A NEW FINANCING MODEL FOR THE SUSTAINABLE DEVELOPMENT ERA

The Global Financing Facility in Support of Every Woman Every Child
WHY NOW?

Countries have made considerable progress over the past 25 years in improving the health and well-being of women, children, and adolescents. But the progress has not been enough: too many women, children, and adolescents have been left behind, dying and suffering from preventable conditions—in part because of an enormous financing gap, estimated at US$33 billion annually.

The Sustainable Development Goals (SDGs) set the direction and the results that we want to achieve, and we have the technical knowledge of what works to get us there. Now we have the financing mechanism that will enable us to close the funding gap.
FINANCING GAP IN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH AND NUTRITION

THE GAP STARTS AT $33.3 BILLION IN 2015 IN THE ABSENCE OF GFF

THE GAP CLOSES TO $7.4 BILLION IN 2030 AS A RESULT OF GFF AND ECONOMIC GROWTH

$83.5 BILLION IS SAVED FROM 2015 TO 2030

- Incremental resource needs (no GFF)
- Incremental resource needs (after efficiency gains related to the GFF)
- Total incremental financing (domestic financing and development assistance for health, including the GFF Trust Fund and IDA/IBRD)
- Incremental domestic financing crowded-in as a result of the GFF
- Incremental domestic financing related to economic growth
THE GLOBAL FINANCING FACILITY

- The Global Financing Facility (GFF) aims to end preventable maternal, newborn, child, and adolescent deaths and improve the health and quality of life of women, children, adolescents. The mission of the GFF is truly unique: to build a new model for development financing for the SDG era, bringing together multiple sources of financing in a synergistic, country-led way that closes the gap in funding for reproductive, maternal, newborn, child, and adolescent health and nutrition by 2030.

- The GFF takes a lifecycle approach, focusing on critical periods of birth, the early years, and adolescence and looking across the reproductive, maternal, newborn, child, and adolescent health and nutrition continuum. The GFF also works with education, water and sanitation, and social protection, as well as other sectors that influence health and nutrition outcomes.

- The GFF draws on the expertise of and resources from stakeholders including the World Bank Group; United Nations agencies; the Partnership for Maternal, Newborn, Child and Adolescent Health; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the Bill & Melinda Gates Foundation; bilateral donors; private sector partners including MSD for Mothers; and civil society organizations.

THE GFF HELPS COUNTRIES ACHIEVE THE SDGS BY

STRENGTHENING DIALOGUE

among key stakeholders under the leadership of governments and supporting the identification of a clear set of priority results that all partners commit their resources to achieving;

GETTING MORE RESULTS

from existing resources and increasing the total volume of financing from domestic government resources, financing from the International Development Association (IDA) and the International Bank for Reconstruction and Development (IBRD), aligned external financing, and private sector resources; and

STRENGTHENING SYSTEMS

to track progress, learn, and course-correct.

EACH DOLLAR INVESTED IN THE GFF TRUST FUND CATALYZES FOUR SOURCES OF FUNDING, AND PRODUCES BOTH HEALTH RETURNS AND ECONOMIC AND SOCIAL RETURNS.
Impact measures (e.g., maternal mortality ratio)

2010 2015 2020 2025 2030

leads to improved health and well-being (SDG3 and SDG2)
- Improved health, nutrition, and wellbeing
- Better psychosocial and cognitive development outcomes
- Beneficial demographic changes

Smart, scaled, and sustainable financing catalyzed by the GFF Trust Fund

leads to improved economic performance and broader SDG benefits
- More productive workforce
- Faster economic growth

Reduced mortality

Secular trend
Trend to achieve SDG targets

Photo by Dominic Chavez
Cameroon has among the highest maternal mortality ratios in the world and although under-five mortality has decreased in many regions, it remains extremely high in the north. Through the GFF process, the government has committed to increasing the share of the health budget allocated to reproductive, maternal, child, and adolescent health from 6 percent to 25 percent between 2017 and 2020. This reprioritization of resources builds on early achievements from the results-based financing program that the GFF is carrying forward, which includes increases in coverage of child vaccination, maternal immunization against tetanus and modern family planning, as well as significant improvements in the quality and availability of essential health services.

In Liberia, total financing required for the investment case is $719 million over the next five years. Domestic resources are estimated to be about $201 million (with 40 percent committed), making up 28 percent of total budget requirement. Based on the mapping in 2016, there is a remaining 30 percent overall financing gap. The financing gap has been reduced because of some initial alignment with and coordination between the World Bank, GFF Trust Fund, USAID, GAVI, and the Global Fund in support of the priorities in the investment case. Strengthening coordination of the 94 nongovernmental organizations working in health in Liberia will help to prevent any duplications and ensure efficiency gains.

The Tanzanian GFF program is already displaying promise. After a year of implementation, several quality-related indicators are showing progress. For instance, the number of pregnant women receiving two doses of intermittent preventive therapy improved from 34 to 57 percent; the number of women receiving iron and folic acid increased from 56 to 67 percent; and the availability of 10 tracer medicines increased from 30 to 46 percent. In addition, qualitative evidence further indicates that the program is positively influencing the motivation and attitudes of health care providers, and is, in particular, reducing absenteeism and enhancing performance.
The GFF has launched its first replenishment to respond to demand from countries that want to be part of the GFF, with a goal of mobilizing an additional US$2 billion to expand the GFF to a total of 50 countries between 2018 and 2023.

These 50 countries account for 96% of the US$33 billion annual financing gap and 5.2 million maternal and child deaths each year.

Now is the time to invest in the GFF

1. Too many women, adolescents, and children are dying; the lack of financing is a key barrier. This translates into significant economic losses and a reduced ability to benefit from the demographic dividend.

2. The GFF model is based on frontloading grant resources and using them catalytically to assist countries to transition from a reliance on external assistance, but this cannot happen overnight. The work must begin in the next few years to influence countries’ trajectories.

3. IDA just completed its largest replenishment, creating a historic opportunity to invest in reproductive, maternal, newborn, child, and adolescent health and nutrition.

4. Country success working with the GFF has led to high demand from countries that are interested in being part of the GFF.

Replenishment Road Map

- **October 13-15**: World Bank Group Annual Meetings
  - Discussion with key development partners on financing the SDGs and the role of the Global Financing Facility, featuring country voices from GFF countries

- **November 8-9**: Sixth GFF Investors Group (Mozambique)
  - An opportunity for potential investors to see firsthand how the GFF operates at country-level

- **December 13-14**: Japan / World Bank / WHO High Level UHC Forum
  - Opportunity to examine the role of the GFF in achieving universal health coverage

- **April**: World Bank Group Spring Meetings
  - High-level event focused on delving into the financial, health, and economic returns on investment for resources contributed to the GFF Trust Fund; the second GFF Annual Report will also be launched, focusing on results to date in GFF countries from GFF countries

- **January 24, 2018**: Final replenishment event, September 2018

- **2018**: 2017