GFF Country Implementation Workshop Participant Meeting Report

The Global Financing Facility (GFF) Country Implementation Workshop was held in Dar es Salaam, Tanzania from September 16-21, 2018. The Workshop brought together seven GFF-supported countries[1] and teams comprising of participants from within and outside governments to discuss country implementation progress to date, and particularly focus on strengthening results monitoring, including implementation research. The workshop was also an opportunity for cross-country sharing and learning.

1. Workshop Participation

The GFF Country Implementation Workshop was attended by seven country teams. Each country team included a health financing colleague from the Ministry of Health (MoH) and the Ministry of Finance (MoF), a financier of the Investment Case (IC), in addition to the World Bank Task Team Leader, a monitoring and evaluation (M&E) technical person, a research coordinator, a local academic, a technical partner, and a representative of civil society and in some countries the private sector was also represented. Country teams also comprised the newly appointed GFF Liaison Officer, and the GFF Secretariat country focal point. In addition, representatives from the Investors Group participated in the workshop. The participation of this broad range of stakeholders was important to ensure the process benefited from the richness of different perspectives, and participants were encouraged to be candid in their feedback and interactions. In total, more than 130 people participated in the workshop.

[1] Cameroon, Ethiopia, Kenya, Liberia, Nigeria, Tanzania, Uganda

2. Workshop Objectives and Methodology

The GFF Country Implementation Workshop intends to further support the monitoring and implementation of GFF-supported Investment Cases. In addition, as part of the co-creation process of the GFF, there was demand to build and learn from the experiences of the seven participating countries, to contribute to the design and implementation of the GFF across the 27 countries that are now part of the GFF. The GFF Country Workshop adopted an approach that combined plenary sessions and country group work to elaborate on the GFF's vision and included contextualized presentations, discussions, and cross-country learning. The workshop was divided into two parts, the first days focused on assessing progress with implementation and exploring the (possible) added value of the GFF in countries, with concrete next steps identified in each country. The final 2 1/2 days of the workshop centered more on technically monitoring the GFF in countries.

The workshop focused on the following objectives:

- Describe current (and potential) added value of the GFF at the country level
- Assess GFF implementation at the country level, identify areas for improvement, and provide input on the GFF implementation guidelines
- Agree on next steps for the country to further progress on implementation and monitoring of the theory of change for the GFF in their context, including strengthening the country platform

3. Workshop Content

GFF 101 and Lessons Learned

This session provided a brief overview of the main parameters and value proposition of the GFF, notably the prioritization of interventions and health financing reforms, actions to improve efficiency of use and increasing the volume of four types of resources (domestic resources, IDA/IBRD and GFF Trust Fund, aligned external financing and private sector resources), and systems strengthening to track progress and to take corrective action. This session covered other key dimensions of the GFF model such as the need to build on existing structure and processes, notably in the case of country platforms, which also should pay particular attention to participation from civil society and the private sector.

Investment Case and the Prioritization for Funding

This session covered the role of the investment case in prioritizing the focus of the GFF process in country. The session was enriched considerably by participant feedback on how the GFF implementation has taken place in country. The feedback included the need to align to existing platforms and processes, to be inclusive of all the stakeholders in country, and to increase considerably communications about the GFF process in country.

The role of the Investment Case in Domestic Resource Mobilization

The presentation outlined the role of the investment case in catalyzing increased domestic resources for health including how the investment case can be used to make the case for additional budgetary allocation to the sector and how it can be aligned with budget processes. The presentation generated much discussion on what Ministries of Finance consider when agreeing to add additional resources to health

including: i) fiscal space and revenue projections; ii) agreed upon national or international expenditure targets; iii) policy documents, such as the RMNCAH investment case or other strategies, that outline how the additional resources would be used; iv) legislative opinions, since often Parliament takes the final decision on budget allocation; v) the MoH's budget execution capacity; and vi) clear written explanations of how requested resources would improve results. During the presentation there was also a discussion on whether the Investment Case in countries was reflected in the budget. Most countries considered that their IC was reflected in the budget. However, relatively few countries seemed to have used the IC to bid for additional budgetary resources. Related to this, in only few instances the priorities of the IC resulted in changes in the budget process, as was the case in Cameroon. Finally, the presentation on the Basic Health Care Provision Fund in Nigeria provided a good example of how the IC process supported the agenda of increasing domestic resources for health.

Implementation Guidelines

During this session, the key aspects of the draft implementation guidelines were presented to participants and a full copy of the PowerPoint deck that outlines the draft guidelines was shared. The participants then proceeded to a café-style consultation whereby they rotated through 15-minute stops at each of five poster stations (country platform, data for decision making and learning/implementation research, health financing, technical assistance, and communications/advocacy). The 15-minute sessions were structured to provide additional information as needed and to enable participant to provide written feedback anonymously on each of the themes. The posters and envelopes in which the feedback could be provided were left up in the room for the remainder of the workshop to enable participants to share additional feedback as they wished. This generated several very useful suggestions which were shared with participants at the end of the workshop.

Monitoring resource and results for improved health and nutrition outcomes

The presentation outlined the GFF approach to monitoring resources and results. To inform the investment case and subsequent target setting in the results framework (RF), the GFF encourages each country to develop an RMNCAH-N resource mapping of domestic and partner funds, to clearly identify available finances and potential gaps and ensure efficient and equitable funding decisions. Therefore, the GFF, with partners, monitors countries' resource tracking systems to review budgeting processes and disbursement as well as resource tracking and expenditure. The GFF also helps countries integrate resource tracking and routine data monitoring systems at both national and subnational levels for decision-making. When data can be integrated this way, expenditure data can inform priority-making and resource allocation decisions, which in turn can be used to project the future resource requirements for meeting investment case objectives.

Implementation of the investment case (IC) from the funding perspective

This session was an opportunity to assess country needs in terms of resource mapping and tracking of Investment Cases and improve countries' understandings of what type of GFF support is required to monitor funding flows of ICs and National Health Strategies (NHS). The main consensus was to create a working group at the GFF secretariat with country representatives to further the resource mapping and tracking agenda. A key product may be the development of a public good on resource mapping and tracking that captures both budget and expenditure data with respect to IC/NHS priorities at various geographical level. The parameters of such a tool would need to be determined based on existing systems or show linkages with existing resource mapping/tracking systems. Ideally the tool would provide real-

time visualizations of donor and government funding disbursement rates for IC priorities at the national and decentralized levels.

The opportunity of Delivery Science/Implementation Research (DeSIRe) to improve GFF results & The role of DeSIRe in the Theory of Change (TOC)

The two sessions on Delivery Science and Implementation Research (DeSIRe) discussed the relationship between DeSIRE and the GFF value proposition. The presentations highlighted a range of research questions to which DeSIRe could be applied, including human resources for health, adolescent health, maternal/newborn care seeking, and health financing. Country examples from Liberia, Cameroon, Burkina Faso, and Uganda were shared. There was substantial support for the GFF proposal to put government decision-makers in the lead of DeSIRe, with support from national and international research institutes. DeSIRE was seen as a useful complement to monitoring and evaluation, to describe implementation context, and to answer why and how implementation questions in real time. Possible areas for GFF support highlighted include: the need for contextualization of implementation, research priority setting in the context of the Investment Case, to address key health system bottlenecks, and for the development of Government led, prioritized, multi-year, locally or internationally funded implementation research plans.

Opportunities for private sector to help operationalize the GFF value proposition in country

The private sector session on day three presented a strategic framework for countries to use to design and implement private sector related initiatives. This was followed by countries sharing experiences with the framework. Uganda presented how the private sector healthcare federation supports quality improvement, accreditation and licensing of private providers. Nigeria outlined how the contracting of private providers to deliver primary care through the government's new Basic Health Care Provision Fund. The presentations led to a very engaging audience discussion with country teams sharing their own experiences and questions on engaging private sector, including on the role of governments in regulating private providers alongside their self-regulation, on how to leverage innovation particularly through mobile technology and platforms, and how to crowd-in additional private sector financing at the country level. The strong audience interest led to a follow up parallel session where different countries shared additional experiences around various initiatives such as impact bonds, private sector innovation challenges, and NGO contracting.

Monitoring the RNMCAH-N Investment Case and health financing reforms: Theory of change, results framework and Feasibility and alignment with national systems

Three linked presentations reviewed key features of results framework monitoring as well as resource and expenditure tracking. It is important that the results framework is closely linked to the Investment Case theory of change (ToC) and monitors the full chain of results. Countries were given an opportunity to consider areas in the national health strategic plan, investment case, and health financing reforms, that they felt were the least well monitored or had not seen considerable progress and were able to discuss how to strengthen these areas. The session walked though several theoretical examples of developing a theory of change within the IC or health financing reforms and building a prioritized ToC around this. Additionally, Liberia presented their process for developing their theory of change and accompanying results framework.

The results framework must also be practical and feasible – for example, are the data available, of reliable quality, and can be collected frequently enough (not just annually) to enable close monitoring and rapid course correction. For example, Ethiopia discussed their reliance on survey data and agreed that they needed to strengthen their routine data systems so they can increase their use of indicators based on routine data sources. Cameroon focused on health financing reforms, Tanzania focused on rationalisation of indicators and improved visuals, Nigeria focused on improved alignment between their six main objectives in the IC, the investment priorities, and the M&E framework. The importance of institutionalising resource mapping, resource tracking and national health accounts, making them routine MOH processes rather than externally-supported one-off projects was a core focus of the presentations. Data use was another core focus of the monitoring session, this session focused on 4 core elements, developing data for different end-users, integrated data use from multiple sources, the need for subnational data review and data use focused at service delivery staff. Many countries saw the need for a more systematic approach to resource mapping and tracking both domestic resources, as well as donor resources because inconsistencies in how donors and partners categorise/disaggregate this data from year-to-year mean it is not always possible to link the commitments made in one year with the disbursements/expenditures reported in the following year, across partners, or across domestic financing and development partner financing. These sessions helped country teams to reflect on and identify areas where strengthening their results framework could really help move the overall investment case forwards. An important next step will be for countries to build consensus for to changes to the investment case, results frameworks, implementation, and linked documents to translate this into action. Further exploration is needed on the opportunities for the GFF and partners to support country teams. The session also took the opportunity to discuss data sharing agreements across all partners, for shared accountability.

Monitoring the Health Financing Agenda

The session's objectives were to re-familiarize teams with the GFF Health Financing impact indicators, illustrate the links between the health financing agenda and the investment case priorities, and improve understanding of a theory of change and results framework for monitoring impact on health financing. Teams were presented some hypothetical health financing reforms – both related to more strategic purchasing of services – and asked to develop a results framework for a given theory of change. The session highlighted the point that health financing reforms are very interlinked with the IC priorities, and that because of the political complexity around implementation, and the long time-lag in achieving impact indicators, being explicit about how to monitor progress is crucial. After the session, teams broke into groups to work on a specific theory of change and results framework relevant to their context. It can be concluded that very few of the country teams already have an explicit ToC and RF for health financing reforms, and in some cases have not identified HF priorities, and that this should be an important priority going forward.

Panel with stakeholders

A panel discussion was organized with representatives from GAVI, the Global Fund, BMGF (as representative of the external financiers), UNICEF (on behalf of the United Nations) and a civil society representative. Participants shared their practical perspectives on strengths of the GFF model as well as challenges they have observed. The presence of a country platform was seen as an opportunity to reduce fragmentation and to increase the political commitment for the reforms that are required to increase the efficiency of the health system. Some partners expressed a need for more specific country guidance on

the GFF in-country process and for ways to enable them to participate more effectively in the country platform.

Peer to Peer Learning

Building from the interest in cross-country learning generated during the sessions, each country led round-table style discussions to present innovative areas and experiences from countries that helped strengthen investment case implementation. Nigeria presented their private sector innovation challenge as well as the country's BHCPF health insurance plan. Kenya described mechanisms for integrating the GFF process into existing country systems including health information systems. Cameroon discussed their development impact bond for Kangaroo Mother Care. Ethiopia discussed their country platform including the role of joint missions and alignment around a national plan (the Health Sector Transformation Plan) in implementing the GFF process. Tanzania outlined the country's direct health facility financing model, which sends funds directly to facilities. Uganda presented their approach to strong private sector engagement. Liberia presented the country's experiences with the health service contracting approach as well as the community health worker program which aims to improve health service access in remote communities.

4. Country Reflections and Group Work: Summarized Highlights

The workshop included daily group work sessions for the country to reflect on the session content in light of country priorities and needs. Focal topics in group work sessions included assessing IC priorities considering available funding, identifying the GFF value proposition in the country, reviewing the role of the country platform, outlining the link between the IC theory of change and the results framework, reviewing steps for improving IC monitoring, and outlining next steps based on the discussions. In group work sessions during the first day's countries used a tool which asked participants probing questions about the status of IC implementation across seven categories. These questions facilitated thought and discussion on implementation progress and the country's current needs. Countries then ranked their progress on each category, which generated a radar chart of scores across categories, allowing countries to visualize their strengths and weaknesses.

During these sessions countries then identified a variety of context-specific needs and activities to strengthen implementation of the RMNCAH-N investment case. Common themes included strengthening the country platform with a focus on the platform's use of data for decision making, improving the link between the investment case results framework and the theory of change, and improving resource tracking and mapping. Group work sessions paid close attention to the need to engage country leadership and the country platform in next steps.

Cameroon

Several important themes emerged from Cameroon's discussions, with a focus on data use to improve investment case implementation. These included the need for investment in systems and capacity to better integrate financial data into RMNCAH-N monitoring and to focus on the overall use of data for decision making at every level in the health system including by the country platform. This extends to the need to have an articulated strategy around implementation research within the investment case. This focus on data is seen as a key strategy for reinvigorating the country platform in the implementation phase, strengthening accountability, and contributing to improved health outcomes.

Ethiopia

In Ethiopia, the resource mapping of the Health Sector Transformation Plan (HSTP) is used for planning purposes based on budget information of both donors and FMOH. While expenditures of donors are collected, they are not analyzed for decision making or to monitor the funding flows of the HSTP. During the discussion on resource mapping/tracking, it was decided that GFF would add value by strengthening the existing resource mapping system and ensure that expenditures of donors are used and tracked with respect to HSTP priorities. Additionally, the GFF would also assess to which extent government expenditure data could be collected as part of the resource mapping exercise of the HSTP and map to HSTP priorities.

Kenya

The Kenya country team discussed how GFF is being operationalized in country and agreed that the use of country systems/mechanisms was the sustainable approach. The country is currently preparing the KHSSP III which identifies the priorities over the next five years. It is critical that there is one M&E system and that the RMNCAH investment framework M&E be aligned to the KHSSP II M&E framework. Already the country is monitoring the RMNCAH investment framework using the RMNCAH county scorecards to not only monitor performance but also to inform decisions on corrective action through the action tracker application of the scorecard. Given the devolved context in Kenya, DRM and health financing is a discussion that involves the county governments. Prioritizing health in budgets continues to be a challenge amongst multiple competing priorities. However, the GFF/IDA co-financed operation, Transforming Health Systems, and Danida's UHC program are incentivizing counties to allocate at least 20 percent of their budget to health.

Liberia

The Liberia team's robust discussions led to identifying three priority areas for improvements to implement the RMNCAH-N IC: strengthening the country platform, improving transparency and accountability, and increasing domestic resources mobilization (DRM). The team developed a stepwise action plan beginning with engagement of Ministry of health leadership followed by a workshop with key country stakeholders to strengthen the country platform. Steps to improve accountability and transparency include development of a monitoring and evaluation plan as well as a bi-annual review of health sector resources. Actions towards improved DRM involve regular and increased advocacy for including IC priorities in the national budget and increasing domestic resources towards health.

Nigeria

Key areas of discussion during Nigeria's country session include: reviving the country platform and aligning this to the current health financing platform to ensure the platform fits with the current governance structure and does not result in a parallel platform. Resource mapping was identified as an opportunity to show how current programs align with the IC as well as a way to engage civil society organizations and increase the number of financiers who align their investments to the IC. There is a need to clearly align the six main IC investment priorities and the M&E framework as well as to align these to the national plan. Greater efforts will be made to create a common understanding amongst in-country constituencies of the full scope of the investment case (North East, nutrition, and the Basic Health Care Provision Fund).

Tanzania

During the country team discussions, the Tanzanian delegation agreed that the Investment Priorities as laid out in One Plan II (Investment case) were still relevant to the country's strategic direction in addressing RMNCAH challenges. Despite this, the team noted several challenges with current implementation notably supply chain challenges and limited use of data for decision making. On a broader scale, there were difficulties monitoring the progress made as the country has little information on what funds were available to finance One Plan II and could not estimate the resource gap. In addition, new mechanisms such as Direct Health Facility Financing have been rolled out and the delegation felt this provided an opportunity to track resources from the bottom up and needed to be incorporated into One Plan II's monitoring mechanisms. Based on the above analysis, the team concluded that there was need to revisit and where possible re prioritize the implementation strategies that had been laid out: The MTR scheduled for end of 2018 was envisaged to help provide insight into progress as well as be used as an opportunity to revisit the investment case.

Uganda

Themes emerging from the discussion included the need to further strengthen the country platform by first undertaking an assessment of the country platform under the leadership of the Commissioner for Quality Assurance (assess the functionality of structures and make recommendations to SMC and HPAC). As part of reinvigorating the country platform, there is an urgent need for there to be an assessment of progress on Sharpened Plan implementation and more systematic, quarterly reporting on GFF progress to guide Country Platform dialogue. This includes the review of financial data and resource mapping to guide partner decisions on their alignment to the IC. Finally, these activities need to be supported by more robust communications including a newsletter, quarterly bulletin and partner communications to highlight how they can engage in the process. Emphasize that GFF is not a project but supports health system strengthening to enable effective and quality health services delivery (in particular RMNCAH).

5. Country Workshop: Participant Feedback

At the end of the GFF Country Implementation Workshop, participants were asked to provide feedback on the relevance and quality of the workshop's methodology and content. This feedback was provided through a questionnaire containing a Likert-like scale ranking satisfaction from one (i.e. "very dissatisfied") to five (i.e. "very satisfied") as well as qualitative questions requesting recommendations and suggestions for future learning events.

The overall response rate is 58.5 percent, representing 76 respondents out of 130 participants, excluding faculty members. The total average satisfaction score is 4.26, suggesting that the workshop generated positive learning experiences and outcomes. With regard to content, the frequency distribution of each criterion shows that participants were predominantly "very satisfied" or "satisfied" (c.f. Table 1): 85 percent of respondents deemed the workshop to be relevant or very relevant, and 85 percent and 80 percent respectively considered the knowledge shared to be useful/new or very useful/very new, applicable or very applicable. This high level of satisfaction is further emphasized by qualitative comments qualifying the workshop as "a great experience"; "a great learning platform"; "very useful"; and "well organized and worth conducting regularly". Other comments expressed satisfaction by saying "well done! Keep it up!" and "amazing job!"

Table 1: Frequency Distribution of Evaluated Criteria

Criteria	Very Satisfied (%)	Satisfied (%)	Neutral (%)	Dissatisfied (%)	Very Dissatisfied (%)	No Response (%)
Relevance for operationalization	58	25	12	1	0	4
Extent to which information is new/useful	34	51	12	1.5	1.5	0
Applicability of the information acquired	30	50	15	4	1	0
Extent to which the content matched announced objectives	41	43	13	0	1.5	1.5
Usefulness of group work	53	36	6.5	3	0	1.5

In terms of methodology, survey findings show that respondents widely appreciated (i.e. 89 percent) group sessions, qualifying them as "incredibly useful" and a "good avenue to foster cross-country learning". In contrast, qualitative comments suggest that plenary sessions were considered "too long" and "too theoretical", with many respondents recommending more "interactive and practical methods" that promote cross country exchanges. This suggests the need to strike a better balance between plenary and group sessions as well as between theory and practice. In the same vein, participants also proposed reducing the length of the workshop, from five to three days, to avoid "loosing people's focus and momentum".

A sub-group analysis indicates that MOH and MOH representatives had the highest level of satisfaction (particularly research coordinators and health financing focal points 4.6/5) together with representatives of CSO 4.6/5) while other partners scored the workshop slightly lower (UN: 4.12/5, donor representatives: 3.9/5, and World Bank Task Team Leaders: 3.8/5). Donor representatives provided particularly low scores for the applicability of the knowledge acquired (3.5), considering content to be "too abstract" and not sufficiently grounded in country experiences. One World Bank Task Team Leader recommended "reducing the number of theoretical presentations" and "encouraging more country discussions focused on practical experience".

Participants – across all sub-groups – stressed the importance of strengthening continuous and sustainable learning through further joint learning opportunities, including south-south cooperation modalities. More specifically, participants listed four critical learning and capacity building priorities to support the operationalization of the GFF approach at country level, namely the organization of regular online seminars; the organization of study tours in GFF-supported countries; the documentation of country experiences and the regular planning of technical workshops.

Agenda:

Sunday, September 16, 2018	
5:30 – 7:30pm	Welcome Reception
Monday, September 17, 2018	
8:00-8:30am	Registration
8:30-10:30am	– Opening – GFF 101 and Lessons Learned – Investment Case and the prioritization for funding
10:30-11:00am	Coffee/Tea break
11:00-12:30pm	The role of the Investment Case in Domestic Resource Mobilization
12:30-1:30pm	Lunch break
1:30-3:00pm	Implementation guidelines
3:00-3:30pm	Coffee/Tea break
3:30-5:00pm	Country group work – i) What to improve/address - Mid Term Review as a tool ii) Feedback on the GFF Implementation guidelines
Tuesday, September 18, 2018	
9:00-10:30am	Monitoring resource and results for improved health and nutrition outcomes
10:30-11:00am	Coffee/Tea break
11:00-12:30pm	Implementation of the investment case (IC) from the funding perspective
12:30-1:30pm	Lunch break
1:30-3:00pm	The opportunity of Delivery Science/Implementation Research (DeSIRe) to improve GFF results
3:00-3:30pm	Coffee/Tea break
3:30-5:00pm	Country group work- Operationalizing the value proposition/TOC in country
Wednesday, September 19, 2018	
9:00-10:30am	Opportunities for private sector to help operationalize the GFF value proposition in country
10:30-11:00am	Coffee/Tea break
11:00-12:30pm	Closing session – Country reflections
12:30-12:45	Group photo- location TBD
12:45-1:30pm	Lunch break
1:00-3:00pm	Investment case results framework (RMNCAH-N outcomes and impact)
3:00-3:30pm	Coffee/Tea break
3:30-5:00pm	Country work group – Results framework and theory of change
Thursday, September 20, 2018	
8:45-10:00am	Monitoring the RNMCAH-N Investment Case and health financing reforms 2: Feasibility and alignment with national systems & Data use and decision making
10:00-10:30am	Coffee/tea break
10:30-12:00	Country group work 2 – Feasibility of monitoring the value proposition/TOC and its corresponding results framework and Improving the use of data for decision making at all levels
12:00-1:00pm	Lunch

1:00-2:30pm	Resource mapping and expenditure tracking
2:30-3:00pm	Coffee/Tea break
3:00-4:30pm	The role of DeSIRe in the Investment Case and Theory of Change
4:30pm	Dinner- The Slipway
Friday, September 21, 2018	
9:00-10:30am	Plenary- feedback
10:30-11:00am	Coffee/Tea break
11:00-12:30	Country group work
12:30-1:30pm	Lunch
1:30-3:00pm	Sharing country experiences
3:00-3:30pm	Evaluation and closure
3:30-4:00pm	Coffee/Tea break