GLOBAL FINANCING FACILITY

FINANCING OF PRIMARY HEALTH CARE SERVICES

IG-14-3 PHC financing
The financing agenda of the GFF Partnership: Getting more resources into front-line service delivery platforms

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<th>Goal</th>
<th>To increase both volume and efficiency of the domestic public resources towards the front lines</th>
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<td>Context</td>
<td>Across the GFF portfolio, countries do not have equal space for Domestic Resource Mobilization for health and each country has different drivers of inefficiency. However, most countries are underfunding or inefficiently funding Primary Health Care (PHC).</td>
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<td>PHC Approach</td>
<td>PHC is the key delivery platform for RMNCAH+N related services. As a result, the health financing work across the portfolio aims to strengthen the allocative efficiency by increasing funding to the frontline delivery platform.</td>
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Aligning instruments around PHC requires consensus on the desired results

In an ideal scenario, ...

HF Diagnostic

Recommendation(s) on:
- Increasing Govt. financing for PHC / frontline platforms
- Using output-based financing to address quality and coverage of PHC
- Devolving resources to regions / districts and / or directly to frontline PHC platforms

Operationalizing Recommendations

Policy Dialogue, technical assistance and Advocacy

Donor financing: Credits & Grants

Q: What specifically are we recommending, advocating, and funding in PHC?

Routine Monitoring and Tracking (RMET)

Develop indicator(s) on volume and efficiency of spending on frontline PHC platform

Partner alignment: WB DLI(s) based on indicator; others?

Identify relevant indicators

Feed into future diagnostics

Confirm trends with NHA

... In practice, partners have different starting points and institutional approaches
Key global health collaborative initiatives have accelerated aligning instruments and approaches in countries

- **Global Action Plan Sustainable Financing for Health Accelerator (GAP –SFHA)**
  - Joint results frameworks for Health Financing with a strong focus on PHC

- **Alignment Community of Practice (linked to P4H network)**
  - Creating and strengthening a cadre of in-country focal points that support alignment of TA and financial support to the sustainable health financing agenda
  - GFF K&L platforms are supporting the COP and creating better linkages with other resources such as the LOS
  - Proposal within SFHA to increase accountability, link between global–country, and better embed focal points within operations, funding cycles and platforms

- **Joint Learning Agenda on Financing for UHC providing training and support to CSOs for better budget advocacy for health**
Cote d’Ivoire
Joint Advocacy for Domestic Resource Mobilization (DRM)

**CONTEXT**
High economic growth with low spending on health

Cote d’Ivoire demonstrated high economic growth, however, the country continuously deprioritized health spending (3.31% in 2017).

At the same time, the spending that occurred was inefficient.

**APPROACH**
Partners collaborated to develop joint programming and unified advocacy towards DRM support

- An investment case was developed which focused on budget advocacy for PHC
- **IDA co-financing** for strategic purchasing on supply side (HNP) and demand side (SPJ)
- TA program for implementation support – cofinanced by Gavi
- **RMET** conducted to track government and external resources
- Partners collectively advocated for increased government allocation to health. Joint support from WB/WHO on institutionalizing PBF principles into UHC scheme

**PHC PROGRESS TOWARDS RESULTS**

Increases in budget allocation to health and the implementation of strategic purchasing for growing number of covered households led to improvements in the efficiency of frontline spending.

Improvements in service delivery since 2018. Despite the pandemic, progress has continued in 2020.
Rwanda

Combining Approaches to Improve spending on nutrition and improve efficiency of CBHI

CONTEXT

- Insufficient spending on nutrition services
- Low CBHI Coverage and inefficiencies in administration
- Low social assistance coverage
- Low and inefficiently managed allocations
- Limited information on fund flow in health sector
- High OOP

APPROACH

- GFF provided support to the ministry to track nutrition budgets and strengthen CBHI implementation and coverage
- RMET support for budget tagging for nutrition
- G4GFF support to institutionalize the tracking process
- IDA co-financing for Human Capital, Health, Social Projection and Jobs, and COVID projects
- TA package to support revision of CBHI business processes

MILESTONES

- Initial assessment of expenditure on nutrition
- Institutionalization of nutrition budget and expenditure tagging
- More efficient business process at Rwanda Social Security Board and CBHI
- Improved budget for health and nutrition at local level
- More cost-effective CBHI and social assistance NSDS benefit package
- More efficient targeting of the poor for social assistance and CBHI subsidies

PHC PROGRESS TOWARDS RESULTS

Higher expenditure on nutrition and health

- Coverage of nutrition-sensitive social assistance increased from 20,000 to 127,000 beneficiaries in 2020
- % children receiving the minimum package of early childhood development services increased from 17% to 42% in 2020

Rate of change in high-stunting and other districts, 2018-2020

- National
- High-stunting districts
- Other districts

Graph showing the rate of change in high-stunting and other districts from 2018 to 2020.
Pakistan

Alignment around PHC Financing through IDA project

**Context**
- Insufficient allocation to PHC services
- Fragmented health financing reforms

**APPROACH**
- Partners collaborated to co-finance and jointly address key issues
  - Partners worked with Ministry to develop an investment case around the National Health Strategic Plan
  - **IDA was co-financed by GFF, Gavi and the Global Fund** and included pillars on PHC access and quality. Partners aligned advocacy and TA through the SFHA platform
  - **RMET triggered re-prioritization of programming**
- **SHFA is working to assess HF schemes and identify growth potential**
  - SFHA agencies are supporting to collect, analyze, and compare data across PHC hospitals around the country

**PHC PROGRESS TOWARDS RESULTS**
- **Co-Financing of $430 million National Health Support Program (NHSP) Introduced for PHC**
  - Funding to support the equitable deliverable of primary healthcare in the provinces, with focus on advancing key health system reforms
- **Increased transparency of HF schemes for PHC hospitals and introduced domestic growth opportunities**
  - Mapping of the health financing reform landscape will help to improve mainstreaming of HF reforms aiming to improve PHC services

**MEASUREMENT**
- Framework for expenditure tracking to reflect facility-level budget and expenditures for PHC
- Budget allocations for PHCs can be tracked within the provincial FABS
- Percent of public total health expenditure on PHC
**Context**
- High donor dependency, fragmentation
- Limited opportunity for growing domestic budget
- PBF adopted as National strategy but limited alignment and issues of sustainability

**Approach**
- **Investment Case**
  - that includes a package of high-impact RMCAHN interventions and key system reforms
- RMET to drive prioritization
- Improving sustainability and alignment around PBF
- PBF is key component of WB/GFF project
- Collaboration with EU on PBF
- TA package to support alignment and improving sustainability of PBF

**Milestones**
- The implementation of the targeted free health care policy is being progressively integrated into the PBF Scheme
- Development partners have come together to integrate their efforts to invest more in PHC using the development of a single essential drug supply system

**PHC Progress Towards Results**
- Increase in resources (state and non-state) executed at the regional level (65.9% regional vs. 34.1% central)
- Increase in allocation to SRMNIA service package from 4.0% (2017-2019) to 9.3% (2020-2022)
- 5% increase in the allocation of resources to SRMNIA service package for Primary Health Care
CAR
Evidence Generated for Improved Health Outcomes

Resource mapping of IC
Highlights inefficient, unequal, and insufficient health financing

Impact on RMNCAH-N spending

Target setting
Indicator for tracking Govt. PHC spending
Share of domestic Government health expenditure on RMNCAH-N programs considered a good proxy for operational budget of PHC facilities

Reprioritization

Partner alignment
Indicator used by IMF’s budget support program as disbursement condition

Operationalizing increase in PHC spending
GFF co-financed IDA program supports RBF of PHC facilities
TA to implement PBB for output-based financing by Government

Monitoring and learning

Resource Mapping Expenditure Tracking is strengthening country capacity to prioritize PHC financing

Understanding:

How much money is in the health sector?

Who is financing what activities in the health sector, where, when, and with how much funding given the identified priorities and their costs?

- Is there sufficient funding to implement the activities?
- If not, how large is the overall financing gap?
- Is there need for prioritization?

Efficiency, Equity

- Is funding equitably and efficiently allocated based on need and ability to pay?
- How does funding compare across interventions, regions, cost categories, years, levels of care?

Accountability, Effectiveness

- Where allocations are set, are expenditures aligned and spent down efficiently?
Resource Mapping Expenditure Tracking can be further institutionalized and harmonized across countries and partners

<table>
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<tr>
<th>CATEGORY 1: STARTING PHASE</th>
<th>CATEGORY 2: LIMITED ROUTINE IMPLEMENTATION</th>
<th>CATEGORY 3: INSTITUTIONALIZATION AND INTEGRATION</th>
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<tr>
<td>22 Countries</td>
<td>8 countries</td>
<td>6 countries</td>
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- Country has recently started RM/ET
- RM/ET is heavily supported by external consultants
- Countries routinely implements RM (2-3 years)
- MOH requires some external support for RMET
- RMET used to some extent by both donors and MOH for health sector budgeting and planning
- RM is institutionalized – implemented for 3-5 years under MOH’s lead
- Country is exploring linking financial management systems, RMET databases, and health information systems to systemize results monitoring

Across all countries:
- Data collection and analysis tools, production TA
- GFF data repository
- Support for policy dialogue to ensure grounded use cases
- Harmonize processes for country resource tracking and develop guidance, e.g. GFF–WHO collaboration on aligning National Health Accounts and RMET (case studies in Malawi and Zimbabwe)
- Shift from RMNCAH specific RMET to supporting prioritization of National Health Plans
- (real time) Tracking spending remains challenging
Critical pathways for partner alignment around a country led PHC financing agenda

Measurement

➢ Joint framework to measure improvements of allocation and efficiency of spending

➢ Individual country tailored indicators to reflect differentiated and context specific health systems and reform agendas

Joint Financial and technical support

➢ Institutional buy-in and incentives incl flexible financing while maintaining individual organization’s mandate

➢ Deepening and strengthening country level engagement

Common vision and joint investments for financing PHC Delivery Platforms
Discussion

• How to support the development of joint results frameworks on sustainable health financing (for PHC) and further institutionalizing of operations/instruments?

• What approaches and shifts are needed to create more (efficient) joint in-country support for this agenda?