Operationalizing the GFF at Country Level
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
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
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. bilateral, 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
Role of multi-stakeholder country platform

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

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
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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