

MDTF NEWS

Lao PDR builds capacity to manage health sector transition



Participants at the health system reform and financing flagship course in Lao PDR hard at work

Lao PDR health officials participated in a 5-day flagship course last month to prepare for tackling health reform, sustainable financing and implementation of Universal Health Coverage (UHC) as their country goes through a period of financing and epidemiological transition.

The Flagship Course on Health Sector Reform and Financing in a Transition Context, held in Luang Prabang from December 10-14, 2018, was organized by the Lao PDR’s Ministry of Health, the World Bank, Gavi, Global Fund and the Government of Australia. It was the first “transition-focused” flagship course globally and was also customized for the context of transition in the Lao PDR. The purpose of the course was to enhance the understanding of Lao health officials about reform and financing to support the country through the transition of reducing external financing and increasing domestic resource mobilization for health.

It covered a complete range of knowledge and skills including diagnosis for health sector reform and sustainable financing, introducing the key concepts of UHC, health financing, service delivery,

and problem solving. Over 70 participants joining the course also learned about raising revenues and finding additional resources, assessing performance and strategies to improve efficiency and equity of service delivery, and identifying regulatory changes needed for prioritized reforms.

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MDTF impacts in focus: health financing improvements across the Pacific



Guadalcanal Zone Managers prepare their 2019 outreach plans and budgets, Solomon Islands

Work supported by the MDTF in the Pacific in 2018 continued to build much clearer understanding of budget and expenditure trends across the Solomon Islands, Vanuatu and Kiribati, including for the specific programs of malaria, TB, HIV and immunization.

In the Solomon Islands, the nominal domestic budget for the malaria program increased 2.5 times between 2015 and 2018, whereas in Vanuatu the nominal domestic budget for the HIV program in 2018 was 1.5 times higher than in 2016. In both countries, this also translated to an increase of the domestic budget share of the respective program budgets. Expenditure trends have reportedly improved in some areas, notably for the malaria programs in the Solomon Islands and Vanuatu.

Findings and recommendations from the Health Financing System Assessments (HFSA), completed in 2018, were invaluable in planning and budgeting discussions with the Ministries of Finance and Health. In Kiribati, this is illustrated by a greater focus on strengthening governance and accountability within the Ministry of Health and Medical Services.

In Vanuatu, findings from the HFSA and the Health Facility Cost Analysis and Benchmarking Study have built government understanding of the current cost of service delivery and existing funding gaps. This resulted in increased allocations for neglected areas such as community health services in the 2019 budget. In the Solomon Islands, improved funding transparency enabled a full reconciliation of Global Fund budgets, disbursements and expenditure from 2015 to 2018. It identified significant underspending in the TB/HIV cash on delivery transfers which will be re-programmed for 2019. Improved linkages between the malaria program and provincial health divisions is supporting the Ministry of Health's efforts to get resources to the frontline.

MDTF IMPACTS ON THE GROUND

The Multi-Donor Trust Fund for Integrating Health Programs sets out to help lower-middle income countries (LMICs) attain Universal Health Care (UHC) as they make the difficult transition from external to internal sources of funding. It strengthens countries' health systems to accelerate and sustain key health outputs and outcomes that contribute to UHC. MDTF impacts are wide-ranging and evident below:

- MDTF-financed analytical works, especially Indonesia's path-breaking Health Financing System Assessment (HFSA), were invaluable to the design of a new US\$150 million Indonesia-Supporting Primary Health Care Reform (I-SPHERE) project. I-SPHERE is aimed at strengthening Indonesia's primary health care system, in particular improving monitoring, quality, and financing. It also leveraged US\$1.3 billion in government financing.

- Indonesia's Ministry of National Development and Planning (Bappenas) has agreed to facilitate and lead policy discussion on transition issues that involve multiple sectors and stakeholders. These issues include strategic planning and costing of transitioning programs, strategic health purchasing and channeling public funds for Civil Society Organizations (CSOs). Bappenas has also agreed to include a transition chapter in the government's health strategy report.

- There are indications that capacity building efforts to improve Papua New Guinea's (PNG) preparedness for the transition of key development partners are increasingly reflected in budget prioritization processes. Several mechanisms have been used to advocate for the prioritization of health in government spending, including the dissemination of the main messages highlighted in the PNG Health Financing Systems Assessment (HFSA), and subsequent follow-on analytics and technical assistance such as the Immunization Financing Sustainability Report. The final budget approved by parliament included a budget allocation for immunization that was over double that in 2018, much of this financing directed to improving polio coverage.

Kiribati sees progress in health sector

Kiribati continues to make good progress in monitoring the performance of its health sector. The oversight provided by the Health Sector Coordination Committee (HSCC) which meets at least three times a year is an important part of the Health Ministry's efforts to improve governance and accountability.

The HSCC was informed that data for the first three quarters of 2018 showed TB case notification continued to fall in 2018 compared with previous years. However, some of this decrease may reflect a loss in active case detection earlier in the year. Further investigation is underway.

Kiribati has also just begun a Hepatitis B Treatment Program, supported by Hepatitis B Free and the



Contact tracing nurses from the Kiribati TB program

World Health Organization (WHO). It is hoped that this program, with 69 patients already enrolled for treatment, will enable Kiribati to provide more effective treatment. In addition, Kiribati saw some improvements in its efforts to tackle non-communicable diseases (NCDs), with diabetes-related amputations decreasing in 2018. This is a trend the Ministry of Health hopes will continue with the finalization and implementation of the Rehabilitation Service Plan in early 2019.

Some of the gaps and opportunities for improvement identified through the HSCC will strengthen the tracking of resource management for improved implementation of the TB, leprosy, HIV and immunization programs.

MDTF IMPACTS ON THE GROUND

• In Lao PDR, the MDTF was also the catalyst for other development financing to strengthen health systems important for the immunization effort and for tackling the three priority diseases – HIV, TB and Malaria. The Health Governance and Nutrition Development Project (HGNDP), for example, has leveraged total funding of US\$41.4 million – US\$36.4 million from the International Development Association (IDA), US\$1million from the Government of Japan, and US\$4 million from Australia's Department of Foreign Affairs and Trade.

• In Vietnam, the MDTF provided financial support for the "soft components" of health interventions that are essential for achieving health results. The financing package for this project is composed of a US\$80 million in World Bank loan, a US\$17 million in Global Financing Facility (GFF) grant buy-down (that makes the loan cheap enough for government consideration), and a US\$8 million in grant co-financing to cover the soft components (provided by the MDTF and the Pharmaceutical Governance Fund of the World Bank). In addition, the project leverages US\$1-1.5 million in in-kind Gavi cold chain co-financing through the Gavi Cold Chain Equipment Optimization Platform (CCEOP) for countries in accelerated transition.

• The Health Financing System Assessment (HFSA) in Myanmar also came at an appropriate time for the government's launch of a concerted effort to develop a health financing strategy.

• In the Philippines, an organic law establishing a self-governing autonomous region for Mindanao was just passed. Mindanao will receive automatically appropriated block grants from the central government and would need to make its own budgeting decisions, including for social sectors. The HSFA and supply side readiness assessment are just-in-time inputs for this decentralized decision making.

• In Nigeria, the release of the Basic Health Care Provision Fund, which finances a Basic Minimum Package of Health Services (BMPHS), was the direct result of a three year MDTF work program. It will bring more funds to health and ensure those funds are directed to highly cost-effective interventions at the frontlines. Additionally, the new Health Care Fund is designed to ensure resources flow in a transparent, timely and predictable manner, and that accountability mechanisms are in place to ensure improved health outcomes.

Health security is economic security



Dr Sutayut sends an important message

Sustainable financing is the key to universal health security and we must convince our ministries of finance that providing money for “health security” will ensure the “economic security” of our countries, a World Bank human development specialist told an international meeting on pandemic preparedness.

Dr Sutayut Osornprasop pointed to past outbreaks of highly infectious diseases such as pandemic influenza, SARS, and Ebola, which not only ravaged populations across nations but also wrecked their national economies in the process, hence the need for countries to invest more in preparedness.

He was speaking on the World Bank’s support for health security at the Global Technical Consultation on Strengthening National Health Security through Pandemic Influenza Preparedness Planning. Over 110 participants from 44 countries attended the meeting which was held in Hong Kong from Dec 10-13, 2018.

The World Bank also had a side meeting there with representatives of the World Health Organization HQ, WHO South-East Asia Regional Office (SEARO), and WHO Western Pacific Regional Office (WPRO) on the development of economic-related scenarios for a simulation exercise (SimEx), a deliverable of the MDTF’s Window 3. The WHO and WB representatives agreed to develop new SimEx scenarios – economic impacts of pandemics, financing mechanism and fund flow for preparedness during peacetime, and financing mechanism and fund flow during response. The joint WB-WHO team expects to finalize SimEx documents in mid-2019, and a simulation exercise with economic scenarios is expected to be delivered in a pilot country before the end of 2019.

MDTF IMPACTS ON THE GROUND

- Development of a Health Security Financing and Assessment Tool (HSFAT) and implementation of Health Security Financing Assessment (HSFA) helped our national partners generate evidence vital to: (i) inform health security policy dialogue and strategy development; (ii) establish a baseline on the overall size, sources, and flow of financing for health security; and (iii) illustrate current institutional arrangements and constraints. The awareness on the importance of health security financing has been successfully raised in Vietnam and other priority countries in Southeast Asia.

- Initiated through the regional health security financing consultation, which is supported by the MDTF, two financing indicators have been developed and incorporated in the second version of the Joint External Evaluation (JEE) tool. This was launched in February 2018 and has been applied globally. The awareness of the importance of health security financing has been successfully raised globally.

ACTIVITIES SCHEDULE

JANUARY 7-9

TB allocative efficiency using Optima model – data verification workshop (I) in Indonesia

JANUARY 7-24

WB mission to Tonga to (i) start data collection to inform the Facility Costing Analysis, and (ii) support the development of a Medium-Term Expenditure Pressures Note

JANUARY 11-18

Pre-appraisal mission for the Vietnam Investing and Innovating for Grassroots Service Delivery Reform project

MID JANUARY

CSO Financing Multi stakeholder workshop in Indonesia – national level

MID JANUARY

Sub-national data collection for health security financing assessment (HSFA) in Indonesia

MID JANUARY

Costing exercise kicks off in Indonesia as a part of the funding landscape of the transitioning health programs

Mechanisms to collaborate with CSOs in Indonesia

Indonesia's state budget regulations provide suitable mechanisms to enable Civil Society Organisations (CSOs) to participate in the health sector, a series of consultations carried out by the World Bank office in Jakarta and Bappenas (Ministry of National Development Planning) has found.

The finding of the consultations, the latest of which was conducted on December 3, 2018, with the Ministry of Health, the Ministry of Finance and the National Public Procurement Agency (LKPP), negates the current widespread perception that large collaborative schemes between the government and CSOs are not feasible. It was previously thought large funding grant (>US\$14,000) processes disadvantaged CSOs.

Many countries rely heavily on donors not only to provide the financing for priority programs, but to contract directly with CSOs to provide services. As countries prepare for eventual transition, it is important that countries have mechanisms in place to continue to engage CSOs. In Indonesia, where Global Fund provides the bulk of the services for key populations through CSOs, the meeting identified two mechanisms deemed suitable for

government-CSO collaboration – swakelola ('self-managed' funding) and bantuan pemerintah (central government grants). Both mechanisms use eligibility criteria and selection procedures that are more suited to CSOs, regardless of the funding size.



Ms Wiendra Waworuntu, Director for Prevention and Control of Communicable Diseases, makes a point

Swakelola refers to a state-budget funding mechanism offering avenues for fund channeling to and collaboration with CSOs. Bantuan pemerintah are grants from the central government that provide a wide range of support for beneficiary groups (including CSOs) engaged in national programs.

Enis Barış begins MDTF role



Enis takes charge

Enis Barış has taken over from Toomas Palu as the World Bank's Global Practice Manager overseeing the strategic direction and overall implementation of MDTF at the Bangkok office of the World Bank. Toomas has moved to Geneva to take on the role of Adviser on Global Coordination and MDTF Program Manager.

Dr Barış, a physician with graduate degrees in Public Health and Epidemiology, oversees the Bank's Health Nutrition and Population (HNP) operational portfolio of \$1.5 billion, as well as numerous analytical and technical activities, including the MDTF, spanning across 21 countries in the region. He is also a member of the Interagency Coordination Group (IACG) for Antimicrobial Resistance (AMR) set up by the UN Secretary General after the Political Declaration on AMR made at the UN General Assembly in 2017.

Previously Dr Barış held several leadership positions, notably as Acting Director for Human Development and Sector Manager in the Middle East and North Africa Region of the World Bank, and Practice Manager in Europe and Central Asia with the World Bank Group.

WB's health security financing initiative well received

at SEAOHUN 2018



Speakers at the SEAOHUN 2018 International Conference watch the proceedings

Participants at the Southeast Asia One Health University Network (SEAOHUN) 2018 International Conference expressed strong support for the World Bank's health security financing initiative and wish to collaborate further.

Academics, practitioners and researchers at the conference, held in Hanoi from November 12-14, 2018, expressed this view after seeing presentations on the health security financing initiative and the pilot assessment in Vietnam. Senior Human Development Specialist Sutayut Osornprasop presented the World Bank's initiative to support sustainable financing and resilient systems for health security in East Asia and the Pacific (EAP). And Dr Nguyen Khanh Phuong, Head of Health Economics Department, Vietnam Health Strategy and Policy Institute, presented the findings from the health security financing assessment in Vietnam.

Many of the approximately 300 participants from all over Southeast Asia told the speakers that the economics and financing aspects are the important missing pieces from current training on health security and One Health. They expressed strong support for the World Bank's health security financing initiative and wish to collaborate in areas of capacity building for this work.

Side discussions with Dr Vipat Kuruchittham, Executive Director of SEAOHUN, has led to proposed collaboration to develop a flagship course on health security financing. It will be used as an in-service short training course for targeted government officials who work on health security in five priority countries – Cambodia, Indonesia, Lao PDR, Myanmar, and Vietnam.

ACTIVITIES SCHEDULE

JANUARY 29-30

Regional workshop on "When Two Transitions Converge: Integrating Externally-Financed Health Programs While Gearing-Up for Non-Communicable Diseases". The workshop is a side-meeting of the Prince Mahidol Award Conference being co-organized by the WB, UHC2030 and other partners in Bangkok.

JANUARY 30

Monthly Health Development Partner meeting in the Solomon Islands

FEBRUARY

Workshop to disseminate HSFA final report in Vietnam

FEBRUARY

6th Health Security quarterly meeting to update pandemic preparedness plan in Cambodia

FEBRUARY 4-15

WB mission to the Solomon Islands to confirm work plan with new Permanent Secretary of Health and coordinate technical assistance with other health development partners

FEBRUARY 13-18

WB mission to Kiribati

MID FEBRUARY

District-level CSO Financing in Indonesia as a collaboration with DFAT funded program to support governance – KOMPAK

FEBRUARY 27

Monthly Health Development Partner meeting in the Solomon Islands

FEBRUARY OR MARCH

TB allocative efficiency using Optima model – in-country analysis and modelling workshop (II) in Indonesia

FEBRUARY (TBC)

Validation workshop for the Health Financing Options Paper in Papua New Guinea

MARCH 25-29 (TBC)

MDTF Pacific Transition Course in Fiji (with Global Fund, Gavi and other partners)

MARCH 27

Monthly Health Development Partner meeting in the Solomon Islands

MARCH

Integrated outreach job aid video to disseminate immunization information to health staff in Lao PDR

MARCH (TBC)

Dissemination workshop on health financing trends and fiscal space in Vietnam

Navigating health financing transition while sustaining priority programs in Cote d'Ivoire

In late October experts from the World Bank, Gavi, and the Global Financing Facility (GFF) led the first in a series of seminars on the health financing transition, focusing on the Cote d'Ivoire. This seminar highlighted the team's comprehensive program of analytical work and policy dialogue, which focuses on sustainable financing for Universal Health Care (UHC). It also took an in-depth look at public financial management, immunization, HIV, and other priority programs. The work provides information for the design of the new World Bank project, as well as the government's plans to ensure sustainability of priority programs.

WB to study use of tax to address NCD burden in Samoa



World Bank scoping team in Samoa

The World Bank is working closely with the Government of Samoa and other development partners to assess the use of excise taxes on unhealthy products as one strategy to address the growing non-communicable disease (NCD) burden.

The study will assess what impacts taxes are having on retail prices, consumption behaviors, and government revenues.

Current data suggests that there is more room for the Government of Samoa to consider further increases to the taxes on selected products to optimize impact on consumption behaviors. Efforts would also be taken on how to make healthy products more accessible and affordable. The study is aligned to the Samoa Health System Strengthening Program and the Samoa Agriculture and Fisheries Productivity and Marketing Project.

This study will also contribute to MDTF transition work. NCD-related taxes help generate more revenues and increase fiscal space that the government can use to increase resources for health. It will also help offset the uncertainty and potential decreases in external funding for health from development partners.

Engaging early for sustainable immunization before Gavi transition in Kyrgyz

In the Kyrgyz Republic, the World Bank is working through the Gavi Alliance to engage early on issues related to sustainable financing of immunization, with a view to UHC. In 2018 the team conducted both a Health Financing System Assessment (HFSA) and an immunization financing assessment. Key findings show that Kyrgyz prioritizes health more than its neighbors. For example, 10% of government expenditure has been allocated to health since 2010 — yet public health expenditure per capita has declined and is far lower than the lower-middle income countries (LMICs) average of US\$90 per capita for a basic package of services.

Finding fiscal space for health in Armenia

Armenia transitioned from Gavi support at the end of 2017, with a GNI per capita of \$3,770 well above the US\$1,580 threshold. The country's DTP3 coverage (Diphtheria-tetanus-pertussis) has hovered near 94% for several years, leaving some room for improvement, but coverages of measles-2, Polio 3, and Bacillus Calmette-Guérin (BCG) are 96%, 97%, and 99%, respectively. With its success in achieving high rates of immunization and high coverage rates for essential maternal health interventions, Armenia is in many ways an exemplar among LMICs.

Nigeria releases money for the Basic Healthcare Provision Fund

The Federal Government of Nigeria last month released US\$13.75 billion for the Basic Healthcare Provision Fund (BHCPF), which was designed with the support of the World Bank over the last few years. The fund will bring much needed operational financing for a basic package of highly cost-effective interventions. Given that immunization is included in the package, this new development is particularly critical for ensuring sustainability of the immunization program as the country transitions from Gavi and the Global Polio Eradication Initiative (GPEI) support.

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