

Guidance Note: Investment Cases

Working version, 9 February 2016

1. Introduction

The Global Financing Facility in support of Every Woman Every Child (GFF) is a financing mechanism that aims support country efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. The GFF has been designed to act as a pathfinder for the financing for development agenda, in particular by mobilizing domestic resources, attracting additional external resources and improving the efficiency of their use, and employing innovative strategies for resource mobilization and service delivery. Announced in September 2014 and formally launched by the UN Secretary-General in July 2015 at the Financing for Development conference in Ethiopia, the GFF plays a key role in financing for the recently launched Every Woman Every Child “Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)”.

To complement this, a multi-donor trust fund – the GFF Trust Fund – has been established at the World Bank to provide grant resources that are linked to financing from the International Development Association (IDA) and/or the International Bank for Reconstruction and Development (IBRD).

2. Why develop an Investment Case?

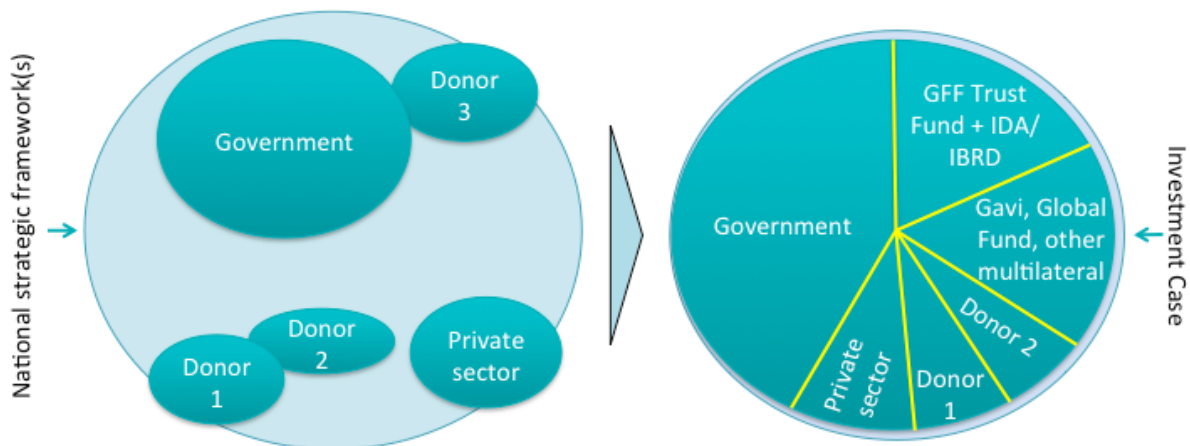
Considerable progress has been made around RMNCAH and broader health sector planning in recent years. Plans are now more likely to contain robust situation analyses, more focused on evidence-based interventions, and more likely to be costed in a rigorous manner. The GFF builds on these developments but goes beyond existing planning efforts to address the following concerns:

- **Prioritization:** In many countries there is a considerable gap between the costs of the proposed set of interventions and strategies and the resources available. Even if a formal prioritization process is not undertaken, an implicit process always occurs when resources are insufficient. However, doing this informally generally reduces the return on investment that is made to the plan. For example, if a plan has only enough financing to pay for 70% of the interventions described, then in the course of implementation, decisions must be made about how to allocate this funding, and in practice this often means either that all interventions are financed suboptimally (e.g., at 70% of the full cost) or that some interventions “win” and are fully financed while others lose and receive much lower levels of support, and this decision-making often occurs based on the status quo, vested interests, the particular preferences of donors, and other such considerations, rather than a transparent assessment of evidence and cost-effectiveness and an inclusive process of prioritization.

- **Returns on investment:** Related to insufficient prioritization is the fact that too few plans clearly show the returns on potential investments in RMNCAH. Investing in health has enormous benefits societally and economically, but rarely are compelling cases made for investing in health, which makes it more difficult to mobilize additional resources from ministries of finance and from external financiers.
- **Fragmentation:** In many countries, a number of plans have been developed to address different parts of the RMNCAH continuum, which results in a lack of coherence across the RMNCAH spectrum. Additionally, in many countries some highly effective (and cost-effective) interventions (e.g., family planning, nutrition) and some key target audiences (e.g., adolescents) are neglected in existing plans.
- **Implementation focus:** Too often, existing plans have limited information on how they will be delivered: the shifts in service delivery modalities that are required to deliver results. One key element of this is the involvement of the private sector: private providers deliver a considerable share of some key RMNCAH services in many countries, but this is rarely taken into account in current plans.
- **Longer-term orientation:** Most planning efforts focus on a relatively short period of time, often five years, and are very focused on the health sector. However, broader longer-term trends (e.g., economic growth, migration, conflict) often play significant roles in determining the health status of women, adolescents, and children.

The Investment Case approach has been designed to address these concerns.

By addressing these issues the Investment Case should also reduce the fragmentation and duplication of financing for RMNCAH by ensuring that the key financiers of the RMNCAH agenda in a country (both domestic and external) come together behind a defined set of priorities that can be implemented within the resources available in the country, thereby ensuring complementarity of financing, as shown here:



The Investment Case should not be viewed as a proposal or a submission to the GFF, but rather as the culmination of a process that drives the identification of priorities, makes a case for investing in them, and helps attain complementary financing for them from both domestic and external financiers.

3. The GFF Investment Case: Definition and Key Elements

The Investment Case is a description of the changes that a country wants to see with regard to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) and a prioritized set of investments required to achieve these results. It is **not** a comprehensive description of all of the activities underway on RMNCAH in the country. Instead, it presents a compelling case for how a **limited number of priorities** will put the country on the path to improve the health of women, children, and adolescents over the long term and thereby contribute to the achievement of the Sustainable Development Goals.

The GFF does not dictate the form that an Investment Case should take, as this will differ according to country context: in some countries, a strong health sector or RMNCAH strategy already exists and the Investment Case can be a short (~10 page) document (which might be an annex or an operational plan for the existing strategy), while in other countries the absence of an overarching strategy means that it makes sense to prepare a longer Investment Case that contains many of the key elements normally set out in a strategy (e.g., a situation analysis, a full-fledged assessment of the bottlenecks around RMNCAH service delivery). The GFF is also not prescriptive about the period covered by the Investment Case: this is typically between three and five years but should be determined based locally. The annex to this document provides suggestions for the key steps if a country wishes to undertake a fuller process.*

The GFF instead focuses on the four essential elements that need to be included in an Investment Case for it to be considered of good quality, which is the subject of this note.

The first essential element is that the Investment Case should describe clearly what a country wants to achieve – **the intended results**. This involves determining which aspects of the RMNCAH continuum and/or the health system that the country wishes to focus on (e.g., maternal health, newborn health, human resources for health, supply chain management), and then describing both where a country is starting with on these aspects (e.g., the baseline) and where it wants to go over the next 15 years (aligned with the SDG timeframe). It should include concrete targets for the initial period of three to five years, and should clearly articulate how the desired trajectory differs from the status quo.

In determining the results to be achieved, the country should consider the latest data available on RMNCAH outcomes and service availability and utilization, and should pay particular attention to the following issues:

- **Equity:** do the proposed results redress current inequities in epidemiological status and in coverage of interventions by key determinants (e.g., socioeconomic status, gender, age group, geographic area);
- **Efficiency:** do the proposed results help improve efficiency in the allocation and implementation of RMNCAH services;
- **Multisectoral determinants:** do the proposed results address non-health factors that are critical determinants of RMNCAH outcomes (e.g., related to water and sanitation, education, and social protection);

* The Investment Case is developed by the country platform, a multi-stakeholder body typically led by the national government. The GFF Business Plan describes the country platform (including its composition, functions, and minimum standards) and it will also be covered in a separate guidance note.

- **Upcoming structural shifts:** are the proposed results sensitive to macro trends such as economic growth, urbanization, demographic changes, and macro risks such as climate change, conflict and outbreaks that play significant roles in determining the likelihood of individual countries attaining the SDGs.

Second, the Investment Case should present **a set of priority investments** that will put the country on the trajectory to attain the desired results (or to improve the ability of the country to track progress on the results, as in the form of investments in civil registration and vital statistics [CRVS]). The innovations required to attain the proposed results should also be clearly identified. These priority investments can be RMNCAH-specific, health systems, or multisectoral. The description of each priority should cover:

- **What** results are focused on and which interventions/innovations will be prioritized to reach them (e.g., to attain results related to neonatal mortality, the country plans to improve kangaroo mother care; or, to reduce financial barriers to access to care, the country plans to subsidize participation in pre-paid insurance);
- **How** the service will be delivered (e.g., to improve kangaroo mother care, the country is prioritizing dramatically scaling up community-based newborn care and community health workers; to subsidize participation in insurance, the country plans to expand an existing social health insurance scheme by offering a subsidy to those not currently enrolled);
- **Whom** the services will focus on (e.g., the community health workers will particularly target low income mothers; the subsidy will be means-tested and will focus on low income households); and
- **Where** the priority target audiences live (e.g., to achieve the intended results, the emphasis will initially be on low income mothers in rural areas in the northern districts of the country; the coverage of the subsidy will be national).

A quality Investment Case clearly makes the link between the intended results and the priorities, showing explicitly how the proposed investments help achieve the results. Each of the priority investments should be clearly **costed**. Additionally, the Investment Case should describe the process by which the priorities were identified, including what modeling and/or analytical tools were used to compare between possible priorities (e.g., cost-effectiveness analysis, a LiST analysis, the EQUIST tool).

Third, the envelope of available resources to implement the priorities should be clearly identified, typically as the result of a resource mapping exercise. The priorities should be able to be implemented **within the envelope of resources available**. In other words, the cost of the priorities should match the available resources (including from the GFF Trust Fund and the linked IDA/IBRD financing); the Investment Case should not present a large resource gap but rather should present the priority actions that can feasibly be implemented given the resources available.

If the country has identified additional priority actions for which funding is not available, the Investment Case can also contain an alternate scenario that presents the costs of these additional priorities, as a means to indicate how additional funds would be invested if they became available.

Finally, the Investment Case should describe how the desired results will be **monitored and evaluated**, including the role of CRVS in the process. Investments required for monitoring and evaluation (including for CRVS) should be included in Investment Case.

Summary checklist

Country platforms should consider the following when assessing whether an Investment Case is complete:

1. Reviewing the analytical work that underpins the Investment Case to ensure that it has rigorously assessed the current situation of women, adolescents, and children, including by addressing equity, efficiency, multisectoral determinants of health outcomes, and upcoming structural shifts;
2. Confirming that the Investment Case clearly identifies the results that it intends to achieve;
3. Reviewing the theory of change set out in the Investment Case to confirm that the approach described will put the country on a trajectory to achieve its longer term (2030) vision;
4. Confirming that selected interventions and strategies:
 - a. Are based on evidence, are accepted as high impact and cost-effective, and respond to the country's epidemiological pattern, identified implementation bottlenecks, and key opportunities within the national context;
 - b. Consider and appropriately balance between RMNCAH-specific interventions, health systems strengthening approaches (e.g., human resources for health, supply chain management), and multisectoral responses that can impact RMNCAH outcomes (e.g., related to sectors such as water and sanitation, nutrition, education, social protection, and gender), as well as complementary activities (e.g., community engagement, advocacy);
5. Confirming that the Investment Case includes a clear set of priorities that can be implemented within a realistic assessment of the availability of resources, and that the choice of these priorities is based on a clear and transparent rationale (including that modeling or other analytical approaches have been appropriately used to compare between different options for intervention mix, service delivery approaches, etc.);
6. Confirming that it is clear for each priority:
 - a. What results are focused on;
 - b. How the priority will be delivered (including proposing appropriate shifts in service delivery to address the obstacles that have been identified, including the modes of delivery [public, private, not for profit] and the location of delivery [facility, household, community]);
 - c. Whom will be targeted;
 - d. Where (geographically) will be focused on;
7. Confirming that there is a robust plan for monitoring and evaluating the Investment Case;
8. Ensuring that gender, equity, and rights underpin the Investment Case, in particular by focusing on whether under-funded issues such as family planning or nutrition, or neglected groups such as adolescents and populations that are disadvantaged economically, socially, and/or geographically are appropriately reflected in the Investment Case;
9. Checking that CRVS and the health financing strategy are closely linked to the Investment Case;
10. Assessing the reasonableness of the cost estimates;
11. Assessing inclusivity and transparency during the development of the Investment Case;
12. Confirming that the Investment Case is promoting development of new sources of sustainable financing.

Annex: A Potential Process for Developing a Comprehensive Investment Case

The GFF does not dictate how countries develop their Investment Cases and in practice the experience differs considerably between countries. Some countries are taking existing national health or RMNCAH strategies and extracting the key elements of an Investment Case (as defined above) into a short (~10 page) document. Others that have not recently completed a relevant planning process are instead embarking on a more extensive planning effort that includes many of the steps typically undertaken for the development of a national strategy, and so producing longer documents.

This annex is intended to be used by country platforms that are interested in undertaking a more extensive planning process. The steps in this annex (shown in the figure on the next page) are *not* a GFF requirement and it should not be read prescriptively: it is intended to help countries think through in a rigorous way the process of putting together an Investment Case, rather than as an instruction manual in which every step needs to be followed precisely. The steps can be followed sequentially or countries can pick and choose the parts that they find most useful. Questions that countries can use for self-assessment of their progress are included in each section, and a checklist is at the end of the annex.

A. Approach to Investment Case Development

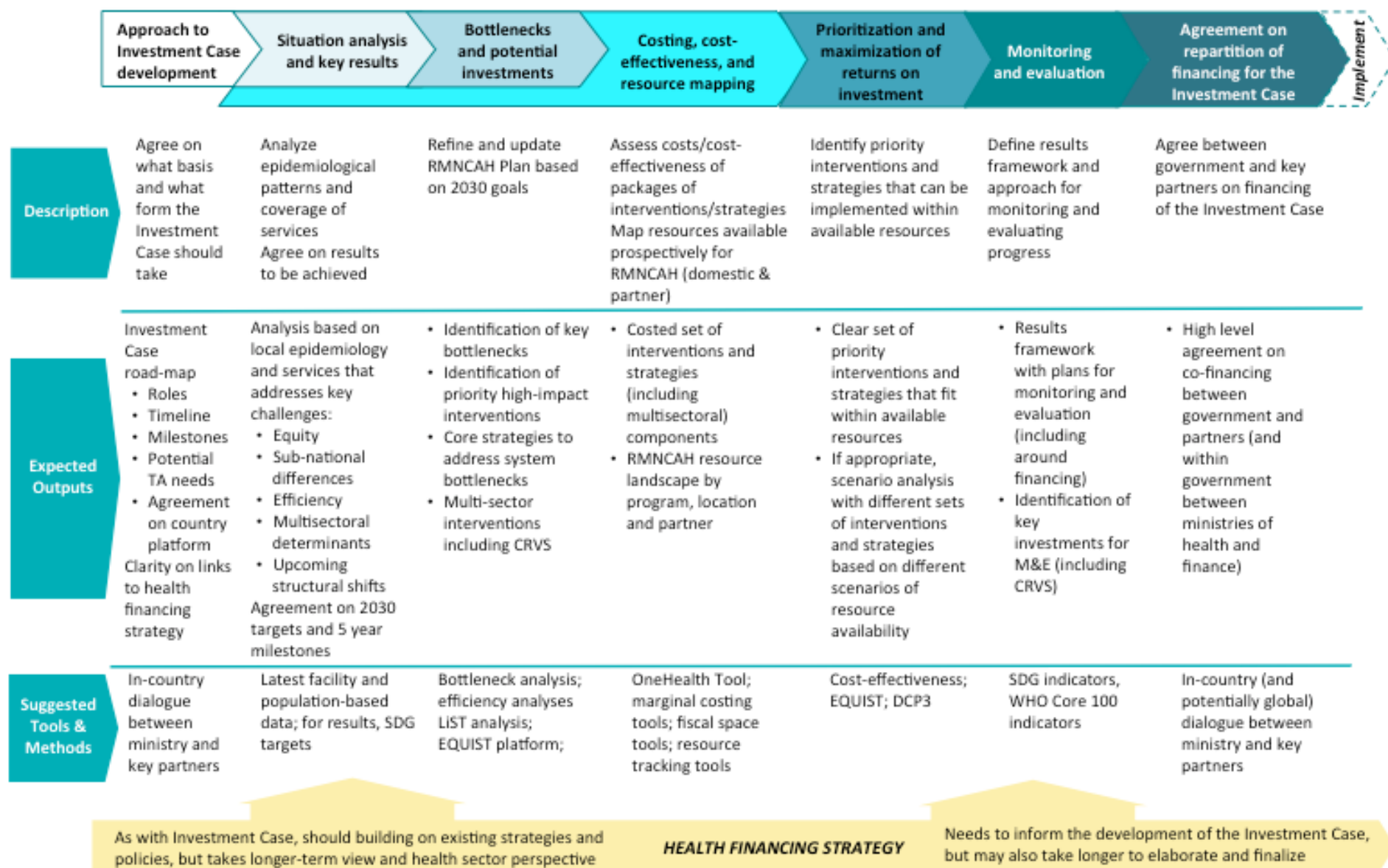
In many countries, a substantial amount of RMNCAH planning and budgeting has already taken place. The GFF approach is to build on this work rather than duplicating it. Therefore, the country platform should review existing national strategies and plans and to determine the approach to developing the Investment Case, including whether the Investment Case can be extracted from existing materials or whether a new planning process is required. At this stage it is also important to determine the time period covered by the Investment Case (e.g., typically between three and five years).

The country platform should also agree roadmap for elaborating the Investment Case under the leadership of the Government, including on the roles and responsibilities, timelines, and key milestones. This should include identifying any funding and/or technical assistance requirements to support specific needs or tasks, and the approach with regard to quality assurance of the Investment Case.

The Investment Case is intended to link to another key part of the GFF approach – the health financing strategy[†] – so the initial step should map out the relationship between the two processes. The development of a health financing strategy should take place in parallel to the development of an Investment Case (although this process is likely to take longer and cover a longer period of time than the development of the Investment Case), as some of the analytical work on health financing is relevant to both the health financing strategy and the Investment Case and so that some of the key financing-related barriers to achieving RMNCAH outcomes can be addressed in the Investment Case. Relevant materials and support on the health financing strategy will be provided separately.

[†] The objective of the GFF's work on health financing strategies is to assist countries to analyze, plan for, and implement efforts to promote financial sustainability in the context of accelerating progress on RMNCAH and on universal health coverage. The work on financial sustainability takes a longer time-horizon (to 2030) and encompasses the entire health sector rather than focusing solely on RMNCAH. It addresses issues such as defining the right to health as an entitlement, increasing domestic resources for health, improving efficiency, and reducing inequities.

Overview of the process and outputs towards a quality Investment Case



B. Situation Analysis and Key Results

i. Challenges being addressed

Situation analyses now often contain considerable detail on epidemiological patterns (including over time) and coverage of critical interventions. However, existing RMNCAH situation analyses often do not adequately address implementation issues such as:

1. Equity: Although some progress has been made on this, not all situation analyses adequately assess differences in epidemiological status and in coverage of interventions by key determinants (e.g., socioeconomic status, gender, age group, geographic area);
2. Sub-national contextual differences: Less emphasis is given to sub-national specificities and the local experience of innovative health strategies to address bottlenecks linked to the broader governance, fiscal, management and institutional capacity to make strategic shifts;
3. Efficiency: Situation analyses rarely contain detailed assessments of the sources of inefficiency, despite the fact that WHO estimates that 20-40% of health expenditure is wasted;
4. Multisectoral determinants: Changes in non-health factors account for approximately half of the gains in maternal and child mortality over the past twenty years, but they are rarely considered in situation analyses in RMNCAH planning processes; additionally, the current state of civil registration and vital statistics – which are critical for measuring progress robustly – are rarely considered;
5. Upcoming structural shifts: Macro trends such as economic growth, urbanization, demographic changes, and macro risks such as climate change, conflict and outbreaks will play very significant roles in determining the likelihood of individual countries attaining the SDGs, including by influencing the needs for and patterns of utilization of health care delivery (including fundamental shifts in the balance between public and private provision of services), but these are generally not factored into situation analyses.
6. Demand-side factors: Situation analyses sometimes focus disproportionately on supply-side considerations and neglect demand-side factors that are essential to improving RMNCAH outcomes. This includes the importance of the engagement of civil society in demand-generation, advocacy, and citizen-led accountability.

ii. GFF Approach

The situation analysis should use existing work to the extent possible, and complement that with focused analytical work, particularly to ensure that each of the key challenges listed above is addressed robustly. The objective is to provide a solid analytical basis for determining the priorities of the Investment Case.

It aims to rapidly update country background and examine key long-term trends (macroeconomics, poverty and inequality, urbanization and migration, demographic changes, literacy, and climate change) alongside a review of the broader social, political and economic determinants of health relevant to the country, such as reproductive rights, nutrition, water and sanitation, or girls' education. The situation analysis should analyze intervention coverage across the continuum of care (including bottleneck

assessment by service delivery mode), with disaggregation by vulnerable groups (e.g., socioeconomic status, gender, age group, geographic area). Critical populations-at-risk of high mortality and morbidity should be identified and described in relation to the design and effectiveness of the Investment Case. Additionally, the analytical work that is typically conducted as part of the preparation of the health financing strategy (e.g., through the use of the Health Financing Systems Assessment tool) should inform the Investment Case to the extent possible (e.g., by contributing to the understanding of financial barriers to accessing services).[‡]

This analytical work provides a starting point for the definition of the Investment Case's intended results: the concrete changes that a country seeks to achieve as a result of the proposed investments. This should clearly identify which parts of the RMNCAH continuum the country wants to focus most heavily on (e.g., reproductive health, maternal mortality, child mortality, adolescent health). The recent adoption of the Sustainable Development Goals creates an opportunity for using a different approach: Investment Cases should identify the priority issues that must be addressed to get a country onto the trajectory needed to attain the relevant SDG targets, rather than simply selecting among the existing areas of focus for RMNCAH programming in a given country.

Additionally, the Investment Case should consider – based on the situation analysis – the systems changes that are required, such as with regard to human resources for health or supply chain management. This may also include reforms to better integrate private providers in the health system. Similarly, key multisectoral results should also be defined at this stage, if the situation analysis has highlighted that progress on RMNCAH outcomes is not possible without, for example, improvements in water and sanitation, education, or social protection.

iii. Quality assurance questions for country self-assessment

- Does the situation analysis provide a comprehensive assessment of the status of women, adolescents, and children in our country?
- Does the situation analysis contain detailed enough information to enable us to make decisions about the selection of results for the Investment Case, and to identify key bottlenecks?
- Are we clear on where we want to be in 2030? Do we know what the critical obstacles to reaching those goals are?

C. Bottlenecks and Potential Investments

i. Challenges being addressed

Considerable progress has been made in recent years in ensuring that interventions and strategies are selected based on evidence. There are two elements of this process that the GFF specifically highlights:

1. **Long-term orientation:** Many RMNCAH strategies and plans take an incremental approach that is focused primarily on scaling up existing services and initiatives, rather than assessing whether

[‡] In countries financed by the GFF Trust Fund, financing from the trust fund is made available specifically to support analytical work for the preparation of the Investment Case.

this approach is the optimal way to reach the ultimate goal of ending preventable maternal and child deaths, and as a result underemphasize the key structural transformations that are required to ensure reach this goal.

2. Focus on core systemic bottlenecks and inefficiencies: In response to the multiple bottlenecks often uncovered by the situation analysis an ambitious and substantial list of interventions and strategy shifts are often proposed. Interventions and strategies that have been successfully applied in very different contexts are presumed to be just as effective in the local settings. There is also usually little attempt to prioritize the critical bottlenecks that should be addressed first. Additionally, just as multisectoral determinants of health outcomes are rarely included in situation analysis, interventions and strategies outside the health sector are generally not considered in the process of proposing interventions and strategies for financing.

ii. GFF approach

The next step is to identify the bottlenecks to achieving these results, using available information to identify locally relevant systems bottlenecks such as supply chain issues and commodity shortfalls, poorly trained health workers, or the absence of demand generation programs. There are a number of possible approaches to doing this, including some new tools that assist not only with the identification of bottlenecks but also with the selection of responses to these constraints, such as UNICEF's EQUIST. The assessment should also identify key financing constraints to improve RMNCAH coverage and equity, analyzing levels, sources and the distribution.

Additionally, governance and institutional constraints that are preventing either scaling up of innovative solutions/interventions or seriously hampering the effectiveness of existing national programs should be identified. This includes political will, governance structures, decentralization, and the level of accountability for results by managements systems at all level.

Based on this (and linked directly to the Investment Case's intended results), the Investment Case can identify potential key investments. The Investment Case should focus on "best-buys": the evidence-based, high-impact interventions and people-centered services that are required to reduce morbidity and mortality while progressively realizing the rights and entitlements of women, adolescents, and children. At the heart of this are the clinical, preventive and promotive interventions for RMNCAH, including family planning and nutrition. The process of identifying these should focus not only on current approaches but should also identify the key innovations that are required to reach the intended results. Modeling the impact of interventions, such as enabled by the use of software such LiST or EQUIST (which incorporates LiST), is a useful technique for comparing between interventions.

The Investment Case should also look at broader health systems issues (e.g., related to governance, the health workforce, financing, supply chain management, and information systems, including civil registration and vital statistics [CRVS]) might have a significant impact on RMNCAH results. Identifying approaches that will improve efficiency by addressing the major sources of inefficiency identified in the situation analysis is also important. The Investment Case should also consider the complementary activities (e.g., advocacy, community mobilization) that are needed to ensure the success of the investment.

Additionally, if the situation analysis reveals that multisectoral factors are key determinants of the health of women, adolescents, and children, the Investment Case should identify targeted interventions in multisectoral areas that would generate significant health benefits. For example, if analytical work highlights that poor sanitation is a major contributor to diarrheal diseases, targeted investments in sanitation might feature in a country's Investment Case. Similarly, if high levels of poverty are creating demand-side barriers to accessing health services, social protection efforts such as cash transfer programs could be included in an Investment Case. Another important area to consider is focused investments in civil registration and vital statistics (CRVS), such as to support registration of births, deaths, causes of deaths, and marriages.

The Investment Case process should examine the possibility of focusing on long-term transformational initiatives rather than solely concentrating on the incremental scaling-up of RMNCAH activities. This may include tackling complex reforms such as introducing a basic benefits package to be financed from public sources, organizing private providers to ensure that they are formalized in the health sector, or formalizing community workers. Experience from around the world has shown that these reforms are typically not completed in just a few short years and often not under the sole control of ministries of health, so the Investment Case should describe the series of steps (e.g., initial policy reforms or investments in new technologies) that will be needed in the short- to medium-term (3-5 years) to reach the long-term objectives. Ideally, the Investment Case should articulate a theory of change about how the package of investments, implemented sequentially, will put the country on the right trajectory and build momentum toward achievement of the 2030 vision.

The potential investments should clearly identify not just what will be focused on (for example, to improve under-five mortality, the country will concentrate on reducing diarrhea, malaria, and pneumonia by strengthening IMCI), but also how the intervention will be delivered (e.g., to strengthen IMCI, private providers will be contracted to expand the network of service delivery points), whom will be targeted (e.g., given the distribution of diarrhea, malaria, and pneumonia, women from the poorest quintile will be particularly targeted), and where geographically investments will be focused (e.g., because the northern ten districts have disproportionately poor indicators, they will be focused upon).

In considering how services will be delivered, it is important to recognize the existing patterns of service delivery. In particular, in many countries the private sector plays a central role in delivering RMNCAH services (and experience from across the world suggests that this share generally increases as countries develop), and this should be factored into the approach to service delivery modalities.

iii. Quality assurance questions for country self-assessment

- Do we have a clear theory of change about what it will take to overcome the critical obstacles, and the risks to doing so?
- In what ways does what we are proposing in the Investment Case differ from simply incrementally scaling up current services?
- Have we proposed solutions to the key inefficiencies that we have identified?
- Have we considered whether investments in multisectoral areas could play a key role in improving health outcomes?

- Have we fully explored the potential of the private sector to contribute to RMNCAH outcomes?
- Have we identified key innovations needed to improve RMNCAH outcomes?

D. Costing, cost-effective analysis, and resource mapping

i. Challenges being addressed

Completing prospective resource mapping is often complex and time-consuming exercise. Development assistance for health remains volatile and unpredictable in many countries, and information on private financing for RMCNAH is often lacking. Additionally, fiscal space analyses of a government's ability to finance RMNCAH are not systematically done.

ii. GFF approach

The aim of the costing at this stage is be able to make comparisons to be made between different proposed interventions and strategies based on the combination of expected costs and expected benefits, which is important for the prioritization process. It can be challenging to generate precise estimates for every intervention and strategy proposed (e.g., this is particularly difficult for some health systems and multisectoral strategies), so the GFF approach is to balance academic rigor with a practical approach that facilitates decision-making. It is strongly encouraged to keep the costing simple at this stage so the focus is upon the optimal mix of interventions and strategies within the resources available.

Resource mapping involves an assessment of resources available (prospectively) to support the Investment Case (including from the GFF Trust Fund and the linked IDA/IBRD financing). Recognizing that future financing flows are unpredictable, the objective is to obtain an estimate of resources likely to be available based on potential growth in government financing (e.g., as a result of economic growth, improved revenue collection, or prioritization of the health sector within the government budget) and approximations of external financing (which should ideally include programmatic and geographic areas of focus, and the flexibility to shift these resources to the priorities identified in the Investment Case). Tools for fiscal space analysis and to help track resources are available to support this process, but the emphasis is on producing rough estimates that can guide decision-making rather than spending a lengthy period attempting to quantify fully all resource flows. To ensure that the projections are realistic, ministries of finance should be involved in the resource mapping process.

The combination of the costing of the full set of proposed interventions and strategies and the resource mapping enables an assessment of whether the full set of proposed interventions and strategies can be implemented or whether it is necessary to prioritize among the proposed interventions and strategies.

iii. Quality assurance questions for country self-assessment

- Does the costing cover all of the proposed interventions and strategies, including the multisectoral ones?
- Are the cost-benefits estimates of the interventions and strategies sufficient to guide our decision-making?

- Does the fiscal space analysis and resource mapping provide a realistic enough sense of resource availability to enable us to make decisions about priorities?

E. Prioritization and Maximization of Returns on Investment

i. Challenges being addressed

Too often, national health or RMNCAH strategies have very significant resource gaps, with the costs of the proposed interventions and strategies far exceeding the resources available. This approach can occasionally be useful in efforts to mobilize additional resources, but rarely does it result in a full closing of the financing gap. Therefore a gap often remains between what a country wants to do and what is feasible given the resources available.

In a number of countries, the process simply ends at this point. However, it is important to recognize that regardless of whether a formal prioritization step is undertaken, informal or implicit prioritization always occurs when resources are insufficient, and doing so generally reduces the return on investment that is made to the plan.

For example, if a plan has only enough financing to pay for 70% of the interventions described, then in the course of implementation, decisions must be made about how to allocate this funding, and in practice this often means either that all interventions are financed suboptimally (e.g., at 70% of the full cost) or that some interventions “win” and are fully financed while others lose and receive much lower levels of support, and this decision-making often occurs based on the status quo, vested interests, the particular preferences of donors, and other such considerations, rather than a transparent assessment of evidence and cost-effectiveness and an inclusive process of prioritization.

ii. GFF approach

Every Investment Case should contain a clear presentation of the priority set of interventions and strategies that can be implemented *within* a realistic assessment of the resources available. In other words, the Investment Case should contain a set of priorities that can be implemented within the resource envelope determined in the resource mapping process, rather than simply presenting a long list of priorities with a cost that exceeds the resources available.

In some cases countries may also wish to present the full costs of scaling up RMNCAH services. If this is the case, the Investment Case can contain scenarios: one scenario that identifies the priorities to be implemented within the resources available and one or multiple other scenarios that identify additional priorities that would be implemented if additional financing becomes available.

Additionally, scenario modeling can be used to generate a deeper understanding of costs based on varying paces of acceleration towards against proposed targets, and potential benefits of prioritizing coverage gains among vulnerable groups.

With regard to determining the specific interventions and strategies to be included, the most common approach to prioritization in health is cost-effectiveness analysis, but this is of limited use for RMNCAH because many of the interventions are highly cost-effective. A number of recent efforts on prioritization

may be useful for countries (e.g., the Disease Control Priorities Project [DCP-3] and the Center for Global Development's work on priority-setting for global health). Prioritization should build on an evidence-based understanding of the drivers of health outcomes, including as identified through modeling (e.g., LiST).

In addition, the GFF focuses specifically on:

1. Driving toward long-term results: Emphasis on determining the optimal way to reach the goal of ending preventable maternal and child deaths, rather than just incremental scaling-up;
2. Optimizing inputs: Tackling key sources of inefficiencies in the health care system. The *World Health Report 2010* contains an analysis of the leading sources of technical and allocative inefficiency, along with possible ways of addressing them and the potential savings across major categories of health care spending.
3. Maximizing outcomes: Selection from among the most cost-effective interventions, alongside other important contributors such as equity, human rights, country priorities and actual need to deliver the greatest health impact for the greatest number of people;
4. Addressing the specific health needs of vulnerable groups: Identification and targeting of key populations with the appropriate interventions to address inequities in outcomes resulting from barriers to access, availability, acceptability, discrimination, etc.

The importance of the *equity lens and rights lens*, addressing the specific health needs of vulnerable groups, can be subsumed within maximizing outcomes (are we doing the right things for the right people?), but it is so fundamentally important to the principles of the GFF that it merits special attention. To address this, the prioritization discussion should include explicit consideration of how the sets of interventions and strategies being compared will address the differences in coverage rates (e.g., by gender, socioeconomic status, age, geography) that were identified in the situation analysis.

The GFF approach does not attempt to downplay the political economy considerations in selecting priorities but rather to situate them in the context an agreement on key principles and to ensure that the earlier analytical work is factored into the process. Example of possible approaches to doing this are contained in the box below.

Examples of prioritization approaches

1. Focus on a transformational initiative
 - Approach: Identify a major transformational initiative or reform that addresses key systems constraints, and allocate considerable resources and political capital to achieving it;
 - Example: Ethiopia national health extension program, which introduced a new cadre of health workers to address a major human resources constraint.
2. Geographical prioritization
 - Approach: Analyze geographical differences in health outcomes and allocate resources preferentially to the worst-off areas;
 - Example: Kenya's Investment Case identified 20 high burden counties, which are being focused upon in the course of implementation.
3. Programmatic focus
 - Approach: Identify and invest in a minimum essential package of services; focus remaining resources on a few (~3-5) programmatic areas, health systems issues, or multisectoral areas that have the highest returns on investment;
 - Example: After ensuring availability of a basic package, the analytical work determines that investments in family planning, obstetric care, and targeted water and sanitation strategies would have highest likelihood of getting the country on a trajectory to attain the SDGs.
4. Differentiated packages for different areas
 - Approach: Define several key packages of services/approaches based on epidemiological/health systems profiles, and deliver them to targeted regions;
 - Example:
 - Definition of two packages of services:
 - A basic package focusing on service delivery through primary health care and community health workers of immunization, obstetric care, and family planning services;
 - An advanced package focusing on quality of care, referral services/linkages between different service delivery levels, and adolescent health;
 - In districts with poor RMNCAH outcomes, basic package is prioritized; in better-off districts, advanced package is prioritized.

iii. Quality assurance questions for country self-assessment

- Have we identified a set of interventions and packages that can feasibly be implemented with the resources that we are likely to have available?
- Do our approach optimize the inputs available to us by addressing sources of inefficiency?
- Does our approach maximize outcomes by focusing on highly cost-effective interventions and strategies?
- Does our approach address inequities?

F. Monitoring and Evaluation

i. Challenges being addressed

Many national health and RMNCAH strategies now include results frameworks and plans for monitoring and evaluating the strategies. One weakness of many of these plans, though, is attention to tracking resource flows for health and specifically for RMNCAH. The quality of data with regard to financing flows for health and for RMNCAH is often poor, and as a result there is limited information globally on these.

A second challenge is the fact that civil registration and vital statistics (CRVS) systems have been chronically underinvested in by many countries. As a result, too many countries are unable to use CRVS systems as the foundation for real-time decision-making.

ii. GFF approach

Every Investment Case should contain a results framework and plan for monitoring and evaluating progress. Indicators for the results framework should be drawn from existing national monitoring systems and from international agreements (e.g., the SDGs). Discussion is currently underway about the possibility of defining a core set of GFF indicators (which would be linked to existing process, such as the Every Woman Every Child Global Strategy for Women's, Children's, and Adolescents' Health), but no decisions have been made about this yet.

The results framework should include indicators related to issues such as financing flows, efficiency, domestic resource mobilization, and the alignment of external financing around the Investment Case.

Additionally, a plan for monitoring and evaluation should be developed, with clear accountability for key functions specified. This should specify the different elements that will be used to track progress, including administrative systems (e.g., HMIS, DHIS2), household surveys (e.g., DHS, MICS), CRVS systems, regular facility reporting for performance-based funding programs, facility-based surveys (e.g., SDI, SARA), and dedicated systems for tracking financing (e.g., National Health Accounts, public expenditure reviews, and/or dedicated data gathering related to efficiency and alignment). Clear plans for the verification of data, particularly at the decentralized level, should be included.

The Investment Case can include investments required in any of these areas to ensure that timely and reliable data can be produced.

iii. Quality assurance questions for country self-assessment

- Are all of the key results reflected in the results framework?
- Has a clear approach to improving the quality of financing data been spelled out?
- Have the investments required in M&E systems, including CRVS, been clearly identified?

G. Agreeing on the Repartition of Financing for the Investment Case

The final step in the Investment Case process prior to implementation is agreeing to how it will be financed. Much of this should have already emerged in discussions with financiers as part of the resource mapping and prioritization steps, but if any gaps remain, the key financiers – national and local governments, private sector, and external partners – should agree among themselves which elements of the Investment Case each will finance. This may be based on comparative advantage, policy priorities, or other criteria agreed locally. The repartition can be based on geographical criteria (e.g., one partner focuses on a particular part of the country while another addresses a different area), programmatic areas, or other approaches agreed locally.

The largest share of the Investment Case in most countries will be financed by the government itself, at either the national or the sub-national level. This is likely to require detailed discussions between the ministries of health and of finance so that the Investment Case can be translated into a set of investments that can be included in the national budget and (if appropriate) medium-term expenditure framework.

The Investment Case should also explicitly include a process to engage the private sector and explore potential pathways for expanding private sector resources, which can include developing innovative financing mechanisms to draw in private sector capital for Investment Case financing.

Once the repartition is agreed, each external donor will likely need to go through its own internal processes. For the financing from the GFF Trust Fund, this will be linked to the financing being provided through the IDA/IBRD project, following normal World Bank policies and procedures.