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.
The 26 countries account for 59% of the total financing gap across all GFF countries.
How the GFF drives results

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

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.
Results

 ► 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/implementations 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: 32%
- Government: 9%
- World Bank: 11%
- GAVI: 18%
- UNICEF: 9%
- USAID: 9%
- Other (non-donor): 7%
- Other DPs (UNFPA and CIDA): 4%
- GFTAM: 1%
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

Current US dollars (billions)

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<tr>
<th>Country</th>
<th>Current US dollars (billions)</th>
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<tbody>
<tr>
<td>Liberia</td>
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<td>Nigeria</td>
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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)
Country examples: Domestic Resources Mobilization

► 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

Sources: DHS data from PS4health; World Bank 2016
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 (%)

- Myanmar
- Vietnam (2014)
- Bangladesh (2014)
- Kenya (2014)
- Tanzania (2015-2016)
- Uganda (2011)
- DRC (2013-2014)
- Senegal (2015)
- Mozambique (2011)
- Liberia (2013)
- Sierra Leone (2013)
- Guinea (2012)
- Cameroon (2014)
- Ethiopia (2014)
- Nigeria (2013)
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 RNMCAH-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
GFFsecretariat@worldbank.org
@theGFF