

1. A World Bank (WB) health Mission¹ visited Kiribati from 2 – 5 March 2015 to further progress work on preparation of a Health Financing Note. This followed an earlier mission in October 2014. A draft of the Health Financing Note (HFN) had already been made available to the Ministry of Health and Medical Services (MHMS) and health partners in February 2015. The purpose of the visit was to secure additional data from the Health Information System to help finalise the HFN, and to explore options for better linking financing to services and outcomes, including through strengthening the linkages between the health sector plan, operational plans and annual budgets. Discussions were also held with other health partners on the draft HFN, and on plans for a review and revision of the Health Strategic Plan (HSP), which the HFN is intended to inform.
2. The WB team thanks the Government of Kiribati (GOK), particularly MHMS Directors for making their time available, and for providing access to their Kiribati HIS (KHIS) database.

Key Issues and Actions

A. Follow up on the Draft Health Financing Note

3. As noted in the Record of Mission for October 2014, although GoK has made available over 12 years of financial data from the Attaché database, the limited chart of accounts only allows analysis according to the filters or dimensions of ministry, division, economic item, and budget/actual. These filters do not allow any direct assessment of spending against the priorities or outcomes of the HSP 2012-2015, or against any of the services being provided by MHMS. The chart of accounts also does not provide for any sub-national or outer island classification of budgets or expenditures, which could be used to help assess distribution of funds, and equity and results of health spending.
4. During this mission, WB was able to follow up on additional sources of data. Directors provided copies of 2015 workplans for several of the MHMS Divisions, with copies of the remaining divisional workplans to be provided by the Director of Hospital Services by email. These will be further analysed to explore options to better use them to link divisional budgets to HSP, and recommendations made to the Secretary of MHMS. This will also be important as MHMS progresses further on the development of the next HSP. Mapping of sources of finance, budgets and costs to HSP strategic plan will be greatly facilitated if workplans use the same dimensions as the HSP (i.e. goals/activities) alongside the Budget Estimates dimensions of divisions and economic item codes.
5. During the mission a simplified set of worksheets based on 2015 budget data was developed and submitted to the Deputy Director of Public Health to explore the feasibility of this approach. For this approach to be successful, it is important that the revised HSP define health programs in a way that is fully inclusive of all MHMS activities, i.e. it will need to go beyond the existing approach which focusses on ‘issues’ or ‘constraints’, to be more inclusive of all MHMS programs and activities.
6. The Director of Public Health provided full access to the KHIS database, and also provided electronic copies of 2014 health facility morbidity data on outpatients, as well as diagnostic data on inpatients for the main Tungaru Central Hospital (TCH) in Tarawa (with patient names deleted). This will be further analysed for use in the draft HFN. Combined with the data already obtained

¹ Tony Higgins, Senior Public Financial Management Consultant, WB Pacific health team (the consultant was in Kiribati for separate DFAT funded work in the education sector, so a couple of days were added for follow up health work).

from KHIS on outputs and services, this will allow at least a partial mapping of the outputs/services data to the HSP Issues, Strategies and Outcomes dimensions.

7. Together with the financial data noted earlier, this service data will go some way towards meeting the ‘supply side’ of performance monitoring. However, it will also be important to build demand from within MHMS. This will help to improve the quality of the data being collected and how it is being analysed and then used for decision making. It is important that the type of analysis now being presented in the HFN is provided more regularly to MHMS management, and to the health partners.

8. Also obtained during the mission was a copy of the 2015 Establishment database for MHMS. Again, this can be further analysed for use in the HFN.

B. Development Partner Coordination

9. One of the issues already emerging from the draft HFN is the shortcomings in data available to GoK, MFED and MHMS on both planned health partner financing and actual spending. The experience of the World Bank in other neighbouring countries is that either the ministry of health or the ministry of finance needs to dedicate resources to ensuring that all health partner financing is brought on plan and on budget. Without this it will be difficult to fully link finances to outcomes and services. Better coordination and quantification of health partner support and financing will also be important for improving broader health sector coordination and better aligning regional and country level support to MHMS strategic priorities.

C. Review of Health Strategic Plan

10. Based on discussions with the MHMS Directors and with health partners, there is a shared view that the issues, goals and strategies identified in the existing HSP will largely remain the same in any new HSP. If so, this will certainly facilitate preparation of a new HSP. However, it will be important to ensure the new HSP is fully informed by the Health Financing Note when it is completed. This should allow the new HSP to be better costed, and to better identify which sources of finance will be available to support the various goals and strategies. The draft Health Financing Note has also recommended that the governance framework within the HSP be further strengthened to ensure that formal annual reviews of progress are carried out and published. The monitoring and evaluation framework includes good baseline data, but it also needs to identify what the source of measurement data will be for each indicator, who is responsible for providing that data, and how often it will be reported on.

D. Next Steps

11. Feedback and additional HIS data can now be analysed and incorporated where possible into a final version of the HFN. This will include mapping the service and output data that is available against the Health Strategic Plan dimensions of Issues, Goals and Outcomes. On the financing data that is currently available, the WB will continue to work with MHMS to explore the feasibility of mapping divisional and economic item budget data that is available to the same Health Strategic Plan dimensions, via email and telephone conferences where necessary. It is expected that the draft Health Financing Note should be finalised by late April 2015 and then formally peer reviewed within WB, with participation of GoK/MHMS/MFED and other health sector development partners where wanted.