

Sample MOH-MOF Discussion Dossier

Jasmania

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Purpose of Sample Discussion Dossier

- ▶▶ Demonstrates how countries might utilize available data to hold more productive discussions between the Ministry of Health and Ministry of Finance concerning domestic resource mobilization for health
- ▶▶ Provides evidence base to:
 - ❖ Address issues or concerns that have arisen in past budget negotiations
 - ❖ Make a case for increasing the budget for the health sector



Possible Budget Negotiation Challenges

- ▶▶ The MOH has difficulty demonstrating the efficiency of its spending (i.e., linking expenditure to health outcomes)
- ▶▶ The MOF is hesitant to allocate additional resources to health, given the health sector's challenges spending its past allocations
- ▶▶ Dispersal of funds from MOF to MOH is often delayed
- ▶▶ MOH feels it is underfunded given comparisons to neighboring countries and others in its region
- ▶▶ MOH feels like its contribution to poverty reduction and overall well being of the Jasmania population is under-appreciated



Adapting the Sample Dossier

- ▶▶ In adapting this sample dossier, countries should keep in mind:
 - ❖ Where there are gaps in available information
 - ❖ How to present the data in a way that and speaks to the interests and goals of both Ministries
 - ❖ How to present the data in a way that is easily understood by both Ministries

When appropriate, include:

- Comparisons to peers
- Equity breakouts (by wealth quintile)



Sample Dossier Contents

- ▶▶ **National Policies and Strategies**
 - ❖ To frame the conversation around national priorities
- ▶▶ **Macroeconomic Indicators**
 - ❖ To show that public revenue is growing
- ▶▶ **Health Expenditure Data**
 - ❖ To show that the share of public expenditure allocated to health is stagnant or declining
- ▶▶ **External Assistance for Health**
 - ❖ To show that donor assistance is declining
- ▶▶ **Health Indicators**
 - ❖ To demonstrate outcomes of past health expenditures
 - ❖ To explain what challenges could be addressed with additional funds



NATIONAL POLICIES AND STRATEGIES





Jasmania's National Policies and Strategies

▶▶ **National Strategic Development Plan (2015 – 2025)**

- ❖ Strategy emphasizes investment in economic infrastructure and improving the social sectors to achieve SDGs

▶▶ **National Health Sector Strategy (2015-2020)**

❖ Main objectives

- ▶ Advancing UHC
- ▶ Reaching underserved populations
- ▶ Decreasing MMR and IMR
- ▶ Improving information systems

❖ Main approaches

- ▶ Increase investment in facilities
- ▶ Increase hiring of health workers (particularly midwives)
- ▶ Use resources more efficiently
- ▶ Mobilize additional resources



MACROECONOMIC INDICATORS



Macroeconomic Indicators

	2011	2012	2013	2014	2015	2016	2017	2018
Income group	LIC	LMIC	LMIC	LMIC	LMIC	LMIC	LMIC	LMIC
GDP per capita	\$1013	\$1045	\$1083	\$1118	\$1156			
Economic growth rate	5.7%	5.5%	5.9%	5.7%	5.7%			
Taxes as % GDP	11.1%	11.3%	11.4%	12.4%	12.4%			

Projections

*All monetary amounts presented in current \$USD, unless otherwise noted



HEALTH EXPENDITURE DATA



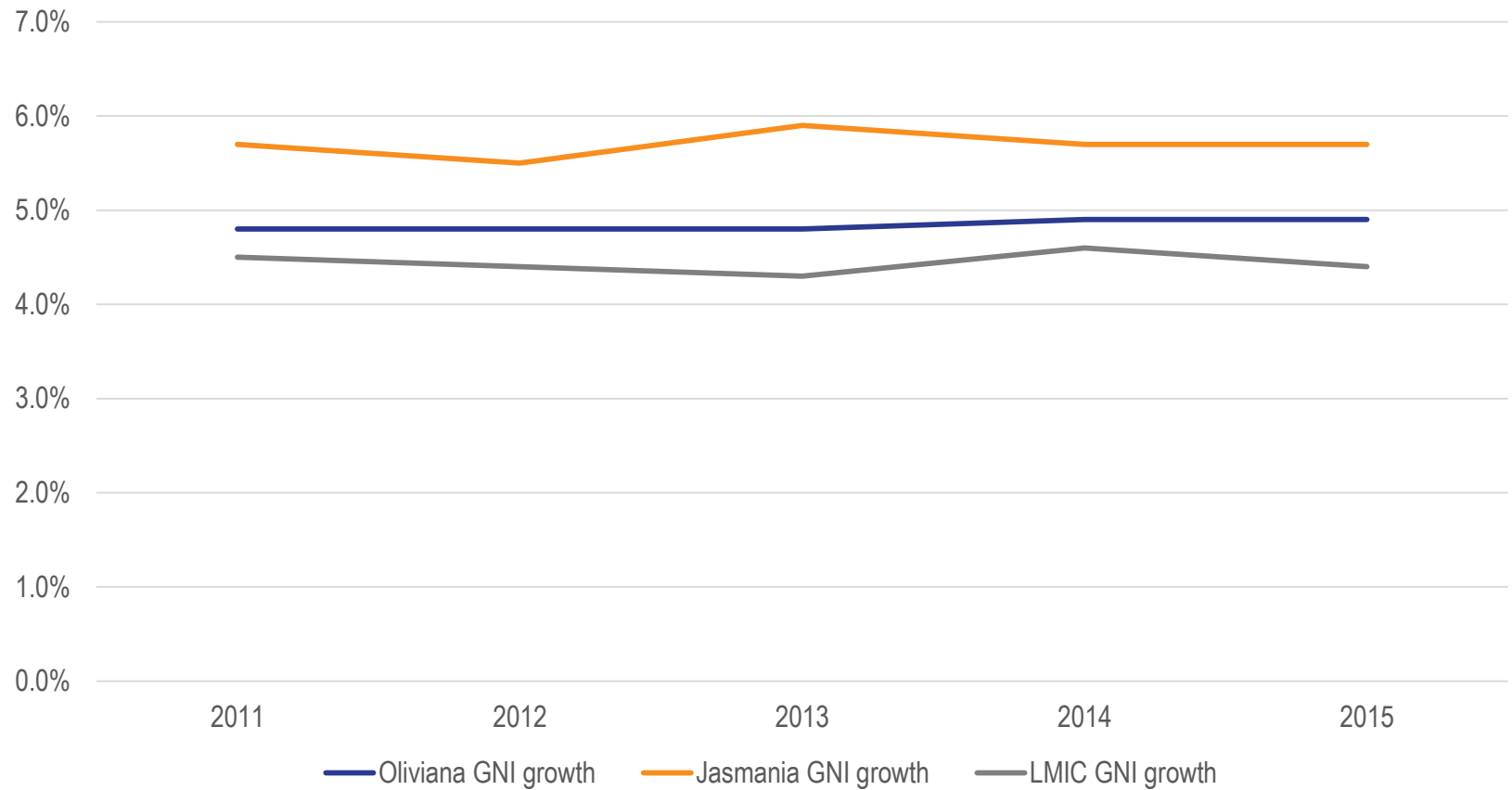
Total Health Expenditure (THE)

	2011	2012	2013	2014	2015
THE (USD millions)	\$977	\$997	\$1,040	\$1,043	\$1,064
THE per capita (USD)	50	51	52	51	52
THE as % of GDP	5.0%	4.9%	4.8%	4.6%	4.4%

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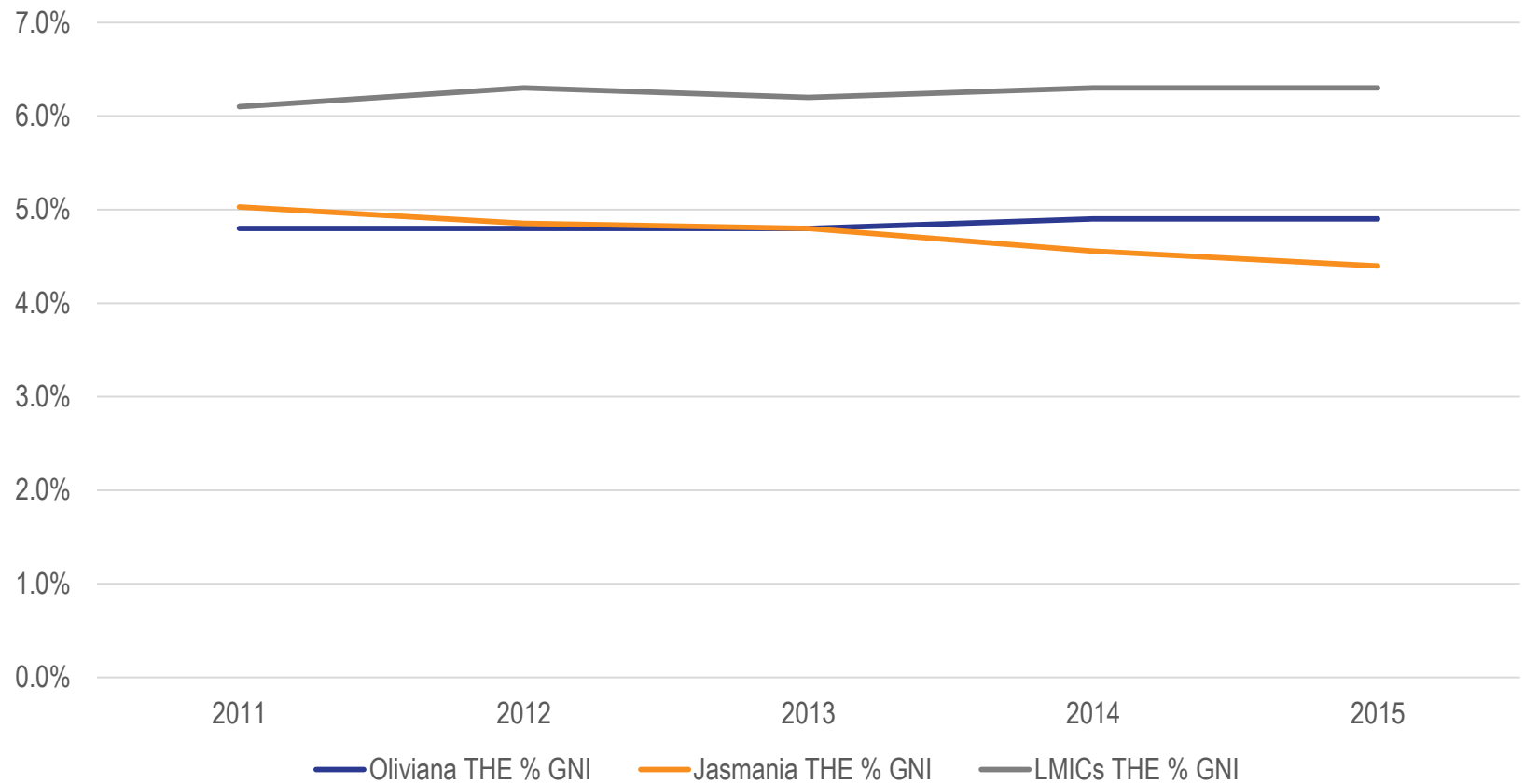
Comparison to peers

GNI growth rates

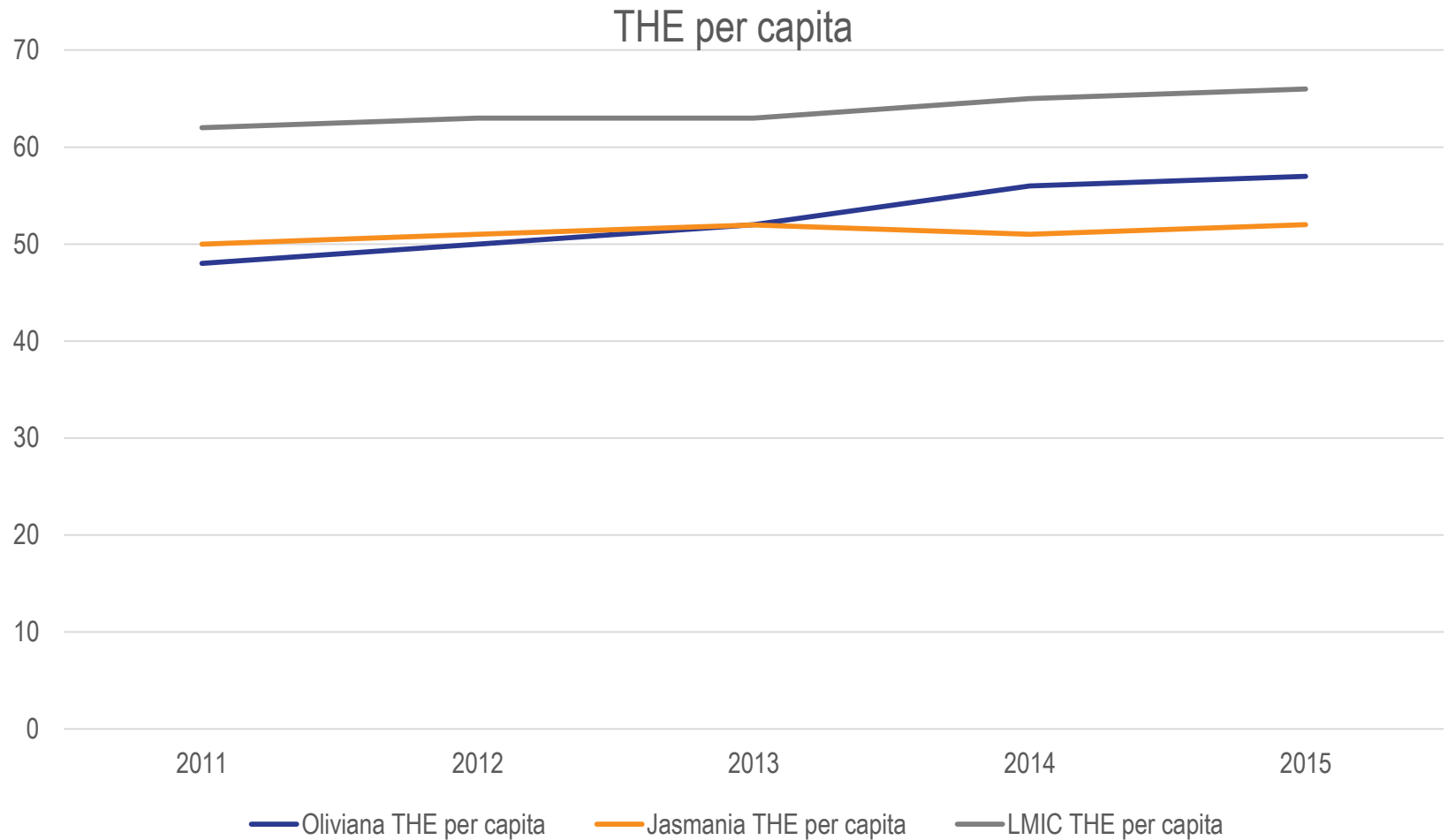


Comparison to peers

THE as a % of GNI



Comparison to peers

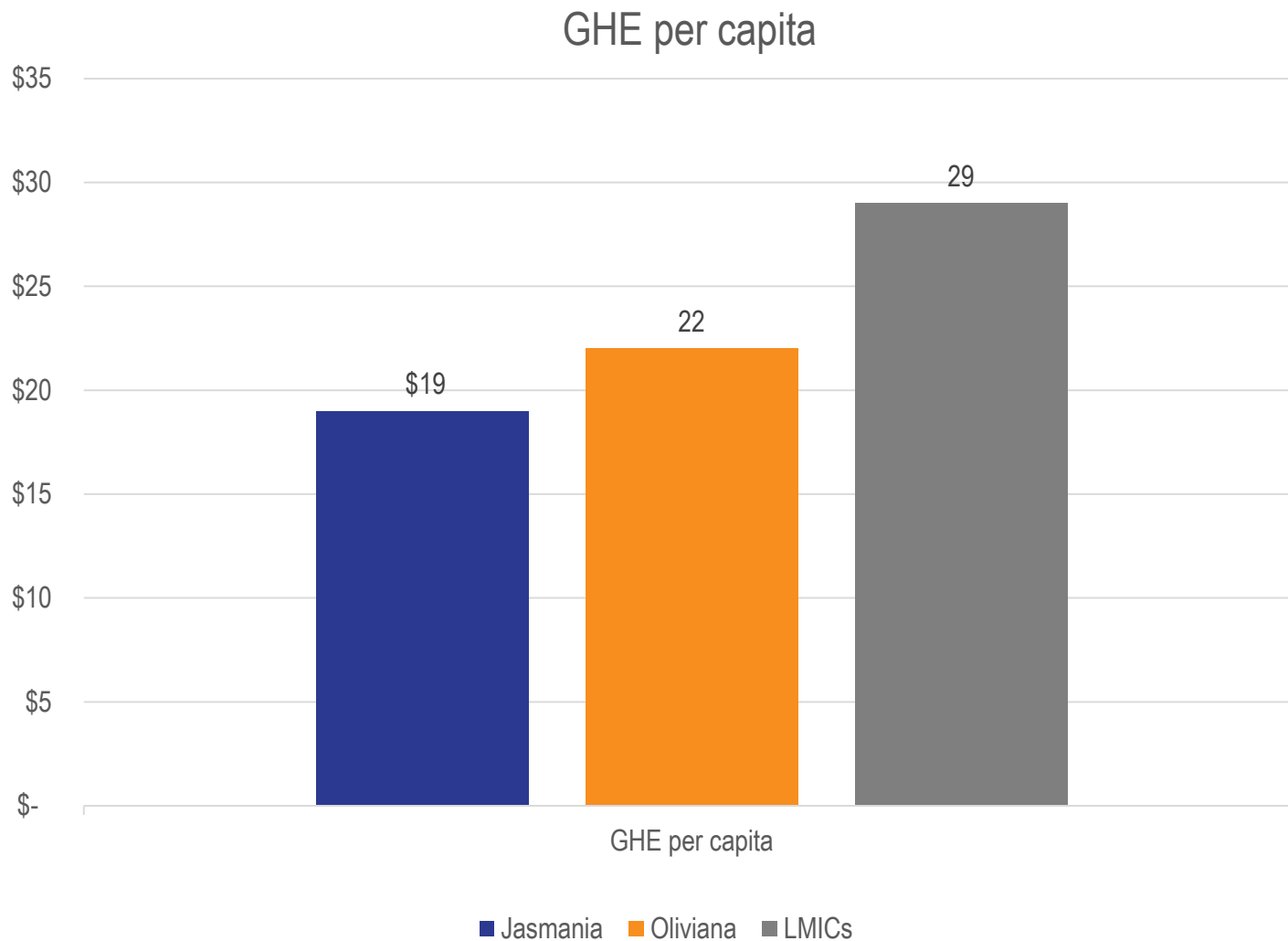


Government Health Expenditure (GHE)

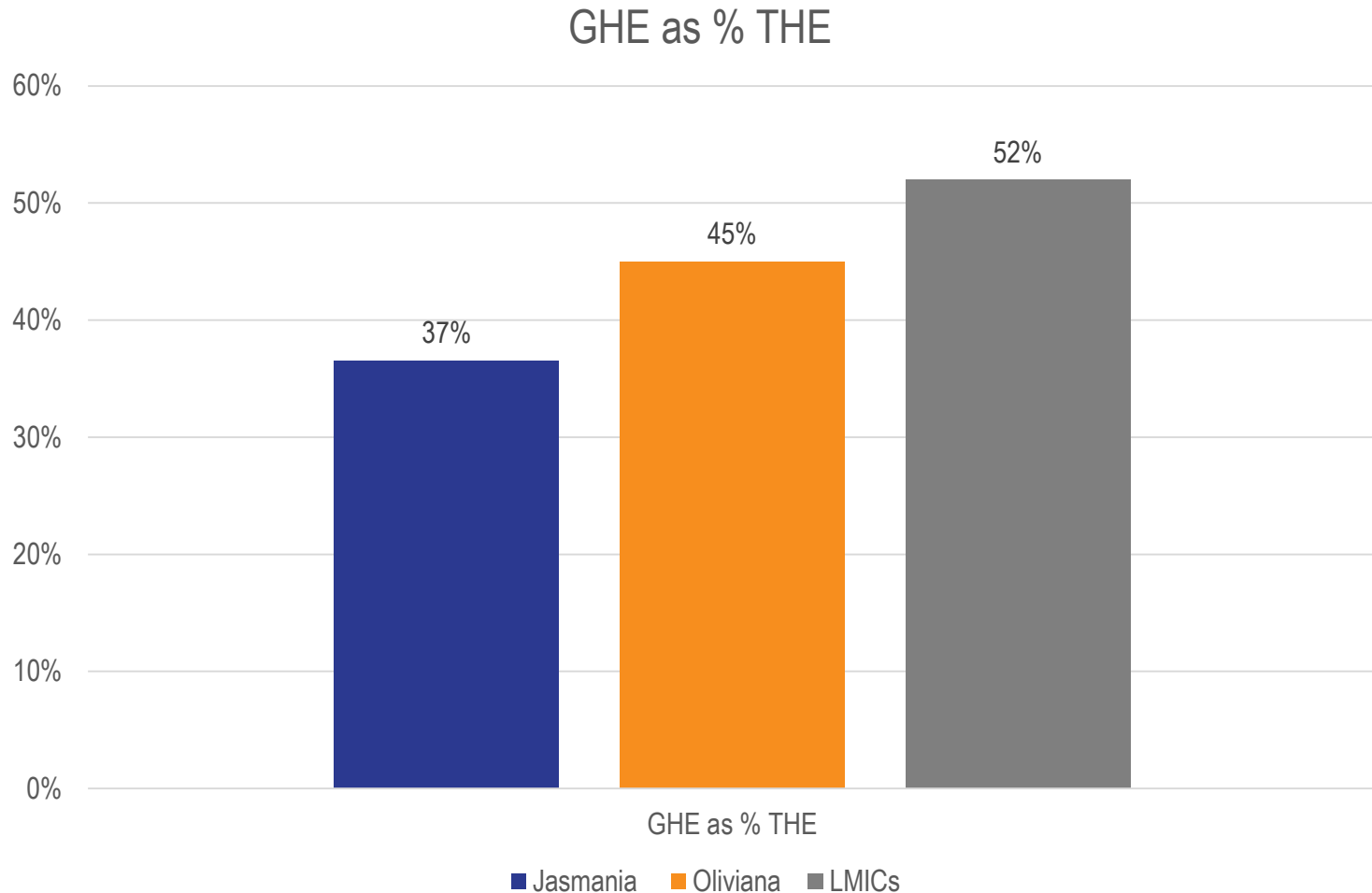
	2011	2012	2013	2014	2015
GHE (USD millions)	\$332	\$332	\$360	\$368	\$389
GHE per capita (USD)	\$17	\$17	\$18	\$18	\$19
GHE as % THE	34%	33%	35%	35%	37%
GHE as % GGE	12%	12%	12%	12%	12%
GHE as % of GDP	1.7%	1.6%	1.7%	1.6%	1.6%

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Government Health Expenditure (GHE)

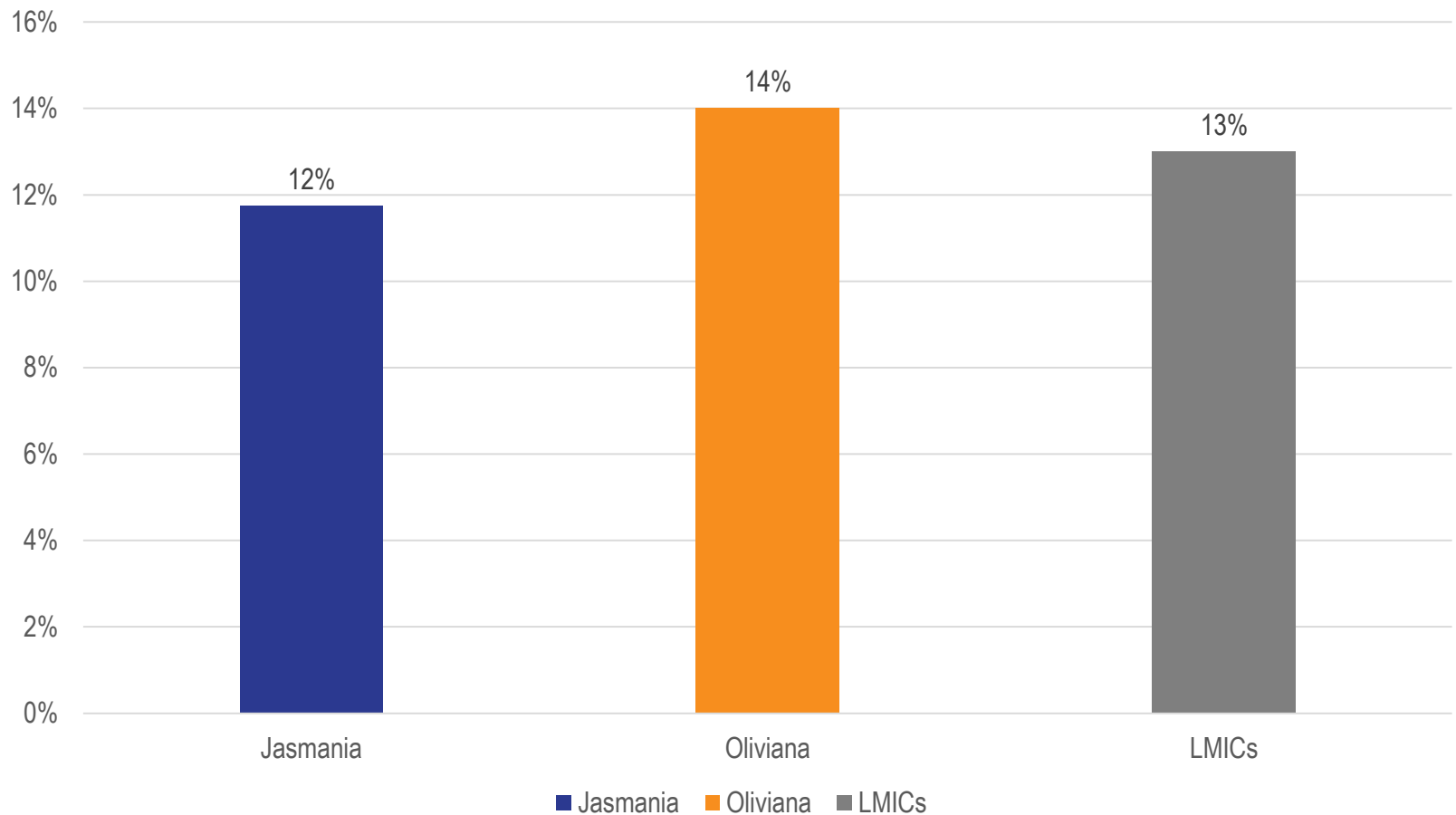


Government Health Expenditure (GHE)



Government Health Expenditure (GHE)

GHE as % of GGE

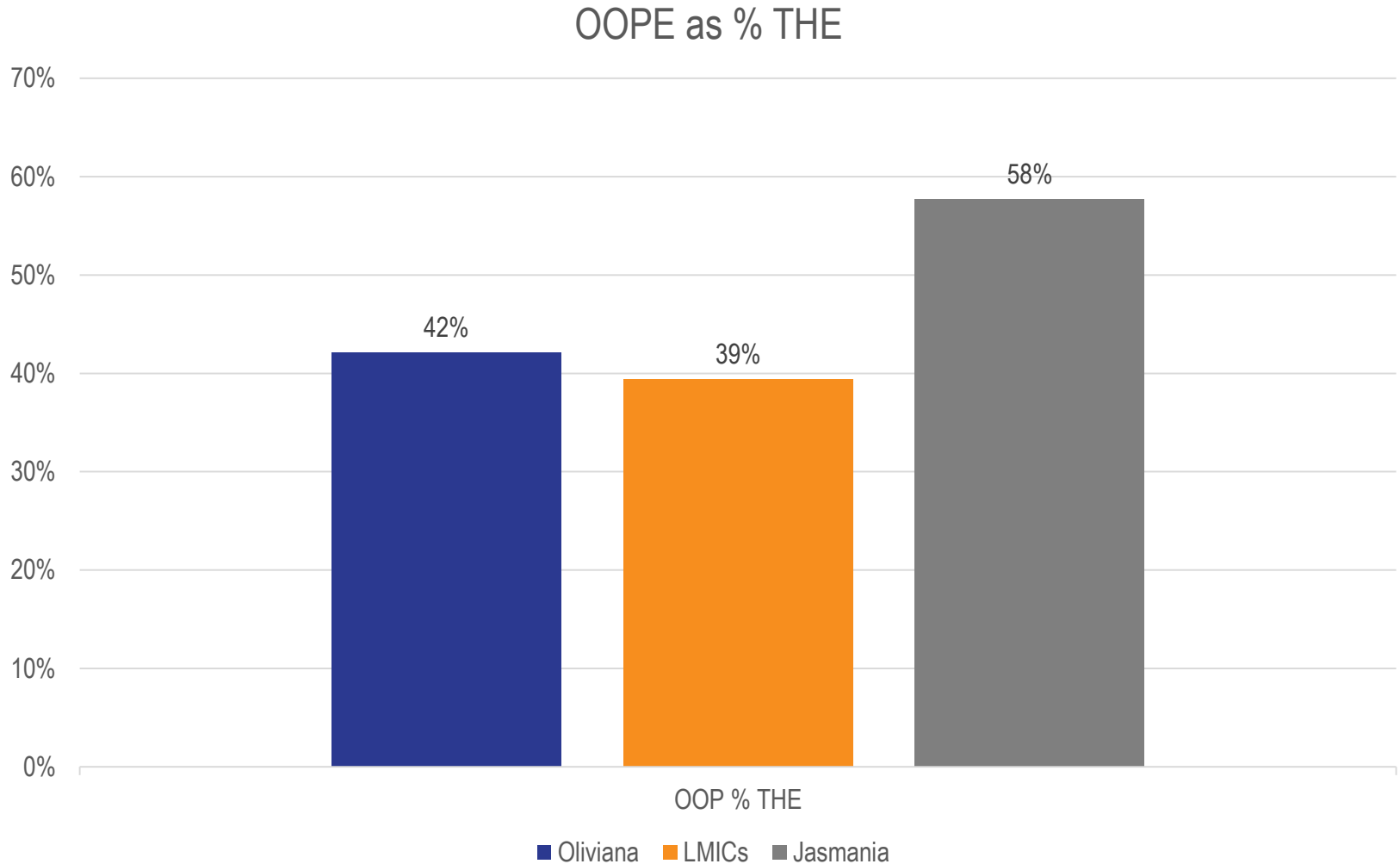


Out-of-Pocket Expenditure (OOPE)

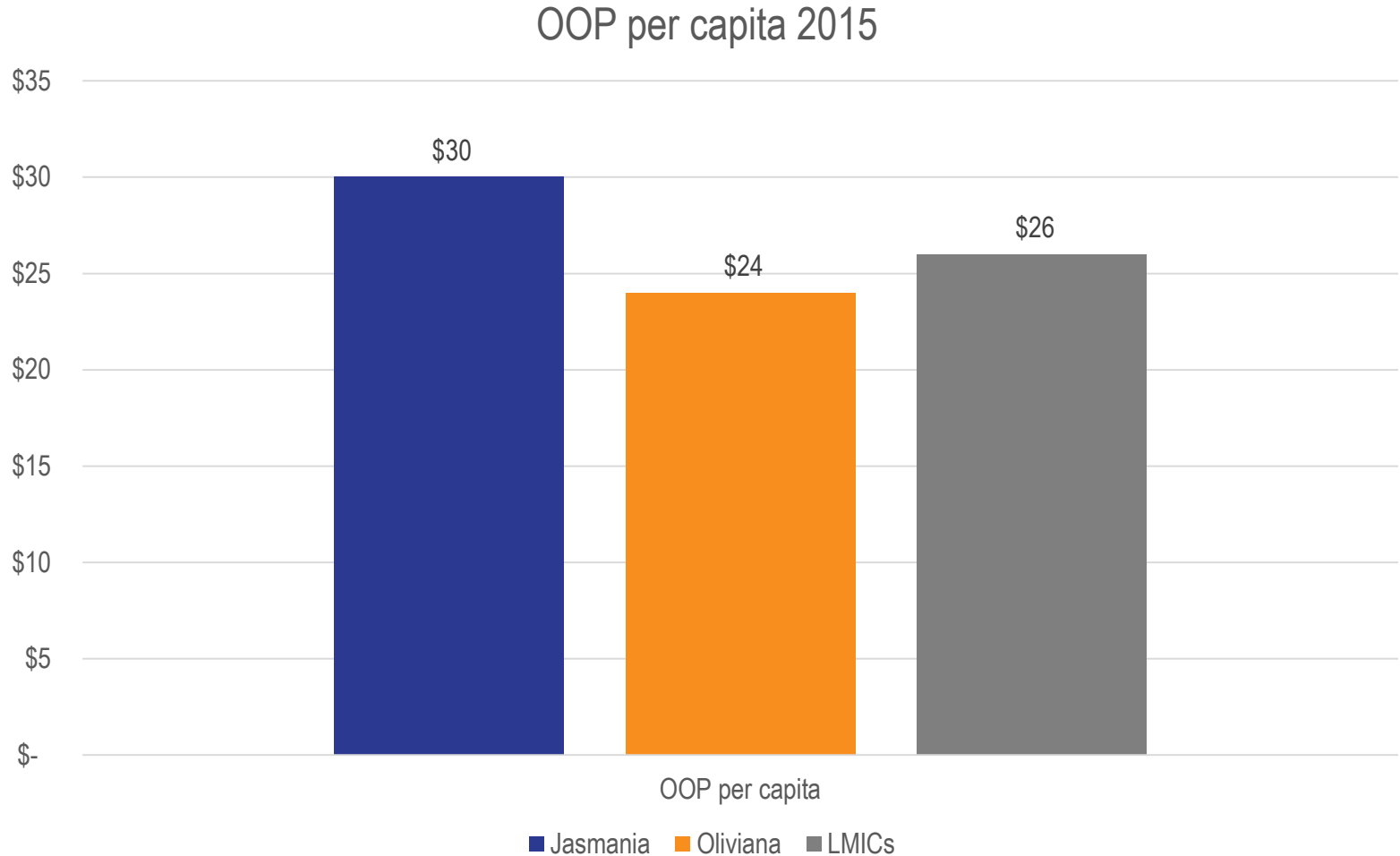
	2011	2012	2013	2014	2015
OOPE as % THE	60%	61%	60%	59%	58%
OOPE per capita	\$30	\$31	\$31	\$30	\$30

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Out-of-Pocket Expenditure (OOPE)



Out-of-Pocket Expenditure (OOPE)





Budget Execution

	2011	2012	2013	2014	2015
GHE as % of budgeted amounts	82%	88%	92%	90%	89%

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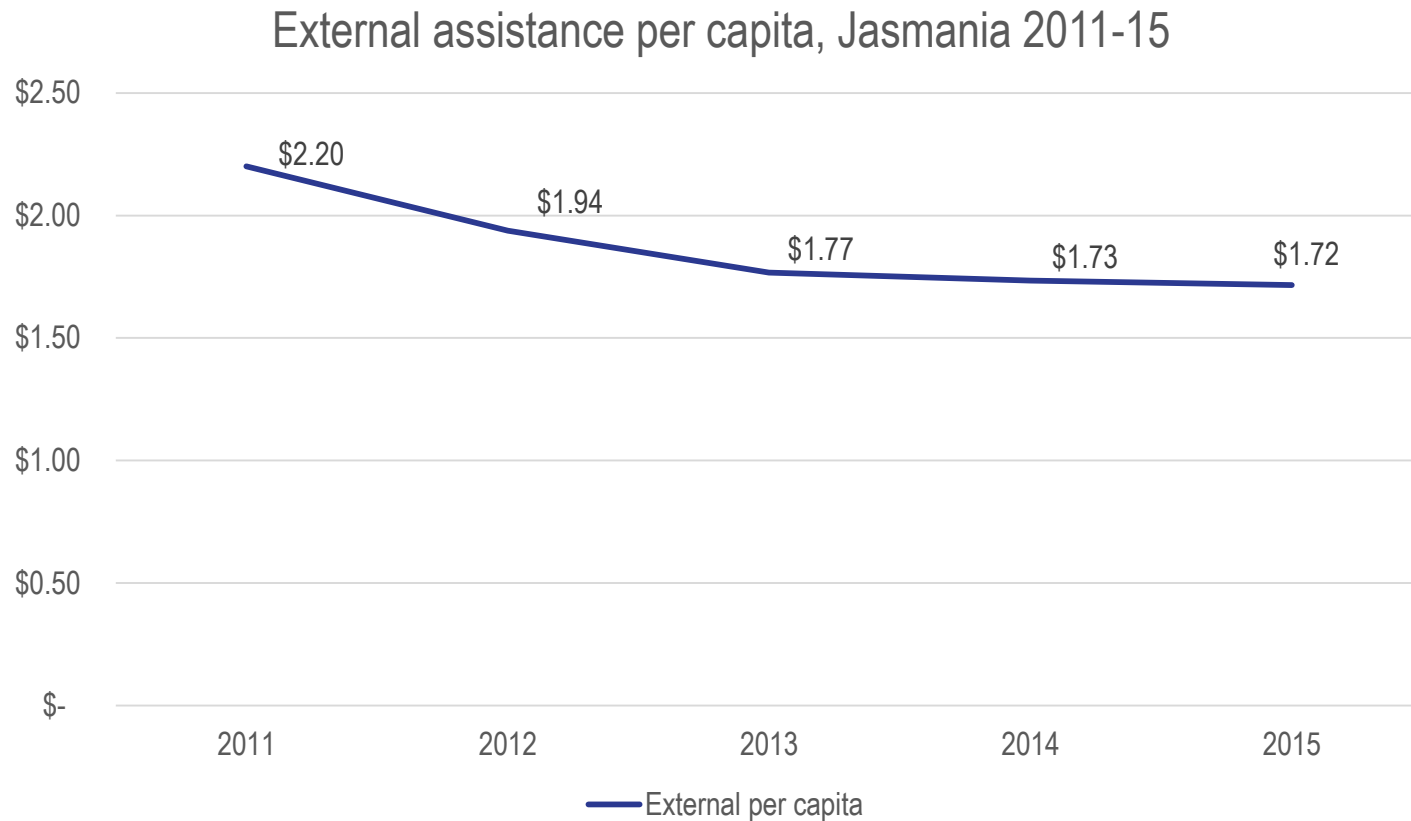
EXTERNAL ASSISTANCE FOR HEALTH



External Assistance for Health

	2011	2012	2013	2014	2015
External resources as % THE	4%	4%	3%	3%	3%
Grants	62%	45%	40%	45%	49%
Loans	38%	55%	60%	55%	51%
External resources per capita	\$ 2.20	\$1.94	\$1.77	\$1.73	\$1.72
External assistance (USD millions)	\$43	\$38	\$35	\$35	\$35
Gavi status	Graduating	Graduating	Graduating	Graduating	Graduating
Global Fund status	Graduating	Graduating	Graduating	Ended	Ended
PEPFAR status	Graduating	Graduating	Graduating	Graduating	Ended
World Bank IDA lending	Eligible	Eligible	Not eligible	Not eligible	Not eligible

External Assistance for Health



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HEALTH INDICATORS



Jasmania Health Indicators (2011 – 15)

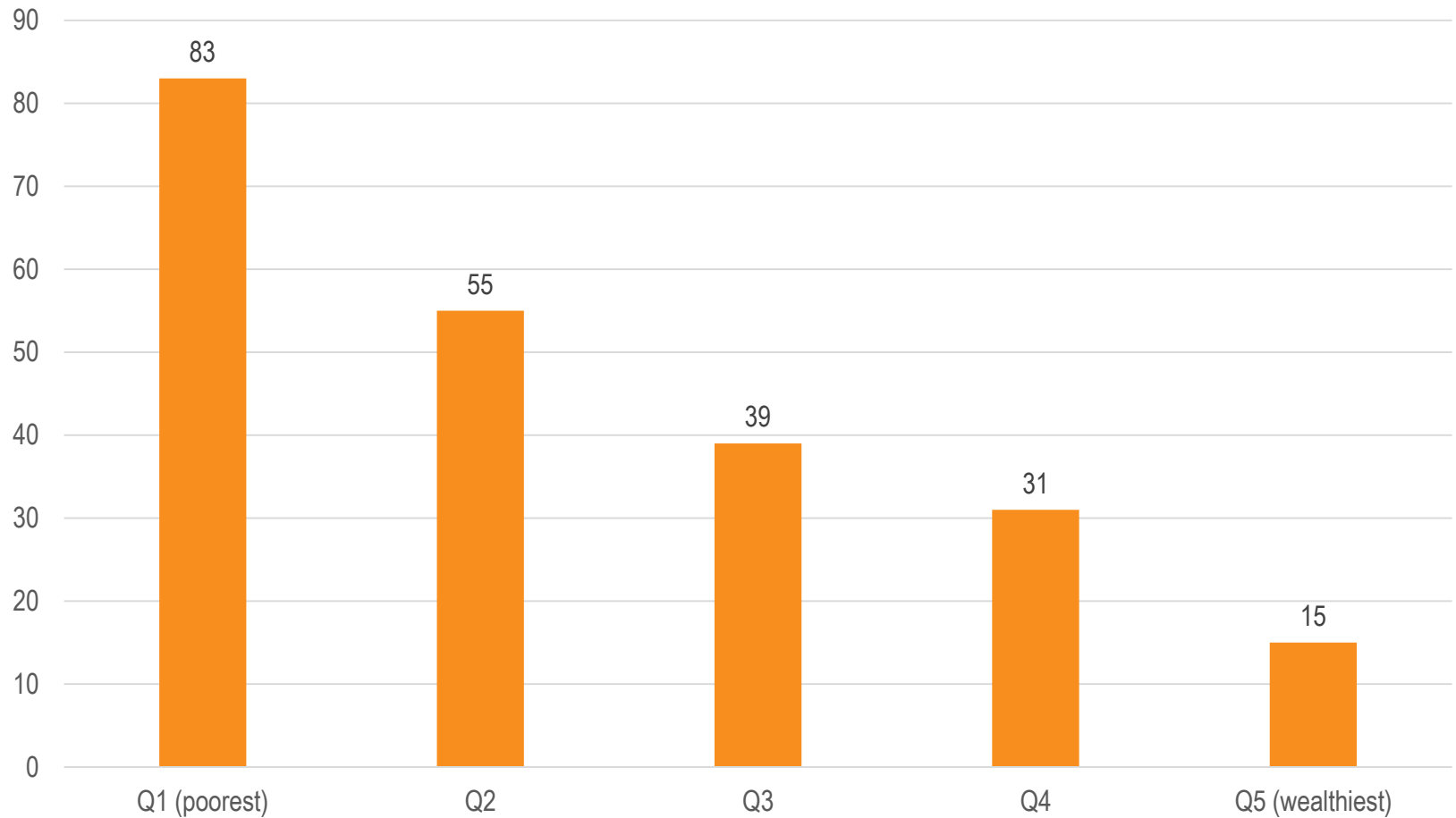
	2011	2012	2013	2014	2015
IMR	54	52	50	47	45
MMR	175	168	157	160	158
U5M	120	118	117	114	110
Pentavalent Coverage	88%	85%	83%	87%	85%

Jasmania Health Indicators by Wealth Quintile (2015)

	Q1 (poorest)	Q2	Q3	Q4	Q5 (wealthiest)
IMR	83	55	39	31	15
MMR	305	220	148	81	38
U5M	197	157	98	55	45
Pentavalent Coverage (%)	62	84	94	93	93

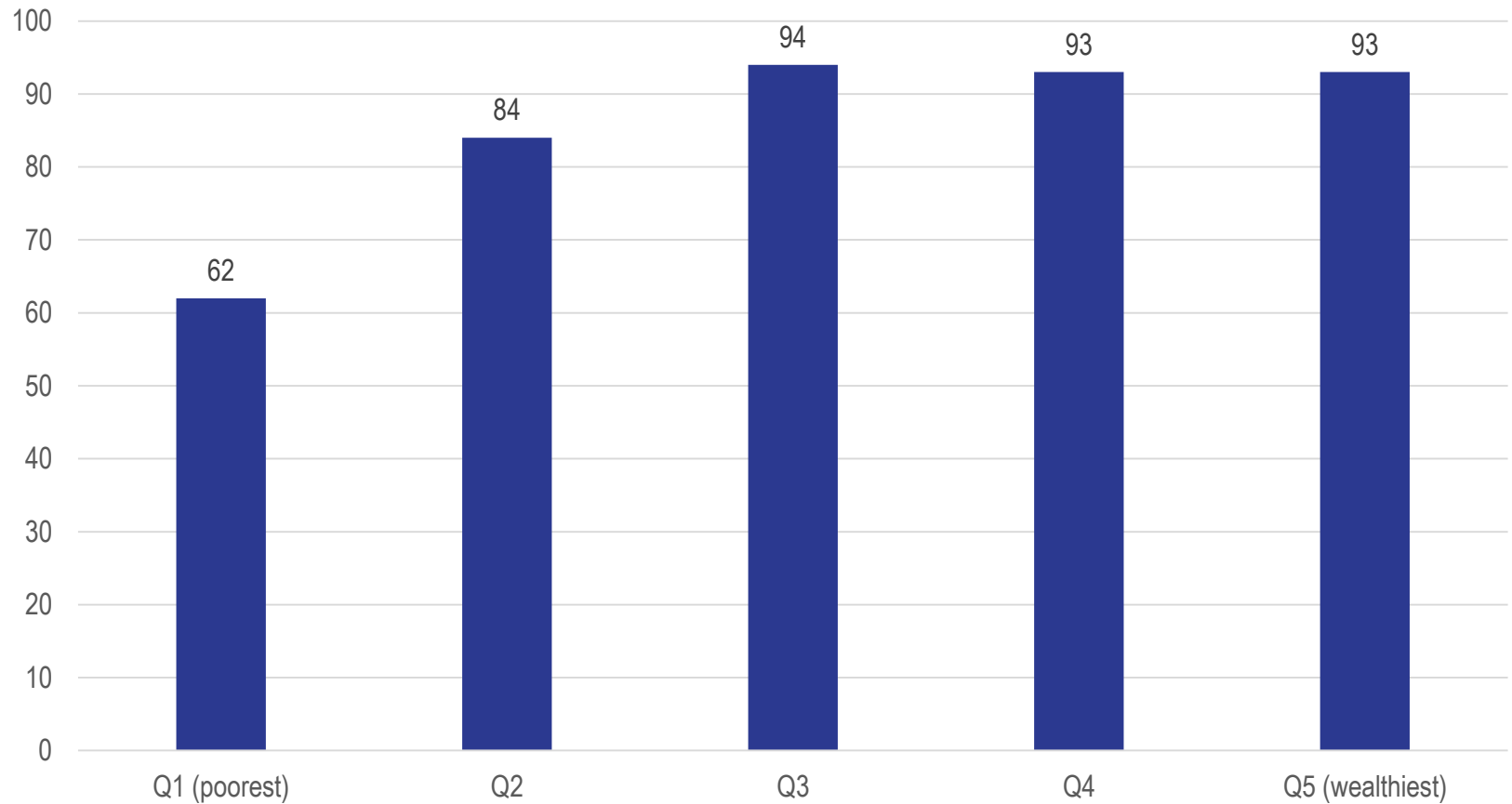
Jasmania Health Indicators by Wealth Quintile (2015)

IMR by wealth quintile 2015



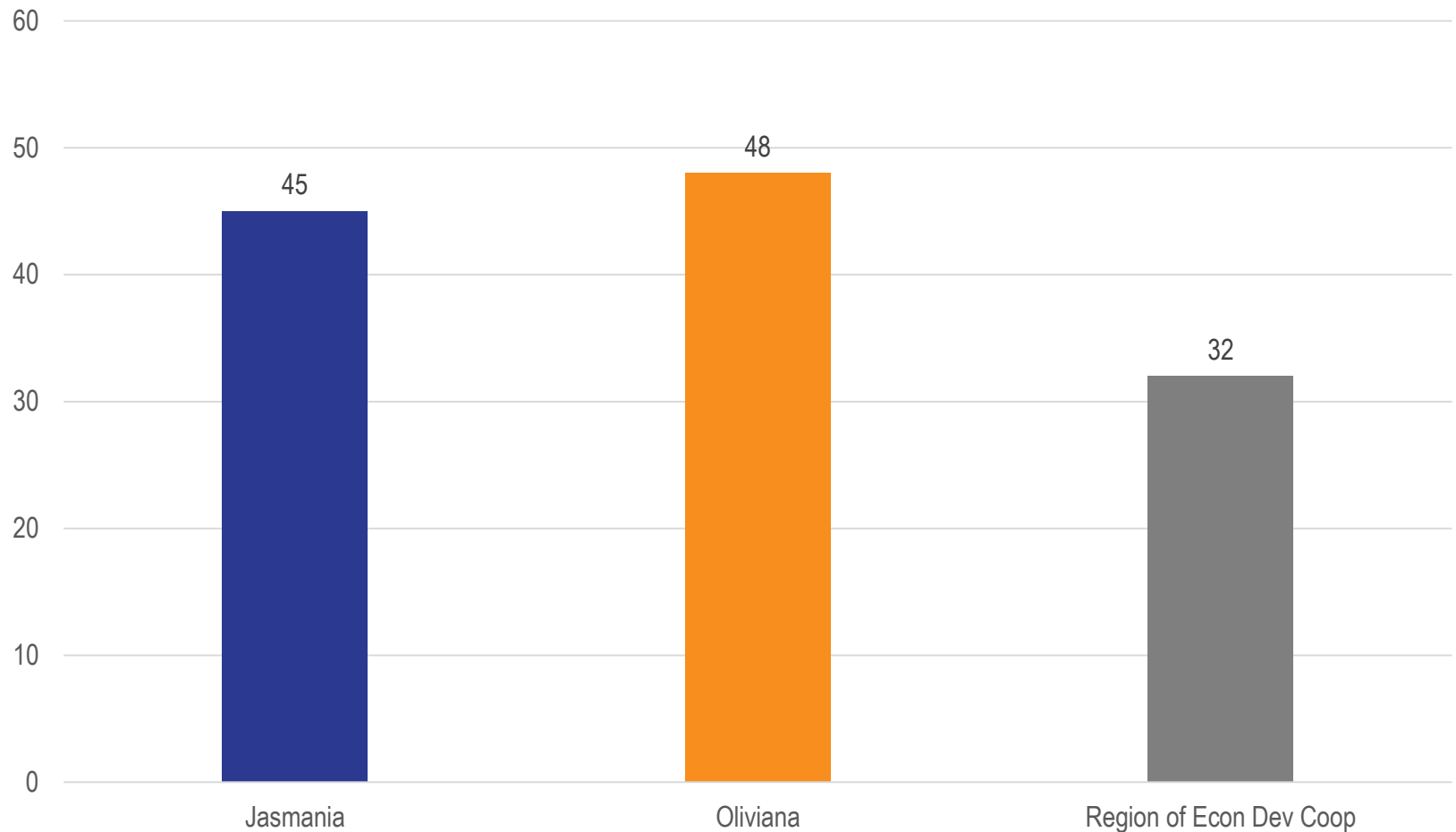
Jasmania Health Indicators by Wealth Quintile (2015)

Pentavalent Coverage by Wealth Quintile 2015



Jasmania Health Indicators Compared to Peers (2015)

IMR 2105, Jasmania, Oliviana, REDC



Jasmania Health Indicators Compared to Peers (2015)

MMR 2015, Jasmania, Oliviana, REDC

