Share-Net International

ROUNDTABLE KICK-OFF MEETING

"THE GLOBAL FINANCING FACILITY"

8 November 2018

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1. INTRODUCTION

On 8 November 2018, Share-Net International organised the roundtable kick-off meeting about the Global Financing Facility (GFF) hosted by Cordaid in The Hague. The objectives of this meeting were (1) to provide more in-depth insights into the GFF mechanism and its implementation; (2) to reflect on key results of GFF and country examples; (3) to create a space for reflections around GFF; and (4) to discuss opportunities for the way forward. This document contains the full report on the roundtable presentations and discussion.

THE DUTCH INVESTMENT CASE

By Frank van de Looij, Expert Health – Health and AIDS division, Ministry of Foreign Affairs

Presentation: *GFF - The Dutch Investing Case*

During the UN General Assembly in September 2018, the Netherlands announced its investment of 58.8 million EUR (for 5 years) in the GFF. Through this investment, the Netherlands will be part of GFF's highest decision-making body, the Trust Fund Committee. The Netherlands also joins the Investors Group, where GFF partners discuss country level progress and how to strengthen collaboration across the partnership.

Pros	Cons
• GFF invests 30% of its resources in **SRHR** through system investments. SRHR remains a priority area for the Dutch Ministry of Foreign Affairs; • GFF facilitates **country commitment:** countries instead of donors in the lead; • GFF **mobilizes more resources** for health, especially domestic resources, which are needed to achieve SDGs 3 and 5, specifically; • GFF brings **different stakeholders together** such as CSOs, private sector, and other sectors such as education; • More realistic health priority setting, because priorities are directly linked with available resources in the investment case; • GFF plans to **scale up in the Sahel region**. This is also a priority region for the Netherlands.	• GFF needs sufficient **capacity at country level** to properly implement the Investment Case. This is not yet the case in all GFF focus countries. • There is **limited availability of staff** on a continuous basis; • GFF may generate **more dependence of countries on loans**: specifically from countries that are already heavily indebted; • The **degree of involvement of CSOs**, which varies per country. In some countries it is fair to say that there is no real CSO engagement; • The **speed of expansion:** GFF is expanding rapidly geographically, which might cause accountability issues. • How GFF is currently **governed:** inadequate-functioning of some existing country-level platforms and insufficient knowledge exchange at global level.

The Netherlands' decision to invest in GFF is based on the following reasons:

- It is the one multilateral fund on RMNCAH (including SRHR) that works on such a large scale, with currently 27 countries;
- It is an opportunity for the Netherlands to enhance diplomacy at the high policy level on SRHR and youth and sexuality;
- Coordination through GFF can facilitate stronger alignment, avoidance of duplication, and harmonization of different actors, specifically the 3G's (the Global Fund, GFF and GAVI) and UN organizations;
- The Dutch MoFA has thematic experts able to provide support at country level. These experts also have a monitoring role on GFF's implementation in the country;

- It allows the Netherlands access to the Trust Fund Committee and to influence GFF's strategy and implementation to some extent.

THE GFF EXPLAINED

By Dr. Monique Vledder, Practice Manager - Global Financing Facility (GFF)

Presentation: Global Financing Facility - The Catalyst for Country-Led Health and Nutrition

The GFF was launched in July 2015 in response to two trends:

1) Limited progress in improving RMNCAH outcomes under MDGs 4 and 5, mainly due to insufficient funding;
2) The recognition to rethink the role of traditional ODA; this has decreased over time, and funding is fragmented.

Since 2015, the GFF has been active in 16 countries, with 11 new countries joining in September 2018. Ten of the GFF countries are fragile states. The GFF's work is not only driven by country demand, it is also driven by the highest needs in countries with the highest mortality burdens. 67 low and low-middle income countries are eligible for GFF funding, and to date 50 countries have expressed interest in joining the GFF. The GFF was created to be a country-led catalyst for health and nutrition. Its ultimate objectives are closely linked to the SDG targets. Country ownership and leadership are at the core of the GFF approach. GFF is government-led and builds on existing platforms in which CSOs and private sector are represented. In countries where such platforms do not exist, the GFF facilitates their establishment.

How does the GFF work?

On the *programmatic side*, GFF works with countries to identify evidence-based priority investments to improve RMNCAH outcomes, which is done through "Investment Cases". On the *financing side*, a longer-term perspective is used to work with countries to identify key reforms to make financing systems more sustainable, equitable, and efficient. The GFF process is as follows:

- Step 1) **prioritisation** and joint development of a feasible overall resource envelope.
- Step 2) **integration** of the Investment Case into the overall country strategy and plan.
- Step 3) coordination of **implementation**, a particular role on both improving the efficiency of financing and increasing the volume of financing, across four sources: domestic government resources, IDA and IBRD financing, aligned external resources, and private sector resources.
- Step 4) providing **support** to strengthen country systems to track progress, including by building routine systems, and then by putting a big emphasis on using these data to correct course.

A set of core indicators is currently finalised for use in GFF countries. It builds on processes for the SDG indicators and the "Every Woman Every Child" movement. It includes indicators for monitoring and tracking at multiple levels–progressing from inputs/process, to outputs, outcomes, and for evaluation of impacts.

Key lessons so far

- Resource mobilisation for RMNCHA-N is possible through GFF
- Countries can achieve rapid results, including in fragile settings.
- GFF needs to improve in-country coordination and communications to strengthen the partnership and engage all stakeholders from the beginning

GFF Replenishment Event

The GFF Replenishment Event (Oslo, 5-6 November 2018) saw much engagement from CSOs regarding their role in the country platforms and towards the accountability agenda, and challenges in capacities of local CSOs. Two CSO representatives have a seat in the Investors Group. According to the recent article published

in BMJ Global Health[1], full GFF replenishment (thus closing the financing gap) would result in up to 35 million prevented deaths of women, children and adolescents by 2030.

DISCUSSION TOPICS

- *The CSO Hub* – The CSO Hub was launched following the GFF Replenishment Event. Its purpose is to collect public goods, research tools, mapping exercises, etc. It also aims to facilitate technical assistance and strengthen CSO engagement. The link and website will be launched and shared soon.
- *Country selection* – Country selection depends on which countries are interested and willing to look at their own domestic resources. There are indicators set by the investors group used for country selection and a final decision is made by the Trust Fund Committee.
- *Theme selection* – Focus on priority themes in countries should be evidence-based and data-driven. In general there is no earmarking, although some donors may push for specific thematic areas.
    - GFF is not set up as a vertical fund but works holistically across sectors. SRHR is a key part of GFF's agenda and SRHR services are very much integrated. The Netherlands will aim for a strategic focus on the improvement of the health system to improve the delivery of SRHR packages. While 30% of the resources is invested in SRHR, nutrition is significant, as are social protection, health system strengthening, supply chain and human resources reforming.
- *Investments SRHR* – For the NL the investment in GFF is new money so it is not replacing any other funds. The Dutch contribution to GFF is invested only in the health sector. GFF provides support for the role of CSOs – it is recognized that building their capacity for the long term needs to be resourced.
- *Alignment* – There is collaboration at country level between technical teams. GFF is not raising individual streams but proper financing jointly for common issues. Harmonization and collaboration between the different donors (WHO, GAVI, GF, UNICEF, UNFP) is needed to increase efficiency, especially at country level.
- *Accountability & Learning* – A knowledge program serves as current mechanism to share best practices among countries. Additionally, monthly webinars are held for Communities of Practice, including a French speaking stream. Learning starts at district levels with constant monitoring at facility levels: some simple data to guide decision making (light touch of research). This is built up from the bottom. A lot of the learning takes place in the day to day implementation. GFF can support governments in implementation monitoring. The country platform is inclusive of all partners (also CSOs), and should cover joint monitoring and annual review. However, this is not yet happening in all GFF countries.

The Netherlands could be supported by providing as much information and evidence from the field as possible: about GFF's implementation, real investments in SRHR, and gaps identified which are needed to improve health. Regular meetings with the Dutch civil society could contribute to this. The Netherlands has a strategy with respect to GFF at global level but we need to be realistic about the level of influence: determined but modest. The Dutch with like-minded donors could have a strong influential role. In addition, the importance of influence at national level was emphasized.

[1] Chou et al. (2018) "Pushing the envelope through the Global Financing Facility: potential impact of mobilising additional support to scale-up life-saving interventions for women, children and adolescents in 50 high-burden countries", *BMJ Global Health*, Vol 3 Issue 5, http://dx.doi.org/10.1136/bmjgh-2018-001126.

2. PRESENTATION OF TWO COUNTRY CASES: MOZAMBIQUE AND DRC

By Marion Cros, Senior Economist World Bank - GFF focal point DRC, and
By Mirja Sjoblom, Senior Economist World Bank - GFF focal point Mozambique

Presentation: The Case of DRC
Presentation: The Case of Mozambique

DEMOCRATIC REPUBLIC OF CONGO

The Investment Case

Started in 2015, building on an existing country platform. The Investment Case is aligned with DRC's national health strategy plan, which had a huge funding gap. The MoH defined RMNCH packages as the main focus. The Investment Case currently targets 49% of the total population, focusing on the regions lagging behind in maternal and child mortality, and poverty rates. However, with all resources combined we still experience gaps; thus, when donors or investors enter the country, they are requested to focus on specific thematic areas (such as nutrition) and in specific regions. GFF has observed improvements over the last year (2017) and continues to scale up.

Challenges	Opportunities
• CSO engagement is a work in progress; not very strong in the beginning, but has improved since then; • Domestic resource mobilization has worked well in some provinces, but not in others; • The private sector is nascent and underrepresented; an assessment was conducted of what private sector can do to better ensure RMNCH access. However, we lack resources to assess to which extent these activities are implemented at community level; • Implementation is complicated by the multitude of stakeholders.	• A paradigm shift in governance has been observed. They have adopted the GFF methodology for priority setting and resource mapping.

MOZAMBIQUE

The Investment Case

The GFF country platform was built on an existing and well-functioning coordinating mechanism. However, the national health strategic plan was too broad which resulted in limited implementation. The Investment Case describes the priorities, including reforms of the health sector (not only RMNCH packages). On the demand side, the focus is on behaviour change. On the supply side, the focus is on community-based interventions, readiness of type A health centres, and obstetrical care in district hospitals. Priorities are adolescent health and nutrition.

The majority of the Investment Case is financed by the government. The partners provide support in different ways; GFF collaborates with all different partners, including UNFPA and others to support them on sensitive

issues such as safe abortion. USAID – in spite of serious budget cuts on SRHR – has continued to fund many different programs. Remarkably, they also invested money into the multi-donor investment case. The Netherlands also played an important role in Mozambique.

Funding

- Not all themes will be covered by GFF, which means there is still a role for CSOs to play – also in collaboration with GFF. GFF funding is in addition to the funding for CSOs.
- With respect to country debt burden, the IDA loan can be turned into a grant (WB internal system) – which was the case for Mozambique.

Challenges

- Mozambique is a donor-dependent country. It is therefore important to also coordinate the donor assistance.

3. WAY FORWARD

Roundtable discussion moderated by Catherine Hodgkin, Independent Consultant and Facilitator

CSO engagement and strengthening

The CSO hub is established to strengthen linkages and information exchange at country level. It will be helpful to know how to identify your CSO advocate in the GFF country platform. It is our role as Dutch CSOs to build capacity of our local CSO partners on GFF, and to take up their role as advocates with GFF and with the Netherlands embassies. It will be useful to share our experiences on how capacity building is or can be done (for example through E-learning).

☐ **Action point** – More information will be shared about the CSO hub once it is available.

Sharing insights and evidence

As the Netherlands currently has a seat in the Trust Fund Committee, it is useful to organise meetings with Dutch CSOs to share insights on a regular basis. The evidence from the countries is important. GFF is new and sometimes involves system restructuring. Evidence cannot be collected that quickly, but monitoring is needed.

Community of Practice in the Netherlands

Share-Net can continue to facilitate the community of practice among CSOs in the NL on GFF which can remain active over time, and bring in evidence (for example through small grants).

☐ **Action point**: A Community of Practice will be established to share experiences and stimulate learning regarding GFF at country level. Cordaid, Rutgers, Wemos, Amref, KIT, Aidsfonds indicated to be closely monitoring GFF. Participants of this meeting will be invited to be included on the mailing list of GFF.