

PORTFOLIO UPDATE

OVERVIEW

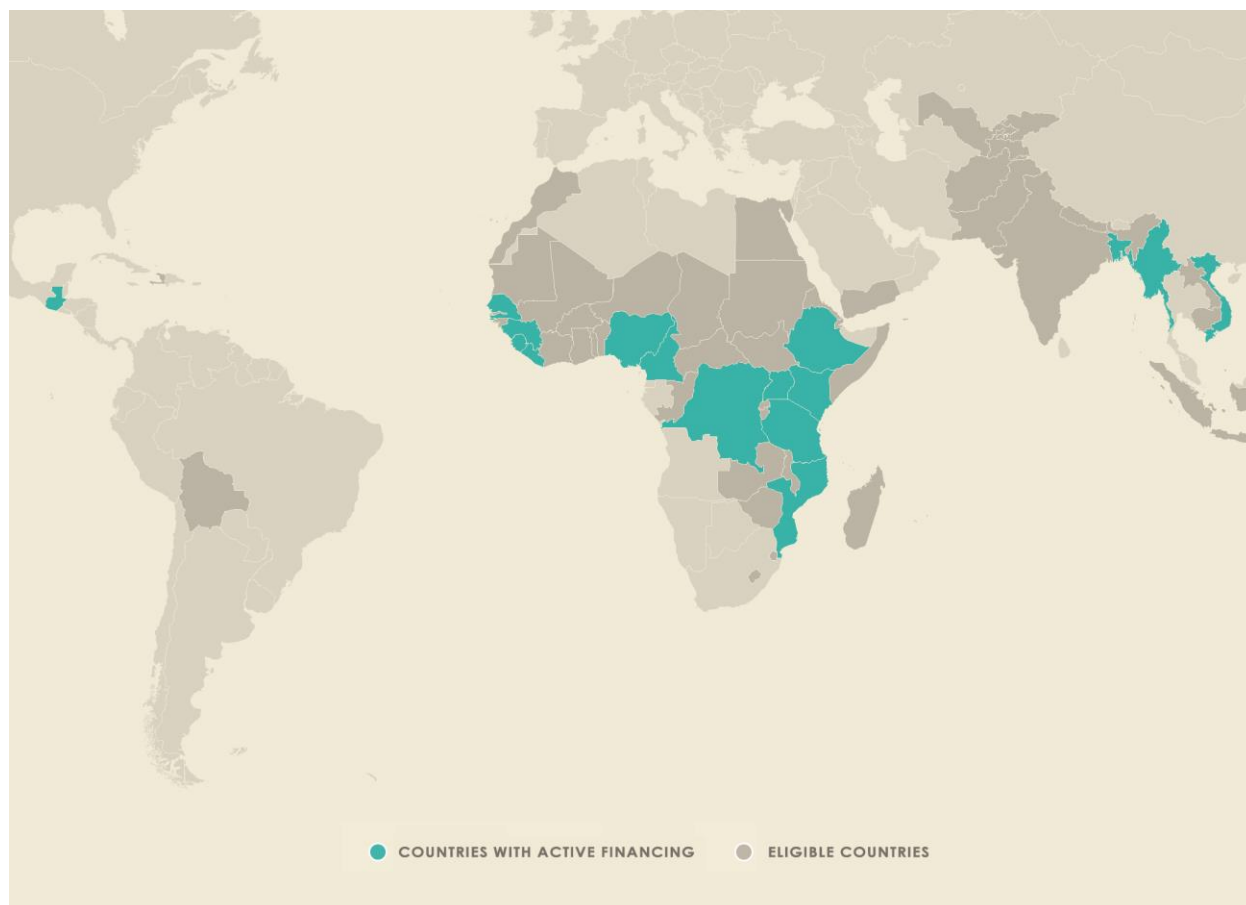
This paper gives an update on the current Global Financing Facility (GFF) portfolio, including the latest information on Investment Cases and health financing strategies.

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, to 16³ when the High Level Leaders' Report was launched in September 2016. Collectively, these countries shoulder a large proportion of the 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.



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

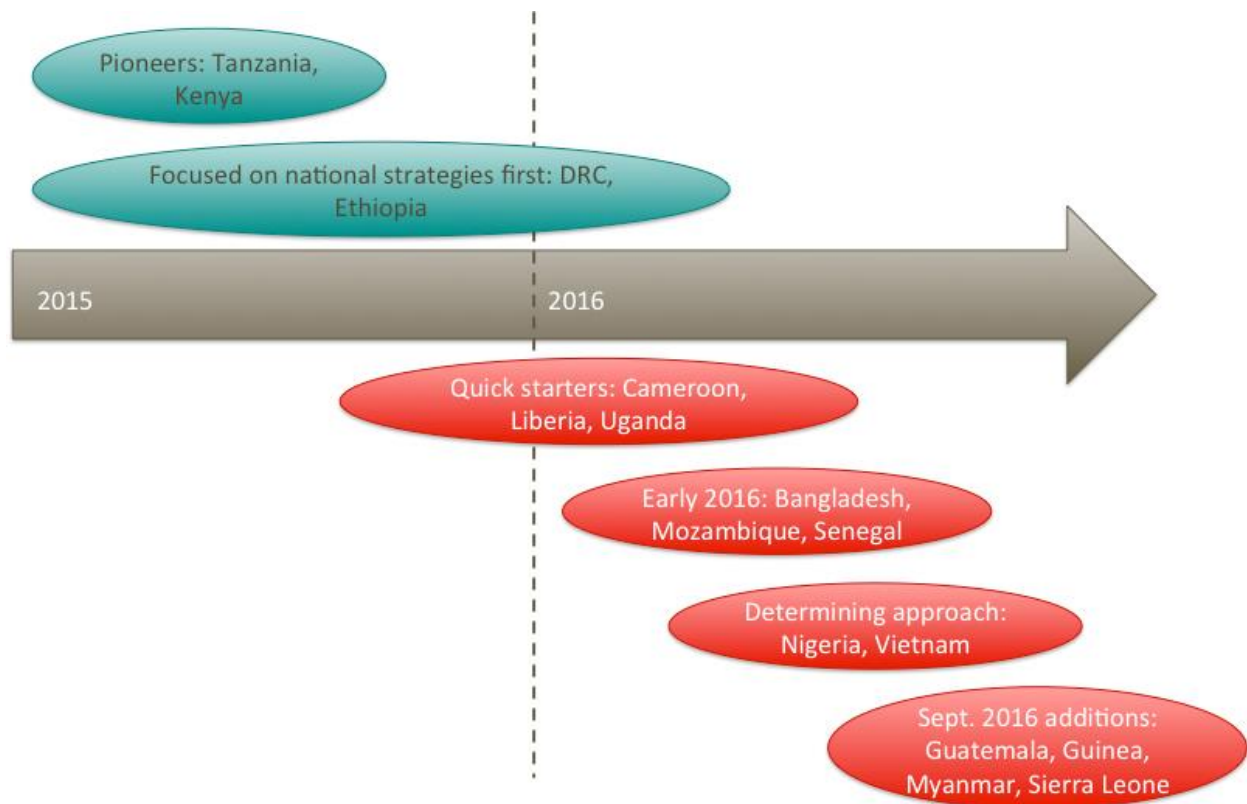
² Bangladesh, Cameroon, Liberia, Mozambique, Nigeria, Senegal, Uganda and Vietnam.

³ The next countries are Guatemala, Guinea, Myanmar, and Sierra Leone

STATE OF THE PORTFOLIO

The GFF process is nationally led: countries adopt different approaches based on existing national planning cycles and other national processes. As a result, progress is country specific, particularly with regard to the development of their Investment Cases and health financing strategies.

The figure below clusters countries into several groups, as they have emerged.



Details for active GFF countries are provided below.

BANGLADESH

The Government of Bangladesh officially launched its GFF engagement in January 2016 with key partners including Canada, JICA, USAID, WHO, the World Bank, civil society, and the private sector.

- **Country Platform:** Bangladesh is building the GFF process on strong existing partnerships and coordination mechanisms. It also benefits from strong and growing civil society engagement. The government is currently working with a diverse group of over 20 different stakeholders to plan for the Fourth Health Sector Program. It recently organized technical discussions with partners in September 2016.

- **Investment Case:**

- **Highlights:** Bangladesh investment priorities for progressing on the SDGs are outlined in the Sector Investment Plan (2016-2021), which provides a strong strategic vision as well as a focus on reproductive, newborn, child and adolescent health outcomes, and emphasizes equity, efficiency, and quality. Discussions pertaining to the development of the Fourth Health Sector Program are ongoing, with a particular focus on strengthening governance and stewardship as well as health systems and the provision of quality health services. In addition, innovative solutions, including multisectoral approaches to adolescent health and the climate change/health nexus, continue to be explored.
- **Complementary Financing:** In the context of the fourth sector program, the Government aims to mobilize US\$10 billion for 2017-2020, with US\$9 billion from domestic sources and an additional US\$1 billion from external sources/partners. Currently, World Bank/GFF Trust Fund financing arrangements are being finalized, with a likely US\$150 million from IDA and a likely US\$20-30 million grant from the GFF Trust Fund. Moreover, a number of bilateral and multilateral partners will pool finances with the Bank or support the sector program with aligned parallel and project support. The sector program is scheduled to be finalized and approved by February 2017.

- **Health Financing Strategy:** Bangladesh has an existing Health Financing Strategy (2012) and a key challenge is improving domestic resource allocations for the health sector as the country graduates to being a middle income country by 2021. While much progress had been made in improving health outcomes, Bangladesh is one of the countries with the lowest share of government budget going to health. In the last Bangladesh Development Forum, the government expressed its commitment to ramping up domestic resource for the social sectors.

CAMEROON

Since its launch in October 2015, the GFF process has progressed rapidly in Cameroon.

- **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:** A complete draft of the Investment Case has been finalized; it is currently being used to inform consultations with financiers. Building on extensive analytical work, the Investment Case prioritizes disadvantaged regions (three in the north and one in the east) and key maternal, neonatal and adolescent health issues, nutrition, and CRVS-related issues. It also includes several innovative approaches, including a cash transfer component targeting adolescent girls in the north of the country and a development impact bond that leverages private financing to incentivize kangaroo mother care. The Investment Case is expected to be finalized in October 2016.

- **Complementary Financing:** 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) were approved in May 2016 by the World Bank’s Board of Executive Directors. Although the Investment Case was not finalized at the time of the project approval, it drew from the discussions and analytical work carried out in preparation for the Investment Case. It also reserved some financing for priorities emerging from the Investment Case.
- **Health Financing Strategy:** The development of a health financing strategy in Cameroon is a relatively lengthier and more challenging process as Cameroon has never had a health financing strategy. To inform the development of this strategy, studies on fiscal space, public financial management, and on the political economy have been carried out and completed. Other analytical work is still ongoing, and the process is closely linked to the discussions underway on the financing of universal health coverage. The strategy is expected to be finalized by December 2017.

DEMOCRATIC REPUBLIC OF CONGO (DRC)

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

- **Country Platform:** The country’s well-established multi-stakeholder platform with strong participation from the government, financial and technical partners such as Canada, UNFPA, UNICEF, USAID, WHO, the Gates Foundation, as well as from NGOs, and the private sector constitutes the basis of DRC’s in-country and government-led coordination for the GFF.
- **Investment Case:**
 - **Highlights:** A complete draft of the Investment Case is being finalized. The Investment Case 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. Presented to the Minister of Health and Provincial Health Divisions at the end of September 2016, the key priorities of the Investment Case have been validated. The next step is a more detailed budget and resource mapping exercise at provincial level to enable implementation.
 - **Complementary Financing:** 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. In addition, 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 (to be presented to the Board in February 2017). The second, approved by the Board of Executive Directors in March 2016, is IDA financing of US\$30 million for human development information systems strengthening of which US\$10 million is focused on civil registration and vital statistics (CRVS) and will be linked to US\$10 million from the GFF Trust Fund for CRVS. Both the Global Fund and the US Government are financing trust funds based at the World Bank on RMNCAH.

- **Health Financing Strategy:** The government is leading the development of a health financing strategy for UHC with support from the World Bank and WHO. The Ministry of Health is organizing a health financing workshop in mid-October to finalize the first draft of the strategy with support from the World Bank/GFF and WHO.

ETHIOPIA

One of the four GFF frontrunner countries, Ethiopia focused primarily on the development of its Health Sector Transformation Plan (HSTP), which was finalized in late 2015. The HSTP is the overarching policy document that guides both the Investment Case and the health financing strategy. A Joint Assessment of the National Strategy (JANS) review was used for the quality assurance of the HSTP.

- **Country Platform:**

Ethiopia has strong existing systems for partner coordination led by the government. The Joint Consultative Forum (JCF), led by the Minister and co-chaired with HPN Partner, is the platform for higher level dialogue and sharing information. The Joint Core Coordination Committee (JCCC) is the technical arm of the JCF and is the chosen country platform mechanism leading technical discussions around the HSTP and the GFF. In addition, H6 partners and SDG Performance Fund partners are also active in all RMNCAH-related discussions.
- **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 and WASH. 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. The country also recognizes the importance of strengthening CRVS as part of its efforts to monitor progress and improve RMNCAH outcomes.
 - **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, Gates Foundation, 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\$150 million. The additional financing, will also include support from the GFF Trust Fund (possibly around \$60 million). The concept memo to launch World Bank program preparation was approved by World Bank management in September 2016. Its appraisal is planned for December 2016, and final Board approval is planned for February 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 Gates Foundation, USAID, DfID, EU, etc., have been supporting the health care financing agenda and the plans for expansion of both types of insurance schemes have been discussed with experts. USAID and Gates are providing trust fund resources to the Bank (about \$10 million and \$3 million respectively) to support technical assistance and national capacity building in the area of health financing.

KENYA

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

- **Country Platform:** The government of Kenya is driving an inclusive coordination platform, involving a wide array of stakeholders including national and county governments, faith-based and civil society organizations, professional associations, the private sector (for-profit and not-for-profit), development partners and financiers for the development of the Investment Case and the health financing strategy. Technical assistance was provided by DfID, JICA, UNAIDS, UNFPA, UNICEF, UN Women, USAID, WHO and the World Bank. Elaboration of the health financing strategy is underway through the support of the 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 approved. It is available online at: http://globalfinancingfacility.org/sites/gff_new/files/documents/Kenya%20RMNCAH%20Investment%20Framework_March%202016.pdf. To align the national RMNCAH Investment Framework with the Kenyan devolved health system, counties are now developing county annual work plans focused on evidence-based, prioritized, and locally-relevant solutions.
 - **Intended results (by 2020):**
 - Maternal mortality ratio from 362/100,000 to 297/100,000;
 - Under five mortality rate from 52/1,000 to 42.1/1,000;
 - Total fertility rate from 3.9 to 3.3;
 - Teenage birth rate from 18% to 11%.
 - **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 was approved in June 2016; it is linked to a GFF Trust Fund grant of US\$40 million. Discussions are underway between the World Bank, DfID, and USAID around

the best modalities to finance technical assistance to priority counties and to the national government to support implementation of the RMNCAH Investment Framework. This will be paired with results-focused financing, providing an opportunity to further improve the quality of implementation.

- **Health Financing Strategy:** A draft health financing strategy has recently been completed and is currently being reviewed. The strategy 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 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:** The Country Platform will have three components: oversight, management and operational, and it uses existing structures. These structures – which currently function primarily at the national level – will be strengthened while being mirrored at the sub-national levels. Operationalization at central level will be through the Health Coordination Committee that meets monthly and is comprised of chairs and secretaries of the technical working groups. These oversight committees will be multi-sectoral ensuring that key line ministries, civil society and private sector are included. Functional technical working groups – service delivery, supply chain, health financing, Human Resources for Health and the community health – will have their TORs reviewed for inclusiveness while operationalizing the M&E, CRVS and communications Technical Working Groups. Oversight functions will be fulfilled by the HSCC during its quarterly meetings.
- **Investment Case:**
 - **Highlights:** A validation workshop for the RMNCAH Investment Case was held in early September for government officials at national and county level, development partners, international NGOs and local CSOs. The workshop benefitted from the active participation of the six prioritized counties and those from multiple sectors, which increased country ownership. The final Investment Case is expected to be finalized in October 2016.
 - **Intended results (by 2021):**
 - Neonatal mortality from 26/1,000 to 19/1000;
 - Infant mortality from 54/1000 to 22/1000;
 - Under five mortality from 94/1000 to 80/1,000;
 - Women 15-19 who have begun childbearing from 31% to 25%.
 - **Complementary Financing:** The MOH spearheaded initial discussions with financiers, led by the Minister of Health and the Deputy Health Minister, to discuss financing and technical assistance following a resource mapping exercise. Discussions are ongoing with development partners, including Gavi, the Global Fund, the US government and the World Bank to align

financing in support of the Investment Case. This support includes a US\$16 million grant from the GFF Trust Fund, linked to an IDA project, which will go to the World Bank Board for approval during the fourth quarter of 2016.

- **Health Financing Strategy:** Liberia already has a health financing policy (National Health Financing Policy and Plan, 2011-2021), the overarching goal of which is to ensure that the health and social welfare services provided to the people of Liberia are affordable to the country while preventing catastrophic household expenditures. The Liberia Health Equity Fund (LHEF) is a strategy that is under development and proposes to support UHC and to address the inequity in the country to improve health outcomes, health outputs, and health inputs for UHC. This is a five year plan (2016-2021) that aims to strengthen revenue generation through improved allocations and coordination and alignment of domestic and international contributions; improved efficiency through pooling of funds and integration of programs; and improved effectiveness through strategic purchasing using performance based financing to strengthen primary health care delivery and an equity based resource allocation formula. A pilot test for a Revolving Drug Fund (RDF) has also been proposed to ensure sustainable and predictable financing for essential drugs for primary health care. Liberia is progressing with the IHP+ process it embarked on earlier in the year.

MOZAMBIQUE

While still at the earlier stages of the GFF process, Mozambique has made a great deal of progress. 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. The debt situation, and the already sluggish economic growth, means that Mozambique is currently facing a very challenging economic environment and is under significant pressure to further consolidate the state of public finances to maintain macroeconomic stability. The Government has indicated that spending on critical social programs will be preserved.¹ As of now, there are no indications that the current debt crisis will affect the GFF Trust Fund grant allocation. The Secretariat is monitoring this situation closely.

- **Country Platform:** Mozambique's country platform builds on coordination mechanisms existing under the Sector-Wide Approach. The GFF process is driven by a Task Force established by the Ministry of Health and led by the Director of Public Health.
- **Investment Case:**
 - **Highlights:** A roadmap for the GFF process in Mozambique was endorsed by all partners in the May/June. The development of the Investment Case is currently being spearheaded by the MOH, with the technical support of key development partners. The situational analysis of the IC has been drafted and the work is currently focusing on the identification of priorities.
 - **Complementary Financing:** All key partners are actively engaged in the GFF process, with many health partners expressing interest in financing the Investment Case. A concept note for an IDA/GFF Trust Fund project – with US\$150 million IDA financing and a US\$25 million GFF Trust Fund grant – will be developed in support of the prioritized Investment Case. In the

current macroeconomic environment, the GFF presents an opportunity to strengthen the links between expenditures and results, and to strengthen public financial management.

- **Health Financing Strategy:** The MOH, in collaboration with partners, developed a first draft of a health financing strategy. The GFF process will contribute to strengthen this draft document. A revised version is expected to be ready by the first quarter of 2016. Additional technical assistance will be provided to further develop the health financing strategy, hold high level consultations with Ministry of Economy and Finance and the Ministry of Health and support the implementation of key reforms outlined in the strategy.

NIGERIA

Nigeria is moving forward on its engagement with the GFF. The approach and scope of the Investment Case, however, still need to be determined – particularly given the size of the country, its federal system and the fact that domestic financing forms a significant part of 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, and it will play a significant role in the process.
- **Investment Case:**
 - **Highlights:** The FMOH is leading the development of the Investment Case, which will be integrated into the development of the Nigeria National Strategic Development Plan II (NSHDP II). The Nigeria GFF country platform organized a consultative workshop (9/28-29), the first in a series of iterative consultative meetings, which will lead to developing the Nigeria GFF RMNCAH investment case. This recent meeting took advantage of the UNFPA ED and the DfID Permanent Secretary's visit to Abuja. The Government of Nigeria plans to complete the development of the Investment Case according to an accelerated timetable, ideally before the end of the calendar year. The team is discussing the possibility of a GFF mission to Abuja in the second week of November 2016 in support of the accelerated process for the IC and HFS.
 - **Complementary Financing:** As Nigeria is still at the early stages of the GFF process, the definition of its complementary financing approach is ongoing. The World Bank provided considerable financing (US\$500 million) to support the Saving One Million Lives initiative. In addition, at the request of the Government of Nigeria, a rapid deployment of US\$20 million GFF Trust Fund resources was made to the World Bank investment (US\$125m IDA) for five conflict-affected States in northern Nigeria. 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 (NHAct). The NHAct mobilizes domestic resources through the Basic Healthcare Provision Fund of the National Health Act (BHCPF); at the

last National Council on Health meeting in September, the guidelines for the BHCPF were approved. It emphasizes a benefits package which focuses on mothers and children with a results focus that harnesses the potential for small scale private providers to deliver services. .

SENEGAL

Although still at the early stages of the GFF process, Senegal has moved ahead following a launch event which brought the government, partners, and civil society together in February 2016. An early June mission worked with 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 builds on existing coordination structures, with an RNMDAH platform created at the end of April. In addition, 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, which are currently being updated. These include an emergency plan on Maternal, newborn, Child and Adolescent Health; a nutrition strategy and an integrated child health strategy. A workshop took place in Dakar in October with key stakeholders to launch the work on the investment case and provide any clarifications related to the process. During the workshop the inclusion of the private sector in the health system was discussed at length and development partners welcomed the development of the investment case.
 - **Complementary Financing:** Some partners, including Gavi, the Global Fund, JICA, UNICEF, USAID, WHO and the World Bank have been involved from the onset. It is however too early to determine the full scope of complementary financing. World Bank/GFF Trust Fund financing are being finalized and will likely include a US\$15 million allocation from the GFF Trust Fund.
- **Health Financing Strategy:** The health financing strategy will integrate the universal health insurance program (Couverture Maladie Universelle) which is currently under development. A large workshop to discuss the development of the Health Financing Strategy was held in October and the work of developing the strategy has now started.

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 has been revised and a CRVS investment case is being prepared. A UNICEF/Canada pilot focusing on birth registration (only) was rolled out to two additional regions in August 2016.
 - **Intended results (by 2020):**
 - Maternal mortality from 432/100,000 to 292/100,000 live births
 - Neonatal mortality from 21 to 16 per 1,000 live births
 - Infant mortality from 45 to 25 per 1,000 live births
 - Under 5 mortality from 54 to 40 per 1000 live births
 - **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, to which is linked a GFF Trust Fund grant of US\$40 million. This was approved by World Bank Executive Directors in May 2016, and implementation has begun.
- **Health Financing Strategy:** The health financing strategy was drafted with consultations with key stakeholders, starting in 2012. A Social Health Insurance Act that is aligned with the health financing strategy is being drafted. Both the health financing strategy and the Act are expected to be submitted for parliamentary approval by February 2017. The health financing strategy envisages moving to a single payer system. The strategy 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.

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:** Uganda has developed a “Sharpened RMNCAH Plan” as its Investment Case. The document is nearly finalized, but there are challenges because of poorly aligned costing and resource mapping. The current political transition has also slowed the finalization process. 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.
 - **Intended results (by 2020):**
 - Maternal mortality ratio from 360 per 100,000 live births to less than 320 per 100,000 live births;
 - Under 5 mortality rate from 69 per 1,000 live births to less than 51 per 1,000 live births;
 - Infant mortality rate from 54 per 1,000 live births to less than 44 per 1,000 live births;
 - Neonatal mortality rate from 23 per 1,000 live births to less than 16 per 1,000 live births
 - teenage pregnancy rate from 24% to less than 14%.
 - **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. In an interesting example of complementary financing, Merck for Mothers is supporting the design of a public-private solution to decongest Kampala’s health facilities through the GFF, with a workshop on public-private approaches planned in October. An IDA project (US\$110 million) with a linked GFF Trust Fund grant (US\$30 million) prepared based on the draft “Sharpened Plan” was approved by the World Bank’s Board of Executive Directors in July 2016.
- **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.

VIETNAM

The GFF Trust Fund Committee allocated resources to Vietnam as a new GFF country in July 2016. As it transitions to middle income status, the trust fund resources offer a compelling opportunity to support Vietnam to prioritize health funding with a focus on RMNCAH. The US\$15 million allocation from the GFF Trust Fund will support the buy-down of a US\$100 million IBRD loan to more favorable terms.

The funds will be provided upon achievement of defined performance targets to address the continued challenges of reaching all communities, particularly the poor and ethnic minority groups, with maternal and child health services. The IBRD loan will support Vietnam's National Target Program on New Rural Development (NTP-NRD) through a program-for-results instrument, focusing on the most disadvantaged areas in the country. The NTP program has two health indicators (health insurance coverage; achieving benchmarks for the Commune Health System) and potentially an additional one for malnutrition rates. The proposed Board date for the project is in August 2017.

The upcoming transition of Vietnam to middle income status provides a good opportunity to work on the longer term financing agenda. Increasing efficiency in health spending and ensuring that vertical programs, currently often funded by donors, are integrated into the health financing system are two emerging priorities.

The Vietnam GFF model is likely to look different from other countries given the relatively unimportant role that donors are playing in the health sector (total ODA is only 1.4% of the health budget in Vietnam).

NEW COUNTRIES ANNOUNCED AT THE UNITED NATIONS GENERAL ASSEMBLY

The Trust Fund Committee allocated a total of US\$35 million to Guatemala, Guinea, Myanmar and Sierra Leone, having identified these countries as strong learning opportunities as a prelude to a significant scale up.

- In Guatemala, trust fund resources will be used to buy down IBRD financing to more concessional rates to support the expansion of nutrition services.
- Guinea has been identified in the discussions at the second Investors Group as a country in which disproportionately small amounts of financing (domestic and external) is being directed at reproductive, maternal, newborn, child, and adolescent health, so the GFF Trust Fund investment there will seek to ensure adequate and sustainable financing for RMNCAH.
- Myanmar has recently experienced a significant political transition and is grappling with large-scale transformations of its systems, accomplished by a significant influx of new financing, in which setting the GFF can support the government to ensure that these new resources are used in a complementary manner to address the highest-priority issues.
- In Sierra Leone, a strong partnership exists between the government and the H6 organizations, which wrote the GFF Secretariat expressing their desire to participate in the GFF, which lays the foundation for an exciting collaboration in a country recovering from the devastation of the Ebola epidemic, and facing some of the highest RMNCAH indicators in the world.



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