GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

Global Financing Facility (GFF) in DRC

Nov 8, 2018

Presentation outline

I. COUNTRY DIAGNOSTIC

II. GOVERNMENT'S VISION FOR GFF

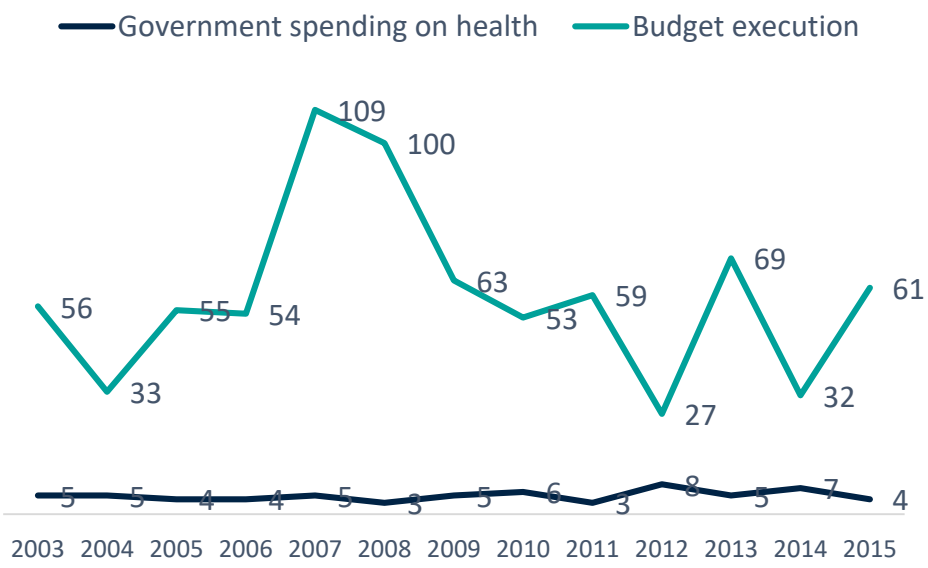
III. RESULTS TO DATE

IV. CHALLENGES AND OPPORTUNITIES

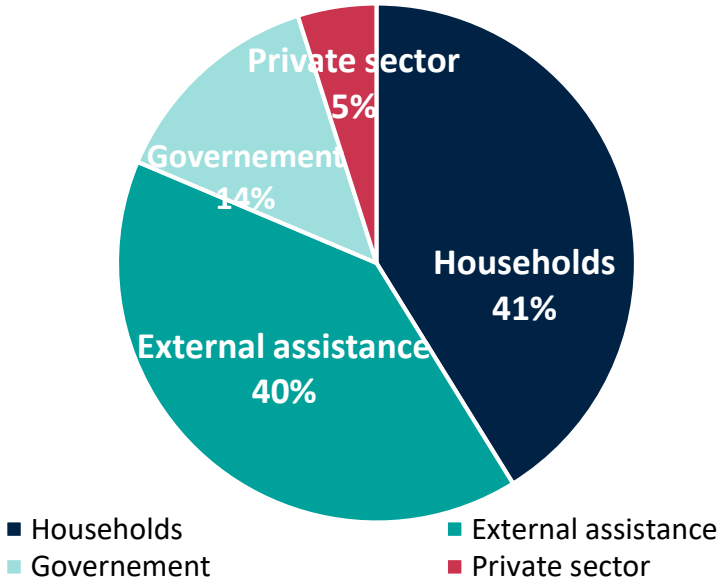
DRC: a fragile state faced with significant political, economic and social challenges

	2016
Population (million)	77.3
GDP per capita (current US$)	442
Tax-to-GDP (2010)	8.35
Poverty rate ($1.9/day PPP)	73.1
Maternal Mortality Ratio	849
Life expectancy at birth (years)	58.7

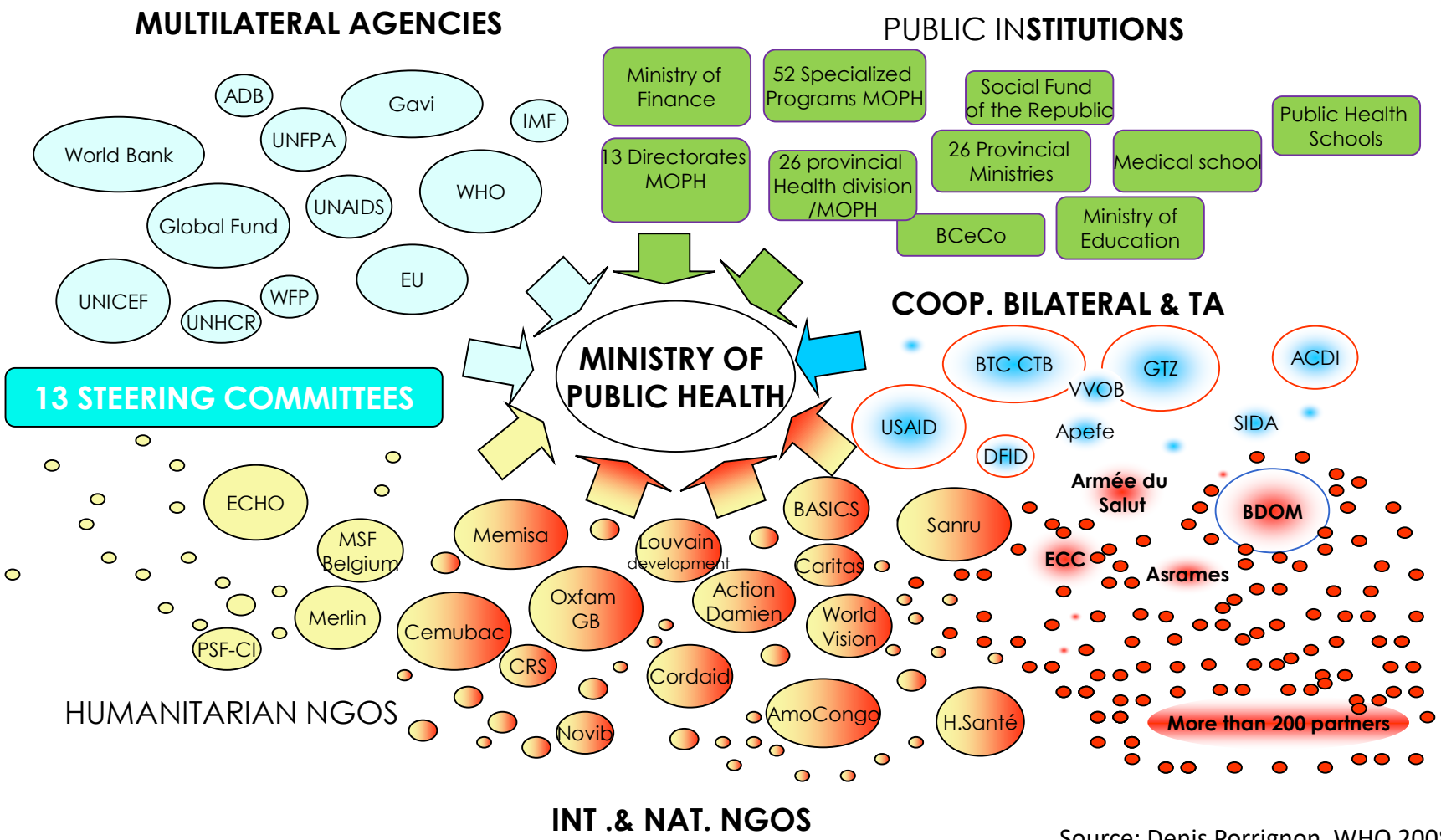
LOW GOVERNMENT PRIORITY ON HEALTH AND POOR EXECUTION



THE RELIANCE ON HOUSEHOLDS AND EXTERNAL ASSISTANCE



Multitude of financing and management schemes



Source: Denis Porrignon, WHO 2008

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Launch of the GFF in DRC in light of UHC reforms for every women and child by 2030 – March 2015

- **Multi-sectoral GFF Task Force** put in place based on an existing RMNCAH platform
- **Investment Case**: Further prioritization of the National Health Strategy Plan (2016-2020)

- **Team work:**
  - **MOH+CSO** focused on defining RMNCAH-N priorities; **UNICEF** conducted a health system bottleneck analysis;
  - **the WHO and MOF** costing the IC
  - **The GFF** secretariat helped with the resource mapping

The investment case in DRC is addressing the most acute RMNCAH needs through 12 priorities

"WHAT"

Priority 1: package of High RMNCAH Impact Interventions

Priority 2: Improve coverage and quality of reproductive health for adolescents

Priority 3: Improve coverage and quality of nutrition services

Priority 4: improved access to source of water

"HOW"

Priority 5: Implementation through strategic purchasing (Performance Based Financing) focus on results

Priority 6: Implementation of a High RMNCAH Impact interventions through community approach

Priority 7: Improve chain supply and medicines

Priority 8: Improve distribution and quality of health workers

Priority 9: Improve fiscal space, efficiency & financial access to RMNCAH services

Priority 10: Reinforce governance

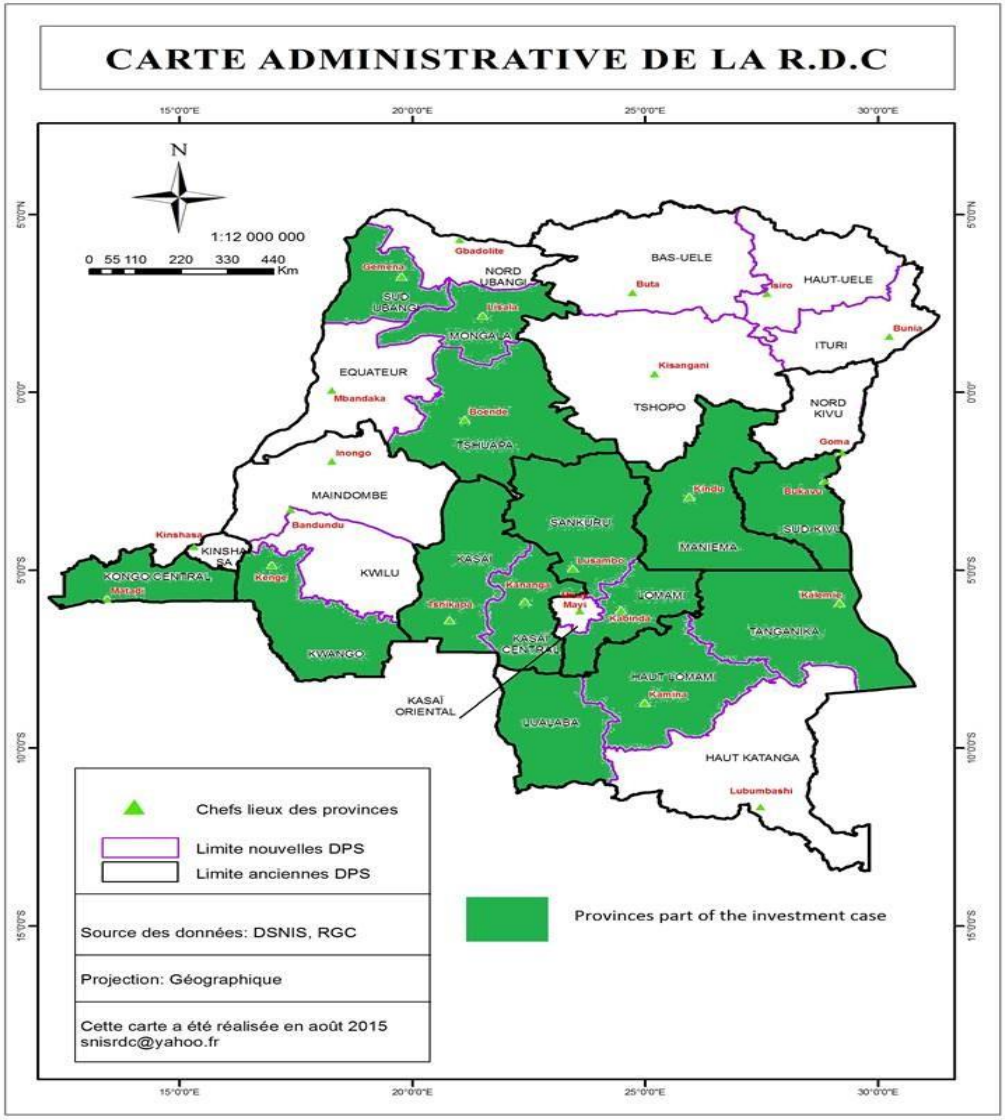
Priority 11: Reinforce information systems

Priority 12: Reinforce Civil Registration Vital Services (CRVS)

Impact on MMR & U5MR will be more rapid by focusing on provinces with the highest RMNCAH needs: Equity

- 14 provinces with the worse composite index
- A pop. of 39 million
- 49% of the pop

IC expected to reduce IMR by 17% and MMR by 11%



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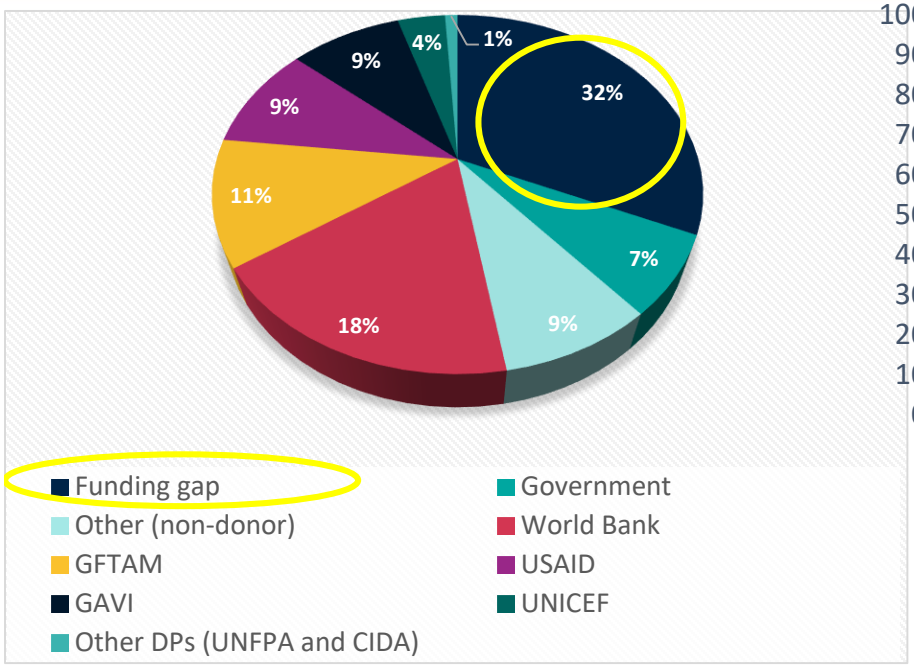
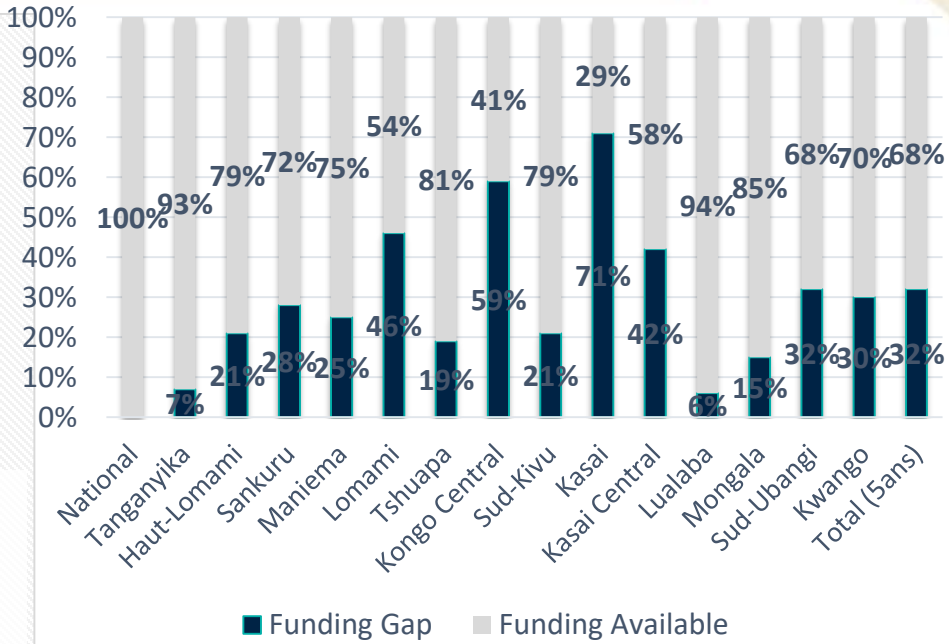
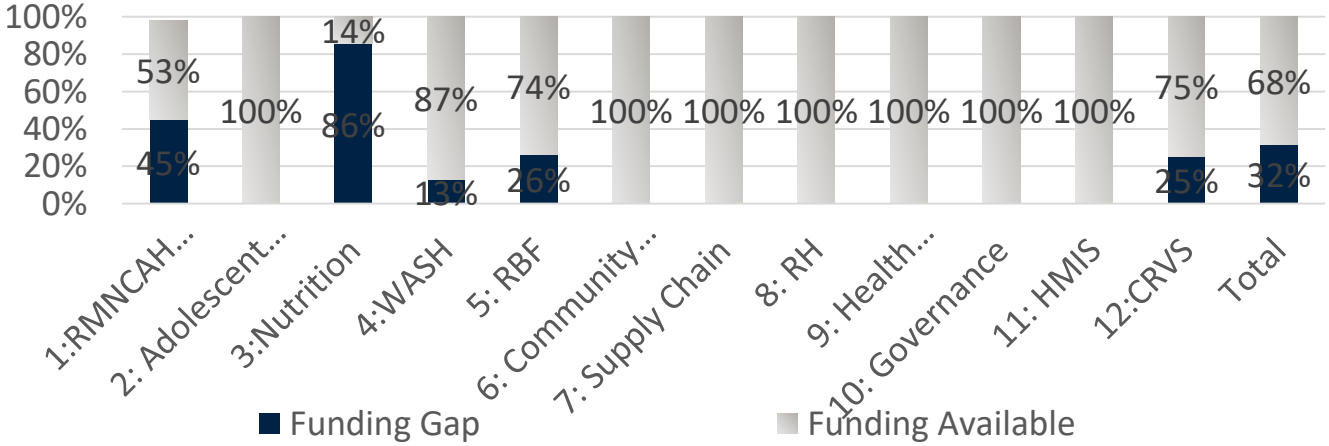
Mapping existing commitments of the IC: a starting point for better planning and allocative efficiency in DRC



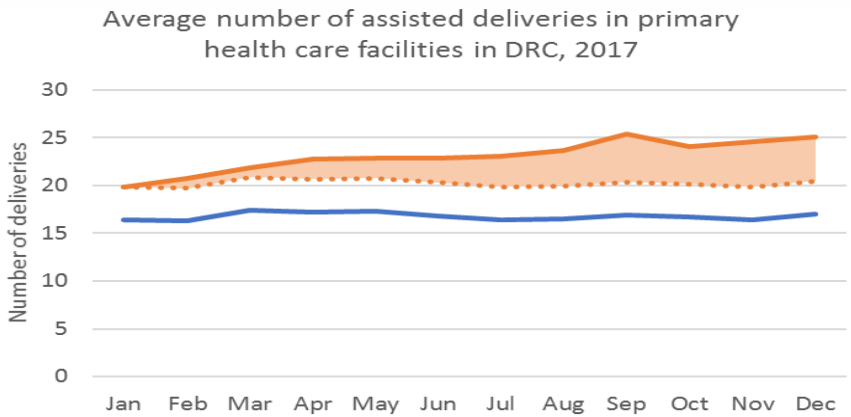


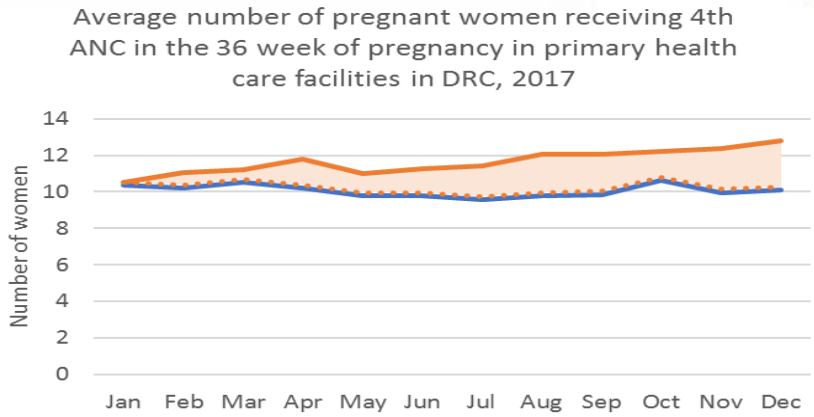


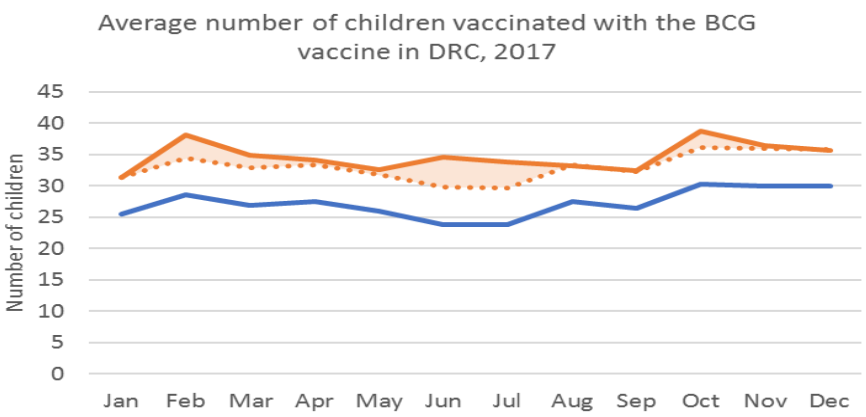
The total IC budget is $ 2,645M for 5 years or $ 13/pers

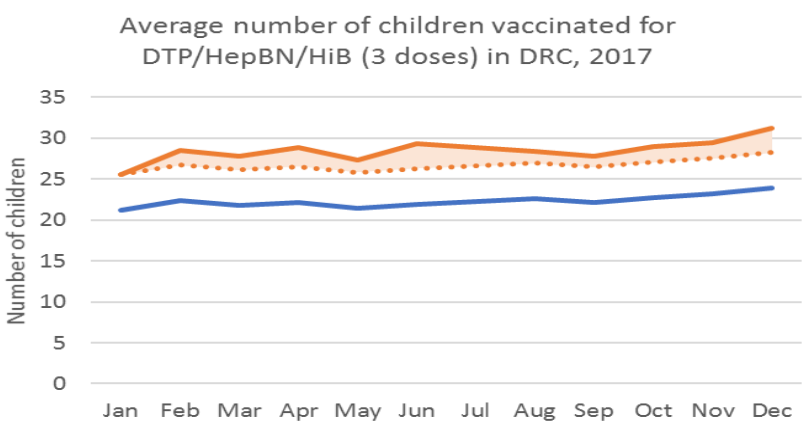
Gap=$844M over 5 year or $4/pers

Initial Results of Strategic Purchasing in DRC, including in GFF provinces (Priority 5 of the IC)









Legend:

- General trend in facilities not participating in strategic purchasing
- Counterfactual trend in strategic purchasing facilities (what would have happened in strategic purchasing facilities if they did not participate in the program and followed the general trend instead)
- Trend in facilities participating strategic purchasing
- Net gains in services provided thanks to strategic purchasing (above the counterfactual trend)

Single Contract - Priority 9 of the IC – Definition (1)

- **Pooling of financial resources** of the central government, locally generated revenues and donor resources **to fund the essential functions** and priority activities of the MoH structures at decentralised level, based on a **joint planning** exercise

- **One plan, one performance contract, one reporting, one monitoring and evaluation → one pooled fund**

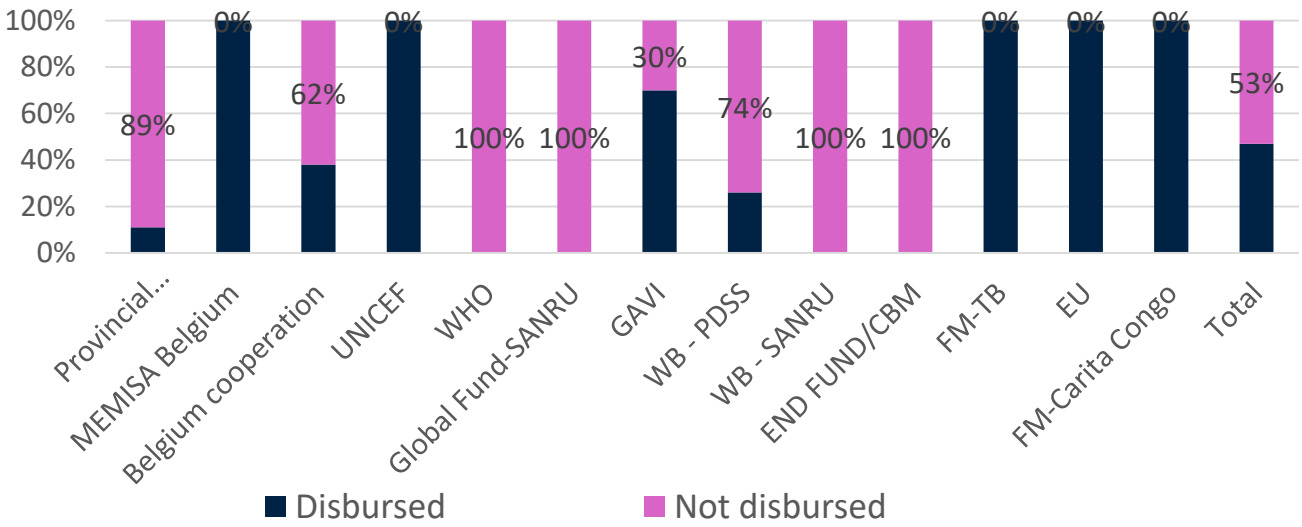
Single Contract, Priority 9, of the IC, allowed better accountability and monitoring of the IC at provincial level (2)

Level of achievement of the 3rd quarter 2017 work plan in South Ubangi 53% of activities performed only : WHY not more ?

Delay in disbursing funding on :

- Training on GPS and M&E at Provincial level (WB)
- organizing training on HMIS and Data use (GF)
- Inventory in medicines and equipment (Government)
- Organized national days against polio (WHO)
- However various causes for delays (disease outbreak, political instability, financial mgt challenges)

Evaluation of Budget Execution of Gov and DP on the activities in South Ubangi



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Challenges and Opportunities

CHALLENGES

- **CSO engagement: work in progress:** Recent role of Path in helping structuring the CSO and clear role in disseminating and monitoring part of the IC
- **Private Sector nascent**
- **Governance:** The GFF Platform is trying to use an existing donor coordination platform that would be open to private sector, MSP and CSO
- **Recently, the set up of a policy champion group has helped addressing initial challenges of the process**

OPPORTUNITIES

- **GFF helped instilling a paradigm shift in governance:**
  - DRC is developing its new Health Strategy (PNDS) and used the methodology on prioritization, costing and resource mapping from the IC → endorsed by the MSP but also donors.
  - **IC seen as a pre-requisite to implement the Government's health strategy at provincial level**
  - Priorities of the PNDS and IC, are being codified in the program-budgeting → **better tracking of DRM and donor funding and better accountability**

Thank you !