# Improving Health Financing to Accelerate Progress Towards Universal Health Coverage

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

## Key messages

- Since the inception of the Global Financing Facility for Women, Children, and Adolescents (GFF), supporting health financing reforms to achieve universal health coverage has been a critical part of the GFF value proposition. The domestic resource utilization and mobilization (DRUM) window, approved by the Trust Fund Committee (TFC) in 2019, is intended to intensify GFF support for health financing reforms in GFF-supported countries and align this support with the updated GFF Strategy.

- The key pillars of the DRUM window include: 1) leveraging IDA funding for health financing reforms; 2) supporting health financing technical assistance and analytics to inform IDA lending and strengthen reform design and implementation at the country level; 3) enhancing planning, budgeting and execution. and transparency through resource mapping and expenditure tracking; 4) mobilizing the World Bank's public sector governance and public financial management expertise for GFF-supported countries; and 5) increasing global, regional, and local-level advocacy efforts for more and more efficiently-used resources for health.

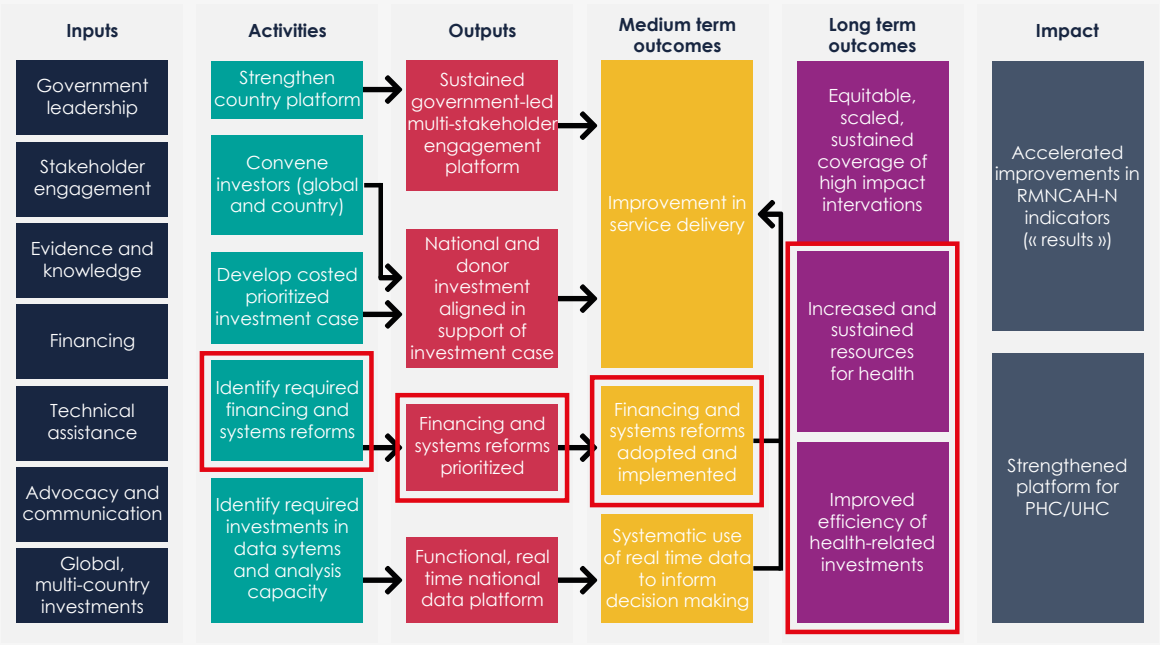
- Since its launch in late 2019, the DRUM window has enabled the GFF to strengthen the health financing support it provides to countries through:
  - Diversifying ways in which World Bank/IDA is leveraged for health financing by increasing the proportion of GFF co-financed projects that support essential health financing reforms (e.g., public financial management, pooling and insurance schemes, financial protection programs) and supporting the preparation of development policy operations (DPOs) to promote health financing reforms.
  - Supporting an ambitious, multi-year analytical and technical assistance agenda to help GFF-supported countries increase the efficiency of resource use, improve public financial management, and strengthen donor alignment.
  - Expanding support for resource mapping and expenditure tracking.
  - Strengthening in-country civil society engagement, including strengthening the capacity of women-led organizations to engage in advocacy to increase domestic resources for health.

- In addition to expanding its work in the areas outlined above, going forward the GFF will focus on health financing policies and reforms as tools for improving equity in access to health services, especially in primary health care (PHC).

# 1. Introduction

The Global Financing Facility for Women, Children, and Adolescents (GFF) was launched in 2015, in response to the unfinished Millennium Development Goals (MDG) agenda and inadequate progress towards ending preventable maternal and child mortality. Health financing reforms aimed at increasing resources available for the health sector and improving the efficiency with which those resources are used are necessary to drive sustainable improvements in universal health coverage and health outcomes in developing countries. Since the inception of the GFF, supporting health financing reforms has been a critical part of its mission.

**Figure 1:** GFF Logic Model




The core objectives of the GFF health financing agenda are to increase both the volume and efficiency of domestic public resources for health. GFF core health financing indicators are:

- Health expenditure per capita financed from domestic sources;
- Ratio of government health expenditure to total government expenditure;
- Percent of current health expenditure devoted to primary health care; and
- Incidence of financial catastrophic expenditure.

The GFF strives to increase domestic allocation for health in countries where fiscal space to do so exists, and to improve the efficiency of health funding in all countries that it supports. As part of its country engagement model, the GFF helps countries identify needed health financing reforms, prioritize them through the development of national investment plans and national health strategies, and support reform implementation.

## 1.1 GFF's Approach to Supporting Better Domestic Resource Utilization and Mobilization (DRUM)

Five years after its launch at the 2015 Financing for Development conference in Addis Ababa, the GFF updated its overall strategy. As part of this process, the GFF engagement related to health financing and domestic resource utilization mobilization was fine-tuned. While the development of health financing strategies (HFS) was initially the cornerstone of the GFF approach to strengthening sustainable health financing at the country level, subsequently, its focus has shifted toward supporting implementation and alignment of health financing reforms at the country level, technical assistance, capacity building, and investments around that agenda using output-focused instruments. To support the GFF's refocused engagement on health financing, the GFF Trust Fund Committee approved a dedicated DRUM sub-window in the GFF multidonor task force (MDTF). These dedicated funds support five broad complementary areas (see Figure 2).

**Figure 2:** Building Blocks of the **GFF DRUM Engagement**

**IDA co-financing**

Additional recipient executed resources attached to IDA operations focusing on innovation in health financing and targeting non-traditional instruments (e.g DPO) and collaboration between HNP and other GPs (e.g SPJ, Governance, Poverty).

**TA and analytics from the WB to support health financing reforms**

Supporting health financing agenda in GFF countries through integration of key reform in investment cases, and advocacy, analytics and learning at the global, regional and country level, and support for World Bank teams through DRUM TAA grants.

**Resource mapping and expenditure tracking**

Support for regular mapping and tracking of financial resources in the investment cases and national health strategies and strategic collaboration with global partners (e.g. WHO).

**Support for country platforms and DRUM advocacy**

Supporting civil society organization, communities of practice, and other stakeholders at the local, regional and global level to support advocacy for more and better used resources for health.

**GFF-WB Governance GP Collaborative G4GFF**

Support for regular mapping and tracking of financial resources in the investment cases and national health strategies and strategic collaboration with global partners (e.g. WHO).

First, the GFF provides funding to support health financing reforms in GFF member countries through World Bank-financed projects. This funding has expanded from health projects to other instruments such as budget support programs and operations in governance and social protection.

Second, the GFF is funding resource mapping and expenditure tracking (RMET). This activity, widely perceived by both GFF donors and by client countries as an essential element of the GFF value added, strengthens country systems and capacity to systematically map and track financing allocated to investment cases and national health plans and strategies. These data are used for policy dialogue and decision making on resource prioritization, mobilization, and alignment. The GFF Secretariat's health financing team and World Bank country teams are working together to develop estimates of the resources available from domestic and donor sources for the support of reproductive, maternal, neonatal, child, adolescent health, and nutrition (RMNCAH-N) and universal health care (UHC) more broadly, and track expenditures over the life of the GFF engagement in those countries. The GFF collaborates with the World Health Organization to better harmonize RMET and National Health Accounts methodologies and expenditure data to increase the efficiency of country health resource tracking and data use in broader health financing strategies.

Third, the DRUM engagement includes strategic collaboration between the GFF and the World Bank's Governance Global Practice (GP) to provide targeted technical assistance to GFF-supported countries in addressing key bottlenecks related to public financial management (PFM) and other governance issues in the health sector. The Governance for GFF (G4GFF) program, led by the Governance GP, provides technical assistance focusing on improving PFM in the health sector and on linking the GFF process, including the development and implementation of GFF investment cases, with national budget formation and execution cycles.

Fourth, the GFF provides resources through the World Bank country teams for technical assistance and analytics related to domestic resource utilization and mobilization. Through the DRUM technical assistance and analytics (DRUM TAA) grants, the GFF is financing targeted TA and analytics to increase the impact of World Bank policy dialogue and investments on advancing key health financing reforms.

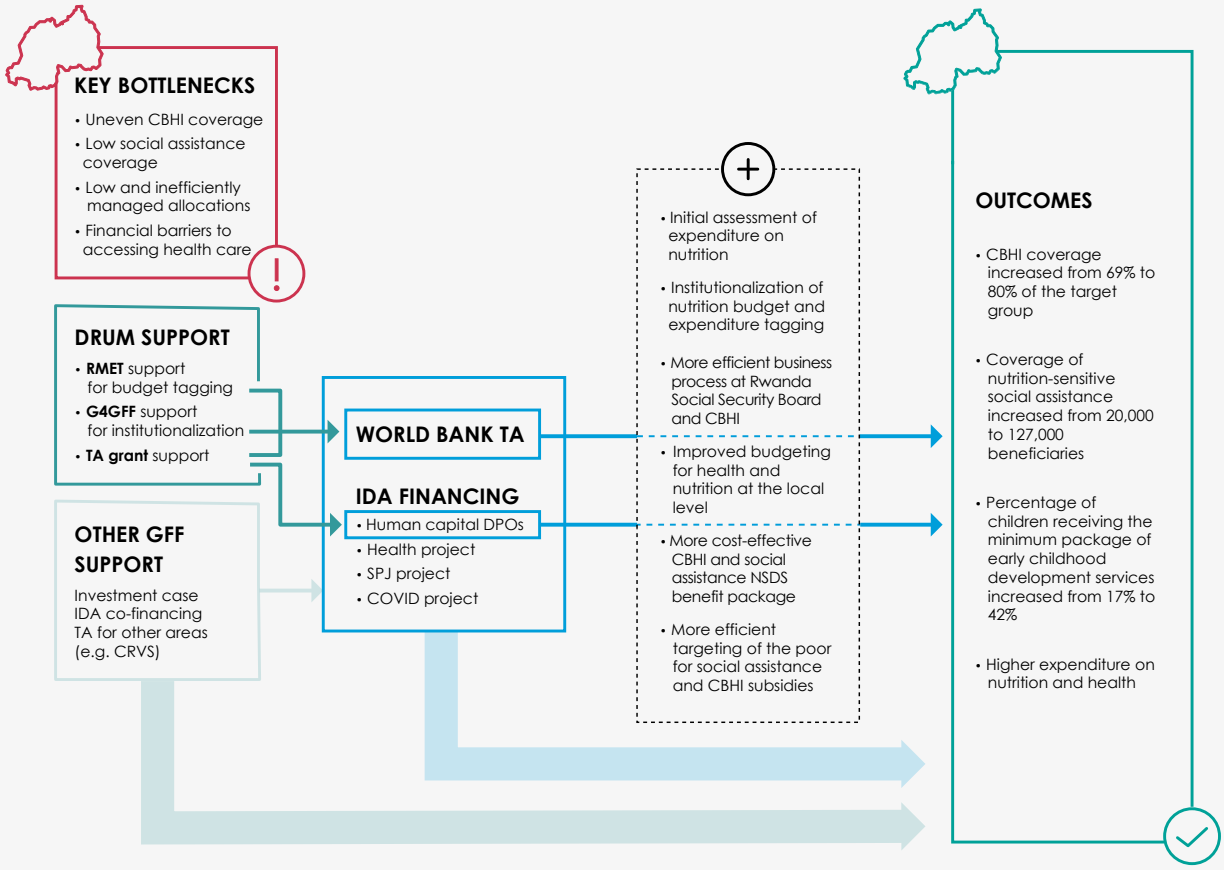
Finally, the GFF is engaging directly, at the country level, with stakeholders that support the implementation of health financing reforms that are part of the investment cases and prioritized plans. This also includes direct support for collaboration with civil society organizations and various communities of practice, especially the Joint Learning Network and P4H, with an explicit focus on fostering dialogue between the ministries of health and finance to support greater domestic budget allocation for health and more efficient utilization of health budgets.

This document presents a short synthesis of the implementation progress of the GFF DRUM strategy, focusing on the results achieved to date. A summary of progress in each GFF country is presented in Annex 1.

## 1.2 Setting the Stage – a Country Case

The case of Rwanda illustrates well how the different modalities of GFF engagement under the DRUM window are impacting the way health and nutrition services are financed to improve maternal and child outcomes. Similar, but more concise, country cases are presented throughout this report.

**Figure 3:** Leveraging DRUM Window Resources to Support Health Financing Reforms in Rwanda




### Key bottlenecks

In Rwanda, GFF engagement through the World Bank has centered around assisting the government in implementing multisectoral nutrition programs with the goal of improving childhood nutrition and reducing stunting. These programs include high-impact interventions to reach the most vulnerable populations with a focus on aligning the incentives of households, communities, service providers, and local governments to ensure that services are delivered at high quality and utilized efficiently, while supporting strategic policy reforms, efficient and sustainable financing, and results monitoring.

Several bottlenecks limited government program capacity to improve health and nutrition outcomes. These included unequal coverage of health insurance and social protection schemes, financial barriers to accessing health care, and the need to identify multisectoral efforts on nutrition in the budgeting and expenditure tracking processes.

Rwanda's community-based health insurance (CBHI) covered more than three-quarters of the population - the highest enrolment in a health insurance program in Sub-Saharan Africa. Household survey data from 2017 have shown that enrollment in CBHI not only improves access to health services but is also associated with better nutrition outcomes. However, enrollment in CBHI was unequal across socio-economic groups, 40 percent of the poorest households still uninsured, mainly due to inefficiencies in targeting.[1] Earlier in 2015, almost 50% of women in Rwanda reported that lack of money for treatment was a serious problem and 77% of the poorest women reported financial barriers to accessing health care.[2] The key factors limiting the effectiveness of CBHI included operational challenges in revenue management, targeting, provider payment mechanism, and the overall low level of funding.

Rwanda has existing social protection programs that provide cash benefit to low-income households to help address the financial barriers poor households face, at least partially. However, the level of benefits (i.e., transfers) has not been regularly adjusted and benefits have remained below international benchmarks. Moreover, complementarities among the various programs have not been strategically leveraged to address child stunting and health. With no single system to identify the poor eligible for social assistance programs and CBHI subsidies, targeting has been time-consuming and inefficient, resulting in unequal access to benefits.

Furthermore, overall spending on nutrition remained low. The government allocated a small share of the budget on nutrition-related activities – less than peer countries such as Tanzania (see **Rwanda nutrition expenditure analysis**). Between 2015 and 2018, the government spent only about RWF 364 million (or 1.8 % of total nutrition-specific expenditure) on high-impact behavior change interventions. The bulk of the spending went to fortified blended foods (FBF), which is a not a cost-effective stunting prevention intervention.[3]

A key challenge in advocating for more investment in nutrition services was limited financial information on nutrition. The government was unable to produce a comprehensive estimate of nutrition budget allocation and execution reports. This problem was compounded by limited availability of data concerning donor funding, which made up an important share of total nutrition financing. Donor funds are mainly channeled outside of the treasury, and activities that are on budget are generally not implemented through government budget execution protocols, such as the government's integrated financial management information system (IFMIS).

## GFF's engagement

To support the Government of Rwanda in addressing these key bottlenecks, the GFF has mobilized a number of mechanisms from the DRUM window in a complementary and synergistic fashion.

As the first step in addressing the issue of inefficient, unaligned, and fragmented budget allocations for nutrition, the World Bank and GFF conducted the first nutrition expenditure analysis in 2020, which informed GFF **resource mapping and expenditure tracking** in Rwanda focused on creating a system to identify/tag nutrition-related lines across different sectors in the national budget. This has allowed the government and other national stakeholders to understand how much is allocated to nutrition programs and link the budget process and expenditure with the National ECD Program Strategic Plan (NECDPSP) (the GFF investment case). Support from the World Bank **Governance Global Practice, through the Governance for GFF (G4GFF)** initiative, is being provided to help the government institutionalize nutrition-responsive public financial management to introduce nutrition budget tagging, tracking, and evaluation. This, in turn, is contributing to leveraging GFF and World Bank/IDA financing provided to the government to increase the level of domestic funding for nutrition interventions through **IDA co-financing.**

[1] Schneider, P, S. Nakamura, H. Wu. 2019. Socio-Economic Analysis of Health Insurance in Rwanda: Findings from EICV5 Household Survey. World Bank: Washington, D.C.

[2] National Institute of Statistics of Rwanda (NISR) [Rwanda], Ministry of Health (MOH) [Rwanda], and ICF International. 2015. Rwanda Demographic and Health Survey 2014-15. Rockville, Maryland, USA: NISR, MOH, and ICF International.

[3] Shekar, Meera; Kakietek, Jakub; Dayton Eberwein, Julia; Walters, Dylan. 2017. An Investment Framework for Nutrition : Reaching the Global Targets for Stunting, Anemia, Breastfeeding, and Wasting. Directions in Development--Human Development;. Washington, DC: World Bank. © World Bank. https://openknowledge.worldbank.org/handle/10986/26069 License: CC BY 3.0 IGO.

A **GFF DRUM TAA grant**, channeling resources through the World Bank, has focused on strengthening the financial sustainability and operational management of CBHI to improve the effectiveness and efficiency of the scheme, particularly with respect to covering the poor and vulnerable. More specifically, TA provided to the Rwanda Social Security Board (RSSB), which administers CBHI and other programs (e.g., pensions, formal sector health insurance), focused on improving CBHI business processes with a specific emphasis on enhancing the transparency of CBHI flows within the total funds administered by RSSB. Targeted TA was provided to increase the efficiency of CBHI through better provider payment mechanisms (e.g., introduction of capitation for primary health care), improved claims management, and the introduction of systematic claims data analysis to improve CBHI system performance.

In addition to direct technical assistance to the Government of Rwanda, DRUM window resources have also been used to **leverage IDA resources to support health and nutrition financing**. More specifically, the GFF has provided financial and technical support in the preparation of three human capital development policy operations (DPO). GFF support was used to carry out analytical work to assist the design of policy measures that the government agreed to adopt and implement as conditions for receiving payments under the DPOs. These "prior actions" and "policy triggers" built upon and complemented technical assistance and capacity building provided under the other mechanisms of GFF support.

Funding and in-kind assistance provided by the GFF have helped develop and incorporate into the DPOs policy triggers linked to increasing government funding of the CBHI, revising the CBHI benefit package to make it more cost-effective, and adopting the recommendations developed through TA to improve the claims management system. They also helped introduce measures to increase synergies between health and social safety net programs. The GFF supported incorporating the development of a single social registry and the design and functionality of a social registry information system, which provided information to identify beneficiaries of social assistance and of CBHI subsidies, into the DPO. It also supported benefit analysis to adjust the level of benefits for the nutrition-sensitive direct support (NSDS) and linked those adjustments to IDA financing. Finally, building on nutrition budget data collected through the initial rounds of resource mapping, TA also helped the government develop guidelines for local authorities on the preparation and monitoring of nutrition budgets, to increase the prioritization of nutrition expenditures at the local level.

## Results

GFF support has contributed to some important achievements. Following TA to strengthen CBHI operational efficiency, including reforms to improve the cost monitoring and claims reimbursement system, the government increased transfer levels to CBHI from domestic revenue sources. The proportion of target population covered by CBHI annually increased from 69% in 2017 to 86% (as of March 2022, based on CBHI CBHI member database). At the policy level, the Ministry of Finance has institutionalized the nutrition tag developed through RMET in the government financial management system, which allows the government not only to track budgets and expenditures, but also to effectively monitor the implementation of the Stunting Reduction Strategy, including the degree of donor funding alignment with the Strategy. Similarly, the government has formally adopted a policy to roll out a single social registry that will be used for targeting all its social programs, including health and nutrition, and social safety nets.

Based on the review of the effectiveness of the intervention package, additional nutrition services were included in the basic benefit package at health facilities and community-based programs to incentivize the scaling up of priority interventions identified in the investment case. The nutrition-sensitive social assistance program has been expanded from its initial 20,000 beneficiaries in 2019 to 127,000 beneficiaries in 2021. Thanks to the additional IDA grant, co-financed by the GFF Essential Service Grant, 83,885 additional beneficiaries (64% of them women), received additional cash transfers to mitigate the negative economic impact of the COVID-19 pandemic on their households. Overall, the percentage of children 0-5 years old receiving a minimum package of integrated early childhood development services in accordance with the national standards increased from 17% in 2018 to 42% in 2021.

It should be emphasized that, while this description focuses on the GFF's contribution to health financing reforms in Rwanda, overall GFF engagement in the country is much broader. The GFF is helping Rwanda improve maternal, child, and adolescent health and nutrition through prioritization and alignment around the Stunting Strategy, co-financing three IDA operations and providing broad technical assistance that covers service delivery, system reform, civil registration and vital statistics, and other channels. For details see **the annual report** and the **GFF Data Portal**.

# 2. Leveraging IDA for Health Financing Reforms

Leveraging IDA financing in support of health financing reforms has been a key element of the GFF DRUM strategy. To date, IDA/IBRD operations that were co-financed by the GFF have allocated about US$2,908 million to support improvements in health financing in 33 countries through 44 operations (including $406 million in co-financing from the GFF). Since the launch of the DRUM Window in 2019, there has been a shift in the mix of the health financing activities supported by GFF co-financed projects. More specifically, the focus of the projects has shifted from funding predominantly results-based financing programs towards broader health financing reforms related to PFM, pooling of health resources, and support for national health insurance schemes. Since 2019, the GFF has co-financed 21 World Bank projects, five of which were co-financed through GFF Essential Health Services (EHS) grants which, by design, do not focus on health financing reforms. Thirteen of the 16 non-EHS projects funded activities related to health financing. Nine projects financed reforms to strengthen PFM systems and increase the effectiveness of domestic resources allocated to the health sector, four projects supported improvements in pooling schemes and/or health insurance reforms and three projects supported financial protection programs (e.g., out-of-pocket fee exemption schemes, vouchers for medications) to shield vulnerable households against catastrophic and impoverishing health expenditures.

In addition to the support for health financing reforms, as part of GFF's core co-financing of IDA/IBRD operations, the DRUM window financing has enabled the GFF to provide more targeted support for the development and preparation of development policy operations (DPOs). DPOs provide direct budget support for policy and institutional reforms. Disbursements are contingent on the adoption or implementation of specific policy changes (prior actions) and their impact is measured by the achievement of specific indicators. To date, through the DRUM window, GFF has supported 3 DPOs that included policy reform measures related to health financing. DPOs were implemented in Rwanda and Indonesia.

**Figure 4:** A Simplified Development Policy Financing Model

**Development Policy Financing (DPF) and Development Policy Operations (DPO)**

Support a country's program of policy and institutional actions that promote growth and sustainable poverty reduction, for example, strengthening public financial management, improving the investment climate, addressing bottlenecks to improve service delivery, and diversifying the economy. DPF financing helps a borrower address actual or anticipated development financing requirements of domestic or external origins through general budget financing that is subject to the borrower's own implementation processes and systems.

**Preparation**

With technical assistance from the World Bank, the government develops a list of policy prior actions – policies and regulations that will need to be in place in order for the World Bank to provide funds under the DPO (i.e., for the DPO to disburse).

Intensive policy dialogue and analytical work is carried out to determine the specifics of the prior actions, modalities of implementation, and specific quantitative and qualitative triggers (i.e. indicators) demonstrating their implementation.

The DPO is formally approved by the World Bank Board.

**Country implementation**

The country adopts and implements the policy measures agreed on in the DPO.

**World Bank disbursement**

The World Bank disburses into the treasury IDA/IBRD funds based on the evidence of the implementation of the policy measures agreed on in the DPO.

As mentioned earlier in this report, in Rwanda, GFF DRUM funding served to develop policy prior actions, whose achievements triggered IDA payments to the government for the human capital DPOs programs (series of 3 with the preparation of the third ongoing). Analytical work supported the development of policy actions and reforms to increase government funding to the CBHI and enhance its efficiency by adopting a new claims management format for hospitals. The GFF also supported analytical work to the RSSB and the Ministry of Health to update the CBHI benefits package to make it more cost-effective. The updates were introduced by the Government of Rwanda in September 2021. GFF funding supported mathematical modeling work to improve targeting and the inclusion of the poor in CBHI and social safety net programs by developing a new single social registry. In addition to the CBHI, GFF resources also supported DPO analytics to expand the coverage of targeted nutrition, child, and gender-sensitive safety nets, such as the Nutrition-Sensitive Direct Support [NSDS] and expanded Public Works [ePW] programs, as demand-side interventions aimed at stunting reduction and human capital development through investments in the early years of life.

In Indonesia, the analytical support financed by the GFF focused on developing policy prior actions related to health taxes. GFF support has enabled Indonesia's first-ever human capital DPO to pursue policy actions that help raise domestic resources while reducing tobacco consumption, through a prior action that focuses on increasing excise duties, simplifying the classification of tobacco products taxed to reduce gaming, increasing the minimum retail price for cigarettes, and introducing specific duties on non-combusted tobacco products, including e-cigarettes. The DPO is expected to be approved by the World Bank Board of Directors in July 2022, but some of the prior actions on tobacco taxes have already been successfully completed.

## Country highlight:

## Tajikistan

In 2019, about US$3 million were reallocated from the primary health care budget to other local-level non-health expenditures due to the rigidity of public budgeting and expenditure rules. Budgets for primary health care[4] were allocated to several separate budget lines (e.g., salaries, medicines, equipment, utilities, construction/refurbishments) and funds could not be reallocated across those budget lines during the fiscal year. For example, if a health facility was allocated a budget for a salary but the vacancy could not be filled during the fiscal year, the resources, which could have been used to buy medicines or essential equipment, were instead transferred back to the general local budget and used to finance other sectors (e.g., refurbishment of the local government building). GFF financing attached to the IDA-funded Tajikistan Early Childhood Development Project provided funding to three disbursement-linked indicators for a PFM reform involving the roll out a single, protected budget line for primary health care, which enables health facilities to freely reallocate funds across expenditure categories, thus fully utilizing the funds they were allocated at the beginning of the fiscal year.

[4] As well as other care levels.

# 3. DRUM TA and analytics program

The DRUM TA and analytics program provides resources to World Bank country teams for advocacy, analytics, and technical assistance with the objective of supporting the design, adoption, and implementation of essential health financing reforms through the World Bank's policy dialogue, including analytics and TA needed to support the preparation of World Bank operations providing funding for health financing reforms.

The program is supporting TA and analytical activities in Chad, Central African Republic, Côte d'Ivoire, Indonesia, Kenya, Niger, Rwanda, Sierra Leone, Somalia, and Vietnam. TA programs for other countries are being developed. To date, activities have focused on three broad areas including: improving efficiency, strengthening PFM in the health sector, and improving donor alignment, accountability, and transparency of health funding.

**Efficiency**-related activities focused mainly on TA to improve the way health care services are purchased. This included support for claims management systems and setting up or improving strategic purchasing mechanisms. Technical assistance includes support for claims management systems (Rwanda), analytics of claims data to improve insurance system management and improve efficiency of spending (Rwanda, Vietnam), assistance in developing benefit packages and setting insurance premiums (Indonesia), introduction of strategic payment mechanisms (Indonesia, Rwanda, Vietnam), development of systems for standardizing and managing user fees across public and private health facilities supported by the government and various donor programs (Sierra Leone), and assessments of sustainability and transition plans of performance-based financing (PBF) programs (Central African Republic, Niger, Cote d'Ivoire).

GFF-funded TA focusing on **PFM** is helping countries conduct diagnostics of their PFM systems to identify key challenges and bottlenecks (Central African Republic, Chad, Côte d'Ivoire), improve alignment of PBF programs funded by the World Bank and other donors with national PFM systems (Somalia, Central African Republic), and strengthen health sector administration worker capacity in financial management, accounting, and audit norms and standards (Sierra Leone).

An especially important aspect of the GFF's mission regarding PFM is to strengthen **donor alignment** in health financing. The TA and analytics grant program is supporting work on harmonizing health facility payments (e.g., harmonized pay scales for health workers for donor funded programs in Somalia), developing tools to assess the level of alignment and elaborate harmonization plans (Central African Republic), and feasibility assessments for mechanisms to pool donor financing in the health sector (Chad).

To support the **transparency** of financial flows in the health sector and improve accountability, GFF-funded TA and analytics include disseminating expenditure information from ministries of health and national insurance agencies (Rwanda, Central African Republic), disseminating national policies, norms, and standards related to health financing (Sierra Leone, Chad), conducting public expenditure reviews, setting up publicly accessible health expenditure databases, and producing regular expenditure reports for the health sector (Chad).

Despite the challenge of the COVID-19 pandemic, which, in addition to disrupting routine health service provision, has also delayed many policy and program reform efforts, the grants have led to some important changes in supported countries that merit highlighting. The preceding sections have described the way GFF-funded TA and analytics have helped inform IDA lending, DPOs, and the implementation of important system reforms in Rwanda. In Vietnam, TA and analytics have informed the government on how to increase the efficiency of public funding for health through technical assistance to introduce strategic, output-based payment methods in hospitals based on the diagnostic-related group (DRG) approach and to improve the referral and gate-keeper functions of primary health care facilities. Training on DRGs conducted to date has allowed the Ministry of Health and the insurance fund to clarify the type of institutional arrangements needed in Vietnam to introduce the DRG system. The policy note on alternatives to inpatient care has initiated discussions on rationalization within the health sector and may feed into a new World Bank development policy operation.

## Country highlight:

# Côte d'Ivoire

At the time of joining the GFF (in 2017), Côte d'Ivoire struggled with health sector underfunding coupled with huge inefficiencies, despite years of strong economic growth. Health outcomes were not on par with other countries in the region, despite relatively high GDP per capita and public revenue generating capacity. With World Bank support, performance-based financing (PBF) was piloted in about a quarter of districts, which led to a rapid increase in the quality and utilization of key services and demonstrated that more spending at PHC level was needed to improve health outcomes and reduce inequities. PBF also served as a learning opportunity for strengthening the country's Couverture Maladie Universelle (CMU), which was launched in 2014 with the creation of a mandatory National Health Insurance Program under the National Health Insurance Fund (Caisse Nationale d'Assurance Maladie; CNAM), but suffered from slow implementation.

The Prime Minister's Office (PMO) launched an effort, led by the Ministry of Health (MOH) with participation from the Ministry of Economy and Finance (MEF), Ministry of Budget, Ministry of Social Protection & Labor, Technical partners, civil society, and private sector, to develop an **Investment Case** (IC) that identified and costed seven key sectoral priorities. The key focus is on improving public resources for health and ensuring these are spent on primary care services – through strategically contracting public and private sectors to deliver a basic package of services.

**The GFF co-financed an IDA project** (SPARK-Health, 2019-2025, US$200 million IDA + US$20 million GFF) that supports the implementation of the IC through the rapid integration of the PBF approach into the national system, scaling it up to all districts. The project also supports the rapid scale-up of the CMU to achieve increased population coverage while ensuring access to quality services. In addition, the health systems strengthening (HSS) component will support and finance key reforms in governance, infrastructure & equipment, health management information systems (HMIS), and health human resources (HHR) with a focus on capacity building and sustainability. **Joint advocacy** by all stakeholders led the government to commit to an annual 15% increase of the health budget (in 2018). A national health financing platform was created, which will oversee implementation of the health financing reforms.

The GFF provides technical support through a **comprehensive TA package**, funded under the DRUM window (and co-financed by Gavi). It includes primary data collection on quality of care, support for PFM reforms to enable more strategic purchasing, and for the National Platform for Health Financing. The GFF also provides financing for a **P4H focal point**, who supports inclusive dialogue between government and development partners on health financing. The World Bank, GFF, WHO and P4H supported the organization of a workshop on integrating PBF and CMU approaches in November 2021. Côte d'Ivoire also took part in the **Joint Learning Agenda**, supported by partners, to increase effective engagement of CSOs in health financing dialogue.

As enrollment of the poor in the CMU is also heavily constraint by **demand-side barriers**, the GFF recently approved co-financing of an IDA social safety net project. This investment will be used to pilot an approach involving the social centers responsible for enrollment in the Social Registry, which will be incentivized to also enroll eligible households into the CMU scheme. The combination of supply-side strengthening through the health project and demand-side incentives through the social protection SPJ scheme, as well as the inclusion of triggers to facilitate enrollment into the CMU in the World Bank's budget support program, should help catalyze rapid increases in CMU and essential services coverage.

In addition to country-specific technical assistance and analytical support, the DRUM window has also supported broader analysis to help GFF-supported countries overcome shared health financing challenges. One important analysis focused on mainstreaming partner funded PBF projects into countries' national financing systems in a way that builds on PBF experiences but integrates them in a sustainable fashion into general government programs.

Improving purchasing of PHC has long been a policy priority across low- and middle-income countries (LMICs). With support from donors, many countries have been experimenting with PBF as a mechanism to get more results from available financing. A vast body of evidence around the impact of such schemes shows that, indeed, flexible financing and accountability at the lower levels of the health system are important to drive up utilization, but also raises questions about the need for a fee-for-service mechanism and highlights issues of sustainability. PFM systems often do not easily allow for more output-based financing of PHC services, which creates challenges for integrating key aspects of PBF schemes into the government system. At the same time, the capacity and experience generated through PBF schemes offer an opportunity to push forward the necessary reforms to move towards more integrated strategic purchasing of PHC services. Recognizing that PBF projects present both challenges and opportunities for advancing the UHC agenda, the GFF has partnered with the World Bank and WHO to develop a package of technical resources and a modular approach for in-country workshops to help move the dialogue from sustainability of a project to sustainability of an approach of output-based financing within a government system. A first workshop took place in Côte d'Ivoire and many country teams have expressed interest (e.g., Mali, CAR, Burkina Faso, Niger, Uganda, Cameroon).

The work on PBF mainstreaming comprises the following pillars: (i) conceptual clarity and development of an assessment protocol, (ii) country task team support, (iii) aligning PBF to PFM systems, and (iv) knowledge and learning. Under the first pillar, the following knowledge products were completed: **a conceptual framework paper that was issued as a Health, Nutrition, and Population (HNP) Discussion Paper**, an assessment protocol issued in the form of an evaluation matrix for task teams, and **a guidance note on how to best deploy the various lending instruments**. These knowledge products have generated a lot of interest in the health finance community and were presented at various international fora, including an ODI roundtable, the WHO Montreux Collaborative, and the Global Fund Health Financing Group. As for the second and third pillars, considerable progress has been made in applying the conceptual framework to Zimbabwe where the assessment matrix was filled out and a report drafted in collaboration with government counterparts and the Governance Practice. Baseline findings have been presented to the Government of Zimbabwe in a validation workshop and the next step is to collectively draft a reform roadmap to further mainstream PBF in the PFM system. Engagement with Lesotho, Mali, and Tajikistan teams is also underway. Under the fourth pillar, considerable investment in outreach has been made with workshops presenting the conceptual framework to GFF Focal Points, the Health Finance GSG, and various country teams.

# 4. Tracking budget allocation and expenditure at the national level

## Tracking allocations and expenditures - why it matters?

Health system planning, the process of determining what services and activities to prioritize based on national goals and population needs, should be accompanied by information about how much those services and activities cost, what resources are available, where the resources are coming from to cover those costs, and whether and how those resources are being spent and achieving desired results. In developing countries, health systems are funded through multiple sources including government funds, development assistance, private investment, and out of pocket payments. Understanding what funds from what sources are budgeted to cover which programs and activities and how the budgets allocated are executed is a critical part of health sector management. Resource mapping and expenditure tracking (RMET) play an important role in managing funding flows in relation to sectoral strategies, facilitates prioritization, and improves alignment of donor and government funding.

Many GFF countries have weak PFM systems and they lack the capacity, processes, and resources to track health budgets and expenditure overall, and budget and expenditure allocated to priority reforms and interventions in particular. The GFF is supporting countries in their efforts to identify budget allocations and expenditure on the key programs and interventions included in investment cases, and the national health plans and strategies that formed the basis for the ICs. A core element of the value added of the GFF's health financing work is the monitoring of government and donor allocations to domestic health priorities almost in real time, which provides indispensable information for assessing alignment with government strategic plans and increasing transparency and allows for more efficient allocation of resources.

When RMET is conducted, gaps can be determined by priority area and subnational areas, thus allowing for discussions on how to reallocate, adjust, and mobilize funding. For example, in the Democratic Republic of the Congo (DRC), RMET showed considerable funding gaps in several investment case priorities, suggesting that a portion of funding from one of the priority areas could be shifted to cover some of the gaps. In Malawi, unfunded components of the HSSP have been categorized based on their priority, and RMET is being used to guide investments to high-priority, underfunded activities in the workplan.

In addition to the intrinsic value of increasing transparency and improving alignment of public and donor financing in all GFF-supported countries, over the past year, resource mapping has also allowed GFF-supported countries to respond to some specific challenges. In Ghana, resource mapping was used to ensure the alignment of donor funding with the national COVID-19 response plan. During National Technical Coordination Committee (NTCC) meetings, development partners with new funding have been able to check the areas covered by other donors and follow up with bilateral discussions with government and/or with development partners (DPs) covering those areas.

In several countries, combining routine RMET with Covid-19-specific resource mapping enabled an analysis of how much funding was being reprogrammed from essential health services to pandemic response. In Chad, the Covid-19 response in 2020 was primarily funded by donors; while just over 50% of funds came from new donations, the other half was reprogrammed from existing projects. In Niger, 40% of pandemic funding was shifted from existing programs. In DRC, funding reprogrammed from existing health programs increased from 6% in April 2020 to 35% in July 2020. Tracking these shifts away from essential health services, and any resulting drops in health outcomes, is critical.

In 2021, the GFF supported resource mapping and expenditure tracking activities in twenty-seven countries. Twelve of the twenty-seven countries[5] have also conducted resource mapping/expenditure tracking specific to Covid-19. Annex 2 provides a synthesis of country-level data collected.

In addition to supporting data collection and reporting, the GFF also worked with World Bank country teams and ministries of health and finance to initiate dialogue on conducting interoperability assessments of health finance databases to monitor the implementation of investment cases and national health strategies in real time and to ensure that mapping of resource and tracking of expenditures become more routine. In 2021, Pakistan began an exercise to examine resource tracking efforts and databases and is working to identify inter-operability opportunities. As detailed in the Rwanda country case above, the Rwandan Ministry of Finance has institutionalized the nutrition budget tag, developed through RMET, in the government financial management system.

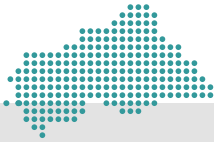
To support country-level work and to allow for cross-country learning, analyses, and synthesis of data to engage regional and global stakeholders, the GFF has developed a standardized data collection tool for collecting resource mapping and expenditure tracking data that countries can adapt to their context. A data repository that will hold resource mapping and expenditure data collected across all GFF-supported countries is also being developed. A series of analyses are planned for next year (see the final section of the report).

At the global level, the GFF has worked with partners to harmonize and institutionalize guidance and processes for country resource tracking. It has partnered with WHO to harmonize and optimize RMET with WHO's System of Health Accounts (SHA), to help countries conduct resource tracking more efficiently and systematically. The SHA framework is an international expenditure tracking method used for systematic, comprehensive, and consistent monitoring of expenditures in a country's health system. The data produced informs health sector policy and is a key instrument to systematically monitor and compare health spending trends over time and across countries. The RMET exercise is a country-specific activity aimed at capturing prospective budget data and/or retrospective expenditure data from government and development partners to be used in near real-time decision-making for planning and budgeting purposes. While the exercises have somewhat different objectives, they often collect similar or the same data and are conducted by the same ministry departments and stakeholders. As such, GFF and WHO have worked to develop learning tools for countries to improve harmonization of data collection and analytical systems and optimize data use for policy dialogue. The GFF and the WHO have supported the development of two country case studies of SHA-RMET harmonization in Malawi and Zimbabwe and are collaborating on a forthcoming guidance document drawing on good practices from these countries. Through the Sustainable Health Financing Accelerator, the GFF is also pursuing opportunities to collaborate with other global agencies in the area of resource tracking.

[5] The 12 countries are Afghanistan, Cameroon, Chad, DRC, Ethiopia, Ghana, Guinea, Liberia, Malawi, Niger, Pakistan and Zimbabwe.

## Country highlight:

# Central Africa Republic



Over the past decade, the Central African Republic's health financing landscape has been characterized by high donor dependency, fragmentation, and limited opportunity for domestic resource mobilization.

In 2020, the GFF collaborated with the government and partners to increase efficiency and strengthen alignment by operationalizing PBF for RMNCAH services. To lay the groundwork for the strategy, the GFF worked with stakeholders to establish an investment case that included a package of high-impact RMNCAH frontline interventions to be implemented with PBF. The GFF also **leveraged the IDA** World Bank project by including PBF financing as a key component and collaborating with partners, including the European Union (EU), to invest in payment reforms for improved RMNCAH services. To further improve alignment around these priorities, the **GFF provided a package of analytical services** and partnered with the government to conduct a **Resource Mapping and Expenditure Tracking (RMET)** exercise which generated evidence to drive decision-making around priority reform areas.

The collaborative approach to PBF has resulted in key milestones in CAR. With respect to efficiency, the government and its partners have worked to progressively integrate the targeted free health care policy into the PBF scheme. With respect to alignment, development partners are coming together to invest in PHC using the development of a single essential drug supply system as an entry point. The approach has also led to improvements in the financing of RMNCAH services. Specifically, the PBF program has contributed to increases in resources (state and non-state), executed at the regional level (65.9% regional vs. 34.1% central). The scheme has also led to increases in budget allocation to the RMNCAH service package from 4.0% (2017-2019) to 9.3% (2020-2022). Finally, improvements in frontline spending and donor alignment around the PBF strategy have led to a 5% increase in allocation of resources to the RMNCAH service package for Primary Health Care. Taken together, these advances demonstrate the benefits of using PBF to drive alignment and improve investment in priority areas.

Going forward, the challenge lies in improving the sustainability and cost-effectiveness of the strategy. With such limited resources, it is important to simplify the scheme and reduce unnecessary transaction costs. A technical assistance package funded by the GFF DRUM window aims to support an assessment of the (mis)alignment between PBF and government PFM systems to identify opportunities for better integration and consider options for reducing the need for high verification costs.

# 5. Improving financial governance and public financial management (PFM)

The World Bank's **Governance Global Practice (GP)** supports client countries to help them build capable, efficient, open, inclusive, and accountable institutions. The Governance GP focuses on PFM, domestic resource mobilization and tax administration, public institutions and institutional development, decentralization and sub-national governance, and governance of state-owned enterprises and corporate governance.

The anchoring of the GFF within the World Bank provides it with a unique opportunity to capitalize on the Bank's technical expertise in tackling broad development challenges from a multi-sectoral perspective, with a particular emphasis on the whole-of-government approach. The **Governance for GFF initiative (G4GFF)** was established to make the World Bank Governance Global Practice's guidance and PFM expertise available to GFF countries to address PFM bottlenecks in the health sector, especially those related to the development and implementation of investment cases. G4GFF supports GFF countries in the following main areas: 1) support to investment case development; 2) on-demand support in implementing ICs; 3) cross-country learning, guidance, and knowledge creation.

Some planned activities had to be adjusted because of the onset of the COVID-19 pandemic, and many resources were channeled to address immediate pandemic-related needs. Nevertheless, the initiative has already produced some promising results. For example, as mentioned in the box on Rwanda, technical expertise from the Governance GP has helped institutionalize the tagging of nutrition budget allocations and expenditure in the national budget and introduce nutrition into the country's program-based budgeting framework. In Indonesia, where the GFF investment case focuses on reducing stunting through a multi-sectoral nutrition program engaging health and social protection through local government structures, G4GFF is providing fiscal advice to assess the performance of nutrition and stunting interventions at the district level and improve their effective coverage. In Zimbabwe, where PBF is one of the key modalities for channeling donor support to the primary health care system – but where PBF funding has been operating through a separate financial management system – G4GFF support is being engaged to align PBF procedures with the government's PFM system to reduce fragmentation and increase transparency. In Zambia, the G4GFF is providing the government with technical assistance to conduct an assessment to identify key PFM bottlenecks in the health sector and inform the design of PFM-related reforms. In Pakistan, G4GFF supported establishing a mechanism for pooling donor financing funding the National Immunization Support Program (NISP) and to strengthen the decentralization of the program to the provincial level.

To foster cross-country learning and knowledge creation, a collaboration with the Bureaucracy Lab, a partnership between the Governance GP and the Development Impact Evaluation unit of the World Bank, is also underway. The Bureaucracy Lab will focus on synthesizing global evidence and best practices related to improving the productivity and motivation of the health work force in developing countries. This work will highlight empirical evidence and country experiences of how productivity and motivation can be enhanced through better coordination between various ministries (e.g., Ministries of Health, Labor, Finance), government agencies, and different levels of government.

## Country highlight:

# Pakistan

Although Pakistan has long aspired to make affordable healthcare available to all, progress has been challenging in the past: development partners often worked independently of each other on health financing issues, including at the provincial level, and conversations with government were inconsistent.

Under the Sustainable Financing for Health Accelerator (SFHA), donor agencies and partners were brought together to share insights and information on sustainable health finance and support the government as it develops its health financing strategy. In addition, the first Resource Mapping and Expenditure Tracking (RMET) exercise has been completed and several steps related to the interoperability and institutionalization of National Health Accounts (NHA) and Integrated Financial Management Information System (IFMIS) alignment. To complement the SFHA and RMET analysis, the GFF is currently supporting a mapping of challenges and integration points between health resource tracking, health strategy, and IFMIS. The strong collaboration developed under the SFHA, along with key analytical pieces, have set the groundwork for an upcoming dissemination workshop and for policy dialogue, expected to lead to the development of the government's Health Financing Strategy.

The SFHA supported the design of a World Bank-GFF co-financed National Health Support Program (NHSP) (IDA financing US$ 258 million), which is co-financed by the Bill and Melinda Gates Foundation (BMGF) (US$ 25 million), Gavi (approximately US$ 20 million) and the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) (US$ 5 million). The NHSP aims to strengthen equitable delivery and quality of essential health services at the primary health care level in support of Universal Health Coverage. Program Development Objectives include an increase in universal health coverage and an increase in non-salary primary health care budget. Disbursement Linked Indicators (DLIs) incentivize both improved domestic resource mobilization and execution for PHC and specific service coverage targets for immunizations (zero-dose and fully immunized children) and tuberculosis (TB) control. The project has a strong equity lens-mandating that 20 percent of achievements be recorded in lagging districts. The project is mainly Program for Results (P4R) but includes a small portion of Investment Project Financing (IPF) and resources from GFF and BMGF to support RMET institutionalization.

# 6. Advocacy, alignment, and global public goods for greater and more efficient health expenditure

Under the DRUM window, the GFF has supported advocacy, alignment, and global public goods by backing country-led communities of practice (e.g., the Joint Learning Network), providing funding for initiatives aimed at better partner coordination and alignment (such as P4H or the Sustainable Health Financing Accelerator), and strengthening engagement with civil society in advocating for more resources for health.

## 6.1 Joint Learning Agenda on Health Financing and Universal Health Coverage

Complementing its overall engagement with civil society, the GFF is also using DRUM funding to support grassroot advocacy by civil society organizations (CSOs) to advance health financing reforms. Together with the Global Fund, the GFF financed the launch of the Joint Learning Agenda on Health Financing and Universal Health Coverage (JLA). This initiative, which also involves the Partnership for Maternal, Newborn & Child Health, Gavi, UHC 2030, Impact Santé Afrique (ISA) and WACI Health, aims at developing a comprehensive training and capacity building program for CSOs in sub-Saharan Africa to strengthen grassroot advocacy for increasing domestic budgets for health, as well as improving accountability and transparency of government and donor funding flows.

JLA was designed as a two-phase initiative. The objective of the first phase is to conduct a training of trainers and then a series of country-level trainings on health financing advocacy and accountability for UHC to civil society organization in 20 African countries[6]. This phase has largely been completed. To date, JLA has trained 40 Africa-based trainers who, in turn, help provide in-country training to about 400 local civil society organizations. The second phase, planned for 2023, will focus on putting the learning into practice with the support of tailored capacity building, technical assistance, mentoring and small grants provided under the GFF CSO grant program. More information on the JLA initiative is provided in Annex 2.

### Engaging women in health budget advocacy

Improving women's health is a key objective of achieving universal health coverage. Women's voices are critical for successful advocacy to increase health budgets and to improve the transparency of financial flows to health. The Joint Learning Agenda (JLA) initiative has engaged women-led organizations WACI Health (Kenya) and Impact Santé Afrique (Cameroon) to lead and manage its capacity building program. For the JLA initiative, the inclusion of women and women's representation were key criteria for the selection of non-governmental organizations that would benefit from its capacity building activities. As a result, in five out of the 20 participating countries (25%), the two selected trainers are female. In 75% of the countries, at least one of the trainers is female, and over 50% of in-country training participants are women.

[6] Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Benin, Togo, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Liberia, Niger, Nigeria, Senegal, Sierra Leone, Tanzania, and Uganda

## 6.2 Support for the Joint Learning Network

The Joint Learning Network (JLN) is a country-driven, global community of practice for policy makers and practitioners whose objective is to develop and disseminate knowledge and advocacy products to advance universal health coverage. Using a unique joint learning approach – that includes a combination of multilateral workshops, country learning exchanges, and virtual dialogue – JLN members build on real experience to produce and experiment with new ideas and tools. Health financing is one of the six technical initiatives supported by the JLN. As countries move towards UHC, their health financing systems are undergoing rapid change and are faced with additional pressures related to transitioning from external support, mobilizing domestic resources for health, and allocating resources efficiently, given competing priorities. Revisiting conventional financing practices in a peer-to-peer knowledge exchange setting enables countries to gain practical know-how and technical support from each other.

The DRM collaborative has partnered with the GFF for a jointly-offered learning platform on domestic resource utilization and mobilization. With more than 100 participants from 19 JLN and GFF countries, the collaborative has facilitated discussions and shared cross-country knowledge and expertise on pressing questions related to DRM for health. To date, country members from GFF and JLN countries have created five knowledge products, which were also offered as deep-dive modules of the World Bank Flagship Course for Health Systems in June 2021 and in February 2022. These products have been adapted and implemented by several JLN, GFF and other countries in 2021, and the DRM collaborative has expanded in 2021 into a Community of Practice with more than 300 members. In 2021, the JLN and GFF jointly organized eight virtual workshops on the in-country application of the five DRM knowledge products.

## 6.3 P4H Alignment Community of Practice

### The P4H Network

The P4H network is a global network specializing in health financing. Established in 2007, it currently comprises 18 member institutions including the World Health Organization (WHO), GFF, and Asian Development Bank (ADB), among many others. It promotes active exchanges and collaborations between the various health financing stakeholders at national and global levels with the goal of making health financing more efficient, equitable, and sustainable. The network is characterized by multisectoral collaboration between the health, finance, social protection sectors, among others. Between 2007 and 2020, multiple collaborations have been established by the P4H network in 86 countries to improve health financing.

Enhancing collaboration between the diverse actors working on health financing is critical for accelerating progress towards universal health coverage and related international commitments. Better coordination among development partners offers an opportunity to reduce inefficiency and provide more streamlined financial and technical support and, more importantly, ensure that this support aligns with national plans. One way to overcome the complex issues hampering donor alignment is to provide spaces for more intensified engagement between actors, especially at the country level where much of the focused attention is needed. This is why the GFF has joined forces with the P4H Network to create a community of practice (CoP) that practically promotes and supports the alignment agenda.

The space provides an opportunity for the growing number of country focal points – neutral interlocutors between national institutions and international actors – to regularly come together to share their challenges and gain knowledge and skills. Through regular webinars and other events, these focal points connect with relevant networks, ideas, and technical support, which helps them drive alignment in their day-to-day work. The CoP was launched with a four-part webinar series to provide country focal points with a solid understanding of how the funding and technical instruments of different agencies work – and potentially connect – to enable them to meaningfully promote the alignment agenda. This was followed with an in-person meeting in May 2022 and more tailored support to country specific action plans.

# 7. Looking ahead

The health financing agenda– which aims to increase both the volume and efficiency of domestic public resources for health – is central to the GFF's core mission of improving reproductive, maternal, newborn, child and adolescent health and nutrition in a sustainable way. While the health financing reform agenda is country specific, there does tend to be a convergence around increasing public and pooled resources going to primary care platforms and for these financing mechanisms to be more output based.

Over the coming years, the GFF will build on the successful implementation of the DRUM window, incorporating many lessons learned to maintain and accelerate the momentum created to date. Some of the activities that the GFF DRUM window will focus on moving forward include:

**Expanding the analytical support for the World Bank Teams:** This report demonstrates that, despite the tremendous challenge of the COVID-19 pandemic, which has absorbed the vast majority of World Bank financial and technical resources in the area of health in the past two years, GFF support to World Bank teams for analytical and technical assistance activities has contributed to the achievement of important results. In the coming years, as the world recovers from the pandemic and the attention shifts away from emergencies to sustainable health systems reforms and pandemic preparedness, the GFF will maintain and strengthen its support to World Bank teams with funding for analytics and TA. Given the success of support for DPO preparation, the GFF will increase its efforts to support the inclusion of human capital issues and health policy and institutional reform measures into World Bank operations by providing both funding and in-kind technical assistance to Bank teams.

**Equity diagnostics:** Equitable access to health services is a core value of the GFF. The COVID-19 pandemic and its economic impact and, more recently, the global economic fallout from the Russian invasion of Ukraine, have put into sharp focus the need to understand the drivers of socio-economic inequity in accessing health services, especially the barriers to accessing health services faced by the poorest and most vulnerable women, children, and adolescents. To this end, the GFF will be conducting a set of comprehensive equity diagnostics in all GFF-supported countries. The assessment will include socio-economic drivers of inequity, but also the role played by inequality between women and men, rural and urban residence, inequities between different geographical region, and more. The equity diagnostics will serve to inform GFF countries in three ways. First, it will help develop and monitor the implementation of GFF investment cases from an equity perspective. Second, it will inform GFF co-financing of IDA health operations, to ensure that supply-side investments reach those who have been left behind. Third, it will also help inform the GFF's collaboration with the World Bank's Social Protection and Jobs Global Practice, which was recently approved by the TFC. The diagnostics will help identify in which countries GFF's investments in better alignment with social safety nets and health systems could have the biggest impact on improving access to health services for the poorest women, children, and adolescents.

**Expanding resource mapping and expenditure tracking and focusing on using the data for programming and policy:** The GFF will support continued resource mapping in the 27 countries where it has already been conducted and expand it, to the extent possible, to the nine countries which are yet to conduct RMET. Additional advocacy and knowledge products will be developed to help countries understand how they can better leverage the data collected through the resource mapping and expenditure tracking efforts for decision making, as well as institutionalize the process within existing country processes and budgeting and planning systems. To stimulate data collection and use even further, the GFF Secretariat will support the development of a RMET Technical Assistance Community of Practice.

**Expanding civil society engagement in health financing advocacy.** Under the next phase of the JLA, the GFF will make approximately US$1 million available through the GFF CSO host organization in the form of sub-grants to co-finance activities mentioned in the advocacy and accountability plans of the participating countries (between US$50,000–100,000 per participating country). The grants will be complemented by TA and further capacity building financed by Gavi. For the JLN, focus areas in the coming years will include: a) offering technical support for the adaptation and implementation of knowledge products at the country level; b) fostering the practitioner Community of Practice by expanding opportunities for knowledge sharing through additional Flagship course deep dives, the Health Taxes Seminar Series, the DRM collaborative, Efficiency collaborative, and the SFHA partnerships; and c) potentially offering technical support to strengthen country discussions on performance based financing and PFM systems.

# Annexes



GLOBAL FINANCING FACILITY

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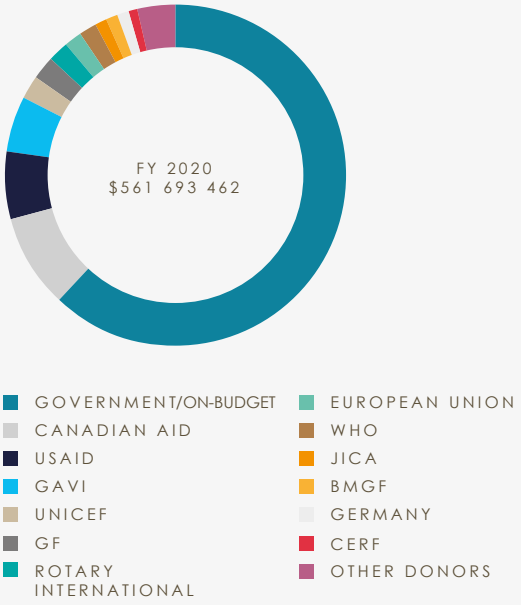
## Annex 1.
## Resource Mapping and Expenditure Tracking in GFF Countries

### Afghanistan

In Afghanistan, a resource mapping exercise was commissioned to support health budget alignment and harmonization and take stock of both on- and off-budget health resources at national and subnational levels. A critical takeaway of the resource mapping is that a significant portion of funding for health is on-budget (62%), with the government contributing approximately 5% of the overall funding. The key findings of this exercise will help the Ministry of Public Health (MOPH) and its international partners make informed decisions in ongoing and future planning and budgeting process, support with updating the investment case (IC) for Afghanistan, and promote alignment, coordination, and efficiency in the use of scarce resources. Mapping for the government and development partners captured actual health resources available for fiscal year (FY) 2018/19 and forward-looking budgets for FY 2020/21. The MOPH is currently finalizing costing of the IC, which will allow calculation of the funding gap for the overall health sector as well as by specific IC priority.

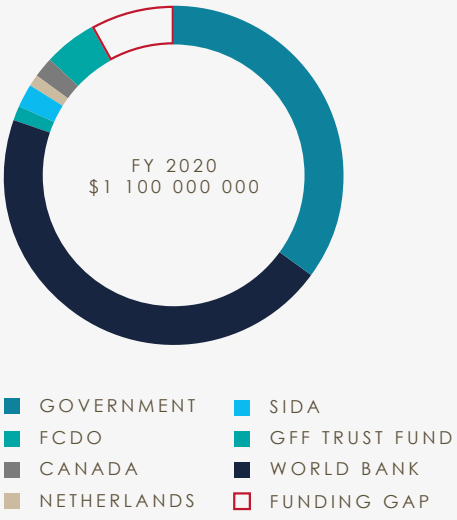
*Note: Government of Afghanistan includes on-budget contributions from IDA, GFF TF, and Afghanistan Reconstruction Trust Fund (USAID, Global Affairs Canada, and the EU.*




*Source: https://data.gffportal.org/country/afghanistan*

### Bangladesh

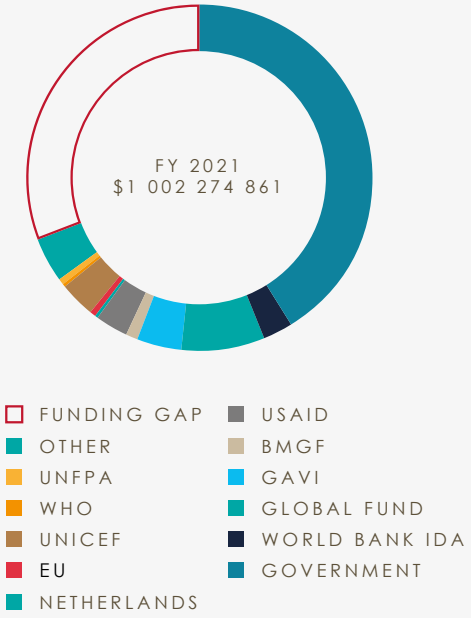
Bangladesh has a well-established donor coordination platform to align partners around shared priorities through a sector-wide approach (SWAp) which has helped the government direct domestic and international funding to support key health goals. As such elements of resource mapping and expenditure tracking are inherent to the SWAp mechanisms of joint planning resource allocation and implementation monitoring. Through the SWAp the government of Bangladesh has aligned more than US1.1 billion in domestic and international public financing in support of its Fourth Health Nutrition and Population Sector Program for 2017–22; the GFF contributes to and is an integral part of the partnership.




*Source: https://data.gffportal.org/country/bangladesh*

## Burkina Faso

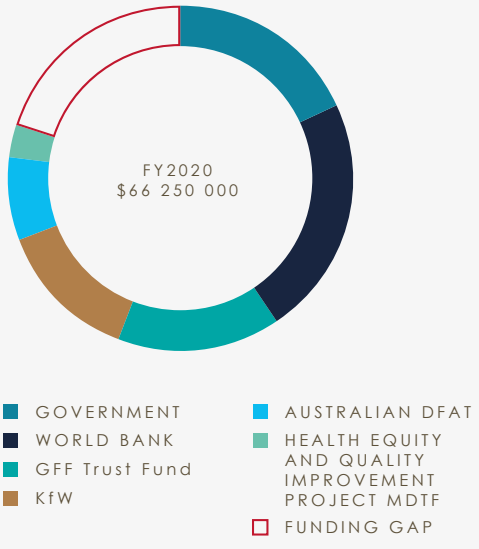
A resource mapping of the UHC strategy (2020–24) was conducted in 2020. The GFF investment case is an essential element of the UHC strategy as it was revised with the purpose of becoming the central document for the upcoming high level UHC financing forum. The resource mapping focuses on RMNCAH and health system strengthening priorities for 2020 and 2021. The analysis shows that the government of Burkina Faso is maintaining its engagement in funding the UHC strategy and remains the main source of funding in 2020 and 2021. Sixteen donors are aligned to the UHC strategy in 2020 and 2021. The funding gap slightly increased between 2020 and 2021 due to an increase in cost of the UHC strategy from 2020 to 2021 (see figure). Funding gap analysis by priority area highlights nutrition malaria child health and community health are particularly underfunded while the health system strengthening component appears to be slightly overfunded underlining room for improving allocative efficiency. Further analysis needs to be conducted by the Ministry of Health to better understand reasons behind underfunding of key priorities to reach UHC targets and define strategies to make existing resources more efficient.




*Source: https://data.gffportal.org/country/burkina-faso*

## Cambodia

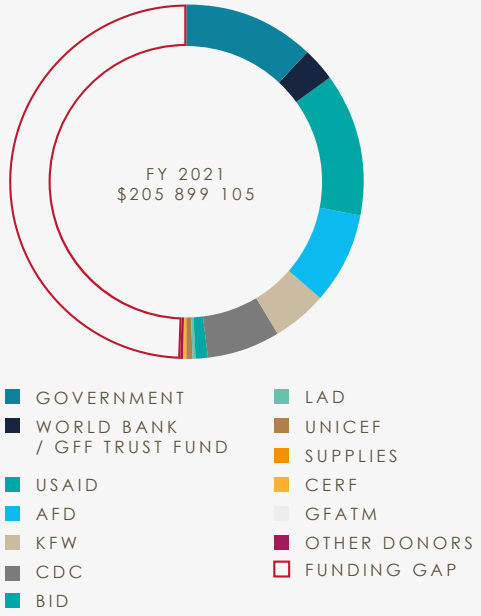
Cambodia's investment case (IC) is focused on three key issues: reducing newborn mortality, reducing child undernutrition, and decreasing adolescent fertility. The Cambodia Nutrition Project, or CNP (2019–24), a US$53 million investment lending operation, will fund an estimated 80% of the activities included in the IC and is closely aligned with its strategic priorities. The CNP harmonizes financing from IDA, GFF, German KfW, Australian DFAT, and the Health Equity and Quality Improvement Project multi-donor trust fund (pooling financing from Australian Aid, German KfW and KOICA) and includes 23% of domestic resources from the Royal Government of Cambodia. A detailed resource mapping exercise of the IC was planned in early 2020, but has been delayed due to the COVID-19 pandemic and will resume in fiscal year 2021. The resource mapping will identify funding gaps by priority and will show trends in domestic resource mobilization and donor alignment around the IC.




*Source: https://data.gffportal.org/country/cambodia*

## Cameroon

A detailed resource mapping and expenditure tracking exercise (RMET) was conducted in Cameroon, based on the four RMNCH priorities identified in the 2017–22 investment case (IC). The objective was to analyze the evolution of the resources committed by the government of Cameroon and its partners to these health priorities, and to determine the funding gap to be filled through better alignment of external aid and increased mobilization of domestic funding. The RMET shows gaps by priority, but also subnational region. Despite a fairly large number of 25 partners funding the IC priorities, a financing gap of 57% of the total cost over four years remains (the gap is 49% in 2020, as shown in the graphic). Mobilization of both domestic and external funding towards RMNCH priorities is critical, particularly in light of the high out-of-pocket spending, which accounts for over 70% of current health expenditure in Cameroon.



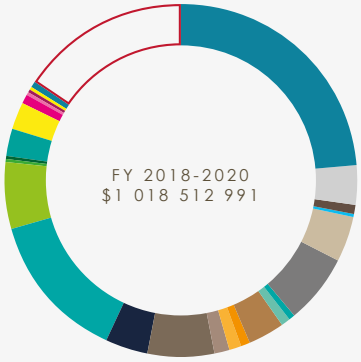

*Source: https://data.gffportal.org/country/cameroon*

## Chad

The first resource mapping and expenditure tracking (RMET) exercise was completed in May 2021 and covered the period from 2018 to 2021. As the investment case (IC) is under development, the RMET focused on the priorities of the National Health Development Plan (PNDS 3).

The exercise helped identify available resources from 26 donors (76%). The largest financial contributions are provided by the Global Fund (23%), USAID (12%), UNICEF (12%), EU (7%), Gavi (10%), WB/IDA (6%) and AFD (6%), with funding completed by the government budget (24%). The decrease in funding planned from the year 2021 is partly explained by the lack of predictability of future commitments from both the government and donor partners.

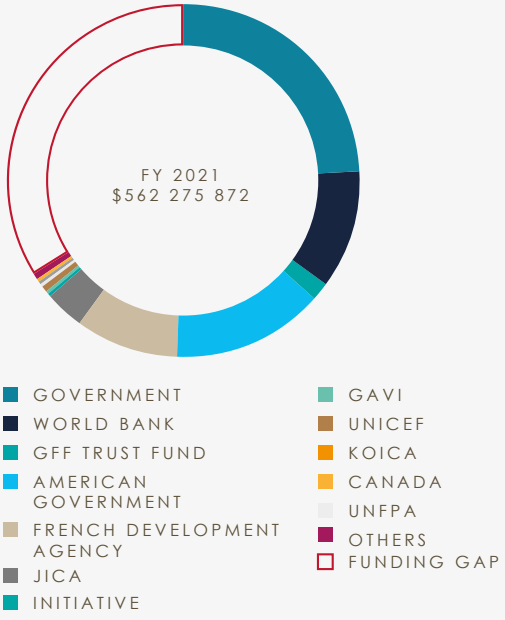
Overall, the combined budgetary commitments of donors and the government over the period from 2018 to 2022 (and beyond) for the RMNCAH and for nutrition were respectively 19% and 19.4% of total resources allocated to the health sector. Notably, the said commitments have increased over the last three years, from 2018 to 2020, by 85.6% for the RMNCAH and by 24.1% for nutrition.




*Source: https://data.gffportal.org/country/chad*

## Côte d'Ivoire

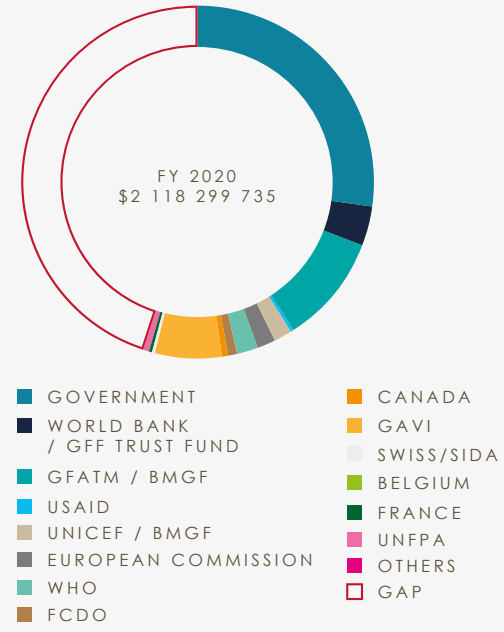
The investment case process in Cote d'Ivoire has been central to obtaining government engagement to increase its yearly health budget, which increased by 16.6% between 2019 and 2020. Based on the government budget increase and resource mapping data collected among donors, the investment funding gap was reduced by 50% between 2020 and 2021, from 57% in 2020 to 34% in 2021. From this year on, the Ministry of Health and Public Hygiene will be in charge of rolling out the RMET exercise through the Directorate of Financial Affairs, which will be working on the integrating of RMET with the National Health Accounts.




*Source: https://data.gffportal.org/country/cote-divoire*

## DRC

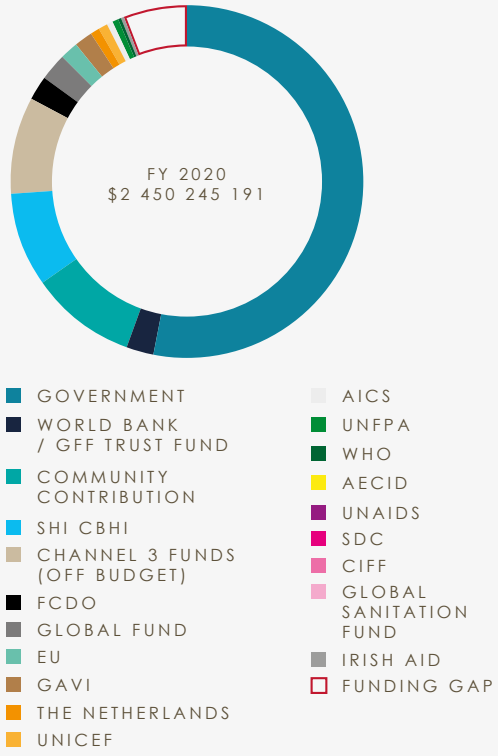
The resource mapping has been completed for the Plan National de Développement Sanitaire (PNDS) 2019-22, which serves as the country's prioritized national health strategy and investment case (IC). The resource mapping (RM) shows trend analysis between fiscal years 2019 and 2020. Data for this assessment was provided by the Ministry of Health (MOH) through the program-based budgeting (PBB) process, which consolidated domestic and international budget as well as expenditure data with respect to the PNDS. The health donor's coordination group, known as Groupe Inter-Bailleurs de la Santé (GIBS) also provided feedback. The MOH has indicated these estimates are still being updated by the GIBS and could change. The IC funding gap doubled between 2019 and 2020, due to an increased cost of the PNDS between 2019 and 2020 and a decreased donor contribution to the IC. Because of COVID-19, not all donors could maintain the same level of engagement in 2020, as several had to reprioritize funding to the COVID-19 response. Nevertheless, more donors are aligned to the IC in 2020 compared to 2019. Domestic resource has slightly increased in absolute terms but has decreased in relative terms of covering the IC cost.




*Source: https://data.gffportal.org/country/drc*

## Ethiopia

The resource mapping (RM) shows trend analysis between FY 2018/19 and FY 2019/20. Resource mapping in Ethiopia is based on the Health Sector Transformation Plan (HSTP). The HSTP is the national health strategy and the investment case (IC). The consolidated data for this assessment was based on HSTP actual annual budget and annual HSTP resource mapping provided by the Ministry of Health. The RM trend analysis indicated major findings in terms of the government's improved commitment to the health sector, which resulted in a significant decline in the HSTP financing gap. Government finance to the health sector showed a significant increase from 38.5% in 2018/19 to 53.1% in 2019/20. Accordingly, the HSTP financing gap has declined from 26% in 2018/19 to 5.7% in 2019/20. On the other hand, donor contribution both on and off budget and alignment to the IC more or less are similar in both fiscal years. In addition, community contribution entailing both societies in cash and in-kind contribution to the sector indicated similar contribution levels in both years.



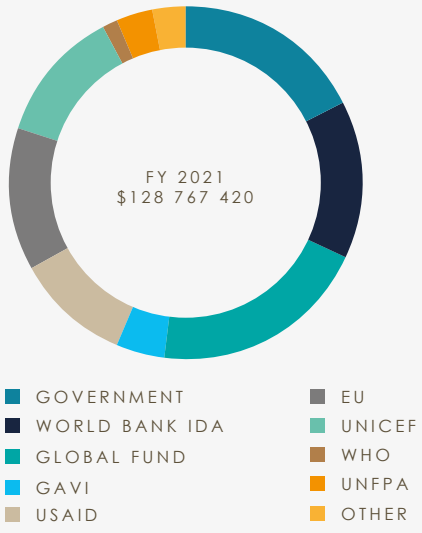

*Source: https://data.gffportal.org/country/ethiopia*

## Guinea

Resource mapping shows that the Guinean government's health budget allocation for investment case priorities represents 17.6% of such funds available in 2021, indicating that there is good potential for further government resources to be directed towards RMNCAH-N priorities.

The majority of the IC financing (82.4%) is from technical and financial partners. The Global Fund (20.1%), the World Bank (14.4%), the European Union (13.1%), UNICEF (12.2%) and USAID (10.6%) are the five largest financial partners. Their combined contributions make up about 70.4% of the total IC funding for the fiscal year 2021 (US$ 90.7 million out of a total of US$ 128.8 million).

A new resource mapping exercise is currently underway, which will not only identify resources for 2022 and beyond, but also track the expenditure in 2020 of previously mapped funding.

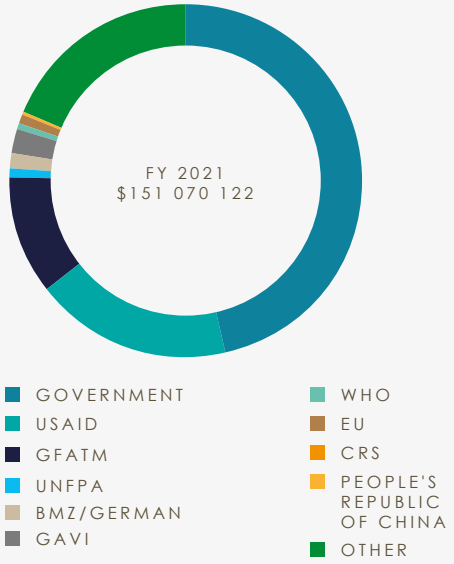



*Source: https://data.gffportal.org/country/guinea*

## Liberia

The resource mapping shown in the graphic is sourced from the government of Liberia's online national resource mapping system (ZOHO). As of October 2021, the government and donors listed below collectively contribute US$151 million to the investment case(IC). Domestic government resources account for approximately 47% of total resources available. As donor contributions are verified at the end of the 2021 calendar year,* the total amount of resources will increase. The government of Liberia is committed to funding the IC through increased resource mobilization and demonstrates their commitment through updating, analyzing, and making informed decisions based on resource mapping data.

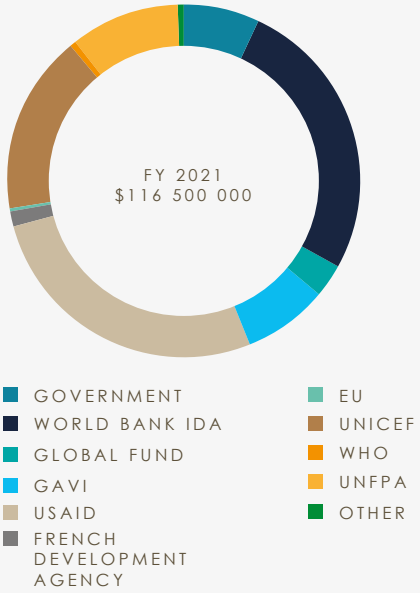
*Note: Contributions from World Bank and the GFF Trust Fund forthcoming.*




*Source: https://data.gffportal.org/country/liberia*

## Madagascar

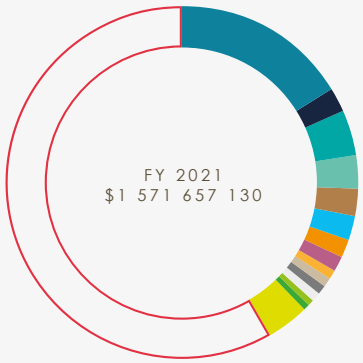
A resource mapping and expenditure tracking (RMET) exercise accompanied the development of the RMNCHA-N investment case (IC) and was completed in 2020. Covering 2020 through 2023, the exercise identified resources available from donors as well as from the government budget. The RMET exercise has shown that, FY 2021, about US$116 million was available to cover the cost of interventions included in the IC, of which about 93% were provided by development partners. Among the partners, the largest financial contributions were provided by the World Bank, through IDA financing, and by USAID. The exercise also showed some important financing gaps for 2021, especially for routine child immunization.




*Source: https://data.gffportal.org/country/madagascar*

## Malawi

Malawi has conducted extensive resource mapping and expenditure tracking for the health sector. More than 180 donors and implementing partners in Malawi who contribute to health financing, with external financing accounting for 75% of funding. As such, aid coordination is a key priority in improving the efficiency and effectiveness of health spending. The Ministry of Health consolidated and costed priorities from national and subnational government annual plans and strategies, then analyzed their funding sufficiency and urgency by priority and district. The resulting HSSP II Operational Plan was launched in July 2020 and illustrates the key funding gaps and opportunities for enhancing allocative efficiency and aid effectiveness. The government of Malawi will continue to update the operational tool on an annual basis, with increasing emphasis on data use and tracking implementation.

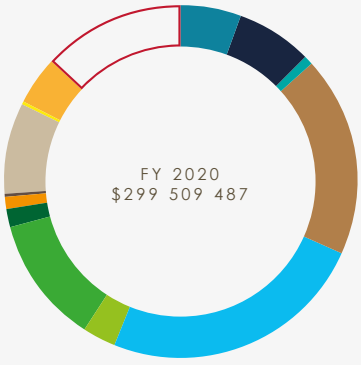



- GOVERNMENT
- WORLD BANK/GFF
- USG-PEPFAR
- HEALTH SERVICES JOINT FUND
- USAID EXCLUDING PEPFAR
- GFATM
- GERMANY-KFW
- GAVI, THE VACCINE ALLIANCE
- UNITED KINGDOM (FCDO)
- EUROPEAN UNION (EU)
- UNITED STATES - PMI
- BMGF
- UNICEF
- GERMANY-GIZ
- OTHER
- FUNDING GAP

*Source: https://data.gffportal.org/country/malawi*

## Mali

In 2020 Mali conducted the first round of resource mapping of its investment case (IC) for 2019 through 2023, which targets three priority areas: delivery of quality health services across the continuum of care, support to the health system pillars, and governance. The exercise tracked actual expenditures for 2018 and 2019, and also assessed budget commitments at the subnational level, for all 74 districts. As Mali joined the GFF in mid-2018, the country is currently in the initial stages of institutionalizing resource mapping, having first developed its IC. Data collection for the resource mapping and expenditure tracking exercise was completed in 2020; preliminary findings are being validated, with final results expected soon. The resource mapping will be used to assess alignment with the Mali Action Plan (under development), to evaluate subnational resource allocation, and to advocate for additional financing to close the funding gap.

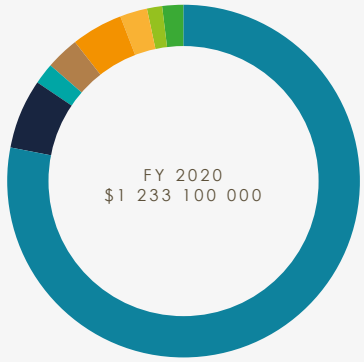



- GOVERNMENT
- WORLD BANK IDA
- GFF TRUST FUND
- GLOBAL FUND
- USAID
- CANADA
- NETHERLANDS
- FRENCH DEVELOPMENT AGENCY
- EU
- WHO
- SAVE THE CHILDREN
- AFDB (AFRICAN DEVELOPMENT BANK)
- OTHER
- FUNDING GAP

*Source: https://data.gffportal.org/country/mali*

## Mozambique

The investment case (IC) for Mozambique has acted, since its inception in 2016, as a catalyzer for MOH and partners to advance health system strengthening efforts and alignment, breaking the traditional verticalization and fragmentation of partners' support. In 2018, the GFF conducted a health expenditure review, showing a sustained national effort to increase funding for health (200% for the period from 2009 through 2018, corrected both in real terms and in comparison with other sectors such as internal security, peace promotion and governance). As the work on the midterm review of the IC progresses, preliminary conversations have highlighted the need to strengthen efforts in key areas, such as health financing reforms and RMET. Simultaneously, the MOH's COVID19 pandemic response spurred a renovated appetite to map resources being allocated to the response and to track public expenditure in health, so as to improve strategic planning, resource mobilization and allocation. Mozambique's Minister of Health and the National GFF focal point continue to play a central role in promoting the use of RMET to conduct efficiency analysis and promote the use of data to make planning and budgeting decisions, asking partners, including the GFF, to support these efforts.

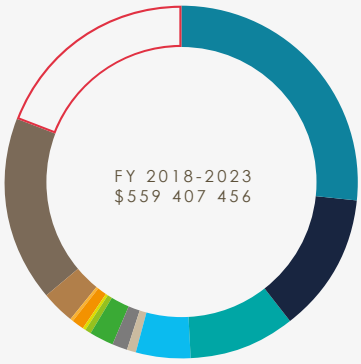



- GOVERNMENT
- WORLD BANK
- GFF TRUST FUND
- NETHERLANDS (multi-donor trust fund)
- CANADA(multi-donor trust fund)
- UNITED KINGDOM (multi-donor trust fund)
- PROSAUDE
- USAID

*Source: https://data.gffportal.org/country/mozambique*

## Niger

The resource mapping and expenditure tracking (RMET) exercise in Niger focused on the Health Development Plan (PDS) and showed the importance of external resources for the COVID-19 response plan (67% of the resources committed for the financing of the PDS in 2020 come from external financing, with 91% for the COVID-19 response plan). The exercise also showed a relatively large share of resources going through the state budget (64%), and a significant financing deficit for the health care services program, despite the fact that it alone accounts for more than 45% of the total funding allocated to the PDS. Lack of efficiency in the allocation of resources, with some overfunded subprograms (capacity building, availability of health products, nutrition) and some largely underfunded (protection mechanisms of financial risk, communicable diseases). Inequity in the allocation of resources at the regional level was also seen (for example, low level of resource allocation per capita in the Maradi region, which has one of the highest infant and child mortality rates). The upcoming RMET exercise must integrate information needs into the government budgeting tools and enable a greater predictability of partners' financial commitments.

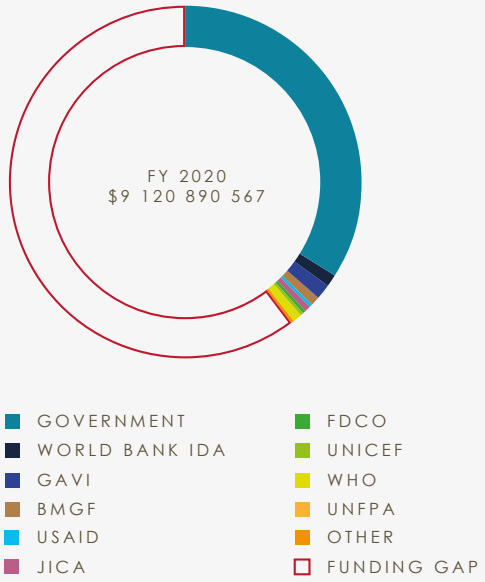



- GOVERNMENT
- WORLD BANK IDA
- GLOBAL FUND
- GAVI
- BMGF
- USAID
- CANADA
- KFW
- FRENCH DEVELOPMENT AGENCY
- EU
- WHO
- UNFPA
- IDB (ISLAMIC DEVELOPMENT BANK)
- OTHER
- FUNDING GAP

*Source: https://data.gffportal.org/country/niger*

## Pakistan

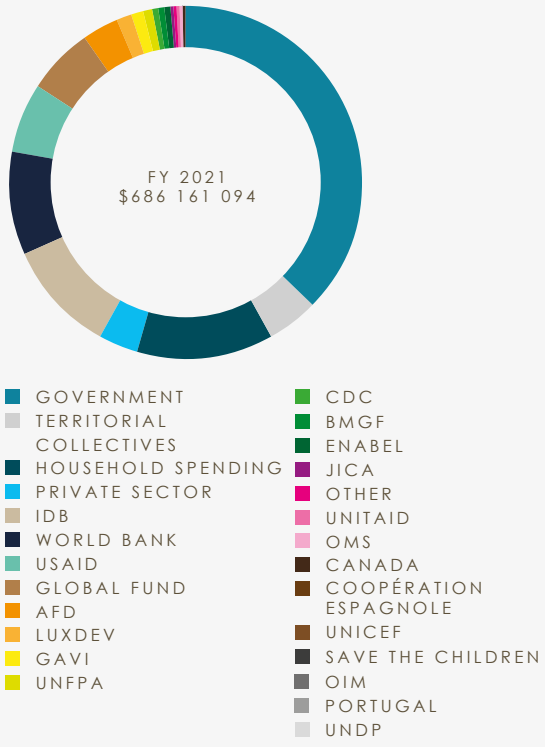
Pakistan's first ever resource mapping and expenditure tracking (RMET) was completed earlier this year by Ernst and Young. The resource mapping report shows a large shortfall between the draft costed investment case (IC) and the total resource envelope at hand. The World Bank and GFF hope to undertake another round of resource mapping and conduct the first expenditure tracking with budget and expenditures mapped against IC priorities. Moreover, with support of BMGF, the World Bank and GFF will work with the government to institutionalize RMET over the coming three to four years and promote interoperability of the IFMIS, DHIS2, and NHA.




*Source: https://data.gffportal.org/country/pakistan*

## Senegal

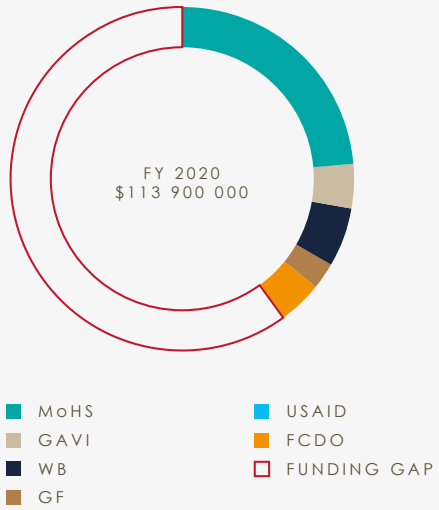
Senegal completed its resource mapping and expenditure tracking (RMET) in June 2021. The analysis shows that the resources allocated to investment case (IC) priorities amount to US$814 million for the period 2019 to 2022. Technical and financial partners are strongly aligned to the IC, contributing nearly half (49%) of the total resources, while government contribution remains modest (30%). The World Bank (27.5%), USAID (19.3%), Gavi (13.0%), AFD (12.3%), and the Global Fund (10.4%) represent the top five donors. Combined, these account for approximately 82.5% of total donor funding for the period from 2019 to 2022, with no funding gap. Expenditure tracking indicates that the overall execution rate of the year 2020 resources is above 80%.




*Source: https://data.gffportal.org/country/senegal*

## Sierra Leone

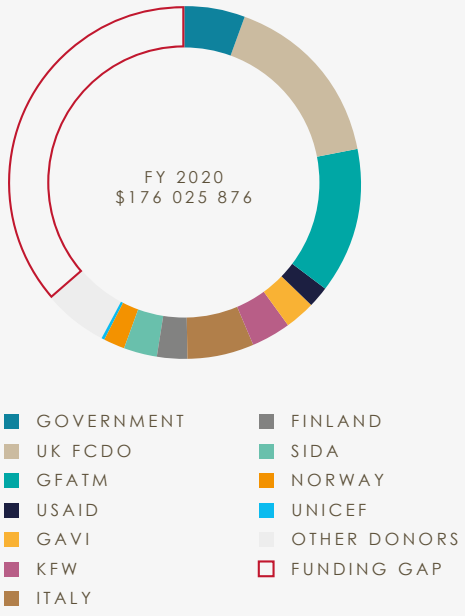
The Sierra Leone Ministry of Health previously conducted resource mapping for the investment case (IC), which identified more than 15 partners aligned to and financing the RMNCAH strategy (2017–21). The Ministry of Health, with GFF support, is currently conducting its first sector-wide resource mapping and expenditure tracking exercise (RMET) in health. Specifically, analysis will include levels and composition of domestic health expenditures, and evaluate budget execution, for both donors and the government. The main objective of the exercise is to generate evidence that informs budget planning and execution and ensure government priorities are adequately funded and implemented. The resource mapping presented here showcases budget planned and financing gaps for the IC during 2019 and 2020. This resource mapping is part of the RMNCAH RMET, completed and shared with partners in July 2021, while the sector-wide RMET is expected soon.




*Source: https://data.gffportal.org/country/sierra-leone*

## Somalia

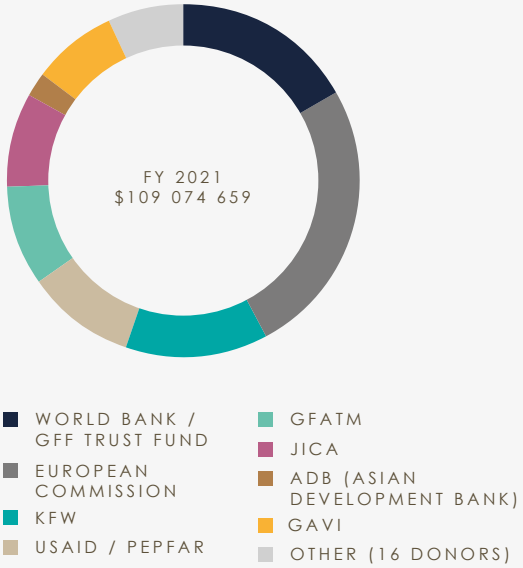
Somalia conducted resource mapping and expenditure tracking as part of its first investment case (IC) development. Prior to the exercise, little information was available on Somalia's health sector funding – including sources (who), projects and activities (what), and geographical distribution (where) – creating fragmentation. This problem was especially acute since external health financing constitutes a large share of total health sector funding, and most is off-budget. Resource mapping helped the government develop a full understanding of Somalia's health funding landscape to improve future planning and align the country's IC and health strategies with available resources. The exercise mapped resources – both humanitarian and development – to Somalia's 2nd Health Sector Strategic Plan (HSSP II) 2017–21, and essential package of health services at a subnational level.




*Source: https://data.gffportal.org/country/somalia*

## Tajikistan

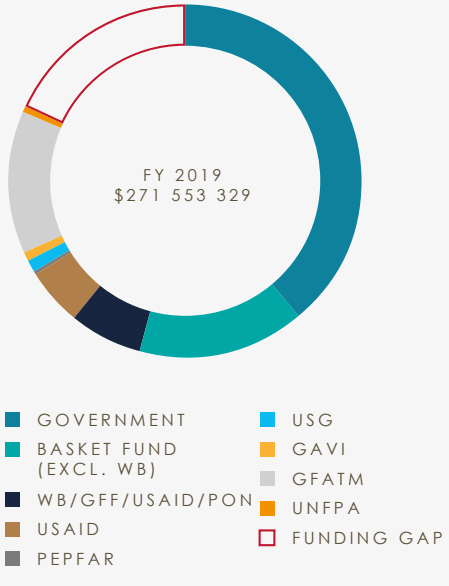
Tajikistan is in early stages of the investment case development, which will be formed as a short-term prioritized implementation plan for the new National Health Strategy (NHS) for 2021–30. A resource mapping exercise was conducted in 2020 and covered data from donors and development partners, public resources programmed into a medium-term expenditure framework, and a comparison of resources available with preliminary estimated cost of the NHS implementation. The mapping showed US$921 million available for health, with 68% coming from the state budget and 32% from external investments. Data from 24 donors and development partners showed a total of US$298 million investments for health planned between 2021 and 2025. The mapping of government resources shows that the total government funding from 2020 through 2022 totals US$623 million. The GFF is working with the Ministry of Health and Social Protection to institutionalize resource mapping and establish a system and process for routine data collection on health projects supported by donors and development partners. The collected data will be used for planning and management of health projects by the ministry as well as for data analysis and reporting to other government institutions.




*Source: https://data.gffportal.org/country/tajikistan*

## Tanzania

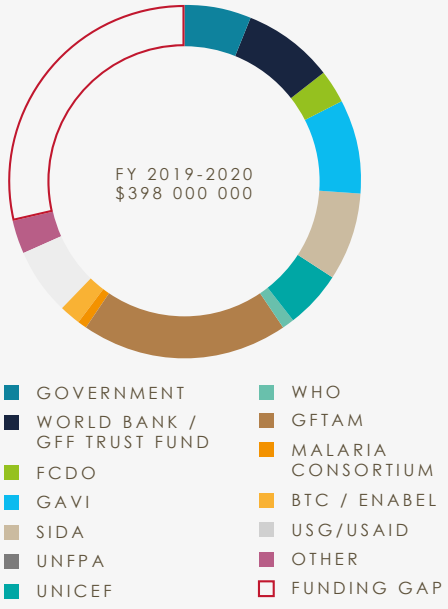
In Tanzania, the RMET approach was applied in 2018 and 2019 to assess the fiscal landscape and inform the development of the national health strategy. The report highlighted the commitment of the government of Tanzania to improved health outcomes and indicated domestic financing for the investment case (IC) rose from 20% in 2018 to 39% in 2019. In addition to the increases in government spending, the report also indicated a decrease in donor contributions in relative and absolute terms and illustrated the equity and efficiency of resource allocation around RMNCAH-N priorities and provinces.




*Source: https://data.gffportal.org/country/tanzania*

## Uganda

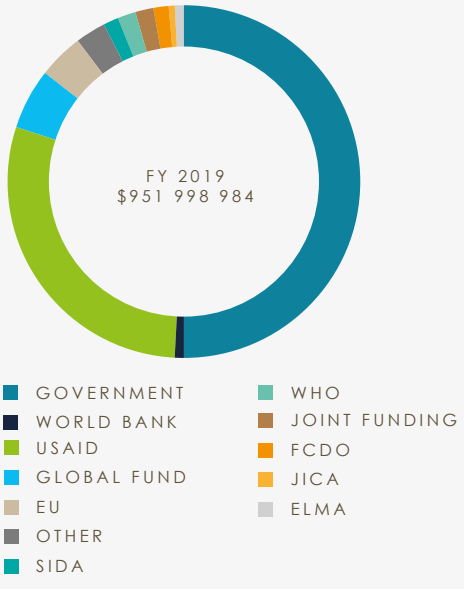
Uganda's investment case for the RMNCAH Sharpened Plan spans over the period from FY 2016/17 through 2019/20. In 2018/19, the Ministry of Health conducted a resource mapping of the IC looking at source of funding and funding gap at national and decentralized levels. Overall, the exercise shows the IC funding gap decreased over time from 46% to 29% between 2017/18 and 2019/2020, thanks to increased donor contribution: donors funded 48% of the IC cost in 2017/2018, which jumped to 65% in 2019/20. This rise was mainly driven by increased contributions from GAVI, GFTAM, and the World Bank/ GFF. Because the cost of implementing the IC increased between 2017/18 and 2019/2020, government contribution remained the same over time in relative terms, but did increase in absolute terms between 2017/18 and 2019/20. The government of Uganda is preparing its new IC and result of the previous resource mapping will help the Ministry of Health in prioritizing interventions to improve the DRM agenda in the policy dialogue with the Ministry of Finance.




*Source: https://data.gffportal.org/country/uganda*

## Zambia

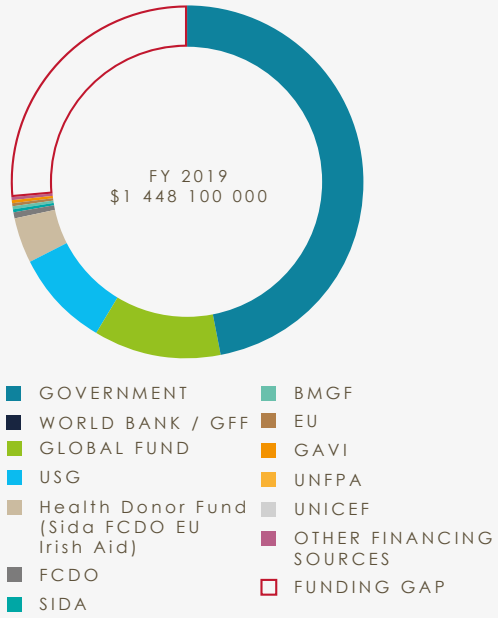
As part of the aid coordination mechanisms, Zambia has routinely mapped donor activities and financing in the health sector since the 1990s. The depicted figure shows the estimated funding in the health sector in Zambia in fiscal year 2019. The next step is to further breakdown the data to assess funding sufficiency for RMNCAH activities. This will be achieved through an expanded resource mapping and expenditure tracking exercise set to launch by the end of 2021.




*Source: https://data.gffportal.org/country/zambia*

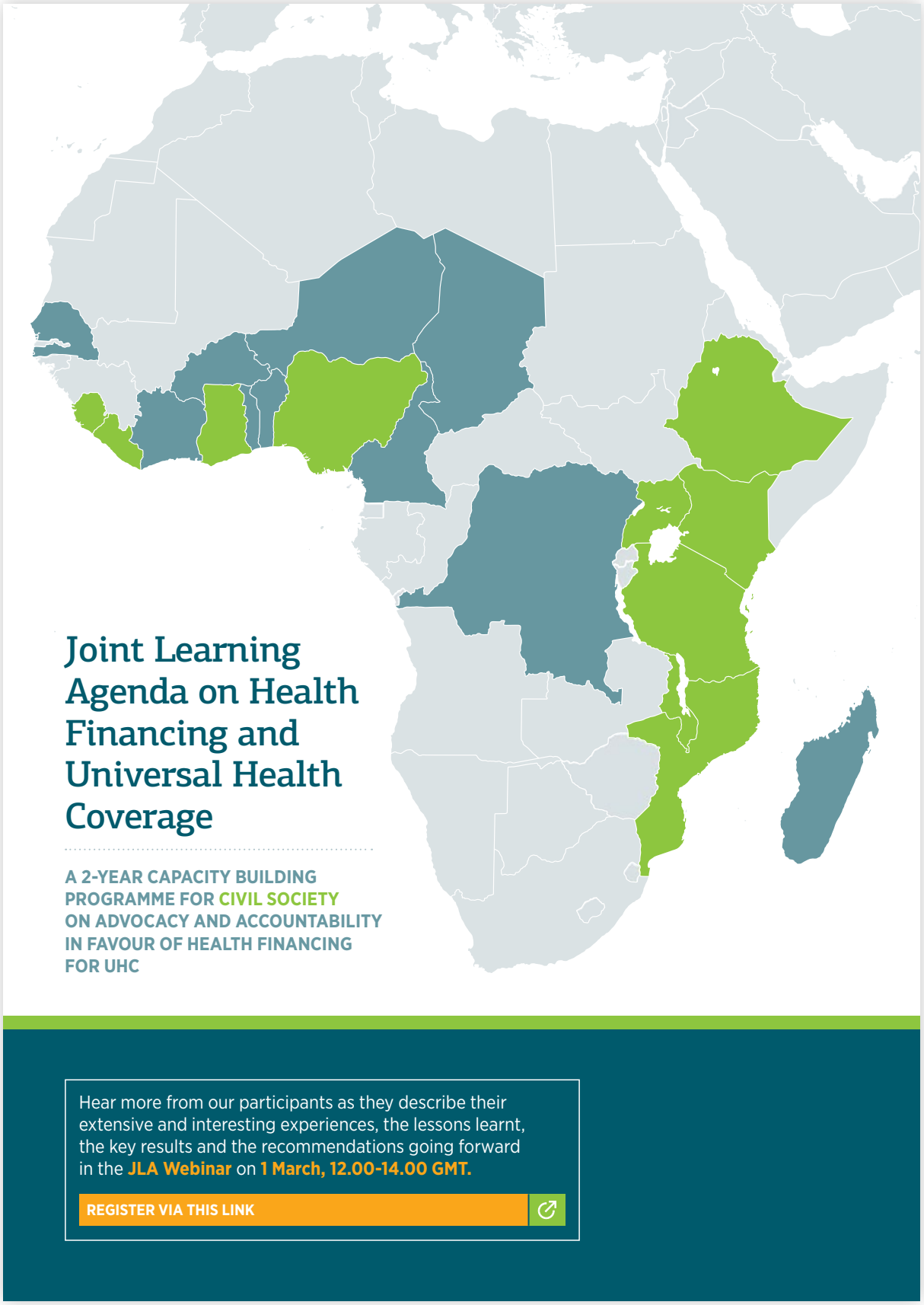
## Zimbabwe

The Ministry of Health and Child Care (MOHCC) has been conducting annual resource mapping and expenditure tracking since 2015. This exercise collects budget and expenditure data for domestic and external sources of funding within the health sector. The data have been used to inform planning and coordination of resources in the health sector (for example, Global Fund grant applications), to identify and address inefficiencies in the health sector, and to inform the costing and gap analysis of national strategic plans, in particular the National Health Strategy (2016–20). Zimbabwe is in the process of developing a health sector investment case through 2025, which will be finalized once the National Health Strategy (2021–25) is in place, to ensure alignment between the two documents.




*Source: https://data.gffportal.org/country/zimbabwe*

## Annex 2.
## Joint Learning Agenda on Health Financing and Universal Health Coverage




GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

# Who we are

- We are a consortium of global health initiatives (GHIs) —**The Global Financing Facility, The Global Fund, The Partnership for Maternal, Newborn & Child Health, Gavi, UHC 2030**— who have come together with regional partners **Impact Santé Afrique (ISA)** and **WACI Health** to develop and deliver a training and support programme on UHC Budget Advocacy and Accountability in Sub-Sahara Africa.
- This unique partnership leverages collaboration between the different GHIs' agendas, such as the **GAP, UHC agenda** and **COVID-19 response,** and provides a coordinated, aligned and long-term support to Civil Society engagement in these agendas.
- There are 20 participating countries, 10 from each sub-region: **Burkina Faso, Cameroon, Côte d'Ivoire, Chad, Benin, Togo, Democratic Republic of Congo, Ethiopia, Ghana, Kenya, Madagascar, Malawi, Mozambique, Liberia, Niger, Nigeria, Senegal, Sierra Leone, Tanzania,** and **Uganda.**

# Why is it important to support CSO engagement in Health Financing

- Civil Society organisations (CSOs) are playing a critical role in building a strong-equity focused and people-led movement for UHC.
- Civil society should have a greater role in advocacy for accessible and quality health care, including through the active participation of civil society organisations (CSOs) in multi-stakeholder platforms.
- With the challenge of Sub-Saharan African countries to meet the Abuja Declaration commitments (government expenditure on health should be equivalent to at least 5% of GDP and 15% of total government expenditure), the need for addressing resource mobilisation, and especially domestic resource mobilisation, is essential to achieve universal health coverage (UHC).
- Civil society engagement in health financing advocacy and accountability has increased over the years. However, challenges at global- and country-level remain and have been exacerbated by the COVID-19 pandemic whereby many resources have been diverted from key health programmes to address the pandemic, thereby jeopardising hard-won gains in communicable diseases and basic health services and straining already fragile health systems.
- CSOs have also had to grapple with how to respond to the COVID-19 pandemic but demonstrated their added value in the Covid-19 response through community mobilisation, awareness creation and using data for evidence-based decision making.


Diplomas in Nigeria

# Our programme's aim

- Our programme aims to develop a cadre of trainers who can build capacity through delivering training on health financing, UHC and budget advocacy to country level actors from civil society, media organisations and from among elected representatives and that can provide in-country support to budget advocacy and accountability activities undertaken by CSO actors as well as mentorship.
- Our goal is to promote a multi-stakeholder collaboration that, through constructive mechanisms, will hold governments and donors to account for the allocation and equitable use of funding for health.
- Our training empowers local champions and stakeholders through being developed by civil society for civil society.

# How we will achieve this


The Programme has two phases and 3 pillars:

| PHASE 1 - LEARNING: | PHASE 2 - SUPPORT: |
|---|---|
| **PILLAR 1:** Regional (Anglophone and Francophone) online Training of Trainers. | **PILLAR 3:** Putting the learning into practice with the support of tailored capacity building, technical assistance, mentoring and grants. |
| **PILLAR 2:** in-country practical and action orientated trainings focusing on building CSO's capacity on advocacy and accountability for health financing for UHC. | |


**The trainings in country have equipped CSOs to:**

- **Identify inefficiencies in budget allocations to health programmes against the needs and provide recommendations for optimal allocation**
- **Understand national budgeting processes and opportunities to influence health budget allocation**
- **Monitor the actual execution of health budgets and provide recommendations to solve bottlenecks to low absorption**
- **Produce and present evidence-based policy notes, newspaper/journal articles, etc.**
- **Identify and collaborate with key partners/influencers**
- **Identify heath financing priorities and prepare an advocacy and accountability plan in favour of these priorities.**

# Quotes from Participants:

"This course on health financing is very interesting with the sharing of experiences of the various French-speaking countries which often have similar contexts. I recommend accompanying this first wave of trainers to dissemination at country level."

**Country Trainer**
**from Senegal**

"Joint Learning Agenda is a step in the right direction! Aside the knowledge gained and shared, which was further shared at state level, I was opportuned to meet brilliant and passionate advocates across the region and Nigeria. This had catalysed collaborations and partnerships. A big thank you to all the donors who made this happen!"

**Country Trainer**
**from Nigeria**

"I learned a lot from the course; although it was intensive, each online session was explicit and based on practical examples. The sharing of country experiences was also very rich and enabled to learn from each other"

**Country Trainer**
**from Ivory Coast**

"The JLA Training on UHC, Health Financing and Budget Accountability in Nigeria was really an eye opener for me as a Development Journalist. With knowledge gained, I have started exploring Health Financing Trends, following Government spendings and conducting advocacies."

**Trainee**
**from Nigeria**

"It was yet another opportunity to delve into the policy and legal framework of health financing in Uganda and also an appreciation of how health financing can influence other socio-economic aspects like poverty, income inequality and overall human capital development. I can't wait to see our local trainers translate the knowledge and skills they acquired into action as they advocate for UHC and domestic health financing in Uganda."

**Country Trainer**
**from Uganda**

# Key highlights and achievements over 12 months:

- **Training capacity:** Trained **40 Africa-based trainers** on health financing advocacy and accountability for UHC. This means that there is now a pool of technical resource persons who can work together to support local, national and regional advocacy and accountability.
- **Health Financing understanding:** Strengthened understanding and knowledge of key health financing concepts and challenges of national level community and civil society actors through training. The training provided a robust overview of the health financing landscape and budget-making processes. An average of 20 civil society representatives attended these in-country sessions, which means that approximately **400 CSOs have been trained.** Beyond the trained 400 CSOs, there will be a ripple effect across civil society coalitions, networks and organisations, all working towards more effective advocacy.
- **South-led training programme** that resulted in tailored, practical and creative solutions to ensure the successful roll-out of the training at country level; partnerships with the private sector; hybrid trainings, both face to face and online; use of social media and online groups to share information and work together remotely; media engagement to draw their attention to the capacity building programme and national efforts for increased financing for UHC; and engagement of local experts/practitioners.
- **Institutional capacity:** This programme has contributed to strengthening two Southern women-led organisations – ISA and WACI Health - and expanded their capability to strengthen Southern civil society leadership in health financing advocacy for UHC.
- **Collaborative capacity** between health and non-health CSO actors, catalysing a multi-sectoral approach.
- **Consultative framework** established for dialogues between CSOs and public institutions, parliamentarians, media and development partners.
- **High-level country advocacy and accountability action plans** focusing on country specific health financing priorities.

# Observation/lesson learned:

- In the self-assessment, some participants rated their knowledge and understanding of health financing lower in the post-assessment than in the pre-assessment. The complexity of the topic became clearer to the participants. That is why Phase 2 will continue to provide learning sessions/bootcamps to elaborate on some of the more technical and complex topics.

**What's Next? Phase 2, continuous support over the next 12 months**

- Regular bootcamps on health financing topics
- Technical assistance from international, regional and local experts to further develop and implement the country advocacy and accountability action plans
- Grants to co-finance activities under the action-plans
- Networking and coordination meetings to facilitate south-south learning, sharing and collaboration.

**CSO Joint Learning Agenda Partners**

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# Improving Health Financing to Accelerate Progress Towards Universal Health Coverage

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