

E-NEWSLETTER

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

World TB Day in Papua New Guinea: It's time to kick TB out for good!



Dotsy, the TB mascot, entertains the crowd on World TB Day.

World Tuberculosis Day (WTBD), commemorated every March 24th, is a day for global acknowledgement of both the significant challenges and successes that have been made in ending tuberculosis. In Papua New Guinea (PNG), the challenges continue to be significant, with TB the leading cause of death and 35,000 new cases diagnosed each year. Moreover, PNG is faced with high levels of drug-resistant TB that is rapidly spreading across the country.

This year, the National Department of Health (NDOH) held the WTBD commemoration in Porebada, the largest Motuan village in Central Province, about 45 minutes' drive from Port Moresby. Central Province government representatives, NGOs, other partners and the local community and primary schools, also participated in the event.

Dr Sibauk Bieb, Executive Manager of Public Health, NDOH, spoke to the audience, highlighting the significance of the problem and encouraging collaboration: "TB is one of the most important public health problems in Papua New Guinea. Too many Papua New Guineans get sick with TB and too many die of TB. This can change ... If patients, communities, government and development partners work together, it is possible to 'Kick TB out of PNG'. We need action now from everyone involved."

Other speeches were made by Dr Luo Dapeng, World Health Organization representative to PNG, and Lulu Mark, a former TB patient who spoke emotionally about her experience recovering from TB. She encouraged the audience to seek health services: "It is important that you must



INSIDE PAGES

What a pair of trouble: rising NCDs and dwindling donor funds	p.3
Brief News	p.2, 4, 5
Activities Schedule (April-June 2019)	p.2, 3
Advice on service delivery in transition	p.4
Tonga and Kiribati learn from Thailand about mobilizing domestic resources for health	p.5
Celebrating International Women's Day: Rosemary Tekoaua	p.6
Health worker profile: Dr Kalsum Komaryani	p.6
Feature story: Building human capital in Nigeria	p.7, 8



Lulu Mark, a former TB patient speaking on World TB Day about her experience.

be true to yourself. If you have TB, or think you do, get tested and complete your medication.”

The day was also an opportunity to acknowledge some important achievements worth celebrating. The World Bank with its partners support are in the initial stages of rolling out the Emergency Tuberculosis Project, a substantial project aimed at expanding health service coverage and utilization to control the transmission of TB and drug-resistant TB in particular, in high risk areas by strengthening the program management of TB. This project will continue the work already underway on Daru Island and will contribute to Dr Bieb’s vision of ‘kicking TB out of PNG’ for good.

For more stories please see: [‘Mama’ Pina’s story: supporting patients through food](#), and [WB team documenting the TB experience in Daru Island, PNG](#).

BRIEF NEWS

Accountability Framework for the Gavi transition in Nigeria

On March 18, in Abuja, the World Bank worked with the National Primary Health Care Development Agency (NPHCDA) in Nigeria to finalize the Accountability Framework for the Gavi transition. This framework outlines the government’s plans for increasing domestic spending on health and immunization over the next decade as the country transitions from Gavi support. A World Bank team including Senior Health Specialist Olumide Okunola and Health Financing Consultant Chijioke Okoro were also panelists at a policy dialogue forum organized by the Ministry of Budget and National Planning to strategize on how to improve value for money in the health sector. This event was attended by the Minister of Budget and Planning and the Minister of Health. A key message from the Director General of the Budget Office was that the government is very committed to improving spending on the health of Nigerians, and this is evidenced by an 8% increase in budgetary allocation to the health sector even in the face of significant fiscal constraints and a 2.3% decrease in the overall government budget for 2019 compared to 2018.

ACTIVITIES SCHEDULE (April-June 2019)

APRIL 1-2

Mission to Samoa on improving the use of fiscal policy to address the NCD crisis

APRIL 3

National Elections, Solomon Islands

APRIL 3-5

Pacific Heads of Health annual meeting in Fiji

APRIL 4

Cambodia nutrition project received board approval

APRIL 15-16

Dissemination workshop on initial findings of the Health Facility Costing and Benchmarking Exercise for Vaiola Hospital, Nuku’alofa, Tonga

APRIL 24-26

Public Expenditure Review training in Indonesia to strengthen the Ministry of Health’s capacity to improve the quality of their spending

APRIL 30

Annual Health Workplan and Budget Workshop in Kiribati, supporting efforts to link work plans and budgets, drawing on recent health facility costing findings

Rising NCDs and dwindling donor funds converge to challenge EAP

Besides having to face diminishing donor funding for health programs, many low- and middle-income countries in East Asia and the Pacific (EAP) also have to simultaneously battle a rapid increase in non-communicable diseases (NCDs). To help them do this a regional workshop on “When Two Transitions Converge: Integrating Externally-Financed Health Programs While Gearing-Up for Non-Communicable Diseases” was organized as a side-meeting of the [Prince Mahidol Award Conference 2019](#).

Some 120 participants from 12 countries and 35 agencies were at the January 29-30 workshop in Bangkok, Thailand. They explored how countries can integrate donor financed health programs into their publicly funded health systems while preparing to confront advancing NCD challenges. NCDs constitute more than half of the entire global burden of disease and the four main NCD conditions – cancer, cardiovascular diseases, chronic lung diseases, and diabetes – will cost an estimated global loss in economic output of nearly US\$ 47 trillion for the period 2011-2030.

Experts also reminded participants that as countries undertake the substantial organizational reforms needed to juggle the twin transitions of dropping donor funds and increasing NCDs, they must not forget their commitment to Universal Health Coverage (UHC). UHC is essential to give all individuals and communities



Team Vietnam discusses how to handle the twin transitions during the workshop.

the health services they need without suffering financial hardship.

However, it is important to remember that despite the overall reduction in the share of communicable diseases in the disease burden, significant pockets of unimmunized children and populations suffering from malaria, tuberculosis, and HIV/AIDS remain. These diseases will have to be integrated into countries’ health system platforms along with the NCDs. And to provide such a system of integrated care, countries have to think about the integration of four key areas: organization and program management, service delivery, financing, and governance.

The regional workshop was co-hosted by Australia’s Department of Foreign Affairs and Trade (DFAT), Global Fund, Gavi, UHC2030, World Health Organization, and the World Bank.

[Read feature story](#)

ACTIVITIES SCHEDULE (April-June 2019)

<p>APRIL Household survey of access to and satisfaction with health services through the local public health system, with focus on simple core indicators of health services in the Philippines</p>	<p>MAY 6-8 Joint Annual Performance Review and National Health Conference, Honiara, Solomon Islands</p>	<p>May (exact date TBC) Dissemination workshop on initial findings of the Health Facility Costing and Benchmarking Exercise for Tongatapu, Nuku’alofa, Tonga</p>
<p>APRIL The third phase of the Health Sector Public Expenditure Review with the Ministry of Finance of Indonesia</p>	<p>May (2nd week) Multi-stakeholder workshop on mechanisms for channeling public funds to Civil Society Organizations (CSOs) in Indonesia</p>	<p>JUNE Health Security Financing Assessment (HSFA) begins in Cambodia and Myanmar Public Expenditure Review with the Ministry of Finance of Indonesia</p>

Advice on service delivery in transition

With participants coming from all over the world, the wealth of experience and expertise saw some great advice coming out of the [PMAC 2019](#) side meeting on “When Two Transitions Converge: Integrating Externally-Financed Health Programs While Gearing-Up for Non-Communicable Diseases”. Advice provided by country panelists at the service delivery session of the Jan 29-30 meeting in Bangkok, Thailand, included:

1. Screening without follow-up is as good as not screening at all (Dr Jerard Selvam, Government of Tamil Nadu)
2. For success, you need to have real-time information in hand (Dr Jayasundara Bandara, Director of the Primary Care Strengthening Project, Ministry of Health, Sri Lanka)
3. Empower and motivate the primary health care worker (Dr Tran Khanh Toan, Hanoi Medical University, Vietnam)



A facilitator asks EAP country panelists what their one advice would be.

4. Remember that you must also reach the most far-flung areas and islands (Dr Ofa Tukia, Head of the NCD Promotion Unit, Ministry of Health, Tonga)
5. Break the disease silos and use health systems strengthening as the umbrella (Dr Anun Sugihantono, DG of Disease Control and Prevention, Ministry of Health, Indonesia)
6. Institutional reforms and innovations are important, but health workers are at the core of stronger primary health care (Mr Rui Liu, World Bank China)

BRIEF NEWS

Vanuatu costing studies focus on pharmacy and laboratory services

Costing studies are continuing in Vanuatu with the World Bank team shifting focus from health facilities to pharmacy and laboratory services. This analytical work is also being done in a couple of other Pacific countries and aims to provide the health executive team with a clearer picture of how money is spent and where spending inefficiencies may exist. Drugs and consumables often account for a significant proportion of the annual health budget, so finding cost savings can have a significant impact on the overall health budget without having an adverse impact on patient care.

Gavi's first health financing transition mission to Sudan

On March 13, a World Bank team composing of Health Financing Consultant Mennatallah Elbeheiry, Senior Health Economist Sarah Alkenbrack, and Health Financing Consultant Clémentine Murer participated in the first Gavi transition mission in Sudan but due to the unstable political situation, their participation was remote. The key messages of their presentations were: 1) Sudan is experiencing a transition away from donor funding, combined with a stagnating economy and low public spending on health, 2) investments in human capital will be essential to reap the benefits of the demographic dividend, and to sustain and improve health outcomes, and 3) the World Bank's sector engagement is particularly important for ensuring sustainable financing for frontline services, which will benefit the immunization program.

Flagship course on transition in Armenia

The World Bank is partnering with Gavi and the Global Fund to adapt the Flagship course in Armenia to the context of health financing transitions. A second course will take place there on May 11-15. Key questions to be addressed include: How to reduce out-of-pocket expenditures (which now account for 80% of current health spending)? Whether or not to move to a single purchaser? How to strengthen frontline services and ensure the right incentives are in place to deliver quality care? How to sustain the gains made through development assistance from Gavi and Global Fund, particularly in the face of political pressures? One goal of the partnership is also to move from a “Flagship course” to a strategic partnership where support for reforms and capacity building continues beyond the course.

A ‘Thai lesson’ for Tonga and Kiribati in mobilizing domestic resources for health promotion



Tonga and Kiribati delegates pose with the chief architect of Thailand's sin taxes during their visit.

A delegation from Tonga and Kiribati learned during a visit to the Thai Health Promotion Foundation ([ThaiHealth](#)) how it sold the idea of setting up earmarked taxes for health promotion to the Ministry of Finance by making a “cost-benefit” argument backed with relevant data and evidence.

Professor Prakit Vathesatogkit, a founder of Thailand's highly regarded health promotion agency, told the 10-member delegation during the January 28 visit in Bangkok about the strategy to gain Ministry of Finance support. He and his colleagues showed finance officials data about the billions of dollars that Thailand spent treating tobacco, alcohol, NCD and road traffic patients each year. But there was little budget for prevention work at the time (year 2000). And they argued that if an annual fund of two billion baht (US\$63 million) was set up for this work, and if it could reduce the problem of tobacco, alcohol and road accident by just 10%, the country would save 20 billion baht (US\$ 630 million) each year.

To make a “health promotion fund” even more financially attractive to finance officials, they proposed that a surcharge of 2% be put above the existing excise taxes on tobacco and alcohol. This way, not only would the Ministry of Finance (MOF) not lose any existing revenues from excise taxes on tobacco and alcohol, but it also did not have to find additional funds from its own revenue for the purpose. The ministry agreed and Thai

Health was established in 2001, funded by the so-called “sin tax”. The Tonga and Kiribati delegates, composing of health, finance, revenue and customs officials attending the [Prince Mahidol Award Conference 2019](#) in Bangkok, found the briefing highly worthwhile. They learned how to make the case for higher health promotion budget to the MOF, the usefulness of earmarked taxes for health, and how to convince their finance ministries to agree to such taxes. The delegates will use what they learned to develop plans to mobilize more domestic resources to support health promotion in Tonga and Kiribati.

BRIEF NEWS

WB's partnership with Gavi expands

The World Bank has begun its fourth year of work as an implementing partner of Gavi. The full list of countries that will be supported this year, with funding from the Gavi Alliance, include: Bangladesh, Burkina Faso, Cote D'Ivoire, Democratic Republic of Congo, Djibouti, Haiti, Lao PDR, Myanmar, Nigeria, Pakistan, Solomon Islands, Sudan, and Tajikistan. Through this partnership the World Bank brings a sector lens to the dialogue around building sustainable immunization programs through analytical work, technical assistance, capacity building and learning, and implementation of reforms. The World Bank and Gavi have agreed to move toward a multi-year partnership to ensure greater impact of the collaboration.

Celebrating inspirational women this International Women's Day

In tribute to International Women's Day (March 8), this MDTF e-newsletter is profiling some of the very impressive women in the East Asia and Pacific region as part of the celebrations to acknowledge the substantial work they do to improve the lives and well-being of others. You can read the profiles at: <http://www.worldbank.org/en/news/feature/2019/03/05/international-women-day-2019>.



Rosemary Tekoaia

Rosemary's work encompasses ongoing efforts to strengthen laboratory capacity across the country and increase attention on priority issues such as infection control and anti-microbial resistance. Her current work with the WB health team to analyze the cost of laboratory services in Kiribati is helping to highlight this important aspect of health services in Kiribati as well as build more understanding of such information across countries.

Included in the profiles is Rosemary Tekoaia the Head of Laboratory Services in Kiribati, who is working on the frontline, leading her country's efforts to address the many health security challenges faced by a fragile, small country in the Pacific.

The MDTF e-newsletter also did its own interview with Dr Kalsum Komaryani, the director of Indonesia's Center for Health Financing and National Health Insurance, for its health worker profile column below.

Health worker profile: Dr Kalsum Komaryani

Director of the Center for Health Financing and
National Health Insurance
Ministry of Health, Indonesia

If anyone had told her at medical school that one day she would be directing health financing for Indonesia's Universal Health Care (UHC) scheme, Dr Kalsum Komaryani would have laughed it off. "I never thought then that I would become a health finance person," Dr Kalsum said with an unassuming smile, and joked, "I have forgotten all about medicine!"

Her training was of course not lost and continues to serve her well as Director of the Center for Health Financing and National Health Insurance, the post she took three years ago. Dr Kalsum oversees the drafting of regulations, plans and guidelines that govern health financing and national health insurance for the Ministry of Health. In particular she is responsible for the national health account, costing



studies, tariff setting, health technology assessment, efficiency and effectiveness analysis of health financing, and monitoring and evaluation of the National Health Insurance program. Her responsibilities bring her to work closely with the World Bank on various projects including the MDTF.

When Indonesia embarked on its national health insurance program in 2014, sceptics thought that the scheme to give Universal Health Care to the

country's 269 million population might be too bold and ambitious to be realized. But thanks to the hard work of people like Dr Kalsum, 80% of the world's fourth most populous nation now has coverage.

It's been a long journey for Dr Kalsum who grew up in the small city of Cirebon in West Java. Finishing high school there, she went on to study medicine at the University of Indonesia and later post-grad study in health management at the University of Southern California. After medical school, the doctor worked in the field of primary health care for a decade and then at a provincial health office before moving to the Ministry of Health in 2003. There, a pilot health program for the poor put her on the road to her current field.

"It was a life changing experience because we usually think about health services but not how to finance it. Since working here, I understand how important financing is," the soft-spoken doctor said.

The most challenging part of her work is setting tariffs that determine the prices the National Health Insurance scheme will pay hospitals and clinics throughout Indonesia. Besides collecting

data from all stakeholders involved and doing the costing studies and efficiency analysis, Dr Kalsum said that a "socialization" effort was also needed to get everyone to appreciate and actively support the invaluable scheme.

Her main motivation now is to get UHC coverage from 80% to 100% of the population because she believes the scheme will give people access to health care without subjecting them to financial hardship. This will take a lot of hard work and dedication, and luckily Dr Kalsum has been inculcated with these values throughout her life.

"My father taught me to always do my best in everything that I do," she said, "and my former bosses taught me hard work and how to be brave when facing challenges."

With such a demanding job, how does she balance work and family life? "I manage quality time with my two parents ... every morning and evening, and at the weekends. This is very important to me," Dr Kalsum said. And what would be her advice to women entering the field of health financing where few of them have tread? She replied without hesitation: "Learning, learning, learning, and working, working, working. That's the key."

Building human capital in Nigeria through PHC structural reforms

Featured Story



Government dignitaries and state governors hold BHCPF posters ("Huwe" or "Life" in local lingua) at the launch function on January 7.

Nigeria's President Muhammadu Buhari has launched the Basic Healthcare Provision Fund (BHCPF) in January which will set aside at least 1% of the Consolidated Revenue Fund of the Federal Government as additional financing for the primary health care (PHC) system.

The BHCPF, a major government initiative led by Health Minister Isaac Adewole, is the main financing

vehicle for the Basic Minimum Package of Health Services (BMPHS). The package is designed to provide the most essential health services to all Nigerians through PHC facilities.

The BHCPF is unique in that it:

- Channels funds to PHC facilities by providing the much-needed operating budget that will improve the capacity of PHC facilities to deliver a package

of high-quality primary care services.

- Offers greater autonomy to providers on use of funds and allows communities to tailor

care to local needs.

- Ensures accountability mechanisms exist and employs incentives to increase quantity and quality of care delivered at PHC facilities, and use health resources more efficiently.

President Buhari expressed his commitment to this initiative at the launch stating: "We must recognize that Universal Health Coverage is a destination and Nigeria is putting in place processes to achieve it ... My presence here today demonstrates our government's commitment to make the health of Nigerians a top priority."

The path to the launch of the BHCPF initiative was not without its challenges. Dr Emmanuel Meribole, Director of Planning, Research & Statistics, Federal Ministry of Health (FMOH), found that "Implementing the BHCPF was a complex undertaking, apart from costing the benefits package, we needed a clear and agreed guideline for the different actors and clear process for engaging the states. This is where our partnership with the World Bank was most valuable".

The World Bank worked as a trusted partner to the FMOH to generate evidence for the design and implementation of the BHCPF. This support included: a costing study and scenario analysis of the BMPHS to guide decision making around roll-out expansion of the BHCPF; an operations manual that details the governance and administration of the fund, including financial management, monitoring and evaluation, and other operational processes; communications support around branding of the BHCPF (now known as "HUWE", an ethnic minority name for "Life"); a health financing system assessment and series of policy notes; high-level advocacy and policy dialogue; the development of a quality assessment and improvement tool for PHC; and adapting the Service Delivery Indicator (SDI, WB) and Service Availability and Readiness Assessment (SARA, WHO) tools to the local context.

Development partners including the World Bank, the Global Financing Facility (GFF) for Every Women and Child, the Bill & Melinda Gates

Foundation, USAID and UK Department for International Development (DFID) are all committing funds to the BHCPF.

The BHCPF is providing Nigeria with a new approach to respond to their health challenges. This opportunity is not lost on Senator Lanre Tejuosho, Chair of the Senate Committee on Health. At the BHCPF launch, he articulated: "BHCPF is the key to fund and achieve UHC in Nigeria and let me emphasize ... it will not be business as usual. We want the fund to be used for what it is stipulated ... we should use this opportunity to make a difference and not spend unwisely."



Representatives of the World Bank and other development partners with the chairs of the Health Committee of the Senate and the House of Representatives after their parliamentary advocacy session.

Nigeria spent roughly \$11 per capita on health out of the public budget in 2016, and has one of the worst health outcomes in the world. After years of planning for the BHCPF, the Federal Government of Nigeria allocated 55.1 billion Naira (\$180 million US) from the 2018 budget to officially launch the program.

Though the BHCPF is still in its early stages of implementation, it is already generating much enthusiasm, particularly in the initial roll out states. For the first time, community leaders choose health facilities to participate in the program and representatives of the ward development committees are directly involved with financial management. The health priorities of the community are now the key driver for the expenditure of local funds, supporting greater regional autonomy, responsiveness, and accountability.

To receive the MDTF e-newsletter please contact:
Sutayut Osornprasop, World Bank Thailand,
 sosornprasop@worldbank.org, +1 202 3783383
Chadin Tephaval, World Bank Thailand,
 chadint@gmail.com, +66 86 600 0715

For more information find us on
[WB Facebook](#), [WB Twitter](#) and [WB Health Twitter](#)