

COUNTRY-POWERED
INVESTMENTS FOR
**EVERY WOMAN,
EVERY CHILD.**



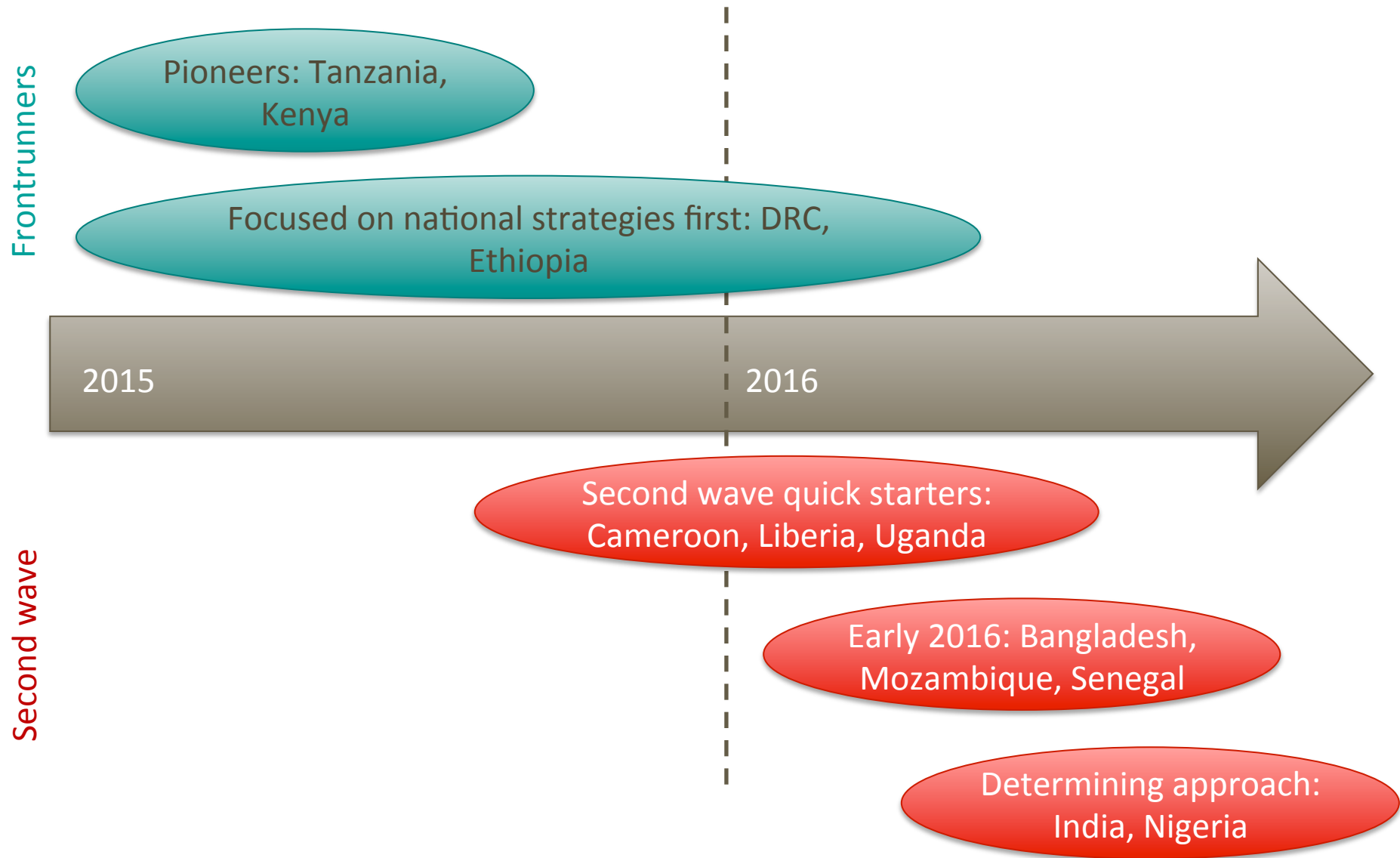
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GFF Portfolio Update

Follow-up from March call: structure of updates

- Question raised in March call about the approach to update calls: covering all countries vs. deep dives; thematic meetings vs. broad-based updates
 - Little feedback received
 - Proposal:
 - April: general session
 - May: health financing thematic session
 - June: general session
 - July: CRVS thematic session
 - August: general session
 - September: private sector thematic session
- New structure for general updates: for each country:
 - One slide on recent developments (*focus of the oral updates*)
 - One slide on background information with key details (*not presented but included as reference*)

Country status at a glance



Cameroon: recent developments

■ Latest updates

- Prioritization process for the Investment Case is underway, with technical working groups assessing the evidence, identifying bottlenecks, and proposing solutions (supported by EQUIST, with ongoing TA from UNICEF)
- Local quality assurance expert engaged and providing feedback
- Agreement on need to hire consultant to support complementary financing and health financing strategy (to be based in Ministry of Health)

■ Main challenges

- Quality of initial technical work could be strengthened
- Health financing working group had initial meeting but process moving slowly

■ Key opportunities

- Strong political leadership by the government
- Very inclusive process, including involvement of key financiers

■ Next steps

- Agreement to complete bulk of technical work on Investment Case by end of April, with complementary financing to be worked out over the subsequent months (by September)
- Analytical work to be started for health financing strategy

Cameroon: background information

■ Country platform

- Health sector strategy steering committee, supported by two technical working groups
- Multiple partners supporting different elements of the process
- Continued strong collaboration between partners, particularly among UNFPA, UNICEF, Gavi, and the Global Fund

■ Investment Case

- Agreement reached on geographical areas of focus (3 northern regions and eastern region) and broad programmatic priorities (maternal health, neonatal health, adolescent health, nutrition, and CRVS)
- Most key technical elements to be agreed by end of April

■ Complementary financing of the Investment Case

- Discussions underway, including with France, Germany, Gavi, Global Fund, and the U.S. Government (PEPFAR)
- World Bank/GFF Trust Fund financing: US\$100m IDA, US\$27m trust fund
 - Board decision expected May 2016

■ Health financing strategy

- Limited materials to draw upon (no existing strategy)
- Agreement about analytical work reached at kickoff workshop in February 2016
- Strategy expected June 2017

DRC: recent developments

- **Latest updates**

- First draft of the Investment Case being circulated

- **Main challenges**

- First draft of the Investment Case does not contain many key elements of a good Investment Case (e.g., prioritization, clarity on service delivery platforms, costing, resource mapping)
- Process of preparing the first draft has not been sufficiently inclusive

- **Key opportunities**

- Ongoing collaboration between key financiers and technical partners is strong and growing (includes Global Fund, UNFPA, UNICEF, USAID, and World Bank)

- **Next steps**

- A donor coordination meeting is scheduled for 21 April 2016
- RMNCAH mission planned for May 2016

DRC: background information

- **Country platform**
 - Draws on an existing multi-stakeholder platform
 - Supported by a technical team led by the Office of the Prime Minister
- **Investment Case**
 - Build on national health sector strategy
- **Complementary financing of the Investment Case**
 - Strong existing collaboration and involvement from a range of key financiers, including Canada, the Global Fund, JICA, Norway, USAID, and World Bank
 - World Bank/GFF Trust Fund financing separated into two projects:
 - CRVS: US\$30m IDA (for info systems, not only CRVS), US\$10m trust fund: approved March 2016
 - Additional financing for current project: US\$100m IDA, US\$40m trust fund: Board date is February 2017
- **Health financing strategy**
 - Health financing assessment completed
 - Draft HFS prepared – ongoing work to develop important areas (e.g., pooling, purchasing)

Ethiopia: recent developments

■ Latest updates

- New technical working group established to focus on health financing
- Social health insurance scheme delayed, providing additional time for effective roll out

■ Main challenges

- Strengthening CSO participation in country platform

■ Key opportunities

- Potential to use the upcoming World Bank technical assessment to further define the RMNCAH elements of the HSTP

■ Next steps

- Mission scheduled for 25-28 April

Ethiopia: background information

- **Country platform**
 - Joint Consulting Forum for sector policy and reform issues
 - Joint Core Coordinating Committee for technical work
 - TWG on health financing already established
 - TWG for RMNCAH currently under discussion
- **Investment Case**
 - Health Sector Transformation Plan (HSTP) is serving as the Investment Case
 - Focus on demand-side, supply-side and multisectoral interventions (i.e., CRVS, nutrition)
 - Strong equity and quality focus
- **Complementary financing of the Investment Case**
 - Pooled funding through SDG Performance Fund already exists
 - Interest in further aligning funding, including from DfID, GFTAM, Gavi, Power of Nutrition TF, USAID and the World Bank
 - World Bank/GFF Trust Fund financing: US\$50-75m IDA might be available this year
- **Health financing strategy**
 - Advanced draft under review
 - Health financing a key issue (both social health insurance for formal sector and community health insurance for non-formal sector)

Kenya: recent developments

■ Latest updates

- Multi-donor trust fund for technical assistance is being established with funding from DfID, USAID and the World Bank to support implementation of RMNCAH Investment Framework
 - Currently exploring mechanism to prioritize counties in need of support
- Ongoing development of prioritized and costed county annual work plans
- Recent World Bank mission on finalizing agreements with government for project support and assess preparedness for Board date in June 2016

■ Main challenges

- Extent of alignment by counties with national framework is unclear in light of devolution and capacity challenges

■ Key opportunities

- Trust fund for TA paired with results-focused financing → strong incentive for improving quality of implementation

■ Next steps

- Continue supporting county annual work plan development in alignment with RMNCAH Investment Framework
- Continued consultations on the health financing strategy, with government in lead

Kenya: background information

- **Country platform**
 - Inclusive coordination platform with RMNCAH TWG & Health Financing TWG
- **Investment Case**
 - National RMNCAH Investment Framework finalized and approved
 - Focus on supply-side performance incentives, vouchers and CCTs to boost demand
 - Geographic prioritization on 20 counties
 - Technical assistance provided by DfID, JICA, UNICEF, USAID, and the World Bank
- **Complementary financing of the Investment Case**
 - Commitment from Governments of Denmark, Japan, the United Kingdom, and the United States as well as the World Bank, with resources from IDA and the GFF Trust Fund
 - World Bank/GFF Trust Fund financing: US\$150m IDA, US\$40m trust fund
 - Board decision expected June 2016
- **Health financing strategy**
 - Five key areas: resource mobilization; purchasing; benefits definition; accreditation and licensing; and governance

Liberia: recent developments

■ Latest updates

- Recent mission clarified scope of Investment Case: three scenarios, to be implemented depending on available resources:
 - Scenario 1: national health system strengthening interventions such as supply chain
 - Scenario 2: new national referral hospital and focus on community engagement, improving quality through PBF as well as EMONC in 6 counties with worst RMNCAH indicators
 - Scenario 3: rolling out these interventions nationwide
- Government keen to move forward with implementation of health financing strategy (particularly Health Equity Fund, resource allocation formula for counties) → under discussion between government and key partners (USAID, WHO, World Bank)
- Discussions underway about aligning and financing the Investment Case with various financiers (including Gavi, Global Fund, USAID, and the World Bank)
- Liberia signed IHP+ compact; Joint Financial Management assessment mission was held as well as a joint mission from the Data Collaborative to look at M&E

■ Main challenges

- A recent resource mapping exercise by government received limited responses

■ Key opportunities

- Momentum on the health financing strategy following UHC Forum
- Opportunity to support country with further developing strategy on adolescents

■ Next steps

- Another resource mapping exercise will be carried out with support from main financiers
- H6 mission planned for April

Liberia: background information

■ Country platform

- TWG on RMNCAH and TWG on health financing overseen by a health sector committee

■ Investment Case

- Updated costed Investment Case shared for consultation
- Four priorities:
 - Quality EmONC and adolescent/youth-friendly RMNCAH services
 - Emergency preparedness, surveillance, and response (esp. maternal and newborn death surveillance and response)
 - Sustainable community engagement
 - Enabling environment: leadership, governance, and management

■ Complementary financing for the Investment Case

- Discussions underway with Gavi, Global Fund, USAID, and the World Bank
 - Global Fund HSS application in process and Gavi HSS funding request due September 2016
- World Bank/GFF Trust Fund financing: US\$16m IDA, US\$16m trust fund
 - Board decision expected June 2016

■ Health financing strategy

- Key areas: Health Equity Fund, use of resource allocation formula between counties, improved alignment and on-budget donor funding

Tanzania: recent developments

■ Latest updates

- Ongoing discussions on CRVS with RITA, WHO, UNICEF, and other partners

■ Main challenges

- UNICEF/Canada supported pilot on CRVS coming to final stage of implementation but agreement on how this will be taken forward within the draft CRVS strategy has not been reached
- Parliamentary approval for the health financing strategy delayed because of the transition to a new government

■ Next steps

- Mission planned in late May to follow up on implementation status and on country platform

Tanzania: background information

- **Country platform**
 - SWAp coordination mechanism acts as country platform
 - Supported by technical sub-groups focusing on RMNCAH and health financing
 - Wide stakeholder engagement
- **Investment Case**
 - One Plan II used as Investment Case
- **Complementary financing of the Investment Case**
 - HSSP IV – in which the One Plan II is nested – is supported by Canada, DANIDA, DfID, GIZ, the GFTAM, Irish Aid, UNDP, UNFPA, UNICEF, USAID, the World Bank, and WHO
 - World Bank/GFF Trust Fund financing: US\$200m IDA, US\$40m trust fund approved in May 2015
- **Health financing strategy**
 - Almost finalized
 - Emphasis on: creation of a fiscal space through efficiency gains; partner alignment around prioritized investments; leveraging private sector resources; and expansion of performance-based financing to enhance quality, cost-effectiveness and sustainability

Uganda: recent developments

■ Latest updates

- Investment Case was revised to clarify the five strategic shifts
- Costing still being refined
- Complementary financing discussions held with the governments of Sweden, UK, and US

■ Main challenges

- Costing and resource mapping are not well aligned
- Full potential of the GFF to improve coordination not being realized yet

■ Key opportunities

- Strong interest on the part of several key financiers to be more fully engaged in the process

■ Next steps

- Addressing of issues around costing
- Further discussions around complementary financing

Uganda: background information

- **Country platform**
 - Using the existing health sector coordination mechanism
- **Investment Case**
 - Sharpened RMNCAH Plan has five strategic shifts:
 - Emphasising evidence-based high-impact solutions
 - Increasing access for high-burden populations by promoting a set of service delivery mechanisms that operate synergistically
 - Geographical focusing/sequencing
 - Addressing the broader multisectoral context (focus on adolescent health)
 - Ensuring mutual accountability for RMNCAH outcomes
 - Includes health systems strengthening and capacity building required to deliver successfully
- **Complementary financing of the Investment Case**
 - Discussions now underway, including with DfID, Gavi, SIDA, and USAID
 - World Bank/GFF Trust Fund financing: US\$110m IDA, US\$30m trust fund
 - Board decision expected June 2016
- **Health financing strategy**
 - Approved by MOH senior management
 - Six objectives, including around resource mobilization, pooling, and strategic purchasing

Other countries (1/4)

■ Bangladesh

- Early stages of development
- A Sector Investment Plan is being prepared to guide health sector financing and serve as a basis for the health financing strategy
- A Program Implementation Plan is being developed to operationalize key health sector priorities → will provide the foundations for the definition of the RMNCAH Investment Case

■ India

- Government still determining its involvement with the GFF
- Decision expected soon

Other countries (2/4)

■ Mozambique

- Early stages of development
- A roadmap for the GFF process has been developed → Ministry of Health is discussing the timeline and potential mission dates
- The GFF, including the roadmap, will be discussed in the larger health partners group
- There are ongoing discussions about the opportunity for partnership around the common health fund (PROSAUDE)

Other countries (3/4)

■ Nigeria

- Early stages of development
- Strong government interest in moving quickly in the conflict-affected northeast
 - Emergency request to World Bank for financing: likely to be US\$125 m IDA, US\$20 m GFF Trust Fund
 - Links to GFF work on fragility
- MOH interested in developing a roadmap for the process
 - Meeting to be held by MOH with all partners (including civil society and private sector)
- Considerable interest in health financing, with a particular focus on efficiency given high current spending without commensurate results

Other countries (4/4)

■ Senegal

- Early stages of development
- Preliminary discussions: the country platform will build on existing coordination structures and the Investment Case will build on existing strategies such as the emergency plan on Maternal, Newborn, Child and Adolescent Health (SMNEA)
- Preliminary agreement that the health financing strategy will integrate the universal health insurance program (Couverture Maladie Universelle) that is currently under development
- Government has expressed interest in formally launching the country platform, likely in June
- The government also expressed interest in appointing a focal point in the MOH in the near future