GFF Country Workshop,
January 28 – February
1, 2018

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

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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

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

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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

- 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

Source: Rasanathan, K et al, (2017) Governing multisectoral action for health in low- and middle-income countries *PLoS Med* 14(4):e1002285

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

Example – social protection for equity and demand creation

- **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)

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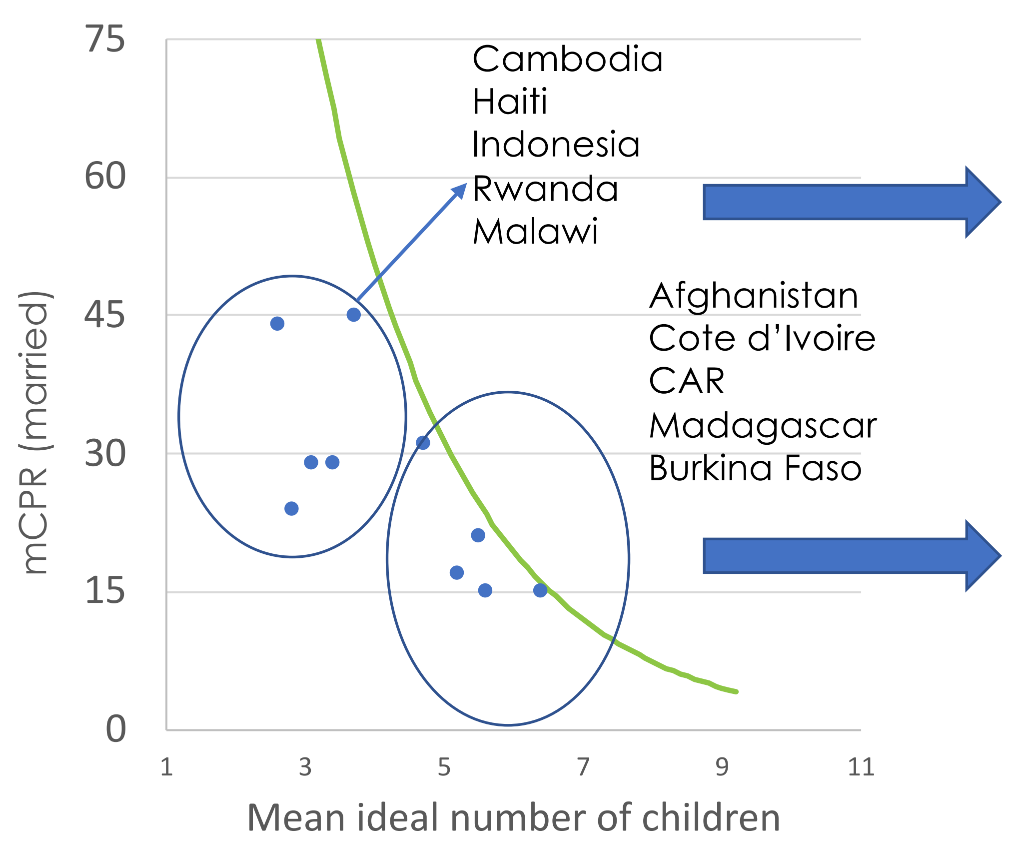
Example – education and gender for sexual and reproductive health



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.**

Example – education and gender for sexual and reproductive health

- 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

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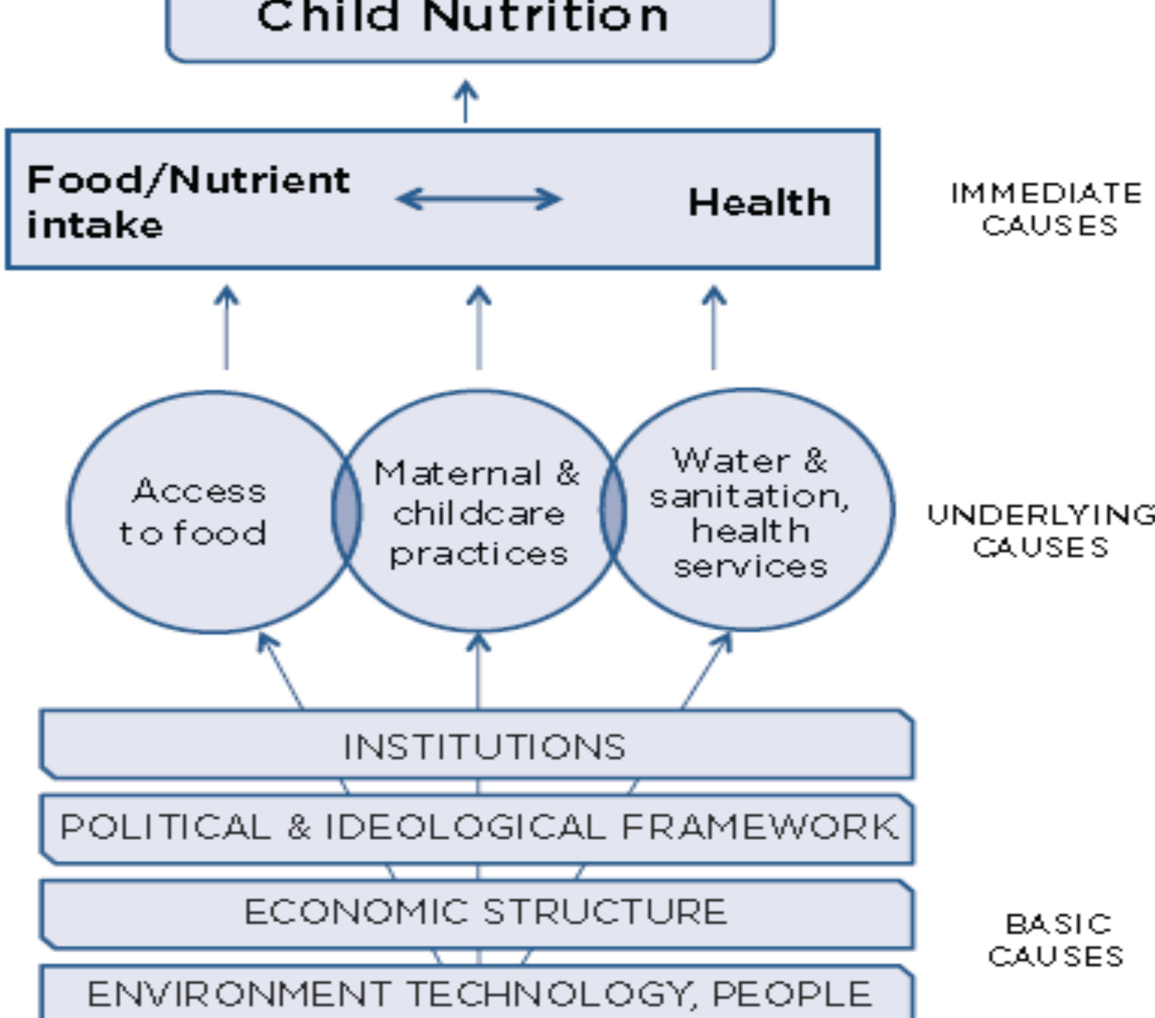
Example – multiple sectors for nutrition

-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



Nutrition Specific Interventions

Nutrition Sensitive Interventions

Example – multiple sectors for nutrition

WOMEN'S EDUCATION AND EMPOWERMENT	REPRODUCTIVE & HEALTH SERVICES	AGRICULTURE & FOOD SYSTEMS	WATER, SANITATION & HYGIENE	SAFETY NETS AND RESPONSE TO SHOCKS
• Maternal education • Education about early stimulation, growth and developme nt • Early childhood & preliminary education	• Improve access to more diversified, nutritious, safe diet • Reduce women's workload • Micronutrie nts fortification of staple foods	• Improve access to more diversified, nutritious, safe diet • Reduce women's workload • Micronutrie nts fortification of staple foods	• Access to safe water, adequate sanitation • Hygiene/ handwashi ng promotion	• 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

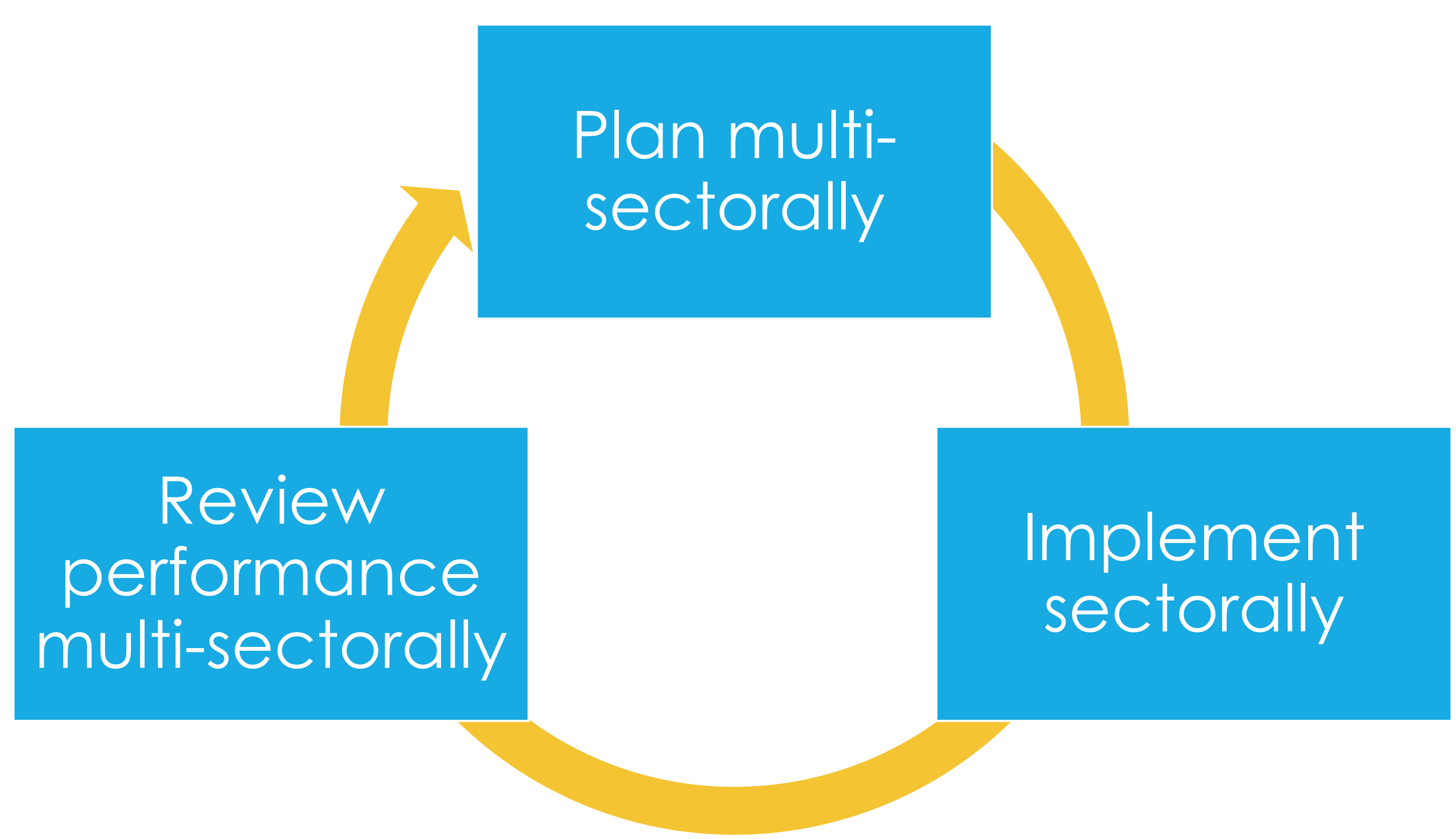
- Clarify results to be achieved
- Identify the determinants/barriers
  - How "deep" in addressing the basic determinants?
- Determine which sectors are best placed to address determinants/barriers
- Agree on a theory of change
- Define what incentive(s) each sector has to achieve the intended results
- 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 <u>and</u> for coordination
- Ensure data will be available to track progressing
- Institute regular reviews of performance

Accountability with operational flexibility



Some pitfalls to avoid …

- 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?”

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Questions for country working groups

- 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?

GFF Partners

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