

INVESTORS GROUP MEETING REPORT

EXECUTIVE SUMMARY

The GFF **Portfolio Update** (GFF/IG3/2) showed significant progress in the GFF countries, with 7 Investment Cases finalized or near final and 5 GFF projects approved and starting implementation. The country representatives on the GFF IG provided various insights on the GFF experience. Key messages included (i) the appreciation for the country-led nature and the flexibility to build on existing country processes, (ii) the opportunity the GFF provides to re-energize the health sector through more effective engagement with the private sector, (iii) the contribution the GFF process makes to the government's ability to better align partners around key priorities and (iv) the recognition of the importance of the GFF investments in health systems, for example for post-Ebola investments in primary care. A discussion took place on the ideal timelines and cycles for the completion of the Investment Case in relation to the IDA/ GFF trust fund funding decisions and World Bank Board approvals.

The Minister of Health from the **Democratic Republic of Congo** (DRC) (GFF/IG3/3) presented the GFF process to date and highlighted the need to finance an integrated package of services as well as strengthen core health system functions. A harmonized partner platform will support the financing of a package of RMNCAH services. A special emphasis will be on family planning and nutrition. The Minister noted his satisfaction with the partner engagement on the country platform and the opportunities for complementary financing of the investment case emerging. The budget and monitoring and evaluation framework are still under development. The government is committed to increasing the budget for health. Major gains can also be made in improved budget execution.

The session on **complementary financing** (GFF/IG3/4) included presentations from USAID, JICA, Gavi and The Global Fund. USAID and JICA presented significant progress on the in country bilateral financing to the investment case, including through country-specific trust funds and technical collaboration. The Global Fund highlighted the synergies in the cooperation with GFF and the joint engagement in various GFF countries. More opportunities exist going forward during the development of new applications in 2017. GAVI collaboration has progressed well in Cameroon and DRC. Several challenges will need to be addressed to improve inclusion of immunization in the Investment Case and to better align the HSS grant and GFF process timelines.

The Investors Group endorsed the approach presented by the Secretariat on **results measurement** (GFF/IG3/5) which builds on the "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)" released by WHO. The paper outlined core and recommended indicators for countries to include in their Investment Cases and Health Financing strategies. They also endorsed the proposed bottom-up approach to building capacity on results measurement, centered around each country conducting a rapid assessment of its M&E plans and capacities, which would be the basis of identifying necessary investments in strengthening country systems. The Secretariat will prepare guidance for countries on this endorsed approach to results measurement for the GFF.

The **Commodities** Task Team (GFF/IG3/6) reported on the initial assessment of potential GFF engagement globally on RMNCAH commodities. The IG provided the guidance that the comparative advantage of the GFF is on country level. The recommendation was made for a mapping of the commodities needs and investments in the current

Investment Cases to look for commonalities. This bottom-up process will help the GFF define the most useful niche.

The criteria for the **expansion** of the GFF to additional countries were discussed and agreed with some modifications. It was noted that there might be funding to expand to a few countries in the near future which will be more clear by the end of August 2016. The GFF will also reach out to all eligible countries currently not receiving financing to provide an update and outline the process for expansion if and when funding is available. The High Level Advocacy Report on the GFF coordinated by Norway will be launched at the UN General Assembly event for *Every Woman, Every Child*, which is another opportunity to inform countries about the GFF progress.

All documents are available at <http://globalfinancingfacility.org/third-investors-group-meeting>.

APPROVAL OF AGENDA

The GFF Investors Group held its third meeting 23 and 24 June 2016 in Geneva, Switzerland. The Meeting Agenda (Annex 2) and Attendance List (Annex 3) are attached, as well as a follow-up table (Annex 1). The Chair welcomed all participants, including new members, and noted with appreciation the presence of several Ministers of Health and country representatives. He also welcomed the presence of the newly appointed Director of the GFF, Dr. Mariam Claeson and looked forward to her commencing her assignment with the GFF on 1 October 2016. He thanked the GFF task teams who have given their time and advice to shape the input for the meeting, as well as the representatives who had participated in the consultation on results measurement which gave invaluable feedback and guidance to the Secretariat. In introducing the agenda, he explained that the governance item had been replaced with a discussion on the expansion of the GFF to more countries. The governance issue will be picked up at the next meeting. The Agenda (GFF-IG3-1) was approved.

PORTFOLIO UPDATE

Dr. Monique Vledder, Program Manager GFF, presented a **Portfolio Update (GFF/IG3/2)** describing the progress of the current Global Financing Facility portfolio, which included the latest information of the Investment Cases (IC) and status of the preparation for the health financing strategy (HFS) for the 11 countries currently engaged with GFF. The following was presented (*GF/IG3/2 PPT*):

- Investment cases have been finalized in Ethiopia, Kenya and Tanzania;
- IC's are nearly finalized in Cameroon, DRC, Liberia, Uganda;
- Bangladesh has an existing health financing strategy in place while drafts of the HFS are in the process of being finalized in Ethiopia, Kenya, Mozambique, Uganda;
- IDA and GFF Trust Fund funding has been approved in Cameroon, DRC (CRVS), Kenya, Nigeria (emergency support to northeastern states), Tanzania;
- Guidelines to assist countries are under preparation including on:
 - Investment Cases: working draft released in February, to be revised in July;
 - Health financing: to be released in August;
 - Country platform: to be released in August;
 - Strengthening data systems: to be released in July.

Additional country updates were given by the country representatives who noted that the Investment Cases had been built on existing country strategies and processes, and that the methodology reinforced strong country leadership. They noted that the GFF process had provided the opportunity to better align partners around key priorities, and to bridge funding gaps. The GFF approach also created space for priorities such as family planning and nutrition to be specifically highlighted, even as the process was proving very beneficial to the broader health systems strengthening efforts in countries. The GFF has also encouraged better cooperation with the private sector which has resulted in a more coherent input from the private sector with the potential to greatly benefit the health system.

The Investors Group expressed satisfaction at the country interventions which clearly showed the progress and that this was a country-led, country owned process where governments are investing domestic resources and ensuring alignment of the external financing. There was discussion on how the GFF can ensure that there is also investment in the “thrive” agenda with suggestions for interventions that could ensure children reach their full

potential. There were questions on best practice timelines for IC finalization and for IDA and GFF trust fund approvals. The Secretariat noted that there had been timing challenges in the early examples but that going forward it would be a priority to fit the GFF process into ongoing cycles.

COUNTRY FOCUS: DEMOCRATIC REPUBLIC OF CONGO

The Honorable Dr. Felix Kabange, Minister of Health for the **Democratic Republic of Congo (GFF/IG3/3 PPT)**, presented an in-depth look at the GFF process in the country. He noted that the GFF process had been extremely helpful in convening partners around common objectives and aligned financing, which in some ways was even more valuable than the additional funding that had been made available. He thanked the many partners who had been involved in the process. His presentation noted that great progress has been made in building a harmonized partner platform to support a package of RMNCAH interventions and emphasized that co-financing has increased from the Government. The IC has prioritized two high impact interventions: an integrated healthcare package for maternal, neonatal, adolescent health with a focus on family planning and nutrition, and water and sanitation. He explained that a monitoring and evaluation framework, and a budget were being developed. He noted the challenge was in budget execution, so the focus will be on efficiency and effectiveness in implementation of the budget allocations.

The Investors Group congratulated the Minister on the in-country process and on the informative presentation. They welcomed the multi-sectoral and systems strengthening approach and expressed their support for interventions that would address the need for a more harmonized approach to addressing the human resources for health challenge.

The Chair thanked the Minister for the candid presentation and very interesting discussion.

FINANCING FOR RMNCAH: COMPLEMENTARY FINANCING

For the agenda item regarding **Financing for RMNCAH (GFF/IG3/4)**, some key partners of the GFF presented their experiences involving complementary financing for RMNCAH activities. The following four representatives presented:

- Dr. Ariel Pablos-Mendez, Assistant Administrator for Global Health from USAID;
- Mr. Ikuo Takizawa, Deputy Director General, Human Development Department, JICA;
- Ms. Hind Khatib-Othman, Managing Director of Programmes, Gavi, the Vaccine Alliance; and
- Dr. Viviana Mangiaterra, Senior Technical Coordinator for Maternal, Newborn and Child Health and Health Systems Strengthening from the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Both USAID and JICA described the progress achieved in bilateral funding alignment in country. They noted the value of their global and local engagement which gave them the opportunity to influence GFF policy making as well as being engaged in implementation in the national context. The Global Fund to Fight AIDS, Tuberculosis and Malaria pointed out the synergy they saw in the cooperation with the GFF since investments to improve RMNCAH are important for universal health coverage and a priority in the Global Fund's new strategy. They noted the additional opportunities to participate during the development of RMNCAH Investment Cases and financing strategies, and to share information regarding current investments. They could also, at the request of countries, support co-financing of RMNCAH and integrated service delivery through reprogramming of existing grants, and during the development of new applications in 2017. Gavi emphasized the strong collaboration in DRC and noted

that it was essential to explicitly include immunization in Investment Cases for Gavi to be able to consider funding, this would mean addressing the challenges, including difficulties in aligning priorities when driven by different data (RMNCAH vs EPI). The leadership of the government and the role of the Country Platform were seen by all as very valuable to ensuring a coherent approach in country.

The Investors Group welcomed the discussion and encouraged the greater collaboration both through bilateral funding and with other financing institutions. Clearly countries benefitted from this more harmonized approach and any obstacles should be addressed as a matter of priority. The GFF should make the most of the opportunities of the Global Fund's new funding model and Gavi's new financing architecture to facilitate a more coherent approach in country, noting that this is complex.

The Chair concluded the discussion by highlighting a number of themes. There is definitely potential for the GFF to drive greater harmonization, alignment, and simplification. More work is needed to address some of the early challenges that are emerging and thereby fully realize the potential of the Investment Case as a vehicle for coordination and more broadly for the GFF to drive systemic change.

RESULTS MEASUREMENT

For the agenda item on **Results Measurement (GFF/IG3/5)**, the Chair introduced Dr. Flavia Bustreo, Assistant Director-General, WHO to present an overview of the recently-released "Indicator and Monitoring Framework for the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)", which was developed through a process led by the WHO. She noted that financing will be a component of the Global Strategy Progress report planned for April 2017 and that the GFF has a key role, with the World Bank and WHO, in the analysis of financing and also other aspects of Global Strategy implementation.

Following this presentation, Toby Kasper, GFF Secretariat, presented the GFF's approach to results measurement. A draft of the paper had been circulated and discussed in a consultation with Investors Group representatives prior to the meeting. The results agenda is an important part of the alignment and harmonization agenda; the GFF waited until the Global Strategy process was complete so that the GFF results measurement could be aligned with it and the approach is an effort to ensure close correspondence with the overall reporting process for the SDGs. He noted the proposal was on a key element of the broader results agenda: core and recommended indicators for countries to include in their Investment Cases. The paper also proposed a bottom-up approach to building capacity on results measurement, centered around each country conducting a rapid assessment of its M&E plans and capacities, which would be the basis of identifying necessary investments in strengthening systems. The approach set out in the paper is aligned with, but not synonymous with, the results framework for the GFF Trust Fund, or the question of a global accountability framework for the GFF.

The IG suggested that this was excellent initial guidance but it needed to evolve to address additional elements such as the 'thrive' agenda, other financial (e.g. budget execution) and equity (e.g. more specificity in data disaggregation) indicators, and indicators on innovation. Country representatives warned of the impact of introducing too many new indicators. It was suggested that operational research elements should be included to improve quality of care, potentially as multi-stakeholder initiatives. A number of members suggested that the Health Data Collaborative could be helpful in operationalizing the SDG monitoring for all stakeholders. WHO confirmed that their work is embedded with the Health Data Collaborative, and they are looking at all indicators, including those that measure the social determinants of health. Attention needs to be given on how to use qualitative approaches to assess issues such as tracking complementary financing, CSO and private sector

engagement and the effectiveness of the country platform. They also noted the need to reflect further on how to measure improvements in CRVS.

The Chair noted that the approach would need to continue to evolve over time. He also noted that the GFF should focus on its comparative value, and in particular tracking financing, and build on the work already being done by the Health Data Collaborative, WHO and PMNCH and not reinvent anything. **The Investors Group endorsed the approach set out in the paper and agreed the next step is to prepare a guidance note for countries.**

GLOBAL PUBLIC GOODS: COMMODITIES

At the request of the Investors Group a small task team of technical experts was convened prior to the IG Meeting to discuss activities for a potential GFF role in improving access to RMNCAH commodities. The work for the **Global Public Goods: Commodities (GFF/IG3/6)** Task Team was introduced by Ariel Pablos-Mendez of USAID on behalf of Jennifer Adams who chaired the Task Team and was unable to attend the meeting. Dr. Pablos-Mendez noted the importance of defining how the GFF can add value in this area given the many partners, including USAID, were involved in addressing the issues of procurement of commodities, supply chain and market shaping amongst others. He offered a secondment from USAID to the Secretariat if the IG decided to pursue additional work in this area.

The consultant to the task team, Dr. Prashant Yadav, presented the task team's recommendations. The Investors Group was asked to provide overall guidance and direction on the role of the GFF in RMNCAH commodities access. The IG welcomed the work of the Task Team and noted the importance of commodities for successfully meeting the SDG targets on RMNCAH. However, some of them questioned the need for the GFF continue to work on this area given the broad range of actors already involved. IG members stated that the GFF should look at what others are doing so as not to duplicate effort, and supported additional mapping/landscaping of activities and actors by the task team to define the right niche for GFF engagement. There was broad agreement that the comparative advantage of the GFF is at the country level where the partners convened around the Investment Case and it is there that the needs should be defined and that is the appropriate level of engagement for the GFF. Therefore the best approach for GFF engagement in the commodity space would come from mapping the commodity access challenges that are highlighted in Investment Cases across multiple countries. There may also be value in exploring greater collaboration with GAVI, Global Fund, and UNITAID in particular to explore to what extent the Global Fund's WAMBO.org model could be utilized for RMNCAH commodities. It was also noted that the membership of the task team needed to be revisited to ensure it properly represented the IG members. In addition, the need for representation from CSO and private sector was highlighted.

The Chair thanked the task team for their work and especially the landscape mapping which he requested them to complete; he noted the clear guidance of the IG that the GFF must not duplicate the work of others. **The IG requested that the task team work with the Secretariat to analyze the Investment Cases to date to assess the current focus on commodities and supply chain. This "bottom-up process" will help the GFF assess country needs and define the most useful niche. The review should look at what the needs/bottlenecks are in IC's around commodity access (procurement at both national and sub-national level, pricing, regulatory capacity, quality, financial flows) and look for commonalities across countries. The task team will continue with this work and report at the Fourth IG meeting in November.**

APPROACH TO GFF EXPANSION

The criteria for the **expansion** of the GFF to additional countries were presented and the IG members provided several suggestions:

- The wording of the private sector criterion needs to go beyond the availability of private financing and to include the use of private sector skills and ability to innovate;
- The country leadership and the willingness to involve all stakeholders in the GFF process needs to be reflected in the process;
- Supporting innovative financing mechanisms is an important element of the learning agenda of the GFF;
- It is important to prioritize financing of countries that face significant funding gaps in comparison to the needs.

The criteria for the expansion of the GFF to additional countries were discussed and agreed with slight modifications:

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

It was noted that there might be funding to expand to a few countries in the near future which will be more clear by the end of August 2016. The Chair confirmed that funding allocations decisions are made by the Trust Fund Committee, which is composed of the donors to the trust fund. He will also reach out to all eligible countries currently not receiving financing to provide an update and outline the process for expansion if and when funding is available. The High Level Advocacy Report on the GFF coordinated by Norway will be launched at the UN General Assembly event for *Every Woman, Every Child*, which is another opportunity to inform countries about the GFF progress.

CLOSING SESSION

The Chair thanked the Investors Group for a very productive discussion and reminded the members that the Fourth Investors Group Meeting would take place from 2-4 November 2016 in Tanzania after the FP2020 Reference Group meeting. He then closed the meeting. The follow-up actions from the Investors Group are outlined in Annex 1.

ANNEX 1: FOLLOW-UP ACTIONS

Issue	Meeting	Action/Deliverable	Timeline	Responsible	Progress
Financing RMNCAH	IG3	Complementary Financing: proposal on how progress will be tracked by the GFF	Upcoming IG	Secretariat	
Country Updates	IG3	Information requested on timelines for IC finalization, IDA and Board dates	IG4	Secretariat	Define planning process and milestones with average dates for delivery of IC, Board approval and steps to be completed
Facility/Expansion to new countries	IG3	Decision on any additional countries Outreach to countries	By September 2016 By IG4	TFC Chair/ Secretariat	Message to countries prepared and distribution underway
Governance	IG2	Procedures for operationalization of governance developed based on experience in similar models	IG 4	Secretariat drawing on partner experience	Postponed to IG4. Secretariat to prepare discussion document for IG consultation Q3 2016
Results measurement	IG3	Proposed financing indicators approved and should be shared with countries	August 2016	Country guidance to be developed	
Commodities	IG3	Complete landscape mapping of with the TT Map commodities issues in Investment Cases Review TT membership	IG4 IG4 Immediate	Secretariat and TT Secretariat Secretariat	

ANNEX 2: AGENDA

Objectives of the Meeting:

- Update IG on portfolio and detailed review of progress in one country;
- Financiers to present on complementary financing to the IG;
- Decide on results framework of the GFF;
- Decide on agenda for the GFF on Commodities;
- Discussion on proposals for Facility countries.

Time	Agenda Item	Objective	Presenter	Action
Thursday 23 June Evening				
6.30 – 8.30pm	Working Dinner: Bleriot Room			
7.00pm	Portfolio update (GFF-IG3-2)	Update the Investors Group on progress	Presentation from the GFF Secretariat	<u>For discussion</u>
Friday 24 June Lindbergh Room				
8:30-9.00 am	Opening: - Review of the Agenda (GFF-IG3-1) - Chair's Overview	Agree on agenda	Chair	
9.00-10.15am	Country Focus: Democratic Republic of Congo (GFF-IG3-3 PPT)	Share experience of the DRC	Government of the DRC representative	<u>For discussion</u>
10:15-11.15am	Financing for RMNCAH: complementary financing (GFF-IG3-4)	Sharing of initial experiences from financiers	Presentations from USAID, JICA, Gavi, Global Fund	<u>For discussion</u>
11.15-11.30am	BREAK			
11.30 – 1.00pm	The GFF results agenda - key indicators and reporting (GFF-IG3-5)	Discuss GFF core indicators and results reporting	Presentation from the GFF Secretariat	<u>For decision</u>
1.00 – 1.45 pm	LUNCH	Room: Dassault/Garros		
1.45 – 3.00 pm	Global Public Goods: Commodities (GFF-IG3-6)	Discuss Task Team report and decide on actions for the GFF	Presentation from Task Team Chair	<u>For decision</u>
3.00-3:15 pm	BREAK			
3.15 – 4.15 pm	Approach to Facility Countries - Follow-up to IG2	Update on letter to countries	Chair	<u>For Information</u>
4.15 – 4.30	Chair's Summary and Closure	Conclude meeting	Chair	

ANNEX 3: ATTENDANCE LIST

COUNTRY REPRESENTATIVES

Canada

Member		Alternate	
Name:	Ms. Sarah Fountain-Smith	Name:	Mr. Andrew Dawe
Country:	Canada	Country:	Canada
Attending IG3			
Member:	Ms. Sarah Fountain-Smith		
Alternate:	Mr. Andrew Dawe		

Democratic Republic of Congo

Member		Alternate	
Name:	H.E. Dr. Felix Kabange	Name:	Mr. Rafael Nunga
Attending IG3			
Member:	H.E. Dr. Felix Kabange		
Alternate:	Mr. Rafael Nunga		

Ethiopia

Member		Alternate	
Name:	H.E. Dr. Kesete-birhan Admasu	Name:	
Attending IG3			
Member:	H.E. Dr. Kesete-birhan Admasu		

Japan

Member		Alternate	
Name:	Ms. Kae Yanagisawa	Name:	Mr. Ikuo Takizawa
Attending IG3			
Alternate:	Mr. Ikuo Takizawa		
Observer:	Mr. Tatsuhito Tokuboshi		

Kenya

Member		Alternate	
Name:	Dr. Ruth Kagia	Name:	
Attending IG3			
Member:	Dr. Ruth Kagia		

Liberia

Member		Alternate	
Name:	H.E. Dr. Bernice Dahn	Name:	Ms. Yah Zolia
Attending IG3			
Alternate:	Ms. Yah Zolia		

Norway

Member		Alternate	
Name:	Dr. Tore Godal	Name:	Ms. Ase Bjerke
Attending IG3			
Member:	Dr. Tore Godal		
Alternate:	Ms. Ase Bjerke		
Observer:	Mr. Ingvar Olsen		

Senegal

Member		Alternate	
Name:	H.E. Awa Marie Coll-Seck	Name:	Dr. Bocar Mamadou Daff
Attending IG3			
Alternate:	Dr. Bocar Mamadou Daff		

United Kingdom

Member		Alternate	
Name:	Ms. Claire Moran	Name:	Dr. Meena Gandhi
Attending IG3			
Member:	Ms. Claire Moran		
Alternate:	Dr. Meena Gandhi		

USA

Member		Alternate	
Name:	Dr. Ariel Pablos-Mendez	Name:	Dr. Jennifer Adams
Attending IG3			
Member:	Dr. Ariel Pablos-Mendez		

INTERNATIONAL ORGANIZATIONS

GAVI

Member		Alternate	
Name:	Ms. Anuradha Gupta	Name:	Ms. Hind Khatib-Othman
Attending IG3			
Member:	Ms. Anuradha Gupta		
Alternate:	Ms. Hind Khatib-Othman		
Observer: <i>June 23 only</i>	Ms. Jonna Jeurlink		

THE GLOBAL FUND TO FIGHT AIDS, TUBERCULOSIS AND MALARIA

Member		Alternate	
Name:	Dr. Marijke Wijnroks	Name:	Dr. Viviana Mangiaterra
Attending IG3			
Alternate:	Dr. Viviana Mangiaterra		

PRIVATE SECTOR

Member		Alternate	
Name:	Dr. Peter Singer	Name:	Mr. Jan-Willem Scheijrond
Attending IG3			
Member:	Dr. Peter Singer		
Alternate:	Mr. Jan-Willem Scheijrond		

Member		Alternate	
Name:	Mr. Bob Collymore	Name:	

FOUNDATION

THE BILL AND MELINDA GATES FOUNDATION

Member		Alternate	
Name:	Dr. Chris Elias	Name:	Dr. Mariam Claeson
Attending IG3			
Member:	Dr. Chris Elias		
Alternate:	Dr. Mariam Claeson		
Observer:	Ms. Samantha Galvin		

MULTILATERAL ORGANIZATIONS

Office of the UN Secretary General

Member		Alternate	
Name:	Dr. David Nabarro	Name:	Ms. Taona Kuo

PMNCH

Member		Alternate	
Name:	Mrs. Graça Machel	Name:	Dr. Ann Lion
Alternate:	Dr. Ann Lion		
Observer: <i>June 23 only</i>	Dr. Emanuele Capobianco		
Observer:	Ms. Anshu Mohan		
Observer:	Ms. Magda Robert		

UNICEF

Member		Alternate	
Name:	Dr. Stefan Swartling Peterson	Name:	Mr. Ted Chaiban
Attending IG3			
Member:	Dr. Stefan Swartling Peterson		

UNFPA

Member		Alternate	
Name:	Dr. Babatunde Osotimehin	Name:	Dr. Benoit Kalasa
Attending IG3			
Observer:	Dr. Laura Laski		

WORLD BANK

Member		Alternate	
Name:	Dr. Tim Evans	Name:	Dr. Michele Gagnolati
Attending IG3			
Alternate:	Dr. Michele Gagnolati		

WORLD HEALTH ORGANIZATION

Member		Alternate	
Name:	Dr. Flavia Bustreo	Name:	Dr. Anshu Banerjee
Attending IG3			
Member:	Dr. Flavia Bustreo		
Alternate:	Dr. Anshu Banerjee		

CIVIL SOCIETY

WORLD VISION

Member		Alternate	
Name:	Dr. Mesfin Teklu Tessema	Name:	
Attending IG3			
Member:	Dr. Mesfin Teklu Tessema		

RESULTS

Member		Alternate	
Name:	Dr. Joanne Carter	Name:	Dr. Christine Sow
Attending IG3			
Alternate:	Dr. Christine Sow		

OBSERVERS

Germany

Attending IG3	
Name:	Mr. Heiko Warnken
Name:	Mr. Marcus Koll

The Netherlands

Attending IG3	
Name:	Mr. Marco Gerritsen

GFF SECRETARIAT

Name:	Dr. Monique Vledder, Program Manager
Email:	mvledder@worldbank.org
Name:	Dr. Rama Lakshminarayanan
Email:	rlakshminarayana@worldbank.org
Name:	Mr. Toby Kasper
Email:	tobykasper@gmail.com
Name:	Ms. Dianne Stewart
Email:	dstewart4@worldbank.org
Name:	Mr. David Evans
Email:	devans4@worldbank.org
Name:	Dr. Prashant Yadav
Email:	yadavp@umich.edu
Name:	Ms. Petra Vergeer
Email:	Pvergeer@worldbank.org
Name:	Ms. Aissa Socorro
Email:	asocorro@worldbank.org

TECHNICAL EXPERTS

Name:	Ms. Trina Haque
Name:	Ms. Hadia Samaha



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