



GFF Results Agenda

November 2019

Investors Group Meeting

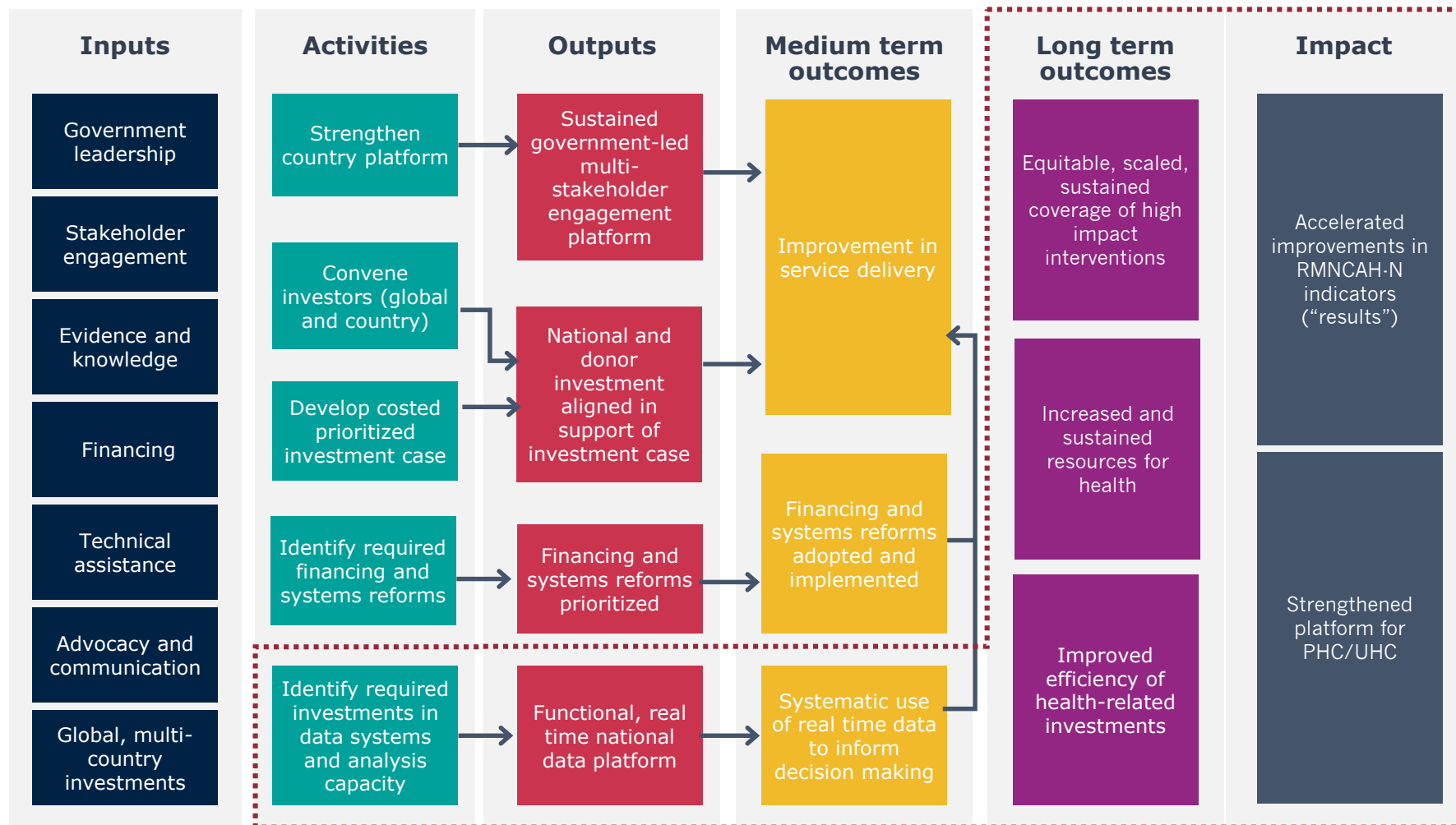


Session objectives



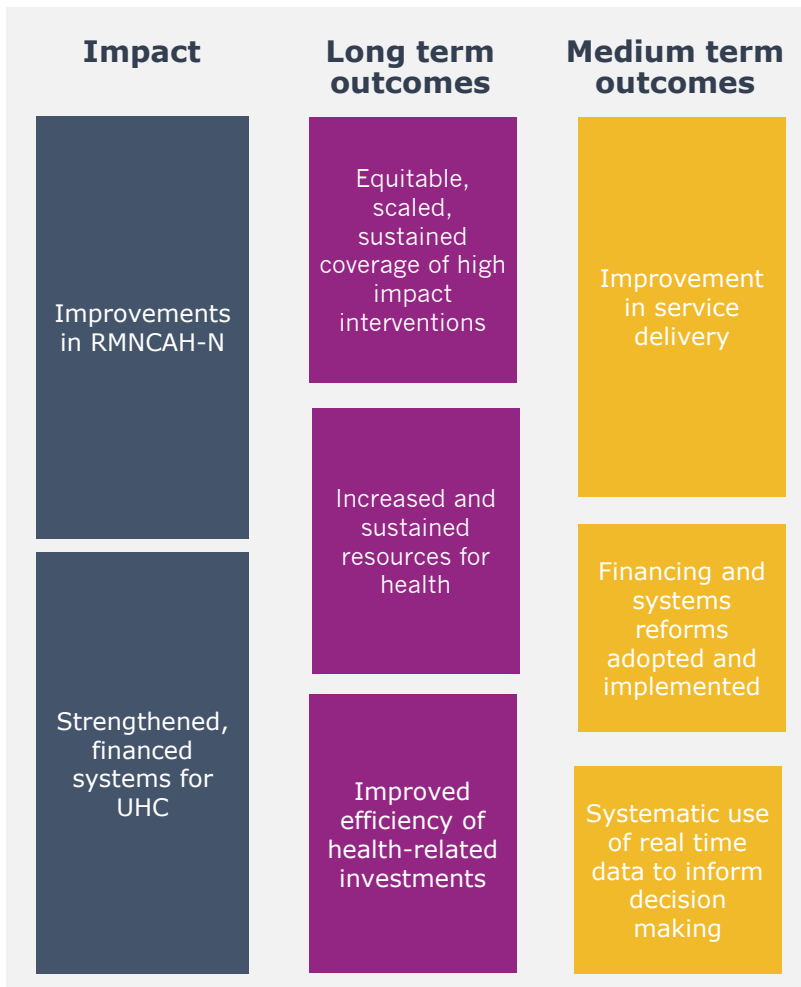
**Provide an update on the GFF
Results Approach**

GFF Logic Model



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.

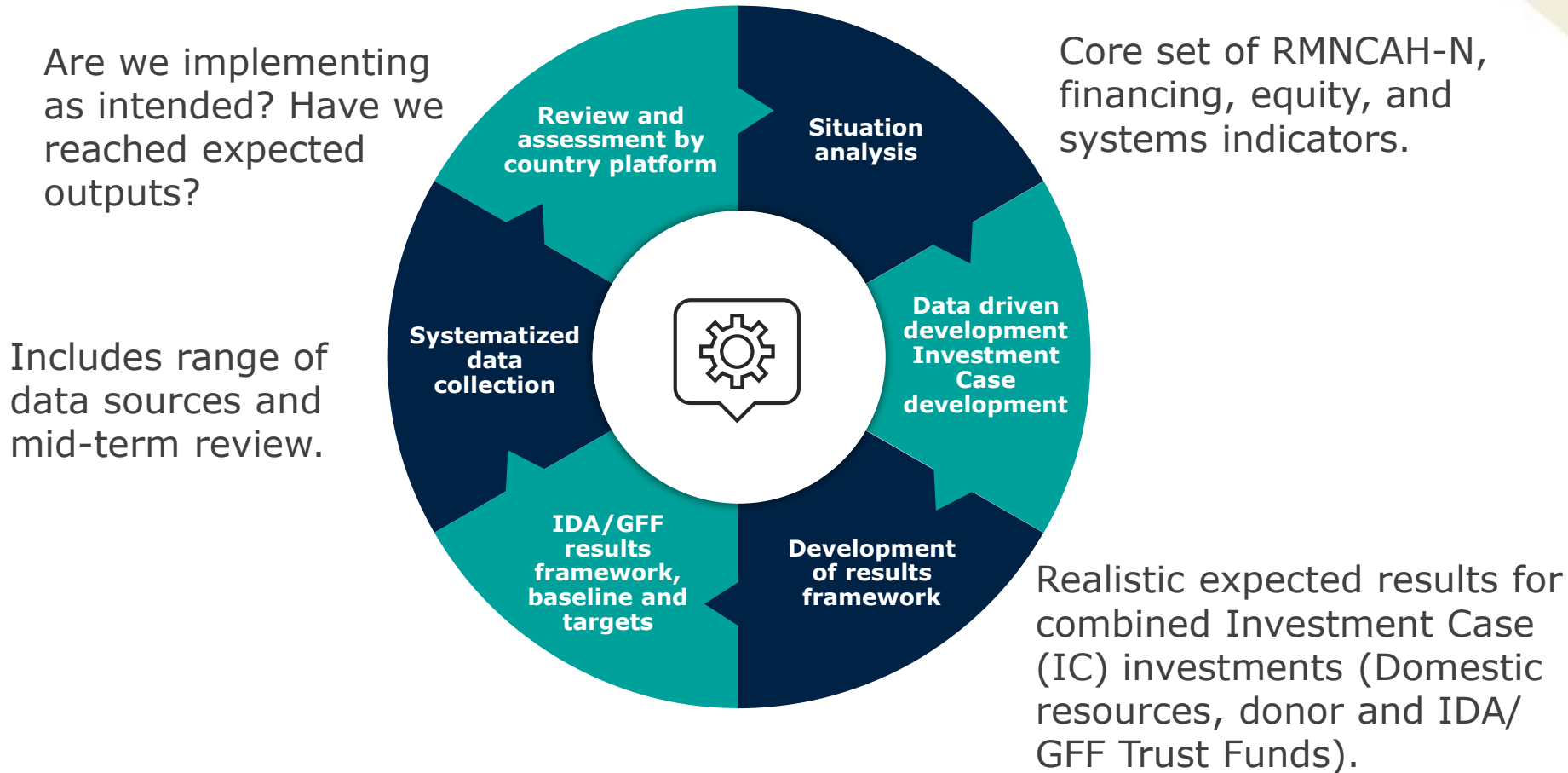
Ambition of GFF results agenda



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



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



- 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



- 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

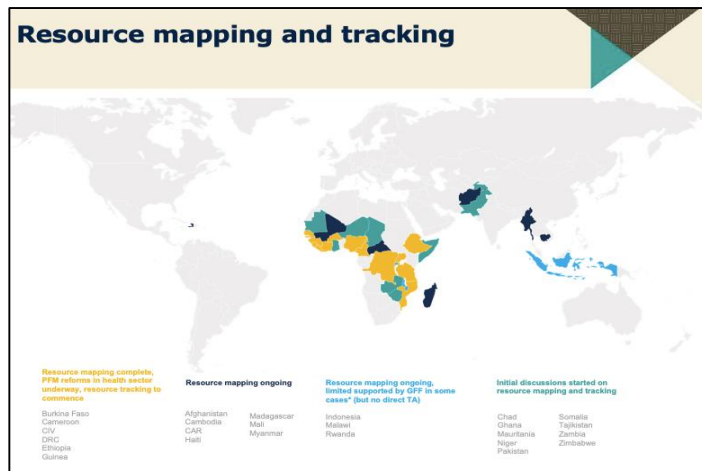
One of the first countries to join the GFF—in 2015—Ethiopia has made substantial

share of general government expenditure. The government is now seeking to

Policy dialogue to track, mobilize, and align domestic and

Resource tracking has been a critical input to policy dialogue around resource

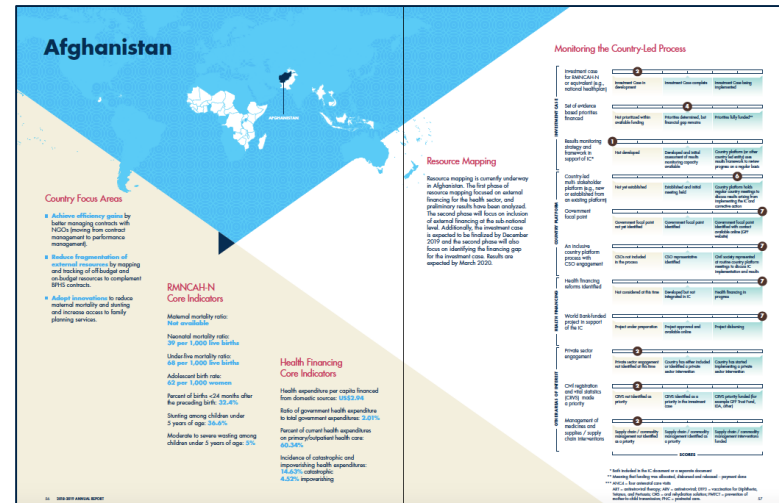
Case study



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

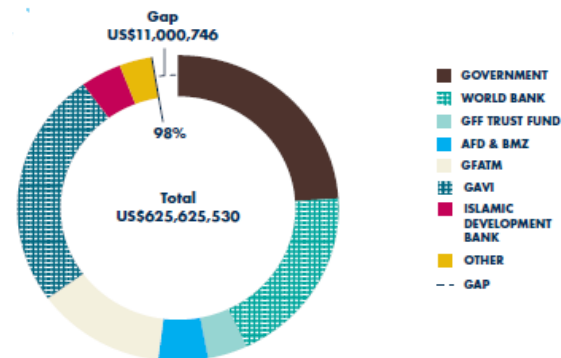
Core health financing indicators

- 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

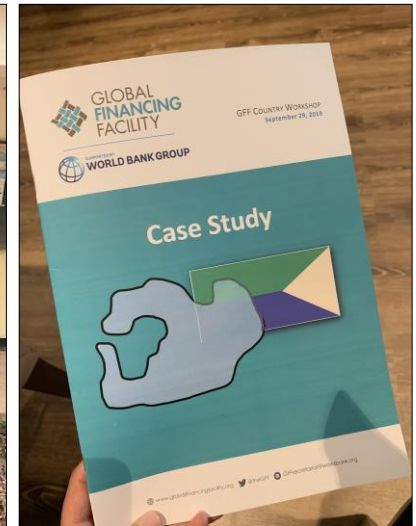
Country tailored set of indicators

- 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.

Resource Mapping



Build community of practice



2018 Annual Report highlights

DRC



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



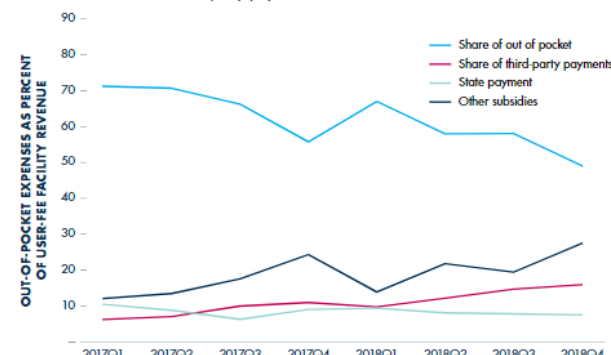
Results achieved

- 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

Figure 4 Out-of-pocket and third-party payments as share of total health facility revenue, DRC, Q1 2017 to Q4 2018

With the introduction of new facility-level funding modalities (e.g., results-based financing) the share of revenue from out-of-pocket payments has declined and the share from third-party payments has risen.



Source: DHIS2



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

Support from GFF partnership

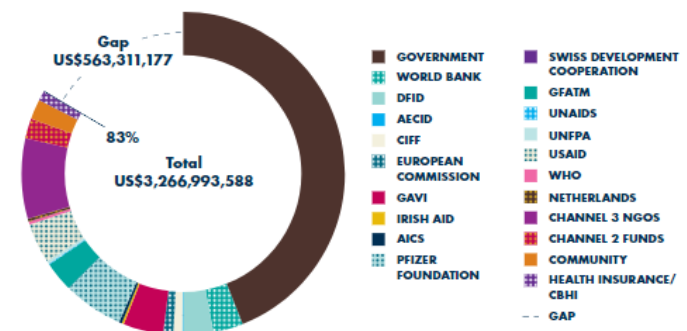
- Support to the pooled donor fund for health
- Policy dialogue: DRUM; Resource tracking, mobilization, alignment
- Ethiopia Health Sustainable Development Goals Program for Results
- Private sector engagement in health



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%

Figure 1 Mapping of resources contributing to Ethiopia's Health Sector Transformation Plan for 2018/2019





GFF/IDA: \$40/150

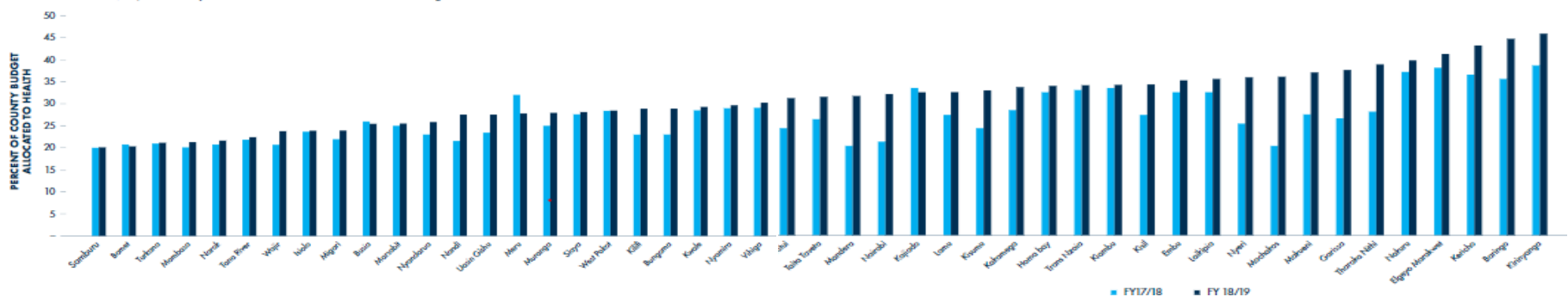


- County-specific annual workplans monitored by a RMNCAH-N scorecard
- Quarterly review and discussion of scorecard outcomes and course correction



- 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

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.

