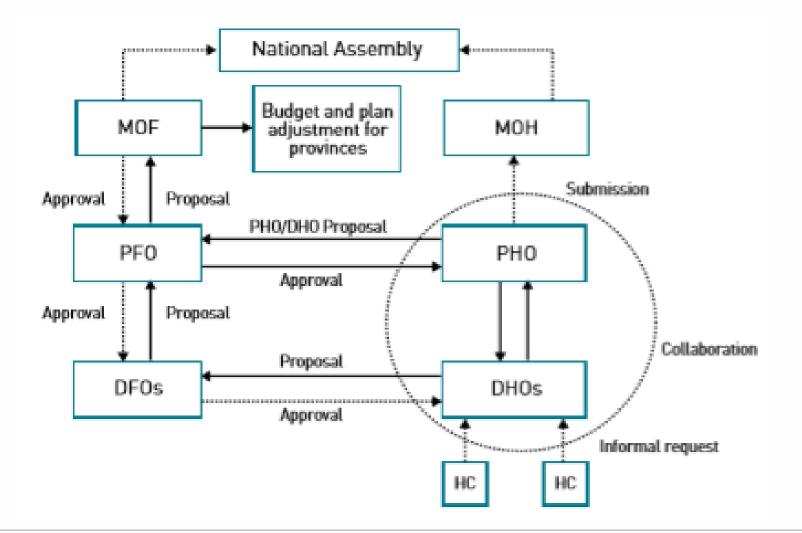




Government Expenditures in Vietnam



Lao PDR – Health Sector Budget Process





Local Level Resources are not Prioritized for PHC/Immunization

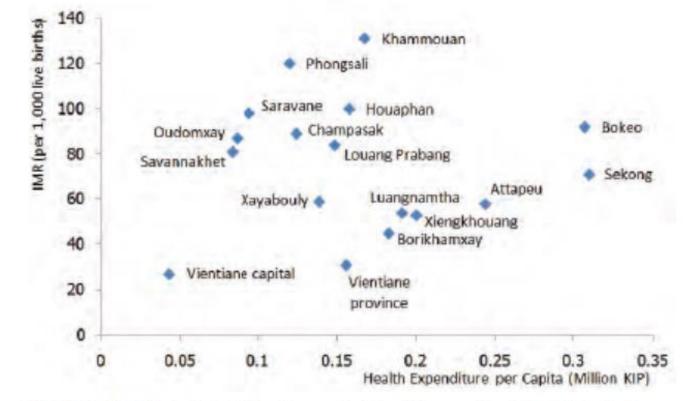
Operational costs of service delivery is the responsibility of sub-national levels and needs to get more attention

		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

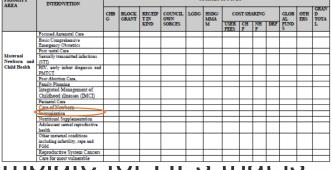


Comprehensive Council Health Plans (CCHP) in Tanzania

- 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





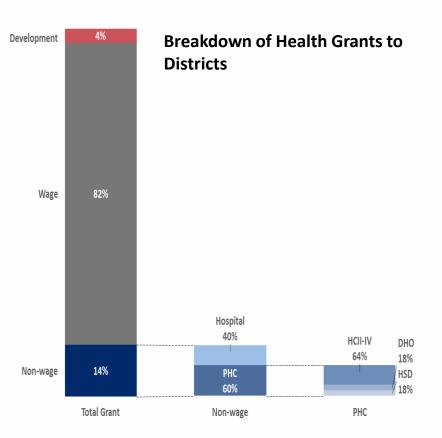
Integrating Family Planning and Immunization

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%) ^a	801 (22%)ª	1 pp		<u>al.,2013</u>
Liberia	Intervention only	NA	1224 (8-41%) ^b	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%) ^c	275 (38%^) ^c	9 nn	Not reported	<u>Herrin et</u>
Philippines	Control	301 (35%) ^c	331 (38%^) ^c	8 pp		<u>al.,2012</u>
Duranda	Intervention	403 (49%*) ^d	426 (57%*^) ^d	15 pp	No negative	<u>Dulli et</u>
Rwanda	Control	403 (58%) ^d	422 (51%^) ^d	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

