



GFF Country Workshop,  
January 28 – February  
1, 2018

# Introduction to the GFF



# Why: two trends led to the creation of the GFF

1

**Insufficient progress** on maternal and child health (worst among MDGs), and traditional sources of financing are not enough to close the gap.

2

The world is **changing** ...

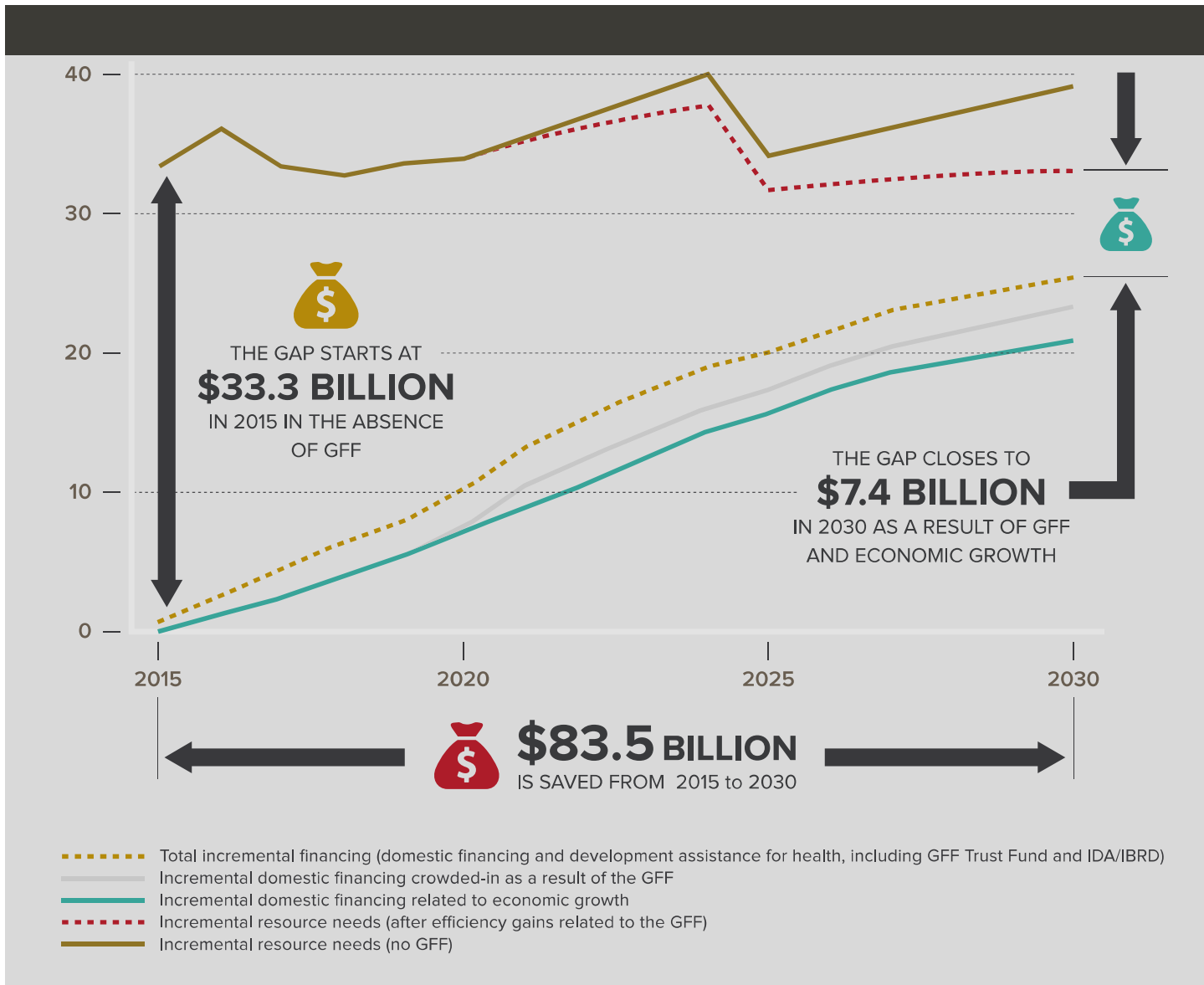
- ▶ Development assistance is at record levels, but is only a fraction of private financing from remittances and FDI
- ▶ Domestic financing far exceeds external resources

Need for a new model of  
development finance





# GFF objective: bridging the funding gap for women's, adolescents', and children's health



The combined effect would prevent **24-38 million deaths** by 2030

# GFF Countries

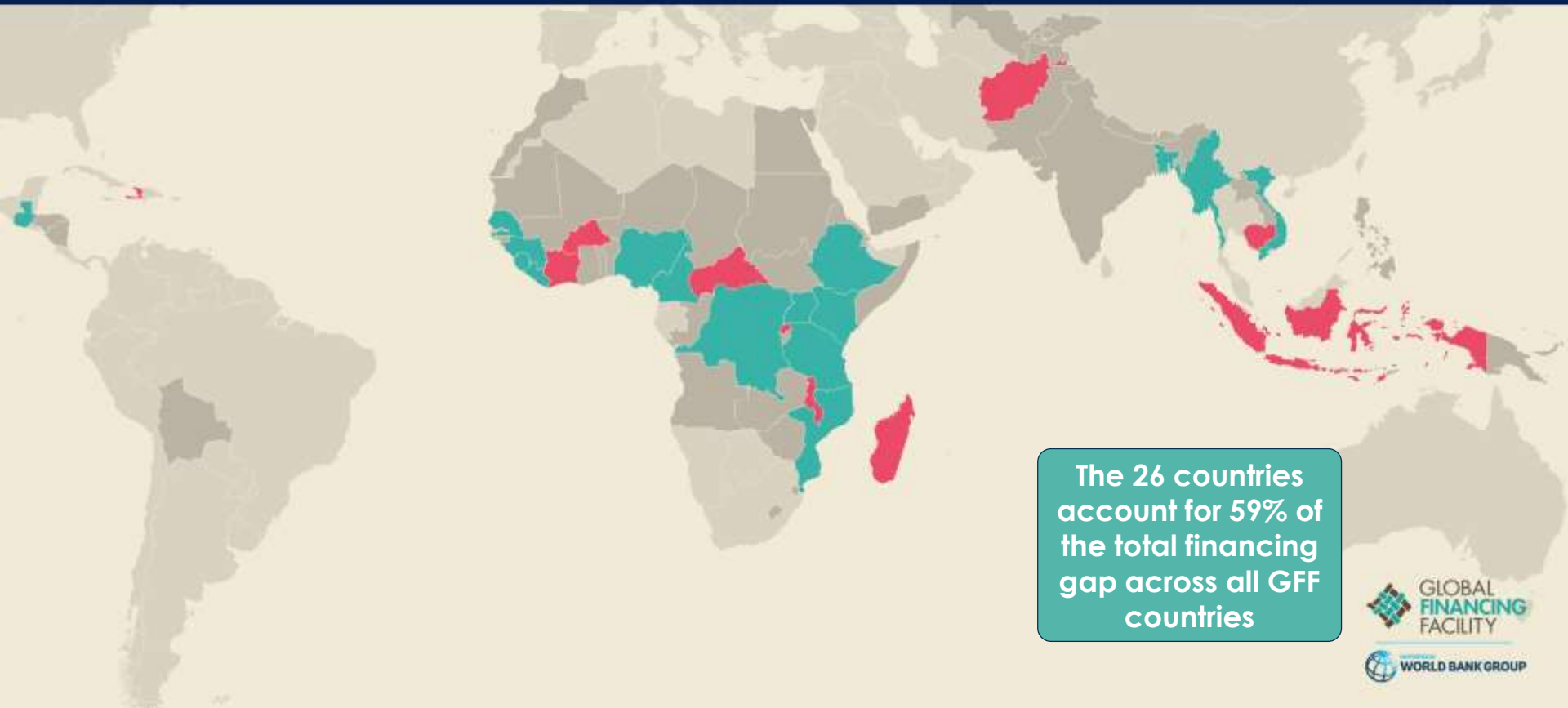
DRC  
Ethiopia  
Kenya  
Tanzania  
Bangladesh  
Cameroon

Liberia  
Mozambique  
Nigeria  
Senegal  
Uganda  
Guatemala

Guinea  
Myanmar  
Sierra Leone  
Vietnam  
Afghanistan  
Burkina Faso

Cambodia  
Central African Republic  
Côte d'Ivoire  
Haiti  
Indonesia  
Madagascar

Malawi  
Rwanda



The 26 countries  
account for 59% of  
the total financing  
gap across all GFF  
countries

# How the GFF drives results

Country ownership and leadership

## 1. Prioritizing

- ▶ Identifying priority investments to achieve RMNCAH outcomes
- ▶ Identifying priority health financing reforms

## 2. Coordinated

- ▶ Getting more results from existing resources and increasing financing from:
  - Domestic government resources
  - IDA/IBRD financing
  - Aligned external financing
  - Private sector resources

financing and implementing

## 3. Learning

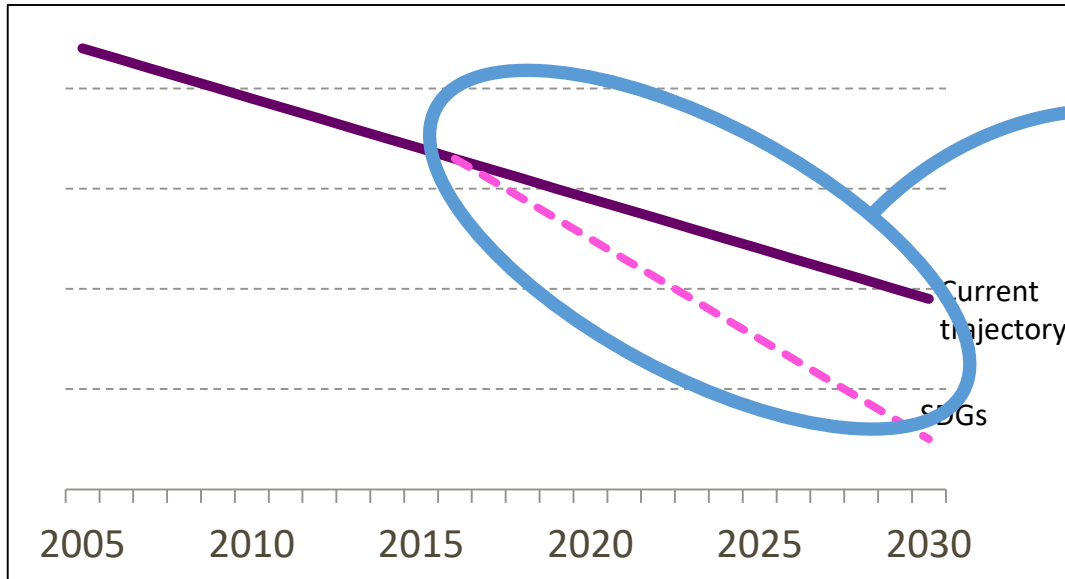
- ▶ Strengthening systems to track progress, learn, and course-correct

Accelerate progress now on the health and wellbeing of women, children, and adolescents

Drive longer-term, transformational changes to health systems, particularly on financing

- ▶ Better sustainable RMNCAH-N outcomes
  - Strengthening systems to sustain RMNCAH-N outcomes
- ▶ Increased value-for-money and total volume of financing from:
  - Domestic resources
  - Financing from IDA and IBRD
  - External Financing
  - Private sector resources
- ▶ Impoverishment prevented in case of illness

## Catalyzing improved results through prioritization

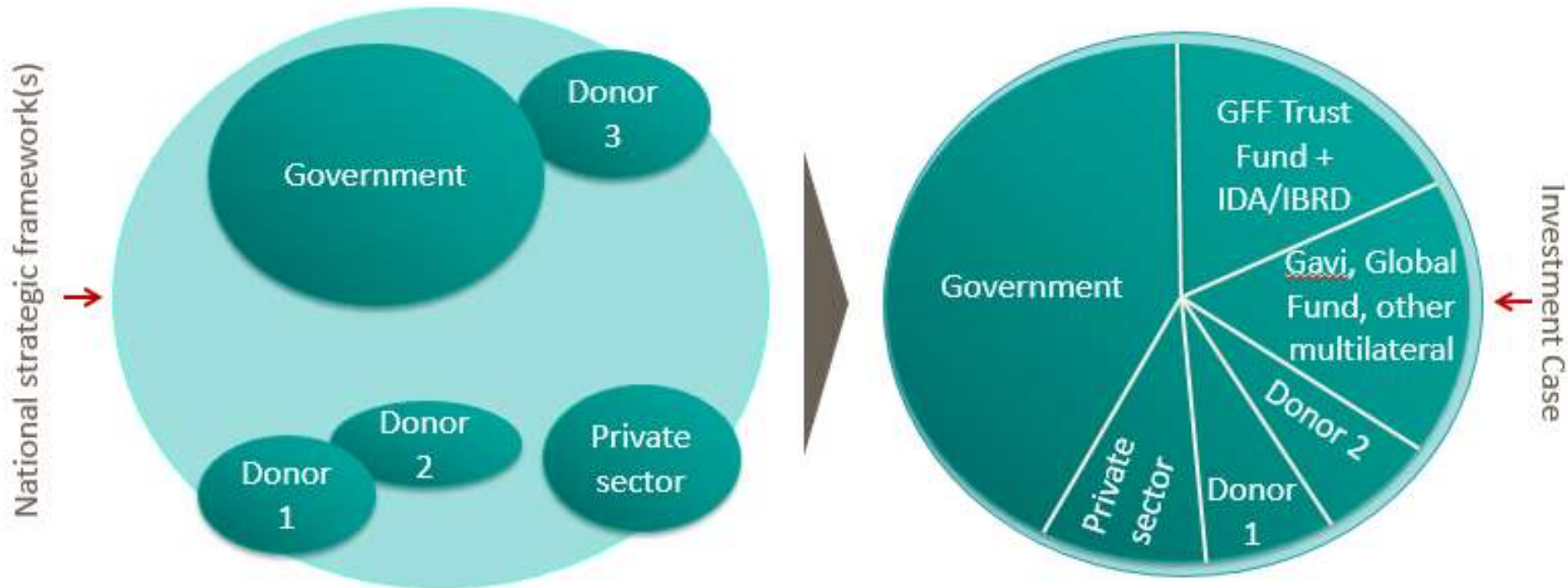


Objective: identify what needs to happen to get on a **trajectory to reach the SDGs**

- ▶ Short-term: **key investments** (prioritized within resource constraints) needed to achieve RMNCAH-N results (Investment Cases):
  - **Health systems strengthening** and **multisectoral approaches** alongside high-impact RMNCAH-N interventions
  - Focusing on **equity**
- ▶ Long-term: **key reforms** to health financing systems (health financing strategies/implementation plans)



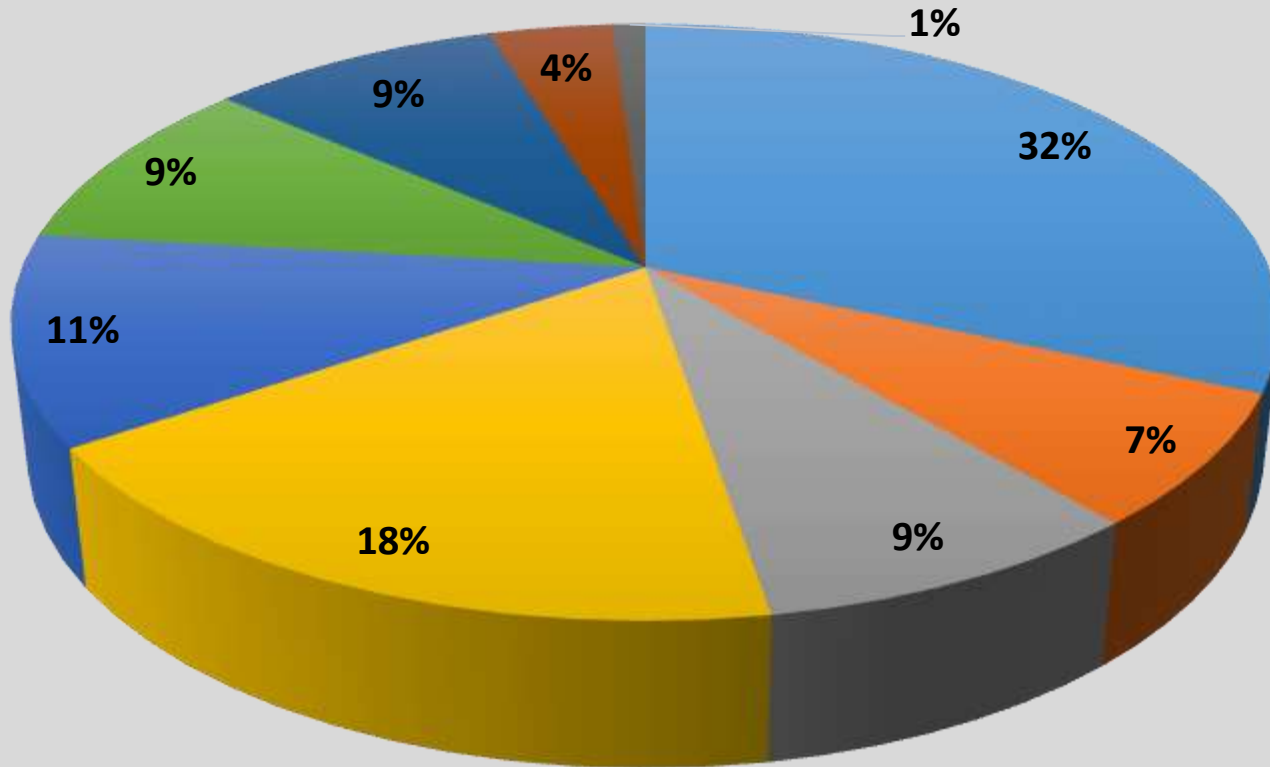
# Increasing and better aligning financing behind nationally-owned priorities



Process brings together partners to provide **complementary financing**: Improving alignment behind a clear set of priorities → reducing gaps and duplications → more results

# Country Example: the DRC

Resource mapping as a tool for better alignment



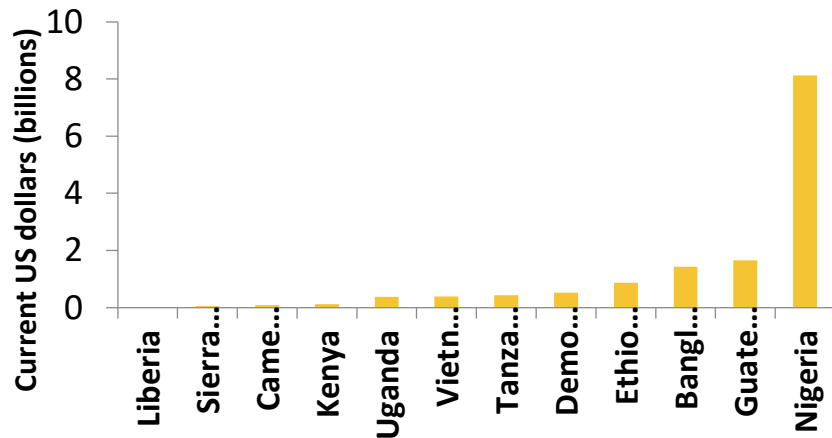
■ Funding gap  
■ World Bank  
■ GAVI

■ Government  
■ GFTAM  
■ UNICEF

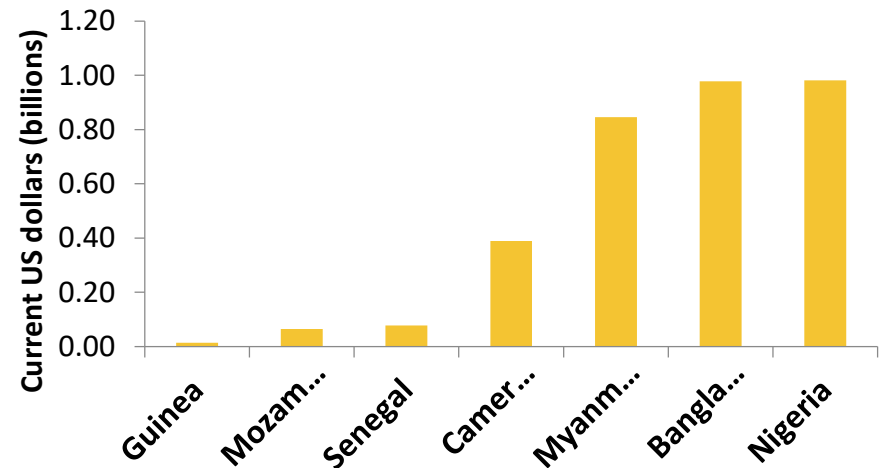
■ Other (non-donor)  
■ USAID  
■ Other DPs (UNFPA and CIDA)

# Mobilizing domestic resources for RMNCAH-N

Resources that can be mobilized by increasing general government revenue as a share of GDP...



...or by increasing prioritization of health in government budgets



Conduct analytical work to assess the options for DRM (e.g., fiscal space analyses)

Develop approaches for DRM (e.g., strategy for introduction of a "sin" tax)

Provide implementation support (e.g., TA to translate high-level strategies into implementation plans)

## ▶ Reforms to prioritize health

- Mozambique: DLIs to maintain and increase domestic health expenditures as a percentage of total domestic government expenditures (stable first 3 years, then increasing).
- Guatemala: Buy-down resources used for health → buy-down interest rate only triggered when government spends double the buy-down amount (US\$18M) on CCT program for health

## ▶ Reforms to raise revenue

- Implementation of earmarked taxes: Tobacco (Mozambique, Sierra Leone and Senegal) & VAT and alcohol (Liberia)

## ▶ Strategic planning

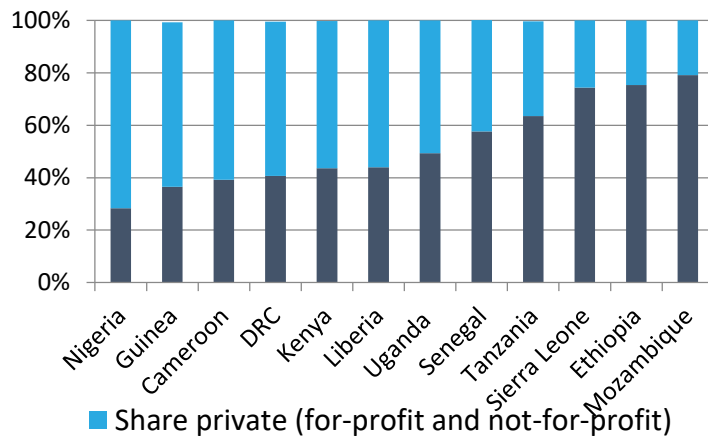
- Development of health financing strategies and implementation plans (Cameroon, Senegal, Kenya, Uganda, etc.)

# IDA and GFF Trust Fund Resources

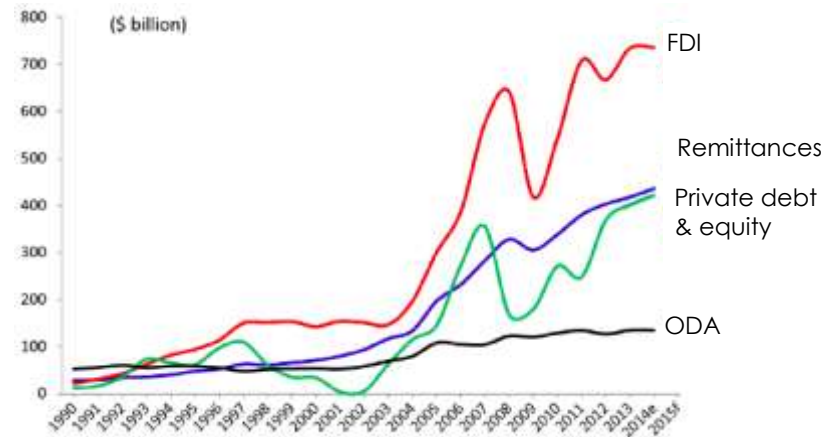
- ▶ US\$573 million pledged to date from the governments of Canada, Norway, and the United Kingdom, the Bill and Melinda Gates Foundation and MSD for Mothers
- ▶ Flexible grant resources operationally linked to IDA/IBRD financing
  - 11 projects approved: ~US\$1.8b in IDA/IBRD financing and US\$307m in GFF Trust Fund financing → \$5.8 concessional financing to every \$1 grant financing
  - 8 additional projects under preparation: ~US\$770m IDA/IBRD, ~US\$107m GFF Trust Fund
- ▶ Country selection
  - Eligibility: 67 low and lower-middle income countries
  - Must be willing to commit to increasing domestic resource mobilization and interested in using IDA/IBRD for RMNCAH

# Leveraging private resources for RMNCAH-N

Poor women and children already rely heavily on the private sector for care...



...and development assistance is now dwarfed by private flows



## THREE-PRONGED STRATEGY TO LEVERAGE PRIVATE RESOURCES EXPERTISE & INNOVATION :

1. Provide financial resources e.g., innovative financing, complementary financing
2. Bring disruptive innovation e.g., new models of delivering health services and products
3. Provide critical capacity and expertise complementary to government e.g., contracting for essential health services

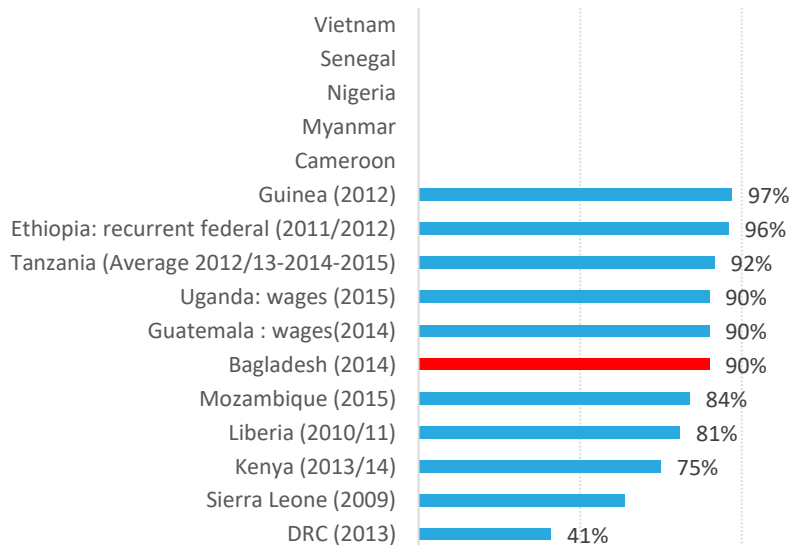
# Achieving more with available resources

- ▶ Eliminating inefficiencies in GFF countries would free up US\$13.5- US\$27 per capita yearly.
- ▶ Showing resources are well spent and benefit mostly disadvantaged groups provide powerful arguments in budget negotiations with the MOF.

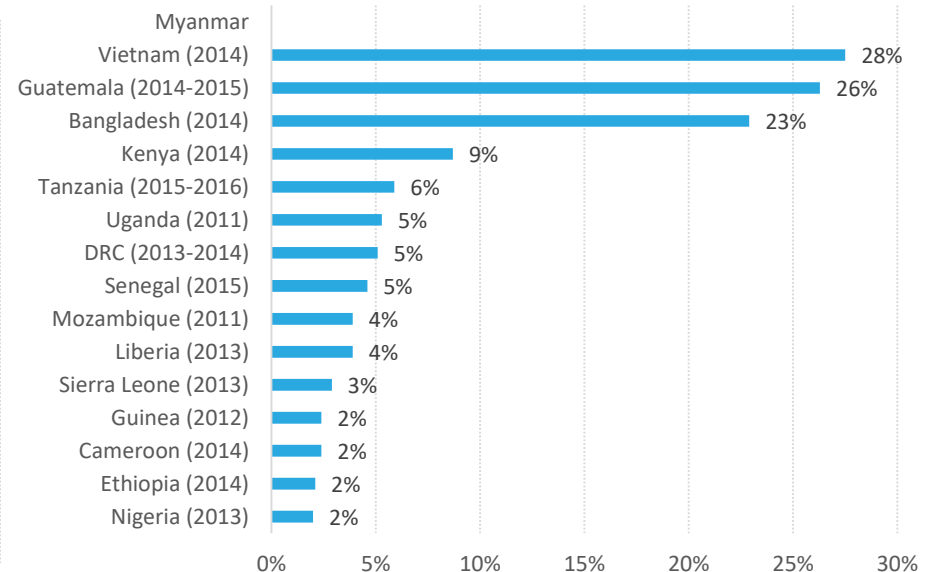
## Causes of inefficiency:

- ▶ Doing the wrong things
- ▶ Doing things in the wrong places
- ▶ Spending badly

**Budget execution rate (%)**



**Caesarean section rates (%)**



# GFF partnership at the country level: the country platform

## Partners

- ▶ Government
- ▶ Civil society (not-for-profit)
- ▶ Private sector
- ▶ Affected populations
- ▶ Multilateral and bilateral agencies
- ▶ Technical agencies (H6 and others)

## Approach

- ▶ Not prescriptive about form
- ▶ Build on existing structures while ensuring that these embody two key principles:  
**inclusiveness and transparency**
- ▶ Diversity of approaches:
  - Most countries used existing structures
  - Alternative is to establish new country platform/national steering committee

## Roles

- ▶ Preparation and finalization of Investment Case and health financing strategies
- ▶ Complementary financing
- ▶ Coordination of technical assistance and implementation support
- ▶ Coordination of monitoring and evaluation



The GFF focuses data use at 3 levels (global, country and investment case) on the following areas:



- ▶ Guiding the planning, coordination, and implementation of the RMNCAH-N response and health financing reforms (IC).
- ▶ Assessing the effectiveness of RMNCAH-N program and identifying areas for improvement during implementation.
- ▶ Real time course correction

Ensuring accountability to those affected by RMNCAH-N outcomes as well as to those providing resources (governments at all levels, CSO, donors, other stakeholders).

# Role of the GFF Secretariat

- ▶ Supports the governance of the GFF, including the GFF Investors Group and the GFF Trust Fund Committee
- ▶ Oversees the resources of the GFF Trust Fund
- ▶ Manages day-to-day GFF business operations
- ▶ Supports in-country GFF processes
  - Provides technical assistance ((CRVS, health financing, nutrition, private sector, results measurements, SRHR/adolescent health, etc.)
  - Fosters cross-country learning
- ▶ Monitors results

# Learn More



[www.globalfinancingfacility.org](http://www.globalfinancingfacility.org)



[GFFsecretariat@worldbank.org](mailto:GFFsecretariat@worldbank.org)



[@theGFF](https://twitter.com/theGFF)

# GFF Partners



BILL & MELINDA  
GATES foundation

Canada



MINISTRY OF FOREIGN AFFAIRS  
OF DENMARK  
Danida



EVERY WOMAN  
EVERY CHILD  
FOR HEALTHY AND EMPOWERED WOMEN,  
CHILDREN AND ADOLESCENTS



The Global Fund  
To Fight AIDS, Tuberculosis and Malaria



Grand Challenges Canada™  
Grands Défis Canada™  
BOLD IDEAS FOR HUMANITY.™



innovating to save lives  
Jhpiego  
an affiliate of Johns Hopkins University



MSD  
MSD for mothers



Norad



The Partnership  
for Maternal, Newborn  
& Child Health



UKaid  
from the British people



unicef



USAID  
FROM THE AMERICAN PEOPLE



WORLD BANK GROUP



World Health  
Organization