

# Linking supreme audit institution reports to better performance

## Background

The Republic of Paiger is a small landlocked country where 60 per cent of the population live in rural areas, a percentage that has been steadily dropping since the 1980s. The sitting Parliament is three years through its six-year term. One of the major platforms of the majority party's election campaign was universal health care (UHC) by 2025 – UHC being defined by the World Health Organisation as the situation where citizens can access health services without incurring financial hardship.

In 2016, the parliamentary health committee (PHC) requested a mid-term performance audit by the Supreme Audit Institution of Paiger (SAIP) of maternal health care delivery by the Ministry of Health (MoH). This was the first major performance audit undertaken by the SAIP, and the results were heavily scrutinised within the SAIP as well as by the PHC, the MoH and health-focused CSOs, which downloaded the report from the SAIP website.

The overall findings of the report were mixed. Although the maternal mortality rate in 2015 was high at 750, it was far below the 1 124 rate of 2010. While there were general improvements in the provision of health care, the audit still identified concerns with regard to access, personnel and facilities. As a high priority, the audit asked the MoH to address the following:

- the lack of appreciable impact on the incidence of catastrophic payments, where paying for out-of-pocket medical care expenses entails the selling of assets, which causes a long-term drop in the living standards of the affected household;
- problems in the financial governance structures, including financial and performance reports not being prepared and provided to the PHC; and
- continued problems with absenteeism at local health facilities.

The funding necessary to address all of the audit's issues was estimated to be at least US\$240 million over the next five years, in addition to the MoH's current annual

budget of US\$20 million. The donor community has spent, on average, US\$30 million per year in Paiger's health sector, but has been reluctant to put funding on-budget because of outstanding issues in the financial management processes.

The PHC formally accepted the audit findings in February 2017, and requested an update from the MoH in October 2017. In December 2017, the MoH self-reported virtually no progress against the key recommendations. The MoH's response focused primarily on the lack of financing and did not respond to the recommendations for improving resource efficiency. After a significant media campaign, representatives from four CSOs were invited to the hearing; however, their opportunity to question the minister and other government officials was severely limited.

The current health minister, Dr KP, was appointed suddenly in early 2015 following the unexpected death of the previous minister. Dr KP is a well-regarded clinician and hospital administrator, but he has little experience in managing health systems at the strategic national level, or in designing insurance schemes. He has struggled to scale up the success he experienced in his previous roles and to navigate the politics around resource allocation and donor relations.

The general consensus is that the SAIP's technical delivery has improved vastly since the adoption of an audit law in 2012 that gave the auditor-general (AG) a fixed-term appointment of six years instead of serving at the discretion of the prime minister. The current AG, Mr IN, was formally appointed in 2014 and wants to demonstrate the potential of performance audits in improving service delivery.

The PHC is composed of eight parliamentarians, six of whom come from the majority party. The chair, Dr ST, was a general practitioner before becoming a politician in the late 1990s. She had a good relationship with the now-deceased previous minister, but favoured a different candidate as a replacement. The other parliamentarians have interests in the specific services delivered to their constituents, but not in national success targets.

## The case

It is now February 2018, and discussions between the SAIP, MoH and PHC have been at a standstill since the hearing in January following the MoH's response. The lack of progress is impacting the preparation of next year's budget by delaying the MoH's submission, which reduces the likelihood of their having any budget increase approved. The AG has also informally indicated that he will bring what he determines to be an inadequate response to the attention of the media.

In January, at the behest of the PHC, you were transferred from the Ministry of Education to the MoH as deputy minister of finance and external relations, and are responsible for managing relationships with the Ministry of Finance and with CSOs. Dr KP has agreed reluctantly to your appointment.

The PHC wants to see progress on this issue by their next quarterly meeting, to be held at the end of March. Today, you are going to map out your immediate strategy for addressing the audit recommendations.

Initial points to discuss include the following:

- reviewing the audit findings, identifying drivers of the breakdown between the agreement to act on the recommendations and actual implementation;
- a strategy for engaging with the four CSOs that have been involved in the process, and considering what other approaches you might take toward citizen engagement;
- identifying who is key to implementing the recommendations and how the MoH manages its communication with the different stakeholders, both internal and external; and
- figuring out an approach for understanding internal dynamics and systems at the MoH that may block or support implementation of the recommendations.

This information should be helpful in sketching out a rough approach to both working with your new boss, Dr KP, at the MoH and managing the engagement with the CSOs and the SAIP ahead of your next update with the PHC.

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