

GROUP WORK PART A: DEFINING PRINCIPLES FOR SCALING UP ICCM IN COMMUNITY HEALTH SYSTEMS

TUESDAY, 23 July 2019

System Component: Costing and Financing

Members: Lizah Masis, Eric Swedberg, Valentina Buj de Lawrier, Clarisse Mbo Modiri, Alexis Tougordi, Diana Measham, Duncan Earle, John Borrazzo and Sarah Hoibak

What are the system component enablers? *(List critical actions/approaches that support the specific system component under review, citing country examples)*

- Some countries have costed strategic plans for malaria, community health, and child health (including iCCM in some of these plans)
- Some donors already have effective coordinating mechanisms for some priorities such as malaria (both at the global and national levels). The effectiveness varies by country.
- Strong country leadership and mechanisms for donor resource coordination including Ministry of Planning and Ministry of Finance
- Women, child and adolescent health investment cases facilitated by the GFF
- Political prioritization of PHC and UHC
- Leadership at a higher levels in donor agencies promoting coordination between programs

What are the bottlenecks / challenges pertaining to the specific system component? *(Utilize the root-cause analysis approach to arrive at the underlying cause to each bottleneck)*

- Strategies not anchored in a overarching national financing strategy that nests all the underlying strategies eg. Wider PHC strategy
- Community health strategy are not part of a larger HRH strategy
- Not all strategies are costed
- **Lack of harmonization/coordination among donors for funding of iCCM eg. By location or disease**
- **Lack of country leadership and capacity to coordinate both domestic and donor investments**
- Sometimes the country leadership is highly dependent on a particular individual
- Community health is sometimes not prioritized in the investment cases
- **Finite global and domestic financing of health and many competing priorities for this financing**

- iCCM is not a compelling for political reasons
- Non-malarial commodities required co-financing by UNICEF to complement the GF malaria and HSS grants in the last cycle of grants
- **Lack of coordination within donor agencies on malaria and MNCH (including iCCM)**

iCCM strategies not always anchored in a overarching national and sub-national financing strategy that nests all the underlying strategies eg. Wider PHC strategy

- There are not harmonized costing tools for community health to ensure every component (supply chain, commodities, supervision, M&E, training etc...) is accounted for
- Community health costed plans are not integrated into the annual and broader health system strengthening plans and national health budgets
- With decentralization the authority is transferred to local political authorities and then health sector competes for these resources
- It is difficult for national level to influence the prioritization of resources for health at the sub-national level

Weak harmonization/coordination for funding

- Variable country leadership and capacity to coordinate both domestic and donor investments at all levels (national, regional & district)
- Donors not actively participating and engaging in cooperative national and sub-national level planning and processes
- Within donor agencies, different programs may have different mandates and they need to prioritize
- Donors don't always align with country planning and budgeting cycles

Finite/flat global and domestic financing of health and many competing priorities for this financing

- Countries with the biggest needs have low GDP
- Low prioritization of health within national budgets
- Lack of clarity on where community health investments will be most cost effective
- Within donor agencies, different programs may have different mandates and therefore have to prioritize
- Health sector is not effective in making their case during national budgeting processes
- When plans exist there is not the political will, capacity or resources to operationalize these strategies
- There is not sufficient political will because there are not champions
- Limited engagement with the corporate sector for financing of iCCM

GROUP WORK PART B: DEFINING GUIDING PRINCIPLES AND BENCHMARKS FOR ICCM

WEDNESDAY, 24 July 2019

System Component: Costing and Financing

Members: Lizah Masis, Eric Swedberg, Valentina Buj de Lawrier, Clarisse Mbo Modiri, Alexis Tougordi, Diana Measham, Duncan Earle, John Borrazzo and Sarah Hoibak

iCCM not always anchored in overarching national and sub-national health and financing strategies

- *Ministry of Health ensures that all iCCM stakeholders (eg. programs within the department of primary health care, sub-national and community) are engaged during the development of relevant country strategies*
- *Ensure iCCM is built into the national costing tools and the annual sector budgeting processes including specific budget lines*
- *Ministry of Health ensure that annual health program planning and budgeting at the decentralized levels include all the elements for operationalizing iCCM*
- *Development partners should provide technical assistance and support to build capacity for the above processes*

Weak harmonization/coordination for funding

- *Government (MOH, M. of Planning, MOF) explore possibilities to use the investment cases facilitated by GFF to strengthen country institutional capacity to drive strategy and coordinate partners*
- *MOH should take advantage of established effective coordinating mechanisms (eg. Malaria partnership, CCM etc...) to strengthen overall resource coordination at national level for iCCM*
- *MOH use emerging tools to map funding and track expenditures on a regular basis to create accountability*
- *Donor coordination will require on-going commitment and regular dialogue*

Finite/flat global and domestic financing of health and many competing priorities for this financing

- Build the case for increased national budget allocation for health
- Articulate clearly the iCCM value for money
- Government needs to position iCCM within larger PHC/UHC advocacy efforts
- iCCM strategy need advocacy at higher levels within the MOH

Overarching Statement: Beyond “non-malaria commodities”

Adequate sustained funding for iCCM depends upon clearly defined targeted population need and fully inclusive costing, as well as demonstrated impact on higher level goals including UHC and the SDG and demonstrated ability of governments to coordinate the diverse funding sources to support iCCM.