Health systems financing in fragile settings – podcast transcript

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Dr Kim Ozano: Hello listeners and welcome to Connecting Citizens to Science. I'm Dr Kim Ozano and this is a podcast where we discuss current research and debates in global health.

Today, we have the final part of a six-part miniseries brought to you by ReBUILD for Resilience. ReBUILD is a research consortium that examines health systems resilience in fragile settings that experience violence, conflict, pandemics, and other shocks.

Our guests today are Dr Awad Mataria and Dr Ibrahim Bou Orm, and we are also joined by our co-host Maria Bertone. Together, we will be exploring the critical issue of health systems financing.

Dr Awad Mataria: Whether it is in a fragile and conflict-affected setting or a normal situation, you need to have the funding available in the right amount and proper way.

Dr Kim Ozano: Using resources effectively becomes even more complex in crisis-affected settings where there are multiple institutions involved making sustainability and coordination a key challenge.

Dr Ibrahim Bou Orm: When we talk about crises and conflict-affected settings, you don't have one institution, you have multiple institutions to deal with.

Dr Kim Ozano: We'll be discussing these complexities with our experts today, including how financing works when health systems are under pressure and discussing strategies for resilience. Stay with us as we navigate this important conversation.

Maria, welcome to the podcast. It's great to have you here with us for this very important topic. Can you set us up for this episode by talking through what you mean by health systems financing and some of those terms surrounding health financing in crisis?

Dr Maria Bertone: Thank you. Thank you, Kim. It's lovely to be here today. Health financing, it is indeed quite a technical issue. There's a lot of acronyms and fancy concepts, but we're going to try and navigate through them.

Just first, I wanted to, kind of, really ground the health financing and what it is, this big high-level concept. It's actually something that is intuitively important and essential. It's really how much money is in the system, but not only how much money, but also how it is raised. So, where the money comes from, does it come from public sources like governments or international actors, or does it come from private

sources? So, the money of citizen, is it prepaid? So, does it go into a pooling fund, a prepaid pooling fund where the resources are then shared between those who are sick and those who are not sick. Or is it coming straight directly out of pocket, so through payment at the point of use by patients and citizens and community members. And then, once we have enough resources, and we have raised them in maybe equitable and efficient ways and we have pooled them together, then we need to think about how to purchase, how to buy the health services from the providers, and this is really trying to think about what type of incentives are we giving to the providers? Are we giving them incentives that allow us to reach, populations that are usually forgotten, providing essential services, in supporting enough quality of the services and so on? So, we need really need to think about what incentives these health financing mechanisms are setting up.

And finally, we need to think about what are we going to buy with the money that we have? Are we going to buy primary healthcare services, maybe preventative care or secondary tertiary care? How do we define that?

So, these are the four elements or functions of a health financing system, but really how they are organised and how they are effectively put in place, decides how the system is equitable, it's efficient, and it sets the path to UHC, to universal health coverage. So, we know what we should do in theory, and this is already quite complex to do in stable countries where the government is in place and the funding is quite well defined, but when we look at a crisis setting, this is very, very complex, and there are trade-offs and there are really difficult decisions to make. So, it will be really interesting today to unpack those. Maybe, Awad, do you want to come in and tell a little bit of your experience at WHO, EMRO and in the Eastern Mediterranean region on this issue?

Dr Awad Mataria: Thank you for highlighting the importance of financing and how it is really instrumental to ensure that the health system in any setting is able to deliver on what is expected from it. As you rightly mentioned, in a crisis situation things are abnormal. I mean, what you would see in a normal setting, like having the right institutions, having a government that is legitimate, that has been elected, maybe by the population, that is taking care of raising the money for health and distributing it in the right way is no more available, but become illegitimate even. So, that change in context, besides as well, if I may add, the change in the security situation in the country that does not allow us to implement the policies that you would implement in a stable setting. And we might result in many inefficiencies in the system because of the lack of the proper systems that are available here.

So, I work for the Eastern Mediterranean region. I come from the Eastern Mediterranean region. I'm a Palestinian of origin. So, I was born and grew up in Palestine, under war conditions, under crisis all my life. And that by itself has really highlighted how much it is difficult to run a health system in that context, and maybe this is a one of the reasons that pushed me to think about health system, these questions of health economics and health financing, which is my background by trade. So, in this context, beside that issue of the government, you would find as well,

the people who become really very vulnerable. And you would find also people who had to move because of this. Another piece of information about myself, I'm a refugee as well. So I was born in a refugee camp. So, you would start seeing refugees in a country that have fled their country or moved from one country to the other. You would start finding internally displaced people that have to leave behind all their livelihoods and to go to and live in another place. These are the populations who become the most vulnerable, for whom we would want to raise more money and to be able to deliver on the services. Yet the institutions, the capacity is not there to deliver for them. And that's where different stakeholders will come in to cover for the gap in the national system to be able to deliver on the needed services.

Dr Maria Bertone: Interesting, and I think, yeah, bringing in your experience and also touching on how health financing is so essential because of all the interfaces it has. It's linked to the governance issues, and this plays out both with the lack of governance, the lack of domestic institution, but also how the external actors come in and how they can support, or not support, the health financing function. So, Ibrahim, I know you have a lot of experience in looking across health system financing and the governance of health system and maybe you can give us some examples of how this plays out in practice, how the lack of governance and the domestic governance and the presence of external actors affect health financing and how health financing mechanisms are set up.

Dr Ibrahim Bou Orm: Thank you, Maria. Then this is a very interesting point because we know what to do, all these recipes, if I might call them or recommendations for health financing reforms are there, but the challenges in these specific settings, conflict-affected settings, is how to implement them. So, we know what to do, but we don't know how to do it sometimes. And the main reason behind that is, as you said, we're talking about settings where there is so much political instability, even from a security perspective, the risk to backslide into violence and into conflict is there. We're seeing now conflicts that go on and on and they are protracted in nature. So, the end of these conflicts is not clear anymore and which makes the ability to implement things even more difficult.

I would need also to bring in a very interesting point that Awad mentioned, is about the actors. Actors might have different agenda in these settings. So, international actors might need to take the easiest way to support services for people. And that may be creating parallel system instead of really ensuring sustainability in the financing. And it's difficult because at the same time, you need to meet the humanitarian needs, but also you need to make sure that after the crisis, there is a system that is strong and resilient, especially where you have weakened state institutions, you don't have social services, all the political and economic systems are destroyed and they don't have mechanisms to do the work. So, it's not just about delivering that vaccine to that child in a refugee camp, but also, you need people in the Ministry of Health or in local authorities to do the work, and you need to build their capacities. And this is also another challenge usually in these settings.

Dr Awad Mataria: Very interesting points that Ibrahim is making, but in particular, when he referred to the chronic emergencies, a chronic crisis, which is, unfortunately, becoming the nature of most of the crisis in the region where I am serving. It starts by an acute conflict or an internal conflict or internal misunderstanding between different parties. And then, it escalates into a war, and then it lasts from year to year that it becomes really, really, really protracted. I think this is where we need to bring in different thinking around how to manage the health financing system, because it is when it becomes protracted that you cannot just keep waiting for things to stabilise and then for the eventual future, where things will go back to normal. During that chronic emergency, you start thinking how to plant the seeds for a longer term recovery, to make sure that whatever you are doing is not harming a future eventual health system that you want to build for the future.

Dr Maria Bertone: Thank you both. This is really, really interesting. I think we touched on all the challenges, the lack of institution, the fragmentation that brings not only in the governance landscape, but how this is reflected also in the health financing and the health financing mechanisms that are set up, and we touched on how to deal with the kind of longer protracted crisis, the kind of 'no harm' principle. It's a question of no harm as a humanitarian principle, but it's also a question of no harm to the health system in the longer term and how we can really think about setting up mechanisms that in the longer term would be sustainable for health financing.

So, shall we move on and think about what are the opportunities to rebuild, really thinking about this recovery process. What are the opportunities, the entry point, in your experience? Maybe I can hand over to Ibrahim here?

Dr Ibrahim Bou Orm: I think that's a really interesting point because there are opportunities. We're not just here to highlight the challenges. I think the first point is using the crisis itself or the conflict as a window of opportunity. We don't want such an opportunity, honestly, but in a sense that sometimes countries are struggling to implement structural reforms, those reforms that need a shift from the status quo to do things differently. And sometimes these conflicts, or these wars, might be the opportunity to do things differently and then rethink the system as a whole. And I think speaking about this opportunity or this moment in the timeline of health systems in these settings, I think there is a role for civil societies and or the civil society itself because we need sometimes in those settings what we call them policy entrepreneur and, you know, the scientific language or in simpler terms, we need to policy brokers to push the agenda forward. Because, as we said at the beginning, the technical aspect, it's there. So, we know how to define the packages etc, etc, but we need some actors to work and push things forward, and I can give you an example from Gaza today. Even the civil society and the diaspora, they started thinking about the future of the health system, even if the catastrophic events are still there, but started thinking what kind of system we would like to have after this war and try to think about how to advocate for a sustainable financing and a sustainable health system that probably might be able to respond to future shocks again, without

undermining the importance of the impact of any conflict on any health system around the globe.

Dr Maria Bertone: What do you think in terms of health financing mechanisms, what do you think we need to get right to not miss opportunities to move on to UHC, so to universal health coverage? What are the key things that we need to make sure are right at the time of a crisis and in the early recovery?

Dr Awad Mataria: Oftentimes when there's an intention, there's interest to implement a certain reform or transformation, you would be blocked by many obstacles and lack of interest from the political sphere or from the right stakeholders to implement that change. But when a crisis unfortunately hits, then that also again provides that opportunity that you can do things differently. So, from health financing point of view, I think, for long there has been this divide between what is a humanitarian and what is development, and what is applicable for a situation of a crisis, for just making sure that people survive, just providing a minimum package of services, or should we think about developing and start implementing and start a building institution? I think what the global community has come up with is that this divide is really imaginary, it's fictitious. So, what we want is really to bridge that gap between humanitarian work and between the development work. And now the UN has come up with this concept, maybe it sounds theoretical, but it could really have a lot of impact on how we are dealing with crises and how we start the development and the rebuilding, which we refer to as the humanitarian development peace nexus.

So, to look at the nexus between humanitarian and development, but also the nexus vis a vis peace, because you need peace in order to start the rebuilding and the recovery. And health could be an instrument to cultivate and to invest in the peace building within a system. From a health financing point of view, again, there is an opportunity because countries and external world will be interested in stopping that conflict and might inject money, and that money is maybe once in a lifetime opportunity for the recipient country, but if they don't seize that window of opportunity, it will close very fast. So, that additional funding that is coming, we want to make use of it to build the future. So, I don't know if this equals what Ibrahim was trying to address at his previous point.

Dr Ibrahim Bou Orm: It does actually, and I think there is a very important point because sometimes money is there, and it will be there just after the crisis. The problem is just how do you pool them, and we have experience from Afghanistan where you can pool all the money coming from different sources, whether from the NGO or from donors and so on, or even domestic revenues to put them in one box, if I may say, to be able to do better, better things. I think the key challenge here is to have it locally owned as a process, because sometimes it's being done and implemented according to the priorities of who was giving the money, not who's receiving the money. This is the key point that sometimes we refer to in terms of local ownership and local leadership of the process of implementing health financing reforms in these settings.

Dr Awad Mataria: May I give an example I've been engaged with very recently? This relates to the very difficult circumstances of Afghanistan. Afghanistan has been in a very long term, chronic conflict-related setting, starting from the years 2000, but over almost two decades, things were stabilising and donors were coming in and trying to fill in gaps of the short coming from the government at the time. But three years back, with the taking over of the former regime of the country, where a new de facto authority has been established, that is not recognised by the international community, things became really, really serious because all what has been established over two decades was at the verge of collapsing because the international community, the donors, could not deal with the new de facto authorities. This is where the UN and some donor partners came in. In particular, I can refer and thank the World Bank, the USAID and others with whom we have been working there, including the Asian Diplomatic Bank and others. We came together, I was honoured to co-lead a mission with my colleagues from UNICEF, to come up with a health system transitional strategy for the country that would fill in that gap of funding coming from external sources, but to fill in the gap in providing services. Those services used to be funded through government mechanisms, through money channel to the government. Now, the money is channelled through the UN agencies and international community to the non-governmental sector to provide the services. So, we try to replicate, to replace a non-functioning national system with something that could be built on for the future recovery of the health system. And, just in two weeks, I will be having a review of that project, it's called the Health Emergency Resilience Project funded by the World Bank, where we are implementers along with UNICEF and other UN agencies and non-governmental organisations.

Dr Maria Bertone: It's such a great example. When you look at the experience of Afghanistan and how crisis is really nonlinear, isn't it? It seems peace is on the way, and then it's another cycle of conflict, and I think it's really interesting what you said, and it kind of puts the nexus a little bit in practice, it's a little bit of a higher-level concept, and in practice is really difficult, because there are trade-offs there. How do you save lives and at the same time build an institution? Is that even possible? And I think, again, this link with the governance, the broader governance, but also the international governance, the actors that are not recognised and so on, it does affect very much the funding because the money is not completely neutral. It does have rules and implications on how you spend it and to who you give it.

So, Ibrahim, I know you've worked quite a bit on Northwest Syria. So, maybe you have some thoughts and reflections over that maybe link the two contexts or maybe to compare and contrast?

Dr Ibrahim Bou Orm: I think what I would mentioned is really important because we need to think about innovative approaches in these settings, and Northern Syria is even more complex, and I would say the whole of Syria situation is a bit more complex because there you have at least three regions, and then with different political actors, or sometimes de facto authorities, taking control of these territories and some of them are not recognised. We need some neutral kind of a way of doing health financing because across the divide you need to find innovative approaches to

keep the system working, and even better, as you said, to make them stronger and then think about the after the conflict phase.

Dr Kim Ozano: Thank you very much. I've certainly learned an awful lot about health systems financing, and it's great to really think about those opportunities as well that are there and the space to restructure and rethink at times. So, we like to end the podcast by offering that one piece of advice to others who really want to improve health financing in crisis. Let's start with you, Maria.

Dr Maria Bertone: Hard to say one thing, but obviously we talked about all these different actors across the humanitarian and development spectrum and how they intervene and how they can shape how the health financing mechanisms are set up. So, I think the piece of advice, to any actors intervening in such a crisis situation, is really to think about the long term, to think about the importance of health financing and health financing mechanisms and to try and keep an eye on the long term and what are the institutions, the incentives, that are being established, trying to be flexible and adaptive to the local context.

Dr Kim Ozano: Wonderful. Thank you very much. I think all the way through the episode, we've heard that focus, not just short term but thinking long term early on as well is so important. Ibrahim, if you would like to give your one piece of advice, please.

Dr Ibrahim Bou Orm: It's probably the same advice, but maybe now targeting international actors and donors. I mean, I think they shouldn't take the easy route by creating parallel financing systems. Financing needs to be sustainable and integrated within local systems to ensure what Maria mentioned, the long-term resilience of the system. And this requires time and effort, and they need to do it even if it requires time and effort.

Dr Kim Ozano: I'm going to push you on one more thing you said earlier about locally owned. Would you like to also bring up a point around that?

Dr Ibrahim Bou Orm: Yes, I'm happy to because again, it's a very important point and I'm just coming from the conference on rebuilding the Gazan health system, and I think the key message in settings like Gaza and elsewhere, is that local actors and local people, they know how to do it. You know, they've some of them, they have indicators better than even highly resourced settings, and they have the knowledge. Sometimes the system is destroyed, but they know how to rebuild it, they have the knowledge, sometimes they don't have the resources.

Dr Kim Ozano: Thank you very much for reaffirming that point for us. So, to take us home and end the podcast, Dr Awad Mataria, please tell us your one piece of advice around health systems financing in crisis.

Dr Awad Mataria: Thank you very much again. I enjoyed very much the discussion. For me, it is very important to start looking at health as a social sector and investing in health is not only investing in providing medical care to people. It is when we invest in health and improve the health and wellbeing of people. This is where you contribute to stability. You contribute to prosperity in the country. So, there's an interest for everyone. And during the pandemic, we were saying that no one is safe until everyone is safe, right? It is an interest for everyone to come together to try to help solve these problems. And sometimes it is an external view that might make things easier to be implemented.

Dr Kim Ozano: Thank you very much. I don't think there's anything that I need to add. What a great way to end today's podcast. And to our listeners, this is the last in our six-part miniseries, but stay poised and ready because we are going to the eighth Global Symposium on Health Systems Research to continue the conversations you've heard in this miniseries. So, stay tuned for that. And if you haven't already, take a moment to listen to the last five episodes. They really are very insightful, almost like a mini-conference in itself on health system strengthening in crisis settings.

Thank you so much to our guests, Dr Awad Mataria and Dr Ibrahim Bou Orm, and to our wonderful co-host Maria Bertone for having such an insightful conversation and sharing their insights with us. Until next time, bye for now.