

## COUNTRY PORTFOLIO UPDATE

### OVERVIEW

This paper gives an update on the current Global Financing Facility (GFF) portfolio, including the latest progress delivering results for women, children, and adolescents through smart, scaled, and sustainable financing. Implementation has begun in a number of GFF countries and to provide some concrete details about how the GFF process is adding value at country level, five key themes have been selected to highlight for this Investors Group report (and other themes will be addressed in subsequent updates). In order to deliver results during the most critical times across the life-cycle, the GFF builds capacity for delivering high impact investments that capitalize on multi-sectoral approaches and crucial but overlooked technical areas such as nutrition. Equity is mainstreamed throughout GFF's work and equity analysis ensures that disadvantaged and vulnerable populations are identified and prioritized. Scaled financing entails mobilizing additional resources needed to finance the prioritized RMNCAH agenda in countries from both domestic and international sources. Complementary financing with improved coordination of resources from a range of external sources is a hallmark of the GFF process as is mobilization of the private sector utilizing innovative service delivery models and financing mechanisms. A summary table (Annex 1) at the end of the report provides a snapshot of all 16 countries' progress on developing and implementing the Investment Cases and health financing strategies in support of RMNCAH.

### SUMMARY OF FINDINGS

Implementation has begun in a number of GFF countries and so the discussion of the GFF value proposition has shifted from the theoretical to the concrete changes occurring at country level. The GFF is beginning to deliver on the promise of the value proposition across a number of themes, five of which are addressed herein:

- Multi-sectoral approach;
- Nutrition;
- Equity;
- Complementary financing;
- Private sector engagement.

### ACTION REQUESTED

The Investors Group is requested to take note of this information.

## BACKGROUND

Past reviews of the country portfolio for the GFF Investors Group meetings have provided a snapshot of each country's progress toward GFF milestones (e.g., development of the Investment Case and health financing strategies). Implementation has begun in a number of GFF countries and so it is an opportune moment to switch from focusing on these key processes to looking at the concrete changes brought about as a result of the GFF (although a summary table, Annex 1, at the end of the report provides a snapshot of all 16 countries' progress on developing and implementing the Investment Cases and health financing reforms).

The GFF adds value to countries through a number of different pathways:

- **Prioritizing:**
  - Setting evidence-based and affordable priorities (RMNCAH interventions, health systems strengthening, multisectoral approaches) to achieve RMNCAH outcomes (*Investment Cases*);
  - Identifying smart, scaled, and sustainable financing reforms (*health financing strategies/implementation plans*);
- **Coordinated financing and implementing:**
  - Financing and implementing programmatic priorities in a coordinated manner;
  - Reforming financing systems:
    - Improving efficiency;
    - Mobilizing domestic resources;
    - Increasing and better aligning external financing;
    - Leveraging private sector resources;
- **Learning:**
  - Strengthening systems to track progress, learn, and course-correct;
  - Joint learning across countries.

It is not possible to address all of these in one brief report, so to provide a more substantive look at the ways that the GFF is influencing planning and programmatic approaches at the country level, this report looks at five thematic areas with selective examples from GFF countries. In order to deliver results for women and children during the most critical times across the life-cycle, the GFF builds capacity for delivering high impact investments that capitalize on multi-sectoral approaches and crucial but overlooked technical areas such as nutrition. Equity is mainstreamed throughout GFF's work and equity analysis ensures that disadvantage and vulnerable populations are identified and prioritized. Scaled financing entails mobilizing additional resources needed to finance the prioritized RMNCAH agenda in countries from both domestic and international sources.

Complementary financing with improved coordination of resources from a range of external sources is a hallmark of the GFF process as is mobilization of the private sector utilizing innovative service delivery models and financing mechanisms.

## IN-DEPTH REVIEW OF SELECT THEMATIC AREAS

### 1. Multi-sectoral approach

Multi-sectoral approaches are a hallmark of the GFF approach and included in many Investment Cases. Many key determinants of preventable death and disability among women, children and adolescents lie outside of the

health sector including poverty, lack of access to clean water and sanitation, low attainment of girls' and women's education and exposure to environmental pollution, among others. Effective solutions to these problems demand inputs and action across multiple sectors including multi-sectoral coordination through creative governance arrangements. Several examples below show how the GFF adopts innovative multisectoral approaches across the current 16-country portfolio.

**Social protection:** Social safety nets are an investment in the health and well-being of vulnerable families. In Cameroon, a GFF investment leverages project experience in the health and social protection sectors to target adolescent girls with cash transfers, linked to education outcomes and outreach from nutrition services as well as life skills coaching. These transfers are complemented by improved health service delivery and health system performance overall. A major goal is to increase RMNCAH service coverage and use in the Northern region of Cameroon, which retains stubbornly high rates for under-five child death (173 deaths per 1000 live births), and significantly lower rates of skilled birth attendance (35%).

**Education:** Informed mothers and families are better equipped to raise children. In Liberia, the Investment Case addresses adolescents through both community campaigns and in-school actions. Social and behavior change communication (SBCC) outreach campaigns improve awareness, knowledge, and acceptability of RMNCAH interventions and help to change social norms that condone sexual and gender-based violence (including female genital mutilation). Incorporating information about the importance of skilled antenatal, childbirth and post-partum care and the dangers of unsafe abortions in school curricula as well as through programs to reach adolescents who are out of school and hard to reach are important cornerstones of the Liberia Investment Case. Educating both boys and girls on topics of reproductive health and sexuality is critical.

About 50 percent of girls in Bangladesh are married before the age of 18 years and one third bear children as teenagers which increases the risk of complications before and after delivery including neonatal mortality. The Government of Bangladesh is working with partners as part of the GFF process to prepare complementary programs that will deliver RMNCAH interventions through both the health and education sectors. These will include health activities in schools, where girls make up approximately 55 percent of secondary school enrollments, as well as the provision of support for girls to complete their studies. The program is anticipated to delay girls' age at marriage and subsequently the timing of their first birth, raising the likelihood that they are physiologically and psychologically prepared for motherhood.

**Water, sanitation and hygiene (WASH):** Clean water, hygiene, and sanitation (WASH) in households have been linked to the health of infants and small children. *Creceer Sano* in Guatemala addresses the lack of improved sanitation services, low access to safe drinking water in rural areas and the link between poor WASH and child malnutrition, illness, and even death. *Creceer Sano* will incorporate SBCC on hygiene as well as infrastructure work on small water and sanitation systems, water filters for households and strengthened water quality monitoring systems in collaboration with Guatemala's Municipal Development Councils. By targeting largely rural areas and those with higher indigenous populations, *Creceer Sano* is likely to reach those with the least access to these inputs.

## 2. Nutrition

Embraced as fundamental to the achievement of improved health outcomes for women, children, and adolescents, nutrition is a key element – often overlooked and under-addressed -- of the RMNCAH agenda. It is prioritized in all eight Investment Cases (ICs) that are finalized or close to being finalized (Kenya, Tanzania, Cameroon, DRC, Ethiopia, Liberia, Mozambique, and Uganda) and it is featured in a number of the GFF Trust Fund-supported projects. A focus on both supply and demand-side incentives for improved nutrition outcomes are found across the portfolio. These include supply-side incentives such as Performance-Based Financing (PBF) for

community-based distribution of nutrition commodities in Cameroon; scaling-up PBF for improved quality of nutrition service provision in Uganda; and scaling-up PBF for community health assistants' implementation of community-based nutrition especially in remote areas (Liberia) and in conflict-affected areas in Cameroon and Nigeria among others. On the demand side, conditional cash transfers are linked to nutrition and sanitation outcomes for adolescent girls in Cameroon and school-based nutrition/health programs are utilizing adolescents as peer-to-peer educators and as managers of program sites in Uganda.

Nutrition results will be achieved through training and capacity building at community and health facility levels for: improved counseling/support for infant and young child feeding; management of moderate acute malnutrition (MAM) and severe acute malnutrition (SAM); promotion of women's and adolescents' nutrition; and Kangaroo Mother Care for low birthweight infants. Integration of nutrition into the full continuum of MCH service provision is delivered through: counseling on infant feeding during ANC, delivery, PNC; maternal anemia prevention/treatment; and provision of nutrition commodities (micronutrient supplements and fortificants, deworming meds, ready to use therapeutic foods or RUTFs, etc.) at different contact points with women and children. Community-based delivery platforms using CHWs and ECD workers/preschools (e.g., Kenya) support child growth monitoring and promotion (GMP), distribution of micronutrient supplements and deworming. Community outreach through mobile clinics in underserved areas along with support to improved infant feeding practices through the Baby-Friendly Hospital Initiative in Ethiopia and Tanzania are among the approaches included in the ICs.

In DRC, the Investment Case includes a focus on nutrition, and so the IDA/GFF Trust Fund/USAID-supported project that contributes financing to the Investment Case will address the key determinants of chronic malnutrition in the country including: (i) Low birth weight resulting from maternal undernutrition, lack of birth spacing and high rates of adolescent pregnancy; (ii) poor access to maternal and child health services; and (iii) poor newborn and infant feeding practices. Key health sector-related nutrition interventions include: GMP (weight monitoring, counseling on infant and young child feeding and re-enforcing messages), provision of micronutrients (vitamin A, routine and during campaigns, iron folic acid supplements and multi-micronutrient sprinkles), deworming and management of severely malnourished children. To improve birth spacing and address high rates of adolescent pregnancy, family planning and reproductive health services targeting adolescents along with water and sanitation and local production and promotion of a diversified diet will all contribute to better nutrition outcomes for children.

The focus of the *Creceer Sano* Nutrition and Health IBRD/GFF investment in Guatemala is the reduction of strikingly high rates of child stunting, particularly among the indigenous population. Direct determinants will be addressed through strengthening of the primary care system to enable access to essential nutrition and basic health services and a sharp focus on the first 1000 days in a child's life (pregnancy through 24 months).

Successful achievement of Disbursement Linked Indicators (DLIs) in Years 2 and 4 trigger release of the GFF Trust Fund resources for the buy-down of the IBRD loan to more concessional terms. The DLIs address two of the key aspects of undernutrition in Guatemala (child feeding practices and access to health services): i) Increased percentage of children six months old with exclusive breastfeeding; and (ii) Increased percentage of children under two years old who are beneficiaries of the conditional cash transfer (CCT) program receiving transfers based on compliance with the full verification cycle of health co-responsibilities in the intervention areas.

Nutrition is integrated into reproductive, maternal, newborn, child and adolescent services with a specific focus on addressing key bottlenecks in service delivery including issues related to human resources and commodity procurement in Tanzania. Complementary financing comes from the Power of Nutrition Trust Fund, the USAID Trust Fund in Tanzania as well as the World Bank and GFF. The investment incorporates interventions to address

undernutrition including stunting delivered through the health sector: GMP, micronutrient supplementation (vitamin A for children under 5 and iron folic acid supplements for pregnant women), and home visits by CHWs during the first 1000 days (pregnancy through 24 mo) for provision of nutrition education.

### 3. Equity

Equity is a driving principle and a defining lens for the GFF. Along with gender and rights, equity is mainstreamed across the GFF process in order to ensure that the most disadvantaged and vulnerable populations are identified and their RMNCAH needs and interests are prioritized.

Investment Cases are built on a solid examination of the issues that identify which population groups experience differential RMNCAH vulnerability and access to services resulting from place of residence, socio-economic status, race/ethnicity, occupation, gender/sex, religion, age, educational attainment, or disability status. The health landscape analyses that are part of the early GFF process in a country should identify the barriers that prevent marginalized populations from receiving and benefiting from services, and the gender norms and inequalities that exacerbate and sustain RMNCAH coverage gaps. Generally, the equity focus of the GFF means that it is important to ensure that a basic package of RMNCAH services is widely available, including to disadvantaged and vulnerable women, adolescents, and children.

Strengthening civil registration and vital statistics (CRVS) and other forms of data collection is important for improving the measurement of results at both national and peripheral levels. Within this, the GFF places a particular emphasis on the disaggregation of data (e.g., sex, age, urban/rural, etc.).

Equity is also an important consideration in the context of increasing domestic resource mobilization. Poor women, adolescents, and children are often particularly disadvantaged by health systems that rely heavily on out-of-pocket expenditures to finance service delivery, as this tends to reduce access and increase the risk of incurring catastrophic health expenses as a result of an illness or injury.

Cameroon provides a good example of the GFF generating increased attention to the issue of equity and prioritization of the most vulnerable populations in the context of health service availability, access and quality. By applying an equity lens from the beginning of the Investment Case development process, geographical prioritization emerged as a key approach to improve RMNCAH outcomes and deliver on increased equity. UNICEF played an important role by supporting the Investment Case design process through the use of EQUIST, a web-based analytical tool that uses evidence-based health information to level disparities.

There are significant regional disparities in poverty in Cameroon. Approximately 87 percent of the poor live in rural areas and they are concentrated in the three northern regions: Far North, North, and Adamawa. Insecurity due to Boko Haram activities in the region has further exacerbated economic inequity. Major geographic disparities in health outcomes and access to health services align with the economic disparities.

Echoing the same story line, regional disparities for adolescent fertility are skewed higher in the East and Far North. Another example is the difference between child malnutrition levels across the country: four regions are especially affected by high rates of stunting: Far North (44 percent), North (40 percent), Adamawa (40 percent), and East (38 percent). As a result, Cameroon is one of the countries that has made the least progress in reducing stunting.

The Investment Case will focus on the four most disadvantaged areas to address the urgent and growing needs of women, adolescents and children under five, as well as displaced and refugee populations affected by the

insecurity in the region. Through the combined efforts of the government and multiple partners, access to quality services will be expanded and financial mechanisms to improve access among poor and vulnerable households to essential health services at the community and health facility levels will become more widely available.

In addition, to respond to the health needs of population groups affected by the insecurity, the performance-based financing program in Cameroon has an innovative design component that includes both geographical equity bonuses for areas affected by the instability, as well as the provision of higher subsidies for services that are provided at reduced cost or free of charge to refugees and displaced populations. This approach will provide greater resources to health service providers in areas affected by the instability, including additional incentives for staff to continue providing services at these health facilities. The project also takes advantage of the Community Performance-Based Financing platform of contracting community health workers to use them to help identify, sensitize and refer displaced people in communities served by contracted health facilities.

The equity narrative is similar in Nigeria. The Boko Haram insurgency in northeast Nigeria has destroyed health infrastructure, displaced millions of people, and disrupted the delivery of social services. High mortality, morbidity and malnutrition rates among women, adolescents and children, poor service delivery and low coverage with key health interventions such as routine childhood immunizations characterize the region. Primary health care facilities have been disproportionately affected relative to hospitals, leading to the determination that the IDA/GFF Trust Fund support to the government should concentrate on re-establishing and re-enforcing PHC services within the communities most directly affected by conflict.

The investment is predicated on the need to address the substantial inequities in health indicators in the NE region of Nigeria that currently faces challenges of fragility, conflict and violence. With this focus, the interests of the rural poor are prioritized and their specific RMNCAH needs (for example, psycho-social support and mental health services for victims of gender violence, services to address the excessive burden of malnutrition, and extensive outreach in settings where women and children cannot safely move around the community) are addressed. Based on an assessment of the region's crisis recovery needs, three levels of health system functioning and concomitant phases of project support were established. For the most severely affected populations, it was determined that free pediatric and obstetric care are essential to fast tracking recovery. On a temporary basis, higher than usual PBF tariffs will cover the full cost of care for women and children. State Primary Health Care Development Agencies identify the specific local government areas (LGAs) to receive the specialized tariffs based on socio-economic indicators and disease burden.

#### **4. Complementary Financing**

One key element of the GFF approach to smart, scaled and sustainable financing is increasing and better aligning external financing from other donors. Multilateral and bilateral agencies contribute increasingly through pooled or shared resource management, adhering to aid effectiveness principles, and sharing global good practices.

An important element of the GFF process is resource mapping and discussion with donors about the availability and alignment of complementary financing for the prioritized RMNCAH agenda in a country. A number of lessons learned and examples of successful leadership of complementary financing have been distilled from the experience of the first several GFF countries to finalize their Investment Cases.

Overall, there is robust engagement with GFF by financiers at the national level and there are generally three or more financiers supporting Investment Cases in almost all GFF countries. For example, in Liberia the GFF process has helped catalyze complementary financing to support the GOL's efforts on RMNCAH. The process has assisted in coordinating partners and aligning donor resources around the RMNCAH priorities as defined in the Investment Case. The initial resource mapping exercise revealed both a substantial financing ask and a significant gap for the

Investment Case over the next five years. At the same time, government and donor partners (EC, Gavi, USAID, Germany, Global Fund, JICA, World Bank and GFF Trust Fund) have been discussing and aligning their financing to meet a substantial portion of the required financing envelope.

Resource mapping is planned to be done on an annual basis in Liberia and regular financier meetings will be critical to achieve better alignment and clearer allocation of resources for RMNCAH and to improve on the availability of resources in currently under-funded counties. There is still more work to be done in terms of coordination and planning of donor partner resources, with an explicit need to institute expenditure tracking in order to hold donors accountable for their promised funds. Evidence of positive results for complementary financing in Liberia include the fact that the Global Fund application was approved, with all activities well aligned with RMNCAH gaps. Similarly, USAID carried out a Mid Term review and explored to what extent its programs can be further aligned with the RMNCAH IC. The GFF processes, including development of the IC and resource mapping, created momentum that supported the completion of the IHP+ process in-country and there is ongoing technical support from the World Bank to further refine both the resource and programmatic mapping around RMNCAH in Liberia.

In other countries, the GFF is building and strengthening existing collaborations. Bangladesh has a long history of complementary financing through the country's use of the sector-wide approach (SWAp) in the health sector, dating to the late 1990's. This has helped to facilitate the alignment of funding and technical support as well as development partner coordination around national health priorities. In DRC there is also a solid track record of coordination among donors, leading to smooth engagement with the GFF process in support of RMNCAH in-country. Pooled funding through the *Sustainable Development Goals Performance Fund* in Ethiopia is one of the two government-preferred modalities to channel development partner contributions to the health sector, together with health sector budget support and additional funding through the Power of Nutrition and BMGF flow to the IDA project. Along with many bi-lateral agencies, Gavi, the Global Fund and several of the UN agencies are actively engaged as complementary financiers of the RMNCAH Investment Case priorities in many of the current GFF countries.

It has become clear that involving financiers from the outset of the GFF engagement in a country leads to increased ownership and greater likelihood that donor partners will base their financing on Investment Case priorities. In addition, complementary financing planning cannot only be driven by MOH technical staff. It is important to get buy-in of the MOF as well as the planning/budgeting side of the MOH in order to incorporate complementary financing flows for RMNCAH into budgets, mid-term expenditure frameworks, etc.

Different models for complementary financing have emerged from the GFF experience and these have proven to be good ways to engage financiers not on the formal GFF Investors Group. New bi-/multi-lateral programs (or realigned existing programs) can be based on Investment Case priorities; trust funds can be established at the World Bank to finance country-led RMNCAH priorities; and dedicated resources for technical assistance can be made available by financiers.

Based on experience with complementary financing to date, budgeting and resource mapping have proven to be quite challenging in several settings. Budgeting is often overly reliant on external support and tools that are not always well-suited to the GFF approach to RMNCAH and some partners are unable or unwilling to provide information for resource mapping. Finally, while the links between Investment Cases and World Bank projects (IDA/IBRD investments) are critical, timing of the two processes can be complicated.

## 5. Private Sector

The GFF features innovative engagement of global and local private sector resources as part of its value proposition, using the flexibility of the trust fund and the networks and expertise of its facility partners to help countries realize their RMNCAH goals. The GFF approach to leveraging the private sector has three main pathways:

1. Developing innovative financing mechanisms to catalyze private sector capital for Investment Case financing;
2. Facilitating partnerships between global private sector and countries; and
3. Leveraging private sector capabilities in countries to deliver on Investment Case objectives.

Full reporting on progress related to Private Sector engagement is provided to the Investors Group every year. This portfolio update paper will highlight progress on each pathway, with a special focus on Nigeria where recent developments related to the third GFF private sector pathway are worth noting at this time.

Pathway 1: The first GFF performance-based IBRD loan buy-down has been approved for Guatemala's USD100 million project to support the National Strategy to Reduce Chronic Malnutrition 2016-2020. Guatemala will receive USD9 million in grant funds from the GFF trust fund linked to key results and enable Guatemala to receive more concessional terms than standard WB loan terms. The government has committed to use the resources that are freed up from debt payments, match these with additional domestic resources and reinvest the combined amount of USD18 million in a conditional cash transfer program that aims to improve the health and nutrition status of beneficiaries.

Pathway 2: In January 2017, Merck for Mothers became the first private sector contributor to the GFF Trust Fund, with a USD10 million commitment to improve maternal and child health in low- and lower-middle-income countries worldwide through its MSD for Mothers initiative. The contribution will be used for innovative financing and public-private partnerships to scale up high-impact interventions to help women and children to survive and thrive through critical periods of life: birth, the early years and adolescence. In addition to financial support, MSD will provide business expertise to strengthen this multi-stakeholder partnership.

Pathway 3: The Federal Ministry of Health in Nigeria seeks to integrate innovative approaches to health service delivery by the private sector to increase quality and coverage of underserved populations with RMNCAH and nutrition interventions. In response to the specific challenges of delivering quality health care to the conflict-affected areas of NE Nigeria, the Nigeria Service Delivery Innovation Challenge (NSDIC) was conceived as a competitive process to identify, showcase and spur innovations in primary health care service delivery in fragile settings.

A partnership was established in December 2016 between the Federal Ministry of Health, the Private Sector Health Alliance of Nigeria, the Healthcare Federation of Nigeria, International Finance Corporation and the GFF to oversee the call for concept notes and the implementation of the competition process. The public private partnership combines public sector definition of the problem with the private sector's creation of a platform for innovators and non-state actors to collaborate on solutions to address priority health system challenges. Four areas are prioritized: i) increasing coverage of RMNCAH and nutrition interventions; ii) improving the quality of care; iii) improving the availability of life saving commodities; and iv) strengthening the availability, timeliness, and quality of the civil registration and vital statistics system.

The added value of the NSDIC includes access to a combination of technical and managerial expertise, infrastructure, and technology represented by the private for-profit and not-for-profit NSDIC competitors;



increased efficiency of economies of scale for market-based solutions; facilitation of financial capital injections into the health sector; fostering economic growth through new investment opportunities alongside increased provision of public goods and services, and strengthening a complementary relationship between the public and private sectors in the health system.

By the end of March 2017, a rigorous and transparent selection process is expected to have reviewed 65 submissions against criteria determined to characterize a promising innovative service delivery model: Disruptive/deviates from traditional delivery pathways; alignment with the Federal Government of Nigeria's RMNCAH + N priorities; high impact/reach; cost-efficient; sustainable; scalable; availability; focused on the most vulnerable/underserved groups; employs business processes; adoptability by the public sector; and rigorous approach to monitoring results. The finalists will be announced in April and the next steps for incorporation of the private sector delivery models in the Investment Case will get underway.

**Annex 1: Current Status GFF Countries -- April 2017**

COUNTRY	INVESTMENT CASE RMNCAH PRIORITIES	COMPLEMENTARY FINANCING FOR THE INVESTMENT CASE		HEALTH FINANCING
		PARTNERS FINANCING THE INVESTMENT CASE	CURRENT STATUS OF IDA/IBRD-GFF TRUST FUND PROJECT	
<b>Bangladesh</b>	Using national plan (SWAp)	SWAp supported by pooled parallel and project financiers	Health project in negotiation; Education project in preparation	Strategy being implemented
<b>Cameroon</b>	Beginning implementation	France, Gavi, Germany, Global Fund, Islamic Development Bank, US Government (CDC and USAID)	Implementation	Strategy being prepared
<b>DRC</b>	Beginning implementation	Canada, Global Fund, Gavi, US, UK	CRVS project approved; health project in negotiation	Strategy being prepared
<b>Ethiopia</b>	Using national plan	Financiers of SDG Performance Fund	In negotiation; financing through the project from US, Bill & Melinda Gates Foundation, and Power of Nutrition	Focus on implementation plan
<b>Guatemala</b>	Using National Strategy to Prevent Chronic Malnutrition 2016-2020		Approved	Process recently begun
<b>Guinea</b>	Process recently begun	Discussions with partners underway	Early stages	Process recently begun
<b>Kenya</b>	Implementation	Denmark, Gavi, Global Fund, Japan, UK, US	Implementation; financing through the project from Japan	Strategy exists; focus on implementation plan
<b>Liberia</b>	Beginning implementation	Gavi, Germany, Global Fund, EC, Japan, UK, US	Standalone grant approved	Strategy being prepared
<b>Mozambique</b>	Draft available	Discussions with partners underway	Preparation	Draft strategy prepared
<b>Myanmar</b>	Process recently begun	Discussions with partners underway	Preparation	Process recently begun

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COUNTRY	INVESTMENT CASE RMNCAH PRIORITIES	COMPLEMENTARY FINANCING FOR THE INVESTMENT CASE		HEALTH FINANCING
		PARTNERS FINANCING THE INVESTMENT CASE	CURRENT STATUS OF IDA/IBRD-GFF TRUST FUND PROJECT	
<b>Nigeria</b>	Draft available	Discussions with partners underway	North-Eastern Nigeria Emergency Project under implementation; other project early stage	Strategy being prepared
<b>Senegal</b>	Process underway	Discussions with partners underway	Early stage	Draft available
<b>Sierra Leone</b>	Process recently begun	Discussions with partners underway	Early stage	Process recently begun
<b>Tanzania</b>	Implementation	US, financiers of the Health Basket Fund	Implementation; financing through the project from US and Power of Nutrition	Strategy exists; focus on implementation plan
<b>Uganda</b>	Draft available but limited progress finalizing	Gavi, UK, US	Approved; financing through the project from Sweden	Strategy exists; focus on implementation plan
<b>Vietnam</b>	Determining approach	Discussions with partners underway	Early stage	Determining approach



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