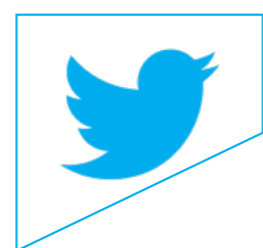


Financing Alliance for Health



2019 ANNUAL REPORT



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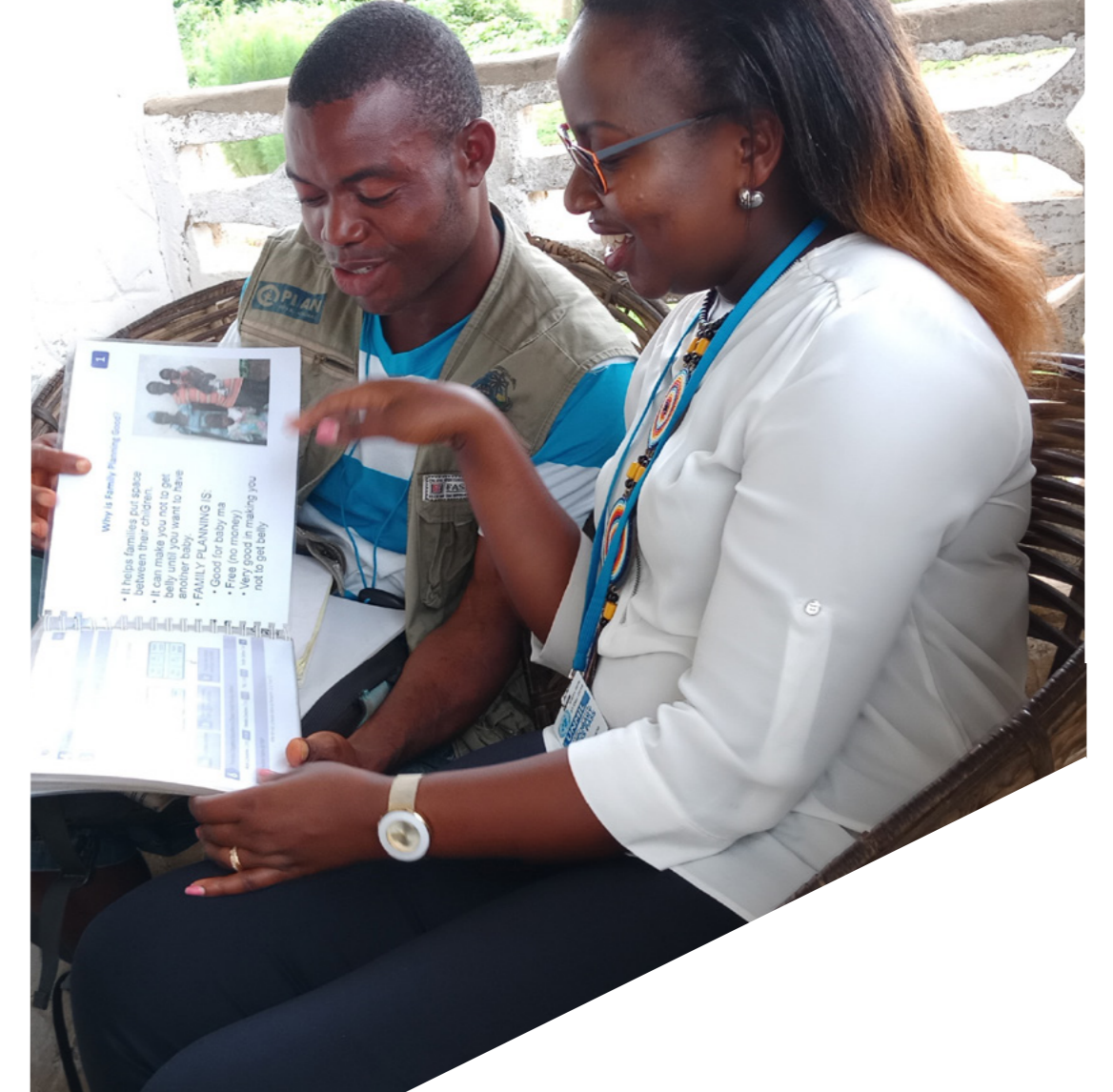
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ANALYTICAL TOOLS, AWARENESS AND EDUCATION



Leadership reflections

“If you want to go fast, go alone. If you want to go far, go together” African proverb

Friends,
In 2015 a panel of high-level leaders, which included President Sirleaf Johnson from Liberia and Prime Minister Hailemariam Desalegn from Ethiopia, highlighted the strong impetus for investments in community health. [The 10:1 return on investment for community health workers](#), not only articulated a strong case for investments in primary health care systems at the community level, but also recognized the role of collaboration to reduce the [US\\$2 Billion annual funding gap](#) in Africa.



The Financing Alliance for Health (FAH) was set up to help materialize the potential of community health by addressing its related financing questions. The mandate is to move the conversation beyond simply increasing dollar amounts in silos, to using the full tools of financing and identify the appropriate type and mix of sustainable financing options, as part of an integrated approach to primary healthcare and community health. In order to do that, the FAH started working with governments (both Ministries of Finance and Health) at the country level, and to engage and influence global funders and funding flows. This is still the approach today, as the FAH celebrates its 3rd anniversary, from our African headquarters, with a fully embedded team in the local context that we serve in.

In line with our Growth for Impact strategy (2019-2022), we are focusing on supporting more countries, but also deepening the engagement and support to countries we have already worked with. To date, we have responded

to requests from 12 African governments to develop/ refine community health financing strategies and through that, mobilized millions of dollars for national programmes that covered more than 20,000 community health workers (CHWs).

In 2019 we worked extensively with the governments of Rwanda, Zambia and Zimbabwe. In Zambia we collaborated with the government and stakeholders to co-develop a costed 2019-2021 National Community Health Strategy and investment case. We will continue to support resource mobilization in 2020. In Rwanda, we supported the government to design improvements to their community health system model, aimed at transforming the impactful legacy system “from good to great”, while articulating potential cost savings in the system.

In Zimbabwe, we collaborated with the government and stakeholders to co-develop the 2020 - 2025 Community Health Strategy, as well as to define the Comprehensive Community Health Package for delivery. We will continue to support investment case development and resource mobilization in 2020.



Alongside the country work, we continue to grow and diversify our coalition of champions, to sustain and deepen our global advocacy. Through our partnerships with the [Community Health Impact Coalition](#), [Last Mile Health Community Health Academy](#), and our ongoing [Communities at the Heart of UHC campaign](#), we continue to work tirelessly to communicate the

progress made and highlight the need for more effective and streamlined funding for community health.

In 2020, FAH recommits to being a system change agent and leader on community health financing. We plan to continue our work with our current countries, expand into francophone countries, as we also continue and accelerate our advocacy to change the status quo of community health financing.



There cannot be universal health coverage (UHC) without primary healthcare (PHC), and community health is the key building block of PHC. Only when we figure out how to finance these key foundational platforms of the health system appropriately, will achievement of the sustainable development goal 3 (SDG 3) on UHC be in sight.

Thousands of CHWs are delivering essential services every single day, and it is on us to establish systems that work for their communities and them. As we celebrate FAH’s 3rd anniversary, we thank you all for your partnership, and we look forward to “leaving no one behind” through our ongoing collaboration. Onwards to 2020!

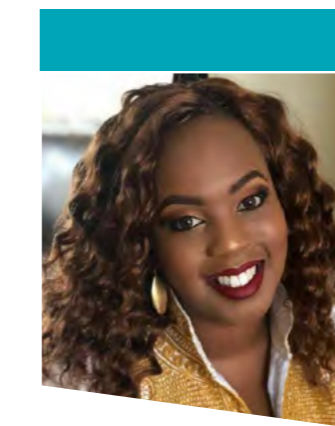
Asante sana! Tuonane, majaliwa!



Nan Chen
Board Co-Chair



Phyllis Heydt
Board Co-Chair



Angela Gichaga
CEO

“In the end, we must remember that the war... will not be won at meetings in Moscow, Delhi or New York. It will not be won with declarations. It will be won by nurses, doctors, community health workers and others at the frontlines. Our job is to give them the resources they need...”

Dr. Tedros Adhanom Ghebreyesus, WHO Director General

“Do all the good you can, by all the means you can, in all the ways you can, in all the places you can, at all the times you can, to all the people you can, as long as you ever can.”
John Wesley

Executive Summary

In 2019, the Financing Alliance for Health continued to grow, as per its Growth for Impact Strategy (2019 -2022).

We expanded to **3 new countries**, as we continued support to our existing portfolio countries.

In 2019, we supported the Government of Rwanda design improvements to their community health system model, focused on optimizing their human capital development, performance management and financial sustainability. The goal was to transform the impactful legacy system, from good to great.

In Zambia, we collaborated with the government and stakeholders, to co-develop a costed 2019 -2021 National Community Health Strategy and investment case. We will continue to support resource mobilization in 2020.

In Zimbabwe, we collaborated with the government and stakeholders to co-develop the 2020 -2025 Community Health Strategy as well as to define the Comprehensive Community Health Package for delivery. We look forward to investment planning and resource mobilization in 2020.

As part of our thought leadership and to build global understanding and capacities on community health systems, we contributed to the Last Mile Health's/Community Health Academy's **free online course** titled [Strengthening Community Health Worker Programs to Deliver Primary Care](#) launched in May 2019. This first course has reached **over 11,000 subscribers in 170+ countries**.

We continued to codify country experiences through development of additional country case studies of Peru and Burkina Faso.

We continue to grow and diversify our coalition of champions, to sustain and deepen our global advocacy. We formalized partnerships with the [Community Health Impact Coalition](#), [Last Mile Health Community Health Academy](#), and continued our collaboration with [Communities at the Heart of UHC](#) campaign.

We also continued to grow our Technical Advisory Group membership with diverse finance skills and primary health care expertise.. We advanced our regional and global advocacy efforts on various panels: elevating country voices as we consolidated global trends and practices for in-country use.



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Our Identity and Theory of Change

Our vision: Focusing financing to improve health for all.

Our Mission: We partner with governments on all steps of financing to strengthen and sustain community health systems; leveraging primary healthcare to attain universal health coverage.

Who we are: The FAH is a partnership that works with governments on financing strategies for primary and community health systems that operate at scale and are financially sustainable over time.

We partner long-term with Ministries of Health and Ministries of Finance teams to develop different and changing financing sources. This will empower/enable them to be the lead steward in their local health systems to reach the scale and sustainability that we all know is needed.

We are a partnership with diverse global partners from both the development and finance industry, and with a full-time team based in Nairobi. This allows us to both ground our work in the local context while leveraging global best practice and trends.

We act as a bridge between the world of health and finance.

- 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
 - We are driven to support the well-being of communities

Our value proposition: Our value proposition and contribution to the Community Health is our focus and work on financing. Given that, we measure our organizations impact in terms of financing, within the next 5 years our goal is to focus \$1bn financing annually towards community health.

That will make a significant contribution to the annual \$2bn financing gap. Our work on focusing financing for primary and community health is also critical as we continue to support global efforts towards financing community health systems towards the attainment of Universal Health Coverage.

Our Theory of Change

Our theory of change is aligned to our goal of focusing financing to improve health for all

- Despite the 10:1 ROI on Community Health Workers (CHWs), few countries currently prioritize Community Health systems.
- Of these few, insufficient and inaccessible international and domestic funding has meant that many countries' community health programs remain fragmented, trapped in pilot and sub-scale phases, and not always delivering a maximum return on investment.
- The FAH has the distinct ability to draw on private sector knowledge of financial structuring and access to a variety of financing opportunities, to help countries design more efficient and effective systems.
- The FAH has the unique operational ability to draw on these resources to help countries transition from a reliance on donor support to more self-sufficient models that 'crowd in' new sources of financing as well as fully utilize government resources.



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2019 Impact

Country engagement and support:

Engaged 3 new countries, Rwanda, Zambia and Zimbabwe while providing ongoing support to Uganda and other countries



Analytical tools:

Developed an initial non communicable disease (NCD) comparative costing analysis for select countries



Financing products and modalities: Developed financing policy briefs and customized the Community Health Financing Compendium for in-country utilization



Awareness and Education: Contributed to Last Mile Health's/Community Health Academy's free online course titled [Strengthening Community Health Worker Programs to Deliver Primary Care](#) launched in May 2019. The course has reached over 11,000 subscribers in 170+ countries. We continued to add our voice to the global advocacy efforts of [Communities at the Heart of UHC campaign](#)



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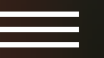
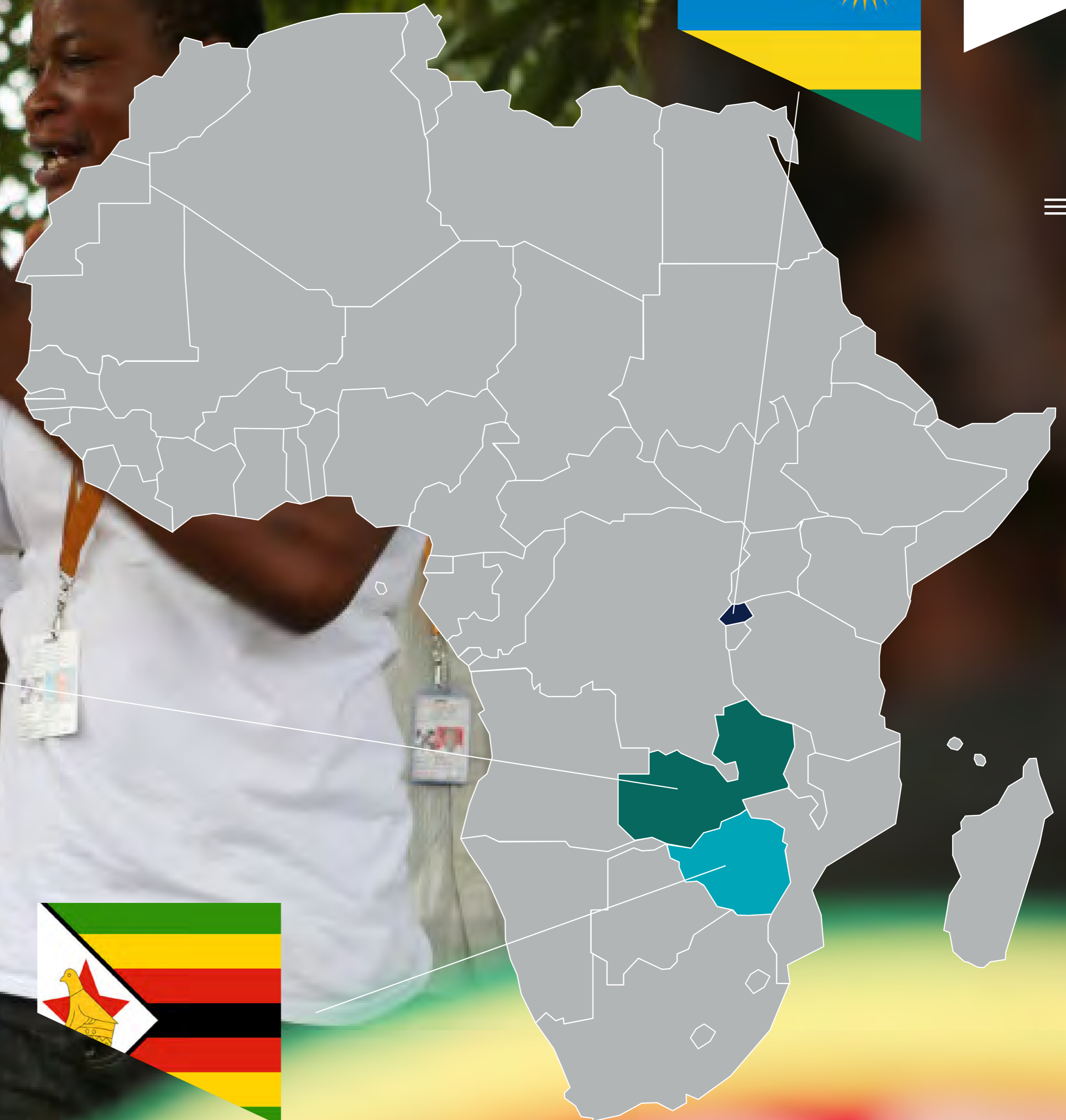
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To learn more about our government support, our financing solutions, our partnerships and advocacy work, [Click here](#) and subscribe to our detailed quarterly newsletters.

COUNTRY ENGAGEMENT UPDATES



Country Engagement

Since inception, we have had different levels of engagement across 12 countries

<p>Rwanda </p> <ul style="list-style-type: none">Supporting the CHW reform programme to improve the human capital, performance management and financial sustainability	<p>Zambia </p> <ul style="list-style-type: none">Costing, financial gap analysis, resource mapping & ROI of the operational plan (OP) of the new CH strategy	<p>Zimbabwe </p> <ul style="list-style-type: none">Development of a community health strategy and comprehensive community health package (CCHP),Costing, financial gap analysis, resource mapping & ROI of the operational plan (OP) of the new CH strategy	<p>Kenya </p> <ul style="list-style-type: none">Co-development of the new costed Community Health strategy and implementation planDevelopment of an investment case under the UHC agenda	<p>Haiti </p> <ul style="list-style-type: none">Situational analysis and feasibility assessment for potential future engagement	<p>Burkina Faso </p> <ul style="list-style-type: none">Situational analysis and feasibility assessment for potential future engagement
<p>Uganda </p> <ul style="list-style-type: none">Domestic resource mapping and mobilization for CHEW programmeCHEW Investment plan and advocacy packExploration of an innovative financing instrument	<p>Sierra Leone </p> <ul style="list-style-type: none">Costing of the Community Health strategySupport in mobilizing US\$7.5 Million grantStrengthening stakeholder engagement within MoH and with partnersEngagement of MOF for domestic resource allocationCapacity building on PFM	<p>Liberia </p> <p>In partnership with LMH</p> <ul style="list-style-type: none">Co-development of investment caseOngoing resource mobilization	<p>South Africa </p> <ul style="list-style-type: none">Continued thought leadership on the Ward Based Outreach Teams (WBOT), including interpretation of investment case and disbursement mechanisms to provinces	<p>Malawi </p> <ul style="list-style-type: none">Support in the exploration of PPP structures for funding the health posts, through our co-developed PPP playbookDomestic resource mobilization from MoF	<p>Togo </p> <ul style="list-style-type: none">Comparative costing database across 8 different country programmes including the IH model in Northern Togo



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Achievements in country engagement

Countries



Added **3 countries** to our existing **9 countries**
Rwanda with ~60,000 CHWs, Zambia with 2,500 CHAs trained (2,140 of whom are paid) and **40,000 CHVs** and **Zimbabwe**

Funding focused/ ongoing resource mobilization:



Supported **1 country mobilize resources** towards its community health strategy of **US\$184 Million**

Scope



Co-developed **2** community health strategies, **1** comprehensive community health package, **1** community health investment case, **3** community health model improvement interventions and **1** financing policy brief

Insights



1 financing policy brief developed and a **community health financing compendium** customized for **1 country**



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Rwanda (1/4)

Highlights

Supported Rwanda in identifying opportunities for CHW program reforms as well as sustainable financing options

An investment of **US\$18.8 million** required from **2019/20 – 2020/21**

60,000 CHWs

Milestones

- Identified areas of improvement for the CHW program and proposed CHW models based on these improvements
- Costed the proposed interventions with stakeholder input
- Developed a financing policy note for the revised CHW program
- Adoption of costings and financing policy note following stakeholders engagement



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Rwanda (2/4)

1. Co-facilitated successful workshops on CHW program reform

Co-facilitated a stakeholder workshop to identify areas of improvement for the CHW program. Identified improvements included:

- Human capital interventions through integrated training and digitization of CHW service delivery
- Performance enhancement interventions through a new supervision and mentorship model
- Financial sustainability interventions involving efficiency gains, strengthening cooperatives and provision of non-financial incentives in the short to medium term pending provision of financial incentives. In the long term, exploration of a basket fund and impact bonds



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Rwanda (3/4)

2. Costed the proposed interventions with stakeholder input

High level findings from the costing analysis indicated:

- The first year of implementation of the proposed interventions, would cost ~\$18.8M. Thereafter, the recurring costs will be ~\$3.8M (20% of year 1 costs)
- The proposed interventions could potentially save upto ~\$1.7M for the broader CH program, stemming from efficient supportive supervision. These cost savings could be re-invested into the program and used to finance the implementation of other proposed interventions



Components	Activities	Inputs	Program	Qty	Unit Cost (RWF)	TOTAL BUDGET (RWF)	TOTAL BUDGET (USD)	Type of cost	Status	
Human Capital Interventions										
Initial training on integrated package										
Training in 23 districts	Training of trainers on integrated health package in 23 districts (TOTs at Musanze, Muhanga and Nuyi)									
		Conference rooms with essential equipment		3	34	102,000	7,000,000	7,728	Start up	Complete
		Transport for central level staff (1 speaker)		2	7	14,000	800,000	960	Start up	Complete
		Per diems for staff (RBC, Mwan staff and W)		8	36	288,000	2,472,000	8,082	Start up	Complete
		Mission allowances for staff (RBC, Mwan W)		5	36	1,800	1,286,000	1,132	Start up	Complete
		Per diems of staff from hospital (Nutrition)		2	25	50,000	756,126	857	Start up	Complete
		Per diems of staff from hospital (CHW super)		4	25	100,000	1,251,000	1,524	Start up	Complete
		Per diems of staff from hospital (RNF super)		1	25	25,000	2,294,000	2,843	Start up	Complete
		Mission allowances for DR staff (Nutrition)		1	25	4,800	362,400	334	Start up	Complete
		Mission allowances for DR staff (CHW sup)		1	25	6,000	630,000	699	Start up	Complete
		Mission allowances for DR staff (RNF super)		1	25	6,000	252,000	298	Start up	Complete
		Transport for DR staff		2	60	18,000	1,286,000	1,392	Start up	Complete
		Per diems for HC staff (Nutritionist)		2	120	18,000	6,876,000	8,887	Start up	Complete
		Per diems for HC staff (C-CHC)		4	120	18,000	16,206,000	17,774	Start up	Complete
		Mission allowances for HC staff (Nutrition)		1	120	4,800	1,211,200	1,540	Start up	Complete
	Mission allowances for HC staff (C-CHC)		1	120	4,800	1,252,000	1,588	Start up	Complete	
	Transport for HC staff		1	120	36,000	4,686,000	4,924	Start up	Complete	
	Lunch		1	140	6,300	32,627,500	11,752	Start up	Complete	
	Coffee breaks (twice a day)		1	140	3,000	4,800,000	5,423	Start up	Complete	
	Water (twice a day)		1	140	600	981,000	1,083	Start up	Complete	
	2 Reams of paper		1	6	3,000	36,000	33	Start up	Complete	



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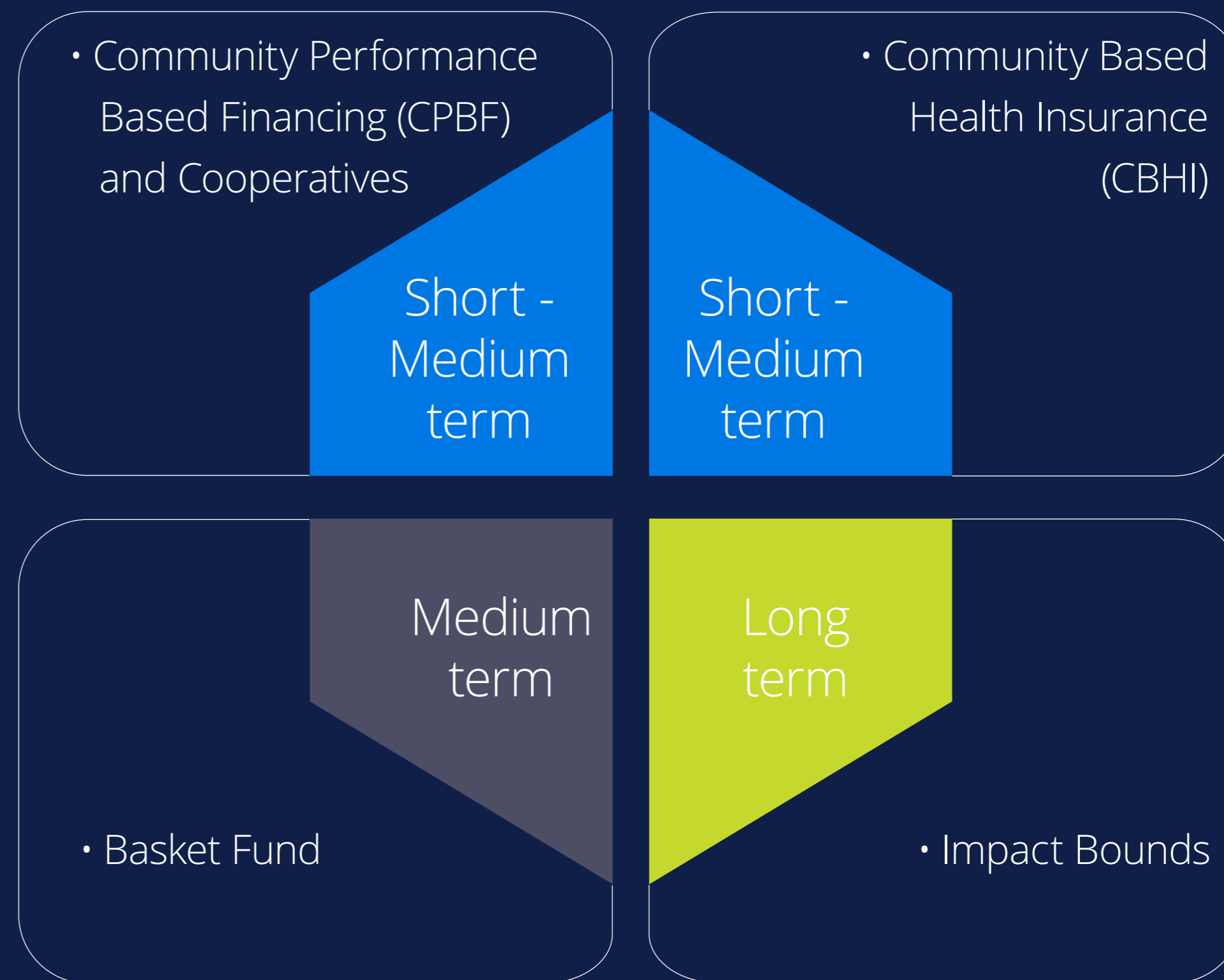
Rwanda (4/4)

3. Identified financing options for the revised CHW program and developed a financing policy note

Financing options for the revised CHW program included:

- Efficiency gains: Improved service provision and claims management in the Community Based Health Insurance (CBHI) scheme
- Strengthening cooperatives Community Based Health Insurance (CBHI): Revising the current premiums upwards; alternative funding sources and use of technology
- Basket fund: Pooling of funds from user fees DRM, private sector, development partners etc.
- Innovative finance

A review of financing options on the various financing mechanisms



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Zimbabwe (1/4)

Completion of the national community health strategy and comprehensive community health package (CCHP)

Endorsement of national community health strategy and comprehensive community health package (CCHP) by MOHCC

Supported the streamlining of **77 CHW** cadres into an integrated cadre with support structures

Identification of a revised governance structure for the community health programme



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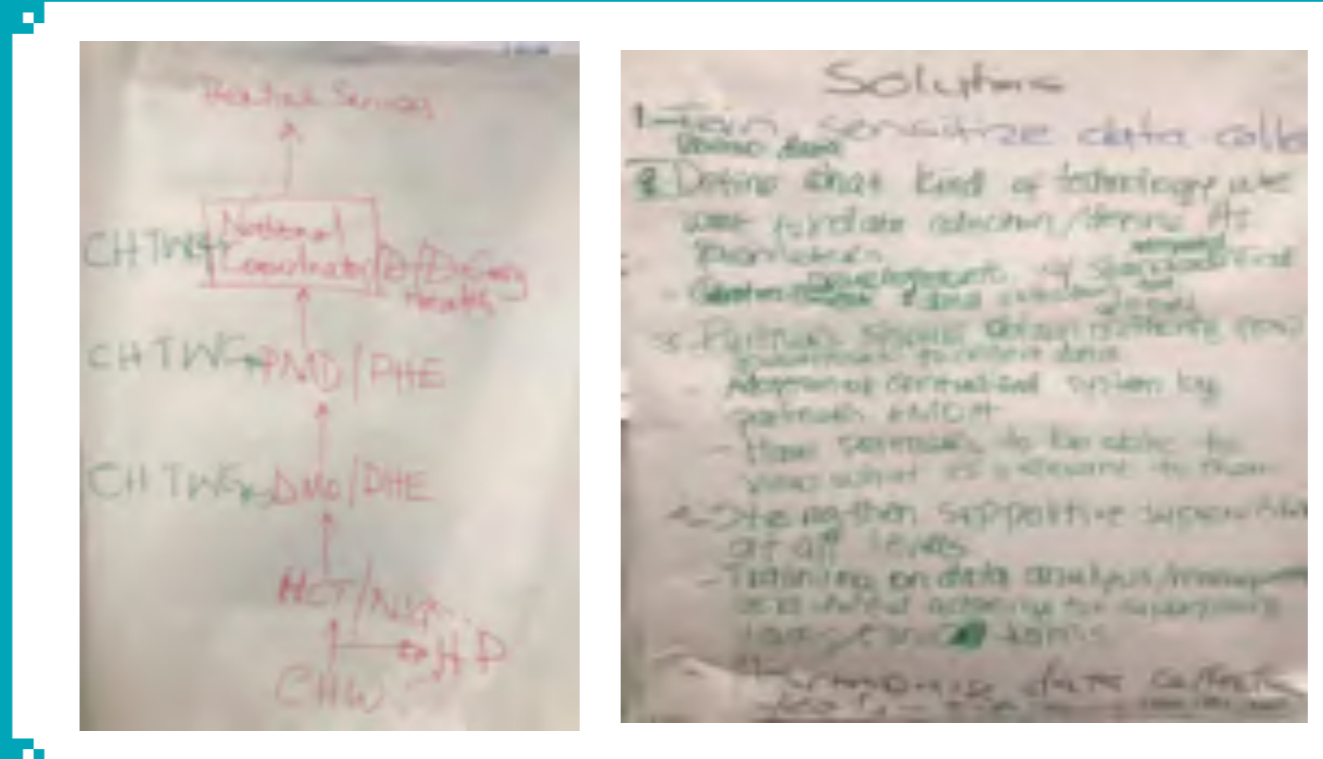




Zimbabwe (2/4)

1. Community Health Stakeholder Validation Workshop

- FAH facilitated a successful national community health strategy and package validation workshop with over 85 stakeholders
- The workshop:
 - Fostered multi-level and multi-sectoral discussions on the key strategic areas within the National Community Health Strategy and the Comprehensive Community Health Package
 - Facilitated alignment on the key strategic areas such as the governance structure of the program and the HRH structure that includes shift from 77 CHW cadres into an integrated cadre with support structures



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Zimbabwe (3/4)

2. Completion and approval of the national community health strategy and community health package

- In collaboration with MOHCC and the broader core group, FAH developed a draft national community health strategy and community health package
- The team syndicated the community health strategy and package with Directors at MOHCC following a request by the Policy and Planning team, to obtain feedback and buy-in
- Senior management within the MOHCC endorsed the national community health strategy and comprehensive health package for community health
- The team received consent from senior management to proceed with the implementation planning and costing



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Zimbabwe (4/4)

3. Co-option into the National health investment case development process

- FAH was requested by MOHCC to lend its expertise into the national health investment case development process
- FAH participated in the Service Delivery Platforms thematic group and provided input on the community health system
- Our participation:
 - Ensured alignment between the strategic interventions identified in the CH strategy with those outlined in the investment case
 - Ensured the community health investment case would be anchored in the broader health investment case
 - Facilitated our stakeholder analysis and resource mapping



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Zambia (1/3)

Highlights

The FAH continues to support Zambia through the various steps of their financing pathway from finalization of strategy/operational plan through to resource mobilization support

National community health strategy 2018-2021. An investment of **US\$184 Million** required from 2019 - 2021

5,000 CHAs & 40,000 CBVs



Milestones

- Supported finalization of strategy and operational plan
- Costing and ROI analysis
- Completed draft investment case



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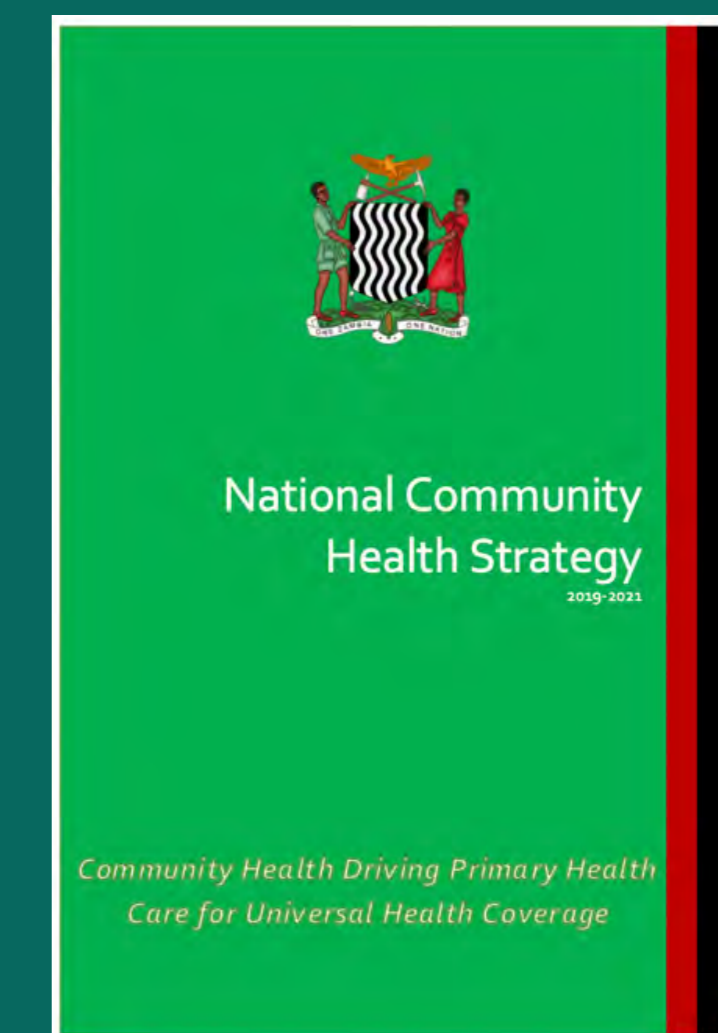


Zambia (2/3)

1. Finalization of the community health strategy and operational plan

- FAH supported the Community Health Unit at the Ministry of Health to finalize and cost its community health strategy
- Built the capacity of the community health team using the FAH accompaniment model
- Convened a multi-stakeholder forum to:
 - Create a shared understanding of the community health program and strategy
 - Discuss possible financing options for the community health strategy
 - Advocate for continued support to the Zambia community health program

VISION: A nation of healthy and productive people		Zambia Community Health Strategy 2019-2021		MISSION: To provide equitable access to integrated, cost-effective and quality community health services as close to the family as possible		
Context	<ul style="list-style-type: none"> Dedicated Orphans and Vulnerable Children (OVC) sites Political will Existing community structures Skilled cadre Orphanages in place 	<ul style="list-style-type: none"> Weak coordination Weak supervision and monitoring Inadequate information systems 	<ul style="list-style-type: none"> Developing partner interest in CH and PHC Need to build capacity and expertise Collaboration with other vital units 	<ul style="list-style-type: none"> Funding mechanisms Need to build capacity Need to build awareness Need to build trust Need to build accountability of CHU to community 		
Objectives	<ul style="list-style-type: none"> Strengthen the capacity of community health workers to provide quality community health services Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services 	<ul style="list-style-type: none"> Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services 	<ul style="list-style-type: none"> Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services 	<ul style="list-style-type: none"> Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services 	<ul style="list-style-type: none"> Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services Ensure that all people and especially the most vulnerable have access to quality health services 	
Overall Goal	To contribute to the achievement of the legacy goals by improving access to health services at community level					
Objectives	<ol style="list-style-type: none"> Build a sustainable, viable, equitable community health workforce Build cost-effective community health services to at least 80 districts Improve quality of health services to quality basic health units Increase the annual community health budget for Zambia by 20% per year between 2019 & 2023 Ensure that all people and especially the most vulnerable have access to quality health services Establish a community health strategy platform for integration and sustainable financing 					
Strategies	<ul style="list-style-type: none"> Address the fragmentation of community health services in Zambia Strengthen management and coordination of community health at provincial and district level 	<ul style="list-style-type: none"> Promote of regulatory frameworks for community health structures Increase coverage of community health structures Improve supervision of community health structures at the supervisory level 	<ul style="list-style-type: none"> Develop standard Develop community health service packages Engage community health workers Improve their management Provide of infrastructure 	<ul style="list-style-type: none"> Develop mechanisms for resource mobilization at national and community level Engage stakeholders for financial resources distribution Improve health financing Ensure quality of services 	<ul style="list-style-type: none"> Improve data monitoring systems Improve the use of data in decision-making Ensure governance 	<ul style="list-style-type: none"> Place high-priority resources for community health
Enabling environment	<ul style="list-style-type: none"> Funding partners Implementing partners 	<ul style="list-style-type: none"> Traditional leaders Political leaders 	<ul style="list-style-type: none"> Neighbourhood Health Committees Multi-units 	<ul style="list-style-type: none"> Statutory boards Community health workers 	<ul style="list-style-type: none"> Religious leaders Other line ministries 	



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Zambia (3/3)

2. Investment planning for community health

- Conducted a return-on-investment analysis to demonstrate the benefit of implementing the strategy in relation to the investment
- Developed an investment case for community health
- Provided ongoing resource mobilization support to ensure applications are delivered for all relevant upcoming funding windows

MAKING THE CASE: COST SAVINGS
INVESTING IN COMMUNITY HEALTH WILL SAVE COSTS ACROSS THE HEALTH SYSTEM (1/3)

- Cost savings are calculated from **task sharing** by providing services at the community level and **prevention**
- Given that **malaria and HIV** make up 50% of total health expenditures, our analysis focuses on these two disease areas to demonstrate that we can save 10% of costs across malaria and HIV spending
- In total, malaria and HIV save the health system **\$~31 million USD** annually
- Community health provides cost savings in disease areas outside of just malaria and HIV. Even within malaria and HIV, the analysis focuses only on select costs and additional cost savings are expected

MAKING THE CASE: SOCIAL IMPACT
COMMUNITY HEALTH WILL BRING BROADER SOCIETAL BENEFITS TO ZAMBIA (4/4)

- Making healthcare more affordable**
Out-of-pocket expenses account for 12% of health spending in Zambia
 - Community health provides care without user fees
 - Preventive care at community level can avert future high treatment or transportation costs
- Providing employment**
In 2018, the official unemployment rate was 12.5%, with estimates up to 35.8%. Quality of employment can also be poor in rural areas
 - Community health provides meaningful livelihoods for 5,000 CHAs, CBVs, and jobs at the supervision and management level locally and nationally
- Empowerment of women and marginalized groups**
Women and marginalized groups in Zambia often participate in unpaid, low quality, or low-income jobs
 - Community health provides meaningful employment and economic empowerment for women and marginalized groups
 - The majority of CBVs are women and many CHAs are women
- Community empowerment**
 - Empowers communities to take control of their own health
 - Builds capacity at the community level
 - Allows community members to be a part of the solution

Source: National Community Health Strategy, 2019-2021; [Zambia 2030](#)

MAKING THE CASE: CURRENT HEALTH IMPACT
COMMUNITY HEALTH HAS MADE AN IMPACT ACROSS DISEASE AREAS (1/3)

- Malaria**
Of the 816,634 total passive confirmed malaria cases, **34% were confirmed by CHWs**
- Child Health**
An intervention with bi-weekly parenting groups and CHW home visits **reduced the odds of stunting by 45%**
- TB**
 - During an intensified case finding campaign in Kanyama, **25% of detected TB cases were found at the community level**
 - In 3 districts, TB case identification and referral by CBVs accounted for **67% of TB notifications** in Q4 2018

Source: National Malaria Elimination Centre; National Tuberculosis and Leprosy Programme; Southern Africa TB and Health Systems Support (SATBHSS) Project; [Zambia 2030](#)



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ANALYTICAL TOOLS, AWARENESS & EDUCATION



Achievement for analytical tools

Budgeting tool

Developed a budgeting tool to support day to day resource estimation by community health units



Country Engagement Tool

Developed a country engagement manual and checklist



Comparative Costing Database

Updated the comparative costing database with data from 2 new countries



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Inaugural Health Access Financing Dinner held in Kenya

In 2019, FAH held its inaugural Health Access Financing Dinner (HAF). The HAF serves as an interactive platform for global and regional health funding enthusiasts from diverse sectors with unique perspectives to brainstorm innovative ways to support governments on their path to Universal Health Coverage (UHC). It also provides a space for engaging bilateral conversations between stakeholders and potential collaborators.

Guests at the inaugural HAF dinner included key stakeholders from various organizations in the private sector, impact investment community, bilateral and multilateral funders, and investment funds. Participants at the dinner gave unique insights into health investment options and benefits while outlining strategies to support countries to achieve UHC; emphasizing that simplicity is key.

Major highlights from the dinner about healthcare financing for UHC include:

- Defining the right package
- Efficient use of available resources: Basic benefit package for healthcare is equitable, inclusive and easily accessible to all.
- Growing the healthcare financing pie
- The private sector's role: As it is Governments responsibility to finance the basic health service package, they should also consider pulling private capital (e.g. blended finance, PPPs) as mechanisms for financing both infrastructure and service delivery projects specifically at the PHC level.
- Accountability on spend and impact



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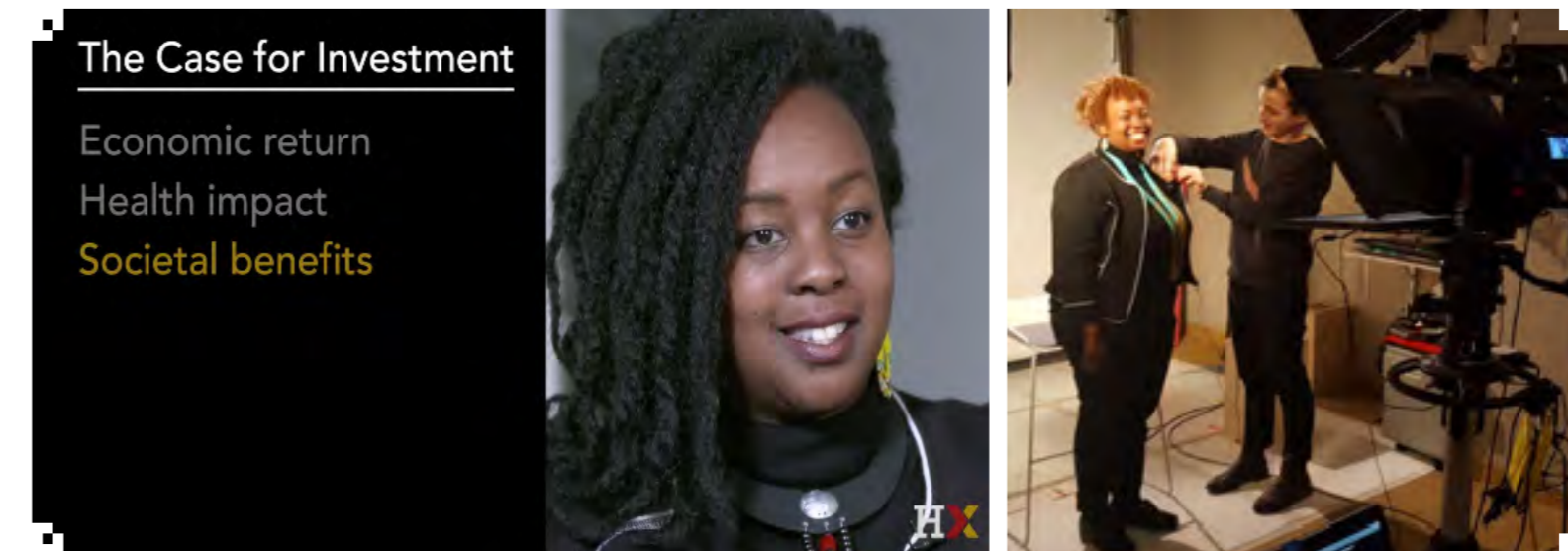
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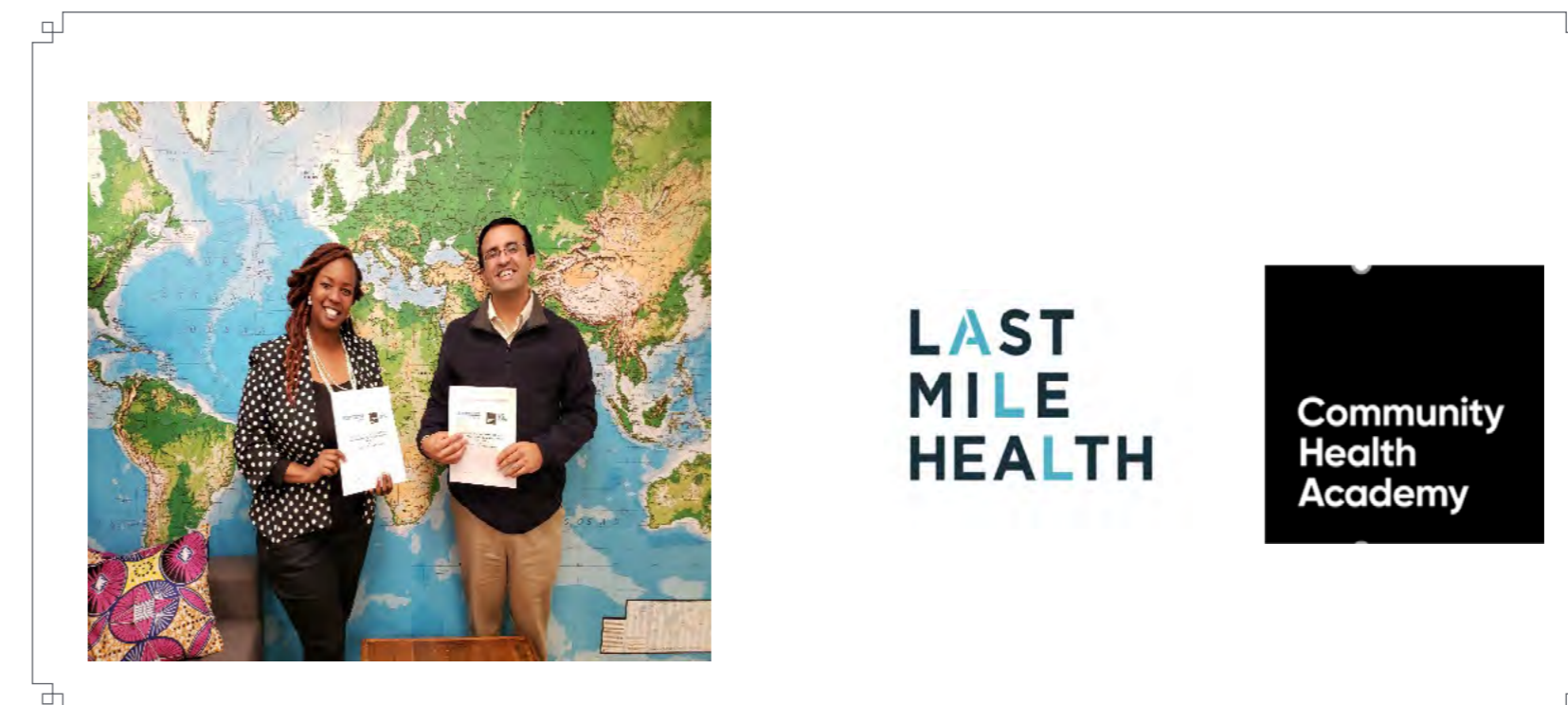
FAH continues to contribute to the body of community health knowledge

We have built thought leadership on country experience and continue to communicate the case for investment through country case studies, white papers, curricula at regional and global conferences

- Contributed to Last Mile Health's/Community Health Academy's free online course titled Strengthening Community Health Worker Programs to Deliver Primary Care launched in May 2019
- This online course has reached over **11,000** subscribers in **170+** countries



- Signed MOU and defined scope of work with LMH/CHA to develop a community health financing curriculum
- Completed detailed course outline and proposal
- Continue to work on prototype development



- Formalized partnership with Community Health Impact Coalition to collaborate on in-country technical assistance support



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Communities at the Heart of UHC Campaign:

Joint advocacy for CH systems reporting for UHC

What is the campaign

The Communities at the Heart of Universal Health Coverage (UHC) is a multi-year global campaign to generate political will and commitment to ensure that integrated community health programs are government-owned, financially sustainable, and rooted in quality are included in national UHC strategies

Who are we



Why Now

At the September 2019 High Level Meeting on UHC (HLM-UHC), national governments came together to report on progress and identify challenges in achieving UHC. Countries reported on a number of UHC indicators that shaped commitments and strategies moving forward.

Without a global commitment to government-owned, integrated community health systems that prioritize access for vulnerable, rural populations, UHC will be impossible to achieve. We called for inclusion of community-based primary care indicators in country reports to ensure proper tracking of UCH progress and overall success toward the goal of UHC.

Learn more, get involved, Click here!



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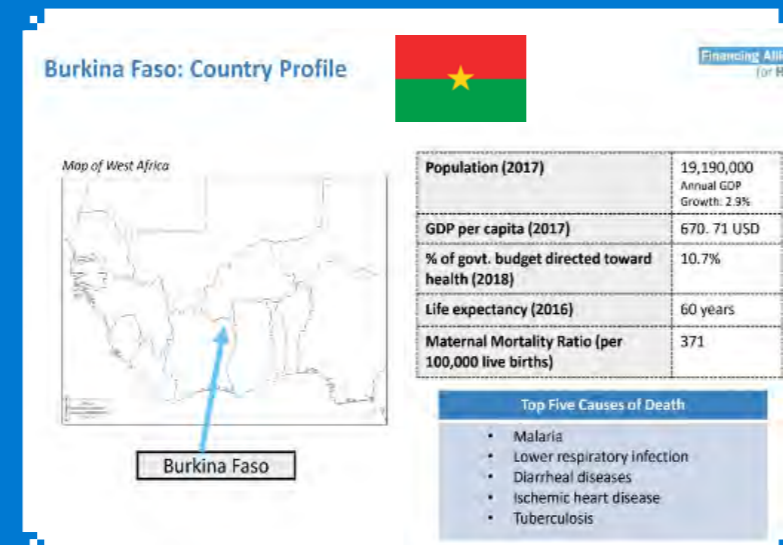
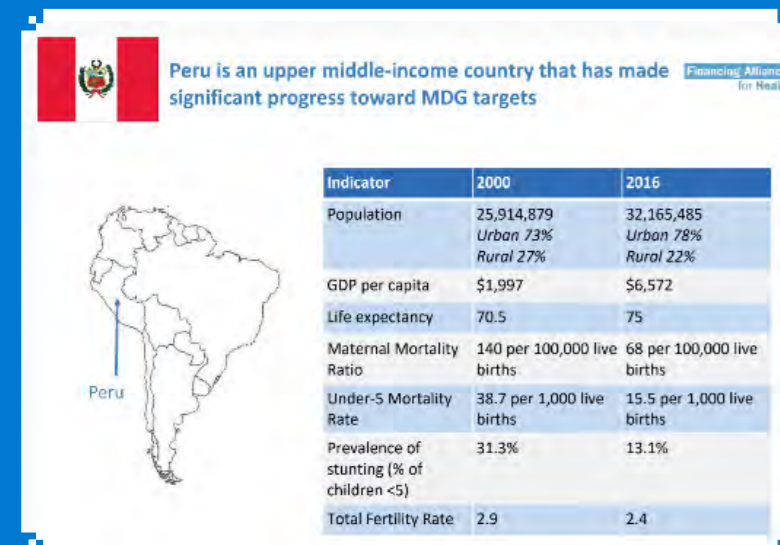
FAH continues to contribute to the body of community health knowledge

We continue to **share our knowledge** and country experience at both regional and global conferences, to **communicate the case for investment** in community health.



We have developed knowledge resources which can be used by country governments to improve their efforts towards strengthening community health systems. Some of our recently developed insights include:

Completed community health country case studies for Burkina Faso and Peru



Customized Public Private Partnership (PPP). The PPP playbook can be customized to country-specific contexts and made available on demand from Country governments. Shared with countries on a demand basis

Financing Alliance for Health
PPP Playbook
Preparing, Procuring and Implementing Public-Private Partnerships in Health Sector

Completed Non communicable disease (NCD) comparative costing analysis (not published) and published a blog on data gap for costs related to NCD packages at community level (published in [Frontline Health Workers Coalition blog](#))

Integrating Care on the Front Lines: Leveraging Community Health Workers in Fighting Non-Communicable Diseases



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Elevating Country Voices: Celebrating “Everyday Heroes” (1/2)

As part of our role on elevating country voices on the regional and global stages, we continue to identify champions of Community Health in countries where we work and bring their stories to the limelight in our “Celebrating Everyday Heroes” series.

Our interaction with such frontline community health workers and key actors, who play vital roles towards the success of Community Health programmes in the countries where we work, has helped us to improve our impact, as we learn more about the lived experiences of these “Everyday Heroes”, the challenges they face and their community achievements.

Some of the outstanding community Health champions from Zambia, Liberia and Sierra Leone that we have showcased in previous editions of our newsletters include:



Mr. Mwango Mlenga (Zambia):

He has been a District Health Promotion office in the Ndola District in Zambia for the past 9 years and has been involved in organizing and supervising Community Health Workers in his constituency.

[Click here to read full article](#)



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Elevating country voices: Celebrating “Everyday Heroes” (2/2)



Mr Bob Kaifa (Liberia):

He is a passionate Community Health Assistant in Bomi county who works on educating young women about preventing early pregnancy as well as supporting his local community to tackle prevalent health challenges like malaria and pneumonia.

[Click here to read full article](#)



Mr Alpha Philip Bangura (Sierra Leone):

He is the (former) Head of the Community Health Worker Hub (CHW Hub) at the Ministry of Health and Sanitation and led efforts to ensure that the 2016-2020 National Community Health Programme in Sierra Leone ran smoothly.

[Click here to read full article](#)



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We could not have done this without support from our funding partners



The Horace W. Goldsmith
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From our smiling team, to yours, Asante sana!
Onwards to 2020



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