

## GFF STRATEGY REFRESH ISSUES PAPER

*Draft for IG Discussion*

### I. BACKGROUND

1. The Global Financing Facility (GFF) was launched in 2015 with the objectives to accelerate progress on, and promote sustainable financing for, reproductive, maternal, neonatal, child and adolescent health and nutrition (RNMCAH-N) in the world's poorest countries. Over the past 5 years, the GFF has grown and adapted in response to the demands of its country and global partners and lessons learned, while over the same time period the global health landscape has shifted significantly. To ensure that the GFF remains fit for purpose to deliver on its objectives by 2030, a strategy refresh exercise was commissioned by the GFF Trust Fund Committee to take place in the first half of calendar year 2020. The main objectives of the GFF strategy refresh<sup>1</sup> are to:

- Reflect on recent changes in the global landscape and their impact on the positioning, scope, scale of the GFF Partnership and Trust Fund;
- Review the GFF model, focusing on country implementation experience to date;
- Take stock of the global partner engagement of the GFF in relation to its objectives; and
- Lay the groundwork for future resource mobilization for the GFF Trust Fund and to inform the GFF mid-term review.

2. The objective of this issues paper is to lay out the main strategic challenges and opportunities facing the GFF and identify potential implications for the future. This paper is based on the main findings of the diagnostics phase of the strategy refresh process, led by the consulting firm Health Strategy and Delivery Foundation (HSDF), which conducted interviews with more than 100 global and country stakeholders between January – March 2020<sup>2</sup> and reviewed over 300 documents including previous assessments. The paper is also based on discussions and comments provided by the Core Group<sup>3</sup> and members of the GFF Secretariat team. The document is structured around the four main themes that were identified during the diagnostics phase: 1) GFF in the Global Landscape, 2) Health Financing, 3) Country Implementation, and 4) Results; and then identifies cross-cutting issues and next steps.

### II. THEMES

#### A. Global Strategic Positioning

3. Since the inception of the GFF, the global health landscape has changed - and continues to change - significantly. In real time, the COVID-19 pandemic is exposing the dangerous vulnerabilities of countries' health systems and how those vulnerabilities can quickly have global consequences, and it is demonstrating the importance of investing in strong health systems, with core public health functions. Yet the pandemic is also likely to reshape investment priorities for countries at all income levels for years

---

<sup>1</sup> See Annex 1 for the concept note outlining the context, scope and approach for the GFF strategy refresh.

<sup>2</sup> The HSDF's complete diagnostics report is available in a separate document.

<sup>3</sup> The core group is convened by the GFF Director to provide guidance on the GFF strategy refresh process and includes representatives from partner countries, civil society, the UN system, Bill and Melinda Gates Foundation, Canada, DFID, European Commission, Norway, Gavi and the GFF Secretariat.

to come, in ways that could either advance or detract from the GFF's core mission. Other major recent developments in the global health landscape that are relevant to the GFF include:

- The adoption of the UHC Political Declaration at the 2019 UNGA High-Level Meeting on UHC;
- The September 2019 launch of *Global Action Plan for Healthy Lives and Well-Being For All*<sup>4</sup>, which aims to shift the ways global organizations work with partner countries and with one another, to follow countries' lead and mobilize more domestic resources for health to achieve SDG3.
- The evolution of the Every Woman Every Child (EWEC) partnership, FP 2020, and strengthened global commitments to sexual and reproductive health and rights (SRHR) and gender equality made during the last two G7 summits, ICPD25, the Gender Equality Forum, and Nutrition for Growth Summit planned for in 2020. New strategic directions and record replenishments of major GFF financing partners, including:
  - The 2018 launch of the World Bank's Human Capital Project and Human Capital Index, and the record IDA 19 replenishment for July 2020-June 2023;
  - The October 2019 record three-year replenishment (US\$14.02B) of the Global Fund for AIDS, Tuberculosis and Malaria (GF);
  - Gavi's new five-year strategy (Gavi 5.0) and replenishment planned for June 2020.

**4. Stakeholder interviews found that the GFF plays a key role in ensuring that RMNCAH-N remains a priority on the global health agenda and in GFF-supported countries.** All stakeholders interviewed reaffirmed the continuing importance and relevance of the GFF's role in the global health architecture, while many country stakeholders also expressed increasing demands for GFF support. As one IG member put it, *"Not many funds look at reproductive, maternal, neonatal, child and adolescent health in an integrated way."* Stakeholders highlighted the value-add of the GFF in driving prioritization of country budgets for RMNCAH-N and in driving sustainable and results-focused financing. The vehicle for translating GFF's aspiration at country level is focused on expanding service delivery, mainly via primary health care in integrated health systems.

**5. The GFF's value proposition lies in its ability to bring together different approaches essential to delivering sustainable RMNCAH-N results, including:**

- **Strengthening country leadership** through a government-led country platform and Investment Case, plus strong representation of GFF-supported countries in the GFF global Investors Group.
- **Prioritizing investments in RMNCAH-N services and health system strengthening reforms** within existing country resources to women, adolescents and children on the road to UHC.
- **Driving results-focused financing for RMNCAH-N through national systems** (both domestic and external), e.g. through the link with IDA/IBRD and by linking financing to results through e.g. disbursement linked indicators.
- **Convening and aligning global and country partners** around country-led plans to achieve impact at scale.

**6. The GFF is unique among other past and present global health coordination efforts (such as the Global Action Plan, P4H, and IHP+) in that it combines both convening and financing capabilities,** connecting the global (through the GFF Investors Group) and country convening (through multi-stakeholder coordination platforms) with financing from the GFF Trust Fund, IDA/IBRD and other GFF partners. This relationship between the global partnership and how information feeds into and aligns in the country platform has proven very useful to advance the GAP agenda in several countries (see section on Country Implementation).

---

<sup>4</sup> For more information on the Global Action Plan, visit: <https://www.who.int/sdg/global-action-plan>

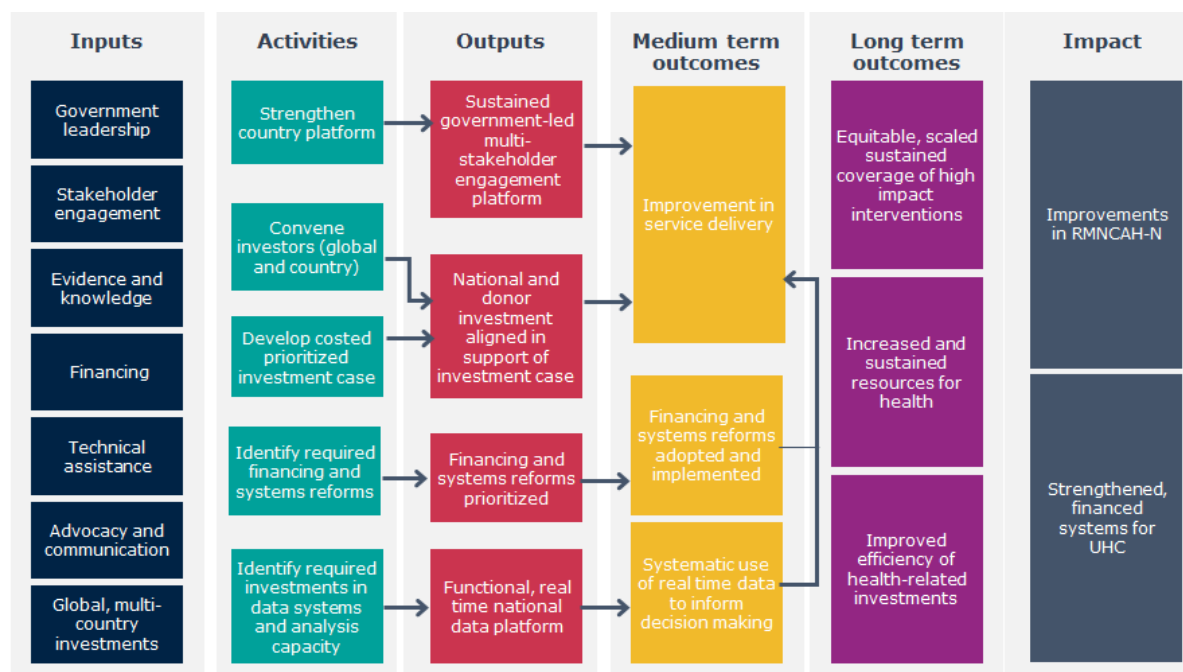
**7. The GFF is also distinct from other major global health financiers in several ways.** Unlike Gavi, Global Fund, PEPFAR, the GFF's focus is on improved health outcomes for women, children and adolescents, rather than on specific diseases or health issues. Practically this includes a broad scope of services, such as family planning, antenatal care, obstetric care, postnatal care, a comprehensive package of sexual and reproductive health and right (SRHR) services and nutrition interventions, which cannot be provided in a verticalized manner. Therefore, the GFF operationalizes its focus on women, children and adolescents through an integrated health system approach, where support is provided to resolve critical system bottlenecks to delivery of RMNCAH-N services. Another important difference is that the GFF's country-led approach, with financing on-budget, promotes institutional capacity building and a more sustainable approach. Its close link with the World Bank (WB) enables the GFF to go beyond funding scale up of specific services to facilitate a broader dialogue on country health system strengthening and financing, in recognition of the underlying systemic barriers to deliver services for mothers, adolescents and children.

**8. The GFF is adding value to WB (IBRD/IDA) investments in health.** Feedback from stakeholders indicate that the GFF complements the WB by bringing a targeted focus on RMNCAH-N results, partnerships and in finding new and more sustainable ways to deliver health as a building block of human capital. Through the development of the country Investment Case, GFF supports governments to convene partners around prioritized reforms that concern all financing in the health sector, not exclusively WB IDA/IBRD financing. Furthermore, the GFF MDTF provides flexible financing for large technical assistance programs on e.g. on domestic resource mobilization and other key priority areas that are not otherwise supported through regular WB resources. The GFF goals has also contributed to the design and implementation of the WB Human Capital Project. Reciprocally, the GFF benefits from being hosted at the WB though its link to IDA/IBRD financing, ability to engage in policy dialogue across sectors, and by relying on WB operational and administrative systems.

**9. Stakeholders strongly endorse the GFF's focus supporting countries to prioritize RMNCAH-N services as a first step towards UHC.** Stakeholders value the GFF's non-vertical approach to RMNCAH-N, and its support for system strengthening and sustainable financing reforms to resolve bottlenecks to deliver effective health services (including through interventions outside the health sector). At the same time, stakeholders expressed their desire for the GFF to stay focused on accelerating sustainable RMNCAH-N results and not to dilute its mandate to become a facility that finances all primary health care for UHC. As on IG member put it, there is some concern that the GFF *"tries to be everything for everyone in terms of UHC and PHC"*. And while there is a clear recognition that the GFF model works well in fragile contexts, stakeholders advised that the GFF not engage in countries where there is no functioning government.

**10. One of the main challenges identified by stakeholders is the need to more clearly communicate the GFF value proposition based on the GFF Logic Framework.** Nonetheless, stakeholders confirmed their support for the value and content of the GFF Logic Framework (see below), which the GFF Secretariat recently developed to clarify the GFF's value proposition. The GFF Logic Framework clearly spells out the Inputs, Activities, Outputs, Outcomes and Impact of GFF operations in all countries. Since countries are not at the same starting point, the GFF takes a country-specific approach to support the implementation of the Logic Framework.

## GFF Logic Framework



**NOTE:** Timeline for achievement of outputs is 1-3 years, medium-term outcomes 3-5 years, and longer term outcomes and impact 5-10 years.

### B. Health financing

**11. The GFF plays a unique role in the global health financing architecture by supporting governments to lead implementation of health financing reforms that are essential to improving and sustaining health and nutrition outcomes for women, children and adolescents.** In general, the GFF's support is focused on developing and implementing fully funded Investment Cases which include a prioritized health financing reform agenda, based on national health financing strategies, that aims to increase domestic financing and improve equity and spending efficiency of total health expenditure. Particularly, the GFF health financing support is targeted at supporting governments to implement health financing reforms that promote equity and target the most vulnerable women, children, and adolescents.

**12. The GFF uses various instruments to incentivize country implementation of health financing reforms.** The core instruments include: 1) the Investment Case as a tool to improve equity as well as allocative and technical efficiency of health expenditures; 2) IDA/IBRD loans and GFF TF grants that are linked to indicators measuring implementation of health financing reforms; 3) tapping into the convening power and technical expertise of the World Bank and its trusted relationships with Ministries of Finance; 4) analytical and implementation support for World Bank teams, both in health and other critical teams that impact health systems and thereby outcomes e.g. public financial management and governance ; and 5) harnessing the collective influence of the GFF partnership, e.g. to do joint advocacy with Ministries of Finance on the reform agenda. For instance, in Cote d'Ivoire, with the support from the GFF, key financiers, technical agencies working on health financing and CSOs have jointly advocated for increasing the share of the budget allocated to health and this has yielded results in the last budget allocations where the share of the budget increased substantially.

**13. The Domestic Resource Mobilization (DRM) agenda has proven to be much more complex, challenging and longer-term than anticipated when the GFF was launched in 2015.** The GFF experience to date across 36 countries shows that this is due to several factors, including:

- **Current fiscal realities in most GFF countries, many of which are fragile or conflict-affected with limited economic growth and/or increasing debt burdens.** The fiscal situation of these countries is likely to deteriorate further in the coming year with the global economic slowdown associated with the ongoing COVID-19 pandemic.
- **Reluctance of Ministries of Finance to increase health sector financing** when budget execution rates remain low and resources are inefficiently used.
- **The lack of reliable data on financing of the health sector, particularly in fragile and low-income settings.** In these contexts, analytical work to collect basic data on health expenditures, particularly to increase transparency in donor funding through resource mapping, and public financial management is needed to lay the foundation for increased allocations to health.
- **Limited public revenue-generating capacity in many LICs and LMICs.** The GFF does not have a comparative advantage here vis-à-vis the World Bank or the International Monetary Fund but is collaborating with colleagues from these organizations working in these areas.

**14. The GFF's support to equitable and sustainable health financing is tailored to each country context.** In countries with low budget execution rates, support has primarily focused on strengthening PFM systems (e.g. Ethiopia), as a first step towards increasing DRM. In countries facing fiscal crisis, the GFF focuses on improving efficiency in health spending and ensuring that domestic health expenditures are protected particularly for the poorest populations (e.g. Mozambique). In countries where the macro-fiscal conditions allow for increased public health spending (e.g. Cote d'Ivoire), the GFF is also, as mentioned above, investing in efforts of joint advocacy with development partners and CSOs to build political will for health as an investment priority. The diagnostic interviews point to the challenges in communicating these country-specific realities and managing expectations among stakeholders would like to see faster results.

**15. Stakeholders place high value on the GFF's ability to link its Trust Fund grants to WB IDA/IBRD financing to ensure a strong RMNCAH-N focus.** Since its inception, the GFF has invested about US\$500 million of its Trust Fund linked to approximately \$4.5 billion of IDA/IBRD toward advancing the global RMNCAH-N agenda. In addition, the GFF has successfully aligned bilateral funds at the country level for Investment Case priorities. For the latest wave of 10 GFF countries, where the funding cycles for Gavi, Global Fund, GFF and WB have been aligned, there is also now increasing interest to align health system strengthening investments for greater impact (see Section C on country implementation).

**16. Stakeholders also value the GFF-supported work on country resource mapping and expenditure tracking.** The resource mapping work helps countries to identify the total resource envelope available to implement Investment Case priorities, and the annual expenditure tracking survey helps monitor whether health expenditures by different funders are aligning with those priorities. The expenditure mapping and tracking work often helps trigger a larger conversation on the need for Public Financial Management reforms (e.g. DRC).

**17. The Investment Case process is helping ensure that additional resources target the most vulnerable populations.** The targeting strategy is different in each country, as some target certain vulnerable geographical regions (e.g. Liberia, Mozambique, Cameroon) or groups (e.g. adolescents in Bangladesh). Increasing spending on service delivery platforms frequented by the most vulnerable

populations (e.g. community health or primary healthcare platforms) is proving to be an effective way to reduce inequities in health outcomes.

**18. At the global level, the GFF has shown it can mobilize private capital for women’s, children’s and adolescents’ health and nutrition in various ways.** The GFF is well-positioned to develop innovative financing instruments with its flexible financing through the GFF Trust Fund in combination with WBG financing and technical expertise. Working with the WB Treasury department, the GFF contributed to the design and launch of Sustainable Development Bonds which have raised more than US\$2 billion from private capital markets from investors interested in supporting health and nutrition of women, children and adolescents. Through performance-based loan buy-downs and co-financing grants, the GFF has made these resources available to lower middle-income countries (e.g. Guatemala, Indonesia and Vietnam) that are investing in improving RMNCAH-N outcomes. The GFF has also recently finalized an arrangement with the WBG’s private sector arm, the International Finance Corporation (IFC), to de-risk private capital in order to incentivize more inclusive health sector investments centered around primary care in GFF countries, by prioritizing access, quality and affordability of care for women and children. Private investments through the GFF-IFC partnership will leverage blended finance instruments and will be aligned to countries’ Investment Case priorities.

**19. However, at the country level, efforts to mobilize private capital for Investment Case financing have thus far been at a small scale and often with heavy transaction costs.** While there are some notable innovative financing successes such as the GFF-brokered development impact bond (DIB) in Cameroon focused on saving low birth weight newborn babies, only limited amounts of private capital have been raised at country level in support of Investment Cases. In a few countries, the private sector has contributed with in-kind support for the implementation of the Investment Case (including engaged representation on country platforms through private sector umbrella associations). However, based on experience to date in most countries, the private sector’s capacity and expertise as service providers (e.g. contracted primary care providers, transport providers, supply chain logistics operators, etc.) has been the major contribution to Investment Cases, rather than as direct financiers. Going forward, this is likely to be the major form of private sector support in Investment Case design and implementation, particularly as more governments explore the use of public-private partnership to expand their health system capacity and efficiency. In response to country demand, the GFF is further refining its technical and financial support to countries to engage the private sector in a strategic manner for the health sector. The GFF strategy refresh offers an opportunity to build a more nuanced picture for GFF engagement with the private sector, and to more clearly define strategies for private sector engagement in each GFF-supported country.

### ***C. Country Investment Case Implementation***

**20. The diagnostic shows that the GFF model is working well with regards to developing country Investment Cases, but their successful implementation needs more active support from all GFF partners.** This section highlights some of the key challenges and opportunities identified to strengthen implementation.

#### **Country leadership**

**21. Country-leadership has been at the heart of the GFF approach from the outset, and representatives from front-runner countries, which piloted the GFF model, were instrumental in its design.** Countries continue to shape the GFF through their active engagement in the GFF Investors Group (IG), which has nine representatives from beneficiary countries out of 32 IG members. To become a member of the GFF partnership, countries must demonstrate their will to lead by committing to increase their domestic resource mobilization for women, children and adolescents over time.

**22. The GFF focus on country leadership means that GFF-supported countries spearhead the Investment Case development and implementation, and financing is primarily channeled through national systems.** Through its close link with the WB, the GFF has been able to expand country support for RMNCAH-N priorities beyond the MOH to include several ministries such as Ministry of Finance, Ministry of Planning and Ministry of Education. The level of engagement across the whole-of-government and financing on-budget are critical elements of the success of the country platforms and the overall GFF process, to support development and implementation of the Investment Case and improve the likelihood of achieving sustainable financing and outcomes.

**23. Country leadership also means that the GFF has taken a relatively flexible approach based on country-context.** For instance, while overall Investment Case guidelines provide that certain minimum criteria are met, each country identifies the window of opportunity for the GFF partnership in their country and decides how the Investment Case fits in with the existing strategy, policy and budget-setting processes. In most countries, the Investment Case focuses on prioritizing the national health strategic plan towards RMCNAH-N, but some countries have chosen a narrower approach in which their Investment Case focuses primarily on one area, e.g. nutrition.

**24. The review of GFF efforts to date shows that when government leadership is weak, there is a significant risk of losing momentum on the RNMCAH-N agenda, particularly during the implementation phase.** An important lesson learned is that the GFF has underinvested in building the capacity of the GFF Government focal points and in understanding what kind of capacity building that is needed for them to champion complex reform processes to improve RMNCHA-N outcomes. For instance, there is a high turnover in Government and new Government focal points have not been included in an “onboarding” training to better understand what the GFF aims to achieve. Government leadership tends to be stronger during the Investment Case development phase than during implementation phase, which requires more support. In each country, there is also need to further reflect on what are the most effective approaches for building government’s capacity to drive reform processes including in the Investment Case. The GFF Liaison Officers could do more to support government counterparts in implementation with additional support in areas such as strengthening stakeholder engagement and communications, data and health financing analysis and tracking progress.

#### **Multi-stakeholder country platform**

**25. To promote country leadership and avoid duplication, the GFF country platforms are usually existing coordination structures which the GFF helps strengthen.** In most GFF-supported countries, stakeholders report that the GFF approach has led to a more pluralistic planning process for the Investment Case (i.e. including civil society, private sector and technical agencies). However, there is need to continue to improve the representativity of these constituencies and how they engage, particularly during the implementation phase. Also, none of the existing country platforms have effective representation of beneficiaries (e.g. youth or women’s groups). Stakeholders have identified the need to produce stronger terms of reference that clarify roles and responsibilities of each member of the country platform. In many cases, CSOs need additional financial and/or technical support to participate effectively, while also being careful to maintain their autonomy. Tensions have emerged in some GFF-supported countries when the government, as chair of the country platform, wants to select the civil society and private sector representatives instead of enabling their self-selection process. Selection and/or potential conflict of interest challenges can arise when private sector or civil society representatives are not self-organized into a constituency, association or network. In such cases, the first step to engage the private sector in the country platform may be to support the establishment of an association for private sector providers.

**26. While the use of existing country platforms can be more efficient, this has raised some challenges.** For example, in several countries the existing country platform is a RMNCAH-N technical

working group, which does not include broader health system and health financing perspectives. There are opportunities to further strengthen coordination at country level by consolidating various so-called “vertical” platforms, e.g. the Country Coordination Mechanisms (CCMs) used by the Global Fund and Inter-Agency Coordination Committees (ICCs). For instance, when Zimbabwe joined the GFF, the government decided to merge the CCM with the larger health sector coordination platform to improve alignment around the Investment Case priorities. In sum, it is clear that in the countries that recently joined the GFF, there is a movement in the right direction with regards to functioning country platforms. Yet there is a need for an iterative and ongoing effort to strengthen country platforms in all GFF-supported countries, and the recent GFF Country Platform Assessments aim to inform this.

### **Shared accountability for implementation**

**27. GFF Partners: While an increasing number of GFF partners are supporting design of the Investment Cases and aligning their financing, partner support and accountability for implementation remains highly uneven.** For instance, there are examples of bilateral donors that support the GFF Trust Fund at the global level but do not align with the priorities of the Investment Case at the country level. Although it has improved over the years, there are also examples of GFF partners that vocalize support for the partnership at global level without corresponding actions at the country level. Greater clarity is needed on what the Government and the GFF Secretariat can and cannot do, and what requires leadership and action from other partners, including civil society and private sector, to achieve the desired results. This must also include engaging important partners not currently represented in the GFF Partnership or Investors Group (e.g. regional development banks). A key finding of the recent Investors Group Review was to strengthen the links between the GFF’s global governance entity and the country platforms, to translate into concrete priorities for collective action. In this context, there is an opportunity to focus efforts and analyze which partners bring the most value to achieving GFF results.

**28. World Bank: As noted earlier, being hosted at World Bank as a Multi-donor TF has afforded the GFF multiple benefits.** Among these are the ability to leverage the WB’s in-country convening power, its ability to engage in policy dialogue across sectors at the most senior levels (e.g. heads of states and ministers of finance) and the ability to link to IDA/IBRD financing. This has also enabled the GFF Secretariat to stay small and lean, relying on WB operational and administrative systems. In addition, the WB’s strong fiduciary and safeguard systems also provide the assurances necessary for donors who would not usually provide funding through government systems to do so through the GFF Trust Fund. The overall conclusion is that the hosting arrangement at the WB is an added value and has accelerated the country implementation of the GFF goals and objectives.

**29. At the same time, the stakeholder interviews point to several challenges with the current hosting arrangements.** At the country level, in many cases the WB does not have the capacity nor the incentives to support the preparation and implementation of the country Investment Case; the priority for Bank staff is on designing and monitoring IDA/IBRD projects. This was evident in a few countries in the early years of the GFF, where World Bank IBRD/IDA projects even went to Board before the Investment Case process had been completed. There is also a tendency within the WB to view the GFF as just another funding stream, rather than as a catalytic global partnership whose additional resources come with the expectation of a shared accountability to deliver on the country’s investment case objectives. The different institutional incentives have also led to some confusion about the respective roles of WB team leaders and GFF Focal Points.

**30. At the global level, there are questions about the strength and limitations of the current MDTF as the legal vehicle for the GFF financing and whether the GFF may be more effective as a Financial Intermediary Fund (FIF).** Several of the core functions of the GFF model can be financed and executed through the catalytic financing in the MDTF. The GFF secretariat in collaboration with the WB legal department has expanded the flexibility of the MDTF over time by including buy downs and to allow for a



transfer out to IFC and UNICEF for the private sector and innovation workstreams. However, the financing for other key parts of the GFF approach is more challenging in the current model (e.g. contracting out large technical assistance/implementation contracts supporting Investment Case implementation to NGOs, CSOs, or private sector ) which has hampered the implementation of the country investment cases. Some stakeholders raised the question whether it would be more effective for the GFF to transition from a MDTF to a FIF, which would provide greater flexibility and allow for a more comprehensive set of options to effectively finance all aspects of the GFF operational model. The strategy refresh is an opportunity to explore this.

### **Technical quality of Investment Cases**

**31. The GFF has taken steps to improve the quality of the Investment Cases over the past several years, but there are still some areas that need strengthening.** The new guidelines set minimum criteria for an effective Investment Case, and they propose that an Advisory Committee, appointed at the country level, is engaged to assess quality of the document. The GFF knowledge and learning program (see below) has also been instrumental in disseminating the new Investment Case guidelines to the latest wave of GFF countries and support dissemination of practical tips and knowledge across countries. Yet three landmark reports released in 2018 show substantial global gaps in the quality of care across health systems, particularly in low-income and middle-income countries (LMICs). Quality of care is prioritized in many Investment Cases but not in all and more work can be done to highlight the importance of addressing quality of care across countries including putting more emphasis on preventive services. Furthermore, there is an opportunity to strengthen advice and technical assistance with regards to gender, as the empowerment of women is such a critical determinant for achieving RMNCAH-N results. For instance, country processes have not sufficiently used gender analysis (beyond gender-disaggregated data) to identify key gender related barriers that are impeding progress. Putting a clearer focus on the beneficiary of the Investment Case be it the mother, child or adolescent, there is also an opportunity to better explore demand-side barriers to access of services and new innovative service delivery models that better reaches GFF's target groups and engage the community. For instance, in Mozambique, the Investment Case is supporting the scale-up of quality score-cards in health facilities and districts hospitals to improve quality of care. Community consultations are part of the health facility score-cards for health workers to hear community voices and better understand and respond to users' perspectives and concerns. These kinds of approaches to engage the beneficiaries could be promoted in learning events for more systematic uptake across the portfolio.

### **Institutional Capacity building through Knowledge and Learning**

**32. Knowledge and Learning (K&L) is another core pillar of the GFF approach to build institutional capacity and drive implementation of Investment Cases toward sustainable RMNCAH-N results.** Consistent with the overall GFF model, the GFF approach to K&L is also country-led, based on evidence of the policies and actions required to build institutional capacity to transform health systems to deliver RMNCAH-N results. The GFF's K&L activities thus far have focused on improving country capacity to: implement the GFF approach (e.g. develop investment cases, set-up country platforms); course correct and integrate lessons learned; improve knowledge generation, capture and dissemination; and enhance knowledge sharing and peer learning. Building on the experiences of the Health Results Innovation Trust Fund, GFF-supported K&L activities have ranged from country workshops to operational research, publications and south-south exchanges.

**33. Stakeholder feedback shows that more can be done to strengthen and systematize the K&L work in the GFF partnership.** To address this issue, the GFF Secretariat has recently developed a K&L strategy whose aim is to build the capacity of GFF stakeholders to catalyze the country-led change management process, navigate highly complex, country-specific challenges, and support countries to lead health system-wide transformation. Since these skills are not easily built acquired through traditional knowledge management or instructional learning practices, the GFF's K&L strategy takes a **competence-**

**based approach**, which to focusing on the combination of *knowledge, skills* and *attitudes* necessary to build institutional capacity to drive systemic change, such as:

- **capturing country K&L needs** in a more systematic way (e.g. improving analytics on mission reports and country platform assessments);
- **building evidence** of what drives health systems change (e.g. through operational research and the production of case studies);
- **developing knowledge instruments** (e.g. the *GFF Knowledge Toolkit*) to serve the diverse needs of GFF country stakeholders (e.g. national focal points and Liaison Officers) supporting such change; and
- **designing agile learning activities** to develop different types of competencies and country-specific contexts (e.g. coaching and mentoring schemes) for country change agents.

All this needs to be robustly supported by an **online GFF K&L Platform** to enhance accessibility, support, sharing and collaboration among a diverse set of GFF partners and stakeholders.

### **Prioritization**

**34. Driving prioritization of health sector investments is a critical contribution of the GFF Partnership through the Investment Case.** New guidelines provide more clarity on how countries should prioritize two aspects in all Investment Cases: package of RMNCAH-N services and a set of health system reforms that can be implemented with available resources. Yet GFF experience to date shows that it is easier to prioritize packages of services than reforms, as there is no widely agreed methodology for the latter (although there are qualitative approaches for facilitating consensus). It also has been challenging for GFF supported countries to align technical assistance to support health reform implementation, as this is a highly politicized area and there are often many actors with divergent interests. Furthermore, few GFF supported countries have an institutional mechanism for prioritizing e.g. technologies through health technology assessment (HTA).

### **Alignment**

**35. After a slow start, there has been notable recent progress in linking financing from the “4G” global health financing mechanisms - Gavi, Global Fund, GFF and the WB IDA - to country Investment Case priorities and health system strengthening.** The launch of the GAP has helped accelerate momentum in increasing alignment, particularly through its Sustainable Health Financing Accelerator and Primary Health Care Accelerator. Seizing the opportunity of IDA, GFF TF, Gavi and Global Fund (GF) financing being prepared at the same time in the 10 new GFF countries, the GFF has worked with partners and supported a series of trainings and workshop to foster better collaboration. This has resulted in joint technical missions, exploration of joint financing (e.g. through disbursement linked indicators) and efforts to consolidate country coordination platforms. At the same time, in some countries (including Somalia, Mali and Pakistan) initial GAP processes spearheaded by WHO outside the existing GFF country platform and Investment Case process has resulted in duplication of efforts. In the future, it is critical that the GAP remains a gap filling effort, particularly at the country level.

### **Private Sector Engagement**

**36. Responding to strong demand from countries, a large share of the GFF portfolio supports engagement with the private sector in areas such as service delivery and supply chain management.** Examples of this work include: large scale government contracting of non-state actors (both for profit and non-for profit) to delivery community-based services, often based on performance, and strengthening government capacity to shape and regulate various health markets to deliver on public interest outcomes. In countries with limited experience of working with the private sector, the GFF is also supporting analytical work (e.g. Bangladesh, Ethiopia, Myanmar, and Mozambique). For instance, in Ethiopia the GFF has supported the first private sector assessment and the development of the first private sector strategy linked to the national health strategic plan. GFF also provides support for public-private dialogue through

e.g. technical assistance to create federations for private sector actors, in several countries. While country demand to work with the private sector is high and growing – even in countries which have traditionally been reluctant to do so – the GFF Secretariat’s own capacity in this area has been limited and it has been difficult to find sufficiently capable GFF partners to take on this work, particularly at country level. As mentioned above, and pointed out in interviews by stakeholders, finding the right balance in private sector engagement in the Investment Case development and implementation process has also been challenging. The Secretariat is actively engaging with partners to expand capacity, e.g., working with WHO to develop a collaboration for support to countries on private sector engagement, and with USAID in specific countries to follow up on recommendations of private health sector assessments. The Secretariat is also identifying ways to develop its technical support and capacity building program to meet country needs.

### **Civil Registration and Vital Statistics**

**37. The GFF has a focus on improving civil registration and vital statistics (CRVS) systems to support routine results monitoring as well as the protection of the rights of women, children and adolescents.** This is an area that has been inadequately funded in the past. The GFF’s support for CRVS is based on a holistic system strengthening approach, with a focus on helping countries to establish sustainable CRVS systems through a country-led process, prioritizing the registration of births, deaths and their causes and marriages. The GFF has supported countries to reinforce dialogue among key CRVS stakeholders, including civil registration agencies, ministries of health, ministries of local government and national statistics offices, as well as partners at local, regional and global levels. Many GFF supported countries have included CRVS system strengthening as a priority area in their Investment Case and a total of 13 countries have allocated resources to CRVS to match the funding from the GFF TF, with most of them now in the implementation phase.

**38. Despite these achievements, key challenges remain for fully functional CRVS systems.** These including: limited government resources allocated for CRVS system strengthening, many countries continue to rely on paper-based civil registration systems, low coverage of death registration and recording of causes of death, lack of information on marriage registration, and limited availability of vital statistics. Looking forward, there is need to continue to strengthen advisory services and analytics focusing on research and capacity building to strengthen CRVS system design and implementation. Furthermore, it would be desirable to provide a larger amount of targeted funds on a few exemplary countries to allow for establishment of fully functional CRVS systems, instead of smaller funds in several countries which can only go so far in terms of system strengthening.

### ***D. Results***

**39. The GFF’s country-led approach often masks the full impact of GFF financing and technical support on country results.** The GFF partnership supports governments from behind, either in the form of financing (e.g. through convening workshops, consultations, implementation support or technical assistance) or through partner contributions (e.g. UNICEF support for an Equity analysis). The GFF has deliberately taken a low-key approach to “branding” to enable government leadership and facilitate partner engagement, however it is clear from interviews that this has also rendered GFF contributions invisible at country level.

**40. The GFF portfolio is still young compared to other global health financing efforts, with early stage results.** To date there are only 10 countries that are sufficiently advanced in the implementation phase of their Investment Case, where they can report on non-process-related results such as changes in service coverage of RMNCAH-N indicators or other indicators that track implementation of health system strengthening reforms. The [2018-19 GFF Annual Report](#) summarizes data from GFF supported countries

and show progress both in output and process indicators as Investment Cases are implemented. Thus far the GFF Secretariat has focused on the “upfront” part of results monitoring, i.e. prioritizing indicators, ensuring a clear theory of change in Investment Cases, and establishing baseline and end line data from reliable sources.

**41. The GFF’s non-vertical approach poses challenges for results reporting.** Even if all stakeholders endorse GFF’s country-led approach to achieving sustainable RMNCAH-N results, GFF donors still expect results cross-country reporting on their respective priority areas such as sexual and reproductive health and rights or gender equality. Stakeholder interviews highlighted for the GFF to spell out which Key Performance Indicators (KPIs) will be reported, by when and to whom, with a desire for more consistency. Stakeholders emphasized that the GFF needs to be best in class in this area, similarly to other global health initiatives such as Gavi and Global Fund.

**42. The GFF Logic Model lays out the Inputs, Activities, Outputs, Outcomes and Impact the GFF is focused on in all countries. Other steps the GFF has taken to strengthen its results focus include:**

- **Completion of the GFF Results Framework.** This defines the indicators that the GFF Secretariat monitors across the portfolio (see below). It defines *process indicators* related to Investment Case preparation and the multi-stakeholder country platform as well as *core outcome indicators* related to RMNCAH-N (e.g. maternal mortality rates and neonatal mortality rates) and health financing (e.g. health expenditure per capita financed from domestic sources). The Results Framework also includes a set of *country-tailored indicators* specific to each investment case. All GFF supported countries are expected to report on these indicators.
- **Sharpened Investment Case focus on results.** The GFF Secretariat supports countries to develop a clear results framework for each Investment Case with baseline and end line data, and track health expenditures are allocated to investment case priorities and systemization of data availability from WB projects and sending data requests to all GFF supported countries. The Investment Case results frameworks can serve as dashboards/scorecards to track the implementation. The work to develop results frameworks has been completed in all countries that have Investment Cases. It also includes mapping out country specific theories of change including milestones for the implementation of health financing reforms that contribute to domestic resource mobilization over the long-term; however obtaining reliable data remains a challenge because of weaknesses in HMIS systems, and most countries still require support for data analysis and visualization.
- **Scale-up investments from the GFF TF in routine monitoring.** This include supplemental funding for surveys to cover data sources that are missing in IC results frameworks, strengthen countries capacity to analyze and visualize data). There is ongoing work to map out which countries that are most in need for this support. The GFF has also invested in a system to track results across the portfolio to better be able to monitor progress.
- **Development of an M&E framework and strategy for the GFF and Results Advisory sub-committee of the GFF Investors Group to discuss issues around effective results monitoring** (e.g. for specific areas such as SRHR and quality of care). The Results Advisory sub-committee is yet to have its first meeting.

**43. The next frontier for GFF results impact is to continue to strengthen quality in data, promote a culture of data use and data sharing in all GFF supported countries.** This includes investments in improving quality of data, accelerating the use of data for decision-making in country platforms, building rapid feedback loops through implementation research to enable quick course correction and real-time learning during the implementation of the Investment Cases. Few countries have articulated a set of high-priority research questions that could be embedded into the implementation of the Investment Case. It would be important to also engage civil society organizations to hold all GFF partners to account for the delivery of their commitments and results.

## Global GFF Results Framework

### Investment Case

- Investment case for RMNCAH-N or equivalent
- Set of evidence based priorities financed
- In country liaison or point of contact
- Inclusive process with CSO engagement

### Health financing

- Health financing reforms
- IDA/IBRD/ GFF TF- Bank financing in support of the IC

### Monitoring Implementation

- M&E strategy and framework in support of IC
- Country-led multi stakeholder platform (e.g., new or established from an existing platform)
- Disbursement of IDA/ GFF TF funds

### Core programmatic indicators

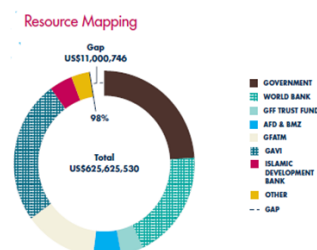
- Maternal mortality ratio
- Under 5 mortality rate
- Neonatal mortality rate
- Adolescent birth rate
- Proportion of the most recent children age 0-23 months who were born at least 24 months after preceding birth
- Prevalence of stunting among children under 5 years of age
- Prevalence of wasting among children under 5 years of age (added later)
- Proportion of children who are developmentally on track

### Core health financing indicators

- Health expenditure per capita financed from domestic sources
- Ratio of government health expenditure to total government expenditures
- Percent of current health expenditures on primary health care
- Incidence of financial catastrophe due to out of pocket payments

### Country tailored set of indicators

- Investment case specific prioritized indicators linked to scaleup of services and catalytic interventions in health systems strengthening, especially health financing
- Based on the Investment case, results framework and available quality data each country will have a set of defined indicators to report from routine and survey data
- Data sharing agreements and country verification process will be important to ensure this work can be substantiated.



Approved April 2018

## III. CROSS-CUTTING ISSUES AND NEXT STEPS

The four themes discussed in this paper point to six cross-cutting areas to prioritize for deeper exploration in the next phase of the GFF strategy refresh:

- **Communications:** The need to better articulate and communicate the GFF's value proposition and theory of change at both global and country levels, to reflect the GFF experience to date and the changing global health landscape, including the evolving implications of the COVID19 pandemic.
- **Results agenda:** The need to be more explicit about what the GFF partnership can be expected to deliver in terms of results, by when, and to/for whom, and to look at ways in which the GFF can enable local CSOs to monitor results and to hold governments and their development partners accountable.
- **Health Financing:** The Secretariat needs to better communicate and be more realistic about the GFF's role in domestic resource mobilization and work with countries to create roadmaps with theories of change for health financing reforms as part of the Investment Case process.
- **Country leadership:** The need to enhance GFF support for partner governments in Investment Case implementation, including exploration of establishing delivery units and other support mechanisms, as well as how to strengthen the GFF's knowledge and learning agenda.
- **Accountability:** The need to establish a clearer accountability structure that applies to all GFF partners in Investment Case development and especially in implementation. It will be important to define what the GFF Secretariat is responsible for, and what requires leadership, behavior change and action from other partners, including the WB. This also includes better defining upfront what role civil society and private sector can play in the development and implementation of the Investment Case.

- **Fit-for-purpose:** The need to clarify roles, mutual expectations and accountability in the context of a renewed partnership agreement with the WB. This would include exploring whether the current arrangement of the GFF as an MDTF remains fit-for-purpose, or whether evolution to a Financial Intermediary Fund (FIF) or other arrangement may be optimal for future effectiveness of GFF operations.

## Questions and next steps

The GFF Strategy Refresh team is seeking partner feedback on the following questions:

- *Do you concur with the overall analysis of the GFF experience to date and the five cross-cutting issues identified for further exploration? If not, why not?*
- *Are there any other priority areas which you feel warrant further exploration in the GFF strategy refresh?*

Based on feedback received during April 20-21 meetings, the draft strategy refresh document will be developed for consultation.