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NCD Persists - more money or better management?

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MINISTRY of Health
Shaping Fiji's Health

Policy and Planning Division – Ministry of Health

TITLE

NCD persists – more money or better management?

EXECUTIVE SUMMARY

NCDs contribute the highest burden of disease in Fiji. However National Health Accounts show government health funding for preventive programs and NCDs remain minimal. Preventive and NCD related programs also lack detailed resource tracking and therefore outputs and outcomes from such programs remain invisible and difficult to relate to resource inputs. This brief calls for increased funding for prevention programs as well as improved coordination, reporting, monitoring and evaluation of prevention programs and activities.

STATEMENT OF PROBLEM

The burden of NCDs on the country's health system is increasing. Do we need more money for preventative efforts? Or is there a need for better management and coordination of current efforts?

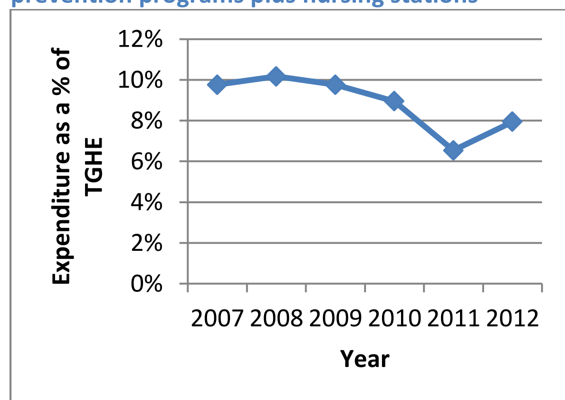
BACKGROUND

The emerging importance of NCDs and injuries in Fiji certainly strengthen the need for either (i) increased funding, or (ii) improved coordination and management of preventative efforts, or (iii) both. This policy brief looks at these options and provides some recommendation.

Do we need more money?

The saying "prevention is better than cure" is widely preferred but health spending suggest otherwise. Figure 1 shows the allocation of government health spending on preventative programs and health facilities solely established for preventative care (nursing stations). Since 2007 the allocations have dropped until 2011 and then a slight increase to 8% in 2012.

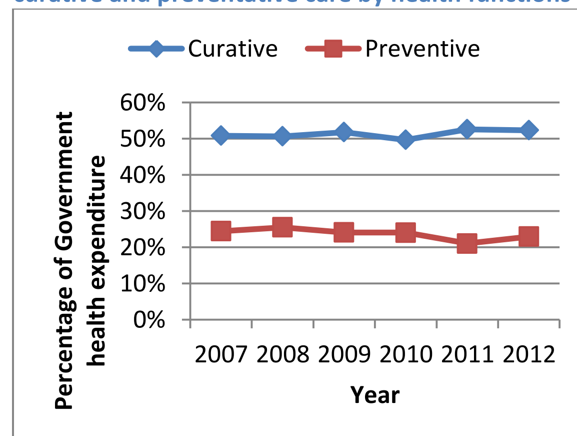
Figure 1: Government health spending on prevention programs plus nursing stations



Source: National Health Accounts 2007-2012

However Figure 1 does not account for the preventative activities that occur at health centres and hospitals. To account for this and taking a different approach, Figure 2 shows the allocation of government health spending between curative and preventative care by health functions or services across all health facilities.

Figure 2: Government health spending between curative and preventative care by health functions



Source: National Health Accounts 2007-2012

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Since 2007 the balance between curative and preventative has remained fairly constant: curative averaging 51% and prevention 24% over the last 6 years. Curative care receives more than twice the amount invested in preventative care.

Should the government decrease the gap between curative and preventative spending? Globally there is no benchmark on the balance of spending between curative and preventative. One strong indicator for deciding that balance is the burden of disease. The Global Burden of Disease Study (2010) led by the Institute for Health Metrics and Evaluation showed that the three highest burden of disease in Fiji are NCDs and the highest risk factors related to the burden of disease all relate problems that can be addressed through health prevention (overweight, dietary patterns, high blood pressure, smoking and physical inactivity) . While current data does not allow us to estimate the allocation of funds directed towards NCD prevention services, from Figures 1 and 2 we can infer that this allocation is much less than 24% of total government health expenditure.

Government funds allocated to NCD prevention remains minimal. NCDs being largely preventable suggest that increased commitment of health resources in prevention activities directed to combating health risks and diseases that place the highest burden on the health system is necessary. Furthermore studies have shown there is greater cost-effectiveness of prevention over curative treatment, especially when dealing with NCDs (World Bank, 2012). **With the NCD crisis escalating, current funding allocations are perhaps insufficient to curb the disease that has plagued the Pacific.**

Do we need better management?

Although prevention is found to be highly effective and cost-effective it all too often gets little attention. This is often due to the invisibility of (i) the successes of prevention (often long delayed) and (ii) the tracking of resources utilized in preventative efforts as well as linking these back to successful outcomes.

There are a number of preventative programs that are funded by the Ministry's health budget. Examples of these are shown in Exhibit 1. While the total resources committed to these programs are known, the various activities within these programs have little detail as to how resources have been utilized and what the outcomes have resulted.

Adopting the international guidelines on health expenditure reporting (SHA 2011), an attempt was made to classify the spending on preventative programs to types of services (See Table 1). Results show that bulk of the expenditure was directed towards information, education and counseling (IEC) and immunization.

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Exhibit 1: Examples of preventative programs Ministry of Health

Providers of preventive care	hp.6.1	Food Unit	Providers of preventive care	hp.6.19	Public Health Projects
Providers of preventive care	hp.6.2	Ministry of Health public health	Providers of preventive care	hp.6.20	CRA Programme
Providers of preventive care	hp.6.3	National Centre for Health Promotion	Providers of preventive care	hp.6.21	Fiji Adolescent Health Prgramme
Providers of preventive care	hp.6.4	Health Promotion Council Activities	Providers of preventive care	hp.6.22	Milk Supplement for Malnourished Children
Providers of preventive care	hp.6.5	National Diabetic Centre	Providers of preventive care	hp.6.23	Child Health Development
Providers of preventive care	hp.6.6	Prev. & Control of Comm. & Non-Comm Diseases	Providers of preventive care	hp.6.24	Baby Friendly Hospital Initiatives
Providers of preventive care	hp.6.7	Health Promotion Activities	Providers of preventive care	hp.6.25	Primary Eye Care
Providers of preventive care	hp.6.8	Communicable Disease Prevention & Control	Providers of preventive care	hp.6.26	Oral Health Promotion
Providers of preventive care	hp.6.9	Non- Communicable Disease Prevention & Control	Providers of preventive care	hp.6.27	Cardiac
Providers of preventive care	hp.6.10	HIV/AIDS Prevention and Control Prog.	Providers of preventive care	hp.6.28	Oncology/Cancer
Providers of preventive care	hp.6.11	Control and Protection of Pollution and Waste Management/Quarantine, Burial and	Providers of preventive care	hp.6.29	Typhoid Prevention and Control Programme
Providers of preventive care	hp.6.12	Control, Safety and Quality of Food and Drinking Water	Providers of preventive care	hp.6.30	National Filarisis Programme
Providers of preventive care	hp.6.13	Environmental, Planning, Management and Development Control	Providers of preventive care	hp.6.31	National Food and Nutrition Centre
Providers of preventive care	hp.6.14	Fiji Suicidal Prevention Programme	Providers of preventive care	hp.6.32	Fiji Red Cross Society
Providers of preventive care	hp.6.15	Leptospirosis Control Programme	Providers of preventive care	hp.6.33	Rural Local Authorities
Providers of preventive care	hp.6.16	Tobacco Control Enforcement	Providers of preventive care	hp.6.34	Global Fund / TB program
Providers of preventive care	hp.6.17	Dengue Prevention and Control	Providers of preventive care	hp.6.35	Reproductive Health Programme
Providers of preventive care	hp.6.18	Family Health Projects			

Table 1: Percentage breakdown of preventative expenditure by service type

Preventative programs type of services	2007	2008	2009	2010	2011	2012
Information, education and counseling	25%	25%	26%	26%	33%	35%
Immunization	23%	22%	22%	23%	21%	25%
Early disease detection	15%	15%	15%	15%	14%	11%
Healthy condition monitoring	13%	12%	13%	12%	11%	10%
Epidemiological surveillance and risk disease control	14%	14%	14%	14%	13%	11%
Preparing for disaster and emergency response	11%	11%	11%	11%	9%	7%

While the outcomes of immunization programs are perhaps easily measured (e.g. immunization rates), the outcomes of IEC programs are difficult to ascertain given that IEC is often related to bringing about population behavior change. Some monitoring and evaluation needs to be undertaken to ensure that IEC interventions are effective. The need for M&E is imperative when we look at the service distribution of NCD directly related prevention programs as shown in Table 2. In 2011 and 2012, the bulk of resources in NCD specific programs were spent on IEC. **Some coordination and management, and reporting of the allocation of resources to functions and activities within preventative programs is needed.**

Table 2: Percentage breakdown of NCD prevention programs expenditure by service type

Preventative programs type of services	2007	2008	2009	2010	2011	2012
Information, education and counseling	67%	63%	59%	61%	85%	88%
Immunization	6%	5%	7%	7%	5%	5%
Early disease detection	5%	5%	7%	6%	4%	4%
Healthy condition monitoring	7%	7%	8%	8%	4%	3%
Epidemiological surveillance and risk disease control	5%	6%	5%	5%	0%	0%
Preparing for disaster and emergency response	11%	14%	14%	13%	2%	1%

POLICY OPTIONS

Here we identify two policy options that can be considered to strengthen the fight against the NCD crises.

Policy Option One

Problem – Public health programs and preventive providers only account for approximately 10% of total government health expenditure

Solution – Increase funding allocation for public health programs and preventive providers

Currently 10% of government spending can be directly linked to preventative health providers (nursing stations) and preventative programs (public health programs). In terms of health services 24% of government spending is directed towards preventative care. While there is no benchmark as to how much a country should allocate to prevention, our current disease profile and disease burden suggest that funding allocation for prevention (especially NCD related) should increase. This increase is also long overdue since commitment in percentage funding allocations (for preventive programs and nursing stations) have actually decreased in 2012 when compared to percentage funding levels in 2007 to 2010.

The increased funds for prevention can come from three possible ways. Firstly, lobbying for an increase in the government health budget from national treasury and directing this increase to prevention. This is not impossible since government health spending as a percentage of GDP remains below the WHO minimum benchmark of 5%. The second possible way is to rebalance the Ministries internal fund allocations to increase funding for prevention but will have to decrease other allocations (in 2012: curative 52%, ancillary services 11% and administration 14%). The third option is to request earmarking of sin taxes to be used directly by the Ministry of health for health care prevention. All three suggested options can be simultaneously explored.

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Policy Option Two

Problem – Public health programs are not able to track finances by the programs various activities, as well as relate these to intended outcomes/outputs

Solution – Improve the coordination, reporting, monitoring and evaluation of prevention programs and activities

Currently financial reporting mechanisms of preventative programs and facilities are weak. There is no accounting for how funds are used within programs and how this usage is related back to expected outcomes and deliverables. Table 2 informs us that bulk of the resources are directed to IEC activities although early disease detection and healthy condition monitoring are equally important in the fight against NCDs. Facilities solely established for preventive activities such as Nursing Stations have resource costs aggregated into one cost center, or in some situations are lumped to the nearest Health Centre or Hospital. It is therefore difficult to ascertain the resource costs of facilities involved in prevention and how these investments relate to outputs and outcomes.

The other difficulty in clearly ascertaining what resources are utilized in prevention is that prevention activities and programs are scattered across health facilities (nursing stations, health centres, and hospitals), prevention programs, administrative offices (Ministry headquarters and divisional offices) and even development partners. While this is encouraged, the Ministry needs to take stock of what resources and activities are happening across all these stakeholders so a better coordinated approach towards combating NCDs is developed. The Ministry needs to develop an improved legal, operational, and management framework of health prevention in health programs and facilities at national and provincial levels, with clearer roles and responsibilities and adequate expenditure reports that link utilization of funds to outputs and deliverables. Monitoring and evaluation is necessary for better planning and justification for activities related to public health programs.

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