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Country-led Investment Cases for Improved Health of Women, Children and Adolescents

Principles, Guidance
and Resources



GLOBAL
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Abbreviations and acronyms

ART: Antiretroviral therapy

CSO: Civil society organizations

DRUM: Domestic resource use and mobilization

GFF: Global Financing Facility for Women, Children and Adolescents

HIS: Health information system

HRH: Human resources for health

IC: Investment Case

IR&E: Implementation research and evaluation

LiST: Lives Saved Tool

M&E: Monitoring and evaluation

MCH: Maternal and child health

PHC: Primary health care

PMTCT: Prevention of mother to child transmission

RM: Resource mapping

RMNCAH-N: Reproductive, maternal, newborn, child, and adolescent health and nutrition

UHC: Universal health care

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01. Introduction

Since 2015, the Global Financing Facility (GFF) for Women, Children and Adolescents has supported countries as they accelerate progress to achieve development goals, with a focus on reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) gains. Led by government and in alignment with other development partners, the GFF partnership aims to mobilize public and private resources from both domestic and external sources; improve the efficiency of their use; and implement innovative health system strategies that improve access to and quality of health services for women, children, and adolescents.

At the national and sectoral levels, significant challenges remain in ensuring strategies and plans are well prioritized and sufficiently funded, evidence based, implemented, and monitored. Additionally, many countries face persistent challenges related to fragmentation of donors and funding, difficulties in coordination as well as with effective and efficient governance hindering health system functioning.

In light of these challenges, a core mandate of the GFF partnership is to identify and address these barriers through several modalities: process facilitation, technical assistance, advisory services and analytics, advocacy, direct operational financing, and knowledge sharing. Within each country, the GFF partnership's support converges on one strategic plan or instrument that represents the country's chosen approach for planning, priority setting, resource mobilization, alignment, coordination, and monitoring for improved RMNCAH-N outcomes. Referred to as the **"investment case"** (IC), this plan outlines a set of evidence-based, prioritized interventions and reforms that will address health system bottlenecks and, as a result, improve health outcomes of women, children, and adolescents. The emphasis is on strengthening one country-led plan, one budget, and one monitoring and evaluation (M&E) framework to strengthen country planning and implementation processes, thereby reducing fragmentation.



What is an investment case?

A prioritized set of evidence-based, costed interventions and reforms that address identified health system bottlenecks, which lead to improved health outcomes for women, children, and adolescents.

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The guidance presented here reflects lessons learned from the first eight years of GFF engagement in 36 countries and consultations with GFF partners such as government representatives, development partners, the Investors Group,¹ civil society organizations (CSOs), task team leaders, and focal points from the World Bank and the GFF Secretariat respectively who have been involved in IC development and implementation. This guidance is a living document and will be updated regularly.

The purpose of this document is threefold:

1. Articulate the objectives of an effective IC
2. Present guidance for developing or updating an IC
3. Offer a suite of tools,² resources, and country examples for each component of an IC

The primary audience of the IC guidance document and linked tools and resources will be government stakeholders who lead the IC process within each country. On a secondary basis, the updated IC guidelines document and web-based toolkit are also expected to be relevant and useful in informing the work of the GFF Secretariat, World Bank task teams, development partners, CSOs and other agencies who engage in and support the country-led IC process.

The IC offers a flexible format with common core components. Rather than define the IC in fixed or rigid terms, the GFF supports countries to define the IC in ways that suit their specific contexts and needs. In some countries the national health sector strategy, RMNCAH-N strategy, or a subsectoral operational plan is already well prioritized and costed; as such, countries may choose to adopt the plan as their country's IC, and an additional IC is not necessary. Other countries choose to develop the IC as a complementary document separate from, but strongly linked to, existing national strategy documents. It is important to note that the IC is not an application for financial resources from the GFF partnership and funding entities, nor is it a project. The IC is a tool to be used to support alignment, coordination, and resource mobilization—from both domestic and external sources.

¹ The GFF Investors Group serves as one of the governance mechanisms within the GFF and includes a broad set of partners, including governments, civil society organizations, the private sector, United Nations agencies, Gavi, and the Global Fund. For more information, please see: <https://www.globalfinancingfacility.org/investors-group>.

² For each component, a selection of relevant tools is presented. As numerous methodologies and tools exist for each component, the list includes RMNCAH-N specific and nonspecific tools, both usable for RMNCAH-N purposes. This listing is not intended to be comprehensive.

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Objectives of the Investment Case Process

The development of an IC should be a government-led process inclusive of in-country stakeholder groups to achieve collective action for transformative change and impact. The process encompasses the following objectives:

- 1. To create a shared understanding** of the reproductive RMNCAH-N and health system performance. This is done by collectively identifying bottlenecks, solutions, and key reforms to accelerate sustained impact on RMNCAH-N outcomes.
- 2. To sharpen focus on and prioritization** of critical RMNCAH-N services and key health system reforms for improved health of women, children, and adolescents through a transparent and evidence-based assessment and dialogue that considers critical aspects of potential impact, technical and political feasibility, and affordability.
- 3. To reduce fragmentation and prevent duplication** by aligning financing and technical inputs to a country's priorities and supporting the principles of the "one plan—one budget—one M&E" approach. The IC process and product serve as tools to align expectations and generate meaningful buy-in from key financiers, including the Ministry of Finance, non-state actors, and development partners.
- 4. To strengthen political commitment** for prioritized and costed reform efforts that can be implemented with available resources, in a way that considers the local political economy. The IC process aims to create more transparent, coordinated investments underpinned by sustained political commitment, sufficient financing, and feasible operational plans to ensure priorities translate into results.

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5. To increase funding for IC priorities by strengthening resource mobilization from domestic and external resources and advancing alignment of disparate funding sources with the main priorities outlined in the IC. Ensuring the IC is part of the national planning and budget processes is essential to shift funding toward IC priorities, and the domestic resource use and mobilization (DRUM) strategy helps position the health sector on a more sustainable footing over time.

6. To improve accountability by setting achievable targets and monitoring progress. The results strategy shifts the focus from planning to implementation for measurable results, through which it also contributes to improving mutual accountability for results.



Experience in working with governments suggests the following characterize high-quality investment cases :

- **Country owned:** Led by the government and supported by stakeholders; aligned with country processes; and used by government and partners to increase investments throughout the IC timeline.
- **System focused:** The IC addresses health system complexity rather than focusing on individual intervention coverage increases.
- **Prioritized and costed:** The IC is not all inclusive; rather, it focuses on a few selected health system strategies, which are feasible to deliver within a defined resource envelope. The IC acts to mobilize increased domestic and external investments.
- **Measurable:** A high-quality IC will have a clear theory of change and results framework and should be supported by implementation research to test the assumptions of what and how the prioritized strategies will effect change.
- **Data driven and evidence based:** The situation analysis and needs assessment is based on current data and evidence, updated when necessary (for example, when new DHS or NHA is published), and defines the health system bottlenecks.
- **Gender and equity informed:** The IC describes and addresses the needs of the most vulnerable populations in the country, including disease burden, socioeconomic indicators, sex and age, and other dimensions of equity and gender equity.

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Defining the Scope of an Investment Case

When developing an IC, countries strategize about how to accelerate progress toward the country's RMNCAH-N goals, the focus needed within the IC, and how an IC can help achieve the identified goals. For example, if the existing national health strategies and plans represent a costed, prioritized plan to accelerate progress in RMNCAH-N through targeted health reforms and/or activities, such a document could serve as the basis of the IC—while also considering if certain functions within the existing strategy or planning process can be strengthened. Each existing document, however, maintains its own purpose and a different breadth and depth from others, with each providing a separate opportunity for delivering on health system reforms, mobilizing financing, aligning development partners and other country stakeholders, among others. Table 2.1 provides some examples of the benefits and risks of using various documents as the IC.

Countries developing an IC can draw from recent information and analyses to prevent duplication and accelerate the process. An assessment of strengths, weaknesses, and gaps of those analyses can then guide the development process and focus efforts on strengthening weaknesses and filling gaps. If adopting an existing strategy or operational plan as the IC, the country should conduct a review of the existing strategy or plan to assess if it fulfills the key functions of the investment case. For example, in many settings, the information that makes up the situation analysis (see section 3: Components of High-Quality Investment Cases) is available and there could be comprehensive RMNCAH-N plans in place. In this case, an equity or gender analysis, a prioritization exercise, or a costing and resource mapping exercise could be missing or strengthened.

Figure 2.1 presents a decision tree to support the IC development or updating process. The subsequent sections of this document provide operational guidance, tools and references, and country examples for each component of a high-quality IC. Ideally, an IC becomes more than a static document; as a living document, the IC can be revisited and supplemented with new analyses and information on a regular basis (for example, annually) and as contextual factors change.

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Table 2.1.

Benefits and Risks of Employing Different Documents as the Investment Case

Illustrative examples of ICs	Health sector strategy	RMNCAH-N strategy	Operational plan (e.g., RMNCAH or nutrition)	IC separate from existing strategies or plans
Benefits	• Broad enough scope to enable or facilitate health system reforms beyond the RMNCAH-N program domain • Well understood by stakeholders and can increase support and buy-in • Supports the goal of aligning toward “one plan–one budget– one M&E” approach for the sector	• Scope might be the right level for partner alignment to be feasible and clear • Ensures strong focus on improved health outcomes for women, adolescents, and children • Gender and equity concerns might be easier to prioritize	• Scope could be the right level for effective prioritization during planning and budgeting • Granularity could be sufficient to enable partner alignment at the intervention level • Can enable a systemwide approach to change if scope allows (such as service delivery redesign) • Can promote greater coordination across the sector and harmonization of subsectoral plans and integration of gender and equity issues	• Includes clearly prioritized reforms and/or areas of action • Prioritized activities are costed and likely feasible within resource envelope • Can be developed as prioritized costed component of the health sector strategy or RMNCAH-N strategic plan
Risks	• Not sufficiently granular • Not sufficiently prioritized, with potential for diluted focus on the highest impact interventions for improving outcomes for women, children, and adolescents • Available resources often insufficient to realize strategy • Partners could align their stated strategic priorities, but actual investments might diverge from government operational plans • Financing and operational options for gender and equity concern might not materialize	• Scope could be too narrow to engage certain key stakeholders (Ministry of Finance, for example) or enable major reforms if the strategic changes involve other departments within the Ministry of Health (such as human resources for health, supply chain, or others) • Often not utilized during planning and budgeting	• Large and complex endeavor with many stakeholders involved in implementation; might be difficult to manage • Technically complicated process of integrating subsectoral plans and budgets	• Could be detached from regular planning processes and therefore difficult to operationalize • Could be perceived as another vertical initiative that fragments priority setting and implementation processes

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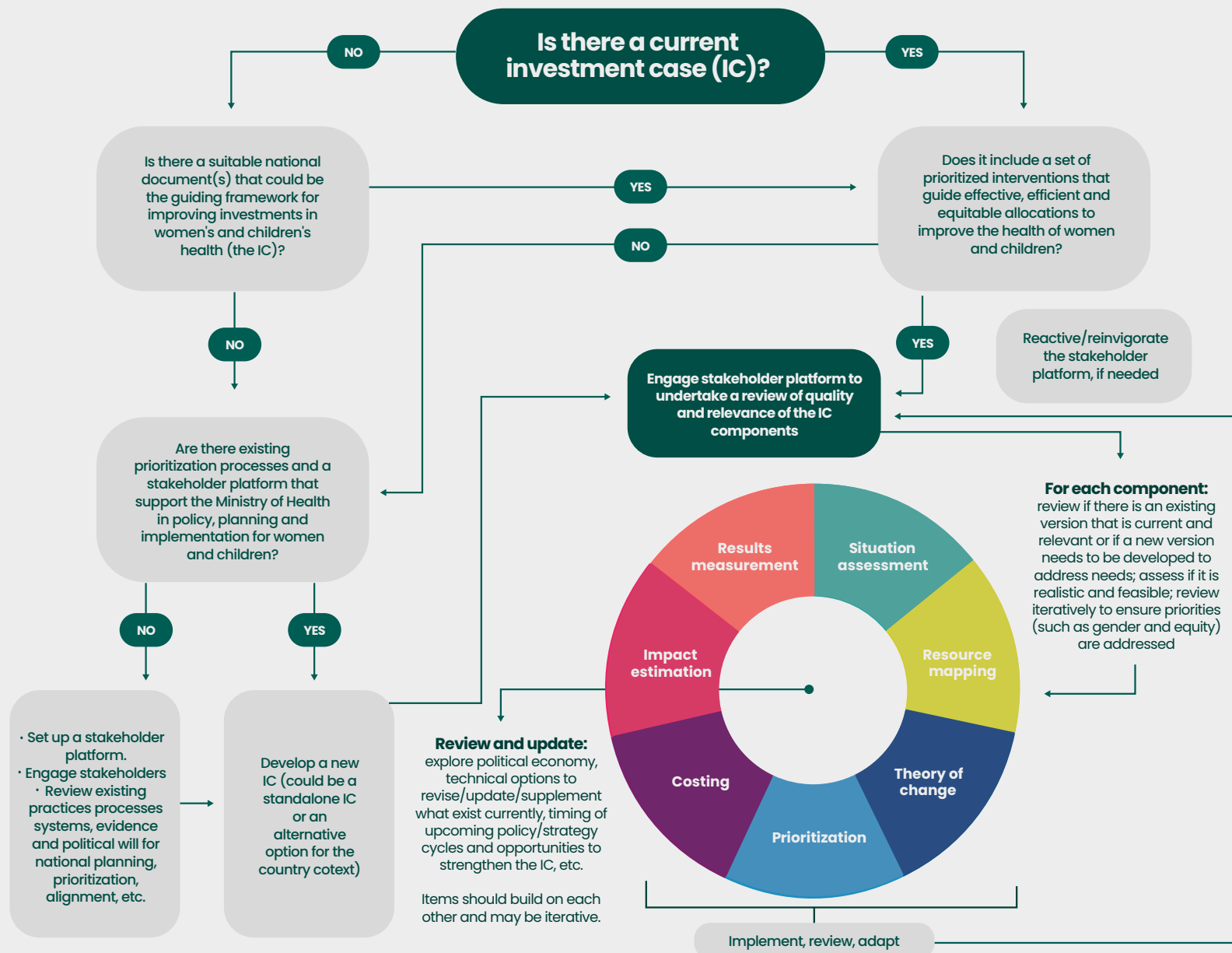
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Figure 2.1.

Decision Tree for Determining the Scope of New Analyses Required for a Country IC for RMNCAH-N



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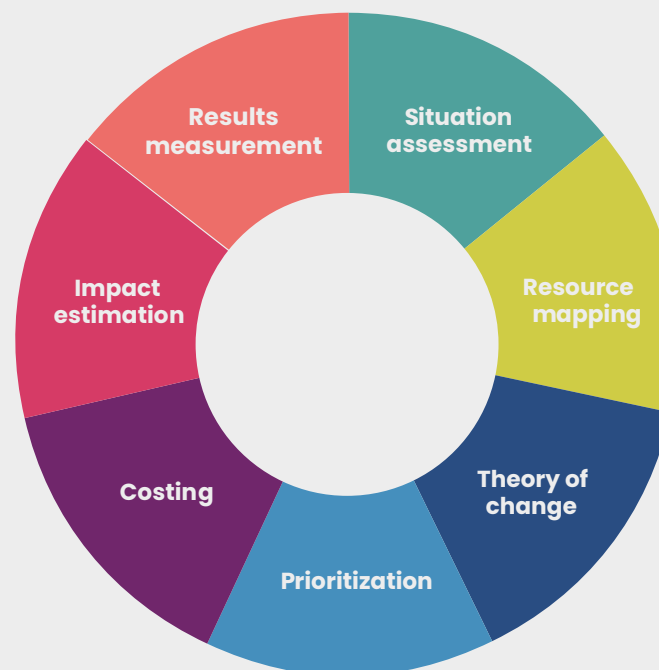
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03. Components of High-Quality Investment Cases

This section outlines core components of high-quality ICs. The components are not necessarily linear in progression; in fact, most countries adopt an iterative approach, building up each component simultaneously, in parallel. The sequencing of and interdependencies among component activities across the IC development timeframe should be clearly mapped out in the beginning, with agreement on the technical approaches used.



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Situation assessment		
A situation assessment presents an opportunity to analyze existing data and strategies to form a new understanding—or confirm existing understandings—of the current RMNCAH-N situation. Ultimately, the situation assessment should result in the following: identification of equity gaps, gender-related barriers, root causes of weak performance in key RMNCAH-N indicators, related performance challenges in health system functions, existing spending pattern of resources, and capacity challenges of public and private sector actors.		
Resource mapping	Theory of change	Prioritization
Resource mapping involves collecting and analyzing current and projected budgets of government and/or external financing and implementing entities, analyzing allocations and future commitments across RMNCAH-N and health system domains. The results are often used during prioritization, resource mobilization, and coordination.	The theory of change identifies the causal links (including intermediate steps) necessary to achieve the desired change and achieve the targeted outcome for each priority area. It lays the foundation for the results framework and the learning and implementation research agenda, and makes explicit the underlying assumptions of what can address the system bottlenecks.	Prioritization ensures the identified reforms are realistic, politically feasible and affordable. Prioritization criteria vary and could be based on economic evaluation (what is the most cost- effective strategy?), addressing gender and other equity gaps (prioritizing the most marginalized and those most in need of RMNCAH-N services), health security, or ensuring financial protection.
Costing & gap analysis	Impact estimation	Results measurement
The strategies and prioritized reforms are costed and assessed against resource availability. This is an iterative process that could result in the need for further prioritization where the resource gap is significant. The theory of change and results framework might need to be adjusted where significant reprioritization is needed to fit within the resource envelope available.	Estimates of the potential impact of investments (for example, on lives saved or inequalities reduced) can be helpful in identifying strategies and interventions likely to lead to the greatest impact. In some case, this can also be useful for strengthening the value proposition of fully financing the IC, which can help with advocacy and resource mobilization. The estimated impact can be used to choose from different system reforms and evaluate the success of an IC.	An IC results framework enables monitoring of the core elements of the IC based on the theory of change by identifying planned outputs, outcomes, and impacts expected from the investments; how they will be measured; and the targets to be achieved. It ensures that gender and equity goals are being realized and is a critical element of a broader approach to monitoring progress and using routine data for decision making.

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Situation Analysis and Needs Assessment

A situation analysis and needs assessment serves as a foundational element of health sector planning, and therefore also of IC development. It involves a **systematic collection and analysis** of existing data, evidence, and strategies to understand the current RMNCAH-N situation and health system status more broadly. It involves **identifying root causes** of weak performance in key RMNCAH-N indicators and related health system functions.



Why conduct a situation analysis and needs assessment?

The situation analysis and needs assessment provides a broad and deep understanding of the current situation, the burden of disease, and the root causes of performance challenges, equity gaps, and gender-related barriers. Establishing a common understanding among stakeholders, identifying knowledge gaps, and using data and evidence throughout the process are critical for informing dialogue and decision making related to prioritization, costing, and planning. For example, it could help determine the scope of the IC. Questions often asked in the assessment include the following:

- Is the IC a broader universal health care (UHC) package?
- Is the IC limited to maternal and child health (MCH) indicators?
- Is the IC focused on a specific unfinished agenda (for instance, adolescents or nutrition)?



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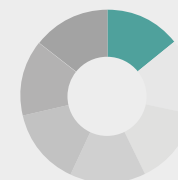
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Who should conduct the situation analysis and needs assessment?

While a small multidisciplinary group of individuals could be responsible for executing the exercise and synthesizing the findings, consultation with a broader group of stakeholders is valuable. This **broader consultation and engagement** increase the likelihood that all relevant data and evidence are identified and available for the analysis; that **interpretations are diversified** through different lenses to become more holistic; and that understanding of root causes of various challenges is deepened.



What does a situation analysis and needs assessment include?

A complete assessment includes the following:

- Analysis of health status, burden of disease, and trends
- Wider determinants of health
- Health system structure, governance, and capacity (including level of decentralization, budget cycles, health information and financial system performance)
- Effective coverage data for critical RMNCAH-N interventions
- Human resources for health (HRH), including production, distribution, and capacity
- Facility infrastructure status, supply chain and commodities function
- Gender analysis
- Equity analysis
- Private sector and civil society engagement



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The scope of an assessment could vary depending on current needs. For example, if a new IC is being developed, a complete situation analysis and needs assessment would likely be valuable. However, if a recent situation analysis and needs assessment was completed for another reason (such as development of a national strategy), the assessment (or all of its elements) might not need to be repeated. If an existing IC is being updated, for example, due to significant contextual changes in the country, the elements of the assessment related to the contextual changes can be updated without having to update the entire assessment.

Ensuring a situation assessment is gender responsive

A gender-responsive situation assessment intentionally integrates gender-related concerns into data collection and analysis, such as gendered preferences, needs, rights, and power relations—which systemically disadvantage women and girls.

Online Resources

Operational guidance	Tools & references	Country examples
• Developing the Investment Case • Situation Analysis • Improving RMNCAH-N Outcomes through Gender Equality: A GFF Brief for Operational Measurement • Domestic Resource Mobilization for Increased Health Sector Fiscal Space and Universal Health Coverage: A Health Financing Systems Assessment “Drill-Down” Guidance Note	• Health Financing System Assessment Core Protocol • Country Assessment Guide: The Health Financing Progress Matrix • Following the Government Playbook? Channeling Development Assistance for Health through Country Systems • Health Inequality Monitor Toolkit • A Health Practitioner’s Handbook and Toolbox for Identifying the Poor and Vulnerable • FinHealth: PFM in Health Toolkit • Country Equity Diagnostics • Guidelines for Integrating Gender into an M&E Framework and System Assessment	• Investment Case for The Somalia Health Sector 2022–2027, Situation Analysis • Note on Cambodia Investment Case

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Resource Mapping

Resource mapping (RM) is the **collection and standardization of forward-looking budget data** from government and development partners. Unlike other health resource tracking exercises that focus on cross-country comparability (such as the national health accounts), resource mapping is extremely context-dependent and tailored to the specific policy questions and decisions relevant to a given country. In general, most RM exercises analyze who is funding whom in the health sector, where, how much, and for which priorities and/or interventions. The sources of data typically include government and development partners that provide financing for the health sector as well as the recipient entities that implement the activities or investments. Many countries already have existing RM data at national, sectoral and subsectoral levels, with varying levels of breadth, granularity, and timeliness.



Why conduct resource mapping?

As a standalone dataset, RM brings transparency to health sector investments and offers value to health policymakers and implementers on the funding outlook and actors for key priorities. During IC development, RM data are often further analyzed to inform specific policy questions, including but not limited to the following: (1) the **amount** of future financing in the sector(s) likely to be **available** for the implementation of IC priorities; (2) the **sources** of those financing and their **fungibility**; and (3) which major stakeholders need to be engaged in the IC process to facilitate efficient and effective investments in health.





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How is resource mapping sequenced?

At the beginning of IC development, data on IC-related financial investments—either projected from historical expenditure (proxy measure) or obtained from forward-looking budgets (ideal estimate)—are reviewed and analyzed to obtain a plausible ceiling for resource availability for the IC and its component sections. After the IC priorities are drafted and interventions are defined, the next step is often to conduct a more granular RM of budget commitments for each priority or intervention. This enables a more granular financial gap analysis (see “**Costing and Financial Gap Analysis**”) as well as **iterative prioritization** of interventions and target setting over time (see “**Prioritization**”). The level of granularity at this stage determines the level of effort and potential utility; more detailed data enables transparency into the funding availability and sufficiency of specific interventions, but also require more time and labor.

Online Resources

Operational guidance	Tools & references	Country examples
• Process Flow Chart: How to Develop a Costed, Prioritized Strategic or Operational Plan and Monitoring Framework • RMET for COVID-19 Technical Guide • Resources Mapping and Expenditure Tracking in GFF Countries	• Resource Mapping and Expenditure Tracking for COVID-19 Response: A Design Checklist and Overview of Tools • Budgeting and Resource Mapping Tools for GFF Investment Cases • HRT Harmonization Resource Guide	Country RMET reports: • Zimbabwe Health Sector Resource Mapping Report 2021 • Malawi: Health Sector Resource Mapping Round 6 • Sierra Leone Resource Mapping and Expenditure Tracking for the health sector Date use case examples: • Health Sector Resource Mapping in Malawi: Sharing the Collection and Use of Budget Data for Evidence-Based Decision Making • Malawi: Dashboard for Health Sector Strengthening Plan II (2020–2021) RM-NHA harmonization: • RM-NHA Case Studies: Zimbabwe and Malawi



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Theory of Change

Every program or project is based on underlying assumptions about how change will be achieved. However, these are often implied rather than explicit: While the planned activities, results, and impact could be clearly described, the assumptions about *how* each of these leads to the next are often not fully thought through or documented. Developing a theory of change is a **participatory approach** that can be used to identify and build a shared understanding of this underlying logic. It goes beyond typical logic models (such as log frames and results frameworks), which simply outline the activities and results needed to achieve impact, by exploring the causal pathways between them. This approach also considers the direction of those causal pathways (flowing sideways and backwards and including feedback loops, for example) as well as how external factors could affect them. In addition, the theory of change **draws on evidence** that the expected transformation will work in a particular context or on evidence about which factors influence implementation—and how. Through the process of developing a theory of change, a diagram is often developed to illustrate the pathways of change (see country examples in the next table).

A theory of change complements and enhances logic models, enabling the development of a more complete program or project design. The participatory nature of the process enables stakeholders to share their different assumptions about how change will happen and to build consensus about the most effective way forward.





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A theory of change can be used as follows:

- During the identification and prioritization of IC strategies—to inform discussions on the best ways to achieve the desired impact, including consideration of enabling conditions for implementation, sustainability, and scalability.
- Prior to developing the results framework—if the results framework is structured around the IC theory of change, the whole chain of cause-and-effect can be monitored, and course corrections made if issues arise.
- During IC implementation—to help understand and test the assumptions made around cause-and-effect to enable course correction as needed (such as during mid-term review).
- At the end of the IC cycle—to evaluate how the original assumptions and change logic played out in practice and to gain valuable learning for future cycles.

Online Resources

Operational guidance	Tools & references	Country examples
• What is a Theory of Change?	• How to Develop a Theory of Change on RMNCAH for GFF-Supported Countries • Methodological Brief: Theory of Change • What is Theory of Change? — Theory of Change Community	• Niger: Theory of Change Narrative • Cote d'Ivoire: Theory of Change • Guinea: Theory of Change • Rwanda: Theory of Change of the National Early Childhood Development Program Strategic Plan 2018–2024

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Prioritization

Prioritization is one of the most challenging and politically difficult aspects of IC development. Particularly when the IC takes the form of a national RMNCAH-N implementation plan, pressure often increases to include all possible interventions. However, one feature of a high-quality investment case is a clear rationale for the choice and sequencing of strategies to achieve the anticipated RMNCAH-N impact. In this way, the IC functions not as an inclusive document of all possible RMNCAH-N program areas and/or health system reforms, but instead represents the **most critical investment options and set of reforms likely to have the greatest impact**. This necessarily involves choosing among ranges of options, strategies, interventions, and targets. In determining the specific health interventions, products or innovations to prioritize within an IC, it is important to consider existing global, regional and national normative guidance, evidence on potential impact and cost effectiveness as well as systems requirements and feasibility of implementation within the existing context.

To navigate the decision-making process, countries select and define a list of **guiding principles** and **prioritization criteria**. In some countries, the prioritization might be based on reducing inequities, which can involve differentiating investments by geographical areas or by populations. In other countries, the prioritization might be on a particular disease burden or part of the continuum of care (including nutrition, newborn, or early childhood development). In other countries, the focus might be on health system components—such as strengthening primary health care (PHC) or HRH reforms.



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Many countries are trying to prioritize access and quality of care to increase coverage and meet the needs of disadvantaged women, adolescent girls, and children, while overcoming the supply and demand side barriers they face. Moreover, many countries are looking for longer-term financial sustainability—these countries could be more focused on determining a minimum package of services that fits within the available resource envelope.

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Online Resources

Operational guidance	Tools & references	Country examples
• Prioritization • Setting Priorities in Health: Supporting GFF Countries • Financing the Investment Case • Reference Case Guidelines for Benefit–Cost Analysis in Global Health and Development • Priority–Setting for Achieving Universal Health Coverage • What’s In, What’s Out: Designing Benefits for Universal Health Coverage • Making Explicit Choices on the Path to UHC: Guide for Health Benefits Package Revision	• The Health Interventions Prioritization Tool (HIPtool) • Health Priority Setting and Resource Allocation Benchmarking Tool and Database Overview and Country Summary • On Prioritizing Health: A Background Analysis • OneHealth tool	• Indonesia National Strategy to Accelerate Stunting Reduction 2018–2024

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Costing and Financial Gap Analysis

Costing is the estimation of the resources required to implement the activities and interventions laid out in the IC. A robust costing exercise allows the country IC team to identify **cost drivers, efficiency opportunities**, and areas **of potential cost reduction**.

While various costing methodologies and tools exist, most ICs combine more than one costing approach to arrive at a comprehensive estimation of its resource needs. For instance, inputs (such as drugs and commodities) for direct service delivery are often assigned an ingredient-based, bottom-up costing approach. On the other hand, for health systems investments, program-based or activity-based costing is sometimes chosen instead.

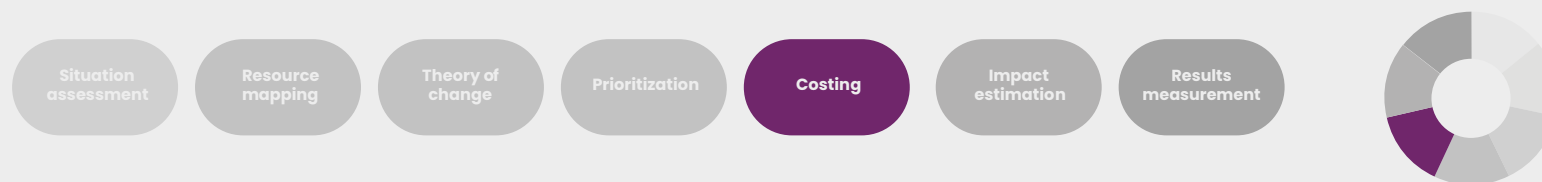
From a policy perspective, what's arguably more important than the costing methodology is the **process of iteratively using the costing data** during the prioritization and finalization phases of IC development:



• First

The costed resource requirements to implement the IC can be compared against projected resources to determine the financial resource sufficiency and/or gap(s). This analysis can be done for the entire IC as an aggregate analysis, or it can be disaggregated across various parameters, including, but not limited to: program area (HIV/AIDS, for example), intervention (such as PMTCT or ART), cost category (for instance, in-service trainings, drugs, and equipment), geographic unit, timeframe, IC priority area, among others. Depending on the resource gap the cost analysis could also trigger a revisiting of the proposed priority actions within the IC to ensure the feasibility of the activities proposed in the IC.





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A collective review of the cost and/or financial gap analysis results offers a forum for stakeholders to discuss cost implications, review the projected funding gaps, and seek solutions for increasing efficiency and affordability. For example, if costs are higher for the available resource envelope, then a downward revision of targets would align the funding availability with the planned scale-up of services. In some cases, constraints in the absorption capacity in the medium-term could also require reductions in planned targets and scale-up. In others, system inefficiencies and leakages might imply a need for additional resources beyond the cost projections.

Depending on the specific policy opportunities in each country, the cost and financial gap analyses can be used to improve allocative efficiency, mobilize resources for specific priorities and target areas, reprioritize investments, and inform sector alignment.

Online Resources

Operational guidance	Tools & references	Country examples
• Process Flow Chart: How to Develop a Costed, Prioritized Strategic or Operational Plan and Monitoring Framework	• OneHealth tool • LiST, updated with intervention costing tool for Reproductive, Maternal, Neonatal, Child and Adolescent Health • World Health Organization: Costing and Budgeting Tool for National Action Plans on Antimicrobial Resistance • Optima Nutrition: An Allocative Efficiency Tool to Reduce Childhood Stunting by Better Targeting of Nutrition-Related Interventions • Costing of Health Services for Provider Payment: A Practical Manual	Costing reports using OneHealth Tool • Costing of Malawi's Second Health Sector Strategic Plan Using the OneHealth Tool Costing reports without global tools • Costing of the Basic Health Care Provision Fund (BHC PF) in Nigeria



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Impact Estimation

The very nature of an IC implies that some estimate of the benefit of the proposed reforms is described. The estimated benefits provide the “case” for the selected investments, generating support for alignment and resource mobilization. Having an estimate of the benefits can **support decision making and prioritization** between different options or scenarios. Consequently, impact estimation does not complete the process; rather, it is revised iteratively and considered alongside other selected criteria (such as resource sufficiency, and equity) during the prioritization stage.

The benefits described can take different forms: costs saved, lives saved, equitable access increased, needs met, coverage increased, among others—and will **match the prioritization criteria** used. For example, if the prioritization lens was to reduce inequity, then the impact estimates would need to measure reduction in inequity of access or coverage; or if the prioritization lens is to save lives, then modeling of lives saved will be required. If the prioritization was to meet the needs and preferences of women and girls, then the impact estimates would need to measure their utilization of and satisfaction with services.

Irrespective of the specific approach to prioritization followed, the most fundamental characteristic of a well-prioritized IC is that it makes the maximum contribution possible to improving the long-term health and well-being of women, children, and adolescents, while also taking into account a realistic assessment of the envelope of resources available. Targeted modeling exercises can help inform that process.

The choice of parameters of the prioritization and impact measures determines the tools and approach for measuring the impact. Modeling tools such as the Lives Saved Tool (LiST) and OneHealth are often used to measure the cost and lives saved of different health strategies that increase intervention coverage. These modeling tools require the assumptions made within the modeling to be transparent and documented. However, this process is time consuming and requires input from experienced modelers. While modeling the IC’s potential impact can be helpful in the prioritization process, the more important step is to ensure the strategies and reform processes selected within an IC—and not only the intervention coverage changes—are monitored during implementation. This helps to capture the unintended consequences of any change within a complex health system and to course-correct where necessary.

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Results Measurement and Data Use

The IC provides a key opportunity to support a strong, country-led results and learning agenda for RMNCAH-N. This includes promoting a data-driven approach through routine monitoring of the IC prioritized reforms, covering not only RMNCAH-N interventions, but also health financing and the broader strengthening of health systems. Equally, the IC development process will uncover or confirm important evidence and learning needs. The IC can serve as a platform for generating a robust learning agenda, which addressed through implementation research and evaluation (IR&E) can provide key evidence needed for ongoing programmatic adaptations, policy decisions, and IC updating.

A **results framework** is an explicit articulation of expected outputs, outcomes, and impacts of a program or plan, and how these will be measured. The IC results framework should enable monitoring of the core elements of the IC by identifying the planned outputs, outcomes, and impacts expected from the investments, how these will be measured, and the targets to be achieved. It is important the results framework aligns with national plans and includes only easily tracked indicators, with data requirements feasible to meet through existing systems. We recommend drawing on the validated indicators across the RMNCAH-N continuum. It is also important that the results framework and associated M&E plan incorporate relevant gender responsive data and indicators. Targets to be achieved should be realistic and match the resource envelope available.

Structured around the **IC's theory of change**, the results framework serves as a tool not just to monitor progress toward goals, but also one that supports the examination of the pathways toward change. The results framework can be reviewed regularly and updated based on insights from implementation. Stakeholder platforms play a key role in reviewing progress based on prioritized results frameworks to identify what is working well and not, making course corrections, and connecting to policy processes where relevant. Many ICs include investments to strengthen data systems—this could be included in a **health information system (HIS) strengthening plan**—with strong emphasis on facilitating use of data generated through such systems to track progress and inform decision making.

Results Measurement and Data Use

Click on each resource to access them online



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Activities that promote data use for decision making and action are complementary to the results framework. Some key elements to consider to support strong measurement and use of data for the IC include the following: (1) an **M&E plan** outlining how the results framework will be monitored; (2) key actions to **strengthen the HIS** that will supply data for IC monitoring; (3) a **learning agenda** with corresponding **IR&E plans** to generate relevant and timely evidence that supports implementation and achievement of results; and (4) key actions to **promote the use of data and evidence** among key decision-makers. Points 2 through 4 could serve as a stand-alone plan where appropriate.

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Online Resources

Operational guidance	Tools & references	Country examples
• Developing an IC Results Framework Based on the Theory of Change • Guidance Note on Strengthening Data Use by the Country Platform • GFF Implementation Research and Evaluation Strategy • GFF Data and Evidence Use Guidance	• World Health Organization: Core 100 Health Indicators • World Health Organization: Toolkit for Routine Health Information Systems Data • Template: Results Framework • A Tool for Strengthening Gender-Sensitive National HIV and Sexual and Reproductive Health (SRH) Monitoring and Evaluation Systems (WHO/UNAIDS) • Guidelines for Integrating Gender into an M&E Framework and System Assessment • GFF IR&E Activity Guide	• Niger: Results Framework • Cote d'Ivoire: Results Framework and Theory of Change

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