

# E-NEWSLETTER

Multi-Donor Trust Fund (MDTF) for Integrating Health Programs



A midwife provides growth monitoring and promotion services to ethnic minority children in rural Cambodia. (Photo by Dominic Chavez/Global Financing Facility)

## Childhood health and nutrition holds the future for Cambodia

The World Bank's Board of Executive Directors approved the Cambodia Nutrition Project on April 4 to improve utilization and quality of maternal and child health and nutrition services for women and children, with an emphasis on populations in Cambodia's rural, remote, indigenous regions. The project will support improvements in child nutritional status, neonatal mortality, and routine immunization coverage and is financed by the International Development Association (IDA), the World Bank's fund for the poorest, the Global Financing Facility (GFF), and the Cambodia Health Equity and Quality Improvement (H-EQIP) trust fund.

Early findings from the Health Financing System Assessment (HFSA), with deep dives into immunization and nutrition informed the design of the Cambodia Nutrition Project. Further, the summary findings of the nutrition-deep dive



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Panelists speaking at the workshop to launch the Cambodia Economic Update.

were included in the selected issue on “Investing in Cambodia’s Future: Early Childhood Health and Nutrition” in the May 2019 Cambodia Economic Update. It found that a third of Cambodia’s future work force is experiencing childhood stunting – a marker of undernutrition and measure of the severity of faltering growth. Stunting is associated with lower cognition and motor development in early childhood and later life learning, health, and ultimately, adult earning potentials. Nearly 10% of Cambodian children are also experiencing child wasting, a form of acute malnutrition, which is considered high.

Human capital is an explicit contributor to the overall assets and economic health of a country. Despite a robust economic growth of 7.5% in 2018, Cambodia’s Human Capital Index score demonstrates gaps in health, early childhood nutrition, education, and skills which constrain the productivity of the future labor force. Key drivers of

undernutrition in Cambodia include: poor maternal, infant, and young child nutrition behaviors; low access and affordability of nutritious diets; low availability and quality of nutrition services; low access to and low quality of water supply and sanitation; and varied access to childcare resources, especially for working women.

Cambodia’s financing transition for nutrition is already well underway, though coverage and quality of essential nutrition services remains low. Spending on nutrition is insufficient relative to the needs for health and other relevant sectors while remaining highly donor dependent. However, opportunities exist to reprioritize nutrition within existing programs and budgets. A comprehensive human capital strategy is necessary that includes long-term investments in early childhood health and nutrition alongside short-term measures in skills-building and higher education.

[See full report](#)

## HSFA off and running in Cambodia

The Health Security Financing Assessment (HSFA) has been initiated in Cambodia in June 2019, with the establishment of the National Task Force for Health Security Financing comprising high-level representatives from all stake holders.

The task force includes the National Committee for Disaster Management; Ministry of Health; Ministry of Agriculture, Forestry and Fisheries; Ministry of Economy and Finance; Ministry of Planning; Ministry of National Defense; Ministry of Interior; Ministry of Environment; the World Bank, World Health Organization (WHO), United Nations International Children’s Emergency Fund (UNICEF), Food and Agriculture Organization (FAO), Australia’s Department



Members of the National Task Force for Health Security Financing at their meeting in Cambodia on June 11, 2019.

of Foreign Affairs and Trade (DFAT), and the Pasteur Institute of Cambodia.

HSFA helps generate evidence vital to: (i) inform health security policy dialogue and strategy development; (ii) establish a baseline on the overall size, sources, and flow of financing for health security; (iii) illustrate current institutional arrangements and constraints; and (iv) serve as a benchmark that provides comparison overtime within a country and with peer economies.

## MDTF impacts in focus

### New World Bank loan to improve grassroots health services in Vietnam



This grandmother and her granddaughter in rural Vietnam will benefit from investment in grassroots health services. (Photo by Global Financing Facility)

The World Bank Board of Executive Directors has approved a US\$80 million credit on June 19 to help Vietnam improve the quality and utilization of its grassroots health services in 13 provinces.

The [Investing and Innovating for Grassroots Health Service Delivery Project](#) aims to empower commune health stations (CHS) to take on a new role in detecting and managing non-communicable diseases while strengthening their existing role in controlling infectious diseases and providing essential maternal, newborn and child health care services. About 9.2 million people are expected to directly benefit from investments under this project. To achieve this objective, the Project will (i) upgrade the facility infrastructure to meet national standards, (ii) provide the CHS with equipment, training, and quality management tools, and (iii) support policy reforms to improve the financial sustainability and quality of services, as well as pilot innovations.

The 13 project provinces are Ha Giang, Bac Kan, Yen Bai, Son La, and Hoa Binh (in the north); Quang Binh, Quang Tri, Quang Ngai, and Ninh Thuan (in the central region); and Long An, Tra Vinh, Hau Giang, and Bac Lieu (in the south). All but one of the provinces are below the poverty line, while nine of the provinces are in the poorest third of all provinces.

While Vietnam has been successful in improving

aggregate essential service delivery outcomes, three key challenges remain: (i) ensuring that its “leave no one behind” agenda includes the most marginalized communities and groups in the health services; (ii) ensuring that its Primary Health Care (PHC) system has the ability to respond to Vietnam’s disease burden shift towards non-communicable diseases (NCDs) while continuing to deliver essential services for Mother and Child Health and infectious disease control; and (iii) ensuring that the delivery of essential programs traditionally supported by supply side subsidies do not get lost in the financing transition to social health insurance.

In addition to the US\$80-million loan provided through the International Development Association, the Project also receives grants worth a total of US\$25 million, of which US\$17 million come from the Global Financing Facility for Women, Children and Adolescents (GFF) to soften (“buy-down”) the interest rate of the loan, US\$5 million from the Integrating Donor-Financed Health Programs Multi-Donor Trust Fund (MDTF) and US\$3 million from the Tackling Non-Communicable Diseases Challenges in Low and Middle-Income Countries Multi-Donor Trust Fund. In-kind contributions from Gavi, the Vaccine Alliance will also be provided.

[See press release](#)

## MDTF impacts in focus

Analytics and I-SPHERE Project impacting health spending in Indonesia



Quality spending ensures supply side readiness at such primary health care facilities and boosts efforts to achieve UHC.

“Spend more, spend right, and spend better” is a good motto for focusing Indonesia’s health sector, but putting it into practice is not so simple. Quality health spending can be hampered by weak governance and accountability, financial and institutional fragmentation, and limited performance-orientation for service delivery. To tackle these issues, the Government of Indonesia receives support from the World Bank through its Programmatic Advisory Services and Analytics (PASA) whose activities are aimed at strengthening governance and accountability, health financing reforms, and quality of service delivery.

The ongoing PASA, designed to support acceleration of Universal Health Care, is also very much in line with I-SPHERE (Indonesia-Supporting Primary Health Care Reform) project. The PforR (Program-for-Results) project supports primary care reform through data use to strengthen accountability and improve service delivery, as well as boost clinical and managerial capacity at the district and provider levels. It also introduces performance-based financing in the intergovernmental fiscal transfer scheme (DAK, Dana Alokasi Khusus) and the social health insurance plan (JKN, Jaminan Kesehatan Nasional).

PASA activities provide evidence to support and facilitate the Ministry of Health in beefing up their

efforts to achieve the project’s agreed-upon Disbursement Linked Indicators. Among other things, these include:

(i) Developing a “performance dashboard” using the District Health Information System–2 (DHIS2), or any other relevant system, that pulls together agreed performance indicators from various information systems already in place. This will help benchmark performance across districts, make the results public and therefore help improve the performance orientation of districts;

(ii) Improving implementation of national standards for greater local government and facility performance by strengthening the credibility and capacity of the Accreditation Commission for Primary Health Care Facilities;

(iii) Enhancing the performance orientation of health financing for better local service delivery, including implementation of performance-based capitation mechanism to strengthen JKN’s role in driving provider performance.

PASA and I-SPHERE work together to ensure a smooth transition in Indonesia, as it moves away from external financing, through reforms of service readiness to deliver essential Mother and Child Health services and infectious disease management. Similar reforms are also incentivized in the governance and accountability systems, and in social health insurance purchasing by the Badan Penyelenggara Jaminan Sosial (BPJS, the JKN Fund administrator), to include the delivery of essential services.

#### ACTIVITIES SCHEDULE (July-September 2019)

##### JULY 10

Health Summit meeting and supply side readiness assessment of primary health care in BARM, Philippines

##### JULY 23

Joint Annual Review of the Health Sector in Kiribati

##### JULY 24

Workplan and Budget Workshop with Ministry of Health and Medical Services and Development Partners in Kiribati

# Win-Win Tax to tackle NCDs and increase government revenues:

## Lessons from Tonga



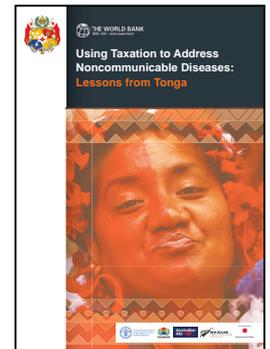
The World Bank team with Dr Siale 'Akauola (3rd from left), the Chair of the National NCD Committee/ CEO of Ministry of Health, and Mrs 'Ofeina Filimoehala (2nd from left), CEO of Tonga Health Promotion Foundation.

During May 24-31, 2019, the World Bank team presented its findings and recommendations from the report **Using Taxation to Address Non-communicable Diseases: Lessons from Tonga** and discussed the next steps to translate recommendations into actions with the Government.

Chief Executive Officers from the ministries of finance, health, revenue and customs, agriculture, fisheries, commerce, and the Tonga Health Promotion Foundation have expressed their full endorsement of all recommendations in the report and are working together with the Bank's team to turn the recommendations into actions. The team was also invited to present the findings to the Prime Minister and his cabinet on May 29, 2019.

Key findings from the report include:

- (i) Imposition of large excise taxes led to reduction in consumption of manufactured cigarettes, alcohol, sugar-sweetened beverage (SSB) as well as selected food products, including mutton flaps, turkey tails and ice cream;
- (ii) Price, not health, is the main reason for changing behaviors, according to consumers;
- (iii) Excise taxes on cigarettes have greater effects on the behaviors of less well-off smokers who are more sensitive to price increase;
- (iv) But consumers shifted to cheaper unhealthy substitutes, which were not subject to excise taxes, e.g. Tapaka Tonga (local hand-rolled tobacco), salted beef, corned beef, locally produced instant noodles and SSB. This diluted the positive effects of the taxation policy;



The finalized report presented to the Government of Tonga in May 2019

(v) The excise tax policy has generated significant amount of revenues which increase the country's fiscal space and can be used to boost the budget for health promotion activities and health care services.

The World Bank is continuing to work with the Government of Tonga, Development Partners and community groups to turn recommendations into policy and actions, with a formal national launch of the report planned for September 2019.

### ACTIVITIES SCHEDULE (July-September 2019) //////////////

#### JULY - AUGUST (TBC)

Government and Non-Government Multi-stakeholder workshop on mechanisms for channeling public funds to Civil Society Organizations (CSOs) in Indonesia

#### AUGUST 5-9

13th Pacific Ministers of Health Meeting in French Polynesia

#### AUGUST

Sub-national data collection for Indonesia's HSFA expected to be completed at end of month

#### AUGUST

Health Security Financing Assessment (HSFA) meeting in Indonesia

#### JULY - SEPTEMBER

Analysis of health financing transition in Vietnam currently in peer review. Ready in Q3.

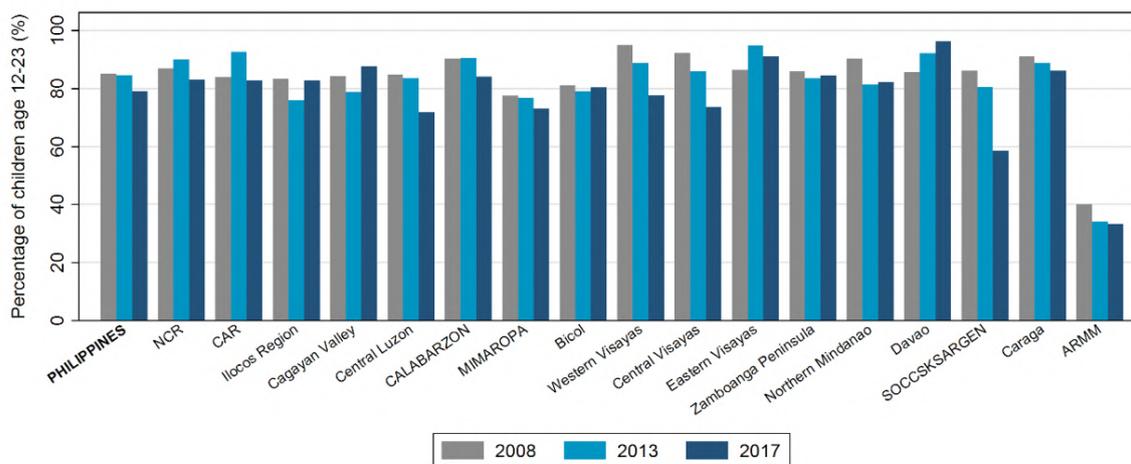
# World Bank working to improve health outcomes in the Bangsamoro Autonomous Region in Muslim Mindanao

As a middle-income country, the Philippines has substantially improved its public health system but health care indices have lagged behind in some regions such as the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM).

BARMM has some of the lowest health outcomes in the country, including for immunization, which raises the risk of outbreaks of vaccine-preventable diseases, including polio. Complete polio vaccination coverage in BARMM is low and declining as can be seen in the following table.



An enumerator interviews a mother in BARMM about her family health situation for the WB-supported household survey.



Source: Philippines DHS 2008, 2013, and 2017

However, the current political transition from the Autonomous Region in Muslim Mindanao (ARMM, located in the Mindanao island group) to the BARMM, a newly ratified autonomous political entity in the Philippines, offers the opportunity for regional health sector reform since health is one of the highest priorities of the transitional administration. The World Bank Group is conducting a Health Financing Systems Assessment (HFSA), including a household survey in partnership with the United Nations International Children's Emergency Fund (UNICEF), to comprehensively

review the health sector of the BARMM. The HFSA supports the building of sustainable financing to achieve Universal Health Coverage (UHC), the readiness of all rural health units to deliver primary health services, and access to and satisfaction with the health services.

As part of the HFSA, the completed Supply Side Readiness Assessment of all of the rural health units in the BARMM is already informing investment policies of the transitional government, to increase equitable access to primary health care services.

# WB supports Myanmar's pandemic preparedness



World Bank health security mission team members pose with Dr Thar Tun Kyaw (center), Permanent Secretary of the Ministry of Health and Sports, during their meeting.

A World Bank team was in Nay Pyi Taw and Yangon from May 13-17 to support the Government of Myanmar in strengthening pandemic preparedness work, identify key areas of support over the next 18 months, and propose a Health Security Financing Review (HSFR) for Myanmar.

The team worked together with representatives from the Ministry of Health and Sports (MOHS); Ministry of Planning and Finance (MOPF); Ministry of Agriculture, Livestock, and Irrigation (MOALI); and Ministry of Natural Resources and Environmental Conservation (MONREC). These collaborative efforts also have the support of the Government of Australia, the Government of Japan, World Health Organization (WHO), Food and Agriculture Organization (FAO), World Organisation for Animal Health (OIE), United States Agency for International Development (USAID), United States Centers for Disease Control and Prevention (US-CDC), Asian Development Bank (ADB), and other partners.

The mission team briefed MOHS Permanent Secretary Dr Thar Tun Kyaw on implementation progress of WB support to the ministry for pandemic preparedness and response. It also presented the draft situational analysis to the Central Epidemiology Unit (CEU), Department of Public Health, which found it timely and beneficial. The situational analysis examines existing legislations, guidelines and standard operating procedures, strategies and plans on pandemic preparedness, and outbreak management in Myanmar.



A representative from the Ministry of Planning and Finance speaks at the Introductory Workshop on Health Security Financing in Nay Pyi Taw.

Based on the findings and recommendations of the situational analysis, the CEU and the mission team identified priority areas for World Bank support over the next 18 months. These include: amending laws on communicable diseases to give public health measures legislative backing, finalizing and operationalizing the draft One Health Strategic Framework, and improving integrated surveillance activities at all levels through a series of capacity building events.

The HSFR introductory session was also successfully conducted in Nay Pyi Taw with the participation of officials from the MOHS, MOALI, MOPF, and MONREC. The MOHS permanent secretary expressed his full support for the health financing security review. A multi-sectoral technical working group comprising all concerned ministries, led by the MOHS, is to be set up to support the HSFR exercise.

# 7th Health Security Coordination Meeting held in Cambodia

The World Bank, in partnership with the Japan Policy and Human Resources Development (PHRD) trust fund and Australia's Department of Foreign Affairs and Trade (DFAT) regional partnership on health security, organized the 7th quarterly Health Security Coordination Meeting (HSCM) with the Government of Cambodia on June 7th.

Since September 2017, the quarterly HSCM has become a key platform bringing together the various stakeholders from government and development partners in the field of health security, to focus attention on topical issues and areas for collaboration. This meeting was aimed at sharing the upcoming implementation of the Health Security Financing Assessment (HSFA) and to also share partner updates on health security and pandemic preparedness for the country.

The meeting discussed the HSFA, where the central objective is to create an overall plan to look at the resources and flow for implementing health security activities. The HSFA was piloted in Vietnam last year and is currently underway in Indonesia. Cambodia is the third country in the world where it is now being implemented. The coordination meeting also went over the action points for finalizing the pandemic preparedness plan for Cambodia, including the need for a direct Standard Operating Procedure (SOP), Emergency



H.E. Kim Vothana, Deputy Secretary-General of Cambodia's National Committee for Disaster Management, chairing the 7th Health Security Coordination Meeting at the World Bank Office on June 7, 2019.



Participants at the coordination meeting

Operation Center (EOC) and Integrated Management System (IMS).

The 7th Health Security Coordination Meeting was chaired by H.E. Kim Vothana, Deputy Secretary-General of Cambodia's National Committee for Disaster Management. Representatives of relevant ministries and development partners participated in the meeting, and include those from Ministry of Health; Ministry of Agriculture, Forestry and Fisheries; National Committee for Disaster Management; the World Bank; World Health Organization (WHO), the United Nations International Children's Emergency Fund (UNICEF), Food and Agriculture Organization (FAO), United States Centers for Disease Control and Prevention (US-CDC), DFAT, and the Pasteur Institute of Cambodia.

## ACTIVITIES SCHEDULE (July-September 2019)

### WEEK OF SEPTEMBER 9

#### (DATE TBC)

Consultation on the finding of the Health Facility Costing Study and Benchmarking Exercise in Tonga

### SEPTEMBER (TBC)

National launch of Using Taxation to Address Noncommunicable Diseases: Lessons from Tonga report in Tonga

### WEEK OF SEPTEMBER 9

#### (DATE TBC)

Joint workshop in Tonga on "Planning and Budgeting for Health: Lessons Learned and Way Forward"

# Financing for pandemic preparedness is a priority for Southeast Asia



Dr Sutayut tells SEAOHUN's Engaging Intergovernmental Organization meeting about financing for pandemic preparedness.

Adequate financing for pandemic preparedness is a priority for Southeast Asia because "Health security is economic security", World Bank Senior Human Development Specialist Sutayut Osornprasop told a meeting of the Southeast Asia One Health University Network (SEAOHUN) held in May in Bangkok. Government officials and academics from across Southeast Asia attended the event.

According to the International Working Group on Financing Preparedness, the annual global cost of moderately severe to severe pandemics is US\$570 billion or 0.7% of global income. In low- and middle-income countries, which have calculated the cost of financing pandemic preparedness, the investment has been estimated at just \$0.5 to \$1 per capita.

The World Bank and partners are working with priority countries in Southeast Asia to support health security financing assessments, strengthen financial and institutional capacities on health security financing, and to increase political and economic commitment for health security. The Bank has also set up the Pandemic Emergency Financing Facility (PEF) to provide essential surge financing to key responders, including governments, multilateral agencies, and civil society organizations, to respond to a pandemic and minimize health and economic damage, Dr Sutayut said.

## MDTF impacts on the ground

The Multi-Donor Trust Fund for Integrating Health Programs sets out to help lower-middle income countries (LMICs) attain Universal Health Care (UHC) as they make the difficult transition from external to internal sources of funding. It strengthens countries' health systems to accelerate and sustain key health outputs and outcomes that contribute to UHC. MDTF impacts are wide-ranging and evident:

### Planning for graduation from Gavi and post transition support in the Pacific

Gavi graduation plans in Papua New Guinea and Solomon Islands have received focused attention over the past quarter, with Gavi missions to Port Moresby and Honiara in April/May. Government colleagues worked alongside Gavi, World Bank, WHO, UNICEF and other development partners to explore options for transitioning to more integrated and government owned and managed immunization programs. In Kiribati, post transition support activities were agreed between the government, Gavi, UNICEF, WHO and WB with an emphasis on helping to build a more sustainable government managed and implemented immunization program.

### Workshop on corporate services and public health programs in Vanuatu

Vanuatu's Ministry of Health convened a planning, budgeting and monitoring business plans workshop targeted at the Ministry's corporate services and public health programs on April 25-26 in the nation's capital, Port Vila. The workshop theme was preparing annual budgets that target national health priorities and are informed by regular health information and financial data focused on linking annual business plans to government priorities. Through this annual planning process, the Ministry of Health demonstrated its commitment to incorporating donor financing into their annual business plans, and increasing recurrent government budget allocations for programs that have historically relied on external financing particularly malaria, HIV and TB, and Immunization.

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