

GFF Country Workshop, 28
January – 1 February 2018

Financing and
implementing priorities
of Investment Cases in
a coordinated manner



1. Objectives
2. Intro: GFF approach to aid effectiveness
3. Resource Mapping in GFF investment case
4. Resource Tracking in GFF investment cases
5. Concluding Remarks
6. Panel Discussion



1. Objectives

- ▶ Progress on aid effectiveness in GFF countries
- ▶ Lessons learnt to alignment of DAH and government funding to national priorities



2. Introduction: GFF Approach to Aid Effectiveness

Some sources of inefficiencies in the health sector relate to DAH but also to domestic funding

Common types of inefficiencies in the use of DAH

A. High transaction costs

- Administrative costs of donor funded projects

B. Low allocative efficiency

- Lack of alignment with national health policy and disease burden

C. Missed Opportunities in terms of Capacity Development

- Use of parallel systems

D. Lack of predictability and sustainability

- Short-term cycle of donor funding
- Off budget

Challenges at country level:

PFM country systems

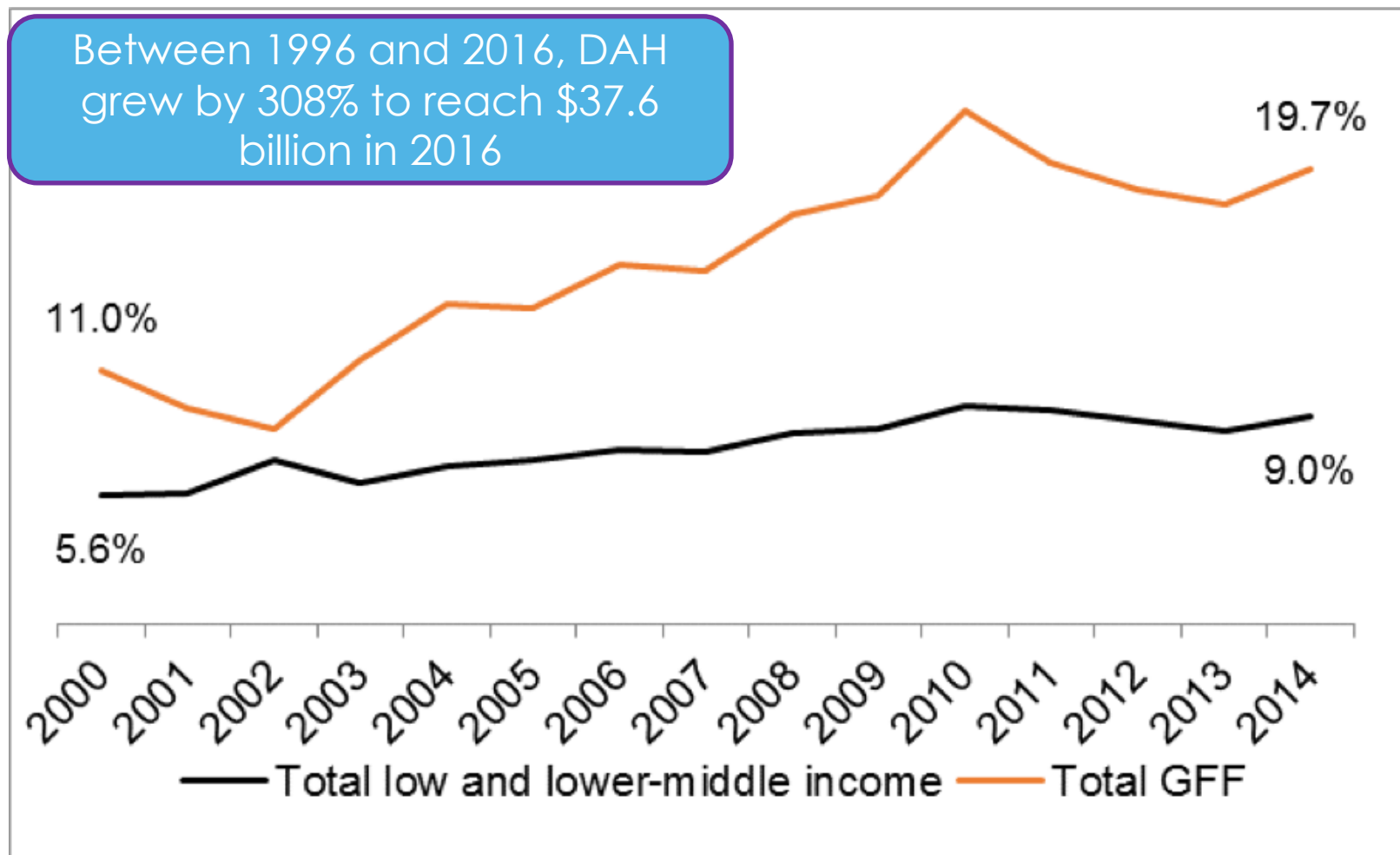
stewardship

absorptive capacity

Source: Authors' compilation based on extensive literature review (IG paper 4)

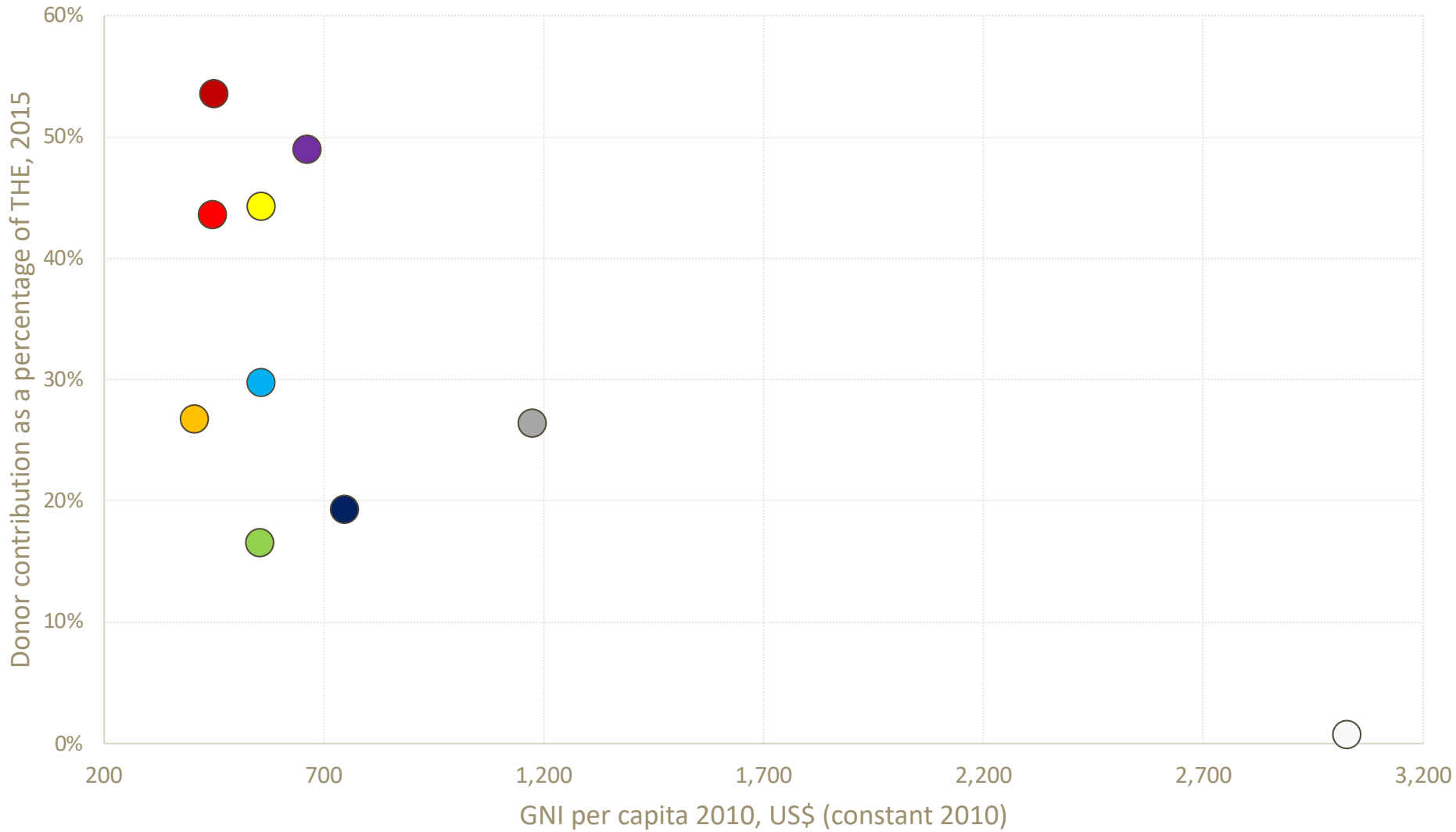
DAH has grown rapidly in the last decade and remains an important source of fiscal space for health in GFF countries

Average Share of DAH in Total Health Expenditures (THE) in LMIC and GFF countries (2000-2014)



Source: GHED, 2014 (population weighted average)

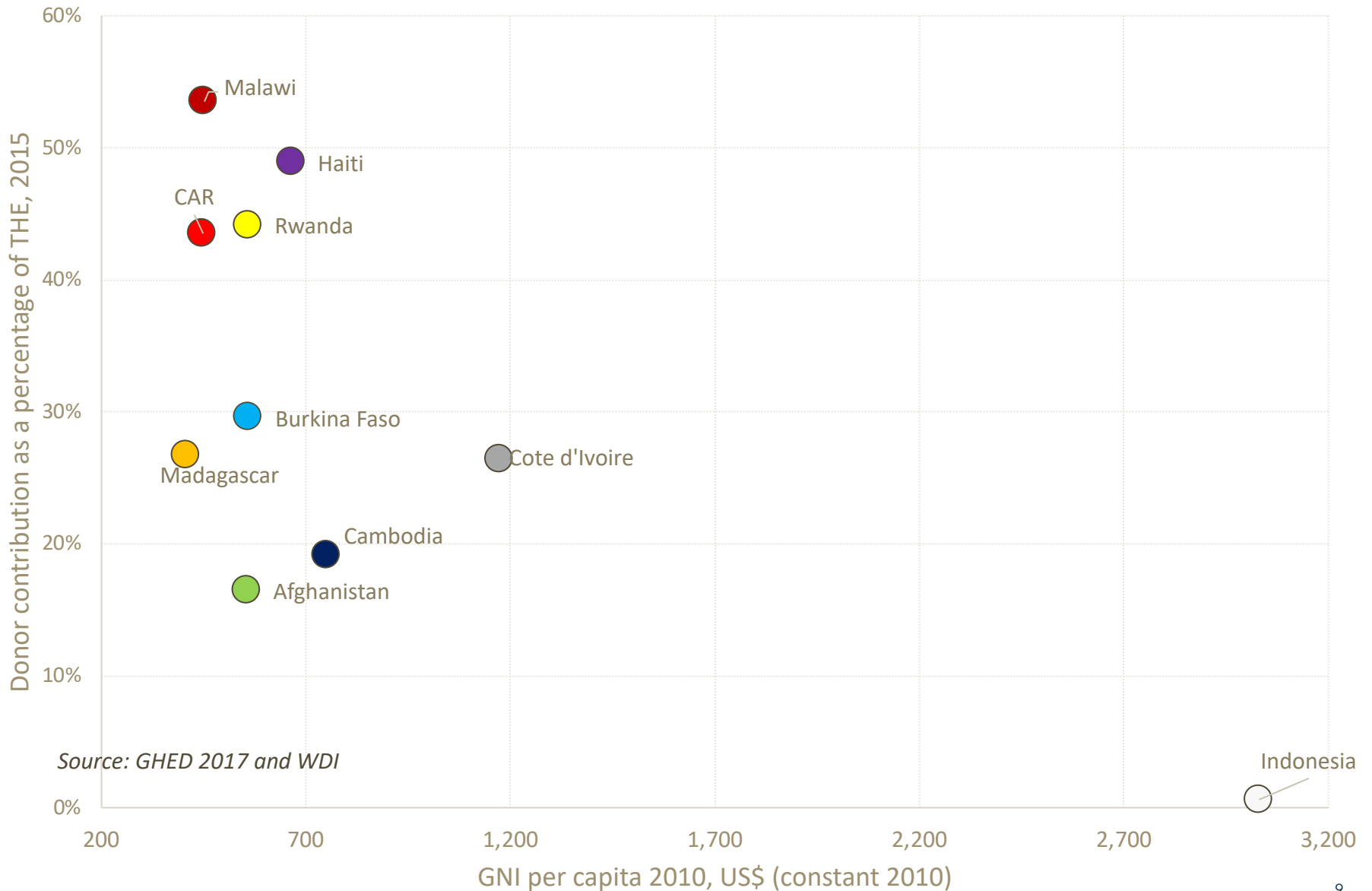
Is donor contribution to total health expenditure important in new GFF countries?



Hint: Madagascar, Central African Republic, Malawi, Afghanistan, Rwanda, Burkina Faso, Haiti, Cambodia, Cote d'Ivoire, Indonesia

Source: GHED 2017 and WDI

Donor contribution remains an important element of Fiscal Space for the health sector



IHP+ M&E framework has shown some progress in donor alignment

- ▶ The nb of parallel implementation units decreased by 39% in countries with a IHP+ Compact

However, there is room for improvement

- ▶ Only 1 out of 17 Development Partners met the target of having 85% of their health aid recorded on the national budget

Aid Effectiveness remains an unfinished agenda in GFF countries

- ▶ In Sierra Leone and Nigeria, only 22% and 17% of donors use country PFM procedures
- ▶ On the other hand, only 2 GFF country reach the max PFM IHP+ score

Source: IHP+ Monitoring and Evaluation Report, 2012 & 2014 and National Performance Review

Several lessons learnt on donor alignment to build on

– Senegal

- Common workplan of the MOH's fiduciary unit supported by several donors to build PFM capacities

– DRC

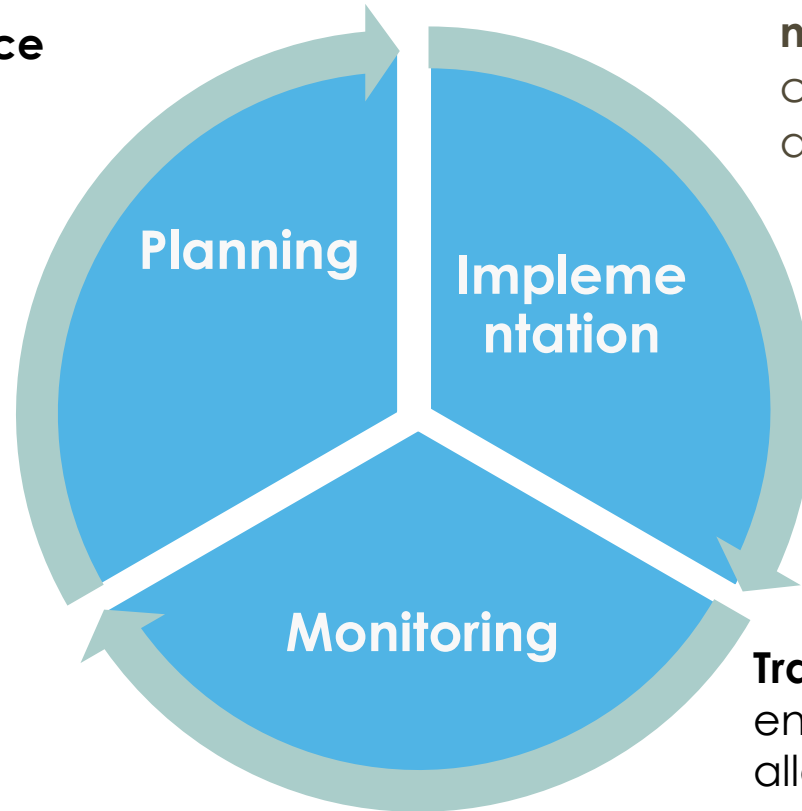
- Single Contract: virtual pooling of donors to implement the RMNCAH package at provincial level

– Mozambique

- Several donors are disbursing funding based on the achievement of similar health targets

GFF Cyclic Approach to Investment Case (IC)

High-level resource mapping



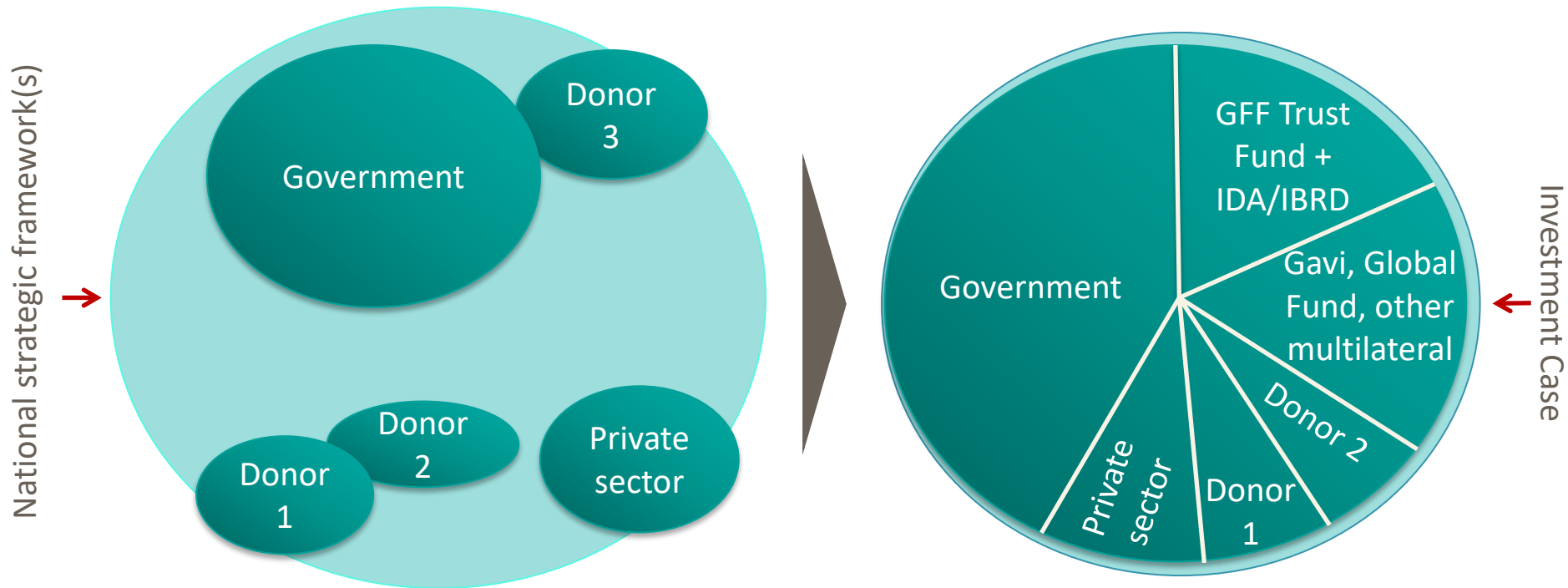
More detailed resource mapping to capture commitments from partners and costing of IC

Tracking expenditures to ensure resources are allocated to IC priorities



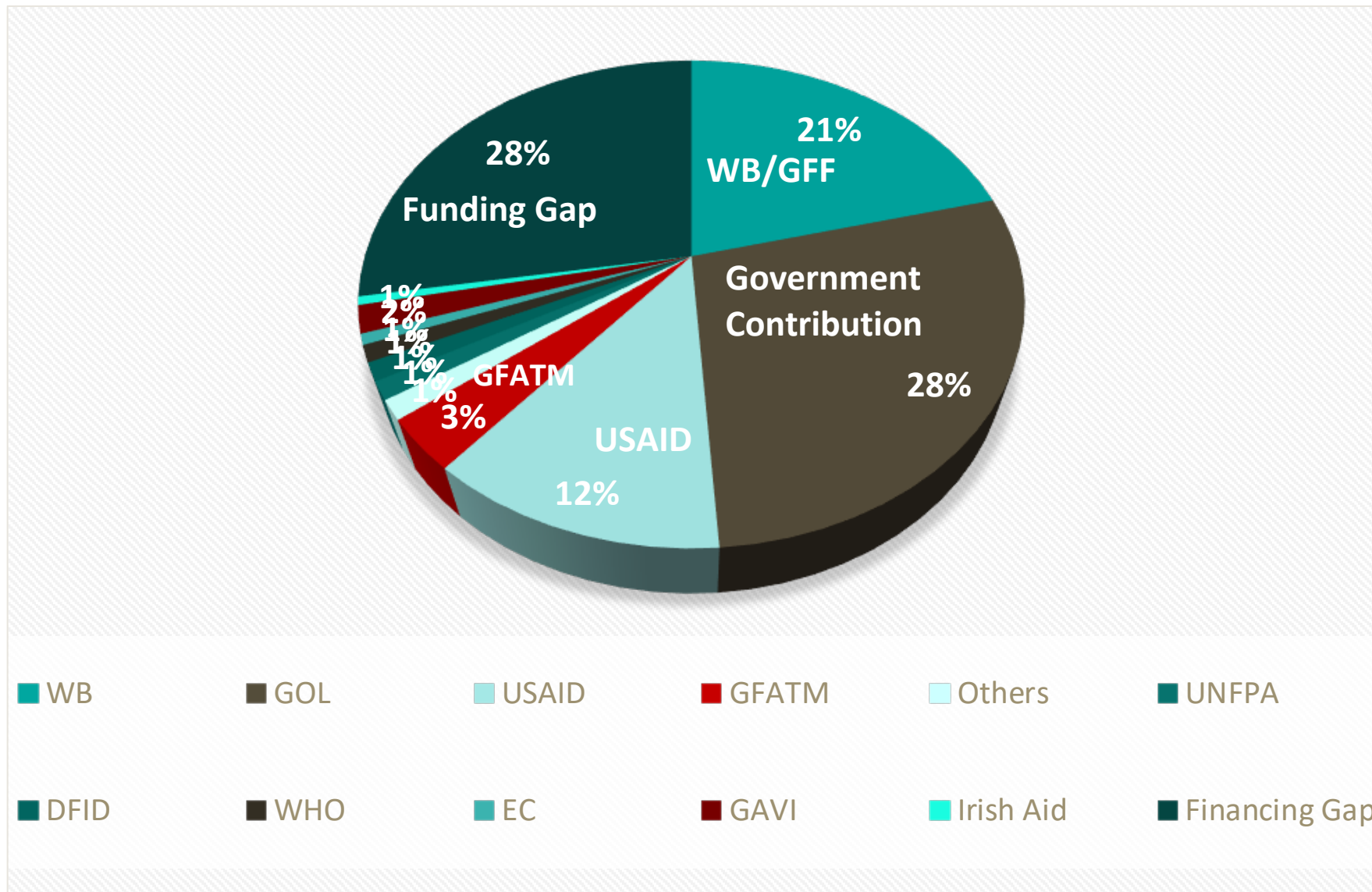
3. Resource Mapping in GFF Investment Case

Objective of Investment Case: Increasing and better aligning financing behind nationally-owned priorities

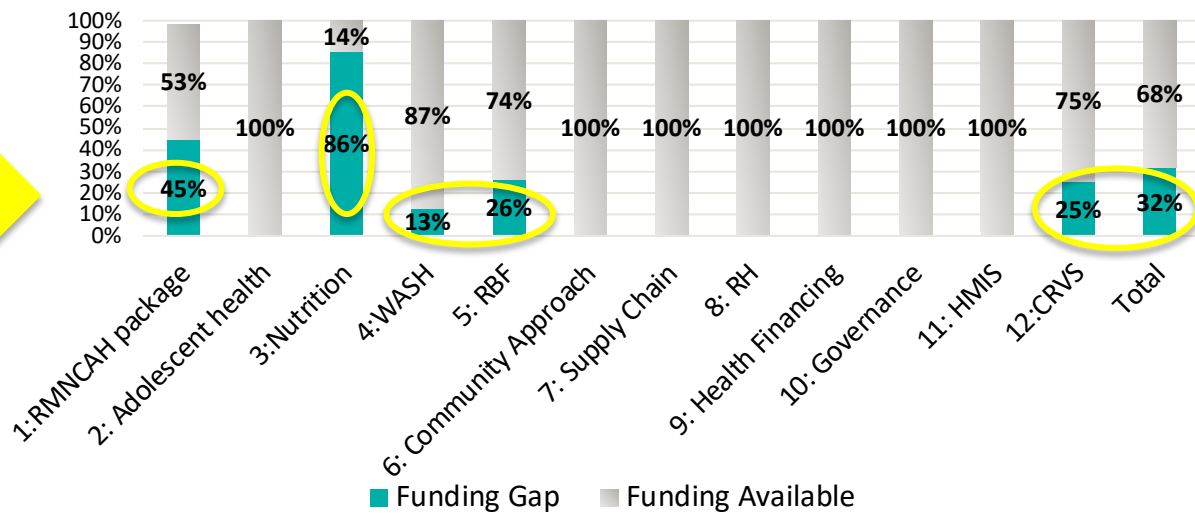
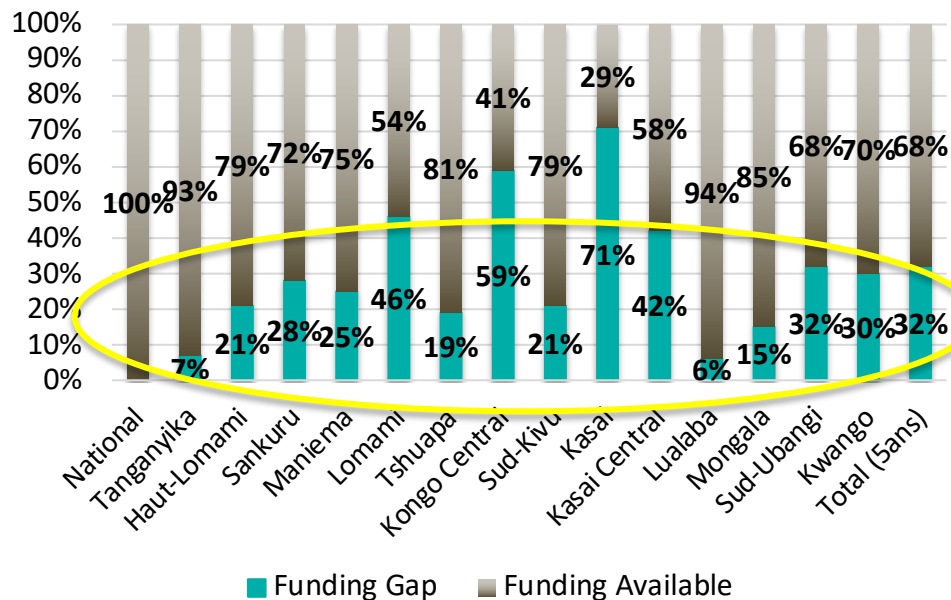
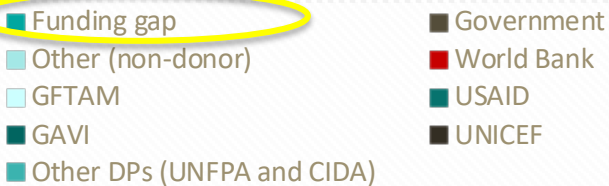
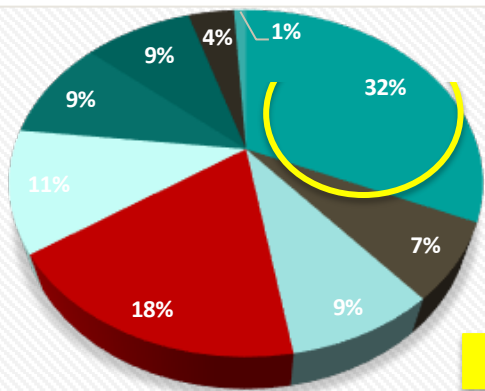


Process brings together partners to provide **complementary financing**: Improving alignment behind a clear set of priorities → reducing gaps and duplications → more results

Uganda IC's Resource Mapping

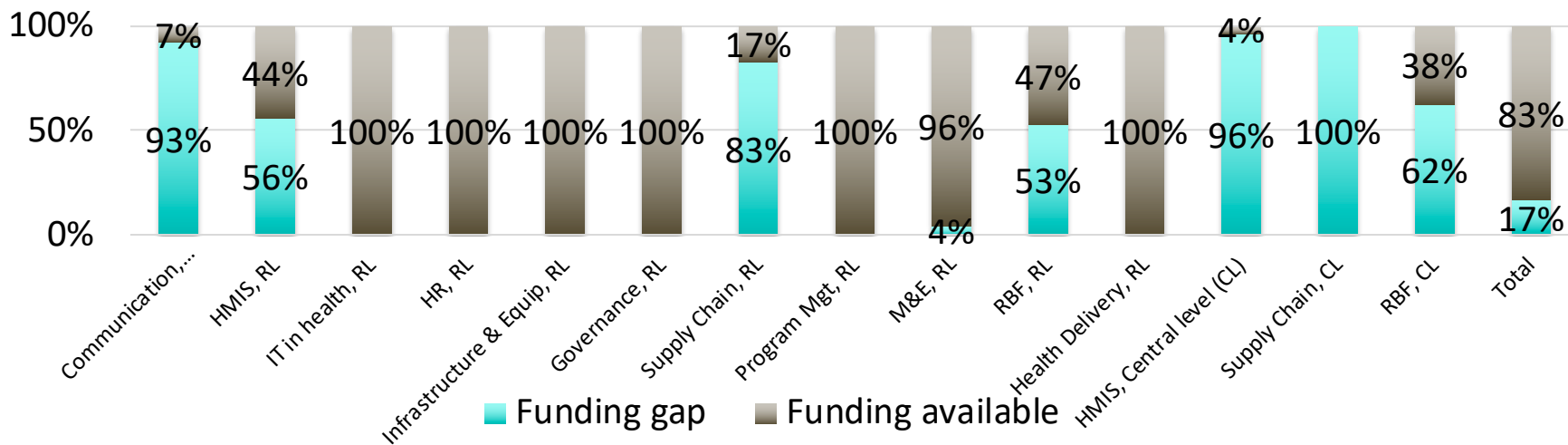
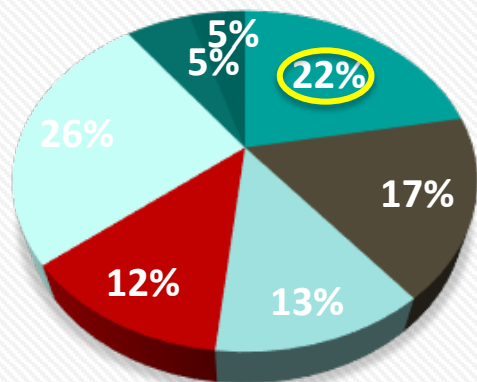


Resource Mapping shows where funding gaps are - DRC



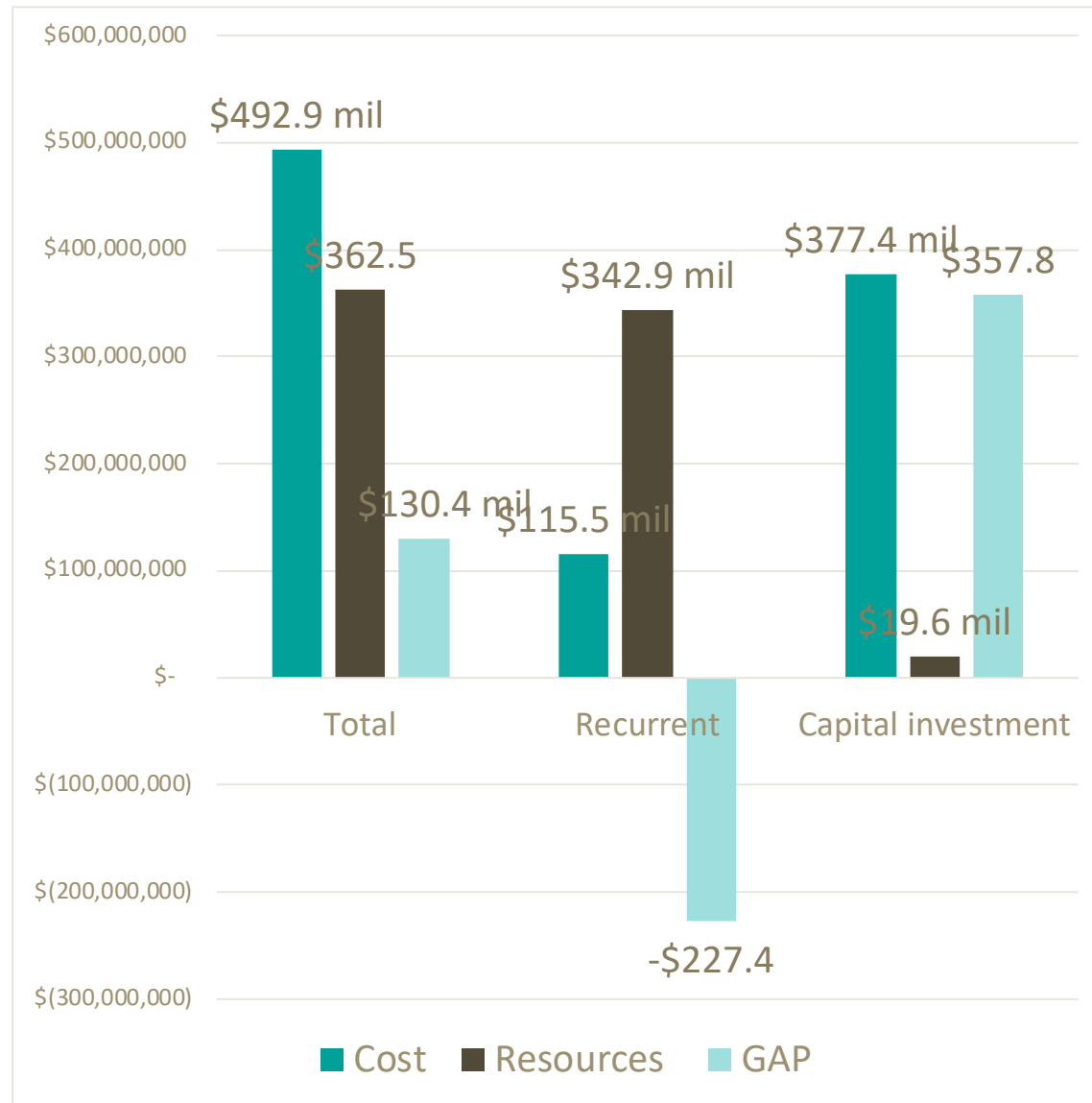
Source: DRC, Investment Case, 2017

Resource Mapping showing how where funding gaps are - Cameroon



Conclusion and Policy Implication of the Liberia' Resource Mapping (MOH, 2017)

- ▶ Commit donors to increase level of details provided on planned projects/activities
- ▶ Reallocate funding from over-funded investment areas/ "cross-cutting" area to infrastructure
- ▶ Reallocate funding from over-funded to under-funded counties



Review of Resource Mapping Tools

	Description	Pros	Cons
CHAI Resource Mapping	<ul style="list-style-type: none"> -An excel sheet submitted to all donors. -Each donor is asked to match funding to key priorities of IC by activity and input 	<ul style="list-style-type: none"> -implemented in several countries and know-how available -very thorough resource mapping 	<ul style="list-style-type: none"> -Time Consuming (→1 year) -recruitment of a trained consultant needed
Simple excel/word sheet	<ul style="list-style-type: none"> -Matrix collecting information by priorities, sub-priorities and sometimes activities of the IC of donors by province 	<ul style="list-style-type: none"> -provide big picture of who does what and where -"straight-forward" tool → can be done by MOH 	<ul style="list-style-type: none"> -Big picture only but could include more sub-levels in subsequent years
Excel sheet digitalized	<ul style="list-style-type: none"> -Very few examples, a prominent one is Myanmar 	<ul style="list-style-type: none"> -User friendly way to input data for donors and visualize for policy makers 	<ul style="list-style-type: none"> -Cost of the digital platform

Digitalized Resource Mapping: Myanmar

Myanmar AIMS is the first to fuse international collected IATI data with locally collected aid data into a single integrated database.

TOTAL COMMITMENTS

\$ 8.59
BILLION

TOTAL DISBURSEMENTS

\$ 1.92
BILLION

PERCENT DISBURSED

22.4%

COMMITMENT BY STATUS



ACTIVITIES BY MINISTRY



ACTIVITIES BY STATUS



COMMITMENT BY DONOR

Japan	\$3.66B
WB	\$1.06B
UK - DFID	\$582.57M
EU	\$558.59M
USAID	\$486.65M
ADB	\$369.71M
MULTI	\$355.18M
GovGER	\$220.47M
Unidentified	\$156.66M
DFAT-Australia	\$148.03M

COMMITMENT BY AID SECTOR

Transport And Storage
Energy Generation And Supply
Agriculture
Other Multisector
Water And Sanitation
Government And Civil Society, General
Industry
Education, Level Unspecified
Health, General
Other Social Infrastructure And Services

Source: Myanmar Aid Information System, <https://mohinga.info/en/>

1. *Discuss with your group during 10 min about prospective steps to conduct a resource mapping of the Investment Case in your own country*
 2. *What are the main difficulties you foresee ?*
 3. *What are opportunities which may enable the resource mapping of the IC ?*
- Kindly report your response to these 3 questions in 2-3 min*



Resource mapping was less successful when

- ▶ RM tools → not user-friendly and complicated to fill out
- ▶ RM template came with limited explanation
- ▶ budget structures of donors → not aligned with IC priorities
- ▶ Donor fatigue coupled with multiple priorities

Resource mapping worked well when:

- ▶ Conducted with a straightforward data collection tool
- ▶ Used an existing RM tool and customized it to the need of the IC
- ▶ Preliminary results of RM were communicated ->> better understand objective of RM
- ▶ Political Economy of resource mapping is well discussed

4. Resource Tracking in GFF Investment Cases



- ▶ **Objective of resource tracking:** ensure governments' and donors' committed resources are spent according to IC priorities
- ▶ **Potential tools to be used to track IC resources:**
 - ▶ **WHO Health Accounts**
 - ▶ tracks both government and donors funding
 - ▶ But not always recent enough
 - ▶ **BOOST:** user-friendly excel platform to access MOH budget and expenditure data (see annex)
 - ▶ Detailed government resource tracking
 - ▶ But does not include donor off-budget funding

In Mozambique, discussions around the IC process started with basic questions:

- How will the objectives of the IC be translated into the government's budget?
- How will IC implementation be tracked and monitored?

First Step: Understand the budgeting process

Second Step: Align investment case targets with the budget structure

Third Step: Engage throughout the budgeting process

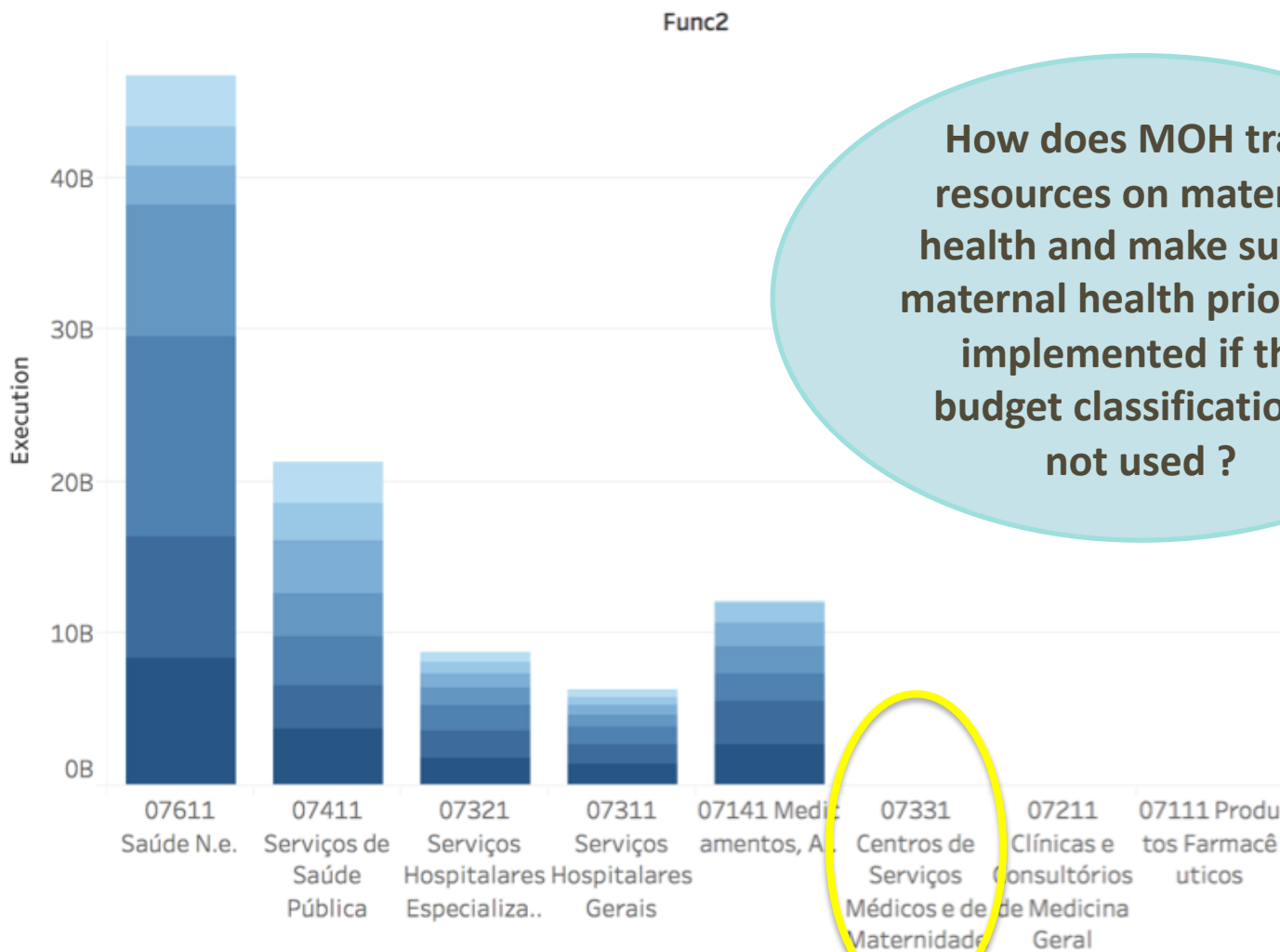
- ▶ IC funding are disbursed from several development partners based on the achievement of Disbursement-Linked Indicators (DLIs)
- ▶ BOOST allowed to conduct expenditure analysis on:
 - Historical expenditure trends for setting baselines and targets
 - Equity and efficiency of current spending
 - Use of the budget classification system
- ▶ This analysis → good evidences for how resources are currently used in the sector and how expenditures can be tracked in the budget system.

- ▶ Shortcomings pointed out by BOOST and PFM analysis:
 1. Fragmented ownership of the budgeting cycle
 2. Delays in funding releases
 3. Sector expenditures distributed across several ministries
 4. Misalignment between policies, including IC priorities, and budget classification (see illustration next slide)

Illustration on PFM challenge in Mozambique: Government is not using relevant classification to track expenditures on maternal health

Most expenditures classified as 'other', with useful classification codes unused

Total Health Spending, by Functional Classification



How does MOH track resources on maternal health and make sure IC maternal health priority is implemented if this budget classification is not used ?

- ▶ **Main lesson is on government resource tracking so far**
 - ▶ **Important to answer basic questions during IC process:**
 - How will the objectives of the IC be translated into the government's budget? And How will IC implementation be tracked and monitored?
 - ▶ **Important to have PFM specialists in team that's preparing the IC to ensure that:**
 - IC priorities correspond to existing budget categories, otherwise the IC may not be implemented
 - PFM capacity at decentralized budget units
- ▶ **Further explore how NHA, BOOST and other existing tools can help tracking government but also donor resources on IC priorities**



5. Concluding Remarks

- ▶ Several lessons learnt on donor coordination on which GFF can build on in IC
- ▶ GFF is an approach fostering alignment of donors and government funding through the IC
- ▶ Resource Mapping (RM) of IC is a key ingredient of visualizing donor alignment, resulting in more donors and government funding aligned to IC with time
- ▶ Beyond advancing donor alignment, RM points out allocative efficiency issues and strengthens health financing
- ▶ As GFF countries are moving into implementation of their IC, expenditure tracking becomes a critical priority to ensure financing is following the priorities of the IC
- ▶ NHA and BOOST may help tracking gov. and donor resources with respect to IC priorities



5. Panel

▶ Panelists: representatives from

- USAID
- GFTAM
- the World Bank
- MOH, in a GFF country

▶ Questions for discussion:

1. What are some of the challenges faced by countries and donors in donor coordination?
2. What are the good practices/experiences of donor coordination and alignment to highlight, including GFF?

Fostering Alignment of Development Assistance for Health at Country Level

*Global Financing Facility (GFF) Workshop
Reflecting on the Global Fund Experience*

29 January 2018
Accra, Ghana

General reflections on good practices and experiences with donor coordination and alignment

- Engage in joint expenditure analysis and budget mapping to align investment decisions, linking expenditure/cost to results and impact
- Share cost assumptions and budget benchmarks to support robust funding decisions
- Consolidate combine buy-down arrangements
- Remember that good donor coordination largely depends on the team on the ground and their willingness to work together to achieve a common goal
- Include innovative synergies and alliances with private sector which is a crucial partner in providing technical support and delivering health commodities on-the-ground

Global Fund's experiences with donor coordination and alignment

Country-level

Global Fund provides financial and/or technical support for improved coordination and alignment through country grants or with catalytic funding.

Ghana: Global Fund contracted IMS Health to provide aggregated pharmaceutical expenditure data by disease group for use in the Ghana National Health and Disease Accounts.

Rwanda: PFM use is advanced through the Global Fund's use of the RBF Model. Recognized as a benchmark model of the efficiency and effectiveness of using country systems in the financial management of external donor funding.

Global level

Global Fund is working on together with **WB, GFF and Gavi** in an Operational Working Group for Intensified Collaboration on Sustainable Financing.

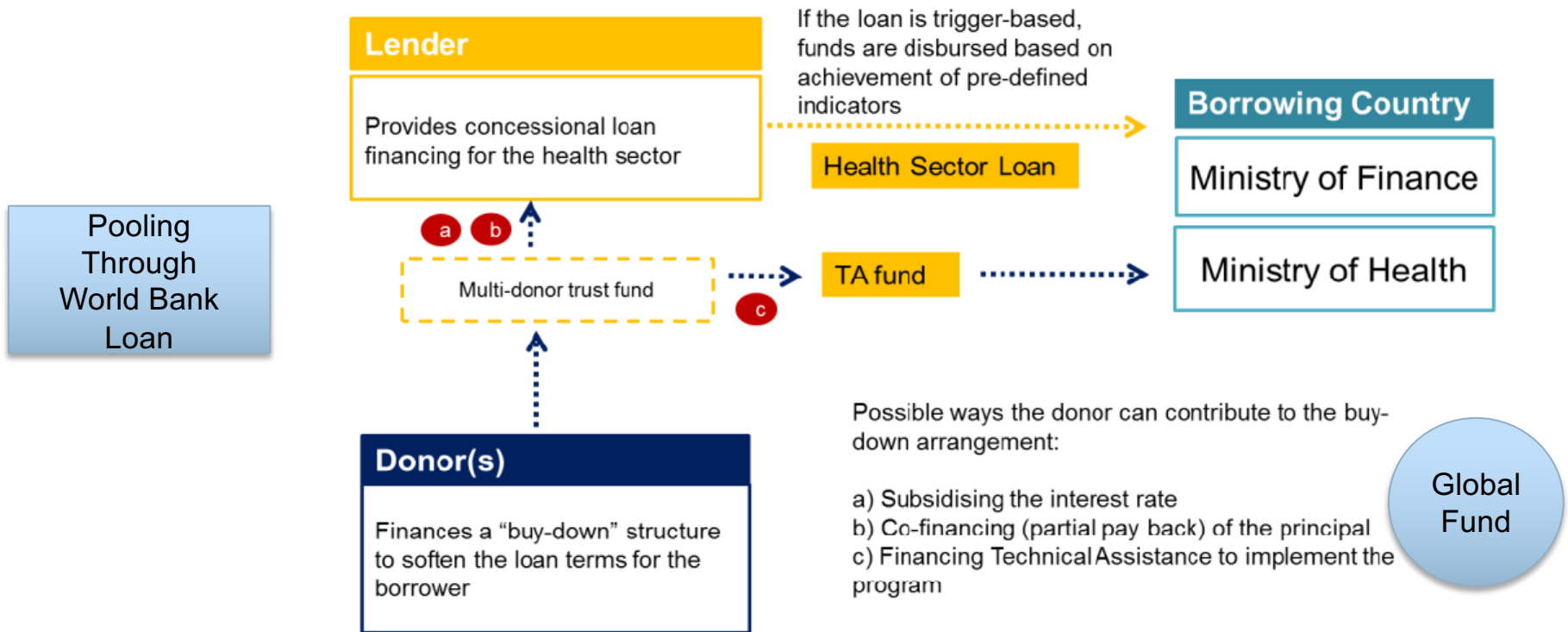
Global Fund-**OECD** Financing Sustainable Health Care program is facilitating more efficient financing of health, achieving better health coverage, ensuring fiscal sustainability of health systems and paving the way for "transition" in Africa, Asia, Eastern Europe, and Latin America and the Caribbean.

New initiative with **WHO** to strengthen and accelerate sustainability planning and transition preparedness.

Deep Dive: Examples of diverse partnerships for RMNCAH

- **Technical cooperation**
 - Global: H6 Partnership, WHO
 - Regional: Muskoka Initiative
 - Bilateral partnerships: BACKUP Health, French Expertise, USG, Swiss DC (P4H), DFID
 - Academia
 - Community, rights and gender technical cooperation strategic initiative
- **Impact through Partnership (ITP)**
- **Commodities**
 - Joint PSM Communique with UNICEF and UNFPA
 - Centralized procurement of condoms through UNPFA
- **Co-financing**
 - Global Financing Facility
 - Gavi (HPV)
 - World Bank (RBF)
 - Pink Ribbon Red Ribbon (cervical cancer)
- **Advocacy**
 - PMNCH

Model of good practices for donor harmonization: joint operation between many partners



Challenges faced by countries and donors in donor coordination

- Lack of formal processes of resource alignment among donors
- Transaction cost of coordination can be high
- Insufficient coordination on investment decisions at the country level among donors
- Information sharing is limited among the donors

Resource mapping as a way to improve donor and government coordination

- Governments have used sector-wide approaches (**SWAps**) to force donor coordination, though no longer popular as many failed to achieve set objectives
- Although HIV focused, UNAIDS supports countries perform **National AIDS Spending Assessments (NASA)** every year for its UNGASS reporting which has been helpful for resource mapping on HIV program financing
- **National Health Accounts (NHA)** as broader and more systematic surveys within a country to collect information on health financing
 - Global Fund supports strengthening capacity on NHA in countries by funding WHO and TA support
 - Forum has been established to achieve more transparency
- Global Fund works with the IHP+ for UHC Partnership on Public Financial Management (**PFM**) systems

Global Fund priorities for supporting donor coordination and alignment

- Support country teams in the accelerated implementation of the Sustainability, Transition and Co-Financing (STC) Policy and related strategic objectives
- Improve availability and strengthen capacity at country level and globally for timely and accurate health and disease financing data
- Facilitate technical support for health financing strategies, innovative/blended financing mechanisms and advocacy for domestic resource mobilization
- Support priority countries to improve efficiency of country programs and investment decisions
- Use innovative tools such as the Resilient and Suitable Systems for Health (RSSH) Dashboard to identify investment priorities in cross-cutting areas

- **Basic Package of Health Services (BPHS) since 2003**
 - MOH Policy in which all major donors buy-in
 - **Expanded** over Afghanistan with support from donors
 - **Pooling mechanism** through Afghanistan Reconstruction Trust Fund (ARTF) to implement the BPHS

- **Several donors on-budget incentivizing government performance**
 - Disbursement Linked Indicators (DLI);
 - Incentive Program (IP);
 - State-building contract (SBC);
 - New Development Partnership (NDP)

- ▶ **New Opportunities to foster donor and government alignment:**
 - Presidential summit – May 2017
 - Council of ministers subcommittees on health and nutrition
 - Afghanistan Food Safety and Nutrition Agenda (AfSEN)
 - High Level Health Oversight Committee
 - Expert committee to develop costed package for UHC
 - One UN approach

- ▶ **Room for improvement in donor coordination mechanisms**
- ▶ **Many achievements but challenges remain**
 - Trying to increase external on-budget funding
 - Predictability of funding
- ▶ **Equity:** not all NGOs are able to mobilize additional resource

1. Stakeholder analysis and engagement: a critical factor to improve coordination

- ▶ **Getting all actors on board may be difficult, hence it is important to:**
 - Identify the most important ones
 - Spend time with them and try to understand their goals
- ▶ **Identify the key people (e.g. in MOF, Development Partners, MOH) who can help the program.**
Understand their interests and decide where compromises can be made
- ▶ **Carry out separate discussions with stakeholders not in favor or opposed to the program** (RBF, National Plan, Alignment) – focus initially on one or two key persons

2. Approaches which fostered donor coordination

- ▶ **Burundi & Haiti:** Manual on Results-Based Financing (RBF) using a structure for dialogue and process to involve and bring on board key stakeholders
- ▶ **Ethiopia:**
 - Costed plan, based on priorities that can be financed from available resources
 - The costing included different scenarios, depending on how much resources become available
- ▶ **Haiti:** the MOH and donors started dialogue to conduct a resource mapping (to link later with prioritized plan)

Global level Partnership

- ▶ Linkages and technical support to enhance early collaboration USAID Missions and WB/GFF country focal points
- ▶ Conducting joint Missions to promote alignment to bilateral support (Sierra Leone, Mozambique)
- ▶ Cross-fertilization of technical expertise for global guidance and country support (ie, commodities, family planning/reproductive health)
- ▶ Identifying opportunities for civil society and private sector engagement

Country Level Partnerships

- ▶ Alignment of USAID Missions bilateral investments to IC priorities
- ▶ Single donor trust funds with WB in Tanzania, DRC, Kenya
- ▶ Strong in-country presence and collaboration with key stakeholders (government, civil society and private sector) to guide technical discussions and foster partnerships (Mozambique, Tanzania, Liberia)
- ▶ Provide TA for key analytic work to support IC development, RMNCAH priorities and health systems (health financing, quality of care, public financial management) (Mozambique, DRC, Ethiopia)

1. Shared contribution from donors and governments to align resources behind IC priorities
2. Partners can contribute through sharing tools to enable resource mapping and tracking of IC
3. Partners can contribute through designing, funding and supporting the institutionalization of resource mapping and tracking of IC
4. Coordinating the learning agenda on resource mapping through the GFF secretariat
5. Exploring the linkages between resource mapping and expenditure tracking



www.globalfinancingfacility.org



GFFsecretariat@worldbank.org



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9. Annexes

Selected IHP+ Aid Effectiveness Indicators in GFF Countries

		Development Partners Indicators			Recipient Countries Indicator
Country	Participating DPs with a planned resources for the next 3 yrs to MOH	% of DP funds using PFM systems	DP health sector budget execution in 2014/15	% of DP funds reported on budget	Scores of countries on 3 financing indicators (max=3)*, 2013
Afghanistan	71%	59%	100%	80%	
Bangladesh				71%	
Burkina Faso	17%	65%	70%	52%	2.9
Cameroon	24%	96%	84%	18%	1.6
Cambodia	67%	48%	90%	82%	2.9
Cote d'Ivoire	50%	31%	63%	26%	3.0
DRC	33%		93%	39%	2.7
Ethiopia	21%	95%	94%	65%	3
Guinea	0%	30%	95%	46%	0.9
Kenya				40%	
Liberia	71%	83%	61%	54%	
Madagascar	67%	1%	89%	100%	
Mozambique	46%	74%	82%	53%	2.9
Myanmar	25%	27%	95%	27%	
Nigeria	23%	17%	45%	5%	1.9
Senegal	45%	15%	88%	84%	2.8
Sierra Leone	57%	22%	82%	39%	3
Uganda	36%	96%	74%	88%	1
Viet-Nam	30%	85%	100%	84%	2

Central African Republic, Haiti, Indonesia, Malawi, Rwanda are missing

Snapshot of the resource mapping tool

The image shows a complex spreadsheet interface for resource mapping. It is divided into several sections: 'SUMMARY', 'Details 1: Description of Activity', 'Details 2: Description of Activity', and 'Details 3: Description of Activity'. The 'SUMMARY' section includes columns for 'Project Name', 'Project Status', 'Project Type', 'Funding Source', 'Project Start Date', 'Project End Date', 'Project Location', 'Project Description', 'Project Budget', 'Project Status', 'Project Priority', 'Project Impact', and 'Project Notes'. The 'Details' sections contain numerous columns for specific project attributes, including 'Project ID', 'Project Title', 'Project Description', 'Project Location', 'Project Budget', 'Project Status', 'Project Priority', 'Project Impact', and 'Project Notes'. Callout boxes are overlaid on the spreadsheet, pointing to specific columns and asking questions: 'What?' points to the 'Project Name' column; 'Who?' points to the 'Project Status' column; 'What National Plan objective does it contribute to? What RMNCAH Investment Case priority does it contribute to?' points to the 'Project Priority' column; 'Where?' points to the 'Project Location' column; and 'How much?' points to the 'Project Budget' column.

Source: HP+ power point presentation on GFF, 2016

Example of Resource Mapping Data Collection Tool, DRC

	Priorites	Sous-Priorite	2017-2021 (total)	Par an	(e.g., drug, supply, personnel cost)	National Level	Tanganyika	H
1								
2	Priorité 1 : Mise en place du paquet essentiel de services (SRMNEA)	1.1. Paquet de soins au niveau communautaire, CS, Hopital						
3		1.2. Approvisionnement des kits familiaux						
4		1.3. Offre de services medicaux et psycho-social pour les survivantes de VSBG						
5		Sous-Total						
6	Priorité 2 : Améliorer la couverture et qualité de la santé reproductive pour les adolescents	2.Appui aux interventions en faveur des adolescents et jeunes dans le cadre de la sensibilisation sur les questions de la santé sexuelle et reproductive (amenagement dans chaque ZS et formation)						
7	Priorité 3 : Accroître la couverture et la qualité des services de nutrition	3.1. Campagne de vitamine A et de deparasitage						
8		3.2. Prise en charge de la malnutrition severe aigue						
9		3.3. Implantation des cantines dans les Ecoles						
10		3.4. Activites d'enrichissement des aliments						
11		Sous-Total						
12	Priorité 4 : Accélérer l'accès à l'eau potable et l'utilisation de toilettes améliorées	4.1. Developpement de 2000 "villages assainis"						
13	Priorité 5 : Contractualisation	5.1. Etablissement des UEP						
14		6.1. Renforcement de l'activit associatif des structures de participation communautaire						

Example of Resource Mapping Data Collection Tools, Liberia

Copy of FY2017-2018 Resource Mapping... Marion Jane Cros

File Home Insert Draw Page Layout Formulas Data Review View Tell me what you want to do

Cut Copy Paste Format Painter Clipboard

Calibri 11 Font

Wrap Text Merge & Center Alignment

General Number

Conditional Formatting Styles

Format as Table Styles

Cell Styles

Insert Delete Format Cells

AutoSum Fill Clear Editing

Sort & Find & Filter Select

A11 7

1 **INSTRUCTIONS: Please only fill this section out if your project/program/activity is related to Reproductive, Maternal, Neonatal, Adolescent, Child Health (RMNCAH).**

No.	Donor	Implementing Partner	RMNCAH Investment Area	RMNCAH Intervention	Detailed description of RMNCAH Project/Program and Activities	Geographic Location of RMNCAH Project Implementation	Name, Email & Phone # of Contact Person in County	Time Frame of Project(s)/Program(s) Activities		Currency	Project Budget FY 17/18		Project Budget FY 18/19	
								Start	End		Organization Overhead	Organization Operating Budget	Organization Overhead	Organization Operating Budget
1														
2														
3														
4														
5	1													
6	2													
7	3													
8	4													
9	5													
10	6													
11	7													
12	8													
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15	11													
16	12													
17	13													
18	14													
19	15													
20	16													
21	17													
22	18													
23	19													

Resource & Activities Mapping RMNCAH Activities HRH Activities References


Ready

Expenditure Analysis Using BOOST: to inform IC process

- A data tool built on fiscal microdata from national sources
- Datasets prepared in partnership with national Ministries of Finance and the WBG's Governance GP
- Examples of BOOST analysis:
 - government level (central or local);
 - administrative unit (typically a ministry, department, hospital);
 - sub-national spending unit (districts, municipalities, towns and villages);
 - economic classification (wages, goods and services, capital expenses, etc.);
 - functional classification (sector and sub-sector);
 - program classification (if the country uses program-based budgeting); and
 - financing source (budget revenue, domestic or foreign borrowing).

BOOST (<http://isdatbank.info/haiti/>)

isdatbank.info/haiti/

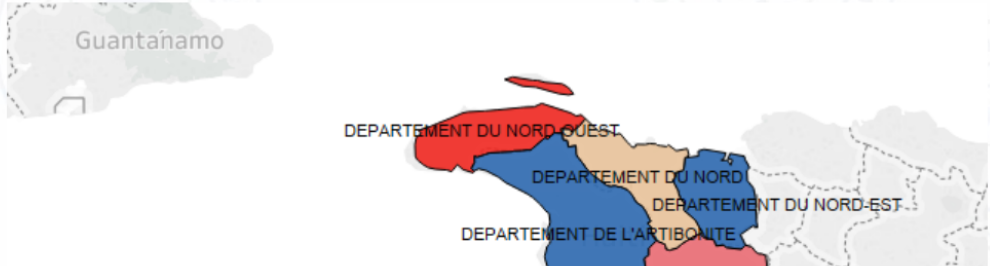
 **Ministère de l'Économie et des Finances (MEF)**
République d'Haïti

MEF - mail
MEF / Le pari pour la modernité et la croissance

ACCUEIL | 2015-2017 | OÙ VA L'ARGENT ? | EXECUTION DU BUDGET | TABLEAU INTERACTIF

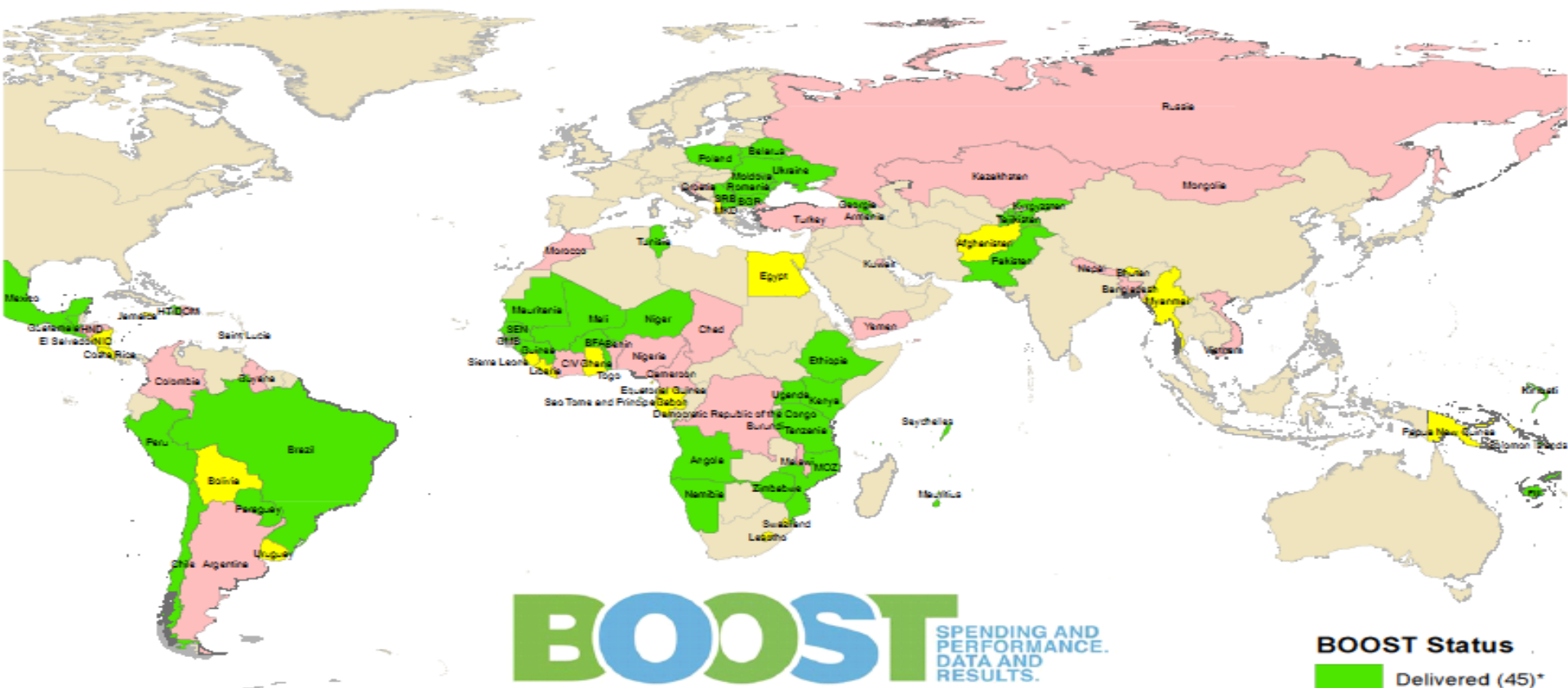
Bienvenue sur le Portail BOOST du Ministère de L'Économie et des Finances en Haïti

Le Ministère de L'Économie et des Finances a mis au point ce portail dans le but de faciliter l'accès du public à l'information budgétaire et renforcer la politique gouvernementale de transparence. Le Portail BOOST présente des données budgétaires relatives aux dépenses de fonctionnement et d'investissement de l'État. Ces données présentées sous forme d'un tableau interactif et avec graphiques concernent les dépenses de l'État à partir de l'année budgétaire 2006-2007. Les données du portail ne contiennent, en ce moment, que les dépenses exécutées par l'État. Les projets d'investissements financés par les bailleurs de fonds ne figurent sur le portail, qu'à partir de l'exercice 2015-2016. Les données concernant l'exercice 2015-2016 représentent uniquement le budget initial et seront complétées par les montants dépensés dès qu'ils seront disponibles pour publication.



BOOST Engagement Status

As of Feb. 2017



* Delivered includes four state level BOOSTS; three in the Brazilian States of Rio Grande do Sul, Minas Gerais and Sao Paulo and one in Punjab Pakistan; In progress includes Rio de Janeiro

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