RESOURCE MOBILIZATION & ALLOCATION FOR COVID-19 OUTBREAK EMERGENCY REPONSE

Early experience from Ethiopian Ministry of Health



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Contents

- Introduction: COVID-19 Pandemic- Global & Ethiopia
- Background: Ethiopian Emergency Preparedness & Response
- Ethiopian Experience (Early):
 - Resource Mobilization & Allocation for COVID-19 outbreak emergency response
 - Summary takeaways





Ethiopian Case: National COVID-19 outbreak so far



Jan 2020

Time of NO case (Scenario I: Prep)

- PHEOC Activated
- Preparedness stated
- Screening at POE
- Test samples to RSA



Time of NO case (Scenario I)

- Test samples in ETH started
- RRT increased
 Initial Modeling

Feb 2020



Mar 2020

1st imported case (Scenario II: Prep & Resp)

- Contact tracing, Isolation and Rx
- •Risk of community transmission
- •Testing of high risk groups
- Schools closed, Movement restrictions



Apr 2020

Cases Passed 100 (Scenario III: worst case scenario)

- Worst case scenario containment plan
- Modeling revision
- Intensive testing capacity
- Aggressive RCCM
- Only essential workers at work place
- Nat. State of Emergency



May2019

(PROBABLE/POSSIBLE)

Worst Case scenario Cont.: Cases >90k

- Aggressive Treatment & Isolation centers
- Aggressive testing
- National lockdown



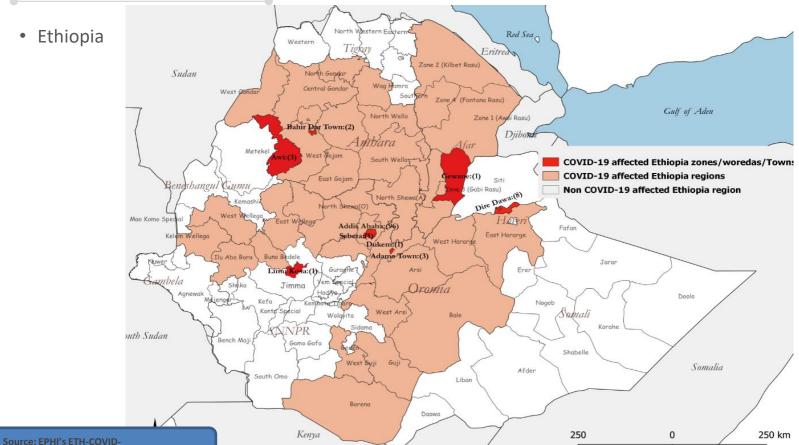
Background ...

Country Situation



Ethiopia

19 Live Visualization

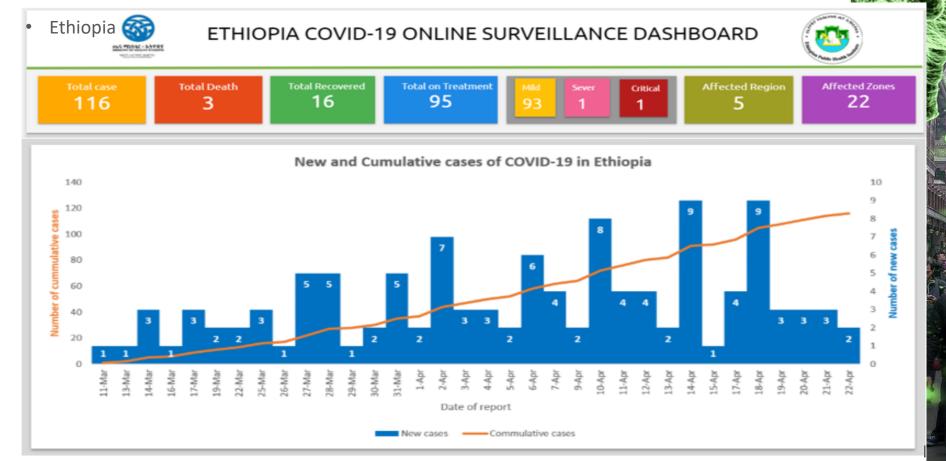




Background ...

Country Situation





Background: Eth Emergency Preparedness and Response (EPRP) planning

- Where did we start? Call for National Emergency
 - Sectoral readiness: Activate National Public Health
 Emergency Operating Center & advisory structures
 - Multi-sectoral readiness: National Multi-sectoral
- Start Preparedness and Response Planning: National & Regional
 - Scenario based planning
 - Budget computation for different scenarios





Resource Mobilization and Allocation for COVID-19 Response

ETHIOPIAN EXPERIENCE



RM TF: Team Members & Key Functions

Team members:

- MOH: Health Financing experts in RM case team, PCD
- Partners:WHO, Dalburg consults

Monitoring:

- Daily updated database which feeds in to comprehensive dashboard
- Weekly report to MOH overall command post on COVID-19 response



TOR: Key responsibilities

- New resource Mobilization
- Follow up resources inpipeline
- Resource Allocation

Coordination:

- Twice daily meeting: check-in, check-out
- TF members individually report:TDL for the day & What has been done





Resource mobilization: Factors We Considered

- Resource type:
 - Financial,
 - In-kind (Material/equipment/Infrastructure),
 - HR and technology
- Sources of resources:
 - Internal available resources- MoH (repurposing existing resources),
 - Government: Central government and other government sectors,
 - Non-Government: Development partners/donors (re-purposing, new grants/loans),
 - Private sectors: manufacturers, importers, service providers, new entrepreneurs,
 - Civic society: Ethiopian Diaspora, Local civic societies and Health Professional Associations
- Levels for RM&PSE:
 - International,
 - National,
 - Sub-national: Regional & Sub-regional level



Resource mobilization: Factors We Considered

- RM & PSE approaches:
 - Sharing scenario based EPRP for International, National and Regional donors
 - Specific proposal development on priority basis (sliced from overall scenario based plan)
 - Follow up calls, emails, meetings
 - Regular engagements for status updates: bi-monthly meetings,





Resource Allocation

- Recipients of resources:
 - Federal/National Institutions
 - Regional Health Bureaus
 - Civic societies/Local NGOs
- Resource allocation approaches:
 - Federation allocation formula
 - Institutional and Regional Gap analysis
 - Specific proposals by civic society/local NGOs
- Refill of resources:
 - Proof of efficient resource utilization
 - Special contexts: Returnees, IDPs





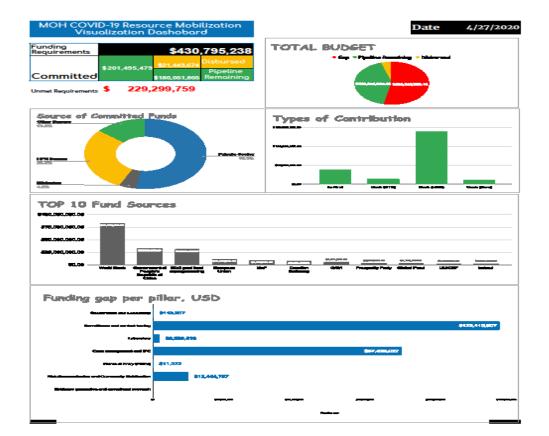
RM&PSE Monitoring

- Data for data base and dashboard
 - Resources: In cash & In kind; Ear marked & Flexible/Non-earmarked; resource by pillar;
 - Integrated data base with other data bases: Logistics distribution, facility readiness, regional support
- Data reporting: using simple excel-based dashboard
 - Daily progress report by TF members
 - Weekly report to national TF and MoH Top Management
 - Shared data base with Regional Health Bureaus
 - Bi-monthly report sharing with donors and partners
 - Monthly report to multi-sectoral national taskforce meeting



Resource Mobilization & Allocation Dashboard (1)

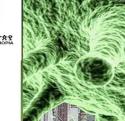






Resource Mobilization & Allocation Dashboard (2)





Resource Mobilization and Allocation Dashboard

Total committed funding \$ 201,495,478.64
Earmarked \$ 130,162,105.71
Non-earmarked \$ 71,333,372.93

Total disbursed funding \$

21,443,673.64

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Switch between automatic and manual allocation >>	Manual	
	Automatic allocation of non-earmarked funding	N

	Automatic allocation of non-earmarked funding	Manual allocation of non-earmarked funding
Coordination and Leadership	-0.39%	-1.80%
Surveillance and contact tracing	54.96%	60.00%
Laboratory	6.39%	23.80%
Case management and IPC	31.64%	10.25%
Points of Entry (POEs)	0.57%	2.40%
Risk Communication and Community Mobilisation	5.41%	5.35%
Evidence generation and operational research	1.42%	0.00%

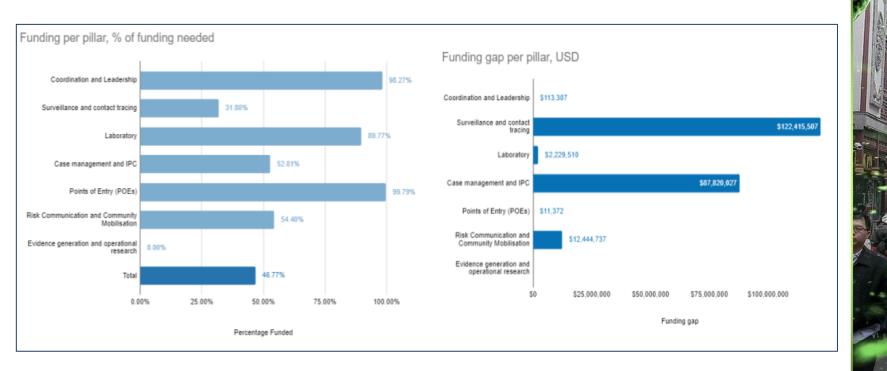
Committed non-earman	-	Commi earmar	tted funding, ked	Comm total	itted funding,	Funding gap	Progress	
\$	(1,284,001)	\$	7,703,832.70	\$	6,419,832	\$113,307	98.27%	
\$	42,800,024	\$	14,281,825.00	\$	57,081,849	\$122,415,507	31.80%	
\$	16,977,343	\$	2,576,371.91	\$	19,553,715	\$2,229,510	89.77%	
\$	7,311,671	\$	90,976,093.34	\$	98,287,764	\$87,820,027	52.81%	
\$	1,712,001	\$	3,591,091.84	\$	5,303,093	\$11,372	99.79%	
\$	3,816,335	\$	11,032,890.92	\$	14,849,226	\$12,444,737	54.40%	
\$	-	\$	-	\$	-	\$27,293,963	0.00%	

Date: 27-Apr-2020

100.00%

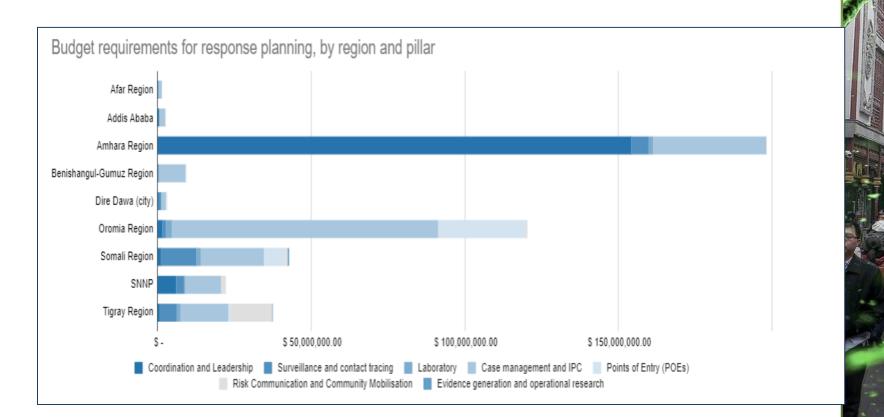
Resource Mobilization & Allocation Dashboard (3)





Resource Mobilization & Allocation Dashboard (4)





Resource Mobilization & Allocation Dashboard (5)



C. Donor overview

Financial contributions - committed						In kind - committed			
Earmarked			Non-earmarked						
Donor	Amount		Donor	Amount		Donor	Cash eq	uivalent	Material
World Bank	\$	82,600,000	MoF	\$	9,150,000	Jack Ma & Alibaba Foundation (1st & 2nd Round)	\$	1,500,372	Test kits (86,112pcs), Swabs and VTM (18,900pcs), Extraction Kits (18,912pcs), N-95 masks (202,023pcs), Medical Masks (208,000pcs), Protection Suit (12,010pcs), Faceshield (10,456pcs), Breath Care PAP units (100pcs), Thermometer gun (128), Medical Gloves (9500pcs)
Global Fund	\$	2,700,000	Prosperity Party	\$	3,048,000	Government of People's Republic of China	\$	32,200,000	
Resolve to Save Lives	\$	1,100,000	European Union	\$	11,100,000	Gifted Hands Trading PLC	\$	100,000	Test Kits
GAVI	\$	4,971,000	USAID	\$	1,850,000	H&M Limited Companies	\$	35,000	Procurments of 3





Challenges / Areas of Improvement

- Resource Mapping: no integrated/comprehensive resource mobilization tool (before COVID) but work is in progress
- Late multi-sectoral response initiation
- Disbelief of worst case scenario computation: government & society
- Weak coordination among different Task Forces within MoH at beginning of the pandemic
- Shortage of readily available resources: time for repurposing existing resources, donor grants
- In-experienced private sector (local production capacity) for COVID response related commodities
- High cost of commodities, equipments and supplies globally





Summary takeaways

- Emergency Prep & Resp Plan with budget: Basic and rate-limiting for RM
- Consensus on basic assumption for scenario computation- Efficiency, donor confidence (government and non-governmental donors)
- Monitor and Communicate Resources mobilized & allocated using simple Dashboard
- Identifying existing resources: activity and budget re-programming, resources from other sectors and community
- Opportunity for DRM (for HSS investment): Leverage & Negotiate Government allocation for health sector and capital investment for sustainable health system
- Role of private sector: untapped potentials, not just donation, but also local production, importation and distribution; Technology transfer and entrepreneurship
- Donor engagement: repurposing as well as additional resource mobilization



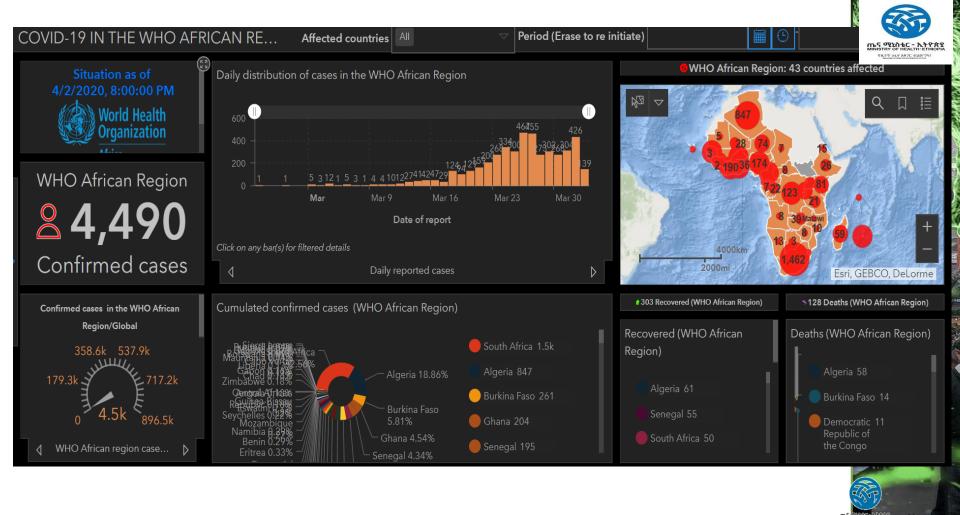




Annexes



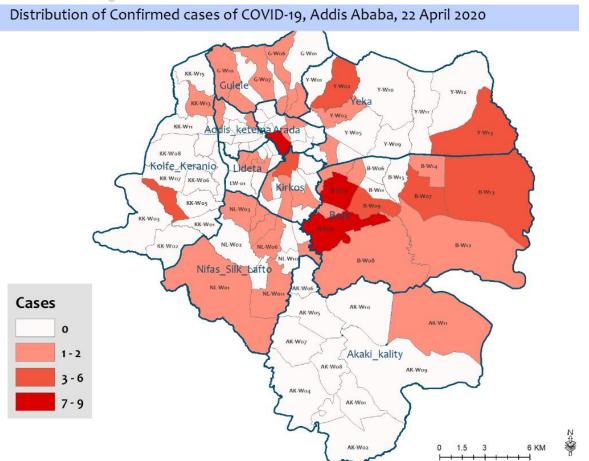




Background ...

Country Situation

· Addis Ababa





National COVID-19 Health Response Coordination Platform



