



H6



## Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child

### Background & Rationale

**The Global Strategy for Women’s Children’s and Adolescents’ Health, also known as Every Woman Every Child, is implemented through three pillars of operational support: The Global Financing Facility, The H6 Partnership; and The Partnership for Maternal Newborn and Child Health**

The Global Strategy envisages a world in which every woman, child and adolescent in every setting realizes her or his right to physical and mental health and well-being, enjoys social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies. It provides a road map for attaining these ambitious objectives, and contributes to the implementation of the Sustainable Development Goals (SDGs) related to women’s, children’s and adolescents’ health. The three pillars of the Every Woman Every Child architecture, set out below, work in concert to support the country-led implementation of the Global Strategy by mobilizing and coordinating: (a) financing (b) technical support, and (c) driving alignment, partnership and accountability among the diverse stakeholders engaged in efforts to improve the health of women, children and adolescents.

**The Global Financing Facility (GFF)** in support of Every Woman Every Child aims to accelerate efforts towards the implementation of the Global Strategy by coordinating and harmonizing external funding flows in support of national plans, assisting governments in identifying strategies to progressively increase domestic resources for health, and reducing inefficiency in health spending over time. Its aim is to utilize a set of synergistic approaches to drive **smart, scaled and sustainable** financing to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, children and adolescents. Recognizing that inclusive, well-functioning and sustainable country-led multi-stakeholder platforms for reproductive, maternal, newborn, child and adolescent health (RMNCAH) are vital for advancing these objectives, the GFF works in concert with the H6 and the Partnership for Maternal Newborn and Child Health (PMNCH) to support countries in strengthening their existing RMNCAH processes and platforms for delivering on the Global Strategy.

**The H6**, comprising UNAIDS, UNFPA, UNICEF, UN WOMEN, WHO and the World Bank Group, serves as the lead technical arm of support available to countries for the implementation of the Global Strategy through appropriate national plans and strategies to improve the survival, health and well-being of every woman, newborn, child and adolescent. Working with other technical organizations such as USAID and CSOs/NGOs, the H6 plays three major roles: (i) facilitating the provision of technical support, particularly in the development, implementation, monitoring and evaluation of RMNCAH programs to advance the Global Strategy (ii) supporting the alignment of stakeholders on national priorities and facilitating multi-sectoral collaboration; and (iii)

supporting efforts to generate evidence for decision-making and advocacy for women’s, children’s and adolescents’ health.

**The Partnership for Maternal, Newborn and Child Health (PMNCH)** is a global multi-stakeholder partnership platform which brings together over 800 member organizations across multiple constituencies<sup>1</sup> working to advance RMNCAH at global, regional and country levels. Both the GFF and the H6 are part of the broader partnership in support of the Global Strategy. PMNCH’s core mission is to strengthen alignment, mutual accountability and joint advocacy among these diverse constituencies to support the successful implementation of the Global Strategy. Working in concert with the H6 and the GFF, PMNCH will leverage the constituency-based linkages of its global partnership to support countries’ efforts in one or more of five key areas: promoting inclusive and meaningful multi-stakeholder engagement, strengthening and aligning accountability processes, strengthening cross-sectoral linkages, supporting joint advocacy, and facilitating learning and exchange across countries (**Annex 1**).

In addition, PMNCH will help coordinate a unified accountability framework for monitoring progress on the Global Strategy by effectively linking accountability processes for tracking resources and results at the country, regional and global levels.

## 1. Aims of this paper

The aims of this paper are: 1) to highlight how multi-stakeholder country platforms, built on development effectiveness principles, in line with the globally agreed recommendations of IHP+<sup>2</sup>, can be reinforced within the framework of the Global Strategy and its supporting mechanisms and are key to the Global Strategy’s successful implementation; and 2) to lay out key considerations for new multi-stakeholder country platforms, along with the relevant mechanisms and a minimum set of standards to support the process of national coordination among actors engaged in RMNCAH. This guidance note is intended to serve as a resource for countries committed to implementing the Global Strategy. This includes the 62 high-burden, low- and lower-middle income countries that are eligible to receive resources from the GFF Trust Fund.<sup>3</sup> It will build on lessons from countries that have already developed or are currently developing prioritized RMNCAH Strategies or Investment Cases (IC)<sup>4</sup> aligned with their broader national health plans and planning cycles and processes, for purposes of mobilizing resources, including from the GFF Trust Fund and other sources of funding. The GFF, H6 and PMNCH seek to bring together a broad set of partners and leverage their unique roles, comparative advantages and value added to maximize impact for improved outcomes for women, children and adolescents.

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<sup>1</sup> PMNCH’s 10 constituencies all of which are represented on its Board include: Academic, Research, & Training Institutions, Adolescents & Youth, Donors & Foundations, Global Financing Mechanisms (Global Financing Facility, Global Fund to Fight AIDS, TB & Malaria; Gavi, The Vaccine Alliance), The H6 Partnership, Healthcare Professional Associations, Intergovernmental Organizations, NGOs, Partner Country Governments, Private Sector.

<sup>2</sup> <https://www.internationalhealthpartnership.net/en/about-ihp/seven-behaviours/>

<sup>3</sup> <https://www.globalfinancingfacility.org/financing-model>

<sup>4</sup> In this paper, the terms “RMNCAH Strategies and Investment Cases” refer to prioritized, realistically costed plans to address RMNCAH issues, including GFF Investment Cases, which are country-led, evidence-based, prioritized plans with a clear focus on RMNCAH results that both guide and attract additional financing. Unlike typical national health strategies, they are likely not to include the full spectrum of RMNCAH interventions, but rather, prioritized interventions to achieve specific health outcomes that fit a realistic financing envelope unique to a national context.

## 2. Conceptualizing an RMNCAH multi-stakeholder country platform

### 2.1 What is a multi-stakeholder country platform?

A multi-stakeholder country platform is a multi-stakeholder forum or partnership fora (and/or sub-groups where appropriate<sup>5</sup>) under the leadership of a national Ministry of Health (or the appropriate sub-national level entity, in the case of countries with decentralized systems of health administration). The multi-stakeholder country platform plays a central role in the country-level process to develop, implement and monitor national RMNCAH strategies or ICs and health financing strategies as part of, or closely aligned with countries' broader national plans.

Such multi-stakeholder country platforms exist in the health and allied sectors of most countries although they may vary considerably in their configuration, inclusiveness, transparency and overall functionality. Well-functioning multi-stakeholder country platforms facilitate collaborative action through strong coordination mechanisms and transparent decision-making at all stages of the planning, design, and monitoring of RMNCAH strategies/ICs and health financing strategies, as appropriate.

The aim is to build on existing country mechanisms wherever and whenever possible, while acknowledging that "one size does not fit all." Multi-stakeholder country platforms should adapt to local circumstances and build on institutional capacities and local systems.

Given the interdisciplinary skills and cross-sectoral perspectives required to optimize RMNCAH outcomes, it is important that multi-stakeholder country platforms have strong linkages to related mechanisms and partnership platforms within the health and allied sectors. These may include forums at both the national and sub-national level, such as, e.g. for cross-sectoral/ inter-ministerial development planning committees or Global Fund Country Coordinating Mechanisms, Interagency Coordination Committees, Scaling-up Nutrition (SUN) multi-stakeholder country platforms/networks and Regional/District Health Forums, etc. The goal is to enhance synergies, collaboration and to bring in specific engagement and expertise.

In other contexts, such as humanitarian-settings, there may not be multi-stakeholder country platforms but coordination is ensured through Health Clusters<sup>6</sup> that include bi-laterals, multi-laterals, civil society representatives and others and may or may not be led by government, depending on the situation. In such cases, one may need to be innovative in ensuring how best to capture stakeholder inputs and oversight without imposing a rigid structure on an already fragile context. Additional technical and capacity building support may be required in such contexts to ensure stakeholders uphold the principles of inclusiveness, transparency, and mutual accountability. Another issue to consider is whether all functions (e.g. development of ICs and health financing strategies and implementation strategies; policy and technical guidance; preparation, implementation and

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<sup>5</sup> This can include sub-committees, working groups and/or task forces to facilitate more in-depth dialogue and work in relation to specific areas (e.g., adolescent health; human resources for health, health financing etc.).

<sup>6</sup> [http://www.who.int/hac/network/global\\_health\\_cluster/chapter1.pdf](http://www.who.int/hac/network/global_health_cluster/chapter1.pdf)

monitoring of projects; and multi-sectoral elements contributing to RMNCAH) can be fulfilled by a single multi-stakeholder country platform. Countries may choose instead to have multiple fora or sub-groups for specific areas and build in coordination mechanisms to bring these together at critical touchpoints to ensure that all activities are synchronized and consistent with each other. This implies the need to be pragmatic, flexible and responsive while recognizing the importance of providing practical guidance and minimum standards to all partners.

The guiding principles of the multi-stakeholder country platform **are aligned with globally agreed development effectiveness principles**<sup>7</sup> and include:

- **Leadership by the Ministry of Health (or sub-national level where applicable)** with the critical involvement of the Ministry of Finance and line Ministries and government agencies such as Local Government; Planning, Education, Statistics Commissions etc., to address the multi-sectoral nature of RMNCAH.
- **Inclusive and meaningful participation, engagement and decision making** with country stakeholders at relevant levels, including local, national and international civil society organizations<sup>8</sup>, academia, private sector and other development partners<sup>9</sup> influencing the RMNCAH agenda;
- **Transparency, communication and openness** of the process to ensure mutual accountability amongst all stakeholders, within and outside the multi-stakeholder country platform. This includes timely access to information such as meeting minutes and key reports from the multi-stakeholder country platform that can support understanding of decisions reached including financial information
- Joint monitoring of processes, implementation and results based on **harmonized information and accountability**, including, where appropriate, joint annual reviews and reporting that define actions that are implemented and reinforce mutual accountability. **Mutual accountability** is needed for the efficient and effective functioning of the multi-stakeholder country platform, with deliberate alignment of monitoring processes with other national and local accountability/monitoring processes, systems and schedules. PMNCH is a key partner given its role in coordinating a Unified Accountability Framework for the Global Strategy by linking country, regional and global level accountability mechanisms<sup>10</sup>.

## 2.2 Who is involved in the multi-stakeholder country platform?

Participation and organization of multi-stakeholder engagement is determined by the multi-stakeholder country platform in a transparent, inclusive and consultative manner driven by the country context and in-line with recommended standards of inclusiveness, transparency and accountability (see Annex 2). The challenge is to ensure that the multi-stakeholder country platform can function in an effective and efficient manner, while maintaining the desirable breadth of multi-stakeholder involvement. It may be difficult to manage large numbers of participants but it is also challenging to have one entity, for example, representing all of the private sector or

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<sup>7</sup> These are laid out in number of key international documents including: Paris Declaration on Aid Effectiveness (2005); Accra Agenda for Action (2008); and the Busan Partnership for Effective Development Cooperation (2011) and underpin the 'Minimum GFF Standards' for a multi-stakeholder country platform (Annex 2).

<sup>8</sup> This may include non-governmental organizations, citizens' organizations, community-based organizations, faith-based organizations, professional bodies, trade unions, traditional leaders and the informal sector, etc.

<sup>9</sup> Additional stakeholders may include foundations; specific groups such as women, adolescents and young people; private sector including service providers – private for profit and non-profit; professional associations and research institutions, etc. (See Table 1).

<sup>10</sup> (<http://www.who.int/pmnch/activities/accountability/framework/en/>)

civil society organizations (local, international) in the multi-stakeholder country platform. It is therefore important that representatives from constituencies like civil society and private sector are supported to establish mechanisms and processes for a transparent nomination within their constituencies to identify the final representatives(s) who will be responsible for developing and implementing a constituency engagement plan for participation in multi-stakeholder country platform deliberations.

Countries will decide how best to structure their national platforms. Table 1 provides examples of roles of potential multi-stakeholder country platform stakeholders.

**Table 1: Multi-stakeholder country platforms: Examples of Potential Partners and their Roles and Responsibilities**

Partner	Example of Roles and Responsibilities
<b>Partner Governments</b>	<ul style="list-style-type: none"> <li>• Leadership and stewardship, including convening all stakeholders to develop ICs and health financing strategies in support of RMNCAH, covering multiple sectors and decentralized levels of government as pertinent</li> <li>• Purchasing and/or providing RMNCAH services with a focus on reducing inequities and improving quality</li> <li>• Fostering an enabling environment, including clear accountability</li> <li>• Domestic resource mobilization</li> <li>• Leading annual progress reviews including the necessary data collection and analysis (HMIS, surveys, etc.) to allow for monitoring progress</li> </ul>
<b>Academic, Research and Training Institutions</b>	<ul style="list-style-type: none"> <li>• Producing and distilling evidence for policymaking and priority setting</li> </ul>
<b>Adolescents and Youth</b>	<ul style="list-style-type: none"> <li>• Voicing priorities of affected communities intended to benefit from investments in RMNCAH</li> <li>• Supporting the development of effective strategies for reaching youth populations</li> <li>• Advocacy, education and social mobilization to strengthen youth awareness and participation including building budget literacy among young people</li> <li>• Participate in all aspects of the design and implementation of ICs</li> </ul>
<b>Donors and Foundations</b>	<ul style="list-style-type: none"> <li>• Complementary financing (increasingly over time through pooling or shared management) of an agreed IC</li> <li>• Aligning ongoing investments in broader technical assistance and service delivery programs with the agreed IC</li> <li>• Adherence to aid effectiveness principles such as transparency and predictability</li> <li>• Sharing of global good practices</li> </ul>
<b>Global Financing Mechanisms</b>	<ul style="list-style-type: none"> <li>• Alignment of funding</li> <li>• Support transitioning out of eligibility</li> </ul>
<b>Healthcare Professional Associations</b>	<ul style="list-style-type: none"> <li>• Adaptation and dissemination of standards and guidelines</li> <li>• Pre- and in-service training</li> </ul>

Partner	Example of Roles and Responsibilities
	<ul style="list-style-type: none"> <li>• Voicing health workforce challenges and developing effective strategies to address them</li> </ul>
<b>Non-Governmental Organizations (or Civil Society Organizations)</b>	<ul style="list-style-type: none"> <li>• Amplifying voices of local communities to identify needs, barriers, and bottlenecks;</li> <li>• Support for country planning and implementation, including both ICs and health financing strategies; technical assistance</li> <li>• Service delivery and demand generation, particularly in hard to reach areas, for vulnerable populations, and in fragile settings</li> <li>• Advocacy for resource mobilization and policies</li> <li>• Independent monitoring and accountability to strengthen national and sub-national responses; support for tracking and transparency of financial flows</li> <li>• Enhancing communication and transparency with large and diverse network of civil society and with communities</li> <li>• Advocacy and social mobilization to ensure accountability and strengthen national and sub-national responses</li> <li>• Unique insights into approaches to service delivery (e.g., based on user experiences)</li> </ul>
<b>Private Sector</b>	<ul style="list-style-type: none"> <li>• Service delivery strengthening, manufacturing, commodity distribution, etc. including through public private partnerships</li> <li>• Providing HRH through private health training institutions</li> <li>• Leveraging new technologies to improve and strengthen RMNCAH services</li> </ul>
<b>United Nations Agencies and UNSG/EWEC</b>	<ul style="list-style-type: none"> <li>• Global, regional and country-level coordinated policy, technical and financial assistance, including in fragile and humanitarian settings in a manner that develops and strengthens the capacity of in-country partners</li> <li>• Finances critical areas of RMNCAH</li> <li>• Fostering cross-country sharing of knowledge, best practices and experience on what works</li> <li>• High level advocacy; build commitment to RMNCAH issues at global level</li> <li>• Convenes multi-sectoral partners around RMNCAH, building on and reinforcing existing mechanisms for coordination</li> </ul>

Civil society is an asset for improving investment outcomes.<sup>11</sup> Civil society organizations (CSOs) play a critical role in advancing RMNCAH through technical expertise, as well as through constructive engagement with decision-makers, representing communities including facilitating youth participation, delivering services, mobilizing resources, monitoring and data collection, and holding the government, donors and other key actors accountable. CSOs can also represent health consumer perspectives to ensure the right to health, while others represent key constituencies such as women, adolescents and children, and still others advocate for the

<sup>11</sup> The World Bank and Civil Society Engagement. March 2015. [Why the Bank Engages](#).

government to allocate more resources in order to reduce inequities in accessing health. Health consumers are also key stakeholders.

### **2.3 What roles do the multi-stakeholder country platforms perform?**

The multi-stakeholder country platform is expected to perform the following roles in support of an evidence-based costed national RMNCAH strategy linked to an actionable health financing strategy:

- 1) Set strategic directions for the national approach to RMNCAH investments and financing;
- 2) Help take decisions (policy; technical; financial) in the context of supporting the development of the RMNCAH Strategy/IC and, depending on the country, health financing strategy including prioritization of investments for funding;
- 3) Provide policy and technical inputs to the RMNCAH Strategy/IC and health financing strategy including the coordination and sourcing of technical assistance for both development and implementation;
- 4) Facilitate dialogue and enhance communication among the development partners, multi-stakeholders, and citizens/communities;
- 5) Mobilize resources to ensure complementary financing to support implementation and monitoring of the national RMNCAH Strategy/IC; this includes domestic, external, and other, in particular IDA or IBRD in the case of GFF Trust Fund-supported ICs;
- 6) Strengthen collaboration among government ministries and development partners supporting implementation and monitoring of activities in RMNCAH;
- 7) Enhance coordination of all RMNCAH stakeholders in-country and in particular, civil society and private sector;
- 8) Help secure complementary financing to support implementation of the RMNCAH Strategy/IC
- 9) Expand capacity of multi-stakeholder country platform partners, through technical assistance and capacity strengthening of the multi-stakeholder country platform, to support its operations where required;
- 10) Develop and implement a results framework; review progress including resource flows and discuss options to address challenges as they arise with country stakeholders
- 11) Foster good governance in overseeing the implementation and monitoring of the national RMNCH Strategy/IC and health financing strategy
- 12) Advocacy and communication in support of the national RMNCAH Strategy/IC and health financing strategy
- 13) Quality assurance (or improvement) of the planning process which can be done through self-monitoring, a JANS like-process<sup>12</sup>, or by employing an external entity, preferably a local entity, to provide feedback.

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<sup>12</sup> Joint Assessment of National Health Strategies, or JANS, is a shared approach to assess the strengths and weaknesses of a national health strategy or plan. Joint assessment is not a new idea. The reasons for renewed interest in the approach include the increased number of international health actors in recent years and efforts to get more partners to support a single national health strategy or plan. <https://www.internationalhealthpartnership.net/en/key-issues/national-health-planning-jans/>

## 2.4 Role of multi-stakeholder country platform vis-a-vis the national RMNCAH strategy or Investment Case and health financing strategy

### Developing the national RMNCAH strategy or Investment Case

To develop the national RMNCAH Strategy/IC, the following steps are recommended, some of which can be conducted in parallel, depending on the context of the country. A more detailed description can be found in the GFF Business Plan (Section 3, page 14 – 21)<sup>13</sup>. Aligning the development and implementation of the IC to the national planning cycles is an important principle in moving forward.

**Step 1:** Development of a road map with agreement on roles and responsibilities to elaborate the RMNCAH Strategy/IC and/or health financing strategy, including timelines and milestones around specific elements. In addition, identifying any funding and/or technical requirements to support specific needs or tasks including technical assistance and missions, in line with the principles of inclusivity, transparency and mutual accountability as outlined in Annex 2.

An example comes from Mozambique where the MOH and partners developed a roadmap that outlined the GFF IC development process and which formed the basis for discussions with the government and partners. The roadmap has served as a very useful tool to ensure that all stakeholders understand the rationale for the GFF process and to effectively coordinate among all GFF partners at country level.

**Step 2:** After preparing the roadmap the multi-stakeholder country platform usually organizes an inclusive, transparent, multi-stakeholder country consultative process to develop the national RMNCAH Strategy/IC and/or health financing strategy and ensure alignment between the RMNCAH strategy/IC and the health financing strategy (see Annex 2 for additional recommendations for an inclusive, transparent multi-stakeholder country consultative process). In line with the SDGs and the Global Strategy, it is recommended to identify objectives with a five-year horizon that sets the country on a trajectory to achieve agreed results to be realized by 2030 at the level of impact indicators. The stakeholders will consider RMNCAH-specific technical interventions as well as identify and agree on the main opportunities/entry points to strengthen health systems in order to achieve the RMNCAH targets. See Box 1 below for an example for the process to be followed in developing a health financing strategy.

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<sup>13</sup> [https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF\\_Business\\_Plan.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF_Business_Plan.pdf)

### **Box 1: Health Financing Strategy (HFS) Development**

In many GFF countries, the RMNCAH Strategy/IC process is led by RMNCAH experts in the Ministry of Health, while the HFS is often spearheaded by the Department of Planning. To ensure linkages between the two documents, it is important that staff who are involved in drafting both consult together and bridge the two documents through a peer-review process or a similar review. A critical challenge in the development of the HFS is to make sure that it is a “home grown” process while at the same time, the country is benefiting from technical and financial resources from development partners. Given the national strategic importance of the HFS and its fiscal implications, the document needs to be endorsed by the highest political levels in the government, including by the Ministry of Finance and likely the Cabinet and/or Parliament. This can be achieved by including staff from the Ministry of Finance in the technical working groups and by inviting key decision-makers, e.g. from the Ministry of Finance, to the steering-committee that oversees the development of the strategy.

Kenya provides a good example of one approach to the HFS development process. There, the HFS development process had been ongoing for almost a decade when Kenya became a GFF country. With resources from the GFF, Kenya was able to re-energize the HFS process and finalize the document, which is currently being reviewed by Parliament. The process in Kenya was supported by a health economist from the World Bank, who worked with the Government for six months in Nairobi. Ongoing consultations were held with several international experts on health financing and Kenyan graduate students in health economics, health economists formerly employed by the MOH, and local policy makers were also involved in the process through a partnership with a local research center. To ensure an inclusive process, the five thematic technical working groups which worked on the HFS were chaired by Kenyans working outside the MOH.

**Step 3:** The multi-stakeholder country platform undertakes or commissions detailed analyses, assessments and diagnostics, including addressing key obstacles leading to agreement of what results the country wishes to achieve at the outcome and output levels over the next five years. The multi-stakeholder country platform may, at its discretion, involve existing or create new Technical Working Groups (TWGs) that are assigned to take forward the elaboration of the RMNCAH Strategy/IC and health financing strategies under the oversight of the multi-stakeholder country platform. The composition of these TWGs will reflect the multi-stakeholder technical expertise needed for the specific tasks they will undertake.

**Step 4:** The RMNCAH Strategy/IC will go through a number of stages of review, consultation and validation by the multi-stakeholder country platform. This could also include specific quality assurance work during these various stages to support and strengthen the RMNCAH Strategy/IC. For the GFF IC, the GFF Investors Group has suggested that the mechanism for quality assurance be left to the discretion of the multi-stakeholder country platform and that – in countries receiving GFF Trust Fund resources -- the GFF Secretariat will provide a more comprehensive review of progress in 12-18 months. The health financing strategy will also go through a similar process of review, consultation and revisions. Given that the health

financing strategy is highly dependent on the political economy, efforts will be made to ensure both technical and political considerations are taken into account when developing the health financing strategy.

Once there is agreement on the content of the RMNCAH Strategy/IC and health financing strategy (see Box 2), those multi-stakeholder country platform stakeholders providing financial resources (including the government) are responsible for agreeing how resources are allocated for the implementation of both the RMNCAH Strategy/IC and health financing strategy. The stakeholders also assess and determine the most effective and efficient way to channel resources to the IC and health financing strategy. The agreed complementary financing arrangements

will be shared with the multi-stakeholder country platform partners. As noted in the GFF Business Plan, there are many opportunities for enhancing efficiency in this area, given duplicative management and reporting structures. The multi-stakeholder country platform should aim to enhance efficiency by increasing the pooling of resources and the use of shared management structures.

Once completed, both the RMNCAH strategy/IC and the health financing strategy will go through an approval process as per country context, including in some cases, through Parliament.

**Box 2: Integrating Health Financing Strategy and Investment Case processes**

To ensure that the IC is a realistic and prioritized strategy rather than a long-list of possible interventions, it is critical to ensure consistency between the IC and the health financing strategy (HFS). There are several critical links between the two documents:

1. Situational analysis: The situational analysis in the IC should draw on relevant information on health financing from the HFS.
2. Prioritization based on available resources with scenarios for use of additional resources: The IC needs to be prioritized based on available resources. The mapping of available resources needs to be consistent with data on external and public resources presented in the HFS. However, it is important that the IC possibly includes multiple scenarios (base, realistic and high scenarios) to allow for ambition in the transformational agenda envisaged in the IC.
3. Basic benefits package: Key interventions identified in the IC to improve RMNCAH results should ideally be included in the basic benefits package that the HFS recommends for funding.
4. Fiscal sustainability: The interventions proposed in the IC need to be sustainable in the long run. For instance, if an IC proposes to implement results-based s, the fiscal implications of such decision should be considered and the fiscal impact should be reflected in the HFS.
5. Financial barriers: The IC should identify the main health financing obstacles to achieve RMNCAH results. These bottlenecks should also be reflected in the health financing strategy. In the DRC, for example, the IC recommends to scale up strategic purchasing and addressing weaknesses in public financing management so as to improve budget execution rates (which are extremely low).
6. Monitoring and evaluation: It is important that the monitoring frameworks in the IC and the HFS are consistent.

### Implementation and monitoring of the RMNCAH Investment Case and health financing strategy

In the context of **implementation** of the RMNCAH Strategy/IC and the health financing strategy, the multi-stakeholder country platform will provide advice and guidance in relation to implementation, alongside any policy options to address specific issues or bottlenecks that may arise during the course of implementation. The members of the multi-stakeholder country platform may identify issues that need to be addressed in more depth (e.g., commodity security and human resources for health); help conduct or commission specific analytical work (e.g., Public Expenditure Reviews) and review new partners (and/or new financing) joining the multi-stakeholder country platform, etc. They will continue to enhance their coordination and collaboration through regular progress updates. The Chair of the multi-stakeholder country platform<sup>14</sup> will be responsible for ensuring timely sharing of information within Platform members. For the GFF Trust Fund countries, it is recommended that a GFF liaison be assigned within the Ministry of Health to serve as a contact person on the issues relevant to the multi-stakeholder country platform<sup>15</sup>. The multi-stakeholder country platform may identify specific milestones to support and assess their role during the implementation of the RMNCAH Strategy/IC and health financing strategy to support the work of the Platform.

The multi-stakeholder country platform will monitor (track progress of) the implementation of the RMNCAH Strategy/ IC and health financing strategy through an agreed results framework. The GFF Investors Group discussed and endorsed a paper on results measurement to serve as a guidance note<sup>16</sup>. Progress reports (including financial) should be made available to all stakeholders engaged in the multi-stakeholder country platform. Monitoring efforts should consider independent mechanisms for national and local community-based accountability such as the use of scorecards and citizens' hearings including budget analysis and advocacy. The frequency of the reporting and any review process will be aligned with the country planning and budgetary cycles and should, wherever possible, use existing processes and reporting mechanisms. Investments required for monitoring and evaluation (including for Civil Registration and Vital Statistics or CRVS) should be included in the RMNCAH Strategy/IC.

### Evaluating the RMNCAH Strategy/IC and health financing strategy

The multi-stakeholder country platform should agree on approaches in line with, or building on, existing processes in place to **evaluate**<sup>17</sup> the RMNCAH Strategy/IC and health financing strategy implementation. This should be developed and agreed by the multi-stakeholder country platform well in advance, ideally as an integral component of other reviews (e.g. annual health sector review) and should cover both the IC and health financing strategy. The aim of the evaluation should be to assess the degree to which the identified interventions have contributed to the results realized (particularly outcomes and impact); and may include the commissioning of in-depth studies

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<sup>14</sup> The Chair of the multi-stakeholder country platform will be appointed by the Government to lead the efforts of the Multi-stakeholder country platform

<sup>15</sup> Funding is available for this position through the GFF Trust Fund. The work program of the incumbent will cover relevant RMNCAH issues

<sup>16</sup> [http://globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF-IG3-5%20Results%20Measurement.pdf](http://globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG3-5%20Results%20Measurement.pdf)

<sup>17</sup> Work under the IHP+ has included developing guidance on [Monitoring, Evaluation and Review of National Health Strategies: A country-led platform for Information and Accountability](#).

by the multi-stakeholder country platform to support and inform this process. Final evaluation reports will be made publically available.

#### Ensuring effective functioning of the multi-stakeholder country platform

In order to ensure the **effectiveness** of the multi-stakeholder country platform and enhance its accountability and transparency, it is important to strengthen measures that address the overall functioning and the progress of multi-stakeholder country platforms. This is an area where PMNCH partners are well-positioned to support countries' efforts (Annex 1), and countries may request support from PMNCH, as needed. This could include support towards specific milestones or benchmarks linked to a specific Checklist (see an example in Annex 3). Countries are also encouraged to conduct an annual review of the multi-stakeholder country platform and its functioning, to be shared with partners, for example during the IHP+ aid effectiveness reviews or SWAp annual review mechanisms. An initial baseline of multi-stakeholder platform functioning could be developed using the checklist in Annex 3.



H6



**Annex 1: PMNCH's Value-Add at Country Level**

<p><b>1) By leveraging the constituency-based linkages of its global partnership, PMNCH will support efforts to strengthen existing country-led multi-stakeholder platforms for SRMNCAH in order to better harness the contributions of diverse partners in delivering on the Global Strategy for Women's Children's and Adolescents' Health.</b></p>	
<p><b><u>FOCUS AREAS</u></b></p>	<p><b>CURRENT FOCUS COUNTRIES (2016-2017):</b> Afghanistan, Malawi, Mozambique (GFF TF-supported), Nigeria (GFF TF-supported) and Sierra Leone (GFF TF-supported). PMNCH will also engage in other countries as opportunities arise (e.g. through engagement in major SRMNCAH-related events and initiatives at country and regional levels) and specific requests for support from countries.</p>
<p><b>PROMOTE INCLUSIVE &amp; MEANINGFUL MULTI-STAKEHOLDER ENGAGEMENT</b></p>	<ol style="list-style-type: none"> <li>1. <b>Facilitate multi-stakeholder consultations to review the SRMNCAH partner landscape:</b> Drawing on existing documentation, tools, and/or recent reviews, support in-country partners to assess existing multi-stakeholder platforms, jointly take stock of the country SRMNCAH partners' landscape, and identify:             <ol style="list-style-type: none"> <li>i) under-represented stakeholder groups (e.g. civil society, private sector and youth groups, healthcare professional associations, academic and research institutions) and ways to facilitate their engagement; and</li> <li>ii) opportunities for strengthening existing partner coordination mechanisms, promoting alignment and streamlining accountability processes; and priorities for joint advocacy.</li> </ol> </li> <li>2. <b>Catalyze constituency-building and strengthen existing partner networks:</b> including by convening and linking under-represented stakeholder groups with their respective PMNCH constituency networks, facilitate exchange and mobilize support for building those groups' organizational, coordination and/or advocacy capacities to increase their inclusion and engagement in country-led multi-stakeholder platforms</li> <li>3. <b>Reinforce coordination mechanisms to facilitate multi-stakeholder engagement and cross-sectoral linkages, as appropriate:</b> focusing, in particular, on strengthening the effectiveness and sustainability of convening/coordination capacities and functions within the Ministry of Health (MOH) in alignment with existing governance structures and processes, building on the capacities of designated SRMNCAH-related coordinating focal points within the MOH; for example, those coordinating GFF processes</li> </ol>
<p><b>STRENGTHEN &amp; ALIGN ACCOUNTABILITY PROCESSES</b></p>	<ol style="list-style-type: none"> <li>1) <b>Reviewing existing accountability mechanisms at national, sub-national and local levels to identify opportunities for:</b> <ol style="list-style-type: none"> <li>i) promoting broader engagement in existing processes for tracking progress on the Global Strategy; and</li> <li>ii) supporting efforts to streamline and unify accountability processes including through joint monitoring of agreed milestones and results; harmonizing data gathering and management, reporting, review, and oversight processes; and linking social accountability initiatives and citizens hearings with national/sub-national SRMNCAH accountability frameworks</li> </ol> </li> </ol>
<p><b>STRENGTHEN CROSS-SECTORAL LINKAGES</b></p>	<ol style="list-style-type: none"> <li>4. <b>Facilitate dialogue between health sector SRMNCAH partners, health ministries and those in health-allied sectors:</b> identify specific priorities and opportunities for collaborative action, and strengthen existing mechanisms for cross-sectoral coordination and exchange.</li> </ol>
<p><b>SUPPORT JOINT ADVOCACY</b></p>	<ol style="list-style-type: none"> <li>1) <b>Foster a concerted approach to advocacy for women's, children's and adolescents health:</b> Strengthen and sustain commitments to SRMNCAH priorities by leveraging PMNCH's global SRMNCAH advocacy strategy and the collective expertise and resources of its vast network of partners to:             <ol style="list-style-type: none"> <li>a) Support consultations among in-country partners to identify key SRMNCAH priorities for joint advocacy and build local advocacy capacities; and</li> <li>5. Amplify country-identified SRMNCAH priority advocacy messages through broader advocacy efforts in regional and global forums.</li> </ol> </li> </ol>

**FACILITATE LEARNING AND  
EXCHANGE ACROSS  
COUNTRIES**

**1) Support and facilitate learning through regular consultations among country representatives**, including between GFF-supported and other countries, to share experiences in strengthening country-led multi-stakeholder platforms, accountability processes, and joint advocacy efforts, including by synthesizing evidence and best-practices across countries for global dissemination to foster multi-stakeholder action for enhanced impact in other countries.



H6



## Annex 2: Multi-stakeholder Country Platform – Minimum Standards for Inclusiveness, Transparency and Accountability<sup>18</sup>

The GFF requires that all multi-stakeholder country platforms embody three key principles (in addition to respecting the overarching GFF principles): **inclusiveness, transparency and mutual accountability**. To support countries to operationalize these principles, the GFF Working Group established **Minimum Standards** to which all participants are expected to adhere. They are found in the GFF Business Plan<sup>19</sup>, with some additions below, and include the following:

- A. Inclusiveness:** Participation on the multi-stakeholder country platform implies full involvement of all key constituencies including academic, research and training institutions; adolescents and youth; donors and foundations; global financing mechanisms; healthcare professional associations; civil society organizations; governments; private sector; UN Agencies, affected populations and Parliamentarians in the processes of:
- Preparing the IC and the health financing strategy, including attending meetings, receiving and contributing to the preparation of materials in a timely manner, reviewing drafts, determining the approach to quality assurance for the documents, and endorsing the final version;
  - Making significant changes to the IC and/or health financing strategy as needed in the course of implementation;
  - Determining the approach to technical assistance and capacity building to support implementation of the IC and health financing strategy;
  - Receiving, reviewing, and responding to data made available on a regular basis about performance in the course of implementation.

Members of civil society, the private sector, and affected populations constituencies should be selected for membership of the multi-stakeholder country platform in a transparent manner, by their own self-identified constituency. More than one representative from a constituency should participate in the platform whenever possible. Multi-stakeholder country platforms will develop and implement a plan for engaging with a broader range of stakeholders than are part of the multi-stakeholder country platform in a consultative manner. The multi-stakeholder country platform will undertake a process of meaningful consultation in a manner that provides stakeholders external to the multi-stakeholder country platform with opportunities to express their views on the GFF's proposed plans, financing arrangements, and monitoring, and allows the multi-stakeholder country platform to consider and respond to them. Meaningful consultation will be carried out on an on-going basis as the nature of issues, impacts and opportunities evolves.

- B. Transparency:** Making public the following documents:

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<sup>18</sup> Extracted from the GFF Business Plan – See Annex 6: Minimum Standards for multi-stakeholder country platforms as well as inclusion of select recommendations from the November 2015 GFF Learning Workshop in Kenya during the CSO pre-meeting

<sup>19</sup> [https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF\\_Business\\_Plan.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF_Business_Plan.pdf)

- Notice of multi-stakeholder country platform consultation meetings, including documents for deliberation or review, posted in a timely manner, in advance on the Ministry of Health website.
- Following approval, posting in a timely manner, minutes of meetings at which ICs and health financing strategies were developed (including documentation explaining decisions around the prioritization of particular interventions/approaches, and any action items pending);
- Within a reasonable time following approval, the final IC and health financing strategy, including the results framework and costing estimates;
- Agreements between financiers about which elements each will cover;
- Annual disbursement data from each financier;
- Regular progress reports on the achievement of targets in the RMNCAH IC results framework;
- Evaluation reports of the RMNCAH IC;
- Memorandum of Understanding, Country Compact, Code of Conduct, or Terms of Reference governing the multi-stakeholder country platform;
- A list of members of the multi-stakeholder country platform;
- A focal point for the multi-stakeholder country platform, who acts as a liaison with all stakeholders.

**C. Mutual Accountability:** All stakeholders are to be mutually accountable for the efficient and effective functioning of the multi-stakeholder country platform

- Align accountability and monitoring processes with other national processes in order to strengthen national capacity for monitoring and reporting:
- Consider and support independent mechanisms for national and local community-based accountability such as the use of scorecards and citizens' hearings including budget analysis and advocacy.
- Convene an annual review of the multi-stakeholder country platforms' operations and engagement, to identify any opportunities to improve its effective functioning, inclusiveness, transparency, and accountability.

### Annex 3: Checklist for Effective Functioning of Multi-stakeholder Country Platforms

1. Composition and Representation				
Is there multi-stakeholder participation?	Name	Role	Organization	
List the name, role, organization, and constituency for each CP member, including contact info (email). Note the process for their selection (Was it transparent? Were they selected by their constituency?)				
2. Functions				
Confirm clear roles and responsibilities for multi-stakeholder country platform; Include TORs	Name	Role	Responsibility	
Is there an assigned focal point for the CP within the MoH?				
Who sets the agenda of the CP meetings? How can other members of the CP contribute to the agenda setting?				
Who is responsible for ensuring that programmatic and financial reporting on the IC [or roll-out of the health financing strategy] is done?				
3. Participation and Communication				
	Yes	No	Not Applicable	Comments on how well the criterion is met
Are regular meetings being held?				
Are meeting invitations sent at least 1 week before the meeting, stating the purpose of the meeting?				
Do all stakeholders have access to key documents at least 5 days ahead of the meeting?				

Are all stakeholders attending at least 75% of CP meetings?				
How are stakeholders consulting within their constituencies prior to key discussions? How are constituency members kept informed of discussions taking place within the CP? What support does the Multi-stakeholder country platform provide to bolster these efforts?				
<b>4. Technical Assistance &amp; Capacity Needs</b>				
	Yes	No	Not Applicable	Comments on how well the criterion is met
Is there a TA plan available?				
Is it sourced? Where is it sourced from? Who is funding it?				
Is there transfer of knowledge to local counterparts if TA is international?				
<b>5. Reporting</b>				
	Yes	No	Not Applicable	Comments on how well the criterion is met
Are Key documents (below) publically available? Where?				
ToR or MOU for the CP; list of members				
IC and health financing strategy including Results Framework				
Regular updates and discussion on progress made in implementation of IC?				
Minutes of meetings				
Agreements (e.g., disbursements)				
Technical & Financial Reports				
<b>Progress and Evaluation Reports</b>				