

FINANCING OF PRIMARY HEALTH CARE SERVICES



The financing agenda of the GFF Partnership: Getting more resources into front-line service delivery platforms

Goal

To increase both volume and efficiency of the domestic public resources towards the front lines

Context

Across the GFF portfolio, countries do not have equal space for Domestic Resource Mobilization for health and each country has different drivers of inefficiency. However, most countries are underfunding or inefficiently funding Primary Health Care (PHC).

PHC Approach

PHC is the key delivery platform for RMNCAH+N related services. As a result, the health financing work across the portfolio aims to strengthen the allocative efficiency by increasing funding to the frontline delivery platform.

Instruments Leveraged to Improve PHC Financing



Investment Case as a tool for improving efficiency of resources



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



Linking IDA to a sustainable health financing agenda



Collaboration with the governance practice group



Resource Mapping Expenditure Tracking Portfolio



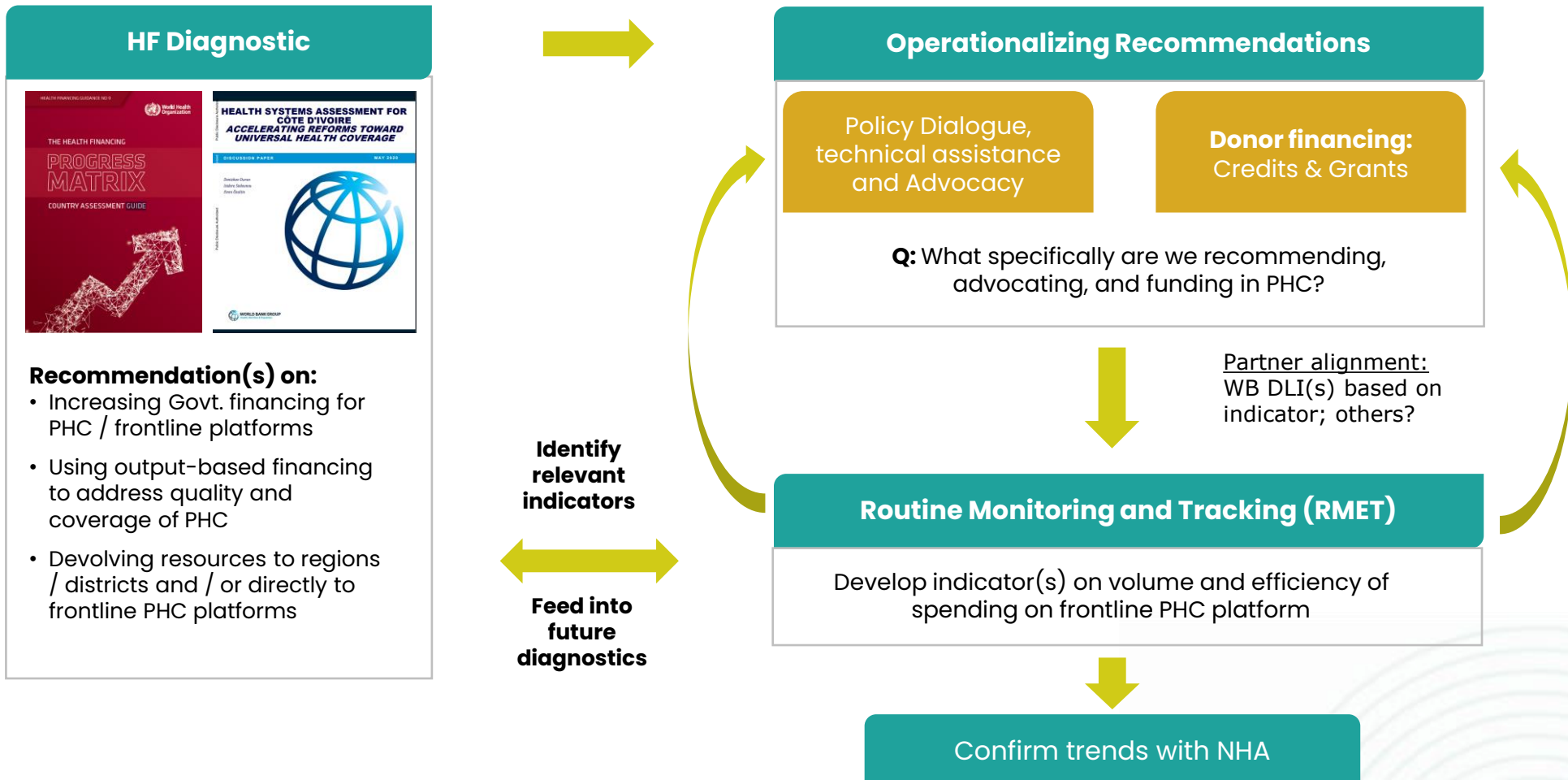
TA and Analytics from the WB to support health financing reform



Support for country platforms and DRUM advocacy

Aligning instruments around PHC requires consensus on the desired results

In an ideal scenario, ...



... In practice, partners have different starting points and institutional approaches

Key global health collaborative initiatives have accelerated aligning instruments and approaches in countries

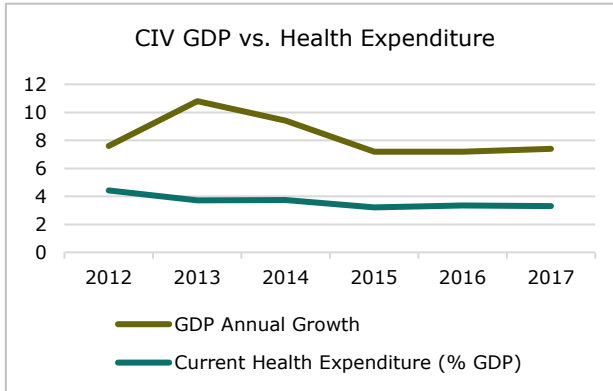
- **Global Action Plan Sustainable Financing for Health Accelerator (GAP –SFHA)**
 - Joint results frameworks for Health Financing with a strong focus on PHC
- **Alignment Community of Practice (linked to P4H network)**
 - Creating and strengthening a cadre of in-country focal points that support alignment of TA and financial support to the sustainable health financing agenda
 - GFF K&L platforms are supporting the COP and creating better linkages with other resources such as the LOS
 - Proposal within SFHA to increase accountability, link between global-country, and better embed focal points within operations, funding cycles and platforms
- **Joint Learning Agenda on Financing for UHC providing training and support to CSOs for better budget advocacy for health**

Cote d'Ivoire

Joint Advocacy for Domestic Resource Mobilization (DRM)

CONTEXT

High economic growth with low spending on health



Cote d'Ivoire demonstrated high economic growth, however, the country continuously deprioritized health spending (3.31% in 2017).

At the same time, the spending that occurred was inefficient.

APPROACH

Partners collaborated to develop joint programming and unified advocacy towards DRM support



An **investment case** was developed which focused on budget advocacy for PHC



IDA co-financing for strategic purchasing on supply side (HNP) and demand side (SPJ)



TA program for implementation support – cofinanced by Gavi



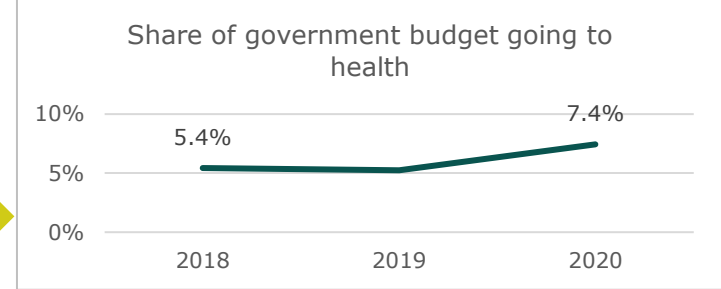
RMET conducted to track government and external resources



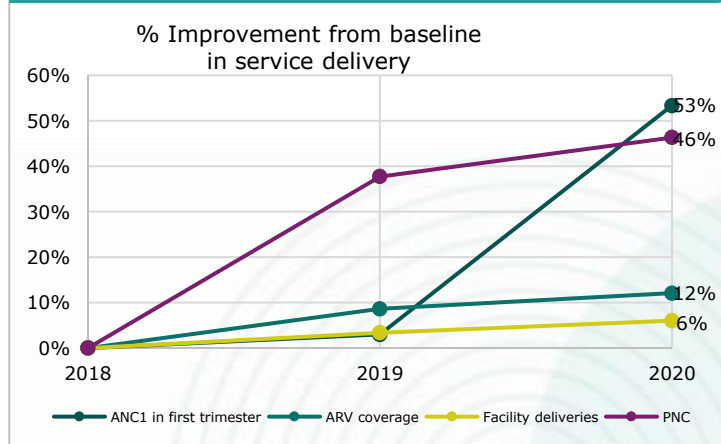
Partners collectively advocated for increased government allocation to health. Joint support from WB/WHO on institutionalizing PBF principles into UHC scheme

PHC PROGRESS TOWARDS RESULTS

Increases in budget allocation to health and the implementation of **strategic purchasing for growing number of covered households** led to **improvements in the efficiency of frontline spending.**



Improvements in service delivery since 2018. Despite the pandemic, progress has continued in 2020.



Rwanda





Combining Approaches to Improve spending on nutrition and improve efficiency of CBHI

CONTEXT

- Insufficient spending on nutrition services
- Low CBHI Coverage and inefficiencies in administration
- Low social assistance coverage
- Low and inefficiently managed allocations
- Limited information on fund flow in health sector
- High OOP

APPROACH

GFF provided support to the ministry to track nutrition budgets and strengthen CBHI implementation and coverage

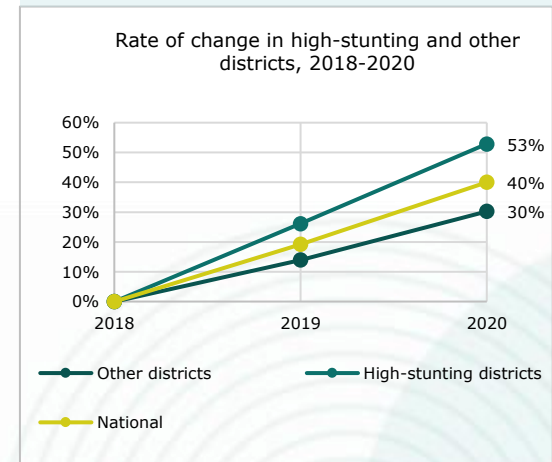
-  **RMET** support for budget tagging for nutrition
-  **G4GFF** support to institutionalize the tracking process
-  **IDA** co-financing for Human Capital, Health, Social Projection and Jobs, and COVID projects
-  **TA** package to support revision of CBHI business processes

MILESTONES

- Initial assessment of expenditure on nutrition
- Institutionalization of nutrition budget and expenditure tagging
- More efficient business process at Rwanda Social Security Board and CBHI
- Improved budget for health and nutrition at local level
- More cost-effective CBHI and social assistance NSDS benefit package
- More efficient targeting of the poor for social assistance and CBHI subsidies

PHC PROGRESS TOWARDS RESULTS

- Higher expenditure on nutrition and health**
- Coverage of nutrition-sensitive social assistance increased from 20,000 to 127,000 beneficiaries in 2020
 - % children receiving the minimum package of early childhood development services increased from 17% to 42% in 2020



Pakistan

Alignment around PHC Financing through IDA project

Context

Insufficient allocation to PHC services

Fragmented health financing reforms

APPROACH

Partners collaborated to co-finance and jointly address key issues



Partners worked with Ministry to develop an **investment case around the National Health Strategic Plan**



IDA was co-financed by GFF, Gavi and the Global Fund and included pillars on PHC access and quality. Partners aligned advocacy and TA through the SFHA platform



RMET triggered re-prioritization of programming



SFHA is working to assess HF schemes and identify growth potential

SFHA agencies are supporting to **collect, analyze, and compare** data across PHC hospitals around the country

PHC PROGRESS TOWARDS RESULTS

Co-Financing of \$430 million National Health Support Program (NHSP) Introduced for PHC

Funding to support the equitable deliverable of primary healthcare in the provinces, with focus on advancing key health system reforms

Increased transparency of HF schemes for PHC hospitals and introduced **domestic growth opportunities**

Mapping of the health financing reform landscape will help to improve mainstreaming of HF reforms aiming to improve PHC services

MEASUREMENT

- Framework for expenditure tracking to reflect facility-level budget and expenditures for PHC
- Budget allocations for PHCs can be tracked within the provincial FABS
- Percent of public total health expenditure on PHC

CAR

Performance Based Financing as a vehicle for improving efficiency and alignment

CONTEXT

High donor dependency, fragmentation

Limited opportunity for growing domestic budget

PBF adopted as National strategy but limited alignment and issues of sustainability

APPROACH



Investment Case that includes a package of high-impact RMCAHN interventions and key system reforms



RMET to drive prioritization
Improving sustainability and alignment around

PBF is key component of WB/GFF project



Collaboration with EU on PBF



TA package to support alignment and improving sustainability of PBF

MILESTONES

- The implementation of the targeted free health care policy is being progressively integrated into the PBF Scheme
- Development partners have come together to integrate their efforts to invest more in PHC using the development of a single essential drug supply system

PHC PROGRESS TOWARDS RESULTS

Increase in resources (state and non-state) executed at the regional level (65.9% regional vs. 34.1% central)

Increase in allocation to SRMNIA service package from 4.0% (2017-2019) to 9.3% (2020-2022)

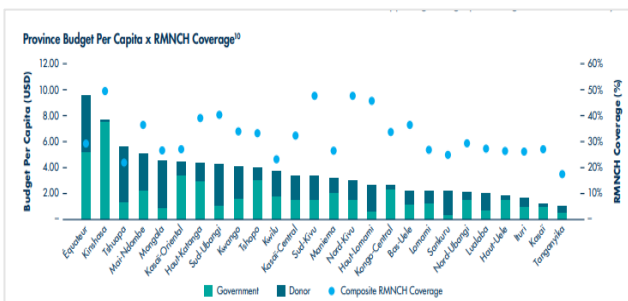
5% increase in the allocation of resources to SRMNIA service package for Primary Health Care

CAR

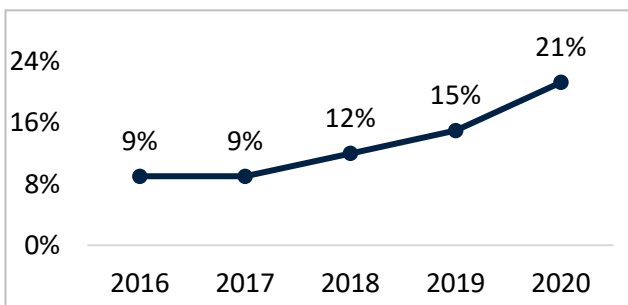
Evidence Generated for Improved Health Outcomes

Resource mapping of IC

Highlights inefficient, unequal, and insufficient health financing



Impact on RMNCAH-N spending



REPRIORITIZATION

PARTNER ALIGNMENT

Indicator used by IMF's budget support program as disbursement condition



MONITORING AND LEARNING

Target setting

Indicator for tracking Govt. PHC spending

Share of domestic Government health expenditure on RMNCAH-N programs considered good proxy for operational budget of PHC facilities



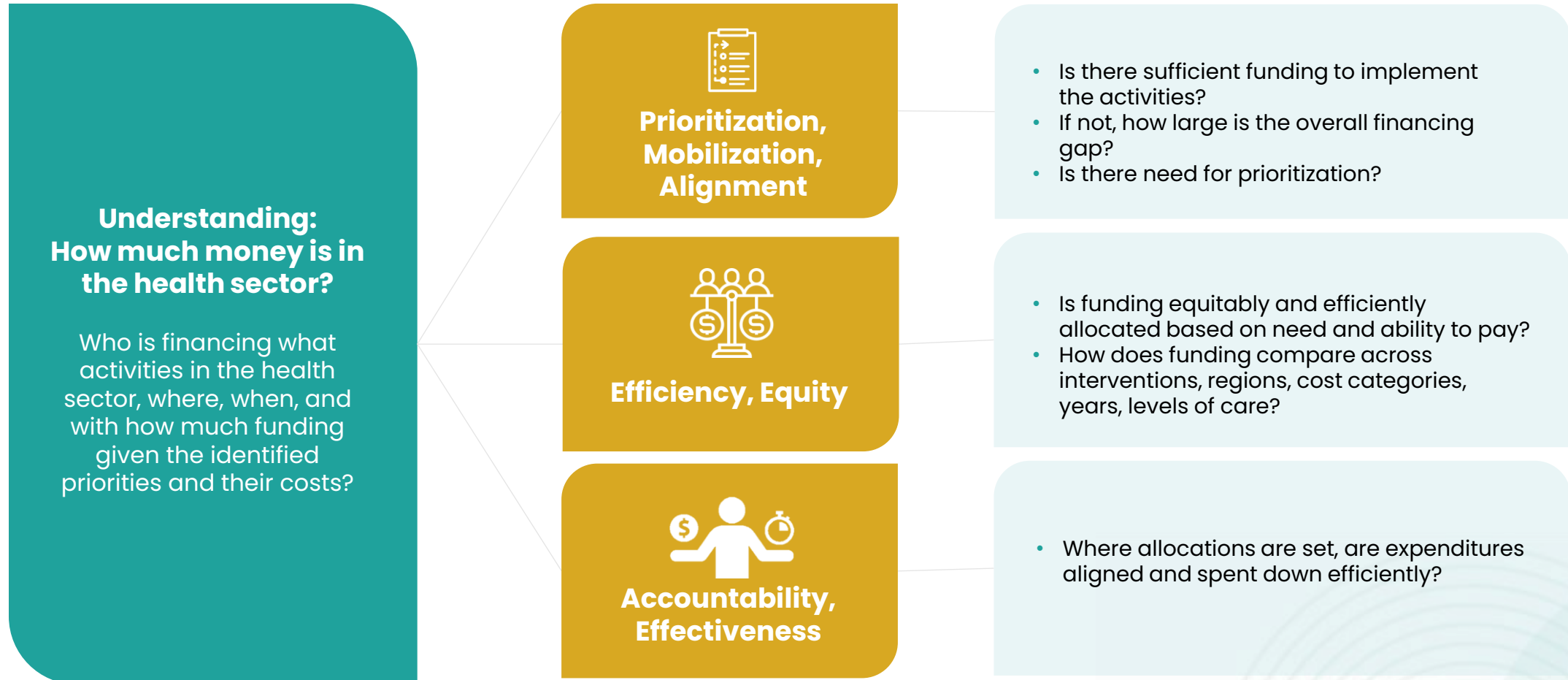
TARGET SETTING

Operationalizing increase in PHC spending

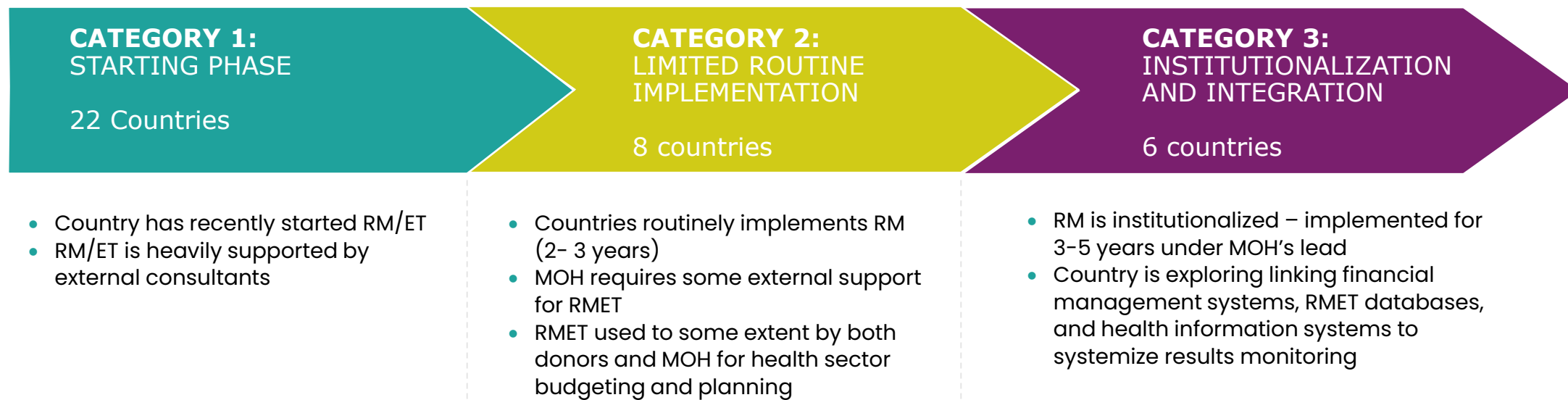
GFF co-financed IDA program supports RBF of PHC facilities

TA to implement PBB for output-based financing by Government

Resource Mapping Expenditure Tracking is strengthening country capacity to prioritize PHC financing



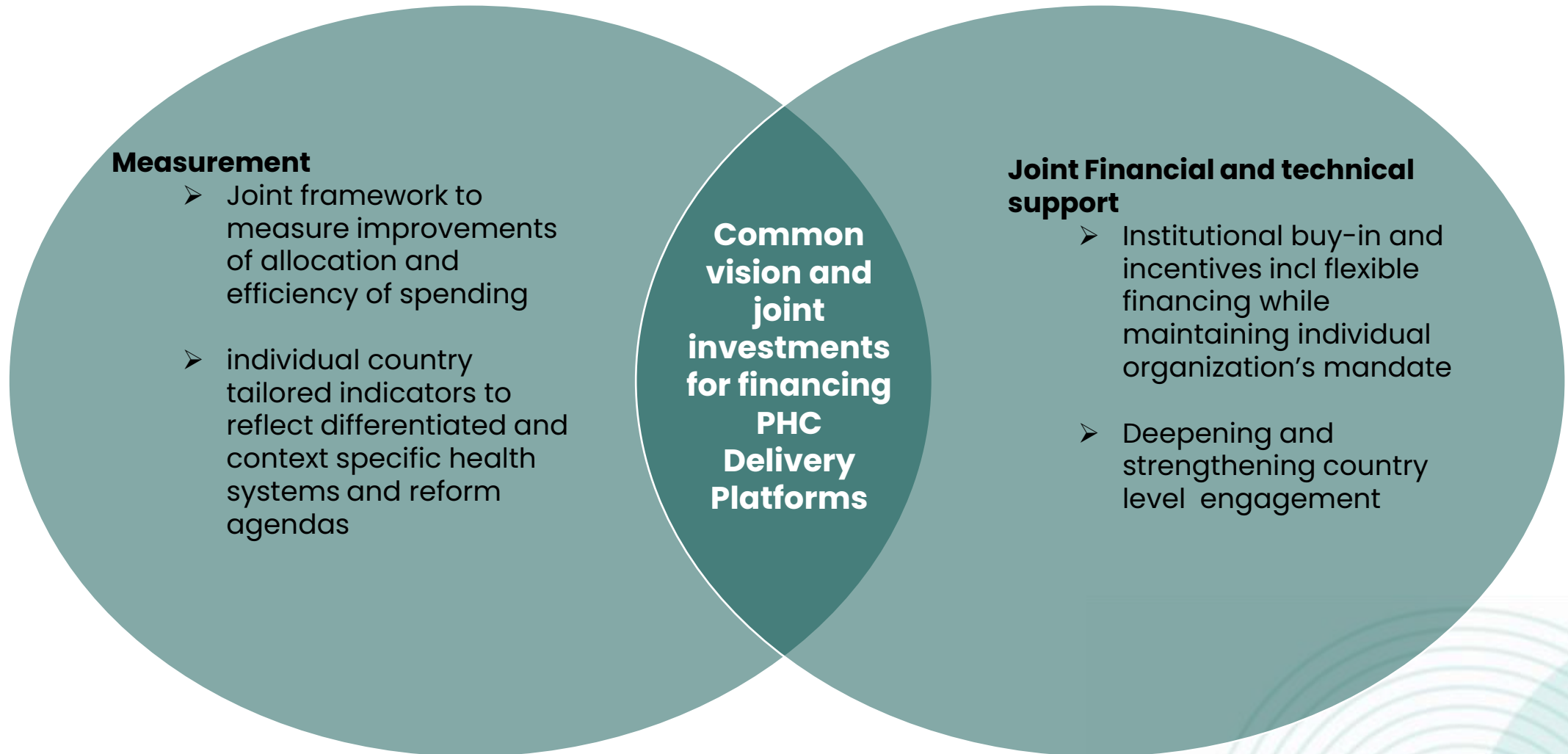
Resource Mapping Expenditure Tracking can be further institutionalized and harmonized across countries and partners



Across all countries:

- Data collection and analysis tools, production TA
- GFF data repository
- Support for policy dialogue to ensure grounded use cases
- Harmonize processes for country resource tracking and develop guidance, e.g. GFF-WHO collaboration on aligning National Health Accounts and RMET (case studies in Malawi and Zimbabwe)
- Shift from RMNCAH specific RMET to supporting prioritization of National Health Plans
- (real time) Tracking spending remains challenging

Critical pathways for partner alignment around a country led PHC financing agenda



Discussion

- How to support the development of joint results frameworks on sustainable health financing (for PHC) and further institutionalizing of operations/instruments?
- What approaches and shifts are needed to create more (efficient) joint in-country support for this agenda ?



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