

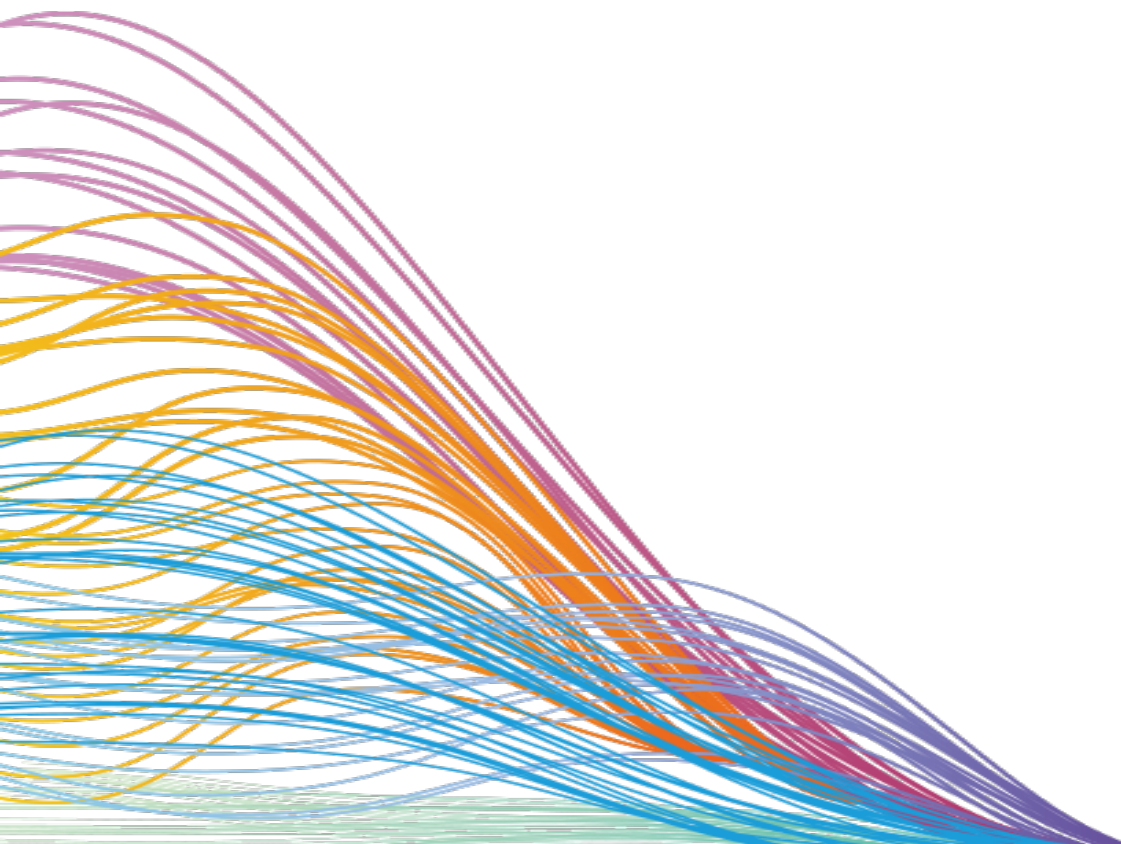


Health Systems Connector

Country-level implementation

ACT now, ACT together to accelerate the end of the COVID-19 crisis

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In 2020, HSC made significant progress

Support is country-driven, based on locally identified needs and priorities

Identifying gaps

Using assessments, readiness checklists, pulse surveys and other tools of analysis

Developing and contributing to national readiness and deployment plans

Providing individualized technical support and a global knowledge sharing platform

Guidance, tools, training and coaching, tailored to country needs

Identifying gaps...

10 countries: Ecuador, Pakistan, DRC, Mali, Nigeria, Ethiopia, Indonesia, Vietnam, Uzbekistan, Yemen

Key Informants: Incident Managers, EPI directors, Vice Minister for Health, Lead Advisors etc.

Assessing country readiness...

Assessing Country Readiness for COVID-19 Vaccines report

- 85% of countries have developed national vaccination plans
- 68% have vaccine safety systems
- Only 30% have developed processes to train the large number of vaccinators who will be needed
- Only 27% have created social mobilization and public engagement strategies

→ Strategies to generate confidence, acceptance and demand for the vaccine are urgently needed

Providing technical support...

Delivering technical support tailored to country requirements
Country example – Kenya pilot

Pilot project dashboard for Kenya: Hospital capacities for COVID-19 case management (vaccine readiness, therapeutics, diagnostics and other essential supplies)

Tracking COVID-19 tool readiness in frontline services

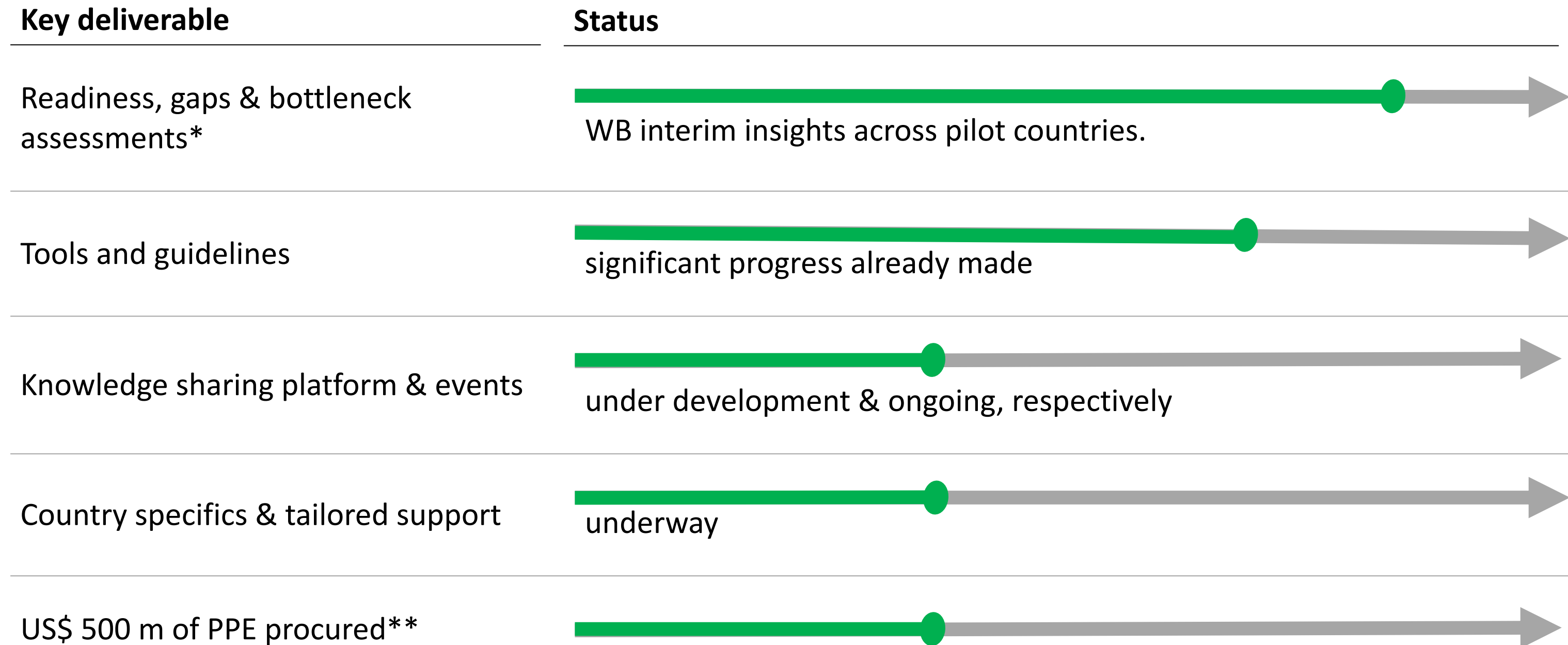
Dr Helen Karim, Ministry of Health – not for distribution

Providing health finance tools...

Health Finance Tools Thru ACT-A HSC

- “Budget Dialogue Note for Financing COVID-19 Response” that sets and guides analytic work to inform national budget processes
 - ✓ WHO and World Bank co-production with field application imminent through various mechanisms (including sustainable financing for health accelerator)
- COVID-19 Vaccination Costing Tool (CVIC) used in nearly 25 countries
 - ✓ Technical advice provided by consortium (WHO, World Bank, Gates, UNICEF)
- COVID-19 vaccination budget impact training and analytics
 - ✓ Joint Learning Network (JLN) webinars scheduled for April (WHO and World Bank)
 - ✓ Country-specific budgetary landscape analysis developed
 - ✓ Collaboration with WB, GFF and WHE on COVID-19 health expenditure tracking
- Awareness raising on COVID-19 vaccination PFM issues
 - ✓ PFM resources portal – recently launched
 - ✓ Ongoing PFM and COVID-19 vaccination scoping reviews to identify PFM bottlenecks for vaccine delivery

HSC has also made significant progress in establishing a foundation to support countries, however efforts are ongoing



* Pulse surveys in 129 countries, readiness assessments in 144 countries ** Likely underestimated and increasing rapidly

HSC - addressing critical health system gaps



Health financing

- Rapid revision of planning and financing for COVID-19 vaccination programmatic expenses
- Implement Public Financial Management procedures to deliver ACT-A through rapid budget execution
- Implement adequate and timely methods to track and analyze COVID-19 related health expenditures



Private sector

- Fill information gap about the private sector and its activities
- Enhance capacity to govern the delivery of private sector solutions to problems posed by the pandemic
- Use the private sector to fill capacity gaps with health workforce, supply chain and community engagement



Community-led responses

- Forge a stronger link between community engagement in 'normal' times and in emergency mode
- Bring in platforms (HC2030, PMNCH, Collective Service) with substantial reach to civil society into ACT-A
- Strengthen socio-behavioral science research to support data-driven decisions during emergencies and steady state



Supply chain

- Implement rapid supply chain resilience module to support preparedness activities
- Establish basic traceability systems through a coordinated approach across partners and countries



Health workforce surge and protection

- Ensure adequate numbers of health workers with the sufficient skills
- Protect health workers through strengthened IPC practices including hand hygiene and provision of PPE
- Enable conducive work environments through appropriate HRH deployment and management policies



Clinical care

- Implement pathways and associated training for safe and effective patient flow at all levels
- Build capacity for early recognition and care at all levels to ensure timely, appropriate treatment of COVID
- Assess and continuously monitor evolving capacities for clinical care of COVID-19



Data and monitoring

- Develop an integrated database and dashboard
- Streamline partner support behind country led plans to ramp up analysis and use of data

Deep dive - rethinking PPE

Focus areas	Key activities
Innovation, evidence and development	<p>Identification of user needs not being met by currently available PPE including acceptability, comfort and compatibility</p> <hr/> <p>Stimulation of research & innovation targeting unmet needs expressed by users, as well as affordability and protection performance</p> <hr/> <p>Reinforcement of scientific evidence to guide innovation priorities and corresponding specifications and standards</p>
Manufacturing, procurement and supply	<p>Determination of how to build and sustain surge capacity, while improving equitable access and resilience</p> <hr/> <p>Evaluation of lessons learnt on PPE procurement and buyer behaviors, and suggestion of potential best practices</p> <hr/> <p>Design of processes to ensure quality assurance, and benchmarking / harmonization of standards</p>
Deployment, utilization and disposal	<p>Ensuring of timely training and guidance for health care workers and communities based on the latest evidence</p> <hr/> <p>Analysis of pain points related to usage and deployment, including gap between normative guidance and real usage in countries</p> <hr/> <p>Support for safe disposal / reprocessing of PPE</p>
Investment case	<p>Evaluation of infections averted/lives saved per \$ spent on PPE and cost-effectiveness compared to other interventions</p>

However, considerable challenges remain at country level



Majority of surveyed countries face guideline challenges:

- ~75% partially use non-WHO-recommended Tx products
- >70% flag divergences between national Tx guidance and Tx administered in health facilities
- One third report absence of clinical guidelines for OP settings



~60% report recurrent shortages of Tx products¹ and >80% on oxygen supplies



Countries face issues in widespread Tx deployment, requiring additional financing and technical assistance on the ground



42% of eligible countries have not placed Ag RDTs orders from ACT-A Supply Consortium



Low return on investment for Dx preventing countries from scaling up testing capacities



Only 30% of countries have developed processes to train the large number of vaccinators who will be needed



Only 27% of countries have created social mobilization and public engagement strategies

CHAI/MSF survey

Assessing Country
Readiness for COVID-
19 Vaccines report
(The World Bank)

1. Countries asked about supply of corticosteroids and anti-coagulants, as well as other drugs used

In 2021, HSC's primary objective is to enable integrated delivery and effective deployment of COVID-19 tools

Ensure delivery of...



US\$ **6.3 bn**
worth of **PPE**¹

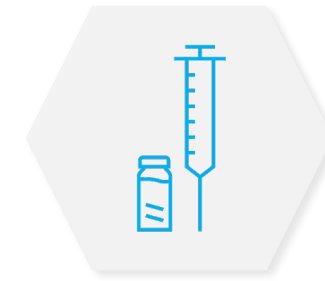
Support delivery of...



900 mn
diagnostic tests



Existing therapeutics for up to
12 mn severe & critical patients
and **new therapeutics** for up to
100 mn treatment courses

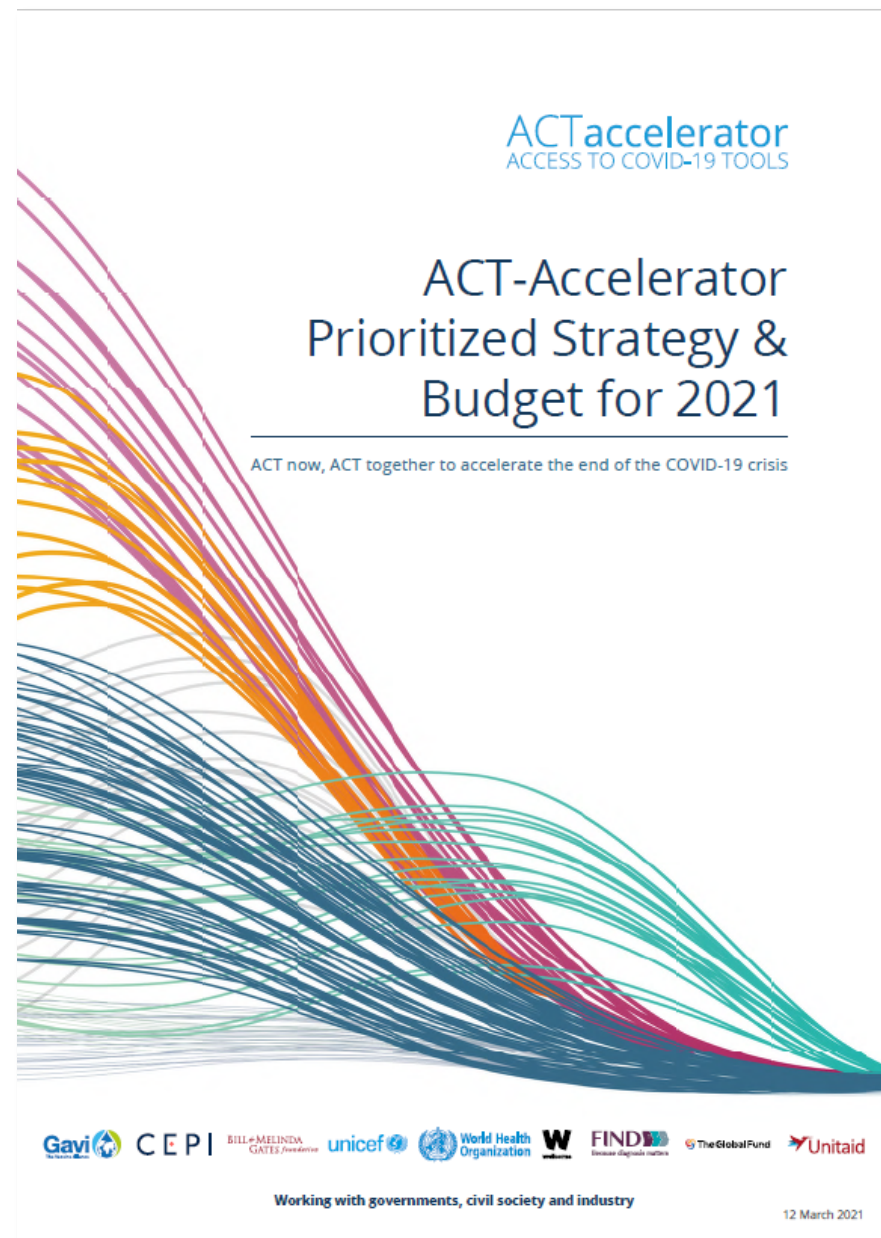


At least **2 bn**
vaccine doses

Objectives to be verified following country-level need assessment

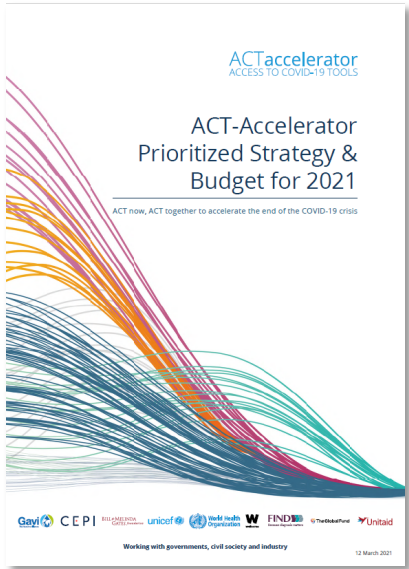
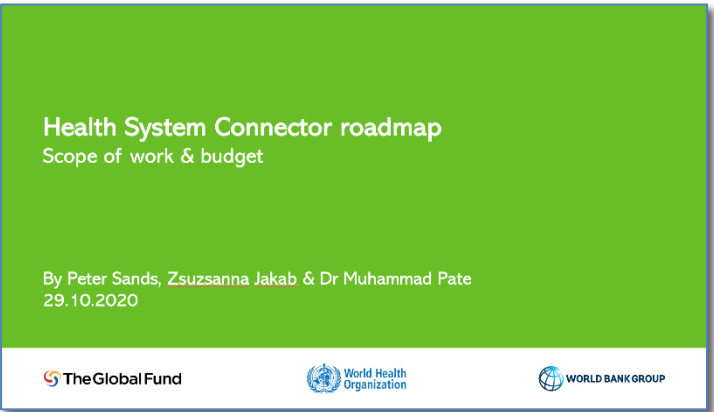
1. US\$ 2,895 mn for the procurement of PPE in Q1/Q2 2021 and US\$ 3,450 mn for the procurement of PPE in Q3/Q4 2021

To achieve this objective, HSC's key priorities for 2021 are



- 1 Fully integrate the work and products of the Pillars with a **strengthened, ongoing COVID-19 response**
- 2 Rapidly identify and address **country-specific health systems bottlenecks** to ensure readiness and rapid scale up and delivery of COVID-19 tools
- 3 Accelerate **availability and use of PPE** as a crucial tool for protecting health workers and ensuring the resilience of the health system
- 4 Manage linkages and synergies with complementary activities for the **delivery of essential health services and strengthening of health systems**

HSC aims to shift to a country-level approach



From...

Developing global standards, tools and guidance to prepare for deployment of new tools

HSC work streams partially aligned with SPRP pillars

Limited interaction between HSC and the Pillars

Incomplete visibility of availability and use of COVID-19 tools, incl. PPE

Identifying bottlenecks



To...

Real-time operational support at country level to increase uptake of new tools and support countries in accessing external financing

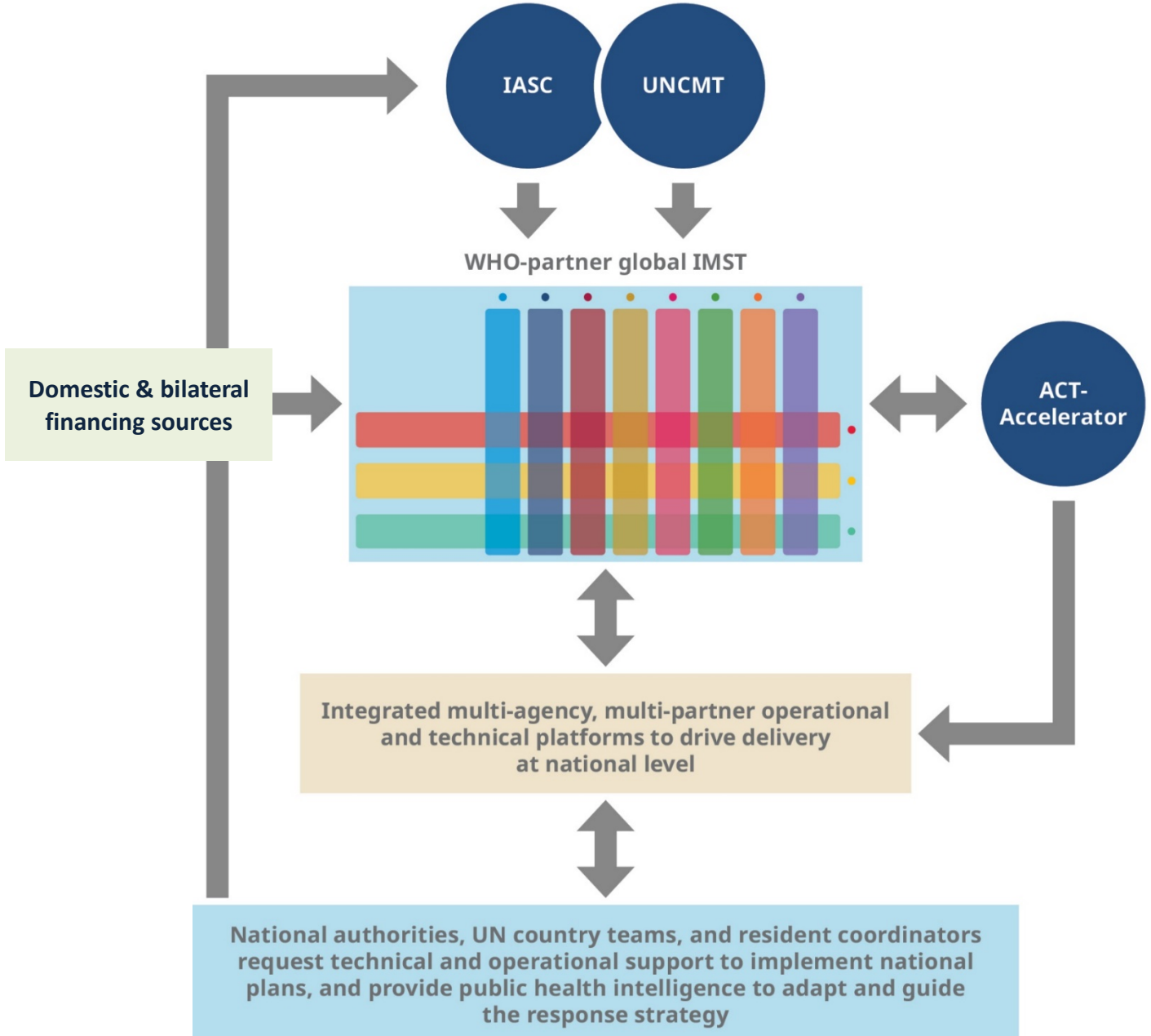
Full integration with the national SPRPs and incident management teams at country level

Integrated approach to Dx, Tx, and Vx Pillars with regular and frequent touchpoints

Transparency on COVID-19 tools (e.g. procurement, delivery, uptake etc.) at the country level

Addressing bottlenecks at the country level

Alignment of ACT and SPRP for increased country impact

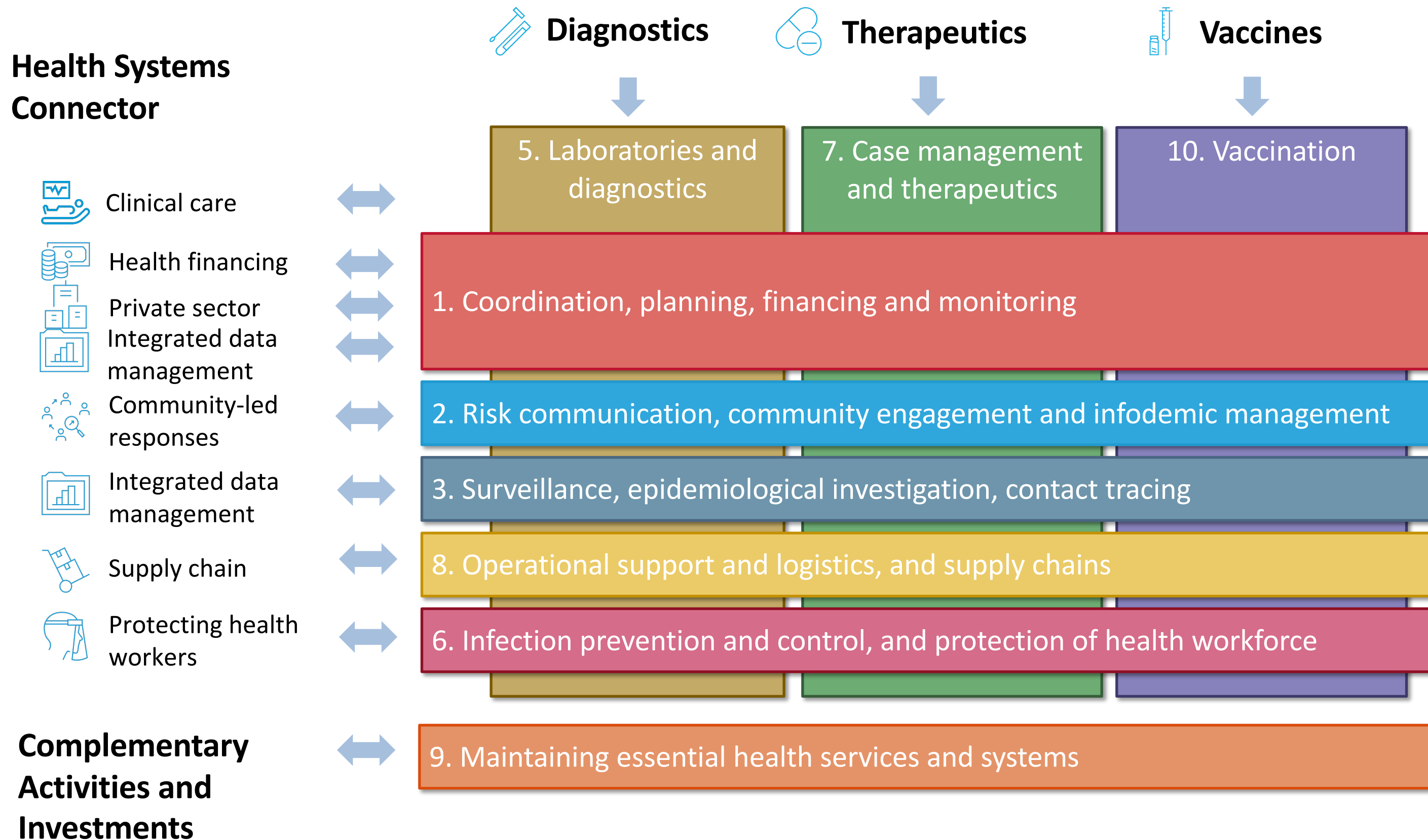


ACT-Accelerator integrated with the global WHO-partner IMST

Diagnostics	Therapeutics	Vaccines	WHO-partner global IMST response pillars
Workstreams 1 R&D of tests and digital tools 2 Market readiness 3 Supply 4 Country preparedness 5 Data foundation and modelling 6 Strategic private sector engagement 7 Advocacy/community engagement	Workstreams 1 Rapid evidence assessment 2 Market preparedness 3 Procurement and deployment	Workstreams 1 Development and manufacturing 2 Procurement and delivery at scale 3 Policy and allocation	<ul style="list-style-type: none"> ● Coordination, planning, financing, and monitoring ● Operational support and logistics, and supply chains ● Research and innovation ● Risk communication, community engagement (RCCE) and infodemic management ● Surveillance, epidemiological investigation, contact tracing, and adjustment of public health and social measures ● Points of entry, international travel and transport, and mass gatherings ● Laboratories and diagnostics ● Infection prevention and control, and protection of the health workforce ● Case management, clinical operations, and therapeutics ● Strengthening essential health systems ● Vaccination
Health Systems Connector Workstreams 1 Health financing 2 Community-led responses 3 Integrated data management 4 Protecting frontline health workers 5 Private sector 6 Clinical care 7 Supply chain			
Access and allocation			

IASC = Inter-Agency Standing Committee
 UNCMT = UN Change Management Team
 IMST = Incident Management Support Team

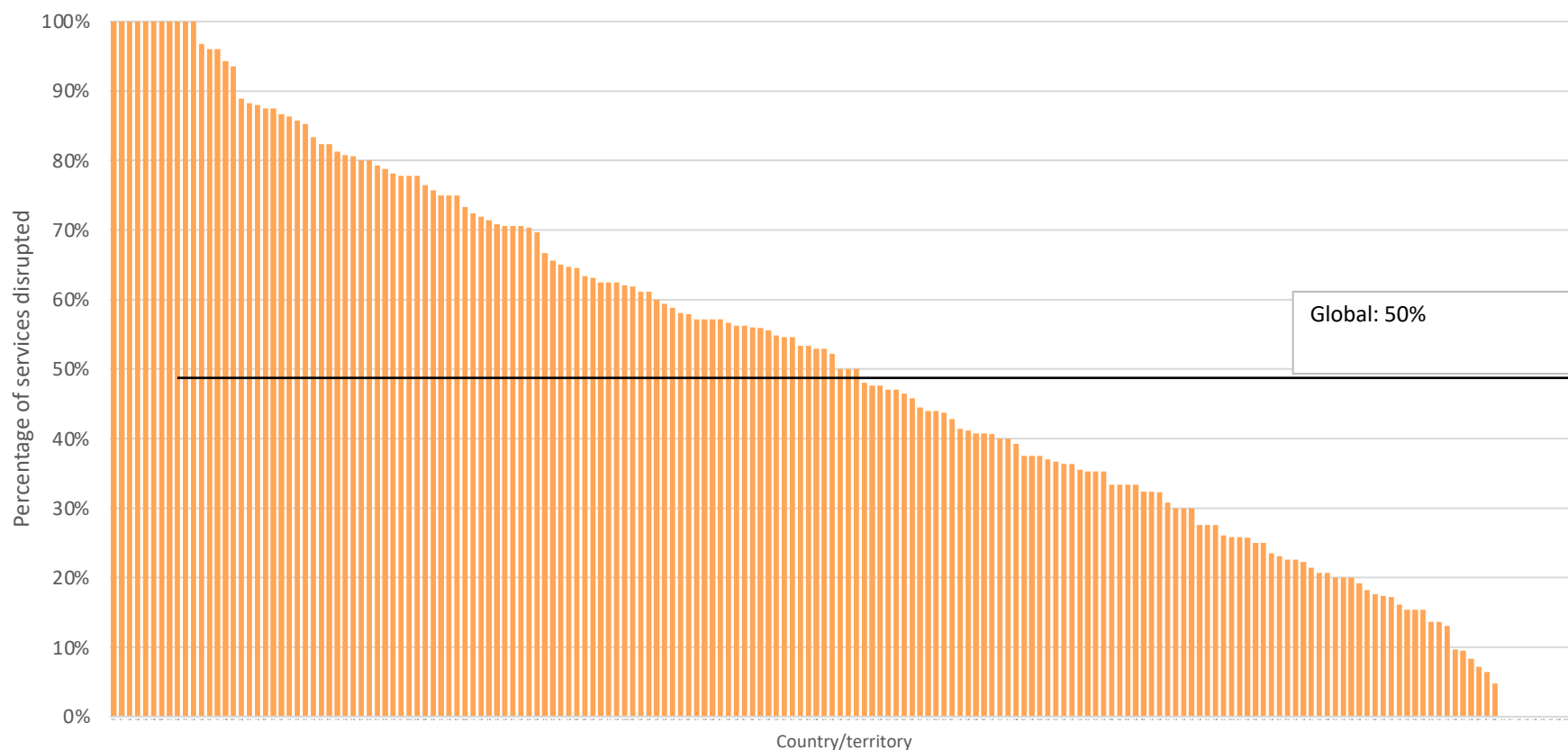
ACT integration with SPRP pillars



The pandemic is very disruptive to health services

However, fewer countries are reporting complete disruptions

Round 1 (Q2-Q3 2020)
Percentage of 35 tracer services disrupted per country (n=187)

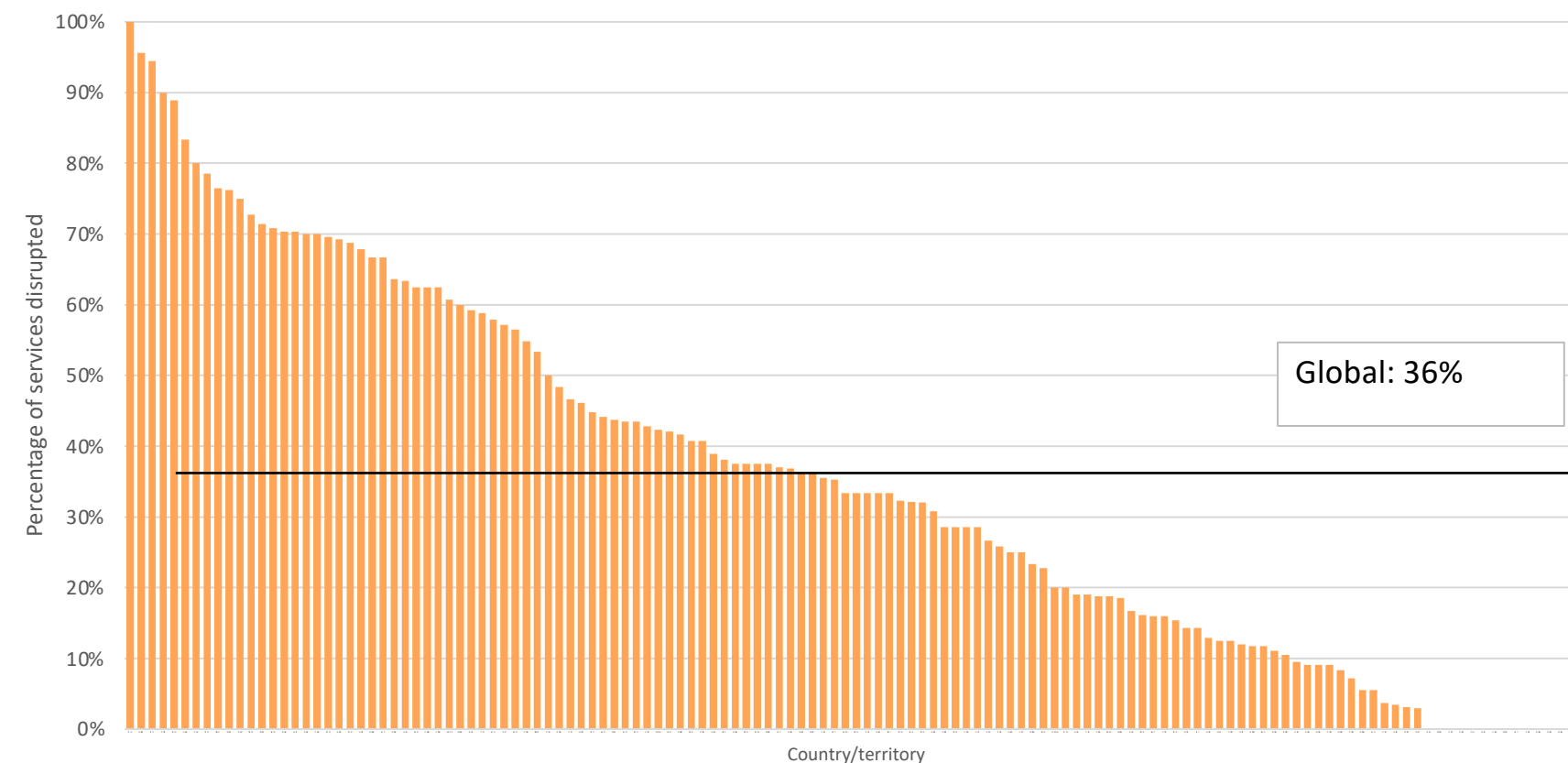


95% of countries reported some level of disruption to services

- 24% of countries reported disruptions in 75–100% of services
- 27% of countries reported disruptions in 50–74% of services
- 28% of countries reported disruptions in 25–49% of services
- 16% of countries reported disruptions in less than 25% of services

5% of countries reported no service disruptions

Round 2 (Q1-Q2 2021)
Percentage of 35 tracer services disrupted per country (n=135)



89% of countries reported some level of disruption to services

- 8% of countries reported disruptions in 75–100% of services
- 21% of countries reported disruptions in 50–74% of services
- 32% of countries reported disruptions in 25–49% of services
- 27% of countries reported disruptions in less than 25% of services

11% of countries reported no service disruptions

HSC priority actions to drive country impact

2. Review & prioritize country response plans to identify critical gaps based on national context

1. Develop evidence-based guidelines & knowledge platforms to address critical health system gaps

3. Ensure uptake & alignment of country level financial instruments to address critical gaps and accelerate implementation of new tools

4. Monitor access to and uptake of new tools and share lessons via HSC common knowledge platform



Support countries in accessing available domestic & bilateral financing

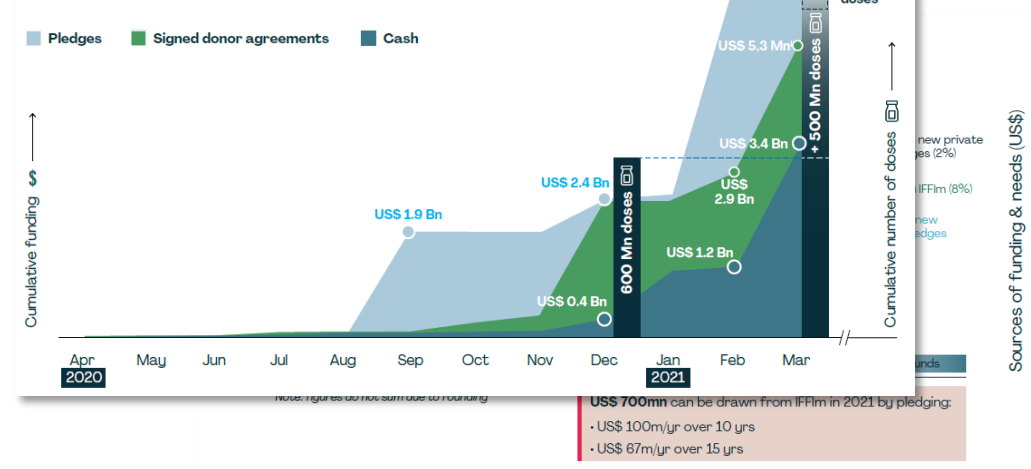


Countries can leverage a number of funding sources

COVAX AMC

Cumulative COVAX AMC pledges, cash and signed donor agreements

AMC funding pledged and received (cumulative and overlapping, not stacked) and number of doses locked in as of end of March 2021



C19RM

C19RM OVERVIEW | PRINCIPLES & ELIGIBILITY

Overview

- **Diligence** through a robust end-to-end process that is streamlined to collect required information up-front.
- **Speed and agility** appropriate for an emergency response.
- **Quality** to strengthen the COVID-19 response through expanded partner engagement.

Eligibility Applicants

- All countries and regional/multicountry recipients that are currently receiving funding from the Global Fund.

This includes countries receiving funding during the 2017-2019 and 2020-2022 allocation periods, including through the approach for non-eligible countries in crisis.

Eligible Investments

- COVID-19 control and containment (PPE, Dx, therapeutics)
- COVID-19-related risk mitigation measures for programs to fight HIV/AIDS, tuberculosis, and malaria
- Expanded reinforcement of key aspects of health systems and community-led response systems

C19RM should not support the procurement of vaccines, nor be primarily focused on vaccine deployment.

MPA

Update from the World Bank

COVID-19 vaccine financing

- The World Bank reached **\$2 billion** in approved financing for the purchase and distribution of COVID-19 vaccines for **17 developing countries**
- The \$2 billion funding is supporting COVID-19 vaccination in Afghanistan, Bangladesh, Cabo Verde, Cote d'Ivoire, Ecuador, El Salvador, Eswatini, Ethiopia, The Gambia, Honduras, Lebanon, Mongolia, Nepal, Philippines, Rwanda, Tajikistan, and Tunisia
- The Bank expects to support 50 countries with USD \$4 billion in financing for COVID-19 vaccines by mid-year
- On April 16, the World Bank Board aligned its eligibility criteria for COVID-19 vaccines with the revised eligibility criteria of COVAX and other multilateral partners

COVID-19 health response

- Within the initial World Bank Fast-Track COVID-19 Facility announced in April 2020, **86* projects** have now been approved, for a total of **USD \$4.2 billion**

*For clarity and alignment, this number no longer includes additional financing (AF) or standalone financing from the pandemic emergency financing facility (PEF)



WORLD BANK GROUP

GFF

GFF C19 EHS Grants: Supporting ACT-A HSC While Delivering on GFF Mandate

Country Investment Case

(National priorities for advancing maternal, child, and adolescent health and nutrition outcomes)

COVID-19 Emergency Response Financing

GFF COVID-19 Essential Health Services (EHS) Grants

- Support countries to develop integrated country plans (C-19 and EHS)
- Leverage IDA for HSS and COVID-19 response and vaccine rollout
- Help remove system bottlenecks to facilitate delivery of COVID-19 tools
- Improve access to and use of essential health services
- Contribute to long term resilience of HS

Eligible Activities:

- Commodity Security & Supply Chain
- Infection Prevention and Control
- Community engagement incl BCC
- Private sector and CSO/ NGO engagement strategies
- Integrated Data sources, systems & processes
- Public Financial Management incl RMET
- Financial Barriers
- Health Systems Re-design

GFF C19EHS will not fund purchase of COVID vaccines

Grant Review Criteria

Context and Rationale	Country ownership Alignment with GFF Partner engagement
Technical Quality	<ul style="list-style-type: none"> • Coordination with national COVID-19 response coordinating bodies • In line with WHO SRPs • Mitigate risks to EHS continuity • Improvements in HSD/HF beyond COVID-19 pandemic
Linkages to IDA	Will the grant leverage additional IDA or restructure IDA for EHS and ACT-A related support?
Rapid Roll Out	<ul style="list-style-type: none"> • Approval in FY2021 or the first quarter of FY2022 • Country capacity to disburse rapidly (target >60% disbursement within 24 months)