



The Collaborative on Domestic Resource Mobilization
Under JLN's Revisiting Health Financing Technical Initiative

The Fourth In-Person Meeting of the Domestic Resource Mobilization Collaborative
Manama, Bahrain, December 2-3, 2019

Meeting Synthesis

Attendees

Members of the JLN Steering Group: Adolfo Martinez Valle (Mexico), Lydia Dsane Selby (Ghana), Modupeola Ogundimu (Nigeria), and Bocar Mamadou Daff (Senegal-GFF),.

Members of the Domestic Resource Mobilization Collaborative¹: Mohammad Shahadt Hossain Mahmud (Bangladesh), Subrata Paul (Bangladesh), Abdoulaye Bakayoko (Côte D'Ivoire), Konan Kouassi Clovis (Côte D'Ivoire), Alexandre Gbazale Guebo (Côte D'Ivoire), Amanuel Haileselassie Gebremedhin (Ethiopia), Mesfin Kebede Mengiste (Ethiopia), Ernest Asiedu (Ghana), Vivian Addo-Cobbiah (Ghana), Daniel Adin Darko (Ghana), Emmanuel Kwakye Kontor (Ghana), N. Yuvraj (India), Rohit Deo Jha (India), Atikah Adyas (Indonesia), Mundiharno Hizboel (Indonesia), Wahyu Nugraheni (Indonesia), Nasruddin Djoko Surjono (Indonesia), Agnes Nakato Jumba (Kenya), Mercy Mukui Mwangangi (Kenya), Suphab Panyakeo (Lao PDR), Phoukham Soulat (Lao PDR), Prince P. Nelson (Liberia), Roland Y. Kesselly (Liberia), George P. Jacobs (Liberia), Rozita Halina Binti Tun Hussain (Malaysia), Muhammed Anis Bin Abd Wahab (Malaysia), Amelia Lee Sze Chui (Malaysia), Bayasgalan Gendaram (Mongolia), Munkhtsetseg Byambaa (Mongolia), Uche Ewelike (Nigeria), Nneka Orji (Nigeria), Youssoupha Ndiaye (Senegal-GFF), Bocar Mamadou Daff (Senegal-GFF), Mame Abdoulaye Gueye (Senegal-GFF), Serigne Diouf (Senegal-GFF), Kyunghwan Seo (South Korea), Won Whang (South Korea), Muna Ismail Mohamed Elhassan Mohamed Nur (Sudan), Haider Mohammed Hashim Mohammed (Sudan), Mohamed Hassan Awad Mustafa (Sudan), Richard Kabagambe (Uganda-GFF), Juliet Kyokuhair (Uganda-GFF), Thi Phuong Hoang (Vietnam), and Tuan Viet Nguyen (Vietnam).

Special Invitees, Observers, Guest Speakers, and World Bank Country Team Representatives: Ahmed Abuttasan (Bahrain), Jehan Maki Avis (Bahrain), Amal Al Manna (Bahrain), Fatima Salem (Bahrain), Mairi Jeffery (Center for Global Development), Y-Ling Chi (Imperial College London), Samuel Gitau (Kenya), Caren Althaus (Management Sciences for Health), Kamiar Khajavi (Management Sciences for Health), Rihani Anas (Morocco), Khalid Beloulid (Morocco), Semlali Hapa (Morocco), Htin Lin (Myanmar), Thant Sin Htoo (Myanmar), Stephan Nachuk (The Bill and Melinda Gates Foundation), Brianna Naughton (The Bill and Melinda Gates Foundation), Assia Boucary Maiga (The World Bank), Pandu Harimurti (The World Bank), and Esther Wabuge (The World Bank).

¹ GFF refers to the Global Financing Facility for Women, Children and Adolescents.



DRM Collaborative Organizing Team and Technical Facilitators: Naina Ahluwalia (The World Bank), Danielle Bloom (The World Bank), Maria Eugenia Bonilla-Chacin (The World Bank), Ali Hamandi (The World Bank), Lauren Hashiguchi (The World Bank), Somil Nagpal (The World Bank), Lydia Ndebele (The World Bank), Aditi Nigam (The World Bank), and Ajay Tandon (The World Bank).

Meeting Overview

The JLN Collaborative on Domestic Resource Mobilization is the second Collaborative and thematic area- after the Leveraging Resources for Efficiency Collaborative - to be launched under the JLN Revisiting Health Financing Technical Initiative. The DRM Collaborative is a community of practitioners who share knowledge and provide peer support to improve the domestic mobilization of resources for health care. The Collaborative had organized three in-person and five virtual meetings in the run-up to this in-person meeting in Bahrain.

The fourth and final in-person meeting of this first phase of the collaborative was held from December 2-3, 2019 in Manama, Bahrain and co-located with the launch of the Efficiency Collaborative knowledge products. It was held in advance of the JLN Global Meeting, which brought together 160+ senior policymakers from 30 JLN Member countries and provided an opportunity to raise awareness of the suite of products that will be forthcoming from the DRM collaborative.

Prior to the meeting, new collaborative participants were invited to a one hour onboarding webinar on November 25, 2019 where technical facilitators reviewed progress on deliverables, provided information about the upcoming meeting, and provided a recap of the key concepts and principles that had been previously discussed in the collaborative. The DRM collaborative meeting was attended by a total of 84 participants from 22 countries, and provided an opportunity to finalize inputs on the current round of knowledge products (see table below) and plan for the next phase of work (2019-2021). A list of participants and their contact details is attached to this synthesis as Annex I.

Summary of Key Post-Meeting Action Items:

Knowledge Products	Key messages, decisions, and next steps
<p>#1: ‘Policy Dialogue Workshops’ are country-led meetings with various Ministry of Health, Finance, and other budget holders and key stakeholders within the country, to discuss common communication challenges and share mutual targets for making the case for investment in health.</p> <p>Policy Dialogue Toolkit - A</p>	<p>New and old participants were re-familiarized with key lessons from a September 2018 Policy Dialogue Workshop in Sudan. Participants joined a technical facilitator led group feedback and brainstorming session on guidance documents and tools for the policy dialogue toolkit. Participants suggested including guidance on how to use the materials and compiling them in a ‘ready-to-use’ manner so that they can be easily contextualized by various countries. Other suggestions were to add linkages to the products produced by the Efficiency Collaborative and provide</p>

<p>compilation of tested adaptable materials that can enable health policymakers to further dialogue on resources needed to achieve health sector goals with finance and other stakeholders. includes an adaptable term of reference, a sample agenda, group exercises, presentations on key concepts and principles, and a set of questions to facilitate dialogue on the communication challenges faced by Ministries of Health in their relationship with the state or federal Ministry of Finance.</p>	<p>resources on how to engage with various stakeholders (e.g. civil society, universities, advocacy groups, etc.). In reference to the Lomania policy simulation exercise, a tried and tested group activity that has been used by several collaborative members, participants suggested contextualizing the policy simulation to serve different countries and to make it shorter and more reader friendly.</p> <p>Next Steps</p> <ul style="list-style-type: none"> - Based on participant feedback, the World Bank technical facilitator team will compile all the tried and tested materials that have been used during the first phase of the collaborative, including facilitation templates for group engagement, technical presentations, and planning and logistics templates. The team will also create guidance documents for inclusion in the Policy Dialogue Toolkit including a document on ‘how-to-write’ a narrative summary of historical country budgetary data.
<p>#2: Messaging Guide: Making the Case for Health includes a compilation of messages used in making the case for investment in health, with a focus on an economic rationale and country experience that can help communicate effectively across health and finance sectors.</p>	<p>Participants were provided with a draft outline of the messaging guide and asked to provide feedback in groups on the practical adaptation of the document. Participants suggested providing defining key concepts and economic terms clearly, identifying the timing of message delivery (e.g. during the budget cycle) and indicators that could be used to contextualize the guide for country use, while also keeping the guide and messages short and succinct.</p> <p>Next Steps</p> <ul style="list-style-type: none"> ○ Based on participant feedback, the technical facilitator team will coordinate with co-authors to revise the messages in the outline. Each message within the guide will be a maximum of two pages with references.
<p>Narrative summaries of country budgetary data for 8 countries that have submitted their budgetary</p>	<p>Following a review of the various steps to create a narrative summary, participants joined a technical facilitator-led group discussion to clarify their</p>

<p>data: Bangladesh, Cambodia, Ethiopia, Indonesia, Lao PDR, Malaysia, Nigeria, Vietnam. This output demonstrates how countries can summarize and analyze their historical budgetary data for informed within-country dialogue.</p>	<p>understanding and queries on the data needed for a narrative summary and how to prepare the analysis of country budgetary data. Participants suggested adding an explanation of key economic concepts, guidance on how and why to adjust for inflation, requested clarifications on the data that can be used to replicate the analysis, and adding a set of comparisons between a set of countries (e.g. neighboring countries or countries that are within the same income level) and various public sectors.</p> <p>Next steps</p> <ul style="list-style-type: none"> ○ The technical facilitator team will update the narrative summaries based on the feedback received, and share with participants. ○ Additional interest from countries is encouraged and technical facilitators can be contacted with questions. ○ Drafts from additional countries, including Nepal, are also being prepared.
<p>#4: Inventory of DRM Efforts - A collection of existing DRM inventories and use cases. Includes country experience with implementing earmarking and broader DRM efforts.</p>	<p>A draft inventory and a write up of Ghana’s DRM experience were discussed with participants at the meeting. Participants provided feedback on the practicality of the inventory and suggested pieces for inclusion, such as caveats around completeness of the data and the need to reference other country-level data sources.</p> <p>Next steps</p> <ul style="list-style-type: none"> - The technical facilitator team will work with the co-authors to finalize the Ghana case study, and re-purpose it into a long form blog post. A Philippines writeup will be completed in the same format. - The team will also add any missing caveats to the narrative and cross-links to existing compilations of country level data sources.
<p>#5: Case studies of countries that have systematically used reprioritization as a way to increase</p>	<p>Participants were re-acquainted with the Reprioritization Background Analysis and provided with information on how the technical facilitators analyzed</p>

<p>or maintain the level of health expenditure despite changes in economic growth.</p>	<p>global data to identify the top 10 countries that have systematically used reprioritization.</p> <p>Next steps</p> <ul style="list-style-type: none"> - This work will now be undertaken jointly with IMF in the next phase of the DRM collaborative.
--	---

Summary of Discussions

Below is a summary of discussions at the meeting. The English and French agendas for the meeting as well as all presentations can be accessed [here](#).

1. Introduction and Meeting Overview

Aditi Nigam, Ajay Tandon, and Danielle Bloom welcomed participants to the fourth in-person meeting of the DRM collaborative with a presentation outlining meeting objectives and progress on the deliverables.

2. Technical Update: DRUM in the G20 Framework

Maria Eugenia Bonilla-Chacin and Ajay Tandon presented on the G20 framework and high-performance health financing (HPHF) for Universal Health Coverage. They highlighted how the World Bank's Domestic Resource Use and Mobilization (DRUM) framework complements the G20 framework through its description of the interplay between resource mobilization and efficiency. For instance, emerging and intensifying challenges such as cost pressures, fiscal capacity constraints, and health system/economic shocks can be mitigated through the wide-spread adaptation and implementation of proven health financing principles and policies that mobilizing additional resources and employ efficiency levers. This includes strategies like mobilizing funds through elimination of costly subsidies and pooling resources for efficiency and equity. Strengthened leadership, governance, and organizational capacity will also help broaden the vision of health financing so that countries can anticipate future challenges and opportunities while also adapting policies and management strategies.

The presentation discussed that in developing countries, insufficient, inefficient, and inequitable health financing has resulted in 3.6 billion people not receiving the services they need and 100 million people are pushed into extreme poverty every year from out-of-pocket payments. Investment in health is a pathway to sustainable inclusive growth, and health is one of the fastest growing sectors of the global economy. Since human capital investment is a driver for future prosperity and quality of life, and given that human capital is one pathway for economic development laid out in the HPHF framework, participants were also acquainted with the [World Bank Human Capital Project](#). The HCP includes both the [Human Capital Index \(HCI\)](#), and a cross-country comparison tool that allows countries to assess how much capital they are losing due to gaps in education and health. A 2019 World

Bank report estimates that by 2030, there will be a UHC financing gap of \$176 billion in the 54 poorest countries². Low and middle income countries can work toward closing this financing gap by accelerating research and development of health innovations. Smarter financing of global health security will lead to faster, more efficient surge financing and help seize sale efficiencies.

3. Brief overview of products and discussion on *Making the Case for health: A Messaging Guide*.

Maria Eugenia Bonilla-Chacin and Lauren Hashiguchi presented on the structure and progress of the Messaging Guide (MG), and its six high level messages:

1. Investing in health improves a country's human capital
2. Investing in health can contribute to, and benefit from improved macroeconomic conditions
3. Increasing the share of public investments in health does not necessarily detract from other sectors, while investments in health can have several positive spinoff effects on other sectors
4. When done right, creating dedicated revenue streams for health can help with broader resource mobilization efforts and have positive impacts on health, poverty and equity
5. If sustainable, efficient, and in line with country priorities, external resources for health can provide a critical injection of funds that helps realize future economic gains earlier
6. Improving the efficiency of how health resources are spent and managed can promote fiscal discipline and strengthen the case for additional public funding for health

Each table was assigned one of the six messages and asked to collaborate on refining and providing focused feedback on the content of each of these messages. At the end of the session, one participant from each table was invited to provide a summary of the table's discussion.

General feedback from groups were to define key concepts and economic terms in more easily understood language, and to include suggestions on the timing of message delivery (e.g. during the budget cycle) and indicators that could be used to contextualize the guide for country use. Participants also suggested elaborating on the rigidities that can be introduced through earmarking and suggested topics/cross-themes that can be considered for addition/refinement such as gender and demographics, the impact of security on financing strategic sectors such as health among others, the hidden costs such as the time and strain on households to care for their sick members, political economy challenges, how to sustain existing budget allocations from MOF, and how to talk about investing in health in the context of an ageing population.

² <https://www.worldbank.org/en/topic/universalhealthcoverage/publication/high-performance-health-financing-for-universal-health-coverage-driving-sustainable-inclusive-growth-in-the-21st-century>

Members also indicated that they would not need to obtain clearances for well documented historical se cases and cited examples for co-authors to explore for inclusion. Use cases that highlight quick wins for the health sector and the impacts of health spending on other sectors were emphasized as being useful for making the case for health. Further, participants suggested adding country comparisons as case studies - e.g. Malaysia transitioned out of external financing for health by investing in human capital; Nigeria signed a health law that allowed for quick implementation once funds were injected into their health system.

With respect to format, participants suggested revisiting the messages headings and the sequencing of the messages to keep messages succinct and the guide short.

4. Discussion and Finalization of all remaining products: Inventory of DRM Efforts, Toolkit for Policy Dialogue, Reprioritization Background Analysis, and Narrative Summaries

Ajay Tandon, Danielle Bloom, and Aditi Nigam presented an update on the progress and process for creating the Inventory of DRM Efforts, the Toolkit for Policy Dialogue, Reprioritization Background Analysis, and the Narrative Summaries. Participants were asked to self-select into product-specific groups so that facilitators could address questions and gather feedback. After a ten-minute discussion, participants were requested to alternate to another product group to repeat the exercise.

Participants suggested changes to both parts of the Inventory of DRM Efforts. For the first part, a table of available health and non-health specific online tools on domestic resource mobilization, participants suggested adding QR codes to link to the resources, templates on how to write up results (such as policy briefs; for possible inclusion in the toolkit), country experiences on using the resources, and summary guidance on “how to” use data sources and interpret data. Additional sources were also suggested for inclusion such as regional and country specific (NHA, MICS, national surveys), resource mapping exercises, WHO SCORE, the UHC measurement framework, and Primary Health Care Performance Initiative (PHCPI).

The second part of the inventory of DRM efforts includes a case study on the Ghanaian experience of health earmarking. Participants suggested including contact persons, the template and questions that were used for the case study, and to include concrete examples of how data was used to make the case for investment in health.

For the Policy Dialogue Toolkit, participants suggested including guidance on how to use the materials and compiling them in a ‘ready-to-use’ manner so that they can be easily contextualized by various countries. Participants also suggested adding linkages to the products produced by the Efficiency Collaborative and adding resources on how to engage with various stakeholders (e.g. civil society, universities, advocacy groups, etc.). In reference to the Lomania policy simulation exercise, a tried and tested group activity that has been used by several collaborative members, participants suggested contextualizing the policy simulation to serve different countries and to make it shorter and more reader friendly.

On the Narrative Summaries, participants suggested adding an explanation of key economic concepts, guidance on how and why to adjust for inflation, and requested clarifications on the data that can be used to replicate the analysis. To facilitate meaningful conversations with the Ministry of Finance, participants requested that the narrative summary be formulated to allow for a set of comparisons between a set of countries (e.g. neighboring countries or countries that are within the same income level) and various public sectors. After the discussion, Sudan indicated an interest in creating a narrative summary.

5. Exploring the Next Phase of the DRM Collaborative and Implementation of the Knowledge Products from the DRM Collaborative

Somil Nagpal and Maria Eugenia Bonilla-Chacin led participants in a discussion on the next phase of the DRM collaborative, which will build on the momentum created by the knowledge products, catalyze and support select countries that are seeking ways to initiate and maintain conversations between health and finance stakeholders at the state and federal level, and support the development of country capacity to make a more effective case for investing in health using national and international evidence. The DRM collaborative technical team will provide in person and virtual support to apply the knowledge products in a subset of the countries on a demand basis, help to maintain a community of practice and periodically hold virtual collaborative meetings and webinars, and document application experiences and lessons learned from the next phase of the DRM collaborative. In the next phase of work, the collaborative will move from knowledge production at a multi-country level to deeper application work within the country.

Through table group work, participants were requested to consider the application of DRM knowledge products within their countries and to provide suggestions on how the DRM collaborative can engage virtually during the next phase of work. Participants provided their suggestions in a closing plenary. Dialogue workshops were suggested as being a good starting point for application work within countries. Countries also expressed interest in adapting the policy dialogue toolkit and the messaging guide.

The plenary discussion focused on exploring implementation of the knowledge products from the DRM collaborative and engaged countries that have expressed an interest in pursuing application work in the next phase to consider which knowledge products would be most beneficial for application and when these could be introduced within their policy dialogue discussions and/or processes. The following countries have expressed an interest in adapting and applying DRM knowledge products in the next phase: Bangladesh, Cambodia, Cameroon, Cote D'Ivoire, Ethiopia, Ghana, Indonesia, Kenya, Lao PDR, Liberia, Malaysia, Mongolia, Myanmar, Nigeria, Senegal, South Korea, and Sudan (for a second workshop).

6. Spotlight on the Knowledge Products from the DRM Collaborative

Ajay Tandon provided DRM collaborative and Global Meeting participants with an overview of the case studies on reprioritization, narrative summaries, and the inventory of DRM efforts while Aditi Nigam provided an overview of the policy dialogue toolkit. A panel session with



collaborative members moderated by Ajay Tandon, provided perspectives on the application of each knowledge product, the practical utility of the products for policymakers, and how countries could adapt the tools for facilitating policy dialogue on domestic resource mobilization for health among their various stakeholders.

Dr. Bocar Mamadou Daff (Agence Couverture Maladie Universelle, Senegal) remarked on how the DRM knowledge products are adaptable, and helpful in structuring dialogue for investment in health with parliamentarians and the Ministry of Finance. With Senegal beginning the roll out of a performance linked program budget in a decentralized service delivery context, the MOH hopes to be allocated enough funds by the state to achieve performance targets. The DRM knowledge products will be useful for making compelling arguments to stakeholders, including those at the subnational level, to invest more in health in order to serve the population.

Dr. Nneka Orji (Federal Ministry of Health, Nigeria) explained the adaptability of the various knowledge products for communication and engagement and their usefulness in sustaining the discussion on domestic resource mobilization for health. Nigeria passed a National Health Law in 2014, which was implemented four years later. In 2014, discussions were only focused around the FMOH and MOF but when the FMOH broadened its stakeholder group to include CSOs and legislative actors, they were able to align their efforts and bring health into the political agenda. In the future, Dr. Orji indicated that the DRM knowledge products will be useful for identifying effective messaging and for optimizing the delivery and timing of arguments for health (e.g. around elections or during the budget cycle). As Nigeria embarks on discussions around sub-national health spending, the knowledge products produced under the DRM collaborative are helpful for supporting advocacy efforts and for building sub-national capacity and understanding on how to make effective arguments on domestic mobilization of resources for health.

Dr. Haider Hashim (National Health Insurance Fund, Sudan) provided participants with the context for the September 2018 Sudan Policy Dialogue Workshop, which was a tri-partite effort, representing MOH-MOF-NHIF (National Health Insurance Fund) – collaboration that brought 70 state and federal senior policymakers together to discuss domestic resource mobilization for health in Sudan. Sudan found low cost mechanisms to help policymakers engage such as by grouping transportation of the policymakers according to their state affiliation so that they could begin discussions and gain familiarity with one another ahead of their arrival at the workshop in Khartoum. The Public Health Institute of Sudan at the Ministry of Health also translated many of the DRM collaborative knowledge products into Arabic, including the Lomania policy simulation, which is included in the Policy Dialogue Toolkit and is a group exercise that encourages participants to consider various arguments for health as they take turns role-playing as the Ministry of Health and the Ministry of Finance.

Pandu Harimurti (World Bank Indonesia) speaking on behalf of Djoko Nasruddin (Ministry of Finance, Indonesia), commented on how the process of developing the various DRM knowledge products has been useful in bringing together different sectors to discuss

important issues and in making stakeholders aware of the critical roles they need to play in mobilizing resources for health. As Indonesia considers how to sustain its government commitment in the allocation of spending for health, they are considering how to maximize efficiency using existing funds, how to how to monitor efficiency of spending at central and sub-national level, and how to mobilize resources from other sources like an increase in tobacco tax. A resounding argument is that spending for health is critical for human capital development and the knowledge products produced by the DRM and Efficiency collaboratives can help shape arguments to the Ministry of Finance and can also help demonstrate the efficiency of spending in health.

7. Spotlight on the Knowledge Products from the Efficiency Collaborative

Participants from the DRM collaborative were joined by Global Meeting and Efficiency collaborative participants for the soft launch of 3 Efficiency Collaborative products: 1) Health Priority Setting, A Practitioner’s Handbook, 2) Health Priority Setting and Resource Allocation (HePRA) Benchmarking Tool and Database, and 3) The Resource Guide for Measuring Health System Efficiency in LMICs (with fact sheets for 30 prioritized indicators). Y-Ling Chi, Mairi Jeffery, Danielle Bloom, Lauren Hashiguchi and Naina Ahluwalia from the technical facilitation team of the Efficiency collaborative introduced the tools, answered participant questions, and requested feedback. Moderated by Somil Nagpal, a panel of Efficiency Collaborative members discussed the creation process of the knowledge products, the utility of the products for policymakers, and the next phase of the efficiency collaborative. Subrata Paul (Ministry of Health and Family Welfare, Bangladesh) commented on the efficiency challenges faced by the Ministry of Health, which does not have the absorptive capacity to fully utilize their fund allocation. Similarly, Nneka Orji (Federal Ministry of Health, Nigeria) explained the complexity of the Nigerian budget process, which also leads to issues with absorptive capacity and budget shortfalls. These challenges result in the Ministry of Finance perceiving that the inefficiency in the health system is much worse than what may be the reality.

The [Health Priority Setting: A Practitioner's Handbook](#) is a practical, actionable resource for countries that are looking to engage in systematic priority setting for health. The Handbook focuses on using data, evidence and resources for systematic priority setting along with country examples. The Handbook can be used during operational and budgetary planning to help with technical resources and tips that enable more systematic, evidence-informed priority setting. Among the possible applications of this handbook are identifying specific priority setting tools, sources of evidence and institutional structure options to help with benefit package creation or to evaluate options for revising benefit packages with the associated resource implications, helping maximize value within the budget envelope while building bridges between ministries of health and finance.

The [Resource Guide for Measuring Health System Efficiency in Low- and Middle-Income Countries](#) introduces readers to the concept of efficiency and gives guidance on how to assess efficiency in a practical setting. It includes a list of indicators most often used for tracking



health system performance and a set of 30 fact sheets meant to inform practitioners on how best to use, visualize, and interpret each indicator.

[The Health Priority Setting and Resource Allocation \(HePRA\) Benchmarking Tool and Database](#)

uses 36 questions to capture a snapshot of existing priority setting and resource allocation practices in a country and evaluates the responses along benchmarks to give a sense of how the resource allocation process is functioning at the country level vis a vis comparator countries. The tool has been administered in 10 JLN countries and the results collected in a database that shows how these 10 countries set priorities for health, and then whether and if they allocate, spend, and track resources against those priorities.

During discussions, panelists emphasized that the value of the tools for countries lies in their adaptation for country use. Nguyen Khanh Phuong (Ministry of Health, Vietnam) remarked on how the tools will allow Vietnam to look at allocative efficiency by considering spending versus utilization at hospitals versus primary health care centers. Kwakye Kontor (Ministry of Health, Ghana) remarked on how the tools have provided useful guidance as the Ministry of Health develops a national roadmap to Universal Health Coverage and as it considers allocative efficiency in relation to the indicators of the Sustainable Development Goals. Pandu Harimurti noted that the tools will be helpful for considering how to improve budget allocation and budget use. Muhammad Anis (Ministry of Health, Malaysia) reflected on how the political economy can also influence changing priorities. With its recent change in government, Malaysia was keen to target the poor and expand its offering of primary health care but a careful review of state-level data showed that there were high fees for service in the private sector. By revising their priorities using the National Health Facility surveys, Malaysia was able to reprioritize from curative care to preventive care.

Somil Nagpal, Danielle Bloom, Y-Ling Chi and Naina Ahluwalia closed the session with a discussion on Phase 2 of the Efficiency Collaborative. Phase 2 of the Efficiency Collaborative will focus on technical work on shortlisted topics within priority setting and implementation of Phase 1 knowledge products (2019-2021). An initial, informal scoping exercise was undertaken with the attendees and prominent themes that emerged included progressing from efficiency to effectiveness, human resources for health including distribution, patient satisfaction and patient voice informed by transparent consultations, inefficiencies arising from underspending, links between efficiency and health services responsiveness and quality, how to deprioritize interventions that are not cost effective, procurement (services and supplies from private sector) and efficiency and prioritization without loss to financial protection, dignity and equity. Further scoping is planned for capturing the most critical recurrent knowledge need of the countries participating in Phase 2. Naina Ahluwalia briefed on the Expressions of Interest process for countries interested in participating in Phase 2.

8. Optional Site Visits

Organized by the Supreme Council of Health, participants were given the option to attend one of two site visits to two Primary Health Care Centers: Halat Bu Maher and the Bahrain &



Kuwait Health Center. During the site visits, participants toured the facilities and met with facility staff who provided information on the health system in Bahrain.

Next Steps (updated after the meeting to reflect the evolving COVID-19 situation)

The next phase of the DRM Collaborative is aimed at the adaptation and implementation of these knowledge products, with critical next steps being 1) Expression of Interest (EOI) for countries interested in receiving support for in-country application of knowledge efforts; and 2) re-orienting and sustaining our current community around a virtual Community of Practice (CoP) to continue the exchange of knowledge and experience on use practices.

1. In response to COVID-19, our efforts around standing up a knowledge sharing effort will begin in the interim as a shared effort between partners, and will be open to all current EC and DRM collaborative members.
 - The World Bank, the Global Financing Facility (GFF), and the Revisiting Health Financing Technical Initiative of the Joint Learning Network (JLN), in coordination with P4H and other partners, are intensifying collaboration to support countries in their health financing response to COVID-19. Priority areas include the facilitation of cross-country learning in a CoP, the systematic documentation of country responses, and the curation of knowledge on health financing resilience and sustainability. The goal is to help countries emerge from the crisis with more resilient and sustainable health financing.
 - A virtual shared space and online hub will be made available to convene practitioners and facilitate the sharing of experiences and lessons among countries as well as discussions on health financing policy responses and their impact, supported by a variety of offerings including webinars, roundtables, and facilitated Q&A. Additional resources will also include a curated repository of technical materials. An invitation to formally join this community will be coming soon.
2. A virtual meeting of the DRM collaborative is planned for June 4, 2020.
3. In due course, the collaborative facilitation team will work with the members to jointly assess how and when the collaborative can re-initiate work specific to the collaborative's ongoing mandates around adaptation and implementation of the knowledge generated in the first phase of the DRM collaborative.
4. As needed, virtual facilitation support to in-country application efforts will be available throughout this period. Countries who are interested in implementing DRM products or who would like to begin planning for support to in-country facilitated events once travel under COVID-19 advisories normalizes are invited to express interest at jln@worldbank.org so that the facilitation team can begin to gauge support requests,

discuss what is most realistic given our current situation, and plan accordingly for the future.

5. Participants who would like to submit, analyze, or write narrative summaries for their countries based on their country's past 10-15 years of budgetary data on health are kindly requested to contact jln@worldbank.org for more information.

6. **Internal Communication –**

- a. **WhatsApp Group:** Collaborative participants are encouraged to send Ms. Aditi Nigam (anigam@worldbank.org) an email requesting to add them to the DRM WhatsApp group. Please include your WhatsApp registered phone number and associated country code within the email.
- b. **Online JLN Member Portal for the DRM Collaborative:** All DRM Collaborative members have access to the *DRM Collaborative's Member Portal Page* to engage in discussions and access shared materials including all presentations from this meeting. Please visit <http://www.jointlearningnetwork.org/login> to Login and/or Create an Account. Please contact jln@worldbank.org or the network manager team (jln@msh.org) with any questions related to the Member Portal.

The World Bank's support to the Joint Learning Network for UHC is made possible with financial contributions from the following partners:



**BILL & MELINDA
GATES foundation**



**THE
ROCKEFELLER
FOUNDATION**