

Costing and Financing Task Force Subgroup

2/9/2015, 9-10am EST

Individual and group updates:

- Anna Bryant will be serving as the program coordinator for the CCM Task Force and will be responsible for developing web content and updating the costing and financing subgroup page.
- MSH, through the USAID|African Strategies for Health Project, is conducting a study focusing on financial and nonfinancial incentives for CHWs in Madagascar and Malawi.
- The 1MCHWs Campaign will be hosting a stakeholders meeting entitled “Financing Community Health Worker Systems at Scale in Sub-Saharan Africa” in June in Accra, Ghana featuring Ministries of Health, policy makers, and program implementers. Ivy to send out information to the group. Countries invited include: Ghana, Ethiopia, Liberia, Malawi, Rwanda, Zambia as well as the following organizations: UNICEF, BRAC, MSH, World Bank, West African Health Organization (WAHO), and Novartis Foundation for Sustainable Development, among others.

1) Concrete ideas on how the iCCM subgroup can communicate and provide resources to Global Fund recipient countries to help with costing and planning.

- Subgroup on advocacy is looking at countries that are NFM recipients. There is a need to look at the cost-effectiveness and costing angles. We’re trying to determine what kind of questions need to be asked. Issues raised around possible investment cases so countries can find out exactly what kind of technical support we provide (Dyness will distribute information following the 2/12/15 iCCM Task Force Meeting).
- MSH - we have made efforts to simplify the USAID iCCM Costing and Financing Tool and make it more user-friendly (i.e. through the development of a user guide), in addition to conducting trainings for partner organizations and projects.
- Countries:
 - Uganda is the only country that has moved forward developing the GF operational plan.
 - Zambia will definitely be needing help in costing and program planning –they proposed microplanning to derive accurate costs, but have no money for the exercise. It hopes to integrate with another iCCM project because they don’t have enough money for micro planning.
- Anna/Dyness/Colin will work to post the Costing and Financing page on CCMCentral this week

2) Finalize iCCM tool matrix and decide on avenues for dissemination. Will this be a useful matrix for countries now, or is this a bit premature if operational planning requires more preparation before costing methods are approached? ATTACHMENT

- Can post on CCMCentral
- Looking to discuss during the iCCM concurrent session at CORE group conference in April 2015– to the Core group members see the need to integrate NGO-led iCCM programs into a government system.

3) Overview and questions on MSH-led investment cases for iCCM in Nigeria and Burkina Faso.

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- MSH, through funding from the Bill and Melinda Gates Foundation, recently completed two investment cases for introducing and continuing iCCM in Nigeria and Burkina Faso. The goal of these investment cases was to develop a comprehensive case for donors/government/investors to understand the costs and health impact (lives saved) of continuing and introducing iCCM services at sub-national levels.
- The investment cases are also intended to demonstrate the cost implications of certain policy decision (e.g. the long-term costs of introducing payments to CHWs).

4) Review how this group can contribute to assisting countries with operational planning of iCCM under GF NFM funds, particularly around their costing needs.

Questions for discussion:

- 1. Who requested the investment cases in Burkina Faso and Nigeria i.e. is it a felt need by government and stakeholders or it's externally driven?**
- 2. What is the full cost- time, money and expertise- of doing the investment case?**
- 3. To what extent does the Nigeria investment case take into account a public sector-led versus PPMV?**