



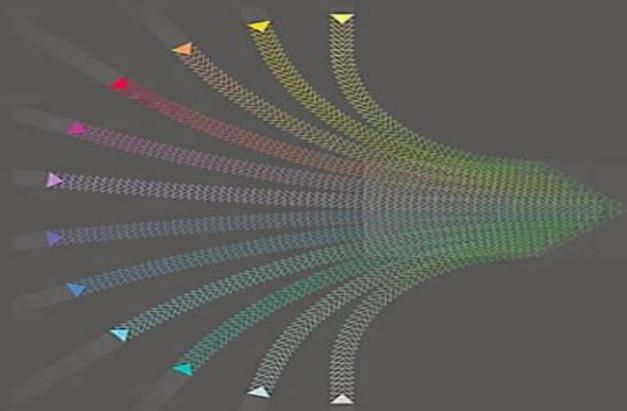
Series of webinars  
Stronger Collaboration, Better Health? Watch the GAP!

19/26 October and November 2020

Organized by:



Hosted by the  
#KampalaInitiative  
#BeyondAid



**Stronger  
Collaboration  
Better Health**

Global Action Plan for  
Lives and Well-being  
Strengthening  
among multilateral  
to accelerate  
on the health-related  
Development Goals



This webinar is going to  
be recorded



Keep your microphones  
muted



Open conversation: raise  
your hand!



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Development Goals

Watch  
the GAP!

Webinar 2:

# The GAP and Sustainable Financing for Health Business as usual?

Organized by:

Civil Society  
Advisory  
Group for the  
GAP



Monday October 26, 2020  
14:00-15:00 CET





# Stronger Collaboration, Better Health

Global Action Plan for Healthy Lives and Well-being for All



# SDG3 GAP implementation

Based on  
**4**  
commitments:

**E**ngage  
**A**ccelerate  
**A**lign  
**A**ccount

## ENGAGE:

A commitment to work with countries to identify priorities and to plan and implement together



## ACCELERATE:

A commitment to act together to support countries under specific accelerator themes and on gender equality



## ACCOUNT:

A commitment to review progress and learn together to enhance shared accountability



## ALIGN:

A commitment to harmonize operational and financial strategies, policies and approaches



# 7 Accelerator themes & gender equality

- Primary health care
  - **Sustainable financing for health**
  - Community & civil society engagement
  - Determinants of health
  - Innovative programming in fragile & vulnerable settings & for disease outbreak responses
  - Research & Development, Innovation and Access
  - Data & digital health
- Cross-cutting commitment to gender equality



# Today's webinar!

- the GAP's Accelerator on Sustainable Financing for Health
- How is “sustainable financing” framed in the GAP?
- What did we learn from the first progress report?
- What is the experience from the countries?

# Today's panel!

- Toomas Palu, World Bank – GAP Accelerator on Sustainable Financing for Health
- Aminu Magashi Garba, Africa Health Budget Network (AHBN)
- Myria Koutsoumpa, Wemos – Watch the GAP task group of the Kampala Initiative

# Toomas Palu (World Bank)

- How is “sustainable financing” framed in the GAP?
- What did we learn from the first progress report?
- What are the plans of the SFHA working group for 2021?

# Myria Koutsoumpa (Wemos)

- A critical civil society look at the GAP's SFHA

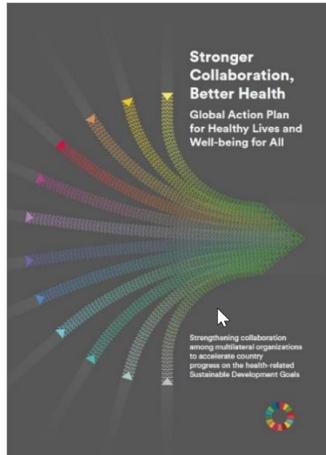
# Sustainable Financing for Health

The ambition to harmonize is not new:

2007: IHP+ Global Compact (Global Fund, Gavi, and 24 other bilateral/multilateral partners) → UHC2030 (2016)

2009: Health Systems Funding Platform (Global Fund, Gavi, World Bank, facilitated by WHO)

2012: Joint Health Systems Funding Platform (Global Fund, Gavi)



2019: GAP (Global Fund, Gavi, World Bank, GFF, et al.)

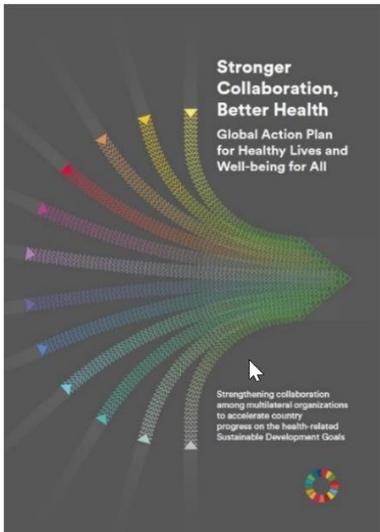
*“One prerequisite for reaching the health-related SDG targets is to ensure more sustainable financing for health, including better **generation**, **allocation**, and **use of public and pooled funds for health.**” GAP, p. 56*

General focus on:

- Domestic resource mobilization
- Value for money
- Efficient development assistance



# Domestic resource mobilization



## How?

- Catalyze broad, inclusive, evidence-informed national health financing dialogue
- Support fiscal measures to promote healthy lifestyles, i.e. sin taxes
- Encourage broader policy and technical discussions about levels and mechanisms of DRM that emphasize predictability/stability, recognizing that this is fundamentally the responsibility of MoF rather than MoH
- Stimulate policy dialogue with finance and other ministries about health as an investment within a broader strategy for enhancing human capital.

## However...

- Should MoH limit themselves in their sector? Or rather cross-sectoral approach?
- Studies have shown that earmarked income and sin taxes have very limited potential (World Bank Fiscal Space Analysis)
  - Malawi -> 'USD 0.63 per capita per year'
  - Nepal -> 'prospects poor'
  - Zimbabwe -> 'excise taxes will only marginally contribute'
- Health as investment or health as a human right?



# Value for money



## How?

- support for countries to improve public financial management (PMF) in health
- support to countries to increase the efficiency and effectiveness of health spending



## However...

- PFM is key as MoH can use it for advocating for more health budget
- Studies have shown that PFM reforms and improving efficiency can bring relatively small gains
- Gains “monetized” in one study: aprx USD 8 per capita per annum *(Mathonnat cited by Barroy et al. 2016)*



# Efficient development assistance



## How?

- Extend the use of joint funding mechanisms to provide additional funds for health.
- Exploring outcome-based financing
- Exploring PPPs in service delivery



## However...

- Have the agencies carefully considered the risks in equity and access that PPPs in health bring with them?
- How do we assess whether and where is outcome-based financing appropriate?



# Sustainable Financing for Health

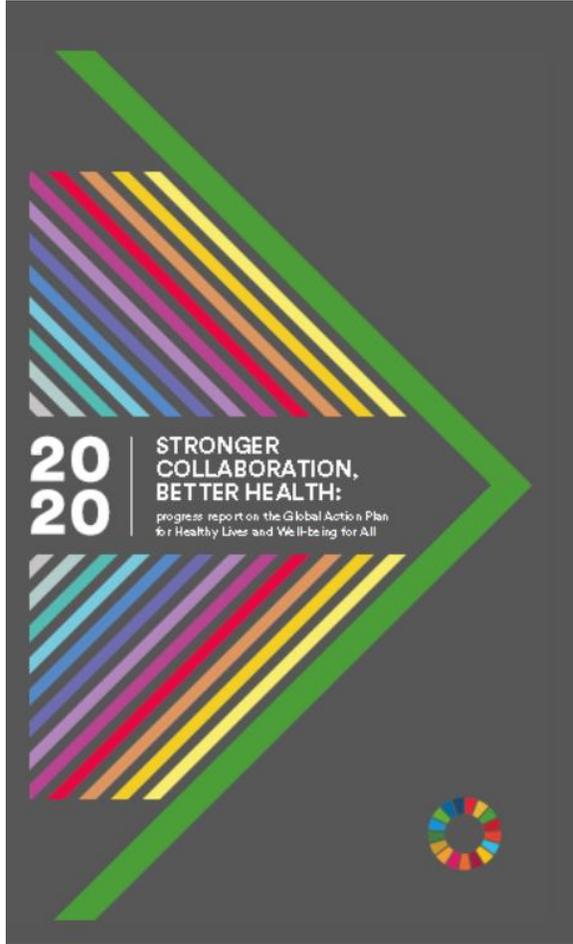
*“The success of the Global Action Plan will depend on accountability for the commitments made and continuous learning within and across the agencies, as well as identifying the enabling contributions of countries and partners. However, the agencies have sought to avoid creating heavy monitoring and evaluation processes under the Plan that would entail transaction costs better invested in supporting countries.” (GAP p.42)*



However...

- Do all agencies have similar approaches to health financing?
- Have you considered the “WHO’s Health Financing Progress Matrix” and normative guidance?
- Raise domestic resources for health systems or for their specific programmes?
- Innovative/blended finance?



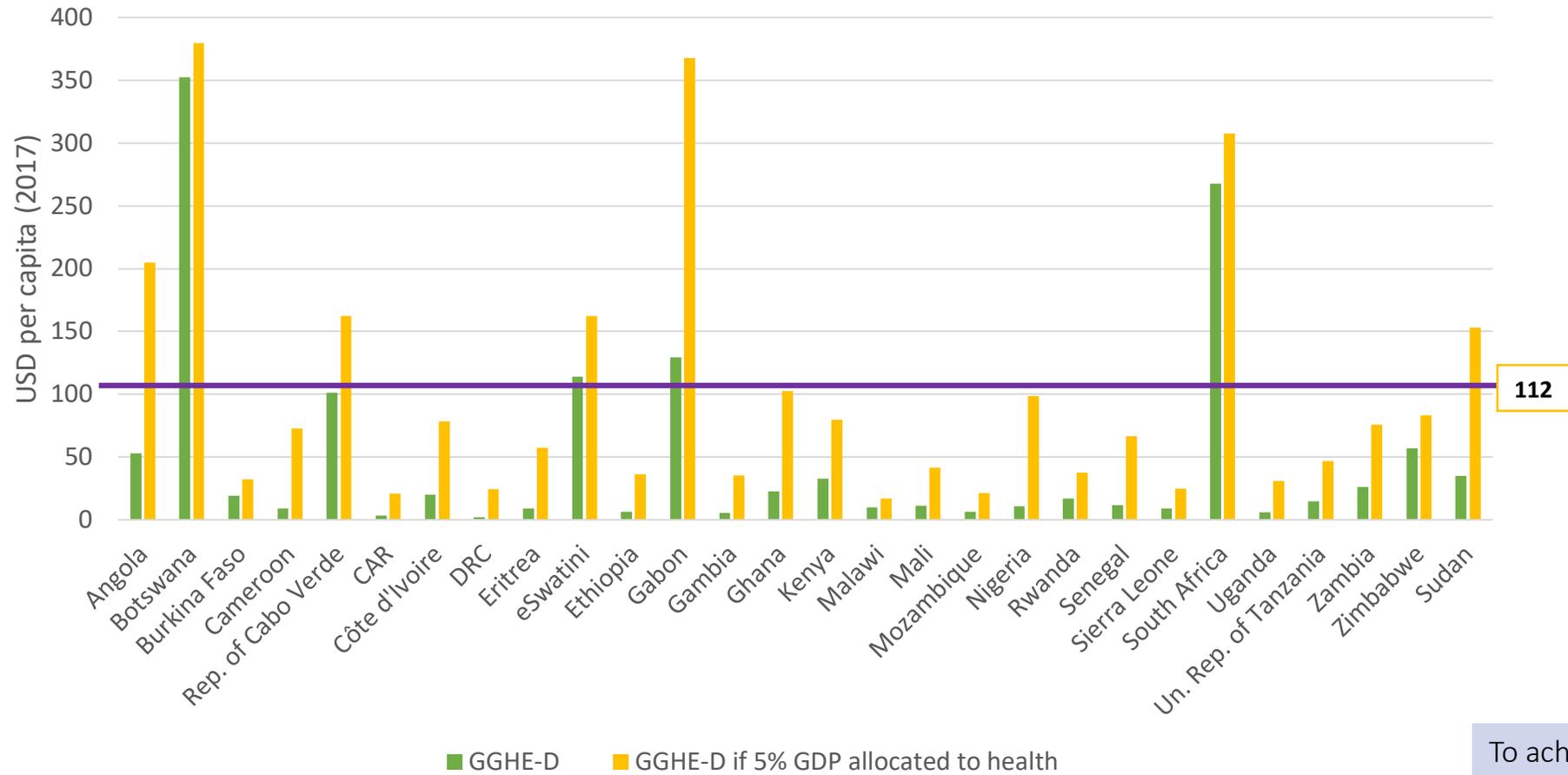


## A quick first look at GAP implementation - based on the September 2020 progress report

### The GAP and Sustainable Health Financing: back to SWAP?

*“The work in Côte d’Ivoire and Ghana has focused on sustainable financing for health. These two case studies illustrate the more detailed mapping and planning undertaken by relevant GAP signatory agencies working with government and other development partners.”*





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To achieve the health-related SDGs, LMICs would require an additional **US\$ 371 billion** per year by 2030.

Even with projected increases in domestic health spending, an annual gap of max **US\$ 54 billion** remains.

Source: Stenberg et al., 2017. *Financing transformative health systems towards achievement of the health Sustainable Development Goals: a model for projected resource needs in 67 low-income and middle-income countries*



## Watch the GAP!

A critical civil society perspective on the development, potential impact and implementation of the 'Global Action Plan for Healthy Lives and Well-Being for All'



## Watch the GAP!

Analytical paper, July 2020

### Authors

- Myria Koutsoumpa, Wemos, The Netherlands
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The authors are the current members of the “Watch the GAP” task group of the Kampala Initiative

Initial output of teamwork since the Kampala civil society Workshop in November 2019



# Aminu Magashi Garba (AHBN)

- Assessment of “success stories” reported in the progress report. Has the GAP led to better understanding of domestic health financing priorities and how COVID-19 is affecting the financing landscape?

Assessment of  
“success  
stories”  
reported in the  
GAP 2020  
Progress  
Report

- Has the GAP led to better understanding of domestic health financing priorities by CSOs at country level?
- How COVID-19 is affecting the financing landscape?

# The Government of Mali

- Has established the Mali Action Plan (MAP), to coordinate financing for the MAP and to strengthen national capacity to implement it, the Government is exploring opportunities to establish a MAP “basket fund”.
- In August 2019, Gavi and the Global Fund agreed to align a total of € 22 million in financing for health systems strengthening over the next year to support Mali’s PHC system, using the MAP management unit to channel and manage the funds.

# The Government of Pakistan

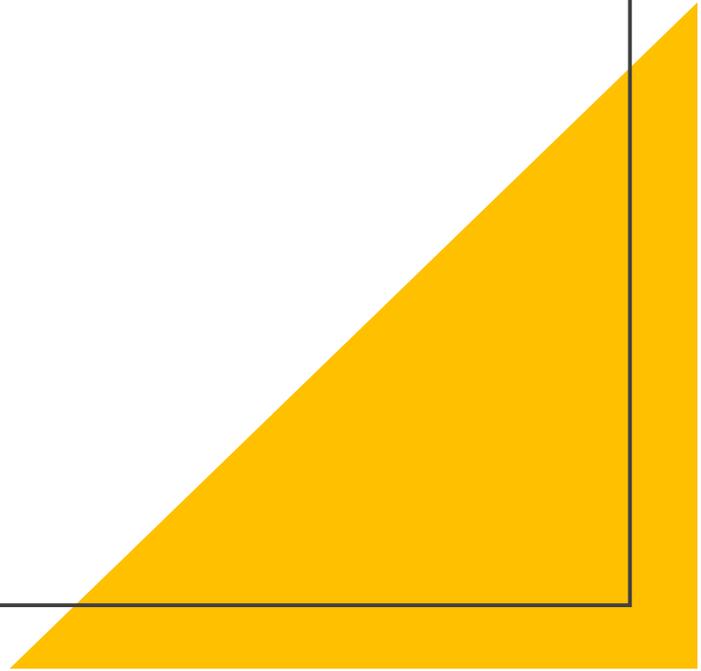
- Health financing reforms – a priority for the federal and provincial governments
- In its National Health Vision 2016–2025, Pakistan pledged to increase federal and provincial allocations to health to 3% of gross domestic product
- As a direct result of discussions on the GAP, the Global Fund, Gavi, GFF, UNICEF, the World Bank and WHO have planned a joint appraisal mission to strengthen PHC and health financing by aligning financing, technical assistance and support for priorities identified by Pakistan’s federal and provincial ministries of health

# The Government of Côte d'Ivoire

- Increasing support for more equitable, efficient health expenditure
- At around 5% of the national budget, health financing is insufficient and responses to some health challenges have depended heavily on external funding.
- Recognizing that increased and more sustainable and equitable health financing was required, the Government of Côte d'Ivoire held a national dialogue on health financing in April 2019, with support from development partners, including several GAP agencies.
- Gavi has supported the establishment of a multi-donor programme management unit, so that other agencies, including the Global Fund and the World Bank, can align their financing

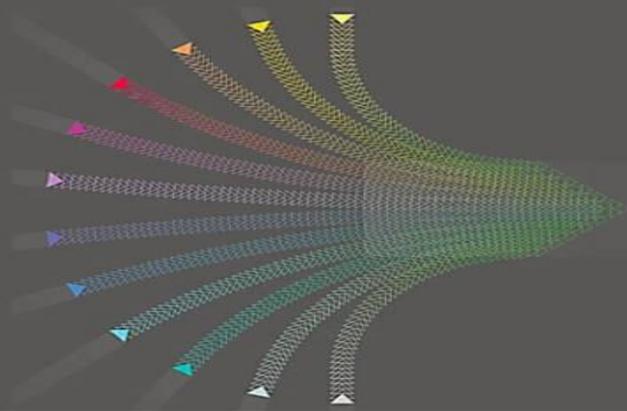
# Our concern

**Where are the country civil society  
organizations, youths, and health  
professional bodies in all  
these??????**



# Open conversation





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Next Webinar:

# The GAP and Primary Health Care: The usual confusion?

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Date TBC

Look out for our invitation!



**AFRICA HEALTH  
BUDGET NETWORK**