



**Financing Alliance
for Health**

**FAH's Community health systems
strengthening strategy for scale
and sustainability**

2023 – 2027

Transforming financing for impact at scale



WHO WE ARE

We are an **Africa-based, African-led** and **Africa-focused** entity that convenes governments, funders, philanthropy, private-sector and communities to address systemic financing challenges to scaling community health systems for delivery of integrated primary healthcare services through country, regional and global partnerships.

Financing Alliance for Health (FAH) believes that financing is a key lever in driving greater integration of health services. We will strengthen health services by scaling up and integrating financing for community health, primary health care, global health security and universal health coverage.

OUR VISION Mobilize financing to improve health for all.

OUR MISSION We partner with governments on all steps of financing to strengthen and sustain community health systems and integrate primary health care to attain universal health coverage (UHC).

OUR VALUES

- Respect and trust are the basis of our relationships;
- We challenge and disrupt the status quo for impact;
- We are curious, passionate and effective in our approach; and
- We are driven to support the well-being of communities.

OUR VALUE PROPOSITION

Mobilize **US \$1** Billion of finance to integrate and scale community health into health sector strategic plans, primary health, global health security to advance universal health coverage.



OUR "WHAT"

We are **re-orienting health systems** to ensure that they are **responsive** to preventable disease burdens and beneficiaries are active participants and orchestrators of their health journey via community health systems.

We focus on **systems, scale and sustainability** throughout the cycle of our work by entrenching the **role of government** as the stewards of public health systems and by serving them exclusively. Through governments, we engage and crowd in other players.

We are challenging the trend of "who should be the drivers of international development in Africa" by ensuring our team is predominantly young, female, and from the global south.

OUR "HOW"

FAH addresses **systemic financing challenges** in evidence based, highly impactful and scalable community health systems in Africa, to improve access and utilization of health services, especially for women and children.

As **trusted strategic and technical advisors**, we have long-term partnerships with both **Ministries of Health** and **Finance** to develop different and changing financing sources that empower them to steward their local health systems to reach the scale and sustainability especially if we are to achieve universal health coverage.

We work at a country level through **embedding teams** and at the regional and global level through evidence generation, designing financing solutions, and advocacy. We ensure country experiences are elevated to a global stage and that global best practices are contextualized locally, as exemplified by our Africa Frontline First initiative.



OUR STRIDES



Since our launch in 2016 and full time operations in 2017, FAH has consistently and exclusively focused on **systems change** - directly serving and embedding teams within African governments to facilitate country led conducive policies and secure domestic budget lines towards increasing access and utilization of quality health services at the community level.

We support **Ministries of Health**, who set the technical health agenda and **Ministries of Finance**, who avail the necessary domestic resources for longer term sustainability.

With a laser focus on health financing, we have leveraged our teams' experience in the public, private, finance, and investment banking sectors to build expertise and a track record on **investment case development, resource tracking and mapping, resource mobilization, structuring of financing mechanisms and approaches** for at-scale community health financing.

COUNTRIES OF PAST AND ONGOING ENGAGEMENT

Kenya



Togo



South Africa



Zambia



Zimbabwe



Haiti



Burkina Faso



Uganda



Rwanda



Malawi



Sierra Leone



Liberia



Learn more about our country engagement [here](#)



In the past five years of existence, we have made strides working with different levels of government to tackle issues using both a country-led bottom-up and a globally supported top-down approach.



WE HAVE FOCUSED
**US\$ 0.5 BILLION ON
COMMUNITY HEALTH
SYSTEMS**

In collaboration with the ecosystem, we have focused **US\$ 0.5 billion** on community health systems, increased opportunities for **450,000** community health workers in policy and programs, developed **6** community health strategies, **8** investment cases and financing policy briefs while training and empowering approximately **4000 stakeholders** across **90+ countries** on health financing and public finance management.



LAUNCHED THE
**AFRICA FRONTLINE
FIRST INITIATIVE** IN
COLLABORATION WITH
SYSTEM PARTNERS

Partnering with the Global Fund and others to launch the Africa Frontline Fund Catalytic Fund, of **US\$ 100 million**, with current investment of **US\$ 25 million** from the private sector and future Global Fund (GF) and country match. Furthermore, we have developed in-depth insights by aggregating primary government data on community health systems.

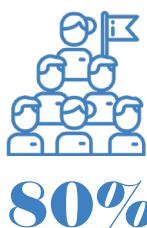


WE HAVE SUPPORTED
17 GOVERNMENTS AT
THE NATIONAL AND
SUB-NATIONAL LEVELS,
ACROSS **12 COUNTRIES**

Since our inception, we have supported **17 governments** at the national and sub-national levels, across **12 countries**. Having worked across West, East and Southern African countries, we continue to prove that our model of support is impactful regardless of archetype of country i.e. geographical location, socio-economic status, language etc.

GOVERNMENTS HAVE
AND CONTINUE
TO INCREASE THEIR
FINANCIAL AND IN
KIND CONTRIBUTIONS

The ecosystem has leveraged our data, [evidence, and publications](#) to strengthen the case to scale community health systems and to demonstrate that governments have and continue to increase their **financial and in-kind contributions** to this scaling.



**80% OF THE EXECUTIVE
LEADERSHIP IS
AFRICAN AND FEMALE**

**80% OF THE DAY TO
DAY TEAM IS FEMALE
AND UNDER 35 YEARS.**

As an entity, we have strengthened our institutional capacity to facilitate scaling our impact. In our first 5 years of existence, we have already transitioned out of fiscal sponsorship and registered **2** entities: our **global headquarters in Kenya** and an office in the USA. The team has diverse skill sets across public, private, finance and investment banking sectors. **80% of the executive leadership** is African and female, and **80% of the day-to-day team** is female and under **35 years**. With a global board and council that represents **5** of the **7 continents** and a Government Advisory Group constituted of former African government officials, we bring the best of global and local insights to the governments we serve.



HEALTH SYSTEM CHALLENGES, TRENDS & OPPORTUNITIES



African countries rely heavily on donor support to finance healthcare systems. International and domestic funding is insufficient and inaccessible, hence many countries' community health programs remain fragmented and trapped in pilot and sub-scale phases.

FAH demonstrated a **US\$ 4.4 Billion** annual funding gap for at-scale community health systems in Africa. Despite their efforts, governments only contribute **40%** of the total funding within the sector. Available donor funding is significantly fragmented across vertical, disease-specific Community Health Worker (CHW) programs that are more costly and less efficient than horizontal, integrated programs.

National governments that seek to streamline and scale CHW programs face significant barriers including building political prioritization, developing policies, mapping resources, and establishing financing strategies.

Trends and Opportunities

Building on our experience and expertise in community health, we are widening our approach to encompass primary health care, which will, in turn, benefit community health. We will anchor much of our strategic vision and roadmap on our financing expertise based on:

- Growing **new sources** of funding for global health, new global financing initiatives and innovative finance.
- Increasing focus on the **social determinants** of health, inter and multi-sectoral health.
- Demand for **improved utilization** of limited funds.
- Strengthen **domestic resource mobilization** and explore diverse funding sources (blended finance, private sector, debt conversion, risk pooling).
- Integrate **community health** into primary health, global health security and universal health coverage to access a larger pool of funding and ease resource tracking.
- Increase **collaboration** across diverse ecosystem players.



VISION & STRATEGIC PRINCIPLES

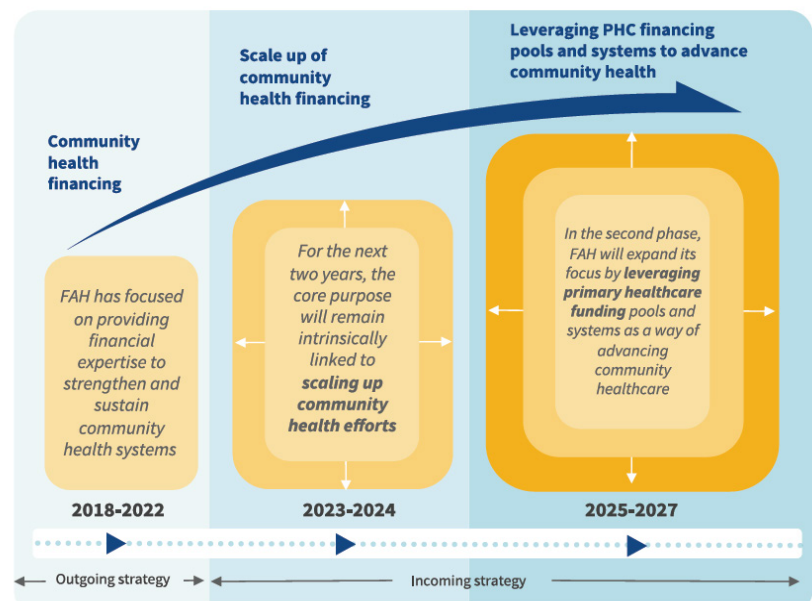
Over the next five years, we will strengthen community health systems and the continuum of primary health care.

What we want to do:

Over the next five years, FAH will seek to strengthen and sustain its impact on developing community health systems by leveraging the global and country focus on primary healthcare systems.

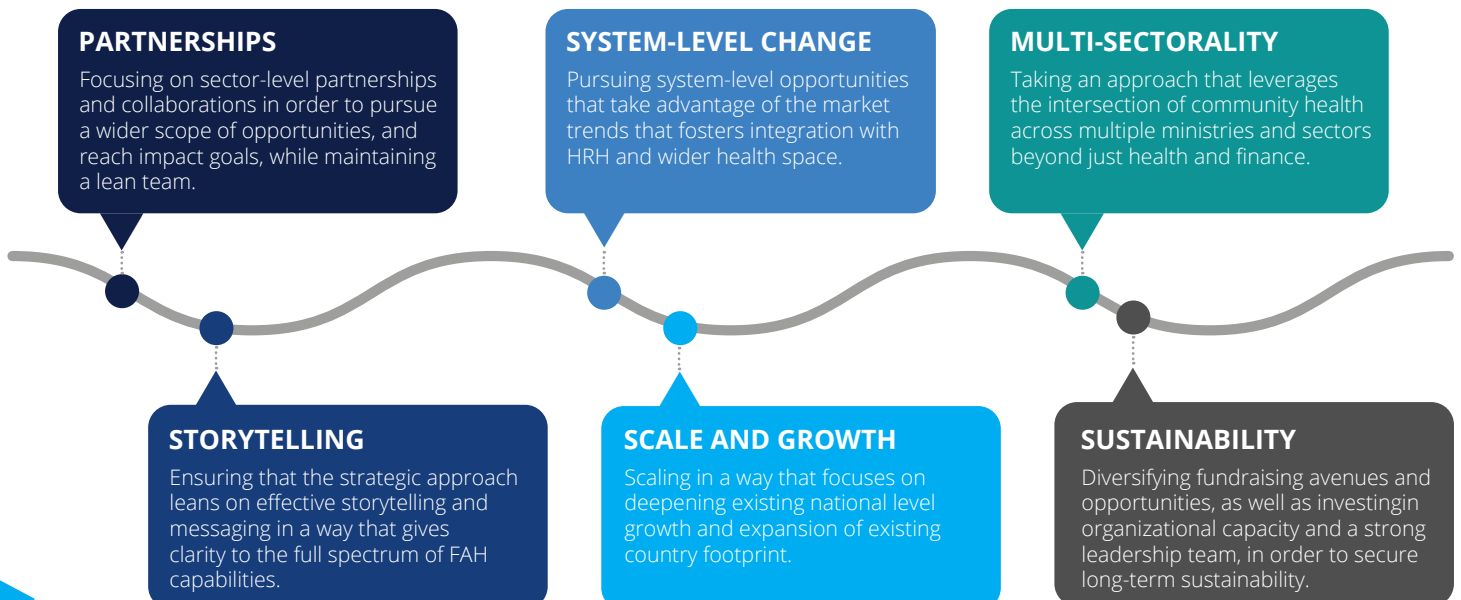
Why we chose this pathway:

Building on our experience and expertise on community health, we are widening our approach to also encompass primary health care which will, in turn, benefit community health. Given the limited and fragmented resources within the CH space, there is a need to move upstream into primary health care. As a result, more resources will be directed to the community health system.



Strategic principles

These strategic principles are the core guiding elements and underlying assumptions upon which this strategy has been designed on:





FAH's COMMUNITY HEALTH SYSTEMS STRENGTHENING STRATEGY 2023 -2027

Over the next five years, FAH will seek to strengthen and sustain its impact in developing community health systems by leveraging the global and country focus on primary healthcare systems, global health security and universal health coverage. We will advance community health systems that are **resilient, integrated, scaled, sustainable** and **enabled** through:

Strategic themes

01

Strengthen the continuum of the PHC framework
by expanding our service packaging and enhancing community facility referral systems, supply chains and HRH mechanisms

02

Catalyze universal health coverage
by using the learnings of financing community health systems to fund universal health coverage at large through exploring different sources of financing

03

Integrate community health workers into HRH
by elevating community voices, advocating for community financing and driving community accountability using CHWs in the system

04

Contribute to the global health security agenda
by showcasing community health's value and role in pandemic preparedness & overall disease tracking and management

05

Driving knowledge generation
by boosting capacity building and thought leadership efforts internally and more broadly in the ecosystem

06

Elevate ecosystem partnerships
by embracing our role as system convener to create stronger ecosystem collaborations



FAH `s STRATEGIC PILLARS, STRATEGIC OBJECTIVES & OUTCOMES

STRATEGIC PILLAR	STRATEGIC OBJECTIVE	OUTCOMES
THE MONEY: the top-down global funding flows, mechanisms and approaches	<ul style="list-style-type: none"> Increase the amount, mix and alignment of community health funding to reduce the annual \$4.4 Billion funding gap in Sub-Saharan Africa 	<ul style="list-style-type: none"> US \$400M by Africa Frontline First (AFF) mobilized towards community health through: <ul style="list-style-type: none"> ~ successful deployment of AFF Catalytic Fund in 5 new countries with a target of US\$ 60-100M ~ US \$300M mobilized through AFF Phase 2 design and implementation US \$20M deployed through additional financial mechanisms and approaches
THE POLICIES: the bottom-up policies and domestic resources	<ul style="list-style-type: none"> Demonstrate practical paths to achieving sustainable community primary and community health financing. Drive inclusion of community health systems into the primary health and global health security agenda through financing. 	<ul style="list-style-type: none"> 3 countries have included community health costs into the UHC, PH and GHS policies. US \$15 million secured on domestic budgets from Ministry of Finance and from in country stakeholders.
THE SKILLS: the health financing thought leadership and capacity building	<ul style="list-style-type: none"> Position FAH as go-to expert on primary and community health financing across Africa. 	<ul style="list-style-type: none"> 3000 new and diverse stakeholders upskilled on health and financing 1 publication that Codifies implementation of AFF into a white paper
THE PEOPLE: the partnerships and collaborations	<ul style="list-style-type: none"> Embrace our role as ecosystem convenors 	<ul style="list-style-type: none"> Develop global goods such as roadmaps for community health financing sustainability Refining and harmonizing the investment case language for diverse stakeholders



STRATEGIC PILLAR	HIGHLIGHTS OF KEY ACTIVITIES	
	PHASE 1: (2023 -2024)	PHASE 2: (2025 -2027)
THE MONEY: the top-down global funding flows, mechanisms and approaches	<ul style="list-style-type: none"> • Implement the Africa Frontline First Catalytic Fund. • Pursue a financial model transaction that leverages private capital by initiating the Community Health Incubator/ Accelerator Challenge Fund. 	<ul style="list-style-type: none"> • Explore interventions that will contribute to the reduction of Object-oriented programming (OOP) spending on health. • Design 1 additional innovative financing mechanisms that are complimentary to Africa Frontline First. • Implement the Africa Frontline First Scale Up Fund. • Influence policies in regional and global implementing agencies by elevating the local/ country level community health experiences to impact system strengthening and finance.
THE POLICIES: the bottom-up policies and domestic resources	<ul style="list-style-type: none"> • Ensure community health policies and financing exist and are included into the PH, UHC, and GHS policies. • New engagement strategies defined and deployed for Ministry of Finance, private and multi-sectoral partners. • Engagement of 1 new country with continued support to our existing countries. 	<ul style="list-style-type: none"> • Integrate community health and primary healthcare interventions into local health insurance/ health risk pooling mechanisms. • Harmonize policy “asks” for community health strengthening at country and regional level. • Engagement of 1 - 2 new countries with continued support to our existing countries.
THE SKILLS: the health financing thought leadership and capacity building	<ul style="list-style-type: none"> • Expand uptake and delivery of FAH training curriculum. • Upskill policy makers and health leaders on public finance management. • Strengthen cross-country learning through communities of practice. 	<ul style="list-style-type: none"> • Curate on-demand content for relevant audiences, e.g. masterclasses, trainer of trainers etc. • Build out the global knowledge hub with thought pieces, evidence, stories from the front lines.
THE PEOPLE: the partnerships and collaborations	<ul style="list-style-type: none"> • Embrace our role as ecosystem convenors. 	<ul style="list-style-type: none"> • Develop global goods such as roadmaps for community health financing sustainability • Refining and harmonizing the investment case language for diverse stakeholders

➤ *The phased approach is to cater for the transition in the expansion of our scope. The phases will be overlapping throughout the strategy period but with different weighted focus areas*

FAH`s STRATEGY BIG BET: Africa Frontline First Initiative

As the **originator** and **seed investor** in the ideation of the Africa Frontline First Initiative, FAH will continue to co-lead the successful implementation of this tri-phased approach, while still serving as **fiscal sponsor** of the overall initiative. From our experience, investment and implementation excellence are strongly linked: therefore, the Africa Frontline First initiative will continue to be a key anchor of our work over the next five years as we transform the financing and operational excellence of integrated community health systems in Africa alongside ecosystem partners.



Africa Frontline First

Scaling community health in Africa

What is the Africa Frontline First (AFF) Initiative?

AFF is a collaborative initiative that supports the financing and strengthening of integrated and sustainable community health service delivery to achieve health for all. Through unique partnerships between governments, donors, implementers, and technical allies, AFF will institutionalize and scale 200,000 community health workers across 10 African countries by 2030.

AFF was formed with the firm belief that Community Health Workers (CHWs) are the key investment to deliver health for all.

What challenge is AFF trying to Solve?

Three fundamental issues limit the scaling of CHWs, a key driver of universal health coverage:

- Insufficient financial commitments towards community health \$2-4 billion annual funding gap.
- Inefficiency of existing financing due to fragmentation across disease programs and siloed projects leading to low value for money for all funders.
- Insufficient global political prioritization of community health and domestic resource allocation.

What will AFF do?

Anchored in each country local context and health reform journey, AFF will:

- **Reduce morbidity and mortality** through the prevention, vaccination, testing and treatment of infectious diseases.
- **Advance health security** through intergrated digital disease surivllance to prevent, detect and respond to emergent infectious threats.
- **Accelerate economic recovery** through a compensated workforce that contributes to the formal economy and elevates the role of women.

Impact Goal

AFF Coverage: ~10 countries

New professionalized CHWS: ~200,000

Expand healthcare access: ~100 million people

How will AFF reach these goals?

AFF works across three pillars:



FINANCING

Develop sustainable funding mechanisms that better leverage investments to achieve lasting impact.



POLITICAL PRIORITIZATION

Influence agendas & engage champions to prioritize community health institutionalization & financing.



COUNTRY LEADERSHIP

Partner with countries to align international financing with national community health goals.

Our Africa-led initiative is championed by H.E. Ellen Johnson Sirleaf, the African Union, and AFRICA-CDC



ELLEN JOHNSON SIRLEAF
PRESIDENTIAL CENTER FOR
WOMEN AND DEVELOPMENT



As AFF is a collaborative initiative, partners are invited to join this global initiative. AFF's core partners are Financing Alliance for Health, Last Mile Health, Community Health Acceleration Partnership and Community Health Impact Coalition.

**Financing Alliance
for Health**



**LAST
MILE
HEALTH**

Community Health Impact Coalition

Phases of AFF Initiative

Phase 1: The AFF Catalytic Fund (AFF-CF) is the first phase under AFF. Hosted by the Global Fund, the AFF Catalytic Fund aims to mobilize \$60-100 million in community health investments by 2024, which includes a 1:1 matching funds from Global Fund grants. The fund was publicly launched: <https://bit.ly/3T1qYan>

Phase 2: Implementation and execution to fund the training and deployment of 200,000 professionalized community health workers across 10 countries.

Phase 3: This will focus on increasing domestic resources and commitments to sustain community health delivery and financing gains.

IMPACT TRACKING & REPORTING

Our work will **advance resource mobilization** for community health, **create economic opportunities** in policy and practice while increasing **health service access and utilization**. We will measure our performance based on programmatic targets and indicators in order to track our progress and impact. We will leverage quantitative and qualitative data to understand direct attribution as well as contribution to the ecosystem.

THE MONEY: the top-down global funding flows, mechanisms and approaches

Goal: Increase the amount, mix and alignment of community health funding to reduce the annual funding gap in Sub-Saharan Africa by 2027

	Indicator	Disaggregated by	2023 - 2027 Target
OUTCOME	<ul style="list-style-type: none"> Increased annual community health funding gap. 	<ul style="list-style-type: none"> Source of funding Type of funding 	<ul style="list-style-type: none"> US \$ 400M total directed by AFF towards CH: ~ 5 new countries of successful deployment of AFF Catalytic Fund, with a target of US \$60 - 100. ~ US \$300M focused through AFF Phase 2 design and implementation. US \$20M deployed through blended finance products, debt conversion agreements) & leveraging private sector/ new pipeline/ risk pooling.
	<ul style="list-style-type: none"> Reduced out-of-pocket spending per household in FAH focus countries. 	<ul style="list-style-type: none"> Country 	<ul style="list-style-type: none"> 10 qualitative stories from household visits, in 5 countries, 2 per year.
OUTPUT	<ul style="list-style-type: none"> Developed and deployed FAH initiatives, frameworks and mechanisms to increase funding directed towards CH. 	<ul style="list-style-type: none"> Country Type of good and initiative 	<ul style="list-style-type: none"> AFF Catalytic Fund successfully deployed in 8 new countries.
		<ul style="list-style-type: none"> Number of governments/ agencies utilizing FAH developed financing mechanisms (e.g. AFF). Number of diverse CH funding sources and mechanisms developed by FAH. 	<ul style="list-style-type: none"> 2 developed products: blended finance products, debt conversion agreements) & leveraging private sector/ new pipeline/ risk pooling.

THE POLICIES: the bottom - up policies and domestic resources

Goal: Demonstrate practical paths to achieving sustainable community health financing & advocate for inclusion of community health in primary healthcare, universal healthcare and global health security policies

	Indicator	Disaggregated by	2023 - 2027 Target	
OUTCOME	<ul style="list-style-type: none"> Increased number of governments and agencies with CH policies embedded in their health policies and annual plans. 	<ul style="list-style-type: none"> Country Health policies, annual plans & budgets 	<ul style="list-style-type: none"> 3 new governments specifically referring to CH and CHWs in the budget lines and policies. 	
	<ul style="list-style-type: none"> Governments and agencies prioritize CH and CHWs in policies, plans and budgets. 	<ul style="list-style-type: none"> Country Amount of funds directed towards CH and CHWs 	<ul style="list-style-type: none"> US \$15 million secured on domestic budget lines. 	
		<ul style="list-style-type: none"> Increased number of CHWs recognized in government policies and programs. 	<ul style="list-style-type: none"> Country Gender 	<ul style="list-style-type: none"> 500,000 new CHWs recognized in policies and programs (FAH). 200,000 new CHWs recognized in policies and programs (AFF).
		<ul style="list-style-type: none"> Increased number of governments with costed CH strategies and policies. 	<ul style="list-style-type: none"> Country 	<ul style="list-style-type: none"> 3 new governments with costed CH strategies and policies.
OUTPUT	<ul style="list-style-type: none"> Clear and well developed investment case for CH to be used to advocate for CH policy wins and budget lines. 	<ul style="list-style-type: none"> Country Sector of agency/ ministry ICs and engagement strategies 	<ul style="list-style-type: none"> 5 new Investment cases developed (ICs). 1 new engagement strategy defined and deployed for MoH and MoF. 1 new engagement strategy defined and deployed for multi-sectoral partners. 	
		<ul style="list-style-type: none"> Number of Investments cases developed (ICs) Number of engagement strategies (Roadmaps developed with private sector and host governments). Number of new partnerships with implementing agencies. 	<ul style="list-style-type: none"> Type of agency Focus/sector of agency 	<ul style="list-style-type: none"> 4 new strategic partnerships secured to advance on PHC, UHC, GHS and HR for health agendas.

THE SKILLS: the health financing thought leadership and capacity building

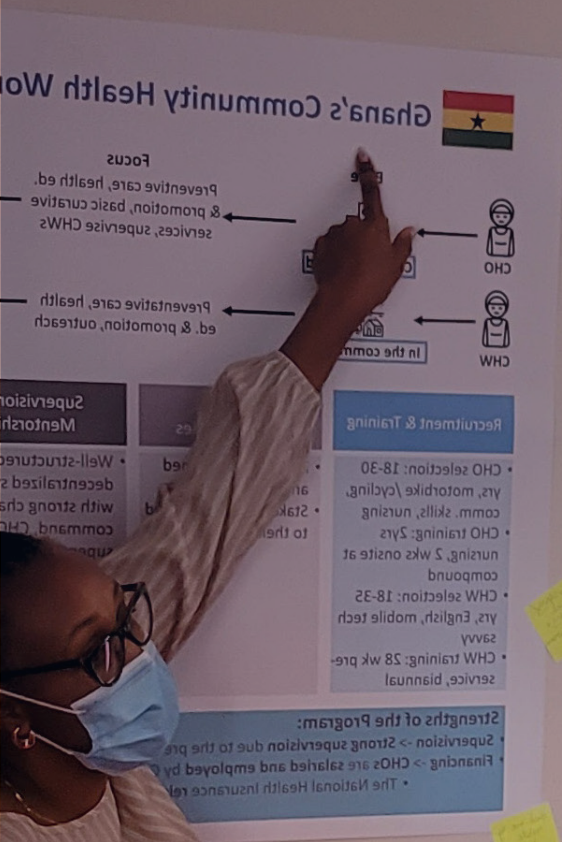
Goal: Position FAH as go-to expert on primary and community health financing across Africa

	Indicator	Disaggregated by	2023 - 2027 Target	
OUTCOME	<ul style="list-style-type: none"> Actors in CH space equipped with CH and PHC financing knowledge. 	<ul style="list-style-type: none"> Expanded pool of community health financing experts in a community of practice . Results from Kirkpatrick training evaluation model: Level 3 (behaviour) and Level 4 (results) indicators. 	<ul style="list-style-type: none"> Country Base sector of CH financing experts Ministry of origin 	<ul style="list-style-type: none"> 70% of CH actors integrating CH finance knowledge and understanding in their interventions and reporting (based on survey responses).
OUTPUT	<ul style="list-style-type: none"> Developed training content for knowledge sharing with wider ecosystem. 	<ul style="list-style-type: none"> Size of audience receiving FAH developed on-demand content. Number of stakeholders upskilled including policy makers and health leaders. 	<ul style="list-style-type: none"> Topic area Sector of audience Channel used Gender Organization of origin including ministries) Number of days of training 	<ul style="list-style-type: none"> 2,000 registrations for on-demand content (e.g.: masterclasses, trainer of trainers, etc). 3,000 new diverse stakeholders upskilled on health financing.

THE PEOPLE: the partnerships and collaborations

Goal: Strengthen and elevate ecosystem partnerships through thought leadership and convening relevant actors

	Indicator	Disaggregated by	2023 - 2027 Target	
OUTCOME	<ul style="list-style-type: none"> Positioning of FAH as systems convenor and thought leader. 	<ul style="list-style-type: none"> Number of thought pieces, evidence, stories shared & utilized globally. Number of high-level champions engaged – discussing FAH & AFF work. 	<ul style="list-style-type: none"> Country Type of initiative Social media platform shared Origin sector of champion Country 	<ul style="list-style-type: none"> 2 third-party referrals of FAH developed content. 20% increase in number of third-party engagements through FAH social media channels. 5 new champions participating in high-level activities or initiatives.
OUTPUT	<ul style="list-style-type: none"> Developed and validated global goods and learning engagements. 	<ul style="list-style-type: none"> Number of governments utilizing CH Financing AIM tool. Number of cross-country learning engagements. Number of thought pieces, evidence & stories curated. Number of FAH pieces published in academic journals. 	<ul style="list-style-type: none"> Governments Topic and sector Topic area Type of journal Theme of written piece 	<ul style="list-style-type: none"> 5 new governments utilizing FAH's CH Financing AIM tool. 5 new cross-country forum convening actors in the CH space. 2 new white paper on AFF/ FAH work. 50 CHW articles, blogs published. 1 piece published in academic journal publications.



“In a complex world full of risks, from pandemics to climate change, functioning health systems increase safety, trust and peace in poor communities. But to function well those health systems need appropriate financing. We position ourselves to be next to governments, with one eye on how to best use health financing, and another eye on how to get more financing to build better societies.”

~Anonymous



FAH`s Strategy Implications and Resource Needs

As a **systems orchestrator**, FAH will continue to be **demand-driven** and primarily serve public sector clients (governments, African institutions). FAH will be responsive to government requests while maintaining a lens on geographical, language and socio-economic diversity of the countries we serve.

FAH will continue to be an **African-headquartered** organization, with a team that understands and is **representative of the populations we serve**: predominantly young, African and female.

We will continue to deepen and **diversify our skill sets** across the health systems, health finance and investments value chain. FAH anticipates to have 50 team members by the end of the strategy period.

We will expand and revise our statement of work to provide clarity on our service packages that will integrate community health financing into primary health, global health security and universal health coverage agendas, enabled by technology, while remaining nimble, agile and adaptable to the needs of governments.

FAH will forge new strategic partnerships across bi-lateral & multi-lateral organizations, implementing agencies and funders.

We will refine and communicate FAH's story and impact consistently, concisely and comprehensively.

FAH will entrench programmatic, operational and financial resilience and sustainability within our Kenyan and USA entities.

We estimate executing this strategy will require approximately **US\$ 5.5 -7** million per year, totaling **US\$ 35** million over 5 years. We anticipate that these costs will be covered by a combination of revenue from philanthropic funders, bilateral and multilateral grants and revenue from on demand content. Allocation of funds across objectives will vary based on funding availability and country priorities.

5 Year Strategy Snapshot in Brief

STRATEGY 2023 - 2027

FAH's Community health systems strengthening strategy for scale and sustainability

VISION

Mobilizing financing to improve health for all

MISSION

We partner with governments on all steps of financing to strengthen and sustain community health systems & integrating primary health care to attain universal health coverage

GOAL

Mobilize US\$ 1 Billion of finance to integrate community health into health sector strategic plans, primary health, global health security, to advance universal healthcare while scaling community health systems

IDENTITY

We are an **Africa-based, African-led** entity that convenes governments, donors, private-sector and communities to address systemic financing challenges to scaling primary and community health programs at **country, regional and global levels.**

CONTEXT

Our achievements over the past five years:

- **Focused US\$ 0.5 Billion** to community health systems.
- **+ 450,000 community health workers** recognized in policy and programs.
- **6 Community Health strategies developed** in 6 governments across 4 countries.
- **8 investment cases and policy briefs developed** in 8 governments across 7 countries.
- **4000 stakeholders** trained and empowered on health financing and public finance management.
- Launched the Africa Frontline First Initiative, having the AFF Catalytic Fund Phase 1 launched to be **US\$ 100M**, with **current investment of US \$25M** from private sector for Global Fund and country match.

We have learnt that we need to:

- Strengthen **domestic resource mobilization** and explore diverse funding sources (blended finance, private sector, debt conversion, risk pooling).
- Integrate **community health** into primary health, global health security and universal health coverage to access a larger pool of funding and ease resource tracking.
- Increase **collaboration** across diverse ecosystem players.
- Frame and elevate FAH work and **impact story** better.
- Diversify the skills mix and modus operandi of the team.

We are aware of the need to adapt due to evolving ecosystem trends:

- Increased financing for universal health coverage, global health security and integrated health systems.
- Growing new sources of funding for global health, new global financing initiatives & innovative finance.
- Increasing focus on the social determinants of health, inter and multi-sectoral health.
- Demand for improved utilization of limited funds.

SITUATION

Strength:

- Systems orchestrator particularly focused on public sector strengthening.
- Sector expertise in community health financing and innovative financing design.
- Embedded government support and cross-ministry convening.

Area of improvement:

- Imbalance between outputs and direct resource mobilization.
- Stretched team due multiple priorities, leading to burn out.
- Lack of clarity in communication of FAH's value proposition, impact and in-country visibility.
- Sub-optimal sharing of knowledge gained, i.e., primary data collected.

Opportunities:

- Need for broadened FAH country footprint.
- Need for stronger links between community health and global health security.
- Need for strengthened frameworks for government paths to universal health coverage.
- Need for diversified funding options.

Potential threats:

- Decline in government budget support.
- Fragmented funding landscape limiting investment into integrated systems.
- Future pandemics & priorities disruption.
- Change in political leadership.

5 Year Strategy Snapshot in Brief

Over the next five years...

FAH will seek to strengthen and sustain its impact in developing community health systems by leveraging the global and country focus on primary healthcare systems

Highlights of Key Activities

	1 THE MONEY: the top-down global funding flows, mechanisms and approaches	2 THE POLICIES: the bottom-up policies and domestic resources	3 THE SKILLS: the health financing thought leadership and capacity building
STRATEGIC OBJECTIVES	Increase the amount, mix and alignment of community health funding to reduce the annual \$4.4 Billion funding gap in Sub-Saharan Africa	Demonstrate practical paths to achieving sustainable community health financing Drive inclusion of community health systems into the primary health and global health security agenda through financing	Position FAH as go-to expert on primary and community health financing across Africa
PHASE 1: (2023 -2024)	<ul style="list-style-type: none"> Implement the Africa Frontline First Catalytic Fund. Pursue a financial model transaction that leverages private capital by initiating the Community Health Incubator/ Accelerator Challenge Fund. 	<ul style="list-style-type: none"> Ensure community health policies and financing exist and are included into the PH, UHC, and GHS policies. New engagement strategies defined and deployed for Ministry of Finance, private and multi-sectoral partners. Engagement of 1 new country with continued support to our existing countries. 	<ul style="list-style-type: none"> Expand uptake and delivery of FAH training curriculum. Upskill policy makers and health leaders on public finance management. Strengthen cross-country learning through communities of practice.
Phase 2: (2025 -2027)	<ul style="list-style-type: none"> Explore interventions that will contribute to the reduction of Object-oriented programming (OOP) spending on health. Design 1 additional innovative financing mechanisms that are complimentary to Africa Frontline First. Implement the Africa Frontline First Scale Up Fund. Influence policies in regional and global implementing agencies by elevating the local/ country level community health experiences to impact system strengthening and finance. 	<ul style="list-style-type: none"> Integrate community health and primary healthcare interventions into local health insurance/ health risk pooling mechanisms. Harmonize policy "asks" for community health strengthening at country and regional level. Engagement of 1 - 2 new countries with continued support to our existing countries. 	<ul style="list-style-type: none"> Curate on-demand content for relevant audiences, e.g. masterclasses, trainer of trainers etc. Build out the global knowledge hub with thought pieces, evidence, stories from the front lines.
OUTCOMES	<ul style="list-style-type: none"> US \$400M by Africa Frontline First (AFF) mobilized towards community health through: <ul style="list-style-type: none"> ~ successful deployment of AFF Catalytic Fund in 5 new countries with a target of US\$ 60-100M. ~ US \$300M mobilized through AFF Phase 2 design and implementation. US \$20M deployed through additional financial mechanisms and approaches. 	<ul style="list-style-type: none"> 3 countries have included community health costs into the UHC, primary health and global health security policies. US \$15 million secured on domestic budgets from Ministry of Finance and from in country stakeholders. 	<ul style="list-style-type: none"> 3000 new and diverse stakeholders upskilled on health financing 1 publication that Codifies implementation of AFF into a white paper.

4 **THE PEOPLE:** the partnerships and collaborations

- Develop global goods such as roadmaps for community health financing sustainability
- Refining and harmonizing the investment case language for diverse stakeholders

IMPACT METRICS

INCREASED ECOSYSTEM COLLABORATION

- Additional funding mobilized for CH systems.
- Increase in number of frontline health workers institutionalized.
- Increased number of governments institutionalizing CHW compensation in budgets and policies.
- Increase in Antenatal care (ANC) visits - 4th Visit & Increased skilled birth attendants.
- Increased number of fully immunized children.

IMPLICATIONS

- Develop responsive/ flexible/ expanded service packages into the PHC and health financing space.
- Forge new strategic partnerships.
- Refine and communicate FAH's story and impact consistently, concisely and comprehensively.
- Expand and diversify FAH team's skill sets.
- Entrench programmatic, operational and financial resilience and sustainability within FAH entities.

RESOURCES NEEDED

-  Staff requirements
35-50 permanent staff
-  Partnerships required
Governments, bi-lateral & multi-lateral organizations, implementing agencies, funders, and more
-  **US\$ 5.5 -7 Million** per year



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www.financingalliance.org/



info@financingalliance.org



+ 254 703 041 694