

Planning and budgeting for MDG results in Ethiopia

Countdown to 2015 at Women Deliver

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Outline

- Planning and budgeting for MDG results:
The Marginal Budgeting for Bottlenecks
Approach (MBB)
- Key questions
- The Ethiopia Experience

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Marginal budgeting for bottlenecks approach (MBB)

- ❑ An approach developed by UNICEF, the World Bank and many national Ministries
- ❑ with a tool for facilitating a country specific policy dialogue
- ❑ facilitates selection of high impact interventions which can be integrated into existing providers/service delivery arrangements (eg to accelerate progress towards the MDGs)
- ❑ helps identifying bottlenecks in health systems performance
- ❑ estimates marginal/incremental costs and benefits of overcoming bottlenecks
- ❑ promotes result driven expenditures by linking health budgeting to outcomes/MDGs

Why focus on system wide bottlenecks?

Increasing evidence on efficacy of
maternal, newborn and child health
& nutrition interventions

Enhanced global
commitment to MDG
1,4,5,6,7

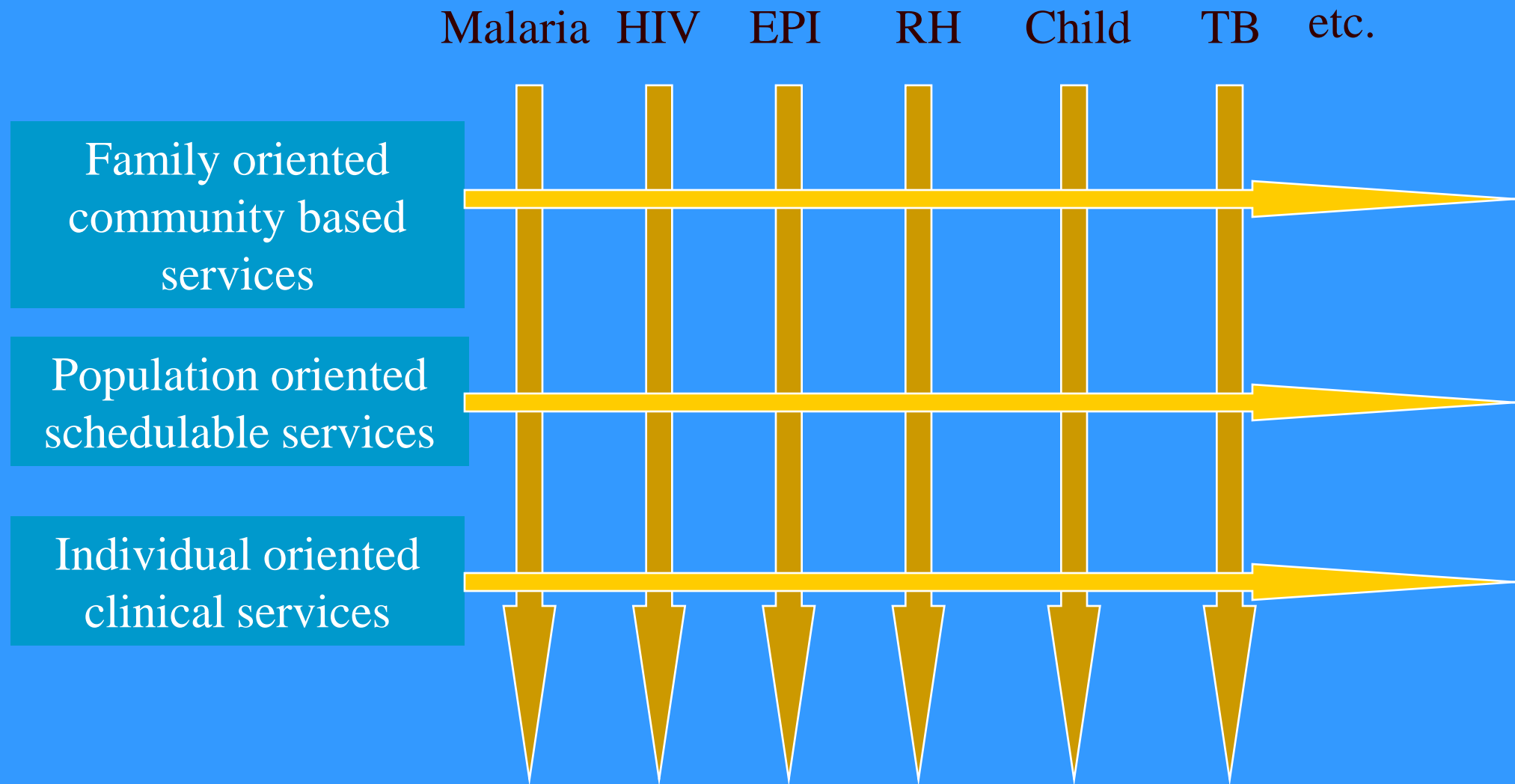
Implementation bottlenecks:

*inadequate supplies, human resource constraints, poor access to
healthcare, low demand for and/or continuity, and
quality of services*

Insufficient improvement in
Malnutrition, AIDS,
U5MR,NMR,MMR

Increased Govt. Health
Spending in context HIPC
Budget Support and SWAPS

MBB follows a horizontal approach to analyze health system constraints and estimate cost



Step 1: Define service package into three service delivery modes

Family oriented community based services

Family preventive/WASH services

Family neonatal care

Infant and child feeding

Community management illnesses

Population oriented schedulable services

Preventive care for adolescents and adults

Preventive pregnancy care

HIV/AIDS prevention and care

Preventive infant and child care

Individual oriented clinical services

Clinical primary level skilled maternal & neonatal care

Management of illnesses at primary clinical

Clinical first referral illness management

Clinical second referral illness management

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MBB – answers three major questions

1. What are major health system bottlenecks hampering delivery of health services?
2. How much can be achieved in health outcomes by removing the bottlenecks?
3. How much money (additional) is needed for expected results?

Step 1: High impact interventions family oriented community

Effective interventions	National Coverage Targets			
	Baseline 2008	Scenario 1	Scenario 2	Scenario 3
1. Family oriented community based services				
Insecticide Treated Mosquito Nets				
Quality of drinking water				
Use of sanitary latrine				
Hand washing by mother				
Indoor Residual Spraying (IRS)				
Clean delivery and cord care				
Early breastfeeding and temperature management				
Universal extra community-based care of LBW infants				
Exclusive breastfeeding for children 0-6 months				
Breastfeeding for children 6-11 months				
Complementary feeding				
Therapeutic Feeding				
Oral Rehydration Therapy				
Zinc for diarrhea management				
Vitamin A - Treatment for measles				
Artemisinin-based Combination Therapy for children				
Artemisinin-based Combination Therapy for adults				
Antibiotics for U5 pneumonia				
Community based management of neonatal sepsis				

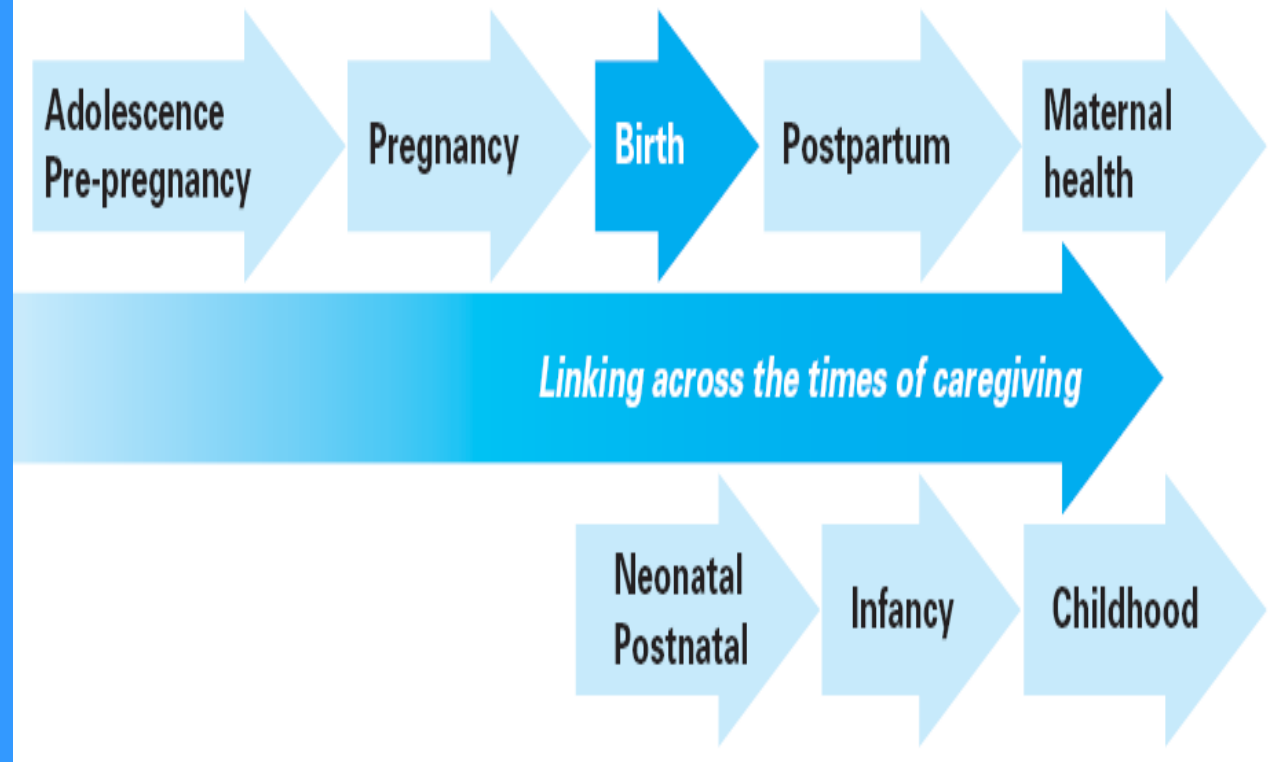
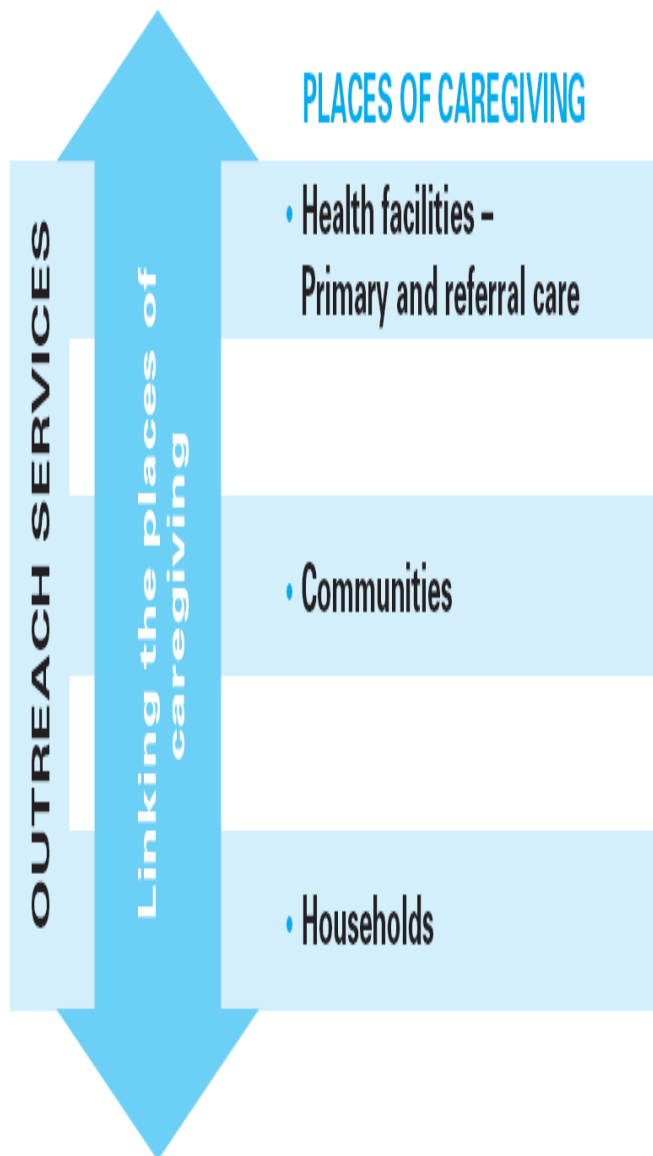
Step 1: High impact interventions population oriented schedulable

Effective interventions	National Coverage Targets			
	Baseline 2008	Scenario 1	Scenario 2	Scenario 3
2. Population oriented schedulable services				
Family planning				
HPV vaccination				
Antenatal Care				
Calcium supplementation in pregnancy				
Tetanus toxoid				
Deworming in pregnancy				
Detection and treatment of asymptomatic bacteriuria				
Treatment of syphilis in pregnancy				
Prevention and treatment of iron deficiency anemia in pregnancy				
Intermittent preventive treatment (IPTp) for malaria in pregnancy				
Balanced protein energy supplements for pregnant women				
Supplementation in pregnancy with multi-micronutrients				
PMTCT				
Condom use				
Cotrimoxazole prophylaxis for HIV+ mothers				
Cotrimoxazole prophylaxis for HIV+ adults				
Cotrimoxazole prophylaxis for children of HIV+ mothers				
Measles immunization				
BCG immunization				
OPV immunization				
Pentavalent (DPT-HiB-Hepatitis) immunization				
Pneumococcal immunization				
Rotavirus immunization				
Vitamin A – supplementation				

Step 1: High impact interventions individual oriented clinical

Effective interventions	National Coverage Targets			
	Baseline 2008	Scenario 1	Scenario 2	Scenario 3
3. Individual oriented clinical services				
Normal delivery by skilled attendant				
Active management of the third stage of labor				
Basic emergency obstetric care (B-EOC)				
Comprehensive emergency obstetric care (C-EOC)				
Resuscitation of asphyctic newborns at birth				
Antenatal steroids for preterm labor				
Antibiotics for Preterm/Prelabour Rupture of Membrane (P/PROM)				
Detection and management of (pre)ecclampsia (Mg Sulphate)				
Management of neonatal infections				
Clinical management of neonatal jaundice				
Universal emergency neonatal care (asphyxia aftercare, management of serious infections, management of the VLBW infant)				
Antibiotics for U5 pneumonia				
Antibiotics for dysentery and enteric fevers				
Vitamin A - Treatment for measles				
Zinc for diarrhea management				
Artemisinin-based Combination Therapy for children				
Artemisinin-based Combination Therapy for adults				
Management of complicated malaria (2nd line drug)				
Management of severely sick children (referral IMCI)				
Detection and management of STI				
Management of opportunistic infections				
Male circumcision				
First line ART for children with HIV/AIDS				
First-line ART for pregnant women with HIV/AIDS				
First-line ART for adults with AIDS				
Children second-line ART				
Adult second-line ART				
Detection and treatment of TB with first line drugs (category 1 & 3)				
Re-treatment of TB patients with first line drugs (category 2)				
MDR treatment with second line drugs				

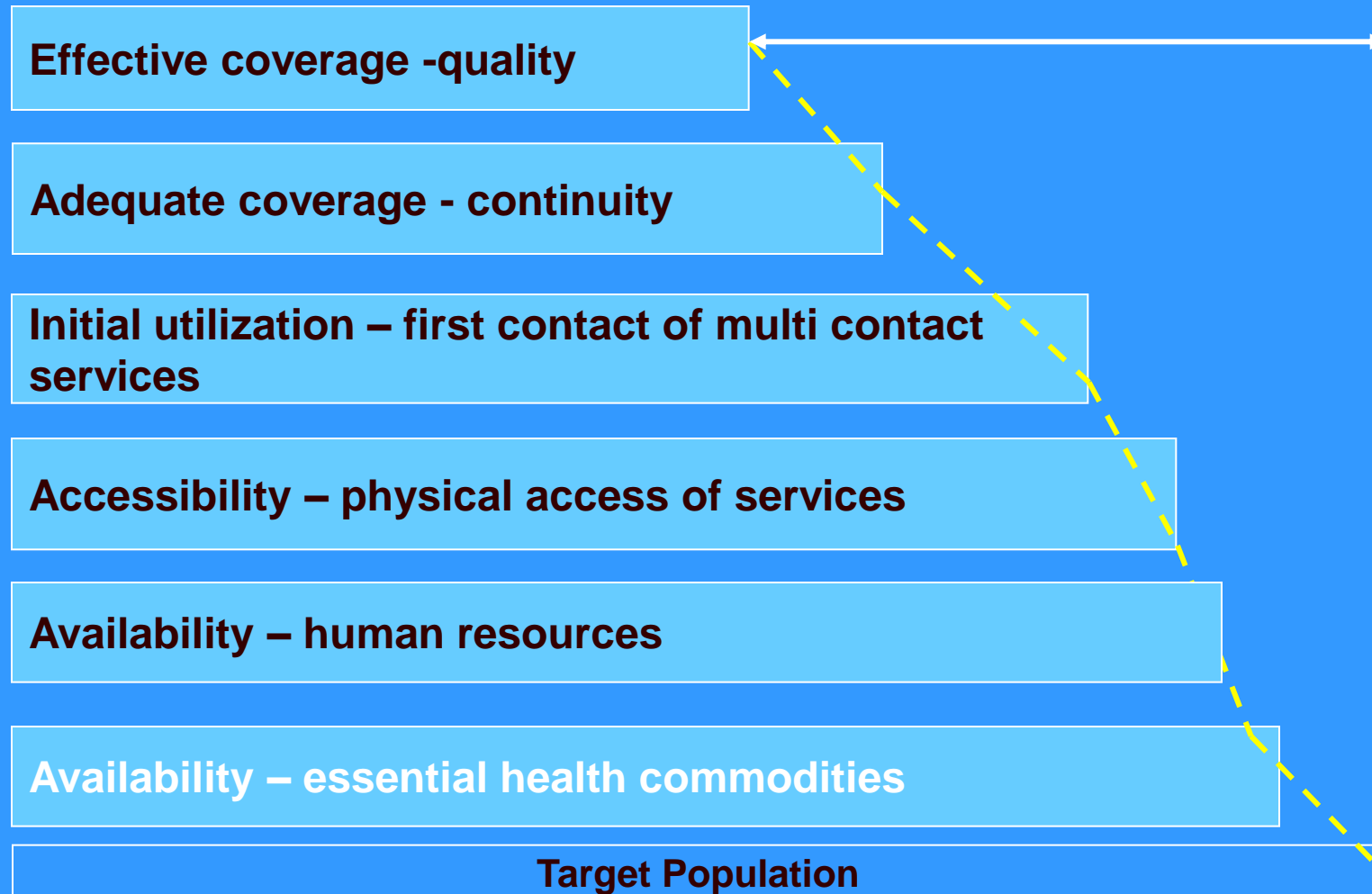
Step 1: Continuum of care in time and place



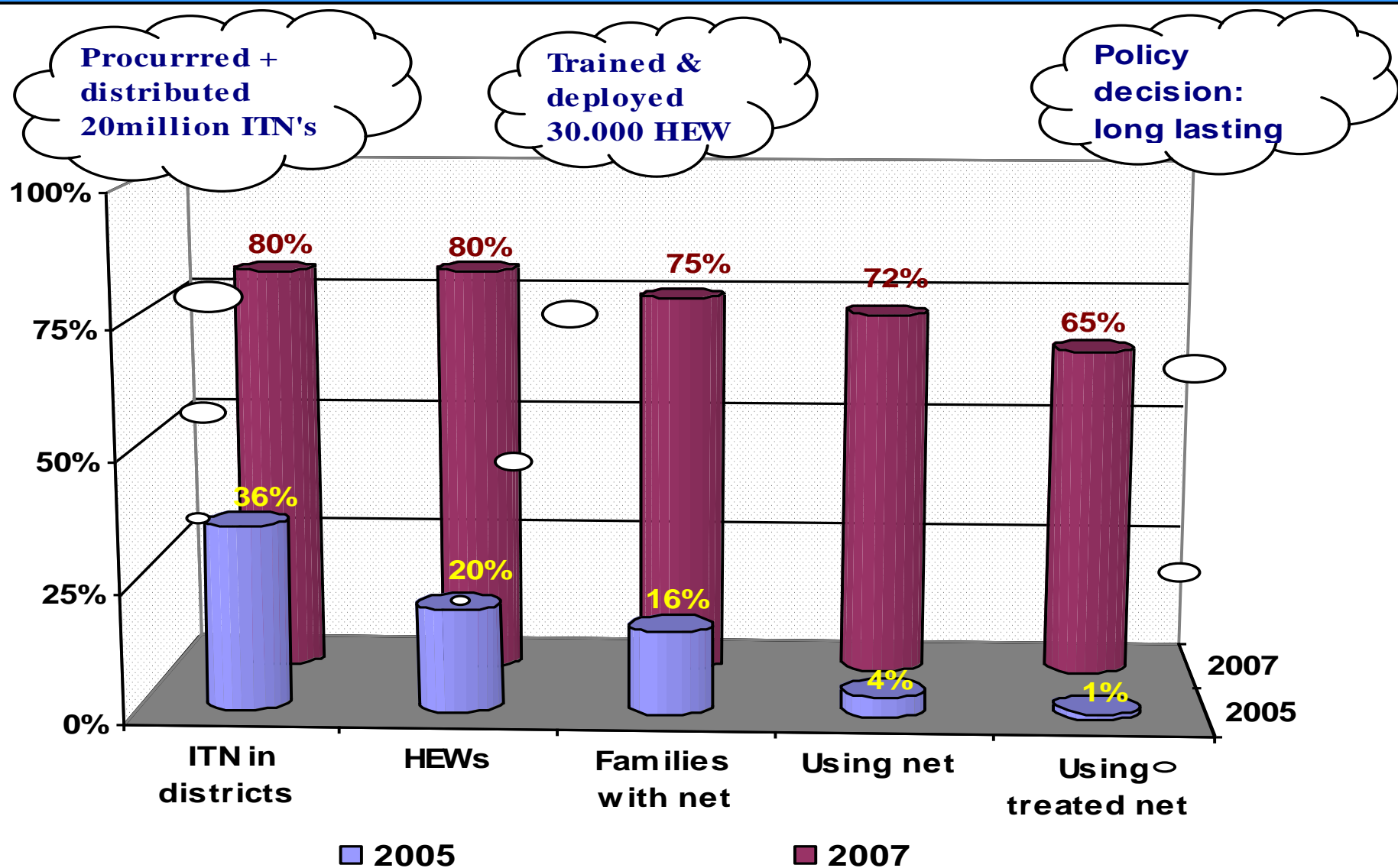
Source: PMNCH

(www.who.int/pmnch/about/continuum_of_care/en/index.htm), accessed 30 September 2007

Step 2: Identifying bottlenecks using coverage determinants



Step 2: Removing coverage bottlenecks in Ethiopia: scaling up ITN



Step 3: Mortality impact estimation

Increase in effective coverage

X

Intervention efficacy

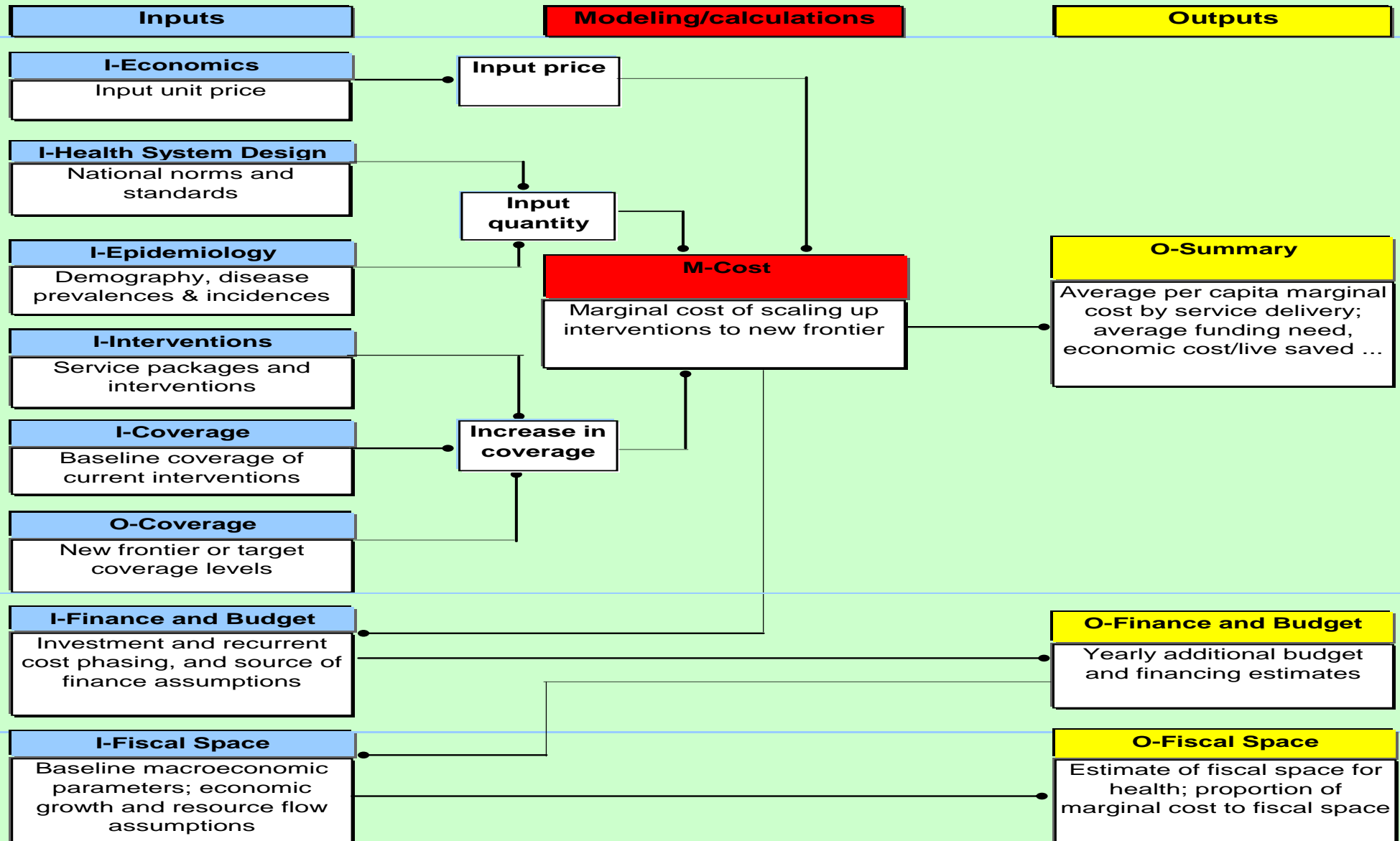
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Disease specific attributable mortality

Controlled for:

- ❑ **Double counting by residual summation of disease specific impacts**
- ❑ **Replacement mortality (lives saved re-added to denominator of children at risk)**
- ❑ **Impact of the baseline coverage**

Step 4&5: Costing, planning & budgeting, and fiscal space calculations



Steps in MBB application for evidenced based planning and budgeting

**Step 1: Analyzing
health systems and
prioritizing high
impact
interventions**



**Step 2: Analyzing and
removing system
bottlenecks to
coverage**



**Step 3: Estimating
impact on
MDGs 4,5,6**



**Step 4: Estimating
additional cost of
removing bottlenecks**



**Step 5: Planning,
budgeting,
and analyzing
fiscal space**



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APPLICATIONS OF MBB IN ETHIOPIA

Ethiopia at glance

80 million population

Federal government :

- 9 regional states, and 2 city administration
- 817 Woredas (districts)

Health (EDHS 2005):

- U5M 123 per 1,000 live birth
- MMR 673 per 100,000 live birth
- Stunting

Total health expenditure:

- 16.1 USD/Capita

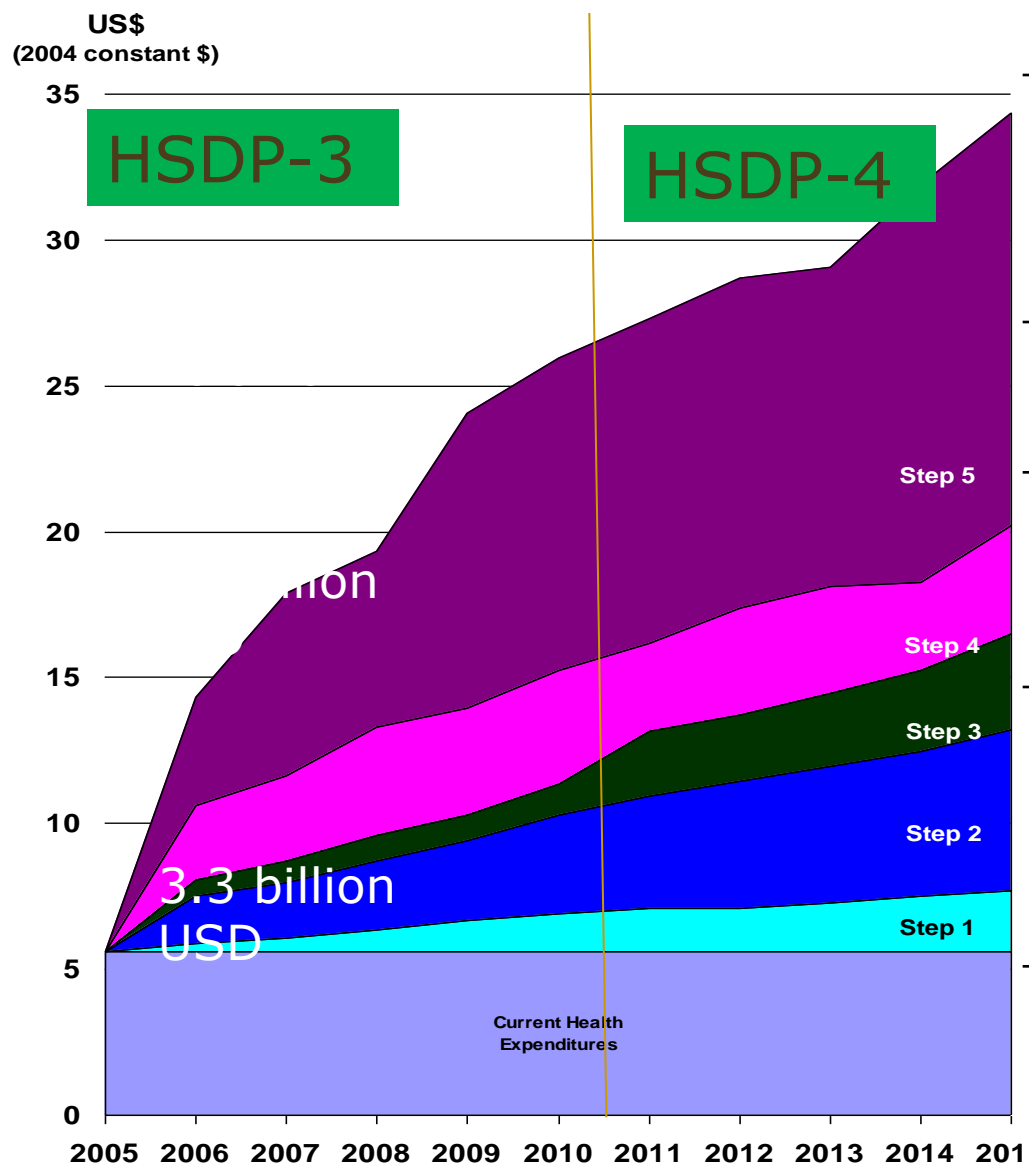


MBB applied in Ethiopia for

- MSG needs assessment 2004
- Child Survival Strategy 2004
- HSDP III 20005
- IHP+ Compact 2007
- Woreda Based Annual Planning 2007-2010
- HSDP IV 2010

HSDP with Clear Priorities and strategies aligned with MDGs

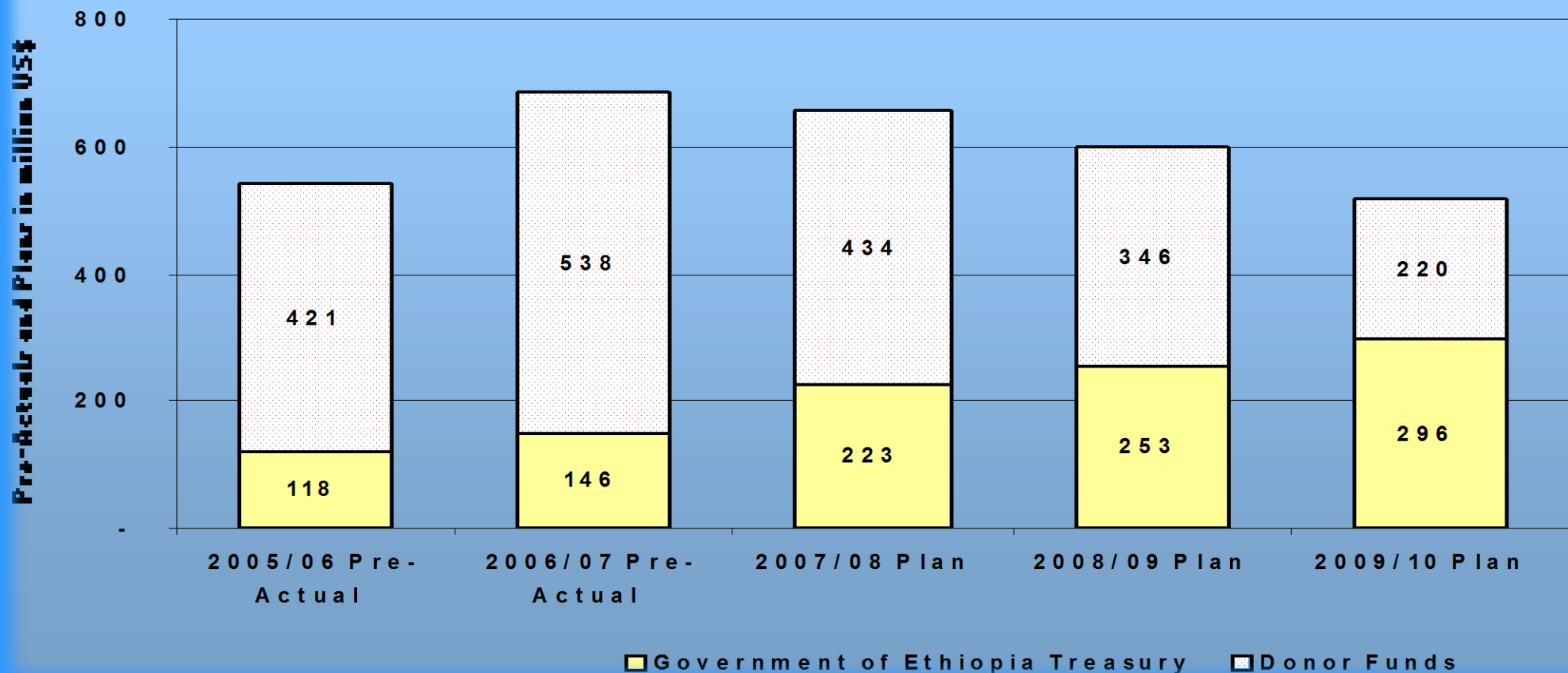
Priorities	Target	Vehicles	Bloodlines-
Maternal health	CPR > 60%	<ul style="list-style-type: none"> 30,000 HEWs 15,000 HPs 3,200 HCs 5,000 HOs Train GPs Improve QA System 	<ul style="list-style-type: none"> HRD HCSS Finance HMIS Harmonization
Child health	Immunization > 85%		
HIV/TB	<ul style="list-style-type: none"> Reach every household 263,000 people on ART 		
Malaria	20 million ITNs		
		PPD/MOH	



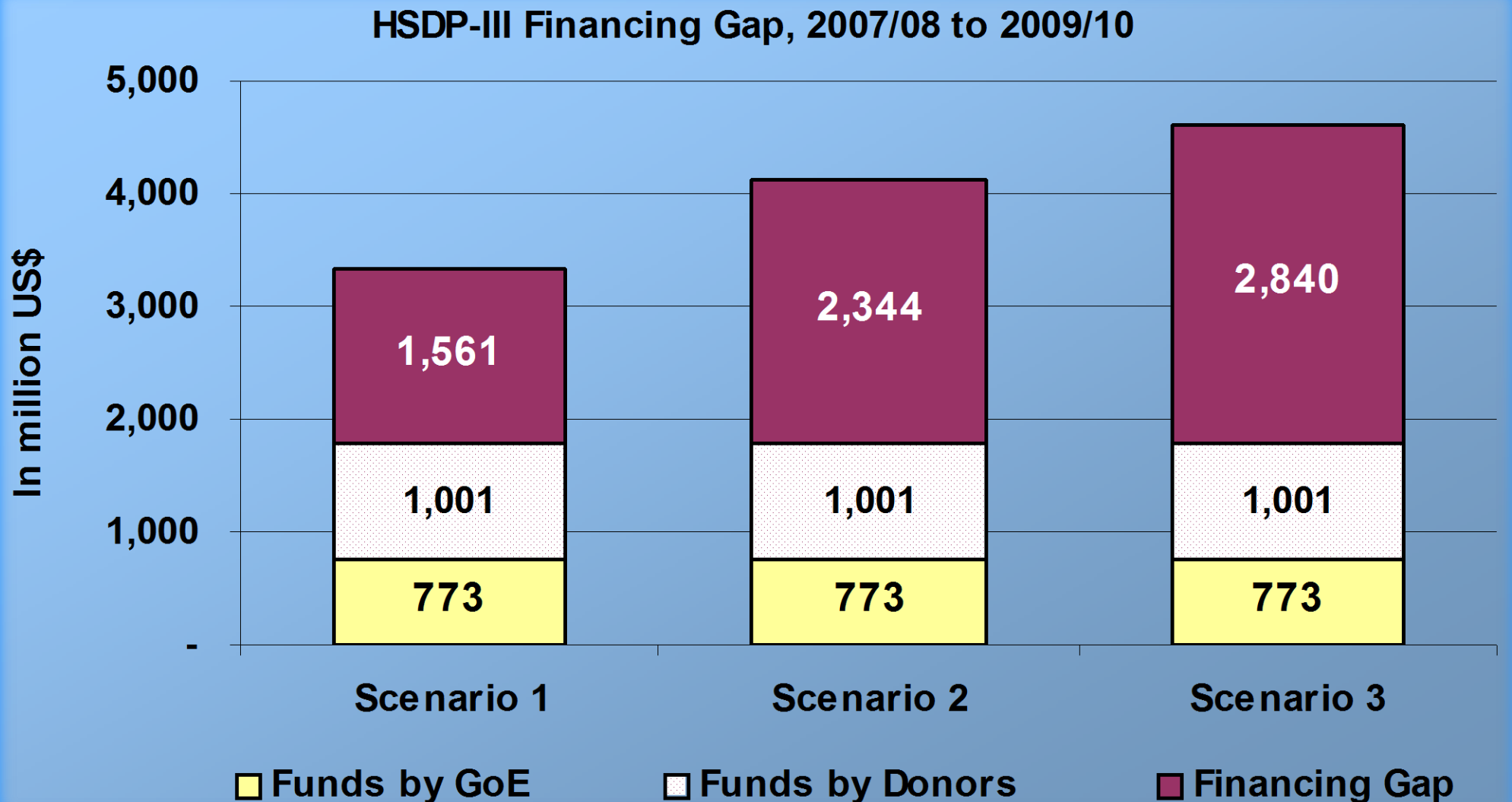
Scale Up Strategy	Health Outcomes	MDGs reached
Step 5 : Expansion and Upgrade of Referral Care	Further decrease of : child mortality, maternal mortality, HIV MTC transmission Provision of HAART , multi-drug resistant TB and severe malaria treatment	
Step 4: Expansion and Upgrade of Emergency Obstetrical care	Further decrease of : child mortality maternal mortality HIV MTC transmission	Reduced MM by 75%
Step 3: First level clinical upgrade	Further decrease of: Child mortality Maternal Mortality Malaria, morbidity & mortality TB	Reduced malaria mortality by 50% Increase TB DOTS coverage
Step 2: Health Services Extension Program	Decrease in child mortality Reduction in HIV Mother To Child Transmission Reduction of deaths due to pregnancy by 40% Reduce malaria mortality morbidity Reduce Child malnutrition	Reduced child mortality by two third
Step 1: Information and Social Mobilization for Behavior change	Decrease in child mortality due to HIV, malaria, diarrhea diseases Reduced HIV transmission Reduced malaria morbidity and mortality	Reversed trend in HIV incidence and stabilized trend in HIV prevalence

Ethiopia: HSDP 3 resource mapping (domestic and external) for health sector

Break down of health expenditures indicative plans by
financing sources

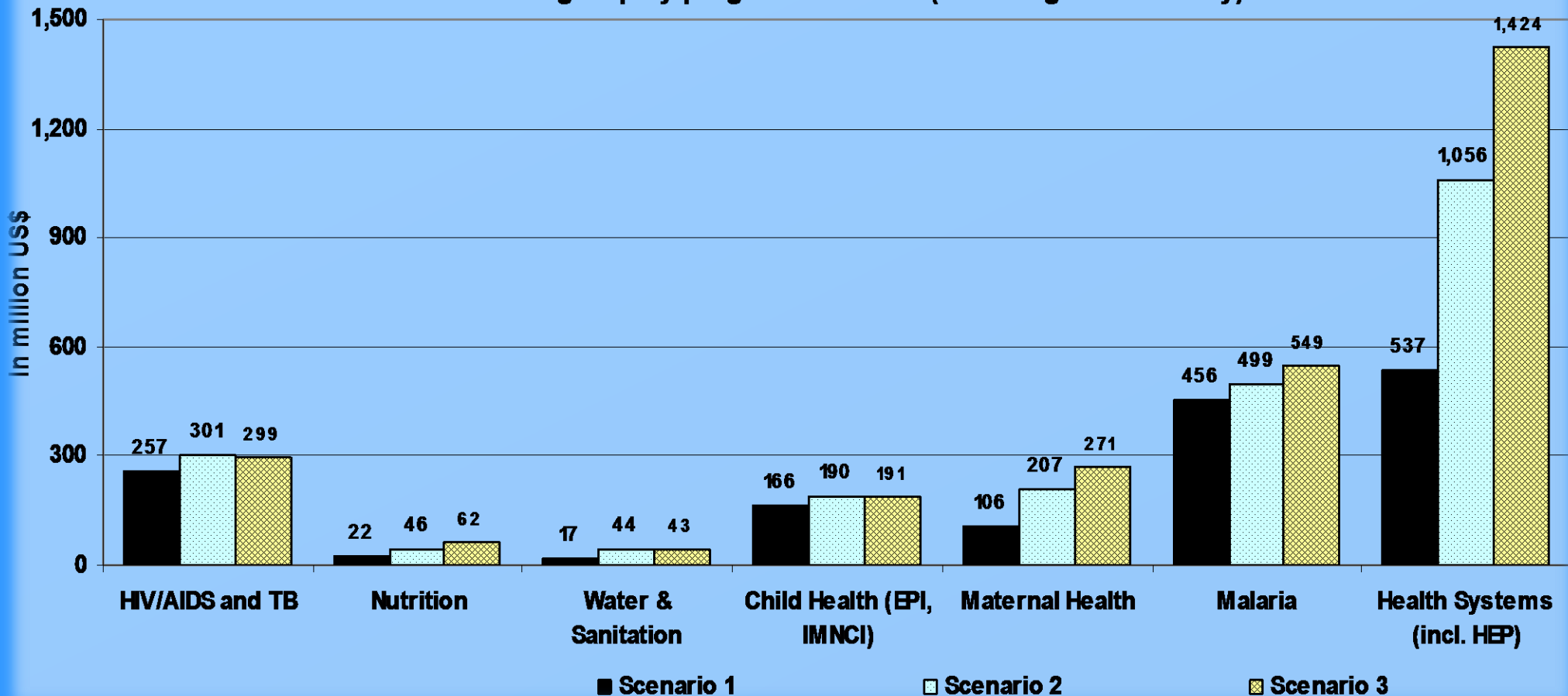


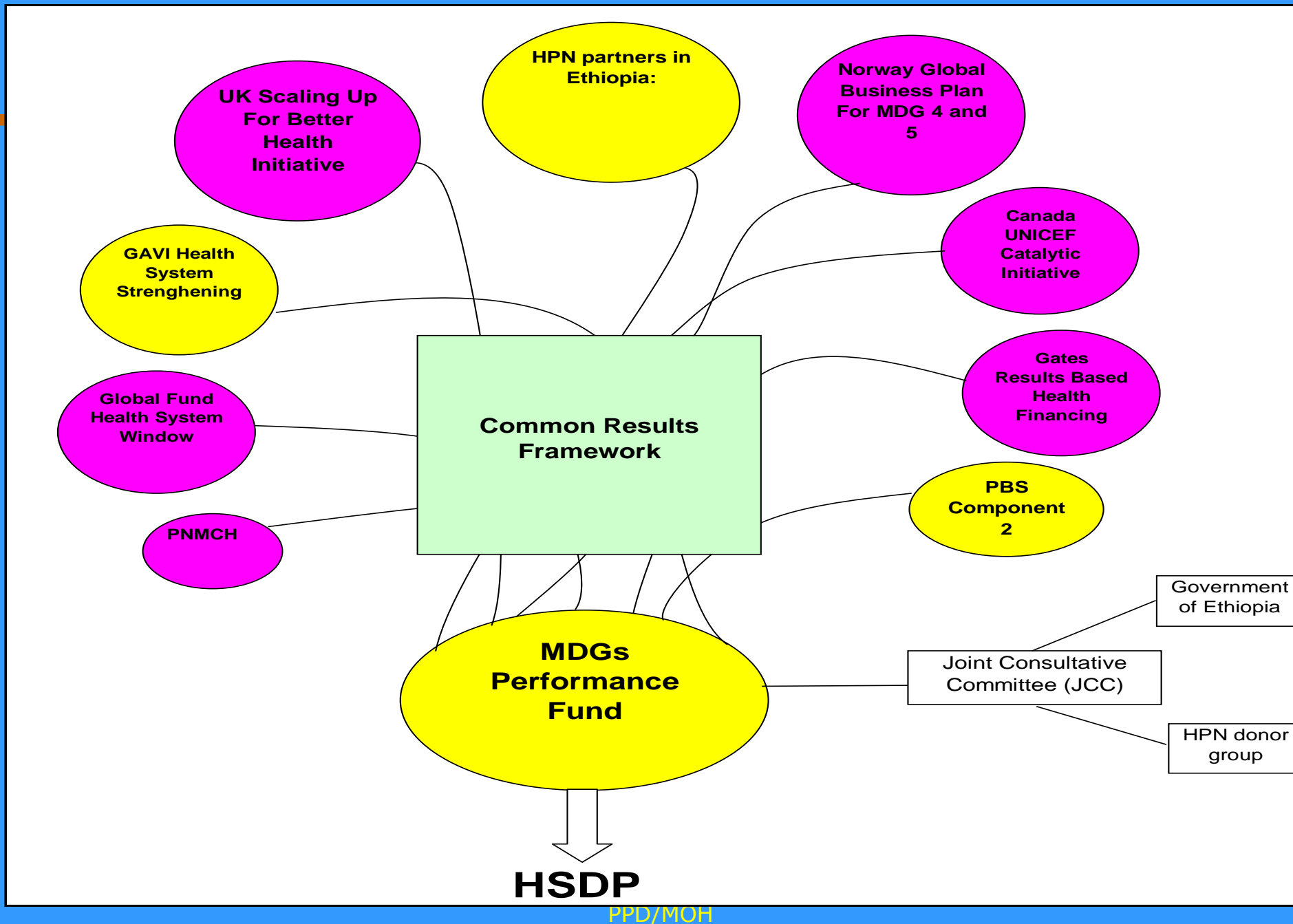
Ethiopia: HSDP III overall financing gap by scenario



Ethiopia: HSDP 3 estimated financing gap by programmatic area

HSDP III financing Gap by programmatic areas (including GoE treasury)



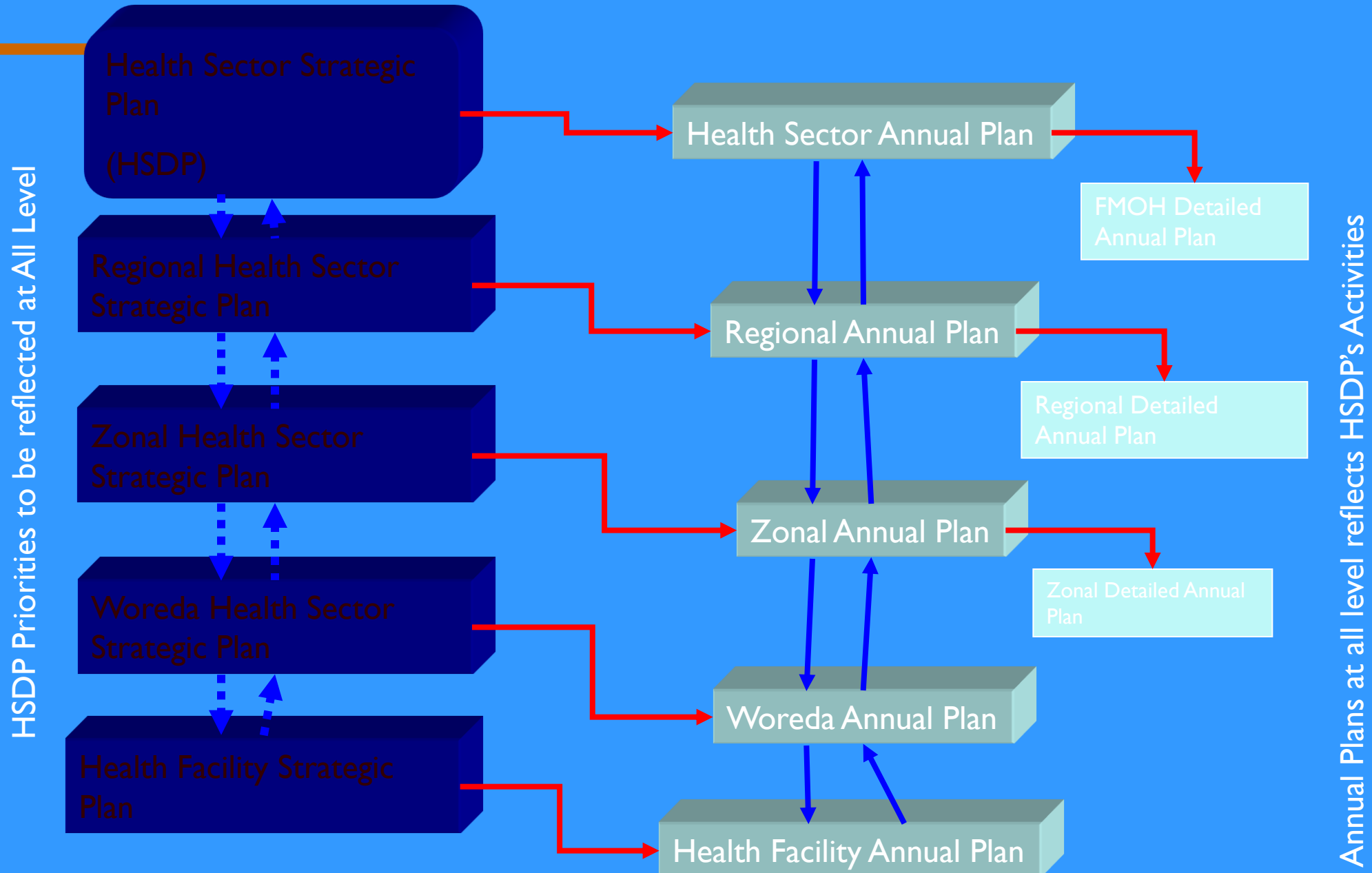


FMOH customized MBB to support evidence based planning at sub-national level

Process:

- ❑ Customize MBB for District (Woreda) application
- ❑ Formats for baseline data collection shared with each Woreda Health Office ahead of time
- ❑ Mentors training on the tool and approach
- ❑ Application workshop five to seven days
- ❑ Draft plan shared with respective woreda administration
- ❑ Budget request and defense with WOFED and Woreda administration
- ❑ Parallel process of aggregation by Zone and Region

Top down and bottom-up linkages



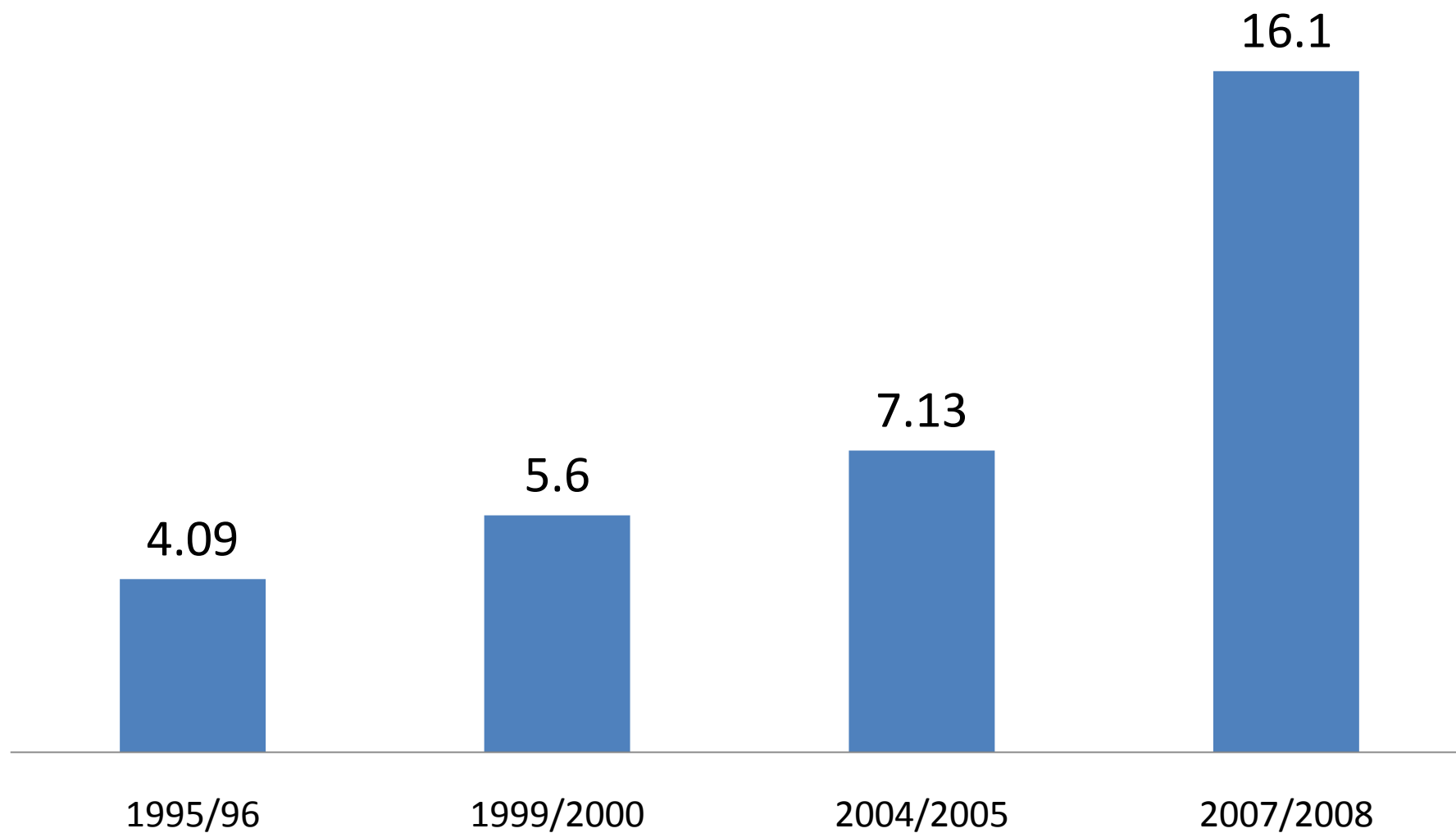
Last three years GoE took to national scale the Woreda planning exercise

Year	# of mentors	# of Woredas	Total # of participants in the capacity building
2008/09	161	803	4,101
2009/10	139	803	4,104
2010/11	191	817	5,052

In incremental way:

- 2008/09 – only the health system bottlenecks analyses module introduced
- 2009/10 – cost and impact estimation modules added to the Woreda plan process
- 2010/11 – Woredas doing both annual and five year health strategic plan

■ Trends in total health expenditure in Ethiopia USD/capita



Key Message

1. The tools helped to link local priorities and targets with national and global priorities and targets
2. Helped to develop evidence based planning through a systematic assessment of health system bottleneck and to implement scientifically proven high impact interventions to scale up
3. Application of the tool helped to improve health expenditure from government and DPs

**Thank
you**

