RESOURCE MOBILIZATION & ALLOCATION FOR COVID-19 OUTBREAK EMERGENCY RESPONSE
Early experience from Ethiopian Ministry of Health

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• Introduction: COVID-19 Pandemic- Global & Ethiopia
• Background: Ethiopian Emergency Preparedness & Response
• Ethiopian Experience (Early):
  – Summary takeaways
Ethiopian Case: National COVID-19 outbreak so far

Jan 2020
Time of NO case (Scenario I: Prep)
- PHEOC Activated
- Preparedness stated
- Screening at POE
- Test samples to RSA

Feb 2020
Time of NO case (Scenario I)
- Test samples in ETH started
- RRT increased
- Initial Modeling

Mar 2020
1st imported case (Scenario II: Prep & Resp)
- Contact tracing, Isolation and Rx
- Risk of community transmission
- Testing of high risk groups
- Schools closed, Movement restrictions

Apr 2020
Cases Passed 100 (Scenario III: worst case scenario)
- Worst case scenario containment plan
- Modeling revision
- Intensive testing capacity
- Aggressive RCCM
- Only essential workers at work place
- Nat. State of Emergency

May 2019
(PROBABLE/POSSIBLE)
Worst Case scenario Cont.: Cases >90k
- Aggressive Treatment & Isolation centers
- Aggressive testing
- National lockdown
Background ...

• Ethiopia

Source: EPHI’s ETH-COVID-19 Live Visualization
Background ...

Ethiopia

**ETHIOPIA COVID-19 ONLINE SURVEILLANCE DASHBOARD**

- Total cases: 116
- Total deaths: 3
- Total recovered: 16
- Total on treatment: 95
- Mild: 93
- Severe: 1
- Critical: 1
- Affected region: 5
- Affected zones: 22

New and Cumulative cases of COVID-19 in Ethiopia

Number of cumulative cases vs Number of new cases over time.
Background: Eth Emergency Preparedness and Response (EPRP) planning

• Where did we start? Call for National Emergency
  – Sectoral readiness: Activate National Public Health Emergency Operating Center & advisory structures
  – Multi-sectoral readiness: National Multi-sectoral
• Start Preparedness and Response Planning: National & Regional
  – Scenario based planning
  – Budget computation for different scenarios
Resource Mobilization and Allocation for COVID-19 Response

ETHIOPIAN EXPERIENCE
RM TF: Team Members & Key Functions

• **Team members:**
  – MOH: Health Financing experts in RM case team, PCD
  – Partners: WHO, Dalburg consults

• **Monitoring:**
  – Daily updated database which feeds into comprehensive dashboard
  – Weekly report to MOH overall command post on COVID-19 response

• **TOR: Key responsibilities**
  – New resource Mobilization
  – Follow up resources in-pipeline
  – Resource Allocation

• **Coordination:**
  – Twice daily meeting: check-in, check-out
  – TF members individually report: TDL for the day & What has been done
Resource mobilization: Factors We Considered

• Resource type:
  – Financial,
  – In-kind (Material/equipment/Infrastructure),
  – HR and technology

• Sources of resources:
  – Internal available resources- MoH (repurposing existing resources),
  – Government: Central government and other government sectors,
  – Non-Government: Development partners/donors (re-purposing, new grants/loans),
  – Private sectors: manufacturers, importers, service providers, new entrepreneurs,
  – Civic society: Ethiopian Diaspora, Local civic societies and Health Professional Associations

• Levels for RM&PSE:
  – International,
  – National,
  – Sub-national: Regional & Sub-regional level
Resource mobilization: Factors We Considered

• RM & PSE approaches:
  – Sharing scenario based EPRP for International, National and Regional donors
  – Specific proposal development on priority basis (sliced from overall scenario based plan)
  – Follow up calls, emails, meetings
  – Regular engagements for status updates: bi-monthly meetings,
Resource Allocation

• Recipients of resources:
  – Federal/National Institutions
  – Regional Health Bureaus
  – Civic societies/Local NGOs

• Resource allocation approaches:
  – Federation allocation formula
  – Institutional and Regional Gap analysis
  – Specific proposals by civic society/local NGOs

• Refill of resources:
  – Proof of efficient resource utilization
  – Special contexts: Returnees, IDPs
RM&PSE Monitoring

• Data for data base and dashboard
  – Resources: In cash & In kind; Ear marked & Flexible/Non-earmarked; resource by pillar;
  – Integrated data base with other data bases: Logistics distribution, facility readiness, regional support

• Data reporting: using simple excel-based dashboard
  – Daily progress report by TF members
  – Weekly report to national TF and MoH Top Management
  – Shared data base with Regional Health Bureaus
  – Bi-monthly report sharing with donors and partners
  – Monthly report to multi-sectoral national taskforce meeting
Resource Mobilization & Allocation Dashboard (1)
# Resource Mobilization & Allocation Dashboard (2)

## Resource Mobilization and Allocation Dashboard

**Date: 27-Apr-2020**

<table>
<thead>
<tr>
<th>Category</th>
<th>Total committed funding</th>
<th>Earmarked</th>
<th>Non-earmarked</th>
<th>Total disbursed funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td>201,405,478.64</td>
<td>130,162,105.71</td>
<td>71,333,372.93</td>
<td>21,443,673.64</td>
</tr>
</tbody>
</table>

**Switch between automatic and manual allocation:** Manual

<table>
<thead>
<tr>
<th>Category</th>
<th>Automatic allocation of non-earmarked funding</th>
<th>Manual allocation of non-earmarked funding</th>
<th>Committed funding non-earmarked</th>
<th>Committed funding earmarked</th>
<th>Committed funding total</th>
<th>Funding gap</th>
<th>Progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination and Leadership</td>
<td>-8.39%</td>
<td>-1.80%</td>
<td>$(1,284,001)</td>
<td>$7,703,632.70</td>
<td>$8,419,632</td>
<td>$113,307</td>
<td>98.27%</td>
</tr>
<tr>
<td>Surveillance and contact tracing</td>
<td>54.96%</td>
<td>60.00%</td>
<td>$42,800.024</td>
<td>$14,261,625.00</td>
<td>$15,683,649</td>
<td>$310,690</td>
<td>31.80%</td>
</tr>
<tr>
<td>Laboratory</td>
<td>8.89%</td>
<td>23.80%</td>
<td>$16,977.343</td>
<td>$2,576,371.91</td>
<td>$2,743,349</td>
<td>$27,818</td>
<td>69.77%</td>
</tr>
<tr>
<td>Case management and IPC</td>
<td>31.64%</td>
<td>10.25%</td>
<td>$7,311,671</td>
<td>$90,976,693.34</td>
<td>$98,287,764</td>
<td>$78,820,027</td>
<td>52.81%</td>
</tr>
<tr>
<td>Points of Entry (POEs)</td>
<td>0.57%</td>
<td>2.40%</td>
<td>$1,712,001</td>
<td>$3,591,091.84</td>
<td>$5,303,092</td>
<td>$113,307</td>
<td>99.79%</td>
</tr>
<tr>
<td>Risk Communication and Community Mobilisation</td>
<td>5.41%</td>
<td>5.35%</td>
<td>$3,616,335</td>
<td>$11,032,869.92</td>
<td>$14,649,205</td>
<td>$12,444,737</td>
<td>54.40%</td>
</tr>
<tr>
<td>Evidence generation and operational research</td>
<td>1.42%</td>
<td>0.00%</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>$27,293,983</td>
<td>0.00%</td>
</tr>
</tbody>
</table>

100.00%
Resource Mobilization & Allocation Dashboard (3)
Resource Mobilization & Allocation Dashboard (4)

Budget requirements for response planning, by region and pillar

- **Afar Region**: $-
- **Addis Ababa**: $-
- **Amhara Region**: $150,000,000.00
- **Benishangul-Gumuz Region**: $-
- **Dire Dawa (city)**: $-
- **Oromia Region**: $100,000,000.00
- **Somali Region**: $50,000,000.00
- **SNNP**: $-
- **Tigray Region**: $-

Legend:
- Coordination and Leadership
- Surveillance and contact tracing
- Laboratory
- Case management and IPC
- Points of Entry (POEs)
- Risk Communication and Community Mobilisation
- Evidence generation and operational research
### C. Donor overview

<table>
<thead>
<tr>
<th>Donor</th>
<th>Amount</th>
<th>Amount</th>
<th>Donor</th>
<th>Cash equivalent</th>
<th>Material</th>
</tr>
</thead>
<tbody>
<tr>
<td>World Bank</td>
<td>$82,600,000</td>
<td>$9,150,000</td>
<td>MoF</td>
<td>$1,500,372</td>
<td>Test Kits (98, 112pcs), Swabs and VTM (18,500pcs), Extraction Kits (18,912pcs), N-95 masks (202,025pcs), Medical Masks (200,000pcs), Protection Suit (12,010pcs), Faceshield (10,495pcs), Breaths Care FAP stalls (100pcs), Thermometer gun (128), Medical Gloves (9500pcs)</td>
</tr>
<tr>
<td>Global Fund</td>
<td>$2,700,000</td>
<td>$3,048,000</td>
<td>Prosperity Party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Resolve to Save Lives</td>
<td>$1,100,000</td>
<td>$11,100,000</td>
<td>European Union</td>
<td></td>
<td></td>
</tr>
<tr>
<td>GAVI</td>
<td>$4,971,000</td>
<td>$1,859,000</td>
<td>USAID</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Challenges /Areas of Improvement

• Resource Mapping: no integrated/comprehensive resource mobilization tool (before COVID) but work is in progress
• Late multi-sectoral response initiation
• Disbelief of worst case scenario computation: government & society
• Weak coordination among different Task Forces within MoH at beginning of the pandemic
• Shortage of readily available resources: time for repurposing existing resources, donor grants
• In-experienced private sector (local production capacity) for COVID response related commodities
• High cost of commodities, equipments and supplies globally
Summary takeaways

• Emergency Prep & Resp Plan with budget: Basic and rate-limiting for RM
• Consensus on basic assumption for scenario computation- Efficiency, donor confidence (government and non-governmental donors)
• Monitor and Communicate Resources mobilized & allocated using simple Dashboard
• Identifying existing resources: activity and budget re-programming, resources from other sectors and community
• Opportunity for DRM (for HSS investment): Leverage & Negotiate Government allocation for health sector and capital investment for sustainable health system
• Role of private sector: untapped potentials, not just donation, but also local production, importation and distribution; Technology transfer and entrepreneurship
• Donor engagement: repurposing as well as additional resource mobilization
Thank you
Annexes
Background ...

Country Situation

• Addis Ababa

Distribution of Confirmed cases of COVID-19, Addis Ababa, 22 April 2020

Cases

- 0
- 1 - 2
- 3 - 6
- 7 - 9

Source: EPHI's ETH-COVID-19 Live Visualization