

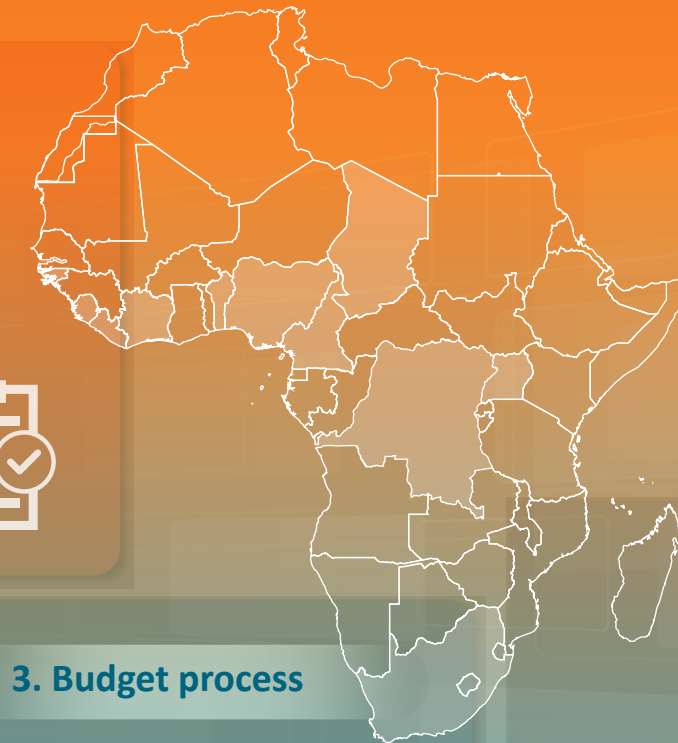
KEY INSIGHTS Benin | Cameroon | Chad | Congo, Dem. Rep. | Côte d'Ivoire | Gambia, The | Guinea-Bissau | Lesotho | Liberia | Mauritius | Nigeria | Seychelles | Sierra Leone | South Africa | Uganda

1. Budget Formulation

2 main models of delivering healthcare.

In the first, the **central government** is responsible for the health function and in the second model, healthcare is a **shared responsibility between the central government and some form of sub-national government.**

73% (11 out of 15) of participant countries have **100%** of health expenditures in their central government budget, while only part of the health budget is reflected in countries such as as Guinea- Bissau, Nigeria, and South Africa.



2. Institutional structure

80% of participating countries have a **specific coordination body which meets to coordinate budgeting for health** by gathering officials from the Central Budget Authority and from the Ministry of Health.

47% of participating countries have a **mechanism to coordinate activities with civil society**



3. Budget process

2/3 of the respondent countries provide **allocations for the prevention of specific diseases**, and **eight of these countries** use these **categories as the basis for a budget appropriation.**

This flexibility can lead to a quicker response to health crises.

Parliament plays an important role in the budget process by setting rules relating to the reallocation of funds from specific line items.



6. ODA 4 health

Less than 25% of development assistance for health is managed through the PFM system in **70% of countries.** This indicates that aid is not sufficiently accounted for in government budgets for health.

There are **explicit policies for managing development assistance** in **nine of 14 surveyed countries.**

5. Budget monitoring

Only one out of 15 countries (Chad) does not have a mechanism for monitoring budgets. Globally, IFMIS or an Excel data monitoring tool is used by countries for reporting and monitoring purposes.



In **53%** of surveyed countries, **it can take over a month for information on health expenditure to be available.**

Delays are caused by audits, lack of technology to process data, lack of control on the reporting process of healthcare providers, and insufficient administrative capacity.

4. Budget execution

Government is the main provider of practically all types of healthcare services, and while the central government is usually the main channel, some countries delegate healthcare functions to regional and local governments.

Drug procurement processes are centralised by a central agency of the government in most surveyed countries. Centralised procurement can either increase or decrease costs, based on how the procurement is structured.

