



The Global Financing Facility:

COUNTRY-POWERED INVESTMENTS IN SUPPORT OF EVERY WOMAN, EVERY CHILD

About this report

The Global Financing Facility (GFF) was launched at the Third International Conference on Financing for Development in July 2015, to accelerate global efforts to end preventable maternal and child deaths and improve the health and quality of life of women, children and adolescents by 2030. Hosted by the World Bank, the GFF is a key financing platform of the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), supported by the Every Woman Every Child global movement, and of the Sustainable Development Goals.

In this report, initiated by the GFF Investors Group, heads of state and governments and other global leaders report on how the GFF is evolving as a catalytic and innovative pathfinder for financing reproductive, maternal, newborn, child and adolescent health.

For more information: <http://globalfinancingfacility.org/>

Contributors

Ban Ki-moon, Secretary-General of the United Nations

Jim Yong Kim, President of the World Bank Group

Michelle Bachelet Jeria, President of Chile

Uhuru Kenyatta, President of Kenya

Ellen Johnson Sirleaf, President of Liberia

Filipe Nyusi, President of Mozambique

Muhammadu Buhari, President of Nigeria

Macky Sall, President of Senegal

John Pombe Joseph Magufuli, President of Tanzania

Yoweri Museveni, President of Uganda

Sheikh Hasina, Prime Minister of Bangladesh

Justin Trudeau, Prime Minister of Canada

Hailemariam Desalegn, Prime Minister of Ethiopia

Shinzo Abe, Prime Minister of Japan

Erna Solberg, Prime Minister of Norway and co-Chair of the Sustainable Development Goals Advocates

André Mama Fouda, Minister of Public Health, Cameroon

Priti Patel, Secretary of State for International Development, United Kingdom

Gayle E Smith, Administrator of USAID, United States

Seth Berkley, Chief Executive Officer, Gavi, the Vaccine Alliance

Mark Dybul, Executive Director, The Global Fund

Graça Machel, Board Chair, The Partnership for Maternal, Newborn & Child Health

David Nabarro, Special Adviser to the UN Secretary-General

Anthony Lake, Executive Director, UNICEF

Babatunde Osotimehin, Executive Director, UNFPA

Margaret Chan, Director-General, World Health Organization

Joanne Carter, Executive Director, RESULTS and RESULTS Educational Fund

Melinda Gates, co-Chair and Trustee, the Bill & Melinda Gates Foundation

Kate Hampton, Chief Executive Officer, Children's Investment Fund Foundation

Frans van Houten, Chief Executive Officer and Chairman, Royal Philips

Bob Collymore, Chief Executive Officer, Safaricom

Kevin J Jenkins, President and Chief Executive Officer, World Vision International

Contents

Securing the health and well-being of women, children and adolescents.....	3	Women, children and youth are key to our future... 16	Investing in children’s early years for a better, more prosperous world.....	29
BAN KI-MOON		SHEIKH HASINA	JIM YONG KIM	
JIM YONG KIM				
Addressing the many factors that influence health outcomes.....	4	A new model in support of health services for women and children.....	GFF prioritizes investments in evidence-based, high-impact interventions.....	30
MICHELLE BACHELET JERIA		JUSTIN TRUDEAU	MARGARET CHAN	
GFF will help Ethiopia build on its recent remarkable achievements.....	6	Creating a world where everyone can lead a healthy life.....	Innovative financing unlocks benefits of key health solutions.....	31
HAILEMARIAM DESALEGN		SHINZO ABE	MELINDA GATES	
The UN Secretary-General’s High-Level Advisory Group on Every Woman Every Child..	7	Delivering on our promise to women, children and adolescents.....	We owe it to children and adolescents.....	32
		ERNA SOLBERG	KATE HAMPTON	
Investing in our vision of a healthier nation.....	9	Meeting the needs of vulnerable population groups.....	Prioritize equity, results, and mobilizing resources..	33
UHURU KENYATTA		ANDRÉ MAMA FOU DA	JOANNE CARTER	
GFF will be a catalyst as we rebuild health services post-Ebola.....	10	Helping women and children not only to survive, but thrive.....	Private-sector partnerships can co-create the future of health care.....	34
ELLEN JOHNSON SIRLEAF		PRITI PATEL	FRANS VAN HOUTEN	
GFF approach dovetails with existing partner platforms.....	11	Investing today for a better tomorrow.....	GFF can mobilize private-sector resources and expertise for health.....	35
FILIPE NYUSI		GAYLE E SMITH	BOB COLLYMORE	
An integrated and holistic strategy for better results.....	12	Sustainable financing is key to reaching every child with life-saving vaccines....	Country-powered investment – a catalyst for achieving the SDGs.....	36
MUHAMMADU BUHARI		SETH BERKLEY	KEVIN J JENKINS	
GFF programmes will target link between poverty and health.....	13	Creating a gender-equal world is key in the battle against disease.....	DRC: laying the foundation for sustainable increases in RMNCAH financing.....	37
MACKY SALL		MARK DYBUL	A roadmap for 2030.....	39
			DAVID NABARRO	
Results-based financing to improve the provision of health care.....	14	Put the needs of the most vulnerable first, not last..	Resources.....	40
JOHN POMBE JOSEPH MAGUFULI		GRAÇA MACHEL	Endnotes.....	40
			Acknowledgements.....	40
Government and partners are committed to results-based financing.....	15	Supporting country-led efforts to reach the most disadvantaged.....		
YOWERI MUSEVENI		ANTHONY LAKE		
		Promoting partnership for women and girls.....		
		BABATUNDE OSOTIMEHIN		





BAN KI-MOON
SECRETARY-GENERAL OF THE UNITED NATIONS



JIM YONG KIM
PRESIDENT OF THE WORLD BANK GROUP

Securing the health and well-being of women, children and adolescents

Progress on the Sustainable Development Goals hinges, in large part, on improving the health and well-being of women, children and adolescents. Despite significant advances in recent decades, too many of the most vulnerable members of society still suffer and die needlessly.

Our vision is to end all preventable maternal, child and adolescent deaths by 2030. We know what works: early child development interventions; quality care for women and children; support for critical services, such as vaccinations, reproductive health and family planning; and investment in areas that help children thrive, such as education, clean water, sanitation and better nutrition.

However, we lack the resources to adequately fund these proven interventions. There is an estimated US\$ 33.3 billion annual shortfall for maternal, child and adolescent health care in developing countries. Official development assistance alone will not close the gap. To succeed, we need innovative financing at scale and partnerships that can generate dramatic increases in financing from both domestic and international sources.

The Global Financing Facility (GFF) in support of Every Woman Every Child, launched in Addis Ababa in 2015, is an important implementation platform for the Global Strategy for Women’s, Children’s and Adolescents’ Health. It represents a new model for aligning development partners with country priorities and leveraging innovative sources of financing from different sectors. By focusing on 63 high-burden low- and lower-middle-income countries, the GFF will close the financing gap, mobilizing additional resources from public and private sources, both domestic and international, and making more efficient use of existing resources. Also, by building more inclusive, resilient systems and increasing domestic financing over time, the GFF can ensure that all women, children and adolescents have access to essential health care – a vital contribution to the goal of universal health coverage.

The GFF is country-led, and it draws on the diverse expertise of a broad set of stakeholders, including Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, bilateral donors and foundations, United Nations agencies, the World Bank Group, nongovernmental and faith-based organizations and the private sector.

Contributions from the governments of Canada, Norway, the United States, Japan, the United Kingdom, and the Bill & Melinda Gates Foundation have helped the GFF become active in 11 priority countries: Bangladesh, Cameroon, the Democratic Republic of Congo, Ethiopia, Kenya, Liberia, Mozambique, Nigeria, Senegal, Tanzania and Uganda. Early experience has shown that the GFF can play an important role in building resilience and promoting equity in the health sector.

However, this is only the beginning. We can – and must – do more. The GFF is pioneering the kind of smart, scaled and sustainable investments that can ultimately secure the health and well-being of all women, children and adolescents. We ask all our partners in development to join us in supporting the GFF. We call on the private sector to engage and we urge countries to prioritize women’s, children’s and adolescents’ health in domestic resource allocation. By working together, we can help those who need us most: every woman, every child, and every adolescent, everywhere.

“To succeed, we need innovative financing at scale and partnerships that can generate dramatic increases in financing from both domestic and international sources.”



MICHELLE BACHELET JERIA
PRESIDENT OF CHILE

CO-CHAIR OF THE UN SECRETARY-GENERAL'S HIGH-LEVEL ADVISORY GROUP ON EVERY WOMAN EVERY CHILD

Addressing the many factors that influence health outcomes

During the next decade the world will face the huge challenge of ensuring the health of women, children and adolescents. If we successfully meet that challenge, we will also ensure healthy and robust economies, politically stable societies and resilient communities.

At the United Nations Millennium Development Goals Summit in September 2010, United Nations Secretary-General Ban Ki-moon launched Every Woman Every Child. This puts into action the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), which, in turn, presents a roadmap for ensuring, within a generation, the well-being of the world's women and children and an end to preventable deaths.

The Global Strategy recognizes that social, economic and environmental factors influence health. It is therefore crucial that we move beyond health alone to include other sectors and constituencies that empower communities, civil society and young people. Our goal must be to end poverty and hunger, and, to achieve sustainable improvements, we must consider three critical dimensions: promoting inclusive economic growth, protecting the environment and promoting social inclusion.

Despite the strong gains of the past decade, child and maternal mortality remain unacceptably high. In low-income countries, maternal mortality is 30 times higher than in high-income countries, while child mortality

is more than 15 times higher. Yet, the world has the knowledge, the means and innovative capability to close this gap. The Lancet Commission on Investing in Health documented the feasibility of doing so, and estimated that for each dollar invested, there would be a return of between nine and 20 dollars.

The Global Financing Facility (GFF) in support of Every Woman Every Child will support countries in a number of respects:

STRATEGIC INFORMATION

The GFF will strengthen the ability of national systems to collect health-related data, and civil registration records and vital statistics. By improving the quality and availability of data on every birth, marriage, death and cause of death, we will be better able to monitor and track investments and improve measurement and accountability. It is also essential that we follow up on commitments and assess progress made during implementation.

SOCIAL INCLUSION

Women, especially from indigenous and vulnerable groups, face inequalities and exclusion from full participation in societies. The GFF must ensure we invest in gender equality, empowering women and girls and helping them fully realize their human rights. Gender

mainstreaming is vital (i.e. studying the implications for women and men of any action), including targeted actions and investments in formulating and implementing financial, economic, environmental and social policies.

RESILIENT HEALTH SYSTEMS

The GFF offers an excellent opportunity to align and mobilize more domestic and international resources, private and public, to build resilient health systems based on national plans and priorities.

We need to strengthen national health systems and primary health-care networks, scaling-up interventions and securing universal access to essential, high-quality health services for women, children and adolescents, wherever they live.

COUNTRY-DRIVEN COMMITMENT

At the country level, strong political commitment is needed, building on countries' experience, culture and the extensive work already carried out within existing plans and strategies. The GFF will play a key role in aligning other development partners and using the technical expertise of UN agencies. It will support countries in mobilizing additional domestic financing for health by leveraging domestic and international resources to implement country-specific plans that will further improve maternal, newborn, child and adolescent health.

“The GFF has inspired an unprecedented commitment among countries, UN agencies and multilateral public- and private-sector financiers and civil-society organizations.”

PARTNERSHIPS

The GFF has inspired an unprecedented commitment among countries, UN agencies and multilateral public- and private-sector financiers and civil-society organizations. As a result, they have increased and aligned funding of countries’ health priorities and plans, and driven transformative improvements in the health of women, children and adolescents.

We must mobilize private-sector resources to work alongside public-sector resources to help close the gaps in financing essential interventions. One remarkable GFF example is the World Bank Group’s partnership with its International Bank for Reconstruction and Development (IBRD) to raise funds from capital markets for countries with significant funding gaps. The IBRD finances its lending activities by issuing bonds in the capital markets, leveraging its equity to bring in private-sector financing for sustainable development. The new GFF-IBRD partnership will mobilize the capital markets for better outcomes for maternal, child and adolescent health, by using the overall IBRD funding platform, issuing Sustainable Development Bonds with a health focus, and designing innovative risk-sharing structures.

Chile has experience creating innovative solutions to finance global initiatives. For example, by taxing airplane tickets it was able to help create UNITAID in 2006, which it is still supporting.

BUILD ON LESSONS LEARNED AND INNOVATION IN FINANCING

There’s a wealth of evidence from the Millennium Development Goals era on how to make health-service delivery more efficient and equitable, using, for example, results-based financing and task-shifting.

The post-2015 era of the Sustainable Development Goals challenges the global health community to find innovative ways to finance and scale-up programmes. To succeed, we must build on lessons learned by Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. For example, we have learned that the majority financier in health is becoming – or in most cases already is – countries themselves. So, countries need to unlock domestic resources for health equity, through means such as improving tax collection, imposing sin taxes and creating sovereign wealth funds.

With more emphasis on domestic resources, the role of official development assistance should become more catalytic, targeting gaps. Our learning from public-sector initiatives and technological advancements provides a strong driver to unlock resources from the private sector. The public-sector stewardship role is paramount, but health systems tend to be pluralistic, and most countries will not achieve universal access through the public sector alone.

COOPERATION AND INNOVATION

Cooperation between agencies, regions and countries will be needed to ensure better use of financial resources, ensuring we don’t duplicate efforts and instead build on lessons learned. By using advances in science, technology and networks to learn and improve together, and new approaches, such as South-to-South cooperation and technology, we can perform better.

To reach our 2030 goals, we need smart, scaled and sustainable financing, to provide countries with a smooth transition from traditional overseas development aid towards domestic financing. It will be critical to inspire political leaders and policy-makers to accelerate their work to improve the health and well-being of women, children and adolescents.

As Mark Suzman of the Bill & Melinda Gates Foundation said: “The decisions, investments, and policies we make in 2015 can accelerate progress in reducing maternal and child mortality worldwide and put countries on a path to self-sufficiency by 2030”.

We look forward to working with countries as they develop their investment plans. They can count on our support in meeting the ambitious goals of the Global Strategy.



HAILEMARIAM DESALEGN
PRIME MINISTER OF ETHIOPIA

CO-CHAIR OF THE UN SECRETARY-GENERAL'S HIGH-LEVEL ADVISORY GROUP ON EVERY WOMAN EVERY CHILD

GFF will help Ethiopia build on its recent remarkable achievements

The Global Financing Facility (GFF) in support of Every Woman Every Child is a key financing platform of the United Nations Secretary-General's updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). The GFF has prioritized 63 countries as GFF-eligible, based on their need, population and income; and Ethiopia is one of the four "frontrunner" countries.

The GFF Trust Fund came at the right time and can make a significant contribution to Ethiopia's effort to meet the 2030 vision of ending preventable childhood and maternal deaths. Ethiopia has made tremendous progress in the Millennium Development Goals by reducing the mortality of children under five by more than two-thirds and maternal mortality by 72%. Despite the remarkable achievements, there are a number of challenges that the country needs to overcome in order to consolidate these gains and further improve, scale-up and sustain the coverage, quality and equity of health services. Some of these challenges include addressing geographic disparity in maternal, newborn and child-health outcomes;

improving the quality of maternal and child-health services; and identifying additional resources to meet the funding gap for maternal and child-health services. Broader structural challenges, such as the nomadic lifestyle among some of our pastoral communities, and poverty, need to be addressed as well.

The Government of Ethiopia is committed to overcoming the challenges mentioned above. This commitment is outlined in Ethiopia Health Vision 2035, which aims to:

- Provide the highest-quality health care to all Ethiopians, with a particular emphasis on women, newborns, children and adolescents;
- Ensure equity in health care through equal access to essential health services;
- Allocate more domestic resources to finance health plans and strategies;
- Reduce the mortality rate among children under the age of five to less than 15 per 1000 live births by 2035;

- Reduce newborn mortality to less than 10 per 1000 live births by 2035;
- Reduce pregnancy-related maternal deaths to less than 50 per 100 000 live births by 2035;
- Achieve universal coverage through robust primary health care.

The cost of realizing these ambitions is high, hence the significant role of the GFF. The Ministry of Health has developed, through a robust consultative process, a five-year health sector transformation plan, which will serve as GFF's Investment Case, and the existing country coordination platforms will be used to monitor progress. This makes GFF a truly country-led process, and I look forward to closely monitoring the impact of this mechanism in improving the lives of women and children in Ethiopia.

“Ethiopia has made tremendous progress in the Millennium Development Goals by reducing the mortality of children under five by more than two-thirds and maternal mortality by 72%.”

The UN Secretary-General's High-Level Advisory Group on Every Woman Every Child

The aim of the High-Level Advisory Group (HLAG), established by the United Nations Secretary-General in January 2016, is to guide the transition of the Every Woman Every Child (EWEC) movement and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) into the era of the Sustainable Development Goals (SDGs).

Michelle Bachelet Jeria, President of Chile (co-Chair)

Hailemariam Desalegn, Prime Minister of Ethiopia (co-Chair)

Tarja Halonen, former President of Finland (alternate co-Chair)

Jakaya Kikwete, former President of Tanzania (alternate co-Chair)

Marie-Claude Bibeau, Minister of International Development and La Francophonie, Canada

Jagat Prakash Nadda, Union Minister of Health and Family Welfare, India

Børge Brende, Minister of Foreign Affairs, Norway

Awa Marie Coll Seck, Minister of Health, Senegal

Rym Abdulla Al Falasy, Secretary-General, Supreme Council for Motherhood and Childhood, United Arab Emirates

Graça Machel, Board Chair, The Partnership for Maternal, Newborn & Child Health; and Founder, Graça Machel Trust

Dame Meg Taylor, Secretary-General of the Pacific Islands Forum

Bob Collymore, Chief Executive Officer, Safaricom

Jovana Rios Cisnero, Vice-President of the Panamanian Family Planning Association, and member of the Board of Directors of the International Planned Parenthood Federation, Western Hemisphere

Kevin J Jenkins, Chief Executive Officer, World Vision International

Elhadj As Sy, Secretary-General, International Federation of Red Cross and Red Crescent Societies

Saber Chowdhury, President, Inter-Parliamentary Union

Helle Thorning-Schmidt, Chief Executive Officer, Save the Children

Anthony Lake, Executive Director, UNICEF, and Chair of the H6 (a joint effort by UNFPA, UNAIDS, UNICEF, UN Women, the World Health Organization and the World Bank)





UHURU KENYATTA
PRESIDENT OF KENYA

Investing in our vision of a healthier nation

My government's determination to improve the health of women and children in Kenya is a cornerstone of its development agenda. Towards this end, we make an annual direct investment of US\$ 60 million to address the financial barriers that women face in accessing health care, particularly during pregnancy and childbirth. This investment and the collective efforts of all stakeholders, including development partners, has seen us double the number of deliveries per year in public health facilities from 600 000 in 2013 to 1.2 million in 2015. However, a lot more needs to be done to reduce the maternal mortality ratio to less than 70 per 100 000 live births by 2030, as indicated in the Sustainable Development Goals. In this context the Global Financing Facility (GFF) has an important role to play.

There are several reasons why my government is prioritizing investments in maternal and child health. First, the health of women and children is of intrinsic value

and is a human right. Second, mothers are the gateway to family and child health and the strategies for saving their lives, and those of their children, are proven and affordable. Third, investing in maternal and child health makes economic sense because the wealth of a nation is closely associated with its health. Fourth, the health of mothers and children has intergenerational benefits, including equity, social stability and human security.

I participated in the launch of the GFF during the Third International Conference on Financing for Development held in Ethiopia in July 2015. The GFF came at an opportune time, when Kenya had embarked on a comprehensive programme to accelerate progress in improving maternal and child-health outcomes. The GFF supports our vision of a healthier nation. It will enhance Kenya's efforts to increase domestic financing and more effectively leverage international support for smart, scaled and sustained financing for reproductive, maternal, newborn, child and adolescent health (RMNCAH).

I am very pleased that the World Bank recently approved the Transforming Health Systems for Achieving Universal Care Project for Kenya. This project focuses on accountability for results and blends a GFF grant with International Development Association funding. It supports the Investment Case for scaling up RMNCAH programmes and provides a platform for coordination among various stakeholders in the financing of priority interventions that save the lives of women and children in Kenya. Further, within the framework of the GFF, Kenya will leverage private-sector solutions that complement public sector support for maternal and child health.

Kenya thanks the governments of Norway, Canada and the United States of America, as well as the Bill & Melinda Gates Foundation and the World Bank, for supporting the implementation of the Every Woman Every Child initiative of the United Nations Secretary-General through the GFF.

“Investing in maternal and child health makes economic sense because the wealth of a nation is closely associated with its health.”



ELLEN JOHNSON SIRLEAF
PRESIDENT OF LIBERIA

GFF will be a catalyst as we rebuild health services post-Ebola

In 2014, the Ebola outbreak undermined the health system in Liberia, diluting the progress made and further widening gaps in service provision. The quality of health service delivery deteriorated and there was tragic loss of life, which greatly affected the economy.

Women and children were affected the most. Our maternal mortality ratio is among the highest in the world (1072 per 100 000 live births), so we urgently need to rebuild a resilient health system by investing in areas that strengthen health-care provision for women and children.

To achieve the health system we want, we need to increase and integrate all health-care responses, align resources, and ensure better accountability, planning and sustainable financing. These are all key components of the Global Financing Facility (GFF). Liberia believes that partnering with GFF will, among other benefits, help reduce the high costs of interventions associated with fragmented financing and governance, and strengthen our efforts to finance health care in Liberia sustainably.

Liberia has committed to spending at least 10% of the health sector allotment on reproductive, maternal, newborn, child and adolescent health (RMNCAH). With

the current allotment to health at 12.4%, the country is still working towards the Abuja Declaration goal of allocating 15% of its national budget to health. In addition, it is committed to making aid effective, as set out in the Paris Declaration. This is demonstrated by the signing in April 2016 of the International Health Partnership+ (IHP+) Global Compact by the Ministry of Health. At the moment, the government is committed to putting the IHP+ principles into practice through joint development of a country compact to be launched in October 2016. This joint platform will facilitate and enable alignment of resources towards RMNCAH and the country's other health priorities. Key components of our health financing strategy, anchored on the concept of the Liberian Health Equity Fund, include financial sustainability, pooling, and better coordination and streamlining of resources, all of which are also GFF objectives.

As Liberia consolidates its financing and programming mechanism in health, we expect additional resources to be generated through the development of a sustainable domestic financing strategy and a well-coordinated donor support to RMNCAH. These will enable us to scale-up the areas of investment laid out in the National Health and Social Welfare Policy and Plan (2011-2021) and the

Investment Plan for Building a Resilient Health System (2015-2021), which both prioritize RMNCAH. Central among the desired outcomes is ensuring a sustainable mechanism of financing for RMNCAH and other key priority areas. We see the GFF as a catalyst in this.

Under RMNCAH, a key aim is to ensure that no woman dies as a result of bringing forth life. That is why our health-service delivery system is tailored towards the needs of women and children by ensuring that health-care workers at all levels are engaged and that the necessary medicines and equipment are available. Having witnessed the commitment of community health assistants in addressing the Ebola crisis, we will harness their skills and zeal to ensure that referrals are handled appropriately and that correct monitoring and communication processes for the health of mothers and children are practised. Registration of all births and deaths is also a priority.

The GFF can help us achieve our goals by ensuring sustainable domestic and international financing for RMNCAH. In turn, this will enable us to put in place the services and delivery mechanisms we need to achieve the health-related Sustainable Development Goals.

“Liberia believes that partnering with GFF will, among other benefits, help strengthen our efforts to finance health care in Liberia sustainably.”



FILIPE NYUSI
PRESIDENT OF MOZAMBIQUE

GFF approach dovetails with existing partner platforms

The Government of Mozambique is committed to universal health coverage and to accelerating the improvement of reproductive, maternal, newborn, child and adolescent health (RMNCAH) outcomes. We pledge to take the necessary political and financial actions to end all preventable deaths of women, children and adolescents within a generation and ensure their well-being. We hold ourselves accountable for collective progress towards attaining such goals.

Estimates for 2015 from WHO, UNICEF, UNFPA, the World Bank Group and the UN Population Division show that Mozambique has achieved Millennium Development Goal 4, and has reduced maternal mortality by 64%. However, many challenges in coverage still remain and disparities continue to exist in service delivery. Despite these improvements at the national level, we still need to address geographical, rural/urban, socioeconomic and educational disparities and inequities. In particular, people who have access to money and education are more likely to use health services than those who do not.

The Government of Mozambique is taking advantage of the opportunity created by the Global Financing Facility (GFF) to mobilize more resources for RMNCAH. We have made the improvement of RMNCAH a top priority in various national commitments, including Mozambique Agenda 2025, the 2015-2019 Government Five Year Programme, and the 2014-2019 Health Sector Strategic Plan, among others.

Mozambique sees the GFF as a significant opportunity, beyond any immediate gain related to specific additional funding from the GFF Trust Fund or international development assistance. We will use the GFF to achieve leverage and as an opportunity to make real progress in aligning all resources – domestic and external – around high-impact RMNCAH interventions. Mozambique has extensive experience in managing external aid through the sector-wide approach, which means the GFF can operate through existing partner coordination platforms.

Mozambique expects the GFF to strengthen the existing partnership at national and international level to mobilize and increase smart, scaled funding for RMNCAH. This

will enable us to implement high-impact interventions in a sustainable manner and help us achieve the Sustainable Development Goals by 2030. The GFF will also assist with on-going discussions on domestic financing in the context of developing our health financing strategy.

Our work with the GFF will help us engage with stakeholders and ensure an inclusive approach to RMNCAH, so that no one feels left out or disengaged. It will also help us to map resources over the next two or three years by partner, by intervention area, by cost category and by region.

In due course we expect to have a comprehensive and costed document that articulates how existing government and health-sector plans relevant to RMNCAH are aligned and fit the 2014-2019 National Health Sector Strategy. This will include plans for education, water and sanitation, nutrition, civil registration and vital statistics and community health. In the medium and long terms, we can use the Investment Cases developed to mobilize, align and streamline resources for RMNCAH.

“Our work with the GFF will help us engage with stakeholders and ensure an inclusive approach to RMNCAH.”



MUHAMMADU BUHARI
PRESIDENT OF NIGERIA

An integrated and holistic strategy for better results

Nigeria is facing the toughest of its economic eras, grossly affected by low crude oil prices and shrinking fiscal space. The economic downturn affects all spheres of life, health included. However, resource limitation is often a catalyst for major change. For the health sector, the Global Financing Facility (GFF) presents a significant opportunity for inward reflection and the development of sustainable, innovative partnerships, and financing and delivery mechanisms, to improve reproductive, maternal, newborn, child and adolescent health (RMNCAH). The GFF has become important, not only in our drive for universal health coverage and primary health-care reform, upon which we embarked after our return to office, but also in our efforts to achieve health security and the drive towards the Sustainable Development Goals.

One of the critical reasons behind unmet Millennium Development Goals has been the lack of an organized financing mechanism for low- and middle-income countries. This was the case for Nigeria. Our current effort is going to jettison silos of interventions and implement an integrated and holistic strategy. This strategy links fiscal space realities, resource creation, collection and

use to effective results in utilization, equity, financial protection and quality of care. In pursuing this, we are strengthening our interface with other key sectors and programmes, as well as improving systems to monitor the health and broader economic impact and net gains from our efforts. The GFF is a key actor on the scene, and we have begun the journey to maximize the potential it offers.

Firstly, we are developing the framework for investments in RMNCAH through a robust set of synergistic approaches that drive “smart, scalable and sustainable financing”. This includes the development of an Integrated Investment Case for Health and a National Health Financing Policy and Strategy which explores novel ways for our nation’s resources to be channelled towards public good. The drive for increased government investment in RMNCAH is accompanied by innovative mobilization of global and local private-sector resources, with greater focus on domestic resource mobilization. Secondly, the strategy has leveraged significant development assistance from the initial investment. For instance, we have tied two-thirds of GFF resources (US\$ 20 million) to international development assistance from World Bank funding (US\$ 145 million) for the rehabilitation of health systems in the north-east, which have been affected by insurgency over the last five years.

The intervention will deliver a comprehensive suite of evidence-based maternal and child health services under a performance-based financing initiative in the resource-limited north-east setting, and see the return of basic essential health services to a most underserved population. In a similar vein, we are exploring innovative, outcome-based financing to fund malaria programmes across the country. Malaria remains among the leading causes of death in Nigerian children.

Partnerships are a critical dynamic of this financing and innovation ecosystem. The joint forces of the World Bank and other partners (USAID, Norway, Japan International Cooperation Agency, Canada, Global Fund) gave us the opportunity to look at financing and delivery in a new way. At the same time, we have taken a multisectoral approach to our broader health agenda. The ministries of finance, budget and planning, health, agriculture, women affairs and the National Social Safety Net programme have been working together, exploring ways in which the new resources can be optimally deployed and mutual platforms maximally leveraged. Our shared mission is singular: to end preventable deaths and improve the health and quality of life of Nigerian women, children and adolescents.

“Our current effort is going to jettison silos of interventions and implement an integrated and holistic strategy.”



MACKY SALL
PRESIDENT OF SENEGAL

GFF programmes will target link between poverty and health

The Global Financing Facility (GFF) will help us to address priority health challenges, ensure greater equity and strengthen our ambitious programme for universal health coverage. It is an essential tool for developing a sustainable and intelligent financing strategy that takes into account both the supply of and demand for services.

Senegal has reiterated its commitment to the health sector as a top priority, so that every household has universal and full access to quality services. This priority is clearly reflected in the second strategic axis of the Emerging Senegal Plan: “human capital, social protection and sustainable development.”

The focus is on the close links between health and poverty, since poor health negatively impacts economic development. This is especially so in our country, where the creation of wealth is strongly dependent on human capital.

Illness could be a cause of poverty, due to the large share of household expenditure that goes to pay for health care, while people who cannot afford to pay are effectively excluded from the health-care system. Special attention should be paid to the social cost when mothers die, leaving behind orphaned children who themselves face a greater risk of illness and death.

This is why Senegal has committed to focusing on reducing the number of mothers, infants and children who die by strengthening the health system, increasing the performance of our health programmes and improving governance.

In addition, as part of the implementation of the Emerging Senegal Plan, external funds are contributing to the construction of the Dakar Medical City.

Our GFF investment plan will be informed by an integrated, multisectoral national plan for reproductive, maternal, newborn, child and adolescent health, which is currently under development. This will result in annual operational plans involving every region and sector. The work will be funded on the basis of performance contracts in accordance with our commitment to the West African Economic and Monetary Union to implement the budgets of different sectors from multi-year expenditure documents. The ultimate goal is to eliminate avoidable child and maternal illness by seizing this opportunity to develop a sustainable and diversified funding strategy.

“Senegal has reiterated its commitment to the health sector as a top priority, so that every household has universal and full access to quality services.”



“One of the notable achievements of the GFF is that the methodology used promotes a consultative approach by taking on board all stakeholders.”

JOHN POMBE JOSEPH MAGUFULI
PRESIDENT OF TANZANIA

Results-based financing to improve the provision of health care

The Government of Tanzania, being a Global Financing Facility (GFF) frontrunner, has developed a reproductive, maternal, newborn, child and adolescent health (RMNCAH) Investment Case, in line with its existing strategies and policies; namely, Big Results Now in Health, the RMNCAH Plan II (One Plan II) and the Health Sector Strategic Plan (HSSP IV). The RMNCAH Investment Case identified priorities for scaling up investments to accelerate the achievements of its goals.

GFF financing effectiveness in the country began in August 2015, whereby for RMNCAH the following activities have been implemented:

- Completion of basic and comprehensive emergency obstetric and neonatal care (BEmONC and CEmONC) phase I assessment in five regions: Mwanza, Simiyu, Mara, Geita and Shinyanga. This has enabled the country to identify the gaps in the provision of primary-health facilities;
- Renovation and construction of selected health centres in the five above-mentioned regions. This is coupled with training of health-care providers, especially anaesthetists and theatre nurses. It is envisaged that eight health centres will be operational towards the end of September 2016;
- Development of a systematic scale-up plan for long-term and permanent family planning services to ensure that marginalized groups are reached;

- Strengthening of the referral system by training community health workers (CHWs) and the procurement of ambulances.

In Tanzania, GFF also supports the implementation of results-based financing (RBF) approaches, aimed at improving the provision of health care, both quantitatively and qualitatively. Implementation of RBF has been focused in a few regions and the phasing in has been informed by a pilot implementation in Kishapu district in Shinyanga region.

As of now, three regions – Shinyanga, Mwanza and Pwani – have started implementing RBF. Health facilities have been given start-up funds, and the utilization of these has resulted in: all facilities being renovated; improved health facility infrastructure; procurement of medicines, supplies and equipment at facilities; quality improvement from 43% to 63%; improvement in data management (reduction of errors from 35% to 30%); improved number of pregnant women receiving IPT2 and Mebendazole (a 23% and 39% increase respectively); provision of postnatal care being increased by 18%; institutional deliveries being largely stabilized; immunization and nutrition for children under five being increased; and provision of measles vaccination and vitamin A supplements being increased by 80% and 35% respectively, while provision of Mebendazole has doubled.

The plan is to roll out to two more regions by the end of 2016. By 2018, it is expected that four more will be included to make a total of nine regions implementing RBF. The RBF design includes system-strengthening

measures and broadens the scope of the scheme to include quality-of-care measures and the use of CHWs to improve the continuum of RMNCAH care.

In the case of Tanzania, the draft health financing strategy encompasses several key strategies to realize the GFF vision. These include: creating fiscal space through efficiencies; better defining the functions of key actors in the sector, including purchasers and providers of health services; and improving value for money with a pay-for-quality element in the planned capitation payment for primary health care (PHC). The strengthening of PHC for results supports the government in implementing such strategies and includes targets for improvements in domestic financing for health, the capacity of institutions involved in purchasing and provision, and value for money through the introduction and scale-up of performance-based financing at various levels.

One of the notable achievements of the GFF is that the methodology used promotes a consultative approach by taking on board all stakeholders. In Tanzania there is a well-established dialogue platform through the sector-wide approach mechanisms. Additionally, the GFF has been using the same existing platforms involving all stakeholders. This is very effective, as it is embedded within existing plans and strategies.

In conclusion, Tanzania encourages other development partners to invest in the GFF Trust Fund so as to enable the introduction of BEmONC and CEmONC in all relevant health facilities.



YOWERI MUSEVENI
PRESIDENT OF UGANDA

“Support from the GFF provides us with an opportunity to scale-up results-based financing in the provision of RMNCAH interventions in the public health-care system.”

Government and partners are committed to results-based financing

I am pleased to provide an update on what Uganda has done since the launch of the Global Financing Facility (GFF) in support of the Every Woman Every Child initiative in Addis Ababa in July 2015. Uganda was considered for the second round of applications from the GFF and as a requirement we were requested to prepare an Investment Case for reproductive, maternal, newborn, child and adolescent health (RMNCAH), a results-based financing strategy and a health financing strategy. Uganda has been one of the first countries to complete the Investment Case for RMNCAH and other countries are welcome to learn from our experience.

I am grateful for the support and collaboration from the United Nations family and our bilateral and multilateral development partners.

Our results-based financing strategy proposes a shift from financing inputs to paying for results in the health sector. We have already had some successful pilots in our health sector supported by our development partners over the last five years. These are:

- Reproductive health voucher project in South-Western Uganda, funded by GTZ, USAID and Government of Uganda;
- Reproductive health and transport vouchers under the Saving Mothers, Giving Life project in Mid-Western Uganda, funded by USAID, US Government Agencies and Government of Uganda;
- Performance-based financing under the Institutional Capacity Building project (ICB) in Rwenzori and West Nile Region under Belgium Technical Cooperation (BTC) and Government of Uganda; and
- Reproductive health and transport voucher project funded by UNICEF in Karamoja region.

The support from GFF provides us with an opportunity to scale-up results-based financing in the provision of RMNCAH interventions in the public health-care system. The Government of Uganda has also committed to use results-based financing approaches to implement the national budget across all sectors of government starting in the financial year 2018/19. Over the next two years, we shall be closely following up the implementation of results-based financing in the health sector ahead of its widescale adoption.

In line with the Sustainable Development Goals, the preparation of the Investment Case has enabled stakeholders in Uganda's health sector to discuss the key bottlenecks to RMNCAH services and agree on low-cost, high-impact interventions that can significantly improve health outcomes by 2020. We are desirous of reducing the maternal mortality rate from 438 deaths in 2011 to 219 deaths for every 100 000 live births by 2020 and to reduce under-five mortality from 47 deaths for every 1000 live births in 2011 to 17 by 2020.

The GFF has provided a platform for consensus building and broad consultation among key stakeholders in the health sector which has enabled us to complete the key strategies in time. We have learnt that this process requires extensive consultations and consensus building. Due to close collaboration with our partners, most of them are now committing additional resources for implementing the agreed actions and all have committed themselves to use the results-based financing approach.

Government will support our development partners and ensure that new investments are directed to populations and areas where the burden of deaths for mothers, children and adolescents is highest.



SHEIKH HASINA
PRIME MINISTER OF BANGLADESH

Women, children and youth are key to our future

My political journey taught me that we must empower women, both personally and professionally, in every possible way. It is no longer a matter of choice, rather a necessity for securing sustainable development and ensuring peace and stability.

In that regard, we started with focus on women. Over the past decade, our people's liberal values and positive outlook led to achievements in three particular areas:

Women in policy and politics. Today, there are 21 elected female members of the Bangladesh Parliament and another 50 female members on the reserve seats. In local government bodies, one-third of all seats are reserved for women. In the last (2015) local government elections, over 12 000 women were elected. At national level, many women hold positions of leadership in politics, the high judiciary, the civil service, the armed forces and United Nations peace-keeping missions.

Women's empowerment. We are committed to supporting poor women in rural areas so they can participate as fully as possible in farm and non-farm activities and gain access to agricultural credit and technologies. Our unique One House, One Farm

initiative gives priority to helping women in every village. Elsewhere, female entrepreneurs can get collateral-free microfinance at a service charge of just 5%, while about 4 million women are employed in our ready-made garment industry.

Rights and dignity of women. Our overarching objective is to secure justice for women and girls, helping them gain control over productive resources and showing zero tolerance to any violence or discrimination against them. Bangladeshi women benefit from an extensive social safety net, which includes allowances for destitute women, lactating mothers and other disadvantaged segments. Our Vulnerable Group Feeding scheme provides for women in extreme poverty.

We do not separate the needs of mothers and children in our wider national planning: for instance, we made girls' education free up to Grade 12 as we know it is key to all our development endeavours. It is my personal pledge that girls' education will eventually be made free until graduation. In the same vein, we are resolved to end the practice of early marriage.

As I look at the Sustainable Development Goals, I recognize the focus on learning and decent jobs which are particularly important to our national skills development endeavours. Half of our population is under the age of 25, so we are trying to develop them as a "tech-savvy" generation through our vision of a Digital Bangladesh. At the same time, I am also considering creating a Directorate on Children's Affairs.

The 2030 Agenda rightly asks us to secure "transformation" and place people at the centre. Building on our accomplishments in the Millennium Development Goals – and with the assistance of the Global Financing Facility (GFF) – Bangladesh is confident of meeting the challenge.

As a second-generation GFF country, Bangladesh is still developing its Investment Case and sectoral investment plan for GFF. We are optimistic of the benefits this work could accrue. We are confident that investing in women, children and youth will yield so much for our country and is central to realizing our vision of achieving middle-income status by 2021 and developed-country status by 2041.

“We must empower women, both personally and professionally, in every possible way.”



JUSTIN TRUDEAU
PRIME MINISTER OF CANADA

A new model in support of health services for women and children

Over the last few years, the world has made tremendous progress in ending preventable deaths among mothers, newborns and children. From all corners of the globe, people are coming together to forge unique partnerships and foster new ideas to improve the health of women, newborns and children, and end preventable maternal and child deaths.

Yet, despite much progress, far too many women and children continue to die from preventable conditions every year, and far too few have access to reliable health services.

That is why the United Nations, the World Bank Group, and several other partners, including Canada, came together to launch the Global Financing Facility (GFF). The GFF revolutionizes the management and distribution of development assistance, and addresses the significant funding gaps for reproductive, maternal, newborn, child and adolescent health.

Above all, the GFF brings a country's health investments for women and children under one roof, which allows developing countries to mobilize health resources from home and around the world, including resources from individuals and corporations, and private and public sources. Stronger transparency and accountability mechanisms ensure aid goes where it is needed most, and that it is coordinated with minimal duplication.

Canada is proud to have dedicated \$ 220 million towards the GFF as part of the \$ 3.5 billion it is committing between 2015 and 2020 towards initiatives that focus on access to safe, reliable and high-quality health and family planning services.

In order to succeed, Canada believes the GFF must work towards three critical goals in its efforts.

First, it must empower women and girls in developing countries to take charge of their own health, their own livelihoods and their own future. We have made this a point of focus as we review our international assistance model.

Second, it must factor civil registration and vital statistics into all country Investment Cases, in order to know where best to deliver medical and care needs.

Finally, the GFF must find a way to respond to humanitarian disasters and conflicts where governments have fallen or where reliable national systems do not exist. This includes working through non-state actors to ensure that we can provide health services to the poorest and most vulnerable in these circumstances.

Canada knows that there is an enormous amount of work that remains to be done to achieve the 2030 Agenda and the Sustainable Development Goals. We also know that we will only achieve these goals by working together.

We've made great strides so far. Let's keep up the hard work.

“The GFF revolutionizes the management and distribution of development assistance, and addresses the significant funding gaps for reproductive, maternal, newborn, child and adolescent health.”



SHINZO ABE
PRIME MINISTER OF JAPAN

Creating a world where everyone can lead a healthy life

Japan is deeply committed to the improvement of global health, particularly in the field of maternal and child health (MCH), and the progress we have achieved thus far is shaping the landscape of health around the world. The G7 Ise-Shima Summit held in May 2016 was the first summit following the adoption of the Sustainable Development Goals. As the chairman of this summit, I established health as a core issue, and in the G7 Ise-Shima Vision for Global Health we, the G7 leaders, pledged our commitment to the international community to make the advancement of women's, children's and adolescents' health a key action area.

Japan is placing increasing importance on contributing to this cause and has announced that it will provide approximately US\$ 1.1 billion in financial assistance to international health organizations such as Gavi, the Vaccine Alliance. I am extremely pleased to lead Japan in contributing to the construction of resilient health systems in various countries and saving children – especially girls – from infectious diseases. A nation's prosperity and a resilient society are only possible with healthy women, children and youth.

Japan has dedicated itself to the distribution of MCH handbooks inside and outside of Japan, demonstrating an outstanding contribution in the maternal health sector. These handbooks allow mothers to extensively record their health and that of their newborn children, bolstering their love and care with concrete steps towards healthy child growth. Such efforts have led to improved understandings of health, both by mothers and other family members, and to the collective improvement of MCH. This is a key success story of international cooperation.

The Global Financing Facility (GFF) has played an extremely valuable role by contributing extensively to the improvement of MCH and universal health coverage (UHC). In the G7 Ise-Shima Summit outcome documents, the GFF's efforts were welcomed and supported as a framework for increasing financial resources invested in one of the most pressing issues in health: MCH improvement. Additionally, in Japan's new 2015 global health policy, the Basic Design for Peace and Health, we committed ourselves to cooperating with the GFF to further support the development of MCH.

As a member of the Investors Group of the GFF, Japan has provided both concessional ODA loans and technical support through the Japan International Cooperation Agency (JICA). For example, in Kenya we have facilitated the development of health financing strategies and the drafting of implementation guidelines for free maternity services. In Bangladesh, we have provided support for strengthening essential skills of health personnel in maternal and child health-care services, as well as for renovation and construction of approximately 300 community clinics in remote areas. These concessional ODA loans aim to magnify Japan's strengths in regional-level technical support to MCH, and we are eager to extend such support to other countries.

Japan, as a flag-bearer of global health, will work hand in hand with the GFF to exert bold leadership in the promotion of UHC and MCH. By closely cooperating with effective international frameworks and organizations such as the GFF, we will uphold our commitment to achieving a world where everyone can lead a healthy life.

“A nation's prosperity and a resilient society are only possible with healthy women, children and youth.”



ERNA SOLBERG
PRIME MINISTER OF NORWAY AND CO-CHAIR
OF THE SUSTAINABLE DEVELOPMENT GOALS ADVOCATES

Delivering on our promise to women, children and adolescents

A cornerstone of Norwegian development assistance is to provide equal opportunities for women and children. When we invest in women's, children's and adolescents' health and education, we not only invest in their future as individuals, but also in their families and communities, building a sustainable future for all.

That's why women, children and adolescents are at the heart of the 2030 Agenda, and it's why so many of the Sustainable Development Goals (SDGs) coalesce around them. Our aim, indeed our obligation, is to give them better opportunities through access to health services, education, water, sanitation and energy. This will take commitment, leadership and action.

The Global Financing Facility (GFF) in support of Every Woman Every Child offers eligible countries with a high mortality rate a model to increase domestic funding and close the financing gap in support of women's, children's and adolescents' health. It was launched as a pathfinder-financing model for the SDGs at the Third International Conference on Financing for Development in Addis Ababa in July 2015.

One of its key elements is to mobilize more national resources for the health sector in line with the conference outcome. Specifically, it encourages partners to mobilize resources from the private sector, civil-society organizations, private foundations, multilateral organizations, partnerships, bilateral donors and others to support, under national leadership, a national prioritized plan to invest more in the health of women, children and adolescents. As a result of better planning and coordination, as well as more efficient use of existing and new resources, this model prevents overlap funding and expands national health-sector funding.

The Norwegian government funds the GFF in support of Every Woman Every Child and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) by investing in the multi-donor GFF Trust Fund, hosted by the World Bank. This Trust Fund provides grant funding alongside financing from the World Bank's International Development Association and International Bank for Reconstruction and Development.

Between 2016 and 2020, Norway will invest NOK 3000 million in the Trust Fund. So far, 11 high-burden countries have been given grants from the Trust Fund to establish consolidated and prioritized national plans for women's, children's and adolescents' health, and to bring public and private partners together to bridge funding gaps and improve sustainable financing of the health sector.

This model moves us on from the traditional approach of bilateral development assistance. It is a dynamic development cooperation model encouraging a partnership of a range of development organizations working together to achieve national priorities and increased national funding.

I call on other countries to unite their efforts in line with the GFF and to join Norway in the GFF Trust Fund. We will then be in a position to make good on our promise to transform the lives of women, children and adolescents in countries that face funding gaps, by delivering better health services and reducing preventable deaths.

“When we invest in women's, children's and adolescents' health and education, we not only invest in their future as individuals, but also in their families and communities.”



ANDRÉ MAMA FOU DA
MINISTER OF PUBLIC HEALTH, CAMEROON

Meeting the needs of vulnerable population groups

Cameroon's maternal and child health and nutrition indicators remain a concern. The government has therefore decisively embarked on a series of far-reaching and ambitious financing and governance reforms of the health-care system.

In this respect, Cameroon is pleased to be among the first beneficiary countries of the Global Financing Facility (GFF) in support of Every Woman Every Child, which plays a critical role in the financing of the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

Following the launch of the GFF process in October 2015, Cameroon adopted an inclusive approach by involving civil-society, technical and financial partners, and the private sector, in the development of the Investment Case

for maternal, newborn, child and adolescent health, with particular attention being paid to nutrition. An in-depth analysis of this situation confirms that, relative to the rest of the country, the most alarming indicators remain in the Adamaoua, East, Far North and North regions.

Given their multifactorial nature, only a multidisciplinary approach involving several sectors could adequately address the causes. It is for this reason that the government opted to accord priority to efforts aimed at improving maternal and child health in these regions, in order to achieve rapid, concrete results that will change the status quo nationwide.

To achieve these results, evidence-based innovative strategies that have a high impact on health will be rolled out for the implementation of multifaceted interventions for the target groups. To that end, more efficient use of

available resources, increased mobilization of additional domestic resources, and meticulous coordination of the contribution of the technical and financial partners will be necessary. The formulation of a national health financing strategy, with support from the GFF, is very timely as regards the planning of sustainable financing for universal health-care coverage.

We view the GFF as an important opportunity for Cameroon to improve the health and well-being of our most vulnerable population groups, use our resources more effectively, and enhance the coordination of all actors in our health system.

The government and Cameroonian people rightly welcome the Cameroon-GFF partnership.

“Cameroon is pleased to be among the first beneficiary countries of the Global Financing Facility.”





PRITI PATEL
SECRETARY OF STATE FOR INTERNATIONAL DEVELOPMENT, UNITED KINGDOM

Helping women and children not only to survive, but thrive

The UK is wholeheartedly committed to achieving the United Nations' Sustainable Development Goals and to ending extreme poverty by 2030. The world is changing fast, with an increasing number of fragile states across the Middle East and Africa, and with protracted crises and conflict driving people from their homes in search of a better life.

Delivering the United Nations' global goals is in the UK's national interest. These are the global challenges of our time, and we must tackle them at source – and confronting the problems faced by girls and women will be key to our success.

The UK supports the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). We share the aim of helping women, children and adolescents not only to survive, but to thrive, by transforming societies so that all can reach their potential. By investing in people we will build a safer, healthier and more prosperous world.

Between 2011 and 2015, the UK helped save the lives of 103 000 women during pregnancy and childbirth, and of 187 000 newborn babies. We prevented 63 000 stillbirths, and helped 9.9 million additional women use modern methods of family planning. Not only do these investments help individuals lift themselves out of poverty, they enable developing countries to leave aid dependency behind. The social and economic benefits of investing in the health of women, children and adolescents are estimated to be worth up to nine times the cost.

There is a clear need for more sustainable funding for reproductive, maternal, newborn, child and adolescent health. The Global Financing Facility (GFF) is opening up promising new ways of working with the private sector – catalysing capital, facilitating partnerships and leveraging countries' own domestic capabilities. We need to support countries as they move towards greater self-financing, but we also need to make sure funding has the maximum impact, and is vigorously scrutinized to the highest standard for efficiency, value for money and transparency.

The UK is an active member of the GFF Investors Group, supporting the Facility in multiple ways. We are the largest global contributor to the World Bank's International Development Association; we provide bilateral support to 27 priority countries, aligned to their national plans; we make significant investments in the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, and to the UNFPA Supplies Programme, to increase access to contraceptives.

I am proud that the UK is meeting its responsibilities to the world's poorest people, and of our contribution to improving the health of women, children and adolescents. We must all continue to work together to tackle these great challenges head on.

“The social and economic benefits of investing in the health of women, children and adolescents are estimated to be worth up to nine times the cost.”



GAYLE E SMITH
ADMINISTRATOR OF USAID, UNITED STATES

Investing today for a better tomorrow

From 2009 to 2016, the United States, through the United States Agency for International Development (USAID) and the Department of State, invested over US\$ 18 billion in the effort to end preventable child and maternal deaths. We focus our assistance on 25 countries where more than two-thirds of these deaths occur. Our support to bring life-saving interventions to scale has saved the lives of over five million women and children during that period.

We now have within our reach a world where no child dies from preventable causes, and no woman dies from preventable childbirth complications, no matter where they live. Though ambitious, our goal to end preventable child and maternal deaths within a generation is attainable.

We have evidence that quality, respectful care has increased the number of women giving birth in a health facility and reduced deaths among newborns. Immunization, malaria prevention and control, nutritional improvements, expanded access to voluntary family planning and modern contraceptive methods, have significantly reduced child and maternal deaths. Our partnerships with governments, academia, civil society

and the private sector to leverage diverse skillsets has mobilized over US\$ 100 million in additional capital, supporting innovative solutions that have saved nearly 10 000 lives and reached 1.5 million mothers and newborns.

USAID is firmly committed to the Global Financing Facility (GFF) in support of Every Woman Every Child, especially in empowering countries to increase and sustain financing for health. Our assistance is catalytic, helping countries mobilize additional domestic financing and increase government budgets. From 2008 to 2013, in our priority countries, government health expenditure has increased by 10% per year. Out-of-pocket spending has decreased, and strategic shifts towards universal health coverage have promoted access to high-impact, low-cost services.

The GFF embodies the principles of the Financing for Development agenda. Partnering with the World Bank enables countries to leverage additional resources through concessional loans from the International Development Association and the International Bank for Reconstruction and Development. Collectively, we can support the scale-up of cost-effective interventions, mobilize additional funds through domestic public- and private-sector

channels, and promote sustainability through long-term financing strategies. We can deliver transformational health outcomes with greater contributions from ministries of finance, and from other sectors including girls' education, nutrition, and water and sanitation, which will greatly improve the lives of women and children. Specifically, the GFF is a critical component of our contribution to the Sustainable Development Goals for health and gender, which are both priorities for the United States.

Together with other partners, USAID assisted four countries (Kenya, Tanzania, Ethiopia and the DRC) to pilot the initiative and contribute to investment plans and finance strategies. We helped develop technical and operational approaches at country and global levels, and are now deepening our contribution through complementary financing and alignment of our assistance in participating countries.

A systematic learning agenda would empower countries to lead and finance maternal and child survival. The GFF has brought much solidarity, and it is incumbent upon us to invest in its growth and ensure its impact on the lives of women, children and adolescents.

“USAID is firmly committed to the Global Financing Facility in support of Every Woman Every Child, especially in empowering countries to increase and sustain financing for health.”



SETH BERKLEY
CHIEF EXECUTIVE OFFICER, GAVI, THE VACCINE ALLIANCE

Sustainable financing is key to reaching every child with life-saving vaccines

“*If one word were to reflect the ambition of Gavi, it would be ‘equity’. If one word were to reflect the reason for Gavi’s success, it would be partnership.”*

I made these remarks last year at the adoption of the Sustainable Development Goals, and believe they are equally valid for Every Woman Every Child and the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), for which the Global Financing Facility (GFF) is a key implementation tool.

Over the years, Gavi has been adamant that no government or agency working alone can resolve the development challenges of the new global landscape. We must build innovative and effective partnerships that can mobilize international and domestic resources, deliver market-based solutions, incorporate private-sector expertise and team-up in advocacy efforts to ensure sustainable development outcomes. Gavi has worked to contribute to all of the above.

In addition, we cannot consent to progress that is only accessible to parts of societies. As such, Gavi has placed equity at the centre of its approach to reach every child with life-saving vaccines.

Gavi has welcomed the creation of the GFF in support of Every Woman Every Child. With it, the GFF offers the opportunity to bring together the political will and resources needed to improve the health of all women, children and adolescents. To succeed in this ambitious task, the GFF must focus on filling the funding gap at country level, complementing existing funding and building on what works.

In particular, the GFF should focus on catalysing domestic financing to secure predictable and sustainable foundational support to address the broad needs related to reproductive, maternal, newborn, child and adolescent health (RMNCAH). External donor funding alone will be insufficient to cover the estimated US\$ 33.3 billion funding gap (2015) for RMNCAH. The World Bank – driver of the GFF – has the capacity to use its influence with ministries of finance to leverage additional and sustainable domestic resources and to position the health of women, children and adolescents as a national priority.

Gavi has been a pathfinder in promoting sustainability. All Gavi-supported countries pay a share of the cost of their Gavi-funded vaccines based on their ability to pay. Through this co-financing approach, Gavi has been able to strengthen national commitment for immunization,

mobilize additional funding (co-financing contributions are expected to triple to more than US\$ 1 billion in the 2016-2020 period), and position governments on a path to self-sustain future immunization programmes once they have transitioned from Gavi support.

Yet creating a new funding mechanism does not solve the health challenges women, children and adolescents face across the globe. We need to be realistic, especially as the GFF is still a young initiative. For the partnership to be effective we need to look at alignment, building on the comparative advantages of partners engaged, and avoid tendencies to convey the GFF as the panacea for all RMNCAH challenges. For the GFF to be sustainable, and with impact, national governments must lead and own the efforts to improve the lives of women and children.

Gavi remains committed to the GFF and its mission to support the objectives set out in the Every Woman Every Child strategy. By vaccinating another 300 million children by 2020, averting 5-6 million deaths, Gavi will greatly contribute to reaching the set targets.

“Gavi has placed equity at the centre of its approach to reach every child with life-saving vaccines.”



MARK DYBUL
EXECUTIVE DIRECTOR, THE GLOBAL FUND

Creating a gender-equal world is key in the battle against disease

Women and girls come first. At this time, in this world, we have to put women and girls at the top of the agenda. In fact, none of the Sustainable Development Goals (SDGs) can be achieved without a gender-equal world, and without ending the epidemics of HIV, tuberculosis and malaria.

At a human level, it means focusing on a person, not individual issues. On a strategic level, it means engaging new partnerships, with new ways of working, particularly in places where programmes for sexual and reproductive health can be significantly expanded to address HIV incidence for adolescent girls and young women.

The Global Fund is strongly committed to advancing investments that improve the health of women and girls. From the start, we recognized the importance of introducing sustainable financing to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths by 2030.

In the Democratic Republic of Congo, the Global Fund has worked together with the World Bank, Gavi and UNICEF since 2013 to coordinate efforts around performance-

based financing for health facilities in two provinces. The work has focused on harmonizing operational and financial arrangements on coverage, health services delivered, and performance-based financing mechanisms, a bottom-up approach with subsidies for health facilities. This is the kind of engagement and collaborative work that helped inspire the design of the Global Financing Facility (GFF).

In Ethiopia, the Global Fund, the World Bank, Gavi and DFID – which account for more than 75% of external financing to the Ministry of Health – have a joint action plan to support building sustainable and resilient health systems. The GFF can serve as a platform for further work on the health financing strategy, health insurance, domestic financing and sustainability.

We fully support the vision and innovation of the GFF, and are strongly committed to principles of harmonization and shared accountability. The principles of integration, sustainability and equity – which characterize the SDGs – are vital to global health.

Reducing gender inequality and protecting human rights are a necessary part of ending the epidemics, and

efforts will be strengthened through GFF engagement. We see opportunities for co-financing for reproductive, maternal, newborn, child and adolescent health through reprogramming of existing Global Fund grants. We are working together with the GFF to develop Investment Cases, and we are focused on developing health financing strategies. Going forward, the Global Fund sees great potential in working with the GFF to leverage domestic financing, and in building resilient and sustainable systems for health. The integration of health services is the foundation of primary health care and universal health coverage.

But we also need to move beyond health to create a gender-equal world. Education and health are principal determinants of equal opportunity, but also work to reduce the remarkably high rates of HIV infection in adolescent girls and women. The Global Fund is working with the Global Partnership for Education, PEPFAR's Dreams initiative and others to support programmes to keep girls in school, to reduce gender-based violence and to promote changes in gender norms. By focusing on gender equality, we can together create a world with better opportunity for all.

“We fully support the vision and innovation of the GFF, and are strongly committed to principles of harmonization and shared accountability.”



GRAÇA MACHEL
BOARD CHAIR, THE PARTNERSHIP FOR MATERNAL, NEWBORN & CHILD HEALTH, GFF INVESTORS GROUP

Put the needs of the most vulnerable first, not last

The Sustainable Development Goals (SDGs) are for both developed and developing countries alike. They aim to achieve by 2030 sustainable development, promote a plan of action for people, planet and prosperity and peace.

To achieve the health-related targets of the SDGs, we must prioritize the interests of the most vulnerable. Data from the last 15 years tell us that millions of women, children and adolescents – were left behind due to underlying social, economic and cultural inequities.

To address these inequities, the United Nations and partners developed the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030), laying out an ambitious roadmap to end all preventable maternal, newborn and child deaths by 2030. It aims to keep women, children and adolescents at the heart of the development agenda, improve their health and well-being and unlock their vast potential for transformative change.

Aligned with the SDGs, the Global Strategy recognizes the need to address the requirements of the most vulnerable populations in rural and urban environments, and those living in fragile and conflict settings. It emphasizes the

need to build the resilience of health systems, improve the quality and equity of health services and work with health-enhancing sectors.

The Global Strategy provides guidance to improve health outcomes for all. It is up to governments, parliamentarians, multilateral organizations, civil-society organizations, private sector, development partners, professional organizations, research institutes, media, development activists, youth leaders and people everywhere to make it happen. This translates into careful planning, execution and monitoring so no one is left behind, and it requires unprecedented human and financial resources for implementation. We can mobilize these resources by adopting a partnership model that is country-led and which co-opts the expertise and resources of stakeholders from across multiple sectors.

The Global Financing Facility (GFF) is one such partnership. It is founded on the belief that, to meet the magnitude of the challenge, development financing must draw on a range of stakeholders, and most particularly on the focus countries themselves. It requires us to work differently, making the most efficient use of the resources at our disposal and investing early and at

scale in interventions that will dramatically reduce financing needs over time. Dynamic country leadership will be needed to ensure that partners align around jointly defined and agreed priorities, and that domestic resources increase alongside donor investment to build a sustainable funding system owned and managed by country partners.

Our collective efforts will be much more impactful than when we work alone. To this end, the country platform, led by national governments, must engage with stakeholders across society, who must all take their responsibilities and obligations seriously and work together to ensure holistic, results-oriented outcomes. When they work well, these multistakeholder platforms can generate a national social pact and achieve transformative change.

On behalf of the Partnership for Maternal, Newborn & Child Health (PMNCH), I am confident that the GFF approach will deliver results. If the global community and national governments invest in the well-being of women, children and adolescents, it is possible to make a major leap towards more equitable, resilient, thriving and transformed societies.

“It is possible to make a major leap towards more equitable, resilient, thriving and transformed societies.”



ANTHONY LAKE
EXECUTIVE DIRECTOR, UNICEF

Supporting country-led efforts to reach the most disadvantaged

UNICEF welcomed the launch of the Global Financing Facility (GFF) because it was created to help countries achieve goals to which we are absolutely committed – ending preventable child and maternal mortality and improving the health and well-being of *every* woman and *every* child.

That is why we must focus on reaching the most disadvantaged and vulnerable children, families and communities: the woman awaiting the birth of a child far from a hospital and without a skilled birth attendant; the infant never seen by a health worker during the first critical days of life; the child without access to immunization and nutrition, safe water or sanitation; the adolescent girl at risk from HIV and the perils of early pregnancy and childbirth; the family displaced from its home because of conflict or crisis, desperate for access to basic health services for its young children.

Why do we believe that the GFF can help these most vulnerable women and children? Because it was designed to help countries take the lead in driving results for the most disadvantaged.

First, by increasing resource mobilization. This means securing more sustainable funding for countries bearing the greatest burden of maternal and child mortality. And it equally means that those countries must increase the investments they make in their own population's health – with a deeper focus on reaching the most vulnerable children, mothers and families.

Second, by promoting greater efficiency. This means encouraging better coordination among governments, development partners and civil society so the children and families in greatest need have access to vital services.

Third, by helping countries build greater long-term capacity. This means advocating for greater investment in stronger health systems and community care and in scaling up services that meet the immediate needs of children and families and build resilience for the future.

In all these ways, the GFF is already helping countries to tackle their own challenges. UNICEF is an enthusiastic partner in this vital effort. For example, UNICEF is providing technical support to countries seeking GFF

funding in a range of areas. These include: helping governments improve data collection and disaggregation to see who is being left behind; identifying barriers and supporting solutions to overcome them; and advocating for better integration among health, nutrition and WASH (water, sanitation and hygiene) sectors.

Achieving the goals of the GFF will take time and concerted, sustained effort. Many countries will require significant technical support – especially countries affected by conflict and chronic crises, which account for 60% of maternal mortality, 53% of under-five mortality, and 45% of newborn mortality.

These are early days, and much work remains. But the GFF can and will succeed, not only because it supports the *countries* in greatest need but also because it enables those countries to take the lead in reaching the *children and families* in greatest need. Because of our shared mission, UNICEF has been, is, and will be a strong supporter of the Global Financing Facility.

“The GFF can and will succeed, not only because it supports the **countries** in greatest need but also because it enables those countries to take the lead in reaching the **children and families** in greatest need.”



BABATUNDE OSOTIMEHIN
EXECUTIVE DIRECTOR, UNFPA

“We are committed to the achievement of universal access to sexual and reproductive health and the protection of reproductive rights.”

Promoting partnership for women and girls

UNFPA is committed to playing a lead role in shaping the Global Financing Facility (GFF) and supporting the overall roll-out of the Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030).

Our strong technical and programmatic expertise has been harnessed to support the GFF in areas such as adolescent health; maternal health; family planning (including commodities); human rights; gender equality; health systems strengthening (e.g. service provision, human resources for health and resilience building); data; population dynamics; global public goods and the wider social determinants of health. We have also provided strategic leadership and assistance through our flagship thematic funds for Maternal Health and UNFPA Supplies which are on the front line in contributing to ensuring universal access to sexual and reproductive health and rights.

Alongside H6 partners, we promote the GFF by drawing on our strong partnerships with country governments, civil-society and faith-based organizations, youth groups, the private sector and bilateral, multisectoral and other partners. For example, the UNFPA country office in Kenya has spearheaded the Private Sector Health

Partnership (PSHP) Kenya to help establish Maternal and Newborn Health Innovation Projects in six counties in Kenya accounting for close to 50% of all maternal deaths. PSHP Kenya is receiving support from the World Economic Forum ‘Health Systems Leapfrogging in Emerging Economies’ team which aims to help emerging economies “leapfrog” over development stages that had previously been unavoidable to speed up progress towards universally accessible, affordable, high-quality services.

We have given technical and financial support to a number of GFF countries (e.g. Cameroon, Democratic Republic of Congo, Kenya, Liberia, Tanzania and Uganda) in the development of their Investment Cases, frameworks and strategies for reproductive, maternal, newborn, child and adolescent health (RMNCAH), and of their broader national health strategies. For example, the UNFPA country office in Cameroon has been fully committed to supporting the Government of Cameroon with respect to the GFF and has been engaged in the development of the country’s RMNCAH Investment Case, providing technical expertise and advice.

In neglected areas such as adolescent health, we have funded targeted critical analysis to ensure that context-specific best practices and knowledge inform the

prioritization of adolescent health in country Investment Cases (e.g. in Cameroon and Uganda). Our extensive commodity and technical experience has supported countries to strengthen their supply chains and expand access to a reliable supply of contraceptive and life-saving commodities (e.g. in Cameroon, Kenya and Tanzania). And we are extremely active in supporting country-led coordination processes in-country to facilitate the GFF (e.g. in Bangladesh, Mozambique, Nigeria and Senegal).

Where RMNCAH Investment Cases and broader health sector plans have been approved, we are supporting countries as they move from development to implementation (e.g. Ethiopia and Tanzania). We are committed to the achievement of universal access to sexual and reproductive health and the protection of reproductive rights so that every pregnancy is wanted, every childbirth is safe and every young person’s potential is fulfilled. We believe that such investments are essential if, as a global community, we are to realize our commitments to the 2030 Agenda for Sustainable Development and deliver for women and girls.



JIM YONG KIM
PRESIDENT OF THE WORLD BANK GROUP

“The GFF offers a powerful way to scale up smart and sustainable solutions that will help children thrive and reach their full potential.”

Investing in children’s early years for a better, more prosperous world

A year on from the launch of the Global Financing Facility (GFF) at the Third International Conference on Financing for Development in Addis Ababa, I’m very happy to see the vision of country-powered investments in every woman and every child is coming to life. Strong government leadership in the first wave of GFF countries is resulting in high-quality, prioritized investment plans and financing from various sources for reproductive, maternal, newborn, child and adolescent health. Several countries are now implementing these plans in collaboration with partners – a sign both of the need for expanded services and the commitment from all actors to forge ahead with the integrated GFF approach.

As the host institution for the GFF partnership, I’m committed to improving women’s and children’s lives across the world by mobilizing the necessary financial and technical resources to achieve the 2030 targets, and, crucially, by engaging the private sector.

I would especially like to emphasize investment in a child’s early years from before birth through to the start of formal schooling. Despite rapid improvements in child survival, we continue to fail the world’s youngest children

in fundamental ways. The statistics are alarming: one-quarter of the world’s children (159 million) are stunted, leading to lifelong limitations; one-third fail to reach their full physical and cognitive potential; and nearly half of all child deaths are caused by malnutrition.

Yet, we know that the benefits of investing in children’s earliest years are lasting and irreversible. Children who avoid stunting stay in school longer, are 33% more likely to escape poverty, and earn between 5-50% more as adults.

It will take the highest level of political commitment to invest enough funding and to implement the proper programmes to reduce stunting rates and secure the optimal physical and cognitive development of our children. This is why the Secretary-General’s Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), with its “survive, thrive and transform” focus, is so timely and important. The GFF is a critical financing vehicle to translate this strategy into results by accelerating and aligning support for country-led plans to scale-up crucial services to reach every woman, child and adolescent.

Cameroon, where improvement in child malnutrition has stagnated for over 20 years, provides a good example. The Cameroon Investment Case prioritizes “best buys” in

nutrition, including micronutrients for community-based distribution to children, and promotes optimal infant and young child feeding practices. A development impact bond supports the scale-up of Kangaroo Mother Care, a low-cost approach to reducing low-birth-weight neonatal mortality and improving infant growth and development. The Investment Case is anchored by a domestic financing strategy with support of development partners, including a combination of International Development Association and GFF Trust Fund resources.

Investing in the early years is also an essential investment in the “gray matter infrastructure” and superior cognitive and socioemotional skills that are crucial for preparing children for the jobs of tomorrow. No society can advance in the 21st Century without giving children the opportunity to fully participate in the global economy.

The good news is that momentum is building towards a more even playing field for young children, and the right interventions are simple, proven, and affordable. The GFF offers a powerful way to scale-up smart and sustainable solutions that will help children thrive and reach their full potential.



MARGARET CHAN
DIRECTOR-GENERAL, WORLD HEALTH ORGANIZATION

GFF prioritizes investments in evidence-based, high-impact interventions

The era of the Millennium Development Goals left a legacy of lessons about what works best, especially in resource-constrained settings, to reduce maternal, neonatal and child deaths. It illuminated weaknesses in health systems that need to be corrected and created new strategies to improve aid effectiveness and increase the impact of investments.

The World Health Organization (WHO) welcomes the Global Financing Facility (GFF) as a model that embodies many of these lessons in a pioneering new approach to the financing of development. It provides powerful support to countries and their partners collaborating in the revised Every Woman Every Child global strategy.

The GFF prioritizes investments in evidence-based, high-impact interventions and aims to reduce inefficiencies in health spending over time. With its firm focus on achieving and measuring results, the new model marks a groundbreaking strategic shift away from paying for interventions towards paying for verifiable results. Investments in systems for civil registration and vital statistics receive priority as part of this focus on results.

Lessons about the importance of country ownership are central to the GFF. It follows the principles of the International Health Partnership+, in which financial assistance is channelled in ways that build national capacities. Country Investment Cases and national health financing strategies provide the platform for collective targeted action, bringing together funding from domestic sources, international partners and the private sector.

Given the many problems caused by short-term unpredictable financing, the GFF articulates a long-term vision for sustainable financing, helping to ensure that a fair share of a country's economic growth is captured to support improved health for women and children. Country Investment Cases also serve as a mechanism for coordinated investments that produce fewer gaps and overlaps, which again improves efficiency. By supporting historically neglected areas, such as family planning, nutrition and adolescent health, the Investment Cases generate synergies among approaches that work well, yet have been largely underutilized.

The GFF, with its links to ministries of finance, has the flexibility to make targeted investments in non-health sectors, such as education, water and sanitation and social protection, which fundamentally shape the health of women and children. Equally important, multiple studies have shown that simply having life-saving interventions in health facilities will not bring down mortality in the absence of high-quality care and people willing or able to use services. Especially welcome is the GFF introduction of structured incentives for service users and health workers at the front line of service delivery to stimulate demand and motivate improved performance.

With all these features, firmly grounded in both scientific evidence and practical experiences within countries, the new financing model has the potential to help countries and their partners do development differently as they aim for universal health coverage. WHO commits fully to support the GFF with technical guidance, practical tools, evidence on best practices in different settings and international standards that contribute to high-quality services.

“The new model marks a groundbreaking strategic shift away from paying for interventions towards paying for verifiable results.”



MELINDA GATES
CO-CHAIR AND TRUSTEE, THE BILL & MELINDA GATES FOUNDATION

Innovative financing unlocks benefits of key health solutions

At the Bill & Melinda Gates Foundation, we believe that investing in the health and well-being of women and children is key to sustainable development and poverty reduction. And significant declines in maternal and child mortality prove that progress in these areas is possible. To maintain that momentum, we must work together to expand reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N) interventions in the countries where the burdens of poverty and disease remain highest.

For these reasons – and more – the foundation has committed US\$ 75 million over five years to support the Global Financing Facility (GFF) Trust Fund. The GFF offers the global community an unprecedented opportunity to pair radical thinking with smart partnerships led by governments, and involving experts, donors and global leaders to invest in what works. Already, we have seen promising results in GFF countries developing strong Investment Cases for RMNCAH+N and working to improve sustainable national health plans that will be their pathway to healthier generations. I am particularly excited about the potential that the GFF offers

for expanding access to family planning – a cornerstone of women’s health, equality and empowerment – to more women and girls. And what will the GFF do to help ensure that *every* woman and *every* child survives and thrives in low-resource countries?

The GFF goes beyond just financing. It also enables countries to lead a revitalized focus on RMNCAH+N, and design interventions uniquely suited to their own needs. There is no one-size-fits-all approach to global health, nor should we strive for one. It is much more important to bring global and country stakeholders together to devise innovative plans grounded in the distinctive conditions of each country – as the first-round countries have demonstrated with very encouraging results.

Ethiopia, for instance, is using the GFF process and resources to accelerate the implementation of its national health strategy, which includes aggressive targets for reducing maternal, newborn and child mortality while also improving nutritional status. Meanwhile, second-round countries are demonstrating as much ingenuity. Cameroon is using the GFF to address its uneven geographical distribution of critical health services for mothers and children, and get life-saving care to

more families in more places. And in a testament to the creativity the GFF is helping to inspire, Cameroon is also taking advantage of an innovative financing instrument by designing a health development impact bond to fund expanded coverage of Kangaroo Mother Care – the practices of skin-to-skin contact for warmth and bonding, and exclusive breastfeeding.

As these programmes help unlock greater prosperity across the communities in which they operate, individual countries are making commitments to provide ever-increasing portions of the necessary financing, ensuring that their health systems can be sustained without permanently relying on donors. Ultimately, these solutions will not only be country-led; they will be country-owned, too.

When world global leaders met in New York to adopt the Sustainable Development Goals in September 2015, they agreed to work together toward creating a healthier, more prosperous world by 2030. By supporting the GFF, we can ensure that our implementation efforts are as ambitious as the goals themselves.

“The GFF offers the global community an unprecedented opportunity to pair radical thinking with smart partnerships led by governments, and involving experts, donors and global leaders to invest in what works.”



KATE HAMPTON
CHIEF EXECUTIVE OFFICER, CHILDREN'S INVESTMENT FUND FOUNDATION

We owe it to children and adolescents

The Children's Investment Fund Foundation (CIFF) was set up to champion children and give them the opportunity to survive and thrive, today and in the future. We are strongly committed to children and adolescents and have always taken on issues that others ignore or shy away from. We have a big appetite for risk, and the financial leverage to solve problems and achieve systemic change. We are focused on clear returns for children from the outset. Our emphasis on data to measure impact has been widely adopted by other development funders.

As a community we have achieved a lot. The Millennium Development Goals managed to “bend the curve” in maternal and child survival, setting us on a course to eliminate preventable maternal and child mortality by 2030. As well as maintaining our ambition for child survival, we must ensure all children and adolescents get the chance to develop healthy bodies and minds – goals on which we are making less progress than expected.

Despite the evidence that cost-effective investments with massive returns are available, progress on family planning, early childhood development, child nutrition and adolescent well-being is unacceptably slow.

At CIFF we have chosen to invest in children and adolescents. Every year 3.1 million children die from undernutrition. A further 162 million children under five suffer from stunting – leaving their brains and bodies permanently underdeveloped and less able to learn and work later in life. Adolescent pregnancy robs girls of life chances. It affects their health and the health of their children and contributes to an intergenerational cycle of poverty. CIFF wants to put children and adolescents at the centre of our investments and support integrated approaches across sectors in health and education for both service delivery and advocacy. And we want to bring more southern-based partners and voices into our investments.

We see the Global Financing Facility (GFF) as a key financing platform to support the United Nations Secretary-General's updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). It has been designed to leverage private-sector support and bring together, under national government leadership, stakeholders in reproductive, maternal, newborn, child and adolescent health. We are making progress, but we are falling short, particularly for adolescents.

We wish the GFF success both in helping closing the financing gaps faced by countries in achieving their goals for women, children and adolescents, and in fostering cross-sectoral efforts and broad partnership. These can accelerate the development of synergies, such as between education and health, and advance gender equality.

We owe it to our children.

“Adolescent pregnancy robs girls of life chances. It affects their health and the health of their children and contributes to an intergenerational cycle of poverty.”



JOANNE CARTER
EXECUTIVE DIRECTOR, RESULTS AND RESULTS EDUCATIONAL FUND

Prioritize equity, results, and mobilizing resources

The Global Financing Facility (GFF) has emerged as a major opportunity to accelerate improvements in maternal and child health in the world's poorest countries. To realize this potential fully, the GFF must partner with countries to reach the poorest and most marginalized populations, focusing on equity and results and mobilizing additional resources.

To achieve these goals, it is essential that civil society participates in the global governance, country-level planning, implementation and oversight of GFF investments. The inclusion of civil society will help ensure that poor and marginalized populations are prioritized and reached, and that GFF and country programmes are held accountable for delivering impact. The GFF should include standards for the meaningful engagement and participation of civil-society and other partners in the guidance it issues to countries. These standards should be a key component of quality-assurance processes and upheld in the development, implementation and oversight of country Investment Cases and health financing strategies.

The GFF has an opportunity to be a global leader by ensuring that the benefits of its investments reach the poorest and most marginalized communities. Equity is established as a guiding principle in the GFF Business Plan. However, there is not yet a clear plan to apply this principle systematically in GFF-supported countries. This reflects a broader challenge across global health and development in translating equity principles and targets into practice. To track progress, the GFF results framework should include data disaggregated by wealth quintile. Moreover, the GFF should lead on the adoption and use of survey tools to track the wealth quintile of beneficiaries in real time. This would not only allow GFF-financed programmes to make rapid adjustments to enhance equity, but also help establish best practices and serve as a global model for ensuring health equity.

Central to the GFF is the priority of supporting countries to deliver “smarter” financing. This includes the focus on equity noted above, given that the poorest people bear a disproportionate burden of death and disease. It also includes a strong and clear focus on results and

impact, whether or not an explicit result-based financing mechanism is used. In addition to a prioritized, evidence-based results framework, GFF country Investment Cases should include a clear commitment to verify results independently and transparently.

A key priority of the GFF is to increase resources available for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH+N). This includes crowding in additional funding through the International Development Association (IDA) – the World Bank's concessional funding mechanism for the world's poorest countries. GFF success will depend on expanding the overall pool of funding through IDA, domestic resources contributed by partner countries and new complementary funding from other donors. The GFF should regularly track and report on additional financing to demonstrate its value in mobilizing significantly more total resources for high-impact RMNCAH+N interventions.

“The GFF has an opportunity to be a global leader by ensuring that the benefits of its investments reach the poorest and most marginalized communities.”



“By focusing on sustainable models and evidence-based interventions, the GFF creates the right conditions for engagement and investment.”

FRANS VAN HOUTEN
CHIEF EXECUTIVE OFFICER AND CHAIRMAN, ROYAL PHILIPS

Private-sector partnerships can co-create the future of health care

Our commitment to the Global Financing Facility (GFF) originates from the Philips Every Woman Every Child pledge to improve the lives of 100 million women and children by 2025, with a focus on sub-Saharan Africa and South-East Asia.

In this work, economic conditions in emerging markets are a key challenge. Widespread poverty, weak infrastructures and remote locations mean that integrated health services can be difficult to grow to scale and are prone to failure.

We support the GFF through our expertise in innovation and our core competencies in growing primary-care capacity. The GFF brings together a broad range of partners to promote the sustainable solutions needed to achieve universal coverage of health care. By creating the right financial and technical conditions for innovation, as a common objective, GFF partners achieve greater impact and better health outcomes through collaboration.

The GFF approach unites multiple partners around shared goals and is suited to health-development challenges at both the macro and micro levels. These partners possess diverse expertise and resource management skills, which

can be used to address specific diseases and social-health challenges, alongside broader structural failings.

In this spirit, Philips launched its Africa Innovation Hub in Kenya in 2014. While channelling our strength in global innovation, the Hub supports the development of local talent and tailored innovations ready for large-scale deployment.

Our Community Life Centers (CLCs) are public health facilities that transform primary and community-based care in rural areas. They house state-of-the-art primary care health and IT facilities for diagnosis, testing, treatment and training, and act as centres of excellence in the care of mothers and children. The CLCs also provide sustainable community resources that are openly available 24/7, with LED lights, internet connectivity, power and clean water. By building safe and secure sites for social engagement in this way, I believe we can embed the long-term building blocks of universal health care within the communities they serve.

Another Africa Innovation Hub solution is the Philips Children’s Automated Respiration Monitor (ChARM). The device has been developed for use in low-resource settings

to automatically detect accelerated breathing rates – the vital sign in diagnosing infant pneumonia. As a front-line tool in infant care, the ChARM has immediate potential to prevent many of the 922 000 annual child pneumonia deaths,¹ without placing additional battery and power resource burdens on the local health system.

Philips continues to invest in emerging-world innovation and design competencies. We anticipate that GFF countries will continue to engage private-sector partners to co-create solutions that deliver radical improvements in primary and community-based care. By focusing on sustainable models and evidence-based interventions, the GFF creates the right conditions for engagement and investment. Philips is responding by improving more lives in emerging markets than ever before by efficiently managing resources and expertise.

In its first 12 months, the GFF programme has been the catalyst for new multistakeholder partnerships and innovations at global and local levels. With ambitious targets ahead, Philips remains committed to GFF objectives and is proud to pledge its continued support.



BOB COLLYMORE
CHIEF EXECUTIVE OFFICER, SAFARICOM

GFF can mobilize private-sector resources and expertise for health

A healthy nation is a wealthy nation. Kenya has a thriving economy and the World Bank has predicted growth of 6.1% in 2017, attributing this success to the substantial structural and economic reforms and investments made by the government and partners.

However, the country's ability to prosper is threatened by the persistence of extreme poverty and deep inequalities, and by the challenge of providing equitable, affordable and quality health services.

Despite the good progress made to advance maternal and child health, the results of the Millennium Development Goals (MDGs) in Kenya were mixed. MDGs 4 and 5 did not achieve substantial attention and resources until late in the MDGs process.

The Sustainable Development Goals (SDGs) set new health targets under SDG 3 and put a particular focus on improving reproductive, maternal, newborn, child and adolescent health (RMNCAH). A concerted effort is needed from all stakeholders to advance this agenda, and business will have to play its part. The role of business extends far beyond making profits. When women,

children and adolescents lack adequate health care, or are excluded from it, this impacts directly on business, society and their ability to prosper.

The Global Financing Facility (GFF) is an opportunity for all actors to cooperate to advance RMNCAH and tackle what is a complex systemic issue. The private sector has a critical role to play. It can mobilize investment, spark innovation, build and provide capacity and partner to address the challenges of affordability, quality and availability of health care. By investing in and mobilizing the diverse range of resources and expertise, the GFF can significantly advance RMNCAH.

Public-private partnerships (PPPs) can improve health outcomes by combining the different skills and resources of various organizations in innovative ways. PPPs can create synergies, promote sustainability and encourage the adoption of best practices by stakeholders.

The Health and Enablement Learning platform, now known in Kenya as "LEAP", is a good example of how the private sector can address skills shortages in delivery of health services. LEAP is driven by a successful PPP between Safaricom, AMREF, M-Pesa Foundation,

Accenture, Mezzanine and the Kenyan Ministry of Health. It has equipped the health workforce with the training and information required to provide basic health-care assistance, freeing up more highly qualified health workers to work more efficiently. And it has helped build the capacity of community health workers – often the first to provide care for pregnant mothers – and contributed to better decision-making around pregnancy and childbirth. Kenya is seeing improved maternal and child health outcomes in relation to skilled birth deliveries, immunization and antenatal health attendance.

As CEO of a mobile telecommunications company, I see a unique opportunity to use our products and services to improve the quality of life and well-being of mothers, children and adolescents in Kenya. Safaricom is committed to creating an enabling environment for every woman and every child by working with partner organizations and using technology to extend the reach of interventions.

The GFF will have a pivotal role in leveraging the unique strengths of each actor and coordinating efforts to ensure every woman and every child can live a long healthy life, and unlock the growth potential of the country.

“When women, children and adolescents lack adequate health care, or are excluded from it, this impacts directly on business, society and their ability to prosper.”



KEVIN J JENKINS
PRESIDENT AND CHIEF EXECUTIVE OFFICER, WORLD VISION INTERNATIONAL

Country-powered investment – a catalyst for achieving the SDGs

A strategy that cannot be paid for is just a wish. The ambitious vision contained in the Sustainable Development Goals, and echoed in the updated Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030), reflects a new consensus about the need to prioritize women’s, children’s and adolescents’ health everywhere. But if we cannot finance it, the vision will be a mirage – forever receding into the distance.

The most pressing problem is to invest in solutions in fragile, conflict-affected and humanitarian settings where most of the deaths of mothers and young children happen. In 2015 the countries with the highest burden faced a financing gap of US\$ 33.3 billion for health provision for these most vulnerable citizens. We urgently need smart, scaled and sustainable financing in these places. The gap cannot be met through traditional development assistance alone.

The Global Financing Facility’s (GFF’s) concept of country-powered investments for every woman and every child could be the catalyst which helps us finance

the updated Global Strategy. Such sustainable financing should bring other forms of support for health, including development assistance and domestic resources.

Civil-society organizations are critical if we are to achieve and measure results, because they have extensive experience working in fragile contexts. Community and faith-based organizations provide between 30% and 70% of health services in Africa,² for example. They must be full participants in the multistakeholder platform from which the country-powered approach aims to reach those who are hardest to help. We must invest in local leaders and support them as they act. The people who are affected by the health solutions we propose should be involved in their design and equipped to hold accountable those who implement them.

World Vision is actively involved in the GFF and represents civil society in the Investors Group. We helped to develop minimum standards³ for country platforms to ensure representation, transparency and accountability, and we convened learning events for civil-society organizations.⁴

The number of countries working with partners to develop an investment plan since the GFF was launched is encouraging. More than a third of the countries eligible to draw on it are fragile and conflict-affected, according to the World Bank, and I anticipate that the plans will prioritize populations in difficult-to-reach regions and contexts.

The success of the GFF will be measured, in large part, by its ability to mobilize additional resources to address women’s, children’s and adolescents’ health, especially in the most fragile contexts. National civil-society and faith-based organizations will provide a considerable amount of time, effort and assets, and it is only reasonable to include them in the initial financing. That, in turn, will assist their nations to transition toward long-term, sustainable support for citizens exposed to the greatest risk.

“The people who are affected by the health solutions we propose should be involved in their design and equipped to hold accountable those who implement them.”



DRC: laying the foundation for sustainable increases in RMNCAH financing

The Democratic Republic of Congo (DRC) has made some real progress in improving the health and well-being of its women, children and adolescents. For example, the under-five mortality rate dropped from 148 deaths per 1000 live births in 2007 to 104 per 1000 in 2013.

But there are many areas of reproductive, maternal, newborn, child and adolescent health (RMNCAH) in dire need of improvement. The maternal mortality ratio remains high, at 846 deaths per 100 000 live births. Chronic malnutrition among children under-five persists at 43%.

The Government of the DRC is committed to significantly improving RMNCAH. The Global Financing Facility (GFF) is a catalyst for finding the financial resources to strengthen health management systems, enhance the quality and equity of RMNCAH coverage and ensure continued, targeted investments for better RMNCAH services.

To promote RMNCAH progress, the government, with assistance from the GFF, is leading the development of an Investment Case – a prioritized set of investments needed to achieve the country's desired RMNCAH results. It is concurrently preparing a health financing strategy, which will assist in analysing, planning for and implementing efforts to promote financial sustainability and to accelerate RMNCAH advancements and universal health coverage.

Developing the DRC's Investment Case and health financing strategy has entailed extensive consultations

with a wide range of stakeholders including civil society, the private sector and bilateral and multilateral organizations. The process has been supported by a uniquely strong in-country partnership comprised of Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria, the United Nations Children's Fund (UNICEF) and the World Bank.

Rather than starting from scratch, the GFF process in the DRC builds on existing structures and analytics, such as the 2013-2014 Demographic and Health Survey, the 2014 Service Availability and Readiness Assessment, and the recently approved National Health Development Plan (PNDS/2016-2020).

The Investment Case focuses on: (1) system-wide interventions to strengthen human resources, civil registration and vital statistics systems, medical drugs and commodity supply chains, along with public financing management; and (2) targeted interventions to expand essential RMNCAH services and address underfunded RMNCAH areas, including through increased resource allocation for family planning, nutrition and adolescent- and youth-friendly services. Based on a recently completed health financing assessment, the government seeks to strengthen resource allocation and disbursement, and pooling and strategic purchasing.

The Investment Case and corresponding health financing strategy will serve as the blueprint for achieving the financing increases needed to dramatically improve RMNCAH in the DRC.





“The focus is on the experiences of women, children and adolescents within their communities – on their priority needs.”

DAVID NABARRO
SPECIAL ADVISER TO THE UN SECRETARY-GENERAL

A roadmap for 2030

In September 2015, world leaders agreed a universal and interconnected 15-year global transformation. When implemented it will end poverty, protect the planet, ensure prosperity for all and a meaningful future for coming generations. Called the 2030 Agenda for Sustainable Development, it has 17 Sustainable Development Goals and is to be realized through multi-stakeholder partnerships. Full implementation is only possible, though, through the fullest possible engagement of women everywhere.

Also in September 2015, the Secretary-General of the United Nations approved an updated Global Strategy for Women’s, Children’s and Adolescents’ Health (2016-2030) in line with the 2030 Agenda. The Global Strategy, now being implemented, will contribute to saving the lives and improving the health of women, children and adolescents, helping them survive, thrive and achieve their full potential. The focus is on the experiences of women, children and adolescents within their communities – on their priority needs.

Successful implementation will depend upon visionary leadership at country level; on the capacity to measure and promote development; and on innovative action to fight poverty, to empower those most in need, to build local capacity and to ensure resilience. It relies on well-established and comprehensive partnerships, but implementation requires sustained financing from both domestic and international sources. A lack of funding hinders progress.

The Global Financing Facility (GFF) bridges the gap in finance, seeding up the achievement of targets in both the Global Strategy and 2030 Agenda. The GFF supports the implementation of existing plans by governments in ways that make more efficient use of existing finance and mobilize additional funds from domestic and international public- and private-sector sources. It enables priority actions for providing essential reproductive, maternal, newborn, child and adolescent health services.

The GFF is designed to contribute to women’s, children’s and adolescents’ health where the needs are greatest. It is intended that the GFF will help prevent up to 3.8 million maternal deaths, 101 million child deaths and 21 million stillbirths by 2030. It will do so through contributing to the implementation of specific actions within health and other sectors, including investments designed to improve nutrition and increase access to water and sanitation, education and clean energy – with a focus on improving health outcomes. The GFF invests through multisectoral windows and encourages strong partnerships between financiers to increase collective impact. It seeks to access and pool funds from a range of mechanisms, such as Gavi, the Vaccine Alliance, and the Global Fund to Fight AIDS, Tuberculosis and Malaria. This leads to greater scale, impact and overall benefits.

Over the coming two years, the GFF will demonstrate the extent to which it adds value at the country level through scaling-up available resources, and accessing innovative finance and novel sources of funds, including those from

the private sector. It is an innovative mechanism open to working differently and to blending private and public finance through building alliances and common working practices.

The GFF will dovetail with other entities in the Every Woman Every Child (EWEC) constellation. These include a grouping of six multilateral organizations (the H6), the Partnership for Maternal, Newborn & Child Health, the Innovation Market Place and the EWEC Everywhere initiative (with its focus on fragile settings and humanitarian action). All of these are increasingly aligned – through the H6 – to support the needs of specific national authorities.

The unprecedented EWEC partnership, including its Global Financing Framework, contributes centrally to the 2030 Agenda for Sustainable Development and to leaving no one behind. It encourages alignment and synergy in pursuit of common goals and supports cross-sectoral linkages that reflect priority needs, and contributes sustained gap-filling finance that combines domestic and international funding streams. It has emerged as the platform for a growing movement for women’s, children’s and adolescents’ health everywhere, saving lives and promoting empowerment among the people essential for the future of our world.

Resources

The Global Financing Facility

<http://globalfinancingfacility.org/>

Every Woman Every Child

<http://everywomaneverychild.org/>

Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)

<http://everywomaneverychild.org/global-strategy-2>

Endnotes

1. WHO factsheet no.331 <http://www.who.int/mediacentre/factsheets/fs331/en/>
2. Iqbal, Nandra. Faith-based organizations play a major role in HIV/AIDS care and treatment in sub-Saharan Africa. WHO.int <http://www.who.int/mediacentre/news/notes/2007/np05/en/> (accessed 21 June 2016)
3. Civil Society representatives to the GFF. Recommended Minimum Standards for RMNCAH Country Platforms to Enhance Participation, Transparency, and Accountability. WHO.int http://apps.who.int/pmnch/media/events/2015/cso_min_standards.pdf?ua=1 (accessed 21 June 2016)
4. PMNCH. Global Financing Facility learning meeting – Civil Society pre-meeting. WHO.Int http://www.who.int/pmnch/media/events/2015/meeting_report.pdf (accessed 21 June 2016)



Acknowledgements

This report was initiated by the Investors Group of the Global Financing Facility. Key stakeholders and partners were invited to contribute to the report by Erna Solberg, Prime Minister of Norway and co-Chair of the Sustainable Development Goals Advocates.

The report was developed under the overall direction of Tore Godal, Special Advisor on Global Health to the Minister of Foreign Affairs of Norway, and Tim Evans, Senior Director of Health, Nutrition and Population at the World Bank Group.

Contributions to the report were coordinated by a core group, which included: Monique Vledder, Dianne Stewart and Jennine Meyer (The Global Financing Facility Secretariat), Åse Elin Bjerke (the Norwegian Ministry of Foreign Affairs), Lars Grønseth (Editor), Helga Fogstad, Ingvar Theo Olsen and Majuri Nanthakumaran (the Norwegian Agency for Development Cooperation – Norad).

Valuable support in the development of the report was provided by: the executive offices of all the contributors; regional and country offices of the World Bank; the executive office of the Secretary-General; the office of the Prime Minister of Norway; embassies and United Nations missions; and the Partnership for Maternal, Newborn & Child Health.

Funds were made available for publication of the report by Norad and the Global Financing Facility.

Published by the Global Financing Facility on behalf of the GFF Investors Group, Washington, September 2016

Printed at Delmarva Printing

Lay-out: Goris Communications

Editorial Services by Richard Cheeseman and Robert Taylor, Robert Taylor Communications, London

For more information: <http://globalfinancingfacility.org/>



Photo Credits

Cover
Kibae Park / UN Photo

Page 2
Bangladesh: examination by front-line health-care worker
Photo: World Health Organization

Page 8
Massaca, Mozambique: water reservoir
Photo: John Hogg / World Bank

Page 21
Bicole, Senegal: a nurse at the primary health facility consulting with a patient
Photo: Arne Hoel / World Bank

Page 37
Eskinder Debebe / UN Photo

Page 38
Mityebili, Uganda: mothers with small children learn about nutrition
Photo: Stephan Gladieu / World Bank

Page 41
Mt Kenya, Kenya: the first GFF learning workshop with partner countries and other stakeholders hosted by First Lady Margaret Kenyatta
Photo: Office of the President, Kenya

