

COUNTRY-POWERED
INVESTMENTS FOR
**EVERY WOMAN,
EVERY CHILD.**



Situation analysis



GLOBAL
FINANCING
FACILITY



SUPPORTED BY

WORLD BANK GROUP

Overview



Intro

- 10 mins



Case Study

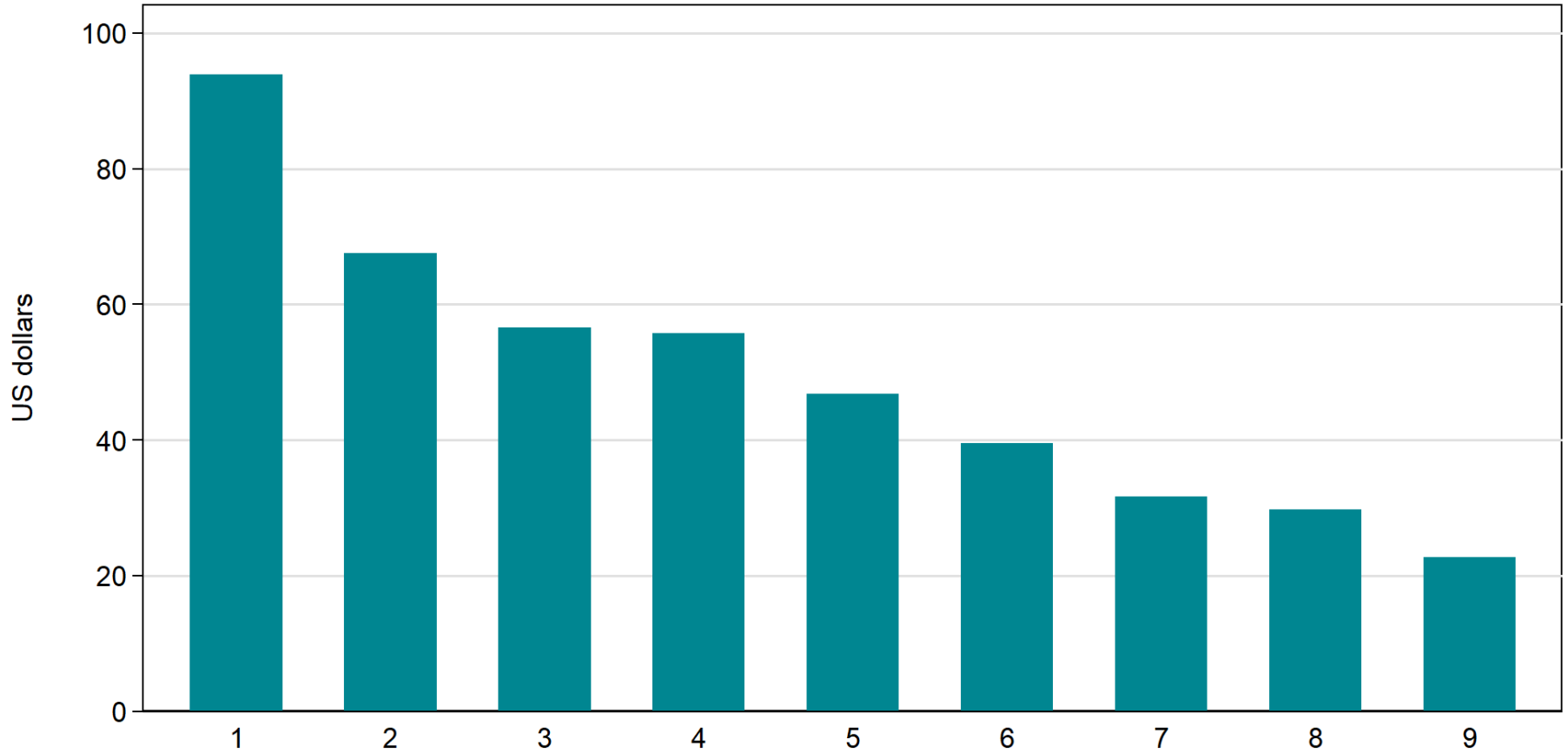
- 60 mins
- in country teams



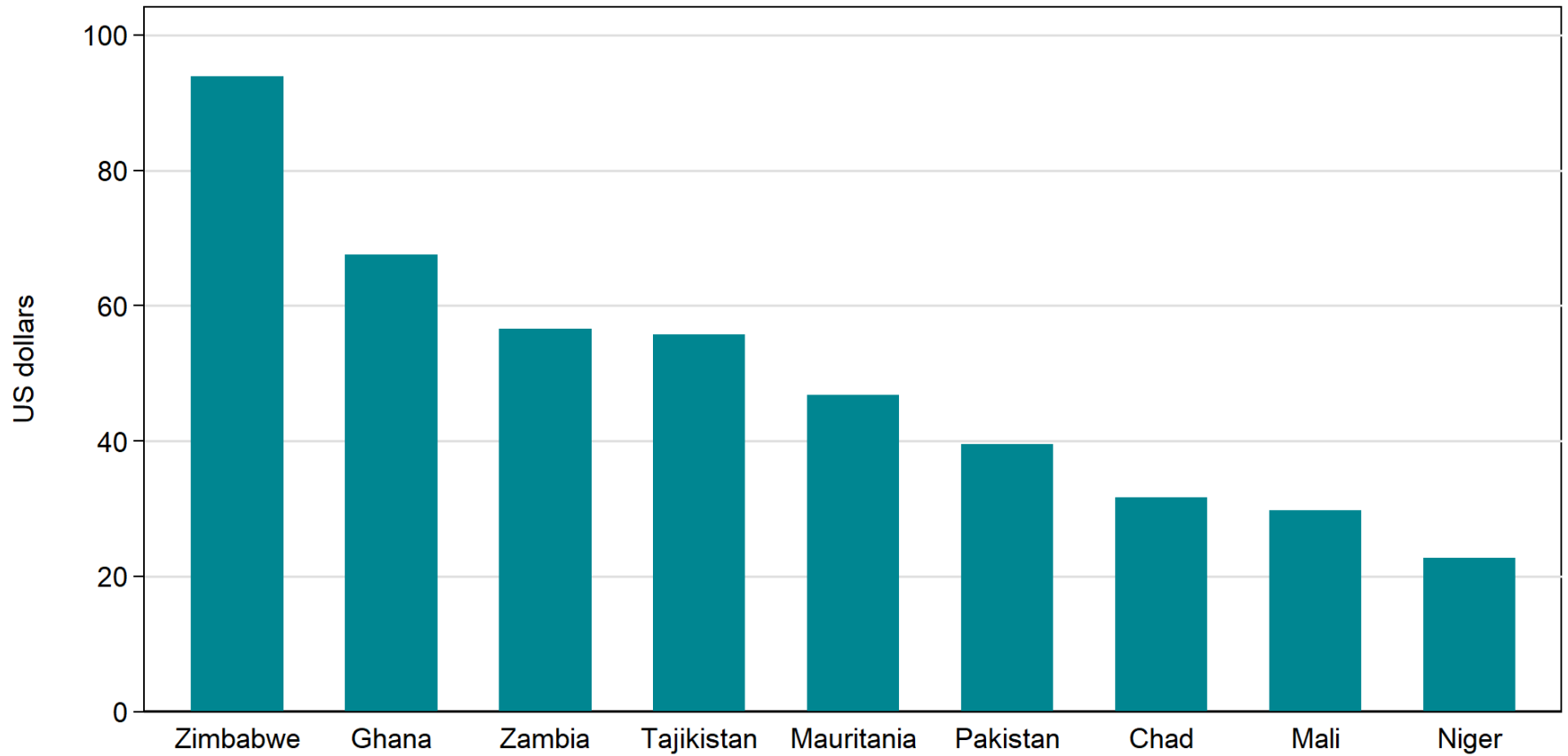
Reporting back

- 30 mins
- after lunch

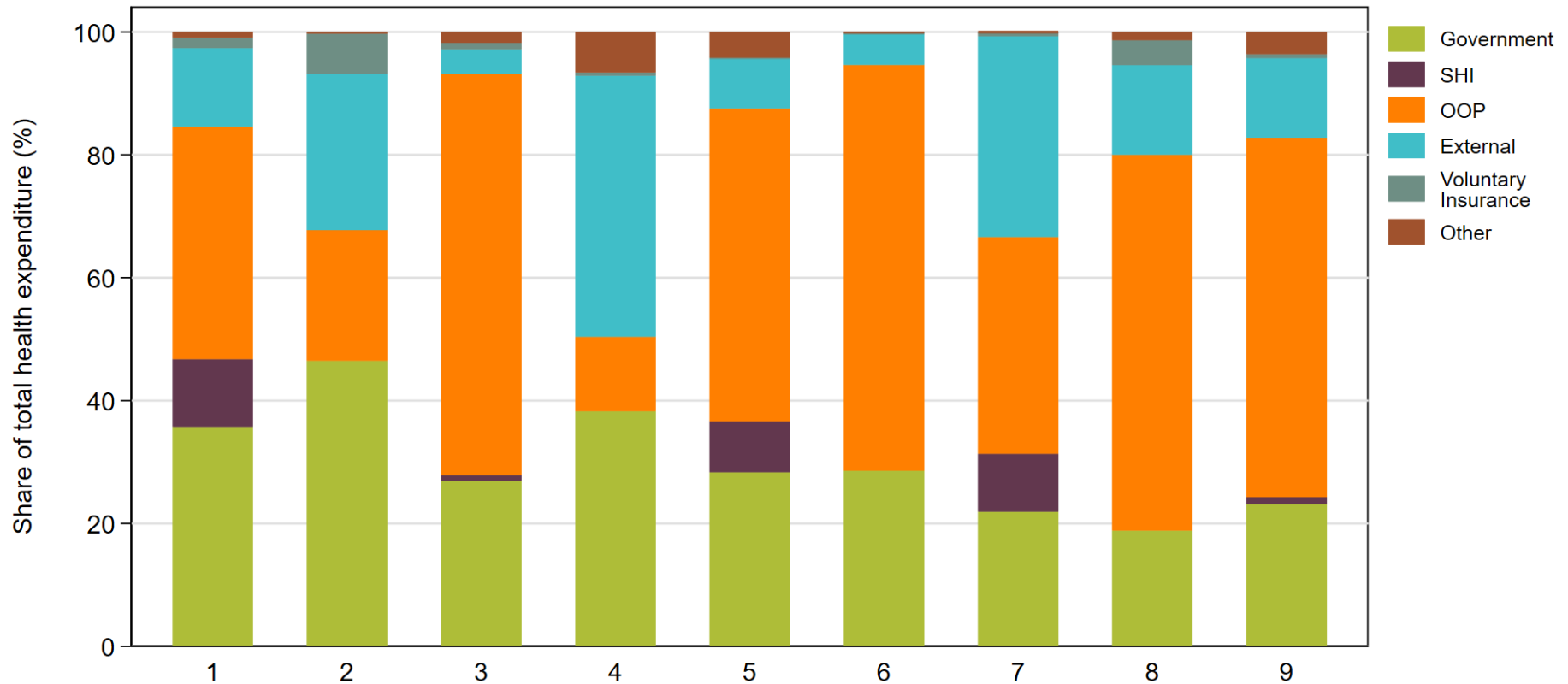
Total health expenditure per capita



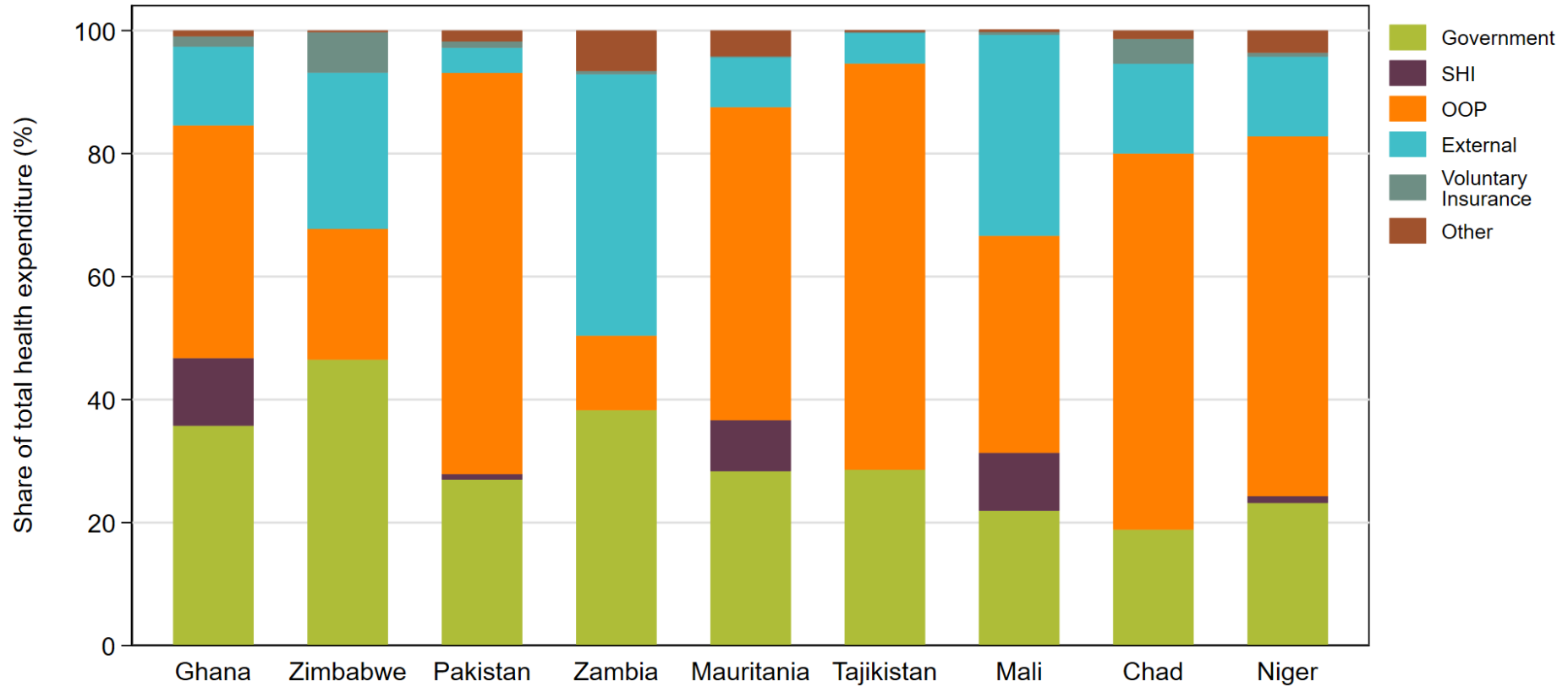
Total health expenditure per capita



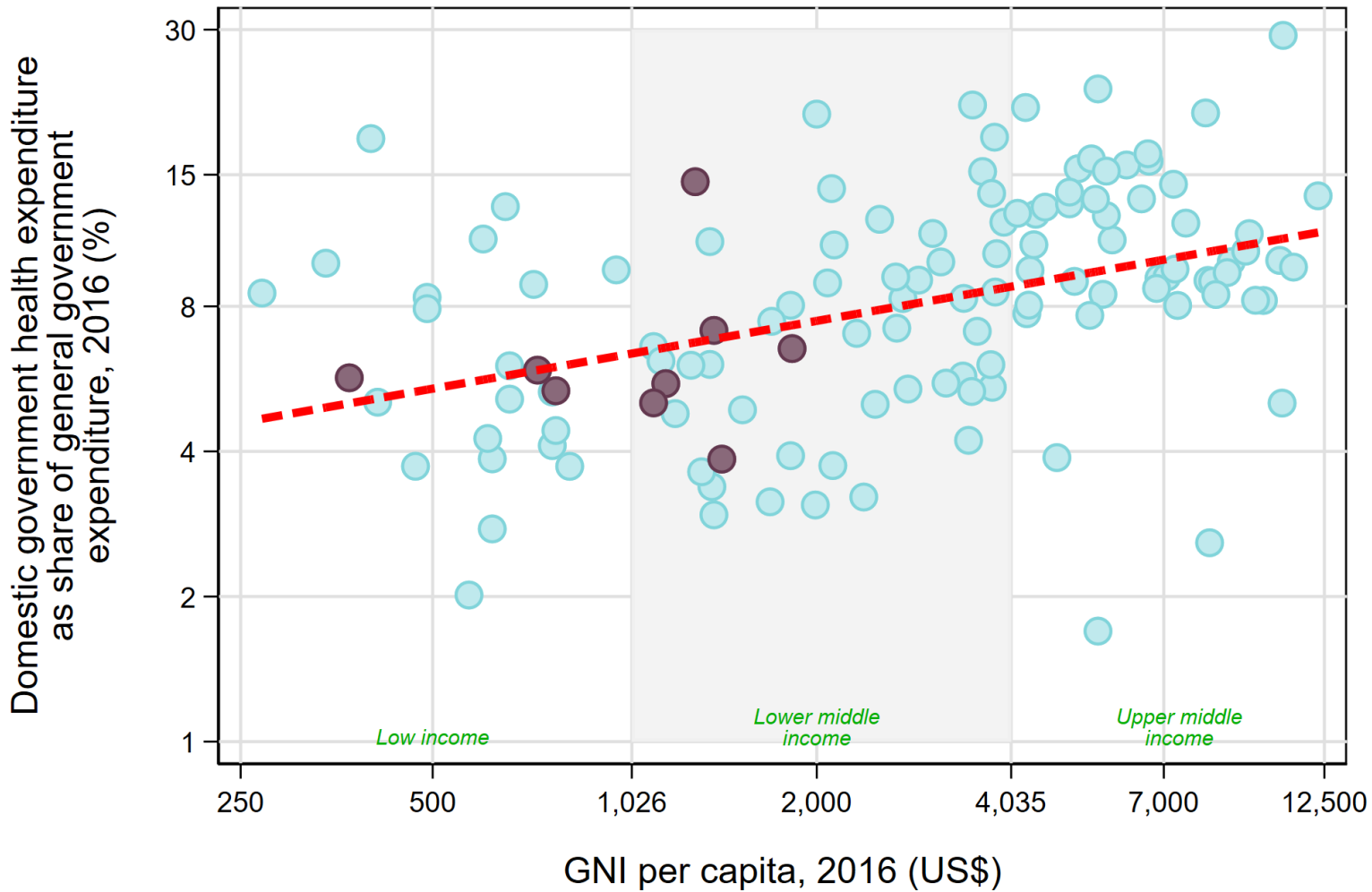
Composition of total health expenditure



Composition of total health expenditure

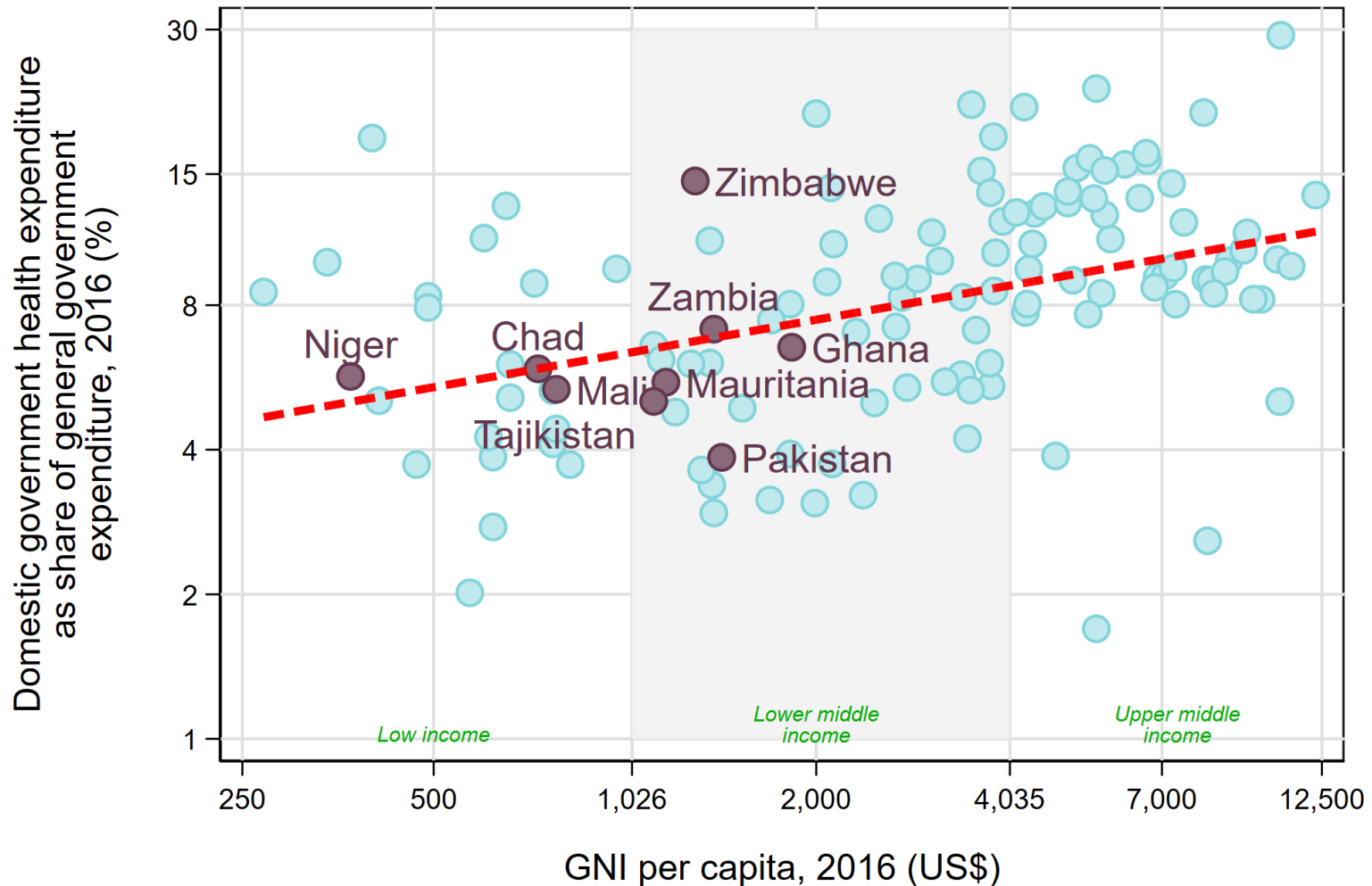


Priority given to health



Note: Both axes expressed in log scale.

Priority given to health



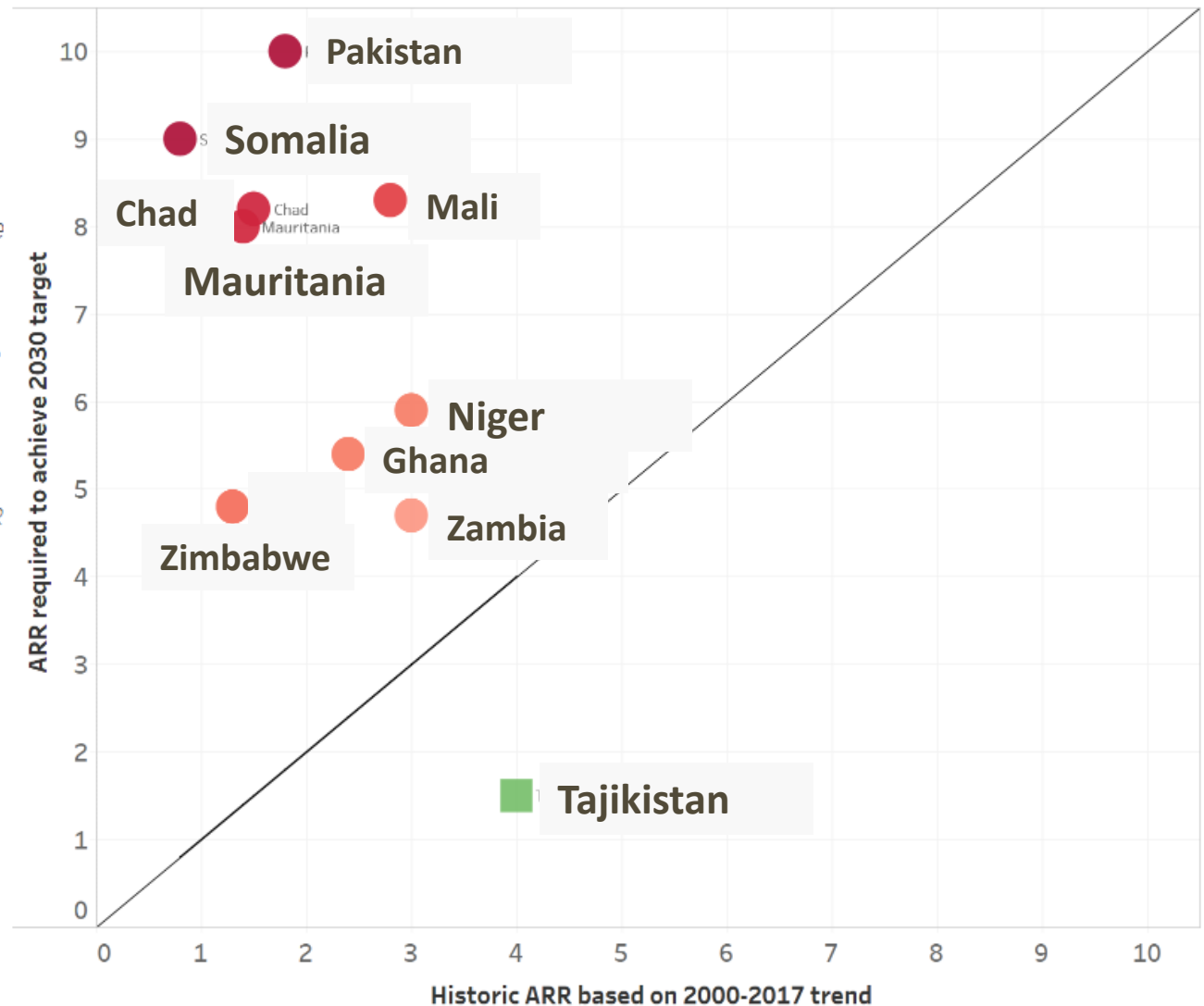
Note: Both axes expressed in log scale.

Countries may vary widely in RMNCAH priorities

Example: Getting NMR on track to meet the SDG target

NMR: What is the difference between the historic average annual rate of reduction (ARR) in NMR and the rate needed to achieve the 2030 target of 12 per 1,000 live births?

Countries are represented by colored circle and square symbols. **Green square symbols** are countries that are on track to achieve the 2030 NMR target of 12 per 1,000 live births. **Red circle symbols** are countries that need to accelerate their ARR beyond the historic trend. The darker the green a symbol is, the farther ahead the country's ARR is beyond what is required to achieve the 2030 target. The darker the red a symbol is, the farther behind the country is from achieving the 2030 target.

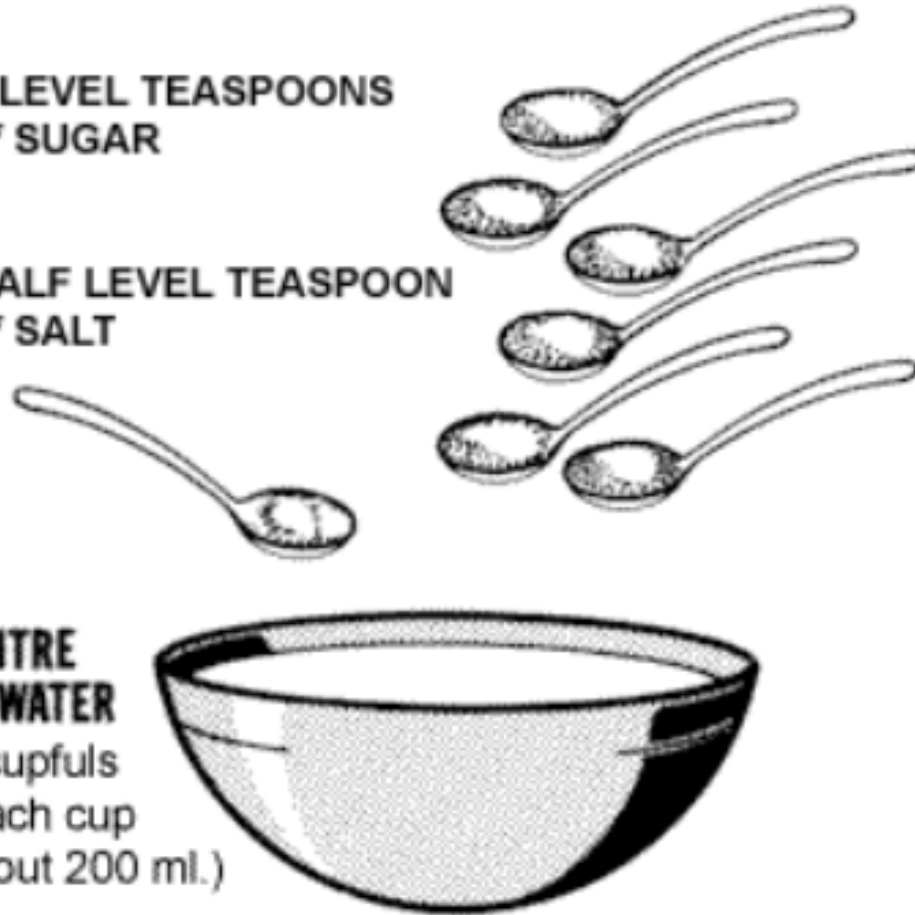


Doing too little of something cheap

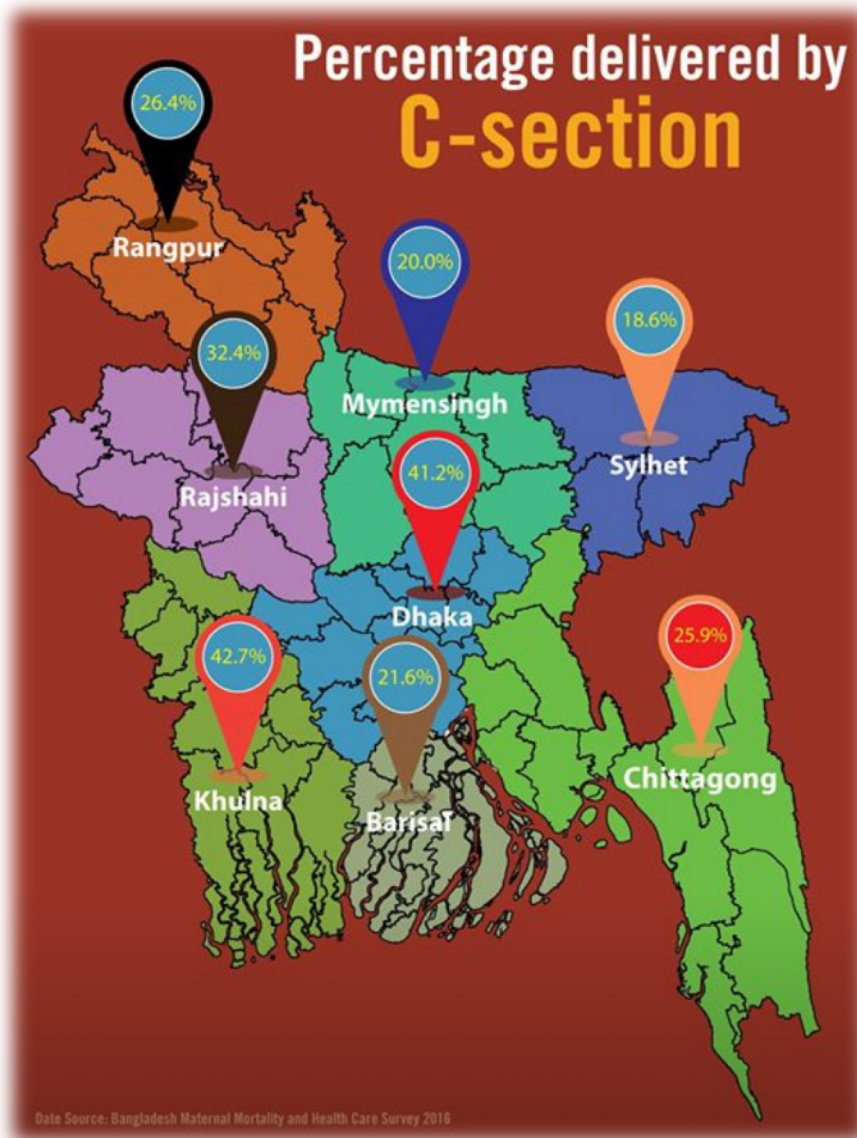
**6 LEVEL TEASPOONS
of SUGAR**

**HALF LEVEL TEASPOON
of SALT**

**1 LITRE
OF WATER**
5 cupfuls
(each cup
about 200 ml.)



Doing too much of something expensive



Caesarean section rate should be 10% to 15%

Main sources of inefficiency

Doing the wrong things

- Services with low cost-effectiveness
- Preventative vs. curative services

Doing things in the wrong place

- Provision of services at too high-level institutions
- Lack of mechanism to ensure continuity of care

Spending badly

- Inputs
- Outputs and outcomes
- Health Financing and Health System Organization

Step 1 of the IC: Situation analysis

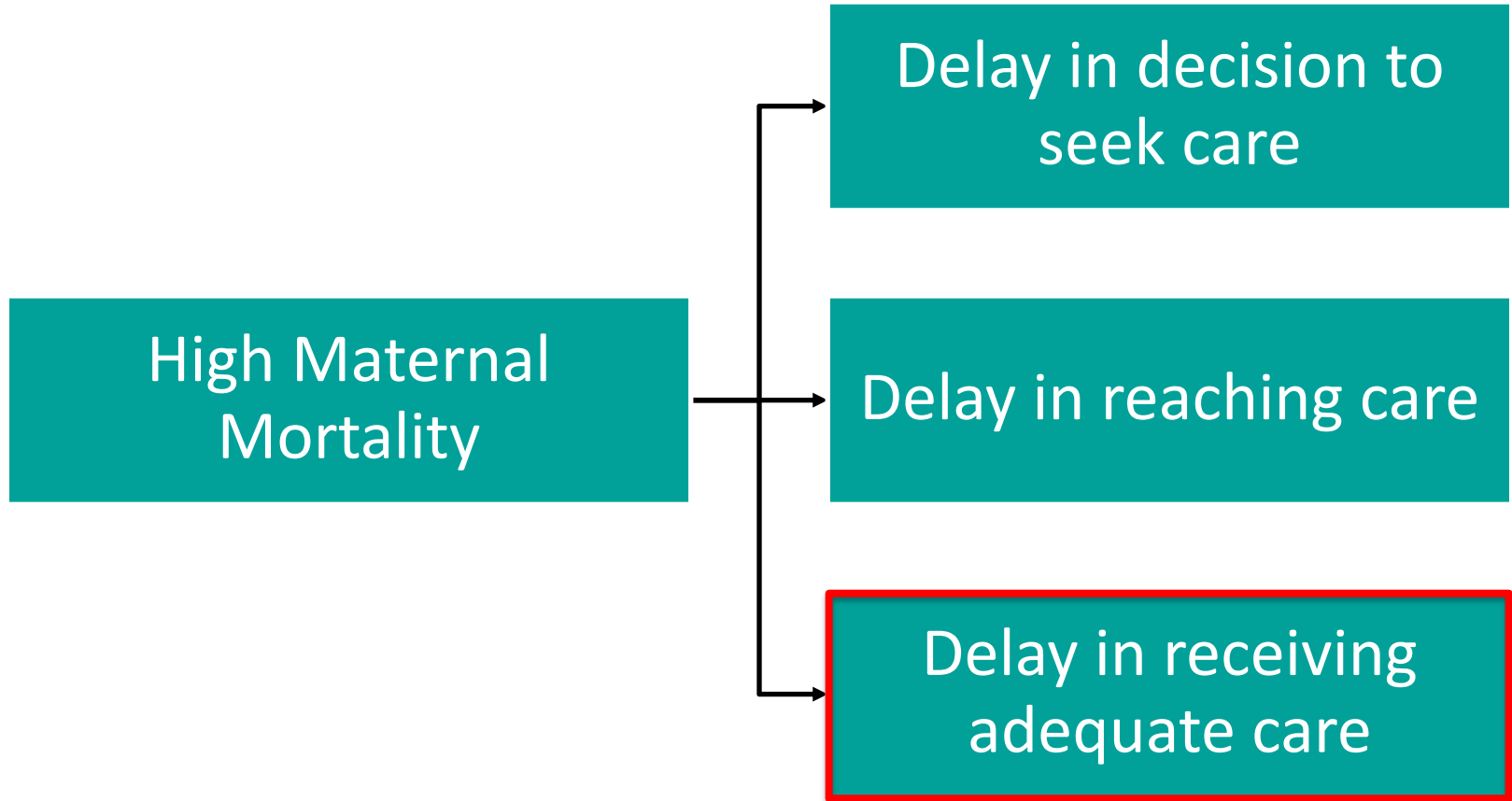
What should be the scope of the IC?

- Broader UHC package?
- Limited MCH indicators?
- Specific unfinished agenda (e.g. adolescents, nutrition)?

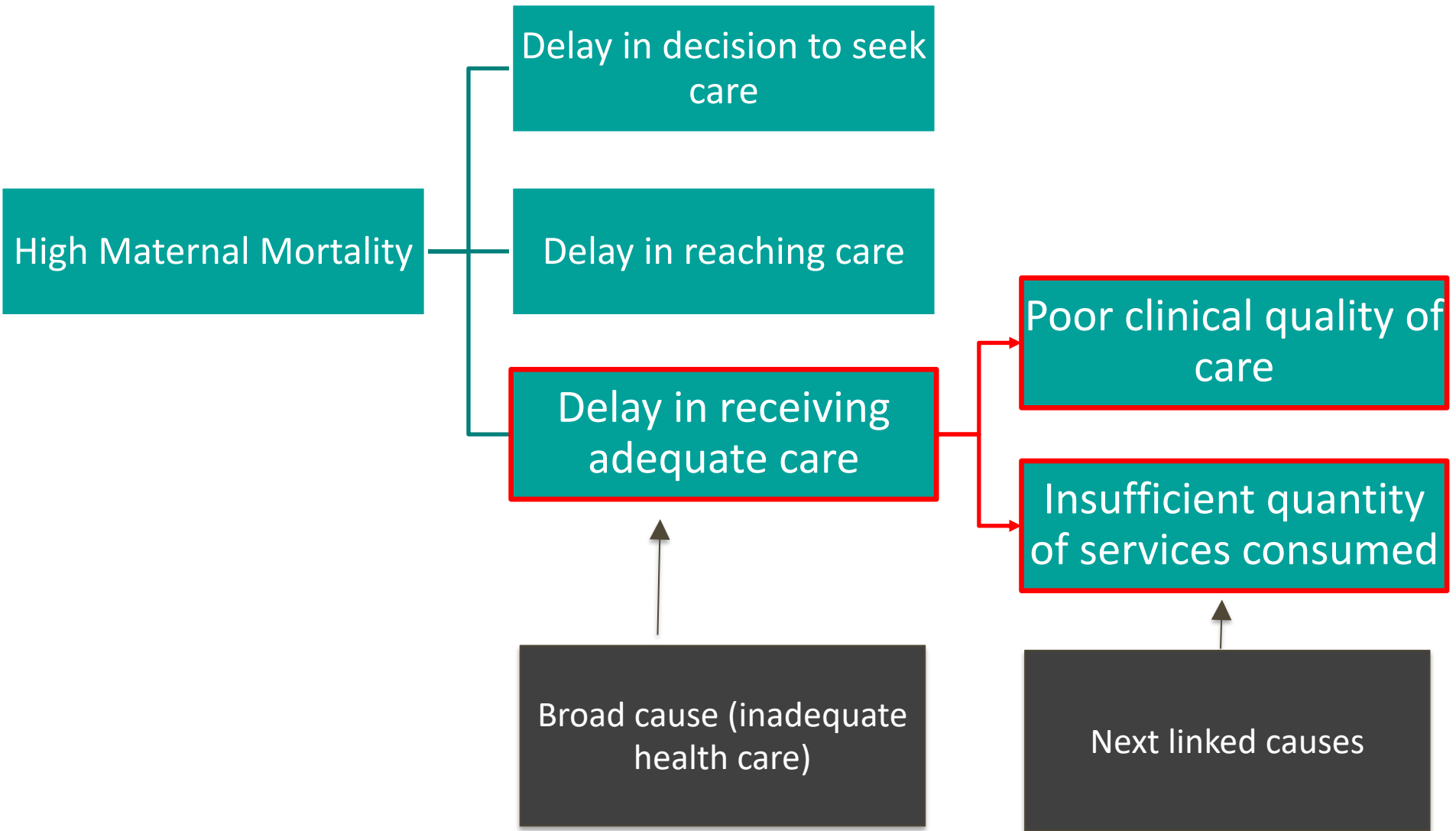
What are the root causes of weak performance?

- Funding?
- Payment function?
- Organization/Regulation?
- Behavioral?

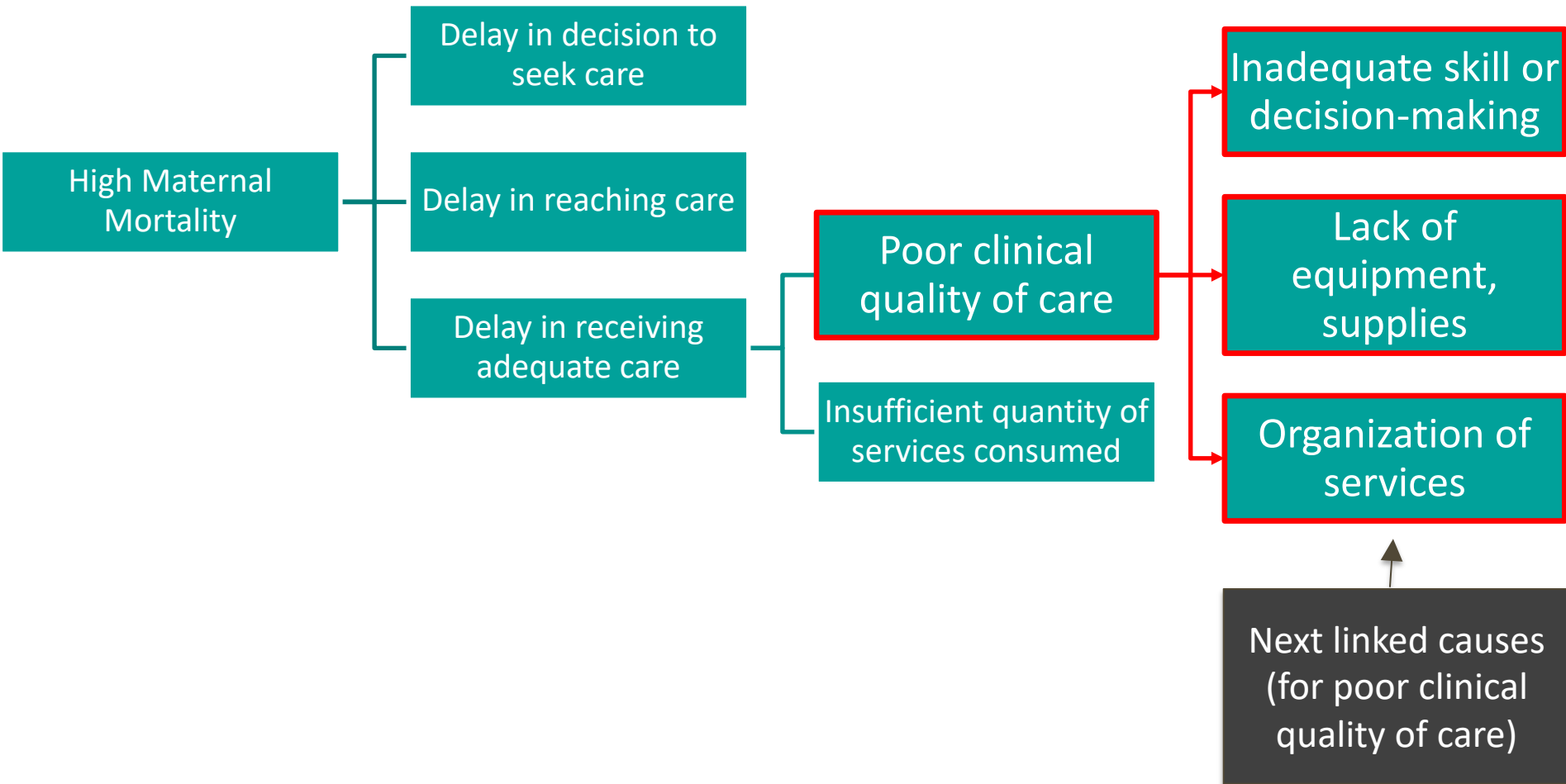
Example: High Maternal Mortality



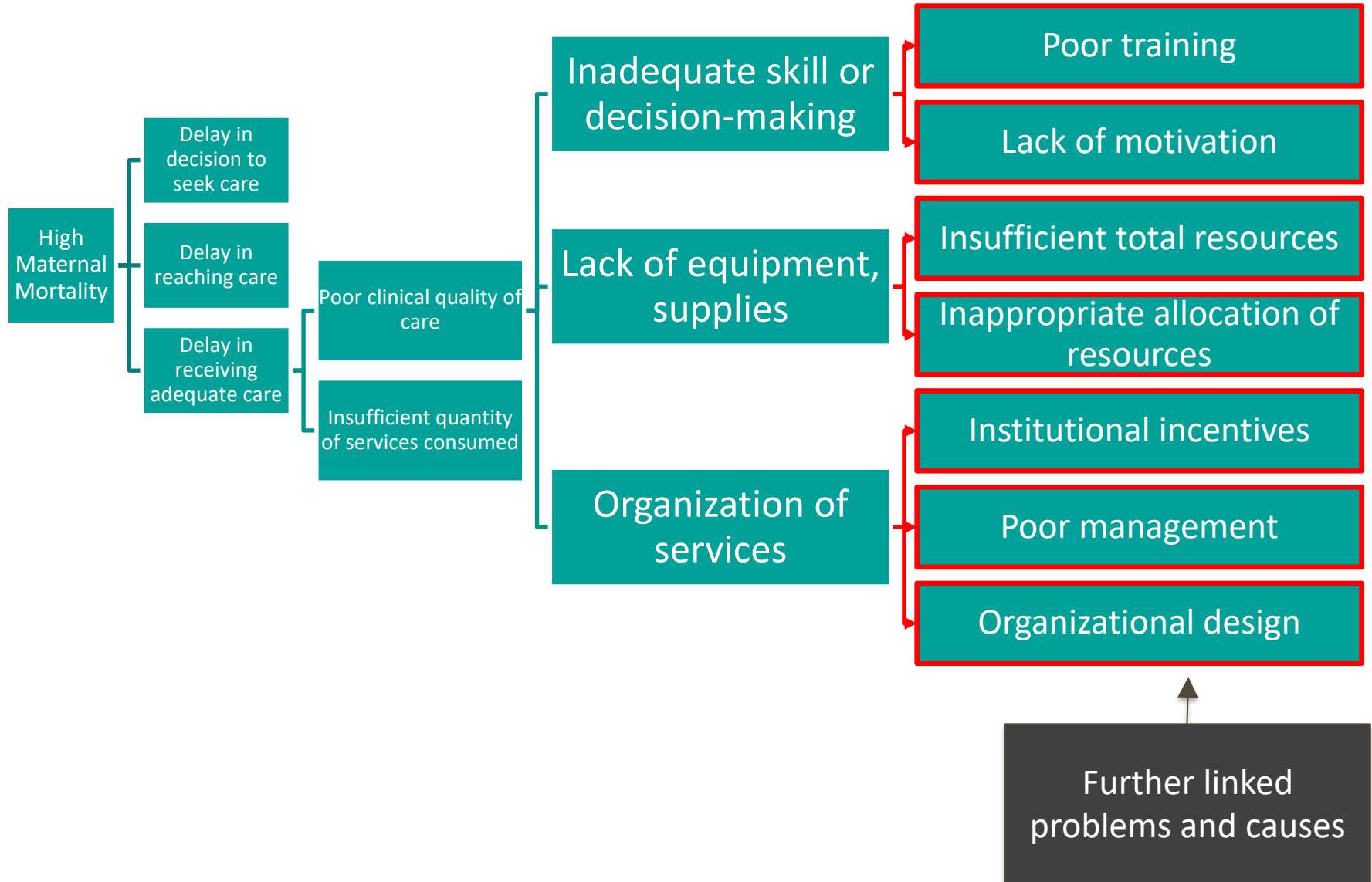
Example: High Maternal Mortality



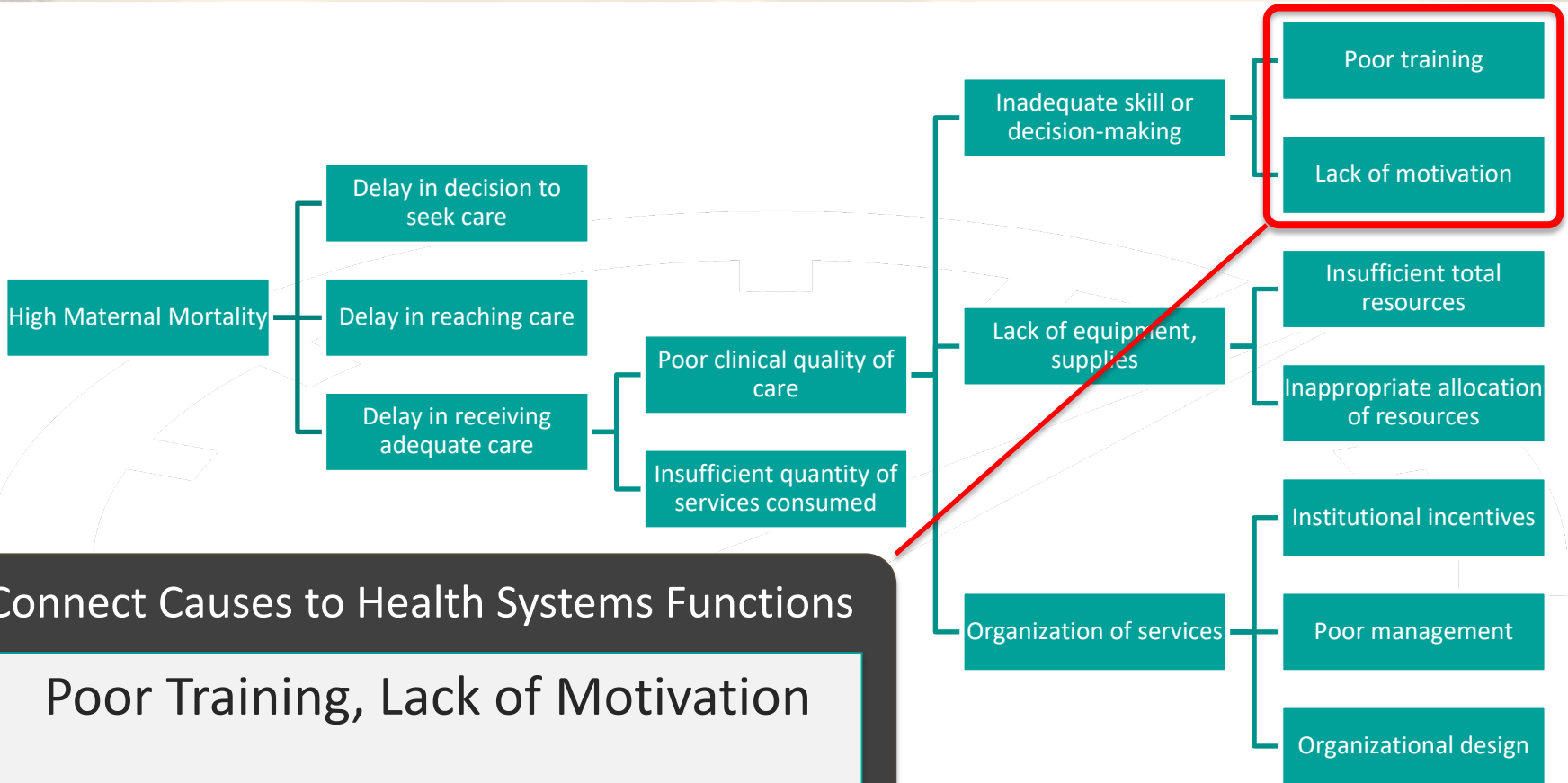
Example: High Maternal Mortality



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Example: High Maternal Mortality



Connect Causes to Health Systems Functions

Poor Training, Lack of Motivation

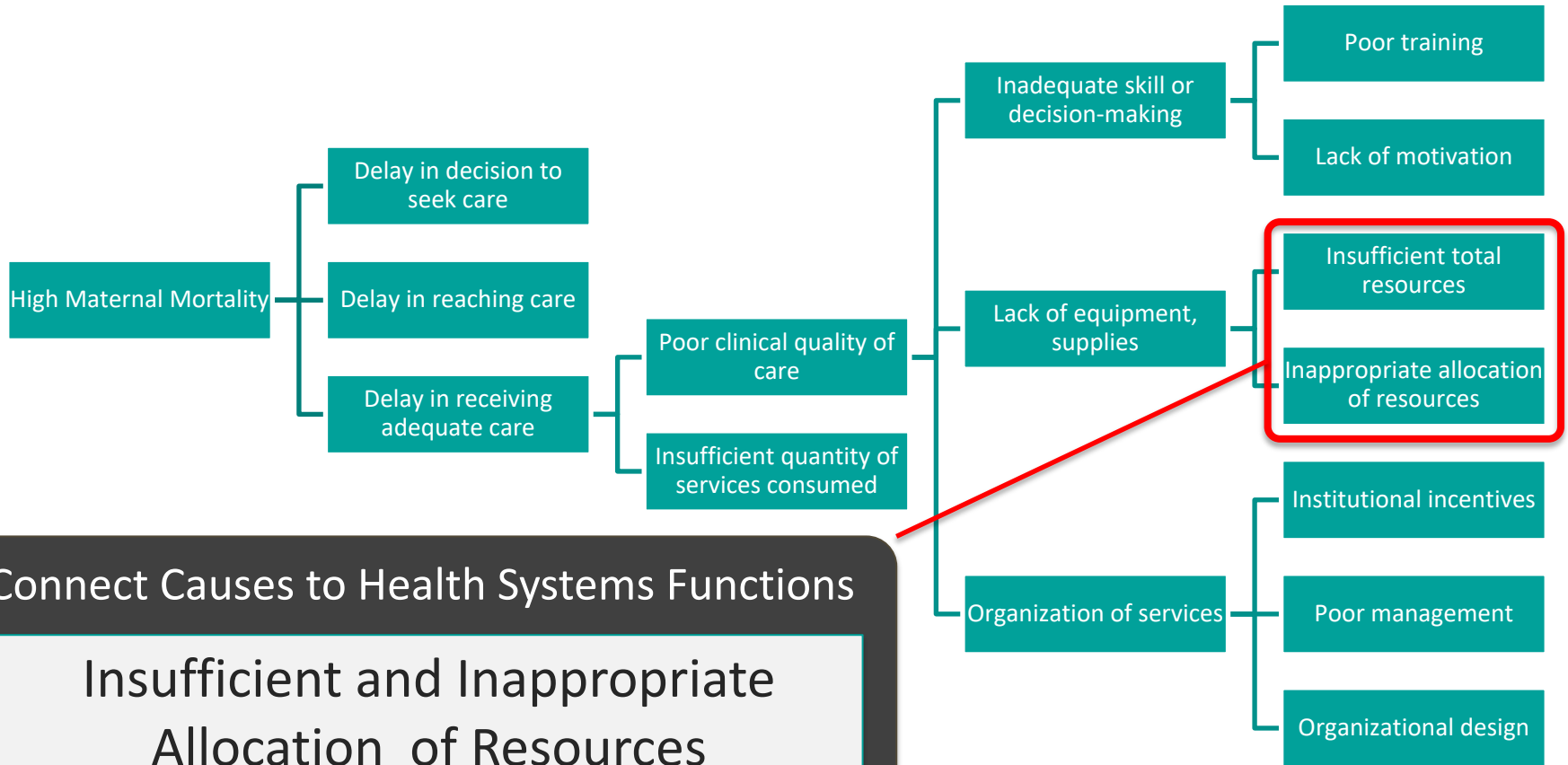


Organization



Payment

Example: High Maternal Mortality



Connect Causes to Health Systems Functions

Insufficient and Inappropriate Allocation of Resources

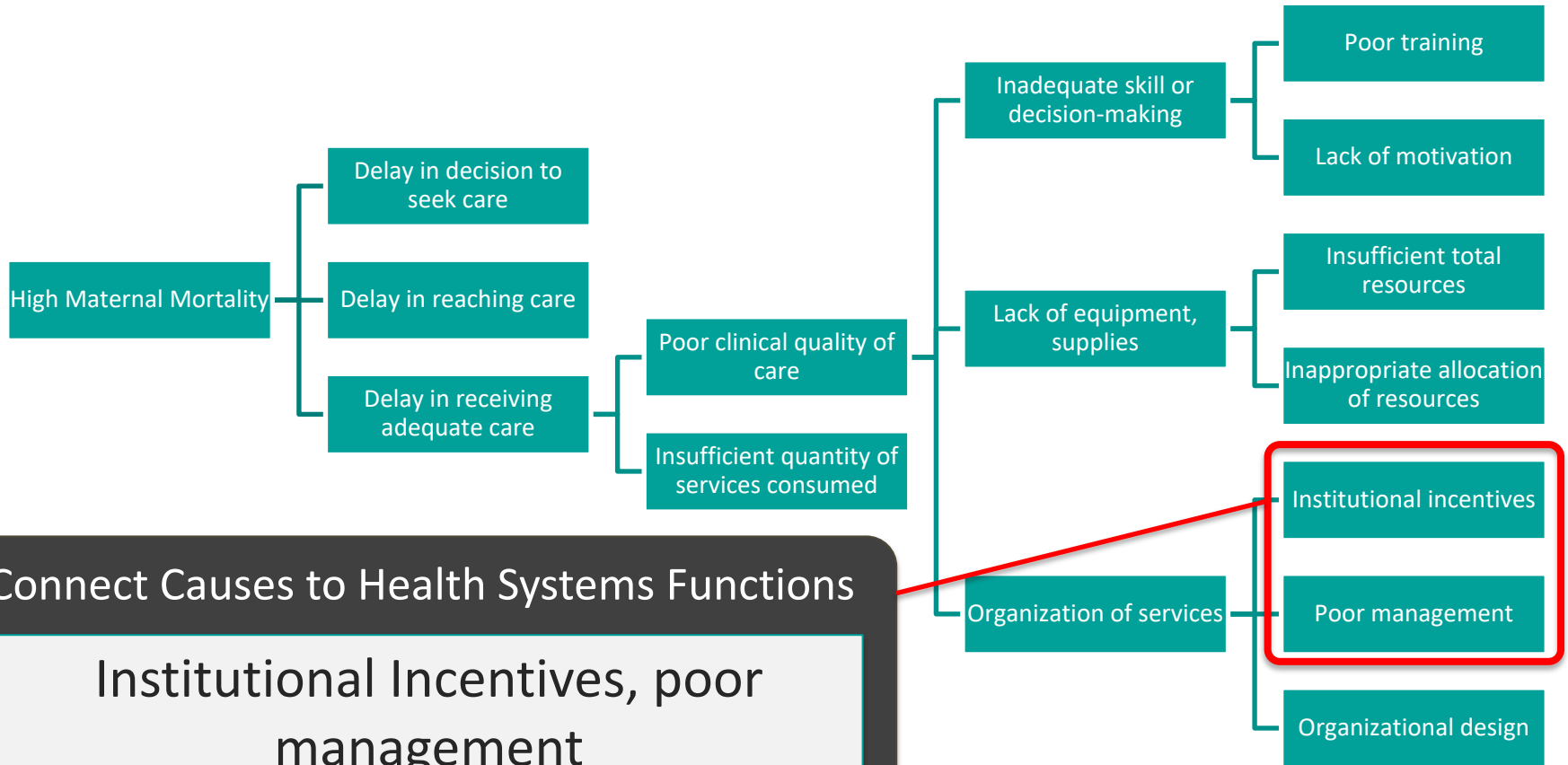


Financing



Organization

Example: High Maternal Mortality



Connect Causes to Health Systems Functions

Institutional Incentives, poor management



Payment



Organization

Case Study

Objectives:

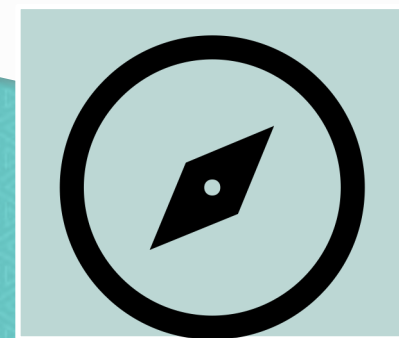
- Create joint understanding of how to think about root cause analysis
- Move from input based response to one of how to make better use of existing resources
- Apply this afterwards to own country context



60 minutes



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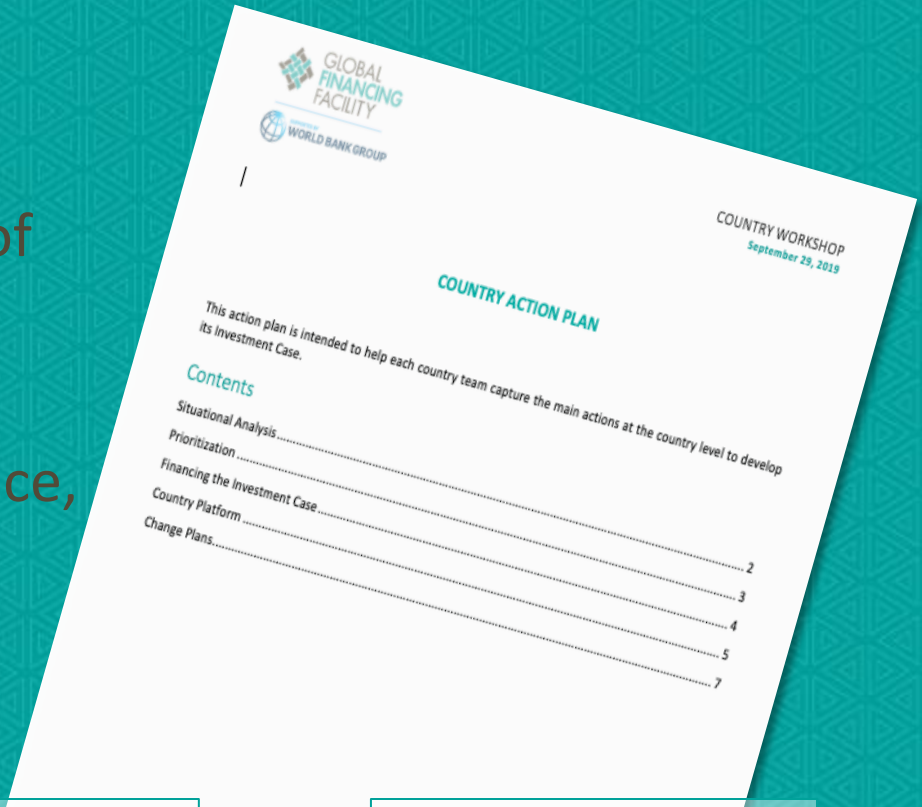
At your table

Action Plan

Recognizing challenges

- Quality/timeliness/ availability of data
- Consolidation of data (from departments within MoH, Finance, Employment, Education, etc.)

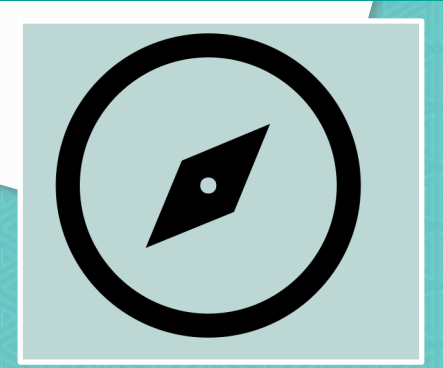
What are next steps to finalize situation analysis in your country?



45 minutes



Pages 2-5



At your table