

FOURTEENTH INVESTORS GROUP (IG14) MEETING REPORT

EXECUTIVE SUMMARY AND DECISION POINTS

- The Investors Group (IG) approved the Thirteenth Investors Group (IG13) Meeting Report and approved the Fourteenth Investors Group Meeting Agenda.
- The GFF Secretariat summarized progress objectives endorsed at the IG13 meeting, including those on equity, primary health care (PHC), and country leadership. In addition, Dr. Lia Tadesse in her role as Alignment Working Group Chair, updated the IG on the Alignment Working Group and implementation of the pilot alignment framework.
- Country representatives, including Ministers of Health and Finance from Burkina Faso, Central African Republic, Liberia, Sierra Leone, Tajikistan, and Tanzania, along with government officials from Côte d'Ivoire and Rwanda underlined the importance of continued coordinated investment and advocacy for health systems strengthening, with a special focus after the COVID-19 pandemic on fiscal capacity and investment in PHC as well as renewed attention to sexual and reproductive health and rights (SRHR).
- IG partners discussed the GFF approach to country-led PHC as an integral part of the GFF model (GFF-1G14-2).
- The IG endorsed two papers: (1) Empowering Frontline Health Workers to Provide High Quality Health Services (GFF-1G14-4); and (2) Deep Dive on the GFF Approach to Sexual and Reproductive Health and Rights (GFF-1G14-5). The GFF Secretariat was tasked with creating two working groups to refine these papers: one focused on human resources for health (HRH) to examine operationalization of the health worker paper, and another group on youth and SRHR.
- IG partners coalesced around a desire to develop a better narrative on HRH as an investment—instead of an expenditure—and on greater clarity for GFF partnership roles, responsibilities, and coordination across the papers discussed.
- The date for the next IG meeting (IG15) was set for November 8–9, 2022 (location to be determined). The GFF Secretariat is requested to table a session at the beginning of the IG15 for an overall “stock-take” on overview of progress and challenges.

DAY 1

COCHAIRS' OPENING

The IG cochairs, the Honorable Lia Tadesse, Minister of Health for Ethiopia, and Joshua Tabah, Director General for Global Health and Nutrition, Global Affairs Canada, opened the meeting. They emphasized how the COVID-19 pandemic has demonstrated the vital importance of health systems, not only to manage and contain pandemics, but as a fundamental building block for resilience and stronger, healthier societies.

The meeting agenda and participant list are provided in the appendices at the end of this meeting report. These documents and additional presentations are available online in French and in English on the [GFF Website](#).

DIRECTOR'S REPORT AND UPDATE FROM THE GFF SECRETARIAT

Juan Pablo Uribe, Director of the GFF and Global Director of Health, Nutrition, and Population at the World Bank, shared his reflections on the current global challenges and why the GFF partnership and its mandate is more critical than ever. The meeting was presented as an opportunity to reflect, discuss, and commit together to a strengthened and effective partnership supporting country leadership to collectively achieve the best possible outcome on health, albeit in some difficult circumstances.

Monique Vledder, Head of GFF Secretariat, presented key milestones since the previous Investors Group including an:

- Update on the “Reclaim the Gains” Resource Mobilization Campaign, launched in May 2021 with the governments of Canada, Senegal, and the World Bank serving as cohosts—After the successful April 22, 2022 event, the campaign has now raised US\$550 million. Resource mobilization efforts will continue into 2023.
- Update on civil society organization (CSO) engagement: New US\$5 million project with Population Action International (PAI) to support CSO and youth engagement.
- Update on country leadership program: After a positive evaluation of the first round, the leadership program will be expanded in the next couple of years, including the addition of a group focusing on women’s leadership, empowerment, and participation, particularly in budget discussions, to improve health outcomes.
- Update on nutrition: The GFF continued a fruitful partnership with Japan through the Nutrition4Growth summit in November 2021. A white paper on nutrition will be prepared for the IG15 in November 2022.
- Ten new COVID-19 essential health service (EHS) grants have been awarded, with more financing rounds to be decided at the GFF Trust Fund Committee (TFC) meeting scheduled for June 21, 2022. The TFC will also welcome the Honorable Dr. Lia Tadesse as the representative for the development partner committee and discuss quality of care and technical assistance (TA) to strengthen local institutions.

UPDATE ON ALIGNMENT WORKING GROUP

Dr. Tadesse in her role as co-chair of the Alignment Working Group (AWG) provided a summary of progress for the AWG. The AWG has been developing a detailed framework for implementation including governance, processes, and a diagnostic exercise. Comments from the IG13 about CSO inclusion and harmonization with existing initiatives had been taken into account through the inclusion of the Sustainable Financing for Health Inputs. Additionally, through discussions with principal members of the AWG, it was decided that pilot orientation workshops in four countries would take place in the following months. These countries include Burkina Faso, Central African Republic, Rwanda, and Ethiopia.

APPROACH TO COUNTRY-LED PRIMARY HEALTH CARE AS AN INTEGRAL PART OF THE GFF MODEL (GFF-1G14-2)

The GFF Secretariat presented a proposed approach for PHC as an integral part of the GFF model. Four key areas for the framework were proposed: (1) Further mainstreaming PHC in investment case (IC) development and implementation; (2) More PHC financing, and more PHC financing going to frontline service delivery; (3) Better monitoring and evaluation (M&E) and results frameworks tailored to country level, including country leadership on results agendas, expanding disaggregated data and refined indicators as well as institutionalizing rapid cycle

monitoring; and (4) Leveraging the GFF partnership for a community of practice (COP) approach to advocacy, quality, and alignment. Other speakers underlined the discord between the international ambitions on health, such as the Sustainable Development Goals, and the reality of primary and secondary health impacts from the COVID-19 pandemic.

Partner country Health Ministers summarized the importance of PHC in their respective countries, including the most urgent challenges. All countries had made significant efforts to boost PHC coverage. Ministers stressed the importance of self-care, particularly in humanitarian situations, and “smart” health spending—that is, better data to track performance, aligning performance-based financing (PBF) and PHC for improved procurement, supplies, and distribution. They also emphasized the importance of affordable, people-centered, quality healthcare—driven by real-time data and health outcomes—as essential to addressing demand-side challenges across an individual’s life. They also expressed the necessity to do more to match political will with the necessary resources and investment in health workers to ensure quality of care. CSO representatives underscored the importance of ensuring health spending went to the communities, and ensuring healthcare was holistic and linked to strong indicators.

Additional Investors Group feedback included:

- Partners expressed overall satisfaction with the GFF focus on PHC as a core part of its mandate, and on the framework proposed in the paper. This was particularly true in the post-pandemic context, with additional challenges—but also opportunities to reverse underinvestment in PHC.
- Partners made the strong link between health workers’ skills and motivation, and patient-centered, quality healthcare—particularly achieving trust through dialogue, without which local communities will not consult health workers or health services.
- Partners highlighted the importance of aligning resources, indicators, and methods across PHC, particularly standardization of better indicators to measure PHC quality and results and suggested this was reflected more strongly in the paper (including addressing the challenge of measuring “quality” or “respectful” care). The GFF has a key role to play in maximizing impact and promoting best practice.
- Partners also welcomed the paper’s inclusion of existing alignment frameworks such as the Sustainable Financing for Health Accelerator and encouraged further inclusion and explicit reference to coordination with other key global health initiatives and partners and in line with Lancet Commission definitions. Alignment with initiatives such as the World Bank’s Global Action Plans could be better addressed.
- Some partners wished to see more in the paper about the specific roles, accountability, and added value of the GFF partnership on PHC, particularly on TA and PHC financing, ensuring that external funding did not displace domestic resource mobilization (DRM) for health.
- The GFF should also use its investment to prioritize PHC at all levels and maximize best practice. Others welcomed and underlined the focus on country leadership, and a “one-system” integrated approach.
- Partners welcomed the focus on demand-side constraints in the paper and requested further details on how GFF catalytic funding was supporting International Development Association (IDA) investment in health and broader social policy in order to address these demand-side challenges.
- Partners suggested a stronger gender lens for the paper, given the GFF’s core focus on women and children, and given the majority of health or community workers are women. This was especially important given links to SRHR objectives, demand-side challenges (for example, gender norms and behaviors) and the need for urgent action to address maternal mortality and morbidity.

Decision: This session was for discussion.

Action:

- IG members agreed as a next step the Secretariat will develop a GFF PHC operational plan based on feedback from partners, particularly with regards to:
 - the GFF partnership's role
 - alignment and coordination with existing initiatives and partners in advocacy, health financing, and measurement (including the private sector)
 - and better inclusion of gendered- and country-specific contexts and priorities.

FINANCING OF PRIMARY HEALTH CARE (GFF-IG14-3)

The GFF Secretariat opened this session with a presentation of the GFF approach to financing for PHC, reminding partners that the primary focus has always been, and will continue to be, volume and efficiency for public resources for health. All countries can improve efficiency, but more limitations exist to creating fiscal space for health financing. The GFF partnership could support this through five instruments such as the IC, resource mapping and expenditure tracking (RMET), leveraging sustainable financing and looking beyond health financing to co-finance supporting initiatives or instruments for social protection, TA, such as for public financial management (PFM) and joint advocacy and investment.

Partner country health ministers highlighted that looking at health spending alone was insufficient and had to go hand-in-hand with efforts to encourage take-up of health care at local levels, rather than in capitals only. Ministers pointed to the challenge of sustainable health financing, particularly DRM, to ensure free coverage for the most vulnerable continued uninterrupted. In addition, ministers suggested that TA from the GFF could help key stakeholders understand the need for participation and transparency in discussions on health financing, something several governments had struggled with recently.

Additional Investors Group feedback included:

- Partners were supportive of the joint results framework and the GFF partnership's continued focus on health financing volume and effectiveness.
- Partners raised the need for additional engagement with Ministers of Finance (MoFs) around health budgets.
- Partners were keen to continue a dialogue within the GFF partnership on indicators to support prioritization.
- Partners highlighted that despite the pandemic and the paramount importance of health systems, health financing was still viewed as expenditure, rather than investment. The GFF partnership has an important role in shifting this narrative; health is not social policy, but a tool for economic growth, women's empowerment, and national/regional productivity.
- Partners expressed consensus on continuing and deepening GFF partnership cooperation on enabling more and better health financing and clarifying the partnership's role and accountability in this agenda.

Decision: The approach discussed in this session was endorsed.

EMPOWERING FRONT-LINE HEALTH WORKERS TO PROVIDE HIGH QUALITY HEALTH SERVICES (GFF-IG14-4)

The GFF Secretariat opened this session with a presentation on HRH which reflected the background paper outlining the GFF partnership approach in this agenda. Partner country representatives spoke to their respective experiences. All ministers expressed concerns with current densities of health workers (HW) per population, and the challenges of quality of training and retainment. Innovative solutions are needed, such as matching

government-donor funds to deploy publicly trained HW in private health systems or frontloading of funding for accelerated HW recruitment. Specific difficulties remained in recruiting or motivating HW in conflict or post-conflict situations, mirrored by the traditional imbalance of rural/urban HW density. This was made worse by competitive recruitment by humanitarian organizations present in the country. Partners presented initiatives to integrate community health workers as well as adapting traditional standard HW provisions per clinic with more tailored assessments of what is necessary according to location and workload—there was no “one size fits all,” and shortages of HW varied, but were often greater at lower-level facilities. Given the backlog of qualified HW graduates with no positions available, a new voluntary scheme in Tanzania now recruits volunteer graduates for further on-the-job training. In the meantime, some countries had experimented with recruiting volunteer HW graduates to provide on-the-job training in exchange for their time. Others said that HW understandably expected paid employment and that prolonged voluntary schemes caused tension. Some partners focused especially on the conditions necessary to protect, retain and motivate HW, and encourage them to come to rural areas for opportunities to conduct research or develop specialist skills, along with decent living conditions.

CSO representatives expressed satisfaction for the GFF partnership’s focus on HRH. They noted the key issue was shortage of HW, which should be addressed by longer-term training and informed workload assessments. Representatives also highlighted the necessity for the GFF partnership to align with the WHO code of conduct for recruiting HW, as well as working with other partners already pioneering efforts in this space.

Additional Investors Group feedback included:

- Partners were highly supportive of the focus on HRH for the GFF partnership, underlining HRH as the driving force to deliver effective and sustainable health systems, particularly CHWs. Partners were keen to move forward toward concrete implementation of a GFF approach on HRH.
- Partners were united in considerations of quality of training, especially *pre*-training, and retention, including improving working conditions and opportunities for professional growth. Training needed to be tailored to capacity, needs, and context (such as rural versus urban training). This was particularly important for reproductive, maternal, newborn, and child health (RMNCH) services, which relied heavily on HW with additional skills to deliver services and treatment.
- Country leadership arrived at consensus on the kind of training and capacity that should be developed or prioritized, instead of donors or vertical funds influencing these decisions. One key and frustrating constraint was fiscal capacity or public spending caps; many countries were restricted in investing more in public administration workers, including recruitment or training of HW.
- Partners emphasized the need to better reflect a gender lens in the strategy. The majority of HW were female and the GFF’s core mandate was for women, children, and adolescents. It was essential, then, that the future strategy took into account women’s specific needs and context as HW and careers, including gender norms or gender barriers—and how to address these. For example, with training, midwives can provide the majority of necessary services. A strong gender lens on HRH could help to harness the triple dividend of growth, gender equality, and health benefits.
- Partners requested clarification about the GFF partnership’s role in creating momentum on HRH. Some partners stressed this angle in relation to the scale of the challenge on HRH, as this was not something the partnership could or should try to tackle alone. The World Bank could provide significant leverage and input on this agenda, and the WHO had existing tools such as health labor market analysis or subnational data breakdowns. The Organization for Economic Co-operation and Development (OECD) also had a high-level working partnership on HRH. It would be important not to duplicate this expertise. The partnership should therefore exercise caution in putting “what” before “how” to avoid taking too broad an approach. A natural added value for the GFF on HRH was seen as on RMNCH, fragile and conflict spaces, and women and children.

- Partners also reiterated the need to collect and use data, to understand what works and to “leapfrog” forward with creative and effective solutions.
- The IG expressed appetite in scoping where future work on HRH, with evident appetite and consensus around alignment, prioritization, data, and a strong gender-lens.

Decision: Paper endorsed with request to develop an operational plan.

Action:

- An IG working group will support the development of an operational plan to implement the strategy

DAY 2

DEEP DIVE ON THE GFF APPROACH TO SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS (GFF-IG14-5)

The cochairs opened with a reminder of the backsliding and severe disruptions during the COVID-19 pandemic on, particularly on SRHR including given the dependence on donor funding. Dr. Diene Keita, United Nations Population Fund (UNFPA) Deputy Executive Director for Programmes, followed the cochairs' opening with a video in which she emphasized the opportunity of the GFF and UNFPA collaboration in enabling scaled-up investment. Juan Pablo Uribe added that the partnership had focused on supporting partner countries to prioritize SRHR reforms and gender equality; but there was still much more to do in order and particularly following the pandemic, to integrate SRHR into wider health systems strengthening and in finding synergies to coordinate, avoid fragmentation, and advocate on the SRHR agenda.

Additional Investors Group feedback included:

- Partners expressed their satisfaction for a specific paper on SRHR and dedicated session at the IG14. With SRHR at the core of the GFF mandate and essential to achieve all other GFF goals, it was one of the health areas continually deprioritized, overlooked, or challenged by conservative push-back or in conflict or health, political, or economic crises. SRHR was also closely linked to key areas already discussed such as health financing—particularly budget lines specific to SRHR, including PHC and HRH.
- Partners welcomed the reference of the GFF partnership's work on SRHR aligning with and adhering to the Lancet/Guttmacher definition of full and comprehensive SRHR. As such SRHR must be defined and supported as a human right with the objective of bodily autonomy, and specific provisions for emergency, conflict, or humanitarian situations must be reflected in operationalization.
- Partners highlighted the need to better support and work through a community approach, particularly in terms of data, narratives, and dialogue in addressing demand-side issues—working with parents, community or religious leaders, CSOs, and young people.
- Partners reiterated the importance of better and specific integration of adolescents (with an intersectional lens) both as beneficiaries and actors for change. More and better disaggregated data on adolescents and vulnerable groups is needed in developing and delivering the approach, since adolescents represented the majority of populations in GFF partner countries. Partners welcomed the idea of creating a working group on SRHR and adolescents, to take forward discussions for the approach.
- “Added-value” areas for the GFF were seen in raising additional funding for SRHR reform, supplies, or advocacy; integrating SRHR funding or policy in IC and PHC work; provision of data and indicators to inform decision making and include vulnerable or marginalized populations. The GFF is also seen as uniquely positioned to leverage legal reforms.
- Partners underlined the need to reference and coordinate with the many actors and initiatives already active on SRHR, for example the United Nations Educational, Scientific and Cultural Organization (UNESCO) on comprehensive sexuality education (CSE) or GAVI on HPV.
- There was consensus on the importance of increased financing for SRHR, but also for this to be in the framework of country-led reforms, high-quality TA, and strong youth and CSO participation. The recently announced a new grant of US\$5 million for a partnership with the CSO organization PAI, of which one-third would go to youth groups will enhance stronger focus on youth participation and engagement in supporting delivering a comprehensive GFF agenda.

Decision: Paper endorsed, on the basis that feedback will be incorporated into an updated document. This process will be led by an IG working group on adolescent SRHR including supporting the operationalization of the GFF's approach to SRHR.

Action:

- A working group on SRHR and young people will be created to take forward this particular focus of the approach, to feed into a revised version of the paper and a follow-up “deep-dive” discussion at the IG15 in November 2022.

COUNTRY LEADERSHIP AND PLATFORMS: AN EVIDENCE-BASED LEARNING AND IMPROVEMENT AGENDA

The cochairs opened the session by emphasizing that the GFF partnership is committed to working closely with country platforms and ensuring alignment and ownership, including through TA. Partner country ministers discussed the role and success of the GFF in enabling joint participation in country platforms by both the Ministries of Health (MoHs) and Ministries of Finance (MoFs). This engagement enables understanding of different ministries’ needs and pressures and builds ownership and coordination.

Ministers gave examples of how the country platform was working in their respective countries, such as working groups integrating the private sector and CSOs as part of existing health dialogue structures, or more formal health summits under high-level patronage, which brought together all of the relevant parties to provide momentum and accountability on health responsibilities and decisions. Ministers stressed the pandemic had provided an opportunity to obtain greater interest and involvement of MoFs, with the realization that health was a cross-cutting and macroeconomic issue (reiterating the need for a positive narrative of investment, not expenditure). CSO representation called for renewed and inclusive participation of civil society in country platform meetings. Virtual meetings or limited-number participation during the pandemic had severely impacted CSO and youth input and consultation. It was also essential to ensure best practices in the sharing of information or documents—in good time, with adequate resources.

Additional Investors Group feedback included:

- Partners reiterated the importance of existing mechanisms. Effectiveness was also about not reinventing the wheel when sufficient or recognized dialogue spaces already existed.
- Partners underlined the need for effective tracking of spending across implementing partners, while others also called for greater burden-sharing of administrative or overhead costs related to receiving donor funding, to enable the MoHs to lead, rather than manage. Partners asked whether the GFF partnership could facilitate data on whether and how much donor funding was displacing or, on the contrary, leveraging state health funding to MoHs.
- Partners shared views on the importance of multisectoral participation in country platforms. Beyond the obvious need for MoF participation, it was important to think of platforms as a space for those responsible for health-related or health-determinant portfolios, for example Ministries of Youth, Women, Employment, Agriculture (especially linked to nutrition) or those actors responsible for crisis or humanitarian prevention or management.
- Lastly, partners also agreed it was important to facilitate country platforms not only as centralized, high-level bodies, but at lower or decentralized levels, especially since financing systems, projects, or needs varied from district to district.

Decision: This session was for discussion.

ANNEXES

1. AGENDA

Investors Group Meeting Tuesday, June 7 2022				
Time	Agenda Item	Objective	Action	Presenter
9.00-10.00am	Welcome, Opening, and Director's Report	<ul style="list-style-type: none"> - Approval of IG13 Meeting Report - Approval of IG14 Agenda - Alignment Working Group Update - GFF Director opening remarks - Secretariat update on key milestones and progress 	<u>For endorsement</u>	IG Co-chairs, GFF Director, and Head of GFF Secretariat
10.00-11.30am	Approach to Country-led Primary Health Care as an Integral Part of the GFF Model	Discuss progress on the country-led primary health care (PHC) strengthening agenda including challenges and opportunities	<u>For discussion</u>	Country representatives, partners, and GFF Secretariat
11.30-11.45am	Break			
11.45-1.15pm	Financing of Primary Health Care	To reach consensus on the need for a joint results monitoring agenda on improved financing of PHC	<u>For endorsement</u>	Country representatives, partners, and GFF Secretariat
1.15-2.15pm	Lunch			
2.15-3.45pm	Empowering Front-line Health Workers to Provide High Quality Health Services	Endorse the policy paper defining the potential role of the GFF partnership in support of the Human Resources for Health (HRH) initiative, and optimal engagement in health financing and health systems	<u>For endorsement</u>	Country representatives, partners, and GFF Secretariat

		reforms of the PHC workforce in GFF partner countries		
3.45-4.00pm	Chair's Summary and Closure	Conclude day one of meeting	<u>For discussion</u>	IG Co-Chairs
Investors Group Meeting Wednesday, June 8 2022				
Time	Agenda Item	Objective	Action	Presenter
9.00-9.15am	Opening of Day Two	Summary of day one and overview of agenda for day two.	<u>For information</u>	IG Co-chairs
9.15-10.45am	Deep Dive on the GFF Approach to Sexual and Reproductive Health and Rights	<ul style="list-style-type: none"> - Discuss and endorse the SRHR Approach Paper - Discuss the importance of the GFF partnership for advancing the SRHR agenda 	<u>For endorsement</u>	Country representatives, partners, and GFF Secretariat
10.45-11.00am	Break			
11.00-12.30pm	Country Leadership and Country Platforms: A Learning and Improvement Agenda	Build consensus for the need to strengthen country leadership of inclusive stakeholder convening processes through an evidence-based learning and improvement agenda	<u>For discussion</u>	Country representatives, partners, and results advisory group members
12.30-1.00pm	Meeting Summary and Closure	Conclude meeting and discuss action items and next step.	<u>For discussion</u>	IG Co-chairs

2. PARTICIPANT LIST

CO-CHAIRS

IG Chair	
Name:	Dr. Lia Tadesse
Title:	Minister of Health
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IG Chair	
Name:	Joshua Tabah
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COUNTRY REPRESENTATIVES

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Principal		Alternate	
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Attended IG 14			
Principal:	Amos		

MULTILATERAL ORGANIZATIONS

Gavi, the Vaccine Alliance

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The Global Fund

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The World Bank

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THE PARTNERSHIP FOR MATERNAL NEWBORN AND CHILD HEALTH

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PRIVATE FOUNDATIONS

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The Buffett Foundation

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PRIVATE SECTOR

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Principal		Alternate	
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PUBLIC SECTOR FINANCIERS

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Principal:	Mylène Paradis		

Denmark

Principal		Alternate	
Name:	Marianne Kress	Name:	Simon Feldbæk Peitersen
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Germany

Principal		Alternate	
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Representatives:	Kathrin Oellers, Carsten Gissel		

Japan

Principal		Alternate	
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JICA

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United Kingdom

Principal		Alternate	
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Attended IG14	
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UN AGENCIES

UNFPA

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UNICEF

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World Health Organization

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