

GLOBAL FINANCING FACILITY INVESTORS GROUP MEETING MINUTES

September 28th 2015

Introduction and Approval of the Agenda (GFF/IG1/1)

1. The First Meeting of the Investors Group (IG) of the Global Financing Facility (GFF) took place on 28th September 2015 in New York. The meeting was opened by Dr. Timothy Evans, Senior Director, Health, Nutrition and Population Global Practice, World Bank, who invited Dr. Babatunde Osotimehin, Executive Director of UNFPA to welcome everyone to the UNFPA premises.
2. Dr. Osotimehin noted the ambition of the recently agreed Sustainable Development Goals (SDGs) and their transformative potential. He emphasized the broad ownership given that Member States themselves had put together the Agenda, and that it was vital to bring in additional resources through initiatives such as the GFF to ensure implementation of the SDGs.
3. Dr. Evans thanked Dr. Osotimehin for hosting the meeting and noted his satisfaction that after over a year of discussion, consultation and working intensely together, the first GFF Investors Group meeting was taking place. He noted that the Toronto Summit on Maternal, Newborn and Child Health hosted by Canada in May last year had demonstrated convergence around the push to end maternal and child mortality, and the need for improved organization and new resources to bridge the current financing gap. He noted that the GFF focuses on three dimensions of the financing challenge – smart interventions and delivery with good value for money; transformative and scaled approaches to reach those in need, which cannot be done without new resources; and sustainable financing that mobilizes domestic resources while requiring all partners to come together and align missions to ensure success. Dr. Evans stressed the need to explore ways to increase and sustain domestic financing for health with complementary regional and global funding. He noted that the front-runner experiences tabled on the agenda would help inform further implementation, and that the papers on quality assurance and technical assistance would

be critical complements to the GFF Investment Case and health financing strategies. The need to have clear messaging to manage country demand for inclusion in the GFF process was highlighted. Dr Evans emphasized the broader linkage of GFF to the EWEC Global Strategy 2.0. It was noted that the day's discussion would include issues of alignment, integration around country platforms, lessons learnt from country level (including on partnerships), and effective coordination at the global level. He noted that from a World Bank perspective communication could be improved and he committed to ensuring a more collaborative process with clearer communication, clarity on co-financing, sharing of credit for achievements, and ensuring no partner efforts are overlooked.

4. Dr. Evans reviewed the agenda, and received requests for discussion on country platforms and integration of Investment Cases and health financing strategies. Dr. Evans noted that these items should be part of the day's discussions under the existing agenda. He explained that all decisions taken would be captured in a Chair's Summary that would be agreed upon by the end of the day. The agenda was then adopted.

Investors Group Operations (GFF/IG1/3)

5. The first item for consideration was the Governance Document of the Investors Group (document GFF/IG1/3: Governance Document for The Global Financing Facility in Support of Every Woman Every Child). Dr. Evans noted that the document had been circulated to the Pre-Investors Group and had been previously discussed. He requested that after the meeting members should please confirm the final member name and alternate.
6. Dr. Evans also noted one change that was requested that was not reflected in the version that was circulated namely on page 5 of the document under *Composition of the Investor's Group* the bullet has been corrected to read:
"Five members from public sector financiers with a priority given to either those that contribute to the GFF Trust Fund or those that align their resources at country level".
7. Discussion around the governance document included requests to:
 - a. provide a conflict of interest policy for the Investors Group;
 - b. provide greater clarity on the respective roles of the GFF Trust Fund and broader facility

- including the relationship between the Investors Group and the Trust Fund Committee;
- c. explain the connection between the global GFF Trust Fund governance and country-level GFF Trust Funds, including guidance on process and accountability;
 - d. make explicit the support of the Secretariat to the Investors Group and note the importance and practicality of a single GFF secretariat to support both the Investors Group and the Trust Fund Committee in order to reduce fragmentation and inefficient coordination, it was noted that secondments from partners will help build ownership of the Secretariat by the broader partnership;
 - e. include details on the linkage to the EWE Global Strategy 2.0, and the interface with EWE, H4+ partners and PMNCH; provide clarity on the role of Investors Group in country selection;
 - f. provide guidance on the skill set needed for representation on the Investors Group and the Trust Fund Committee;
 - g. ensure that the need for resource allocation decisions with regard to the GFF Trust Fund to remain under purview of the Trust Fund Committee was well understood;
 - h. ensure clarity on the role of the IG in resource mobilization and the distinction between 'existing' and 'new' sources of financing, including the IG role in resource tracking;
 - i. contain clear reference to the role of the IG in bringing about better alignment of investments and financing flows.
 - j. Ensure that the operating methods make increased use of French and Portuguese translations for GFF documents as necessary.
8. Multiple interventions focused on the need to learn by doing and for the governance document to be a living document, adapting as the GFF evolves. There were also requests for more communications tools to enable the IG members to communicate consistently and with one voice.
9. Dr. Evans summarized the discussion and noted that Investors Group representatives must focus on the big picture and provide leadership on these global issues. The key will be to hold the Group responsible for reporting back to stakeholders to answer the question: what have you, as the Investors Group members, done to address issues such as bridging the financing gap and providing effective stewardship? The IG must be responsive, accountable and nimble in fulfilling its mandate. The key will be ensuring that all partners are able to contribute and that it is a true

partnership focused on progress and results.

- 10. Chair's conclusion and next steps: there was agreement to move forward on the understanding that the governance document is a living document that will be adapted to reflect these discussions and will continue to be revised based on feedback from the IG as well as lessons learned during implementation of the GFF process in the spirit of learning by doing.**

Selection of the Chair

11. Dr. Evans then invited members to make a proposal on the selection of the Chair of the Investors Group. Dr. Tore Godal proposed that Ms. Diane Jacovella, Assistant Deputy Minister, Foreign Affairs, Trade and Development, Canada, lead the Group for the first year. Dr. Ariel Pablos-Mendez seconded this proposal, and Ms. Jacovella was selected by acclamation. Dr. Evans welcomed Ms. Jacovella to the new role and invited her to address the Group.
12. Ms. Jacovella thanked the group for their confidence and noted the opportunity to make a difference with GFF, and the need to promote it as a jointly owned initiative among partners. She thanked the World Bank for its leadership and role in creating the partnership. She emphasized the need to recruit non-traditional donors including private sector to bring in additional resources.

Communication and Coordination

13. Ms. Jacovella noted that she wished to start right away by addressing the issue of communication flow and coordination of activities of the GFF that had been raised on several of the Pre-Investors Group calls and exchanges. She framed the challenges as:
- Communication/coordination between partners - both globally and locally
 - Communication with countries on behalf of GFF
 - Communication between Global HQs and Country level staff
 - Communication/coordination with stakeholders not involved in deliberations.
14. The Chair noted the important role of the IG to bring new financiers to the table and the importance of tailoring communication to those that do not speak 'development' language. She asked for feedback on how the GFF can improve communication and coordination.

15. The Investors Group made the following suggestions, which the Chair committed to taking forward with the Secretariat. The Group discussed the need for:

- a. clear messaging on GFF;
- b. greater alignment amongst partners as well as countries (those receiving GFF funds or complementary financing from partners) to set clear expectations;
- c. ensuring communication with related programs like the Global Fund and Gavi, civil society;
- d. customization of communications to different audiences;
- e. standardization of the communication protocol to be followed when a country is selected;
- f. communication with countries that are not frontrunner or in the second wave;
- g. communication to potential new financiers, particularly non-traditional ones;
- h. clarity on what would be reported in an Annual Report which captures GFF results;
- i. monitoring of progress and accountability amongst partners.

16. The Chair encouraged the Group throughout the day to note any issues that should be added to the agenda for future meetings in order to plan upcoming deliberations.

17. Chair's conclusion and next steps: It was agreed that the Chair would work with the Secretariat to put together some proposals to improve communication and coordination. The IG will be provided with basic communications tools, like a Q&A and a key message sheet, to facilitate their advocacy for the GFF. Reporting content and timelines need to be decided, such as for the Annual Report. The Secretariat will frame the issues and reach out to members for engagement on how to make progress in this area.

Country focus: Kenya

18. The Chair introduced Dr. Ruth Kagia, Special Advisor to the President of Kenya and Dr. G.N.V Ramana, Lead Health Specialist from the World Bank office in Nairobi, to present the situation in Kenya, one of the GFF front-runner countries.

19. Dr. Kagia presented the Kenya Investment Framework and health financing strategy, noting in particular the strong partnership at country level with a range of stakeholders, strong government

and presidential leadership, and the discovery of new natural resources in the country that enabled acceleration of change in neglected regions. She also highlighted some of the challenges in the Kenyan context, including high maternal mortality rates, underlying broader complex social and structural issues, and the devolution that placed health under the purview of counties.

20. The ensuing discussion included an emphasis on the link between the Investment Case and health financing strategy, with the concern that a fragmentation between the two impacted potential prioritization of resources; the importance of Ministry of Finance involvement in the process; the financing trajectory and macro context of overall health financing; and innovation and private sector role in achieving health goals.
21. The IG suggested that presentations on countries focus particularly on financing issues, including addressing a common set of topics such as the macroeconomic trends and the impact of fiscal space, and the shifting sources of financing over time to help contextualize the discussions on financing priorities and identification of gaps. The need to link the theory of change to the financing priorities was noted. Elaborating on what a country did differently in terms of the Investment Case because of the GFF was also identified as important going forward.

Country status update:

22. The Chair then requested Dr. Kesete-birhan Admasu, Minister of Health of Ethiopia to provide a brief update on the GFF activities in Ethiopia. Dr. Admasu explained the Health Sector Transformation Plan that Ethiopia has put in place with ambitious goals that include a large RMNCAYH component as well as addressing cross-sectoral concerns and issues of quality and equity. It includes a section on resource mobilization that addresses the need for more domestic resourcing and Dr Admasu noted an ongoing discussion with the Minister of Finance on health financing.
23. The Chair then invited Dr Monique Vledder, Program Manager GFF to give a brief explanation of the country update tool that was shared with the Investors Group in which the progress in countries will be captured and shared with partners. Dr. Vledder also gave an update on the status of the second wave countries noting that discussions were at a very early stage. She mentioned that an online platform for sharing information on country progress was being

established in a manner that would allow a collaborative approach to country updates. She also explained the plans for a workshop to be hosted by Kenya for the front-runner countries to exchange experiences with the second wave.

24. The Chair noted that she would be sending a letter to the second wave countries explaining the GFF process that will clarify next steps for them. The Secretariat is preparing this letter, which will be shared with the Technical Working group for comment.

Monitoring Resource Flows for RMNCAH and Universal Health Coverage

25. The Chair introduced Christoph Kurowski, Global Solutions Lead on Health Financing at the World Bank, to present GFF/IG1/6, Monitoring Resource Flows for RMNCAH and Universal Health Coverage¹.

26. The Investors Group discussed:

- a. using prioritized investment cases to avoid gaps between programmatic activities and available financial resources and the need for the IG to focus on increasing the financial envelope and the fiscal space in country;
- b. entry points and mechanisms for non- Trust Fund countries;
- c. the need for more data collection and greater analysis of financing flows was raised with Kenya and Ethiopia noting their use of IFMIS to track flows;
- d. the need for the GFF additionality in increasing domestic financing longer term, and increased ODA in the medium term through IG partners;
- e. the importance of monitoring whether international financing is substituting for domestic resources;
- f. the positive trend of country governments using more efficient electronic financial systems to reconcile accounts and improve transparency.;
- g. the need to develop a set of performance indicators that would look at the financing strategies of smart, scalable and sustained to give the IG an actionable basis for discussion.

¹ All presentations to the Investors Group will be available to members on a private site.

27. The discussion also included a broader conversation about the importance of resource mobilization for both the GFF Trust Fund and for the entire facility. The need to identify new sources of financing was highlighted as part of this, including using innovative financing mechanisms to match greater ambitions of new financing (including bonds and IBRD buy-downs for TF and non-TF countries). A question was raised in this context about whether the GFF Trust Fund allocation amounts were large enough to incentivize countries to drive large-scale change. The potential for greater private sector participation to drive innovation and efficiency was also raised.

28. Chair's conclusion and next steps: the Chair noted that this will be a regular agenda item and that the suggestion to develop a subset of indicators on financing was welcomed and would be the basis for discussions at future meetings. She also requested a Resource Mobilization strategy for the GFF to be shared with the IG at the next meeting.

Technical Working Group Reports: Quality Assurance and Technical Assistance

29. The Chair thanked the TWG for their work over the past months and asked Mikael Ostergren, Programme Manager, World Health Organization, who has been chairing the Technical Working Group (TWG), to introduce the work of the TWG and explain how they had gone about their tasks. The Chair noted that the Secretariat had also circulated the draft paper on Country Platforms but that paper would be discussed at the next IG meeting as further consultations are planned on it. Dr. Ostergren then gave the group a brief update on the TWG work to date. He noted the consultations had focused primarily on the areas of technical assistance and quality assurance and that the paper on country platforms needed to be part of a broader consultation with countries and would be informed by the November workshop with frontrunner and second wave countries.

30. The Chair then asked Mickey Chopra, the Lead Service Delivery Specialist at the World Bank, to present the group's findings and recommendations on Quality Assurance (QA), GFF/IG1/7.

31. The IG discussed various aspects of the QA presentation, including:

- a. the importance of taking a bottom-up approach (which would also allow sub-national perspectives) and ensuring country choice in selection of partners for QA;

- b. using south-south workshops to gain more country input on experience with QA and QA modalities;
- c. defining core benchmarks for countries to include in their analytics;
- d. developing QA for implementation to broaden the focus of the existing work on the development of the Investment Case;
- e. the value of developing a common definition of quality as a key starting point for the conversation;
- f. potential linkage between QA and technical assistance work;
- g. the importance of independent verification of prioritization at the local level for validated decision-making.

32. The Chair then asked Dr. Ostergren to introduce the paper on Technical Assistance (TA) GFF/IG1/8 through a brief presentation.

33. Investors Group discussed the fact that the TA paper's approach of setting up a global platform is not aligned with the country-led, demand-driven approach of the GFF. The IG:

- a. raised concerns regarding the approach which both does not adequately reflect the fact that countries are now increasingly sophisticated and able to identify the expertise that they require, and is a high-cost approach;
- b. emphasized the merits of a demand-driven approach to allow countries to select the technical experts of their choice;
- c. suggested that the inclusion of an equity focus for the TA process should be considered;
- d. raised questions about the funding for TA for non-TF countries;
- e. emphasized the need to improve coordination of international TA through a light-touch approach (rather than a new global structure).

34. Chair's conclusion and next steps: both QA and TA need a bottom-up, country-focused approach. For QA, the most important next step is developing agreement on what is meant by a "quality" Investment Case, and the November workshop can be used to consult on the draft methodology for defining the content of the investment case. For TA, the upcoming November workshop will also be important, as it can be used to consult countries about what their needs

are. It is also important that a consolidated approach be developed across all three topics (quality assurance, technical assistance and country platform).

Chair's Summary and High Level Calendar

35. The Chair summarized the proceedings noting that the Secretariat would consult on potential dates for the next meeting. She noted that an update on CRVS would be provided at that time. The Chair noted the TWG's mandate will come to an end by the next meeting and the IG will have to consider what mechanisms will be needed to ensure good exchanges and partnership on issues so they can be well prepared for consideration by the Investors Group. She encouraged the Secretariat to reach out to members of IG for engagement on some of the issues that needed further work, noting that other partners can lead on issues as well.
36. The Chair made a proposal for a two-day retreat in February to consider the very weighty agenda. She emphasized the importance of the principals continuing to participate in the IG and asked the secretariat to consider aligning future IG meetings around other major partner events for ease of coordination, noting that members had different priorities and different commitments. In closing the meeting, she thanked the Group for the constructive tone of the discussions and looked forward to the continuing partnership.

Annex 1: GFF FIRST INVESTORS GROUP MEETING: FOLLOW UP

Agenda Item	Issue /Tasks	Lead	Deliverable	Deadline
IG Operations: Governance	TOR for the IG is a living document and needs review after 1 year of operations	Chair	Revised version of Governance Document developed for consideration in 2016	Discussion at IG in October 2016
GFF approach to all eligible countries	How will the GFF as a facility support countries that are currently not receiving trust fund financing?	Norway	Concept paper	Discussion at IG2
IG Operations: Governance	Draft Conflict of Interest Policy	Secretariat	Draft for circulation and comment	30 November (first circulation) Final revision for circulation for IG2
IG Operations: Communication and Coordination	Communication Strategy and Tools	Consultant to develop draft in consultation with IG;	Draft Strategy for circulation and comment; Existing tools will be circulated	Mid December (first circulation) Final revision for circulation for IG2
Monitoring Resource Flows	Which data will be collected to monitor country progress	Gavi, Global Fund, WB, Gates	One example for discussion in February	Circulation for IG2
Resource Mobilization Strategy	Propose high level strategy for fund-raising for the broader GFF	Secretariat in consultation with IG	RM Strategy	Draft for circulation for IG2
Private Sector Strategy	Map opportunities for private sector engagement	Follow up from existing private sector task team	Private Sector Engagement work program	Draft for circulation for IG2
Quality Assurance	Consultation with countries at November workshop	TWG	Guidance for countries integrated into guidance notes	Update to IG in February
Technical Assistance				
Country Platform				
High Level Calendar	Set dates and agenda for next meeting Item for preparation: GFF in Humanitarian and Fragile States	UNFPA	Logistics, Agenda in place for IG2 Concept Paper for discussion	End November 2015 Draft for circulation for IG2

Annex 2: AGENDA OF FIRST INVESTORS GROUP MEETING

Global Financing Facility in Support of Every Woman Every Child
First Investors Group Meeting Agenda

Meeting Objectives:

- Align partners around GFF Investor's Group role and process
- Review and agree GFF governance modalities
- Consider updates on frontrunner countries and emerging issues
- Review progress on technical guidance for GFF programs
- Consideration of key financing issues for GFF

Time	Agenda Item	Objective	Document	Presenter	Action
9.00 - 9.30	Introduction: 1. GFF Vision 1. Review of the Agenda	Align expectations	Agenda (GFF/IG1/1)	Tim Evans	
9.30 -10.30	Investors Group Operations: 1. Review of Terms of Reference 2. Selection of Chair	Approval of TOR Selection of leadership	Governance Document (GFF/IG1/3)	Tim Evans/ Chair	<u>For Decision</u>
10.30 -10.45	Coffee Break				
10.45 – 11.15	Investors Group Operations: 3. Communication and Coordination	Alignment on Working Methods		Chair	<u>For Discussion</u>

Time	Agenda Item	Objective	Document	Presenter	Action
11.15 - 12.45	Country Focus: 1. Front runner: Kenya 2. Brief Country Status Update	Update on progress; Initial challenges and lessons Review of status of implementation and preparation for next wave	Kenya Investment Case (GFF/IG1/Background 1) Country Updates (GFF/IG1/4)	Ruth Kagia Dr Kesete-birhan Amasu/Secretariat	For Discussion
12.45 - 1.30	Lunch				
1.30- 2.15	Key Issues in Financing RMNCAH: - Tracking resource flows	Identify Issues for further examination	Monitoring Resource Flows for RMNCAH and for UHC (GFF/IG1/6)	Christoph Kurowski	For Discussion
2.15 – 4.00	Technical Working Group Updates: 1. Quality Assurance 2. Technical Assistance	Review WG papers and discuss	Quality Assurance (GFF/IG1/7) Technical Assistance (GFF/IG1/8)	Mikael Ostergren Mickey Chopra Mikael Ostergren	For Decision
4.00-4.30	Coffee Break				
4.30 - 5.00PM	Summary of Decisions and Annual Calendar Closing	Review of priority agenda items for next year Overview of Day's Discussion	Annual Calendar (GFF/IG1/5)	Chair	For Decision

Annex 3: PARTICIPANTS LIST

Investors Group First Meeting Participant's List

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Global Financing Facility in Support of Every Woman Every Child First Investors Group Meeting Agenda

Meeting Objectives:

- Align partners around GFF Investor's Group role and process
- Review and agree GFF governance modalities
- Consider updates on frontrunner countries and emerging issues
- Review progress on technical guidance for GFF programs
- Consideration of key financing issues for GFF

Time	Agenda Item	Objective	Document	Presenter	Action
9.00 - 9.30	Introduction: - GFF Vision - Review of the Agenda	Align expectations	Agenda (GFF/IG1/1)	Tim Evans	
9.30 -10.30	Investors Group Operations: 1. Review of Terms of Reference 2. Selection of Chair	Approval of TOR Selection of leadership	Governance Document (GFF/IG1/3)	Tim Evans/ Chair	<u>For Decision</u>
10.30 -10.45	Coffee Break				
10.45 – 11.15	Investors Group Operations: 3. Communication and Coordination	Alignment on Working Methods		Chair	<u>For Discussion</u>

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11.15 - 12.45	Country Focus: 1. Front runner: Kenya 2. Brief Country Status Update	Update on progress; Initial challenges and lessons Review of status of implementation and preparation for next wave	Kenya Investment Case (GFF/IG1/Background 1) Country Updates (GFF/IG1/4)	Ruth Kagia Dr Kesete-birhan Amasu/Secretariat	For Discussion
12.45 - 1.30	Lunch				
1.30- 2.15	Key Issues in Financing RMNCAH: - Tracking resource flows	Identify Issues for further examination	Monitoring Resource Flows for RMNCAH and for UHC (GFF/IG1/6)	Christoph Kurowski	For Discussion
2.15 – 4.00	Technical Working Group Updates: 1. Quality Assurance 2. Technical Assistance	Review WG papers and discuss	Quality Assurance (GFF/IG1/7) Technical Assistance (GFF/IG1/8)	Mikael Ostergren Mickey Chopra Mikael Ostergren	For Decision
4.00-4.30	Coffee Break				
4.30 - 5.00PM	Summary of Decisions and Annual Calendar Closing	Review of priority agenda items for next year Overview of Day's Discussion	Annual Calendar (GFF/IG1/5)	Chair	For Decision

GLOBAL FINANCING FACILITY



Global Financing Facility in support of *Every Woman Every Child*

1st meeting of the GFF Investors Group, 28 September 2015

Agenda

- Introduction
- Investors Group Operations
 - Review of Terms of Reference
 - Selection of Investors Group Chair
 - Communication and coordination
- Country Focus
 - Front runner: Kenya
 - Country status updates
- Monitoring Progress toward Sustainable Health Financing
- Technical Working Group Updates
 - Quality Assurance
 - Technical Assistance
- Summary of decisions and Annual Calendar

GLOBAL FINANCING FACILITY



Global Financing Facility in support of *Every Woman Every Child*

Communication and Coordination

1st meeting of the GFF Investors Group, 28 September 2015

Communication and coordination challenges:

- Communication/coordination between partners
- Communication with countries on behalf of GFF
- Communication between global HQ and country level staff
- Communication/coordination with stakeholders not involved in deliberations

GLOBAL FINANCING FACILITY



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GFF/IG1/4: Country Update Tool
1st meeting of the GFF Investors Group, 28 September 2015

GFF country update tool

- Online folders with shared editing access for country teams and partners
 - Includes Investment Cases and health financing strategies (where available) – a link will be provided
- Standard information for all countries:
 - Investment Case:
 - Timeline
 - Process (including participants)
 - Content (situation analysis, key programmatic areas, key equity considerations, CRVS and multi-sectoral elements, key expected results)
 - Financing of the Investment Case (resource mapping and costing, partner financing, IDA/IBRD commitments, GFF Trust Fund commitment)
 - Emerging lessons
 - Health financing strategy:
 - Timeline
 - Process (including participants)
 - Content (scope, strategic approach, fiscal impact and sustainability, key equity considerations, implementation approach, key expected results)
 - Emerging lessons

GLOBAL FINANCING FACILITY



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GFF/IG1/6: Monitoring Progress toward Sustainable Health Financing
1st meeting of the GFF Investors Group, 28 September 2015

Objective:

Explore issues of monitoring progress toward sustainable health financing in GFF countries

Outline:

- GFF commitment, approach, and issues
- Rationale for progress monitoring
- Issues in progress monitoring
- Proposed way forward

- Help countries develop and implement strategies to build sustainable health financing systems and thus attain their health financing goals
- Scope: Health sector-wide
- Timeframe: through 2030

Kenya health financing goals

- To ensure that sufficient funding is available to cover health care necessary to achieve UHC,
- To deliver an affordable, uniform and locally appropriate essential package of services;
- To increase access to financial risk protection;
- To promote efficient allocation and use of resources;
- To ensure the best possible quality of health care;
- To develop a robust health financing governance and regulatory framework.

Health financing issues in GFF countries

Increasing domestic resources for health

- Improving tax collection
- Engaging the private sector
- Ensuring additionality of DAH
- Expanding prepaid financing
- Prioritizing health

Improving coordination of DAH

- Better aligning assistance with national health priorities
- Reducing reliance on DAH
- Ensuring financial and institutional sustainability of externally funded programs

Improving efficiency

- Allocating resources based on need
- Improving budget execution
- Incentivizing providers for improved performance

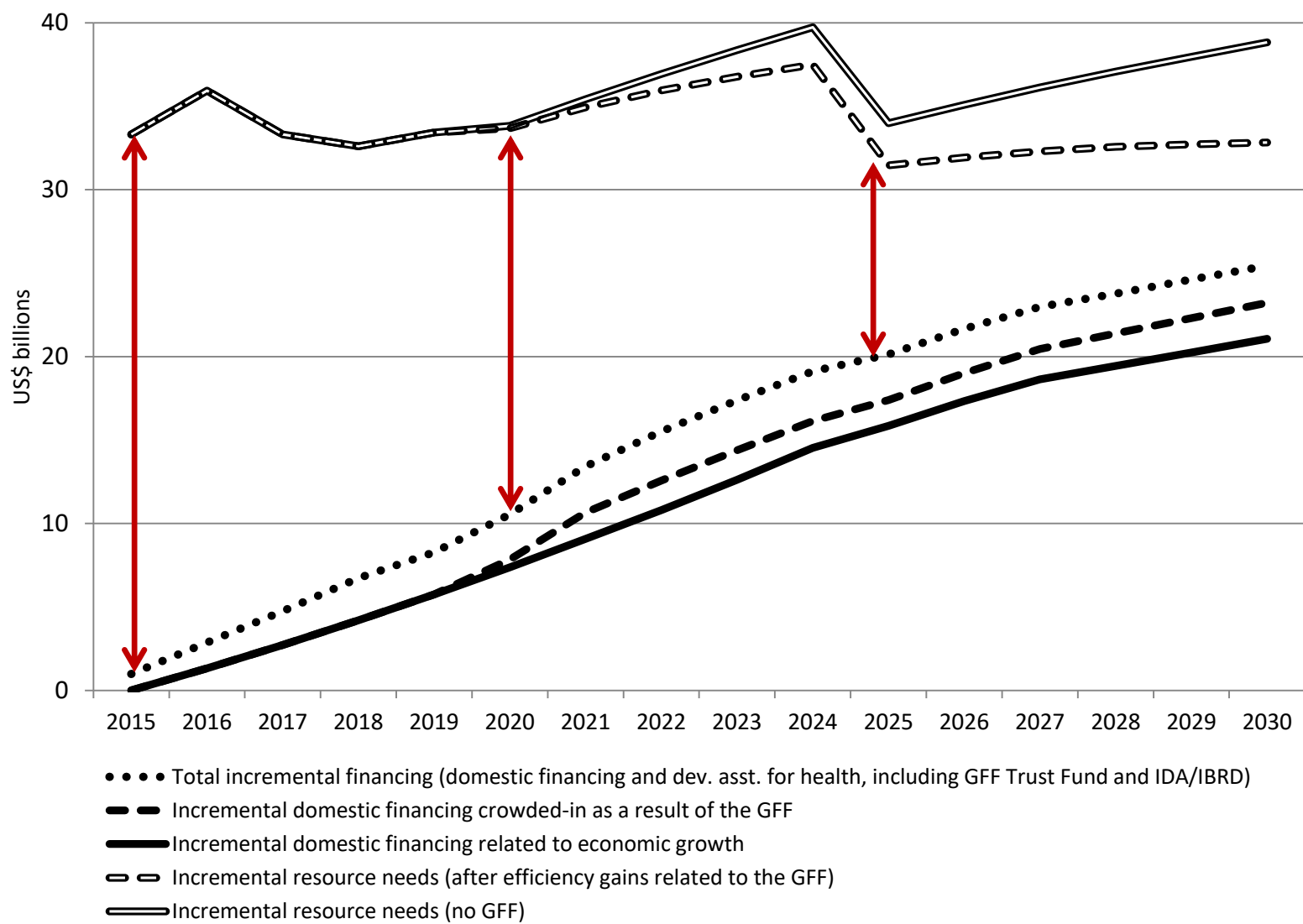
Reducing inequalities

- Cross-subsidizing/redistributing resources across administrative/geographic regions and populations
- Reaching marginalized and vulnerable groups

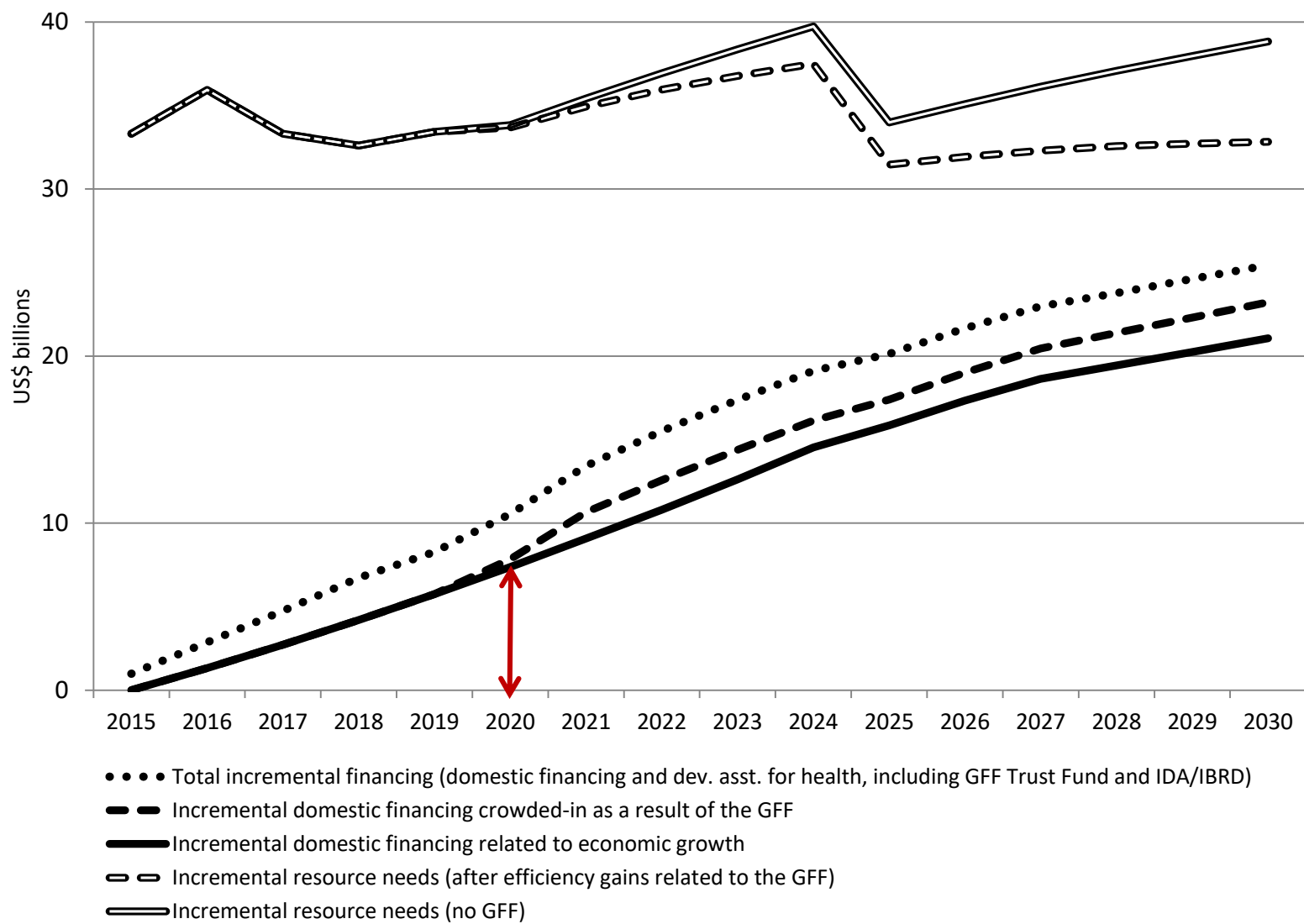
Being able to monitor progress of in tackling these issues can:

- Inform governments' strategic planning and long term investment decisions;
- Inform donor's investment decisions; and
- Improve accountability of governments and donors alike.

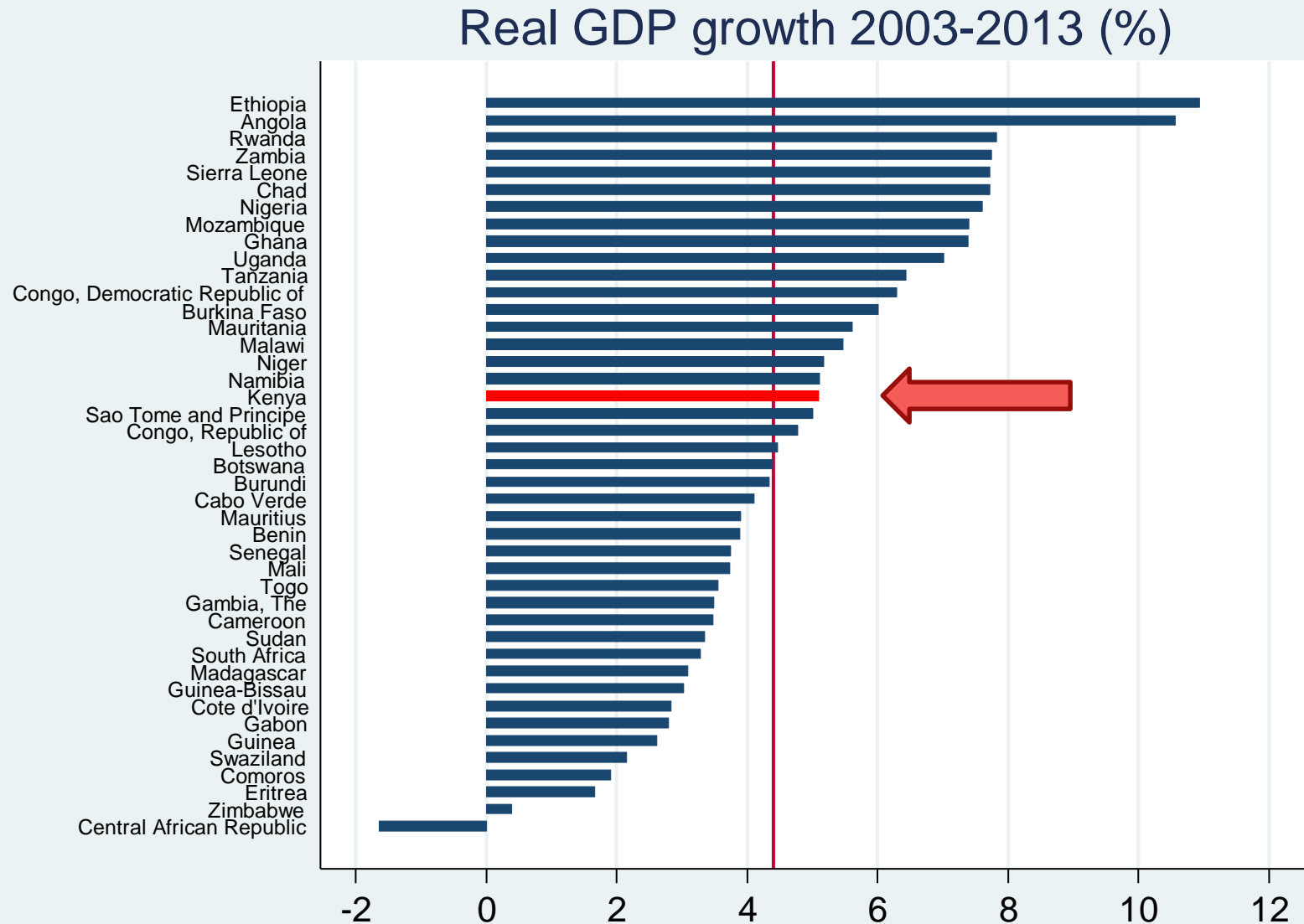
RMNCAH gap



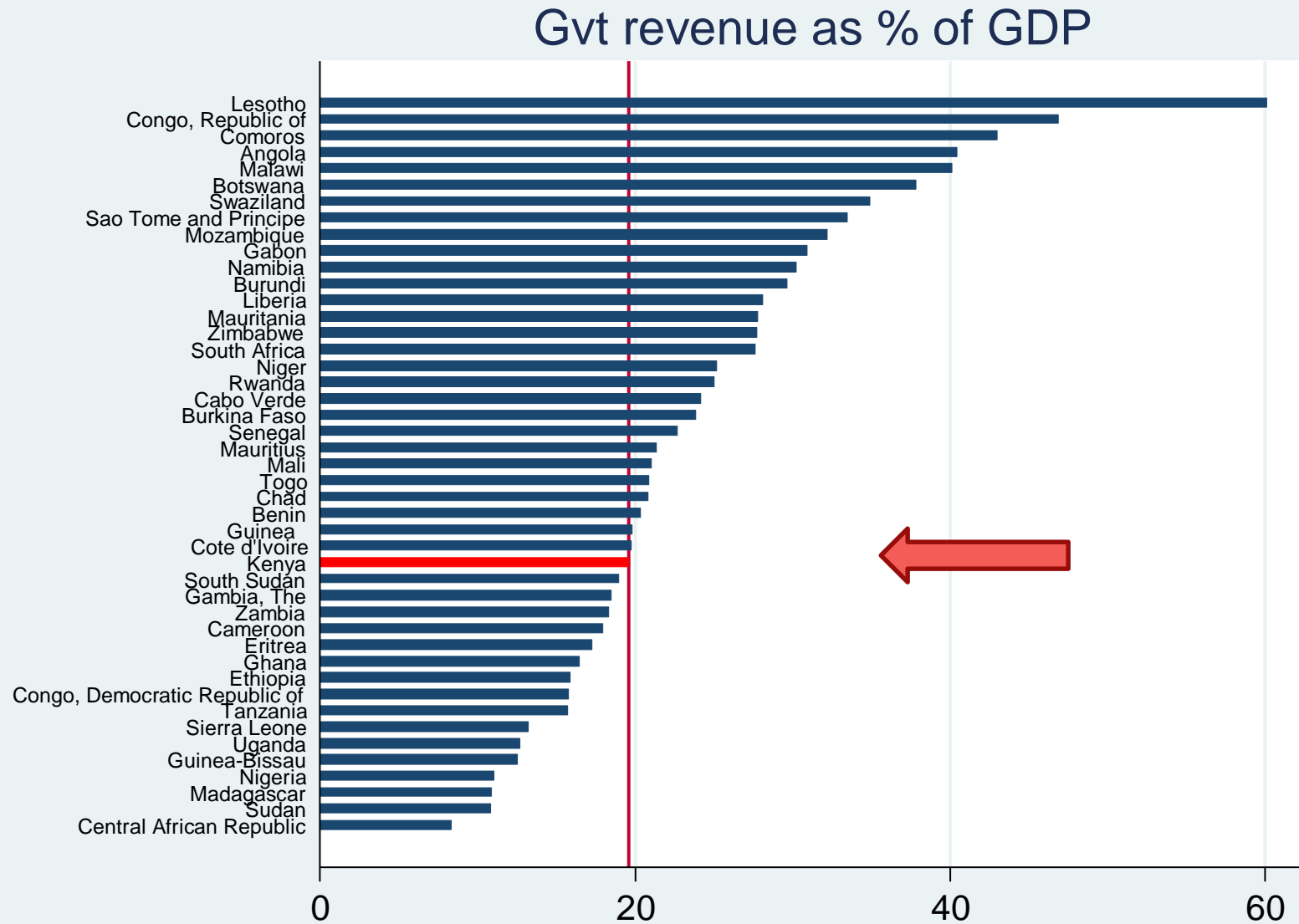
RMNCAH gap



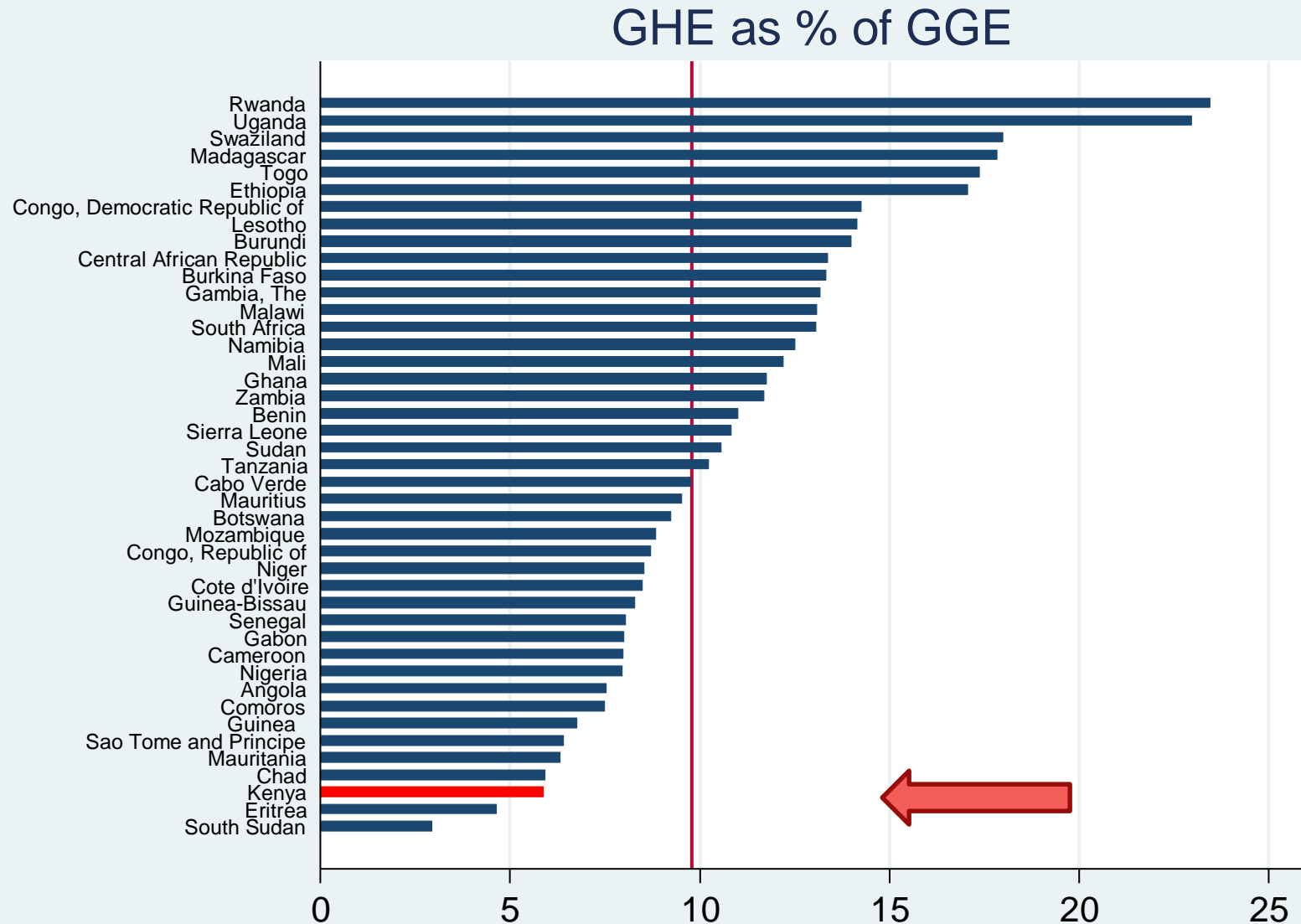
Kenya: Above median growth over the past decade ...



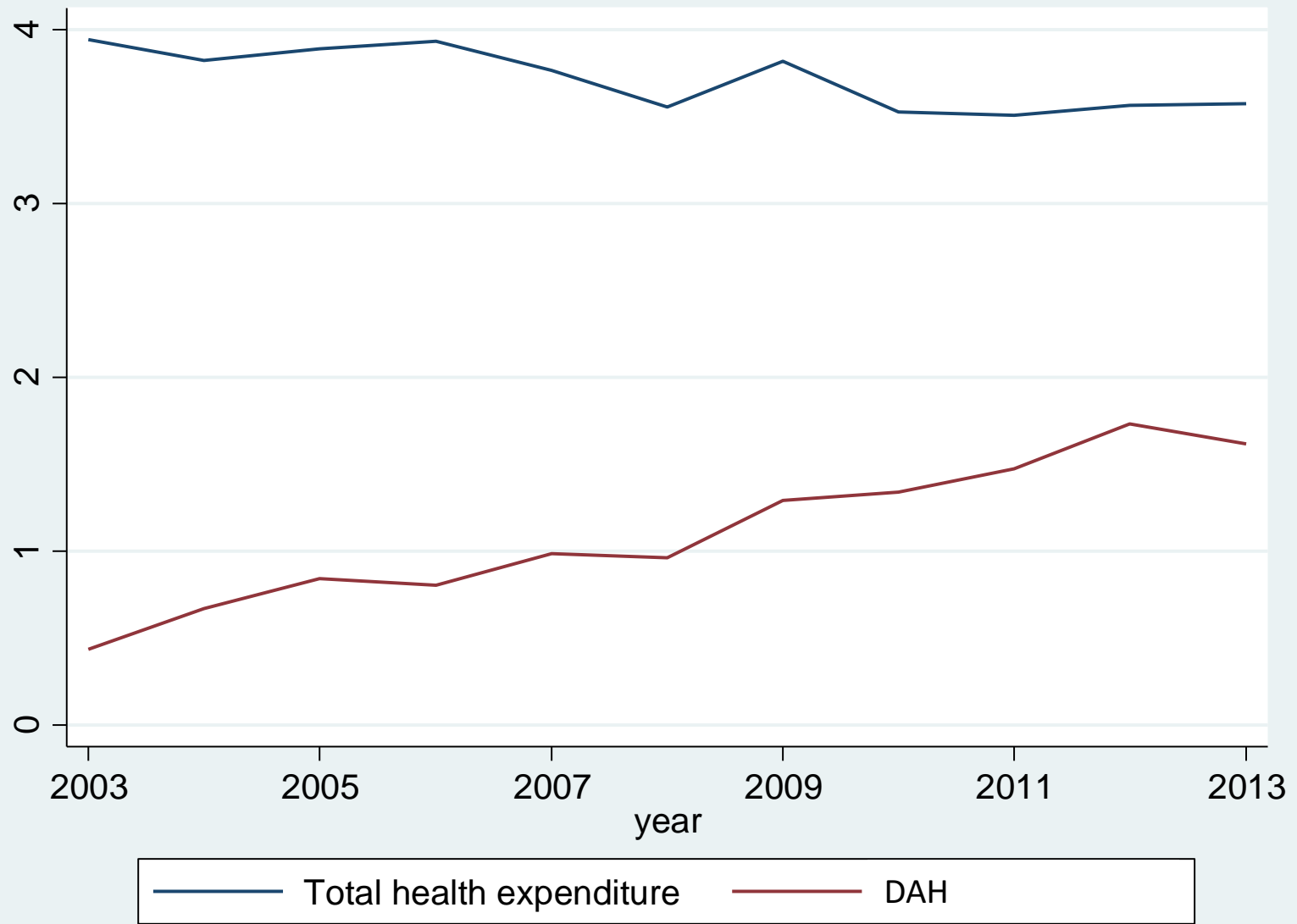
... and revenue raising capacity on par with median for SSA region ...



... but very low prioritization of health ...



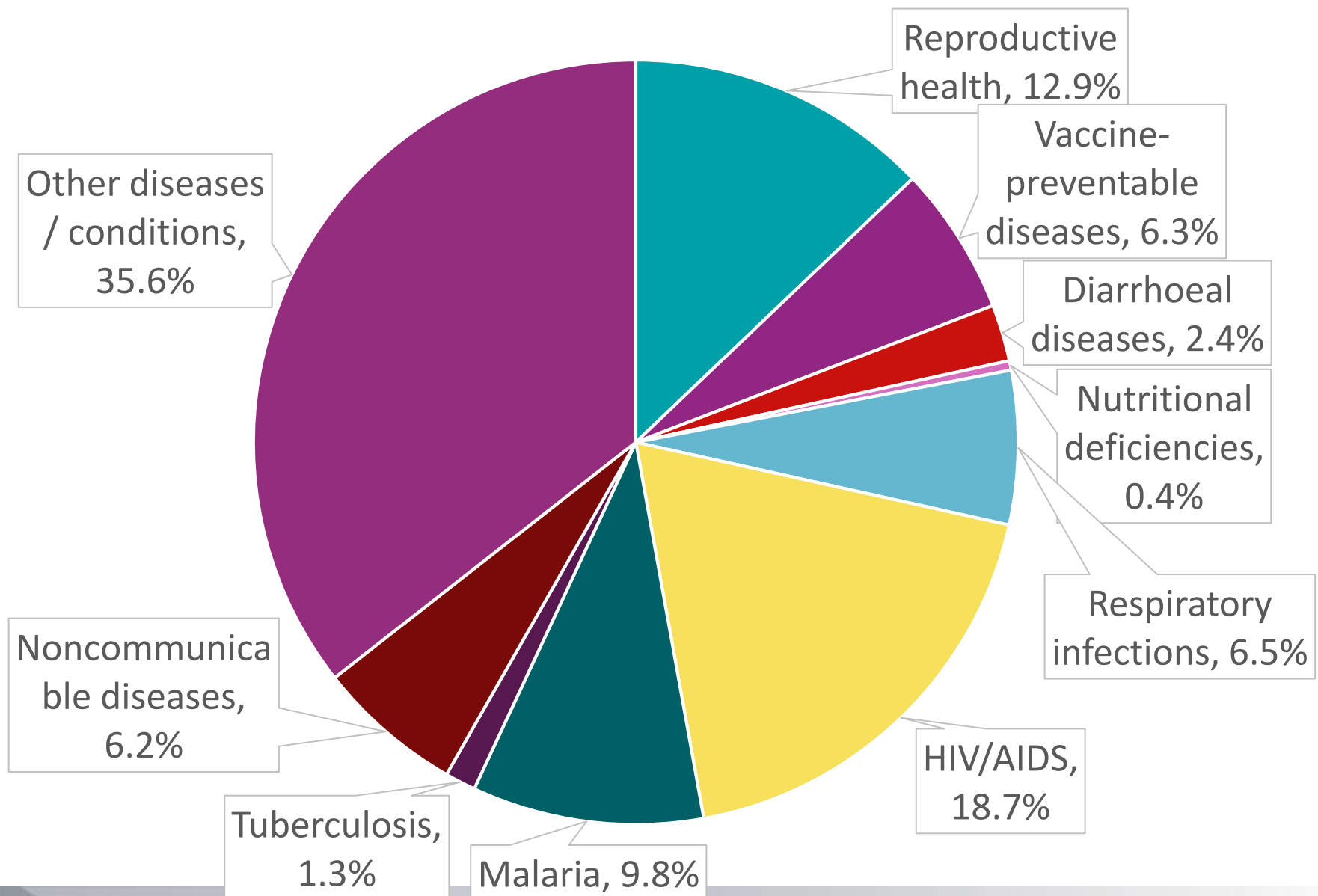
... as a result, THE declined, despite significant increases in DAH.



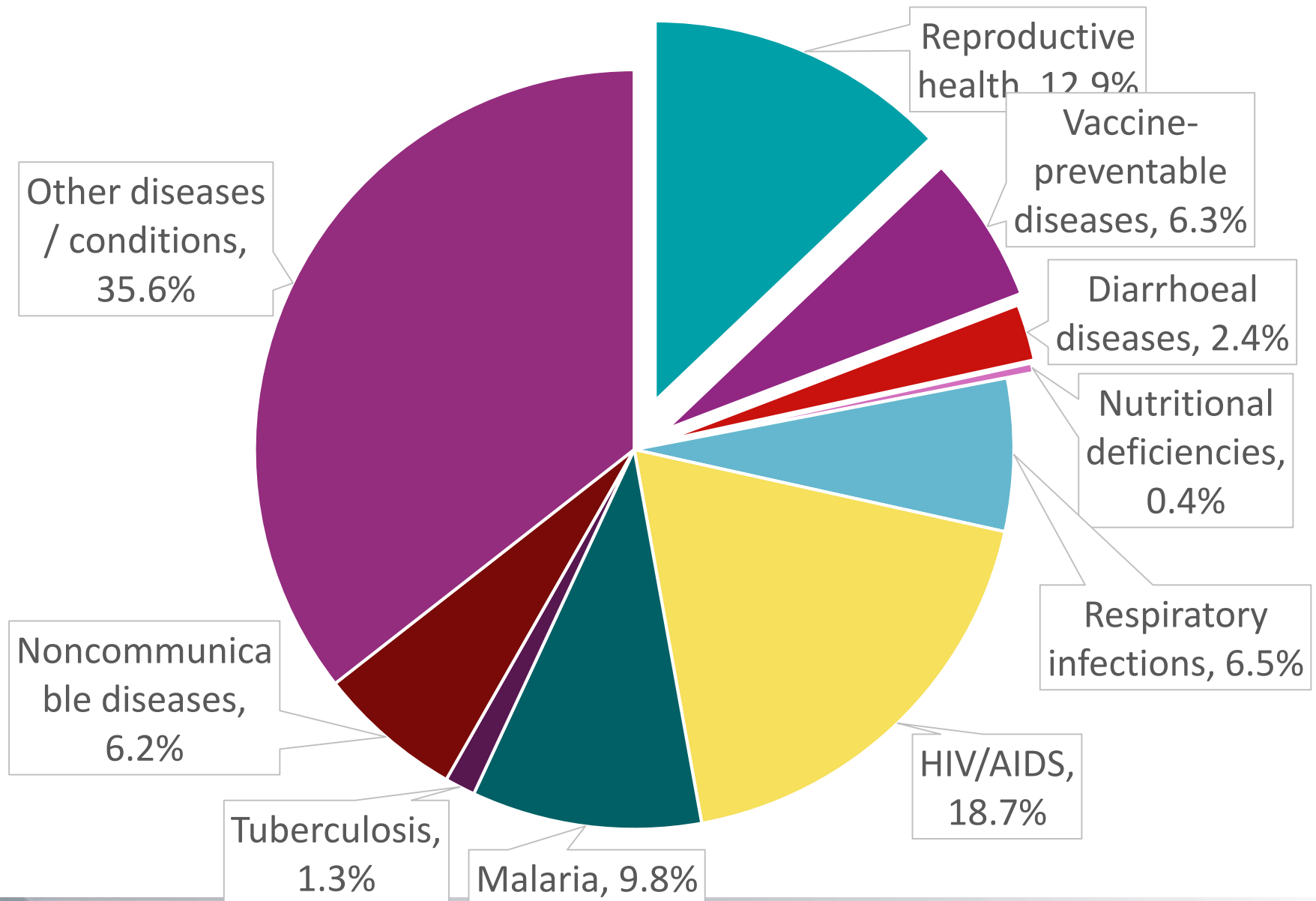
Progress monitoring will require:

- Reliable and complete data on resource flows and how they link to desired health outcomes
- Information on the institutions that govern the flow of resources

Kenya: Total health expenditure by disease (2013)



Kenya: Total health expenditure by disease (2013)



Issues in resource flow monitoring

Widely accepted process for monitoring resource flows (National Health Accounts)

Disaggregation of data

(e.g. by disease, age)

- Few countries (including OECD) establish subaccounts every year

Quality of data

- Government financing (budget systems and financial monitoring)
- DAH
- OOP
- Private sector investment

Lack of analytical frameworks/methods

- Efficiency
- Additionality

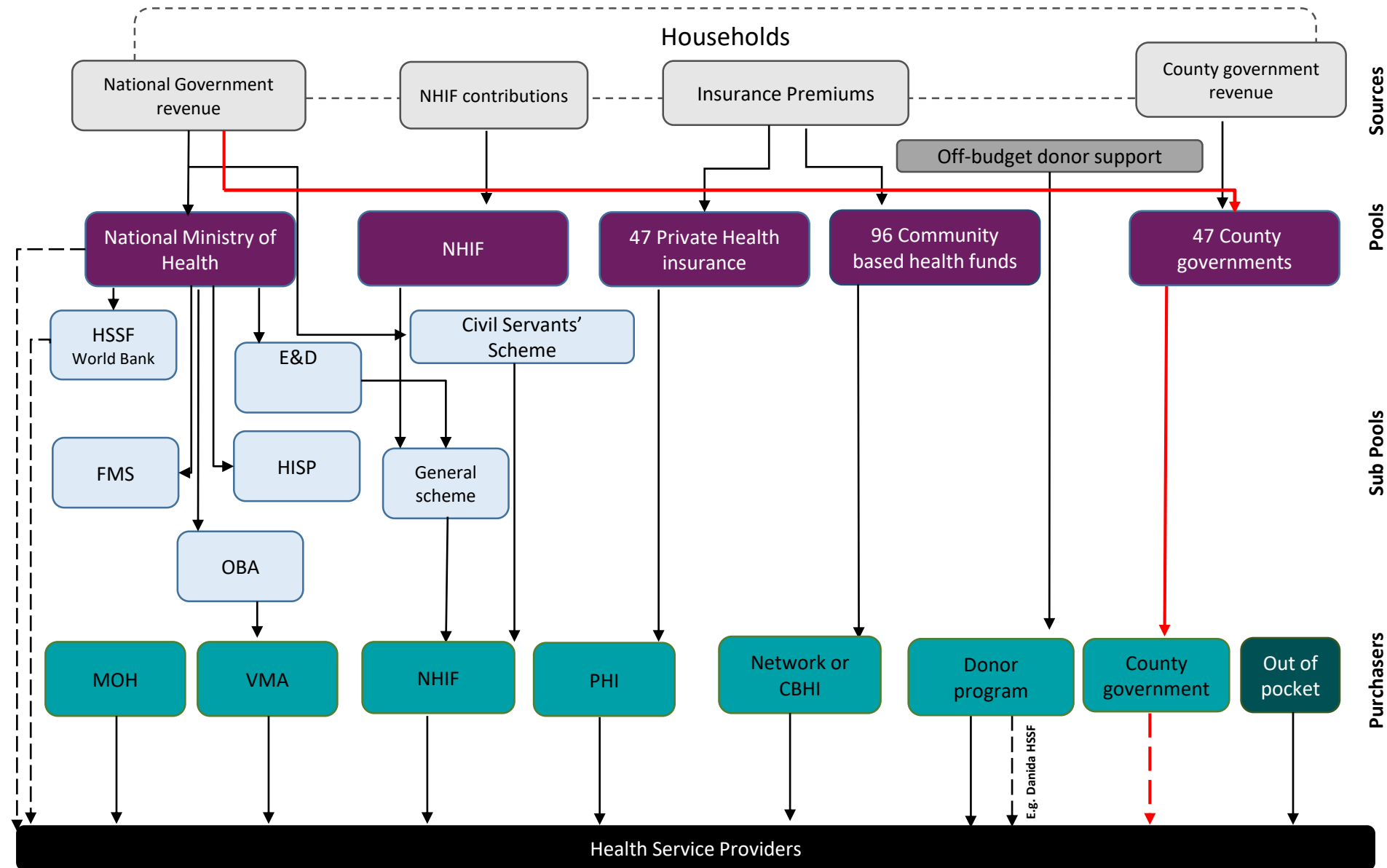
Weak institutionalization

- One-time effort
- Focused on individual diseases
- Externally financed
- Carried out by consultants




Progress monitoring will require:

- Reliable and complete data on resource flows and how they link to desired health outcomes
- Information on the institutions that govern the flow of resources

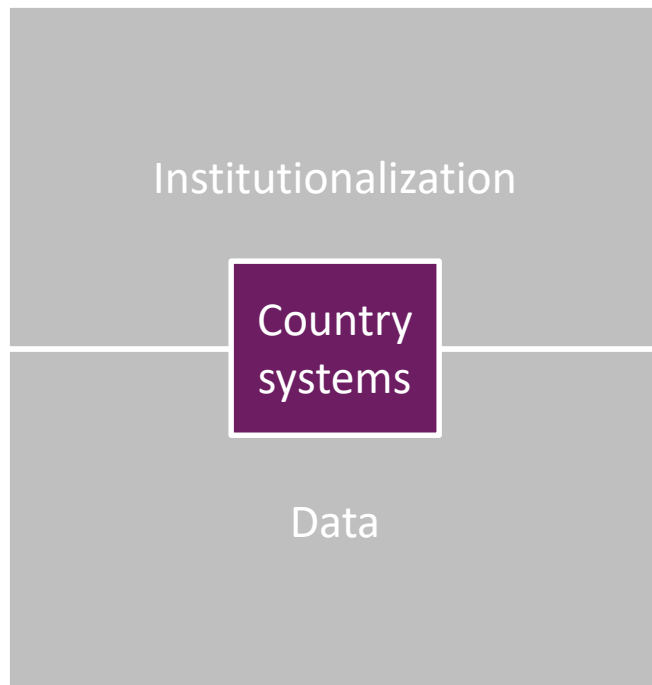
Kenya: Flow of funds



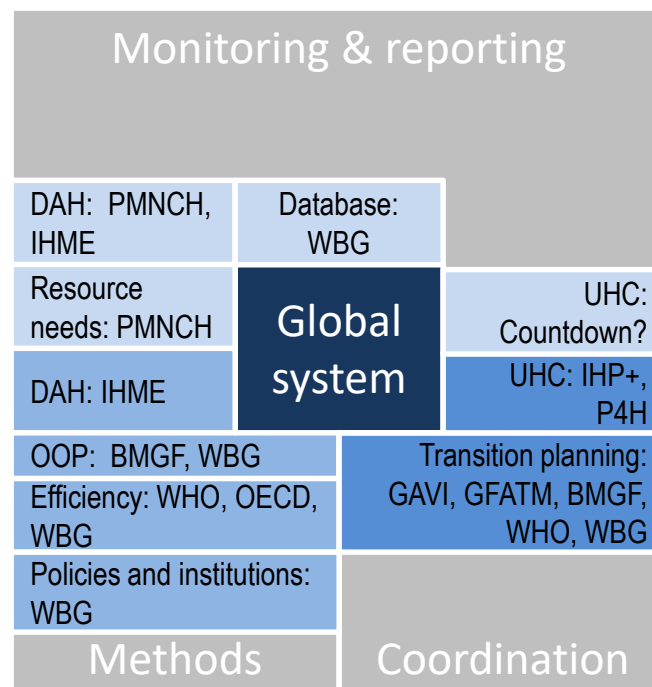
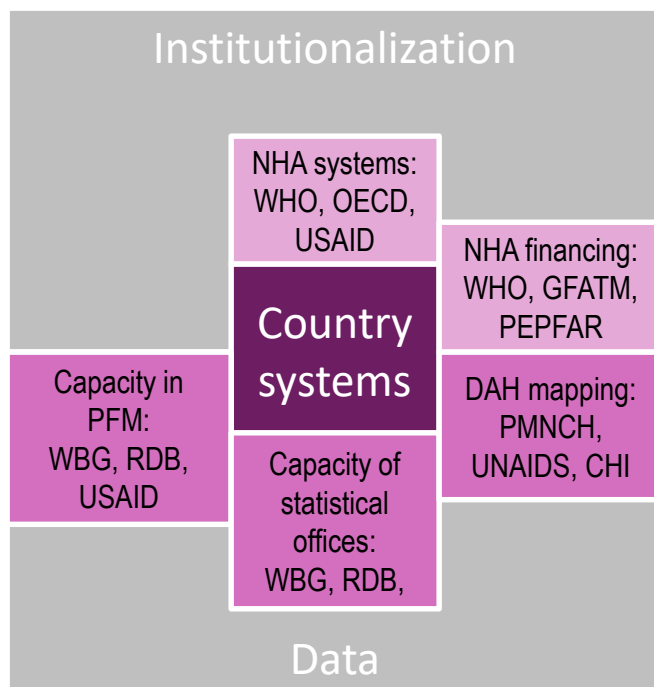
Systems Approach for Better Education Results (SABER)

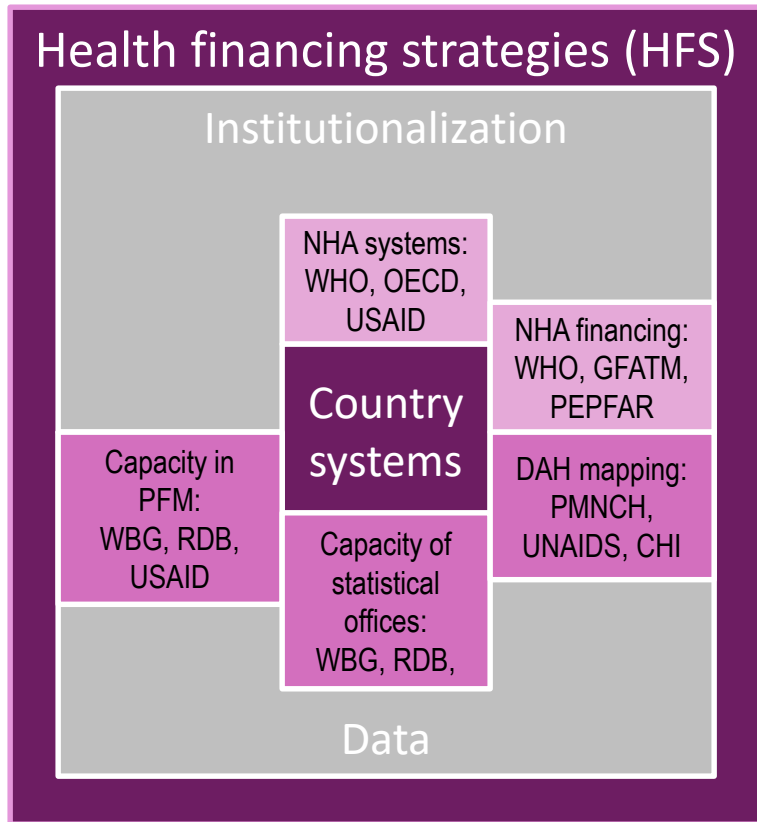
Policy Goals	Progress	Justification
Budgeting with adequate and transparent information		<ul style="list-style-type: none"> The government uses objective criteria to allocate resources for education but lacks estimates of future resource needs. Budget documents classify expenditure in useful categories, reporting, however, lacks thoroughness.
Providing more resources to students who need them		<ul style="list-style-type: none"> Policies are in place to ensure that socioeconomically disadvantaged students receive additional resources, but not for other disadvantaged students do not. Policies are in place to discourage any payments for schooling and, if required, make waivers mandatory for families who are unable to pay.
Managing resources efficiently		<ul style="list-style-type: none"> Strong procurement framework in place, but personnel databases are weak. Strong internal and external auditing systems.

Key challenges in progress monitoring



Mapping initiatives in support of progress monitoring (in progress)





Strengthen HFS approach

(WHO, P4H, JLN, WBG)

Guidance

- Protocols / notes
- Resource site

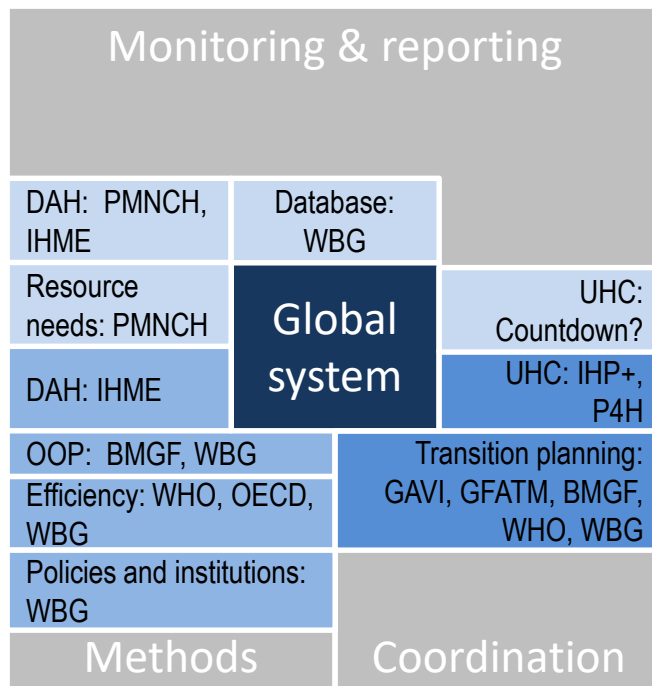
Learning

- Community of practice
- Prospective qualitative process evaluation

Assessment

- HFS quality criteria
- HFS 'review'

Proposed way forward (cont'd)



Toward a joint agenda

- Mapping of initiatives
- Establishing working group (UHC)
- Stocktaking of progress and gaps
- Drafting of proposal for joint agenda
- Stakeholder meeting

Tentative timeline (milestones)





GLOBAL FINANCING FACILITY



Global Financing Facility in support of *Every Woman Every Child*

GFF/IG1/7: Ensuring the Quality of Investment Cases
1st meeting of the GFF Investors Group, 28 September 2015

Background

- Experience of Investment Case development in frontrunner countries:
 - Different models: using existing processes/materials (Ethiopia, Tanzania) vs. creating a new plan (Kenya)
 - Key challenge: prioritization
- Second wave countries are beginning to ask for guidance
- Proposed approach:
 - Release guidance on the content, process, and methodology for Investment Cases
 - Some guidance provided in Business Plan but requests for more granularity
 - Provide technical assistance to ensure that countries are supported in the development of Investment Cases
 - **Establish a quality assurance mechanism**

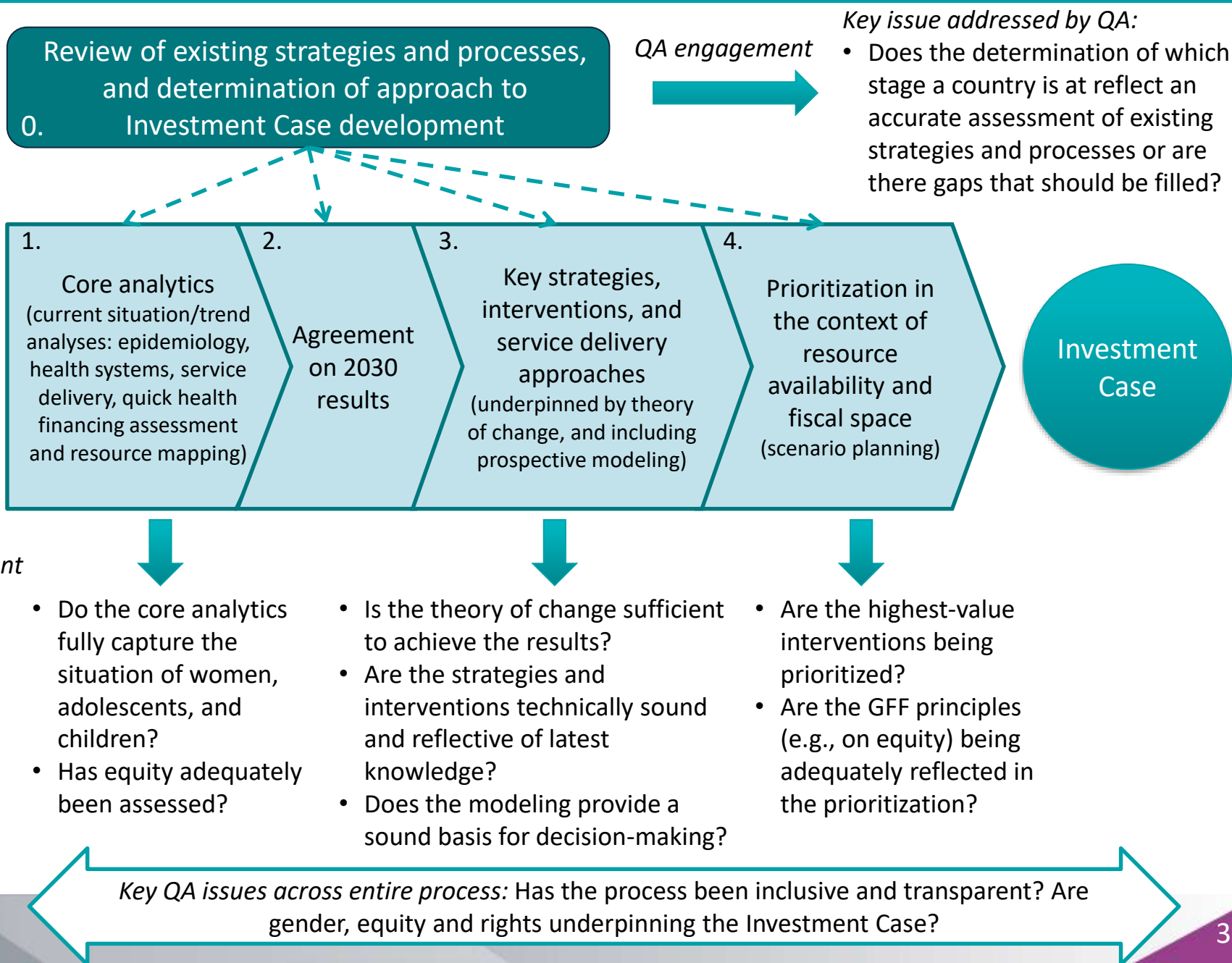
Principles

- Be flexible, **relevant to the specific country context**, and coordinated through the country platform
- Provide timely and regular feedback to the country team over the course of the development of the Investment Case
- Be oriented to finding solutions rather than simply critiquing
- Have an **independent** element
- Bring external credibility to the process
- Uphold the highest quality standards by being conducted by teams of experts that are familiar both the latest knowledge globally and with the national context
- Contribute to the general learning and capacity building of country stakeholders

Objectives

- To help countries to improve the quality of their Investment Cases
- To provide assurance to potential financiers of an Investment Case (both ministries of finance and international partners) that it represents a technically sound approach and is in line with international standards

Operational approach: engagement across Investment Case



Operational approach

- “Close to the ground” and aimed at challenging thinking in the Investment Case, not imposing external ideas
- Typically led by a local institution (e.g., university)
 - Advantages: local ownership, capacity building, and ability to engage regularly throughout process
- Countries determine how they want to engage with QA mechanism:
 - Fully independent team vs. combination approach (team with both fully independent experts and assessors/facilitators who were also involved in design process)
- Local institution responsible for highlighting key issues and questions
 - Not an up-or-down assessment
 - Available to potential financiers of the Investment Case

Management of the QA mechanism

- Global structure needed to identify the local institutions, contract them, and ensure technical soundness
- Four options:
 - An academic institution
 - The Countdown to 2015 initiative
 - The IHP+ Secretariat
 - A private sector firm (e.g., a firm specializing in QA)
- No conclusion reached in TWG on options, as further work is needed
 - Discussions with each to assess interest, cost implications, how QA would be financed
 - For first 12 countries, GFF Trust Fund will finance QA so GFF Secretariat to handle contracting (either directly or through one of the intermediaries listed above)

Proposed next steps

- TWG agreed on objectives, principles, key elements, and operational approach so requests Investors Group confirmation on them:
 - Does the Investors Group agree with the proposed objectives, principles, and key elements? Are there others that should be added?
 - Does the Investors Group agree with an operational approach that is based on repeated engagement throughout the process of developing an Investment Case and is typically led by a local institution?
- If agreed, next steps:
 - Engage with the entities that could manage the local institutions
 - Assess cost implications
 - Engage with key potential financiers of Investment Cases to understand the aspects of QA that are particularly important for them
 - Set up mechanism for 12 countries financed by GFF Trust Fund

GLOBAL FINANCING FACILITY



Global Financing Facility in support of *Every Woman Every Child*

GFF/IG1/8: Technical Assistance: Options for Coordinated Approaches
1st meeting of the GFF Investors Group, 28 September 2015

Background

- Recognition that TA should be based on demand but is not always the case in practice
- Countries are often unclear of what TA is available, its quality and how to access it
- The multiple global initiatives, plans and tools are difficult for countries to navigate and often result in in-efficiencies and overlap
- TA provided is often ad-hoc and short term, with little consideration for sustainability and capacity building
- Available local TA is not always considered and used

WHO (2015) "From 'shopping lists' to Investment Plans - Supporting countries to develop and finance sound Investment Plans for Women's, Children's and Adolescents' health"

iHP+ (June 2015) How to improve Technical Assistance brief

Overseas Development Institute, UK (October 2014): Demand and supply of technical assistance and lessons for the health sector. Issues and challenges from rapid country reviews.

Principles for TA provision

TA should:

- Be demand driven
- Use existing capacities in countries
- Build capacity rather than substituting it
- Be of quality

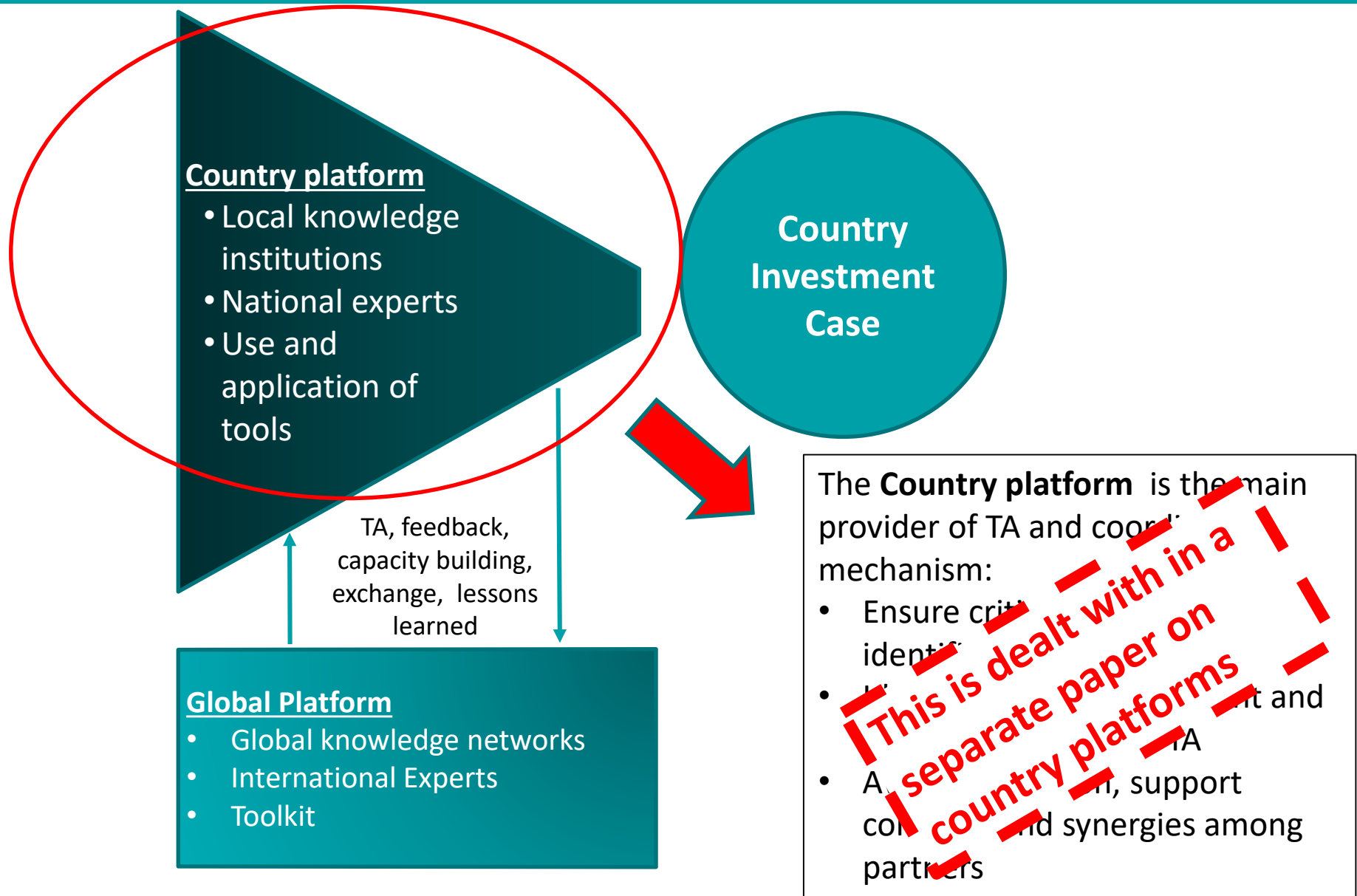
TA requestors and providers should:

- Be transparent about TA requests and plans
- Clarify what TA is available locally and globally
- Tailor approaches and tools for each TA requirement
- Agree on mechanisms for coordination of TA and avoid duplication

TA entry points and priorities

- TA entry points in country processes
 - Development of the investment case and plans
 - Development financing strategy
 - Implementation
 - Monitoring and evaluation
 - Advocacy and resource mobilization
- Cross-country TA priorities
 - Civil Registration and Vital Statistics (Centre of Excellence)
 - Results Based Financing
 - Improved availability and access to essential commodities
 - Accountability and harmonization of M&E
 - Normative standards and updated guidelines
 - ICT/e-Health harmonization and support
 - Development, maintenance and dissemination of TA toolkit

TA support for development and implementation of Investment Cases



TA support for development and implementation of Investment Cases

Country platform

- Local knowledge institutions
- National experts
- Use and application of tools

Country Investment Case

TA, feedback,
capacity building,
exchange, lessons
learned

Global Platform

- Global knowledge networks
- International Experts
- Toolkit

A global coordination mechanism complementing country efforts:

- Align, harmonize and coordinate quality TA and tools in response to country needs
- Learn from experiences, share lessons & good practices among countries & TA providers
- Facilitate TA across countries
- Build local capacities
- Maintain rosters of technical experts, institutions and networks

Options for global TA coordination mechanisms

- **Option 1:** TA coordination mechanism within the GFF Trust Fund Secretariat in the World Bank
- **Option 2:** TA coordination mechanism within the H4+ supported through a small secretariat
- **Option 3:** TA coordination mechanism within the H4+ supported through a small secretariat and complemented by partners
- **Option 4:** A 'Technical Committee' of the Investors Group
- **Option 5:** A working group approach (similar to current working group arrangement)

Proposed next steps

- The Investors Group is requested to provide guidance on the need for and possible mechanisms for better global TA coordination to support development and implementation of quality RMNCAH investment plans as outlined in the background paper
- The Investors Group is also requested to consider asking the TWG to further explore operationalization models and funding implications

GLOBAL FINANCING FACILITY



Global Financing Facility in support of *Every Woman Every Child*

Agenda for February Meeting
1st meeting of the GFF Investors Group, 28 September 2015

Second IG Meeting: February 2016

- Chair's Report to the Investors Group
 - GFF portfolio update
 - Review of resource flows to Investment Cases
-
- GFF activities in all Facility countries
 - Country Platform paper
 - Update on CRVS
 - GFF in humanitarian situations/fragile states
 - Resource mobilization strategy
 - Communication strategy

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Governance Document for the The Global Financing Facility in Support of Every Woman Every Child

1. Purpose of this Document

The purpose of this document is to describe the global governance arrangements of the Global Financing Facility for Reproductive, Maternal, Newborn, Child and Adolescent Health (GFF) in support of Every Woman Every Child (EWEC). The GFF is part of the EWEC movement and has a role as a major financing mechanism for the UN Secretary-General's updated Global Strategy for Women's, Children's, and Adolescents' Health (Global Strategy).

The objective of the GFF is to dramatically scale up the resources available for RMNCAH and to align partners around prioritized investments that generate results, while ensuring that countries are on a trajectory toward universal health coverage and sustainable health financing. The GFF pioneers a model that shifts away from fragmented streams of official development assistance toward an approach that combines mobilizing domestic resources, attracting and aligning existing and additional external resources, and employing innovative strategies for resource mobilization and service delivery (including the private sector) in a synergistic way.

To advance the goals and objectives of the updated Global Strategy, the GFF operates as a facility that brings together and maximizes the comparative advantages of a broad set of partners committed to aligning their resources to achieve results. Domestic resources play the major role in closing the resource gap for RMNCAH. In addition, the GFF mobilizes and helps coordinate financing from a range of external sources to fill the gap in financing needed for RMNCAH. This includes the financing of the World Bank, Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral donors, foundations, and the private sector. The GFF also brings together the technical expertise of UN agencies and the community-reach of non-governmental and faith-based organizations, as well as the innovation and speed of the private sector. The facility is governed by an Investors Group.

To complement the work of the broader facility, a multi-donor trust fund – the GFF Trust Fund – has been established at the World Bank. The GFF Trust Fund provides additional financing for RMNCAH and links grant funding to IDA or IBRD projects. The GFF Trust Fund is governed by a Committee.

2. GFF Governance Functions

The main locus of collective action of the GFF is at country level, where all partners commit to collaborating closely through a “country platform” that, under the leadership of national governments, builds on existing structures while embodying the key principles of inclusiveness and transparency. The country platform is intended to improve coordination related to four major areas: developing Investment Cases and health financing strategies, resource mobilization, technical assistance, and monitoring and evaluation. While not prescriptive about the particular form that the country platform must take, the GFF expects them to afford each of the constituencies involved in the RMNCAH response the opportunity to contribute fully to the development and implementation of RMNCAH programming based on their specific skills and areas of focus. Consultations are ongoing with countries and partners on the specifics of the GFF country-level arrangements and will be summarized in a separate document.

In addition to country level arrangements, coordination between key investors through a governance structure at the global level is required to ensure a consistent approach across countries, to facilitate collective action, and to enable continuous learning. The GFF’s global governance structure is integrated into the overall governance arrangements of the updated Global Strategy. It is focused on mobilizing additional financial resources and institutional commitment of key investors in RMNCAH to optimally support efficient collective action at the country level

The GFF’s governance covers two discrete, yet linked functions:

- 1) Ensuring that the GFF as a facility succeeds in mobilizing and effectively co-financing Investment Cases, health financing strategies, and Global Public Goods essential to reaching the objectives of the Global Strategy;
- 2) Ensuring that the GFF Trust Fund uses its resources to provide financing in ways that achieve results while being catalytic and driving sustainability.

3. GFF Governing and Administrative Bodies

The GFF governance arrangements are designed to deliver on these two functions in an integrated manner. A broader **GFF Investors Group for the Global Strategy (“Investors Group”)** composed of representatives from participating countries, contributing bilateral donors, non-governmental organizations, the private sector, private foundations, multilateral financiers and technical agencies addresses the first function of facilitating complementary financing for Investment Cases, health financing strategies, and Global Public Goods to ensure the goals and objectives of the updated Global Strategy are met.

The **GFF Trust Fund Committee** focuses on the second function and operates with decision-making authority for matters related to the operations of the trust fund supported by a small GFF secretariat hosted at the World Bank. The fiduciary arrangements for GFF Trust Fund financing are integrated into IDA/IBRD projects that are approved by the World Bank Board, and so rely on existing World Bank Group policies and procedures. The GFF Trust Fund Committee will decide on relevant

thresholds for membership of the Trust Fund Committee. Initially, the representatives will be the same individuals who are members of the Investors Group.

4. The GFF Investors Group

The purpose of the GFF Investors Group is to mobilize the resources and institutional commitment of key investors in RMNCAH required at the global and regional level to optimally support efficient collective action at the country level. The Investors Group addresses the financing for the updated Global Strategy. Given that 63 countries face a particularly high burden, the Investors Group will predominantly focus in the initial five years on these countries, but is not limited to countries that receive financing from the GFF Trust Fund. This phased approach ensures the development and financing of Investment Cases and health financing strategies in the highest-priority countries (including those that do not receive GFF Trust Fund financing) while also putting in place a structure that serves the needs of all countries as the updated Global Strategy is implemented.

The GFF Investors Group is unique in that it brings together a range of institutions that are committed to aligning their resources under the GFF umbrella but are still accountable to their own governance mechanisms. Recommendations of the GFF Investors Group do not overrule institutional policies and strategies set by the governance of its members. Rather, the Investors Group will focus on better coordinating and aligning existing funding approaches and evolving policies over time to drive efficiency gains through complementary financing. In addition, a clear value added of the Investors Group is its potential to drive a continuous dialogue, increase transparency, and facilitate mutual learning and accountability among institutions with significant investments in RMNCAH.

Functions of the Investors Group

As part of its role to ensure that the GFF as a financing facility succeeds in mobilizing and co-financing high-quality RMNCAH Investment Cases, the Investors Group carries out the following core functions:

- 1) *Guide and ensure effective complementary financing of RMNCAH Investment Cases*
 - Agree on a shared set of quality standards that Investment Cases need to meet in order to be considered for financing by governments and partners, and recommend ways to align/streamline the quality assurance/review processes used by individual financiers;
 - Discuss and build broad-based alignment on which countries are prioritized for support under the broader GFF facility in each phase of roll out;
 - Drive agreement on strategies/policies to support complementary financing of Investment Cases developed through the country platforms and align the financing practices of partners with these approaches;
 - Ensure that the GFF approach is well understood throughout the institutions involved and that the actions of country-based staff of these institutions reflects, to the extent possible, guidance from the Investors Group related to engagement with

country platforms (e.g., with regard to complementary financing of Investment Cases);

- Address issues or bottlenecks to aligned financing that may arise at country level but require a resolution or intervention from the global level.

2) *Create an enabling environment for long-term financial sustainability of RMNCAH and health programs in countries*

- Foster dialogue and alignment among financiers around effective approaches to support countries in transition;
- Ensure countries are appropriately supported to analyze, plan for, and implement efforts to mobilize domestic resources and ensure financial sustainability in the context of accelerating progress on RMNCAH and on universal health coverage;
- Collaborate on innovative financing sources and approaches to help bridge the often difficult transition period.

3) *Mobilize additional domestic and international (including private) resources and other partner support to ensure effective financing for RMNCAH Investment Cases*

- Build high-level support for the mission, principles and activities of the GFF and promote active engagement of and collaboration with a wide range of partners supporting the goals of the updated Global Strategy;
- Play a leading role in mobilizing domestic and international resources (both public and private) for Investment Cases;
- Review the flow of resources and their allocation to countries that have developed RMNCAH Investment Cases under the GFF approach, ensuring that the commitments to the GFF are additional, well-aligned and focused on priorities outlined in the Investment Case.

4) *Monitor the performance of the GFF as a facility and foster learning among co-investors based on country experiences*

- Periodically review GFF performance in accelerating results and translate lessons into refined or innovative financing approaches;
- Periodically assess the performance of the collaboration structures and governing bodies of the GFF and adapt as needed;
- Guide the GFF's engagement on Global Public Goods, including strengthening of Civil Registration and Vital Statistics (CRVS), and periodically review new areas in which action at the global level could help to accelerate the achievement of RMNCAH outcomes.

The Investors Group is also responsible for appointing its members and establishing effective operating procedures that optimally facilitate interactions between the Investors Group and the Country Platform. It can also establish Working Groups as appropriate, and engage with other partners critical to RMNCAH financing efforts.

Composition of the Investors Group

The Investors Group shall initially be comprised of 23 members.

Members are **senior representatives of governments and other partners** who collectively bring the expertise required to ensure effective steering of the GFF and who have the institutional authority to ensure that agreements reached by the Investors Group are properly conveyed and seriously considered for implementation by their respective institutions.

A further prerequisite for membership in the Investors Group is an **institutional commitment to making substantial contributions, either financially or through in-kind assistance (e.g. technical or advocacy)** to Investment Cases and health financing strategies (the so-called “co-investment” principle) to ensure that members of the Investors Group actively contribute to the implementation and operationalization of the GFF.

The composition and appointment for Investors Group Members will be reviewed by the Investors Group after its initial year of operation in order to refine the model.

Members of the Investors Group may each designate one named Alternate Member to serve in their stead, under policies and procedures determined by the Investors Group.

Members of the Investors Group shall initially consist of:

- Five members from participating countries (including both Ministries of Health and Finance);
- Five members from public sector financiers with a priority given to those that contribute both to the GFF Trust Fund and also align their other resources at country level;
- Three members from multilateral financing agencies contributing to the GFF at the global and country level: the World Bank; Gavi, and the Global Fund;
- Two members representing the private sector;
- One member representing private foundations;
- One member each from the World Health Organization (WHO); UNICEF, and UNFPA (one of whom also represents the broader H4+ partnership on a rotating basis);
- Two members representing civil society (one from a country eligible for GFF support, one from a donor country);
- The PMNCH Board Chair or another designated member of the PMNCH Board, given the important interfaces between PMNCH and the GFF;
- One member from the Executive Office of the UN Secretary-General.

Nomination, Terms and Appointment of Members of the Investors Group

Each group presented above determines a process for selecting its representation on the Investors Group,¹ which will be further refined by the Investors Group during its first year of operation.

¹ Based on the criteria for selecting members laid out in the ‘Guidance Note for Selecting Members to the Investors Group’.

Members will serve as representatives of their governments, organizations or constituencies, for a period of two years. They will act in good faith and in the best interest of the GFF. The Investors Group's composition will be reviewed after the initial year of operation.

Investors Group Members will select among themselves a Chair for a two-year term; he/she shall serve until the appointment of their successor. In addition to chairing the Investors Group meetings, the Chair will also have an important advocacy and partnership role. See Annex 1 for details on roles and responsibilities and required competencies.

Operations

The Investors Group shall initially meet three times per year in person. Meetings shall be convened by written notification from the Chair.

As described above, the key role of the Investors Group is to coordinate the financing approaches of its members as a basis for effective collective action. To best accomplish this, it will further develop shared practices and work to ensure transparency and mutual accountability. To ensure that agreements (for example in relation to indicators for monitoring the success of the GFF in aligning financing) are supported by all members, the Investors Group will strive to reach these agreements by consensus.

A member of the GFF Secretariat will serve as Secretary to the Investors Group and support the Chair in coordinating activities and recording decisions of the Investors Group. All deliberations and decisions of the Investors Group will be recorded in minutes of the Investors Group meetings, provided to all members and posted publicly.

At its first in-person meeting, the Investors Group will further determine its rules of operations, including issues such as chairing, voting, how meetings are conducted, and whether time-bound working groups will be established. A Conflict of Interest policy will also be developed in due course.

5. The GFF Trust Fund Committee

The purpose of this Committee is to ensure that the GFF Trust Fund mobilizes and uses its resources in ways that achieve optimal impact while (or by) being catalytic and driving sustainability. The Trust Fund Committee operates with independent executive decision-making authority for how resources within the GFF Trust Fund are deployed, drawing on advice from and reporting to the Investors Group for information and feedback. It also meets twice per year and will establish its rules of operation at its first meeting.

The fiduciary arrangements for the GFF Trust Fund financing are integrated in IDA/IBRD projects that are approved by the World Bank Board, and so rely on existing World Bank Group policies and procedures.²

Roles and functions of the Trust Fund Committee

The role of Trust Fund Committee is to ensure that the GFF Trust Fund mobilizes and uses its resources in a way that optimally supports the mission of the broader GFF through the following functions which will be approved at its first meeting:

1) *GFF Trust Fund Strategy*

- Continue to develop the principles, strategic funding approach and priorities that guide the grant-making to country Investment Cases by the GFF Trust Fund (including results-focused financing approaches);
- Set the Trust Fund's funding approach for the development/implementation of health financing strategies;
- Determine the Trust Fund's funding approach for Global Public Goods in support of RMNCAH;
- Set the Trust Fund's funding approach for CRVS;
- Agree on quality standards and the independent review process required to access financing from the GFF Trust Fund.

2) *GFF Trust Fund Allocations*

- Take decisions on which countries the Trust Fund will invest in;
- Approve operational guidelines relating to the preparation and content of funding proposals to the GFF Trust Fund;
- Review summaries of proposals to the GFF Trust Fund for financing of specific elements of quality-assured country Investment Cases;
- Approve Trust Fund allocations on a no-objection basis, ensuring that allocations are consistent with the purpose and objectives of the GFF;
- Decide on Trust Fund allocations to Global Public Goods in support of RMNCAH.

3) *Partner engagement and resource mobilization*

- Promote the active engagement of and collaboration with a wide and diverse range of partners to ensure the impact of Trust Fund investments are maximized;
- Mobilize public and private sector donors to support the GFF Trust Fund;
- Identify and incorporate innovative uses of Trust Fund resources to maximize mobilization of external and domestic resources.

4) *Oversight and performance management*

- Review and approve the Secretariat's annual work plans and budget;
- Monitor performance of activities supported by the Trust Fund based on annual results reports and mid-year progress reports submitted by the Secretariat;

² In the case of a difference between this GFF Global Governance Document and the GFF Trust Fund Administrative Agreement in relation to the terms and functions of the Trust Fund Committee, the Administrative Agreement will prevail.

- Review periodic financial reports on the finances of the Trust Fund;
- Periodically review the strategy for identifying and managing risks;
- Commission studies and reports deemed appropriate to fulfill the purposes of the Trust Fund.

Composition

The Trust Fund Committee is composed of those donors that contribute to the GFF Trust Fund at a threshold (to be defined) during its initial year of operation. After the first year, the required minimum annual investment for holding an individual seat as a government or private donor on the Trust Fund Committee will be reviewed and further refined.

6. GFF Secretariat

The GFF Secretariat manages the operations of the GFF Trust Fund and supports the work of the Investors Group. Located in Washington, D.C. at the World Bank headquarters, the Secretariat is comprised of professional and administrative staff employed by the World Bank, as well as secondments from participating organizations, and is headed by a Program Manager. The GFF Secretariat will link together and work closely on IDA/IBRD/Trust Fund investments with the World Bank Task Team Leaders at the country level.

The Secretariat operates under World Bank management and applicable policies and procedures and is also accountable to the GFF Investors Group and the GFF Trust Fund for carrying out its work program, monitoring results of GFF activities against targets, and abiding by the Governance document.

The key responsibilities of the Secretariat include:

- (i) Providing strategic and administrative support to the GFF Investors Group and the GFF Trust Fund Committee;*
- (ii) Supporting the preparation and implementation of funding commitments through the GFF Trust Fund;*
- (iii) Supporting GFF resource mobilization, partner engagement and communications;*
- (iv) Contributing to the provision of technical assistance among a multitude of partners for the development/implementation of Investment Cases and health financing strategies;*
- (v) Reporting on resource flows to Investment Cases and monitoring results (in countries supported by the GFF Trust Fund);*
- (vi) Synthesizing learnings from country experiences, facilitating learning and knowledge exchange and supporting the GFF's work on other Global Public Goods.*

Annex 1:

Roles and Responsibilities of the Investors Group Chair:

1. Chairing and leading all Investors Group meetings and teleconferences, ensuring alignment with the GFF vision;
2. Guiding the development of Investors Group meeting agendas that facilitate discussions to fulfill the identified strategic priorities;
3. Overseeing all aspects of the Investors Group's functions and deliberations in between meetings;
4. Supporting the Investors Group's nomination and election processes for the selection of successors to the Investors Group leadership;
5. Acting as a key spokesperson for the Investors Group to advocate for the GFF's mission and objectives;
6. Maintaining effective communication and engagement with stakeholders such as countries, donors, technical and advocacy partners to ensure the Investors Group understands and addresses the issues and concerns of its wide and diverse range of stakeholders.

Estimated time commitment is 2-3 days/month

Required Competencies of the Investors Group Chair:

1. Experience chairing or leading decision-making bodies comprised of diverse stakeholders in the public, civil society, or private sector;
2. Experience and skill in organizing and facilitating discussions, and building consensus among diverse stakeholders;
3. Experience with strategic planning, implementation and problem-solving;
4. Knowledge of the GFF's vision and purpose, governance structure and strategy;
5. Expertise in some or all of the following areas: international finance, international development, public health, diplomacy, advocacy, international negotiations and resource mobilization;
6. Ability to dedicate sufficient time to fulfilling the role;
7. Fluent in written and spoken English (with additional languages beneficial).

Country Updates

A key role of the Investors Group will be to track progress at the country level in order to facilitate the rapid implementation of the country Investment Cases and health financing strategies. Reliable and timely information on progress will be crucial for partner coordination and our joint ability to provide the best support possible for country implementation. It is therefore a collective responsibility to pool our knowledge on activities at the country level.

To do this effectively, we are piloting an online tool to enable contributors to update information in real time. The Country Updates provided here are a first attempt at tracking progress in front-runner countries. The information is broadly in two categories for each country: details on the Investment Case and the health financing strategy, where available. The intention is for this information to be updated jointly by GFF partners going forward. Feedback from the Investors Group on how to further develop this tool would be helpful in shaping this information-sharing mechanism.

Democratic Republic of Congo Investment Case

- **Timeline**

Zero draft developed, with first draft expected by 15 September; validation workshop anticipated on 18 October.

- **Process:**

- **Description**

Well-defined consultative process for finalizing Investment Case is ongoing with strong MoH leadership.

- **Participants**

The Government took the lead to conduct multi-stakeholder meeting (Government, NGOs, Private sector and Donors) on July 20th to reach consensus on the focus of the Investment Case as well as the timeline and team to be put in place.

Partners actively engaged by constituency:

- Government ministries:
- Donors:
- Multilateral organizations:
- Civil society:
- Private sector:

- **Content**

- **Highlights of situation analysis and country context:**

- **Key programmatic areas**

Priorities identified so far are supply chain strengthening and drugs, human resources for health, and Public Finance Management. Also includes expanding coverage of essential RMNCAH services. Scope has been endorsed by government and partners.

- **Key equity considerations**

- **CRVS**

Ministry of Interior in collaboration with UNICEF had already prepared a CRVS strategy plan for 2015-2019, a rapid CRVS assessment being conducted to expand for GFF for investment case. Preliminary results expected in September- October.

- **Multisectoral elements**

- **Key expected results**

- **Financing of Investment Case:**

- **Status of resource mapping and costing**

Essential service package costing being finalized.

– ***Partners committing financing/under discussion***

- Builds on existing financing partnership between Global Fund, UNFPA, UNICEF, and World Bank, with a number of other partners supportive and engaged in discussions on financing (e.g. Canada, Gates Foundation, USAID, DFID).
- USAID committing US\$15 million for supply chain strengthening, discussions ongoing on funding performance-based financing programs.
- Gates Foundation providing US\$2.5 million for sleeping disease, additional funding is being considered for service delivery with a focus on family planning and nutrition.
- Govt. of Belgium contributing US\$27 million for 2016-2019.

– ***IDA/IBRD board date***

To be confirmed

– ***GFF Trust Fund commitment***

Links to key documents and websites:

Ethiopia Investment Case

- **Timeline**

The country has developed a new Health Sector Transformation Plan (HSTP), which includes RMNCAH as well as other health areas. The HSTP is to be finalized by October and the Investment Case will be drawn from that. The country does not plan to develop a separate investment case.

- **Process:**

- **Description**

The process thus far has been focused on developing the HSTP instead of a separate Investment Case. The HSTP has undergone a JANS review to improve quality and facilitate broad-based participation. RMNCAH priorities need to be further defined within the envelope of available resources.

- **Participants**

The JANS process was key in the consultation process, with wide participation from an array of stakeholders.

Partners actively engaged by constituency:

- Government ministries:
- Donors:
- Multilateral organizations:
- Civil society:
- Private sector:

- **Content**

- **Highlights of situation analysis and country context:**

Considerable progress has been made in many programmatic areas with overall child mortality trends showing steep decline (Ethiopia achieved MDG 4 three years in 2013), although progress on neonatal mortality has lagged behind. Malnutrition is a major contributor to child mortality in Ethiopia, being an underlying cause for nearly 50% of under-five deaths. Proportion of deaths caused by neonatal conditions have increased while deaths due to malaria, measles, HIV, diarrhea and pneumonia declined. Disparities are significant among children from different socio-demographic strata and geographic regions of the country. Limited progress has been registered in maternal mortality reduction. Hemorrhage, hypertension in pregnancy, abortion and sepsis are among the causes of maternal deaths indicating the interventions to address them require institutional care.

- **Key programmatic areas**

RMNCAH priorities yet to be defined for the envelope of resources available.

- **Key equity considerations**

HSTP has a focus on equity in multiple areas including inequity in geographic distribution and skill and gender mix of health care workers and a robust M&E system to uncover status of utilization of health services and desirable healthy practices. Ethiopian government aims to introduce health financing reforms aimed at increasing access and offering financial protection in order to ensure universal health coverage.

- **CRVS**

– ***Multisectoral elements***

The HSTP aims to bring the health sector closer to other sectors whose actions impact on health.

– ***Key expected results***

- **Financing of Investment Case:**

– ***Status of resource mapping and costing***

HSTP has a significant financing gap (despite planned increases in domestic financing), so prioritization for RMNCAH to occur as resource envelope is finalized (discussions underway)

– ***Partners committing financing/under discussion***

– ***IDA/IBRD board date***

To be confirmed

– ***GFF Trust Fund commitment***

Links to key documents and websites:

Kenya Investment Case

- **Timeline**

Final draft validated at the end of July.

- **Process:**

- **Description**

Extensive consultation process leading to creation of comprehensive national document that will serve as a model for county-level decision-making about priorities.

- **Participants**

Consultative process led by the ministry of health (MoH), with a steering committee established with broad-based representation from key constituencies.

Partners actively engaged by constituency:

- Government ministries: MOH departments, the Ministry of Interior and Coordination of National Government, the National Treasury, different government entities at the national level
- Donors:
- Multilateral organizations:
- Civil society:
- Private sector:

Several broader technical consultations were also held.

- **Content**

- **Highlights of situation analysis and country context:**

Considerable progress has been made in many programmatic areas, although progress on neonatal mortality has lagged behind. Progress on adolescents has also been slower than desirable. Additionally, the progress is uneven geographically, with a number of counties having seen much less progress. The key contextual factor is that priority-setting and decision-making on budget allocation being decentralized to the 47 counties.

- **Key programmatic areas**

The Investment Case only identifies broad priorities, with detailed prioritization to be done at the county level due to decentralization.

- **Key equity considerations**

The Kenya IC addresses equity considerations by using geographical analysis to assess coverage indicators and burden. This led to the prioritization of 20 counties that have low coverage rates for key RMNCAH services and/or large underserved populations.

- **CRVS**

Completed comprehensive assessment. Strong initiative in place, working with WHO, UNICEF, USAID, UNFPA.

– **Multisectoral elements**

– **Key expected results**

Modeling was done to quantify the expected benefits - in both health and economic terms - of the investments contained in the Investment Case. By 2019/2020, more than 30,000 child deaths, 11,000 stillbirths, and nearly 3,000 maternal deaths can be averted annually with full investment. The cost-benefit ratio was found to be extremely favorable, with every US\$1 invested giving a benefit of US\$3.44.

- **Financing of Investment Case:**

– **Status of resource mapping and costing**

Resource mapping completed. Costing completed, standardization of costs being finalized.

– **Partners committing financing/under discussion**

Approximately US\$1.15 billion mobilized thus far, including from governments of Kenya, Denmark, Japan, UK, and US, and Gavi, Global Fund, RMNCAH Trust Fund, and World Bank.

– **IDA/IBRD board date**

February 2016

– **GFF Trust Fund commitment**

Links to key documents and websites:

Kenya Health Financing Strategy Update

- **Timeline**

It is anticipated that the Strategy will be presented to Cabinet in December 2015, subject to many intermediate approvals.

- **Process**

- **Description**

Kenya embarked on a process to develop a health financing strategy in 2006, and a draft strategy was completed in 2007 but not finalized. One of the key problems with this initial process was the lack of stakeholder consultation. Work on the strategy was again initiated in 2012 and subsequently work was done with a focus on Universal Health Coverage (UHC), including drafting of a “UHC Roadmap”. In May of 2015 the consultative process towards finalizing the Strategy commenced. A full health financing situation analysis has been conducted and will be presented as an annex to the Strategy.

- **Participants**

The Ministry of Health has lead the strategy development process, with a UHC steering committee providing leadership and guidance of the overall process. Five sub-technical working groups (sub-TWGs) on key thematic areas -- resource mobilization; pooling and institutional arrangements; quality assurance and; governance -- were formed to deliberate on current arrangements and make proposals for reforms. The UHC steering committee was supported by a coordinating Technical Working Group (TWG), whose main role was to coordinate the entire process and provide a platform for the chairs and secretaries of the sub-TWGs to discuss emerging issues. A health financing inter-agency coordinating committee (ICC) comprised of over 100 members – including county governments, other ministries, civil society groups, non-governmental organizations, health care professional associations, academic institutions, development partners and private sector representatives – met on a monthly basis to deliberate on proposed reforms and potential implications. Members of the ICC could also participate in the sub-TWGs.

A stakeholder analysis was conducted as part of the Strategy process. Results from the stakeholder analysis informed the communications strategy and contributed towards the consultation process. In follow-up to the stakeholder analysis, a series of stakeholder consultations will take place across Kenya. Communications experts have been engaged to design and begin to implement a communications strategy.

Content of Health Financing Strategy

- **Scope**

The Strategy is national in scope, and takes into consideration gaps and reforms across the following areas: (i) increasing domestic resources for health; (ii) expanding financial risk protection; (iii) expanding access to health services; (iv) ensuring efficiency / maximum health benefit from existing and future resources; (v) ensuring the best quality of health care; and (vi) strengthening health financing governance and institutions.

- **Main strategic approaches**

The initial draft strategy contains a clearly stated vision and goal, objectives, and within each objective, strategic approaches. Consensus is still being built on the strategic approaches and corresponding, measurable results.

- **Fiscal impact and sustainability**

A full costing will be part of the implementation plan – this has not yet been conducted.

- **Implementation approach**

An implementation plan with a timeline will be developed when agreement is reached on the main strategic approach.

- **Key expected results**

The Strategy identifies key results (linked to intermediate and ultimate UHC goals), which are still being finalized. A more detailed monitoring and evaluation framework, including measurable results in the short, medium and long-term, will be developed as part of the implementation plan.

- **Key equity considerations**

Equity is among the principles that have guided the Strategy. Health financing and delivery models should ensure that contributions are made on the basis of ability to pay, while everyone benefits based on their need for care. Resource collection, pooling and purchasing arrangements will be designed to ensure equity, financial risk protection and expansion of access to quality services for all.

Emerging Lessons

- Factors that appear to have contributed to the success of the Strategy process, to date, include:
 - Leadership and ownership of the process by the MOH
 - Skilled staff in the MOH, and partner organizations, who have clear roles and time that is dedicated to the Strategy
 - A wealth of background data and analyses relevant to the Strategy (e.g. Public Expenditure Review, Demographic and Health Survey, National Health Accounts, etc.).
- It has been relatively challenging to engage some stakeholder groups, such as National Treasury, county governments and private sector. The stakeholder analysis has helped to identify factors that hinder engagement, and will be used to target the stakeholder consultations and communications strategy.
- Initial discussions have focused on the long-term vision – “where we think Kenya should be in 2030”. This is now to be balanced with activities that need to be implemented in the short-to medium-term towards achieving this vision.

Tanzania Investment Case

- **Timeline**

Existing processes were used (One Plan 2, Health Sector Strategic Plan 4, Big Results Now process). One Plan 2 will be finalized by October.

- **Process:**

- **Description**

Existing processes were used: One Plan 2, which is embedded as part of Health Sector Strategic Plan 4 and informed by Big Results Now (BRN) process.

- **Participants**

Consultations with development partners group, in particular RMNCAH and health financing thematic working groups. Extensive consultations held during BRN and One Plan 2. GFF specific stakeholder consultations held in April and July by Ministry of Health, with civil society joining the July session.

Partners actively engaged by constituency:

- Government ministries:
- Donors:
- Multilateral organizations:
- Civil society:
- Private sector:

- **Content**

- **Highlights of situation analysis and country context:**

- **Key programmatic areas**

Over the last decade Tanzania has successfully reduced death rates in younger age groups and surpassed the Millennium Development Goal (MDG) 4 related to reducing child mortality. The child survival gains have been attributed largely to improvements to investments in health systems and scaling up specific interventions through a decentralized approach. These include improvements in the share of children under five sleeping under bed nets, full coverage of vaccination and vitamin A supplements and the functioning of Integrated Management of Childhood Illness (IMCI) at health facility and community levels. Despite these successes, Tanzania's health outcomes are still lower than expected for its level of economic development, with progress on maternal and neonatal mortality being particularly slow. Maternal mortality ratio remains high at 432 deaths per 100,000 live births in 2012 against a backdrop of low coverage of facility deliveries and family planning. Neonatal mortality remains high at 26 per 1,000 live births. Stunting is persistently high (42 percent among children under five years of age). Health system constraints include poor quality of care, shortage of skilled human resources for health, large proportion of health financing heavily dependent on external support, low accountability, and limited engagement of private sector on public-private partnerships.

- **Key equity considerations**

The poor are highly dependent on the public sector for services, especially in the rural areas where choices are limited. Government focus on quality of care will address this. The Big Results Now in Health with an emphasis on increased resources to primary care, encourages domestic funding to focus on areas where there is a clear role for government, such as primary health care facilities. Facilities are being incentivized for providing services to the extreme poor. There is emphasis on the allocation of resources in a more equitable manner based on a government equity formula as well as geographical distribution of areas lagging in service indicators.

– **CRVS**

Costed CRVS strategy has been developed under the leadership of Ministry of Constitutional Affairs with extensive partner consultations.

– **Multisectoral elements**

– **Key expected results**

- **Financing of Investment Case:**

– **Status of resource mapping and costing**

All 3 plans have been costed, HSSP4 awaiting approval from ministry.

– **Partners committing financing/under discussion**

Strong commitment for domestic financing; USAID has created a single-donor trust fund to support project; co-financing by Power of Nutrition committed.

IDA allocation of USD 200 million, GFF Trust Fund USD 40 million, USAID Trust Fund USD 40 million, ANIS MD Trust Fund USD 20 million, Other Partners USD 290 million.

– **IDA/IBRD board date**

Approved in May 2015

– **GFF Trust Fund commitment**

USD 40 million

Links to key documents and websites:

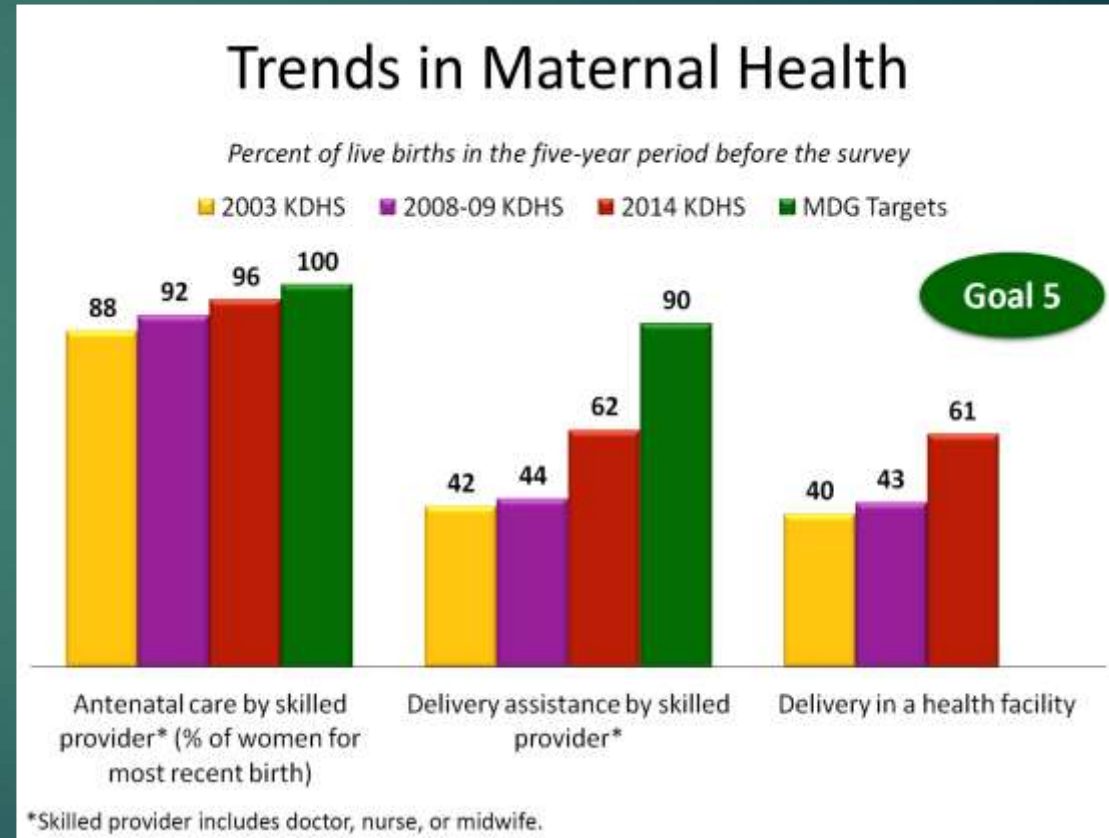
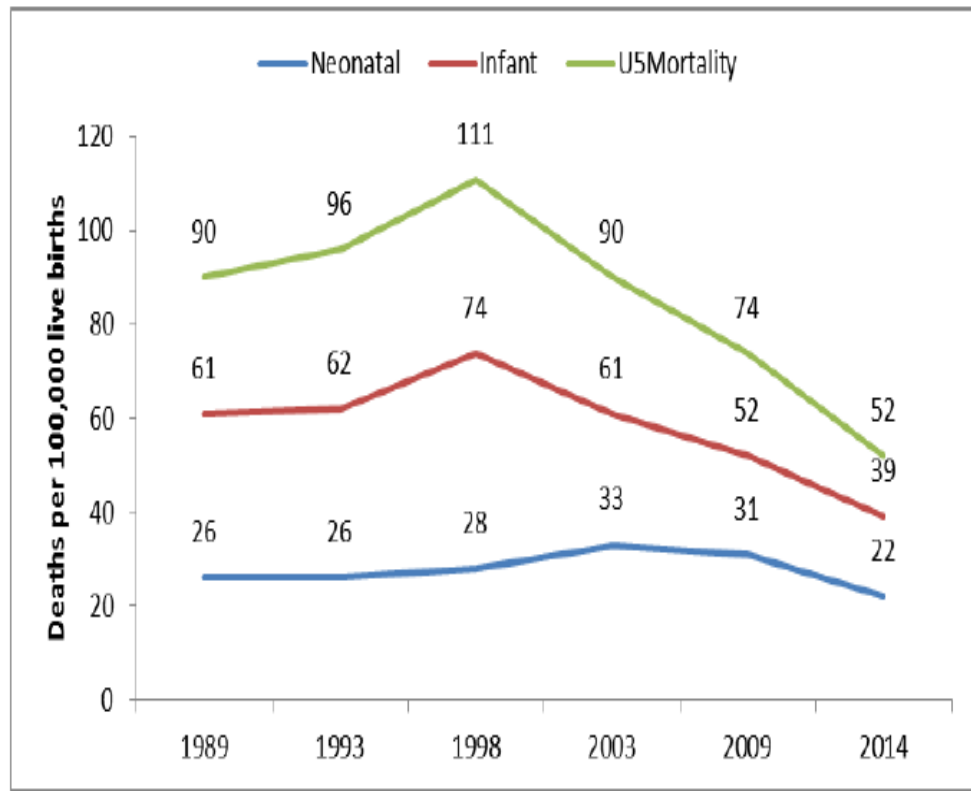


KENYA **RMNCAH Investment Framework** **and** **Health Financing Strategy**

Outline

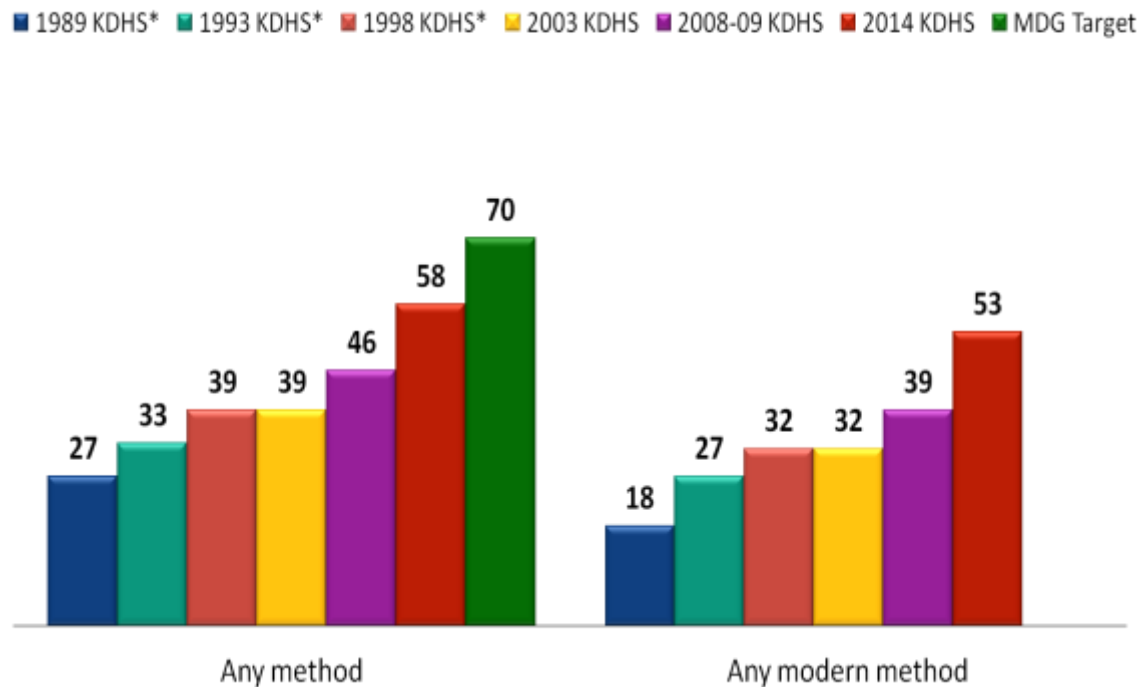
- ▶ Investment Framework
 - ▶ Diagnostic
 - ▶ Process
 - ▶ Vision, theory of change
 - ▶ Implementation, expected benefits, complementary financing
- ▶ Health financing strategy
 - ▶ Process
- ▶ Challenges, lessons learned, and takeaways

Kenya is making progress in reducing child mortality and improving maternal health services

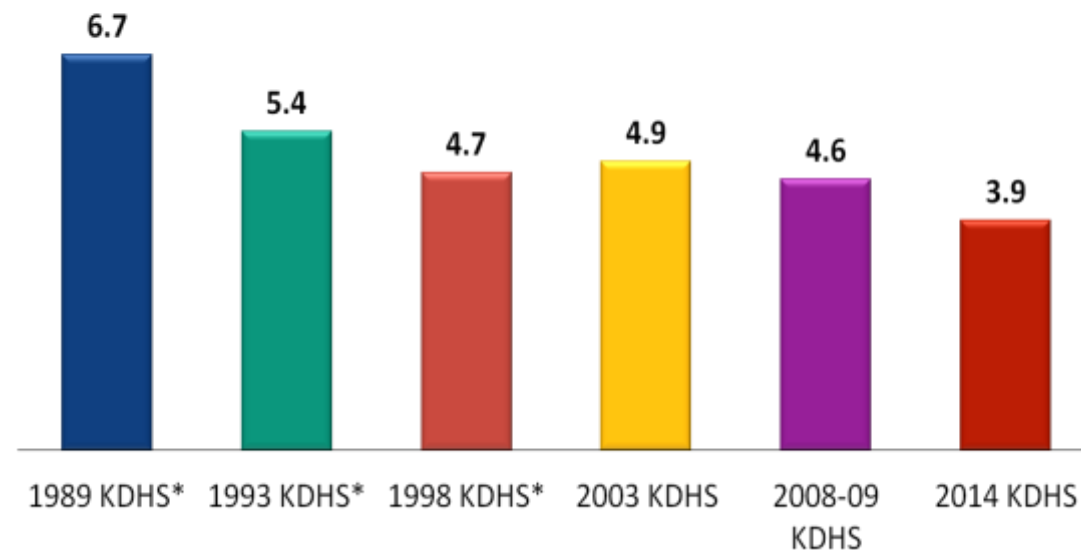


Contraceptive use increasing and fertility declining

Contraceptive Use



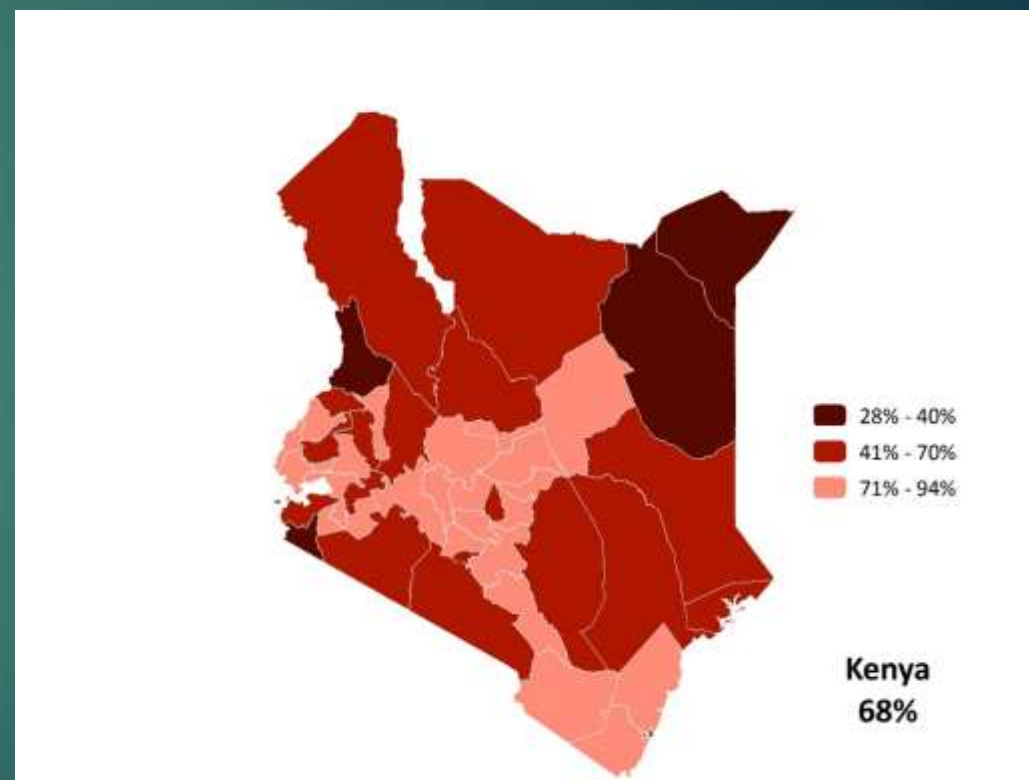
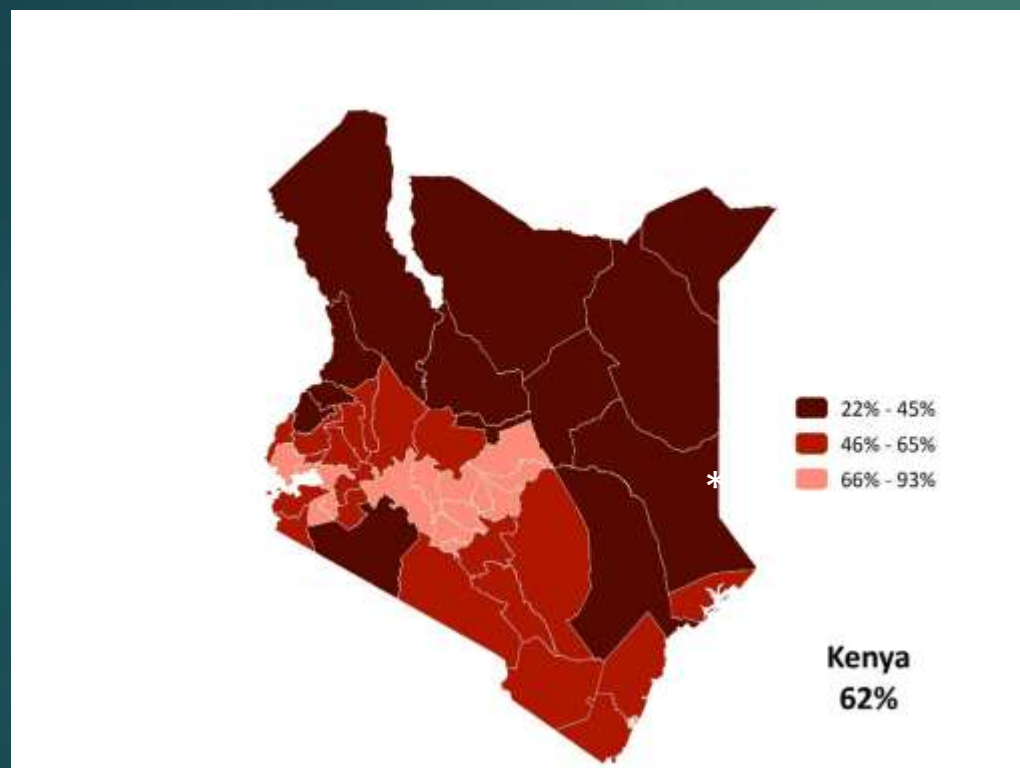
Fertility



Despite recent progress, stark regional inequalities

Skilled Care during Childbirth

Children fully immunized



Inequitable coverage in some areas and groups such as adolescents requires additional investments.

Other Key GAPS

- ▶ **Continued demand and supply barriers in scaling-up of high impact interventions.**
- ▶ **Sub-optimal functioning of the health systems**
 - ▶ Poor workforce distribution and low productivity
 - ▶ Funding gaps for essential RMNCAH commodities and supply chain
 - ▶ Incomplete and poor quality of data from routine health information systems
 - ▶ Devolution dividend still needs to be fully optimized due to capacity challenges at national and county levels.
- ▶ **Major contextual factor: decentralization**

The RMNCAH investment framework is the outcome of an 8 month long country-led development and consultative process

Key drivers

- **Political Commitment:** Improving RMNCAH services is a priority as reflected in Vision 2030, the Constitution of 2010 and the Health Sector Strategic and Investment Plan 2014-18.
- **Enabling policies and initiatives:** Free Maternity Services, elimination of user fee for primary care and the Beyond Zero campaign to address the critical barriers.
- **Inclusiveness:** Civil society, Faith Based Organizations (FBOs), private sector, professional associations and development partners.
- **Country leadership:** Two MOH-appointed national consultants and two focal points from the Planning, Policy and Health Financing Unit and the Division of Family Health facilitated.

Process – policy and technical consultations

- High Level Policy Consultation: January 21 – 23, 2015, Naivasha
 - Set the Agenda - Over 100 stakeholders participated, including multiple governors
- I st Technical Consultation: February 23- 27, 2015 followed by Stakeholder consultation on March 2, 2015
 - Reviewed existing policies and strategies and identified key implementation bottlenecks
- II nd Technical Consultation: April 21-30, 2015
 - Established methodology for data Triangulation and prioritization of interventions, population groups and costing approach.
- III rd Technical Consultation: June 9-25th
 - Draft RMNCAH investment framework. Detailed review by Technical experts from MOH and H4 Plus partners
- Validation meeting July 31, 2015

THE VISION



A Kenya where there are no preventable deaths of women, new-borns or children; no preventable still-births and where every pregnancy is wanted, every birth celebrated and accounted for; and where women, babies, children and adolescents are free of HIV/AIDS, survive, thrive and reach their full social and economic potential.

The Theory of Change

Impact

- **Reduced morbidity and mortality and improved quality of life of among women, children and adolescents (MMR, U5MR, NMR, TFR, Teen pregnancy)**
- **Enhanced socioeconomic development from optimizing the demographic and devolution dividend**

Outcome

Improved Equity

- Between Counties
- Between urban & rural residents
- Between rich and poor

Enhanced efficiency

- High impact interventions
- Evidence based decisions
- Financing based on Results
- Effective coverage

Universal Health Coverage

- Access to Quality RMNCAH & essential health Services
- Financial Protection

Outputs

Improved Service delivery

- Priority focus on high burden & underserved Counties, Groups (e.g. pastoralists) and Services (e.g. Adolescents)
- Innovations: Integrated services; PPP

Enhanced Community engagement & citizen's participation

- Demand side incentives
- Advocacy for action
- Social accountability
- Gender focus

Strengthened Health systems

- Productive health workforce
- Commodity security
- Health financing to ensure sustainability
- Health information including CRVS
- Good Governance

- **Political commitment, devolution, epidemiological and demographic transitions, food security, climate change, migration, and security**
- **Social determinants: education, water and sanitation, roads, transport, human and reproductive rights**

Key Strategies

- **Investing in best buys** of proven high - impact, evidence - based interventions that address demand and supply obstacles.
- **Maximizing long term impact** by investing in young people especially adolescent education and health.
- **Promoting equity** by prioritizing service delivery for the disadvantaged and most vulnerable and financial protection of the poor.
- **Shifting emphasis from inputs to results** through performance measurement, improved CRVS, social accountability and incentives linked to results.
- **Enhancing efficiency** evidence based decisions, improvements in productivity, quality of services and integration of services to optimize resources.
- **Enabling client's choice and behavior** through demand side incentives and community engagement.
- **Strengthening private sector role** through strategic partnerships.
- **Promoting innovation and continuous learning**

Central element of approach: addressing equity by targeting key counties

Prioritization based on most current data targeting those with low coverage (both % and number) and marginalized

RMNCAH area	Indicator
Reproductive health	Any modern contraceptive method
Maternal and Neonatal health	Percentage delivered by a skilled provider
	4+ Antenatal visits.
Child health	Full Immunization
	Children with Diarrhea seeking advice on treatment
	Children with symptoms of ARI seeking advice on treatment
	Children with fever seeking advice on treatment
Adolescent health	Percentage of teenage women aged 15-19 currently pregnant
HIV	HIV prevalence among females 15-49

Kakamega	West Pokot	Kilifi	Kitui
Nairobi	Samburu	Wajir	Tana River
Bungoma	Migori	Homa Bay	Lamu
Turkana	Trans-Nzoia	Mandera	Isiolo
Nakuru	Garissa	Narok	Marsabit

Implementation - County Level

Counties will be responsible for:

1. Mobilizing resources both domestic and external;
2. Developing and implementing plans by selecting high impact interventions relevant to the county context from the national RMNCAH investment framework;
3. Ensuring supportive supervision and annual reporting of service statistics.

Process:

- County plans will be an integral part of County Annual Integrated Development Plans and aligned with the County Strategic Health Plans
- At the county level, existing structures such as the HIV/AIDS health sector steering committees and Health Advisory Committees will be integrated and strengthened to include RMNCAH

Next Steps:

- Follow-on Consultations with the County Governments

Accelerated Response to 6 high maternal mortality counties

- H4 partner initiative coordinated by UNFPA effectively leveraged RMNCAH Trust Fund
- Builds on high level political commitment demonstrated by 15 high maternal mortality burden counties
- Demonstrates that quick response is possible and urgent needs of marginalized counties could be addressed.
- Implementation already in progress
- Early lessons expected by October 2015 which will inform the county implementation plans

Implementation - National Level

The MOH will be responsible for :

1. Developing and overseeing national policies and legislation,
2. Establishing norms and standards,
3. Providing technical assistance to counties,
4. Raising resources both domestic and external and
5. Promoting coordination and harmonization among development partners by reactivating Health Sector Coordination Committee.
6. Ensuring commodity security
7. Strengthening of collection and reporting of population level data by improving DHIS and CRVS working closely Department of Civil Registration.
8. Establishing a delivery unit to support implementation of RMNCAH investment framework

Private Sector

Kenya has a vibrant private sector

1. About half of all health facilities in Kenya are private and provides over 40 percent of curative services.
2. Several FBOs and NGOs play a key role in providing services in hard to reach areas and populations.
3. 82% of Kenyans own cell phones -> potential to scale up m-health and e-health initiatives to achieve greater impact.

Proposed strategies and activities:

- Building a strong partnership and trust through structured regular meetings and inclusion of private sector representation in key taskforces and working groups.
- Supporting legal and policy reforms: PPP act; PPP Strategy for Health (under preparation), and harmonizing standards to meet minimum patient safety requirements.
- Facilitating access to credit, particularly for smaller facilities & employment creation.
- Supporting health professionals' associations to improve professional self-regulation.
- Leveraging technology (e.g. tele-medicine, e-health, m-health).
- Increasing the private sector manufacturing potential of medical technologies and products.
- Supporting county governments to contract/partner with non state players.

Improving Information Systems and CRVS

Challenges	Strategy	Prioritized actions
<ul style="list-style-type: none"> Poorly functioning civil registration and low quality of vital statistics Inadequate and incomplete data to inform planning, managing and monitoring coverage and the quality of RMNCAH services. Inadequate deployment of the IT system from national level to the sub-County level (scale up from 107 to 285) 	<ul style="list-style-type: none"> Improved timeliness, completeness and coverage of administrative data complemented by independent verification and targeted attention to improve civil registration and vital statistics 	<ul style="list-style-type: none"> Improve quality of HMIS through RBF verification mechanisms and use disaggregated data (e.g. by gender, equity) for course correction on a quarterly basis. Institutionalize maternal death surveillance system Introduce independent verification mechanisms to improve HMIS quality Expand access to computerized vital registration services from 107 to 285 centers Introduce innovations to improve birth registration in counties with low coverage (incentives to community level staff; mobile time for SMS registration) Add ICD 10 abridged module for registration of causes of death to DHIS II. Link birth registration to integrated national ID

Projected trends in Maternal and Child health outcomes with and without RMNCACH Investment

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Maternal Mortality Ratio (maternal deaths per 100,000 live births)	400	399	398	370	368	365
	400	385	371	333	319	306
Neonatal mortality rate (deaths per 1,000 live births)	26.31	26.27	26.24	24.92	24.82	24.72
	26.31	25.53	24.76	22.78	22	21.25
Under five mortality rate (deaths per 1,000 live births)	52.03	50.92	50.76	49.36	48.97	48.91
	52.03	49.41	47.74	44.86	43.01	41.6

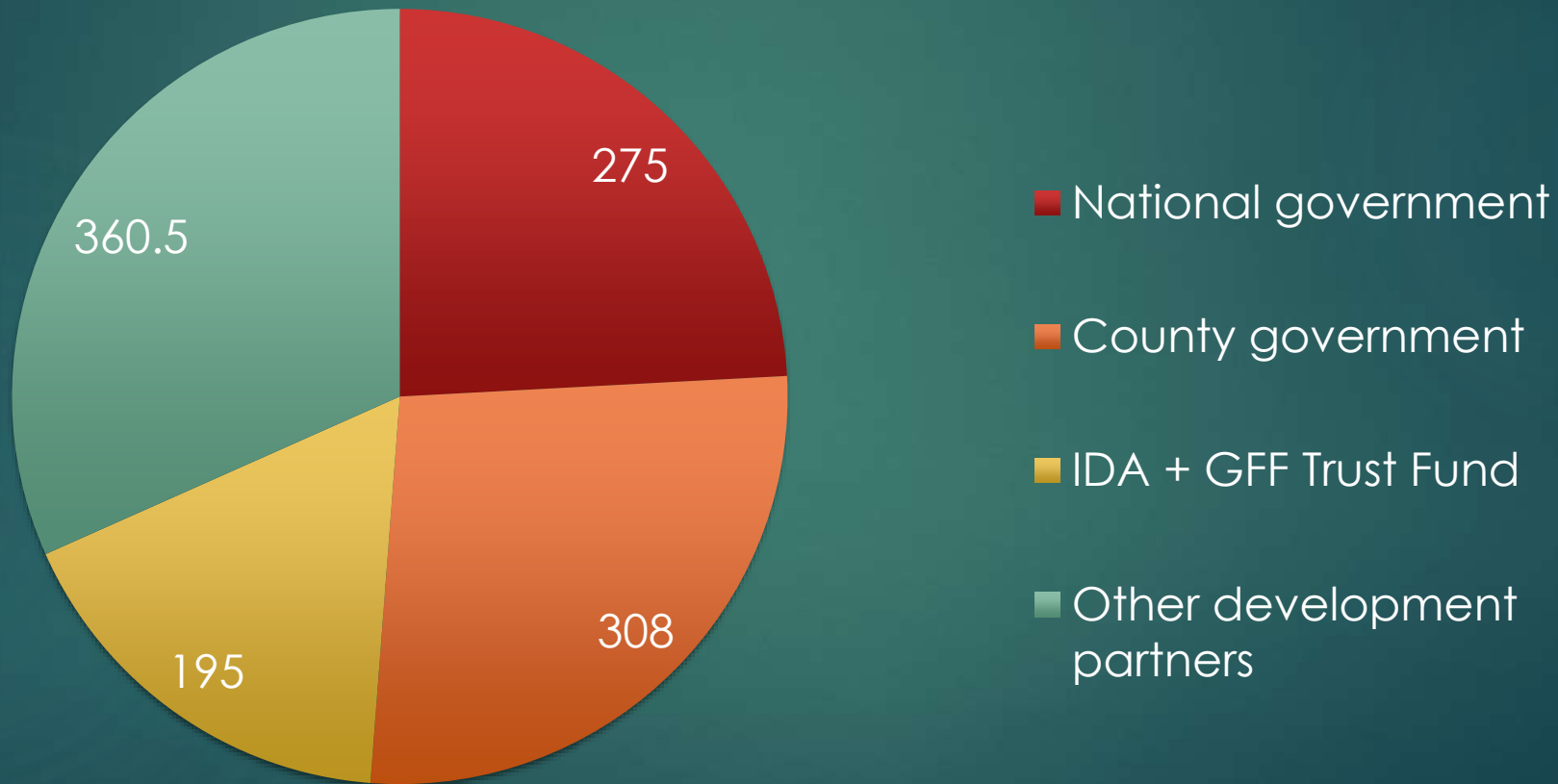
Estimated Benefits

	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20
Child Deaths (0-60 months)	77,596	77,443	79,278	78,894	80,218	82,133
	77,596	71,943	67,372	60,644	55,238	50,278
Stillbirths	29,303	30,003	30,706	30,006	30,632	31,283
	29,303	27,833	26,310	23,594	21,981	20,331
Maternal deaths	6,042	6,177	6,312	6,020	6,128	6,241
	6,042	5,576	5,121	4,368	3,950	3,547

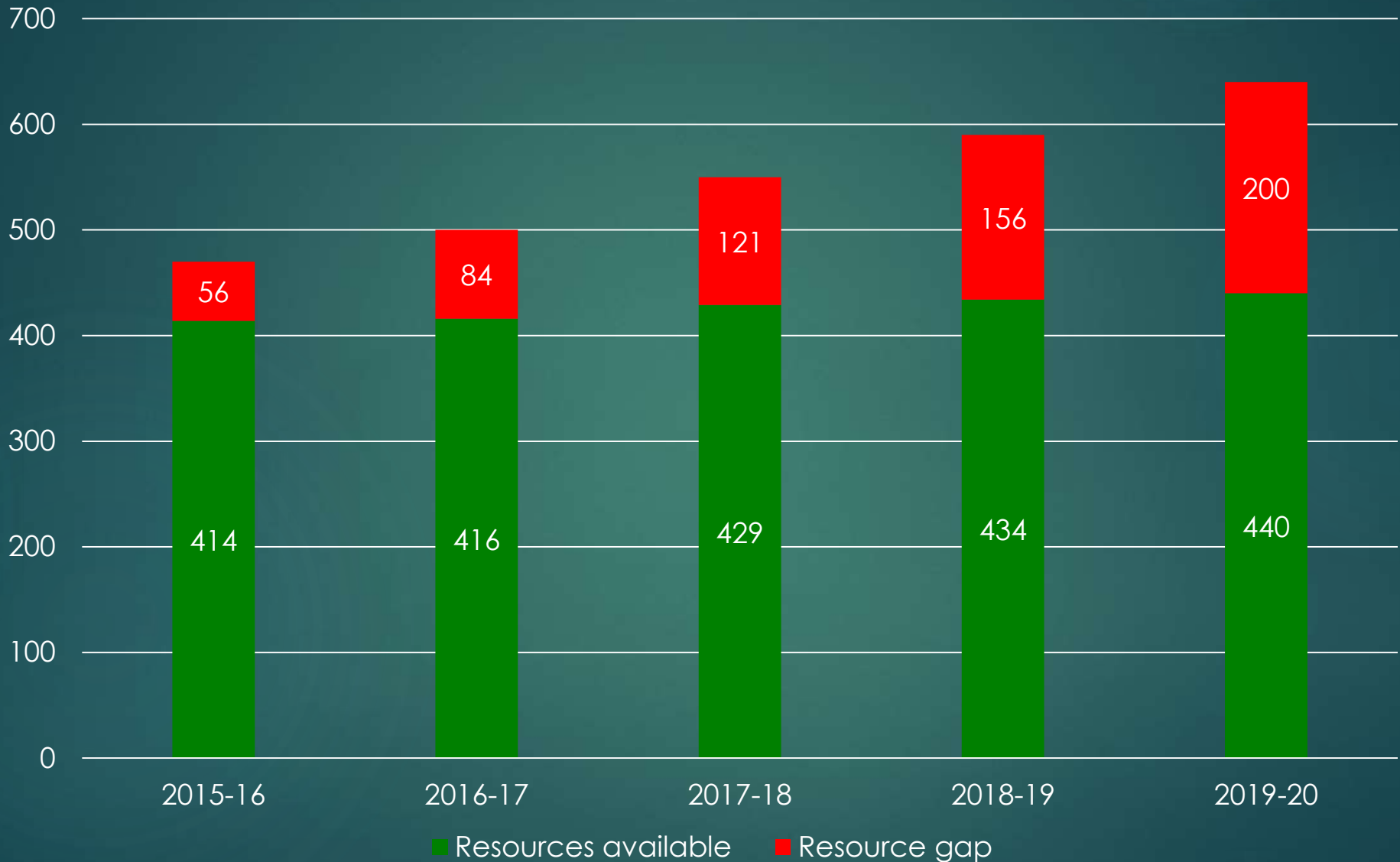
- Estimated economic benefit from under 5 lives saved and still birth prevented: US\$ 2,126.11 million
- Estimated economic benefit of averting maternal deaths: US\$ 224.93 million.
- The total present value of additional cost of scaling up RMNCAH services : US\$ 682.98 million

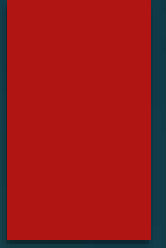
The benefit cost ratio : 3.44. (Every US\$ invested gives a benefit of US\$ 3.44)

Complementary financing for the Investment Framework



Estimated Resource Needs (US\$ million)



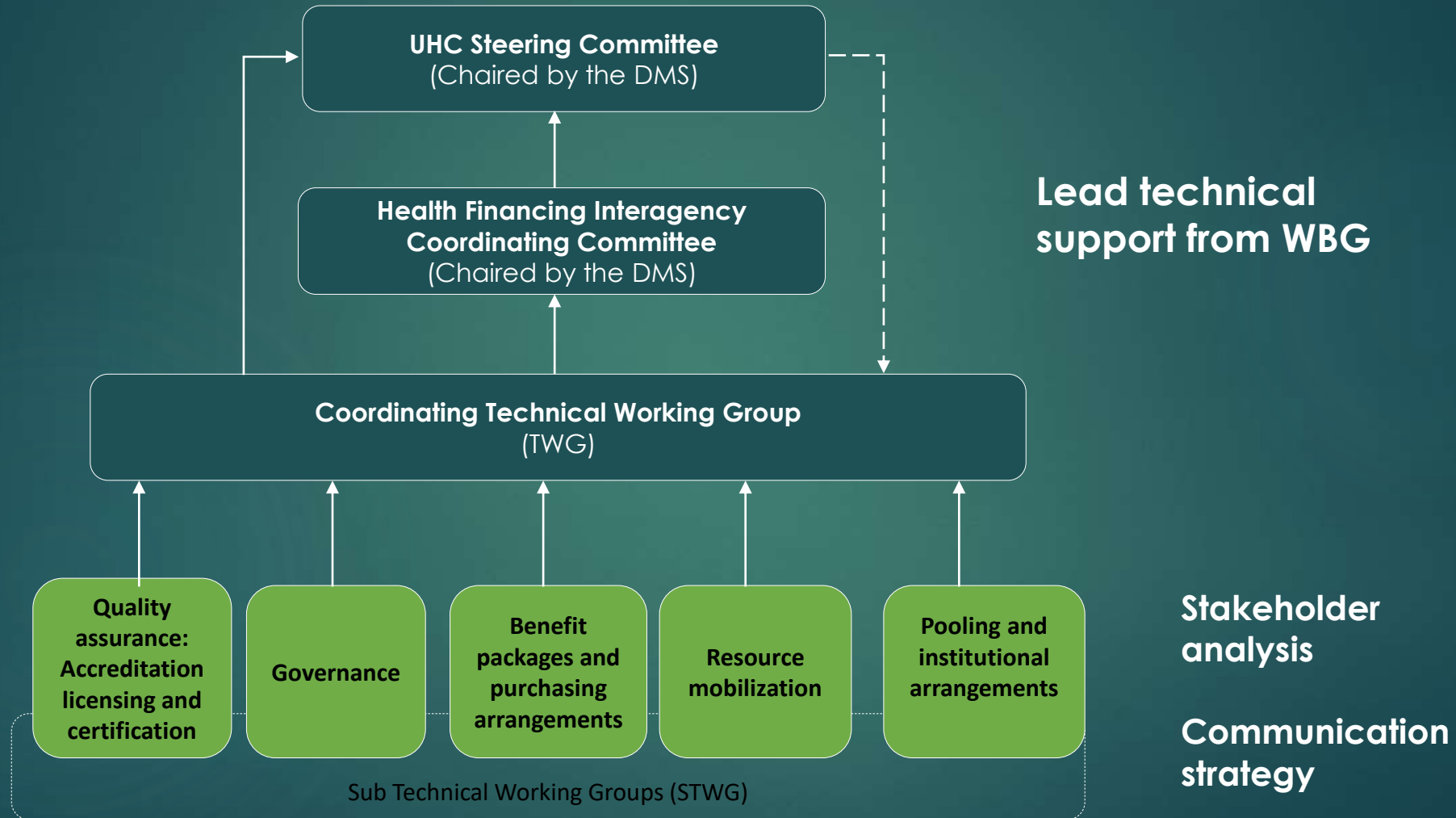


Health Financing Strategy Development

Kenya has been making efforts to develop a Health Financing Strategy (HFS) relevant for the country

Year	Initiatives
2004	Social health insurance bill passed in Parliament, but not signed by President
2006	Task force formed to develop an HFS for Kenya
2007	HFS drafted, but not finalized
2012	Ministry of Health commissioned the Partners for Health (P4H) consortium to review draft strategy
2014	Draft UHC road map developed
2014	UHC steering committee met to oversee and advise the Cabinet Secretary all aspects of UHC
April 2015	Concept note for finalization of HFS developed
May 2015	Start of the HFS finalization process

The process



Progress and next steps

- ▶ Commissioned stakeholder analysis and communications consultant in place
- ▶ First draft submitted to the Ministry of Health
- ▶ Consultations with key stakeholders: September – October, 2015
- ▶ Review by local and international experts: November, 2015
- ▶ Presentation to Cabinet: December 2015
- ▶ Developing detailed implementation plans: January 2016

Evolving Key Strategies

1. Making health insurance mandatory for all Kenyans with government commitment to purchase health insurance for the poor and vulnerable
2. Separating service provision and purchasing functions
3. Establishing a single risk pool (combining health insurance contribution and tax funding from national and county level), held at the National Treasury
4. Using multiple purchasers (public and private) to purchase the essential package for health on behalf of government.
5. Creating an independent accreditation system and linking provider payments to quality.
6. Establishing an expert committee responsible for developing and updating the benefit package.



Challenges, lessons learned, and takeaways

Challenges and Lessons Learnt

- ▶ Ensuring a process that is country led and owned with effective TA support
- ▶ Involving key stakeholders especially county governments, civil society and private sector early on
- ▶ Managing interests and expectations of wide ranging stakeholders
- ▶ Balancing long-term vision (15 year) with more immediate implementation concerns
- ▶ Keeping an integrated, sector-wide view while developing the RMNCAH Investment Framework (e.g. costing)
- ▶ Building country capacity to do investment case

Key takeaways from Kenya experience

- ▶ **Strong national ownership** leads to robust, inclusive process (creating a virtuous cycle that builds stronger engagement from partners)
- ▶ Focus on **equity**, particularly through geographical targeting
- ▶ **Decentralization** context highlights the importance of a flexible approach to Investment Case development
- ▶ Strong engagement by partners -> **complementary financing but gaps remain**

Investors Group High Level Calendar

Investors Group	2016	Potential Agenda Items
	Recurring Agenda items:	<ul style="list-style-type: none"> • Chair's Report to the Investors Group (Update on activities since last meeting) • GFF Portfolio Update (high level overview of status, including Trust Fund allocations) • Review of Resource Flows to Investment Cases (starting June 2016)
2nd IG Meeting	(1-5) February	<ul style="list-style-type: none"> • GFF Activities in all Facility countries (Full discussion of what all partners can do to support high burden countries to develop and implement Investments Cases and financing strategies) • Country Platform paper • Resource Mobilization Strategy • Update on CRVS • GFF in humanitarian situations/fragile states • Communication Strategy
3rd IG Meeting	June	<ul style="list-style-type: none"> • GFF engagement in Global Public Goods / Innovation and Commodities • Next wave of GFF countries • Approaches to ensure financial sustainability • Monitoring and Evaluation (post-SDG finalization)
4th IG Meeting	October	Annual Report
Investors Group	2017	Potential Agenda Items
5th IG Meeting	February	
6th IG Meeting	June	
7th IG Meeting	October	Annual Report

Monitoring Resource Flows for Reproductive, Maternal, Newborn, Child and Adolescent Health and Universal Health Coverage

Progress towards RMNCAH and universal health coverage (UHC) will require both more money for health and more health for money to achieve affordable access for all to quality health care services. The Lancet Commission on Investing in Health estimated that an average incremental cost of \$64 billion per year in 2016-2025 and \$83 billion per year in 2026-2035 is needed to achieve a grand convergence in health in low and middle-income countries. The Global Financing Facility (GFF) estimated that the resource gap for reproductive, maternal, newborn, child and adolescent health (RMNCAH) alone is \$33.3 billion in 2015 and \$16.5 billion in 2030. As the economies of these countries grow, most of the resources to fill these gaps are likely to come from government spending. Complementary efforts will however be necessary to increase levels of private sector investment and ensure that development assistance for health (DAH) effectively complements domestic spending. At the same time, increases in spending need to be accompanied by efficiency enhancing measures to get better value for money.

More reliable and complete information on resource flows and how they link to desired health outcomes are needed to inform local policy processes and monitor progress in financing RMNCAH and UHC. The growing momentum surrounding monitoring for UHC has tended to focus on coverage of health care services and catastrophic and impoverishing expenditures. However, access to health care and financial protection depend on the resources available to the health sector and the policies and institutions that govern the use of funds. National Health Accounts (NHA) is the widely accepted process through which countries monitor the flow of money in their health sector. Yet the quality and detail of data are often insufficient, methodological issues prevail, and in many countries, comprehensive NHA are yet to be produced regularly.

National Health Accounts often lack the quality and disaggregation of data to allow for a comprehensive and accurate assessment of financing patterns of RMNCAH and UHC. While the quality of data on public resource flows tends to be in general of better quality, countries face challenges in accounting for private sector resource flows. For example, public-private partnerships are not always on-budget. To capture all private capital investment, it would require financial documentation from private companies and data from registration and licensing systems. Similarly, a large share of DAH tends to be off-budget and efforts are needed to account for these resource flows, not only to capture the full picture of external financing, but also to estimate the effects of DAH on domestic financing. In addition to improvements in quality, further disaggregation of data is necessary to link expenditures with specific health outcomes such as RMNCAH. Measuring disease and age-specific expenditures within NHAs is possible, but adds further complexities to the NHA exercise. Facility surveys or administrative claims data by level of provider are needed to assess the distribution of expenditures by services related to specific age and disease categories. This may require time and motion studies to estimate the labor cost required to perform related activities. Similarly, individual level data on utilization is needed to assess out-of-pocket (OOP) expenditures by age and disease categories. In countries where OOP financing is predominant, considerable effort is needed to assess expenditures patterns and, yet, there is no standardized approach.

In parallel to data issues, the use of National Health Accounts is hampered by methodological challenges. In the first instance, there remain issues of expenditure classification, for example, the allocation of expenditures to diseases is complicated by patients presenting with co-morbidities (e.g., an HIV positive pregnant woman). More significant challenges pertain to the use of NHA information for policy making. For example, some research suggests that DAH may significantly crowd out domestic financing of health; however, there is no widely agreed methodological approach to assess and quantify such substitution effects. Similarly, the 2010 World Health report estimated that 20-40% of all resources spent on health are wasted; yet, there is no established framework to quantify efficiency and measure it systematically.

Finally, in many low and middle income countries, NHA have yet to be institutionalized. Over the years, governments and development partners have invested in establishing NHA in many countries, however, with mixed results. NHA have been successfully institutionalized where they are carried out by national organizations in response to demands for relevant information by policy-makers. Yet, in many countries, NHA have been a one-off effort, in which externally financed, donor-driven NHA “projects” typically failed to build adequate local technical and institutional capacity. In these countries, local capacity has often been insufficient to analyze and make further use of the information generated by NHAs. And even when countries manage to institutionalize NHA, the frequency of detailed exercises remains a matter of debate. For example, the complexity and costs of producing disease and age specific NHA means that only a dozen OECD countries track these patterns routinely.

Despite these challenges, the need for more systematic approaches to tracking health resources is widely recognized to better link resource flows to needs and outcomes. Some low- and middle income countries, such as Bangladesh, Fiji, Sri Lanka and Thailand, have led the way using the original OECD methodology to produce estimates by age and disease. Many bilateral and multilateral organizations continue to provide support to countries under the overall coordination of the World Health Organization (WHO). Under WHO guidance, over 30 countries have finished one NHA with estimates by age and disease. WHO will also produce a general guidance note for implementers by September 2015.

The GFF provides an important opportunity to support countries in producing better resource flow data for RMNCAH and UHC policy-making. First and foremost, support for the design and implementation of country health financing strategies could help countries institutionalize NHA, including, as needed, age and disease estimates and the use of these data for RMNCAH and UHC policy-making. In addition, the GFF could foster consensus about methods to analyze and indicators to monitor financing system outcomes relevant for RMNCAH and UHC. In parallel to discussions with GFF countries, consultations with development partners have begun on how to seize these opportunities without duplication of efforts; as of now, primarily with partners that have traditionally supported the institutionalization of NHA, including some represented in the Investor Group. For the coming months, the goal is to broaden the discussion and facilitate the development of a joint work program. Further details on this will be discussed with the Investors Group at the September 28th meeting.

Quality Assurance of Investment Cases

1. Background

The Investment Case is at the heart of the GFF approach to smart financing, as it identifies the “best buys” in each country and facilitates channeling financing to them, including by supporting the prioritization of approaches in view of the resources available. Ensuring that Investment Cases are high quality is therefore critical to the overall success of the GFF.*

There are three key elements to this:

- Guidance on the process, content, and methodologies for the development of Investment Cases;
- Technical assistance to ensure that countries are supported in the development of Investment Cases;
- A quality assurance (QA) process.

On the first, the GFF Business Plan defines the overall approach for the development of Investment Cases, which is handled by national stakeholders led by the government. At the request of countries, further details about the process, contents, and methodology for the Investment Case are being developed. This guidance will be an important starting point for the QA process, but is not the focus of this note and so is not addressed further herein.

The second is the subject of a separate background paper to the GFF Investors Group, so is also not addressed herein, although it is important to note that there will need to be close coordination between technical assistance providers and the QA mechanism described in this paper.

As outlined in the Business Plan based on discussions in the Oversight Group, the Investment Case is subject to a QA process that is intended to help improve the quality of the document and thereby build confidence among potential investors (domestic as well as international) in financing the Investment Cases.† The experience of the frontrunner countries has also highlighted some challenges (such as around the difficulty of prioritizing) that a more structured approach to QA could have assisted with.

* This note focuses solely on Investment Cases and does not address health financing strategies, as the technical requirements for health financing strategies are considerably different and so will likely require a different process. This will be addressed in a separate note for a subsequent meeting of the Investors Group.

† The value of an impartial assessment is not limited solely to the development of Investment Cases: continued assessment can be important as investments are made and countries proceed with the process of implementation. This ties directly into the approaches taken for monitoring and evaluating progress, and so links to existing

2. Objective of the Quality Assurance Process

Ideally, the QA process for the GFF would fulfill two distinct objectives:

- 1) To support countries to improve the quality of their Investment Cases;
- 2) To provide assurance to potential financiers of an Investment Case (both ministries of finance and international partners) that it represents a technically sound approach and is in line with international standards.

The challenge that the GFF faces is that recent experience has shown that it is not easy to simultaneously achieve both of these objectives. For example, the Joint Assessment of National Strategies (JANS) organized by the International Health Partnership+ (IHP+) has essentially the same two objectives, but its own review of the use of JANS revealed that it was more successful at the former than the latter.[‡] In contrast, the QA processes employed by the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, have been more removed from the development of the materials being assessed and so generally are perceived as focusing primarily on the second objective.

This experience suggests that it would be easier operationally to prioritize one of these objectives over the other. However, both of the objectives relate directly to core principles of the GFF. Country ownership is at the heart of the GFF approach, which highlights the importance of ensuring that the QA process is meaningful for countries themselves. The second objective is tied to the broader aim of the GFF to act as a facility that improves alignment of financing for RMNCAH. Ideally, a broad set of partners would rely on the GFF QA process to feel comfortable financing an Investment Case without needing to undertake a set of parallel assessments that create significant burdens for countries. Achieving this will require further discussions with individual financiers and so is likely to be a progressive shift rather than an immediate sea change (and it is recognized that some partners will need to continue with their existing internal QA processes regardless of the GFF approach).

The approach described in this paper is aimed at establishing a QA process that fulfills both objectives. At the heart of the approach is an effort to shift QA away from being a one-off exercise that passes judgment on an Investment Case at the end of a planning process, to instead focus on challenging countries to refine their thinking by asking constructive questions at several key checkpoints in the process. This is accomplished through a process that is “close to the ground”, rather than relying on the submission of documents to a global structure. The QA process must also bring an objective perspective to the process.

3. Principles Guiding Quality Assurance of Investment Cases

A set of principles have been developed to guide the QA process, which should:

mechanisms such as IHP+ and the role of partners such as H4+. As it is a broader and more heterogeneous issue it will not be covered in this note.

[‡] “Early evidence suggests that use of the JANS as a developmental tool for sector strategies has been broadly successful, resulting in stronger or more complete national health sector strategies. There is less evidence of its impact on funding decisions and transaction costs.” World Health Organization, “How to conduct a joint assessment of a national health strategy (JANS), based on country experience”, August 2013.

- Be conducted in a manner that is flexible, relevant to the specific country context, and coordinated through the country platform;
- Provide timely and regular feedback to the country team over the course of the development of the Investment Case, rather than simply passing judgment at the end of the process;
- Be oriented to finding solutions rather than simply critiquing;
- Have an independent element;
- Bring external credibility to the process;
- Uphold the highest quality standards by being conducted by teams of experts that are familiar with both the latest technical knowledge globally and the national context;
- Contribute to the general learning and capacity building of country stakeholders.

4. Elements of the QA Process

The QA process should help ensure that Investment Cases are in line with the GFF guidance on Investment Cases, by:

- 1) Assessing the analytical work that underpins the Investment Case to ensure that it has rigorously assessed the current situation of women, adolescents, and children and the determinants of this, with a particular emphasis on equity;
- 2) Reviewing the theory of change set out in the Investment Case to confirm that the approach described will put the country on a trajectory to achieve its longer term (2030) vision;
- 3) Confirming that selected interventions and strategies address the continuum of care, are based on evidence, are accepted as high impact and cost-effective, and respond to the country's epidemiological pattern, identified implementation bottlenecks and key opportunities within the national context;
- 4) Ensuring that gender, equity, and rights underpin the Investment Case, in particular by focusing on whether under-funded issues such as family planning or nutrition, or neglected groups such as adolescents and populations that are disadvantaged economically, socially, and/or geographically are appropriately reflected in the Investment Case;
- 5) Confirming that the Investment Case includes clear prioritization of strategies, interventions, target populations, and geographies that is based on a realistic assessment of resource availability (or scenarios for different levels of resource availability) and the GFF principles (e.g., equity), including by confirming that:
 - a. Modeling or other analytical approaches have been appropriately used to compare between different options for intervention mix, service delivery approaches, etc.;
 - b. Appropriate shifts in service delivery are proposed to address the obstacles that have been identified, including the modes of delivery (public, private, not for profit) and the location of delivery (facility, household, community);
 - c. Health system constraints (e.g., on human resources for health, supply chain management, regulatory barriers) and the challenges related to demand for services are adequately addressed;
 - d. Complementary activities (e.g., community engagement, advocacy) are incorporated;
 - e. Multisectoral determinants of the health of women, adolescents, and children (e.g., related to sectors such as WASH, nutrition, education, social protection, and gender)

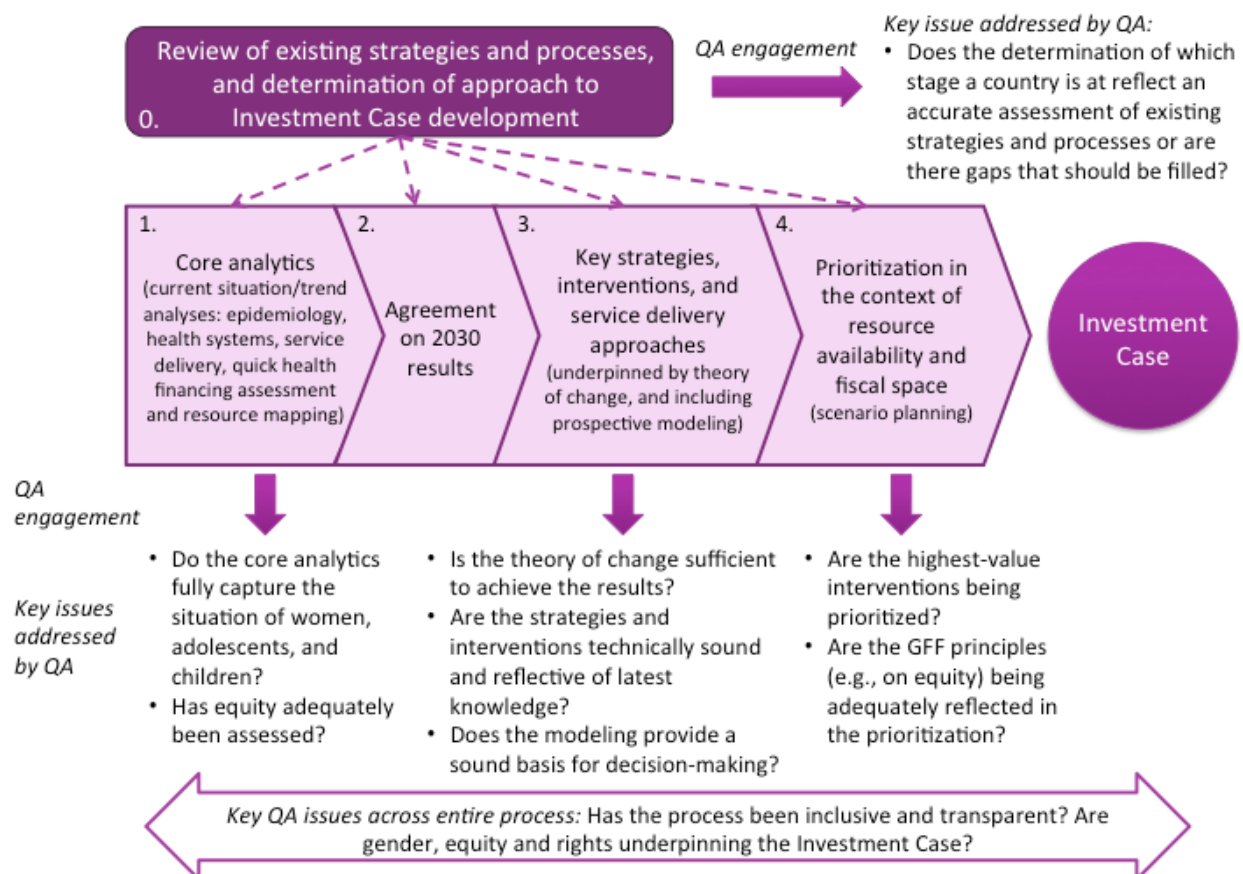
have been assessed and considered for inclusion in the Investment Case, reviewing associated strategies/plans/cases in these sectors as necessary;

- 6) Checking that CRVS and the health financing strategy are closely linked to the Investment Case;
- 7) Assessing the reasonableness of the cost estimates;
- 8) Assessing inclusivity and transparency during the development of the Investment Case.

5. Operational approach

As noted above, the QA process will be “close to the ground” and is aimed at challenging the thinking underlying the Investment Case rather than imposing external ideas of what should be in it.

The development of an Investment Case has multiple steps, as set out at a high level in the figure below. QA should come in at multiple points throughout this process. This requires the QA approach to be modular, such that it can focus on different elements at different points in the process of developing an Investment Case. As suggested in the figure below, the issues that are addressed vary across the stages of Investment Case development.⁵



⁵ This also enables a flexible approach to be taken depending on how a country is approaching the Investment Case process and whether existing materials already cover portions of the Investment Case process or whether the country is engaging in the entire process. This diversity has already been seen among the frontrunner countries, with, for example, Tanzania having conducted a significant amount of analytical work and identification of

The implication of this approach is that the QA requires an institutional arrangement that can engage regularly throughout the Investment Case process. In most of the countries in which the GFF operates, there are local academic institutions that are the most likely candidates to play this role (although a country-by-country assessment has not been completed to identify institutions). In the event that no suitable local institution can be identified, there are academic institutions in each region in which the GFF operates that could play this role.

The experience of the JANS process has identified three primary ways in which a country can engage with a QA mechanism, as shown in the following table:

Who does the JANS	Pros	Cons
In country partner reviews	<ul style="list-style-type: none"> Know the country context well. Opportunity for non-government partners to provide inputs to the strategy in a structured and comprehensive way. Can build on existing working arrangements such as technical working groups. Can engage new stakeholders to bring in an independent element e.g. academics. Creates common ownership of the Strategy. 	<ul style="list-style-type: none"> In some contexts it may be difficult for stakeholders to be critical of government documents. Opens up to lobbying from particular interest groups and pressure to take on board every partner's issues. Possibly a challenge to ensure the full range of skills. Will need to demonstrate how there is some independence built into the team.
Fully independent team	<ul style="list-style-type: none"> Clearly independent, which should enhance credibility of JANS findings to funding partners who use the JANS in making funding decisions. May give the assessment higher profile and make it easier to engage top level staff and ministers and facilitate dialogue between levels and across partners. Provides fresh and neutral perspectives on the strengths and weaknesses of the strategy. 	<ul style="list-style-type: none"> If independent team members are not familiar with the country (e.g. international experts), their lack of knowledge of context could make assessing feasibility more difficult. However this can be addressed by including team members who know the country context well. If there are assessors from outside the country this can be costly. However, the costs may be lower overall if the JANS replaces multiple separate assessments by different partners.
Combination of fully independent experts and less independent assessors or facilitators	<ul style="list-style-type: none"> Provides a clear independent element to the team. Provides detailed knowledge and understanding of the strategy. Including people involved in strategy development could help to ensure JANS recommendations are relevant, understood and adopted. 	<ul style="list-style-type: none"> The team can get quite large, with associated transaction costs, if there are both independent assessors and facilitators.

Source: JANS, "How to conduct a Joint Assessment of a National Health Strategy (JANS), based on country experience" (p. 11)

The first approach of in-country partner reviews does not conform to the principles of the GFF process and so is not a good model for the QA mechanism (and in practice was not as common in the JANS experience as the other options). However, both the independent team and the combination approach

interventions prior to the start of the Investment Case process, whereas Kenya decided to undertake a more comprehensive process.

are in line with the GFF principles, so countries have the option of which approach they employ. In the fully independent model, a team from the local institution that played no part in developing the Investment Case (or the particular element of it that is being examined) reviews the materials produced and engages in a dialogue with the team that led the development of the work (typically in a review workshop that enables a productive dialogue and question-asking, but the particularities are determined by each country). In the combination model, a team is set out consisting of both independent experts from the local institution who were not involved and some members of the team that has led the development of the Investment Case, and they collectively review the progress and challenge the thinking in the Investment Case.

In either model, the local institution is responsible for producing a series of reports throughout the process that highlight key issues and questions that the country should consider in the preparation of the Investment Case. These reports would be available to potential financiers of the Investment Case.

6. Management of the QA mechanism

The model of using local institutions to provide QA has considerable benefits in terms of local ownership, capacity building, and the ability to engage regularly throughout the Investment Case process. However, it does require a global structure to identify the local institutions, contract them, and ensure that the feedback they provide to countries is technically sound and conforms to the GFF guidance on the Investment Cases.

The Technical Working Group considered four options for a structure that could play this role:

- An academic institution;
- The Countdown to 2015 initiative;
- The IHP+ Secretariat;
- A private sector firm (e.g., a firm that specializes in quality assurance).

The Technical Working Group did not reach a conclusion on which option would be best, in part because further discussions are needed with these different actors, including on the cost implications of each of them and how QA would be financed. Additionally, further engagement is needed with key financiers so as to understand more about the aspects of QA that are particularly important for each of them to feel confident financing a quality assured Investment Case, which is critical because one of the objectives of the entire process is to support the aim of GFF to act as a facility that improves alignment of financing for RMNCAH.

This further work is intended to result in agreement on a mechanism that can work across the entire set of countries involved in the GFF as a facility (i.e., 63 high burden, low- or lower-middle income countries). In the short term, however, the four frontrunner countries and eight second wave countries are moving more rapidly because of financing from the GFF Trust Fund. For these countries, the costs for the QA process will be borne by the GFF Trust Fund. This means that the GFF Secretariat at the World Bank is responsible for the use of these funds and so will handle the contracting associated with the process. The Secretariat is examining the practical implications of this, and will direct contract local institutions and/or will hire one of the entities listed above (an academic institution, the Countdown to

2015 initiative, the IHP+ Secretariat, or a private sector firm) for the process of conducting quality assurance in the short-term.

In addition, it will be important to support the local institutions to learn from each other through South-South exchanges.

7. Elements for Investors Group consideration and proposed next steps

The Technical Working Group reached agreement on the objectives, principles, key elements, and operational approach of the quality assurance approach as outlined in this background paper, and so asks the Investors Group to consider the following questions:

- Does the Investors Group agree with the proposed objectives, principles, and key elements? Are there others that should be added?
- Does the Investors Group agree with an operational approach that is based on repeated engagement throughout the process of developing an Investment Case and is typically led by a local institution?

If the Investors Group is comfortable with the approach, the next step is to engage with the entities that could manage the local institutions and to assess the cost implications of the possible management approaches outlined above. Additionally, key potential financiers of Investment Cases will be approached to understand more about the aspects of QA that are particularly important for them. These discussions will occur in the next several months, with an aim of identifying the most suitable management approach by the end of the year.

In parallel, the guidance on the process, content, and methodologies for the development of Investment Cases will continue to be developed, so that they can serve as key starting points for the QA process.

Working with countries to provide Technical Assistance for the development and implementation of the RMNCAH Investment Cases in support of the Global Strategy: Options for Coordinated Approaches

1. Introduction

The new Global Strategy on WCAH and the launch of the Global Financing Facility, present opportunities for increased and enhanced investments in women's and children's and adolescents health. Their implementation will require quality technical support. In this context and given the wide range of actors supporting efforts to improve women's, children's and adolescents health, effective coordination of quality TA at global, regional and country level to support operationalization of the Global Strategy, and the development, implementation and monitoring of RMNCAH investment cases and plans is essential.

During the workshop *"From 'shopping lists' to Investment Plans"*¹ held in June 2015, countries indicated that their capacities to locally provide and manage TA have improved, nevertheless important gaps remain. The first entry point for countries to seek immediate support for these gaps are the existing country TA coordination platforms such as H4+ or local health partners coordination. Countries indicated that despite their best intentions, the multiplication of global initiatives, plans and tools have created at the country level an amalgam of TA needs which are difficult to access and navigate and that often result in inefficiencies and confusing directions. Time and again, the TA provided is ad-hoc and short term, with little consideration for sustainability and capacity building. Therefore, in addition to strengthening local TA availability, use and coordination at the country level, there is a clear need for coordination, harmonization and provision of quality TA from the global and regional levels in support to countries, in an organized, sustainable and continuous manner which builds the local capacity. This coordination must respond to demands from countries and assure simplified access to and provision of TA. This should include greater clarity on TA providers (who provides what, when, how) and streamlining of tools and approaches used in the process of planning and implementation. Finally, TA coordination and provision should aim at using the existing capacities at the country level and further building it, rather than substituting for it.

The above findings are supported by the lessons learnt in providing and receiving TA, summarised in a recent iHP+ technical brief *"How to ... Improve Technical Assistance"*² which informs ways on how to get better value from technical assistance. The brief highlights the joint responsibility between those seeking and providing TA, starting with **agreeing on mechanisms for coordination and approval**, including any central policy and guidelines. It calls for TA requestors and providers to **be transparent about TA requests and plans**, recognising there may be competition between providers at times. They need to **consider the best approaches and providers for each TA requirement**: this may include innovative and technology-based approaches. This has to be done by **avoiding duplication** of efforts

¹ WHO (2015) "From 'shopping lists' to Investment Plans - Supporting countries to develop and finance sound Investment Plans for Women's, Children's and Adolescents' health"

² iHP+ (June 2015) How to improve Technical Assistance brief

(http://www.internationalhealthpartnership.net/fileadmin/uploads/ihp/Documents/Key_Issues/Technical_Assistance/IHP_How_To_TechAssist_7th_proof.pdf)

and reinventing the wheel, by establishing an institution or system for ensuring reports and analysis are accessible to all. All above, it must be done by **building up the recipient's capacity to contract TA**.

This Options' paper builds on the iHP+ summary of lessons learnt on TA and findings of the above mentioned workshop.

2. Objectives of the paper

In the context of this paper, TA support refers to assistance provided to ministries and other national institutions to facilitate the development, implementation and monitoring of RMNCAH investment cases and plans. This includes support from local partners, South-South collaboration, H4+ and other agencies with technical expertise, NGOs, academics, consultants or relevant global and regional actors. While some TA would support national efforts alone, other TA would foster wider cross-country efforts to foster improved learning, opportunities, efficiencies and effectiveness. This paper follows the iHP+ position that local coordination and provision of TA are the priority avenues in working with countries in identifying and delivering TA. To this end, local TA and modalities for developing and implementing it are well described in the iHP+ documents (see Box 1). This paper will focus on the alignment, harmonization and coordination of global TA in support to country's efforts to develop and implement the RMNCH investment cases while building the local capacities. It summarizes key areas of TA support, outlines modalities and suggests options for mechanisms of coordination of TA at the global level.

Box 1: Local provision and coordination of TA

In the context of the Global Strategy and the GFF the organization and provision of local TA will be very closely related to the country coordination platform and quality assurance processes that countries will choose. National coordination of TA is expected to be carried out through country platform(s) and related mechanisms to ensure that critical areas are covered, avoid duplication and support cohesion and synergies among partners' TA approaches (for an overall description of the country platform, see the GFF Country Platform paper). It is critical that local institutions, academia, technical NGOs, think-tanks and national individual experts are considered in both the provision and coordination of TA, including in any special task team that can be composed to address a particular issue related to investment case development, implementation and monitoring. To draw on such resources, the country platform should consider developing (if not already existing) and maintaining a roster of national institutions and experts. These rosters/groups need to be maintained and updated. It is also important that they have opportunities to provide feedback on the effectiveness of tools and coordination of TA. The iHP+ document provides further insights on the development and maintenance of local TA.

3. Key areas and entry points for strengthening TA capacities of countries

In the context of the implementation of the Global Strategy and development of RMNCAH investment cases, it is anticipated that countries will request TA support in a number of areas ranging from RMNCAH technical matters, to CRVS, Health Systems strengthening, multisectoral action, etc. It has to be noted that capacity building of the local TA providers remains a key component of TA provision in all areas.

3.1. Main entry points to TA needs:

a) Development of the investment case and plans

Technical support to assess the situation (progress made and gaps), existing plans and strategies (e.g. national health plans, RMNCAH specific, etc), formulate priorities, targets, content (activities/interventions), map existing resources, link solutions to other broader health sector strategies (e.g. financing strategy, health workforce, CRVS, etc.), and carry out costing of the investment case to present options and potential returns on investments.

b) Resourcing and financing strategy

TA for developing health financing strategies and to estimate financing needs/gaps by mapping current and projected resources for the health sector from domestic and external sources. Furthermore, to develop tailored arguments for increased and/or sustained investment (e.g. economic arguments for ministries of finance), ensure that RMNCAH investment cases and plans are integrated in and consistent with national financing strategies and budgets for the overall health sector, and that resource allocation is negotiated based on prioritization outlined in the investment cases and plans.

c) Implementation

TA and direct implementation support for translating global, regional and country learning to country action through updated best practice materials such as new evidence, toolkits, training materials, and treatment guidelines, and continuous access to networks of global, regional and local experts who can support nationally defined priorities.

d) Monitoring and evaluation

Ensuring countries have access to the necessary data, tools and support to enhance the monitoring and evaluation of RMNCAH investment cases and plans. This includes monitoring of implementation through annual sector reviews, IHP+ monitoring mechanisms, surveys, logistics management information system, routine reporting through e.g. RMNCAH Scorecards, links to Countdown, evaluation exercises etc.

e) Advocacy and resource mobilization, managerial capacity

A large focus of the GFF is on domestic resource mobilization. This will require continuous engagement between the Ministry of Health, Ministry of Finance, Parliament and Local Government and other stakeholders. Similarly there is a need to advocate that the right interventions with the highest impact are selected. This will require turning information into messages to be able to show the returns of the required investment.

3.2 Cross-country priorities:

TA supporting cross-cutting technical and operational challenges that benefit from coordinated global action to address key gaps and alleviate persistent implementation bottlenecks. That will include among others identification of best practices, documented and disseminated as well as development and access to global, regional and local networks of experts. Such TA may be considered a global public good, since several countries can access and profit from this support. Among others, areas of cross-country priorities include:

- Civil Registration and Vital Statistics (CRVS): supported through the planned CRVS Center of Excellence housed at the International Development Research Centre in Canada
- Results Based Financing

- Improved availability and access to essential commodities: support to global market shaping, regulatory efficiency, quality assurance, supply chain, etc.³
- Harmonization of monitoring and evaluation, e.g. follow up of the Commission on Information and Accountability for Women's and Children's Health, the expected annual IAP report, etc.
- Normative standards and updated guidelines
- ICT/e-Health harmonization and support

3.3. Development, maintenance and dissemination of toolkit in support of TA:

Delivering quality TA requires guidance and tools. The June 2015 Workshop in Geneva identified as a priority the development of a streamlined and up to date evidence based toolkit/resource kit to assist countries in their RMNCAH planning and implementation cycle, and give guidance to countries and partners on their use.⁴ The toolkit can be a resource for all key areas as reflected in Figure 1. The toolkit needs to be backed up by technical support for people who use the tools in countries for RMNCAH investment cases and plans. Users should also be provided with opportunities to provide feedback to tool developers and managers in order to continuously improve the relevance, user-friendliness and effectiveness of the tools.

4. Examples of modalities of TA support

Different modalities are used to provide TA to support investment cases and plans in a way that it responds to the country context and type of TA request.⁵ Some of them are the following:

- a) Long-term in-country presence – funded externally or through investment cases and plans, embedded within country teams (e.g. H4+ teams, partners, NGOs, academic institutions, etc.), which facilitates full-time, ongoing support to the government, particularly important during the implementation phase (e.g. international TA located in the MOH and works as part of the MOH team).
- b) Targeted, short-term in-country support for RMNCAH plan development, implementation and monitoring (specific topic for a specific period of time): needs-based, demand-driven, complement in-country presence with specific expertise available at global, regional and national level.
- c) Capacity building, e.g. workshops, training, south-south learning (“peer-review”): simultaneously generates lessons and builds capacity (see the Roll Back Malaria Partnership's experience in assisting countries to develop proposals to the Global Fund).

However, the iHP+ brief on Technical Assistance and the more recent country case studies on TA provision⁶ clearly show the importance of local TA and provides options for delivering TA, including more innovative approaches than the conventional provision of short or long-term technical experts:

- Develop local institutions that can provide TA and capacity building, and build individuals' TA experience through linking them with international advisers/ institutions;

³ Following the 10 recommendation of the Commission on Life-saving Commodities.

⁴ WHO is taking the lead to bring together an expert/reference group to work on the development and maintenance of such a toolkit starting in the last quarter of 2015.

⁵ The GFF business plan refers to the following TA modalities: “...providing technical guidelines and standards, sharing good practice, identifying and overcoming bottlenecks in the course of implementation, and supporting monitoring and evaluation.”

⁶ Demand and supply of technical assistance and lessons for the health sector. Issues and challenges from rapid country reviews. 30 October 2014. Helen Tilley, Bryn Welham and Hazel Granger, Overseas Development Institute, UK.

- Organise or participate in a collaborative network between countries to address a particular topic (that could meet by videoconference);
- Use technology to deliver high quality support, at the time it is needed, such as mentoring or coaching by telephone, video-conference or email, with experts from a local institution or another country;
- Set up a regional expert group with regular updating and exchange of experience;
- Establish or use quality assured TA mechanisms such as a technical support facility.

5. Options for a TA coordination mechanism

This section explores options for a global TA coordination mechanism to support development and implementation of the RMNCAH Investment Cases in support of the Global Strategy; their strengths and possible challenges.

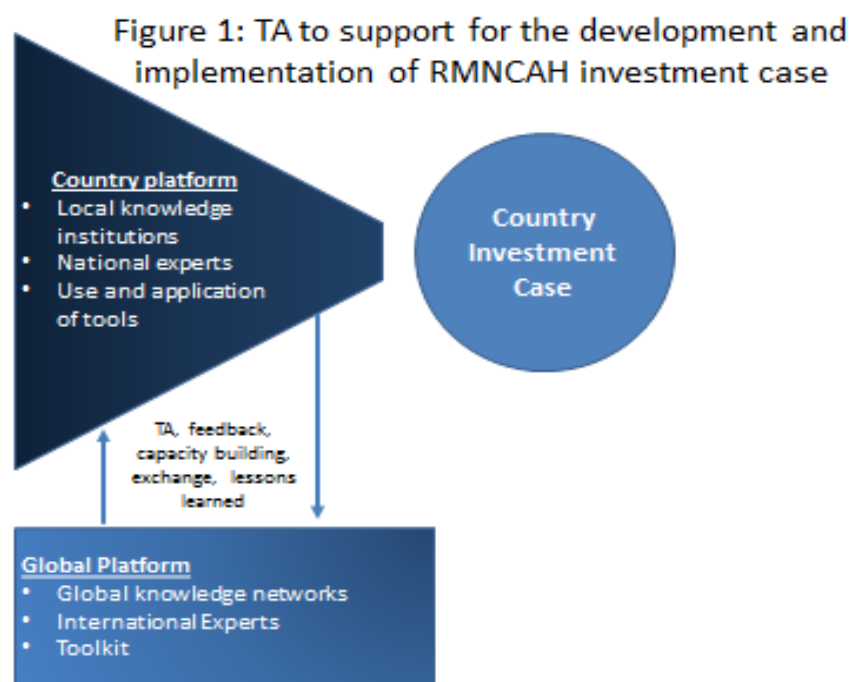
As indicated by countries and lessons learnt so far, a global coordination mechanism is needed to harmonize global TA and respond adequately to country needs. Such a mechanism must have the capacity to respond quickly to unplanned needs, to clearly communicate what technical assistance is available and how it can be accessed and to invest in development of country capacities. The mechanism needs to be informed by the country platforms and experiences. In addition to providing additional TA whenever approached by countries, the mechanism should aim to facilitate exchange and use of local TA expertise among countries. The mechanism must leverage existing regional and sub-regional mechanisms to identify and mobilize adequate TA. Also, the mechanism should ensure quality assurance of TA provision.

Whatever option is chosen, it is critical that the mechanism is inclusive of TA providers, well resourced, flexible, standardized, and able to coordinate the use of the best of both local and global TA. In collaboration with global and national partners, the coordination mechanism needs to have the depth and strength to manage the TA coordination process, appreciate its technical scope and content and have quick access to national counterparts. The mechanism needs to have the ability to manage complex operations which may include quality assurance of the TA provided, accountability and monitoring capacities. It needs to be well aligned to and supporting the Operational Framework of the Global Strategy and to be very well connected to the World Bank team that will manage the GFF TF process. This is essential in order to understand the process and practices related to development and implementation of the investment case and at the same time inform the development of these processes based on implementation (TA provision) experience.

In this regard, the mechanism must mobilize and rely on existing partners and TA networks. For this, it will be important to establish a **roster of experts and of technical groups, institutions and networks that are able to provide the TA** (what type of TA through which modality they are able to provide). These rosters/groups need to be maintained, updated and linked so they can learn from the experiences of each other. This can be considered as a global public good, and requires resources.

For the mechanism to function and be able to perform the above responsibilities, it is necessary that it is well resourced. There are different funding models of TA coordination, however the current experience indicates that special dedicated/earmarked funds at the level of 5%-20% of investment have to be set aside to support the TA needed for the development and implementation of national scale investment cases.

Figure 1 presents an illustration of the links and entry points between country and global coordination of TA.



The Table below outlines some of the options for global coordination mechanisms – and associated strengths and possible challenges.

Option	Strengths	Possible challenges
Option 1: TA coordination mechanism within the GFF Trust Fund Secretariat in the World Bank	<ul style="list-style-type: none"> Well-placed to coordinate TA associated with GFF Trust Fund needs Technical expertise related to results-based financing of RMNCH Resourced through the GFF TF (financed by funds from the TF) Access to ministries of finance through the World Bank and linking to the broader TA providers that support IDA loan development (which in turn may give access to the 13 other global practices across the World Bank Group. E.g., governance, education, transport, social protection etc. 	<ul style="list-style-type: none"> Natural focus on TA related to the GFF TF may limit focus on, and coordination of, TA related to the broader GFF Specialization in specific areas may be lacking; Could be complicated with
Option 2: TA coordination mechanism within the H4+ supported through a small secretariat	<ul style="list-style-type: none"> In-country presence Technical up to date expertise and local knowledge TA with respects to the technical content of the work across RMNCAH continuum 	<ul style="list-style-type: none"> Dedicated resources (financial and human resources) Sufficiently drawing on technical expertise of other partners

Option	Strengths	Possible challenges
	<p>of care, health systems, gender, equity, etc</p> <ul style="list-style-type: none"> Established relationships with MOH and other key actors Convening power of H4+ Well placed to link up with recognized coordination platforms, such as inter-agency, coordination with other initiatives. E.g.: FP2020, ENAP; RMNCAH consortia such as supply chain, market shaping efforts, etc. Possible to tap into other areas of agencies e.g. WASH, Population and Dynamics, Gender, Human Rights Ability to establish and manage knowledge networks Existing H4+ secretariat structures 	
Option 3: A dedicated team based in H4+ and complemented by partners, supported by a small secretariat, drawing on rosters of experts, technical groups, institutions and networks	<ul style="list-style-type: none"> All the above, plus: Broader technical expertise drawing on both H4+ and other partners expertise by maximizing use of all partners' TA Well placed to link up with recognized coordination platforms beyond those led by UN agencies Existing H4+ related experiences (e.g. RMNCH SCT) that can be adapted to implementation of this task 	<ul style="list-style-type: none"> Ensure that the secretariat is resourced with dedicated resources (financial and human resources)
Option 4: A 'Technical Committee' of the Investors Group that will bring together the key stakeholders at a more technical level to support investment case development, implementation and monitoring	<ul style="list-style-type: none"> Convening power of Investors Group 	<ul style="list-style-type: none"> Potentially a large group with no clear structure
Option 5: A working group approach (similar to current working group arrangement), which would be a looser network of stakeholders regularly touching base to address coordination issues, etc.	<ul style="list-style-type: none"> More inclusive and participatory More flexible 	<ul style="list-style-type: none"> Potentially a large group with no clear structure Lack of follow-up through dedicated staff Enough technical expertise? Resourcing

6. Elements for Investors Group consideration and proposed next steps

The opportunities presented through the new Global Strategy and the Global Financing Facility reinforce the need for a more coordinated approach to TA for development, implementation and monitoring of RMNCAH investment cases and plans, to maximize the returns on investments. While many experiences exist, there is not a single modality or mechanism of providing TA.

This paper outlined a number of options for a facilitating mechanism that operates at the global level but is well grounded in the local context and ensures cross-fertilization among countries, experiences and TA providers. These options are not mutually exclusive.

Recognizing the limited time to finalize this document, we have not addressed the risks and financial implications of the proposed options. These need to be highlighted and would require more in-depth work.

Further details would need to be worked out on how to operationalize the arrangements of this option, for example where to place and how to resource a secretariat, how to ensure that there are strong links with TA provided through the GFF Trust Fund managed by the World Bank, and that the resources and expertise of other key partners are leveraged and reflected.

The Investors Group guidance is requested on the need for and possible mechanisms for better global TA coordination to support development and implementation of quality RMNCAH investment plans as outlined in the background paper. The Investors Group is also requested to consider asking the TWG to further explore operationalization models and funding implications.