PBF in Benin: Lack of ownership, capitalisation of experience, and sustainability

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Lack of ownership

• PBF introduced in 2012 by the WB in 8 districts; process was “pushy”
  – BTC followed suit in 5 districts (alternative model)
  – Gavi and GFATM followed suit in 2015 (WB model)
• PBF conceived and perceived as a separate “project”
• PBF ownership limited to a very small circle in MoH
  – No national unit in charge of overseeing PBF (WB project unit acted as such, but kept separated)
  – Very limited implication of other ministries (joint missions)
Lack of transparency

• Many stakeholders heard of the existence of a « challenging » model (BTC) only during the annual joint review in 2015

• Analysis and capitalisation took place (too?) late in the process
  • Could not help adapt the model to needs and demonstrate results

• Opaqueness of management within WB’s project unit
  – No indication on management costs
  – No joint financial reporting (3 donors)
Lack of integration

• (Especially WB’s model) PBF created new institutions (verification organs and missions, CBOs for counter-verification, revised indicators, data collection tools, quality matrices,…)

• Little reflexion on how to streamline PBF (merging of missions, simplification of verification, reduction in transaction costs,…)

Lack of institutional and financial sustainability

- Institutional design not adequate for transfer to domestic constituencies
- Most donor funding ends/ended in 2017 (WB: June; BTC, GFATM: December)
  - No domestic budget to take over
- WB’s model’s institutions: ?? (>> BTC strengthened existing institutions)
  New GoB’s not in favour of continuing PBF
Conclusion

- Sustainability would need:
  - Wide national ownership – within MoH and beyond
  - Evidence-based adaptation of PBF model
  - Integration of PBF into local health systems