MINISTRY OF HEALTH

NATIONAL HEALTH FINANCING POLICY

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Acronyms

ADB	Asian Development Bank
AfDB	African Development Bank
AGOA	Africa Growth and Opportunity Act
CHAI	Clinton Health Access Initiative
COMESA	Common Market for Eastern and Southern Africa
EHCP	Essential Health Care Package
EU	European Union
GDP	Gross Domestic Product
GHE	Government Health Expenditure
GNI	Gross National Income
GOS	Government of Swaziland
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immune Deficiency Syndrome
M&E	Monitoring and Evaluation
MOEPD	Ministry of Economic Planning and Development
MOF	Ministry of Finance
MOH	Ministry of Health
MOLSS	Ministry of Labour and Social Security
MOPS	Ministry of Public Service
NHA	National Health Accounts
NGO/FBO	Non-governmental Organization/Faith-based Organization
NHFP	National Health Financing Policy
NHSSP	National Health Sector Strategic Plan
ODA	Overseas Development Assistance
OOP	Out-of-Pocket (Health Expenditure)
PHC	Primary Health Care
SACU	Southern African Customs Union
SHI	Social Health Insurance
SISA	Strategic Intervention and Supporting Action
SO	Strategic Objective
RSA	Republic of South Africa

TB	Tuberculosis
THE	Total Health Expenditure
TWG	Technical Working Group
USAID	United States Agency for International Development
US$	United States' Dollar (1US$=10 E)
WB	World Bank
WHO	World Health Organization

Executive Summary

The health sector in Swaziland is faced with a serious challenge of mobilizing adequate funds to finance the increasing number of activities which are aimed at curbing the high disease burden. Given the insufficiency of the available funds, it is important that new and more efficient ways of financing the health programmes are sought .As such the Ministry of Health (MOH) embarked on a process to develop a comprehensive national healthcare financing policy, outlining aspects of new health care financing models, and strengthening the capacity of the MOH in health care financing.

The National Health Financing Policy (NHFP) was developed through a combination of (a) Analysis of relevant national and international literature and data/evidence, and (b) Participatory methods comprising a series of consultative sessions and brainstorming meetings with the key counterparts and local stakeholders. As part of the Situation Analysis to understand the existing health financing practices in the country, a cross-country comparison of health spending data for Swaziland and four other countries in the Sub-Saharan Africa region (Botswana, Lesotho, Malawi and Rwanda) was done.

The review of national documents, analysis of the health spending data, consultations with the stakeholders —all have essentially concluded that, for Swaziland, the salient issues with the current health financing practices translate to four major concerns that relate to: Long-term sustainability of health funding, Lack of financial protection measures that encompass all Swazi citizens, Inefficiency in the use of available resources and Inequitable access to healthcare. Furthermore, key national documents such as the National Health Sector Strategic Plan for 2014-2018, Vision for 2022 and the National Health Policy have all underscored the attainment of Universal Health Coverage as a primary goal.

At the back drop of the above findings, the 1st National Health Financing Policy (NHFP) was formulated to cover the period of 2015-2022. The Vision of the policy is “Affordable health care and protection from catastrophic expenditure for all Swazis”.

In keeping with the above-mentioned Vision, the policy proposes the following four thematic areas;

1. Sustainable Healthcare Financing
2. Financial Risk Protection for all Swazi Nationals
3. Efficiency in resource allocation and resource use

4. Equitable Access to Healthcare Services

The most significant outcome of this policy is the introduction and implementation of a mandatory National Health Insurance Fund which at the same time is one of the means of achieving Universal Health Coverage. The policy also lays emphasis on the importance of efficiency and equity as well as mobilization of additional resources for health care.

The NHFP document concludes with a discussion of the issues for its implementation that touch on the Regulatory, Institutional and M&E Frame works critical to its successful implementation

FOREWORD

I am pleased to introduce Eswatini's Health Financing Policy. This policy presents the strategic options to ensure that Eswatini people will have financial access to quality health services in an equitable and an efficient manner.

The policy seeks to realize the aspirations of the Constitution especially with regard to the provision of basic health care services, protection of the right to life and the rights of families, women, children and the disabled as enshrined in Chapter III and V of the Constitution.

Eswatini's first Health Financing Policy clearly defines the different health financing functions and related package of services. The policy provides the overarching framework to ensure coherence and complementarity between the various sources of financing mechanisms. To this end, it will avoid duplication of resources and strengthen harmonization and alignment of health sector financial resources to specific functions and services.

The elaboration of the Health Financing Policy is an opportunity to explicitly analyse the existing situation and plan for strategies to collect resources, to pool financial and medical risks, so as to finance health services efficiently. Most importantly, the Health Financing Policy presents a strategic assessment and offers a vision of the best way to sustain the financing of Eswatini health sector.

The Ministry is committed to implementing this policy, and I urge all stakeholders, implementers and partners involved in the provision of health services in the country to adhere and actively support the ministry in ensuring a concerted and smooth implementation of this policy

Senator Sibongile Ndlela-Simelane
Minister for Health

ACKNOWLEGDEMENTS

The development of the National Health Financing Policy could not have been possible without the generous support and contributions; efficient and effective role played by all stakeholders. The Ministry of Health would like to particularly thank the World Health Organization (WHO), who provided constant technical and financial support.

The different government Ministries, organizations including the private sector, partners and civil society are highly appreciated for releasing the personnel to participate fully in this highly consultative process. These officers worked tirelessly and contributed a lot in ensuring that the policy addresses almost all the current and possibly emerging health issues of the country.

The Ministry is very grateful for the overall guidance provided by the Technical Working Group for the continued support and guidance to the Planning Unit. Special mention is made to the Planning unit Team Members for the efforts they made to ensure that all necessary documents are available, arranging meetings and providing for all other logistics.

Finally all stakeholders are urged to refer to this document for guidance on every aspect of financing the health sector. It is also worth noting that owning this document goes beyond participation in its formulation but its consistent utilization.

Dr. Simon Zwane
Principal Secretary
Ministry of Health

CHAPTER 1: BACKGROUND AND INTRODUCTION

1.1. Background

The Kingdom of Swaziland is a landlocked country in Southern Africa with an area of approximately 17,363 km^2 and an estimated population of 1.25million as of 2013 (http://www.worldbank.org/en/country/swaziland). According to the World Bank classification of global economies, Swaziland, with a per capita Gross National Income (GNI) averaging to US$3,080 in 2013, comfortably falls in the lower middle-income category of countries. However, wide income disparity among the citizens is an issue for Swaziland. As per 2010 data, some 63% of the country's population lives under the national poverty line (Central Statistical Office, Swaziland, 2011).

Following the output contraction of 2011, nominal GDP growth has averaged 9% over the past five years but with inflation at 6.4% real growth has been limited. In 2014, Swaziland's real GDP growth rate was 2.4% and projected to rise to 2.5% in 2015, but later revised down to 1.9%. Recent revisions, in August 2016, by the Central Bank indicate that there would be a further decline of 0.6% in 2016. In addition to the unfavorable GDP growth, the impact of a weakening / depreciating exchange rate has reduced incomes in US Dollar terms. The country remains a lower-middle income country with an income per capita of 3,230 USD in 2015.

Swaziland's development challenges arise from a combination of factors including less than optimal fiscal management, slow economic growth, and the high prevalence of HIV/AIDS. The Government of Swaziland (GOS) has emphasized health as a priority on the national agenda. The 1st National Health Sector Strategic Plan 2008-2013 (NHSSP) and the 2nd NHSSP for 2014-2018 identified the critical areas in the health sector that require high attention, to redress the issues with underfunding, poor health outcomes and inefficiencies.

Recent studies show that Total Health Expenditure (THE) has been slowly falling over the past few years from 8.5% of GDP in 2010 to 7.6% in 2014. In nominal terms though THE has risen from 2.8 to 3.6 billion SZL, which equates to 2,671 SZL per capita in 2010 to 3,275 SZL (about 233 USD) per capita in 2014. THE is made up of four key sources: Government Health Expenditure (GHE), External resources, Households Out of Pocket (OOP) Expenditures, and Private sector. Of the USD 233 per capita spending

in health, GHE contributed 46.1%, External sources 22.1%, OOP about 13.6% and private sector 18.2%.

In spite of government funding being the single biggest source of total health spending in Swaziland, donor funds still account for a considerable proportion, estimated to be around 22.1%. In light of the future unpredictability of donor-funding, especially for the lower middle-income countries, this dependence is ominous to long-term sustainability of health funding.

Even though Out Of Pocket (OOP) expenditure on average slightly dropped from 14% in 2005 to 13.6% in 2014 in Swaziland, it still imposes a financial burden and catastrophic expenditure on some households with some avoiding seeking health care while others slip into impoverishment. The 2005 World Health Assembly resolution has, therefore, encouraged adopting appropriate prepayment mechanisms as opposed to OOP payment for health services, whereby people contribute regularly to the cost of health care through tax payments and/or health insurance contributions and may secure greater financial protection.

Notably though, Swaziland is one the 12 Sub- Saharan Africa countries[1]that spend more than US$60 per capita on health—the estimated per person cost of dispensing an internationally accepted essential package of health services. However, none of these countries, including Swaziland, has succeeded as yet in achieving Universal Health Coverage. This also point to some inefficiencies in the health system which is one of the issues this policy seeks to address.

1.2 Policy Formulation Process

An extensive review of international literature on health financing practices and experiences was conducted as part of the methodology for formulating the current policy. It included examination of the health care financing functions, analysis of the‘ good practices’ in health financing in low-and middle-income countries, and discussions on the key health financing interventions globally, encompassing all three health financing functions as defined by the World Health Organization (WHO),viz. resource mobilization, pooling of funds, and purchasing of health services. To comprehend the issues pertinent to the formulation of a national health financing policy for the country, arrange of related national documents were reviewed.

[1]Angola, Botswana, Cape Verde, Equatorial Guinea, Gabon, Lesotho, Mauritius, Namibia, São Tomé and Príncipe, Seychelles, South Africa, Swaziland

Further, a series of consultative sessions with key government and non-government stakeholders were conducted with a view to:(a) Capture their perspectives and input for the national healthcare financing policy, and (b) Solicit any other recommendations the stakeholders might have regarding (i) particular health financing related works/data/models/reports/documents to include in the literature reviews, and(ii) specific Sub-Saharan Africa and other low-and middle- income countries to consider for comparison in the literature reviews.

1.3 Government's Vision

The Government of the Kingdom of Swaziland realizes that the health sector of the country is faced with a serious challenge in mobilizing adequate funds to finance the increasing number of activities which are aimed at curbing the high disease burden. Given the insufficiency of the available funds, it is thus important that new and more efficient ways of financing the health activities are sought

In that regard, the MOH formulated a comprehensive National Health Financing Policy, outlining a set of new health care financing models and options to improve the accessibility and affordability of healthcare services.

1.4 Rationale

The National Health Policy of Swaziland (2017) identifies health financing as a key thematic area that is instrumental to improving health outcomes. It has stressed the need for attaining effective, equitable, efficient, and sustainable health care financing strategies that aim to ensure equal access to quality health services to the whole Swazi population, especially the poor.

However, the health sector faces serious challenges in mobilizing funds to finance the increasing number of activities which are aimed at curbing the high disease burden. As such, as the country continues its quest towards universal health coverage, it is important to intensify mobilization of resources of sufficient quantity to make the health sector more effective, while also ensuring that the use of health services does not expose the users to financial hardship. This policy therefore seeks to support efforts towards mobilizing adequate resources for the delivery of comprehensive health care services as well as ensure that allocated resources are utilized prudently.

The policy does not seek to encroach on and/or supersede the mandate of the Ministry of Finance but rather complements efforts to mobilize adequate resources and ensure the realization of national strategic goals.

The policy will thus be implemented within the confines of the Public Finance Management Act under the guidance of the Ministry of Finance.

1.5 Problem Statement

Review of the national documents, analysis of the health spending data, consultations with the stakeholders —all have essentially concluded that, for Swaziland, the salient issues with the current health financing practices translate to four major concerns as delineated below:

i. Long-term sustainability and predictability of health funding

Under funding of the health sector in general, stagnation in government funding to health from budget sources (general tax-based resource pool),and substantial dependence on donor funds pose serious threat to sustainable financing of the health sector. Also, funding has generally been unpredictable from both government and donor sources.

ii. Lack of financial protection measures that encompass all Swazi citizens

Lack of adequate financial protection measures for the entire population is resulting in inequitable financing and utilization of health services, thereby impeding the country's vision on attaining Universal Health Coverage with an Essential Health Care Package.

iii. Inefficiency in the use of available resources

Passive, conventional purchasing arrangements based on the 'historical' budget allocation approach present insurmountable challenges to healthcare efficiency and performance. In the current input-focused approach, the budget allocation provisions have no link to the health needs or coverage/result/output/quality and do not offer the necessary financial incentives to health providers and managers for increasing the efficiency and quality/performance of resource-use and healthcare delivery.

Inefficiency in spending could also be attributed to the institutional limitations to financing of services. Currently, the MOH has the dual responsibility of financing and policy setting/regulation of the health sector. This affects the MOH's ability to deliver services effectively and efficiently. As such there is a need to separate these two functions.

iv. Inequitable access to healthcare

In spite of noticeable efforts by government in collaboration with partners, inequities still exist due to several factors including geographical location (rurality/sparsity factor), inequitable distribution of human resources, inequitable allocation of funding to regions/facilities and inadequacy of equipment, infrastructure and vehicles.

CHAPTER 2: VISION, MISSION, GOAL AND OBJECTIVES

The National Health Financing Policy (NHFP) is the first of its kind for Swaziland and is proposed to cover the period of 2015-2022. This is an important timeframe during which the Second National Health Sector Strategic Plan (2014-2018) will conclude and the follow-on National Health Sector Strategic Plan (NHSSP III) will be heading towards its concluding year. The end of this period will squarely coincide with the finishing year for the existing country vision(Country'sVision2022).At the culmination of the duration of this first NHFP in 2022,a follow-on NHFP must be adopted, with needed revisions based on the concrete outcomes and lessons of the current NHFP.

In keeping with the spirit and focus of the National Health Policy, Vision and Mission of the health sector, NHSSPII and other priority documents of national importance, the National Health Financing Policy: 2015-2022 declares the following as its Vision, Mission and Goal:

2.1 Vision

Affordable health care and protection from catastrophic expenditure for all Swazis

2.2 Mission

To strengthen financial risk protection measures and implement efficient resource allocation mechanisms that lead to sustainable, effective and equitable delivery of essential health services for the entire population of Swaziland.

2.3 Goal

To attain Universal Health Coverage with defined health services through effective health financing mechanisms

2.4 Objectives

2.4.1 To Mobilize additional resources for health

2.4.2 To strengthen financial risk protection measures for all Swazi nationals, especially for the poor and vulnerable

2.4.3 To enhance efficiency in resource allocation and resource use

2.4.4 To improve equity in accessing health services

2.5 Guiding Principles

The Health Financing Policy is underpinned by the following principles;

- Equity
- Efficiency
- Sustainability
- Cost containment
- Transparency
- Predictability
- Affordability

2.6 Policy and Legal Framework

A number of recent documents produced by the government agencies and development partners/international agencies have highlighted an array of issues that are pertinent to the formulation of the national health financing policy for the country. The Second National Health Sector Strategic Plan for 2014-2018 (NHSSPII), in-keeping with the Country's vision for2022, Vision and mission of the health sector, the National Health Policy, and the 10th Parliament- term Strategic Development Indicators, has underscored the attainment of Universal Health Coverage as its prime goal. It has asserted that the NHSSPII "is designed around the need to attain Universal Health Coverage with the health and related services as defined in the Essential Health Care Package". This implies that activities of the health sector during this period shall focus on:

i. Increasing the numbers of health and related services and interventions being provided across the country (introduction of interventions as and where needed);
ii. Increasing the coverage of populations using the different health and related services and interventions (scale-up of intervention use); and
iii. Reducing the household financial burden incurred at the point of access and utilization of health and related services and interventions (reduce catastrophic health expenditures)"(Ministry of Health, Swaziland,2014b).

Health financing is currently not explicitly stated in any piece of legislation. However it is intended that the Public Health Act of1969 which is under review will incorporate issues of health financing and their governance. On the other hand, policy also seeks to realize the aspirations of the Constitution especially

with regard to the provision of basic health care services, protection of the right to life and the rights of families, women, children and the disabled as enshrined in Chapter III and V of the Constitution.

2.7 Scope

The policy applies to all agencies and institutions and individuals in the health sector including public and private sector, non-state actors and development agencies.

CHAPTER 3: POLICY FRAMEWORK

The review of international experiences and practices on health financing in low- and middle- income countries revealed that there is no 'quick-fix' or 'one-size-fits-all' solution. 'Best practices' are not unique and the same: different countries are adopting different combination of health financing approaches in varying degree (general tax, pay roll tax-based insurance, private insurance, out-of-pocket payments/co-payments);what worked well in one country might not produce the same results in another. Indeed, each country has its very own features and contexts that are important to consider in formulating its health financing policy and strategies. What changes can be made in a country's healthcare financing system, the pace at which they can be made and the effects of the changes profoundly depend on the characteristics of the existent system and on the country's macro-economic, social and political setting.

The review, however, had highlighted certain 'corner stone' aspects of modern health financing that should be addressed in Swaziland. The policy proposes four areas of priority, namely

a. Sustainable Healthcare Financing for Health
b. Financial Risk Protection for All Swazi Nationals
c. Efficiency in Resource Allocation and Resource Use
d. Equitable Access to Healthcare Services

The policy issues, statements and implications related to the aforementioned priorities are outlined in detail below;

3.1. Sustainable Healthcare Financing resources for Health

Insufficient funds and poor financial management have been identified as the key issues for the health sector by the NHSSP II. Augmenting government spending, mobilizing additional resources through innovative financing strategies, ensuring higher efficiency in resource use through better financial management systems, and improving equity in health care funding and use of health care have been identified as the main strategic focus for the health sector during the NHSSP II period. Mobilizing more financial resources for health is imperative to attaining the national goal of Universal Health Coverage with the Essential Health Care Package.

Another important aspect is to maximize the efficiency and effectiveness of mobilized funds by the way of better integration of them into a single pool. The latter ensures better opportunities for cross-subsidization across various health programs, geographical settings, and populations of varying income and health-risk groups.

3.1.1 Policy Statements

3.1.1.1 Government budgetary allocations to the health sectors shall be gradually increased to reach the Abuja target of allocating 15% of the national budget

3.1.1.2 Alternative feasible innovative financing measures shall be pursued to augment health resources and ensure sustainable health financing

3.1.2 Policy Implications

The Ministry of Health shall;

3.1.2.1 Sensitize central agencies to orient the national budget on a pathway that achieves 15% allocation to health.

3.1.2.2 Create an enabling environment for streamlining and enhancing private sector participation and investment in health

3.1.2.3. Promote and encourage mutually beneficial collaboration and synergies between public and private sector institutions in health financing arrangements

3.1.2.4 Strengthen instruments for regulating health financing activities of the private sector through its appointed agencies.

3.2 Financial Risk Protection for All Swazi Nationals

Financial risk protection is key to safeguarding the population from major health risks associated with illnesses. The vicious cycle of illness-poverty-illness is now universally recognized—illness can be a major cause of poverty, and also, poverty in itself poses major health risks. Therefore, the NHFP strongly recommends adopting measures that would help protect all Swazi nationals in general and the poor and vulnerable segments in particular against catastrophic or repetitive illness episodes. Social health protection must be based on the core values of universal access, solidarity, equity and social justice, and must aim at minimizing financial barriers to access to health services.

The 2005 World Health Assembly resolution has, therefore, encouraged adopting appropriate prepayment mechanisms as opposed to Out Of Pocket (OOP) payment for health services, whereby people contribute regularly to the cost of health care through tax payments and/or health insurance contributions and may secure greater financial protection.

3.2.1 Policy Statements

3.2.1.1 The MOH shall explore risk pooling mechanisms including National Health Insurance

3.2.1.2 User fees shall be reviewed and adjusted accordingly in line with prevailing socioeconomic conditions whilst also ensuring that they are in the long-term interest of improving health outcomes.

3.2.2 Policy Implications

3.2.2.1. The Ministry of Health shall conduct in-depth studies and consult widely on the most preferred health financing mechanism and other prepayment schemes.

3.3. Efficiency in Resource Allocation and Resource Use

Salary bills and transport costs consume the lion's share of allocations made to the health facilities, leaving less to spend on operating inputs including medicines, medical and office supplies, and repair and maintenance—which are critical to dispensing effective and quality health care to the patients. Also, the current 'historical' budget allocation approach in the health sector does not offer the necessary financial incentives to health providers and managers for increasing the efficiency, quality and performance in resource-use and health care delivery. This inadvertently leads to wastage.

The policy strongly advocates to step away from the 'historical 'budget allocation approach in the health sector—in favor of coverage/performance (result/output/quality)-based allocation of funds.

3.3.1 Policy Statements

3.3.1.1 The MOH shall introduce strategic purchasing in order to improve allocative and technical efficiency.

3.3.1.2 Performance -based financing mechanisms shall be explored to deliver quality health services at all levels of the health system and to increase resources allocated through performance

3.3.1.3 Mechanisms for enhancing co-ordination of domestic and external health resources (e.g. Sector Wide Approach) shall be put in place with a view to promoting higher efficiency levels and to improve allocation of resources to defined priorities.

3.3.2 Policy Implications

The Ministry of Health shall;

3.3.2.1 Explore opportunities for introducing autonomy to facilities with matured mechanisms for accountability so as to incentivise and empower managers to implement efficient approaches to health care delivery

3.3.2.2. Enhance the Health Management Information System (HMIS) so that it provides accurate and reliable management information in real time to facilitate performance based financing.

3.3.2.3 Strengthen the financial and administrative management capacities of warrant holders and sub-vented organizations

3.3.2.4 Put in place mechanisms for enhancing the absorptive capacity of the MOH, strengthening fiscal discipline, accountability and budget performance

3.3.2.5 Adopt and institutionalize globally accepted systems and methods for resource tracking (e.g. Systems of Health Accounts and National AIDS Spending Assessment)

3.4 Equitable Access to Healthcare Services

The NHSSP II and National Health Policy both make strong references to the importance of equity especially in achieving universal health coverage. For instance, the policy makes it explicit that eligible children, elderly persons, orphans and persons with disability will be provided with health services free of charge. In line with this statement, several efforts have been made over the years to improve access to healthcare especially for the aforementioned vulnerable groups. This includes exempting them from paying user fees at all levels of the healthcare system. Expecting mothers also do not pay for maternal healthcare services; all Swazis are exempted from paying user fees in government owned primary healthcare facilities; have free access to specialist care and pay highly subsidized user fees at health centres and hospitals. In addition, health facility coverage is relatively high with 85% of the population living within 8km radius of a clinic.

However, despite these efforts, there still exist inequities due to several factors including geographical location (rurality/sparsity factor), inequitable distribution of human resources, inequitable allocation of funding to regions/facilities and inadequacy of equipment, infrastructure and vehicles.

The policy therefore affirms the need to provide healthcare services based on the principles of equity.

3.4.1 Policy Statement

3.4.1.1 The MOH shall put measures in place to rectify and prevent existing and future inequities in healthcare access and use of services

3.4.2 Policy Implications

The Ministry of Health shall;

3.4.2.1 Work closely with other sectors to eliminate any inequities disadvantaging any group in accessing health care

3.4.2.2 Provide adequate budgetary allocations to compensate health providers who offer free or subsidized healthcare to eligible beneficiaries

3.4.2.3 Design and implement a system for means-testing as a way of ensuring that exemptions from paying user fees are only enjoyed by those who meet the set criteria.

3.4.2.4. Put in place mechanisms for continuously monitoring inequities on access to health with the aim of putting in place corrective measures

CHAPTER 4: GUIDELINES FOR IMPLEMENTATION

The ultimate success of the health financing policy principally depends on the institutional and management capability of relevant bodies including the MOH. Health care financing issues are not a 'once-off 'business. They need to be continuously adjusted and adapted to attain the desired results. Right organizational arrangements for administrative and regulatory oversight, continuous monitoring, early detection of undesired deviations, quick response to their correction, finding ways in overcoming the possible bureaucratic and legislative impediments are some of the most pertinent issues in successful implementation of an efficacious health financing system.

4.1 Regulatory Framework

As earlier mentioned the development and implementation of health financing mechanisms will have to be appropriately supported in relevant pieces of legislation. The review of the Public Health Act (1969) will need to encompass the broader issues of health financing.

4.2 Institutional Framework

The MOH shall have the overall responsibility for managing the implementation of this policy. Ultimate responsibility will rest with the Principal Secretary.

Two critical structures will be put in place to support the implementation of the policy and these are described below;

a. Health Financing Technical Working Group. The HF TWG will have the overall responsibility of providing technical and strategic guidance towards the implementation of the policy and health financing reforms. In addition, the HF TWG will facilitate coordination and harmonization of health financing interventions among government and partners, ensuring alignment with the NHSSP II, Extended HIV/AIDS National Strategic Framework (eNSF), and other disease-specific strategic plans. Members of the TWG will include technical experts from government agencies, non-state actors and development agencies. The group shall be chaired by the Under Secretary-Technical Services and co-chaired by the Principal Economist in the MOH, reporting to the Principal Secretary.

b. MOH Health Financing Unit. The HFU will have the responsibility of steering the process of initiating and monitoring the implementation of the health financing policy including reforms. The Unit will collaborate with several departments in executing its work including the Health Planning Department, Finance Department, Directorate as well as health financing stakeholders. The HFU will also act as the Secretariat of the HF TWG.

The MOH will also build the capacity of the Regional Health Management Teams to effectively implement health financing initiatives, improve accountability and co-ordination activities within the context of their regional health plans/strategy.

4.3 Monitoring and Evaluation

An effective, efficient and practical M&E system will be established to ensure the systematic monitoring, reporting and evaluation of the policy objectives. The MOH will establish and strengthen systems for monitoring trends in health sector funding at the national level as well as between and within regions and autonomous health sector public institutions.

The key decision indicators that would need to be monitored and evaluated closely to gauge the successful implementation of the policy include; Health budget as percentage of national budget, Percentage of external/donor funds in healthcare spending, Out-of-pocket payment, percentage of prepaid contributions to the newly-introduced NHI and % of population covered by the new social health protection scheme

Tracking of progress will be done through quarterly reporting by the HFU working together with the MOH M&E Unit. The quarterly reports will be presented to and discussed by the HF TWG , MOH Senior Management Team and also be included in the periodic reports to PPCU and Parliament.

Annual reports will be produced on the status of Health Financing. The evaluation of the effectiveness of the health financing reforms will be undertaken on a periodic basis to determine if planned results are being attained. The evaluation will identify gaps and challenges and form a basis for re-programming of interventions.

4.4 Policy Review

The policy shall be reviewed in line with the changing environment after two and a half years of implementation.

CHAPTER 5: CONCLUSION

The policy lays emphasis on the importance of efficiency and equity as well as mobilization of additional resources for health care. As such, robust strategies will need to be put in place to ensure that adequate funds are available for the scaling up of healthcare interventions that will lead to the improved accessibility to affordable services for the rest of the Swazi Population.

In view of existing capacities and the work that needs to be done, it will be important that a substantial amount of on-the-ground technical assistance is made available in the early stages of implementing this policy. The technical assistance should be on the design, modeling and initial operationalization of the new approaches and strategies in an appropriate way, as well as on strengthening of local capacity and institution-building critical to sustainability of the new health financing policies and strategies

In the beginning, it may be worthwhile to implement some strategies on a 'pilot' basis with a view to scaling them up, based on the lessons and evidence drawn from the pilots. Strong political will of all related government ministries and agencies is utmost critical to the timely take-off and successful implementation of this policy.

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