

PORTFOLIO UPDATE

OVERVIEW

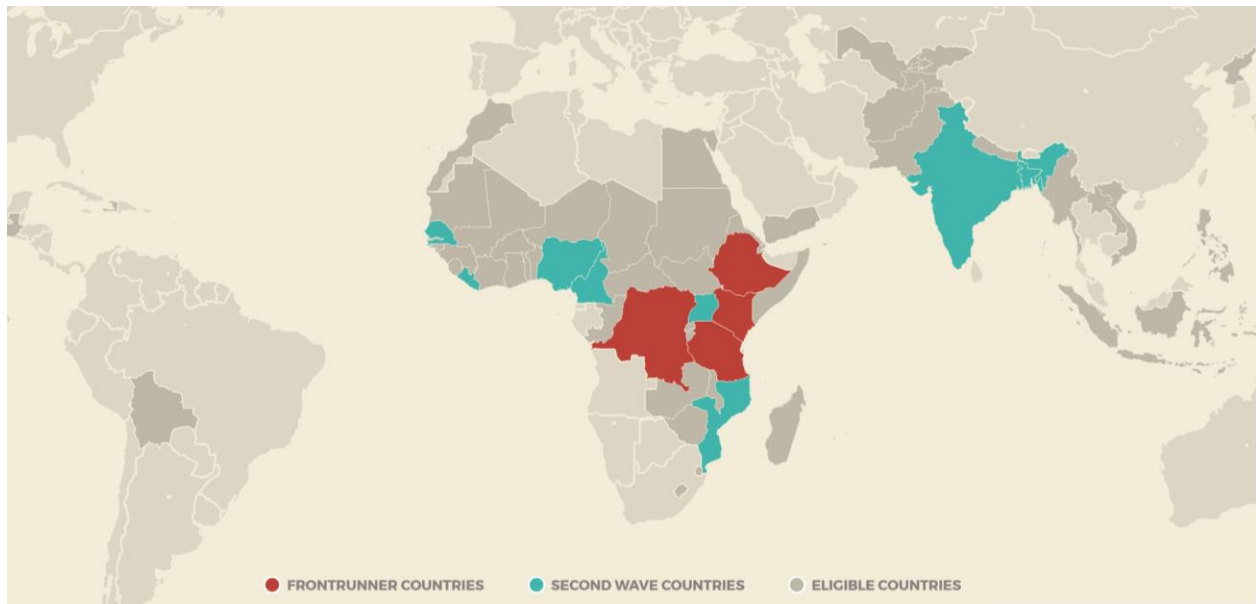
This paper gives an update on the progress of the current Global Financing Facility (GFF) portfolio, including the latest information about the Investment Case and the status of the preparation of the health financing strategy.

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.

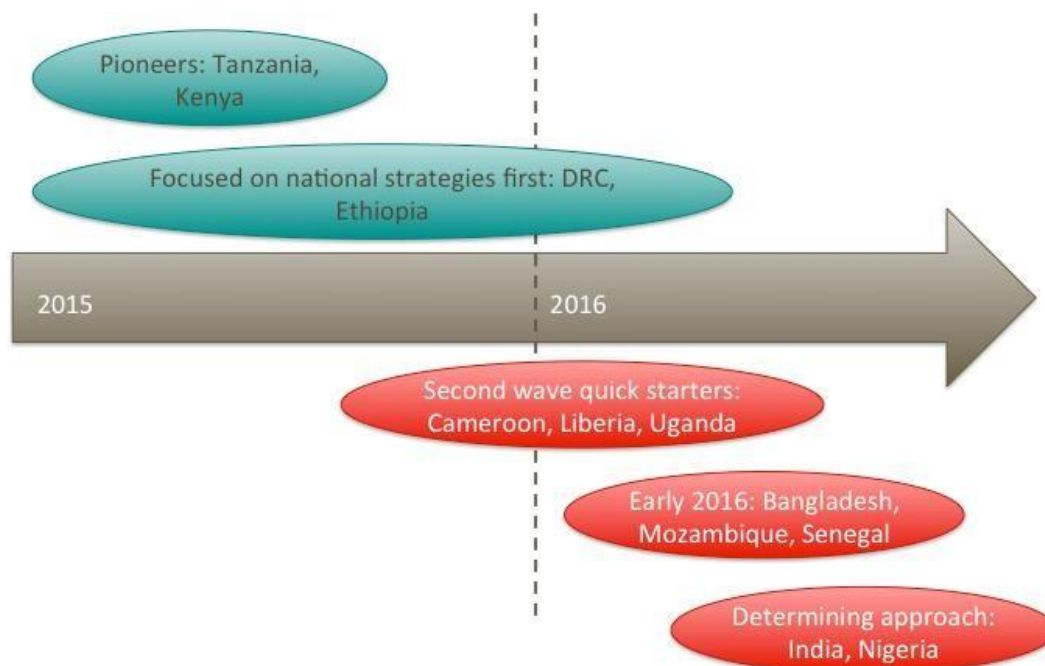


STATE OF THE PORTFOLIO

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 countries are progressing at different paces with regard to the GFF design and implementation. The figure below provides an overview of the progress so far in the different countries.

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

² The next countries are Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda.



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

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 partnerships 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:** The starting point for the Investment Case is the Health Sector Development Program (HSDP), 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. The country is finishing its current health sector program and a new Sector Investment Plan will be developed. A \$150 million Additional Financing investment for the ongoing HSDP SWAp will bridge the two health investments. Discussion on the next SWAp is likely to begin early next FY (August-September 2016) and will be results focused.

- **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 and JICA will continue to contribute financing as well.
- **Health Financing Strategy:** Bangladesh will transition to become a middle income country by 2021. It has an existing Health Financing Strategy developed in 2012 which will be reviewed and revised to reflect the commitment for increasing investments in the health and education sector. Additional analytical work on fiscal space will be undertaken in the context of Bangladesh’s engagement with the GFF.

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. Following the high energy start, the country progress has been rapid and a significant part of the design work for the Investment Case has been concluded. The final reviews and validation of the Investment Case will be concluded at a final workshop at the end of June. This is also an important opportunity to further explore opportunities for complementary financing. The IDA and GFF TF project finances key priorities in the Investment Case and was approved by the World Bank Executive Directors in May 2016 as a \$127 million project (\$100 m IDA and \$27 m GFF Trust Fund).

Country Platform: Cameroon is using the Health Sector Strategy Steering Committee, supported by two technical working groups, to oversee the work related to both its Investment Case and health financing strategy. Multiple partners including UNFPA, UNICEF, and the World Bank are supporting different elements of the process.

- **Investment Case:**
 - **Highlights:** The preparation of the Investment Case has been somewhat delayed from the original schedule, but a full draft is expected by mid-July. Extensive analytical work underpins the Investment Case including a recent Multi-Indicator Cluster Survey and impact evaluations done of the World Bank’s performance-based financing, along with dedicated analytical work on adolescents, supply chain management, and human resources for health. In addition, UNICEF supported 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 emerged, including maternal and neonatal health, nutrition, adolescent health (particular around family planning), and supply chain management. Equity is a major concern, so the disadvantaged regions of the country (three in the northern part of the country and one in the east) have emerged as the focus of Investment Case. Strengthening of the CRVS system is also included.

- **Complementary Financing:** The complementary financing for the Investment Case is anticipated to be finalized by September 2016. Discussions are underway with France, Germany, Gavi, Global Fund and the US Government (PEPFAR). The World Bank IDA financing (US\$100 million) and the support from the GFF Trust Fund (US\$27 million) was approved by the World Bank Executive Directors in May 2016. Although the Investment Case was not finalized by the time the project needed to be submitted to the Board, it was informed by the discussions and analytical work for the Investment Case, and also reserved some financing for priorities emerging from the Investment Case. Several interesting innovative approaches have been incorporated in the project including a cash transfer component targeting adolescent 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 and low birth weight babies to survive.
- **Health Financing Strategy:** The country does not have an existing health financing strategy to draw from, making this exercise a more lengthy and challenging one relative to other countries. Analytical work in support of the development of a strategy is getting underway, and the strategy itself is expected in June 2017.

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 framework 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 multi-sectoral GFF technical team was put in place, with the involvement of the Prime Minister’s office.
- **Investment Case:**
 - **Highlights:** A draft Investment Case was presented to the Minister of Health and partners in early June, with a plan to finalize it by June 15th. It includes a focus on scaling up two key service delivery platforms (strategic purchasing and community engagement) and health systems strengthening (particularly human resources for health, supply chain/drugs, and public financial management) to improve RMNCAH outcomes. Programmatically, family planning and nutrition are particular areas of emphasis. A consistent challenge is finding a balance between having a focused document and one that addresses the multiple interests of key stakeholders.
 - **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 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 February 2017). The second, approved by the Executive Directors in March 2016, 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. Both the Global Fund and the US Government are providing co-financing.

- **Health Financing Strategy:** The government is leading the process of developing a health financing strategy for UHC with support from the World Bank and WHO. A draft strategy has been completed but the chapters on pooling and purchasing need to be developed further. 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 the chosen country platform mechanism and has led the HSTP and GFF technical discussion. In addition, the H6 partners and the SDG Performance Fund partners are also active in the discussions on RMNCAH.
- **Investment Case:**
 - **Highlights:** The HSTP includes a strong RMNCAH component, which forms the basis of the Investment Case. It includes a focus on demand-side, supply-side and multi-sectoral interventions such as nutrition. In addition, there is a strong focus on equity and improving quality of care. Family planning and adolescent health are well reflected in the HSTP and linkages with WASH and education are also emphasized. There is 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. Inclusion of CRVS continues to be discussed.
 - **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. Due to country interest, additional financing for the current P4R project has been agreed to by MOF; IDA funding is likely to be around US\$50-60 million. The additional financing, together with support from the GFF Trust Fund (amount still to be finalized) will support RMNCAH elements of the HSTP. The concept note

to launch World Bank project preparation is tentatively scheduled for September 2016 for approval by the Executive Board in March 2017. Moreover, the Country Partnership Framework for Ethiopia is being developed and will coincide with the IDA18 cycle, so there is a possibility of additional IDA once that is agreed upon in the second half of CY 2017.

- **Health Financing Strategy:** A health financing strategy is currently under government 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 becoming operational. Several partners including DFID, the EU, and USAID have been supporting this work and the plans for expansion of both types of insurance schemes have been discussed with experts. USAID is providing a trust fund (about \$10 million) to support health financing efforts of the country as well as some funding to the World Bank to support technical assistance and national capacity building in this area.

INDIA

The Government of India is still determining its involvement with the GFF.

KENYA

Kenya was one of the four frontrunner countries embarking 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. Technical assistance was provided by DfID, JICA, UNAIDS, UNFPA, UNICEF, UN Women, USAID, WHO and the World Bank. The Health Financing Strategy is being elaborated on by Coordinating Technical Working Groups, the Health Financing interagency Coordinating Committee and the UHC Steering Committee.
- **Investment Case:**
 - **Highlights:** Kenya's National Investment Framework for RMNCAH has been finalized and is published online http://www.health.go.ke/wp-content/uploads/2016/03/Kenya-RMNCAH-Investment-Framework_March-2016.pdf. The national RMNCAH Investment Framework proposes innovative supply-side performance incentives to address health system bottlenecks pertaining to human resources for health, health commodity management and quality Health Management Information Systems. It also proposes vouchers and conditional cash transfers to overcome socio-cultural, geographic, and economic barriers to health service utilization, and emphasizes multi-sectoral interventions, including interventions

aimed at strengthening the civil registration and vital statistics systems and improve birth and death registration. To address equity and increase coverage, the RMNCAH Investment Framework prioritizes investments in 20 counties selected on the basis of low coverage rates for RMNCAH services, large underserved populations and marginalization. The RMNCAH Investment Framework will be fully aligned with the Kenyan devolved health system so as to guide the development of county annual work plans focused on evidence-based, prioritized, and locally-relevant solutions. Planning and budget capacity (particularly at county level) is limited and the extent of alignment between the work plans and national RMNCAH investment framework is not yet clear.

- **Complementary Financing:** The governments of Denmark, Japan, the United Kingdom, and the United States committed complementary resources for the implementation of the national RMNCAH Investment Framework, in addition to the World Bank with financing from both the International Development Association (IDA) and the GFF Trust Fund. The IDA project of US\$150 million is scheduled to be presented for approval to the World Bank Board in June 2016, to which a GFF Trust Fund grant of US\$40 million is linked. A multi-donor trust fund is being established with support from the World Bank, DfID and USAID to provide technical assistance to priority counties and the national government to support implementation of the RMNCAH Investment Framework.
- **Health Financing Strategy:** A draft strategy is in its early stages with wide stakeholder consultation planned in the near future. Initial thinking brings the strengthening of domestic resource mobilization to the fore—including harnessing the potential of the informal sector—possibly reducing pooling fragmentation and developing strategic purchasing arrangements. Complementing the Kenyan national RMNCAH Investment Framework, the health financing strategy will specifically seek to ensure resource adequacy for efficient and equitable access to affordable essential health care for all Kenyans.

LIBERIA

The government of Liberia is seizing the GFF opportunity to reconstruct and strengthen its health system to increase the utilization of services and enhance its resilience to shock.

- **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 recently joined the International Health Partnership (IHP+) to strengthen coordination in the country.
- **Investment Case:**
 - **Highlights:** The Investment Case is at an advanced stage of preparation and a draft has been shared for consultation. It is anticipated that the IC will be finalized before August. Prioritizing integrated RMNCAH approaches and building on ongoing performance-based financing activities, the Liberian Investment Case seeks to improve the delivery of Emergency Obstetric and Neonatal Care services and enhance the delivery of RMNCAH services at community level. In parallel, it proposes to particularly target adolescents with a specific focus on family

- planning and on strengthening the health system, including human resources for health, primary and secondary health facility infrastructure, and drug and commodity supply chain management. In addition, it emphasizes emergency preparedness, surveillance and response, especially focusing on maternal and neonatal deaths surveillance and response (MNDSR). It also plans to adopt a crosscutting approach to strengthen the Civil Registration and Vital Statistics system as well as reinforce RMNCAH leadership, governance, and management at all levels. To further increase RMNCAH coverage and improve equity, the Investment Case identifies different scenarios, which will be implemented based on available resources, prioritizing counties with the worst RMNCAH indicators as a first step.
- **Complementary Financing:** Discussions are underway with development partners such as Gavi, the Global Fund, the US government and the World Bank to align their financing in support of the Investment Case. The amount of \$16 million from the GFF Trust Fund will be linked to US\$16 million in IDA support for the Investment Case which will go to the World Bank Board in the third or fourth quarter of 2016.
 - **Health Financing Strategy:** The development of a broad and prioritized medium-term health financing action plan is in progress, with marked momentum achieved following the UCH Forum during the World Bank/IMF Spring Meetings. Liberia is exploring a health equity fund which aims to create a national system to achieve UHC and addresses the three health financing functions (resource mobilization, pooling and purchasing). In addition the use of an equity-based resource allocation for counties is being explored as well as possibly piloting a move away from free health care in select counties. Lastly, there is keen interest to improve alignment and coordination of external financing (IHP+ compact will be finalized in Sep 2016) as much of the support is off budget.

MOZAMBIQUE

Mozambique, while still at the earlier stages of the GFF process, has made a great deal of progress since the previous IG meeting.

Because of the revelation of over \$1B of undisclosed debt by the government, budget support by all donors has been suspended to the country. However, most development partners are continuing to finance projects through other mechanisms. While the macroeconomic implications of the debt crisis are yet to be fully understood, it is already clear that the 2016 budget is under pressure with adverse impacts on all sectors. In these circumstances, health partners, including the World Bank, are concerned that financing for the social sectors are safeguarded.

- **Country Platform:** The Ministry of Health (MISAU) has established a Task Force, led by the Director of Public Health, to lead the GFF process. Health partners, including civil society and private sector representatives have been invited to participate in country platform.

- **Investment Case:**
 - **Highlights:** The development of the Investment Case has been initiated, with discussions taking place among health partners and during the biannual Sector Coordination Committee (the highest policy dialogue forum between the MISAU and health partners). No priorities for the Investment Case have been identified yet, but the need for technical assistance has been agreed, plans are being developed that will clarify how different partners will contribute to the process and the different health programs within MISAU have started to prepare their contributions to the Investment Case. Dialogue around strengthening the CRVS system has also been initiated. An early June scoping mission (WBG and health partners) is undertaking an ambitious agenda that includes developing a process for the elaboration of the Investment Case; and developing a pre-concept note for the proposed new health project that will include a GFF grant in addition to IDA. Given the current macroeconomic situation, the World Bank is likely to continue to support Public Financial Management reforms in the health sector.
 - **Complementary Financing:** Discussions are ongoing regarding counterpart financing. Many health partners have expressed initial interest in financing the Investment Case. In the current macroeconomic environment, the GFF presents as an opportunity to strengthen the links between expenditures and priorities for more results-focused health spending. There are initial discussions about how public financial management of the PROSAUDE (pooling mechanisms) could be strengthened for these purposes.

- **Health Financing Strategy:** MISAU, in collaboration with partners, has developed a first draft of a health financing strategy. Discussions are ongoing about how this draft can be strengthened. MISAU has expressed interest in receiving support to discuss realistic options for improving efficiency in the sector and raising additional revenue. This will require support from partners.

NIGERIA

Nigeria is moving forward on its engagement with the GFF. A key issue that remains to be determined is the approach and scope of the Investment Case, given the size of the country, its federal system and the fact that domestic financing forms a significant part of the health spending.

- **Country Platform:** A technical working group created as a result of the new National Health Act serves 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. The MOH has called for a meeting to discuss the National Health Sector Development Plan with partners including civil society and the private sector near the end of June.

- **Complementary Financing:** It remains early in the process for clarity on the approach to complementary financing. The World Bank provided considerable financing (US\$500 million) to support the Saving One Million Lives initiative and recently, at the request of the government of Nigeria, a rapid deployment of \$20 million GFF Trust Fund resources was made to the World Bank investment in five conflict affected northern Nigerian States (\$125m IDA). This project was approved by the Executive Board in early June 2016.
- **Health Financing Strategy:** Nigeria is currently developing a health financing strategy in tandem with the operationalization of the National Health Act. There were positive and extensive discussions during the recent UHC Financing Forum in April, 2016 on the margins of the World Bank/IMF Spring Meetings. The new strategy places emphasis on domestic resource mobilization and prioritization of strategic purchasing through the National Health Insurance Scheme. A Health Financing Systems Assessment supported by the Gates Foundation, Gavi and the World Bank, is currently being undertaken to inform the strategy.

SENEGAL

Senegal has moved ahead with the GFF process following the launch event to kick off the process and bring government, partners, and civil society together in early February. Work is ongoing by the technical groups that are leading the preparation of the Investment Case and health financing strategy to identify the necessary analytical work and technical assistance requirements.

- **Country Platform:** The country platform is building on existing coordination structures, with an RNMAH platform that was installed at the end of April. A country platform will likely be formally launched in June and the government has expressed interest in appointing a GFF focal point to be located in the MOH in the near future.
- **Investment Case:**
 - **Highlights:** The Investment Case will build on existing strategies such as the emergency plan on Maternal, newborn, Child and Adolescent Health.
 - **Complementary Financing:** Some partners (e.g., JICA and USAID) have expressed interest, 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:** The HFS will integrate the universal health insurance program (Couverture Maladie Universelle) that is currently under development. To build capacity for the health financing strategy process, a training workshop in financial protection and equity analysis targeting staff from the MOH/UHC Agency, researchers and the statistical agency was recently conducted.

TANZANIA

Tanzania was one of the four frontrunners and was the first GFF country to begin implementation, with support from IDA and the GFF Trust Fund 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 is using the Sector Wide Approach health sector coordination mechanism as the GFF country platform. This platform is led by the government and includes a wide variety of stakeholders such as technical UN Agencies, financiers, multilateral institutions, civil society and private sector. 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 strengthening the CRVS system are ongoing with WHO, UNICEF, and other partners; the budget is currently being revised. A UNICEF/Canada pilot on birth registration (only) is rolling out to two additional regions in August 2016.
 - **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 the Power of Nutrition trust fund is contributing US\$20 million. The IDA financing totals US\$200 million, linked to a US\$40 million GFF trust fund grant.
- **Health Financing Strategy:** The health financing strategy is waiting for parliamentary approval. It emphasizes the creation of a fiscal space through efficiency gains; partner alignment around prioritized investments; leveraging private sector resources; and expansion of performance-based financing to enhance quality, cost-effectiveness and sustainability. The Ministry of Finance has asked for a more detailed financial envelope and the Ministry of Health is preparing to do an actuarial costing in the next few months.

UGANDA

Uganda was among the second set of GFF countries and began work on the GFF toward the end of 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” which is the Investment Case. The document is near finalized, but there are challenges because of poorly aligned costing and resource mapping. The sharpened plan has five strategic shifts: rolling out a core package of evidence-based high-impact solutions; increasing access for high-

burden populations by promoting a set of service delivery mechanisms that operate synergistically; geographical focusing/sequencing; addressing the broader multi-sectoral context with a specific focus on adolescent health; and ensuring mutual accountability for RMNCAH outcomes. The document includes health systems strengthening and capacity building required to successfully deliver services for women and children.

- **Complementary Financing:** Discussions are still underway around complementary financing, including with Gavi (which has a health systems strengthening grant under preparation), DfID, SIDA, and the US government. An IDA project (US\$110 million) is currently under preparation based on the draft Sharpened Plan and will be presented to the World Bank Board in July 2016, which the GFF Trust Fund will support with a grant of US\$15-30 million.
- **Health Financing Strategy:** The health financing strategy has been approved by MOH senior management, and is awaiting review by the Cabinet. The strategy addresses resource mobilization, pooling and strategic purchasing, among other issues.



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