GFF Results Agenda

November 2019
Investors Group Meeting
Session objectives

Provide an update on the GFF Results Approach
### GFF Logic Model

<table>
<thead>
<tr>
<th>Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Medium term outcomes</th>
<th>Long term outcomes</th>
<th>Impact</th>
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<tbody>
<tr>
<td>Government leadership</td>
<td>Strengthen country platform</td>
<td>Sustained government-led multi-stakeholder</td>
<td>Improvement in service delivery</td>
<td>Equitable, scaled, sustained coverage of high impact interventions</td>
<td>Accelerated improvements in RMNCAH-N indicators (“results”)</td>
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<td>Stakeholder engagement</td>
<td>Convene investors (global and country)</td>
<td>National and donor investment aligned in</td>
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<td>Increased and sustained resources for health</td>
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<td>Evidence and knowledge</td>
<td>Develop costed prioritized investment case</td>
<td>support of investment case</td>
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<td>Financing</td>
<td>Identify required financing and systems reforms</td>
<td>Financing and systems reforms prioritized</td>
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<td>Technical assistance</td>
<td>Identify required investments in data systems</td>
<td>Functional, real time national data platform</td>
<td>Systematic use of real time data to</td>
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<td>Advocacy and communication</td>
<td>and analysis capacity</td>
<td></td>
<td>inform decision making</td>
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<tr>
<td>Global, multi-country investments</td>
<td>Identify required investments in data systems</td>
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Illustrative time for achievement of outputs is 1-3 years; medium term outcomes 3-5 years, and longer term outcomes and impact 5-10 years.
The GFF aims to contribute to improvements in coverage at the national level [by focusing on the low performing areas, systems strengthening, and health financing].

The GFF believes that robust data systems and strong capacity to use data for decision-making are core for achieving impact.
National level monitoring

Are we implementing as intended? Have we reached expected outputs?

Includes range of data sources and mid-term review.

Core set of RMNCAH-N, financing, equity, and systems indicators.

Realistic expected results for combined Investment Case (IC) investments (Domestic resources, donor and IDA/GFF Trust Funds).

Related Activities

Program evaluation | Implementation research | Strengthening country systems | Knowledge sharing and South-South learning
Core activities

- Support use of data for IC development and establish robust results framework;
- Support robust **national level monitoring of implementation progress** and build capacity to use data for decision making;
- **Strengthen availability and quality of country data for country decision making:**
  - Strengthen existing monitoring systems
  - Resource mapping and tracking
  - Ensure quality baseline, mid-point and end line data
- **Track national level results; and**
- **Build effective partnerships.**
Types of data and sources

Health data
- Health Management and Information systems (HMIS) DHIS2
- Performance based financing (PBF) data
- Population based surveys (DHS/ MICS)
- Health facility surveys
- Impact assessment
- CRVS data

Health Financing
- Global Health Expenditure Database (GHED)
- Resource mapping (using domestic government budget data and data from external partners)
- Resource tracking (using expenditure data from IFMIS, donors, or NHAs)
- Qualitative assessments/policy tracker

Process
- Focal point assessments (Tableau)
GFF Secretariat monitor implementation

- Routine monitoring of core indicators
- Process monitoring (Tableau)
- Resource mapping and tracking
- Country case studies
- Country snapshots

CASE STUDY

Ethiopia

One of the first countries to join the GFF—in 2015—Ethiopia has made substantial progress.

Case study

Resource mapping and tracking

Process monitoring (Tableau)

Country snapshot
Track national level results – drawing on country data

**Core programmatic indicators**

- Maternal mortality ratio
- Under 5 mortality rate
- Neonatal mortality rate
- Adolescent birth rate
- Proportion of the most recent children age 0-23 months who were born at least 24 months after preceding birth
- Prevalence of stunting among children under 5 years of age
- Prevalence of wasting among children under 5 years of age (added later)
- Proportion of children who are developmentally on track

**Core health financing indicators**

- Health expenditure per capita financed from domestic sources
- Ratio of government health expenditure to total government expenditures
- Percent of current health expenditures on primary health care
- Incidence of financial catastrophe due to out of pocket payments

**Country tailored set of indicators**

- Investment Case specific prioritized indicators linked to scaleup of services and catalytic interventions in health systems strengthening, especially health financing
- Based on the Investment Case, results framework and available quality data each country will have a set of defined indicators to report from routine and survey data
- Data sharing agreements and country verification process will be important to ensure this work can be substantiated.

Approved April 2018
Build community of practice
2018 Annual Report highlights

DRC

Under implementation since 2016

IC envelope $1.78 billion of which $1.37 billion funded; GFF/IDA contribution $60/$842*

Investment case priorities and financing

- Delivery of a basic benefit package that uses innovative financing mechanisms
  - Contract Unique (single contract pooled funding)
  - Strategic purchasing
  - Direct facility financing

- Partners aligned to and financing the investment case: Belgium, BMGF, Canada, DFID, EU, GAVI, Global Fund, JICA, UNICEF, USAID, World Bank, WHO, Swiss/SIDA

Support from GFF partnership

- Financing of investment case priorities through strategic purchasing of comprehensive package of PHC services
- Health financing technical assistance:
  - DRUM
  - Resource mapping
  - Program-based budgeting

Results achieved

- Increase in domestic funding for health from 7% (2016) to 8.5% (2018)
- Scale-up of strategic purchasing, direct facility financing, and single contract mechanisms
  - Significant shifts in how services are paid for at facility level (2017-2018): out of pocket payments declined from 70% to 54%; increase in third-party payments from 6% to 15%
  - Share of services delivered through strategic purchasing doubled for ANC1, ANC4, and assisted deliveries
  - Increased availability of antenatal care; family planning and essential care commodities

*3 projects
2018 Annual Report highlights
Ethiopia

Ethiopia
Under implementation since 2017
IC envelope $3.27 billion of which $2.70 billion funded; GFF/IDA contribution: $60/$150

Investment case priorities
▪ Increase the use, equity, and coverage of essential health services
▪ Strengthen health systems through systemic reforms
  — Increase domestic health spending
  — Improved donor coordination to maximize efficiency of external funding for health

Results achieved
▪ Creation of a federation for private sector stakeholders in health
▪ Health system improvements:
  — Health centers reporting HMIS data on time
  — Coverage of civil registration services (registered births and deaths)
  — Woredas with community-based health insurance schemes
▪ Improvements in health service delivery indicators from 2016-2019:
  — ANC4: from 32% to 43%
  — Deliveries attended by skilled birth providers: from 28% to 50%
  — Children 0-23 months participating in growth monitoring and promotion: from 27% to 44%
  — Pregnant women taking iron folate supplementation: from 42% to 60%

Support from GFF partnership
▪ Support to the pooled donor fund for health
▪ Policy dialogue: DRUM; Resource tracking, mobilization, alignment
▪ Ethiopia Health Sustainable Development Goals Program for Results
▪ Private sector engagement in health

Figure 1: Mapping of resources contributing to Ethiopia’s Health Sector Transformation Plan for 2018/2019
2018 Annual Report highlights
Kenya

Kenya
Under implementation since 2016
GFF/IDA: $40/150

Investment case
▪ County-specific annual workplans monitored by a RMNCAH-N scorecard
▪ Quarterly review and discussion of scorecard outcomes and course correction

Support from GFF partnership
▪ Support to county work plan implementation through the performance-based Transforming Health Systems for Universal Health Care project
▪ Collaboration with the technical assistance multi-donor trust fund to strengthen health systems

Results achieved
▪ Resource mobilization: increased allocations to health by greater than 20% across all counties
▪ Elimination of delays in funding transfers to and within counties in 43/47 counties
▪ In light of significantly disruptive health worker strikes that paralyzed health service delivery for almost a year, most counties returned to their 2016 coverage rates for antenatal care, immunizations and family planning services

Figure 1: Percent of budget allocated to health in Kenya, by county, FY17/18 and FY18/19
In FY 2018/19, 43 of Kenya’s 47 counties increased their health budgets
What’s next

Building on progress to date and with strengthened partner engagement:

- Further systematize the results approach across GFF countries;
- Provide additional GFF TF financing for country level results agenda;
- Strengthen the country capacity for the use of data for decision making; and
- Further strengthen effective partnerships around shared agenda.