



Global Financing Facility for Women, Children and Adolescents

OVERVIEW

The Global Financing Facility for Women, Children and Adolescents (GFF) supports low- and lower-middle-income countries to accelerate progress on reproductive, maternal, newborn, child and adolescent health and nutrition, and strengthen financing and health systems for universal health coverage. The GFF supports government-led, multi-stakeholder platforms to develop and implement a national, prioritized health plan (an **investment case**), that aims to help mobilize sustainable financing for health and nutrition.

The GFF currently supports 36 countries and aims to expand to 50 countries with the highest maternal and child mortality burdens by 2023.

VISION

TO SUPPORT COUNTRIES TO END PREVENTABLE DEATHS OF WOMEN, CHILDREN, AND ADOLESCENTS, AND MAKE PROGRESS TOWARDS UNIVERSAL HEALTH COVERAGE BY 2030.





PARTNERSHIP

The **GFF partnership** brings together key stakeholders that drive progress on health and nutrition outcomes through a government-led **country platform**, and at the global level through the **GFF Investors Group**. Building on existing national and sub-national mechanisms, each country platform is led by the national government and includes civil society organizations, the private sector, multilateral and bilateral institutions, and foundations. The country platform develops an investment case to align partners and financing around country priorities.

To support this broad partnership, a multi-donor trust fund — the **GFF Trust Fund** — hosted by the World Bank Group, acts as a catalyst for financing,¹ with countries using modest GFF Trust Fund grants to significantly increase their domestic resources alongside World Bank concessional financing, aligned external financing, and private-sector resources. The GFF Trust Fund also supports countries to strengthen their focus on data, quality, equity and efficiency, results, and domestic resources for health.

¹ GFF Trust Fund grants are directly linked to World Bank concessional financing from the International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD).

GOVERNANCE

The GFF is governed by two groups with different functions:

The **Investors Group** brings together a broad set of partners that are part of the GFF — including governments from countries participating in the GFF, donors, civil society organizations, the private sector, UN agencies, Gavi, and the Global Fund. The group convenes several times a year to discuss progress on health and nutrition priorities and how to strengthen collaboration across the partnership.

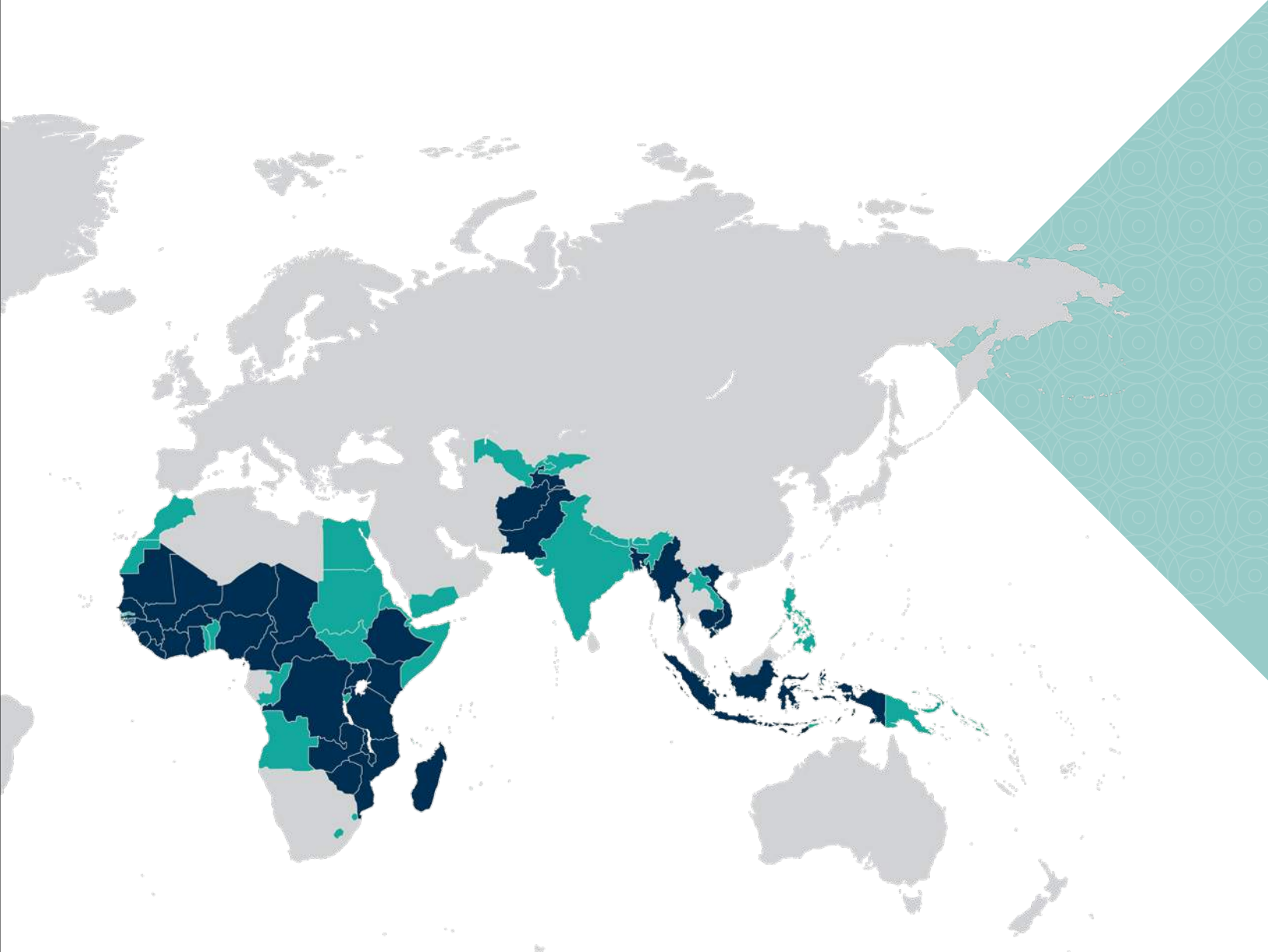
The **Trust Fund Committee** sets the strategic funding approach and priorities for GFF Trust Fund financing, decides on which countries receive GFF support, and determines the financing envelopes. As of September 2019, the committee is composed of the governments of Canada, Japan, the Netherlands, Norway, the United Kingdom, the Bill & Melinda Gates Foundation, the Susan Thompson Buffett Foundation, and the World Bank.

WHERE THE GFF WORKS



67 low- and lower-middle-income countries with the highest maternal and child mortality burden are currently eligible for GFF support. Countries are selected by the Trust Fund Committee to receive support through a process that aims to balance country demands and needs with available resources. Countries are selected based on the following criteria:

- ▶ Disease burden
- ▶ Unmet need related to sexual and reproductive health and rights
- ▶ Income status
- ▶ Comparison of financing vs. need
- ▶ Commitment to increase domestic financing for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N)
- ▶ Commitment to use World Bank (IDA/IBRD) financing for RMNCAH-N
- ▶ Commitment to mobilize additional complementary financing and/or leverage existing financing
- ▶ Commitment to engage private sector resources to improve RMNCAH-N outcomes
- ▶ Commitment to the Every Woman Every Child Global Strategy
- ▶ Existence of/or plan for an effective, broadly representative country platform
- ▶ Bottom 30 countries on the Human Capital Index
- ▶ Fragility: Harmonized List of Fragile Situations FY19



 GFF-Supported Countries  Eligible



Afghanistan, Bangladesh, Burkina Faso, Cambodia, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Côte d'Ivoire, Ethiopia, Ghana, Guatemala, Guinea, Haiti, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mauritania, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Somalia, Tanzania, Tajikistan, Uganda, Vietnam, Zambia, Zimbabwe.

Since its creation in 2015, the GFF has expanded from four “frontrunner” countries to 36 low- and lower-middle-income countries in Africa, Asia, and Latin America. Following its replenishment in November 2018, the GFF aims to expand its support to the 50 countries with the greatest health and nutrition needs by 2023.



COUNTRY-LED PROCESS

The foundation of the GFF approach is country ownership and leadership, where governments and their partners prioritize services and tackle the main health and financing system bottlenecks to achieve results and make progress towards universal health coverage. The GFF approach is tailored to each country's context and builds on existing mechanisms and plans to avoid duplication of efforts and strengthen country systems.

Countries participating in the GFF process invest in high-impact but historically underfunded areas such as sexual and reproductive health and rights (SRHR), maternal and newborn survival, adolescent health, and improved nutrition—and in strengthening the health and financing systems needed to deliver at scale and with sustained impact.

The government-led country platform plays the role of overseeing the development and implementation of the national prioritized health plan (investment case), aligning existing resources and mobilizing additional financing for the priorities identified, coordinating technical assistance, and overseeing the monitoring and evaluation of results. The country platform also plays a role in tracking progress and using lessons learned during implementation of the investment case to make decisions and course correct.

The investment case is an evidence-based plan that defines a prioritized set of high-impact services required to achieve results for women, children, and adolescents. Because investments in the health and nutrition of

women, children, and adolescents are some of the most cost-effective, the investment case provides a compelling case for how a limited number of priorities can put the country on the path toward universal health coverage. Investment cases identify not only a priority service package to achieve agreed results, but also the main health and financing system bottlenecks that need to be addressed to deliver these services. The GFF supports multisectoral approaches and investments where these are found to be key drivers of reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) outcomes. For example, in Bangladesh the GFF partnership supports the education sector to improve adolescent sexual and reproductive health. GFF Trust Fund grants are used to help keep girls in school by constructing separate toilets for girls and incorporating health and hygiene into the school curriculum. Rwanda is providing cash transfers to families to incentivize the use of health and nutrition services and strengthen knowledge of better parenting and child care in an effort to reduce stunting rates among children under 5.

INVESTMENT CASE ROADMAP

COUNTRY
PLATFORM

INVESTMENT CASE
PREPARATION

INVESTMENT CASE
DEVELOPMENT AND
PRIORITIZATION



**INVESTMENT CASE
APPROVAL**

**IMPLEMENTATION AND
CO-FINANCING**

**RESULTS MONITORING
AND COURSE-CORRECTION**

FINANCING

The GFF partnership aims to get more results from existing resources and help increase the total volume of resources available for health and nutrition from four sources:



DOMESTIC RESOURCES:

Increasing the volume and efficiency of public resources for health is crucial to making sustainable progress towards UHC. The GFF supports countries to increase efficiencies and better prioritize funding, as well as link funds to results. In addition, the GFF supports the alignment of external financing to the national priorities, provides support to countries' health financing strategies, domestic resource mobilization efforts, public financial management systems, and resource mapping and tracking. The involvement of Ministries of Finance is particularly important in this area.



WORLD BANK FINANCING:

GFF Trust Fund grants are directly linked to the World Bank's IDA and IBRD financing, providing Ministries of Health and Finance the opportunity to increase synergies and the scale of financial investment in the health sector. As of September 2019, each US\$1 in GFF Trust Fund grants is linked to – on average – US\$7 in IDA/IBRD financing. Technical assistance provided by the GFF partnership complements the use of existing IDA/IBRD financing and has resulted in increased volumes of IDA/IBRD financing for health and nutrition.



ALIGNED EXTERNAL FINANCING:

In countries that receive financing from several donors, external financing is often highly fragmented, resulting in duplication and other inefficiencies, as well as underfinancing of many country priorities. Through the government-led country platform and the country-specific investment case process, the GFF partnership collectively tackles these challenges in each country. Improved alignment around country priorities, and better coordination of financing and implementation delivers more impact and increases efficiencies.



PRIVATE SECTOR RESOURCES:

The private sector provides critical capacity to deliver services and financing at scale. The GFF approach aims to harness the capacities of the private sector to deliver services and to attract additional private sector financing. In some countries, the GFF can help leverage innovative financing approaches to support health and nutrition priorities.



RESULTS

Results monitoring is vital to the success of the GFF's mission. Having access to timely, quality data is critical for countries to be able to guide planning, coordination, and implementation processes, assess the effectiveness of programs, and identify areas for improvement during implementation.

FINANCING FOR THE PRIORITIZED HEALTH PLAN COMES FROM FOUR SOURCES:

1. EFFICIENCY GAINS
2. THE WORLD BANK GROUP FINANCING
3. DOMESTIC RESOURCES
4. PRIVATE SECTOR FUNDS

Furthermore, strong health information and resource tracking systems are needed to support countries in monitoring their funds allocated to and results achieved in health and nutrition, all the way to the facility level and frontline services. Investing in data systems and surveys gives greater transparency to where and how efficiently resources are being allocated and spent, strengthening the accountability of governments and other partners, including civil society.

The goals set by the GFF partnership are being monitored through the use of core impact indicators as well as country-specific results frameworks. Core impact indicators are collected by GFF-supported countries, the GFF Secretariat, and partners using surveys and existing global and national reporting systems.

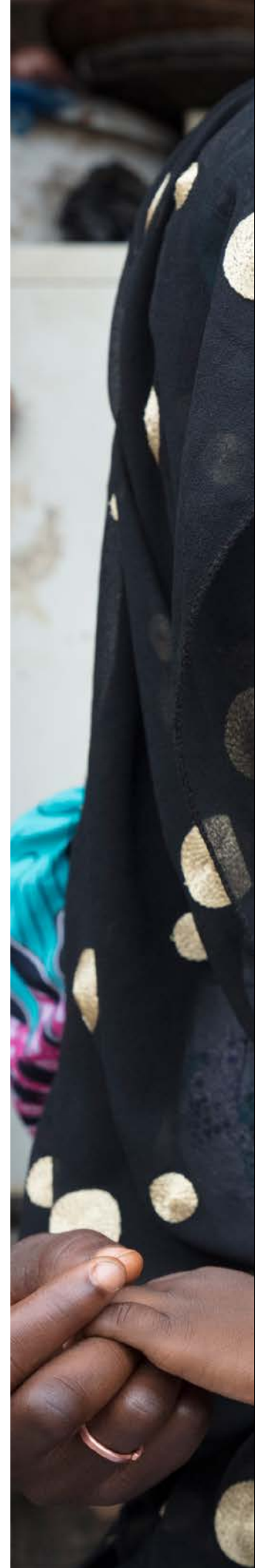


GFF CORE IMPACT INDICATORS

- ▶ Maternal mortality ratio
- ▶ Under-5 mortality rate
- ▶ Newborn mortality rate
- ▶ Adolescent birth rate
- ▶ Birth spacing (proportion of the most recent children age 0-23 months who were born less than 24 months after preceding birth)
- ▶ Prevalence of stunting among children under 5
- ▶ Prevalence of moderate to severe wasting among children under 5
- ▶ Proportion of children who are developmentally on track

CORE HEALTH FINANCING INDICATORS

- ▶ Health expenditure per capita financed from domestic sources
- ▶ Ratio of government health expenditure to total government expenditure
- ▶ Percent of current health expenditure devoted to primary health care
- ▶ Incidence of financial catastrophe due to out-of-pocket payments





GFF TRUST FUND DONORS

The GFF Trust Fund is supported by the governments of Canada, Denmark, Japan, the Netherlands, Norway, and the United Kingdom; the Bill & Melinda Gates Foundation; the Susan T. Buffett Foundation; Laerdal Global Health; and MSD for Mothers.

The Catalyst for Country-Led Health and Nutrition



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