

Supporting Country-led and Results-focused National Health Strategies Health Systems Funding Platform

More Money for Health, More Health for the Money

Version 1, January 15, 2010

This frequently asked questions document aims to give an overview of the Health Systems Funding Platform and addresses recently posed questions. It is a dynamic and will be updated on a regular basis throughout 2010.

Background

With just over five years left until the health Millennium Development Goals fall due, many developing countries are struggling to achieve the vastly better health results and development potential signified in the 2015 targets.

There is growing recognition that assisting developing countries in strengthening their health systems to deliver better health services can lead to reductions in death and illness, progress towards national health goals and achievement of the MDGs.

This mission has been central to the work of the High Level Taskforce on Innovative International Financing for Health Systems (the Taskforce)¹. Launched in September 2008 and chaired by UK Prime Minister, Gordon Brown and World Bank President, Robert Zoellick, the taskforce aimed to help strengthen health systems in the world's poorest countries and focused on getting '*More Money for Health, and More Health for the Money*'.

Key outcomes of the Taskforce have been to commit to raising up to US\$5.3 billion over the coming years, and to pass on portions of these new funds to developing countries through a Health Systems Funding Platform (the Platform). At the request of the Taskforce, the GAVI Alliance, the Global Fund, the World Bank and the World Health Organization have been working, with input from country partners and key stakeholders, to build the Platform since May, 2009².

The Platform aims to support country progress towards national health goals and the MDGs. It will do this by helping to coordinate, mobilize and streamline the flow of existing and new international resources to support health systems components of national health plans and reduce transaction costs borne by countries. The Platform has the potential to reduce duplication of funding, focus on results and increase harmonization of procedures between the three donor partners as well as align processes much more with country systems and potentially reduce fiduciary risks. This is an opportunity to change working practices by refocusing the transaction costs incurred by country Governments to development partners, and to ensure that programming and funding is aligned with national health planning and budget priorities and cycles.

The options for funding through the Platform are flexible and will be driven by country needs, as directed by multi-partner inclusion in the national health planning processes. This is not a global pool of funds and there is no blueprint for work within countries. While the Platform details will be worked out at the country level, the key elements have been identified. These include a potential joint assessment of national health plans³, a common monitoring framework, coordinated funding mechanisms in country, and provision of harmonized, needs driven technical support, any or all of which can be implemented at the request of country-led coordination mechanisms.

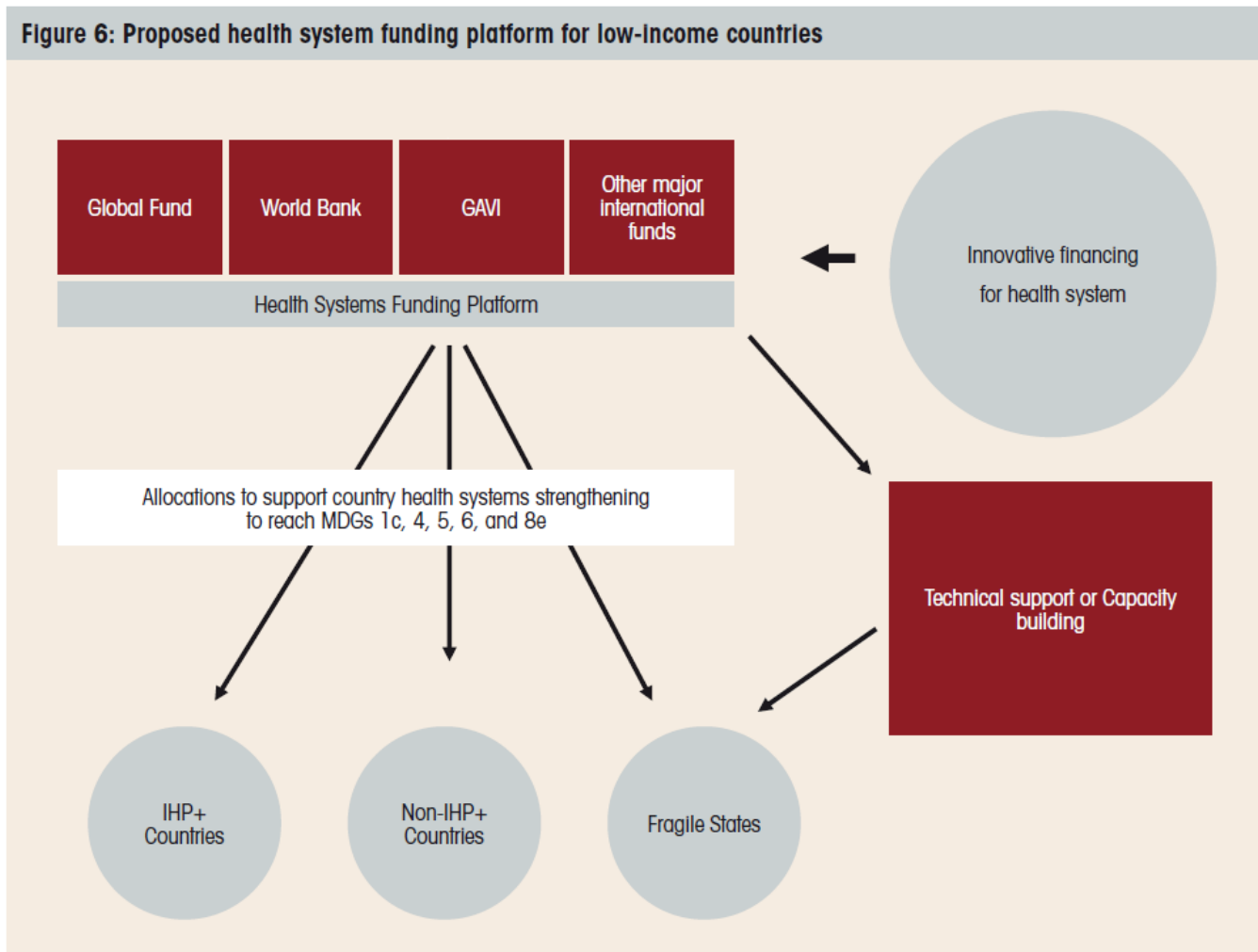
¹ <http://www.internationalhealthpartnership.net/en/taskforce>

² <http://go.worldbank.org/OD4C6GPQU0>

³ A national health plan could include elements of an overall health plan, disease or programme specific strategy with annual plans and components of monitoring and evaluation

This approach, and the Platform elements, are in line with the key ingredients of the International Health Partnership⁴: Increased support for one national health strategy through support for i) a national sector planning processes, ii) greater partner confidence in the plan, by 'joint assessment', and iii) more unified partner support for the plan.

The development community is committed to better serve developing countries in their efforts to achieve their national health goals and the MDGs. With the aid effectiveness principles of the IHP+ uppermost, the Health System Funding Platform provides a timely opportunity to provide resources behind these principles.



Questions and Answers

- *What is the Platform?*

The Platform provides partners with a channel to finance the health systems elements of a country's national health plan/strategy in a longer-term, predictable, and results-focused manner. The Platform will not represent a global pool of funds with a new governance structure, but will be flexible and country focused. It is recognized that the vast majority of financial support for developing country national health plans comes from domestic resources. A country could then approach potential donors and partners to help address the health system funding

⁴ <http://www.internationalhealthpartnership.net/en/home>

gaps in national health plans. The platform is one option for funding, which could be of interest to other donors and partners other than the World Bank, Global Fund and GAVI in future. The Platform could include four main components:

- A joint assessment of a national health strategy;
- A common monitoring framework;
- Aligned and common oversight mechanisms (such as common financial management and procurement mechanisms at country level, where possible); and
- Support for demand-driven, sustainable technical assistance.

- *What are the potential benefits for countries?*

Potential benefits of the Platform for countries include: i) reduced transaction costs through improved harmonization and alignment to country systems by development partners, allowing; ii) better results through improved use of funds; and iii) stronger government leadership in sector coordination. In countries with Sector Wide Approach (SWAp) mechanisms, the Platform could align to existing processes and provide additional resources. Hence the Platform will not create an additional burden.

- *How will the Platform function?*

The detailed specification of the Platform is still being developed and will be country context specific. In the spirit of the IHP+, developing countries will lead this work in line with their overall national health plans and disease/ program specific strategies and priorities. Partners in turn will support the country's direction in a harmonized and aligned way, deferring as much as possible to country systems. GAVI, the Global Fund and the World Bank will continue to concentrate their efforts to fully harmonize and align their support for national health strategies.

- *Who will be involved and what is the role of other stakeholders?*

This work has been initiated by GAVI, the Global Fund, and the World Bank and is facilitated by WHO. However, it is clear that many other development partners including civil society and the private sector play crucial roles in funding health systems and providing technical assistance at the country level and will be an integral part of the Platform at global and country levels. GAVI, Global Fund and the World Bank have been asked by the Taskforce to help lead the way on improving their global, regional and country level collaboration and harmonize their processes in support of country plans. It is hoped that the platform will eventually include other partners under the aegis of achieving significantly better health and development prospects for many of the world's poorest countries.

- *Will funding through the Platform have to be pooled?*

No. The aid modality will depend upon country preference, according to national aid policy and the policies of the development partners. The Platform is about supporting national strategies to improve health outcomes through improved health system performance and does not require any particular funding mechanism.

- *What will be funded?*

The Platform will fund health system elements of national health plans and strategies, which are typically embedded across different sections of these strategies. Using the WHO six building blocks approach maybe one way to help in broadly identifying and classifying HSS elements. Countries will ultimately discern which elements need funding support from the Platform.

- *What are the details and processes involved in establishing the Platform?*

The Platform will be built from the ‘ground up’ and many details will be driven by country context. Country level consultations with all stakeholders in 4 to 5 countries in 2010 will inform the details and processes of the Platform. The platform will be flexible and will operate according to country need and requests.

- *HS Funding Platform and IHP+ JANS – are they related?*

Yes. Both the HS Funding Platform and joint assessment process are based on a robust national health plan/ strategy. The joint assessment process provides a method for assessing the strengths and weaknesses of national health strategies. Once strategies are assessed, the HS Funding Platform could come into play, as the Government highlights the domestic resources committed and potential funding gap for health systems components. The joint assessment findings could help each agency decide how much and how it would provide funding and technical support. In a sense, the JANS process helps strengthen partner buy-in to the development and funding of national health plans/ strategies and emphasizes the need to provide technical and financial support in line with the country’s strategy. This is one way funding through the Platform could be accessed.

- *How does the Platform coordinate technical assistance?*

The Platform itself will not focus on the provision of technical assistance (TA) but rather fund it where it is consistent with country ownership and leadership. The coordination will be provided by an existing national health coordination mechanism (led by government), which will help identify the technical assistance, needs to develop, implement and monitor national health plans/ strategies. Where high quality, sustainable technical assistance is already being provided these mechanisms could be built upon. Coordination of technical assistance should be led by Ministries of Health, in coordination with existing coordination processes and should contribute to sustainable capacity development.

- *How will the financing gap in national strategy implementation be calculated and addressed?*

There has been significant country demand for a costing model for national health strategies. Partners have joined efforts to lessen transaction costs for countries by developing a single, unified costing model that could be considered, as part of technical assistance, for use in developing national health plans. The countries will be able to cost out their national strategies, define the domestic financing envelope and assess the financing gap in order to deliver on the goal set in the strategy.

- *How will the Platform contribute to predictability of funding?*

Given that predictable funding is essential to achieve lasting health outcomes, the Platform expressly emphasizes long-term, predictable investment for the duration of a national health plan/ strategies. There would be a commitment to removing the most pressing obstacles to stronger health systems over t least a five-year period.

- *Will the Platform reach the most vulnerable, marginalized, and poorest?*

Ensuring that aid for health actually reaches the poorest and most vulnerable people is a vital concern for GAVI, the Global Fund and the World Bank’s work in health and will continue to remain a cornerstone for all three organizations under the Platform. However, the degree to which such targeting is successful is difficult to monitor in the absence of strong systems of monitoring and evaluation at every level. This makes sound and sustainable investments in country monitoring and evaluation systems vital.

- *Are there examples of how the Platform might work? Where GAVI, the Global Fund and the World Bank work in support of a national strategy?*

Yes. There are a number of countries where the funding and work of all three agencies supports national health plans. One example is Ethiopia where health system strengthening takes place through multi-partner support for the Government's cross-sectoral Protection of Basic Services (PBS). Work on the PBS SWAp is led by the Government of Ethiopia with donors and other development partners contributing through technical support, budget support and directly funded projects. Funding from all three agencies has supported expansion of the Health Extension Program in rural areas. Development partners were involved in the Government-led effort to establish the strategy, agreed to support certain parts of the plan and now accept one financial report, in accordance with the country IHP+ compact. As such support for health systems in Ethiopia provides a useful example of how the Platform could work.

Additional information on the Platform can be found at: <http://go.worldbank.org/IODHXHFOB0>.

Information on the partners can be found on their respective websites:

The GAVI Alliance: www.gavialliance.org

The Global Fund: www.theglobalfund.org

The World Bank: www.worldbank.org

The World Health Organization: www.who.int