

GFF Country Workshop Report

The Global Financing Facility (GFF) Country Workshop was organized in Accra, Ghana from 28 January to 1 February 2018. The GFF Country Workshop brought together 10 new GFF-supported countries¹ to engage and energize their multisectoral country teams around a common vision and support the operationalization of country-specific GFF visions.

1. Workshop Participation

The GFF Country Workshop was attended by 10 country teams. Each country team included high-level decision-makers from the Ministry of Health (MOH) and the Ministry of Finance (MOF), a financier of the Investment Case, a technical partner, and a representative of civil society and/or the private sector. Country teams also comprised the World Bank Task Team Leader and the health financing focal point. In total, more than 150 people participated in the GFF Country Workshop.



2. Workshop Methodology

The GFF Learning Workshop was designed through consultations to support the design, monitoring and implementation of GFF-supported Investment Cases and health financing work. As participating countries are at the initial stages of the GFF process, the workshop focused on elaborating on the GFF's vision, and exploring its underlying themes and processes. Workshop content also showcased the way through which initial GFF countries are leveraging the GFF to accelerate GFF results, highlighting challenges faced, lessons learned and potential next steps.

The GFF Country Workshop adopted an approach that combined plenary sessions and country group work to elaborate on the GFF's vision, contextualize presentations, encourage discussions and support the development of a tentative roadmap. This methodology was informed by feedback provided after the first

¹ Afghanistan, Burkina Faso, Cambodia, Côte d'Ivoire, Central African Republic, Haiti, Indonesia, Madagascar, Malawi, and Rwanda

Country Learning Workshop held in Kenya in 2015 and the second GFF Country Workshop held in the United States in 2017.

3. Workshop Content

Introduction to the GFF and Lessons Learned

This session introduced the vision of the GFF and its intended results. It highlighted the GFF's value proposition and elaborated on the roles of the GFF partnership and GFF Secretariat in attaining RMNCAH+N results.

The GFF Investment Case

This session explained the role of the GFF Investment Case in identifying “priorities among priorities” at country level in view of accelerating RMNCAH-N outcomes. Underlining that there are no prescribed formats for the investment case, this session provided general guidance on what constitutes a good investment case and outlined which elements are important to generate consensus. This session particularly stressed the importance of defining and monitoring key results (e.g., RMNCAH-N, health system strengthening, health financing, etc.) to guide content development, track progress and ensure timely course-correction. It also highlighted the importance of stakeholder engagement throughout the investment case process, including during the implementation phase.

Financing and implementing priorities of Investment Cases in a coordinated manner

This session stressed the importance of aligned financing for the GFF Investment Case, highlighting existing opportunities, challenges and lessons. It notably provided examples of existing donor coordination and co-financing mechanisms (i.e., within and outside the GFF) that countries can build on to operationalize the investment case. Further, this session elaborated on resource mapping as a tool to foster alignment of both national and external funding for investment case priorities, particularly emphasizing the need to start simple and to be cognizant of the underlying political economy. It also underlined the need to ensure donor and government commitments are translated into interventions and disbursement (resource tracking). This session concluded with a panel discussion during which representatives from Afghanistan described several good practices for donor alignment and aid effectiveness, including challenges faced, and key financiers (i.e., USAID and the Global Fund) underlined their interest in further engaging with the GFF.

Country group work: prioritizing and financing RMNCAH-N priorities through the Investment Case

This session enabled individual country teams to discuss the steps and actions required to progress on the development of the investment case, including prioritization and funding alignment.

More value for money and more money for health: ensuring smart, scaled and sustainable financing

This session highlighted the importance of health financing in ensuring the achievement of the results GFF is after. It also elaborated on the role of health financing in the Investment Case process. It notably highlighted the need to increase value-for-money and the total volume of financing, notably through enhanced domestic resource mobilization, increased external funding (including financing from IDA/IBRD and the GFF Trust Fund); improved efficiency in resource utilization and greater financial protection. The session not only discussed the role of resource mobilization in the Investment Case process, but also that of pooling risks, allocating resources, and purchasing of services. In addition, it stressed that while most short- and medium-term health financing results typically derive from the investment case prioritization process and bottleneck analysis, domestic resource mobilization results involve longer term reforms that go beyond the Investment Case's time frame, thereby requiring additional efforts.

Efficiency

This session described the key role of efficiency in releasing resources for RMNCAH-N and in increasing domestic resources. Improving efficient use of the available resources is often key for the health sector to be able to advocate for more resources. The session explained what is meant by efficiency, what are the key drivers, how to measure it and how to go about implementing reforms to improve efficiency. Key messages were the (i) the need to measure efficiency and integrate indicators into routine data systems, and (ii) to develop incentive structures that will drive the implementation of efficiency reforms.

Working Multisectorally

This session discussed the importance of working multisectoral to attain RMNCAH-N outcomes. It recommended adopting a sequenced process to decide whether to work multisectorally. This process involves (i) determining which result is to be achieved, and (ii) identifying which sectors are required to achieve that result, ideally based on an analysis of determinants. Further, this session also underlined the importance of considering the incentives available to engage each sector in a multisectoral collaboration and stressed that the need to identify a strong champion (e.g. President, Prime Minister, Ministry of Finance, Minister of Health) capable of driving and incentivizing multisectoral work. It indicated that the implementation of a multisectoral approach could be simplified through a clarification of sector roles and through (i) multisectoral planning; (ii) sectoral implementation; and (iii) multisectoral progress reviews.

Private Sector

This session highlighted the value of engaging a broad set of private sector actors, including those such as financial institutions and IT providers operating outside the “traditional” health sector. To demonstrate the diverse forms that public-private partnerships can take at country-level, the session provided examples of private sector providing innovation, expertise and capacity across different health system areas (e.g., financing, supply chains, service delivery). It recommended identifying the right private sector stakeholders and clear priority setting to ensure the establishment of shared public-private objectives for innovative solutions and stressed the importance of using evidence – whether basic demographic and health survey data or more in-depth private sector assessments – to guide decisions pertaining to private sector opportunities.

Operationalizing the GFF at Country Level

This session focused on the opportunity presented by the country platform to draw on the strengths of multiple constituencies (and possibly sectors) to address RMNCAH-N in GFF countries. It emphasized that country platforms should support the development and the implementation of both the investment case and the health financing work, including progress tracking and results monitoring. This session also clarified the key role played by the GFF liaison in providing crucial support to government and stakeholders as they develop, implement, and track the priority health investments inherent to the investment case.

Monitoring GFF implementation: RMNCAH-N Results and Health Financing reforms

This session elaborated on three areas of focus, the GFF’s global monitoring strategy, the country monitoring strategy and the investment case strategy. The global focus of this session was on understanding the benefits and commitments of the GFF data community, including the role of progress, impact and health financing indicators to show GFF results. It further covered country and investment case monitoring strategies, stressing the need to build on existing country systems to improve access to integrated data at all levels of the healthcare hierarchy for real-time corrective action and implementation

improvement. Guidelines for the monitoring strategy and framework to be included in the investment case and the role of the country platform were also discussed.

Country group work: Operationalizing the GFF and monitoring GFF implementation at country level

Individual country teams discussed existing coordination mechanisms and their potential to serve as the GFF country platform. In addition, country teams discussed existing monitoring systems and their potential to be used for monitoring RMNCAH-N results and health financing implementation, recognizing gaps in systems and data use and areas for additional investments

Parallel Sessions

The session on [Domestic Resource Mobilization \(DRM\)](#) focused on highlighting the importance of DRM in ensuring the sustainability of RMNCAH-N investments and in accelerating progress towards UHC; defining DRM, its main sources and its linkage with fiscal space. Building on the experiences of the initial 16 GFF countries, it also discussed and assessed available options to strengthen the mobilization of resources for health, including general revenue collection, the re-prioritization of health in the budget, and health specific revenue sources (e.g. sin taxes, social health insurance contributions, etc.). The session concluded with a discussion of the efforts currently made by countries to mobilize additional domestic resources and on what they might consider to further increase DRM in the future.

Another session provided an overview of the [World Health Organization Guidelines for Maternal and Newborn Health](#), emphasizing quality of care by prioritizing person-centered health and well-being, respectful care in line with client values and preferences, and the optimization of service delivery within health systems.

The session on [Lifesaving Commodities and Supply Chains](#) demonstrated that procurement and distribution of RMNCAH-N commodities, while big challenges, are not the only issues affecting access and appropriate use of RMNCAH-N commodities for women and children. Further, examples were provided of different interventions to improve the management of RMNCAH-N commodities. Emphasizing the key role that could be played by the GFF to reduce fragmentation in support of commodity management, it advocated for (i) the use of evidence to determine which key bottlenecks, if any, need to be addressed in the investment case; (ii) an update of essential medicine lists to include appropriate lifesaving commodities for RMNCAH-N ; and (iii) a focus on what can be addressed in a short timeframe.

The session on [Adolescent Sexual and Reproductive Health \(ASRH\)](#) hosted a robust discussion around innovative country examples and multisectoral approaches to address ASRH; the integration of sexual and reproductive health into a broader service delivery platform; and the importance of strengthening the entire continuum of RMNCAH-N care to reduce mortality and fertility in support of the demographic transition. Eight out of 10 countries participated in the session, along with other development partners.

The session on [Civil Registration and Vital Statistics \(CRVS\)](#) focused on the importance of well-functioning CRVS systems for monitoring RMNCAH-N indicators and why CRVS is a priority area for the GFF. Highlights of the status of CRVS systems in GFF countries were provided, with emphasis on unavailability of information on death registration and causes of death; reliance on paper-based systems; and lack of vital statistics from the civil registration system. The session shared lessons on incorporating CRVS in RMNCAH-N investment cases, stressing the need to derive data from CRVS system. Discussions highlighted the need to support countries in death registration and recording of causes of death, with clear linkages established between health institutions and civil registration agencies. This session emphasized the need to devise

country-specific solutions that respond to country-specific challenges and concluded with countries advocating for more south-south learning opportunities to share best practices related to CRVS and the broader RMNCAH-N agenda.

The session on **Nutrition** stressed the critical nature of nutrition in the approach adopted by GFF countries to end preventable maternal, adolescent and child deaths and ensure that these vulnerable populations thrive and transform. The GFF value proposition supports improved nutrition outcomes not only through strengthened health systems and nutrition specific interventions, but also through support to multisectoral engagement that helps countries implement important nutrition sensitive interventions through related sectors, in addition to health such as WASH, social welfare, and education.

Country teams were asked to provide their initial thinking on (i) key priorities across the GFF value proposition, (ii) proposed next steps and (iii) the type of GFF support needed to move the agenda forward. These reflections were presented by countries at the end of the workshop and countries were encouraged to take this presentation, and all the presentations provided during the workshop, back to their country for further consultation and awareness raising of stakeholders who were not able to attend the workshop.

4. Country Workshop: Participant Feedback

At the end of the GFF Country Workshop, participants were asked to provide feedback on the relevance and quality of the workshop methodology and content. This feedback was provided using a questionnaire with a Likert-like scale ranking satisfaction from one (i.e. “very dissatisfied”) to five (i.e. “very satisfied”).

The overall response rate is 56.7 percent, representing 68 respondents out of 120 participants, excluding faculty members/GFF Secretariat. The total average score is 4.23, suggesting that workshop sessions have been effective in transferring knowledge and in providing guidance to country teams for the operationalization of the GFF process (c.f. Table 1).

Table 1: Average scores

Average scores				
Relevance	New Information/ Applicability: Information	Content vs. Objectives	Usefulness: Group Work	Total Average Score
4.5	3.9	4.1	4.45	4.23

These positive learning outcomes are further highlighted by the frequency distributions of each criterion, which further indicate that participants were predominantly either very satisfied or satisfied. This is emphasized by respondents qualifying the workshop as “an excellent way to open a dialogue between the ministry of health and the ministry of finance” and expressing their satisfaction by saying “superb! Well done!”; “this was a good workshop, which helped me understand the GFF”; and “good work! Continue!”. This terminology further suggests that workshop content was considered relevant and useful.

Participants stressed the importance of strengthening continuous and sustainable learning through further joint learning opportunities, including south-south cooperation modalities. More specifically, participants listed five critical learning and capacity building priorities to support the operationalization of the GFF at country level, namely the development of a Community of Practice; the organization of regular online

seminars; the organization of study tours in GFF countries; the documentation of country experiences and the regular planning of technical workshops.

5. Annex 1: Twitter: Countries and Technical partners sharing their enthusiasm



Mark Schreiner, [@UNFPA](#) Representative to Rwanda



Mark Bryan Schreiner @MarkB_Schreiner · Jan 31

Excited to see [@RwandaHealth](#) delegation [@theGFF](#) 2018 workshop in Accra w/ [@UNRwanda](#) & [@USAIDRwanda](#) +H6 DP's exploring #GFF opportunities. [@UNFPA](#) [@WHORwanda](#) [@unicefrw](#) [@UNFPA_Supplies](#) [@benoitkalasa](#) [@YannLacayo](#) [@mgakwerere2](#)

Gakwerere Mathias, Maternal Health and Midwifery Program Officer [@UNFPA](#) Rwanda



Gakwerere Mathias

@mgakwerere2

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Great discussions on GFF opportunities for Rwanda
Accra workshop of GFF country teams
Jan 29-2 Feb 2018 [@unfparwanda](#)[@mark](#)



9:33 AM - 31 Jan 2018

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USAID Madagascar



USAID Madagascar

@USAIDMadagascar

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We're excited to attend @TheGFF Induction Workshop in #Ghana as part of Malagasy delegation w/ @UNFPAMadagascar & @MinSanteMada. Great strategic opportunities to leverage resources to support the wellbeing of #Malagasy #women, #children & adolescents #WomenAndChildrenFIRST

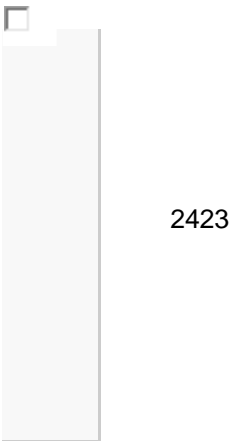
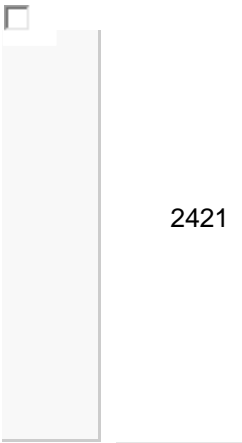


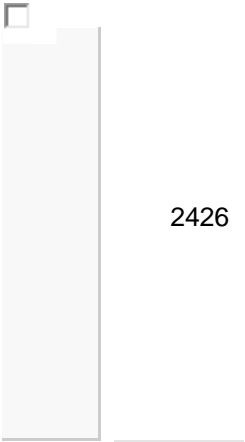
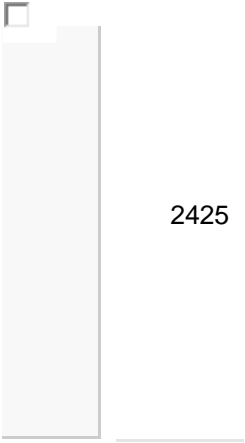
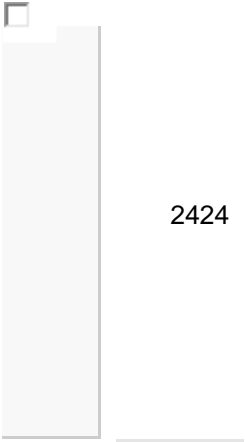
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6. Annex 2: Agenda GFF Country Workshop







Sunday, January 28, 2018	
6:00 – 7:30pm	Welcome Reception
Monday, January 29, 2018	
7:30 – 8:30am	Registration
8:30 – 9:00am	Opening and Introduction
9:00 – 10:00am	Introduction to the GFF
10:00 – 10:30am	Icebreaker exercise
10:30-11:00am	Coffee/Tea break
11:00-12:30pm	Prioritization and Impact: The Investment Case as a tool
12:30-1:30pm	Lunch break
1:30-3:00pm	Financing and implementing priorities in a coordinated manner
3:00-3:30pm	Coffee/Tea break
3:30-5:00pm	Country group work: prioritizing and financing RMNCAH-N priorities through the Investment Case
Tuesday, January 30, 2018	
8:30-8:45am	Recap from Day 1
8:45-10:15am	More value for money and more money for health: ensuring smart, scaled and sustainable health financing
10:15-10:45am	Coffee/Tea break
10:45-12:15pm	Improving Efficiency
12:15-1:15pm	Lunch
1:15-2:45pm	Working multisectorally: purpose, lessons and experiences
2:45-3:15pm	Coffee/Tea break
3:15-5:15pm	Country group work: prioritizing health financing reforms and working multisectorally through the Investment Case
Wednesday, January 31, 2018	
8:30-8:45am	Recap from Day 2
8:45-10:15am	Partnering with the Private Sector
10:15-10:45am	Coffee/Tea break
10:45-12:15pm	Operationalizing the GFF at country level
12:15-1:15pm	Lunch

Thursday, February 1, 2018	
8:30-8:45am	Recap from Day 3
8:45-10:15am	<p>Further learning on technical topics to support GFF implementation</p> <p><u>Potential parallel sessions:</u></p> <ul style="list-style-type: none"> - Adolescent health, SRHR and FP - Guidelines for Maternal and Newborn Health - CRVS - Lifesaving commodities and supply chain - DRM - Nutrition
10:15-10:45am	Coffee/Tea break
10:45-12:15pm	Finalizing country presentations
12:15-1:15pm	Lunch
1:15-2:45pm	Country presentations
2:45-3:15pm	Coffee/Tea break
3:30-4:30pm	Closure workshop