



GFF Country Workshop  
28 January – 1  
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# Operationalizing the GFF at Country Level



# 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

- ▶ 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

# Key results of country platform

- ▶ High quality technical input across the RMNCAH-N agenda during design and implementation
- ▶ Alignment and mobilization of funding from government and key financiers (bilateral, multi-lateral)
- ▶ Country champions to create sustained commitment

# Core guidance for the country platform

## **Government is in the lead**

- Multi-stakeholder composition, inclusive of technical expertise (e.g UN, academics, private sector) and financiers (e.g bilaterals, GAVI, GF, WB, ADB); multi-sectoral as needed
  - Engaging financiers early on is critical
- Civil society and private sector participation is key for technical agenda, implementation support and monitoring
- Core working group with regular larger consultations
  - May require multiple sub-committees and working groups to address the full range of technical issues for IC and health financing reform
- Country context matters, including where possible building on existing structures

- ▶ Support development of RMNCAH-N Investment Cases linked to health financing reforms
  - Review available evidence on RMNCAH-N outcomes and identify bottlenecks in the health system and beyond
  - Resource mapping to identify available resources to develop an investment case inclusive of domestic, ODA and private sector resources
  - Prioritize investments for RMNCAH-N and key health financing reforms
  - Develop results framework for IC

Resource: *Guidance note on multi-stakeholder country platforms* (2017)  
<https://www.globalfinancingfacility.org/guidance-note-inclusive-multi-stakeholder-country-platforms-support-every-woman-every-child>

- ▶ Support implementation of RMNCAH-N Investment Cases linked to health financing reforms
  - Ensure coordination of technical assistance and capacity building to support the implementation of the investment case and health financing reforms
  - Monitor results framework
  - Review implementation progress; problem solve to address challenges and support course corrections as needed
  - Track government and donor financing in support of the IC and continue alignment and resource mobilization for the priorities identified

# Country examples: multi-stakeholder country platforms

## ▶ Cameroon

- Strong government leadership combined with broadly inclusive process
- CSOs elected appropriate CSO representatives in health financing and RMNCAH-N working groups; private sector encouraged to join by Minister of Health
- Existing health sector governance structure strengthened to provide oversight throughout process

## ▶ Liberia

- Replicated initial national-level stakeholder meetings with broad representation of technical partners → sub-national level to create buy-in and ownership at decentralized level



# Key roles for partners and MSCP in Mozambique IC process

- ▶ **Highly consultative process spearheaded by Director of PH, MOH**
  - Consultations with most line ministries, CSOs, PS, etc.
  - Consultations with target group (adolescents)
- ▶ **Task-force appointed to lead GFF process in MOH under National Director of Public Health and at present National Director of Planning and co-chaired by the Vice focal partner (UNFPA)**
- ▶ **Roadmap outlined process, deliverables & dates for key meetings**
- ▶ **Senior Consultant (integrator) with great knowledge of MOZ held the pen**
- ▶ **Multiple partners supported different elements of the process, for example:**
  - EQUIST for MCH and nutrition (supported by UNICEF)
  - Resource mapping (supported by World Bank)
  - Costing (supported by WHO)
  - Secretariat, consultations with adolescents, CSOs, PS (supported by UNFPA)
  - M&E framework (supported by OMS, UNFPA and UNICEF)
  - USAID financed Senior Consultant

# Lessons from IC process in Mozambique

## What worked well:

- ▶ Director of PH became a champion of the IC & GFF
- ▶ Shared roadmap, division of labor & financing of IC activities contributed to buy-in & joint vision
- ▶ Consultations with adolescents helped to understand their needs
- ▶ Structure with agile task-force, broader consultative group & senior respected integrators

## What we learned:

- ▶ CSOs needed more support for internal consultations particularly with non capital-based organizations
- ▶ PS not organized; therefore group consultations proved challenging
- ▶ A strong inclusive process takes time
- ▶ Costing tools not always very useful for practical decisions; different types of costing tools required

# Challenges

- ▶ MSCP representatives need to be active in getting and giving feedback to the broader groups they represent
- ▶ Government in the lead – good, but can also pose an issue if reluctant to include certain constituencies
- ▶ Some constituencies not always organized to participate effectively in MSCP e.g., private sector
- ▶ Ensure that MSCP size is not too large to make it impossible to take decisions/actions while still ensuring adequate representation of key stakeholders
- ▶ Inputs from constituencies such as CSOs may require additional financial support

# GFF liaison key responsibilities

- ▶ Provides convening support to the Country Platform and engages with -a broad set of partners
- ▶ Supports the government on the design and implementation of the investment case and health financing reforms
- ▶ Supports effective complementary financing of the IC
  - Engages with key financiers of Investment Case; ensure links between Investment Case process and regular government budgetary processes (e.g., annual budgets and medium-term expenditure frameworks)
  - Works with financiers to harmonize donor resources in support of priorities identified in the Investment Case
  - Supports MoH and private sector working group in drawing in private sector resources for complementary financing
- ▶ Provides support to the coordination of technical assistance to implement the IC
- ▶ Supports results monitoring; MSCP use of data for corrective action
- ▶ Provides feedback directly to GFF Secretariat

# The value of civil society to RMNCAH-N

*CSOs contribute to tangible outcomes and results for RMNCAH-N. Each of these “functions” can be leveraged in support of National Investment Cases, GFF goals, and the Global Strategy:*

- ▶ Advocacy
- ▶ Monitoring and Accountability
- ▶ Elevating Voices of Affected Populations
- ▶ Implementation
- ▶ Research & Data Analysis
- ▶ Technical Assistance



# Strategic approach

The strategic approach is grounded in three objectives:

1. **COUNTRY PLATFORMS** structured to engage civil society in support of common goals: *Guidance Note: Inclusive Multi-stakeholder Country Platforms in Support of Every Woman Every Child*
2. **CSO COALITIONS AT NATIONAL AND GLOBAL LEVELS** are strengthened to enhance civil society alignment and capacity, and to streamline communications and technical assistance
3. **GFF ACCOUNTABILITY** is strengthened through support for civil society's role in accountability, and increased transparency and space for accountability in GFF processes

# Results of CSO engagement in the GFF Cameroon & Uganda examples

## Cameroon

- ▶ Civil society consultations with the Ministry of Health helped ensure that nutrition was included in the investment case

## Uganda

- ▶ Civil society provided support and technical assistance to ensure that the Investment Case aligned with the national Costed Implementation Plan for family planning



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