



Global Financing Facility

*The Catalyst for Country-Led
Health and Nutrition*

**GFF Country Implementation
Workshop**

September 17-21, 2018



Two trends led to the creation of the GFF

1

Insufficient progress on maternal, newborn and child health & nutrition, and traditional sources of financing are not enough to close the gap

2

Development assistance is at record levels but is only a fraction of private financing from remittances and FDI. Domestic financing far exceeds external resources

NEED FOR A NEW MODEL OF
DEVELOPMENT FINANCE



What results do we want to achieve?

Overall objective:

End preventable maternal, newborn, child and adolescent deaths and improve the health, nutrition and quality of life of women, adolescents and children

SDG targets:

- ▶ MMR <70/100,000
- ▶ U5MR <25/1,000
- ▶ NMR <12/1,000
- ▶ Universal access to SRHR services
- ▶ Nutrition: prevalence of stunting & malnutrition
- ▶ Universal health coverage

Closing the financing gap would **prevent 24-38 million deaths** by 2030

GFF supports countries to get on a trajectory to reach the SDGs and UHC through three related approaches

Country ownership and leadership

- ▶ Identifying priority investments to achieve RMNCAH outcomes
- ▶ Identifying priority health financing reforms

- ▶ Strengthening systems to track progress, learn, and course-correct

- ▶ Getting more results from existing resources and increasing financing from:
 - Domestic government resources
 - IDA/IBRD financing
 - Aligned external financing
 - Private sector resources

The GFF model: Countries lead the way

Bangladesh
Cameroon
DRC
Ethiopia
Guatemala

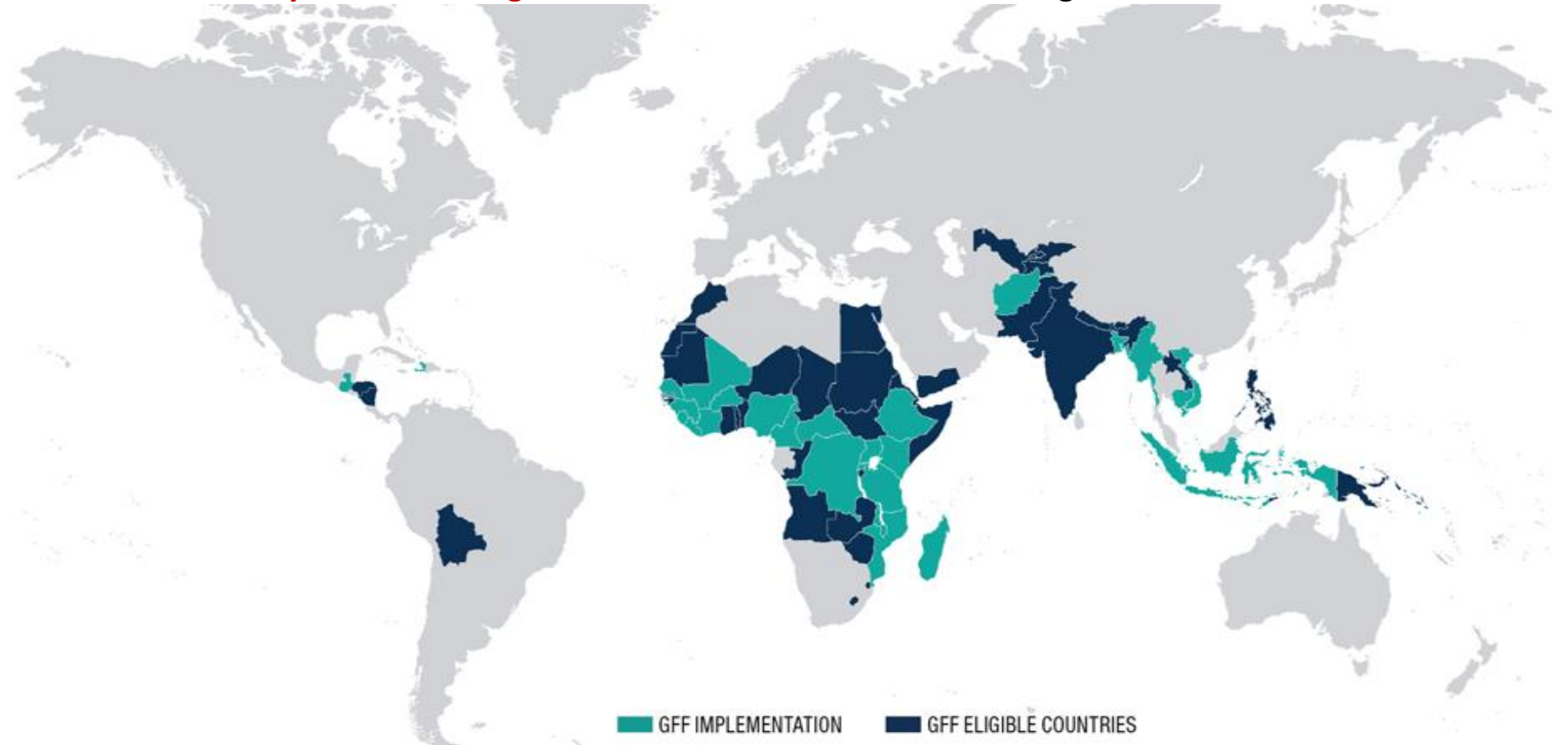
Guinea
Kenya
Liberia
Mozambique
Myanmar

Nigeria
Senegal
Sierra Leone
Tanzania
Uganda

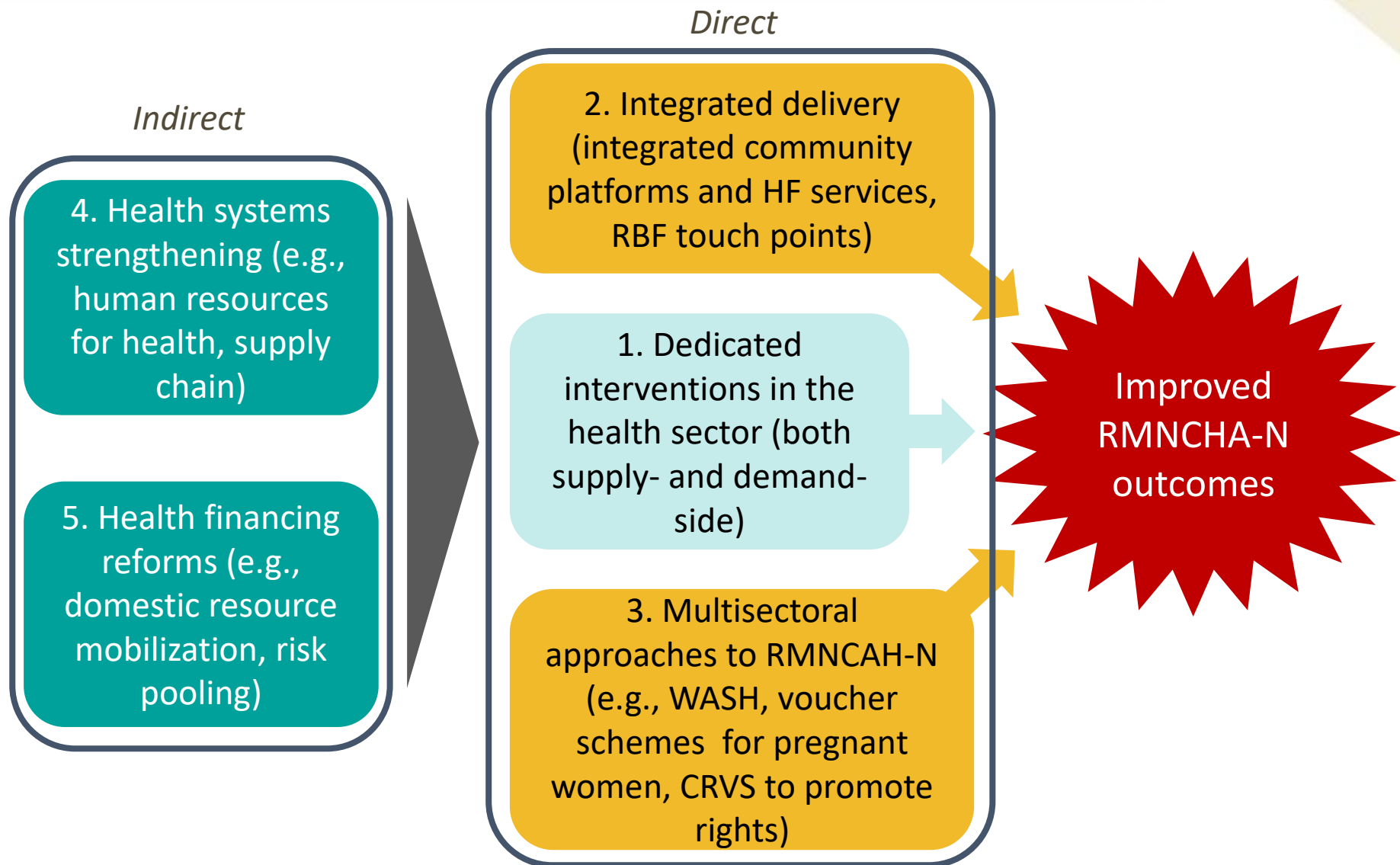
Vietnam
Cote d'Ivoire
Afghanistan
Burkina Faso
Cambodia

Central African
Republic
Haiti
Indonesia
Madagascar

Malawi
Mali
Rwanda



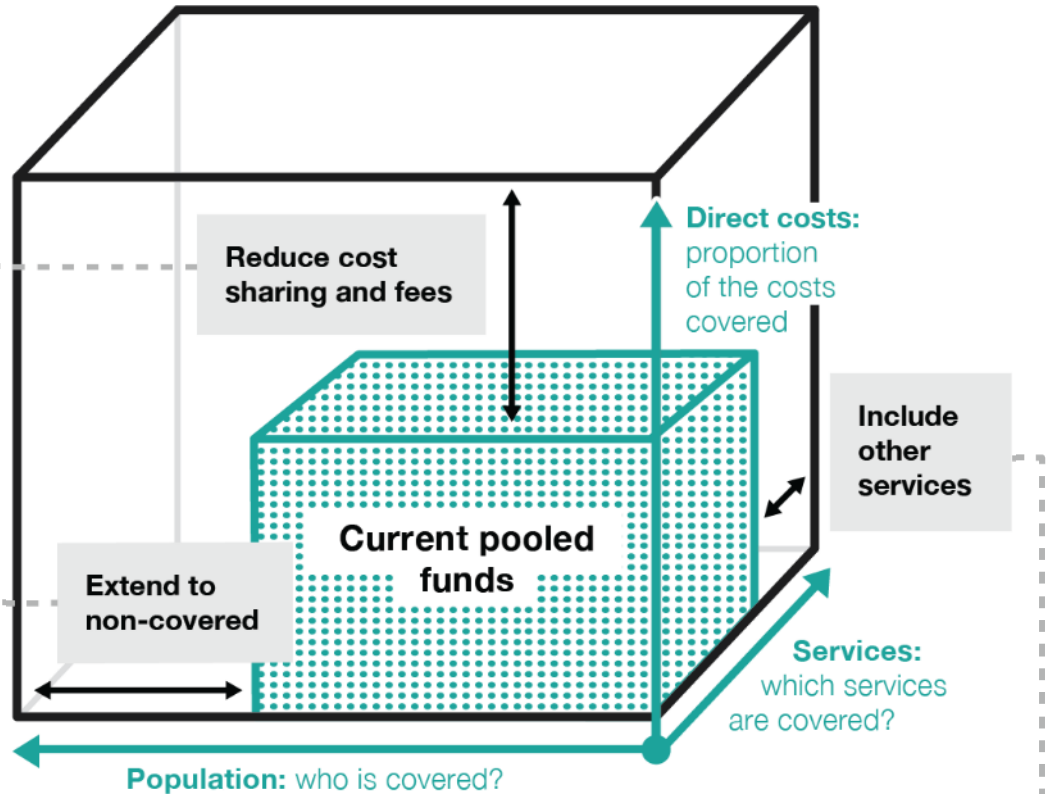
Pathways to impact: a systems approach to improving outcomes



How the GFF contributes to UHC

3

Development of health financing strategy / implementation of key reforms → increased domestic resource mobilization, risk-sharing schemes → reduced out-of-pocket



2

Strong equity focus → critical for progressive expansion (many of the non-covered are disadvantaged women / children)

1

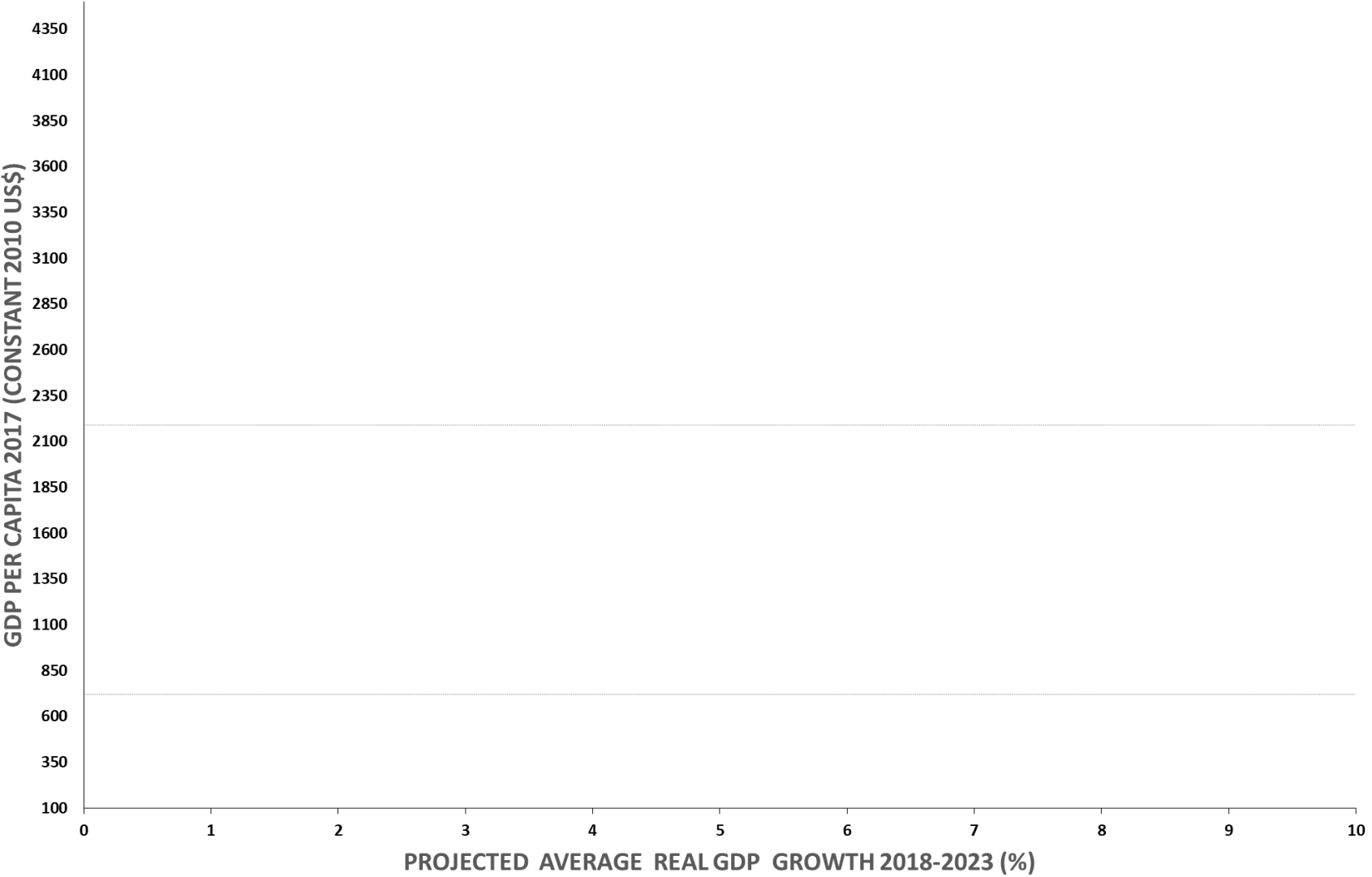
Support to prioritize and expand coverage of high-impact interventions (through Investment Cases)

Refining the GFF model for scaleup

- More explicitly support the **UHC** agenda
- Focused **multisector** engagement to maximize impact on health outcomes
- Strengthen country **coordination**
- Increase the focus on **domestic resource mobilization**
- **Tailor** the country-level theory of change more specifically to country characteristics
- More systemic country **implementation**

Refining the GFF model

Tailor the theory of change



	Low-income countries	Lower-middle income countries with low growth	Lower-middle income countries with high economic growth	Middle-income countries
Characteristics	<ul style="list-style-type: none"> -high inefficiencies -low capacity -high donor dependency 	<ul style="list-style-type: none"> -constraints less severe -inequities 	<ul style="list-style-type: none"> -increased OOPs -Inequities -declining external resources -high technical capacity -growing private sector 	<ul style="list-style-type: none"> -low donor dependency -important private sector
GFF value add	<ul style="list-style-type: none"> -support service delivery -improve efficiency of external resources -limited HSS 	<ul style="list-style-type: none"> -comprehensive HF reform -donor alignment: incentivize scale-up and integration -build technical capacity 	<ul style="list-style-type: none"> -support DRM and PFM for absorptive capacity -GFF platform approach and inclusion of CSO -leverage private sector 	<ul style="list-style-type: none"> -leverage more/better use of public resources -support HF reforms -improve quality of implementation -leverage private sector -demonstration effects
GFF way of working	<ul style="list-style-type: none"> -pilot based approach to improve efficiency -targeted HF -IC focus on aligning external financing 	<ul style="list-style-type: none"> -IC linked to domestic budget -HF: Theory of Change for GFF impact indicators with implementation plan 	<ul style="list-style-type: none"> -IC linked to domestic budget -financial incentives to leverage HF reforms and DRM 	<ul style="list-style-type: none"> -specific theory of change -targeted technical assistance -little value-add of IC process to align external financiers

GFF partnership at the country level

THE COUNTRY PLATFORM BRINGS TOGETHER:

Government

Civil society (not-for-profit)


Private sector

Affected populations

Multilateral and bilateral agencies

Technical agencies (H6 and others)

GFF Accountability – the role of CSOs: National health budget and CSO engagement scorecard




Nigeria Global Financing Facility (GFF) Performance Scorecard

January - December 2017


Scorecard Scoring Sheet

NATIONAL HEALTH BUDGET INDICATORS				
INDICATORS	GREEN	AMBER	RED	INFORMATION SOURCE
National health budget as a percent of the total national government budget	National health budget is 15% or more of national government budget inline with 2001 Abuja Declaration	National health budget is 5 - 7.5% of national government budget	National health budget is less than 5% of national government budget	National Approved Budget/ GFF Results Framework
Health capital budget as a percent of the total health budget	Health Capital Budget is 50% (or more) of Total Health Budget	Health Capital Budget is between 25 -49.9% of Total Health Budget	Health Capital Budget is less than 25% of Total Health Budget	National Approved Budget
Family Planning contraceptive commodities budget as a percent of health capital budget	FP Budget has met the country funding target inline with the National Family Planning Blueprint	FP Budget has met 50 - 74% of the of the country funding target	FP Budget is less than 50% of the country funding target	National Approved Budget National Family Planning Blueprint
Lifesaving commodities budget as a percent of health capital budget	Lifesaving commodities budget has met the country funding target inline with the Lifesaving commodities country action plan. The funds appropriated take into cognizance the annual funding needs of the country & also inline with Country Multi Year Plan	Lifesaving commodities budget has met 50 - 74% of the of the country funding target	Lifesaving commodities budget is less than 50% of the country funding target	National Approved Budget/Lifesaving Drugs Country Action Plan
Immunization budget as a percent of health capital budget	The funds appropriated take into cognizance the annual funding needs of the country & also inline with Country Multi Year Plan	The funds appropriated take into cognizance the annual funding needs of the country	The funds appropriated did not take into cognizance the annual funding needs of the country	National Approved Budget/Country Multi Year Plan
Nutrition budget as a percent of health capital budget	Nutrition budget has met the country funding target inline with the National Nutrition Policy/Plan	Nutrition budget has met 50 - 74% of the of the country funding target	Nutrition Budget is less than 50% of the country funding target	National Approved Budget/ National Strategic Plan of Action on Nutrition
Adolescents and young people friendly (AYPF) health services budget as a percent of health capital budget	AYPF health services budget has met the country funding target inline with the National AYPF health services Policy/Plan	AYPF health services budget has met 50 - 74% of the of the country funding target	AYPF health services budget is less than 50% of the country funding target	National Approved Budget/ National Adolescent and Youth Policy
Ministry of Health (MoH) budget execution rate increased by at least 5 percent point from the previous year	MoH budget execution rate increased by at least 5 percent point	MoH budget execution rate increased but by less than 5 percent point	MoH budget execution rate did not record an increase	Expenditure Spread Sheet/GFF Result Framework
National Health Account (NHA) developed with distributive matrices	NHA developed with distributive matrices	NHA developed without distributive matrices	NHA not developed	Health Sector Annual Report/GFF Results Framework

CIVIL SOCIETY ENGAGEMENT INDICATORS				
INDICATORS	GREEN	AMBER	RED	INFORMATION SOURCE
A national CSOs coalition has been identified to engage with the Country Multistakeholder Platform	One strong CSOs coalition identified and is engaging with the Country Multistakeholder Platform process	More than one CSO coalition and it is not clear which is leading OR there is one CSO but it is not very engaged	No CSO coalition engaging in the GFF process	Country Multistakeholder Guidance Note/ Interview with CSOs
The Country Multistakeholder Platform has at least 3 CSOs representation (with one of them a youth representative)	Platform has 2 or more CSOs representation	Platform has 1 CSOs representation	Platform has no CSOs representation	Country Multistakeholder Guidance Note/ Interview with CSOs
Civil society has an engagement strategy and have mobilised resources for its implementation	CSO engagement strategy developed and resources for implementation mobilized	CSO engagement strategy developed	CSO engagement strategy not developed	Country Multistakeholder Guidance Note/ Interview with CSOs
Civil Society representatives on the Country Multistakeholder Platform seek input from and report back to broader CSO coalition	CSO on the country platform regularly seek input and report back to broader civil society	CSO on the country platform occasionally engage with broader civil society on the GFF process	CSO on the country platform do not engage with broader civil society on the GFF process	Country Multistakeholder Guidance Note/ Interview with CSOs




With technical support from




GLOBAL CSO COORDINATING CENTRE FOR GFF

NIGERIA CSOs WORKING GROUP FOR GFF



HSRC



HEALTH SECTOR REFORM PROGRAM

Mechanism to support the GFF partnership: the GFF Trust Fund

Flexible **grant resources** operationally linked to World Bank (IDA/IBRD) financing

- As of June 30, 2018, US\$452 million in GFF Trust Fund financing was linked to US\$3.3 billion in IDA/IBRD financing
- 18 additional projects under preparation

Country selection

- Eligibility: 67 low and lower-middle income countries
- Must be willing to commit to increasing domestic resource mobilization and interested in using IDA/IBRD for RMNCAH-N
- 27 GFF countries; Mali joined recently

GFF IG Members & Partners





Learn more



www.globalfinancingfacility.org



GFFsecretariat@worldbank.org



[@theGFF](https://twitter.com/theGFF)



GFF Investment Case

GFF Country
Implementation Workshop,
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Why an Investment Case?

- To identify -- and build consensus around – the “priorities of priorities” (i.e., lagging health and nutrition outcomes, key health financing reforms, financed from available domestic and external resources)
- To define key strategic shifts in operational modalities that will accelerate results
- To set achievable targets that will be jointly tracked by the Country Platform, and identify the systems to track them
- To define roles and mutual accountabilities

Country-tailored theory of change

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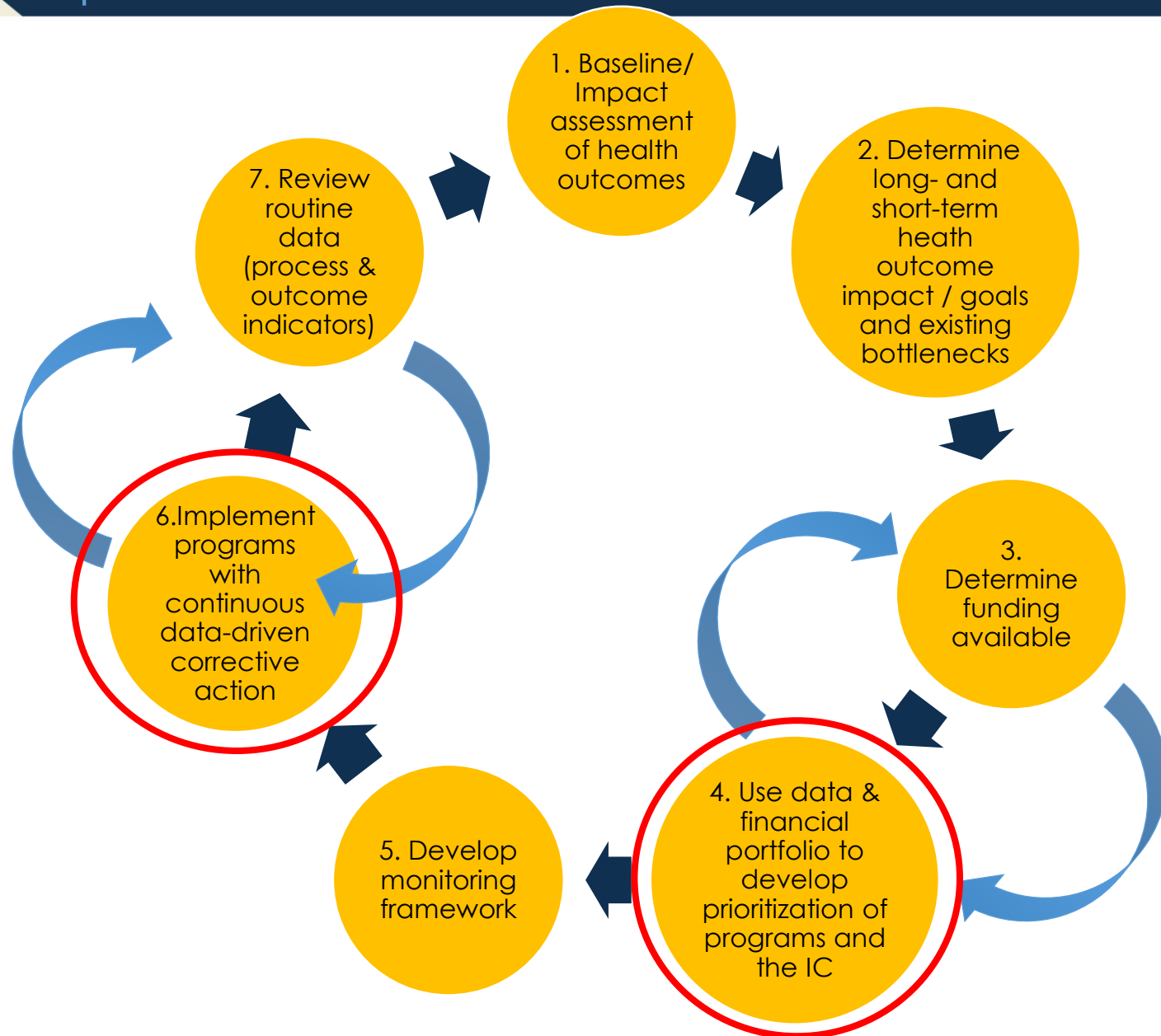
Key elements of a “quality” Investment Case: areas to consider during mid-term reviews

1. Centered on a clear set of **results**
2. Based on local **data** about health and nutrition, combined with global **evidence** about what works
 - Should be attentive to **multisectoral** contributors to health and nutrition results and to **structural shifts** (macro trends such as urbanization, demographic changes, and climate change)
3. Reflective of an **equity** perspective
4. Well **prioritized**:
 - Focused on **evidence-based, high impact** approaches
 - Addresses key bottlenecks/constraints and strategic shifts required to address them
 - Grounded in a **realistic assessment** of resources available/likely to be available
 - Geographic and socio-economic equity
5. Reflective of a **mixed health systems** perspective, and taking into account full range of stakeholders, including private sector
6. Addresses the sustainability of results/ required “structural” changes (systems strengthening, behavior change)
7. Reflective of needs to ensure **smart, scaled and sustainable financing**:
 - Identifies ways to achieve efficiency gains
 - Discusses options to ensure the sustainability of the investments, including strengthening domestic resource mobilization

Clear storyline connects results and priorities

Is developed in an inclusive and transparent manner

Developing a results driven IC and monitoring its implementation



What an Investment Case IS NOT

- Duplicative of existing strategies/plans
 - instead builds on them and is a separate document
- A description of all health and nutrition activities in a country
- A wish list of all possible interventions, with no regard for available resources
- Limited to the GFF trust fund and World Bank financing
- A proposal that is submitted to the GFF
- Developed using a fixed template or form
- A static document – instead **it should be reviewed and revised as needed**

Who prepares/reviews an Investment Case?

- Overall responsibility is with **country-led platform**
 - Facilitative role of the in-country GFF Liaison Person
- Often prepared/reviewed by **small team** or special unit
 - Important to involve Ministry of Finance and other relevant Ministries
- Larger **consultative meetings** typically held periodically during process (either dedicated meetings or as part of existing national consultation process)
 - Mid-term reviews, annual reviews
- International **technical partners** are involved, based on their strengths in specific countries
- Important to involve **financiers** early in the process

Investment Case review – health financing elements to consider

- **Resource mapping/tracking:** have all resources that can be used to finance priorities of the Investment Case been identified and reflected?
- **Efficiency analysis:** have the steps to improve efficiency been included in Investment Case, any more analytical work required to identify main sources of inefficiency and possible responses?
- **Domestic resource mobilization (part of fiscal space) analysis:** any specific design elements to include in the IC (e.g., Nigeria)?

Prioritization cycle: An ongoing process

- A. Identification of key results: different approaches are possible (normative judgment):
- **Equity:** regions/populations with worse health status
 - Parts of the **health and nutrition results:** areas that have worse performance or are underfunded/neglected
 - **Transformational:** resolving bottlenecks across multiple components of health system (e.g., HRH, service delivery, or health financing)
- B. Agreement on priority investments:
- What, how, for whom, where → not simply description of health and nutrition interventions; identify areas where the “how” can leverage private sector capacity
 - **Modeling** can be useful (e.g., EQUIST, LiST, cost-effectiveness)
 - Be mindful of sustainability

Prioritization cycle: An ongoing process

C. Costing:

- **Different tools** have been employed: OneHealth Tool, Equist, activity-based costing, MBB, CORE Plus
- **Lesson learned:**
 - costing must be done based on agreed priorities (what/how/for whom/where) rather than as an independent exercise
 - must be aligned/reflected in the government budget

D. Assessment of financial feasibility:

- Having a **realistic assessment** of what can be implemented with resources available is critical → simply showing a massive financing gap works against **improving efficiency and alignment**
 - *Investment case is a living document and can be updated when additional resources are secured*
- Comparing the costs with the resources available (from resource mapping) – must be **like-for-like comparison**
- May show that insufficient resources are available → revisit priorities and re-cost

Initial resource mapping and ongoing tracking of Investment Case financing

- ▶ **Repartition of financing:** which financier is responsible for which priorities
 - Can be informal agreements or can be formal MOUs
 - Need to take advantage of **opportunities** (e.g., new IDA/IBRD project, Global Fund concept note, new USAID health strategy)
 - Need to identify and align available private sector resources
 - Need to be attentive to timing/process of annual MOH budget so priorities can be reflected
 - No financing gap; expand IC later as needed
 - At best, scenarios

