

SPSP / sector budget support in health: How does it affect to the demand for consulting services ?

Walter Seidel, EuropeAid



A changing landscape

1. Systems and policy support instead of stand-alone projects
2. From single diseases to health systems
3. Changing demand from partner countries
4. Changing aid modalities
5. Implementing the Paris Declaration on Harmonisation and Alignment
6. New requirements for TA

1. Systems and policy support instead of stand-alone projects

- multiple causes of slow sector development -> need for systems approach
- e.g. a systems approach to procurement:
 - old: TA knows how to do procurement
 - new: TA should know to assess national procurement system, its ongoing reforms, assess health expenditure implications of procurement decisions (including basics of health technology assessment) and suggest areas on which EC Delegation (and its international development partners) could follow up

2. From single diseases to health systems

- Single disease or single intervention approaches (e.g. GFATM, GAVI, etc.) have grown over the last 5-10 yrs (Partly as a side-effect to the change from input- to result orientation)
- For many diseases and interventions (beyond vaccination) complex health care functions, mechanisms and competencies are required.
- There is now strong international agreement that to achieve disease specific goals in most cases comprehensive health system strengthening (HSS) is required; also GFATM, GAVI and even B&MGF are developing approaches for HSS

3. Changing demand from partner countries

- demand from poor countries is increasingly geared towards high profile systems advice
- request for knowledge and capacity of cross country comparisons and complex reform knowledge
- increasing tendency towards purchaser-provider split results in increasing demand for knowledge about interaction between financing mechanisms and provider behaviour and about contracting mechanisms
- "How do you solve these problems in Europe?" (scope for twinning)

4. Changing aid modalities

- increasing commitment to deliver aid through General Budget Support (GBS)
- PRSP/MDG-induced: targets and conditionalities linked to the health sector
- where health is focal sector: Sector Budget Support wherever feasible =>
 - need to assess health budgets (combined health and PFM expertise; National Health Accounts)
 - need to assess the extent to which intended reforms are appropriately budgeted and to which extent sector budgets are actually executed

5. Implementing the Paris Declaration on Harmonisation and Alignment

- Objective 4: Strengthen capacity by coordinated support:
 - **target:** 50% of technical co-operation flows are implemented through co-ordinated programmes consistent with national development strategies.
- Objective 6: Strengthen capacity by avoiding parallel implementation structures
 - **target:** Reduce by two-thirds the stock of parallel PIUs
- Objective 10: Encourage shared analysis
 - **target:** Two thirds of country analytical work is joint

6.1. New requirements for TA – general

- less on assisting implementation; more on concept development, assessing and monitoring
- more complex in nature (systems approach), more senior profile
- more team work with international development partners; joint contractual arrangements; contracting by partner governments
- excellent knowledge of new procedures (e.g. GBS and SPSP guidelines)
- excellent knowledge of the global and European agreements on development cooperation

6.2. New requirements for TA – sector specific

- senior sector knowledge ("providing high quality 'upstream' policy advice")
- good command of public health indicators and monitoring (applied epidemiology)
- good capacity in assessing health information systems (HIS) and knowledge of worldwide HIS reform debates
- good knowledge on health financing
- awareness of latest standards in the control of priority diseases (communicable and non-communicable)
- aware of mainstreaming concepts in HIV/AIDS
- aware of approaches of main global initiatives, agencies and foundations in the health sector

Countries with SPSP Health - SBS (Situation: Early 2008)

EuropeAid

- EDF - Barbados (2004 – 10.5 M €)
 - - Zambia (2006 – 10 M €)
 - - Mozambique (2007 – 5 M €)
- ENP - Egypt (2006 - 88 M € + 2009- 120 M €)
 - - Morocco (2007 – 40 M € + 2008 – 85 M €)
 - (- Algeria (2008 – 30 M €) - Project-Modality?)
 - - Moldova (2008 – 30 M €)
- Asia - Philippines (2005 - 10 M €)(SBS + WB TF)
 - (- (Bangladesh (2005 - 108 M € - WB Trust Fund)
 - - India (2007 – 110 M €)
 - - Vietnam (2008 – 50 M €)

Overview on General Budget Support (GBS) Operations (EC)

EuropeAid

- Benin
- Burkina Faso
- Burundi
- Cape Verde
- Central African Republic
- Dominican Republic
- Ethiopia
- Ghana
- Guinee Bissau
- Guyana
- Haiti
- Jamaica
- Kenya
- Madagascar
- Malawi
- Mali
- Mozambique
- Niger
- Republic of Congo
- Rwanda
- Senegal
- Sierra Leone
- Tanzania
- Turks & Caicos
- Uganda
- Vanuatu
- Zambia