



Collaborative on Domestic Resource Mobilization
Under JLN's Revisiting Health Financing Technical Initiative
Special Catch Up Meeting organized in partnership with the Global Financing Facility
Washington, D.C., USA, April 12-13, 2018

Meeting Synthesis

Attendees

Members of the Global Financing Facility: Mr. Victor Ndiforchu (Cameroon), Mr. Bakayoko Abdoulaye (Côte D'Ivoire), Mr. Dagnan Simplicie N'Cho (Côte D'Ivoire), Mr. Konan Kouassi Clovis (Côte D'Ivoire), Mr. Suphab Panyakeo (Lao PDR), Mr. Youssoupha Ndiaye (Senegal), Mr. Henry Mwebesa (Uganda), Mr. William Ndoleriire (Uganda).

World Bank Country Team Representatives: Dr. Emiko Masaki (World Bank), Dr. Moussa Dieng (World Bank), Dr. Marion Cross (World Bank), Mr. Pandu Harimurti (World Bank).

DRM Collaborative Team and Technical Facilitators: Dr. Ajay Tandon, Dr. Maria Eugenia Bonilla-Chacin, Dr. Somil Nagpal, Ms. Triin Habicht, Mr. Val Ulep, Ms. Thandekile Moyo, Ms. Naina Ahluwalia, Ms. Aditi Nigam.

Meeting Overview

In recognition of the challenges that many countries face in the mobilization of domestic resources for health care, including the financing of interventions to support reproductive, maternal, neonatal, child and adolescent health (RMNCAH), the Global Financing Facility has partnered with the Domestic Resource Mobilization (DRM) Collaborative of the Joint Learning Network to integrate specific Global Financing Facility country participants in this Collaborative's community of practitioners. The JLN Collaborative on Domestic Resource Mobilization, also known as the DRM Collaborative, is the second Collaborative to be launched under the JLN Revisiting Health Financing Technical Initiative. This Collaborative originally included a community of practitioners from Bangladesh, Ethiopia, Ghana, India, Indonesia, Kenya, Korea, Malaysia, Sudan, and Vietnam. This Catch up session was organized to allow an expansion of the collaborative to practitioners of additional GFF countries, including Cameroon, Cote d'Ivoire, Senegal, and Uganda as well as an additional observer country, Lao PDR, participation of which is supported by a World Bank-Government of Australia trust fund. Practitioners work together and provide peer support around improving domestic mobilization of resources for health care within and outside the DRM Collaborative.

During the April 12-13 Special Catch-Up Meeting, participants from five new countries (four GFF countries and one country from East Asia and Pacific) were introduced to the main concepts and principles embodied in the mobilization of domestic resources for health and as well as the content from the DRM Collaborative's first in-person meeting held in Seoul, Korea in December 2017. Following the workshop, participants joined DRM Collaborative members at the April 16-17, 2018 second in-person meeting of the Domestic Resource Mobilization Collaborative and the April 19-20, 2018 Third Annual Universal Health Coverage Financing Forum held in Washington, DC.

The meeting objectives were as follows:

1. Gain familiarity with the [Joint Learning Network for Universal Health Coverage \(JLN\)](#) and the Revisiting Health Financing Technical Initiative, and foster linkages with peers that can help progress on key UHC objectives for the participating countries.
2. Discuss the concepts and principles embodied in domestic mobilization of resources for health care.
3. Share and learn from country experience on good practices, contemporary/ persistent challenges, working solutions.
4. Identify shared challenges and discuss and revisit the identified priorities and work plan for the DRM Collaborative, to confirm its relevance for the new participants' needs and enhances potential for use in their respective country context.
5. Gain familiarity with the three work streams proposed by the JLN Member Countries in December 2017 and the work streams and/or products the DRM Collaborative plans to pursue over the course of 2018 to support knowledge on mobilizing domestic health care resources.

Agenda

1. Meeting Overview and Member's Introduction: Partnership between the Global Financing Facility and the Joint Learning Network DRM Collaborative.
2. JLN and the methodology of Joint Learning, Revisiting Health Financing Technical Initiative, and the DRM Collaborative
3. Concepts and principles of Universal Health Coverage, Health Financing, and Domestic Mobilization of Resources for Health
4. Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania
5. Country Experiences on Domestic Mobilization of Resources for Health (organized by three pillars): *Small Group Work on each table, followed by panel discussion, for each of the three pillars*
6. Review of Prioritization of Persisting Challenges and Priority Streams of work and Review of the 2018 work plan
7. Putting it all together – Where do we go from here?

Summary of Discussions

The meeting was attended by a total of 20 participants including 7 country representatives from 4 Global Financing Facility member countries, one East Asia and Pacific country, and 5 technical facilitators. A list of participants along with their contact details is attached to this synthesis as **Annex I: Participant List**.

Below is a summary of discussions at the meeting.

1. Meeting Overview and Member's Introduction

Following member introductions through an ice-breaker activity, participants were introduced to the partnership between the Global Financing Facility and the Domestic Resource Mobilization Collaborative, briefed on the agenda for the 2-day meeting, and were requested to adopt meeting etiquette guidance.

2. JLN and the methodology of Joint Learning, Revisiting Health Financing Technical Initiative, and the DRM Collaborative

Naina Ahluwalia provided an overview of the Revisiting Health Financing Technical Initiative and the Collaboratives under the 'Revisiting Health Financing' Technical Initiative - a new thematic area comprising 3 collaborative working groups that focus on:

1. Mobilizing Domestic Financing (DRM Collaborative),
2. Leveraging Existing Resources (Efficiency Collaborative) and,
3. Fiscal Policy Instruments for Health Outcomes

3. Concepts and principles of Universal Health Care Coverage, Health Financing and Domestic Mobilization of Resources for Health

Technical facilitators (Dr. Ajay Tandon, Dr. Maria Eugenia Bonilla-Chacin, and Mr. Val Ulep), made a presentation outlining the core concepts, common principles and shared vocabulary on the mobilization of domestic resources for health.

The facilitators emphasized that domestic resource mobilization, or public financing from domestic resources, is a sub-component of fiscal space. Fiscal space for health is a systematic assessment of the need, ability, and/or willingness of countries to increase public financing for health in a financially sustainable, efficient, and equitable manner. There are three pillars to consider when mobilizing domestic resources for health - Pillar 1: Conducive Macroeconomic Conditions, Pillar 2: Reprioritization, and Pillar 3: Sector-Specific Domestic Revenue Sources.

The presentation made by the technical facilitators is attached to this synthesis as **Annex II: Conceptualizing Domestic Resource Mobilization: Technical Overview.**

4. Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania

Participants were split into two groups for the hypothetical policy simulation. Through teamwork, groups applied the concepts and principles discussed during the presentation to address questions raised in the policy simulation.

Over the course of one hour, groups assumed the role of the Lomania Ministry of Health to discuss and determine a proposal to present to representatives from the Lomania Ministry of Finance for increasing domestically sourced government financing. Following discussions, each group rotated with one other group to present their 5-minute proposal as the Ministry of Health and receive feedback as the Ministry of Finance in the next 5 minutes. Role-play as the Lomania Ministry of Health versus the Lomania Ministry of Finance helped groups come to a better understanding of DRM constraints and opportunities.

The Policy Simulation provided by the technical facilitators is attached to this synthesis as **Annex III: Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania.**

5. Country Experiences on Domestic Mobilization of Resources for Health (Pillar 2): Small Group Work on each table, followed by panel discussion

Following a five-minute introduction, participants were split into 2 groups to share their respective countries' experiences in improving the mobilization of domestic resources for health from reprioritization of health in the government budget. Through small group discussions in each group, participants shared good practices that have yielded results while noting persistent challenges including the frequent prioritization of the economic sector over the health sector in the budget by incumbent political parties and the need for strategies that would enable countries to reach the Abuja

declaration's target of allocating at least 15 percent of the annual budget to the health sector. Each group selected one case and team member to represent and summarize their group discussion. Laos and Uganda noted that the duplication of funding by external agencies for certain programs/interventions contributes to competing demand within the country among various Ministries (e.g. Health, Education, Planning, Budget) and can often result in a lower budget for health. Cameroon suggested the importance of having two to three actors, such as economists, in the various ministries and having them interact with each other to move the government's priorities forward while also cooperating on their Ministries' overlapping interests. Countries also noted the observed increases in budget allocations for health through the concerted advocacy efforts of lawmakers, politicians, and civil society and that, alongside an increase in the budget for health, it is important to have equitable and efficient distribution of resources.

6. Country Experiences on Domestic Mobilization of Resources for Health (Pillar 3): *Small Group Work on each table, followed by panel discussion*

Following an introductory presentation, participants engaged in an open discussion on their respective countries' experiences on how they have raised domestic resources specifically for health (Pillar 3). Countries discussed the challenge of effectively capturing informal sector contributions, the utility of evidence based arguments that focus on economic impacts, the need for data and budget planning tools, and expressed an interest in seeing how they might duplicate other country's successful experiences in mobilizing domestic resources for health.

7. Country Experiences on Domestic Mobilization of Resources for Health (Pillar 1): *Small Group Work on each table, followed by panel discussion*

Following a short introduction, participants were split into 2 groups to share their respective countries' experiences in how macroeconomic conditions have impacted the mobilization of domestic resources for health (Pillar 1). Through small group discussions in each group, participants shared good practices that have yielded results while noting persistent challenges. Each group selected one case and team member to represent and summarize their group discussion. Cameroon, Cote D'Ivoire, Laos, Uganda, and Senegal discussed their experience in stakeholder financial mapping, mid-term and public expenditure reviews, strategic plans, and earmarked taxes as a form of revenue generation. They noted that while the prioritization of health within the budget may decrease over time, certain programs may see greater allocations if there is enough political support and similarly, if there is no increase in allocation one year, countries can consider re-allocating the resources that are available within their budget.

8. Review of Prioritization of Persisting Challenges and Priority Streams of work and Review of the 2018 work plan

Following the articulation of persistent challenges faced by their countries, participants were introduced to the prioritization criteria and strategic work streams identified by the JLN DRM Collaborative participants during their December 2017 first in-person meeting held in Seoul, Korea.

The 3 strategic Work Streams for the DRM Collaborative proposed by the JLN Member Countries for the 2018 work plan are:

1. Investment Case for DRM

This work stream will focus on how to:

- Use analytics of past data to inform DRM discussions and strategies.
- Communicate the link between health sector investments and other sectors.
- Promote coordination across Ministries.

- Build on political momentum through 5 year plans, Medium Term Expenditure and Fiscal Frameworks.
- Improve the mobilization of domestic resources for health through reprioritization of health in the government with a focus on equity.
- Advocate for the reprioritization of health.

2. Macroeconomic Conditions and DRM

This work stream will focus on:

- Exploring and documenting the processes which can be put in place during periods of faster economic growth to ensure continued resource mobilization and improve resilience of health sector finances in situations of future slowing down of economic growth (“avoiding the mountain”).
- Understanding how public financial management and data analytics can be used to improve absorptive capacity of the ministry of health through demand side-financing, and strengthen the supply-side to reduce outflow.
- Understanding the implications of the macroeconomic environment on the health sector in order for the health sector to ‘ride the wave’ and benefit from good macroeconomic conditions.

3. Theme of Transition from External Financing

This work stream will focus on:

- Ways to navigate the bridge between macroeconomic conditions and reprioritization.
- Managing the transition using results based financing.

Participants could directly relate to their own prioritization of thematic focus of this collaborative with the work streams that had been finalized in the first in-person meeting. They agreed that the 2018 work streams identified by the JLN DRM Collaborative encompassed the persisting challenges their countries face in the domestic mobilization of resources for health. The GFF country members also suggested that actors from two or three ministries be involved in domestic resource mobilization; for example, in some countries Ministries of Planning are also involved in managing the health and budgetary decisions.

Next Steps

1. Participants will join members of the DRM Collaborative in Washington, DC for the second in-person meeting of the DRM Collaborative to be held April 16-17, 2018, and for the Third Annual Universal Health Coverage Financing Forum, which will be held on April 19-20, 2018.

Attachments

1. *Annex I:* Participant List
2. *Annex II:* Conceptualizing Domestic Resource Mobilization: Technical Overview
3. *Annex III:* Policy Simulation: Increasing Domestically-Sourced Government Financing for Universal Health Coverage in Lomania.

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



Photo Gallery

