

INVESTORS GROUP MEETING REPORT

MAIN CONCLUSIONS AND ACTION POINTS

1. The Investors Group approved the Report of the Fourth Investors Group meeting and requested that in future the Secretariat include a status update on the implementation of the action points as part of the Report.
2. The Investors Group adopted the **Agenda** (GFF-IG5-1) of the meeting as proposed.
3. The Minister of Health from **Liberia** provided a detailed account of the country's GFF experience (GFF-IG5-3 PPT). The Chair noted the following follow-up for the GFF:
 - Noting the challenges faced by Liberia in tracking the health resources being implemented in the country, the Investors Group should look at ways to foster better alignment, coordination and transparency amongst partners, possibly using IHP+ alignment indicators;
 - The Investors Group should take a proactive approach to addressing the financing gaps that are emerging in relation to the Investment Cases, possibly looking at innovative mechanisms to advance financing, and using the health financing strategy process to rigorously examine the budgets for opportunities to make more cost effective investments.
4. The **GFF Portfolio Update** demonstrated that progress is being made (GFF-IG5-2). The Investors Group requested the following:
 - A further discussion on the pathway to impact and the results framework, possibly at the next Investors Group;
 - That the latest information on approved Trust Fund and IDA allocations be provided in summary form as part of the Portfolio Update and that as far as possible the GFF Secretariat provide information on the domestic resource allocation to the Investment Case as well as complementary financing. Sufficient time should be allocated at the Investors Group meeting for this agenda item.
5. Country representatives from Bangladesh, Sierra Leone and Nigeria participated in a **Lessons Learned Country Panel** (GFF-IG5-10). The Investors Group noted the following points for follow up:
 - More information about the added value that countries have experienced in working with the GFF should be made available.

6. The Investors Group approved the **Civil Society Engagement Strategy** (GFF-IG5-5) The Investors Group suggested:
 - That the strategy be regularly reviewed and updated based on the experience gained in implementation in GFF countries;
 - That the Investors Group discuss CSO Engagement on an annual basis;
 - That the diversity of roles that CSOs play be taken into account in the implementation of the strategy and mapped to show the contributions CSOs make across the value chain;
 - That the CSOs present a costed implementation plan to the next Investors Group with options on how this can be funded;
 - That capacity building be undertaken with local CSOs in GFF countries to ensure they are able to engage in the most effective manner.

7. The GFF Secretariat gave an overview of the **Resource Mobilization** strategy for the GFF Trust Fund replenishment (GFF-IG5-6). The Investors Group recommended that the Secretariat should:
 - Ensure the value proposition highlights the multi-sectoral nature of the GFF facility, innovation, gender equity and how things are being done differently to ensure smart, scaled and sustainable financing with countries in the driving seat;
 - Be clear on what the donors are buying and how the GFF TF replenishment will contribute to closing the overall RMNCAH-N financing gap;
 - Learn from the experience of Gavi and the Global Fund replenishments and build on their successful models by leveraging a series of events for donors to announce commitments to the GFF TF throughout the replenishment process, aligning with donor specific decision-making timelines and visibility opportunities;
 - Work with partners to benefit from the wide range of advocacy opportunities that can be used over the next eighteen months;
 - Work with all partners in the EWEC ecosystem to develop joint advocacy and common messaging; an advocacy toolkit is needed for Investors Group members to use in their outreach to donors on behalf of the GFF.

8. The session on **Financing for RMNCAH** (GFF-IG5-4) was focused on efficiency, namely achieving more with the available resources. The Investors Group noted the following:
 - The urgent need to move from theoretical solutions to action and to provide support to countries for their reforms in relation to efficiency;
 - The GFF Secretariat will highlight relevant ways to address efficiencies as part of the *Guidance Note on Health Financing* which can then be used to guide country level action.

9. The Investors Group adopted the revised Governance Document (GFF-IG5-7, Annex 1) as the guiding framework for the Global Financing Facility (GFF-IG5-7). The Investors Group requested a presentation on the organizational structure of the Secretariat at the next Investors Group meeting.

APPROVAL OF AGENDA

The GFF Investors Group (IG) held its fifth meeting 24 April 2017 in Washington, DC. The meeting Agenda (Annex 2) and a follow-up table (Annex 1) are attached. The documents including a Participant List are available at www.globalfinancingfacility.org. The Chair welcomed all participants, including new members, and expressed appreciation to the several Ministers of Health and additional country and donor representatives in attendance. He noted that the preceding week had been busy with several GFF related events and meetings including: the GFF Countries Learning Workshop, the flagship event at the World Bank Spring Meetings on adolescents which featured the GFF very prominently, and the Universal Health Coverage Financing Forum. The Report from the fourth IG meeting was approved (GFF-IG4-Report), noting that in future the agenda item will include a status report on the follow-up items. The Agenda (GFF-IG5-1) was approved.

FOCUS COUNTRY: LIBERIA

The Honorable Dr. Bernice Dahn, Minister of Health and Social Welfare, Liberia, presented an overview of the GFF process in Liberia (GFF-IG5-3) noting that the RMNCAH Investment Case had been drawn from the *Investment Plan for Building a Resilient Health System 2015-2021* which provides the overall blueprint for Liberia's health sector investments post-Ebola. Dr. Dahn emphasized the very inclusive process followed by Liberia and evidence-base that guided the prioritization process. She noted Liberia's continued reliance on external funding for the health sector, and the considerable financing gap that remains. Dr. Dahn also highlighted the GFF support to the development of the health financing strategy with the aim of developing Liberia Health Equity Fund and establishing a resource allocation formula and strategic purchasing through Performance Based Financing.

The IG expressed great appreciation for the information shared in the presentation. The subsequent discussion focused on:

- The partnership that had been established during the process was notably different in that the government was clearly in the driving seat, particularly in discussions with the financiers about funding allocations in line with the Investment Case. The process brought better alignment and transparency to the investments and the IG was interested in ways this could be better supported and codified to develop tools to support this alignment;
- Civil society engagement in the development of the Liberian Investment Case had been very good and further collaboration is expected around the monitoring of the implementation of the Investment Case, although it is recognized that they need support to play this role, particularly financial resources for local CSOs. The private sector, CSOs and UN agencies are also directly involved in implementation through government contracts;
- Concern was expressed at the continued financing gap and IG members thought that more needs to be done to help meet the needs. It was noted that Liberia already makes a relatively high allocation of health spending to GDP (12.4%) and so there is not a lot more to be gained out of domestic resources, although there is the possibility of better use of the health budget that goes directly to the counties and districts. They are also looking at health insurance schemes since there is some ability for people to pay for health services. The country is furthermore looking at efficiency gains as well as allocation of funding

to priority areas. In this they are not always aided by donors who are not completely transparent about what they are funding. The challenge of resource mapping and tracking of donor commitments and expenditures remained a fundamental one for governments trying to plan implementation in the most effective way.

- Adolescent health is a key priority in the Investment Case and this is being driven by a special unit in the ministry led by young people who are working closely with the family health centers and the county health boards. Community involvement has been key and the GFF is helping to get the services closer to the poorest in the most remote counties;
- There has been a focus on multi-sectoral engagement including water and sanitation and education, and building alliances with other ministries.

PORTFOLIO UPDATE

LESSONS LEARNED COUNTRY PANEL

The country panel on Lessons Learned then presented some experiences, facilitated by Ms. Petra Vergeer from the Secretariat. The panel included representatives from three countries who had attended the GFF Learning Workshop the week before, namely:

- Mr. Ashadul Islam, Additional Secretary and Director General Health Economics and Financing, Ministry of Health and Welfare, Bangladesh;
- Dr. Santigie Sesay, Director Reproductive and Child Health, Ministry of Health and Sanitation, Sierra Leone;
- Dr. Banji Filani, Adviser to the Minister of Health, Nigeria.

The following key points were presented and discussed:

- Progress on adolescent health in Bangladesh has been significant and can be partially attributed to expanding education for girls; this will be the focus of increased investment. There is a need for more collaboration between sectors to better utilize resources. The financing picture in Bangladesh was queried as there is a need for more domestic resources to be allocated to these priorities. There is currently a high dependence on external financing for the sector wide plan.
- In Sierra Leone, adolescent health was a big concern even before Ebola had a very negative effect on health systems. A multisectoral approach is seen as critical to be able to achieve the results related to improved adolescent health outcomes. Resilience is another central aim of the priorities identified in the RMNCAH Strategy, which serves as the Investment Case for Sierra Leone, to ensure the health system is able to respond to outbreaks such as Ebola. The GFF has added value through encouraging the engagement with other sectors to address the identified priorities.
- In Nigeria the focus is on equity and addressing the poor health outcomes in the North Eastern region of Nigeria. Results-based financing has been effective in driving results in the country and is being scaled up in the Northern conflict affected region. In addition, with the help of an innovation challenge, private sector partners are being identified to help scale up proven interventions to achieve RMNCAH outcomes who can make a difference in the region. The GFF has been a strong convener for the process to bring

stakeholders together and creating a platform for engagement within the country, if it works it will be a good example to share with other countries with fragile regions.

The Chair thanked the panelists and then invited the IG members from partner countries to give short updates on progress to date:

- Ethiopia pointed out that they are moving towards implementing the Health Sector Transformation Plan and that the GFF had been extremely helpful in filling in the financing gaps for the plan and in guiding the development of the health financing strategy which is in the approval stage with national health accounts to be prepared by the government. The added value of the GFF has particularly been in the issues of quality and equity. The GFF Trust Fund will support Additional Financing to the Program for Results project, and is expected to be approved by the Bank Board in early May 2017.
- In Kenya there have been two main learnings, firstly, the GFF platform is critical in providing a space where discussion takes place on how to do things more efficiently or differently to lead to better outcomes, including how money can be saved and reprioritized if delivery were more efficient, and secondly, to provide a planning mechanism for how to ensure service delivery in a devolved system and to put in place systems for monitoring and ensuring good use of resources at the county level.
- Senegal is nearing the end of the development of the Investment Case which was developed in a broadly consultative way with all sectors and is nearly ready to be validated. They are looking at how to mobilize different actors including the private sector. A major challenge will be the health financing strategy and defining how much money is available for the priorities.
- Myanmar noted their special interest in the GFF and hence how pleased they were to be able to attend the meeting. They noted the need they had for technical assistance to develop a viable health financing strategy where they need good examples and guidance. They are also challenged by the need of the government to get a real idea of who is doing what in the country and develop a coherent and holistic plan. Financial management is another area where they need support.

The subsequent discussion focused on:

- How the GFF can support countries to learn from each other and how good examples in health sector transformation or reform can be captured and shared amongst countries. For example, quality monitoring and coaching of midwives can dramatically improve the services provided, and since midwifery services contribute to a key building block for UHC this is a valuable example to share with other countries;
- How to support countries to engage more easily and effectively with the private sector;
- How countries are managing to prioritize across sectors and how to ensure that key interventions are being chosen on a strong evidence-base;
- How the GFF and the IG should work more effectively with countries to help close the financing gaps and how the needs identified during IG meetings can be conveyed to the rest of the global health community, including the EWEC High Level Steering Group;
- Defining the role of the IG in tracking resources committed to Investment Cases over time, and how the IG can play a constructive role in ensuring resources are effectively supporting implementation of the Investment Case.

Dr. Monique Vledder then presented a brief update on the overall progress in GFF countries noting that nine projects had gone to the Board. She emphasized the multisectoral nature of the GFF approach with investments involving education, social protection and water and sanitation.

The IG asked for the following in relation to these updates:

- More information on how the GFF Trust Fund, in particular, was contributing to change in countries, what is the theory of change and what is the added value of the GFF involvement? They also asked for more information on the scale and how many people are likely to be reached as a result of this funding. These were important aspects of the value proposition of the GFF which will be necessary for resource mobilization;
- More time in future to be spent on a discussion of the portfolio and how the IG could work in closer alignment to achieve results;
- More information on how the GFF is investing in all aspects of the continuum of care, for example, more detail on investments in family planning;
- The latest information on approved Trust Fund and IDA allocations to be provided in summary form as part of the Portfolio Update and that as far as possible the GFF provide information on the domestic resource allocation to the Investment Case as well as complementary financing.

The Secretariat noted that there are differences across countries so it is not appropriate to aggregate too much across the portfolio. At the next IG meeting the Secretariat will show more of the theory of change and the pathway to impact; additional information on how the multistakeholder platforms are working, and an update on the financial allocations per country which will be included in an annex to the Portfolio Update.

CSO ENGAGEMENT STRATEGY

The IG CSO representatives Dr. Aminu Garbo and Ms. Angeline Mutunga presented the CSO Engagement Strategy for adoption by the IG (GFF-IG5-5). They noted the importance of CSO engagement with the GFF and hoped there would be strong support for this engagement from the IG. They pointed out that a time bound and budgeted work plan will be developed to ensure implementation of the strategic approach, including ensuring key partner roles and responsibilities are implemented. They also noted that the issue of funding to country level CSOs remained to be discussed.

IG members noted the following:

- The role of CSOs is clearly important and it would be good to include consideration of how CSOs contribute to specific results as part of the analysis of their contribution. In particular, they can contribute on specific issues such as SRHR, adolescents, and CRVS among others so it would be good to track if they are being engaged on these issues by the country platforms;
- Members wanted the CSOs to focus more on supporting implementation and service delivery and noted the need to keep up the dialogue to ensure this is not just about having a voice but ensuring results and effective implementation. There was strong support to keep CSO engagement as an item on the agenda and have the CSOs report back on progress and in particular how they are contributing to Investment Case results;

- Several members noted that CSOs receive funding from many of the members already and there was some discussion on how to make the most of CSOs already working in the field;
- There was a request from countries for CSOs to coordinate amongst themselves more effectively at country level so that they don't compete but instead work together to support programs; the intention to work together to build on existing platforms and to bring communities together needs to come through more clearly in the strategy, and local CSOs need capacity building to properly fulfill their roles;
- The issue of financing for CSOs was deferred to a future discussion.

The CSO Engagement Strategy was approved by the Investors Group.

RESOURCE MOBILIZATION STRATEGY

Dr. Mariam Claeson, Director of the GFF Secretariat, presented an overview of the GFF Trust Fund Resource Mobilization strategy (GFF-IG5-6 PPT). She noted the objectives of the replenishment process and asked IG members how they could contribute to the process and provide support.

The IG had the following feedback:

- The EWEC High Level Steering Group would be interested in supporting the GFF replenishment but needed greater clarity on the joint messaging and how the GFF will help close the gap on financing as well as help achieve the broader SDG goals;
- There was support the replenishment to take place over a series of events but caution expressed that several of the events, such as UNGA or the WBG Spring Meetings can have a very crowded agenda and thought would need to be given as to how the GFF can stand out;
- It was suggested that the GFF needs to work closely with other replenishment efforts, such as the push on education, to ensure common ground and mutually supportive messaging;
- The investment case for the replenishment needs to be very clear on the 'ask' and the GFF should perhaps reach out to partners for help on developing this since it has to be clear what donors are investing in and how it fits in the broader landscape of EWEC, PMNCH, Global Fund, Gavi, UNFPA and so on. Important to focus on some key areas of GFF value add, such as efficiency, and to have a very clear end goal for the process. It's also important to understand the reasons why some bilateral donors are hesitant to contribute to the Trust Fund;
- The GFF needs to show what it can do in humanitarian or fragile situations; this is important for EU donors;
- It is important to ensure representation of donors so there should not be too many limits on membership of the Trust Fund Committee;
- There is a need for a champion to guide the process and be a visible supporter of the replenishment;
- An advocacy toolkit needs to be developed to help partners support the process and also identify ways to leverage the non-financial assets of the IG members.

The Secretariat noted some of the value in contributing to the GFF was in the ratio of Trust Fund to IDA (currently at 1:4) which brings in domestic resources. Innovative financing is also attractive with what the GFF is doing on social impact bonds and credits. Country ownership and being country driven is also much appreciated by investors. The GFF welcomes working with EWEC and PMNCH and being part of a bigger tent and to ensure

this is achieved the GFF will be asking partners to join a high level steering committee for the replenishment. The Secretariat committed to working with the IG to ensure they can support the resource mobilization efforts. They requested guidance on additional opportunities for engaging donors over the months leading up to the replenishment events.

FINANCING FOR RMNCAH - ACHIEVING MORE WITH AVAILABLE RESOURCES

Dr. David Evans, Lead Economist consultant for the World Bank, made a presentation on efficiency based on the background paper on *Health Financing: Achieving More with the Available Resources* (GFF/IG5/4). He covered the following areas in his presentation (available at www.globalfinancingfacility.org):

- Why is efficiency important to the GFF?
- What is efficiency and the main sources of inefficiency?
- Measuring efficiency
- GFF's approach to supporting countries to improve efficiency and lessons learned.

This presentation was supplemented by a panel of three country representatives: Mr. Ashadul Islam, Bangladesh, Dr. Santigie Sesay, Sierra Leone and Dr. Banji Filani, Nigeria who gave examples of efficiency in their countries. In Nigeria, the model proposes to channel funds directly to the local state government in response to results achieved, thus addressing inefficiencies in funding flows by transferring funds directly. When positive outcomes are established, the model will be scaled up. In Sierra Leone expenditure per capita is much higher than in other countries so this is a huge indicator of inefficiency. They are looking to improve community level service delivery to save resources. In Bangladesh, great savings have been achieved by focusing on resourcing the primary health care package. They are looking at how to achieve more savings through a public financial management review.

Discussion from IG members focused on:

- IG members supported the focus on efficiency as one of the most important ways to find more resources for health and as a great opportunity for IG members to work together to support countries in achieving more efficient health spending;
- The country examples were welcomed as members supported a discussion of practical solutions to efficiency and noted the need to provide support to countries for their reforms in relation to efficiency;
- It was suggested that Investment Cases should explicitly identify two to three inefficiencies and actions to address them;
- It was noted that this is an area where the World Bank can provide a useful contribution to the GFF. The UHC Financing Forum had provided a wealth of opportunities to improve efficiency in health spending and the Bank can support this work;
- Support was expressed to focus more on private sector partnerships as this is an area where the private sector excels and it is easier to track value for money in private sector partnerships.

Ms. Mirja Sjoblom from the Secretariat acknowledged this is a very promising area for GFF countries to make rapid progress. While expressing caution at the rankings provided in the paper, the Secretariat emphasized the importance of tracking data on efficiency and monitoring progress over time. The GFF Secretariat will highlight relevant ways to address efficiencies as part of the *Guidance Note on Health Financing* which can then be used to guide country level action.

GOVERNANCE AMENDMENTS

Ms. Dianne Stewart from the Secretariat presented the outcome of the governance consultation that took place on March 14, 2017, and the subsequent amendments for decision and approval by the IG (GFF-IG5-7). She noted that if the amendments are approved and adopted during the meeting, the Secretariat will start working immediately with individual groups for implementation. The IG made comments and noted some areas where additional clarity would be helpful:

- IG Members wanted the various governing bodies to coordinate their roles and ensure there is no duplication, to coordinate meetings where possible and to look for opportunities to better align, especially in countries;
- There was a request to include the details around the CSO membership process which is coordinated by PMNCH, it was also noted that support to and engagement of local CSOs is a challenge which requires more thought and effort;
- IG members supported the move towards constituency-based membership over time;
- Members of the IG welcomed the possibility of having a Minister of Finance fill one of the seats as an IG member and requested the Secretariat to facilitate that;
- IG members requested more information about the Secretariat structure and budget and the parameters for hosting at the World Bank;
- PMNCH noted their plans to support a grant mechanism for local CSO engagement and explained that the complementarity of PMNCH's role was being discussed in relation to the EWEC architecture, noting the need for better coordination both globally and locally.

The amended Governance Document was approved with the changes requested by the IG members. The Chair noted that the Secretariat budget and structure would be presented at the next IG meeting.

CHAIR'S SUMMARY AND CLOSURE

The Chair thanked the IG for a very productive day. He cited the approval of the CSO Strategy and the revised Governance Document. He noted the significance of the theme of the week being efficiency and the importance of making the most efficient use of resources when ODA is unlikely to increase. He noted with satisfaction that most of the day had been spent discussing country experiences and thanked Minister Dahn and the other country representatives for sharing their experiences so freely and constructively. He emphasized that the discussion about resource mobilization was the first of a series of conversations on fund-raising over the next eighteen months and noted that although each Trust Fund contribution to a country was relatively modest it does serve to catalyze a very important discussion on donor coordination, efficiency of resource allocation and partnerships. The added value of the GFF will be discussed in more detail as part of the Trust Fund replenishment process.

ANNEX 1: FOLLOW-UP TABLE

Issue	IG#	Action/Deliverable	Timeline	Responsible
Portfolio Updates	IG5	<ul style="list-style-type: none"> - Include summary allocation table of Trust Fund and IDA resources as annex to Portfolio Update - Develop measures to improve tracking of domestic resources, complementary financing and resource gaps for RMNCAH+N in GFF countries - Discuss the GFF theory of change/pathway to impact and the Results Framework at upcoming IG meeting 	IG6	Secretariat
			Ongoing	Secretariat, countries and partners
			IG6	Secretariat
Financing RMNCAH	IG5	<ul style="list-style-type: none"> - Highlight relevant ways to address efficiencies as part of the <i>Guidance Note on Health Financing</i> which can then be used to guide country level action 	Q2 2017	Secretariat
Resource Mobilization	IG5	<ul style="list-style-type: none"> - Work with partners to develop a joint advocacy strategy, toolkit and timeline - Develop strong value proposition, especially the value added for countries and revised targets 	Q3 2017	Secretariat with partners
			Q3 2017	Secretariat
Governance	IG5	<ul style="list-style-type: none"> - Revised Governance Document issued - Develop operating procedures include roles and responsibilities for members (not for adoption) - Present organizational structure of Secretariat at IG6 	Q2 2017	Secretariat
			Q2 2017	Secretariat
			Q4 2017	Secretariat
CSOs	IG5	<ul style="list-style-type: none"> - Work with CSO Coordinating Group on their workplan for implementation of the CSO Engagement Strategy - Regularly review and update the strategy based on the experience gained in implementation in GFF countries; - Discuss CSO engagement annually at an IG meeting; - Identify the diverse roles that CSOs play and map these to show the contributions CSOs make across the value chain; - Develop a costed implementation plan with options for funding modalities for review at the next IG; - Partners should work together for capacity building of local CSOs in GFF countries to ensure they are able to engage in the most effective manner 	Ongoing	Secretariat and partners
			Future IG	CSO Coordinating Group
			IG6	CSO IG members CSO Coordinating Group
			Ongoing	
			IG6	
Ongoing	Partners			

ANNEX 2: MEETING AGENDA

Agenda

Objectives of the Meeting:

- Update on country progress and portfolio overview
 - Examination of efficiency in the context of health financing
 - Insight into country implementation of efficiency approaches
 - Approval of the CSO Engagement Strategy
 - Approval of Resource Mobilization Strategy
 - Review of Governance Issues

Sunday, 23 April Venue: The Willard Room Willard Intercontinental Hotel, 1401 Pennsylvania Avenue, NW Washington, D.C. 20004-1010				
Time	Agenda Item	Objective	Presenter	Action
6.15pm (cocktails at 5.30pm)	Investors Group Dinner - Invited guests from the Spring Meetings			
Monday, 24 April				
Time	Agenda Item	Objective	Presenter	Action
8.00 – 8.15	Opening: (GFF-IG5-1) - Approval of IG 4 Meeting Report - Approval of Agenda	Agree on agenda	Chair	<u>For approval</u>
8.15- 9.45	Focus Country: Liberia (GFF-IG5-3 PPT)	Update on progress	IG Member	<u>For discussion</u>
9.45 - 10.00	Break			
10.00-12.00	Portfolio Update (GFF-IG5-2) Country Panel: Lessons Learned (GFF-IG5-8 PPT)	Overview of Portfolio Presentation from GFF countries on implementation experience	IG Members GFF Secretariat Panel Members	<u>For discussion</u>
12.00-1.00	Lunch			

1.00- 1.45	CSO Engagement Strategy (GFF-IG5-5)	Review of CSO Engagement Strategy	CSO IG Members	<u>For approval</u>
1.45 – 2.45	Resource Mobilization Strategy (GFF-IG5-6)	Overview of GFF TF replenishment	GFF Secretariat	<u>For approval</u>
2.45-3.00	Break			
3.00 -4.00	Health Financing: Achieving More with the Available Resources (GFF-IG5-4)	Examination of efficiency Country examples	GFF Secretariat Panel: Country representatives	<u>For discussion</u>
4.00-4.45	Governance Amendments (GFF-IG5-7)	Present proposed amendments to governance document	GFF Secretariat	<u>For decision</u>
4.45 – 5.00	Chair’s Summary and Closure	Conclude meeting	Chair	