

## PURPOSE AND BACKGROUND

### 1. What is the Global Financing Facility (GFF)?

The Global Financing Facility in Support of Every Woman Every Child is a key financing platform of the UN Secretary General's updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). It is a multi-stakeholder partnership that brings together, under national leadership and ownership, stakeholders in reproductive, maternal, newborn, child and adolescent health as well as nutrition (RMNCAH+N), to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths by 2030 and improve the health and well-being of women and children. It is underpinned by International Health Partnership (IHP+) principles<sup>1</sup> and serves to harmonize fragmented RMNCAH+N approaches, using existing structures and processes.

The GFF supports country leadership by drawing on the comparative advantages of the broad set of stakeholders involved in the RMNCAH+N response, including the financing of the World Bank Group, Gavi, the Vaccine Initiative, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and bilateral donors; the technical expertise and normative mandates of UN agencies; the reach and community-connectedness of civil society organizations; and the capacity and speed of the private sector.

The GFF was announced in September 2014, followed by a 10-month business planning process involving national governments and 20 institutions including the United Nations, the private sector, private foundations, civil society and other partners, and the four front-runner countries (the Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania). It was officially launched by the UN Secretary General at the Financing for Development Conference in July 2015 and seven countries were added (Bangladesh, Cameroon, Liberia, Mozambique, Nigeria, Senegal, and Uganda). Since then an additional five countries (Guatemala, Guinea, Myanmar, Sierra Leone and Vietnam) were announced for funding.

### 2. Why do we need a Global Financing Facility?

The past two decades have seen unprecedented progress in improving the lives of women, adolescents, and children. However, as the global community enters the Sustainable Development Goals (SDGs) era, a

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<sup>1</sup> IHP+ is open to all governments, development agencies and civil society organizations involved in improving health who are willing to adhere to the commitments in the IHP+ Global Compact for achieving the health-related Sustainable Development Goals. Partners work together to put international principles for development cooperation into practice in the health sector. IHP+ is transforming into the International Health Partnership for UHC 2030 (details available at [www.internationalhealthpartnership.net](http://www.internationalhealthpartnership.net)).

considerable part of the agenda with regard to reproductive, maternal, newborn, child, and adolescent health remains unfinished. Far too many newborns, children, adolescents, and women still die from preventable conditions every year, and far too few have reliable access to quality health services. A large funding gap remains – US\$33.3 billion in 2015 alone in high-burden, low- and lower-middle income countries, equivalent to US\$9.42 per capita per year – that can only be addressed by dramatic increases in financing from both domestic and international sources. The GFF serves as a pathfinder in a new era of financing for development by pioneering a model that shifts away from focusing solely on official development assistance to an approach that focuses on mobilizing more domestic financing, and combining it with external support and innovative sources for resource mobilization and delivery, including the private sector, in a synergistic and equitable way. Efficiency gains through innovative approaches, as well as enhanced private sector engagement is an important element of this effort.

### 3. What is the overall goal of the GFF?

The overall goal of the GFF is to accelerate global efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. With an emphasis on achieving results, the GFF focusses on 63 high-burden, low- and lower-middle income countries with the goal of preventing up to 3.8 million maternal deaths, 101 million child deaths, and 21 million stillbirths by 2030.

### 4. How will the GFF achieve this goal?

The GFF will mobilize and channel additional international and domestic resources required to scale-up and sustain efficient and equitable delivery of quality reproductive, maternal, newborn, child and adolescent health services by assisting governments develop longer term health financing strategies that help to achieve their Universal Health Coverage (UHC) goals. Additionally, the GFF will support the transition to long-term sustainable domestic financing for these areas. A special focus area for the GFF will be to support scale up in areas that have been traditionally underfunded such as civil registration and vital statistics (CRVS) systems that will contribute to universal registration by 2030; sexual and reproductive health and rights, especially for adolescents; and nutrition. The GFF works to reduce inequities in access to health services and emphasizes effective coverage increase through improvements in quality of care. The GFF provides financing that incentivizes performance as evidence shows that such approaches, both on the supply and demand sides, have achieved impact in low- and middle-income countries while increasing efficiency. However, inputs such as commodities or capital investments are also financed through the GFF, as long as there are clear links to results. Additionally, the GFF contributes to improvements in the ability of countries to measure progress on RMNCAH+N.

### 5. Is the GFF another vertical fund?

No. The GFF offers a horizontal, integrated approach. It uses reproductive, maternal, newborn, child, and adolescent health as an entry point to the promotion of UHC. At the heart of RMNCAH+N is primary health care, which is also the essential foundation for UHC. GFF investments extend to broader health systems strengthening. A key objective of the GFF is to support countries to develop health financing strategies that set out a long-term plan for financial sustainability of the entire health sector, not just RMNCAH+N.

## FINANCING

### 6. Why is the GFF important in the context of the broader financing for development process?

The GFF is an essential part of the paradigm shift in development financing, acting as a pathfinder in a new era of financing for development by pioneering a model that shifts away from a focus solely on official development assistance to an approach that combines domestic financing, external support, and innovative sources for resource mobilization and delivery (including the private sector) in a synergistic way. Guided by national Investment Cases that focus on “best buy” interventions and health financing strategies that chart a course toward sustainability of financing, the GFF catalyzes and aligns domestic and international and public and private sector financing to national RMNCAH+N priorities.

To support these national efforts, a multi-donor trust fund – the GFF Trust Fund – has been established at the World Bank to provide grant resources to countries intending to use World Bank loans and credits for health, as part of supporting the transition that occurs as countries grow economically. As this happens, countries rely less on grant financing for health from external sources and instead typically transition first to International Development Association (IDA) financing (which is on budget and often a mix of grants and concessional loans) and then increasingly to domestic financing (which often includes loans on commercial terms, such as from the private market or the International Bank for Reconstruction and Development (IBRD)).

### 7. How are resources mobilized by the GFF?

The incremental resource gap for RMNCAH+N for the countries that are GFF eligible is estimated at US\$33.3 billion (US\$9.42 per capita) in 2015, which represents the amount needed to scale up coverage from current levels to high coverage. Economic growth fuels domestic resource mobilization and this decreases the gap over time, reducing it to US\$16.5 billion (US\$3.90 per capita) in 2030.

The GFF works to close the gap in three ways:

1. By generating efficiencies through smart financing, which results in a reduction of the incremental resource needs of approximately 15% by 2030;
2. By crowding in additional domestic resources, which results in the mobilization of more than US\$18 billion cumulatively from 2015 to 2030;
3. By further mobilizing development assistance for health and improving coordination of this assistance, resulting in nearly US\$39 billion cumulatively from 2015 to 2030.

As a result of the combined effect of these, the gap falls to US\$7.4 billion (US\$1.74 per capita) in 2030. Cumulatively, the “savings” generated through the GFF (the difference in the resource gaps between a scenario with and without the GFF) would amount to \$83.5 billion over the period 2015 to 2030.

## 8. What is the difference between the GFF and the GFF Trust Fund?

The Global Financing Facility brings together all partners to provide complementary financing for Investment Cases that identify evidence-based, high-impact “best-buys” through rigorous, data-driven prioritization. Financing for the Investment Case comes from a range of domestic and international sources, including the private sector, in a harmonized manner to ensure that the financing gap is reduced. The GFF works as a **facility** that harnesses the strengths and financial resources of a wide array of partners that are committed to improving RMNCAH+N. Most importantly, this involves governments assuming their leadership roles in setting the policy agenda and formulating technically sound and financially appropriate RMNCAH+N strategies and plans, with the support of stakeholders and partners as needed. The GFF supports this leadership by drawing on the comparative advantages of the broad set of stakeholders involved in the RMNCAH+N response, including the financing of the World Bank Group, Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and bilateral donors; the technical expertise and normative mandates of UN agencies; the reach and community-connectedness of non-governmental and faith-based organizations; and the capacity and speed of the private sector.

To complement the work of the broader facility, a multi-donor trust fund – the **GFF Trust Fund** – has been established at the World Bank with an initial US\$875 million in pledges. The GFF Trust Fund is a part of the financing available from the facility, and provides additional financing for RMNCAH+N that is linked to IDA or IBRD projects. A major advantage of the trust fund is that it mobilizes the expertise of the entire World Bank Group, including the International Finance Corporation (IFC), the World Bank Group’s private sector arm, and links to emerging efforts around pandemic preparedness and response. It builds on the experience and management capacity of the Health Results Innovation Trust Fund (HRITF) in providing results-focused financing to support countries to achieve RMNCAH+N results. The Trust Fund will need to be replenished to reach all of the GFF countries with a grant.

## 9. Which partners are providing financing in support of the GFF?

The governments of Canada, Norway and the United Kingdom and the Bill and Melinda Gates Foundation have made contributions to the GFF Trust Fund. The GFF has been established as a partnership in which multiple financiers also contribute complementary financing to a common set of priorities articulated in an Investment Case. Both USAID and JICA are providing complementary financing in support of the Investment Cases in several countries. The Global Fund for AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Fund, are working with the GFF both at the global level and in several countries to align funding and processes in order to be more effective.

## 10. Which countries will be supported by the GFF?

A total of 62 high-burden, low- and lower-middle income countries are eligible to receive grant resources from the Trust Fund. The Trust Fund is phasing in its operations, beginning with an initial set of four “frontrunner” countries (the Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania), to which an additional seven countries (Bangladesh, Cameroon, Liberia, Mozambique, Nigeria, Senegal, Uganda) were added in July 2015. In 2016 an additional five countries have been announced (Guatemala, Guinea, Myanmar, Sierra Leone and Vietnam).

## 11. What is the process for accessing the GFF Trust Fund?

The process for accessing grant resources from the GFF Trust Fund differs considerably from most global financing mechanisms: there is no standalone application process. The GFF countries that have already been selected, were done so based on a combination of need, willingness and ability to allocate IDA resources, and the opportunity to learn about aspects of the model. Once a country has been selected to receive GFF Trust Fund financing, to access the Trust Fund resources a country must have a well-prioritized and costed RMNCAH+N plan that can serve as an Investment Case, demonstrate that it is committed to increasing domestic resource mobilization through the development of a health financing strategy, and be willing to utilize IDA or IBRD resources for RMNCAH+N.

## 12. How are allocation decisions from the Trust Fund made?

In June 2016, the Investors Group agreed that the following criteria would guide the future expansion of the GFF to additional countries:

- Country criteria:
  - Disease burden;
  - Unmet need related to sexual and reproductive health and rights;
  - Income status;
  - Comparison of financing vs. need;
  - Commitment to increase domestic financing for RMNCAH;
  - Commitment to use IDA/IBRD financing for RMNCAH;
  - Commitment to mobilize additional complementary financing and/or leverage existing financing;
  - Commitment to engage private sector resources (financial, human, and technical) to improve RMNCAH outcomes;
  - Commitment to the Global Strategy;
  - Existence of/or plan for an effective, inclusive, broadly representative country platform;
- Portfolio balance:
  - Geographical diversity;
  - Ability to contribute to learning agenda, including testing innovative financing approaches (e.g IBRD buy-down).

The final determination on the exact amount for each country is made in the course of negotiating financing with the country government. In addition, a country that explicitly includes CRVS in its Investment Case and allocates IDA/IBRD financing for CRVS can qualify for up to US\$10 million in additional resources from the GFF Trust Fund. Final Trust Fund allocations are approved by the Trust Fund Committee, which consists of all major donors to the Trust Fund.

## 13. What is the link between the GFF and the International Development Association (IDA)?

The International Development Association (IDA) is the World Bank's fund for the poorest countries and the single largest source of donor funds for basic social services.

The Trust Fund builds on the experience of the Health Results Innovation Trust Fund (HRITF). The HRITF focus on results along with links to IDA helped increase additional resources for RMNCAH+N, utilized country systems for implementation, and reduced administration costs by using the IDA machinery for providing programmatic and fiduciary oversight. The GFF is IDA-friendly and does not change IDA's demand-driven model or IDA's Performance Based Allocation (PBA) formula. Countries retain full ownership over the use of their IDA envelopes and the Trust Fund is only an additional source of funding if countries choose to use IDA to address RMNCAH+N needs in the country.

#### 14. How can Trust Fund resources be used?

The GFF Trust Fund has the flexibility to use different World Bank Group financing instruments, including investment project financing and program-for-results (in which the disbursement of funds is directly tied to the delivery of defined results). Specific investment project financing modalities that are used include different forms of results-based financing, such as performance-based funding for facilities, conditional cash transfers and vouchers for target populations, and disbursement-linked indicators for higher-level (e.g., national) changes in policy or implementation progress, as well as input-based financing (e.g., for the procurement of commodities). The determination of which instrument to be used in a given country is based on the nature of the results to be achieved and on the preferences of the country.

#### 15. What resources are needed for the Trust Fund?

The Trust Fund has received new pledges of US\$875 million from the governments of Norway and Canada and the Bill & Melinda Gates Foundation. A retrospective analysis shows that under the Health Results Innovation Trust Fund (HRITF) at the World Bank, the grant resources from bilateral contributors were combined with IDA financing in an average ratio of 1:4, which the GFF anticipates matching. The initial experience of the GFF Trust Fund is in line with this historical experience, with approximately US\$4 in IDA allocations for every US\$1 of trust fund money. This enables results to be achieved in a core group of countries, but additional grant resources are required to reach the full set of eligible countries.

#### 16. Are the funding commitments that were announced for the Trust Fund new money, or a repackaging of formerly committed amounts?

The resources for the GFF are a mix of new money as well as repackaging of commitments already made in an effort to attain efficiency gains both from domestic and international resources.

#### 17. Why is it important to support countries as they transition from low- to middle-income status?

Many low-income countries are heavily dependent on international support, both because they are unable to mobilize sufficient domestic resources to finance health systems and because international support to health often displaces domestic financing of the health sector (on average, each additional dollar of development assistance for health diminishes domestic financing by approximately 50 cents). As countries transition to middle-income status, international support often drops, but this is often not compensated for in the short

term by increases in domestic financing. This creates significant shortfalls, particularly in lower-middle-income countries. The GFF will help countries plan for this transition to ensure it is managed smoothly.

## 18. How does the GFF support countries to mobilize domestic resources?

The GFF has been designed to act as a pathfinder for the Financing for Development agenda. In line with these objectives, mobilizing domestic resources for the health sector is an important aspect of making the health system more sustainable and accelerating progress towards achieving UHC.

The World Bank Group, as the host partner of the GFF, is uniquely positioned to support countries in addressing issues of health financing, and assisting countries to work on increasing domestic resources for health.

In the beginning of the GFF process, the World Bank and the GFF secretariat engage in dialogue with the client government, both with the Ministry of Finance and the Ministry of Health, around domestic resource mobilization for health. If the government wishes, larger health financing reform initiatives can be supported by GFF partners and also by the GFF through the World Bank project.

In addition to this, resources can be made available to support countries to develop health financing strategies (HFS) and implement reforms to increase domestic resources for health. Since each GFF country is at a different stage in their pathway towards sustainable health financing systems and universal health coverage, a variety of approaches can be supported depending on the country context.

In some countries, this may involve the development of background work to formulate a long-term strategy for increasing domestic resources for health as part of the overall HFS. In other countries, it may combine a mix of feasibility studies, technical assistance, and stakeholder analysis aiming at implementing a reform initiative, such as ‘sin’ taxes (e.g. tax on tobacco), that will increase domestic resources for the health sector. The GFF also supports cross-country learning initiatives, documents best practice and encourages all GFF countries to become members of the <http://www.jointlearningnetwork.org/>, a country-driven network of practitioners and policymakers from around the globe who co-develop global knowledge products that help bridge the gap between theory and practice to extend universal health coverage.

The GFF also supports the tracking of resource flows so as to be able to follow up on commitments around domestic resource mobilization, publish comparative data, and include indicators on domestic resource mobilization in results framework of the HFS and ICs.

## GFF PROCESSES AND PRODUCTS IN COUNTRY

### 19. What will the GFF look like in country?

The GFF operates at country level through a multi-stakeholder process that builds on IHP+ approaches. National governments lead the processes with the involvement of the full set of RMNCAH+N stakeholders within the “country platform”, each of which brings a distinct comparative advantage to the process. For example, the Ministry of Finance is a critical stakeholder in the process and so should be involved in every country. In many countries, responsibility for CRVS is split between several government ministries, so each of

these need to engage as appropriate. Given the breadth of issues covered in Investment Cases, expertise is needed for the different elements of RMNCAH+N, health systems strengthening, and the multisectoral issues that affect RMNCAH+N outcomes. This is particularly critical in areas that have historically been neglected (e.g., family planning and nutrition). In countries with decentralized health structures, relevant sub-national government staff should be involved.

Experience with other multi-stakeholder processes in health has shown that engaging the private sector and civil society is essential to make progress and there are a range of different (and often specialized) ways in which they can contribute. For the private sector, this could involve directly delivering services, providing commodities and supporting supply chains or providing financing. Civil society can play an important role in oversight and accountability, independent monitoring, citizen engagement as well as service provision and advocacy. Their involvement will therefore depend on country circumstances and priorities. In keeping with the principle of using existing structures and processes to the extent possible, the country platform can be an already existing platform such as a health sector coordination group, a modification of an existing platform, or, if the country so chooses, a new structure to meet the above needs. In order to ensure that the appropriate stakeholders are meaningfully engaged, there can be different platforms for the investment case and for health financing strategy. However, it is important to ensure that there are regular touch points between these platforms so that proper oversight and coordination is maintained. The GFF requires that all country platforms embody two key principles: inclusiveness and transparency. In addition, accountability of the various stakeholders has been identified as an important aspect to address within the country platform.

## 20. What is an Investment Case?

The Investment Case is a description of the changes that a country wants to see with regard to reproductive, maternal, newborn, child, adolescent health and nutrition and a prioritized set of investments required to achieve these results. It is **not** a comprehensive description of all of the activities underway on RMNCAH+N in the country. Instead, it presents a compelling case for how a **limited number of priorities** will put the country on the path to improve the health of women, children, and adolescents over the long term and thereby contribute to the achievement of the Sustainable Development Goals. It should focus on “best-buys”: the evidence-based, high-impact interventions that are required to reduce morbidity and mortality in an equitable manner while progressively realizing the rights and entitlements of women, adolescents, and children.

At the heart of this are clinical and preventive interventions for RMNCAH+N, including family planning and nutrition. The Investment Case should also look at broader health systems issues (e.g., governance, the health workforce, financing, supply chain management, and information systems, including Civil Registration and Vital Statistics), and consider the extent to which targeted investments in different sectors (e.g., education, water and sanitation, social protection) might have a significant impact on RMNCAH+N results. Although it covers three to five years, the Investment Case should be developed with a long-term perspective that emphasizes the priority obstacles that must be overcome to get a country onto the trajectory needed to attain the health related Sustainable Development Goal targets by 2030. The Investment Case should be linked to or embedded within a national health sector strategic plan.



## 21. What is a health financing strategy?

Health financing strategies are a cornerstone of the GFF approach to financing at the country level, providing a critical complement to the Investment Case. The objective of the GFF's work on health financing strategies is to assist countries to analyze, plan for, and implement efforts to promote financial sustainability in the context of accelerating progress on RMNCAH+N and on universal health coverage. The GFF support begins with a health financing assessment that examines all aspects of health financing in the country.

Based on this assessment, the GFF supports countries to develop a health financing strategy that articulates a long-term vision for the sustainability of financing for the attainment of the 2030 targets for RMNCAH+N in the broader context of the Sustainable Development Goals and universal health coverage. The strategy covers the three health financing functions of revenue mobilization, risk-pooling and procurement, and includes the legal, policy and regulatory reforms needed to make progress.

## 22. Why does the GFF support health financing strategies for the entire health sector rather than only for RMNCAH+N?

The work on financial sustainability encompasses the entire health sector rather than focusing solely on RMNCAH+N, as it would be inefficient or even impossible to address a number of key components (e.g. establishing or expanding a health insurance scheme, reforming public financial management, or strengthening revenue generation through improved tax systems) exclusively for RMNCAH+N.

## 23. How will the GFF ensure that 'country plans' do not burden nations seeking to address RMNCAH+N challenges?

The GFF will rely to the maximum extent possible on existing planning processes. The aim is not to impose new and parallel planning requirements on countries but rather to support countries in developing financial roadmaps that will help them make the health financing transition more equitable and sustainable and lead them toward universal access to quality RMNCAH+N services by 2030.

## 24. Why a specific focus on Civil Registration and Vital Statistics, and what will it finance?

A failure of the information systems required to understand needs has left many pregnancies, births, deaths, and causes of deaths not counted because of the poor state of civil registration and vital statistics systems (CRVS). It is impossible to ensure that RMNCAH+N programs expand coverage in an equitable manner if disaggregated data about key indicators such as maternal or newborn mortality are unavailable. Effective monitoring of program outcomes is significantly impeded by the poor quality of data about causes of death. CRVS also plays a key role in providing vital legal documentation of births and marriages for improved monitoring of the age of child which can strengthen national actions to end child marriage. GFF will finance CRVS in two ways. By ensuring that CRVS is included in country Investment Cases, the GFF will help finance a large-scale expansion of civil registration and vital statistics, supporting countries to measure improvements in 'real time' such that the lives of all women, adolescents, and children are counted and accounted for. In addition, the GFF will support country efforts to strengthen CRVS systems by establishing a global *Center of Excellence for CRVS* by building a knowledge base, facilitating information exchanges and networks,

synthesizing and disseminating good practices, contributing to global tools and standards, and strengthening capacity of CRVS implementers and advocates (e.g., by making links between those seeking support to build capacity in CRVS and those able to provide this kind of capacity building).

## GOVERNANCE AND PARTNERSHIP

### 25. How will the GFF be governed?

The main locus of collective action of the GFF is at the country level, where all partners commit to collaborating closely through a country platform. Global coordination is achieved through the GFF Investors Group composed of partners committed to co-investment in the GFF. The Investors Group oversees the overall activities of the GFF. Its representation includes implementing countries, namely the governments of Ethiopia, Kenya, Liberia and Senegal, and public sector financiers, the governments of Canada, Norway, the United States, Japan and the United Kingdom, civil society, the Office of the UNSG, UNFPA, UNICEF, WHO and the Partnership for Maternal, Newborn and Child Health (PMNCH), together with the World Bank, Gavi the Vaccine Alliance and Global Fund to Fight AIDS, Tuberculosis and Malaria, the private sector and the Bill & Melinda Gates Foundation. Complementing this group is the Trust Fund Committee whose role is to ensure that the GFF Trust Fund mobilizes and uses its resources in a way that optimally supports the mission of the broader GFF. The Trust Fund Committee is separate from, yet responsive to, the Investors Group. The Trust Fund Committee is composed of those donors that contribute to the multi-donor Trust Fund.

The global GFF governance arrangements are focused exclusively on the GFF's core mandate of supporting smart, scaled, and sustainable financing to achieve RMNCAH+N results at country level, both through the broader facility and the GFF Trust Fund. They also support the GFF's role as a pathfinder around financing for development (including with regard to domestic resource mobilization) and so will evolve in light of developments with regard to the SDGs and the updated Global Strategy for Women's, Children's, and Adolescents' Health. GFF governance is a lean mechanism that is designed to strengthen coordination between key investors so as to facilitate complementary financing of Investment Cases at country-level. This provides global support to the discussions around complementary financing that occur through the country platform.

The GFF governance handles two discrete functions:

1. Ensuring that the GFF succeeds in mobilizing complementary financing for Investment Cases and health financing strategies in GFF countries;
2. Ensuring that the GFF Trust Fund uses its resources to provide financing in ways that achieve results while being catalytic and driving sustainability.

The first function is fulfilled by the Investors Group driving institutional commitments and agreements among partners on aligned financing and efficient resource allocation both within and across GFF countries. This entails building high-level support for the GFF and playing a leading role in mobilizing domestic and international resources (both public and private) for Investment Cases. Additionally, the governance mechanism is responsible for monitoring the performance of the GFF as a facility and ensuring accountability for results among the GFF partners. This includes ensuring that the GFF approach is well understood throughout the institutions involved and that country-based members of these institutions adhere to commitments made and agreements reached at the international level in their engagement through country

platforms (e.g., with regard to complementary financing of Investment Cases). This also covers ensuring that the commitments to the GFF are, to the extent possible, additional and do not divert resources from other important areas. The governance mechanism also supports learning and innovation around effective and efficient financing approaches.

The second function is addressed by the Trust Fund Committee by setting the strategic funding approach and priorities for GFF Trust Fund financing, including how the trust fund resources are used in a catalytic way to maximize mobilization of IDA/IBRD and domestic financing. This includes approving Trust Fund financing allocations and agreeing on an annual work plan and budget for the GFF Secretariat. The governance mechanism is also responsible for overseeing the performance of the Trust Fund to ensure that investments deliver results.

## 26. Are there concerns that the GFF may draw donor money away from other important funds like Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria?

There is wide recognition that the various health funds all play a critical role, and that GFF is not replacing but actually complementing the important and distinct institutional mandates of Gavi and the Global Fund. Both the multilateral institutions have been heavily involved in the conceptualization and development of the GFF. The goal is to continue to work closely together, both at the country and global levels, harmonizing financing based on specific comparative advantage. Both institutions have important and distinct institutional mandates that will be complemented, not replaced, by the GFF.

## 27. What are the roles of different partners in the GFF?

Partnership is at the heart of the GFF approach at country level. This should involve the full set of RMNCAH+N stakeholders, each of whom brings a distinctive comparative advantage to the process. Partner governments provide needed leadership and stewardship and an enabling environment (including clear accountability) for RMNCAH+N. They are also integral to facilitating effective domestic resource mobilization and purchasing and providing RMNCAH+N services. Under country leadership, other stakeholders add value based on their respective strengths.

The partnership between the GFF and the partner government Ministries of Health and Finance forms a key financing foundation at the country level. Multilateral (the UN, Global Fund and Gavi) and bilateral agencies (e.g., USAID, JICA) contribute through complementary financing (increasingly through pooled or shared management), adhering to aid effectiveness principles, and sharing global good practices. In addition, several donors contribute through the GFF Trust Fund namely, Canada, Norway, the UK and the Bill & Melinda Gates Foundation.

Civil society plays an important role in advocacy and social mobilization, as well as accountability and service delivery. Advocacy and social mobilization by affected populations is similarly critical to ensuring accountability and strong national responses, as well as unique insights into approaches to service delivery. The Partnership for Maternal and Newborn, Child and Adolescent Health (PMNCAH) plays an important role in advocacy and accountability, especially through their hosting of the International Accountability Panel, which will monitor the results and progress in implementing the Global Strategy.

The private sector can leverage their resources and capacity through innovative financing mechanisms to draw in private sector capital for investment in health, through facilitation of partnerships between countries, private sector and World Bank Group institutions to match Investment Case priorities, and through support to countries for appropriate inclusion of private sector in Investment Case development and implementation. Some key areas of GFF private sector engagement are increasing domestic resources for health through performance-based loan buy-downs, scaling innovative service delivery models, strengthening supply chains, and improving access to capital for small and medium health providers.

## 28. What is the role of the United Nations?

The United Nations provides leadership on the Global Strategy for Women's, Children's and Adolescents' Health and sets targets and indicators for the achievement of these goals. UN agencies will also provide normative guidance, knowledge dissemination, advocacy and technical assistance that helps build capacity in-country.

## 29. What is the role of the World Bank?

The GFF Trust Fund, which is housed at the World Bank, draws on and mobilizes the expertise of the entire World Bank Group, including the International Finance Corporation (IFC), the World Bank Group's private sector arm, strong links with Ministries of Finance as well as Ministries of Health, and a multi-sectoral reach including links to emerging efforts around pandemic preparedness and response. It builds on the experience and management capacity of the Health Results Innovation Trust Fund (HRITF) in providing results-focused financing to support countries to achieve RMNCAH+N results. The Bank's financing expertise and the potential links with IDA are also useful.

The fiduciary arrangements for the GFF Trust Fund financing are integrated in IDA/IBRD projects that are approved by the World Bank Board, and so rely on existing World Bank Group policies and procedures. The World Bank also houses the GFF Secretariat and has managerial responsibility for the daily work of the Secretariat which will be comprised of staff from stakeholders involved.

DECEMBER 2016