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Portfolio update

3 November, Dar es Salaam

FOURTH INVESTORS GROUP MEETING

Progress on key GFF processes

Investment Cases

- Finalized: Cameroon, Ethiopia (*national strategy*), Kenya, Liberia, Tanzania (*national strategy*)
- Nearly finalized: Bangladesh (*national strategy*), DRC, Uganda

Health financing

- Strategies awaiting approval: Ethiopia, Kenya, Tanzania, Uganda
- Strategies under development: Cameroon, DRC, Liberia, Mozambique, Senegal
- Focus on implementation of reforms: Bangladesh, Vietnam

IDA/GFF Trust Fund financing

- Approved: Cameroon, DRC, Kenya, Nigeria (emergency support to northeastern states), Tanzania, Uganda

Recent developments and emerging trends

Shift to implementation

- Implementation beginning in a number of countries
- Tanzania and Kenya pioneers
 - Key question: how to maintain momentum behind coordinated approach

Increasing use of multisectoral approaches

- Education (e.g., PBF pilot in Cameroon, adolescent sexual and reproductive health in Bangladesh, Kenya, Liberia, and Uganda)
- Nutrition (e.g., household food security in Kenya, community-based and mobile delivery in Cameroon, Liberia, and Nigeria)
- Water and sanitation (e.g., hygiene promotion and latrines in DRC)
- Social protection (e.g., cash transfer for adolescent girls in Cameroon)
- Climate change (e.g., exploratory efforts in Bangladesh)

Increasing engagement of private sector

- Work at national level increasing in Cameroon, Kenya, Senegal, and Uganda (*details covered in private sector session*)

New countries

- Process just beginning in Guatemala, Guinea, Myanmar, Sierra Leone, and Vietnam

Investment Cases: lessons learned and challenges

Overall, quality of Investment Cases is improving over time

Process

- Strong **government leadership** is key, with clear accountability at appropriately senior level
- Developing a **roadmap** at outset is important to orient all partners
- Different national contexts require **different models**

Technical content

- Importance of developing a **shared vision** at outset
 - Grounding work in **results** to be achieved is essential
- Mental model of “laundry lists” with large gaps is common → prioritization most difficult part of process (**requires changing mindsets**)
- Emphasis on looking at data and addressing underinvestment has worked → **historically neglected areas** included in most Investment Cases
- Focus on **equity** has been highly productive
 - **Geographical focus** has emerged as key way to prioritize
- Some **innovations** but not systematically focused on
- **Mixed health systems** thinking is not the norm

Complementary financing for Investment Cases: lessons learned and challenges

Overall, robust engagement by financiers at national level → 3+ financiers supporting Investment Cases in almost all countries

- Key lessons:
 - Involving **financiers from outset** → greater ownership → greater likelihood of basing financing on Investment Case priorities
 - Cannot only be driven by MOH technical staff – need **buy-in of MOF and planning/budgeting side of MOH** to incorporate into budgets/MTEFs
 - Links between Investment Cases and **World Bank projects** are critical but timing can be tricky
- **Different models** for complementary financing have emerged:
 - Basing new bi-/multilateral programs on Investment Case priorities (or realigning existing programs)
 - Establishing trust funds at the World Bank to finance priorities
 - Providing dedicated resources for technical assistance
- Proven to be a good way to engage **financiers not on the Investors Group**
- **Budgeting and resource mapping** have proven challenging:
 - Budgeting overly reliant on external support and tools that are not always well-suited to approach
 - Some partners unable/unwilling to provide information for resource mapping

Health financing: lessons learned and challenges

Overall, GFF has given significant boost to process in many countries, but change is political and takes time

Process

- **Very different starting points** among countries
 - Some countries have had strategies for years and/or have sense of intended reforms, others have never had strategies/have limited capacity
- Shift underway from emphasizing strategy to **implementation of reforms**
 - Development of a strategy is **not the end-point**: need to be clear on intended results and then determine best way to achieve them – not always a strategy (typically complicated, time-consuming, political process)
- Good analytical work does not automatically lead to reforms
 - **Political economy** considerations are key
- Engagement of ministries of finance has been **uneven**
- GFF can **reenergize agenda** with intense support: financing, TA, peer-to-peer learning, capacity building, convening partners

Technical content

- Mix of focus on three health financing functions: domestic resource mobilization, pooling, and purchasing
- Efficiency featuring in most countries, both technical (particularly public financial management reforms) and allocative (e.g., distribution between regions/counties)

Learn more

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