



RMNCH STRATEGY & COORDINATION TEAM

Sept 2014 Update



EVERY WOMAN
EVERY CHILD

Updates from the RMNCH Strategy and Coordination Team

- Pathfinder countries update
- Current status of RMNCH Country Engagement Process
- Overview of TRT Phase II
- Late breaking news
 - RMNCH Global Financing Facility

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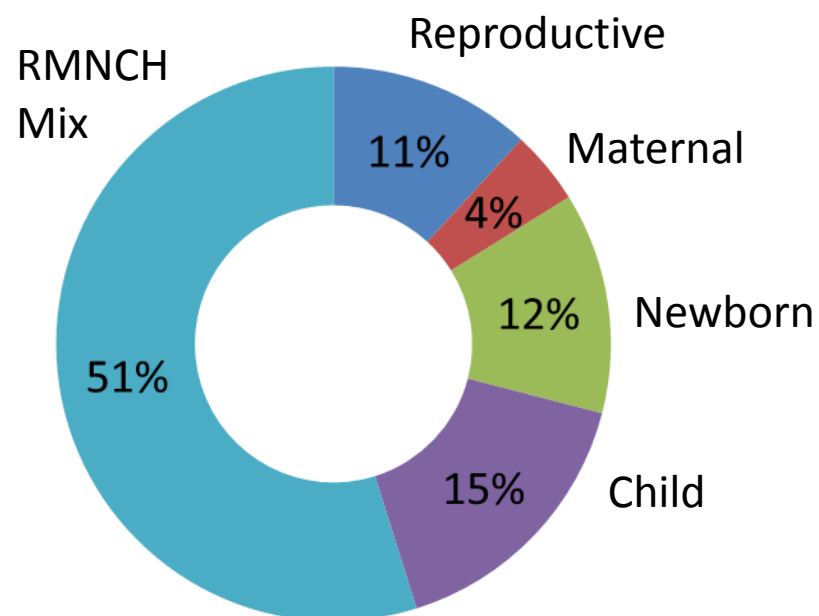
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Technical and Financial Support for Country Catalytic Plans

Total country budgets (US\$)

Country	Approved Budget
DRC	3,267,667
Ethiopia	3,343,046
Malawi	3,696,500
Nigeria	9,594,064
Senegal	4,980,017
Sierra Leone	4,672,000
Tanzania-Mainland	3,077,000
Tanzania-Zanzibar	701,000
Uganda	3,623,700
Overheads	2,139,377
Grand Total	39,094,372

Budgets split by RMNCH Continuum of care



Progress and challenge to date

- All countries have initiated activities
 - Disbursement from Trust Fund to channeling agencies very quick (weeks)
- Slow initiation of sub-contracts in some settings – particularly to govt and NGO partners
 - Nigeria – work began in July by all partners
 - Malawi – resolved
 - Uganda – resolved with all but a couple Implementing Partners
 - Sierra Leone – good start, but Ebola diverted resources
 - Ethiopia – on track
 - Senegal – on track
 - DRC – challenge with one IP (PSI)
 - Tanzania – on track
- Bi-annual reporting calls currently taking place
- Stock taking across 8 countries taking place
 - How to simplify/stream-line this process
 - WHO poorly equipped to act as Channeling Agency
 - Uganda situation: complex arrangements/ too many IPs

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What do we mean by 'RMNCH Country Engagement Process'?

Principles

- Building on the principles of IHP+
- To 'bend the curve' towards achieving MDGs 4 & 5a and b.
- To align and coordinate funding streams towards critical gaps
- Led by MOH, includes all RMNCH stakeholder: DPs, civil society, etc.
- Very country specific: building on other major planning processes (NOT a new plan!!)

Key activities

- A joint, rapid multi-stakeholder synthesis of the RMNCH landscape that brings together the various RMNCH-related plans, sub-plans, initiatives, etc.
- Prioritisation across the entire RMNCH continuum of care (where this has not already been done!)
- Commitment of development partners to support implementation of prioritised interventions – matching of existing and new funding streams to priorities and gaps

RMNCH Country Engagement Process




RMNCH
Landscape

Compile
Country
Plans

Costing &
Resource
Mapping

Prioritize
Gaps

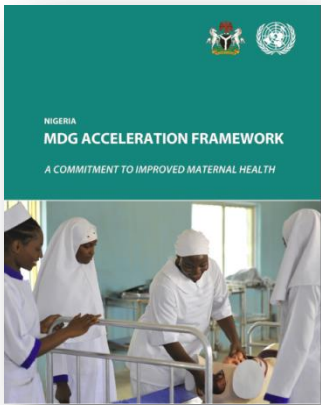
Resource
Alignment

		Regulatory				Supply			Performance				Demand & Access	
		National EML	National treatment guidelines	Registered in-country	Prescription authority	Tracked in eLMIS	National stock-outs	% POS stock-outs	Training curriculum (national)	% facilities with trained personnel	Job aids or check lists (national)	% facilities with job aids / check lists	Policy against user fees	Coverage rate
Reproductive	Female Condom	 10% ▲	 20% ▲	 27%	 22% ▼	 13% ▲	 25% ▲	 11% ▼	 50% ▼	 36%	 82% ▲	 75% ▬	 82%	
	Implants	 91%	 13%		 60%	 64%	 33%	 50%	 45% ▬	 54% ▬	 18%	 25% ▲	 90% ▼	 30% ▼
	Emergency Contra.	 85%	 91% ▼	 60%		 25% ▲	 8% ▲	 64% ▬	 30%	 80% ▼		 33% ▲	 33% ▲	 83% ▬
Maternal	Oxytocin	 9% ▲	 88% ▲	 36% ▼		 64% ▼		 91% ▲	 33% ▲	 67% ▬	 36%	 18% ▼	 10%	
	Misoprostol	 67% ▼		 33% ▬	 83% ▲	 40% ▬			 27% ▬		 60%		 89% ▬	 8% ▼
	Magnesium Sulfate	 64%	 73% ▼		 91% ▲	 70% ▬	 56%	 91%	 60% ▬	 50% ▲	 10% ▬	 82% ▬	 15% ▼	 25% ▬
Newborn	Injectable Antibiotics			 8%	 17% ▬	 25% ▼	 38% ▬	 90% ▬	 20%	 91% ▲	 82% ▲	 18% ▲	 50% ▼	 82% ▬
	AN Corticosteroids	 36% ▼	 56% ▲		 92%			 60% ▼	 80% ▲	 44% ▼	 40%	 46% ▬		 91% ▬
	Chlorhexidine	 50% ▼	 8% ▲	 64% ▬	 8% ▼	 82%		 15%		 27%	 50% ▬	 73% ▲	 8%	 36%
	Neonate Resuscitation		 60% ▼		 17%		 17% ▲		 88% ▼	 56% ▲	 33% ▼		 91%	 88% ▼
Child	Amoxicillin	 90% ▼		 64% ▬	 77%	 42% ▼	 20% ▲	 25% ▲	 82%	 67%	 23% ▬	 38% ▼	 64% ▲	 50% ▼
	ORS		 50% ▲	 70%	 44% ▲		 73% ▼	 67%	 33% ▲	 73% ▬	 30% ▬	 92% ▼	 55% ▲	 89%
	Zinc		 50% ▲	 70%	 44% ▲		 73% ▼	 67%	 33% ▲	 73% ▬	 30% ▬	 92% ▼	 55% ▲	 89%

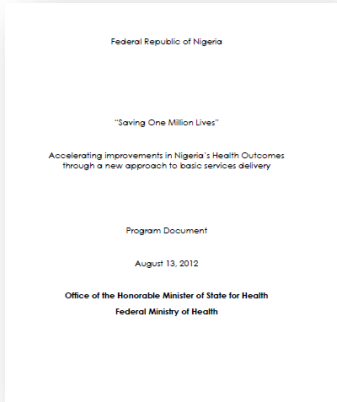
RMNCH Country Engagement Process



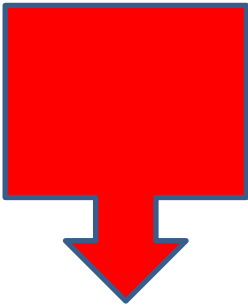
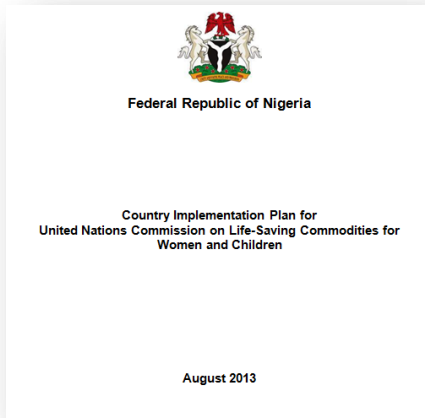
Nigeria's MDG Acceleration Framework (2013)



Nigeria's Saving One Million Lives Initiative (2012)



UN Commission on Life-Saving Commodities (2013)

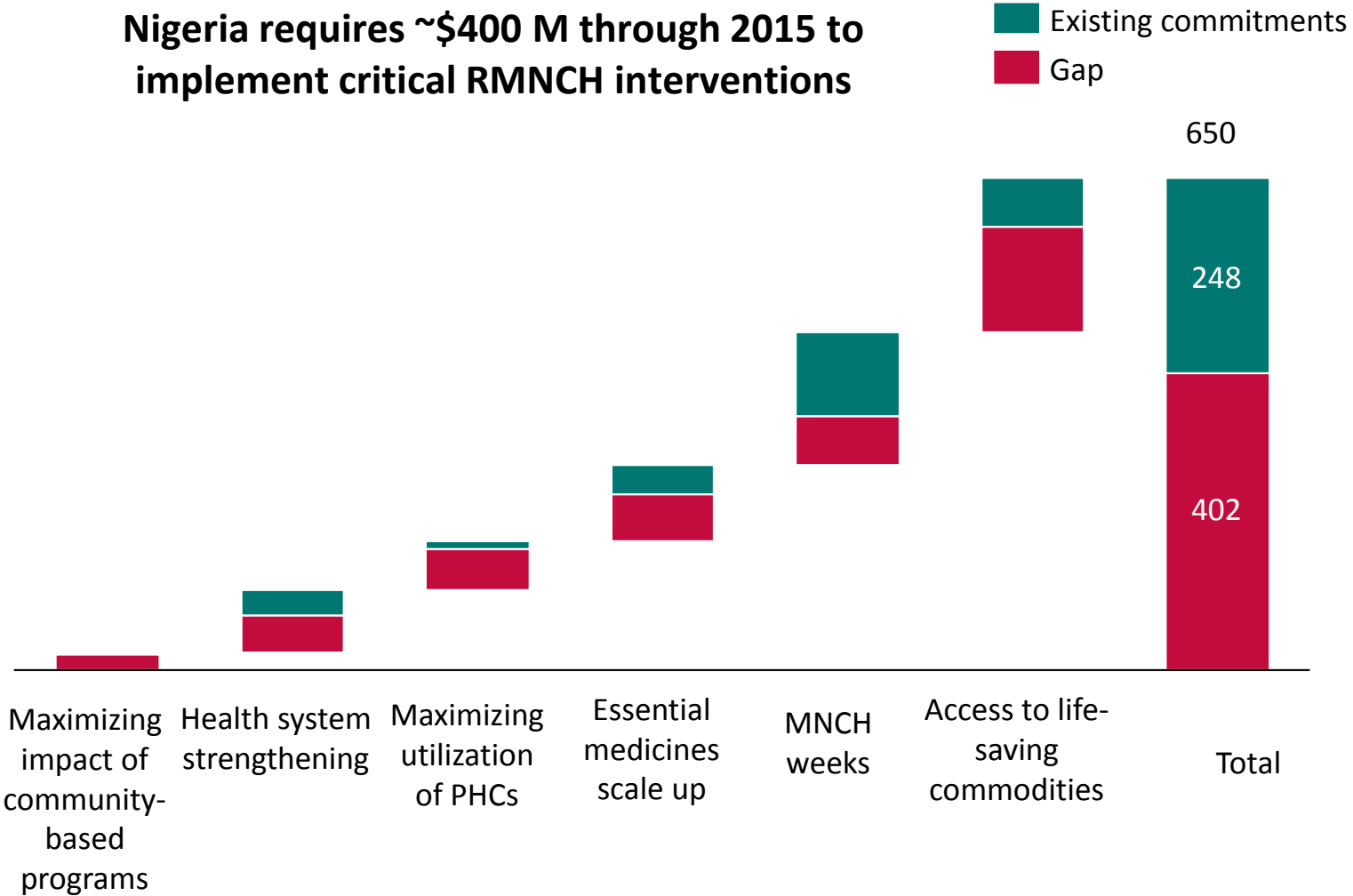


Nigeria's Harmonized MDG Action Plan

RMNCH Country Engagement Process



Nigeria requires ~\$400 M through 2015 to implement critical RMNCH interventions



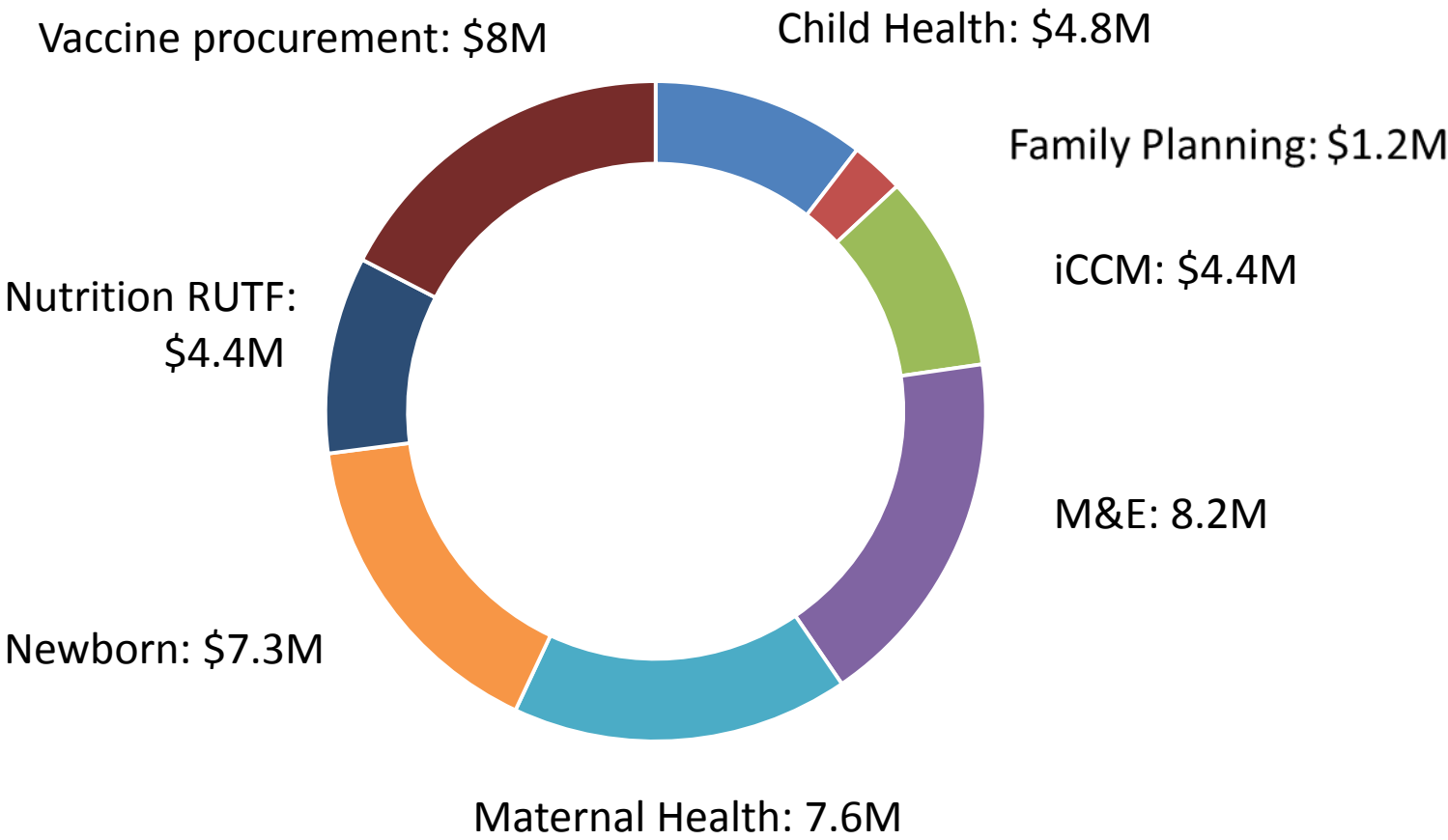
Government's contribution is 30% of existing resources

RMNCH Country Engagement Process



Malawi case study

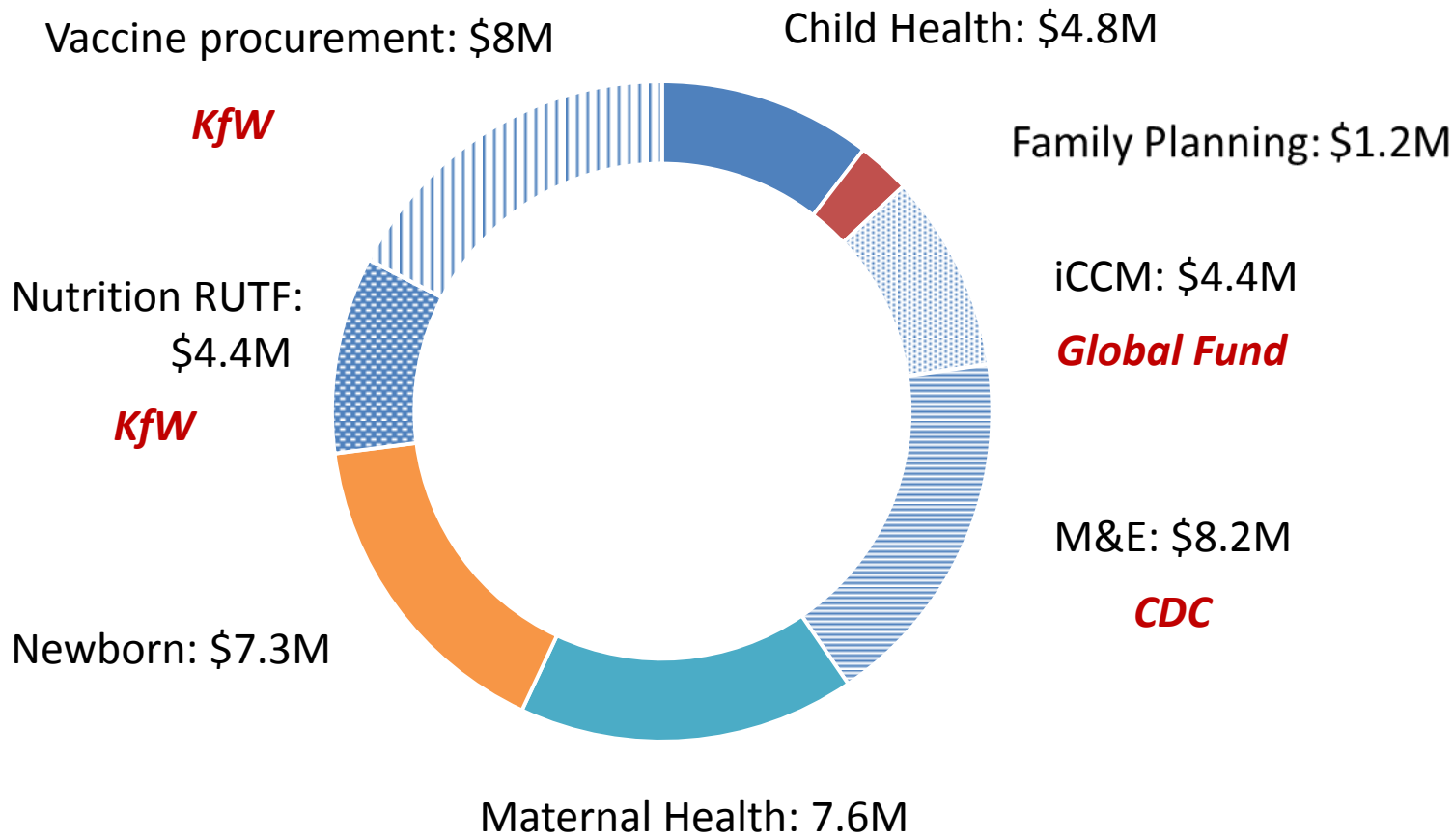
RMNCH Prioritized Gap \$46M (2014-2015)



RMNCH Country Engagement Process



Nearly half of the gap filled
\$19M remaining



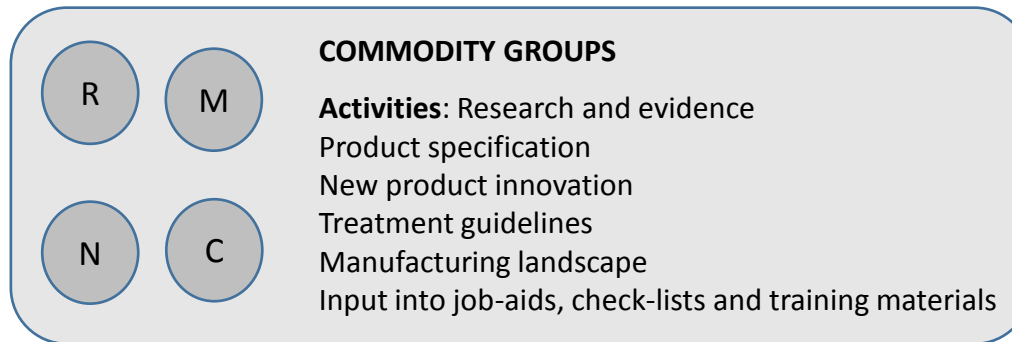
We have seen good progress on the RMNCH Country Engagement process

<ul style="list-style-type: none">• Nigeria• DRC• Ethiopia	<ul style="list-style-type: none">• Prioritized gap analysis/harmonized plan/joint approach completed, with clear resource needs and potential funding streams identified• On-going process to secure resources• Catalytic, gap-filling and co-financing support from RMNCH Trust Fund
<ul style="list-style-type: none">• Senegal• Malawi	<ul style="list-style-type: none">• Final stages of in-country stakeholder dialogue to address prioritized gap analysis• RMNCH Trust Fund ready to support part of the gap, alongside other partners
<ul style="list-style-type: none">• Uganda• Tanzania	<ul style="list-style-type: none">• “RMNCH Country Engagement” not formally started, but in-country processes de facto moving in this direction• Alignment of funding discussion well primed and could happen quickly
<ul style="list-style-type: none">• Benin• Burkina Faso• Cameroon <ul style="list-style-type: none">• Mali• Niger• Sierra Leone	<ul style="list-style-type: none">• RMNCH Country Engagement process on-going or about to begin• Sierra Leone process on hold due to Ebola crisis (and existing TF resources being reprogrammed)
<ul style="list-style-type: none">• Kenya• Liberia <ul style="list-style-type: none">• Zambia• Zimbabwe	<ul style="list-style-type: none">• Discussion started but have not moved forward, for different reasons
<ul style="list-style-type: none">• Burundi• Haiti• Pakistan <ul style="list-style-type: none">• Somalia• South Sudan	<ul style="list-style-type: none">• No discussion in this context started (which does not mean nothing is already happening!!)

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Phase II TRT workstreams



Markets Shaping, Regulation and Quality

Dissemination entry-point: Regional bodies (EAC, SADC, etc), Procurement agencies, Regulators, Manufacturers

Activities: Updating National EML and treatment guideline for LSCs

Securing OTC status where relevant

Define procurement standards

Linking procurement agencies to PQd manufacturers

Ensuring products registered
Support for post-market surveillance

Supply Chain

Dissemination entry-point: National PSM teams and partners

Activities: Application of best-practice materials including information systems/mHealth

Supply Chain 'rapid diagnostics'

Tech support through in-country partners

Link to wider RMNCH Country Engagement process

Demand, Access and Performance

Demand Dissemination entry-point: NGOs, CSOs, programs

Activities: Support for RMNCH Demand generation activities

Performance entry-point: Professional associations and training bodies

Activities: RMNCH updates, intro of job-aids, check-lists, training materials, eLearning

Dissemination Task Team created to coordinate efforts across TRTs

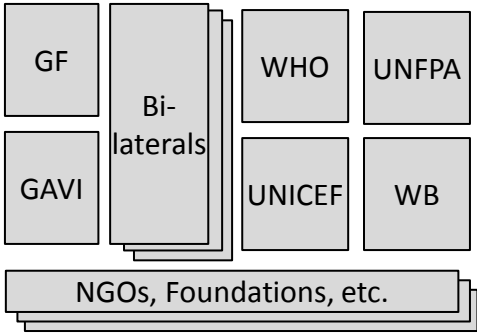
- Dissemination needs to happen at multiple levels
 - ‘Routine activities’
 - In-country partners and agencies
 - National and international meetings
 - ‘Regional blast’ – EAC, ECOWAS, SADC
- Synergies: where should TRTs be working together
 - What is the most efficient mechanism of working across TRTs?
- How can we get creative around dissemination?
- What is the optimal combination of once-offs and ground-level follow-up?
- What are natural entry points and opportunities upon which to piggy-back?
- Should the Commodity Commission be ‘re-launched’ to profile the collective efforts and outputs from Phase I?
- How to optimize the use of the RMNCH Country Engagement Process?

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Moving towards greater consolidation of RMNCH-related funds *(In-Discussion)*

In addition to the traditional development partners...



...several RMNCH-related Funds have been established over the past few years.

HRITF	H4+ Initiative/Sweden H4+ Initiative/Canada	RMNCH TF
<ul style="list-style-type: none">• In-country funding for RBF interventions, with IDA• Direct recipients: Gvt.• Funds in WB• Coordinated by WB• Donors: UK & Norway• Funds (excl. IDA): ~50m/yr	<ul style="list-style-type: none">• In-country RMNCH gaps in services• Direct recipients: H4+• Funds in UNFPA• Coordinated by H4+• Donors: Sweden & Canada• Funds: ~20m/yr	<ul style="list-style-type: none">• In-country RMNCH gaps in services and commodities• Direct recipients: H4+ (and NGOs)• Funds in UNFPA• Coordinated by RMNCH SCT (in UNICEF)• Donors: Norway• Funds: ~\$50m/yr

The move towards a Global Financing Facility for RMNCH is an opportunity for greater consolidation across these funds

TODAY (2014)	PHASE I (2015 – 2016)	PHASE II (2017 onwards)
<div>HRITF + IDA</div> <div>H4+ Initiative</div> <div>RMNCH TF</div>	<div>GFF<ul style="list-style-type: none">• Scope broader than RBF, but leverage with IDA maintained• Greater focus on transitional financing• Medium to long-term outlook</div> <div>H4+ & RMNCH TF<ul style="list-style-type: none">• Focus on gap-filling, shorter-term catalytic investments• Focus on countries with greater dependence on aid and need for TA• H4+ coordination team merged with RMNCH SCT</div>	<div>GFF<ul style="list-style-type: none">• Scope broader than RBF, but leverage with IDA maintained as well as transitional financing• Various financing windows to cater to all EWEC countries (MDTF & FIF) and to disburse to mix of partners• Multi-agency Secretariat in World Bank (secondments from H4+, GF?, GAVI?)• Decision-making body with full H4+ representation</div>

The RMNCH Steering Committee (or its new incarnation) would ensure continued strategic linkages across all RMNCH partners to continue efforts to better align all RMNCH-related financing streams