Optimizing Health Financing Levers for Nutrition:

Commitment to Action

January 25th 2022- 8:00- 9:30 EST
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
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
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Positioning Nutrition within UHC: Optimizing Health Financing Levers

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

<table>
<thead>
<tr>
<th>Integrating nutrition-related actions through the six pillars of national health systems</th>
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<td><strong>Health Information Systems</strong></td>
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<td><strong>Access to Essential Medicines</strong></td>
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<td><strong>Health Workforce</strong></td>
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<td><strong>Health Service Delivery</strong></td>
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<td><strong>Health System Financing</strong></td>
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<td><strong>Leadership and Governance</strong></td>
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*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.

Health Financing Arrangements
- Revenue-raising
- Pooling
- Purchasing

Intermediate Objectives
- Equity in resource distribution
- Efficiency
- Transparency & Accountability

Goals of Universal Coverage Scheme
- Utilization relative to need
- Quality
- Universal financial protection

Impact

Health SDG
- Good Health and Well-being

Zero Hunger SDG
- Zero Hunger

Global Nutrition Targets
- Stunting
- Anemia
- Wasting
- Low birth-weight
- Exclusive Breastfeeding
- Obesity

Sources: Adapted from Cashin et al. (2017) and Kutzin (2013)
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
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.

Strategic Drivers

- Better INTEGRATION of nutrition services with the broader health system
- A costed and well-defined NUTRITION PACKAGE of services under UHC
- Strategic investment in HEALTH SYSTEM ENABLERs for nutrition outcomes
- ACCOUNTABILITY measures to deploy resources efficiently, effectively and equitably
- High nutrition service coverage and quality
Actionable Recommendations

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.
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].
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].
**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 tracking 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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Lightning Round Presentations
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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.
Strategies 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
Performance-based financing schemes framework

➢ **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

Screening coverage

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<tr>
<th>Year</th>
<th>Coverage</th>
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<tr>
<td>2018-2019</td>
<td>71</td>
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<tr>
<td>2019-2020</td>
<td>75</td>
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<tr>
<td>2020-2021</td>
<td>88</td>
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www.rbc.gov.rw
Outcome: women attending Antenatal and postnatal care screened for malnutrition

- Jul 2016 to Jun 2017: 74%
- Jul 2017 to Jun 2018: 80%
- Jul 2018 to Jun 2019: 85%
- Jul 2019 to Jun 2020: 90%
- Jul 2020 to Jun 2021: 92%

% of pregnant women attending ANC screened for malnutrition vs % of women screened for malnutrition at PNC 4th visit.
NNSDS – a cash transfer program and incentives to local government

- **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
Thank You!