Costing, delivery and financing for hepatitis – the linkages

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Growing concerns

- Funders **prioritizing** to cope with **fewer resources** and **more goals**.
- Hepatitis programmes identify this as a **concern**, wanting to know about:
  - Domestic resource mobilization?
  - External donor funding?
  - Innovative financing mechanisms?

Possible answers?

- Disease-specific approaches:
  - earmarked taxes (like tobacco)?
  - dedicated funding sources (like GFATM)?
- But consider the lessons of these experiences:
  - **sustainability** is not just about **revenue**,
  - **purchasing, pooling** and **delivery** must be efficient too.

Two Key Health System Functions

- **Service delivery**:
  - Type of service (what is the delivery model?)
  - Organizational arrangements (who does what and where?)
  - Governance/management (how do institutions operate?)
- **Financing**:
  - Revenue raising (how do we raise the money? taxes etc.)
  - Pooling of funds (how are the funds consolidated?)
  - Purchasing (how are providers paid?)

Are we seeing **only one tree** in the forest?

- Financing:
  - Revenue raising
  - Pooling of funds
  - Purchasing (provider payments)
- Service delivery:
  - Type of service
  - Type of organizational arrangements
  - Type of governance/management

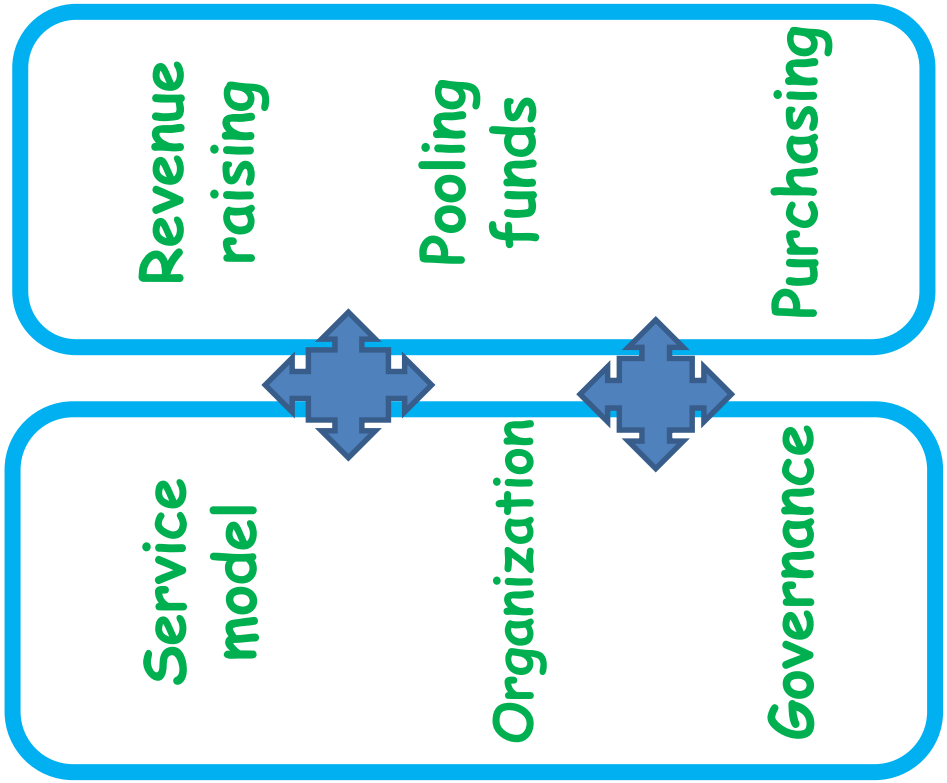
What everyone wants to focus on !

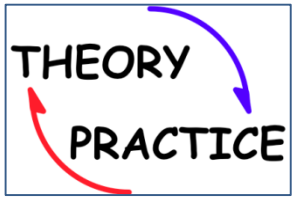
Alignment = coherence of functions

Financing

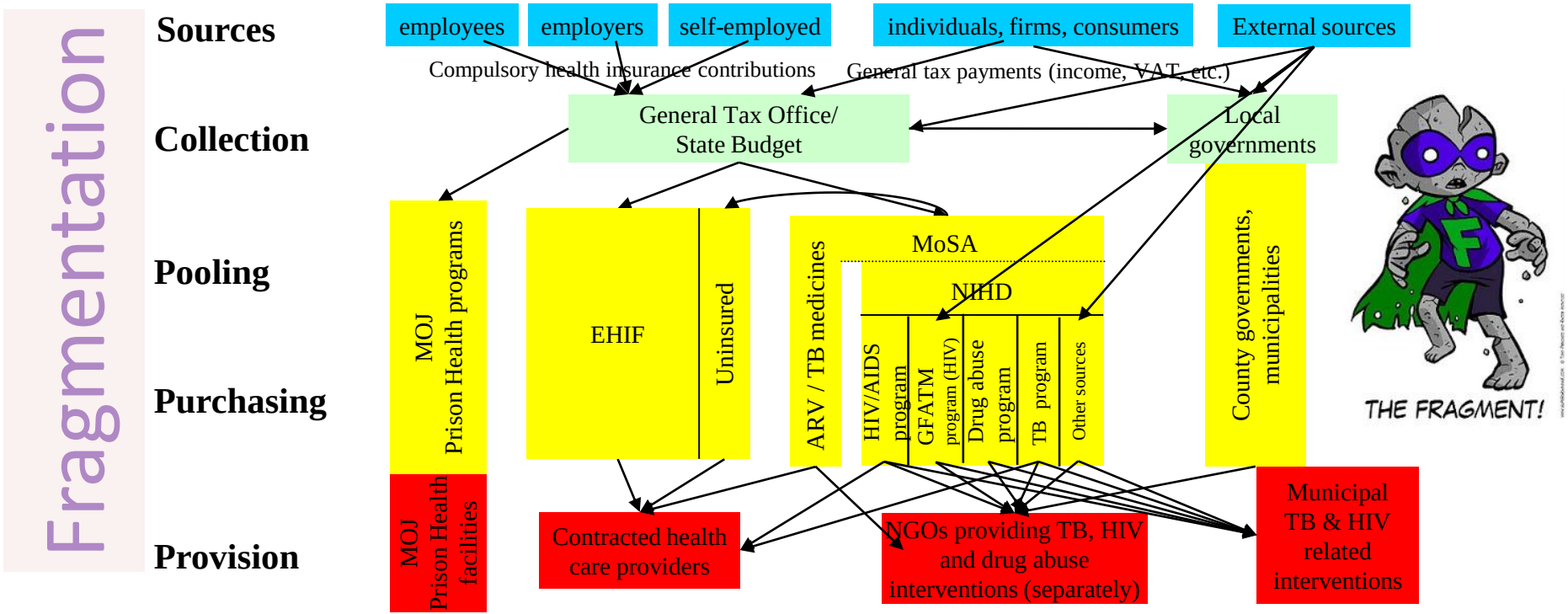
to serve a common system goal…

Delivery





Fragmentation = barrier to sustainability



Looking through a UHC lens

The unit of analysis is the health system:

- Develop your financing strategy at the sectoral level, not for “hepatitis” only.
- Formulate your goals at population level, not just for hepatitis programme beneficiaries.

Or, think like the Ministry of Finance:

- Don’t focus on sustaining “a programme”:
  - (programmes are a means, not an end).
- Focus on:
  - increased effective coverage
  - of (five) priority interventions.

The silo problem

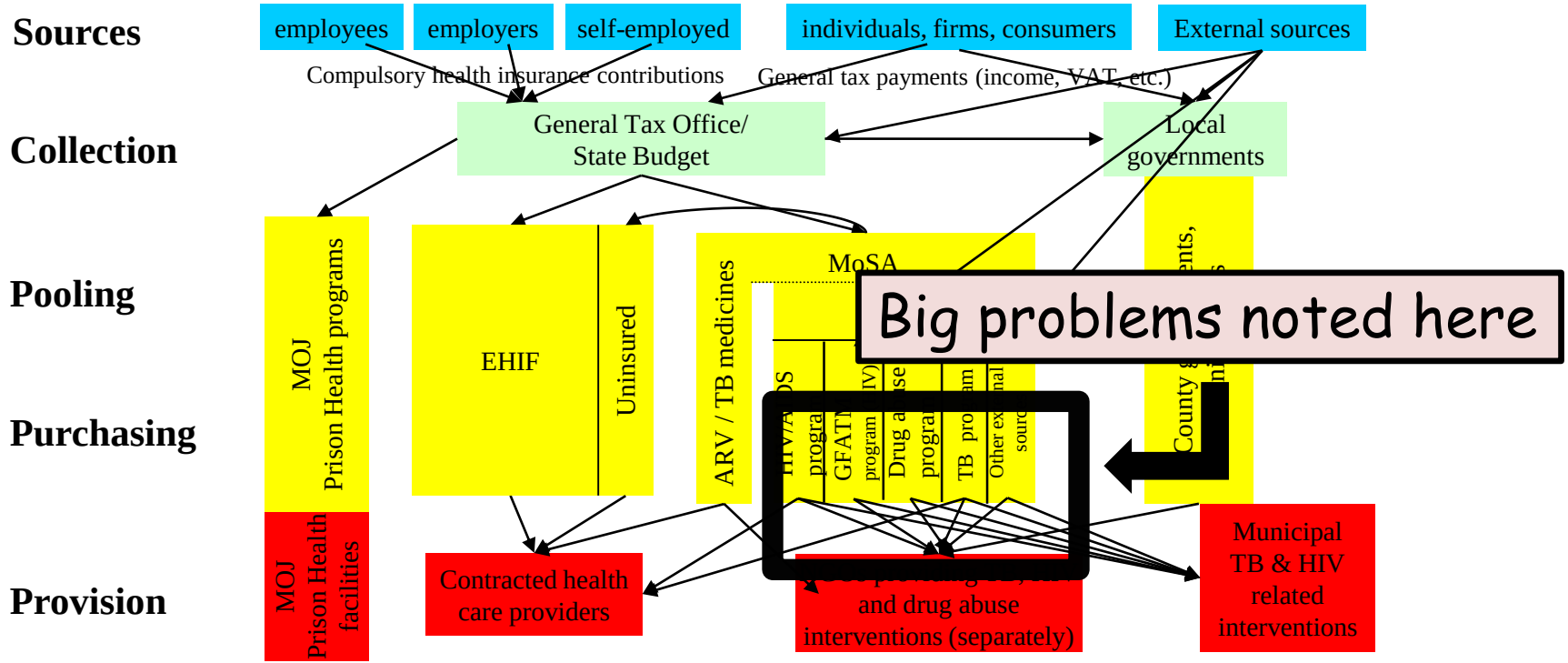
Emerges when programs are seen as sufficiently different to require separate solutions:

- Infectious diseases **are** different (externalities).
- But there is no *a priori* reason for separate pooling and purchasing arrangements.
- Same with service delivery.
- And certainly not separate IT, procurement, supply chain, governance, HRH, etc.

A balanced approach

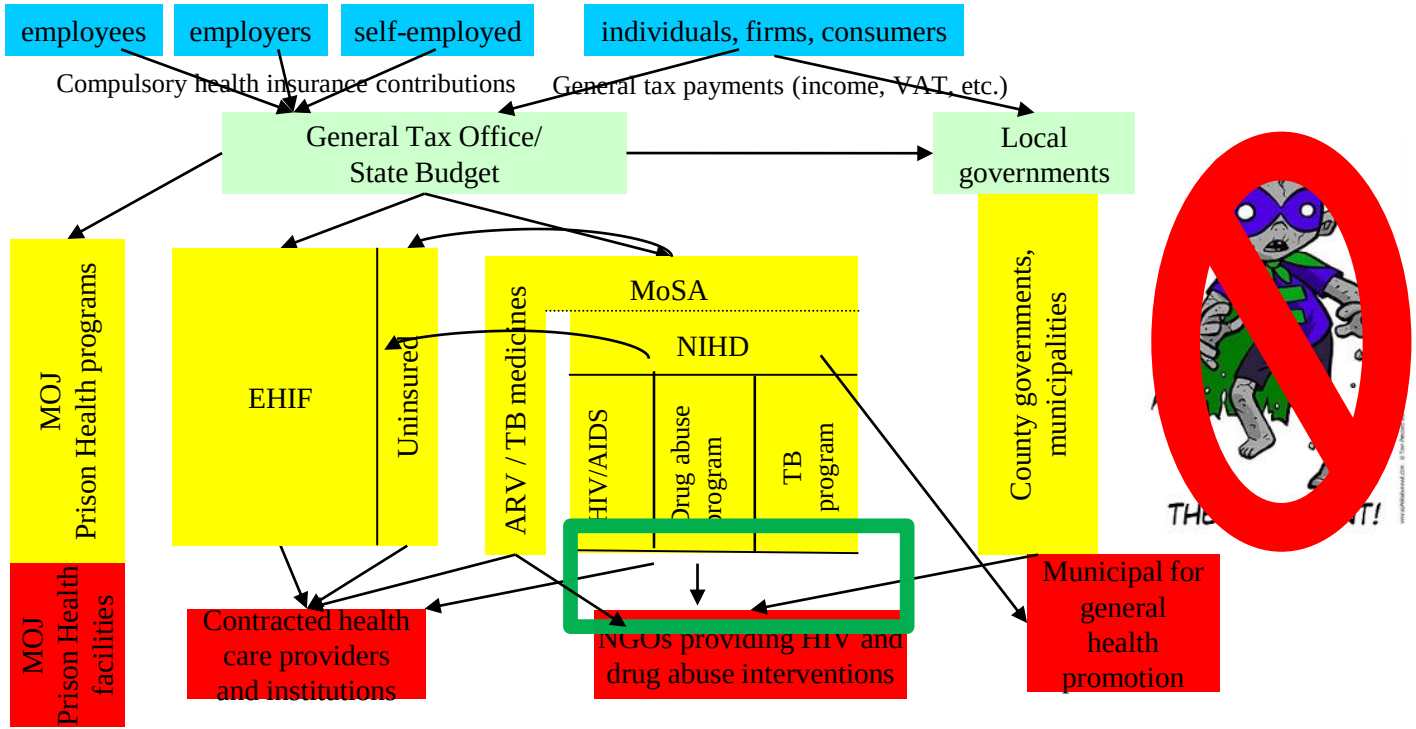
- **Streamline** health system architecture across programmes while ensuring results.
- Both politically and technically, it is essential to **ensure results** and show **accountability** while **correcting imbalances** and duplications.
- Let’s look at the previous example…

Easy wins are achievable although perfection is often out of reach



Consolidation across programmes is achievable (but maybe not across the entire system)

Less fragmentation

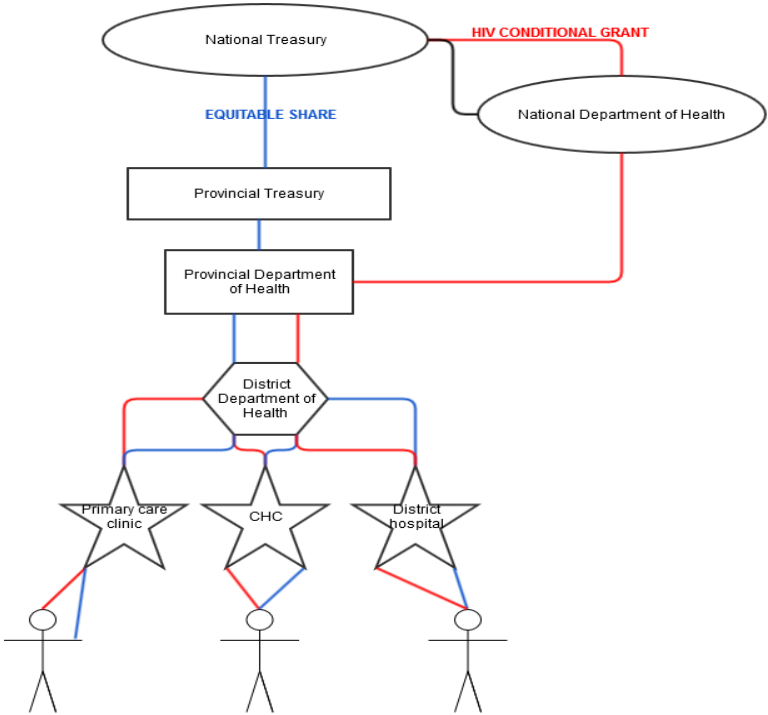


Achieving efficiency across programs: how?

- Think about financing and programme design to "reach clients" rather than "fund programmes".
- In the previous example, the main clients of all programmes were people injecting drugs.
  - implication: HIV and drug use programmes needed to work together.
  - lesson: Use a person-centred approach when designing hepatitis programmes and financing.

Fragmented funding = fragmented services

- **Facts:**
  - Separate funding for HIV and rest of system.
  - Each programme sets independent priorities.
  - “Follow the money”…
- **Implications:**
  - Separate health workers and facilities.
  - Separate budget and administrative processes.
  - Perverse result: “**It is better to have HIV and hepatitis than to have hepatitis alone**”.
- **Lessons**:
  - Streamline financing with common pooling and purchasing arrangements.



Thoughts to keep in mind

- On health financing: can priority interventions be integrated into benefit packages and purchasing arrangements?
  - Can hepatitis be the disease that solves a health system problem?
- Beyond health financing: will not strong, unified support systems also serve priority interventions?
  - e.g. procurement, IT, M&E, supply chain.

Conclusions

- The core of sustainable financing is a programme optimized in cost and impact.
- Benefit from lessons learned with HIV/AIDS and avoid:
  - off-budget, parallel systems, or
  - separate delivery and financing arrangements.
- Understand the key aspects of services (who benefits, how organized) and design finance accordingly.
- Bottom line: **integration = sustainability**