GLOBAL FINANCING FACILITY
Country-powered investments for every woman, every child

Country Updates

A key role of the Investors Group will be to track progress at the country level in order to facilitate the rapid implementation of the country Investment Cases and health financing strategies. Reliable and timely information on progress will be crucial for partner coordination and our joint ability to provide the best support possible for country implementation. It is therefore a collective responsibility to pool our knowledge on activities at the country level.

To do this effectively, we are piloting an online tool to enable contributors to update information in real time. The Country Updates provided here are a first attempt at tracking progress in front-runner countries. The information is broadly in two categories for each country: details on the Investment Case and the health financing strategy, where available. The intention is for this information to be updated jointly by GFF partners going forward. Feedback from the Investors Group on how to further develop this tool would be helpful in shaping this information-sharing mechanism.

Democratic Republic of Congo Investment Case

- **Timeline**

Zero draft developed, with first draft expected by 15 September; validation workshop anticipated on 18 October.

- **Process:**

- ***Description***
  Well-defined consultative process for finalizing Investment Case is ongoing with strong MoH leadership.

- ***Participants***
  The Government took the lead to conduct multi-stakeholder meeting (Government, NGOs, Private sector and Donors) on July 20th to reach consensus on the focus of the Investment Case as well as the timeline and team to be put in place.

  Partners actively engaged by constituency:

  - Government ministries:
  - Donors:
  - Multilateral organizations:
  - Civil society:
  - Private sector:

- **Content**

- ***Highlights of situation analysis and country context:***

- ***Key programmatic areas***
  Priorities identified so far are supply chain strengthening and drugs, human resources for health, and Public Finance Management. Also includes expanding coverage of essential RMNCAH services. Scope has been endorsed by government and partners.

- ***Key equity considerations***

- ***CRVS***
  Ministry of Interior in collaboration with UNICEF had already prepared a CRVS strategy plan for 2015-2019, a rapid CRVS assessment being conducted to expand for GFF for investment case. Preliminary results expected in September- October.

- ***Multisectoral elements***

- ***Key expected results***

- **Financing of Investment Case:**

- ***Status of resource mapping and costing***
  Essential service package costing being finalized.

- ***Partners committing financing/under discussion***

  - Builds on existing financing partnership between Global Fund, UNFPA, UNICEF, and World Bank, with a number of other partners supportive and engaged in discussions on financing (e.g. Canada, Gates Foundation, USAID, DFID).
  - USAID committing US$15 million for supply chain strengthening, discussions ongoing on funding performance-based financing programs.
  - Gates Foundation providing US$2.5 million for sleeping disease, additional funding is being considered for service delivery with a focus on family planning and nutrition.
  - Govt. of Belgium contributing US$27 million for 2016-2019.

- ***IDA/IBRD board date***
  To be confirmed

- ***GFF Trust Fund commitment***

Links to key documents and websites:

Ethiopia Investment Case

- **Timeline**

The country has developed a new Health Sector Transformation Plan (HSTP), which includes RMNCAH as well as other health areas. The HSTP is to be finalized by October and the Investment Case will be drawn from that. The country does not plan to develop a separate investment case.

- **Process:**

- ***Description***
  The process thus far has been focused on developing the HSTP instead of a separate Investment Case. The HSTP has undergone a JANS review to improve quality and facilitate broad-based participation. RMNCAH priorities need to be further defined within the envelope of available resources.

- ***Participants***
  The JANS process was key in the consultation process, with wide participation from an array of stakeholders.

  Partners actively engaged by constituency:

  - Government ministries:
  - Donors:
  - Multilateral organizations:
  - Civil society:
  - Private sector:

- **Content**

- ***Highlights of situation analysis and country context***:
  Considerable progress has been made in many programmatic areas with overall child mortality trends showing steep decline (Ethiopia achieved MDG 4 three years in 2013), although progress on neonatal mortality has lagged behind. Malnutrition is a major contributor to child mortality in Ethiopia, being an underlying cause for nearly 50% of under-five deaths. Proportion of deaths caused by neonatal conditions have increased while deaths due to malaria, measles, HIV, diarrhea and pneumonia declined. Disparities are significant among children from different socio-demographic strata and geographic regions of the country. Limited progress has been registered in maternal mortality reduction. Hemorrhage, hypertension in pregnancy, abortion and sepsis are among the causes of maternal deaths indicating the interventions to address them require institutional care.

- ***Key programmatic areas***
  RMNCAH priorities yet to be defined for the envelope of resources available.

- ***Key equity considerations***
  HSTP has a focus on equity in multiple areas including inequity in geographic distribution and skill and gender mix of health care workers and a robust M&E system to uncover status of utilization of health services and desirable healthy practices. Ethiopian government aims to introduce health financing reforms aimed at increasing access and offering financial protection in order to ensure universal health coverage.

- ***CRVS***

- ***Multisectoral elements***
  The HSTP aims to bring the health sector closer to other sectors whose actions impact on health.

- ***Key expected results***

  - **Financing of Investment Case:**

- ***Status of resource mapping and costing***
  HSTP has a significant financing gap (despite planned increases in domestic financing), so prioritization for RMNCAH to occur as resource envelope is finalized (discussions underway)

- ***Partners committing financing/under discussion***

- ***IDA/IBRD board date***
  To be confirmed

- ***GFF Trust Fund commitment***

Links to key documents and websites:

Kenya Investment Case

- **Timeline**

Final draft validated at the end of July.

- **Process:**

- ***Description***
  Extensive consultation process leading to creation of comprehensive national document that will serve as a model for county-level decision-making about priorities.

- ***Participants***
  Consultative process led by the ministry of health (MoH), with a steering committee established with broad-based representation from key constituencies.

  Partners actively engaged by constituency:

  - Government ministries: MOH departments, the Ministry of Interior and Coordination of National Government, the National Treasury, different government entities at the national level
  - Donors:
  - Multilateral organizations:
  - Civil society:
  - Private sector:

  Several broader technical consultations were also held.

- **Content**

- ***Highlights of situation analysis and country context:***
  Considerable progress has been made in many programmatic areas, although progress on neonatal mortality has lagged behind. Progress on adolescents has also been slower than desirable. Additionally, the progress is uneven geographically, with a number of counties having seen much less progress. The key contextual factor is that priority-setting and decision-making on budget allocation being decentralized to the 47 counties.

- ***Key programmatic areas***
  The Investment Case only identifies broad priorities, with detailed prioritization to be done at the county level due to decentralization.

- ***Key equity considerations***
  The Kenya IC addresses equity considerations by using geographical analysis to assess coverage indicators and burden. This led to the prioritization of 20 counties that have low coverage rates for key RMNCAH services and/or large underserved populations.

- ***CRVS***

Completed comprehensive assessment. Strong initiative in place, working with WHO, UNICEF, USAID, UNFPA.

- ***Multisectoral elements***

- ***Key expected results***
  Modeling was done to quantify the expected benefits - in both health and economic terms - of the investments contained in the Investment Case. By 2019/2020, more than 30,000 child deaths, 11,000 stillbirths, and nearly 3,000 maternal deaths can be averted annually with full investment. The cost-benefit ratio was found to be extremely favorable, with every US$1 invested giving a benefit of US$3.44.

- **Financing of Investment Case:**

- ***Status of resource mapping and costing***
  Resource mapping completed. Costing completed, standardization of costs being finalized.

- ***Partners committing financing/under discussion***
  Approximately US$1.15 billion mobilized thus far, including from governments of Kenya, Denmark, Japan, UK, and US, and Gavi, Global Fund, RMNCAH Trust Fund, and World Bank.

- ***IDA/IBRD board date***
  February 2016

- ***GFF Trust Fund commitment***

Links to key documents and websites:

Kenya Health Financing Strategy Update

- **Timeline**

It is anticipated that the Strategy will be presented to Cabinet in December 2015, subject to many intermediate approvals.

- **Process**

- ***Description***

  Kenya embarked on a process to develop a health financing strategy in 2006, and a draft strategy was completed in 2007 but not finalized. One of the key problems with this initial process was the lack of stakeholder consultation. Work on the strategy was again initiated in 2012 and subsequently work was done with a focus on Universal Health Coverage (UHC), including drafting of a "UHC Roadmap". In May of 2015 the consultative process towards finalizing the Strategy commenced. A full health financing situation analysis has been conducted and will be presented as an annex to the Strategy.

- ***Participants***

  The Ministry of Health has lead the strategy development process, with a UHC steering committee providing leadership and guidance of the overall process. Five sub-technical working groups (sub-TWGs) on key thematic areas -- resource mobilization; pooling and institutional arrangements; quality assurance and; governance -- were formed to deliberate on current arrangements and make proposals for reforms. The UHC steering committee was supported by a coordinating Technical Working Group (TWG), whose main role was to coordinate the entire process and provide a platform for the chairs and secretaries of the sub-TWGs to discuss emerging issues. A health financing inter-agency coordinating committee (ICC) comprised of over 100 members – including county governments, other ministries, civil society groups, non-governmental organizations, health care professional associations, academic institutions, development partners and private sector representatives – met on a monthly basis to deliberate on proposed reforms and potential implications. Members of the ICC could also participate in the sub-TWGs.

  A stakeholder analysis was conducted as part of the Strategy process. Results from the stakeholder analysis informed the communications strategy and contributed towards the consultation process. In follow-up to the stakeholder analysis, a series of stakeholder consultations will take place across Kenya. Communications experts have been engaged to design and begin to implement a communications strategy.

Content of Health Financing Strategy

- ***Scope***

The Strategy is national in scope, and takes into consideration gaps and reforms across the following areas: (i) increasing domestic resources for health; (ii) expanding financial risk protection; (iii) expanding access to health services; (iv) ensuring efficiency / maximum health benefit from existing and future resources; (v) ensuring the best quality of health care; and (vi) strengthening health financing governance and institutions.

- ***Main strategic approaches***

The initial draft strategy contains a clearly stated vision and goal, objectives, and within each objective, strategic approaches. Consensus is still being built on the strategic approaches and corresponding, measurable results.

- ***Fiscal impact and sustainability***

A full costing will be part of the implementation plan – this has not yet been conducted.

- ***Implementation approach***

An implementation plan with a timeline will be developed when agreement is reached on the main strategic approach.

- ***Key expected results***

The Strategy identifies key results (linked to intermediate and ultimate UHC goals), which are still being finalized. A more detailed monitoring and evaluation framework, including measurable results in the short, medium and long-term, will be developed as part of the implementation plan.

- ***Key equity considerations***

Equity is among the principles that have guided the Strategy. Health financing and delivery models should ensure that contributions are made on the basis of ability to pay, while everyone benefits based on their need for care. Resource collection, pooling and purchasing arrangements will be designed to ensure equity, financial risk protection and expansion of access to quality services for all.

Emerging Lessons

- Factors that appear to have contributed to the success of the Strategy process, to date, include:
    - Leadership and ownership of the process by the MOH
    - Skilled staff in the MOH, and partner organizations, who have clear roles and time that is dedicated to the Strategy
    - A wealth of background data and analyses relevant to the Strategy (e.g. Public Expenditure Review, Demographic and Health Survey, National Health Accounts, etc.).

- It has been relatively challenging to engage some stakeholder groups, such as National Treasury, county governments and private sector. The stakeholder analysis has helped to identify factors that hinder engagement, and will be used to target the stakeholder consultations and communications strategy.

- Initial discussions have focused on the long-term vision – “where we think Kenya should be in 2030”. This is now to be balanced with activities that need to be implemented in the short- to medium-term towards achieving this vision.

Tanzania Investment Case

- **Timeline**

Existing processes were used (One Plan 2, Health Sector Strategic Plan 4, Big Results Now process). One Plan 2 will be finalized by October.

- **Process:**

- ***Description***
  Existing processes were used: One Plan 2, which is embedded as part of Health Sector Strategic Plan 4 and informed by Big Results Now (BRN) process.

- ***Participants***
  Consultations with development partners group, in particular RMNCAH and health financing thematic working groups. Extensive consultations held during BRN and One Plan 2. GFF specific stakeholder consultations held in April and July by Ministry of Health, with civil society joining the July session.

Partners actively engaged by constituency:

- Government ministries:
- Donors:
- Multilateral organizations:
- Civil society:
- Private sector:

- **Content**

- ***Highlights of situation analysis and country context:***

- ***Key programmatic areas***
  Over the last decade Tanzania has successfully reduced death rates in younger age groups and surpassed the Millennium Development Goal (MDG) 4 related to reducing child mortality. The child survival gains have been attributed largely to improvements to investments in health systems and scaling up specific interventions through a decentralized approach. These include improvements in the share of children under five sleeping under bed nets, full coverage of vaccination and vitamin A supplements and the functioning of Integrated Management of Childhood Illness (IMCI) at health facility and community levels. Despite these successes, Tanzania's health outcomes are still lower than expected for its level of economic development, with progress on maternal and neonatal mortality being particularly slow. Maternal mortality ratio remains high at 432 deaths per 100,000 live births in 2012 against a backdrop of low coverage of facility deliveries and family planning. Neonatal mortality remains high at 26 per 1,000 live births. Stunting is persistently high (42 percent among children under five years of age). Health system constraints include poor quality of care, shortage of skilled human resources for health, large proportion of health financing heavily dependent on external support, low accountability, and limited engagement of private sector on public-private partnerships.

- ***Key equity considerations***

The poor are highly dependent on the public sector for services, especially in the rural areas where choices are limited. Government focus on quality of care will address this. The Big Results Now in Health with an emphasis on increased resources to primary care, encourages domestic funding to focus on areas where there is a clear role for government, such as primary health care facilities. Facilities are being incentivized for providing services to the extreme poor. There is emphasis on the allocation of resources in a more equitable manner based on a government equity formula as well as geographical distribution of areas lagging in service indicators.

- ***CRVS***
  Costed CRVS strategy has been developed under the leadership of Ministry of Constitutional Affairs with extensive partner consultations.

- ***Multisectoral elements***

- ***Key expected results***

  - **Financing of Investment Case:**

- ***Status of resource mapping and costing***
  All 3 plans have been costed, HSSP4 awaiting approval from ministry.

- ***Partners committing financing/under discussion***
  Strong commitment for domestic financing; USAID has created a single-donor trust fund to support project; co-financing by Power of Nutrition committed.
  IDA allocation of USD 200 million, GFF Trust Fund USD 40 million, USAID Trust Fund USD 40 million, ANIS MD Trust Fund USD 20 million, Other Partners USD 290 million.

- ***IDA/IBRD board date***
  Approved in May 2015

- ***GFF Trust Fund commitment***
  USD 40 million

Links to key documents and websites: