RETREAT REPORT

1. The GFF Investors Group held its second meeting 17 and 18 February 2016 in St. Albans, in the United Kingdom. The meeting agenda (Annex 2) and Participants List (Annex 3) are attached. The Chair of the Investors Group (IG), Diane Jacovella, welcomed the members by noting the absence of many of the partner country representatives who had sent their regrets. Liberia, Ethiopia and Senegal would not be represented at the meeting while the Cameroonian delegation would join the meeting by video conference and the local Cameroonian High Commissioner would represent the Minister at the meeting. Ms Jacovella explained that she had already spoken to some of the Ministers to get their input and had offered to reach out to others during the meeting. She noted that it would be important to set dates for the Investors Group well in advance to facilitate travel of country representatives. Kenya, as the country representative present at the IG, was asked to ensure and help facilitate a unified and strong country voice.

2. The Chair noted the regular updates that had been provided since the last meeting and celebrated the success of the Kenya Learning Workshop held in November 2015. She thanked the members of the Task Teams and the Technical Working Group that had helped prepare the items for the agenda and explained the plan for the Investors Group to use the afternoon retreat-style working groups to discuss some key issues that require agreement.

Financing for RMNCAH

3. For the first agenda item ***Financing for RMNCAH***[1], Dr Christoph Kurowski presented the main trends in RMNCAH financing and discussed health financing transitions, looking at both patterns of development assistance for health and domestic expenditure. The following key points were raised by IG members:

a. The analysis of RMNCAH financing trends is a core function of the GFF and should be a regular item for discussion; it would also be important for information on RMNCAH financing to be available to countries as they prepare their investment cases. Members emphasized that it is the role of the GFF to advocate for more financing for RMNCAH. There was also a request for the sources of the data to be made clear;
b. The question of which countries are investing disproportionately low amounts in health (from development assistance for health, DAH, and/or domestic resources), why this is the case, and what can be done in response. It was noted that low DAH investments are particularly evident in francophone fragile states;
c. It is key to take value-for-money into account and to make sure that GFF invests where resources make the most difference;
d. The relationship between growth in total health expenditure and overall tax collection efforts was mentioned, and it was recommended that it will be important to take the determinants of health outside the health sector into account;
e. Although global DAH on RMNCAH financing has increased, it is mainly driven by increases in vaccine and nutrition financing while other areas e.g. family planning, remain flat;
f. It would be important to understand what policy levers can be used to increase financing for RMNCAH (particularly domestic financing) and to reduce out-of-pocket expenditure;

[1] Presentation slide decks are available on the GFF Huddle site.

g. The importance of building institutional capacity around health financing (including strengthening systems on tracking financing for health in general and RMNCAH in particular) was noted.

4. In the second part of the presentation, Dr. Christoph Kurowski presented a proposal of indicators for monitoring smart, scaled and sustainable (SSS) financing as well as progress to date in supporting this agenda at the country level in GFF countries ***(GFF/IG/3 Tracking Financing for RMNCAH Indicators)***. The main points discussed included:
   a. To make a case for RMNCAH financing it will be important to measure the return on investment of saving women's and children's lives as well as the cost of inaction, it would also be important to analyze absorption capacity and the multisectoral nature of the need;
   b. Indicators capturing equity (as well as transparency) could be more emphasized in the proposed monitoring framework and given the absence of sub-national accounts in many countries it would be important to look at distribution of services for the poorest quintiles;
   c. Further reflections are needed on the burden that is put on countries for monitoring financing indictors and it is key to ensure alignment and harmonization with other global monitoring efforts on universal health coverage, the SDGs and the EWEC Global Strategy, and for the GFF to work with already existing data collection processes;
   d. There is need to strengthen country capacity in the areas of health financing and the GFF needs to look at multiple ways to do this including peer-to-peer learning, and to identify system improvements as global public goods.

5. In response to a question on how the first 12 GFF countries had been selected, the Secretariat explained in relation to resource allocation and prioritization that the first 4 countries were picked because of government leadership and IDA cycles and the next set of 8 countries were selected based on a combination of more objective measures, including measures such as domestic resource mobilization and needs. On another question, the Secretariat noted that the GFF is not developing guidance on the programmatic indicators for RMNCAH and is instead working with WHO and other partners to finalize a set of indicators for the Global Strategy, which would then be used by GFF countries (in line with the original commitments made in the Business Plan).

6. The Chair noted that this was a crucial agenda for the GFF and would be further considered at future meetings.

Country Update: Cameroon

7. The government of **Cameroon,** represented by Mr Nkwelle Ekaney**,** High Commissioner of Cameroon, and Mr Emmanuel Maina and Ms Martina Baye of the Ministry of Public Health presented an in-depth look at the GFF process in the country. They explained that the GFF provides a framework for strategic coordinated action and partner dialogue to align resources and activities, which is seen as a significant value-add by the Government of Cameroon. The government considers GFF's benefits to include reduced duplication, improved use of existing resources and mobilization of new resources. Maternal, neonatal, and nutrition indicators are weakest in 3-4 regions of the country, particularly in the north. These high-need regions will be targeted first in the short term, with an emphasis on community health programs to reach those not receiving services at facilities. Additionally, there is a need to invest in adolescent girls, including through multisectoral approaches such as education.

8. The Investors Group expressed its appreciation for the inclusive and technically robust process that

the country is undertaking, and noted that Cameroon was a good example of how the GFF could create momentum and opportunities for progress while building on existing systems. The GFF role in improving dialogue and coordination between stakeholders should be a key deliverable for the GFF. To complement this, it will be important for the Government to ensure adequate financial support for RMNCAH. The emphasis on equity in the country's approach was also appreciated.

Portfolio Update

9. Dr. Monique Vledder, Program Manager of the GFF, also provided an ***Update on the GFF Portfolio (GFF/IG2/2)*** by. The discussion included:

a. The need to increase the collaboration and coordination of partners at country level, as Cameroon has stated that working with an organized group of partners was constructive thus partners need to know which countries are starting when and how much funding is being allocated to the country. The resource need for the Trust Fund was also requested so that it is clear how much money is needed to reach more countries;
b. The importance of alignment of funding at the country level as a key deliverable;
c. Since it is troubling that not all countries have fully involved the multi-stakeholder approach there needs to be action to address this;
d. There was appreciation that the Global Fund has had a good opportunity to engage in the second wave countries and that good synergy was being achieved where countries are using elements of the Investment Case for their Global Fund projects. However, it was important to note that this would be alignment of existing funding and no new allocations can be expected from the Global Fund and Gavi;
e. The Monthly Update call was very well received as a useful tool for coordination and collaboration at country level and it was agreed that the monthly frequency should be continued.

10. The Chair briefed the members on the update from Senegal she had had from Minister Awa Coll-Seck. Senegal is committed to having a voice in the GFF. The process has just started in country, with CSO consultations, a workshop planned mid-March and the Government reviewing how it can use the CCM platform for the GFF discussions. There have also been good discussions in country with JICA, USAID and WHO under the GFF framework.

11. With regard to this agenda item the Chair noted the importance of capacity building as well as communication. It was important for countries to understand what the GFF is, to share lessons learned between countries (like at the Kenya workshop), reinforcing the importance of country focal points and having ongoing communication with the countries. For these reasons the participation of all partners is important.

Proposed Approach to Facility Countries

12. The Chair thanked Dr. Tore Godal for chairing the Task Team on the ***Proposed Approach to Facility Countries (GFF/IG2/4)*** and asked him to introduce the item. Dr. Godal noted the team had discussed how the GFF will operate in the countries that are not currently being financed by the GFF Trust Fund and that several options that emerged from its deliberations would be presented. In essence he noted two pre-conditions for starting an Investment Case: (i) there must be funding available, (ii) there must be informal commitment at country level to increased resources. He noted that the Task Team was proposing that the Chair write to all 51 countries over next 6 months to explain the GFF process. The Secretariat thereafter presented the work of the Task Team.

13. Members expressed broad support for a phased approach to the Facility countries, as opposed to

trying to reach them all in the short-term (option 2 in the paper). IG members also agreed on the importance of prioritizing the initial 12 countries to ensure that they are successful, and learning and sharing lessons from their experiences. It was important to note that the first 12 represented 47% of the RMNCAH financing gap represented by the 63 GFF countries, and 63% of the maternal and child mortality burden.

14. There was broad recognition that it was important to send a clear signal that the remaining countries would not be neglected entirely and that the GFF was not only limited to the 12 countries. The importance of clear communication with these countries was emphasized. The Investors Group concluded that it was important to communicate to the remaining 51 countries that are part of the GFF but in doing so to avoid raising expectations, given the limits of the resources currently available for financing new countries, and instead emphasize the global public goods that are available as part of the GFF. Two key elements of this are the documentation and dissemination of lessons learned from the initial 12 countries and the preparation of guidance materials that can be used by all 63 countries. The question of mapping the remaining countries, as recommended in the paper, would be revisited at the next Investors Group meeting

15. The Investors Group then broke into working groups to consider a set of questions (see Annex 4) and provide feedback to inform ongoing discussions. The working groups reported back and the Chair noted that much of this input would be channeled into the discussions of the next day. It is clear that what the GFF stands for needs to be clearly explained including the following important elements:

a. It needs to be a leader in ensuring equity;
b. It needs to ensure smart, scaled and sustainable financing that leverages the IDA allocation and brings innovative financing to RMNCAH rather than a reliance on grant money;
c. It motivates the alignment of partners at the country level.

16. Once this clarity is achieved, there is a need for all partners to act accordingly and to speak with one voice. There needs to be joint ownership and commitment to work differently and to build trust. Thus there needs to be good reporting on and championing of the 12 countries' experience, and this needs to be shared widely.

Private Sector Engagement

17. The Chair of the Task Team on Private Sector Engagement, Dr Peter Singer, presented the Task Team's report, ***GFF/IG2/8 Private Sector Engagement***. The paper covered three pathways through which the GFF engages the private sector: (1) supporting innovative financing mechanisms (e.g., IBRD buy-down, development impact bond), (2) facilitating partnerships with the global private sector, and (3) leveraging the private sector in-country to support Investment Cases. The Investors Group highlighted the importance of the private sector in the overall GFF value proposition and generally endorsed the draft private sector strategy while noting a few elements to be reflected in the paper before it is finalized:

a. The GFF should reflect a "big tent" approach to the private sector that leverages and helps identify synergies between private sector engagement of the range of partners involved in the GFF;
b. It was also clarified that the private sector engagement around the GFF should be values-driven, with an emphasis on social impact rather than pure commercialism;
c. The importance of equity was also highlighted, and there was consensus that even though it is an important principle throughout the GFF's work, it should be addressed more explicitly;
d. Some technical elements were also mentioned as meriting further exploration, such as the role of the GFF in market shaping and in addressing regulatory issues related to the private sector.

18. In terms of next steps, partners were requested to send in examples of their engagements with the

private sector as soon as possible (deadline: 15 March). The strategy will be revised and circulated on a non-objection basis by 30 March, and action on the concrete deliverables contained in it will proceed immediately. Follow-up discussions on the private sector will feature regularly on the agenda of subsequent Investors Group meetings.

Partnership Communications Strategy

19. The Chair introduced Ms Sally Paxton of the Paxton Group to present her report ***GFF/IG2/7 Partnership Communications Strategy.*** The communications strategy was developed as a result of extensive consultation with Investors Group members and so was widely supported. Members noted the following:

a. The need for all partners to align around the core messages with regard to the GFF while recognizing that what the GFF was trying to accomplish was complex and so should not be inappropriately simplified;
b. The need for effective and aligned communication at country level was emphasized;
c. The need to link to resource mobilization was urgent because clarity of communication is important for advocacy. Members highlighted the challenge of communicating around the trust fund and the Facility and asked for clarification. It was also necessary to clarify how the GFF fits into the broader RMNCAH architecture, the Global Fund, Gavi and so on;
d. The issue on communicating results could be challenging based on the timelines so early communications may need to be on process as it's important not to over-promise on when concrete results will be available;
e. It was suggested that partners consider making a GFF Update a regular part of their Board meetings. It was noted that several partners had good existing communication channels and these should be available to the GFF. Also, many partners have champions who can be used to carry the GFF message.

20. The Investors Group agreed that the next step was to operationalize the strategy, in particular by producing a workplan and core messages that the entire group could use. It was agreed that a core statement would be circulated by 1 March for IG member input with a call in mid-March to finalize the messaging. The Secretariat will refine the Advocacy Calendar with input from members based on the several suggestions made (Women Deliver, the World Bank Spring Meetings, UNGA, World Economic Forum Regional meeting). It was also important to rapidly finish the guidance documents to all countries so that roles and responsibilities are clearly articulated. The Chair reiterated her commitment to write to the 51 countries by April to ensure clear communication with them.

Framework for Resource Mobilization

21. The Chair referred to ***GFF/IG2/9 Framework for Resource Mobilization*** and asked Dr Ariel Pablos-Mendez, to present the strategic approach. He noted that GFF's approach to resource mobilization must be expansive, as it encompasses both generating new sources of financing (and so is linked to efforts such as the Addis Tax Initiative) and getting more value for money from existing resources (e.g., through identifying efficiency gains and market shaping). He noted the importance of the GFF Trust Fund for promoting innovation, providing transitional financing and incentivizing Ministries of Finance to put more domestic resources into RMNCAH. In this context, the DRC example, where the Government has committed to increase health spending from 4% to 7.5% as well as include contraceptives as a budget line, was highlighted. The presentation also highlighted the role of the Investors Group in boldly advocating for increased resources, emphasizing alignment of funding, pushing for allocative efficiency and for better public-private partnerships. During the discussion, the following points were made:

a. The importance of developing a good value proposition for the GFF was raised, making explicit the

cost of inaction, and the contributions of healthy women, adolescents and children to the economy, as well as the importance of efficiency gains, allocative efficiency and frontloading impact, including through raising private sector funding;

b. The importance of the IDA replenishment as a means to help increase commitments to RMNCAH;
c. The need for deeper analytics on where the domestic resources will come from such as new wealth from extractive resources channeled to social sectors, and how to capture and make good allocations of tax revenues (the Addis Tax initiative was mentioned several times) and good use of market shaping initiatives;
d. The complementary investments made by Global Fund in RMNCAH in the new strategic framework were mentioned – both on health systems strengthening (community component, human rights, and integrated service delivery) and SRH. Better linkages should be made with opportunities such as their cervical cancer screening and treatment initiative and investing in secondary education of adolescent girls, and so on, and the need therefore, for aligning and harmonizing health systems strengthening funding from different multilaterals and bilaterals for maximum impact;
e. The need to capture quality, demand and prioritization and build scenarios to help make a powerful case for resource mobilization was emphasized (look at FP2020 model as a good example);
f. Need to measure results in real time, and include equity, efficiencies and crowding of IDA and domestic resources in the analysis;
g. It was noted that CSOs are an important force for resource mobilization at the country level and globally;
h. It was suggested the GFF should reach out to other multilateral development banks such as AfDB and ADB since these institutions also play a key role in investing in related sectors such as nutrition, sensitive agriculture and sanitation.

22. The IG strongly endorsed the approach of having both a 2016 and 2030 resource mobilization vision linked to goals and targets over that time period. In 2016, the IG should advocate for both Global Fund and IDA replenishments as they are both great sources of financing for RMNCAH. The Secretariat will follow-up on the analytics requested and schedule discussions on these aspects (such as the tax revenue) at future meetings. The calendar of events needs to be further developed and shared so that all members can be active advocates with increased visibility planned for 2017. The IG will receive regular updates on progress.

Update on Technical Guidance

23. The Chair asked the Secretariat, to present the update on Country Platforms, Technical Assistance, and Quality Assurance, on behalf of the Technical Working Group. The Investors Group appreciated the progress that has been made on the country platform, technical assistance, and quality assurance, which were looked at in a holistic manner. The importance of inclusiveness for the overall success of the GFF was emphasized, with members expressing interest in clear guidance to countries about this, especially regarding the engagement of CSOs in the country platform and other country processes such as the design, monitoring, technical support, implementation and advocacy for the GFF. It was noted that there is not a consistent approach to CSO engagement across countries. It was requested that additional minimum standards be included in operational guidance to countries and consideration be given to financial support to local NGOs to ensure their full engagement and capacity building.

There was also a desire for the GFF to innovate on technical assistance, while emphasizing capacity development rather than short-term approaches and the need to focus on TA for implementation and not just design. Members strongly supported the need to focus on local capacity and engagement. The Investors Group also agreed to continue with a country-led, bottom-up approach to quality assurance that did not

impose undue external demands on countries while providing the necessary confidence for investors. For all the operational guidance there was a strong emphasis on learning by doing and providing timely lessons learned along the way.

Fragile States and Humanitarian Situations

24. A Task Team was constituted to consider the issue of ***Fragile States and Humanitarian Situations (GFF/IG2/5),*** and the Chair requested Investors Group member, Dr Mesfin Tessema, to introduce their work and the options they had considered, after which the GFF secretariat presented the report. The Investors Group recognized the importance of the agenda on fragile states and emphasized that there are important lessons to be learned from the experience in the fragile states among the current 12 GFF Trust Fund financed countries (the Democratic Republic of the Congo and Liberia), as well as from the experience of partners that have been grappling with related issues (e.g., the Global Fund's experience in fragile contexts which they will share).

25. Members noted that while the GFF should be advocating for the needs of women, children and adolescents, everywhere, it may be better placed to focus on helping countries to be ready to respond to crises. Several members noted that additional work is needed to really understand how best the GFF can contribute to fragile states and there needs to be more clarity for funders about how the GFF will interact with or complement humanitarian funding flows. Some members emphasized this as an equity issue as RMNCAH is one of the least funded areas in humanitarian contexts, so the GFF cannot completely ignore this area. There was general agreement that the GFF is already engaged in much of this work since many GFF countries are fragile or recovering from crises, and this is a key driver of their poor RMNCAH indicators therefore spending more time on learning lessons from what is working in these contexts will be valuable. This is also an issue that the broader Every Woman, Every Child movement is further exploring and the GFF can be guided by that work.

26. The members agreed that the humanitarian landscape is complicated and that the funding flows are very different from development funding. Members noted that the GFF does not have a comparative advantage in trying to address acute crises but rather should focus on preparedness, building resilience, and the transition from humanitarian to development financing. The Investors Group asked the Task Team to continue their work, concentrating on lessons from Liberia and the DRC and on what the GFF can do to build resilience and preparedness under its existing model. The Investors Group can consider what advocacy they can undertake as a community to ensure RMNCAH support in humanitarian crises, guided by the discussions in other fora. The IG agreed to have further discussions on this critical issue at future meetings.

Governance

27. The Chair introduced a ***Code of Ethics (GFF/IG2/10)*** that sets standards for the behavior of members noting that she would like the IG to work with 'cabinet solidarity' so that discussions could be frank and forthright, but after the meeting all members would support the positions agreed at the IG for GFF implementation and that comments made within the IG were not for attribution. She noted that wide circulation of pre-decisional documents could cause confusion and while it was accepted that members needed to consult their constituencies, they needed to use processes that would not undermine clear communication from the GFF.

28. It was suggested that a system be developed that clearly marks any documents as confidential and not for circulation, but these should be minimal, while documents for consultation should be clearly marked

as such. The Investors Group approved the Code of Ethics and requested that the Secretariat look to other similar partnerships to learn from their guidelines on governance document circulation and consultation procedures. The IG agreed that all documents should be available on the GFF website for full transparency.

29. The Investors Group expressed concern over the Zika public health emergency and adopted a statement on Zika expressing their concern for the implications for women and children's health (Annex 5).

30. The Chair summarized the follow-up actions from the Investors Group which are outlined in Annex 1 of this report. The next Investors Group meeting will take place in June, while the final one of the year will occur in October or November. Both meetings will be linked to partner meetings to minimize travel for members. Final dates will be communicated as soon as possible.

Annex 1: Second Investors Group Follow-up Action Plan

Issue	Action/Deliverable	Timeline	Responsible
Financing RMNCAH	Finalize Financing Indicators Maintain as standing item in each IG. Possible topics include: value for money, efficiency, domestic resource mobilization (including tax revenue), in depth assessment around orphans. Market shaping/commodities	Q2 2016 (to IG3) IG4, IG5: issue/thematic updates to be decided IG4	WHO/WB Secretariat Secretariat with partners
Country Updates	Monthly Country Coordination conference calls to be maintained	Monthly Conference Call Schedules for 2016	Secretariat with partners
Facility	Letter to 51 countries from Chair Lessons learned from first 12 countries	Draft by March; Outreach begins in April 2016 IG4	Chair Secretariat with partners
TA/QA/CP	Guidance notes	Q2 2016	Secretariat in consultation with partners
Private Sector	Partners to send examples of their P/S engagement Private Sector framework document to be edited and issued for no-objection approval	15 March By 31 March	Partners Private sector task team
Communications	"Elevator Pitch" language to be circulated for IG input and approval Communication Plan to be developed	1 March Q2 2016	Chair Secretariat with partners
Resource Mobilization	Short term RM Plan linked to communications and advocacy calendar for 2016	Q2 2016	Secretariat with partners

	Plan for TF RM - acceleration in 2017 Advocacy Event Calendar updated Establish advisory group	Q2 2016 Q2 2016 Q2 2016	
Fragile States	Task Team to continue work based on IG guidance and develop recommendations	IG 4	Task team
Governance	Procedures for document sharing and constituency consultation to be developed based on experience in similar models	IG 3	Secretariat drawing on partner experience

Annex 2: Retreat Agenda:

RETREAT AGENDA
17-18 FEBRUARY 2016

WEDNESDAY, 17 FEBRUARY 2016 8.30am START				
Time	**Agenda Item**	**Objective**	**Document**	**Action**
8.30	**Opening:** - Review of the Agenda - Chair's Overview	Agree on agenda	GFF/IG2/1	For Decision
9.00	**Financing for RMNCAH**	Consideration of analysis and issues	GFF/IG2/3	For Discussion
10.30	BREAK			
11.00	**Country Update: Cameroon** **Portfolio Update**	Country reality and progress Review Summary of country status	PPT GFF/IG2/2	For Discussion
12.30	**LUNCH**			
1.30	**Proposed Approach to Facility Countries** - Proposals on parameters and roles.	Clarity of roles and processes	GFF/IG2/4	For Decision
2.30	**Building the partnership: collaboration to reach all GFF countries with scaled up financing**	Clarity of roles and processes		In depth consideration of issues laid out in previous sessions - in groups
4.30	**Plenary Reconvenes**			
7.00	**Cocktails and Dinner**			

THURSDAY, 18 FEBRUARY 2016 8.30am START				
Time	**Agenda Item**	**Objective**	**Document**	**Action**
8.30	**Private Sector Engagement:** - Proposal on approach and priorities	Alignment on opportunities for private sector engagement	GFF/IG2/8	For Decision
10.00				
10.30	**Communication Strategy:** - Proposal for strategic approach to communications	Agreement on Strategy	GFF/IG2/7	For Decision
12.00	**Update on Technical Guidance** - TA and QA - Country Platforms	Establishing guidance	GFF/IG2/6	For Discussion
1.00	**LUNCH**			
2.00	**Resource Mobilization Strategy:** - Overview of approach	Alignment on approach to RM	GFF/IG2/9	For Discussion
3.00	**Fragile states and humanitarian situations:** - Report from working group on proposals for GFF parameters in these countries	Consideration of GFF engagement	GFF/IG2/5	For Decision
4.30	**Governance issues:** - Code of Ethics Policy - Dates for IG3 and IG4	Parameters for IG Membership	GFF/IG2/10 GFF/IG2/11	For Decision
5.00	**Closure** - Chair's Summary and next steps		GFF/IG2/14	

Annex 3: Participants List

PARTICIPANTS

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Annex 4: Questions for Retreat Deliberation

Question 1: As members of the Investors Group how do we:

- Speak with one voice and align resources?
- Enhance coordination and collaboration at the country level?

Question 2: As member of the Investors Group how do we:

- Scale up financing for RMNCAH (DRM and ODA)?
- Promote efficiency of funding?
- Ensure investments based on evidence/data?
- Ensure high quality investment cases?

a.

Question 3: How do we approach the engagement of the GFF with the 51 countries not currently receiving investments from the GFF Trust Fund?

Annex 5: IG Statement on Zika

Investors Group of the Global Financing Facility Statement in Support of Women and Children in the context of the Zika Virus Outbreak

The Global Financing Facility (GFF) in support of Every Women and Every Child is a key financing platform of the UN Secretary-General's updated Global Strategy for women's, children's and adolescents' health. It aims to bridge the financing gap required to ensure equity in maternal and child survival globally through universal access to life saving and enhancing interventions.

The GFF Investors Group[i]-met in St. Albans on February 17-18 2016. At the meeting, the Investors Group discussed the recently declared Public Health Emergency of International Concern by the WHO Emergency Committee of the International Health Regulations on January 31st, 2016.

The Investors Group expressed its concern, that although symptoms associated with Zika virus, which is transmitted by the mosquito Aedes Egypti, are generally mild, a possible association has been observed between the unusual rise of Zika cases and microcephaly cases in Brazil since 2015. The risk of babies born with microcephaly has raised understandable concerns among women, including those who are pregnant or planning to be pregnant. The IG strongly supports efforts by its members to address this emergency. The IG is also concerned by the potential spread of Zika Virus to areas outside Latin America especially Africa and South Asia where Aedes Egypti is widespread.

The GFF is currently supporting 12 countries in Africa and South Asia to strengthen universal access to comprehensive and continuous quality care for sexual, reproductive, maternal, adolescent, child and newborn health. This support is designed to make sure that all women and their sexual partners have access to sexual and reproductive health services and contraceptives, including emergency contraceptives, and that all pregnant women and their children have access to good quality ante-natal, delivery and post-natal care. Efforts to strengthen this continuum of care are critical and must be designed to respond to infectious threats such as the Ebola or Zika viruses. Indeed, GFF support to Liberia – where access to sexual, reproductive, maternal, adolescent, child and newborn health services was severely compromised during the Ebola crisis – is aiming to strengthen health services such that they are resilient to such shocks.

Moving forward, mobilizing smarter, scaled and sustainable financing to support the strengthening of sexual, reproductive, maternal, adolescent, child and newborn health services is both the best way to end preventable maternal and child mortality and also to minimize the risks and mitigate the consequences posed by infectious threats such as Zika and Ebola.

Additional information and resources are available at:
http://www.who.int/mediacentre/factsheets/zika/en/

http://www.who.int/features/qa/zika-pregnancy/en/

[i] The Investors Group includes implementing countries, the governments of Ethiopia, Kenya, Liberia and Senegal, and public sector financiers, the governments of Canada, Norway, the United States, Japan and the United Kingdom, civil society(Results, World Vision), the Office of the UNSG, UNFPA, UNICEF, WHO and the Partnership for Maternal, Newborn and Child Health (PMNCH), together with the World Bank, Gavi the Vaccine Alliance and Global Fund to Fight AIDS, Tuberculosis and Malaria, the private sector and private foundation represented by the Bill and Melinda Gates Foundation.

RETREAT AGENDA
17-18 FEBRUARY 2016

Tuesday 16th February at 8pm: Dessert Reception at Sopwell House

WEDNESDAY, 17 FEBRUARY 2016 8.30am START				
Time	**Agenda Item**	**Objective**	**Document**	**Action**
8.30	**Opening:** - Review of the Agenda - Chair's Overview	Agree on agenda	GFF/IG2/1	For Decision
9.00	**Financing for RMNCAH**	Consideration of analysis and issues	GFF/IG2/3	For Discussion
10.30	BREAK			
11.00	**Country Update: Cameroon** **Portfolio Update**	Country reality and progress Review Summary of country status	PPT GFF/IG2/2	For Discussion
12.30	**LUNCH**			
1.30	**Proposed Approach to Facility Countries** - Proposals on parameters and roles.	Clarity of roles and processes	GFF/IG2/4	For Decision
2.30	**Building the partnership: collaboration to reach all GFF countries with scaled up financing**	Clarity of roles and processes		In depth consideration of issues laid out in previous sessions - in groups
4.30	**Plenary Reconvenes**			
7.00	**Cocktails and Dinner**			

THURSDAY, 18 FEBRUARY 2016 8.30am START				
Time	**Agenda Item**	**Objective**	**Document**	**Action**
8.30	**Private Sector Engagement:** - Proposal on approach and priorities	Alignment on opportunities for private sector engagement	GFF/IG2/8	For Decision
10.00				
10.30	**Communication Strategy:** - Proposal for strategic approach to communications	Agreement on Strategy	GFF/IG2/7	For Decision
12.00	**Update on Technical Guidance** - TA and QA - Country Platforms	Establishing guidance	GFF/IG2/6	For Discussion
1.00	**LUNCH**			
2.00	**Resource Mobilization Strategy:** - Overview of approach	Alignment on approach to RM	GFF/IG2/9	For Discussion
3.00	**Fragile states and humanitarian situations:** - Report from working group on proposals for GFF parameters in these countries	Consideration of GFF engagement	GFF/IG2/5	For Decision
4.30	**Governance issues:** - Code of Ethics Policy - Dates for IG3 and IG4	Parameters for IG Membership	GFF/IG2/10 GFF/IG2/11	For Decision
5.00 **6.00** **Meeting Ends**	**Closure** - Chair's Summary and next steps		GFF/IG2/14	

GFF INVESTORS GROUP RETREAT

GLOBAL FINANCING FACILITY

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

Retreat agenda: Wednesday, 17 February 2016

Time	Agenda Item	Objective	Document	Action
8.30	**Opening:** - Review of the Agenda - Chair's Overview	Agree on agenda	GFF/IG2/1	For Decision
9.00	**Financing for RMNCAH**	Consideration of analysis and issues	GFF/IG2/3	For Discussion
10.30	BREAK			
11.00	**Country Update: Cameroon** **Portfolio Update**	Country reality and progress Review Summary of country status	PPT GFF/IG2/2	For Discussion
12.30	LUNCH			

Retreat agenda: Wednesday, 17 February 2016

Time	Agenda Item	Objective	Document	Action
1.30	**Proposed Approach to Facility Countries** - Proposals on parameters and roles.	Clarity of roles and processes	GFF/IG2/4	For Decision
2.30	Building the partnership: collaboration to reach all GFF countries with scaled up financing	Clarity of roles and processes		In depth consideration of issues laid out in previous sessions - in groups
4.30	**Plenary Reconvenes**			
7.00	Cocktails and Dinner			
1.30	**Proposed Approach to Facility Countries** - Proposals on parameters and roles.	Clarity of roles and processes	GFF/IG2/4	For Decision

Retreat agenda: Thursday, 18 February 2016

Time	Agenda Item	Objective	Document	Action
8.30	**Private Sector Engagement:** - Proposal on approach and priorities	Alignment on opportunities for private sector engagement	GFF/IG2/8	For Decision
10.30	**Communication Strategy:** - Proposal for strategic approach to communications	Agreement on Strategy	GFF/IG2/7	For Decision
11.30	Update on Technical Guidance - TA and QA - Country Platforms	Establishing guidance	GFF/IG2/6	For Decision
1.00	LUNCH			

Retreat agenda: Thursday, 18 February 2016

Time	Agenda Item	Objective	Document	Action
2.00	**Resource Mobilization Strategy:** - Overview of approach	Alignment on approach to RM	GFF/IG2/9	For Decision
3.00	**Fragile states and humanitarian situations:** - Report from working group on proposals for GFF parameters in these countries	Consideration of GFF engagement	GFF/IG2/5	For Decision
4.30	**Governance issues:** - Code of Ethics Policy - Dates for IG3 and IG4	Parameters for IG Membership	GFF/IG2/10 GFF/IG2/11	For Decision
5.00	**Closure** - Chair's Summary and next steps		GFF/IG2/14	

Country selection and resource allocation

GLOBAL FINANCING FACILITY

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

Approach to selection of second wave countries (from June 2015 Oversight Group)

- Background
  - Universe: 75 Countdown to 2015 countries (high-burden), narrowed by Oversight Group to 63 low/lower-middle income countries
  - Four "frontrunners" that participated fully in Business Plan development process: DRC, Ethiopia, Kenya, and Tanzania
- Multi-step approach for second wave countries:
  1. Use of objective measures to identify a "long list" (25-30) of priority countries that have significant opportunities (ability to mobilize domestic resources, use IDA/IBRD for health, and achieve results)
  2. Assessment of list against priority countries of key stakeholders/initiatives, and other key considerations (e.g., regional balance, income levels)
  3. Consultation to gauge level of interest on the part of countries
  4. Discussion on short list (10-15 countries) with wider set of partners
  5. Final approval by the financiers of the GFF Trust Fund

GFF Trust Fund resource allocation (from February 2015 Oversight Group)

- IDA allocation
  - Formula determines country envelope
    - Combination of country performance rating (CPIA and past performance), population, and income
  - Ministry of Finance determines repartition among sectors (in consultation with government ministries and with World Bank Country Director)
- GFF Trust Fund allocation
  - Starting point is formula modified IDA allocation formula
    - Allocation = $Need^{2} * Population^{0.5} * Income^{-0.125}$
  - Output is a range for each country (e.g., US$20-40 million)
    - Flexibility and ability to respond to changing external circumstances
    - Incentivize financing from external and domestic resources
  - Final decision by the GFF Trust Fund Committee is made in course of preparing the grant

GFF PORTFOLIO UPDATE

OVERVIEW

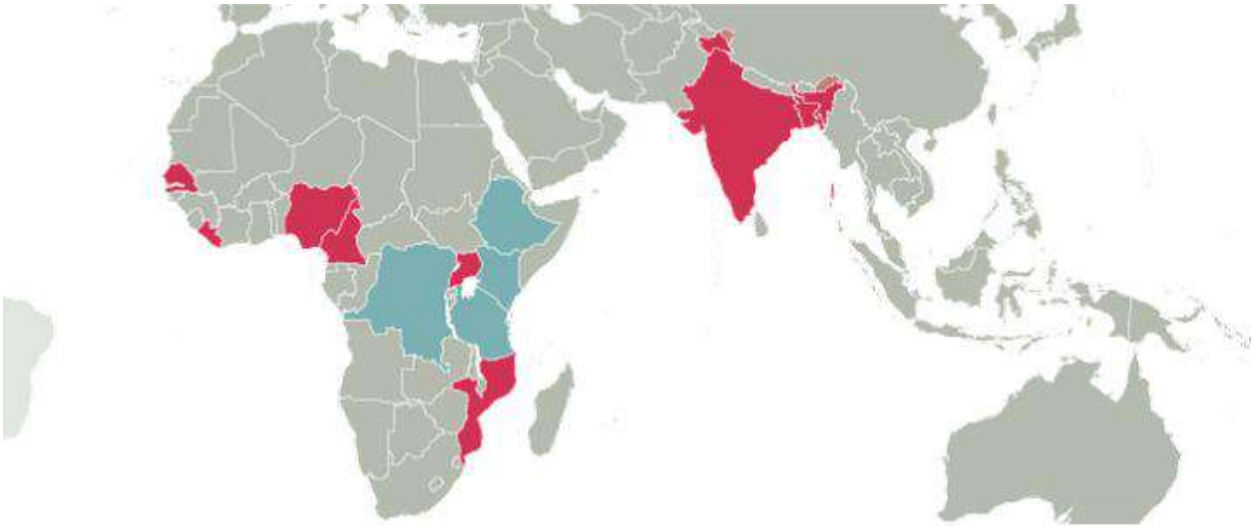
This paper gives an update on the current Global Financing Facility (GFF) portfolio. The number of countries engaging with the GFF has grown from four when it was announced at the UN General Assembly in 2014, to 12 when it was launched in July 2015. Collectively, the 12 countries currently engaging with the GFF represent 60 percent of the total burden of maternal and child deaths among the 63 GFF-eligible countries. Their success is therefore critical to the global effort to end the preventable deaths of women, adolescents and children by 2030, once and for all.

ACTION REQUESTED

This paper is for information only.

INTRODUCTION

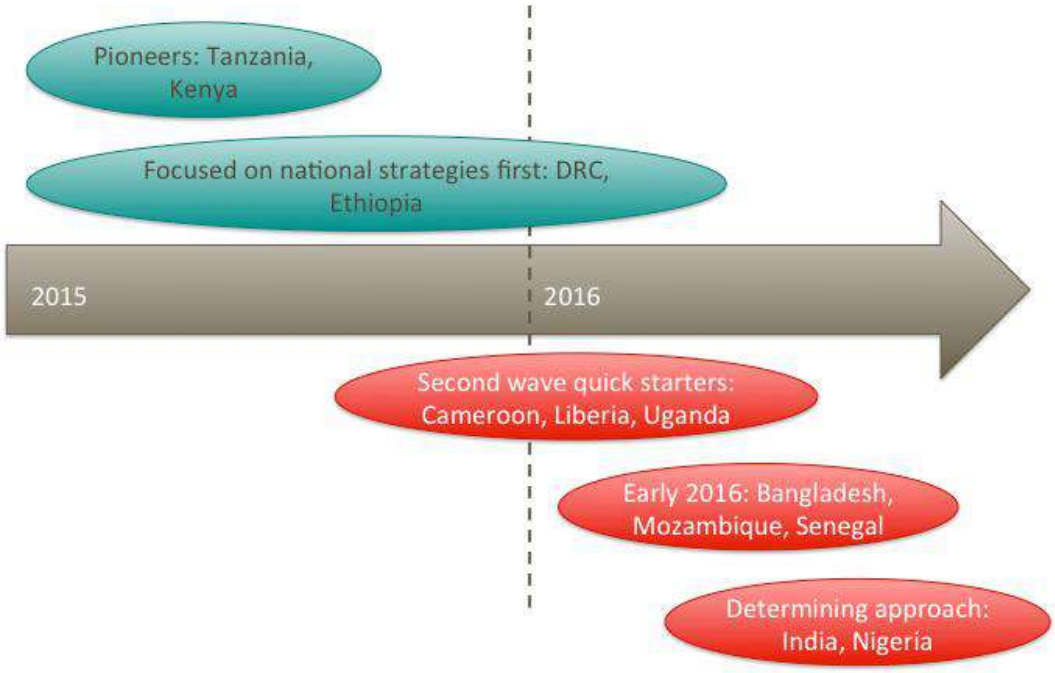
The number of countries engaging with the Global Financing Facility in support of *Every Woman Every Child* has grown from four[1] when it was announced at the UN General Assembly in 2014, to 12[2] when it was launched in July 2015. Collectively, the 12 countries currently engaging with the GFF represent 60 percent of the total burden of maternal and child deaths among the 63 GFF-eligible countries. Their success is therefore critical to the global effort to end the preventable deaths of women, adolescents and children by 2030, once and for all.



STATE OF THE PORTFOLIO

The GFF process is nationally led, which means that countries are taking different approaches to the GFF based on their existing national planning cycles and other processes underway in each country. As a result, the GFF countries are progressing at different paces with regard to the development of their Investment Cases and health financing strategies. The figure below clusters countries into several groups that have emerged.

[1] The Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania.
[2] The "second wave" countries are Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda.



Details for each of the twelve GFF countries are provided below.

In addition, some patterns have begun to emerge across countries. The GFF's flexible approach and ability to adapt to country context seems to resonate with countries and partners, as it allows adaptation of the core principles to local contexts. As a result, there has been strong national ownership over the GFF process in most countries, with government leadership but also broad-based involvement. Civil society interest in participating in country platforms has been particularly high. This is complemented at the global level by the robust engagement from civil society and private sector.

BANGLADESH

Bangladesh officially launched its GFF engagement in January, at an event led by the government with participation from key partners including Canada, JICA, USAID, WHO (current chair of the coordination committee for partners), the World Bank, civil society, and the private sector.

- **Country Platform:** Bangladesh has strong existing partnership and coordination mechanisms in place that will be used for the GFF process. A diverse group of about 20 development partners has been working with the government on the 4th Health Sector Development Program. There is also strong engagement from civil society, with potential to increase this further.

- **Investment Case:**
    - **Highlights:** Because Bangladesh just had its launch, the approach that will be taken to the Investment Case is still a work in progress. The starting point is the Health Sector Development Program, which provides a strong strategic vision, with a focus on equity, efficiency, and quality. Reproductive, maternal, newborn, child and adolescent health

(RMNCAH) outcomes are central to the Program. Further work is expected to start in March to define a prioritized set of interventions for joined financing by government and partners. Government and the partners will start discussions on the priorities, roles, operationalization and financing modalities for the next sector program and this support is expected to be the bridge as the country moves towards middle income status.

  - **Complementary Financing:** Bangladesh's 3rd sector financing program committed US$7.5 billion to achieving Universal Health Coverage, with US$750 million of that coming from partners. The Government aims to mobilize US$10 billion (US$9 billion from domestic financing and the additional US$1 billion from partners) for the 4th sector program, which will run from 2017 to 2021. The GFF Trust Fund is expected to link a grant in the range of US$20-30 million to the next sector program (the amount is yet to be finalized). Gavi has expressed interest in co-financing the sector program.

- **Health Financing Strategy:** Bangladesh has an existing Health Financing Strategy from 2012. However, additional analytical work on fiscal space will be undertaken in the context of Bangladesh's engagement with the GFF. In addition in the last Bangladesh Development Forum the government expressed its commitment to ramping up investments in the health and educations sectors.

CAMEROON

The GFF process was launched by the government in October 2015 with a kickoff event that attracted 200 partners from a wide range of organizations. The consultative process has continued subsequently, with dedicated sessions with the private sector and with civil society organizations.

- **Country Platform:** Cameroon is using an existing structure for the country's health sector strategy to oversee the work related to both its Investment Case and health financing strategy. Separate technical working groups lead the development of the content for the Investment Case and the health financing strategy.

- **Investment Case:**
  - **Highlights:** Extensive analytical work is underway to prepare the Investment Case, including analyzing a recent Multi-Indicator Cluster Survey and impact evaluations done of the World Bank's performance-based financing, and dedicated analytical work on adolescents, supply chain management, and human resources for health. To complement this, UNICEF is supporting the use of the EQUIST tool to assist with identifying key bottlenecks and strategies in the health system. From the analytical work, a number of key issues are emerging, including maternal and neonatal health, nutrition, adolescent health (particular around family planning), and supply chain management. Equity is a major concern, with the northern regions of the country being particularly disadvantaged. The analytical work will feed into a prioritization workshop that is scheduled for the week of 22 February. A number of interesting innovative approaches are also emerging, such as a cash transfer component targeting girls in the

north of the country and a development impact bond that leverages private financing in a way that is designed to incentivize kangaroo mother care, one of the most cost-effective ways to help premature babies to survive. Finally, the country is developing a quality assurance mechanism for the Investment Case, led by a local academic. The Investment Case is expected to be prepared by April 2016.

  - **Complementary Financing:** There is already a strong collaboration between UNFPA, UNICEF, and the World Bank, and there is also interest from Gavi and the Global Fund in aligning their financing. Additionally, a resource mapping exercise (supported by the RMNCH Trust Fund) is underway that will identify the envelope of resources available. The IDA financing of US$100 million (to which is linked a grant of US$27 million from the GFF Trust Fund) will finance a part of the Investment Case and is currently under preparation. The project will be submitted for World Bank Board approval in May 2016.

- **Health Financing Strategy:** The country does not have an existing health financing strategy and is just beginning to focus on the sustainability of financing, including in the context of external support from Gavi and the Global Fund. A workshop to kick off the development of a health financing strategy will take place the week of 15 February.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

The DRC is one of the four frontrunner countries. Over the course of 2015 and part of 2016 the country has focused particularly on the development of the five-year national health development strategy, which is the overall frame for the Investment Case and health financing strategy.

- **Country Platform:** The DRC has an established platform already in place, with strong multi-stakeholder participation from an array of partners, including the government, financial and technical partners such as Canada, UNFPA, UNICEF, USAID, WHO, the Gates Foundation, NGOs, and the private sector. This is the foundation for the in-country Government-led coordination for the GFF. A multisectoral GFF technical team was put in place and is presided over by the Prime Minister's office.

- **Investment Case:**
  - **Highlights:** The government is developing its Investment Case with a focus on two major areas: 1) addressing key bottlenecks (human resources for health, supply chain/drugs, and public financial management); and 2) achieving increased coverage of essential RMNCAH quality services at an affordable cost and prioritizing underfunded family planning and nutrition interventions. The Investment Case will also include an innovative multisectoral family planning intervention, through the Government of Norway's support for addressing the connection between fertility and climate change. A draft document is expected by March 2016.
  - **Complementary Financing:** The GFF discussions on complementary financing build on a strong basis for collaboration in the DRC, with an existing platform bringing together external support from the Gates Foundation, Gavi, the Global Fund, UNFPA, UNICEF, and the World Bank. A number of other partners are also contributing resources to the

process, including the governments of Canada, Japan, and Norway. The US Government is financing a trust fund based at the World Bank that is providing US$14 million to RMNCAH and supply chain. In addition, the Global Fund is financing a trust fund based at the World Bank that is providing US$20 million to RMNCAH. As a result of engagement on the GFF, the Prime Minister has approved an explicit allocation of domestic resources to family planning for the first time, committing US$3.5 million for 2016. The GFF Trust Fund financing will link to two sources of World Bank funding. The first (US$220 million financing) is a health systems strengthening project focused on the delivery of RMNCAH services, which will be supplemented with additional financing of US$100 million in IDA and US$40 million from the GFF Trust Fund (which will go to the World Bank Board for approval in the fourth quarter of 2016). The second is an additional IDA financing of US$30 million for human development systems strengthening of which US$10 million will be linked to US$10 million from the GFF Trust Fund for civil registration and vital statistics (which will go to the World Bank Board for approval in March 2016).

- **Health Financing Strategy:** The government is leading the process of developing a health financing strategy for UHC with the support from the World Bank and WHO. A health financing assessment has been completed and disseminated in country, and drafts of several key components have been prepared. Ongoing work is focused on some of the key outstanding issues, particularly pooling and purchasing. The strategy is expected to be finalized by June 2016.

ETHIOPIA

Ethiopia was one of the four frontrunner countries but over the course of 2015 the country focused on the development of its Health Sector Transformation Plan (HSTP), which was finalized in late 2015. This is the overarching policy document that guides the Investment Case and health financing strategy. A JANS review was used for the quality assurance of the HSTP.

- **Country Platform:** Ethiopia currently has robust systems for partner coordination, led by the government. The Joint Core Coordination Committee (JCCC) is likely to be tasked with moving the GFF discussion forward following an impending announcement (March 2016) at the Joint Consultative Forum (JCF), with the Ministry of Finance (MOF) and other partners.

- **Investment Case:**
    - **Highlights:** The HSTP includes a strong RMNCAH component, which will form the basis of the Investment Case (which is likely to be a 10-15 page annex that will extract the relevant elements on RMNCAH from HSTP). Work to develop this is expected to start by March, with a goal to complete the process by September. Addressing equity and improving quality of care are likely to be priority focus areas. Family planning, nutrition, and adolescent health are all well reflected in the HSTP and multisectoral linkages with WASH and education are also emphasized. There is also great interest in increasing private sector engagement on service provision, given its track record in the health

sector such as outsourcing of non-clinical services and the addition of private wings in public hospitals.

- **Complementary Financing:** A number of partners have expressed interest in financing RMNCAH scale-up (or technical assistance for it) in Ethiopia, including DFID, the Global Fund, the Power of Nutrition trust fund, and USAID. The details regarding the timing of the IDA projects that will support this (likely to be two separate projects totaling US$258 million) are still under negotiation. The GFF Trust Fund is likely to provide US$60 million linked to this.

- **Health Financing Strategy:** A health financing strategy is currently under review and includes a focus on equity. The country is pursuing both a social health insurance scheme for the formal sector and a community based health insurance scheme for the non-formal sector. The Congressional Proclamation of 2010 created an Ethiopia Health Insurance Agency, which is just getting operational. Several partners including DFID, the EU, and USAID have been supporting this work.

INDIA

The Government of India is still determining its involvement with the GFF. A decision on this is expected by the end of February.

KENYA

Kenya was one of the four frontrunner countries and so embarked on the development of its Investment Case in early 2015.

- **Country Platform:** The process of developing the Investment Case has been led by an inclusive platform driven by the Ministry of Health but involving a wide array of stakeholders including communities, faith-based and civil society organizations, professional associations, the private sector (for profit and not-for-profit), development partners and the international community. As the health financing strategy process had begun well before the GFF, an existing structure has been used to oversee that.

- **Investment Case:**
  - **Highlights:** Kenya's National Investment Framework for RMNCAH has been finalized. One of the key elements of the framework is the identification of 20 target counties, which were determined to have the highest burdens and most disadvantaged populations. Kenya has recently decentralized operations of the health sector, so the key next step in the process is working with counties to develop plans for each.
  - **Complementary Financing:** There is strong support for financing the framework, from both domestic and external resources. Partners that have committed to it include the governments of Denmark, Japan, the UK, and the US. An IDA project on US$150 million

is under development and is scheduled to be presented for approval to the World Bank Board in June 2016, to which a GFF Trust Fund grant of US$30-40 million will be linked.

- **Health Financing Strategy:** A draft strategy was initially developed in 2010. In 2015, the MOH resumed work to develop an updated strategy that provides a framework for how Kenya finances and manages its public healthcare, to ensure equity and quality, especially for the under-privileged. The goal of the health financing strategy is to ensure access to outpatient and inpatient health care for all Kenyans and to significantly reduce the out-of-pocket health care expenditure of households. It is expected that it will also be the basis for providing universal access to essential health services in an equitable, accountable, efficient and sustainable manner. The strategy covers five thematic areas: i) resource mobilization; ii) purchasing; iii) benefits definition; iv) accreditation and licensing; and v) governance.

LIBERIA

The country's recent experience with Ebola sets the stage for the GFF discussions in Liberia, which began in the second half of 2015 but which have progressed rapidly.

- **Country Platform:** Liberia's country platform is composed of two technical working groups—one with a focus on health financing and the other with a focus on RMNCAH. Both are overseen by a health sector coordination committee. The country also plans to join IHP+ and use its process to strengthen coordination in the country.

- **Investment Case:**
  - **Highlights:** The Investment Case is at an advanced stage of preparation, and includes a particular emphasis on building resilience in the health system. The team is currently reviewing priorities based on an extensive costing exercise. One key area of emphasis is geographical prioritization to focus on the six counties with the worst indicators. Health systems strengthening is another area of focus, with planned investments in infrastructure (including hospitals and quality of care in hospitals), emergency surveillance, preparedness and response, surveillance, and strengthening human resources for health. Given the country's demographic situation, adolescents are a key target population, with a particular focus on family planning. The country's existing performance-based scheme to strengthen quality of care in hospitals is also included in the draft Investment Case. A revised draft, with strengthened prioritization and financing gaps for further discussion with development partners identified, is expected in mid-February.
  - **Complementary Financing:** Discussions are underway with a number of potential financiers of the Investment Case, including the Global Fund and the US government. An IDA project that will support the Investment Case is in the advanced stages of preparation, and is likely to be in the range of US$16-23 million. It will be presented to the World Bank Board in the second quarter of 2016. A GFF Trust Fund grant of US$16 million will be linked to it.

- **Health Financing Strategy:** The development of a broad and prioritized medium-term health financing action plan is in progress. Liberia is keen to explore a health equity fund and pursue the pooling of external financing and a revolving drug fund for facilities, and equity-based resource allocation for priority counties.

MOZAMBIQUE

Mozambique is at the very beginning of the GFF process and is expected to formally launch its GFF process in March.

- **Country Platform:** Mozambique has an existing coordinating platform, with an engaged civil society community. The Ministry of Health has established a core team of high-level officials to coordinate and lead the GFF process. The need to proactively engage the private sector has also been identified as a priority.

- **Investment Case:**
  - **Highlights:** It is too early in the process to have identified priorities yet. The development of the investment case is expected to be a 6-9 month process.
  - **Complementary Financing:** A number of partners have expressed interest in engaging with the Investment Case process, including the DFID, the Dutch government, Gavi, the Global Fund (for which a new concept note will be prepared in early 2017, meaning that the timing works well for the Investment Case to inform that), and P4H. The IDA financing is in the very early stages and so is expected to be developed based on the priorities identified in the Investment Case.

- **Health Financing Strategy:** Planning has been ongoing for the past two years and a draft document from that process created, which will form the basis of renewed engagement. A number of partners have been involved in this, including DFID and P4H.

NIGERIA

Nigeria is at the very early stages of engagement with the GFF. The key initial question is the scope of the GFF engagement in the country, which has a federal system. This raises the question of whether it is possible or useful to have an Investment Case and/or health financing strategy nationally or to focus on a group of states. A national workshop on RMNCAH is taking place 16-18 February 2016, at which the GFF will be discussed.

- **Country Platform:** A technical working group created as a result of the new National Health Act will serve as the country platform, with a thematic sub-committee on health financing responsible for the development of the health financing strategy. Nigeria has a large and engaged private sector, which is likely to play a significant role in the process.

- **Investment Case:**
    - **Highlights:** Discussions are still underway about the form that the Investment Case will take. The Government of Nigeria is planning to develop a national health sector investment case, of which RMNCAH will be a sub-component. This would likely serve as the Investment Case for the GFF. There is strong national interest in nutrition, as that is likely to be identified as a priority, but overall it is too early in the process to have a clear sense of the priorities.
    - **Complementary Financing:** It is too early in the process to have determined the approach to complementary financing. The World Bank has recently provided considerable financing (US$500 million) to support the Saving One Million Lives initiative, and is also working on a new project in the northern part of Nigeria. In addition the government is keen to explore the options of a development impact bond for malaria under the GFF.

- **Health Financing Strategy:** Nigeria is currently developing a health financing strategy in tandem with the operationalization of the National Health Act. The new strategy lays emphasis on domestic resource mobilization and prioritization of strategic purchasing through the National Health Insurance Scheme. Health Financing Systems Assessment supported by the World Bank is currently being undertaken to inform the strategy. Other development partners, including the Gates Foundation and USAID, have also indicated their intention to support some of the analytical work on health financing.

SENEGAL

Senegal is at the beginning of the GFF process: a launch event to kick off the process and bring government, partners, and civil society together was held in early February. A consultation workshop for civil society was also organized by PMNCH's Africa Focal Point.

- **Country Platform:** Consultations are underway on Senegal's platform, which will build on the existing structures in the country.

- **Investment Case:**
    - **Highlights:** This process is just kicking off, so it is too soon for priorities to have emerged.
    - **Complementary Financing:** Some partners (e.g., JICA and USAID) have expressed interest in the process, but it is too soon to determine the full scope of complementary financing. An IDA allocation has not yet been agreed with the ministry of finance.

- **Health Financing Strategy:** Senegal is currently developing a UHC financing strategy (more focused on resource mobilization) in tandem with a health financing strategy, with a focus on broader health financing functions. The two plans are intended to be interlinked.

TANZANIA

Tanzania was one of the four frontrunners and was the first GFF country to begin implementation, with its support from IDA and the GFF Trust Fund having been approved in mid-2015. The country-led decision to adopt the One Plan II as its investment case made it possible for the country to move faster on the GFF process.

- **Country Platform:** Tanzania has a well-developed country platform, the Development Partners Group, which facilitated early consultations on the GFF. It includes relevant Ministry of Health departments including RITA (CRVS) and National Bureau of Statistics; health basket fund partners such as the World Bank, GIZ, Canada, DANIDA; UN agencies such as UNICEF, UNFPA, WHO; and bilateral partners like USAID that have been involved in GFF discussions. It has technical sub-groups including on RMNCH and on health financing, and these groups have been overseeing the work in their respective areas.

- **Investment Case:**
    - **Highlights:** When the country joined the GFF process, it was already in the process of developing the "One Plan II", which was used as the Investment Case. Additional discussions on CRVS are ongoing with WHO, UNICEF, and other partners.
    - **Complementary Financing:** A number of donors have committed to supporting the One Plan II. The US Government is financing a trust fund based at the World Bank that is providing US$40 million to RMNCAH, while a nutrition trust fund is contributing US$20 million. The IDA financing totals US$200 million, to which is linked a GFF Trust Fund grant of US$40 million.

- **Health Financing Strategy:** The strategy is close to finalization but has been slowed down because of the transition to a new government. The strategy will need to be reviewed for parliamentary approval.

UGANDA

Among the second set of GFF countries, Uganda is among the most advanced, having begun work in mid-2015.

- **Country Platform:** Uganda has been using an existing health sector coordination mechanism for the GFF process.

- **Investment Case:**
    - **Highlights:** The country has been developing a "Sharpened RMNCAH Plan" that will serve as the basis for the Investment Case. The final form of the Investment Case is still being finalized, but it will explicitly identify the country priorities that can be implemented within the envelope of available resources. The priorities are emerging and are likely to include skilled birth attendance (emphasizing focused antenatal care, labor and delivery management and immediate postpartum care), family planning

(including preventing teenage pregnancy), post abortion care and maternal sepsis management, as well as a set of health systems strengthening priority actions in the areas of human resource for health, supply chain management, and the delivery of an integrated RMNCAH community package.

- **Complementary Financing:** A new set of key financiers have been involved in the development of the Investment Case, and so discussions are underway around complementary financing, including with Gavi (which has a health systems strengthening grant under preparation) and the US government. There is ongoing discussion between the government and donor partners (led by BTS and Sida) on establishing a basket fund for RMNCAH. An IDA project (US$110 million) is currently under preparation and will be presented to the World Bank Board in June 2016, which the GFF Trust Fund will support with a grant of US$30 million.

- **Health Financing Strategy:** The development of a strategy has been underway for several years, but stalled now until the upcoming elections.

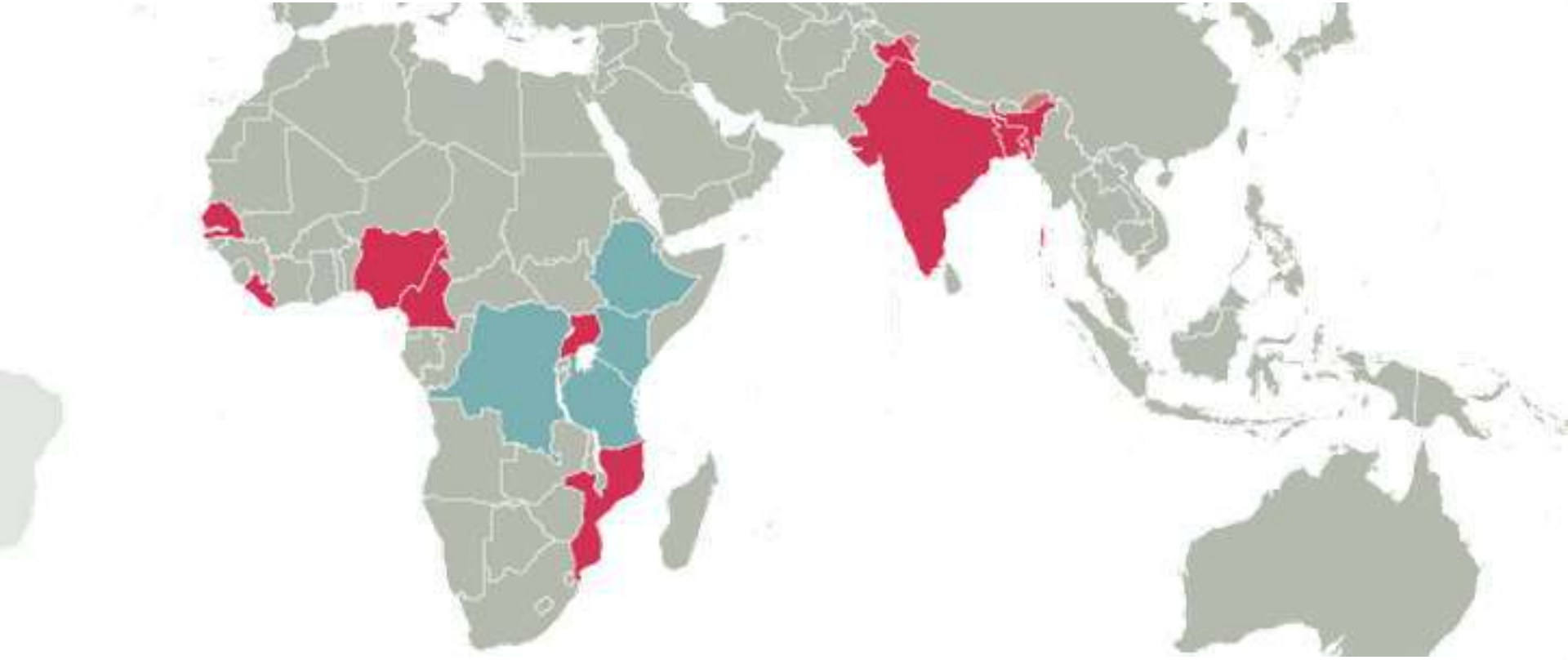
GFF portfolio update

GLOBAL FINANCING FACILITY

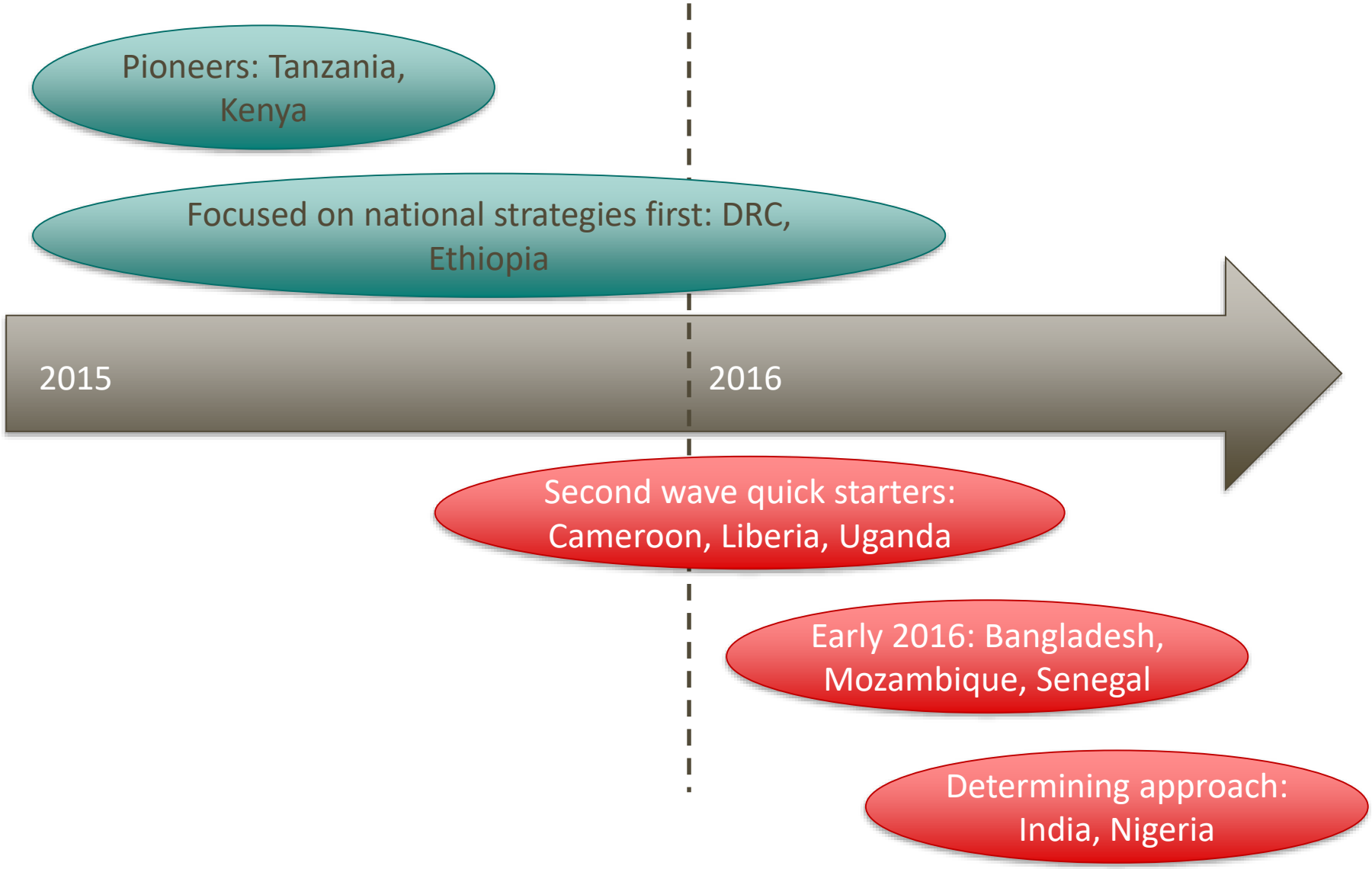
SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

GFF portfolio

- **Frontrunners:** DRC, Ethiopia, Kenya and Tanzania
- **Second wave:** Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda



Country status at a glance



DRC

- Country platform
  - Building on existing multi-partner platform
- Investment Case
  - Based on health sector strategy
  - Two priorities: addressing systems bottlenecks (human resources for health, supply chain/drugs, and public financial management); and achieving increased coverage of essential RMNCAH services at an affordable cost and prioritizing underfunded family planning and nutrition interventions
  - Draft expected March 2016
  - Strong commitments for complementary financing, building on existing platform with Gates Foundation, Gavi, the Global Fund, UNFPA, UNICEF, and the World Bank
  - Other support from Canada, Norway, US
  - IDA: US$220 million existing, US$100 million additional (Q4 2016), US$10 million CRVS (Q1 2016; as part of governance project); GFF Trust Fund: US$50 million
- Health financing strategy
  - Health financing assessment completed
  - Drafts of several elements prepared but several important areas (e.g., pooling, purchasing) still under development
  - Finalization expected June 2016

Ethiopia

- Country platform
  - To be confirmed at the upcoming Joint Consultative Forum (March), but likely to build on existing Joint Core Coordination Committee
- Investment Case
  - Likely to be a short annex based on Health Sector Transformation Plan
  - Addressing equity and improving quality of care are likely to be priority focus areas
  - Family planning, nutrition, and adolescent health are all well reflected in the HSTP and multi-sectoral linkages with WASH and education also emphasized
  - Strong interest in complementary financing, including from DFID, the Global Fund, the Power of Nutrition trust fund, and USAID
  - IDA: US$258 million (likely not until 2017); GFF Trust Fund: US$60 million
- Health financing strategy
  - Draft under review
  - Health financing a key issue (both social health insurance for formal sector and community health insurance for non-formal sector)

Kenya

- Country platform
  - Using RMNCAH TWG for Investment Case and Health Financing TWG for the health financing strategy
- Investment Case
  - National Investment Framework for RMNCAH in process of being published
  - Identified 20 target counties as priorities
  - Given decentralization, focus is currently on planning/prioritizing with counties
  - Strong support, including from governments of Denmark, Japan, UK, and US
  - IDA: US$150 million (Q2 2016); GFF Trust Fund: US$30-40 million
- Health financing strategy
  - Has been a longstanding process
  - Goal: increase access to outpatient and inpatient health care for all Kenyans and to reduce the out-of-pocket expenditures
  - Five key areas: resource mobilization; purchasing; benefits definition; accreditation and licensing; and governance

Liberia

- Country platform
  - RMNCAH technical working group developing Investment Case, health financing TWG for the health financing strategy
- Investment Case
  - Draft Investment Case being revised (including based on revised costing)
  - Four priorities
    - Quality EmONC and adolescent/youth-friendly RMNCAH service delivery
    - Emergency preparedness, surveillance and response (esp. maternal and newborn death surveillance and response)
    - Sustainable community engagement
    - Enabling environment: leadership, governance, and management
  - Discussions on complementary financing now underway, including with Global Fund and US
  - IDA: US$16-23 million (Q2 2016); GFF Trust Fund: US$16 million
- Health financing strategy
  - Existing financing strategy provides starting point but is in need of updating and complementing with an implementation plan that has prioritized actions
  - Key areas of interest include health equity fund and donor pooling

Tanzania

- Country platform
  - Development Partners Group acts as country platform, with technical sub-groups on RMNCAH and health financing
- Investment Case
  - One Plan II used as Investment Case
  - Implementation began in 2015
  - Complementary financing from USAID (US$40 million) and nutrition fund (US$20 million)
  - IDA: US$200 million (Q2 2015); GFF Trust Fund: US$40 million
- Health financing strategy
  - Close to finalization but has been slowed down because of the transition to a new government
  - Will require parliamentary approval

Uganda

- Country platform
  - Using an existing health sector coordination mechanism
- Investment Case
  - Draft Sharpened RMNCAH Plan serves as the basis for the Investment Case (which will be annex to it)
  - Emerging priorities:
    - Skilled birth attendance (focused antenatal care, labor and delivery management and immediate postpartum care)
    - Family planning (including preventing teenage pregnancy)
    - Post abortion care and maternal sepsis management
    - Delivery of an integrated RMNCAH community package
  - Discussions are underway around complementary financing, including with Gavi and USAID
  - IDA: US$110 million (Q2 2016); GFF Trust Fund: US$30 million
- Health financing strategy
  - Underway for several years, but stalled until the elections

Other countries

- Bangladesh: launched end of January
- India: government still determining its involvement with the GFF; decision expected by the end of February
- Mozambique: launch expected in March
- Nigeria: determining most appropriate approach/scope (particularly national vs. state level)
- Senegal: launched beginning of February

GLOBAL FINANCING FACILITY

CAMEROON UPDATE

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

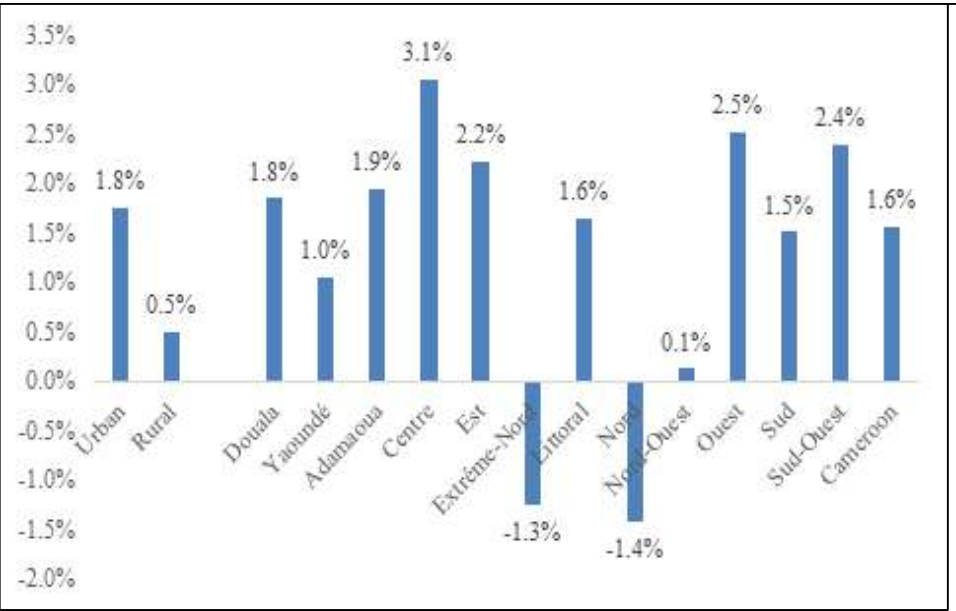
Outline

- Country context
- RMNACH health issues
- GFF process and financing

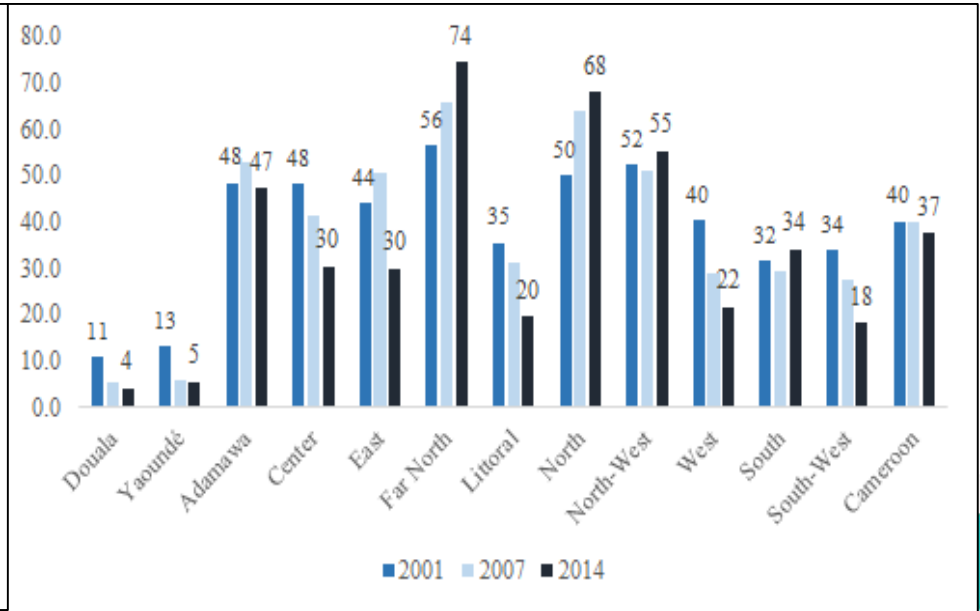
Country context

- **Population:** 22.8 million (2014)
- **GDP growth:** 3.9% in 2010, 5.9% in 2014
- **HDI index:** 153 out of 188 (2014), deteriorating over time
- **Poverty:** poverty indice around 40% since 2000 (38% in 2014)
- *56% of all poor in North and Far North regions*
  - Increase from 34% in 2001

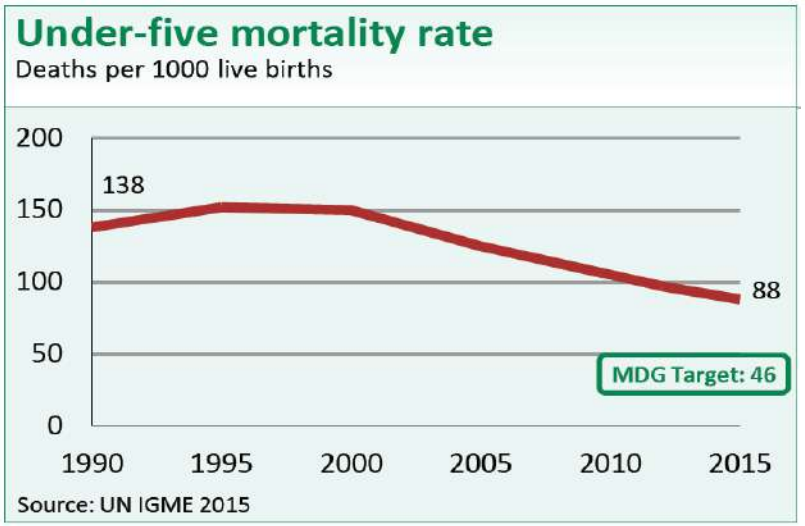
Real per capita consumption growth, 2001-14

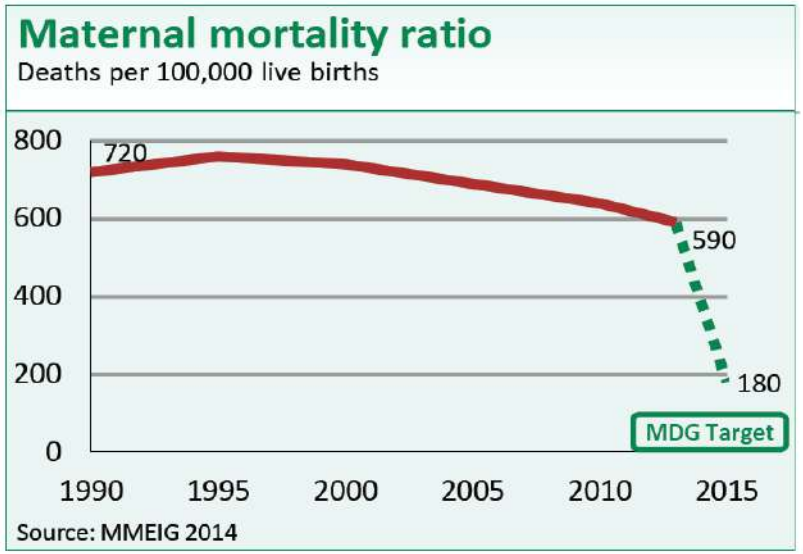


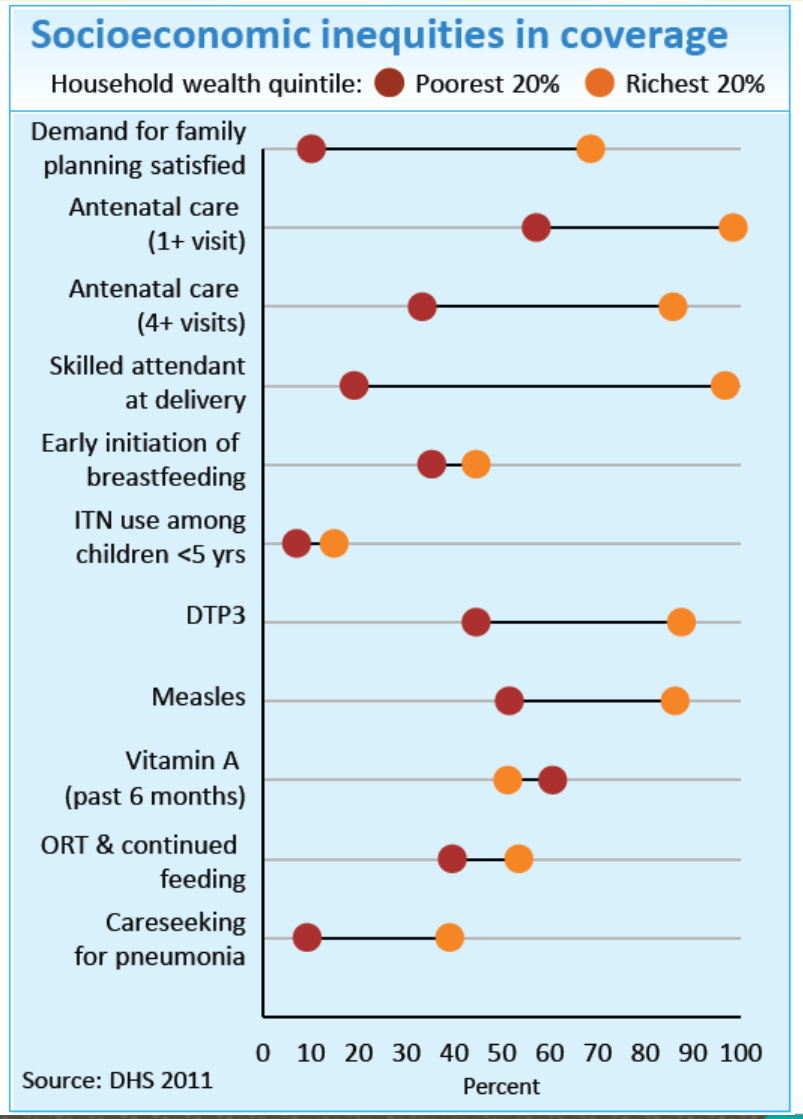
Poverty incidence, 2001-14



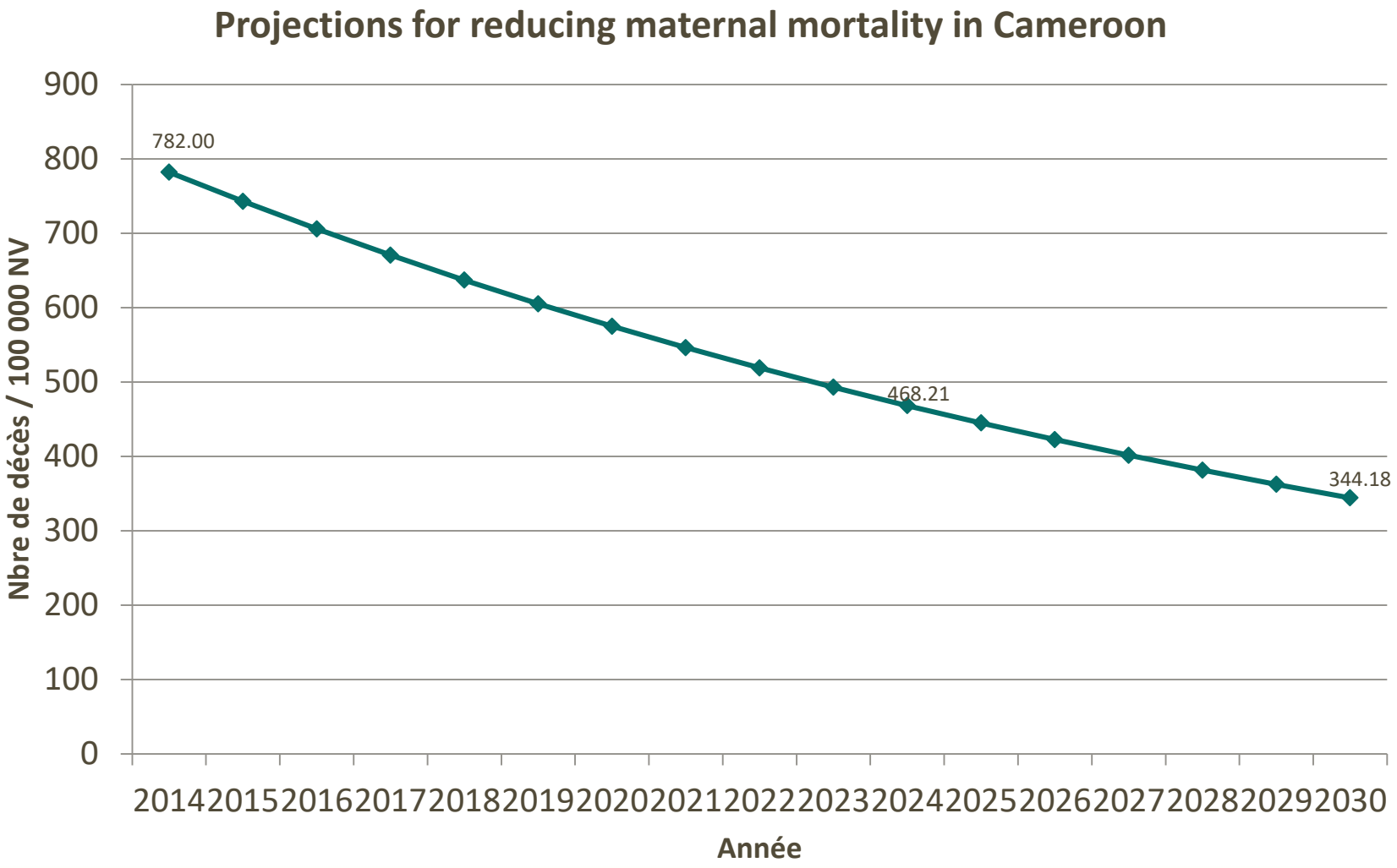
Equitable progress on attaining MDGs has been limited



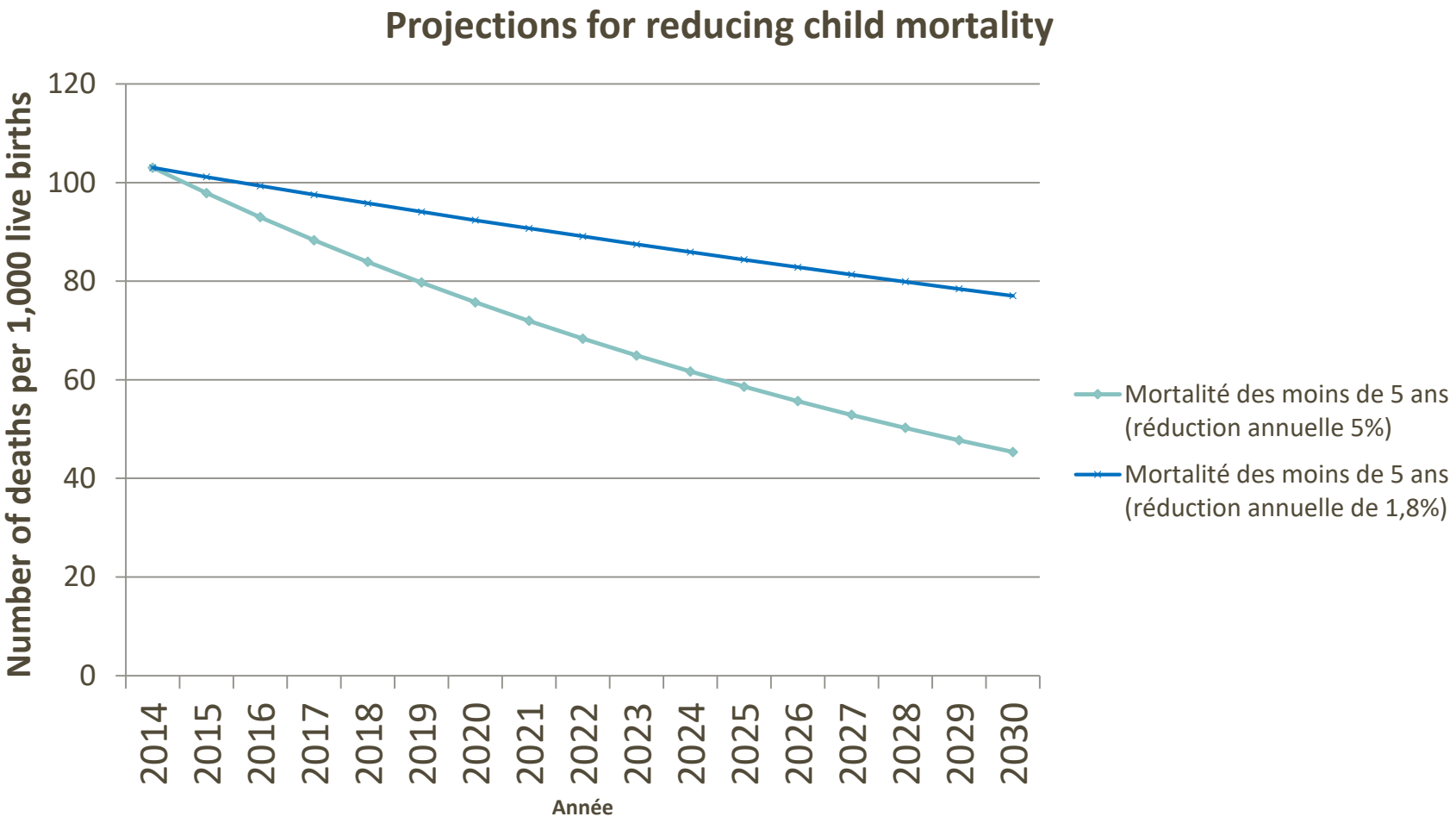




Future projections for key health outcomes

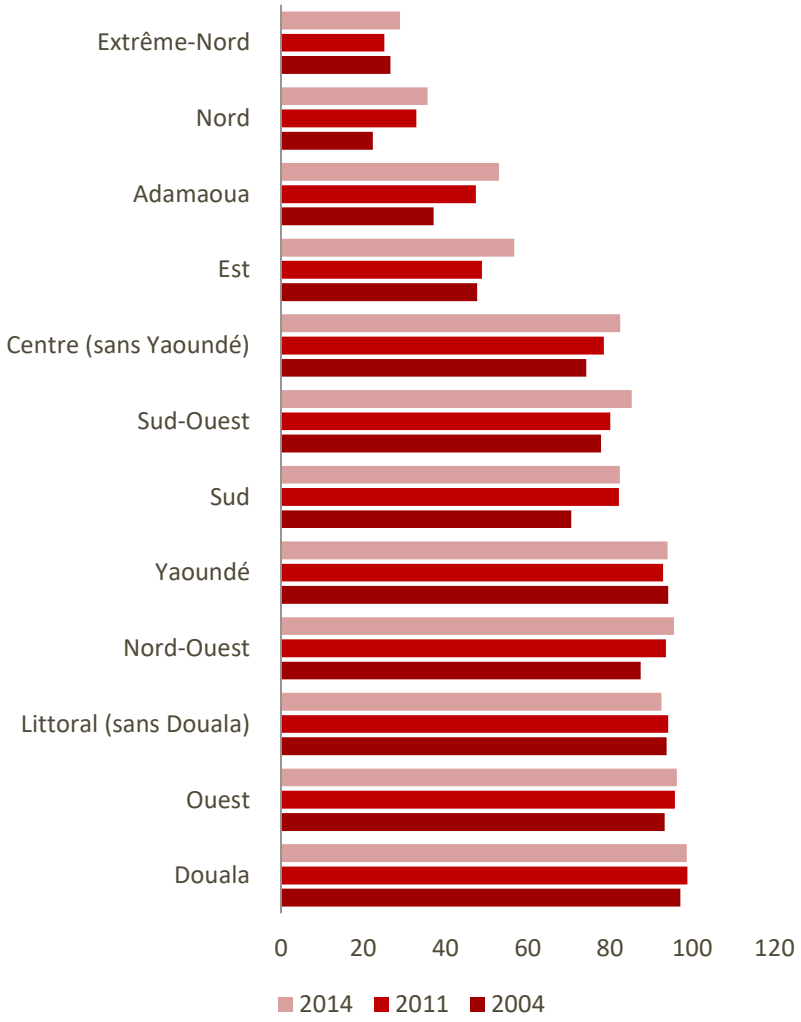


Future projections for key health outcomes (2)

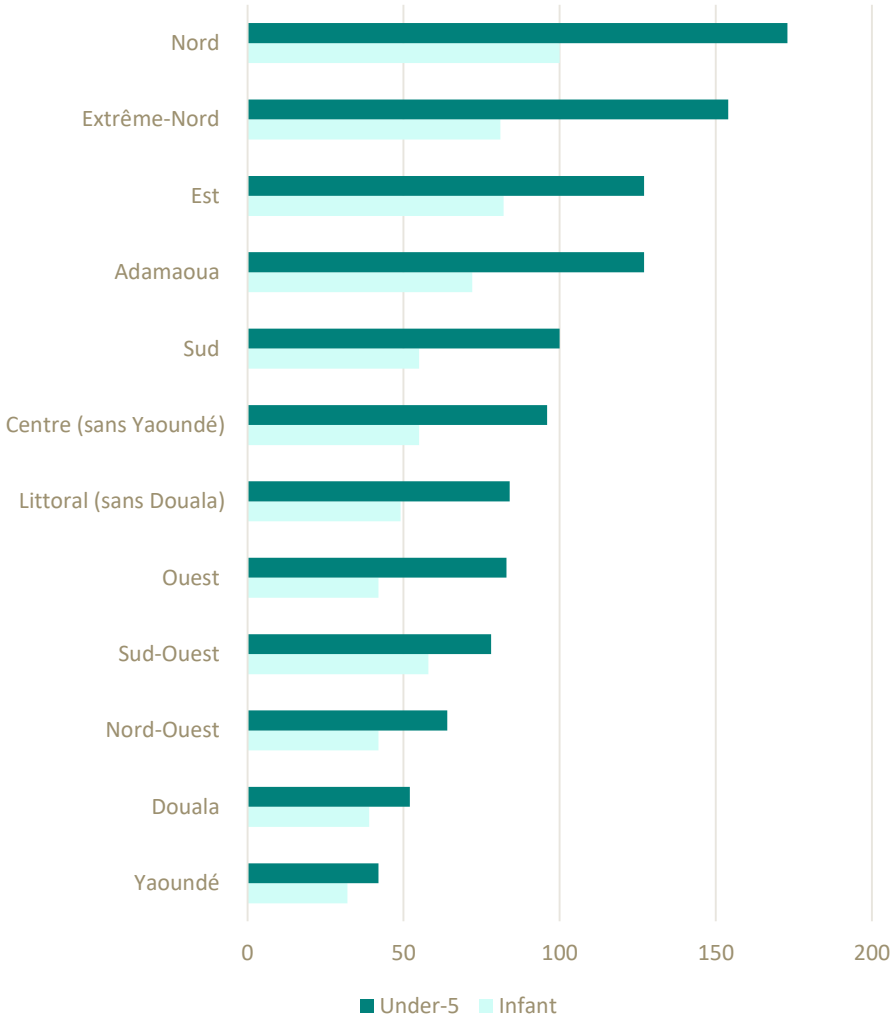


Regional inequalities

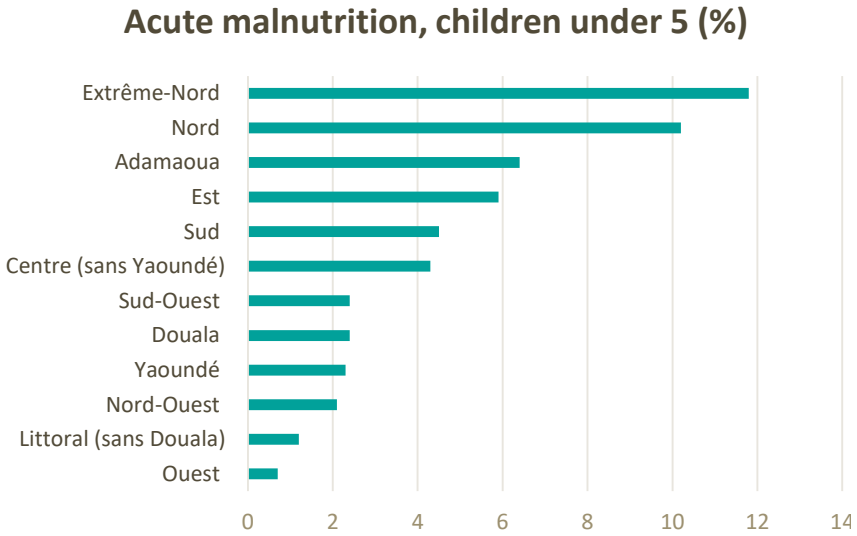
Assisted Delivery, 2004-2011

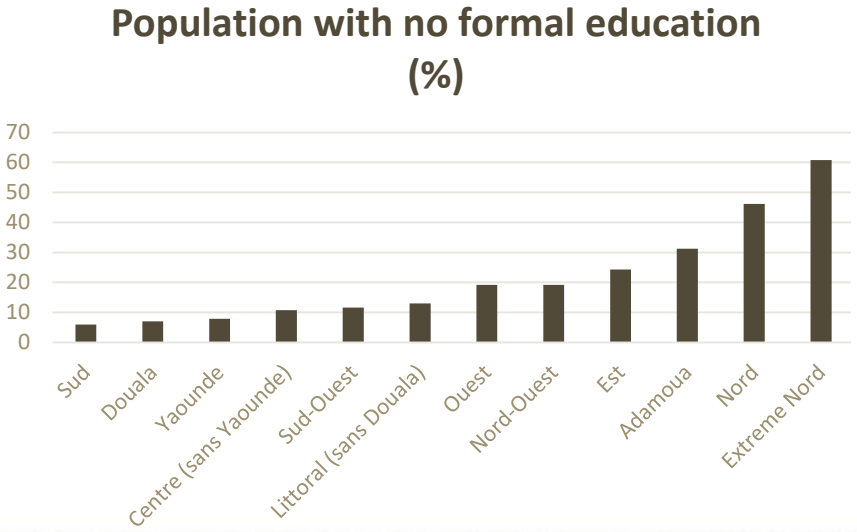


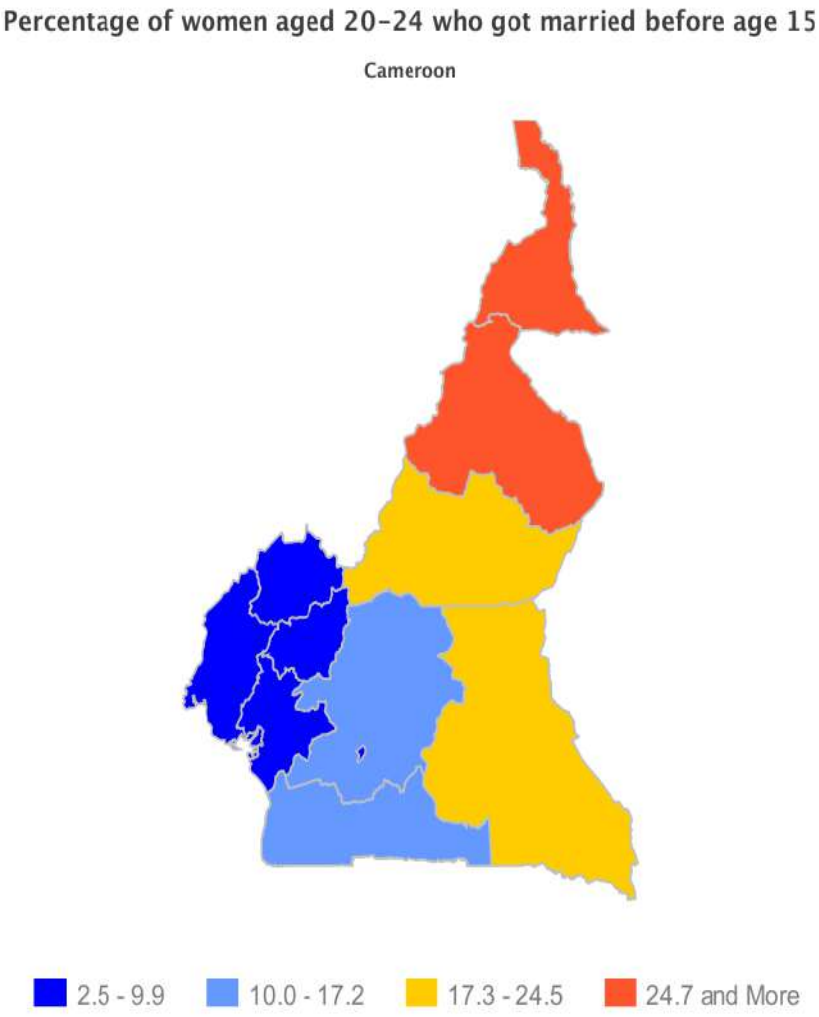
Infant and child mortality, 2014



Multisectoral challenges linked to RMNACH and nutrition







Health sector context

- Political will for ensuring the health of the population is clearly indicated in national policy documents - Growth and Employment Strategy Paper and elaborated in the new health sector strategy (HSS) (2016-2027)

- The HSS aims at reinforcing the health system, improving universal access to care and services, in order to reduce morbidity and mortality in the general population

- Epidemiology dominated by communicable diseases and NCDs with significant geographical inequalities

- Improvement of maternal and child health is a major priority

The GFF: a unique opportunity

- Has come at the right time when Cameroon, considering the challenging RMNACH and nutrition indicators, is determined to build up robust action to change the situation

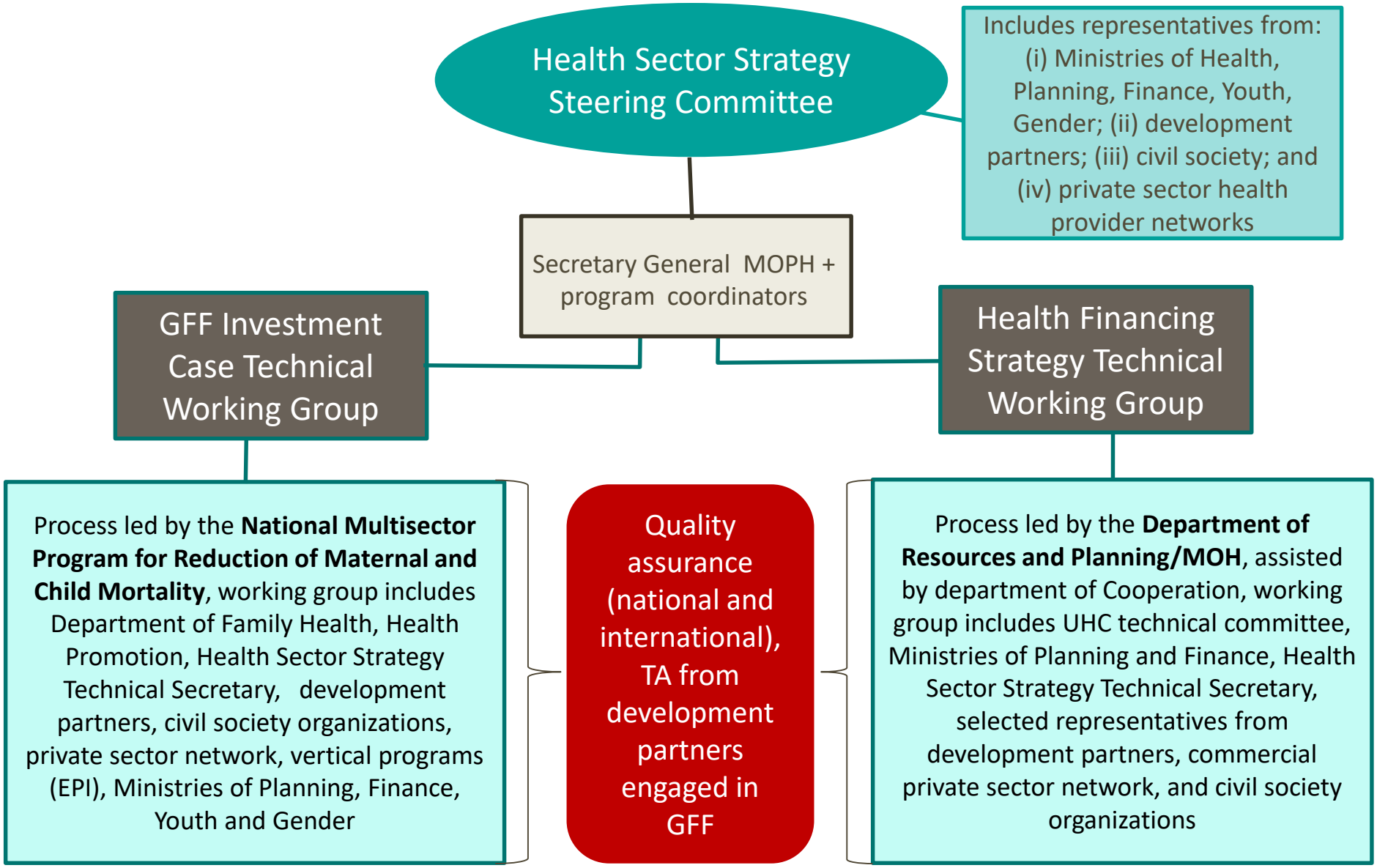
- GFF opportunity will be used to address some of the major challenges including improving on equity considerations in delivery of RMNACH care and service delivery

- GFF seen as an opportunity:
  - To improve coordination (financing, PBF, community health, adolescents)
  - To think about transition (Global Fund, Gavi – need for sustainable financing)

GFF process guiding principles

- Build on existing institutional structures to put in place GFF coordination platform in view of alignment, considering mother and child domain as sub theme of this institutional platform
- Be as inclusive as possible throughout the process and improve coordination, coherence and complementarity

Governance of the GFF process



Highly consultative process

- Kickoff in October with 200 participants from all key constituencies
- Dedicated consultations with civil society, the private sector, and development partners
- Multiple partners supporting different elements of the process

Strong analytical basis being developed for the Investment Case

- Use of recent surveys: MICS (UNICEF), health facility and household surveys from PBF impact evaluations (World Bank)
- Dedicated analytical work on:
  - adolescents (supported by UNFPA)
  - demographic dividend (UNFPA)
  - nutrition (UNICEF)
  - supply chain/pharmaceutical sector (MSH, WB)
  - health financing (WHO, P4H, WB)
  - human resources (WB)
  - Health facility performance (PHCPI)
- EQUIST for MCH and nutrition (supported by UNICEF)
- RMNACH resource mapping (RMCH TF)

Issues emerging from analytical work

- **Programmatic and health systems areas:**
  - Adolescent and reproductive health
  - Maternal health
  - Newborn health
  - Nutrition
  - Multisectoral determinants, particularly for adolescents
  - Human resources
  - Supply chain/pharmaceuticals/commodities
  - Community health
  - Health Information system
- **Service delivery modalities:**
  - Focus on community health
  - Extension of PBF
  - Improved governance and coordination (performance contracts at central level)
- **Geographical focus:** three northern regions are most disadvantaged

Prioritization process

- **Prioritization workshop set for week of 22 February**
  - Key input is understanding of the resources available for implementation (supported by RMNCH Trust Fund)
- **A number of innovative ideas are already emerging:**
  - Development impact bond for Kangaroo Mother Care
  - Cash transfer to support adolescent girls
  - RBF for education with focus on adolescent health outcomes
  - Links between health, social protection, youth, gender community development, and education programs
- **Strong dialogue already underway with financiers on complementary financing of the Investment Case**
  - Building on existing PBF platform for collaboration between development partners: MOH, UNFPA, UNICEF, and the World Bank
  - Strong interest from GAVI and the Global Fund notably around community health
- **Quality assurance mechanism is being developed to ensure robustness of process**

Health financing issues

- **Key issues:**

  Broader dialogue on health financing (in context of UHC) just beginning:

  - Significant expenditure on health but stagnating results (efficiency in health financing?)
  - Very limited information and data on financing
  - little financial protection for the population
  - Support from several partners but fragmentation of initiatives (both within government and among partners)
  - Work already underway regarding innovative health financing mechanisms – National Health Fund
  - Embarking on UHC and developing the vision for Cameroon's health system in the future, including sustainable financing

- **Health financing workshop:** February 18-19 to launch process
  - WHO (Country office, Geneva, regional), World Bank, ILO, CHAI, etc.

Next steps

- **March 2016:** Post prioritization workshop, further technical work to define key interventions within each domain
  - Simulations based on various resource envelope scenarios

- **April 2016:** Finalization of Investment Case and validation at country level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TRACKING FINANCING FOR RMNCAH, UHC AND HEALTH: DEFINING INDICATORS FOR SMART, SCALED AND SUSTAINABLE FINANCING

OVERVIEW

This document presents a set of indicators on smart, scaled and sustainable financing for monitoring the impact of the GFF on key results for reproductive, maternal, newborn, child, and adolescent health (RMNCAH), universal health coverage (UHC), and health. This document is an input into a broader discussion on health financing at the Investors Group meeting, which will look at financing flows for RMNCAH and on work related to health financing strategies. In light of the detailed and technical nature of this component of the session, it is being circulated in advance of the Investors Group meeting.

ACTION REQUESTED

This document is intended to provide background information for the discussions of the Investors Group and is not for decision or approval. Members of the Investors Group are invited to submit technical comments on the document.

RECOMMENDATION

Given the centrality of smart, scaled, and sustainable financing to the overall success of the GFF, the Secretariat is requested to work closely with countries in implementing the measurement of these indicators, once finalized, and to update the Investors Group annually on progress in financing for RMNCAH, UHC, and health.

BACKGROUND

The Global Financing Facility has been established to provide smart, scaled, and sustainable financing to achieve reproductive, maternal, newborn, child, and adolescent health (RMNCAH) results at country level. Measuring the collective efforts at improving smart, scaled, and sustainable financing is an essential part of the work of the GFF, but one that is currently hampered by the insufficient availability and inadequate quality of data about financing for RMCNAH, as discussed at the first meeting of the GFF Investors Group in September 2015.

The GFF presents an important opportunity to improve country and global monitoring of smart, scaled, and sustainable financing, and this paper describes one key element of this process: it contains a draft set of indicators to track progress on smart, scaled and sustainable financing that can be used to monitor the impact of health financing activities supported by the GFF on key results for RMNCAH, universal health coverage (UHC), and health. It has been produced as a follow-up to an initial discussion at the first Investors Group meeting, and it builds on previous work on results monitoring included in Annex 10 of the GFF Business Plan[1].

Figure 1 below shows the theory of change for the GFF. Domain 1 refers to direct financing of results at country level. The GFF mobilizes complementary financing for results from a range of sources, including domestic financing (from both public and private sectors), the GFF Trust Fund, IDA/IBRD resources, the financing of Gavi and the Global Fund, bilateral donors. The results of this direct financing are tracked through a set of programmatic indicators. Initial work was done on defining these for the GFF (also included in Annex 10 of the GFF Business Plan), but at the time those indicators were prepared, the need to ensure close links with the indicators being developed for the Sustainable Development Goals and for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) was highlighted. The World Health Organization is leading a process to define indicators for the Global Strategy, which should also serve as core indicators for the GFF. Consultations are underway with WHO about operationalizing this, and further developments will be shared with the Investors Group as soon as possible. Therefore this document does not describe indicators for the last two columns of Figure 1 (labeled outcomes and impacts), although it is important to recognize that these are the ultimate metrics of progress on RMNCAH, as the point of smart, scaled, and sustainable financing is to reduce morbidity and mortality and improve the health and quality of life of women, adolescents, and children.

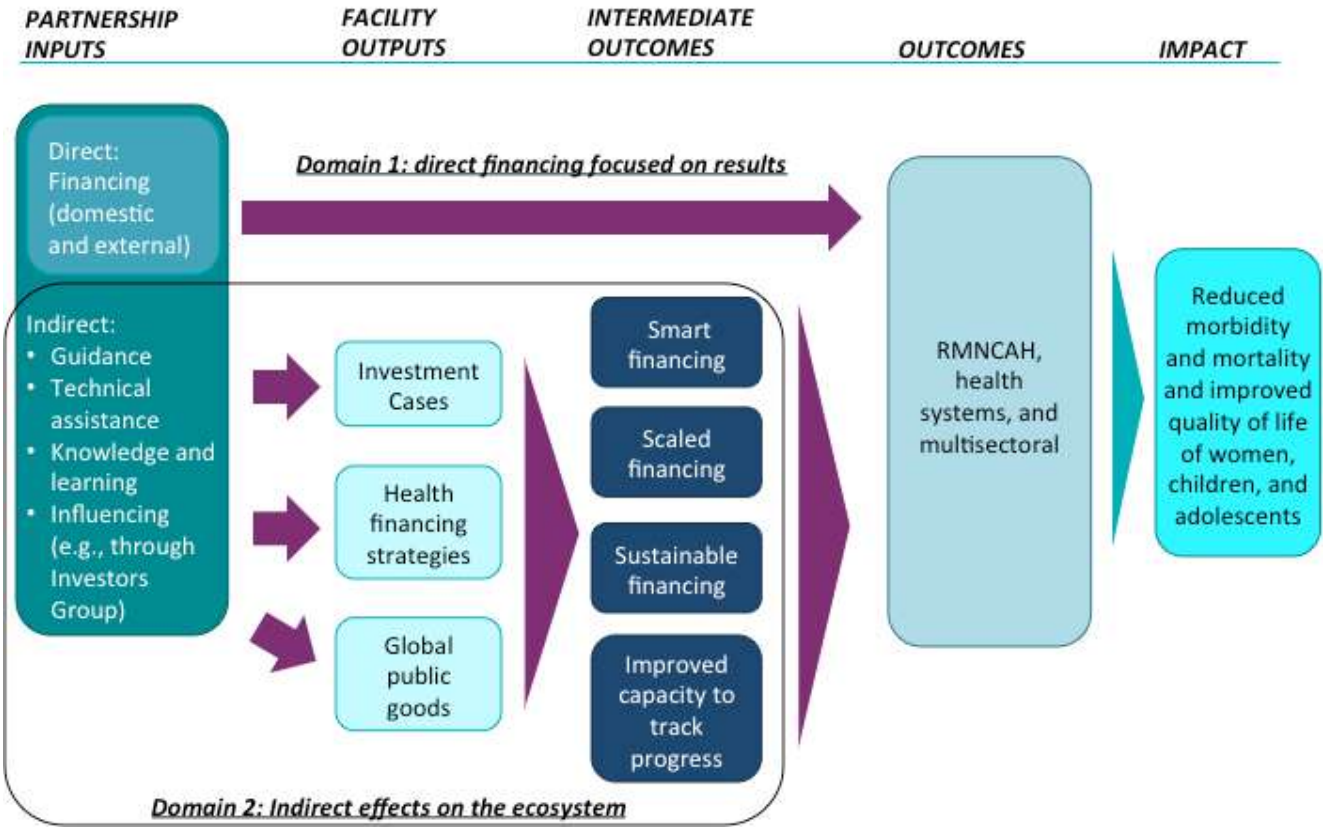
Domain 2 shows indirect actions that reflect the GFF's efforts to shift an entire ecosystem. These actions are related to the development and implementation of Investment Cases for RMNCAH (IC), the elaboration of long-term health financing strategies (HFS), and the generation of global public goods (GPG) such as innovation or knowledge and learning. These three outputs contribute to the intermediate outcomes that are summarized under the headings of smart, scaled and sustainable financing (the terms are outlined in the GFF Business Plan) and improved capacity to track progress.

Although the results chain shows these outputs combining with the direct financing domain to improve the health of women, children and adolescents (an impact), this document focuses only on the four intermediate outcomes related to smart, scaled, and sustainable financing as well as the quality of outputs

[1] Business Plan: Global Financing Facility in Support of Every Woman Every Child, May 2015

of the GFF as a facility, as described in Figure 1.[2] Because the focus is on financing for RMNCAH, UHC, and health, the discussion of GPGs is also limited to those associated with health financing and improved capacity to track progress.[3]

Figure 1: Proposed theory of change for direct and indirect financing domains



OBJECTIVE

The purpose of this document is to propose indicators on smart, scaled and sustainable financing that countries can use to monitor the impact of health financing activities supported by the GFF on key results for RMNCAH, UHC and health. It is proposed that the results frameworks of Investment Cases and the Health Financing Strategies would draw on these indicators once finalized.

CONTENT

There are a number of ways to assess the desirable characteristics of indicators. Table 1 includes indicators: 1) that clearly measure the underlying quantity of interest (listed in the first column as "intermediate outcome" or "output"; 2) can be replicated by different people, and across countries and time periods (barring measurement error); 3) where a move in one direction of the indicator clearly

[2] It is also recognized that Investment Cases, health financing strategies and the generation of GPGs will also improve people's capacity to use health services, and their health and financial wellbeing – aspects that are important to the overall results framework for the GFF but which are beyond the scope of this document.

[3] Although not shown in Figure 1, Domain 1 will also inevitably impact on the smart, scale and sustainable financing outcomes.

denotes improvement or deterioration; and 4) where measurement of this indicators would not place a too great a burden on the country in terms of administration and cost.

As much as possible, the proposed indicators draw on other internationally agreed indicators – for the SDGs, the interagency 100 Core Health Indicators, the joint World Bank/WHO framework for measuring progress to UHC, and the indicators agreed through the IHP+ process.

The columns labeled "lead" and "lag" in Table 1 are used to reflect how quickly the indicator is likely to change as a result of GFF related activities. Lead indicators are expected to change quickly (within 12 months), while lag indicators would be expected to change at a slower pace (3-5 years). In cases in which "lag" indicators can be measured annually, this is noted, even if they will change more slowly than the "lead" indicators. At the same time, although lead indicators might change relatively rapidly, for some of them it would not be possible to measure them immediately because of delays in data availability.

Indicators can be defined to fit two uses. The first is for countries to establish a baseline and then monitor their own progress and use these data continuously to improve performance. The second is to measure overall impact of the GFF activities across countries to assess global progress. The present document focuses on the indicators that countries could use themselves, although since global monitoring would need to capture progress across all country reports, this document provides a clear sense of the indicators that will be used for global tracking and reporting.

CONCLUSION AND NEXT STEPS

As noted in Table 1, many of the indicators can already be captured from ongoing activities at the country level to track progress on health expenditures. However, the systems are not currently in place to capture data for all of the proposed indicators. The implication of this is that to deliver in this area, resources will need to be invested in improved data collection and capacity building at the country and global levels.

Next steps include:

- Consult with partners on the draft indicators, particularly members of the Investors Group. A particular area of follow-up will be with WHO to build on preliminary conversations about the linkages between this work and the work on indicators for the Global Strategy.
- Validate the proposed indicators by collecting data in the 12 countries being financed by the GFF Trust Fund. Baseline data will be presented during the next Investors Group meeting.
- Estimate the likely costs associated with gathering these data, to inform subsequent discussions with the Investors Group and with countries receiving financing from the GFF Trust Fund.

RECOMMENDATION

The GFF Secretariat is requested to follow up on these next steps and report on progress during the next Investors Group meeting.

TABLE 1: Smart, Sustainable and Scaled Indicators

1.1 Smart financing

As defined in the GFF Business Plan smart financing focuses on improving allocative efficiency, technical efficiency and administrative efficiency. Improved equity is also classified under "smart".

		Lead indicator (1 year)	Lag indicator (3-5 years)	Source of data
Intermediate outcome:	**Intermediate outcome indicators:**			
Financing that is more focused on evidence-based, high-impact interventions are prioritized and delivered in an efficient and equitable manner	**Efficiency: allocative, technical, administrative** 1. **Allocative efficiency:** If the IC aims to increase the share of expenditure on prevention/promotion: % of government recurrent RMNCAH expenditure spent on prevention.[4] 2. If the HFS aims to increase expenditures on prevention/promotion: % of government recurrent health expenditure spent on prevention.		X X	1. National health accounts (NHA) distributive accounts.[5] 2. National health accounts (NHA) distributive accounts.

[4] The preferred allocative efficiency indicator would be "the proportion of government recurrent expenditure on RMNCAH spent on an agreed package of interventions as defined in the IC." This would be compared to a nationally defined yardstick of desirability specified in the results-framework of the IC. There would be a second version as well for the share of all government health spending spent on an agreed package as specified in national policies. However, it is not possible to measure this currently; doing so would require full national health accounts (NHA) distributive accounts by type of intervention. Current distributive accounts do not allow this, but the data could be obtained if GFF financed this, so the cost implications are being explored. Ideally, this would be complemented by an indicator of the allocative efficiency of external fund: "% of external funding for a. health and b. RMNCAH that finances an agreed cost-effective package of interventions as defined in national policies (health) or in the Investment Case (RMNCAH) (two separate indicators)." Measuring this would require additional breakdowns to those currently available through NHA or other donor tracking systems.

[5] All 12 GFF trust funded countries have done, or are starting, NHAs with distributive accounts and they are, hopefully, being continued annually. These distributive accounts can produce expenditure on reproductive health (including women's health linked to pregnancy and delivery), and child health. The sum is used as an estimate of RMNCAH spending. To produce more detailed accounts taking, for example, HIV prevention among adolescents would require more detailed analysis of the type that the HIV community does intermittently. It uses the distributive accounts to get the details of expenditure on HIV/AIDS, but intermittently does additional work with countries to obtain a more detailed breakdown of expenditures consistent with SHA2011.

		3. If the country has defined an essential package of health services: All key services identified in the IC for RMNCAH are included **4. Technical efficiency**. Government purchase price of a selected basket of essential RMNCAH medicines compared to the international reference price (after adjusting for freight costs) [6] **5. Administrative efficiency**: government budget execution rate for health and for RMNCAH (two separate indicators), judged against a nationally appropriate target.[7] (Where countries revise the budget during the financial year, use the revised budget.)	X	X	**3.** Comparison of the essential package with the IC **4.** Government records and reports. **5.** Government audit or public expenditure tracking survey (PETS) where available
		Equity: **6.** Incidence of catastrophic health expenditures among all key vulnerable groups (e.g. the 2 lowest income quintiles, women and people living in rural areas).		X	**6.** Routine household expenditure surveys or modules
Alignment and development assistance practices		**7.** % of external funding that is on budget for: a. health; b. RMNCAH (2 indicators)		X	**7.** Routine NHA
	Outputs	**Output indicators**			
	ICs identify priorities in a manner consistent with the GFF principles	The IC: ▪ Defines a set of results, including which aspects of the RMNCAH continuum and/or the health system that the country wishes to focus on ▪ Contains RMNCAH intervention and health systems strengthening priorities that have been costed and that can be implemented with the envelope of resources available over the timeline of the Investment Case	X for all		Qualitative review of ICs

[6] Possible additional options that are relatively easily obtainable are: a. the share of expenditures for RMNCAH and health on inpatient vs outpatient and day care; b. share of government recurrent expenditure on salaries; c. the share of recurrent expenditures to capital expenditures.

[7] Baseline to be decided when we explore various country implementation rates.

		▪ Demonstrates that issues of equity, efficiency, multisectoral determinants of RMNCAH outcomes, and upcoming structural shifts have been considered in the definition of results and priorities ▪ Describes how the desired results will be monitored and evaluated (Note: Each bullet is a separate indicator)			
	HFS address key underlying causes of inefficiency and inequality in financing	The HFS identifies and includes strategies for addressing key inefficiencies in the health system. (Note: Inefficiencies will differ by country but often involve the choice of interventions (indicator 1 & 2 above), sources of technical efficiency (3 above) and administrative efficiency (4). They might also include inefficiency associated with purchasing and payment mechanisms.)	X		Qualitative review of HFS
		The HFS identifies sources of inequity in financial protection and develops policies to reduce them	X		Qualitative review of HFS
		The HFS has been formally endorsed by an appropriate authority – parliament, president's office, ministry of finance etc. – where that is required for implementation		X	Qualitative review of HFS

1.2 Scaled financing

In the GFF Business Plan scaled is described in terms of raising additional resources as the country grows, ensuring OOPs declines in importance as this happens, and harnessing private sector.

		Lead indicator (1 year)	Lag indicator (3-5 years)	Source of data
Intermediate outcome:	**Intermediate outcome indicators:**			
Scaled financing from domestic and external sources, public and private while reducing reliance on OOPs	1. Total health expenditure per capita for a. health, and b. RMNCAH (2 separate indicators).		X (data avail annually for all)	1. Routine NHA for a. Part b requires NHA with distributional matrix

		2. Pooled expenditure per capita (government plus compulsory and voluntary health insurance) on: a. health and b. RMNCAH (2 separate indicators). 3. The ratio of general government health expenditure (GGHE) as a share of total general government expenditure (GGE) (GGHE:GGE). 4. The ratio of OOPs/total recurrent health expenditure. 5. The incidence of financial catastrophe and impoverishment linked to OOPs. 6. % of the projected costs of the Investment Case for which finance is available (from inception to the date of evaluation).	X	X X X X	2. NHA 3. NHA 4. NHA 5. Intermittent HH expenditure surveys/modules 6. Government audit, donor reports
	Outputs	**Output indicators**			
	Increased domestic resource mobilization for health and for RMNCAH from public sources	The HFS assesses the availability of domestic resources for health and key subcomponents of it, including RMNCAH, and where they are considered too low, set targets for raising more.	X		Qualitative review of HFS
	Reduced reliance on OOPs	The IC considers levels and the nature of OOPs for RMNCAH services and recommends approaches to reduce them. The HFS considers the level of OOPs overall. Where considered too high, it develops approaches to reduce them.	X X		Qualitative review of HFS and IC
	Harnessing the private sector	The IC **and** HFS identify keys ways in which the private sector can contribute in financing or improving: ▪ Coverage and quality of services (RMNCAH for the IC and health for the HFS) delivery ▪ Supply chains for key commodities ▪ Access to capital for private providers ▪ Innovation	X		Qualitative review of HFS and IC

		Note: Two indicators, one for IC one for HFS. The IC develops a process for engaging with the private sector on financing RMNCAH.	X		
	IC leads to agreement on complementary financing that reduces overlaps and gaps, and improves efficiency	% of the donors that are funding RMNCAH interventions that finance only the priorities identified in the Investment Case.	X		Qualitative review of IC and agreements between World Bank and key financiers

1.3 Sustainable financing

In the Business Plan the components described are increasing fiscal space and allocations to health; diversification of domestic sources of financing; reduced reliance on external assistance; adequate size of risk pools to assure financial protection; and technical efficiency. As described above, technical and administrative efficiency indicators are included in 1.1 (smart).

		Lead indicator (1 year)	Lag indicator (3-5 years)	Source of data
Intermediate outcome: Increased capturing of economic growth to secure universal coverage with essential services for women, adolescents, and children	**Intermediate outcome indicators:** 1. Growth rate in: a. government expenditure; b. government health expenditure, and c. recurrent government RMNCAH expenditure, compared to the GDP growth rate (Note: use a 3 year moving average. These are 3 separate indicators).		X	1. Routine National Accounts and NHA for a. and b. Part c. requires NHA with distributional matrices
Reduced reliance on grants and external assistance	2. Growth rate in domestic expenditure on a. health, and b. RMNCAH, compared to the growth rate in external sources of finance. (Use a three year moving average. 2 separate indicators).		X	2. Routine NHA for a. Part b. requires NHA with distributional matrices
	3. The share of pooled expenditure in total private expenditure. 4. Where fragmentation of financial risk pools is identified as a problem in the HFS: a policy to reduce fragmentation or a form of "virtual" risk adjustment across pools is being implemented.		X X	3. Routine NHA 4. Administrative records

	Outputs	Output indicators			
	Improved long-term planning for domestic resource mobilization, risk pooling, and purchasing through the use of health financing strategies	▪ Where appropriate based on local context, the HFS includes an explicit strategy for transitioning from financing from Gavi and/or the Global Fund to Fight AIDS, Tuberculosis and Malaria to domestic financing. ▪ The health financing strategy contains an implementation plan.	X X		Qualitative review of HFS
	Increased capacity for financial protection	▪ The HFS considers fragmentation in risk pooling and whether it is a problem for equity or efficiency, and if so, develop strategies to address this.	X		Qualitative review of HFS

1.4 Improved ability to track progress and learning

		Lead indicator (1 year)	Lag indicator (3-5 years)	Source of data
Intermediate outcome:	**Intermediate outcome indicators:**			
Improved capacity to track availability and use of funds including for RMNCAH	1. A timely audited report of government expenditures (including on-budget funding from external partners) including on RMNCAH is available for the most recent financial year. 2. A set of national health accounts (NHAs) with distributive matrices has been produced in the last 3 years. 3. A more detailed distributive account for RMNCAH has been done for baseline, and one is planned after 5 years (or less), at least for government expenditures.[8] 4. A household expenditure survey/module including health expenditures has been undertaken in the last three years.	X X		1. Country audit reports 2. NHA database

[8] Information that is available from the full distributive accounts of NHA typically provide expenditures on reproductive health (including women's health) and child health. Additional work would need to be added to these processes to include expenditure on adolescent health as defined for RMNCAH.

				X X	**3.** Country assessment **4.** Country assessment
	Outputs	**Output indicators**			
	Improvements in tracking financing flows for universal health coverage and RMNCAH	▪ The IC includes metrics on resource flows for RMNCAH. ▪ The HFS reviews the capacity to track expenditures including for RMNCAH, and defines strategies to produce more timely or more information where necessary. ▪ A strong audit system for government, donor and NGO health expenditures including on RMNCAH exists.	X X X		Qualitative review of IC Qualitative review of HFS Country/partner assessments
	Country learning and contribution to the development of global public goods that address knowledge gaps	▪ Number of learning exchanges and performance benchmarking events on health financing and/or investment cases in which the country has participated. ▪ Existence of an annual review of progress and lessons learned in implementing HFS and/or IC for RMNCAH (separately or as part of a broader process like a review of the national health plan/strategy).	X X		Country/partner assessments

Financing RMNCAH

GLOBAL FINANCING FACILITY

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

Objective & outline

Objective

- To further explore issues towards achieving smart, scaled and sustainable financing of RMNCAH and health

Outline

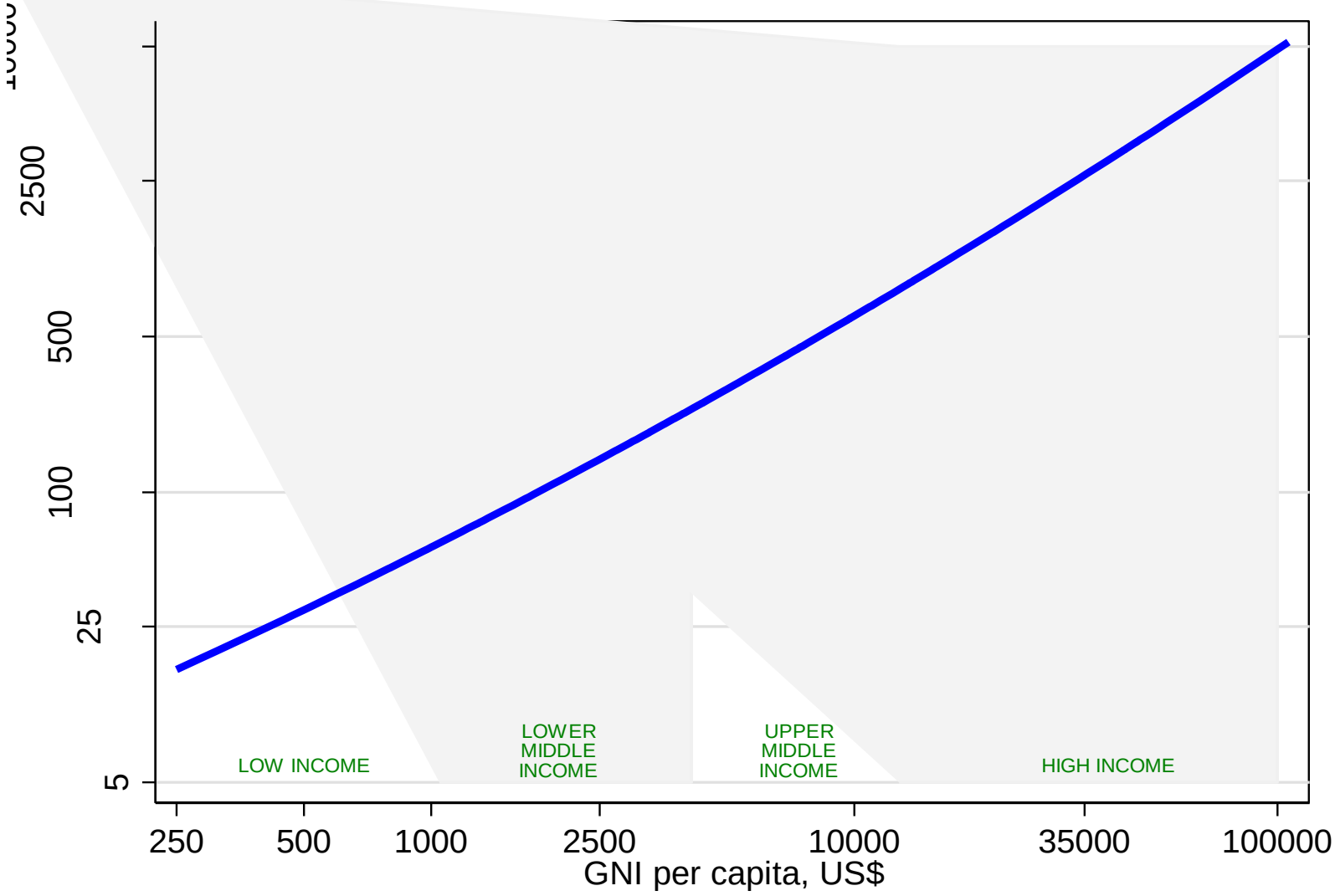
Part I:

- Health financing transition
- DAH flows for RMNCAH
- *Discussion*

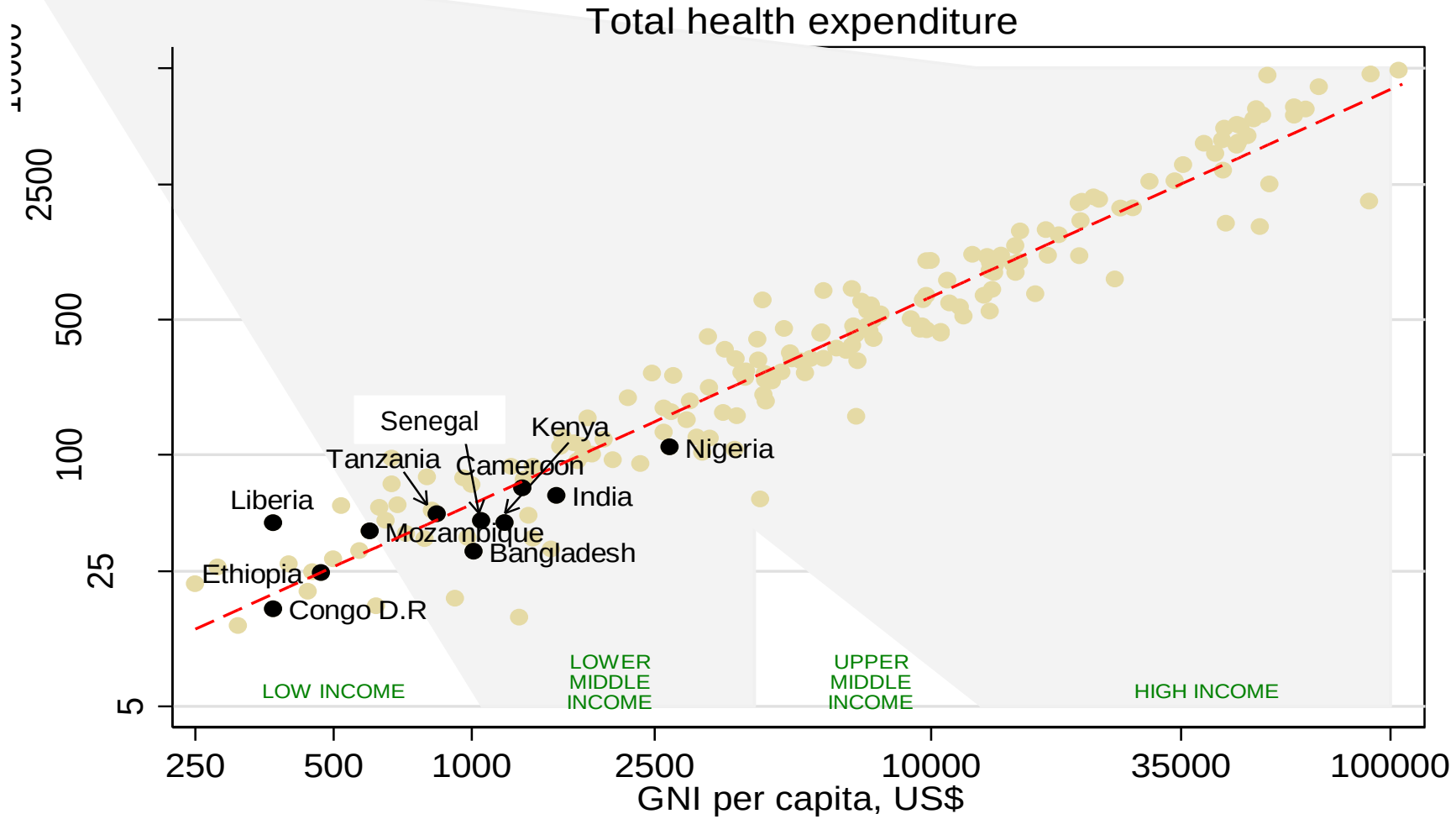
Part II:

- Monitoring smart, scaled and sustainable financing
- Monitoring outputs: Progress in developing health financing strategies
- *Discussion*

With growth, total health expenditure increases…

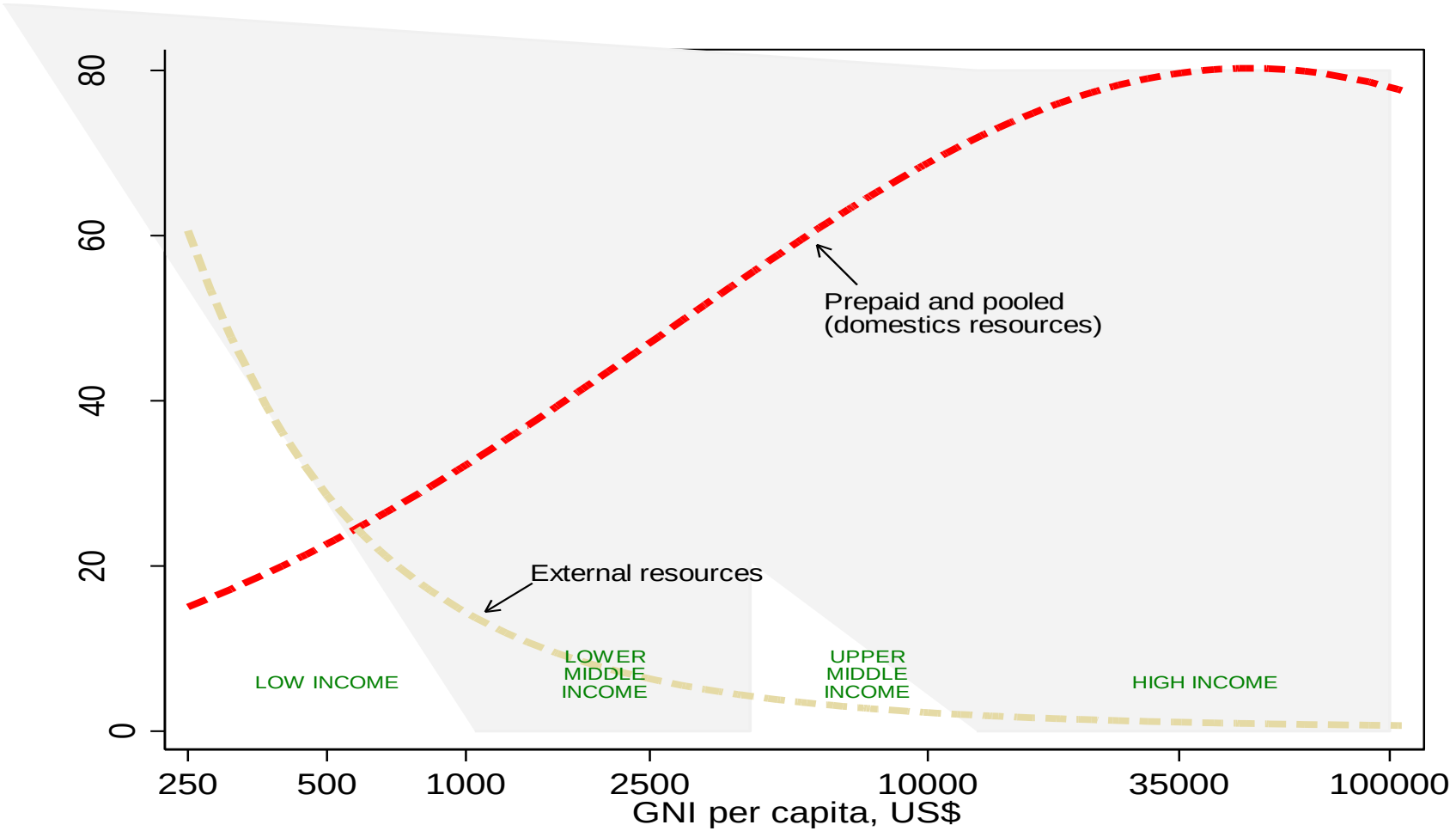


… yet there is some variability across countries

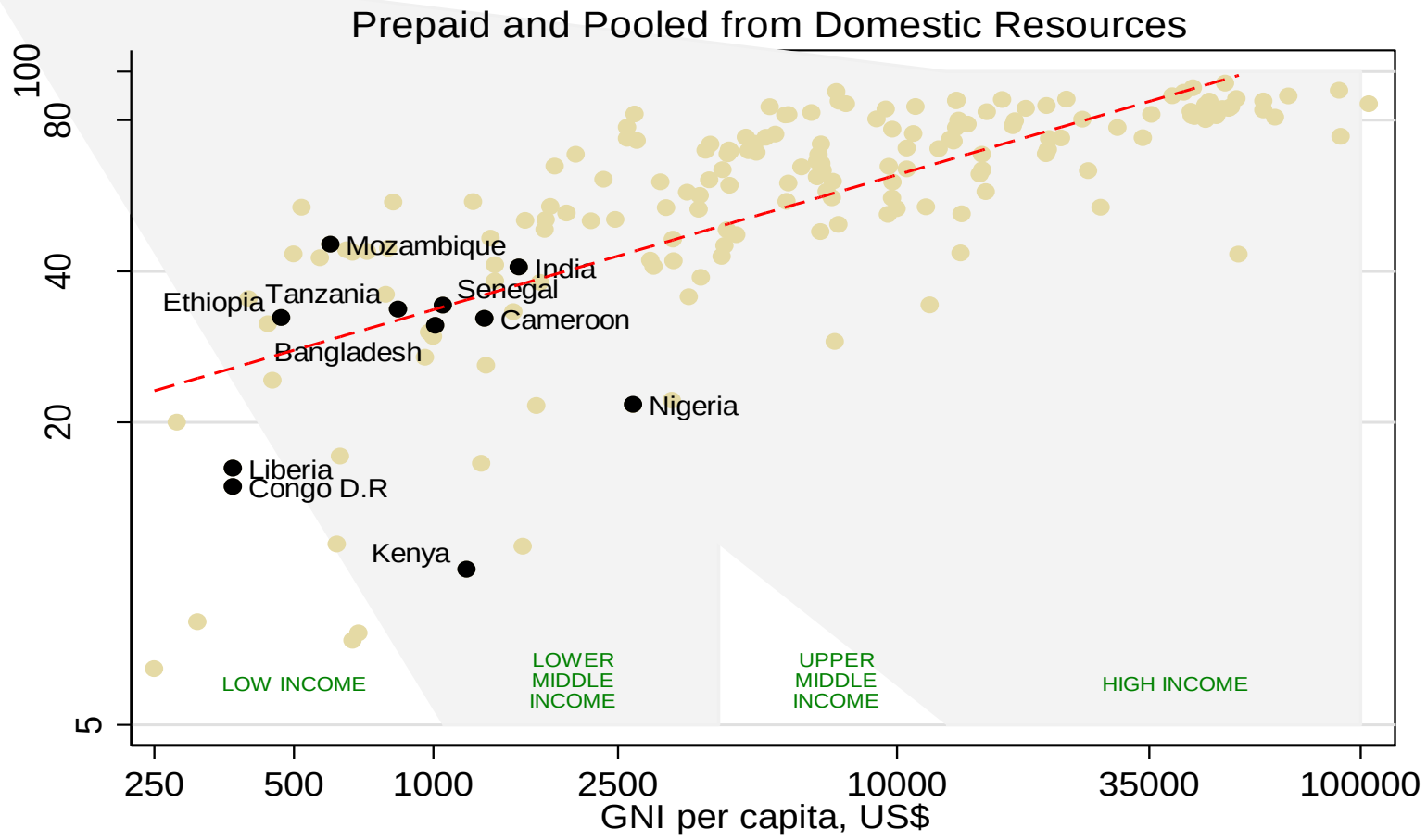


Source: World Delopment Indicators database
note: both y- and x-axis logged

The composition of finance also changes with a shift away from DAH and out-of-pocket to domestic, prepaid and pooled financing

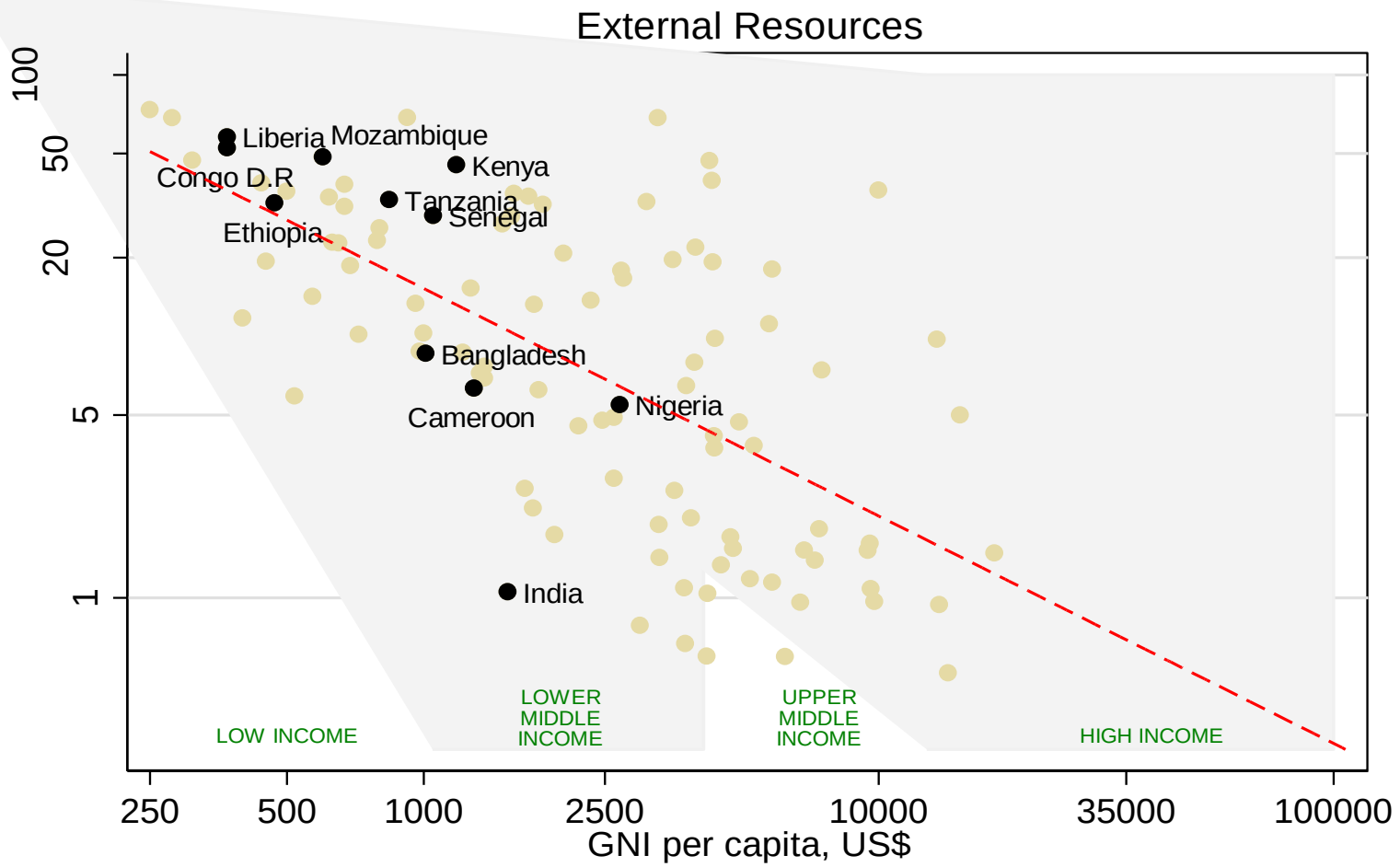


…with similar variability, highlighting the challenge of effectively tapping the growing wealth for health



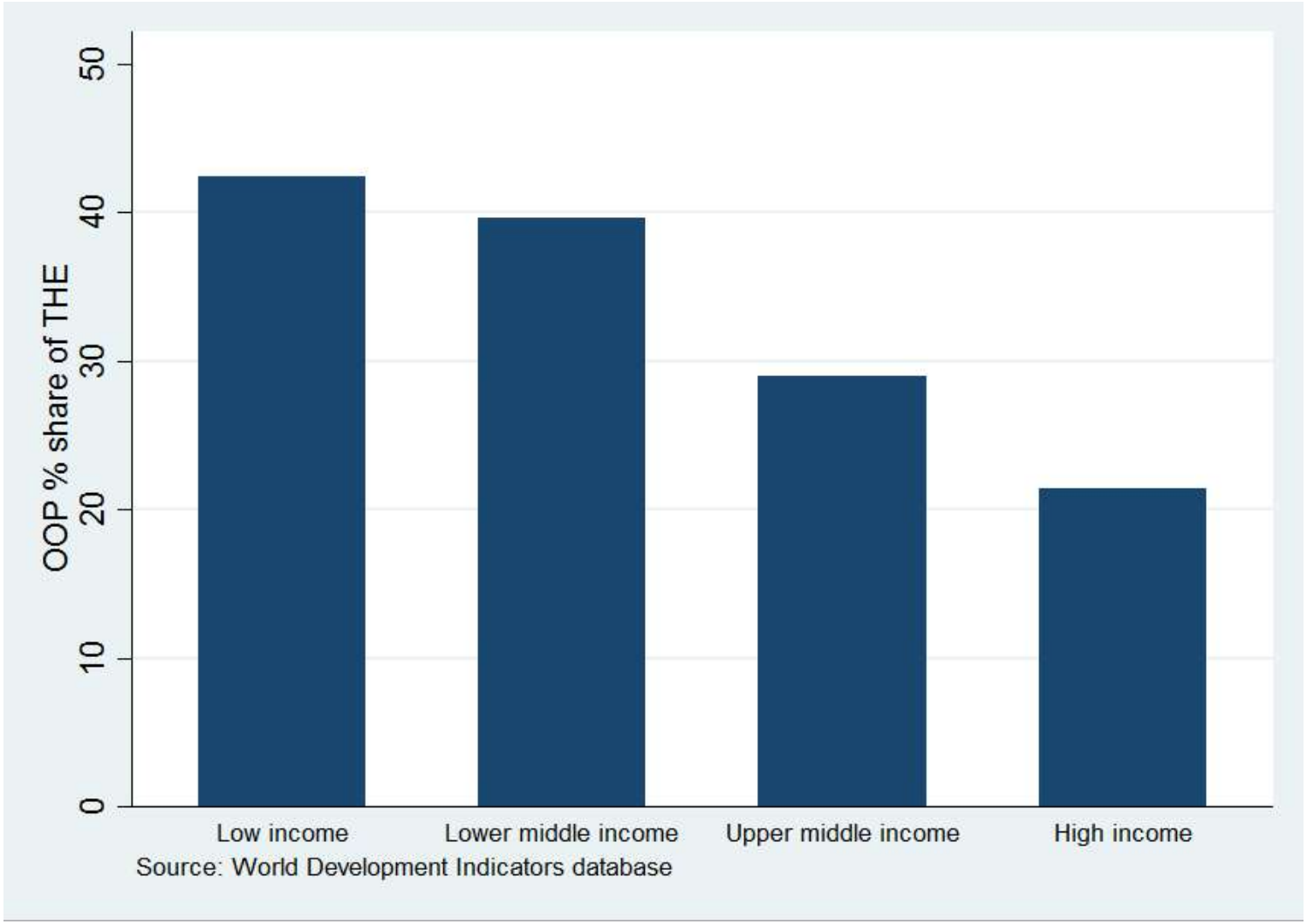
Source: World Delopment Indicators database

… while external resources tend to decrease rapidly as a share of total health expenditure



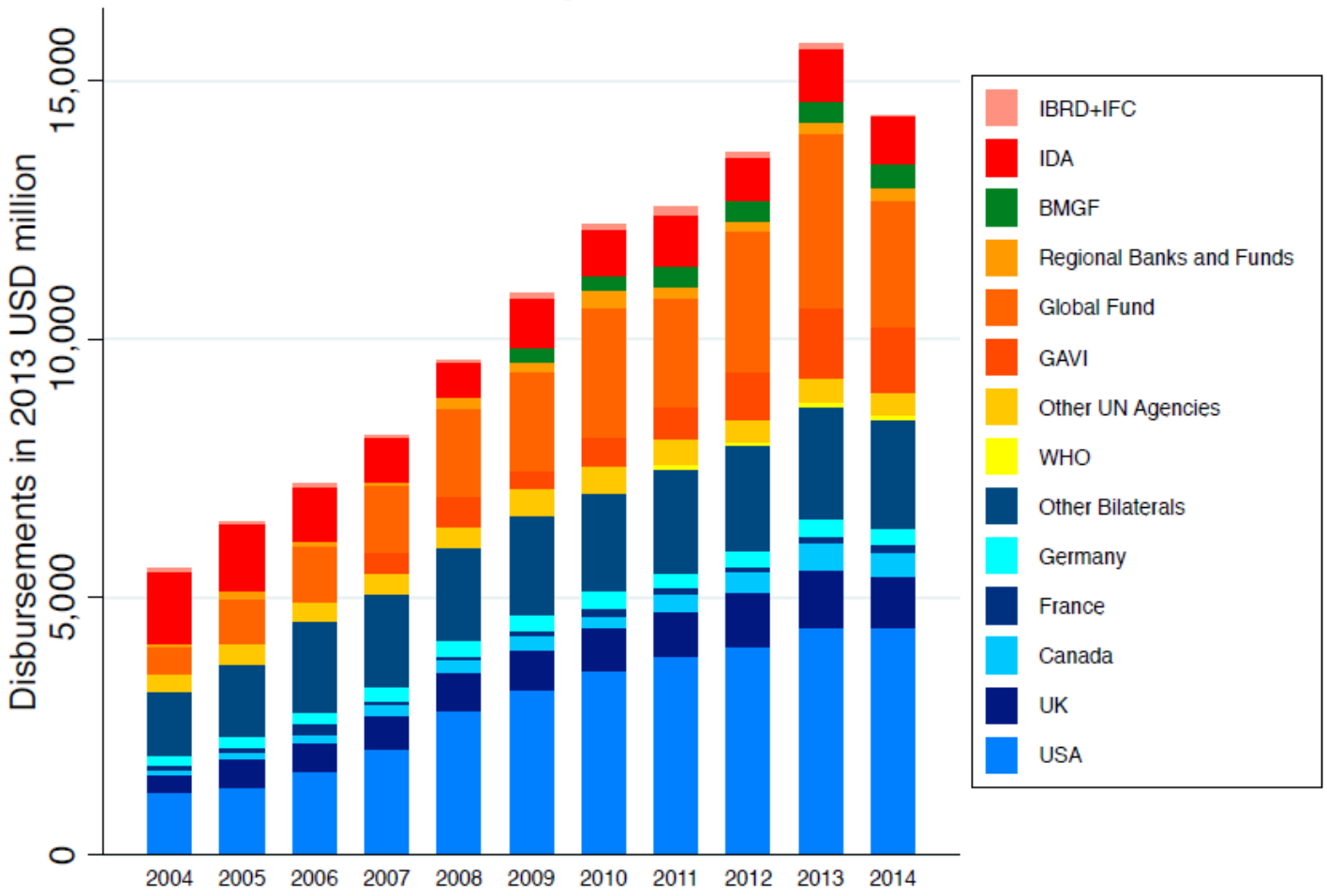
Source: World Delopment Indicators database
Note:Both y- and x-axes logged

… and out of pocket expenditures tend to remain high …

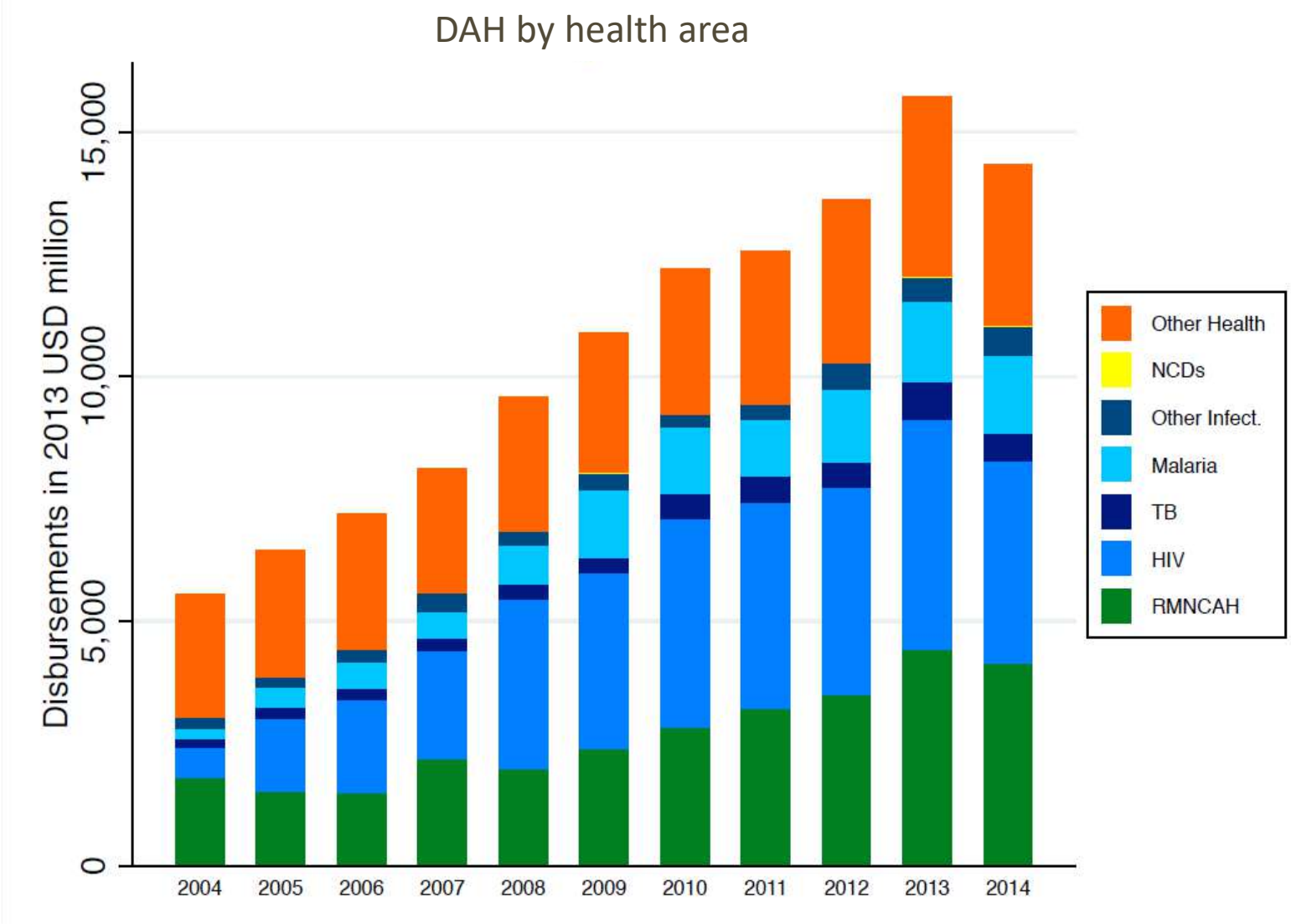


In the 63 GFF countries, DAH increased significantly over the past decade and appears to level out around $14B

DAH by donor

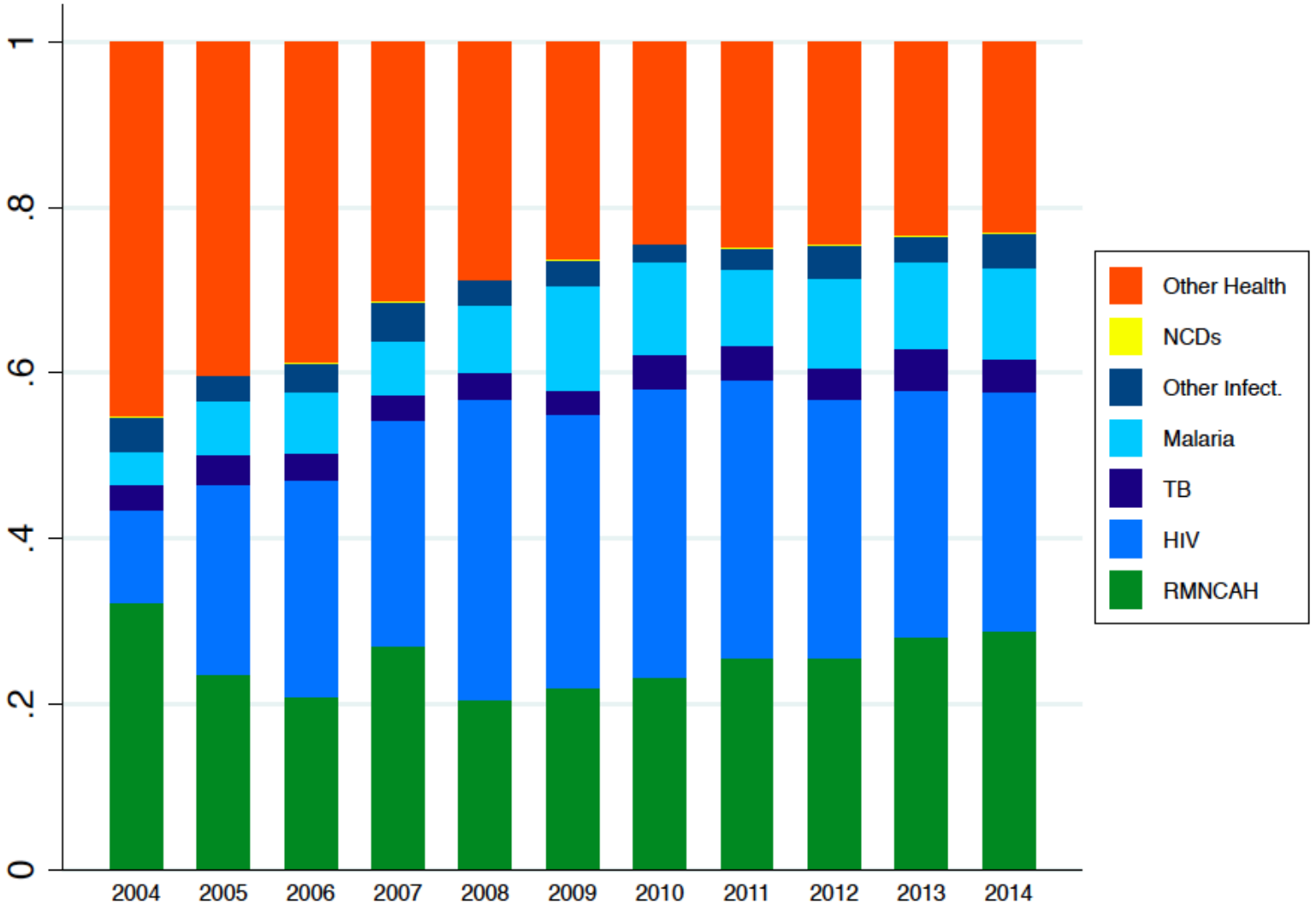


Similarly, DAH for RMNCAH increased from $1.8 to $4.2B…

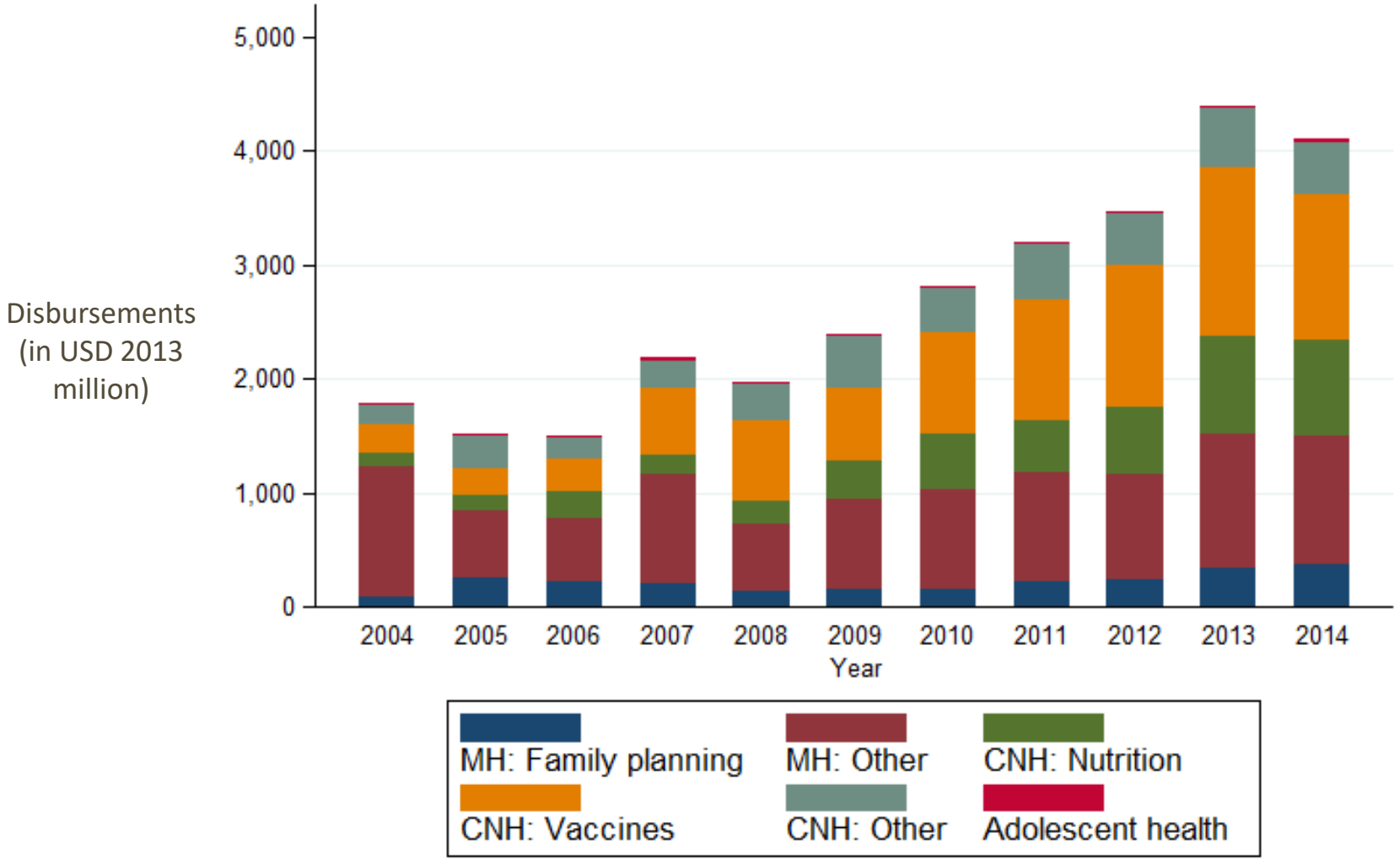


…and as a share of DAH since 2008…

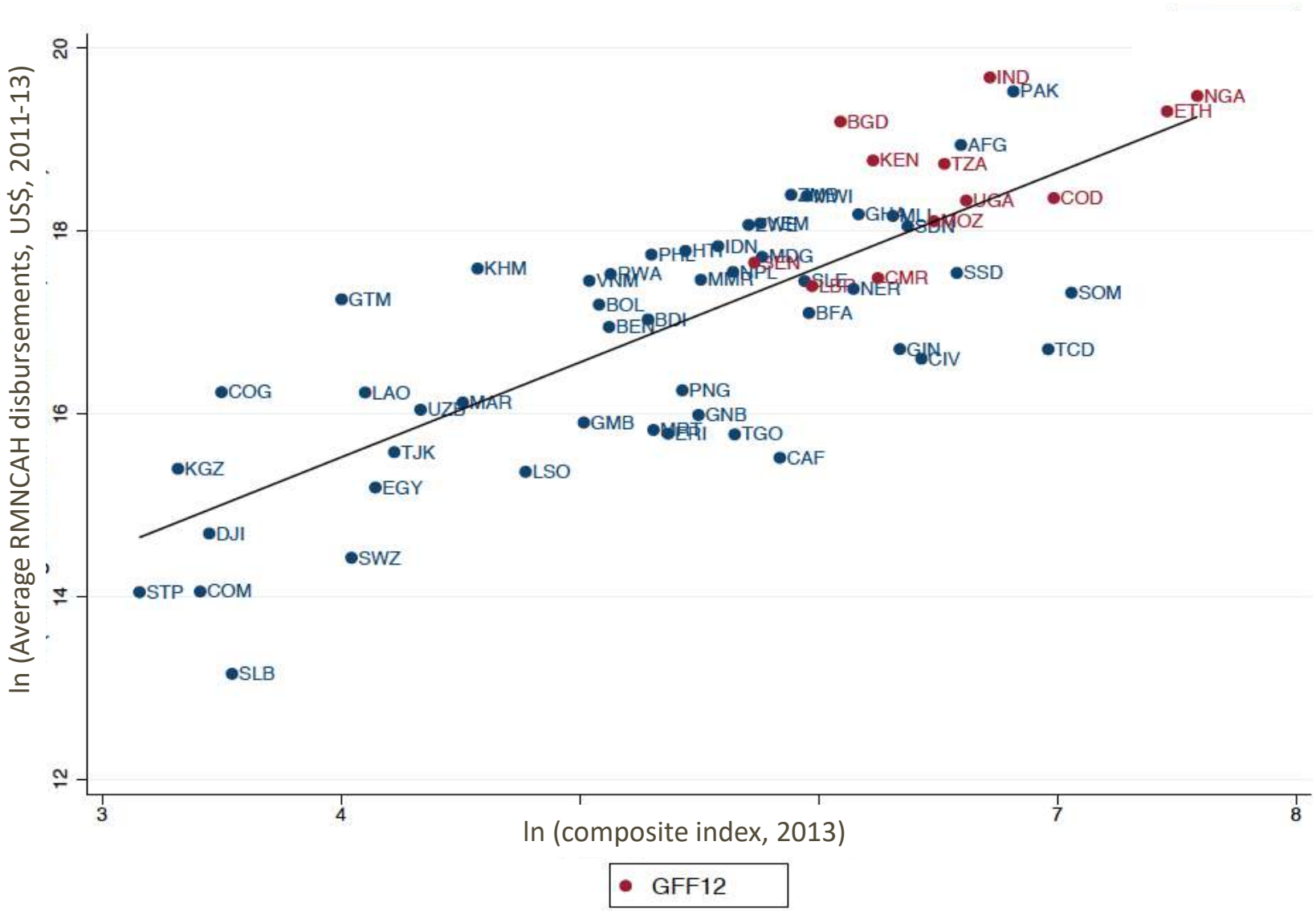
Health areas as a share of total DAH



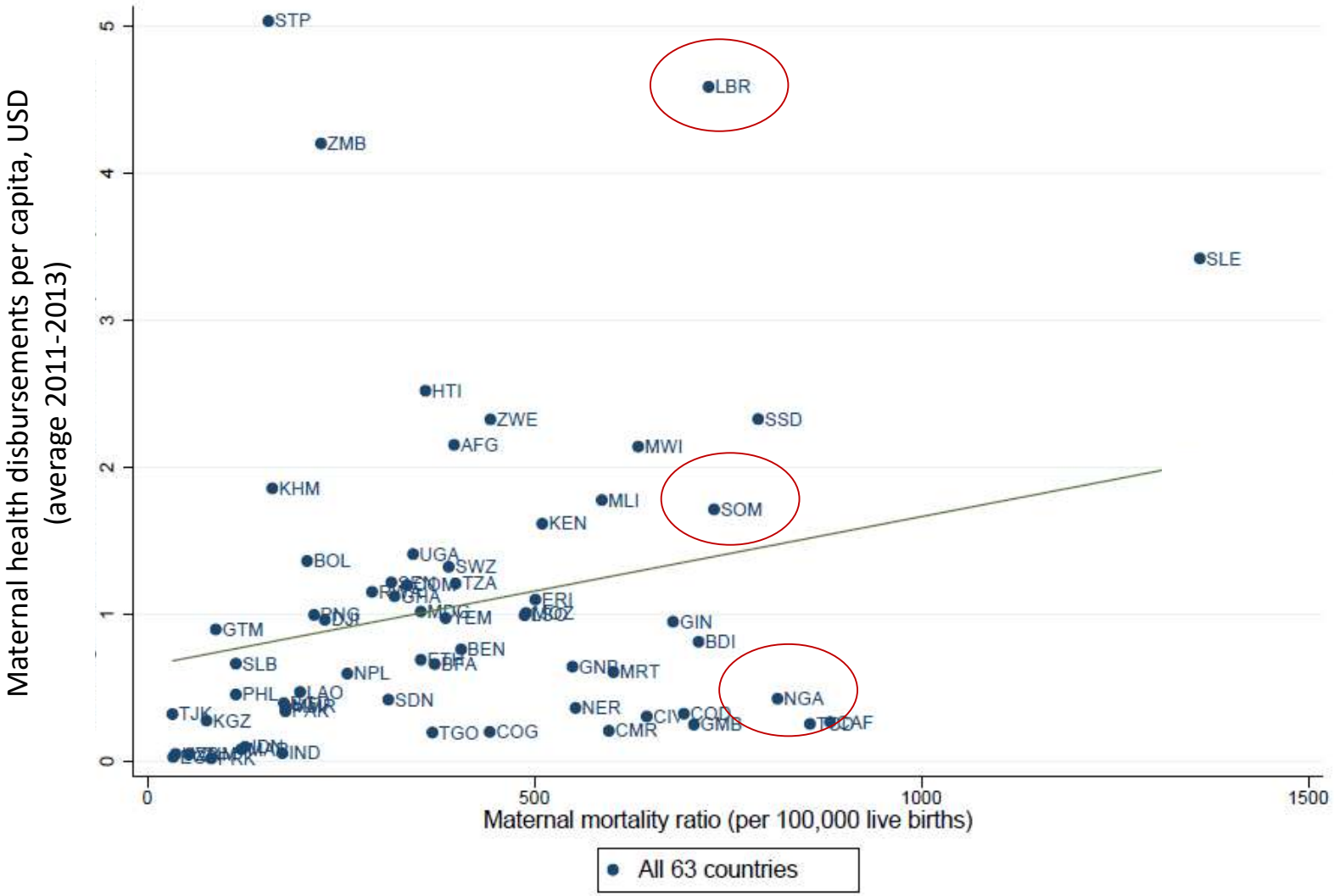
… mainly driven by growth in DAH for child health and nutrition



RMNCAH DAH in GFF countries is generally well-aligned with the GFF composite index (RMNCAH needs, population, income)



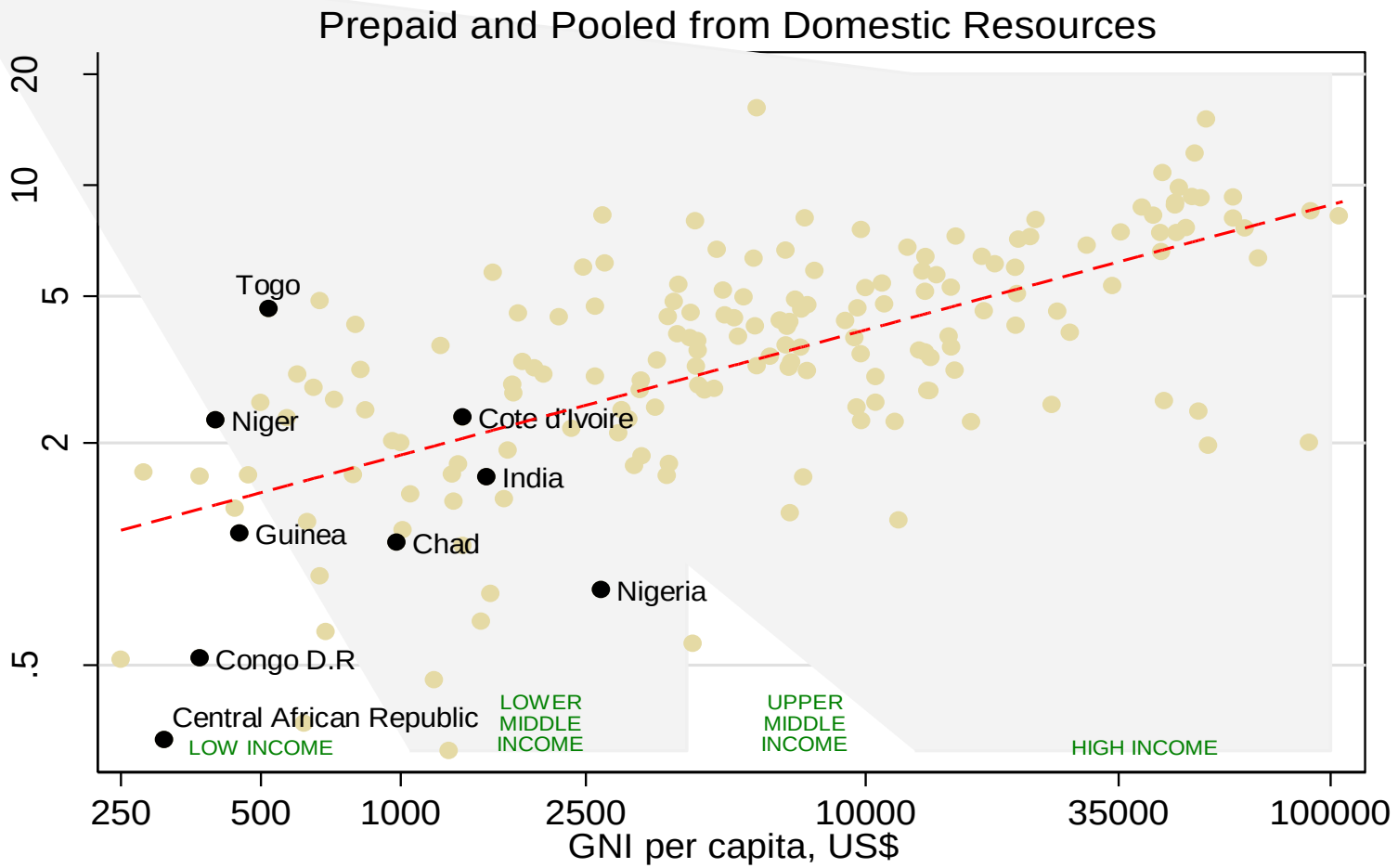
…the correlation between DAH per capita and individual indicators of need is much weaker though…



…and a set of countries receive little DAH compared to RMNCAH needs

Country	Western & Central Africa	Natural-resource driven growth	Fragile and conflict affected
Central African Republic	x	x	x
Chad	x	x	x
Democratic Republic of the Congo	x	x	x
Guinea	x	x	
Niger	x	x	
Nigeria	x	x	
Côte d'Ivoire	x		x
Togo	x		x
Somalia			x
(India)			

…and the same countries tend to underinvest in health



Source: World Delopment Indicators database
Note:Both y- and x-axes logged

Looking forward…

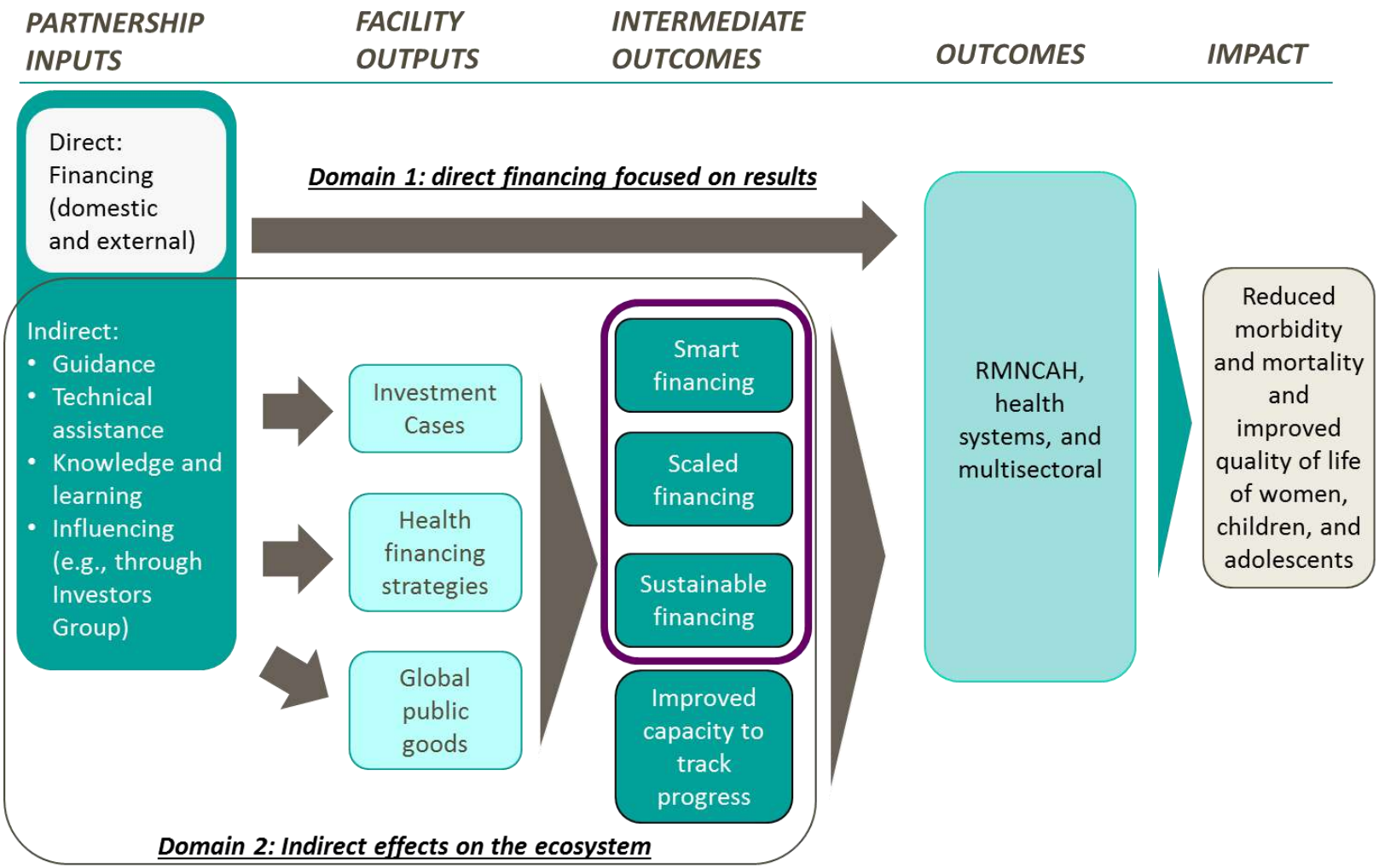
Key challenges for the GFF include:

- Mobilize and prioritize DAH to leave no country behind
- Strengthen support to building health financing systems that tap the growing wealth for RMNCAH and health

Financing RMNCAH: Part II

- Monitoring smart, scaled and sustainable financing
- Monitoring outputs: Progress in developing health financing strategies
- *Discussion*

Central to the GFF's theory of change is smart, scaled and sustainable financing…



…with a need to monitor progress along related performance dimensions of health financing systems in GFF countries

	Dimensions
SMART	Improve: ▪ Efficiency (allocative, technical, administrative) ▪ Equity
SCALED	Increase: ▪ Domestic, public and private sources ▪ External sources ▪ Share of prepaid and pooled financing
SUSTAINABLE	Tap economic growth for health Reduce reliance on external financing (grants)

A results framework has been proposed, with data for some indicators readily available from GFF countries…

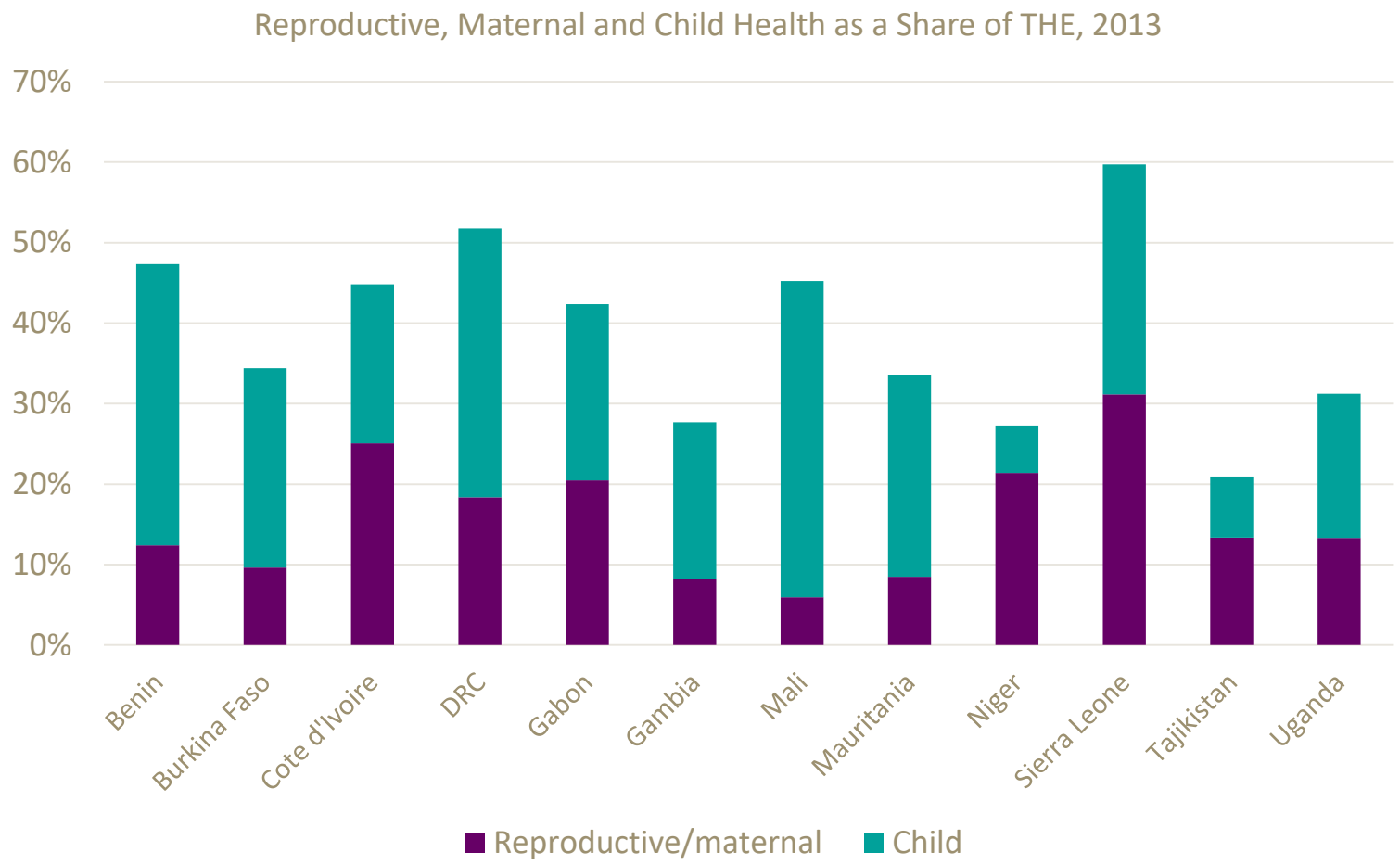
	Indicator	Kenya	Potential targets
SMART	% of government recurrent health expenditure spent on prevention	14.7%	Country specific
	Government budget execution rate for health	70%	90%
SCALED	Prepaid, pooled expenditure per capita -- government plus compulsory and voluntary insurance and DAH -- on health	US$48.9 (2012/13)	US$86
	The ratio of GHE to GE	6.1%	15%
SUSTAINABLE	Growth rate in government expenditure compared to the GDP growth rate	Ratio 3:2.15 (2009/10 to 2012/13)	Country specific
	Growth rate in government health expenditure compared to the GDP growth	Ratio 2.22:2.15 (2009/10 to 2012/13)	Country specific

…while for others, more work is needed

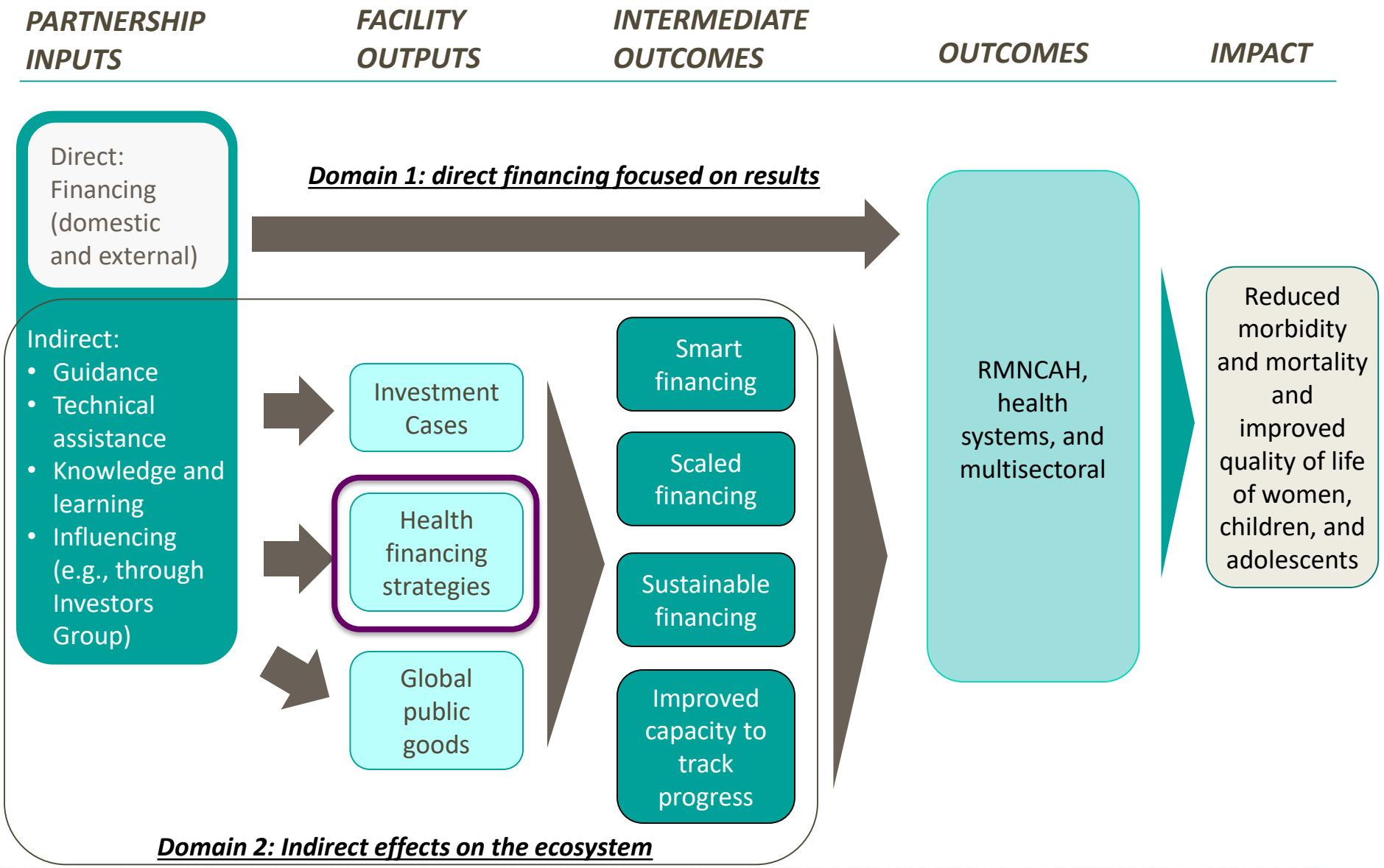
	Indicators	Kenya
SMART	% of government recurrent **RMNCAH** expenditure spent on prevention	-
	Incidence of catastrophic health expenditures among all key vulnerable groups	-
SCALED	Total health expenditure per capita for **RMNCAH**	-
	Pooled expenditure per capita (government plus compulsory and voluntary health insurance) on **RMNCAH**	-
SUSTAINABLE	Growth rate in government **RMNCAH** expenditure, compared to the GDP growth rate	-
	Growth rate in domestic expenditure on **RMNCAH**, compared to the growth rate in external sources of finance	-

- Data not currently available but could be generated with support:
  - e.g., adolescent health
- Data exist, but support is required with analysis
  - e.g., HH survey data
- Quality of data needs improvement
  - e.g., donor assistance

And with data improvements, RMNCAH financing patterns will continue to emerge…



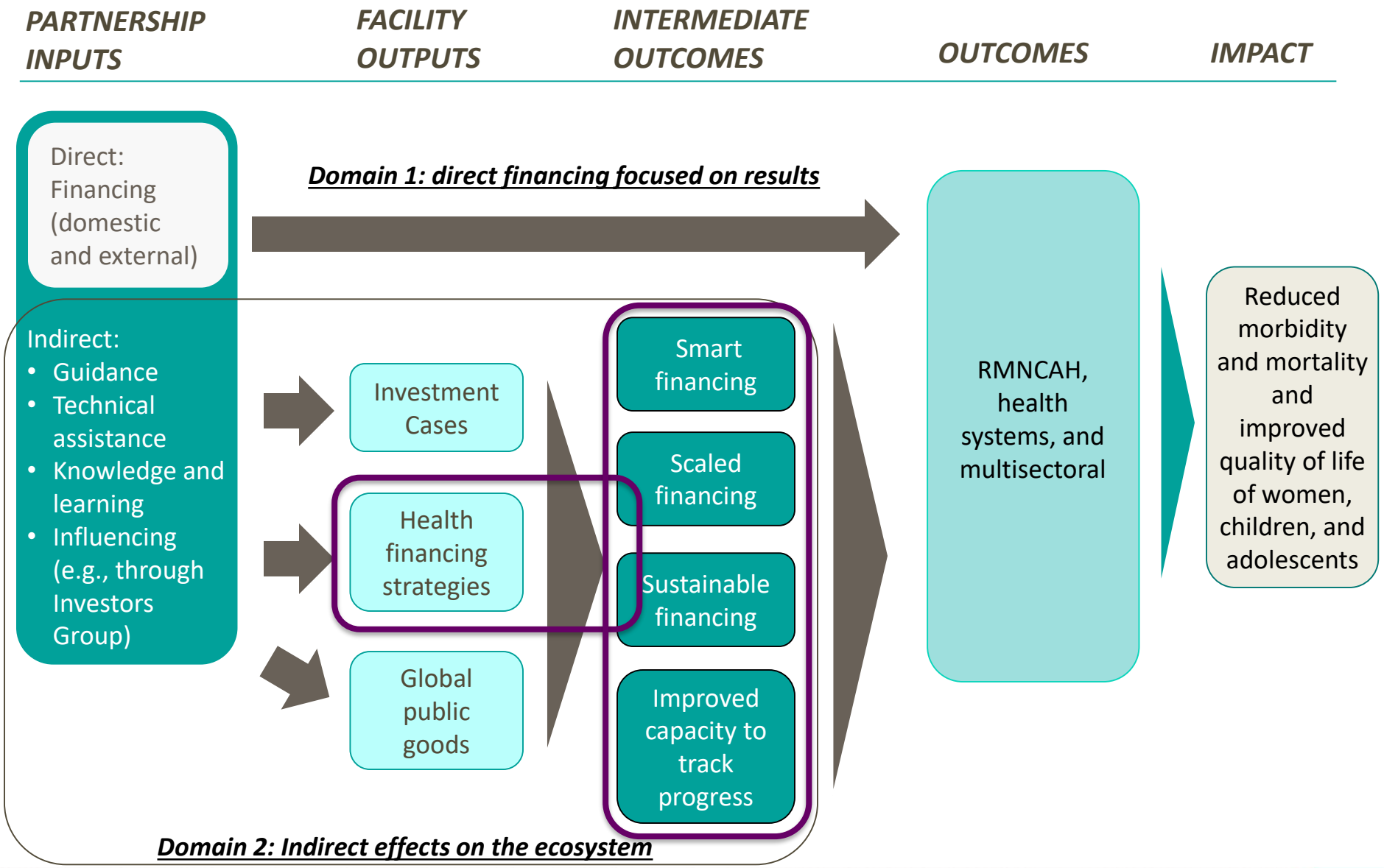
The results framework also captures HFS-related outputs…



… linked to smart, scaled, and sustainable financing, providing a useful snapshot of country progress

	Indicator	Kenya
SMART	Identifies strategies for addressing key inefficiencies	√
	Develops policies to reduce inequities in financial protection	√
SCALED	Sets targets for raising more domestic resources	√
	Develops approaches to reduce OOPs	√
SUSTAINABLE	Includes an explicit strategy for transitioning from Gavi or GFATM support.	X
	Develops strategies to address fragmentation in risk pooling	√
	Contains an implementation plan	√/X
	Has been formally endorsed by an appropriate authority	X

The results framework needs further elaboration …



…to identify and monitor determinants of success…

FACILITY OUTPUT

HFS: Gov't health budget should ↑ to 3% GDP

Political economy
- Health "champions" in positions of power
- Good communication between MoF & MoH
- Effective engagement of MoH with other ministries (Planning, Investment)
- CSOs (or others) provide voice to the poor / marginalized
- Windows of opportunity

Knowledge & evidence
- Evidence on what mechanisms work when
- Good data for planning

Capacities & systems
- Good PFM systems
- Health financing capacities within MoH

Other contextual
- Favorable economic conditions
- Satisfactory transparency and accountability

INTERMEDIATE OUTCOME

↑THE per capita

↑GHE/ GE

GHE grows faster than GE

… to foster learning that enables seizing opportunities to improve financing for RMNCAH and health

Democratic Republic of the Congo

- Prime Minister committed to a significant increase in the share of health within central government budget and, for the first time, an explicit allocation of domestic resources to reproductive health

Tanzania

- Government committed to increase share of health in government budget linked to a disbursement indicator in an IDA operation

To advance the monitoring agenda over the coming months…

Next steps include the following:

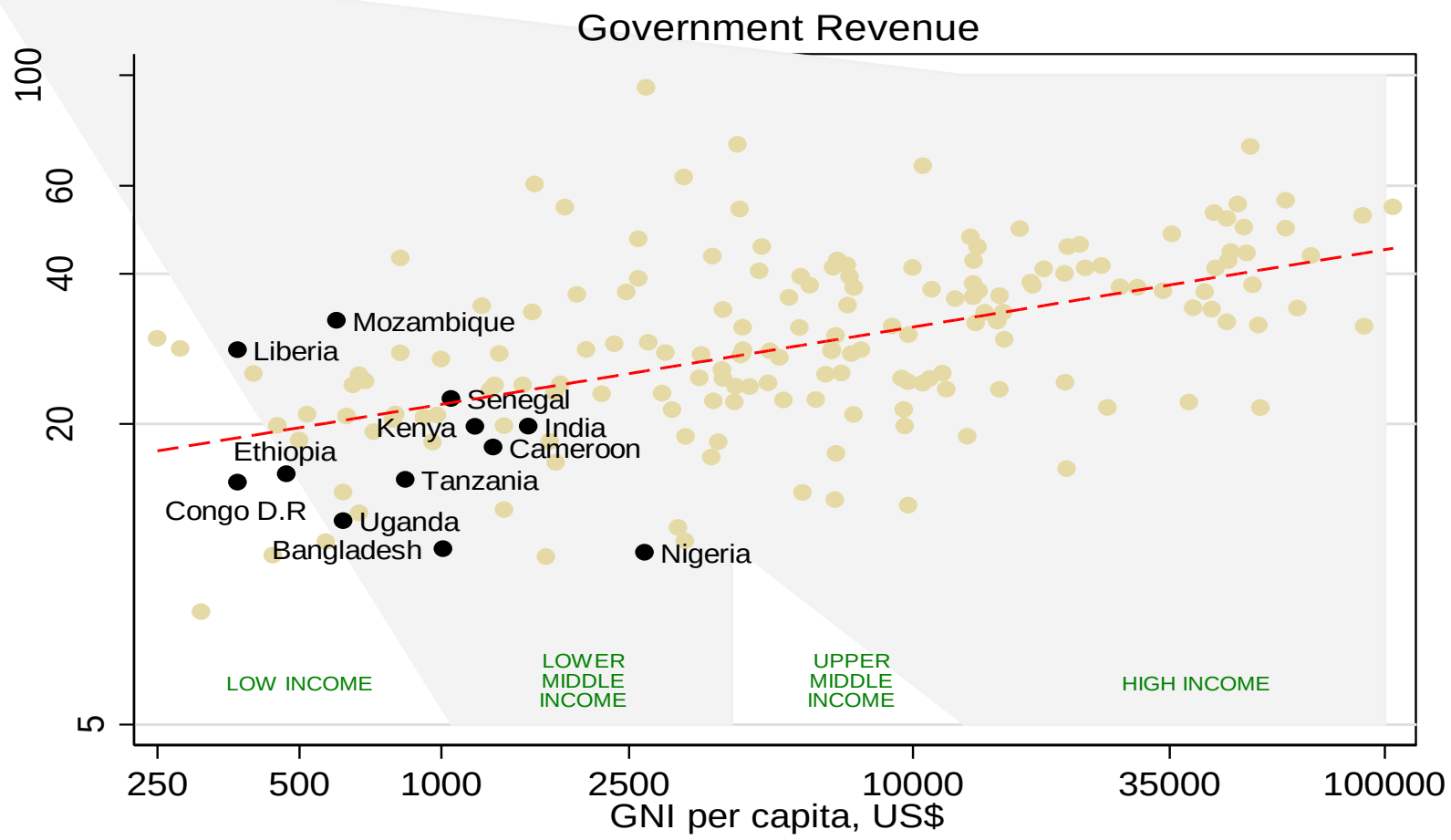
- Consult with partners on draft results framework
  - Incl. WHO: link with work on Global Strategy indicators
- Validate indicators by collecting data in the 12 GFF Trust Fund countries
- Determine targets
- Establish framework to monitor global progress (across individual countries)
- Establish costs and mobilize resources to improve and institutionalize data collection and analysis in GFF countries

An upcoming opportunity to share experience

- Inaugural Annual Forum for Financing UHC
- Washington DC, April 14-15, 2016
- Theme: Resource mobilization for UHC
- Objectives:
  - Review and debate the knowledge base to build consensus on policy recommendations and agree on research priorities, and
  - Monitor, report and benchmark country and global progress to promote learning and foster accountability.
- Co-hosts: USAID and WBG

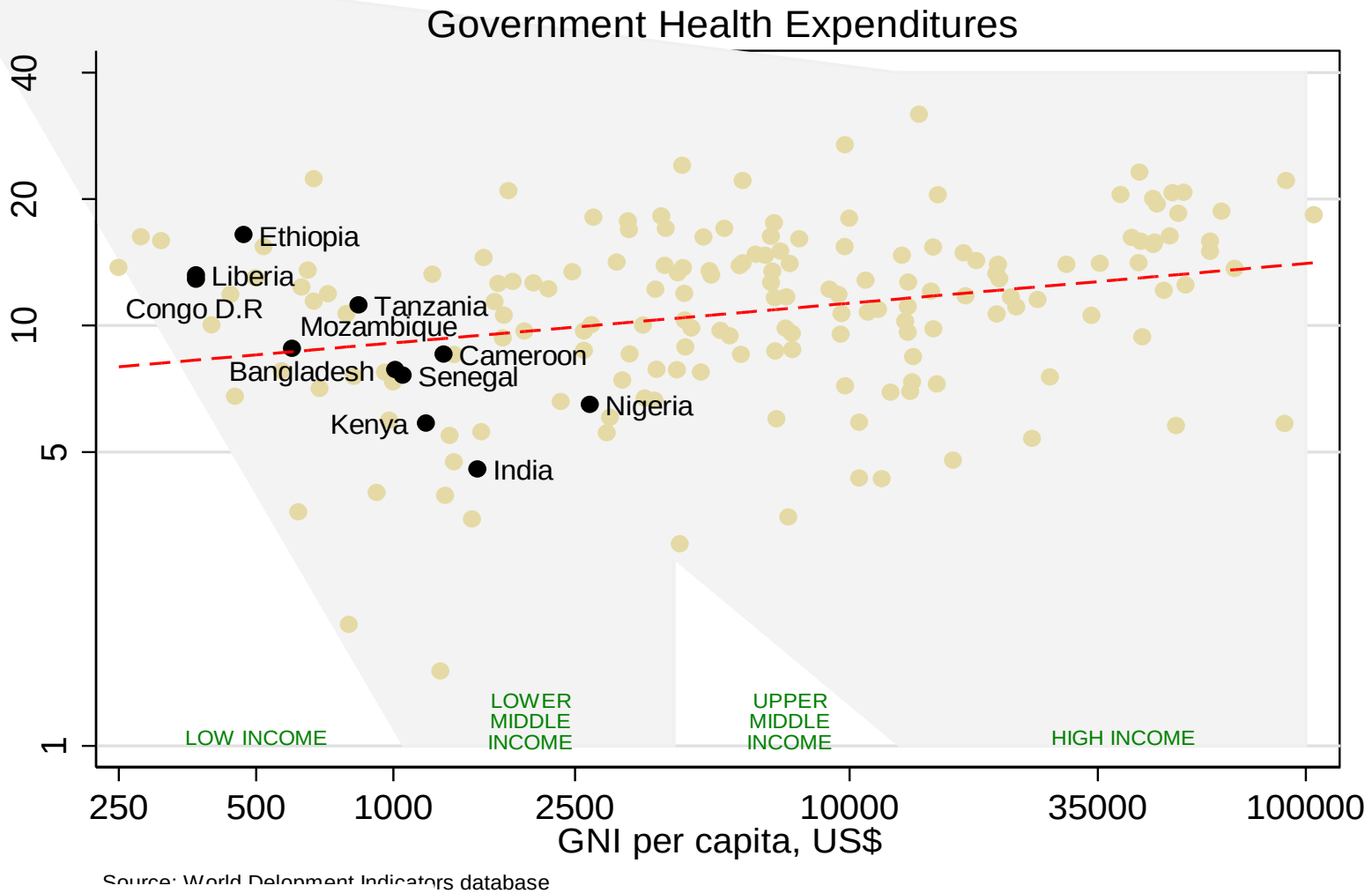
Annex

The share of prepaid and pooled financing is the result of both a government's capacity to raise revenue…



Source: World Delopment Indicators database

…and the prioritization of health in public budgets



The framework also includes indicators to track progress in data availability and quality

Indicator	Kenya
Timely audited report of government health expenditures including on RMNCAH is available for the last fiscal year	X/√
A set of national health accounts (NHAs) with distributive matrices has been produced in the last 3 years	√
A more detailed distributive account for RMNCAH has been produced in the last 3 years	X
A household expenditure survey/module including health expenditures has been undertaken in the last three years	√

PROPOSED APPROACH TO FACILITY COUNTRIES

OVERVIEW

This document lays out the issues considered and the two options explored by the Facility Task Team for engaging with the 51 GFF eligible countries that are currently not receiving support from the GFF Trust Fund. This paper was prepared and discussed extensively by the Facility Task Team and includes analysis of the options considered and a recommendation for how engagement with all GFF countries should be managed. This paper should be considered in relation to GFF/IG2/9 Framework for Resource Mobilization and GFF/IG2/8 Private Sector Engagement since the speed at which all countries can be reached will be heavily dependent on the availability of additional resources.

ACTION REQUESTED

The Investors Group is asked to decide between the options presented in the paper.

RECOMMENDATION

The Facility Task Team requests the Investors Group to discuss and endorse Option 2 that is proposed in this paper, namely, taking a phased approach that would map out all 51 countries to determine the scope and timeline for GFF support through extensive consultations between countries and partners. If endorsed, the recommendation is that GFF investors and other committed partners will, each in a few countries take the initiative for such consultations with the aim of developing an investment case and accompanying health financing strategy.

This will allow the GFF roll-out to take place in a well-planned manner that is consistent with the GFF Business Plan, while allowing for early engagement in a few countries ("early adopters") which have high country and partner interest and strong financier commitment. In particular, the Task Team stressed the importance of moving forward in a measured manner when rolling-out the GFF, so that the necessary groundwork can be laid based on the experience of the front-runner and second-wave countries. The Task Team also recommended that the process be managed carefully to balance the need to be responsive with raising unrealistic expectations.

GFF COUNTRY ENGAGEMENT IN COUNTRIES CURRENTLY WITHOUT TRUST FUND SUPPORT

Background

The twin goals of the Global Financing Facility in Support of Every Woman Every Child (GFF) are to:

- Accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children in 63 high-burden low and lower middle income countries as embodied in the Sustainable Development Goals; and

- Serve as a pathfinder in a new era of financing for development by pioneering a model that shifts away from focusing solely on official development assistance to an approach that focuses on mobilizing more domestic financing, and combining it with external support and innovative sources for resource mobilization and delivery, including the private sector, in a synergistic and equitable way. Efficiency gains through innovations and enhanced private sector engagement is an important element of this goal.

The GFF intends to prevent up to 3.8 million maternal deaths, 101 million child deaths, and 21 million stillbirths in high burden countries by 2030. The financial shortfall to achieve these outcomes is estimated at US$33.3 billion in 2015 in high-burden, low- and lower--middle- income countries, which amounts to US$9.42 per capita per year. The GFF aims to achieve this through smarter and harmonized financing[1] which is scaled up and sustainable, resulting in closing the resource gap for reproductive, maternal, newborn, child, and adolescent health (RMNCAH) by 2030. GFF aims to address both inefficiencies in spending as well as mobilizing additional funding through the combination of grants from the GFF Trust Fund (TF), financing from International Development Association (IDA) and International Bank of Reconstruction and Development (IBRD)[2], and the crowding-in of additional domestic and external resources. As a result of the combined effect of these, the gap is estimated to fall to US$7.4 billion (US$1.74 per capita) in 2030.

The GFF is currently active in 12 countries which accounted for 61% of the total maternal and child deaths (in 2013) in the 63 countries. In addition, these 12 countries accounted for 47% of the total incremental need for RMNCAH funding in 2015 (i.e., they account for US$15.7 billion of the US$33.3 billion funding gap in 2015)[3].

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1 Smarter financing supports evidence-based, cost-effective, high impact interventions that target neglected issues and/or population groups and uses innovations and technology to achieve desired outcomes.

2 The ability to attract additional resources from IDA/IBRD is appealing to a number of external financiers, since this is both an important means for strengthening domestic commitment to RMNCAH, including from ministries of finance, and often represents additional resources to the sector.

3 GFF Secretariat modelling.

Purpose of this paper

The GFF was announced as a Facility to support 63 high-burden countries where much of the burden of RMNCAH exists. However, only 12 of these countries currently receive support from the GFF TF, and unless additional financing is received, these will be the only countries covered by GFF processes at this time. The Investors Group (IG) therefore requested that a Task Team be constituted to put forward options on how to engage with the remaining 51 countries.

The IG placed a priority on expanding the engagement to all Facility eligible countries for the following reasons:

- The strong demand from some of the 51 countries that are GFF eligible, but do not currently receive TF funding to embark on the GFF process.
- The concern expressed by partners and countries that the roll-out of GFF will be slow if it is only implemented in those countries that receive GFF TF support. In fact, the GFF Business Plan clearly stated that the financing for the Facility would come from multiple sources, and not only from the GFF TF/IDA/IBRD financing package.
- The recognition by IG members for the need to build a pipeline of countries, i.e. "GFF ready" countries that can be financed when additional resources are raised for the TF or through parallel financing.

Task Team Membership and Process

The Facility Task Team was chaired by Tore Godal, Special Advisor on Global Health, Norwegian Ministry of Foreign Affairs, and had eight members from different IG partner countries/agencies (please see Annex 1 for member names and affiliation). The Task Team considered the scope of support, country selection criteria (please see Annex 2), options for roll-out including pros and cons, communications on expanding coverage to all eligible countries, mode of consultation between country and GFF partners, and funding arrangements to ensure smooth coverage of all GFF eligible countries in a transparent manner.

The Task Team recognized that several important pieces of work were being undertaken in parallel, particularly the discussions of the Task Team on humanitarian and fragile settings, and the resource mobilization and the private sector engagement strategies. The outcomes of these pieces of work will need to inform the Facility engagement paper, and so adjustments may be needed over the coming months.

Scope of support

The Task Team considered a spectrum of activities/interventions that a Facility country may require support for, depending on their particular RMNCAH context including financing gap. Four main clusters of activities were identified as potential areas of support that a country may need:

- Providing guidance notes and other tools and resources developed for GFF – these are still under development/finalization and would help guide countries in applying the GFF model in their countries (minimal engagement).
- **ADD** upstream work such as the preparation of investment case including QA, development of health financing strategy, setting up of the country platform, etc., (limited engagement).
- **ADD** Financing of investment case (substantial engagement).
- **ADD** Implementation support of Investment case and health financing strategy - sourcing and coordination of TA, monitoring and data analysis, knowledge and learning (complete package).

The Task Team agreed that a complete package would offer the benefits of:

- Preparing a country-led, quality assured investment case that addresses the challenges identified at the local level.
- Establishing a country platform that is inclusive and transparent.
- Obtaining buy-in from a wide range of stakeholders for the investment case and funding for it.
- Establishing stronger linkages between investment cases and health financing strategies.
- Strengthening the relationship between ministries of health and finance.
- Being part of a community of practice for learning and knowledge exchange.

However, there was acknowledgement that different countries may be at different stages on this spectrum, and the GFF would adapt to the local context and help countries target their investments in those areas that need specific effort to allow them to achieve their 2030 RMNCAH goals. In particular, the Task Team stressed the importance of moving forward in a measured manner when rolling-out the GFF, so that the necessary groundwork can be laid based on the experience of the front-runner and second-wave countries. The Task Team also recommended that the process be managed carefully to balance the need to be responsive with raising unrealistic expectations.

Principles of Facility engagement

The Task Team reaffirmed some key principles that should be followed in the broader engagement with Facility countries:

- Preparation of country investment cases should only be embarked on where there is firm commitment for funding the RMNCAH investment case through complementary financing that will help close the financing gap.
- Given that the 63 countries have been selected on the basis of objective criteria (see GFF Business Plan for details), there should be no attempt to apply exclusionary criteria from the global level.
- Work in all GFF eligible countries should be consistent with the GFF principles – the GFF Business Plan, Investment Case guidelines, Country Platform guidelines, health financing strategy guidelines, and other resources should be applied in guiding work at the country level.

- As laid out in the GFF Business Plan, based on their comparative in-country presence and strength, different partners, particularly investors, may serve as the focal point for the country-led process. Guidelines on the role and responsibilities of the focal point, especially in relation to the country platform, will need to be specified to smoothen this process
- Effort should be made to ensure that the Facility engagement and the roll-out of the Global Strategy 2.0 Operational Framework are consistent.

Options for Consideration

The Task Team considered two main options in engaging with the Facility countries. Task Team deliberations resulted in a modification to the second option to include the possibility to support a few countries beyond the 12 GFF TF supported countries in the short term where opportunities arise. This was suggested as an interim measure to more immediately test the functioning of the Facility beyond the TF/IDA/IBRD package, and ensure that a broader set of GFF partners are actively involved in the expansion of the GFF at the country level.

1. Go Big Rapidly Option

In this scenario, the proposal is to expand activities to all 51 countries rapidly.

Pros:

- Countries can participate immediately and there is no perception that some countries are being favored over others.
- The partnership angle of the GFF will be reinforced as financiers beyond IDA/IBRD will be included from the start.

Cons:

- Rolling out GFF in a large number of countries simultaneously could compromise the ability to manage and institute principles and standards of GFF, given that many of the processes are still being consolidated and it is inadvisable to spread resources too thin.
- Rapid roll-out would not allow for lessons being learned from the 12 GFF TF countries to be distilled and incorporated in the expansion phase.
- Lessons emerging from the front-runner and second-wave countries indicate that specific resources (technical, financial) are necessary to help countries prepare and implement the investment cases and health financing strategies as well as incentivize countries to direct domestic resources towards RMNCAH outcomes. Since IDA/IBRD may not be available in such a rapid time-line for many of these countries, this requires upfront commitment from financiers other than the World Bank in a large number of countries, prior to development of investment cases and health financing strategies. This is unlikely to happen in a considered and harmonized manner over a short period of time.
- It is critical that the programmatic and financing discussions around the investment case take place in tandem, as raising expectations (building an Investment Case (IC), Health Financing

Strategy) and failing to meet them (no financier putting money behind the ICs) could prove to be a major reputational risk.

2. Phased Approach through Mapping Option

This option is to map countries based on their need for support as well as scope of this support over the next months, so that it can help match country interest (minimal to complete package) with interested financiers. Such an approach would help build a pipeline of countries ready to implement the GFF approach if additional resources, including through private capital or other sources, are available. Such an approach will also help link the GFF work closely with the roll-out of the operational framework (OF) of the Global Strategy 2.0. In addition, this mapping exercise would also look at ODA and domestic resource flows and will help the Investors Group help countries and external partners make more informed decisions on how to direct their resources.

Pros:

- A phased approach that allows strategically engaging with all eligible countries to map out their interest, needs (such as absolute and relative RMNCAH burden of disease, equity, quality of care, other key sector involvement), financing opportunities, etc. This will not only be a transparent way to roll-out the GFF approach but will also void some of the pitfalls identified above including:
  - Ensuring that GFF support is tailored to country context and is not a "cookie-cutter" approach;
  - Maintaining the principles and standards that GFF has set out in the Business Plan as well as the guidelines and resources being developed;
  - Ensuring that resources are available to appropriately finance:
    - Upstream work by mobilizing resources (international and domestic) as part of preparation phase
    - Financing of the investment case including implementation support and monitoring
    - Development and implementation of the health financing strategy in a synergistic manner;
  - Building momentum for resource mobilization by building a pipeline of investment cases that financiers can support through the TF or direct financing including innovative financing mechanisms that are being developed;
  - Allowing further refinement of the guidance notes and approach before covering many more countries.

Cons:

- This approach will likely permit expanding GFF only over the next 6-9 months until the mapping exercise is completed.
- If scaling up to all the countries takes too long, it could jeopardize the ability of these countries to reach their SDG targets.

In order to mitigate the cons identified with Option 2, and demonstrate effective functioning of the broader Facility even in the short-term, an additional aspect discussed was to opportunistically match country interest with financier interest in a few of the countries ("early adopters"). Support to develop investment cases in these countries could either come from:

- The GFF Trust Fund could potentially cover the development of investment cases in 3-4 countries, depending on available funding. Given the fiduciary obligations associated with the TF, the countries where Trust Fund monies could be used should have potential IDA/IBRD lending. Interest from additional financiers would be an added bonus. This option would also allow a significant expansion of countries supported if the TF has "GFF-ready" countries when additional resources are funneled through the TF.

- Financiers other than the Bank (bilaterals including non-traditional donors, multi-laterals, private foundations, regional development banks etc.) to support the preparation phase as well as line up financiers who express strong commitment to fund the investment case and health financing strategy. In this case, IDA/IBRD support, if available, would be considered as an additional source of financing, even without TF support.

Coordination of GFF roll-out

As outlined in the GFF Business Plan, the GFF can succeed only if all partners buy-in and take responsibility for its roll-out. Nevertheless, given the volume of work that is necessary to move this agenda forward, there were a couple of options that were discussed to ensure smooth roll-out of the mapping exercise and the matching of countries to financing options for the investment case and influencing the country's overall health financing picture.

1. Trust Fund (GFF Secretariat)

As mentioned above, in addition to the 12 GFF TF supported countries, the GFF Secretariat could help coordinate the preparation phase in those countries where it is possible to deploy some TF resources for preparation because of the availability of potential IDA/IBRD for RMNCAH. This will:

- Help reinforce the important role of IDA as a source of domestic resources to finance the RMNCAH investment case.
- Serve to demonstrate the value proposition of the GFF and help build a pipeline for future TF support if additional resources are raised for the TF.

The Task Team recognized that the current amount of funding available in the TF can only expand to a few more countries, and use of the trust funds for this purpose would need endorsement by the TF committee. Also, it would be important to ensure that the GFF secretariat is appropriately capacitated to take on these functions.

2. Other sources of seed funding (e.g. domestic financing)

The Task Team felt that having a few countries roll-out the GFF approach with financing from other partners (or using domestic resources) would be a good test to demonstrate expansion of the GFF reach to all the eligible countries, even without the IDA/IBRD link. In this regard, the Task Team reiterated the importance of partners using the same principles, guidelines, and resources in all countries, irrespective of who is co-leading the coordination with government at the country level or who is financing the investment case. Also, the importance of ensuring strong linkages between the Facility roll-out and the Operational Framework of the Global Strategy 2.0 roll-out was emphasized. In addition, the Task Team stressed the importance of not jeopardizing the GFF premise by raising expectations without securing adequate financing for the investment case.

NEXT STEPS

The Task Team agreed on the following next steps to facilitate the roll-out of the Facility country engagement:

- The Task Team asked that the GFF secretariat update country data used in front-runner and second-wave country selection, based on most recent information. In addition, the Task Team stated that it would be important to look at resource flows in the health sector (and specific to RMNCAH) to better understand and target financing. As a start, the analysis would need to look at ODA flows to identify countries that are relatively under-funded based on their needs, and as the mapping exercise takes place, this would expand to include domestic resource allocations (public and private), and identify major gaps in financing. *FEBRUARY 2016*
- Letter from Chair of the Investors Group to all GFF eligible countries outlining the engagement plan including mapping exercise. *DATE TO BE DETERMINED FOLLOWING OTHER DISCUSSIONS (FRAGILE SETTING, RESOURCE MOBILIZATION, PRIVATE SECTOR ENGAGEMENT ETC.) AT THE FEBRUARY IG RETREAT*
- GFF investors and partners, including the GFF secretariat, explore financing of preparatory activities and investment cases in a few "early adopter" countries, from various sources of financing. *MARCH 2016*
- Agreement between GFF investors, committed partners, and the GFF secretariat on combining/coordinating roll-out of the GFF mapping exercise with that of the operational framework of the Global Strategy 2.0. A template detailing information to be gathered during mapping exercise will be prepared. *MARCH 2016*
- GFF secretariat to seek Trust Fund Committee approval for funding to support preparation activities in a few "early adopter" countries where IDA/IBRD is very likely for RMNCAH in the next 18 months and additional financiers are interested in supporting RMNCAH in the country. *MID-MARCH 2016*
- Discussion at Investors Group on roll-out of GFF in initial phase of Facility countries while completing mapping exercise for all GFF eligible countries. *JUNE 2016*
- Mapping exercise of all GFF-eligible countries to be completed. *DECEMBER 2016*

ANNEX 1

TASK TEAM MEMBERS		
NAME	**TITLE**	**CONSTITUENCY**
Tore Godal Chair, IG member	Special Advisor on Global Health	Government of Norway
Aye Aye Thwin	Senior Advisor, Health Systems and Financing	Government of USA (USAID)
Anshu Banerjee Alternate IG member	Director	WHO
Joanne Carter IG member	Executive Director	CSO (RESULTS)
Mariam Claeson Alternate IG member	Director, Maternal, Newborn and Child Health	Bill and Melinda Gates Foundation
Ruth Kagia IG member	Senior Advisor to the President	Government of Kenya
Nana Kuo Alternate IG member	Senior Manager	UN SG's Office
Rama Lakshminarayanan	Senior Health Specialist	GFF Secretariat

ANNEX 2

Operationalizing the Facility

For the purposes of transparency, the Task Team agreed that an extensive consultation process and mapping exercise should be undertaken to offer every country the opportunity to be considered for GFF support. Given that the mapping exercise will take some time, the Task Team discussed how to practically move forward in engaging a small set of "early adopter" countries to demonstrate the utility of the Facility approach in an opportunistic manner. In this regard, the Task Team requested that the process of engagement take into consideration issues such as:

- Country commitment and interest
- Health sector planning cycle
- Sub-sector RMNCAH related plans
- IDA/IBRD cycle
- Key financiers' funding plans
- Building on successes such as those of the HRITF and RMNCH TF

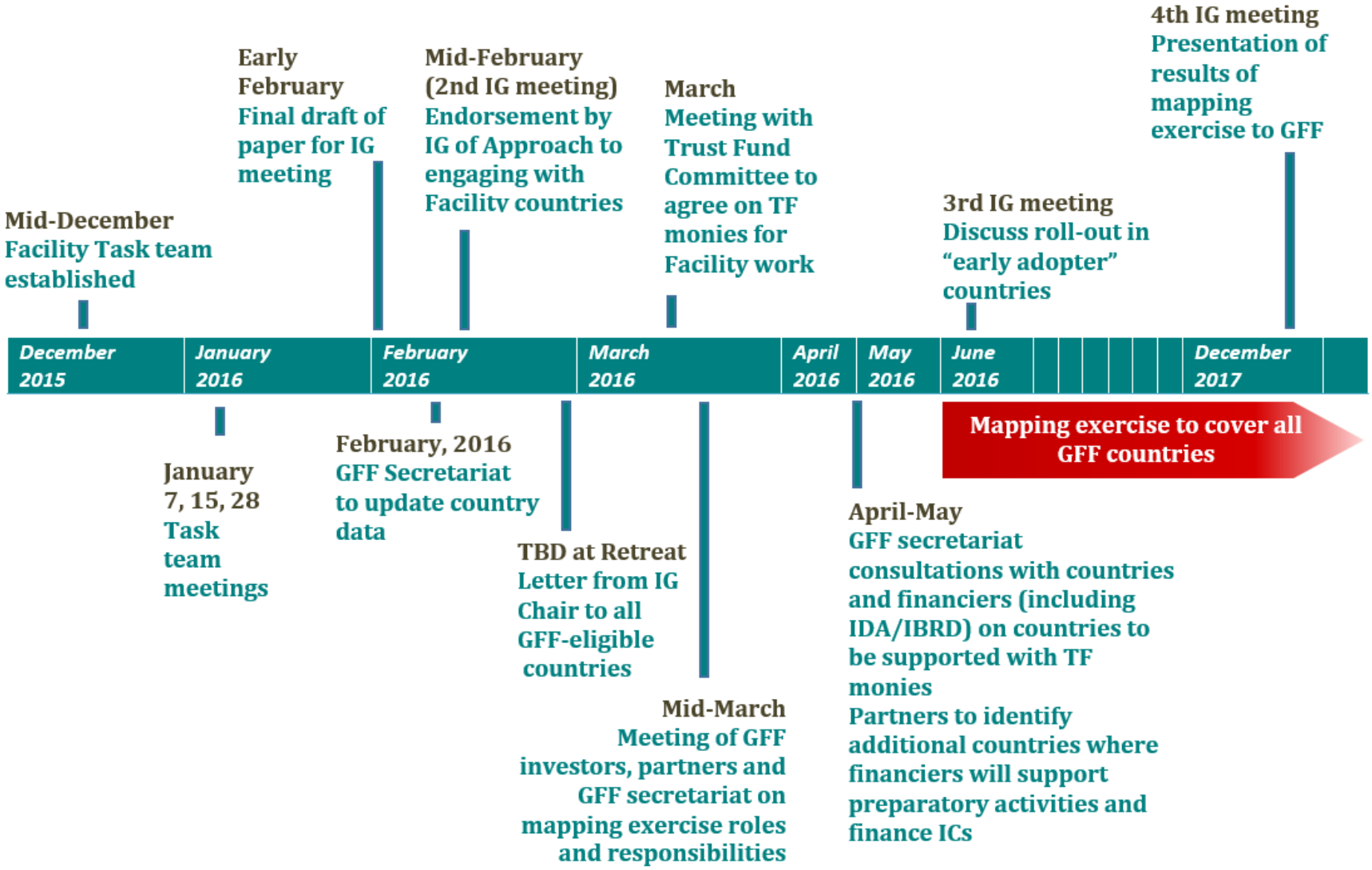
1. Process:

Under the EWEC architecture, the GFF Investors Group is responsible for strategic directions for the Facility. Hence, when the country selection process is initiated, it would be important that the countries are contacted by the IG Chair, with support from the GFF secretariat. This will firmly establish the partnership model that forms the basis for the GFF. Given that this is a partnership effort, all IG partners and GFF secretariat will be copied on all these communications. Once a country indicates interest in pursuing this offer, the GFF secretariat, and other interested partners, especially investors, will discuss coordination of the mapping exercise at the country level. In those countries where GFF TF monies will support the preparation activities, the GFF secretariat will be responsible for coordination. In other countries, all interested partners including the GFF secretariat will agree on the focal point for coordination of country consultations. In order to do the mapping in a consistent manner, a template to capture the necessary information will be developed by the partners. An assessment of the minimum financial support that would be necessary to undertake the mapping exercise in a country will also be determined to ensure that it is adequately resourced.

In addition, a small set of "early adopter" countries will be selected based on matching high country and financier commitment to support an RMNCAH investment case and health financing strategy. Moving forward on the early adopters will help demonstrate effective functioning of the broader Facility even in the short-term, which was emphasized by the Investors Group in the first IG meeting.

ANNEX 3

Timeline for GFF Roll-Out to All Countries



PROPOSED APPROACH TO FACILITY COUNTRIES

GLOBAL FINANCING FACILITY

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

Twin goals of the Global Financing Facility (GFF)

- Accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children in 63 high-burden low and lower middle income countries as embodied in the Sustainable Development Goals

- Serve as a pathfinder in a new era of financing for development by:
  - Pioneering a model that focuses on more domestic financing + external support and innovative sources for resource mobilization
  - Delivery in a synergistic and equitable way
  - Galvanizing efficiency gains through innovations and enhanced private sector engagement

Background

- GFF announced as Facility to support 63 countries - only 12 currently receive support from GFF TF
- Task Team convened to propose options on engaging remaining 51 countries
- This paper should be considered in conjunction with:
  - GFF-IG-5 Fragile States and Humanitarian situations (third of GFF eligible countries)
  - GFF-IG-8 and 9 on Resource Mobilization and Private Sector engagement (expansion contingent on availability of additional resources)

Why expand to all GFF eligible countries?

- Strong demand from some of 51 eligible countries not currently receiving TF funding to start GFF process

- Roll-out of GFF would be slow if it is only implemented in countries that receive GFF TF support.

- Recognition by IG members of the need to build a pipeline of countries, i.e. “GFF ready” countries that can be financed when additional resources are raised

Scope of support to countries that was considered

- Providing guidance notes and other tools and resources developed for GFF – (minimal engagement).

- **ADD** upstream work such as the preparation of investment case including QA, development of health financing strategy, setting up of the country platform, etc., (limited engagement).

- **ADD** Financing of investment case (substantial engagement).

- **ADD** Implementation support of Investment case and health financing strategy - sourcing and coordination of TA, monitoring and data analysis, knowledge and learning (complete package).

Advantages of a complete package include:

- Preparing a country-led, quality assured investment case that addresses the challenges identified at the local level
- Establishing a country platform that is inclusive and transparent
- Obtaining buy-in from a wide range of stakeholders for the investment case and funding for it
- Establishing stronger linkages between investment cases and health financing strategies
- Strengthening the relationship between ministries of health and finance
- Being part of a community of practice for learning and knowledge exchange

Principles of engagement

- Country investment cases should only be prepared where there is firm commitment for funding the RMNCAH investment case through complementary financing that will help close the financing gap
- All eligible countries should be part of the roll-out process and there should be no attempt (real or perceived) to apply exclusionary criteria from the global level
- Work in all GFF eligible countries should be consistent with the GFF principles
- Effort should be made to ensure that the Facility engagement and the roll-out of the Global Strategy 2.0 Operational Framework are consistent

Option 1: Go big rapidly

PROS

- Countries can participate immediately
- Reinforce partnership of GFF as financiers beyond IDA/IBRD will be included from the start

CONS

- Rolling out GFF in a large number of countries simultaneously could compromise the ability to maintain agreed standards of GFF
- Rapid roll-out would not allow for incorporation of lessons being learned from the first 12 countries
- Securing necessary resources (technical, financial) to rapidly roll-out GFF in many countries could prove difficult
- Raising expectations without financing poses a major reputational risk

Option 2: Phased approach through mapping

PROS

- Ensuring GFF support is tailored to country context - not a "cookie-cutter" approach
- Maintaining the GFF principles and standards
- Ensuring resources are available to finance prep work in a synergistic way
- Building momentum for resource mobilization by building a pipeline of investment cases
- Allowing further refinement of guidance notes and approach before covering many more countries

CONS

- Expansion of GFF only after the mapping exercise is completed
- If scaling up takes too long, it could jeopardize ability to reach SDG targets

Balancing mapping with building momentum

To demonstrate effective functioning of the broader Facility even in the short-term, suggestion to opportunistically match country interest with financier interest in a few of the countries ("early adopters")

- Funding could come from GFF Trust Fund (associated with IDA/IBRD)
- Funding could come from other sources of financing (with or without IDA/IBRD)

Issues for IG consideration

- Does the phased approach seem reasonable? Until mapping is completed, agree that only a few (3-5) countries should roll-out GFF?

- What is the role of the IG in the phased roll-out of GFF?
  - Approve which countries are ready to move forward?
  - Discuss and endorse which countries are ready to move forward?

- How to mitigate potential reputational risk of GFF roll-out?
  - Ensuring financing commitment in place
  - Ensuring adherence of all partners to GFF principles

Recommendation from Task Team

Option 2: Taking a phased approach that would map out all 51 countries to determine the scope and timeline for GFF support through extensive consultations between countries and partners. If endorsed, GFF investors and other committed partners will, each in a few countries, take the initiative for such consultations with the aim of developing an investment case and accompanying health financing strategy

While mapping is conducted, 3-5 “early adopter” countries could move forward with rolling out GFF in 2016

Next Steps

- Communication critical in the roll-out of GFF so all countries feel included in the process?
  - Communication from IG Chair (TBD at retreat)
  - Clear identification of focal partner at country level (MARCH 2016)
  - Template prepared to collect similar data from all countries (MARCH 2016)
- Mapping exercise of all countries (APRIL – DECEMBER 2016)
- Identification of “early adopter” countries (JUNE 2016)

GFF Investors Group

THE GFF IN FRAGILE STATES AND HUMANITARIAN SETTINGS

OVERVIEW

At the request of some Investors Group members a small Task Team of interested Investors Group members and related stakeholders (see Annex 1) convened to discuss the role of the GFF in fragile states and humanitarian situations where reproductive, maternal, newborn, children's and adolescent health (RMNCAH) needs are acute and growing and where the efficient channeling of coordinated resources is particularly hard. Targeting RMNCAH service delivery in these specific settings may also be of interest to financiers and help GFF realize its ultimate goal of ending preventable deaths and improving the quality of life of women, children and adolescents by significantly scaling sustainable investments in RMNCAH. It is furthermore noted that the GFF may also bring opportunities to help bridge the humanitarian-development divide.

This paper should be read in conjunction with GFF/IG2/4 Proposed Approach to Facility Countries. This paper elaborates on the GFF engagement in fragile and humanitarian contexts. It examines different scenarios highlighting opportunities within the current business model of the GFF and draws attention to what is not feasible. It raises questions and seeks guidance on parameters for the role of the GFF, including possible next steps for analysis.

ACTION REQUESTED

The Investors Group is asked to provide guidance on the questions linked to GFF engagement in fragile and humanitarian settings as laid out by the Task Team. This will help inform the parameters of the GFF and possible next steps for further analysis.

RECOMMENDATIONS

1. The Investors Group is requested to recognize the importance of GFF support to fragile states and humanitarian settings, given the fact that many GFF eligible countries have, either currently or recently, been affected by disaster, epidemics or conflict. Women, children and adolescents are disproportionally affected by such crises.
2. The Investors Group is requested to consider the three scenarios described, which highlight opportunities and limitations with the current business model of the GFF in these settings, and provide feedback on the extent to which the GFF should be engaged in these different scenarios.
3. The Investors Group is requested to provide guidance on further analysis to be carried out by the Task Team in preparation for the next Investors Group meeting planned for June 2016.

INTRODUCTION

At the request of some Investors Group members, a small Task Team of interested Investors Group members and related stakeholders convened to discuss the appropriate role of the GFF in fragile states and humanitarian situations where RMNCAH needs are acute and growing. More than 80% of the high-mortality countries which did not achieve the MDGs, have suffered a recent conflict, recurring natural disasters or both. This is also where half of all maternal and child deaths occur. As the GFF goal is to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children, it is critical to address RMNCAH needs in such settings. It is furthermore recognized that there may be financiers interested to specifically target RMNCAH support in fragile settings. The GFF may also bring opportunities to help bridge the humanitarian-development divide.

The Task Team consists of Investors Group members and related stakeholders (see Annex 1) and convened two meetings via conference calls to discuss the rationale and possible approach for GFF engagement in fragile states. It is important to note that the Task Team focused its discussion on the GFF, and not necessarily the GFF Trust Fund. Exploring the situation in the GFF eligible countries, the task team agreed that fragility should be framed broadly to include humanitarian settings. Questions were raised which require further guidance from the Investors Group, before the Task Team can move forward with further analysis.

This paper elaborates on the rationale for GFF engagement in fragile and humanitarian contexts. It then examines different scenarios highlighting opportunities within the current business model of the GFF and draws attention to what is not feasible. It seeks guidance on parameters for the role of GFF, including possible next steps for exploration.

RATIONALE FOR GFF ENGAGEMENT

The rationale for examining the entry points for GFF engagement in fragile states and humanitarian settings is clearly laid out in the Abu Dhabi Declaration[1]:

1. The magnitude of persons affected by fragility is large and growing with almost 60 million people displaced globally today and 80 million people in need of humanitarian assistance in 2014. The average time period of displacement today has increased to 20 years[2] or five years longer than the period to be covered by the Sustainable Development Goals (SDGs). Given multiple crisis- slow and rapid onset, short term and protracted – it is now estimated that by 2030, more than 60% of the world's poor are expected to live in countries that are affected by fragility and conflict. Hence, this

[1] The Abu Dhabi Declaration. http://www.everywomaneverychild.org/images/The_Abu_Dhabi_Declaration_Feb_2015_7.pdf; February, 2015. (accessed December 15, 2015)

[2] "While the average duration of the 33 protracted refugee situations at the end of 2014 is estimated to about 25 years, most of the situations (24) have been lasting for more than 20 years," p.11, World at War, UNHCR Global Trends, Forced Displacement in 2014, UNHCR 2015.

is not merely a humanitarian challenge but as much of a development challenge. Greater integration of humanitarian and development action is therefore required: in others words, a '*contiguum'* approach[3].

2. The funding gap for humanitarian action is considered to be significant, with recent figures of the High-Level Panel on Humanitarian Financing estimating the gap to be at least US$15 billion[4]. This figure is expected to rise as the cost of humanitarian assistance is estimated to double to US$50[5] billion by 2030. The consequences of global challenges are not only affecting low- and middle income countries, as high income countries are faced with mass migration and the (possible) effects of climate change and diseases such as Ebola and the Zika virus. As a result, there are opportunities for resource mobilization to address fragility in low- and middle income countries and a possible interest from donors to explore what role the GFF can play. Recognizing that humanitarian crises erode decades of development gains and therefore investments in responding to crises as well as in building resilience to reduce fragility is "good business" to ensure as quickly as possible a country's return to its development trajectory.

3. There is furthermore ample evidence that women, children and adolescents are disproportionately affected by crisis. Not surprising maybe, given the fact that more than 75% of the 80 million people needing humanitarian assistance in 2014 were women and children and 40% of the 1.4 billion people living in countries impacted by crisis are under the age of 15.

4. RMNCAH outcomes are worse in settings of conflict, displacement or natural disaster - where 60% of the world's preventable maternal deaths and 53% of under-five deaths happen. Service delivery is often challenged during humanitarian crisis, further exacerbated by recent increases in International Humanitarian Law violations. While access to services, such as family planning, comprehensive safe abortion (including post abortion care), HIV and ART as well as mental health services, are often wanting. At the same time, existing and often times deep rooted vulnerabilities are exacerbated due to displacement, breakdown in protective social systems, environment of impunity as well as lack of access to resources and services.

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[3] "*Contiguum* means… development and change, all hazards and their impacts, all "disasters" of whatever magnitude, and all stages of post-disaster response, are operating at the same time in overlapping juxtaposition… 'Continuum' is about a selected event and its aftermath; 'contiguum' is about all events and non-events as well." J. Lewis, "Continuum Or Contiguum"; Fifth ESA Conference 2001; found at http://www.dcscrn.org/cms/uploads/esa2001/lewies%20-%20continuum%20or%20contiguum.pdf

[4] High-Level Panel on Humanitarian Financing, Report to the Secretary-General. Too important to fail – addressing the humanitarian financial gap. https://www.worldhumanitariansummit.org/whs_finance/hlphumanitarianfinancing; January, 2016 (accessed January 19, 2016)

[5] Consideration may need to be given to the fact that the funding gap for humanitarian action and for development may at times overlap

5. GFF eligible countries are intrinsically linked to fragility and emergencies. 23[6] of the 33 countries classified by the World Bank as "fragile and conflict-affected states" (representing half a billion people), are also GFF eligible countries. This is more than one third of the 63 GFF eligible countries and includes two of the 12 countries currently supported through the GFF Trust Fund, namely Liberia and DRC. Further, many if not all[7], of the other GFF eligible countries have also been recently affected by disaster, epidemics or conflict and most GFF countries have extremely young populations, which in turn means they have intensive sexual, reproductive, maternal, child, adolescent health needs. Countries may also experience the effects of fragility in neighboring states, such as Kenya, where bordering regions significantly lag behind on RMNCAH outcomes and consequently reduce the country's overall performance.

The potential impact of GFF's involvement in humanitarian and fragile settings cannot be understated.

Recommendation: The Investors Group is requested to recognize the importance of GFF support to fragile states and humanitarian settings given the fact that many GFF eligible countries have, either currently or recently, been affected by disaster, epidemics or conflict and women, children and adolescents are disproportionally affected by such crises.

ANALYSIS OF OPPORTUNITIES AND LIMITATIONS

The following three scenarios highlight opportunities and limitations with the current business model of the GFF in these settings. The investors Group is requested to provide feedback on the extent to which the GFF should be engaged in these different scenarios or request that further analysis may be needed for such decision making.

The overarching aspiration for the GFF is that it enables smart, sustained and scale-able investments. Successfully addressing RMNCAH in uncertain contexts will be key to the achievement of the new Global Strategy's (GS) ambitions for *survive*, *thrive* and *transform:* consideration in its underlying financing approach for the human rights to health and wellbeing of "hard to reach" populations or anticipation of crises, outbreaks, conflict and disasters is critical. Providing accessible, affordable, acceptable and quality RMNCAH services across the humanitarian-development contiguum is a global public good. At the same time it is one of the greatest challenges to improve RMNCAH outcomes and the SDGs.

Recognizing that the business model of the GFF relies on country national systems, working largely through government, provides both opportunities and limitations for addressing RMNCAH needs in fragile and humanitarian settings. Exploring different scenarios, many questions were noted requiring the Investors Group guidance before further analysis can be done on GFF engagement in fragile and humanitarian settings. Three different scenarios and relevant questions for IG guidance are described:

[6] 23 out of the 33 fragile and conflict affected countries are GFF eligible: Afghanistan, Burundi, CAR, Chad, Comores, DRC, Eritrea, The Gambia, Guinea Bissau, Haiti, Liberia, Madagascar, Mali, Myanmar, Sierra Leone, Solomon Islands, Somalia, South Sudan, Sudan, Togo, Yemen and Zimbabwe.

[7] Examples include Bangladesh, Burkina Faso, Cameroon, Djibouti, Egypt, Guatemala, Indonesia, India, Kyrgyzstan, Kenya, Nepal, Nigeria, Pakistan, Papua New Guinea.

Scenario 1: GFF's engagement in states willing and able to support populations in fragile and humanitarian settings

Certain entry points exist in fragile and humanitarian settings in the near term, within the current business model of the GFF, in states willing and able to look after the needs of those displaced due to conflict or people in the midst of emergencies such as epidemics and disaster:

1. The investment case is an appropriate mechanism for fragility and emergency planning in any country. It is known that crises (whether political, economic, environmental, violence, or others) are likely, if not inevitable, to all GFF eligible countries. It is also evident that if it happens; women, adolescent and children's health outcomes are disproportionately affected and thus integrating issues around fragility into the investment case development would ultimately benefit RMNCAH outcomes and realize the goal of reaching every women, every child, every adolescent.

   Investment cases can consider a proactive and reactive approach to ensure women and children have ongoing access to appropriate health services. The proactive approach considers how to build capacity for emergency risk management and health system resilience to mitigate the effects of future or worsened crises, like Disaster Risk Reduction and Emergency Preparedness Programming (EPP) should be included in RMNCAH investment cases, with a strategic focus on the importance of women and young people as first and early responders, which is known to be a smart investment. The reactive approach considers how the health sector would adapt during crisis to ensure financing and functioning of RMNCAH systems, such as emergency preparedness. Yet it is known that resource mobilization and procurement can still cause significant delays in times of crisis. Flexible mechanisms for repurposing funds allocated for the RMNCAH investment case may help ensure timely response for RMNCAH during emergency situations.

   Moreover, the investment case can be a tool to bring together both humanitarian and development actors to look at addressing the challenges and issues along the entire humanitarian-development contiguum.

2. The country platform and the quality assurance process of the Investment Case can be important tools to ensure that no one is left behind and that RMNCAH investments will be prioritized in the investment case. While national governments are in the lead, the platform is a broad based partnership at country level, including humanitarian and development actors. It utilizes a multi-stakeholder process to strengthen accountability and ensure service delivery to vulnerable populations, including those in hard to reach areas. Robust, sufficiently independent, country-level assessments of the context can help identify possible fragility and emergency risks; possible scenarios for response; as well as help determine how funding will be prioritized. Appropriate quality assurance mechanisms can help ensure the needs of those left behind, including internally displaced or minorities affected by (cross-border) conflict, which are under the governments' responsibility are taken into account.

In situations, where the government is willing and able to respond to fragile and humanitarian situations, the IG is requested to provide guidance on the following questions:

- *The draft RMNCAH investment case guideline has been mostly advisory. What guidance should be provided to countries with regards to for example carrying out risk assessments and EPP; allocating appropriate funding for DRR and EPREP; equitable allocation of resources to hard-to-reach populations which may be more costly or difficult to reach? Are there any considerations from the perspective of quality assurance and country platforms?*
- *What possible mechanisms may exist or be explored to ensure flexibility in repurposing funds and the capacity to manage those funds in case of emergencies to ensure timely response for RMNCAH needs? Should contingency stocks be established for possible emergencies?*

Scenario 2: GFF's engagement in states willing, but not able or obliged to support populations in need

Entry points exist, within the current business model of the GFF, in countries where government is willing to support population but (1) not able to; or (2) not obliged to cater for - such as refugees.

1. In situations where the state is not capable to deliver RMNCAH services, attention will need to be paid to analyzing and addressing the barriers to reaching those populations and include in the Investment Case appropriate health system strengthening and technical assistance for capacity building. Service delivery by civil society actors and the private sector that is complementary to, and extends reach beyond that achievable by governments alone or government-associated agencies should also be integrated into RMNCAH plans. Innovative mechanisms can be used to overcome barriers to providing RMNCAH services to populations in need due to inability to effectively implement in all parts of the country or lack or capacity. Examples are public-private partnerships, like the support of Non-Government Organizations (NGOs) in the Ebola response in Liberia, or the contracting out of service delivery used in Afghanistan. The need for technical assistance to build capacity should also be addressed.

2. Addressing RMNCAH in populations facing legal barriers is challenging and decisions must be first deferred to government. In some countries, the investment case prioritizes their own population over foreign refugees while in other countries, more permissive legislation may actually allow migrants and refugees to be included in their investment case (e.g. Uganda). GFF funding availability may help address the needs of those whom the government may be willing to assist, but is not necessarily obliged to cater for - such as refugees. Providing additional financing and/or incentives may create an opportunity to ensure and enable governments to provide services to populations they may not have considered a priority in view of limited resource, such as refugees and even migrant populations. This is particularly important as the average displacement time of populations has extended to about 17 years.

In countries where the GFF is willing but not able or obliged to support populations in need, the IG is requested to provide guidance on the following questions:

- *In view of the protracted crises, what consideration should the GFF give to the humanitarian-development divide? What further exploration may be needed by the Task Team?*

- *What about supporting populations in need such as refugees? Should the GFF play a role in this? For example, will some form of pressure or incentivizes to national governments be considered to be more inclusive of refugee and displaced populations? Should further exploration with UNHCR and IOM take place on this?*

Scenario 3: GFF's engagement in states not willing to support populations in need

In fragile settings, there is not always a government present or there may be a weak government with no effective reach beyond capital. There may be other reasons for unwillingness by the state to reach its entire population. These circumstances are most prevalent, though not exclusively so, in situations of conflict, including protracted conflict, where the health of women and children is at great risk. The current business model of the GFF does not cater for such situations. It is recognized though that significant needs exist and funding gaps persists. Alternative non-state mechanisms for addressing RMNCAH needs may be considered through the GFF in settings where a state-led approach is not practical.

In situations where the state is not willing to support populations in need, the IG is requested to provide guidance on the following questions:

- *Should non-state funding mechanisms be considered in these settings as part of the GFF?*
- *Should any consideration be given to support non-GFF eligible countries (such as, for example, Lebanon or Syria) facing significant humanitarian crises with considerable RMNCAH needs?*
- *What further exploration may be needed to help inform decision making? Initial questions that come to mind are: a) the comparative advantage of the GFF and possible disadvantages, including the role of the Bank; b) the possible funding landscape, i.e. the likelihood to raise funds to support this through the GFF. Recommendations from the recent paper by the High-Level Panel on Humanitarian Financing will also be critical to consider, including the possibility for a stronger link between humanitarian aid and development assistance; reduced earmarking and more effective use of resources through results-based approaches; and the use of innovative financing mechanisms.*

GFF IMPLEMENTATION RISKS IN FRAGILE AND HUMANITARIAN SETTINGS

The impact of GFF supporting populations in need in fragile settings on RMNCAH outcomes is anticipated to be significant. Nevertheless, when working in countries affected by past, present, or the risk of future fragile statehood, recognition should also be given to the risks in view of the enhanced complexity. The following aspects require specific attention:

- Trade-offs between the need for a timely and flexible response in case of emergencies versus the need to monitor funds to minimize inefficiencies and corruption.
- Efforts to develop RMNCAH investment cases need to be simple and monitored frequently so possible amendments are made in view of often changing situations to ensure that those most in need are benefiting from the GFF investments.

- Carry out implementation research to help inform the work in these settings, while recognizing that robust impact evaluations[8] of RMNCAH investment case implementation will be challenging.
- Consideration for the role of health financing strategies for sustainable and equitable financing, which is an integral part of the GFF value proposition but may be difficult in fragile and often complex settings.
- Complexity of civil registration and vital statistics and possible concerns of people to register.
- A recognition that many countries at greatest risk of humanitarian crises are those with the greatest challenges within their health systems and are often faced with significant, systemic capacity challenges.

In all three scenarios described, the IG is requested to give consideration to the following questions:

- *What are the GFF parameters, i.e. what is needed (as a minimum) and what may be acceptable for GFF implementation in fragile and emergency settings?*
- *What are acceptable risks and how can risks be mitigated?*

CONCLUSION AND NEXT STEPS

The rationale for GFF engagement in fragile states and humanitarian settings is clear, as is the potential impact. This is critical given the fact that many GFF eligible countries have, either currently or recently, been affected by disaster, epidemics or conflict and women, children and adolescents are disproportionally affected by such crises. Providing accessible, affordable, acceptable and quality RMNCAH services across the humanitarian-development contiguum is a global public good. At the same time it is one of the greatest challenges to improve RMNCAH outcomes and to achieve the SDGs.

Recognizing that the business model of the GFF relies on country national systems, working largely through government, provides both opportunities and limitations for addressing RMNCAH needs in fragile and humanitarian settings. Opportunities exist for significant contributions by the GFF in those situations where the government is willing and able to provide RMNCAH services. Innovative mechanisms can be used in settings where the state is willing but not able or not obliged to provide support. Yet, it is also important to be clear on what is not feasible in the current GFF business model, i. e. provide support in those situations where government is not willing or able to provide services to populations in need.

As a next step, the Task Team proposes further analysis based on the guidance received by the Investors Group. The Task Team could explore lessons learned from existing approaches and develop a country case-study or pilot an approach in a country[9] where conflict, disaster or epidemics may hamper the delivery of RMNCAH services. The potential future landscape for GFF-related investments into fragile states and humanitarian settings can be explored further. Such analyses may help inform an engagement strategy for the GFF in fragile and humanitarian settings.

[8] Such as randomized control trials
[9] Appropriate criteria will be developed to select a pilot country

ANNEX 1:

TASK TEAM MEMBERS			
NAME	**TITLE**	**CONSTITUENCY**	**EMAIL**
Patricia Strong	Senior Advisor, Global Health Policy International Operations	Canadian Red Cross (ICRC/IFRC)	patricia.strong@redcross.ca
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The GFF in Fragile States and Humanitarian Settings

GLOBAL FINANCING FACILITY

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

Action requested:

- The Investors Group is asked to provide guidance on the questions linked to GFF engagement in fragile and humanitarian settings as laid out by the Task Team
- This will help inform the parameters of the GFF and possible next steps for further analysis

Rationale for GFF engagement is clear:

1. Magnitude large and growing:
   - Almost 60M people displaced globally
   - Average displacement time now > 20 years
   - By 2030, more than 50% of world's poor live in countries affected by fragility, conflict and violence
   - Not just a humanitarian challenge
2. Women, children and adolescents disproportionately affected by crisis:
   - 75% of the 80 million people needing humanitarian assistance in 2014 are women and children
   - 40% of 1.4 billion people in countries impacted by crisis under 15
3. RMNCAH outcomes worse:
   - 60% of preventable maternal deaths and 53% of <5 deaths happen in settings of conflict, displacement or natural disaster

Rationale for GFF engagement is clear:

4. GFF eligible countries intrinsically linked to fragility and emergencies:
   - 1/3 of the GFF eligible countries classified as 'fragile and conflict affected state', including Liberia and DRC
   - Many recently been affected by disaster, epidemic or conflict.
5. Funding gap for humanitarian action considered significant:
   - US$15 billion estimated by High-Level Panel on Humanitarian Financing
6. Consequences of global challenges also affect high income countries faced with migration, climate change, pandemics (Ebola, Zika)
7. Possible interest from donors to explore role GFF and opportunities for resource mobilization

Opportunities and Limitations

Task Team considered several approaches for IG consideration:

1. GFF engagement in states willing and able to support populations in fragile and humanitarian settings

2. GFF engagement in states willing, but not able or obliged to support populations in need

3. GFF's engagement in states not willing to support populations in need

1. GFF engagement in states willing and able to support populations in fragile and humanitarian settings

Certain entry points exist within the current business model of the GFF:

- Investment case can integrate planning for fragility and emergencies (proactive and/or reactive approaches)

- Country platform (incl. humanitarian and development actors) and Quality Assurance process can be important tools to ensure no one is left behind, incl. IDPs and minorities affected by (cross-border) conflict

1. GFF engagement in states willing and able to support populations in fragile and humanitarian settings

Guidance requested on following questions:

- Draft RMNCAH investment case guideline has been mostly advisory. How to ensure countries will:
  - carry out risk assessments
  - plan and allocate appropriate funding for DRR and EPP as well as equitable allocation of resources to hard-to-reach populations which may be more costly or difficult to reach?

Any considerations from QA and country platform perspective?

- How to ensure mechanisms exist to ensure flexibility in repurposing and the capacity to manage those funds in case of emergencies to ensure timely RMNCAH response? Should contingency stocks be established for possible emergencies?

2. GFF engagement in states willing, but not able or obliged to support populations in need

Certain entry points exist within the current business model of the GFF:

- Innovative mechanisms to overcome barriers to RMNCAH service delivery such as public-private partnerships. Appropriate health system strengthening and technical assistance for capacity building also included in investment case

- GFF funding availability may help address needs of those not necessarily obliged to assist, such as refugees and migrants

2. GFF engagement in states willing, but not able or obliged to support populations in need

Guidance requested on following questions:

- What consideration should GFF give to the humanitarian-development divide, in view of the protracted crises? What further exploration may be needed by the Task Team?

- Should the GFF play a role in supporting populations government not obliged to cater for? For example, will some form of pressure/incentivizes to national governments be considered to be more inclusive of refugee and displaced populations? Should further exploration with UNHCR and IOM take place on this?

3. GFF's engagement in states not willing to support populations in need

- Government not always present or there may be a weak government with no effective reach, or reasons for unwillingness by the state to reach its entire population. The current business model of the GFF does not cater for such situations.

- Alternative non-state mechanisms for addressing RMNCAH needs may be considered through the GFF in settings where a state-led approach is not practical.

3. GFF's engagement in states not willing to support populations in need

Guidance requested on following questions:

- Should non-state funding mechanisms be considered in these settings as part of the GFF?
- Support non-GFF eligible countries (e.g. Lebanon, Syria) facing significant humanitarian crises with considerable RMNCAH needs?
- What further exploration may be needed to help inform decision making? Initial questions are:
  - comparative (dis)advantage of GFF and role of the Bank
  - possible funding landscape
  - possible stronger link between humanitarian aid and development assistance
  - reduced earmarking, and more effective use of resources through results-based approaches
  - the use of innovative financing mechanism.

GFF implementation risks in fragile and humanitarian settings

The impact of GFF in fragile settings is anticipated to be significant. Recognize the risks in view of the enhanced complexity, particularly:

- Trade-off: timely, flexible response vs. need to monitor funds
- Simple investment cases needed, to monitor and amend frequently
- Carry out implementation research to help inform such work
- Consideration for role health financing strategies for sustainable, equitable financing - part of GFF value proposition - may be difficult
- Complexity of CRVS and possible concerns of people to register.
- Many countries at greatest risk of humanitarian crises are also those with the greatest health system challenges and capacity issues

GFF implementation risks in fragile and humanitarian settings

In all three scenarios described, the IG is requested to give consideration to the following questions:

- What are the GFF parameters, i.e. what is needed (as a minimum) and what may be acceptable for GFF implementation in fragile and emergency settings?

- What are acceptable risks and how can risks be mitigated?

Recommendations:

The Investors Group is requested to:

- Recognize the importance of GFF support to fragile states and humanitarian settings, given the fact that many GFF eligible countries have, either currently or recently, been affected by disaster, epidemics or conflict. Women, children and adolescents are disproportionally affected by such crises.

- Consider the three scenarios, which highlight opportunities and limitations with the current business model of the GFF, and provide feedback on the extent to which the GFF should be engaged in these different scenarios.

- Provide guidance on further analysis to be carried out by the Task Team in preparation for the next Investors Group meeting scheduled in June 2016.

GFF Investors Group

Country platforms, technical assistance, and quality assurance (GFF/IG2/6)

GLOBAL FINANCING FACILITY

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

Introduction

- Background papers on technical assistance (TA) and quality assurance (QA) circulated to Investors Group (IG) prior to first meeting (September 2015) and presented at meeting
- Feedback from IG:
  - TA and QA should be approached in a bottom-up, country-focused manner
  - November learning workshop in Kenya should be used as an opportunity to identify promising country experiences
  - Issues should be addressed holistically (including country platform)
  - For QA, initial emphasis should be on defining what is meant by “quality” in an Investment Case
- Country platform paper not discussed at first IG but presented and discussed in Kenya

Background on country platform

- Country platform is at the heart of the GFF approach: multi-stakeholder process that builds on IHP+ approaches, led by government
- Key elements defined in the Business Plan:
  - No prescription about the form of the country platform
  - Supportive of building on existing structures rather than creating new
  - Four functions:
    - Development of Investment Cases and health financing strategies
    - Mobilization of resources, including determination of which elements of the Investment Case each financier supports
    - Coordination of technical assistance, in both the development and implementation of Investment Cases and health financing strategies
    - Coordination of monitoring and evaluation
  - Minimum standards on inclusiveness and transparency

Initial experiences with country platforms (1/4)

- Process for identifying experiences:
  - Information gathered primarily from the Kenya workshop: >100 participants from government, civil society, private sector, and development partners in 9 countries
    - Additional input from one-day meeting of civil society from 13 countries (in Kenya, immediately prior to workshop)
  - Key lessons from RMNCH Trust Fund also incorporated as appropriate
- Structure:
  - Countries are generally building on existing structures:
    - In some cases, current mechanism fully meets needs so is being used
    - In other countries, existing structures are the starting point but modifications are being made (e.g., to ensure inclusiveness)
  - Different approaches to the need for different stakeholders on Investment Case vs. health financing strategy:
    - Some countries are using separate structures for the two
    - Others have one overarching body with technical subcommittees

Initial experiences with country platforms (2/4)

- Functions:
  - Many country platforms use existing structures with a range of responsibilities, but within the GFF context, the focus in most countries has primarily been on development of Investment Cases and health financing strategies
    - Limited experience to date with implementation, M&E
- Key successes:
  - In a number of countries very strong national ownership, with government leadership but also broad-based involvement
  - Non-prescriptive approach has been appreciated, with countries adapting principles to local context
  - High levels of interest in participating in country platforms, particularly from civil society (Kenya meeting, robust engagement from PMNCH CSO constituency, multiple reports/recommendations)

Initial experiences with country platforms (3/4)

- Practical challenges and key issues:
  - Governance of both the Investment Case and the health financing strategy processes not easy: requires different skill sets, actors
  - Inclusion of new areas (e.g., CRVS, multisectoral) not always straightforward (different actors/skill sets/approaches)
  - Strong government stewardship is critical (and without it parallel platforms can emerge that are more driven by development partners)
  - Participation of bilateral donors has been uneven
  - Concerns raised about transaction costs associated with having multiple platforms for GFF, Gavi, and Global Fund ➔ opportunities for integration?
  - Uneven experience with inclusion of civil society and private sector (related challenge: given the diversity of both, "representation" is difficult)
  - Ensuring representation of all relevant issues (e.g., all parts of the RMNCAH continuum) is not always easy without large number of participants
  - Sub-national platforms can be valuable (and multisectoral approaches are often easier at sub-national level) but generally have not been established

Initial experiences with country platforms (4/4)

- Key requests:
  - Interest in “flexible tools” to support the work of the country platform
  - Enthusiasm for further South-South exchanges
  - From civil society:
    - Generally supportive of principles but concerned about uneven application of them, so interested in how minimum standards will be implemented and monitored
    - Proposed modifications of principles on inclusiveness and transparency, and addition of independence and accountability

Country platforms, TA, and QA

- Each country platform has the ultimate responsibility for the Investment Case and the health financing strategy:
  - Overall quality of the documents
  - TA and QA

- Experience differs between Investment Cases and health financing strategies, so discussed separately

Initial experiences with TA and QA in Investment Case development: approaches taken

- Most countries are combining locally-hired consultants (many of whom have long-standing RMNCAH experience) with TA from in-country partners
  - Strong engagement from local offices of development partners (e.g., H4+, bilaterals) in many countries
- Additional support from global level:
  - Missions from World Bank and other partners
  - RMNCH Trust Fund has provided complementary TA resources in a number of countries
- Limited experience with QA to date: countries often fully engaged with process of developing the Investment Case ➔ QA a secondary priority
  - Some exceptions: Cameroon is contracting a local expert who has experience with the Global Fund's TERG; Ethiopia used JANS for health sector strategy (which is basis for Investment Case)

Initial experiences with TA and QA in Investment Case development: initial learnings and challenges (1/2)

- Overall, quality of Investment Cases has not been as high as desired
  - Prioritization is a particular concern: too many strategic plan-type documents that are not prioritized
- Limited in-country expertise to address "new" areas (e.g., CRVS, adolescents) ➔ requires dedicated support
- Strong interest in using local capacity (e.g., academic, NGO, private sector), although recognition that this requires building capacity in some areas
- Building on existing TA systems is a double-edged sword:
  - Use of consultants, etc., with long experience utilizes in-country capacity and skills but leads to Investment Cases that are very similar to traditional strategic plans and do not address key new elements that the GFF emphasizes

Initial experiences with TA and QA in Investment Case development: initial learnings and challenges (2/2)

- QA approaches slow to develop:
  - Often not easy to identify local experts who are technically strong but independent of the process to be able to provide robust QA feedback
  - Are there sufficient incentives for QA? Potential added-value of QA – attracting additional financing – is unproven
- Consensus on importance of iterative approach for the QA process, including need to continue during implementation
- Maintaining quality standards across countries will be key
- Disconnect between Investment Case and health financing strategy processes → opportunities to address financing issues in Investment Cases missed
- Strong interest in understanding what the GFF means by a "quality" Investment Case (see next slide)

Proposed key elements of a "quality" Investment Case

- Clearly defined results:
  - Where the country wants to go (**intended results**), and the trajectory to get there
    - Particular elements of the RMNCAH continuum and health systems challenges to be addressed
    - Based on latest data and pay attention to equity, multisectoral determinants, key sources of inefficiency, and macro trends
- Prioritized set of investments:
  - Not a comprehensive description of all RMNCAH interventions but **set of priority investments**
    - What changes are focused on
    - How the service will be delivered
    - Whom the services will focus on
    - Where the priority target audiences live
- Costed and within the envelope of resources available:
  - Priorities should be **costed** and able to be implemented **within the envelope of resources available**
  - Can also contain alternate scenario with additional priorities for which funding is not currently available
- A plan for monitoring results (including investments needed, inc. CRVS)

Clear storyline connects results and priorities

Is developed in an inclusive and transparent manner

Initial experiences with TA and QA in health financing strategy development: approaches taken

- Much less expertise available in-country on health financing than on programmatic issues, and fewer good practices to draw upon
- Most countries are linking in-country consultants with TA from international partners
  - World Bank and WHO (at local, regional, and global levels) are particularly important sources of TA but key bilaterals are also providing support (e.g., USAID, GIZ, DFID)
- Limited experience with country-led QA to date
  - Globally, World Bank and WHO are developing materials outlining the key elements of a quality health financing strategy
- Draft indicators for it are covered in a separate session at the Investors Group meeting (background document GFF/IG2/3)

Initial experiences with TA and QA in health financing strategy development: initial learnings and challenges

- As expected, process of developing health financing strategies takes a considerable period of time (6+ months)
- Involvement of ministries of finance is critical but not always easy in context of ministry of health-driven process
- Decentralization is occurring in many countries and adds key additional complexity to process
- Financing decisions are often very political so can be challenging to ensure technical soundness
  - Many countries have a clear sense of the areas to focus (e.g., key reforms) on from the outset of the process
- Significant need to invest in building more local capacity
- Disconnect between Investment Case and health financing strategy processes → synergies are being missed

Next steps

- Short-term:
  - Release guidance on the Investment Case (with explanation of "quality" Investment Case and checklist and key questions for self-assessment)
  - Release guidance note covering the country platform, TA, and QA
  - Commission process evaluation on the experience in initial countries and closely monitor progress in next set of countries
  - Ensure links with the Operational Framework for the Global Strategy 2.0
- Medium-term:
  - Focus on facilitating sharing lessons between countries (e.g., strong support from Kenya evaluation for community of practice)
  - Develop capacity-building approaches for key areas (e.g., health financing), with a particular emphasis on strengthening local institutions
  - Develop operational research approach to assist countries in learning lessons (particularly on "new" issues such as adolescents)

Guidance requested from the Investors Group

- Key question: should the GFF continue with a decentralized approach or should a common QA mechanism be established to support countries?

Country platforms, technical assistance, and quality assurance (GFF/IG2/6)

GLOBAL FINANCING FACILITY

SECOND INVESTORS GROUP, St Albans, United Kingdom, 17-18 February 2016

Introduction

- Background papers on technical assistance (TA) and quality assurance (QA) circulated to Investors Group (IG) prior to first meeting (September 2015) and presented at meeting
- Feedback from IG:
  - TA and QA should be approached in a bottom-up, country-focused manner
  - November learning workshop in Kenya should be used as an opportunity to identify promising country experiences
  - Issues should be addressed holistically (including country platform)
  - For QA, initial emphasis should be on defining what is meant by “quality” in an Investment Case
- Country platform paper not discussed at first IG but presented and discussed in Kenya

Background on country platform

- Country platform is at the heart of the GFF approach: multi-stakeholder process that builds on IHP+ approaches, led by government
- Key elements defined in the Business Plan:
  - No prescription about the form of the country platform
  - Supportive of building on existing structures rather than creating new
  - Four functions:
    - Development of Investment Cases and health financing strategies
    - Mobilization of resources, including determination of which elements of the Investment Case each financier supports
    - Coordination of technical assistance, in both the development and implementation of Investment Cases and health financing strategies
    - Coordination of monitoring and evaluation
  - Minimum standards on inclusiveness and transparency

Initial experiences with country platforms (1/4)

- Process for identifying experiences:
  - Information gathered primarily from the Kenya workshop: >100 participants from government, civil society, private sector, and development partners in 9 countries
    - Additional input from one-day meeting of civil society from 13 countries (in Kenya, immediately prior to workshop)
  - Key lessons from RMNCH Trust Fund also incorporated as appropriate
- Structure:
  - Countries are generally building on existing structures:
    - In some cases, current mechanism fully meets needs so is being used
    - In other countries, existing structures are the starting point but modifications are being made (e.g., to ensure inclusiveness)
  - Different approaches to the need for different stakeholders on Investment Case vs. health financing strategy:
    - Some countries are using separate structures for the two
    - Others have one overarching body with technical subcommittees

Initial experiences with country platforms (2/4)

- Functions:
  - Many country platforms use existing structures with a range of responsibilities, but within the GFF context, the focus in most countries has primarily been on development of Investment Cases and health financing strategies
    - Limited experience to date with implementation, M&E
- Key successes:
  - In a number of countries very strong national ownership, with government leadership but also broad-based involvement
  - Non-prescriptive approach has been appreciated, with countries adapting principles to local context
  - High levels of interest in participating in country platforms, particularly from civil society (Kenya meeting, robust engagement from PMNCH CSO constituency, multiple reports/recommendations)

Initial experiences with country platforms (3/4)

- Practical challenges and key issues:
  - Governance of both the Investment Case and the health financing strategy processes not easy: requires different skill sets, actors
  - Inclusion of new areas (e.g., CRVS, multisectoral) not always straightforward (different actors/skill sets/approaches)
  - Strong government stewardship is critical (and without it parallel platforms can emerge that are more driven by development partners)
  - Participation of bilateral donors has been uneven
  - Concerns raised about transaction costs associated with having multiple platforms for GFF, Gavi, and Global Fund ➔ opportunities for integration?
  - Uneven experience with inclusion of civil society and private sector (related challenge: given the diversity of both, "representation" is difficult)
  - Ensuring representation of all relevant issues (e.g., all parts of the RMNCAH continuum) is not always easy without large number of participants
  - Sub-national platforms can be valuable (and multisectoral approaches are often easier at sub-national level) but generally have not been established

Initial experiences with country platforms (4/4)

- Key requests:
  - Interest in “flexible tools” to support the work of the country platform
  - Enthusiasm for further South-South exchanges
  - From civil society:
    - Generally supportive of principles but concerned about uneven application of them, so interested in how minimum standards will be implemented and monitored
    - Proposed modifications of principles on inclusiveness and transparency, and addition of independence and accountability

Country platforms, TA, and QA

- Each country platform has the ultimate responsibility for the Investment Case and the health financing strategy:
  - Overall quality of the documents
  - TA and QA

- Experience differs between Investment Cases and health financing strategies, so discussed separately

Initial experiences with TA and QA in Investment Case development: approaches taken

- Most countries are combining locally-hired consultants (many of whom have long-standing RMNCAH experience) with TA from in-country partners
  - Strong engagement from local offices of development partners (e.g., H4+, bilaterals) in many countries
- Additional support from global level:
  - Missions from World Bank and other partners
  - RMNCH Trust Fund has provided complementary TA resources in a number of countries
- Limited experience with QA to date: countries often fully engaged with process of developing the Investment Case ➔ QA a secondary priority
  - Some exceptions: Cameroon is contracting a local expert who has experience with the Global Fund's TERG; Ethiopia used JANS for health sector strategy (which is basis for Investment Case)

Initial experiences with TA and QA in Investment Case development: initial learnings and challenges (1/2)

- Overall, quality of Investment Cases has not been as high as desired
  - Prioritization is a particular concern: too many strategic plan-type documents that are not prioritized
- Limited in-country expertise to address "new" areas (e.g., CRVS, adolescents) → requires dedicated support
- Strong interest in using local capacity (e.g., academic, NGO, private sector), although recognition that this requires building capacity in some areas
- Building on existing TA systems is a double-edged sword:
  - Use of consultants, etc., with long experience utilizes in-country capacity and skills but leads to Investment Cases that are very similar to traditional strategic plans and do not address key new elements that the GFF emphasizes

Initial experiences with TA and QA in Investment Case development: initial learnings and challenges (2/2)

- QA approaches slow to develop:
  - Often not easy to identify local experts who are technically strong but independent of the process to be able to provide robust QA feedback
  - Are there sufficient incentives for QA? Potential added-value of QA – attracting additional financing – is unproven
- Consensus on importance of iterative approach for the QA process, including need to continue during implementation
- Maintaining quality standards across countries will be key
- Disconnect between Investment Case and health financing strategy processes → opportunities to address financing issues in Investment Cases missed
- Strong interest in understanding what the GFF means by a "quality" Investment Case (see next slide)

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PARTNERSHIP COMMUNICATIONS STRATEGY

OVERVIEW

This document lays out the Communications Strategy for the GFF for review, discussion and approval by the Investors Group (IG). This strategy is the result of extensive outreach with Investors Group members, their organizations and other stakeholders, and has been discussed in draft form on a conference call with IG delegations in advance of this meeting.

ACTION REQUESTED

The Investors Group is requested to approve this Communications Strategy.

RECOMMENDATION

It is recommended that the Investors Group approve the Communications Strategy for the GFF and requests the Secretariat to implement the recommendations.

BACKGROUND

In recognition of the importance of strategic and robust communications to the success of the GFF, the GFF Secretariat committed to developing a communications strategy. The strategy below was written after a wide consultation with IG representatives and other partners, including individual interviews, written questions and a follow up conference call.

OBJECTIVE

The purpose of this communications strategy is to set forth overall objectives and vision, to provide an analysis of the current state of communications, and to recommend a strategic communications framework that addresses both internal and external audiences.

Transparency and inclusiveness are core principals of the GFF, thus robust, clear and creative communications is central to its success. For partners to fully engage and the partnership to grow stronger, they need timely, accurate and useful information and regular, easily accessible spaces to share ideas, experiences and feedback. Finally, the heart of the GFF is the work at the country level and thus the strong focus of GFF communications needs to be targeted at this level.

COMMUNICATIONS STRATEGY

Objectives and Vision:

1. To clearly and accurately define and describe the purpose, goals, and objectives of the GFF with timely and useful information geared towards the various audiences, both internal and external. The communications strategy should promote the dual goals of transparency and inclusiveness through information and guidance on both process and content, including results.
2. The communications strategy should enable the partners in the GFF to fully understand and champion the approach and goals of the GFF and to mobilize the smart, scaled and sustainable financing needed to meet the RMNCAH goals for 2030. Ensuring a strong base of support will help foster a coalition that can reach out beyond the partnership to engage new countries, development partners, and civil society.
3. GFF communications should also maximize the sharing of results and lessons learned to enable the approach of the GFF to grow and adapt. Information should be robust, timely and use, as much as possible, a standardized approach to reporting of programmatic and financial information.
4. GFF communications should be strongly focused on meeting the needs of country level implementers, building the country-level partnership, engaging civil society and other stakeholders, ensuring transparency and accountability around country activities, showcasing country results, and creating an enabling environment for mobilizing additional resources for RMNCAH priorities.

Problem Identification and Analysis of Challenges

The GFF is an innovative approach to addressing unmet reproductive, maternal, newborn, child and adolescent health needs that aims to scale up available resources through a new financing model. The

GFF operates as a facility that maximizes the comparative advantages of a broad set of partners. They are engaged at country level through a "country platform" that, under the leadership of national governments, builds on existing structures while embodying two key principles: inclusiveness and transparency.

The GFF Trust Fund is both a funding source and a springboard to additional funding through IDA and IBRD, as well as a pathfinder to other traditional and non-traditional funding sources.

The complexity, structure and processes of the GFF makes clear communications more of a challenge. Added to this challenge is the fact that this is a multi-stakeholder, multi-country initiative, which by its nature, involves a number of different partners and perspectives.

The communications challenges that have arisen to date have both internal and external components.

1. Internal

Internal communications refer to those between and among the GFF partners: members of the Investors Group, the Trust Fund Committee, the Technical Working Group, the World Bank staff, and the GFF Secretariat. Information needs vary, but there have been consistent issues with the accuracy, timeliness, and usefulness of information available to various internal groups. A certain number of the issues raised reflect questions or issues with the underlying design, roles and responsibilities of the GFF, some of which are already being addressed by the Investors Group and the current Task Teams. Other issues dealt more directly with communications issues and are summarized here:

- Lack of clarity on the basic principles of the GFF which could be addressed through short, useable, plain language materials. Issues raised include:
  - Roles and functions of the Trust Fund and Facility;
  - Financial framework – explanation of the relationship among the GFF Trust Fund, IDA, IBRD, and other financial flows, as well as transparency on resources committed and expected;
  - Requirements for a country GFF Investment Case and Health Financing Strategy
  - Criteria for selection of frontrunner, second wave, and next wave countries;
  - Country level processes, including various steps and requirements for approval and funding; and
  - Roles, responsibilities, and opportunities for engagement of GFF stakeholders, civil society and the private sector.

- Making the case for GFF. Need a strong and clear narrative that sets forth the value add of the GFF:
  - Why and how the GFF is different than previous global efforts to address the unmet needs of women, adolescents and children;
  - How this is a pathfinder to new ways of development finance;
  - How meeting RMNCAH needs link to the larger health care picture and efforts to achieve universal health coverage and the Sustainable Development Goals; and

- The value proposition – how the GFF is a good return on investment by focusing on smart, scaled and sustainable financing which both saves lives and contributes to achieving the bigger goals of economic development and ending extreme poverty.

- Country level information on processes, procedures and progress. In order to strengthen inclusiveness:
  - Develop GFF operational guidance for the country level that aligns with country leadership, budget processes and timelines;
  - Share timely information on events/meetings (*e.g.,* country meetings and missions, with agendas and purpose), that is accessible to civil society, the private sector, and all interested development partners to ensure meaningful opportunities to engage. The IG also needs this information to communicate within their own organizations and networks;
  - Provide visibility on the extension of the GFF to all 63 countries;
  - Report on GFF progress and results, including lessons learned.

- Alignment with SDGs, EWEC, and other events and campaigns. These global goals, campaigns and events are mutually supportive and the GFF should take advantage of strategic opportunities to work with other partners, messages and events.

- Given that the Secretariat is hosted at the World Bank, ensure timely and consistent World Bank internal communications to ensure that key World Bank staff understand the GFF, what it is doing, and how it differs from regular business procedures, particularly at country level. Wider buy-in within the WB structure is critical to insure the success of the GFF and its catalytic approach.

- More timely and frequent communications with all stakeholders. As appropriate, use newsletters, emails, conference calls, and website postings to fill the information void. Consider a dedicated and password protected space for the IG to communicate, share drafts, and raise issues.

- Personalize the GFF, so that it conveys a set of compelling, human stories that gets beyond process and technical jargon. This will be useful for both internal and external purposes.

2. External

External communications refer to public communications of behalf of the GFF, including the website, social media, press releases and other public announcements, official communications to GFF countries, and representation of GFF in public fora. Addressing a number of the internal communication needs will also assist in the external communications:

- Clear, accurate and compelling messages. Concern was expressed that the initial announcement oversold the GFF, inaccurately accounting for the resources already committed and inflating the overall money behind the facility. This was followed by a lack of communications, leading to confusion and unhelpful media coverage (*e.g.*, The Lancet article and the necessary response from IG members). A strong communications strategy is needed to define and amplify the main messages of the GFF, including timely and accurate information on funding and a narrative that the supporters can rally behind.

- Useable and accessible information. In part because of its complexity and in part because of GFF's "learning by doing" approach, short and clear informational products that can be used by a variety of external audiences will help answer questions about the GFF. The website currently under construction, with comprehensive country pages, will be a significant resource for key information on documents, funding, decisions, and results. Ensuring a strong interactive information flow, particularly with civil society and the private sector, will help facilitate better participation by these two critical groups. Similarly, the GFF needs to ensure that new and future GFF countries as well as existing and new donors – both traditional and non-traditional – can easily access GFF information.

- Personalize the GFF. The external communications must also address the human aspects of this effort, giving faces to an otherwise very technical discussion. The use of social media, blogs, infographics, videos and other less formal communications tools can help highlight the problem and how the GFF is offering a sustainable solution. To the extent possible, these communications tools also need to be offered in the primary languages of the participating countries.

- Build on other events, campaigns and platforms to advocate for the GFF and widen support. There are a number of opportunities to utilize other events, campaigns and platforms being led by other organizations and coalitions to raise the awareness and understanding of the GFF and to continue to build support among new audiences. These can also serve as opportunities for further consultations.

Strategic Directions for GFF Communications

1. Provide clear, strong, accessible messaging on GFF's vision and objectives

Given the complexity and innovative financing approach of the GFF, clear overall messaging needs to be developed that speaks to the GFF's vision, objectives, and value. The materials need to use plain language so that they are useful to broader audiences that are not immersed in the technical details. Advocacy materials that underscore the organizational interest of various GFF partners in supporting this new approach can help promote the GFF's transformational goals. Such materials could include:

- User friendly materials to promote a better understanding of the GFF to non-technical audiences.
  - A short (two-page) document that explains the GFF in user friendly, non-technical language that clearly shows what? why? how? This is a priority;
  - A basic Master Slide deck that can be utilized by a variety of audiences to explain core vision and key concepts;
  - Handouts on key aspects of the approach: financing challenge; investment case; health financing strategy; and
  - FAQs that provide more in-depth information on specific topics and issues and are updated regularly to reflect the evolving situation in countries.
- Production of compelling materials (such as blogs, op eds and reports) that showcase GFF results and the strong support for the GFF at the highest political and organizational level, with different leaders addressing various issues and underscoring why leadership (from donors, partners and GFF countries) have elected to support the initiative;

- Promotion of the GFF through active story telling from different perspectives but focused on real change for real people, that underscores the value of the GFF, addresses issues, promotes the new model and humanizes the GFF;
- In the near term, information will necessarily be process heavy, but the longer term needs to clearly convey results and lessons learned – excellent data quality and transparency should be a key objective of GFF communications;
- Proactive media outreach to build an understanding of the GFF and to encourage coverage of country-level activities and results;
- A social media toolkit to build a supportive and active online constituency that amplifies the GFF at country level and taps into broader international processes;
- Look to existing opportunities and assets, including events, conferences and partner-convened meetings, to strategically showcase GFF and utilize existing partners and leaders to help amplify and promote the GFF.

2. Create and Maintain a Robust Information Flow to Inform and Build Support with Internal GFF Stakeholders:

Although the GFF has been launched, there are still a number of internal audiences that need more and on-going information about the GFF, its processes, progress and results.

Investors Group and Trust Fund Committee: These representatives need to be equipped with sufficient information so they can understand and then champion the GFF including:

- Basic content information that can be shared with their staff/constituents/leadership;
- Governance documents shared in a systematic way that can be tracked and consulted (private site pre-meeting and transparency on post-meeting documentation);
- Information on roles and responsibilities particularly between IG and TF;
- Timely sharing of draft documents for decision/approval and meeting agendas;
- Information regarding country level meetings/missions to countries/other events with GFF components;
- More regular and informal communications, such as newsletters to communicate updates, conference calls, and email alerts to communicate information posted on the website.

Country Level Participants: Given that country results are the core of the GFF, clear information, both as to processes and requirements, is needed. (A number of these issues are currently the subject of the Task Teams, which should provide additional clarity on specific questions). Information needs include:

- Clear documentation on guidelines for the GFF Country Platform, Investment Case, the Health Financing Strategy, Accountability, Monitoring and Evaluation, Technical Assistance and Quality Assurance;
- Sharing of lessons learned both on process (*e.g.*, consultative processes), innovative solutions, and results;
- Provision of a GFF supported communications resource person (located within the Ministry of Health) to act as an information conduit and to facilitate engagement between the government, local GFF and development partners, civil society, media, and other interested stakeholders;
- Country level communications toolkit to provide basic materials and tools for engaging stakeholders at the country level.

World Bank Group Staff: World Bank Group staff, at both the leadership and the country level, are critical to ensuring that the GFF is implemented and supported. In particular, this means:

- Continued education of staff at various levels and functions to ensure that there is a clear understanding of the GFF, its relationship to the Trust Fund, IDA, IBRD, and other sources of funding, as well as the how the GFF is to function at country level;
- Guidance on standard operating principles should be developed and shared to ensure that the GFF operates as it is designed (to be integrated into country plans and process, not as standard World Bank process);
- Regular communications about the GFF among the senior WGB leadership.

GFF Partner Staff: Partner organizations are also critical to the success of the GFF. They need timely and useable information to effectively brief their own organizations and networks, especially those which are active at the country and local level. This will help ensure a full understanding of, and support for, the GFF in the broader community.

3. Amplify the GFF Messaging with External Stakeholders to Build Support for the GFF as the Country-Led Model for Smart, Scalable and Sustainable Solutions

Develop and use a strategic mixture of communications tools and tactics to tell the GFF story, including results, to a wide audience and facilitate engagement with various groups of stakeholders and interested parties. The focus should be heavily concentrated at the country and local level.

- Build a robust website that is a center of information about the GFF, including:
  - All basic materials about the GFF (vision, model, its value proposition, its goals and objectives, the Business Plan, governance arrangements, Annual Report, FAQs);
  - Country pages that provide links to key country documents, such as the Investor Case, Health Financing Strategy, financial information, timelines, outputs, outcomes and results, consultation opportunities and key contact information;
  - Results data and stories;
  - Monitoring and evaluation information and data;
  - Partners;
  - Media, blogs, knowledge hub.
- Strategic use of external events, platforms, and related campaigns as opportunities to raise the profile of the GFF and build support for it, mobilizing and showcasing the variety of voices of the GFF partnership.
  - Strong linkages with the EWEC campaign outreach and advocacy;
  - Link to the broader SDG advocacy;
  - Develop a multi-faceted advocacy calendar for 2016 which highlights GFF specific events as well as opportunities for mutually supportive engagement and outreach with partners and stakeholders;
  - Work with other partners in their communications efforts, including UNF, the EWEC, PMNCH, and other IG organizations, including donors, to maximize the synergies, harmonize messaging, ensure mutually supportive advocacy and amplify the overall effort to make progress on shared RMNCAH goals;
- Creative use of digital media that supports and widens the GFF messaging, and draws traffic to the website and fosters discussion, including:
  - Active use of social media tied to events, results and human stories;

  - Strong graphics that deliver compelling visualizations of the data and results, including graphics for mobile phone use;
  - Short videos that can tell stories of innovations and results;
  - Blogs that bring in voices of beneficiaries and others.
- Creation of stories with robust media outreach including:
  - Stories that humanize what the GFF is, what it is intended to accomplish, and how it is changing the lives of women and children. This could be through blogs, videos and social media;
  - Financing perspectives and developments – production of materials and news items around key GFF milestones to help that explain how the GFF financing works, why it adds value, how it has attracted other financing, both traditional and non-traditional, and how it can be a model for other sectors;
  - Spotlight on innovations at the country level.
- Materials that are tailored to current and prospective donors, both traditional and non-traditional, that demonstrate the value of the GFF approach and the results that are emerging.

RECOMMENDATIONS TO SECRETARIAT FOR MANAGING THE COMMUNICATIONS STRATEGY

Management and Approach to Communications Function

The transparency and accountability pillars of the GFF underscore the importance of providing a wide range of information and data in a useable form and format. Managing the GFF communications will be a critical function of the Secretariat. It will be necessary to ensure proper resourcing, including sufficient capacity, the right skill sets, and knowledge of the intricacies and nuances of the GFF.

The Secretariat needs to speak for the partnership. There can be no well-functioning partnership without strong communications and there cannot good communications without the strong participation and support from the GFF partners. There is a perception that the GFF communications to date have been weighted heavily in the World Bank voice. This needs to be addressed so communications reflect the full voice of the partnership.

The demands for robust information flows will come from a number of different stakeholders. In order to manage this, the communications plan will need to set clear priorities and identify areas of responsibility within staff. It should also strategically utilize the assets and other opportunities of key stakeholders, partners, platforms, and campaigns to share the communications load and better amplify and promote the GFF. Finally, the flow and type of information will change as the GFF is implemented. The creation of a timeline of what information will be available and how it will be delivered, complete with responsible staff, will help keep delivery of new information and data on track.

There is the potential for conflicts in messaging between the GFF and individual members of the partnership and there needs to be an understanding on the how best to balance these communications needs and interests. Give the volume, demand, and nature of the partnership, the Secretariat should function as the voice of the partnership, exercising day-to-day responsibility over the communications function under the guidance of the IG Chair to ensure appropriate messaging.

Finally, there needs to be a risk management/crisis communications protocol and plan in place to more proactively handle negative stories or developments. This should be guided by at least two principles:

- The best prevention of negative coverage will be a proactive outreach to media at the outset, building relationships with key journalists and other members of the media, providing clear background about the GFF and sharing human interest stories.
- There is always the possibility of negative developments around the high impact interventions that are part of country programs. Protocols need to be in place to best understand the facts and circumstances and provide for an appropriate response.

Proposed Staffing

The demands for information by a number of the GFF stakeholders are substantial and the current Secretariat does not have the capacity to meet those demands. Staffing needs are now being addressed through a combination of new positions, consultancies, and country-level communication focal points.

Opportunities and Challenges

The Secretariat finds itself at a critical juncture with respect to communications. While many acknowledge that the information flow is improving, the capacity constraints in meeting priority information needs are significant. This is compounded by the high demand for information, including basic and clear information about the GFF and its value proposition, as well as its processes and requirements. Many perceive that the 2015 launch did not best serve the interests of the GFF. All of these factors are exacerbating the need to build trust and buy-in of existing and future GFF stakeholders.

Despite this, there is still strong interest and excitement about the potential of the GFF to offer positive and long term results in a sector that has a significant need. There is the opportunity to capitalize on the existing support and create the strong communications program that will best position the GFF for success. However, the action needs to come quickly, with a strong prioritization and delivery of the most important information.

Key factors to consider:

- This is a partnership and the Secretariat needs to speak with the partnership voice. Input on key decisions and documents by the IG should be sought as a matter of practice, which will help build trust and a stronger partnership.
- The focus of the communications should be at the country level, showcasing best practice and innovative solutions, and ensuring that the information is conveyed in a user friendly, timely, and creative manner.
- The GFF needs to be framed as an innovative partnership. To underscore the “learning by doing” approach, sharing best practices both in the planning stages and in the implementation is important.
- Getting the communications strategy, work plan, and functions in place is a significant lift, but attention still needs to be paid to ensuring the right framework for reporting on progress and results in a consistent and compelling way.

CONCLUSIONS AND NEXT STEPS

Ensuring smart and strategic communications is critical to the success of the GFF. There is a huge demand for communications across a wide spectrum of stakeholders. Some of the demand stems from questions about the design, roles and responsibilities that underpin the GFF. These issues need to be identified and addressed through Task Teams or other suitable arrangements.

The communication demands will be constant, so setting priorities and ensuring the right mixture of skills, management, and resources will be keys to success. The two immediate priorities are (1) providing clear, short, plain language materials on the who, what, and why of the GFF; and (2) getting the external website launched. There will always be a balance between technical accuracy and user friendly messaging and materials. The goal of the communications strategy is to build and widen support for the GFF among the many stakeholders – including future stakeholders – so the messaging needs to be clear, short and creative.

Utilizing our partners is also critical to success. Along with the development of the strategy and the messaging, there needs to be a clear commitment from the partners on their contribution to building the understanding of, engagement with, and support for, the GFF. With such a large and diverse partnership, communications cannot be the sole responsibility of the Secretariat.

Finally, the communications strategy must also mutually support the resource mobilization and the advocacy efforts. When all of these strategies work together, the technical work of the GFF is best positioned for success.

RECOMMENDATION

The Investors Group approve the Communications Strategy for the GFF and requests the Secretariat to implement the recommendations.

Annex 1: Communications Strategy – List of Interviews (as of February 3, 2016)

	Who	Role/Organization	Status
1	Diane Jacovella, Jo-Ann Purcell	Chair of IG/Government of Canada	Done
2	Ruth Kagia	IG/Government of Kenya	Done
3	Tore Godal, Ingvar Olsen, Lars Gronseth, Ase Bjerke	IG/Government of Norway	Done
4	Jane Edmondson	IG/UK Government	Done
5	Chris Elias, Mariam Claeson, Tim Thomas, Margaret Cornelius	IG/Bill & Melinda Gates Foundation	Done
6	Ariel Pablos-Mendez	IG/US Government	Done
7	Jan-Willem Scheijrond	IG Alternate/ Private Sector (Royal Philips)	Done
8	Mesfin Tessema	IG/ CSO (World Vision)	Done
9	Geeta Rao Gupta	IG/UNICEF	Done
10	Marijke Wijnroks	IG/The Global Fund to Fight AIDS, Tuberculosis and Malaria	Done
11	Nana Kuo	IG Alternate/UNSG's Office (EWEC)	Done
12	Robin Gorna	IG Alternate/PMNCH	Done
13	Kadi Toure, Lori McDougall	IG Constituency/PMNCH	Done
14	Emiko Nishimura (on behalf of JICA)	IG/Government of Japan	Written responses
15	Tim Evans	IG/World Bank	Done
16	Nicole Klingen	IG Alternate/World Bank	Done
17	Mikael Ostergren	IG Technical Working Group/World Health Organization	Done
18	Anita Sharma, Flavia Draganus, Monica Kerrigan	Partners/UNF and FP2020	Done
19	Christine Sow	Partners/Global Health Council	Done
20	Monique Vledder	Program Manager/GFF Secretariat	
21	Soji Adeyi	World Bank Director, HNP GP	Done
22	Keith Hansen	World Bank Vice President, GGHVP	Scheduled
23	Magnus Lindelow	World Bank Practice Manager	Scheduled
24	Rekha Menon	World Bank Practice Manager	Scheduled
25	Carolyn Reynolds	World Bank Communications Advisor, ECRGP	Done
26	Dianne Stewart	GFF Secretariat	Done
27	Rama Lakshminarayanan	GFF Secretariat	Done
28	Toby Kasper	GFF Secretariat	Done
29	Jacqueline Sibanda	GFF Secretariat	Done

PRIVATE SECTOR ENGAGEMENT

OVERVIEW

This paper lays out the proposed approach to private sector engagement for the Global Financing Facility and requests feedback and discussion from the Investors Group on the approach. It has been prepared through consultations with the Private Sector Task Team as well as external private sector representatives and partners. The paper should be reviewed in conjunction with paper GFF-IG2-9 on the Framework for Resource Mobilization and paper GFF-IG2-4 on the approach to all Facility countries, including those that have not yet received catalytic funding from the GFF Trust Fund.

ACTION REQUESTED

The Investors group is requested to provide feedback on the proposed strategic directions and key deliverables for GFF private sector engagement for 2016.

RECOMMENDATION

It is recommended that the Investors Group retain this item as a regular issue on their agenda and that the Secretariat provide annual updates, to be given at the last Investors Group meeting of every year, on the status of the strategic directions laid out in this paper. As the pathways for private sector engagement mature, additional consultation with the Investors Group will be sought as appropriate.

BACKGROUND

The Global Financing Facility in Support of Every Woman Every Child (GFF) is a key financing platform of the UN Secretary General's updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). The GFF is a country-driven financing partnership that brings together, under national leadership and ownership, stakeholders in reproductive, maternal, newborn, child and adolescent health (RMNCAH), to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths by 2030 and improve the health and well-being of women and children. It is underpinned by International Health Partnership (IHP+) principles and serves to harmonize fragmented RMNCAH approaches, using existing structures and processes.

The GFF supports country leadership by drawing on the comparative advantages of the broad set of stakeholders involved in the RMNCAH response, including the financing of the World Bank Group, Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria, private foundations and bilateral donors; the technical expertise and normative mandates of UN agencies; the reach and community-connectedness of non-governmental and faith-based organizations; and the capacity and speed of the private sector.

The GFF is positioned as a pathfinder for a new era of sustainable financing for development by shifting from a model that focuses solely on development assistance to an approach that combines:

- Mobilizing greater domestic resources (from both public and private sources);
- Attracting additional external resources;
- Employing innovative strategies for resource mobilization and service delivery.

OBJECTIVE

This paper lays out the proposed approach to private sector engagement for the Global Financing Facility and requests feedback and discussion from the Investors Group on the strategic directions and proposed deliverables for the GFF's private sector work in 2016.

GFF AND THE PRIVATE SECTOR

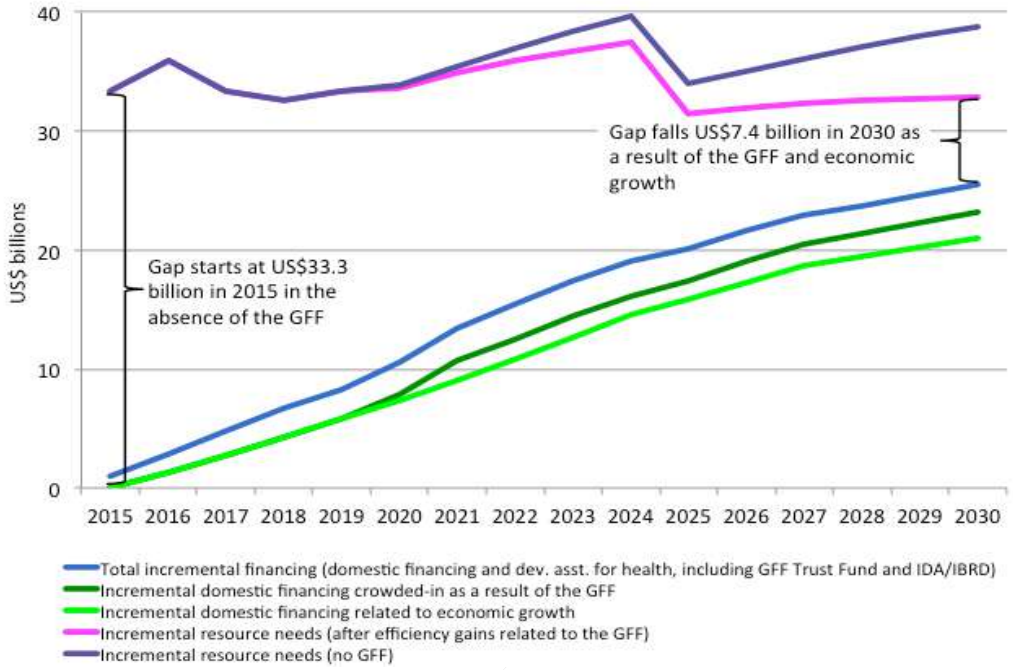
The private sector[*] must be at the heart of the GFF approach to financing for development, as the flow of international private finance (US$778 billion in foreign direct investment and US$400 billion in remittances) now dwarfs Official Development Assistance (US$135 billion)[†].

[*] In the context of these analyses, the private sector defined as "any provider that is not a government or public health care provider; they may also be referred to as "non-state actors." This includes traditional healers, informal drug peddlers, religious organizations, private not-for-profit providers, domestic and international non-governmental organizations, community groups, friends and relatives.

[†] World Bank Annual Report 2015.

The GFF has analyzed the financing needs for reproductive, maternal, newborn, child, and adolescent health (RMNCAH), which are estimated as US$33.3 billion (US$9.42 per capita) in 2015 for the 63 countries eligible for GFF support (Figure 1). The GFF uses smart, scaled, and sustainable financing to mobilize additional resources and generate efficiencies, and thereby close this gap.

Figure 1



Domestic resources play a major role in closing this gap at the country level. Currently private expenditure is a key component of domestic financing: private expenditure on health accounts for over 50% of total health expenditure in more than 60% of GFF countries[*]. However, it is important to note that the bulk of this is from out-of-pocket payments, which are inequitable and fall disproportionately upon the poorest segments of the population. By working with countries on smart, scaled and sustainable financing the GFF intend to harness both public and private financing in an equitable way (not by raising out of pocket expenses) towards achieving RMNCAH goals. To complement this work at the national level, there is significant potential to develop innovative financing mechanisms that bring international sources of private capital to the effort to improve RMNCAH results.

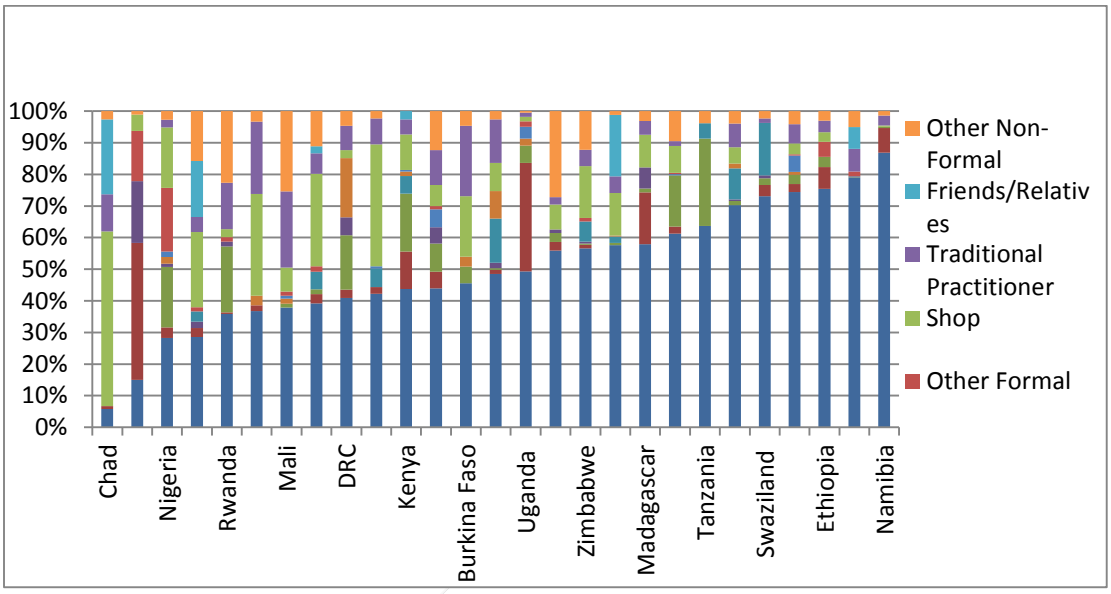
Beyond financial resources, the private sector is a critical health service provider for RMNCAH. Data on this are suboptimal or lacking and there is not agreement in the literature on the exact share provided by the private sector, but there is no dispute that in many countries it is significant. An analysis of Demographic and Health Survey (DHS) data from 2000-2012 across 46 LMICs found 36% of women receive antenatal care in the private commercial sector[‡]. Similar DHS data analyses

‡ Powell-Jackson T, Macleod D, Benova L, Lynch C, Campbell OMR. The role of the private sector in the provision of antenatal care: a study of Demographic and Health Surveys from 46 low- and middle-income countries. Trop Med Int Health. 2015 Feb;20(2):230–9.

have found that over a third of deliveries with appropriate care take place in the private sector[§], as well as over half of all care for pediatric diarrhea and fever/cough[**].

It should be noted that there is great heterogeneity in the extent and types of private providers used across types of services, regions and income groups (Figure 2), but in many countries the private sector is such a large provider that it is essential that it be engaged in any effort to improve RMNCAH outcomes, and any effort to do so without its involvement will be incomplete.

Figure 2: Source of care for pediatric curative care, poorest quintile by type of provider (Sub-Saharan Africa)



Source: Analysis by Jorge Coarasa, Senior Economist, World Bank Group of DHS data from Dominic Montagu (2010)

§ Benova L, Macleod D, Footman K, Cavallaro F, Lynch CA, Campbell OM, Role of the private sector in childbirth care: cross-sectional survey evidence from 57 low- and middle-income countries using Demographic and Health Surveys, Trop Med Int Health. 2015 Sep 28. doi: 10.1111/tmi.12598

** Grépin, Karen A, The role of the private sector in delivering maternal and child health services in low-income and middle-income countries: an observational, longitudinal analysis, The Lancet, Volume 384, S7

Recognizing the fact that health systems in most countries are "mixed" – with a blend of public and private service provision – the GFF works across both public and private sectors. It facilitates drawing in additional resources and knowledge from the private sector by emphasizing the importance of policy and planning process that are inclusive of the private sector in GFF countries, and by supporting specific mechanisms at the global and country levels to best leverage private sector resources, capacity and innovation for RMNCAH.

Reflecting the heterogeneity of the private sector in health, there is a broad range of actors for the GFF and country governments to engage with at global, regional and national levels. These include (but are not limited to):

- Service providers (e.g., private doctors/clinics/hospitals);
- Pharmaceutical manufacturers;
- Medical technology companies;
- Financial sector:
  - National (e.g., banks, financial institutions, investors);
  - International/regional (e.g., private investors in International Bank of Reconstruction and Development (IBRD)[††] or International Finance Corporation (IFC)[‡‡] bonds, private equity firms investing in healthcare companies);
- Private insurers: purchasing technical services for government sponsored health insurance schemes;
- Management and logistics:
  - Supply chain/distribution companies;
  - Management consulting firms supporting development of management capacity (Technical Support Units);
- Information and communications technology firms (e.g., mHealth companies, tech firms working on big data, such as in the context of civil registration and vital statistics [CRVS]);
- Private training institutions that produce human resources for health
- Key business actors in other sectors that relates to health (e.g., energy firms that can supply electricity to remote health facilities, companies working on water and sanitation).

GFF APPROACH TO PRIVATE SECTOR ENGAGEMENT

The GFF seeks to use the flexibility of its trust fund and the expertise of its facility partners to draw in the financial resources and capacity of the private sector to help countries achieve RMNCAH target outcomes.

Pathways for engagement with private sector

The GFF has three main pathways for private sector engagement in the short run:

[††] The International Development Association (IDA) and the IBRD are the two main lending arms of the World Bank Group. IDA focuses on lower income and/or debt-distressed countries, while IBRD lends primarily to middle-income countries.

[‡‡] The IFC is the private sector arm of the World Bank Group.

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

All three pathways will require involvement of various GFF partners (including UN agencies, bilateral donors like USAID, multilateral financiers such as Gavi and Global Fund, and World Bank Group institutions such as the IFC) based on the comparative advantage of each institution in working with the private sector. To deliver on its private sector agenda, the GFF will also coordinate with existing private sector partnership networks and learning platforms (e.g., HANSHEP, PMNCH, and Managing Markets for Health) and build on the work done under initiatives such as African Health Markets for Equity (AHME).

Cutting across all three pathways is the role of the GFF in stimulating and promoting innovation. Disruptive innovations and new business models can play significant roles in helping health systems leapfrog existing constraints, thereby making a major contribution to ending preventable deaths by 2030. The GFF has an important role to play in promoting engagement with the private sector to help identify and attract these kinds of innovative solutions and then to support countries to bring successful innovations to scale. The GFF's efforts in this space will be linked with the nascent EWEC Innovation Marketplace, which will play a key role in identifying promising innovations, and with other partners that have considerable experience in bringing innovations to scale, such as Gavi and the Global Fund.

1. Pathway 1: Innovative Financing Mechanisms

The GFF has a unique opportunity to **broker impactful financing structures and effective, market based solutions for investments into RMNCAH**. With the right incentive structures in place, the GFF could raise additional financing for countries and support private investment in RMNCAH. While the criteria to guide GFF investment in innovative finance will be defined in the upcoming months, some potential vehicles are:

- **Pay for Performance Structures**:

  Example 1: GFF-IBRD performance based loan buy-down:

  GFF is working with the World Bank IBRD Treasury and Development Finance (Dfi) on performance-based IBRD loan buy-downs for IDA and IBRD countries. IBRD raises funds from capital markets for loans that select GFF countries will receive to finance investments in health systems.

  As a function of meeting agreed upon country-specific performance metrics, borrowing countries receive "buy-down" payments from the GFF to bring the IBRD loan to concessional terms.

  This loan buy-down mechanism allows countries to access greater resources than grants alone, and increases domestic investment in health by easing the restriction of

constrained IDA envelopes that face competing funding demands from several other sectors.

GFF comparative advantage: The GFF brings the combined World Bank Group's ability to raise private capital, provide country loans and technical assistance for designing and monitoring performance-based financing (PBF) for health systems (building on the experience of Health Results Innovation Trust Fund), along with flexible trust fund resources for buying down loans to concessional terms where targets have been met.

Example 2: Development Impact Bonds (DIBs):

GFF partner Grand Challenges Canada (GCC) – a government-backed innovation fund focused on supporting global health initiatives – has provided a grant (~18 months) to fund the Kangaroo Foundation's train-the-trainer model for Kangaroo Mother Care (KMC) in Cameroon and Mali.

GCC is simultaneously in the early stage of exploring with the Government of Cameroon and the World Bank Cameroon task team whether a Development Impact Bond (DIB), a type of outcomes-based financial instrument, could be used to fund KMC rollout at scale in Cameroon beyond the grant period.

Given that investor money is at risk, DIBs create strong incentives to put in place the necessary feedback loops, data collection and performance management systems to test and refine – and to build a credible proof of concept for – a KMC scaling model with relevance beyond Cameroon. The contractual focus on outcomes – as opposed to inputs – means that service delivery has the flexibility to adapt as necessary to overcome identified barriers to KMC adoption.

GFF comparative advantage: The DIB brings together GCC, the GFF partner's expertise in supporting innovation for improving health outcomes, and the Government of Cameroon's existing experience with performance-based financing through the HRITF.

- **Catalytic Financing for Private Investment:** To bridge the financing gap for RMNCAH, it will be necessary to draw in private capital on a large scale from investors with a focus on socially impactful solutions. These "impact investments" are often beyond the reach of commercial investors due to the high risk, transaction cost, difficulty to scale, and cost of funding involved, leading to a financing gap for borrowers. To achieve this, GFF will use catalytic grant funds to reduce risk for investors (IFC, other development finance institutions and private investors) to make investments focused on improving access to affordable quality RMNCAH health services and products for our target populations. The GFF's flexible grant funding could be leveraged through various financial instruments (e.g., grants, guarantees, concessional finance) as appropriate, based on the needs in RMNCAH priority areas as identified from a comprehensive landscape analysis in GFF countries.

  Example: GFF Investment in Medical Credit Fund

  The GFF business plan identifies a need to support small and medium healthcare providers with improved access to working capital. GFF is in early discussions with Medical Credit Fund (MCF), run and managed by PharmAccess, to be the first potential recipient

of GFF's catalytic grant funding for private sector investment, through a blended finance investment alongside IFC and other commercial and impact investors.

The proposed GFF grant would go towards MCF's "first loss" fund, thus reducing investor risk and enabling private investment into the fund at lower interest rates. This infusion of commercial investor capital will in turn support the expansion and continued affordability of MCF's loan program for end- borrowers. The scale-up of MCF's loan facilities for small and medium sized healthcare providers across Africa (which is coupled with technical assistance to borrowers and local banks on financial management and quality of care with PharmAccess's SafeCare initiative) will improve MCF's long-term sustainability and reduce the need for donor funding.

GFF funding will also enable high quality monitoring and third party evaluations to assess quality of care improvements and patient reach by income level.

USAID also has experience with similar risk-sharing facilities and with MCF and PharmAccess, and will provide input to the GFF discussions on this.

GFF comparative advantage: The collaboration with IFC will leverage their financial expertise, private investor partnerships and wide experience with health investments in developing countries, as well as their Treasury's ability to raise private sector capital for health investment. The GFF grant financing and partner expertise will catalyze private sector lending from a diverse group of investors into an area of high need in health systems (access to capital for small and medium providers), as well as contribute to the global evidence base on impact investing and its sustainability.

2. Pathway 2: Facilitating partnerships with global private sector

The GFF launch has attracted great interest among private sector actors at the global level, and they are keen to bring their resources and expertise to countries through **sustainable business models and partnerships** along the RMNCAH continuum of care**.**

The GFF facilitates partnerships for **innovation, global public goods and resource mobilization** to match specific needs in country Investment Cases (e.g., technical assistance for supply chain improvement, medical technology procurement, innovative service delivery, etc.). This brings together the resources and expertise of GFF global partners, including private sector, for country needs.

While entry points for engagement will be largely linked to Investment Cases, the GFF recognizes the value of retaining the necessary flexibility to take advantage of other opportunities that can benefit countries and strengthen the global knowledge base on private sector.

Partnerships may be of three types:

- **Between private sector and specific countries**

Example: Safaricom, Merck, Philips, GSK, Huawei and Kenya Healthcare Federation EWEC commitment to provide resources and expertise for RMNCAH in 6 high-burden counties in Kenya, in a partnership being coordinated by UNFPA and in alignment with GFF.

GFF comparative advantage: Brings together GFF private sector and development partners (UNFPA and World Bank) to strengthen public-private dialogue, and identify and implement innovative private sector solutions for county RMNCAH priorities. This builds on existing work by the World Bank Health in Africa team, and the GFF prioritization process and financial resources at county level provide a platform for engagement, as well as access to wider private sector partners for additional solutions.

- **With private sector for global public goods**
  Example: GFF is working with DITTA[§§], WHO and various medical technology companies (GE, Philips, Siemens, others) to address requests for support on procurement of medical technology from several countries.

  GFF comparative advantage: The GFF can support countries to access private sector expertise for efficient and transparent procurement that are based on sound health technology assessments through a neutral platform by bringing in DITTA, an umbrella body for medical technology companies. This platform builds on the WHO's existing toolkits on procurement, along with World Bank procurement expertise and relationships with Ministries of Health and Finance. A pilot workshop to bring together the various elements of support for some countries in Africa is being planned.

- **With global private sector to mobilize resources for countries**
  Example: GFF is in discussions with GBCHealth to bring in private sector companies as outcome payers for performance-based financing program results in GFF countries. This raises additional financial resources for countries from private sector and incentivizes success for health outcomes.

  GFF comparative advantage: Brings together GFF private sector partners for country needs and builds on the HRITF experience in performance based financing for health.

3. Pathway 3: Leveraging private sector in countries for Investment Case needs

The GFF recognizes that private provider presence in health varies across countries, income groups and types of care, and encourages countries engage with those private sector actors who are most relevant for their health system, in service delivery and beyond.

The GFF approach relies on country platforms based on the principles of inclusivity and transparency. The country platform is responsible for preparing an Investment Case that sets out priorities for RMNCAH, health systems and multi-sectoral programming. The Investment Case is oriented towards helping countries achieve their 2030 development goals and considers shifts in

[§§] Global Diagnostic Imaging, Healthcare IT, and Radiation Therapy Trade Association

the structure of the country's economy will occur over that timeframe, which in many countries will involve the changing role of the private sector.

A key component of this is designing and implementing solutions involving the private sector to achieve RMNCAH objectives, thus harnessing private sector resources, technical expertise, and innovation. For example, partnering with national or regional mobile service providers can provide access to data that strengthens CRVS systems (a GFF priority area), and also enables targeted service delivery to populations with the greatest need. This provides valuable efficiency gains, a guiding principle of the GFF. Engagement with the private sector in the course of developing Investment Cases and health financing strategies is important for introducing such elements into the process, helping ensure that they include the kind of long-term, transformational orientation that the GFF is trying to spark.

Recognizing the complexity of this process and the limited capacity of most governments to engage with private sector, detailed guidance on including private sector in the GFF process is being developed. The GFF will also support governments with technical assistance to build capacity for sustained engagement with private sector, and develop a process for the latter to identify pathways and specific opportunities to partner with governments for improved RMNCAH outcomes while respecting national procurement guidelines. Knowledge products developed through the GFF process (e.g., private health sector assessments for various countries) will contribute to expanding the global knowledge base on private sector.

The GFF approach in countries has been tailored to the local context and priorities. Some early examples of country-level private sector engagement that are under development include the contracting of private service providers through the performance-based financing mechanisms in Cameroon, setting up loan facilities with local banks with a mix of public and private financing to provide affordable loans to small and medium health providers in Uganda, and working with counties in Kenya in the context of devolution to develop implementation plans that include private sector solutions.

KEY CHALLENGES

The GFF faces some key challenges in its private sector engagement:

- The wide scope of the GFF approach creates many possible areas of engagement with the private sector and there is a need to define priorities and criteria for GFF investment;
- There are limited data and analytical work available globally on private sector in health, and there is a need for further analysis comparing options for GFF to pursue (particularly in pathways 1 and 2);
- In many countries, coordination structures within the private sector, and between the private sector and government are inadequate, which means that support is needed to ensure that the private sector is engaged in a manner that fully leverages its capabilities.

CONCLUSION AND NEXT STEPS

Given the fact that the GFF is a new mechanism, the proposed approach has been to develop a strategy that is focused on 2016, rather than embarking on a lengthy planning process to prepare a multi-year document. This document identifies key concrete actions for the year while also laying the foundation for a longer-term strategy.

As a starting point for the discussion, the GFF secretariat has an initial suggestion for key deliverables for 2016, by pathway:

- Pathway 1:
  - IBRD performance-based buy-down in at least 1 country;
  - GFF criteria for innovative finance defined, analysis of investment landscape and possible opportunities to leverage GFF and partner funds and expertise for maximal development impact;
  - GFF catalytic private sector financing: Medical Credit Fund grant for access to capital for small and medium providers in Africa;
- Pathway 2:
  - Draft priorities and criteria for selection of GFF private sector partnerships at global and regional level;
  - Process for companies to get involved in GFF, and process for review of RMNCAH innovations pipeline at global and country level;
  - Medical technology assessment and procurement support for countries to reduce inefficiencies;
  - GBCHealth deal to bring private sector outcome payers for performance based financing in health in at least 1 country;
- Pathway 3:
  - Appropriate inclusion of private sector in all GFF Investment Cases
  - Focused private sector engagement in at least 2 GFF countries.
  - Draft of guidance for countries on private sector engagement for GFF approach, including country platforms;

To lay the foundation for further engagement, the deliverables for 2016 will also include mapping the range of other potential opportunities for GFF-private sector partnership, as well as highlighting existing GFF partner initiatives, GFF comparative advantage, and potential areas of synergy. This will help inform the longer-term approach to GFF's engagement with the private sector.

RECOMMENDATION

The Investors Group is requested to provide feedback on the proposed strategic directions and key deliverables for GFF private sector engagement for 2016. The GFF Secretariat will continue to work with partners on implementing the GFF private sector approach at country, regional and global level.

ANNEX 1

Members of the Task Team

TASK TEAM MEMBERS	
NAME	**CONSTITUENCY**
Peter Singer Chair, IG member	Private Sector
Tore Godal IG member	Government of Norway
Nancy Wildfeir-Field	GBC Health
Suprotik Basu	MDG Health Alliance
Chris McCahan	IFC
Joann Purcell IG member	Government of Canada
Margaret Cornelius	Bill & Melinda Gates Foundation
Marie-Ange Saraka-Yao	Gavi
Priya Sharma	USAID
Frederik Kristensen	WHO
Natalie Africa	UN Foundation
Patrik Silborn	The Global Fund to Fight AIDS, Tuberculosis and Malaria
Jan-Willem Scheijgrond Alternate IG member	Private Sector
Sneha Kanneganti	GFF Secretariat

FRAMEWORK FOR RESOURCE MOBILIZATION FOR THE GFF

OVERVIEW

This paper lays out the proposed approach to resource mobilization for the Global Financing Facility and requests feedback and discussion from the Investors Group on the approach. The paper needs to be reviewed in conjunction with paper GFF/IG2/4 *Proposed Approach to Facility Countries*, as well as GFF/IG2/8 *Private Sector Engagement* and GFF/IG2/9 *The GFF In Fragile States And Humanitarian Settings*. The *Partnership Communication Strategy* (GFF/IG2/7) lays out the communication and advocacy necessary to ensure success for the GFF as well as to support resource mobilization.

ACTION REQUESTED

The Investors Group is requested to provide feedback on the proposed strategic direction and to agree on the proposed approach to resource mobilization.

RECOMMENDATION

It is recommended that the Investors Group retain this item as a regular issue on their agenda and that the Secretariat provide annual updates, to be given at the last Investors Group meeting of every year on the status of the strategic directions laid out in this paper.

INTRODUCTION

The Global Financing Facility was conceived as a mechanism to scale up smart investments in reproductive, maternal, newborn, child and adolescent health in a sustainable way. The recent launches of the Sustainable Development Goals (SDGs) and the UN Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (Global Strategy) create an important opportunity to drive smart, scaled, and sustainable financing for RMNCAH.

Resources and financing are at the heart of the GFF agenda and so of central concern to the Investors Group, but to ensure alignment of the approaches to resource mobilization, the GFF needs a resource mobilization strategy. A resource mobilization strategy for the GFF needs to be ambitious and creative to meet the expectations of the stakeholders, but also needs to be grounded in the existing health financing landscape and the fund-raising processes of the diverse members of the partnership.

THE CHALLENGE AND THE OPPORTUNITY

The GFF acts as a pathfinder in a new era of financing for development by pioneering a model that shifts away from focusing solely on official development assistance to an approach that combines domestic financing, external support and innovative sources for resource mobilization and delivery, including the private sector, in a synergistic way. Although financing for RMNCAH has increased in recent years[1], the financial shortfall was estimated at US$33.3 billion in 2015 in high-burden, low- and lower-middle-income countries, which amounts to US$9.42 per capita per year.[2]

GFF works to close the gap in three ways:

1. By crowding in additional domestic resources, particularly by ensuring the benefits of economic growth are directed to the health of women, children, and adolescents, and by improving the efficiency of the utilization of resources for health through smart financing, which is estimated to result in a reduction of the incremental resource needs of approximately 15% by 2030;
2. By harnessing the private sector through innovative financing mechanisms that increase investment into RMNCAH and foster private sector partnerships;
3. By further mobilizing development assistance for health and improving the coordination of this assistance.

As a result of the combined effect of these approaches, the gap falls to US$7.4 billion (US$1.74 per capita) in 2030[3].

The most significant contributor to closing the gap is domestic financing from public sources, particularly as a result of economic growth. **Domestic public financing** is estimated to be able to close more than

[1] As will be discussed in agenda item *Financing for RMNCAH* at the Second Investors Group meeting.
[2] *Global Financing Facility in Support of Every Woman and Every Child: Business Plan, June 2015*
[3] The potential benefits of additional private financing for RMNCAH was not able to be captured rigorously in the modeling work that generated the financing gap estimates (due to data limitations), but it is estimated that private financing can play a critical foundation in closing the remaining financing gap by 2030.

half of the financing gap by 2030. There are three key elements to increasing domestic resource mobilization from public sources:

1. Ensuring that economic growth translates into increased government revenue (e.g., through strengthened tax collection);
2. Ensuring that health is appropriately prioritized in national budgets (which has historically not been the case in many countries);
3. Ensuring that within the health sector RMNCAH receives adequate resources (which also has not always been the case in many countries).

Additionally, there are significant opportunities to improve the utilization of financing in the health sector: the World Health Organization estimates that 20-40% of health spending "is consumed in ways that do little to improve people's health."[4] Improvements both in ensuring that the right approaches are being financed – allocative efficiency – and that they are being implemented optimally – technical efficiency – are necessary.

Both of the foundational elements of the GFF approach – the Investment Case and the health financing strategy – have important roles to play in generating additional resources and making more efficient use of existing financing. The Investment Case, for example, contributes to smarter financing by focusing on identifying "best buys", which improves allocative efficiency by shifting resources from approaches that are less cost-effective to those that deliver better value for money. Additionally, the Investment Case addresses not only which services are delivered, but *how* they are delivered, including both the modes of delivery (public, private, not for profit) and the location of delivery (facility, household, community). Shifts in these are often critical to improving technical efficiency.

Health financing strategies address the major functions of health financing – revenue generation, purchasing, and pooling. The analytical work that underpins health financing strategies, such as fiscal space analyses, is important in the process both of identifying where resources can come from and how to improve the efficiency of existing financing. The GFF further supports this through the appropriate use of incentives and other tools to encourage domestic resource mobilization and more efficient use of financing.

The second important channel to close the financing gap is by harnessing the private sector. This is true at both national and global levels: the local private sector is burgeoning in most GFF countries and there is considerable scope to tap it more fully to address RMNCAH outcomes, while there are significant unexploited opportunities to mobilize international private capital and the broader resources of private companies that operate globally.

Private financing[5] will be leveraged in two ways: through innovative financing mechanisms that increase private capital investment into RMNCAH, and through partnerships with private sector at global,

[4] World Health Organization, "World Health Report: Health systems financing: the path to universal coverage," 2010.
[5] See *GFF-IG2-8 Private Sector Engagement* for a detailed explanation of these approaches.

regional and national level to draw in resources and expertise. This will complement the health financing work at the national level and be done in an equitable way that does not increase out-of-pocket expenditures.

- **Innovative financing**

The GFF has a unique opportunity to broker impactful financing structures and effective, market based solutions for investments into RMNCAH. GFF can leverage grant funds to raise additional financing for countries and to support increased private investment in RMNCAH through vehicles such as:

  - Pay-for-performance structures (e.g., GFF-IBRD buy-down; development impact bonds);
  - Catalytic financing for private investment (in collaboration with IFC).

- **Private sector partnerships**

The GFF launch has attracted great interest among private sector actors at the global, regional and national level, who are keen to bring their resources and expertise to countries though sustainable business models and partnerships along the RMNCAH continuum of care. The GFF facilitates partnership for innovation, global public goods and resource mobilization, including in-kind contributions of expertise, technical assistance and capacity building. These partnerships can be characterized as:

  - Between private sector and specific countries;
  - With the private sector for global public goods;
  - With global public sector to mobilize resources for countries.

Finally, even with increased resources from domestic financing and the private sector, there will still be a need for external support in the form of **development assistance for health** (DAH). DAH for RMNCAH has been increasing in recent years but will need to continue to grow if the financing gap is to be closed. In addition, there is significant room to improve the efficiency of DAH: at the country level challenges remain around coordination, leading to duplication in financing of some areas and insufficient resources being directed at key priorities, while at the global level allocations of DAH are not in line with need. There is also a lot of scope to use DAH in a more innovative way, through approaches that create a multiplier effect and are strongly results focused (e.g., IBRD buy-downs).

There is considerable potential for increasing DAH, but it is clear that these will have to extend beyond the traditional reliance on official development assistance (ODA): after years of increase, ODA for health is leveling off, and there are significant fears that pressures on development assistance budgets in some of the historically most generous nations (e.g., in the face of refugee influxes and mass displacement) will further limit the possibilities for ODA increases.

However, a range of other sources have not been fully tapped for RMNCAH. This includes a number of emerging donors that have thus far had limited engagement with RMNCAH but that have expressed interest in certain elements of it or certain geographies/types of countries (e.g., fragile states). Another promising channel is providing further support to countries that wish to make a greater use of financing from IDA, IBRD, and other multilateral development banks for RMNCAH. Additionally, both the Global

Fund and Gavi are major contributors to financing RMNCAH, with the former indicating that it intends to increase its emphasis on women and children's health over the course of its coming 2017-2022 strategic plan period.

In terms of improving the complementarity of financing, the GFF approach of supporting countries to develop prioritized Investment Cases creates an optimal environment for improving alignment at the national level. The Investment Case defines a set of nationally-owned priorities that in-country bilateral donors and multilateral financiers (including the Global Fund and Gavi) can use as a basis for financing.

Additionally, global allocation of ODA is suboptimal, resulting in countries that are experiencing significant RMNCAH challenges receiving disproportionately small amounts of financing. Improvements in the global allocation of financing could significantly improve efficiency in the system.

To complement this, the GFF Trust Fund (TF) has been established as a multi-donor trust fund at the World Bank. The GFF Trust Fund provides catalytic funding that is critical to closing the financing gap. The trust fund does this in four key ways:

- By supporting the development of Investment Cases and health financing strategies (including both the processes themselves and the analytical work that underpins them), which, as discussed earlier, is critical to mobilizing and improving the efficiency of domestic financing and development assistance for health;
- By linking to IDA and IBRD financing, which incentivizes the allocation of additional financing for RMNCAH and improves the quality of IDA/IBRD financing by strengthening the process of identifying national priorities (which are the basis for IDA/IBRD financing);
- By providing technical assistance on how countries can increase domestic resource mobilization and directly incentivizing it;
- By crowding-in private financing, including by supporting pay-for-performance schemes and by de-risking private investments.

The Trust Fund has to date made indicative commitments of USD 343 million to 12 countries out of the 63 countries identified as having the highest RMNCAH needs. These investments are linked to more than USD 1.5 billion of IDA funding, which are further supported by aligned bilateral funding at the country level[6]. The first 12 countries have therefore invested IDA in the average ratio of $4 of IDA to $1 from the TF and given that IDA is on budget and considered part of domestic resources, it is an excellent signal of country commitment to RMNCAH. A fully funded Trust Fund is an essential part of funding the RMNCAH agenda and the GFF vision. The Business Plan noted that USD 2.56 billion will be required to reach each eligible country with one initial grant. Given current contributions to the Trust Fund, an additional USD 2.2 billion dollars is needed to meet that demand[7].

[6] The figures for GFF and IDA commitments reflect current agreements but are subject to fluctuations until the World Bank Board of Executive Directors approves these projects.

[7] *GFF/IG2/4 Proposed Approach to Facility Countries* recognizes the challenge of rolling out the GFF without Trust Fund grants.

FRAMEWORK FOR RESOURCE MOBILIZATION

The GFF is a broad partnership that targets a wide range of RMNCAH interventions with different priorities identified in each country and a variety of needs being addressed over time. This is an opportunity to match up the varying needs and interventions with a range of potential financiers who may all have different priorities and interests but who can find an appropriate channel for their resources to fund a country's Investment Case in a harmonized way.

The GFF Secretariat, working with partners, will undertake additional analysis to define distinct value propositions for each of these channels as well as to map potential financiers. This menu will be an invaluable tool for fund-raising which can be used by the partnership.

Resource mobilization for full financing of the RMNCAH agenda must be a collective effort and the GFF Investors Group is well placed to support this work, with a focus on four particular dimensions:

1. Advocating for increased resources at both national and international levels;
2. Ensuring the complementarity of financing at the national level and alignment around the investment case to increase efficiency and improve value for money;
3. Improving the allocative efficiency of development assistance for health by examining the distribution of DAH in comparison with need, particularly to ensure that the neediest countries have adequate resources;
4. Exploring innovative approaches to increase the multiplier effect of existing resources.

AREAS FOR ACTION

The Investors Group members are ideally positioned to be champions for RMNCAH funding within their own institutions, with national governments, and with other potential contributors. This will require extensive collaboration on the part of the partnership both globally and locally.

Given the opportunities outlined above, **action** needs to be focused in the following areas:

1. Pursuing the domestic resource mobilization agenda by ensuring a credible health financing strategy that outlines strategic approaches to increase domestic resources for health, links to allocations of additional IDA funds to RMNCAH, and attracts aligned funding to bridge gaps. This requires strong leadership from Ministries of Health and Finance and close collaboration between local and global partners.

2. Making progress on the pathways for private sector financing outlined in detail in *Private Sector Engagement* (GFF/IG2/8). Some of these require global cooperation and planning in the nature of global public goods, but successful engagement with the private sector will be focused on local engagement and cooperation around Investment Cases. It will be important to build on the extensive interest already shown by the private sector in several countries as well as globally to ensure momentum.

3. Aligning financing at country level will involve strong government leadership and active engagement of local bilateral ODA funders around the Investment Case as well as alignment and co-investment of Gavi and Global Fund resources in a harmonized way. Local and global collaboration efforts to achieve this must be prioritized, including joint country missions by financiers and better long term planning around funding opportunities.

4. Resources will be needed for the GFF Trust Fund and associated IDA which require advocating for the Trust Fund to OECD-DAC donors with interests in health, sustainable financing and women and children, emerging as well as non-traditional donors, private sector and high net-worth individuals.

ADVOCACY: CREATING FERTILE GROUND

Successful resource mobilization for the Global Financing Facility will require extensive outreach to build understanding and confidence in the GFF. There are a number of essential building blocks needed for this outreach and to ensure long term commitment to the Facility:

- Tailored value propositions designed to explain the overall vision of the GFF to particular audiences, especially potential funders and those who influence them, in ways that bring together the attraction of the vision and objectives with the interests of particular funders and their funding modality (whether it be a private company, an investor in social impact bonds, an OECD-DAC funder or a regional/private/development bank). Potential financiers can then be mapped to these value propositions.
- Communication tools and advocacy materials, including those tailored to specific audiences, that are easily adapted for use by all partners, this includes guidance on core elements of the mechanism and contacts and entry points for each country;
- Building on the useful lessons learned highlighted at the Kenya Workshop[8], tools can be developed that show the distinct value proposition of the GFF in country, with concrete examples and models for how the GFF works at country level, especially as regards financing;
- In time, the investments will yield results and aggregated outcomes that can be captured and shared through multiple mediums to build confidence in the Facility, especially given that results-based financing will be part of the approach.
- Advocacy and events including high level peer-to-peer outreach and engagement amongst financiers and the use of relevant events and conferences to tell the GFF story. This will involve the whole partnership and be closely linked to partner advocacy efforts, especially those for the Global Strategy with EWEC, UNF, FP2020, PMNCH and other advocacy mechanisms;
- Identification of champions and the cultivation of high level advocates, including Investors Group members and client country representatives, as well as outreach between finance ministries to build understanding of the model;
- Reporting and accountability will have to adhere to the highest standards of transparency and quality, and include regular updates on financial analysis and financing flows to support target

[8] See *GFF Kenya Workshop Summary 2015* circulated as background for the Second Investors Group.

asks and continued investment and the development of financial need scenarios for the next 5-10 years;

- Advocacy planning for the most appropriate timelines for various modes of resource mobilization that respect partner replenishment and fund-raising processes and build towards key moments for GFF fund-raising.

RISK MANAGEMENT

For this area of work particular attention needs to be given to due diligence before negotiating with potential partners and ensuring that conflicts of interests are managed. Potential reputational risk needs to be identified and managed where necessary for the protection of all parties. Conflict of interest and ethical policies of the partner organizations must be respected and adhered to.

RECOMMENDATION:

It is recommended that the Investors Group retain this as a regular item on their agenda and that the Secretariat provide annual updates, to be given at the last Investors Group meeting of every year, on the status of the strategic directions laid out in this paper.

ANNEX 1: ADVOCACY CALENDAR FOR GFF OUTREACH

2016		
Dates	**Event**	**Opportunity**
	FEBRUARY	
17,18	• **Second GFF Investors Group**	
24-25	• **The Ministerial Conference on Immunization in Africa, Addis Ababa, Ethiopia, WHO** *http://immunizationinafrica2016.org/*	Day 2, Session 2 - GFF presentation of HFS
	MARCH	
1	• **The Alliance for Maternal and Newborn Health Improvement (AMANHI)**	GFF advocacy?
8	• **International Women's Day**	
14-18	• **Barcelona Course on Health Financing, WHO** *http://www.euro.who.int/en/media-centre/events/events/2016/03/who-barcelona-course-on-health-financing*	GFF 101 element in the course? GFF Invited speaker at the keynote session
	APRIL	
5-6	• **Global Fund Board Meeting, Geneva**	GFF briefing?
	• **FP 2020 Reference Group?**	
11-15	• **Commission on Population and Development–49th Session**	
25	• **World Malaria Day, WHO**	Blog, social media

	• **Conference on Sustainable Financing for Health, DC**	WB/GFATM/GAVI/BMGF joint meeting Media, social media
15-17	• **WB Spring Meetings, DC**	GFF event
24 - 30	• **World Immunization Week, WHO** **Close the Immunization Gap campaign**	Blog, social media
MAY		
5	• **International Day of Midwife,**	Feature story from a country, Social Media
16-19	• **4th Global Women Deliver 2016 Conference, Copenhagen**	GFF 101 Session, Financing stream, exhibition hall, media, social media,
23-24 May	• **World Humanitarian Summit, Istanbul**	
23 May – 3 June	• **World Health Assembly**	GFF briefing/event?
25-27	• **5th East Africa Healthcare Federation (EAHF) Conference 2016, Kampala, Uganda** http://healthsystemshub.org/events/94	GFF briefing? New partner engagement opportunity?
JUNE		
	• **Global Fund Replenishment**	
	• **GFF Third Investors Group**	
6-10	• **Annual Session, UNFPA Executive Board, NYC**	
14-17	• **Annual Session, Unicef Executive Board, NYC**	

20-21	• **Annual Bank Conference on Development Economics 2016: Data and Development, World Bank**	
JULY		
18-22	• **21st International AIDS Conference, Durban, South Africa**	
AUGUST		
1-7	• **International Breastfeeding Week** • **Unicef, WHO**	Blog, social media
12	• **International Youth Day, UN**	Blog adolescents, Twitter chat on GFF for adolescents, social media
19	• **World Humanitarian Day, UN**	Blog funding gap for RMNCAH, social media
26	• **International Conference on African Development (TICAD) Meeting - Kenya**	GFF event?
SEPTEMBER		
6-12	• **Second Regular Session, UNFPA Executive Board, NYC**	
Early September	• **A Promise Renewed 2016 Report**	
14-16	• **Second Regular Session, UNICEF Executive Board, NYC**	
20	• **UN General Assembly, General Debate**	GFF Event (after one year of GFF and SDGs)
OCTOBER		

7-9	• **WB Annual Meetings, DC**	
	• **GFF Fourth Investors Group Meeting**	
11	• **International Day of the Girl, UN**	Topics: adolescent health, family planning
15	• **Rural Women Day, UN**	Topics: UHC, Social media campaign
16	• **World Food Day, UN**	Topics: Stunting, malnutrition, breastfeeding
17	• **International Day for the Eradication of Poverty, UN**	Topics: maternal/child mortality in low-income countries, financial barriers to health
	• **World Statistics Day, UN**	CRVS event?/Blog? Social media
NOVEMBER		
10	• **World Prematurity Day**	Social media campaign
20	• **Universal Children's Day, UN**	
29-30	• **World Innovation Summit for Health (WISH) 2016, Doha, Qatar** **http://www.wish-qatar.org/media-center/press-release-details?item=173&backArt=207**	GFF event/ briefing? (opportunity to engage new sponsors?)
25	• **International Day for the Elimination of Violence against Women, UN**	
DECEMBER		
	• **IDA Replenishment**	
1	• **World AIDS Day**	

10	• **International Human Rights Day, UN**	
11-14	• **World Breastfeeding Conference**	
12	• **Universal Health Coverage Day, UN**	Blog, social media
2017		
JANUARY		
	• **World Economic Forum, Davos**	GFF Event?
	• **Session of WHO Executive Board Geneva, Switzerland**	
FEBRUARY		
	• **GFF Investors Group Meeting**	
MARCH		
21-23	• **GAVI Board**	
APRIL		
	• **Spring Meetings**	GFF Resource Mobilization Event

DRAFT CODE OF ETHICS FOR THE GFF INVESTORS GROUP

OVERVIEW

The GFF Investors group requested that a Code of Ethics related to potential conflicts of interest be developed for adoption by the Investors Group. The following Code of Ethics is proposed as a guideline for ethical behavior for members and alternate members of the Investors Group. Members of the Investors Group remain bound by the Codes of Ethics or Conduct required by their individual organizations or entities and this Investors Group Code of Ethics relates only to their role on the Investors Group.

ACTION REQUESTED

The Investors Group is requested decide on whether or not to adopt the Code of Ethics.

RECOMMENDATION

The Code of Ethics as outlined below is recommended for discussion.

GFF INVESTORS GROUP CODE OF ETHICS

Members of the Global Financing Facility Investors Group (including alternate members of the Investors Group) shall at all times remain committed to observing, developing and implementing the principles embodied in this Code in a conscientious, consistent and rigorous manner.

1. Members of the Investors Group will conduct the business affairs of the Global Financing Facility in good faith and with honesty, integrity, due diligence, and relevant competence.

2. The GFF Investors Group must abstain from any decision or act that would not be in the best interests of the Global Financing Facility. When encountering real or apparent conflicts of interest, Investors Group members will declare the conflict to the Chair of the GFF Investors Group and immediately remove themselves from all decisions, discussions and information on the matter. Specifically, Investors Group members shall follow these guidelines:

   i. Avoid placing (and avoid the appearance of placing) one's own self-interest or any private or individual third-party interest above that of the GFF; while the receipt of incidental personal or third-party benefit may necessarily flow from certain GFF activities, such benefit must be merely incidental to the primary benefit to the GFF and its purposes;

   ii. Do not abuse Investors Group membership by requesting services from GFF staff or directly using, equipment, resources, or property for personal or third-party benefits; members shall make a fair and accurate representation of their role to third parties and will not use their position as members to exert undue influence or obtain undue benefits;

   iii. Disclose to the Chair in order to not be perceived as using his/her position for personal or political gain:

      (i) Activities, including business, government or financial interests which might influence the Member's ability to discharge his/her duties and responsibilities objectively;
      (ii) Any financial, contractual or personal relationship or link with an Entity seeking or receiving funding from GFF, or involved in a program and/or project proposal submitted to or in execution under the GFF;
      (iii) Activities or interests of his/her spouse, personal partner, ascendant or dependent that would be perceived as influencing his/her independence of decision or the impartiality of his/her information sources with respect to the subject matter that is being considered by Investors Group;
      (iv) Any actual or perceived conflicts of interest of a direct or indirect nature of which s/he is aware and which s/he believes could compromise in any way the reputation or performance of the Investors Group, in particular any benefit that the member or his/her spouse, personal partner, ascendant or dependent would receive directly or indirectly as a result of the activities of the GFF; and
      (v) Any personal link with other members of the Investors Group or with staff of the GFF. Abstain from any personal involvement in outside business, professional or other activities that would directly or indirectly materially adversely affect the GFF.

   iv. Do not solicit gifts, gratuities, free hospitality or transportation, honoraria, personal property, or any other item or service of value provided to themselves or their spouses, personal partners, ascendants or dependents, as a direct or indirect result of being a Member of the Investors Group other than from the organization that has designated the Member to the Investors Group.

Do not accept, for themselves or their spouses, personal partners, ascendants or dependents, any GFF-related gifts that might be perceived as a direct or indirect inducement to provide special treatment to partner countries with respect to matters pertaining to the GFF. Avoid receiving any GFF-related gifts and immediately disclose the circumstances and nature of the GFF-related gifts to the Chair of the GFF Investors Group.

v. Do not seek, as a direct result of being a Member of the Investors Group, any personal endorsement or employment for themselves, their spouses, personal partners, ascendants or dependents, from anyone and especially from other Members of the Investors Group.

vi. Be absent during the deliberations and adoption of the recommendations or decisions related to a matter for which the Member has an actual or perceived conflict of interest, and be excluded from the dissemination of information about the said deliberations and from representing the GFF or presenting the views of the GFF with the public or interested parties on this particular matter.

3. Investors Group members will respect the deliberative nature of the group and treat documents shared in advance of meetings with discretion until such time as they are publically shared after the meeting. While the need for pre-meeting consultations with constituencies and delegations is essential, members will make every effort to ensure that the documents are clearly understood to be provisional and for discussion and do not represent final policy positions of the GFF. When receiving confidential information, Members must (a) use such information for the sole purpose for which it was distributed, and not share such information with third parties unless required to do so under national laws on freedom of information and access to public records; (b) only share analyses that are based on such information with those in possession of the original information, unless it is not possible to reconstitute the original information from the analysis presented; (c) protect the confidentiality of any confidential deliberation of the Investors Group. Members must provide accurate information on all circumstances and maintain the principle of transparency in the preparation and delivery of information to other Investors Group Members.

4. No member of the GFF Investors Group will use any information provided by the GFF or acquired as a consequence of the Investors Group membership in any manner other than in furtherance of his or her Investors Group membership duties. The reporting obligation that members may have and any disclosure obligations resulting from national regulations of freedom of information and access to public records, are deemed to constitute a use of GFF information that is in furtherance of Investors Group membership duties.

5. Members of the GFF Investors Group will exercise proper authority and good judgment in their dealings with GFF staff, and the general public and will respond to their needs and those of the GFF's members in a responsible, respectful, and professional manner. They shall refrain from seeking to harm the interests of other parties involved in the GFF, otherwise than as an indirect consequence of pursuing the interests and goals of the GFF.

6. No member of the GFF Investors Group may commit or purport to commit the Investors Group or the GFF to any action or activity without an explicit decision of the GFF Investors Group.

7. Each member of the GFF Investors Group will use his or her best efforts to regularly participate in GFF Investors Group meetings.

This Code will be reviewed periodically and any time a Member of the GFF Investors Group so requests.

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