



Portfolio Update – Focus on New Countries



The GFF: 10 new countries

Bangladesh Cameroon DRC **Ethiopia** Guatemala

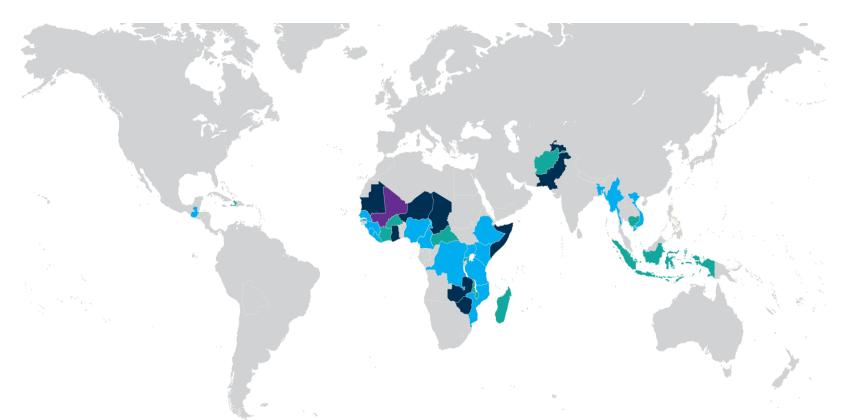
Guinea Kenya Liberia Mozambique **Myanmar**

Nigeria Senegal **Sierra Leone Afghanistan Tanzania** Uganda **Vietnam**

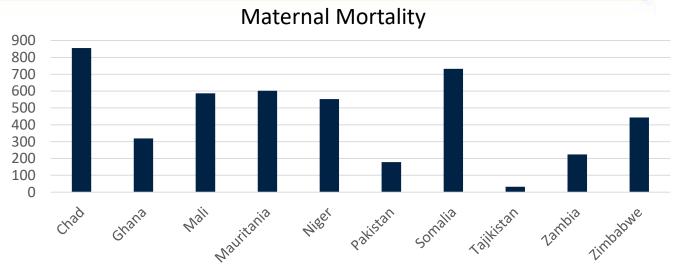
Malawi **Cote d'Ivoire Burkina Faso** Cambodia Rwanda

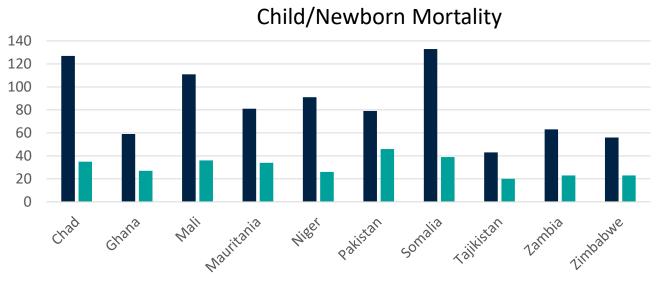
Central African Republic Tajikistan Haiti Indonesia Madagascar Mali

Chad **Pakistan** Mauritania Zambia Niger Zimbabwe Ghana Somalia



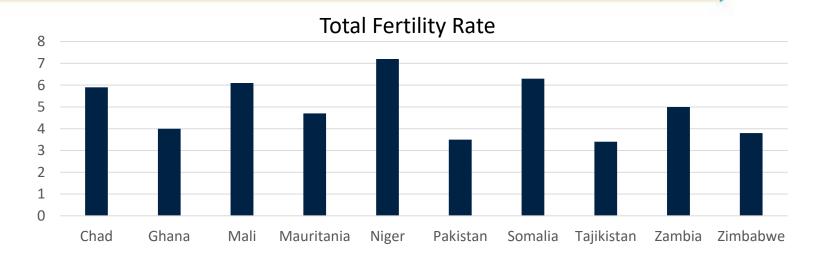
Maternal, Child and Newborn Mortality



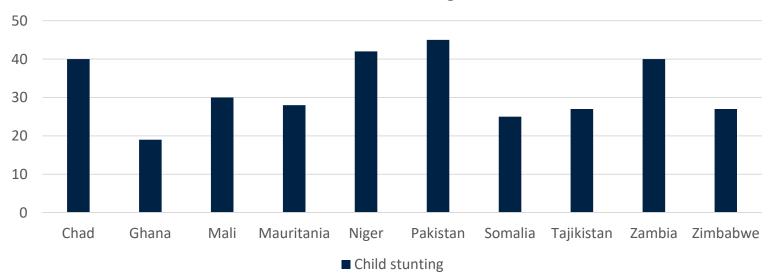


■ U5MR ■ NMR

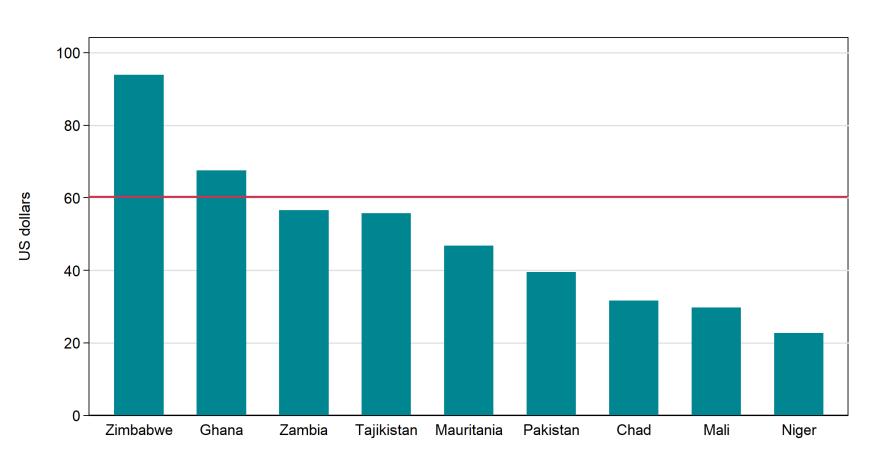
Fertility and Chronic Malnutrition



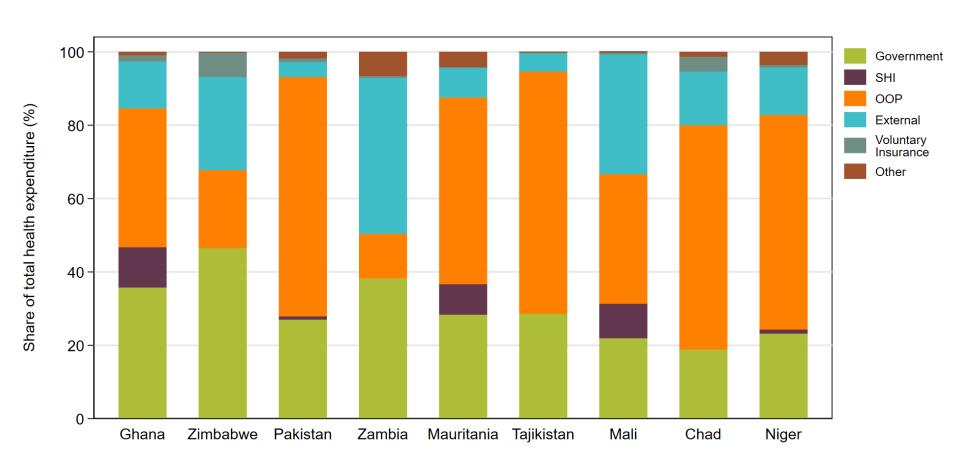
Child stunting

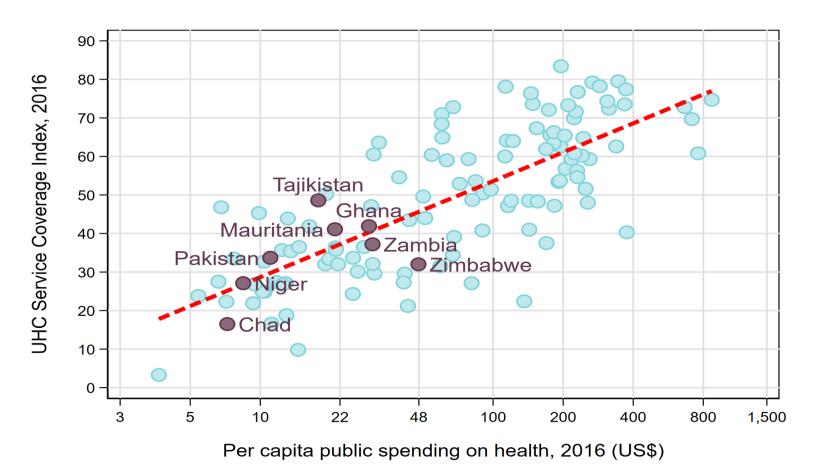


Total health expenditure per capita, 2016



Composition of total health expenditure, 2016





Note: X-axis expressed in log scale. No data for Somalia.

Impact of new countries on portfolio

- Global portfolio: Tajikistan new (and only) country in Central Asia
- Strong commitment to Africa (72%)
- Maintain proportion of fragile States (33%)
- Strong focus on high fertility countries
- Emphasis on high burden, low financing countries (e.g. Sahel, Chad)
- Strong overlap with Human Capital Index Bottom 30



Process so far

- March: Letter setting out expectations, confirming interest
- May: GFF country selection
- July-September: GFF Initiation Missions
- August-September: Hiring of GFF Liaison Officers
- Early October: GFF Country Workshop
- October/November: Development of investment case roadmaps



Revised Investment Case preparation guidelines

- Investment case supports countries to progress on Universal Health Care through Primary Health Care
- Alignment with national budget process from the start
- Focus on i) prioritized package of services and ii) up to 5 reforms
- Clarity of process to improve quality
- Improved guidance on prioritization
- Independent Support Team for better quality and engagement



Observations in new GFF-supported countries so far

- Useful to begin the engagement with Ministry of Finance/Planning
- Setting expectations from the start (letter) is helpful
- Positioning of the Govt FP is critical
- UHC through PHC requires different approaches depending on the country (e.g., Somalia vs Ghana)
- Significant potential for alignment of financiers in-country
 - -3 Gs
 - -New donors to the GFF Trust Fund
- Resource mapping: quick way to see valueadd of the GFF in-country
- Need more systematic country communications



Strong potential for alignment to ICs

- Chad: France, EU, GIZ, Global Fund, GAVI, IsDB, Swiss Cooperation, USAID, WB
- Ghana: USAID, JICA, GAVI, Global Fund, KOICA, DFID, WB
- Mali: Netherlands, Canada, USAID, DFID, France, IsDB, BMGF, GAVI, Global Fund, WB
- Mauritania: AfDB, China, France, EU, Spain, Belgium (Enabel), GAVI, Global Fund, IsDB, Saudi Arabia, USAID, WB
- Niger: Global Fund, GAVI, France, Spain, DFID (WISH programme), EU, Belgium, KfW, WB

- Pakistan: BMGF, IsDB, DFID, USAID, GAVI, Global Fund, WB
- Somalia: DFID, GAVI, Global Fund, WB, potentially some humanitarian partners
- Tajikistan: EU, GAVI, Global Fund, AsDB, IsDB, GIZ, KfW, USAID, Aga Khan Foundation, WB
- Zambia: SIDA, USAID, EU, DfID, GAVI, Global Fund, WB
- Zimbabwe: Health
 Development Fund [Sweden,
 DFID (UK & Northern
 Ireland)], EU and GAVI),
 Global Fund, USAID, WB

Two Key Issues

- Country leadership is the foundation of the GFF model. What support do governments need to effectively take the lead in the development and implementation of the Investment Case?
- How can we maximize the alignment of financiers around the investment case?

