

GLOBAL FINANCING FACILITY IN SUPPORT OF EVERY WOMAN EVERY CHILD

FREQUENTLY ASKED QUESTIONS

1. What is the Global Financing Facility in support of Every Woman Every Child (GFF) and how does it relate to UN agencies, the International Health Partnership (IHP+) and other stakeholders?

The Global Financing Facility in support of Every Woman Every Child (GFF) is a key financing platform of the UN Secretary General's Every Woman Every Child Global Strategy 2.0. It is a country-driven financing partnership that brings together, under national leadership and ownership, stakeholders in reproductive, maternal, newborn, child and adolescent health (RMNCAH), to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths by 2030. It is underpinned by IHP+ principles and serves to harmonize fragmented RMNCAH approaches, using existing structures and processes.

The GFF was announced in September 2014. After a 10-month business planning process involving national governments and 20 institutions including UNFPA, UNICEF, WHO and the World Bank, and piloting in four front-runner countries, it will be officially launched by the UN Secretary General at the Financing for Development Conference in July 2015.

At the global level, an Investors Group composed of partners committed to co-investment in the GFF, is being established to oversee the overall activities of the GFF. Its representation will include implementing countries, public sector financiers, civil society, UNFPA, UNICEF, WHO and the Partnership for Maternal, Newborn and Child Health (PMNCH), together with the World Bank, Gavi the Vaccine Alliance and Global Fund to Fight AIDS, Tuberculosis and Malaria, the private sector and private foundations.

2. Why is the GFF important in the context of the Financing for Development Conference?

The GFF is an essential part of the paradigm shift in development financing, emphasizing the essential but changing role of official development assistance (ODA) in unlocking domestic resources and private flows and focused on results. It has the potential to act as a pathfinder for financing the Sustainable Development Goals in the post-2015 era.

Guided by national investment cases and health financing strategies that focus on "best buy" interventions that are prepared with key technical assistance from multilateral partners such as WHO, UNICEF, UNFPA and the World Bank, the GFF catalyzes and aligns domestic and international and public and private sector financing to national RMNCAH priorities.

A World Bank-hosted GFF Trust Fund is catalyzing the work of the broader facility by providing grants to countries intending to use World Bank loans for health, with a view to ensuring that ODA does not displace domestic resources for the sector and charting a path to sustainable financing for health.

3. What is the link between the GFF and the International Development Association (IDA)?

The GFF is IDA-friendly and does not change IDA's demand-driven model or IDA's Performance Based Allocation (PBA) formula. Countries retain full ownership over the use of their IDA envelopes.

World Bank Group senior management strongly supports the GFF. The World Bank Board of Directors has been regularly informed of GFF developments. The GFF does not warrant Board approval.

4. Is the GFF another vertical fund?

The GFF defies the label of a "vertical fund", offering instead a horizontal, integrated approach. The GFF uses maternal and child health as an entry point to the promotion of universal health care. GFF investments extend to broader health systems strengthening initiatives and have the flexibility to reach outside the health sector to finance investments in other sectors – such as education, water and sanitation and civil registration and vital statistics – that have a significant impact on RMNCAH results.

A key objective of the GFF is to support countries to develop health financing strategies that set out a long-term plan for financial sustainability of the entire health sector, not just RMNCAH.

5. What is the expected impact of these funds and how will that impact be measured?

The goal of the GFF is to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children, thereby preventing up to 3.8 million maternal deaths, 101 million child deaths, and 21 million stillbirths in high-burden countries by 2030. Results are at the heart of the GFF approach. The GFF provides financing that incentivizes performance as evidence shows that such approaches, both on the supply and demand sides, have achieved impact in low- and middle-income countries while increasing efficiency. However, inputs such as commodities or capital investments are also financed through the GFF, as long as there are clear links to results. Additionally, the GFF contributes to improvements in the ability of countries to measure progress on reproductive, maternal, newborn, child, and adolescent health—RMNCAH.

6. Are the funding commitments that were announced new money, or a repackaging of formerly committed amounts?

The GFF Trust Fund has received pledges of US\$800 million from the governments of Norway and Canada. Based on strong country demand and the experience of HRITF, these bilateral contributions could be linked to up to an estimated \$3.2 billion from IDA. Canada's \$200 million contribution is part of Canada's \$3.5 billion commitment (2015-2020) to maternal and child health, which was announced in May 2014. These commitments will go a long way to meeting the need to bring RMNCAH funding to scale.

7. How will decisions over allocation of funds be made?

In order to maximize impact globally, the trust fund has developed a resource allocation methodology for allocating resources among the eligible countries that uses three criteria: need, population, and income. These indicators are combined with the resources available for allocation to produce a broad range for each country. A country scoring low on these criteria will be eligible for between US\$10 and US\$20 million over three to four years, while a country that scores highly will be eligible for between US\$40 and US\$60 million over three to four years. The final determination on the exact amount for each country is made in the course of negotiating financing with a government. In addition, a country that explicitly includes CRVS in its Investment Case and allocates IDA/IBRD financing for CRVS can qualify for up to US\$10 million in additional resources from the GFF Trust Fund, to be used specifically for CRVS.

8. What is the process for accessing funds?

The process for accessing grant resources from the GFF Trust Fund differs considerably from most global financing mechanisms: there is no standalone application process. To access GFF Trust Fund resources a country must have an Investment Case, demonstrate that it is committed to increasing domestic resource mobilization through the development of a health financing strategy, and be willing to utilize IDA or IBRD resources for RMNCAH. The trust fund does not set up a parallel management structure in the design and implementation of grants to eligible countries, but rather integrates with the IDA/IBRD preparation and implementation processes managed by existing World Bank country teams, which in turn are supported by a broader set of GFF partners at country level.

9. Which countries will be supported by the GFF?

A total of 62 high-burden, low- and lower-middle income countries are eligible to receive grant resources from the trust fund. The trust fund is phasing in its operations, beginning with the initial four “frontrunner” countries (the Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania).

An additional 5-10 countries will be selected as a next step. The current commitments to the trust fund are insufficient to reach all 62 countries so additional resources are required to reach the full set of eligible countries. Half of these countries (32) account for the vast majority (88%) of maternal and child deaths. Providing each of these countries with one initial grant each would require a total of US\$1.91 billion (including the resources already pledged). Reaching all 62 countries with one initial grant each would require US\$2.56 billion (including the resources already pledged).

10. How will you ensure that ‘country plans’ do not burden nations seeking to address RMNCAH challenges?

The GFF will rely to the maximum extent possible on existing planning processes. The aim is not to impose new and parallel planning requirements on countries but rather to support countries in developing financial roadmaps that will help them make the health financing transition more equitable and sustainable and lead them toward universal access to quality RMNCAH services by 2030.

11. Why is it important to support countries as they transition from low- to middle-income status?

Many low-income countries are heavily dependent on international support, both because they are unable to mobilize sufficient domestic resources to finance health systems and because international support to health often displaces domestic financing of the health sector (on average, each additional dollar of development assistance for health diminishes domestic financing by approximately 50 cents). As countries transition to middle-income status, international support often drops, but this is generally not compensated for in the short term by increases in domestic financing. This creates significant shortfalls, particularly in lower-middle-income countries. The GFF will help countries plan for this transition to ensure it is managed smoothly.

12. What will the GFF look like in country?

The GFF operates at country level through a multi-stakeholder process that builds on IHP+ approaches. National governments lead the processes with the involvement of the full set of RMNCAH stakeholders, each of which brings a distinct comparative advantage to the process. For example, the ministry of finance is a critical stakeholder in the process and so should be involved in every country. In many countries responsibility for CRVS is split between several government ministries, so each of these need to engage as appropriate. Given the breadth of issues covered in Investment Cases, expertise in different elements of RMNCAH, health systems strengthening, and the multisectoral issues that affect RMNCAH outcomes should be present. This is particularly critical in areas that have historically been neglected (e.g., family planning, nutrition). In countries with decentralized health structures, relevant sub-national government staff should be involved.

Experience with other multi-stakeholder processes in health has shown that engaging the private sector can be a challenge given the diversity of actors and the very different (and often specialized) ways in which they contribute (e.g., directly delivering services vs. providing commodities vs. supplying financing).

There is not a single solution that can address this in every country, but the starting point is an awareness of the complexity of the issue and a commitment to ensuring effective engagement of the private sector. The GFF requires that all country platforms embody two key principles: inclusiveness and transparency.

13. How will the GFF be governed at the global level?

The global GFF governance arrangements are focused exclusively on the GFF’s core mandate of supporting smart, scaled, and sustainable financing to achieve RMNCAH results at country level, both through the broader facility and the GFF Trust Fund. They also support the GFF’s role as a pathfinder around financing for development (including with regard to domestic resource mobilization) and so will evolve in light of developments with regard to the SDGs and the updated Global Strategy for Women’s, Children’s, and Adolescents’ Health. GFF governance is a lean mechanism that is designed to strengthen coordination between key investors so as to facilitate complementary financing of Investment Cases at country-level. This provides global support to the discussions around complementary financing that occur through the country platform.

The GFF governance handles two discrete functions:

1. Ensuring that the GFF succeeds in mobilizing complementary financing for Investment Cases and health financing strategies in GFF countries;
2. Ensuring that the GFF Trust Fund uses its resources to provide financing in ways that achieve results while being catalytic and driving sustainability.

The first function is fulfilled by driving institutional commitments and agreements among partners on aligned financing and efficient resource allocation both within and across GFF countries. This entails building high-level support for the GFF and playing a leading role in mobilizing domestic and international resources (both public and private) for Investment Cases.

Additionally, the governance mechanism is responsible for monitoring the performance of the GFF as a facility and ensuring accountability for results among the GFF partners. This includes ensuring that the GFF approach is well understood throughout the institutions involved and that country-based members of these institutions adhere to commitments made and agreements reached at the international level in their engagement through country platforms (e.g., with regard to complementary financing of Investment Cases). This also covers ensuring that the commitments to the GFF are, to the extent possible, additional and do not divert resources from other important areas. The governance mechanism also supports learning and innovation around effective and efficient financing approaches.

The second function is addressed by setting the strategic funding approach and priorities for the GFF Trust Fund financing, including how the trust fund resources are used in a catalytic way to maximize mobilization of IDA/IBRD and domestic financing. This includes approving trust fund financing allocations and agreeing on an annual work plan and budget for the secretariat. The governance mechanism is also responsible for overseeing the performance of the trust fund to ensure that investments deliver results.

The fiduciary arrangements for the GFF Trust Fund financing are integrated in IDA/IBRD projects that are approved by the World Bank Board, and so rely on existing World Bank Group policies and procedures. The World Bank also has managerial responsibility for the daily work of the secretariat.

14. Are there concerns that the GFF may draw donor money away from other important funds like Gavi, the Vaccine Alliance (Gavi) and the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Gavi and the Global Fund have been heavily involved in the conceptualization and development of the GFF. The goal is to continue to work closely together, both on the country and global levels, harmonizing financing based on specific comparative advantage. Both institutions have important and distinct institutional mandates that will be complemented, not replaced, by the GFF.

15. What are the roles of different partners in the GFF?

Partnership is at the heart of the GFF approach at country level. This should involve the full set of RMNCAH stakeholders, each of whom brings a distinctive comparative advantage to the process. Governments provide needed leadership and stewardship and an enabling environment (including clear accountability) for RMNCAH. They are also integral to facilitating effective domestic resource mobilization and purchasing and providing RMNCAH services. Civil society will play an important role in advocacy and social mobilization, as well as accountability and service delivery. Advocacy and social mobilization by affected populations is similarly critical to ensuring accountability and strong national responses, as well as unique insights into approaches to service delivery. The private sector can additionally help to facilitate the development of innovative financing mechanisms, as well as providing service delivery, health systems strengthening, and manufacturing, including through public-private partnerships. Technical agencies will provide normative guidance, knowledge dissemination, and coordinated technical assistance that helps build capacity in-country. Multilateral and bilateral agencies, furthermore, will contribute through providing complementary financing (increasingly through pooled or shared management), adhering to aid effectiveness principles, and sharing global good practices.

16. What is the role of the World Bank?

The GFF Trust Fund, which is housed at the World Bank, mobilizes the expertise of the entire World Bank Group, including the International Finance Corporation (IFC), the World Bank Group's private sector arm, and links to emerging efforts around pandemic preparedness and response. It builds on the experience and management capacity of the Health Results Innovation Trust Fund (HRITF) in providing results-focused financing to support countries to achieve RMNCAH results. In addition, a small secretariat for the GFF Trust Fund will be hosted at the World Bank.

17. Why a specific focus on CRVS, and what will it finance?

A failure of the information systems required to understand needs has left many pregnancies, births, deaths, and causes of deaths not counted because of the poor state of civil registration and vital statistics systems (CRVS). It is impossible to ensure that RMNCAH programs expand coverage in an equitable manner if disaggregated data about key indicators such as maternal or newborn mortality are unavailable. Effective monitoring of program outcomes is significantly impeded by the poor quality of data about causes of death. GFF will finance CRVS in two ways. By ensuring that CRVS is included in

country Investment Cases, the GFF will help finance a large-scale expansion of civil registration and vital statistics (CRVS), supporting countries to measure improvements in “real time” such that the lives of all women, adolescents, and children are counted and accounted for. In addition, the GFF will support country efforts to strengthen CRVS systems by establishing a global “Center of Excellence” on CRVS by building a knowledge base, facilitating information exchanges and networks, synthesizing and disseminating good practices, contributing to global tools and standards, and strengthening capacity of CRVS implementers and advocates (e.g., by making links between those seeking support to build capacity in CRVS and those able to provide this kind of capacity building).