

INVESTORS GROUP MEETING REPORT

MAIN CONCLUSIONS AND ACTION POINTS

1. The Minister of Health from **Tanzania** provided a detailed account of the country's GFF experience (GFF-IG4-3 PPT). The Chair noted the following follow-up for the GFF:
 - The Secretariat needs to continue to provide platforms for countries to exchange experiences and lessons learned;
 - Donors and partners should continue to engage with the country platform to improve alignment around the financing of the Investment Case.
2. The **GFF Portfolio Update** demonstrated that significant progress is being made and many countries are moving to implementation (GFF-IG4-2). The Investors Group requested the following:
 - The Secretariat will continue to support the governments to identify country coordinators based at the Ministry of Health to support communications and timely engagement of all actors on the country platform;
 - The GFF Secretariat will circulate the list of country focal points within the Secretariat;
 - There is an opportunity to further strengthen the collaboration between Gavi, The Global Fund and GFF on joint financing of Investment Case priorities as well as the domestic resource mobilization and the GFF will continue to convene financiers on a regular basis to further this agenda.
3. Country representatives from Ethiopia, Kenya, Liberia and Nigeria participated in a **Lessons Learned Country Panel** (GFF-IG4-Lessons Learned PPT). The IG noted the following points for follow up:
 - The Secretariat will continue to create learning opportunities and exchange between countries on key elements of the GFF technical agenda;
 - There is a need to examine more closely the challenges in country with resource mapping of donor funding for a further discussion at the next IG.
4. A thematic joint session on **sexual and reproductive health and rights (SRHR) with a focus on family planning**, discussed the SRHR agenda as part of the GFF (GFF-IG4-11 PPTs). The Chair concluded the session as follows:
 - Engaging adolescents and youth voices in the IG is important and this will be addressed through the governance revision;
 - SRHR is a key part of the GFF agenda and inclusion of the comprehensive set of interventions in Investment Cases will be essential for the delivery of the GFF's goals;
 - The availability of high quality data through, for example, the work of FP2020 and the World Bank and other key partners on the demographic dividend will facilitate the inclusion of the SRHR in Investment Cases.
5. The Investors Group considered the work of the **Commodities** Task Team and agreed to the following actions based on the task team's recommendations (GFF-IG4-6):

- The IG agreed that the Chair ask the ISG to coordinate across agencies on efforts to improve access to RMNCAH commodities within the unified supply chain, specifically to improve in-country technical capacity in this area. The IG noted with appreciation that the WHO has agreed to host the ISG.
 - The IG requested the GFF Secretariat strengthen the current Investment Case guidelines to ensure stronger focus on commodity access. In addition, the IG instructed the Secretariat to strengthen its coordination capacity on access to commodities so that it can serve as an efficient interlocutor between the country commodity access needs and the key partners and resources in the commodities and supply chain space.
6. The session on **Financing for RMNCAH** offered an examination of domestic resource mobilization in the GFF countries (GFF-IG4-4). The Chair noted these follow-up items:
- The specific approach will differ from country to country and the GFF Secretariat will make country profiles available to country clients to facilitate planning;
 - Efficiency gains and how they are measured and tracked, is a key theme across the countries and this will be further discussed at the next IG meeting;
 - The health financing work needs to be underpinned by a focus on the poor and least-served;
 - There is a need to further clarify how the operationalization of the domestic resource mobilization agenda of the GFF will take place, including how it is tracked and measured. This will be discussed at the next IG.
7. An update on **CRVS** showed the GFF's progress in this area (GFF-IG4-10). The IG agreed on the following action items:
- The Centre of Excellence will undertake the mapping of what partners are doing in CRVS and identify gaps;
 - The Centre of Excellence will develop guidelines for countries on how to access services and expertise of the Centre.
8. The task team on **Fragile Settings** presented its recommendations (GFF-IG4-5). The IG agreed on the following action items:
- Acknowledging that the GFF is already working in fragile settings, the GFF should maintain its current approaches, given that the experience to date indicates that a number of aspects of the GFF model are well-suited to fragile settings; to complement this, more efforts should be placed on documenting and disseminating experiences;
 - The GFF should employ a country-tailored fragility approach with no or low additional costs; be intentional about role of fragility in development of Investments Cases;
 - Focus GFF's engagement to areas of comparative advantages and the value-add of the GFF and communicate clearly what the GFF will not do: rapid response, humanitarian coordination and activities which are beyond the RMNCAH focus;
 - In the future, as additional funding becomes available and further learning occurs in the current fragile settings, new approaches that require additional resources can be considered.
9. An update on the **Private Sector** revealed significant progress has been made across the diverse agenda. (GFF-IG4-8). The IG urged the Secretariat to continue the work on implementing the strategy.
10. The session on **Resource Mobilization** (GFF-IG4-9) outlined the GFF's major priorities for 2017-18 in this area. The IG agreed the following action points:

- The IG agreed to adopt the proposed approach for resource mobilization;
- The Secretariat needs to develop a resource mobilization strategy for a successful replenishment of the GFF Trust Fund to be discussed at the next IG;
- A 2018 replenishment is good timing for this replenishment and the plan should be aimed at that timeframe;
- PMNCH and the Bill and Melinda Gates Foundation offered to support the advocacy around the GFF resource mobilization.

11. A **Civil Society** representative provided an update on the Civil Society consultation. The CSO constituency will present a proposed CSO engagement strategy to the next IG.

12. A proposal for updating the Governance Document was agreed (GFF-IG4-7).

APPROVAL OF AGENDA

The GFF Investors Group (IG) held its fourth meeting 3 - 4 November 2016 in Dar es Salaam, Tanzania. The meeting Agenda (Annex 2) and a follow-up table (Annex 1) are attached. The documents including a Participant List are available at www.globalfinancingfacility.org. The Chair welcomed all participants, including new members, and expressed particular gratitude to the several Ministers of Health and country representatives in attendance. He warmly welcomed the newly appointed Director of the GFF, Dr. Mariam Claeson, who officially began her assignment with the GFF on 1 October 2016. He thanked the GFF task teams and others who helped to frame the content of the meeting. He explained that the meeting was preceded by a convening with the FP2020 Reference Group, which offered a special opportunity for to focus on the GFF's work in sexual and reproductive health and rights with a focus on family planning. The Agenda (GFF-IG4-1) was approved.

FOCUS COUNTRY: TANZANIA

The Honorable Ms. Ummu Mwalimu, Minister of Health, Community Development, Gender, Elderly and Children for Tanzania, and Ms. Mariam Ally, Acting Director, Policy and Planning Division, Ministry of Health, Community Development, Gender, Elderly and Children provided a detailed account of the country's GFF experience (GFF-IG4-3 PPT). The Minister restated her announcement the previous evening that the Tanzanian government planned to upgrade 100 health facilities to meet BEmONC (Basic Emergency Obstetric and Newborn Care) and CEmONC (Comprehensive Emergency Obstetric and Newborn Care) standards as part of their commitment to RMNCAH. She explained that the Tanzanian Health Policy from 2007 had already prioritized RMNCH services and this has continued under One Plan II which was launched in 2016, along with the RMNCAH Score Card. It includes strategies to strengthen reproductive, maternal, newborn, child, and adolescent health, scale-up the child health program and strengthen response to cross-cutting issues, e.g., commodities, community involvement, demand, HMIS. Implementation of the Investment Case has started, including with financing from IDA/GFF TF, USAID, JICA and domestic resources.

She noted that many of the challenges for Tanzania related to service delivery. She explained the efforts that had been put into coordinating the various partners and aligning funding to the One Plan II. She also explained the approach to focus on results in Tanzania and pointed to some progress through star rating assessments to improve quality, scorecards to monitor progress and results-based financing to address key indicators that are lagging in the country. The health financing strategy is under development. The Minister noted that even though the proportion of health within the government budget had decreased slightly, the absolute amount being spent on health has been increasing in recent years.

The IG thanked the Minister and Dr. Ally for the very interesting presentation; the subsequent discussion focused on the following areas:

- How to define the financing gap more precisely and attract additional co-financing to the Investment Case, in addition to IDA, GFF TF, Power of Nutrition, JICA and USAID financing;
- The issue of partners using different analytical tools and how establish a consistent data set;
- Countries noted the value of hearing the experiences of the Tanzanian team and requested more opportunities to learn from each other;

- The importance of community engagement and CSO oversight at the delivery level was noted for accountability and monitoring of quality;
- The challenge of reaching adolescents was discussed and the need for a multi-sectoral approach to address their needs;
- The need for much more work to be done on CRVS was noted;
- Results-based financing was credited with having strengthened health systems more broadly and is seen as part of the solution going forward.

The Chair thanked the Minister for her insightful presentation and update. He noted the need for the GFF to continue to provide platforms for countries to exchange experiences and lessons learned. He also suggested that donors and partners should continue to engage with the country platform to improve alignment around the financing of the Investment Case.

PORTFOLIO UPDATE

Dr. Monique Vledder, Practice Manager, GFF Secretariat, presented the **Portfolio Update** (GFF-IG4-2). She highlighted that eight Investment Cases have been finalized and four health financing strategies are awaiting parliamentary approval and seven countries have well developed drafts or are already focusing on implementation of key reforms. There are six IDA/ TF projects approved, financing part of the Investment Case in Cameroon, DRC, Nigeria, Tanzania, Uganda and Kenya. There are significant contributions from other financiers providing complimentary financing to the Investment Cases across various countries. The quality of the Investment Cases is improving over time and the focus in many countries is shifting to supporting implementation.

The IG country representatives were then invited to provide brief updates on progress in country, Dr. Awa Coll-Seck and Dr. Bocar Mamadou Daff (Senegal), Ms. Yah Zolia (Liberia), Dr. O.A. Omar (Kenya) and Ms. Ababayehu Haile (Ethiopia).

- In Senegal they are in the consultation phase to develop a consolidated, integrated plan on RMNCAH with the support of many partners, their focus is on getting the tools in place for data analysis and developing an evidence base to guide the IC and the health financing strategy with plans for a national and regional consultation on the plan;
- In Liberia the Investment Case is finalized, they are focusing on the health financing strategy and looking at improving the efficiency through better donor alignment and coordination;
- In Kenya, the framework has been disseminated to stakeholders and is available online with partners increasingly using it to program RMNCAH interventions. The health financing strategy has been finalized and will require parliamentary approval.
- In Ethiopia, the health sector transformation plan is being implemented with an accompanying health financing plan which includes domestic resources. The IDA/ TF project is under development.

The Investors Group provided the following feedback and commentary:

- Members expressed interest in ensuring more synergy and alignment of donor funding at the country level and were looking for ways to make this work better, including more information on where the funding gaps were, and how the GFF funds and complimentary financing was being allocated;
- They requested more information on the draft project documents and contact information for country coordinators in the government and country focal points in the Secretariat;

The Investors Group requested the following:

- The Secretariat will continue to support the governments to identify country coordinators based at the Ministry of Health to support communications and timely engagement of all actors on the country platform;
- The GFF Secretariat will circulate the list of country focal points within Secretariat;
- There is an opportunity to further strengthen the collaboration between Gavi, The Global Fund and GFF on joint financing of Investment Case priorities as well as the domestic resource mobilization and the GFF will continue to convene financiers on a regular basis to further this agenda.

LESSONS LEARNED COUNTRY PANEL

Ms. Petra Vergeer, GFF Secretariat moderated a discussion on lessons learned in four GFF countries. Panelists included country representatives from Liberia, Kenya, Nigeria and Ethiopia:

- Ms. Yah Zolia, Deputy Minister of Health and Social Welfare in Liberia
- Dr. O.A. Omar, Division of Health Financing for the Ministry of Health in Kenya
- Dr. Abdullahi Dauda Belel, Executive, Chairman from Adamawa State Primary Health Care Development Agency, State Primary Health Care Board of Nigeria; and
- Mr. Tseganeh Amsalu, Technical Assistant from the Federal Ministry of Health in Ethiopia.

The panelists presented challenges and lessons learned from the GFF engagement in their countries (GFF-IG4-Lessons Learned Panel PPT) including:

- Liberia: the Investment Case is almost finalized. A major step in the GFF process has been the budget and resource mapping for the IC, which has been challenging and identifying real gaps in financing has been difficult. At the same time, it became clear there is limited interest of donors in financing capital investments which are highly needed in post-conflict Liberia. Budget classifications are to be much clearer and disaggregated information to be provided in much more detail by donors for such resource mapping. The IC has proven very useful in improving donor coordination and getting donors to align their funding more to the priorities identified. Such discussions/meetings need to be institutionalized to allow follow up while expenditure tracking can help ensure donors are held accountable. The GFF has helped to do business differently and created momentum to the IHP+ process - it is felt that it contributes to realizing UHC so results can be achieved.
- Kenya: the RMNCAH investment framework was developed following an extensive consultative process and includes a range of strategies for counties to adopt. In view of devolution, the actual Investment Cases are being developed at county level. Through a Trust Fund support from DFID and USAID, technical assistance will be provided at county level to support the development and implementation of the county

plans as capacity building is critical at the devolved level. The Ministry has observed that there is clear convergence of partners to join the GFF process and support the RMNCAH investment framework. The Transforming Health Systems for Universal Care Project uses a performance based approach which ensures minimal funding is allocated to health while giving counties more flexibility to decide what strategies to implement but also more responsibility in their implementation. The challenges raised relate to duplicate planning processes, as promoted by different development partners, at national and decentralized level and the need to build a coherent country platform enabling ease of planning and resource mobilization and supporting the principle of aid effectiveness.

- Adamawa State in Northern Nigeria, is one of the beneficiaries of the Bank and GFF TF supported project, while the country at the same time is working on the national strategic health development plan which will serve as the IC. The design of the project in the North is based on the experience in Adamawa, where the government already implemented a performance based financing approach at the time of the insurgency and managed to expand the contracts with public health facilities to ensure the delivery of basic services to Internally Displaced People coming in from neighboring Borno State, which placed significant strains on the facilities. The project in Northern Nigeria will use private sector firms as Contract Management and Verification Agencies (CMVA) and Independent Verification Agencies will be contracted to ensure basic services will be provided to IDPs in host communities, poor people and hard to reach communities. Where needed, private sector health care providers will be contracted through performance contracts. A plea was made that, where possible and with support from development partners, government should be put in charge to deal with the effects of conflict and continue to provide services using Community Based Organizations, Faith Based Organizations and/or government, as appropriate, and that the results based financing approach is considered useful in this.
- Ethiopia: the Global Financing Facility Platform refreshed the in-country, regional and international discussions on sustainable domestic health financing - putting Health Care Financing, specifically Domestic Health Care financing, as a priority and cross cutting piece of the RMNCAYH agenda. There is renewed interest and strong commitment from partners to support health care financing, with more partners joining the pool fund to implement the national health sector transformation plan, and support provided to implement the health care financing strategy. Such pooling and alignment reduces transaction costs and improves the efficiency, rather than budgets used outside of the government system. The cooperation of government and donor partners is essential for this to work. One of the main challenges is limited capacity in health care financing at the national, but also specifically at the sub-national level. As a result, there is a need for more technical support and capacity building to ensure the full implementation of effective health funding and aligned allocation at the national and decentralized level. In addition, there is a need for policy implementation research so as to ensure evidence generation and decision-making.

The subsequent rich discussion with the Investors Group touched on issues of equity, donor alignment and aid effectiveness, devolution and budgeting and financing at the local level, capacity building and technical assistance. This session will be captured in more detail in a separate document as part of the dissemination of lessons learned.

The Chair thanked the panel for the very helpful insights and noted the following points for follow up:

- The Secretariat will continue to create learning opportunities and exchange between countries on key elements of the GFF technical agenda;
- There is a need to examine more closely the challenges in country with resource mapping of donor funding for a further discussion at the next IG.

JOINT SESSION THEMATIC FOCUS: SRHR WITH A FOCUS ON FAMILY PLANNING

Dr. Michele Gragnolati, Practice Manager at the World Bank, and Ms. Beth Schlachter, Executive Director of FP2020, led a discussion on the GFF and sexual and reproductive health and rights with a focus on family planning (GFF-IG4-11 PPT). Dr. Gragnolati presented on the opportunity of the demographic dividend, noting that the countries that are GFF eligible are also those that, with appropriate investments in health, education and creation of employment opportunities, could benefit from a significant increase in longer-term economic growth by converting the demographic opportunity they have into actual demographic dividend.

Ms. Schlachter explained the status of family planning implementation and the acceleration seen in the last decade but also cautioned about the plateauing of ODA in support of family planning. The GFF, with its focus on mobilization of domestic resources and targeted catalytic use of ODA, is an extremely important financing vehicle to support governments in providing family planning counselling and services.

The Investors Group raised the following issues during discussion:

- The importance of integrating family planning within the continuum of care to ensure that women and adolescents are able to access an array of services;
- The need to recognize the demand and supply side barriers to accessing family planning counseling and services;
- The importance of acknowledging the rights-based approach to offering family planning services, so that women and adolescents are able to make an informed choice based on their SRHR needs.

The Chair concluded the session as follows:

- Engaging adolescents and youth voices in the IG is important and this will be addressed through the governance revision;
- SRHR is a key part of the GFF agenda and inclusion of the comprehensive set of interventions in Investment Cases will be essential for the delivery of the GFF's goals;
- The availability of high quality data through, for example, the work of FP2020 and the World Bank work on the demographic dividend will facilitate the inclusion of the SRHR in Investment Cases.

COMMODITIES

Dr. Jennifer Adams, (IG Member representing the USA and Chair of the Commodities Task Team), provided an overview of the work of the task team (GFF-IG4-6). She outlined the task team's four key recommendations for Investors Group action (GFF-IG4-6 PPT), including:

- Strengthen the in-country technical capacity for countries to address RMNCAH commodity bottlenecks and invest in resolving them;
- Support better translation of global knowledge into sustained country level use;
- Support governance mechanisms around commodities;

- Enable the GFF Secretariat to better guide countries to technical resources and partners on RMNCAH commodity issues.

The Investors group had the following feedback on the report:

- There was support for the approach proposed by the task team as this made use of the broader partnership and their contributions on commodities and supply chain at the global level, while rooting the work of the GFF firmly in the countries and through the Investment Cases;
- More extensive guidance was needed for countries, especially to foster cross-country learning and sharing of experience including access to global and regional tools and resources;
- It's important to foster more innovation in addressing the bottlenecks in this area and it would be good to see space for innovation in the Investment Cases as part of the solution. This could draw on the experience of Gavi and the Global Fund in innovating on process and not only product;
- Members asked that the Chair request more information on the strengths and limitations of the ISG.

The Investors Group agreed to the following actions:

- The IG agreed that the Chair ask the ISG to coordinate across agencies on efforts to improve access to RMNCAH commodities within the unified supply chain, specifically to improve in-country technical capacity in this area. The IG noted with appreciation that the WHO has agreed to host the ISG.
- The IG requested the GFF Secretariat to strengthen the current Investment Case guidelines to ensure stronger focus on commodity access. In addition, the IG instructed the Secretariat to strengthen its coordination capacity on access to commodities so that it can serve as an efficient interlocutor between the country commodity access needs and the key partners and resources in the commodities and supply chain space.

The Chair concluded that although the GFF is a financier of RMNCAH commodities and will participate in global coordination mechanisms, the GFF TF financing will be focusing on country level investments and will not be used for any global activities in this area. The Chair noted that this completes the work of the Commodities Task Team and thanked the participants for their work.

FINANCING FOR RMNCAH: DOMESTIC RESOURCE MOBILIZATION

The Chair noted that health financing is a recurrent item on the agenda of the GFF Investors Group. Past meetings have explored health financing transitions and trends in development assistance for health and RMNCAH and complementary financing. The focus of the discussion at this meeting was domestic resource mobilization (GFF-IG4-4). Dr. David Evans from the GFF Secretariat offered an examination of the status and prospects for domestic resource mobilization in GFF countries as well as lessons from experience to date with GFF countries.

He noted that increased domestic resource mobilization, not from out of pocket payments but from forms of prepaid and pooled financing, is important to all GFF countries. There is room in all GFF countries for increased DRM, although the potential varies substantially across them. In half of them, government spending could more than double and while the relative size of the potential increases is lower in the other countries, the benefits of the increases in spending in terms of improved health would still be important.

The current GFF countries are, on average, poorer than their counterparts in the income group categories – e.g. the GFF low-income countries are poorer on average than low-income countries as a group and the same is true for GFF lower-middle income countries. On the other hand, the share of government expenditures in GDP (the extent to which the GFF governments raise and spend revenues) is lower than the average in lower-middle income

countries, while the priority given to health in government budgets is higher than the average. Improving revenue (tax and other charges) collection will raise more for health than giving more priority to health in a majority, though not all, of the GFF countries. Complementary quick wins are to improve efficiency in how resources, domestic and externally sources, are spend and to ensure that the Ministry of Health and sub-national units responsible for health fully execute their budgets. Ministries of Finance argue that health ministries should not request additional resources until they show they can spend them, and spend them better, so the focus on efficiency improvements in GFF countries may result in greater allocations from the Ministry of Finance.

The Investors Group had the following questions and comments:

- Given the significance of the role of domestic resources in closing the RMNCAH financing gap, how is the GFF going to track domestic resource trends for health? Is the ambition in this area realistic? How can the GFF build the capacity of Ministries of Health to interact with Ministries of Finance? How to ensure that domestic financing policies benefit the poorest and not only the wealthy?
- What role can partners, and in particular CSOs, play in advocacy and accountability tracking, and working with parliamentarians to ensure domestic resource allocations? Is there a role for the private sector?
- Members pointed out the connection between DRM and CRVS and noted the need for technical assistance to countries to support these efforts;
- There were more calls for cross-country learnings and for countries to be able to benefit from each other's experience in this area.

The Secretariat committed to providing country profiles on the data and analysis to date since this was a key element for each country to define solutions.

The Chair thanked the group for the substantive discussion and noted the need to define some real action on this item. Given that efficiency had emerged as a key factor in ensuring optimal use of funds, it is appropriate that this will be the focus area for the next IG discussion. It would be important to define exactly what role the GFF can play in that regard, taking equity as one of our key principles and focusing on the GFF's added value to that agenda. The Chair noted these follow-up items:

- The specific approach will differ from country to country and the GFF Secretariat will make country profiles available to country clients to facilitate planning;
- Efficiency gains and how they are measured and tracked, is a key theme across the countries and this will be further discussed at the next IG meeting;
- The health financing work needs to be underpinned by a focus on the poor and least-served;
- There is a need to further clarify how the operationalization of the domestic resource mobilization agenda of the GFF will take place, including how it is tracked and measured. This will be discussed at the next IG.

CRVS UPDATE

Ms. Maletela Tuoane-Nkhasi from the GFF Secretariat and Dr. Simon Carter, Regional Director, IDRC, presented update on the importance of Civil Registration and Vital Statistics (CRVS) for the RMNCAH agenda and the GFF's country progress in this area (GFF-IG4-10 and PPT). In recalling that the GFF IG had approved an approach to results measurement at the previous meeting (GFF-IG3-5) she noted that one key element of how the GFF contributes to improving results measurement, is through the strengthening of CRVS systems. Strengthening CRVS systems is a basic human right and provides an important data source for tracking and improving health. In many GFF-supported countries, CRVS systems are weak, with low coverage of birth registration; almost non-existent

information on death registration and causes of death; and no production of statistics from the civil registration system. Many low- and lower-middle income countries face substantial financing gap for strengthening CRVS, requiring high or moderate investments to have well-functioning CRVS systems. The GFF processes have supported growing momentum towards strengthening CRVS systems at country level and facilitated coordinated partnerships between governments and development partners to support country-led priorities and plans.

Dr. Carter explained the role of the Centre of Excellence for CRVS Systems which is housed at the International Development Research Centre in Nairobi. The government of Canada has provided funding to establish the Centre with a mandate to support countries to develop and implement CRVS systems strengthening plans in RMNCAH Investment Cases and to act as a resource hub to broker access to technical assistance, global standards and tools, and good practice.

In response to the presentation, the IG commented:

- It was noted that many partners were engaged in various aspects of the CRVS agenda and that the data gap is a crucial agenda within the SDGs;
- There is a role for innovation and technological solutions that needs to be explored, making this an important area to engage the private sector;
- CRVS is critical to the equity agenda and coordinating efforts in this area would be great value-added.

The Chair concluded by noting the following action items:

- The Centre of Excellence will undertake the mapping of what partners are doing in CRVS and identify gaps;
- The Centre of Excellence will develop guidelines for countries on how to access services and expertise of the Centre.

FRAGILE SETTINGS

Ms. Petra Vergeer from the GFF Secretariat presented the recommendations of the task team on Fragile Settings (GFF-IG4-5). Noting that the questions is not *if* the GFF should engage in fragile settings but *how*, she explained that 24 (39%) of current 62 eligible countries are categorized as fragile states. The current 16 GFF countries include four states considered fragile, three with fragile areas and several recovering from the devastating effects of Ebola. The task team had explored the various ways in which the GFF already engages with these countries and the GFF's comparative advantage in this. Building off current strategies in the GFF, a country tailored approach to fragility can be employed at no or minimal costs, such as strengthening resilience and response capacity. In addition, the task team identified possible new approaches for the future as additional resources become available. The task team requested guidance from the Investors Group on the recommendations contained in the paper.

The Chair thanked Ms. Vergeer for the report and invited two of the task team members to provide any additional reflections. Mesfin Teklu (CSO IG member and task team participant) emphasized that the approach taken had been to focus on the GFF's comparative advantage and look at where the GFF could really add value, especially given the GFF principles to address equity and highest burden areas. He noted that the recommendations were practical and could be revisited if more resources became available. Patricia Strong (of the Canadian Red Cross representing ICRC and IFRC on the task team) expressed appreciation for their participation on the task team and

noted that their input had been considered and incorporated. She cited the extensive need for support to affected communities across the globe and that this need was growing. Appreciating the country-led approach she pointed to the many populations who were living beyond the reach of governments and how disproportionately this affected women and children, expressing her appreciation for the approach chosen in Northern Nigeria. She further noted the importance of enhancing resilience as a means of protecting GFF investments in times of crisis and the role the GFF could play in advocating for RMNCAH investments as part of any new resources that will be available through future IDA18 allocations as well as the new Concessional Financing Facility available to countries hosting refugees. She supported the recommendations and made a plea for the continuation of GFF prioritization of fragile settings going forward.

The Investors Group had the following reflections on the recommendations:

- There was wide support for the approach recognizing that any country can become a crisis country while noting that the GFF works primarily through governments and therefore is not best suited to situations where government is not functioning;
- Members expressed strong support that the equity approach results in a focus on more vulnerable and fragile areas, and in a focus on the special needs of women and children in these contexts (e.g. gender-based violence); these issues were already evident in the portfolio and should continue to be addressed;
- There was clear support for using a country tailored approach to fragility to enable a focus on preparedness and resilience is taken into account in the ICs, including the need for capacity building and human resources in the medium and longer term;
- Members noted that flexibility, innovation and partnership were essential in these contexts as was the ability to engage the non-state sector;
- PMNCH stated their readiness, in line with their EWEC mandate, to communicate and advocate on the RMNCAH needs and funding gaps in fragile settings, including the sharing of any lessons;
- The Secretariat in its response noted that IDA18 offered an opportunity to leverage more funds for these settings, and also explained the opportunity within the World Bank to trigger a mechanism to fund non-state actors directly in a crisis, providing potential flexibility for the GFF model. The GFF had also been able to catalyze partnerships and domestic resources around the IC in effective ways, as has been the case in northern Nigeria. This provides insight into the role the GFF can play.

The Investors Group then agreed the following:

- Acknowledging that the GFF is already working in fragile settings, the GFF should maintain its current approaches, given that the experience to date indicates that a number of aspects of the GFF model are well-suited to fragile settings; to complement this, more efforts should be placed on documenting and disseminating experiences;
- The GFF should employ a country-tailored fragility approach with no or low additional costs and be intentional about the role of fragility in the development of Investments Cases;
- Focus GFF's engagement to areas of comparative advantages and the value-add of the GFF and communicate clearly what the GFF will not do: rapid response, humanitarian coordination and activities which are beyond the RMNCAH focus;
- In the future, as additional funding becomes available and further learning occurs in the current fragile settings, new approaches that require additional resources can be considered.

The Chair thanked the task team for their excellent work and noted that this completed the mandate of the task team.

PRIVATE SECTOR UPDATE

An update on Private Sector progress was provided by Mr. Toby Kasper from the GFF Secretariat (GFF-IG4-8 and PPT). He noted that progress had made across the agenda since the GFF's Private Sector Strategy was approved in March 2016, the GFF Secretariat and partners have focused on implementation in the current private sector focus countries of Cameroon, Kenya, Senegal and Uganda.

The first GFF partnership between global private sector and countries is being developed around capacity building for governments on effective selection and procurement of health technologies for their needs. This will be done in coordination with the WHO and will leverage the expertise of private medical technology companies in a transparent and non-competitive manner to strengthen government capacity.

The GFF country experiences with the private sector have included private sector integration in large scale reforms in areas such as service delivery and supply chains, as well as in developing innovative solutions to address Investment Case priorities.

The IG welcomed the update and commented:

- How can we engage the private sector in the equity agenda and ensure that the focus remains local?
- Countries need support in defining and executing engagement with the private sector as well as building the capacity to regulate the private sector.

The IG urged the Secretariat to continue the work on implementing the strategy.

RESOURCE MOBILIZATION ANNUAL UPDATE

Dr. Mariam Claeson, Director of the GFF Secretariat, updated the Investors Group with a presentation on Resource Mobilization (GFF-IG4-9 and PPT). Based on the financing model of the GFF, the resource mobilization strategy focuses on four pathways: Domestic Resource Mobilization, Complementary Financing (ODA and Private capital), concessional financing (IBRD/IDA) and catalytic financing (GFF TF). The IG was asked to endorse the approach and to provide advice:

- Members noted the importance of developing a strong value proposition and showing the specific contribution of the GFF and how it fits into the broader health architecture. In doing this the 'smart, scaled and sustainable' arguments need to be better explained and shown to be working;
- Questions were raised on the timeline and the financial target for the Trust Fund replenishment;
- Fund-raising should also take place in 2017 to expand the number of countries receiving funding, especially with the opportunity of IDA18 bringing in significant new resources.

The Chair thanked the IG for a very helpful discussion. He emphasized that the first three components of the RM plan were the daily work of the GFF but that the fund-raising for the Trust Fund needed special attention. He concluded with the following action points:

- The IG agreed to adopt the proposed approach for resource mobilization;
- The Secretariat needs to develop a resource mobilization strategy for a successful replenishment of the GFF TF to be discussed at the next IG;
- A 2018 replenishment is a good timing for this replenishment and the plan should be aimed at that timeframe;
- PMNCH and the Bill and Melinda Gates Foundation offered to support the advocacy around the GFF resource mobilization.

CSO UPDATE

Dr. Joanne Carter and Dr. Mesfin Teklu (the CSO representatives on the IG) provided an update on the Civil Society meeting which had taken place before the IG meeting and noted the importance of CSOs being able to engage in the country platform and the implementation of the Investment Cases in country. The CSOs have actively engaged on the development of the Guidance Note on multi-stakeholder country platforms and are hoping this will help provide greater access for CSOs to in-country GFF processes. They informed the IG that they would submit a CSO Engagement Strategy to the next meeting for IG consideration. They also introduced the incoming members for the CSO constituency who had just been selected: Mr. Aminu Magashi Garba and Ms. Angela Mutunga.

The Chair expressed thanks for the informative presentation.

GOVERNANCE UPDATE

Ms. Dianne Stewart from the GFF Secretariat presented a proposal for updating the Governance Document (GFF-IG4-7). She described a short process, which will result in proposed amendments to the Governance Document, which can be presented for adoption at the fifth Investors Group meeting in April 2017. The Investors Group noted some areas where greater clarity would be helpful:

- What is the relationship between the roles of the Trust Fund Committee and that of the Investors Group and what are the decision-making roles of each?

The Chair noted that these issues could be clarified as part of the process. He suggested that the IG proceed as proposed and consult on changes for approval at the next IG meeting. The IG agreed to the approach.

REVIEW CALENDAR 2017

The Chair presented the Calendar for 2017-2018. He noted that the next meeting is planned for 24 April 2017 in Washington, DC, and that the second meeting of the year is planned for November in a location that will be determined. He expressed an interest in convening the second meeting in a partner country.

CHAIR'S SUMMARY AND CLOSURE

The Chair thanked the Investors Group for a highly productive discussion, which he believes usefully advanced a shared agenda. The Chair closed the meeting. The follow-up actions from the Investors Group are outlined in Annex 1.

ANNEX 1: FOLLOW-UP ACTION

Issue	Meeting	Action/Deliverable	Timeline	Responsible
Portfolio Updates	IG4	- Support the governments to identify country coordinators based at the Ministry of Health to support communications and timely engagement of all actors on the country platform;	Immediate	Secretariat
		- Circulate the list of country focal points within the Secretariat;	Immediate	
		- Strengthen the collaboration between Gavi, The Global Fund and GFF on joint financing of Investment Case priorities as well as the domestic resource mobilization;	Ongoing	
		- Continue to convene financiers on a regular basis to further this agenda;	Ongoing	
		- Create learning opportunities and exchange between countries on key elements of the GFF technical agenda;	Ongoing	
- Examine more closely the challenges in country with resource mapping of donor funding for a further discussion at the next IG.	Agenda item IG5			
Financing RMNCAH	IG4	- Secretariat to make country profiles available to country clients to facilitate planning; - Clarify how the operationalization of the domestic resource mobilization agenda of the GFF will take place.	Immediate IG5	Secretariat
Commodities	IG4	- Chair to ask the ISG to coordinate across agencies on efforts to improve access to RMNCAH commodities within the unified supply chain, specifically to improve in-country technical capacity in this area;	Immediate	Chair
		- GFF Secretariat to strengthen the current Investment Case guidelines to ensure stronger focus on commodity access;	Immediate	Secretariat
		- Secretariat to strengthen its coordination capacity on access to commodities.	Immediate	Secretariat
CRVS	IG4	- The Centre of Excellence to undertake the mapping of what partners are doing in CRVS and identify gaps;	TBD	Centre of Excellence on CRVS

Issue	Meeting	Action/Deliverable	Timeline	Responsible
		<ul style="list-style-type: none"> - The Centre of Excellence will develop guidelines for countries on how to access services and expertise of the Centre. 	Immediate	
Fragile Settings	IG4	<ul style="list-style-type: none"> - GFF to document and disseminate current experiences in fragile settings; - Clearly communicate on the GFF's focus on engagement in areas of comparative advantage and the value-add of the GFF for fragile settings. 	Ongoing Ongoing	Secretariat
Resource Mobilization	IG4	<ul style="list-style-type: none"> - Secretariat to develop a business case for a successful replenishment of the GFF TF to be discussed at the next IG; - A 2018 replenishment is a good timing for this replenishment and the plan should be aimed at that timeframe; - PMNCH and the Bill and Melinda Gates Foundation offered to support the advocacy around the GFF resource mobilization. 	Q2 2017 Ongoing	Secretariat Secretariat with PMNCH and BMGF
Governance	IG4	<ul style="list-style-type: none"> - Conduct consultation process to amend Governance Document 	IG5	Secretariat in consultation with IG

ANNEX 2: FOURTH INVESTORS GROUP AGENDA

<p style="text-align: center;">Wednesday, 2 November</p> <p style="text-align: center;">IG and FP2020 Reference Group Bridge Day</p> <p style="text-align: center;">(Joint Meeting - GFF IG Members and FP2020 Reference Group Members)</p> <p style="text-align: center;">Venue: Hyatt Regency, Kili Marquee Room</p>		
Time/Room	Agenda	Presenter
- 8.30-9.00am	<ul style="list-style-type: none"> - Welcome and Objectives - Provide Reference Group and Investment Group members an opportunity to define ways to ensure that sexual and reproductive health and rights, with a focus on family planning, are integrated within the RMNCAH continuum, and financed by being actively addressed in the development of GFF Investment Cases, budgets and results frameworks by eligible countries. 	<ul style="list-style-type: none"> - Remarks by: - Dr. Chris Elias - Hon. Ummu Mwalimu
9.00-9.20am	Overview FP2020 and the GFF	Remarks by: <ul style="list-style-type: none"> - Ms. Beth Schlachter, - Dr. Monique Vledder
9.20-11.00am	Country Perspective: Learnings from GFF and FP2020 Country Partners Panel discussion with government representatives from six GFF and FP2020 countries	Panel Moderated by Mariam Claeson Panel members: <ul style="list-style-type: none"> - Hon. Ummu Mwalimu, Tanzania - Hon. Dr. Felix Kabange, DRC - Hon. Prof. Isaac Adewole, Nigeria - Hon. Yah Zolia, Liberia - Dr. Wangui Muthigani, Kenya - Hon. Awa Coll-Seck, Senegal
11.00-11.15am	Coffee Break	
11.15-12.45pm	Discussion	Discussion moderated by Chris Elias
12.45-1.00pm	Next steps and closing	Remarks and conclusion by Chris Elias
1.00-2.00pm	Lunch	
2.00 – 4.00pm	Free for bilaterals and consultations	
6.30 pm	GFF Reception (Venue: Kibo Rooftop)	

Thursday, 3 November

Venue: Hyatt Regency, Kili Marquee Room

Time	Agenda Item	Objective	Presenter	Action
8.30-8.45 am	Opening: (GFF-IG4-1) – Review of the Agenda – Chair’s Overview	Agree on agenda	Chair	<u>For approval</u>
8.45 -10.15 am	Focus Country: Tanzania (GFF-IG4-3)	Sharing of experience from Tanzania	Presentations from MOH of Tanzania	<u>For discussion</u>
10.15-11.15 am	Portfolio Update (GFF-IG4-2)	Overview of portfolio	Country Representatives GFF Secretariat	<u>For information</u>
11.15-11.45 am	Break			
11.45 – 1.15.pm	Lessons Learned Country Panel	Lessons learned from existing GFF countries	Panel of country representatives	<u>For information</u>
1.15 – 2.00 pm	Lunch			
2.00 – 3.30 pm	Joint Session Thematic Focus: Sexual and Reproductive Health and Rights with a focus on family planning	Identify areas of priority and collaboration with FP2020	Panel	<u>For discussion</u>
3.30- 4.00 pm	Break			
4.00 – 5.30 pm	Commodities (GFF-IG4-6)	Review recommendations from the Task Team	Task Team Chair	<u>For decision</u>

Friday, 4 November
Venue: Hyatt Regency, Kili Marquee Room

Time	Agenda Item	Objective	Presenter	Action
8.30 - 10.00 am	Financing for RMNCAH (GFF-IG4-4)	Examination of domestic resource mobilization	GFF Secretariat	<u>For discussion</u>
10.00- 10.45 am	Civil Registration and Vital Statistics (CRVS) Update (GFF-IG4-10)	Overview of progress on CRVS and emerging issues	GFF Secretariat Centre of Excellence CRVS	<u>For Information</u>
10.45-11.15 am	Break			
11.15-12.45 pm	Fragile Settings (GFF-IG4-5)	Review recommendations from the Task Team	Task Team	<u>For decision</u>
12.45– 1.30 pm	Lunch			
1.30 – 2.00 pm	Private Sector Update (GFF-IG4-8)	Overview of progress on Engagement Strategy	GFF Secretariat	<u>For information</u>
2.00 – 2.45 pm	Resource Mobilization Annual Update (GFF-IG4-9)	Planning for RM	GFF Secretariat	<u>For decision</u>
2.45 – 3.00 pm	Governance Update (GFF-IG4-7)	Propose updated guidance on Governance	GFF Secretariat	<u>For information</u>
3.00- 3.15 pm	CSO Update	Briefing on CSO consultation	CSO representative	<u>For information</u>
3.15 – 3.30 pm	Review Calendar 2017 (GFF-IG4-12)	Agree on meetings and events for 2017	Chair	<u>For information</u>
3.30 – 4.00 pm	Chair’s Summary and Closure	Conclude meeting	Chair	



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