

FIFTEENTH INVESTORS GROUP (IG15) MEETING REPORT

EXECUTIVE SUMMARY AND DECISION POINTS

- The Investors Group (IG) approved the fourteenth Investors Group (IG14) Meeting Report.
- The Minister of Health from Ghana presented an overview on how the government is working to strengthen primary health care through quality health care delivery.
- The Global Financing Facility (GFF) secretariat summarized progress on the implementation of the GFF strategy through a stocktaking session (GFF-IG15-2) that highlighted key GFF results, the operationalization of primary health care (PHC) (GFF-IG15-3), and the role of the GFF Trust Fund.
- IG partners endorsed the recommendations outlined in the operational plan for the Human Resources for Health agenda as developed by the IG working group (GFF-IG15-4) and agreed to reconvene the working group to identify key indicators that can help track progress on this agenda.
- Dr. Lia Tadesse, Minister of Health for Ethiopia and Chair of the alignment working group, provided an update on progress in the four pilot countries: Burkina Faso, Central African Republic, Ethiopia, and Rwanda.
- IG partners endorsed the recommendations for five priority investment areas presented by the adolescent sexual reproductive health and rights (ASRHR) working group with the request to discuss the broader approach and the implementation of the SRHR strategy into the overall GFF strategy at a subsequent IG meeting (GFF-IG15-5).
- Partners discussed the GFF innovation work to date, including lessons learned, with key private sector partners and country representatives providing reflections. Partners discussed next steps including a prospective workshop to take place early next year bringing together countries who are working with results to create a community of practice and to share lessons learned.

DAY 1

COCHAIRS' OPENING

The IG cochairs, the Honorable Lia Tadesse, Minister of Health for Ethiopia, and Joshua Tabah, Director General for Global Health and Nutrition, Global Affairs Canada, opened the meeting. They thanked the host country Ghana for their hospitality and engagement and emphasized the importance of learning from Ghana's approach to PHC reforms and partner alignment as a way to reach the population's most vulnerable. They also noted that after two years mainly focused on the pandemic response, the meeting was an opportunity to reflect on country experiences and GFF results as well as discussing key thematic and strategic enablers to deliver on the GFF strategy going into the next phase of strategy implementation.

The meeting agenda and participant list are provided in the appendices at the end of this meeting report. These documents and additional presentations are available online in French and in English on the [GFF website](#).

DIRECTOR REPORT AND SECRETARIAT UPDATE

Juan Pablo Uribe, Director for GFF, and Global Director for Health, Nutrition, and Population at the World Bank, provided his reflections on progress since the last IG meeting as well as upcoming opportunities. Dr. Uribe described the longer-term issues impacting global health; however, he highlighted the continued commitment of IG partners around the table to countries and communities. He also discussed the catalytic role the GFF plays even beyond financing to advance the alignment agenda as well as prioritization in countries, including the legal and policy changes needed to address the structural barriers preventing equitable access to health. Dr. Uribe emphasized the importance of the systems approach with the engagement of global partners and local communities, and emphasized the importance of prioritizing primary healthcare (PHC) as the key platform to deliver universal health care (UHC) to ensure better health outcomes for women, children and adolescents.

Monique Vledder, Head of Secretariat, presented an update in which she discussed action items and progress following IG guidance provided in June. She explained the secretariat has been engaging with partners to co-construct an operational plan for the GFF model to better support human resources for health and further discuss the approach to adolescent SRHR as this agenda is a key strategic focus for delivering on the GFF mission. Also since the June meeting, the secretariat had been focused on taking a deeper dive to further unpack the implementation successes and challenges and develop a more comprehensive and coherent framework for supporting countries. Following IG feedback, she confirmed that the GFF secretariat will look at a co-constructed approach for building IG documents and strategies whenever possible. Reporting back on previous IG and TFC decisions, Dr. Vledder provided an update on the implementation of the Essential health services grants and TA that was made possible thanks to nearly 600 million in new financing from donors as part of the Reclaim the Gains Campaign. In light of country demand and need, she explained the upcoming shift from protection of essential services and pandemic response to the GFF core financing and PHC strengthening to deliver on women, children and adolescents health. Lastly, she previewed the launch of the annual report, which demonstrated that countries with continued commitment to PHC are achieving better health outcomes for women, children and adolescents. In countries that have partnered with the GFF the longest, coverage of essential health services is increasing. In terms of more and better financing, Dr Vledder highlighted the available evidence of the GFF's ability to unlock additional IDA financing for RMNCAH-N.

STRENGTHENING PRIMARY HEALTH CARE IN GHANA

This session provided a summary of Ghana's PHC system and provided history of the country's experiences focused on community-based planning and services (CHPS) and the National Health Insurance Scheme designed to ensure UHC in Ghana. The Honorable Kwaku Agyemang-Manu, Minister of Health for Ghana, presented the country's plan for its networks of practice (NoP) model to strengthen PHC to achieve UHC. He explained the NoP model is centered around a "hub" (the model health center) and "spokes" (CHPS zones) connected to a district hospital. He also explained the value add of the GFF is its support for PHC reform and the NoP model scale-up through its support to country alignment efforts through Ghana's health sector working group—the reproductive, maternal, newborn, and child health

(RMNCH) country platform—and enhancing prioritization to ensure a focus on RMNCH within PHC reforms through support to Ghana’s investment case and World Bank PHC Investment Program for Results operation. Minister Agyemang-Manu noted PHC is the current health sector strategy priority, with the further intention to include private sector in the NoP model, and that there will be a private sector office within the Ministry of Health to ensure data capture in its district health information software 2 (DHMIS2). Additionally, the government discussed the plan for strengthening information systems to increase connections between district hospitals to improve referrals and allow sharing of records and patient management across facilities.

The Investors Group expressed the following feedback:

- Partners commended the leadership shown by the government of Ghana in advancing PHC and the plans for reform through Ghana’s investment case.
- Partners discussed additional ways to collectively support the government sustainability plan for Ghana’s NoP reform as well as quality of care and current challenges to improving this. Partners noted the need for development partners to align around supporting Ghana on domestic resource mobilization for PHC financing, along with human resources for health (HRH) and physician retention.
- Partners asked clarifying questions about the government’s efforts to retain physicians trained in-country, specifically at the PHC health center level, to increase capability within the network of practice (NoP) model health centers.
- Partners asked questions regarding the readiness of the health system for the NoP model rollout and scale-up. For example, questions around the financial management systems strengthening, payment mechanisms, and the integration and inclusion of faith-based and for-profit private sector were raised to help them better understand the model in Ghana and ways to apply lessons learned from other partner countries.
- Partners asked questions for clarification around the need for a shift in a payment mechanism for the NoP model and the shift of the National Health Insurance Authority (NHIA) to focus 50 percent of claims on PHC. The government of Ghana noted that at community planning and health services (CHPS) zones, there is not capacity for submitting claims, but they will link the CHPS zones to model health centers where there will be this capacity. They also noted the seven key services for PHC—preventive, promotive, curative, emergency, mental health, rehabilitative, and palliative care—and that Ghana is refining provider payment mechanisms around this package of care.

STOCKTAKING ON THE GFF STRATEGY AND COUNTRY RESULTS (GFF-IG15-2)

The secretariat shared new analyses that highlighted results related to progress of implementation of the GFF strategy as well as an overview of the GFF operational model. The secretariat also introduced some of the lessons learned, linking them with GFF implementation of the five strategic directions focusing on alignment and country-level engagement, PHC and multisectorality, and measuring progress for feedback.

The Investors Group expressed the following feedback:

- IG members appreciated the transparent update on progress and challenges, noting that it will be important to roll lessons into the remaining years of the strategy.
- IG members expressed overall appreciation of the efforts and approaches developed by the secretariat with availability of data and types of data presented. They welcomed the indication of progress in countries with longer engagement with the GFF.
- IG members were also encouraged by the increased emphasis on gender, subnational approaches, and data quality, remarking that the additionality of financing from the World Bank has been a particular success for GFF.
- Members suggested to collect and provide other types of data, including more information on the GFF engagement in each country and how the model is implemented. Partners suggested the secretariat seek ways to include private sector delivery as part of data capture.
- A number of IG members requested a deeper dive on household surveys and quality of care measurement to better understand who is not getting services, with considering zero dose communities as a potential marker.
- In response to some of the challenges presented in the stocktaking paper:
 - IG members expressed strong support for the alignment agenda and the GFF is seen as a necessary platform for alignment. Discussion centered around what effective alignment looks like, how do we consider the private sector, how can institutional alignment at global level incentivize country engagement and related indicators.
- In relation to PHC, IG members voiced support of the role and value add of the GFF engagement on PHC as a key platform to reach reproductive, maternal, newborn, and child health and nutrition (RMNCH-N) goals. Members suggested the secretariat could highlight how to make PHC support even more strategic, moving away from quick fixes toward sustainable solutions and extension of and quality of services. With regards to the multisectoral engagement and risk of diluted focus, the secretariat provided clarification that this engagement was looking at broadening the instruments, while keeping to the mandate.
- Partners also sought clarification on the role of the GFF in procurement with clear consensus that the focus should continue to be on supporting countries in strengthening countries' procurement pathways and supply chain systems versus supporting directly the procurement of EHS commodities. Partners suggested a deeper dive on the PHC operational plan, which will be organized as part of an IG alternate session before the next IG Meeting.
- Partners welcomed the secretariat proposal to develop as a new approach to plan GFF engagement through a type of “country investment framework,” including what is implemented by the secretariat and the World Bank, and what is supported by the broader partnership.
- Members noted this process should also help increase the understanding of which strategies and investments are working or not—and ensure that accountability for results is further strengthened through effective monitoring. IG members suggested shifting the name to country engagement frameworks to reflect the partnership approach, emphasizing the high importance of delineating the inputs and investment of the GFF, the World Bank, and the broader partnership in support of IC priorities—both in terms of direct financing as well as technical assistance and implementation support.

Decision: This session was for guidance. No decision taken.

Action:

- Partners suggested to systematize a stocktaking discussion during each IG meeting
- A deep dive on PHC will be organized at the next meeting with a technical discussion with alternates ahead.

OPERATIONALIZING THE HUMAN RESOURCES FOR HEALTH AGENDA IN THE GFF (GFF-IG15-4)

The secretariat, and a representative from Germany, presented the human resources for health (HRH) operational plan developed with the HRH working group members. This plan follows the request of the Investors Group at the June meeting, where the HRH agenda was approved. The secretariat presented the three main objectives of the operational plan that build on (1) alignment and coordination of HRH investments; (2) strategic support for understanding HRH fiscal space and financing gaps; and (3) multisectoral support to HRH. Germany shared the recommended 18 strategic actions intended to leverage the GFF Secretariat and the GFF Trust Fund's areas of comparative advantage as well as across the GFF partnership. The presenters also made a link with the stock taking session, putting an accent on the way in which the GFF can leverage various instruments to support countries' reform agendas on HRH.

The Investors Group expressed the following feedback:

- IG members were supportive of the operational plan and welcomed the co-constructed process to develop it.
- Members acknowledged the existing trade off in making a comprehensive operational plan that comprises all partners—including youth and civil society—and taking into consideration pre- and per-service interventions, while also keeping a focus on the GFF value add and catalytic role and focus on women, children and adolescent health.
- Partners emphasized the importance in improving the GFF partnership's alignment and coordination of HRH investments with country leadership and ownership by leveraging partner strengths, contextualizing global guidance and tools, and addressing HRH priorities and gaps within health support services (HSS) and UHC.
- Partners suggested to increase the GFF Secretariat's strategic support for understanding HRH fiscal space and financing gaps and emphasized the importance of broader discussion with the ministries of budget and finance.
- Some IG members suggested to increase the GFF Secretariat's multisectoral support to HRH policy implementation, governance strengthening, and strategic support to reforms.
- Partners suggested the HRH operational plan should also include aspects on task shifting, and all country level activities should clearly make the link with the investment case.

Decision: The Investors Group endorsed the HRH operational plan.

Action: Partners suggested to reconvene the HRH working group to identify key indicators that can help track progress on this agenda.

ALIGNMENT WORKING GROUP UPDATE

Dr. Lia Tadesse, in her role as Chair of the alignment working group (AWG), presented an update on the alignment agenda, including progress on the working group and the four pilot countries. She explained that the AWG, which includes a unique collaboration between partner countries and donors and civil society organizations (CSOs), commissioned a desk review whose results showed slow progress in alignment at country level and the absence of a way to measure the current status of countries across an alignment spectrum. Additionally, measuring progress over time was a major bottleneck, as there is a lack of an appropriate system to support and track improvements. She provided an overview of the two instruments to support country-led alignment of health service delivery and financing, which includes the alignment diagnostic exercise and the alignment maturity model as developed by the working group. She then provided an update from each of the four pilot countries (Burkina Faso, Central African Republic, Ethiopia, and Rwanda) on the progress.

The Investors Group expressed the following feedback:

- Partners who have been involved in the pilot shared their individual experiences, and overall felt the exercise had been crucial to building government ownership and encouraging shared responsibility and accountability around the alignment agenda.
- IG members involved in the pilot also called on the global partners to support country teams in alignment work.
- The IG encouraged the working group to continue to keep a forward look and review the process even before results are disseminated. Members agreed on commissioning an independent review following the completion of the pilot program.
- Partners also asked about expansion and scaling up of countries. It was explained that the AWG has expanded the number of country partners to close to ten, with the plan to expand by ten more in 2023. One of the key issues is that because this is a country-led process, having strong buy in and commitment of countries—with support from GFF Secretariat—is important. The process is really about political commitment.
- Partners asked how the work of the AWG will carry on once the working group has concluded, since it is a timebound initiative. The secretariat explained that the alignment agenda will be integrated into GFF across the workstreams, but will be led by countries rather than as a separate working group. The IG will continue to track progress and receive updates.
- Partners acknowledged the renewed interest at the global level to see opportunity exists to continue to build momentum.

Decision: This session was for discussion. No decision taken.

DAY 2

OPERATIONALIZING THE GFF APPROACH TO ADOLESCENT SRHR (GFF-IG15-5)

This session served as a follow up discussion from the June 2022 IG meeting, where the SRHR approach paper was endorsed, and it was agreed to further work on the GFF approach specifically to adolescent sexual and reproductive health and rights (ASRHR). As an outcome of that meeting, a time-bound working group was established to discuss the operationalization of the approach paper and its five priority investment areas, with a focus on adolescents, and to propose recommendations to the IG for endorsement. This working group was cochaired by the CSO youth constituency and the Buffett Foundation. A representative from the Buffett Foundation introduced the session as well as the three key recommendations from the group. A representative from the CSO youth constituency then presented the commitments of the IG partners identified for further implementation.

The Investors Group expressed the following feedback:

- Partners agreed sexual and reproductive health and rights (SRHR) is a key focus area of the GFF, and it is essential to work toward the objectives of a comprehensive approach.
- Partners agreed with the recommendations laid out in the paper and suggested an entry point to this agenda would be a stronger link with comprehensive sexuality education, country examples, and how the different partners on the ground collaborate to advance the SRHR agenda. Partners encouraged further collaboration with the United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF) and CSOs in these areas.
- Partners suggested that the GFF ensure linkages to initiatives that go toward reducing mortality due to unsafe abortion and unwanted pregnancy.
- Partners discussed how the rights-based approach can be enhanced as well as the multisectoral engagement.
- Members agreed that this cannot be a top-down agenda and acknowledged the need to look in each country at the indirect, tactical, and strategic approaches.
- Some partners shared their experience in support of youth education on reproductive services, such as youth corners in health facilities that serve as platforms for youth to discuss challenges, with the support of health care providers.
- In relation to questions from several members on the link between these recommendations and the broader engagement of the GFF on SRHR, the working group cochaired and the secretariat confirmed that this paper helps situate the GFF approach to adolescent SRHR, as part of the wider approach to comprehensive SRHR. The working group was considered time bound, but in parallel, the secretariat will develop with partners a comprehensive SRHR plan that more clearly specifies how the current paper and recommendations are a subcomponent for adolescents SRHR.
- Partners suggested the importance of using various instruments to help collect data reflecting the well-being of young people, and this kind of data collection needs funding to make sure youth are leading in shaping this agenda.

- Partners discussed that policy and reform is at the top of the agenda to move the needle on these issues, followed by commodities. Fragile settings and disruptions to adolescent health are also big issues.
- Partners agreed this provides a good opportunity to use the alignment pilot and framework and principals for the adolescence area of this agenda and recognized the need for a more explicit “one plan, one budget, one report” process within this context.
- Partners acknowledged the potential for collaborative work on adolescent platforms and GFF could play a role in this coordination. They also expressed appreciation for the work GFF has done through technical assistance, the youth gender leadership program, and AdLab.

Decision: IG partners endorsed the ASRHR working group recommendations as described in the paper with the caveat that the working group will update the paper as was discussed with inputs received from partners and will disseminate a final version.

Action:

- The secretariat will organize a deep dive with IG partners who are interested in identifying entry points to address comprehensive SRHR based on the priority investment areas leading up to the next IG. This will not entail a full new operational plan.
- The next IG will include a session feeding back from the deeper dive on stronger integration of comprehensive SRHR into the SRHR priority investment areas and their link with the overall GFF strategy.

UPDATE ON THE GFF INNOVATION AGENDA

The Secretariat presented an update on the innovation agenda, including the pathways countries may use to make such innovations scaled up and sustainable and the role of GFF in this. Reflections were given by the following countries and partners who are engaged in this agenda: His excellency, Dr. Austin Demby, Minister of Health for Sierra Leone; Dr. Angeline Mumararungu Director of Planning and Health Financing from the Ministry of Health in Rwanda; Tore Laerdal, from Laerdal Global Health; Caroline Quijada, Deputy Director from Abt Associates on behalf of the private sector constituency; and Dr. Lakshmi Balaji, Senior Adviser and Chief of Primary Health Care and Health Systems Strengthening from UNICEF. The country representatives explained the need for innovation to address their country’s challenges such as childhood stunting, nutrition, score card reporting as well as innovations to improve maternal and newborn health and emergency referral and response. They also explained that the use of digital tools can help show what are the gaps to address the needs of the communities. Countries called for further technical and financial support to partner with the government to build and strengthen data systems and make impactful change. Laerdal provided an overview of its partnership with the GFF on the innovation to scale initiative, noting innovation helps to ensure better results from resources used. Extensive monitoring and evaluation are taking place and approaches of these programs can be considered in future investment cases. UNICEF discussed Mali as an example of where innovation has originally been implemented in one region and the innovation to scale projects is now taking to scale the proven interventions to help reduce newborn mortality.

The Investors Group expressed the following feedback:

- Partners expressed having the government as a key partner is critical in order to move forward.

- The IG suggested documenting the lessons learned and integrate them as part of investment cases to use as case studies for the strategy. Every pilot should be designed and implemented by the government and sustainability can only be achieved with better resources from donorship to ownership.
- Partners appreciated the country examples as concrete impact of the innovations. IG partners expressed interest in seeing more results on the investment in innovations in countries – raise their profile/visibility, share their interim results. As well as showcasing the lessons learned, opportunities to aggregate in a global level – how are we learning across mechanisms that can be applied to all country contexts – higher level lessons to help promote healthier outcomes.
- Partners agreed digitalization is needed to build support and using innovating funding to make progress.
- Partners agreed to support the GFF to mobilize funding for this important agenda, which requires recognition there will also be failures.
- These are tools that are not expensive that could revolutionize the work and therefore are critical to support. GFF support to the Implementation Research and Evaluation in this area is also critical.

Decision: The session was for discussion. No decision taken.

Action: A workshop will take place early next year (end of January/early February 2023) bringing together countries to create a community of practice and share lessons learned. The workshop will be also an opportunity to find out where interventions are needed by the GFF to provide more support to countries based on the need.

ANNEX 1: MEETING AGENDA

INVESTORS GROUP MEETING Tuesday, November 8, 2022 Adlon Ballroom 1				
Time	Agenda Item	Objective	Action	Presenter
7.30 -8.30 am	Breakfast- <i>Papillon Restaurant</i>			
9.00-10.00am	Welcome, Opening, and Director's Report	<ul style="list-style-type: none"> - Approval of IG14 Meeting Report - Approval of IG15 Agenda - GFF Director opening remarks - Secretariat update on key milestones and progress 	<u>For endorsement</u>	IG Co-chairs, GFF Director, and Head of GFF Secretariat
10.00-11.00am	Strengthening Primary Health Care in Ghana	Discussion on supporting the reorganizing of PHC for quality healthcare delivery in Ghana and the role of GFF	<u>For discussion</u>	Minister of Health
11.00-11.15am	Break			
11.15-12.45pm	Stocktaking on the GFF Strategy and Country Results	Discuss progress of implementation of the GFF strategy and the contribution of the GFF Trust Fund, countries, and partners.	<u>For guidance</u>	Country representatives, partners, and GFF Secretariat
12.45-1.45pm	Lunch- <i>Papillon Restaurant</i>			

1.45-3.15pm	Operationalizing the Human Resources for Health Agenda in the GFF	Discuss the operational plan developed with the HRH working group members.	<u>For endorsement</u>	HRH Working Group Members
3.15-4.15pm	Alignment Working Group Progress Update	Update on the alignment agenda, including the pilot orientation workshops and upcoming events.	<u>For discussion</u>	AWG Chair and Working Group Members
4.15-4.30pm	Chair's Summary and Closure	Conclude day one of meeting.	<u>For discussion</u>	IG Co-Chairs

ANNEX 2: INVESTORS GROUP PARTICIPANTS

CO-CHAIRS

IG Chair	
Name:	Dr. Lia Tadesse
Title:	Minister of Health
Organization:	Ministry of Health, Ethiopia
Country:	Ethiopia

IG Chair	
Name:	Joshua Tabah
Title:	Director General, Health and Nutrition Bureau
Organization:	Global Affairs
Country:	Canada

COUNTRY REPRESENTATIVES

Central African Republic

Principal	
Name:	H.E. Dr. Pierre Somse
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Organization:	Ministry of Health
Country:	Central African Republic
Attending IG15	
Principal:	H.E. Dr. Pierre Somse
Alternate:	Ms. Chantal Manzibahi
Additional:	Ms. Noelly Dominique-Marcelle DONON KPAGNAMI NEE DOUMA

Côte d'Ivoire

Principal	
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Attending IG15	
Principal:	H.E. M. Pierre Dimba
Alternate:	Mme. Djeneba Ouattara, Health advisor to the Prime Minister, Cote d'Ivoire
Representative:	M. Alexandre Guebo, Advisor to the Minister of Health

Ghana

Name:	H. E. Dr. Kwaku Agyemang-Manu
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Mozambique

Name:	H. E. Armino Tiago
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Attending IG15	
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Rwanda

Principal	
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Representative:	Dr. Tharcisse Mpunga Minister of State

Sierra Leone

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Senegal

Name:	H.E. Dr. Marie Khemesse Ngom NDIAYE
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CIVIL SOCIETY

Principal		Alternate	
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Principal:	Myria Koutsoumpa		
Alternate:	Maziko Matemba		

Principal		Alternate	
Name:	Amos Mwale	Name:	TBC
Title:	Executive Director	Title:	
Organization:	Center for Reproductive Health and Education	Organization:	
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Attending IG 15			
Principal:	Amos Mwale		

MULTILATERAL ORGANIZATIONS

Gavi, the Vaccine Alliance

Principal		Alternate	
Name:	Anamaria Bejar	Name:	
Title:	Director of Public Policy Engagement	Title:	
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Attending IG15			
Representative	Benjamin Loevinsohn, Director of Investment, Financing and Sustainability		

The Global Fund

Principal		Alternate	
Name:	Marijke Wijnroks	Name:	Severine Calza
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Organization:	Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)	Organization:	Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund)
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Alternate	Severine Calza		

The World Bank

Principal		Alternate	
Name:	Amit Dar	Name:	
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THE PARTNERSHIP FOR MATERNAL NEWBORN AND CHILD HEALTH

Principal		Alternate	
Name:	Flavia Bustreo	Name:	Helga Fogstad
Title:	Chair of Governance and Nomination Committee	Title:	Executive Director
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Attending IG15			
Alternate:	Helga Fogstad		
Representative:	Mohit Pramanik		

PRIVATE FOUNDATIONS

The Bill & Melinda Gates Foundation

Principal		Alternate	
Name:	Mr. Kieran Daly	Name:	Sue Graves
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Alternate:	Sue Graves		
Focal Point:	Pamela Rao		

The Buffett Foundation

Principal		Alternate	
Name:	Senait Fisseha	Name:	Dr. Tewodros Bekele
Title:	Director of Global Programs	Title:	Chief Government Engagement Lead
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Alternate:	Dr. Tewodros Bekele		

PRIVATE SECTOR

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Principal	Caroline Quijada		

Principal		Alternate	
Name:	Mary-Ann Etiebet	Name:	Mark Allen
Title:	Executive Director	Title:	Director of Strategic Partnerships
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Principal	Mary-Ann Etiebet		

Principal		Alternate	
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Principal:	Tore Laerdal		

PUBLIC SECTOR FINANCIERS

Canada

Principal		Alternate	
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Principal:	Tanya Trevors		

Germany

Principal		Alternate	
Name:	Annette Van Edig	Name:	Kathrin Oellers
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Organization:	German Federal Ministry for Economic Cooperation and Development (BMZ)	Organization:	German Federal Ministry for Economic Cooperation and Development (BMZ)
Country:	Germany	Country:	Germany
Attending IG15			
Principal:	Annette Van Edig		
Representative:	Natalia Wiik, Advisor, German Society for International Cooperation – GIZ		
Representative:	Ramona Simon, Embassy of Germany, Ghana		

Japan

Principal		Alternate	
Name:	Mr. Kentaro Ogata	Name:	Mr. Yuto Yanagawa
Title:	Deputy Vice Minister of Finance for International Affairs	Title:	Special Officer for Global Health Development Policy Division International Bureau
Organization:	Ministry of Finance	Organization:	Ministry of Finance
Country:	Japan	Country:	Japan
Attending IG15			

JICA

Principal		Alternate	
Name:	Mr. Tomoya YOSHIDA	Name:	Ms. Maki OZAWA
Title:	Deputy Director General, and Group Director for Health Group 2, Human Development Department	Title:	Director for Health Team 3, Health Group 2, Human Development Department
Organization:	JICA	Organization:	JICA
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Attending IG15			
Alternate:	Ms. Maki OZAWA		

Netherlands

Principal		Alternate	
Name:	Kitty van der Heijden	Name:	Jennie van de Weerd
Title:	Director General for International Cooperation	Title:	Sr. Health Expert
Organization:	Ministry of Foreign Affairs	Organization:	Ministry of Foreign Affairs
Country:	Netherlands	Country:	Netherlands
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Alternate:	Jennie van de Weerd		
Representative:	Joris Jurriëns, Head, Health and AIDS Division, Social Development Department		

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Qatar

Principal		Alternate	
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Country:	Qatar	Country:	Qatar
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Representative:	Nouf Al Kaabi		
Representative:	Mashaal Yousef Muftah		
Representative:	Noura Saad Al-Kaabi		

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Principal:	Chris Carter		
Alternate:	Meena Gandhi		

United States

Principal		Alternate	
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Country:	USA	Country:	USA
Attending IG15			
Principal:	Dr. Atul Gawande		

UN AGENCIES

UNFPA

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Country:	USA	Country:	USA
Attending IG15			
Representative	Dr. Willibald Zeck, Acting Chief, Sexual and Reproductive Health Branch, UNFPA Technical Division		

UNICEF

Principal		Alternate	
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Country:	USA	Country:	USA
Attending IG15			
Focal Point:	Dr. Lakshmi Balaji		

World Health Organization

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Title:	Deputy Director General	Title:	Special Adviser to the Director-General for Strategic Programmatic Priorities
Organization:	WHO	Organization:	WHO
Country:		Country:	
Attending IG15			
Focal Point:	Dr. Anshu Banerjee		
Representative:	Francis Kasolo		

YOUTH REPRESENTATIVES

Principal		Alternate	
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Title:		Title:	Advocacy Officer
Organization:	GFF Youth Coalition	Organization:	ASAPSU
Country:	Niger	Country:	Côte d'Ivoire
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