

GFF Portfolio Update



GFF countries

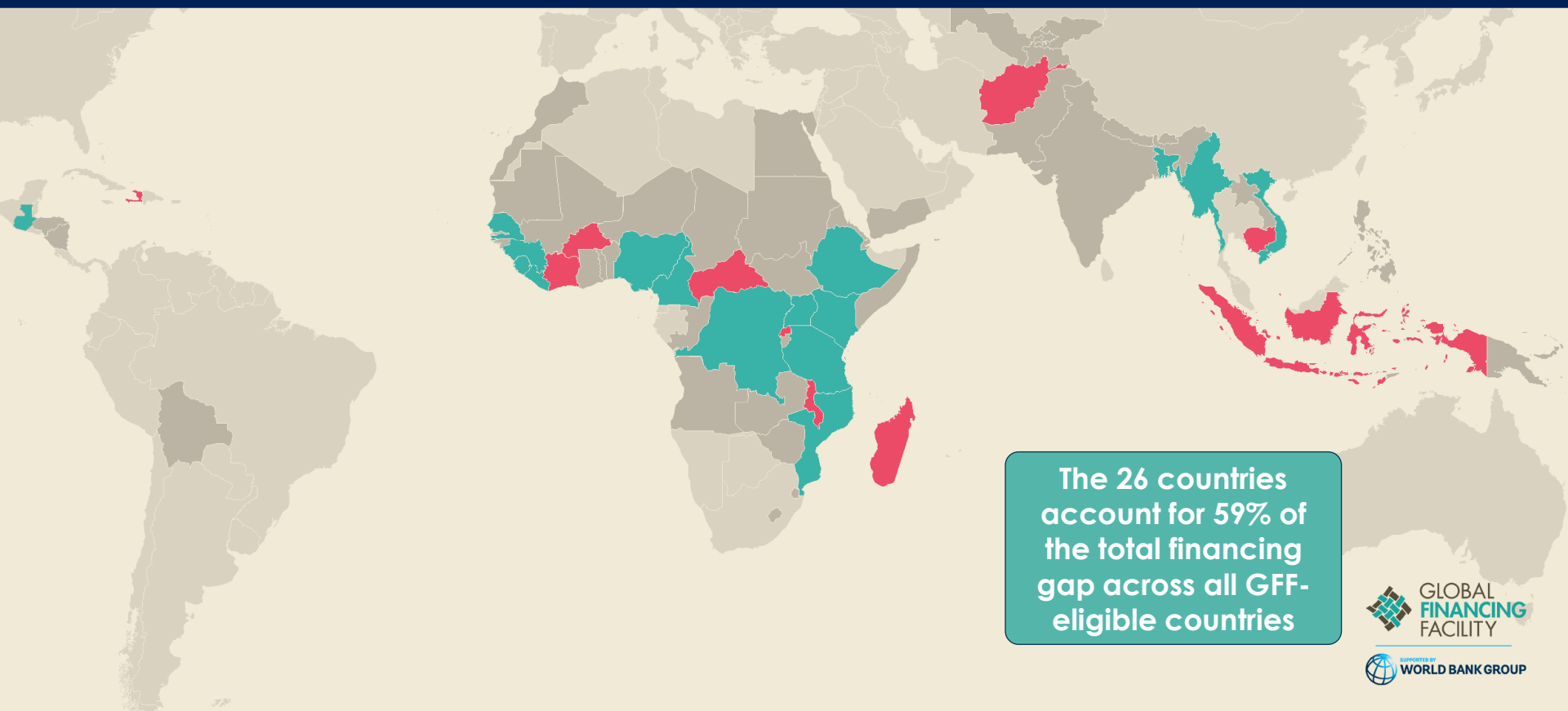
DRC
Ethiopia
Kenya
Tanzania
Bangladesh
Cameroon

Liberia
Mozambique
Nigeria
Senegal
Uganda
Guatemala

Guinea
Myanmar
Sierra Leone
Vietnam
Afghanistan
Burkina Faso

Cambodia
Central African Republic
Côte d'Ivoire
Haiti
Indonesia
Madagascar

Malawi
Rwanda



The 26 countries
account for 59% of
the total financing
gap across all GFF-
eligible countries

Good progress on several fronts

- Strong country leadership, including health and finance
- Several countries implementing their ICs
 - 21% disbursement (IDA/GFF) in effective projects
- Increasing trend -- and growing set of financiers -- in complementary financing
- Engagement of technical partners during IC preparation
- Good progress on efficiency agenda and analytical work for domestic resource mobilization
- Strong focus on results and results monitoring systems being strengthened

Some challenges remain

- Country platforms tend to lose momentum during implementation
- Variable representation of CSOs, private sector and youth on country platforms
- Need even more aligned complementary financing
- Uneven quality of ICs in first 16 countries
- Time required to scale-up domestic resource mobilization agenda
 - From analytics to implementation

Country expansion: opportunity to strengthen GFF approach

- Ensure inclusive and strong country platforms
 - Liaison Officer
 - Initiation missions
 - Roadmaps
- Prioritized investment case with aligned financing
 - Results framework
 - Resource tracking
- Increased focus on data driven monitoring and implementation support
 - Workshop on implementation and results monitoring planned for later this year

SENEGAL: Recent progress



- **Investment case focuses on:**
 - A package of high impact interventions in 5 priority regions, through:
 - Expansion of demand-side financing mechanisms (social health insurance) and improving equity
 - Adolescent health: using technology and role of religious leaders
 - Systemic interventions , including PPP for supply chain ‘ Yeksi Naa
 - Strengthening governance of the system, notably the health information system (CRVS) and health financing reforms
- **GFF Platform has improved coordination between donors and within government**
 - Regular meetings to reach consensus on priority interventions
 - Strong donor interest for the mapping, to enable them to align to the investment case
 - Common work plan leading to a virtual pooling of external resources to support the financing of the RNMCAH-N package in the long term
- **A more structured engagement with civil society to monitor the implementation of the investment case**
 - GFF civil society platform created in early 2018
 - Is developing advocacy to re-prioritize the health budget

KENYA: Progress and Achievements

RMNCAH scorecard – launched at Kenya Health Forum, being rolled out to all 47 counties. CSOs are working with the DFH to activate the RMNCAH Inter agency Coordinating Committee which will use the scorecard to monitor results of the RMNCAH investment framework.

RMNCAH TA MDTF – to support capacity building at county and national level. USAID has signed and discussions are underway with DFID and Danida.

Institutionalization of health sector resource mapping and tracking – The MOH Resource Mapping Technical Working Group has been revived and the tool is being developed with TA from CHAI.

Operationalizing of the IC

- **All 47 county governments** prepared an annual work plan incorporating the conditional grants from WB/GFF to improve PHC with focus on RMNCAH. Also, they allocated over 20 percent of their budget to health for this FY.
- **Danida** has disbursed funds to counties for support at the PHC level.
- **WB/GFF** supports RMNCAH commodity security (e.g., procurement of FP commodities) and HRH development (e.g., training of 400 nurse midwives) among others.

Challenge

- **Need to strengthen the country platform** – Delay in finalizing the partnership framework which outlines the coordination mechanisms and has likely affected the activation or reactivation of ICCs.

LIBERIA: RMNCAH Investment Case Progress

- **Emergency obstetric and newborn care (EmONC) facilities upgrading**
 - Six EmONC hospitals upgraded and 77 EmONC health workers trained
 - 130 solar suitcases installed to power facilities
 - Six maternal waiting homes in six counties
- **Maternal and neonatal death surveillance and reporting**
 - The Ministry of Health Family Health Division supports monthly MNDSR reporting
- **Improving efficiency and quality care**
 - Performance Based Financing operational at primary level in three counties and preparations underway in three of the priority IC counties
 - PBF operational in six hospitals
- **Improved community participation**
 - The CHA program is being rolled out nationally
 - Assessment of the CHA program in five counties found referrals of pregnant women to facilities increased facility delivery from 33% in 2015 to 87% in Dec 2017
- **Challenge**
 - Partners do not regularly participate in RMNCAH country platform meetings and partner activities are not consistently aligned with the Investment Case



COTE D'IVOIRE

- **Opportunities**

- Growing economy -> opportunities to raise more resources for health
- Spending these resources efficiently on the frontline services
- Ensuring that the growing external resources are aligned with our priorities and help build a stronger domestic system

- **Priorities**

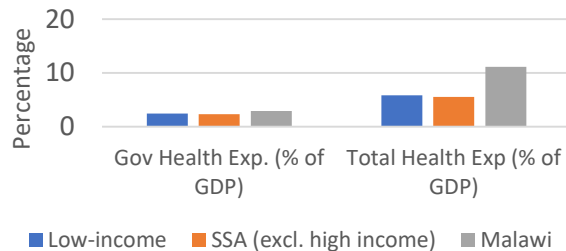
- Community and primary health (including upgrading infrastructure and equipment)
- Supply chain
- Human Resources
- Information system
- Integration of private sector

- Important health financing reforms are needed to deliver
 - Scale up of strategic purchasing
 - Integration and strengthening the health insurance model

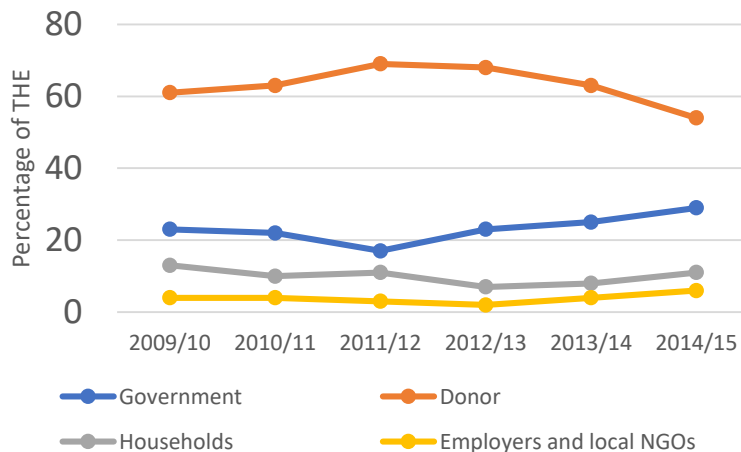


MALAWI

Resources for Health in Malawi



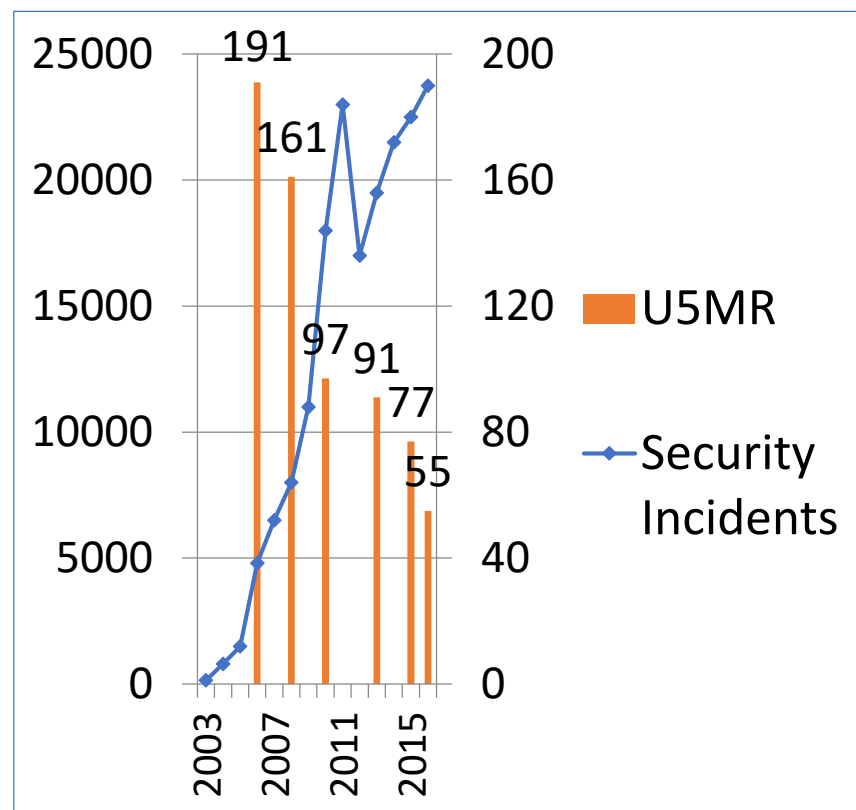
Proportion of Total Health Expenditure by Source



1. Macro-fiscal conditions will constrain Malawi's ability to increase total health expenditure.
2. **Buying more health for the money we have will be critical to the short-term agenda outlined in the investment case.**
3. Multi-sectoral implementation and coordinating off-budget donor financing will be critical to this agenda. **District-level capacity will be key.**
4. GFF-TF will support Malawi with a \$10 million investment through a \$50 IDA investment (in development).

AFGHANISTAN: Moving results to a new level

- Afghanistan has achieved considerable RMNCAH-N results (e.g., maternal and child mortality reduction), but is at risk of having reached a “plateau”
 - Considerable challenges remain (e.g., maternal mortality, child stunting, fertility rate)
- GFF brings additional momentum and innovations
- The investment case and the regular reviews of progress should help build a common vision and focus all partners on our shared objective of improving the lives of women and children
- The GFF will help address three key challenges:
 - Better alignment (on budget) of donor financing, to create efficiency gains
 - Prioritization to guide additional investments in health
 - Domestic resource mobilization
- \$35M of GFF co-financing within the \$600M Sehatmandi project approved in March 2018



GFF PARTNERS



BILL & MELINDA
GATES foundation

Canada



MINISTRY OF FOREIGN AFFAIRS
OF DENMARK
Danida



USAID
FROM THE AMERICAN PEOPLE



WORLD BANK GROUP



World Health
Organization



Learn more



www.globalfinancingfacility.org



GFFsecretariat@worldbank.org



[@theGFF](https://twitter.com/theGFF)