



SickKids Centre for Global Child Health
Global Leadership Series
February 21, 2018

GFF - the country-led catalyst for health and nutrition



Two trends led to the creation of the GFF

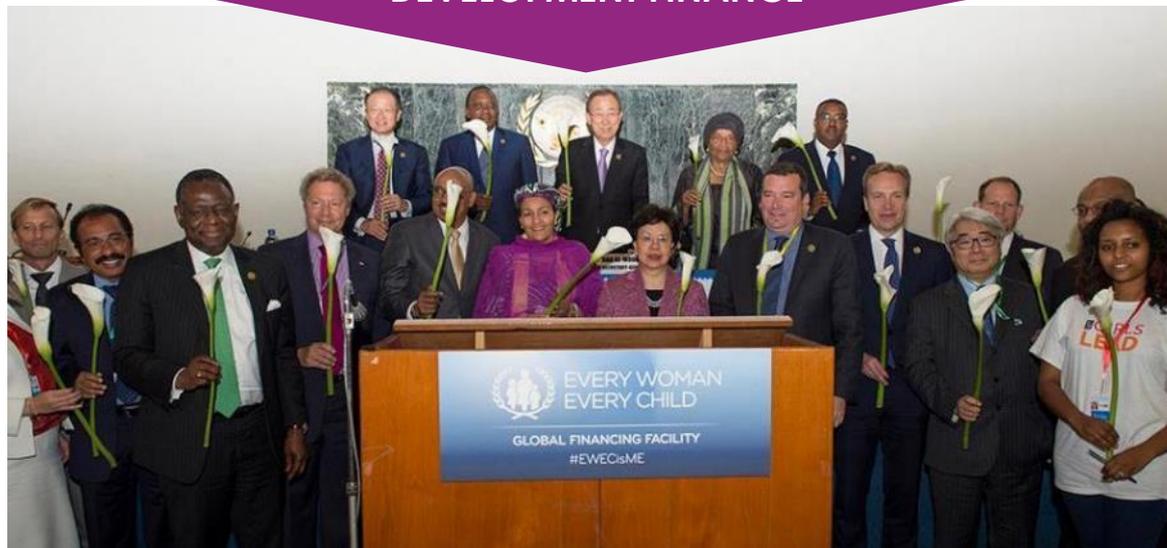
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Insufficient progress on maternal, newborn and child health & nutrition, and traditional sources of financing are not enough to close the gap

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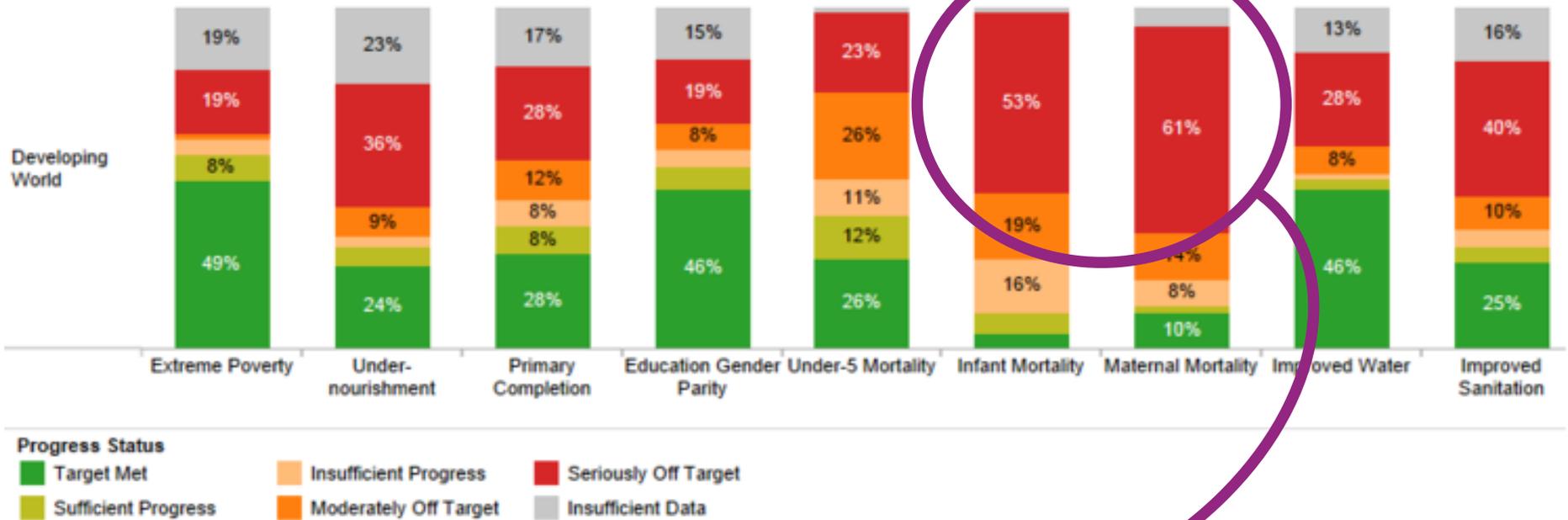
Development assistance is at record levels but is only a fraction of private financing from remittances and FDI. Domestic financing far exceeds external resources

NEED FOR A NEW MODEL OF
DEVELOPMENT FINANCE



Why GFF? Lagging progress on RMNCAH-N outcomes

Share of countries that attained each MDG



Most developing countries did not come close to achieving the MDG targets for maternal and child health

To achieve the SDGs will require a doubling of annual rates of mortality decline

“To reach the Sustainable Development Goal targets, the average annual rate of reduction during 2015–30 in the 50 highest mortality countries will need to more than double the rate during 2000–15 for neonatal mortality, stillbirths and maternal mortality”

▶ **Countdown 2030**

What results do we want to achieve?

Overall objective:

End preventable maternal, newborn, child and adolescent deaths and improve the health, nutrition and quality of life of women, adolescents and children

SDG targets:

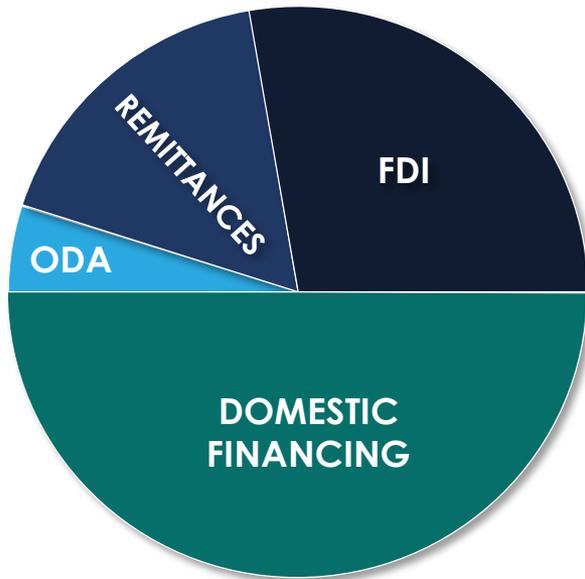
- ▶ MMR <70/100,000
- ▶ U5MR <25/1,000
- ▶ NMR <12/1,000
- ▶ Universal access to SRHR services
- ▶ Universal health coverage

Closing the financing gap would **prevent 24-38 million deaths** by 2030

Why: a new approach to development finance

Development assistance is at record levels but small as compared to remittances, FDI, and domestic financing

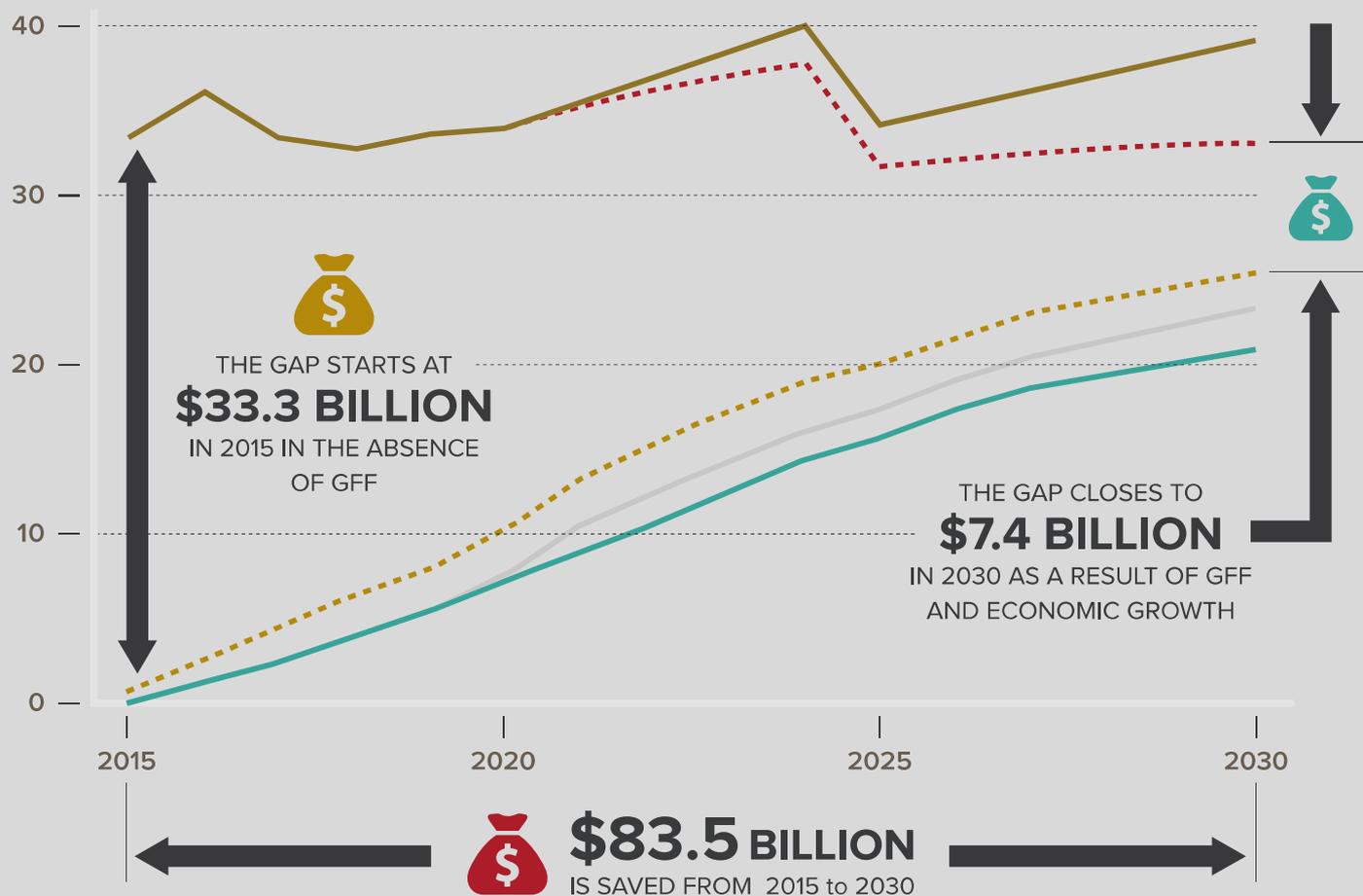
All existing development assistance for health would barely cover additional RMNCAH financing needs



Need for a new model of development finance

GFF objective: Bridging the funding gap for women, children and adolescent health and nutrition

FINANCING GAP IN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, ADOLESCENT HEALTH AND NUTRITION



- Total incremental financing (domestic financing and development assistance for health, including GFF Trust Fund and IDA/IBRD)
- Incremental domestic financing crowded-in as a result of the GFF
- Incremental domestic financing related to economic growth
- Incremental resource needs (after efficiency gains related to the GFF)
- Incremental resource needs (no GFF)

GFF supports countries to get on a trajectory to reach the SDGs and UHC through three related approaches

Country ownership and leadership

- ▶ Identifying priority investments to achieve RMNCAH outcomes
- ▶ Identifying priority health financing reforms

- ▶ Strengthening systems to track progress, learn, and course-correct

- ▶ Getting more results from existing resources and increasing financing from:
 - Domestic government resources
 - IDA/IBRD financing
 - Aligned external financing
 - Private sector resources

The GFF model: Countries lead the way

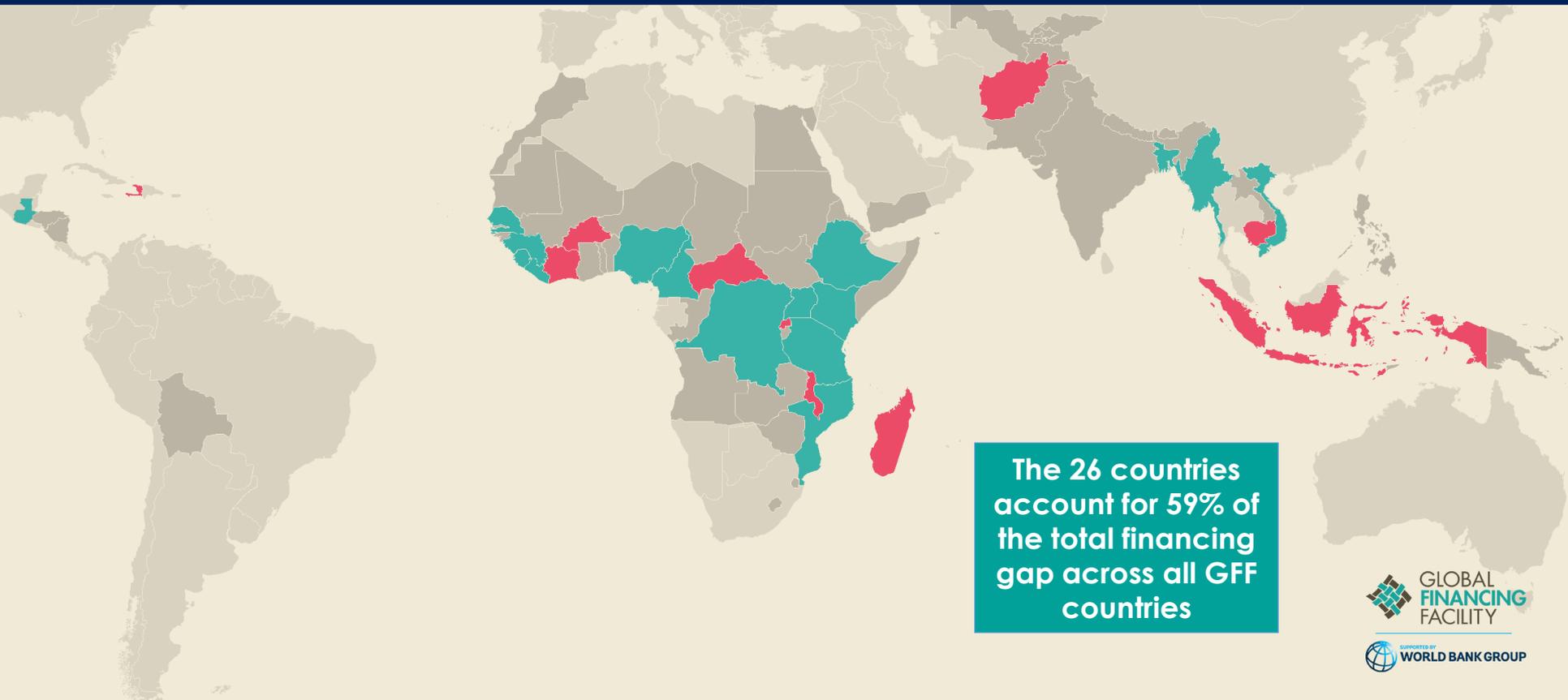
DRC
Ethiopia
Kenya
Tanzania
Bangladesh
Cameroon

Liberia
Mozambique
Nigeria
Senegal
Uganda
Guatemala

Guinea
Myanmar
Sierra Leone
Vietnam
Afghanistan
Burkina Faso

Cambodia
Central African Republic
Côte d'Ivoire
Haiti
Indonesia
Madagascar

Malawi
Rwanda



The 26 countries
account for 59% of
the total financing
gap across all GFF
countries

GFF In the Global architecture for women, children and adolescents health and nutrition



GFF INVESTORS GROUP



BILL & MELINDA
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MINISTRY OF FOREIGN AFFAIRS
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World Health Organization

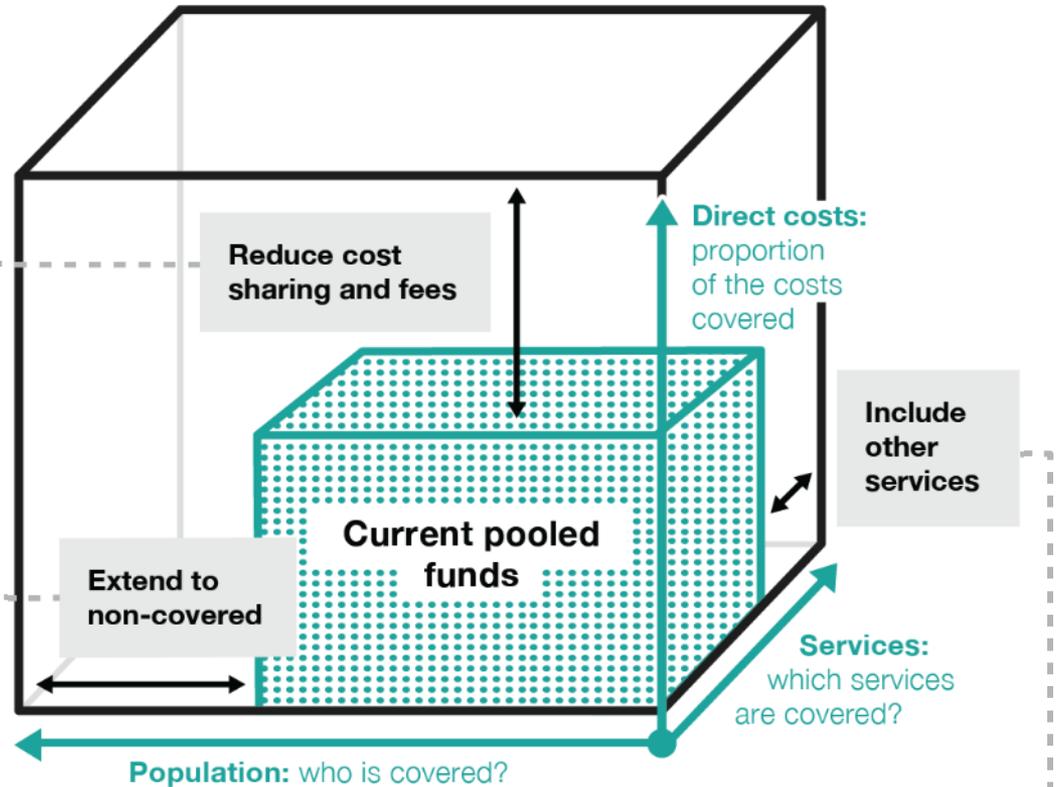
THE COUNTRY PLATFORM BRINGS TOGETHER:

- ▶ Government
- ▶ Civil society (not-for-profit)
- ▶ Private sector
- ▶ Affected populations
- ▶ Multilateral and bilateral agencies
- ▶ Technical agencies (H6 and others)

How the GFF contributes to UHC

3

Development of health financing strategy / implementation of key reforms → increased domestic resource mobilization, risk-sharing schemes → reduced out-of-pocket



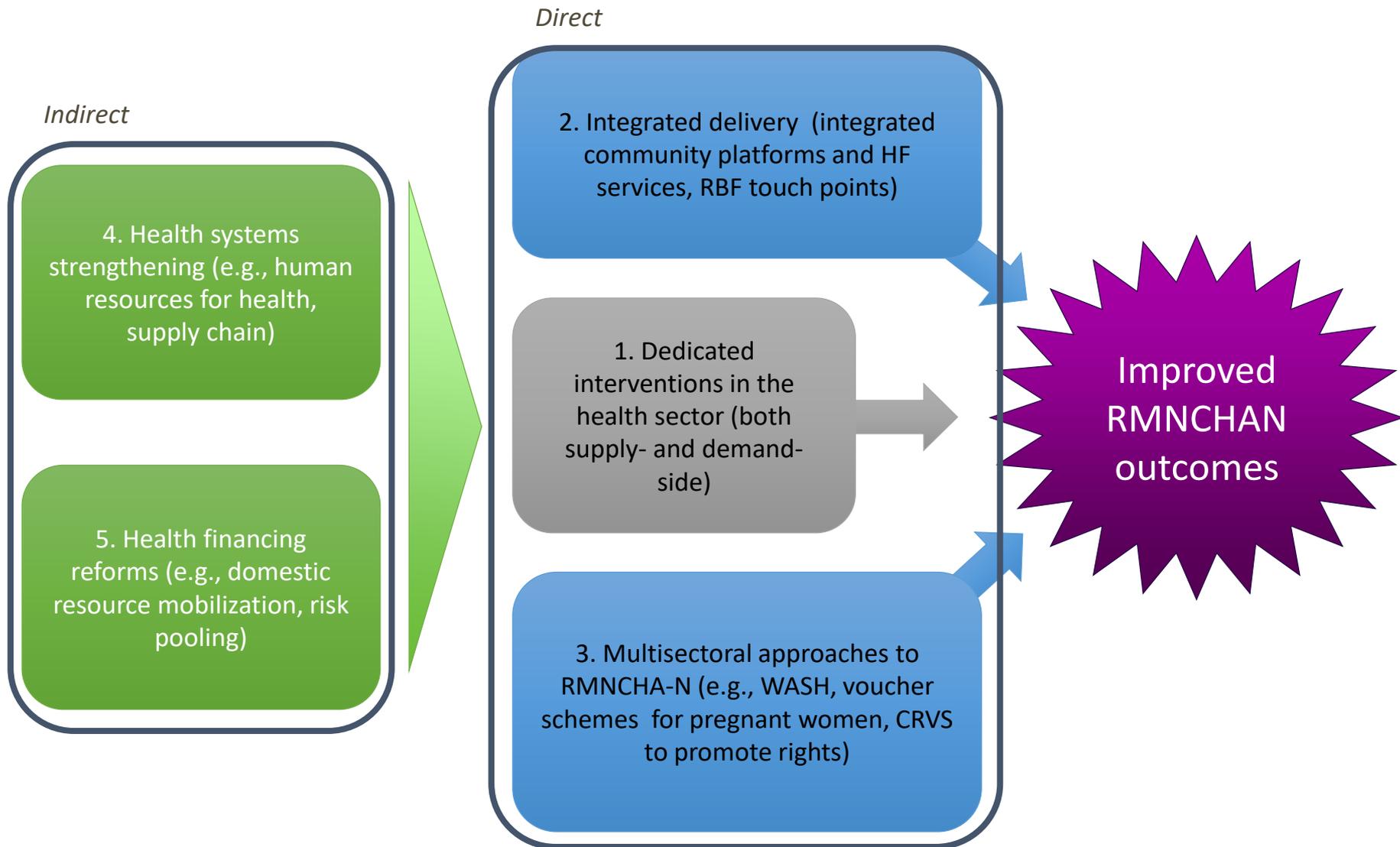
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Strong equity focus → critical for progressive expansion (many of the non-covered are disadvantaged women / children)

1

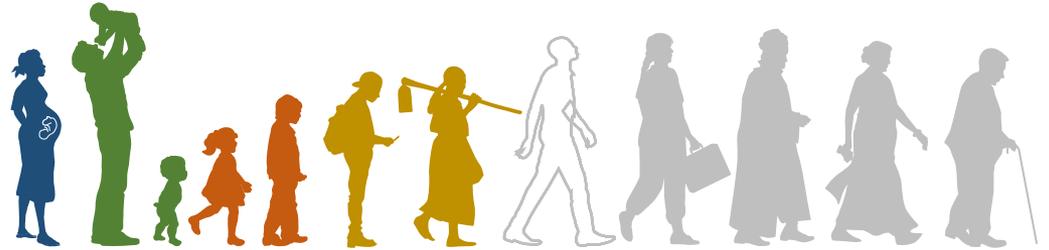
Support to prioritize and expand coverage of high-impact interventions (through Investment Cases)

Pathways to impact: a systems approach to improving outcomes



How GFF contributes to Sexual and Reproductive Health and Rights

75% of fertility decline in developing countries in the last 60 years is due to FP.



Rights-based family planning programs are critical for achieving fertility transition:

- ▶ **Expanding equity and access** to contraceptives through the health sector
- ▶ Expanding contraceptive **choice** and **quality** of services
- ▶ **Increasing demand** for services through multi-sectoral support
- ▶ Offering FP within a package of **complementary RMNCAH-N services**

GFF Benefits beyond lives saved - Empowering women and adolescent girls is a central part of achieving the demographic dividend

POTENTIAL IMPACT

Lower fertility

Better reproductive health outcomes

Healthier children

Increased earnings

More educated children

Economic development through increased productivity

- ▶ One child fewer per woman per 3 additional year of schooling
- ▶ More likely to seek appropriate prenatal care, attendance for delivery, family planning
- ▶ 5-10% lower mortality rates in children under the age of 5 for every year of mother education
 - Better nutrition of children
 - Higher immunization rates
- ▶ 10-20% increased wages by extra year of education for girls
- ▶ Strong correlation between mothers education and their children education
- ▶ With each additional year of schooling, GDP growth rates would be boosted by 0.58 percentage points per year



The GFF in Fragile Contexts

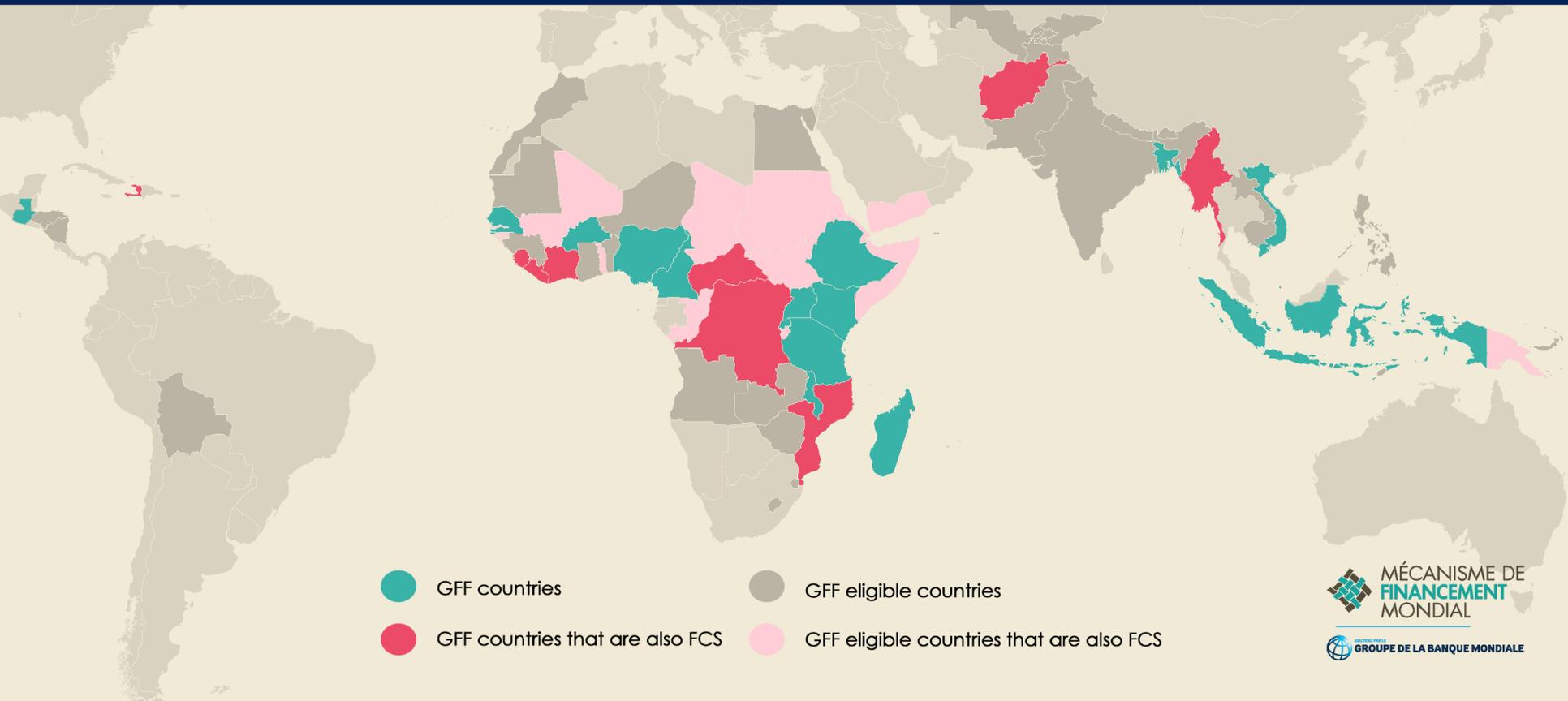
DRC
Ethiopia
Kenya
Tanzania
Bangladesh
Cameroon

Liberia
Mozambique
Nigeria
Senegal
Uganda
Guatemala

Guinea
Myanmar
Sierra Leone
Vietnam
Afghanistan
Burkina Faso

Cambodia
Central African republic
Côte d'Ivoire
Haiti
Indonesia
Madagascar

Malawi
Rwanda



MOVING RESOURCES TO THE FRONT LINES.

- ▶ **Mozambique:** Focus on shifting financing to 42 high burden districts; focus on ASRHR and family planning; investing in community-based service delivery.
- ▶ **Liberia:** Support for expanded Results-Based Financing; community-based health platform; and shifting resources to under-served areas.
- ▶ **Guinea** (in process): Improve efficiency of delivery system through RBF; effective fee exceptions at facility level; support pooling of resources for community health efforts.
- ▶ **North-East Nigeria:** Purchasing for performance to deliver essential services; move resources and accountability to the front-line.

Measuring progress: Core Indicators across GFF countries

PROGRAMMATIC

- ▶ Maternal mortality ratio
- ▶ Under-5 mortality rate
- ▶ Neonatal mortality rate
- ▶ Adolescent birth rate
- ▶ Percentage of the most recent children age 0-23 months who were born at least 24 months after preceding birth
- ▶ Prevalence of stunting among children under 5
- ▶ Socio-emotional health of children under 5
- ▶ Cognitive function of children under 5

HEALTH FINANCING

- ▶ **Current country health expenditure per capita financed from domestic public sources**
- ▶ Ratio of government health expenditure to total government expenditures
- ▶ Growth rate in domestically sourced current total health expenditures since baseline, divided by the growth rate of GDP
- ▶ Percent of current health expenditures spent on primary care
- ▶ Improvements in nationally agreed indicators of efficiency
- ▶ Composite indicator on efficiency
- ▶ Incidence of financial catastrophe due to out-of-pocket payments
- ▶ Incidence of impoverishment due to out-of-pocket payments

GFF Accountability – the role of CSOs: National health budget and CSO engagement scorecard



Nigeria Global Financing Facility (GFF) Performance Scorecard

January - December 2017

Scorecard Scoring Sheet

NATIONAL HEALTH BUDGET INDICATORS				
INDICATORS	GREEN	AMBER	RED	INFORMATION SOURCE
National health budget as a percent of the total national government budget	National health budget is 15% or more of national government budget inline with 2001 Abuja Declaration	National health budget is 5 - 7.5% of national government budget	National health budget is less than 5% of national government budget	National Approved Budget/GFF Results Framework
Health capital budget as a percent of the total health budget	Health Capital Budget is 50% (or more) of Total Health Budget	Health Capital Budget is between 25 -49.9% of Total Health Budget	Health Capital Budget is less than 25% of Total Health Budget	National Approved Budget
Family Planning contraceptive commodities budget as a percent of health capital budget	FP Budget has met the country funding target inline with the National Family Planning Blueprint	FP Budget has met 50 - 74% of the of the country funding target	FP Budget is less than 50% of the country funding target	National Approved Budget National Family Planning Blueprint
Lifesaving commodities budget as a percent of health capital budget	Lifesaving commodities budget has met the country funding target inline with the Lifesaving commodities country action plan	Lifesaving commodities budget has met 50 - 74% of the of the country funding target	Lifesaving commodities budget is less than 50% of the country funding target	National Approved Budget/Lifesaving Drugs Country Action Plan
Immunization budget as a percent of health capital budget	The funds appropriated take into cognizance the annual funding needs of the country & also inline with Country Multi Year Plan	The funds appropriated take into cognizance the annual funding needs of the country	The funds appropriated did not take into cognizance the annual funding needs of the country	National Approved Budget/Country Multi Year Plan
Nutrition budget as a percent of health capital budget	Nutrition budget has met the country funding target inline with the National Nutrition Policy/Plan	Nutrition budget has met 50 - 74% of the of the country funding target	Nutrition Budget is less than 50% of the country funding target	National Approved Budget/ National Strategic Plan of Action on Nutrition
Adolescents and young people friendly (AYPF) health services budget as a percent of health capital budget	AYPF health services budget has met the country funding target inline with the National AYPF health services Policy/Plan	AYPF health services budget has met 50 - 74% of the of the country funding target	AYPF health services budget is less than 50% of the country funding target	National Approved Budget/ National Adolescent and Youth Policy
Ministry of Health (MoH) budget execution rate increased by at least 5 percent point from the previous year	MoH budget execution rate increased by at least 5 percent point	MoH budget execution rate increased but by less than 5 percent point	MoH budget execution rate did not record an increase	Expenditure Spreads Sheet/GFF Results Framework
National Health Account (NHA) developed with distributive matrices	NHA developed with distributive matrices	NHA developed without distributive matrices	NHA not developed	Health Sector Annual Report/GFF Results Framework

CIVIL SOCIETY ENGAGEMENT INDICATORS				
INDICATORS	GREEN	AMBER	RED	INFORMATION SOURCE
A national CSOs coalition has been identified to engage with the Country Multistakeholder Platform	One strong CSOs coalition identified and is engaging with the Country Multistakeholder Platform	More than one CSO coalition and it is met clear which is leading OR there is one CSO but it is not very engaged	No CSO coalition engaging in the GFF process	Country Multistakeholder Guidance Note/ Interview with CSOs
The Country Multistakeholder Platform has at least 3 CSOs representation (with one of them a youth representative)	Platform has 2 or more CSOs representation	Platform has 1 CSOs representation	Platform has no CSOs representation	Country Multistakeholder Guidance Note/ Interview with CSOs
Civil society has an engagement strategy and have mobilised resources for its implementation	CSO engagement strategy developed and resources for implementation mobilized	CSO engagement strategy developed	CSO engagement strategy not developed	Country Multistakeholder Guidance Note/ Interview with CSOs
Civil Society representatives on the Country Multistakeholder Platform seek input from and report back to broader CSO coalition	CSO on the country platform regularly seek input and report back to broader civil society	CSO on the country platform occasionally engage with broader civil society on the GFF process	CSO on the country platform do not engage with broader civil society on the GFF process	Country Multistakeholder Guidance Note/ Interview with CSOs

With technical support from



NIGERIA CSOs WORKING GROUP FOR GFF





How the GFF drives results

BANGLADESH

Working across sectors



How the GFF drives results

GUATEMALA

Innovative Domestic
Resource Mobilization

How the GFF drives results

MOZAMBIQUE



Mechanism to support the GFF partnership: the GFF Trust Fund

- ▶ Flexible **grant resources** operationally linked to World Bank (IDA/IBRD) financing
 - 13 projects approved in 11 countries: ~US\$2.3b in IDA/IBRD financing and US\$342m in GFF Trust Fund financing → \$6.9 IDA/IBRD financing linked to every \$1 GFF financing
 - 18 additional projects under preparation

- ▶ **Country selection**
 - Eligibility: 67 low and lower-middle income countries
 - Must be willing to commit to increasing domestic resource mobilization and interested in using IDA/IBRD for RMNCAH-N
 - 16 GFF countries; 10 new joined recently

GFF replenishment in 2018 -- Why now?

- ▶ Women, children and adolescents are dying from preventable causes. Progress to achieve SDG targets is not fast enough. The **lack of financing** is a key barrier.
- ▶ GFF financing model now has **proof of concept** and demand is high from eligible countries.
- ▶ With the largest IDA replenishment ever (US\$75 billion), 2018 is a **historic opportunity to mobilize sufficient total financing** to close the \$33.3 billion funding gap for women's and children's health and nutrition.
- ▶ GFF assists countries to **transition away from a reliance on external assistance**.
- ▶ Need to frontload GFF TF as catalyst so that **domestic public and private resources** progressively can assume larger shares of financing, leading to sustainable, country-led financing.

Where to find more information?

GFF website:

- ▶ Replenishment Document
- ▶ GFF Brochure & Private Sector Brochure
- ▶ Fact sheets: Replenishment rationale, UHC, SRHR, CRVS, Nutrition, IDA/IBRD
- ▶ Frequently asked questions
- ▶ Country case studies
- ▶ Annual Report
- ▶ Blog posts, Op-eds, articles
- ▶ Press releases
- ▶ Multimedia

Coming soon:

- ▶ Country briefings and Results stories
- ▶ GFF Lives Saved-report
- ▶ GFF consolidated results in the 2017/18 Annual Report

The screenshot shows the GFF Replenishment website. At the top, there is a navigation bar with the GFF logo and the World Bank Group logo. The main heading is "GFF Replenishment". Below this, there is a paragraph explaining the GFF's new model. A quote from Melinda Gates is featured in a teal box. To the right, there is a red box for "ADVOCACY TOOLS" and a section for "REPLENISHMENT DOCUMENT" with a download link. Below that, there are links for "PRESS RELEASE", "SOCIAL MEDIA MESSAGES", "THE GFF: WHY INVEST? BROCHURE", "ANNUAL REPORT", "FACT SHEETS", "UNIVERSAL HEALTH COVERAGE", "SEXUAL & REPRODUCTIVE HEALTH & RIGHTS", "CIVIL REGISTRATION & VITAL STATISTICS", "INNOVATIVE FINANCING", "COUNTRY CASE STUDIES", and "LANCET: THE GLOBAL FINANCING FACILITY". A video player is visible at the bottom of the page.

GLOBAL FINANCING FACILITY | **WORLD BANK GROUP**

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GFF Replenishment

Over the past two years, the GFF has created a new model with countries in the driver's seat that brings together multiple sources of financing in a synergistic way to support national priorities. A key element of this model is drawing on the other sectors that influence health and nutrition outcomes, such as education, water and sanitation, and social protection.

ADVOCACY TOOLS

REPLENISHMENT DOCUMENT

DOWNLOAD | PDF | 4.9MB

PRESS RELEASE

SOCIAL MEDIA MESSAGES

THE GFF: WHY INVEST? BROCHURE

ANNUAL REPORT

FACT SHEETS

UNIVERSAL HEALTH COVERAGE | PDF | 0.5MB

SEXUAL & REPRODUCTIVE HEALTH & RIGHTS | PDF | 0.5MB

CIVIL REGISTRATION & VITAL STATISTICS | PDF | 0.6MB

INNOVATIVE FINANCING | COMING SOON

COUNTRY CASE STUDIES

CAMEROON

MOZAMBIQUE

LANCET: THE GLOBAL FINANCING FACILITY – TOWARDS A NEW WAY OF FINANCING FOR DEVELOPMENT

DEVEX: OPINION: MAKING THE CASE FOR THE GLOBAL FINANCING FACILITY

"At the Gates Foundation, if we make an initial investment we'll take some risks, by investing our money to see if something works. If we make a second investment – it means we know it works. We are announcing another \$200 million to the Global Financing Facility and we wouldn't ask you to invest if we weren't investing."

— Melinda Gates

Sixteen countries have benefited from the approach to date and many others are keen to join the GFF, but the generous initial contributions to the GFF Trust Fund from governments of Canada and Norway, the Bill & Melinda Gates Foundation, and MSD for Mothers are fully committed. The first replenishment for the GFF Trust Fund is being launched to respond to the demand from countries that want to be part of the GFF. It seeks to mobilize an additional US\$2 billion to enable the GFF process to be expanded over the period 2018–23 to the 50 countries facing the most significant needs—the existing 16 countries plus 34 new countries.

The opportunity for impact is enormous: these countries collectively account for 96 percent of the US\$33 billion annual financing gap and 5.2 million maternal and child deaths each year, with billions of dollars lost each year to poor health.

BACK UP SLIDES



www.globalfinancingfacility.org



GFFsecretariat@worldbank.org



[@theGFF](https://twitter.com/theGFF)

Why is CRVS a priority for the GFF?

- ▶ Many GFF-supported countries have inadequate monitoring and evaluation systems
- ▶ CRVS is linked to broader agenda of data for decision-making.
 - CRVS best source of continuous and up-to-date information on births, deaths and causes of death
 - Data available at national and sub-national levels
 - Critical in monitoring country progress towards the SDGs
- ▶ GFF prioritizes CRVS as a previously under-funded data source, focusing on births; deaths and causes of death; and marriages

Key CRVS activities in GFF supported countries

- ▶ Increase birth and death registration rates
 - Expansion of service delivery points
 - Community, health facilities, schools
 - Mobile technology
- ▶ Improvements in causes of death
 - Adoption of ICD-10
 - Development of training manuals
 - Training and sensitization of notification/registration personnel
- ▶ Interoperability of CRVS system with other systems

Adolescent health in Bangladesh

- ▶ GFF finance health and education, to reduce drop out among female & disadvantaged students, tackling:
 - Menstrual hygiene, Undernutrition and Emotional problems, financing stipends for female students; separate functional toilets for girls; SRHR and gender equity in curriculum; menstrual hygiene in schools and at home; tackling bullying; adolescent health services for students, teachers, and community; student and peer counseling; nutrition services for girl students to address underweight and anemia – in schools and in communities