World Bank Multi-Donor Trust Fund (MDTF) Mid-Term Review: DFAT – World Bank Management Response 6.Nov.19

| Recommendation | Response | Action |
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| 1: Strengthen measurement of performance The World Bank, in consultation with DFAT, should identify a set of output level, health-specific Public Financial Management indicators, with related measurement strategies, that can be applied across different settings to allow measurement of progress across countries and to inform cross-country learning. It would be useful to include gender and equity in output indicators based on agreements on what is to be achieved through the MDTF in these areas. | DFAT and the World Bank agree that the Results Framework will be revised with a view to creating a more accessible document. This will have a greater focus on system strengthening indicators, including PFM indicators, and reflect a clearer theory of change (recommendation 3) that demonstrates how strengthening systems supports achievement of Universal Health Coverage (recommendation 4). A number of indicators being tracked in the current results framework and infographics remain relevant and will be built upon. The revised framework will capture the links between the MDTF's activities and its higher order objectives. This will help articulate the purpose and achievements of this investment to a broader audience. | DFAT and the World Bank to jointly develop and agree a revised Results Framework by the January 2020 management meeting. |

| 2: Increase learning and documentation | | |
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| Pillar 3 (knowledge generation and exchange) of the MDTF would benefit from a more systematic approach to learning from and documenting cross- country experience. A possible starting point would be a) to build on the success of meetings held prior to the Prince Mahidol Award Conference, ensuring in the future that conclusions are both documented and widely disseminated, and b) to establish a community of practice among those attending regional workshops so as to get greater value from these exchanges. | <u>Regional MDTF meetings</u>. Previous events were designed as opportunities for cross-sector and cross-country learning amongst participants under capacity-building work streams of the MDTF. For any future events, the World Bank's Practice Manager has suggested the format be less lecture-like in style and, rather, focus on addressing practical issues and questions framed by participants in advance of meetings. Following up with <u>Community of Practices</u> from regional meetings. In practice, there may be fewer MDTF regional meetings going forward, with meetings more appropriately being convened at the country level as the MDTF moves further into implementation. There will not, for example, be a regional | World Bank to clearly articulate, in advance, the expected impact and follow-up planned for any future regional MDTF meetings. |
| The World Bank should also consider ways in which to ensure that key country analyses are updated when circumstances require and that current documentation on work in each country is more accessible to other partners, including DFAT. | MDTF meeting at the 2020 PMAC. It is, nonetheless, agreed that, as and when meeting are convened, there is scope to plan for improved follow-up and impact. <u>Analytics and documentation</u> – the problem of analytics becoming out of date in some contexts is acknowledged. For example, at the time of the Mid Term Review current Laos analytics were found not to capture new and significant | At the 2020 Management Meeting, the World Bank to report back to DFAT on plans for short, country-specific updates to be developed to complement longer analytical |
| | developments on National Health Insurance. The World Bank agrees to explore options for providing shorter, current, accessible analytical pieces to inform the work of governments and their development partners, and to keeping these regularly updated. World Bank and DFAT dedicated MDTF websites/webpages will be used to support broader dissemination of learning, analytical | pieces. Preparation and dissemination of such pieces will be reported upon in subsequent MDTF annual reports. |

| 3: Disseminate East Asia and the Pacific (EAP) experience on transition towards sustainability and integration The programmatic and financial sustainability of priority programs is an issue of growing importance in low- and middle-income countries. Experience in the EAP Region, on new ways to advance the integration of formerly separate programs through innovative working arrangements, have broader global relevance. This experience merits further dissemination beyond the region so that it can inform current global debates on health financing in the context of Universal Health Coverage (UHC) and the Global Action Plan to achieve Sustainable Development Goal (SDG) 3: Ensure healthy lives and promote wellbeing for all at all ages. | It is agreed that there is merit in the World Bank producing and disseminating analyses of how work under this MDTF has facilitated service delivery integration, improved financial sustainability and facilitated joint work between development partners. Some articles have already come out in the MDTF e-newsletter but there is value in more synthetic, cross-country pieces being produced for wider dissemination. In addition to their intrinsic value, these will be examples of the overall MDTF operating as more than the sum of its 13 component country parts. It is further noted that the joint MDTF work with The Global Fund to Fight AIDS, Tuberculosis and Malaria (GF) and Gavi, The Vaccine Alliance on financial and programmatic sustainability and transition issues, is already being drawn upon by the Sustainable Financing Accelerator within the Global Action Plan that brings together Gavi GF. The Global Financing Excility | World Bank to consider enhancing the production and dissemination of new products on the MDTF's work as per the recommendation. World Bank and DFAT to discuss progress and future plans at the January 2020 Management Meeting. |
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| | Sustainable Financing Accelerator within the Global Action Plan that brings together Gavi, GF, The Global Financing Facility (GFF), World Bank and WHO. | |

| 4: Chart the route to UHC | | |
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| a) Given the importance of UHC as a policy objective and as an outcome of financial and programmatic sustainability in EAP countries, DFAT and the World Bank should consider re-branding the MDTF in relation to UHC. b) To complement a revised monitoring framework (see Recommendation 1), it is important to show how the work of the MDTF leads to systemic change | a) The Mid Term review is commended for clearly drawing out links between the MDTF's work and the overall UHC agenda. It has been agreed that the overall MDTF will now be referred to as Advance UHC . Whilst this will become its colloquial branding from this point on, it was agreed that it is not necessary for either World Bank or DFAT to change the name in extant legal documentation. From this point on, new DFAT investments will be framed in relation to UHC rather than by the boundaries of specific windows as was previously the case. | a) World Bank and DFAT to proactively use <i>Advance UHC</i> branding from this point. |
| and how synergy with other investments works in | | b) Theory of change to be developed by the |
| different country contexts. This could take the form of a pathway or theory of change towards UHC, perhaps prepared for individual countries and should include a consideration of gender equality and social inclusion. | b) DFAT and World Bank agree to develop a Theory of Change in line with the refined Results Framework, with the aim of demonstrating clear links between MDTF activities and tangible progress towards UHC. This work will draw on any currently available relevant literature. Whether to tackle this country by country or an aggregate program level – or both - is a question | January 2020 management meeting. DFAT to produce a first draft by November 2019. |
| c) Increasing equity of access and outcome is a key objective of UHC and needs to be given greater | requiring further discussion. | |
| prominence in MDTF work at country level – including through the work of civil society organisations. | c) The profile of equity within the work of the MDTF will be more explicitly captured – and subsequently monitored - through the new Theory of Change and revised Results Framework. The work of Advance UHC should continue to consider how the work of CSOs can be sustained in the context of transition. | |

5: Learn from Disbursement Linked Indicator (DLI) experience

In countries where DLIs are planned or in operation, World Bank in-country staff should conduct regular participatory sessions to examine and discuss lessons learned – expected and unexpected – with government and development partner stakeholders. This process need not be complex or expensive. Focusing on the practical lessons learned can help avoid unhelpful division between agencies that hold different views on the merits of Results Based Financing. The constraints and opportunities for the World Bank to engage the wider health community during DLI development and negotiation are acknowledged. The decision to use DLIs is both a technical and political issue. Collaboration with, and involvement of, all key health partners is essential for optimal aid effectiveness.

At country level, it is agreed that there is a need for more informal and timely sharing with respective government and development partners on how the process of DLI identification and implementation is progressing. Where DFAT is co-financing Pillar IV operations with DLIs, currently Laos and Cambodia and potentially other countries in future, there should be open dialogue during the process of DLI development and subsequently and specific DLI feedback events convened at least annually.

In relation to capturing and disseminating cross-country lessons learned, it is noted that the World Bank are engaged in a number of relevant reviews and evaluations (Nossal, Heidelberg, WHO, plus an options paper for the Global Fund and as part of the Joint Learning Network). The World Bank is also drawing upon MDTF-related DLI experience in the work of the Health Financing Accelerator under the Global Action Plan.

In addition, it is agreed that the World Bank will aim to nest and run a learning event on DLI implementation within a relevant Prince Mahidol Award Conference (PMAC) side meeting in Bangkok in January 2020, with that session capturing both formal literature and informal learning from the MDTF. In the interests of strategic coordination at the country level, World Bank to ensure early and regular engagement of other health sector partners in the initial stages of DLI development in countries where the MDTF is co-financing World Bank operations.

Subsequently, World Bank to maintain dialogue and conduct annual inclusive in-country events with government and development partners on the process and experience of working through DLIs. This would be from 2020 in both Laos and Cambodia (and in any other countries with MDTF-supported DLI roll out in future). In addition to the specific DLI issue raised by the Mid Term Review, such events might be broadened to address other forms of innovative financing, such as Health Equity Funds and Service Delivery Grants in Cambodia.

World Bank to explore opportunities to nest a session on DLIs within a relevant health financing side event at PMAC.

| 6: Increase the focus on investment for health The analytic work of the MDTF should continue to highlight the low level of public investment in health in Southeast Asia and PNG. For countries which have signed up as early adopters (PNG, Indonesia), the World Bank Human Capital Project represents one potential channel for renewed advocacy with Ministries of Finance. | The importance of keeping the political and technical dimensions of the MDTF work joined up is agreed. The Mid Term Review highlighted the need for greater in-country connectivity between the MDTF health sector investments and the Human Capital Project agenda. A related and linked observation was for the World Bank to better connect and integrate the work of the MDTF into their work across other sectors in country, especially public sector governance and public financial management. The World Bank relayed that of the 13 MDTF countries, Vietnam, Cambodia and Philippines have now signed up with the Human Capital Project, in addition to Indonesia and PNG which were the first to do so. | A standing agenda item at future management meetings will be for the World Bank to report on Senior World Bank staff and Country Director engagement in health sector challenges in MDTF countries, including the challenge of under- investment. |
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| 7: Clarify expectations and deliverables of MDTF health security funding Window 3 needs a further reset. Achievements in EAP countries to date justify continuing MDTF engagement under this window only if there is clear agreement on focus, expectations and deliverables. It is critical to agree on the extent to which MDTF finance is used to address institutional (particularly health system) bottlenecks that constrain health security financing in individual countries versus further development and implementation of regional processes and advocacy. The two approaches are not mutually exclusive but, given limited resources and a wealth of other institutional players and potential sources of finance, being explicit about the role of the World Bank's use of MDTF funding is essential. | The Mid Term Review findings raise concerns about the quality, timeliness and actual and potential impact of Window 3 work. These concerns are recognised by both the World Bank and DFAT. The Window 3 workplan (the timeframe for which was initially 2016 – 2019) has continued to drift and there were few examples of influence or impact to share with the Review Team. It is agreed that conducting Health Security Financing Assessments may not be the best use of MDTF budget and effort. For such a tool to be useful for policy it would need to be simpler and its results available in a more timely fashion than has been seen to date. It is agreed that the World Bank will revert to DFAT with a proposal for the future of Window 3. However, parameters agreed at this stage include: Health Security Financing Assessment Tools (HFSAT) . The Vietnam HSFAT report will be finalized; the Indonesia HSFAT will be concluded; further thought will be given to whether work on the proposed HSFAT in Cambodia can be suspended given it is still at an early stage. There will be no further HSFAT work undertaken in Lao and Myanmar. The workstream to produce analytical work to build commitment to strengthening health security should be closed at this stage. | World Bank to provide DFAT with a proposal for the future of Window 3 by November 2019. This would include only imperative work (eg finalization of Vietnam and Indonesia HSFATs) with attendant budgets and timeframes. World Bank and DFAT to subsequently discuss and agree reprogramming of unspent Window 3 resources within broader <i>Advance UHC</i> parameters. |
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| Recommendation 8: Increase the focus on gender | |
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| and equity | |
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Given the importance of gender to achieving health sector outcomes for both the World Bank and DFAT, the resources of the MDTF should be considered an opportunity to pursue gender-informed and responsive strategies in analytics, policy advocacy and programming. Both organisations prioritise realising gender equality through their support. However, further work is needed to define and agree what this looks like in the MDTF and how to implement it. Given the many gender and social exclusion risks that come from transition, this will mean reaching agreement on a limited number of critical actions that are required in specific country contexts and factoring this into World Bank human resourcing. This will feed into sector learning and contribute to the gender-smart programming that DFAT and World Bank both support.

Inclusion of gender and equity in a revised monitoring framework (Recommendation 1) and theory of change on UHC (Recommendation 4) will help focus attention in this regard.

In addition, it will be useful to explore the potential for the MDTF to work with other trust funds (as proposed in Vietnam and Indonesia) that have a specific focus or window on gender as a way of complementing the work of the MDTF portfolio and in line with World Bank Country Gender Action Plans DFAT and World Bank acknowledge that good intentions to make progress on addressing gender within the MDTF have been challenging to implement in practice. The need to translate policy commitments on gender into tangible actions is accepted.

The value of applying gender expertise to highlight practical opportunities within Pillar IV investments was highlighted by the Mid Term Review process. World Bank and DFAT need to consider further how such expertise can best be sourced, given limited access to gender expertise and resources within the World Bank itself.

It is agreed that there need to be minimum acceptable standards for addressing gender across all MDTF work. The gender guidelines will be revisited jointly by World Bank and DFAT to ensure that these minimum standards are clear and directly support the revised Results Framework and Theory of Change.

There is a real opportunity for MDTF analytics and investments to move ahead and demonstrate good or even exemplary practice. It is considered realistic to see this happen in the two forthcoming Health Financing and System Assessments (HFSAs) and in MDTF cofinanced operations. World Bank and DFAT, in particular respective gender advisers, to jointly review and revise the current MDTF gender guidelines. The aim would be to ensure that they define and help operationalize minimum standards for gender across all MDTF work. These revisions to be finalized by the January 2020 management meeting.

Meanwhile, Cambodia and Philippines HFSAs to encompass gender analysis (with an expectation that the Philippines HFSA will at least meet minimum standards and that the Cambodia HFSA will aim to be exemplary given gender assessments previously undertaken in Cambodia and given that expectations for this HFSA having been explicit for some time).

World Bank and DFAT to rapidly identify opportunities and resources to pursue gender informed investments through the MDTF. Examples might include strengthening the design of the Lao PDR Health and Nutrition Services Access Project (HANSA) and the implementation of the Cambodia Nutrition Project (CNP) (including strengthening gender considerations within the operational manuals).

World Bank aims to strengthen gender capacity in the MDTF team.