GFF - the country-led catalyst for health and nutrition
Two trends led to the creation of the GFF

1. **Insufficient progress** on maternal, newborn and child health & nutrition, and traditional sources of financing are not enough to close the gap.

2. **Development assistance** is at record levels but is only a fraction of private financing from remittances and FDI. Domestic financing far exceeds external resources.

NEED FOR A NEW MODEL OF DEVELOPMENT FINANCE
Why GFF? Lagging progress on RMNCAH-N outcomes

Share of countries that attained each MDG

Most developing countries did not come close to achieving the MDG targets for maternal and child health
To achieve the SDGs will require a doubling of annual rates of mortality decline.

“To reach the Sustainable Development Goal targets, the average annual rate of reduction during 2015–30 in the 50 highest mortality countries will need to more than double the rate during 2000–15 for neonatal mortality, stillbirths and maternal mortality.”

Countdown 2030
What results do we want to achieve?

**Overall objective:**
End preventable maternal, newborn, child and adolescent deaths and improve the health, nutrition and quality of life of women, adolescents and children.

**SDG targets:**
- MMR <70/100,000
- U5MR <25/1,000
- NMR <12/1,000
- Universal access to SRHR services
- Universal health coverage

Closing the financing gap would prevent 24-38 million deaths by 2030.
Why: a new approach to development finance

Development assistance is at record levels but small as compared to remittances, FDI, and domestic financing. All existing development assistance for health would barely cover additional RMNCAH financing needs.

Need for a new model of development finance
GFF objective: Bridging the funding gap for women, children and adolescent health and nutrition

**FINANCING GAP IN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, 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.**

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

**$83.5 billion is saved from 2015 to 2030.**
GFF supports countries to get on a trajectory to reach the SDGs and UHC through three related approaches:

1. Identifying priority investments to achieve RMNCAH outcomes
2. Identifying priority health financing reforms
3. Getting more results from existing resources and increasing financing from:
   - Domestic government resources
   - IDA/IBRD financing
   - Aligned external financing
   - Private sector resources

Strengthening systems to track progress, learn, and course-correct
The GFF model: Countries lead the way

The 26 countries account for 59% of the total financing gap across all GFF countries.
GFF In the Global architecture for women, children and adolescents health and nutrition

Country Leadership

Supporting country planning and implementation efforts (H6 and partners)

Engaging and aligning global stakeholders and accountability (PMNCH)

GFF Financing
GFF partnership at the country level

THE COUNTRY PLATFORM BRINGS TOGETHER:

► Government
► Civil society (not-for-profit)
► Private sector
► Affected populations
► Multilateral and bilateral agencies
► Technical agencies (H6 and others)
How the GFF contributes to UHC

1. Support to prioritize and expand coverage of high-impact interventions (through Investment Cases)

2. Strong equity focus ➔ critical for progressive expansion (many of the non-covered are disadvantaged women/children)

3. Development of health financing strategy/implementation of key reforms ➔ increased domestic resource mobilization, risk-sharing schemes ➔ reduced out-of-pocket
Pathways to impact: a systems approach to improving outcomes

**Indirect**

1. Dedicated interventions in the health sector (both supply- and demand-side)
2. Integrated delivery (integrated community platforms and HF services, RBF touch points)
3. Multisectoral approaches to RMNCHA-N (e.g., WASH, voucher schemes for pregnant women, CRVS to promote rights)
4. Health systems strengthening (e.g., human resources for health, supply chain)
5. Health financing reforms (e.g., domestic resource mobilization, risk pooling)

**Direct**

Improved RMNCHAN outcomes
How GFF contributes to Sexual and Reproductive Health and Rights

75% of fertility decline in developing countries in the last 60 years is due to FP.

Rights-based family planning programs are critical for achieving fertility transition:

- Expanding equity and access to contraceptives through the health sector
- Expanding contraceptive choice and quality of services
- Increasing demand for services through multi-sectoral support
- Offering FP within a package of complementary RMNCAH-N services

Source: Lancet Commission on Family Planning (2012)
GFF Benefits beyond lives saved - Empowering women and **adolescent girls** is a central part of achieving the demographic dividend

### POTENTIAL IMPACT

<table>
<thead>
<tr>
<th>Lower fertility</th>
<th>One child fewer per woman per 3 additional year of schooling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Better reproductive health outcomes</td>
<td>More likely to seek appropriate prenatal care, attendance for delivery, family planning</td>
</tr>
<tr>
<td>Healthier children</td>
<td>5-10% lower mortality rates in children under the age of 5 for every year of mother education</td>
</tr>
<tr>
<td></td>
<td>▪ Better nutrition of children</td>
</tr>
<tr>
<td></td>
<td>▪ Higher immunization rates</td>
</tr>
<tr>
<td>Increased earnings</td>
<td>10-20% increased wages by extra year of education for girls</td>
</tr>
<tr>
<td>More educated children</td>
<td>Strong correlation between mothers education and their children education</td>
</tr>
<tr>
<td>Economic development through increased productivity</td>
<td>With each additional year of schooling, GDP growth rates would be boosted by 0.58 percentage points per year</td>
</tr>
</tbody>
</table>
The GFF in Fragile Contexts

DRC
Ethiopia
Kenya
Tanzania
Bangladesh
Cameroon

Liberia
Mozambique
Nigeria
Senegal
Uganda
Guatemala

Guinea
Myanmar
Sierra Leone
Vietnam
Afghanistan
Burkina Faso

Cambodia
Central African republic
Côte d’Ivoire
Haiti
Indonesia
Madagascar

Malawi
Rwanda
Examples of GFF’s Work in Fragile Settings

MOVING RESOURCES TO THE FRONT LINES.

► **Mozambique**: Focus on shifting financing to 42 high burden districts; focus on ASRHR and family planning; investing in community-based service delivery.

► **Liberia**: Support for expanded Results-Based Financing; community-based health platform; and shifting resources to under-served areas.

► **Guinea** (in process): Improve efficiency of delivery system through RBF; effective fee exceptions at facility level; support pooling of resources for community health efforts.

► **North-East Nigeria**: Purchasing for performance to deliver essential services; move resources and accountability to the front-line.
Measuring progress: Core Indicators across GFF countries

<table>
<thead>
<tr>
<th>PROGRAMMATIC</th>
<th>HEALTH FINANCING</th>
</tr>
</thead>
<tbody>
<tr>
<td>▶ Maternal mortality ratio</td>
<td>▶ Current country health expenditure per capita financed from domestic public sources</td>
</tr>
<tr>
<td>▶ Under-5 mortality rate</td>
<td>▶ Ratio of government health expenditure to total government expenditures</td>
</tr>
<tr>
<td>▶ Neonatal mortality rate</td>
<td>▶ Growth rate in domestically sourced current total health expenditures since baseline, divided by the growth rate of GDP</td>
</tr>
<tr>
<td>▶ Adolescent birth rate</td>
<td>▶ Percent of current health expenditures spent on primary care</td>
</tr>
<tr>
<td>▶ Percentage of the most recent children age 0-23 months who were born at least 24 months after preceding birth</td>
<td>▶ Improvements in nationally agreed indicators of efficiency</td>
</tr>
<tr>
<td>▶ Prevalence of stunting among children under 5</td>
<td>▶ Composite indicator on efficiency</td>
</tr>
<tr>
<td>▶ Socio-emotional health of children under 5</td>
<td>▶ Incidence of financial catastrophe due to out-of-pocket payments</td>
</tr>
<tr>
<td>▶ Cognitive function of children under 5</td>
<td>▶ Incidence of impoverishment due to out-of-pocket payments</td>
</tr>
</tbody>
</table>
## GFF Accountability – the role of CSOs: National health budget and CSO engagement scorecard

### Nigeria Global Financing Facility (GFF) Performance Scorecard

**January - December 2017**

#### Scorecard Scoring Sheet

<table>
<thead>
<tr>
<th>NATIONAL HEALTH BUDGET INDICATORS</th>
<th>GREEN</th>
<th>AMBER</th>
<th>RED</th>
<th>INFORMATION SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>National health budget as a percent of the total national government budget</td>
<td>National health budget is 15% or more of national government budget</td>
<td>National health budget is 5 - 15% of national government budget</td>
<td>National health budget is less than 5% of national government budget</td>
<td>National Approved Budget/GFF Results Framework</td>
</tr>
<tr>
<td>Health capital budget as a percent of the total health budget</td>
<td>Health Capital Budget is 30% or more of Total Health Budget</td>
<td>Health Capital Budget is less than 30% of Total Health Budget</td>
<td>Health Capital Budget is less than 20% of Total Health Budget</td>
<td>National Approved Budget</td>
</tr>
<tr>
<td>Family Planning contraceptive commodities budget as a percent of health capital budget</td>
<td>FP budget has met the country funding target in line with the National Family Planning Plan</td>
<td>FP Budget has met 50% - 75% of the of the country funding target</td>
<td>FP Budget is less than 50% of the country funding target</td>
<td>National Approved Budget/Family Planning Blueprint</td>
</tr>
<tr>
<td>Family Planning commodities budget as a percent of health capital budget</td>
<td>FP Budget has met the country funding target in line with the Country Multi-Year Plan</td>
<td>FP Budget has met 50% - 75% of the of the country funding target</td>
<td>FP Budget is less than 50% of the country funding target</td>
<td>National Approved Budget/Family Planning Blueprint</td>
</tr>
<tr>
<td>Immunization budget as a percent of health capital budget</td>
<td>Immunization budget has met the country funding target in line with the National Immunization Policy/Plan</td>
<td>Immunization budget has met 50% - 75% of the of the country funding target</td>
<td>Immunization budget is less than 50% of the country funding target</td>
<td>National Approved Budget/Immunization Strategy/Immunization Action Plan</td>
</tr>
<tr>
<td>Nutrition budget as a percent of health capital budget</td>
<td>Nutrition budget has met the country funding target in line with the Country Multi-Year Plan</td>
<td>Nutrition budget has met 50% - 75% of the of the country funding target</td>
<td>Nutrition Budget is less than 50% of the country funding target</td>
<td>National Approved Budget/Country Multi-Year Plan</td>
</tr>
<tr>
<td>Adolescent and young people friendly (AYFP) health services budget as a percent of health capital budget</td>
<td>AYFP health services budget has met the country funding target in line with the National AYFP Health Services Policy/Plan</td>
<td>AYFP Health services budget has met 50% - 75% of the of the country funding target</td>
<td>AYFP Health services budget is less than 50% of the country funding target</td>
<td>National Approved Budget/AYFP Health Services Policy/Plan</td>
</tr>
<tr>
<td>Ministry of Health (MoH) budget execution rate increased by at least 5 percent point from the previous year</td>
<td>MoH budget execution rate increased by at least 5 percent point</td>
<td>MoH/DFR budget execution rate increased by at least 5 percent point</td>
<td>MoH/DFR budget execution rate did not record an increase</td>
<td>MoH/DFR Budget Execution Rate Increase/DFR/RH/Health Sector Annual Report/GFF Results Framework</td>
</tr>
<tr>
<td>National Health Account (NHA) developed with distributive matrices</td>
<td>NHA developed with distributive matrices</td>
<td>NHA developed without distributive matrices</td>
<td>NHA not developed</td>
<td>Health Sector Annual Report/GFF Results Framework</td>
</tr>
</tbody>
</table>

#### CIVIL SOCIETY ENGAGEMENT INDICATORS

<table>
<thead>
<tr>
<th>INDICATORS</th>
<th>GREEN</th>
<th>AMBER</th>
<th>RED</th>
<th>INFORMATION SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A national CSOs coalition has been identified to engage with the Country Multistakeholder Platform</td>
<td>A strong CSOs coalition is identified and is engaging with the Country Multistakeholder Platform</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>Country Multistakeholder Guidance Notes/Interview with CSOs</td>
</tr>
<tr>
<td>The Country Multistakeholder Platform has at least 3 CSOs representation (with one of them a youth representative)</td>
<td>Platform has at least 3 CSOs representation</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>Country Multistakeholder Guidance Notes/Interview with CSOs</td>
</tr>
<tr>
<td>Civil society has an engagement strategy and have mobilised resources for its implementation</td>
<td>CSO engagement strategy developed and engaged in implementation</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>Country Multistakeholder Guidance Notes/Interview with CSOs</td>
</tr>
<tr>
<td>CSOs on the Country Multistakeholder Platform have a regular meeting to discuss input and report back to broader civil society</td>
<td>CSOs on the Country Multistakeholder Platform do not engage with broader civil society.</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>No CSOs coalition engaging in the GFF process</td>
<td>Country Multistakeholder Guidance Notes/Interview with CSOs</td>
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*With technical support from...*
How the GFF drives results

BANGLADESH

Working across sectors
How the GFF drives results

GUATEMALA

Innovative Domestic Resource Mobilization
How the GFF drives results

MOZAMBIQUE
Mechanism to support the GFF partnership: the GFF Trust Fund

► Flexible **grant resources** operationally linked to World Bank (IDA/IBRD) financing
  - 13 projects approved in 11 countries: ~US$2.3b in IDA/IBRD financing and US$342m in GFF Trust Fund financing ➔ $6.9 IDA/IBRD financing linked to every $1 GFF financing
  - 18 additional projects under preparation

► **Country selection**
  - Eligibility: 67 low and lower-middle income countries
  - Must be willing to commit to increasing domestic resource mobilization and interested in using IDA/IBRD for RMNCAH-N
  - 16 GFF countries; 10 new joined recently
Women, children and adolescents are dying from preventable causes. Progress to achieve SDG targets is not fast enough. The lack of financing is a key barrier.

GFF financing model now has proof of concept and demand is high from eligible countries.

With the largest IDA replenishment ever (US$75 billion), 2018 is a historic opportunity to mobilize sufficient total financing to close the $33.3 billion funding gap for women’s and children’s health and nutrition.

GFF assists countries to transition away from a reliance on external assistance.

Need to frontload GFF TF as catalyst so that domestic public and private resources progressively can assume larger shares of financing, leading to sustainable, country-led financing.
Where to find more information?

**GFF website:**
- Replenishment Document
- GFF Brochure & Private Sector Brochure
- Fact sheets: Replenishment rationale, UHC, SRHR, CRVS, Nutrition, IDA/IBRD
- Frequently asked questions
- Country case studies
- Annual Report
- Blog posts, Op-eds, articles
- Press releases
- Multimedia

**Coming soon:**
- Country briefings and Results stories
- GFF Lives Saved-report
- GFF consolidated results in the 2017/18 Annual Report
BACK UP SLIDES

www.globalfinancingfacility.org

GFFsecretariat@worldbank.org

@theGFF
Why is CRVS a priority for the GFF?

► Many GFF-supported countries have inadequate monitoring and evaluation systems.

► CRVS is linked to broader agenda of data for decision-making.
  ▪ CRVS best source of continuous and up-to-date information on births, deaths and causes of death.
  ▪ Data available at national and sub-national levels.
  ▪ Critical in monitoring country progress towards the SDGs.

► GFF prioritizes CRVS as a previously under-funded data source, focusing on births; deaths and causes of death; and marriages.
Key CRVS activities in GFF supported countries

► Increase birth and death registration rates
  ▪ Expansion of service delivery points
  ▪ Community, health facilities, schools
  ▪ Mobile technology

► Improvements in causes of death
  ▪ Adoption of ICD-10
  ▪ Development of training manuals
  ▪ Training and sensitization of notification/registration personnel

► Interoperability of CRVS system with other systems
Adolescent health in Bangladesh

- GFF finance health and education, to reduce drop out among female & disadvantaged students, tackling:

  - Menstrual hygiene, Undernutrition and Emotional problems, financing stipends for female students; separate functional toilets for girls; SRHR and gender equity in curriculum; menstrual hygiene in schools and at home; tackling bullying; adolescent health services for students, teachers, and community; student and peer counseling; nutrition services for girl students to address underweight and anemia – in schools and in communities