

Report of the 6th meeting of the Budget and Expenditure Monitoring Forum

Johannesburg, 15 July 2011

The Budget and Expenditure Monitoring Forum (BEMF) draws together individuals and organisations from civil society, academia, government, organised labor and business to focus attention on ensuring that sufficient money is budgeted for and appropriately spent on meeting the treatment and prevention targets of the national HIV & AIDS and STI Strategic Plan for South Africa 2007-2011 (NSP), as well as for health services more broadly.

Reports of the first five BEMF meetings are available at <http://www.section27.org.za/bemf>.

The sixth meeting of the forum took place at SECTION27's offices in Johannesburg on 15 July 2011. It drew together more than 20 members from 8 organisations. The main purpose of the meetings was to discuss ways in which the forum could consolidate its membership and develop clear and shared strategies to achieve the objectives outlined in the forum's founding documentation and project proposals.

The forum's coordinator, Daygan Eagar, opened the meeting by first briefly outlining the purpose of the forum and highlighting its increasing importance in a time where budgeting and expenditure for health care is on the political agenda. He reminded attendees that the forum emerged out of the Joint Civil Society Monitoring Forum (JCSMF), which proved to be effective in monitoring the rollout of the HIV and AIDS programme in the country. He argued that the issue was no longer about should we have a programme but how will it be funded and how do we hold government to account for the use of public resources made available for the implementation of the NSP.

Daygan then presented the proposal submitted to the Open Society Foundation South Africa for funding of the BEMF for the period July 2011 to July 2012. The proposal clearly articulates the forums overarching objectives and priorities and provided the basis for the meeting.

In the proposals the forums overarching objectives for the next year are outlined as:

Objective 1: The consolidation of the forum, its membership and identify in order to enhance its position as a role-player in the monitoring of health financing budgeting and expenditure.

Objective 2: To facilitate cooperation between civil society organizations working on BMET with a view to ensuring greater communication, knowledge exchange and the development of partnerships.

Objective 3: To develop civil society's understanding of and capacity to engage with health care financing, budgeting and expenditure issues and processes with the particular aim of enhancing membership-based organisations' capacity to campaign for better budgeting and expenditure

Objective 4: To coordinate civil society's efforts to hold government to account for instances where it fails to fulfil its obligations with regard to health care financing, budgeting and expenditure

It was important, therefore that the meeting focuses on the forums strategy in achieving these objectives by answering three fundamental questions:

1. What are our expectations of the forum?
2. What are the roles and responsibilities of each of its members in meeting objectives?
3. What is SECTION27 and coordinator's role?
4. What should the forum's substantive priorities be over the next year?

Member Expectations

In terms of member expectations of the forum, several fundamental and overarching functions the forum should fulfill emerged from the discussion. Participants at the meeting all agreed that the forum should:

- Provide regular opportunities to bringing together community based organizations working at the local level with organizations and individuals with knowledge and expertise in budget monitoring and expenditure tracking;
- Ensure a coordinated and unified civil society response to health budget and expenditure related issues identified by members;
- Ensure that civil society actively participates in government budget processes;
- Act as a mechanism for the collation and dissemination of important health care financing, budgeting and expenditure information, documentation, research and analysis; and
- Develop the capacity of community and membership based organizations to engage with the budget and its processes through training and workshops.

The issue of capacity building for community-based organizations was identified as being particularly important and should take priority over the next year. In addition to information shared through the forum at meetings and through the mailing list, it was agreed that forum members with the necessary skills and expertise would develop and host workshops on the fundamentals budgeting and expenditure issues and processes. The primary focus of these workshops would be to ensure that activists working at the local level are provided with the information and tools necessary to actively participate in government budget processes and engage in evidence based advocacy.

Roles and Responsibilities of forum members

The discussion then moved to what are the specific roles and responsibilities of each of the forums members. It was argued that one of the major strengths of the forum is that it brings together a diverse range of organizations and individuals who are all leaders in their respective areas of expertise. It was acknowledged, however, that the forum has not made full use of the resources available to it. It was agreed that what was needed was a review of the forums membership. This should also clearly outline members' area of work and then what they can commit in terms of time and resources. The issue of specific roles and responsibilities was therefore not fully resolved at this meeting.

Participants at the meeting all agreed that SECTION27 should continue to perform a secretariat function and take the lead on organizing the meetings and coordinating the implementation of resolutions. It was acknowledged, however, that this must include greater involvement from forum members in the organizing and hosting of meetings as well as in the implementation of resolutions.

It was agreed that the coordinator has several important functions to perform. These include,

- The facilitation and coordination of collaboration between forum members at meetings and during the implementation of resolutions;
- The delegation of tasks identified during meetings to forum members with the necessary skills and capacity to fulfill each;
- Taking the lead on the implementation on many of the substantive resolutions of the forum, which would include conducting research, writing reports, and engaging with government through correspondence and presentations at meetings

The substantive focus of the forum

The meeting then shifted its focus to the specific strategies and substantive priorities of the forum over the next year.

Some participants expressed a concern that the forums focus on HIV/AIDS and TB was too narrow and that there were a number of other areas that were in need of attention such as,

- Maternal health,
- Neonatal care,
- Human resources, and
- Primary health care services more generally.

Participants then questioned whether a focus on HIV/AIDS and TB was still sufficient or if we needed to broaden our scope to include other health related issues.

In response to these questions the argument was made that HIV/AIDS and TB provide the forum with an opportunity to cut a path and “get things right”, which can then be used as a model for other interventions. There is already a strong human rights and civil society movement that focuses on these issues that we can use to get traction on the budget and expenditure related issues.

The forum was then reminded that we must not lose sight of the fact that budgeting and expenditure for health were at the core of the work of the forum and that substantive issues, such as HIV/AIDS, are important in highlighting challenges in these areas. In other words, we are not trying to solve all health related issues but rather engage with systemic budget and related issues that have an impact on the delivery of services. These issues must then also be pursued by community based organisations and the forum has a responsibility to empower members to take-up issues and hold government to account for decisions and actions taken with regard to resources to health. This must include how government processes take place and the role of civil society in influencing them.

This would mean that the forum and its members should start developing an understanding of key issues that relate to budget and expenditure processes and systems, including:

- The development and costing of plans such as the NSP;
- Human resource issues;
- Procurement;
- Supply chain management;
- The impact of centralization or decentralization;
- The impact of corruption; and
- District and facility level processes.

NSP Review

Mark Heywood from SECTION27 gave an update of what was happening with regard to the development of the National HIV/AIDS, STI and TB Strategic Plan for the period 2012-2016. He briefly outlined what the new plan would look like and what some of the challenges would be.

He reminded the forum that one of the main challenges with the current NSP has been that it was not properly costed or budgeted for. He then raised the concern that no clear costing or budgeting process had been outlined yet and suggested that the forum needs to push for the establishment of a structure within SANAC that would look into these issues and take the lead on the costing of the plan. He argued that an area that will need special attention would be the human rights and access to justice aspects of the plan. These were not costed at all in the last NSP, which resulted in these areas being neglected when it came to resource allocation.

It was agreed that the forum would develop a memorandum on the costing and budgeting of the NSP and advocate for the establishment of a structure within SANC that would take the lead on these processes

TB Financing

Gesine Meyer-Rath from the Health Economics and Epidemiology Research Office (HERO) gave a presentation on issues relating to TB financing and the costing of the GeneXpert diagnostic algorithm.

She argued that unlike HIV/AIDS there was very little cost data available on TB. This was in part due to the fact that it did not receive earmarked funding in the same way that HIV does and it has been neglected in terms of prioritization by the Department of Health.

She then briefly outlined processes relating to TB prevention (e.g. INH prophylaxis) and Diagnosis (e.g. case finding and diagnostics). In terms of diagnostics, she showed how the current algorithm took time to get a result, especially with regard to getting results from cultures.

She showed how the introduction of GeneXpert diagnostic machines could significantly reduce the time needed for diagnosis. An advantage of the GeneXpert is that it can also detect resistance to Rifampicin, which will make the diagnosis of MDR TB far easier and quicker.

Gesine provided an outline of the results of the National TB Cost Model. The results revealed that GeneXpert resulted in an increase of,

- 30% in TB cases diagnosed;
- 76% in MDR cases identified;
- 39% in the number of patients treated
- 55% in the cost of the TB diagnostic programme; and

- 32% in the outpatient cost of the TB treatment programme

She said that because there was very little data available on the costs of diagnosing and treating TB many costs were modelled. She said that there were plans to establish the real cost of the GeneXpert roll-out and of inpatient care.

She acknowledged that while costs would increase due to improved diagnosis, which should result in more patients in care, she said that these might eventually be offset by lower transmission due to improved cure rates. She then argued that costs could decrease further with decentralised care

CEGAA and TAC BMET

Nhlanhla Ndlovu gave a brief update of CEGAA and the TAC's Budget Monitoring and Expenditure Tracking project, which is being rolled-out in districts across the country. His update only covered Lusikisiki and uMgungundlovu districts, however.

With regard to Lusikisiki he reported that many challenges remain. Staffing remains a concern and has a major impact on the quality of services in the district. He said that there were outreach teams from district hospitals that provide support to clinics that do not have capacity. This has had some impact on improving the situation and while there are still long queues these were manageable.

Long-standing issues do remain however. These included:

- Slow turnaround times for test results;
- Information packs non-existent apart from what is being supplied by the TAC;
- Lack of space in facilities and poor infection control;
- Drug supply remains a concern;
- There is still no transparency in financial matters; and
- OSD remains a point of conflict with no clarity on why some health care providers receive payments while others do not.

There was some movement from the administration in the district thought, and the District Health Manager has agreed to meet with the projects Action Team to take necessary action.

Within uMgungundlovu he argued that there was marked change, particularly at clinic level. He reported that:

- He said that there was an improvement in clinic staffing;
- Some clinics recognized TAC as a partner and not just as a watchdog;
- Waiting lists for treatment had been virtually eradicated, although this resulted in the 'burnout' of staff; and
- No reported drug stock-outs or delays in test results

He did note, however, that many problems remained at district hospitals in the area, especially with regard to staffing.

Resolutions of the meeting

1. Identify topics and develop workshops on key health financing, budgeting and expenditure issues with the aim of ensuring members of community based organisations are better equipped to engage with the processes. NHI and the budget process should be prioritized.
2. Develop mechanisms and processes for the collation and dissemination of key budget and expenditure documentation. An online platform should be the first activity here.
3. Undertake a review of member organisations to identify skills and capacity to more strategically contribute to the functioning of the forum.
4. Identify opportunities to engage with the budgeting process. In the short-term this must include engaging with the formulation of the budget for 2012/13.
5. Produce a memorandum on issues with the costing and budgeting of the National Strategic Plan 2012-2016. The memorandum should contribute to improving the costing of the plan and then budgeting of its implementation