

E-NEWSLETTER

Advance UHC

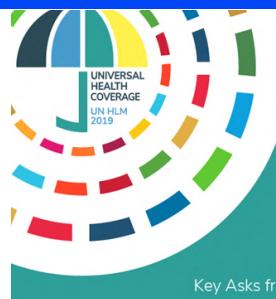
Multi-Donor Trust Fund for the Integration of Externally-Financed Health Programs

Rebranding the MDTF to UHC

The Multi-Donor Trust Fund (MDTF) is being rebranded in terms of support for achieving Universal Health Coverage following the [UN High-Level Meeting on UHC](#) where member states adopted a historic political declaration to scale up global efforts to obtain UHC by 2030. It also follows the [MDTF Mid-Term Review](#) that recommended the MDTF for the Integration of Externally-Financed Health Programs be framed to show how funded activities lead to universal access to services and financial protection.

While UHC has always been a policy objective of the MDTF, which seeks to help countries strengthen their health systems to sustain improved health output and outcomes as external assistance dwindles, the high-level meeting and the mid-term review impelled the MDTF to make UHC its central focus. The United Nations General Assembly held the meeting on September 23, 2019 in New York under the theme "Universal Health Coverage: Moving Together to Build a Healthier World". The review was done for Australia's Department of Foreign Affairs and Trade (DFAT), the major funder of MDTF activities in East Asia and the Pacific, and the review report was published on September 24, 2019.

The rebranding will frame how the MDTF advances UHC by improving access to essential health services, including basic services of immunization and infectious disease management, without financial hardship. A focus on UHC as the overarching purpose of the MDTF will additionally require greater attention on issues of equity and exclusion. Australian Foreign Minister Marise Payne has also announced that DFAT is deepening its relationship with the World Bank, which manages the MDTF, with a potential additional contribution to the fund of up to US\$ 12.9 million (AUD 19 million). DFAT had earlier pledged US\$39.4 million (AUD 57.7 million) to the MDTF for 2015-2023.



Everyone, everywhere
should have access to quality
and affordable health services.

We call on political leaders
to legislate, invest and collaborate with
all of society to make UHC a reality.

Key Asks from the UHC Movement

uhc2030

UN High-Level Meeting calls on world
leaders to deliver UHC by 2030



MDTF website is online

Our website is available at www.worldbank.org/en/programs/multi-donor-trust-fund-for-integrating-externally-financed-health-programs. It is a dedicated resource for all information and documents about the Multi-Donor Trust Fund (MDTF) for Integrating

Health Programs. We hope our donors, funders, governments and other partners will find it a useful resource for reports, stories, upcoming activities and updates on the progress of MDTF projects from around the world. Please do not hesitate to share it with your colleagues and interested networks.

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MDTF impacts in focus MDTF Mid-Term Review saw good progress

The Multi-Donor Trust Fund (MDTF) is effectively working to achieve its high-level objectives of helping countries in East Asia and the Pacific (EAP) make progress towards Universal Health Coverage (UHC) while efficaciously transitioning from externally financed health programs, and establishing financially sustainable systems that enhance health security in the region.

This was the conclusion of the recently released [Mid-Term Review \(MTR\)](#) report on the MDTF that was commissioned by Australia's Department of Foreign Affairs and Trade (DFAT), the major funder of the MDTF which is managed by the World Bank. While the fund's full contribution to program objectives can only be measured at the end of the program (which runs from 2015-2023), if mid-term results are confirmed "then the MDTF will emerge as a highly cost-effective vehicle for DFAT investment that represents value for money", the report said.

The MDTF is not a typical development project with a clear line of sight between interventions and achievement of an overall objective. Rather, it uses limited resources strategically, alongside those of

ACTIVITIES SCHEDULE (January–March 2020)

JANUARY 20-29

Mission to Tonga to support the development of a nutrient profile model to inform health tax design

JANUARY (TBC)

Health Sector Coordination Committee in Kiribati

MID-JANUARY

Round table discussion with high-level MOH policy makers in Indonesia on concept and implementation of Strategic Health Purchasing

JANUARY 3rd WEEK

Workshop in Indonesia to present results of the optimization modelling for TB program which will inform the development of the National TB Strategic Plan, and the GF proposal

EARLY FEBRUARY

Supervision mission for the Indonesia-Supporting Primary Health Care Reform (I-SPHERE) project to review implementation progress and identify needs for technical assistance

national governments and other partners, to overcome systemic constraints and introduce efficiencies in the delivery of services en route to UHC. Its tools include Health Financing Systems Assessments (HFSA) to increase efficiency, Public Financial Management (PFM) to lay a solid foundation, Public Expenditure Reviews to gauge budget spending, and financial incentives in the form of Disbursement Linked Indicators (DLIs).



The Mid-Term Review report by the Specialist Health Service, an adviser to DFAT

The MTR report said the MDTF also impacted the thinking on financial transition beyond EAP countries. In Gavi, for example, it served as a model for linking funding with World Bank investments tied to DLIs. Similar mechanisms are also being considered by the Global Fund. "The work of the MDTF has the potential to influence a range of global initiatives concerned with partner coordination and Universal Health Coverage including the UHC 2030 Working Group on Transition, the Global Action Plan Health Financing Accelerator, the Global Preparedness Monitoring Board, and the Secretariat for the Sustainable Development Goal (SDG) Global Action Plan," the report said.

The report made a number of recommendations for improving the MDTF including increasing the focus on gender and equity, and on investment for health where it suggested the World Bank Human Capital Project is a potential channel for renewed advocacy with the finance ministries of concerned countries.

FEBRUARY 2nd WEEK

National workshop for final discussion and launch of report on Indonesia's Health Security Financing Assessment (HSFA)

FEBRUARY 17-21

World Bank Flagship Course on Strengthening Health Systems for Universal Health Coverage in Nadi, Fiji (in collaboration with DFAT, WHO, the Pacific Community, the Asia Pacific Leaders Malaria Alliance, Global Fund, and Gavi)

HFSA on track in the Philippines' Bangsamoro Autonomous Region



A household survey enumerator in Cotabato City, BARMM, checks the vaccination mark on the baby's arm to verify her mother's recollection that she has been immunized.

The Health Financing System Assessment (HFSA) in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) is being finalized for dissemination in early 2020. The analytical work done through the evaluation is already informing the priorities of the new regional government's immediate and medium-term plans for the health sector.

The HFSA, supported by the Australian Department of Foreign Affairs and Trade (DFAT) through the MDTF, includes analysis of financing, financial management, service delivery capacity and household level data on health and economic outcomes. While the final report is being developed, data and findings from the assessment is already being used in the development of new health policies in the Bangsamoro autonomous region whose creation was ratified in January 2019 after decades of separatist conflict.

MDTF impacts in focus

One component of the HFSA, [the Supply-Side Readiness of Primary Health Care in the BARMM](#), co-financed by the MDTF and the State and Peace Building Trust Fund, has been completed and was disseminated at the first BARMM Health Summit in July 2019. This analysis was instrumental in the health policy development of the new regional government and for the first time provides a comprehensive picture of all public primary care facilities' supply-side capacity in the conflict-afflicted region of the Philippines.

The World Bank Philippines Health, Nutrition and Population (HNP) task team reports that the remainder of the HFSA is on track. Findings on fund flows, governance and institutional financial management capacity are under discussion with the regional and national governments. The assessment gives priority consideration to immunization services and maternal & child health outcomes and will include policy recommendations to promote sustainable and equitable access to services. The World Bank and UNICEF have also jointly conducted household survey to gather a wide range of health and economic indices, including access to and coverage of immunization services. Wherever possible the teams collected gender-disaggregated data. Additionally, a policy note on sub-national equity in immunization has been produced, and a wider analysis will be included in the HFSA.

Consultations with national and regional stakeholders will be held to discuss the findings of the HFSA in January 2020 and a forum to disseminate the BARMM HFSA is expected in March or April 2020.

ACTIVITIES SCHEDULE (January–March 2020)

MARCH

Mission to Samoa on Improving the Use of Fiscal Policy to Address Non-Communicable Diseases

FEBRUARY / MARCH

Launch of the Papua New Guinea Economic Update with a special focus on Human Capital

EARLY 2020

IMPACT Health Project Launch in Papua New Guinea

QUARTER 1 (TBC)

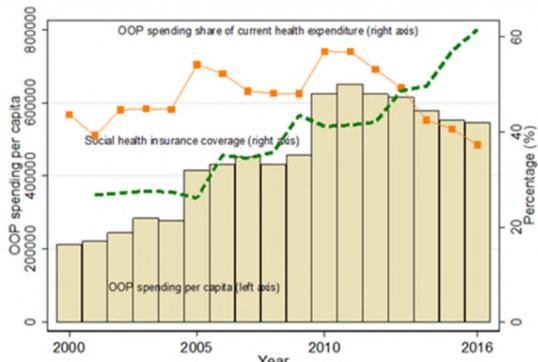
Joint Annual Performance Review (JAPR) of the Health Sector/Development Partner Coordination Group (DPCG) in the Solomon Islands

MARCH / APRIL

Launch of the Samoa Health Systems Strengthening Program for Results

MDTF impacts in focus

Public expenditure review found good progress to UHC in Indonesia



Out of pocket spending share of current health expenditure

World Bank Indonesia has been following up on the publication of the Health Financing System Assessment (HFSA) in 2016 with a series of Public Expenditure Review (PER) exercises in the health sector, focusing on improving the quality of public spending. The expenditure review, supported by Australia's Department of Foreign Affairs and Trade through the MDTF, is conducted annually in collaboration with the Bank's Macroeconomics, Trade and Investment Practice. The third phase of the PER has recently been completed and the results have been shared with the Government of Indonesia ahead of the official launch scheduled for late January 2020.

The key findings are related to Indonesia's remarkable progress on its path towards Universal Health Coverage with rapid expansion of the national social health insurance (SHI) scheme covering 82% of the population, making it the largest single-payer SHI program in the world. The National Health Insurance or Jaminan Kesehatan Nasional (JKN) program has demonstrated its financial protection function with a decrease of out-of-pocket expenditures by almost 12% since its introduction in 2014.

Despite these achievements, several challenges remain—especially the underperformance in maternal mortality, prevalence of stunting, and coverage of immunization and tuberculosis. Regional and income-related inequalities in health outcomes also persist, highlighting the importance of good governance and health information systems to better target resources. Financial sustainability of the JKN program also remains a challenge.

Achieving Indonesia's ambitious goal of UHC will require the Government of Indonesia to spend more and spend better on health care.

Vietnam Health Security Financing report is ready

The Vietnam Health Security Financing Assessment (HSFA) report has been completed. It is the very first assessment in Southeast Asia and beyond to use a tool developed by a regional technical task force to systematically analyze and gain insight into health security financing practices at the country level.

The report finds that total health security expenditure, including for central and provincial levels in 2016, was estimated at VND 3,994 billion (about US\$181.2 million). Total per capita expenditure amounted to VND 42,757 (about US\$1.94), while the total health security expenditure was 0.09% of gross domestic product (GDP), and 0.29% of the total government expenditure.



Photo courtesy of the Ministry of Health, Vietnam

Close to three-fourths of the total health security expenditure occurred at the provincial level. But, a wide variation in health security expenditures across provinces exists. Vietnam is the first country to conduct a comprehensive and systematic analysis of financing for health security activities. Its findings informed similar assessments in other countries. The report can be found [here](#).



PMAC 2020 UHC Forum 2020

ACCELERATING PROGRESS TOWARDS UHC

28 JAN - 2 FEB 2020 • BANGKOK, THAILAND

PMAC 2020 looks at progressing UHC amidst megatrend constraints

"Accelerating Progress Towards Universal Health Coverage" is the theme of the Prince Mahidol Award Conference 2020 ([PMAC 2020](#)) to be held in Bangkok, Thailand, from 28 January–2 February 2020. The conference will examine how UHC goals can be rapidly advanced before the Sustainable Development Goals agenda is up in 2030. This is in light of indications that progress is off-track and challenged by megatrends such as disease outbreaks, natural disasters, conflicts and economic crises that are occurring world-wide. These megatrends also include long-term developments like the rising burden of noncommunicable diseases, population growth, urbanization, food insecurity, climate change and widening economic disparities.

PMAC 2020 will look at how UHC achievement can be quickly advanced given such constraints.

The conference will focus on action on three subthemes: implementation challenges and innovative solutions for UHC 2030, sustainable financing for expanding and deepening UHC, and adapting to the changing global landscape by fostering UHC-based solidarity to push for the SDGs.

The Prince Mahidol Award Conference is an annual international conference focusing on policy-related public health issues. PMAC 2020 is being co-hosted by the Prince Mahidol Award Foundation, the Thai Ministry of Public Health, Mahidol University, the World Health Organization, the World Bank, United Nations Development Programme, United Nations Children's Fund, Joint United Nations Programme on HIV/AIDS; the Global Fund to Fight AIDS, Tuberculosis and Malaria; United States Agency for International Development; Japan's Ministry of Health, Labour and Welfare; the Japan International Cooperation Agency, China Medical Board, the Rockefeller Foundation, and Chatham House, with support from other key related partners.

Working with Samoa to respond to the measles outbreak

The international development community worked with the Government and people of Samoa to respond to the devastating measles outbreak with the World Bank joining other partners to commit emergency and longer-term assistance to the country.

The outbreak in Samoa has claimed the lives of over seventy people, mostly children, and more than 4,600 confirmed measles cases since October 2019. The tragedy has mobilized international health organizations, with substantial support provided by a range of development partners through mass vaccination programs and health promotion interventions. With reported measles vaccination rates now up around 90%, attention is starting to turn to the longer-term strengthening efforts that are required.

The World Bank has committed US\$9.3 million to strengthen health services through the [Samoa Health](#)

[Systems Strengthening Program](#). This additional support aims to improve the quality and efficiency of Samoa's health system, including the ability to prevent outbreaks of communicable diseases such as measles, and stem the rise of non-communicable diseases like diabetes. Work to be delivered through the program includes primary health care reform, investment in health workforce development, and community-based disease prevention and management to help ensure Samoan families, particularly those in rural areas, have access to trained physicians and quality services.

Through this program the Samoan health system will build resilience and strength to better respond to significant health emergencies in future and prevent the devastating loss of life experienced during this outbreak. Please refer to the [press release](#) for more information.



Mozes Fifita has been working in Public Health in Tonga for thirty years so he knows firsthand how the environment is changing and how that is impacting on the health of the community. As the only Public Health Inspector in Haapai, a cluster of remote islands in the Kingdom of Tonga in the South Pacific, he has direct experience of the challenges of providing services in such a remote corner of the world.

Haapai has only limited environmental infrastructure with no waste management and limited water services. Families rely on their own water tanks and wells, and must deal with waste themselves, often burying or burning solid waste close to their homes. This creates significant public health risks to the community with contaminated water sources, air pollution and poor sanitation. Responding to these threats takes up most of Mozes's day as he tries to ensure the health of the eight thousand people scattered across Haapai's seventeen disparate islands.



Ocean view from the Haapai Governor's Office



Beautiful beaches hide the environmental health challenges experienced by the community

Mozes is spread thin, he tries to visit each island at least once a year to inspect family's access to clean water, waste disposal and sanitation. He has seen things get progressively better with each visit, with some communities working

Profile

Working in Paradise: Environmental health in the Outer Islands of Tonga

Mozes is based at the central hospital but spends his days out visiting communities

collectively to install composting latrines, a model he would like to see expand across all islands in Haapai. "I am promoting the compostable latrines as there is no sewage truck or infrastructure available on these islands. Currently one latrine is built to service around twenty people," Mozes said.

The disparate population makes large scale service infrastructure difficult, so Mozes believes local, sustainable, small-scale models are key. "Already 2-3 islands have implemented composting bins to manage their food waste, we are hoping others will see this and adopt it in their own communities," he said.

Haapai may be a tropical paradise, but the remoteness continues to create challenges even in this increasingly connected world. When things break, most recently the power generator, getting the parts and supplies to fix it can take weeks. Limited diagnostic services also make it difficult to identify the source of disease outbreaks making Mozes's job even more challenging.

However, Mozes remains positive. He is seeing progress with each visit that he makes to a community. They are gradually adopting local solutions and working collectively to keep their community healthy. It takes some effort to maintain paradise.

Improving efficiency of pharmaceutical expenditures in Vanuatu

The Ministry of Health (MOH) of Vanuatu and the World Bank have been working together to understand how health resources are currently used in order to uncover possible efficiencies and improve health resource use. In Vanuatu, pharmaceuticals make up the highest category of annual operational expenditure, accounting for 25% of the MOH budget. So, there is great potential to find efficiencies within the budget and free up funding for new treatments, medications or for other areas of the health system.

The analysis of expenditures on pharmaceuticals was undertaken to assess spending patterns across lower level facilities and provide recommendations to improve efficiency of pharmaceutical expenditures. Using data on medical supplies from mSupply, an analysis of pharmaceutical expenditure across the 93 lower-level facilities (31 health centers and 62 dispensaries) was conducted.

"We found substantial variation in expenditure across the health facilities, reflecting a combination of factors such as variation in demand, supply, drug availability, regional disease profile or health worker prescribing patterns," says Team Lead Dayo Obure.

Six areas with the highest spending identified were 32% on antibiotics (antibacterial), 24% on consumables and supplies, 11% on non-opioids and non-steroidal anti-inflammatory medicines (NSAIMS), 7% on antimalarial medicines, 6% on



The Pharmacy team checking stocks at the Vila Central Hospital Pharmacy

contraceptives, and 5% on anti-asthmatic and medicines for chronic obstructive pulmonary disease.

"Spending on antibiotics seemed high," comments Dayo, "This warrants further analysis to understand the appropriateness of this level of expenditure for Vanuatu."

Key recommendations for the MOH from the study were to implement an antibiotic stewardship initiative to improve the rational use of antibiotics, strengthen the procurement and logistics management information system, undertake a pharmacy and central medical stores staff and infrastructure review and promote regular reporting on pharmaceutical usage at the lower level facilities. The World Bank team will continue to work with the MOH to action the recommendations.

Progressing Universal Health Coverage in the Pacific through analytics

Solomon Islands and Tonga are working towards providing Universal Health Coverage (UHC) in their own ways—by responding to local challenges and developing local solutions.

In Tonga, results from the Health Facility Costing Study, which tracks how resources are currently being used for service delivery, is informing the

roll-out of the Tonga Package of Essential Health Services, the Government of Tonga's tool to progress UHC in the country, and the annual corporate planning and budgeting process. In a consultation on the preliminary findings from the costing study, participants from the Ministries of Health and Finance and from the Prime Minister's Office Planning Unit discussed ways for improving efficient use of



Participants at the Solomon Islands workshop discuss service collaboration

resources. This included reviewing the overview of findings, as well as options to manage hospitals and referrals and for redistributing health services to improve access and equity. The Pacific Health Team have further analysis planned, including on pharmaceutical and overseas medical referrals to enable Tonga to continue to improve service delivery.

In the Solomon Islands, the Ministry of Health and Medical Services is focused on the roll out of the Solomon Islands Role Delineation Policy as the key vehicle in achieving UHC. The Pacific Health Team assisted in

holding a workshop focused on linking national and provincial annual operational plans and budgets to improve service delivery. The intent is to enable better coordination of activity, service implementation, and access to funds between national programs and the Provincial Health Division as well as improve efficiency of health service delivery in the provinces where most of the population lives. Focus was given to the largely externally funded Malaria, TB/Leprosy, HIV, immunization and Rural Water Sanitation and Hygiene National Programs which are active in the provincial divisions.

Strategic Health Purchasing for priority health programs in Indonesia



"Fact checking" team members consisting of Ministry of Health officials and development partners pose for a picture with local officials in front of a primary health care unit in Cibinong, West Java.

The World Bank is collaborating with USAID to provide technical assistance for strategic health purchasing (SHP) to the Government of Indonesia to boost the implementation of its priority health programs such as tuberculosis and maternal health.

The technical assistance, partially funded by the MDTF, includes establishing a multi-stakeholder Technical Working Group to discuss how to strengthen purchasing functions in the implementation of the National Health Insurance or Jaminan Kesehatan Nasional (JKN) program. It also includes high level

policy advocacy on the concept and practical policy options for SHP implementation, and developing recommendations and design options for the implementation of SHP for priority health programs.

The Government of Indonesia has identified SHP as a key strategy that enhances value for money, improve purchasing arrangements and create stronger incentives for better health. SHP also refines purchasing functions such as by making accreditation status a requirement for the empanelment of a health facility, and linking payment with the facility's performance in the national priority programs.



Dr Yuli Farianti, Head of Health Financing Division, Center for Health Financing and Risk Protection, Ministry of Health, leads a focus group discussion on provider payment mechanism at the Al Islam Hospital, a private hospital in Bandung, West Java.



The Indonesia-Supporting Primary Health Care Reform (I-SPHERE) lending operation is now under implementation, the design of which was informed by MDTF-funded analytics. As a Program for Results (P4R) project, I-SPHERE's Disbursement Linked Indicators (DLIs) are key policy actions to strengthen Indonesia's primary health care system, especially with regard to improving monitoring, quality, and financing.

The DLIs include policy reforms such as linking central transfer and JKN (Jaminan Kesehatan Nasional or national health insurance) payments to respective districts or providers' performance, strengthening accreditation

MDTF support to World Bank for I-SPHERE operations in Indonesia

A World Bank team visits the public health center in Central Maluku district during the I-SPHERE Project preparation.

for primary health care facilities, and using interoperable health information systems to improve governance and accountability. There has been significant progress in the development of the sub-national government health performance dashboard, and the accreditation of puskesmas (community health centers).

A large part of the MDTF-funded technical assistance (TA) provided to the Government of Indonesia is linked to I-SPHERE, such as strengthening local government capacity in budgeting and planning, information systems and data use, and performance-based financing design.

Global flagship courses set sails of UHC



A multi-country team presents their work on how to lower out-of-pocket health expenditures and achieve UHC using knowledge learned from the flagship course.

The World Bank Health Nutrition and Population (HNP) team, Harvard University and partners held the Global Flagship Course on Health Systems Strengthening: The Challenge of Human Capital and Universal Health Coverage in Washington, DC between October 28–November 5, 2019.

The course was tailored for teams of senior-level and mid-level policy makers working in health, health insurance, or finance, and relevant development partners. Strong preference was given to teams of 4-10 people from countries working with the World Bank on UHC-related health policies.

Course topics included: a system thinking clinic for decision-makers in the health sector, building health financing capacities needed to achieve UHC, noncommunicable disease (NCD) lens on transforming health sectors for population health, World Bank health projects monitoring and evaluation, data science and technology innovation (DATI) for improved human capital, addressing challenges of nutrition to develop human capital, supply chain and procurement of drugs and equipment, and primary health care (PHC) performance measurement.

The Health Financing Global Solutions Group (HF GSG) and Governance Global Practice at the World Bank also hosted a joint training on Health Financing and Public Financial Management (PFM) as part of the above-mentioned UHC Flagship series of deep-dive courses in Washington, D.C.

The course was designed for policy makers in low-, lower middle- and upper middle-income countries. Participants



Facilitator Somil Nagpal talks to participants about health financing and PFM.

included representatives from the Democratic Republic of Congo, India, Libya, Nepal, Nigeria, South Africa, Tajikistan, and Ukraine. Gavi, GIZ and country-based World Bank officials also took part in the course. The sessions were tailored to country priorities, which were identified by members of the HF GSG, as well as by confirmed country participants and Task Team Leaders (TTLs) from the World Bank. The Joint Learning Network (JLN) team also delivered two sessions on domestic resource mobilization.

The HF GSG and the Governance GP will be taking the course to the next level, further refining it for future use and to make it even more interactive. In addition to institutionalizing the joint course as part of the global flagship, the group has also built a repository of materials that can be used by TTLs from the World Bank to organize courses at the country level.

Tonga shows how to use fiscal policy to fight NCDs



Acting Prime Minister Sione Vuna Fa'otusia accepts the report from Dr Sutayut on behalf of the Government of Tonga.

The formal launch of the Using Taxation to Address Noncommunicable Diseases: Lessons from Tonga report was held on October 14, 2019 in Nuku'alofa, at the opening of the National Tax Week celebrations, a week of tax-themed knowledge sharing and community education activities held annually.

Acting Prime Minister Sione Vuna Fa'otusia officially accepted the report from World Bank Team Lead Dr Sutayut Osornprasop on behalf of the Government of Tonga. The report is the first study of its kind to analyze comprehensively the impacts of taxation policy on food, beverage, tobacco and alcohol that the government used to address NCDs, focusing on price, consumption behaviors and government revenues. The report also highlights gaps in policy implementation and provides concrete recommendations for improving the use of multisectoral interventions to address the NCD crisis. Dr Sutayut presented findings from the report at the launch to an audience of over 250 participants, comprising high-level dignitaries, government officials, development partners, researchers, and students.

"There have been substantial changes in consumption habits since the taxes were introduced. We saw a reduction in the quantity of cigarettes, alcohol and some unhealthy foods. We also found through focus group discussions with the community, a reduction in the frequency of consumption of particular unhealthy products that are subject to tax," says Dr Sutayut.

However, there are major gaps. "Tax was not applied to unhealthy products in a consistent manner, leaving a number of unhealthy products cheap and affordable. This led to substitution effects, whereby some people substituted taxed unhealthy products with untaxed and cheaper unhealthy products. For example, people substituted cigarettes with local loose-leaf tobacco. Some consumers substituted taxed mutton flaps with untaxed salted beef and corned beef. Further work needs to be done to address substitution, apply nutrition evidence to guide tax design, and ensure there are affordable healthy food alternatives for people," Dr Sutayut goes on to say.



Dancers entertaining participants during the formal launch of the report



Minister of Health Dr Amelia Afuha'amango Tu'ipulotu speaking at the high-level policymaker workshop

Findings from the report have been endorsed by Tonga, and the Government has acted on the report's recommendations to impose tax on loose-leaf Tapaka Tonga tobacco. In addition, the Government took nutrition into account in implementing the food tax, which has resulted in the removal of excise tax from chicken and the introduction of excise tax on products with high levels of sodium, fat, and sugar. This marks the next phase of the project with the World Bank continuing to support the Government of Tonga in strengthening their NCD efforts and taxation policies to help build a healthier country. The development of a nutrient profile modelling threshold, social and behavior change communications strategy and action plan, and strengthening the monitoring of tax policy implementation are three key areas for which the World Bank team will continue to provide support to the Tongan Government.

You can find a copy of the report [here](#).

DRM collaborative meeting readies knowledge products for 2020

Senior policymakers from 18 countries have finalized knowledge products at the fourth in-person Domestic Resource Mobilization (DRM) collaborative meeting in Bahrain on December 2-3, 2019. They also planned for the next phase of the collaborative in 2020 when countries will contextualize, adapt, and implement these products within their own resource settings.

The 56 senior policymakers told the meeting, which is a learning collaborative under the Health Financing Technical Initiative of the Joint Learning Network (JLN) for Universal Health Coverage, that all the eighteen countries, including those engaged through a technical partnership with the Global Financing Facility for Women, Children, and Adolescents (GFF), have an interest in the adaptation and implementation of the knowledge products that they had co-produced.

Technical facilitators—Ajay Tandon, Maria Eugenia Bonilla-Chacin, Somil Nagpal, Aditi Nigam, Danielle Bloom, and Lauren Hashiguchi—shared their insights to help finalize the products at the two-day meeting.



Ajay Tandon, one of the technical facilitators, offers insights on the knowledge products as his colleagues look on during the collaborative meeting on domestic resource mobilization in Bahrain.

They also offered their thoughts on the in-country adaptation of this knowledge, as well as the organization of the needed in-country resources for implementation. As the collaborative enters its next phase in 2020, participants also discussed ways to maintain a virtual community of practice such as through regular virtual meetings, WhatsApp groups, and the JLN website member portal. The participants also joined the JLN Global Meeting 2019 with which this DRM collaborative meeting was co-located.

Senior policymakers put finishing touches to the DRM knowledge products they have been co-producing.



Knowledge products being co-produced by DRM Collaborative members include a messaging guide to make the case for health, case studies on reprioritization, narrative summaries of country budgetary data, inventory of DRM efforts, and a policy dialogue toolkit.

The fourth in-person meeting of the DRM Collaborative was held in advance of the Joint Learning Network for Universal Health Coverage's Global Network

meeting. Some 160 participants from more than 30 member countries gathered there to discuss the theme of "Drawing on the JLN's 10 years of knowledge to act on UHC commitments". Participants discussed critical health system topics such as effective and efficient strategies to manage noncommunicable disease epidemics, medicines and UHC, reimagining primary health care, and quality improvement. The last network-wide meeting was held in July 2016 in Kuala Lumpur, Malaysia.

Samoa dives into PforR financing for health

Samoa is using a new World Bank financing modality—Program-for-Results (PforR) financing instrument—in their new [Health System Strengthening Program](#) for the first time. Already in place in the Water and Education sectors, Samoa will be employing the instrument in an effort to strengthen the efficiency and effectiveness of spending in the health sector and improve health outcomes.

To support Samoa in this initiative, the World Bank team organized a one-day training on the instrument in the health sector in May 2019. The training attended by representatives from the Ministry of Health, Ministry of Finance, Ministry of Natural Resources and Environment, and the Samoa Audit Office focused on designing a PforR program in the health sector, the required technical assessments, development of a results framework, and monitoring and evaluation of results.

The focus will be on scaling up essential Non-Communicable Diseases control interventions at the primary health care and community setting while building the monitoring and evaluation capacity of the health sector. This financing approach has the potential to provide a stronger focus on the actions necessary to improve health outcomes and strengthen the capacity of the health sector to measure and track progress.

Why is PforR different?

Funding for health has traditionally been directed towards inputs—salaries, equipment, training, civil works under the assumption that these will lead to improved health. However, this has not always been the case. The PforR instrument encourages the country to move from focusing on inputs to focusing on results. Its unique features include using a country's own institutions and processes, and linking disbursement of funds directly to the achievement of specific program results. This helps build capacity within the country, enhances effectiveness and efficiency and leads to achievement of tangible, sustainable program results.

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