#### 5<sup>TH</sup>ANNUAL HEALTH FINANCING FORUM

### Ensuring Continuity of Essential Frontline Services in the Face of COVID-19

July 14<sup>th</sup>, 2020

July 7-23, 2020

#### Health Financing Resilience

**NK GROUP** 



Co-hosted by:



## Navigating the main panel

\***Join Audio**: Select how you want to join the call; either by phone or through your computer.





*The Join Audio icon will change to the Mute Icon.* Please keep yourself muted and your video turned off. IF you need to unmute, you can click this button.



### **Change your name**

**1.** Click on the **Participants tab** to enable the list of participants.



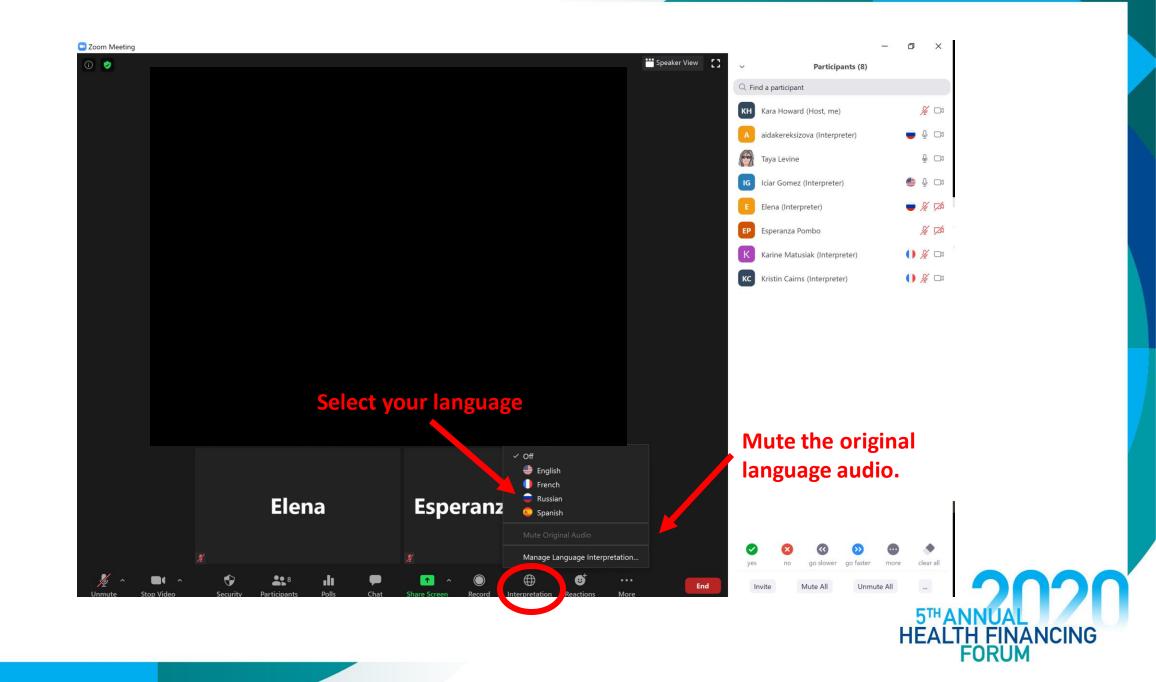
	Participants	; (2)	
KW	Katherine Wh (Me)	Mute	Rename
SS	Sophie Schrader (Host)		<u> </u>

2. Click on your name then click the Rename button

3. Please rename yourself to include your Name and Language (English, French or Russian) i.e. "Ellen, French" or "Jakub, Russian"

 This is necessary to put you in a breakout group during the session





### Navigating the main panel

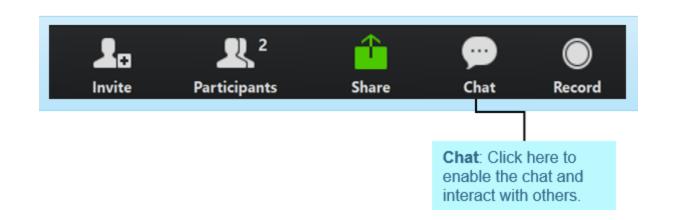
Please contact Nic at <u>naguilar@trg-inc.com</u> for any tech issues throughout the session.



The Join Audio icon will change to the Mute Icon. Please keep yourself muted and your video turned off. IF you need to unmute, you can click this button.



# Throughout the session, please write your questions in the chat box



We will answer any remaining questions post-session





## **Setting the Context**

Ellen Van De Poel, Health Financing Lead, GFF





### **Session Overview**

Welcome and Getting Started	Ellen Van De Poel, Health Financing Lead, GFF
Moderated Discussion and Question and Answer Session	Panelists: Dr. Nguyen Khanh Phuong, Vice-Director, Health Strategy and Policy Institute, Ministry of Health Shumona Shafinaz, Senior Technical Advisor, Save the Children, Bangladesh Oksana Movchan, Acting Head at National Health Service of Ukraine Dr Mama Coumare, Secretary General, Mali
Breakout Groups	Small breakout group discussions about key questions
Closing Remarks and Summary	Jakub Jan Kakietek, GFF Jean-Olivier Schmidt, P4H Ellen Van De Poel, GFF

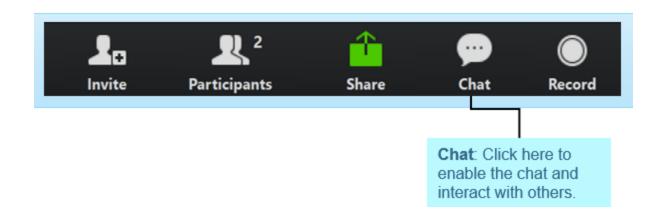


## **Country Panel**





### **Reminder: Please write your questions in the chat box**







## **Dr. Nguyen Khanh Phuong**

Vice-Director, Health Strategy and Policy Institute, Ministry of Health





## **Oksana Movchan**

Acting Head of the National Health Service of Ukraine





### FINANCING MODEL IN TIMES OF COVID-19 PANDEMIC.

Oksana Movchan

Acting Head of the National Health Service of Ukraine





## **COVID-19 financing principles**

Inpatient care for

patients with

COVID-19

I. Financing is provided for 3 new (beyond regular BP) service packages related to COVID-19:

II. Fee is related to the READINESS OF FACILITIES TO PROVIDE services to patients with COVID-19 (rather than actually provided services). It allows to control the rising cost with a significant increase of the number of patients.

III. Fee includes 300% salary increase for professionals involved in care provision and additional provision of medicines and medical supplies.

IV. Personal protective equipment, test systems, expensive medicine, capex is not included (financed separately by the Ministry of Health).



Emergency medical care for patients with COVID-19

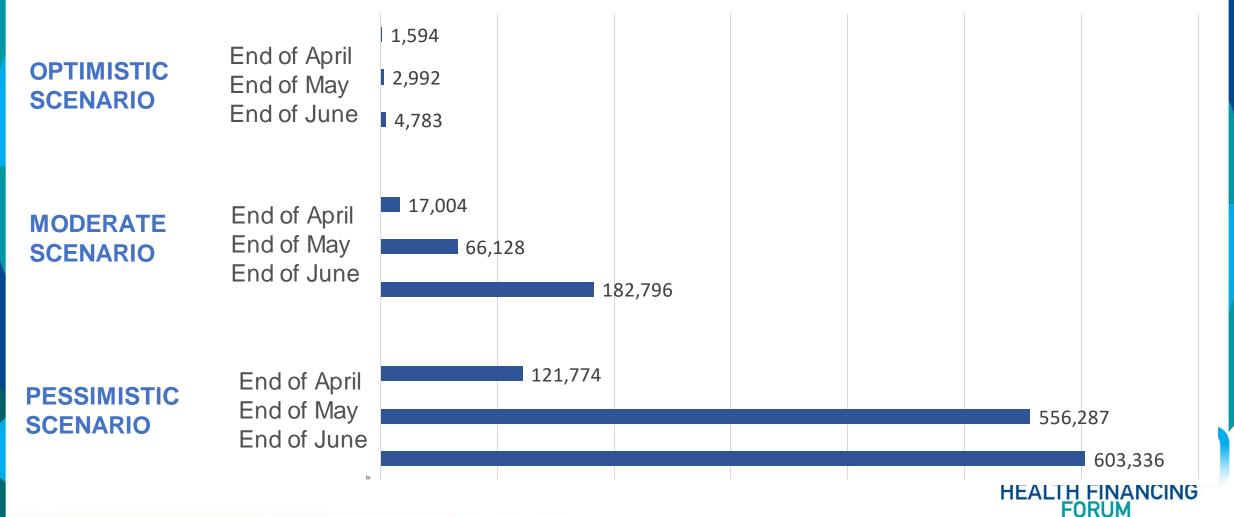


Mobile crews designed to respond to COVID-19



## Financing proposal is based on epidemiological forecast

The number of patients who need inpatient care (20% of all infected) due to COVID-19



## **COVID-19 financing principles**

Inpatient care for patients with COVID-19

#### WHO PROVIDES SERVICES?

The facilities identified by the Ministry of Health for hospitalization of patients with COVID-19 (242 facilities in Ukraine)

#### HOW DO WE PAY?

- According to the number of ventilators for medicines for ICU patients
- According to the number of teams of doctors working in the facility with patients with COVID- 19 (1 team = 20 people (1 anesthesiologist, 4 therapists / infectious disease specialists, nurses, paramedical staff – fixed fee per month per one team
- +cost of medicines for patients who don`t need ventilators



#### WHO PROVIDES SERVICES?

Mobile crews have been set up to test patients with COVID-19 at home (currently 1600 crews are created per 37 mln patients)

#### HOW DO WE PAY?

According to the number of crews that conduct at least 150 tests per month. The crews only collect material. PCR is done by laboratories financed under a separate budget.

#### Tariff type:

Global budget paid based on the number of crews in the facility.

1 team = fixe fee per month (if the team conducts less than 150 tests, a reduction factor is applied.) nszu.gov.ua



#### WHO PROVIDES SERVICES? Emergency medical centers (25 facilities)

#### HOW DO WE PAY?

According to the number of patients in the region (taking into account the additional demand for visits to patients with COVID-19 and telephone consultations)

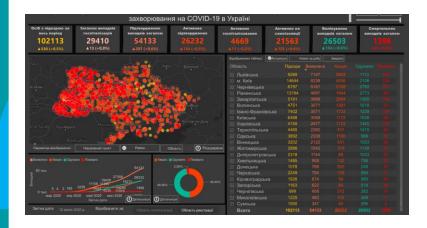
#### Tariff type:

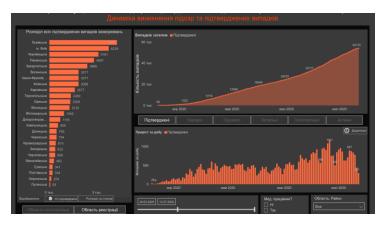
The global budget calculated on the basis of payment for 1 new patient in the region – fixed fee per patient



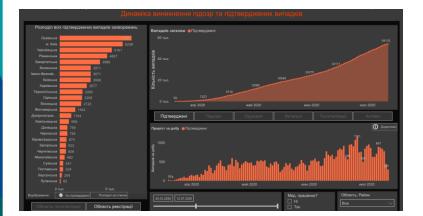
## Monitoring of COVID-19 by NHSU

nszu.gov.ua

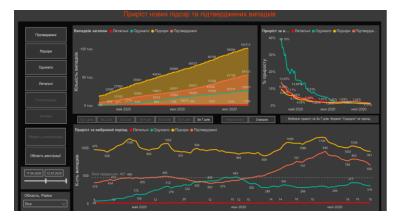
















## **Shumona Shafinaz**

Senior Technical Advisor, Save the Children, Bangladesh



#### 5<sup>TH</sup>ANNUAL HEALTH FINANCING FORUM



### Continuity of Essential Frontline Services in the Face of COVID-19 in Bangladesh

Dr. Shumona Shafinaz Senior Technical Advisor, Save the Children Bangladesh

July 7-23, 2020

#### Health Financing Resilience

**BANK GROUP** 





Co-hosted by:



## **Bangladesh Context**

- A densely populated country: over a thousand people live per square kilometer and a population of over 160 million.
- GDP Per Capita: USD 1855.7
- Economy is mainly dependent on Revenue, Remittance and Export of readymade garments
- Out of pocket expenditure for a country like Bangladesh is 67%
- Bifurcated health system, governance and capacity gaps in health sector and lack of coordination between ministries/departments
- Stagnant MMR (196/100,000LB) and NMR (30/1,000LB) for about a decade
- The first Coronavirus case was detected on March 8, since then 186,894 confirmed cases with 2,391 deaths recorded (low testing capacity)
- Health Sector gets priority in the budget for 2020-21, hiked by 23.44% than the previous year, also block allocation of BDT 100 billion for emergency health crisis

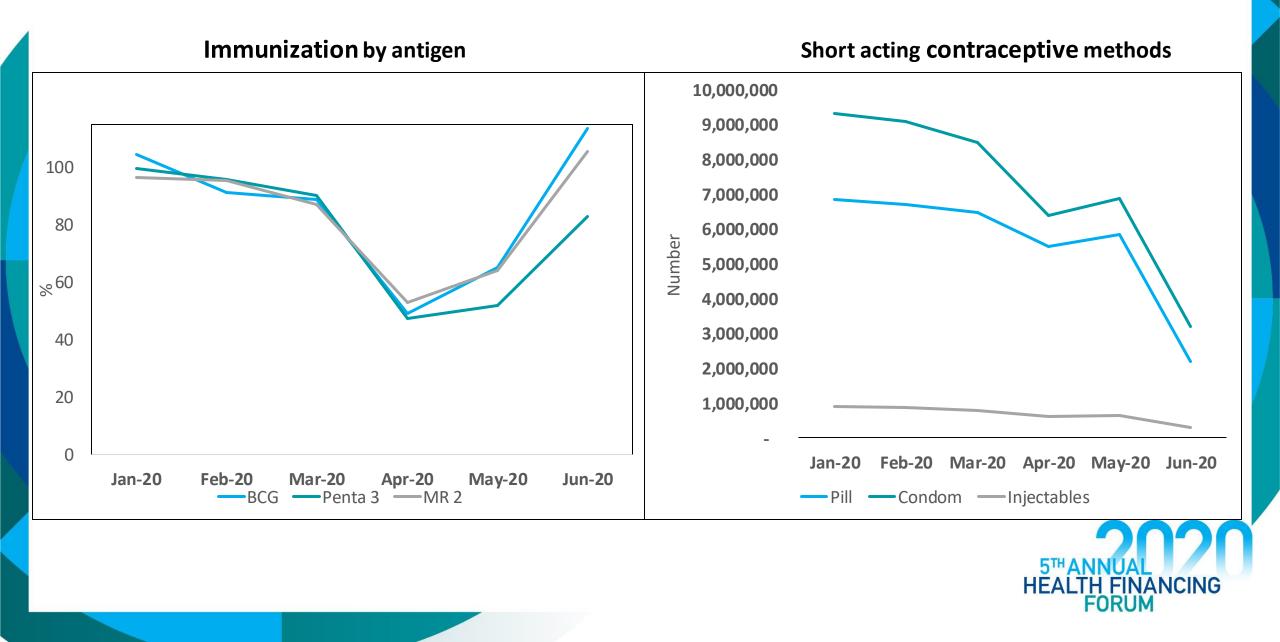


This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers.

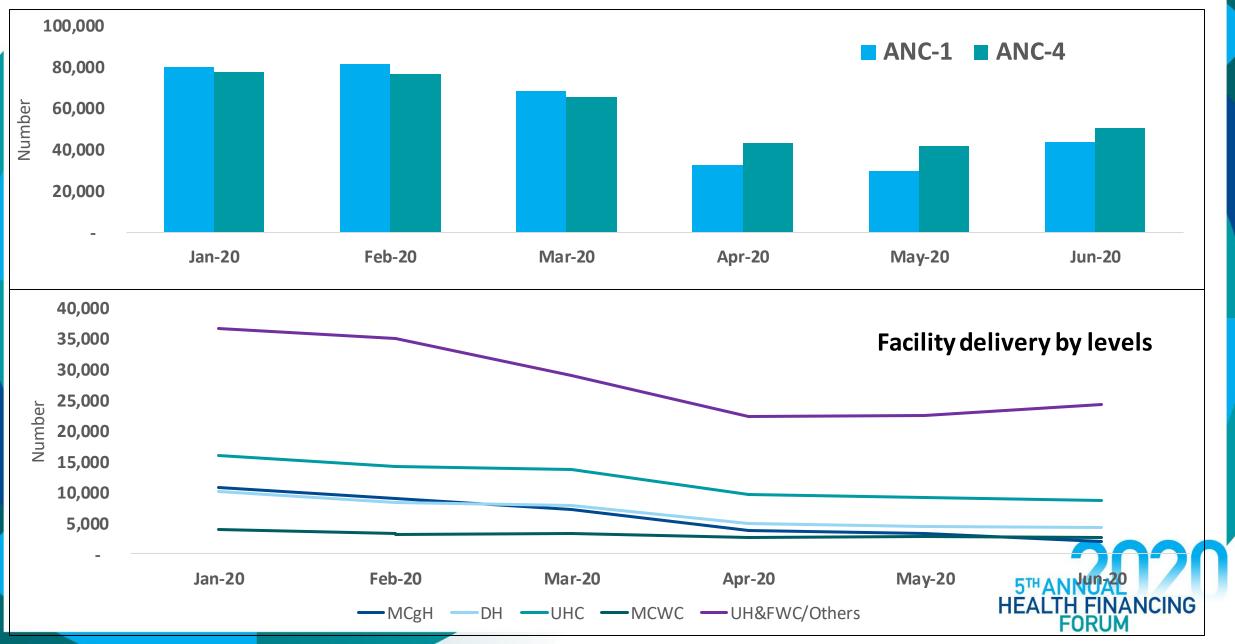
#### This pandemic can be devastating as it comes with different negative impacts on health



#### **Essential Service Coverage by Month, Jan-Jun 2020**



#### **Essential Service Coverage by Month, Jan-Jun 2020**



## Initiatives for continuing essential service delivery

- End of Public Holidays in June, government instructions for service continuation at all levels
- Collaboration with joint UN-DP-CSOs for TA support
- Guidelines developed on MNCH/FP/N service delivery in Covid19 context
- ICT based solutions for virtual training, meetings and monitoring
- Capacity building of HCPs at different levels
- Facility readiness for essential service delivery to Covid-19 patients
- Ensured personal protective measures/lump sum cash for service providers
- Establishment of handwashing station at all facilities
- Declaration of Health Compensation for Covid-19 infected doctors
- Targeted phone calls to build client's trust and confidence
- Resource mobilization through collaboration with local government bodies



### **Building a resilient health system**

- Coordination for long term strategy and well resourced preparedness plan considering a probable economic downturn
- Equity in resource allocation: (COVID/non-COVID; primary/tertiary levels)
- Institutionalization of virtual platforms and procedures
- Re-focus on Essential Service Delivery
- Uninterrupted essential supplies
- Investment in resilient health systems, with well-equipped and supported health workers (including CHWs)
- Fill-in **HR gaps** at all levels
- Improve management capacity of MOH managers (planning, information management and budget management)
- Critical demand side barriers inclusion of community in decision making and coordination

## The Time for Action is NOW Before it gets TOO LATE......





## **Dr. Mama Coumare**

Secretary General, Mali





## **Question and Answer Session**



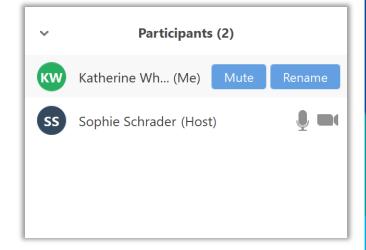


## Small Group Breakout Discussions

### **Reminder: Change your name**

**1.** Click on the **Participants tab** to enable the list of participants.





2. Click on your name then click the Rename button

3. Please rename yourself to include your Name and Language (English, French or Russian) i.e. "Ellen, French" or "Jakub, Russian"

 This is necessary to put you in a breakout group during the session



### **Breakout Room Instructions\***

- 1. Select a facilitator
- 2. Briefly introduce yourselves
- 3. Discuss:

These instructions are available in a link in the chat box now. Please click the link to reference this slide in your breakout room.

- **Question 1**: What keeps you up at night when you think about the future of financing services for health? What are the biggest risks?
- **Question 2:** What are your aspirations linked to this crisis vis-a-vis essential service financing? What are the biggest opportunities?

\*A facilitator may drop into your room to see how things are going

\*\*You will receive updates on the time you have left through messages at the top of your Zoom screen



#### At the end of your discussion, follow the instructions to **share your hopes and fears** about the future of health financing

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	Welcome to trg123's presentation!	
	Introduce yourself	
	Enter the screen name you would like to appear alongside your	
	responses.	
	Name	
	Continue	
	<u>Skip</u>	
	Using a screen name allows the presenter and other	
	participants to attach your screen name to your responses. You	
	can change your screen name at any time.	

## We'll use Poll Everywhere for this poll.

#### Go to <u>PollEv.com/trg123</u> using your phone or computer to answer.



## Summary

Jakub Jan Kakietek, GFF Jean-Olivier Schmidt, P4H



## Closing

Ellen Van De Poel, GFF





## **Discussion Graphic**





## **COVID-19 Health Financing Resilience Program Community of Practice (CoP)\***

- Hosting weekly **CoP learning round up sessions** to provide a facilitated space to:
  - Talk about the key themes that emerged from sessions
  - Learn about the experiences of other practitioners dealing with these topics
  - Identify issues that they would like to explore more deeply and add to the CoP learning agenda

#### • Join the COVID-19 HFRP CoP to:

- Connect with other participants at the forum one on one
- Access Q&A following each session
- Chat on dedicated session discussion boards

#### This Friday morning from 8:00-9:00 AM EST, 300 Max Participation

\*The COVID-19 HFRP Community of Practice (CoP) is a joint initiative of The World Bank, the Global Financing Facility (GFF), and the Revisiting Health Financing Technical Initiative of the Joint Learning Network (JLN), in coordination with P4H and other partners.



### Reminder

#### We look forward to seeing you at the **Session 4**: **Modifications to purchasing agreements in response to COVID-19 on July 16**<sup>th</sup> at 8:00 AM.

