Achieving GFF Results through Multi-sectoral Approaches
Session objectives

► To explore the opportunities to work multi-sectorally to achieve GFF results

► To share some key lessons from global experience

► To discuss specific examples to inform approaches in the 10 new 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
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
Why work multi-sectorally for GFF results?

- To address sector-specific determinants of the intended results (e.g., for stunting reduction in DRC, address WASH)
- To reach the poorest households (e.g., social protection/registries in Guatemala)
- To seize the opportunity of existing platforms (e.g., schools in Bangladesh to reach adolescent girls)
- To benefit from specific expertise (e.g., governance, financial management in Indonesia)
- To address both demand and supply barriers (e.g., social protection in Rwanda)
- To address social barriers (e.g., gender in Nigeria)
- To leverage additional resources (e.g., finance, private sector, social protection funds)
Sectors often required for GFF results

- Finance
- Health
- Social Protection
- Education
- Gender
- Governance
- Agriculture
- Water/sanitation
- Private sector
- Youth affairs
Group exercise

• Which key RMNCAH-N results and health financing reforms in your country require multi-sectoral approaches?

• Which key sectors do you need to engage?

(10 minutes)
Role of health sector in achieving health results

**Minimal actor:**
- Other sectors undertake their core business and have spillover effects for health
  - MOEd ensures children attend school or Energy sector ensures access to clean power

**Supporting actor:**
- Health sector drives cross-sectoral policies to address structural issues and social norms that affect all of society
  - Development of adolescent health or of nutrition policies

**Bi- or tri-lateral partner:**
- Collaboration is required to produce co-benefits and maximize health outcomes
  - Use of cleaner stoves to reduce indoor air pollution; sex education in schools; tobacco taxation

**Lead actor:**
- Where collaboration with other sectors is essential for the health sector to deliver its core mandate
  - Ensuring adequate water and energy supplies to all health facilities or road infrastructure for access to health facilities

Example -- governance for increased efficiency

- Review of budgeting process for health
- Increase health budget utilization (DRC)
- Improvements in procurement processes (Guatemala)
- Mechanisms for pooling of resources, (“single contract in DRC”, multi-donor trust fund in Mozambique)
- Addressing challenges of decentralization (Indonesia)
- Results-based resource transfers (Cameroon)
- Addressing system-wide human resource constraints (e.g., retirement of civil servants in DRC)
- Creating opportunities for social accountability (e.g., counter-verification by CBOs in PBF in several countries)
Example – finance for increased resources and health impact

• **Financial allocations to health**
  - The MoF often leads on the development of national policies that increase overall domestic resource mobilization
  - MoF is the main decision-maker that determines the level of domestic public financing allocated to health
  - MoF can institute policies to incentivize private sector role in health (e.g. Nigeria)

• **Sin taxes**
  - Taxes lead to decreases in consumption of harmful substances (e.g. cigarettes, sugar), leading to improved health outcomes
  - Revenue from taxes can increase the allocation to health
**Equity:** Targeting the poorest households through the use of social registries

- Typically developed to target cash transfers but could be used to achieve health equity goals in GFF

**Demand:** Addressing demand constraints through

- Accompanying measures to cash transfer programs (e.g., information on nutrition)
- Conditionality – hard or soft (e.g., utilization of health services, keeping girls in school)
Example – education and gender for sexual and reproductive health

Data suggest that demand side constraints are less fundamental and are within the mandate of the health sector (service availability and accessibility) – and also addressing concerns around side-effects.

Any plan for increasing mCPR would need robust consideration for demand side across sectors. Data suggests little room for market growth at current levels of ideal fertility.

Think about multi-sectoral investments (education, SP, women’s empowerment etc.)

*Keep in mind that the sub-national view on this can look very different country by country.
• Not all countries will require the same balance between demand and supply approaches

• How deep in addressing underlying constraints (e.g., adolescent empowerment) and at what cost?

• Role of education sector: a platform for reaching adolescents, keeping girls in school to delay age of first childbearing; deliver SRHR information through school curricula
Example – multiple sectors for nutrition

Child Nutrition

Food/Nutrient intake

- Infant and young child nutrition and treatment of severe undernutrition
  - Micronutrient supplementation & fortification
  - Hygiene practices

- Agriculture & food security
  - Health Systems
  - Soc. protection/safety nets
  - Water and sanitation
  - Gender and development
  - Girls' education
  - Climate change

- Poverty reduction & economic growth programs
  - Governance, stewardship capacities & management
  - Trade & patents (role of private sector)
  - Conflict resolution
  - Environmental safeguards

Health

Access to food
Maternal & childcare practices
Water & sanitation, health services

Immediate causes
Underlying causes
Basic causes

Institutions
Political & ideological framework
Economic structure
Environment technology, people

Nutrition Specific Interventions
Nutrition Sensitive Interventions
### Women’s Education and Empowerment
- Maternal education
- Education about early stimulation, growth and development
- Early childhood & preliminary education

### Reproductive & Health Services
- Improve access to more diversified, nutritious, safe diet
- Reduce women’s workload
- Micronutrients fortification of staple foods

### Agriculture & Food Systems
- Improve access to more diversified, nutritious, safe diet
- Reduce women’s workload
- Micronutrients fortification of staple foods

### Water, Sanitation & Hygiene
- Access to safe water, adequate sanitation
- Hygiene/handwashing promotion

### Safety Nets and Response to Shocks
- Cash transfer and other social assistance programs
- Birth registration
- Parental leave and adequate childcare
- Child protection services
- Emergency response

*Source: Anne Provo*
Steps to an Effective Multi-sectoral Approach

• Clarify results to be achieved
• Identify the determinants/barriers
  • How “deep” in addressing the basic determinants?
• Determine which sectors are best placed to address determinants/barriers
• Agree on a theory of change
• Define what incentive(s) each sector has to achieve the intended results
• Identify a strong cross-sectoral leader/champion
• Seek to make good use of existing platforms that can facilitate convergence (e.g., community councils, decentralized structures)
  • Convergence may need to be encouraged at different levels
Steps to an effective multi-sectoral approach

Plan multi-sectorally; implement sectorally; review/evaluate multi-sectorally

• Create an enabling environment
  • Urgency → coalition → action

• Create a coordination mechanism

• Create a joint results framework
  • Specific sectoral results that can be achieved independently

• Identify incentives to achieving sectoral results and for coordination

• Ensure data will be available to track progressing

• Institute regular reviews of performance
Accountability with operational flexibility

Plan multi-sectorally

Review performance multi-sectorally

Implement sectorally
• Locating the multi-sectoral leader within a “line” ministry (e.g., SUN)
• Engaging too many sectors at once
• Focusing too heavily on process, at the cost of a focus on results
• Unclear sectoral roles/ areas of comparative advantage
• Forgetting about incentives / “what’s in it for me”? 
• Not reviewing performance regularly, not making adjustments as needed
• Not investing in data to track performance
Debate: “Is working multi-sectorally... a worthwhile investment... or a waste of time?”
• Which key RMNCAH-N results and health financing reforms in your country require multi-sectoral approaches?
• Which key sectors do you need to engage?
• What do you anticipate to be the main challenges?
• How will you ensure multi-sectoral coordination and accountability?
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