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Washington August, 2020

Health Financing Portfolio Review- countries with DLIs

GLOBAL FINANCING FACILITY

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Bangladesh - What

	Context	Reform
Efficiency Reforms	• Low capacity in budget planning, execution, and monitoring in the MoHFW. • Space to improve efficiency in procurement. • High centralization of budget. • Strengthening the procurement and financial management capacity of the MoHFW are key priorities of IC and Health Care Financing Strategy (HCFS)	1. **Improving budget planning, preparation, and execution.** There are DLIs linked to preparation of Operational Plans and execution of budgets (repairs and maintenance for example) . 2. **Improving the efficiency of the supply chain.** There are several interventions aimed at improving procurement of drugs and medical supplies and asset management (DLIs). 3. **Increasing the resources allocated to frontline providers.** The IC (SWAP) includes interventions aimed at increasing both financial and human resources (midwives) to the frontlines (DLIs).
DRM Reforms	• Real per capita growth has been increasing fast. • Total Health Expenditure (THE) is very low (among the 3 lowest in the world) due to low priority in budget and low public revenue. Health budget share has been increasing t at a lower rate than GDP.	DRM was not prioritized within the IC and the HCFS focused this agenda on developing insurance schemes for the informal sector workers and collecting premiums which are unlikely to mobilize sizable resources in the short to medium term.
FP	• OOPs are high with low financial protection in case of illness. Partly reflecting very low government expenditure on health.	1. **Piloting a health social protection scheme** (known as SSK) as part of the Health Care Financing Strategy (2012-2032); pilot is under implementation but is not part of the SWAP. 2. **Implementation of maternal voucher.**

Bangladesh - How

	Indicator	Instrument	Progress/Challenges
Efficiency Reforms	• Budget planning and allocation are improved • Financial management system is strengthened • Asset management is improved. • Procurement process is improved using information technology • Institutional capacity is developed for procurement and supply management • Execution rate is improved	Project financing SWAP: Health Sector Strengthening Project (P160846) contains DLIs 2017-2022	Most DLIs have been achieved or are under verification process. The Government implemented the mid-term review of its program.
DRM Reforms	Health share of Government spending (GHE/GGE)	T.A. included in the WB Bangladesh Health Financing and Fiduciary PASA (training and advocacy); analytics, including FSA	No government commitment for DRM yet.
FP Reforms		TA to assess options to reduce household OOP payments. Request for a new operation that will likely finance an SSK like scheme; WB team currently discussing an intervention to improve financial access in the context of an urban health project.	• The SSK pilot is not working well and covers a very small share of the population. • The maternal voucher program works better, but the package of services is very small. • The discussions within the urban health project and the new project are likely to help move the agenda.

Bangladesh
Health Sector Support Project (P160846)

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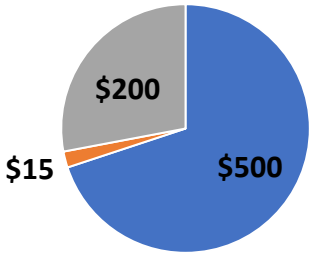
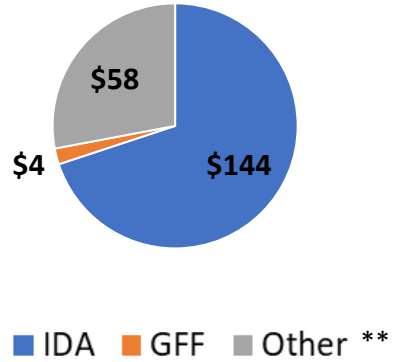
Total Funding



***plus $385M counterpart financing**

Health financing: 29% of the overall project funding

Health Financing



****Anticipated other dev partners, not yet confirmed**

PDO:

Strengthen the health, nutrition and population (HNP) sector's core management systems and delivery of essential HNP services with a focus on selected geographical areas.

Health financing supported by project:

6 DLIs related to health financing related to the reforms in public financial management within the health sector, with a strong focus on fiduciary reforms (budgeting formulation, monitoring, budget execution):

- Improved budget planning (DLI 2)
- Improving internal audit function and capacity (DLI 3)
- Expanding the asset management system of district hospitals (DLI 4)
- Improving public procurement through the introduction of the national e-procurement system in the health sector (DLI 5) and
- Reforming the Central Medical Store Depot (CMSD) (DLI 6)
- Availability of midwives for maternal care is increased (DLI 7)

GFF value added to health financing agenda:

Initially, GFF was only financing RMNCHA indicators in two divisions but later it was decided to pool all donor financing to allocate across all DLIs.

Bangladesh – Results so far

Indicator	2016	2017	2018	2019
Share of health in total government budget	4.7%	5.20%	5.2%	5.0%
Health budget execution rate	N/A	84%	85%	85%
Share of public health resources spent in PHC	N/A	19%	33%*	31%*

Indicators	2017	2018	2019	2020	Target
Budget planning and allocation are improved: OPs approved including activities and budgets for achievement of DLIs	0	13	13	13	-
Financial management system is strengthened	No	No	No	No	Yes
Asset management is improved: number of district-level referral facilities in which AMS is implemented	1	1	1	4	15
Procurement process is improved using IT: % of NCTs using e-GP issued by MOHFW	0	0	17.7%	17.7%	75%
Institutional capacity is developed for procurement and supply management	No	No	No	No	Yes

Cambodia – What

	Context	Reforms
Efficiency Reforms	• Decentralization of public financing: Service Delivery Grants (SDGs) decentralize public funds and authority to health facility level. These grants add to facilities' operational budgets and provide staff incentives for improving quality • Increasing domestic investments in commune/sangkat • Decentralization is accelerating • The Cambodia Nutrition Project (co-financed by GFF) prioritizes moving resources to the frontlines and financing high impact essential health and nutrition services based on quality improvement scores	1. **Performance-based financing (PBF):** Cambodia has institutionalized performance-based grants (SDGs)—50% domestically financed—based on quarterly assessments of the quality of services delivered at all facility levels. • The CNP adds a top-up to performance-based SDGS for health centers in most at risk provinces based upon quality • CNP also supports sub-national administration (commune/sangkats or C/S) to increase quantity and efficiency of health and social spending at the local level. • GFF supports extending SDGs to C/S whereby communities will receive additional funds for health and nutrition activities based on semi-annual assessment
FP	• Approximately 40% of Cambodia's population covered by a scheme (National Social Security Fund or Health Equity Fund) • HEF exempts the poor from user fees in health facilities and purchases services from public health facilities on a pay-for-performance (output) basis. HEF beneficiaries receive a predefined set of benefits, including maternal and child health, nutrition and immunization services at public health facilities.	**Reforms to HEF**: sustainable verification arrangements and establishment of an independent payment certification agency; definition of standard benefit package; expansion of eligibility and benefits, such as: **1) Extension of HEF benefits** to children (0-2 years old) of informal workers; **2) Transport allowances** for priority services (4 ANC visits, 10 child health visits to health centers) in first 1000 days. **3) Support for digitization** of HEF recording, reporting, and verification, especially for frontline health facilities

Cambodia - How

	Indicator	Instrument	Progress/Challenges
Efficiency Reforms	• Number of communes/sangkats (C/S) in target areas receiving C/S SDG payment within specified timelines	Cambodia Nutrition Project (P162675) 2019-2024	• The Covid19 pandemic has delayed progress on activities such as face-to-face trainings. • However, activities recently restarted with (for example) the revision of the MNCH scorecards, among other activities related to the implementation of the Cambodia Nutrition Project.
FP	• # of children of informal workers enrolled in HEF • # of health centers equipped with digital patient management registration system • % of health centers receiving MCHN SDG within MOH prescribed timeline	Cambodia Nutrition Project (P162675) The Health Equity and Quality Improvement Project (P157291) 2016-2021	• Project in early stages of implementation with some delays due to the Covid19.

Cambodia

Cambodia Nutrition Project (P162675)

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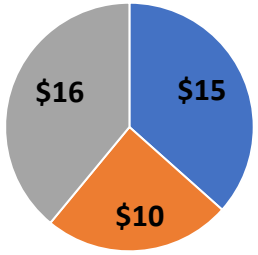
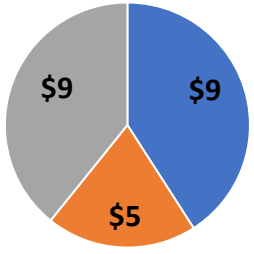
Total Funding



*plus $12M counterpart financing

Health financing: 56% of the overall project funding

Health Financing



IDA GFF Other *

*DFAT, HEQUIP MDTF, KfW

PDO:

To improve utilization and quality of priority maternal and child health and nutrition services for targeted groups in Cambodia.

Health financing supported by project:

- ***Performance-based financing:*** 1) to health facilities to operationalize the Commune Program for Women and Children and deliver a package of quality community-based priority RMNCAH-N and Health Equity Fund (HEF) promotion activities, and 2) to Commune/Sangkat Service Delivery Grants (SDG) assessors to conduct the MCHN Scorecard assessments. SDG payments will be provided to health facilities based on MNCH Scorecard performance. (Five DLIs associated with implementation: DLI A, B, C, H, J)

- ***Enhance the equity of priority RMNCAH-N outcomes through two areas of HEF benefits expansion*** *to increase the scope of coverage for the current HEF (which provide financial protection for the poor seeking care at public facilities)*: 1) Definition of standard operating procedures (SOPs) for a well-child visit for children age 0–2 years; 2) Extension of HEF benefits to the children (age 0–2 years) of informal workers.

GFF value added for health financing agenda:

GFF financing supports all health financing activities which includes enhancing efficiency of existing resources and providing financial protection for the poor.

Cambodia – Results so far

Indicator	2016	2017	2018	2019
Share of health in total government budget	14.2%	12.9%	13.0%	11.7%
Health budget execution rate	N/A	N/A	N/A	N/A
Share of public health resources spent in PHC	N/A	N/A	N/A	N/A

Indicators	2018	2019	2020	Target
Number of communes/sangkats (C/S) in target areas receiving C/S SDG payment within specified timelines				
Amount of outpatient Health Equity Fund services in target areas	2,474,350 (baseline)	2,623,842		3,100,000
Number of health centers equipped with digital patient management registration system				
% of health centers receiving MCHN SDG within MOH prescribed timeline				

Ethiopia- What

	Context	Reforms
Efficiency Reforms	• Good health budget execution (80% overall), but variation in budget execution of non-salary health expenditures at regional and district levels. • Issues remain regarding donor coordination and alignment with key health outcomes. • Efficiency reforms driven by WB/GFF projects focus on strengthening PFM, increasing resources in frontlines, implementing RBF and improving the supply chain of pharmaceuticals.	1. **Public Financial Management (PFM) strengthening**, including rolling out IFMIS and exploring feasibility of program-based budgeting at the regional level. 2. **Automation of the Pharmaceuticals Supply Agency (PFSA)** core business process and fiduciary system, for more efficient procurement and distribution. 3. **Implementation of funding based on results** (RBF or/and DLI) at regional level. 4. **Government shifting resources to frontline,** through Health Extension Workers.
DRM Reforms	Advocacy and TA to increase share of domestic government resources for health: PER, HSTP/Budget alignment assessment, policy dialogue workshop between MOH and Ministry of Finance at national and regional level	
FP	• Community Based Health Insurance (CBHI) set up in 2011 to cover informal sector, and currently covers 50% of the districts in Ethiopia. • The local government pays the CBHI premium for 10% of the population considered very poor. • Free services for indigent poorest 10% of the population, as well as exempted services (FP, Delivery, immunization)	1. Scaling up of CBHI to reach national coverage; 2. Assessing feasibility of a Social Health Insurance (SHI) for the formal sector (public and private)

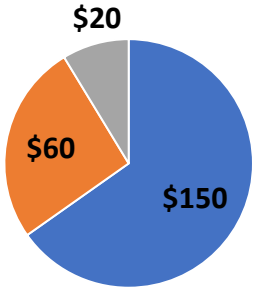
Ethiopia- How

	Indicators	Instruments	Progress/Challenges
Efficiency Reforms	• Health budget execution of domestic and external resources; • Availability of essential medicines at PHC level; • Proportion of total health expenditures going to primary health care facilities	Additional financing for health SDG – P4R (P159213); HCP (P172284) and ASA (P171948) Feasibility study for RBF and program-based budgeting	• External on-budget resources now flowing to regions/front line through DLI or other result-oriented approaches • Positive discussion with MOH on feasibility and implementation of PBF at facility level following human capital project exploratory mission.
DRM Reforms	• National budget allocation to health. • Gov expenditures as share of THE • Gov health expenditures as share of general governmental expenditures	Advocacy; policy dialogue; T.A and analytics (PER, sub-national PER).	• Expenditures reviews completed. • Advocacy for DRM led to increased domestic funding of the IC between 2018/19 and 2019/20 as showed in the case study and in the RMET annual report.
FP Reforms	• CBHI coverage: percent of districts with functional CBHI schemes; • Catastrophic health expenditures for the poor	Impact evaluation of the effect of CBHI on financial protection Additional financing for health SDG – P4R	• CBHI enrollment increased from 44% in 2019 to 50% in 2020; • 2020 household income and consumption survey not finalized yet. Results from the impact evaluation will be available by 2021.

Ethiopia

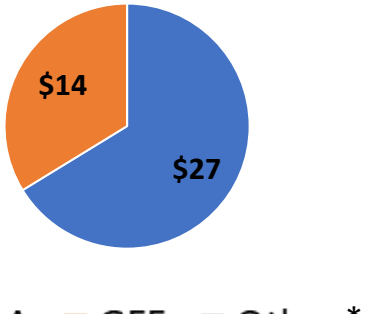
The Health Sustainable Development Goals Program for Results AF (P159213)

Total Funding



Health financing: 17% of the overall project funding

Health Financing



*Power of Nutrition

PDO:

To improve the delivery and use of a comprehensive package of maternal and child health (MCH) services. (same PDO as original project)

Health financing supported by project:

This P4R includes two DLIs with an explicit focus on health financing

- Improving the capacity of the Pharmaceuticals Fund and Supply Agency, with an emphasis on financial management and procurement (DLI 9)
- Pooling reform – strengthening of the community-based health insurance schemes (DLI 14)
- Capacity building DRM (GFF Bank-executed Trust Fund)

GFF value added to health financing agenda:

GFF is the ***main source of financing for DLI 14, focusing on the expansion and strengthening of the community-based health insurance schemes***; it provides USD 13.5 million of the total USD 25 million funding for this DLI (the remaining USD 11.5 million is provided by IDA). This is a new DLI introduced to the P4R by the additional financing co-finance by the GFF.

GFF financing for project gave GFF a seat at the table to influence the health financing agenda (which is largely funded though Gates Trust Fund) and ensure the next project will focus on outcome-based financing and program-based budgeting at decentralized level.

Ethiopia– Results so far

Indicators	2016	2017	2018	2019
Share of health in total government budget	8.6%	8.1%	8.88%	
Health budget execution rate	80%	77%	83%	
Share of public health resources spent in PHC	36%	41%	37%	

Indicator	2016	2017	2018	2019
Percent of PHC facilities having all drugs from the MoH list of essential drugs available	42%	-	48%	
CBHI coverage: percent of districts with functional CBHI schemes;		Target achieved	Target achieved	
Undertake community-based health insurance schemes review every two years			Yes	-
Catastrophic health expenditures for the poor				

Mozambique – What

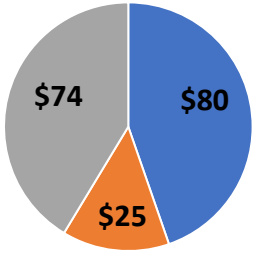
	Context	Reforms
Efficiency Reforms	• Despite decentralization policy, health expenditures remain centralized (50% executed at central level) • Critical shortages and geographic imbalances of qualified health professionals. • The IC and the Primary Health Care Strengthening Program (PHCSP), implemented in 2017, focus on shifting resources to the frontline (more human resources in PHC + task shifting to Community Health Workers (CHW)) and increasing availability of essential maternal and reproductive health medicines in primary health care facilities.	1) **Contracting technical workers for primary care**, monitoring and filling vacancies, making fiscal space available for contracting; 2) **Training of Community Health Workers (CHWs)**, procurement of kits to CHWs; payments to CHW. 3) **Timely procurement of tracer drugs**, installing supervision cameras in district warehouses, operationalization new intermediate warehouse, scale-up outsourcing of last-mile distribution of drugs to the private sector.
DRM Reforms	• Historically very high share of external financing (71% in 2013). • Domestic funds for health began to increase in 2014 and remained constant until 2015-2016. • Weak macro-fiscal conditions put a strain on domestic resources for health.	The IC incentivizes DRM for health, namely through prioritization of health in the budget. In the current tight fiscal environment, a great achievement of the GFF is that the Ministry of Finance decided to maintain expenditures for health in the budget.
FP	Health care is mainly provided publicly by the national health system. Services are free in the network of public health centers and hospitals. In 2012, OOPs made up only 5% of health pending.	

Mozambique - How

	Indicator	Instrument	Progress/Challenges
Efficiency Reforms	• Share of technical health workers assigned to the primary health care network • Number of community health workers that are active, trained, and assigned to referral	Primary Health Care Strengthening Program (PP163541) 2017-2022. TA on scaling-up outsourcing of last-mile distribution of drugs PFM assessment and capacity building	1) The number of technical health personnel assigned to the primary health care increased between 2017 and 2019 and met the target. 2) Despite many activities to expand the CHW program, 2019 target was not achieved. Delays in training caused funding delays. MISAU will make available funding in time to execute the budget and complete activities on time. 3) Mini-investment case/ implementation plan for scaling-up outsourcing of last-mile distribution of drugs
DRM Reforms	• Current domestic health expenditures as a % of domestic government expenditures	PHCSP (PP163541)	The share of government expenditure to health increased in 2018 and target was met. There is concern that it has fallen again in 2019 and 2020.

Mozambique
Primary Health Care Strengthening Program (P165534)

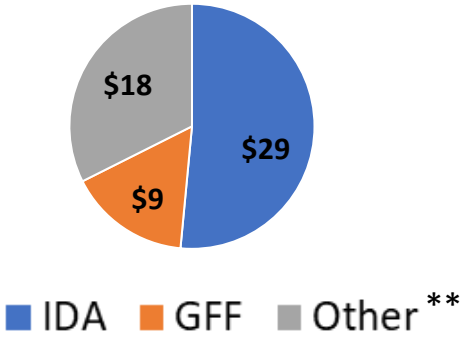
Total Funding



*plus $963M counterpart financing

Health financing: 31% of the overall project funding

Health Financing



PDO:

To improve the utilization and quality of reproductive, maternal, child, and adolescent health and nutrition services, particularly in underserved areas.

Health financing supported by project:

This program for performance (P4R) project supports health financing through four DLIs:

- ***Domestic resource mobilization*** – domestic health expenditure as percentage of total domestic expenditure (DLI5) and for domestic health expenditure in historically underserved regions (regions with low per-capita domestic health expenditure) (DLI 6). DLI6 was developed in response to a GFF-supported equity analysis in order to incentivize more equitable resource allocation.
- ***Performance-based payments***: payments to the government based on the percentage of hospitals (DLI 8) and health centers (DLI 9) that have received minimum performance-based allocations in the previous fiscal year.

GFF value added to health financing agenda:

Project is finance by an MDTF pooling resources from key donors; donors were abandoning SWAP and the GFF was instrumental in convincing the donors to invest in the MDTF. GFF is co-financing all 4 health financing-related DLIs.

**PROSAUDE, Netherlands, USAID, DFID, Canada

Mozambique– Results so far

Indicators	2016	2017	2018	2019
Share of health in total government budget (%)	8.4%	7.9%	8.87%	7.89%
Health budget execution rate (%)	72%	80%	85%	N/A
Share of public health resources spent in PHC	26%	24%	26%	N/A

Indicators	2017	2018	2019	Target
Number of technical health personnel assigned to primary care	11,970	13,666	15,257	
Number of trained and active CHWs	?	3,380	5,615	

Nigeria – What

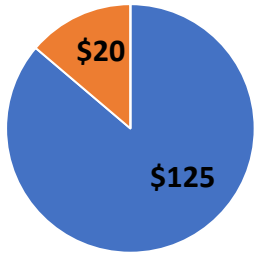
	Context	Reforms
Efficiency Reforms	• Some of the worst RMNCAH-N indicators relative to its level of income. • Most of the interventions that are known to have an impact on RMNCAH-N outcomes have not been scaled up to levels that are commensurate with the needs. • Conflict in NE damaged health facilities, particularly PHC facilities.	1. **Extending RBF** to the North East region which includes RBF to health facilities, particularly PHC facilities. 2. **Health systems management strengthening** at national and state-level: specific activities such as creating a robust electronic payment and verification system and external auditing. 3. **Introducing performance-based contracts** with non-state actors (NSAs) for community- based nutrition interventions.
DRM Reforms	• Historically very low per capita public expenditure on health. • National Health Act (2014) led to the creation of BHCPF, which aims to increase domestic funds for health .	1. Increasing domestic allocations to the Basic Health Care Provision Fund (BHCPF)
FP	• Very high out of pocket expenditures. • The government introduced health insurance as part of the BHCPF.	1. Roll out of the fee for service through NHIS gateway in BHCPF

Nigeria - How

	Indicator	Instrument	Progress/Challenges
Efficiency Reforms	• Participating States releasing payment to non-state actors (NSAs) based on performance within 45 days for results • Number of donors aligned with the Investment case • Number of accredited facilities receiving payments for services financed through (FFS) mechanism (public and private)	Basic Healthcare Provision Fund Project (HUWE Project) P163969 2018-2021 Accelerating Nutrition Results in Nigeria (P162069) 2018-2023	1. Extending RBF: Money has flowed to facilities in 3 states supported by GFF. Some challenges with provision of TA to states. 2. PBC with NSAs: 51 proposals received for service provision NSAs; Challenges regarding the Bank's (legal) ability to contract the design of the SBCC campaign.
DRM Reforms	• Domestic resources contribution to the Basic Heath Care Provision Fund • Ratio of govt health expenditure to total health expenditure	Capacity building, including health financing course for state-level decision-makers and federal level stakeholders to strengthen state level health financing arrangements and BHCPF implementation.	Appropriation of approx. $150M in 2018-19, 50% of which was released. Next budget under preparation includes additional $125M, but not yet appropriated.
FP Reforms	• Number of states with functional state health insurance schemes	Basic Healthcare Provision Fund Project (HUWE Project) P163969 2018-2021	Progress: building blocks (governance, fiduciary arrangements,) starting to be implemented; Obstacles: Parliamentary investigation on the BHCPF; low state capacity for implementation.

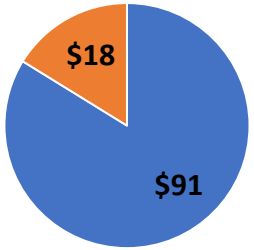
Nigeria
AF Nigeria State Health Investment Project (P157977)

Total Funding



Health financing: 74% of the overall project funding

Health Financing



IDA GFF Other

PDO:

To increase the delivery and use of high impact maternal and child health interventions and improve quality of care available to the people in Nasarawa and Ondo and all States in the NE.

Health financing supported by project:

- This additional financing is expanding the ***results-based financing*** scheme to new states including payments for services as well as TA to enable and support the roll-out of RBF in those new states.
- Technical assistance in developing the RMNCHA-N ***investment case.***
- ***Capacity strengthening*** for local government area (LGA) health departments to improve their management capacity (including financial management); the capacity strengthening activities include performance-based payments for primary health care managers based on the performance of health facilities included in the RBF program.

GFF value added to health financing agenda:

GFF is co-financing all the health financing-activities and this financing accounts for 100% of the GFF's co-financing. GFF has been instrumental in helping extend the project until October 2020 to continue services during COVID. Project financing has been used to purchase PPE which has helped ensure confidence among health care providers and clients alike.

Nigeria
Basic Healthcare Provision Fund (P163969)

Total Funding

Health financing: 100% of the overall project funding

Health Financing

IDA GFF Other

PDO:

To establish the accreditation, verification and payment mechanisms for the operationalization of the Basic Health Care Provision Fund in the participating states.

Health financing supported by project:

This investment project finances the initial implementation of ***BHCPF, a tax-funded pooling scheme, to three states*** (Abia, Niger and Osun states) and includes:

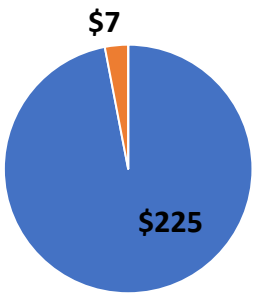
- FFS purchasing the Basic Minimum Package (BMPHS) in eligible primary or secondary health care facilities.
- lump-sum payments (DFF) to eligible facilities so that they can improve infrastructure so they can participate in FFS.
- Health systems management strengthening at national and state-level, which includes HF-specific activities such as creating a robust electronic payment and verification system and external auditing.

GFF value added for health financing agenda:

Entire project financed by GFF. Based on the lessons learned from initial phase in 3 states, it is envisaged that the Federal Government will provide most of the financing for the scale-up of the BHCPF to the remaining 33 states and Federal Capital Territory (FCT).

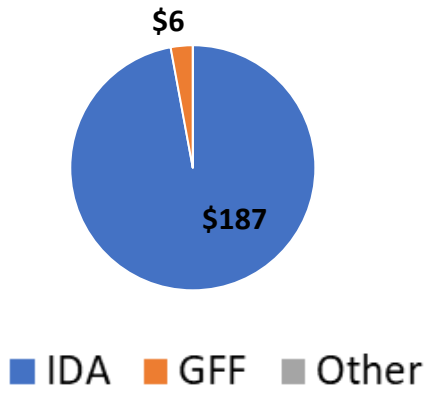
Nigeria
Accelerating Nutrition Results (P162069)

Total Funding



Health financing: 83% of the overall project funding

Health Financing



PDO:

To increase utilization of quality, cost-effective nutrition services for pregnant and lactating women, adolescent girls and children under five years of age in select areas of the Recipient's territory.

Health financing supported by project:

Delivery of core nutrition interventions within selected States using:

1. ***performance-based contracts with non-state actors*** working in communities, which includes capacity strengthening to manage performance-based contracts.
2. ***DLIs*** to incentivize results achieved through government delivery channels, of which two relate to heath financing:

- At least 50% increase in public budget utilized on nutrition sensitive interventions over prior year for 4 years (DLIs 15, 17 & 19).
- participating States releasing payment to NSA based on performance within 45 days for results of each year for 4 years (DLIs 26-29)

GFF value added for health financing agenda:

The financing from the GFF will be used to strengthen government capacity and incentives to manage performance-based contracts. GFF does not finance DLIs.

Nigeria– Results so far

Indicator	2016	2017	2018	2019
Share of health in total government budget (%)	4.1%	4.1%	3.9%	4.2%
Health budget execution rate (%)				
Share of public health resources spent in PHC				

Indicator	2018	2019	2020
Participating States releasing payment to non-state actors (NSAs) based on performance within 45 days for results		0	0
Number of accredited facilities receiving payments for services financed through (FFS) mechanism (public and private)		179	
Domestic resource contribution to BHCPF (allocations)	$180 M	$167 M	$144 M
30% or lower incidence of OOPs	71	76.6	77

Tanzania- What

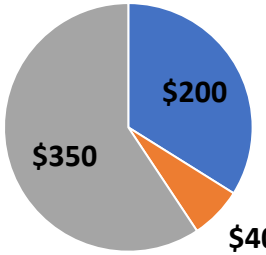
	Context	Reforms
Efficiency Reforms	• Challenges with Health budget execution (76% in 2016) • High share of donor financing (36% in 2014) but most of the expenditure is off budget • Efficiency reforms include a focus on quality of health services through Results Based Financing (RBF) and Direct Health Facility Financing, as well as strengthening public financial management (PFM).	1. **Expanding direct facility financing** through RBF and Direct Health Facility Financing (DHFF) for PHC facilities. 2. **Strengthening PFM**: role out of Facility Financial Accounting Reporting systems (FFARS)) 3. **Improving accountability and tracking of health resources**: strengthening audit functions of President's office of regional and Local Government (PORALG) and Ministry of Health; improving PFM of health facilities (opening bank accounts by health facilities)
DRM Reforms	• In 2014, health had high prioritization (12% of the budget) but health share has been declining since, especially in 2018/19. • Total health expenditure has been stable since 2009 at US$ 35 per capita.	
FP	• Health insurance coverage is increasing slightly but remains low.	

Tanzania- How

	Indicators	Instruments	Progress/Challenges
Efficiency Reforms	• Action plans of audits of PORALG and MOHSW • Number of health facilities receiving funds through DHFF and RBF • Resource mapping conducted • Number of district where Facility Financial Accounting Report System (FFARS) is available	Strengthening Primary Health Care For Results (P152736) 2015-2021	• Mid term review of One Plan 2 and National Strategic Health Plan conducted • Public Expenditure Review Report completed.
DRM Reforms	• Share of health in total government budget	Strengthening Primary Health Care For Results (P152736)	• Donor support is declining and much of the resources are still off budget. • No appreciable increase in budget and Health budget execution rate
FP Reforms			

Tanzania
Strengthening Primary Health Care For Results (P152736)

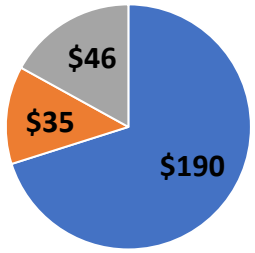
Total Funding



*plus $2030M counterpart financing

Health financing: 46% of the overall project funding

Health Financing



IDA GFF Other**

**USAID, ANIS MD, other dev partners

PDO:

Improve the quality of primary health care (PHC) services nationwide with a focus on maternal, neonatal, and child health (MNCH) services

Health financing supported by project:

This P4R includes DLIs with specific results related to the key aspects of health financing:

- ***Provider payments*** to facilities based on performance through RBF program (DLI 3)
- ***Results-based payments for local government authorities*** related to quantity and quality of services provided in the lobal government area (DLI 4)
- ***Results-based payments for regional authorities*** related to quantity and quality of services provided in the region (DLI 5)
- Results based payments for the central-level authorities for improvement in ***public financial management*** (fewer unexplained expenditure in audits) (DLI 6)
- ***Domestic resource mobilization*** – % of total budget allocated to health (DLI 2; one of 6 indicators under the DLI)
- ***PFM for health facilities*** – opening of bank accounts by facilities (DLI2; another one of 6 indicators)

GFF value added to health financing agenda:

This RBF program led to decentralization of funding directly to health facilities nationwide. GFF played an important role by bringing in USAID - pooled with the WB (because of the GFF). GFF contributed to making the basket fund more performance-based. GFF financing allocated to health-financing related DLIs 1-4.

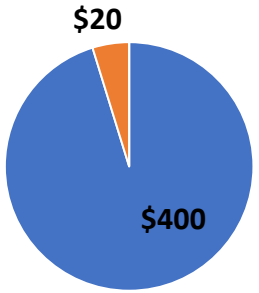
Tanzania– Results so far

Indicators	2016	2017	2018	2019
Share of health in total government budget	7.7%	8.4%	8%	9%
Health budget execution rate	76%	81%	82%	66%
Share of public health resources spent in PHC	88%	76%	N/A	N/A

Indicators	2015	2016	2017	2018	2019
Action plans of audits of PORALG and MOHSW	Yes	Yes	Yes	Yes	Yes
Number of health facilities receiving funds through RBF	183	1235	1713	1720	1936
Percentage of health facilities receiving funds through DHFP	N/A	N/A	N/A	66%	100%
Resource mapping conducted	No	No	No	No	Yes
Number of health facilities where Facility Financial Accounting Report System (FFARS) is available		NA	NA	5,437	5,533

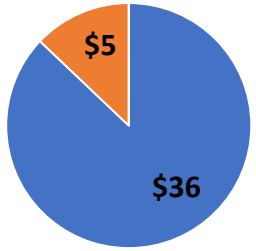
Indonesia
Investing in Nutrition and Early Years (P164686)

Total Funding



Health financing: 10% of the overall project funding

Health Financing



IDA GFF Other

PDO:

To increase the simultaneous utilization of nutrition interventions by 1,000-day households in priority districts.

Health financing supported by project:

The project focuses on nutrition in early years. It supports multisectoral public financial reforms – mainly programmatic fiscal transfers from Ministry of Finance to districts and "village funds" to villages (managed by Min of Village), of which a portion must be spend on multisectoral nutrition interventions.

The P4R project finances 2 DLIs related to the financing of nutrition intervention:

- ***performance-based budgeting*** – spending review to develop nutrition budgets based on past year's performance (DLI 2).
- ***Public financial management*** reforms focusing on the improvements in the predictability and results orientation of fiscal transfers to support National Stunting Program (DLI 5)

The project also supports ***capacity strengthening*** for budgeting and public financial management.

GFF value added to health financing agenda:

The project is supporting multisectoral PFM reforms and helping to lay the groundwork for health financing reforms to follow.

Indonesia– Results so far

Indicators	2016	2017	2018	2019
Share of health in total government budget	8.35%	8.79%	8.3%	
Health budget execution rate	89%			
Share of public health resources spent in PHC				

Malawi- What

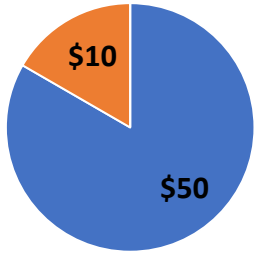
	Context	Reforms
Efficiency Reforms	• IC complete and priorities have been folded into the new Operational Plan for the 2017-2022 Health Sector Strategic Plan (HSSP-II)" • Share of the health budget allocated to districts was declining between 2012/13 and 2016/17 but increased in 2017/18. • The main reform is to continue to strengthen budget planning and execution at district level, within the context of the broader decentralization effort started by the government over a decade ago.	1. **Strengthening the district council's capacity in planning and budgeting**, among other activities that support this coordination and capacity development.
DRM Reforms		
FP		

Malawi- How

	Indicators	Instruments	Progress/Challenges
Efficiency Reforms	• Number of districts disbursing at least 80% of funds allocated in DIP for ECD and nutrition	Investing in Early Years (P164771) 2018-2024 T.A. and analytics, including PER	• DLI in the project incentivizes a decentralization policy empowering councils to implement and budget for nutrition and ECD activities. • By the end of the project all districts are expected to release at least 80% of operational funds budgeted for ECD and nutrition activities.

Malawi
Investing in Early Years (P164771)

Total Funding



Health financing: 2% of the overall project funding

Health Financing

IDA GFF Other

PDO:

To improve coverage and utilization of early childhood development services with focus on nutrition, stimulation and early learning from conception to 59 months in selected districts of Malawi.

Health financing supported by project:

This project focuses on ECD with only one health financing element:

One DLI will incentivize ***strengthening the district council's capacity in planning and budgeting (DLI 5),*** among other activities that support this investment project's multisectoral coordination and capacity development. This DLI will initially incentivize a decentralization policy empowering councils to implement and budget for nutrition and ECD activities, and by the end of the project all districts are expected to release at least 80% of operational funds budgeted for ECD and nutrition activities. Improving health financing at the district level is a theme in the World Bank's engagement in the health sector in Malawi.

GFF value added to health financing agenda:

The focus of this projects is on ECD service delivery and includes only a small health financing component.

Malawi– Results so far

Indicator	2016	2017	2018	2019
Share of health in total government budget	9.6%	9.7%		9.4%
Health budget execution rate	94%	98%		
Share of public health resources spent in PHC				

Indicator	2018	2019	
Number of districts disbursing least 80% of funds allocated in DIP for ECD and nutrition			

Annex: DLI Results Framework Indicators By Country

Bangladesh

Health Sector Support Project (P160846)


Payments


Pooling


Financial protection


Reform


DRM


Capacity strengthening

DLI	Results Framework Indicators	Tot $M	GFF $M
DLI2: Improvements in budget planning and allocation	Increase in percentage from FY16 baseline in repair and maintenance expenditure at the levels of Upazila and below.	56.0	1.2
DLI3: MOHFW's financial management capacity building	MOHFW FMAU completes internal audit for the previous fiscal year	51.0	1.1
DLI4: Improvements in asset management	Increase in the number of district-level referral facilities in which AMS is implemented	18.2	0.4
DLI5: Procurement capacity building: implementation of electronic procurement system in HNP sector	Increase in percentage of NCTs using e-GP issued by MOHFW	19.8	0.4
DLI6: Procurement capacity building: restructuring of the Central Medical Stores Depot	MOPA approves CMSD restructuring proposal	16.0	0.3
DLI7: Availability of midwives for maternal care is increased	Increase in the number of Upazila Health Complexes with at least 2 accredited diploma midwives	45.5	1.0

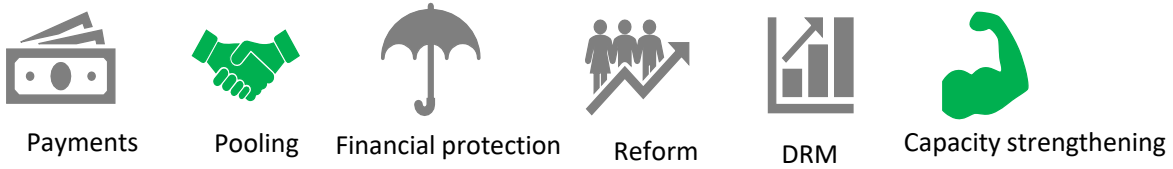
Cambodia

Nutrition Project (P162675)

DLI	Results Framework Indicators	Tot $M	GFF $M
DLI A: Subnational capacity building and rollout of C/S-SDG system	Year 0: 1. C/S-SDG checklists and readiness guidelines distributed to all C/S and D/K in target provinces 2. NCDDS is adequately staffed to carry out C/S-SDG implementation according to mutually agreed staffing plan 3. Plans for subnational capacity building and monitoring for C/S-SDG approved. Year 1: Training on C/S-SDG processes rolled out as per year 1 plan. Year 2: Training on C/S-SDG processes rolled out as per year 2 plan. Year 3: Training on C/S-SDG processes rolled out as per year 3 plan. Year 4: Training on C/S-SDG processes rolled out as per year 4 plan.	1.65	unknown
DLI B: Sustained timeliness of C/S-SDG payments and fiduciary oversight	Year 0: 1. Plans for subnational capacity building and monitoring of financial management (FM) are approved 2. NCDDS FM team receives training in its standard operating procedures and World Bank's Procurement Regulations. Year 1: 1. At least 60% of C/SSDG payments are made within the prescribed time 2. Activities as per the year 1 FM capacity building and monitoring plan have been completed for C/S-SDG FM readiness and roll out. Year 2: 1. At least 75% of C/SSDG payments are made within the prescribed time 2. Activities as per the year 2 FM capacity building and monitoring plan have been completed for C/S-SDG FM readiness and roll out. Year 3: 1. At least 80% of C/SSDG payments are made within the prescribed time 2. Activities as per the year 3 FM capacity building and monitoring plan have been completed for C/S-SDG FM readiness and roll out. Year 4: 1. At least 85% of C/SSDG payments are made within the prescribed time. 2. Activities as per the year 4 FM capacity building and monitoring plan have been completed for C/S-SDG FM readiness and roll out.	0.50	unknown
DLI C: C/S-SDG assessment and coaching in accordance with guidelines	Year 0: 1.Implementation guideline detailing C/SSDG fund flow, rollout, process, and oversight arrangements is finalized and distributed among C/S, district, provincial, and central authorities 2. C/S-SDG assessor team trained and certified according to a plan agreed between NCDDS and the Association. Year 1: 1. At least 70% of target C/S receive timely C/S-SDG assessment 2. 2 additional assessors from every district and province in targeted areas trained and certified as assessors after undergoing the standard C/S-SDG program. Year 2: 1. At least 80% of target C/S receive timely C/S-SDG assessment 2. ICT system is established and functional appropriately, with all assessor teams using tablet-assisted collection and submitting data through the ICT system 3. Actions taken as per C/S-SDG Operational Manual to address discrepancies in exante and ex-post verification scores. Year 3: target C/S receive timely C/S-SDG assessment 2. Actions taken as per C/S-SDG Operational Manual to address discrepancies in exante and ex-post verification scores. 1. At least 90% of target C/S receive timely C/S-SDG assessment 2. Actions taken as per C/S-SDG Operational Manual to address discrepancies in exante and ex-post verification scores.	0.45	unknown
DLI H: Sustainable institutional arrangements for HEF and SDG payment and certification;	Year 0: 1.PMRS updated to incorporate the expanded HEF package under Part 1.2 2.Training to implement MOH guidelines on HEF expansion is completed for all target provinces. Year 1: 1. Supervision conducted as per MOH's relevant plan to promote adherence to HEF expansion 2. Payment certification agent (PCA) carries out timely certification of MCHN scorecard scores as per MOH's relevant guideline 3.Full PMRS is rolled out in at least additional 40 health centers/ referral hospitals in target provinces. Year 2: 1.Timely certification of MCHN Scorecard scores as per MOH's relevant guideline 2.Full PMRS is rolled out in at least additional 50 health centers/ referral hospitals in target provinces. Year 3: 1.Timely certification of MCHN Scorecard scores as per MOH's relevant guideline 2.Full PMRS is rolled out and functional in all health centers/ referral hospitals in target provinces. Year 4: 1.Timely certification of MCHN Scorecard scores as per MOH's relevant guideline.	1.80	unknown
DLI J:Timeliness of MCHN-SDG and HEF payments ensured and continued FM capacity building for health centers.	Year 0: 1.Financial procedure guidelines and standards for HEF and SDG expansion finalized and distributed to OD, PHD, and MOH central staff 2. Sub-national FM capacity building plan approved by MOH. Year 1: 1.At least 70% of MCHN-SDG and HEF payment are made within the prescribed time 2.Activities as per the FM capacity building plan have been completed for year 1. Year 2: 1. At least 75% of MCHN-SDG and HEF payment are made within the prescribed time 2. Activities as per the FM capacity building plan have been completed for year 2. Year 3: 1. At least 80% of MCHN-SDG and HEF payment are made within the prescribed time 2. Activities as per the FM capacity building plan have been completed for year 3. Year 4: 1. At least 85% of MCHN-SDG and HEF payment are made within the prescribed time 2. Activities as per the FM capacity building plan have been completed for year 4.	0.75	unknown

Ethiopia

The Health Sustainable Development Goals Program for Results AF (P159213)



DLI	Results Framework Indicators	Tot $M	GFF $M
DLI9: Improve Pharmaceuticals Fund and Supply Agency Capacity	Introduction of Procurement Key Performance Indicators (KPIs) developed by Federal Public Procurement Agency (FPPA) at PFSA Automate the PFSA core business fiduciary system using Selected Software in PFSA HQ and Addis Ababa City; PFSA submission of backlog audit reports and timely quality audit reports thereafter	15	0
DLI14: Community-based health insurance schemes	Percent of woredas with functional Community Based Health Insurance (CBHI) schemes; Undertake CBHI schemes review every two years	25	13.5

Indonesia

Investing in Nutrition and Early Years (P164686)


Payments


Pooling


Financial protection


Reform


DRM


Capacity strengthening

DLI	Results Framework Indicators	Tot $M	GFF $M
DLI2: Tracking and performance evaluation of national spending on priority nutrition interventions	Tracking and performance evaluation of national spending on priority nutrition interventions; End Target: Performance report issued and budget reviewed	5.3	0
DLI 7: Predictability and results-orientation of fiscal transfers that support convergence	Predictability and results-orientation of fiscal transfers that support convergence; End Target: Consolidated program and financing guidelines, and annual performance assessment	150	0

Malawi

Investing in Early Years (P164771)

DLI	Results Framework Indicators	Tot $M	GFF $M
DLI 5: Number of districts disbursing at least 80 percent of funds allocated in District Implementation Plan (DIP) for ECD and nutrition	By Y2 all the 13 district supported by the project have incorporated and budgeted for nutrition and ECD in their DIPs. By Y4 all districts have released at least 80% of operational funds budgeted for ECD and nutrition activities in DIP in previous FY.	1.1	unknown

Mozambique

Primary Health Care Strengthening Program (P165534)


Payments


Pooling


Financial protection


Reform


DRM


Capacity strengthening

DLI	Results Framework Indicators	Tot $M	GFF $M
DLI5: Domestic health expenditures as a percentage of total domestic government expenditures	Domestic health expenditures as a percentage of total domestic government expenditures	13.5	2.2
DLI6: Increase health expenditures made in historically underserved areas	6.0.1. Sub-account expenditures in Nampula, Zambezia, and Tete. 6.0.2. Sub-account expenditures in the 28 underserved districts. Domestic health expenditures (operational and internal investment) maintained in underserved areas (3 provinces and 28 districts)	13.0	2.1
DLI8: Percentage of district/rural hospitals that received performance-based allocations (PBA)	Percentage of district/rural hospitals that received performance-based allocations (PBA) in accordance with a minimum of two scorecard assessments in the previous fiscal year	14.0	2.3
DLI9: Percentage of rural health centers in priority districts that received PBA	Percentage of rural health centers in priority districts that received PBA in accordance with a minimum of two scorecard assessments with community consultations in the previous fiscal year	15.0	2.4

Nigeria

Accelerating Nutrition Results (P162069)

DLI	Results Framework Indicators	Tot $M	GFF $M
DLI15	At least 50% increase in public budget utilized on nutrition sensitive interventions over 2020	0.5	0.0
DLI17	At least 50% increase in public budget utilized on nutrition-sensitive interventions over 2021	0.75	0.0
DLI19	At least 50% increase in public budget utilized on nutrition-sensitive interventions over 2022	0.75	0.0
DLI26	Participating States releasing payment to NSA based on performance within 45 days for results of 2019	1.25	0.0
DLI27	Participating States releasing payment to NSA based on performance within 45 days for results of 2020	1.25	0.0
DLI28	Participating States releasing payment to NSA based on performance within 45 days for results of 2021	1.25	0.0
DLI29	Participating States releasing payment to NSA based on performance within 45 days for results of 2022	1.25	0.0

Tanzania

Strengthening Primary Health Care For Results (P152736)

DLI	Results Framework Indicators	Tot $M	GFF $M
DLI1 Recipient has completed all foundational activities	Recipient has completed all foundational activities. (This DLI consists of a set of 6 results related to preparation for capacity building, data quality improvement, fiscal decentralization, facility accreditation and MNCH readiness in five BRN regions to ensure a robust system-level framework for the Program.)	35	10
DLI2 institutional strengthening, including improved financial management and increased Share of health in total government budget	Recipient has achieved all of the Program annual results in institutional strengthening at all levels. (This DLI consists of 6 program annual results in institutional strengthening corresponding to specific sector bottlenecks: planning, budgeting, financial management, human resources for health and information on quality of care. All 6 conditions must be met each year.)	65	5
DLI3: RBF to PHC facilities	PHC facilities have improved maternal, neonatal and child health services delivery and quality as per verified results and received payments on that basis each quarter (PHC facilities have completed the implementation of their quarterly RBF business plans. Internal verification has been carried out to verify the achievement of each PHC facility against an extensive list of facility level performance indicators. Facilities have received their incentive payments within working days after the verification of results.)	81	15
DLI4: PBF to local govts for MNCH service delivery	LGAs have improved annual maternal, neonatal and child health service delivery and quality as measured by the LGA balance score card. (This DLI is assessed for each LGA using a LGA Balance Score Card which has 2 criteria related to MNCH service and systems performance.)	80.5	5
DLI5: PBF for regional govts for supporting PHC	Regions have improved annual performance in supporting PHC services as measured by a Regional Balance Score Card (This DLI is assessed by a Regional Balance Score Card with 2 criteria (each with a different weight) related to supportive supervision and data quality.)	3.1	0
DLI6: PBF for MOHSW and PMORALG improved annual PHC service	MOHSW and PMORALG have improved PHC service performance as measured by the National Balance Score Card (This DLI is assessed annually by a National Balance Score Card with 4 criteria (each with different weight) related to (i) performance of LGAs (ii) performance of regions (iii) their support for lower levels and (iv) public finance management.)	6.4	0