Health Campaign Effectiveness Coalition

Campaign Financing Landscape Analysis

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There has been a growth of disease-specific financing, which has driven a proliferation of standalone campaigns.

**Disease-Specific Coordinating Bodies and their Year of Inception**

- GPEI (1988)
- GAVI & BMGF (2000)
- M&RI (2001)
- PEPFAR (2003)
- PMI (2005)
- London Declaration on NTDS (2012)
- GFF & TPoN (2015)
- COVAX (2020)
Amidst growing interest in and momentum for integration, what is preventing it from happening?

Gavi, the Vaccine Alliance strategy 2021-2025

Leaving no-one behind with immunisation

Ending the neglect to attain the Sustainable Development Goals
A road map for neglected tropical diseases 2021-2030

Polio Endgame Strategy 2019–2023

Fighting Pandemics and Building a Healthier and More Equitable World
Global Fund Strategy (2023–2028)

Vitamin A Supplementation Remains Vital in Sub-Saharan Africa
Declaration made in Dakar, April 6, 2016
Landscape Analysis Purpose

To identify the:

1) **Financial barriers, bottlenecks, and bureaucratic obstacles** to integration/coordination between health programs and across campaigns

2) **Disincentives at the global and country level** that hinder integration of campaign components/functions or co-delivery of interventions.

3) **Opportunities** to overcome financial barriers, address disincentives, and strengthen cross-campaign collaboration and integration with health systems.
Summary of Methods

A rapid qualitative exercise to identify barriers and disincentives and elaborate the opportunities to address them.

51 semi-structured interviews with key informants
- Campaign funders, country program managers, implementing partners, researchers
- Diversity in perspective across five campaign domains
- Focus on settings with many externally financed campaigns

Limited review of global strategy and guidance documents.
Barriers and Disincentives

Key Themes:

1. Global aid and financing architecture
2. Unproductive competition and power dynamics
3. Fragmented financing
4. The tragedy of the commons
5. Powerful disincentives
6. Lack of coordination
7. Integration is complex and change is hard

“Everything is designed for integration not to happen – in terms of the way the system is organized, the way it’s financed, the way it’s resourced, and the way the services are delivered.”
Global Aid and Financing Architecture (1/2)

Funders have different stovepipes of funding, restrictions due to receiving directed money, and team structures built around these stovepipes.

Funders want to know their return on investment and are interested in attribution, or at a minimum, contribution.

Some programs are well-resourced and others less so, with significant differences in scale making the imperative for integration different.

“There are clear incentives for donor-led vertical programs because you have very clear outcomes. By joining with other donors or other programs or by investing in more horizontal structures – health system strengthening, capacity building – you cannot as easily tease out that direct impact.”
Global Aid and Financing Architecture (2/2)

Fragmentation is enforced at every level, with accountability against individual mandates.

Many implementing partners are not set up for integration.

This fragmented financial system has been replicated at the country level in vertical programs.

“Every donor has its agenda. Every grantee will follow the money.”

“Funding channels are siloed, but often in government, you see a mirroring of those silos in the government structures themselves.”
Unproductive Competition and Power Dynamics

Competition for scarce resources and priority.

Competition for expertise and political influence.

Competition to demonstrate and claim results.

“This game playing, these turf battles occur when you know there's something in it – either power or money or both that are associated with campaigns.”

“There are bureaucratic fiefdom issues. You have these interests of peoples’ jobs, peoples’ careers, peoples’ teams and structures that are all organized around a funding stream.”
Fragmented Financing

Distinct financial flows, funding sources, timelines, and reporting.

Independent funding cycles of campaign donors and implementing partners that do not synchronize with country processes or fiscal calendars.

Differential renumeration of health workers and community volunteers that can introduce distortions.

Inefficiencies from overlaps, duplications, and misalignment of campaign functions/components.
The Tragedy of the Commons

Why change the status quo?

Who bears the cost of not integrating?

“As long as the campaign space sits within external funding mechanisms – there is no incentive for integrating within the system. Efficiency isn’t part of that domain.”
Powerful Disincentives

A perception that integrated campaigns would have negative consequences:

- Erosion of focus and efficacy (coverage and impact)?
- Threaten the special protected status of eradication?
- Reallocate funds away from least prioritized diseases?
- Increase the cost of better resourced interventions?
- Rationalize per diems/stipends to health workers and volunteers?

“Why would I do integration if I get a lot less money and my staff are less happy because they're not getting those little incentives?”
Limited Intra and Inter Coordination

Lack of strategy, funding, or planning coordination.

Disjointed planning with cycles at different times.

Discussions happening with different parts of government.

Limited policy dialogue or awareness outside verticals.

"Across various government teams, there is not often a venue for integrated planning discussions to happen. Everyone is focused on their specialized area. I don’t think there is a platform to discuss cross-learning."
Integration is Complex and Change is Hard

- Country absorptive capacity
- Ensuring efficacy and quality
- Funding, commodity, and campaign activity alignment
- Institutionalized grant making processes and systems

“The complexity of piecing together money, personnel, commodities from a variety of programs takes a lot of time. Coordination and leadership and putting all of those pieces in place is challenging.”
Where Does Change Need to Start?

Collaborating, Co-investing, and Learning

- Aligning and coordinating funding
- Optimizing incentives for collaboration
- Functional integration

Advocacy and Coordination

- Advocacy to existing global governance bodies
- Engagement of regional partners
- Call to Action for designated focal points at campaign funding institutions

Research and Tool Development

- Research and Learning agenda on integration and campaign quality
- Guiding principles/checklist on how campaign investments can “do no harm” and strengthen PHC
Our Opportunity Space
Collaborating, co-investing, and learning (1/3)

Aligned and Coordinated Funding

1. Cost sharing arrangements (i.e., pooled funding mechanisms)

2. Planning and grant cycle alignment across funders

3. Common platform for increased visibility and harmonization of payment rates

4. Sustainable Financing for Health Accelerator (SFHA) and PHC Accelerator agenda

“If it is the money, then you have to allocate the money in such a way to make people play together.”
Our Opportunity Space
Collaborating, co-investing, and learning (2/3)

Optimized Incentives for Collaboration

1. Upward payment rate adjustments for frontline workers in recognition of their additional responsibilities

2. Results-based financing

3. Retainment of cost savings from integrated campaigns by the government

“My country has been implementing integrated SIAs over the last couple of years. My observation is that integration is easier when there is a financial incentive to integrate.”
Our Opportunity Space
Collaborating, co-investing, and learning (3/3)

Functional Integration

1. Investment in joint health system functions and tools across campaigns to support coordination and addresses inefficiencies

2. Broadening of COVID-19 infrastructure/function investments to address other antigens/interventions
Our Opportunity Space
Advocacy and coordination (1/2)

Global platforms

1. Measles and polio working group
2. IA2030 disease-specific working group
3. WHO leadership
4. Gavi, Global Fund, WHO, and UNICEF leadership

Regional platforms

1. WHO AFRO leadership
2. Africa Union leadership
3. ALMA leadership and scorecard

“There is no global forum to talk about these things. There is no platform for this to be discussed. If everyone wants it in IA2030, and UNICEF wants it, and Gavi, and WHO. Why is there not a platform? Get the right people around the table or on the screen. That would push the discussion forward.”
Our Opportunity Space
Advocacy and coordination (2/2)

Country platforms

1. Funded campaign integration working group
2. Single NTD platform for all the endemic NTDs
3. 5-year strategic plan for integrated campaigns

Designated focal points

1. …within major campaign funding institutions and implementing partners
2. … within government – a funded, high-level position

“Even though integration is identified as a strategy, there's nobody assigned to it in any of the key programs. If you have nobody assigned to looking for opportunities and for making sure that we get the applications, there's nobody to make sure that we're taking advantage of every opportunity. With nobody in charge, nothing really happens.”
Our Opportunity Space
Research, guidance, tools (1/3)

**Synthesize existing evidence**

1. **Systematic reviews:**
   - Questions in this financing landscape analysis
   - Integration impact across 5 diseases
   - Child Health Days and MNCH Weeks

2. **Documentation of lessons learned:**
   - Key global initiative integration efforts
   - Country-led integration efforts
   - Country coordinating platforms

**Generate new evidence**

1. Inclusion of campaigns in cross-programmatic efficiency (CPE) analyses
2. Mapping of campaign functions and funding flow analysis
3. Expenditure tracking/costing exercises
4. Modeling exercises
### Global guidance and tools

1. WHO guidance on antigens/interventions that can be integrated/co-delivered
2. WHO requirement for campaign data reporting on 1 template for different diseases
3. Investment guiding principles/checklist for campaign funders
4. Cross-cutting campaign digital tools
5. Integrated campaign budgeting tool

### Country policies and plans

1. Operational guidelines on the health interventions and campaign components that warrant integration
2. National level policies that encourage integration
3. National health sector plans that include integration
Where Does Change Need to Start?

Collaborating, Co-investing, and Learning

Advocacy and Coordination

Research, Guidance, Tools

“Do we need to open Pandora’s box? We can come up with some short-term solutions and figure out how campaign A & B can be integrated, or the next campaign in 2023, but that doesn’t solve the longer-term problem. At some point, we really need to have these difficult conversations about governance and financing.”
THANK YOU.

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