

OPERATIONAL PLAN FOR IMPLEMENTING THE GLOBAL FINANCING FACILITY'S APPROACH TO PRIMARY HEALTH CARE

OVERVIEW

This paper presents an operational plan for implementing the Global Financing Facility's (GFF's) approach to primary health care (PHC). It proposes five key areas of additional support for country efforts to strengthen PHC in line with the GFF's value-add and the 2021–2025 strategy.

ACTION REQUESTED

This paper was drafted in parallel with a stocktaking exercise for the GFF strategy (see GFF-IG15-2 Stocktaking paper) and is for background information. No action is requested from the Investors Group.

SUMMARY

Strong PHC systems are essential for the GFF to meet its objectives of improving health outcomes for women, children, and adolescents. To step up its support to partner countries' efforts to strengthen PHC systems, the GFF has identified five investment areas for direct action by the Secretariat and the Trust Fund that are aligned with the efforts of the broader GFF partnership and will largely be carried out in collaboration with the World Bank. The GFF proposes value addition in five areas: to strengthen alignment in PHC financing; to improve the quality of services; to boost access for the most vulnerable; to increase the availability of resources, including money, human resources, drugs, and contraceptives, on the front lines; and to strengthen PHC data systems and use.

A common feature across the areas is the need to invest in and through government systems to ensure long-term, country-owned results. Furthermore, all five areas will require a robust learning and results agenda to accelerate progress. It is important to note that the needs in partner countries extend much further than these proposed areas. Therefore, complementary investments by other partners will be critical.

Increasing the alignment of PHC financing with national priorities and national systems

At the core of the GFF's model is the development and implementation of a government-led, -prioritized and -costed national investment case. The GFF will work to further improve the alignment of PHC financing through next-generation investment case guidance for countries and expanded collaboration with partners. The GFF will also continue to roll out the alignment pilot program to reach 14 countries by the end of 2023. By providing technical assistance to countries in support of health resource tracking at the country level, and by helping to align health resource tracking partners at the global level, the GFF aims to further increase its contribution to countries' alignment efforts.

Improving access for the most vulnerable

The GFF supports partner countries' efforts to strengthen PHC with a particular focus on improving access for vulnerable groups and strengthening the gender-responsiveness of health systems. Bottlenecks to access will be addressed, in part, through a partnership with the World Bank's SPJ practice. Through this partnership, the GFF will work to leverage social safety nets programs to reduce the financial burden of health care access and link vulnerable groups with social assistance programs with the aim of addressing social and economic determinants of poor health. Furthermore, GFF co-financing of IDA projects in the health sector will be used to scale up innovations that help countries to reach vulnerable groups and make additional investments in analytics and partnerships to address legal and regulatory barriers that reinforce inequalities.

Improving the quality of health systems

High-quality health systems are a prerequisite for achieving UHC. The GFF's efforts in service delivery redesign involve rethinking the way in which citizens move through the health system for the purpose of improving equitable access to care, the quality and experience of care, and health outcomes. Moving forward, the GFF will employ a strong knowledge management and learning agenda to test and scale health system innovations and SDR approaches. This will include a stream of SDR implementation research across countries and contexts. Furthermore, the GFF will continue to support country-specific analytics and advisory services to advance various aspects of high-quality health systems.

Moving resources to the front lines to support PHC

Supporting health financing reforms to achieve UHC has been a critical part of the GFF's work since its inception. The GFF's support is being expanded to cover not only the flow of money, but also human resources and medical supplies, to frontline facilities. Furthermore, the GFF will increase its support for

countries to institutionalize strategic purchasing approaches, as well as to streamline budget and expenditure tracking activities. The GFF will also provide technical support to help partner countries manage co-financing requirements and plan for transitioning from donor support. Another growing focus area is the financing needed to ensure adequate human resources for health.

Strengthening PHC data systems and use

A data-driven approach that enables routine monitoring of service provision, available resources, as well as of the implementation of health care reforms, is central to the GFF's ambitious agenda. The GFF is increasing its support for countries to develop resource mapping and expenditure tracking systems and contributing to harmonization between data collection done by national health accounts and efforts to provide a forward-looking view of fiscal space. Moving forward, the GFF will assist countries to establish a routine system of data analysis and use from the national level down to subnational levels. This effort will facilitate a regular feedback loop of implementation progress, challenges, and successes.

INTRODUCTION

PHC platforms are critical for improving health outcomes for women, children, and adolescents, and are the backbone of the GFF's activities. The PHC level typically includes community health workers, health centers, and first-level hospitals, such as district hospitals. It is not only an important first point of contact for health system users but also offers the most cost-effective and equity-supporting essential interventions to improve reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N). Examples of such interventions are routine immunization; outpatient care for children under 5 years; family planning and sexual and reproductive health and rights (SRHR) services; comprehensive emergency obstetric care; antenatal, neonatal, and post-natal care; growth monitoring and promotion; and treatment for malnutrition. The large majority of users of integrated PHC services are women and children. This is also the level of care where prevention and treatment of chronic non-communicable diseases can be most effectively delivered – an increasingly salient issue as a growing number of countries go through epidemiological transitions.

Box 1. Definitions of primary health care:

This paper uses WHO’s normative definition of PHC, which is as follows: “PHC entails three inter-related and synergistic components, including: comprehensive integrated health services that embrace primary care as well as public health goods and functions as central pieces; multi-sectoral policies and actions to address the upstream and wider determinants of health; and engaging and empowering individuals, families, and communities for increased social participation and enhanced self-care and self-reliance in health.”

Operationally, this approach paper defers to country-specific definitions of the primary health care *platform* in each setting rather than a service package. Often these definitions are informed by the way resources flow and how responsibility is assigned for the provision of front-line health services. These are typically delivered through a combination of community health platforms, small and medium-sized health facilities, and first-line hospitals that can offer non-specialized emergency and surgical care. Digital health and other innovations enable creative models of delivery of PHC services outside of fixed service delivery sites.

Strengthening primary health care systems extends beyond the formal health sector to address broader determinants of health. This includes taking multi-sectoral action to address socio-economic, environmental, and behavioral causes of morbidity and mortality. Such interventions are particularly important for improving nutritional outcomes for children and sexual and reproductive health outcomes for adolescents.

This paper proposes a sharpened GFF focus on strengthening PHC systems to improve health outcomes for women, children, and adolescents. In doing so, it focuses particularly on the role of catalytic financing from the GFF Trust Fund, on the link between this funding and IDA and IBRD financing, and on how these resources can best be deployed to foster country-led and partner-supported efforts to build resilient PHC systems. The proposed efforts have been identified based on the GFF’s value-add and organized into five investment areas in line with the five strategic directions of the GFF’s 2021–2025 strategy.

World Bank instruments and acronyms

Advisory Services and Analytics (ASA) are non-lending work programs that help partner countries to design and implement better policies, strengthen institutions, build capacity, inform strategies or operations, and contribute to the global development agenda. Outputs include reports, policy notes, hands-on advice, and knowledge-sharing workshops or training programs.

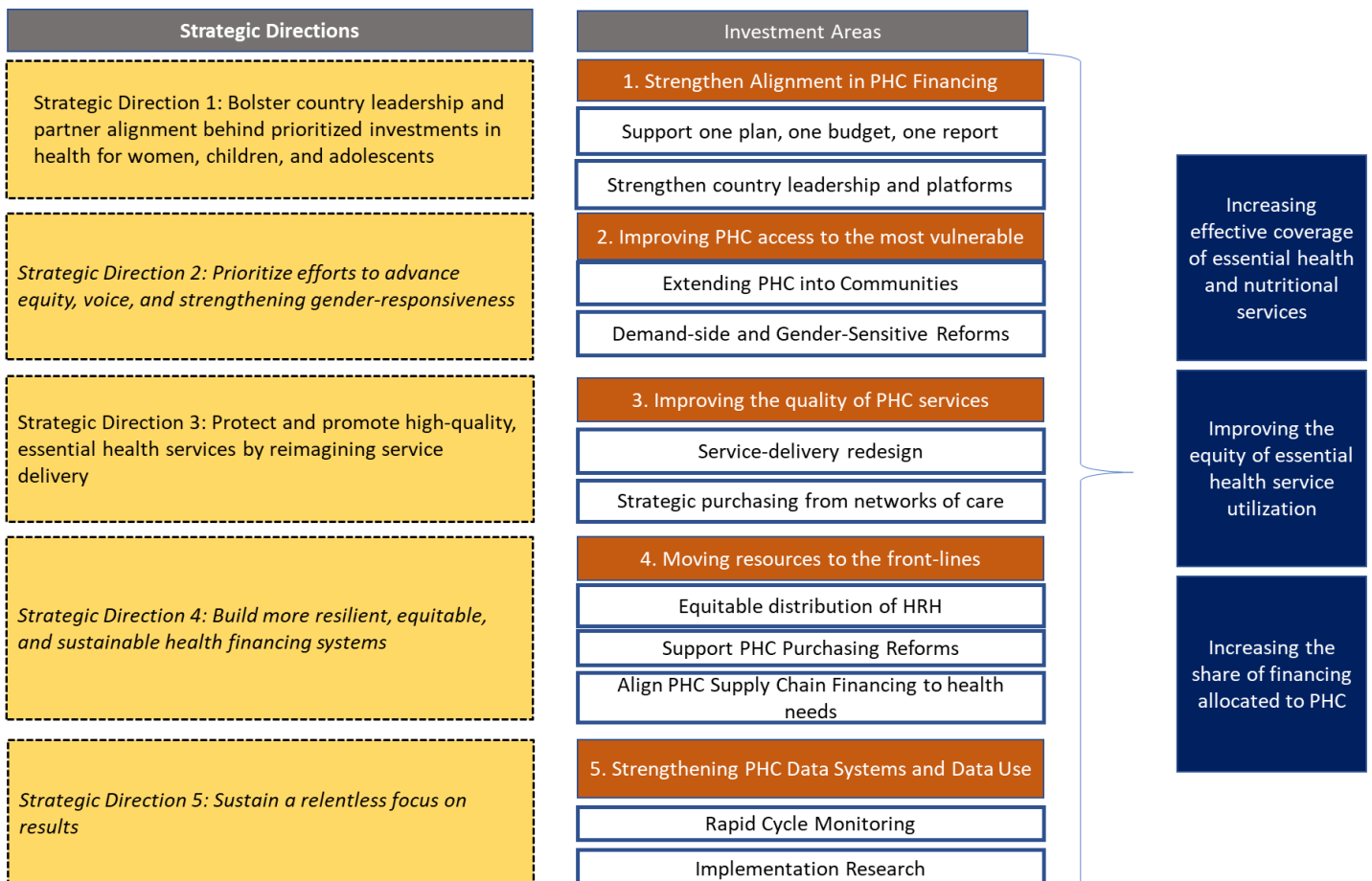
Development Policy Financing (DPF) provides rapid financing for development projects that help the borrower achieve sustainable, shared growth and poverty reduction through targeted legal and policy reforms.

Investment Project Financing (IPF) offers financing to governments for activities that create the physical or social infrastructure necessary to reduce poverty and create sustainable development.

Program for Results (P4R) links disbursement of World Bank funds directly to the delivery of defined results, helping countries to improve the design and implementation of their own development programs and achieve lasting results by strengthening institutions, enhancing systems and building capacity.

Recipient-Executed Trust Fund (RETF) is a trust fund that is used to support the activities of an external, typically government, recipient.

Bank-Executed Trust Fund (BETF) is used to finance the activities of a World Bank Group entity, such as the GFF.



Investment areas

1. Strengthen the alignment of PHC intervention approaches and financing around national priorities and national systems

This investment area is aligned with the GFF's first strategic direction: to bolster country leadership and partner alignment behind prioritized investments in health for women, children, and adolescents.

Problem statement

PHC financing is often siloed and implemented in parallel with national health systems. In addition to being fragmented, often by program or therapeutic area, many investments are channeled outside government systems. This has led to an under-investment in shared health systems and a subsequent neglect of critical areas of PHC, such as adolescent health, mental health services, the prevention and treatment of non-communicable diseases. Furthermore, emerging economic, climate-related, and conflict-/fragility-related crises risk causing additional fragmentation and call for more creative approaches to prioritizing and designing system reforms.

2. Improving access for the most vulnerable

This investment area is aligned with the second strategic direction in the GFF strategy: to prioritize efforts to advance equity, voice, and gender equality.

Problem statement

The GFF's support for investment cases that focus on PHC systems helps to deliver on partner countries' equity goals. However, existing service delivery platforms in GFF partner countries fail to meet the needs of some users. This particularly applies to vulnerable groups, which often include adolescents. Expanding the reach of PHC into communities through community health worker programs, school health programs, and women's and girls' empowerment interventions are examples of how such shortcomings can be addressed.

Nevertheless, there are limits to what can be achieved through supply-side investments alone. Stark socioeconomic inequality, paired with inadequate public investment in the PHC system, create further barriers. In addition, the legal and policy frameworks that underpin health systems may hinder the full participation of women, children, and adolescents.

3. Improving the quality of health systems

This investment area is aligned with the third strategic direction in the GFF strategy: to protect and promote high-quality essential health services by reimagining service delivery.

Problem statement

As coverage rates of key interventions have risen, it has become increasingly clear that the low quality of health service delivery is hampering potential improvements in health outcomes. This is most acute with regard to maternal and newborn health, but similar challenges are observed in other programs. For example, many countries experience high discontinuation rates in contraceptive programs, suggesting inadequate attention to quality and the rights of clients. In addition to enhancing the quality of services at any given point of care, focusing on a patient's entire health care journey is essential not only to improve that individual's outcomes but also to prevent unnecessary out-of-pocket spending on health. A successful movement through the health system requires working referral systems and emergency transportation systems. These systems are often under-performing, which is particularly problematic as patients move between public and private health care providers.

4. Moving resources to the front lines to support PHC

This area links to strategic direction number four of the GFF strategy: to build more resilient, equitable and sustainable health financing systems.

Problem statement

GFF partner countries are currently under-investing in health and under-allocating resources to PHC platforms within their health systems. As a result, PHC financing relies on a large share of out-of-pocket spending, which causes inefficiencies and inequity. When public resources are allocated to PHC, there is often a high degree of fragmentation and limited autonomy regarding how funds are used at the local government and health facility levels. Furthermore, resources often fail to create the right incentives for the provision of preventative and promotive health, for reaching the underserved, and for investing in higher-quality care.

5. Strengthening PHC data systems and use

This investment area links to strategic direction number five of the GFF strategy: to sustain a relentless focus on implementation and results with active use of data to inform improvements.

Problem statement

While there has been a dramatic expansion in digital health information solutions in recent years, existing data systems are typically oriented toward reporting up rather than toward strengthening data use in health facilities to improve patient care. There is also an under-use of administrative data in partner countries, as they are often perceived as being of low quality and having unclear utility in informing operational and strategic decisions. Consequently, most GFF partner countries rely heavily on household surveys and health facility surveys, which are infrequently conducted due to cost constraints. Finally, countries are often implementing a complex series of reforms without systematic use of implementation research and an associated learning agenda.

Lessons learned from the GFF stocktaking paper that relate to the PHC agenda:

This paper was drafted in parallel with a stocktaking exercise for the GFF strategy. Key lessons learned through that process that are informing this approach paper include the following:

- The GFF's efforts to align development financing around country priorities creates an important opportunity to address fragmentation in PHC financing.
- The GFF's ability to partner with the World Bank to support government-led efforts to reform PHC financing and use strategic purchasing to overcome other bottlenecks to high-quality PHC access is a clear comparative advantage.
- Given its expanding partnerships within the World Bank, the GFF is well placed to address multi-sectoral challenges related to high-quality primary care systems. This includes issues related to gender, climate resilience, water and sanitation, and social protection.

Operationalizing the GFF's approach to PHC

The GFF's forward-looking operational approach to PHC draws on the operational plan for the [2021–2025 Strategy Refresh](#), the [Roadmap for Advancing Gender Equality](#), [the SRHR approach paper](#), [recommendations from the Alignment Working Group pilot](#), [the GFF approach to results](#), [the Implementation Research and Evaluation Strategy](#), [the IG14 paper on PHC](#), and the recent stock-taking paper. It is important to note that the suggested investment areas do not cover all important aspects of a well-rounded PHC agenda. Instead, they represent fields in which the GFF Secretariat and the multi-

donor trust fund have a comparative advantage and where there are opportunities for catalytic investment. While the proposed approach will act as a framework to focus the GFF's efforts, actual investment decisions will continue to be made in close consultation with country partners and to reflect country-specific needs and complementarity with government and partner efforts.

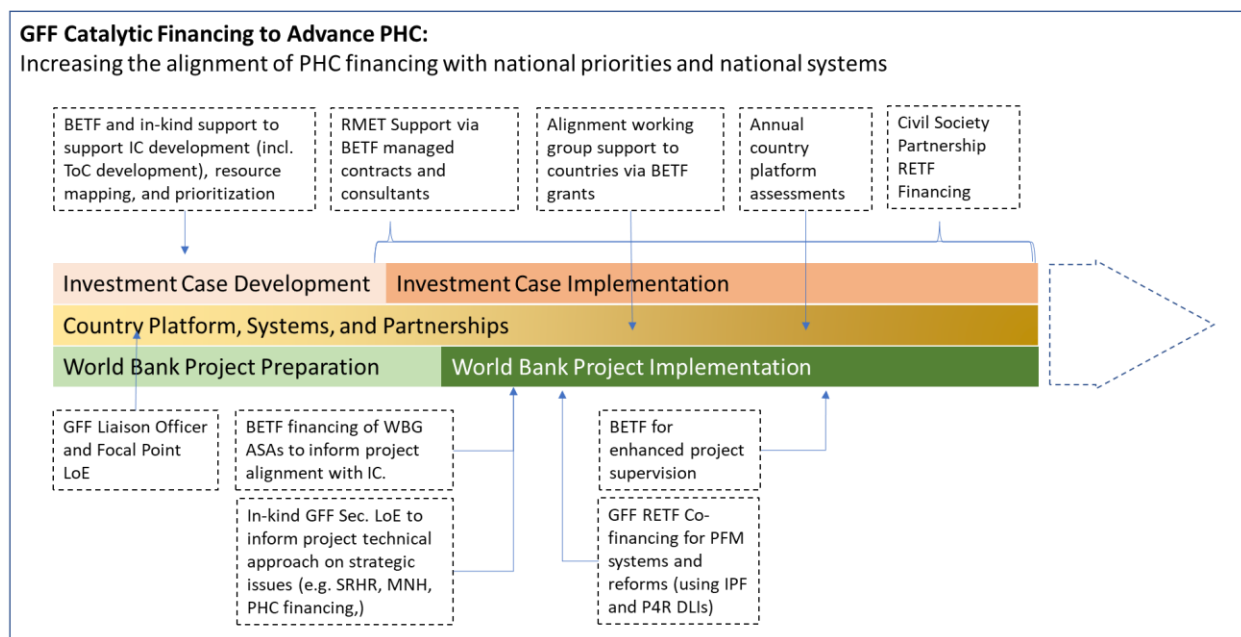
Investment area 1: Strengthen the alignment of PHC financing with national priorities and national systems

The GFF was formed in 2015, firmly anchored in international principles of aid effectiveness and pioneering a country-driven, collaborative model for global health linked to sustainable financing and results. The new way of working introduced by the GFF, and other organizations, largely shifted the focus away from traditional development assistance toward a combination of domestic financing, external support, and innovative sources for resource mobilization and delivery (such as the private sector) to improve health outcomes for mothers, children, and adolescents.

At the core of the GFF's model is the development and implementation of a government-led, -prioritized and -costed national investment case. Each investment case brings out key priorities of the national strategy and lays out the path for universal access to a basic package of RMNCAH-N services, along with critical health financing and system reforms that are largely focused on primary healthcare with the aim of accelerating progress toward universal health coverage (UHC).

The GFF has a two-pronged approach to gauging and improving the level of alignment in each country. First, it draws on existing resources such as public expenditure and financial accountability assessments, national health accounts, resource mapping and expenditure tracking, and other health systems evaluations, and deploys a multi-stakeholder diagnostic exercise to assess the level of alignment under the "one plan, one budget and one report" approach. In a second step, these outcomes are used to map each country's level of alignment maturity on a five-step continuum. The findings also serve as the basis of the development of an action plan to support improved alignment.

Forward-looking agenda



To further improve the alignment of PHC financing, the GFF is revising its guidance for investment case development. The revised guidelines will place more emphasis on context-specific political economy and aim to create a shared understanding among stakeholders of challenges and opportunities for alignment around financing and implementation of a joint reform agenda. Furthermore, the GFF plans to expand its collaboration with the Joint Learning Network for Universal Health Coverage – a country-driven network that develops products to help advance health coverage – as well as with WHO on prioritization processes for health benefits packages.

The GFF recently launched an alignment pilot program, focusing on structured dialogue between governments and partners for the purpose of quantitatively assessing the degree of alignment in each country. The roll-out of the government-led pilot is taking place in 4 countries in 2022 and will expand to an additional 10 countries in 2023.

In order to further facilitate the assessment of each country's level of alignment, the GFF will continue to support the institutionalization of health resource tracking at the country level through direct investments in technical assistance as well as work to align health resource tracking partners at the global level. The GFF collaborates closely with the WHO Health Accounts team; Gavi; and the Global Fund to Fight AIDS, TB and Malaria to align TA for RMET exercises at the country level. In addition, the GFF will support global efforts in health resource tracking through support for coordinating mechanisms such as the Health Resource Tracking Implementers Consortium.

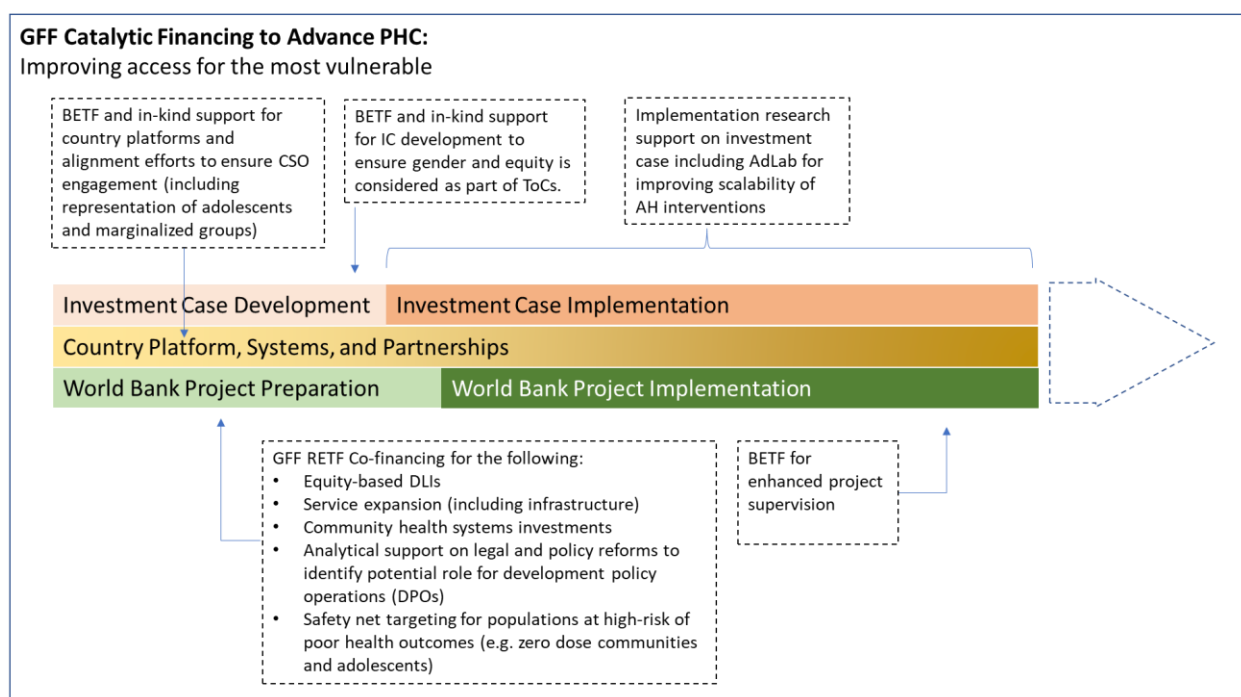
Finally, the GFF will strengthen its collaboration with the World Bank Governance Global Practice on the Governance for GFF Initiative, which aims to expand health sector attention on public financial management – a critical investment area for advancing budget alignment. Moving forward, GFF will also continue to co-finance World Bank projects that invest in financial management systems and reforms in the health sector.

Investment area 2: Improving access for the most vulnerable

The GFF provides support to partner countries' efforts to strengthen PHC with a particular focus on improving access for vulnerable groups. This includes initiatives aiming to create strong links to the community, to address demand-side challenges, and to strengthen the gender responsiveness of health and social systems. Special emphasis is placed on ensuring equitable access to health services for women and girls, as well as on supporting countries in promoting gender equality more broadly, as expressed in the GFF Roadmap for Advancing Gender Equality.

Recent data from low- and middle-income countries suggest that many of their inhabitants are unable to use health services for financial reasons. In 2020, approximately 18% of respondents in 39 low- and middle-income countries reported that they could not access the health care they needed. Among these, some 42% said that they had to forgo using health services due to a lack of financial means. Importantly, this proportion was significantly higher in low-income countries (72%; see Kakietek et al., 2022) than in middle-income countries. While the COVID-19 pandemic is abating, other global challenges, such as the economic consequences of the Russian invasion of Ukraine, are emerging. Such challenges will likely continue to exacerbate the impact of financial barriers to accessing essential health services on the most vulnerable women, children, and adolescents.

Forward-looking agenda



To address financial barriers to accessing health care services, the GFF has established a partnership with the World Bank's Social Protection and Jobs (SPJ) Global Practice. The collaboration strives to ensure that social protection and social safety nets programs contain provisions and mechanisms that allow poor women and children to use health services free of charge. Another objective is to encourage the use of health programs, including PHC, as platforms for identifying poor and vulnerable women and children and linking them with social assistance programs. The GFF will co-finance activities conducted by the World Bank's International Development Association (IDA) and the International Bank for Reconstruction and Development (IBRD) for this purpose. The GFF will also finance TA and analytics on

cross-sectoral synergies between social assistance and health services, with a particular emphasis on PHC.

In addition to the partnership with SPJ, support through World Bank-Executed Trust Funds (BETF) and Recipient-Executed Trust Funds (RETF) will continue to be available for countries to scale up innovations that allow them to better reach vulnerable groups. GFF co-financing with IDA will be deployed to assist countries as they institutionalize community health programs and help them expand services geographically through infrastructure investments. Furthermore, the GFF will increase investment in analytics to inform development policy operations which can be used to help countries address regulatory issues and gender inequalities that impede progress on health outcomes.

Climate change and environmental degradation coincide with gender and health inequity. As countries strive to improve health outcomes for women and girls, they do so in an environment where weather patterns threaten food security; where changes in temperature shift patterns of vector-borne diseases; and where existing health, water, and sanitation infrastructure needs to be future-proofed against climate change. Countries must also be prepared to respond to the needs of impacted populations and changing patterns of migration, as well as ensure that health and human capital investments made today do not further exacerbate the situation in the future.

The GFF sees three potential strategies for ensuring that PHC reforms are responsive to the realities of climate change and environmental degradation:

- 1. Leveraging the GFF partnership to provide technical and analytical support to partner countries on climate, environment, and health (linked to investment area 1).** In order to successfully formulate an investment agenda around climate change and environmental issues, countries need access to data and analytics to guide their decision making. For example, health policy makers must understand climate vulnerabilities related to the health sector to be able to plan for changing infrastructure needs and for workforce and supply chain requirements resulting from shifts in disease burdens and migration patterns.
- 2. Investments in multi-sectoral, community-level platforms for advancing health and environmental issues (linked to investment area 2).** Climate action that truly benefits women, children, and adolescents will happen at the community level. This is also where the most meaningful work on multi-sectoral collaboration takes place, as the GFF has seen through its investments in nutrition in partner countries. Community-level platforms are thus well positioned to expand their aperture to engage in issues like water and sanitation, sexual and reproductive health, adolescent health, and other areas where social determinants and cross-sector action will be critical for making progress.
- 3. Leverage the alignment working group to ensure efficient use of resources (linked to investment area 1).** Fragmentation of financing and service delivery can jeopardize countries' ability to plan and build integrated health policies and systems for the purpose of achieving UHC. With climate financing flowing in across multiple sectors, there is high risk of fragmentation in partner investments in the health-climate nexus. The GFF sees opportunities to leverage the global alignment working group, the network of ministers, and in-country alignment policy dialogues to bring climate financiers into this discussion, improve alignment, and get more health and climate responsiveness out of country spending.

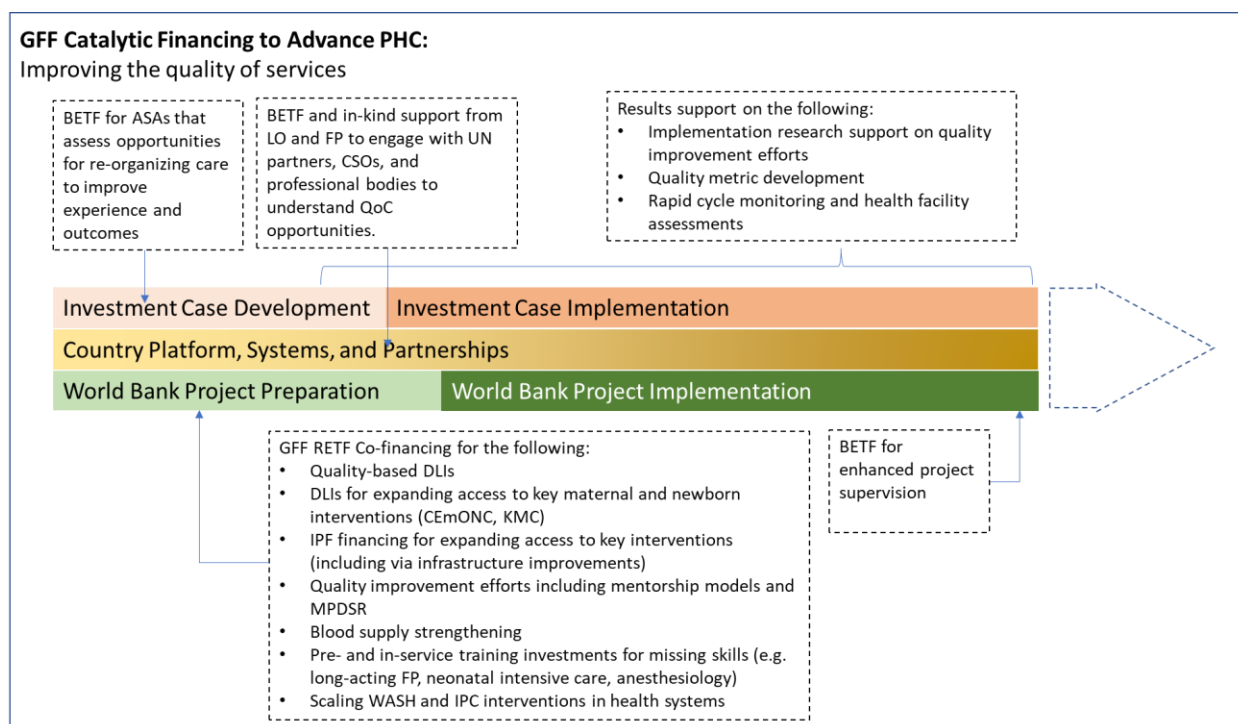
Investment area 3: Improving the quality of health systems

High-quality health systems are a precondition for achieving UHC. The very notion of UHC requires protection for the most vulnerable from catastrophic health expenditures while accessing high-quality care, and avoidance of low-quality, potentially injurious, and unaffordable care. In a high-quality health system, PHC can serve as the engine for driving integrated, socially accountable health care that meets the needs of individuals, families, and communities. Using service delivery redesign (SDR) to rethink the way in which citizens move through the health system has the potential to improve equitable access to care, the clinical quality and experience of care, and ultimately improve health outcomes.

The GFF’s efforts in SDR aim to improve maternal and newborn health outcomes, including nutrition. To this end, the GFF is working to extend essential PHC services from secondary/tertiary care and down to primary and community care levels, to improve the quality of PHC, to ensure that services are provided at appropriate levels of the health system, and that timely referral between levels of care is available to system users. This includes support for financing mechanisms that can secure the availability of adequate and timely resources at frontline facilities and care networks (see investment area 4). The GFF also funds formative and implementation research in SDR. Research activities increasingly involve experts in health financing, governance and public financial management (PFM), social protection, private sector engagement, results monitoring and data strengthening, and gender and equity aspects.

Furthermore, the GFF has allocated funding through BETF grants for World Bank teams to provide country-specific analytics and advisory services with the aim of advancing different aspects of high-quality health systems. Examples include horizontal integration in Pakistan, a costing tool pilot for small and sick newborn care in Zambia, and an adolescent health opportunities paper in Mali.

Forward-looking agenda:



By leveraging collaborations with the World Bank and other partners, the GFF is testing a proof of concept to show whether TA can be scaled to reach a broad range of countries through centrally managed mechanism. This way of working will facilitate evidence generation and provide redesign options for further implementation. However, a human-centered design approach to SDR and, more broadly, to improving the experience of care, will entail more deliberate efforts to understand perspectives of women and adolescents regarding the acceptability and feasibility of health system responses to their needs.

Moving forward, a strong knowledge management and learning agenda will be paramount to testing and scaling health system innovations and SDR approaches. To help improve process documentation and quality in programmatic implementation, the GFF will support a stream of implementation research on SDR that cuts across countries and contexts. This research has the potential to make a catalytic contribution to the global body of evidence on SDR. Additionally, the GFF's Knowledge and Learning Platform may be used to host a community of practice for SDR partners and clients.

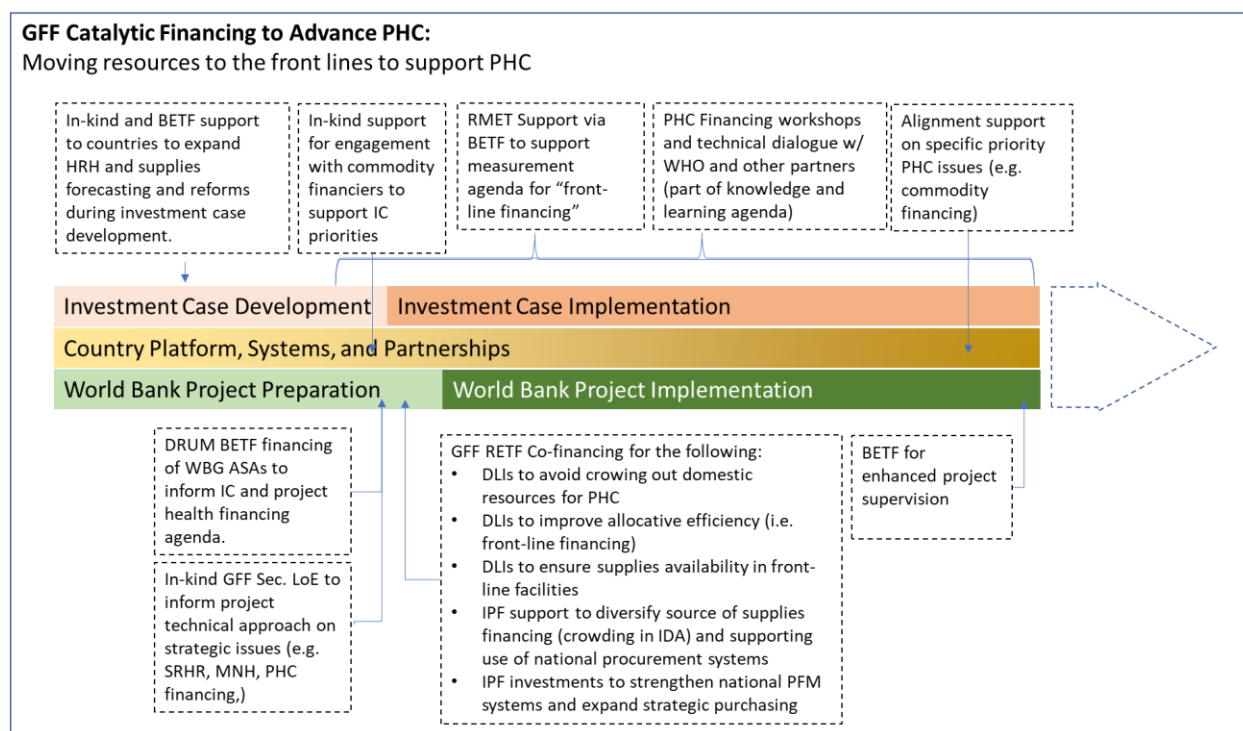
Finally, the GFF has identified substantial missed opportunities to ensure that health facilities have access to WASH, a fundamental ingredient for safe, high-quality health services in any PHC system. The GFF will expand its existing partnership with the World Bank to identify ways to scale financing for WASH in health facilities and for WASH investments that have the potential to deliver large improvements in health and nutritional outcomes for children.

Investment area 4: Moving resources to the front lines to support PHC

Supporting health financing reforms for the purpose of achieving UHC has been a critical part of the GFF's work since its inception. The funding window for domestic resource utilization and mobilization (DRUM), which was approved in 2019, has intensified the GFF's support for health financing reforms and aligned these initiatives with the updated GFF strategy. The new approach includes a sharper focus on expanding government budget contributions to the health sector through analytical work (investment cases being one example), expanding advocacy through strategic engagement with civil society and other partners, and supporting World Bank teams to leverage financing instruments in ways that protect and encourage greater investments in health.

Given the slowdown in economic growth caused by the COVID-19 pandemic and the resulting constraints on fiscal space, many GFF partner countries are focused on getting more out of available resources. Establishing and improving strategic purchasing mechanisms for PHC, an activity that is supported through the DRUM window, remains a strong priority for many low- and middle-income countries. The GFF's support in this area is being expanded to cover not only the flow of money, but also human resources, medicines, contraceptives, and other critical supplies, to frontline facilities. This approach centers on ensuring that the right resources are available at the right place and at the right time to meet the needs of all users, not least those who are most vulnerable.

Forward-looking agenda



There are numerous opportunities for the GFF to widen its engagement in this area with the aim of strengthening PHC. To move this agenda forward, the DRUM work will continue to build on the increasing body of evidence on frontline financing and strategic purchasing. Research has shown that strategic purchasing approaches such as incentives, results-based financing, decentralized facility financing, block grants and capitation schemes (whereby service providers are paid a set amount for each patient assigned to them whether or not they seek care), can have important roles to play in

A recent review by de Walque, Kandpal, Wagstaff and co-authors (2021) suggests that performance-based financing (PBF) and direct facility financing (DFF) can support gains in service coverage but more needs to be learned about how to leverage such purchasing mechanisms to support improvements in quality.

advancing PHC. Efforts to institutionalize such approaches are already underway in a number of countries and will be expanded going forward. Focus will be on how they impact the quality and utilization of essential services for women, children, and adolescents. The GFF will also intensify its collaboration with partner countries to streamline budget and expenditure tracking efforts so they can better ensure that fund flows are aligned with policy priorities, such as PHC.

Furthermore, the GFF will provide technical support to help partner countries manage co-financing requirements for essential health commodities, including contraceptives, and plan for transitioning from donor support across health product areas. The GFF also plans to expand its partnership with the World Bank to strengthen partner country management of commodity procurement and distribution through national systems. This will include supporting efforts to improve the transparency and financial management practices of national procurement agencies to ensure that health ministries and their partners have the information they need to plan supply and avoid supply chain inefficiencies. Importantly, the GFF’s primary focus continues to be the financing and PFM aspects of supply chain bottlenecks; it does not see a comparative advantage in managing procurements, demand-aggregation or market shaping functions that are better undertaken by other partners.

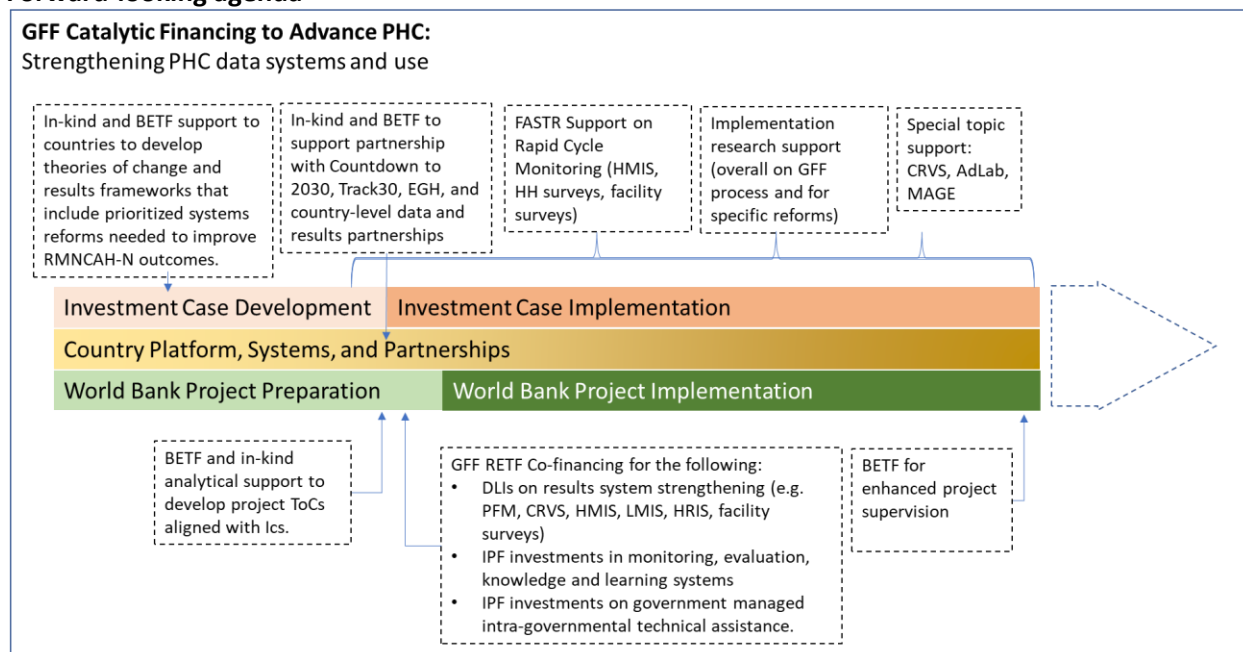
In another move to help countries strengthen PHC, the GFF is sharpening its focus on the financing aspects of ensuring the availability of adequate human resources for health. This covers areas such as health care worker compensation (including incentives) and the financing of pre- and in-service training for health staff. Since health care workers are predominantly female, applying a strong gender perspective to this work will be particularly important. The GFF will continue to make resources available through the DRUM window for this purpose.

Investment area 5: Strengthening PHC data systems and use

A data-driven approach that enables routine monitoring of available resources, as well as of the implementation of reforms to accelerate progress on RMNCAH-N services and outcomes and strengthen PHC, is central to the GFF’s ambitious agenda. At the global level, the GFF data portal provides an in-depth view of the performance of health care systems based on data from a range of sources. The portal provides thematic analyses of maternal and newborn health, adolescent health, gender, nutrition, health financing, civil registration, and other dimensions that are crucial to achieving the GFF’s mission.

At the country level, the GFF is expanding its support for countries to develop resource mapping and expenditure tracking systems, as well as supporting harmonization between the data collection carried out by national health accounts, and efforts to provide a forward-looking view of fiscal space. Through strategic linkages with IDA/IBRD, the GFF is also a major contributor to the strengthening of countries’ civil registration and vital statistics, health management information systems, maternal and perinatal death surveillance and response, and other components of country data systems that are important for PHC strengthening. In addition, the GFF supports country-led initiatives to build the necessary infrastructure for rapid-cycle service delivery data collection and analysis. In all partner countries, the GFF offers TA to assess acute constraints in essential health service delivery through a package of rapid-cycle analytics. It is, however, clear that more needs to be done to improve the quality and use of routine data at multiple levels, including within health facilities to improve patient care.

Forward-looking agenda



Looking ahead, the GFF will further sharpen its focus on enhancing the collection and use of data at national and subnational levels for the purposes of planning, monitoring, identification of solutions, and strengthening of mutual accountability, while integrating lessons learned into the process. A key priority is strengthening the use of service delivery and financial data and implementation research and evaluation findings, as well as improving the management of PHC systems in partner countries to improve the quality and coverage of health and nutritional interventions. Specific efforts will be made to increase country investments in gender- and equity-responsive monitoring and data collection, as well as disaggregation of data by age, gender, socioeconomic status, and other equity-related dimensions. The GFF will also expand the data portal to include country-specific theories of change that guide each engagement, give clarity on what systems reforms are prioritized and why, and explain how reforms are measured, and how they are expected to lead to improvements in the health of women, children, and adolescents. Making this information available in a user-friendly and transparent manner will allow users to systematically track progress in systems reforms and health outcomes.

To achieve the goals of a country investment case, availability of reliable data, along with a core set of indicators, is essential. Routine visualization, analysis and use of these data is a key part of the process. Going forward, the GFF will enhance its support to partner countries in strengthening routine systems of data analysis and use, stretching from the national level down to subnational levels. This effort will facilitate a regular feedback loop of implementation progress, challenges, and successes. As part of this process, the GFF will expand the rapid cycle monitoring work, which was introduced during the acute phase of the COVID-19 pandemic, to a broader agenda aiming to strengthen PHC and improve RMNCAH-N. This will be done, for example, by using rapid cycle monitoring to inform efforts to strengthen strategic purchasing of preventive, promotive and curative services for women, children and adolescents.

Furthermore, the GFF will draw on the Adolescent Health Learning, Action and Benchmarking (ADLAB) network to scale up adolescent health and nutrition platforms. The GFF will also continue to offer implementation research support to assist countries with activities aiming to improve equitable access, as well as support for integrating community health data into national health management information systems.

Finally, the GFF will strengthen its collaboration with global results efforts such as Countdown to 2030, Track20, and the Primary Healthcare Performance Initiative, as well as with global technical advisory groups such as Mother and Newborn Information for Tracking Outcomes and Results and Global Action for the Measurement of Adolescent health; global initiatives such as Every Newborn Action Plan and Ending Preventable Maternal Mortality; key partners such as Gavi and Global Fund; and support countries to foster closer ties to regional and country-level academic and research institutions.

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