

SURVEY RESULTS

Costing and Financing Sub Group
CCM Task Force

10 September 2018

Costing and Financing Subgroup of the CCM Task Force (Overview)

- **Objectives:**

- To synthesize and share lessons learned on costing and resource mobilization for community child health programs in low- and middle-income countries.
- Support policy makers and program managers in planning, costing, and resource mobilization.

- **Previous participation:**

- Avenir Health, Health Envoy, Johns Hopkins University, JSI, Malaria Consortium, MCSP, MSH, UNICEF, USAID, and WHO.

- **Topics covered:**

- Community Health/iCCM costing tools/approaches
- Investment cases and resource mobilization
- Sustainability planning

Survey objectives and respondents

- Objective of survey: to shape the future direction and agenda of this subgroup
- 11 individual respondents
- 10 organizations:
 - Avenir Health
 - Financing Alliance for Health
 - Health Envoy
 - Independent consultant
 - Liverpool School of Tropical Medicine
 - Living Goods (2)
 - Management Sciences for Health
 - UNITAID
 - UNSEO
 - World Health Organization

Q1 - What work are you supporting in costing / financing / resource mobilization for community and child health in LMICs? (1/2)

1. Economic evaluation: costing and cost-effectiveness studies; development of costing tools.

- Economic evaluation of quality improvement for community health (Sub-Saharan Africa).
- Support to countries for RMNCH investment cases.
- Costing of strategic plans and national CHW programs.

2. Financing for community health:

- Investment cases for community health (Kenya, Uganda, Madagascar, South Sudan).
- Financial gap analyses
- Community results-based financing

Q1 - What work are you supporting in costing / financing / resource mobilization for community and child health in LMICs? (2/2)

3. Sustainability planning:

- Sustainability planning (DRC, Malawi, Mozambique, Niger, and Nigeria)

4. Cross-cutting themes:

- Advocacy for financial resources

5. Other:

- Improving the efficiency (and effectiveness) of community-based MCH/RH programs
- Contracting of non-state actors and performance contracting in community health
- Demand-generation – e.g. Women's savings groups focused on increasing care-seeking behavior.

Q2 - Please list countries which you are currently supporting or have recently supported in the aforementioned areas.

- Ethiopia (3)
- Bangladesh (2)
- DRC (2)
- Ghana (1)
- Guatemala (2)
- Kenya (2)
- India (1)
- Kenya (4)
- Liberia (3)
- Malawi (6)
- Mozambique (3)
- Nepal (1)
- Niger (1)
- Nigeria (2)
- Rwanda (1)
- Sierra Leone (3)
- South Africa (1)
- Tanzania (1)
- Uganda (5)
- Zambia (2)

Q3 - What are the 2-3 critical gaps and/or research questions in this area? (1/4)

1. Financing:

- How can donors make more integrated, complementary funding as opposed to duplication as is the case currently?
- Break down silos for child health financing and improve coordination among decision makers to develop investment plans.
- Have GFF investment cases been funded? Has the experience differed at all from previous experiences in trying to get countries to spend World Bank funds?

Q3 - What are the 2-3 critical gaps and/or research questions in this area? (2/4)

2. Resource mobilization:

- How to enhance the capacity of Ministry of Finance teams to carry out costings and mobilize resources?
- What are the costs of integrated systems (primary and community health) and how do they relate to "community health only"?

Q3 - What are the 2-3 critical gaps and/or research questions in this area? (3/4)

3. Resource Allocation:

- What is the trade-off between increasing access vs. increasing quality? How can a country thinking about the 3 dimensions of the (UHC) cube consider investment (as opposed to just "scale up community health")?
- How can governments allocate adequate resources to support the ongoing rural, community health services, along with urban health services?
- What is cost/benefit of transformative digital technology to support community health in developing countries?
- What is the cost/benefit of performance based management of stipends/incentives for the community health workforce?
- What is the ROI on investments in community health by the government?
- Will decentralization of resource allocation produce the desired results, from an equity point of view?

Q3 - What are the 2-3 critical gaps and/or research questions in this area? (4/4)

4. Cross-cutting:

- How do different levels of decision makers consider and use economic evidence in their policy and financing decisions?
- Use costing data and investment plans to redefine advocacy.
- Assist with policy maker interactions, country support resources, results interpretation.
- What are the key areas of efficiency potentials for leveraging existing HRH cadres for community health (so not doing a full HRH costing, but building CH costing taking into account change in cost for the whole system by tapping into existing cadres)
- From the supply side: what does decentralization involve in terms of man(person)power education, deployment/support, compensation; supplies distribution/logistics?
- From the demand side: how to change and support behavior change among rural populations to i.) use needed health services for women, children, especially, but also for men, and to ii.) change/adapt cultural practices in the home and extended family related to the roles of women and men that protect/preserve/advance the health of children, families, communities.

Q4 - Could an inter-organizational working group, like the Child Health Task Force, help to fill these gaps or address these research questions?

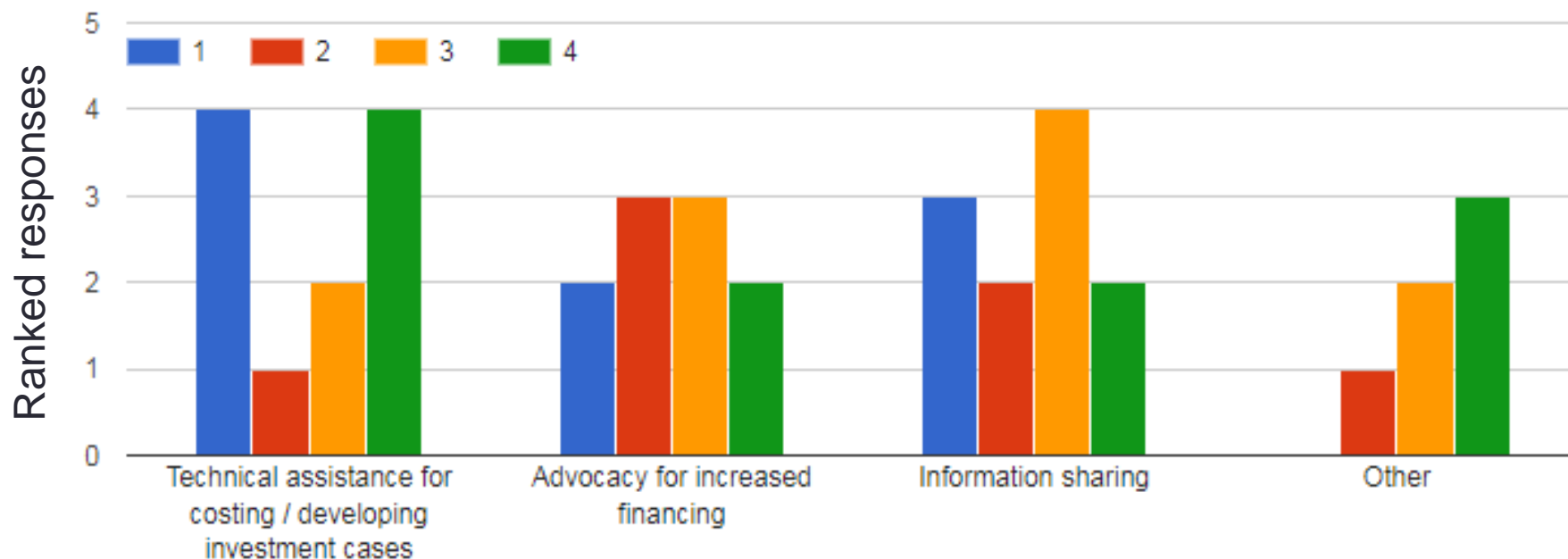
- 9 respondents
 - Yes: 4
 - No: 0
 - Unsure: 5

4a - If yes, how could this working group fill these gaps?

6 respondents:

- Start action on each of the gaps with the children's programs and soon share leanings to other areas.
- Share research findings and practical efforts that support community health financing
- Support partnerships to come together to design and finance research studies, cost/benefit tools, TA coalitions etc. to address these issues.
- Do modelling for a few countries beyond child health interventions (requires dedicated work capacity)
- Take a broader view of health with consideration of political economy, country-specific decision-making. Address issues of affordability, efficiency, and equity.
- There is a Costing and Financing Task Team that should be able to provide the answers.

Q5 - As a Task Force, we consider the following areas to be those which we can contribute to. Please rank the following in order of priority (1 to 4) for the C&F subgroup.



“Other” is specified in next slide.

Respondents ranked each area in order of priority from 1-4

Q5A - If you listed "other," what areas of support or work would you suggest?

- How to interpret and use investment case/ costing results to drive local investment. “People don't understand what the results mean and how to interpret.”
- Build capacity of government.
- Explore innovative financing schemes:
 - Contract non-state-actors, results-based financing, debt buy-down
- Host educational, sponsored seminars (by health financing practitioners) for member organizations.
- Facilitate learning from other experts such as the Financing Alliance for Health, etc.
- Convene the right people around concrete issues for problem-solving.
- Educate field staff about the issues of financing, efficiency, and equity and address how these issues could be addressed in their particular country.

Q6 - Who else might be interested in joining and/or benefiting from such a group?

- Abt Associates
- Academia
- AMREF Health Africa
- Bill and Melinda Gates Foundation
- EGPAF
- FHI360
- Global Financing Facility
- Global Fund
- ICH partners funded by USAID/Gates/UNICEF
- Intrahealth
- Jhpiego
- PATH
- Save the Children
- Palladium / Health Policy+ Project
- Partners in Health
- World Bank

Q7 – Additional comments/suggestions?

- Pick a couple of specific things to do, rather than to broad of a mandate.
- Please do not delete this sub-group for lack of interest! These are tough issues to address and community-oriented, child survival experts, of which the CS program has many, are not necessarily schooled in the issues. But they do understand the issues at a deep, personal level.
- If the Costing and Financing Subgroup can work with the Costing and Financing Task Team, then there would be added value to keeping an iCCM Costing and Financing Subgroup.

Questions / Comments?