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

GLOBAL FINANCING FACILITY

THE CATALYST FOR COUNTRY-LED HEALTH AND NUTRITION
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:

- 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
Pathways to impact: a systems approach to improving outcomes

**Indirect**

4. Health systems strengthening (e.g., human resources for health, supply chain)

5. Health financing reforms (e.g., domestic resource mobilization, risk pooling)

**Direct**

1. Dedicated interventions in the health sector (both supply- and demand-side)

2. Integrated delivery (integrated community platforms and HF services, RBF touch points)

3. Multisectoral approaches to RMNCAH-N (e.g., WASH, voucher schemes for pregnant women, CRVS to promote rights)

Improved RMNCHA-N outcomes
How the GFF contributes to UHC

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

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

3. Development of health financing strategy/implementation of key reforms ➔ increased domestic resource mobilization, risk-sharing schemes ➔ reduced out-of-pocket
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
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Tailor the theory of change
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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

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**Nigeria Global Financing Facility (GFF) Performance Scorecard**  
**January - December 2017**

### National Health Budget Indicators

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<th>Indicator</th>
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<tr>
<td>National health budget as a percent of the total national government budget</td>
<td>National health budget is 15% or more of national government budget</td>
<td>National health budget is 8-7.5% of national government budget</td>
<td>National health budget is less than 5% of national government budget</td>
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<td>Health capital budget as a percent of the total health budget</td>
<td>Health Capital Budget is 20% (or more) of Total Health Budget</td>
<td>Health Capital Budget is 10% (or more) of Total Health Budget</td>
<td>Health Capital Budget is less than 10% of Total Health Budget</td>
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<tr>
<td>FP budget met the country's funding target (in line with the National Financial Plan)</td>
<td>FP Budget is met 50-75% of the country's funding target</td>
<td>FP Budget is met 25-50% of the country's funding target</td>
<td>FP Budget is less than 25% of the country's funding target</td>
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<td>Lifesaving commodities budget as a percent of health capital budget</td>
<td>Lifesaving commodities budget is at least 10% of health capital budget</td>
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<td>Immunization budget as a percent of health capital budget</td>
<td>Immunization budget is at least 5% of health capital budget</td>
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<td>Nutrition budget as a percent of health capital budget</td>
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<td>Adolescents and young people family planning (AYPF) health services budget as a percent of health capital budget</td>
<td>AYPF health services budget is at least 5% of health capital budget</td>
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<td>AYPF health services budget met the country's funding target (in line with the National Financial Plan)</td>
<td>AYPF health services budget is at least 50% of the country's funding target</td>
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<td>AYPF health services budget execution rate increased by at least 5 percentage point from the previous year</td>
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<td>Multibudget execution rate increased by at least 5 percentage point</td>
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<td>National Health Account (NHA) developed with distributive matrices</td>
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### Civil Society Engagement Indicators

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<td>A national CSOs coalition has been identified and is engaging with the Country Multi-stakeholder Platform</td>
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<td>The Country Multi-stakeholder Platform has at least 3 CSOs representation (with one of them a youth representative)</td>
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<td>Civil society has an engagement strategy and has mobilized resources for its implementation</td>
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<td>Civil Society representatives on the Country Multi-stakeholder Platform seeks input and report back to broader CSO coalition</td>
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**INFORMATION SOURCE**

- Civil Society Organisations (CSOs)
- National Government
- International organisations
- Other stakeholders

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**Scorecard Scoring Sheet**

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**Nigeria CSOs Working Group for GFF**
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
GFF Investment Case

GFF Country Implementation Workshop, September 17-21, 2018
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4. Strengthening systems to track progress, learn, and course-correct
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

*Is developed in an inclusive and transparent manner*
Developing a results driven IC and monitoring its implementation

1. Baseline/Impact assessment of health outcomes
2. Determine long- and short-term health outcome impact / goals and existing bottlenecks
3. Determine funding available
4. Use data & financial portfolio to develop prioritization of programs and the IC
5. Develop monitoring framework
6. Implement programs with continuous data-driven corrective action
7. Review routine data (process & outcome indicators)
What an Investment Case IS NOT

• Duplicative of existing strategies/plans
  o 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
**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