

THE GFF PARTNERSHIP: WORKING IN SUPPORT OF COUNTRY-LED EFFORTS TO IMPROVE PHC

OVERVIEW

This paper presents an overview of the efforts and forward look of the Global Financing Facility (GFF) partnership on strengthening primary health care (PHC) platforms for better health outcomes for women, children, and adolescents.

This paper seeks to provide a framework for continuing to double down on key areas of GFF partnership engagement on PHC, including suggestions for further collaboration and based on extensive experiences to date supporting countries for better PHC. This serves as a discussion paper for further refining and cobuilding through the GFF partnership a joint action plan to address ongoing challenges to achieve even stronger, more resilient and effective PHC.

ACTION REQUESTED

The Investors Group (IG) is requested to provide guidance to further shape how the GFF partnership can accelerate efforts in support of PHC, particularly in light of the opportunities highlighted in this paper, including the following:

- Supporting high-quality primary health systems and bringing services closer to communities
- Getting more resources into frontline service delivery platforms
- Consolidating and strengthening PHC results and monitoring and evaluation (M&E)
- Leveraging the GFF partnership advocacy and alignment for more spending and better quality PHC

CONTEXT

Multiple overlapping economic and health crises are restricting the delivery of essential health around the world, particularly for people in the most vulnerable communities. Temporary disruptions to health systems, initially caused by COVID-19, now risk becoming deeply entrenched as household earnings and public sector revenue are impacted by slowed economic growth. Underfunding of health systems, a lack of trained healthcare workers, weak supply chains for medicines and other health products, household financial hardship, and lost years of schooling risk setting back pre-COVID health improvements among women, children, and adolescents.

The COVID-19 pandemic has underscored how strong primary and community-level care forms the backbone of efficient and equitable health systems as well as the need for dramatically scaled-up investment. PHC is the first line of defense for effective public health management. The reach of PHC into communities expands access to high impact and cost-effective health and nutritional interventions, improves equity through person-centered service delivery, and is a smart use of public funds that reduces demands on the resource-intensive secondary and tertiary levels.

As a result, PHC is core to GFF partnership work to build stronger, more equitable and sustainable health systems. Indeed, investment and improvements in PHC—as defined by the World Health Organization (WHO)—is essential for the wider efforts toward health systems strengthening (HSS):

“PHC is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people’s needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people’s everyday environment.”¹

Indeed, since the launch of the GFF in 2015, PHC has been the heart of the GFF approach in partner countries; the current context only underscores the need for maintaining its central focus. PHC represents an essential enabling lever for broader efforts across all five strategic directions of the 2021–25 GFF strategy (see box 1).

Box 1. The Five Strategic Direction of the GFF Strategy for 2021–2025

- 1. Strategic Direction 1: Bolster country leadership and partner alignment behind prioritized investments in health for women, children, and adolescents*
- 2. Strategic Direction 2: Prioritize efforts to advance equity, voice, and gender equality*
- 3. Strategic Direction 3: Protect and promote high-quality, essential health services by reimagining service delivery*
- 4. Strategic Direction 4: Build more resilient, equitable, and sustainable health financing systems*
- 5. Strategic Direction 5: Sustain a relentless focus on results*

Source: World Bank/GFF.

Looking at the GFF partnership’s comparative advantage in supporting countries to prioritize, align, and scale interventions, health system reforms, and financing, the following four complementary pillars are proposed and build on current efforts toward further strengthening PHC platforms:

- Supporting high-quality primary health systems and bringing services closer to communities
- Getting more resources into front-line service delivery platforms
- Consolidating and strengthening PHC results as well as for M&E
- Leveraging the GFF partnership advocacy for more spending and better quality PHC

This approach is not meant to provide a new program of work, but instead builds on implementation experiences, recent evaluations, stakeholder engagement especially with countries and cross-cutting analyses of GFF partners to adapt the GFF approach to the vision of PHC platform responsive to the needs of communities, especially women, children and adolescents; equitable in access to high quality care; and governed by strong, accountable leadership.

As such, the objective of this paper is to seek guidance from the IG to help inform and improve the design and integrate this complementary focus on the partnership investment, technical assistance (TA) and measurement framework.

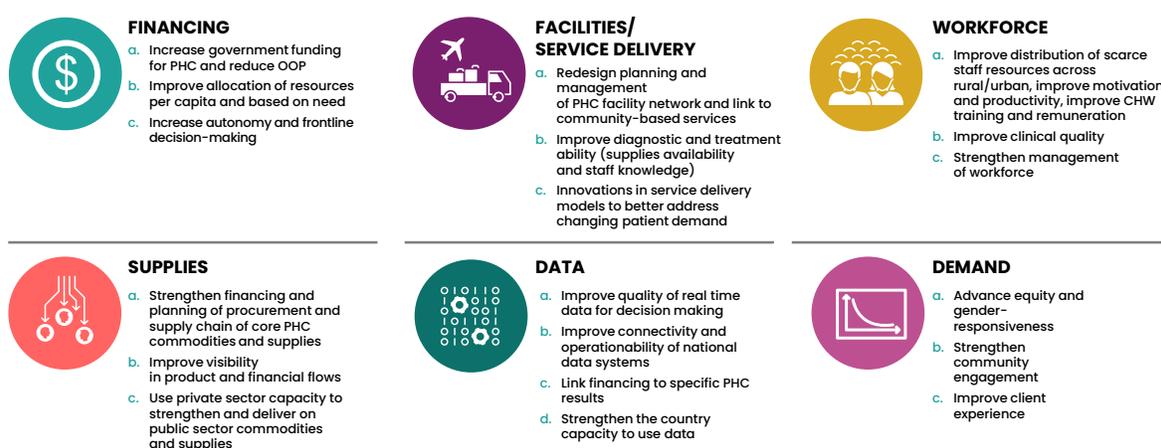
¹ WHO and UNICEF. “A Vision for Primary Health Care in the 21st Century: Towards UHC and the SDGs.” Publication quoted on the WHO “Fact Sheet for Primary Health Care,” available online: <https://www.who.int/news-room/fact-sheets/detail/primary-health-care>.

Section 1: Supporting High-Quality Primary Health Systems and Bringing Services Closer to System Users

Since its inception, the GFF has supported partner country priorities to lead an evidence-based process to facilitate reforms, prioritize cost-effective interventions, and strengthen broader health system sustainability. As a result, PHC platforms feature prominently in the reform agendas articulated in *all* GFF investment cases (ICs). Most of these reforms are focused on building primary health care systems that address health problems across the life course from adolescent girls and women before and during pregnancy and delivery, to newborns and children. (see figure 1).

Figure 1. PHC Reforms in Selected GFF Partner Countries

Country-led investment cases are prioritizing PHC reforms across six building blocks



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Of the 30 countries that have finalized their IC, 27 have prioritized reforms related to improving quality of care at PHC level, 26 have prioritized reforms to strengthen human resources for health at PHC level, 27 have prioritized community health to bring services closer to the people, and 24 countries focus on improving supply chain management to ensure availability of medicines to deliver PHC services.

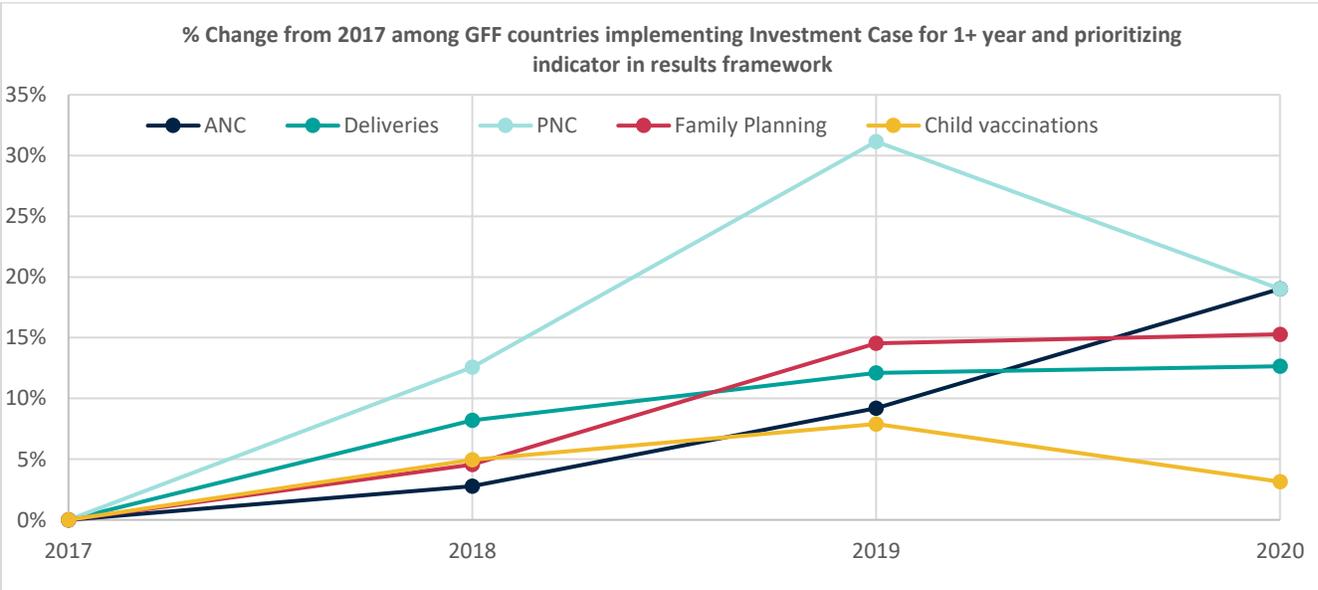
The GFF has also used its cofinancing to support countries in their efforts to improve quality of primary health care, human resources for health, community health, supply chain management, health information system strengthening, and governance.

With countries in the lead and support from the partnership, these system and service improvements have supported countries to enable the uptake of service utilization of antenatal care (ANC), delivery care, postnatal care (PNC), family planning (FP), and child vaccinations, with indicators increasing from 2017 to 2019. From 2019 to 2020, following the onset of the COVID-19 pandemic, disruptions in PNC and child vaccinations were observed, while safe delivery care and FP leveled off (see figure 2).

As part of its ongoing support to countries during the pandemic, the GFF continues to support and modify service delivery approaches at the facility- and community-level to manage COVID-19 cases, preventing transmission while ensuring continuity of services including safeguarding access to key health commodities. This has included shifting services to community delivery via community health workers and the private sector, using telemedicine or dispensing practices.

Continuing to strengthen and adapt front line delivery platforms is vital for supporting the continuity of essential basic health care, as well as key public health functions such as disease prevention and surveillance capacity that need much greater attention.

Figure 2. Change in Coverage of Key Interventions from 2017 to 2020 across GFF Partner Countries



Source: Global Financing Facility.

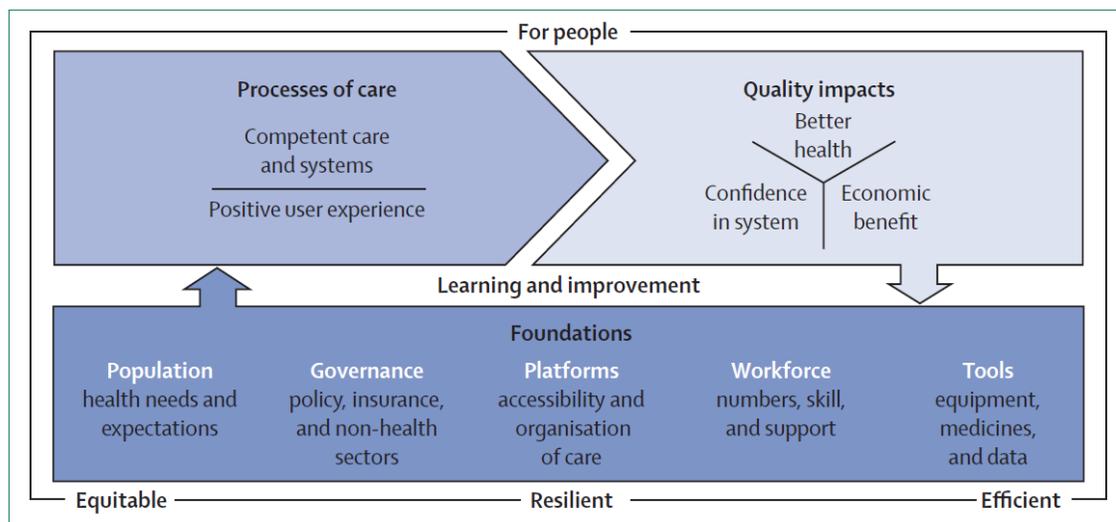
Looking forward

The new GFF strategy and lessons learned from the pandemic are helping to drive more concerted efforts on service delivery and reforms to support strengthened PHC, in particular looking at redesign and referral systems as well as addressing supply and demand constraints. Recent analysis, implementation experiences, and consultations point toward common strategic shifts countries will need to make to achieve strengthened PHC design and delivery. These efforts must also further examine country-specific needs within and across countries, including specific community need, and provide a greater focus on equity and sustainability.

- **First, a focus on quality of care.** Increasing access to health services may not translate into better health outcomes without improvements in quality. Poor clinical quality is a major reason for gaps in survival despite health care utilization. A recent analysis of service provision assessment (SPA) data from nine low- and middle-income countries (LMICs) shows that on average clinicians

perform about half of the required activities needed to make a correct diagnosis and provide proper management during ANC and FP visits. Common quality improvement interventions, such as in-service training, often do not achieve the large-scale changes needed to improve health outcomes. Many interventions are not sustainable and experience large declines in effectiveness over time with possible multiple causes of observed poor clinical quality. Quality improvement interventions could have a transformative impact by targeting the foundations of health systems where the causes of poor-quality care originate (see figure 3). Attention should shift toward caring for the needs of women, children, and adolescents and how they value the care they receive as well as understanding and addressing the specific national and subnational constraints (structural, knowledge, or motivation barriers). Further leveraging private sector capacity and innovation can complement public sector by scaling up innovation to improve service delivery.

Figure 3. High Quality Health System Framework



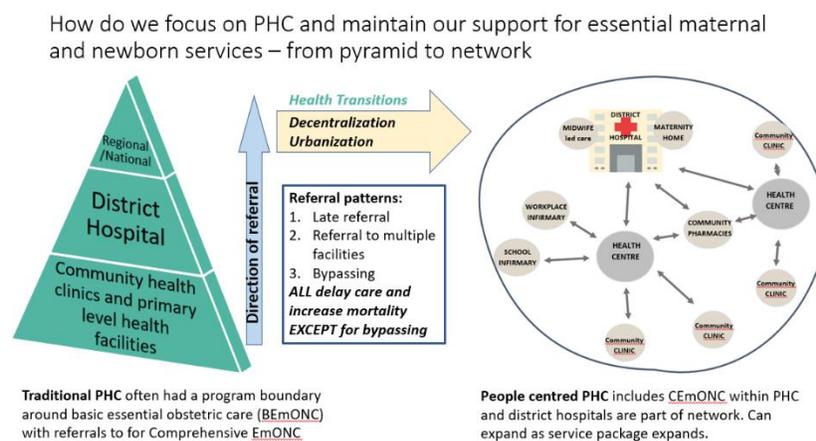
Source: Kruk, M. E., A. D. Gage, and C. Arsenault, et al. 2018. "High-Quality Health Systems in the Sustainable Development Goals Era: Time for a Revolution." *The Lancet Global Health* 6 (11): e1196-e252. [https://doi.org/10.1016/s2214-109x\(18\)30386-3](https://doi.org/10.1016/s2214-109x(18)30386-3).

- Second, in light of devolution of care, increasing urbanization and cost-effectiveness consideration in a limited fiscal space, take advantage of the abundant opportunities **to redesign services and shift from pyramid PHC to network PHC** (figure 4). For instance, given that 15 to 20 percent of women will require more than basic emergency obstetric and newborn care (BEmONC) and 15 percent of newborns require some additional care of a special care newborn unit²—and that we know such life-threatening complications are unpredictable, it is important to ensure such services are an essential part of PHC. However, referral systems are often a weak link within the health system, operating with ad hoc approaches, underfunding, and poor management. The shift to network PHC lies at the core of the new strategy to protect and promote high-quality essential health services by reimagining service delivery. Progress can be seen already on this area in some GFF partner countries, such as Ethiopia and Tanzania, where access to comprehensive emergency

² In Bangladesh, Sierra Leone, and India, where scale-up of the small and sick newborn has been undertaken noting that 70 percent of neonatal mortality is in the low birth weight baby.

obstetric and newborn care (CEmONC) is supported through a number of task-shifting initiatives. In Ghana, networks of practice now include the district hospital, while Zambia has focused on birthing units alongside hospitals and urban midwife-led maternity units. Local political leadership and buy-in from health system managers at the national and subnational level is essential to the success of service delivery redesign; these partners must be engaged at all stages of such redesign approach.

Figure 4. Shifting PHC from a Pyramid to Network Approach



Source: World Bank/GFF; original figure produced for this publication.

- Third, the **importance of the health workforce for delivering PHC** is recognized overwhelmingly, with the COVID-19 pandemic and now multiple crises shining light on the critical role of human resources for health (HRH) in pandemic preparedness and response (PPR) and health system resilience. An updated framework agenda for an HRH agenda delivered through the GFF can result in a more diverse, equitable, responsive health and care workforce that is well prepared, supported, and coordinated to deliver PHC. The proposed actions and impact towards improving PHC is laid out in IG14 paper no. 4: “Strategic and Sustainable Investments to Provide Essential Health Services and Build Resilient Health Systems: The GFF Partnership Human Resources for Health (HRH) Agenda.”
- Fourth, in addition to delivery redesign, including private sector engagement and innovations, the partnership will focus on sustainable capacity strengthening **the key supply reform agenda for improved access and quality at the facility level**. The GFF will continue to support country reforms and engagement with the private sector on last-mile delivery of medicines and supplies. There will also be an increased focus on strengthening government systems to manage critical supply chain functions such as demand forecasting and procurement. Further, while essential commodities around FP, HIV/AIDS, malaria, tuberculosis, and immunization are all tracked by global funding mechanisms, there is less visibility into market dynamics for maternal, newborn, and child health (MNCH) commodities. The global oxygen crisis in the wake of COVID-19 as one commodity essential to MNCH speaks to this challenge. Identifying supply gaps in countries will require dedicated support on the following:
 - Strengthening donor alignment behind commodity security priorities

- Strengthening procurement practices at country level
 - Private sector engagement (PSE) in MNCH commodity security
- A fifth focus will be **on addressing demand constraints**. The GFF has traditionally engaged in improving the supply (such as coverage and quality) of reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services to achieve its mission of improving maternal and child health outcomes and reaching UHC. However, the COVID-19 pandemic puts into sharp focus demand-side factors, especially financial barriers to accessing health care. Recent survey data show that financial barriers (not having enough money) is the reason why approximately 40 percent of the households in surveyed countries could not access care they needed. They also show this proportion is substantially higher in LMICs and low-income countries (LICs): In the LMICs surveyed, more than half of the households who could not access care indicated a lack of money as the reason; in LICs, nearly three-quarters indicated financial constraints. Designing social safety net programs to increase their impact on removing financial and other barriers to the utilization of health services for women, children, and adolescents at the primary care level can unlock benefits across health and social protection. Some examples could include incorporation of explicit health benefits into social safety net schemes, digital payment and benefit management systems, one-stop-shops for social and health service management (for example, shared enrolment sites for social safety nets and health insurance schemes), and for service delivery, innovative behavioral nudges.

The ICs can ensure the use of evidence across national planning processes and investments by a range of partners to focus on measurable priorities around primary health. Additionally, the country platforms can bring accountability and help rigorously monitor the implementation of the ICs to track progress to achieving the systems quality laid out in the ICs. The GFF partnership could focus joint support and TA on outsource service delivery through performance-based contracting, enhancing capacity health facility staff for doing outreach or supporting community health workers (CHWs) for certain preventive services and even some curative cases. As the private sector plays an important role in most health systems, it will remain a key stakeholder in the GFF's work on ensuring quality of primary health services and products. The private sector could therefore be included in the scope of any of the activities where a mixed health systems approach is appropriate and fits country priorities and context (innovative financing, country TA support, and partnerships).

The proposed approach to supporting high-quality primary health systems and bringing services closer to communities must be country-specific and could differ between urban or more rural areas within countries. The GFF partnership is well placed to deepen its support to countries in decisions on different modalities of service delivery leading to prioritization of reforms and financing (through domestic resources and partners, including GFF trust fund resources).

Section 2: Getting More Resources into Frontline Service Delivery Platforms

The core objectives of the GFF's support to countries on health financing are to increase both the volume and efficiency of domestic public resources for health. The core health financing indicators are as follows: (1) health expenditure per capita financed from domestic sources; (2) ratio of government health expenditure to total government expenditure; (3) percent of current government health expenditure devoted to primary health care; and (4) incidence of financial catastrophic expenditure in health and PHC. While the development of health financing strategies initially formed the cornerstone of the GFF's approach to strengthening sustainable health financing at the country level, the subsequent focus has shifted toward supporting implementation and alignment of health and PHC financing reforms at the country level, technical assistance, capacity building, and investments around the PHC agenda using output-focused instruments (see box 2).

Box 2. Examples of PHC Service Delivery and Financing Reforms

Mozambique

The GFF has cofinanced the World Bank program-for-results project on Primary Health Care Strengthening Program (PHCSP). Of the US\$25 million total GFF cofinancing, US\$9 million funds disbursement-linked indicators connected to health financing reforms. These include increasing the share of district hospitals and health centers receiving performance-based financing (PBF), increasing prioritization of health in the budget, and maintaining government spending for underserved regions.

Nigeria

The GFF worked with the government of Nigeria to pilot the Basic Health Care Provision Fund (BHCPF) to initiate fund flow from the federal level to the frontline health facilities. The fund triggered release of funds from domestic resources, 1 percent of the consolidated revenue fund, to provide basic health care services to other states.

Pakistan

The Sustainable Financing for the Health Sector (SFHA) initiative has launched a series of reforms across the health financing system. Joint contributions from development partners to the national health support program supported the equitable delivery of primary health care (PHC) in the provinces. Technical assistance (TA) from the GFF was also provided to assess data across PHC centers across the country to improve efficacies in health financing.

Tanzania

The GFF co-financed a World Bank program-for-results project, Strengthening Primary Health Care For Results, which introduced and implemented results based financing in nine regions, along with fiscal decentralization and provider autonomy reforms.

Vietnam

In Vietnam, efficiency reforms have focused on shifting access of services to frontline services by improving the quality of facility and services at the grassroots level to decrease inappropriate use at hospitals. This also includes improving the quality of commune health centers and hospital infrastructure, planning for new and replacement hospital equipment, and developing new models of services delivery.

Source: World Bank/GFF analysis.

To further protect resources reaching facilities and to improve how resources are spent, the GFF has also worked with countries to revise their provider payment mechanisms (PPMs) and move away from passive

purchasing (input-based) to more strategic and output-based forms of purchasing. Resource mapping and expenditure tracking (RMET) has allowed to identify fragmentation of provider payments and way forward to improve the strategic nature of purchasing.

The GFF approach and support in performance-based financing (PBF) has evolved over time, recognizing the limitations of PBF as distinct projects, and for the need to devise more blended payment mechanisms with capitation at their core, supported at the margin by PBF arrangements. Learning from implementation experience and latest research, the GFF is investing in providing technical and practical support to countries to mainstream their existing PBF approaches into the government financing mechanism. In Pakistan, the Governance for GFF (G4GFF) initiative supported establishing a mechanism for pooling donor financing funding the National Immunization Support Program (NISP) and to strengthen the decentralization of the program to the provincial level.

The partnership has also focused support on efficiency of PHC spending. This included TA in developing benefit packages and setting insurance premiums (Indonesia), introduction of strategic payment mechanisms (Indonesia, Rwanda, Vietnam), and development of systems for standardizing and managing user fees across public and private health facilities supported by the government and various donor programs (Sierra Leone). Box 3 discusses a case study of this vital support in Central African Republic.

Box 3. Case Study (Central African Republic): Leveraging GFF Instruments to Advance Donor Alignment around PHC Financing

Over the past decade, the Central African Republic's health financing landscape has been characterized by high donor dependency, fragmentation, and limited opportunity for domestic resource mobilization. The GFF worked with stakeholders to establish an **investment case**, which included a package of high-impact reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) frontline interventions to be implemented with performance-based financing (PBF), which was adopted as a national strategy. The GFF cofinanced **International Development Association (IDA)** operation includes PBF financing as a financing instrument to increase resources going to the front lines and improve alignment (specifically with the European Union). The **Resource Mapping and Expenditure Tracking (RMET)** exercise generated evidence to support prioritization. A **technical assistance (TA) package** funded by the GFF domestic resource utilization and mobilization (DRUM) window aims to support assessing the (mis)alignment between PBF and government public financial management (PFM) systems to identify opportunities for better integration and to assess options for reducing some of the need for heavy verification costs. This approach has led already to some improvements in the financing of reproductive, maternal, newborn, child, and adolescent health (RMNCAH) services. Specifically, the PBF program has contributed to increases in resources (state and nonstate) executed at the regional level (65.9 percent regional vs. 34.1 percent central) and to increases in budget allocation to RMNCAH service package from 4.0 percent (2017–19) to 9.3 percent (2020–22).

Source: World Bank/GFF analysis.

Looking forward

Supporting countries in identifying how fiscal space for health could be created is a core role for the GFF partnership. This goes hand in hand with ensuring that adequate resources are then allocated from broader health budgets to PHC (through, for example, support in the formulation of program budgets for

PHC), and are protected all the way down to PHC facilities (through, for example, direct facility funding, improved resource allocation formulae, support to the design of good contracting arrangements with PHC facilities, and support in the revision of benefit packages to be delivered at PHC level).

Published in April 2022, *“The Lancet Global Health Commission on Financing PHC: Putting People at the Centre”*³ highlights the need to revise how PHC expenditure is measured, advocating for country-specific measurements that focus on the platform of service delivery rather than the functional classification. The GFF partnership supports better quantitative analysis and understanding of health financing. RMET strengthens country systems and capacity to systematically map and track financing allocated to the investment cases and national health plans and strategies, with a particular focus on PHC. This data is used for policy dialogue and decision making around mobilizing and aligning resources for health, prioritizing budget allocation of PHC within health, and protecting health resources to health through better purchasing mechanisms. Box 4 highlights how the International Development Association (IDA) is helping to leverage PHC reform in Tajikistan.

Box 4. Leveraging IDA for PHC Reform: Tajikistan

In 2019, approximately US\$3 million was reallocated from the primary health care (PHC) budget to other local-level, non-health expenditures, due to the rigidity of public budgeting and expenditure rules. Budgets for PHC were allocated to several separate budget lines (for example, salaries, medicines, equipment, utilities, construction/refurbishments) and, during the fiscal year, funds would not be reallocated across those budget lines. For example, if a health facility was allocated a budget for a salary, but there was a vacancy that could not be filled during the fiscal year, the resources, which could have been used to buy medicines or essential equipment, were instead transferred back to the general local budget and used to finance other sectors (such as refurbishment of the local government building). GFF financing, attached to the IDA-funded Tajikistan Early Childhood Development Project, provided funding to three disbursement-linked indicators to introduce a public finance management (PFM) reform to roll out a single, protected budget line for PHC, where health facilities could freely reallocate funds across various expenditure categories to fully utilize the funds allocated at the beginning of the fiscal year.

Source: World Bank/GFF analysis.

The GFF is working with partners through the Sustainable Financing for Health Accelerator on joint monitoring frameworks for PHC and frontline spending that can be used for more effective policy dialogue and financial and technical support. Accelerating the harmonization of RMET and national health accounts methodologies and expenditure data to increase the efficiency and transparency in country health resource tracking and data use in broader health financing strategies will be a key agenda for the partnership.

Joint TA and analytics could be supporting the work on harmonization of health facility payments, for example, harmonized pay scales for health workers for donor funded programs (Somalia), development

³ For more information and to read/download the journal article, visit *The Lancet* website: <https://www.thelancet.com/commissions/financing-primary-health-care>.

of tools to assess the level of alignment and develop harmonization plans (Central African Republic), and feasibility assessments of developing pooling mechanisms for donor financing in the health sector (Chad). The GFF support to partner countries on mobilizing, managing, and tracking public health financing is particularly well aligned with the recommendations of *The Lancet Global Health Commission on Financing PHC*. The GFF not only recognizes the need to allocate more public resources to PHC, but also the need to spend resources better, and will continue to be core to goals of effectiveness, alignment, and sustainability of health systems.

Section 3: Consolidating and Strengthening PHC Results and M&E

The GFF strategy and country engagement (logic) model include a strong focus on results measurement and use of data for improved PHC. This focus includes a better understanding of the causal pathways whereby inputs and activities help address specific and priority PHC reforms, how much progress is made in the reform agenda, and the extent and ways in which that contributes to improved outcomes (figure 5).

Figure 5. The Global Financing Facility Logic Model



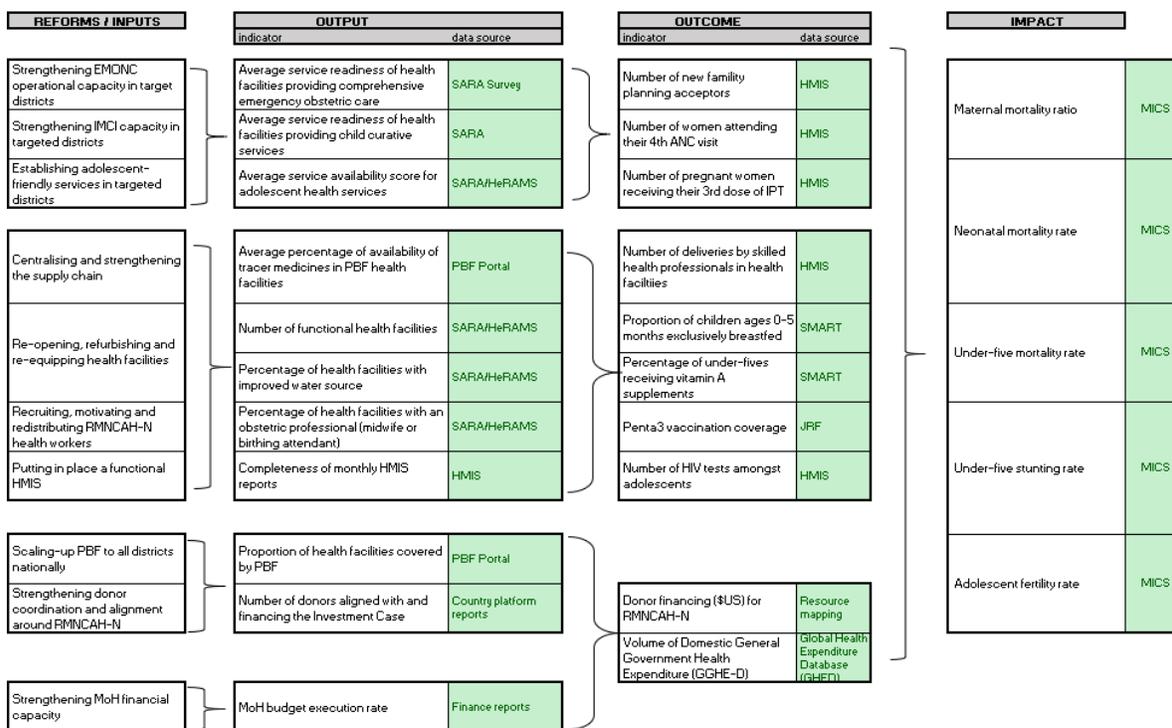
Source: World Bank/GFF.

The GFF adopts a contribution approach that recognizes that the impact achieved through this pathway is led by and belongs to countries. The indicators countries select to measure progress in addressing the needs identified and the reforms prioritized are mapped out in the form of a country-specific theory of change, then used to track progress in addressing reforms and improving health outcomes. The identification of gaps and country-specific theory of change also helps to inform prioritization of actions to strengthen country data sources, systems and capacities. These include civil registration and vital statistics (CRVS), health management information systems (HMISs), maternal and perinatal death surveillance and response, integrated disease surveillance and response, public finance management (PFM) systems, surveys, and other sources as relevant.

Figure 6 shows a simplified representation of an example of a country-specific theory of change, with indicators and data sources mapped against prioritized reforms and key steps in the pathway to impact. In this example, the pathway to impact includes reforms related to governance, health financing, human resources for health, supply chain, service delivery, and data focused on PHC and referral systems. Progress is assessed through measurable indicators at different steps along the pathway to impact using a range of different data sources, including financial sources, HMISs, health facility surveys and household surveys.

Because the GFF approach closely ties results frameworks to the overall theory of change in the country's IC, country platforms can monitor the implementation of the IC, while also testing the validity of its theory of change and making course corrections where needed. The country-specific theory of change also helps inform the approach for supporting country-led processes to use data for decision making and enable learning on reforms prioritized for strengthening health financing and service delivery models (see figure 7).

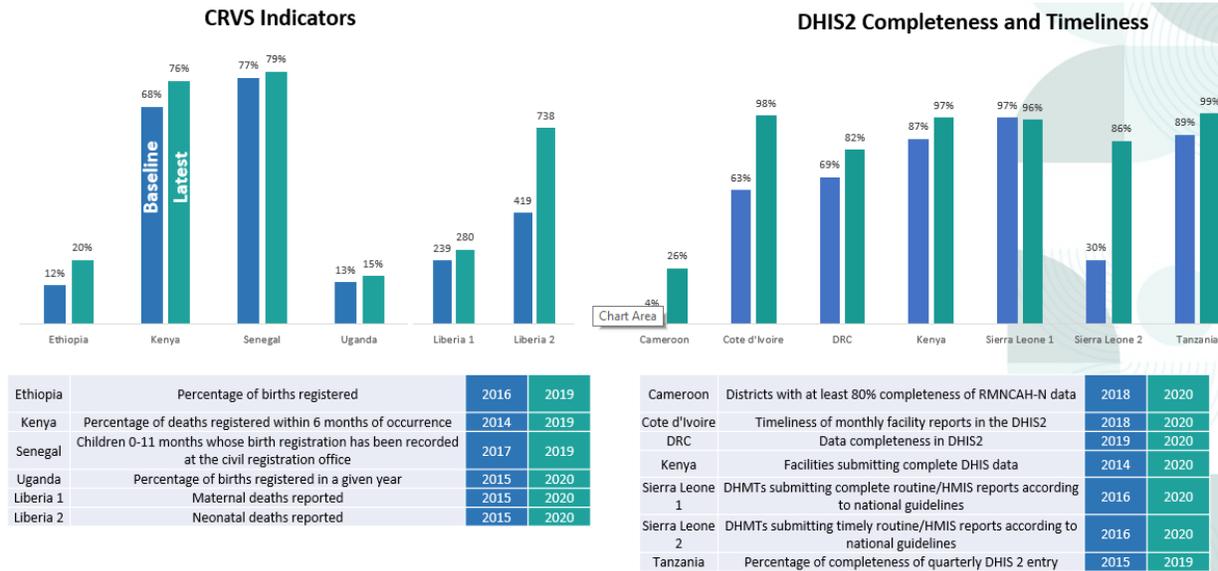
Figure 6. Simplified Representation of a Country-Specific Theory of Change Based on Prioritized Reforms



Source: World Bank/GFF; original figure produced for this publication.

TA from the GFF partnership has also supported capacity for using data for better public policy, for example PFM in the health sector, supporting the design, adoption, and implementation of essential health financing PHC reform, and improving donor alignment, accountability, and transparency of health funding (see section 2 for a more detailed discussion).

Figure 7. How Data Enables Decision Making and Results for Health



Source: World Bank/GFF; original figure produced for this publication.

The GFF facilitates the transparent sharing of data at all levels through its data portal (<https://data.gffportal.org>). This publicly available resource aims to strengthen transparency and access to and use of data at multiple levels, starting with country-level actors. The data portal brings together data from multiple sources to provide a holistic view of health financing, reforms, service delivery, and outcomes in each GFF supported country. Box 5 provides a case study of this support in Guinea.

Box 5. Case Study (Guinea): Support for Strengthening Routine Data Systems and Use

When the Global Financing Facility (GFF) engagement in Guinea first began, the health management information system (HMIS) was identified as an area with challenges and opportunities. The GFF helped the Ministry of Health (MoH) undertake a comprehensive assessment of the country's HMIS and a wide range of issues were identified, including bloated reporting tools, which placed a heavy burden on providers, parallel data collection systems run by individual health programs, challenges in configuration of the district health information software (DHIS2) and serious limitations in data quality, leading to very little use of HMIS data.

The GFF used catalytic funding to crowd in World Bank financing for data systems strengthening. Leveraging the active HMIS technical working group previously set up, the GFF worked with other partners, including the Global Fund, Gavi, and USAID to strengthen HMIS in a holistic manner. A comprehensive review of all indicators, registers, and reporting forms was undertaken, and the amount of data being collected was reduced by almost 75 percent, significantly reducing the burden on frontline clinical staff and enabling them to focus more on service provision, investing in quality, and using data. Governance was strengthened, and all health programs were integrated into the new HMIS, eliminating parallel reporting processes. A DHIS2 expert was embedded within the HMIS team to help strengthen capacity, and the MoH's DHIS2 was reconfigured following global best practice. Data quality has improved but remains a challenge, and with the new HMIS in place, a strong push is now being made to strengthen provider training and supportive supervision. GFF support has also focused strongly on the use of HMIS data—for example, during the COVID-19 pandemic, HMIS data was used for rapid cycle monitoring of continuity of essential health services, enabling the country to track the success of its Resilience Strengthening Plan for the Continuity of Services in the Context of COVID-19. Key HMIS staff will be provided with advanced analytical training and have opportunity for peer exchange and learning at an upcoming GFF workshop in Kenya convened together with Countdown to 2030.

Source: World Bank/GFF analysis.

Looking forward

In providing catalytic support to the country-led process of assessing needs and bottlenecks, prioritizing reforms, and selecting indicators, the GFF draws upon existing normative guidance and a range of tools and resources. For example, in order to support systematic identification of PHC-related bottlenecks and indicators suitable for measuring progress in addressing them, the GFF draws upon the Primary Health Care Performance Index (PHCPI) Conceptual Framework (*available online: <https://improvingphc.org/phcpi-conceptual-framework>*) and the new PHC measurement guidance published by WHO and UNICEF in February 2022 (publication available for download at: <https://www.who.int/publications/i/item/9789240044210>). In Ghana, the PHCPI and the GFF are jointly supporting an evidence-based process for prioritizing PHC reforms, using the platform's Vital Signs Profile as one key resource.

The PHCPI-GFF collaboration in Ghana can be expanded to further countries to support evaluation of reforms, strengthening measurement of PHC improvement and capacity strengthening for M&E at facility and upper levels. The GFF and the PHCPI are also exploring the use of rapid cycle monitoring approaches the GFF has deployed for monitoring essential health service delivery for higher frequency updates of the Vital Signs Profile.

In order to help countries more actively use data and learn from each other on what works to safeguard and strengthen service delivery in context of COVID-19, the GFF and the World Bank Development Economics Research Group have supported countries to conduct rapid cycle monitoring of essential service delivery. While originally deployed as a timely response to the acute COVID-19 pandemic, these rapid cycle approaches have demonstrated significant utility for supporting PHC strengthening and systems reforms well beyond the COVID-19 context. This included the following complementary components:

- Timely analysis of HMIS data to quantify the disruptions in service volume compared to a non-COVID counterfactual
- Rapid cycle phone surveys to health facilities to understand the challenges to service delivery and inform adaptations
- High frequency household surveys to understand changes in demand side factors, including foregone care
- Dissemination and data-use workshops
- Qualitative studies and positive deviance analysis
- Capacity building support to Ministries of Health (MoHs) to replicate the analysis

With advice and guidance from the Results Advisory Group, the GFF is in process of mainstreaming and institutionalizing this work in support of a broader systems strengthening agenda with a focus on PHC (see table 2).

Table 2. The Global Financing Facility: Overall Strategy Shift in Strengthening Data for Decision Making

Overall strategy shift	
What we are doing now	What we plan to do:
Quantifying and describing service disruptions during COVID-19	Quantify changes (positive and negative) in service delivery over time and describe health systems resilience capabilities
Conducting analysis on HMIS data and organizing phone surveys centrally	Build capacity for in-country HMIS analysis and rapid cycle phone surveys, with an expansion of indicators to include an equity and gender lens
Disseminating results via virtual meetings with high-level ministry officials	Support platforms to regularly review and dissemination of results across health systems actors
Conducting one-off studies and data sharing workshops	Facilitate institutionalization of country-led learning and use of data in decision-making
Informing background for World Bank projects	Integrate into monitoring and evaluation of national programs supported by the World Bank/GFF and other partners
Frequent adaptations to approaches to respond to a quickly changing crisis	Validate a core set of approaches for rapid cycle assessments of resilience with comparability over time alongside flexible tools for responsiveness to emerging needs

Source: World Bank/GFF; original table produced for this publication.

Furthermore, starting June 2022, the data portal will include new cross-country summaries in specific thematic areas as well as deep dives on key topics, including an interactive platform with disaggregated data and downloadable briefs. The fall 2022 release will include more countries contributing data, more standardization of indicator specifications across countries in line with global normative guidance, more disaggregation by age, sex, and geography and summaries of country-specific theories of change that help track progress in implementing key PHC systems reforms.

Section 4: Leveraging the GFF Partnership Advocacy and Alignment for More Spending and Better Quality PHC

The GFF partnership also prioritizes participation in, and strengthening of, communities of practice on global health and joint advocacy, in order to maximize knowledge-sharing, best practices. This is also essential to facilitate alignment and more effective and efficient policies and investment on a Global PHC agenda guided by countries needs priorities. Box 6 looks at how the GFF supported Cote d'Ivoire with joint TA and advocacy to mobilize resource for PHC.

Box 6. Case Study (Cote d'Ivoire): Joint TA and Advocacy in Support of Resource Mobilization for PHC

At the time of joining the GFF (in 2017), Cote d'Ivoire struggled with underfunding of the health sector coupled with huge inefficiencies, despite years of strong economic growth. Performance-based financing (PBF) had been piloted in about a quarter of districts, which served as a learning opportunity for strengthening the country's Couverture Maladie Universelle (CMU), launched in 2014 with the creation of a mandatory national health insurance program under the National Health Insurance Fund (Caisse Nationale d'Assurance Maladie; CNAM). However, the PBF suffered from slow implementation. The Prime Minister's Office convened an effort, led by the Ministry of Health (MoH) with participation from many stakeholders to develop **an investment case (IC)** that focused on improving public resources for health and ensuring funds are spent on primary care services—through strategically contracting the public and private sector to deliver a basic package of services.

The GFF cofinanced an International Development Association (IDA) project supports the implementation of the IC through a rapid integration of the PBF approach into the national system and scaling it up to all districts. The project also supports the rapid scale-up of the CMU to achieve increased population coverage while ensuring access to quality services. In addition, the health system strengthening (HSS) component will support and finance key reforms in governance; infrastructure and equipment; health management information systems (HMISs); and human resources for health (HRH) with a focus on capacity building and sustainability. The **joint advocacy** by all stakeholders led the government to commit to an annual 15 percent increase of the health budget (in 2018). A national health financing platform was created to oversee implementation of the health financing reforms. The GFF also provides technical support through a **comprehensive technical assistance (TA) package**, funded under the domestic resource utilization and mobilization (DRUM) window (and cofinanced by Gavi). The package includes primary data collection on quality of care, support of public financial management (PFM) reforms to enable more strategic purchasing and support to the National Platform for Health Financing. The GFF also provides financing for a **Providing for Health (P4H) Network focal point**, who supports an inclusive dialogue between government and development partners on health financing. The World Bank, GFF, the World Health Organization (WHO), and the **P4H Network** supported the organization of a workshop on integrating PBF and CMU approaches in November 2021. Cote d'Ivoire also took part in the **Joint Learning Agenda**, supported by GFF partners, to increase effective engagement of civil society organizations (CSOs) in the health financing dialogue.

As enrollment of the poor in the CMU is also heavily constraint by **demand-side barriers**, the GFF recently approved cofinancing of an IDA social safety net project. This investment will be used to pilot an approach in which social centers, responsible for enrollment in the country's social registry, will be incentivized to also enroll eligible households into the CMU scheme. The combination of supply-side strengthening through the health project and demand-side incentives through the social protection schemes, as well as the inclusion of triggers to facilitate enrollment into the CMU in the World Bank's budget support program, should help catalyze quick increases in coverages of the CMU and increased service.

Source: World Bank/GFF analysis.

Looking forward

Acknowledging the importance of more effective global coordination and alignment—and how communities of practice can empower health experts and actors—the GFF has been heavily engaged in the design and implementation of key global health collaborative initiatives, which provide space for stronger collaboration, knowledge sharing, and innovation, in pursuit of a strengthened and aligned PHC agenda, such as:

- **Joint Learning Agenda (JLA) on Health Financing and Universal Health Coverage:** Together with the Global Fund to fight AIDS, Tuberculosis, and Malaria (Global Fund), the GFF financed the launch of the JLA on Health Financing and Universal Health Coverage. This initiative—which, in addition to the GFF and the Global Fund, also includes the Partnership for Maternal, Newborn & Child Health, Gavi, UHC 2030, Impact Santé Afrique (ISA), and WACI Health—aims at developing a comprehensive training and capacity building program for civil society organizations (CSOs) in Sub-Saharan Africa to strengthen grassroots advocacy for increasing domestic budgets for health as well as improving accountability and transparency of government and donor funding flows. For the JLA initiative, inclusion of women and women’s representation was a key criterion for determining the selection of nongovernmental organizations (NGOs) that would benefit from its capacity building activities. As a result, in 5 out of the 20 participating countries (25 percent), the two selected trainers are female. In 75 percent of the countries, at least one of the trainers is female, and over 50 percent of the in-country training participants are women.

GFF’s Technical Comparative Advantage

1. Provides support for prioritization
2. Provides support for theory of change development
3. Efforts to improve efficiency via alignment
4. Scaling proven interventions through national systems
5. PFM and strategic purchasing (how to allocate resources to advance technical priorities)
6. Health systems governance and social accountability
7. Addressing market failures (product and service markets, regulatory, addressing information asymmetries)

- **Joint Learning Network (JLN):** The JLN is a country-driven, global community of practice (CoP) for policy makers and practitioners whose objective is to develop and disseminate knowledge and advocacy products to advance UHC. The domestic resource management (DRM) collaborative has partnered with the GFF for a jointly offered learning platform on domestic resource utilization and mobilization (DRUM). With more than 100 participants from 19 JLN and GFF countries, the collaborative has facilitated discussions, and shared cross-country knowledge and expertise on pressing questions on DRM for health.

- **P4H Alignment Community of Practice:** Better coordination among development partners offers an opportunity to reduce inefficiency and provide more streamlined financial and technical support and, more importantly, ensure that this support aligns with national plans. One way to overcome the complex issues hampering

donor alignment is to provide spaces for more intensified engagement between actors, especially at the country level, where much of the focused attention is needed. Therefore, the GFF has joined forces with the P4H Network to create a CoP that practically promotes and supports the alignment agenda.

Deepening the GFF partnership's support and engagement with these CoPs is essential not only for the sharing of challenges and solutions, but also in the promotion of alignment, along with empowerment of equity and voice for local and community actors.

CONCLUSION

The GFF partnership's comparative advantage lies in its ability to support country leadership to connect key stakeholders and activities across the global RMNCAH-N landscape of development partners, alongside catalytic investments to improve health and nutrition outcomes for women, adolescents, and children. Through strategic collaboration, the partnership can help enable prioritization, alignment, and scale for country-tailored PHC reform. The partnership can speak with one voice to help and leverage individual partners expertise and financing to promote sustainable financing and governance shifts necessary for reimagined services delivery and strengthened health systems quality for emergency and crisis readiness and resilience and RMNCAH-N outcomes.

At the core of the partnership's consolidated support for PHC, the GFF essential health services grants that will cofinance International Development Association (IDA)/International Board for Reconstruction and Development (IBRD) COVID-19 response and other health sector projects will ensure countries are able to focus on maintaining and reimagining primary care to ensure quality comprehensive essential services for women, adolescents, and children throughout the remainder of the pandemic and afterwards. Alongside the GFF Trust Fund investments, the partnership can offer joined up support to countries to enable the most effective primary health care investment, such as: (1) TA to deploy the global technical goods around PHC; (2) joint investment and other modalities to help partner countries make the necessary shifts to strengthen data quality and use, and design and implement reimagined service delivery; and (3) global knowledge products.

The GFF partnership provides an entry point for stronger prioritization, alignment, and scale for strengthened PHC platforms. Acknowledging that the proposed approach is part of a much broader effort, coordination and integration with other existing country and global led initiatives will be critical. The scope of this paper is focused on initial policy direction and focus areas of the partnership efforts to accelerate efforts toward strengthening PHC, the guidance of the IG and TFC will help further refine the approach including looking at joint investments and refined implementation efforts.