Session V: Mobilizing Resources and Investing in CHW Platform

Resource Mobilization – Progress to Date

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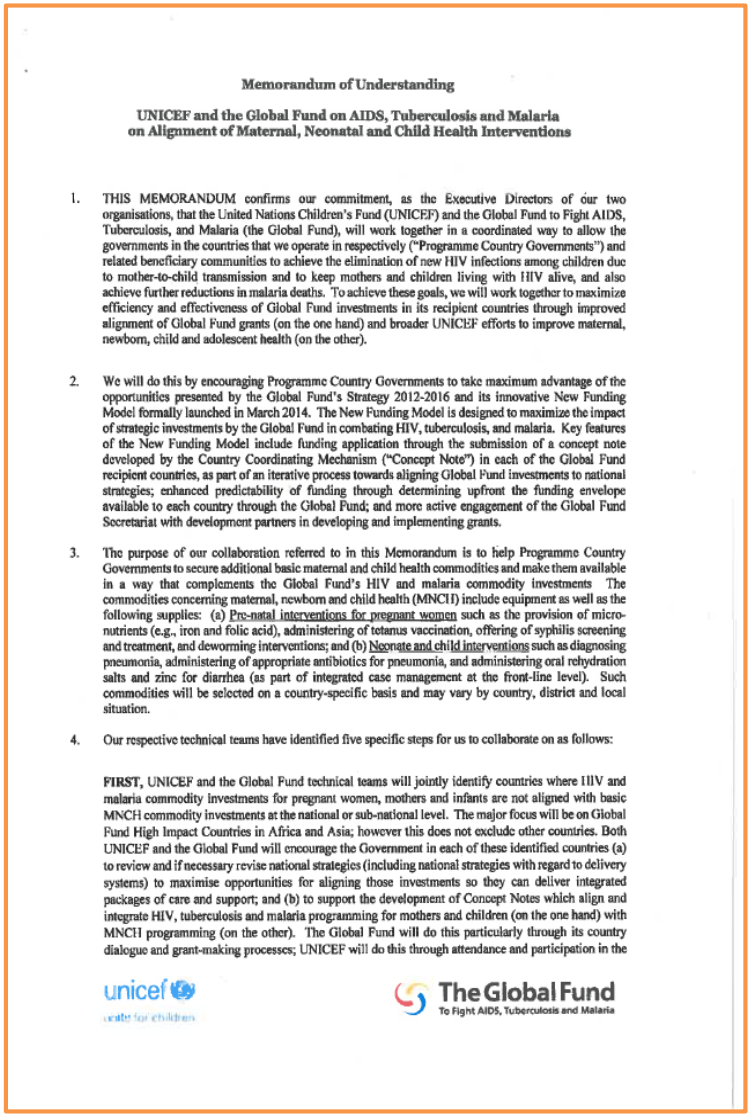
GF-UNICEF MOU

UNICEF will “use its best efforts” to mobilize the funding needed to purchase MNCH health supplies and equipment identified in national strategies and Concept Notes developed



Memorandum of Understanding

UNICEF and the Global Fund on AIDS, Tuberculosis and Malaria on Alignment of Maternal, Neonatal and Child Health Interventions

1. THIS MEMORANDUM confirms our commitment, as the Executive Directors of our two organisations, that the United Nations Children's Fund (UNICEF) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (the Global Fund), will work together in a coordinated way to allow the governments in the countries that we operate in respectively ("Programme Country Governments") and related beneficiary communities to achieve the elimination of new HIV infections among children due to mother-to-child transmission and to keep mothers and children living with HIV alive, and also achieve further reductions in malaria deaths. To achieve these goals, we will work together to maximize efficiency and effectiveness of Global Fund investments in its recipient countries through improved alignment of Global Fund grants (on the one hand) and broader UNICEF efforts to improve maternal, newborn, child and adolescent health (on the other).

2. We will do this by encouraging Programme Country Governments to take maximum advantage of the opportunities presented by the Global Fund's Strategy 2012-2016 and its innovative New Funding Model formally launched in March 2014. The New Funding Model is designed to maximize the impact of strategic investments by the Global Fund in combating HIV, tuberculosis, and malaria. Key features of the New Funding Model include funding application through the submission of a concept note developed by the Country Coordinating Mechanism ("Concept Note") in each of the Global Fund recipient countries, as part of an iterative process towards aligning Global Fund investments to national strategies; enhanced predictability of funding through determining upfront the funding envelope available to each country through the Global Fund; and more active engagement of the Global Fund Secretariat with development partners in developing and implementing grants.

3. The purpose of our collaboration referred to in this Memorandum is to help Programme Country Governments to secure additional basic maternal and child health commodities and make them available in a way that complements the Global Fund's HIV and malaria commodity investments The commodities concerning maternal, newborn and child health (MNCH) include equipment as well as the following supplies: (a) Pre-natal interventions for pregnant women such as the provision of micro-nutrients (e.g., iron and folic acid), administering of tetanus vaccination, offering of syphilis screening and treatment, and deworming interventions; and (b) Neonate and child interventions such as diagnosing pneumonia, administering of appropriate antibiotics for pneumonia, and administering oral rehydration salts and zinc for diarrhea (as part of integrated case management at the front-line level). Such commodities will be selected on a country-specific basis and may vary by country, district and local situation.

4. Our respective technical teams have identified five specific steps for us to collaborate on as follows:

FIRST, UNICEF and the Global Fund technical teams will jointly identify countries where HIV and malaria commodity investments for pregnant women, mothers and infants are not aligned with basic MNCH commodity investments at the national or sub-national level. The major focus will be on Global Fund High Impact Countries in Africa and Asia; however this does not exclude other countries. Both UNICEF and the Global Fund will encourage the Government in each of these identified countries (a) to review and if necessary revise national strategies (including national strategies with regard to delivery systems) to maximise opportunities for aligning those investments so they can deliver integrated packages of care and support; and (b) to support the development of Concept Notes which align and integrate HIV, tuberculosis and malaria programming for mothers and children (on the one hand) with MNCH programming (on the other). The Global Fund will do this particularly through its country dialogue and grant-making processes; UNICEF will do this through attendance and participation in the

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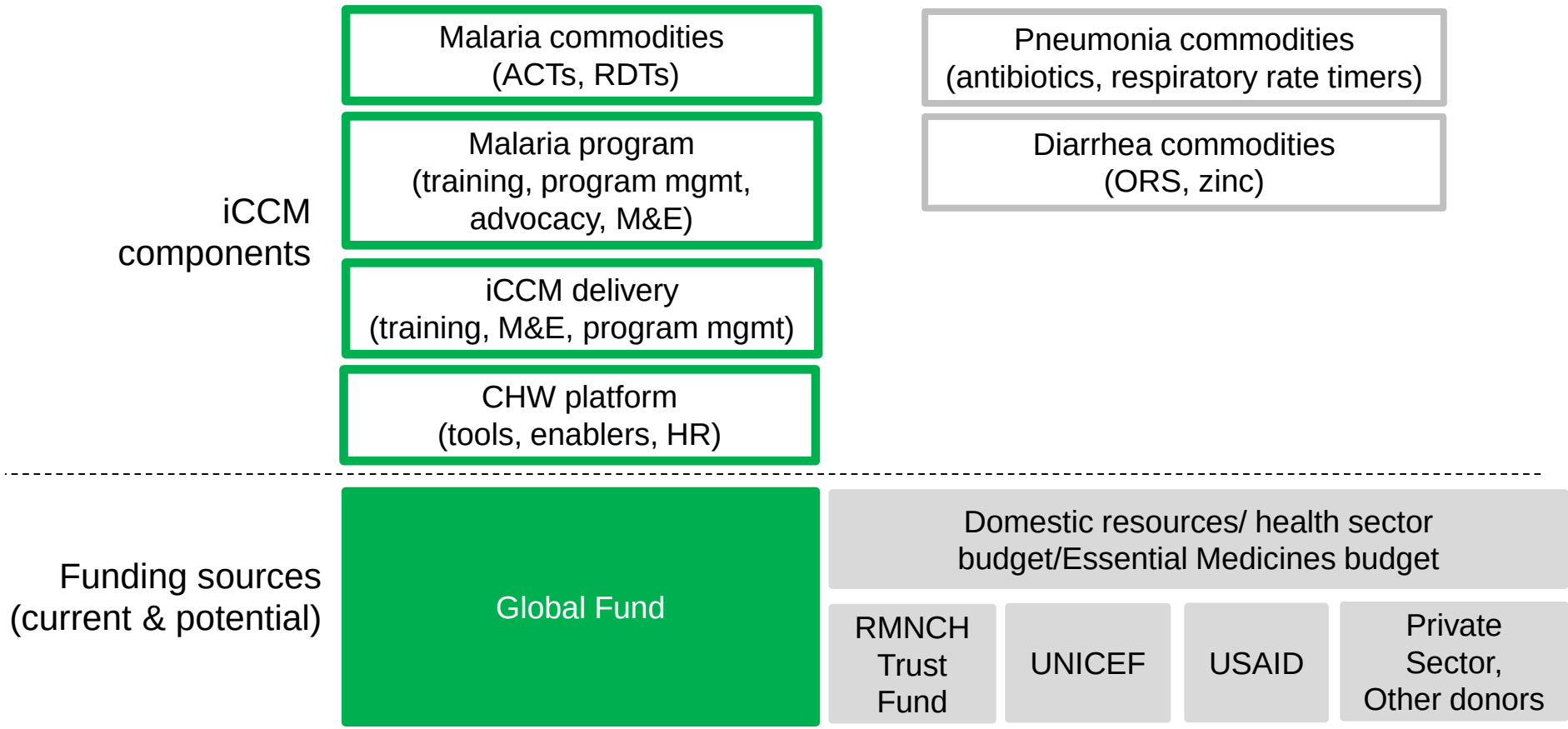
The Global Fund
To Fight AIDS, Tuberculosis and Malaria

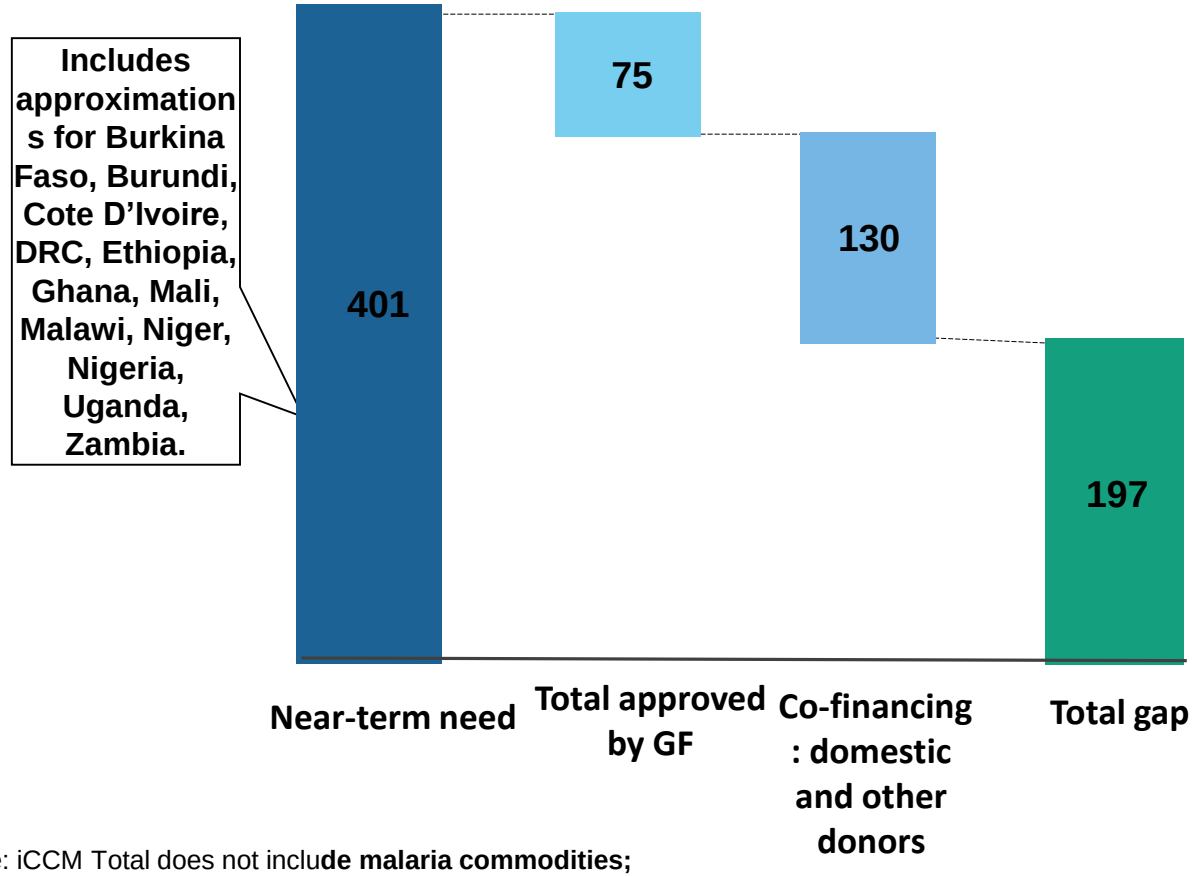
Aligning these RMNCH funding streams with Global Fund investments can create a 'win-win' situation for malaria, HSS and MNCH



If successful, this iCCM co-financing platform can lead to improved child health outcomes, stronger integration of vertical programs, and leveraged donor resources

FOR TWELVE COUNTRIES, NEAR-TERM ICCM COMMITMENTS BY THE GLOBAL FUND, MOHs, AND BILATERIAL CO-FINANCING OF ~$200M, REMAINING GAP OF ~$200M

iCCM TOTAL NEAR TERM NEED $401 MILLION (2015-2017)



Note: iCCM Total does not include **malaria commodities;**
Source: iCCM Financing Task Team Consultants**.** All numbers draft.

Estimated iCCM Funding Committed and Gap (in USD millions), by Country *Estimates as of December 2015*

Country	Under 5 mortality *	Overall need**	Implementation timeframe**	iCCM geographical scope*	Target iCCM coverage (%)	Est. Funding Committed			Remaining Gap
						Global Fund	Co-financing	Total	
Burkina Faso	64,099	16.6	Jul'15 – Dec'17	Sub-national	80	10.6	0.9	11.5	5.1
Burundi	34,883	5.6	Jul'15 – Dec'17	National	75	1.0	3.9	4.9	0.7
Cote d'Ivoire	72,484	7.6	Jul'15 – Dec'17	Sub-national	75	6.5	0.1	6.6	1.0
DRC	319,977	77.1	Jul'15 – Dec'17	National	80	13.2	10.2	23.4	53.7
Ethiopia	195,504	61.5	Jan'15 – Dec'17	National	100	17.2	45.7	62.9	(1.4)
Ghana	61,530	15.5	Jul'15 – Dec'17	Sub-national	100	4.4	0.5	4.9	10.6
Malawi	41,039	48.6	Jul'15 – Dec'17	National	100	5.0	33.8	38.8	9.8
Mali	82,267	21.5	Jul'15 – Dec'17	National	100	TBD*	0.9	0.9	20.6
Niger	86,249	53.3	Jul'15 – Dec'17	National	100	TBD*	13.6	13.6	39.7
Nigeria	804,429	23.5	Jul'15 – Dec'16	Sub-national	28	2.8	10.5	13.3	10.2
Uganda	101,552	20.1	Feb'15 – Dec'16	Sub-national	60	5.8	5.1	10.9	9.2
Zambia	51,474	50.0	Jan'15 – Dec'16	National	100	8.2	4.5	12.7	37.3
TOTAL	1,915,487	401				75	130	204	197

So how is it actually working ? Early example of making use of complementary resources – financing and technical – to address the febrile child in DRC

Global Fund:
CHW training on iCCM and malaria drugs through PR

World Bank HRITF:
Performance based financing for CHW stipends

UNICEF:
RR for purchase of Amox, ORS, Zinc

Domestic:
supply chain, staff, facilities

USAID/PMI, EU, WHO:
Supply chain strengthening, quality of care, HSS, etc.

RMNCH Trust fund :
Demand-generation & complimentary resources for commodities

unicef | American Red Cross | 1,+++,+++ One Million Community Health Workers Campaign | USAID FROM THE AMERICAN PEOPLE | Save the Children. | THE MDG Health Alliance

Learning from work on co-financing

- MOU created some confusion regarding UNICEF's role in filling the diarrhea and pneumonia funding gaps;
- Lack of assured funds to procure non-malaria commodities made malaria program managers reluctant to commit to a program they did not have full control over;
- Co-financing discussions need to take place as early as possible in the process (e.g. prior to concept note submission) to ensure sufficient funding is available for full implementation – critical role of CCMs and PRs;
- Helpful when FPMs engage in broad dialogue with CCMs, MoHs, and bi-lateral donors regarding co-financing during planned missions
- Co-financers should align with GF grant-making cycle as possible

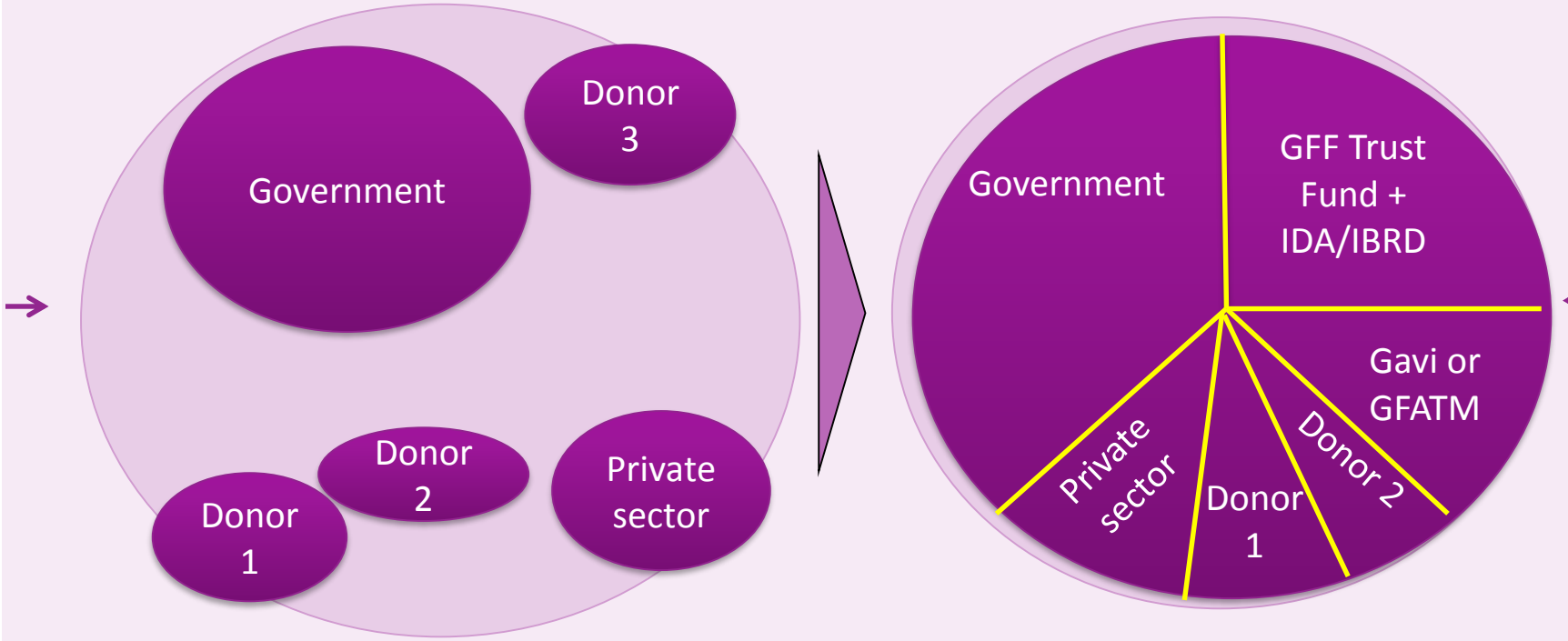
Effective implementation can trigger additional resources

- Incentive funding
- Reprogramming of GF grants
- If country programs can show progress on implementation of GF-iCCM grants, and achieve results (coverage and quality), then greater possibility of triggering additional funding from GF and other sources

Gov't and donors want to invest in successful programs!

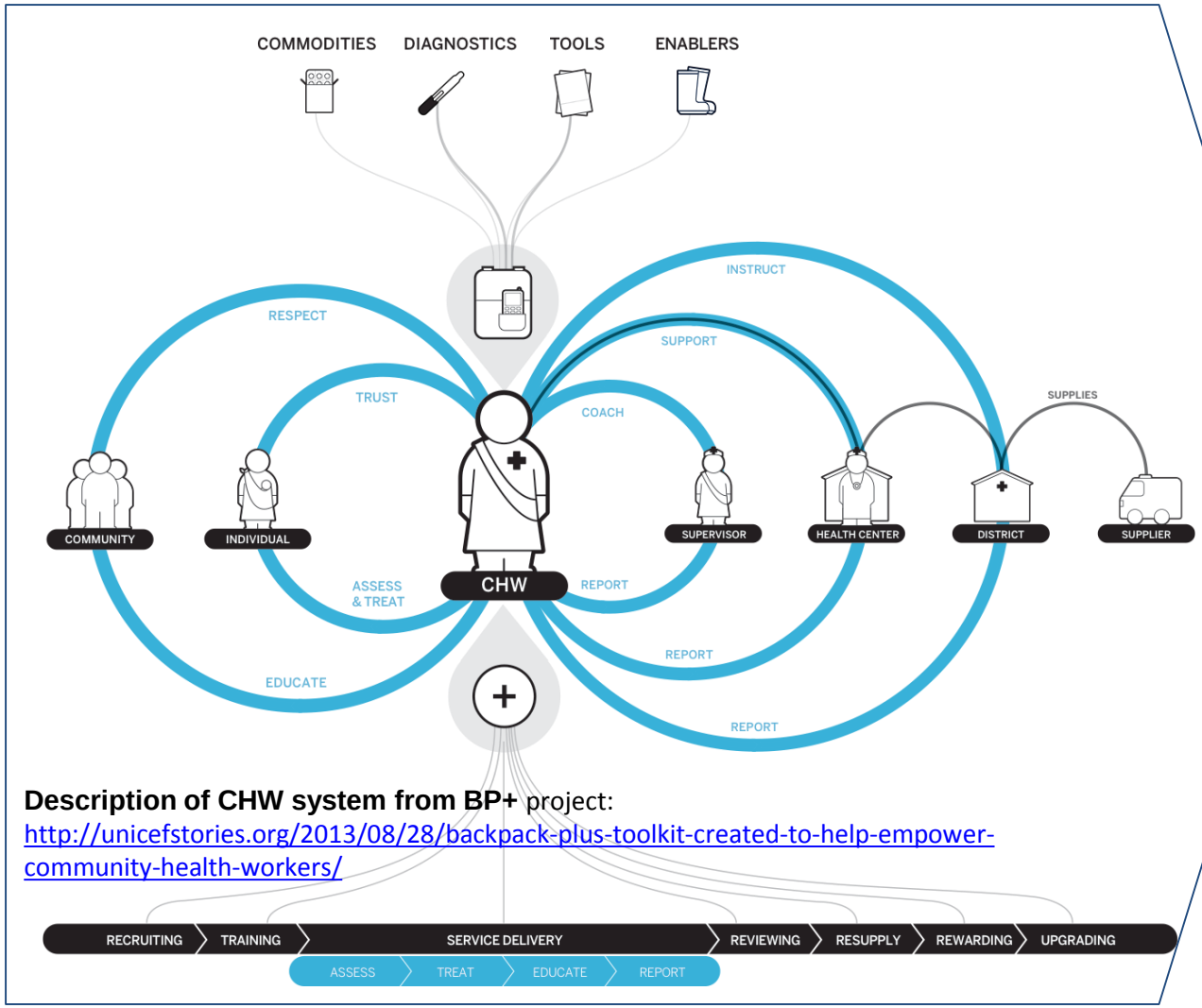
Complementary Financing of RMNCH Investment Case: e.g. GFF

- Increased investment in RMNCAH by government, private sector and development partners
- Increased efficiency by focusing on evidence-based, high impact interventions (pink circles) while also improving alignment, which reduces gaps and overlaps as financiers increase funding for RMNCAH (purple circles)



Shift from iCCM programs to 'Community System Strengthening':

Integrate community health within the wider health systems strengthening and health financing agenda



Description of CHW system from BP+ project:
http://unicefstories.org/2013/08/28/backpack-plus-toolkit-created-to-help-empower-community-health-workers/

- **CHWs are crucial links connecting the communities they serve & the health system**
- **But adequate/appropriate supports are required! - both the "hard"-factors that CHWs use (drugs, diagnostics etc) and the the "soft" factors that are needed to make them effective (supervision etc)**
- **Needs to be part of HSS efforts (esp DHSS) and HRH policies/plans**

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