

Taskforce on Innovative International Financing For Health Systems
Working Group 1 Teleconference
May 12, 2009
Note for the Record

Participated: Julio Frenk (Harvard School of Public Health) co-chair WG1, Flavia Bustreo (PMNCH), Helga Fogstad (Norad), Elliot Harris (IMF), Keizo Takemi (Harvard School of Public Health), Rajeev Venkayya (Gates Foundation), Taskforce Secretariat (Bob Fryatt, Joanne McManus and Laura Coronel, notes).

Anne Mills (LSHTM) co-chair WG1, chaired the call.

Not available: Edward Addai (Global Fund), Ariful Alam (BRAC Health Program), Brenda Killen (OECD), Chris Murray (IHME), Jacqueline Mahon (UNFPA), Martina Metz (BMZ), Srinath Reddy (All India Institute of Medical Science), Kampeta Pitchette Sayinzoga (Ministry of Finance and Economic Planning Rwanda), Christine Kirunga Tashobya (Ministry of Health Uganda)

1. Background to current consultation version of WG1 report

Anne Mills informed that the current version of the text is close to final but the numbers are still evolving. The text includes responses to comments from the WG members. An external review in April in Washington D.C. resulted in the two teams revisiting the impact assumptions and baselines, with some adjustment down for MBB.

Anne referred to comments from Tore Godal (TF Focal Point, Special Advisor to the Prime Minister, Norway) arising from the Focal Points meeting of May 11:

- (a) Significant differences between WG1 cost-effectiveness estimates of \$8,000 to \$10,000 per death averted compared with IFFM investment case giving a cost of \$400 to \$800 per death averted and compared with the GAVI and GFATM investment case setting \$1500 per death averted.
- (b) What are the quick win interventions? How to prioritize interventions?
- (c) How to explain the differences in outcomes between the two different costing models.

2. Comments on WG1 report.

- (a) The cost estimates and impacts will face intense scrutiny when released at the end of the month. It is important that the report explains the different approaches used in the costing exercise resulting in different estimates. The WHO and WB-UNICEF costing teams will provide the explanation of the methodologies used for the costing exercise and will respond directly to queries on the numbers after the report is released at the end of the month.
- (b) Communicate that the different scenarios provide policy makers with options for different country circumstances.
- (c) There is concern that the "commitments met" scenario provides the impression that donors and governments will meet their commitments and no additional funds will be needed.
- (d) The WG should look into the basis for the IFFM, GAVI and GFATM estimates. WG consensus is that estimates do not include basic infrastructure and fixed costs, and the development of health systems which covers for example, the training of health workers.
- (e) Report could argue that the estimates provide for more macro economic benefits beyond the traditional cost-effectiveness estimates of specific interventions; there are also many morbidity related benefits.
- (f) The issue of priority-setting needs to be addressed. The report could emphasize that governments will fund the broader health system investments and ODA will be the additional financing for specific programs.

3. Next Steps

This is the final meeting of WG1. Anne will be collating the comments from the teleconference. Other comments from the group should be sent by email to Anne with a deadline of 4pm London, May 14. The final WG1 report is due May 15, the technical summary due on the week of May 18. Until the report is released at the end of the month, current versions should be kept **confidential**. Members expressed appreciation of the work led by Anne Mills, and Anne Mills thanked the WG members for all their inputs and efforts.