INVESTORS GROUP MEETING REPORT

EXECUTIVE SUMMARY

The GFF **Portfolio Update** (GFF/IG3/2) showed significant progress in the GFF countries, with 7 Investment Cases finalized or near final and 5 GFF projects approved and starting implementation. The country representatives on the GFF IG provided various insights on the GFF experience. Key messages included (i) the appreciation for the country-led nature and the flexibility to build on existing country processes, (ii) the opportunity the GFF provides to re-energize the health sector through more effective engagement with the private sector, (iii) the contribution the GFF process makes to the government's ability to better align partners around key priorities and (iv) the recognition of the importance of the GFF investments in health systems, for example for post-Ebola investments in primary care. A discussion took place on the ideal timelines and cycles for the completion of the Investment Case in relation to the IDA/ GFF trust fund funding decisions and World Bank Board approvals.

The Minister of Health from the **Democratic Republic of Congo** (DRC) (GFF/IG3/3) presented the GFF process to date and highlighted the need to finance an integrated package of services as well as strengthen core health system functions. A harmonized partner platform will support the financing of a package of RMNCAH services. A special emphasis will be on family planning and nutrition. The Minister noted his satisfaction with the partner engagement on the country platform and the opportunities for complementary financing of the investment case emerging. The budget and monitoring and evaluation framework are still under development. The government is committed to increasing the budget for health. Major gains can also be made in improved budget execution.

The session on **complementary financing** (GFF/IG3/4) included presentations from USAID, JICA, Gavi and The Global Fund. USAID and JICA presented significant progress on the in country bilateral financing to the investment case, including through country-specific trust funds and technical collaboration. The Global Fund highlighted the synergies in the cooperation with GFF and the joint engagement in various GFF countries. More opportunities exist going forward during the development of new applications in 2017. GAVI collaboration has progressed well in Cameroon and DRC. Several challenges will need to be addressed to improve inclusion of immunization in the Investment Case and to better align the HSS grant and GFF process timelines.

The Investors Group endorsed the approach presented by the Secretariat on **results measurement** (GFF/IG3/5) which builds on the "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)" released by WHO. The paper outlined core and recommended indicators for countries to include in their Investment Cases and Health Financing strategies. They also endorsed the proposed bottom-up approach to building capacity on results measurement, centered around each country conducting a rapid assessment of its M&E plans and capacities, which would be the basis of identifying necessary investments in strengthening country systems. The Secretariat will prepare guidance for countries on this endorsed approach to results measurement for the GFF.

The **Commodities** Task Team (GFF/IG3/6) reported on the initial assessment of potential GFF engagement globally on RMNCAH commodities. The IG provided the guidance that the comparative advantage of the GFF is on country level. The recommendation was made for a mapping of the commodities needs and investments in the current

Investment Cases to look for commonalities. This bottom-up process will help the GFF define the most useful niche.

The criteria for the **expansion** of the GFF to additional countries were discussed and agreed with some modifications. It was noted that there might be funding to expand to a few countries in the near future which will be more clear by the end of August 2016. The GFF will also reach out to all eligible countries currently not receiving financing to provide an update and outline the process for expansion if and when funding is available. The High Level Advocacy Report on the GFF coordinated by Norway will be launched at the UN General Assembly event for *Every Woman, Every Child*, which is another opportunity to inform countries about the GFF progress.

All documents are available at http://globalfinancingfacility.org/third-investors-group-meeting.

APROVAL OF AGENDA

The GFF Investors Group held its third meeting 23 and 24 June 2016 in Geneva, Switzerland. The Meeting Agenda (Annex 2) and Attendance List (Annex 3) are attached, as well as a follow-up table (Annex 1). The Chair welcomed all participants, including new members, and noted with appreciation the presence of several Ministers of Health and country representatives. He also welcomed the presence of the newly appointed Director of the GFF, Dr. Mariam Claeson and looked forward to her commencing her assignment with the GFF on 1 October 2016. He thanked the GFF task teams who have given their time and advice to shape the input for the meeting, as well as the representatives who had participated in the consultation on results measurement which gave invaluable feedback and guidance to the Secretariat. In introducing the agenda, he explained that the governance item had been replaced with a discussion on the expansion of the GFF to more countries. The governance issue will be picked up at the next meeting. The Agenda (GFF-IG3-1) was approved.

PORTFOLIO UPDATE

Dr. Monique Vledder, Program Manager GFF, presented a **Portfolio Update (GFF/IG3/2)** describing the progress of the current Global Financing Facility portfolio, which included the latest information of the Investment Cases (IC) and status of the preparation for the health financing strategy (HFS) for the 11 countries currently engaged with GFF. The following was presented *(GF/IG3/2 PPT):*

- Investment cases have been finalized in Ethiopia, Kenya and Tanzania;
- IC's are nearly finalized in Cameroon, DRC, Liberia, Uganda;
- Bangladesh has an existing health financing strategy in place while drafts of the HFS are in the process of being finalized in Ethiopia, Kenya, Mozambique, Uganda;
- IDA and GFF Trust Fund funding has been approved in Cameroon, DRC (CRVS), Kenya, Nigeria (emergency support to northeastern states), Tanzania;
- Guidelines to assist countries are under preparation including on:
  - Investment Cases: working draft released in February, to be revised in July;
  - Health financing: to be released in August;
  - Country platform: to be released in August;
  - Strengthening data systems: to be released in July.

Additional country updates were given by the country representatives who noted that the Investment Cases had been built on existing country strategies and processes, and that the methodology reinforced strong country leadership. They noted that the GFF process had provided the opportunity to better align partners around key priorities, and to bridge funding gaps. The GFF approach also created space for priorities such as family planning and nutrition to be specifically highlighted, even as the process was proving very beneficial to the broader health systems strengthening efforts in countries. The GFF has also encouraged better cooperation with the private sector which has resulted in a more coherent input from the private sector with the potential to greatly benefit the health system.

The Investors Group expressed satisfaction at the country interventions which clearly showed the progress and that this was a country-led, country owned process where governments are investing domestic resources and ensuring alignment of the external financing. There was discussion on how the GFF can ensure that there is also investment in the "thrive" agenda with suggestions for interventions that could ensure children reach their full

potential. There were questions on best practice timelines for IC finalization and for IDA and GFF trust fund approvals. The Secretariat noted that there had been timing challenges in the early examples but that going forward it would be a priority to fit the GFF process into ongoing cycles.

COUNTRY FOCUS: DEMOCRATIC REPUBLIC OF CONGO

The Honorable Dr. Felix Kabange, Minister of Heath for the **Democratic Republic of Congo (GFF/IG3/3 PPT)**, presented an in-depth look at the GFF process in the country. He noted that the GFF process had been extremely helpful in convening partners around common objectives and aligned financing, which in some ways was even more valuable than the additional funding that had been made available. He thanked the many partners who had been involved in the process. His presentation noted that great progress has been made in building a harmonized partner platform to support a package of RMNCAH interventions and emphasized that co-financing has increased from the Government. The IC has prioritized two high impact interventions: an integrated healthcare package for maternal, neonatal, adolescent health with a focus on family planning and nutrition, and water and sanitation. He explained that a monitoring and evaluation framework, and a budget were being developed. He noted the challenge was in budget execution, so the focus will be on efficiency and effectiveness in implementation of the budget allocations.

The Investors Group congratulated the Minister on the in-country process and on the informative presentation. They welcomed the multi-sectoral and systems strengthening approach and expressed their support for interventions that would address the need for a more harmonized approach to addressing the human resources for health challenge.

The Chair thanked the Minister for the candid presentation and very interesting discussion.

FINANCING FOR RMNCAH: COMPLEMENTARY FINANCING

For the agenda item regarding **Financing for RMNCAH *(GFF/IG3/4)***, some key partners of the GFF presented their experiences involving complementary financing for RMNCAH activities. The following four representatives presented:

- Dr. Ariel Pablos-Mendez, Assistant Administrator for Global Health from USAID;
- Mr. Ikuo Takizawa, Deputy Director General, Human Development Department, JICA;
- Ms. Hind Khatib-Othman, Managing Director of Programmes, Gavi, the Vaccine Alliance; and
- Dr. Viviana Mangiaterra, Senior Technical Coordinator for Maternal, Newborn and Child Health and Health Systems Strengthening from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Both USAID and JICA described the progress achieved in bilateral funding alignment in country. They noted the value of their global and local engagement which gave them the opportunity to influence GFF policy making as well as being engaged in implementation in the national context. The Global Fund to Fight AIDS, Tuberculosis and Malaria pointed out the synergy they saw in the cooperation with the GFF since investments to improve RMNCAH are important for universal health coverage and a priority in the Global Fund's new strategy. They noted the additional opportunities to participate during the development of RMNCAH Investment Cases and financing strategies, and to share information regarding current investments. They could also, at the request of countries, support co-financing of RMNCAH and integrated service delivery through reprogramming of existing grants, and during the development of new applications in 2017. Gavi emphasized the strong collaboration in DRC and noted

that it was essential to explicitly include immunization in Investment Cases for Gavi to be able to consider funding, this would mean addressing the challenges, including difficulties in aligning priorities when driven by different data (RMNCAH vs EPI). The leadership of the government and the role of the Country Platform were seen by all as very valuable to ensuring a coherent approach in country.

The Investors Group welcomed the discussion and encouraged the greater collaboration both through bilateral funding and with other financing institutions. Clearly countries benefitted from this more harmonized approach and any obstacles should be addressed as a matter of priority. The GFF should make the most of the opportunities of the Global Fund's new funding model and Gavi's new financing architecture to facilitate a more coherent approach in country, noting that this is complex.

The Chair concluded the discussion by highlighting a number of themes. There is definitely potential for the GFF to drive greater harmonization, alignment, and simplification. More work is needed to address some of the early challenges that are emerging and thereby fully realize the potential of the Investment Case as a vehicle for coordination and more broadly for the GFF to drive systemic change.

RESULTS MEASUREMENT

For the agenda item on **Results Measurement *(GFF/IG3/5),*** the Chair introduced Dr. Flavia Bustreo, Assistant Director-General, WHO to present an overview of the recently-released "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", which was developed through a process led by the WHO. She noted that financing will be a component of the Global Strategy Progress report planned for April 2017 and that the GFF has a key role, with the World Bank and WHO, in the analysis of financing and also other aspects of Global Strategy implementation.

Following this presentation, Toby Kasper, GFF Secretariat, presented the GFF's approach to results measurement. A draft of the paper had been circulated and discussed in a consultation with Investors Group representatives prior to the meeting. The results agenda is an important part of the alignment and harmonization agenda; the GFF waited until the Global Strategy process was complete so that the GFF results measurement could be aligned with it and the approach is an effort to ensure close correspondence with the overall reporting process for the SDGs. He noted the proposal was on a key element of the broader results agenda: core and recommended indicators for countries to include in their Investment Cases. The paper also proposed a bottom-up approach to building capacity on results measurement, centered around each country conducting a rapid assessment of its M&E plans and capacities, which would be the basis of identifying necessary investments in strengthening systems. The approach set out in the paper is aligned with, but not synonymous with, the results framework for the GFF Trust Fund, or the question of a global accountability framework for the GFF.

The IG suggested that this was excellent initial guidance but it needed to evolve to address additional elements such as the 'thrive' agenda, other financial (e.g. budget execution) and equity (e.g. more specificity in data disaggregation) indicators, and indicators on innovation. Country representatives warned of the impact of introducing too many new indicators. It was suggested that operational research elements should be included to improve quality of care, potentially as multi-stakeholder initiatives. A number of members suggested that the Health Data Collaborative could be helpful in operationalizing the SDG monitoring for all stakeholders. WHO confirmed that their work is embedded with the Health Data Collaborative, and they are looking at all indicators, including those that measure the social determinants of health. Attention needs to be given on how to use qualitative approaches to assess issues such as tracking complementary financing, CSO and private sector

engagement and the effectiveness of the country platform. They also noted the need to reflect further on how to measure improvements in CRVS.

The Chair noted that the approach would need to continue to evolve over time. He also noted that the GFF should focus on its comparative value, and in particular tracking financing, and build on the work already being done by the Health Data Collaborative, WHO and PMNCH and not reinvent anything. **The Investors Group endorsed the approach set out in the paper and agreed the next step is to prepare a guidance note for countries.**

GLOBAL PUBLIC GOODS: COMMODITIES

At the request of the Investors Group a small task team of technical experts was convened prior to the IG Meeting to discuss activities for a potential GFF role in improving access to RMNCAH commodities. The work for the **Global Public Goods: Commodities *(GFF/IG3/6)*** Task Team was introduced by Ariel Pablos-Mendez of USAID on behalf of Jennifer Adams who chaired the Task Team and was unable to attend the meeting. Dr. Pablos-Mendez noted the importance of defining how the GFF can add value in this area given the many partners, including USAID, were involved in addressing the issues of procurement of commodities, supply chain and market shaping amongst others. He offered a secondment from USAID to the Secretariat if the IG decided to pursue additional work in this area.

The consultant to the task team, Dr. Prashant Yadav, presented the task team's recommendations. The Investors Group was asked to provide overall guidance and direction on the role of the GFF in RMNCAH commodities access. The IG welcomed the work of the Task Team and noted the importance of commodities for successfully meeting the SDG targets on RMNCAH. However, some of them questioned the need for the GFF continue to work on this area given the broad range of actors already involved. IG members stated that the GFF should look at what others are doing so as not to duplicate effort, and supported additional mapping/landscaping of activities and actors by the task team to define the right niche for GFF engagement. There was broad agreement that the comparative advantage of the GFF is at the country level where the partners convened around the Investment Case and it is there that the needs should be defined and that is the appropriate level of engagement for the GFF. Therefore the best approach for GFF engagement in the commodity space would come from mapping the commodity access challenges that are highlighted in Investment Cases across multiple countries. There may also be value in exploring greater collaboration with GAVI, Global Fund, and UNITAID in particular to explore to what extent the Global Fund's WAMBO.org model could be utilized for RMNCAH commodities. It was also noted that the membership of the task team needed to be revisited to ensure it properly represented the IG members. In addition, the need for representation from CSO and private sector was highlighted.

The Chair thanked the task team for their work and especially the landscape mapping which he requested them to complete; he noted the clear guidance of the IG that the GFF must not duplicate the work of others. **The IG requested that the task team work with the Secretariat to analyze the Investment Cases to date to assess the current focus on commodities and supply chain. This "bottom-up process" will help the GFF assess country needs and define the most useful niche. The review should look at what the needs/bottlenecks are in IC's around commodity access (procurement at both national and sub-national level, pricing, regulatory capacity, quality, financial flows) and look for commonalities across countries. The task team will continue with this work and report at the Fourth IG meeting in November.**

APPROACH TO GFF EXPANSION

The criteria for the **expansion** of the GFF to additional countries were presented and the IG members provided several suggestions:

- The wording of the private sector criterion needs to go beyond the availability of private financing and to include the use of private sector skills and ability to innovate;
- The country leadership and the willingness to involve all stakeholders in the GFF process needs to be reflected in the process;
- Supporting innovative financing mechanisms is an important element of the learning agenda of the GFF;
- It is important to prioritize financing of countries that face significant funding gaps in comparison to the needs.

The criteria for the expansion of the GFF to additional countries were discussed and agreed with slight modifications:

- Country criteria:
  - Disease burden;
  - Unmet need related to sexual and reproductive health and rights;
  - Income status;
  - Comparison of financing vs. need;
  - Commitment to increase domestic financing for RMNCAH;
  - Commitment to use IDA/IBRD financing for RMNCAH;
  - Commitment to mobilize additional complementary financing and/or leverage existing financing;
  - Commitment to engage private sector resources (financial, human, and technical) to improve RMNCAH outcomes;
  - Commitment to the Global Strategy;
  - Existence of/or plan for an effective, inclusive, broadly representative country platform;
- Portfolio balance:
  - Geographical diversity;
  - Ability to contribute to learning agenda, including testing innovative financing approaches (e.g IBRD buy-down).

It was noted that there might be funding to expand to a few countries in the near future which will be more clear by the end of August 2016. The Chair confirmed that funding allocations decisions are made by the Trust Fund Committee, which is composed of the donors to the trust fund. He will also reach out to all eligible countries currently not receiving financing to provide an update and outline the process for expansion if and when funding is available. The High Level Advocacy Report on the GFF coordinated by Norway will be launched at the UN General Assembly event for *Every Woman, Every Child*, which is another opportunity to inform countries about the GFF progress.

CLOSING SESSION

The Chair thanked the Investors Group for a very productive discussion and reminded the members that the Fourth Investors Group Meeting would take place from 2-4 November 2016 in Tanzania after the FP2020 Reference Group meeting. He then closed the meeting. The follow-up actions from the Investors Group are outlined in Annex 1.

ANNEX 1: FOLLOW-UP ACTIONS

Issue	Meeting	Action/Deliverable	Timeline	Responsible	Progress
Financing RMNCAH	**IG3**	Complementary Financing: proposal on how progress will be tracked by the GFF	Upcoming IG	Secretariat	
Country Updates	**IG3**	Information requested on timelines for IC finalization, IDA and Board dates	IG4	Secretariat	Define planning process and milestones with average dates for delivery of IC, Board approval and steps to be completed
Facility/Expansion to new countries	**IG3**	Decision on any additional countries Outreach to countries	By September 2016 By IG4	TFC Chair/ Secretariat	Message to countries prepared and distribution underway
Governance	**IG2**	Procedures for operationalization of governance developed based on experience in similar models	IG 4	Secretariat drawing on partner experience	Postponed to IG4. Secretariat to prepare discussion document for IG consultation Q3 2016
Results measurement	**IG3**	Proposed financing indicators approved and should be shared with countries	August 2016	Country guidance to be developed	
Commodities	**IG3**	Complete landscape mapping of with the TT Map commodities issues in Investment Cases Review TT membership	IG4 IG4 Immediate	Secretariat and TT Secretariat Secretariat	

ANNEX 2: AGENDA

Objectives of the Meeting:

- **Update IG on portfolio and detailed review of progress in one country;**
- **Financiers to present on complementary financing to the IG;**
- **Decide on results framework of the GFF;**
- **Decide on agenda for the GFF on Commodities;**
- **Discussion on proposals for Facility countries.**

Time	Agenda Item	Objective	Presenter	Action
Thursday 23 June Evening				
6.30 –8.30pm	**Working Dinner:** ***Bleriot Room***			
7.00pm	**Portfolio update** (GFF-IG3-2)	Update the Investors Group on progress	Presentation from the GFF Secretariat	For discussion
Friday 24 June ***Lindbergh Room***				
8:30-9.00 am	**Opening:** - Review of the Agenda (GFF-IG3-1) - Chair's Overview	Agree on agenda	Chair	
9.00-10.15am	**Country Focus:** Democratic Republic of Congo (GFF-IG3-3 PPT)	Share experience of the DRC	Government of the DRC representative	For discussion
10:15-11.15am	**Financing for RMNCAH: complementary financing** (GFF-IG3-4)	Sharing of initial experiences from financiers	Presentations from USAID, JICA, Gavi, Global Fund	For discussion
11.15-11.30am	**BREAK**			
11.30 – 1.00pm	**The GFF results agenda** - key indicators and reporting (GFF-IG3-5)	Discuss GFF core indicators and results reporting	Presentation from the GFF Secretariat	For decision
1.00 – 1.45 pm	**LUNCH**	Room: Dassualt/Garros		
1.45 – 3.00 pm	**Global Public Goods: Commodities** (GFF-IG3-6)	Discuss Task Team report and decide on actions for the GFF	Presentation from Task Team Chair	For decision
3.00-3:15 pm	**BREAK**			
3.15 – 4.15 pm	**Approach to Facility Countries** - Follow-up to IG2	Update on letter to countries	Chair	For Information
4.15 – 4.30	**Chair's Summary and Closure**	Conclude meeting	Chair	

ANNEX 3: ATTENDANCE LIST

COUNTRY REPRESENTATIVES

Canada

Member		Alternate	
Name:	Ms. Sarah Fountain-Smith	**Name:**	Mr. Andrew Dawe
Country:	Canada	**Country:**	Canada
Attending IG3			
Member:	Ms. Sarah Fountain-Smith		
Alternate:	Mr. Andrew Dawe		

Democratic Republic of Congo

Member		Alternate	
Name:	H.E. Dr. Felix Kabange	**Name:**	Mr. Rafael Nunga
Attending IG3			
Member:	H.E. Dr. Felix Kabange		
Alternate:	Mr. Rafael Nunga		

Ethiopia

Member		Alternate	
Name:	H.E. Dr. Kesete-birhan Admasu	**Name:**	
Attending IG3			
Member:	H.E. Dr. Kesete-birhan Admasu		

Japan

Member		Alternate	
Name:	Ms. Kae Yanagisawa	**Name:**	Mr. Ikuo Takizawa
Attending IG3			
Alternate:	Mr. Ikuo Takizawa		
Observer:	Mr. Tatsuhito Tokuboshi		

Kenya

Member		Alternate	
Name:	Dr. Ruth Kagia	**Name:**	
Attending IG3			
Member:	Dr. Ruth Kagia		

Liberia

Member		Alternate	
Name:	H.E. Dr. Bernice Dahn	**Name:**	Ms. Yah Zolia
Attending IG3			
Alternate:	Ms. Yah Zolia		

Norway

Member		Alternate	
Name:	Dr. Tore Godal	**Name:**	Ms. Ase Bjerke
Attending IG3			
Member:	Dr. Tore Godal		
Alternate:	Ms. Ase Bjerke		
Observer:	Mr. Ingvar Olsen		

Senegal

Member		Alternate	
Name:	H.E. Awa Marie Coll-Seck	**Name:**	Dr. Bocar Mamadou Daff
Attending IG3			
Alternate:	Dr. Bocar Mamadou Daff		

United Kingdom

Member		Alternate	
Name:	Ms. Claire Moran	**Name:**	Dr. Meena Gandhi
Attending IG3			
Member:	Ms. Claire Moran		
Alternate:	Dr. Meena Gandhi		

USA

Member		Alternate	
Name:	Dr. Ariel Pablos-Mendez	**Name:**	Dr. Jennifer Adams
Attending IG3			
Member:	Dr. Ariel Pablos-Mendez		

INTERNATIONAL ORGANIZATIONS

GAVI

Member		Alternate	
Name:	Ms. Anuradha Gupta	**Name:**	Ms. Hind Khatib-Othman
Attending IG3			
Member:	Ms. Anuradha Gupta		
Alternate:	Ms. Hind Khatib-Othman		
Observer: ***June 23 only***	Ms. Jonna Jeurlink		

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Member		Alternate	
Name:	Dr. Marijke Wijnroks	**Name:**	Dr. Viviana Mangiaterra
Attending IG3			
Alternate:	Dr. Viviana Mangiaterra		

PRIVATE SECTOR

Member		Alternate	
Name:	Dr. Peter Singer	**Name:**	Mr. Jan-Willem Scheijrond
Attending IG3			
Member:	Dr. Peter Singer		
Alternate:	Mr. Jan-Willem Scheijrond		

Member		Alternate	
Name:	Mr. Bob Collymore	**Name:**	

FOUNDATION

THE BILL AND MELINDA GATES FOUNDATION

Member		Alternate	
Name:	Dr. Chris Elias	**Name:**	Dr. Mariam Claeson
Attending IG3			
Member:	Dr. Chris Elias		
Alternate:	Dr. Mariam Claeson		
Observer:	Ms. Samantha Galvin		

MULTILATERAL ORGANIZATIONS

Office of the UN Secretary General

Member		Alternate	
Name:	Dr. David Nabarro	**Name:**	Ms. Taona Kuo

PMNCH

Member		Alternate	
Name:	Mrs. Graça Machel	**Name:**	Dr. Ann Lion
Alternate	Dr. Ann Lion		
Observer: ***June 23 only***	Dr. Emanuele Capobianco		
Observer:	Ms. Anshu Mohan		
Observer:	Ms. Magda Robert		

UNICEF

Member		Alternate	
Name:	Dr. Stefan Swartling Peterson	**Name:**	Mr. Ted Chaiban
Attending IG3			
Member:	Dr. Stefan Swartling Peterson		

UNFPA

Member		Alternate	
Name:	Dr. Babatunde Osotimehin	**Name:**	Dr. Benoit Kalasa
Attending IG3			
Observer:	Dr. Laura Laski		

WORLD BANK

Member		Alternate	
Name:	Dr. Tim Evans	**Name:**	Dr. Michele Gragnolati
Attending IG3			
Alternate:	Dr. Michele Gragnolati		

WORLD HEALTH ORGANIZATION

Member		Alternate	
Name:	Dr. Flavia Bustreo	**Name:**	Dr. Anshu Banerjee
Attending IG3			
Member:	Dr. Flavia Bustreo		
Alternate:	Dr. Anshu Banerjee		

CIVIL SOCIETY

WORLD VISION

Member		Alternate	
Name:	Dr. Mesfin Teklu Tessema	**Name:**	
Attending IG3			
Member:	Dr. Mesfin Teklu Tessema		

RESULTS

Member		Alternate	
Name:	Dr. Joanne Carter	**Name:**	Dr. Christine Sow
Attending IG3			
Alternate:	Dr. Christine Sow		

OBSERVERS

Germany

Attending IG3	
Name:	Mr. Heiko Warnken
Name:	Mr. Marcus Koll

The Netherlands

Attending IG3	
Name:	Mr. Marco Gerritsen

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TECHNICAL EXPERTS

Name:	Ms. Trina Haque
Name:	Ms. Hadia Samaha

Third Investors Group Agenda
23 - 24 June 2016

Objectives of the Meeting:

- **Update IG on portfolio and detailed review of progress in one country;**
- **Financiers to present on complementary financing to the IG;**
- **Decide on results framework of the GFF;**
- **Decide on agenda for the GFF on Commodities;**
- **Discussion on proposals for Facility countries.**

Time	Agenda Item	Objective	Presenter	Action
Thursday 23 June Evening				
6.00-6.30pm	**Arrival and registration Cocktails**			
6.30 –8.30pm	**Working Dinner: Bleriot Room**			
7.00pm	**Portfolio update** (GFF-IG3-2)	Update the Investors Group on progress	Presentation from the GFF Secretariat	For discussion
Friday 24 June Lindbergh Room				
8:30-9.00 am	**Opening:** - Review of the Agenda (GFF-IG3-1) - Chair's Overview	Agree on agenda	Chair	
9.00-10.15am	**Country Focus:** Democratic Republic of Congo (GFF-IG3-3 PPT)	Share experience of the DRC	Government of the DRC representative	For discussion
10:15-11.15am	**Financing for RMNCAH: complementary financing** (GFF-IG3-4)	Sharing of initial experiences from financiers	Presentations from USAID, JICA, Gavi, Global Fund	For discussion
11.15-11.30am	**BREAK**			
11.30 – 1.00pm	**The GFF results agenda** - key indicators and reporting (GFF-IG3-5)	Discuss GFF core indicators and results reporting	Presentation from the GFF Secretariat	For decision

Time	Agenda Item	Objective	Presenter	Action
1.00 – 1.45 pm	**LUNCH**	Room: Dassualt/Garros		
1.45 – 3.00 pm	**Global Public Goods: Commodities** (GFF-IG3-6)	Discuss Task Team report and decide on actions for the GFF	Presentation from Task Team Chair	For decision
3.00-3:15 pm	**BREAK**			
3.15 – 4.15 pm	**Approach to Facility Countries** - Follow-up to IG2	Update on letter to countries	Chair	For Information
4.15 – 4.30	**Chair's Summary and Closure**	Conclude meeting	Chair	

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GFF INVESTORS GROUP MEETING

GLOBAL FINANCING FACILITY

THIRD INVESTORS GROUP, GENEVA, SWITZERLAND, JUNE 24, 2016

FRIDAY, JUNE 24, 2016

Time	Agenda Item	Objective	Action
8.30-9.00	**Opening:** - Review of the Agenda - Chair's Overview	Agree on agenda	
9.00-10.15	**Country Focus: Democratic Republic of Congo**	Share experience of the DRC	For Discussion
10.15-11.15	**Financing for RMNCAH: complementary financing**	Sharing of initial experiences from financiers	For Discussion
11.15-11.30	**BREAK**		
11.30-13.00	**The GFF results agenda** - key indicators and reporting (GFF-IG3-5)	Discuss GFF core indicators and results reporting	For Decision

Friday, June 24, 2016

Time	Agenda Item	Objective	Action
1.00-1.45	**LUNCH**		
1.45-15.00	**Global Public Goods:** Commodities (GFF-IG3-6)	Discuss Task Team report and decide on actions for the GFF	For Decision
15.00-15.15	**BREAK**		
15.15-16.15	**Approach to Facility Countries** - Follow-up to IG2 Update on letter to countries	Update on letter to countries	For Information
16.15-16.30	**Chair's Summary and Closure**	Conclude meeting	

PORTFOLIO UPDATE

OVERVIEW

This paper gives an update on the progress of the current Global Financing Facility (GFF) portfolio, including the latest information about the Investment Case and the status of the preparation of the health financing strategy.

ACTION REQUESTED

This paper is for information only.

INTRODUCTION

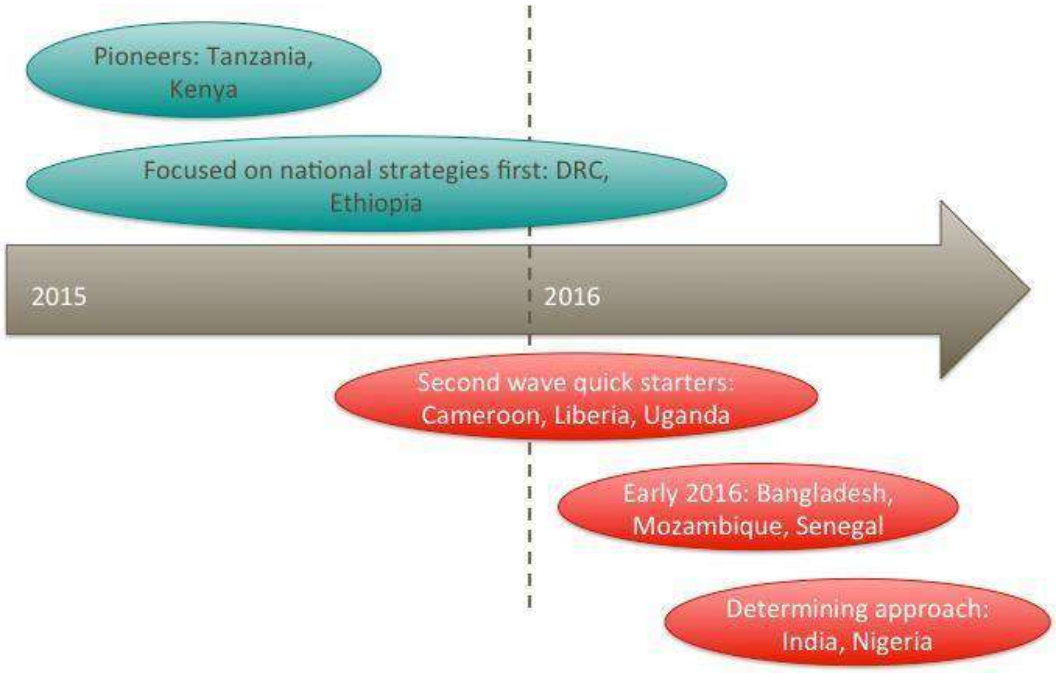
The number of countries engaging with the Global Financing Facility in support of *Every Woman Every Child* has grown from four[1] when it was announced at the UN General Assembly in 2014, to 12[2] when it was launched in July 2015. Collectively, the 12 countries currently engaging with the GFF represent 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 countries are progressing at different paces with regard to the GFF design and implementation. The figure below provides an overview of the progress so far in the different countries.

[1] The Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania.

[2] The next countries are Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda.



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

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 partnerships 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:** The starting point for the Investment Case is the Health Sector Development Program (HSDP), 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. The country is finishing its current health sector program and a new Sector Investment Plan will be developed. A $150 million Additional Financing investment for the ongoing HSDP SWAp will bridge the two health investments. Discussion on the next SWAp is likely to begin early next FY (August-September 2016) and will be results focused.

- **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 and JICA will continue to contribute financing as well.

- **Health Financing Strategy:** Bangladesh will transition to become a middle income country by 2021. It has an existing Health Financing Strategy developed in 2012 which will be reviewed and revised to reflect the commitment for increasing investments in the health and education sector. Additional analytical work on fiscal space will be undertaken in the context of Bangladesh's engagement with the GFF.

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. Following the high energy start, the country progress has been rapid and a significant part of the design work for the Investment Case has been concluded. The final reviews and validation of the Investment Case will be concluded at a final workshop at the end of June. This is also an important opportunity to further explore opportunities for complementary financing. The IDA and GFF TF project finances key priorities in the Investment Case and was approved by the World Bank Executive Directors in May 2016 as a $127 million project ($100 m IDA and $27 m GFF Trust Fund).

Country Platform: Cameroon is using the Health Sector Strategy Steering Committee, supported by two technical working groups, to oversee the work related to both its Investment Case and health financing strategy. Multiple partners including UNFPA, UNICEF, and the World Bank are supporting different elements of the process.

- **Investment Case:**
  - **Highlights:** The preparation of the Investment Case has been somewhat delayed from the original schedule, but a full draft is expected by mid-July. Extensive analytical work underpins the Investment Case including a recent Multi-Indicator Cluster Survey and impact evaluations done of the World Bank's performance-based financing, along with dedicated analytical work on adolescents, supply chain management, and human resources for health. In addition, UNICEF supported 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 emerged, including maternal and neonatal health, nutrition, adolescent health (particular around family planning), and supply chain management. Equity is a major concern, so the disadvantaged regions of the country (three in the northern part of the country and one in the east) have emerged as the focus of Investment Case. Strengthening of the CRVS system is also included.

- **Complementary Financing:** The complementary financing for the Investment Case is anticipated to be finalized by September 2016. Discussions are underway with France, Germany, Gavi, Global Fund and the US Government (PEPFAR). The World Bank IDA financing (US$100 million) and the support from the GFF Trust Fund (US$27 million) was approved by the World Bank Executive Directors in May 2016. Although the Investment Case was not finalized by the time the project needed to be submitted to the Board, it was informed by the discussions and analytical work for the Investment Case, and also reserved some financing for priorities emerging from the Investment Case. Several interesting innovative approaches have been incorporated in the project including a cash transfer component targeting adolescent 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 and low birth weight babies to survive.

- **Health Financing Strategy:** The country does not have an existing health financing strategy to draw from, making this exercise a more lengthy and challenging one relative to other countries. Analytical work in support of the development of a strategy is getting underway, and the strategy itself is expected in June 2017.

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 framework 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 multi-sectoral GFF technical team was put in place, with the involvement of the Prime Minister's office.

- **Investment Case:**
  - **Highlights:** A draft Investment Case was presented to the Minister of Health and partners in early June, with a plan to finalize it by June 15th. It includes a focus on scaling up two key service delivery platforms (strategic purchasing and community engagement) and health systems strengthening (particularly human resources for health, supply chain/drugs, and public financial management) to improve RMNCAH outcomes. Programmatically, family planning and nutrition are particular areas of emphasis. A consistent challenge is finding a balance between having a focused document and one that addresses the multiple interests of key stakeholders.
  - **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 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 February 2017). The second, approved by the Executive Directors in March 2016, 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. Both the Global Fund and the US Government are providing co-financing.

- **Health Financing Strategy:** The government is leading the process of developing a health financing strategy for UHC with support from the World Bank and WHO. A draft strategy has been completed but the chapters on pooling and purchasing need to be developed further. 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 the chosen country platform mechanism and has led the HSTP and GFF technical discussion. In addition, the H6 partners and the SDG Performance Fund partners are also active in the discussions on RMNCAH.

- **Investment Case:**
  - **Highlights:** The HSTP includes a strong RMNCAH component, which forms the basis of the Investment Case. It includes a focus on demand-side, supply-side and multi-sectoral interventions such as nutrition. In addition, there is a strong focus on equity and improving quality of care. Family planning and adolescent health are well reflected in the HSTP and linkages with WASH and education are also emphasized. There is 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. Inclusion of CRVS continues to be discussed.
  - **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. Due to country interest, additional financing for the current P4R project has been agreed to by MOF; IDA funding is likely to be around US$50-60 million. The additional financing, together with support from the GFF Trust Fund (amount still to be finalized) will support RMNCAH elements of the HSTP The concept note

to launch World Bank project preparation is tentatively scheduled for September 2016 for approval by the Executive Board in March 2017. Moreover, the Country Partnership Framework for Ethiopia is being developed and will coincide with the IDA18 cycle, so there is a possibility of additional IDA once that is agreed upon in the second half of CY 2017.

- **Health Financing Strategy:** A health financing strategy is currently under government 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 becoming operational. Several partners including DFID, the EU, and USAID have been supporting this work and the plans for expansion of both types of insurance schemes have been discussed with experts. USAID is providing a trust fund (about $10 million) to support health financing efforts of the country as well as some funding to the World Bank to support technical assistance and national capacity building in this area.

INDIA

The Government of India is still determining its involvement with the GFF.

KENYA

Kenya was one of the four frontrunner countries embarking 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. Technical assistance was provided by DfID, JICA, UNAIDS, UNFPA, UNICEF, UN Women, USAID, WHO and the World Bank. The Health Financing Strategy is being elaborated on by Coordinating Technical Working Groups, the Health Financing interagency Coordinating Committee and the UHC Steering Committee.

- **Investment Case:**
  - **Highlights:** Kenya's National Investment Framework for RMNCAH has been finalized and is published online http://www.health.go.ke/wp-content/uploads/2016/03/Kenya-RMNCAH-Investment-Framework_March-2016.pdf. The national RMNCAH Investment Framework proposes innovative supply-side performance incentives to address health system bottlenecks pertaining to human resources for health, health commodity management and quality Health Management Information Systems. It also proposes vouchers and conditional cash transfers to overcome socio-cultural, geographic, and economic barriers to health service utilization, and emphasizes multi-sectoral interventions, including interventions

aimed at strengthening the civil registration and vital statistics systems and improve birth and death registration. To address equity and increase coverage, the RMNCAH Investment Framework prioritizes investments in 20 counties selected on the basis of low coverage rates for RMNCAH services, large underserved populations and marginalization. The RMNCAH Investment Framework will be fully aligned with the Kenyan devolved health system so as to guide the development of county annual work plans focused on evidence-based, prioritized, and locally-relevant solutions. Planning and budget capacity (particularly at county level) is limited and the extent of alignment between the work plans and national RMNCAH investment framework is not yet clear.

  - **Complementary Financing:** The governments of Denmark, Japan, the United Kingdom, and the United States committed complementary resources for the implementation of the national RMNCAH Investment Framework, in addition to the World Bank with financing from both the International Development Association (IDA) and the GFF Trust Fund. The IDA project of US$150 million is scheduled to be presented for approval to the World Bank Board in June 2016, to which a GFF Trust Fund grant of US$40 million is linked. A multi-donor trust fund is being established with support from the World Bank, DfID and USAID to provide technical assistance to priority counties and the national government to support implementation of the RMNCAH Investment Framework.

- **Health Financing Strategy:** A draft strategy is in its early stages with wide stakeholder consultation planned in the near future. Initial thinking brings the strengthening of domestic resource mobilization to the fore—including harnessing the potential of the informal sector—possibly reducing pooling fragmentation and developing strategic purchasing arrangements. Complementing the Kenyan national RMNCAH Investment Framework, the health financing strategy will specifically seek to ensure resource adequacy for efficient and equitable access to affordable essential health care for all Kenyans.

LIBERIA

The government of Liberia is seizing the GFF opportunity to reconstruct and strengthen its health system to increase the utilization of services and enhance its resilience to shock.

- **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 recently joined the International Health Partnership (IHP+) to strengthen coordination in the country.

- **Investment Case:**
  - **Highlights:** The Investment Case is at an advanced stage of preparation and a draft has been shared for consultation. It is anticipated that the IC will be finalized before August. Prioritizing integrated RMNCAH approaches and building on ongoing performance-based financing activities, the Liberian Investment Case seeks to improve the delivery of Emergency Obstetric and Neonatal Care services and enhance the delivery of RMNCAH services at community level. In parallel, it proposes to particularly target adolescents with a specific focus on family

planning and on strengthening the health system, including human resources for health, primary and secondary health facility infrastructure, and drug and commodity supply chain management. In addition, it emphasizes emergency preparedness, surveillance and response, especially focusing on maternal and neonatal deaths surveillance and response (MNDSR). It also plans to adopt a crosscutting approach to strengthen the Civil Registration and Vital Statistics system as well as reinforce RMNCAH leadership, governance, and management at all levels. To further increase RMNCAH coverage and improve equity, the Investment Case identifies different scenarios, which will be implemented based on available resources, prioritizing counties with the worst RMNCAH indicators as a first step.

- **Complementary Financing:** Discussions are underway with development partners such as Gavi, the Global Fund, the US government and the World Bank to align their financing in support of the Investment Case. The amount of $16 million from the GFF Trust Fund will be linked to US$16 million in IDA support for the Investment Case which will go to the World Bank Board in the third or fourth quarter of 2016.

- **Health Financing Strategy:** The development of a broad and prioritized medium-term health financing action plan is in progress, with marked momentum achieved following the UCH Forum during the World Bank/IMF Spring Meetings. Liberia is exploring a health equity fund which aims to create a national system to achieve UHC and addresses the three health financing functions (resource mobilization, pooling and purchasing). In addition the use of an equity-based resource allocation for counties is being explored as well as possibly piloting a move away from free health care in select counties. Lastly, there is keen interest to improve alignment and coordination of external financing (IHP+ compact will be finalized in Sep 2016) as much of the support is off budget.

MOZAMBIQUE

Mozambique, while still at the earlier stages of the GFF process, has made a great deal of progress since the previous IG meeting.

Because of the revelation of over $1B of undisclosed debt by the government, budget support by all donors has been suspended to the country. However, most development partners are continuing to finance projects through other mechanisms. While the macroeconomic implications of the debt crisis are yet to be fully understood, it is already clear that the 2016 budget is under pressure with adverse impacts on all sectors. In these circumstances, health partners, including the World Bank, are concerned that financing for the social sectors are safeguarded.

- **Country Platform:** The Ministry of Health (MISAU) has established a Task Force, led by the Director of Public Health, to lead the GFF process. Health partners, including civil society and private sector representatives have been invited to participate in country platform.

- **Investment Case:**
  - **Highlights:** The development of the Investment Case has been initiated, with discussions taking place among health partners and during the biannual Sector Coordination Committee (the highest policy dialogue forum between the MISAU and health partners). No priorities for the Investment Case have been identified yet, but the need for technical assistance has been agreed, plans are being developed that will clarify how different partners will contribute to the process and the different health programs within MISAU have started to prepare their contributions to the Investment Case. Dialogue around strengthening the CRVS system has also been initiated. An early June scoping mission (WBG and health partners) is undertaking an ambitious agenda that includes developing a process for the elaboration of the Investment Case; and developing a pre-concept note for the proposed new health project that will include a GFF grant in addition to IDA. Given the current macroeconomic situation, the World Bank is likely to continue to support Public Financial Management reforms in the health sector.
  - **Complementary Financing:** Discussions are ongoing regarding counterpart financing. Many health partners have expressed initial interest in financing the Investment Case. In the current macroeconomic environment, the GFF presents as an opportunity to strengthen the links between expenditures and priorities for more results-focused health spending. There are initial discussions about how public financial management of the PROSAUDE (pooling mechanisms) could be strengthened for these purposes.

- **Health Financing Strategy:** MISAU, in collaboration with partners, has developed a first draft of a health financing strategy. Discussions are ongoing about how this draft can be strengthened. MISAU has expressed interest in receiving support to discuss realistic options for improving efficiency in the sector and raising additional revenue. This will require support from partners.

NIGERIA

Nigeria is moving forward on its engagement with the GFF. A key issue that remains to be determined is the approach and scope of the Investment Case, given the size of the country, its federal system and the fact that domestic financing forms a significant part of the health spending.

- **Country Platform:** A technical working group created as a result of the new National Health Act serves 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. The MOH has called for a meeting to discuss the National Health Sector Development Plan with partners including civil society and the private sector near the end of June.

- **Complementary Financing:** It remains early in the process for clarity on the approach to complementary financing. The World Bank provided considerable financing (US$500 million) to support the Saving One Million Lives initiative and recently, at the request of the government of Nigeria, a rapid deployment of $20 million GFF Trust Fund resources was made to the World Bank investment in five conflict affected northern Nigerian States ($125m IDA). This project was approved by the Executive Board in early June 2016.

- **Health Financing Strategy:** Nigeria is currently developing a health financing strategy in tandem with the operationalization of the National Health Act. There were positive and extensive discussions during the recent UHC Financing Forum in April, 2016 on the margins of the World Bank/IMF Spring Meetings. The new strategy places emphasis on domestic resource mobilization and prioritization of strategic purchasing through the National Health Insurance Scheme. A Health Financing Systems Assessment supported by the Gates Foundation, Gavi and the World Bank, is currently being undertaken to inform the strategy.

SENEGAL

Senegal has moved ahead with the GFF process following the launch event to kick off the process and bring government, partners, and civil society together in early February. Work is ongoing by the technical groups that are leading the preparation of the Investment Case and health financing strategy to identify the necessary analytical work and technical assistance requirements.

- **Country Platform:** The country platform is building on existing coordination structures, with an RNMCAH platform that was installed at the end of April. A country platform will likely be formally launched in June and the government has expressed interest in appointing a GFF focal point to be located in the MOH in the near future.

- **Investment Case:**
  - **Highlights:** The Investment Case will build on existing strategies such as the emergency plan on Maternal, newborn, Child and Adolescent Health.

  - **Complementary Financing:** Some partners (e.g., JICA and USAID) have expressed interest, 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:** The HFS will integrate the universal health insurance program (Couverture Maladie Universelle) that is currently under development. To build capacity for the health financing strategy process, a training workshop in financial protection and equity analysis targeting staff from the MOH/UHC Agency, researchers and the statistical agency was recently conducted.

TANZANIA

Tanzania was one of the four frontrunners and was the first GFF country to begin implementation, with support from IDA and the GFF Trust Fund 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 is using the Sector Wide Approach health sector coordination mechanism as the GFF country platform. This platform is led by the government and includes a wide variety of stakeholders such as technical UN Agencies, financiers, multilateral institutions, civil society and private sector. 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 strengthening the CRVS system are ongoing with WHO, UNICEF, and other partners; the budget is currently being revised. A UNICEF/Canada pilot on birth registration (only) is rolling out to two additional regions in August 2016.

  - **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 the Power of Nutrition trust fund is contributing US$20 million. The IDA financing totals US$200 million, linked to a US$40 million GFF trust fund grant.

- **Health Financing Strategy:** The health financing strategy is waiting for parliamentary approval. It emphasizes the creation of a fiscal space through efficiency gains; partner alignment around prioritized investments; leveraging private sector resources; and expansion of performance-based financing to enhance quality, cost-effectiveness and sustainability. The Ministry of Finance has asked for a more detailed financial envelope and the Ministry of Health is preparing to do an actuarial costing in the next few months.

UGANDA

Uganda was among the second set of GFF countries and began work on the GFF toward the end of 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" which is the Investment Case. The document is near finalized, but there are challenges because of poorly aligned costing and resource mapping. The sharpened plan has five strategic shifts: rolling out a core package of evidence-based high-impact solutions; increasing access for high-

burden populations by promoting a set of service delivery mechanisms that operate synergistically; geographical focusing/sequencing; addressing the broader multi-sectoral context with a specific focus on adolescent health; and ensuring mutual accountability for RMNCAH outcomes. The document includes health systems strengthening and capacity building required to successfully deliver services for women and children.

- **Complementary Financing:** Discussions are still underway around complementary financing, including with Gavi (which has a health systems strengthening grant under preparation), DfID, SIDA, and the US government. An IDA project (US$110 million) is currently under preparation based on the draft Sharpened Plan and will be presented to the World Bank Board in July 2016, which the GFF Trust Fund will support with a grant of US$15-30 million.

- **Health Financing Strategy:** The health financing strategy has been approved by MOH senior management, and is awaiting review by the Cabinet. The strategy addresses resource mobilization, pooling and strategic purchasing, among other issues.

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PORTFOLIO UPDATE

Geneva, 23-24 June 2016

THIRD INVESTORS GROUP MEETING

Progress on key GFF processes

Investment Cases

- Finalized: Ethiopia, Kenya, Tanzania
- Nearly finalized: Cameroon, DRC, Liberia, Uganda

Health financing strategies

- Existing strategies in place: Bangladesh
- Drafts in process of being finalized: Ethiopia, Kenya, Mozambique, Uganda

IDA/GFF Trust Fund financing approved

- Cameroon, DRC (CRVS), Kenya, Nigeria (emergency support to northeastern states), Tanzania

Bangladesh

- ✓ Investment Case tied to next Health Sector Program (expected December 2016)
- ✓ Health financing work to build on existing strategy

Cameroon

- ✓ Investment Case draft expected in mid-July
- ✓ Health financing strategy expected June 2017

DRC

- ✓ Investment Case nearly finalized
- ✓ Health financing strategy under development

Photo: Martine Perret

Ethiopia

- ✓ Health Sector Transformation Plan serves as Investment Case
- ✓ Health financing strategy being reviewed by Cabinet

Kenya

- ✓ Investment Case finalized and implementation beginning
- ✓ Draft health financing strategy under review

Photo: Melanie Mayhew

Liberia

- ✓ Investment Case nearly finalized
- ✓ Health financing strategy being prepared

Mozambique

- ✓ Investment Case process just beginning (expected by December 2016)
- ✓ Existing draft health financing strategy being updated

Nigeria

- ✓ Emergency support for northeastern states; broader Investment Case process to be determined
- ✓ Health financing assessment underway

Senegal

- ✓ Investment Case process just beginning (expected by December 2016)
- ✓ Health financing strategy expected June 2017

Tanzania

- ✓ One Plan II under implementation
- ✓ Health financing strategy awaiting parliamentary approval

Photo: Arne Hoel

Uganda

- ✓ Investment Case nearly finalized (July 2017)
- ✓ Health financing strategy awaiting Cabinet review

Examples of private sector innovations

Cameroon

- Development impact bond for kangaroo mother care under preparation
- Performance-based contracting with private providers at scale

Kenya

- 6 county private sector initiative for RMNCAH in financing discussions

Senegal

- Model in development for private midwives to access finance, skills training, and leverage underutilized public infrastructure for practice
- Supply chain innovation using private sector under exploration for Investment Case

Uganda

- Private sector assessment completed, discussions underway between MoH, GFF, and USAID on potential entry points
- Clear description in Investment Case of contracting of qualified private providers for scale-up of voucher and RBF programs
- Public-private collaboration on loan facility for access to finance for small/medium health providers

Complementary financing summary

	Partner support*	IDA and GFF Trust Fund
Bangladesh	Gavi, JICA	TBD
Cameroon	France, Gavi, Germany, Global Fund, USA (PEPFAR)	Approved May 2016
DRC	BMGF, Canada, Gavi, Global Fund, Japan, Norway	CRVS: approved March 2016 RMNCAH: likely Feb. 2017
Ethiopia	BMGF, Global Fund, Power of Nutrition, UK, USA	Likely March 2017
Kenya	Denmark, Japan, UK, USA	Approved June 2016
Liberia	Gavi, Global Fund, USA	TBD
Mozambique	Too early to confirm	TBD
Nigeria	BMGF, Gavi	Emergency: approved June 2016 Full: TBD
Senegal	Too early to confirm	TBD
Tanzania	Canada, USA	Approved May 2015
Uganda	Gavi, Sweden, UK, USA	Likely July 2017

* Tentative list: in some countries, discussions are still underway

Guidance to support country processes

- Investment Case: working draft released in February, to be revised in July
- Health financing: to be released in August
- Country platform: to be released in August
- Strengthening data systems: to be released in July

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GFF:

RMNCAH Investment Case to reach UHC

Kinshasa, June 2016

I. The Democratic Republic of Congo

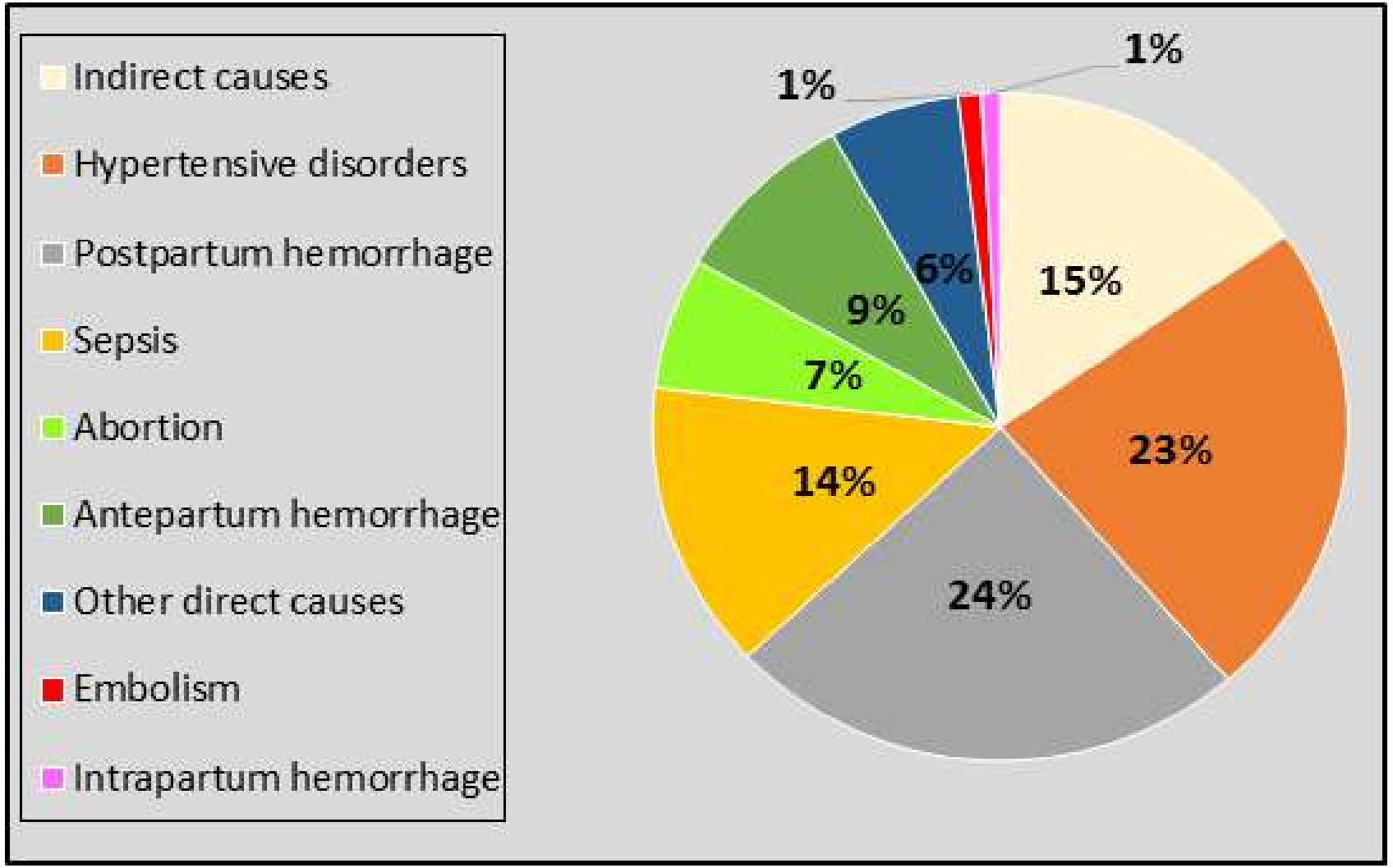
- Country located in Central Africa, subdivided in 26 provinces
- Surface of 2’345’409 sq. km, a border of 9’165 km with 9 neighboring countries
- Population estimated at 85’026’000 inhabitants (National Statistics Institute, 2015), with a population density of 36 people/ sq. km
- The country has 516 health areas, 393 general reference hospitals and 8’266 health centers

II. RMNCAH Situation

- Maternal mortality among the highest in the world (846 per 100,000 live births)
- Among 88% of women attending ANC, only 1.4% receive all services according to existing norms (against an African average of 6%)
- EMoC coverage: 5% although 80% of women deliver in health facilities
- Weight of adolescent mortality on maternal mortality: 20%
- Contraceptive Prevalence Rate: 8,1%
- Stunting, cause for almost half of children under five

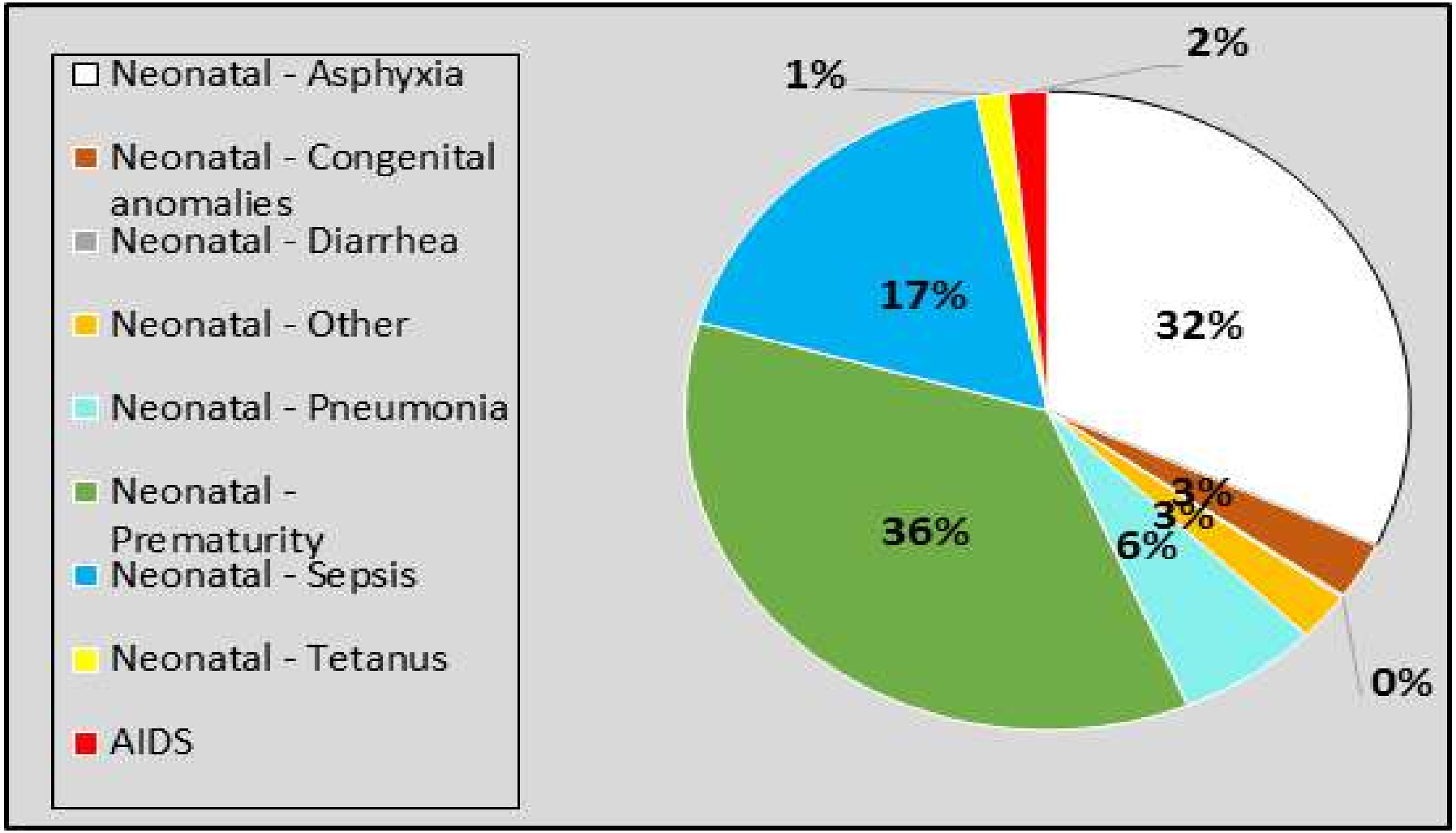
Main causes of maternal mortality

DHS 2013



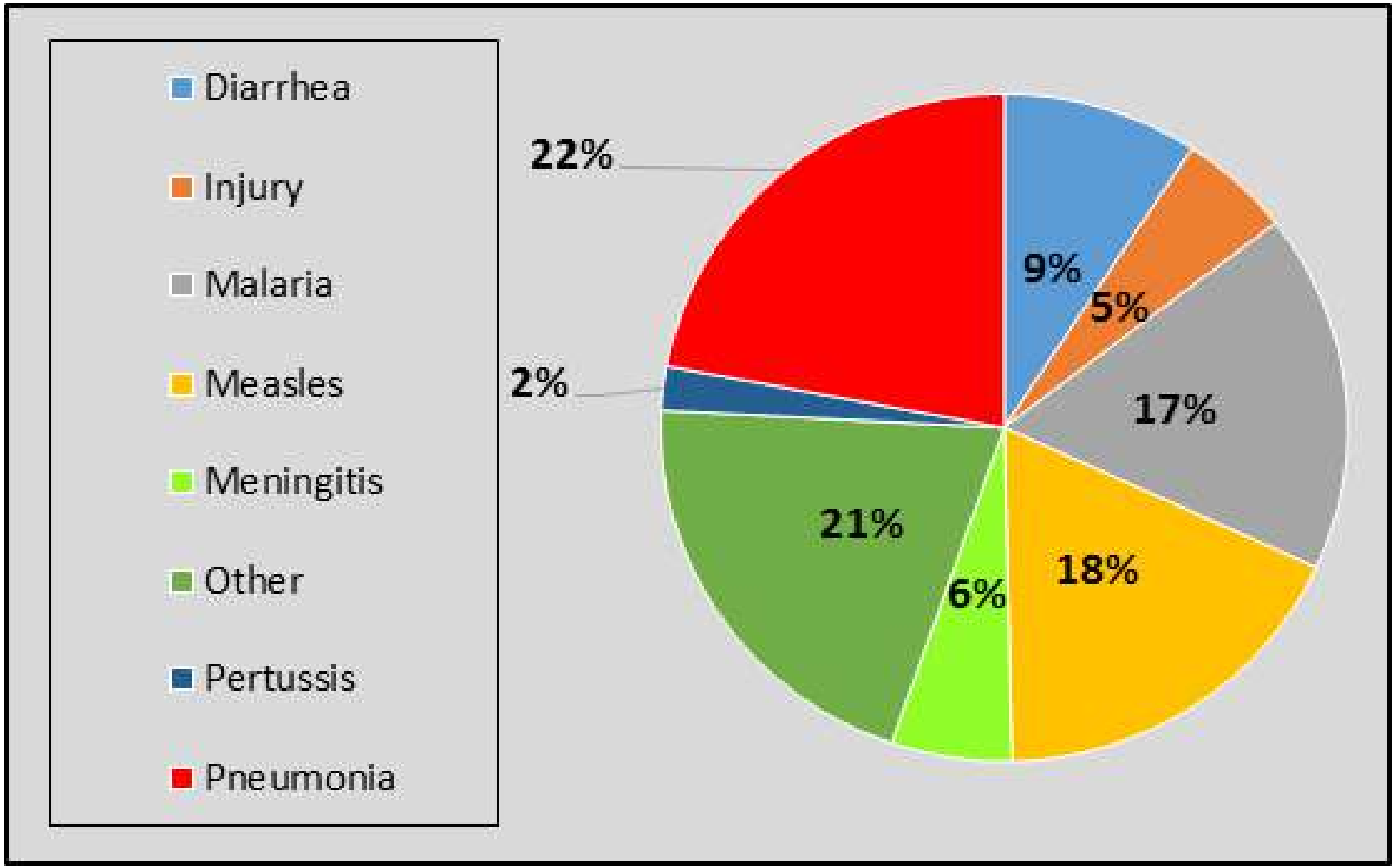
Main causes of mortality among children aged 0-1 month

DHS 2013



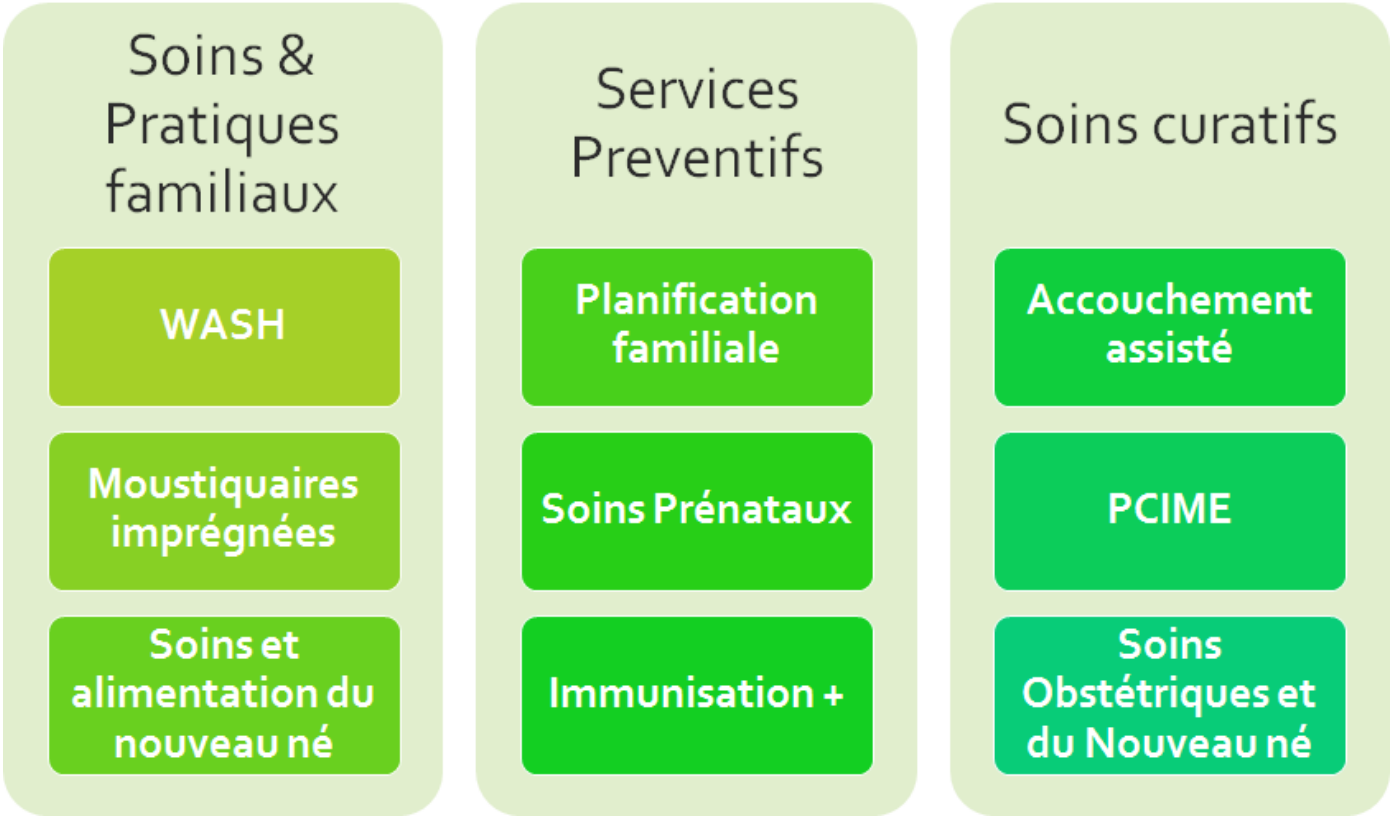
Main causes of child mortality

DHS 2013



III. Analysis of bottlenecks

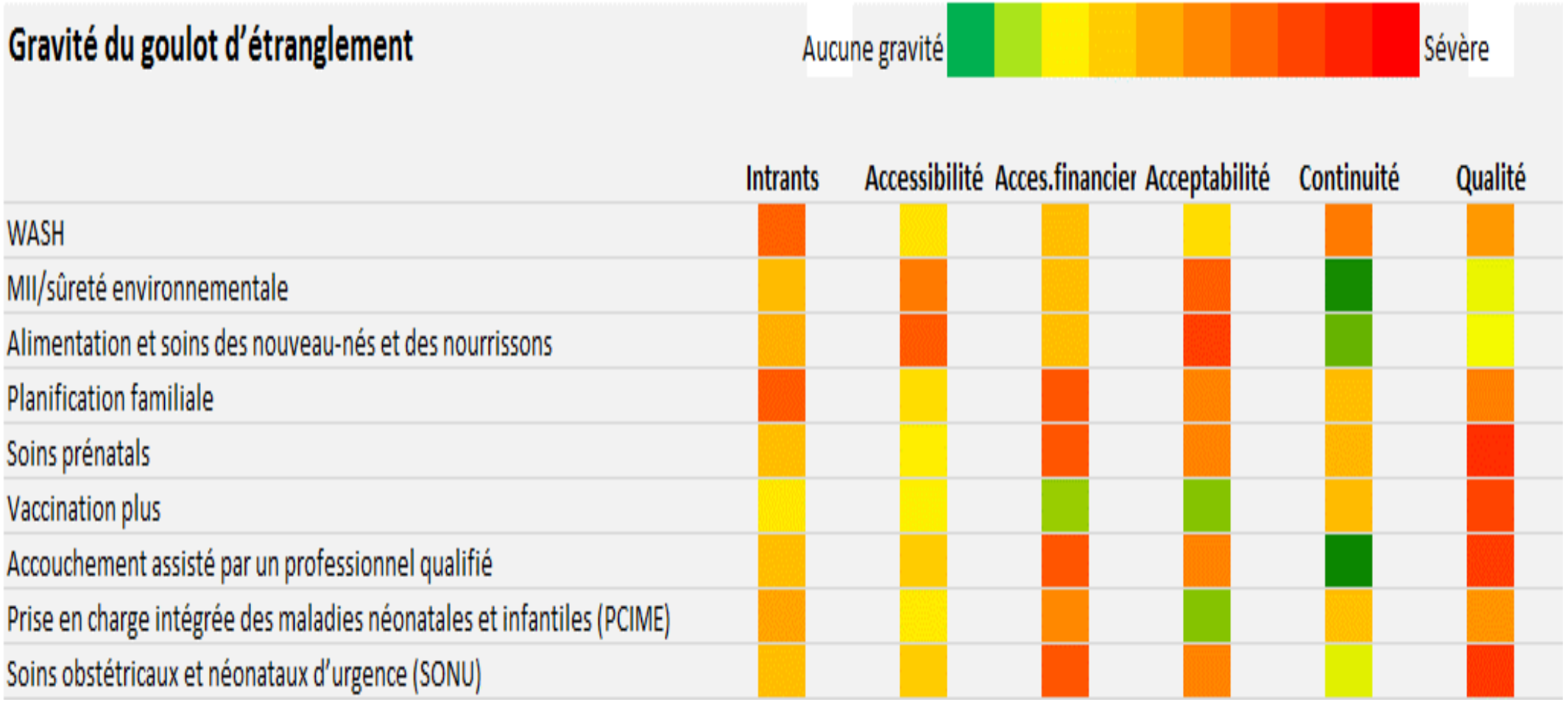
The analysis of bottlenecks was carried out based on three service provision methods (family/community, preventive and curative)



Service provision methods and intervention package

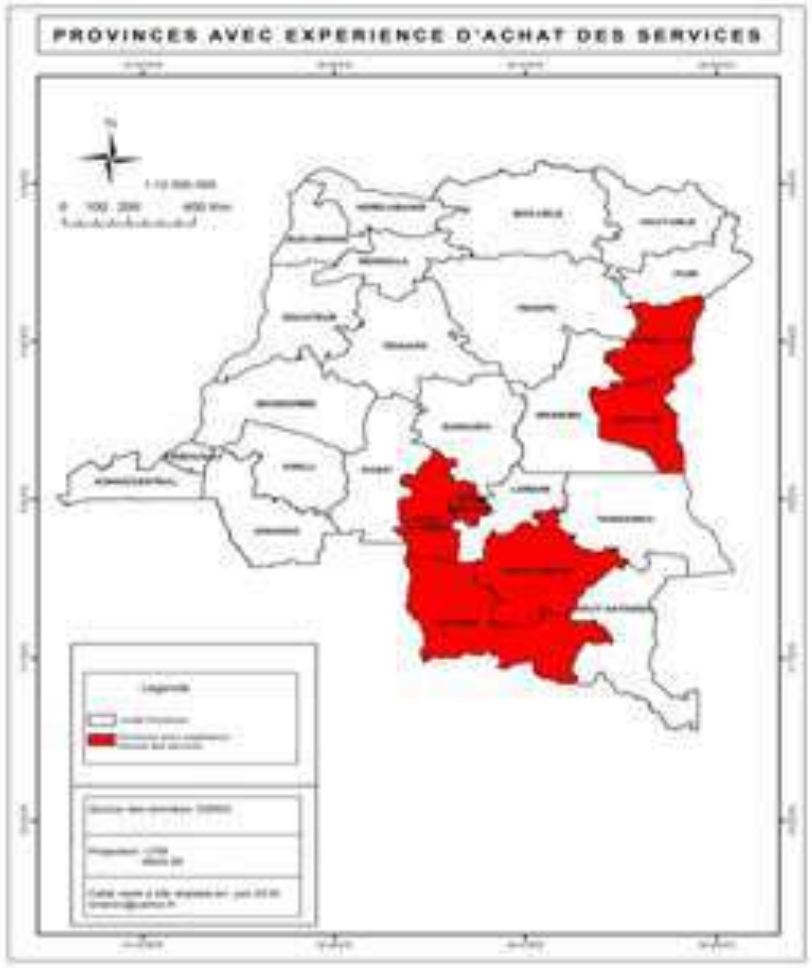
Seriousness of bottlenecks based on the determinants of supply and demand

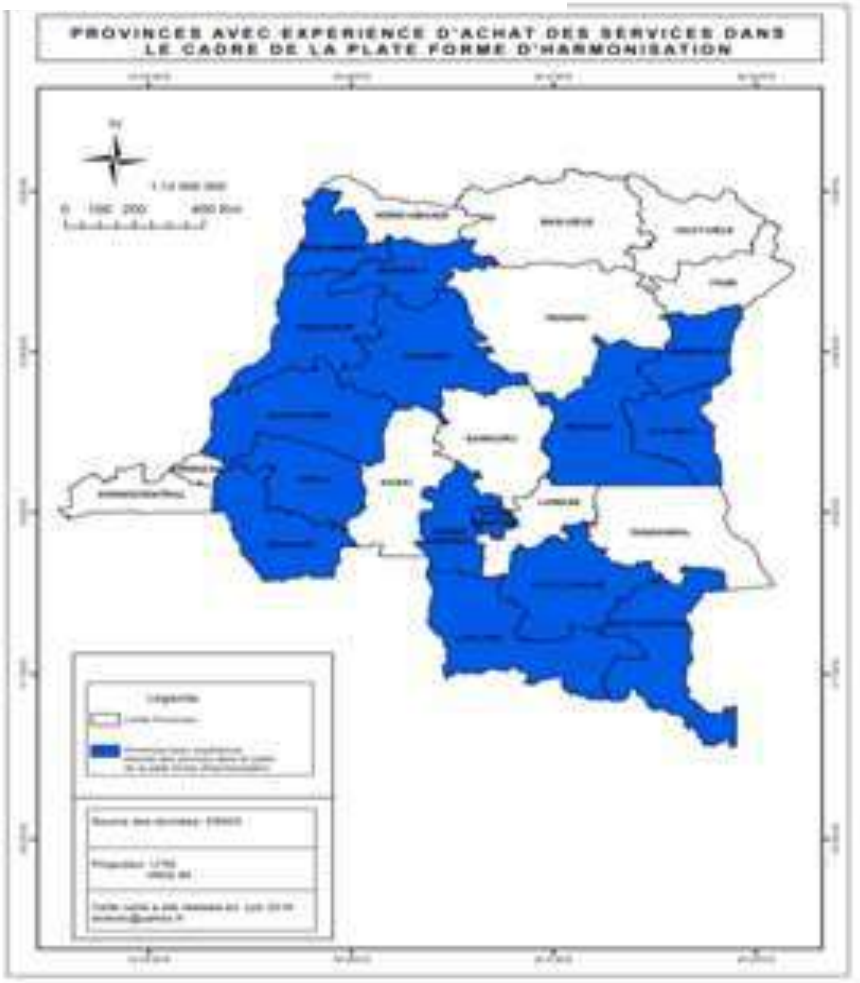
Identified bottlenecks have been subjected to a causal analysis and matched to strategies and actions seeking to mitigate them.



Improvement of the coverage of strategic purchasing through the harmonization platform

This chart shows the scale-up though the harmonization platform





Some positive experiences

- Co-financing or contribution from the Government
- Project to equip health facilities (PESS) to acquire inexpensive material and create economies of scale
- Performance Based Financing in North Kivu, South Kivu and Kasaïs
- Flat-rate pricing, coupled with strategic purchasing of service to reduce the cost of care for patients (health are of Kisantu, Mbanza Ngungu,…)
- Solidarity fund to manage serious cases in Kwilu
- Professional Insurances (MESP, Musecco and Police)
- Creation of a platform to harmonize various donors
- Computerization of human resources management using the IHRIS tool, tested in the provinces of Nord Ubangi and Kasai
- Implementation of DHIS2
- Experiences with community incentives in Kivu to strengthen governance and community
- Experiences of « healthy villages » with UNICEF (improve water sources and improved sanitation)

IV. High impact interventions

- **Integrated healthcare package for maternal, neonatal, adolescent health with a focus on family planning and nutrition**
- **Water and sanitation**

V. System-wide interventions

- **Human resources** (improvement of the quality of care)
- **Supply chain** (improvement of the management and supply of medical drugs, and governance)
- **Health Information Systems** (Birth registration and DHIS2)
- **Management of public and external financing** (flat-rate pricing, contracts for strategic purchasing, better planning and implementation of the budget)

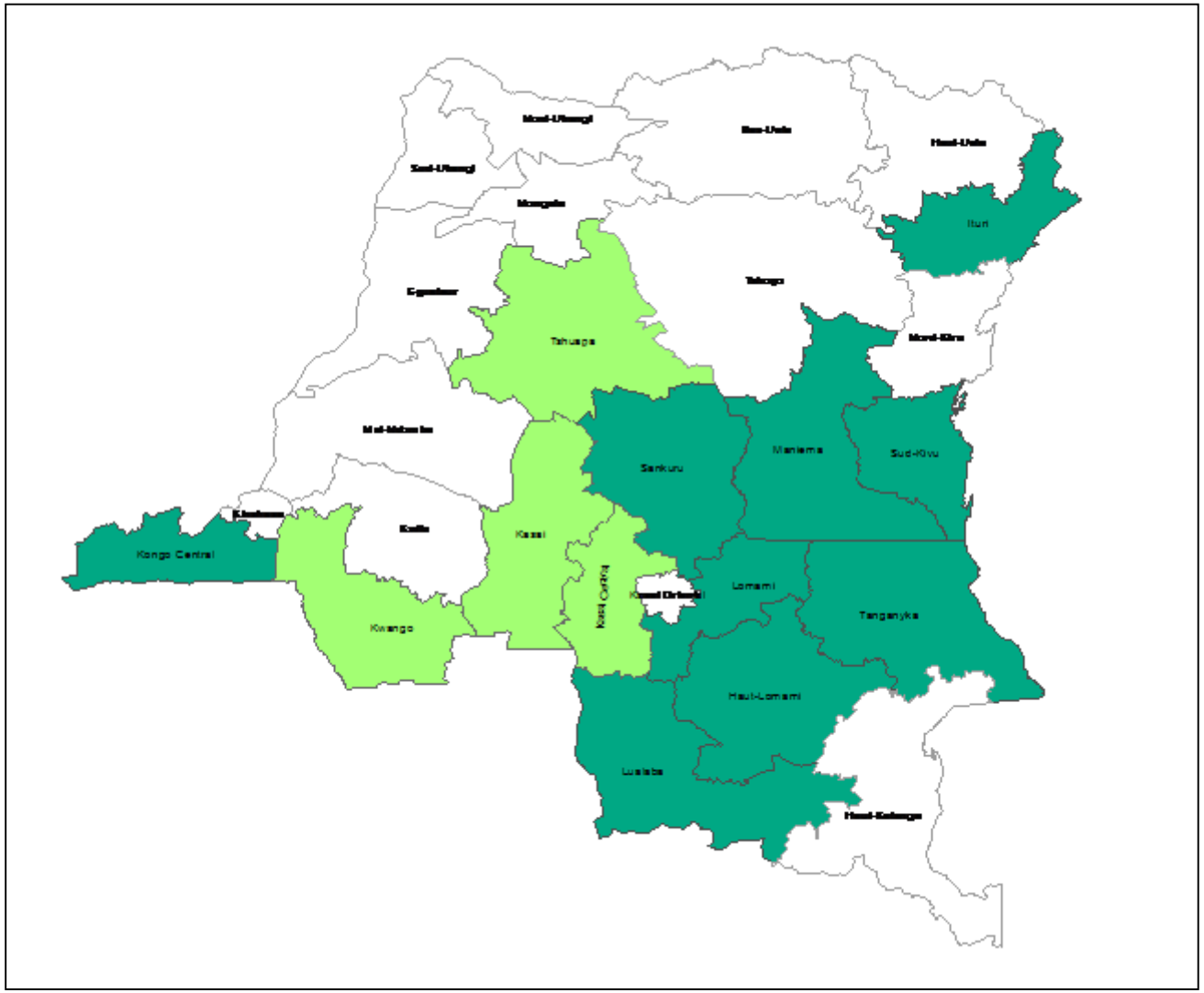
VI. Prioritization of provinces

Nine most affected provinces were prioritized using a score of 4 indicators:

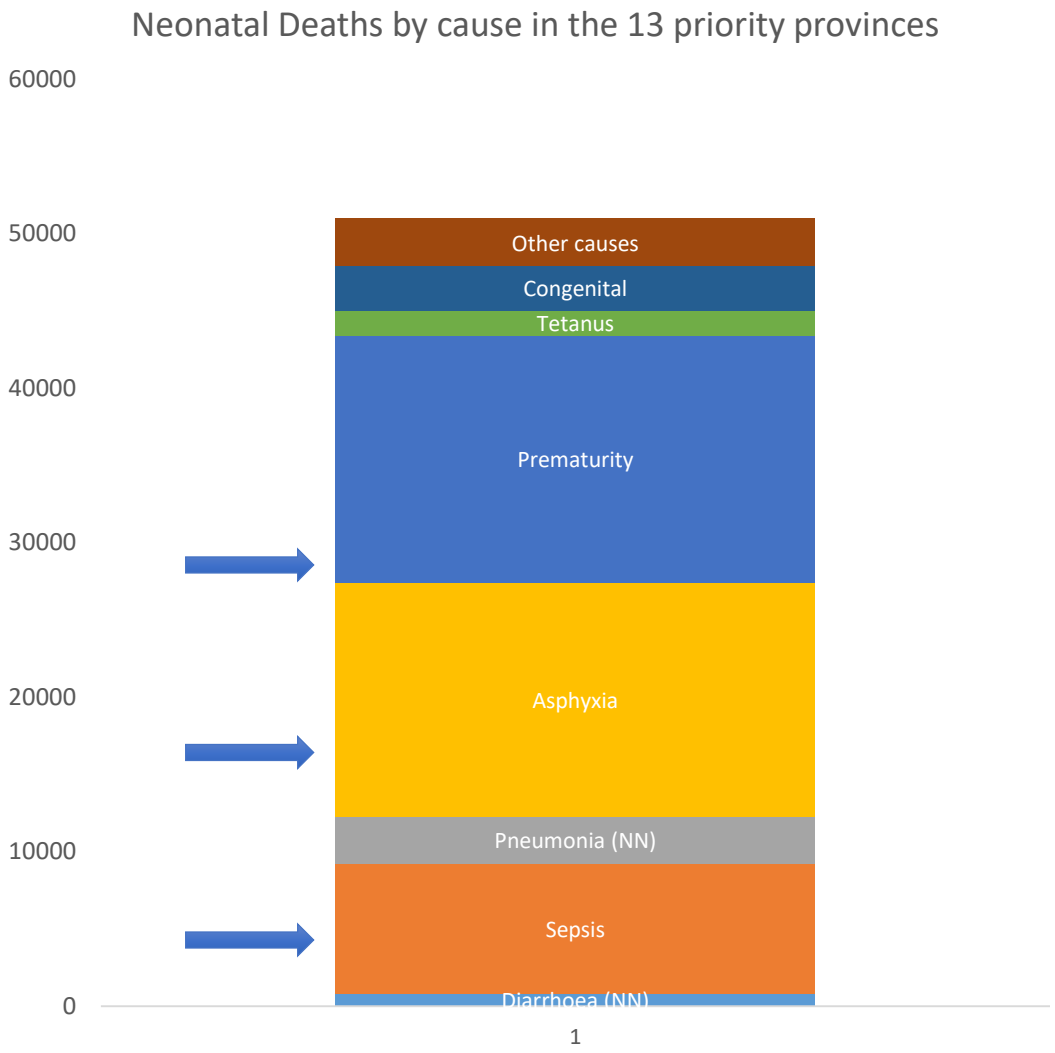
- Neonatal mortality
- Chronic malnutrition among children under 5
- Modern contraception use
- Early fertility among adolescents

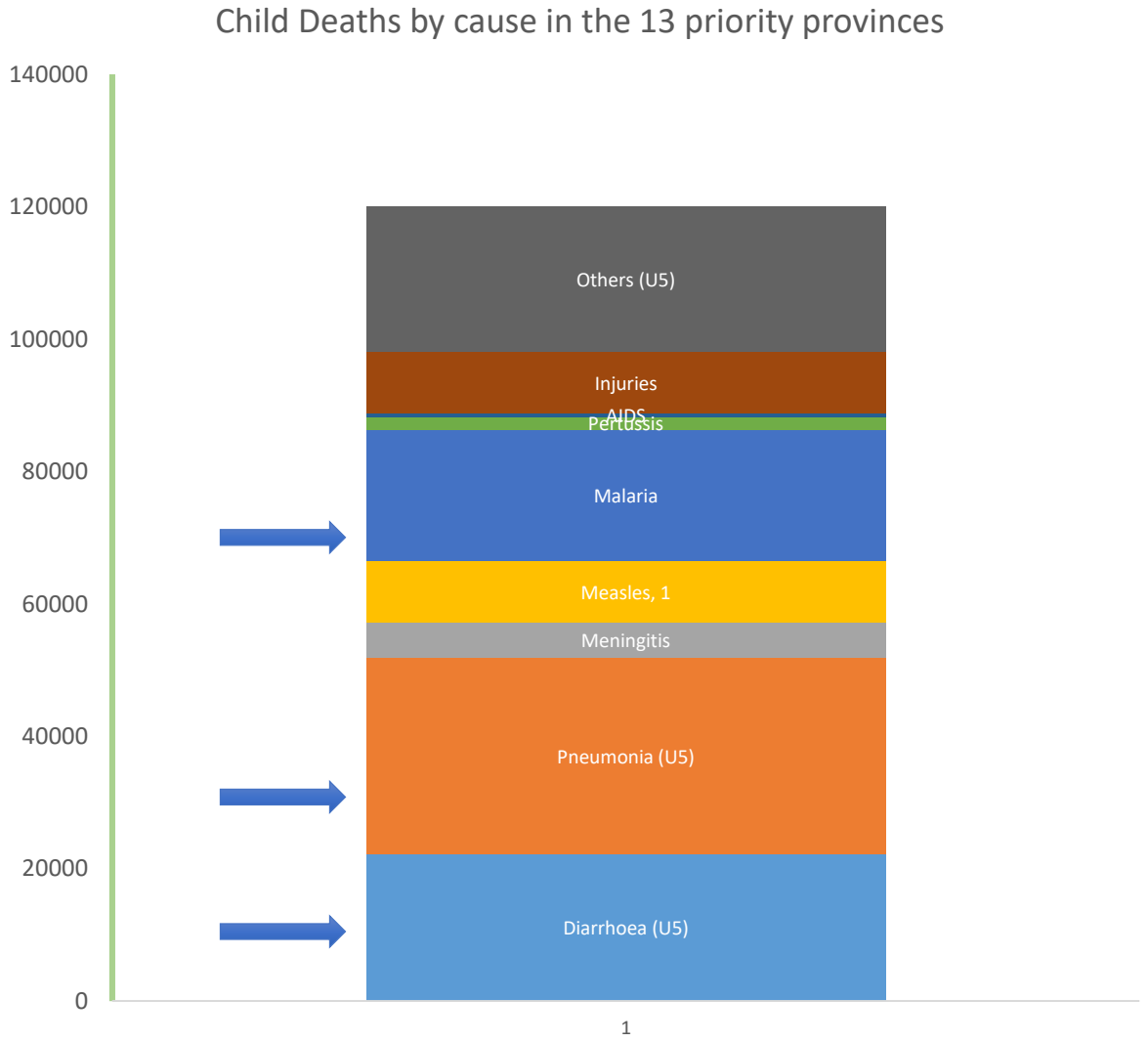
Four additional provinces following alarming chronic malnutrition rates superior to 45%

13 Provinces in total with 38’721’975 inhabitants, representing 46% of the total population and including 259 health areas



Causes of death in the 13 provinces





Impact attendu dans les 13 provinces en agissant sur la qualité

Scenario 1: Moderate

- Approx. 107’500 deaths averted among children under five
- Approx. 3’020 maternal deaths averted
- 16% child morality reduction between 2016 and 2020
- 7% maternal mortality reduction between 2016 et 2020

Scenario 2: Ambitious

- Approx. 141’700 deaths averted each year among children under five
- Appox. 3’805 maternal deaths averted each year
- 22% child mortality reduction between 2016 and 2020
- 9% reduction in maternal mortality between 2016 and 2020

VII. Monitoring and Evaluation Framework

- Aligned with the National Plan for Health Development (PNDS 2016-2020)
- Provision of mobile phones as well as phone credit to health areas to improve timeliness and reduce costs linked to gathering and disseminating data
- Supervision mission and audit mission in select health facility
- Semi-annual review at the DPS level and at the central MSP level
- Annual revisions
- Independent evaluations of the GFF (mid-term and final)

VIII. BUDGET

- Being prepared: ~USD11/inhabitant/an

- A challenge: resource mapping
  - Preliminary numbers for expected financing from 2016 to 2020 :
    - **Partners :** **988’707’350 US**
    - **Government :** **733’546’797 USD**

Thank you for your kind attention

COMPLEMENTARY FINANCING

OVERVIEW

This note is an introduction to agenda item GFF/IG3/4, "GFF Financing for RMNCAH: complementary financing."

The background to this item is that the GFF has been established as a partnership in which multiple financiers contribute complementary financing to a common set of priorities articulated in an Investment Case. Previous Investors Group discussions (particularly GFF/IG1/6 and GFF/IG2/3) have covered different facets of this, including examining resources flows for RMNCAH and indicators for tracking progress on this agenda. As the GFF becomes operational in a larger number of countries, experience is being gained in the practicalities of complementary financing.

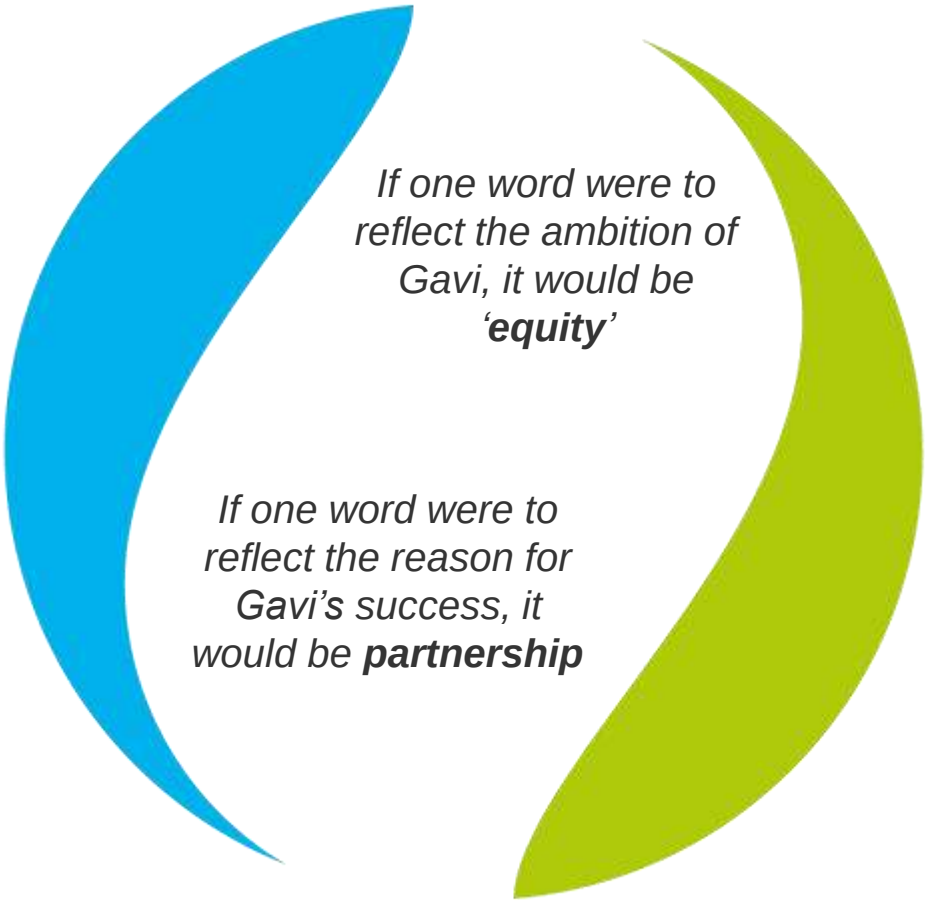
This session is intended to create an opportunity for several key partners to present their experiences thus far in translating the shared vision into reality. The emphasis is on how a set of partners have aligned their financing at the country level. Each organization will focus on their experiences in one or a small number of countries. Additionally, several organizations are taking steps to embed the principles and approaches of the GFF across their institutions, so this will be covered as appropriate. Additionally, the organizations will reflect on some of the emerging lessons learned.

This is intended to be an initial conversation and the start of a process, rather than a one-off set of presentations. For this first discussion, Gavi, the Global Fund, JICA, and USAID will make brief presentations about their experiences. It is envisaged that in subsequent sessions other partners will present.

This item is for discussion only, with an emphasis on Investors Group members discussing the information presented rather than sharing their own experiences on complementary financing.

www.globalfinancingfacility.org

Aligning efforts to ensure equal access to sustainable health care



Seth Berkley, at the adoption of the Sustainable Development Goals

Cameroon
Gavi/GF/WB GFF partnership

Experience so far

- Ongoing integration efforts of Gavi/GF into PBF program, potential for PBF to reinforce EPI program
- Good coordination across GF/Gavi/WB portfolio managers, yet need to enhance coordination with EPI, HIV/AIDS, RMNCH etc.).
- Ongoing efforts to map stakeholder resources
- Ongoing efforts to prioritise
- Investment case close to finalisation, yet mismatch with other proposal development process (e.g. Gavi/GF)

Cameroon
Gavi/GF/WB GFF partnership

Opportunities

- Aligned financing timeline of all three donors 2016/2017
- Health financing strategy essential as the country prepares for Gavi transition stage
- Strengthening health information system (scale-up of DHIS2)

Cameroon
Gavi/GF/WB GFF partnership

Challenges

- Selected health districts do not match different partner criteria (WB- poverty; Gavi- EPI coverage). This could lead to different management needs and reduce joint-financing opportunities.
- Delays experienced in investment case development could influence funding timelines alignment
- Domestic resources mobilisation could be slower than expected and reduce outcomes and sustainability.

DRC
Gavi/GF/WB GFF partnership

Experience so far

- Existing partnership across GF/WB/Gavi and UNICEF, including joint mission and regular discussions between portfolio managers
- Investment case built on the national health development plan, SDGs, global and national RMNCHA strategic plan
- Agreed on 13 priority targeted provinces based on 4 combined indicators (neonatal mortality; 1st pregnancy; prevalence of modern contraception; and growth delay)

DRC
Gavi/GF/WB GFF partnership

Opportunities

- Investment case helped to clarify prioritisation of system bottlenecks: HR, supply chain strengthening, public finance management
- Good alignment and harmonisation between WB/GF/Gavi through respective grants including on DHIS2, supply chain strengthening, HR and financial management capacity strengthening.
- Capacity of the Bank to improve financial sustainability at country level by supporting MoF on increasing fiscal space for health.

DRC
Gavi/GF/WB GFF partnership

Challenges

- Mobilising domestic resources: DRC is currently facing a major financial crisis and decrease in its income
- Donor agreement around 13 GFF priority provinces
- GFF to commit to enhanced coverage and equity focus
- Clarifying operational details, including fund management

Financing for RMNCAH: complementary financing

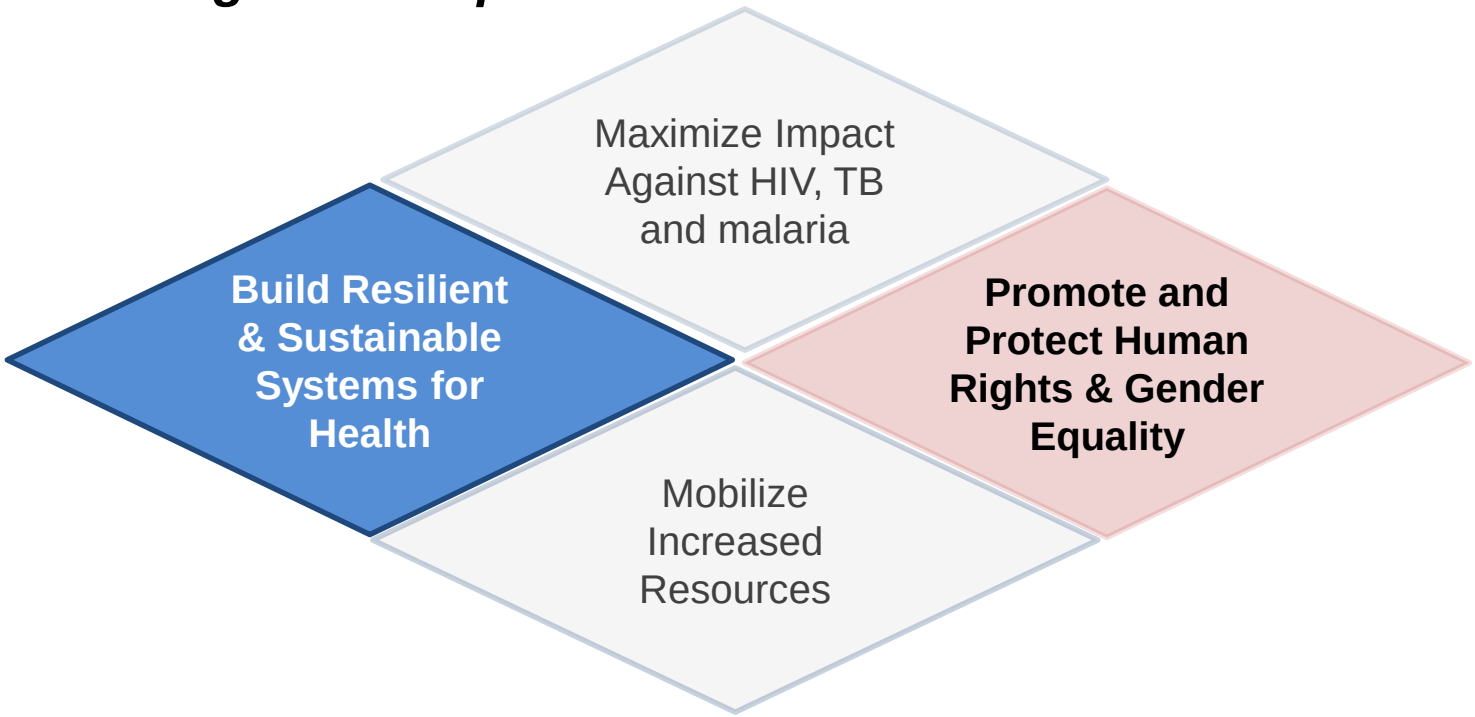
Global Fund's engagement with the Global Financing Facility

GFF Third Investors Group Meeting
Geneva, Switzerland
June 23-24, 2016

The Global Fund

Global Fund's Strategic Framework 2017-2022

Investing to End Epidemics



Promote and protect human rights and gender quality

1. Scale-up programs to support women and girls, including programs to advance sexual and reproductive health and rights.
2. Invest to reduce health inequities including gender- and age-related disparities.
3. Introduce and scale up programs that remove human rights barriers to accessing HIV, TB, and malaria services.
4. Integrate human rights considerations throughout the grant cycle and in policies and policy-making processes.
5. Support meaningful engagement of key and vulnerable populations and networks in Global Fund-related processes.

Supporting the vision and innovation of the GFF

Women and girls come first

- Investments to improve RMNCAH are important for universal health coverage and a priority in the Global Fund's new strategy
- Global Fund supports the post-2015 agenda and the principles of integration, sustainability and equity – particularly for women and girls – in the SDGs
- Reducing gender inequality and protecting human rights are an essential part of ending the epidemics of HIV, TB and malaria and improving overall health
- Moving beyond health is also necessary to create a gender-equal world
- Global Fund is engaged with GFF at country level to develop RMNCAH investment cases and health financing strategies, as well as leverage domestic co-financing

Global Fund's early engagement in all front-runner countries

Two examples: Democratic Republic of Congo and Ethiopia

Democratic Republic of Congo

- World Bank, Global Fund, GAVI and UNICEF strengthened their partnership including coordinating their efforts around facility-based performance-based financing in two provinces since 2013
- Collaboration is focused on **harmonization of operational and financial arrangements** – geographic coverage, package of health services, and financing of this package using PBF mechanisms.
- Process of engagement has **strengthened relationships**
- Collaborative work in the DRC inspired design of the GFF

Ethiopia

- World Bank, GAVI, Global Fund and DfID account for more than 75% of funds disbursed to the Federal Ministry of Health
- Developed a **joint action plan** to support resilient health systems
- Opportunities for further **collaboration around joint financial assessments and risk mitigation strategies**
- GFF can serve as platform for work on health financing strategy (e.g., costing gaps, health insurance, domestic financing and sustainability).

Global Fund's collaboration in second-wave countries

Early experiences in Bangladesh, Senegal, Uganda and Cameroon

Bangladesh

- Global Fund is involved in the donor partner consortium with the intent to improve domestic financing, especially for TB which does not receive any domestic financing
- Opportunities to work with GFF to **leverage increases in domestic financing for health** and improve the readiness of the country to absorb financing

Senegal

- Health Financing Strategy was launched in February and work will be done in June-July on strategic planning and prioritization
- Global Fund remains interested in following the process with a focus on **domestic resource mobilization** with partner NGO's

Uganda

- Longer term funding of HIV by PEPFAR, Global Fund and government is under discussion
- There is a lack of standards, therefore **development of standards of quality of care** under GFF will be an important area of collaboration

Cameroon

- Strong collaboration between partners, particularly among UNFPA, UNICEF, Gavi and the Global Fund around country platform continues
- Discussions are currently underway, including with France, Germany, Gavi, Global Fund, and PEPFAR for **complementary financing of the investment case**

Moving forward: opportunities for continued engagement with GFF

RMNCAH Investment Cases

- Participate during the development of RMNCAH investment cases and financing strategies, and share information regarding current investments
- At the request of countries, support co-financing of RMNCAH and integrated service delivery through reprogramming of existing grants, and during the development of new applications in 2017 which reflect priorities outlined in investment cases

Health Financing

- Leverage increased domestic financing for health and improve readiness of countries to absorb financing
- Develop innovative health financing strategies
  - Expanding health insurance to include HIV, tuberculosis and malaria
  - Strengthening public financial management systems
  - Strengthening social protection mechanisms
  - Scaling-up performance-based financing approaches

Operationalization of business plan

- Explore possibility of joint implementation modalities (e.g., risk mitigation)

Japan's Contribution to GFF

GFF Third Investors Group Meeting
24 June 2016

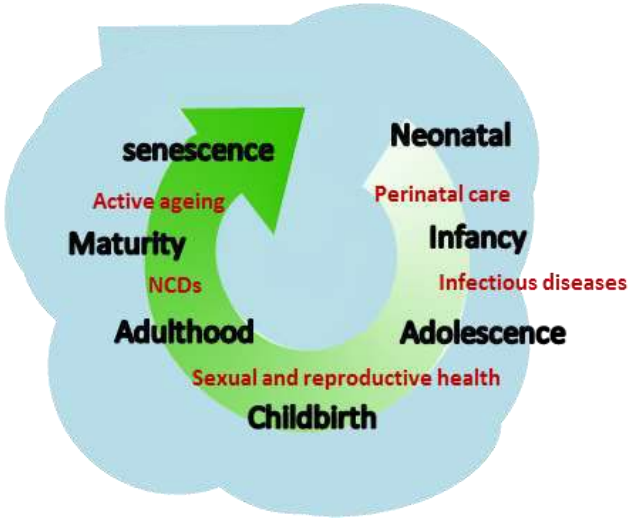
Ikuo Takizawa,
Deputy Director General,
Human Development Department, JICA

Japan's Cooperation in Health Sector

Basic Design for Peace and Health

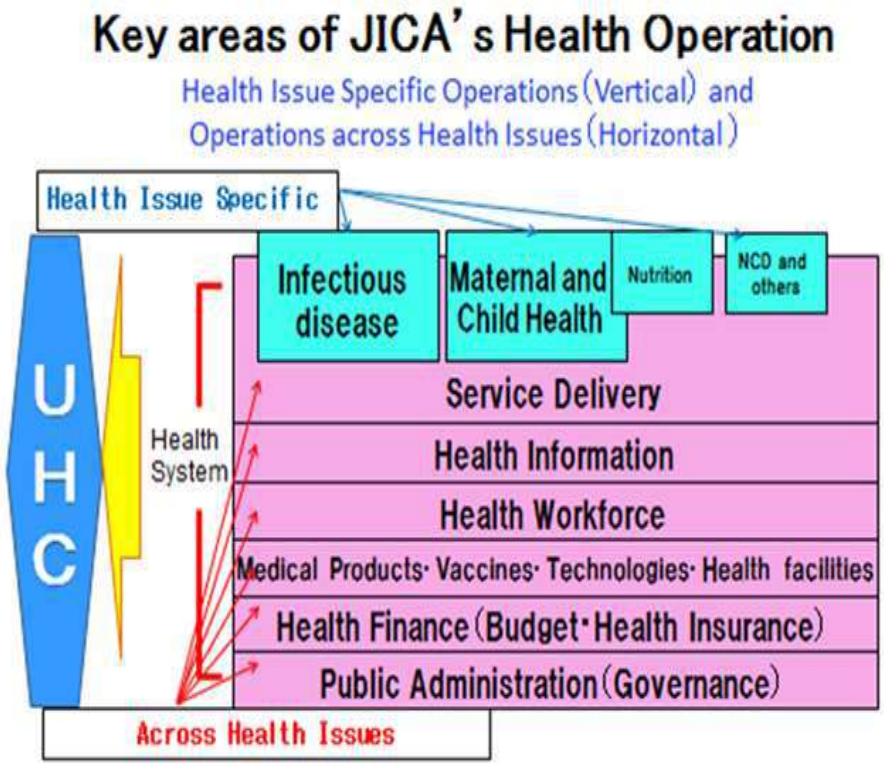
(MOFA Japan, September 2015)

- Strengthen Health Systems to attain Health Human Security
- Promote Universal Health Coverage (UHC) throughout lifecycle
- MCH is one of the prioritized health issues (MCH as entry point for UHC)



JICA's Key Priorities

1. Health System Strengthening
2. Maternal and Child Health and Infectious Diseases Control, with focus on horizontal dimensions



Japan's Contribution to GFF

<Global level>

-Active member of Investors Group

-GFF mentioned in the "G7 Ise-Shima Vision for Global Health"

<Country level>

Kenya:

-Health Sector Policy Loan (JPY 4B/ USD 36M) to achieve UHC

-UHC Advisor to support MOH in develop health financing strategy / Technical cooperation in capacity building of county governments

Bangladesh:

-Concessional ODA loan (JPY17.5B / USD 158M) to improve MCH and strengthen health systems, aligning to country's HPNSDP 2011-2016

-Technical cooperation in MCH

Senegal:

-Technical cooperation in MCH

-Development Policy Loan for UHC under preparation

Complementary Financing for the Investment Case

USAID's Engagement with the Global Financing Facility

June 24 2016, Geneva

USAID's current modalities

- Direct contribution to country-specific trust funds;
- Alignment of components within the bilateral program with the country's investment case;
- Technical input to various technical working groups and task teams at the global level.

Through global programs

- Contribute to the development of the Business Plan, and various TWGs and task teams;
- Work to align global strategies and approaches, such as:
  - –Commodities' systems, market shaping,
  - –Results-based financing,
  - –Results measurement,
  - –Private sector.
- Partner on other assistance agenda supporting women's and children's health (G7).

At the country level

- Direct financial contribution through single donor trust funds at the country level;
- Participate in developing investment cases and health financing strategies;
- Shape and align new activities with the investment case (Uganda FP Project, RBF in Tanzania, Uganda, DRC and Kenya);
- Contribute to the dialogue on tracking resource flows and program outputs / results.

USAID
FROM THE AMERICAN PEOPLE

Tanzania

- USAID Single Donor Trust Fund: $22 million over 5 years, co-financing the government's RBF program.
- Technical assistance project implementers support monitoring and results verification systems.
- USAID health systems strengthening project provides technical support on public expenditure management to enable fiscal autonomy at district level.
- Additional technical support from MCH and FP projects to improve quality of service delivery.

USAID
FROM THE AMERICAN PEOPLE

Kenya

- Multi-Donor Trust Fund: $18 million / year (USAID commitment: $10 million)
- The trust fund will support technical assistance to 47 counties to address:
  - operational bottlenecks,
  - develop health finance strategy and related reforms,
  - supply chain management and
  - partner coordination, in parallel to the JICA/WB-financed project.
- Additional TA will be provided through USAID-bilateral projects on MCH and FP service delivery and health systems strengthening (total funding: $44.2 Million).

USAID's assistance to maternal and child survival in GFF Trust Fund countries

Country	FP (Millions US$)	MCH (Millions US$)	Nutrition (Millions US$)	Total (Millions US$)
Kenya	26	14	4	**44**
Ethiopia	32	39	19	**90**
DRC	17	35	11.2	**63.2**
Tanzania	26	13	7.8	**46.8**
Senegal	15	9	4.5	**28.5**
India	14	14	0	**28**
Bangladesh	27	30	21	**78**
Liberia	7	11	0	**18**
Mozambique	13	15	6.3	**34.3**
Cameroon	10	1	0	**11**
Nigeria	35	48	2.5	**85.5**
Uganda	28	16	17.6	**61.6**
Total	**249**	**245**	**94**	**589**

Lessons to Date

- USAID's decentralized architecture requires consistent communications and information flow between HQs and field teams.
- Aligning with investment case components (e.g. WB financed RBF) enables USAID support to serve hard to reach areas.
- The ownership and readiness of key stakeholders on the country platform is critical.
- Limited civil society participation in some countries.

RESULTS MEASUREMENT

OVERVIEW

This paper presents the GFF's approach to providing guidance to countries on results measurement. The proposed approach is based on the recently-released "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", which was developed through a process led by the World Health Organization. The paper also outlines the GFF's approach to supporting country capacity building for results measurement. A draft of the paper was circulated and discussed in a consultation with Investors Group representatives, and the feedback received is reflected in this version.

RECOMMENDATIONS

The Investors Group is recommended to endorse the approach set out in the paper. It is recommended that the GFF proceed with the reporting and monitoring approach as laid out in this paper, namely that the GFF approach is embedded within the monitoring framework of the Global Strategy in an effort to ensure close correspondence with the overall reporting process for the SDGs. This alignment is intended to minimize the monitoring and reporting burden by countries and to highlight the fact that reporting for the GFF should be closely connected with national systems rather than treated as "project" reporting. Additionally, the approach recognizes that some additional effort and investments will be required to bolster the measurability of some indicators.

ACTION REQUESTED

The Investors Group is requested to endorse the approach set out in the paper.

INTRODUCTION

The Global Financing Facility (GFF) plays a key role in financing for the recently launched Every Woman Every Child "Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", and therefore has highlighted the importance of ensuring consistency between the results measurement agenda for the GFF and the work underway in the context of the Global Strategy (cf. the GFF Business Plan).

The World Health Organization (WHO) has been leading the process of defining indicators for the Global Strategy, which just been released in the document "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)". The framework highlights sixteen key indicators on the status of women's, children's and adolescents' health. Additional indicators have also been recommended for monitoring the Global Strategy, divided into those that are included in the Sustainable Development Goals (SDG) indicators and those that are additional to the SDGs. While the full set of selected indicators for the Global Strategy is large (around 60), not all indicators are likely to be used at all times. However, the intent is for these indicators to encourage alignment with major strategies and monitoring effects for reproductive, maternal, newborn, child, and adolescent health (RMNCAH) including Every Newborn Action Plan, Ending Preventable Maternal Mortality, Countdown to 2030, etc., as well as the GFF. The monitoring framework for the Global Strategy also contributes to other dimensions of the Global Strategy's Unified Accountability Framework, which looks to strengthen partner mutual accountability and contribution to the Independent Accountability Panel's reports on progress towards women's, children's, and adolescents' health in the SDGs.

The reporting and monitoring approach for the GFF is embedded within the monitoring framework of the Global Strategy in an effort to ensure close correspondence with the overall reporting process for the SDGs. This alignment is intended to minimize the monitoring and reporting burden by countries and to highlight the fact that reporting for the GFF should be closely connected with national systems rather than treated as "project" reporting. Additionally, the approach recognizes that some additional effort and investments will be required to bolster the measurability of some indicators.

CORE INDICATORS

The GFF provides results-focused financing so each Investment Case should include a results framework, as described in the GFF guidance on Investment Cases. In an effort to align with the Global Strategy measurement processes described above, the following **core impact level indicators** should be included in each Investment Case results framework.

1.	Maternal mortality ratio (*Global Strategy key indicator; SDG indicator)*
2.	Under 5 mortality rate (*Global Strategy key indicator; SDG indicator)*
3.	Neonatal mortality rate (*Global Strategy key indicator; SDG indicator)*
4.	Adolescent birth rate (*Global Strategy key indicator; SDG indicator)*
5.	Percentage of women of reproductive age who have their need for family planning satisfied with modern methods (*Global Strategy additional indicator; SDG indicator)*
6.	Prevalence of stunting among children under 5 years of age (*Global Strategy key indicator; SDG indicator)*

These are a subset of the 16 core indicators proposed in the Global Strategy that are expected to be

applicable to all Investment Cases. The full set of core and additional indicators outlined in the Global Strategy will be shared with countries as a resource for countries to use in the preparation of Investment Case results frameworks based on the specific areas of emphasis of each Investment Case.

Given the GFF's emphasis on financing and the importance of improving data availability on health financing, Investment Cases should also contain a set of **core health financing indicators.** The Global Strategy indicator guidance contains only a few indicators on health financing, so additional work is ongoing with the World Bank Group and WHO, building on paper GFF/IG2/3, "Tracking Financing for RMNCAH, UHC, and Health: Defining Indicators for Smart, Scaled, and Sustainable Financing". The following indicators reflect the ongoing discussions and, once finalized, they would be recommended for inclusion in all Investment Cases. Almost all of these (or the raw data for them) are routinely captured in either health accounts or household surveys, so the additional work required to measure them should be minimal.

SMART FINANCING
1. Percentage of current health expenditures on primary health care (*allocative efficiency*)
2. Average price of a basket of essential RMNCAH medications compared to the international reference price (*technical efficiency*)
SCALED FINANCING
3. Current country health expenditure per capita (and specifically on RMNCAH) financed from domestic sources (*Global Strategy key indicator)*
4. Ratio of government health expenditure to total government expenditures (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*) 5. The incidence of financial catastrophe due to out of pocket payments 6. The incidence of impoverishment due to out of pocket payments *(WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*) (**Note:** where there is no recent household expenditure survey, an alternative to #5 and #6 is out of pocket expenditures as a percentage of current health expenditures, from health accounts data; however, this is not the preferred indicator because #5 and #6 are more useful for measuring equity, as changes in out of pocket expenditure can be difficult to interpret[1])
SUSTAINABLE FINANCING
7. Growth rate in domestically sourced current total health expenditures since baseline (and for RMNCAH expenditures) divided by the growth rate of GDP

ADDITIONAL INDICATORS

Each GFF country will also be provided with a list of additional indicators to consider for inclusion in their Investment Case results framework so as to capture changes in programmatic coverage, health financing, health systems strengthening, and monitoring and evaluation systems.

[1] For example, if the out of pocket expenditure by the richest segment of the population significantly increases, this is likely to drive up out of pocket expenditure as a percentage of total health expenditure, but this does not reflect a broad worsening of the equity situation in a country.

Programmatic Indicators

Improvements in health impact will take time to measure and therefore measurement of changes in coverage of key interventions across the RMNCAH continuum will be important to assess the progress GFF countries are making to reaching their health impact targets. Given that Investment Cases are based on the context and prioritization of interventions within each country, the selection of indicators must depend on the priorities outlined in the Investment Case. Below is a list of coverage indicators across the RMNCAH continuum for countries to consider including when developing their results frameworks. GFF countries are already collecting data on many if not all of these indicators, given that almost all are included both in the Global Strategy and WHO 100 Core Indicators.[2] In addition to this list, countries may include additional indicators on specific technical areas based on the existing national health management information systems, national surveys, etc.

1.	Proportion of women aged 15-49 who received 4 or more antenatal care visits (*Global Strategy additional indicator; WHO 100 Core indicator)*
2.	Proportion of births attended by skilled health personnel (*Global Strategy additional indicator; WHO 100 Core indicator)*
3.	Proportion of women who have a postpartum contact with a health provider within 2 days of delivery (*Global Strategy additional indicator; WHO 100 Core indicator)*
4.	Proportion of newborns who have a postnatal contact with a health provider within 2 days of delivery (*Global Strategy additional indicator; WHO 100 Core indicator)*
5.	Proportion of infants who were breastfed within the first hour of birth (*Global Strategy additional indicator; WHO 100 Core indicator)*
6.	Percentage of children with diarrhea receiving ORS (under-5) (*Global Strategy additional indicator; WHO 100 Core indicator)*
7.	Percentage of children fully immunized (*Global Strategy additional indicator)*
8.	Proportion of children with suspected pneumonia taken to an appropriate health provider (*Global Strategy additional indicator; WHO 100 Core indicator)*
9.	Percentage of children aged 6−59 months who receive Vitamin A supplementation (*WHO 100 Core indicator)*
10.	Prevalence of anemia in women aged 15-49 (*Global Strategy additional indicator; WHO 100 Core indicator)*
11.	Contraceptive Prevalence Rate, modern methods (mCPR) (*WHO 100 Core, FP2020)*

There are important limitations with the list of indicators proposed above. As noted in "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", "there are several critical target areas in the Global Strategy for which no indicators are available that meet the criteria for inclusion in the list of indicators". For example, no adolescent health indicators are included in this list. In GFF countries, lack of data availability on adolescent health requires investments in data systems to be able to capture these data. Therefore, to the extent possible, disaggregated data will be collected based on existing data systems to capture progress made on

[2] In addition these individual indicators contribute in part to the both the universal coverage index developed jointly by the WB/WHO and the coverage index defined by the Global Strategy and therefore can contribute to the measurement of these indices through the Global Strategy reporting processes

adolescent health in key indicators such as ANC visits and mCPR. However, better data on adolescents can only be anticipated once national data systems are further strengthened.

Equity is an important principle of the GFF. Based on the World Bank/WHO framework for tracking progress on Universal Health Coverage, the GFF approach is to focus on encouraging countries to collect disaggregated data, with a particular focus on three primary elements: economic status (measured by household income, expenditure or wealth), place of residence (urban/rural) and sex. It is recommended that all countries collect disaggregated data on the coverage indicators included in their Investment Case results frameworks. In addition, countries have the flexibility of collecting data on other equity stratifiers such as race, occupation, gender, religion, education status, and social capital or resources. The type of data on equity stratifiers is expected to vary across countries, but this will be further assessed in the rapid M&E assessment that is further described below.

Another challenge of these indicators is that they do not capture the shifts in service delivery modalities that are key elements of many Investment Cases. Examples of these in the initial GFF countries include approaches such as refining and rolling out a core package of essential interventions, expanding strategic purchasing, introducing a new approach to community care, and strengthening engagement with the private sector. The nature of these shifts is such that it is not possible to have standardized indicators for them, but that does not mean that countries should not track progress in achieving the shifts that they wish to bring about; the implication of this is that countries should develop indicators that are tailored to the national context. Additionally, qualitative research may be useful in this regard.

In addition to the programmatic indicators, when Investment Cases contain multisectoral approaches, it is important capture these in results frameworks. The "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)" contains a number of indicators on multisectoral areas, particularly under the "Thrive" and "Transform" axes, and these are the recommended starting point for Investment Case results frameworks.

Health Financing Indicators

Additional indicators for countries to consider including in their Investment Case results frameworks on smart, scaled, and sustainable financing are presented below.

SMART FINANCING
1. Government budget execution rate in health
SCALED FINANCING
2. Percentage of donors that are financing RMNCAH that directed their funding to the priorities identified in the Investment Case
SUSTAINABLE FINANCING
3. Growth rate in domestically sourced expenditure (government and compulsory contributions schemes) divided by growth in external expenditures for ALL of health
4. Growth rate in domestically sourced expenditure (government and compulsory contributions schemes) on RMNCAH divided by growth in external expenditures for RMNCAH
5. Percentage of total health expenditure that is domestically sourced

It is important to recognize that improvements in health financing are expected to take time and therefore these health financing indicators have been defined based on this long term perspective. As a result, more

immediate changes will have to be interpreted carefully, looking at both shifts in the numerator and denominator. For example, indicators #3 and #4 might show short-term deteriorations as a result of a significant increase in development assistance for health (which might be important for achieving RMNCAH outcomes). Therefore, it is important for countries to examine the underlying data and contextualize the changes in these indicators (which, as noted, have been designed to reflect the long-term vision of increasing domestic financing).

Health System Strengthening Indicators

In addition, given the role of the GFF in supporting health systems strengthening (HSS), it is important for the results frameworks of Investment Cases to measure improvements in health systems. Presented below is a list of globally agreed indicators on health systems strengthening. The focus of HSS activities in each GFF country varies, so countries should select the indicators relevant to the areas of focus of their Investment Case. Innovation will be encouraged to develop suitable routine measures in areas where there are gaps in data and measurement such as quality of care.

1.	Health worker density and distribution (*WHO 100 Core indicator)*
2.	Availability of essential medicines and commodities (*WHO 100 Core indicator)*
3.	Number and distribution of health facilities per 10,000 population (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
4.	Number and distribution of inpatient beds per 10,000 population (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
5.	Number of outpatient department visits per 10,000 population per year (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
6.	General service readiness score for health facilities (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
7.	Proportion of health facilities offering specific services (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
8.	Number and distribution of health facilities offering specific services per 10,000 population (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
9.	Specific-services readiness score for health facilities (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
10.	Annual number of graduates of health professions educational institutions per 100,000 population, by level and field of education (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
11.	Policy index (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010*)
12.	Basic Equipment Availability (*Primary Health Care Performance Initiative*)
13.	Continuity of care: DTP3 drop out rate; Antenatal drop out rate (*Primary Health Care Performance Initiative*)
14.	Diagnostic Accuracy (*Primary Health Care Performance Initiative*)
15.	Provider Absence Rate (*Primary Health Care Performance Initiative*)

Monitoring and Evaluation System Indicators

The GFF will also emphasize the strengthening of national data systems through the Investment Cases (*elaborated further below*) so as to capture real time data on RMNCAH and promote the use of these data for decision-making for improving RMNCAH programming. Below is a list of indicators on M&E systems, including civil registration and vital statistics systems, from which countries can choose as appropriate given their national systems.

1.	Proportion of children under 5 years of age whose births have been registered with a civil authority (*Global Strategy core; SDG)*
2.	Percentage of births in a given year registered (*WHO, Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies, 2010*)
3.	Percentage of deaths in a given year registered (*WHO, Monitoring the building blocks of health systems: a handbook of indicators and their measurement strategies, 2010*)
4.	Completeness of reporting by health facilities (*WHO 100 Core)*
5.	HMIS data quality TBD
6.	Health information system performance index (*WHO, "Monitoring the Building Blocks of Health Systems: Handbook of Indicators and Their Measurement Strategies", 2010)*
7.	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
8.	A set of health accounts with distributive matrices has been produced in the last 3 years

SUPPORTING CAPACITY BUILDING ON RESULTS MEASUREMENT

A key challenge in many GFF countries is weak M&E systems that are not able to capture changes in both programmatic coverage and health financing in a timely manner. Without strengthening national systems, the ability to report on progress made in GFF countries will be greatly limited. Therefore, considerable efforts are underway to strengthen data systems (particularly routine systems, such as health management information systems), including through the recently-launched Health Data Collaborative.

The GFF is strongly supportive of these efforts and so encourages countries to define priorities for strengthening national M&E systems in Investment Cases. This includes the systems and capacities needed to track programmatic progress (including household surveys such as DHS and MICS, facility surveys such as SARA, SPA, and SDI, and routine health management information systems such as DHIS2), health financing (including health accounts, household expenditure surveys/modules, public expenditure reviews, and public expenditure tracking surveys), and civil registration and vital statistics.

The focus on strengthening data systems and improving measurement will have multiple positive effects:

- Strengthening measurement on programmatic indicators will help move towards real time availability of data, strengthening of routine systems including DHIS2, and emphasizing decentralized verification and use of data for decision-making. This is essential for improving the quality of programmatic decision-making and for detecting early warning signs that provide alerts about significant risks to program implementation. In addition, innovations for existing gaps in data such as measures on adolescent health and quality of care can be developed through the GFF and contribute to the global measurement dialogues on these key areas that currently lack sufficient routine measurement.

- Strengthening CRVS systems will improve decision-making for RMNCAH programming by providing accurate and timely information on births, deaths, causes of death, and marriages. Civil registration systems have a number of other benefits, including those related to legal identity and legal rights (e.g., related to property ownership).
- Strengthening measurement on health financing is essential for better understanding how much money is spent on health and particularly on RMNCAH, as well as the composition of this spending, which is essential for understanding the equity of a health financing system. This information is necessary to ensure that resources are being used in ways that are both equitable and efficient, both of which are critical for improving health outcomes.

Building on an approach pioneered by the Global Fund to Fight AIDS, Tuberculosis and Malaria[3], the GFF strongly recommends that each country undertake a rapid assessment at the outset of the process of developing an Investment Case. This exercise would take stock of existing indicators, data, systems, and existing and planned surveys within each country so as to design a country specific approach to collecting data. This assessment serves two purposes:

- It identifies in a comprehensive manner all of the data sources available in a country, thereby contributing to ensuring that the Investment Case process is based on the most recent and most relevant data available in a country. Experience in the initial GFF countries has revealed that if this step is not taken, important sources of data may be overlooked in the process of preparing Investment Cases, resulting in decision-making that is not fully informed by the latest data.
- It enables gaps in data availability to be identified early in the process, in time to include the investments necessary around M&E in the Investment Case. For example, if the next household survey in a country is not scheduled to occur for a number of years, this could prompt the country to include a mini-DHS or other household survey in the Investment Case to ensure that coverage data is available more continuously over the course of the implementation of the Investment Case.

This assessment should cover the three dimensions of M&E systems that the GFF focuses specifically on (programmatic progress, health financing, and CRVS), but should be conducted in a manner that is harmonized with other M&E efforts in the country, such as the Global Fund's self-assessment on M&E and/or efforts under the rubric of the Health Data Collaborative. The availability of disaggregated data should be considered in the rapid assessment, so as to ensure that countries are able to track equity.

In practice, countries may want to begin by compiling all of the M&E assessments that have conducted in recent years and chart any planned upcoming assessments. The gaps in these would then shape the rapid assessment.

For routine data use to be improved both government and partners need to be convinced of the quality of this routine data. As such the GFF will support the verification of routine data and so encourages countries to invest in these mechanisms, preferably ones that contain an independent element. As an initial step, the rapid assessment will be used to ascertain existing verification systems that exist at national and sub-national levels and the gaps in them.

Based on the rapid assessment, the Investment Case can contain the prioritized investments required to ensure timely availability of high-quality programmatic, health financing, and CRVS data (including the

[3] See http://www.theglobalfund.org/en/me/strengthening/.

verification of data). The types of investments required will vary by country but at a minimum they should ensure that the country can measure all of the core indicators detailed above. Building on the experience of the Global Fund and others, the GFF recommends that countries commit 5-10% of their budgets on monitoring and evaluation.

www.globalfinancingfacility.org

RESULTS MEASUREMENT

GFF-IG3-5

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

Geneva, 23-24 June 2016

THIRD INVESTORS GROUP MEETING

Background

- WHO has led process to develop “Indicator and Monitoring Framework for the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030)” (May 2016)

- GFF approach is to ensure close alignment with Global Strategy guidance

EVERY WOMAN EVERY CHILD

INDICATOR AND MONITORING FRAMEWORK FOR THE GLOBAL STRATEGY FOR WOMEN’S, CHILDREN’S AND ADOLESCENTS’ HEALTH (2016-2030)

Proposed approach

- Small set of core indicators on programmatic impact and health financing progress
- Larger set of additional indicators that are optional
  - Programmatic coverage
  - Health financing
  - Health systems strengthening
  - M&E systems (including CRVS)

Drawn heavily from internationally-agreed indicators

- Focus on building national capacity

Proposed core indicators

- Programmatic:
  - Maternal mortality ratio (*Global Strategy key; SDG*)
  - Under 5 mortality rate (*Global Strategy key; SDG*)
  - Neonatal mortality rate (*Global Strategy key; SDG*)
  - Adolescent birth rate (*Global Strategy key; SDG*)
  - Percentage of women of reproductive age who have their need for family planning satisfied with modern methods (*Global Strategy additional; SDG*)
  - Prevalence of stunting among children under 5 years of age (*Global Strategy key; SDG*)
- Health financing:
  - Percent of current health expenditures on primary health care
  - Average price of a basket of essential RMNCAH medications compared to the international reference price
  - Current country health expenditure per capita (and specifically on RMNCAH) financed from domestic sources (*Global Strategy key*)
  - Ratio of government health expenditure to total government expenditures
  - Incidence of financial catastrophe due to out of pocket payments
  - Incidence of impoverishment due to out of pocket payments
  - Growth rate in domestically sourced current total health expenditures since baseline (and for RMNCAH expenditures) divided by the growth rate of GDP

Key issues

- Areas without adequate indicators (e.g., adolescents, quality of care)
- Equity
- Service delivery modalities
- Multisectoral

Supporting capacity building on results measurement

- GFF supports capacity building efforts on results measurement (e.g., Health Data Collaborative)
- ***Bottom-up approach***: recommendation that every country conduct a ***rapid assessment*** at outset of process: take stock of existing indicators, data, systems, and existing and planned surveys
  - Ideally covers programmatic, health financing and M&E systems, including CRVS
  - Should be harmonized with other M&E efforts underway (e.g., Global Fund's self-assessment on M&E, efforts under the rubric of the Health Data Collaborative)
  - Feeds into the Investment Case
- Recommendation: countries should commit 5-10% of budget to M&E

Action requested

- The Investors Group is requested to endorse the approach set out in the paper GFF-IG3-5

Annex

Additional indicators: programmatic

- Proportion of women aged 15-49 who received 4 or more antenatal care visits (*Global Strategy additional; WHO 100 Core*)
- Proportion of births attended by a skilled attendant (*Global Strategy additional; SDG; WHO 100 Core*)
- Proportion of women who have a postpartum contact with a health provider within 2 days of delivery (*Global Strategy additional; WHO 100 Core*)
- Proportion of newborns who have a postnatal contact with a health provider within 2 days of delivery (*Global Strategy additional; WHO 100 Core*)
- Proportion of infants who were breastfed within the first hour of birth (*Global Strategy additional; WHO 100 Core*)
- Percentage of children with diarrhea receiving ORS (under 5) (*Global Strategy additional; WHO 100 Core*)
- Percentage of children fully immunized (*Global Strategy additional*)
- Proportion of children with suspected pneumonia taken to an appropriate health provider (*Global Strategy additional; WHO 100 Core*)
- Percentage of children aged 6-59 months who receive Vitamin A supplementation (*WHO 100 Core*)
- Prevalence of anemia in women aged 15-49 (*Global Strategy additional; WHO 100 Core*)
- Contraceptive prevalence rate, modern methods (mCPR) (*WHO 100 Core, FP2020*)

Additional indicators: health financing

- Government budget execution rate in health
- Percentage of donors that are financing RMNCAH that directed their funding to the priorities identified in the Investment Case
- Growth rate in domestically sourced expenditure (government and compulsory contributions schemes) divided by growth in external expenditures for ALL of health
- Growth rate in domestically sourced expenditure (government and compulsory contributions schemes) on RMNCAH divided by growth in external expenditures for RMNCAH
- Percentage of total health expenditure that is domestically sourced

Additional indicators: health systems strengthening

- Health worker density and distribution
- Availability of essential medicines and commodities
- Number and distribution of health facilities per 10,000 population
- Number and distribution of inpatient beds per 10,000 population
- Number of outpatient department visits per 10,000 population per year
- General service readiness score for health facilities
- Proportion of health facilities offering specific services
- Number and distribution of health facilities offering specific services per 10,000 population
- Specific-services readiness score for health facilities
- Annual number of graduates of health professions educational institutions per 100,000 population, by level and field of education
- Policy index
- Basic Equipment Availability
- Continuity of care: DTP3 drop out rate; Antenatal drop out rate
- Diagnostic Accuracy
- Provider Absence Rate

WHO 100 Core

WHO, "Monitoring the Building Blocks of Health Systems", 2010

Primary health Care Performance Initiative

Additional indicators: M&E systems

- Proportion of children under 5 years of age whose births have been registered with a civil authority (*Global Strategy core; SDG*)
- Percentage of births in a given year registered *(WHO, "Monitoring the Building Blocks of Health Systems", 2010*)
- Percentage of deaths in a given year registered *(WHO, "Monitoring the Building Blocks of Health Systems", 2010*)
- Completeness of reporting by health facilities (*WHO 100 Core*)
- HMIS data quality
- Health information system performance index (WHO, *"Monitoring the Building Blocks of Health Systems"*, 2010)
- 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
- A set of national health accounts (NHAs) with distributive matrices has been produced in the last 3 years

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EVERY WOMAN
EVERY CHILD

June 2016

THE GLOBAL STRATEGY FOR WOMEN'S, CHILDREN'S AND ADOLESCENTS' HEALTH (2016-2030) INDICATORS AND MONITORING FRAMEWORK

Dr Flavia Bustreo
Assistant Director General
Family, Women's and Children's Health, WHO
Geneva, Switzerland

Healthy people are central to achieving all the SDGs

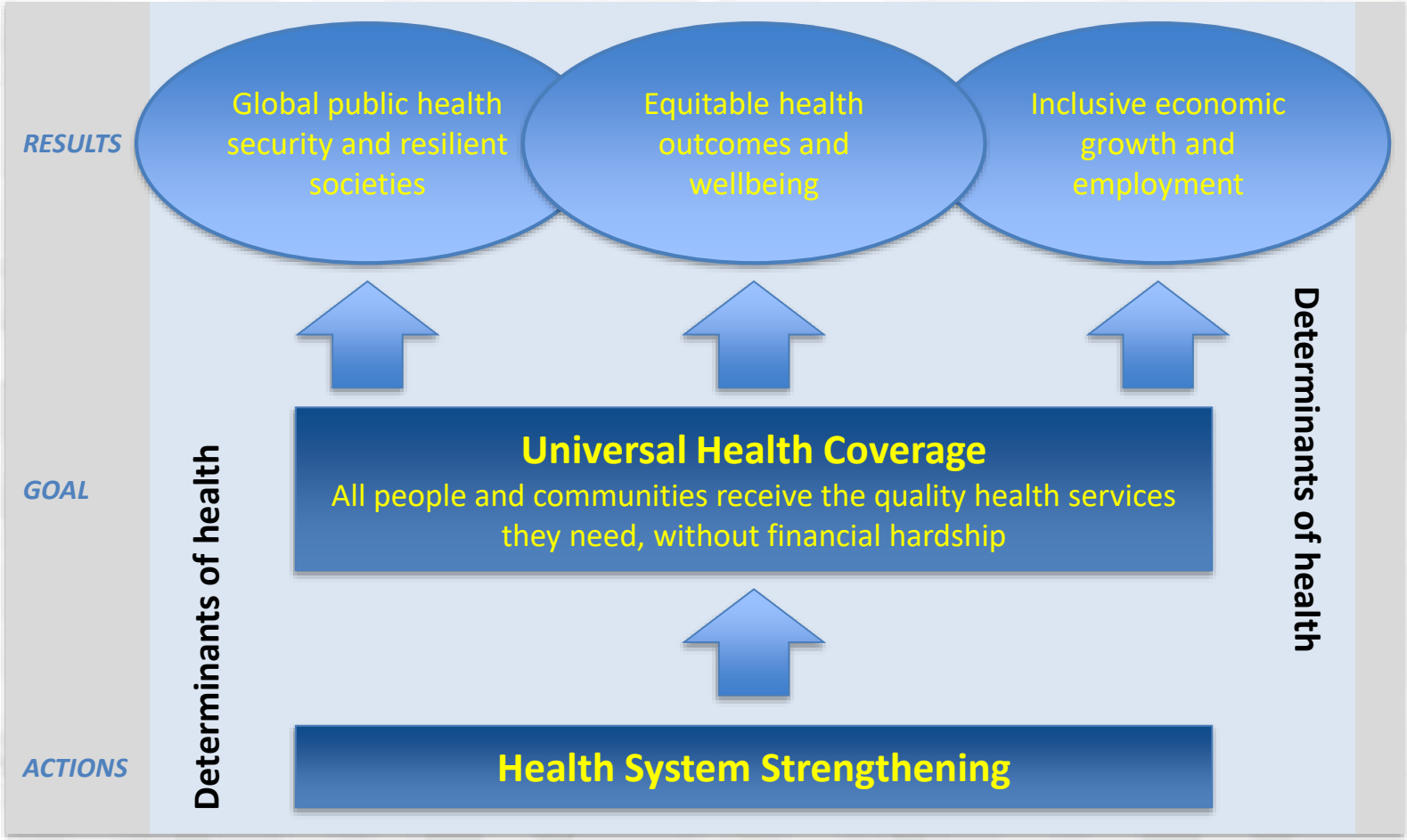
World Health Organization

SUSTAINABLE DEVELOPMENT GOALS

WWW.WHO.INT/SDGS

UHC is fundamental to achieving SDG 3 for health

- SDG Target 3.8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services, medicines and vaccines for all



UNSG and world leaders launch the Global Strategy, alongside the SDGs, in September 2015 as:

“ A front-runner implementation platform for the SDGs”

Integrated across 9 SDGs, including Goal 3 for health and other key SDGs on social, political, economic and environmental determinants

Global Strategy Objectives

SURVIVE

End preventable deaths

THRIVE

Ensure health and well-being

TRANSFORM

Expand enabling environments

These objectives cover 20 SDG targets

Global Strategy: indicator and monitoring framework

- Published in May 2016
- Survive, Thrive and Transform objectives
  - Cover 9 SDGs and 20 SDG targets
- 16 key indicators
  - A snapshot, a minimum set to track GS progress
- 60 indicators in the main framework
  - 34 indicators included in the SDGs
  - 26 additional indicators
  - Most of the health indicators included in the “100 core indicators” for health in the SDGs
- Set of recommendations:
  - Invest CRVS, HIS and surveys
  - Focus on disaggregated data
  - Strengthen analysis and use
  - Areas for further indicator and monitoring development

Key indicators and data sources

Most covered by top 3 sources

But MANY other links needed

GS 16 key indicators	CRVS	Survey	Facility	Other
SURVIVE				
i. Maternal mortality ratio	X	X	(x)	Sampling, sentinel registration
ii. Under-5 mortality rate	X	X		
iii. Neonatal mortality rate	X	X		
iv. Stillbirth rate	X	X	(x)	Administrative reporting systems/registries
v. Adolescent mortality rate	X	X		
THRIVE				
vi. Prevalence of stunting among children under 5 years of age		X		National surveillance systems
vii. Adolescent birth rate (10-14, 15-19) per 1000 women in that age group	X	X		
viii. Coverage index of essential health services, including for RMNCAH: FP, ANC, SBA, breastfeeding, immunization, childhood illnesses treatment		X	X	Health facility assessments
ix. Out-of-pocket health expenditure as a percentage of total health expenditure		(x)		Administrative reporting systems, national accounts
x. Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources				Administrative reporting systems
xi. Number of countries with laws and regulations that guarantee women aged 15-49 access to sexual and reproductive health care, information and education				Reports
xii. Proportion of population with primary reliance on clean fuels and technologies		X		
TRANSFORM				
xiii. Proportion of children under 5 years of age whose births have been registered with a civil authority	X	X		
xiv. Proportion of children and young people in schools with proficiency in reading and mathematics		X		Other
xv. Proportion of women, children and adolescents subjected to violence		X		
xvi. Percentage of population using safely managed sanitation services including a hand-washing facility with soap and water		X		

Areas for action and M&E

PEOPLE

- Individual potential
- Community engagement

POLITICAL EFFECTIVENESS

- Country leadership
- Financing for health
- Accountability

PROGRAMMES AND SYSTEMS

- Health system resilience
- Multisector action
- Humanitarian and fragile settings
- Research and innovation

PARTNERSHIPS

EVERY WOMAN EVERY CHILD

- Mutistakeholder commitments
- H6 Technical Support
- Global Financing Facility
- Unified Accountability Framework – PMNCH, IAP

PRINCIPLES

- Country-led
- Universal
- Sustainable
- Human rights-based
- Equity-driven
- Gender-responsive
- Evidence-informed
- Partnership-driven
- People-centred
- Community-owned
- Accountable
- Aligned with development effectiveness and humanitarian norms

Financing focus – 6 GS indicators aligned with the GFF

i. Current country health expenditure per capita (including specifically on RMNCAH) financed from domestic sources.

ii. Out-of-pocket health expenditure as a percentage of total health expenditure

iii. Current country health expenditure per capita financed by development assistance

iv. Growth rate in government health expenditure compared to the GDP growth

v. Percentage of development assistance for health that is on budget

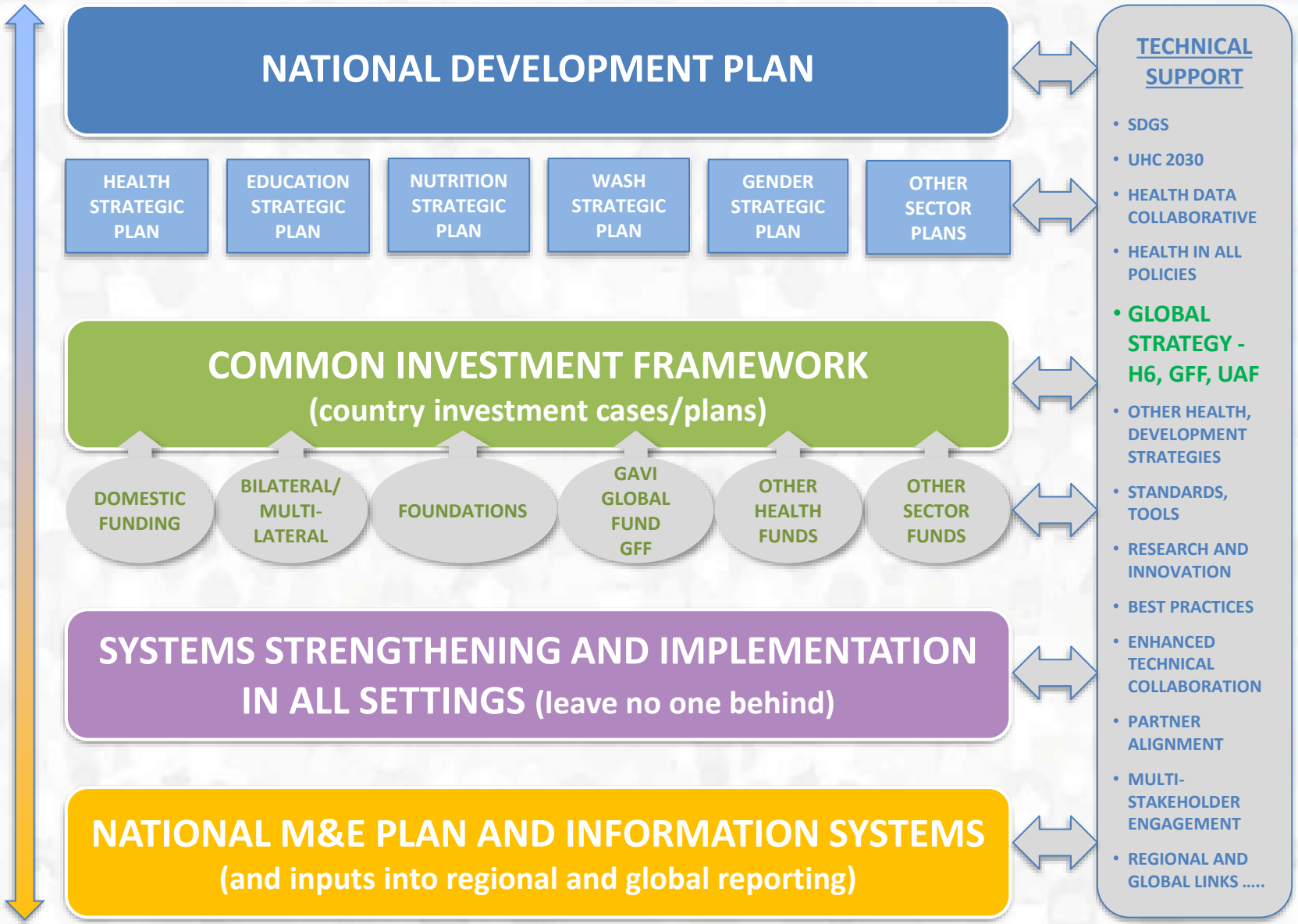
vi. Government purchase price of a selected basket of essential RMNCAH medicines compared to the international reference price

GFF monitoring – an aligned, integrative approach

" The GFF approach is embedded within the monitoring framework of the Global Strategy in an effort to ensure close correspondence with the overall reporting process for the SDGs. This alignment is intended to minimize the monitoring and reporting burden by countries and to highlight the fact that reporting for the GFF should be closely connected with national systems rather than treated as "project" reporting."

Results measurement paper, GFF Third Investors' Group meeting, June 2016

Country-led plans overall – coordinating support



World Health Assembly Resolution, May 2016

- INVITES member states:
  1) to commit, in accordance with their national plans and priorities, to **implementing the Global Strategy** for Women's, Children's and Adolescents' Health (2016–2030) …
  2) to **strengthen accountability and follow-up at all levels**, including through monitoring national progress and increasing capacity building for good-quality data collection and analysis …
- INVITES relevant stakeholders:
  1) to **support the effective implementation** of national plans and contribute to the accomplishment of the Global Strategy …and its milestones;
- REQUESTS the Director General:
  1) to **provide adequate technical support** to Member States in updating and implementing national plans and relevant elements of the Global Strategy…, including good-quality data collection and analysis;
  2) to **continue to collaborate** with other United Nations agencies, funds and programmes, and other relevant funds, partners and stakeholders, to advocate and leverage assistance for aligned and effective implementation of national plans;
  3) to **report regularly** on progress towards women's, children's and adolescents' health to the Health Assembly.

WHA69.2: http://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_R2-en.pdf

GS Progress Report - Draft outline for April 2017

(then annual or biannual reports tbc)

1. Introduction
2. GS targets and trends (indicator framework)
3. Political leadership and policy agendas
4. Financing (domestic, DAH, GFF …)
5. Health systems
6. Multi-sectoral action
7. Humanitarian settings
8. Individuals' potentials and community engagement
9. Principles in practice: Equity, human rights, development effectiveness
10. Research and Innovation
11. Tracking GS commitments (aligned with 4 for financing)
12. Country M&E priorities for effective SDG and GD monitoring
13. EWEC Unified Accountability Framework
14. Recommendations and next steps

- Annex - data tables, online GS database, part of Global Health Observatory
- Annex - country profiles (for 2017: methods, template and 4-8 examples developed by countries with technical support as required)

Thank you

EVERY WOMAN
EVERY CHILD

ADDITIONAL SLIDES

Note to Flavia: These 2 slides are on the country monitoring context and processes. Quite detailed, please advise if and which you would like to use.

Investments required for effective country information systems

Health Sector reviews, planning, prioritisation and budgeting

Reliable, timely disaggregated data and health information

Global Strategy reporting

Global Health SDGs reporting

Strong HIS (including CRVS)

Comprehensive National M&E Platform (priorities)

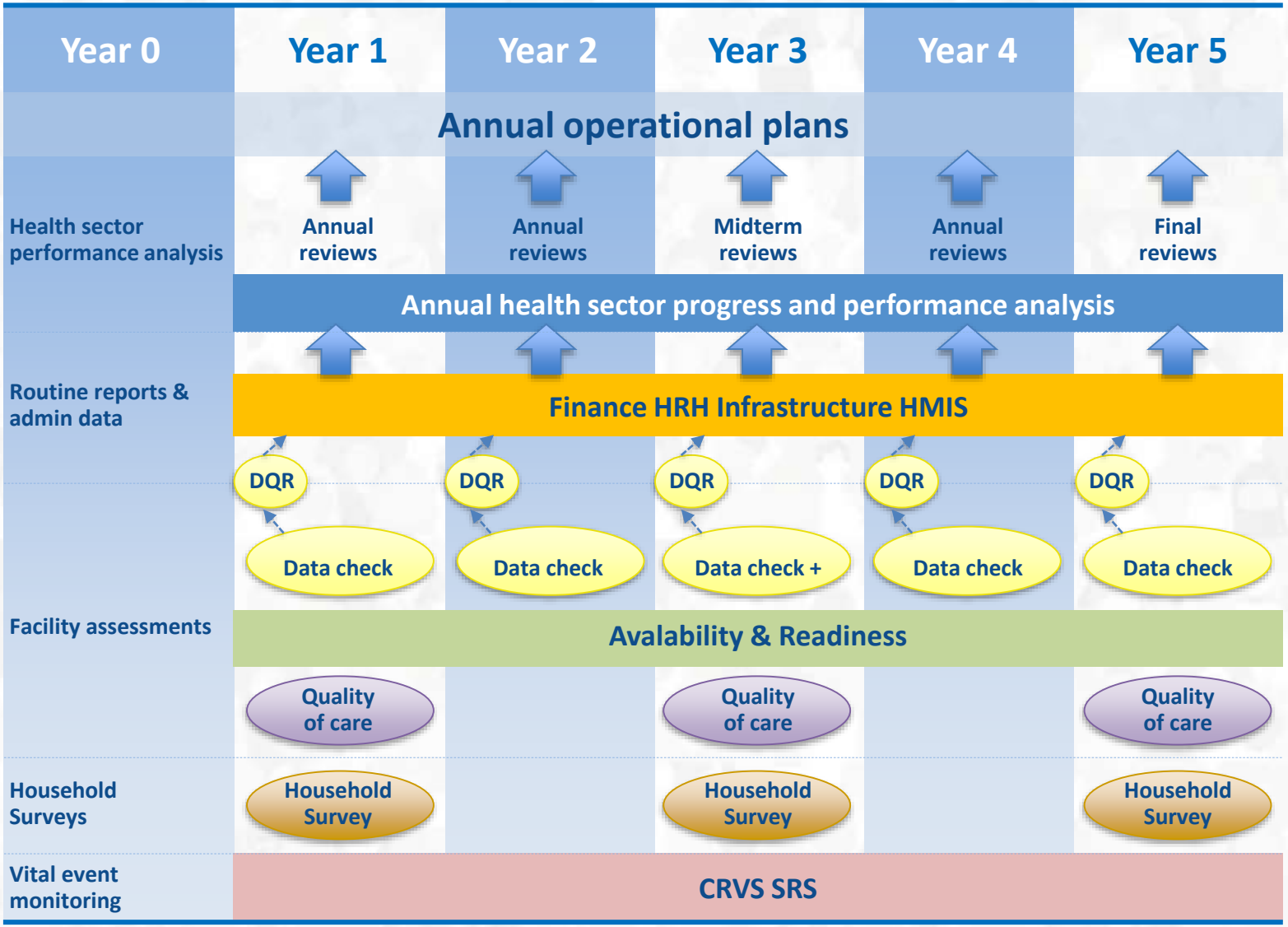
Enhanced technical collaboration

Common standards and effective tools

Experiences in country to shape global support

Facility and Community Data WG	Country action and regional collaboration WG	Data analytics, use and open access WG	Population data sources WG	Health systems monitoring WG
Routine HMIS	Country	Data analytics and use	Household surveys	Human resources
Facility Surveys	Regional	Global and country data and statistics	CRVS	Health Financing
Quality of Care		Digital data and interoperability		
Community				

Country Planning and Review Process



IMPROVING ACCESS TO RMNCAH COMMODITIES

OVERVIEW

At the request of the Investors Group at their Second meeting in February 2016, a small Task Team of technical experts (see Annex 1) was convened to discuss ways to address current challenges in access to reproductive, maternal, newborn, children's and adolescent health (RMNCAH) commodities. This paper provides an overview of the task team's discussions and the emerging focus areas that were identified.

SUMMARY OF FINDINGS

Improving access to RMNCAH commodities requires a range of in-country and global activities. GFF partners are currently involved in most of these activities and some activities may require more adequate resourcing in the future. Emerging focus areas for commodity access were identified through consultations and review.

Coordination and collaboration across agencies is crucial for improving access to RMNCAH commodities. The architecture for coordination and collaboration on commodity access issues is complex, dynamic and constantly evolving. Multiple work groups provide a forum for GFF partners to collaborate on commodity access issues but the term of one key group that is focused on coordination and collaboration for RMNCAH commodities is coming to an end in 2016.

ACTION REQUESTED

The Investors Group is asked to provide overall guidance and direction on the role of the GFF in RMNCAH commodities access. More specifically, the Investors Group is asked to provide direction on whether they see value in the Commodities Task Team continuing its deliberations and synthesizing information to provide an update in November around areas of focus and investment needs. Alternatively, are the current forums and structures adequate to address the highlighted challenges in commodity access?

This guidance will help inform next steps for further analysis.

BACKGROUND

Gaps in the availability and access to reproductive, maternal, newborn, children's and adolescent health (RMNCAH) commodities have been identified as a major barrier to improving the lives of women, adolescents, and children. Barriers include the lack of information on financing, procurement, weak supply chains, inadequate regulatory capacity, and lack of coordination across different stakeholders. At the request of the Investors Group a small task team of technical experts (see Annex 1) was convened to discuss activities for a potential GFF role in improving access to RMNCAH commodities. The task team's specific mandate was to

- Map and assess what kind of global public goods on commodities are most relevant for GFF countries currently;
- Review the landscape to understand what global-level actions are already well-addressed by existing efforts;
- Identify and prioritize key work streams that the GFF can potentially advance through additional analysis.

This paper provides an overview of the task team's discussions and emerging focus areas in RMNCAH commodity access.

TASK TEAM MEMBERSHIP AND PROCESS

The Commodities Task Team was chaired by Jennifer Adams, Senior Deputy Assistant Administrator in the Bureau for Global Health, USAID, and had ten members from different IG partner countries/agencies. The task team conducted two formal meetings/consultations (via conference calls) and one informal consultation in Geneva. The discussions focused on understanding the challenges in RMNCAH commodity access, the activities of current GFF partners and areas requiring GFF engagement. The task team recognized that GFF partners are carrying out a vast range of activities in improving access to commodities and it may not be possible to create an exhaustive list of all such activities. Discussions focused on capturing the ones that have the strongest need for global coordination although it was not feasible for the discussions to completely avoid discussing country level activities.

GUIDING PRINCIPLES FOR GFF ENGAGEMENT IN THE COMMODITY AREA

Addressing bottlenecks in commodity access requires extensive in-country activities. However, there are some activities related to commodity financing, procurement, quality assurance, distribution, and use which cannot be adequately addressed by individual countries or agencies acting alone and require global coordination. The creation of such Global Public Goods (GPGs) requires an appropriate architecture. Potential focus areas for GFF engagement will be based on an assessment of the GFF's comparative advantage, the extent to which other actors are able to address the challenges identified, the potential impact, and the relevance to the GFF. In identifying priorities, the task team considered the work initiated by UNCLSC, RMNCH Trust Fund and other initiatives related to RMNCAH commodities.

ANALYSIS OF CURRENT ACTIVITIES

GFF partners are focused on improving access to RMNCAH commodities through a variety of approaches and investments. Current activities include those that have a global public goods focus and those that resolve

bottlenecks in specific countries. Given the range of activities and need for coordination, multiple work groups and initiatives exist for GFF partners to collaborate on commodity access. Architecture for coordination and collaboration on commodity access issues is complex, dynamic and constantly evolving.

Activities being carried out by GFF partners could be categorized into the following four broad areas:

- Gathering robust information on financing, procurement, and quality of RMNCAH commodities;
- Maintaining a "healthy market" for RMNCAH commodities, including high quality;
- Better in-country supply chain systems to improve availability of RMNCAH commodities;
- Ensuring commodity access in humanitarian settings.

While it is useful to segment the activities into these four areas (See Annex 2 for details) for the purposes of understanding and prioritizing, the four areas are closely interlinked and focusing on only one or two without investing in the others will not lead to sustainable fixes to commodity access problems. USAID, WHO, World Bank, UNICEF, UNFPA, RMNCAH Trust Fund, RHSC, and other partners are involved in many activities for RMNCAH commodities in each of these categories. Some of the partner activities are in-country activities and can only be addressed at the individual country level. In addition to GFF partners working directly on RMNCAH commodity access issues, agencies such as UNITAID, GAVI, Global Fund are involved in similar activities for commodities for HIV/AIDS, TB, Malaria, Vaccine Preventable Diseases and Hep C. A list of activities emphasized in the discussion and current initiatives being implemented by GFF partners is provided in Annex 3. Please note that this list is not exhaustive but is an attempt to capture some of the key activities and initiatives.

OPPORTUNITIES FOR GFF ENGAGEMENT

As mentioned earlier, a large number of activities required to improve access to RMNCAH commodities entail strong engagement at the country level. They are best undertaken under the leadership of national governments using existing structures and with partner engagement in specific areas. Some of these activities may require expansion of scale through larger resource investments. For some other global activities, the rate limiting step is the transfer of technical outputs into country policy structures. New approaches and investments may be required to address this. However, most of these were not considered to be necessarily GFF's comparative advantage.

Commodity access activities that require coordination across a broad set of global partners are also being carried out by inter-agency workgroups and other collaboration platforms. Some of these platforms are in their early stages and over time they can be more adequately resourced to carry out the coordination and collaboration role.

The task team identified focus areas where GFF partners are already engaged but may require support to further amplify their scale. A list of focus activities identified by the task team is provided in Annex 4. Several of the focus areas identified require stronger coordination and collaboration across agencies in the areas of procurement, quality assurance, regulatory strengthening, market shaping, distribution and use. The architecture for coordination and collaboration on commodity access issues is complex, dynamic and constantly evolving. Multiple working groups with diverse membership exist and provide a forum for different global agencies to collaborate on commodity access issues. However, the term of one key group that is focused on coordination and collaboration specifically for RMNCAH commodities is coming to an end in 2016. It is important to examine

whether other existing structures will fulfill the much needed coordination role for RMNCAH commodities in the future.

In addition to the focus areas above, the Task Team's discussions also highlighted the need to better outline models for engagement with the private sector in the commodity access area, and collaborations with non-RMNCAH global agencies such as UNITAID, Global Fund, Gavi who have significant expertise and experience in dealing with issues involving commodity access. Weak understanding of financing flows, procurement and supplier quality, especially when commodities are procured with domestic resources at the national or sub-national level, was identified as a gap in existing knowledge.

Five specific areas were highlighted where the GFF Investor Group can help enhance the visibility and saliency of issues that are important to ensuring commodity access:

1. Highlight the value of investing to create healthy markets for commodities. Healthy markets require a focus that goes beyond price.
2. Resolving in-country supply chain bottlenecks requires concerted investments and political buy in from country leadership. Strong IG support required for technical interventions to succeed.
3. Building a stronger case for richer data and information for RMNCAH commodities.
4. RMNCAH access in emergency and conflict settings requires investing in different operational models.
5. Support fundraising efforts to ensure that the critical streams of work undertaken by GFF partners are adequately resourced.

ACTION REQUESTED

The Investors Group is asked to provide overall guidance and direction on the role of the GFF in RMNCAH commodities access.

More specifically, the Investors Group is asked to provide direction on whether they see value in the Commodity Task Team continuing its deliberations and synthesizing information to provide an update in November around areas of focus and investment needs. Alternatively, are the current forums and structures adequate to address the highlighted challenges in commodity access?

ANNEX 1

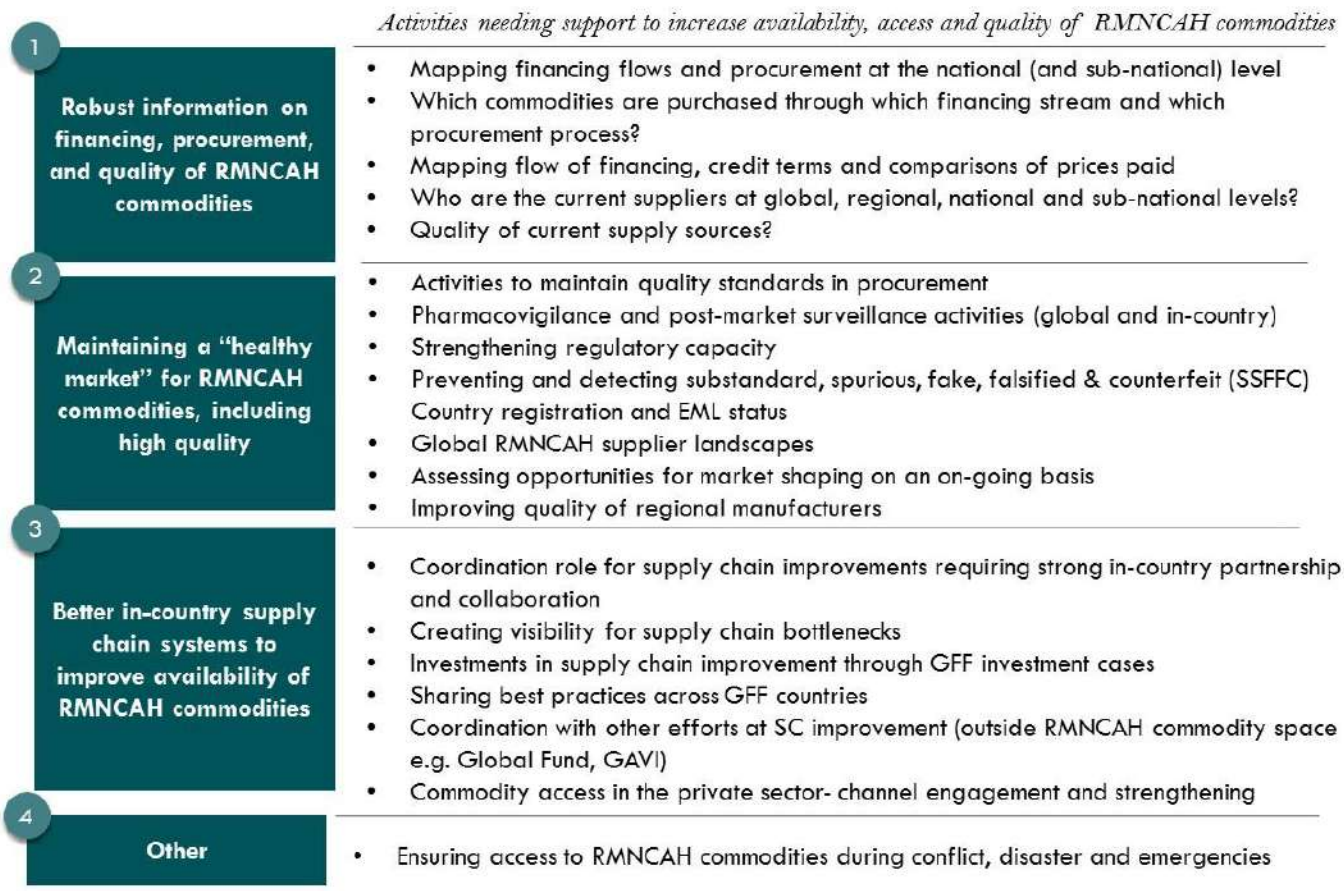
TASK TEAM COMPOSITION

Member	Institution
Jennifer Adams* (Chair) Debbie Armbruster Aye Aye Thwin	USAID
Andrew Dawe Aminur Rahman	Canada
Lisa Hedman	WHO
Pascal Bijleveld	RMNCH Trust Fund
David Sarley	Bill & Melinda Gates Foundation
Sennen Hounton	UNFPA
Mari Grepstad	NORAD
Debbie Armbruster	USAID
Mark Young Francisco Blanco	
Lauren Franzel	GAVI
Rama Lakshminarayanan	GFF Secretariat
Prashant Yadav	World Bank Consultant

In addition, colleagues from DFID also provided additional inputs.

ANNEX 2

FOUR MAIN CATEGORIES OF ACTIVITIES IDENTIFIED



The four areas are closely interlinked. Focusing on one/two will not resolve commodity access problems

*** Many of these are in-country activities and will need to be addressed at the country level.**

ANNEX 3

CURRENT LANDSCAPE OF GFF PARTNER ACTIVITIES

Note: This is not an exhaustive list

	Current projects and partner initiatives
1 **Robust information on financing, procurement, and quality of RMNCAH commodities**	• USAID mapping study in 5 countries to understand financing and procurement • RHSC project to understand financing and procurement for RH products • JSI multi-country study to understand financing and procurement within 30 countries • UNCoLSC work on information re procurement, quality • USAID & UNFPA supplier information portals
2 **Maintaining a "healthy market" for RMNCAH commodities, including high quality**	• WHO ongoing initiatives on pharmaco-vigilance, regulatory strengthening, SSSFC and collaborative dossier review • USAID work on pharmaco-vigilance and medicines quality monitoring (SIAPS and PQM) • USP on strengthening quality of regional suppliers • UNICEF-SD work on influencing markets and secured financing • UNICEF-SD Vaccine Independence Initiative expansion to other commodities • RMNCH Trust Pilot to design and test a Commodity Credit Facility in 5 countries • UNCoLSC and RMNCH Trust Fund work on RMNCH market shaping • DFID-CHAI work on RH commodity market shaping • DFID, Gates Foundation and others on "returnable capital" and role in commodity access • USAID-CII work on market shaping • GAVI, Global Fund and UNITAID's market shaping initiatives
3 **Better in-country supply chain systems to improve availability of RMNCAH commodities**	• Inter-Agency Supply Chain Working Group • USAID new GHSC project • Gates Foundation's ARC for supply chain • UNCoLSC supply chain TRT • WHO activities on supply chain strengthening • WB's knowledge product on supply chain improvement • Global Fund and GAVI initiatives on supply chain strenghtening
4 **Other**	• UNFPA, UNICEF commodity and technical assistance in conflict and emergency settings

ANNEX 4

EMERGING FOUCS AREAS FOR RMNCAH COMMODITY ACCESS

	Activities currently being carried out by GFF partners which would require additional resourcing or activities requiring further analytic work
1 **Robust information on financing, procurement, and quality of RMNCAH commodities**	• Coordination across partners to share data on procurement, financing and quality • Sharing demand information with suppliers • Improve information on RMNCAH commodity financing, procurement & quality especially when commodities procured using domestic resources
2 **Maintaining a "healthy market" for RMNCAH commodities, including high quality**	• Development & dissemination of global pharmaco-vigilance model plans • Regulatory capacity strengthening • Sharing supplier quality information across countries and procurers • A community of practice for RMNCAH commodities (market shaping, procurement, supply chain) • A potential "RMNCAH market-shaping consortium" • Develop and Disseminate RMNCAH supplier landscapes • Pilot of Commodity Credit Facility in 5 countries • Stronger Engagement with UNITAID
3 **Better in-country supply chain systems to improve availability of RMNCAH commodities**	• Coordinate different investments in supply chain through ISG • Strengthen knowledge base for sustainable interventions for Supply Chain strengthening • Partnership with private sector and improving access in private sector • Ensure up-to-date and robust quantification of essential RNMCAH commodities • Analyze GFF investment cases to identify supply chain issues which repeat and require coordinated global investment
4 **Other**	• Develop and strengthen models for providing RMNCAH access in emergency, conflict

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GFF Commodity Task Force

Investor's Group Meeting June 24, 2016

Agenda

1. Background and Task Team Mandate
2. Process used for Identifying Focus Areas
3. Snapshot of current activities in RMNCAH commodity access
4. Emerging areas of focus in RMNCAH commodity access
5. Discussion and Guidance for Future Direction from Investor Group

GFF and Access to RMNCAH Commodities

- Many GFF partners are focused on improving access to RMNCAH commodities through a variety of approaches and investments. Investments include
  - Supporting activities that require globally coordinated efforts (global public goods)
  - Supporting activities to resolve specific bottlenecks in countries (context specific)
- Architecture for coordination and collaboration on commodity access issues is complex, dynamic and constantly evolving
- Multiple work groups provide a forum for GFF partners to collaborate on commodity access issues
- One key group that is focused on the important tasks of coordination and collaboration for RMNCAH commodities is coming to an end in 2016
- GFF business plan lays out guidelines for potential GFF support to address global public goods related to RMNCAH commodities

Task Force Mandate

GFF Investors Group will discuss the issue of RMNCAH commodities at its third meeting in June 2016. Requested this task force to

- Map and assess what kind of global public goods on commodities are most relevant for GFF countries currently
- Review the landscape to understand what global-level actions are already well-addressed by existing efforts
- Identify and prioritize key work streams that the GFF can potentially advance through additional analysis

Guiding Principles

- Focus on Global Public Goods related to RMNCAH Commodities
- Focus on GFF's core strengths and model i.e. smart, scaled, and sustainable financing
- Consider GFF's comparative advantage, the extent to which current actors are able to address the challenges identified, the potential impact, and the relevance to the GFF.
- In identifying priorities, consider the work initiated by UNCLSC, RMNCH Trust Fund and other initiatives related to RMNCAH commodities

Commodities Task Team Membership and Process

Name	Organization
Jennifer Adams* (Chair) Debbie Armbruster Aye Aye Thwin	USAID
Andrew Dawe Aminur Rahman	Canada
Lisa Hedman	WHO
Pascal Bijleveld	RMNCH Trust Fund
David Sarley	Bill & Melinda Gates Foundation
Sennen Hounton	UNFPA
Mari Grepstad	NORAD
Mark Young Francisco Blanco	UNICEF
Lauren Franzel	GAVI
Rama Lakshminarayanan	World Bank GFF Secretariat
Prashant Yadav	World Bank Consultant

In addition, colleagues from DFID provided additional inputs

The task team had 2 calls (May 12 & June 2) and an informal in-person meeting in Geneva on May 26th

Process used for Task Team Deliberations & Identifying Emerging Focus Areas

Details

Identify current deficiencies in RMNCAH commodity access and categorize them

1. Review of reports from UNCoLSC, USAID, UNFPA, RMNCH ST, UNICEF-SD, WHO, CHAI, DFID
2. Inputs from GFF Commodity Task Team
3. Informal meeting in Geneva
4. Discussions with partners

Assess interventions for three different types of involvement

1. Activities requiring GFF Investors Group to increase visibility and saliency of issue
2. Activities currently undertaken by GFF partners that will require future resource mobilization
3. Emerging issues that will require technical/analytic and financial support

Prioritize and finalize for presentation to Investor's Group

1. Fits with GFF's core principles and mandate- Financing and Global Public Good creation
2. GFF's ability to catalyze change to achieve measurable on-the-ground impact in a limited time-frame and with limited resources

Which RMNCAH Commodities to Focus on?

- UNCoLSC identified 13 low-cost and high-impact life-saving commodities across the RMNCH spectrum based on extensive discussions and analytical work

- Task Team had consensus that GFF should continue to focus on the 13 commodities as “tracer commodities” while keeping a close watch on market challenges in other RMNCAH commodities as they evolve

Current commodity access activities of GFF partners are focused on

Further details of partner activities are in Appendix Slide 17

Task Team discussions led to four main categories of activities*

1. Robust information on financing, procurement, and quality of RMNCAH commodities
2. Maintaining a "healthy market" for RMNCAH commodities, including high quality
3. Better in-country supply chain systems to improve availability of RMNCAH commodities
4. Ensuring Commodity Access during conflicts and emergencies

Details of activities in each category are in Appendix Slide 16

The four areas are closely interlinked. Focusing on one/two will not resolve commodity access problems

*** Many of these are in-country activities and will need to be addressed at the country level.**

Emerging Focus Areas for GFF

- Fragmentation of financing and procurement is resulting in high transaction costs for both purchasers and suppliers. Excessive fragmentation renders the market unviable for high quality suppliers, increases prices, compromises quality and creates sub-optimal credit flow
  - Stronger understanding of financing flows and procurement could allow for targeted investments to address such challenges
- Ensuring quality requires strong regulatory systems, robust pharmaco-vigilance, post-marketing surveillance activities, prevention and detection of SSSFC and strengthening quality of regional suppliers.
  - Rate limiting step for many global activities is the transfer of technical outputs into country policy structures. New approaches and investments to address this
- National and sub-national procurement agencies do not have information on supplier quality from their counterparts in other countries and procurement agencies
  - Sharing supplier quality information may improve quality of commodities procured

Emerging Focus Areas for GFF - Contd.

- Identifying market deficiencies and designing interventions to address them requires stronger coordination and collaboration between GFF partners.
  - A Community of Practice for RMNCAH Commodities
  - A potential marketing shaping consortium for RMNCAH (in discussions)
  - Stronger partnership with UNITAID
- Improving commodity access requires addressing multiple in-country supply chain bottlenecks. Coordination is required for better division of labor across GFF partners. Inter-agency Supply Working Group and other structures are evolving to address this need.
  - GFF investment cases can help identify supply chain issues which repeat across countries and require coordinated global action and feed them into coordination structures like ISG
- Improving access to high quality commodities in the private sector and developing stronger partnerships with private sector actors is an area that is currently under-addressed by GFF partners
  - Consultation underway with GFF Private Sector Task Team to identify areas with greatest potential for private sector engagement to improve commodity access
- Improving access to high quality commodities in humanitarian settings is also an area that is currently under-addressed by GFF partners

Proposed Focus Areas for RMNCAH Commodity Access

	Activities currently being carried out by GFF partners which would require additional resourcing OR activities requiring further analytic work
1 **Robust information on financing, procurement, and quality of RMNCAH commodities**	• Coordination across partners to share data on procurement, financing and quality • Sharing demand information with suppliers • Improve information on RMNCAH commodity financing, procurement & quality especially when commodities procured using domestic resources
2 **Maintaining a "healthy market" for RMNCAH commodities, including high quality**	• Development & dissemination of global pharmaco-vigilance model plans • Regulatory capacity strengthening • Sharing supplier quality information across countries and procurers • A community of practice for RMNCAH commodities (market shaping, procurement, supply chain) • A potential "RMNCAH market-shaping consortium" • Develop and Disseminate RMNCAH supplier landscapes • Pilot of Commodity Credit Facility in 5 countries • Stronger Engagement with UNITAID
3 **Better in-country supply chain systems to improve availability of RMNCAH commodities**	• Coordinate different investments in supply chain through ISG • Strengthen knowledge base for sustainable interventions for Supply Chain strengthening • Partnership with private sector and improving access in private sector • Ensure up-to-date and robust quantification of essential RNMCAH commodities • Analyze GFF investment cases to identify supply chain issues which repeat and require coordinated global investment
4 **Other**	• Develop and strengthen models for providing RMNCAH access in emergency, conflict

In addition, GFF Investor Group can provide greater visibility & saliency to these RMNCAH commodity access issues

- Highlight the value of investing to create healthy markets for commodities. Healthy markets require a focus that goes beyond price.
- Help resolve in-country supply chain bottlenecks that requires concerted investments and political buy in from country leadership. Strong IG support required for technical interventions to succeed.
- Build a stronger case for richer data and information for RMNCAH commodities.
- Highlight that RMNCAH access in emergency and conflict settings requires investing in different operational models.
- Support fundraising efforts to ensure that the critical streams of work undertaken by GFF partners are adequately resourced.

Guidance for Future Direction

- Given the current landscape, how does the IG visualize the role of the GFF in commodities access?

- Given the changing landscape on both financing and coordination needs,
  - does the IG think that there is value in the Task Team continuing its deliberations and synthesizing information to provide an update to IG in November around areas of focus and investment needs?

    OR

  - are the current forums and structures adequate to address the highlighted challenges in commodity access?

Appendix

Task Team discussions highlighted four main categories of activities*

Activities needing support to increase availability, access and quality of RMNCAH commodities

1 **Robust information on financing, procurement, and quality of RMNCAH commodities**	• Mapping financing flows and procurement at the national (and sub-national) level • Which commodities are purchased through which financing stream and which procurement process? • Mapping flow of financing, credit terms and comparisons of prices paid • Who are the current suppliers at global, regional, national and sub-national levels? • Quality of current supply sources?
2 **Maintaining a "healthy market" for RMNCAH commodities, including high quality**	• Activities to maintain quality standards in procurement • Pharmacovigilance and post-market surveillance activities (global and in-country) • Strengthening regulatory capacity • Preventing and detecting substandard, spurious, fake, falsified & counterfeit (SSFFC) Country registration and EML status • Global RMNCAH supplier landscapes • Assessing opportunities for market shaping on an on-going basis • Improving quality of regional manufacturers
3 **Better in-country supply chain systems to improve availability of RMNCAH commodities**	• Coordination role for supply chain improvements requiring strong in-country partnership and collaboration • Creating visibility for supply chain bottlenecks • Investments in supply chain improvement through GFF investment cases • Sharing best practices across GFF countries • Coordination with other efforts at SC improvement (outside RMNCAH commodity space e.g. Global Fund, GAVI) • Commodity access in the private sector- channel engagement and strengthening
4 **Other**	• Ensuring access to RMNCAH commodities during conflict, disaster and emergencies

Current landscape of activities and key partners involved in commodity access

Not an exhaustive list

Current projects and partner initiatives

1 **Robust information on financing, procurement, and quality of RMNCAH commodities**	• USAID mapping study in 5 countries to understand financing and procurement • RHSC project to understand financing and procurement for RH products • JSI multi-country study to understand financing and procurement within 30 countries • UNCoLSC work on information re procurement, quality • USAID & UNFPA supplier information portals
2 **Maintaining a "healthy market" for RMNCAH commodities, including high quality**	• WHO ongoing initiatives on pharmaco-vigilance, regulatory strengthening, SSSFC and collaborative dossier review • USAID work on pharmaco-vigilance and medicines quality monitoring (SIAPS and PQM) • USP on strengthening quality of regional suppliers • UNICEF-SD work on influencing markets and secured financing • UNICEF-SD Vaccine Independence Initiative expansion to other commodities • RMNCH Trust Pilot to design and test a Commodity Credit Facility in 5 countries • UNCoLSC and RMNCH Trust Fund work on RMNCH market shaping • DFID-CHAI work on RH commodity market shaping • DFID, Gates Foundation and others on "returnable capital" and role in commodity access • USAID-CII work on market shaping • GAVI, Global Fund and UNITAID's market shaping initiatives
3 **Better in-country supply chain systems to improve availability of RMNCAH commodities**	• Inter-Agency Supply Chain Working Group • USAID new GHSC project • Gates Foundation's ARC for supply chain • UNCoLSC supply chain TRT • WHO activities on supply chain strengthening • WB's knowledge product on supply chain improvement • Global Fund and GAVI initiatives on supply chain strenghtening
4 **Other**	• UNFPA, UNICEF commodity and technical assistance in conflict and emergency settings

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GFF Expansion

Trust Fund Committee, 23 June 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 country expansion process

- Letter to be sent to all 51 GFF-eligible countries from IG Chair by end of June
  - Updates countries on status of GFF and requests interested countries to submit expression of interest (EOI) for GFF TF support:
    - Disease burden and high degree of political commitment to address it
    - Country commitment to:
      - Increasing on-budget domestic financing for RMNCAH
      - Using IDA/IBRD financing for RMNCAH
      - Securing complementary financing from partners
      - Leveraging private sector resources to improve RMNCAH outcomes
    - Existence of/or plan for an effective, broadly representative country platform
- Deadline is 15 September 2016
- EOI is not a guarantee for GFF TF resources
- EOI will make country demand visible and can support resource mobilization efforts for GFF TF

Challenges for moving from EOIs to selection of countries

- Technical:
  - Likely to be more EOIs than resources available
  - EOIs unlikely to enable objective ranking of countries: likely to contain information that is not comparable and information will be difficult to validate (e.g., on DRM commitments)
    - Challenge of asking for more or more standardized information: turns into a proposal
  - Difficult to use objective criteria to select small number of countries
- Process:
  - Role of partners
  - Trust Fund Committee vs. Investors Group

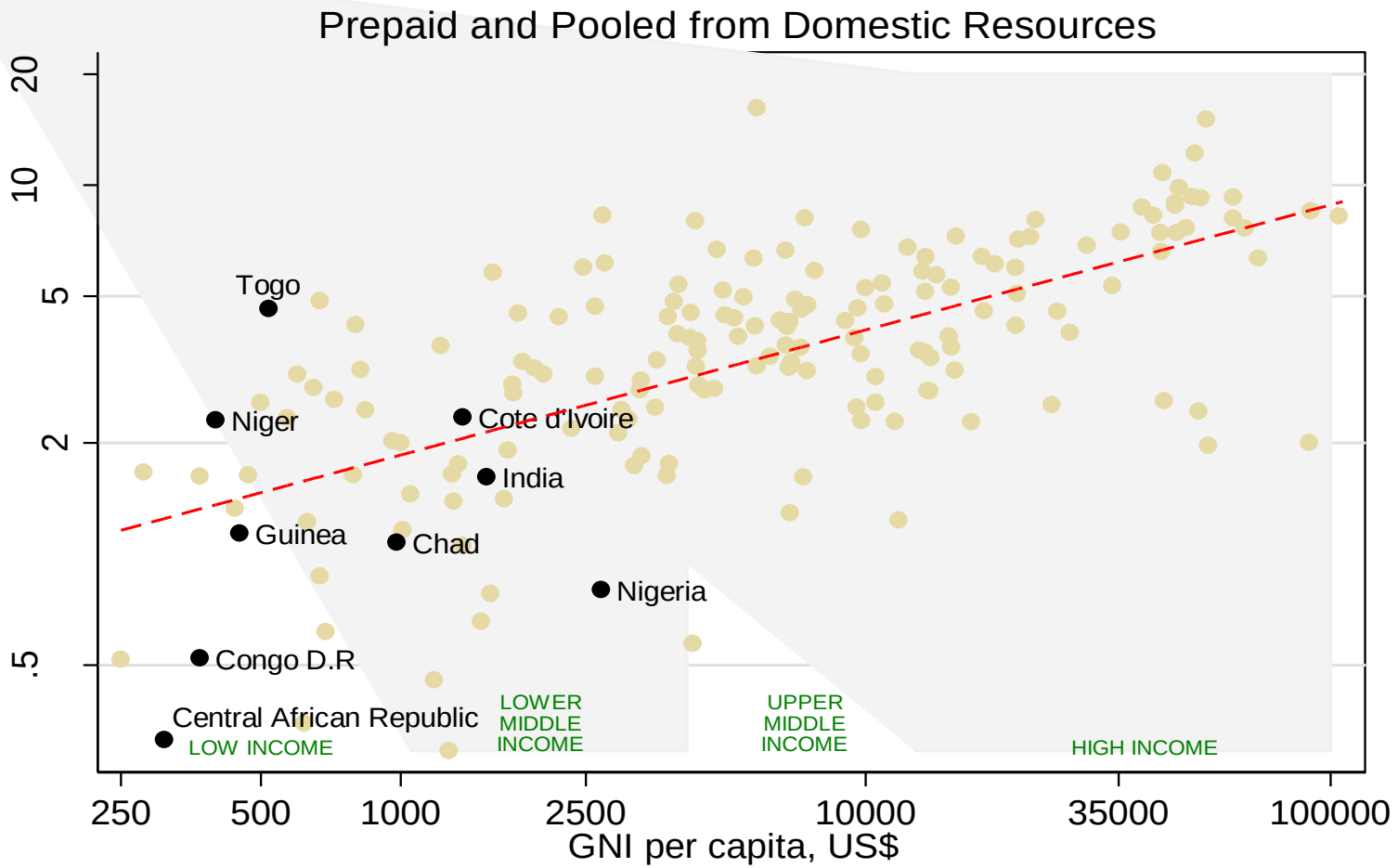
Options for approach

- Approach to selection will differ significantly depending on resources available
- Options:
  - Significant resources (e.g., enough for 10+ countries): relatively straightforward to combine review of EOIs with objective criteria
  - Limited resources:
    - Identify a few types of situations to learn and then identify countries that fit these (e.g., fragile states, IBRD/transition/middle income country, strong existing partner leadership, a focus on a transformational initiative)
    - Focus on "orphans" (countries that are historically underfunded and/or underinvesting domestic financing in RMNCAH)
    - "GFFinize" existing large-scale RMNCAH investments (e.g., focus on health financing and on improving prioritization and coordination of financing)

Orphans: 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)			

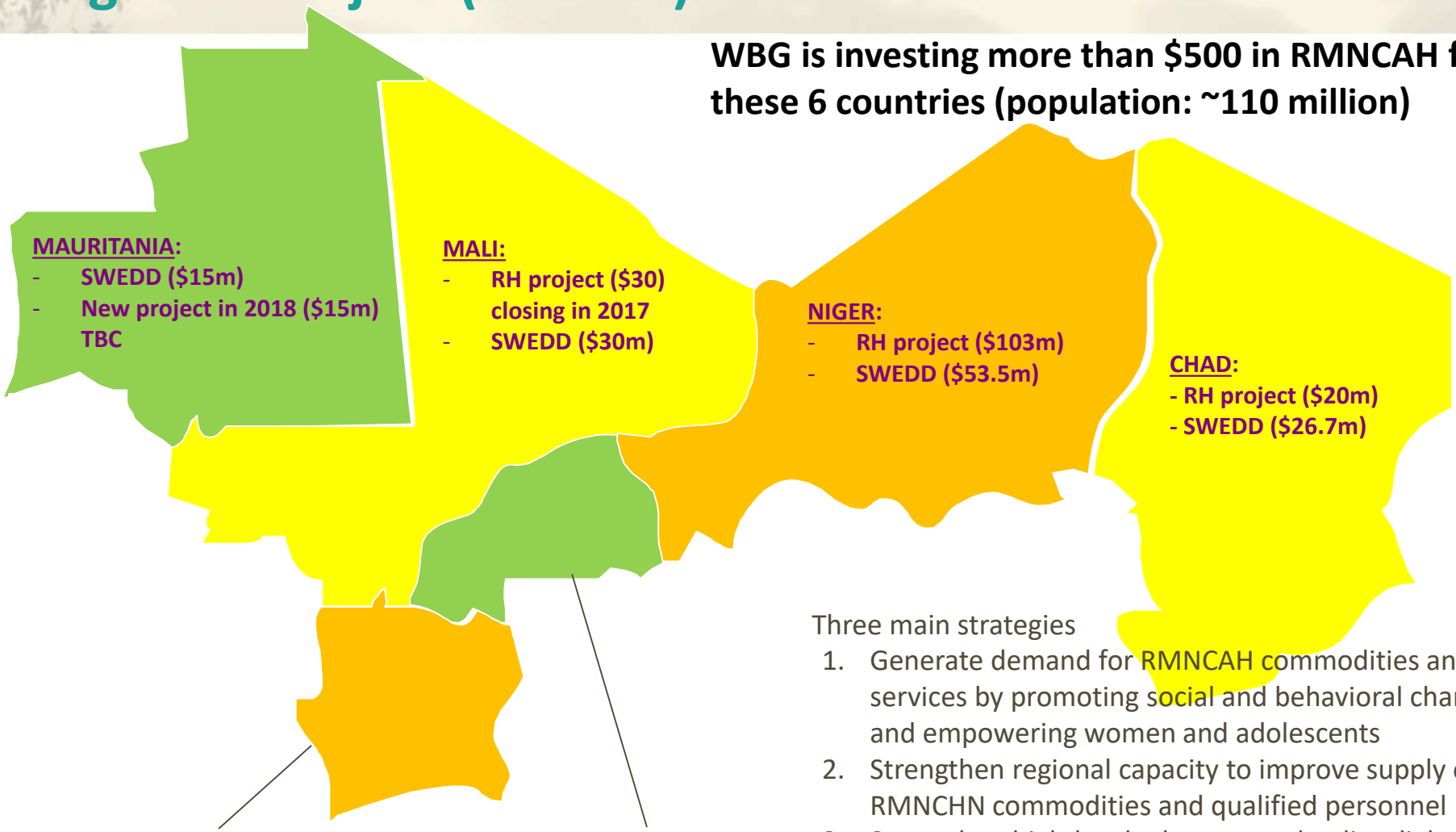
…and the same countries tend to underinvest in health



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

Sahel Women Empowerment and Demographic Dividend Regional Project (SWEDD)

WBG is investing more than $500 in RMNCAH for these 6 countries (population: ~110 million)

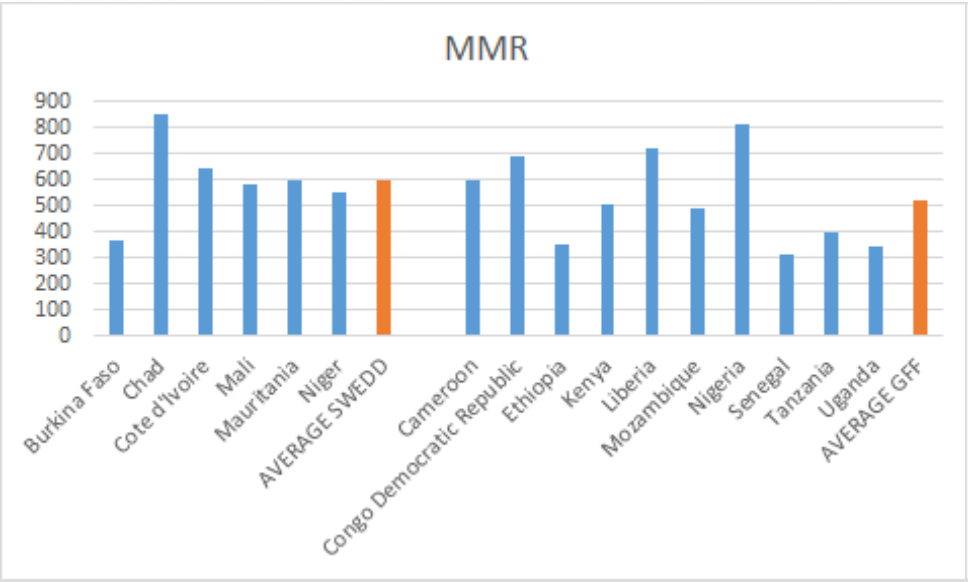


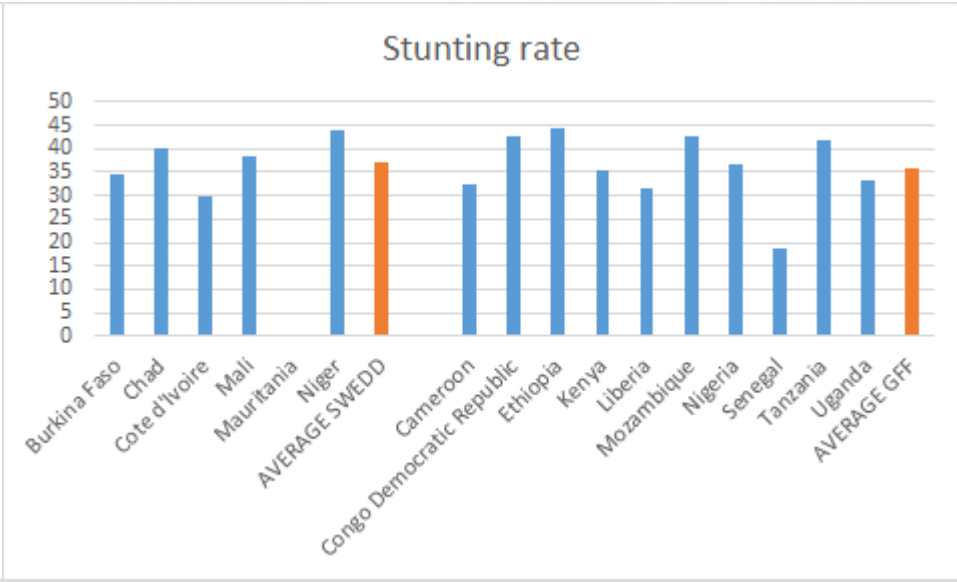
Three main strategies

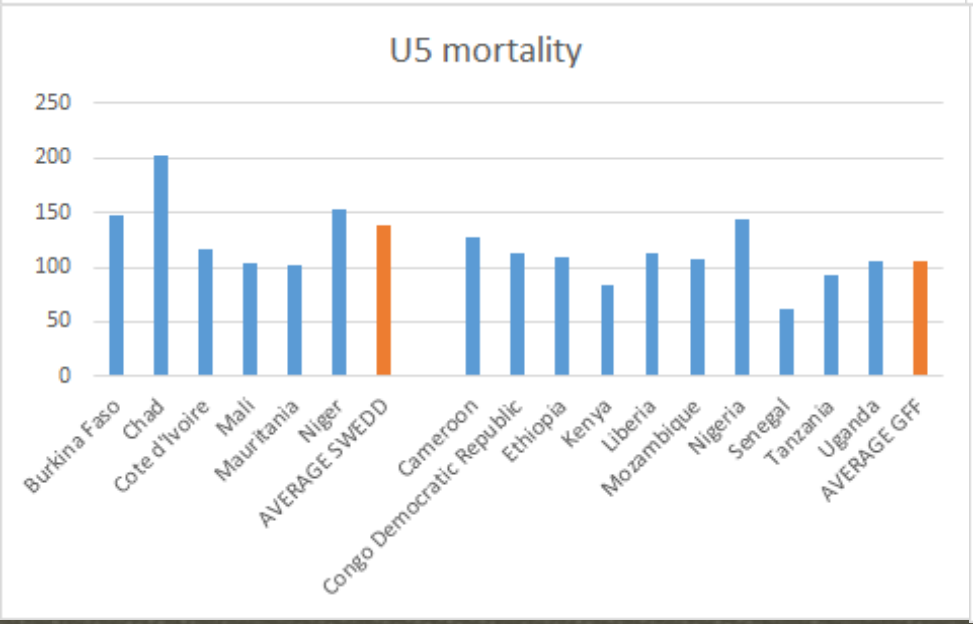
1. Generate demand for RMNCAH commodities and services by promoting social and behavioral change and empowering women and adolescents
2. Strengthen regional capacity to improve supply of RMNCHN commodities and qualified personnel
3. Strengthen high-level advocacy and policy dialogue, and strengthen capacity for policy making and project implementation

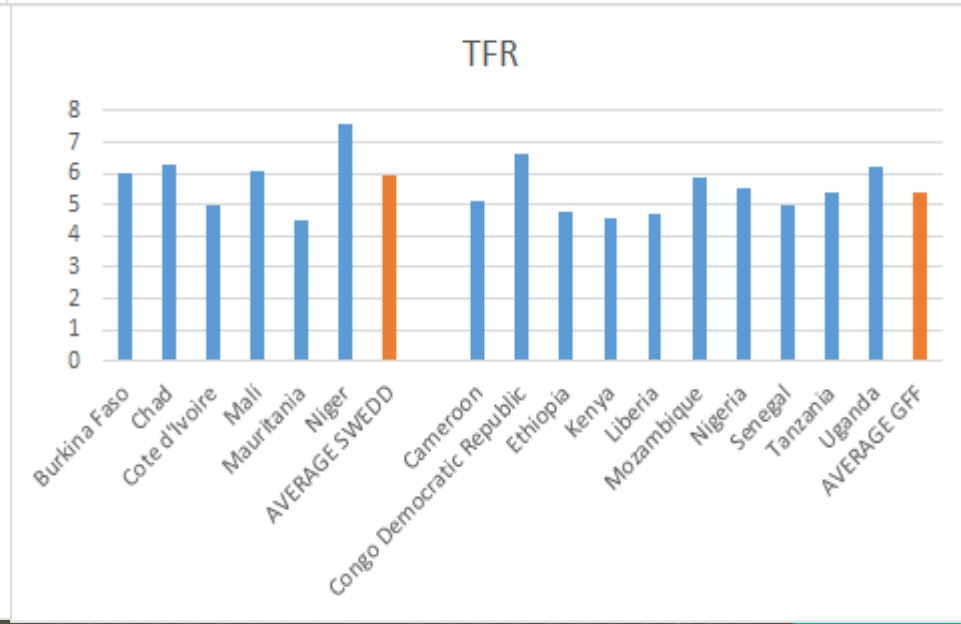
➢ Health financing is not currently a focus

SWEDD countries have poor RMNCAH indicators and Chad, Côte d'Ivoire, and Niger on the list of "orphans"









Next steps

- Solicit EOIs: June
- Refine resource availability estimates: August
- Review EOIs: September
- Finalize selection: September/October

PARTICIPANTS

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