

GFF PORTFOLIO UPDATE

OVERVIEW

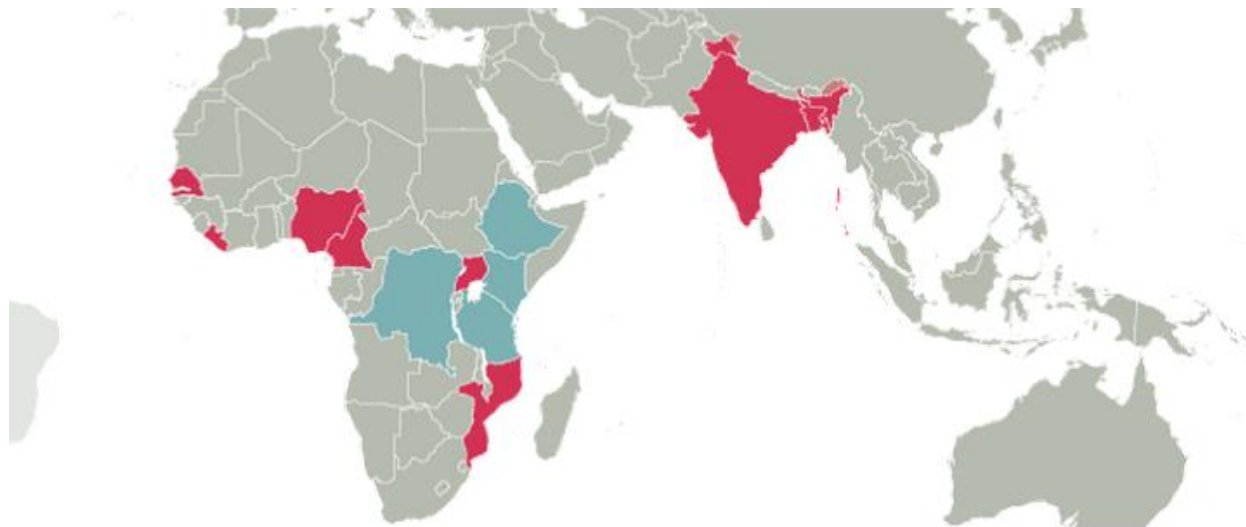
This paper gives an update on the current Global Financing Facility (GFF) portfolio. The number of countries engaging with the GFF has grown from four when it was announced at the UN General Assembly in 2014, to 12 when it was launched in July 2015. Collectively, the 12 countries currently engaging with the GFF represent 60 percent of the total burden of maternal and child deaths among the 63 GFF-eligible countries. Their success is therefore critical to the global effort to end the preventable deaths of women, adolescents and children by 2030, once and for all.

ACTION REQUESTED

This paper is for information only.

INTRODUCTION

The number of countries engaging with the Global Financing Facility in support of *Every Woman Every Child* has grown from four¹ when it was announced at the UN General Assembly in 2014, to 12² when it was launched in July 2015. Collectively, the 12 countries currently engaging with the GFF represent 60 percent of the total burden of maternal and child deaths among the 63 GFF-eligible countries. Their success is therefore critical to the global effort to end the preventable deaths of women, adolescents and children by 2030, once and for all.

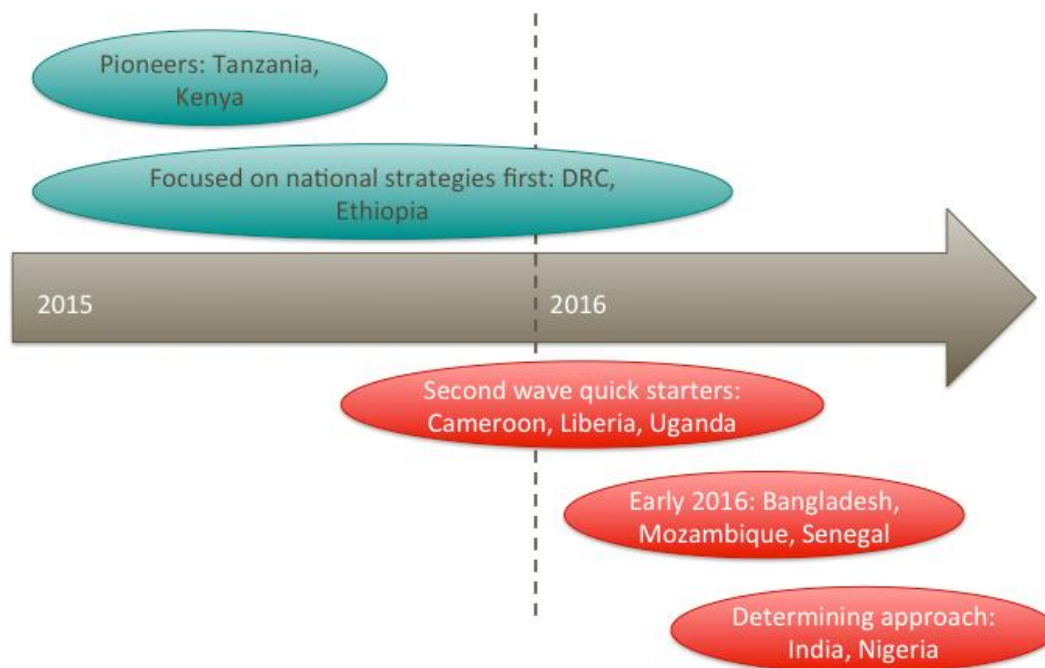


STATE OF THE PORTFOLIO

The GFF process is nationally led, which means that countries are taking different approaches to the GFF based on their existing national planning cycles and other processes underway in each country. As a result, the GFF countries are progressing at different paces with regard to the development of their Investment Cases and health financing strategies. The figure below clusters countries into several groups that have emerged.

¹ The Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania.

² The “second wave” countries are Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda.



Details for each of the twelve GFF countries are provided below.

In addition, some patterns have begun to emerge across countries. The GFF’s flexible approach and ability to adapt to country context seems to resonate with countries and partners, as it allows adaptation of the core principles to local contexts. As a result, there has been strong national ownership over the GFF process in most countries, with government leadership but also broad-based involvement. Civil society interest in participating in country platforms has been particularly high. This is complemented at the global level by the robust engagement from civil society and private sector.

BANGLADESH

Bangladesh officially launched its GFF engagement in January, at an event led by the government with participation from key partners including Canada, JICA, USAID, WHO (current chair of the coordination committee for partners), the World Bank, civil society, and the private sector.

- **Country Platform:** Bangladesh has strong existing partnership and coordination mechanisms in place that will be used for the GFF process. A diverse group of about 20 development partners has been working with the government on the 4th Health Sector Development Program. There is also strong engagement from civil society, with potential to increase this further.
- **Investment Case:**
 - **Highlights:** Because Bangladesh just had its launch, the approach that will be taken to the Investment Case is still a work in progress. The starting point is the Health Sector Development Program, which provides a strong strategic vision, with a focus on equity, efficiency, and quality. Reproductive, maternal, newborn, child and adolescent health

(RMNCAH) outcomes are central to the Program. Further work is expected to start in March to define a prioritized set of interventions for joined financing by government and partners. Government and the partners will start discussions on the priorities, roles, operationalization and financing modalities for the next sector program and this support is expected to be the bridge as the country moves towards middle income status.

- **Complementary Financing:** Bangladesh's 3rd sector financing program committed US\$7.5 billion to achieving Universal Health Coverage, with US\$750 million of that coming from partners. The Government aims to mobilize US\$10 billion (US\$9 billion from domestic financing and the additional US\$1 billion from partners) for the 4th sector program, which will run from 2017 to 2021. The GFF Trust Fund is expected to link a grant in the range of US\$20-30 million to the next sector program (the amount is yet to be finalized). Gavi has expressed interest in co-financing the sector program.
- **Health Financing Strategy:** Bangladesh has an existing Health Financing Strategy from 2012. However, additional analytical work on fiscal space will be undertaken in the context of Bangladesh's engagement with the GFF. In addition in the last Bangladesh Development Forum the government expressed its commitment to ramping up investments in the health and education sectors.

CAMEROON

The GFF process was launched by the government in October 2015 with a kickoff event that attracted 200 partners from a wide range of organizations. The consultative process has continued subsequently, with dedicated sessions with the private sector and with civil society organizations.

- **Country Platform:** Cameroon is using an existing structure for the country's health sector strategy to oversee the work related to both its Investment Case and health financing strategy. Separate technical working groups lead the development of the content for the Investment Case and the health financing strategy.
- **Investment Case:**
 - **Highlights:** Extensive analytical work is underway to prepare the Investment Case, including analyzing a recent Multi-Indicator Cluster Survey and impact evaluations done of the World Bank's performance-based financing, and dedicated analytical work on adolescents, supply chain management, and human resources for health. To complement this, UNICEF is supporting the use of the EQUIST tool to assist with identifying key bottlenecks and strategies in the health system. From the analytical work, a number of key issues are emerging, including maternal and neonatal health, nutrition, adolescent health (particular around family planning), and supply chain management. Equity is a major concern, with the northern regions of the country being particularly disadvantaged. The analytical work will feed into a prioritization workshop that is scheduled for the week of 22 February. A number of interesting innovative approaches are also emerging, such as a cash transfer component targeting girls in the

north of the country and a development impact bond that leverages private financing in a way that is designed to incentivize kangaroo mother care, one of the most cost-effective ways to help premature babies to survive. Finally, the country is developing a quality assurance mechanism for the Investment Case, led by a local academic. The Investment Case is expected to be prepared by April 2016.

- **Complementary Financing:** There is already a strong collaboration between UNFPA, UNICEF, and the World Bank, and there is also interest from Gavi and the Global Fund in aligning their financing. Additionally, a resource mapping exercise (supported by the RMNCH Trust Fund) is underway that will identify the envelope of resources available. The IDA financing of US\$100 million (to which is linked a grant of US\$27 million from the GFF Trust Fund) will finance a part of the Investment Case and is currently under preparation. The project will be submitted for World Bank Board approval in May 2016.
- **Health Financing Strategy:** The country does not have an existing health financing strategy and is just beginning to focus on the sustainability of financing, including in the context of external support from Gavi and the Global Fund. A workshop to kick off the development of a health financing strategy will take place the week of 15 February.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

The DRC is one of the four frontrunner countries. Over the course of 2015 and part of 2016 the country has focused particularly on the development of the five-year national health development strategy, which is the overall frame for the Investment Case and health financing strategy.

- **Country Platform:** The DRC has an established platform already in place, with strong multi-stakeholder participation from an array of partners, including the government, financial and technical partners such as Canada, UNFPA, UNICEF, USAID, WHO, the Gates Foundation, NGOs, and the private sector. This is the foundation for the in-country Government-led coordination for the GFF. A multisectoral GFF technical team was put in place and is presided over by the Prime Minister's office.
- **Investment Case:**
 - **Highlights:** The government is developing its Investment Case with a focus on two major areas: 1) addressing key bottlenecks (human resources for health, supply chain/drugs, and public financial management); and 2) achieving increased coverage of essential RMNCAH quality services at an affordable cost and prioritizing underfunded family planning and nutrition interventions. The Investment Case will also include an innovative multisectoral family planning intervention, through the Government of Norway's support for addressing the connection between fertility and climate change. A draft document is expected by March 2016.
 - **Complementary Financing:** The GFF discussions on complementary financing build on a strong basis for collaboration in the DRC, with an existing platform bringing together external support from the Gates Foundation, Gavi, the Global Fund, UNFPA, UNICEF, and the World Bank. A number of other partners are also contributing resources to the

process, including the governments of Canada, Japan, and Norway. The US Government is financing a trust fund based at the World Bank that is providing US\$14 million to RMNCAH and supply chain. In addition, the Global Fund is financing a trust fund based at the World Bank that is providing US\$20 million to RMNCAH. As a result of engagement on the GFF, the Prime Minister has approved an explicit allocation of domestic resources to family planning for the first time, committing US\$3.5 million for 2016. The GFF Trust Fund financing will link to two sources of World Bank funding. The first (US\$220 million financing) is a health systems strengthening project focused on the delivery of RMNCAH services, which will be supplemented with additional financing of US\$100 million in IDA and US\$40 million from the GFF Trust Fund (which will go to the World Bank Board for approval in the fourth quarter of 2016). The second is an additional IDA financing of US\$30 million for human development systems strengthening of which US\$10 million will be linked to US\$10 million from the GFF Trust Fund for civil registration and vital statistics (which will go to the World Bank Board for approval in March 2016).

- **Health Financing Strategy:** The government is leading the process of developing a health financing strategy for UHC with the support from the World Bank and WHO. A health financing assessment has been completed and disseminated in country, and drafts of several key components have been prepared. Ongoing work is focused on some of the key outstanding issues, particularly pooling and purchasing. The strategy is expected to be finalized by June 2016.

ETHIOPIA

Ethiopia was one of the four frontrunner countries but over the course of 2015 the country focused on the development of its Health Sector Transformation Plan (HSTP), which was finalized in late 2015. This is the overarching policy document that guides the Investment Case and health financing strategy. A JANS review was used for the quality assurance of the HSTP.

- **Country Platform:** Ethiopia currently has robust systems for partner coordination, led by the government. The Joint Core Coordination Committee (JCCC) is likely to be tasked with moving the GFF discussion forward following an impending announcement (March 2016) at the Joint Consultative Forum (JCF), with the Ministry of Finance (MOF) and other partners.
- **Investment Case:**
 - **Highlights:** The HSTP includes a strong RMNCAH component, which will form the basis of the Investment Case (which is likely to be a 10-15 page annex that will extract the relevant elements on RMNCAH from HSTP). Work to develop this is expected to start by March, with a goal to complete the process by September. Addressing equity and improving quality of care are likely to be priority focus areas. Family planning, nutrition, and adolescent health are all well reflected in the HSTP and multisectoral linkages with WASH and education are also emphasized. There is also great interest in increasing private sector engagement on service provision, given its track record in the health

sector such as outsourcing of non-clinical services and the addition of private wings in public hospitals.

- **Complementary Financing:** A number of partners have expressed interest in financing RMNCAH scale-up (or technical assistance for it) in Ethiopia, including DFID, the Global Fund, the Power of Nutrition trust fund, and USAID. The details regarding the timing of the IDA projects that will support this (likely to be two separate projects totaling US\$258 million) are still under negotiation. The GFF Trust Fund is likely to provide US\$60 million linked to this.
- **Health Financing Strategy:** A health financing strategy is currently under review and includes a focus on equity. The country is pursuing both a social health insurance scheme for the formal sector and a community based health insurance scheme for the non-formal sector. The Congressional Proclamation of 2010 created an Ethiopia Health Insurance Agency, which is just getting operational. Several partners including DFID, the EU, and USAID have been supporting this work.

INDIA

The Government of India is still determining its involvement with the GFF. A decision on this is expected by the end of February.

KENYA

Kenya was one of the four frontrunner countries and so embarked on the development of its Investment Case in early 2015.

- **Country Platform:** The process of developing the Investment Case has been led by an inclusive platform driven by the Ministry of Health but involving a wide array of stakeholders including communities, faith-based and civil society organizations, professional associations, the private sector (for profit and not-for-profit), development partners and the international community. As the health financing strategy process had begun well before the GFF, an existing structure has been used to oversee that.
- **Investment Case:**
 - **Highlights:** Kenya's National Investment Framework for RMNCAH has been finalized. One of the key elements of the framework is the identification of 20 target counties, which were determined to have the highest burdens and most disadvantaged populations. Kenya has recently decentralized operations of the health sector, so the key next step in the process is working with counties to develop plans for each.
 - **Complementary Financing:** There is strong support for financing the framework, from both domestic and external resources. Partners that have committed to it include the governments of Denmark, Japan, the UK, and the US. An IDA project on US\$150 million

is under development and is scheduled to be presented for approval to the World Bank Board in June 2016, to which a GFF Trust Fund grant of US\$30-40 million will be linked.

- **Health Financing Strategy:** A draft strategy was initially developed in 2010. In 2015, the MOH resumed work to develop an updated strategy that provides a framework for how Kenya finances and manages its public healthcare, to ensure equity and quality, especially for the under-privileged. The goal of the health financing strategy is to ensure access to outpatient and inpatient health care for all Kenyans and to significantly reduce the out-of-pocket health care expenditure of households. It is expected that it will also be the basis for providing universal access to essential health services in an equitable, accountable, efficient and sustainable manner. The strategy covers five thematic areas: i) resource mobilization; ii) purchasing; iii) benefits definition; iv) accreditation and licensing; and v) governance.

LIBERIA

The country's recent experience with Ebola sets the stage for the GFF discussions in Liberia, which began in the second half of 2015 but which have progressed rapidly.

- **Country Platform:** Liberia's country platform is composed of two technical working groups—one with a focus on health financing and the other with a focus on RMNCAH. Both are overseen by a health sector coordination committee. The country also plans to join IHP+ and use its process to strengthen coordination in the country.
- **Investment Case:**
 - **Highlights:** The Investment Case is at an advanced stage of preparation, and includes a particular emphasis on building resilience in the health system. The team is currently reviewing priorities based on an extensive costing exercise. One key area of emphasis is geographical prioritization to focus on the six counties with the worst indicators. Health systems strengthening is another area of focus, with planned investments in infrastructure (including hospitals and quality of care in hospitals), emergency surveillance, preparedness and response, surveillance, and strengthening human resources for health. Given the country's demographic situation, adolescents are a key target population, with a particular focus on family planning. The country's existing performance-based scheme to strengthen quality of care in hospitals is also included in the draft Investment Case. A revised draft, with strengthened prioritization and financing gaps for further discussion with development partners identified, is expected in mid-February.
 - **Complementary Financing:** Discussions are underway with a number of potential financiers of the Investment Case, including the Global Fund and the US government. An IDA project that will support the Investment Case is in the advanced stages of preparation, and is likely to be in the range of US\$16-23 million. It will be presented to the World Bank Board in the second quarter of 2016. A GFF Trust Fund grant of US\$16 million will be linked to it.

- **Health Financing Strategy:** The development of a broad and prioritized medium-term health financing action plan is in progress. Liberia is keen to explore a health equity fund and pursue the pooling of external financing and a revolving drug fund for facilities, and equity-based resource allocation for priority counties.

MOZAMBIQUE

Mozambique is at the very beginning of the GFF process and is expected to formally launch its GFF process in March.

- **Country Platform:** Mozambique has an existing coordinating platform, with an engaged civil society community. The Ministry of Health has established a core team of high-level officials to coordinate and lead the GFF process. The need to proactively engage the private sector has also been identified as a priority.
- **Investment Case:**
 - **Highlights:** It is too early in the process to have identified priorities yet. The development of the investment case is expected to be a 6-9 month process.
 - **Complementary Financing:** A number of partners have expressed interest in engaging with the Investment Case process, including the DFID, the Dutch government, Gavi, the Global Fund (for which a new concept note will be prepared in early 2017, meaning that the timing works well for the Investment Case to inform that), and P4H. The IDA financing is in the very early stages and so is expected to be developed based on the priorities identified in the Investment Case.
- **Health Financing Strategy:** Planning has been ongoing for the past two years and a draft document from that process created, which will form the basis of renewed engagement. A number of partners have been involved in this, including DFID and P4H.

NIGERIA

Nigeria is at the very early stages of engagement with the GFF. The key initial question is the scope of the GFF engagement in the country, which has a federal system. This raises the question of whether it is possible or useful to have an Investment Case and/or health financing strategy nationally or to focus on a group of states. A national workshop on RMNCAH is taking place 16-18 February 2016, at which the GFF will be discussed.

- **Country Platform:** A technical working group created as a result of the new National Health Act will serve as the country platform, with a thematic sub-committee on health financing responsible for the development of the health financing strategy. Nigeria has a large and engaged private sector, which is likely to play a significant role in the process.

- **Investment Case:**
 - **Highlights:** Discussions are still underway about the form that the Investment Case will take. The Government of Nigeria is planning to develop a national health sector investment case, of which RMNCAH will be a sub-component. This would likely serve as the Investment Case for the GFF. There is strong national interest in nutrition, as that is likely to be identified as a priority, but overall it is too early in the process to have a clear sense of the priorities.
 - **Complementary Financing:** It is too early in the process to have determined the approach to complementary financing. The World Bank has recently provided considerable financing (US\$500 million) to support the Saving One Million Lives initiative, and is also working on a new project in the northern part of Nigeria. In addition the government is keen to explore the options of a development impact bond for malaria under the GFF.

- **Health Financing Strategy:** Nigeria is currently developing a health financing strategy in tandem with the operationalization of the National Health Act. The new strategy lays emphasis on domestic resource mobilization and prioritization of strategic purchasing through the National Health Insurance Scheme. Health Financing Systems Assessment supported by the World Bank is currently being undertaken to inform the strategy. Other development partners, including the Gates Foundation and USAID, have also indicated their intention to support some of the analytical work on health financing.

SENEGAL

Senegal is at the beginning of the GFF process: a launch event to kick off the process and bring government, partners, and civil society together was held in early February. A consultation workshop for civil society was also organized by PMNCH's Africa Focal Point.

- **Country Platform:** Consultations are underway on Senegal's platform, which will build on the existing structures in the country.

- **Investment Case:**
 - **Highlights:** This process is just kicking off, so it is too soon for priorities to have emerged.
 - **Complementary Financing:** Some partners (e.g., JICA and USAID) have expressed interest in the process, but it is too soon to determine the full scope of complementary financing. An IDA allocation has not yet been agreed with the ministry of finance.

- **Health Financing Strategy:** Senegal is currently developing a UHC financing strategy (more focused on resource mobilization) in tandem with a health financing strategy, with a focus on broader health financing functions. The two plans are intended to be interlinked.

TANZANIA

Tanzania was one of the four frontrunners and was the first GFF country to begin implementation, with its support from IDA and the GFF Trust Fund having been approved in mid-2015. The country-led decision to adopt the One Plan II as its investment case made it possible for the country to move faster on the GFF process.

- **Country Platform:** Tanzania has a well-developed country platform, the Development Partners Group, which facilitated early consultations on the GFF. It includes relevant Ministry of Health departments including RITA (CRVS) and National Bureau of Statistics; health basket fund partners such as the World Bank, GIZ, Canada, DANIDA; UN agencies such as UNICEF, UNFPA, WHO; and bilateral partners like USAID that have been involved in GFF discussions. It has technical sub-groups including on RMNCH and on health financing, and these groups have been overseeing the work in their respective areas.
- **Investment Case:**
 - **Highlights:** When the country joined the GFF process, it was already in the process of developing the “One Plan II”, which was used as the Investment Case. Additional discussions on CRVS are ongoing with WHO, UNICEF, and other partners.
 - **Complementary Financing:** A number of donors have committed to supporting the One Plan II. The US Government is financing a trust fund based at the World Bank that is providing US\$40 million to RMNCAH, while a nutrition trust fund is contributing US\$20 million. The IDA financing totals US\$200 million, to which is linked a GFF Trust Fund grant of US\$40 million.
- **Health Financing Strategy:** The strategy is close to finalization but has been slowed down because of the transition to a new government. The strategy will need to be reviewed for parliamentary approval.

UGANDA

Among the second set of GFF countries, Uganda is among the most advanced, having begun work in mid-2015.

- **Country Platform:** Uganda has been using an existing health sector coordination mechanism for the GFF process.
- **Investment Case:**
 - **Highlights:** The country has been developing a “Sharpened RMNCAH Plan” that will serve as the basis for the Investment Case. The final form of the Investment Case is still being finalized, but it will explicitly identify the country priorities that can be implemented within the envelope of available resources. The priorities are emerging and are likely to include skilled birth attendance (emphasizing focused antenatal care, labor and delivery management and immediate postpartum care), family planning

(including preventing teenage pregnancy), post abortion care and maternal sepsis management, as well as a set of health systems strengthening priority actions in the areas of human resource for health, supply chain management, and the delivery of an integrated RMNCAH community package.

- **Complementary Financing:** A new set of key financiers have been involved in the development of the Investment Case, and so discussions are underway around complementary financing, including with Gavi (which has a health systems strengthening grant under preparation) and the US government. There is ongoing discussion between the government and donor partners (led by BTS and Sida) on establishing a basket fund for RMNCAH. An IDA project (US\$110 million) is currently under preparation and will be presented to the World Bank Board in June 2016, which the GFF Trust Fund will support with a grant of US\$30 million.
- **Health Financing Strategy:** The development of a strategy has been underway for several years, but stalled now until the upcoming elections.