Advocating for Child Health Commodities in Country Investment Cases: Successes and Lessons Learned

Child Health Task Force

Financing and Resource Planning Subgroup

October 22, 2019

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

Global Financing Facility for Women, Children, and Adolescents (GFF):

The Catalyst for Country-Led Health and Nutrition

The GFF…

- Is a partnership that supports low- and lower-middle-income countries to accelerate progress on RMNCAH+nutrition and to strengthen financing and health systems for universal health coverage.
- Supports government-led, multi-stakeholder platforms to develop and implement a prioritized plan and mobilize sustainable financing for health and nutrition (the "Investment Case")
- Currently supports 36 countries and aims to expand to 50 countries with the highest maternal and child mortality by 2023.

The GFF Trust Fund…

- is a multi-donor fund hosted by the World Bank that acts as a catalyst for financing → countries use modest GFF resources to significantly increase domestic resources, alongside World Bank, aligned external, and private sector financing
- supports countries to strengthen their focus on data, quality, equity and efficiency, and results.

Two Trends Led to the Creation of the GFF

1 **Insufficient progress**
on maternal, newborn and child health and nutrition.
Traditional sources of financing do not close the gap.

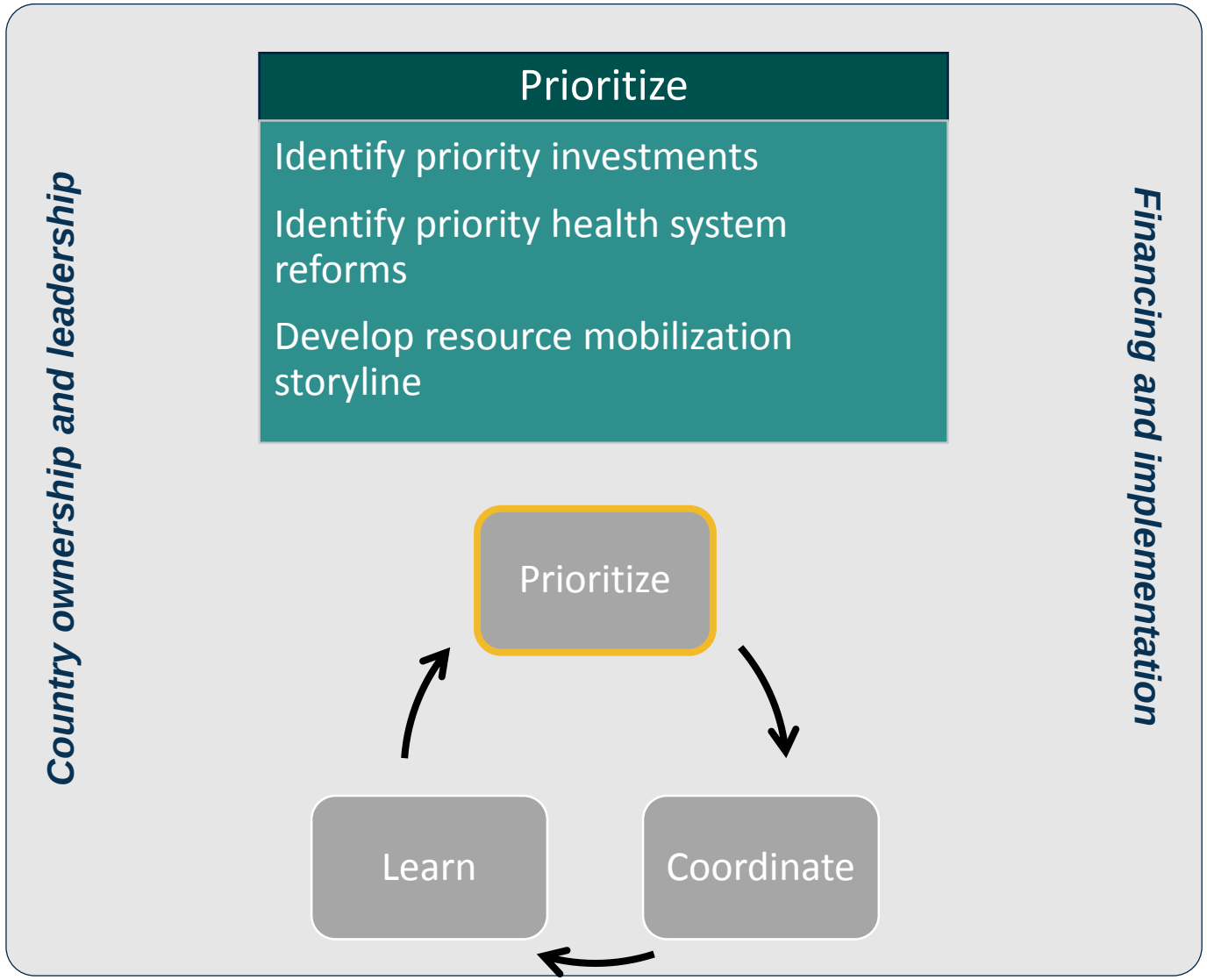
2 **Development assistance**
is at record levels but is only a fraction of private financing.
Domestic financing far exceeds external resources.

NEED FOR A NEW MODEL OF DEVELOPMENT FINANCE

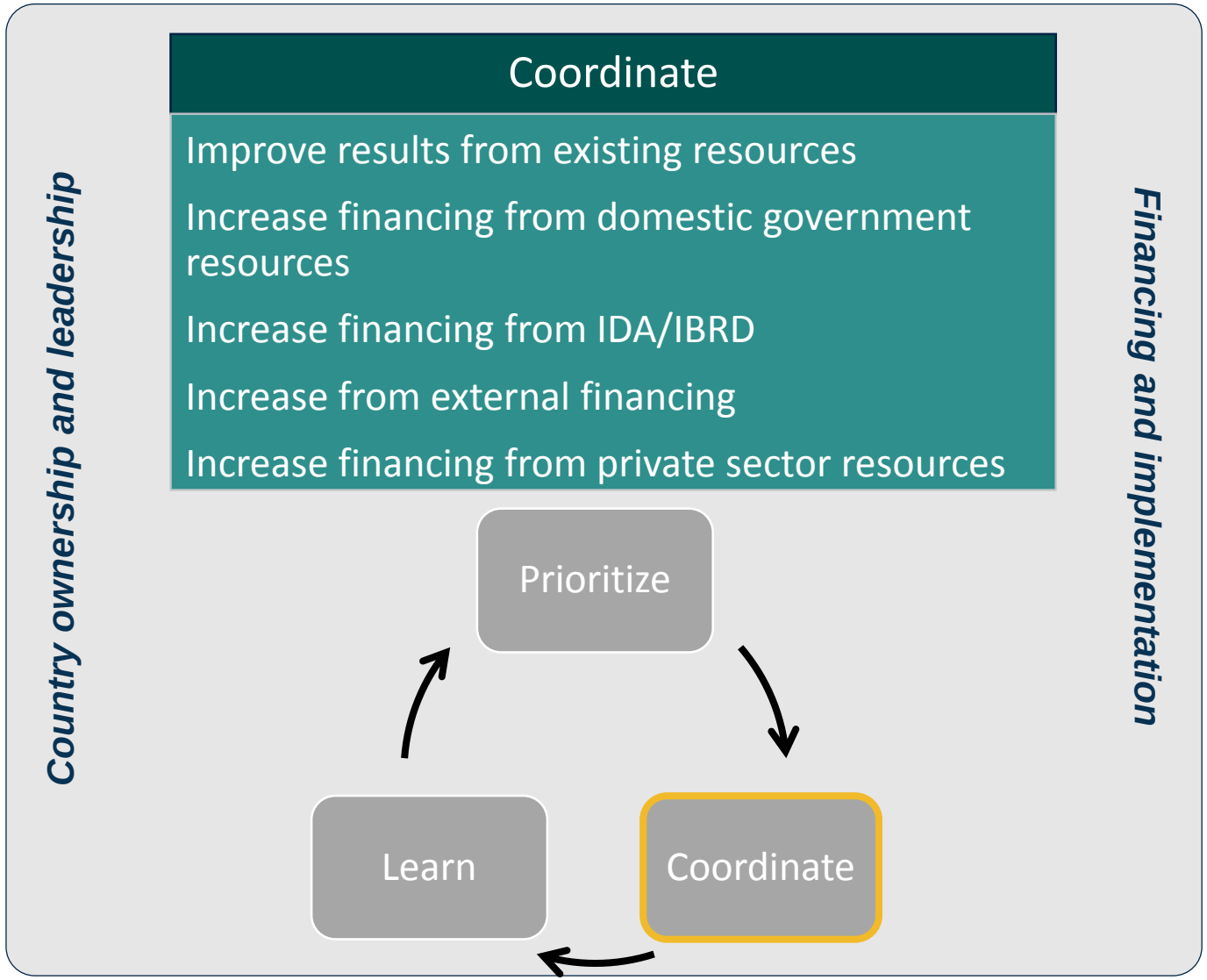
GLOBAL FINANCING FACILITY

THE CATALYST FOR COUNTRY-LED HEALTH AND NUTRITION

How the GFF Drives Results



How the GFF Drives Results



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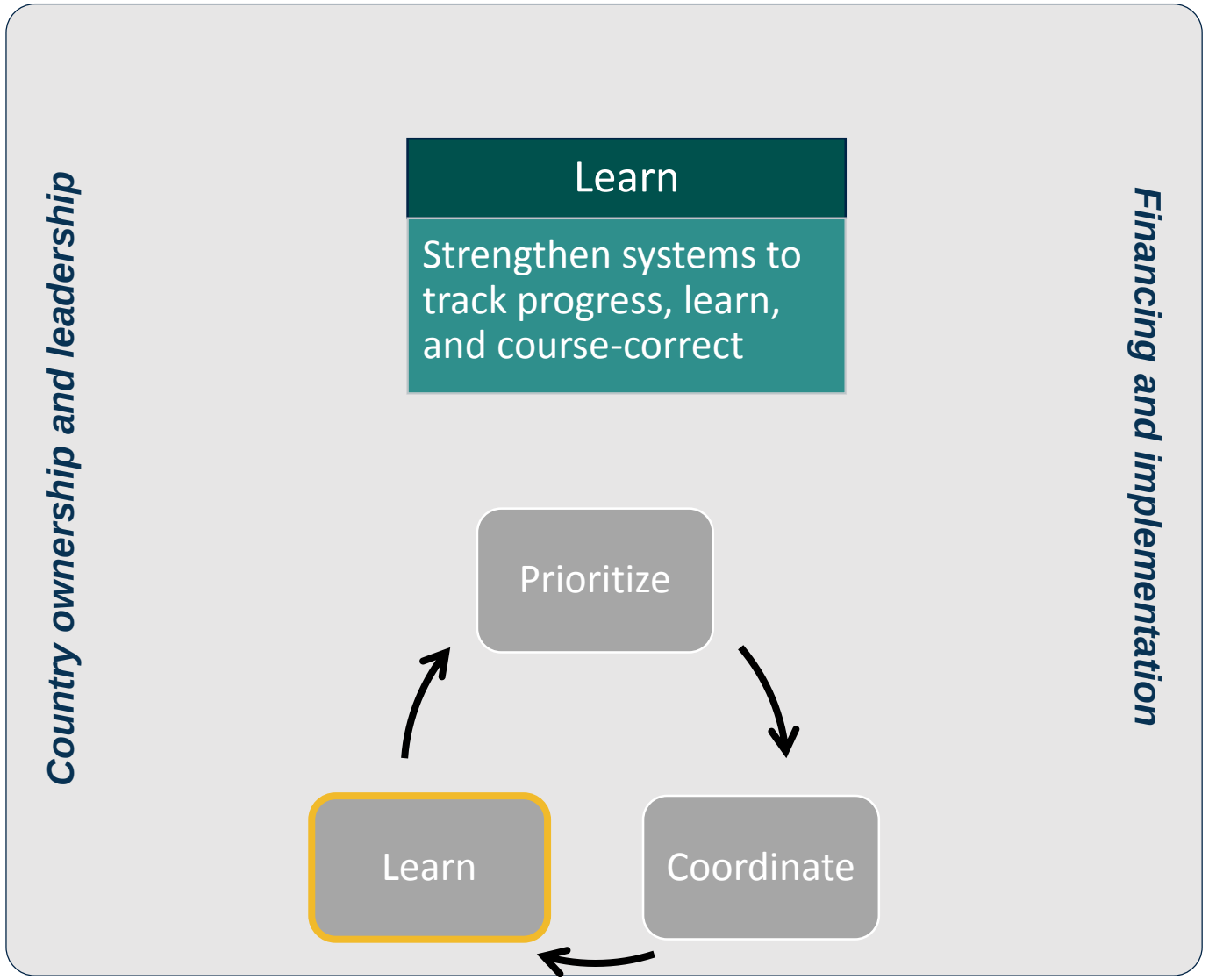

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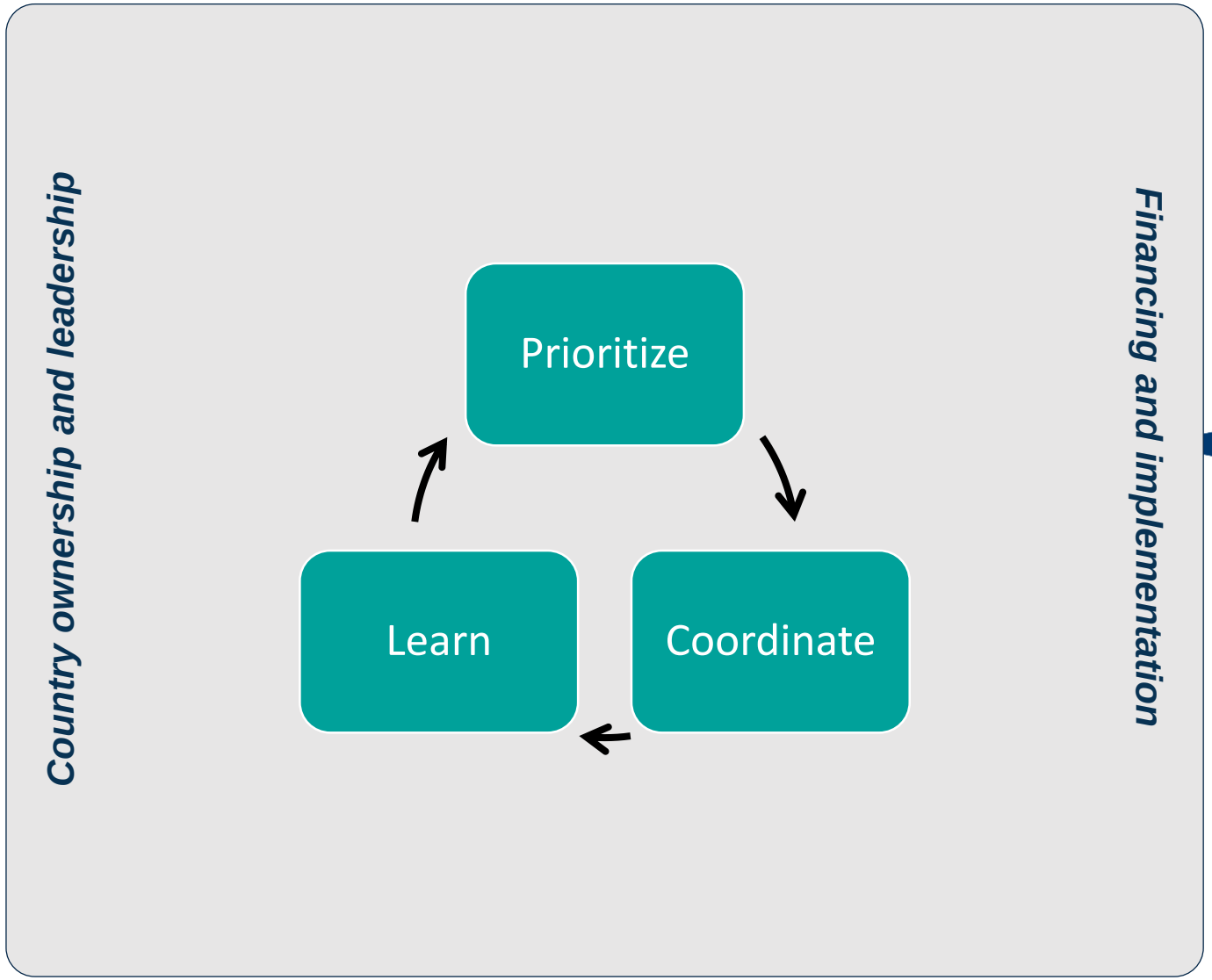


Accelerate progress on the health and wellbeing of women, children, and adolescents

Drive longer-term, transformational changes to health systems, particularly on financing

What Results Do We Want to Achieve?

Objectives

- End preventable maternal, newborn, child and adolescent deaths
- Improve the health, nutrition and quality of life of women, adolescents and children

SDG Targets

MMR < 70/100,000	Universal access to SRHR services
U5MR < 25/1,000	Reduce stunting & malnutrition
NMR < 12/1,000	Universal health coverage

Result

Closing the financing gap would

prevent 24-38 million deaths

by 2030

Key Elements of the GFF Model

Inputs

- Government leadership
- Stakeholder engagement
- Evidence and knowledge
- Technical assistance
- Funding

Activities

- Strengthen **country platform**
- Develop prioritized, costed, evidence-based **investment case**
- Conduct financial analysis and identify priority **health financing reforms**
- Convene **investors** – national and global
- Implement **projects** that finance the investment case
- Strengthen **data systems** and **analytical capacity**
- Strengthen **advocacy capacity**

Criteria for country selection

- Disease burden
- Unmet need related to sexual and reproductive health and rights
- Income status
- Comparison of financing vs. need
- Commitment to increase domestic financing for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N)
- Commitment to use World Bank (IDA/IBRD) financing for RMNCAH-N
- Commitment to mobilize additional complementary financing and/or leverage existing financing
- Commitment to engage private sector resources to improve RMNCAH-N outcomes
- Commitment to the Every Woman Every Child Global Strategy
- Existence of/or plan for an effective, broadly representative country platform
- Bottom 30 countries on the Human Capital Index
- Fragility: Harmonized List of Fragile Situations FY19

The GFF Model: Countries Lead the Way

Bangladesh
Cameroon
DRC
Ethiopia
Guatemala

Guinea
Kenya
Liberia
Mozambique
Myanmar

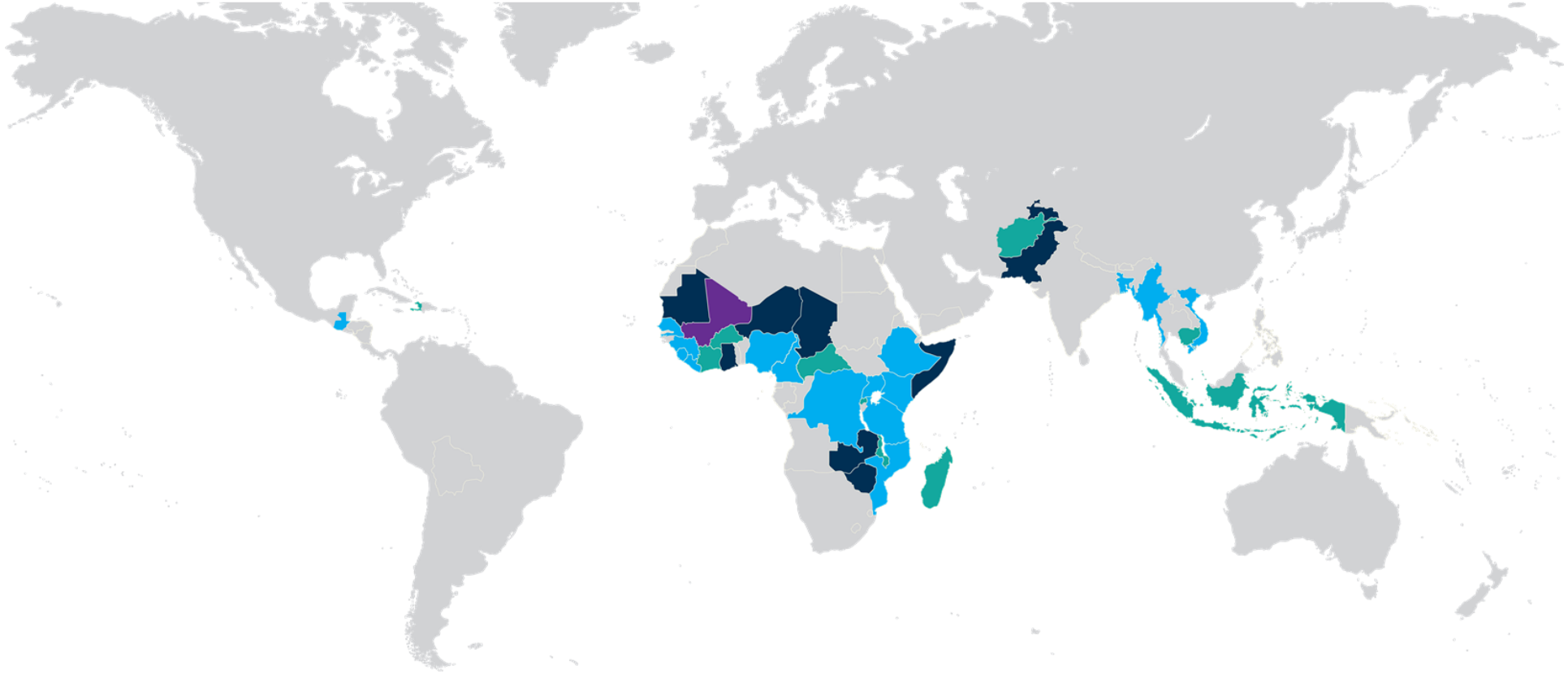
Nigeria
Senegal
Sierra Leone
Tanzania
Uganda
Vietnam

Malawi
Cote d'Ivoire
Afghanistan
Burkina Faso
Cambodia
Rwanda

Central African Republic
Haiti
Indonesia
Madagascar
Mali

Tajikistan
Pakistan
Zambia
Zimbabwe
Somalia

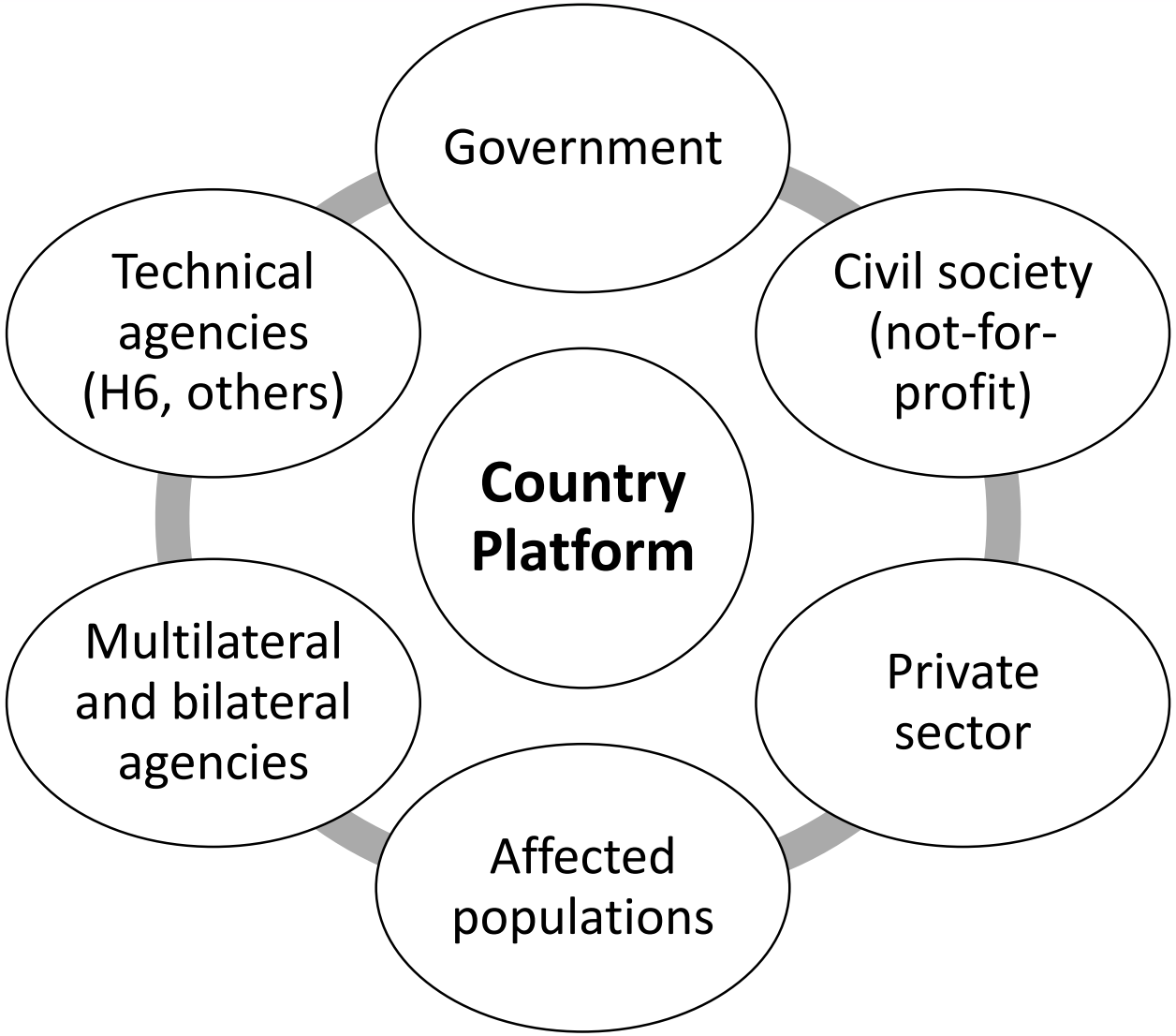
Chad
Mauritania
Niger
Ghana



Key Areas of Government Commitment

- Appoint government **focal point**
- Prepare an **investment case**
- Define and chair a country **platform**
- Increase **resources** allocated for health
- Increase **equitable access** to health services and financial protection
- Use **data** for decision making and create **accountability**
- Demonstrate a willingness to **commit IDA/IBRD resources** for health

GFF Partnership at the Country Level



GFF Partners

Learn more

www.globalfinancingfacility.org

GFFsecretariat@worldbank.org

@theGFF

Country Presentations

UGANDA

Uganda RMNCAH Investment Case

- **Goal:** End preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children in Uganda by saving;
    - an additional 6,350 maternal,
    - 30,600 new-born and
    - 57,600 children (2-59 months) lives over the five years.

- This will translate to the projected targets below:
    - MMR from **360 per 100,000** live births to less than **320 per 100,000** live births by 2020
    - U5MR from **69 per 1,000** live births to less than **51 per 1,000** live births by 2020
    - IMR from **54 per 1,000** live births to less than **44 per 1,000** live births by 2020
    - NMR from **23 per 1,000** live births to less than **16 per 1,000** live births by 2020
    - Teenage pregnancy rate from **24%** to less than **14%** by 2020

Process and Timelines

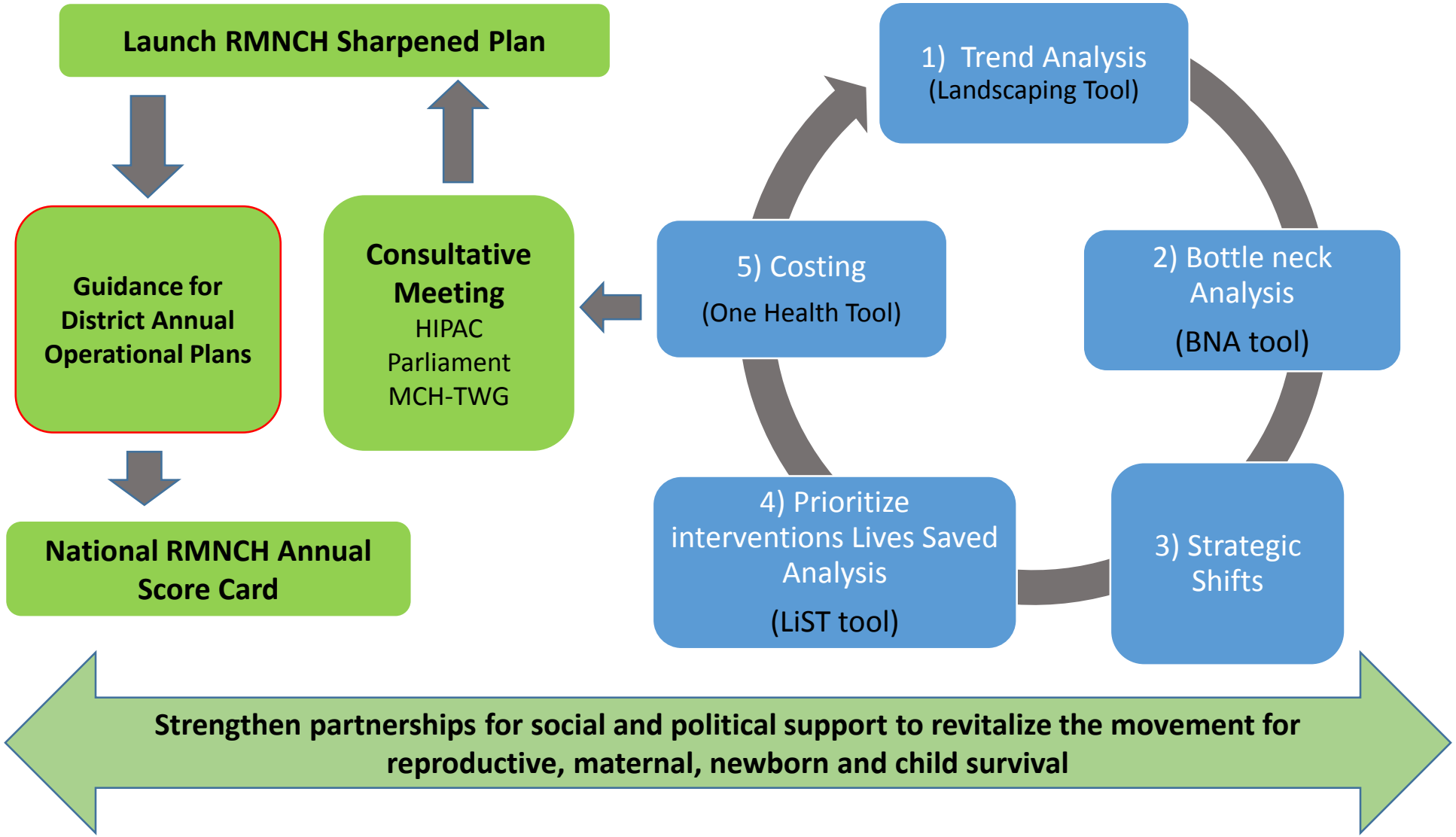
2012: RMNCH landscaping analysis (UN tool adapted from UNLSC), GNAPP assessment

2013: Prioritised costed RMNCAH sharpened plan – 3 year

2016: RMNCAH Investment Plan

- With clear focus on result that both guides & attracts additional financing 5 year period
- Value added: agreement on set of priorities given the resources; shape the financing of such priorities
- Linked to Health Sector Development Plan, health Financing Strategy and prioritises financial sustainability in the context of accelerating program -

Process Uganda RMNCH Sharpened Plan



Steps in developing the plan

Investment Case for RMNCAH

FIVE STRATEGIC SHIFTS;

- Emphasizing evidence-based high-impact solutions, including through identifying a package of evidence-based interventions for each service delivery level;
- Increasing access for high-burden populations by promoting a set of service delivery mechanisms that operate synergistically;
- Geographical focusing/sequencing, to determine where the package of interventions will be rolled out first;
- Addressing the broader multisectoral context, with a particular focus on adolescent health;
- Ensuring mutual accountability for RMNCAH outcomes, including through strengthening data systems (including civil registration and vital statistics).

Principals - advocate for child health

- Government led **multi-stakeholder platform**: align key stakeholders to one RMNCAH sharpened plan and investment case
- Relentless **focus on results** – outcomes that affect peoples lives
- **Mutual accountability** as a critical function – renewal of commitments annually through an assembly, multi-dimensional response
- Continuous responsive/ local **adaptive implementation** based on rapid feedback – including institutional capacities, health system bottlenecks and community scorecard
- Strengthening use of **routine data and building evidence** to achieve results – integrated in DHIS2 both community and facility data, scorecard
- **Innovation** -

Multi-stakeholder platform

The key elements of the platform

- Leadership by MoH/government: clear TORs and membership
- Played central role in country led process to develop and implement the investment case - participation, TA and funding. Used LiST tool, MBB

Who was involved

- Build on existing structures while ensuring that these embody two key principles: **inclusiveness and transparency**
- Representatives of wide range of constituencies: academia, UN partners, Global Fund, CSOs, other sectors, private sector, MoH (Child Health, pharmacy, community health, Malaria control etc.)

Focus on results

Overall objective: end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children

Prioritization of interventions – LiST tool based on local data

- Investment Case prioritized interventions with **strong evidence base** demonstrating impact (List tool used), target populations along the life cycle.
- Further focuses on **improved service delivery** to ensure an efficient national response (e.g., through task-shifting to CHWs, integration of service delivery)
- Three **service delivery platforms**: Individual, community, population – wide

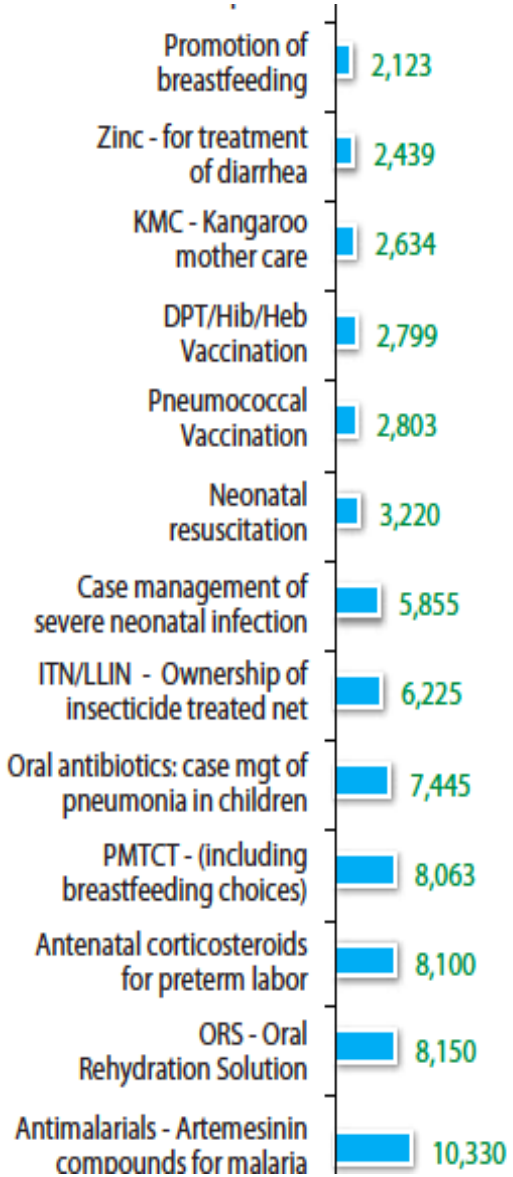
Measurement

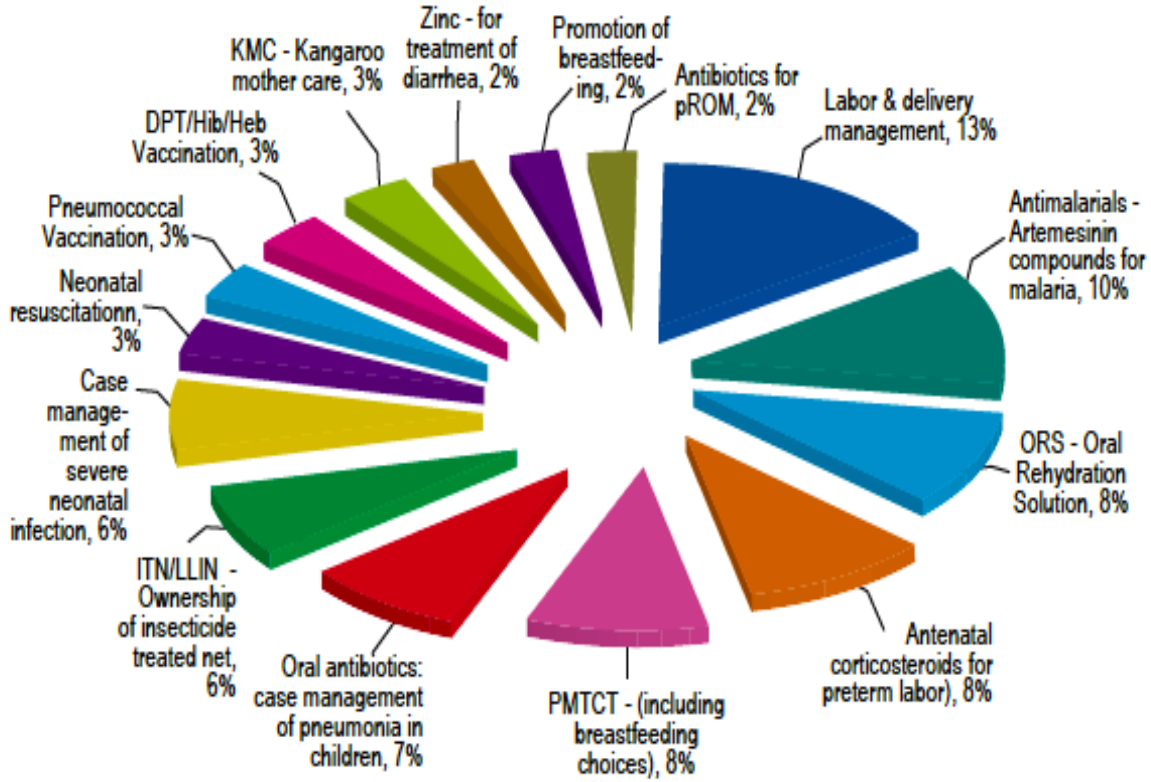
- Results framework – five strategic shift which include reducing inequity
- **16 Key Outputs** in the Child Survival Strategy – includes medicine access

Analyzed intervention coverage frontiers, costs and impact of policy options, such as:

- What New Interventions? (Home Based Neonatal Care/ Essential Obstetric Care)
- By Whom? (Public/ Private)
- How? (Supply or Demand Focus)
- To Whom? (Geographic/ Social Targeting)
- With What? (Input Mix)
- At What Cost? (for Drugs, Salaries, Construction)
- Who Pays? (Public, OOPs)

High Impact Child Health Interventions – Potential Lives to be Saved

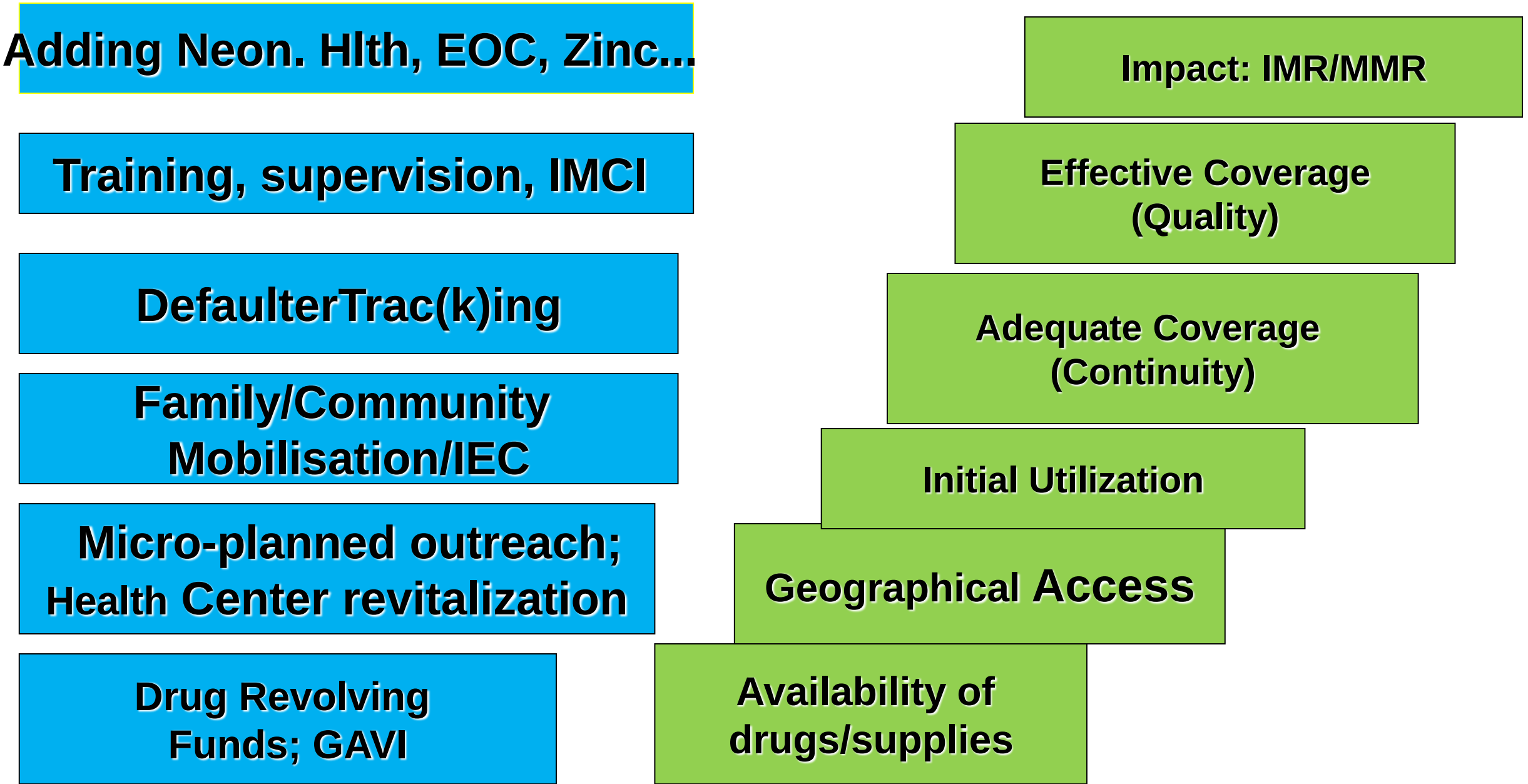




Operational Service Delivery Packages

FAMILY ORIENTED SELF CARE	Environmental care
	Family neonatal care
	Infant and child feeding
	Community based illness management
POPULATION ORIENTED SCHEDULABLE/OUTREACH SERVICES	Preventive care for adolescent girls & women
	Preventive pregnancy care
	HIV/AIDS prevention and care
	Preventive infant & child care
INDIVIDUAL ORIENTED CLINICAL CARE	Clinical primary level maternal & neonatal care
	Clinical primary level child and adult care
	Clinical first referral illness management
	Clinical second referral illness management

Strategies addressing Coverage Bottlenecks



Multi-dimensional response

Key issues

- Fragmented financing, duplication of activities by partners and insufficient funding
- Input based financing - inputs not combined in a meaningful way leading to the results we are after
- Human resource – low staffing, demotivation, mal distribution (workload)

Alignment of resources to country priorities

- Financing platforms for priority activities – annual resource mapping and tracking tool help in monitor progress implementing priorities and advocacy to address financing gaps

Built an accountability system

- Commitments by different stakeholder – included professional bodies, Experts, Sectors, Religious Leaders, Private, Cultural, Media etc.
- Established joint monitoring and accountability platforms – Annual RMNCAH assembly, Regional conventions, TWGs (Think Tank, scorecard, budget, QoC)

Continuous responsiveness/ local adaptive implementation

Key Issues

- No real-time data or analysis used for course correction
- Limited resources/ investment for monitoring and evaluation

Implementation strategy that allowed for iterative experimentation feedback loops & mid-course correction: **Initial, Early Implementation, Expansion phase**

- Regular joint review of results and progress to operationalize
- rigorous data-driven monitoring and learning
- Explore variations in implementation results and use it to refine solution
- Problem-solving and accountability at all levels, under government leadership
- Examples: ICCM initial implementation, Child Health Days

Innovation

- **Key Issues**
- No joint, real-time data-driven monitoring or learning
- Multiple innovation, short lived and not evaluated

- Build evidence of results (quantitative, qualitative, experimental learning) throughout to
- identify weak links:
- -Define joint monitoring indicators & tools on priority areas
- -Unify data environment
- -Engage in efficient and sustainable data collection and analysis approaches for priority
- Areas digital connectivity data system, public view
- Examples: Bangladesh unified data collection and analysis
- Liberia RMNCAH monitoring structure & advocacy
- Coordinated support to unified data system – in a multi partnership environment

Lessons learnt and advise

- Agenda item for RMNCAH ensures child health agenda - if evidence based tools are applied
- Development takes time - involvement of all stakeholders ensures broad base of support
- Balance of open mind and own agenda needed – important to align key stakeholders to one plan and investment case
- Focus on outputs and results and accountability – enhances broader acceptability
- Learning continuously and responsiveness with emphasis on institution
- Routine data and building evidence
- Building on what is existing and in country entry points – UNLSC, CSS and IMCI work

RMNCH Sharpened Plan

REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE

Integrating Community health workers commodities in Mozambique procurement and Supply system: Successes and Lessons Learned

João Grachane,

Manager, Planning and quantification department of central drug store,
Ministry of health of Mozambique

Maputo, 22 Outubro de 2019

Presentation outline

- Background;
- The context of investment case's development;
- The enabling environment for financing of community non-malaria commodities;
- Lessons learned and take away messages

Background (1)

- The government of Mozambique after independency in 1975 defined as priority to increase the access of Health Services to its population;

- In 1978 a new cadre of community Health Workers the so called Agentes Polivalentes elementares (APEs) was created with responsibilities of disease prevention and first aid in minor trauma cases;

Background (2)

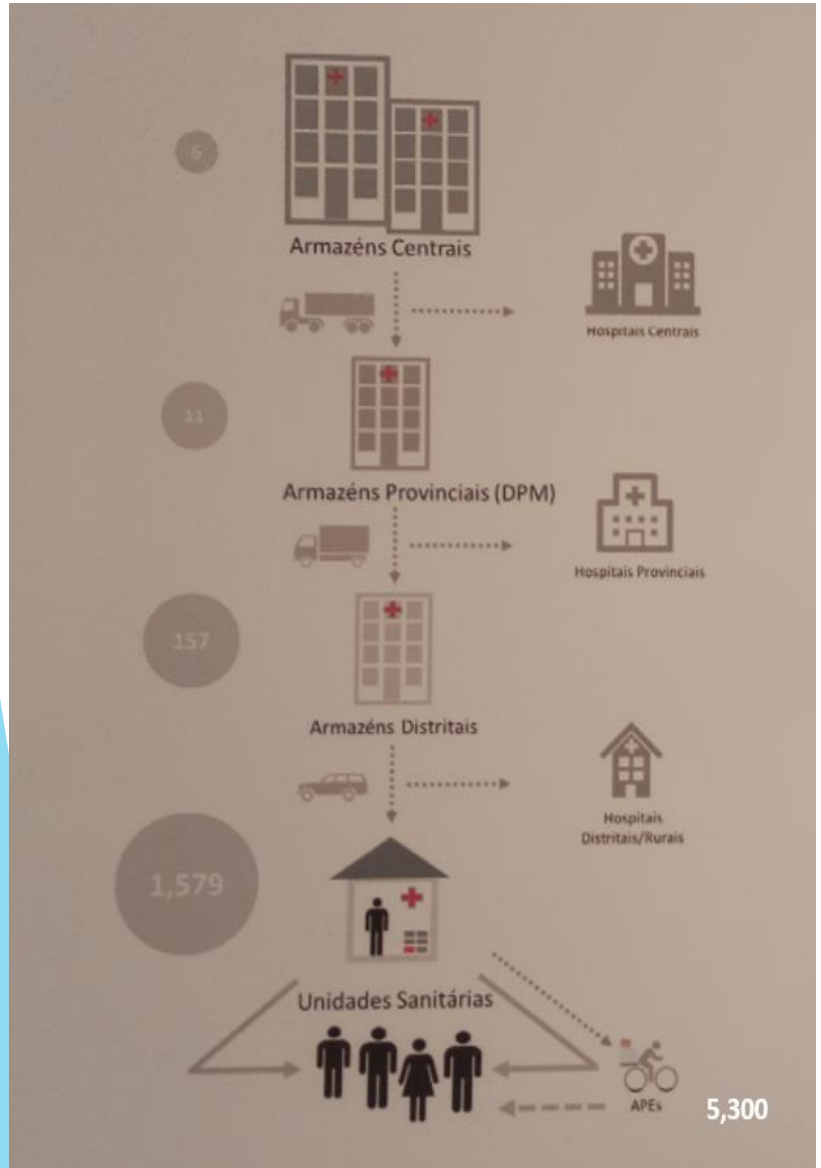
- The Alma Ata Conference on Primary Health care in 1978 reinforced the government's commitment, and it approved in the beginning of the 1980’s a dedicated medicine kit denominated Kit C but without medicines for malaria, and acute respiratory infection following the approved intervention package;
- However, APE program faced implementation challenges in the end of 1980’s due to perceived relevance of their tasks and the civil war.
- The center medical store (CMAM) however continued with procurement and supply of medicines to active APEs;

Background (3)

- In 2006 a new process to reshape the role of APEs was initiated by the Ministry of Health which led to approval in 2010 of a new intervention package which include malaria, acute respiratory infection and diarrhea among other tasks, and its expansion plan;

- CMAM reviewed the content and denomination of kit C which currently contain 29 products and called Kit APE. The medicine kit currently include Amoxicillin, ORS, Zinc, artemether/lumefantrine, RDTm, clorexidin gel;

Background (4)



- Mozambique has an integrated logistic system for medicines
- The Ministry of Health is responsible for quantification and financing of the medicines. The indicative budget for the medicine is communicated by the ministry of health planning department and the central drug store (CMAM) allocate to procure medicine for different delivery platform: Health facilities and communities.
- CMAM ensure 100% of the needs of the APE medicines are funded starting from state budget and the existing gap of malaria products (AL and RDT) is covered by Global Fund and USAID.

The context of investment case's development (1)

- Reproductive, maternal neonatal and child Health investment case led by Ministry of Health to address current gaps in access and quality which lead to slow and difficult progress in the reduction of maternal and neonatal mortality;
- The process was conducted between 2016 and 2017 and all Ministry of Health departments were involved including public Health department, Medical Assistance department, Planning Department and Central medical store (CMAM);

The context of investment case's development (2)

- The agreed priorities were informed by the identified gaps: community Health workers expansion and strengthening of supply chain were included. The target for APEs was doubled from 3500 to 7000 by 2020;

- The alignment of the new targets with the forecasting and procurement systems is ongoing so that the program can deliver its purpose of reducing child mortality in the communities.

The context of investment case's development (3)

- In Mozambique was not needed to engage in a extensive advocacy to prioritizes the community intervention package and community supplies in the investment case as it was already part of the country's health service delivery strategy;

- The investment case development was an opportunity to increase the targets and expand the services.

- Currently we are in the process of negotiating the allocation of GFF funds to support financial gaps generated by the new ambitious targets;

The enabling environment for financing of community non-malaria commodities (1)

- The enabling environment to support the financing of community non-malaria commodities with domestic funds are:
- The Ministry of Health commitment at high level for delivering the essential package of health services through 3 platforms: (a)Health facilities, (b)mobile clinic and (c) community level,
- The National Health Policy;

The enabling environment for financing of community non-malaria commodities (2)

- Local government willingness to accelerate the access of health services to its population in the context where only 60% of the population are assisted by existing Health facilities;
- Existence of strong coordination between CMAM and ministry of health programs (public heath and medical assistance);
- Existence of integrated supply system which deliver medicines to all levels of service provision;

Lessons learned and take away messages (1)

- The Investment case should be aligned with the government commitment to reduce maternal, neonatal and child mortality in the community;
- The prioritization of medicine for community interventions require on integrated supply system in the Ministry of Health and coordination e collaboration between responsible entities (programs and CMAM);
- To prevent stock out of medicines at community level or its excess beyond the demand there is a need to reinforce the quantification methods and supply systems which include the knowledge of the existing CHW workforce, attritions rates and disease prevalence;

Lessons learned and take away messages (2)

- Even if external donor will support the financing of medicines, there is a need to communicate the targets and financial requirements to the Ministry of Finance and what proportion of funds is being supported with external funds, and the expiring period so that the government can properly take over when it is phased out;

- There is a need to define targets with caution as the capacity of the state budget to absorb a sudden increase of funding requirement for medicines is always limited.

Obrigado

Thank you

Merci beaucoup

Moderated Q&A

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