What is the Advance UHC: MDTF?
The Multi-Donor Trust Fund for Integrating Externally Financed Health Programs (MDTF) was established in 2015 to help countries transition from donor financed health programs to domestic health financing and service delivery systems. Its overarching goal is to support countries in sustaining their commitment to advance toward universal health coverage (UHC) while managing this health financing transition. In 2020 the fund was rebranded to highlight the Advance UHC agenda and was renamed “Advance UHC: Multi-Donor Trust Fund for Integrating Externally Financed Health Programs”. The foundation for advancing the UHC agenda remains immunization, maternal and child health, and management of infectious disease. COVID-19 has also shown that countries should integrate preparedness as the first step of this agenda. The MDTF is managed by the World Bank and its key donors are the Australian Department of Foreign Affairs and Trade (DFAT), Gavi, Global Fund, and the Bill and Melinda Gates Foundation. The MDTF covers countries in East Asia and the Pacific, Africa, South Asia, Europe and Central Asia, and Latin America and the Caribbean.

COVID-19 is not only requiring countries to respond to the way they deliver health services during the immediate crisis, but it will also impact the fiscal space for health around the world for some time to come with a forecast of 5.2% contraction in global GDP in 2020. The disease is expected to result in a deep global economic contraction, surpassing in severity the previous global and regional financial crises of 2008–2009 and 1997–1998. Almost all countries are projected to see some slowdown in economic growth in 2020, regardless of the extent to which the coronavirus has spread within their borders.

The extent and severity of the impact on health spending remains uncertain and needs to be

Using MDTF Resources to Study COVID’s Longer-Term Impact on Fiscal Space for Health and Implications for UHC

Overseas Filipino workers undergo swab testing for COVID-19 at a quarantine facility in Manila, Philippines, on May 20, 2020. ©Ezra Acayan/World Bank

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The extent and severity of the impact on health spending remains uncertain and needs to be
understood. To this end, the World Bank is utilizing MDTF funds, in partnership with the Global Fund, International Monetary Fund (IMF), World Health Organization (WHO) and Joint Learning Network (JLN) to analyze the impact of COVID-19 on health financing and service delivery in the medium term. Key areas being studied are the macro-economic context, public finance context, and the impact on public financing for health and health funding prioritization.

Preliminary estimates for East Asian economies and Pacific Island Countries show a significant economic shock in 2020, with regional growth projected to fall to 0.5% with a deep impact expected in Thailand, Timor-Leste, Palau, Fiji, and Samoa—just to name a few countries. “The pandemic will likely slow potential growth in the region by weakening investment and the supply chains that have been an important conduit for productivity gains over the last decade,” says the new World Bank report Pandemic, Recession: the Global Economy in Crisis, which assesses the global economic outlook following COVID-19.

Regions around the world are facing significant challenges with the economic activity for Sub-Saharan Africa set to contract by 2.8% in 2020 and similar contractions to be experienced in South Asia, with a projected GDP contraction of 2.7%. Latin America and the Caribbean are expected to experience significantly more severe economic consequences in the future with regional economic activity predicted to plunge by 7.2% in 2020. The impact experienced in Europe and Central Asia is more varied, with GDP contractions in Central Europe of 5% compared to a predicted contraction of 1.7% in Central Asia. All industries are feeling the impacts of COVID-19, with international travel restrictions limiting tourism, disruption to supply chains, tightening of financial conditions delaying investments and the plunge in oil prices all contributing to global economic uncertainty and instability.

If public financing for health responds to the economic shock the same way it has during previous contractions, levels of per capita public spending on health are expected to decline across many countries. Even if the health sector’s share of general government spending remains the same, countries may see a decline in health spending in real terms, due to sharp declines in government revenue and associated cuts in government spending. The significant economic burden placed on governments to fund the COVID-19 response at the moment will need to be recouped into the future, changing national funding priorities and creating an even greater need for finding efficiencies within often stretched health systems. In this emerging fiscal environment, countries will be further challenged in meeting existing UHC targets and ensuring continued access to health services under greater financial strain than previously experienced.

A Community of Practice (CoP) is being established as part of the Global Annual Health Financing Forum. It will include JLN participants from EAP as well as some participants who were registered to attend the Pacific Flagship course in May, cancelled due to COVID-19. This CoP will provide opportunities to gain insights quickly into both the responses to the COVID pandemic.
as well as the broader public financing implications experienced across the EAP region and how countries are attempting to “move to the new normal” to meet ongoing health service delivery demands.

Plans for further support are underway with partners including monitoring country responses to the pandemic, forecasting financing impacts and curating knowledge. For example, Vietnam’s early and unequivocal decision to prioritize health over economic concern resulted in it initially having some of the lowest COVID numbers (373 confirmed cases with no death as of July 16, 2020) despite sharing a long border with China. After the first case was detected in January 2020, Vietnam quickly halted passenger flights from high-risk areas, quarantined international travelers, pursued targeted testing, opted for aggressive contact tracing, and adopted a multi-tier isolation system. Unfortunately, the disease is deceptive and a second round of infection began spreading in late July, causing a number of fatalities.

Another example is the experience in the Pacific, where many countries acted early with travel restrictions and remain COVID free at this point.

However, this has not protected these fragile small island economies from the substantial impact of COVID. The loss of tourism and other key revenue generating opportunities have taken a significant hit. The reorientation of the health sector has also resulted in many costs on service delivery and health outcomes. The negative impact is likely to be felt for many years to come. As this monitoring and analytical work progresses the World Bank will continue to draw on the experience of undertaking MDTF-funded Health Financial System Assessments (HFSA) across the EAP region, adjusting the approach for the unique set of circumstances facing us all today.

Analysis at a global level has already been undertaken, with recent publications including Lives and Livelihoods: Estimates of the Global Mortality and Poverty Effects of the Covid-19 Pandemic, examining the impacts on the global community and the burden of poverty and mortality due to COVID-19. Additionally, Pandemic, Recession: The Global Economy in Crisis, highlights the economic impacts and the policy options available to governments and global institutions.

BRIEF NEWS

Vietnam Implemented New Grassroots Health Service Delivery Project

The Investing and Innovating for Grassroots Health Service Delivery Project for Vietnam began its implementation stage on May 18, 2020. The project includes US$80 million of IDA Transitional Credit and US$23 million in grants, of which US$5 million is co-financed by the Australian government through the MDTF to Advance UHC. The International Development Association (IDA) is part of the World Bank Group.

Retreat to Develop CPWC Guidelines in Cambodia

A retreat was convened in Kampong Cham province in February 2020 for members of the National Committee for Sub-National Democratic Development (NCDD-S) and the National Center for Health Promotion (NCHP) to develop the Commune Program for Women and Children (CPWC) guidelines. The CPWC guidelines will bring together community programs to create a demand for services and mobilize community members for outreach activities.
The fifth Annual Health Financing Forum (AHFF) on the theme of Health Financing Resilience and Sustainability was held virtually from 7-23 July 2020. Part I of the forum looked at health financing resilience, including steps countries have taken in their pandemic response and lessons learned to date. The six online sessions delivered over three weeks covered resource mobilization and prioritization, getting resources rapidly and flexibly to where they are needed, ensuring continuity of essential frontline services, telemedicine as a case study of purchasing agreements modification during COVID-19, the private sector in lower-middle income countries (LMICs) and financial risk protection for COVID-19, and building back better in resilience while learning from successes and mistakes. Each week concluded with learning round-ups organized to bring participants together to share their thoughts and experiences in small group discussions about the week’s AHFF webinars.

For those not able to join at the selected Washington DC time, these sessions were recorded and can be viewed here. Session materials including background paper and presentations can be viewed here.

The COVID-19 Health Financing Resilience Program Community of Practice (CoP) was also launched during Part I of the AHFF, providing an opportunity for participants to discuss and exchange ideas beyond the sessions through on and offline interactions around the forum topics. Questions from the AHFF sessions as responded to by presenters and panelists have also been consolidated and will be accessible to all participants once they join the CoP. Beyond the AHFF, the CoP provides a space for vital dialogue and discussion, one-on-one interactions, the sharing of experiences, and the deepening of collective knowledge on emerging priority areas on health financing for the COVID-19 response. It allows for the joint exploration of challenges and opportunities, and the sharing of policy responses and lessons learned. Join the COVID-19 HFRP CoP.

Part II, scheduled for later this year, will examine health financing vulnerability and sustainability in the context of the new normal, and the need to continue progress towards the SDGs. AHFF is being hosted by the World Bank Group, the U.S. Agency for International Development (USAID) and the Global Financing Facility (GFF).
As part of global efforts to combat COVID-19, development partners are doing what they can to support governments across the world to prepare for and respond to this latest threat to health security and UHC for all. Joining the efforts of many others, the World Bank on March 17, 2020 provided a US$14 billion package of fast-track COVID-19 financing (FTCF) to assist countries in their efforts to prevent, detect and respond to the pandemic. This funding is going through existing and new projects to support the health sector and broader national responses to the pandemic, recognizing the dual impact on health and economic development. On May 19, the World Bank Group announced its emergency operations to fight COVID-19 have reached 100 countries, representing 70% of the world’s population. This includes financing under the FTCF as well as other forms of financing, including redeployment of existing projects. In total, the World Bank Group will deploy as much as US$160 billion over a 15-month period, tailored to the health, economic and social shocks countries are facing.

In the East Asia and Pacific (EAP) region, development partners are collaborating to help countries cope with the impacts of this pandemic. They include Australia’s Department of Foreign Affairs and Trade (DFAT), New Zealand’s Ministry of Foreign Affairs and Trade (MFAT), World Health Organization (WHO), Pacific Community (SPC), UNICEF, the World Bank, Asian Development Bank and numerous

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Note: Committed amount as of EOFY2020. “Reallocation” also includes funding under Catastrophic Deferred Drawdown Option (CAT-DDO). All funding is in US dollars. m. = US$ million
other institutions. Efforts are well underway to support health ministries to strengthen health services and the systems that underpin them, to enhance disease surveillance, and the effective management and treatment of people with COVID-19 infections. They also aim to fill critical gaps in countries that include strengthening prevention activities, rapid detection, and preparedness and response to disease outbreaks.

Countries in EAP are getting funding support through a range of World Bank COVID-19 Emergency Response Projects as well as reallocated existing funding. The World Bank team has drawn on the analysis completed over recent years under the MDTF to Advance UHC to help inform investment decisions. The FTCF was established specifically to support countries globally in responding to the disease. It complements existing financing mechanisms including the Pandemic Emergency Financing Facility (PEF) and the Contingent Emergency Response Components (CERC) in some projects. Eight countries in the East Asia Pacific region have received grants from PEF totaling US$21.08 million which was triggered to fund the world’s poorest countries when facing cross-border, large-scale disease outbreaks. Additional funding has also been redirected through existing projects to help strengthen health systems and emergency response in the wake of COVID-19.

**COVID-19 RESPONSE ACTIVITIES**

- **APRIL 2**: COVID-19 Emergency Response Projects is approved for Cambodia and Mongolia
- **APRIL 6**: COVID-19 Response Project is approved for Lao PDR
- **APRIL 10**: COVID-19 Response Project is approved for Papua New Guinea
- **APRIL 14**: COVID-19 Emergency Response Project is approved for Myanmar
- **APRIL 16**: COVID-19 Response Project is approved for Marshall Islands
- **APRIL 21**: COVID-19 Emergency Response Project is approved for Samoa
- **APRIL 22**: COVID-19 Emergency Response Project is approved for the Philippines
- **APRIL 27**: COVID-19 and Tropical Cyclone Harold Emergency Funding through the Catastrophic Deferred Drawdown Option is approved for Vanuatu

**BRIEF NEWS**

**Dialogue on Integrated Outreach Guideline in Phnom Penh**

Cambodia’s Preventive Medicine Department held a retreat in Phnom Penh in February 2020 bringing stakeholders from the national programs together to enhance the dialogue on the outreach guidelines. Integrated outreach is important in shifting the ownership of the integrated package to the health center for delivery of outreach services. The Integrated Outreach Guideline, with the inclusion of the Minimum Package of Maternal and Child Health and Nutrition Services, will be implemented and routinely carried out by health centers.
The Steering Body of the Pandemic Emergency Financing Facility (PEF) has allotted US$195.84 million to 64 of the world’s poorest countries with reported cases of COVID-19. Special attention will be given to areas with the most vulnerable populations, especially in fragile and conflict-affected countries.

The funds will provide additional support to these countries in their COVID-19 response, including essential and critical lifesaving medical equipment, personal protective equipment, therapeutics and medicine, and support for health workers on the frontlines of the crisis. The PEF, a financing mechanism housed at the World Bank, is designed to provide an additional source of financing to help the world’s poorest countries respond to cross-border, large-scale outbreaks. Established in 2016 to provide financial support to low-income countries in case of major multi-country disease outbreaks, the PEF was designed to provide financing through either its cash or insurance windows, covering viruses that are most likely to cause a pandemic.

The allocation of US$195.84 million is the amount received when the PEF insurance window triggered for COVID-19 as reported by AIR Worldwide, an independent calculation agent. At the time all trigger conditions were met, 4,653 cases, or 0.62% of reported COVID-19 cases globally, were from the world’s poorest countries that are members of the World Bank’s International Development Association (IDA). In the East Asia and Pacific region eight countries—Cambodia, Fiji, Lao PDR, Mongolia, Myanmar, PNG, Timor Leste and Vietnam—have also received PEF grants (see story page 5).

Specific funding allocations will be determined by population size and reported cases, with a minimum of US$1 million and maximum of US$15 million going to each country, and a heavier weight given to countries classified as fragile or conflict-affected. These countries face greater challenges with their health systems and are home to the most vulnerable people. Before the COVID-19 crisis hit, it was already estimated that up to two thirds of the world’s extreme poor would live in fragile and conflict-affected areas by 2030.

This US$195.84 million funding, allocated on April 27, 2020 is in addition to the World Bank Group’s commitment of up to US$160 billion to fight COVID-19 worldwide.

Press Release

COVID-19 RESPONSE ACTIVITIES

MAY 5
Tonga triggers the Transport Project Contingency Emergency Response Component (CERC) to address critical needs for COVID-19 response; the Federated States of Micronesia triggers the Maritime Investment Project CERC to respond to critical needs for COVID-19 response

MAY 6
Tuvalu triggers the Maritime Investment in Climate Resilient Operations CERC to respond to critical needs for COVID-19 response

MAY 22
COVID-19 Emergency Response Project is approved for Indonesia

JUNE 18
COVID-19 Emergency Response Project is approved for China

JUNE 23
COVID-19 Emergency Response Project is approved for Fiji
Gavi Replenishment Exceeds Target for 2021–2025 Period

The Global Vaccine Summit, hosted virtually by the United Kingdom on June 4, 2020, saw donors exceed the original request of US$7.4 billion with a final tally of US$10.5 billion for Gavi’s 2021–2025 replenishment period. The Australian Department of Foreign Affairs and Trade (DFAT) has increased its Gavi contributions, committing AU$300 million (US$208.9 million) to this replenishment period. The latest replenishment will enable Gavi to remain a valued technical partner as well as investor in the MDTF to Advance UHC.

The commitment expressed by the international donor community reflects the important role Gavi is playing now more than ever, by enabling universal health coverage (UHC) through increasing equitable use of vaccines in lower income countries. Gavi is working through its alliance partners to mitigate the disruption of essential health services and supply chains caused by the COVID-19 pandemic. Already, more than 80 million children globally are at risk of becoming infected with diphtheria, measles and polio due to disruptions, particularly as they work to mitigate the secondary impact of COVID-19 by protecting essential services and vaccine financing. Gavi is working within the Global Action Plan (GAP) Health Financing Accelerator, with other partners, to build resilient, sustainable health systems.

In many of the poorest countries, vaccine-preventable illnesses still account for a large share of mortality and morbidity. Investing in immunization is one of the most cost-effective investments countries can make as they prioritize benefits packages for UHC and build human capital for a more prosperous, equitable future. For every dollar invested in vaccination in the world’s 94 lowest-income countries, US$16 are expected to be saved in healthcare costs, lost wages and lost productivity due to illness and death. The number rises to US$44 when we include broader economic benefits and the value given to living longer.

Gavi is even more critically needed in the context of the COVID-19 crisis and is already playing an important role in shaping markets for a new COVID-19 vaccine when it is available. The newly established COVID-19 Advance Market Commitment (the COVAX AMC) will focus on expanding vaccine access to the poorest countries. “The Gavi Covax AMC increases the likelihood that when we have a successful vaccine or vaccines, it will be available in sufficient quantities and affordable to developing countries,” says Ngozi Okonjo-Iweala, Chair of Gavi Board.

Donors pledged US$600 million, including US$100 million from the Bill and Melinda Gates Foundation, to this innovative financing mechanism at the summit. These upfront commitments from donors will allow countries to share vaccine development costs and support scaled manufacturing and procurement of a COVID-19 vaccine once it is available. This will make the vaccine universally and equitably accessible for all.
Aparnaa Somanathan Takes on EAP Health Leadership Role

Aparnaa Somanathan is the new Practice Manager for Health, Nutrition and Population for East Asia and the Pacific (EAP) at the World Bank, overseeing the direction and implementation of the MDTF in the region. She has worked on health financing and health systems strengthening issues for over twenty years in a range of countries including Bangladesh, China, Estonia, Georgia, Indonesia, Kazakhstan, Sri Lanka and Vietnam. She has also worked extensively on the implications of population aging on health financing and service delivery. Aparnaa read economics at Cambridge University and holds a doctoral degree in International Health Economics and Policy from Harvard University.


PMAC 2020 Ponders How to Advance UHC

It has been five years since the world adopted the Sustainable Development Goals (SDGs) in 2015 and pledged to end poverty and ensure that all people enjoy peace and prosperity by 2030. Achieving universal health coverage (UHC) is key to this agenda since it offers all individuals the health services that they need without suffering financial hardship. But about half of the world’s population still have no access to basic health care services and must pay out of their own pockets. This is why the Prince Mahidol Award Conference (PMAC) 2020 chose “Accelerating Progress Towards UHC” as its theme this year.

At its plenary session the annual international forum on policy-related public health issues, held in Bangkok from January 28–February 2, 2020, a panel of stakeholders conferred on how to advance UHC to meet its 2030 Agenda for Sustainable Development in the remaining 10 years. Thai Deputy Prime Minister Anutin Charnvirakul told the session in his key note speech that it took “sweat, toil and tears” for Thailand to kickstart its UHC scheme in 2002 when it was not yet a middle-income country.

The MDTF to Advance UHC supports PMAC each year through funding of selected participants and meeting sessions to stimulate debate and share lessons on effective approaches to UHC.

PMAC 2020 Report

COVID-19 RESPONSE ACTIVITIES

**JUNE 25**
COVID-19 Emergency Response Project is approved for Kiribati

**JULY**
Cambodia, Fiji, Lao PDR, Mongolia, Myanmar, PNG, Timor Leste and Vietnam to receive grant from the Pandemic Emergency Financing Facility (PEF) totaling US$ 21.08 million. Vietnam and Timor Leste are also to receive assistance from the Japan Social Development Fund (JSDF)
As in many Pacific Island Countries, non-communicable diseases (NCDs) are the major threat to the health of the Samoa population. To support Samoa’s national NCD action plan, the Samoan Ministry of Health and the World Bank jointly conducted an implementation cascade study in 2019 to systematically identify the gaps and bottlenecks in the continuum of NCD care. This work, funded through the MDTF to Advance UHC, used hypertension as a tracer condition and examined ways to address them. The study looked at hypertension screening, diagnosis, treatment, patient monitoring, and blood pressure (BP) control as indicators for treatment success.

The first key finding of the study raised concerns, as it showed that the rates of hypertension in Samoa albeit already significant, are still increasing. The study found 38% of Samoan adults are hypertensive, a 9% increase from the STEPS 2013 study (28.9%). The risk factors are also increasing; with 90% surveyed classified as overweight or obese.

“The study found that at each stage individuals were falling through the gaps, so in the end only one in twenty hypertensive adults reach the BP target,” says Team Lead Shuo Zhang. “The reasons for this are numerous, and the research team spent much of their time talking with residents, patients, health professionals and other community members to understand what the barriers at each stage might be.”

The barriers to successful hypertension care differed at each stage and ranged from psychological and cultural barriers, to human resource constraints within health facilities, limited access to drugs and equipment and sub-optimal clinical hypertension management in the rural health facilities. While the barriers differed by individual and community, the result is the same—a lack of universal access to health services for all people. Addressing these gaps and the barriers along the NCD care continuum is vital to ensure appropriate access for all Samoans to effective and people-centered care. Interventions to address barriers to access, identified at each stage on the care continuum, were proposed. They include:

• Stepping up public awareness campaigns on NCD risk factors including obesity, healthy diet, physical activities, alcohol, and psychological and cultural factors
• Scaling up and broadening the scope of the PEN Fa’a Samoa (Package of Essential NCD interventions) program to more villages and individuals
• Reforming the primary health care facilities in the communities to improve NCD care provision
• Addressing hypertension treatment systematically and adhering to a people-centered approach.

The World Bank will continue to work with the Samoan government in their ongoing efforts to address NCDs and provide support for the government to evaluate the impacts of health tax on NCD risk behaviors. Full Report
**Advance UHC in Focus**

**Review of Gender Mainstreaming in Cambodia’s Health Sector**

A progress review is being finalized of the [2018 Gender Assessment of the Health Equity and Quality Improvement Project (H-EQIP)](https://www.mdtfnews.com), which is co-funded by the government of Cambodia, the World Bank, the Australian Department of Foreign Affairs and Trade (DFAT), the German Development Bank (KfW), and the Korean International Cooperation Agency (KOICA).

The partners and Cambodia’s Ministry of Health (MOH) are assessing the ministry’s progress in implementing priority actions for the H-EQIP’s three main components—strengthening health service delivery, improving financial protection and equity, and ensuring sustainable and responsive health systems—as well as the inclusion of indigenous peoples, ethnic minorities, and people with disabilities in the health system.

Among the MOH’s priority actions achieved are the national guidelines for new health center designs to ensure additional space for pre- and post-delivery waiting rooms. The MOH also incorporated several recommendations from the H-EQIP gender assessment into its Gender Mainstreaming Strategic Plan 2020–2024. The national Gender Mainstreaming Action Group (GMAG) will implement the strategic plan in coordination with all MOH departments. Since many of the H-EQIP project team members are also GMAG members, gender mainstreaming should be better coordinated in future project activities.

The MOH recognizes that challenges remain in implementing priority actions and acknowledges that gender mainstreaming is hindered by insufficient capacity, budget, and technical support for gender analysis and activities. Gender is intrinsic to the question of equity which looms large in the effort to advance universal health coverage. The ministry also acknowledges the need to strengthen its Health Management Information System (HMIS) and Patient Management Registration System (PMRS) to generate sufficient data for gender analysis and the social inclusion aspects of the health service sector. The MOH is eager to work with development partners on an action plan with specific benchmarks to implement agreed upon priority actions from the H-EQIP’s gender assessment during the remaining project period through June 2021.
Advancing UHC in Focus
IMPACT Health Project Improves Front Line Services in PNG

Improving the services delivered in provincial areas of Papua New Guinea (PNG) is critical to meet the health needs of the communities, yet provincial health services are currently faced with complex funding arrangements, lack of transparency and delays in budget disbursement that mean the delivery of basic quality healthcare remains a challenge.

The US$30 million IMPACT Health project aims to address these challenges by increasing the quality and use of essential health services through direct province-level funding at Provincial Health Authorities. This improvement in the quality of services provided should promote greater access and community utilization helping PNG to ensure more people have health coverage in the remote provinces. The new project aims to address the quality and efficiency of health services being delivered in community health posts, health centers, and district hospitals across the country, with a focus on the frontline to ensure the project delivers improvements to the most urgent need.

The key components of the project are:
• Service delivery readiness and community-based service delivery
• Frontline service delivery performance
• Project management
• Contingent emergency response.

The project will initially be piloted in two PNG provinces—Enga and East New Britain—with the plan to expand to further provinces by the project’s third year. The project also includes additional funding (US$2 million) to support trial of innovations for community-level health service delivery in partnership with non-governmental organizations.

“This project comes at a critical time for Papua New Guinea’s health system. We hope this project will be able to provide necessary services to mothers, to babies and at the same time strengthen our health system where we can see the better results from this funding at the community level,” said Edith Kariko, World Bank Senior Health Specialist in PNG.

Critical to the IMPACT Health project’s success will be the use of Disbursement Linked Indicators (DLI), a funding approach in which results need to be demonstrated before funding is released. The performance targets under the DLI modality is designed to address areas that strengthen health service delivery quality. The approach has been used globally in other World Bank projects, however it is a relatively new approach to health funding in PNG and the Pacific.

The combination of the new funding approach and working directly with health services in the provinces, aims to deliver significant, sustainable improvements in service delivery quality and utilization of health services in rural areas, where an estimated 80% of Papua New Guineans live.

[Video on project]
Advance UHC in Focus

Health Financing System Assessment Advances Indonesia Towards UHC

Indonesia is making remarkable advance toward universal health coverage (UHC) with its national health insurance scheme, Jaminan Kesehatan Nasional (JKN), rapidly expanding coverage to 85% of its population to date. One diagnostic assessment tool that has proven invaluable in this endeavour was the Health Financing System Assessment (HFSA) used to identify critical constraints and opportunities facing Indonesia’s health financing system.

The MDTF-financed Indonesia HFSA also provided instrumental analytics for the design of vital health sector programs such as the World Bank’s new US$150 million Indonesia–Supporting Primary Health Care Reform (I–SPHERE) project. The HFSA’s main messages for Indonesia are to “spend more, spend right, and spend better” for health. Furthermore, with the support of the Australian Department of Foreign Affairs and Trade and the Global Fund, three rounds of health public expenditure reviews (Health PER) have been conducted since the HFSA was being completed in 2016–2017. The reviews continued to emphasize the HFSA messages and provide policy options to mobilize resources for the health sector given the country’s comparatively low health spending. They used analytics to guide a tobacco excise tax increase and advised capacity building through domestic resource mobilization (DRM) as a source of financing (spend more). Additionally, the Health PERs remind the country to keep putting resources into strengthening primary health care (spend right), and that improving the efficiency of program implementation by identifying public financial management (PFM) issues is essential for ensuring the quality of public spending (spend better).

The HFSA, along with the public expenditure tracking (PET) and the quantitative service delivery survey (QSDS), have informed health sector reviews of the sustainability of priority programs—including AIDS, TB, malaria and immunization which are transitioning away from external finance. Importantly, the HFSA helps key stakeholders at the Ministry of Finance, the Ministry of National Planning, and the Ministry of Health to have a comprehensive picture of the health financing situation in Indonesia that is often complex and fragmented. Consequently, the government of Indonesia has been spending more on the health sector which has reached almost nine percent of total public spending in 2018. It also increased the excise tax on tobacco and mandated that local governments use 37.5% of local cigarette tax to finance the subsidy for social health insurance premium as part of efforts to raise public financing for health. The “spend better” recommendation to strengthen linkages between intergovernmental fiscal transfers with health performance at the local level has also gained traction with the Ministry of Finance.

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The graph shows that DAK, an intergovernmental grant transfer for improving infrastructure, seems to have no correlation with the readiness of health facilities to deliver basic services. This supports the HFSA recommendation to improve linkages between DAK funds and supply side readiness with better evidence to show that DAK is allocated according to needs, and include features that link grant transfers with local government performance.
Solomon Islands Tackled COVID-19 and a Cyclone at the Same Time

Solomon Islands has so far avoided COVID-19 but that hasn’t stopped the government from initiating its preparedness plans and declaring a state of emergency. Emergency committees were activated, schools were closed and international flights were restricted in order to prevent COVID-19 from entering the country. But while doing all of this, Cyclone Harold hit the country in April and the government has had to simultaneously deal with the deaths and destruction left in its trail.

To hold COVID-19 at bay, the Solomon Islands initiated quarantine procedures for suspected cases, with samples from 13 cases tested at a laboratory in Australia. All returned negative results. However, the broader impacts of COVID-19 have been felt throughout the country with great economic consequences. The government is projecting a -4.9% GDP growth, job losses and disruption to imports and supplies due to the lack of inbound flights. The government has responded with a US$36.9 million stimulus relief package (309 million Solomon Islands dollars) that includes subsidies for households, loan relief for businesses, inter-island transfers and grants to provincial health authorities.

Like the rest of the world, the Solomon Islands is facing this unprecedented threat from COVID-19, and in addition it is also cyclone season in the Pacific, a difficult period for the country under normal circumstances. Cyclone Harold raised immediate concerns about food security, shelter, and water and sanitation needs. Most tragically, 27 people lost their lives when a boat transferring people from Honiara to the provinces to flee the coronavirus was caught in the cyclone. Responding to the damage left in the wake of Harold, while maintaining COVID-19 restrictions has been a particular challenge, but one that has shown the resilience of the Solomon Islands government and people.

“Collaboration, communication and strong leadership have all been a necessity at this difficult time. Furthermore, the Ministry of Health and Medical Services (MHMS) through the Partnership Coordination Unit is continuing to coordinate development partner support for COVID-19 in light of this dual challenge,” World Bank Health Team Lead Wayne Irava said.

Even without positive cases in the country, COVID-19 is impacting the health systems ability to ensure universal coverage, and it is important that routine public health programs and access to quality health services are able to continue for communities. These include health promotion and prevention programs, vaccination, maternal health, malaria, tuberculosis and non-communicable disease services. The MHMS is focusing on ensuring minimum disruption to these vital national programs and to ensure testing, monitoring activities and childhood immunization continue to occur. “Having managed to successfully keep COVID-19 at bay while responding to a natural disaster, Solomon Islands does not want to see the population suffer from preventable health issues due to a disruption in the delivery of these vital and routine public health programs,” Wayne said.
PROFILE

Breaking Down Barriers in Papua New Guinea

Almah Kuambu

Every International Women’s Day (8th March) the World Bank Pacific recognizes and celebrates the extraordinary women creating change, breaking down barriers and supporting their communities all across the region. **Almah Kuambu** is one of these women. She is the Technical Advisor to the National Orthotic & Prosthetic Services in Papua New Guinea (PNG) and knows firsthand the challenges people in PNG face when living with a disability. She was disabled at age 11 and uses a prosthetic leg herself.

Yet Almah has never let her disability hold her back: “Growing up with my physical disability was challenging, but my parents inspired me to keep pressing forward and not to give up. My father has been the main driving force behind me because he believed that I had the potential to be just like my siblings despite my physical disability.”

Her father encouraged her to study, to be strong and independent, a lesson she has demonstrated throughout her life. Almah went on to study at the Cambodian School of Prosthetics and Orthotics and after graduating joined the PNG National Department of Health in 2012. She worked on various Australian Aid projects before becoming the Technical Advisor for the National Orthotic and Prosthetic Service in 2017.

Almah’s dedication to her job is evident: “Each day, I try to provide the best technical advice to the department and work with other partners, locally and internationally, to build and strengthen existing systems for assistive technologies … having support from my superiors inspires me each day to keep working. My job is about improving the quality of life for people with mobility disabilities. This is quite demanding and it’s challenging as the service is not available in all provincial health authorities across the country.”

Almah continues to break down barriers for women and for people living with disabilities as she advocates for rights and encourages and builds up her colleagues. When asked what she hopes for Pacific women of the future, she said: “That Pacific women are protected, their rights are promoted and respected, and equal opportunity is given to all regardless of gender, age or disability.”

The incredible work Almah and the other trailblazing women are doing now is making this hope more a reality.

To learn more about the fantastic work women are doing all over the Pacific visit the [World Bank IWD2020 page](https://www.worldbank.org/en/).
Feeding Back NCD Taxation Evaluation Results to Tonga’s Remote Islands

With the formal launch of the report *Using Taxation to Address Noncommunicable Diseases: Lessons from Tonga* held in Nuku’alofa in October 2019, a Tongan government and World Bank team visited the Outer Islands of Tonga to share the findings and policy recommendations with officials and communities. In January 2020, the team visited the island of ‘Eua, meeting with the Island’s officials, government officers, health staff and community representatives. The stakeholder knowledge sharing sessions confirmed the support for report findings and recommendations from the communities, including their desire to see that the government uses increased revenues from the excise taxes to improve the health and well-being of the population. Government representatives also appreciated a variety of issues raised during the sessions that were unique to the challenges and experiences of life in an Outer Island, which will support future policy design.

The study found that taxation generally decreases consumption of cigarettes, alcohol and unhealthy foods. However, unhealthy substitutes need to be tackled, and the taxation policy needs to be complemented with the promotion of healthy behaviors among consumers. NCDs pose a substantial social and economic challenge for Tonga and place significant strain on the existing health services in ensuring universal coverage for tertiary-level treatment. The study focused on prevention through a combination of strategies aimed at reducing this longer-term health service demand and keeping the community healthier for longer. In the process they also contribute to advancing UHC. Progress continues in Tonga with the report and associated findings and recommendations informing the country’s National NCD Strategy, currently under development. The study was co-funded by the governments of Australia, Japan, New Zealand, and the World Bank.

The World Bank is continuing to work with the Tongan government and other development partners to strengthen the country’s response to NCDs, including the development of nutrient profile model to guide future food tax design and the development of Social and Behavior Change Communication Strategy and Action Plan, which will be part of the new National NCD Strategy 2021–2025.

**Full Report**
Policy Notes on: NCDs, Food, Tobacco, Alcohol
Disbursement Linked Indicators (DLIs), a results-based financing instrument, is effectively addressing the problem of inequity in Lao PDR's immunization efforts by boosting vaccination rates in 50 remote districts that have historically been lagging behind the rest of the country. A US$4 million grant from the Australian Department of Foreign Affairs and Trade (DFAT) via the MDTF to Advance UHC has been pivotal to increasing immunization rates in the 50 targeted districts by an average of 22% for MCV (measles-containing vaccine) and 30% for Pentavalent-3 vaccine (diphtheria, tetanus, pertussis, hepatitis B and Haemophilus influenzae type b) over the 2016–2017 baseline. These substantial increases were achieved through focused performance-based measures, set under the DLI instrument, compared to the 1% and 4% respective increase over the same period in the remaining districts of the country. The grant complements a broader project supported with funds from Gavi, the Vaccine Alliance, and the resources of the World Bank’s International Development Association (IDA).

This DLI approach is a valuable example of how analytical information is being used to implement evidence-based activities. After the health financing and immunization assessment (with support from DFAT and Gavi) identified the lowest performing districts, grant funds were added during the additional financing of the World Bank's Health Governance and Nutrition Development Project (HGNDP) undertaken in late-2017. HGNDP, which is co-financed by the government of Japan, uses the DLI approach to implement key reforms for better health outcomes. Funds are released when a set of agreed upon results are verified. They are linked not only to outcomes and outputs but also other critical program performance criteria.

Lao PDR has adopted the policy goal of attaining UHC by 2025. However, there are challenges of low and inequitable health service coverage as well as disparities between poor and geographically isolated areas in the country. This World Bank health project has brought a strong equity dimension to immunization and outreach services in the remote districts of Lao PDR and improved sustainability.

Mothers and their babies in a remote village of Lao PDR

Impact on the Ground
DSIs Lift Immunization Rates in Remote Lao Districts
PMAC 2020 Meeting Looks at Delivering Results with DLIs

Everybody wants results. Governments, development partners, civil society and the general public all demand development programs that deliver real and lasting results. One instrument in development financing that helps keep this focus on results is Disbursement Linked Indicators (DLIs), which were the focus of a side meeting at the Prince Mahidol Award Conference (PMAC) 2020.

DLIs constitute a development financing modality that releases funds from the funding agency to the government as and when an agreed upon set of tangible and verifiable results—rather than inputs (expenditures)—is achieved by countries implementing a development program. DLIs have effectively incentivized governments to achieve critical program milestones and improve program performance since they can be linked not only to outcome and outputs, but also to key actions on processes that constrain the realization of development objectives. At the same time, as a new modality, it needs to be understood better and some of the implementation lessons and challenges could inform future design of DLIs.

The World Bank, World Health Organization, Global Fund, Gavi, and Global Financing Facility jointly organized this deep dive on DLIs in Bangkok as a side meeting of PMAC 2020, an annual international conference on policy-related health issues. Government officials, development partners and experts from around the world participated in sessions that sought to link development assistance to health systems strengthening for universal health care through DLIs. Underscoring their importance, panelist Jane Pepperall of the Australian Department of Foreign Affairs and Trade (DFAT), called Disbursement Linked Indicators the “litmus test for the broader development agenda”.

Furthering Collaboration on DRG Health Payments at PMAC 2020

Experts sharing knowledge at one of the DRG sessions
As countries advance toward UHC many have successfully adopted Diagnosis-Related Group (DRG) payments as an efficient and sustainable method to pay for their health services. To further these reforms, the 3rd Experts Meeting on Collaboration for DRG Development and Reform in South-East Asia (SEA-DRG) was held in Bangkok to share knowledge and experience, and advance collaboration among experts in the region.

The two-day event was held on January 28-29, 2020 as a side meeting of the Prince Mahidol Award Conference (PMAC 2020) whose theme was “Accelerating Progress Toward Universal Health Coverage”. Many countries in Southeast Asia are transitioning to DRG which is a system that classifies hospital cases into clinically similar groups where payment per episode of care is fixed for patients within a single DRG category regardless of actual costs. By paying a fixed amount for a given diagnosis, DRGs can help overcome escalating health care costs, hospital inefficiencies, low admission rates as well as excessive service provision. In sum, DRGs are introduced into a financing system to enhance efficiency and sustainability of health spending.

The objectives of the meeting, which was organized by the World Bank and Thailand’s National Health Security Office, included: improving technical knowledge about diagnosis and procedure classification systems and how they are updated and used in the DRG grouping algorithm modifications; increasing awareness of how other countries approach regulations about data gathering and sharing in relation to DRG development and implementation; and advancing opportunities for intra-regional collaboration in diagnostic and procedure coding systems, information gathering and regulations, and grouping.

At the meeting, the World Bank also launched its new book on Transition to Diagnosis-Related Group (DRG) Payments for Health which includes nine case studies, from early adopters like Australia and US Medicare through European countries to regional trailblazers like Thailand.

BRIEF NEWS

Support Mission Went Well for Cambodia Nutrition Project

The Cambodia Nutrition Project (CNP) had a productive first implementation support mission in January 2020, meeting with key stakeholders in the Ministry of Health and the National Committee for Sub-National Democratic Development (NCDD-S) in Phnom Penh. The mission reviewed the status of project covenants and readiness of implementing agencies, the implementation preparedness of key project activities, and review the progress and status of CNP Disbursement-Linked Indicators.

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