



Global Financing Facility

*The Catalyst for Country-Led
Health and Nutrition*

Share-Net International Roundtable Meeting
November 8, 2018



Two trends led to the creation of the GFF

1

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

2

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



What results do we want to achieve?

Overall objective:

Eliminate preventable maternal, newborn, children 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
- ▶ Nutrition: prevalence of stunting & malnutrition
- ▶ Universal health coverage

Closing the financing gap
would **prevent**
up to 35 million deaths
by 2030

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

Bangladesh
Cameroon
DRC
Ethiopia
Guatemala

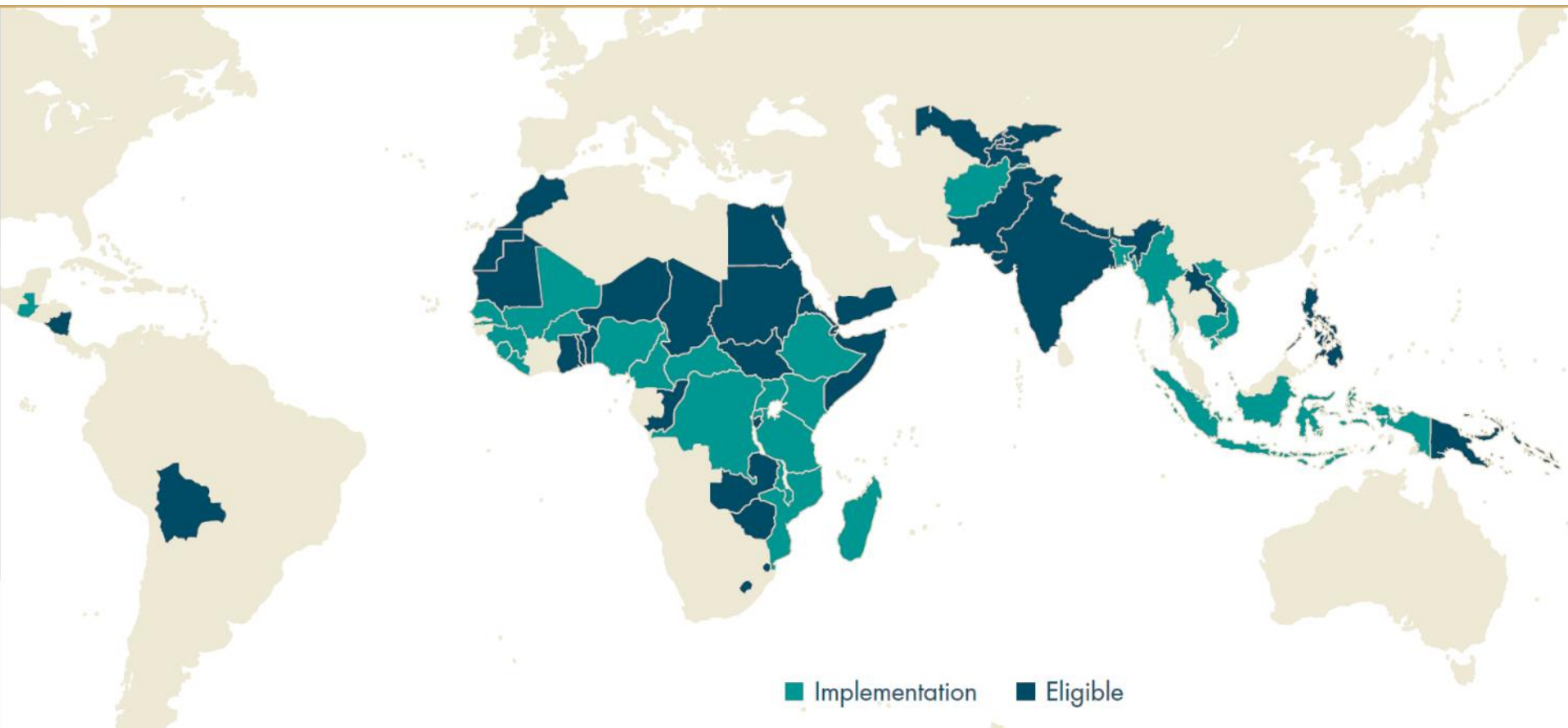
Guinea
Kenya
Liberia
Mozambique
Myanmar

Nigeria
Senegal
Sierra Leone
Tanzania
Uganda

Vietnam
Cote d'Ivoire
Afghanistan
Burkina Faso
Cambodia

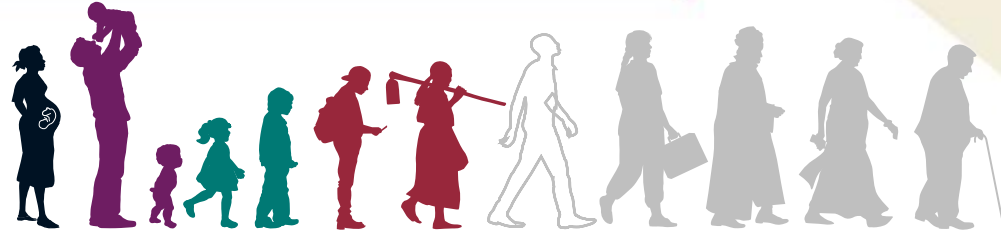
Central African
Republic
Haiti
Indonesia
Madagascar

Malawi
Mali
Rwanda



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.



30% of the impact on lives saved of GFF investments across RMNCAH-N will come from expanding access to contraception

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 partnership at the country level

THE COUNTRY PLATFORM BRINGS TOGETHER:

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

CSOs are essential partners in the GFF – at country and global level

➤ **Country engagement:**

- Participation in GFF country platforms and cross-learning
- Service delivery, particularly in hard-to-reach areas and in fragile settings
- Accountability, Advocacy and social mobilization, scorecards to monitor progress

➤ GFF Secretariat/PMNCH providing **seed grant funding** to strengthen country CSO capacity

➤ **CSO Working Group** (managed by PMNCH), engagement strategy (on GFF Website under Partnerships/CSO)

➤ **CSO constituency representatives on GFF Investors Group (2 permanent and 2 alternate, 1 of which youth):**

- Aminu Magashi Garba, African Health Budget Network
- Angela Mutunga, Jhpiego

➤ **CSO Focal Point** at GFF Secretariat (Katri Bertram, kbertram@worldbank.org)

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. The funds appropriated take into cognizance the annual funding needs of the country & also inline with Country Multi Year 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 Spread Sheet/GFF Result 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 process	More than one CSO coalition and it is not 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



GLOBAL CSO COORDINATING GROUP FOR GFF

NIGERIA CSOs WORKING GROUP FOR GFF



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

How the GFF helps countries mobilize domestic resources to date

- **Technical assistance to identify best policy options to increase public domestic health spending**
 - **Health financing strategies:** supporting countries in developing or strengthening their existing health financing strategies (Ethiopia, Myanmar, Senegal, Uganda)
 - **Fiscal space analyses**
 - **Support implementation of tax policies** to foster healthy behaviors and increase tax revenues (DRC, Liberia, Sierra Leone)
- **Strengthen dialogue** between the Ministry of Health and the Ministry of Finance (e.g. capacity building in collaboration with Joint Learning Network)
- **Financial incentives**
 - **Disbursement linked indicators:** resources provided if domestic health expenditures remain stable or increase (Mozambique)
 - **Loan buy-downs** matched by domestic resources (Guatemala)

Key results in countries

- **Tanzania:** Outpatient care has risen from 2.5% to 14% in 18 months, and high-performing health facilities have risen from 1% to 22%
- **DRC:** In less than 1 year, in 14 provinces women and children gained access to essential services; vaccination rates for children are up 25% and assisted deliveries are up 14%
- **Cameroon:** More than doubling its budget for women, children and adolescents' health and nutrition; skilled births increased 71% in 2017 in 34 facilities
- **Nigeria:** Scale up of a basic minimum package of health services for all Nigerians, and more domestic resources invested in the health and nutrition of women, children and adolescents (~ US\$150 million in new money per year for primary health care strengthening and service delivery)

What key lessons have we learnt?

- GFF can mobilize additional resources
- Countries can achieve rapid results - also in fragile areas
- We need to improve coordination & communications in countries to strengthen the partnership and engage all stakeholders
- Key actions taken:
 - Engage all stakeholders from the beginning
 - In-country liaison person
 - Implementation guidelines



Learn more



www.globalfinancingfacility.org



GFFsecretariat@worldbank.org



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