

# THE POWER OF THE PRIVATE SECTOR IN GFF COUNTRIES

## NORTHEAST NIGERIA

- In the Northeast region of Nigeria, ongoing conflict has left millions of people without livelihoods, schools, and access to health services: Under-five mortality is more than 50% higher than in the south of Nigeria and malnutrition rates are very high.

- Nigeria has begun reestablishing health services with a focus on maternal, newborn and child health, nutrition, and psychosocial support and mental health. Following a successful pilot in four local government areas and 64 health facilities, Nigeria, with support from IDA and the GFF, is rapidly rolling out services to millions of Nigerians.

- The project has engaged private sector firms and non-governmental organizations to provide technical assistance and serve as verification agencies to quickly scale up much-needed interventions. Funding and technical assistance provided through the GFF was key to the design of the project, the early results and the scale-up beyond the pilot—all of which are critical to quickly directing resources to fragile areas.

## SENEGAL

- Senegal has made significant progress in modern contraceptive use—although in 2011 nearly 30% of married women had an unmet need for contraceptive products and 80% of health facilities in a region of Senegal had a contraceptive stockout.

- MSD for Mothers, the Bill & Melinda Gates Foundation, IntraHealth International, Senegal's Ministry of Health and Social Action, and National Supply Pharmacy partnered to help the country improve distribution to “last mile” health facilities through the Informed Push Model (IPM), which relies on third-party private logistics providers to deliver contraceptives directly to health facilities. The partnership reduced stockouts to less than 2% of all public facilities, and 3.2 million women now have consistent access to contraceptive methods.

- Partners are providing emergency funding to integrate this approach into the national supply chain program. The GFF and the World Bank are planning to cover the costs of activities until June 2018, when Senegal expects to self-sustain it. With the support of partners, the IPM model is extending beyond contraceptives to include more than 100 essential medicines.

## NIGERIA COMPETITION

- The Federal Ministry of Health in Nigeria is integrating innovative approaches to health service delivery by partnering with the private sector to increase the quality of services and coverage of reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) interventions within underserved populations.

- The Nigeria Service Delivery Innovation Challenge (NSDIC) is identifying, showcasing, and spurring innovations in primary health care service delivery in fragile settings.

- A public-private partnership established in 2016 oversees the process and fosters collaboration to address priority health system challenges, including increasing coverage of RMNCAH-N interventions; improving the quality of care; increasing the availability of life-saving commodities; and strengthening the availability, timeliness, and quality of the civil registration and vital statistics system.

- Three private sector service delivery innovations will be incorporated into Nigeria's investment case and will receive support to scale up their interventions.



Photo by Dominic Chavez

## THE GFF REPLENISHMENT

The GFF has launched its first replenishment to respond to demand from countries that want to be part of the GFF, with a goal of mobilizing an additional US\$2 billion to expand the GFF to a total of 50 countries between 2018 and 2023. These 50 countries account for 96% of the US\$33 billion annual financing gap and 5.2 million maternal and child deaths each year.

### NOW IS THE TIME TO INVEST IN THE GFF

1 Too many women, adolescents, and children are dying; the lack of financing is a key barrier. This translates into significant economic losses and a reduced ability to benefit from the demographic dividend.

1

2 The GFF model is based on frontloading grant resources and using them catalytically to assist countries to transition from a reliance on external assistance, but this cannot happen overnight. The work must begin in the next few years to influence countries' trajectories.

2

3 The GFF is linked to IDA, the World Bank's fund for the poorest countries, providing a historic opportunity to invest at scale in reproductive maternal, newborn, child, and adolescent health and nutrition. To improve women, children, and adolescents' health, governments, development partners, and the private sector must come together in innovative and sustainable partnerships.

3

4 The GFF started with a hypothesis that an innovative approach to catalyze financing could have a positive effect. These demonstrated results have led to increased country demand to join the GFF.

4

*“At the Gates Foundation, if we make an initial investment, we'll take some risks by investing our money to see if something works. If we make a second investment, it means we know it works... We are announcing another \$200 million to the Global Financing Facility, and we wouldn't ask you to invest if we weren't investing.”*

– Melinda Gates, Co-Chair of the Bill & Melinda Gates Foundation, at the GFF Replenishment Launch, September 20, 2017



Photo by Dominic Chavez

## INVESTING IN A NEW FINANCING MODEL FOR THE SUSTAINABLE DEVELOPMENT ERA

Private Sector Engagement in the Global Financing Facility in Support of Every Woman Every Child



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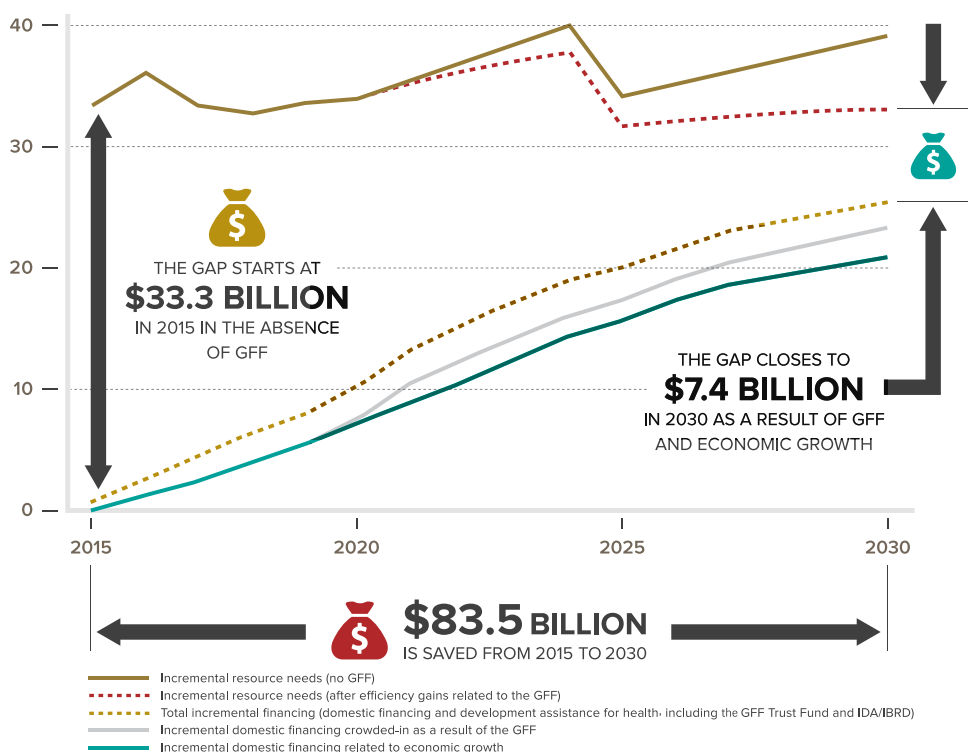
www.globalfinancingfacility.org

# WHY NOW?

Countries have made considerable progress over the past 25 years in improving the health and well-being of women, children, and adolescents. But the progress has not been enough: too many women, children, and adolescents have been left behind, dying and suffering from preventable conditions—in part because of an enormous financing gap, estimated at US\$33 billion annually.

The Sustainable Development Goals (SDGs) set the direction and the results that we want to achieve, and we have the technical knowledge of what works to get us there. Now we have the financing mechanism that will enable us to close the funding gap.

## FINANCING GAP IN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH AND NUTRITION



# THE GLOBAL FINANCING FACILITY

- The Global Financing Facility (GFF) aims to end preventable maternal, newborn, child, and adolescent deaths and improve the health and quality of life of women, children, adolescents. The mission of the GFF is truly unique: to build a new model for development and financing for the SDG era, bringing together multiple sources of financing in a synergistic, country-led way that closes the gap in funding for reproductive, maternal, newborn, child, and adolescent health and nutrition by 2030.

- The GFF takes a lifecycle approach, focusing on critical periods of birth, the early years, and adolescence and looking across the reproductive, maternal, newborn, child, and adolescent health and nutrition continuum. The GFF also works with education, water and sanitation, and social protection, as well as other sectors that influence health and nutrition outcomes.

- The GFF draws on the expertise of and resources from stakeholders including the World Bank Group; United Nations agencies; the Partnership for Maternal, Newborn, Child Health; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the Bill & Melinda Gates Foundation; bilateral donors; private sector partners including MSD for Mothers; and civil society organizations.

**EACH DOLLAR** INVESTED IN THE GFF TRUST FUND CATALYZES FOUR SOURCES OF FUNDING, AND PRODUCES BOTH HEALTH RETURNS AND ECONOMIC AND SOCIAL RETURNS.

## THE GFF HELPS COUNTRIES ACHIEVE THE SDGS BY

### STRENGTHENING DIALOGUE

among key stakeholders under the leadership of governments and supporting the identification of a clear set of priority results that all partners commit their resources to achieving;

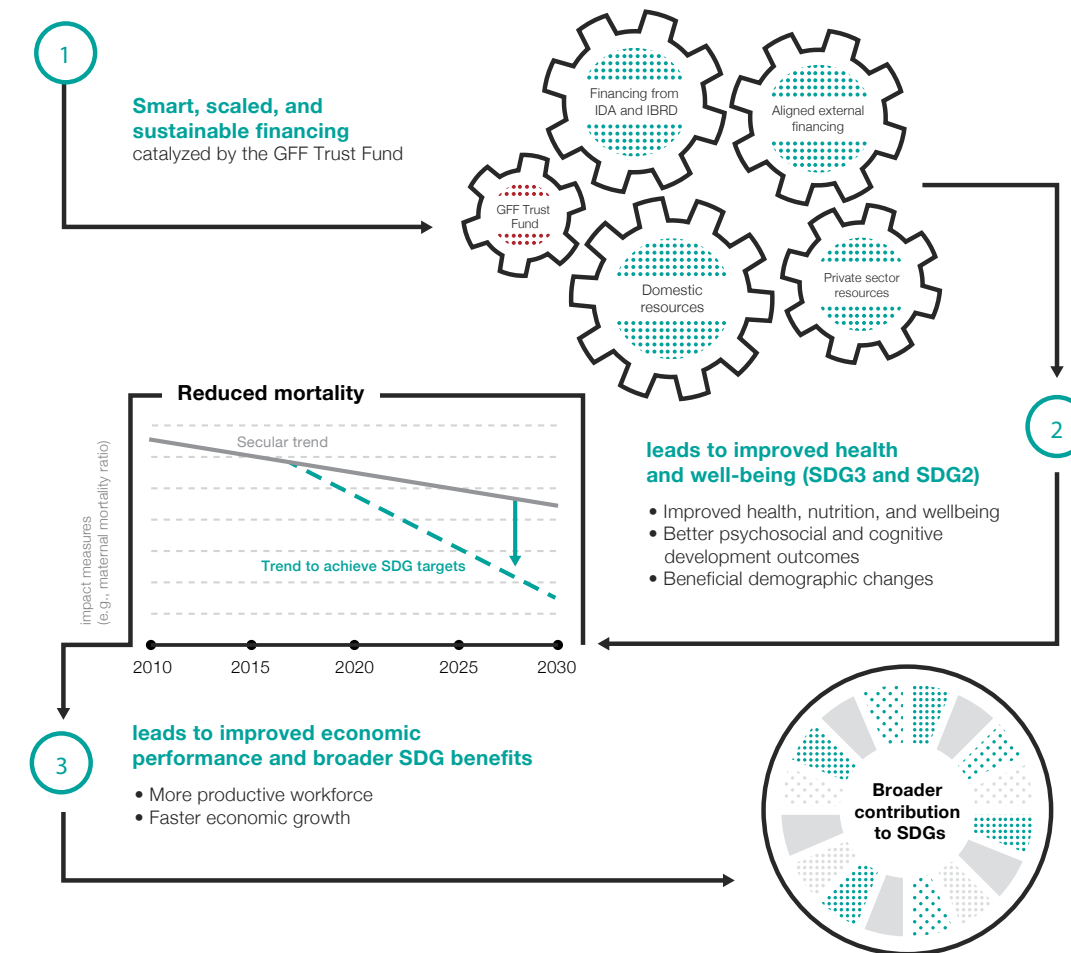
### GETTING MORE RESULTS

from existing resources and increasing the total volume of financing from domestic government resources, financing from the International Development Association (IDA) and the International Bank for Reconstruction and Development (IBRD), aligned external financing, and private sector resources; and

### STRENGTHENING SYSTEMS

to track progress, learn, and course-correct.

## THE GFF: CLOSING THE GAP TO BETTER HEALTH



## ADDING VALUE BY LEVERAGING PRIVATE SECTOR RESOURCES

- Private capital flows now dwarf official development assistance, so there is enormous potential to tap private sector resources to improve reproductive, maternal, newborn, child, and adolescent health and nutrition outcomes. A critical element of financing for the development agenda is catalyzing greater private contributions with measurable outcomes, and developing private sector solutions for country priorities that complement public capacity, including through public-private partnerships and innovative financing.

- The GFF private sector strategy seeks to leverage private resources, capacity and expertise to improve the health of women, children, and adolescents by:

- 1 Catalyzing innovative financing mechanisms to crowd in private sector capital for women, children, and adolescents' health in GFF countries;**
- 2 Facilitating partnerships between global private sector organizations and GFF countries; and**
- 3 Leveraging private sector capabilities in countries to deliver on investment case objectives.**



*"I believe the only way to achieve the Sustainable Development Goals agenda is to have a multi-sectorial approach involving governments, civil society, and private sector. MSD for Mothers has invested in the GFF Trust Fund to catalyze innovative solutions that complement country-led strategies and leverage domestic funding. These partnerships are critical for accelerating progress in maternal and child health."*

– Naveen Rao, MD, Lead, MSD for Mothers