Mobilize funding for CH/PHC, including sustainable domestic financing (1/3)

Overview

- There is currently an estimated annual financing gap of 2 billion USD for community health in sub-Saharan Africa
- As of 2016, fewer than 10% of the countries in the African Union are meeting their commitment to allocate 15% of their government spending to health
- As a result, there is a critical need to support countries in mobilizing more sustainable, domestic financing for health and prioritizing recurring costs (e.g., salaries)

Estimated annual funding to community health in SSA ($b)

Government Domestic Funding for Health as a % of Expenditure (African Union)

Desired End State

Increased and more optimized allocation of funding toward community health: the 2Bn dollar financing gap is closed and countries meet their Abuja commitments for domestic financing.

1 Financing Alliance/USAID report “$2bn gap” 2 Africa Scorecard on Domestic Financing for Health
Mobilize funding for CH/PHC, including sustainable domestic financing (2/3)

**Work to Build On**

- **CHW Investment Case and Financing Recommendations** – makes the strong case for investment in CHWs as a component of primary health care
- **Financing Alliance for Health’s toolkits** – calculating ROI, investment planning, technical assistance etc.
- **UNICEF/MSH Community Health Planning and Costing Tool** – supports the planning and costing of effective community health services
- **GFF investment cases** – Description of the changes that countries wish to see with regard to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and a prioritized set of investments required to achieve these results. The GFF also provides technical assistance.
- **In-country costing and investment plans**

**Investing in community health workers makes sense:**

1. Requirement to achieve critical global health objectives
2. Significant long-term economic return on investment (ROI)
3. Cost savings to finance system scale-up
4. Further benefits to society

SOURCE: Financing Alliance
### Further investments required – *illustrative/not comprehensive*

In order to close the financing gap and mobilize more sustainable domestic financing, additional cross-cutting investments are required:

1. **High-level international meetings with Ministers of Finance (e.g., at Bellagio)** to illustrate the case for community health delivery as part of PHC

2. **Further direct deal team support to Ministries of Health**, e.g., expanding GFF and Financing Alliance for Health to more countries and generating support for planning and budgeting at all levels

3. **Product design for new sources of financing**, i.e., diaspora bonds

4. **Cost-effectiveness analysis of community health to evaluate contributions of community health platform to different disease programs**, as a potential first step to design a “community health overhead” cost

5. **Best practice and information sharing on integrated financing platforms** to coordinate donor/domestic finances and align to government-led performance framework