THE UNCHECKED POWER OF THE PURSE

How Global Health Financing Sustains Inequity

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Civil Conflict 1989-2003
- 90% of skilled health workers fled the country, infrastructure destroyed
- Reliance on humanitarian organizations and international NGOs

Period of Rebuilding 2006-2013
- Access to health facility within 5KM or one hour walk increased from 41% in 2008 (Population Census) to 71% in 2013 (DHS 2013)
- Achieved MDG 4 ahead of schedule, reducing child mortality

Ebola Virus Disease Outbreak
- 4,810 deaths, including 8% of skilled health care providers (doctors, nurses, midwives, PAs)
- Routine health service delivery collapsed
Key terms in global health financing

- Transparency and Accountability
- Efficiency and Effectiveness
- Government ownership
- Corruption
- Equity
- Health Systems Strengthening
How does global health financing sustain inequity?

• Treats accountability and transparency as a one-way street
• Favors donor priorities over government needs
• Claims to value government ownership without empowering government
• Leaves weak systems weak, perpetuating corruption and perceived corruption
GOVERNMENT OF LIBERIA ANNUAL BUDGET
$570M TOTAL (2018-19 FY)

Health
~12%
($72M)
INSTITUTIONAL SPENDING IN LIBERIA'S HEALTH SECTOR

GoL
20%
~$72M

Partners
80%
~$283M
How Global Health Financing Sustains Inequity

• Treats accountability and transparency as a one-way street
## Illustration: Partner Response to Resource Mapping

<table>
<thead>
<tr>
<th>Type</th>
<th>Entity (NGO)</th>
<th>Info Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response Received</td>
<td>ACCEL, ACF, ACHWS, AmeriCares, ARC, CATWAC, CESP, CHAI, Consolidated Tearfund (AEL, EQUIP), Destiny International, EQUIP Liberia, Esther Johnson Daycare, FELS, Hope Worldwide Liberia, IDF, IMC, JHPIEGO, LIBTRALO, LMH, Mercy Corps, MdM, Mentor Initiative, More than Me, Oxfam, PCI, PIH, Plan International, PMU Inter Life, PSI, SAHI, Samaritan Purse, Save the Children, Students Aid Liberia, UNDP, UNICEF, UNOPS, WAVAP</td>
<td>CDC, EC/ECHO, SDC, UNHCR, USAID (incl. PMI), WB</td>
</tr>
<tr>
<td>incomplete</td>
<td>IOM, LNRCS, MTI, WCI</td>
<td>Plan for FY 15/16 still to be confirmed</td>
</tr>
</tbody>
</table>

- **NGOs**: 52% of NGOs have responded
- **Donors**: 36% of Donors have responded

Or 41 of all NGOs asked have responded

Or 9 of all Donors asked have responded
Case: Infectious Disease Center at JFKMC

Corporate Donor

Liberia’s National Hospital

Bilateral Donor

Donor country HR, overhead, etc.

Liberia-based implementation activities

Project budget

20

80
How Global Health Financing Sustains Inequity

• Treats accountability and transparency as a one-way street
  – Compromises citizens’ trust in their government
How Global Health Financing Sustains Inequity

• Treats accountability and transparency as a one-way street
  – Compromises citizens’ trust in their government

• Favors donor priorities over government needs
  – Prefers discrete, unsustainable programming over long-term systems building
Bilateral Donor

NGOs and Universities
How Global Health Financing Sustains Inequity

• Treats accountability and transparency as a one-way street
  – Compromises citizens’ trust in their government

• Favors donor priorities over government needs
  – Prefers discrete programming over long-term systems building
  – Creates parallel systems to those of government
Illustration: Coordination Burden

Health Services

Policy, Planning, M&E

Admin

FARA

Pool Fund

Global Fund

World Bank (HSSP and EERP)

+ 67 others
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  – Creates parallel systems to those of government
• Claims to value government ownership without empowering government
Case: Overheads

Multilateral Donor
-7%

UN AGENCY
-7%
Case: Overheads

-7%  Ministry of Health  0%

Multilateral Donor
How Global Health Financing Sustains Inequity

• Treats accountability and transparency as a one-way street
  – Compromises citizens’ trust in their government

• Favors donor priorities over government needs
  – Prefers discrete programming over long-term systems building
  – Creates parallel systems to those of government
  – Invests in donor country human resources instead of local human resources

• Claims to value government ownership without empowering government

• Leaves weak systems weak, perpetuating corruption and perceived corruption
Case: Journal Vouchers

Finding of undocumented expenses

MONROVIA – The General Auditing Commission (GAC) reports that the Ministry of Health cannot account for millions of United States dollars of funding provided by the Government of Liberia and others for health care services for the Fiscal years ended June 30, 2014 to June 30, 2017.

The findings are contained in a audit report submitted to the National Legislature recently in Monrovia. Dr. Walter T. Gwanfoglo served as Minister of Health for the fiscal year 2013/2014 and Dr. Bernice Dahn served as Minister of Health for fiscal years 2014/2015 to 2016/2017.
Key recommendations

- Accountability and transparency should be a two-way street
  - Share activity-level plans and budgets; share reports with government
  - Respect the relationship between the government and its citizens; be transparent about the amount of funds invested in country, avoid over-branding the work as international charity

Illustration: Partner Response to Resource Mapping
Key recommendations

• Be willing to invest in system building, appreciating that it is slow work with returns that are more profound though more difficult to quantify
• Invest in local HR and implementation; human resource assistance should be directed by country needs/requests
• Prioritize government needs; align to country policies in a timely manner
Key recommendations

• Be cognizant of the financial + human resources demanded of government when asked for “leadership” or inputs on NGO work; contribute to operations costs to support government’s work where possible

• Do not pretend that the government is in control when it is not; be honest about the limits of country ownership

Illustration: Coordination Burden

Case: Overheads

-7%

Ministry of Health

0%
Key recommendations

• Break the cycle of weak systems by assisting governments to build strong financial management systems.
Vision:

- True country ownership
- Mutual accountability and transparency (govt and donors)
- Consolidated implementation

- Resilient health care delivery system
- Reduced maternal, neonatal, and child mortality
- Healthier lives for our people