

Equitable access to affordable quality healthcare is not a reality for billions of people around the world, driving 100 million people into poverty each year. Women, children and adolescents are particularly affected, as are populations living in conflict-affected regions. The Global Financing Facility for Women, Children and Adolescents (GFF) supports low- and lower-middle-income countries to accelerate progress on health and nutrition by strengthening financing and health systems for universal health coverage (UHC).

The GFF supports government-led, multi-stakeholder platforms to develop a national, prioritized health plan (an Investment Case) and mobilize sustainable and aligned financing for health and nutrition. The GFF Trust Fund, hosted by the World Bank, links moderate amounts of resources to World Bank financing (IDA/IBRD), and supports countries to strengthen their focus on data, quality, equity, results, and domestic resources for health.

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THE GFF PARTNERSHIP'S CONTRIBUTION TO UHC

The GFF supports countries committed to achieving UHC in five ways:

- 1. PRIORITIZING AVAILABLE FUNDING.** GFF supports countries to develop an Investment Case to better prioritize available funding. By using an evidence-based approach, the Investment Case draws attention to and helps countries prioritize high-impact, cost-effective and often underfunded areas, such as sexual reproductive health and rights and nutrition, and primary healthcare more broadly. The investment case builds on existing national health plans, health financing plans or UHC plans, ensures the priorities are aligned with available financing, and are linked to an implementation plan and results framework.
- 2. STRENGTHENING HEALTH AND FINANCING SYSTEMS.** The process of developing the Investment Case also reviews the key constraints related to health and financing systems, supporting countries to identify and focus on resolving the main bottlenecks in areas such as provider payment, human resources for health, supply chains, public financial management, health information and data systems, and civil and vital registration systems, which are all critical to achieving UHC.
- 3. MOBILIZING SUSTAINABLE DOMESTIC RESOURCES AND SUSTAINABLE FINANCING AT SCALE.** The GFF supports countries to expand services as the financing envelope grows and as countries transition from low to lower-middle or middle income. A focus on domestic resource mobilization and utilization, in addition to taking external financing to scale, is key. Continued, prioritized utilization of funds is a key area of support, as well as the reduction of out-of-pocket payments at the point of care for vulnerable populations.
- 4. PROMOTING EQUITY.** The GFF's strong equity focus is critical to ensuring coverage of quality and affordable services for and the progressive expansion of services to noncovered populations, many of whom are poor and disadvantaged women, children and adolescents, and many who live in conflict-affected regions.
- 5. FOCUSING ON RESULTS.** The GFF supports countries to track funding and results all the way to the facility level and the frontlines. This data is key to inform policy and budgetary decisions, as well as course-correct.

The GFF partnership supports countries close the health financing gap. The World Bank estimates low- and lower-middle-income countries will need approximately US\$176 billion by 2030 to finance an essential package of quality services. In many of these countries, total per capita spending on health is low—averaging US\$40 in low-income countries. Closing the financing gap is key to ensuring an essential package of quality services for all.

As a country-led model, the GFF partnership supports each country committed to making progress towards UHC in a way that addresses country needs and priorities. Every country has a different starting point and pathway to UHC. What is common to all countries—including low-income and conflict-affected states—is that sufficient public resources are needed to ensure quality, affordable health services can become a reality for all people.

COUNTRY EXAMPLES



CÔTE D'IVOIRE

DOMESTIC RESOURCE MOBILIZATION FOR UHC IN CÔTE D'IVOIRE

A key objective of the GFF partnership in Côte d'Ivoire is to ensure that the health sector benefits more from sustained economic growth and addresses the needs of the most vulnerable population groups. The Investment Case argues for at least a 15 percent annual increase in the public health budget—a commitment made at the GFF replenishment event in Oslo in November 2018 and reinforced by the country's Vice President at Côte d'Ivoire's first National Dialogue on Health Financing in May 2019. All stakeholders—the government, the private sector, civil society, and other development partners—committed to support an ambitious reform agenda aimed at improving the equity and efficiency of spending through an approach of strategic purchasing linked to a health insurance model.



CAMEROON

REPRIORITIZING THE GOVERNMENT BUDGET FOR UHC IN CAMEROON

Despite its lower-middle-income status, Cameroon still suffers from poor basic health outcomes and widespread inequalities. The focus of the Investment Case is therefore on improving allocative efficiency—rebalancing public health expenditure between the tertiary and the primary/secondary care levels and concentrating resources on the four most underserved regions of the country. The share of the national health budget allocated to primary and secondary care rose from 8 percent of the health budget in 2017 to almost 27 percent in 2019. These additional resources allow for improving the supply side, such as improving health facilities, through a performance-based financing approach and stimulating the demand for services through health care vouchers.



NIGERIA

PRIORITIZING A BASIC PACKAGE FOR UHC IN NIGERIA

Despite being a lower-middle-income country, the government has struggled to translate economic growth into more public revenues and, as a result, public spending on health is amongst the lowest in the world. The Basic Health Care Provision Fund (BHCPF) was mandated by the National Health Act of 2014, to provide an additional source of financing so that all Nigerians may access a Basic Minimum Package of Health Services. A GFF Trust-Funded pilot in three states demonstrates how the BHCPF can be implemented to effectively improve coverage and has convinced Nigerian decision makers to allocate substantial domestic resources to the BHCPF. While the resource envelope for the BHCPF would currently be inadequate to guarantee full coverage of the basic minimum package of health services, a gradual expansion of the BHCPF is within reach, especially as the economy recovers and reforms to increase and diversify tax revenue are implemented.