Session V: Mobilizing Resources and Investing in CHW Platform

Resource Mobilization – Progress to Date

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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.

1. This Memorandum confirms our commitment, as the Executive Directors of our organizations, 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 respectfully (“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 mortality. To achieve these goals, we will work together to maximize efficiency and effectiveness of Global Fund investments in our 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 Replenishment 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 applications 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 strategic priorities, 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 complies with the Global Fund’s HIV and maternal and child health requirements. The commodities concern maternal, newborn and child health (MNCH) and include equipment as well as the following supplies: (i) Pre-natal interventions for pregnant women, such as the provision of antimalarials (e.g., artemisinin-based combination therapy) and antiretroviral agents, in addition to interventions for prevention, testing, and treatment of HIV and other infections; (ii) StringWriter interventions to reduce childhood mortality and morbidity, including interventions to reduce maternal and child health (MNCH) and equipment identified in national strategies and Concept Notes developed.

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 maternal and child health commodities are not aligned with basic MNCH commodities identified 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 Governments in each of these identified countries to review and improve their national strategies (including national strategies with regard to delivery systems) to minimize opportunities for aligning these 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
Aligning these RMNCH funding streams with Global Fund investments can create a ‘win-win’ situation for malaria, HSS and MNCH.

**iCCM components**
- Malaria commodities (ACTs, RDTs)
- Malaria program (training, program mgmt, advocacy, M&E)
- iCCM delivery (training, M&E, program mgmt)
- CHW platform (tools, enablers, HR)

**Funding sources (current & potential)**
- Domestic resources/ health sector budget/Essential Medicines budget
- Global Fund
- RMNCH Trust Fund
- UNICEF
- USAID
- Private Sector, Other donors

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 bilateral co-financing of ~$200M, remaining gap of ~$200M.

ICCM total near term need $401 million (2015-2017)

- Near-term need: $401 million
- Total approved by GF: $75 million
- Co-financing: $130 million
- Total gap: $197 million

Includes approximations for Burkina Faso, Burundi, Cote D’Ivoire, DRC, Ethiopia, Ghana, Mali, Malawi, Niger, Nigeria, Uganda, Zambia.

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Under 5 mortality *</th>
<th>Overall need **</th>
<th>Implementation timeframe **</th>
<th>iCCM geographical scope *</th>
<th>Target iCCM coverage (%)</th>
<th>Est. Funding Committed</th>
<th>Global Fund</th>
<th>Co-financing</th>
<th>Total</th>
<th>Remaining Gap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burkina Faso</td>
<td>64,099</td>
<td>16.6</td>
<td>Jul’15 – Dec’17</td>
<td>Sub-national</td>
<td>80</td>
<td>10.6</td>
<td>0.9</td>
<td>11.5</td>
<td>5.1</td>
<td></td>
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<tr>
<td>Burundi</td>
<td>34,883</td>
<td>5.6</td>
<td>Jul’15 – Dec’17</td>
<td>National</td>
<td>75</td>
<td>1.0</td>
<td>3.9</td>
<td>4.9</td>
<td>0.7</td>
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<td>Cote d’Ivoire</td>
<td>72,484</td>
<td>7.6</td>
<td>Jul’15 – Dec’17</td>
<td>Sub-national</td>
<td>75</td>
<td>6.5</td>
<td>0.1</td>
<td>6.6</td>
<td>1.0</td>
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<td>DRC</td>
<td>319,977</td>
<td>77.1</td>
<td>Jul’15 – Dec’17</td>
<td>National</td>
<td>80</td>
<td>13.2</td>
<td>10.2</td>
<td>23.4</td>
<td>53.7</td>
<td></td>
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<td>Ethiopia</td>
<td>195,504</td>
<td>61.5</td>
<td>Jan’15 – Dec’17</td>
<td>National</td>
<td>100</td>
<td>17.2</td>
<td>45.7</td>
<td>62.9</td>
<td>(1.4)</td>
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<td>Ghana</td>
<td>61,530</td>
<td>15.5</td>
<td>Jul’15 – Dec’17</td>
<td>Sub-national</td>
<td>100</td>
<td>4.4</td>
<td>0.5</td>
<td>4.9</td>
<td>10.6</td>
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<td>Malawi</td>
<td>41,039</td>
<td>48.6</td>
<td>Jul’15 – Dec’17</td>
<td>National</td>
<td>100</td>
<td>5.0</td>
<td>33.8</td>
<td>38.8</td>
<td>9.8</td>
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<td>Mali</td>
<td>82,267</td>
<td>21.5</td>
<td>Jul’15 – Dec’17</td>
<td>National</td>
<td>100</td>
<td>TBD*</td>
<td>0.9</td>
<td>0.9</td>
<td>20.6</td>
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<td>Niger</td>
<td>86,249</td>
<td>53.3</td>
<td>Jul’15 – Dec’17</td>
<td>National</td>
<td>100</td>
<td>TBD*</td>
<td>13.6</td>
<td>13.6</td>
<td>39.7</td>
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<td>Nigeria</td>
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<td>Sub-national</td>
<td>28</td>
<td>2.8</td>
<td>10.5</td>
<td>13.3</td>
<td>10.2</td>
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<td>Uganda</td>
<td>101,552</td>
<td>20.1</td>
<td>Feb’15 – Dec’16</td>
<td>Sub-national</td>
<td>60</td>
<td>5.8</td>
<td>5.1</td>
<td>10.9</td>
<td>9.2</td>
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<td>Zambia</td>
<td>51,474</td>
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<td>Jan’15 – Dec’16</td>
<td>National</td>
<td>100</td>
<td>8.2</td>
<td>4.5</td>
<td>12.7</td>
<td>37.3</td>
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<tr>
<td><strong>TOTAL</strong></td>
<td>1,915,487</td>
<td><strong>401</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>75</strong></td>
<td><strong>130</strong></td>
<td><strong>204</strong></td>
<td><strong>197</strong></td>
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</table>
So how is it actually working? Early example of making use of complementary resources – financing and technical – to address the febrile child in DRC

<table>
<thead>
<tr>
<th>Global Fund: CHW training on iCCM and malaria drugs through PR</th>
<th>World Bank HRITF: Performance based financing for CHW stipends</th>
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<tbody>
<tr>
<td>UNICEF: RR for purchase of Amox, ORS, Zinc</td>
<td>Domestic: supply chain, staff, facilities</td>
</tr>
<tr>
<td>USAID/PMI, EU, WHO: Supply chain strengthening, quality of care, HSS, etc.</td>
<td>RMNCH Trust fund: Demand-generation &amp; complimentary resources for commodities</td>
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</table>
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

- 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 “soft” factors that are needed to make them effective (supervision etc)
- Needs to be part of HSS efforts (esp DHSS) and HRH policies/plans