

NUTRITION FINANCING WEEK

Nutrition for Growth (N4G) Side Event Series

Optimizing Health Financing Levers for Nutrition:

Commitment to Action

January 25th 2022- 8:00- 9:30 EST



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The Nutrition Security Partnership

Session Objectives

- Highlight how UHC-oriented reforms offer an opportunity to reach global nutrition targets
- Discuss concrete strategies on how health financing levers could improve effective coverage of nutrition services
- Urge future actions to position nutrition within UHC, better integration of nutrition into health system, promote data-driven accountability, and secure effective and sustainable financing for nutrition



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Welcome and Opening Address

Presentation of the Discussion Paper: Positioning Nutrition within UHC

Lightning Round Presentations

Round 1: Fiscal transfers to sub-national

Round 2: Nutrition in PBF program

Breakout Room Discussions

Discussion Summary

Final Q&A

Way Forward & Close the Session

Juan Pablo Uribe

**Global Director of Health Nutrition
and Population, World Bank and
Director, Global Financing Facility**



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Francesco Branca

**Director, Department of Nutrition
and Food Safety**
World Health Organization (WHO)



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Takahiro Tsuda

**Alternate Executive Director for
Japan
World Bank Group**





Kyoko Okamura

**Nutrition Specialist
World Bank Group**



Naina Ahluwalia

**Project Coordinator/Consultant
World Bank Group**



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Positioning Nutrition within UHC: Optimizing Health Financing Levers

Kyoko Okamura and Naina Ahluwalia, Health, Nutrition and Population Global Practice, World Bank Group

Positioning nutrition within UHC

- **Nutrition services less prioritized in UHC** despite the high burden on the health systems
- **Time to reposition nutrition** in global and national actions to achieve UHC
- **Insufficient focus on 'HOW'** while we know 'WHAT' and 'WHY'
- **Improving coverage and quality of nutrition interventions** requires action across six health systems pillars



Knowledge gaps on how to deploy resources more effectively to deliver quality nutrition services

Integrating nutrition-related actions through the six pillars of national health systems

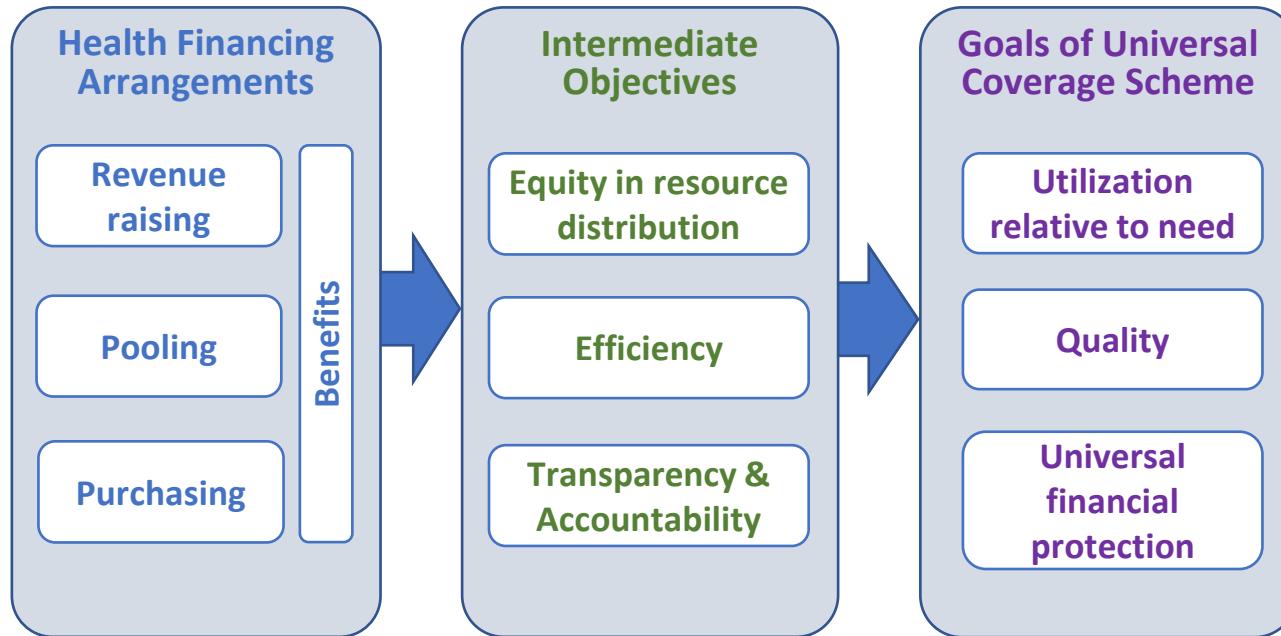
Health Information Systems	• Ensure routine nutrition data collection integrated into HIS
Access to Essential Medicines	• Ensure essential nutrition-related commodities/products are available and affordable
Health Workforce	• Develop capacity of health workers to deliver quality and integrated nutrition services across the life course
Health Service Delivery	• Increase effective coverage of essential nutrition actions through current service delivery platforms, focusing on those most left behind
Health System Financing	• Improve public health financing for a package of high-impact nutrition interventions, particularly at PHC level
Leadership and Governance	• Integrate high impact nutrition interventions within multisectoral, multi-stakeholder national programs

Source: Adapted from WHO (2019)

Where are the opportunities?

THE OPPORTUNITY

UHC-oriented reforms offer an opportunity to optimize health financing arrangements to reach Global Nutrition Targets and health SDG



Impact

Health SDG



Zero Hunger SDG



Global Nutrition Targets



Example of our approach to countries: Indonesia

Challenges

(more about efficiency than adequacy in Indonesia)

The fiscal impact of Covid-19 will continue to rise and create further pressure for nutrition spending, which makes it challenging to maintain adequacy of spending

Financing for nutrition in Indonesia is complex and fragmented due to multiple pool of funds and purchasing mechanisms in a highly decentralized system

Weak linkage between payment and results in weak accountability

Health Financing Arrangements

Revenue raising

Pooling

Purchasing

Solutions

from Indonesia's experience

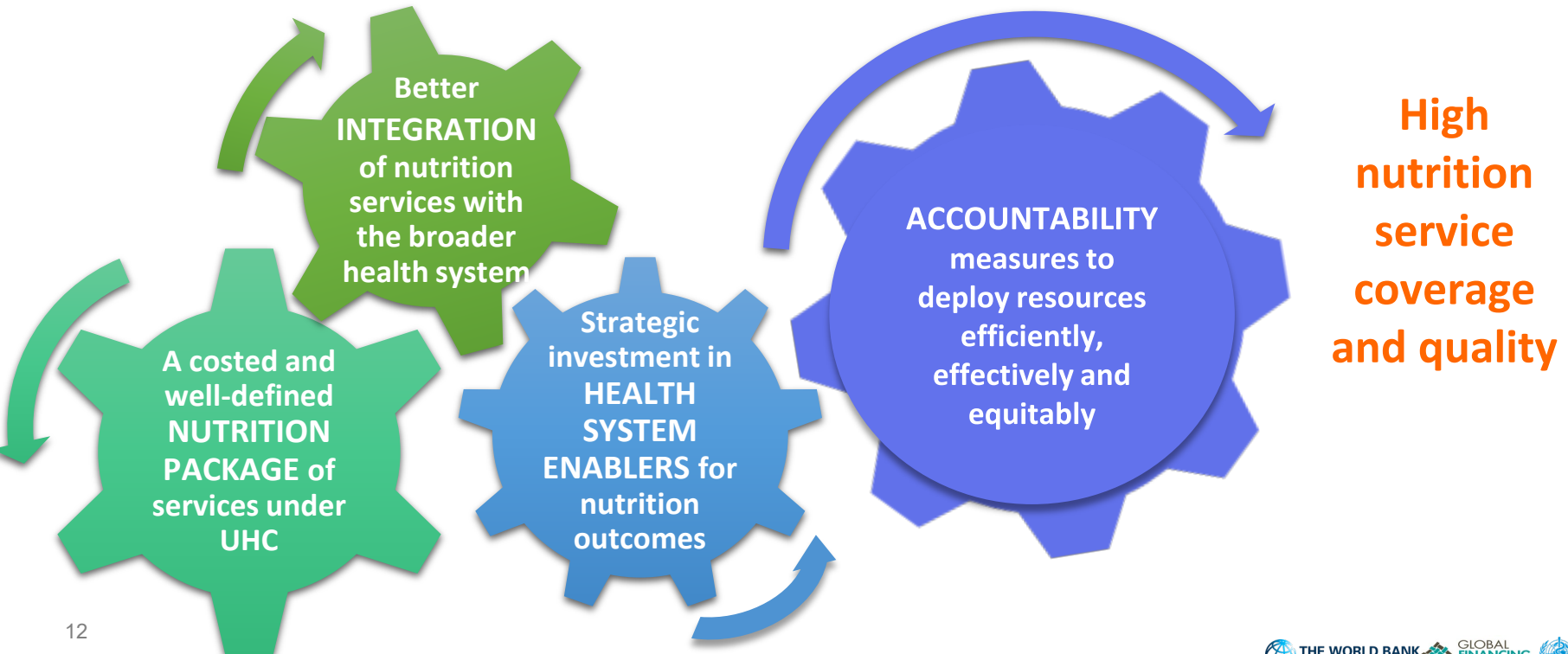
Evidence-based advocacy to secure funding for nutrition and prioritize expenditure reallocation towards cost-effective interventions, while continuing prudent financial management

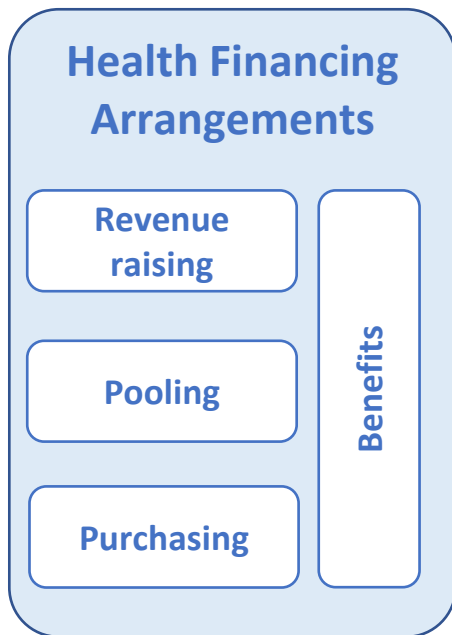
Implement budget tagging and tracking system through government system to strengthen the links between budget and performance

Implement performance-based capitation payment under SHI program as initiatives to shift the focus of implementation culture from procedural compliance towards achievement of results

Strategic Drivers

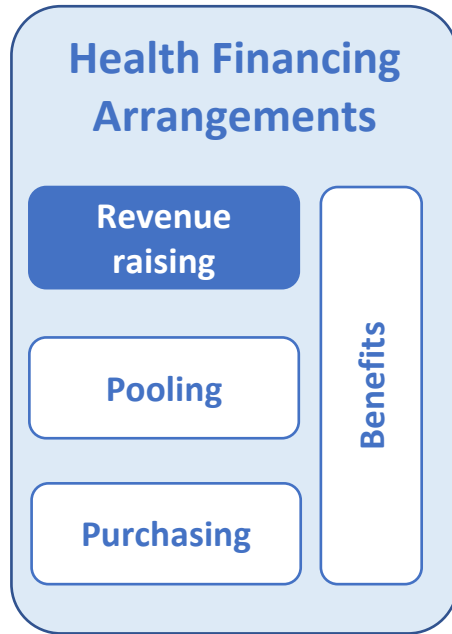
Optimising health financing levers under universal health coverage (UHC) remains an untapped area because countries often commit to 'include nutrition' in UHC but fail to specify what it takes to sustainably finance and deliver quality nutrition services.





Health financing arrangements - revenue raising, pooling and purchasing - can address financing challenges and bottlenecks to scaling up nutrition, as well as nutrition service delivery challenges in other pillars of the health system such as supply, workforce, and information systems.

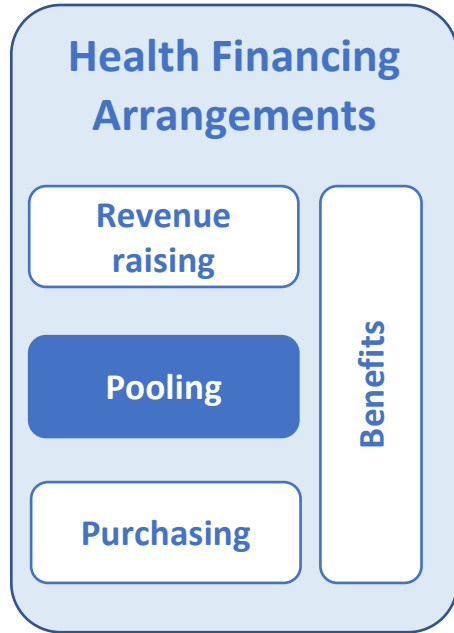
Actionable Recommendations - Revenue raising



Revenue raising:

- ✓ Strengthen evidence-based planning and resource allocation to properly reflect disease burden of nutrition/diet-related risk factors and the costs of nutrition interventions at both national and sub-national levels *[e.g. Thailand, Pakistan, Indonesia]*.
- ✓ Explore innovative fiscal policies, such as diet-related taxation, that aim to impact health and revenue amidst serious fiscal constraints around the world *[e.g. Thailand]*.

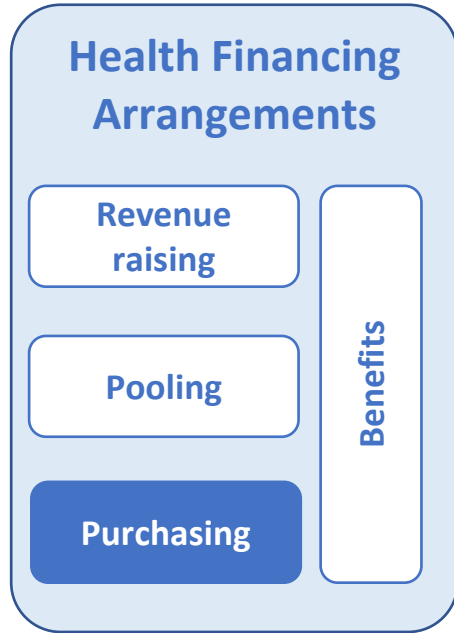
Actionable Recommendations - Pooling



Pooling:

- ✓ Reduce fragmentation by aligning financing sources, harmonizing benefits, facilitating cross-subsidization relative to need, and bringing off-budget donor funds on-budget *[e.g. Ethiopia]*.
- ✓ Implement an integrated PFM system to monitor and track expenditure, service delivery, and results *[e.g. Indonesia]*.

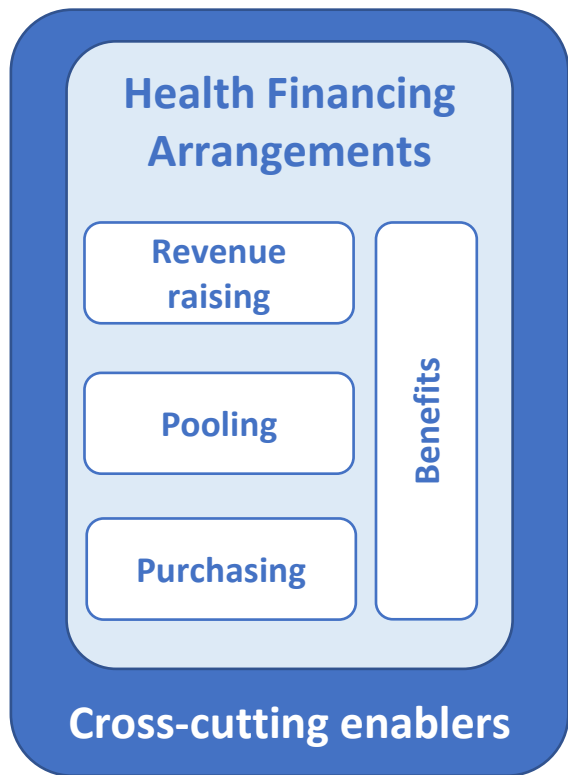
Actionable Recommendations - Purchasing



Purchasing:

- Develop an explicit, costed and prioritized nutrition package of services and include it in the UHC benefits package *[e.g. Thailand]*.
- Design health system reforms to ensure adequate incentivization of preventive and promotive care; for example, moving from input- to output-based financing and reducing barriers to contracting of community-based providers *[e.g. Peru, Rwanda]*.

Actionable Recommendations - Cross-Cutting Enablers



Cross-cutting enablers:

- Use data on disease burden, service delivery and costing to prioritize preventive and promotive activities in budget lines
- Invest in an integrated, interoperable information system to allow for tacking and seamless exchange of financial and programmatic data
- Institutionalize nutrition resource mapping and tracking through government PFM systems for strategic resource allocation and course correction
- Shift the focus from input-based budgeting and payment methods towards one that is output-based for better accountability for improved health and nutrition outcomes



Thank you!



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The Nutrition Quality Improvement

Pungkas Bajuri Ali

**Director of Public Health and
Nutrition**

**Ministry of Planning
Republic of Indonesia**



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Dr. Felix Sayinzoga

**Maternal, Child and Community
Health Specialist Division Manager
Rwanda Biomedical Center**



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Nutrition financing week

Leveraging Performance-based Financing Schemes to Improve Coverage and Utilization of Nutrition Services in Rwanda

Dr SAYINZOGA Felix

MCCH Division Manager

January 25, 2022

- **Over the last 15 years, Rwanda has made dramatic progress:**
 - Improving child survival:
 - Reducing poverty levels,
 - Increasing agricultural production and improving environmental health.
- **Nutrition situation among young children remains a major outlier:**
 - Stunting rate among U5 children : 33%
- Government of Rwanda has made strong, high-level commitments to accelerate the reduction of stunting :
 - Multisectoral nutrition program.
 - Improve the coverage and utilization of high impact nutrition interventions.
- **Leveraging performance-based financing (PBF) mechanisms :**
 - **Increase incentives for health facilities, community health workers, and households to expand services and improve utilization**

➤ **Incentivizing**

- Frontline CHWs through PBF schemes;
- Service providers/health facility through the national PBF schemes;
- Mothers and children through Nutrition-Sensitive Direct Support (NSDS) – a cash transfer program;

✓ **Provide grant funds to district authorities :**

- Build capacity to strengthen the multi-sectoral response,
- Support implementation and monitoring of District Plan to Eliminate Malnutrition;

✓ **Incorporate nutrition indicators in performance contracts (Imihigo)**

between the President and respective mayors

➤ **Health facilities are incentivized through performance-based payments :**

→ Improve quality and coverage of an enhanced package of high-impact nutrition and health interventions for women and children

11 indicators : ANC , PNC, micronutrient supplementation, FP , growth monitoring and promotion, IYCF, deworming, micronutrient supplementation,.. ...

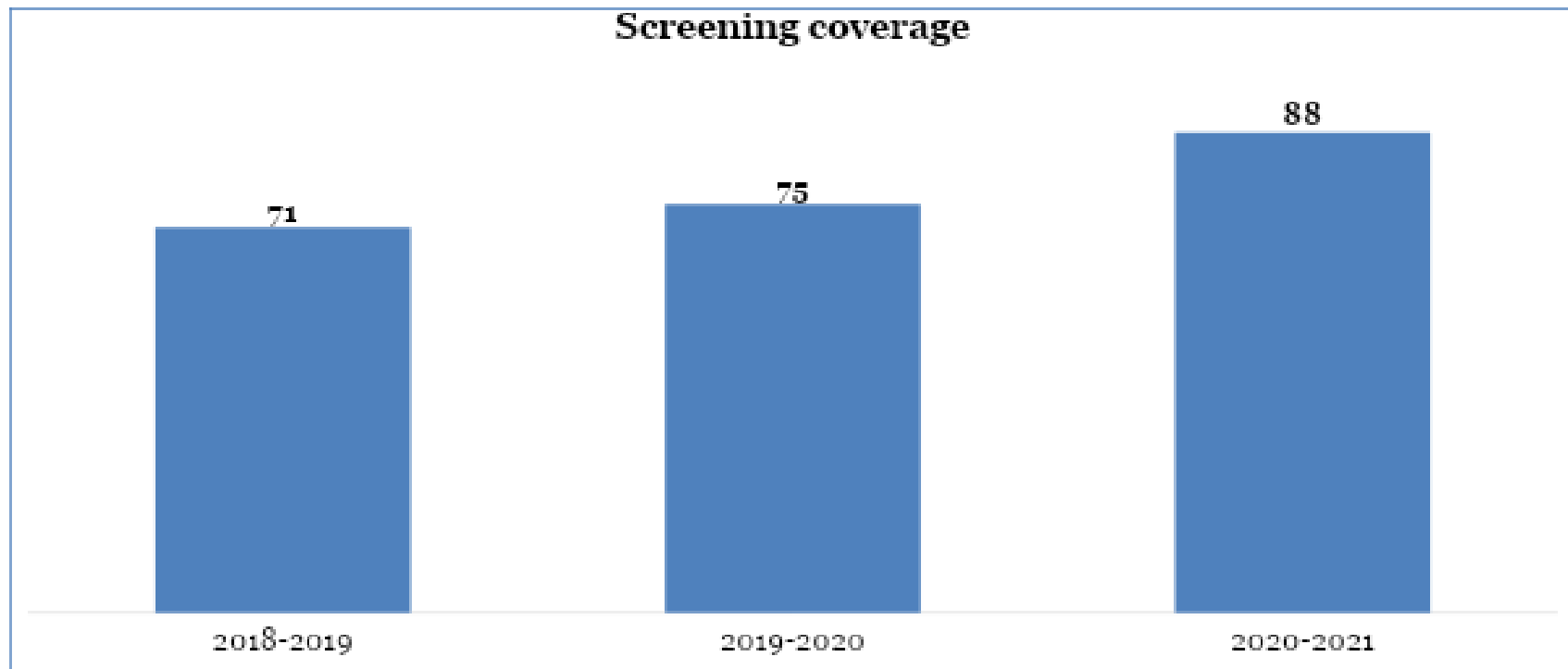
➤ **CHWs are remunerated based on performance incentives their cooperatives and individuals.**

→ Improve demand/use of key health interventions

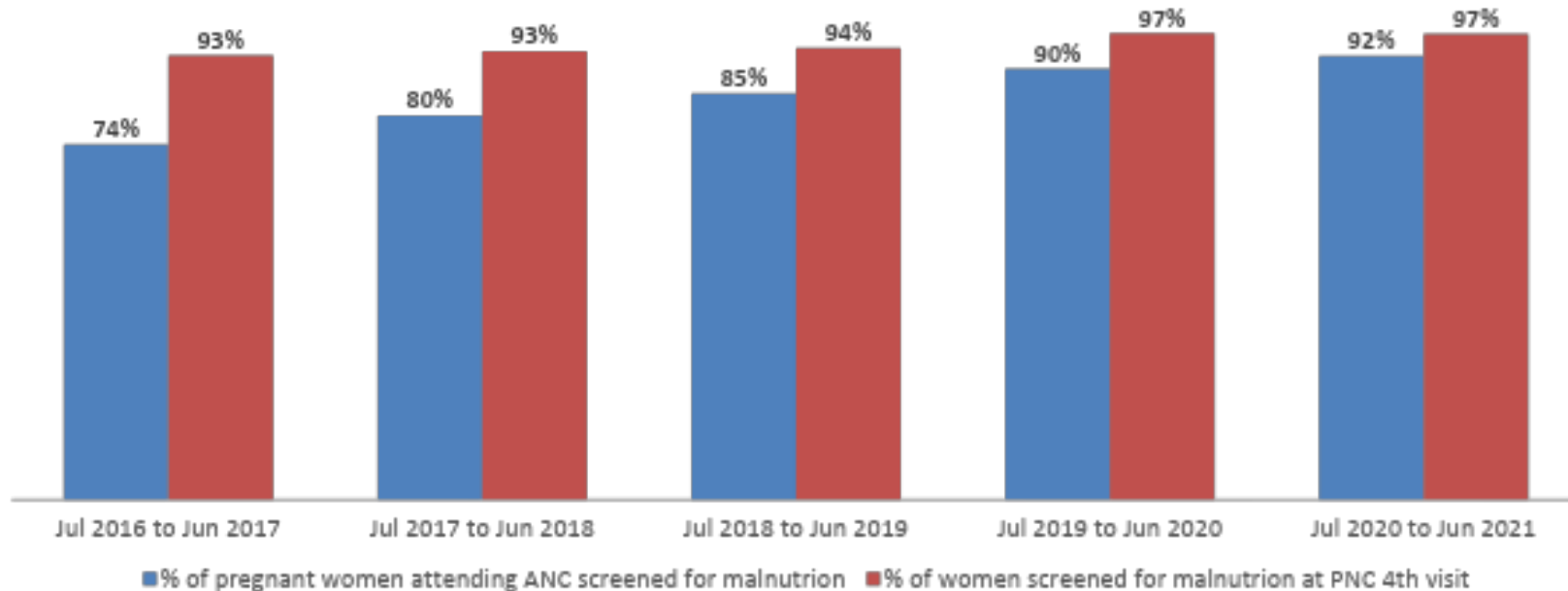
7 nutrition indicators: Community nutrition education sessions by CHW, Children Under 5 years screened for malnutrition; Children at risk of stunting followed up at home

➤ **Improved training, logistical support and information technologies**

Outcome: Nutrition screening coverage U5 children by CHWs



Outcome: women attending Antenatal and postnatal care screened for malnutrition



➤ **Household Conditional Cash Transfers (CCT)**

- Cash transfers to poor and vulnerable households with pregnant women and children U2 yrs ,
→ To incentivize their utilization of health, nutrition, and parenting services.
- Cash transfers are linked to
ANC, PNC, regular checkups of children's weight and height, timely register vital events such as birth.
- In 2019 : 20,000 beneficiaries expanded to reach 123,000 by end of 2021.
- Expansion of NSDS to 148,418 beneficiaries by 2024

➤ **Incentives to local government**

→ Grants to district to support the multisectoral responses, including strengthening the implementation of DPEMs

- Implemented in 13 priority districts with the highest burden of malnutrition.
- Schemes are coordinated to target vulnerable households and promote convergence of priority nutrition services.
- PBF contributing to improve coverage of high impact nutrition interventions
- Conditional Cash Transfers support poor households to use preventive health services
- Grant to district support implementation of DEPM

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Thank You!

