



GLOBAL
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WORLD BANK GROUP

GFF Country
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GFF Investment Case



How the GFF drives results

Country ownership and leadership

1. Prioritizing

- ▶ Identifying priority investments to achieve RMNCAH-N 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

Financing and implementing

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

GFF INVESTMENT CASE

Why an Investment Case?

- ▶ To identify -- and build consensus around -- the “priorities of priorities” (i.e., lagging RMNCAH-N outcomes, key health financing reforms)
- ▶ To define key strategic shifts in operational modalities that will accelerate results
- ▶ To set achievable targets that will be jointly tracked by the Country Platform
- ▶ To define roles and mutual accountabilities

Four Areas of a Good Investment Case

1. Technical content:

- ▶ **Why:** which RMNCAH-N outcomes and why
- ▶ **What:** RMNCAH-N interventions, multi-sectoral determinants (e.g. adolescent pregnancies)
- ▶ **How:** Needed health system reforms (e.g. health financing, service delivery, commodities procurement and management, regulation, etc.)
- ▶ **Where:** priority regions
- ▶ **For whom:** target populations



Should be tailored to national context and available resources so does not need to include everything

2. Financing: levels of funds, costing, repartition of financing, efficiency

3. Results and results measurement: expected changes in RMNCAH-N and health financing results; approach to M&E, including necessary investments (e.g., CRVS)

4. Roles and responsibilities for implementation

Key elements of a “quality” Investment Case

1. Centered on a clear set of **results**
2. Based on local **data** about RMNCAH-N combined with global **evidence** about what works
 - Should be attentive to **multisectoral** contributors to RMNCAH-N and to **structural shifts** (macro trends such as urbanization, demographic changes, and climate change)
3. Reflective of an **equity** perspective
4. Well **prioritized**:
 - Focused on **evidence-based, high impact** approaches
 - Addresses key bottlenecks/constraints and strategic shifts required to address them
 - Grounded in a **realistic assessment** of resources available/likely to be available
 - Geographic and socio-economic equity
5. Reflective of a **mixed health systems** perspective, and taking into account full range of stakeholders, including private sector
6. Addresses the sustainability of results/ required “structural” changes (systems strengthening, behavior change)
7. Reflective of needs to ensure **smart, scaled and sustainable financing**:
 - Identifies ways to achieve efficiency gains
 - Discusses options to ensure the sustainability of the investments, including strengthening domestic resource mobilization

Clear storyline connects results and priorities

Is developed in an inclusive and transparent manner



LIBERIA: Prioritization

Liberia: Prioritization

Resources available for use:
Money, time, HR,
& Goodwill



Direct &
Indirect Needs
and
requirements in
RMNCAH - N

Needs will always outweigh the resources available, Prioritization means balancing the benefit of each requirement against its cost and any implications seen or not: Understanding costs, mapping resources, conducting situation analysis are means that can be used to balance the scale

Liberia: Understanding and appreciating country context

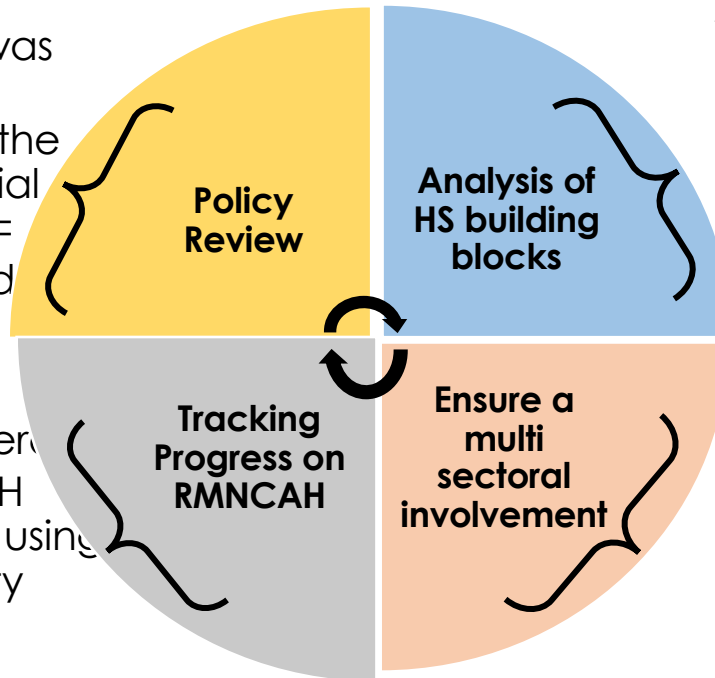
Key drivers of the prioritization discussion were:

- Equity & Efficiency: Is it one package that will be scaled up or multiple tailored packages?
- Look for Synergies: Can MCH programs take on Registration of Births & Deaths?
- Contextualize country experience

- Do areas of investment align with the broader legal and policy environment? What was the plan?

- Alignment to the HDP and the SRMNCH policy was essential
- MNDSR, Comm Health & HF strategies had to be added

- What has worked well? Where?
- County analysis of RMNCAH indicators done with HDPs using scorecard: Informed county selection
- Key issue of an adolescent population ~ 50% of population
- Prioritized intervention by impact & cost



- What are the supply side barriers & what can be done? SCM, HR (quality & quantity) & Infrastructure & deaths and births un accounted for
- Took into account the impact of ebola
- Brought CRVS to the front
- Investment in HR, Mgt, SCM & Infrastructure
- Who would help me achieve my set goals? Harnessed comparative advantage of HDPs
- CHAI, UNFPA, LMH, UNICEF, WHO, BRAC, WB, PIH & others involved from the onset
- Broader participation created a platform for advocacy and activation of country platform

LIBERIA'S RMNCAH INVESTMENT CASE 2016 – 2020

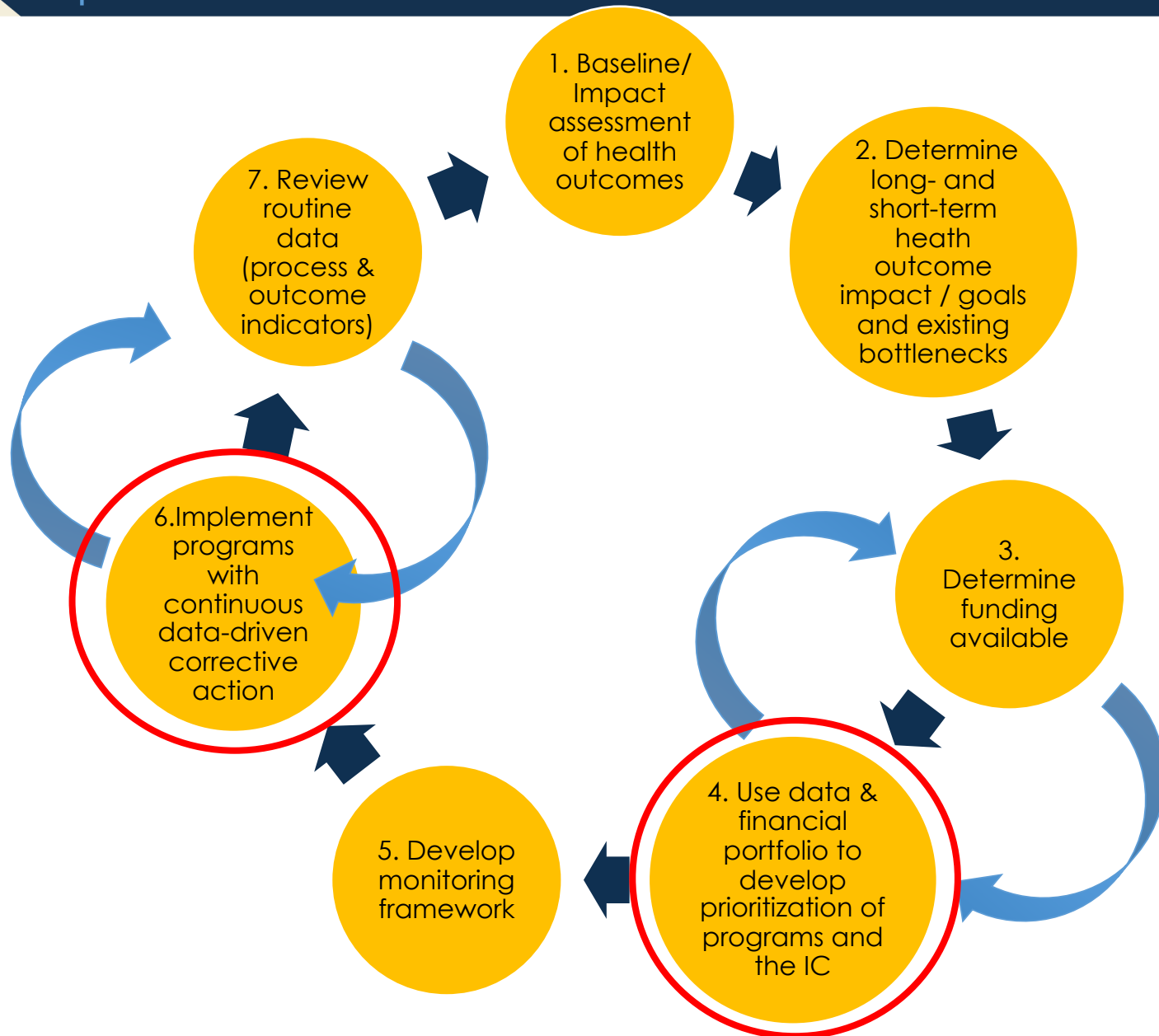
What results do we want to focus on first? What (R – M – N – C – A) Where (geography, target populations)

<u>Highest priorities</u>	<u>Implementation focus</u>	<u>Where</u>
Reduce MMR & NMR	<ul style="list-style-type: none"> • EmONC • ANC, FP & PNC • HR, SCM & Referral • Neonatal care 	<ul style="list-style-type: none"> • Gbarpolu, G.Kru, G.Bassa, R.Gee, R.Cess & Sinoe
Adolescent health	<ul style="list-style-type: none"> • High teen pregnancy rates • HTC • RH & FP 	<ul style="list-style-type: none"> • Gbarpolu, G.Kru, G.Bassa, R.Gee, R.Cess & Sinoe
IDSR/MNDSR	<ul style="list-style-type: none"> • Livelihood & Empowerment • ICD & Verbal Autopsy • Improve EPR 	<ul style="list-style-type: none"> • Gbarpolu, G.Kru, G.Bassa, R.Gee, R.Cess & Sinoe
Monitoring, Evaluation & Learning	<ul style="list-style-type: none"> • M&E and Operational Research • CRVS 	<ul style="list-style-type: none"> • National Level
Program Implementation & Oversight	<ul style="list-style-type: none"> • Financial Mgt • Coordination & Supervision 	<ul style="list-style-type: none"> • National Level

Example of a Table of Contents

- ▶ Executive Summary
- ▶ Chapter 1. Country Context and Situational Analysis
 - Country context
 - Health systems issues: analysis of bottlenecks
- ▶ Chapter 2. RMNCAH Results
 - RMNCAH baselines
 - Estimated impact and outcomes
- ▶ Chapter 3. Priority Areas for RMNCAH Interventions
 - Priority investment 1: [e.g. Quality emergency obstetric and neonatal care]
 - Priority investment 2: [e.g. Strengthening the pharmaceutical system]
- ▶ Chapter 4. Health financing reforms
 - Efficiency
 - Domestic resource mobilization
- ▶ Chapter 5. Financing the Investment Case
 - Estimated costs and current resource allocation
 - Resource gap analysis
 - Financing mechanisms
- ▶ Chapter 6. Governance and Management of the RMNCAH Investment Framework
 - Country management platform
 - Civil Registration and vital statistics (CRVS)
 - Monitoring, evaluation, accountability and learning
- ▶ Chapter 7. Implementation Plan
 - Selection criteria for Phase One of implementation
 - Key risk factors to the successful implementation of the investment case and mitigation mechanisms
 - Costing of Phase One of the investment case

Developing a results driven IC and monitoring its implementation



What an Investment Case IS NOT

- ▶ Duplicative of existing strategies/plans
 - instead builds on them and is a separate document
- ▶ A description of all RMNCAH-N activities in a country
- ▶ A wish list of all possible interventions, with no regard for available resources
- ▶ Limited to the GFF trust fund and World Bank financing
- ▶ A proposal that is submitted to the GFF
- ▶ Developed using a fixed template or form
- ▶ A static document – instead it should be reviewed and revised as needed

Who prepares an Investment Case?

- ▶ Overall responsibility is with **country-led platform**
 - Facilitative role of the in-country **GFF Liaison Person**
- ▶ Often prepared by small team or special unit
 - Important to involve Ministry of Finance and other relevant Ministries
- ▶ Larger **consultative meetings** typically held periodically during process (either dedicated meetings or as part of existing national consultation process)
- ▶ International technical partners are involved, based on their strengths in specific countries
- ▶ Important to involve **financiers** early in the process

MOZAMBIQUE: Building consensus on the IC development process

Mozambique: Roadmap to support from the GFF for Every Woman and Every Child

- ▶ When Mozambique was approved as a GFF country a Roadmap was prepared and agreed on between all GFF partners with the purpose to:
 - Create a shared understanding of the GFF and tasks at hand
 - Define a common agenda
 - Develop a plan of action with mutually reinforcing and well coordinated activities including a workplan
- Roadmap →
 - Many partners contributed to the IC process
 - Good understanding of the vision of the GFF
 - Great ownership both from Government & Partners
 - Multiple partners contributed with financing to the Program that is supporting the IC and Program (e.g. disbursement linked indicators) was jointly prepared

Content of the Roadmap

Context & process

- Description of situational analysis
- Overview of GFF process and the rationale for IC, HF work etc.

Scope and tasks

- Process for developing key tasks: Investment Case, Health Financing Strategy, identification of PFM challenges, preparation of financing program for the IC

Work plan

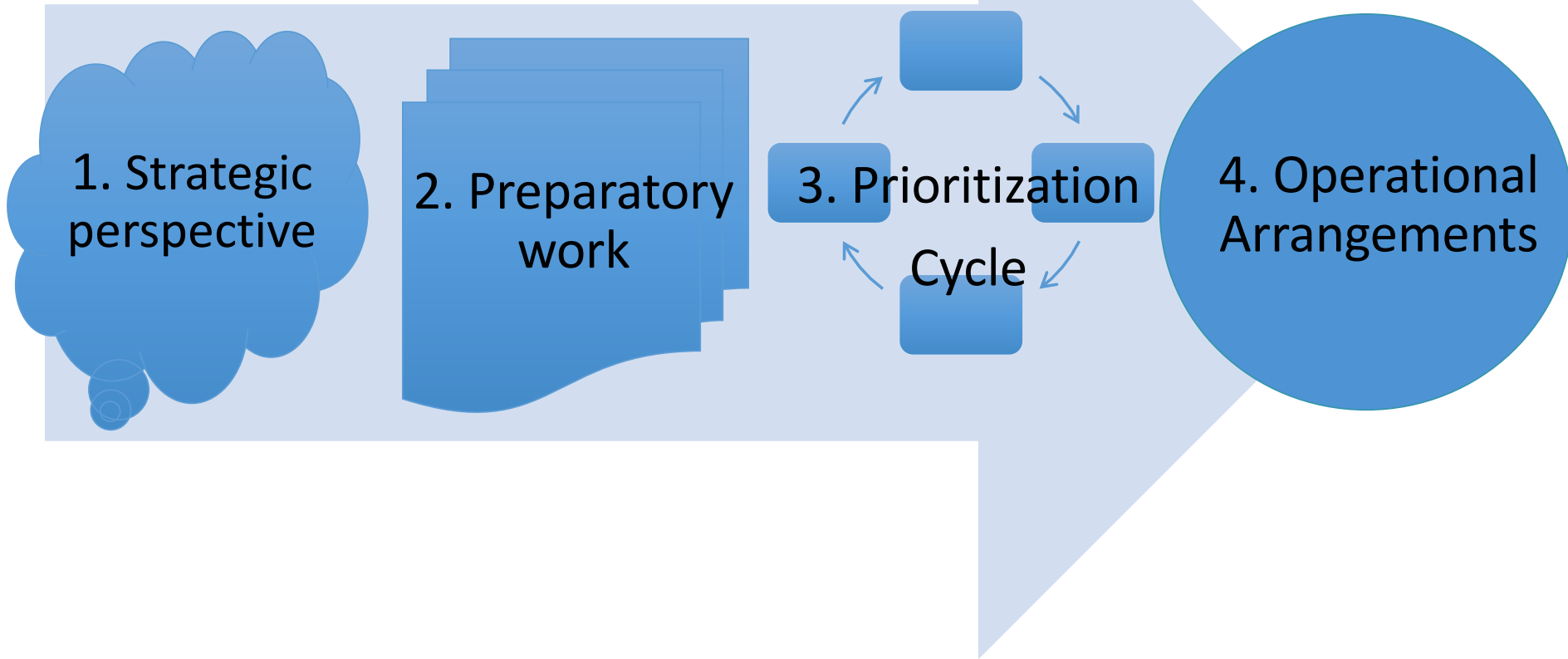
- Activities, Missions, Dates, Partners involved, Milestones

Required resources

- Staff time from different partners
- Other costs

High-level process

0. Country Platform



1. Strategic perspectives

- ▶ Consult widely to identify clearly how the GFF will add value in a particular country context
- ▶ Determine the scope
 - E.g., a range of RMNCAH-N priorities vs a strategic focus on 1-2 lagging areas
- ▶ Be clear on main reasons why progress on RMNCAH-N has not been as rapid as it could be
 - Addressing these bottlenecks in bold, transformational ways should be the main focus of the investment case
- ▶ Engage with senior leadership of government, not only health technical staff within and outside the MOH

2. Preparatory work

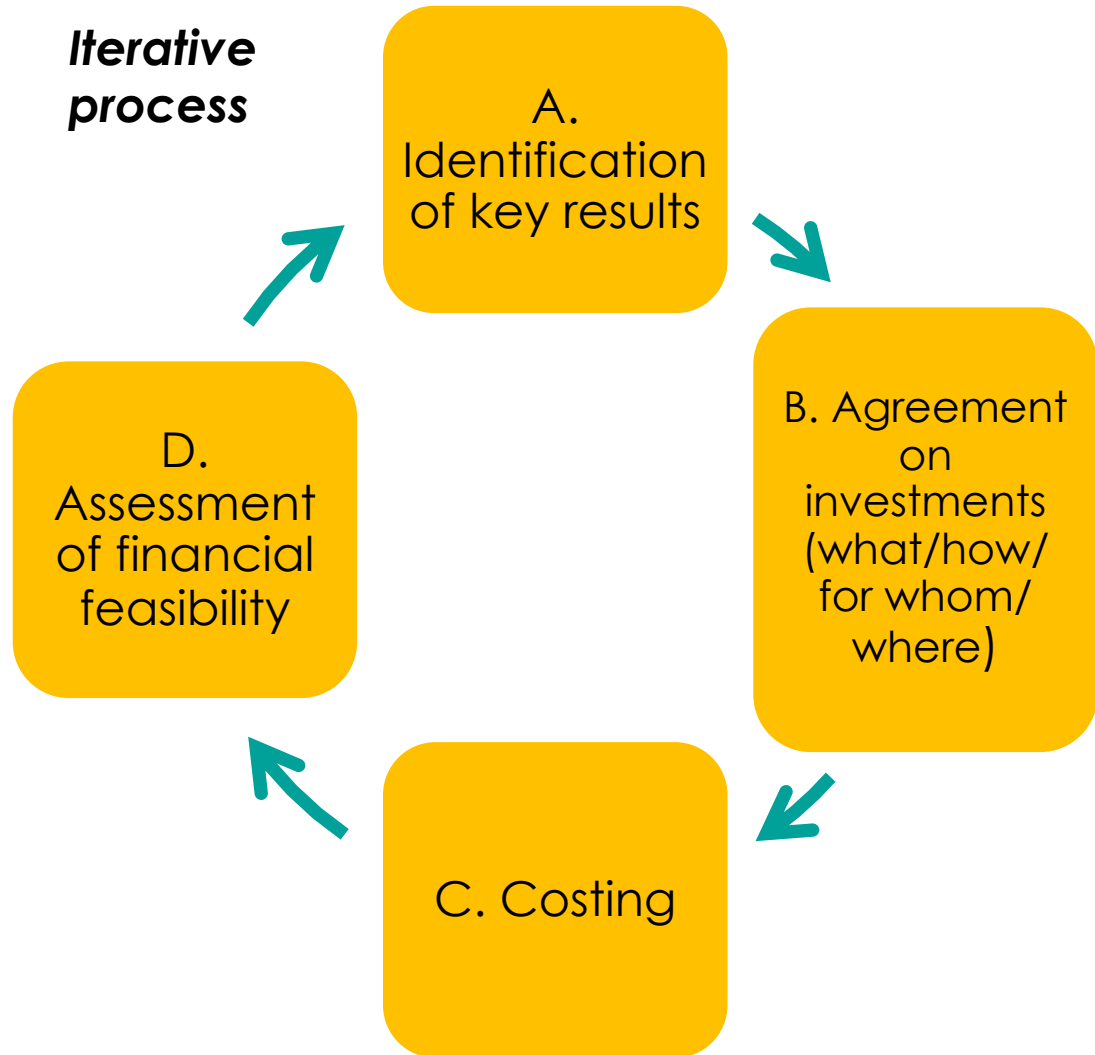
- ▶ Identification of priorities should be based on evidence:
 - **Synthesis of existing evidence** (from household surveys, HMIS, CRVS, evaluations, PERs, NHAs, private sector assessments, commodity system assessments, etc.) on health status and bottlenecks, complemented by focused analytical work
 - To ensure capacity to track progress of investments, **M&E capacity assessment** should be conducted early in process, leading to identification of key investments in M&E strengthening (including CRVS)
 - Early modeling/scenario building, based on robust analysis of bottlenecks (various tools)

2. Preparatory work

- ▶ Key inputs to ensure that Investment Case can be financed should begin to be prepared early (and continue during IC preparation):
 - **Resource mapping:** identification of resources that can be used to finance priorities of the Investment Case
 - **Efficiency analysis:** significant inefficiency in many countries and steps to improve efficiency should be included in Investment Case, but analytical work is usually required to identify main sources and possible responses
 - **Domestic resource mobilization (part of fiscal space) analysis** might also be needed, although not all work aimed at mobilizing additional resources are likely to be integral part of the IC.

3. Prioritization cycle

- ▶ Objective: identification of **priority investments** that will drive country toward intended results
- ▶ Investments should be **feasible** within resources available (**not laundry list**)
- ▶ Not possible to improve all aspects of RMNCAH simultaneously → emphasis is on **sequencing**
- ▶ **Geographic** targeting
- ▶ Both **technical** and sensitive to **political economy/likelihood of success**



3. Prioritization cycle steps

- A. Identification of key results: different approaches are possible (normative judgment):
- **Equity:** regions/populations with worse health status
 - Parts of the **RMNCAH continuum:** areas that have worse performance or are underfunded/neglected
 - **Transformational:** resolving bottlenecks across multiple components of health system (e.g., HRH, service delivery, or health financing)
- B. Agreement on priority investments:
- What, how, for whom, where → not simply description of RMNCAH interventions; identify areas where the “how” can leverage private sector capacity
 - **Modeling** can be useful (e.g., EQUIST, LiST, cost-effectiveness)
 - Be mindful of sustainability

Prioritization Tools

Tool	Description	Agency
Country profiles on Countdown to 2030: Maternal, Newborn and Child Survival	Countdown to 2030 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality. It identifies knowledge gaps, and proposes new actions to achieve universal coverage for women's, children's and adolescents' health.	CD Secretariat with technical support from UNICEF, UNFPA and WHO and the CD2030 technical review group
DCP3: Volume 2 on Reproductive, Maternal, Newborn and Child Health	Knowledge base on RMNCH including interventions, programs, service delivery platforms and policies to reach SDG3 by 2030.	World Bank Group
LiST: Lives Saved Tool	Modelling tool that estimates the impact of scaling up health and nutrition interventions on maternal, newborn, and child health, and stillbirths. Can measure number of maternal and child deaths averted.	Johns Hopkins University and maintained by Avenir Health
Optima	Allocative efficiency analysis tool for use in informing public health investment choices. Consists of a mathematical model of disease transmission and progression integrated with an economic and financial analysis framework and a formal mathematical optimization routine.	Bill and Melinda Gates Foundation
EQUIST 2.0	Web based tool to conduct situational analysis and inequities on reproductive, maternal, newborn and child health and develop scenarios for developing strategies to overcome barriers and bottlenecks that will help achieve goals at national and sub-national levels with comparisons of costs.	UNICEF

3. Prioritization cycle steps

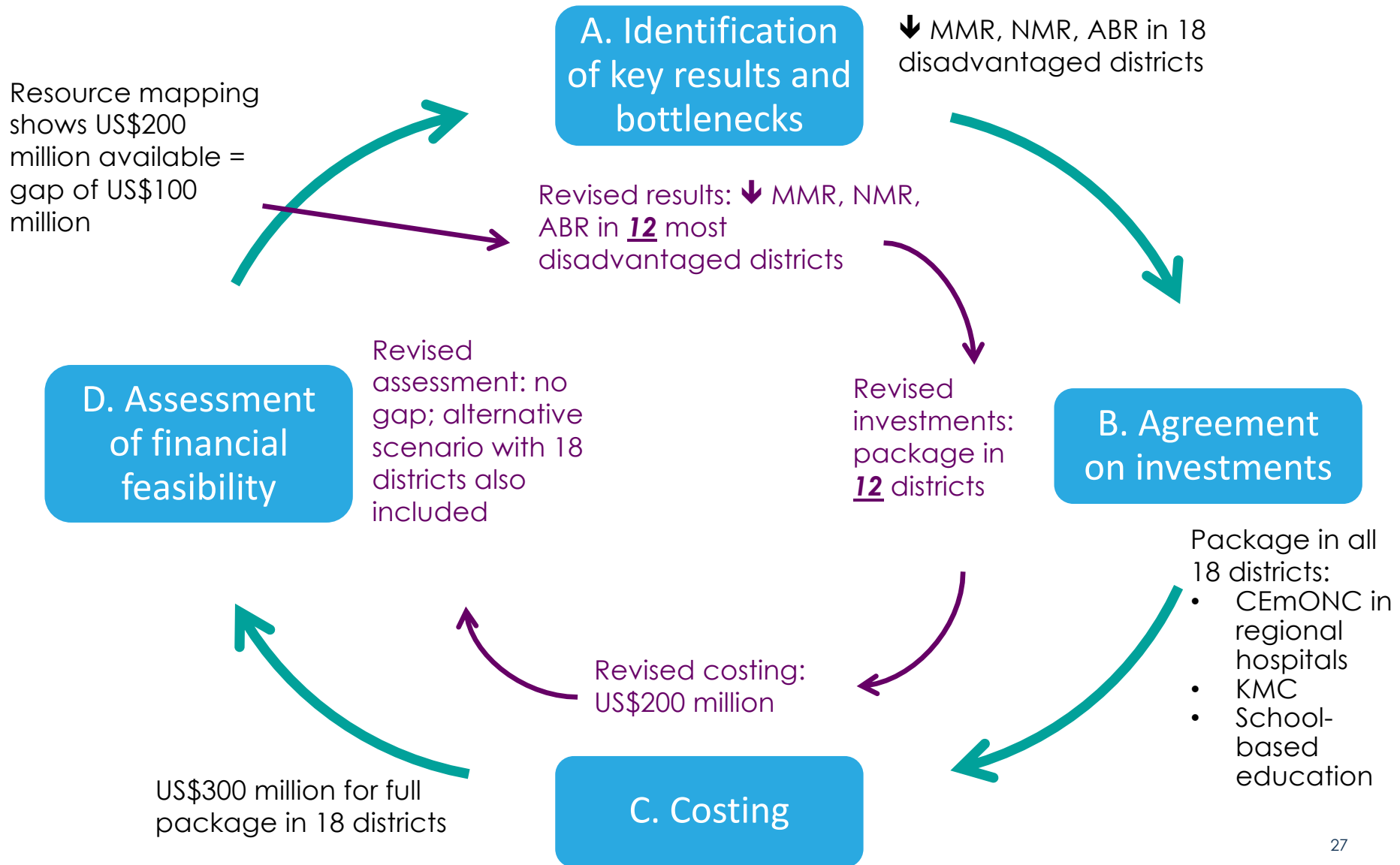
C. Costing:

- **Different tools** have been employed: OneHealth Tool, Equist, activity-based costing, MBB, CORE Plus
- **Lesson learned:**
 - costing must be done based on agreed priorities (what/how/for whom/where) rather than as an independent exercise
 - must be aligned/reflected in the government budget

D. Assessment of financial feasibility:

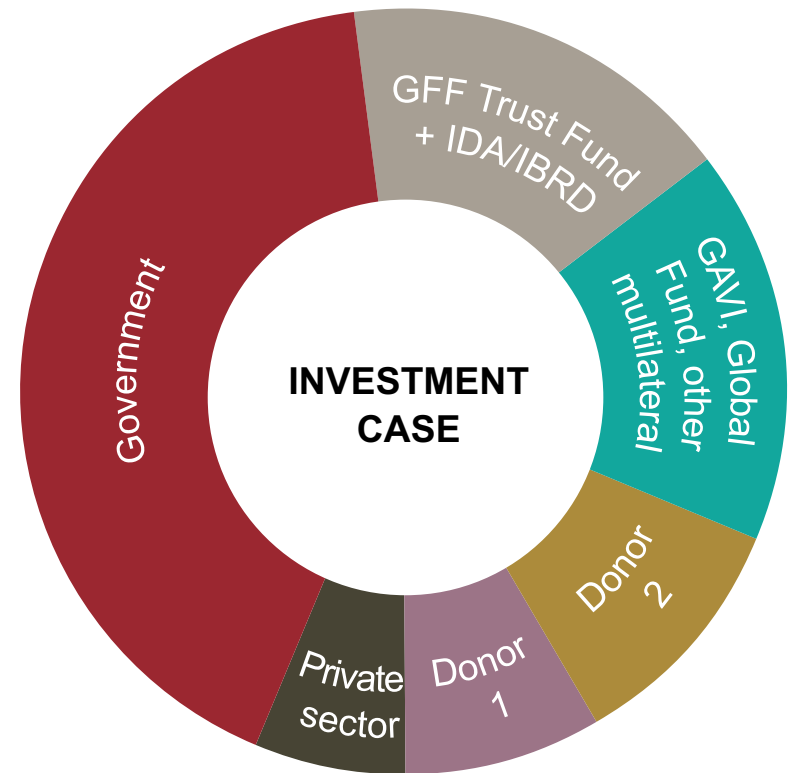
- Having a **realistic assessment** of what can be implemented with resources available is critical → simply showing a massive financing gap works against **improving efficiency and alignment**
 - *Investment case is a living document and can be updated when additional resources are secured*
- Comparing the costs with the resources available (from resource mapping) – must be **like-for-like comparison**
- May show that insufficient resources are available → revisit priorities and re-cost

3. Prioritization process example



4. Operationalization: complementary financing

- ▶ **Repartition of financing:** which financier is responsible for which priorities
 - Can be informal agreements or can be formal MOUs
 - Need to take advantage of **opportunities** (e.g., new IDA/IBRD project, Global Fund concept note, new USAID health strategy)
 - Need to identify and align available private sector resources
 - Need to be attentive to timing/process of annual MOH budget so priorities can be reflected
 - No financing gap; expand IC later as needed
 - At best, scenarios



4. Operationalization: complementary financing modalities

- ▶ **ALIGNMENT:** Basing new bilateral programs and private sector investments on Investment Case priorities (or realigning existing programs) → funds flow to government or non-state implementing partners
- ▶ **TRUST FUNDS:** Establishing trust funds at the World Bank (or use existing trust funds) to support priorities (and take advantage of fiduciary capacity)
- ▶ **TECHNICAL ASSISTANCE:** Providing dedicated resources for technical assistance

DRC: Harmonization and alignment

DRC: Harmonization and alignment around 4 key elements



1. Geographic spaces (horizontal coverage of interventions)
2. Services package to be financed at all levels
3. Tools and financing instruments
4. Provision and use of common support mechanisms



DRC: Operationalizing the Partnership – the Devil is in the details

1. Each actor **fleshes out** its interventions :
 - (i) content, (ii) duration, (iii) type of intervention, (iv) level of financing, (v) services to be financed, (vi) place of intervention...
2. Preparation of an **intervention matrix** for each TFP
3. Comparison of matrices and **identification of harmonization opportunities**
4. Elaboration of a protocol for **joint missions** – MoH and Partners in the field (DPS) - to:
 - Identify other interventions that have not been included
 - Arbitrate and fix arrangements
 - Include that in the annual plans
 - Define arrangements for coaching

DRC: Results to date towards sustained development: Governance and Policies

1. Introduction and validation by Government and partners of use of strategic purchasing → **focus on results**
2. Pooling of domestic and external resources at the decentralized level (**Contrat Unique**) → **reduce fragmentation**
3. Autonomy of health facilities: purchase of commodities, goods and services → **address technical inefficiencies**
4. Alignment of financial management procedures at central and decentralized levels (harmonized manual) → **reduce fragmentation**
5. Pricing system (*Tarification forfaitaire*) & exemptions for the vulnerable → **reduce financial barriers**
6. Building institutional capacity and **use of country system**
7. **Partnership Platform** – six strategic partners fully aligned

4. Operationalization

- ▶ Common vision on **priority results**
- ▶ Results framework and M&E plan
 - Series of **indicators and targets** that can be tracked regularly over time to see whether or not the Investment Case is being implemented successfully
 - **Core indicators** on programmatic and health financing progress agreed by the GFF Investors Group
 - Select from a menu
 - Data required to manage performance-based financing (e.g., DLIs)
 - Investments required to support M&E: recommendation of **5-10 percent of budget**
 - **CRVS** is particular area of focus
- ▶ Roles and responsibilities
 - Clarity on who is accountable for delivery of results
 - Clarify how results will be tracked, how often reviews conducted

4. Operationalization

- ▶ Writing the investment case is just the beginning of the GFF process
- ▶ A strong GFF multi-stakeholder country platform, supported by the GFF Liaison Person, is required to:
 - Sustain and expand interest, including for resource expansion (e.g., domestic resource mobilization, private sector)
 - Track progress -- regularly -- on the results outlined in the investment case
 - Take corrective action as needed
 - Capture and share lessons learned

A final word... on quality assurance

- ▶ Investment Case is not a proposal that gets submitted to the global level for approval → country platform has responsibility for quality assurance
 - Importance of obtaining feedback from country stakeholders, including the financiers
 - GFF Secretariat will provide guidance and support