OBJECTIVES OF THE SESSION

Discuss challenges for financing community health and transition strategies

Outline financing strategies that support a transition

Discuss potential ways the U.S. Government can better support the transition to domestic investment

Discuss role of mobile health tools
BACKGROUND – SETTING THE STAGE ON HEALTH AND FINANCE

- **Health care** is a key sector in most African countries and under the Abuja Declaration, all African countries committed to spending 15% of their GDP on health – most countries today are far below that, however

- Aside from the protection of health, there is recognition that **health systems are critical to the economic and financial stability** of these countries – health is a driver of economic development

- Today, sub-Saharan African countries – where predominance of mortality continues to occur – rely on donor aid to fund critical health care infrastructure and disease interventions

- Countries now **face significant challenges (and opportunities)**
  - **Supply** of donor funding looks likely to decrease over time, given economic and political constraints
  - **Demand is increasing** - more investments in health are required to strengthen systems so they are more resilient
  - Meanwhile, additional “**innovative financing**” mechanisms/instruments are **emerging** – pay-for-performance, debt instruments, pledges, guarantees, etc., but are not yet ‘mature’
MOST FORECASTS SHOW DONOR SPENDING LEVELING OFF OR DECLINING, WHILE DEMAND FOR SERVICES WILL INCREASE

Increasing funding and transitioning toward financial self-sufficiency

ILLUSTRATIVE

Overall significant increase in funding for community health

- Increases in bond proceeds, revenue based models, government, and private sector
- Potential decrease in donor funding
MEANWHILE, STRONG CASE FOR INVESTING INTO COMMUNITY HEALTH – INCREASE IN COVERAGE OF KEY INTERVENTIONS– ETHIOPIAN EXAMPLE

Impact of Increased CHWs on two Healthcare metrics in Ethiopia

The Ministry of Health in Ethiopia cites its Health Extension Program as a key enabler of broadening access to critical health services.

The government proactively utilized donor funding sources to scale its health extension worker program.

Program data indicate strong correlation between the scale-up of CHWs and the availability of health benefits like anti-malaria nets and the prevalence of contraception.

As CHWs were scaled, mortality of children under five fell dramatically at 6% per year.

Source: Strengthening Primary Healthcare through Community Health Workers: Investment Case and Financing Recommendations, July 2015; Childmortality.org
COUNTRIES THAT ‘OWN’ THE FINANCE PROCESS ARE BEST POSITIONED FOR SUSTAINABILITY OF THEIR COMMUNITY HEALTH PROGRAMS

For Ministries of Health attempting to institutionalize and scale community health programs

1. **Build senior political will & create a team**
   - Engage MOH, MOF, Prime Minister/President
   - Often a working group
   - Should include, MOH, MOF and key partners
   - Potentially also include private sector

2. **Finalize strategy, policies, & costing**
   - Often involves creating national community health strategy (separate or as part of other health sector plans)
   - Full costing should be done

3. **Create a case (ROI, wage bill arguments)**
   - Develop a ‘return on investment’ (ROI) analysis – potentially different versions for range of stakeholders
   - Assess wage bill considerations and develop approach

4. **Engage current funders**
   - Document current funding sources
   - Reach out and understand likelihood of future funding
   - Align indicators and time frames where possible

5. **Build gap analysis and financing pathway**
   - Develop resource map
   - Build comprehensive gap analysis
   - Develop financing pathway

6. **Identify new sources; summarize in investment plan**
   - Consider, Official Development Assistance, Foundations
   - “Innovative” sources
     - Private sector
     - Revenue generating
     - Impact bonds
   - Create summary investment plan

**Note:** Steps may happen in parallel or in a sequence different from that described above
CREATING AN ROI CAN BE CRITICAL FOR BUILDING OWNERSHIP AND DRIVING INTERNAL AND DONOR INVESTMENT

Significant long-term economic return on investment from community health

Investing $1 in CHWs...

...can return up to $10 in the long-term

1. Productivity
2. Insurance
3. Employment

“It is becoming increasingly clear that community health worker programs are a foundational and essential component of world-class health programmes” - Perry & Hounton

### OBJECTIVES OF THE SESSION

<table>
<thead>
<tr>
<th>Discuss challenges for financing community health and transition strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outline financing strategies that support a transition</strong></td>
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<tr>
<td>Discuss potential ways the U.S. Government can better support the transition to domestic investment</td>
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<tr>
<td>Discuss role of mobile health tools</td>
</tr>
</tbody>
</table>
## THERE ARE A RANGE OF TRADITIONAL AND ‘INNOVATIVE’ FINANCING SOURCES COUNTRIES CAN CONSIDER FOR SUPPORTING HEALTH

<table>
<thead>
<tr>
<th>Build comprehensive funding list (examples)</th>
<th>Overview of support for community health (examples)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilaterals: Canada, USAID, NORAD, JICA, SIDA, etc</td>
<td>Programmatic and start-up funding (e.g. Canada’s Catalytic Initiative)</td>
</tr>
<tr>
<td>Multilaterals: World Bank, GAVI, Global Fund, etc.</td>
<td>Health-systems strengthening (HSS) funding pools available from most multilaterals</td>
</tr>
<tr>
<td>NGOs and UNICEF</td>
<td>Have funding from independent, bilateral, and multilateral donors to invest into community health</td>
</tr>
<tr>
<td>Government</td>
<td>Some countries in Asia and SSA are making significant contributions to community health</td>
</tr>
</tbody>
</table>

### Traditional Sources

- **Global Financing Facility (GFF)**
- **Private sector**
- **Revenue-generating models**
- **Revenue bonds**
- **Impact Bonds (domestic government/NGO)**

### New Sources (see next slides)

- **Impact Bonds (domestic government/NGO)**
- **Revenue bonds**
- **Revenue-generating models**
- **Private sector**
- **Global Financing Facility (GFF)**

- **Incentivizing investment into RMNCAH continuum**
- **Some companies are investing directly into primary care and especially community health to prevent and combat malaria and other diseases**
- **Use ‘Avon-like’ sales models to bring basic health commodities to vulnerable populations at subsidized prices**
- **New structures in development intended to provide low-cost debt financing options**
- **Social Impact Bonds and Development Impact Bonds in development to support RMNCAH**
ADDITIONAL FUNDING STRATEGY: GLOBAL FINANCING FACILITY (GFF)

What is the GFF?

- A financing platform in support of Every Woman Every Child 2.0: http://globalfinancingfacility.org/
- It is a ‘country driven financing partnership’ to support reproductive, maternal, newborn, child, and adolescent health
- Focused on a targeted set of countries:
  - Front runners: DRC, Ethiopia, Kenya, and Tanzania
  - Second wave: Bangladesh, Cameroon, India, Liberia, Moz, Nigeria, Senegal, Uganda
- Allows countries to leverage their own resources and IDA funding toward more financing

How can it support community health costs?

- Front runner and second wave countries have been asked to produce an investment case that details proposed interventions and potential health gains
- Community health can be included as a priority within the GFF investment case

Key GFF touchpoints

- MOH lead for the GFF process
- World Bank country office and HQ teams also available
- GFF consultants are available in the front runner and second wave countries
### ADDITIONAL FUNDING STRATEGY: PRIVATE SECTOR INVESTMENT INTO COMMUNITY HEALTH

<table>
<thead>
<tr>
<th>AngloGold Ashanti (AGA)</th>
<th>Ethiopian Sugar Company</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td><strong>Overview</strong></td>
</tr>
<tr>
<td>• Malaria was significant problem to AGA; 24% incidence rate and 7.5K cases each month. AGA implemented integrated malaria control program and expanded to other treatment areas and total healthcare as well</td>
<td>• In response to widespread pneumo, malaria, and diarrhea, company first set up clinics and then preventative system that engaged nurses and other lower-skilled workers</td>
</tr>
<tr>
<td><strong>Successes</strong></td>
<td><strong>Successes</strong></td>
</tr>
<tr>
<td>• Saw 75% incidence reduction in 2 years; 90% reduction in labor and treatment costs, clear ROI. $1.5M in setup costs, worth the investment</td>
<td>• Reduction in costs with preventative model</td>
</tr>
<tr>
<td></td>
<td>• Measurable reductions in morbidity and mortality</td>
</tr>
<tr>
<td></td>
<td>• Company had better efficiency and productivity</td>
</tr>
</tbody>
</table>
### ADDITIONAL FUNDING STRATEGY: REVENUE-GENERATING CHW MODELS

<table>
<thead>
<tr>
<th>Novartis: Arogya Parivar</th>
<th>Living Goods</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overview</strong></td>
<td><strong>Overview</strong></td>
</tr>
<tr>
<td>“Healthy Family” initiative trains women CHWs as Community Health Facilitators to educate rural communities in India about health/sanitation, host health camps for diagnosis and treatment, and sell small packages of health products for a 10% commission (~$250/month). Cost to consumer is often under $1.25/wk. Offers 80 products</td>
<td>Trains Community Health Promoters to work 2 hrs, 5 days/ wk to deliver health education and advocacy and sell products to 100 households each, for 10% below market price in Kenya and 30% below market in Uganda. Go through gov’t training for iCCM, tied to MoH facilities and report up to CH Assistants, increasing their value</td>
</tr>
<tr>
<td><strong>Successes</strong></td>
<td><strong>Successes</strong></td>
</tr>
<tr>
<td>Sustainable – broke even in 30 months; expanded sales 25x since 2009. Reaches 33,000 villages and 42M people. Expanding to Kenya, Vietnam, Indonesia. Integrated into MoH structure in Kenya by having CHFs report to community health units and help Kenyan Community Health Assistants</td>
<td>Child mortality reduced by 25% for an annual cost of $2 (Uganda results). Product costs are 100% recouped . MoH integration is successful – 50-80% of recruits are Kenyan CH volunteers. 17% profit margin for CHPs for part time work</td>
</tr>
<tr>
<td></td>
<td>Recovers 10-15% of total costs (including senior leaders, admin, finance); 30-40% of CHW + field costs</td>
</tr>
</tbody>
</table>
**ADDITIONAL FUNDING STRATEGY: LARGE SCALE COMMUNITY HEALTH BOND**

### Proposed financing structure

- **Grant Providers**
  - Foundations
  - Companies

- **Guarantors**
  - Dev. Bank 1: 50%
  - Dev Bank 2: 40%
  - Foundation 1: 10%

- **Owner**
  - 100% owned

- **African Community Healthcare Program Inc.**
  - $500 million x% senior unsecured notes 10 year term
  - Guaranteed by: $200mm note
  - $100mm note

- **Country A B1/B**
  - $100mm note

- **Country B B1/B**
  - $200mm note

- **Country C B1/B+**
  - $200mm note

**Notes:**
- 2–3 countries participate and owe African Community Healthcare Program severally and the guarantors provide a guarantee of ~100%
- Investment Bank would deliver a marketable security with significant scalability unique to most impact investing facilities
- Ratings and debt quantum are estimates and shown for illustrative purposes

**Through group of co-guarantors and intermediary, African states could access the high yield market**
GAVI, GLOBAL FUND, WB ETC. ARE ENCOURAGING COUNTRIES TO INCREASE DOMESTIC CONTRIBUTIONS - FINANCING ALLIANCE ALSO SUPPORTING THIS TRANSITION

A partnership to support governments in rapidly financing and scaling health delivery programs

| Vision          | • Act as a ‘deal team’ that supports governments in building primary care health systems across Africa  
|                 | • Over time, such systems become financially self-sufficient |
| Value prop      | • The Financing Alliance:  
|                 |   - Acts as a facilitator between the worlds of finance and health in developing countries  
|                 |   - A thought leader on how to sustainably finance integrated health systems  
|                 |   - Partner with governments, NGOs, and investors to support health |
| Types of support | • Engage with ministries on system design and financing: plan design, model refinement & expansion, ROI advisory, financial advisory & execution  
|                 | • Intellectual property/knowledge management: case studies on financing pathways, documenting funding flows, south-south capacity building function  
|                 | • Developing innovative financing products/modalities: working with the finance sector to push the envelope on innovative sources of financing, crowding in private sector capital |
| Core partners   | • World Bank, UNICEF, UN Special Envoy’s Office, Partners in Health, Last Mile Health, Clinton Health Access Initiative, Living Goods, Total Impact Advisors, USAID and others |
THE FINANCING ALLIANCE’S FOCUS IS ON COUNTRY ENGAGEMENT, KNOWLEDGE MANAGEMENT, AND INNOVATIVE FINANCING

Country engagement:
- Long-term, on-site technical and financing support
- Serving governments via flexible modalities

Knowledge management:
- Practical, in direct support of country-work
- e.g. on wage bill questions

Innovative financing:
- Engaging with the financing community
- Building new tools

High-Level Alliance Council (Kesete, Farmer, Chambers, etc)

Technical Advisory Group (JHU, LMH, CHAI, UNICEF, WB, USAID LG, PIH, etc)

Hosted at the MOH Ethiopia’s International Institute for Primary Care

International Finance Community
- Institutions: investment banks, PE, companies
- Tools: impact bonds, guarantees, etc.

Teams of local partners and financing experts will provide country support

Liberia pilot ongoing (LMH & FA) and starting SL engagement (PIH & FA)
OBJECTIVES OF THE SESSION

- Discuss challenges for financing community health and transition strategies
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- Discuss role of mobile health tools
### WHAT CAN USG DO TO BETTER SUPPORT THIS TRANSITION?

<table>
<thead>
<tr>
<th>Recommendations</th>
<th>Details/what this could mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Invest alongside existing financing mechanisms</td>
<td>• Find additional opportunities to ‘co-invest’ alongside major funders like the Global Fund – e.g. by funding commodities for community health while GF supports training costs (iCCM Financing Task Team was able to leverage $250M from the GF for iCCM in 2013-2015, but much more is possible), or by supporting community health ‘platform costs’ alongside other commodity investments – tremendous leverage potential</td>
</tr>
<tr>
<td><strong>2</strong> Create more flexibility for innovative finance</td>
<td>• Allow DCA greater latitude to apply certain restrictions – e.g. limited ability to guarantee sovereigns, caps on total amount of risk guaranteed in a structure in which DCA participates – where the ultimate outcome will catalyze additional private sector resources and the capital markets • Encourage cooperation between USG development finance tools – DCA, OPIC, Global Development Lab – to maximize impact of USG funds</td>
</tr>
<tr>
<td><strong>3</strong> Invest in capacity</td>
<td>• Many governments are strapped for capacity in the community health and primary care teams– support capacity development at the ministry level and especially around planning and financing (including costing, gap analysis etc.) • Programs such as the Aspen Management Partnership, Global Health Corps, etc. are well positioned to help build capacity</td>
</tr>
</tbody>
</table>
OBJECTIVES OF THE SESSION

Discuss challenges for financing community health and transition strategies

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MOBILE HEALTH TOOLS CAN EXPAND ACCESS, IMPROVE QUALITY, DECREASE COSTS, BUT IMPACT DEPENDS ON HUMAN AND PHYSICAL INFRASTRUCTURE

**CommCare**

- CommCare (www.commcarehq.org) is an open source mobile platform enabling nonprogrammers to build mobile applications for data collection, counseling, behavior change, and a variety of other functions.
- Hundreds of organizations have used CommCare to build mobile applications to support frontline workers – e.g. for tracking and supporting clients with checklists, SMS reminders.

**Medic Mobile**

- Medic Mobile (https://medicmobile.org/) combines messaging, decision support, data gathering and management, and analytics.
- Tools are open source, free, and designed alongside programs working at the last mile.

**Impact/cost effectiveness**

- Dimagi’s model shows that the incremental cost per CHW for mHealth can be reduced by 50%+ when mHealth is expanded to include several disease programs, multiple CHW cadres, and vertical links to the other parts of the health system.
- Dimagi has compiled robust evidence base on impact, e.g. Bihar: # of women who attended at least three ANC visits was 73% higher among those being tracked by CommCare as compared to the control group; In Nigeria, CommCare increased the ANC visit quality score from 13.3 at baseline to 17.2 (out of 25) at endline.

- Can enable high quality service delivery and monitoring, real-time data collection, efficient CHW support, enhanced supervision, etc.
  - In Kenya, program designed to improve reporting led to 97% on time reporting of weekly reports, saving an estimated $56,000.
  - In Malawi, CHWs were able to double # of TB cases they found.

“mHealth can support data collection, processing, dashboard-making, decision support (e.g. through D-tree), continuing education, clinical flow and follow up, GPS tracking and mapping of trends/epidemics” – Dan Palazuelos, Senior Advisory on Policy, Partners in Health.
BUT COUNTRIES ARE FAR BELOW ABUJA SPENDING TARGET – NOT YET MAKING SUFFICIENT INVESTMENT INTO HEALTH

% of general government expenditure, 2014 data

<table>
<thead>
<tr>
<th>Country</th>
<th>% of General Government Expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eritrea</td>
<td>3.6</td>
</tr>
<tr>
<td>Cameroon</td>
<td>4.3</td>
</tr>
<tr>
<td>Libya</td>
<td>4.9</td>
</tr>
<tr>
<td>Angola</td>
<td>5.0</td>
</tr>
<tr>
<td>Mali</td>
<td>5.6</td>
</tr>
<tr>
<td>Mauritania</td>
<td>6.0</td>
</tr>
<tr>
<td>Ghana</td>
<td>6.8</td>
</tr>
<tr>
<td>Equatorial Guinea</td>
<td>7.0</td>
</tr>
<tr>
<td>Côte d’Ivoire</td>
<td>7.4</td>
</tr>
<tr>
<td>Gabon</td>
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</tr>
<tr>
<td>Niger</td>
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<td>Guinea-Bissau</td>
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<tr>
<td>Togo</td>
<td>7.9</td>
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<tr>
<td>Senegal</td>
<td>8.0</td>
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<tr>
<td>Nigeria</td>
<td>8.2</td>
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<tr>
<td>Zimbabwe</td>
<td>8.5</td>
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<tr>
<td>Comoros</td>
<td>8.7</td>
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<tr>
<td>Congo, Republic of Congo</td>
<td>8.7</td>
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<tr>
<td>Mozambique</td>
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<tr>
<td>Botswana</td>
<td>8.8</td>
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<tr>
<td>Chad</td>
<td>9.0</td>
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<td>Mauritius</td>
<td>10.0</td>
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<td>Madagascar</td>
<td>10.2</td>
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<tr>
<td>Democratic Republic of Congo</td>
<td>10.5</td>
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<tr>
<td>Sierra Leone</td>
<td>10.8</td>
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<tr>
<td>Uganda</td>
<td>11.0</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>11.2</td>
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<tr>
<td>Zambia</td>
<td>11.3</td>
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<tr>
<td>Sudan</td>
<td>11.7</td>
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<tr>
<td>Cabo Verde, Republic of</td>
<td>11.7</td>
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<tr>
<td>Liberia</td>
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<tr>
<td>Tanzania, United Republic of</td>
<td>12.3</td>
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<tr>
<td>São Tomé and Príncipe</td>
<td>12.4</td>
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<tr>
<td>Kenya</td>
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<tr>
<td>Lesotho</td>
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<td>Burundi</td>
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<td>Namibia</td>
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<tr>
<td>Djibouti</td>
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<td>Tunisia</td>
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<tr>
<td>Central African Republic</td>
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<tr>
<td>South Africa</td>
<td>14.2</td>
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<tr>
<td>Gambia</td>
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<tr>
<td>Ethiopia</td>
<td>15.8</td>
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<tr>
<td>Swaziland</td>
<td>16.6</td>
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<tr>
<td>Malawi</td>
<td>16.8</td>
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</tbody>
</table>

THE FINANCING ALLIANCE WILL COMPLEMENT EXISTING SUPPORT TO COUNTRIES

Area of health

Secondary Care

Primary Care

Community Health

Strategy and Policy

Costing

ROI/investment case

Financing/Investment plans

Innovative Financing

Implementation

Financing

GFF
(for some countries, and not entire health system)
ABT (NHAs)
CHAI
R4D
RMNCH TF

• Innovative financing advisors
  (Palladium, Social Financing, TIC)
  • Donors
  • Banks

MoHs NGOs

• Innovative financing advisors
  (Palladium, Social Financing, TIC)
  • Donors
  • Banks

MoHs NGOs

MoHs NGOs (e.g. LMH, PIH, Save, Care, Living Goods etc.)
MCSP

Support to country MoH

Financing Alliance

• Crowding in support from others
• Financing thought leadership
• Working with existing partners to build long-term advisory relationships

• iCCM TT

MCSP
UNICEF
CHAI
NGOs

• MSF
• UNICEF
• LMH
• …

Support to country MoH

MSF
UNICEF
LMH
…

 Financing Alliance

Support to country MoH

• Donors
• Banks

Support to country MoH

MoHs NGOs (e.g. LMH, PIH, Save, Care, Living Goods etc.)
MCSP

Support to country MoH

Support to country MoH

Support to country MoH

Support to country MoH
EXAMPLE FINANCING ALLIANCE COUNTRY ENGAGEMENT: “LIBERIA PILOT”

Engagement ongoing

- 6 months effort with MoH Liberia on new CHW program
- Analysis of costs/ROI
- Review of financing gap and recommendation s to address
- Development of practical tools to support financing

Delivered by FA team of 3 individuals and support from TAG
- LMH as strong local partner staffing 1 individual to the team and providing the ongoing link

Funding sources

**There are many potential sources of financing for the CHA program**

- County/Community Health Budgets: Tap into county budgets, look at allocating funds toward CHA initiatives
- Health sector budget: Advocate to increase DA allocation to health and then allocate community health
- Taxes: Consider broader corporate tax on health to increase revenue and then allocate higher share of budget to health, and community health in particular
- Cross-sectoral synergies: Prioritize use of other existing infrastructure to boost local e.g. anthelminthics

- Global Fund: Continue to include CHA within GFF proposals (e.g., CCM as part of holistic and ensure long-term commitments that remain at the same level in year 3+ at least)
- Grants: Support CHA funding through the ongoing GFF proposal and subsequent rounds of GFF funding
- World Bank: Tap into remaining global health endowments to support CHA as a disease surveillance and prevention
- USAID: Ensure PEPFAR funding support on CHA and other activities
- P4G: Public action, social mobilization, and support for CHA
- key health stakeholders

Delivered by FA team of 3 individuals and support from TAG
- LMH as strong local partner staffing 1 individual to the team and providing the ongoing link

Overall recommendations (also on org)

- Support an enabling environment for financing
- Increase local revenue and responses, ensure capacity, develop plan for future analysis, and identify coordination mechanisms
- Maximize existing donors: Maximize the existing donor base by prioritizing and putting forward CHA funding, and securing continuous funding (e.g., G7, WHO, etc.)
- Take early steps on domestic financing: Create a phased approach to increase GOL’s financial support to the CHA program through the domestic budget, laying a foundation for sustainability
- Explore prioritized new financing sources: Invest research, pilot time and resources in evaluating new types of financing
- Alignment on all stakeholders on overall direction and activities
- Allow for implementing a system that can be afforded in the long-term
- Can be used as advocacy tool
- MOH driving the CHA program costing and financing will ensure donors and other government partners fund the CHA program
- Donors funding channels exist (in particular multi-laterals) and can be accessed relatively easily, provided MOH prioritizes CHA cost

Prioritizing funding sources

DIFFERENT OPTIONS WILL RESULT IN DIFFERENT FINANCING

- Early steps on domestic financing
- “Explores new sources”
- Fundraising campaigns
- Other sources

Encouraging a roadmap for domestic fin.

THE SCALE-UP COULD BE FINANCED...