

**Sustainable Financing
For Health Accelerator**

Using DLIs to Achieve Health Financing Objectives An Overview of African Region

**DISBURSEMENT LINKED INDICATORS (DLI)
COURSE**

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OVERVIEW OF CONTENT

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- a. Efficiency, DRM and Financial Protection (Context, Reforms, Indicators, Instruments, Progress/Challenges)
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Overview of instruments and Health Financing Engagements

AFRICAN REGION

GLOBAL FINANCING FACILITY (GFF) INSTRUMENTS

IC & RMET

The Investment Case, including Resource Monitoring and Expenditure Tracking (RMET), as a tool for improving efficiency of resources

IDA

Linking IDA to a sustainable health financing agenda

Knowledge

World Bank's convening power and knowledge

Partnership

The GFF Partnership at global and country level for increased efficiency of DAH and joint advocacy for health financing reform

EXAMPLES: HEALTH FINANCING ENGAGEMENT USING DLIs

Efficiency

- **Improving Public Financial Management (PFM):** (Indonesia)
- **Procurement Reforms:** (Ethiopia & Bangladesh)
- **RBF/PBF:** PHC & MCH (Tanzania), health centers (Mozambique)

DRM

- Increased share of health in total **government budget** (Tanzania)
- **Domestic health expenditures** as a percentage of total domestic government expenditures (Mozambique)

Financial Protection Reforms

- Percent of communities with functional Community Based **Health Insurance** (CBHI) schemes (Ethiopia)

Country Case (Mozambique)

AFRICAN REGION

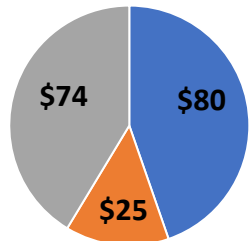
MOZAMBIQUE: EFFICIENCY & DRM DLIs

	Efficiency	DRM	Financial Protection
Context	<ul style="list-style-type: none"> • Centralized Health Expenditures • Shortage of qualified health professionals • IC & PHC Strengthening Program focus on shifting resources to frontline 	<ul style="list-style-type: none"> • High share of external financing (71% in 2013). • Domestic fund remained constant • Weak macro-fiscal conditions 	<ul style="list-style-type: none"> • Health 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.
Reforms	<ul style="list-style-type: none"> • Contracting technical workers for primary care • Training of Community Health Workers (CHWs) • Timely procurement of tracer drugs 	<ul style="list-style-type: none"> • The IC incentivizes DRM for health • In the current tight fiscal environment, due to GFF the Ministry of Finance decided to maintain expenditures for health in the budget. 	
Indicator	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • Current domestic health expenditures as a % of domestic government expenditures 	
Instruments	<ul style="list-style-type: none"> • PHC Strengthening Program • TA on distribution of drugs • PFM assessment & capacity building • DLI6: Increase health expenditures made in historically underserved areas 	<ul style="list-style-type: none"> • PHS Strengthening Program • DLI5: Domestic health expenditures as a percentage of total domestic government expenditures 	
Progress/ Challenges	<ul style="list-style-type: none"> • PHC personnel increase & met target • CHWs program faced delays in training, funding • Min IC/plan to scale up distribution of drugs 	<ul style="list-style-type: none"> • Share of government expenditure to health increased in 2018 target was met. Concern that it has fallen again in 2019 and 2020. 	

MOZAMBIQUE: PHC STRENGTHENING PROGRAM

Pooled Donor Financing for Greater Impact

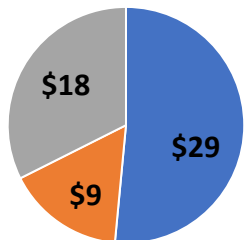
Total Funding



*plus \$963M counterpart financing

Health financing: 31% of the overall project funding

Health Financing



■ IDA ■ GFF ■ Other**

PROJECT OBJECTIVE

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

HEALTH FINANCING SUPPORT:

- **DLI5:** domestic health expenditure as percentage of total domestic expenditure
- **DLI6:** domestic health expenditure in historically underserved regions (regions with low per-capita domestic health expenditure). Developed in response to a GFF-supported equity analysis
- **DLI8:** Payments to the government based on the percentage of hospitals
- **DLI9:** Payments to the government based on the percentage of health centers

GFF ADDED VALUE TO HF AGENDA

- Project is financed 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.**

Country Case (ETHIOPIA)

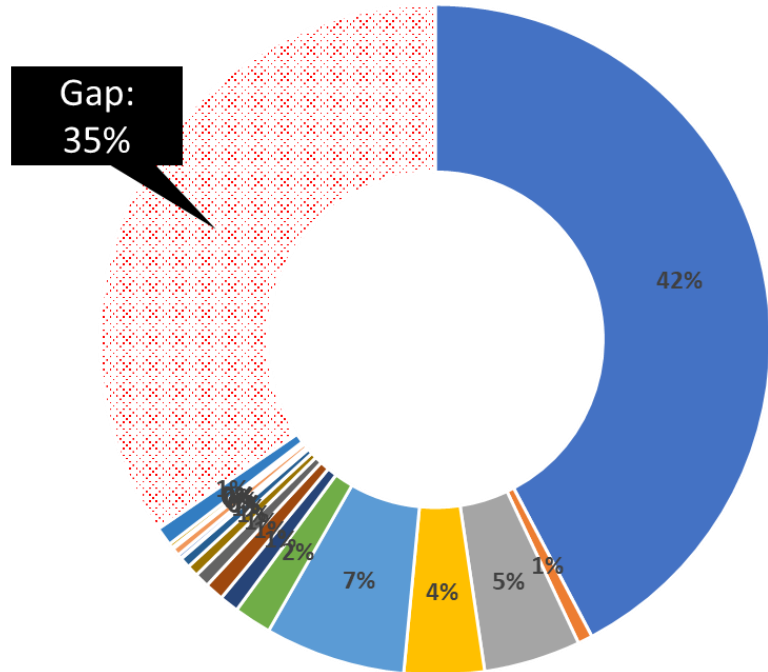
AFRICAN REGION

ETHIOPIA: EFFICIENCY & FP DLIs

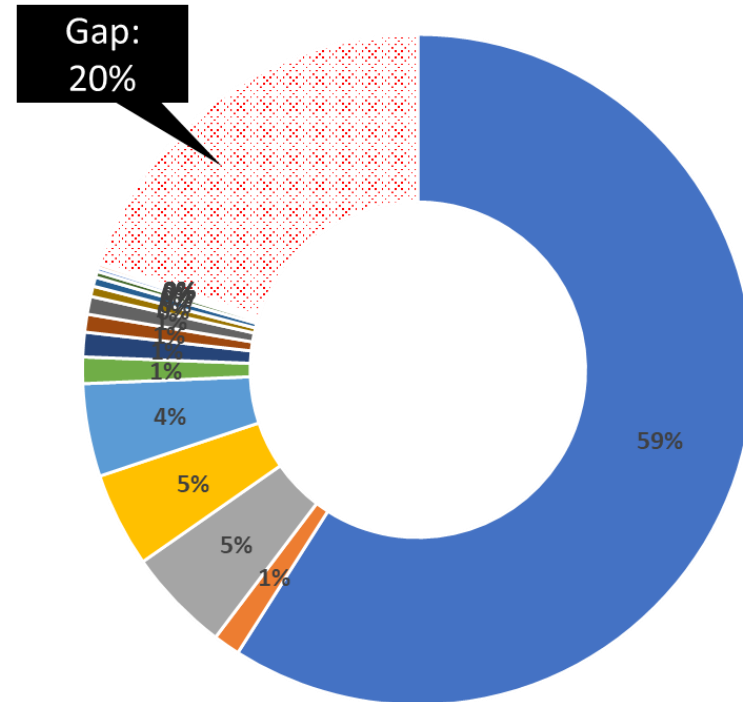
	Efficiency	DRM	FP Reforms
Context	<ul style="list-style-type: none"> • Variation in non salary budget execution • Donor coordination and alignment challenges • Reforms focus on PFM, resources to frontline, RBF, supply chain 	<ul style="list-style-type: none"> • Advocacy and TA to increase share of domestic government resources for health: PER, HSTP/Budget alignment assessment, policy dialogue workshop between MOH and Ministry of Finance at national and regional level 	<ul style="list-style-type: none"> • Community Based Health Insurance (CBHI) covers 50% of the districts (informal) • The local government pays the CBHI premium for 10% for poor • Free services for indigent poorest 10% of the population, as well as exempted services (FP, Delivery, immunization)
Reforms	<ul style="list-style-type: none"> • PFM: including roll out of IFMIS & performance-based budgeting • Automation of the Pharmaceuticals Supply Agency • Implementation of funding based on results (RBF or/ & DLI) • Government shifting resources to frontline 		<ul style="list-style-type: none"> • Scaling up of CBHI to reach national coverage; • Assessing feasibility of a Social Health Insurance (SHI) for the formal sector (public and private)
Indicator	<ul style="list-style-type: none"> • Health budget execution of domestic & external resources; • Availability of essential medicines at PHC level; • Proportion of total health expenditures going to primary health care facilities 	<ul style="list-style-type: none"> • National budget allocation to health. • Gov expenditures as share of THE • Gov health expenditures as share of general governmental expenditures 	<ul style="list-style-type: none"> • CBHI coverage: percent of districts with functional CBHI schemes; • Catastrophic health expenditures for the poor
Instruments	<ul style="list-style-type: none"> • Additional financing for health SDG – P4R • HCP and ASA • Feasibility study (RBF) & program-based budgeting • DLI 9: Improve Pharmaceuticals Fund and Supply Agency Capacity 	<ul style="list-style-type: none"> • Advocacy; policy dialogue; T.A and analytics (PER, sub-national PER). 	<ul style="list-style-type: none"> • Impact evaluation of the effect of CBHI on financial protection. • DLI 14: Increase percent of woredas with functional Community Based Health Insurance (CBHI) schemes
Progress/ Challenges	<ul style="list-style-type: none"> • External on-budget resources flowing to regions/front line • Positive discussion with MOH on feasibility and implementation of PBF at facility level 	<ul style="list-style-type: none"> • Expenditures reviews completed. • Advocacy for DRM led to increased domestic funding of the IC 	<ul style="list-style-type: none"> • CBHI enrollment increased from 44% in 2019 to 50% in 2020; • Results from the impact evaluation will be available by 2021.

ETHIOPIA: FUNDING GAP NARROWED AND HIGHER GOVT CONTRIBUTION

FY2018/19



FY2019/20



- Government
- Channel 3 funds (off budget)
- GAVI
- UNFPA
- Swiss Development Cooperation
- Packard Foundation
- World Bank / GFF Trust Fund
- DFID
- The Netherlands
- WHO
- CIFF
- Irish Aid
- Community contribution
- Global Fund
- UNICEF
- AECID
- Global Sanitation Fund
- CDC
- SHI, CBHI
- EU
- AICS
- UNAIDS
- USAID