

Domestic Resource Mobilisation Proposal

Introduction

Several factors are significantly changing the landscape in which deworming programmes operate. Specifically, fewer funders are providing financial resources to support these programmes (restricting budgets) at the same time as WHO guidelines that outline how programmes should run are changing (adding complexity to decision-making on treatment strategies). In short, national programmes are required to rapidly adapt operations with reduced resources. At present, most programmes are heavily dependent on external funding and do not have financial resources with which to cover budgetary shortfalls, especially in the short-medium timeframe. This situation increases the urgency to reaffirm the value of deworming programmes to domestic stakeholders, potentially opening the way toward more sustainable domestic financing streams.

Rationale

With generous funding from GiveWell, Unlimit Health has been the sole technical partner providing support to the programmes in Burundi and Mauritania. To address the changing funding landscape, this proposal aims to develop a feasible transition strategy focused on domestic resource mobilisation (DRM), toward sustained deworming funding in the long-term.

Country selection

Given GiveWell's decision to cease ongoing support for deworming programmes in Burundi and Mauritania, we propose discrete budgets to foster DRM initiatives in order to ease the transition to domestic funding. This is of urgent importance to avoid reversing gains made by previous deworming campaigns, potentially squandering the resources already invested.¹

¹ Research has shown considerable risk of bounce-back within two years of MDA cessation. Anderson, R., Farrell, S., Turner, H. *et al.* Assessing the interruption of the transmission of human helminths with mass drug administration alone: optimizing the design of cluster randomized trials. *Parasites Vectors* 10, 93 (2017). <https://doi.org/10.1186/s13071-017-1979-x>



Outline of activities

The Unlimit Health DRM scope of work is designed to support activities appropriate to different country contexts and allows for customisation of the work to specific needs. The suggested activities below have been selected based on our knowledge and experience of working with the country programmes in Burundi and Mauritania.

The following activities have been identified as appropriate for the contexts in Burundi and Mauritania.

- Landscape analysis of current and potential financing sources and modalities, to inform subsequent activities
- Investment case development
- Resource mobilisation and advocacy strategy and delivery
- Programme resiliency review

The scope of these activities for each country has been determined by: (i) current engagement of stakeholders, (ii) stage/maturity of disease programme, and (iii) ability for face-to-face meetings and interactions.

Landscape analysis

The landscape analysis will be tailored to each country to allow for a context-specific approach.

To include, as appropriate:

Stakeholder network analysis will provide an in-depth understanding of the key influencers and decision makers in the area of funding public health programmes with the aim of securing sustained domestic resourcing for deworming.

Partner network analysis will scope out a wider map of potential partners for cross sectoral coordination and the efficiencies that can be made because of effective collaboration and joint investment.

The landscape analysis will be completed through a variety of means by specialist staff including desk reviews, in-depth interviews, and focus group discussions, and collated to create a full report and recommendations for the remaining activities.

Investment case

To enable resource mobilisation and programme transition to take place, an **investment case** will be created as a reference document. Drawing on country-specific data, this will outline the programme strategy along with health and societal impact over time, highlighting the gains at risk



without sustained action and estimating associated costs. Online training can also support the dissemination of the investment case and supporting tools.

Resource mobilisation and advocacy

Once network maps are produced in the landscape analysis and the investment case is developed, direct and indirect engagement with stakeholders and potential partners is needed to propel action.

As a first stage, **key messages** from the investment case will be identified that resonate with different audiences to articulate the deworming programmes' unique value proposition.

Secondly, **advocacy plans and materials** will be produced to promote DRM in each country and expand funding modalities. These tools will champion near-term programme objectives as well as longer-term implementation models to stakeholders, potential partners, and change agents alike.

Stakeholder and potential **partner engagement** will be supported in-person—through activities such as a stakeholder summit—where possible. Specifically, advocacy toward government agencies and ministries, parliament, private sector organisations, and civil society organisations will be prioritised. Where direct engagement is not feasible, tools and support will be provided remotely to achieve the same aims and objectives.

Programme resiliency review

With the changing funding landscape, current programme staff will need to be adaptable and nimble to stretch secured resources further—potentially managing fluctuating levels of investment to their greatest advantage. Training programme staff to further optimise scarce resources and promote efficiency is essential to near-term sustainability as DRM initiatives take root.

A **programme resiliency review** will be conducted to identify where the programmes can be refined to create efficiencies (e.g., capacity training, synergies with health system). This will empower the staff themselves to confidently deliver effective programmes with constrained resources. Increasing the flexibility and adaptability of the programmes will build the dynamism required to embed gains and spur continual progress toward disease elimination.



Proposed budget

Planned activities	Burundi	Mauritania	Total
Year 1 (2024-25)			
Landscape analysis	£7,500	£3,000	£10,500
Investment Case	£5,000	£5,000	£10,000
Resource mobilisation, advocacy	£0	£0	£0
Programme resiliency review	£1,000	£0	£1,000
Total Year 1	£13,500	£8,000	£21,500
Year 2 (2025-26)			
Landscape analysis	£0	£0	£0
Investment Case	£0	£0	£0
Resource mobilisation, advocacy	£11,000	£0	£11,000
Programme resiliency review	£1,000	£0	£1,000
Total Year 2	£12,000	£0	£12,000
GRAND TOTAL	£25,500	£8,000	£33,500

Monitoring and evaluation

The central aim of the project is to build alternative funding pathways to support the long-term, sustained elimination of Schistosomiasis and Soil Transmitted Helminthiasis. Due to the infeasibility of effectively measuring long-term impact during a two-year project timeline, success will be determined by output delivery and near-term outcomes that are expected to lead to longer term impact. These include number of investments secured that contribute to NTD and/or elimination programmes, the number of stakeholders engaged in NTD-specific advocacy activities, number of cross-sectoral initiatives launched, number of people attending training workshops, and high-level stakeholders who amplify messaging on the need for domestic resource mobilisation.