



Photo: John Rae

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

**2. THE GFF PARTNERSHIP** brings together key stakeholders that drive progress on health and nutrition outcomes through a government-led country platform, and at the global level through the GFF Investors Group. Building on existing national and sub-national mechanisms, each country platform is led by the national government and includes civil society organizations, the private sector, multilateral and bilateral institutions, and foundations. The country platform develops an investment case to align partners and financing around country priorities. Sixty-seven countries are eligible, of which 36 countries are currently supported by the GFF.<sup>1</sup>

<sup>1</sup> Afghanistan, Bangladesh, Burkina Faso, Cambodia, Cameroon, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Guatemala, Guinea, Haiti, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mauritania, Mali, Mozambique, Myanmar, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Somalia, Tanzania, Tajikistan, Uganda, Vietnam, Zambia, Zimbabwe.

### 3. THE INVESTMENT CASE IS FINANCED THROUGH FOUR FINANCING SOURCES:

- **DOMESTIC RESOURCES:** The GFF supports countries to increase efficiencies and better prioritize funding, as well as link funds to results. In addition, the GFF supports the alignment of external financing to the national priorities, provides support to countries' health financing strategies, domestic resource mobilization efforts, public financial management systems, and resource mapping and tracking.
- **WORLD BANK FINANCING:** GFF Trust Fund grants are directly linked to the World Bank's International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) financing, providing Ministries of Health and Finance the opportunity to increase synergies and the scale of financial investment in the health sector.
- **ALIGNMENT OF EXTERNAL ASSISTANCE:** In countries that receive financing from several donors, external financing is often highly fragmented, resulting in duplication and other inefficiencies, as well as underfinancing of many country priorities. Through the government-led country platform and the country-specific investment case process, the GFF partnership collectively tackles these challenges in each country. Improved alignment around country priorities and better coordination of financing and implementation delivers more impact and increases efficiencies.
- **PRIVATE SECTOR:** The private sector provides critical capacity to deliver services and financing at scale. The GFF approach aims to harness the capacities of the private sector to deliver services and to attract additional private sector financing. In some countries, the GFF can help leverage innovative financing approaches to support health and nutrition priorities.

### 4. THE GFF IS GOVERNED BY TWO GROUPS WITH DIFFERENT FUNCTIONS:

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

- **THE TRUST FUND COMMITTEE** sets the strategic funding approach and priorities for GFF Trust Fund financing, decides on which countries receive GFF support, and determines the financing envelopes.

In the 2018 replenishment, over US\$1 billion was pledged to the GFF Trust Fund. Current donors to the GFF Trust Fund include the Governments of Burkina Faso, Canada, Côte d'Ivoire, Denmark, Germany, Japan, the Netherlands, Norway, Qatar, and the United Kingdom; the Bill & Melinda Gates Foundation; the Susan T. Buffett Foundation; the European Commission; Laerdal Global Health; and MSD for Mothers.

### 5. FOCUS ON RESULTS: Since its launch in 2015, the GFF is showing tangible results. For example:

- **DEMOCRATIC REPUBLIC OF CONGO (DRC)** joined the GFF partnership in 2015 with a focus on scaling up an essential package of high-impact, cost-effective maternal and child health services. The DRC prioritized the delivery and quality of a package of primary care services, as part of the investment case in combination with some core governance reforms, which allows for better use and alignment of domestic and partner funding. Initial results from 13 provinces show that these reforms have helped DRC make significant progress in improved patient access and affordability and increases in the delivery of reproductive, maternal, newborn, and child health services. Beyond health outcomes, the GFF partnership has also supported reforms to increase domestic health financing: the 2019 national health accounts show that the share of the national budget allocated to health increased from 7.0 percent to 8.5 percent between 2016 and 2018, putting the country on track to reach the target of a 10 percent allocation for health by 2022.

- **TO IMPROVE AND SUSTAIN THE PROGRESS TANZANIA** has made in several maternal and child health outcomes, the government developed its investment case, "One Plan II," to focus on improving the quality and availability of reproductive, maternal, neonatal, child, and adolescent health and nutrition (RMNCAH-N) health services. Tanzania has significantly improved many of the coverage, quality, and service improvement indicators that are central to One Plan II. For example, antenatal care improved in all 26 regions, from an average of 35.8 percent of pregnant women receiving at least four antenatal care visits in 2014 to 64.1 percent in 2018. Regional averages for the share of births at a health facility also increased from 67.0 percent in 2014 to 79.6 percent in 2018.