Why we need your support

Although countries have made significant progress over the last 15 years, over 5 million women and children are still dying from preventable conditions in 50 countries every year. A new approach is needed.

With the GFF’s innovative financing model, countries have the unique opportunity to transform how they prioritize, and finance, the health and nutrition of their people, especially women, children and adolescents. And they can do so in a way that is self-sustaining, that helps their economies grow, and that enables them to keep investing in their people.

After its creation in 2015, the GFF is already halfway to supporting the 50 countries with the greatest need.

In November, we will be holding our replenishment conference, co-hosted by the Governments of Norway and Burkina Faso, the World Bank Group, and the Bill & Melinda Gates Foundation. If we raise an additional US$2 billion to replenish the GFF Trust Fund by the end of 2018 we can support all 50 countries.

Working in partnership, we can end preventable maternal, newborn and child deaths by 2030, improve the lives of millions of women, children and adolescents, and empower many more countries to build sustainable futures.

How you can support the GFF

Support the work of the GFF in the following ways and join the conversation online:

Advocacy:
• Take action by encouraging your government to support the GFF
• Write to your Minister of International Development / Minister of Foreign Affairs / MP
• Write an article, opinion piece or blog post
• Join and engage in the GFF Civil Society working group, contribute to CSO scorecards
• Reach out to the GFF Secretariat if you have questions, ideas or feedback

Find out more by contacting the GFF Secretariat: gffsecretariat@worldbank.org

Digital:
• Follow @GFF, share and retweet our content
• Tweet about the work we do
• Host GFF stories and content on your platforms
• Sign up for our newsletter

Follow our channels and use our hashtags:
@GFF
@MariamClausen
@Monique_Vledder
Mariam Clausen on LinkedIn
GFF
#CatalystForHealth
#GFFinCountry – what we are doing and how we are working in country

Digital toolkit:
Our digital toolkit is available here and includes branded and unbranded content:
• Images and captions, copyright info
• Film segments
• Twitter cards and quotes
• Infographic

Key moments to support this year:
Over the course of 2018 we are taking part in a number of events and announcements – some of these are highlighted below. We will also be sharing news and stories frequently – via our newsletter and digital channels.

Materials to download:
10 reasons to invest in the GFF
GFF and DRM
GFF and IDA
UHC, SRHR, CSVS, Nutrition, Gender
Infographics:
Further materials available

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Working in partnership, we can end preventable maternal, newborn and child deaths by 2030, improve the lives of millions of women, children and adolescents, and empower many more countries to build sustainable futures.
Every year in 50 countries across the world, more than 5 million mothers and children die from preventable conditions and their economies lose billions of dollars to poor health and nutrition.

The need to achieve the Sustainable Development Goal (SDG3) to end preventable maternal, newborn and child deaths by 2030 is urgent. We have just 12 years to finish the job and we know what needs to be done. We must fill an annual shortfall of US$33 billion a year so that women’s, children’s, and adolescents’ health and nutrition is prioritized and properly funded.

The Global Financing Facility (GFF) is a multi-stakeholder partnership that helps countries tackle the greatest health and nutrition issues affecting women, children and adolescents. Through the GFF we have a proven innovative financing model that will get us there.

The solutions lie with the countries themselves. With the right backing, governments in low and lower-middle income countries are significantly increasing investment in health and nutrition – transforming the lives of millions and greatly improving their country’s ability to thrive in the global economy.

The GFF helps countries along the road. We empower governments to bring partners around the table to agree on a clear set of priorities and a country-led plan.

By focusing on women, children and adolescents, countries target health spending in high-impact but historically under-funded areas such as sexual and reproductive health and rights, newborn survival, adolescent health nutrition – and in the health systems needed to deliver at scale and sustain impact.

The GFF Trust Fund acts as a catalyst for financing:

- Countries use modest GFF Trust Fund grants to significantly increase their domestic resources alongside the World Bank’s IDA and IBRD financing, aligned external financing, and private sector resources.
- Each relatively small external investment is multiplied by countries’ own commitments – generating a large return on investment, contributing to lives saved and improved.

The GFF also supports governments to track progress, learn, course-correct and continually improve. This is a powerful and ground-breaking approach that delivers far more than the sum of its parts. It is saving and transforming lives, and in the long-term also enabling countries to progress and flourish, with the right systems and capabilities for a strong, healthier and more prosperous future.

The response so far has been profound and demand is high. The GFF is already halfway to supporting 50 countries with the greatest need. If we raise US$2 billion to replenish the GFF Trust Fund by the end of 2018 we can support them all.

This is an historic opportunity to make progress towards universal health coverage by putting women, children and adolescents first. Together we can finish the job. We can end preventable maternal, newborn and child deaths by 2030, improve the lives of millions of women, children and adolescents, and empower many more countries to build sustainable futures.

"The solution for better financing of healthcare is not to only get more money from external donors, but mainly to generate more domestic resources and to use resources more efficiently for health.”

DR OLY ILUNGA KALENGA, MINISTER OF HEALTH, DRC
The GFF focuses on the critical stages of the lifecycle: pregnancy, birth, the early years, and adolescence. The GFF has a strong equity focus, targeting women, children, and adolescents, particularly those living in geographically remote or fragile areas at risk of spiraling into instability. The GFF steers financing and implementation support to fragile areas, focusing on the front lines first. The GFF focuses on results after its first two years, the GFF is showing tangible results in its frontrunner countries, linking disbursements to results, and shifting the focus away from inputs to outcomes, at different levels of the health care system.

The GFF employs a multisectoral approach. The GFF shifts the focus from inputs alone to driving health and nutrition outcomes across sectors, including education, water and sanitation and hygiene (WASH), gender, nutrition, and social protection.

The GFF is powered by country-driven partnerships. Partnership is the GFF model, which ensures that there is financing behind common global health priorities and mandates. Instead of building new, parallel structures, the GFF invests in existing institutions and helps countries to bring together key stakeholders, including multilateral institutions—such as the United Nations, WHO, Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria—as well as bilateral, private sector, and civil society organizations.

The GFF strengthens health systems and engages in health financing reforms. The GFF focuses on the critical stages of the lifecycle—pregnancy, birth, the early years, and adolescence. The comparative advantage of the GFF lies in its investment case for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAHN), which goes beyond specific interventions and disease-specific approaches to help countries build more resilient primary health care services and systems.

The GFF is a highly efficient and lean mechanism. The small GFF Secretariat draws on the full capacity of the World Bank Group and benefits from the technical contributions at the GFF partnership. Projects supported by the GFF Trust Fund are jointly financed by the IDA and the IBRD, and their transaction costs are significantly reduced because they are task-managed by the World Bank Group staff supported by GFF country focal persons and technical staff, and they must meet the Bank’s governance and fiduciary standards and follow its systems.

The GFF leads on catalytic health financing. A new model for scaled and sustainable financing is at the heart of what makes the GFF Trust Fund a pathfinder, financing development by catalysing the mobilization of domestic resources, concessional financing (ODA/IBRD), external assistance, and private capital.

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The GFF has a strong equity focus. Under the GFF approach, countries prioritize funding for those populations most left behind, often people living in geographically remote or fragile areas at risk of spiraling into instability. The GFF steers financing and implementation support to fragile areas, focusing on the front lines first.

The GFF focuses on results. After its first two years, the GFF is showing tangible results in its frontrunner countries, linking disbursements to results, and shifting the focus away from inputs to outcomes, at different levels of the health care system.

The GFF offers catalytic financing for country-led efforts to improve the health of women, children, and adolescents. The opportunity for impact is enormous - here are 10 powerful reasons why investing in #GFF makes excellent sense - ow.ly/Sggi30jC71
Examples of progress in GFF countries

By using results to better target health spending, Tanzania is accelerating the progress already made on child health over recent years. Although Tanzania has made progress in child health in recent years, maternal health continues to lag behind. To accelerate improvement in women, children and adolescents’ health and nutrition, in its GFF investment case, Tanzania is prioritizing results-based financing (RBF) to improve service quantity and quality. During the first two years of implementation, RBF quality scores at the primary health care level improved for 89% (16/18) of indicators. Average labor and delivery quality scores improved by 54% (from 57 to 88 out of 100); hygiene and sanitation scores saw a 74% improvement (54 to 94); immunization scores increased by 42% (66 to 94); and nutrition scores showed a 50% increase (56 to 84). Qualitative findings at the health facility level indicate improvements to facility infrastructure, increased ownership of facility governing committees, and improved staff motivation. In addition, during implementation, Tanzania’s Ministry of Health reviewed the country’s current health coordination mechanism and is strengthening and streamlining reproductive, maternal, newborn, child and adolescent health coordination and accountability – the aim is to both scale and sustain these results.

Cameroon has one of the highest maternal mortality ratios in the world and under-five mortality remains extremely high in the north. To tackle this challenge and reach neglected population groups and areas of the country, the government is using the Global Financing Facility (GFF) for women, children and adolescents’ health and nutrition, to increase the coverage of child vaccination, maternal immunization against tetanus, family planning, and access to quality essential health and nutrition services. The government is showing its commitment to these priorities by reallocating its resources, building on the early achievements from the results-based financing (RBF) program, increasing its share of the health budget allocated to reproductive, maternal, child, and adolescent health from 6% to 22% by 2020.

Cameroon has seen only modest advances in maternal and child health outcomes since 1990. GFF is helping unlock improvements. In the Northeast region of Nigeria, ongoing conflict has left millions of people without access to health and nutrition services. Under-five mortality is more than 50% higher than in the south of Nigeria and malnutrition rates are very high. Nigeria has begun reestablishing health services with a focus on maternal, newborn and child health and nutrition, and psychosocial support and mental health in this region. The project has engaged private sector firms and non-governmental organizations to provide technical assistance and serve as verification agencies to assist in quickly scaling up much-needed interventions in areas with limited access to social services. Since June 2017, one of the Local Government Areas (LGAs) in this fragile part of Nigeria, is making rapid progress, increasing skilled deliveries from an estimated 5% coverage to 40%; similar trends are documented for vitamin A capsules distributed, completely vaccinated children, new outpatient consultations, and use of modern family planning methods. Following the successful pilot of performance based financing in the four LGAs and 64 health facilities, Nigeria, is rolling out services to millions of Nigerians, with support of the GFF and IDA.

Democratic Republic of Congo has some of the highest maternal and child mortality rates and chronic malnutrition in the world. Households bear 40% of total health expenditures, 93% of which is out-of-pocket spending, with very fragmented external funding amounting to 40% of total health expenditures, whereas public health spending is only 12% and is inefficiently allocated to population health needs. The GFF process has changed the focus of the Ministries of Health and Finance, from inputs to results (outcomes) and is supporting financial reforms to reduce inefficiencies and improve public financing. Through a “contrat unique” the government is improving governance, purchasing and coaching and strengthening of health administration directorates in the 14 provinces with the worst health and socioeconomic indicators. Results to date in fragile areas of the country covering 30 million, show an increase in utilization of health services from 0.25 to 0.32 per capita per year, and quality of services doubling from 25% to 49% after nine months of implementation – including antenatal care, skilled deliveries and family planning.

Public health spending in Democratic Republic of Congo is US$22 per capita (in 2015) – just a quarter of what is necessary to provide basic health services.
The Global Financing Facility (GFF) is a multi-stakeholder partnership that is helping countries tackle the greatest health and nutrition issues affecting women, children and adolescents. The GFF brings governments and partners together around a country-led plan, prioritizing high-impact but underinvested areas of health. The GFF Trust Fund acts as a catalyst for financing, with countries using modest GFF Trust Fund grants to significantly increase their domestic resources alongside the World Bank’s IDA and IBRD financing, aligned external financing, and private sector resources. Each relatively small external investment is multiplied by countries’ own commitments—generating a large return on investment, ultimately saving and improving lives.

www.globalfinancingfacility.org  
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