

GFF Country Workshop Report for Participants

The Global Financing Facility (GFF) Country Workshop was organized in Accra, Ghana from 28 January to 1 February 2018. The GFF Country Workshop brought together 10 new GFF-supported countries¹ to engage and energize their multisectoral country teams around a common vision and support the operationalization of country-specific GFF visions.

1. Workshop Participation

The GFF Country Workshop was attended by 10 country teams. Each country team included high-level decision-makers from the Ministry of Health (MOH) and the Ministry of Finance (MOF), a financier of the Investment Case, a technical partner, and a representative of civil society and/or the private sector. Country teams also comprised the World Bank Task Team Leader and the health financing focal point. In total, more than 150 people participated in the GFF Country Workshop.



2. Workshop Methodology

The GFF Learning Workshop was designed through consultations to support the design, monitoring and implementation of GFF-supported Investment Cases and health financing work. As participating countries are at the initial stages of the GFF process, the workshop focused on elaborating on the GFF's vision, and exploring its underlying themes and processes. Workshop content also showcased the way through which initial GFF countries are leveraging the GFF to accelerate GFF results, highlighting challenges faced, lessons learned and potential next steps.

The GFF Country Workshop adopted an approach that combined plenary sessions and country group work to elaborate on the GFF's vision, contextualize presentations, encourage discussions and support the development of a tentative roadmap. This methodology was informed by feedback provided after the first

¹ Afghanistan, Burkina Faso, Cambodia, Côte d'Ivoire, Central African Republic, Haiti, Indonesia, Madagascar, Malawi, and Rwanda

Country Learning Workshop held in Kenya in 2015 and the second GFF Country Workshop held in the United States in 2017.

3. Workshop Content

Introduction to the GFF and Lessons Learned

This session introduced the vision of the GFF and its intended results. It highlighted the GFF's value proposition and elaborated on the roles of the GFF partnership and GFF Secretariat in attaining RMNCAH+N results.

The GFF Investment Case

This session explained the role of the GFF Investment Case in identifying “priorities among priorities” at country level in view of accelerating RMNCAH-N outcomes. Underlining that there are no prescribed formats for the investment case, this session provided general guidance on what constitutes a good investment case and outlined which elements are important to generate consensus. This session particularly stressed the importance of defining and monitoring key results (e.g., RMNCAH-N, health system strengthening, health financing, etc.) to guide content development, track progress and ensure timely course-correction. It also highlighted the importance of stakeholder engagement throughout the investment case process, including during the implementation phase.

Financing and implementing priorities of Investment Cases in a coordinated manner

This session stressed the importance of aligned financing for the GFF Investment Case, highlighting existing opportunities, challenges and lessons. It notably provided examples of existing donor coordination and co-financing mechanisms (i.e., within and outside the GFF) that countries can build on to operationalize the investment case. Further, this session elaborated on resource mapping as a tool to foster alignment of both national and external funding for investment case priorities, particularly emphasizing the need to start simple and to be cognizant of the underlying political economy. It also underlined the need to ensure donor and government commitments are translated into interventions and disbursement (resource tracking). This session concluded with a panel discussion during which representatives from Afghanistan described several good practices for donor alignment and aid effectiveness, including challenges faced, and key financiers (i.e., USAID and the Global Fund) underlined their interest in further engaging with the GFF.

Country group work: prioritizing and financing RMNCAH-N priorities through the Investment Case

This session enabled individual country teams to discuss the steps and actions required to progress on the development of the investment case, including prioritization and funding alignment.

More value for money and more money for health: ensuring smart, scaled and sustainable financing

This session highlighted the importance of health financing in ensuring the achievement of the results GFF is after. It also elaborated on the role of health financing in the Investment Case process. It notably highlighted the need to increase value-for-money and the total volume of financing, notably through enhanced domestic resource mobilization, increased external funding (including financing from IDA/IBRD and the GFF Trust Fund); improved efficiency in resource utilization and greater financial protection. The session not only discussed the role of resource mobilization in the Investment Case process, but also that of pooling risks, allocating resources, and purchasing of services. In addition, it stressed that while most short- and medium-term health financing results typically derive from the investment case prioritization process and bottleneck analysis, domestic resource mobilization results involve longer term reforms that go beyond the Investment Case's time frame, thereby requiring additional efforts.

Efficiency

This session described the key role of efficiency in releasing resources for RMNCAH-N and in increasing domestic resources. Improving efficient use of the available resources is often key for the health sector to be able to advocate for more resources. The session explained what is meant by efficiency, what are the key drivers, how to measure it and how to go about implementing reforms to improve efficiency. Key messages were the (i) the need to measure efficiency and integrate indicators into routine data systems, and (ii) to develop incentive structures that will drive the implementation of efficiency reforms.

Working Multisectorally

This session discussed the importance of working multisectoral to attain RMNCAH-N outcomes. It recommended adopting a sequenced process to decide whether to work multisectorally. This process involves (i) determining which result is to be achieved, and (ii) identifying which sectors are required to achieve that result, ideally based on an analysis of determinants. Further, this session also underlined the importance of considering the incentives available to engage each sector in a multisectoral collaboration and stressed that the need to identify a strong champion (e.g. President, Prime Minister, Ministry of Finance, Minister of Health) capable of driving and incentivizing multisectoral work. It indicated that the implementation of a multisectoral approach could be simplified through a clarification of sector roles and through (i) multisectoral planning; (ii) sectoral implementation; and (iii) multisectoral progress reviews.

Private Sector

This session highlighted the value of engaging a broad set of private sector actors, including those such as financial institutions and IT providers operating outside the “traditional” health sector. To demonstrate the diverse forms that public-private partnerships can take at country-level, the session provided examples of private sector providing innovation, expertise and capacity across different health system areas (e.g., financing, supply chains, service delivery). It recommended identifying the right private sector stakeholders and clear priority setting to ensure the establishment of shared public-private objectives for innovative solutions and stressed the importance of using evidence – whether basic demographic and health survey data or more in-depth private sector assessments – to guide decisions pertaining to private sector opportunities.

Operationalizing the GFF at Country Level

This session focused on the opportunity presented by the country platform to draw on the strengths of multiple constituencies (and possibly sectors) to address RMNCAH-N in GFF countries. It emphasized that country platforms should support the development and the implementation of both the investment case and the health financing work, including progress tracking and results monitoring. This session also clarified the key role played by the GFF liaison in providing crucial support to government and stakeholders as they develop, implement, and track the priority health investments inherent to the investment case.

Monitoring GFF implementation: RMNCAH-N Results and Health Financing reforms

This session elaborated on three areas of focus, the GFF’s global monitoring strategy, the country monitoring strategy and the investment case strategy. The global focus of this session was on understanding the benefits and commitments of the GFF data community, including the role of progress, impact and health financing indicators to show GFF results. It further covered country and investment case monitoring strategies, stressing the need to build on existing country systems to improve access to integrated data at all levels of the healthcare hierarchy for real-time corrective action and implementation

improvement. Guidelines for the monitoring strategy and framework to be included in the investment case and the role of the country platform were also discussed.

Country group work: Operationalizing the GFF and monitoring GFF implementation at country level

Individual country teams discussed existing coordination mechanisms and their potential to serve as the GFF country platform. In addition, country teams discussed existing monitoring systems and their potential to be used for monitoring RMNCAH-N results and health financing implementation, recognizing gaps in systems and data use and areas for additional investments

Parallel Sessions

The session on [Domestic Resource Mobilization \(DRM\)](#) focused on highlighting the importance of DRM in ensuring the sustainability of RMNCAH-N investments and in accelerating progress towards UHC; defining DRM, its main sources and its linkage with fiscal space. Building on the experiences of the initial 16 GFF countries, it also discussed and assessed available options to strengthen the mobilization of resources for health, including general revenue collection, the re-prioritization of health in the budget, and health specific revenue sources (e.g. sin taxes, social health insurance contributions, etc.). The session concluded with a discussion of the efforts currently made by countries to mobilize additional domestic resources and on what they might consider to further increase DRM in the future.

Another session provided an overview of the [World Health Organization Guidelines for Maternal and Newborn Health](#), emphasizing quality of care by prioritizing person-centered health and well-being, respectful care in line with client values and preferences, and the optimization of service delivery within health systems.

The session on [Lifesaving Commodities and Supply Chains](#) demonstrated that procurement and distribution of RMNCAH-N commodities, while big challenges are not the only issues affecting access and appropriate use of RMNCAH-N commodities for women and children. Further, examples were provided of different interventions to improve the management of RMNCAH-N commodities. Emphasizing the key role that could be played by the GFF to reduce fragmentation in support of commodity management, it advocated for (i) the use of evidence to determine which key bottlenecks, if any, need to be addressed in the investment case; (ii) an update of essential medicine lists to include appropriate lifesaving commodities for RMNCAH-N ; and (iii) a focus on what can be addressed in a short timeframe.

The session on [Adolescent Sexual and Reproductive Health \(ASRH\)](#) hosted a robust discussion around innovative country examples and multisectoral approaches to address ASRH; the integration of sexual and reproductive health into a broader service delivery platform; and the importance of strengthening the entire continuum of RMNCAH-N care to reduce mortality and fertility in support of the demographic transition. Eight out of 10 countries participated in the session, along with other development partners.

The session on [Civil Registration and Vital Statistics \(CRVS\)](#) focused on the importance of well-functioning CRVS systems for monitoring RMNCAH-N indicators and why CRVS is a priority area for the GFF. Highlights of the status of CRVS systems in GFF countries were provided, with emphasis on unavailability of information on death registration and causes of death; reliance on paper-based systems; and lack of vital statistics from the civil registration system. The session shared lessons on incorporating CRVS in RMNCAH-N investment cases, stressing the need to derive data from CRVS system. Discussions highlighted the need to support countries in death registration and recording of causes of death, with clear linkages established between health institutions and civil registration agencies. This session emphasized the need to devise

country-specific solutions that respond to country-specific challenges and concluded with countries advocating for more south-south learning opportunities to share best practices related to CRVS and the broader RMNCAH-N agenda.

The session on [Nutrition](#) stressed the critical nature of nutrition in the approach adopted by GFF countries to end preventable maternal, adolescent and child deaths and ensure that these vulnerable populations thrive and transform. The GFF value proposition supports improved nutrition outcomes not only through strengthened health systems and nutrition specific interventions, but also through support to multisectoral engagement that helps countries implement important nutrition sensitive interventions through related sectors, in addition to health such as WASH, social welfare, and education.

4. Country Reflections: Summarized Highlights

Country teams were asked to provide their initial thinking on (i) key priorities across the GFF value proposition, (ii) proposed next steps and (iii) the type of GFF support needed to move the agenda forward. These reflections were presented by countries at the end of the workshop and countries were encouraged to take this presentation, and all the presentations provided during the workshop, back to their country for further consultation and awareness raising of stakeholders who were not able to attend the workshop.

[Afghanistan](#) prioritizes domestic resource mobilization, focusing on capacity building to improve budget execution as well as increase the budget share allocated to the health sector. It also plans to enhance advocacy and communication to further engage civil society, private sector and parliamentary. In addition, Afghanistan plans to focus on improving efficiency, notably by enhancing contract-based management (i.e. through consolidation and a shift to performance-based management); strengthening aid management and coordination; and increasing efficiencies in healthcare delivery (e.g., low-cost high impact interventions, rationalized service utilization, trauma care skills building, etc.).

As next steps, the country team plans to inform and engage key stakeholders, including the Ministry of Finance and the Ministry of Education. To ensure alignment and buy-in, it envisages to provide feedback to and discuss potential reforms with the Health Sector Oversight and the RMNCAH Technical Working Group. Further, it intends to conduct a resource mapping exercise; develop the GFF Investment Case in alignment with SEHATMANDI; and review and refine the RMNCAH Scorecard. In this context, the country team indicated needing GFF support to (i) make a stronger case for improved resource allocation to health; (ii) prepare a health financing paper, highlighting options; (iii) help shift contract management to performance management; and (iv) to develop options for governance and management of tertiary hospitals.

[Burkina Faso](#) plans to prioritize emergency obstetric and neonatal care and the integrated management of childhood illness, at community and health facility levels, focusing on improving strategic purchasing (i.e. free care and results-based financing); task shifting; capacity building; equipment procurement and maintenance; newborn home care; and quality assurance and certification. It also intends to enhance nutrition by working closely with community health workers to enhance therapeutic care and strengthen the promotion of exclusive breastfeeding and good infant and child feeding practices. In addition, the country team plans to target adolescents sexual and reproductive health by improving and scaling up behavioral change communication, community-based distribution of family planning commodities, task shifting for family planning, and adolescent-friendly supply-side services. In parallel, Burkina Faso prioritizes the digital registration of births, deaths and causes of deaths.

As next steps, the country team intends to disseminate acquired knowledge: it will first report to the Council of Ministers and subsequently organize a workshop with key stakeholders. In addition, the country team plans to conduct a resource mapping exercise; establish a coordination mechanism; improve multisectorality; and strengthen civil society and private sector engagement. The team indicated that technical support would be needed to help capitalize on the results of the current DHIS2, improve data management, family planning interventions and monitoring and evaluation.

Cambodia proposes to address existing gaps and reduce inequities linked to access, utilization and quality of an integrated package of essential RMNCAH-N services. It proposes to achieve a transformational impact through the selection of high impact interventions and targeted approaches to implement needed strategies and reforms. As next steps, the country team suggests to first disseminate information shared during the GFF workshop and then direct efforts toward establishing a country platform building on the existing Technical Working Group for Health. Further, it proposes to take stock of existing strategies and to develop the GFF roadmap for Cambodia, in consultation with stakeholders. To support these processes, GFF support may be needed to improve multi-stakeholder engagement; reinvigorate the focus on targeted financing for specific RMNCAH-N results; to hold broad-based discussions on long-term sustainable financing; and to reduce official development assistance for health.

Central African Republic seeks to strengthen health sector leadership and coordination; improve of the RMNCAH-N database; and enhance the supply chain for medicines and other commodities. The country team underlined that the GFF represents an excellent opportunity to create a country platform that can strengthen country leadership and harmonize as well as align financing and interventions among all partners. As next steps, the country team plans to brief a variety of stakeholders on workshop content. It also intends to focus on the identification and selection of priority interventions; the identification and sensitization of key partners and stakeholders; the implementation of a resource mapping exercise and the drafting of a roadmap. To realize these priorities, the Central African Republic would require technical assistance to identify and select resource mapping tools, improve data collection, engage the private sector and support the pharmaceutical sector.

Cote d'Ivoire plans to improve community health; define functionality standards for health facilities; improve supply chains to improve medicine and commodity availability at the last mile (e.g., Sweed Project); better the distribution of human resources for health; strengthen capacities; and enhance the availability and accuracy of health information, including on quality of care, to guide decision making. As next steps, the country team intends to disseminate acquired knowledge and discuss potential priorities by organizing a meeting with decision-makers (e.g., Prime Minister's Office, Ministries, Working Groups) and key stakeholders. The country team also plans to establish a country platform, draft a roadmap, as well as initiate technical work/analyses to inform the investment case development process. Further, Cote d'Ivoire would need GFF technical assistance to improve the health management information system, the civil registration and vital statistics system, health financing and resource mapping.

Haiti seeks to reduce maternal and neonatal mortality rates, and the prevalence of adolescent pregnancies through a significant increase in the use of modern family planning methods and in the rate of skilled deliveries in 5 departments with the worst performing sexual and reproductive health indicators. As next steps, the country will report back to the Ministries of Health and Economy as well as provide guidance on the GFF to donors, civil society and the private sector. Building on the momentum created by the workshop, it also proposes to start forming the country platform and initiate key situational analyses (i.e. document reviews, resource mapping, cost analysis, bottleneck analysis, etc.). The country team highlighted needing

technical assistance to evaluate private sector capacities, to support resource mobilization for the investment case, and to help accelerate the operationalization of coordination mechanisms that have been planned by the Ministry of Health.

Indonesia plans to focus on the prevention and reduction of stunting, gradually scaling up from a select number of districts to a larger number of districts. It intends to prioritize multisectoral approaches with evidence-based, measurable, context-specific and context-sensitive interventions that align with international standards and converge up to the village level. These approaches and interventions should be supported by a range of stakeholders, including line ministries, local governments and non-governmental actors. As next steps, the country team intends to disseminate GFF-related information with a broader range of stakeholders. It also plans to start forming the country platform and developing the investment case (and linking it to the existing framework). To realize this, the country team underlined needing technical assistance to support the development of a result framework; define the institutional arrangement of various initiatives (SDGs, National Action Plan, etc.); map resources, cost interventions, and design convergence instruments – including fiscal transfer and private sector mobilization; develop robust monitoring and evaluation; and facilitate learning exchanges on international best practices.

Madagascar seeks to reduce both maternal and neonatal mortality rates, and stunting, particularly through health system strengthening interventions, including those aimed at improving the performance of human resources for health, information systems, commodity management, and governance. It also plans to promote efficient resource utilization and to focus on the development of an effective monitoring and evaluation system. As next steps, the country team will start by providing feedback to the Committee for the GFF platform, including the Ministries of Health and Finance, and by informing financial and technical partners. It will also finalize a situational analysis and conduct a resource mapping exercise. In terms of GFF technical assistance, the country team requests support to increase the fiscal space for health

Malawi seeks to strengthen health systems (e.g., monitoring and evaluation, planning and budgeting, etc.); improve partner coordination by strengthening existing platforms and exploring pooled funding options; and enhance accountability through the country platform. It plans to prioritize evidence-based high impact interventions to address bottlenecks linked to human resources for health, adolescent health, early childhood development, stunting and quality of care. It also envisages focusing on civil registration and vital statistics systems. As next steps, Malawi intends to debrief senior management at the Ministry of Health as well as task force members. It plans to finalize the setup of the country platform and to continue developing the investment case building on the existing HSSP II which was recently launched in 2017. Accompanied by a monitoring and evaluation framework for the investment case, the final investment case will then be implemented. The country team deems technical assistance critical to support efficiency analytics, develop the health financing strategy and strengthen partner coordination.

Rwanda aims to contribute to efforts made in-country to further reduce stunting by strengthening the existing multisectoral approach to develop and implement an investment case. It plans to adopt a lifecycle approach, focusing on the first 1000 days and using Early Childhood Development centers. As next steps, the country team plans to determine which existing platforms will serve as the GFF country platform. It also intends to start developing the investment case and to recruit a GFF Liaison Officer. In this context, the country team indicated needing GFF technical assistance to further strengthen existing RMNCAH-N coordination mechanisms; increase funding for RMNCAH-N from other sources (i.e., multilaterals, bilateral and domestic resources); and to access global and country best practices and learning, including tools.

5. Country Workshop: Participant Feedback

At the end of the GFF Country Workshop, participants were asked to provide feedback on the relevance and quality of the workshop methodology and content. This feedback was provided using a questionnaire with a Likert-like scale ranking satisfaction from one (i.e. “very dissatisfied”) to five (i.e. “very satisfied”).

The overall response rate is 56.7 percent, representing 68 respondents out of 120 participants, excluding faculty members/GFF Secretariat. The total average score is 4.23, suggesting that workshop sessions have been effective in transferring knowledge and in providing guidance to country teams for the operationalization of the GFF process (c.f. Table 1).

Table 1: Average scores

Average scores				
Relevance	New Information/ Applicability: Information	Content vs. Objectives	Usefulness: Group Work	Total Average Score
4.5	3.9	4.1	4.45	4.23

These positive learning outcomes are further highlighted by the frequency distributions of each criterion, which further indicate that participants were predominantly either very satisfied or satisfied. This is emphasized by respondents qualifying the workshop as “an excellent way to open a dialogue between the ministry of health and the ministry of finance” and expressing their satisfaction by saying “superb! Well done!”; “this was a good workshop, which helped me understand the GFF”; and “good work! Continue!”. This terminology further suggests that workshop content was considered relevant and useful.

Participants stressed the importance of strengthening continuous and sustainable learning through further joint learning opportunities, including south-south cooperation modalities. More specifically, participants listed five critical learning and capacity building priorities to support the operationalization of the GFF at country level, namely the development of a Community of Practice; the organization of regular online seminars; the organization of study tours in GFF countries; the documentation of country experiences and the regular planning of technical workshops.

6. Annex 1: Twitter: Countries and Technical partners sharing their enthusiasm



Mark Schreiner, [@UNFPA](#) Representative to Rwanda



Mark Bryan Schreiner @MarkB_Schreiner · Jan 31

Excited to see [@RwandaHealth](#) delegation [@theGFF](#) 2018 workshop in Accra w/ [@UNRWanda](#) & [@USAIDRWanda](#) +H6 DP's exploring #GFF opportunities. [@UNFPA](#) [@WHORwanda](#) [@unicefrw](#) [@UNFPA_Supplies](#) [@benoitkalasa](#) [@YannLacayo](#) [@mgakwerere2](#)

Gakwerere Mathias, Maternal Health and Midwifery Program Officer [@UNFPA](#) Rwanda



Gakwerere Mathias

@mgakwerere2

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Great discussions on GFF opportunities for Rwanda
Accra workshop of GFF country teams
Jan 29-2 Feb 2018 [@unfparwanda](#)[@mark](#)



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We're excited to attend @TheGFF Induction Workshop in #Ghana as part of Malagasy delegation w/ @UNFPAMadagascar & @MinSanteMada. Great strategic opportunities to leverage resources to support the wellbeing of #Malagasy #women, #children & adolescents #WomenAndChildrenFIRST



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7. Annex 2: Agenda GFF Country Workshop

Sunday, January 28, 2018	
6:00 – 7:30pm	Welcome Reception
Monday, January 29, 2018	
7:30 – 8:30am	Registration
8:30 – 9:00am	Opening and Introduction
9:00 – 10:00am	Introduction to the GFF
10:00 – 10:30am	Icebreaker exercise
10:30-11:00am	Coffee/Tea break
11:00-12:30pm	Prioritization and Impact: The Investment Case as a tool
12:30-1:30pm	Lunch break
1:30-3:00pm	Financing and implementing priorities in a coordinated manner
3:00-3:30pm	Coffee/Tea break
3:30-5:00pm	Country group work: prioritizing and financing RMNCAH-N priorities through the Investment Case
Tuesday, January 30, 2018	
8:30-8:45am	Recap from Day 1
8:45-10:15am	More value for money and more money for health: ensuring smart, scaled and sustainable health financing
10:15-10:45am	Coffee/Tea break
10:45-12:15pm	Improving Efficiency
12:15-1:15pm	Lunch
1:15-2:45pm	Working multisectorally: purpose, lessons and experiences
2:45-3:15pm	Coffee/Tea break
3:15-5:15pm	Country group work: prioritizing health financing reforms and working multisectorally through the Investment Case
Wednesday, January 31, 2018	
8:30-8:45am	Recap from Day 2
8:45-10:15am	Partnering with the Private Sector
10:15-10:45am	Coffee/Tea break
10:45-12:15pm	Operationalizing the GFF at country level
12:15-1:15pm	Lunch

Thursday, February 1, 2018	
8:30-8:45am	Recap from Day 3
8:45-10:15am	<p>Further learning on technical topics to support GFF implementation</p> <p><u>Potential parallel sessions:</u></p> <ul style="list-style-type: none"> - Adolescent health, SRHR and FP - Guidelines for Maternal and Newborn Health - CRVS - Lifesaving commodities and supply chain - DRM - Nutrition
10:15-10:45am	Coffee/Tea break
10:45-12:15pm	Finalizing country presentations
12:15-1:15pm	Lunch
1:15-2:45pm	Country presentations
2:45-3:15pm	Coffee/Tea break
3:30-4:30pm	Closure workshop