

invest4health

WEBINAR SERIES

Webinar 1: Exploring the opportunity and assessing feasibility of the SIB

11 June 2024

Rules of Engagement

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- Please type your name, organization and country where you are joining from in the chat box
- Please ensure your microphone and camera remain off during the webinar
- Please use the Q&A feature to submit your questions.
- Where possible, please direct questions to a specific speaker
- All remaining questions will be addressed during a dedicated question and answer session after all presentations have been delivered.

Please be informed that this webinar is being recorded

Invest4health

Building a community of interest in outcomes-based financing approaches for health and development

The **invest4health** Learning and Action Network aims to:

- Facilitate **learning** including peer-to-peer learning and knowledge sharing.
- Provide an African-centric **knowledge hub** for OBAs, that comprises virtual and live learning events, publications, data sets, toolkits and guidelines.
- Provide a **platform** for professionals to exchange ideas, share best practices, and collaborate on research and projects.

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OUTCOMES
LAB**

Exploring the opportunity and assessing feasibility of the SIB

Webinar Agenda

Topic	Presenter
Choosing the financing and contracting mechanism: What criteria to consider and when are SIBs the right choice?	Mara Airoidi (GoLAB)
Identifying the opportunity for a SIB: What health or social issue needs to be addressed and what factors guide where to focus?	Nevilene Slingers (SAMRC)
Convening partners and securing preliminary commitment: how does this happen, what is needed to convince partners	Fareed Abdullah- intermediary (SAMRC)
	Janeli Kotze – outcomes funder (DBE, South Africa)
	Marieta De Vos – implementer (NACOSA)
Assessing the regulatory and legal landscape: Is the landscape conducive to SIBs and what are key factors to consider in design and implementation?	Fareed Abdullah (SAMRC)
Conduct preliminary costing and budgeting for programme implementation: How to assess the feasibility of a SIB from a cost perspective?	Steve Cohen (Genesis Analytics)
Q&A session	

Mara Airoidi

(GO Lab)



Mara is the academic co-director of the Government Outcomes Lab at the Blavatnik School of Government, University of Oxford. She has two decades' experience in connecting academic insights to decision making for social impact. She has provided input for decisions on Outcome funds and Outcomes Contracts in the UK, the EU, foundations, and international development agencies. In her previous posts she has worked with health policy makers and healthcare providers in several countries.

Mara is an experienced decision modeller with an interest in impact metrics and the use of data to inform better decisions. She is particularly passionate about the ways in which governments can work with the private and non-for-profit sector to accelerate progress towards shared goals. She is an economist (welfare economics and health economics) and a decision analyst by background with degrees from Bocconi University in Milan and the London School of Economics and Political Science.

Choosing the financing and contracting mechanism: *Reflections on the choice of using a SIB*

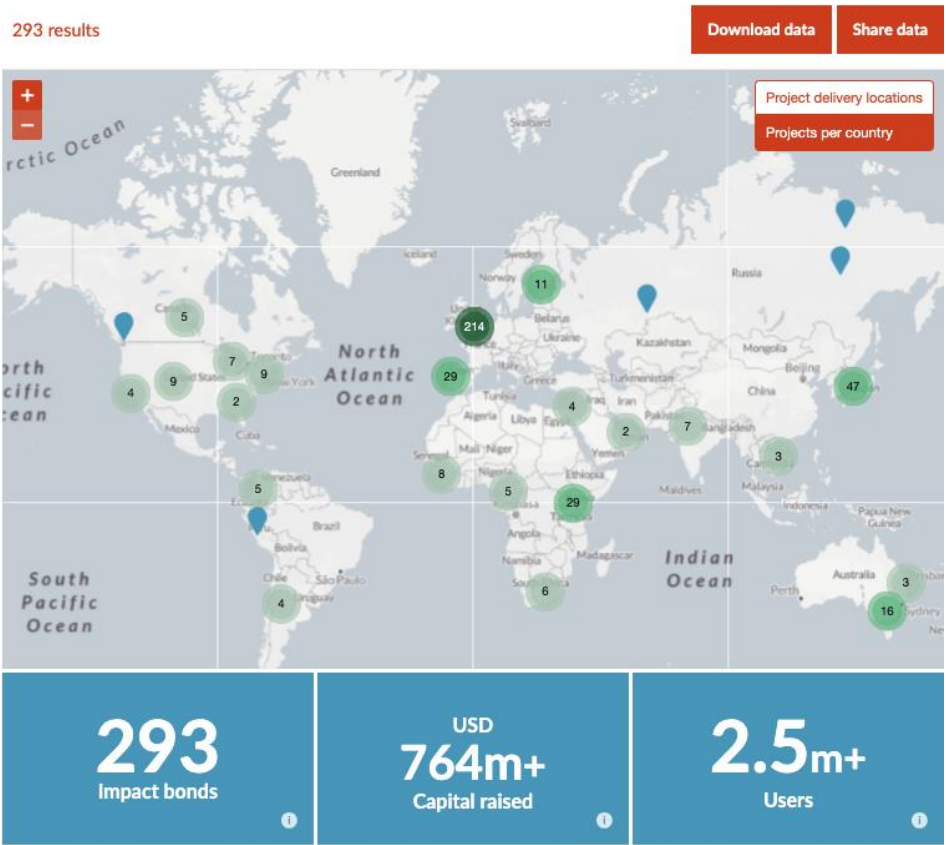
Mara Airoidi (GO Lab, University of Oxford)

Perspectives around outcomes

- **Value for money:** How can government ensure it is only paying for results or for what works (whilst at the same time promoting innovation)?
- **Market stewardship:** How can it leverage expertise and resources from other sectors towards the achievement of desired social outcomes? (in particular, growing appetite for social investment; use of mission-drive or non-profit organisations in delivery of public services?)



Impact bonds and beyond



Source: *INDIGO Global Impact Bond Dataset, June 2024*



BEYOND IMPACT BONDS: VARIETIES OF OUTCOMES-BASED CONTRACTS AROUND THE WORLD

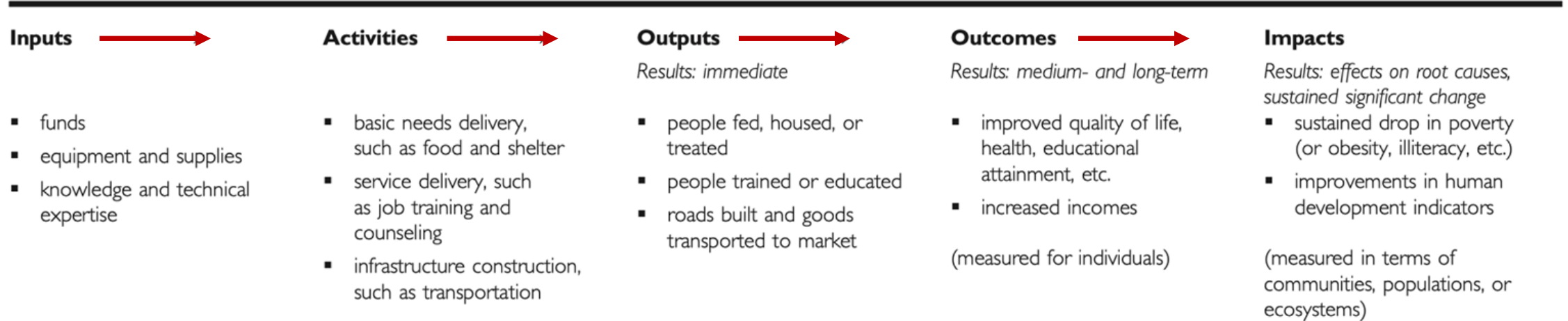
Juliana Outes Velarde, Srinithya Nagarajan, Matheus Assunção and Mara Airoidi

April 2024

BLAVATNIK SCHOOL OF GOVERNMENT
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GOVERNMENT OUTCOMES LAB



Why an outcomes-based contract or a SIB?



Theory of change of intervention



Theory of change of funding/contracting mechanism

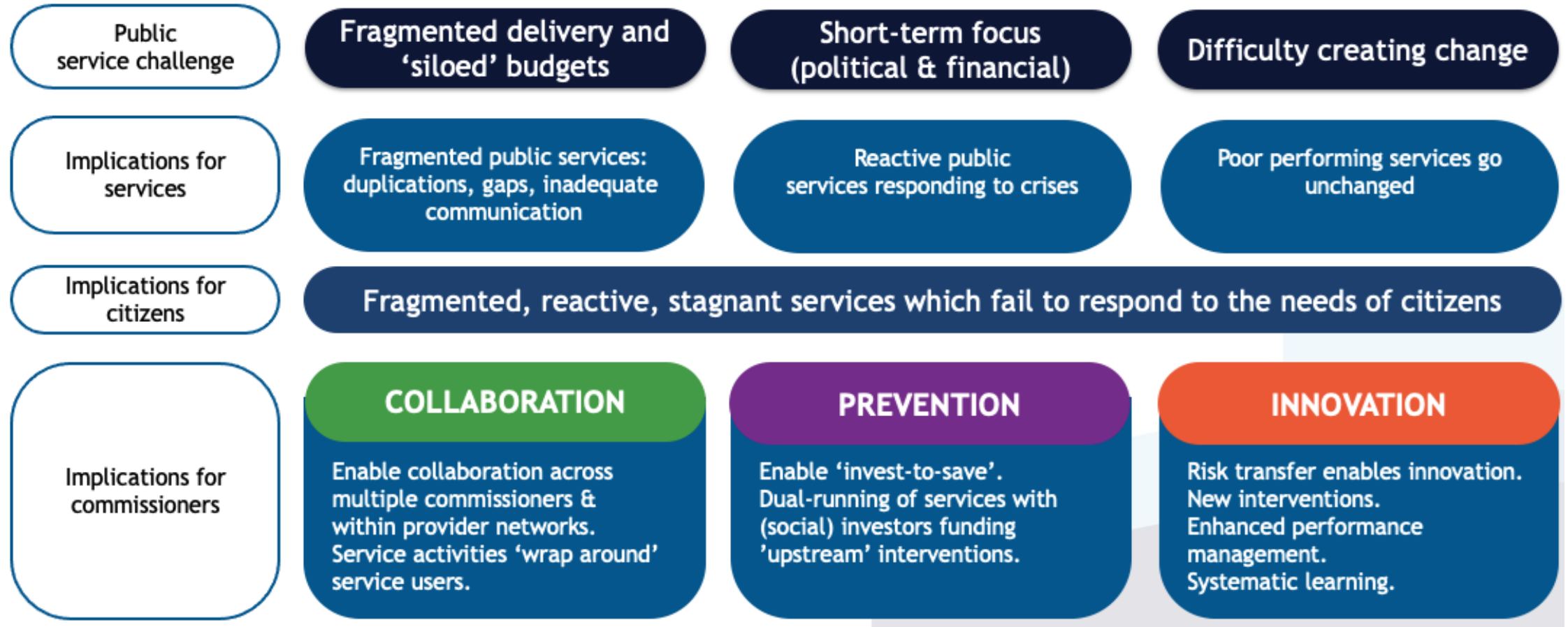
Articulate assumptions on **desired individual and organizational behavioural changes**



Articulate assumptions on **desired system changes**



Why SIB have been used in the delivery of public services?



Top tips from GO Lab

Designing and managing successful SOC's is both art and science. It requires technical skills, data collection and analytical capacity, active contract management, as well as trusting relationships between key stakeholders. Sustained commitment, leadership and adequate resources are also key.



Start by being clear about the reasons for developing an impact bond. This will inform the structure & operating model of your project.



Consider your exit strategy and legacy at the beginning of the project.



Keep monitoring your assumptions on what are the desired changes in behaviours in the individuals, organisations and systems involved. Adapt when necessary.



Relationships are key. Behavioural change does not happen in a vacuum. Allocate resources to maintain effective, constructive relationships.

Dr Nevilene Slingers

South African Medical Research Council (SAMRC)



Dr Slingers is a medical doctor who specialised in Family Medicine and holds an Executive MBA. She has extensive experience in programme leadership, design and implementation and working with multiple stakeholders in government, civil society, donors and private sector. As Executive Manager of Resource Mobilisation at the South African National AIDS Council her work included managing the development of the previous National Strategic Plan for HIV, TB and STIs and the development of key successful funding proposals to the Global Fund.

Since October 2019, she has been the Executive Programme Manager for Social Impact Bonds at the South African Medical Research Council. In this role, her team designed South Africa's first social impact bond with full government funding and is building an ecosystem for innovative finance solutions to address complex social issues. She has been involved in research to inform government policy and guidelines throughout her career.

Identifying the opportunity for a Social Impact Bond

Dr Nevilene Slingers (South African Medical Research Council)

Why a social impact bond?

- Complex social issues not responding sufficiently to normal traditional funding mechanism, such as grants and donations, that require a different way of thinking and management model
- There will always be limited resources, so a greater need to focus on what works best, gives the best outcomes and value for money
- Social impact bonds allow:
 - Focus on performance, impact and value for money
 - Government and other donors pay for success only, hence allows a focus on outcomes and value for money and planning for scale up
 - Brings together expertise from different fields
 - Enables new interventions or new ways of doing things to be tried and evaluated
 - Allows investors to generate positive social impact alongside financial returns
 - Can provide a new source of capital for nongovernment organisations to address social issues
 - Flexibility to respond quickly to feedback
 - Allows for accountability as data is verified and shared with all partners.
 - Brings implementers closer to government
- Seems to work best if based on evidence-based interventions, with multiple implementers and an intermediary.
- Need to work out the public disclosure at the beginning to be able to share lessons learnt timeously.



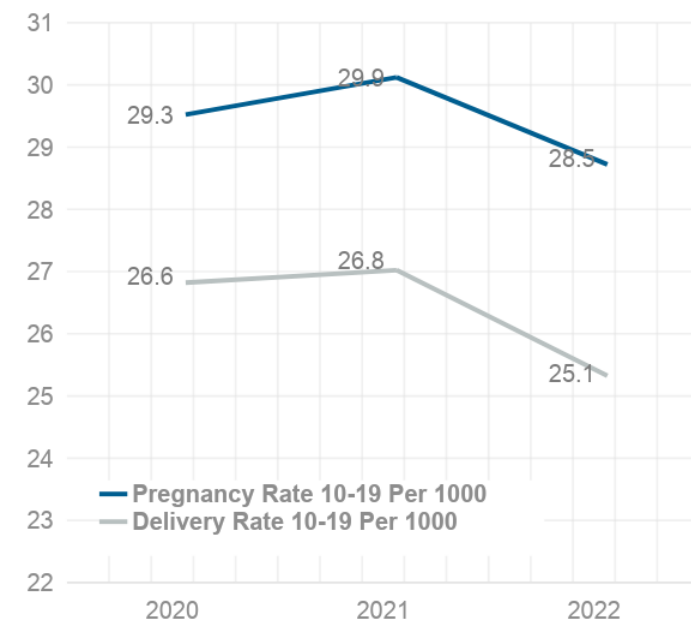
A SOCIAL IMPACT BOND TO improve OUTCOMES RELATED TO HIV AND PREGNANCY for SCHOOL-GOING ADOLESCENT GIRLS AND YOUNG WOMEN IN SOUTH AFRICA

- Developed by the South Africa Medical Research Council (SAMRC) with the support of Social Finance UK, Susan de Witt, UCT Bertha Centre and Genesis Analytics

There has been a noteworthy rise in terminations of pregnancy among adolescents aged 10-19 in South Africa’s public sector, increasing by 31% between 2020 and 2022.

Births and terminations of pregnancy in adolescent girls aged 10-19 years in the public sector, South Africa, January 2020–December 2022

	2020	2021	2022	% Change 2020- 2022
Mid-year population 10 - 14 years, n	2 769 793	2 806 206	2 824 105	1,96
Mid-year population 15 - 19 years, n	2371690	2439133	2534955	6,88
Mid-year population 10 - 19 years, n	5141483	5245339	5359060	4,23
Deliveries 10 - 14 years, n	4036	3925	3710	-8,08
Deliveries 15 - 19 years, n	132697	136581	130595	-1,58
Deliveries 10 - 19 years, n	136733	140506	134305	-1,78
Terminations 10 - 19 years, n	14132	16183	18522	31,06
Pregnancies 10 - 19 years, n (Deliveries + Terminations)	150 865	156 689	152 827	1,30
Delivery rate 10 - 14 years, per 1 000	1,5	1,4	1,3	
Delivery rate 15 - 19 years, per 1 000	56,0	56,0	51,5	
Delivery rate 10 - 19 years, per 1 000	26,6	26,8	25,1	
Pregnancy rate 10 - 19 years, per 1 000	29,3	29,9	28,5	



Source: District Health Information System

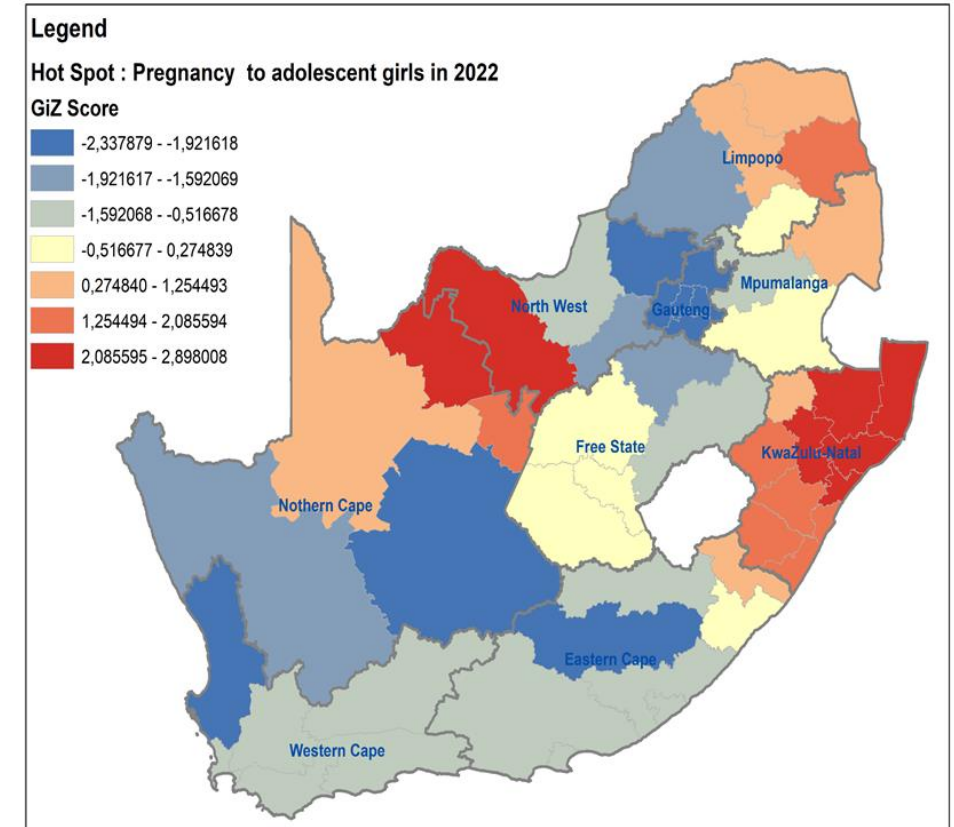
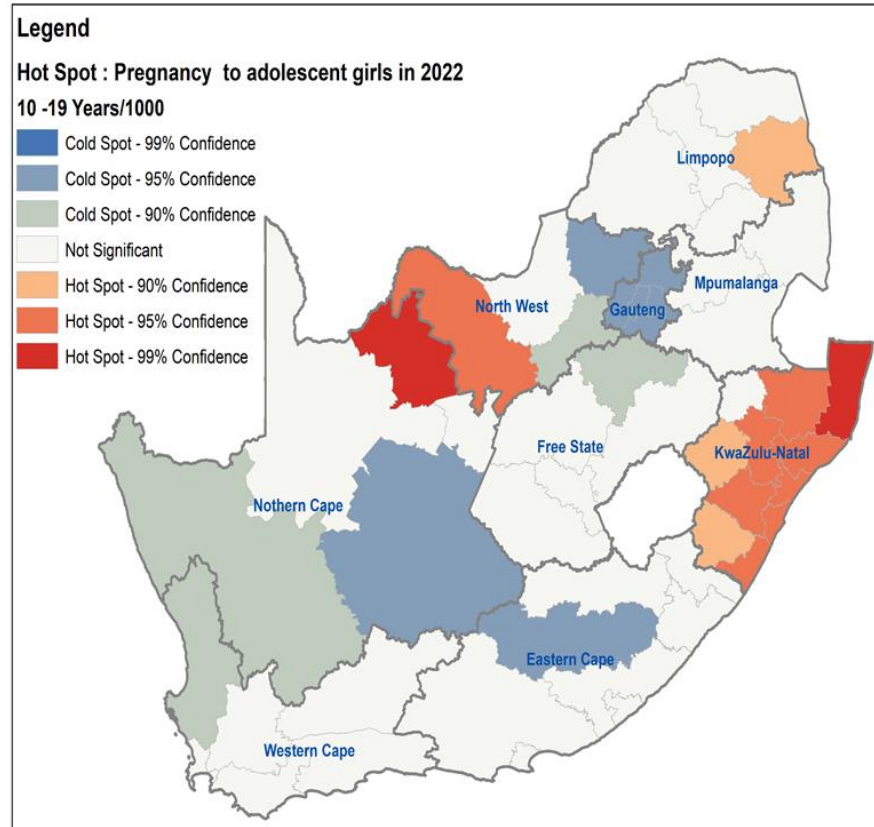


Pregnancy and Delivery rates has seen a minimal decline between 2020 to 2022 (from 29,3 per 1000 to 28,5 per 1000) & from 26,6 per 1000 to 25,1 per 1000 respectively.

“HOT SPOT ANALYSIS” TEENAGE PREGNANCY 2022

In 2022, Hot-Spots for teenage pregnancy rates were found in Kwazulu-Natal, Limpopo, and the North West provinces, with cold spots predominantly in Gauteng.

Hot-Spots of pregnancy rate 10-19 years per 1,000 district in 2022



KEY MESSAGE FROM INVESTMENT CASE

- ❑ **Positive economic benefits of investing in improvement in contraceptive uptake among girls and adolescents who are sexually active or plan to be sexually active up until 2030**

Return on investment by number of pregnancies averted for 10-14 year olds

- On the ambitious track for ages 10-14, every rand invested, has a return of eighteen cents.
- If the government invested approximately 4 billion Rands in improving access to contraceptives through programming and direct provision as per need, there would have been a return of approximately 712 million rands achieved through economic savings as a result of reduced health care costs reduced deaths (19%), social benefits in terms of changes in education (10%) due to averted pregnancies.

The gains resulting from the increases in contraceptive prevalence

- Savings from direct health care costs
- Savings from reduced mortality
- Economic savings from social benefits.

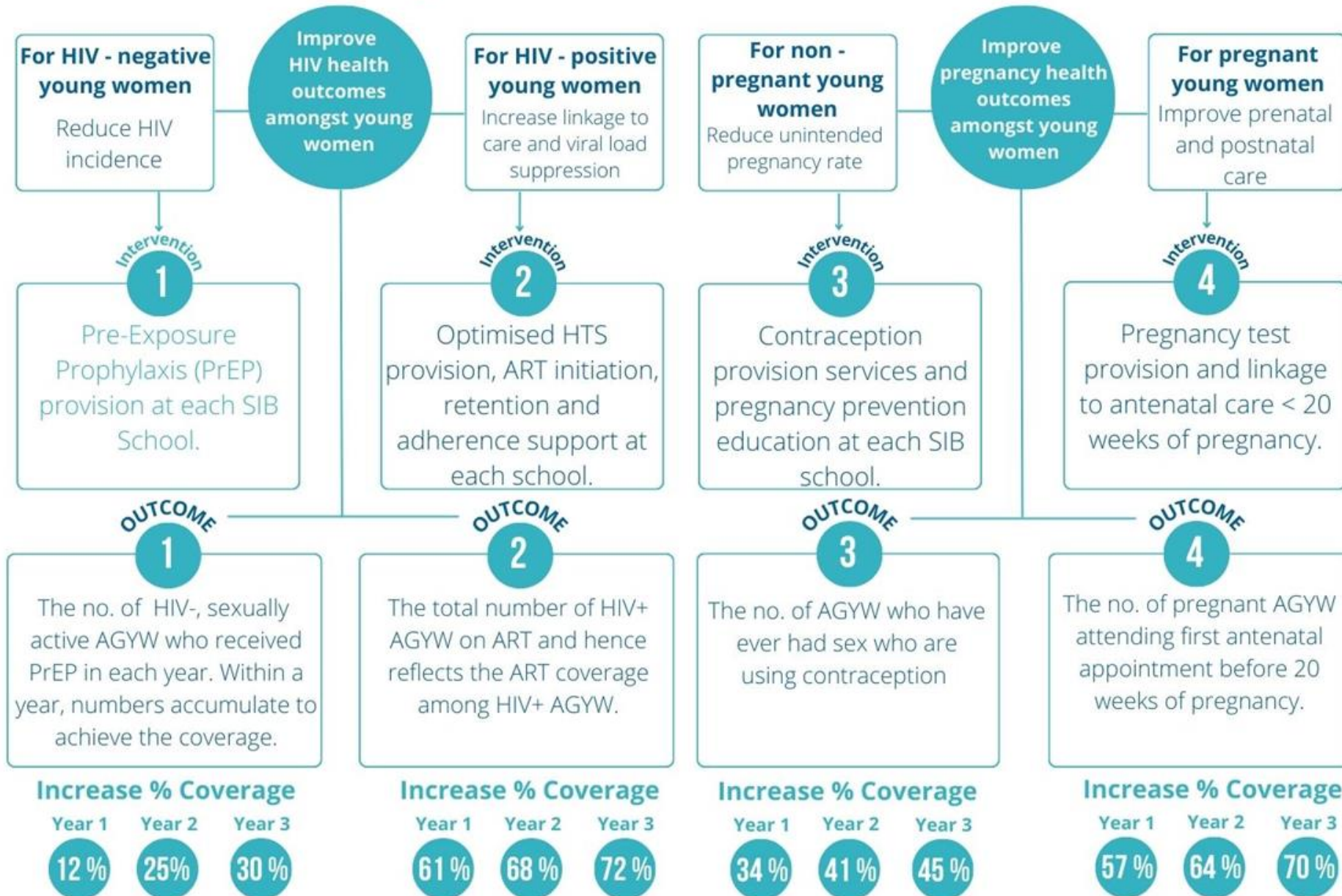
Return on investment by number of pregnancies averted for 15-19 year olds

- On an ambitious track, the return on investment is nearly fifty cents from every Rand invested in increasing contraceptive prevalence uptake

School drop out and Fiscal revenue forgone

- At least 33% of students dropout due to pregnancy
- The girls and adolescents who dropped out of school due to pregnancy and were able to participate economically and would earn nearly 2 billion Rands based on their years of school

Proxy Outcome Indicator Coverage



Partners of the Imagine Social Impact Bond



- Collaboration between SAMRC, DBE, NDOH, DSI and Treasury
- Supports the implementation of the Integrated School Health Programme and Comprehensive Sexuality Education
- The programme is 2.5 years focusing on adolescent girls and young women in 14 high schools across two sub districts in South Africa- Moretele in Bojanala and Newcastle is in Amajuba
- SAMRC drew the transaction together and sourced and contracted the outcomes funds, the investor and the implementer
- This transaction was signed off by the Minister of Finance and is considered as a loan even though the outcomes funds are earmarked for this project in the Medium-Term Expenditure Framework. This set a precedent as such a transaction was not previously implemented.
- The outcomes funds are provided from national treasury through the Department of Science and Innovation and then Department of Health annually to the SAMRC who manages these funds.
- The investor is the Rand Merchant Bank and they provided R25 million upfront in one payment to the SAMRC. They will receive the return on their investment at the end of the project and this is dependent on the level of achievement of the targets.
- The implementer is NACOSA (Networking AIDS Community of South Africa)
- The outcomes are verified quarterly by an Independent Verification Agent, Centre for Statistical Analysis and Research
- The Performance Manager is Innovation Guru, and they support continuous improvement by the implementer.
- Oversight for the project is being provided by the Project Management Committee that includes the implementer, performance manager, private investor and SIB unit in the Office of AIDS and TB Research.

What is the first word(s) that comes to mind when you think of innovative financing?

39 responses



Fareed Abdullah

(SAMRC)



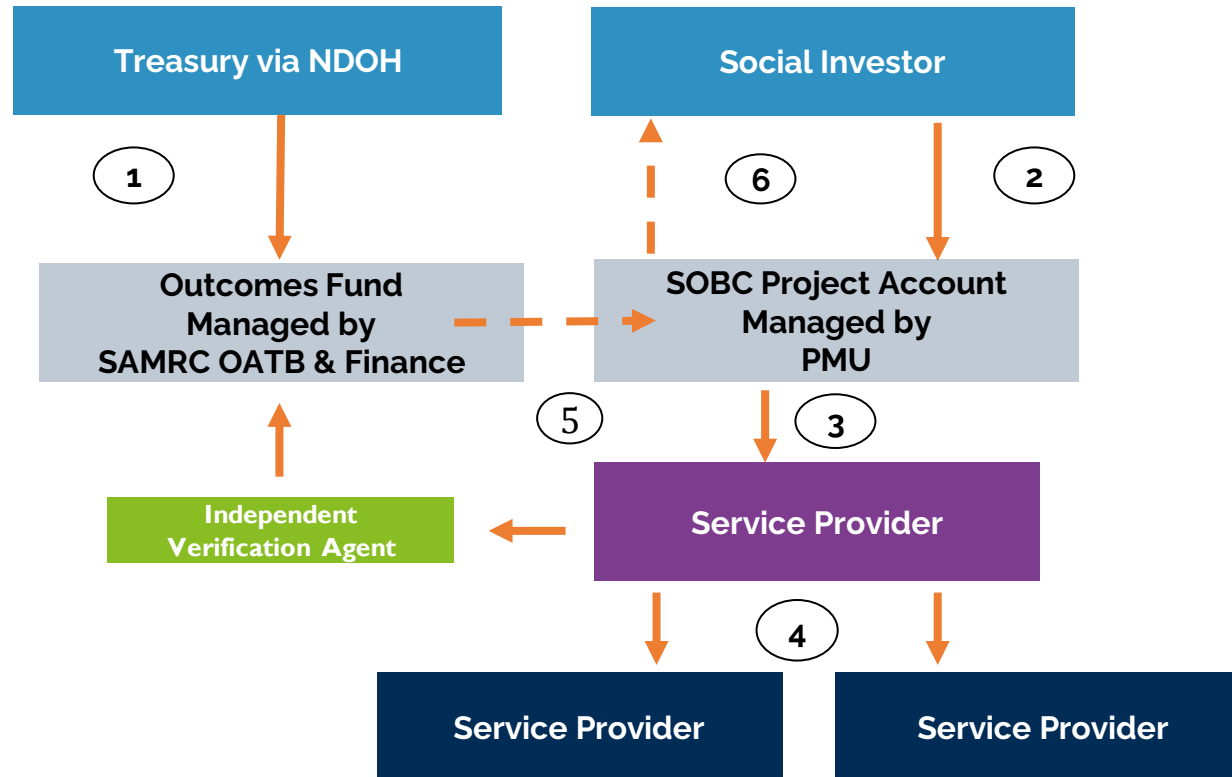
Fareed Abdullah is the Director of the Office of AIDS and TB Research at the South African Medical Research Council. A public health specialist, he initiated the Imagine Social Impact Bond and negotiated the SIB through the complex South African Government regulatory environment.

He is the principal investigator for the impact and economic evaluation of the Imagine SIB. Prior to joining the SAMRC in 2017, he was the CEO of the South African National AIDS Council.

Putting the Partnership Together

Fareed Abdullah, SAMRC

Partnership structure of the Imagine SIB



Putting the Partnership Together

- Funding negotiated with Treasury through the Department of Science and Innovation, now Department of National Health
- Funds for R&D, setup and support functions raised from the Global Fund managed via the AIDS Foundation of SA
- Technical assistance from Social Finance and the Bertha Centre
- Selection of Implementer (NACOSA) through open competitive procurement process (17 applications)
- Onboarding of Social Investor (RMB) through publication of an investment memorandum and briefings of potential investors
- Open procurement of performance manager and Independent Verification Agent

Janeli Kotzé

South African Department of Basic Education (DBE)



Janeli Kotzé is currently the Acting Director for Early Childhood Development at the South African DBE. She led the shift of the ECD function from the Department of Social Development to the Department of Basic Education in 2021. She is now responsible for leading ECD expansion and quality improvement in the Department of Basic Education.

She completed her PhD in Economics at the University of Stellenbosch, focussing on understanding the complexities of the South African education crisis and on the improvement of national policy around this issue.



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA



EOF | **EDUCATION
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South Africa ECD Outcomes Fund

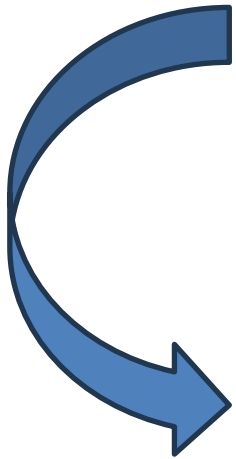
Exploring the opportunity and assessing the feasibility of using a Social Impact Bond

The 2030 Strategy for ECD Programmes

A shared vision and mission



Universal access to quality ECD prioritising the most vulnerable children



The definition of universal access is based on the one provided by the National Integrated ECD Policy. It means that **every community has the right mix and availability of ECD programmes to meet the needs of the families and children in that community.**

Social Compact for ECD

DBE:

- Legislation and policy for ECD
- Planning, coordination and directing access expansion
- Quality assurance and regulation
- Subsidising all eligible children

Sister Departments:

- Line function related mandates towards ECD
- Joint delivery of integrated programmes

Implementing partners:

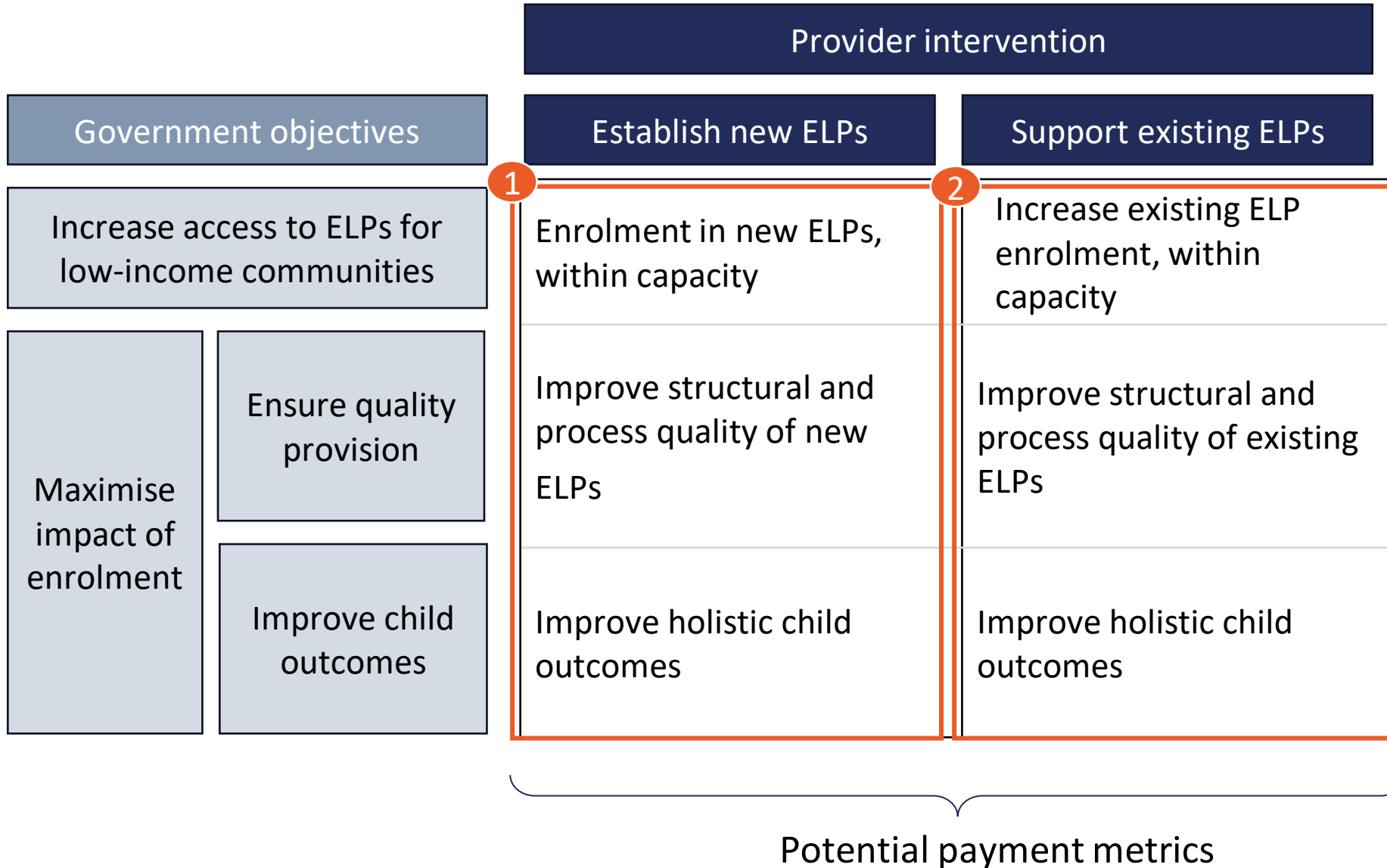
- Expanding access
- Quality improvement and support

Donors & business:

- Funding implementing partners for their support in expanding access and improving quality.



Design of the Results-based financing initiative



2 components to which funding can be allocated, based on provider intervention:

- 1 Establishing new, high quality ELPs
- 2 Expanding quality and capacity of existing ELPs

Key considerations

The Results-Based Financing (RBF) offers a unique opportunity to test the DBE's service delivery model at a considerable scale.

Through this initiative, the DBE aims to explore three critical aspects:

1. The **effectiveness** of outcomes-based funding in **fostering public-private partnerships** for expanding access and enhancing the quality of early learning programs;
2. The **efficiency and cost-effectiveness** of various implementation methods to achieve these objectives; and
3. The potential of outcomes-based funding as a means for private sector resources to **strategically complement** public sector funding to achieve common goals.

Galvanising support

Unique process:

- LEGO Foundation was the seed funder on the condition that:
 - Government contributes
 - We raise at least \$1million from local donors
- Because the DBE was willing to back this, other funders were more open to the conversation
- Key questions that they raised were regarding the sustainability of the project
- Our “first-mover” funder played a very large role in galvanising support.

How do we get from an externally managed fund to a gov't managed fund?

2025 – 2028

Phase 1

- Externally managed fund (EOF)
- EOF provides technical design support and pools funding from gov't, and donors
- In-country management unit embedded in gov't to build institutional capabilities on OBF and adapt the government's procurement processes
- Legal support to develop outcome-based agreements
- Capacity-building OBF workshops for gov't

The case for scale – additional funding will go directly towards paying for results, improving the programs reach and value for money

2028 – 2030

Phase 2: National scale-up of the PPP model

- Externally managed fund
- Continue using external technical design support to build gov't's capabilities to pay for outcomes using different instruments (e.g., impact bonds, performance-based contracts with RTOs)

OR

- Fund one or more intervention models (based on the cost-effectiveness data generated in the OF) with traditional KPIs and monitoring

2030 – Beyond

Phase 3: Fund within gov't

Potential structures include:

- **Gov't managed fund** (pooling funding from its own budget, donors, and the private sector): Gov't designs and issues different outcomes-based instruments or funds traditional PPPs
- **Challenge Fund** (similar to the National Treasury's Jobs Fund): Allocate grant funding to projects that meet the eligibility criteria through a competitive process.
 - Applicants must demonstrate the ability to secure matched funding.
 - Payments can be made based on inputs, outputs, or outcomes.

Marieta De Vos (NACOSA)



Marieta started her career in 1983 and gained much experience in public health and social development policy while serving in the Departments of Health and Social Development. She joined the NGO sector in 1997 focussing on gender-based violence and skills training for youth. After serving as the Executive Director of Mosaic, a GBV organisation for several years she joined NACOSA in 2010 to implement the first Global Fund Civil Society Principal Recipient grant in South Africa.

She managed NACOSA's Global Fund grant for ten years and now oversees all grants/programmes of the organisation. She holds degrees in Demography and HIV & AIDS Management and has a special interest in integrated SRHR and HIV/AIDS programmes and led the application process as Implementer of the Imagine SIB programme.

Convening partners and securing preliminary commitment

Marieta de Vos (NACOSA)

Implementer perspective

- NACOSA is the Implementer in the SIB
- NACOSA became involved through a competitive bidding process – proposal based on a published RFP. We were shortlisted and had to do a presentation of our proposal
- What was needed to convince you to participate in the SIB?
 - We needed to understand the mechanics of a SIB and how it differs from a normal grant
 - We had to understand the risks involved and weigh up the pros and cons of being the Implementer
 - We had to ensure that the programme aligned with our work and field of experience and future strategy
 - It was important to know that there was ample potential for flexibility and innovation, that it is not a carbon copy of existing AGYW programmes
- Key factors NACOSA considered when evaluating whether to participate in the SIB
 - The theory of change used in the RFP
 - How the stated outcomes would be measured
 - The feasibility of implementing the grant successfully (reaching the targets within the limit of the budget). What are the risks of not reaching the targets
 - The geographic areas for implementation
 - Trust in the partners involved esp the Outcomes Funder, the Investor, the Verification Agent and Performance Manager – potential for real collaboration
 - Opportunity for learning and being involved in a new and innovative funding mechanism, learning with partners

Lessons learnt/Insights

- The process running up to contracting can take much longer than anticipated
- An extended period of planning can lead many changes in implementation workflows which impact on the data system that has to be revised repeatedly
- Setting up of a project in completely new areas take long and needs more than a 3-month mobilisation period – infrastructure, stakeholder liaison, recruitment, capacity building
- What could have been done differently?
 - The payment mechanism could be made clearer at the start
 - Target setting process could have been made shorter by bringing in TA
 - Upfront working capital would have been great
 - Creating opportunities for engagement with school going young women to test the planned interventions with them
- What should organisations wanting to set up a SIB be mindful of when reaching out to implementers?
 - They should have certainty about the project's timeline, make it as long as possible
 - If govt is the outcomes funder to already set plans at the outset of transitioning the project to govt for continued implementation or funding of it

Negotiating the Regulatory and Legal Environment for SIBs – the experience of the SAMRC

Fareed Abdullah, SAMRC

The Regulatory Environment

- Neither PPP nor Loan
- Is this a Bond?
- A SIB is a future financial commitment (good starting point)
- A SIB could be described as a loan, the interest of which is variable depending on the achievement of results against targets
- Section 218 (1) of the constitution states that, 'The National Government, a provincial government or a municipality may guarantee a loan only if the guarantee complies with any conditions set out in the national legislation.'
- Section 66 to 70 of the Public Finance Management Act provides the legislative framework for the issuance of a guarantee.
- The MOH as executive authority of the SAMRC, requested and received approval of the transaction from the MOF in terms of Section 66 (3)(c) of the PFMA
- No guarantee was provided as the funds were earmarked in the budget book.

The Legal Requirements

- Legal opinion of the SAMRC's mandate (SAMRC Act)
- Approvals required from SAMRC Board, Minister of Health (materiality framework) and concurrence of the Minister of Finance. Request has to be from the Executive Authority
- Transaction treated as a loan – required approval from the Treasury Fiscal Liabilities Committee
- Accounting treatment as a contingent liability on the SAMRC balance sheet until the year in which the reimbursement is due and the variable return crystallises
- Deferred income on the balance sheet

Contracts

- With the Line Department (first DSI, now NDOH)
- Contract with investor capturing the counterfactuals and targets, capped ROI, loss of return or portion of capital, addressing underperformance, cancellation clauses
- Contract with implementer defining package of services, targets and budgets
- IVA
- Performance manager
- AFSA (Global Fund) for support grant
- ABSA Bank for economic evaluation and LAN

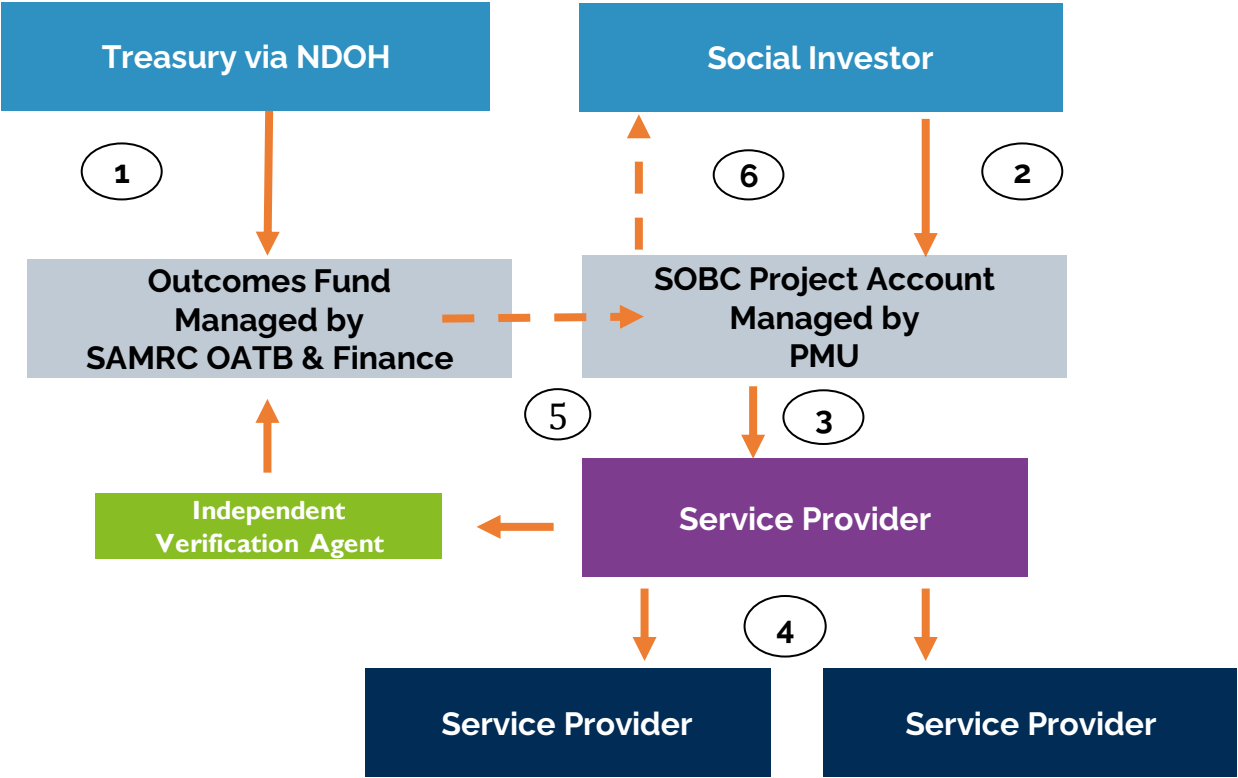
Social Investor Regulatory and Legal Issues

- Treatment as a hybrid instrument (debt financing with features of an equity investment)
- Regulated by a revised section 8F and a new section 8FA of the Income Tax Act
- Internal investment committees
- Due diligence of the transaction

Lessons learnt

- Secure guarantee and upfront outcomes funding
- Ensure borrowing efficiency and optimising interest on cash balances
- Secure approvals in advance of putting the transactions together
- Choose transaction carefully

Structure of the Imagine SIB



Steve Cohen

(Genesis Analytics)



Steve Cohen is a principal in the Health Practice at Genesis Analytics and co-leads the practice's health financing and economics unit. He has more than 20 years of consulting experience in health and development.

Steve specializes in public health finance, costing and economic analysis, and budget support to national and sub-national government programs across several African countries. He has experience in outcomes-based financing and has worked extensively with international development partners, assisting countries in improving the value for money of HIV and health investments.

Costing and budgeting for SIB interventions

Providing cost and budget information at the right level of detail at the right time

Steve Cohen – Genesis Analytics

Introduction

- Costing and budgeting is often introduced at the end of the design of a new project or intervention.
- Seeks to answer the big question on whether proposed intervention and financing mechanism offers sufficient value for money in terms of economical procurement, cost efficiency, cost effectiveness and equity.
- This presentation will outline why cost analysis is so important in the early stages of setting up a SIB and why certain information is needed at different phases of developing a SIB to inform good decision making.
- The presentation draws from the experience of the Imagine Social Impact Bond

Social Impact Bond Lifecycle – Pre-implementation stage

When should costing and budgeting commence?

Research and concept development phase

- Develop theory of change
- Convene scientific expertise and advisory committee
- Gather evidence to support investment case for the intervention
- Discussions with potential outcomes funder

Intervention design and partner mobilisation phase

- Establish size and scope of intervention and understand cost implications
- Compare unit costs with benchmarks

Co-develop intervention implementation plan and partnership arrangements

- Intermediary and implementor develop results framework and refine scope and scale of intervention.
- Establish price per outcome
- Financial modelling of earnings, payments and available cash each month under different scenarios.

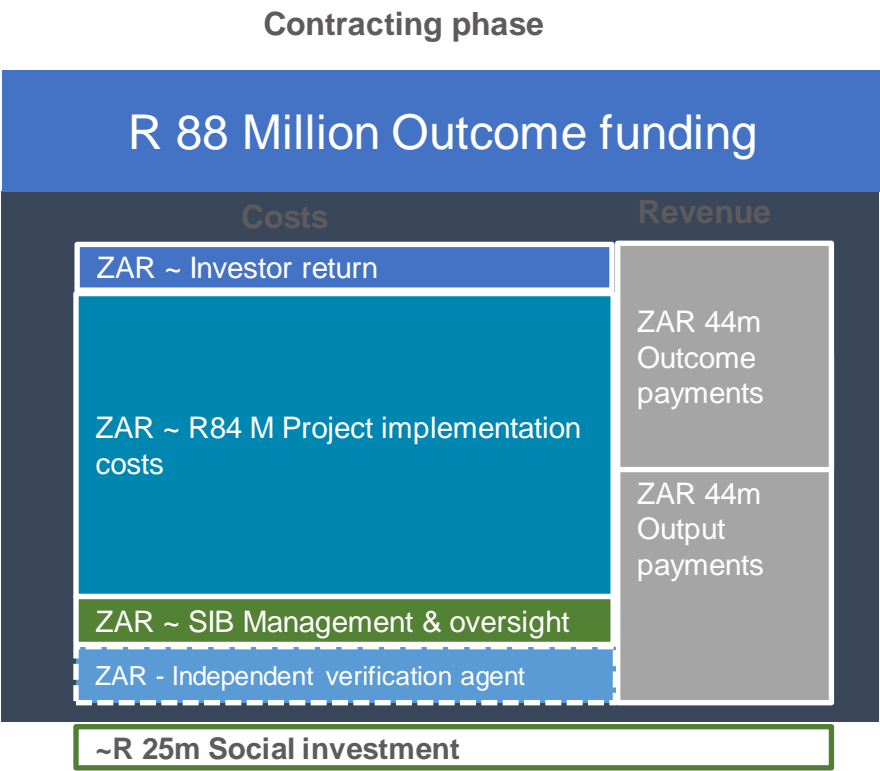
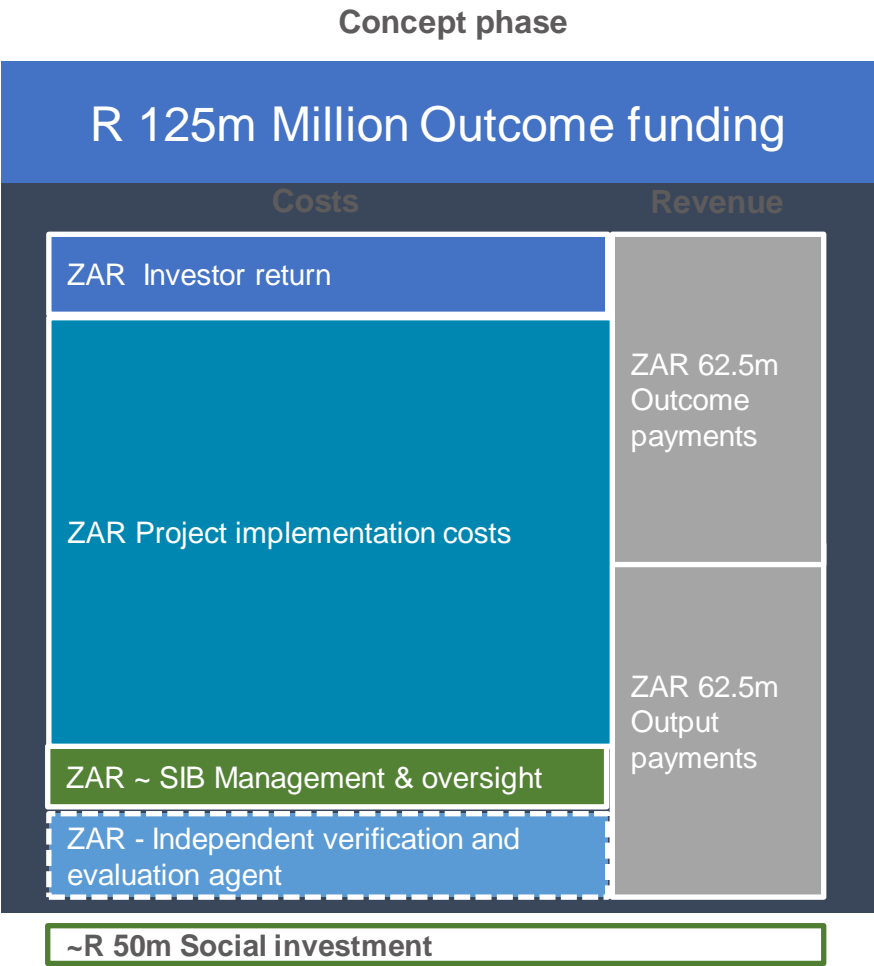
Contracting phase

- Agreements finalised with implementor, outcomes funder and social investor
- Stakeholder mobilisation

Level of cost and budget granularity increases



The cost structure of the Imagine SIB



Requirements for costing and budgeting

- Results framework with activities and outputs
- Service delivery model – how will the services be delivered and by whom
- What is the package of services? What will be included and excluded?
- How many sites (sub-districts and schools)
- How many people will be reached with each service?
- What resources are required to deliver each service
 - Set up costs
 - Staff – how many beneficiaries can be reached with each service delivered
 - Commodities
 - Running costs

Lessons learnt for costing and budgeting from the Imagine SIB

- By including a costing specialist in the technical team from the concept note stage enables better and more pro-active decision making around the scope, scale and affordability of the intervention.
- The costing and budgeting information is critical for defining outcomes targets and iterating an intervention that fits within the available outcomes funding and social investor capital envelope.
- The cost structure of each outcome and the intervention budget are key elements for developing the SIB financial model.
- A costing and budgeting tool should be well designed to flex with changing input variables that include input prices, target group sizes, epidemiology, number of delivery sites etc, to facilitate speedy iterations to intervention design
- Work closely with the programme implementation team – cost analysis and budget information require a deep understanding of the intervention.

Final budget for the Imagine SIB Project

Implementer	Q1 Budget		Q2 Budget		Q3 Budget		Q4 Budget		Q5 Budget		Q6 Budget		Q7 Budget		Q8 Budget		Q9 Budget		Q10 Budget		Total Budget
1 - NACOSA	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
2 - Kheth'Impilo	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
3 - Future Families	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
Grand Total	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 83 345 717

Service Delivery Unit	Q1 Budget		Q2 Budget		Q3 Budget		Q4 Budget		Q5 Budget		Q6 Budget		Q7 Budget		Q8 Budget		Q9 Budget		Q10 Budget		Total Budget
A - Mobilisation and demand creation	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
B - Non-clinical services	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
C - Clinical services	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
D - Monitoring, evaluation and reporting	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
E - Management & supervision	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
F - Capacity building	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
Grand Total	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 83 345 717

Cost Group	Q1 Budget		Q2 Budget		Q3 Budget		Q4 Budget		Q5 Budget		Q6 Budget		Q7 Budget		Q8 Budget		Q9 Budget		Q10 Cost		Total Budget
100 - Personnel – direct services	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
200 - Personnel – support services	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
300 - Pharmaceutical products	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
400 - Health products	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
500 - Transport	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
600 - Other recurrent goods and services	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
700 - Overhead costs including utilities	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
800 - Non-recurrent costs: Staff recruitment & training	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
900 - Non-recurrent costs: Equipment	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 1 000
Grand Total	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R	100	R 83 345 717

THE ECONOMIC EVALUATION IS DESIGNED TO EVALUATE VALUE FOR MONEY OF THE IMAGINE INTERVENTION

Economic Evaluation

Cost analysis

Efficiency
analysis

Cost
effectiveness
analysis

Budget
impact
assessment

- The **overall objective** of the economic evaluation is to assess the costs, and cost-effectiveness of the Imagine SOBC intervention as well as the affordability for Government to scale up the intervention.
- Evidence is required to support future government decision-making that considers, inter alia,
 - the quantum of future public sector budget allocations to AGYW services
 - Whether to adapt and scale up the intervention and with what changes
 - The optimal financing and purchasing mechanisms for combination prevention services for high-risk groups

THERE ARE 4 COMPONENTS OF THE ECONOMIC EVALUATION

• 1. Cost and 2. Cost efficiency analysis

- What is the **total annual cost** of implementing the Imagine Intervention?
- What is the **average cost per girl** enrolled and cost per girl receiving each service offered?
- What are the resources and services that are the **main cost drivers** of the intervention?
- What is the **comparative cost efficiency for service delivery** between sites and between clusters of schools, and what are the drivers of these efficiencies?
- How does the unit cost and total costs **compare to other similar interventions** in South Africa?

3. Cost effectiveness analysis

- Are the clinical prevention services as well as the full comprehensive package of care cost effective?
- Does the increased cost of a comprehensive package increase the effectiveness of HIV prevention and unplanned pregnancy prevention?

4. Budget impact analysis

What is the **prospective budget impact over 3 years** of scaling up a normative, optimised design of the Imagine intervention, that considers cost efficiencies observed and projected available funding?

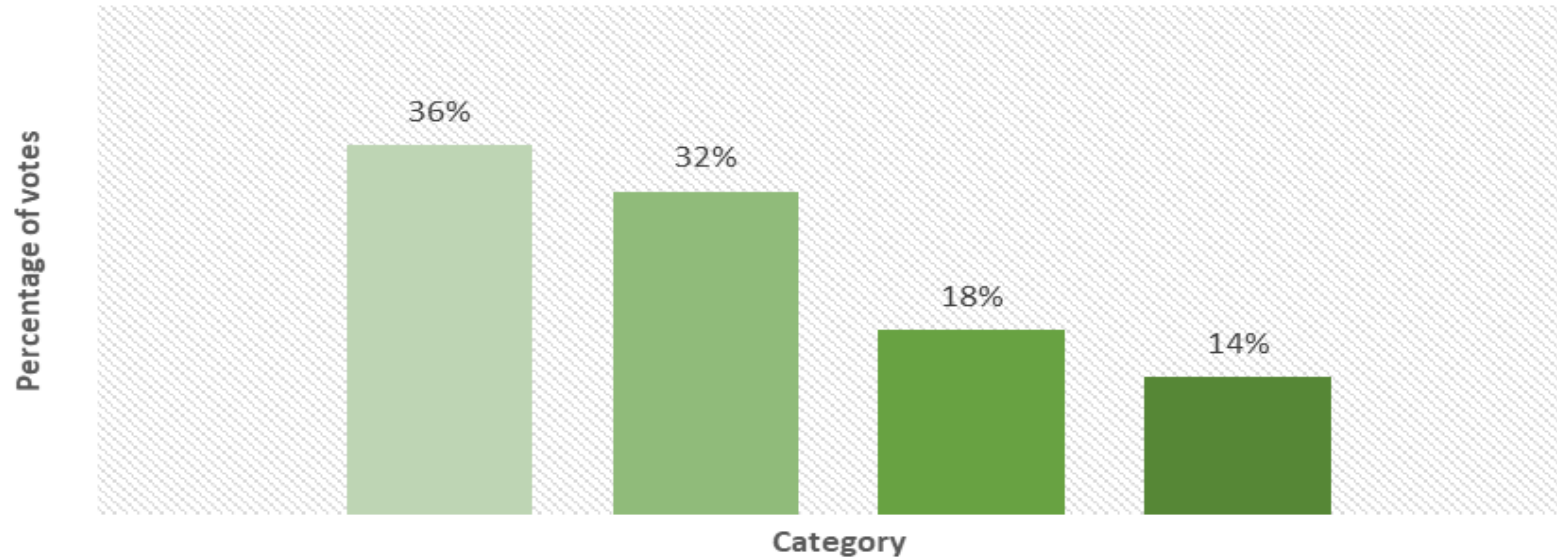
Q & A

Please address questions to the speakers using the Q&A function

What topic would you be most interested in engaging with next?



Poll results



- An overview of the innovative financing landscape
- Conducting financial modelling and risk assessment for SIBs
- How are other African countries using outcomes-based financing across various sectors, and what lessons can be learnt?
- Setting up the contract systems and preparing for SIB implementation

Interested in becoming part of a community of practice to exchange ideas, share best practices, and collaborate on research and projects around outcomes-based approaches for health in Africa?

Sign up to become part of the invest4health learning and action network and stay up to date with future webinars



For further inquiries, please email nevilene.Slingers@mrc.ac.za

We appreciate your participation and engagement!