Introduction
The webinar was facilitated by Petra Vergeer GFF lead on Knowledge and Learning, and RBF. A presentation was made by Dr. Mohammed Pate, the Director of the GFF. Members present were: Ethiopia, Ghana, Pakistan, Naoko representing Somalia, Tanzania connections from Dar & Dodoma, Zimbabwe, Zambia, Chad, Haiti, Madagascar, Mali, Niger and a team from the GFF secretariat

Presentation from the GFF Director
Dr. Pate began the webinar by reflecting on COVID-19 pandemic and how it exposes health system challenges; an area that GFF has been greatly engaged. He concluded the reflection by saying that the system level work that the GFF was engaged in was very critical now: “...It helps us to strengthen the protection of the most vulnerable and thereby strengthening the protection of everyone as a whole”.

Using Nigeria as a case study; there had been quite a challenge in achieving the health outcomes that were desired: a lot was not going well MMR was high, and immunization coverage was low. Furthermore, the Intra country differences were quite alarming; pointing to issue of distribution, access and & equity and a realization that the country wouldn’t meet its MDG targets.

Despite the gloomy outlook, Dr. Pate set out an agenda to ensure they had dialogue and interactions of actors, policy, and decision makers to bring about lasting change: Having done a landscape analysis, his team set focus on tackling MMR with specific focus on allocative efficiency: they chose Human Resource as an entry point to our interventions.

The efforts did bear fruit after about 2 and half years of constant engagement between the federal and state governments. He was later appointed Minister of Health: an appointment that he took as an opportunity to create sustainability of the reforms they had achieved.

While continuing with efforts started earlier, he used the new role to ensure health was put on the economic agenda of the country using “the Saving one million lives target”. These advocacy and dialogue efforts were rewarded when Nigeria decide to reallocate money from fuel subsidy into maternal health, including conditional cash transfers for increasing demand for services. This was because they managed to make health outcomes tangible, with direct impact on the economy.

In conclusion, he provided the following take home messages:

- It is important to create alliances, they increase your reach and sphere of influence. It took a broad coalition & understanding how the politicians, finance and technicians & how they thought
- Create tangible outcomes for the resources that you already have: This helps us create a positive narrative that lives were being saved. e.g., when we immunize, the 99% that are saved aren’t seen but the 1% who get sick are the ones that get the attention
- Advocacy should be fit for purpose: The Save One million lives was able to create a positive narrative that translated global agendas into a critical national need
- Show what you are doing and how it can have a catalytic effect: we had to develop an Investment Case which we then sold to the ministry of finance that focused on aligning funds, then used the funds to secure matching grants other actors: GAVI and Global Fund appraised our investment case and decided to join the efforts
Discussion

Ensuring Multi ministerial support for the health agenda

Health has a value chain around it: In addition to ensuring that the entire workforce of all sectors is productive, it also employs several people. So, by packaging it in such a way, we were able to make it a significant factor that influences the economy, and subsequently increased its share of the national budget. For example

- For Ministry of Finance, the team developed a narrative around what they were buying buying/getting. It helped get confidence that at the end of the day, there will be something to show
- From the agricultural sector, the team discussed their role in areas like on nutrition & wash. As well as the ripple effect of having a productive workforce. So, the agricultural team not only saw what their contribution was but also the impact it would have on their outcomes
- For Ministry of education, they trained the pipeline of HR and these needed employment
- For the legislature, it was about shifting mindsets to results: they want to see tangible things like hospitals. So non tangible things like saving mothers wasn’t palatable, so it meant customizing the message that would interest them: counting the actual lives that were saved

Country Ownership and leadership

Dr. Pate reflected on the uniqueness of the GFF model (Country focus) and provide insight on the opportunities that can be harnessed if the model is effectively used: he showed that all countries have one primary focus, and that was ensuring that they have a productive and healthy population. “no matter how much you want to save a child, you can’t want it more than their parent”

- The country leadership role in setting the agendas cannot be contracted out to financiers or partners: left that way, it risks ends up with outcomes not being commensurate with the investments; Yes, the financiers are important, but the agenda should be a country agenda and they need to rally financing around it.

Dealing with Federal mechanisms of Government

Variation in political systems mean different approaches are required. However, south to south learning provides examples and opportunities for benchmarking. Nigeria used Ethiopia as a benchmark to show the allocative inefficiencies, but also did state to state comparisons to not only contextualize approaches but also show examples of what was possible. Using data as an advocacy and accountability tool, it is possible to make visible what was invisible.

Insights into private sector engagement

The private sector plays a crucial role in health service delivery: As part of the process of understanding the needs, Nigeria assessed the private sector landscape. It revealed several constraints:

- the private sector viewed the health ministry as predatory: “only looking for fees they had to pay” & there was a regulatory loophole trade, making adherence to standards difficult to enforce. In addition, there was also no access to capital. Private sector was also fragmented.

In hindsight, towing a fine line with regulation is critical, private sector needs to see value in their investments, including the potential of tapping into the millions spent in medical tourism. However, when private sector “isn’t there”, then it shouldn’t be forced. Please find the link to the webinar below: https://1930181.mediaspace.kaltura.com/media/Political+Economy+Framework+-+Mar+11%2C+2020+ENGLISH/1_iytf5eon