

E-NEWSLETTER

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



Summit steers health care course for the Philippines' Bangsamoro autonomous region

Senior officials from the BARMM and central government unveil the emblem of the new Ministry of Health, BARMM at the health summit.

The Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) held its first health summit on July 23-24, 2019 and set directions for the new government to deliver quality health services and Universal Health Care (UHC) to its population.

The momentous health summit saw the participation of key ministers and high-level officials from the regional and national governments as well as international partners to discuss the transition government's plans to improve public health systems. It comes on the heels of the recently approved UHC law that entitles every Filipino to healthy living and equitable access to affordable quality health services. BARMM was created with the ratification of the Bangsamoro Organic Law (BOL) in January 2019 following decades of peace negotiations between Muslim separatist groups and the Philippine Government. The BOL abolished the previous Autonomous Region of Muslim Mindanao (or ARMM) and created the new BARMM. By virtue of its autonomous status, BARMM will continue to maintain a different administrative structure from other regions in the country. The UHC Law was signed by the President of the Philippines a month after the creation of BARMM.

"These legislations (BOL and UHC) are vital in strengthening the health system and in providing accessible good quality health services to the Bangsamoro people," Dr Saffrullah Dipatuan, the first minister of the newly created Ministry of Health (MOH-BARMM), told some 200 participants at the summit in Cotabato City.



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High level officials attending the two-day summit included Mr Eduardo Guerra, Minister of Finance and Budget Management, BARMM; Mr Naguib Sinarimbo, Minister of Interior and Local Governance, BARMM; Dr Abdullah Dumama, Assistant Secretary, Department of Health; and Ms Marjorie Jalosjos, Assistant Secretary, Department of Interior and Local Governance. Development partners active in BARMM include the World Health Organization, United States Agency for International Development, UNICEF, United Nations Population Fund, and Australia's Department of Foreign Affairs and Trade (DFAT).

The World Bank supported the event at the request of the Minister of Health BARMM. It is part of the ongoing implementation of the Health Financing Systems Assessment (HFSA) that is supported by DFAT via the MDTF. This assessment centers around an analysis of health financing flows, but also examines institutional financial management capacity and local level health service delivery. It also includes a household survey on access to health services in BARMM, with a focus on immunization services and indices of nutrition in the survey. These inputs have become even more relevant during this transition period and has also been feeding into the health sector's medium-term strategic planning in BARMM which has just been completed. During the summit, the World Bank team reported on the progress of the HFSA and officially disseminated the Supply-Side Readiness Assessment of Primary Health Care in BARMM (story on page 3), completed as a part of the HFSA.

BRIEF NEWS

World Bank to hold global flagship course in Washington DC

The World Bank will hold a Global Flagship Course on Health Systems Strengthening and Sustainable Financing: The Challenge of Building Human Capital and Achieving Universal Health Coverage, at its headquarters in Washington DC from October 28 - November 5, 2019. The Health Financing GSG (Global Solution Group) is contributing to the development of this course, while also developing a deep dive on health financing and public financial management that will take place on November 6-8. The deep dive course will cover two focus areas and their interrelationships – (i) deep dive into health financing and its impact on health systems strengthening, and (ii) deep dive into overcoming public financial management challenges in the health sector.

ACTIVITIES SCHEDULE (October-December 2019)

OCTOBER 14-21

National launch of "Using taxation to address NCDs: Lessons from Tonga" report in Tonga

OCTOBER 2nd WEEK

World Bank mission to Jakarta and Yogyakarta, Indonesia, on the Health Security Financing Assessment Tool

OCTOBER 17

Consultation workshop in Tonga on the Health Facility Costing and Benchmarking Exercise

OCTOBER 2nd - 3rd WEEK

Health Public Expenditure Review as a part of the Overall Government Public Expenditure Review Dissemination in Indonesia

OCTOBER

Consultation workshop on pharmaceutical and laboratory costs (as part of the broader Health Facility Costing Exercise) during a World Bank health mission to Vanuatu from September 29 to October 11

OCTOBER 28 - NOVEMBER 5

World Bank to hold the Global Flagship Course on Health Systems Strengthening and Sustainable Financing at its headquarters in Washington DC

OCTOBER 29-31

ASEAN Health Cluster 2 Meeting (health security) in Nay Pyi Taw, Myanmar

NOVEMBER 1st WEEK

Optimization of resource allocation for TB program – policy discussion on the results of the Optima modelling for Implementation Efficiency of the TB Program in Indonesia

NOVEMBER 6-8

Health Financing GSG (Global Solution Group); a deep dive course on health financing and public financial management at the World Bank headquarters in Washington DC

NOVEMBER 19

Planning and budgeting workshop for 2020 in the Solomon Islands

MDTF impacts in focus

WB study highlights need to invest in Bangsamoro's primary health care

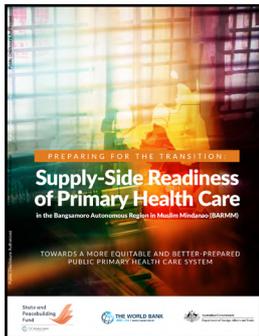
A World Bank supply-side readiness assessment has found recent improvement in the delivery of primary care in the Bangsamoro Autonomous Region in Muslim Mindanao (BARMM) but also the need for more investment to deliver health services in the autonomous region of the Philippines.



Muslim women who stand to benefit from better primary care in the BARMM

The report, [Supply-Side Readiness of Primary Health Care in the BARMM](#), disseminated at the

First Bangsamoro Health Summit on July 24, 2019 (story on page 1), provides the new regional government with baseline data it can use to carve out policies to deliver better primary health care services to its estimated 4 million population.



Study will help to shape BARMM health policies

The report provides an overview of the current capacities and challenges facing the primary health care system as the BARMM government enters into its new role. By providing a detailed look at the availability of inputs needed to deliver priority services, it highlights current strengths, such as availability of basic equipment, and also indicates areas that require strengthening if the national and subnational health goals are to be realized.

Embroided in a separatist struggle for many decades, BARMM is the poorest region of the Philippines with health outcomes far worse than elsewhere in the country. While health outcomes are complex and multi-dimensional, weaknesses in health governance have exacerbated the geographic and socio-cultural challenges associated with health care delivery. The study found that essential first-line drugs such

as those used to treat hypertension, diabetes and asthma are available in less than 10% of the Rural Health Units (RHUs). BARMM has low vaccination rates and one-third of the facilities did not have measles or pentavalent vaccines in stock, and oral polio vaccine was available in only half of the facilities. Noncommunicable disease (NCD) services also lag significantly behind other regions due to limited availability of medicines and commodities for NCDs.

The report, prepared by the World Bank's Philippines Health, Nutrition, and Population team, said investments in supply-side readiness – the ability of the health system to deliver service – are essential if the Philippines is to address poor health outcomes in BARMM. It recommended increasing health workforce density; addressing critical shortcoming in logistics and supply chain, particularly, timely delivery of medicines and supplies to RHUs; ensuring availability of basic amenities such as power, emergency transportation, and communication channels; and using real-time information systems to manage service delivery.

"We have to use these findings to tackle the bottlenecks. This analysis is very important to help us decide future directions," Assistant Secretary of Health Dr Abdullah Dumama said of the report. The study was supported by Australia's Department of Foreign Affairs and Trade through the Multi-donor Trust Fund for Integrated Donor Financing for Health Programs, and the State and Peacebuilding Fund.

MDTF impacts in focus

Kiribati's mobile TB clinic bringing treatment to community



TB education at a mobile TB clinic while waiting for the doctor

South Tarawa, Kiribati may be a geographically small land mass compared to some of its neighbors in the Pacific, but limited transport options and continued concerns with associated stigma create barriers for people needing the tuberculosis (TB) diagnostic services available at the Tungaru Central Hospital. As part of its efforts to provide more efficient and targeted screening services, the Ministry of Health and Medical Services (MHMS) is working on a new initiative, supported by the Australian Department of Foreign Affairs and Trade and the Global Fund, to address the barriers people face in reaching the TB clinic by bringing the diagnostic services to the community.

The National TB Program (NTP) held the first mobile clinic in Betio, a key TB 'hotspot' in South Tarawa, in May 2019. The clinic was set up in community maneabas (community halls) in partnership with the Noncommunicable Diseases (NCD) Program and the local community. Ten additional cases were identified through the mobile clinic with treatment commencing soon after through the Community Direct Observation Treatment (DOT) Program. The Community DOT Workers have been instrumental in supporting the mobile clinic through active case finding and using their knowledge of their community and the families affected by TB to direct screening efforts.

"We have seen great engagement with community leaders in promoting the mobile clinic and it provides us not only with an opportunity to test for TB, but also to educate everyone on how TB is transmitted and break down some of the stigma which still surrounds this disease," said Dr Alfred Tonganibeia, Director of the National TB Program.



Nurses providing health checks for the community in a village maneaba (community hall)

"Often people won't come to the hospital as they don't realize they have TB, believing their symptoms to be just a passing cold. With the mobile clinic we can come to them and provide checks in their own community where they are more likely to attend. We also hold Saturday clinics with the NCD team, which allows us to reach young people when they are at home. This is particularly important as we are seeing a peak in TB incidence among young people in Kiribati."

The NTP partnership with the NCD Program has developed in response to the growing number of people affected by diabetes; a trend common across the Pacific Islands. Previous research conducted by the NTP has shown that diabetes increases the risk of contracting TB. This has been demonstrated with the NTP continuing to detect patients with TB-diabetes co-morbidity during the community visits; reinforcing the importance of collaboration and coordinated patient management with the NCD Program. Other mobile clinics were also held for ten days through September in other key 'hotspot' communities in South Tarawa. Kiribati has one of the highest rates of TB in the Western Pacific region with community transmission still occurring due in part to crowded housing, urban migration, high rates of smoke exposure, and poor nutrition.

MDTF impacts in focus

The future of health financing in Vietnam



Minister of Health of Vietnam Dr Nguyễn Thị Kim Tiến (pink jacket, left) listens intently as the World Bank team presents its study on health financing in Vietnam during their meeting in August 2019.

How much does Vietnam spend on healthcare today, and how much could it spend in the future? [The Future of Health Financing in Vietnam: Ensuring Sufficiency, Efficiency, and Sustainability](#), a report published in June 2019, answered these questions by analyzing healthcare spending in the context of rapid change and transition that Vietnam is going through.

Vietnam now spends approximately US\$ 129 per capita on healthcare, equivalent to 5.9 percent of GDP (based on the latest estimate from 2016). This is three times what it spent just 15 to 20 years ago. This pattern of spending has contributed to remarkable progress in improving the health outcomes and overall welfare of the Vietnamese people over the past few decades.

But Vietnam is changing rapidly. While the economic outlook remains strong, there are significant economic headwinds and the government's fiscal position is tight. A rapidly aging population and an increasing burden of noncommunicable diseases and chronic conditions also pose new demands on the health sector. Significant policy shifts in health financing in recent years have also led to increases in health service prices and user fees.

The combined effects of these transitions pose some risks to the sustainability of essential public



Minister of Health of Vietnam Dr Nguyễn Thị Kim Tiến (pink jacket) expresses her appreciation for the report to Hui Sin Teo (left), one of the authors.

health services and will continue to put upward pressure on health spending. The report thus looks at how Vietnam can maintain a sufficient level of public spending on health to sustain and further good health outcomes while responding to new health challenges. Specifically, the paper analyzes the prospects for increasing fiscal space for health from various sources.

"Additional fiscal space for health is limited in the short to medium term ... the largest source of effective fiscal space for health in Vietnam will be through improvements in health sector efficiency," wrote authors Hui Sin Teo, Sarah Bales, Caryn Bredenkamp, and Jewelwayne Salcedo Cain.

Hui Sin Teo (second from left), one of the authors of the report, speaks about its findings. Also pictured is WHO Representative to Vietnam Dr Kidong Park and his team.



Improving health sector efficiency will require significant reforms to health financing arrangements and the service delivery system. Some key areas include changes to how providers are paid, integration of care, optimizing investment decisions, and improving performance measurement and accountability.

This study was done in collaboration with the Ministry of Health, the Ministry of Finance, and Vietnam Social Security. Vietnam is also a priority country for support from Australia's Department of Foreign Affairs and Trade via the MDTF. Minister of

Health Nguyễn Thị Kim Tiến expressed her gratitude to the World Bank for its support and congratulated the team on a "professional, well-structured, and informative report". The Ministry of Health plans to disseminate this work to Vietnam's National Assembly and relevant Ministries including Finance; Planning and Investment; and Labor, Invalids, and Social Welfare.

Technical Support Funding for Republic of Congo

Gavi funding through the Multi-Donor Trust Fund is providing much needed resources in the Republic of Congo where there is limited funding available for technical support. Congo is a lower-middle income country that is now considered a "blend" country which means access to concessional lending becomes more expensive, yet very little funding is allocated for analytical work and technical assistance. Given that the country has now fallen back from a "post-transition" Gavi country to a "preparatory transition" country, it is now eligible for support from Gavi and also receives support from the World Bank through Gavi's Targeted Country Assistance mechanism.

Health outcomes in the Republic of Congo have stagnated and despite a lowering of debt/GDP from 117.5% in 2017 to 87.8% in 2018 the country remains in a state of depressed economic growth and debt distress. Prioritization of health in the government budget is low, with just 4% of government

spending in 2016 going to health. Only a small share of financing is allocated to primary health care, with almost half of the health budget (45.6%) going to tertiary care, even though the majority of the disease burden in the country could be addressed through a strong primary health care system.

The World Bank and the International Monetary Fund are collaborating to explore potential strategies that will protect financing for social sectors. In addition, a new US\$ 35 million Health Systems Strengthening project under the International Development Association is in the pipeline. The new operation will focus mainly on sustaining outcomes of the previous health project on performance-based financing and more importantly supporting the Ministry of Health to improve its use of public funds to the health sector.

BRIEF NEWS

Policy paper on CSO financing in Indonesia is out

The policy paper [Engaging with Civil Society in the health sector in Indonesia](#), just published in September 2019, examines the existing public mechanisms to channel funds to Civil Society Organizations (CSOs), and the challenges to more widespread use. CSOs deliver key program interventions, and common barriers cited by stakeholders can be grouped around three main themes: (i) lack of information, (ii) limited capacity, and (iii) incomplete trust. The policy paper also provides recommendations to facilitate and create an enabling environment for improving engagement between the Government of Indonesia and non-state providers.



Developing a health financing strategy in Burundi

Gavi's Targeted Country Assistance (TCA) 2019 funds to the World Bank in Burundi are being used to conduct an analysis on fiscal space and an immunization financing assessment, both of which will inform the development of a health financing strategy.

Although work on a health financing strategy in Burundi started four years ago, progress has been slow since the 2015 political crisis and the cessation of most development partners' support through the government of Burundi. The TCA funds are re-invigorating momentum around the strategy and a workshop will be organized later this year to present and discuss results with the Government and partners. The team expects a multi-year engagement to develop and implement the health

financing strategy. This is an excellent opportunity to lay the groundwork for increased domestic funding and sustainable funding of key public health programs such as immunization to ensure continuous access to quality health care services.

Burundi is also one country that is moving to channel funds through government systems: under its third Health System Strengthening grant, Gavi is channeling \$US 8 million for 2019-2020 as co-financing to the World Bank KIRA (meaning wealth and good health in Kirundi) program – a health system support project to strengthen the national Results-Based Financing program.

BRIEF NEWS

Flagship course to strengthen health systems in the Pacific

A flagship course will be held in Fiji February 17-21, 2020 to help countries in the Pacific sub-region strengthen their health systems and achieve sustainable financing as they progress towards universal health coverage (UHC). The five-day course, a version of the World Bank Global Flagship Course, prioritizes issues relevant to Papua New Guinea and the Pacific. It will apply the flagship analytical framework to enable structured and strategic thinking about strong health systems and sustainable financing which are critical for achieving UHC and managing changes in funding flows from some external sources. The course is intended for country teams of 5-10 people, comprising mid-level and high-level policy-makers from the Ministries of Health, Financing and Planning. Participation will be arranged by the governments, World Bank and other supporting partners. The venue for the flagship course is still to be finalized.

HSFA rolls out in Indonesia with Presidential Instruction on health security preparedness

Indonesia's Center for Health Determinant Analysis (PADK), Ministry of Health, conducted a three-day workshop on Health Security Financing Assessment (HSFA) from September 10-12, 2019 with technical support from the World Bank and the World Health Organization (WHO). The workshop followed the issuance of Presidential Instruction (Inpres) No 4/2019 on improving the country's pandemic preparedness, and capacity to deal with disease outbreaks as well as health emergencies due to nuclear, biological, and chemical agents. The development of the national action plan on health security, a follow up to the Joint External Evaluation mission in 2017, is also being finalized. It would include an agreement on the complementarity of the World Bank's Health Security Financing Assessment Tool, and the WHO's REMAP tool. REMAP, recently developed by WHO, stands for "Resource Mapping and Impact Analysis on Health Security Investment".

Kiribati gets post-transition support



A pharmacist checks drug stocks and supplies for distribution to public health clinics.

Gavi has approved the request of the Ministry of Health and Medical Services (MHMS) for an additional US\$ 100,000 post-transition support for work agreed under their health PASA (programmatic advisory services and analytics). Kiribati will receive the fund through the MDTF for the Integration of Donor Financed Health Programs. Gavi commended the Government of Kiribati for working with UNICEF, the World Health Organization and the World Bank to identify the key risks, opportunities and gaps related to the sustainability of Kiribati's immunization program, and for developing a set of relevant activities to address these priorities.

Gavi's post-transition engagement with Kiribati will contribute to the sustainability of the Expanded Program on Immunization (EPI) through the provision of technical EPI capacity building. It will also strengthen vaccine management and cold chain, assess the feasibility of and country readiness for the introduction of the Human Papilloma Virus vaccine, and support capacity building for budgeting and planning. In addition, Gavi acknowledged the important commitments made by the MHMS, along with partners WHO and UNICEF, under the post-transition engagement request. These include revitalizing the immunization coordination committee, financing implementation of the recommendations to come from the next Effective Vaccine Management Assessment, and making staff available to engage with efforts to strengthen budgeting and planning processes.

The World Bank program of support in Kiribati will continue to build on recent work assisting the Government and Development Partners to strengthen planning for, and monitoring of, health service outcomes. This includes providing technical assistance to institutionalize monitoring and reporting systems and processes that assist managers to make more informed decisions on the way resources are being allocated and used. A particular focus of the technical assistance and analytical work is on exploring options for improving efficiency, equity and quality of expenditure across the country.

BRIEF NEWS



Organizers and speakers pose for pictures at the PCIC international workshop in China.

International workshop in China on building People-Centered Integrated Care system

China's National Health Commission (NHC) and the World Bank jointly organized the International Workshop on building People-Centered Integrated Care (PCIC) system in Anji County, Zhejiang Province, China on September 18-20, 2019. The event, part of the World Bank China Health Reform Program-for-Results (China Health PforR), brought together experts and government officials from China, Sri Lanka, Turkey, Poland, Kyrgyzstan, and the Philippines, to share Chinese and global experiences in promoting the PCIC system. Participants also discussed various critical issues on building a PCIC system and identified potential solutions for strengthening it. The workshop consisted of plenary sessions to disseminate global trends and reform experiences in building PCIC, and parallel sessions to unpack key elements of PCIC. The latter focused on health financing, human resources in health, and information technology. There were also site visits to a village clinic, a township health center and a county-level hospital in Anji County for firsthand experience in the implementation of PCIC in rural China.

Achieving UHC, fighting malnutrition, and improving learning are key to human capital development in ASEAN



High-level officials from ASEAN, including Thai Deputy Prime Minister Anutin Charnvirakul (4th from right) and Lao PDR Vice Minister of Health Phouthone Muongpak (3rd from left), pose for a group photo with development partners at the meeting.

Key policy makers from the Association of Southeast Asian Nations (ASEAN) and experts from the World Bank and other development partners held a high-level meeting in Bangkok to work out how human capital development can be accelerated to prepare the region for the disruptive future.

About 120 participants attended the ASEAN High-Level Meeting on Human Capital Development on September 9, 2019 and shared experiences on human capital preparation. This has become of paramount importance amidst the unpredictable changes of the 4th Industrial Revolution that have brought fractious consequences to issues of inequality, competitiveness, digital transformation and disruptive technologies.

Human capital development is an important component for a knowledge-based economy and enhances the competitiveness of a country while narrowing existing social and economic gaps. It requires investments in nutrition, healthcare, quality education, life-long learning, and acquisition of new skills throughout one's life. Human capital remains a challenge for ASEAN where almost a third of its children are stunted, making them vulnerable to poor cognitive development. Unequal access to other basic services such as healthcare and



A panellist speaks during one of the sessions on human capital development.

education also widens inequality among its citizens, especially in terms of income and wealth.

At the meeting, Thai Deputy Prime Minister Anutin Charnvirakul shared Thailand's experience in achieving Universal Health Care (UHC) despite economic constraints to inspire other ASEAN countries, while Lao PDR Vice Minister of Health Phouthone Muongpak highlighted the importance of nutrition in developing his country's human capital. The meeting ended with recommendations for accelerating human capital development in ASEAN. These include fighting malnutrition with nutritious foods and quality healthcare, orienting the entire education system around improved learning for the young and lifelong learning for adults, and achieving UHC to provide everyone with quality health services and financial protection.

Health Ministers found Pacific solutions to regional challenges

The 13th Pacific Health Ministers Meeting concluded with the ministers making commitments to strengthen regional response to health and improve collaboration within the Pacific on a range of key health topics. These include universal health coverage and primary healthcare, climate change and health, non-communicable diseases, health workforce, health information, health security, water, sanitation and hygiene, and immunization.

Health ministers from almost all the Pacific Island countries, and for the first time the New Zealand and Australia Health Ministers, attended the meeting in Tahiti from August 5-8, 2019. Some of the important commitments which have come out of this annual meeting of Pacific Health Ministers include the prioritizing of the human papillomavirus (HPV) vaccination program implementation. This vaccine has shown impressive effectiveness in substantially reducing the incidence of cervical cancer. This demonstrates a strong commitment by Pacific Health Ministers to improving women's health through effective primary care interventions.

Health security also featured as an important area of focus with issues such as microbial resistance, implementation of the International Health Regulations (2005), and the importance of the Pacific Public Health Surveillance Network in tracking and responding to outbreaks, all acknowledged. Health security is an issue that challenges all countries, however, Pacific Island nations face some uniquely Pacific challenges which require a regional approach. Cooperation and information sharing were two themes which were echoed clearly throughout the four-day meeting. The next annual meeting is scheduled to be held in Tuvalu in 2020. Dr Enis Baris, Practice Manager for Health, Nutrition and Population for the East Asia Region; and Aparnaa Somanathan, Program Leader for Human Development for the Pacific; represented the World Bank at the Tahiti meeting. The World Bank also held useful discussions with the government delegations from Papua New Guinea, Samoa, Solomon Islands and Tonga.

BRIEF NEWS

World Bank public expenditure review training in Indonesia

The World Bank held a two-day training workshop in Bekasi to help Indonesia strengthen its capacity in planning and budgeting to improve the quality of its public expenditure. The Sub-National Public Expenditure Review Training, held on August 20-21, 2019, came at the request of the Ministry of Health (MOH) because Indonesia's health sector is facing significant challenges in ensuring quality planning and budgeting in the current decentralized setting. The training focused on utilizing various analytical tools, program budget and expenditure data, program outputs and other available data, that the sub-national program managers and planners have access to. Participants included 68 planners and program holders from 34 provinces, plus central planning and budgeting officials from the MOH. The response was very positive and there were requests to expand this type of training to all districts. The World Bank Health team collaborated with the World Bank Governance team, with support from the Macroeconomic, Trade, and Investment team, to prepare training material and curriculum for the workshop.

ACTIVITIES SCHEDULE (October-December 2019)

NOVEMBER 20

Health Sectorwide Approach (SWAp)
Development Partner Coordination Group
meeting in the Solomon Islands

NOVEMBER / DECEMBER (TBC)

World Bank health mission to Kiribati timed to participate in the Health Sector Coordination Committee meeting and to finalize World Bank program of work for 2020

NOVEMBER / DECEMBER (TBC)

World Bank health mission to Vanuatu to
finalize annual program of work

DECEMBER (TBC)

World Bank mission to Tonga on quality of care and clinical governance
at Vaiola Hospital

MDTF impacts on the ground

The Multi-Donor Trust Fund (MDTF) for Integrating Health Programs sets out to help lower-middle income countries (LMICs) attain Universal Health Care (UHC) as they make the difficult transition from external to internal sources of funding. It strengthens countries' health systems to accelerate and sustain key health outputs and outcomes that contribute to UHC. MDTF impacts are wide-ranging and evident:

Gavi's continuing support in the Pacific

The World Bank's expanding partnership with Gavi was reported in the April 2019 newsletter. Since then, Gavi funding to WB to support grant implementation activities in this fiscal year have now been received and activities are underway. These include efforts to shape stronger links between national and provincial annual plans and budgets in places such as the Solomon Islands, as well as new Post Transition Engagement support in Kiribati, as they build a more sustainable immunization program.

PNG's "Accelerated Transition" status extended until 2025

The Gavi Alliance Board met in June 2019 and approved the extension of Papua New Guinea's "Accelerated Transition" status until 2025. PNG experienced many difficulties throughout the year including measles and polio outbreaks, serious earthquakes, insecurity in the highlands, and the hosting of the Asia-Pacific Economic Cooperation meeting that diverted staff and led to a two-month halt to immunization programs. This extension means that PNG will remain eligible to apply for up to US\$ 60 million of Gavi's funding and it will continue to access Gavi pricing for new vaccines. The Board established two criteria for PNG's extension: (i) the agreement on a policy matrix that outlines PNG's commitment to immunization and health system strengthening, and (ii) PNG's compliance with Gavi's vaccine co-financing requirements. The World Bank will continue to work alongside Gavi partners to support the Government as it strengthens financing and delivery of primary health care services, including immunization.

Cote d'Ivoire increases commitment to health

Gavi's support to the World Bank since 2017 to engage the Cote d'Ivoire in a health financing dialogue focusing on mobilizing domestic resources has led to the Government committing 61.5% of its funding to primary health care services between 2020 and 2023 – up from 20%. The World Bank Group, Global Financing Facility, Gavi and Global Fund partnership achieved this through joint analytics, joint advocacy, and agreed on commitments for health financing in alignment with the Government of Cote d'Ivoire's stated priorities. The dialogue also involved mobilizing domestic resources for health through the budget cycle, including the use of the medium-term expenditure framework, and technical assistance on resource allocation. Analytical work and more evidence-based planning of development resources will also inform the Gavi transition strategy when it is developed.

New health sector design and governance reform projects in Cote d'Ivoire

Two projects are taking shape in the Cote d'Ivoire to design the health sector and support governance reform. The first is the largest health sector reform scheme to be financed through a World Bank operation – the Strategic Purchasing and Alignment of Resources and Knowledge in Health (SPARK) project – worth US\$ 200 million, approved in March 2019 and expected to close in 2025. The second is a US\$ 100 million project to use development resources to align and leverage domestic financing. It is to be done by reimbursing on performance under the responsibility of the Governance Global Practice (Enhancing Government Effectiveness for Improved Public Services).

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