



GFF PORTFOLIO UPDATE

APRIL 2020

OVERVIEW

This paper provides an update on the Global Financing Facility (GFF) country portfolio. It outlines progress on implementing country investment cases and highlights how the GFF is supporting countries' efforts to improve women, children, and adolescent health outcomes through an integrated systems approach.

This edition of the Portfolio Update focuses on a results-oriented approach to defining and monitoring the GFF model through the use of the GFF logic framework. It highlights work on strengthening country platforms and convening investors and discusses medium-term outcomes related to improved service delivery, specifically technical quality, results approaches for efficiency, and a technical advisory group on quality health systems. The paper also provides country-specific overviews articulating the value added of the GFF and describing progress achieved over the last 12 months and prospects for the next 6 months in the current 36 GFF countries.

SUMMARY OF FINDINGS

With the launch of the GFF logic model, this year's portfolio update presents a fresh approach to creating a shared understanding of GFF engagement, across the portfolio and at the country level. With an eye on implementation, the report focuses on updates related to the core inputs and activities supported by the GFF and the results achieved through both the GFF process and country-led programming.

The GFF focus on results highlights the partnerships at the global and country level that are strengthening support for data use and documents country-specific engagement. The GFF Secretariat Knowledge and Learning workstream is finalizing a new strategy for the GFF for 2020–22. Investment cases are supported this year with revised guidance and a streamlined approach to creating development roadmaps; examples of stakeholder engagement in the investment case development process highlight the success of broader collaborative efforts. Leveraging the GFF partnership is a key theme in the financing reforms agenda, where GFF-supported approaches and tools are highlighted as ways to develop more sustainable health financing systems, which will help move countries toward universal health coverage. Country-specific investment case investments in health system strengthening and reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) are also presented, and a purposeful approach to strengthening country platforms with an emphasis on data use is explored. The country profiles in appendix A highlight the core inputs and activities to which GFF support is aligned and articulate plans for the next six months, creating opportunities for further collaboration and engagement with global stakeholders.

ACTION REQUESTED

The investors group is requested to take note of this information and to use it to further enhance in-country alignment and support.

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ABBREVIATIONS

CBHI	Community-Based Health Insurance
CCM	Country Coordination Mechanism
CRVS	Civil Registration and Vital Statistics
CSO	Civil Society Organization
DFID	UK Department for International Development
DLI	Disbursement-Linked Indicator
DPO	Development Policy Operations
DRM	Domestic Resource Mobilization
DRUM	Domestic Resource Utilization and Mobilization
GFF	Global Financing Facility
HMIS	Health Management Information System
IBRD	International Bank for Reconstruction and Development
K&L	Knowledge and Learning
KLP	Knowledge and Learning Platform
NISP	National Immunization Support Project
PFM	Public Financial Management
RMET	Resource Mapping and Expenditure Tracking
RMNCAH-N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
TAG	Technical Advisory Group
UNICEF	United Nations Children's Fund
USAID	US Agency for International Development
WHO	World Health Organization

GFF PORTFOLIO OVERVIEW

The GFF is currently active in 36 of the 67 GFF-eligible countries (map 1). The first set of 26 countries are at various stages of investment case development and implementation; 20 countries have completed documents. The 10 countries that joined the GFF in May 2019 are in the process of developing their investment cases. They have completed investment case development roadmaps, hired GFF Liaison Officers, and appointed country Focal Points. Twenty-four countries have one or more GFF co-financed projects (30 in total) that have been approved by the World Bank.

The GFF supports low- and lower-middle-income countries across Sub-Saharan Africa, Central Asia, Latin America, East Asia, and South Asia. Eleven countries in the portfolio are classified as fragile states. Approximately 84 percent of GFF Trust Fund resources from the 30 approved GFF co-financed projects is allocated to countries in Sub-Saharan Africa, 8 percent to East Asia, 4 percent to South Asia, and 4 percent to Latin America.

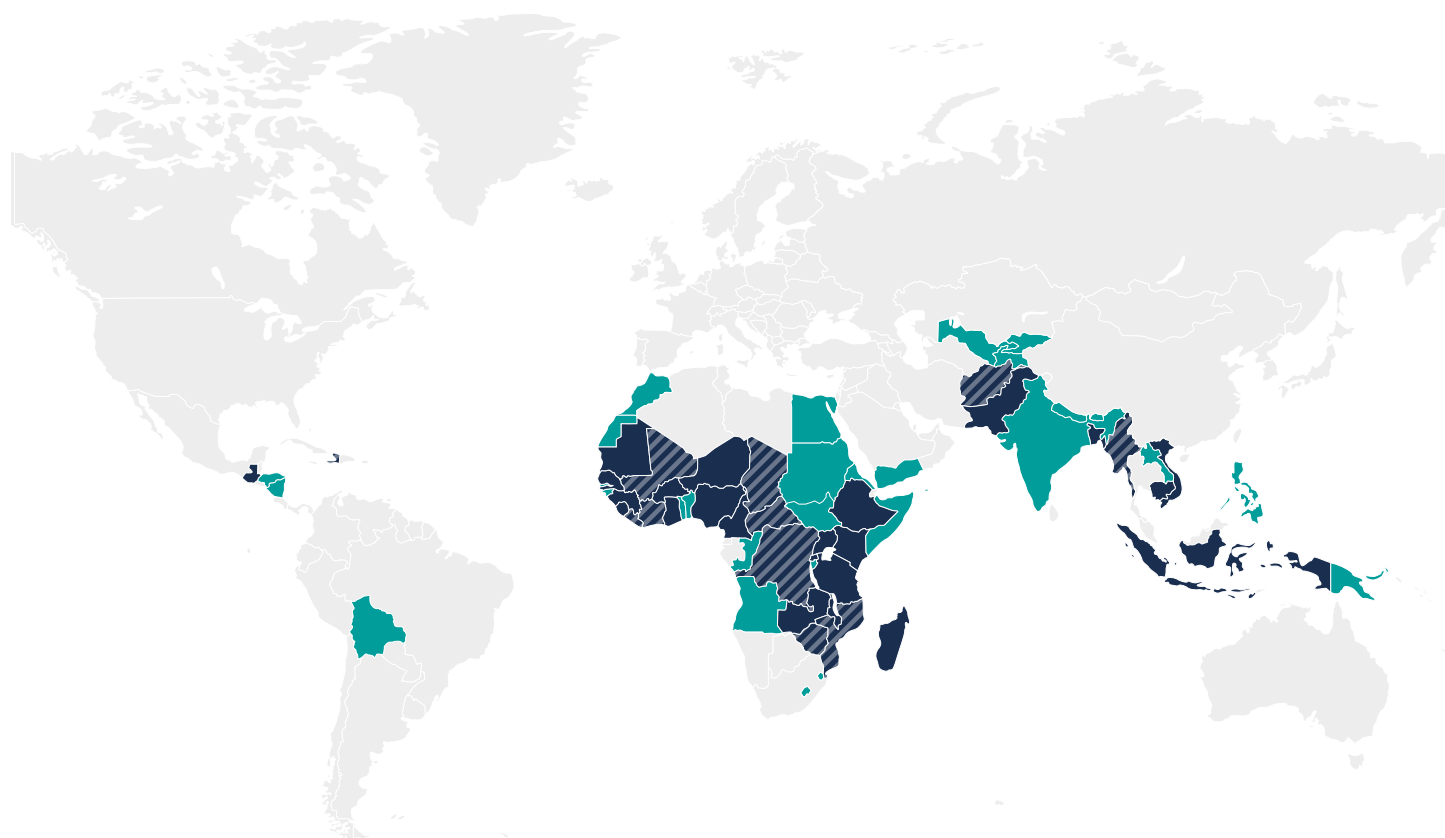
The GFF model at work in fragile states

A third of the GFF partnership countries are fragile and/or conflict-affected countries or countries in regions that share these characteristics. The GFF can add considerable value in these environments. The results observed in countries such as the Democratic Republic of Congo and Liberia show that the approach is aligned with the needs of these types of countries.

These countries are often highly dependent on external financing. They use GFF support to align fragmented donor resources. Capacity for planning and monitoring can be weaker in these countries; support from the GFF for investment case development and implementation is therefore often greatly appreciated. The low levels of total health expenditure highlight even more than in other countries the need for prioritization. Elite capture can also be mitigated by the GFF focus on data-driven approaches, including to ensure equity. GFF support for coordination of technical assistance to support the objectives of the investment case is also helpful. In countries that are rebuilding their government systems, GFF support to ensure that the government is effectively leading the coordination process is valuable in recreating trust in national institutions, a core challenge in countries emerging from fragility.

These countries also have characteristics that require realism in terms of the full spectrum of the GFF model. Results must be calibrated with low levels of resources available per capita. It is often challenging to focus initially on sustainability, and it is usually unrealistic to expect significant shifts in terms of domestic financing (although in the Democratic Republic of Congo the share of the budget allocated to health did rise). There is a sharper focus on efficiency in these countries, with the view that it will eventually help create conditions for increased domestic resources. Interventions must also be designed to be resilient to political shocks, which are more common in these types of countries.

Map 1. Current GFF countries and GFF co-financing to regions



Current GFF countries

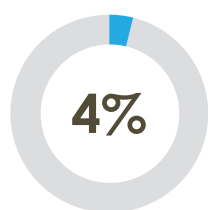
Bangladesh	Kenya	Sierra Leone
Burkina Faso	Madagascar	Somalia
Cambodia	Malawi	Tajikistan
Cameroon	Mauritania	Tanzania
Ethiopia	Niger	Uganda
Ghana	Nigeria	Vietnam
Guatemala	Pakistan	Zambia
Guinea	Rwanda	
Indonesia	Senegal	

Fragility Conflict and Violence status

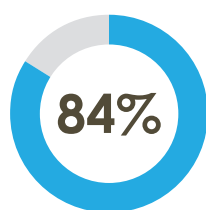
Afghanistan	DRC	Mozambique
CAR	Haiti	Myanmar
Chad	Liberia	Zimbabwe
Côte d'Ivoire	Mali	

Eligible countries

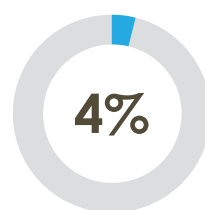
Angola	Bissau	Philippines
Benin	Honduras	Republic of
Bolivia	India	Congo
Bouthan	Kyrgyzstan	Western
Burundi	Laos	Sahara
Costa Rica	Lesotho	Somalia
Egypt	Morocco	Sudan
Eritrea	Nepal	South Sudan
Eswatini	Uzbekistan	Tajikistan
Gambia	Papua New	Togo
Guinea	Guinea	Yemen



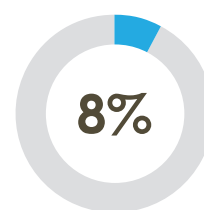
Latin America



Sub-Saharan
Africa



South Asia



East Asia

GFF FOCUS ON RESULTS

Introducing the GFF logic model:

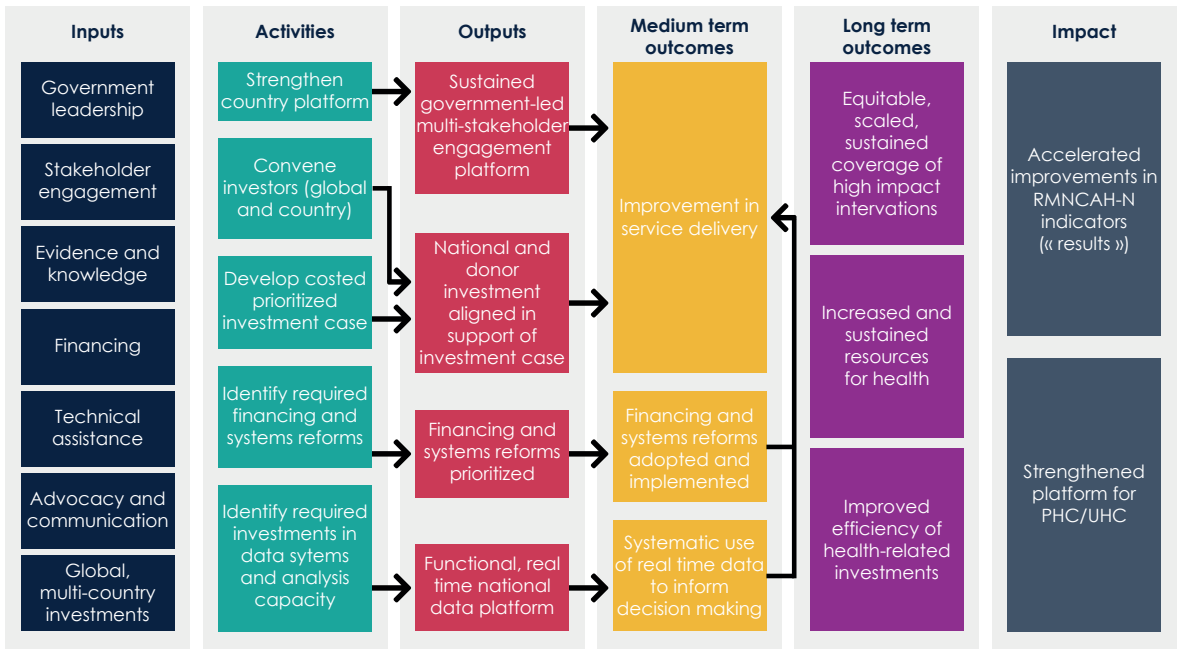
The GFF introduces a logic model this year, in which a clear theory of change articulates the linkages between the core inputs from the GFF to the country-led process and the outcomes and impact a GFF country expects to attain (figure 1). The model helps summarize the core business model across countries and measure progress during implementation. The framework documents how key components of the GFF model, stakeholder engagement, and the convening of investors, for example, link to health financing and health system reforms and how these reforms are causally linked to improvements in medium- and long-term health and financing outcomes.

The GFF aims to improve RMNCAH-N outcomes through a series of country-specific health financing and health system

and enable the targeting of populations that are not receiving essential health services. This focused review of data is used to establish baselines and realistic targets. Using results-monitoring evidence combined with leveraging knowledge of available funding from domestic, donor, and private sector resources allows the GFF countries to provide a targeted response to health care needs and to establish a results-monitoring strategy that examines health outputs along with health financing and health system strengthening activities and results.

The technical assistance (input) provided by GFF partners to countries leverages the GFF partnership at both the global and country levels to pull from existing capacity to find efficiencies and utilize local expertise. Collaboration is often required in areas of advocacy and communication, resource mapping, and expenditure tracking and health management information system (HMIS) strengthening and digital health to name a few. Subsequently, the GFF partners ensure that evidence is used during implementation to learn and course-correct based on

Figure 1. The GFF logic model

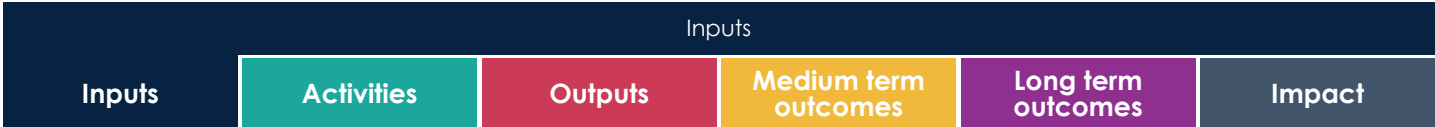


strengthening reforms. Government leadership is at the center of the approach. Although the investment case remains the key activity for prioritizing health and nutrition interventions and aligning resources, the GFF approach includes several core inputs to achieve the reform agenda that are tailored for each country. Stakeholder engagement is a core input to a functional country platform (activity). The country platform is responsible for developing and implementing a costed, prioritized investment case, achieved through critical activities, including identifying reforms, convening investors, and aligning investments (activities and outputs).

The GFF approach also promotes the use of evidence (input) to plan and implement both the reform agenda and RMNCAH-N service delivery and identifies critical health system strengthening initiatives to pursue. A review of routine and survey data is required to ensure that each country's investment case focuses on health areas that have historically not shown improvement

the available data. As the evidence base is evolves; remaining aware of what the data indicates about the implementation of programs is vital to improving health outcomes.

The inputs stipulated in the logic model translate into activities such as improved country coordination, the convening of global and country investors around one prioritized document focused on RMNCAH-N, and the routine accessing and use of data for decision making. Key to the development of the investment case is a mapping of all available resources, to ensure that prioritized areas are funded. The GFF also brings expertise in identifying core health financing reforms, such as increasing domestic resources, improving efficiency of existing funds, and better harmonizing donor funding. Additionally, the GFF model supports data infrastructure in countries, including governance of the collection, analysis, and use of data. The GFF focuses on strengthening data systems where needed.



Box 1. Building data-use processes

Data selection:

- ▶ Identify health financing, health system strengthening, and RMNCAH-N outputs/outcomes to monitor
- ▶ Determine quality and reliability
- ▶ Determine accessibility and routine availability
- ▶ Ensure data is cleaned and analyzed

Data use:

- ▶ Develop processes for data curation and interpretation
- ▶ Disaggregate data as needed (by subnational area, gender, and age) to promote equity
- ▶ Include data from multiple sources (such as health output and financial disbursement data) and triangulate
- ▶ Develop routine data visuals
- ▶ Establish data review process at national and subnational levels
- ▶ Document decisions to course-correct

Each one of these inputs is directly linked to outputs that will lead to improvements in service delivery and improved health outcomes. With support from the GFF partnership, countries take the lead in providing increased and sustained resources for health to enable improved equitable, scaled, and quality coverage of high-impact interventions. Increased coverage of quality service provision will eventually lead to accelerated decreases in maternal and neonatal deaths; improved reproductive health outcomes for all women, including adolescents; and decreased stunting and wasting in children under five.

Building the capacity for data use and decision making

Each country takes its own pathway to achieving its RMNCAH-N goals. The GFF has supported countries' efforts to improve their ability to monitor their progress by strengthening investment case theories of change and results frameworks as well as by establishing new systems to monitor budget-funding flows. Each GFF country is provided with a Secretariat-based monitoring technical point of contact and a health financing technical point of contact, who, together with the GFF country Focal Point, provide comprehensive support to further this agenda.

A thorough review of the theory of change and causal pathways of change has been conducted for most GFF partner countries. It forms the basis of the results framework, for which a structured analysis of available data has been conducted, both for health system reforms and RMNCAH-N. As each health system reform is developed for the investment case, data systems are scoured for available data that will indicate whether these reforms are

being implemented as planned and have the intended impact. Where there are gaps in existing routine health information systems and financial information systems, routine reporting will be complemented by facility- and population-based surveys. Data use is a cornerstone of the GFF model, with emphasis on routine data where available. Data use supports capacity building and the institutionalization of data use and decision making for each GFF partner country. The GFF is working with country counterparts to establish a data subgroup to curate and analyze data and prepare data visuals for the country platform to review implementation and progress of the investment case. The data subgroup supports countries' efforts to develop clearly defined institutional roles and responsibilities for data collection, analysis, use, and dissemination to both central and subnational government decision makers.

The GFF is supporting countries' efforts to strengthen their capacity for data use in several ways:

- **Country performance reviews.** Countries are developing annual, midterm, and end-line reports together with the Countdown to 2030 network of academic institutions. This network is fostering relationships between regional and local academic institutions and ministries of health in order to conduct analysis for annual and midterm reviews of the investment case and national health strategies in Burkina Faso, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Liberia, Mali, Niger, Nigeria, Pakistan, Senegal, Tajikistan, Tanzania, Uganda, and Zambia.
- **Technical assistance.** The GFF Secretariat has provided support on the development of the IC theory of change, the results framework, and assessed feasibility of data collection and data use in 26 countries. It has, for example, supported the delivery of subnational data use workshops in Tanzania to combine the use of the financial information system and health information system tools to allow for integrated analyses.
- **Surveys.** The GFF has provided financing and technical assistance for health and health financing surveys (including both Demographic and Health Surveys [DHS]/Multiple Indicator Cluster Surveys [MICS] and facility-based surveys) to meet critical data gaps for the investment case.
- **Use of data-driven incentives.** Having disbursements linked to results creates a strong incentive for in-country stakeholders to use data. World Bank-financed projects with incentives for better results (for example, Program for Results) include but are not limited to Ethiopia, Kenya, Mozambique, and Tanzania.
- **Digital health.** In collaboration with the World Bank, the GFF has reviewed digital health opportunities for community health and adolescent health innovations to improve monitoring and patient outcomes.
- **Strengthening of routine data systems.** Projects co-financed by the International Development Association (IDA) and the GFF have supported HMIS and data use in Afghanistan, Bangladesh, Cameroon, the Central African Republic, Guinea, Indonesia, Liberia, Madagascar, Rwanda, and Tajikistan.

Box 2. Moving from data collection to data use. The GFF supports countries' efforts to collect and collate data and ensure access to and the availability of prioritized data. It supports the performance of health management information system (HMIS) assessments/landscape analyses in GFF countries to inform the decision-making process for HMIS interoperability and system strengthening. Data are then curated and prioritized for discussions and decision making by topic and audience. The GFF focuses its monitoring technical assistance on systematizing the use of existing applications for the development of country-specific RMNCAH-N scorecards in GFF countries (such as the UNICEF app for DHIS2) and supports the use of routine data scorecards on a quarterly or semi-annual basis.

KNOWLEDGE & LEARNING

Through the Knowledge and Learning (K&L) workstream, the GFF Secretariat has been supporting GFF operations in countries, making use of multiple learning settings and knowledge-sharing channels.

Monthly webinars bring together multiple country platforms on a variety of GFF-related topics. They address both process-related guidance and implementation of best practices. Examples include implementation of the investment case; investment case roadmaps; resource mapping and expenditure tracking; frontline service delivery; and GFF, Gavi, and Global Fund collaboration.

A number of South–South exchanges occurred through visits to GFF countries. Stakeholders from Haiti travelled to Senegal to learn about its experience in developing an investment case. Lessons learned, highlighted in last year's report informed two key guidelines: Draft investment case Guidelines (revised) which will be finalized by June 2020, and the GFF Country Implementation Guidelines.

As highlighted in the GFF logic model, strengthening country platforms remains a core activity of the GFF, given its oversight role in both the development and implementation of the investment case. The GFF developed a learning assessment tool to allow the platform to systematically review the full GFF engagement in a country at least annually, with a view to identifying a priority set of actions to strengthen the collaboration.

GFF country induction workshop

One highlight of 2019 was the GFF Country Induction Workshop, which brought together the new GFF-supported countries in Dar es Salaam (Tanzania) September 29–October 4, 2019. About 150 people participated in the workshop, which aimed at improving competency in GFF engagement and implementation processes and developing action plans to drive the GFF approach in country. The workshop was a success, with participants giving it an average rating of 4.34 on a scale of 5, where 5 signifies "very satisfied." Some feedback comments capture the atmosphere at the end of the event: "Extremely helpful workshop!"; "One of the best workshops for some years. The energy of the GFF team is infectious!." More information about this workshop can be found at [\[URL link\]](#).

A GFF didactic case study

A key innovation in 2019 was the development of a GFF didactic case study. This instrument, developed in collaboration with a large number of GFF technical team members, seemed to have a strong impact in supporting the pedagogical dimension of the GFF country induction workshop.

Liaison officers' one-day orientation

The orientation provided an opportunity for the Liaison Officers to meet colleagues as well as discuss the integral role the position plays in the GFF business process. The orientation provided an explanation of what was expected of Liaison Officers once they assumed their roles and advised them to

use the workshop as an opportunity to understand the core elements of the GFF process. It also looked at the relationship between the government and its partners as an entry point in stakeholder engagement and showed participants how to develop the skill and art of leading from behind. The meeting was part of the workshop for new countries that was conducted September 29–October 4, 2019 in Dar es Salaam.

Looking ahead: a new GFF Knowledge and Learning (K&L) strategy

An in-depth assessment of K&L development needs was carried out in 2019, in order to propose recommendations for a new K&L strategy. The assessment included consultations with a range of stakeholders, including GFF Liaison Officers, GFF Secretariat staff, and external stakeholders.

A senior K&L officer was recruited in late 2019 to enhance the role of K&L within GFF operations, and to fully develop the new GFF K&L strategy. The draft strategy defined five key stakeholders: Liaison Officers, country platforms (and respective partners), government Focal Points, GFF Focal Points, and World Bank task teams. An extensive process of consultation involving all of these stakeholders is occurring throughout the first half of 2020.

The new strategy will use competence-based approaches, focusing on usable knowledge and learning activities that stimulate systemic change. Building on the evidence-based approach of the GFF, operational research will play an important role in informing learning. The strategy is currently being defined for 2020–22. Its building blocks include the following:

1. an online GFF K&L platform (KLP), devised to facilitate the capture and usage of knowledge, host Internet-based learning activities, enhance interactivity and knowledge sharing, and circulate information on K&L
2. a series of systematic mechanisms to capture knowledge and learning needs, including adjusted routines embedded in the workflow, updated analytics instruments, and a knowledge management system integrated in the KLP
3. a set of usable knowledge instruments, devised in collaboration with internal and external stakeholders, intended to dynamically synthesize knowledge captured through a variety of forms and at different points in time into a simple portfolio of tools that can be pulled into the workflow as needed
4. a set of tailored learning activities, developed as transformative learning processes aimed at enhancing (systemic) change (activities will range from workshops and seminars to online-based learning, gaming, job shadowing, and mentoring, among others)
5. communities of practice, set up according to development needs, intended to create a safe space for peer-to-peer learning and knowledge sharing and help nurture a repository of tacit knowledge and sense of community/belonging
6. an in-country competence-building scheme targeting actors and processes in which catalytic and systemic leverage is significant.

These interventions will be developed in partnership with country-based stakeholders with an eye toward long-term sustainability.

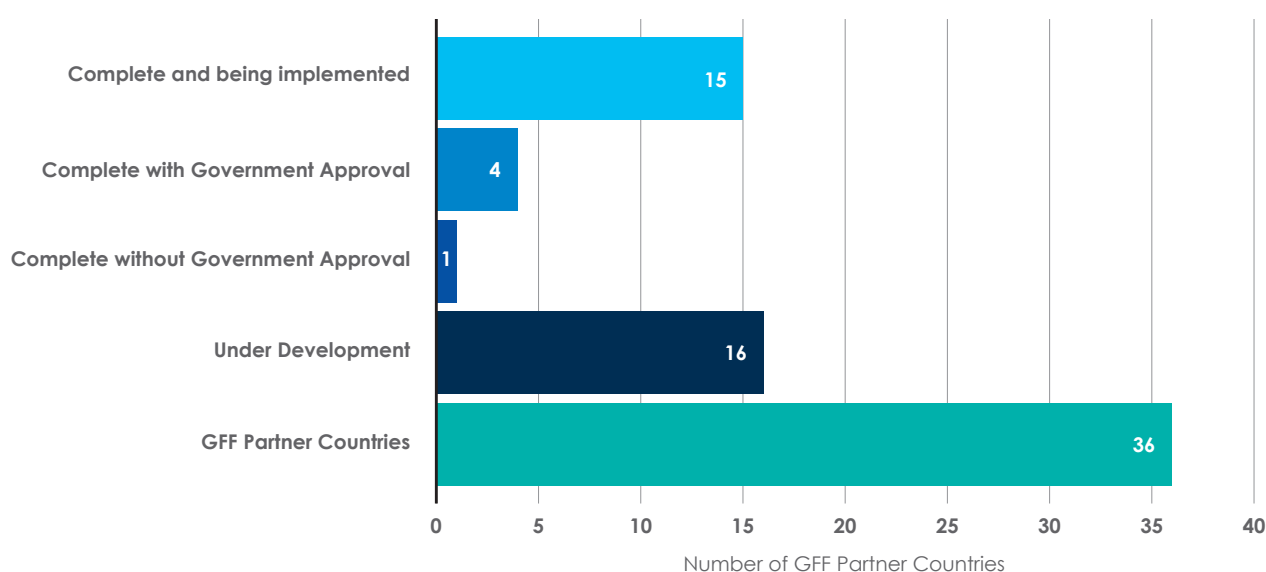
GFF INVESTMENT CASES

The investment case is the instrument that anchors GFF engagement in a country. It is meant to be a process (not just the production of a document) that facilitates the attainment of a consensus on a clear set of “priorities of priorities” to accelerate progress on RMNCAH-N outcomes within a country’s existing strategies and plans (box 3). The investment case introduces—often for the first time—the rigor of prioritization based on available resources (which are estimated through resource mapping) and a monitoring system to track progress against those priorities. The revised investment case guidelines articulate that priorities are set in two realms: a prioritized package of interventions and a set of up to five priority reforms for system strengthening and financing.

Twenty of the 36 GFF partnership countries have completed their investment cases; the other countries are in the process of developing theirs (figure 2). In some countries, a national health strategy (Ethiopia) or a specific plan to accelerate RMNCAH-N efforts (Tanzania) serve as the investment cases.

The investment case development process is an example of the partnership dimension of the GFF and the strength that mutual accountability can provide. The investment case roadmap outlines the key inputs that will be required (fiscal space analysis, gender analysis, prioritization, costing, and so forth); each partner can volunteer to lead in providing support. Such collaboration is growing, with, for example, the World Health Organization (WHO) often taking the lead on costing; UNICEF on support to prioritization using the Equist tool; donors such as the Bill & Melinda Gates Foundation and the UK Department for International Development (DFID) supporting resource mapping; and so forth. In the group of countries that joined in May 2019 and that are currently developing investment cases, the GFF Secretariat has paid particular attention to facilitating the engagement of the Global Fund and Gavi, particularly given the timing of the round of Global Fund financing that is currently underway and aligned to the development of investment cases in at least 10 countries. The GFF Liaison Officers are one of the forms of support provided by the GFF Secretariat to help governments coordinate the process. The GFF finances technical assistance to develop these investment cases.

Figure 2. Investment case (IC) development and implementation



Box 3. Revised guidelines for investment cases. Over the last year, the GFF Secretariat prepared draft (updated) investment case guidelines that provide more operational clarity to countries on how to prepare quality investment cases. The guidelines reconfirm that the development of an investment case is an evidence- and data-driven process that involves a wide group of stakeholders who are coordinated by government through a (usually existing) country platform. Priorities are set in terms of a core package of services and a set of systems/financing reforms. A five-step process is defined, with deliverables at each stage that should be managed through an investment case development roadmap. It is proposed that countries designate a group of experts to provide advice at various stages of the process. The draft guidelines will undergo a final consultation and be issued by June 2020.

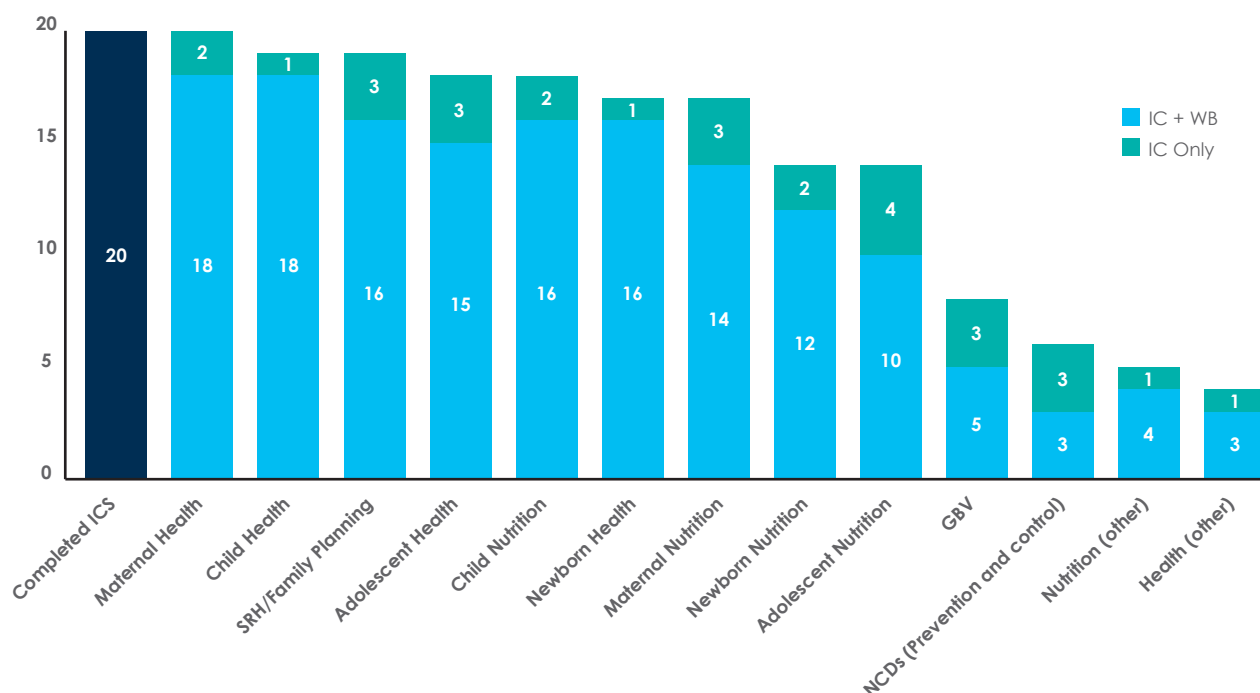
Figure 3 shows the technical areas included in the investment cases. The GFF Secretariat is conducting further analysis of the portfolio to estimate the funding of each of these priorities. The figure highlights which of these investment case priorities are financed by World Bank/GFF co-financed projects. Most of the core technical areas are well reflected in these initial 20 investment cases, although gender-based violence and noncommunicable diseases have received less focus. The overlap between the priorities of the investment case and the focus areas of the World Bank/GFF-financed projects is large.

As a continuous learning organization, the GFF Secretariat captures lessons learned and uses them to update the advice

engagement of subnational bodies (both governmental and nongovernment) is critical for both prioritizing reforms and developing a results framework to help ensure that data are used for decision making and accountability.

- **Aligning with national budgets.** It is much easier and more efficient to monitor the investment case when its priorities are well codified in national budgets. Partly for this reason, the GFF Secretariat has intensified its collaboration with the governance group in the World Bank in support of financial management reforms (such as program-based budgeting).
- **Branding.** Countries have found it useful to create their own name for the investment case document; some countries make no reference to the GFF or the term investment case.

Figure 3. Core themes in investment cases



provided to countries and partners. Examples of lessons learned from investment cases that have emerged from 36 GFF countries over the last year include the following:

- **Government leadership.** Strong government leadership and ownership are essential for the successful development and implementation of an investment case. GFF Liaison Officers have been helpful in supporting government Focal Points, but some countries require additional support to strengthen the government role. The complexity of intragovernmental coordination should not be underestimated.
- **Investment case boundaries and monitoring.** Using existing national plans as the investment case has been appealing in some countries, but the approach requires sharper focus on establishing strong systems to further prioritize and then monitor implementation. Countries should avoid creating parallel systems (that is, continuing to use the standard system to monitor the national plan and creating a new one to track progress on investment case priorities).
- **Stakeholder engagement.** Engaging civil society organizations (CSOs) and private sector actors in investment case preparation remains a challenge, largely related to typically not having an organized network among CSOs or the private sector. The

Country-specific branding—of the investment case and the country platform that facilitates the process—helps solidify national ownership.

- **Results monitoring.** A focused review of results frameworks and data use for decision making at the country platform level by the GFF Secretariat indicated limited data use and little to no documentation of corrective actions. Technical assistance plans to address this challenge are being developed in collaboration with governments and in-country partners.
- **Change of governments.** A change of government can pose a threat to the GFF process. It can also reinvigorate the focus on the investment case, as it did in Guinea and Haiti in the last year. The investment case, including the stakeholder alignment around it, creates an entry point for maintaining the focus on RMNCAH-N and health system/financing reforms.
- **Incentives.** Being deliberate about the use of financial and nonfinancial incentives related to implementation of the investment case has been effective. Examples include the use of disbursement-linked indicators (DLIs), prior actions in budgetary support operations, and results-based financing.

FINANCING REFORMS

GFF approach to health financing

The GFF's health financing agenda seeks to support countries in their efforts to develop more sustainable health financing systems that enable progress toward universal health coverage. The approach relies on two core pathways: (a) developing prioritized and fully funded investment cases and (b) prioritizing and implementing a health financing reform agenda that aims to increase both the volume and efficiency of domestic public health resources. GFF leverages four core instruments:

- the investment case as a tool for improving efficiency of resources
- linking resources of the International Development Association (IDA) to a sustainable health financing agenda
- the World Bank's convening power and knowledge
- the GFF partnership at the global and country level

Updates are provided below indicating how each of these instruments is being used across the portfolio and how the Secretariat, in collaboration with GFF partners, is providing support.

Investment cases

The country-led investment case remains the key tool for prioritizing health and nutrition interventions and aligning resources. The GFF is channeling financing toward the investment case primarily through government systems, relying on well-functioning public financial management (PFM) systems. Many countries, however, still rely on input-based financing mechanisms (salary and nonsalary budget lines), which limits the ability to link funding to priorities and results. The resource mapping exercises supported by the GFF are often a first entry point to these broader PFM issues (see 'Convening Investors' section for examples).

Strengthening the government's ability to monitor funding in a more meaningful way, explicitly informing both budget and programmatic implementation, is best accomplished at both the national and subnational levels. A successful example is the Democratic Republic of Congo, where investment case priorities are now explicitly linked to the government's budget template. A budget line exists for each priority and subpriority of the investment case at the central and provincial level,

with corresponding health outputs and outcomes. The budget template also captures sources of funding of the investment case priorities, both domestic and external. Following this example, Senegal is intensifying its efforts to implement program-based budgeting, after a PFM assessment revealed challenges with the input-based budget structure.

Recognizing the heavy demand from countries for technical assistance in this area, the GFF Secretariat formed a partnership with the Governance Global Practice in the World Bank to ramp up technical assistance on governance and PFM to GFF countries. The Governance for GFF initiative (G4GFF) makes governance and PFM expertise available to support GFF countries with cross-country learning and investment case development and implementation, addressing, for example, PFM bottlenecks to institutionalizing results-based financing schemes. Demand for this support has been high. Countries that requested support to ensure that the investment case is not a stand-alone document but is well integrated into the planning and budget cycle include Indonesia (budget tagging for its nutrition strategy), Niger (PFM assessment as part of the investment case process), and Tajikistan (moving to a single budget line for primary care and to a digitized financial management system).

Linking IDA to health financing reform

The GFF Trust Fund co-finances World Bank projects that often link the disbursement of financing to improvements in PFM in the health sector (Bangladesh, Ethiopia) or to specific targets for budget execution (Democratic Republic of Congo, Malawi, Nigeria) or health expenditures (Democratic Republic of Congo, Kenya, Mozambique, Tanzania). In countries with more restricted implementation capacity, GFF/World Bank co-financed projects provide funding to strengthen the fiduciary and financial management capacity of the ministry of health. In the Democratic Republic of Congo, Guinea, and Liberia, for example, projects are supporting the establishment of health financing units within the ministry of health, to improve, in a sustainable fashion, the health sectors' financial management and planning.

Table 1 provides an overview of the health financing country context and IDA focus in the Wave 4 GFF countries. Although most projects are still being negotiated, in alignment with the investment case process, the DRM potential is limited. The focus is therefore on efficiency improvements, often linked to a PFM reform agenda.

Box 4. Leveraging disbursement-linked indicators. In Tajikistan—which joined the GFF in 2019—the GFF grant co-finances the Early Childhood Development Project, which is supporting the introduction of program-based budgeting in primary health care. According to recent estimates, every year the primary health care sector loses about 3 percent of the budget it is allocated because funds that have been budgeted for a specific budget category (such as construction) cannot be reallocated to another category and any unexecuted funds in any budget category need to be returned to the overall local government pool, where they are diverted to other sectors. Through a set of three disbursement-linked indicators, the GFF grant will provide an incentive for the government to use a single budget line for primary health care. This change will provide health facilities with much greater financial flexibility and prevent the outflow of funding allocated to health outside the health sector. Program-based budgeting for primary health care is introduced within a broader PFM reform in Tajikistan, supported by the World Bank, European Commission, and other partners. The efficiency gains achieved through these measures will enable the allocation of targeted resources to improve early childhood development outcomes.

Table 1. Country context for health financing and IDA focus in wave 3 GFF countries

Country	Health financing context	Health financing focus in IDA
Chad	Chad is a low-income country with limited domestic resource mobilization (low public revenue generating capacity and limited economic growth). It is piloting results-based financing, with World Bank support. The provision of free health care for children under five has shown limited effectiveness. Efficiency and donor alignment are key.	Results-based financing is being expanded, and a revised model in which facilities receive direct financing for the provision of a basic set of services is being piloted.
Ghana	Ghana is a lower-middle-income country with public revenue-generating capacity and moderate economic growth. High debt levels limit the space for domestic resource mobilization, however. Primary care is critical for universal health care but inefficiently financed. Data and diagnostics are good, but there is lack of clarity on the joint approach to implementation.	The prioritized operational plan of the investment case will be the implementation plan for prioritized (health system strengthening) reform. Disbursement-linked indicators in the World Bank project will support implementation, possibly through parallel financing with the Global Fund. The focus will be on public finance management (PFM) and provider payment reform. Efforts will leverage the World Bank governance project that supported general PFM reform.
Mali	Mali is a low-income country with low health spending and limited room for domestic resource mobilization. It has declared free health care for children under five and pregnant women.	The GFF is co-financing the Accelerating Progress towards Universal Health Care (UHC) World Bank project, which is also co-financed by the UHC Trust Fund, funded by the government of Netherlands. Innovations supported by the proposed project target health financing mechanisms (moving from input-based to performance-based financing), the delivery of community health services, and data systems.
Mauritania	Mauritania is a lower-middle-income country. Its public revenue-generating capacity and moderate economic growth allow for some increases in health spending. It suffers from inefficiencies in current spending and low budget execution.	The GFF grant will likely be a separate additional financing to the current project. It will provide the opportunity to use the GFF grant to add health system strengthening/institutionalization of the results-based financing and PFM strengthening components.
Niger	Niger is a low-income country. Public funding for health is limited by low per capita GDP and limited external resources. Pooled donor fund for health is supporting the national health plan.	The project will include a component on institutional capacity building and PFM strengthening. It will address challenges with execution of the pooled donor fund.
Pakistan	Pakistan is a lower-middle-income country with low public revenue-generating capacity and weak macro-fiscal conditions. Health is a low priority. It faces public financial management challenges in transferring funds from the central to the provincial level.	The ambition is for a national-level project with provincial-level DLLs (following the model of national immunization support project) to support universal health care (delivery of a basic package).
Somalia	Somalia is a low-income country. Lack of data limits any analysis or priority setting for Somalia.	The project includes a component on improving data availability and adopting evidence-based decision making.
Tajikistan	Tajikistan is a lower-middle-income country LMIC with positive economic growth. The risk of debt distress remains high, however; debt servicing and large infrastructure projects account for large portions of government expenditure. It is highly reliant on out-of-pocket payments.	The health financing reform agenda is ambitious, with a focus on improving strategic purchasing that shifts funding to primary care and introducing compulsory insurance. Under its Health Services Improvement project, the World Bank has financed strategic purchasing in 10 districts, with the second round of additional financing currently in preparation.
Zambia	Zambia is a lower-middle-income country that aspires to become a high-income country. It suffers from low funding for health and poor budget execution. Spending is expected to shrink given the country's poor economic performance and rising public debt since 2015. Efficiency is key.	The prioritization process is underway.
Zimbabwe	Zimbabwe is a lower-middle-income country with relatively high government spending on health. A financial crisis and challenging macroeconomic prospects offer limited potential for expanding fiscal space, however, because of slow growth, high debt, and high taxation levels. Improving efficiency through strategic purchasing is the top priority.	The World Bank project fully financed by the GFF Trust Fund is likely to drive the efficiency agenda and contribute to reducing user fees by continuing with the institutionalization of the results-based financing (RBF) program; expanding RBF to provincial and central hospitals, with a focus on quality; expanding the urban voucher program; and financing technical assistance to the Ministry of Health and Child Care for implementation of the national health financing strategy and reforms.

Leveraging the World Bank's convening power and knowledge for Domestic Resource Utilization and Mobilization (DRUM)

The domestic resource utilization and mobilization (DRUM) technical assistance and analytics grant program was launched to channel World Bank expertise toward the DRUM agenda. Grants fund multiyear technical assistance and analytical programs designed to address specific health financing policy bottlenecks that will eventually lead to improved DRUM.

A grant in Rwanda, the first country to receive support from the DRUM program, seeks to improve the financial sustainability of the country's community-based health insurance (CBHI) scheme, which covers about 70 percent of the population, by improving financial management of the scheme to ensure that funding is not diverted to other programs. The grant will also provide technical assistance for modernizing the claims management system, to make sure that people enrolled in CBHI are not denied services by health facilities that cannot access their membership information. Other countries, including Guatemala, Haiti, Kenya, Mali, and Tajikistan, are preparing their applications.

The DRUM window is also leveraging the World Bank's budget support program for sustainable health financing reform. A development policy operation (DPO) is an operational instrument through which the Bank provides unearmarked budget support to countries contingent on the implementation of essential policy reforms. The GFF is supporting the preparation of a human capital DPO in Rwanda that incentivizes important efficiency reforms related to financial protection, including nutrition-sensitive social safety net programs. In the Democratic Republic of Congo, discussions are ongoing with the Bank's macro-fiscal teams to include targets on domestic resource mobilization (DRM) in the DPO (increasing budget allocation for health to 12 percent and RMNCAH budget execution to 75 percent).

Under the umbrella of the Human Capital Project, human capital DPOs are planned in other countries. The GFF is well positioned to leverage its support to help integrate essential health financing reforms into those DPOs.

Partnerships at the global and country level

With IDA, GFF Trust Fund and the Global Fund financing are being prepared at the same time in the Wave 4 countries. This funding provides rich opportunities to align external resources around a common agenda for health system strengthening linked to the investment case.

Because of this funding/timing and the opportunity to leverage the GFF process (Liaison Officer in-country, investment case process, country platform) for in-country coordination, the health financing accelerator decided to select focus countries primarily from the GFF Wave 4 countries. Examples of progress in these countries include the following:

- **Côte d'Ivoire:** Joint advocacy was a key factor leading to the government's DRM commitments. In early March 2020, the GFF, the Global Fund, and the WHO collaborated on

organizing a CSO budget advocacy workshop. Discussions are ongoing for a jointly supported one-year anniversary of the Dialogue Nationale on Health Financing to ensure continued advocacy for DRM.

- **Ghana:** Gavi and the GFF will be co-financing technical assistance within the government unit preparing the investment case. Several joint missions have already taken place with the Global Fund, the GFF, and the World Bank. Discussions about joint DLIs are ongoing.

- **Niger:** The Global Fund has been very engaged in the GFF process, including through a joint mission. Discussions are ongoing with the Global Fund and Gavi on opportunities for co-financing the investment case. The CCM is part of the technical working group that is moving the investment case forward. Meetings are also planned with auditors from Gavi during the upcoming GFF mission to exchange on the Common Fund.

- **Pakistan:** The National Immunization Support Project (NISP)—a federal-level project with provincial DLIs—is co-financed by the World Bank, Gavi, and USAID, with a buy-down of \$25 million from the Bill & Melinda Gates Foundation. The ambition is to replicate this model for the new universal health care support project currently being prepared (with funding provided by the Global Fund, among others). The investment case task force is still being finalized, but the idea is to build on DPC3 prioritization efforts and focus on supporting the delivery of an essential packages of services and health system strengthening (specifically PFM) investments.

- **Tajikistan:** Gavi is co-financing additional financing for the World Bank health project. The health systems analytics will (most likely) be co-financed by the Gavi TCA. Dialogue on broader alignment of health system strengthening activities is ongoing. The Global Fund and Gavi joined the GFF initiation mission, which helped improve understanding of how the different agencies work in Tajikistan and identify opportunities for joint work.

- **Zimbabwe:** Zimbabwe is the first country in the GFF portfolio that has merged its CCM with the overall multi-stakeholder coordination platform for the health sector. The government is moving very quickly with development of its investment case. A draft investment case has been circulated to partners; consultations with CSOs were held in early March. The government used the investment case priority areas in preparing its proposal to the Global Fund. Country coordination is effectively spearheaded by the government, with WHO and Sweden leading the donor group. The GFF will finance a P4H Focal Point to support the government in coordinating health financing reforms.

The GFF, the World Bank, the Global Fund, and Gavi co-organized a webinar for country teams (including both governments and partners) in February to develop a better sense of the agencies' instruments and timelines and discuss opportunities and challenges to aligning resources from these multilateral funding agencies. A two-day workshop for staff from Gavi, the Global Fund, the World Bank, and the WHO is planned for April 2020 as a virtual meeting.

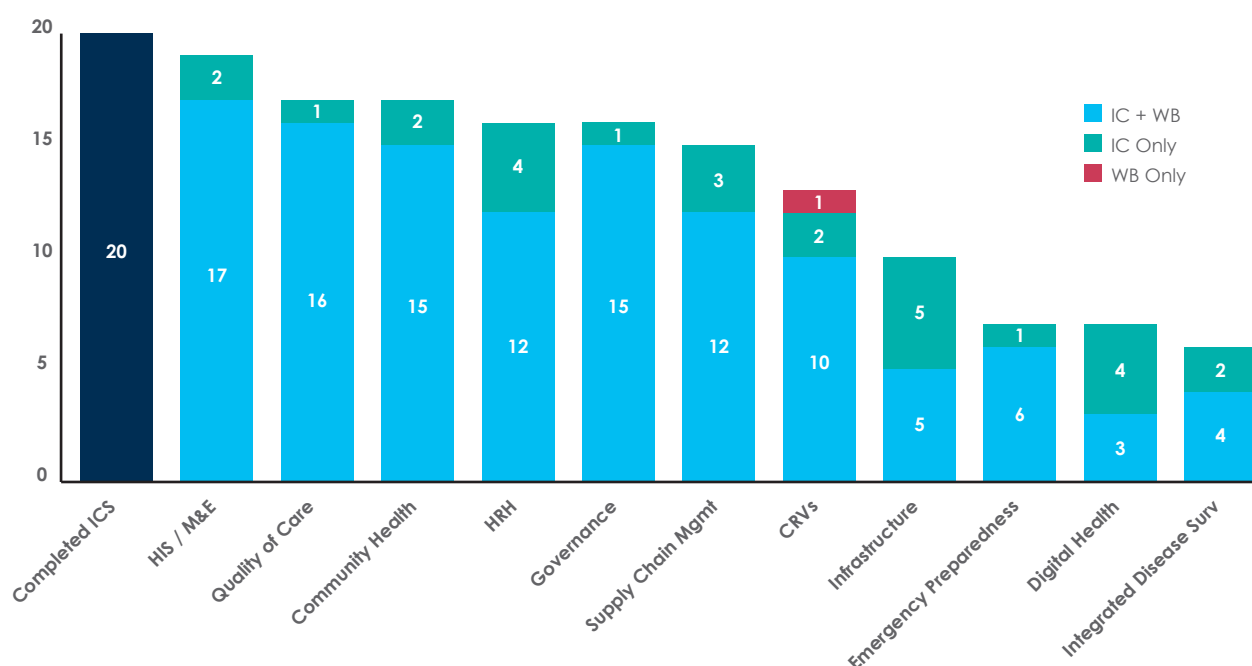
AN INTEGRATED HEALTH SYSTEMS APPROACH

The GFF partnership focuses on improving health outcomes for women, children, and adolescents through an integrated health systems approach rather than a focus on specific diseases or health issues. By using the information obtained through resource mapping, coordinated approaches to health system strengthening enable the government to increase its

leveraging its balanced scorecards (page 27). Liberia is increasing the utilization of RMNCAH-N services (page 41). Senegal is rolling out local quality scorecards (page 48). Some technical areas that countries seek to better support include family planning. In Burkina Faso, in partnership with the Population Council, Thinkwell, and a local research team, the GFF is supporting research on the quality of family planning care. Cameroon has made significant progress in the scale-up and monitoring of quality Kangaroo Mother Care (page 31).

- **Community health:** Critical to expanding access to services are community health workers and a formalized system to

Figure 4. Health system strengthening areas of investment in the 20 completed investment cases



capacity in this area by prioritizing health system strengthening investments to achieve better health results.

Examination of health system strengthening components across the 20 completed investment cases highlights that the building blocks of a health system—health human resources, governance, and supply chain management—remain a primary focus of prioritized investment (figure 4). Most investment cases include components on improving access and use, the quality of care, and community health, as well as the investment case monitoring and evaluation investments necessary to track implementation.

Examples of activities include the following:

- **Quality of care:** In more than half the GFF/World Bank co-financed projects, performance-based financing and DLLs are used to improve the system, health care personnel performance, and the patient experience. Afghanistan is

support them. Going beyond the support often provided at routine trainings, Liberia focused on ensuring access to its Community Health Assistance program (page 41). Burkina Faso is ensuring strong 5G coordination for community health (page 29). The Democratic Republic of Congo has adopted community-based health insurance schemes (page 34).

- **Civil registration and vital statistics (CRVS):** CRVS is increasingly being considered a priority area, with 19 countries now including it in their investment cases. Thirteen countries have been allocated funding for CRVS strengthening, with support also expanded through social protection and governance and CRVS indicators included under results-based financing. Partnerships to support CRVS implementation at the country level have been strengthened. The Centre of Excellence and other partners are providing technical assistance for CRVS systems, for example.

STRENGTHENING COUNTRY PLATFORMS

A significant component of the GFF model is the strengthening of country platforms, which are responsible for overseeing the development and implementation of the investment case. The country platform is the governance mechanism that enables coordination, learning, course correction, and mutual accountability.

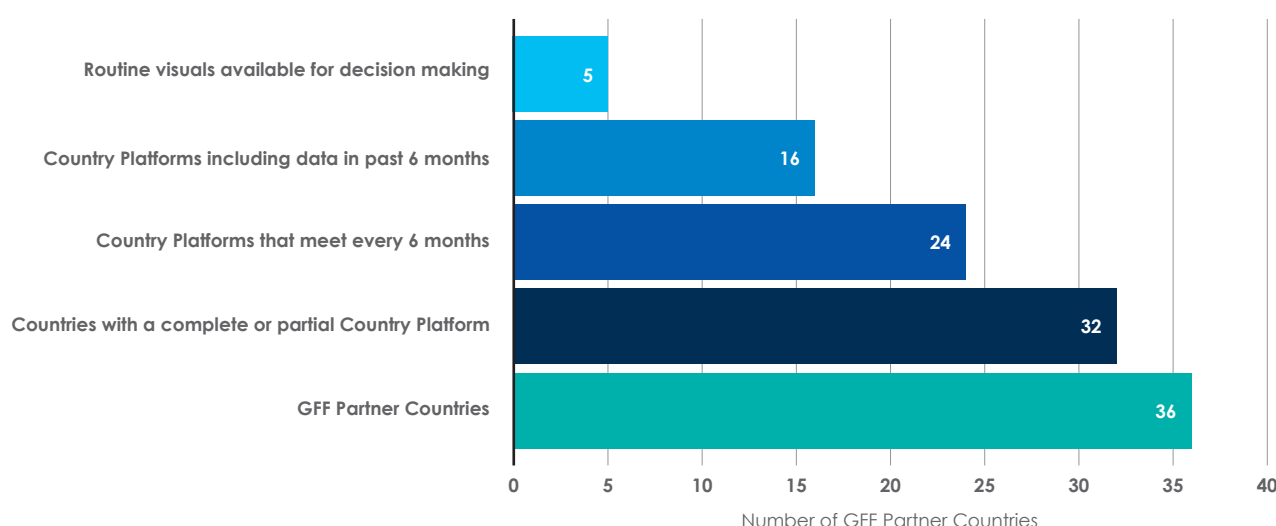
Given the importance of the country platform in overseeing and leading the process of implementation, the GFF Secretariat carried out the first annual survey to provide a cross-sectional view of the GFF process from the perspective of the multistakeholder members of the country platform themselves. Launched on February 12, 2020, the effort provided country platform members with a web-based survey link and 2.5 weeks to participate. Questions focused on the composition, leadership, and role of the country platform.

Role of the country platform

Feedback from country platform members provides a better understanding of the role the platform currently plays in GFF supported countries and identifies opportunities for engagement to support platforms to strengthen their ability to make informed decisions related to investment case implementation:

- **Communication:** The most commonly cited role of the country platform was facilitating dialogue and communication among participating stakeholders. Defining strategic direction for investments in RMNCAH-N and driving decisions in support of the development, implementation, and monitoring of the investment case were the second and third most frequent responses respectively. Less commonly cited responses had to do with generating data, sharing and reviewing lessons, expanding the capacity of stakeholders and partners, and mobilizing financing.
- **Data use for decision making:** Routine review of agreed upon information and indicators that document implementation of the investment case is a gap across country platforms.

Figure 5. Country platform and data use



The survey was completed by 282 respondents in 20 countries. A majority of countries (57 percent) had 2–9 respondents; a third (29 percent) had 10–19 respondents. Three countries (Cameroon, Côte d'Ivoire, and Mali) had more than 20 respondents (65, 42, and 26, respectively). All but four countries (Cambodia, Guatemala, Liberia, and Senegal) had respondents from the government (the ministry of health, finance, or other).

The majority of countries (16 of 20) stated that there was adequate representation from all constituencies (government, bilaterals, religious groups, adolescent/youth, CSOs, the private sector, and so forth) within their platform. There was disagreement within each country platform over whether certain entities were missing. Most countries felt that civil society was well represented, albeit with some conflicting responses. Private sector representation repeatedly came up as an entity that was not well represented on country platforms.

As identified in the recently published GFF Country Implementation Guidelines (2019), establishing an analytic workplan with a view to identifying the actions necessary to maintain or accelerate the pace of achievement and mobilizing the funding required to implement the investment case is a necessary factor of the action and learning agenda. Very few countries are well positioned to interpret the results or progress of implementation, as highlighted in figure 5.

- **The GFF Liaison Officer:** With very few exceptions, GFF Liaison Officers were listed as the primary sources of information about the GFF process. This finding reaffirms the value of Liaison Officers in country, as well as the strong leadership of government in this process. Other sources of information cited included government Focal Points, Secretariat Focal Points, and World Bank personnel.

- **Relevance/contribution of the country platform:** In all but one country, respondents indicated that the country platform was a necessary mechanism to support the shift in health outcomes outlined in their investment cases. A majority of respondents agreed that it was also an important mechanism for increasing coordination and collaboration, joint planning, data review and monitoring of results, and accountability.

Actions emerging from these survey findings

This first annual survey confirms the important role the country platforms are playing. It also points to actions the GFF Secretariat and partners need to take to improve how they function:

- **Composition and positioning:** In the newest GFF partnership countries, considerable effort has been made to advise governments on which (existing) platform would best serve the GFF process. More platforms are including senior-level representation from key ministries such as finance and planning, in addition to ministries of health. The Secretariat has been working with external partners to facilitate CSO

engagement across the 36 GFF partnership countries. The survey indicates that more work is needed to enable both CSO and private sector engagement.

- **Communication:** Additional support needs to be provided to countries to develop and implement communication plans that will enable stronger stakeholder engagement around the investment case.
- **Data use:** The GFF Secretariat already provides some support to country platforms for the data aspects of the investment case. Together with partners, it needs to provide more support for data analysis and visualization, to enable the platform to be better equipped to monitor investment case implementation, course-correct, and make informed decisions about budgets as well as program implementation.
- **Liaison Officers:** Work is underway to enhance the capacity of Liaison Officers in core skills such as stakeholder engagement and communications.

CONVENING INVESTORS

Convening investors is often the starting point of country engagement. It is integral to the GFF model and a core input in the GFF logic model. It is also critical to the prioritization exercises necessary to realize a funded investment case.

Resource mapping exercises provide country stakeholders with information on the sources of financing from the government, the private sector, and donors. Resource mapping and expenditure tracking (RMET) is a key component of the GFF approach. It maps budget and expenditure data to provide a comprehensive picture of funding gaps and alignment of donor and government funding to the investment case and/or national health strategy priorities. RMET helps the health sector in low- and middle-income countries mobilize additional resources, improve allocative efficiency, and better coordinate planning efforts between donors and governments.

GFF support: building systems to systematize RMET and share best practices

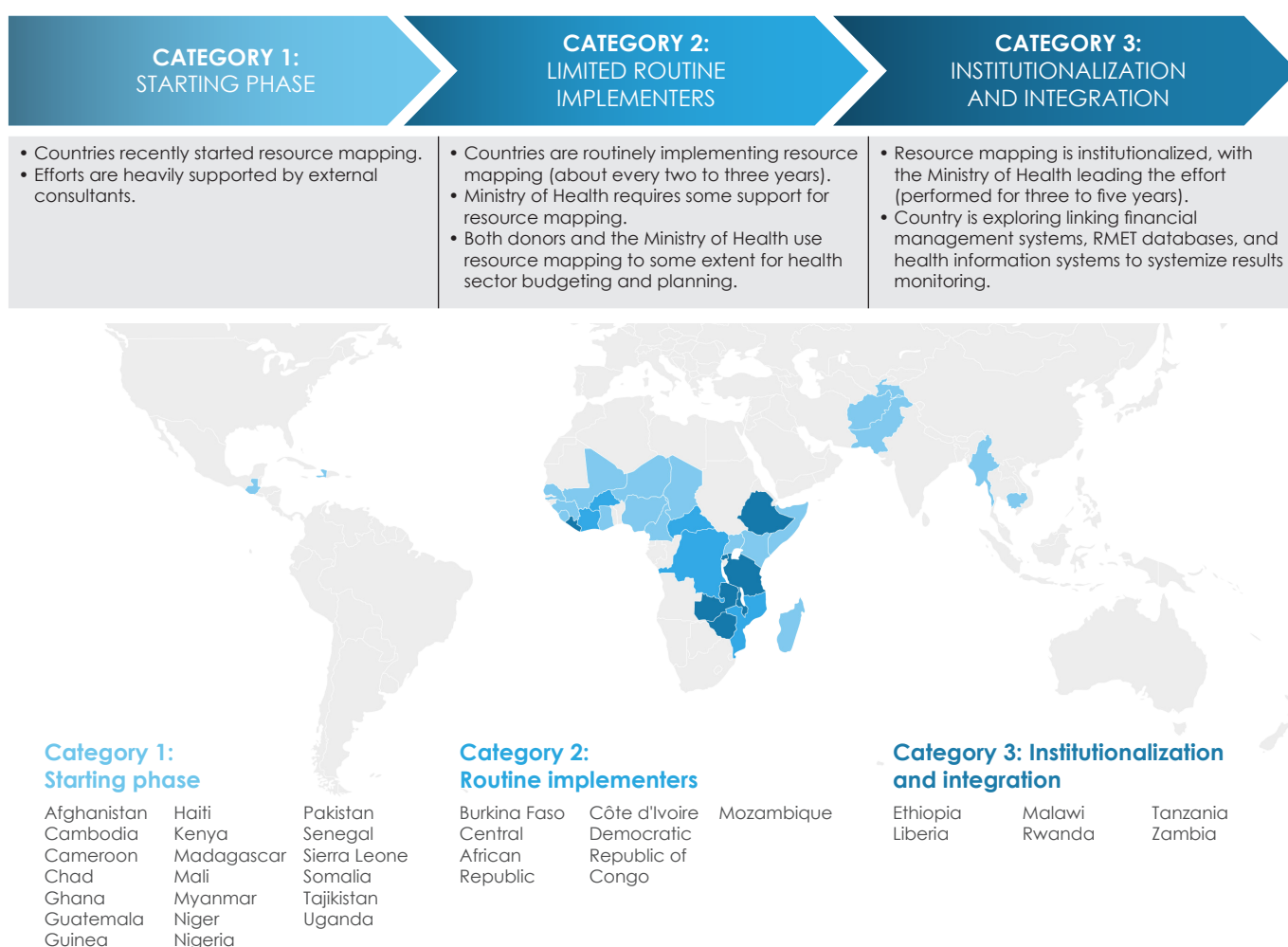
The GFF Secretariat is funding technical assistance that aims

to systematize support provided to ministries of health, build technical capacity, and facilitate the sharing of best practices. The technical assistance program has three pillars:

1. providing technical assistance to systematize RMET methodology, building on existing country-level approaches
2. sharing lessons learned and highlighting best practices from ongoing activities in GFF
3. linking RMET with health financing analysis and public financial management reforms.

The GFF Secretariat is working with partners to support country capacity building in conducting RMET, institutionalizing RMET, and integrating it with other information systems. To better tailor this support, the Secretariat is distinguishing three categories of countries, based on the number of RMET exercises conducted, country ownership, and the use of data for planning and budgets (figure 6). The goal is for countries to progress toward category 3 (institutionalization and integration), where RMET databases are linked to other health financing information systems to foster better planning and results monitoring of the investment case/national health strategy.

Figure 6. Categories of resource mapping and expenditure tracking (RMET)



Resource mapping is planned as an annual exercise in most GFF countries. Figure 7 shows the status of RMET and its use in decision making.⁽¹⁾⁽²⁾⁽³⁾⁽⁴⁾⁽⁵⁾

Thirty of the 36 GFF partnership countries will complete an annual resource mapping exercise in 2020 (most by September), and 90 percent of them plan to use it for planning and budgeting decisions. Several countries are conducting resource mapping for the first time in 2020. As more countries complete resource mapping, its use for decision making will increase, as has been the case for category 2 and 3 countries.

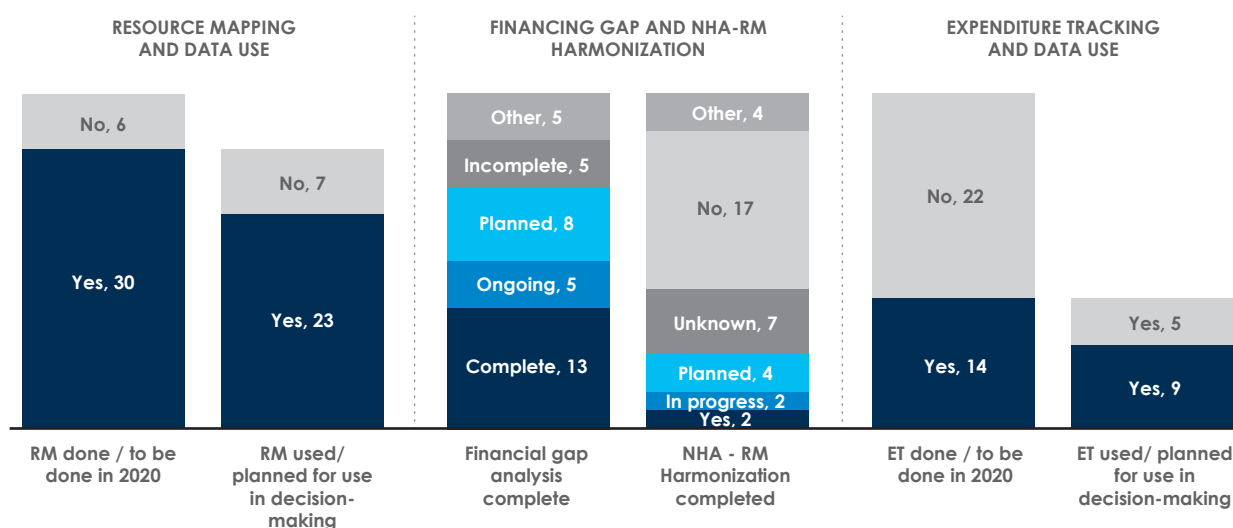
Expenditure tracking is relatively new. Fourteen countries are scheduled to complete it in 2020, most of them for the first time. It is intended to become a regular feature as countries progress toward category 3. Routine use of expenditure tracking analysis is also scheduled to increase as more countries complete their expenditure tracking.

completed to understand country needs. Liberia is working on launching a pilot in April 2020 to test and demonstrate how this innovative electronic platform can function, even in a resource-constrained setting. Data from this pilot phase will be applied to policy, programmatic, and budgetary decision making for FY21, with a focus on efficiency, equity, and improved health outcomes.

Taking stock: opportunities for partner alignment

Alignment of external financiers to investment cases has gradually increased in GFF partnership countries, with substantive collaboration in the last year. An even more collective effort is needed to fully realize coordinated financing. Fifteen countries had conducted resource mapping by April 2020 (up from six in 2017). The resource mapping for the investment cases shows that more donors have aligned with the investment case over time, with an average of 10 donors aligned to the investment case in the 15 countries. Efforts have been made to align the financing of Gavi and the Global Fund,

Figure 7. Status of resource mapping and expenditure tracking (RMET) in GFF countries



Country spotlight: RMET in Liberia

Liberia has experience with multiple rounds of resource mapping, which it has used to inform prioritization and planning. The next step is to institutionalize the process. The Ministry of Health is exploring developing an electronic platform linking that would link in financial management systems, existing RMET databases, and HMIS in real-time. The main objective of the integrated platform would be to foster improvements in budgeting and planning in the health sector and to support implementation and results monitoring of the investment case.

A comprehensive assessment of the country's financial and health management information system was recently

which in the past conducted separate resource mappings for their investments. The collaboration has grown stronger with their support for investment case resource mapping at the country level and coordinated technical assistance related to resource mapping and expenditure tracking at the global level. In several countries, Gavi, the Global Fund, and the GFF are funding technical assistance to conduct resource mapping of the investment case and conduct expenditure tracking (of national health accounts), data visualization of resources in the health sector, and assessments to support the interoperability of financial databases in the health sector. At the global level, the Global Fund, Gavi, the GFF, and the Bill & Melinda Gates Foundation are coordinating a multicountry assessment of financial database interoperability.

⁽²⁾ Resource mapping refers to the collection of budget data from all financing sources and implementing partners in the health sector for current and upcoming fiscal years and mapping the data against national priorities.

⁽³⁾ Financing gap refers to the difference between the costed plan (IC or national health strategy) and resources available (mapped from the RM).

⁽⁴⁾ National Health Accounts (NHA) – RM harmonization refers to collaboration between GFF, WHO, and other relevant stakeholders in tracking financial resource for health

⁽⁵⁾ Expenditure tracking refers to collection and analysis of expenditure data against the strategic priorities and activities outlined in the IC or national health strategy for improved routine monitoring of implementation.

⁽⁶⁾ Financing gap and NHA-RM harmonization information currently available for 21 countries

Table 2. External funders of the health sector in the newest GFF partnership countries

Country	Partners
Chad	European Union, France, Gavi, Germany, Global Fund, Islamic Development Bank (IsDB), Swiss Cooperation, USAID, World Bank
Ghana	Canada, Department for International Development (DFID), Gavi, Global Fund, Japan International Cooperation Agency (JICA), Korea International Cooperation Agency (KOICA), US Agency for International Development (USAID), World Bank
Mali	Bill & Melinda Gates Foundation, Canada, DFID, France, Gavi, Germany, Global Fund, IsDB, the Netherlands, USAID, World Bank
Mauritania	African Development Bank (AfDB), Belgium (Enabel), China, European Union, France, Gavi, Global Fund, IsDB, Saudi Arabia, Spain, USAID, World Bank
Niger	Belgium, DFID (WISH Programme), European Union, France, Gavi, Germany, Global Fund, Spain, World Bank
Pakistan	Bill & Melinda Gates Foundation, Canada, DFID, Gavi, Germany, Global Fund, IsDB, USAID, World Bank
Somalia	Canada, DFID, Gavi, Germany, Global Fund, World Bank, potentially some humanitarian partners
Tajikistan	Aga Khan Foundation, Asian Development Bank, European Union, Gavi, Germany, Global Fund, IsDB, USAID, World Bank
Zambia	DFID, European Union, Gavi, Germany, Global Fund, Swedish International Development Cooperation Agency (SIDA), USAID, World Bank
Zimbabwe	Global Fund; Health Development Fund (Sweden, DFID, European Union, and Gavi); USAID, World Bank

Beyond collaboration on the RMET agenda, the Global Fund, Gavi, and the GFF are collaborating on key reforms of the investment cases, including supply chain, governance/public financial management, and result-based financing.

The timing of the latest round of Global Fund financing, which coincides with the preparation of investment cases in the 10 newest GFF partnership countries, provides an opportunity for these countries to align the sizable Global Fund resources. Several external financiers could align with these investment cases, as table 2 shows.

Financing for investment cases from the GFF trust fund and the World Bank

In addition to domestic and other external resources, every investment case is financed by one or more World Bank–financed projects to which GFF Trust Fund resources are linked (table 3). As of April 2020, the GFF Trust Fund was co-financing 30 projects in 24 countries. The total GFF Trust Fund commitment stood at \$589 million to co-finance \$4.56 billion of World Bank resources (including \$4.1 billion from IDA), a ratio of 1: 7.8. As of February 29, 2020 the GFF had disbursed \$180.4 million and IDA/IBRD had disbursed \$1.345 billion.

In four countries—Bangladesh, the Democratic Republic of Congo, Nigeria, and Rwanda—the GFF Trust Fund is co-

financing more than one IDA project. In Bangladesh the GFF has leveraged the capacity of two sectors (health and education) to support the government's objective of improving services for adolescent girls. In Rwanda the GFF Trust Fund is co-financing health and social protection projects to address both the supply and the demand sides of the government's priority to accelerate the reduction in child stunting.

In the Democratic Republic of Congo, trust financing is enabling collaboration between the education, health, and social protection sectors in thematic areas such as nutrition, reproductive health, adolescent health, and CRVS. In Nigeria the three co-financed projects have supported a balanced approach between an equity-driven response in the North East with support for universal health care and a sharper focus on chronic malnutrition and adolescent girls.

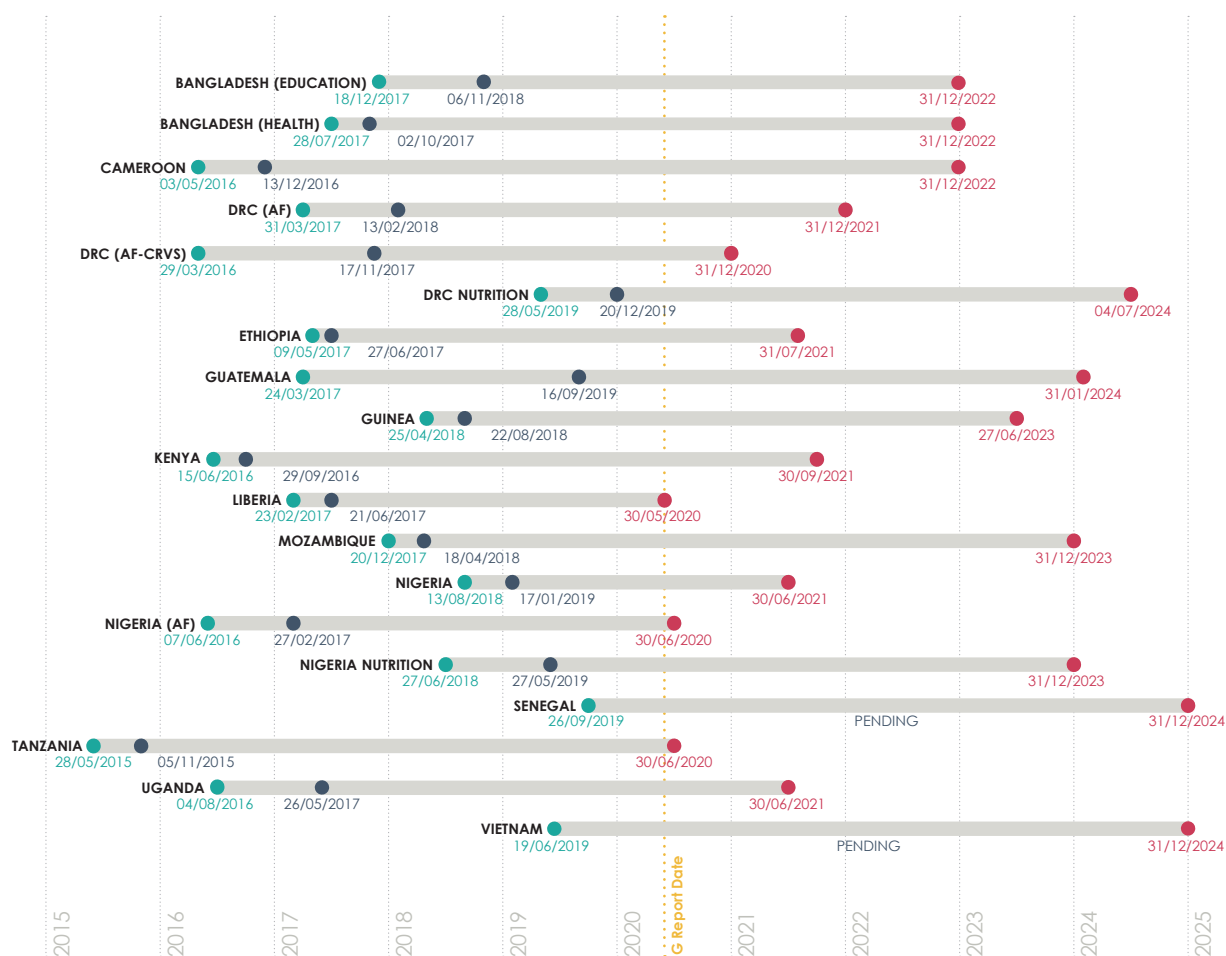
The portfolio of World Bank projects that are co-financed with the GFF Trust Fund remains relatively young. Approximately one-third of the projects became effective more than two years ago, another third became effective more than one year ago, and a third became effective in the last 12 months. The projects are at different stages of preparation or implementation. A typical project period is five years (some, such as the project in Afghanistan, are shorter). There are also varying time frames between when a project is approved and when it becomes effective (figure 8).

Table 3. GFF co-financing of World Bank–financed projects, as of April 2020 (millions of dollars)

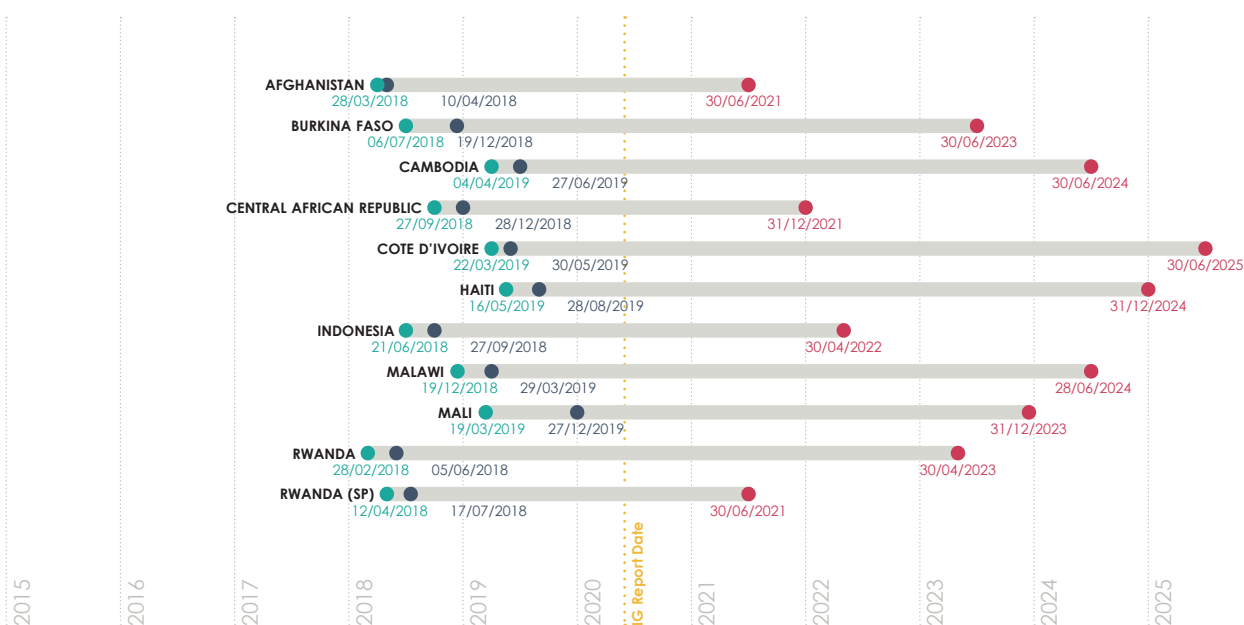
Country	Approval Date	GFF	IDA	IBRD
Tanzania	5/28/2015	\$40	\$200	
Democratic Republic of Congo (civil registration and vital statistics)	3/29/2016	\$10	\$30	
Cameroon	5/3/2016	\$27	\$100	
Nigeria (North East)	6/7/2016	\$20	\$125	
Kenya	6/15/2016	\$40	\$150	
Uganda	8/4/2016	\$30	\$110	
Liberia	2/23/2017	\$16	\$50	
Guatemala	3/24/2017	\$9		\$100
DRC	3/31/2017	\$40	\$340	
Ethiopia	5/9/2017	\$60	\$150	
Bangladesh (Health)	7/28/2017	\$15	\$500	
Bangladesh (Education)	12/18/2017	\$10	\$510	
Mozambique	12/20/2017	\$25	\$80	
Rwanda (Health)	2/28/2018	\$10	\$25	
Afghanistan	3/28/2018	\$35	\$140	
Rwanda (Social Protection)	4/12/2018	\$8	\$80	
Guinea	4/25/2018	\$10	\$45	
Indonesia	6/21/2018	\$20		\$400
Nigeria (Nutrition)	6/27/2018	\$7	\$225	
Burkina Faso	7/6/2018	\$20	\$80	
Nigeria (BHC PF)	8/13/2018	\$20	\$0	
CAR	9/27/2018	\$10	\$43	
Malawi	12/19/2018	\$10	\$50	
Mali	3/19/2019	\$10	\$50	
Cote d'Ivoire	3/22/2019	\$20	\$200	
Cambodia	4/4/2019	\$10	\$15	
Haiti	5/16/2019	\$15	\$55	
DRC Nutrition	5/28/2019	\$10	\$492	
Vietnam	6/19/2019	\$17	\$80	
Senegal	9/26/2019	\$15	\$140	
TOTAL		\$589	\$4,065	\$500

Figure 8. Approval, effectiveness, and closing dates of projects for first-wave and second-wave countries

a. First-wave countries



b. Second-wave countries



IMPROVING SERVICE DELIVERY

The GFF Secretariat provides additional support to countries to improve service delivery. This support is aligned with country-focused investments in health system strengthening.

Technical advisory group on quality health systems

In response to requests by the Investors Group, Secretariat Focal Points and leadership, and country counterparts, the GFF Secretariat has convened a time-bound Technical Advisory Group (TAG) to advise on strengthening the quality health systems agenda in the investment cases. The GFF has a unique opportunity to strengthen this agenda across investment cases by addressing scale, measurement, and quality improvement. Many GFF-supported countries have exhibited strong political commitment to implement evidenced-based approaches to address quality health systems, as reflected in their investment cases, but lack the technical resources to do so.

Although the quality health systems domain is broad, a TAG composed of GFF country, technical partners, and financial partners can help define a practicable and focused operational plan (not a high-level statement addressing only broad areas of work) for the following three to five years. The TAG will be well-positioned to consider the most effective ways for the GFF to translate state-of-the-art evidence on achieving quality health system outcomes by recommending practical tools and interventions for consideration in investment cases and informing capacity building and results monitoring plans. In so doing, the TAG will touch upon issues related to measurement and institutionalization in a health systems context.

The operational plan will be developed by the TAG over the next six months. It will address the following questions:

1. How can GFF financing be better used to encourage countries to develop high-quality health systems through their investment cases?
2. How can GFF technical assistance be better used to do so?
3. How can the GFF leverage the broader partnership of financiers, technical partners, CSOs, and the private sector to improve health system quality in investment cases?

A sharper focus on gender equality for better health outcomes

Women and girls are at the core of the GFF approach. They have been the main beneficiaries of the heightened focus on RMNCAH-N that GFF engagement has generated. The GFF supports countries' efforts to use gender-disaggregated data when preparing and monitoring implementation of their investment cases. Many investment cases have adopted a gender-responsive approach, with the support of a range of partners.

Bangladesh offers an example of how country-led efforts have sharpened the focus on gender equality across sectors for better health outcomes. Investment in the education sector has helped ensure adolescent health services for female students in schools and communities and contributed to a reduction in drop-out rates. In Senegal the GFF is working through public-

private partnerships to ensure last-mile distribution to increase access to contraceptives and expand method choice for women and girls.

To ensure that gender equality is considered appropriately across GFF-supported countries as a critical input into realizing improved RMNCAH-N health outcomes, the GFF is collaborating with partners on strengthening its integration into program implementation. Through the development of a policy note, it will share with stakeholders ways in which gender considerations can be accounted for as part of the routine GFF process of prioritization. It will also provide references to operational tools for countries including, but not limited to, a monitoring framework specific to this domain.

Adolescent sexual and reproductive health and rights action plan

Following the Eighth Investors Group Meeting, held in April 2019, the Adolescent Sexual and Reproductive Health Technical Advisory Group received feedback from Investors Group members on the background paper. The TAG convened an in-person review of the accompanying action plan in June 2019 on the margins of Women Deliver. A revised version of the paper was circulated to TAG members in July 2019.

The output of the TAG has informed the development of an analytical and technical assistance project within the GFF Secretariat to address aspects of the agreed upon action plan through two thematic pillars. The first pillar focuses on a collaboration with the Development Economics Vice Presidency (DEC) of the World Bank to formulate a research strategy to more systematically leverage the World Bank's project portfolio to address gaps in the evidence base on adolescent health interventions. The second pillar is designed to address more immediate bottlenecks to the financing of adolescent sexual and reproductive health and nutrition interventions in GFF/World Bank co-financed projects. Examples of investments being made under this pillar include a validation effort for new family planning quality metrics that draws on a rights-based framework among adolescent contraceptive users; the development of operational support tools for school health programs, to facilitate the scale-up of comprehensive sexuality education; and opportunity identification and procurement support tools for mHealth solutions to meet adolescents' health needs for sexual and reproductive information and services.

Programmatic technical quality

GFF Contributions to the Technical Agenda for RMNCAH-N

The GFF supports a country-led dialogue around priority interventions by anchoring reform discussions in health impacts for women, children, and adolescents. It often uses tools such as UNICEF's EQUIST model or the Disease Control Priorities 3 methodology supported by the WHO and others. Grounding a health reform dialogue in health impact leads to essential health packages—delivered through primary and community care systems—that include the most effective interventions in RMNCAH-N.

Countries are also supported to identify the highest priority health system and health financing reforms, so that they can expand the coverage, quality, equity, and sustainability of essential health packages and interventions. For many of the highest impact interventions for women, children, and adolescents, doing so means supporting efforts to strengthen front-line health

service financing and provision, ensure that quality assurance and improvement systems are fit for purpose and adequately resourced, address key supply chain bottlenecks, and support efforts to ensure that data systems—and data on interventions—meet the needs of service providers and policy makers. The GFF partnership also creates opportunities to align technical resources in the sector around a common set of priorities, in order to take full advantage of partner capabilities.

The GFF Secretariat also works with the World Bank on the technical alignment and quality of design of World Bank investments to these country priorities and provides additional capacity when needed to World Bank task teams to support this alignment. The Secretariat has provided technical support to several World Bank teams during project preparation and implementation, in order to facilitate the financing of highest priority interventions in areas such as adolescent health, nutrition, maternal health, and sexual and reproductive health and rights.

Example: Improving Sexual and Reproductive Health and Rights

Expanding access to high-quality sexual and reproductive health services is key to achieving the GFF's goals for reducing mortality and improving the health and well-being of women, children, and adolescents. Services such as family planning are highly cost-effective and support the empowerment of women and girls that is critical for human capital formation. For this reason, 17 of the 20 countries that have completed investment cases prioritize these interventions. To support continued progress on improving sexual and reproductive health outcomes, the GFF Secretariat is providing assistance to countries on three key technical areas, to complement the work being advanced by partners in this area:

- 1). **Delivering an integrated package that include sexual and reproductive health services delivered with quality, equity, nondiscrimination, and other dimensions of a rights-based approach.** For example, the GFF partnership is supporting

they often include an equity focus in implementation and strive to minimize or reduce the out-of-pocket costs paid by users. In Bangladesh, Ethiopia, Kenya, and Mozambique, the GFF also supporting family planning priorities through national or subnational disbursement conditions on IDA/GFF Trust Fund co-financed operations that include family planning.

- 2). **Ensuring commodity security for contraceptives and uterotonics, including misoprostol in participating countries.**

Afghanistan, the Democratic Republic of Congo, Kenya, Nigeria, and Uganda are using IDA financing to address supplies in the short term. The GFF is supporting broader supply chain reforms across a range of markets, including [prime vendor](#) models and innovations in [last-mile distribution](#), in collaboration with partners such as USAID, the Bill & Melinda Gates Foundation, Merck for Mothers, and the UPS Foundation. Both approaches increase access to contraceptives and expand method choice for women and girls. Going forward, the GFF sees opportunities to better leverage disbursement conditions in World Bank operations to support country priorities and ensure accountability for the financing of [Life Saving Commodities](#) while also strengthening government systems and giving recipients the flexible financing they need to manage a complex supplies financing landscape that includes [simultaneous transitions](#) from global health mechanisms.

- 3). **Generating evidence on the [sexual and reproductive health needs of adolescents and potential responses](#), including working across sectors to address social and gender determinants of outcomes.**

The GFF Secretariat is collaborating with the Development Economics Vice Presidency (DEC) at the World Bank to formulate a research strategy to leverage the Bank's portfolio to address critical gaps in the evidence base on adolescent health interventions. It is also providing technical support and operational tools through country support to increase

Box 5. Ensuring that strategic purchasing is rights-based. The GFF is supporting a multi-country study to validate a tool to measure the quality of family planning services that was originally developed by the Population Council in India under the USAID-funded [Evidence Project](#). The tool uses a novel index of client experience that is based on core elements of a rights-based family planning framework. Research has demonstrated that it also has strong predictive value with respect to contraceptive discontinuation, a major problem in many countries, and can be the primary cause of low rates of modern contraceptive use.

The GFF is keen to test this tool in several African countries, with a view to validating its use in routine data collection and quality assurance systems of ministries of health, given that the quality of family planning, particularly counseling, is weak in most settings and unmeasured in all settings. Such a tool could then be deployed to aid in strategic purchasing of quality family planning services.

facility-level results-based financing schemes that include family planning and other sexual and reproductive services in Burkina Faso, Cameroon, the Democratic Republic of Congo, Côte d'Ivoire, Liberia, Mali, Nigeria, Senegal, Tanzania, and Uganda. It is supporting service contracting for the delivery of essential services, including family planning, with nongovernmental organizations in Afghanistan, the Democratic Republic of Congo, and Nigeria. All of these approaches seek to increase access to essential sexual and reproductive health services, include incentives for quality;

financing for evidence-based approaches to improving the sexual and reproductive health and rights of young people, often building off work being supported by UN technical agencies and through the bilateral funding of GFF partners.

Results approaches for efficiency

Different results-focused financing approaches are used in World Bank/GFF co-financed projects. Results have been promising.

The results/disbursement-linked indicators approach

The DLI approach disburses funding to governments, linked to results, at the national, regional, local government, and health facility level. Tanzania, for example, has used the approach effectively. In the Primary Health Care for Results Program—which the World Bank, the GFF Trust Fund, USAID, and the Power of Nutrition have been financing since 2015—all disbursements are linked to results. The results have been independently verified by the Internal Auditor General of Tanzania.

The incentives within Tanzanian institutions at all levels (national, regional, and local) are aligned through the DLIs in a way that has improved the provision of primary health care services. Antenatal care improved in all 26 of the country's regions, with the average share of pregnant women receiving at least four antenatal care visits soaring from 35.8 percent in 2014 to 64.1 percent in 2018. The share of births occurring at a health facility also rose, from 67.0 percent in 2014 to 70.6 percent in 2017 and 79.6 percent in 2018. Immunization coverage among infants remained high, with 9 out of 10 children receiving the recommended vaccines.

Performance-based contracting approach

Performance-based contracting can be an effective approach in countries with systems that were destroyed during conflict and countries that seek to extend the reach of the health system into communities. In Afghanistan, for example, the Ministry of Public Health, with funding from the World Bank, the GFF Trust Fund, USAID, the European Union, and Canada, issued large-scale contracts to nongovernmental service providers to deliver the Basic Package of Health Services in 31 provinces and the Essential Package of Hospital Services in 16 of 34 provinces. Payment to these service providers is divided between a lump sum and a performance-based payment that is based on selected quality and quantity indicators.

Despite security challenges, this performance-based contracting approach has improved the utilization of essential health care services in Afghanistan. The proportion of institutional deliveries increased from 65 percent in 2018 to 74 percent in 2019. The share of babies that received a first postnatal care visit rose from 83 percent to 91 percent during the same period. The number of pregnant women who had at least one antenatal care visit increased 13 percent in a single year, rising from 1.7 million in 2018 to 1.9 million in 2019. Vaccination coverage also improved, with the number of children under the age of one year receiving PENTA 3 vaccines rising 3 percent, from 1.44 million in 2018 to 1.49 million in 2019. Although there are variations in these results across provinces, they are not directly correlated with the level of insecurity; there are high-performing insecure provinces and low-performing secure provinces.

Performance-based financing approach

Performance-based financing has shown to be effective in a range of settings, including postconflict fragile states. The Democratic Republic of Congo, for example, pays health facilities based on the quantity and quality of service delivered. Since April 2015, the GFF has been supporting the government's effort to prioritize interventions that contribute most effectively to the reduction of infant and maternal mortality rates through the provision of a package of RMNCAH services. The government has approved a national policy on strategic purchasing that ensures that all parties implementing results-based financing are aligned to the national policy, thereby reducing the fragmentation that has hampered the health system over the past 10 years.

Results from 11 provinces supported by the World Bank/GFF show that the number of outpatient visits per capita rose from 38 percent in 2016 to 42 percent in 2019. The proportion of pregnant women making at least four antenatal visits increased from 36 percent to 49 percent, the proportion of institutional deliveries increased from 52 percent to 82 percent, and the proportion of women using a modern contraceptive method increased from 6 percent to 27 percent over the same period. The proportion of children fully vaccinated increased from 62 percent in 2016 to 79 percent in 2019. Important improvements in quality were also noted: The score on multiple structural quality indicators in project-supported health centers increased from 21 percent in 2016 to 57 percent in 2019.

Liberia, a fragile state with weak health systems that were affected by the Ebola epidemic, provides an example of performance-based financing used at the subnational (county) level. County health teams in Liberia pay health facilities partly based on results, an approach the GFF Trust Fund grant has supported since 2018. Payment is linked to improvement in RMNCAH indicators and the quality of service delivery.

Early results are promising. Between 2018 and 2019, the proportion of institutional deliveries among women attending at least one antenatal visit in three high priority counties increased, from 32 percent to 41 percent in Sinoe, from 43 percent to 58 percent in Rivercess, and from 62 percent to 67 percent in Gbarpolu. The number of clients counseled for family planning increased from 2,123 to 3,929 in Gbarpolu, 6,107 to 16,873 in River Cess, and 11,839 to 1,2850 in Sinoe County. The average quality score of the three counties increased from 30 percent to 68 percent.

The verification of results by an independent agency shows significant improvement in data accuracy. The error margin decreased from 45 percent in September 2018 to 11 percent in September 2019 for the health facilities in the three counties. Now that data quality has improved, risk-based verification will be introduced, which will reduce verification costs.

27 ► **Appendix 1.** **Country profiles: wave 1 and wave 2 countries**

27	Afghanistan
28	Bangladesh
29	Burkina Faso
30	Cambodia
31	Cameroon
32	Central African Republic
33	Côte d'Ivoire
34	Democratic Republic of Congo
35	Ethiopia
36	Guatemala
37	Guinea
38	Haiti
39	Indonesia
40	Kenya
41	Liberia
43	Madagascar
44	Malawi
45	Mozambique
46	Myanmar
47	Nigeria
48	Rwanda
49	Senegal
50	Sierra Leone
51	Tanzania
52	Uganda
53	Vietnam

55 ► **Appendix 2.** **Country profiles: new GFF partner countries**

55	Chad
55	Ghana
56	Mali
57	Mauritania
58	Niger
59	Pakistan
59	Somalia
61	Tajikistan
61	Zambia
62	Zimbabwe

APPENDIX 1.

COUNTRY PROFILES: WAVE 1 AND WAVE 2 COUNTRIES

AFGHANISTAN

IC period	2018 to 2023
IC financiers include	Government of Afghanistan, Canada, European Union, USAID, World Bank
Key technical areas	Harmonization of external financing (e.g., off-budget resources); health financing strategy development and implementation, with a focus on slowing growth of out-of-pocket spending, strengthening the service contracting function; functional review of MOPH; unified monitoring and evaluation framework; innovations in lagging technical areas; and partner coordination.
Government Focal Point	Ms. Diwa Samad, Deputy Minister
GFF Liaison Officer	Farzana Maruf (gff.afghanistan@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Health financing: Achieve efficiency gains by better managing contracts with NGOs (moving from contract management to performance management in Sehatmandi).
- Alignment and harmonization: Reduce fragmentation of external resources by mapping and tracking of off-budget and on-budget resources to complement the basic package of health services (BPHS) and essential package of hospital health services (EPHS) contracts in a more aligned and coordinated manner and enhancing mutual accountability.
- Innovations: Adopt innovations to reduce maternal mortality and stunting and increase access to and quality of RMNCAH-N interventions such as family planning services.
- Coordination: Strengthen coordination and engagement among different stakeholders including the private sector and civil society organization with a collective response towards RMNCAH-N impacts.

2. Progress in the last year

Development of updated investment case: Data collection and validation with partners has been completed for the national and provincial resource mapping exercise. This exercise is intended to inform the next version of the investment case (IC) which is currently in development with partners agreeing initial health system and health financing reforms to support costing and prioritization discussions.

Scale-up of services: Despite security challenges, the Service Providers (SPs) for BPHS and EPHS have been able to provide health services in all provinces of the country under the new performance contracting model (covering 31 of 34 provinces).

Semi-annual performance review: The Ministry of Public Health (MoPH) successfully conducted the first semi-annual performance review which clearly indicates that the pay-for-performance (P4P) approach has improved data use and increased the focus on and measurement of performance. The third-party monitor (TPM) is now on board to verify service provider performance based on Health Management Information System (HMIS) reports and assess the quality of services through the Balance Score Card (BSC).

Knowledge and learning: The World Bank and other GFF partners supported a policy seminar for senior policymakers of the MoPH which included a focus on family planning and Afghanistan demographic challenges and opportunities, tertiary care hospitals, health financing for universal health coverage, and building human capital and improving nutrition. Participants included representatives from MoPH, WHO, UNFPA, UNICEF, Canada, European Union, and Global Fund.

3. Looking ahead: the next six months

Updated investment case: The next version of the health sector investment case will be completed. This updated investment case will inform the mid-term review (MTR) of Sehatmandi project (a \$600M investment over three years, financed by the GFF trust fund and multiple partners including the Canada, the European Union, USAID and the World Bank, which covers provinces with a BPHS and an EPHS). It will also inform annual work plans for off-budget technical assistance providers which will include developing a results system to track performance and financial inputs. In the meantime, a consolidated report of on-budget and off-budget resource mapping will be available for decision making and policy dialogue at higher level, which will contribute to the sectoral discussions being led by the Ministry of Finance on improving the alignment and harmonization of government priorities in the health sector. The IC will also contribute in development of the new health strategy which has recently been initiated by MoPH and WHO.

Sehatmandi implementation:

- **Data review:** The Sehatmandi project MTR is planned to be conducted which will provide an opportunity to critically analyze the implementation progress in order to make decisions on actions and course corrections as required. The country stakeholders will also have the first round of data for review, both the BSC to discuss the quality of care and HMIS verifications to feed-in to performance reviews.

- **Innovations:** Additionally, the investment case will more fully articulate the plans for the implementation of innovations identified in consultation last year. Innovations have not yet been implemented as the new performance contracting model is given time to get up and running, but a clearer strategy will come out of the IC development and Sehatmandi MTR.

Stakeholder engagement and coordination: The high-level oversight committee will expand the represented constituencies to ensure greater representation from civil society and the private sector to support both finalization of the investment case and to also set Afghanistan up for success in IC implementation.

BANGLADESH

Pending government clearance

IC period	2016 – 2021 Health, Nutrition and Population Strategic Investment Plan (HNPSIP) – in support of the 4th Health, Population and Nutrition Sector Program.
IC financiers include	Government of Bangladesh, GFF, IDA, Netherlands, DFID, Sweden and the Government of Canada
Key technical areas	Full sector program, including RMNCAH-N With special focus on school-based adolescent health
Government Focal Point	
GFF Liaison Officer	Farzana Islam (gff.bangladesh@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Build capacity on health financing to support evidence generation and advocacy on the need to increase the share of the government budget allocated to health.
- Increase spending on primary care targeting the poor by increasing the availability of midwives and increasing the operational budget at the level of the Upazila (subdistrict).
- Support the development of health system governance, management, and service delivery capacities.
- Implement an essential service package that includes key RMNCAH-N measures, particularly in vulnerable areas of Sylhet and Chittagong.
- Reduce the adolescent pregnancy rate by keeping girls in school and increasing access to adolescent friendly health and nutrition services.
- Strengthen private sector engagement and collaboration in the delivery of health care services.

2. Progress in the last year

Improvements in service delivery: Some of the results achieved so far in the implementation of the Fourth HNP Sector Program on health system strengthening include improvements in the level of expenditures for repair and maintenance at Upazila level and below (more than 180 percent since 2016) and increases in the number of Upazila Health Complexes with at least 2 posts for accredited midwives (the target of 150 was met). In addition, in the Sylhet and Chittogram divisions, some of the results included the achievement of the following target indicators: (i) 15 districts with at least 85 percent coverage of measles-rubella vaccination among children 0-12 months; (ii) 25 percent of registered children aged under 2 years receiving specified nutrition services; and (iii) 138,000 normal deliveries taken place in public health facilities.

Evidence and Knowledge: The Government, in collaboration with all partners, monitors closely the implementation of the Fourth HNP Sector Program and that of the Health Sector Support Program, Sector Wide Approach (SWAP), that finances a portion of this program. Following the first annual review of progress of the Sector Program and SWAP that took place in early 2019, a set of priority assessments were taken to improve the implementation of the program. These assessments included; the determination of bottlenecks in public financial management of MoHFW, an evaluation of equity in health service coverage and financial protection, an assessment of pathways to decrease household OOP (also an action point of the annual review) and assessments of the role or private sector in health and capacity of MoHFW to engage in public/private partnerships. GFF technical support was provided to assess potential ways to reduce household out-of-pocket payments for health. A mid-term review of the program and SWAP will be finalized at the end of March 2020.

Technical Assistance: The Fourth HNP Sector Program, continues to receive technical assistance in different areas, including: health financing, private sector engagement, public financial management, and others. Some of this support feeds into the above-mentioned priority actions and some serves as inputs to other areas under development such as current efforts to improve RMNCH-N outcomes in urban areas (e.g. private sector and health financing). Given the multi-sectoral nature of adolescent health initiatives in Bangladesh, GFF contributed technical assistance in the preparation of school-level adolescent health programs within both the Ministry of Health and the Ministry of Education to support alignment and coordination of plans.

3. Looking ahead: the next six months

Technical Assistance: This will include: (i) further support to the implementation of the Health Care Financing Strategy (2012-2032); (ii) continued support on private sector engagement; and (iii) ongoing support for adolescent health, including a joint education and health sectors monitoring and evaluation framework and potentially a joint implementation plan for the adolescent health

programs at school level. Some of this technical assistance, particularly on health financing and private sector, is currently informing the discussions on the preparation of a new World Bank financed program to support health in urban areas.

Advocacy: In the coming six months GFF will continue to support advocacy for increasing domestic resources allocated to health and for more coordinated multi-sectoral support to adolescent health. This would include, among other things, a continued dialogue on the implementation of the Health Care Financing Strategy (2012-2030), with a focus on options to increase public resources for health and reduce OOP payments for health among vulnerable households.

Improvements in service delivery, health financing, and management of the sector: The implementation of the Fourth HNP Sector Program will continue, with the aim of achieving the Disbursement Linked Indicators (DLIs) included in the SWAP. Since the mid-term review will be finalized at the end of March 2020, it is possible that some changes in the SWAP will be carried out that will link to priority actions to be implemented in the coming year.

BURKINA FASO

IC period	2019 to 2023
IC Financiers include	Burkina Faso Government, WBG, GFF, EU, USAID, GF, Gavi, BMGF, UNFPA, UNICEF, WHO
Key technical areas	RMNCAH-N programs, Health System Strengthening, Result Based Financing, Access to services and CRVS
Government Focal Point	Nadine Tamboura (nadirata2006@yahoo.fr)
GFF Liaison Officer	Robert Lucien Jean-Claude Kargougou (gff.burkinafaso@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Improve equitable access to and utilization of an integrated package of high-impact RMNCAH-N interventions.
- Strengthen the health systems pillars of human resource availability and infrastructure, equipment, and commodities.
- Improve governance of the health system, including financing, civil registration, information systems, and multisectoral coordination.

2. Progress in the last year

Investment case (IC) improvement: As planned during a previous 5G (WBG, GFF, GF, Gavi and BMGF) mission, the IC was refined allowing to better consider i) community health and immunization; and ii) adjust the TOC and the result framework accordingly. This improvement has been possible due to the joint effort from 5G partners and the European Union with an appointment of 2 consultants. The "Equipe Fonctionnelle 7", which is the technical platform was strongly involved in the process and the latter was conducted swiftly until the IC was validated by the country platform. Further revision of the IC is underway a result of a dialogue between the Minister of Health and her development partners in order to (i) take into account new developments including security situation and resilience and health insurance for the most vulnerable population; and (ii) make it adequate to serve as the main document for the upcoming UHC forum. The MoH has decided to have the IC be the reference document for the Forum on UHC financing initially planned for 27-28 March, 2020 and postponed due to the COVID-19 pandemic.

Strategic purchasing and quality of care: the GFF trust fund has supported consultants to carry out a study on family planning quality of care. The methodology has been presented and discussed with the MoH team. The study is being carried out jointly with Population Council, Thinkwell and local research team with a timeline from October 1st, 2019 to September 2020.

Population Census: The GFF has contributed funding for the General Population and Housing Census dedicated both to data collection and analysis. The population census is the backbone of the Statistical Information System (SIS) in the country. The census is the only operation designed to provide the spatial distribution of the population, its characteristics and composition at the lowest administrative level. Furthermore, it is allowing a better targeting of health financing and service delivery interventions.

Capacity building: The GFF has contributed in funding two learning events: i) a training of 35 medical doctors in health district management which is very important in Burkina Faso as it improves governance and stewardship in the health system; ii) a second training of 29 District Medical Doctors in essential surgery to manage emergency care like c-section. This intensive training take place for 6 months (one month of theory and 5 months of intense practice).

3. Looking ahead: the next six months

Post-UHC Forum: The GFF will continue supporting the MoH in organizing and monitoring of the UHC Forum outcome. Following the advice from GFF mission during a platform meeting in January 2020 it was agreed that the ultimate IC version should not have a financing gap. The platform agreed that after the forum the IC will be adjusted/reprioritized to minimize the gap depending on the resource mobilization. As a result, we will have an IC without gap and integrating i) National Strategy on Resilience, ii) the National Health Insurance scheme, iii) community health as community health posts, iv) a theory of change and a results framework which reflect these adjustments.

5G partners co-funded activities: The following aspects will be undertaken as a joint effort from the 5G partners as recently agreed on (i) stepping up the support the MoH in the implementation of strategic purchasing with the strong support of the GFF Focal Point,

(ii) support the dialogue with the « Direction Générale de la Modernisation de l'Etat Civil » along with technical support on CRVS legal framework with respect to digitalization, (iii) conducting an evaluation of the National Health Information System and support the MoH for 2019 data recovery as a remedy to the missing data from June 2019 to November 2019 following the withholding by workers union amid the strike; (iv) convening partners on supply chain; (v) finalizing the resource mapping exercise; (vi) providing technical assistance to the MoH on PPBS (Planning, Programming, Budgeting and Monitoring) process.

CAMBODIA

IC period	2019 to 2030
IC Financiers include	Royal Government of Cambodia, Co-financiers to the IC through the IDA-financed project include Australian DFAT, German KfW, and the Global Financing Facility. Full resource mapping is underway; UNICEF resources support priority IC interventions and geographies as does USAID, KOICA and UNFPA.
Key technical areas	Under the IC, three priority outcomes were identified: reducing neonatal mortality, lowering teenage pregnancy, and addressing child undernutrition. The IC is focused on closing equity gaps in seven priority provinces. Sixteen interventions including newborn care practices, coverage and access to quantity and quality ANC/PNC, nutrition counselling during ANC and promotion of early initiation and exclusive breastfeeding and complementary feeding, screening of children for severe acute malnutrition (SAM) and micronutrient supplementation were also selected for priority implementation. Project investments in performance-based grants support maternal and child health and nutrition service readiness and quality in health facilities, outreach, and communities.
Government Focal Point	Her Excellency Youk Sambath, Secretary of State for Health
GFF Liaison Officer	Under recruitment

1. Value-added of the GFF

GFF support is aligned with plans to:

- Focus on reducing child undernutrition, neonatal mortality, and adolescent fertility, in seven priority provinces with large percentages of ethnic minorities.
- Support quality improvement and community health initiatives to increase coverage of good-quality RMNCAH-N services.
- Increase community awareness and demand for preventive, promotive, and curative health services.
- Address supply-side bottlenecks including low provider training and capacity; limited accountability for delivering health and nutrition services in adherence to clinical guidelines; and insufficient availability of necessary equipment, commodities, and supplies.
- Defragment RMNCAH-N financing and integrate service delivery within mainstream government systems and reforms to improve the coordination and sustainability of RMNCAH-N activities and interventions.

2. Progress in the last year

Stakeholder engagement: Substantial progress on the development of the RMNCAH-N investment case took place over the past year and it is close to finalization. The government focal point for the GFF engagement was appointed in 2019 and Her Excellency Youk Sambath, Secretary of State for Health, also joined the GFF Investors Group. This brings an important East Asia region perspective to the IG discussions, including the experience of a country that has seen strong economic growth and significant improvements in the health of women, children and adolescents over the past two decades.

IC development: Preliminary costing of the investment case identifies that nearly 80 percent of the investment case priorities are supported through the WB/DFAT/KfW/GFF-financed Cambodia Nutrition Project (CNP). The CNP was approved by the World Bank Board in April 2019 and the project became effective, i.e., able to disburse funds, in October 2019.

3. Looking ahead: the next six months

Finalization of the IC: The Cambodia RMNCAH-N investment case will be finalized and delivered to the MOH for final review and endorsement. The investment case results framework, resource mapping and plans for expenditure tracking will be finalized and shared with the country platform in preparation for development of the investment case implementation plan.

Capacity building and data use: With GFF technical assistance, a program of analytics and capacity building will be developed for ongoing support to Cambodia's health financing reform agenda. The reforms build on the success of the Health Equity Fund (HEF) and service delivery grant (SDG) systems. HEF provides financial protection for the poor seeking care at public health facilities, while SDGs channel flexible funds to public health facilities. The technical assistance will focus on (i) further strengthening and institutionalizing the systems and processes within the government; and (ii) supporting equitable access to quality health services as the country moves rapidly towards decentralization and de-concentration of public services to local authorities/sub-national level.

Nutrition: In collaboration with the CNP partners, UNICEF, Alive & Thrive, and a consortium of local and international NGOs, the GFF is financing technical assistance to strengthen the health system, enhance nutrition service delivery, and improve maternal, infant and young child nutrition (MICYN) behaviors. Technical assistance is supporting the development of quality assessment tools

(checklists, vignettes, competency tests, and patient satisfaction questionnaires) to be rolled out at public health centers through a quarterly assessment process. Competency-based training and coaching packages are also under development, which will align content, materials, and messages to an improved multi-channel MICYN social and behavior change communication strategy and campaign (also supported by GFF).

In addition to communication-based approaches, the GFF Secretariat is providing technical assistance, along with the World Bank and FAO, to the Department of Agroindustry (DAI) to help identify opportunities to develop a fortified fish powder (FFP) value chain and broaden access to culturally acceptable and sustainably produced nutritious food for pregnant/lactating women and children in the complementary feeding period.

Private sector engagement: Building upon previous efforts by other development partners (USAID, Save the Children, The Manoff Group), GFF will support the DAI in the analysis of the FFP value chain and assess FFP-based product(s) that can be manufactured locally at scale, accessed easily through commercial and institutional channels, and be effective in preventing maternal and child malnutrition.

Exploration of options for multi-partner private sector engagement in Cambodia through the development of the FFP will include support for a stakeholder workshop (government, food producers, private sector food manufacturers and others) in the first half of 2020 in Phnom Penh. It will connect key players, confirm roles and activities along the industry value chain, and develop a high-level view of gaps and potential areas for GFF contribution.

CAMEROON

IC period	2017 – 2022 Dossier d'investissement pour l'amélioration de la santé de la reproduction, sante de la mère, du nouveau-né, de l'enfant et de l'adolescent/jeune au Cameroun
IC Financiers include	Government of Cameroon, Gavi, Global Fund, World Bank IDA, GFF-TF, UNFPA, UNICEF, BMZ/KfW, AFD, Islamic Development Bank, PEPFAR, UNITAID, WHO, BMGF, ECHO, USAID
Key technical areas	Performance-based financing; adolescent SRHR; family planning; MNCH with a focus on ANC, skilled birth attendance, KMC, PMTCT, and malaria Rx for under 5s, MMR, vaccination
Government Focal Point	Dr. Martina Lukong Baye (tinabayel@yahoo.fr; m.baye@plmi.cm)
GFF Liaison Officer	Jean Christian Youmba (gff.cameroun@gmail.com; jyoumba@worldbank.org)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Support Government in increasing its budget share for health: from 3.9 percent in 2018 to 3.97 percent in 2019 and the share of the health budget going to primary and secondary care from 8 percent in 2017 to 21 percent in 2019.
- Scale up performance-based financing in disadvantaged regions, in order to improve equity in spending.
- Strengthen Kangaroo Mother Care and neonatal health care through a development impact bond, in order to reduce neonatal mortality via better management of low birthweight and preterm infants.
- Focus on adolescent reproductive health, which aims to reduce high rates of adolescent fertility and mistimed pregnancies, increase adolescent access to social services, and improve educational opportunities, especially for girls.
- Incentivize birth registration through performance-based financing, adopt international standards for the registration of events, improve the interoperability of systems, and increase registration centers and the number of civil registration officials.

2. Progress in the last year

Mid-term review conducted: A mid-term review of the Investment Case (IC) was conducted with broad involvement of all stakeholders. The IC Theory of Change and Results Framework were revised and recommendations to improve the IC agreed. More emphasis on newborn care, malnutrition, adolescent health, governance and financing, essential medicines and supplies, and CRVS was recommended.

Performance-Based Financing accelerated: Coverage in Performance-Based Financing (PBF) has substantially increased: from 78 districts in 2017 to 148 districts in 2018 to 172/189 districts in 2019. However, important delays were experienced in issuing payments to health facilities; arrear payments for 2018 and 2019 are ongoing, thus accelerating service delivery. Better consideration of CRVS and adolescent health across services and partner Ministries in PBF schemes was recommended.

Service delivery for Emergency Obstetric and Newborn Care accelerated: Implementation of the Investment Case -- and in particular newborn care interventions -- was prioritized in 2020. In order to enhance Comprehensive Emergency Obstetric and Newborn Care (CEmONC), facilities that are able to provide blood transfusions and cesarean sections, in addition to the functions of Basic EmONC, were identified for each region. Key indicators and data collection mechanisms, including DHIS2 dashboards and a scorecard, for trimestral monitoring of BEmONC and CEmONC were identified. Emphasis was laid on capacity building of service providers (in service training, mentoring) and proper equipment for basic (BEmONC) and comprehensive (CEmONC) obstetric and neonatal care in more the 100 health facilities at the primary level (Integrated health centres and district hospitals) in the priority regions.

Service delivery for Kangaroo Mother Care accelerated: Mobilization of the Development Impact Bond (DIB) for Kangaroo Mother Care (KMC) started in January 2019. The DIB implementation team has now been recruited, infrastructure works and equipment upgrades have been provided in 6 of 10 hospitals, and staff trained in 8 out of 10 hospitals to date. Six out of 10 hospitals are now delivering KMC, collecting data and building capacity of their staff to deliver the highest quality of care, and more than 380 babies

were enrolled for KMC across these 6 hospitals. The remaining hospitals will deliver KMC services by January 2020.

3. Looking ahead: the next six months

Refining the IC priorities: The Mid Term Review (MTR) led to recommendations on newborn care, malnutrition, adolescent health, governance and financing, essential medicines and supplies, and CRVS as well as a request to revise the Results Framework. Greater clarity on which high impact RMNCAH-N interventions and health system reforms are being prioritized is needed.

Improving results monitoring: One of the key weaknesses identified during the MTR was the insufficiency of implementation (planning and activities) monitoring. An M&E team that will report to the GFF platform will be established. The team will focus on establishing a routine monitoring plan which includes leveraging routinely reported data to address identified bottlenecks, thus enabling more frequent follow up of the IC implementation. The IC results framework is under review and a review of identified results framework indicators reported in DHIS2 scheduled. A new approach for monitoring the implementation of BEmONC and CEmONC will be implemented as from first trimester 2020.

Improving resource mapping: With support from the World Bank, a resource mapping consultant has been recruited to support the Ministry of public health in undertaking resource mapping. In addition to reducing the investment gap, and better prioritizing the interventions and intervention zones, the results will also help to understand better the allocation of budget and its relationship with expected results and align domestic and external financing to these priorities.

CENTRAL AFRICAN REPUBLIC

IC period	2020-2022 Dossier d'Investissement pour la Réduction de la Mortalité Maternelle, Néonatale et Infanto-Juvenile, et pour l'amélioration de la Santé des Adolescents
IC Financiers include	World Bank, Gavi, WHO, European Commission (Bekou Fund), UNFPA, UNICEF
Key technical areas	Package of high impact RMNCAH-N interventions, key health system reforms (on human resources, essential supplies and equipment, health management information system)
Government Focal Point	Dr Wilfried Marius Dandy Wanikomane (dandymarius@gmail.com) Dr Noelly Douma (noellydouma3@gmail.com) Dr Placide Bissengue (bissengueplacide@yahoo.fr)
GFF Liaison Officer	Oscar Bekaka-Youle Dobinet (gff.rca@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Focus on increasing access and improving the quality of a high-impact package of RMNCAH-N services through performance-based financing and free services for pregnant and breastfeeding women, children under five, and victims of gender-based violence.
- Reduce fragmentation by integrating humanitarian and development financing.
- Strengthen health information systems by aligning the investment case results framework with ongoing health information system reforms.

2. Progress in the last year

Stakeholder engagement strengthened: Regular meetings of the GFF platform were held, on average every two weeks, to review, discuss and agree on the analytical pieces for the development of the Investment Case (IC). The Comité Ad Hoc provided inputs in the development of the implementation scenarios for the IC and provided its preliminary endorsement prior to formal Government endorsement. UNFPA, UNICEF and WHO supported the development of the IC, while Gavi and the Global Fund contributed to the development of a health management information (HMIS) plan, ensuring alignment with the IC's results framework and Theory of Change.

IC completed: A costed, prioritized investment case was developed and endorsed by the President and the Minister of Health. The IC includes a package of high impact RMNCAH-N interventions, key health system reforms (on human resources, essential supplies and equipment, health management information system), a Theory of Change and a Results Framework. The IC has been presented to the Conseil des Ministres, after which the Prime Minister requested the Minister of Health to request the Minister of Finance to help close the investment gap of US\$56 million.

3. Looking ahead: the next six months

Stakeholder engagement: The IC is expected to be launched by the President as soon as the COVID-19 situation allows. This will serve as an opportunity to ensure continued engagement of technical and financial partners, and discuss the development of an IC implementation plan. Although selected CSOs are already represented in the country platform, the private sector is not yet

represented in the country platform. The World Bank has started a private sector assessment, the results of which could inform a process for strengthening the private sector engagement.

Implementing and expanding the IC: Once the IC implementation plan is in place, the Comité Ad Hoc will continue to meet regularly and oversee the implementation of the IC, and assess progress following the Results Framework and Theory of Change. The GFF will continue to provide support introducing health financing reforms, including on domestic resource mobilization and increased partner engagement. The GFF will also continue to provide support to the HMIS reforms, and ensure alignment with the IC Results Framework.

CÔTE D'IVOIRE

IC period	2019-2022 République De Côte D'Ivoire : Dossier D'investissement 2020-2023 (Résumé)
IC Financiers include	Government of Cote D'Ivoire, Gavi, Global Fund, USAID, AFD, World Bank
Key technical areas	UHC, improving equity and efficiency in service delivery and financing, private sector engagement, improved donor coordination
Government Focal Point	M. Albert Flinde (albertflinde@yahoo.fr)
GFF Liaison Officer	Fieny Ambroise Kobenan (gff.cotedivoire@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Operationalize the government's commitment, made at the first National Dialogue on Health Financing held April 15–18, 2019, to increase the health budget share by 15 percent a year.
- Increase public health spending on primary health care, including community health services, through decentralization, nationwide scale-up of strategic purchasing, and linking of the universal health insurance scheme.
- Involve private sector service providers in strategic purchasing reforms through regulation, accreditation, and contracting mechanisms.

2. Progress in the last year

Resource commitments: A National Dialogue for Health Financing was organized in April 2019 – during this the IC was approved and the Vice president made a commitment to increase the health budget share by min 15 percent annually. This commitment was reaffirmed at the Global Fund's replenishment in Lyon in October 2019. The health budget that was voted in December 2019 is indeed 16.8 percent higher compared to 2018. It is not clear yet to which extent this will disproportionately be allocated to primary care.

Improving monitoring: The results framework to the IC has been finalized. Key focus areas are increased public spending on primary care to improve service coverage of a basic package of services and reduce maternal and infant mortality.

Strengthening the country platform: The National Platform for Health Financing was established in June 2019 – it has convened several times since.

Stakeholder engagement: Budget advocacy workshop currently being organized jointly with Global Fund and UHC2030 – aim to strengthen CSOs capacity to engage in health financing dialogue and do effective advocacy for increased and more efficient domestic health spending.

GFF co-financing: The GFF-cofinanced WB health project (SPARK) became effective mid-2019 and activities are being planned with the implementing partners.

Private sector: A private sector assessment done in 2019 identified key gaps in regulations and systems which will be addressed through the IC and WB project.

3. Looking ahead: the next six months

Strengthening the country platform: Jointly supporting the functionality of the Platform is a key challenge for all partners going forward. There is a need for development partners to better align messaging and participation in the platform. Partners have committed to providing support to the technical secretariat and are awaiting a formal request from the Government. There remains a need for the Platform to formally adopt the IC results framework and shift focus from process-based agendas to routine discussions of implementation and monitoring results.

Stakeholder engagement: There will remain close dialogue and coordination with partners including Gavi and Global Fund on the IC as supported activities begin or accelerate implementation. Dialogue will necessarily include implementation updates supported by available data.

Strengthening Sexual and Reproductive Health and Rights and gender equality: A priority in the next few months will be to operationalize initiatives in the pipeline to strengthen the focus on sexual reproductive health and rights and gender equality.

DEMOCRATIC REPUBLIC OF CONGO

IC period	PNDS 2019-2022 – Plan National de Développement Sanitaire (PNDS)
IC Financiers include	Government of DRC, USAID, WB, Gavi, Global Fund, Canada, UNFPA, UNICEF, EU, Gates, Belgium
Key technical areas	RMNCAH-N package; Medical and Counselling interventions against SGBV; Health Systems Strengthening including RBF; CRVS
Government Focal Point	Dr. Sylvain Yuma (sylvainyuma@gmail.com)
GFF Liaison Officer	Marie Louise Mbula: gff.rdc1@gmail.com

1. Value-added of the GFF

The DRC Investment Case corresponds to the updated national health development plan 2019-2022 which is a prioritized version of the previous National Health Development Plan (NHDP). GFF support is aligned with plans to:

- Align the government's health budget with the new NHDP.
- Implement program-based budgeting (PBB) to align government and donor investment to the new NHDP. Implementation of PBB will allow the Ministry of Health to monitor increases in domestic and external spending on priority areas, such as RMNCAH, HSS and governance and the 3 priorities of the NHDP.
- Provide technical support on public financial management, in order to address the low budget execution rate (below 60 percent nationally and below 20 percent in several provinces).
- Reduce the fragmentation of donor support through single contracts.
- Provide a package of RMNCAH services through result-based financing and a comprehensive set of interventions to reduce child stunting.
- Undertake a comprehensive assessment of civil registration and vital statistics (CRVS), develop a costed national CRVS strategy and implementation plan, and support catch-up registration campaigns through schools.
- Conduct discussions with the private sector on developing capacity and public-private dialogue platforms.

2. Progress in the last year

Scale up of strategic purchasing and service delivery impact: The strategic purchasing mechanism under the PDSS now reaches more than 2,800 facilities, including health centers and hospitals in 13 districts. The share of services delivered through this strategic purchasing mechanism has also doubled, on average, both for the number of women receiving one and four antenatal care visits (ANC1 and ANC4, respectively) and for assisted deliveries. Progress in scaleup is also being seen in the number of direct-facility financing facilities and single contracts signed. Since 2014, 843 facilities have been receiving direct-facility financing. Nine additional single contracts were signed in the fourth quarter of 2019, up from five single contracts signed in the first quarter of 2018. Implementation is also underway of program-based budgeting following the joint MOH-WB-GFF mission to review the Investment Case in Maniema Province which emphasized challenges monitoring funding flow when budgets aren't mapped to IC priorities.

Efficiency: With the introduction of new facility-level funding modalities (e.g., results-based financing) the share of revenue from out-of-pocket payments has declined and the share from third-party payments has risen. A midline evaluation of the PDSS program provides insights into how health facility performance has improved and where gaps remain. Examining the impact of both direct-facility financing and results-based financing on the delivery of RMNCAH services, the evaluation found that between 2017 and 2018, the share of health facility revenues derived from out-of-pocket payments declined from 70 percent to 54 percent, while third-party payments increased from 6 percent to 15 percent. In facilities participating in the strategic purchasing mechanism, the average number of days during which antenatal care was provided increased and the provision of family planning services also increased, as did the availability of many essential core commodities which has led to a marked increase in long-acting injectables and implantables.

Data use for decision making: Leveraging several pieces of analytics on the fiscal space analysis of the NHDP and bottleneck analysis of budget execution and DRM at central and provincial levels conducted by the GFF and the WB with funding from Gavi and Japan, the two-day UHC conference held in February 2020 informed the dialogue on reforms necessary to implement before increasing budget allocation to health. Attendees included the Deputy Ministers of Budget, Finance and Health, including the UHC advisor to the President.

Gavi, Global Fund, the WB and GFF alignment: In support of the Ministry of Health to implement public financial management reforms in the health sector, Gavi has been funding the DRM and PFM analysis implemented by the WB and coordinated by GFF and Global Fund has coordinated its TA plan with the WB and GFF on PFM under the leadership of the MOH.

3. Looking ahead: the next six months

Provincial workplan implementation: Provincial-level health workplans and related program-based budgeting will be implemented

in at least half of the provinces by June 2020 to monitor the implementation of the IC. A technical assistance plan will be discussed among partners in collaboration with the Ministry of Health to support this activity given provincial health capacities are low. Support from all partners is needed for PFM.

Resource mapping: By June 2020 central program-based budgeting and donor resource mapping will be finalized.

Data use for decision making: By April 2020 the country platform will leverage support from the GFF-funded consultant firm to strengthen the analytic plan and develop better visualizations.

Domestic Resource Mobilization: The DRC is developing a development policy operation (DPO) on budget support which will aim to improve resource mobilization and budget execution in the health sector particularly around RMNCAH-N.

ETHIOPIA

IC period	2015/16 to 2019/20 Health Sector Transformation Plan
IC Financiers include	Government of Ethiopia, WB/GFF, USAID, PEPFAR, DFID, EU, UNICEF, WHO, Global Fund, Gavi and other (CBHI, Households and SHI)
Key technical areas	RMNCAH programs and Health System Strengthening (Governance/Regulatory system, health infrastructure, health financing, supply chain and logistics management, Quality of Care, HMIS and CRVS)
Government Focal Point	Dr. Yekoyesew Worku (yekoyesew.worku@moh.gov.et)
GFF Liaison Officer	Onboarding expected in April, 2020

1. Value-added of the GFF

GFF support is aligned with the health sector transformation plan to:

- Add GFF and World Bank resources into SDG Pool funds with 10 other partners that the Ministry of Health can use to purchase drugs and medical supplies for health facilities at regional levels and implement the HSTP / Investment Case and support improvement of RMNCAH results.
- Support the government's efforts to increase the budget share for health from 7 percent in 2015 to 11 percent in 2020.
- Improve equity in public spending by increasing the proportion of functioning community-based health insurance schemes from 23 percent in 2017 to 53 percent in 2021.
- Support public financial management reforms to improve budget execution and increase domestic resource mobilization.
- Strengthen private sector engagement, support public-private sector dialogue and build capacity and opportunities for collaboration.
- Strengthen monitoring, supervision, and safe storage of civil registration documents, and support advocacy and awareness campaigns.

2. Progress in the last year

Mid-term Review February 3-14, 2020: A Mid Term Review for the GFF co-financed Ethiopia Health SDGs Program for Results (PforR), was conducted in February 2020 and indicates five of the seven end-of-project targets having already been surpassed with a six on track to be achieved.

Increase in coverage of RMNCAH-N services: For example, in the low-performing regions such as Oromia, Afar, and Somali the percent of deliveries attended by skilled birth providers increased from 19 percent in 2016 to 40 percent in 2019 and across all regions from 28 percent to 50 percent respectively. Similarly, contraceptive prevalence showed significant gains increasing from 32 percent to 41 percent.

Civil registration coverage and completeness (IPF Sub-component 1): Coverage and

completeness of civil registration increased in the registration of vital events. Out of 19,115 kebeles, 16,900 (88 percent) offer civil registration services. The completeness of birth registration has increased from 15 percent to 20 percent between 2018 and 2019.

Scale-up of Community Based Health Insurance (CBHI) Schemes and learning from implementation: At the end of 2019, 50 percent of woredas in Ethiopia had functional CBHI schemes, which is close to achieving the end of project target at 51 percent (30 percentage point increase from the baseline of 21 percent).

Data use for decision making: With the support of the GFF partnership a "mini" Demographic and Health Survey (DHS) was conducted in early 2019. Preliminary results of the mini-DHS show considerable progress in coverage of key maternal and child health services as noted earlier. In addition, several health system indicators related to data collection, use and reporting have also demonstrated improvements including the share of health centers reporting their health management information system (HMIS) data on time (84 percent) which exceeded the initial target of 80 percent.

Increasing private sector engagement in the health sector: The GFF partnership, including the World Bank, is supporting this engagement with private sector analytics, capacity building, and technical assistance activities. Capacity building for the Federal Ministry of Health includes the design and management of public-private initiatives. To ensure systematic input into those initiatives,

development of public-private dialogue structures for Ethiopia's private health sector has resulted in the creation of a federation for private sector stakeholders in health, comprised of 12 actors from private hospitals, pharmaceutical companies, civil society organizations, and others.

Alignment of resources: Discussions between WB/GFF and Global Fund are aligned around PFM and results-based financing reforms as the Global fund prepares its next operation plan for June 2021. Collaboration will be maintained as workplans develop around analytics or pooling of resources with the WB/GFF for the new HCP.

3. Looking ahead: the next six months

Updated Investment Case: The Health Sector Transformation Plan, which serves as the IC in Ethiopia, is scheduled for completion by June 2020. The next Health Sector Transformation Plan (HSTP II) is expected to be completed by June 2020. GFF focus is on the fiscal space analysis, health financing and the results strategy. A JANS assessment will be conducted by April 2020 and will be utilized to inform the draft.

Coordination and technical assistance: A GFF Liaison Officer is expected to be recruited by April 2020. The GFF is also supporting the recruitment of an M&E advisor who will play a role in supporting the Joint Core Coordinating Committee (JCCC) chair and will bring a more systematic approach to the investment case result agenda.

Human Capital Project (HCP) Finalization: An important new project with \$500M of IDA is being prepared to advance health and education outcomes in Ethiopia. This will be an opportunity to introduce funding flow modality as well as key structural reforms such as results based financing and Program-Based Budgeting at regional, district and facility levels.

Data use for decision making: Health financing analytics will be disseminated to support the HCP and the determination of health financing targets for the new HSTP II (e.g., feasibility of SHI in Ethiopia).

GUATEMALA

Pending government clearance

IC period	2020-2024 National Crusade for Nutrition
IC Financiers include	Not applicable (see below)
Key technical areas	Multi-sectoral interventions to improve nutrition
Government Focal Point	Dr. Erick Antonio Muñoz Orozco, Vice Minister of Primary Health Care, MSPAS
GFF Liaison Officer	Virginia Moscoso Arriaza (gff.guatemala@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Facilitate intra-ministerial coordination needed for the implementation of the multi-sectoral nutrition plan.
- Improve efficiency by providing technical assistance on strategic planning and public financial management, integrated service delivery networks, improved data systems and data and evidence-based policy making.
- Free up domestic resources from debt payments through the GFF buy-down. A conditionality to receive the buy-down is for the Ministry of Finance to secure and guarantee double the amount of the buy-down (US\$18 million), for the national conditional cash transfer program that has suffered from budgetary shortfalls in the past.
- Reduce stunting and chronic malnutrition through multisectoral approaches, focusing on increasing the quality of and demand for health and nutrition services, social safety nets, and sanitation.

2. Progress in the last year

Investment Case: Guatemala welcomed a new administration in January 2020. The new administration presented a new strategy for the prevention of chronic malnutrition, the «National Crusade for Nutrition 2020-2024», which now serves as Guatemala's investment case.

Support to improvements in information systems: Significant advances have been made in the development of the digitalized information system of the Ministry of Social Affairs (MIDES), and ongoing discussions with the Ministry of Health on how to improve linkages between the two systems to verify compliance with health co-responsibilities.

PFM: Recommendations from a diagnostic on improvement of financial management, procurement and budget execution were formulated and workshops to improve alignment between annual purchasing plans, annual operating plans, and 2020 budgets were conducted tailored for each executing unit in coordination with the central level of Ministry of Public Health and Social Assistance (MSPAS) to strengthen capacity at both local and central level. A report with recommendations is being finalized.

Service delivery indicator and household survey: All preparatory research activities were finalized and the research protocol was approved by the Guatemalan Ethical Review Board. The firm that will conduct data collection was identified and procurement initiated.

Integrated service delivery networks (ISDN): The GFF supported the engagement of an ISDN expert who participated in the revision and strengthening of the ISDN National Strategy in collaboration with the Ministry of Health and PAHO. The strategy is now finalized.

Co-Financing: The GFF co-financed World Bank project Crecer Sano became effective and activities are under way to commence project implementation.

3. Looking ahead: the next six months

Reinstating the national country platform: The high-level National Council for Food Security and Nutrition (CONASAN) has served as the country platform for the investment case to date. However, in the context of the country's new investment case, the National Crusade for Nutrition, whose first activity in the road map for implementation is to reinstate the Integrated Technical Committee for the Crusade (CTI), it has been agreed that the CTI will serve as the country platform going forward. It is expected that the CTI, which will be responsible for monitoring the implementation of the investment case, is launched in the next 6 months.

Improving data availability: The service delivery indicator survey was not launched last year due to complications related to the sampling frame for the study. This has been resolved and the survey will be carried out in the next 6 months. Also, in light of outdated data used in the investment case, the Secretariat for Food and Nutrition Security (SESAN) that is the institutional home coordinating the implementation of the investment case, will complete preparations for and fundraising for a baseline survey for the Investment Case that the GFF will support (technically and/or financially).

Costing and resource mapping of the Investment Case: Guatemala's new Investment Case does not include costing or financial analyses. As the Investment Case includes clear priorities and a results framework, the GFF will support a costing and resource mapping exercise for the new Investment Case, to support planning, potential re-prioritization (depending on results of the RM) and fundraising for any activities included and demonstrated as being unfunded.

GUINEA

IC period	IC under development
IC Financiers include	Government of Guinea, GIZ, World Bank, European Union, UNFPA, UNICEF, WHO, Global Fund, Gavi, USAID, KFW, Bill and Melinda Gates Foundation
Key technical areas	Health financing, community health, health management information systems, civil registration and vital statistics, coordination des partenaires.
Government Focal Point	Dr. Yansane Mohamed Lamine (yansanelamine@yahoo.fr)
GFF Liaison Officer	Freddy Essimbi Onana Essomba (gff.guinee@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Align the government's strategy on RMNCAH-N with a newly elaborated investment case.
- Improving public financial management and coordination of donor financing
- Support the Rural Pipeline Strategy and the Community Health Strategy, which brings health personnel to rural health centers.
- Support the integration of birth and death notification and recording of causes of death into the District Health Information System 2 (DHIS2), improve the quality and security of forms and registers, and build capacity in civil registration.

2. Progress in the last year

Stakeholder engagement strengthened: The coordination and buy-in of partners has further accelerated around the development of a National RMNCAH-N Strategy supported by UNFPA and the GFF. A newly elaborated Investment Case (supported by UNICEF and GFF) will be drawn from that National Strategy and feature a high impact RMNCAH-N package and selected health system reforms, as well as a Theory of Change and a Results Framework. In collaboration with Gavi and the Global Fund, GFF also supported partner alignment around the health management information system (HMIS).

CRVS Strategy Development: The GFF supported improving stakeholder engagement in Civil Registration and Vital Statistics, in collaboration with IDRC's Centre of Excellence (CoE). IDRC's CoE has proposed to second an expert in Guinea for six months to help accelerate the development of a national CRVS strategy and ensure its alignment with the Investment Case.

Investment Case road map developed: A Road Map for the Development of the Investment Case was agreed upon with a deadline of April 2020, aligned with the time that the Ministry of Finance discusses its support budget for 2021-2023. The country platform («Comité Technique Multisectoriel de lutte contre la mortalité maternelle, neonatale, infantile, des adolescents et jeunes (CTM/SRMNIA)») met several times to discuss and validate progress in the execution of the Road Map.

Prioritized investment case drafted: The GFF, UNFPA and UNICEF provided technical and financial support to develop analytical

background papers in support of the newly elaborated Investment Case (IC), including Equist and bottleneck analyses, resource mapping, and the development of a Theory of Change. Building on these, a first version of the newly elaborated IC has been drafted.

3. Looking ahead: the next six months

Strengthen the country platform: The CTM/SRMNIA is expected to meet regularly to discuss progress in the execution of the Road Map and support the development and endorsement of a Results Framework for the IC, with a focus on identification and use of routine data sources to measure progress and gaps in the implementation of the IC. Relationships with the CRVS partners will be strengthened as the proposed CoE secondment takes up the post.

Develop an IC implementation plan: Upon completion and endorsement by the Government, the GFF will support the development of the IC implementation plan, to ensure a continued focus on a high impact package of RMNCAH-N interventions, selected health sector reforms, and an analytic work plan that is aligned with the Theory of Change and Results Framework to strengthen monitoring of the implementation of the IC.

Improve public financial management: With support from the World Bank, the Bureau de la Strategie et du Developpement will be strengthened with an economic unit that will oversee and coordinate economic and financing studies to improve public financial management, produce a Medium Term Expenditure Framework and institutionalize National Health Accounts.

Support service delivery: Continued support will be given to WB/GFF project implementation including Results Based Financing (RBF) and pro-poor financing strategies.

HAITI

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Dr. Reynold Grand'Pierre (reynold.grandpierre@mspp.gouv.ht)
GFF Liaison Officer	Paul Auxila (gff.haiti@gmail.com)

1. Value-added of the GFF

- Introduce a paradigm shift to improve donor coordination and enhance effectiveness of foreign aid, in support of efforts to improve utilization and impact of available resources.
- Support to the development of a community health strategy and implementation plan to increase the efficiency and scale of service delivery and use.
- Improve the efficiency of available resources in the health sector using program-based budgeting and a transition towards managing by results.
- Develop a strategic plan (2020- 2030) for rationalizing human resources with a particular focus on achieving a more effective distribution and mix of human resource categories throughout the country.
- Map and track resources in order to improve the coordination and efficiency of external resources for health, which have shrunk.
- Improve the national supply and distribution system for medical commodities (SNADI) to guarantee an ongoing availability and accessibility to essential medicines at each health service delivery point across the country.

2. Progress in the last year

NB: Haiti suffered a months-long (August to November) period of sociopolitical strife and volatility in late 2019, which had negative impacts on progress of key GFF milestones.

The country platform: The GFF was officially launched in April 2019, with the first and second country platform meetings being held in December 2019 and February 2020, respectively. The launch and first platform meeting were chaired by the Minister of Health and very well attended. Both meetings included representation from stakeholders in the public sector (Ministry of Finance and Ministry of Health and Population), academic and research institutions, organizations representing youth and adolescents, health professional associations, CSOs, the private sector, and technical and financial partners. The first country platform meeting was preceded by bilateral meetings with each of the targeted entities to sensitize them about the GFF and answer key questions and concerns.

Resource mapping: The Ministry of Health's Unit for External Cooperation has revised and refined the resource mapping tool that will be used for the first round of resource mapping.

Evidence based planning: Triangulation of data from recent DHS and SPA surveys was initiated and is ongoing. This analysis is seen as a key activity to inform the situation analysis for the investment case, as well as a data-informed prioritization process.

Community health: The community health portfolio in Haiti also made important advances in the last year with the support and collaboration of many partners, namely the World Bank and UNICEF, under the leadership of the Ministry of Health. A national strategic planning workshop for community health was held to review the national strategy for community health. Inputs to this document include, among others, modeling for optimal distribution of community health workers nationwide, revision of community health worker guides and job aids.

3. Looking ahead: the next six months

IC development: Continued country platform meetings and technical support for the development of the investment case will be a prime focus for the next six months. A technical workshop was conducted to review preliminary results of the data triangulation activity and to set the stage for the prioritization exercise, which will also include the selection of potential indicators to be included in the investment case. Technical partners provided a broad set of priorities and indicators, which will shape the platform's discussion around prioritization of technical areas and reforms to be included in the data analysis/triangulation exercise, which will feed into the development of the investment case. Country platform meetings will provide the medium for reaching consensus on the definition and choice of priorities and associated indicators for the formulation of the investment case.

Resource mapping: The Haiti resource mapping tool has been finalized and will be presented at the next country platform meeting. Key financiers will be requested to collaborate and invited to a subsequent workshop where the tool will be presented in detail, and where they will be matched with a counterpart within the Unit for External Cooperation to jointly complete the exercise.

INDONESIA

IC period	Under development
IC Financiers include	Government of Indonesia, World Bank, GFF, UNICEF, Power of Nutrition, DFAT, Tanoto Foundation
Key technical areas	Nutrition, decentralized multi-sectoral planning and service delivery, CDD (community driven development), ICT, behavioral change communication
Government Focal Point	Dr. Bambang Widianto (bwidianto@gmail.com)
GFF Liaison Officer	Minarto Noto Sudarjo (indonesiagff@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Establish a management and accountability system to implement the Vice President's National Strategy to Accelerate Stunting Prevention through a multisectoral convergence approach, including improving services at the community level and strengthening citizen engagement.
- Improve the effectiveness of public resources by introducing performance assessment of fiscal transfers to districts and villages.
- Develop tools for tracking government expenditures on priority nutrition interventions, in order to enhance accountability for results.
- Support the roll-out of innovative technology solutions to deliver services and improve citizen engagement at scale, such as village convergence scorecard, child-length mat, and mobilization of Human Development Worker (HDW) to empower 70,000+ villages to converge services and use fiscal transfers for stunting reduction.
- Support sustainable public awareness and behavior change among communities through targeted and locally-adjusted interpersonal communication, continued advocacy to the decision makers, and capacity building.
- Support agenda-setting analytics in strategic emerging areas, such as private sector engagement, civil registration and vital statistics, digital applications for HDW, and adolescent nutrition.

2. Progress in the last year

Rapid nation-wide scale up: Under the Vice President's leadership, the government scaled up implementation of the StraNas Stunting (National Strategy to Accelerate Stunting Reduction) to 160 most-in-need districts in 2019 across 34 provinces and will expand to an additional 100 districts by the end 2020 covering an estimated 3.9 million mothers and 10.6 million children under two years old.

Improved delivery of convergence multisectoral nutrition programs at district level: 160 priority districts have conducted «convergence actions» that include diagnostic of stunting drivers, identification of service delivery gaps and preparation of action plans to improve budget allocations and delivery of nutrition interventions.

Mobilization of frontline Human Development Workers (HDW) to support village convergence: Ministry of Village mobilized over 30,000 village-based Human Development Workers (HDW)—87.6% of who are women—in 160 priority districts in 2019 and will expand in 2020.

Increased village spending for stunting prevention program: The implementation of village level convergence tools such as Village Convergence Scorecard and social mapping implemented by HDWs have led to increased village spending (leveraging its annual Village Fund) on stunting by an average of 26.2 percent in one year.

Establishment of expenditure performance system to improve spending efficiency: As part of the DLIs, Ministry of Finance and Ministry of Planning have put in place a multi-sectoral expenditure performance system covering 18 ministries and issued the first expenditure performance assessment in 2019.

Innovative digital tool developed to improve accountability: Ministry of Village developed a user-friendly eHDW Android App that enables real-time monitoring of convergence of nutrition program from 75,000 villages and streamline Village Fund reporting on stunting.

Improved availability of data to drive performance and learning: Anthropometric module was added to annual Household Socioeconomic Survey (SUSENAS) to enable annual stunting measurement at national and district level.

Public online dashboard to track progress: The Office of Vice President has developed a dashboard to track implementation of StraNas Stunting to enable public monitoring of progress (dashboard.setnas-stunting.id).

3. Looking ahead: the next six months

District-level fiscal transfers: The guidance and monitoring system of fiscal transfers to district (BOK and DAK) will be improved to optimize leveraging the transfers for addressing stunting problem.

Tools for improving quality of nutrition service delivery: A focused approach to improving frontline nutrition service delivery will include better coordination among Ministry of Home Affairs, Ministry of Village and Ministry of Health on regulations, training community health workers, new tools (e.g., growth length mat) and Village Fund guidance.

Food policy reform: Efforts will be made to enhance the profile of food policy reforms including food fortification, sugar taxes and tobacco excise as well as trade and other market barriers that compromise access to affordable nutritious food. Improvements will be made in evidence-based policy formulation for urban nutrition program and the policy dialogue will be enhanced by leveraging Social Health Insurance program for improving coverage and quality of nutrition-specific interventions.

KENYA

Pending government clearance

IC period	2014 - 2020
Key technical areas	Health financing, community health
Government Focal Point	TBD
GFF Liaison Officer	TBD

1. Value-added of the GFF

GFF support is aligned with plans to:

- Provide financial incentives for counties to allocate at least 30 percent of their budgets to health and to ringfence.
- Reduce fragmentation and improve the efficiency of spending at the county level by providing Multi Donor Trust Fund technical support to counties' annual work plans.
- Support platforms for strategic private sector dialogue and engagement.
- Scale up birth registration with maternal and child health services, build the capacity of registration officials in monitoring and supervision and health officials in cause of death certification and coding, and incentivize birth registration.

2. Progress in the last year

Universal Health Care Pilot: As the government focus has shifted to UHC support, pilot implementation occurred in 4 counties. Findings concluded the current model was unsustainable given the primary focus on hospital care.

Data use for decision making: Kenya is addressing information gaps that hinder implementation of its UHC agenda. A scorecard that measures progress on RMNCAH indicators, supported by UNICEF and the African Leaders Malaria Alliance (ALMA), serves as the primary monitoring tool for strengthening accountability at the county and subcounty levels.

Progress in mobilizing and using domestic resources for health at county level: All 47 counties met the THS-UCP's eligibility criteria

of increased allocations to health in their budgets in the past two years with six counties demonstrating increases of more than 10 percent. Counties are also working to eliminate delays and improve the flow of funding. On average, between 43 and 46 of the 47 counties transfer funds within 15 working days, a significant improvement from conditions before reform, when transfers of funding to and within counties and facilities could take 3 to 12 months due to a lack of clear mechanisms.

Project Restructure: The Transforming Health Systems for Universal Care project, which is co-financed by the GFF trust fund, was restructured twice in the past year: (1) To accommodate the Government of Kenya's UHC initiative, amend the results framework, adjust institutional and implementation arrangements, reallocate project financing and modify risk ratings; and (2) To reallocate funds and include a Contingent Emergency Response Component in the project to allow the country to rapidly access a portion of its undisbursed IDA balance to address immediate financing needs in the event of crisis and/or emergency.

Civil registration and vital statistics: The Civil Registration Department (CRD) initiated supportive supervision and monitoring activities across the country and all counties (except Kisumu and Rift Valley) were sensitized on the implementation of using maternal and child health services to accelerate birth registration. The proportion of births registered within six months of occurrence increased from 61 percent to 74 percent between 2017 and 2018.

3. Looking ahead: the next six months

Staff Recruitment: The appointments of the new GFF Government Focal Point and new GFF Liaison Officer are being processed and will be completed by June 30, 2020.

Support for UHC: In collaboration with the MOH, the World Bank and other partners, the GFF will support the design and implementation of the UHC scheme including the identification of national level activities and will include plans for strengthening the National Health Insurance Fund.

Strengthening donor alignment at the county level: A joint mission is being planned with Gavi, Global Fund and BMGF to identify opportunities for alignment. Support will also be provided for a county level resource tracking exercise to improve monitoring of health expenditures at the county level.

Second round financing: Given the shift to UHC and as the GFF co-financed WB project is in its final stage, it will be important to consider GFF engagement going forward and explore the potential for second round financing.

CRVS: A mobile civil registration unit was received by the Civil Registration Department and plans are underway to pilot it in hard-to-reach areas.

LIBERIA

IC period	2016-2020 Investment Case for Reproductive, Maternal, New-Born, Child, And Adolescent Health
IC Financiers include	Government of Liberia, World Bank/GFF Trust Fund, USAID, Global Fund, UNICEF, WHO, UNFPA, Government of Japan, Government of Sweden, Government of Ireland, Gavi, BMZ, Last Mile Health, Co-Impact
Key technical areas	Emergency obstetric and neonatal care (EmONC); Civil registration and vital statistics (CRVS); adolescent health; emergency preparedness, surveillance, and response; community engagement; leadership and governance
Government Focal Point	Bentoe Tehoungue (bentoetehoungue@gmail.com)
GFF Liaison Officer	Mardieh Dennis (gff.liberia@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Reduce fragmentation and better align financial support through improved resource mapping and tracking.
- Build resilience, improve capacity, and strengthen policies and system to reduce maternal and neonatal mortality and increase adolescent access to health services.
- Improve the quality of care in hospitals and primary health care facilities while building the capacity of county health teams.
- Expand civil registration service delivery points, revise registration forms, develop registration manuals, strengthen death registration and recording and the coding of causes of death, and develop an integrated civil registration management information system.

2. Progress in the last year

Strengthening quality of care through performance-based financing and health worker mentoring: With support from the GFF Trust Fund (TF) and partners, the Ministry of Health has expanded their performance-based financing (PBF) program to a total of eight counties and eight hospitals to improve the quantity and quality of health services as well as strengthen decentralized management. The Nursing and Midwifery Division conducted mentorship and coaching in GFF TF-supported RBF hospitals to improve health workers' skills in providing RMNCAH services. Additionally, the Family Health Division conducted training and mentorship at county and district levels of the health system as well as supported mentorship at the primary level (health centers and clinics) on critical lifesaving skills to improve health workers' critical decision-making and referral practices when providing RMNCAH services. At both the hospital- and county-levels, the PBF program has demonstrated significant improvement in utilization and quality of RMNCAH services. Using the Joint Integrated Supportive Supervision (JISS) the average quality score of the three GFF supported PBF counties has increased from 30% in Q3, 2018 to 68% in Q3, 2019. To address supply chain management challenges at county level, the Ministry of Health has developed a pharmaceutical framework agreement with private pharmacies in the counties with GFF-supported RBF, which allows county health teams to procure commodities locally when there is a stock out in the national supply chain. This has helped to improve health commodity availability at the sub-national level.

Expanding access to quality RMNCAH services: Ministry of Health, through collaboration of multiple units and with support from partners, introduced the Sayana Press injectable contraceptive; rolled out the HPV vaccination; conducted training and mentoring of health providers to offer comprehensive adolescent sexual and reproductive health (ASRH) and post-abortion care services; engaged school health clubs, parents, and teachers in Grand Bassa county to reduce barriers to ASRH services; and increased coverage of the Community Health Assistants (CHA) program to 80% percent of communities located more than 5 kilometers from the nearest health facility.

Data use for decision making: The Ministry of Health has been producing quarterly scorecards highlighting progress towards key indicators in the Investment Case results framework. Additionally, the Ministry established a weekly multi-stakeholder maternal and neonatal death surveillance and response (MNDSR) working group to review each maternal and neonatal death and develop action plans for addressing the challenges identified. Data from DHIS2 and the MNDSR system was analyzed and compared to identify service delivery areas and geographic areas requiring additional attention. A GFF TF-supported ASRH assessment was performed in one Investment Case priority county identifying key barriers to service use for adolescents.

Stakeholder alignment and cooperation: The Liberian Minister of Health established a high-level RMNCAH Task Force to address bottlenecks to implementing the RMNCAH IC and met regularly to review and respond to the issues leading to maternal and neonatal deaths. The GFF, Gavi, Global Fund, USAID, and World Bank held their second joint mission to review progress and further align their efforts.

Expanding CRVS: Twenty-six new birth registration centers were established. Nearly 182,000 births were registered in 2019, including 46 percent of all infants under one year of age, compared to approximately 10 percent in previous years.

Country Platform assessment: The Country Platform Self-Assessment was carried out, highlighting successes in availability and use of data for immediate action and improved coordination and collaboration. A number of critical areas were identified to overcome the challenges in health outcomes for women, children and adolescents including strengthening course-correcting action; limited fiscal space; supply chain and HR management.

Improving efficiency and institutionalizing resource mapping: An online integrated platform was established for routine data collection to support institutionalization of the resource mapping exercise and will enable data triangulation of budget, expenditure and health data. The GFF supported an efficiency analysis.

3. Looking ahead: the next six months

Develop revised, costed, and prioritized Investment Case: Liberia's existing RMNCAH Investment Case is set to expire at the end of 2020. The MOH plans to set up a task force to develop their next costed implementation plan. The timing of the next IC aligns well with the next funding cycle of main financiers showing an interest to further align, including GFATM, USAID and World Bank IDA (with possible GFF TF 2nd round).

Further improvement of data use for decision-making: The Ministry of Health and NPHIL have expressed interest in forming a partnership with the London School of Hygiene and Tropical Medicine (LSHTM) with support from the GFF via Countdown to 2030. This partnership will strengthen the results strategy of the Investment Case and establish systems to routinely analyze the data.

MADAGASCAR

IC period	Under preparation
IC Financiers include	TBD
Key technical areas	Full sector program, including RMNCAH-N
Government Focal Point	M. Tsihory Raharison, Assistant Technique du SG, Ministère de la Santé Publique, Madagascar (rtsihory@gmail.com); Dr Vahatriniaina Lovahasina, Assistant Technique auprès de la Direction Générale de la Médecine Préventive, Ministère de la Santé Publique, Madagascar (anisah.doct@gmail.com); and Dr Sylvie Rajaoarisoa, Assistant Technique auprès de la Direction Générale des Ressources, Ministère de la Santé Publique, Madagascar (sphaja@yahoo.fr).
GFF Liaison Officer	Hasina Hantanirina Razafimbola (gff.madagascar@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Increase the allocation of resources to frontline providers by improving the distribution and availability of qualified people in underserved areas and increasing the decentralization of the health budget.
- Increase demand for high impact services by vulnerable populations.
- Improve access to financial protection mechanisms by vulnerable populations.
- Strengthen the service delivery network, in order to ensure the provision of a high-impact RMNCH-N health service package.
- Support implementation of the national civil registration and vital statistics strategic plan, as part of support to strengthening information systems and improving accountability for results.

2. Progress in the last year

Finalizing the investment case: Since last year, the new Government has taken ownership of the Investment Case process, although the IC is still under development. To finalize the Investment Case, the country platform is updating the baseline data using the MICS 2018; since it was originally developed using data from 2012. The data update was finalized in March. In addition, the platform is also discussing a methodology to prioritize the regions within the Investment Case. Finally, the platform is working on ways to align the process with other on-going and relevant strategic processes: Preparation of a new National Health Development Strategy, and a Health Financing Strategy.

Mobilizing resources: The Additional Financing of the World Bank-financed Improving Nutritional Outcomes using a Multiphase Programmatic Approach project, to which the GFF TF resources will be linked, has already started its preparation process and it is expected to be finalized by the end of this calendar year. The areas of the investment case that will be financed by this Project are still under discussion but are likely to include: reproductive health services, women's empowerment activities interventions to improve financial access to services and financial protection of the poor and vulnerable, and interventions to strengthen accountability and financial management of primary health care services.

CRVS: Aligned with the national CRVS strategic plan, the support for CRVS has continued and the World Bank financed project that will be supporting the strengthening of CRVS is currently under preparation.

3. Looking ahead: the next six months

Completion of the Investment Case: In the next six months the Investment Case should be finalized. This would include: (i) finalized selection of priority regions; (ii) finalized selection of priority interventions; (iii) updated costing of the interventions; (iv) finalized resource mapping; (v) finalized Monitoring and Evaluation Framework; (vi) alignment of this process with other parallel ones, including the Health Financing Strategy and the new Health Development Strategy. To support the completion of the IC and to ensure alignment with existing processes, the GFF Secretariat will provide technical assistance in monitoring and evaluation, including a resource mapping of the National Health Development Strategy and an update of the resource mapping of the IC, and is likely to also provide resources for technical assistance on health financing. Finally, to support the National Platform in the development of the IC, a group of facilitators will be put in place. This group will be composed of the three Government Focal Points, the GFF Liaison Officer, as well as some resource persons from partners.

Project preparation: Progress in the preparation of the Additional Financing of the Improving Nutritional Outcomes using a Multiphase Programmatic Approach and finalization of the preparation of the World Bank financed project that will support CRVS will occur.

IC period	2019 – 2022 Government of Malawi's Investment Case for Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
IC Financiers include	TBD
Key technical areas	Infrastructure and transport; human resources for health; medical equipment; drugs and medical commodities; and leadership and governance; governance reforms.
Government Focal Point	Kate Langwe (katelangwe@gmail.com)
GFF Liaison Officer	Pius Nakoma (gff.malawi@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Increase capacity for planning at sub-national level.
- Improve governance at district facility and community levels.
- Develop and implement strategies to motivate and retain health workers in the health system, particularly in hard-to-reach areas.
- Strengthen implementation of a national civil registration system and the generation of vital statistics.
- Increase the utilization of health information at the point of care.

2. Progress in the last year

Investment case completed: Investment Case was completed and presented to the MoH Senior Management in November 2019. Senior Management endorsed the inclusion of the established priorities in the Operational Planning Tool for the Health Sector Strategic Plan 2017-22 (HSSP-II). The Investment Case priorities were established on the same basis as the HSSP-II, with a focus on the systems building blocks that represent the most significant bottlenecks to the delivery of RMNCAH+N - related components of the Essential Health Package. Major priorities included: infrastructure and transport; human resources for health; medical equipment; drugs and medical commodities; health financing; and leadership and governance. Governance reforms feature prominently in the investment case, with a focus on decentralized levels, i.e. district and facility. This reflects the priority placed on improving budget planning and execution as the policy-directed decentralized responsibilities continue to unfold.

Stakeholder engagement: The Investment Case development included near-monthly deliberations of the established Task Force, with engagement of diverse MoH officials, Ministry of Finance, donor partners, U.N. agencies, and CSOs, following reactivation of the Task Force in March.

Investment case informing allocation of new funding: The IC bottleneck analysis and priorities have informed strategic documents such as the Malawi National Strategic Plan for HIV and AIDS 2020–2025 and Global Fund Funding Requests for 2021-2024.

3. Looking ahead: the next six months

Strengthen the country platform: The Task Force established for the development of the Investment Case has not been endorsed as an ongoing platform to monitor implementation of Investment Case priorities. The formal Country Platform is the Health Sector Working Group, which meets rarely and, indeed, only met once in 2019 and is yet to meet in 2020.

Strengthen the Results Framework: The Investment Case includes indicators to track implementation but does not have baselines, targets, or clear means of data gathering yet. GFF Secretariat consultant support will be provided to bring this to closure.

Strengthen district-level budget planning and execution for health: The GFF will support two in-country consultants to work with the Department of Planning and Policy Development to liaise with district health teams and support capacity development on these critical issues.

Publish the Investment Case: The Investment Case was approved by the Senior Management of the Ministry of Health. What remains is to publish it on the MoH and GFF websites and print some copies.

MOZAMBIQUE

IC period	2018-2023 Primary Health Care Strengthening Program (PHCSP) ⁽¹⁾
IC Financiers include	Government of Mozambique, Primary Health Care Strengthening Program (IDA/GFF, Netherlands, Canada, DFID and USAID), PROSAUDE (Switzerland, Ireland, UNICEF, UNFPA, Spain). Several partners (including DFID, USAID) also channel money through UN agencies and/or NGOs.
PHCSP Financiers include	GOM, IDA/GFF, Multi donor TF (Netherlands & Canada & DFID) and Single donor TF (USAID).
Key technical areas of PHCSP and the IC	Supply side of services: strengthening of primary health care units and selected districts hospitals particularly with focus on quality of care; scale-up of the CHW Program to deliver RMNCAH-N services in sparsely populated districts and delivery of SRHR services in schools. Demand side of services: address cultural norms that require a multisectoral approach and community-based interventions to target vulnerable groups (e.g. adolescents) with considerations for equity. Health financing: increase share of government budget to health and health expenditure in districts and provinces that are lagging on health indicators.
Government Focal Point	Dr. Saozinha Paula Agostinho (saozinhagostinho@gmail.com)
GFF Liaison Officer	Tania Inmaculada Oritz de Zuniga (tortizdezunigalo@worldbank.org)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Improve coverage of RMNCAH-N services.
- Support the government's commitment to keep the share of government health expenditures in total expenditure stable initially (at 7.9 percent) and increase it to 9.5 percent by 2021.
- Increase the number of technical health staff and community health workers, the availability of essential drugs in primary care facilities, and spending in underserved provinces and districts.
- Reduce fragmentation through Multi Donor Trust Fund support of the investment case.
- Incentivize death registration, certification, and coding of the cause of death for deaths in health facilities and the release of statistical reports.
- Support government to scale-up outsourcing of last-mile distribution of drugs to private sector.

2. Progress in the last year

Investment case completed: The Primary Health Care Strengthening Project (PHCSP) implemented by the Government incentivizes reforms outlined in the investment case through 12 disbursement linked indicators that focus on increasing coverage of RMNCAH-N services as well as the implementation of health system strengthening reforms. The latest preliminary data from the government show that among poor-performing districts the percentage of institutional deliveries increased from 82.1 percent in 2017 to 86 percent in 2019. The percentage of secondary schools offering a package of SRHR services increased from 0 to 30 percent during the same period and the number of Couple Years of Protection (CYPs) increased from 1.72 million in 2017 to 3.16 million in 2019. Health system strengthening activities have also shown significant improvements in the number of active and trained CHWs almost doubled (from 3380 to 6584), the number of technical workers assigned to the PHC network increased from 11 970 to 15257 and the Government has successfully developed and rolled out score cards related to improving quality of care in districts hospitals and primary health facilities. To improve accountability for results, the performance on the quality of care score card is evaluated by the communities. There were some delays in contracting NGOs to carry out these community consultations, but they are now working. At the primary health care level, performance is already evaluated, and facilities receive performance bonuses based on how they score. These bonuses are then used to improve the quality in the area where they are not performing. Challenges remain however in the area of nutrition and key objectives have not been achieved due to delays in procurement of nutrition kits, and in 2019 there are indications that, for the first time the indicator related to increasing domestic expenditure in the health sector, may not be achieved.

Governance and program management: Delays in recruitment of technical assistance at central and provincial levels, due to extensive government procedures related to hiring, have hindered effective implementation of activities. However, in recent months there have been positive developments. The team at the central level is complete and MISAU is advancing with the recruitment of technical assistance in each province which will be completed by the end of April. Government engagement in achieving results is increasing and commitment is being shown at the highest levels of the Ministry of Health. There are also signs that multi-sectoral collaboration is working between MISAU and the Ministry of Education and Human Development (MINEDH). All these steps forward are likely to have a favorable impact on Investment Case results and their long-term sustainability.

Data use for decision making: Analysis to assess whether health expenditures are shifting towards the priorities of the investment case has been completed.

⁽¹⁾ This is one of the financing mechanisms that is supporting the implementation of the Investment Case.

Supply chain: The support from the Private Sector Innovation for a more Effective Supply Chain partnership is progressing well. A group of private sector experts from Merck for Mothers, African Resource Center for Supply Chain Management, Project Last Mile, and UPS Foundation have throughout the year worked with a team from the Government to develop a mini/sub Investment Case for the implementation of national pharmaceutical strategy. The final product will be presented in March and thereafter the Government is planning to align partners around priority investment areas.

3. Looking ahead: the next six months

Country Platform strengthening: A well-functioning Country Platform where partners and government meet to discuss progress on IC implementation based on data still needs to be established. This is contingent on the completion of the SWAP revision led by WHO which is reviewing the overall structure of coordination in the sector and has taken longer time than expected. The SWAP revision is now advancing and hopefully the reforms that will follow this assessment will contribute to a well-functioning coordination platform with a clearer and more results-focused structure for dialogue between health partners and MOH.

Data use: The Government has continued efforts to streamline how many indicators are monitored and there is now a proposal for a national dashboard with jointly agreed upon indicators. Data quality remains a challenge in Mozambique and the GFF Secretariat is providing technical assistance to strengthen this area.

Mid-term review: A mid-term review of the Primary Health Care Strengthening Program and the Investment Case is planned for in 2020, but may be delayed given the prioritized COVID-19 response.

MYANMAR

Pending government clearance

IC period	TBD
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Dr. Myint Myint Than
GFF Liaison Officer	Kyu Kyu Than (gff.myanmar@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Provide technical support to the Health Financing Strategy formulation process, specifically on a budgeting tool for the National Health Plan.
- Strengthen public financial management, in order to improve budget execution, and support advocacy for a larger health share of the rapidly growing government budget.
- Increase institutional deliveries, in order to reduce maternal and neonatal mortality and create an entry point for broader health system reform.
- Engage with the government on a private sector action plan.

2. Progress in the last year

Private sector engagement: MOHS and local private sector health actors have expressed interest in working together more closely, with support from GFF and World Bank, who are providing financing and TA to i) conduct a private sector assessment of the health sector b) capacity assessment of the MoHS private sector unit so that they can better organize themselves c) public private dialogue initiatives around common areas of interest. IFC recently organized a workshop on PPPs that GFF and the WB also contributed to, aimed at MoHS and private sector stakeholders. The private sector assessment is underway with preliminary data collection while the necessary approvals are obtained from MOHS for more data, and there have been two public private dialogue sessions already, with a third planned for later this month.

3. Looking ahead: the next six months

Financial resources for RMNCAH-N services: The GFF and World Bank co-financed project is scheduled to go the Board in May 2020. The overall objective is to improve coverage of essential health services of adequate quality, with a focus on maternal, newborn and child health (MNCH), and, in the event of an eligible crisis or emergency, to provide immediate and effective response to said eligible crisis or emergency. The project focuses primarily on strengthening supply side readiness (infrastructure), with the GFF grant linked to a health systems strengthening component that uses Disbursement Linked Indicators for (i) implementing a quality readiness checklist for MNCH care; (ii) extending human resources to the community level that provide integrated outreach and services; (iii) expanding infection prevention and control and health care waste management; (iv) institutionalizing inclusive mechanisms at the R/S level for multi-stakeholder collaboration and coordination; and better and more timely data on (v) public finances and (vi) supply chain.

Innovations: GFF is also supporting a component in the aforementioned project on ICT-based innovation. Building on existing ICT infrastructure, this component aims to extend access to health services for remote and underserved communities, including those living in EAO areas, to build capacity of all types of health providers, and to communicate messages to consumers both for behavior change (such as care seeking, sending reminders for antenatal care or immunization). Myanmar is well positioned to leverage innovative technologies and products for the health sector, building on the widespread cellphone coverage, smartphone penetration, and also existing digital infrastructure (such as the MOHS having provided tablets to frontline workers). GFF and WB are working together to conduct an options analysis of various ways to improve health worker training, performance and supervision through the use of appropriate technologies. These will be funded by IDA as well as GFF grant, with the latter being particularly important to ensure inclusion of non-governmental health workers from ethnic health providers in conflict affected parts of the country.

NIGERIA

IC period	2017 To 2030 Federal Republic of Nigeria: Investment Case For Reproductive, Maternal, Newborn, Child and Adolescent Health And Nutrition
IC Financiers include	Government of Nigeria, select State governments, Bill and Melinda Gates Foundation, World Bank, Dangote Foundation, Power of Nutrition
Key technical areas	Domestic resource mobilization, results-based financing in facilities for a package of RMNCAH+N services, community-based delivery of nutrition services, with a particular focus on adolescents and their children. Private sector engagement. Advocacy for RMNCAH+N financing
Government Focal Point	Dr. Emmanuel Meribole (meribole@yahoo.com) Dr. Salma Anas Kolo (dsalmaanaskolo@yahoo.com)
GFF Liaison Officer	Umma Yaradua (Nigeria.gff@gmail.com)

1. Value-added of the GFF

The GFF as an initiative:

- Stimulated FMOH and partners to develop an overarching national RMNCAH + N investment case for operationalization of the BHCPF.
- Supported the implementation of the National Health Act by triggering the first trench of the Basic Health Care Provision Fund, US\$180 million as domestic government resources to align with external resources.
- Improved efficiency by defining and delivering a universal, free, minimum package of basic health services through performance-based approaches, including a focus on inadequately funded priorities such as chronic malnutrition and adolescent health.
- Reestablished, basic health services in the fragile and conflict-affected North East regions through performance-based financing.

2. Progress in the last year

As a catalyst for the operationalization of the National Health Act (NHA) and the universal provision of Basic Minimum Package of Health Services (BMPHS) to Nigerians: The principal funding vehicle for the BMPHS is the Basic Health Care Provision Fund (BHCPF), which is being introduced in all 36 states and the Federal Capital Territory of Abuja. It is a mechanism to channel increased domestic and international financing to strengthen primary health care. In 2019, the government of Nigeria aided with the GFF grant of 20MUSD and funding from Bill and Melinda Gates Foundation, as well as technical assistance from other partners including the World Bank and USAID, initiated a test-run of the BHCPF as a proof of concept. Effective advocacy from the GFF partnership to the government of Nigeria enabled the release of an initial tranche of the one percent consolidated revenue of US\$180 million in domestic resources to support the BHCPF annually. The first allocation from the government budget was made in 2018 and released in 2019. Over the last year, implementation of the BHCPF has started progressively, with some states receiving technical assistance from some partners.

Rebuilding the health system: In the conflict-affected North East, the GFF through the expansion of the Nigeria State Health Investment Project (NSHIP), co-financed by the GFF Trust Fund, is rebuilding the health system particularly at the primary health care level. This is a program that brings new attention to critical issues such as chronic malnutrition. The NSHIP uses a performance-based financing approach that creates incentives to improve maternal and child health outcomes. Financing is provided to preselected public and private primary health care centers directly, based on facilities' achievement of pre-agreed results on health outcomes. Decision-making is also decentralized to the facility level, giving facilities more autonomy and flexibility to innovate and adopt their own locally focused solutions to achieve results.

Service delivery for nutrition: The necessary structures required for the implementation of nutrition interventions in 12 priority states have largely been put in place. It is anticipated that these efforts will facilitate provision of services state-wide targeting children, adolescents and pregnant and lactating women (e.g., through performance contracts with non-state actors). The mechanism at the federal level to facilitate multi-sectoral coordination through the Ministry of Budget and Planning and supported by the GFF is also expected to harness resources and capacity from key sectors (e.g., agriculture, social protection, education, gender).

3. Looking ahead: the next six months

Resource mapping: The Federal Ministry of Health in collaboration with the GFF secretariat will lead a process of resource mapping for the RMNCAH+N investment case. This will be the first of what is expected to become an annual process. This process is expected to show more clearly which financiers are supporting the RMNCAH-N investment case and likely lead to a larger number of financiers supporting the investment case.

Data use: The Federal Ministry of Health, working with States and partners (e.g. UNICEF), will strengthen its capacity to analyze, visualize data (e.g. score cards) and triangulate data from different sources to improve decision making. It is anticipated that stakeholders will continue to be convened at State and federal levels to jointly review initiatives that address RMNCAH-N in order to identify corrective actions.

Support for Basic Health Care Provision Fund (BHCPF): Implementation of the BHCPF will continue to require technical assistance, from a range of partners, in collaboration with the Federal Ministry of Health. A program of implementation research coordinated by the Federal Ministry of Health will facilitate the documentation of this major policy reform, including lessons learned, and rapid course correction.

Country coordination: This will require more intensive communication and more coordination of all stakeholders. Documentation of which existing mechanisms are used to coordinate the implementation of Nigeria's RMNCAH+N investment case will take place. Improved communication, harnessing the improvements in data use combined with the harmonization of resources is a prime focus with an aim to achieve priority results.

RWANDA

IC period	2018-2024 national Early Childhood Development Program Strategic Plan
IC Financiers include	Government of Rwanda, World Bank, GFF, Power of Nutrition, DFID, USAID, UNICEF, JICA, FAO, EU, WFP, private sectors
Key technical areas	Nutrition, ECD, Social Protection, CRVS
Government Focal Point	Dr. Anita Asimwe (anita.asimwe@ecd.gov.rw)
GFF Liaison Officer	Canut Dufitumukiza (gff.rwanda@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Strengthen the accountability system for a multi-sectoral approach to reduce stunting and improve Early Childhood Development (ECD).
- Conduct multi-sectoral nutrition expenditure analysis to inform allocative efficiency and enhance tracking.
- Strengthen the functionality of the civil registration system for birth registration, certification, and train and sensitize government officials on civil registration and vital statistics.
- Improving awareness and understanding of stunting through BCC campaigns, use of child-length mat, and intensive work by CHWs.
- Demand side incentives for the poorer households to enhance intake of health and nutrition services during the first 1000 days through Nutrition Sensitive Direct Support—a Co-Responsibility Cash Transfer Program.

2. Progress in the last year

Investment Case completed: The Investment Case was completed and approved by Social Cluster minister in October of 2019.

Reform of Community Health Worker (CHW) program: Continued progress on the implementation of CHW reforms, focusing on: (i) improved performance management system; (ii) skills upgrade through certification and accreditation system; and (iii) the digitization of community health information system.

Enhanced Social Behavioral Change Communication (SBCC) program: This include: (i) support the implementation of national SBCC strategy and enhance the dissemination of messages through various channels' (ii) national roll-out of Length Mat as innovative tool to raise awareness of chronic malnutrition at the household level as well as to trigger action at community level.

Scale up of the Home Based-Early Childhood Development (HB-ECD): HB-ECD targeting families with childbearing responsibilities occurred at the district level. The home-based ECD modality provides parenting, adequate nutrition and other accompanying measures to children and caregivers at the community level.

Expansion of Nutrition-Sensitive Direct Support (NSDS) and improved Interoperability of data system: NSDS has been implemented in 16 out of 17 targeted districts. The expansion was supported by improved interoperability of data system (Social Protection MIS, Health MIS and National ID system) for strengthened compliance of co-responsibilities by targeted households.

Strengthened CRVS system: significant progress on the development of the new Civil Registration System (CRS) which has been enabled by the recent enactment of Family Law by Rwanda parliament. Other notable progress: (i) completed digital birth and death registration modules; (ii) expedited birth registration and issuance of certificates in priority districts; and (iii) implementation of awareness campaign for improving registration of vital life events and sensitization of government officials in the priority districts.

Digitization of Payments: support the design and testing of digital payments and strengthening of fiduciary systems for VUP MIS including digitization of relevant business processes.

Integrated ECD Performance Monitoring Dashboard: Initiated technical assistance to develop an Integrated ECD performance monitoring dashboard to serve as a management tool to track progress of the IC development.

Nutrition Expenditure Analysis (NEA): NEA was completed and provided analytical ground for budget tagging to improve budget accountability by establishing cross-sectoral IECD financial monitoring system.

3. Looking ahead: the next six months

Strengthening implementation: Support will continue for the delivery of Human Capital Development Policy Operation (DPO), particularly on prior actions related to strengthening the implementation of integrated ECD program at decentralized level and national expansion of high impact nutrition-sensitive interventions (NSDS and ePW).

CRVS: Roll out of the implementation of death registration and recording of causes of death for NSDS beneficiaries will occur to enable timely disenrollment. Building upon this new work, the team plans to support the Government in implementation of death registration as a part of overall CRVS system in Rwanda.

Cash transfers: Finalization of the digital payment system and testing for selected cash transfers schemes under VUP is scheduled for early 2020.

Data use for decision making: Implementation of NSDS and H/CBCC Operational Reviews will occur to inform program course correction. Costing of prioritized interventions within the NECDP Strategic Plan (GFF IC) will inform implementation plans and the IECD Performance Monitoring Dashboard will be developed.

SENEGAL

IC period	2018-2022 République du Sénégal: Dossier d'Investissement. Réduction de la Mortalité Maternelle, Néonatale, Infanto-Juvenile, des Adolescents et des Jeunes et l'élimination des décès évitables
IC Financiers include	Government of Senegal, WB, GFF, USAID, Gavi, Global Fund, JICA, WHO, AFD, UN agencies, KOICA, ENABEL, Lux Dev ...
Key technical areas	Demand-side financing, (community-based interventions, community-based health insurance), human resources, supply chain, quality of care, Adolescent health, governance
Government Focal Point	Dr Omar Sarr (oumsarr@gmail.com)
GFF Liaison Officer	Babacar Sene (gff.senegal@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Support implementation of the government's commitment to increase the share of its budget going to health from 4 percent to 10 percent by 2022.
- Strengthen public financial management, in order to better track resources going to the health sector, improve budget and planning, and increase budget execution.
- Support implementation of the universal health insurance scheme by consolidating the community-based health insurance schemes while effectively exempting the poor.

2. Progress in the last year

Private sector engagement: Relaunch of the Senegalese private health sector: The GFF has stimulated the involvement of the Senegalese private sector and local authorities in the financing of health by facilitating meetings between stakeholders. This made it possible to (i) take stock of the commitments made by the Local Authorities during the forum on the financing of the Health Financing Strategy; (ii) develop a roadmap for its implementation; and (iii) prepare the final report and define the next steps.

The GFF co-financed project: The new IDA-GFF co-financed project was developed and approved by the World Bank. The Investing in Maternal, Child and Adolescent Health project was approved on September 26, 2019 and is pending government approval. This is a crucial milestone as it serves as a key source of funding for the IC and many stakeholders consider the project disbursement as the real trigger for the IC implementation.

Investment Case strengthened: The GFF Secretariat team provided technical support to design an IC Theory of Change to further inform implementation and revise the results framework to ensure baseline and target information is available for all indicators. Supporting the IC implementation with a strong results framework mapped to a clear Theory of Change allows for strengthened data use by the country platform as well.

3. Looking ahead: the next six months

Strengthening quality of care: To improve the clinical quality of healthcare services at the community and primary health care levels, a multi-pronged strategy addressing gaps in the quality of care will be implemented. This is critical to improve clinical and health outcomes for mothers, children and adolescents. The following activities will be carried out: (i) in-service training of healthcare professionals and regional planners, workshops, consultants, and communication strategies related to quality of care; (ii) efforts to strengthen the capacity of medical regions to manage and organize integrated networks of quality health services, (iii) the development and pilot of an accreditation process in two pilot regions with the view to scale up after the pilot has been evaluated and (iv) interventions to strengthen local accountability for better quality of care for example through the release of local quality scorecards about maternal, child and adolescent health and nutrition services.

Resource Mapping and Expenditures Tracking (RMET): A second round of resource mapping and expenditure tracking will be conducted against the priorities set out in the Investment Case aimed at determining the resources available to finance the priorities of the IC. The GFF Secretariat, with support from the Governance GP, will support this process and the deliverables are expected by end of June 2020.

DRUM (Domestic Resources Utilization and Mobilization): The GFF will finance DRUM-related technical assistance and analytics. The grant will support a variety of activities that will help Senegal to mobilize and utilize resources for health and focusing on helping governments to advance specific reforms.

SIERRA LEONE

IC period	2017-2021 Sierra Leone National RMNCAH Strategy
IC Financiers include	Government of Sierra Leone, DFID UK, World Bank and GFF TF (pending), UNICEF, USAID, JICA, KFW, GFATM, Gavi, Italian Government, PIH
Key technical areas	Health system strengthening, antenatal care, emergency obstetric and newborn care, nutrition, family planning, health information systems, health financing (DRM, efficiency)
Government Focal Point	Dr. Amara Jambai (amarajambai@yahoo.com)
GFF Liaison Officer	Stanley Muoghalu (gff.sierraleone@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Improve the efficiency of available resources by rightsizing the health sector, redesigning the performance-based financing program, improving the coordination and alignment of external resources, and pushing resources down to the frontlines.
- Support development of the health financing strategy and implementation plan.
- Strengthen the prioritization and monitoring system of the RMNCAH strategy, including the focus on adolescent health.

2. Progress in the last year

Stakeholder engagement: The GFF engaged partners through the Country Platform and one-to-one meetings. The platform reviewed the TORs for the Mid-Term Review of the IC (RMNCAH Strategy), and is currently seeking financial commitment from partners to support the review, which is due to take place in the 2nd quarter of 2020. Partners also reviewed and refined the TORs of the Country Platform, agreeing to enlarge membership to include other stakeholders for effective coordination of implementation of the strategy.

Evidence and knowledge: Plans are underway to carry out a mid-term review of the RMNCAH strategy, which will be a key opportunity to build shared commitment among partners to align with the strategy. The GFF met with the MOHS M&E team and the MOHS RCH Liaison Officer to discuss current priorities for HMIS strengthening. Ongoing technical support is being provided for the revision of the DHIS2 RMNCAH scorecard to better reflect key priorities and to align indicators with new changes in the MoH data collection tools.

Identifying required systems and financing reforms: There has also been strong collaboration between the GFF and WB Health Project, working with Ministry of Health to develop the new Project Concept Note, including the development of a theory of change and results framework. The Project has a strong health systems focus including: strengthening information systems and data use for patient management, referrals and decision-making, and strengthening health financing systems through support for budget development and expenditure management, improved domestic resource mobilisation and establishing health resources tracking mechanism. **The Health Financing System Assessment (HFSA):** The assessment has been completed but not yet disseminated. The Government of Sierra Leone requested support to strengthen their HMIS and the fledging health financing unit.

3. Looking ahead: the next six months

Evidence and knowledge: The Mid-Term Review is due to take place in the 2nd quarter for 2020 and it is likely that this will lay the foundation for an update of RHMCAH Strategy and Results Framework. The RHMCAH Scorecard will be revised and rolled out, with possible support through training for users (including DHMTs) and for data collection.

Identifying required systems and financing reforms: GFF will continue to collaborate with the WB in the development of the Health Project and identify which components of the project the GFF grant will finance.

Implementation of the HFSA Recommendations: Following dissemination of the report, foreseeable next steps will include i) development of a health financing strategy for the country; ii) work within the World Bank and government to conduct a public expenditure review (PER); iii) complete resource mapping for 2019; and iv) support the budgeting process and strengthen public financial management in the health sector.

TANZANIA

IC period	2016 – 2020 One Plan II
IC Financiers include	Government of Tanzania, USAID, PEPFAR, World Bank IDA, GFF Trust Fund Canada, Power of Nutrition, DANIDA, Ireland, Switzerland, UNFPA, UNICEF, WHO
Key technical areas	Quality of care, child health, emergency obstetric and neonatal care (EmONC), family planning, adolescent health
Government Focal Point	Dr A. Makuwani (amakuwani@gmail.com)
GFF Liaison Officer	Dr. Georgina Msemo (georginamsemo@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Invest in high impact RMNCAH interventions
- Improve efficiency by scaling up output-based payment mechanisms.
- Continue to support the strengthening of alignment of partners and reduced fragmentation through health basket funding and mapping of resources.
- Strengthen direct health facility financing, in order to empower primary health facilities to provide services, improve the quality of care, and address health system bottlenecks.
- Track progress and help decision makers at all levels to reduce maternal and neonatal mortality by utilizing data from quarterly RMNCAH scorecard.
- Institutionalize resource mapping and tracking.

2. Progress in the last year

Continued increases in coverage of services: Antenatal care improved from an average of 35.8 percent of pregnant women receiving at least four antenatal care visits in 2014 to 64.1 percent in 2018. Increases have also been noted in the share of births occurring at a health facility, which rose from 70.6 percent in 2017 and to 79.6 percent in 2018. However, concerns remain with the health system capacity to provide emergency obstetric services. Immunization coverage among infants remained high with 9 out of 10 children receiving the recommended vaccines. It has proved more challenging to increase the proportion of women of reproductive age who use modern methods of family planning. The proportion of women of reproductive age using these services has increased from 34.6 percent in 2017 to 37.8 percent in 2018.

Heightened focus on quality: Increases in coverage of intermittent preventive treatment (IPT) of malaria during pregnancy and in the provision of iron and folic acid signal improvements not only in the coverage of ANC services but also in the quality of those services. The proportion of pregnant women who received IPT2 between 2014 and 2018 climbed from 36.4 percent to 82.8 percent. The average share of pregnant women receiving iron and folic acid at ANC visit increased from 57 percent in 2014 to 75 percent in 2018. Further attesting to quality improvements is the increase in the number of facilities that achieved at least a 3-star rating between 2016 and 2018. In 2016, 137 facilities achieved a 3-star rating or higher; this number climbed to 1370 facilities by 2018.

Scaling up of decentralized facility financing: The experience gained through performance-based financing has created the confidence in the health system that has enabled a significant shift of resources to the front lines, accompanied by increased autonomy, through direct facility financing, which is now implemented nation-wide.

Data for decision-making: To facilitate improved RMNCAH-N data quality and use for planning, budgeting and monitoring, the GFF has supported a three-step process: (i) a thorough review of data quality bottlenecks; (ii) based on the bottleneck review, a holistic data quality improvement and use strategy; (iii) rationalization and harmonization of the verification, counter-verification and data quality assessment process. The GFF also provided assistance for conducting mid-term review of the Investment Case: One Plan II) and supported CRVS strengthening (e.g., TA to the government to incorporate CRVS into RBF indicators, and CRVS workshop by the government to align donor support against the draft national CRVS strategy).

Coordination: The GFF has provided a Liaison Officer to strengthen the RMNCH TWG secretariat, including to map and monitor financing and activities of key stakeholders, track One Plan II implementation, etc. The GFF also supported resource mapping and tracking.

Health financing: the GFF has supported: (i) the preparation of a Public Expenditure Review (PER); (ii) development of a set of short policy notes on key topics (fiscal space, budget execution, prioritization); a public financial management (PFM) assessment, and the development of a roadmap for alignment of financing streams. This analytical work has enabled dialogue with the government on issues around fiscal space; public financial management reform; composition of spending; development of complimentary financing mechanisms; unification of payment system and budget execution protocols.

3. Looking ahead: the next six months

IC Development: The Government of Tanzania and its partners are in the process of developing their next HSSPV (health sector wide plan). Given the remaining RMNCAH-N challenges in Tanzania, GFF partners believe there is still a need to have a sharply focused plan within HSSPV that would specifically address RMNCAH-N challenges and would serve as the next investment case for the GFF engagement: the Sharpened One Plan III. Discussions have begun in-country on the initial strategies/directions for HSSPV and One Plan III.

Further dissemination and policy dialogue: Some of the studies outlined above (e.g., Public Expenditure Review) have not yet been fully disseminated. Over the next few months these studies will be further discussed with stakeholders and used to inform policy dialogue and planning for new investments.

Project preparation: The Government of Tanzania is considering allocation new IDA resources for a follow-on health project. The IDA resources could be linked to GFF co-financing should Tanzania's request to the GFF for a second of financing be approved.

UGANDA

IC period	2016/17 – 2019/20 Reproductive, Maternal, Newborn, Child and Adolescent Health Sharpened Plan for Uganda
IC Financiers include	Government of Uganda, AMREF, CHAI, UKAID, Gavi, Islamic Development Bank, KOICA, Living Goods, Marie Stopes Uganda, Save the Children Uganda, SIDA, UNFPA, UNICEF, UNOPS, UPMB, USAID (JSI, JHPIEGO, PSI, MCSP...), WHO, World Bank, BTC, Global Fund, World Vision Uganda, DFID, JICA, BTC, BRAC, Wellshare, CUAMM, BMGF, Norway, ADB, DANIDA, UNHCR
Key technical areas	PBF and demand side financing (vouchers), maternal and child health services, including antenatal care, post abortion care and management of pregnancy-related complications; family planning and adolescent health services; and neonatal care, including resuscitation and preterm care; child health and CRVS.
Government Focal Point	Dr. Jesca Nsungwa Sabiiti (jnsabiiti@gmail.com)
GFF Liaison Officer	Grace Nyerwanire Murindwa (gff.uganda@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Improve the quality and efficiency of health facilities through results-based financing and increase access to services through demand-side vouchers.
- Expand access to a package of high-impact RMNCAH interventions by level, with a focus on high burden populations and the 40 highest burden districts.
- Improve the community-based services and functionality of health centers, in order to provide good-quality maternal, neonatal and child health services.
- Increase district-level capacity to drive improvements in RMNCAH outcomes and service provider capacity by establishing skills hubs.
- Address the broader context for health outcomes by focusing on the social determinants of health for adolescents.

- Scale up birth and death registration services at the health facility and community levels and develop and disseminate a strategy and communication strategy for civil registration and vital statistics.
- Supporting the generation of evidence for the feasibility or potential of a series of tax-financed health trust funds in raising revenue for the health sector (including sin taxes and motor vehicle insurance taxes), in order to increase the public budget for health.

2. Progress in the last year

Expansion of strategic purchasing of an essential package of health services to improve value for money in the health sector: In 2016, a national Results-Based Financing Framework for the Health Sector, which was identified as a key strategy for advancing the strategic shifts outlined in the Sharpened Plan, was launched for implementation. The Uganda Reproductive, Maternal and Child Health Services Improvement Project (URMCHIP), co-financed by the GFF Trust Fund, the Swedish International Development Cooperation Agency (SIDA), and the International Development Association (IDA), is a major source of financing for implementing this strategy. The government's strategic purchasing of the package of essential health services has been rapidly expanding.

In the first half of 2019, 341 health facilities in 28 districts were participating, with another 395 health centers in 51 districts having completed the prequalification assessments and training needed for implementation. As of July 1, 2019, 79 districts were implementing the program at scale (Figure 2). Initial results suggest that priority interventions in the Sharpened Plan, such as health workers training, vouchers, and the results-based financing approach, are all creating conditions for improved coverage of services where they are being delivered, a positive sign as these approaches are being expanded to all the districts in the country.

3. Looking ahead: the next six months

Endline review: In collaboration with Countdown to 2030, the GFF is working with the MoH to undertake the end-line review of the Sharpened Plan to better understand which priorities were financed and implemented, what results of these investments have been through the lense of national administrative data, and how this aligns with global evidence to inform the next phase of prioritization when the Sharpened Plan ends this year.

Data use for decision making: As part of our overall results-focus and technical support, we also expect a focus on strengthening the use RMNCAH scorecards for national and sub-national decision making. Following the revision of the indicators for required routine reporting from health facilities, coupled with the revision to the registers and DHIS2 system accordingly, the country platforms and Ministry will be well positioned to strengthen the use of routine data leveraging the RMNCAH scorecard which was also updated within DHIS2.

Resource mobilization: We also anticipate that we'll see more resources moving down to front-line health facilities through the national RBF system which focuses on an intervention package of high-impact RMNCAH interventions. This is partly due to the increased scale that RBF is operating at, but it is also because there's a commitment from the Ministry of Finance to increase inter-governmental fiscal transfers to health and education sectors at the subnational level and RBF has been identified as an instrument to ensure accountability of those transfers in the health sector.

Health system strengthening: Over the next six months we'll see an acceleration of progress on facility refurbishments and upgrades to expand CEmONC capacity and close gaps in level III facility availability.

VIETNAM

IC period	n/a
IC Financiers include	Government of Vietnam, Integrating Donor-Financed Health Programs MDTF, and Access Accelerated Initiative. The project's investment in vaccine cold chain at the commune-level will also serve as the 50% government contribution needed to leverage 50% additional Gavi co-financing (about US\$1.5mn grant) for Vietnam. World Bank.
Key technical areas	Grassroots-level health care system (PHC), service delivery, basic essential service package including maternal, newborn and child care services for health insurance reimbursement, malnutrition, NCDs (including cancer, cardiovascular disease, diabetes, chronic obstetric pulmonary disease, asthma), health financing (including health insurance reform and financial protection from out-of-pocket health spending), private sector engagement, and equity in access to health services.
Government Focal Point	n/a
GFF Liaison Officer	Cuong Nguyen

1. Value-added of the GFF

GFF Support is aligned with plans to:

- Increase health system efficiency by improving the quality of grassroots (commune level) health system, including through strengthening infrastructure, equipment, training and developing new models of service delivery.

- Improve functioning of Social Health Insurance (SHI) through technical assistance to the revision of the SHI Law and its associated policies.
- Strengthen Civil Registration and Vital Statics (CRVS) system through development of a CRVS Action Plan and tools to improve cause of death reporting.
- Improve understanding of options for Public-Private Partnerships that serve the public interest, through analysis and capacity-building.

2. Progress in the last year

Stakeholder engagement: GFF resources contributed to bringing in multiple partners including WHO and Vital Strategies along with in-country partners to support CRVS in Vietnam, helping to align independent CRVS initiatives towards a common goal, and integrating them with MOH core activities. With this support, the MOH successfully prepared and approved the CRVS Action Plan. It has also helped to raise the profile/importance of CRVS in Vietnam.

Co-financing: The US\$ 80m Investing and Innovating for Grassroots Health Service Delivery Project was approved in late June 2019 with US\$17m from the GFF to soften the loan terms; the package of Project Financing Agreement and Grant Agreement were co-signed by the Government of Vietnam on February 18, 2020. It is expected that the Project will be effective by May 18, 2020..

Public Private Partnership (PPP): Supported in part by GFF resources, the WB team initiated a health PPP study to assess progress and barriers to health PPP implementation in Vietnam and share global experience. The final report was completed in Q4 2019.

3. Looking ahead: the next six months

Health system strengthening: GFF resources will co-finance Vietnam Health Systems in Transition (HiT), a systematic and comprehensive review of a country's health system, published by the Asia Pacific Observatory of which the World Bank, WHO, ADB, Australian Aid and others are members. The HiT assesses health system core components, including organization and governance, financing, physical and human resources, service provision, and health reforms.

Knowledge and learning: The health PPP study completed last year will be disseminated and high-impact capacity-building activities (training, workshops) will be initiated to build on the results of the study.

CRVS: In a continuation of the CRVS strengthening work, technical assistance will be supported for the development of a standardized death certificate (for deaths in health facilities). It will follow the standard of the WHO International Death Certificate for deaths that occur at health facility. In addition, training packages on how to certify and code deaths using the International Classification of Diseases will be developed.

Evidence based planning and implementation: Once implementation of the Grassroots Health Service Delivery Project begins, GFF-funded support will focus on helping the MOH and the 13 participating provinces to unblock operational bottlenecks; ensure compliance across fiduciary, social, and environmental domains; and provide advice and undertake analytics to strengthen the technical quality of activities under implementation.

APPENDIX 2.

COUNTRY PROFILES: NEW GFF PARTNER COUNTRIES

CHAD

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Taiki Zeuné Djourbé (djourbe_taiki@yahoo.fr)
GFF Liaison Officer	Ngartelbaye Morbe Mbainadjina (gff.chad@gmail.com)

1. Value-added of the GFF

The value added of the GFF is in the process of being defined.

2. Progress in the last year

Investment Case development and the GFF process: The initial steps have been taken to lay the foundation of IC development, these include: (i) communication to stakeholders on the GFF process, which was punctuated by the participation of their select delegates in the workshop organized in Dar Es Salaam in Tanzania; (ii) a series of feedback meetings for more ownership by the country's stakeholders; (iii) the appointment of a government focal point and a sectoral health focal point; (iv) recruitment of a liaison officer; (v) the establishment of a Country Platform and determination of the Technical Team for the preparation of the investment dossier; (vi) the provision of work premises for the GFF Liaison Officer and other technical assistants; (vii) documentation of a roadmap for developing the investment case; and (viii) the identification of the project co-financed by the World Bank and the GFF.

3. Looking ahead: the next six months

Development of the investment case: The next 6 months will be mainly devoted to the development of the investment case in all its stages which are: (i) preparation, (ii) situation analysis; (iii) prioritization; (iv) operationalization; (v) finalization; and (vi) the implementation plan.

Analytical work: Studies and other analytical activities will be carried out in support of the process of preparing the investment dossier, both to deepen situational analysis and to refine prioritization. This will relate to (i) resource mapping; (ii) Optima Nutrition analysis; (iii) the Equist analysis; (iv) the study of maternal mortality; (v) the evaluation of the health information system and the quality of the data in particular; and (vi) analysis of the pharmaceutical sector.

Stakeholder engagement: In addition to the joint efforts to develop the investment case, it is envisaged that secondary analyses of the recently completed MICS survey will occur in collaboration with UNICEF to inform implementation planning.

Study tour to Senegal: Nutrition is a core element of RMNCAH-N in Chad and with an interest in learning from other countries' experience, a team from Chad will visit Senegal to learn from their experience having succeeded in significantly reducing the rate of malnutrition by using local products and an effective community strategy.

GHANA

IC period	Under development
IC Financiers include	GF, Gavi, USAID, DFID, JICA
Key technical areas	UHC, domestic resources mobilization and efficiency, PHC
Government Focal Point	Daniel Ayindingo
GFF Liaison Officer	Pearl Adwoa Opoku (gff.ghana@gmail.com)

1. Value-added of the GFF

GFF will support the operationalization of UHC roadmap through the development of Prioritized Operational Plan and Costing (POPC) that serves as Investment Case for Ghana. GFF process will enhance targeting and efficiency of resources to support GoG UHC agenda, particularly by using results-based mechanism to drive performance improvement, address key bottlenecks, and to harmonize development partners financial support in the health sector. Other area of supports include advocacy and analytics for increasing resources allocation to health to finance the UHC Roadmap.

2. Progress in the last year

Launch of GFF process: The launch of the GFF in Ghana included the appointment of the Government Focal Point and the hiring of the Liaison Officer. A task force, comprised of Ministry of Health and Ministry of Finance representatives, development partners, CSO, private sector and technical experts was established for overseeing the development of the Investment Case development.

Progress of IC Development: The Prioritized Operational Plan and Costing for UHC Roadmap will serve as an Investment Case for Ghana. GFF process will facilitate the development of a concrete operational plan that will guide the collaboration and alignment of government, partners and other stakeholders. A stakeholder workshop was held to review proposed processes to ensure utilization of existing health sector and health financing strategies and plans and to align work with the upcoming Health Sector Summit.

Efficiency of resources: GFF process supports the process to improve targeting and efficiently using funds to support GoG UHC agenda. It is an opportune timing as many partners are in the process of developing the next round of support. This is also in line with Global Action Plan (GAP) for Health Financing in which agencies (WB, GF, Gavi, GFF, WHO) have committed to intensify collaboration and jointly support development and implementation of the POP.

Resource mapping: The resource mapping process was initiated and will be supported by local consultants who were also able to meet with development partners active in the Health System Strengthening (HSS) space to ensure access to available data and an overview of partner activities.

3. Looking ahead: the next six months

Finalization of IC: A costed and prioritized IC is expected in the third quarter of 2020. The IC Task Force is leading the prioritization process and identifying evidence-based activities aligned with expected outcomes and a draft results framework is underway. This will build on close coordination with other partners including Global Fund, Gavi, USAID, WHO and UNICEF. Additionally, resource mapping is expected to be completed in the next 6 months.

GFF co-financing: Preparation of the World Bank/GFF financed project focusing on scaling up quality essential health care in support for UHC will occur and is well-timed to align with the investment case. Results-based mechanism will be explored to address key bottlenecks and drive performance improvement. The new operation will be coordinated with other financier (i.e. Global Fund).

Advocacy: GFF will support Government advocacy efforts in making UHC a key part of the political discussion amongst Ghana's political actors.

Data use for decision making: Critical to supporting the operational plan for the UHC roadmap is a well-articulated results monitoring strategy and it is expected to be finalized in the next few months. In collaboration with the Policy Planning Monitoring and Evaluation departments of both the Ministry of Health and the Ghana Health Services, a results framework, as well as a documented process for data collection, aggregation and use will be produced.

Preparation of DRUM Technical Assistance: Support will likely be provided for DRUM-related work to support several key areas such as strategic purchasing and domestic resource mobilization as well as external financing coordination.

MALI

IC period	Under development
IC Financiers include	Government of Mali, Gavi, GF, USAID, AFD, WB, Unicef
Key technical areas	Expanding CHW coverage nationally; extending access to basic package of quality services to improve RMNCAHN outcomes; improving CRVS system
Government Focal Point	Dr. Moussa Yattara, Conseiller Technique (myatt60@yahoo.fr)
GFF Liaison Officer	Mamadou Namory Traoré (mali.gff1@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Support implementation of national health sector reforms, which include free care for pregnant women and children under five and the national expansion of the community health worker program.
- Expand performance-based financing, in order to improve the flow of funds and access to good quality front-line health services.

2. Progress in the last year

Support to the government on health reforms: The World Bank and the GFF are collaborating with the Ministry of Health and Social Affairs to help test different models to scale up a community health worker network nationally, as envisioned under the health reforms announced last year. Moreover, the World Bank/GFF/Netherlands-co-financed project is preparing to roll-out the scale up of performance-based financing (PBF) to bring funds to the front lines of the health system – health facilities and community health workers -- that would cover 25 percent of the population. As part of the preparations, the project is finalizing the PBF manual, conducting the baseline survey of the impact evaluation, and participating in a Ministry-led multi-partner group working on a scale up plan for the community health model.

Development of a costed, prioritized investment case: The Investment Case is being developed in a collaborative manner with technical and financial resources provided by a range of partners including UNICEF, WHO, the World Bank and the GFF. The resource mapping is currently on-going and planned to be completed by April 2020. A costing of RMNCAH-N priorities has been done and has laid the foundation for a more extensive costing of the Mali Action Plan which articulates a strategy for achieving UHC more broadly.

3. Looking ahead: the next six months

Results monitoring: The GFF secretariat will extend technical support to strengthen the Theory of Change and Results Framework for the investment case. With respect to data and results monitoring, over the next six months, Mali expects that technical assistance will be furnished by both the Countdown to 2030 initiative and the GFF Secretariat resources to build capacity within the country platform to orient them on how to conduct routine analyses of data, bottleneck analysis and the resulting course correction on a periodic basis. The baseline of the impact evaluation will have been completed, as well as a Service Delivery Indicators (SDI) survey. The first of several serial SWIFT surveys will have also been completed as a means to undertake rapid and frequent poverty assessments of households.

Investment Case completion: The Investment Case should be finalized and validated by June 2020, and implementation is expected to begin accordingly.

MAURITANIA

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Dr. Diop Cheik Oumar (diopcheikoumar@hotmail.com)
GFF Liaison Officer	Dr. Abderamane Jiddou (gff.mauritanie@gmail.com)

1. Value-added of the GFF

The value added of the GFF is in the process of being defined.

2. Progress in the last year

IC development and the GFF Process: The stakeholder engagement in Mauritania has been initiated and a roadmap for IC development established. As Mauritania will be in the process of redefining their next national health strategy during 2020, the development of the IC will be done concurrently. Discussions on the establishment of a national platform has been undertaken and the mechanism has been defined and is awaiting validation from the Minister of Health. Dialogue for co-financing with Gavi, Global Fund and AFD has also been initiated.

Resource Mapping: Technical assistance has been provided to initiate a resource mapping exercise, in coordination with an ongoing exercise initiated by the EU Delegation. The situational analysis using EQUIST and One Health has been undertaken to provide the evidence-base for the IC. As part of the response to Covid 19, the Ministry of Health has developed an action plan for response and resource mobilization.

Evidence and Knowledge: The results of the DHS will be coming out this year and allow for an updated database of evidence. In support of the government the World Bank has conducted a fiscal space analysis that will feed into the DRUM-analysis for the IC.

3. Looking ahead: the next six months

Data use for decision making: GFF will provide support and technical assistance to evaluate the current national health strategy and support the development of the upcoming national strategy providing an opportunity to inform and align to the IC development.

Convening investors: Mauritania has a smaller group of investors with a strong interest to establish a pooled fund mechanism. The IC provides a good opportunity to convene and explore this mechanism.

IC development: The roadmap for IC development in Mauritania articulates a plan to develop a costed and prioritized IC by November/December 2020 in order to align with the pillars of the new health strategy.

NIGER

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Dr. Ranaou Abaché, Secretary General, MoH (aranaoudf@gmail.com)
GFF Liaison Officer	TBD

1. Value-added of the GFF

The value added of the GFF is in the process of being defined.

2. Progress in the last year

IC Development and the GFF Process: The stakeholder engagement is facilitated through the Technical Working Group led by the Secretary General of the Ministry of Health and gathers several Ministries including Finance as well as donors, UN partners, CSO's and the private sector. Two preparatory workshops took place in January 2020: i) a CSO workshop which enabled discussion of CSO roles in the development of the IC and identified representative members for the national platform; ii) a stakeholder workshop to discuss the GFF process and further articulation of prioritization with the national health strategies. Additionally, dialogue for potential co-investments with donors is taking place, in particular the Global Fund.

Resource mapping: Technical assistance is being provided to initiate a resource mapping exercise coordinated with the Ministry of Health and in dialogue with the Ministry of Planning. The customized tools are currently being tested and plans are in place to routinize resource mapping on an annual basis.

Data use for decision making: The situational analysis using EQUIST and OneHealth in collaboration with UNICEF has been initiated to provide the evidence base that will serve as the foundation for prioritization of IC interventions. The final analysis is expected in April of 2020. Niger is undergoing a larger UHC reform linked to a redesign of its free health care policies for women and children under 5 and these updated policies will be incorporated as part of the IC development.

3. Looking ahead: the next six months

Strengthening the country platform: In collaboration with the Technical Working Group, the GFF process will provide assistance to support optimization of the current health sector platform to ensure a dynamic and responsive platform with strong accountability to take on the IC implementation.

IC development: The GFF will provide support to develop the theory of change, results framework and monitoring strategy, as well as a private sector assessment for the newly established private sector platform. The roadmap for the development of the IC for Niger indicates we can expect a costed and prioritized IC in June/July 2020 in order to align with the budget cycle of the Ministry of Finance.

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Dr. Malik Muhammad Safi, Acting Director General Health
GFF Liaison Officer	TBD

1. Value-added of the GFF

The value added of the GFF is in the process of being defined.

2. Progress in the last year

Stakeholder engagement: A new country platform structure is being finalized now by the government and partners to reflect different sectoral foci (immunization, GF-CCM, RMNCHA-N) under one umbrella. A core committee to advance the investment case has been convened that includes the federal government, the provinces, and a few key financiers and technical partners.

IC development and the GFF process: The government will move forward with developing an investment case for achieving UHC, with a chapter on RMNCAH-N that will largely be based on the Disease Control Priorities III exercise that has been undertaken over the last two years. The new World Bank/GFF financed project will similarly seek to support UHC with a focus on RMNCAH-N and will likely benefit from co-financing from a range of financiers such as Gavi and BMGF, and strong alignment with other investments such as those of DFID, Global Fund and Government of Canada. A resource mapping is expected to start by early March and should be completed by late May.

CRVS: CRVS has been identified as a key issue in a Development Policy Operation of the World Bank that requires the government to propose a revised policy to integrate the CRVS system which has historically been fragmented. To this end, the GFF has already started to provide technical assistance and stands ready to support more extensively as needed.

3. Looking ahead: the next six months

IC development and project preparation: The World Bank/GFF project should be well advanced in terms of preparation and should reflect the same alignment and priorities identified in the Investment Case. Special analyses may include a qualitative study around household illness recognition and care-seeking behavior to understand better the demand side drivers of newborn mortality. A private sector analysis may also be carried out to study different approaches that may be considered to engage on issues of private sector service delivery, demand creation and regulation. Efforts will be made to facilitate pooled procurement of family planning commodities, which are currently facing acute shortages in many public sector facilities across the country.

Health Financing: Both the Investment Case and the project should benefit from fiscal space analyses for the federal and provincial levels that will be conducted by the WB; resource mapping (supported by the GFF secretariat); definition and costing of a realistic basic RMNCAH-N package; and other analyses that should advance strengthened and more efficient service delivery at the primary health care level. Efforts will be made to build upon the successful PFM reforms realized under the current National Immunization Support Project.

Results Monitoring: Planned collaboration with Countdown to 2030 should yield a strong Theory of Change and Results Framework. The latest National Health Accounts should also be available for analysis over the next six months.

SOMALIA

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Abdi Momin Ahmed (Abdi56ahmed@gmail.com)
GFF Liaison Officer	Habib Nur (a.dhidar45@gmail.com)

1. Value-added of the GFF

GFF support is aligned with plans to:

- Improve health of women and children through development and delivery of a prioritized package of essential services.
- Increase efficiency through resource mapping and improved partner coordination.
- Strengthen routine MOH systems with a focus on health information systems, M&E, and supply chain management.
- Mobilize the private sector for improved health service quality and access for women and children.

2. Progress in the last year

Investment Case development and the GFF process: A three-day workshop was organized in Nov 2019 with representatives from the Somalia Federal Government, member states, Somaliland, UN agencies, key financiers and CSOs. The participants were oriented on the GFF process and decisions were made with regard to the country coordination platform, the roadmap for IC development, and priority areas for health reform. The roadmap outlines necessary steps, key deliverables, the timeline and the role of different partners in the development of the Investment Case. The timeline for IC development aligns well with the next funding cycle of main financiers and this alignment was discussed with DFID, GFATM and World Bank IDA. The implementation of the roadmap has now begun with an initial focus on the following activities:

Prioritized Package of Services: The government has initiated the revision process of the existing EPHS. The existing EPHS was developed in 2009 and there exists a need to update it based upon the current burden of disease and the available resource envelope in order to maximize both the number of people the EPHS reaches and its health impact. With support of the GFF, two consultants have been hired to support the revision process of the package. A taskforce with representatives from the federal government, member states and development partners has also been assigned to revise the prioritized package. A draft version of the revised package is expected to be ready by April 2020.

Key health system reforms: Health system challenges were discussed during the workshop and key priority system strengthening areas across Somalia/ Somaliland were identified as: (i) Health Information and Monitoring systems (HMIS); (ii) Private sector engagement; (iii) Pharmaceutical and supply chain; (iv) Financial management and procurement (especially contract management); and (v) Quality assurance and measurement mechanisms.

Country Coordination Platform: The existing coordination mechanisms within the Somalia Federal Government are fragmented, with no participation from some federal member states and Somaliland. Therefore, a new coordination body "Somalia/Somaliland Health Sector Coordination Committee" (SHSCC) has been established as the multi-sectoral National Platform within which the GFF will support the strategic development and implementation of the IC. The SHSCC will serve as a national coordinating body for the health sector and moving forward, other coordination mechanisms will eventually merge with this newer platform. The committee is comprised of representatives from all member states, key donors, UN agencies, private sector and CSOs. Both Somalia and Somaliland will have their respective national level HSCC feeding into the overarching SHSCC. The Somalia-Somaliland Health Sector Coordination Committee first meeting was organized in Nairobi on 11 February 2020 and the draft Terms of Reference for the committee was presented by the government and discussed with donors and partners. The final terms of reference is being produced by the Somali health authorities with the support of GFF Secretariat.

Resource Mapping: Data collection for resource mapping has begun and a consultant has been hired to support the process with an expected completion date of mid-April 2020. The RMET will: (i) capture resources from donors at state and federal levels, as well as the government contribution to the health sector; (ii) cover both humanitarian and development aid in health as much as possible; and (iii) map resources against Health Sector Strategic Plan-II priorities with a deep-dive on the EPHS, which is a component of the HSSP-II.

3. Looking ahead: the next six months

Investment Case development: Development of the investment case will continue and is expected to reflect the financing of a wider group of financiers including DFID, GFATM and other donors who finance Somali health services.

Situation analysis: Most of the analytic work and review of recent surveys and studies to inform the Investment Case will be completed by June 2020. This includes assessments of the prioritized areas of health system strengthening including monitoring and health information systems, pharmaceutical and supply management systems, human resource management and fiduciary systems of the MOH. Developing a strong theory of change and accompanying results framework will also be prioritized leveraging the review of the situation analysis.

Resource Mapping: Resource mapping is expected to be completed to determine the resource envelope available.

Prioritized Package of Services: The finalization of the re-vision/prioritization process of the Essential Package of Health Services (EPHS) will occur through a participatory process led by government and supported by key donors and UN agencies. The focus of a revised package will be on high impact and cost-effective interventions to improve RMNCAH-N outcomes in Somalia in an equitable manner. The revised EPHS will be costed to ensure it is implementable within the available resource envelope.

Coordination: Continued support will be provided to facilitate the effective functioning of the SHSCC, which serves as the country platform, as well as the technical working groups that relate to the GFF engagement (e.g., IC development working group).

TAJIKISTAN

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Yusuf Majidi, Deputy Minister of Finance
GFF Liaison Officer	Nargis Maqsudova (will be officially starting on April 6)

1. Value-added of the GFF

The value added of the GFF is in the process of being defined.

2. Progress in the last year

Investment Case development and the GFF process: Tajikistan's participation in the GFF has contributed to bringing the Ministry of Finance into closer collaboration with the health sector. The Vice-Minister of Finance has been appointed as the GFF Government Focal Point which presents an opportunity for a more direct engagement between the health sector, which historically received less attention than other sectors (e.g. infrastructure), and the Ministry of Finance. Access to the Ministry of Finance is seen as an important element of the value added of the GFF and the Country Platform will be established as an official technical working group led by the Ministry of Finance.

GFF co-financing: The GFF is leveraging IDA to implement important health financing reforms. The GFF grant co-financing the new early childhood development project currently under development, will finance disbursement-linked indicators to introduce public-financial management reforms to improve budget execution rates within primary health care and prevent diverting of resources from primary health care to other sectors (estimated losses of about USD 3 million or about 3 percent of the total PHC budget annually).

3. Looking ahead: the next six months

Investment case development: The launch of the GFF in Tajikistan coincides with the development of the new strategic document for the health sector for the next 10 years - the National Program for the Development of the Health Sector 2021-2030. The previous document for 2010-2020 was very ambitious resulting in limited achievement of the objectives, (~5 percent of the objectives were achieved). It is expected that the new National Program will be equally ambitious and therefore the GFF process will focus on developing a prioritized action plan for the implementation of the National Program. This is an important opportunity to not only align partners with the Government's strategic direction, but to also break away with business as usual and focus the health sector reform agenda on a manageable number of achievable objectives for which results can be achieved over the next 3-4 years. It is expected that the prioritized action plan will be developed before the end of the calendar year 2020.

Strengthening the country platform: The order from the Minister of Finance to set up the National Platform is being prepared which will result in the launch of the National Platform co-led by the Ministry of Finance and the Ministry of Health and Social Protection. It is expected that the platform will become an important advocacy forum for the health sector in Tajikistan. First, it will help the government better align external support with the national strategic priorities and improve the transparency of foreign assistance. Second, it will provide an important opportunity for the MoHSP and the donors and technical partners in the health sectors, to jointly advocate for higher and more effective budget allocations for the health sector. A retreat to launch the platform is planned for Spring 2020.

Resource mapping: A resource mapping exercise supported by the GFF has been launched and data collection is ongoing. The exercise will provide important information on the overall budget envelope available for the health sector and for the implementation of the National Program. The exercise will also inform the development of the prioritized action plan. It is expected that resource mapping will be completed before the end of June 2020.

ZAMBIA

IC period	Under development
IC Financiers include	TBD
Key technical areas	TBD
Government Focal Point	Henry Kansembe (kansembeh@gmail.com)
GFF Liaison Officer	Mary Nambao (gff.zambia@gmail.com)

1. Value-added of the GFF

The value add of the GFF in Zambia will evolve as it develops its investment case. Initial indications are that the GFF would add value by supporting the Ministry of Health in articulating a clear set of priorities for reform related to RMNCAH-N outcomes, across a multitude of already-existing planning documents, such as the National Health Strategic Plan and the RMNCAH-N Roadmap. Through this, the GFF-supported process will help the MoH mobilize increasingly aligned external resources to support these priorities, as well as increase efficiency of domestic resource utilization.

2. Progress in the last year

Investment Case development and the GFF process: The launch of the GFF in Zambia in September 2019 included hiring a local Liaison Officer and the designation of the Government Focal Point. There was agreement to utilize the existing Interagency Coordinating Committee/RMNCAH-N Steering Committee as the Country Platform which meets quarterly and is chaired by the Ministry of Health Permanent Secretary Dr. Kennedy Malama. The GFF has supported the MoH in its outreach to both CSOs and private sector, to engage in the IC development and as participants in the Country Platform.

Stakeholder engagement and convening investors: A kick-off workshop with diverse stakeholders was held in December 2019. Based on this consultation, a six-month «roadmap» for Investment Case development has been finalized. To date, there is strong interest and enthusiasm by the diverse stakeholders, including key donors, to use the Investment Case on a partial basis for prioritizing their own investments in the health sector. Civil Society Organizations (CSOs) have also been particularly active in organizing their engagement with the IC development, as well as major service delivery providers including the Churches Health Association of Zambia (CHAZ) and organizations focused on advocacy and accountability.

3. Looking ahead: the next six months

Investment Case development: Under the leadership of the Department of Planning and Budget in the MoH, the situational analysis and bottleneck analysis should be completed in the second quarter of CY2020. The second quarter will also focus on iterative prioritization of the reforms to be targeted, including health financing.

Resource Mapping and Expenditure Tracking: A resource mapping is planned simultaneously, building on existing work. A resource mapping training workshop was held in March to orient stakeholders in the excel based Resource Mapping Tool. The intention of the Ministry is to carry out this exercise alongside the National Health Accounts Survey.

Outreach to private sector will be strengthened: Zambia has a diverse private sector with potential interest in the Investment Case, and preliminary discussions with representatives of the sector to participate in the Country Platform have already begun. These include firms not directly engaged in the health service delivery through public platforms, such as the mining sector. The IC development and implementation provide an opportunity to better fold their work into the mainstream Country Platform.

Data use for decision making: Data and estimates from the newly-released Zambia DHS 2018 will be used in collaboration with Countdown to 2030 to improve equity analyses as an input to the situational analysis for the Investment Case. This will also provide critical baseline information from which to establish realistic targets and interventions using EQUIST and PATH tools.

ZIMBABWE

IC period	Under development
IC Financiers include	Government of Zimbabwe, USAID, PEPFAR, World Bank, IDA, GFF Trust Fund, Global Fund, Gavi UNDP, EU, Sweden, DFID, UNFPA, UNICEF, WHO
Key technical areas	RBF quality of care, child health, emergency obstetric and neonatal care (EmONC), family planning, adolescent health
Government Focal Point	Dr. Robert Mudyradima (rmudyradima@gmail.com) Mr. Percy. Takavarasha (percytakas@gmail.com)
GFF Liaison Officer	Patron Mafaune (gffzimbabwe@gmail.com)

1. Value-added of the GFF

The value added of the GFF is in the process of being defined.

2. Progress in the last year

GFF process: With the launch of the GFF, a Liaison Officer was hired and she began work in September 2019. The Government of Zimbabwe appointed two Focal Points; - Dr. Robert Mudyradima, the Chief Director in the Ministry of Health and Child Care and Mr. Percy Takavarasha, Director in the Ministry of Finance and Economic Development, ensuring improved engagement between the health sector and the Ministry of Finance. For the country platform a decision has been made to use the merged Country Coordinating Mechanism (CCM) of the Global Fund and another coordination platform for Reproductive Maternal Newborn Child and Adolescent Health (RMNCAH-N) called the Health Development Fund (HDF). The two platforms have been previously meeting twice a year and conducting Joint Review Missions. The merging process is still work in progress. The Ministry of Health and Child Care developed a Health Sector Coordination Framework end of 2019 and since then as part of its implementation, the combined platforms met for the first time in January 2020 chaired by the Permanent Secretary Ministry of Health.

Investment case: The process of developing the Investment Case for Zimbabwe commenced in November 2019. The IC development road map was approved at the CCM/HDF meeting that was held in October alongside the MoHCC National Review and Planning Meeting. The situation analysis and development of proposed strategic interventions was completed in December 2019. A core technical team was appointed to draft the first iteration of the IC and the draft was produced in January. The finalization of the IC will leverage on the Zimbabwe National Health Strategic Plan 2021-2025 which is also under development. In the meantime, costing has commenced, and the final version of the IC is expected later in May 2020 with endorsement expected by June.

Resource mapping and convening investors: Zimbabwe has completed four rounds of resource of mapping with funding from the Health Development Fund (HDF) and technical support from the Clinton Health Access initiative (CHAI). GFF supplementary technical support is being provided to both CHAI and the government team. Additional support is being considered from the Gates Foundation through the GFF to develop resource mapping analysis and data visualization.

3. Looking ahead: the next six months

Investment case development: A fully costed and prioritized investment case is expected to be completed and launched by June, 2020.

GFF financing: GFF is providing a grant of \$25 million to Zimbabwe as additional financing for the ongoing Results Based Financing Project focused upon the quality of RMNCAH services. The concept memorandum has been approved and the decision meeting is slated for April with a proposed board date of June 2020. But as a result of the COVID -19 pandemic, It has been agreed that \$5 million of the grant will be used to prepare an emergency Preparedness and Response Project for the Country.

Resource mapping: The resource mapping report is expected to be disseminated by April 2020. GFF will support a Public Expenditure Review later in the year. The concept note for the studies has yet to be developed.

Data use for decision making: Consideration has been taken to assess analytic and visualization gaps. While in the formative stage, discussions are ongoing between the GoZ and development partners to establish a data visualization dashboard.