

## RETREAT REPORT

1. The GFF Investors Group held its second meeting 17 and 18 February 2016 in St. Albans, in the United Kingdom. The meeting agenda (Annex 2) and Participants List (Annex 3) are attached. The Chair of the Investors Group (IG), Diane Jacovella, welcomed the members by noting the absence of many of the partner country representatives who had sent their regrets. Liberia, Ethiopia and Senegal would not be represented at the meeting while the Cameroonian delegation would join the meeting by video conference and the local Cameroonian High Commissioner would represent the Minister at the meeting. Ms Jacovella explained that she had already spoken to some of the Ministers to get their input and had offered to reach out to others during the meeting. She noted that it would be important to set dates for the Investors Group well in advance to facilitate travel of country representatives. Kenya, as the country representative present at the IG, was asked to ensure and help facilitate a unified and strong country voice.

2. The Chair noted the regular updates that had been provided since the last meeting and celebrated the success of the Kenya Learning Workshop held in November 2015. She thanked the members of the Task Teams and the Technical Working Group that had helped prepare the items for the agenda and explained the plan for the Investors Group to use the afternoon retreat-style working groups to discuss some key issues that require agreement.

### Financing for RMNCAH

3. For the first agenda item **Financing for RMNCAH**<sup>1</sup>, Dr Christoph Kurowski presented the main trends in RMNCAH financing and discussed health financing transitions, looking at both patterns of development assistance for health and domestic expenditure. The following key points were raised by IG members:

- a. The analysis of RMNCAH financing trends is a core function of the GFF and should be a regular item for discussion; it would also be important for information on RMNCAH financing to be available to countries as they prepare their investment cases. Members emphasized that it is the role of the GFF to advocate for more financing for RMNCAH. There was also a request for the sources of the data to be made clear;
- b. The question of which countries are investing disproportionately low amounts in health (from development assistance for health, DAH, and/or domestic resources), why this is the case, and what can be done in response. It was noted that low DAH investments are particularly evident in francophone fragile states;
- c. It is key to take value-for-money into account and to make sure that GFF invests where resources make the most difference;
- d. The relationship between growth in total health expenditure and overall tax collection efforts was mentioned, and it was recommended that it will be important to take the determinants of health outside the health sector into account;
- e. Although global DAH on RMNCAH financing has increased, it is mainly driven by increases in vaccine and nutrition financing while other areas e.g. family planning, remain flat;
- f. It would be important to understand what policy levers can be used to increase financing for RMNCAH (particularly domestic financing) and to reduce out-of-pocket expenditure;

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<sup>1</sup> Presentation slide decks are available on the GFF Huddle site.

- g. The importance of building institutional capacity around health financing (including strengthening systems on tracking financing for health in general and RMNCAH in particular) was noted.
4. In the second part of the presentation, Dr. Christoph Kurowski presented a proposal of indicators for monitoring smart, scaled and sustainable (SSS) financing as well as progress to date in supporting this agenda at the country level in GFF countries (*GFF/IG/3 Tracking Financing for RMNCAH Indicators*). The main points discussed included:
- a. To make a case for RMNCAH financing it will be important to measure the return on investment of saving women's and children's lives as well as the cost of inaction, it would also be important to analyze absorption capacity and the multisectoral nature of the need;
  - b. Indicators capturing equity (as well as transparency) could be more emphasized in the proposed monitoring framework and given the absence of sub-national accounts in many countries it would be important to look at distribution of services for the poorest quintiles;
  - c. Further reflections are needed on the burden that is put on countries for monitoring financing indicators and it is key to ensure alignment and harmonization with other global monitoring efforts on universal health coverage, the SDGs and the EWEC Global Strategy, and for the GFF to work with already existing data collection processes;
  - d. There is need to strengthen country capacity in the areas of health financing and the GFF needs to look at multiple ways to do this including peer-to-peer learning, and to identify system improvements as global public goods.
5. In response to a question on how the first 12 GFF countries had been selected, the Secretariat explained in relation to resource allocation and prioritization that the first 4 countries were picked because of government leadership and IDA cycles and the next set of 8 countries were selected based on a combination of more objective measures, including measures such as domestic resource mobilization and needs. On another question, the Secretariat noted that the GFF is not developing guidance on the programmatic indicators for RMNCAH and is instead working with WHO and other partners to finalize a set of indicators for the Global Strategy, which would then be used by GFF countries (in line with the original commitments made in the Business Plan).
6. The Chair noted that this was a crucial agenda for the GFF and would be further considered at future meetings.

### Country Update: Cameroon

7. The government of **Cameroon**, represented by Mr Nkwelle Ekaney, High Commissioner of Cameroon, and Mr Emmanuel Maina and Ms Martina Baye of the Ministry of Public Health presented an in-depth look at the GFF process in the country. They explained that the GFF provides a framework for strategic coordinated action and partner dialogue to align resources and activities, which is seen as a significant value-add by the Government of Cameroon. The government considers GFF's benefits to include reduced duplication, improved use of existing resources and mobilization of new resources. Maternal, neonatal, and nutrition indicators are weakest in 3-4 regions of the country, particularly in the north. These high-need regions will be targeted first in the short term, with an emphasis on community health programs to reach those not receiving services at facilities. Additionally, there is a need to invest in adolescent girls, including through multisectoral approaches such as education.

8. The Investors Group expressed its appreciation for the inclusive and technically robust process that

the country is undertaking, and noted that Cameroon was a good example of how the GFF could create momentum and opportunities for progress while building on existing systems. The GFF role in improving dialogue and coordination between stakeholders should be a key deliverable for the GFF. To complement this, it will be important for the Government to ensure adequate financial support for RMNCAH. The emphasis on equity in the country's approach was also appreciated.

### Portfolio Update

9. Dr. Monique Vledder, Program Manager of the GFF, also provided an **Update on the GFF Portfolio (GFF/IG2/2)** by. The discussion included:

- a. The need to increase the collaboration and coordination of partners at country level, as Cameroon has stated that working with an organized group of partners was constructive thus partners need to know which countries are starting when and how much funding is being allocated to the country. The resource need for the Trust Fund was also requested so that it is clear how much money is needed to reach more countries;
- b. The importance of alignment of funding at the country level as a key deliverable;
- c. Since it is troubling that not all countries have fully involved the multi-stakeholder approach there needs to be action to address this;
- d. There was appreciation that the Global Fund has had a good opportunity to engage in the second wave countries and that good synergy was being achieved where countries are using elements of the Investment Case for their Global Fund projects. However, it was important to note that this would be alignment of existing funding and no new allocations can be expected from the Global Fund and Gavi;
- e. The Monthly Update call was very well received as a useful tool for coordination and collaboration at country level and it was agreed that the monthly frequency should be continued.

10. The Chair briefed the members on the update from Senegal she had had from Minister Awa Coll-Seck. Senegal is committed to having a voice in the GFF. The process has just started in country, with CSO consultations, a workshop planned mid-March and the Government reviewing how it can use the CCM platform for the GFF discussions. There have also been good discussions in country with JICA, USAID and WHO under the GFF framework.

11. With regard to this agenda item the Chair noted the importance of capacity building as well as communication. It was important for countries to understand what the GFF is, to share lessons learned between countries (like at the Kenya workshop), reinforcing the importance of country focal points and having ongoing communication with the countries. For these reasons the participation of all partners is important.

### Proposed Approach to Facility Countries

12. The Chair thanked Dr. Tore Godal for chairing the Task Team on the **Proposed Approach to Facility Countries (GFF/IG2/4)** and asked him to introduce the item. Dr. Godal noted the team had discussed how the GFF will operate in the countries that are not currently being financed by the GFF Trust Fund and that several options that emerged from its deliberations would be presented. In essence he noted two pre-conditions for starting an Investment Case: (i) there must be funding available, (ii) there must be informal commitment at country level to increased resources. He noted that the Task Team was proposing that the Chair write to all 51 countries over next 6 months to explain the GFF process. The Secretariat thereafter presented the work of the Task Team.

13. Members expressed broad support for a phased approach to the Facility countries, as opposed to

trying to reach them all in the short-term (option 2 in the paper). IG members also agreed on the importance of prioritizing the initial 12 countries to ensure that they are successful, and learning and sharing lessons from their experiences. It was important to note that the first 12 represented 47% of the RMNCAH financing gap represented by the 63 GFF countries, and 63% of the maternal and child mortality burden.

14. There was broad recognition that it was important to send a clear signal that the remaining countries would not be neglected entirely and that the GFF was not only limited to the 12 countries. The importance of clear communication with these countries was emphasized. The Investors Group concluded that it was important to communicate to the remaining 51 countries that are part of the GFF but in doing so to avoid raising expectations, given the limits of the resources currently available for financing new countries, and instead emphasize the global public goods that are available as part of the GFF. Two key elements of this are the documentation and dissemination of lessons learned from the initial 12 countries and the preparation of guidance materials that can be used by all 63 countries. The question of mapping the remaining countries, as recommended in the paper, would be revisited at the next Investors Group meeting

15. The Investors Group then broke into working groups to consider a set of questions (see Annex 4) and provide feedback to inform ongoing discussions. The working groups reported back and the Chair noted that much of this input would be channeled into the discussions of the next day. It is clear that what the GFF stands for needs to be clearly explained including the following important elements:

- a. It needs to be a leader in ensuring equity;
- b. It needs to ensure smart, scaled and sustainable financing that leverages the IDA allocation and brings innovative financing to RMNCAH rather than a reliance on grant money;
- c. It motivates the alignment of partners at the country level.

16. Once this clarity is achieved, there is a need for all partners to act accordingly and to speak with one voice. There needs to be joint ownership and commitment to work differently and to build trust. Thus there needs to be good reporting on and championing of the 12 countries' experience, and this needs to be shared widely.

### Private Sector Engagement

17. The Chair of the Task Team on Private Sector Engagement, Dr Peter Singer, presented the Task Team's report, ***GFF/IG2/8 Private Sector Engagement***. The paper covered three pathways through which the GFF engages the private sector: (1) supporting innovative financing mechanisms (e.g., IBRD buy-down, development impact bond), (2) facilitating partnerships with the global private sector, and (3) leveraging the private sector in-country to support Investment Cases. The Investors Group highlighted the importance of the private sector in the overall GFF value proposition and generally endorsed the draft private sector strategy while noting a few elements to be reflected in the paper before it is finalized:

- a. The GFF should reflect a "big tent" approach to the private sector that leverages and helps identify synergies between private sector engagement of the range of partners involved in the GFF;
- b. It was also clarified that the private sector engagement around the GFF should be values-driven, with an emphasis on social impact rather than pure commercialism;
- c. The importance of equity was also highlighted, and there was consensus that even though it is an important principle throughout the GFF's work, it should be addressed more explicitly;
- d. Some technical elements were also mentioned as meriting further exploration, such as the role of the GFF in market shaping and in addressing regulatory issues related to the private sector.

18. In terms of next steps, partners were requested to send in examples of their engagements with the [GFF/IG2/Retreat Report](#) Country-powered investments for every woman, every child

private sector as soon as possible (deadline: 15 March). The strategy will be revised and circulated on a non-objection basis by 30 March, and action on the concrete deliverables contained in it will proceed immediately. Follow-up discussions on the private sector will feature regularly on the agenda of subsequent Investors Group meetings.

### Partnership Communications Strategy

19. The Chair introduced Ms Sally Paxton of the Paxton Group to present her report **GFF/IG2/7 Partnership Communications Strategy**. The communications strategy was developed as a result of extensive consultation with Investors Group members and so was widely supported. Members noted the following:

- a. The need for all partners to align around the core messages with regard to the GFF while recognizing that what the GFF was trying to accomplish was complex and so should not be inappropriately simplified;
- b. The need for effective and aligned communication at country level was emphasized;
- c. The need to link to resource mobilization was urgent because clarity of communication is important for advocacy. Members highlighted the challenge of communicating around the trust fund and the Facility and asked for clarification. It was also necessary to clarify how the GFF fits into the broader RMNCAH architecture, the Global Fund, Gavi and so on;
- d. The issue on communicating results could be challenging based on the timelines so early communications may need to be on process as it's important not to over-promise on when concrete results will be available;
- e. It was suggested that partners consider making a GFF Update a regular part of their Board meetings. It was noted that several partners had good existing communication channels and these should be available to the GFF. Also, many partners have champions who can be used to carry the GFF message.

20. The Investors Group agreed that the next step was to operationalize the strategy, in particular by producing a workplan and core messages that the entire group could use. It was agreed that a core statement would be circulated by 1 March for IG member input with a call in mid-March to finalize the messaging. The Secretariat will refine the Advocacy Calendar with input from members based on the several suggestions made (Women Deliver, the World Bank Spring Meetings, UNGA, World Economic Forum Regional meeting). It was also important to rapidly finish the guidance documents to all countries so that roles and responsibilities are clearly articulated. The Chair reiterated her commitment to write to the 51 countries by April to ensure clear communication with them.

### Framework for Resource Mobilization

21. The Chair referred to **GFF/IG2/9 Framework for Resource Mobilization** and asked Dr Ariel Pablos-Mendez, to present the strategic approach. He noted that GFF's approach to resource mobilization must be expansive, as it encompasses both generating new sources of financing (and so is linked to efforts such as the Addis Tax Initiative) and getting more value for money from existing resources (e.g., through identifying efficiency gains and market shaping). He noted the importance of the GFF Trust Fund for promoting innovation, providing transitional financing and incentivizing Ministries of Finance to put more domestic resources into RMNCAH. In this context, the DRC example, where the Government has committed to increase health spending from 4% to 7.5% as well as include contraceptives as a budget line, was highlighted. The presentation also highlighted the role of the Investors Group in boldly advocating for increased resources, emphasizing alignment of funding, pushing for allocative efficiency and for better public-private partnerships. During the discussion, the following points were made:

- a. The importance of developing a good value proposition for the GFF was raised, making explicit the

cost of inaction, and the contributions of healthy women, adolescents and children to the economy, as well as the importance of efficiency gains, allocative efficiency and frontloading impact, including through raising private sector funding;

- b. The importance of the IDA replenishment as a means to help increase commitments to RMNCAH;
- c. The need for deeper analytics on where the domestic resources will come from such as new wealth from extractive resources channeled to social sectors, and how to capture and make good allocations of tax revenues (the Addis Tax initiative was mentioned several times) and good use of market shaping initiatives;
- d. The complementary investments made by Global Fund in RMNCAH in the new strategic framework were mentioned – both on health systems strengthening (community component, human rights, and integrated service delivery) and SRH. Better linkages should be made with opportunities such as their cervical cancer screening and treatment initiative and investing in secondary education of adolescent girls, and so on, and the need therefore, for aligning and harmonizing health systems strengthening funding from different multilaterals and bilaterals for maximum impact;
- e. The need to capture quality, demand and prioritization and build scenarios to help make a powerful case for resource mobilization was emphasized (look at FP2020 model as a good example);
- f. Need to measure results in real time, and include equity, efficiencies and crowding of IDA and domestic resources in the analysis;
- g. It was noted that CSOs are an important force for resource mobilization at the country level and globally;
- h. It was suggested the GFF should reach out to other multilateral development banks such as AfDB and ADB since these institutions also play a key role in investing in related sectors such as nutrition, sensitive agriculture and sanitation.

22. The IG strongly endorsed the approach of having both a 2016 and 2030 resource mobilization vision linked to goals and targets over that time period. In 2016, the IG should advocate for both Global Fund and IDA replenishments as they are both great sources of financing for RMNCAH. The Secretariat will follow-up on the analytics requested and schedule discussions on these aspects (such as the tax revenue) at future meetings. The calendar of events needs to be further developed and shared so that all members can be active advocates with increased visibility planned for 2017. The IG will receive regular updates on progress.

### Update on Technical Guidance

23. The Chair asked the Secretariat, to present the update on Country Platforms, Technical Assistance, and Quality Assurance, on behalf of the Technical Working Group. The Investors Group appreciated the progress that has been made on the country platform, technical assistance, and quality assurance, which were looked at in a holistic manner. The importance of inclusiveness for the overall success of the GFF was emphasized, with members expressing interest in clear guidance to countries about this, especially regarding the engagement of CSOs in the country platform and other country processes such as the design, monitoring, technical support, implementation and advocacy for the GFF. It was noted that there is not a consistent approach to CSO engagement across countries. It was requested that additional minimum standards be included in operational guidance to countries and consideration be given to financial support to local NGOs to ensure their full engagement and capacity building.

There was also a desire for the GFF to innovate on technical assistance, while emphasizing capacity development rather than short-term approaches and the need to focus on TA for implementation and not just design. Members strongly supported the need to focus on local capacity and engagement. The Investors Group also agreed to continue with a country-led, bottom-up approach to quality assurance that did not



impose undue external demands on countries while providing the necessary confidence for investors. For all the operational guidance there was a strong emphasis on learning by doing and providing timely lessons learned along the way.

### Fragile States and Humanitarian Situations

24. A Task Team was constituted to consider the issue of ***Fragile States and Humanitarian Situations (GFF/IG2/5)***, and the Chair requested Investors Group member, Dr Mesfin Tessema, to introduce their work and the options they had considered, after which the GFF secretariat presented the report. The Investors Group recognized the importance of the agenda on fragile states and emphasized that there are important lessons to be learned from the experience in the fragile states among the current 12 GFF Trust Fund financed countries (the Democratic Republic of the Congo and Liberia), as well as from the experience of partners that have been grappling with related issues (e.g., the Global Fund's experience in fragile contexts which they will share).

25. Members noted that while the GFF should be advocating for the needs of women, children and adolescents, everywhere, it may be better placed to focus on helping countries to be ready to respond to crises. Several members noted that additional work is needed to really understand how best the GFF can contribute to fragile states and there needs to be more clarity for funders about how the GFF will interact with or complement humanitarian funding flows. Some members emphasized this as an equity issue as RMNCAH is one of the least funded areas in humanitarian contexts, so the GFF cannot completely ignore this area. There was general agreement that the GFF is already engaged in much of this work since many GFF countries are fragile or recovering from crises, and this is a key driver of their poor RMNCAH indicators therefore spending more time on learning lessons from what is working in these contexts will be valuable. This is also an issue that the broader Every Woman, Every Child movement is further exploring and the GFF can be guided by that work.

26. The members agreed that the humanitarian landscape is complicated and that the funding flows are very different from development funding. Members noted that the GFF does not have a comparative advantage in trying to address acute crises but rather should focus on preparedness, building resilience, and the transition from humanitarian to development financing. The Investors Group asked the Task Team to continue their work, concentrating on lessons from Liberia and the DRC and on what the GFF can do to build resilience and preparedness under its existing model. The Investors Group can consider what advocacy they can undertake as a community to ensure RMNCAH support in humanitarian crises, guided by the discussions in other fora. The IG agreed to have further discussions on this critical issue at future meetings.

### Governance

27. The Chair introduced a ***Code of Ethics (GFF/IG2/10)*** that sets standards for the behavior of members noting that she would like the IG to work with 'cabinet solidarity' so that discussions could be frank and forthright, but after the meeting all members would support the positions agreed at the IG for GFF implementation and that comments made within the IG were not for attribution. She noted that wide circulation of pre-decisional documents could cause confusion and while it was accepted that members needed to consult their constituencies, they needed to use processes that would not undermine clear communication from the GFF.

28. It was suggested that a system be developed that clearly marks any documents as confidential and not for circulation, but these should be minimal, while documents for consultation should be clearly marked

as such. The Investors Group approved the Code of Ethics and requested that the Secretariat look to other similar partnerships to learn from their guidelines on governance document circulation and consultation procedures. The IG agreed that all documents should be available on the GFF website for full transparency.

29. The Investors Group expressed concern over the Zika public health emergency and adopted a statement on Zika expressing their concern for the implications for women and children's health (Annex 5).

30. The Chair summarized the follow-up actions from the Investors Group which are outlined in Annex 1 of this report. The next Investors Group meeting will take place in June, while the final one of the year will occur in October or November. Both meetings will be linked to partner meetings to minimize travel for members. Final dates will be communicated as soon as possible.



## Annex 1: Second Investors Group Follow-up Action Plan

Issue	Action/Deliverable	Timeline	Responsible
<b>Financing RMNCAH</b>	Finalize Financing Indicators	Q2 2016 (to IG3)	WHO/WB
	Maintain as standing item in each IG. Possible topics include: value for money, efficiency, domestic resource mobilization (including tax revenue), in depth assessment around orphans.	IG4, IG5: issue/thematic updates to be decided	Secretariat
	Market shaping/commodities	IG4	Secretariat with partners
<b>Country Updates</b>	Monthly Country Coordination conference calls to be maintained	Monthly Conference Call Schedules for 2016	Secretariat with partners
<b>Facility</b>	Letter to 51 countries from Chair	Draft by March; Outreach begins in April 2016	Chair
	Lessons learned from first 12 countries	IG4	Secretariat with partners
<b>TA/QA/CP</b>	Guidance notes	Q2 2016	Secretariat in consultation with partners
<b>Private Sector</b>	Partners to send examples of their P/S engagement	15 March	Partners
	Private Sector framework document to be edited and issued for no-objection approval	By 31 March	Private sector task team
<b>Communications</b>	“Elevator Pitch” language to be circulated for IG input and approval	1 March	Chair
	Communication Plan to be developed	Q2 2016	Secretariat with partners
<b>Resource Mobilization</b>	Short term RM Plan linked to communications and advocacy calendar for 2016	Q2 2016	Secretariat with partners

	Plan for TF RM - acceleration in 2017	Q2 2016	
	Advocacy Event Calendar updated	Q2 2016	
	Establish advisory group	Q2 2016	
<b>Fragile States</b>	Task Team to continue work based on IG guidance and develop recommendations	IG 4	Task team
<b>Governance</b>	Procedures for document sharing and constituency consultation to be developed based on experience in similar models	IG 3	Secretariat drawing on partner experience

## Annex 2: Retreat Agenda:

### RETREAT AGENDA 17-18 FEBRUARY 2016

WEDNESDAY, 17 FEBRUARY 2016 8.30am START				
Time	Agenda Item	Objective	Document	Action
8.30	<b>Opening:</b> - Review of the Agenda - Chair's Overview	Agree on agenda	GFF/IG2/1	<u>For Decision</u>
9.00	<b>Financing for RMNCAH</b>	Consideration of analysis and issues	GFF/IG2/3	<u>For Discussion</u>
10.30	BREAK			
11.00	<b>Country Update: Cameroon</b>  <b>Portfolio Update</b>	Country reality and progress  Review Summary of country status	PPT  GFF/IG2/2	<u>For Discussion</u>
12.30	LUNCH			
1.30	<b>Proposed Approach to Facility Countries</b>  - Proposals on parameters and roles.	Clarity of roles and processes	GFF/IG2/4	<u>For Decision</u>
2.30	<b>Building the partnership: collaboration to reach all GFF countries with scaled up financing</b>	Clarity of roles and processes		In depth consideration of issues laid out in previous sessions - in groups
4.30	Plenary Reconvenes			
7.00	Cocktails and Dinner			

THURSDAY, 18 FEBRUARY 2016 8.30am START				
Time	Agenda Item	Objective	Document	Action
8.30	<b>Private Sector Engagement:</b> - Proposal on approach and priorities	Alignment on opportunities for private sector engagement	GFF/IG2/8	<u>For Decision</u>
10.00				
10.30	<b>Communication Strategy:</b> - Proposal for strategic approach to communications	Agreement on Strategy	GFF/IG2/7	<u>For Decision</u>
12.00	<b>Update on Technical Guidance</b> - TA and QA - Country Platforms	Establishing guidance	GFF/IG2/6	<u>For Discussion</u>
1.00	<b>LUNCH</b>			
2.00	<b>Resource Mobilization Strategy:</b> - Overview of approach	Alignment on approach to RM	GFF/IG2/9	<u>For Discussion</u>
3.00	<b>Fragile states and humanitarian situations:</b> - Report from working group on proposals for GFF parameters in these countries	Consideration of GFF engagement	GFF/IG2/5	<u>For Decision</u>
4.30	<b>Governance issues:</b> - Code of Ethics Policy - Dates for IG3 and IG4	Parameters for IG Membership	GFF/IG2/10 GFF/IG2/11	<u>For Decision</u>
5.00	<b>Closure</b> - Chair's Summary and next steps		GFF/IG2/14	

## Annex 3: Participants List

### PARTICIPANTS

#### GOVERNMENTS

##### Canada

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<sup>2</sup> Greyscale indicates Member/Alternate not attending IG2.

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#### Annex 4: Questions for Retreat Deliberation

Question 1: As members of the Investors Group how do we:

- Speak with one voice and align resources?
- Enhance coordination and collaboration at the country level?

Question 2: As member of the Investors Group how do we:

- Scale up financing for RMNCAH (DRM and ODA)?
- Promote efficiency of funding?
- Ensure investments based on evidence/data?
- Ensure high quality investment cases?
- a.

Question 3: How do we approach the engagement of the GFF with the 51 countries not currently receiving investments from the GFF Trust Fund?

## Annex 5: IG Statement on Zika

### Investors Group of the Global Financing Facility Statement in Support of Women and Children in the context of the Zika Virus Outbreak

The Global Financing Facility (GFF) in support of Every Women and Every Child is a key financing platform of the UN Secretary-General's updated Global Strategy for women's, children's and adolescents' health. It aims to bridge the financing gap required to ensure equity in maternal and child survival globally through universal access to life saving and enhancing interventions.

The GFF Investors Group<sup>i</sup> met in St. Albans on February 17-18 2016. At the meeting, the Investors Group discussed the recently declared Public Health Emergency of International Concern by the WHO Emergency Committee of the International Health Regulations on January 31<sup>st</sup>, 2016.

The Investors Group expressed its concern, that although symptoms associated with Zika virus, which is transmitted by the mosquito *Aedes Aegypti*, are generally mild, a possible association has been observed between the unusual rise of Zika cases and microcephaly cases in Brazil since 2015. The risk of babies born with microcephaly has raised understandable concerns among women, including those who are pregnant or planning to be pregnant. The IG strongly supports efforts by its members to address this emergency. The IG is also concerned by the potential spread of Zika Virus to areas outside Latin America especially Africa and South Asia where *Aedes Aegypti* is widespread.

The GFF is currently supporting 12 countries in Africa and South Asia to strengthen universal access to comprehensive and continuous quality care for sexual, reproductive, maternal, adolescent, child and newborn health. This support is designed to make sure that all women and their sexual partners have access to sexual and reproductive health services and contraceptives, including emergency contraceptives, and that all pregnant women and their children have access to good quality ante-natal, delivery and post-natal care. Efforts to strengthen this continuum of care are critical and must be designed to respond to infectious threats such as the Ebola or Zika viruses. Indeed, GFF support to Liberia – where access to sexual, reproductive, maternal, adolescent, child and newborn health services was severely compromised during the Ebola crisis – is aiming to strengthen health services such that they are resilient to such shocks.

Moving forward, mobilizing smarter, scaled and sustainable financing to support the strengthening of sexual, reproductive, maternal, adolescent, child and newborn health services is both the best way to end preventable maternal and child mortality and also to minimize the risks and mitigate the consequences posed by infectious threats such as Zika and Ebola.

Additional information and resources are available at:

<http://www.who.int/mediacentre/factsheets/zika/en/>

<http://www.who.int/features/qa/zika-pregnancy/en/>

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<sup>i</sup> The Investors Group includes implementing countries, 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 (Results, World Vision), 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 private foundation represented by the Bill and Melinda Gates Foundation.