Year in Review

Progress Report 2018
In the past year, the Financing Alliance for Health (FAH) has grown. . .

Together with the Advisory Committee, CfG Board and team, we have refined our strategy and developed a vision for the next 2-5 years. We have grown the team and diversified our expertise. We have increased and diversified our multi-sectoral funding partners, while deepening existent partnerships through renewed commitments. We have grown our presence at our headquarters in Nairobi.

. . . both in geographical reach . . .

Our geographical footprint has grown in terms of number of countries as well as beyond the African continent. We have deepened our support to our 5 existent countries (Liberia, Sierra Leone, Malawi, Uganda and South Africa), we have established in-country support in Zambia and are finalizing terms with 1-2 additional countries.

. . . and we are grateful for all the support thus far . . .

We have formalized our partnership with organizations through MoUs. We have expanded the membership of the Technical Advisory Group (TAG) to 30+ organizations and individuals. We are humbled to be globally recognized for our support to governments. We look forward to a strengthened and growing partnership.

. . . as well as content, relevance, capacity . . .

We have enriched the community health financing dialogue through codifying additional country experiences and sharing these on global platforms. We have developed capacity building materials such as health financing and public finance management curricula and disseminating these through in-person and online training. Our team has grown from 2 FTEs to 4 FTEs with diverse skills and expertise.
DASHBOARD: ORGANIZATIONAL AND OPERATIONS UPDATES
THE FINANCING ALLIANCE FOR HEALTH’S VISION IS TO ACHIEVE HEALTH FOR ALL THROUGH SUSTAINABLY FINANCED HEALTH SYSTEMS

OUR VISION
Focusing financing to improve health for all

OUR MISSION
We partner with governments, on all steps of financing, to strengthen and sustain community health systems

VALUE PROPOSITION
The Financing Alliance:
• Acts as a facilitator between the worlds of finance and health in developing countries
• A thought leader on how to sustainably finance integrated community health systems
• Is a unique, multi-sector partnership committed to partnering with governments to achieve the 10 guiding principles from the CHW Investment Case Report and to building local capacity alongside in-country partners

STRUCTURE
FA is a partnership with a full-time team, a day-to-day project advisory committee and a large technical advisory group with partners; the signatories of the CHW Investment Case report have agreed to stay on as high-level councils to the FA

Partners include Total Impact Capital, USAID, UNICEF, UN Special Envoy’s Office, Partners in Health, Last Mile Health, Clinton Health Access Initiative, Living Goods, and others
OUR THEORY OF CHANGE IS ALIGNED TO OUR GOAL OF FOCUSING FINANCING TO IMPROVE HEALTH FOR ALL

THEORY OF CHANGE

1. Despite the $10:$1 ROI on CHWs, few countries currently prioritize CH systems.

2. Insufficient and inaccessible international and domestic funding has meant that many countries’ community health programs remain fragmented, trapped in pilot and sub-scale phases, and not always delivering a maximum return on investment.

3. The FAH has the distinct Knowledge, ability and experience to draw on private sector knowledge of financial structuring and access to a variety of financing opportunities, to help countries design more efficient and effective systems.

4. The FAH draw on public and private sector experience, with health and finance expertise to help countries has the unique operational ability to draw on these abilities to help countries transition from a reliance on donor support to more self-sufficient models that ‘crowd in’ new sources of financing as well as fully utilize government resources.

5. We focus our skills, experience and partnerships to focus financing on CH systems in country through:
   - **Improved timing**: pre-emptive investment cases that limit missed funding opportunities
   - **Fast tracking** decision making on funding
   - Focusing the **spotlight** on effective CH systems, as a building block to PHC and pathway towards UHC
   - Supporting government on **stakeholder engagement and coordination** on funding CH
   - Highlighting and/or co-developing new sources of financing e.g. Blended finance for CH
THE FINANCING ALLIANCE SUPPORTS ALL REQUIRED STEPS ON COMMUNITY HEALTH FINANCING

APPROACH TO COMMUNITY HEALTH FINANCING

BUILD TEAM
Build team & identify champions
Make the case (incl. ROI)
Continue advocacy over time

DEVELOP STRATEGY, POLICIES, COSTING
Develop national strategy
Build supportive policies
Run iterative costing process

MAP RESOURCES
Identify and prioritize funding sources
Analyze financial gap
Develop financing pathway

OPERATIONAL ENABLERS
Dedicated community health directorate
Strong coordination mechanisms

CREATE INVESTMENT PLAN
Summarize in investment plan
Share with stakeholders

* All these steps happen in the context of the national health system and strategy
STRENGTHENING COMMUNITY HEALTH FINANCING STRATEGIES AS A BUILDING BLOCK OF HEALTH FINANCING STRATEGIES

Strong and robust Health Financing Strategy incorporated into the Country’s Developmental Agenda

- **Goal**
- **Our expansion plan**
- **Our current focus**

Though our focus is on community health financing, we continue to offer thought leadership on primary health care financing.

In the next 3-5 years, based on our experience, increased team capacity and strategic local and global partnerships, we look to expand our scope to direct support on primary health care financing.
WE SUPPORT DEVELOPING COUNTRIES ACROSS OUR 4 AREAS OF WORK, IN ADDITION TO OUR GLOBAL ROLE, FROM OUR HEADQUARTERS IN NAIROBI

FULL-TIME TEAM
BASED IN NAIROBI

COUNTRY GOVERNMENT SUPPORT
Long-term onsite technical and financing support
Serving governments via flexible modalities

ANALYTICAL TOOLKIT
Develop and offer toolkits to support country costings, investment cases and financing pathways

FINANCING PRODUCTS/MODALITIES
Cataloguing existent options
Working with donors and financing industry to design, develop and deploy new/modified financial products

AWARENESS AND EDUCATION
Communicate case for investment
Build thought leadership on past country experiences
Share financing curriculum through university channels
### Priorities
- **Country engagement and support:** Deepen support to Liberia, Sierra Leone, Malawi, Uganda, South Africa and 1-2 others of the following: Zambia, Ghana, Burkina Faso, Haiti
- **Analytical tools:** Validate ROI methodology, cross-country comparative cost analysis
- **Financing products and modalities:** Design and launch financing products. Release Community Health Financing Compendium v2.0
- **Awareness and Education:** Publish and disseminate Bellagio white paper, launch curriculum at an institution and online

### Impact
- **Countries:** 2-3 countries with investment plans
- **Financing:** Focus $50-60M financing for community health
- **Funding modalities:** Launch 1-2 financing solutions
- **Insights:** Publish 2-3 knowledge pieces

### Key success factors
- Continued in country engagement, directly and through leveraging partner organizations
- Codifying country experiences to facilitate south-south learning with the countries we serve
- Act as bridge between the worlds of finance and health
- Diversify our partnership base with leaders in finance and investment
- Crowding in non traditional donors and private sector to financing community health. Leveraging multi-lateral partners to reach them
- Expand team to gain critical capabilities

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## OUR VISION:
Focusing financing to improve health for all

## OUR MISSION:
We partner with governments, on all steps of financing, to strengthen and sustain community health systems

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## VISION AND MISSION

### VISION
FINANCING ALLIANCE FOR HEALTH STRATEGY

### MISSION
2018

### IN 5 YEARS
2022 Impact
- **Coverage:** Cumulative increase of MNCAH service coverage by 10%
- **CHWs:** Increase the number of CHWs institutionalized by 150,000*
- **Financing:** Focus $0.5 – 1B** financing for community health with the mix of sources ranging from domestic, donors, private sector
ACHIEVEMENTS FOR 2018

**Countries**
- Engaged 2 additional countries
- Developed 1 additional investment plan

**Finances**
- Focused ~US$30 Million towards community health to date

**Funding modalities**
- Supported discussions with 1 country government on potential launch of our innovative finance product

**Team**
- Grown capacity of team from 2FTEs to 4 FTEs and capability diversity to include private sector and finance expertise

**Insights**
- Developed the public finance management curriculum, refined the health financing curriculum and developed a case study on South Africa

**CHWs recognized/institutionalized**
- 14,450 CHWs recruited and deployed in Sierra Leone, ~3,000 active CHAs in Liberia and funding secured for 1,500 CHEWs in Uganda
WE HAVE AND INTEND TO GROW THE RIGHT SKILLS MIX ON OUR CORE TEAM, COMPRISING OF FORMER CONSULTANTS, ECONOMISTS AND HEALTH EXPERTS

Angela Gichaga
Chief Executive Officer
Strength in civil service and public health
Served in civil service at different levels before joining management consulting with McKinsey & Company
Has been a clinician, administrator, academician and is a health economist

Nelly Wakaba
Country Engagement and Support Director
Strength in non government and private health
Worked as a Clinical and Community nurse before running Global Fund TB programs
Later joined Novo Nordisk as the Changing Diabetes in Children Program Manager

Lizah Masis
Country Investment and Knowledge Director
Strength in private sector finance and investments
Worked at Wells Fargo Bank in finance and investment banking
Later joined LSE as business development lead to fundraiser for the LSE Africa Summit

Joyce Kabiru
Costing and Investment Associate
Strength in public and social sector consulting
Worked at Dalberg Advisors across multiple sectors, notably, being embedded in a Tanzanian SEO while setting up their office there and exploring innovative funding strategies for Global Fund/Project RED

We utilize different modes of working to ensure we can have impact. We leverage the expertise of our member organizations and the flexibility of post graduate students to have reach and relevance.
THE CORE TEAM DRAWS UPON THE SKILLS, EXPERIENCE AND NETWORKS OF OUR ADVISORY COMMITTEE, OUR CONTRIBUTORS AND TECHNICAL ADVISORY GROUP

<table>
<thead>
<tr>
<th>PROJECT ADVISORY COMMITTEE MEMBERS</th>
<th>CONTRIBUTORS</th>
<th>TAG MEMBERS</th>
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<tbody>
<tr>
<td>Nan Chen</td>
<td>Gita Ramamurti</td>
<td>Shalen De Silva</td>
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<tr>
<td>Claire Qureshi</td>
<td>Avery Plough</td>
<td>Pro bono McKinsey support</td>
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<tr>
<td>Phyllis Heydt</td>
<td>Haroun Habib</td>
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<tr>
<td>John Simon</td>
<td>Victoria Bakare</td>
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<tr>
<td>Daniel Palazuelos</td>
<td>Stephen Nabinger</td>
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<td>Jerome Pfaffman Zambruni</td>
<td>Nicolas Luzarraga</td>
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<td>Pragati Jaiswal</td>
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There are >30 individual and institutional members of our Technical Advisory Group (TAG)
COUNTRY ENGAGEMENT UPDATES
ACHIEVEMENTS FOR COUNTRY ENGAGEMENT

Countries
Increased geographical footprint by 40%, by adding 2 additional countries to our existent 5 countries.

Scope
Expanded our scope of impact beyond Africa.

Financing focused
Supported governments, directly and through partnerships, to focus $30 million financing on community health strategies that would deploy ~50,000 CHWs across 5 countries.

Insights
In Uganda, supported Ministry of Health (MoH) secure ~53% of the first year of CHEW programme implementation. This included securing domestic resources from Ministry of Finance, Planning and Economic Development (MoFPED).
IN OUR 2018/2019 STRATEGY WE WILL WORK WITH NINE GOVERNMENTS

**Burkina Faso**
- Situational analysis and feasibility assessment for engagement

**Sierra Leone**
- Strengthening stakeholder engagement within MoH and with partners
- Engagement of MOF for domestic resource allocation
- Capacity building on PFM

**Liberia**
- In partnership with Last Mile Health
- Ongoing resource mobilization

**Ghana**
- Opportunities to support the costing of CHPS program scale up and capacity building on PFM
- Advise and support on long term financing of CHPS

**Uganda**
- Domestic resource mapping and mobilization for CHEW programme
- CHEW Investment plan and advocacy pack
- Capacity building on PFM
- Financing instrument design and completion of terms

**Zambia**
- Costing, financial gap analysis, resource mapping & ROI of the operational plan (OP) of the new CH strategy

**Malawi**
- Support on understanding PPPs for the funding of CH health posts
- Domestic resource mobilization for the new National Community Health Strategy

**South Africa**
- Continued advise and support to Treasury on the WBPHCOT financing
- Opportunities to support additional costing work

**Haiti**
- Situational analysis and feasibility assessment for engagement
WE APPLY THE “ACCOMPANIMENT MODEL” IN OUR COUNTRY ENGAGEMENT WORK WITH MINISTRIES OF HEALTH AND FINANCE
WE ENDEAVOUR TO ACT AS A "BRIDGE" IN OUR ENGAGEMENT PROCESS

Ministry of Health, MOH

CH Champions/"go to" teams:
• Community health (CH) dpt/unit
• CH lead/director/commissioner
• Planning & finance departments

Senior leadership to syndicate, communicate with & problem solve:
• DG health services/ equivalent chair of health sector working group
• PS MOH
• Minister for health

Health Development partners (HDPs)
• Head of HDPs & HDPs
• Presence during steering/coordination committee meetings

Ministry of Finance, MOF

CH Champions/"go to" teams:
• Health dpt/unit/ economist
• Donor coordination teams
• TAs from WB, GF embedded at MOF

Senior leadership to syndicate, communicate with & problem solve:
• Commissioners/heads of units
• Director budgets
• PS MOF
• Minister of finance

Health Development partners (HDPs)
• TAs / program managers of "on budget" funders like WB, GF, ADB, IDB
• Organization working with MOF in-country

"BRIDGE"

Financing Alliance for Health

Broker between MOH & MOF

Relationship strengthening

Innovative financing for Community Health (CH) & institutionalized CH Systems

Domestic Resource Mobilization (DRM) & ownership of CH

Go to organization on CHF

Empower governments – costing, investment case, PFM, leadership & management
FAH HAS SUPPORTED ACTIVITIES TO MOBILIZE ~$30M ACROSS 3-4 COUNTRIES THUS FAR

**FUNDS MOBILIZED WITH FAH SUPPORT (USD $M)**

<table>
<thead>
<tr>
<th>Country</th>
<th>Domestic Funding</th>
<th>Other Partners</th>
<th>GAP</th>
<th>Direct FAH support resulting in mobilized funds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td></td>
<td></td>
<td>$2.19M</td>
<td></td>
</tr>
<tr>
<td>South Africa</td>
<td>Domestic Funding</td>
<td></td>
<td>$7.5M</td>
<td>FAH provided indirect support to the SA Treasury to mobilize resources for the WBOT program</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Other Partners</td>
<td></td>
<td>$20M</td>
<td></td>
</tr>
<tr>
<td>Liberia</td>
<td>Other Partners</td>
<td></td>
<td>$20M</td>
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</table>

There still exists a gap of $200-300M across partner countries that FAH is currently focused on filling
Sierra Leone (1/2)

We are supporting Sierra Leone to focus financing on a community health strategy with 15,000 CHWs.

National Community health worker strategy (2018-2021)

$56m
Over 4 years
15,000 CHWs

Milestones

Costing of the CHW strategy done
Financial gap analysis, ROI, investment plan & advocacy toolkit developed
$7.5m Donor resource mobilization
13,644 vs 15,000 CHWs trained and deployed
Support ongoing on domestic resource mobilization efforts with MOF

Financial gap analysis

Government requested support on investment case development, advocacy toolkit and DRM

Donor resource mobilization

$7.5m

CHWs trained and deployed

13,644 vs 15,000

Support ongoing on domestic resource mobilization efforts with MOF
Sierra Leone

We are supporting Sierra Leone to focus financing on a community health strategy with 15,000 CHWs.

National Community health worker strategy (2018-2021) $56m Over 4 years 15000 CHWs

Costings (snapshot) Advocacy toolkit (snapshot)
**Liberia (1/2)**

We are supporting Liberia (with our partners) to focus financing on a community health strategy with 4,200 CHWs.

### National Community Health Services Policy (2016-2021)

- **$73.4m**
  - Over 7 years of scaling up
- 4,467 CHAs & 3,844 CHVs

### Milestones

- Costing of the CHW strategy
- Financial gap analysis, ROI, investment plan & advocacy tool developed
- **$20m**
  - Donor resource mobilization
- 2,893 out of 4,467 CHAs trained and deployed

### FAH SoW 2018/19

- Cost of implementation review (Value for Money Analysis, cost savings etc.)
- Resource Mobilization support through Last Mile Health partnership

Bomu County, Liberia During in-country visit with Unicef & Plan International
Liberia (2/2)

We are supporting Liberia (with our partners) to focus financing on a community health strategy with 4,200 CHWs.

National Community Health Services Policy (2016-2021)

$73.4m

Over 7 years of scaling up

4,467 CHAs & 3,844 CHVs

We are supporting implementation of our recommendations.
Malawi\(^{(1/2)}\)

We are supporting Malawi to focus financing on scaling up the Health Surveillance Assistants by 7,000.

First National Community Health Worker Strategy (NCHS 2017-2022)

- $421m
- Over 5 years
- 7,000 HSAs
- 900 health posts

FAH SoW 2018/19

- Case examples of PPPs in PHC, Private sector mapping in Malawi
- Resource mobilization especially for the health posts (largest funding gap) through PPPs
- Domestic resource mobilization- Advocacy with MoF

NCHS 5 Year Gap ($M)

- CHW Salaries: 35
- ICT: 15
- Management: 6
- Supervision: 7
- Supplies: 13
- Transport: 12
- Training - Recurrent: 22
- Training - Start up: 32
- Infrastructure: 78
Malawi

We are supporting Malawi to focus financing on scaling up the Health Surveillance Assistants by 7,000

First National Community Health Worker Strategy (NCHS 2017-2022)

- $421m
- Over 5 years
- 7,000 HSAs
- 900 health posts

We are supporting domestic resource mobilization from MoF and Private sector

Resource mobilization for Community Health
Overview presentation, Bellagio

October 2017

What is Malawi doing to address these challenges?

1. Collaborated with >100 stakeholders
2. Vision to improve livelihoods of all Malawians
3. A 5-year strategy (2017 – 2022) to support health system for a generation
4. Developed with HISP II

Working to implement the National Community Health Strategy

- Establishes a new CH system that is community-led and centered on interventions across the health system
- Implementation plan includes recruiting 7,000 new HSAs, constructing 900 health posts, and integrating services

Key question for the Bellagio group (as it relates to financing)

- How can we better incorporate systems strengthening into funding, separate from vertical/program specific? Ask partners. Kindly clarify what proportion of vertical funding currently goes to MoH?
- How can we rally multi-stakeholder support for recurrent costs? How do we crowd in private sector?
- What sort of pooling mechanisms are available for community health financing?
- Challenge to the ministries and partners, what proportion of the health budget should go to CHWs?
Uganda

We are supporting Uganda to focus financing on implementing the CHEW strategy with 15,000 CHEWs

New CHEW strategy
(2017-2021)

$96m
Est. Cost over 5 years

15,000 CHEWs

Milestones

$900k
Domestic resource mobilization for CHEW

Donor resource mobilization

$1.27m
Overall year 1 funds vs target =

$2.314M vs $5M (46%)

Government requested support on financial gap analysis, stakeholder mapping and DRM

FINANCING ALLIANCE FOR HEALTH PROGRESS REPORT 2018
Zambia

We are supporting Zambia to focus financing on scaling up the CH strategy to 5,000 CHAs.

New community Health Strategy (2017-2021)

**CHW**
Yet to be costed
Over the next 4 years

5,214 CHAs

**Milestones**

- New country in scope
- Initial visit made – relationship with MOH CH team & senior MOH leadership
- Decision made to develop an operational plan for the CHW strategy
- Scope of work defined – Costing, financial gap analysis & resource mapping, building an investment case for CH
- Build capacity of CH team on costing

**Government requested support on:**
- costing, investment case development,
- stakeholder mapping
- and capacity building
Zambia (2/2)

We are supporting Zambia to focus financing on scaling up the CH strategy to 5,000 CHAs.

New community Health Strategy (2017-2021)

CHW Yet to be costed Over the next 4 years

5,214 CHAs

We supported development of a comprehensive case study on the community health system in Zambia.
Ghana

We look forward to supporting Ghana to focus financing on scaling up the CHPS programme

**National Community Based Health Planning & Services (CHPS) Launched in 2016**

- **$70.06m** Per year
- **3,175 CHPS**
  - Ones functional: CHO:CHPS;3:1
  - 9,525 CHOS
  - Currently at 53% vs 90% target

**Milestones**

- New country in scope
- Developed a limited scope country case study on the CHPS programme and the lessons on integration
- Defining scope of work is on-going – initial country visit made
- Potentially, FAH shall conduct costing of CHPS scale up and Resource Mobilization

We supported development of a case study on the community health system in Ghana
Haiti

We look forward to supporting Haiti to focus financing on their Community Health programme

Agent de santé communautaire polyvalent (ASCP) is the main community health cadre in 2015

$257m Over the next 5 years

10,920 ASCPs

Milestones

New country in scope

Conducted desktop research and call with Unicef team (Ralph)

Key areas of need highlighted: Haiti CH program is fragmented and implemented by diverse NGOs

Main partners present - Partners in Health, PSI, PLAN International, MSF, MDM, UNICEF, Project Medishare, World Vision

Community health unit does not exist, hence community health coordination activities difficult

- Case study for Peru as a stepping stone to understanding perspectives of CH in that region.
- In-country visit in Q4 2018
Liberia

Children carry a Community Health Assistant (CJA) in Liberia and his supervisor, in Liberia.

Nelly with Hon. Dr. Wilhelmina Jallah, Minister of Health in Liberia.

CHA takes Nelly Wakaba (FAH) through his work aid documents. Bomi County, Liberia.

South Africa

National Department of Health Team and Nelly Wakaba (FAH) in South Africa.

Uganda

Strategic advisory support to the National Coordinating Committee on Community Health in Uganda.

Sierra Leone

Engaging with Ministry of Finance and the CHW Hub team of Ministry of Health in Sierra Leone.

Preparing for a multi-stakeholder meeting with the CHW Hub team of Ministry of Health in Sierra Leone.
ANALYTICAL TOOLKITS
ACHIEVEMENTS FOR ANALYTICAL TOOLKITS

Cost Saving Analysis
Conducted cost savings analysis for 2 countries, Uganda and Malawi, which is critical in strengthening the CHW investment case.

Country Score Card
Developed a country score card to track our engagement and country progress over time.
TO SUPPORT INTRA AND INTER-COUNTRY COUNTRY ENGAGEMENT PROGRESS, A COUNTRY SCORE CARD APPROACH IS USED

<table>
<thead>
<tr>
<th>Country Engagement (CE) Tracking tool</th>
<th>Key Performance Indicators (KPI)</th>
<th>Baseline</th>
<th>Current Performance (date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phase – 1: Political Prioritization</td>
<td>Existence of a Community Health (CH) strategy</td>
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<td>CH Strategy check against 8 design principles (Check Design sheet for scoring)</td>
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<td>CH unit/directorate + focal person at MOH</td>
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<td></td>
<td>CH Champion (beyond CH unit, high political ranking)</td>
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<td>CH Champion at MOF (touch point &amp; guide engagement with MOF)</td>
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<td></td>
<td>Budget line on CH &amp;/domestic resource mobilization</td>
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<tr>
<td>Phase – 2–4: Pillars for Financing</td>
<td>Costed CH strategy</td>
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<td>Return on Investment estimation (ROI)</td>
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<td>Funding gap analysis + resource map</td>
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<td>Co-developed investment plan</td>
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<td>Advocacy deck (track its use? Effectiveness? Timeliness? Right audience?)</td>
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<tr>
<td>Phase 5: Implementation of CH strategy</td>
<td>Donor resource mobilized &amp; committed into CH</td>
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<td></td>
<td>Domestic resource mobilized &amp; committed into CH</td>
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<td>Capacity building of CH teams on PFM, basics of PM &amp; problem solving as needed</td>
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<td>Updated costing &amp; resource map (Annually &amp; compare initial est. vs actual impl.cost)</td>
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<td></td>
<td>Innovative finance product (pave way for a yes/ no on feasible options)</td>
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<td></td>
<td>Acknowledge, support and awarding of partners</td>
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<td></td>
<td>Letter of request/ToR from government received</td>
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<td>Relationships established - Minimum 2 CH &amp; &quot;go to champions&quot; at MOH &amp; MOF</td>
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<td></td>
<td>Delivery of SoW in time</td>
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<td>Score from satisfaction survey post delivery of defined SoW</td>
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<td></td>
<td>Finances focused into CH - Track growth from baseline/country</td>
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</table>
WE CONTINUE TO REFINE AND DEVELOP NEW TOOLS TO SUPPORT FINANCING WORK IN COUNTRY

Improve and validate existing tools...

- **Costing and ROI tool**: build out and/or update costing and ROI tool based on country feedback
- **Standardize the advocacy pack** using a template

... while developing new tools and checklists to facilitate investment planning

**Cost savings analysis tool:**
- Develop a cost savings tool that analyses the savings generated within the (primary) health care system through implementation of effective, at scale, integrated CH systems

**Debt capacity and wage bill analysis tool:**
- Develop a standard approach to our outside-in as well as in country analysis of governments ability to take on more debt and/or more workers on payroll

**Checklists:**
- Determine the key criteria and design a standard approach to assess comprehensiveness of costing and/or investment planning

The goal is to develop a resource toolkit for use internally as well as by countries and partner organizations
FINANCING PRODUCTS/INNOVATIVE FINANCE
ACHIEVEMENTS FOR FINANCING MODALITIES AND INNOVATIVE FINANCE

Financing Compendium
Reviewed and customized the compendium to different country contexts

Stakeholder Engagement
We continue to engage key stakeholders and advance talks on our innovative finance instruments
The team developed a Community Health Financing Compendium, collating available financing instruments and approaches.

The Compendium is a “one stop shop” for governments on financing options.

- An overview of global health financing mechanisms and instruments
- Descriptions of instruments and approaches within each of the five categories
- A supplement with an overview of several multilateral development banks
- A high-level description of bilateral development agencies

... illustrating different instruments and approaches for application to eligible countries

Five categories of ‘ingredients’ to finance health

- Debt-financing
- Domestic financing
- Private provider financing
- Blended financing
- Grants

An “instrument”... an existing financial channel or financing product available for governments to access to finance health systems

An “approach”... a type of financing arrangement (independent of a specific channel or product) that governments can structure to finance health systems

where would countries start?

1. Is your country eligible for a particular instrument/approach?
2. Debt-capacity: Does your country have debt capacity?
3. M&E: Do you have a strong M&E and data framework for CH?
4. Private delivery: Do you have strong NGO/private delivery network that you want to build on/incorporated in the national system?
5. Size($) : What is the likely order of magnitude with a particular instrument/approach?
6. Application: How applicable is an instrument/approach to community health?
7. Feasibility: How feasible is it to access an instrument/approach?

This narrowing process will produce a country-specific set of options which can help identify priority instruments.
WE CONTINUE OUR EFFORTS TO FOCUS FINANCING THROUGH OUR IN COUNTRY WORK, COMPENDIUM AND INSTRUMENTS

Financing products/modalities

- Customize compendium to country contexts
- 1-2 new innovative financing opportunities to address country financing needs explored and codified

Focused CH Financing

Track combined financing identified to CH through products, Country Engagement and other FAH activities

FOR OUR INSTRUMENTS

- Secure interest from stakeholders;
- Codify learning on process, stakeholders, challenges, timeline etc. for launching a financing product
- Codify various Trust Fund structures

WHERE DO COUNTRIES START

This narrowing process will produce a country specific set of options that help identify priority instruments

ELIGIBILITY
Is your country eligible for a particular instrument/approach?

COUNTRY CONTEXT
Do you have a gap in Private Delivery?

ATTRACTIVENESS
Is the option attractive and feasible?

Funds Mobilized with FAH Support (USD $M)

<table>
<thead>
<tr>
<th>Country</th>
<th>Instrument</th>
<th>Source</th>
<th>Amount ($M)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uganda</td>
<td>Domestic</td>
<td>GAP</td>
<td>$2.19M</td>
</tr>
<tr>
<td>South Africa</td>
<td>Domestic</td>
<td>GAP</td>
<td>$7.5M</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>Domestic</td>
<td>GAP</td>
<td>$20M</td>
</tr>
</tbody>
</table>

Direct FAH support resulting in mobilized funds

*There still exists a gap of $200-300M across partner countries that FAH is currently focused on filling
Low-income country governments often find it difficult to access capital markets, with sovereign bonds facing high coupon rates, often beyond what can be described by risk ratings; Recent SSA issuances commanded yields btw. 6% and 12%
IN RESPONSE, FAH IS DESIGNING AND DEVELOPING INNOVATIVE, BLENDED INSTRUMENTS TO PROVIDE UP-FRONT FINANCING TO HELP COUNTRIES INITIATE TRANSFORMATIVE INVESTMENTS TOWARD SCALE AND SUSTAINABILITY

STRENGTHENING PRIMARY HEALTH CARE THROUGH COMMUNITY HEALTH WORKERS: INVESTMENT CASE AND FINANCING RECOMMENDATIONS

Country develops strong National Plan to scale community health

Innovative financing instrument (e.g. Health bond, Guarantee etc.) provides catalytic capital

Task-shifting provides short-term cost savings to further finance system scale up

Frontloaded financing allows for powerful investments in PHC and CH systems

Resulting in increased access to care and potential to prevent up to 3m deaths each year
KNOWLEDGE MANAGEMENT
ACHIEVEMENTS FOR AWARENESS AND EDUCATION

**IlfPHC Partnership**
Formalized partnership with the International Institute for Primary Health Care in Ethiopia

**Curriculum Development**
Developed 2 curricula for capacity building of governments and global health stakeholders: a community health costing and investment plan curriculum and a public finance management curriculum

**Country Case Study**
Completed a comprehensive country case study of South Africa

**Partnerships**
Partnered with 5 other global institutions for a joint global advocacy campaign on “Communities at the heart of Universal Health Coverage”

**Content Generation**
Contributed content and filmed for the inaugural a community health online course by Last Mile Health Community Health Academy.
FAH has formalized it’s partnership with the International Institute for Primary Health Care in Ethiopia (IIfPHC –E)

FAH signed an MoU with the International Institute for primary Healthcare in Ethiopia, to deepen collaboration on government capacity building and technical support on effective, integrated, at scale primary health care systems, at the community level. This is in support of our awareness and education work areas, that feeds into our country engagement mandate.
The Communities at the Heart of Universal Health Coverage (UHC) is a multi-year global campaign to generate political will and commitment to ensure that integrated community health programs that are government-owned, financially sustainable, and rooted in quality are included in national UHC strategies.

At the 2019 HLM-UHC in September, national governments will come together to report on progress and identify challenges in achieving UHC. Countries will be required to report on a number of UHC indicators that will shape commitments and strategies moving forward.

Without a global commitment to government-owned, integrated community health systems that prioritize access for vulnerable, rural populations, UHC will be impossible to achieve. We must call for inclusion of community-based primary care indicators in country reports to be delivered at the 2019 HLM-UHC to ensure success overall.

Learn more, get involved at https://amref.org/communities-at-the-heart-of-uhc/
FAH CONTINUES TO CONTRIBUTE TO THE BODY OF COMMUNITY HEALTH KNOWLEDGE.....

Country case studies

- The Communities at the Heart of Universal Health Coverage (UHC) is a multi-country project to codify country experiences of implementing effective, at scale community health systems, through case studies.
- These support our in-country engagement by providing our government colleagues with practical examples of key success factors, within their context.
- We have completed 4 comprehensive case studies (Ethiopia, Zambia, South Africa, Rwanda) and 4 limited scope case studies (Brazil, Bangladesh, Kenya, Ghana).
- Global campaign to generate political will and commitment to ensure that integrated community health programs that are government-owned, financially sustainable, and rooted in quality are included in national UHC strategies.

White papers

- In support of our global advocacy efforts, we co-author and publish white papers to provide evidence and key advocacy messages for increased community health investments.
- This includes a three part series of “Strengthening Primary Health care through Community Health Workers”:
  - Investment Case and Financing Recommendations, 2015
  - Closing the $2 Billion Gap, 2017
  - Post- Bellagio reflections: country experiences in closing the community health funding gap (estimated 2018).

Global and regional conferences

- The team has presented, spoken on panels and participated in multiple global and regional public health and health financing conferences.
- We leverage these platforms to share our knowledge work as well as grow our Alliance.
...FOR CAPABILITY BUILDING AND ADVOCACY PURPOSES

**FINANCING PRODUCTS AND MODALITIES**

- We developed a community health financing and a public finance management training course to build capability of governments and other key stakeholders

- We are collaborating with LMH CHA to film online courses for the introduction as well as the community health financing deep dive

**CURRICULA FOR CAPABILITY BUILDING**

**FINANCING Alliance for Health**

- We collaborated with the Core Group to disseminate our case studies

- We collaborated with USAID CII to disseminate our Community Health Financing Compendium

**DISSEMINATION OF KNOWLEDGE PRODUCTS FOR ADVOCACY**

**Community Health Academy**
WE HAVE CONTINUED TO ADVOCATE FOR EFFECTIVE, AT SCALE AND SUSTAINABLY FINANCED CHS, PRIORITIZED BY GOVERNMENTS

**FAH at the 71st WHA in Geneva**

We played a key role in supporting and presenting at events including:

- **Diverse Pathways and Partnerships** to Universal Health Coverage: Global Health Council, Living Goods, IntraHealth International and FHWC presented a session to explore new models for innovative financing for universal health coverage, and the role domestic resource mobilization and community economic empowerment play in access to health care both today and in years to come.


**Global conference on Primary Health Care in Astana**

FAH had the opportunity to moderate a ministerial parallel session during the main conference on 26th: the Operationalization of PHC at the community level included a diverse panel, including Minister Jane Aceng (Uganda), Vice Minister Julio Colindres (Guatemala), Director General Ranaou Abache of the MoH (Niger), Kerry Pelzman, Deputy Assistant Administrator (USAID) and others.

**Skoll World Forum in Oxford**

The Financing Alliance for Health participated in the Skoll World Forum 2018, which was focused on Leveraging Technology to Close the Distance in Global Health Access. The session explored the reinvention of community health care and discussed the innovations poised to drive real change in global health systems. The role of Financing Alliance for Health was to share the opportunities to leveraging the different roles that governments can play in closing the distance through technology.
SUCCESS FACTORS: FUNDING PARTNERS

WE COULD NOT HAVE DONE THIS WITHOUT OUR FUNDING PARTNERS SUPPORT

USAID
FROM THE AMERICAN PEOPLE

UNICEF
Office of the UN Secretary-General’s Special Envoy for Health in Agenda 2030 and for Malaria

THE HORACE W. GOLDSMITH FOUNDATION

THE ROCKEFELLER FOUNDATION

GlaxoSmithKline

Medtronic FOUNDATION
From our smiling team, a heart felt thank you. Onwards to 2019!