HEALTH FINANCING GUIDANCE NO 7

HEALTH FINANCING POLICY & IMPLEMENTATION IN FRAGILE & CONFLICT-AFFECTED SETTINGS:

A SYNTHESIS OF EVIDENCE AND POLICY RECOMMENDATIONS

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Health financing policy and implementation in fragile and conflict-affected settings: a synthesis of evidence and policy recommendations/ Matthew Jowett, Elina Dale, Andre Griekspoor, Grace Kabaniha, Awad Mataria, Maria Bertone et al.

ISBN 978-92-4-000351-4 (electronic version)
ISBN 978-92-4-000352-1 (print version)

Suggested citation. Jowett M, Dale E, Griekspoor A, Kabaniha G, Mataria A, Bertone M et al. Health financing policy and implementation in fragile and conflict-affected settings: a synthesis of evidence and policy recommendations. Geneva: World Health Organization; 2020. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

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Printed in Switzerland

Production: Phoenix Design Aid A/S, Denmark

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AUTHORS

Matthew Jowett, WHO Geneva
Elina Dale, WHO Geneva
Andre Griekspoor, WHO Geneva
Grace Kabaniha, WHO AFRO
Awad Mataria, WHO EMRO
Maria Bertone, ReBuild Consortium
Sophie Witter, ReBuild Consortium

SUGGESTED CITATION

Jowett M., Dale E., Griekspoor A., Kabaniha G., Mataria A., Bertone M., Witter S. Health financing policy & implementation in fragile & conflict-affected settings: a synthesis of evidence and policy recommendations. Geneva: World Health Organization; 2019. Health Financing Guidance No 7. WHO/HIS/HGF/HFGuidance/19.7

PROCESS AND ACKNOWLEDGEMENTS

This paper is the product of a comprehensive review of both published and unpublished literature, and an extensive process of peer review and consultation. We extend our appreciation to the many comments we received on earlier versions of the paper at a number of events including: an initial agenda-setting meeting held at WHO Geneva in November 2017, an expert consultation meeting for the WHO EMRO region held in Cairo in May 2018, presentations at the Fifth Global Symposium on Health Systems Research held in Liverpool in October 2018, and a number of seminars held throughout March 2019: the UHC2030 TWG on UHC in Fragile Settings, an internal seminar of the WHO Department of Health Systems and Governance, the WHO JWT UHC and Emergencies Contact Group, and the Yemen MSP Review Seminar held in Annecy, France.

We are grateful for the guidance and detailed comments provided by Agnès Soucat (Health Systems Governance and Financing Department, Director) and Joseph Kutzin (Health Systems Governance and Financing Department, Coordinator). Inputs from Renee van de Weerdt, Ben Lane, Helene Barroy, Inke Mathauer, Susan Sparkes, Elodie Ho, and Adelheid Marschang are also gratefully acknowledged.

Financial support was provided by the United Kingdom's Department for International Development (Making Country Health Systems Stronger programme).

ABOUT THIS PAPER

- A significant challenge when writing this paper was the very wide definition used in institutional classifications to categorize states as fragile and conflict-affected. The range of countries included makes distinguishing a fragile state from a generally weak state difficult. This paper is not framed around institutional lists but rather uses a criteria-based approach focused on deficits in government capacity (see section 3.1).

- Fragility often occurs only in certain areas within a country, while other areas remain relatively unaffected, for example in north-east Nigeria at the time of writing. Throughout the paper we refer to fragile and conflict affected settings (FCAS), to reflect this reality. We give greater emphasis to settings where deficits are particularly significant.

- Within the broad categorization of FCAS, each setting varies considerably e.g. acute emergencies, chronic emergencies, large-scale population movements as refugees or internally-displaced, and conflict. Each setting has implications for policy recommendations. This paper does not address each specific setting but lays the foundation for more detailed analysis.

- The motivation for the paper is to review existing health financing policy recommendations and consider whether, and if so how, these need revising given the challenging context of FCAS. The paper aims to inform policy i.e. the decisions and actions of those engaged in financing and delivering health services in FCAS, and its scope is limited to this agenda. The paper is based on a thorough review of the evidence published separately as a WHO working paper [1]. We are particularly interested in the perspective of public policy given its central importance for the long-term development of health systems, and as such is closely linked to the humanitarian development nexus agenda, which tries to ensure better connectivity between humanitarian and development efforts as highlighted during the World Humanitarian Summit [2].

- Section 1 provides broader context, Section 2 summarizes WHO's general policy messages on health financing, and Section 3 looks more closely at definitions of fragility and overall health system challenges in FCAS. Section 4 describes the current situation in FCAS in terms of the health financing functions and draws heavily on a detailed literature review of the evidence and secondary data analysis commissioned from the ReBUILD Consortium, published separately as a WHO Health Financing Working Paper. Section 5 builds on Section 4 and develops specific recommendations for health financing policy development and implementation in FCAS.

OVERARCHING MESSAGES

A. Safeguarding the financing of critical health system functions in fragile and conflict affected settings (FCAS) is a priority given the increased risks to population health security. These include population-based interventions such as disease surveillance, ensuring safe medication, water and sanitation systems, and other common goods. This message is as valid for external funders as it is for national governments given the increased reliance on external humanitarian and development funding in such settings.

B. Health financing policy in FCAS should be guided by a set of principles to avoid the development of schemes or sub-systems inconsistent with UHC. Multiple, uncoordinated actors, often external, can lead to the development of unsustainable interventions due to high cost or complexity, which neglect to invest in the foundational elements essential for a resilient health system. In contrast, coordinated actions which use and support domestic systems where possible, or otherwise mirror critical public functions, can strengthen health system resilience. Examples of coordinated action include ensuring the pooling of funds, using a common pay scale for health workers salaries, and ensuring that funding for critical inputs required for service delivery takes priority.

C. Cash and voucher assistance (CVA) can play a critical role in protecting human welfare in FCAS by supporting vulnerable households to meet both health and non-health needs. However, given the agreed interagency policy to suspend user fees for essential health care services in humanitarian and complex emergencies, unconditional or unrestricted cash transfers should not inadvertently contribute to a fee-charging culture for priority services, which would undermine progress towards universal health coverage. This can be achieved by ensuring that CVA modalities are viewed as complementary to support for the systems required to deliver essential health services.