



Photo credit: Ayenew Haileselassie, Abt Associates

Health care financing reforms help improve the availability of medical and laboratory equipment at health facilities

New Health Care Financing Structure: Bedrock for Reform Institutionalization in Amhara

In the Amhara Region of Ethiopia, the USAID Health Financing Improvement Program has continued health care financing reform (HCF) activities undertaken by earlier projects since the drafting of the country's first health financing strategy in 1998. Now in its second year (2019/20), the Program is institutionalizing its first-generation activities (see box at right). Afterward, the Program will withdraw all support to these reform components, and the relevant regional health bureaus will fully takeover using their own human resources and regional training capabilities.

▶▶ NEW MOBILIZATION, ADMINISTRATION AND PARTNERSHIP DIRECTORATE

This year, the Amhara Health Bureau took a major step toward institutionalization by establishing the Resource Mobilization, Administration and Partnership Directorate. This directorate will be responsible for reform components, including CBHI (which the Program will continue to support) and should streamline and sustain resource mobilization and utilization. It puts into place a dedicated structure and staffing at the regional, zonal, woreda, and health center levels to lead, coordinate, and oversee implementation of a wide range of HCF reforms to enhance resource mobilization and utilization. Since the mid-2000s, health facilities have been retaining and using the revenue they generate from their services, and the region is rapidly expanding CBHI.

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The Program supported the Regional Health Bureau (RHB) and Regional Civil Service Commission to hold a series of consultative meetings over three months from July to September 2019 that led to approval of the directorate's structure —and to recruit staff. During this time, the Program, the RHB, and the Commission discussed the rationale for establishing the directorate and how to establish it; the resulting proposal then received approval from the regional health and finance bureaus.

▶▶ **DIRECTORATE'S FOUR REGIONAL CASE TEAMS**

Domestic Resource Mobilization Case Team: Includes Governance Officer; Domestic Resource Mobilization Officer; and two Budget Officers. A seconded HCF specialist from the Program pro-vides technical support for operational strengthening. This team absorbed the bureau's existing two-person budget team.

Health Insurance Case Team: Includes CBHI Coordinator; M&E Officer; and seconded staff from a development partner.

NGO and CSO Coordination and Partnership Case Team. Created to address gaps in resource utilization by coordinating and aligning with non-governmental organizations (NGOs) and civil society organizations (CSOs). Includes an NGO and Civil Society Coordination and Partnership Officer; with budget to recruit Data and Documentation Officer.

Health Financing Analysis and Evaluation Case Team: Includes three Analysis Officers, including one seconded from a development partner.

Each zone in the region also has a Resource Mobilization, Administration and Partnership Case Team comprised of a Health Insurance Leader; Health Insurance Officer; CBHI Accountant, CBHI Cashier, and a Domestic Resource Mobilization Officer. A similar structure is in place at the woreda level but with a Clinical Auditor instead of a Health Insurance Officer. Health centers also now have a HCF structure, including a Resource Mobilization Officer to manage retained revenue and utilization and community contributions for delivery, ambulance service, HIV care and support and other activities.

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