

**Consultation with Chairs of Health & Finance  
Committees of African Parliaments  
on  
High Level Taskforce on Innovative International  
Financing for Health Systems (Taskforce)**

**9 September 2009,  
UNECA Building, Addis Ababa**

**Final Report**

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## Introduction

The consultation took place on the third day of a meeting with Parliamentarians from Pan Africa Parliament, Regional Bodies (EALA, ECOWAS, SADC-PF, SEAPACOH) and 14 mainly IHP+ African countries. The meeting was organized by the African Public Health Alliance & 15%+ Campaign, and the WHO. The first two days focused on developing an African parliamentary action plan to implement policy and budget support for health development and financing. The third day aimed to analyse and review the recommendations of the High Level Taskforce on Innovative International Financing for Health Systems. Participants consisted of Parliamentarians from across Africa, representatives of the African Union, UNECA, African Public Health Alliance, and those involved in Taskforce.

## Session 1: Taskforce analyses and recommendations

### **Taskforce Overview.**

Dr Nejmudin Kedir, Director of Planning, Ethiopian Ministry of Health, opened the consultation meeting on behalf of Health Minister Dr Tedros Adhanom Ghebreyesus. Health Minister Tedros is a member of the Taskforce together with 13 other representatives from donor and developing country governments, international institutions, and civil society. In addition to encouraging increases in domestic financing, the potential role of Parliamentarians in taking forward the Taskforce recommendations were suggested to be raising awareness of the findings and ideas, exploring the feasibility of solidarity levies in individual countries, and engaging the non-state actors in improving their contribution to health.

### ***Working Group 1: Constraints to scaling up and costs.***

Three presentations were provided prior to the discussion

Overview: Kampeta Pitchette Sayingoza, Director of Macroeconomic Policy Unit, Ministry of Finance and Economic Planning, Government of Rwanda, presented on the findings of Working Group 1, which examined costs and constraints of scaling up support for health systems.

Domestic financing: Agnes Soucat, Lead Adviser, Health, Nutrition and Population in the World Bank's Africa region presented on the role of domestic financing and importance of mobilising domestic funding for health.

Tobacco tax: Ayda Yurekli from the World Health Organization (WHO) presented on why a tobacco tax could be good for public health and be a high and sustainable revenue for governments and often reduce consumption levels. The Taskforce recommended that Tobacco Taxes be explored as a source of additional revenue to supplement financing of health systems.

Discussion: summary of key exchanges Hon Dr James Avedzi from Ghana led the discussion pointing out some of the major constraints such as inadequate finance and infrastructure, and many of the workforce leaving for better paid jobs. Often secondary and tertiary services receive more funds than primary care, and

government budgets are inadequate in critically important areas. Specific points then discussed included:

**Governance and accountability:** The 15% budget allocation for health will be difficult to reach and governments have to act to increase tax revenue and reduce corruption. Ministries of Finance and Economic Planning are less moved by statements on levels of mortality or inequitable service delivery (as these arguments often apply to many sectors) and need evidence of good use of funds and value for money.

**User Fees:** Clarification was sought on official positions on user fees given that WHO and others emphasize the importance of pre-payment schemes (such as social insurance). The main argument for introducing user fees was to increase access to services but in reality this does not happen, although quality of services and locally determined wages may improve. Now the emphasis is on being financially responsible and looking for long term financing solutions.

**World Bank role in financing:** This mainly involves International Development Association (IDA) funds which are allocated to countries according to various criteria including poverty levels and performance. The government chooses how to use the funds and whether they are used as budget support or for specific projects, the most common being for agriculture and infrastructure.

**The 15% Abuja target for health allocations:** came from an analysis of data from countries to find a "benchmark" where performance is seen to improve dramatically. However this is not a perfect science and there are numerous examples of high and low performing countries, emphasizing the importance of getting "more health for the money".

**Hospital investment:** This is usually not a good investment for countries: they are often inefficient providers, often forced to provide primary care services due to inadequate investment elsewhere. Analysis in Africa shows that they are often disproportionately used by the wealthy in urban settings; and they are usually grossly underfunded in Africa as running a good service is very expensive. Given that government funds should be aimed at providing services for the poor, there are usually better ways of investing funds.

**Tobacco Tax:** There is now good evidence that increasing tax will generate more revenue, even if the consumption of tobacco products decreases. WHO advocacy to reduce tobacco growth is also a policy that can co-exist given that over-production reduces tobacco prices; in the long term alternative crops will be required.

## ***Working Group 2 : Raising and channeling funds***

Overview: Susan McAdams from the World Bank presented on the work of Working Group 2, which reviewed about 100 innovative financing mechanisms with potential to raise additional resources for health systems. The working group also examined issues of predictability and channelling of funds.

Private sector: Gavin McGillivray, Head of Global Funds and DFI Department, UK Department for International Development (DFID) presented on the Taskforce's recommendation to strengthen the capacity of governments to secure better performance and investment from private and other non-state actors in the health sector. Private and non-state actors include both profit and not-for-profit actors.

Global Fund to fight AIDS, TB and malaria: Johannes Hunger from the Global Fund to fight AIDS, TB and malaria (Global Fund) presented on the Global Fund. The Global Fund is currently engaged in ongoing discussions with the GAVI Alliance and World Bank to establish a joint funding platform for health systems strengthening which will be operational by 2010. The Global Fund has also introduced a new national strategy applications process, which will enable countries to use national strategies for AIDs, TB and malaria to apply for funds.

Discussion: summary of key exchanges:

The Hon Dr Ouali Diawara from Mali led the discussion on behalf of the parliamentarians, summarizing the key messages in the main Taskforce report and the opportunities from innovative financing to help raise funds to tackle the huge problems that still exist, for example the lack of services for pregnant women, the need to expand the public financing of health and to get more from the informal non-state sector. He suggested that parliamentarians take action in their country to start a communications campaign to mobilize support for the Taskforce recommendations and to advocate for legislation where appropriate, such as for the airline solidarity tax. Specific points discussed included:

***Non-state sector:*** An area requiring further discussion in many countries, it is important for countries and donors to ensure that investment improves access for the poorest and that NSAs are encourage to follow government policy. In Ethiopia these requirements are included in the 'compact' with development partners. In the Global Fund, the Board has agreed the dual-track financing policy of supporting Principal Recipients from both state and non-state sector in countries. Government capacity to deal with the non-state sector is often weak and requires more attention.

***Predictability of funds for health:*** This is a concern at national level, but also globally, where, for example the Global Fund also needs long term predictable financing, as recently provided by the UK. However, for many donor governments this is difficult to achieve. In some countries the sustainability of ARV treatment is a concern, given the reliance on GF funds, and this is being taken into consideration when repeat proposals are considered by the GF.

***The Joint (WB, GAVI, GF) HSS platform:*** More information is required on this for circulation in countries. The specific objectives and comparative advantages should presumably not be compromised. This "joining of hands" by the agencies is welcome although individual countries each need to determine how to get the best results for this joint effort.

***Global Fund:*** A number of very important initiatives are currently being rolled out and intensive communications with countries will be crucial to keep all stakeholders informed The National Strategy Applications will preserve the principle of multi-stakeholder inclusion and will require the involvement of all national stakeholders under strong government leadership. For example the CCM and the principle of multi-stakeholder inclusion played a crucial role during the First Learning Wave of National Strategy Applications.

***Monitoring budgets:*** Considerable international funds now come to a country as budget support, before it comes to the Ministry of Health. It remains as important for international donors as for domestic stakeholders to monitor budgets and see how well they are managed and to assess the degree to which funds bring benefits to communities.

## **Session 2: Taking forward Taskforce recommendations**

Robert Fryatt (WHO) provided a summary of progress in taking the all the Taskforce recommendations forward. Helena Lindborg (DFID) presented on the health event "*Investing in Our Common Future: Healthy Women, Healthy Children*" in the margins of the UN General Assembly on 23 September. This special event, co-hosted by UK Prime Minister and World Bank President, will highlight ways in which additional resources together with high level political support are being translated into better health services for poor people. The event will include announcements of new finance in support of the Taskforce's recommendations and policy announcement on expanding access to free quality health services.

### **Messages from Parliamentarians to the Taskforce**

The Hon Lydia Wanyoto from Kenya led a discussion on the key messages to be provided by this group of delegates to the Taskforce. These were agreed by all parliamentarians and are provided in Annex 1.

## **Annex 1: Key Messages from Parliaments to High Level Taskforce**

Delegates at the meeting of African Parliamentarians for health and development financing met on the 9<sup>th</sup> September 2009 discussed the recommendations of the High Level Taskforce on Innovative International Financing for Health Systems.

They agreed the following key messages as feedback to Taskforce:

1. Parliamentarians acknowledged the Taskforce recommendations and will consult at country level to engage parliamentarians and other stakeholders.
2. Parliamentarians will lobby for legislation to raise new taxes as appropriate, such as solidarity levies on airline tickets, and increases in tobacco taxes to raise domestic financing for health.
3. Parliamentarians will work with Development Partners to encourage more sustainable and long term financing for health. This could also include engagement with Parliamentarians in donor countries to build mutual trust and understanding of needs to raise and use resources to reach the health Millennium Development Goals.
4. Parliamentarians will work with international agencies and development partners to assist in the exchange of good practice in designing and implementing pro-poor health insurance in their countries.
5. Parliamentarians note the intention of the Global Fund, GAVI and the World Bank to develop a joint platform for funding health systems and encourage all three agencies to ensure its implementation in a manner compatible with the plans and systems of African countries.
6. Parliamentarians are committed to increasing the value for money of finance for health. They require tools and approaches to track budgeted resources and to ensure that international and domestic resources get to communities and deliver the intended results.
7. Parliamentarians will convene meetings of Chairs of health, finance and other relevant committees, including working with Ministers of Health, Finance and Economic Planning to explore strategies to increase and implement commitments, and ensure value for money, to reach the health MDGs.
8. Parliamentarians call upon development partners, in consultation with Ministries of Finance and Economic Planning, to ensure that all donor-country agreements and commitments are shared with Members of Parliament to enable them to monitor allocation and appropriate use of funds.

**UN ECA, Addis Ababa, September 9<sup>th</sup> 2009**

## Annex 2: Agenda (Day 3)

Sept 9 <sup>th</sup> 2009	Consultation on High Level Taskforce and its recommendations	Facilitator: Bob Fryatt, WHO
08.45 - 10.30	<p><b>Session 1: Taskforce analyses &amp; recommendations</b></p> <p><b>The High Level Taskforce:</b> overview</p> <p>Discussion<sup>1</sup></p> <p><b>Working Group1:</b> Constraints to scaling up and costs</p> <ul style="list-style-type: none"> <li>- Overview</li> <li>- Health Financing</li> <li>- Tobacco tax</li> </ul> <p><b>Discussion:</b> Health system constraints and health financing policy</p>	<p><b>Chair: Hon Malick Sawadogo</b> Minister for Health, Ethiopia</p> <p>Kampeta Sayinzoga Director Macroeconomic Policy Unit, Rwanda</p> <p>Agnes Soucat, Advisor Health Nutrition Population, Africa</p> <p>Ayda Yurekli, Senior Economist, Tobacco Free Initiative</p> <p><b>Lead discussant: Hon Dr James Avedzi</b></p>
10.30	<b>Break</b>	
11.00 - 12.30	<p><b>Working Group 2:</b> Innovative financing mechanisms &amp; channels</p> <ul style="list-style-type: none"> <li>- Overview</li> <li>- Improving the performance of non-state actors</li> <li>- Role of the Global Fund</li> </ul> <p><b>Discussion:</b> Innovative financing and better use of aid</p>	<p><b>Chair: Hon Dr David Parirenytwa</b> Susan McAdams, Director, Multilateral and Innovative Financing, World Bank</p> <p>Gavin McGillivray, Head Global Funds &amp; Development Finance Institutions Department</p> <p>Johannes Hunger, Strategy Adviser, Global Fund</p> <p><b>Lead discussant: Hon Ouali Diawara</b></p>
12.30	<b>Lunch</b>	
14.00 - 15.00	<p><b>Session 2: Taking forward Taskforce recommendations</b></p> <p>Implementing the Taskforce recommendations</p> <ul style="list-style-type: none"> <li>- Update on implementation</li> <li>- Taskforce event during UNGA</li> <li>- Implications for country level action</li> </ul> <p><b>Discussion:</b> Key messages for Taskforce</p>	<p><b>Chair: Hon Lydia Wanyoto</b></p> <p>Bob Fryatt, WHO, Taskforce secretariat</p> <p>Helena Lindborg, DFID, Taskforce Secretariat</p> <p>Agnes Soucat on behalf of Harmonization for Health in Africa</p> <p>Initial comments from chair</p>
15.00	<b>Break</b>	
15.30 – 16.30	<p><b>Closing session:</b></p> <p>Part 1: African Parliamentary Committees: Outcome document</p> <p>Part 2: Key messages for Taskforce</p> <p><b>Closing comments</b></p>	<p><b>Chair: Hon Malick Sawadogo</b> APHA Taskforce secretariat Chair</p>

<sup>1</sup> Questions and answers on role of Taskforce according to Minister's availability

## **Annex 4: List of Participants**

### **Participating Health, Gender, Finance and MDGs related Parliamentary Committees:**

#### ***Continental and Regional Parliaments and Networks***

Pan African Parliament  
East African Legislative Assembly  
ECOWAS Parliament  
SADC – Parliamentary Forum  
Network of Southern and East African Parliamentary Committees on Health (SEAPACOH)  
Coalition of African Parliamentarians Against HIV (CAPAH)

#### ***And National Parliaments***

Angola  
Benin  
Burkina Faso  
Burundi  
Cameroon  
Egypt  
Ethiopia  
Gambia  
Ghana  
Kenya  
Mali  
Mozambique  
Nigeria  
Uganda  
Zambia  
Zimbabwe

#### ***Inter-governmental Organizations, Agencies, and Development Partners***

African Union Commission  
United Nations Economic Commission for Africa (UNECA)  
World Health Organisation (WHO)  
United Nations Population Fund (UNFPA)  
United Nations Children Fund (UNICEF)  
World Bank  
Department for International Development (Dfid)  
Africa Public Health Alliance and 15%+ Campaign – Network Facilitating Secretariat

## **Annex 5: List of Presentations (provided separately)**

- 1a Taskforce Overview:  
Dr Nejmuddin Kedir, Federal Ministry of Health, Ethiopia
- 1b Working Group 1: Constraints to scaling up and costs - Overview  
Kampeta Sayinzoga, Director Macroeconomic Unit, Rwanda
- 1c Using the Public Purse for Health: Issues and Challenges  
Agnes Soucat, Adviser Health, Nutrition & Population, World Bank
- 1d Tobacco Tax  
Ayda Yurekli, Senior Economist, WHO
- 1e Working Group 2: Innovative financing mechanisms & channels  
- Overview  
Susan McAdams, Director Multilateral & Innovative Financing, World Bank
- 1f Improving performance of non-state actors in the health sector  
Gavin McGillivray, Head Global Funds & Development Finance Institutions, DFID
- 1g Global Fund involvement in IHP and High Level Taskforce  
Johannes Hunger, Senior Strategy & Policy Officer, Global Fund