



**GLOBAL FINANCING FACILITY
IN SUPPORT OF
EVERY WOMAN EVERY CHILD**

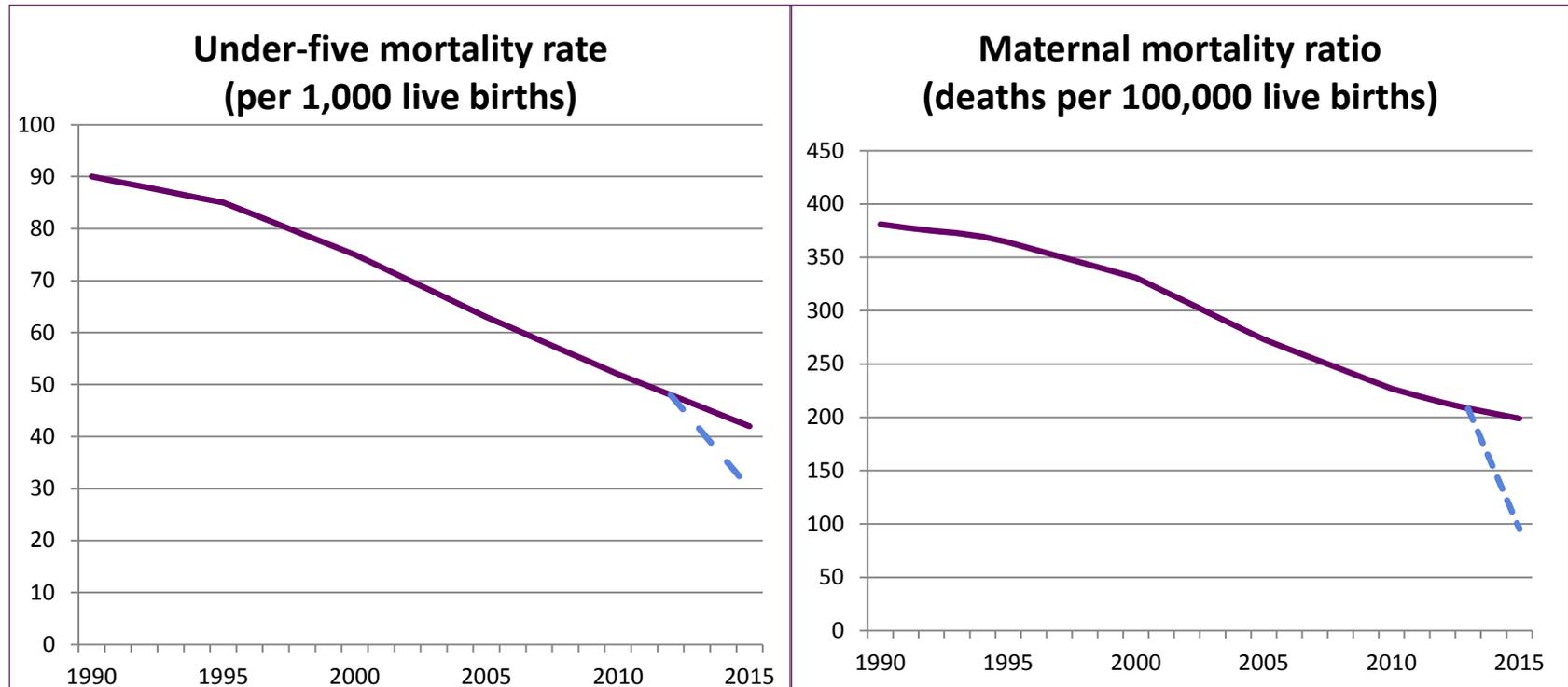
Agenda

- Why: The Need and the Vision
- What: Smart, Scaled, and Sustainable Financing for Results
- How: Key Approaches to Deliver Results
- Who: The Country Platform
- The GFF Trust Fund
- Governance

- **Why: The Need and the Vision**

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Why: Global momentum to accelerate progress in RMNCAH...



- Reduction in **<5 mortality rate**: from 90 deaths per 1,000 live births in 1990 to 46 in 2013 (40% are newborns)
- Reduction in **MMR**: from 380 deaths per 100,000 live births in 1990 to 210 deaths in 2013
- **11% of all births are to girls aged 15-19 years**; complications linked to pregnancy and childbirth second most common cause of death

...but challenges remain

- MDG 4 and 5 **unfinished agenda**
- Large **remaining funding gap** (~US\$27 billion in 2015) – significant additional investments from both domestic and international resources needed
- **Equitable and sustained progress under threat** as countries transition from low- to middle-income status
- **Inefficiencies in RMNCAH investments** due to poor targeting and fragmented financing
- Poor state of **civil registration and vital statistics systems (CRVS)**

The GFF is part of a broader global effort

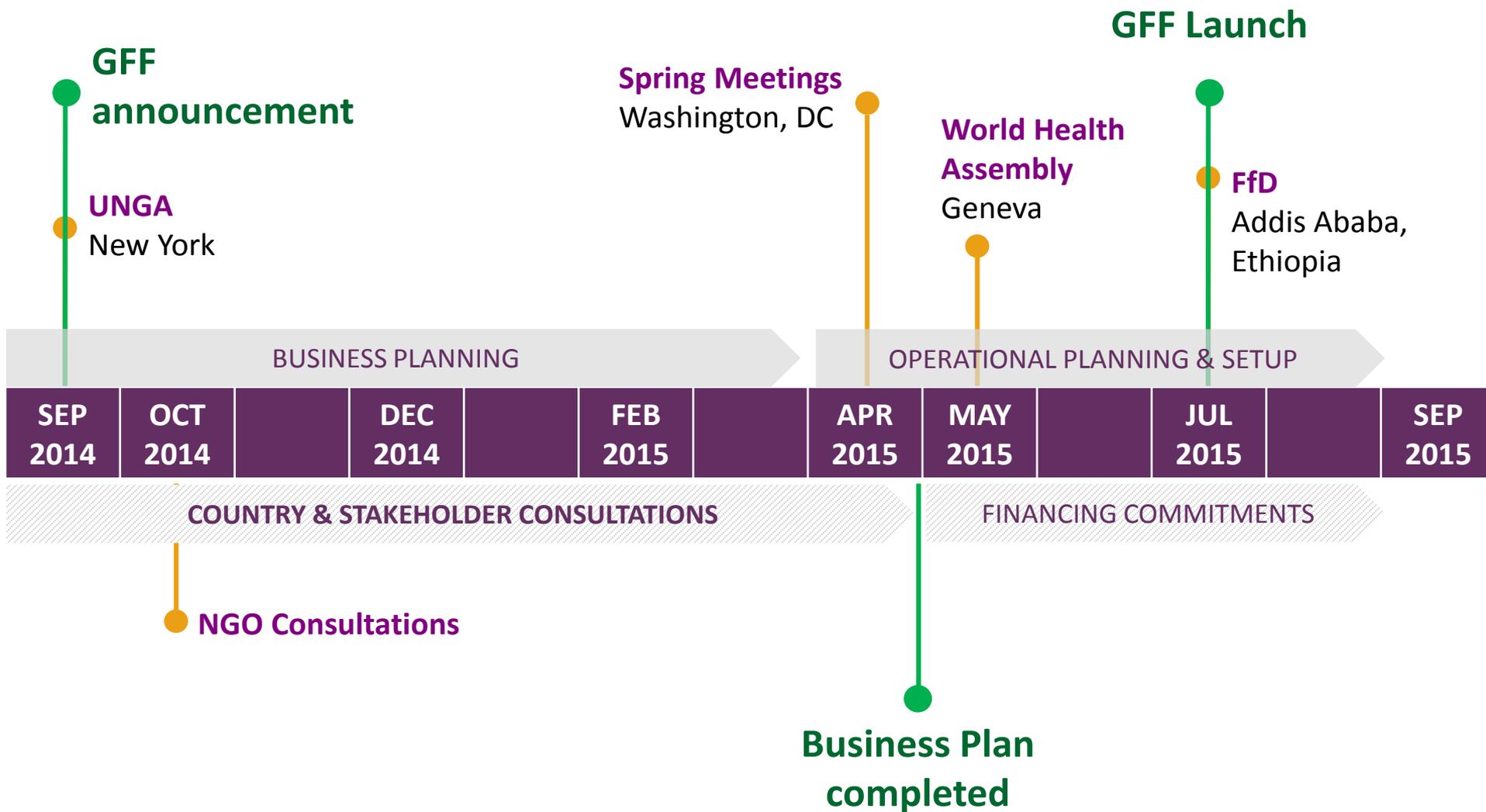
- **Financing for Development** agenda
- Development of the **Sustainable Development Goals**, with the unfinished business of MDG's 4 and 5 being a key priority
- Dialogue amongst global financing institutions about **graduation and financial sustainability** in the development continuum
- Renewal of the **Every Woman Every Child Strategy**

End preventable deaths and improve the quality of life of women, children and adolescents by significantly scaling sustainable investments in RMNCAH

Between 2015-2030, scale up in high burden countries could prevent up to:

- **4 million maternal deaths**
- **101 million child deaths**
- **21 million stillbirths**

GFF timeline

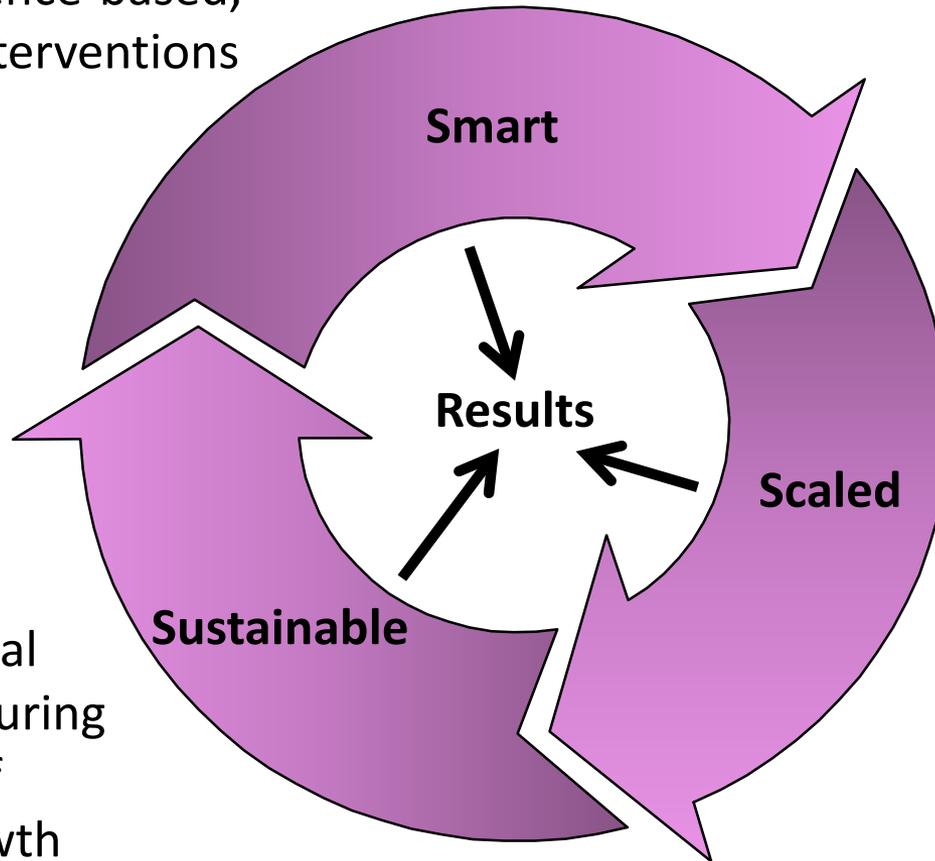


- Process supported by multi-stakeholder Oversight Group & Business Planning Team
- 4 frontrunner countries: Democratic Republic of the Congo, Ethiopia, Kenya, Tanzania

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What: Smart, scaled, and sustainable financing for results

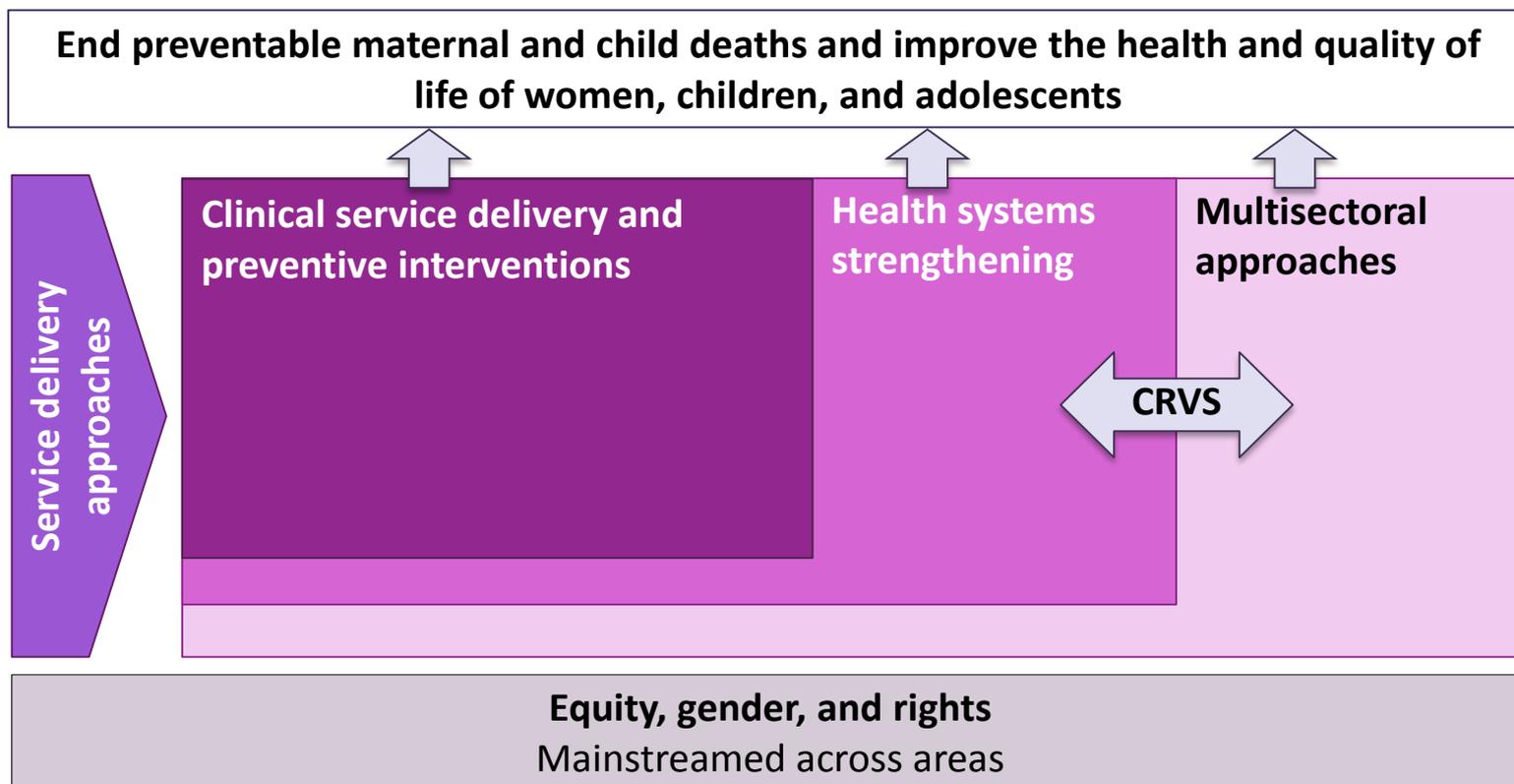
Focus on evidence-based, high impact interventions and results



Secure universal access by capturing the benefits of economic growth

Finance RMNCAH at scale through significantly increased domestic and international financing

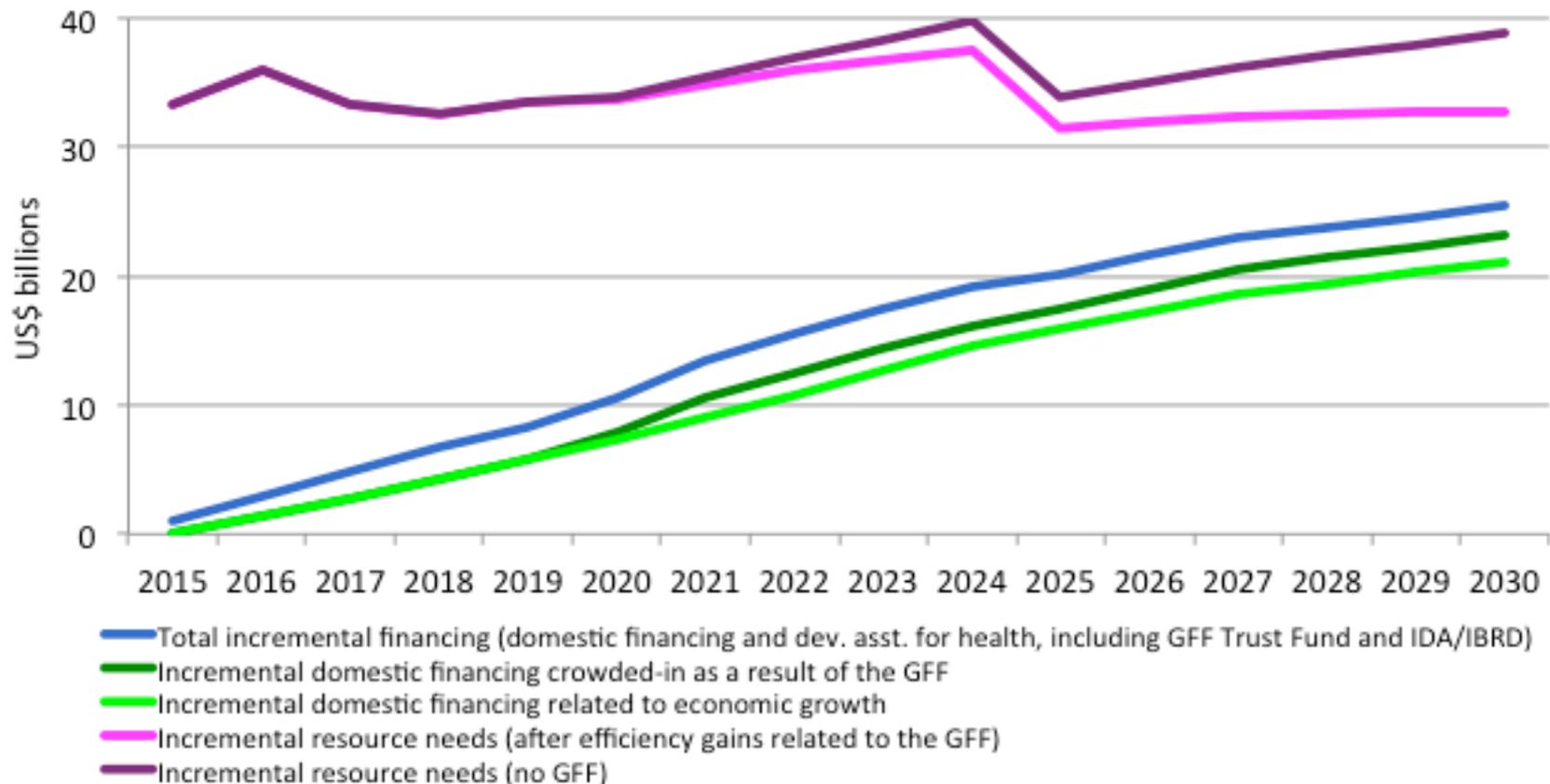
Smart: “Best buy” interventions cut across sectors



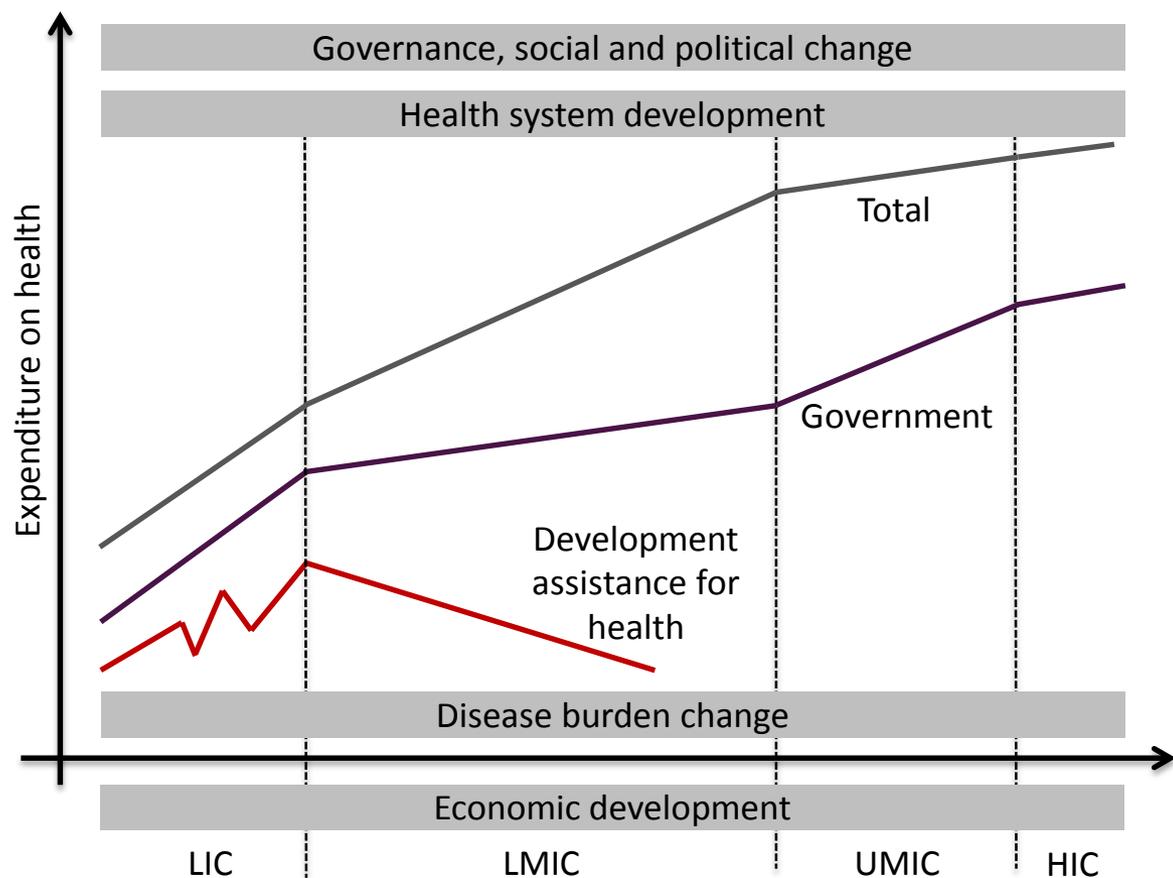
- Prioritizes interventions with a **strong evidence base** demonstrating impact
- Emphasizes issues (e.g., family planning, nutrition) and target populations (e.g., adolescents) that have been **historically underinvested in**
- Further focuses on **improved service delivery** to ensure an efficient national response (e.g., through task-shifting, integration of service delivery, community health workers, private sector service delivery environment)

Scaled: Achieving financing at scale is critical to reaching 2030 targets for RMNCAH

- Approach begins by **understanding the gap** between resource needs and those available
- The GFF works to close the funding gap by **improving efficiencies** (which reduces the resource needs) and **mobilizing resources from three key sources**:
 - Domestic financing (public and private)
 - GFF Trust Fund and IDA/IBRD resources
 - Additional donor resources (e.g., Gavi, Global Fund, bilateral assistance)



Sustainable: Ensuring sustainable provision of scaled-up RMNCAH results



To promote sustainability the GFF supports countries around all three health financing functions:

- Domestic resource mobilization
- Risk pooling
- Purchasing

Achieving and measuring results

- Results-**focused** financing
 - Different modalities to focus on supply (e.g., performance-based funding for facilities), demand (e.g., conditional cash transfers), and policy (e.g., disbursement-linked indicators)
 - Non-RBF modalities will also be used as appropriate (e.g., input-based financing for capital investments)
- Measuring results
 - CRVS:
 - Weaknesses in CRVS have direct effects on RMNCAH
 - Focus on registration of births, deaths, causes of death, and marriage
 - Other forms of measurement: DHS, MICS, routine monitoring systems (e.g., DHIS2)

Projected GFF impacts

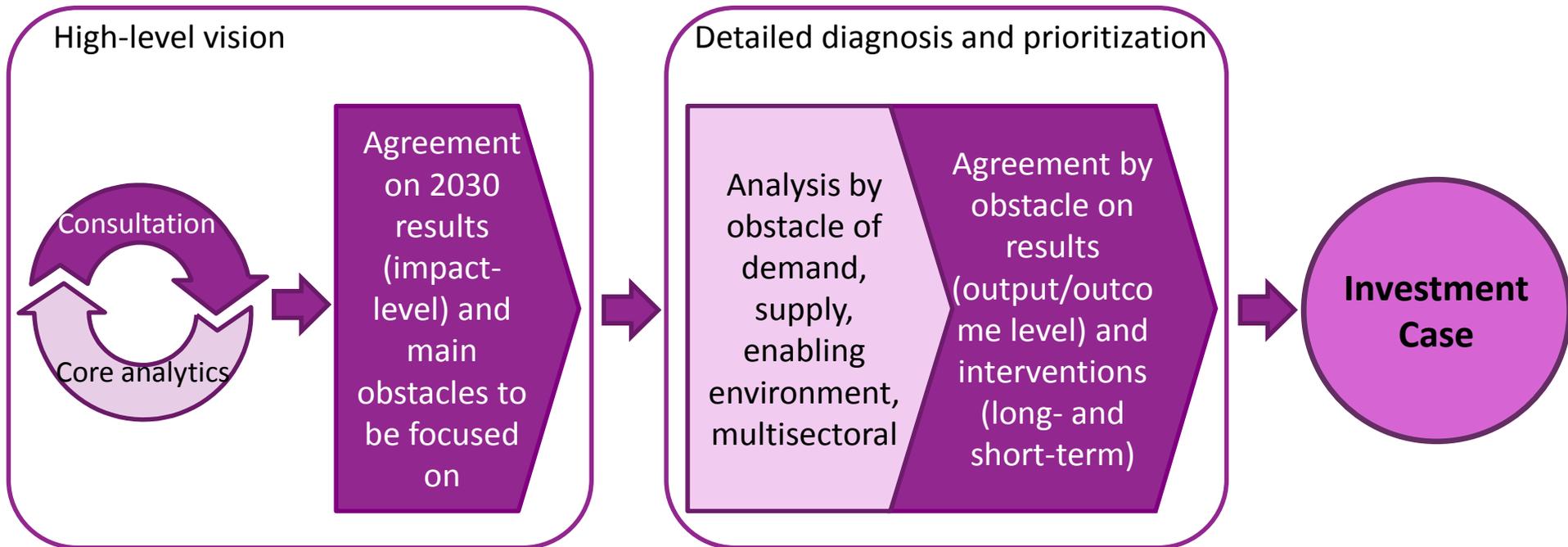
- If the GFF is fully financed, it will achieve significant impacts:
 - Improving efficiency by approximately 15% in 2030, resulting in a reduction of the resources needed by more than US\$6 billion per year in 2030
 - Mobilizing a cumulative total of more than US\$57 billion total 2015 and 2030 as a result of crowding-in domestic resources and by attracting new external support and improving coordination of existing assistance
 - Supporting ~20 countries to graduate from needing GFF financing for RMNCAH by closing resource gaps
 - The combined effects of these would prevent 24-38 million deaths of women, adolescents, and children by 2030 (including the stillbirths that would be averted as a result of family planning)

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How: A set of synergistic approaches drives smart, scaled, and sustainable financing

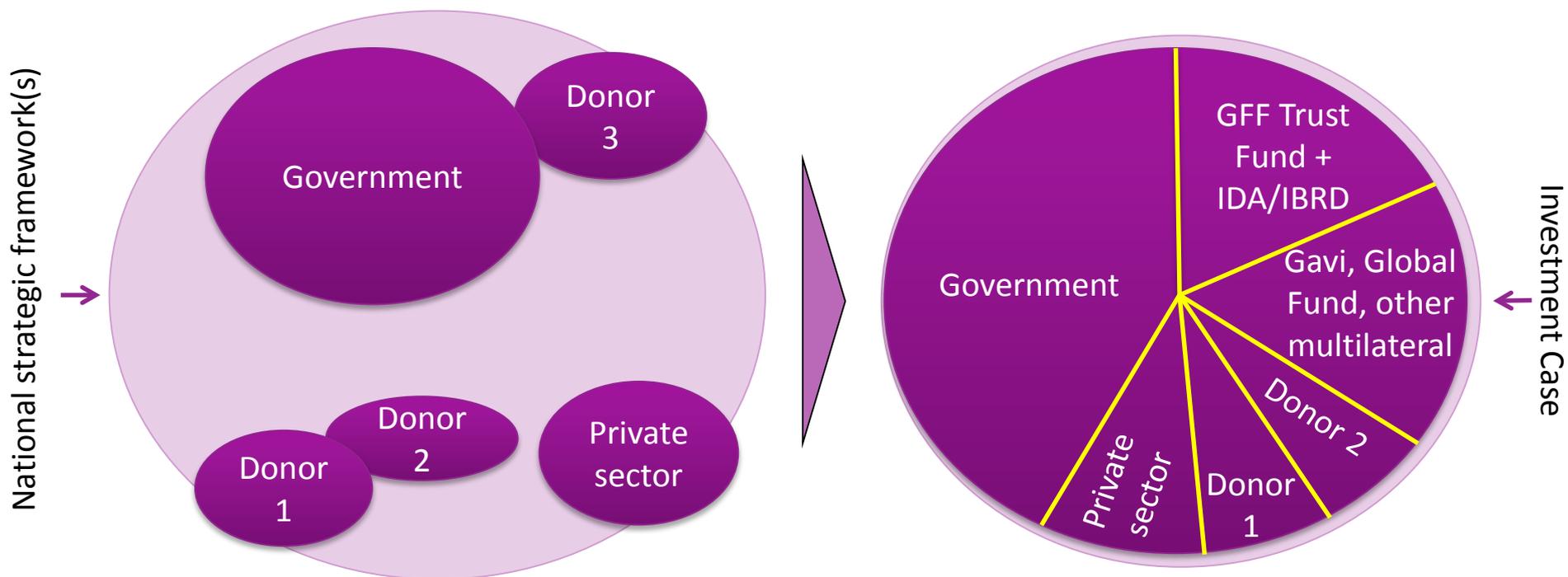
1. Investment Cases for RMNCAH
2. Mobilization of financing for Investment Cases:
 - A. Complementary financing of the Investment Case
 - B. Increased government investment in RMNCAH
 - C. Linking grant funding to IDA and IBRD projects
 - D. Innovative engagement of global and local private sector resources
3. Health financing strategies
4. Global public goods

1. The Investment Case



2A. Mobilization of financing for Investment Cases: Complementary financing of the Investment Case

The Investment Case sharpens the focus on evidence-based, high impact interventions while reducing gaps and overlaps as financiers increase funding for RMNCAH

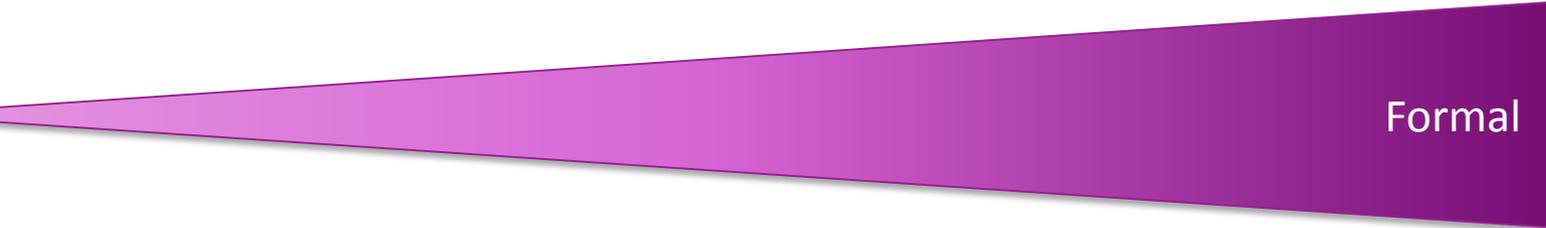


2B. Mobilization of financing for Investment Cases: Increased government investment in RMNCAH

The spectrum of approaches used to incentivize domestic resource mobilization

Informal

Formal

- 
- Providing technical assistance/capacity building on public financial management
 - Providing information on comparative performance and on lessons learned (including on innovative financing)
 - Making the case for investing in health
 - Strengthening continuity over time and accountability by ensuring involvement of civil society
- Benchmarking (publishing comparative data)
 - Including indicators on progress on resource mobilization in results frameworks
 - Supporting regulatory reform to “crowd in” private capital and improve access to financing for the private sector
- Using financing as an incentive (or withholding it)
 - Including requirements for domestic resource mobilization in legally-binding agreements

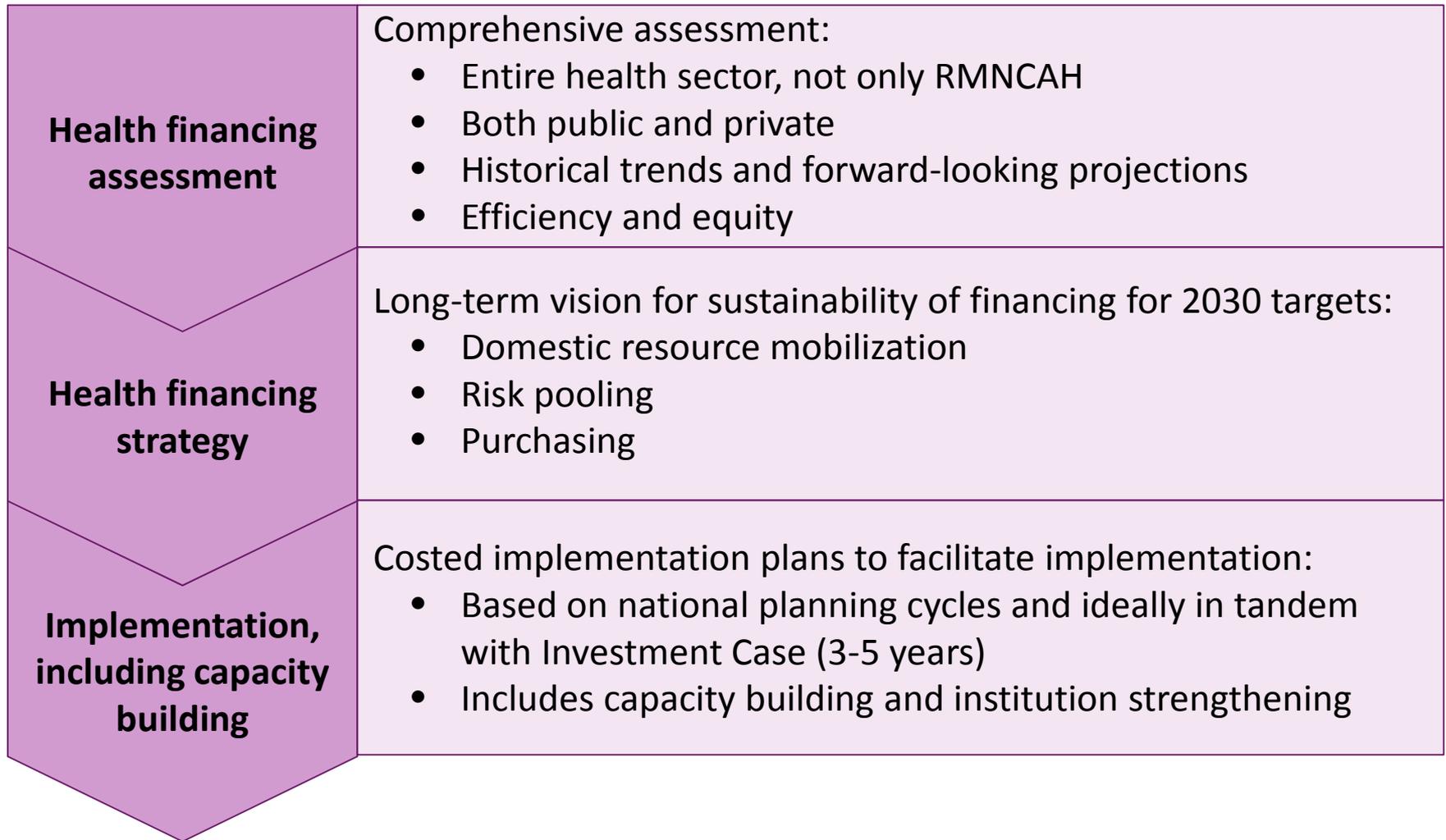
2C. Mobilization of financing for Investment Cases: Linking grant funding to IDA and IBRD projects

- Linking grant funding to IDA/IBRD projects benefits both trust fund and IDA/IBRD:
 - Trust fund benefits because of improved efficiency and reduced transaction costs (through the use of existing systems), and because this ensures that grant financing is tied into ongoing strategic dialogues on macroeconomic policies and is on-budget
 - IDA/IBRD projects benefit because the trust fund financing is used to improve to process of identifying national priorities, which IDA/IBRD financing supports
- HRITF had an average ratio of one dollar of grant resources to four dollars of IDA, which the GFF expects to match
 - Ratio will differ significantly by country

2D. Mobilization of financing for Investment Cases: Innovative engagement of global and local private sector resources

- There is significant untapped potential in the private sector at the national level, including around:
 - Service delivery
 - Supply chain management
 - Medical technology
 - Access to finance
- Key entry points: Investment Cases and health financing strategies, both of which take mixed health systems approach
- Possible complementary global approaches to mobilize resources from the private sector:
 - Health bond
 - Special topic commitments

3. Health financing strategies



Sustainable provision of scaled-up RMNCAH results

4. Global Public Goods

- Definition: non-excludable, non-rivalrous, benefiting multiple countries
- Initial phase:
 - Build on existing HRITF experience with evaluation and knowledge management
 - CRVS “Center of Excellence”
- Subsequent phase: specific initiatives to be defined within these broad categories:
 - Knowledge, learning, and evaluation
 - Data and information systems
 - Commodities
 - Innovation

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Who: the country platform

Partners

- Government
- Civil society (not-for-profit)
- Private sector
- Affected populations
- Multilateral and bilateral agencies
- Technical agencies (H4+ and others)

Approach

- Not prescriptive about form
 - Build on existing structures while ensuring that these embody two key principles: **inclusiveness and transparency**
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- Diversity in frontrunner countries:
 - Ethiopia and Tanzania used existing structures
 - Kenya established a new national steering committee

Roles

- Preparation and finalization of Investment Case and health financing strategies
- Complementary financing
- Coordination of technical assistance and implementation support
- Coordination of monitoring and evaluation

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- Eligibility
 - 62 low and lower-middle income countries
 - Must be willing to commit to increasing domestic resource mobilization and interested in using IDA/IBRD for RMNCAH
- Resource allocation
 - Three criteria: need, population, income
 - Range of US\$10-60 million per country
 - No repartition by issues/target population
 - CRVS fully integrated but additional funding of up to US\$10 million if country includes in Investment Case and uses IDA/IBRD
- Roll-out
 - \$800 million pledged to date
 - Four frontrunner countries (DRC, Ethiopia, Kenya, Tanzania)
 - Additional 5-10 countries to be selected as a next step
- Operational approach
 - Fully integrated with IDA/IBRD, as in HRITF

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GFF governance at the global level focuses on facilitating effective financing for investment cases at country level

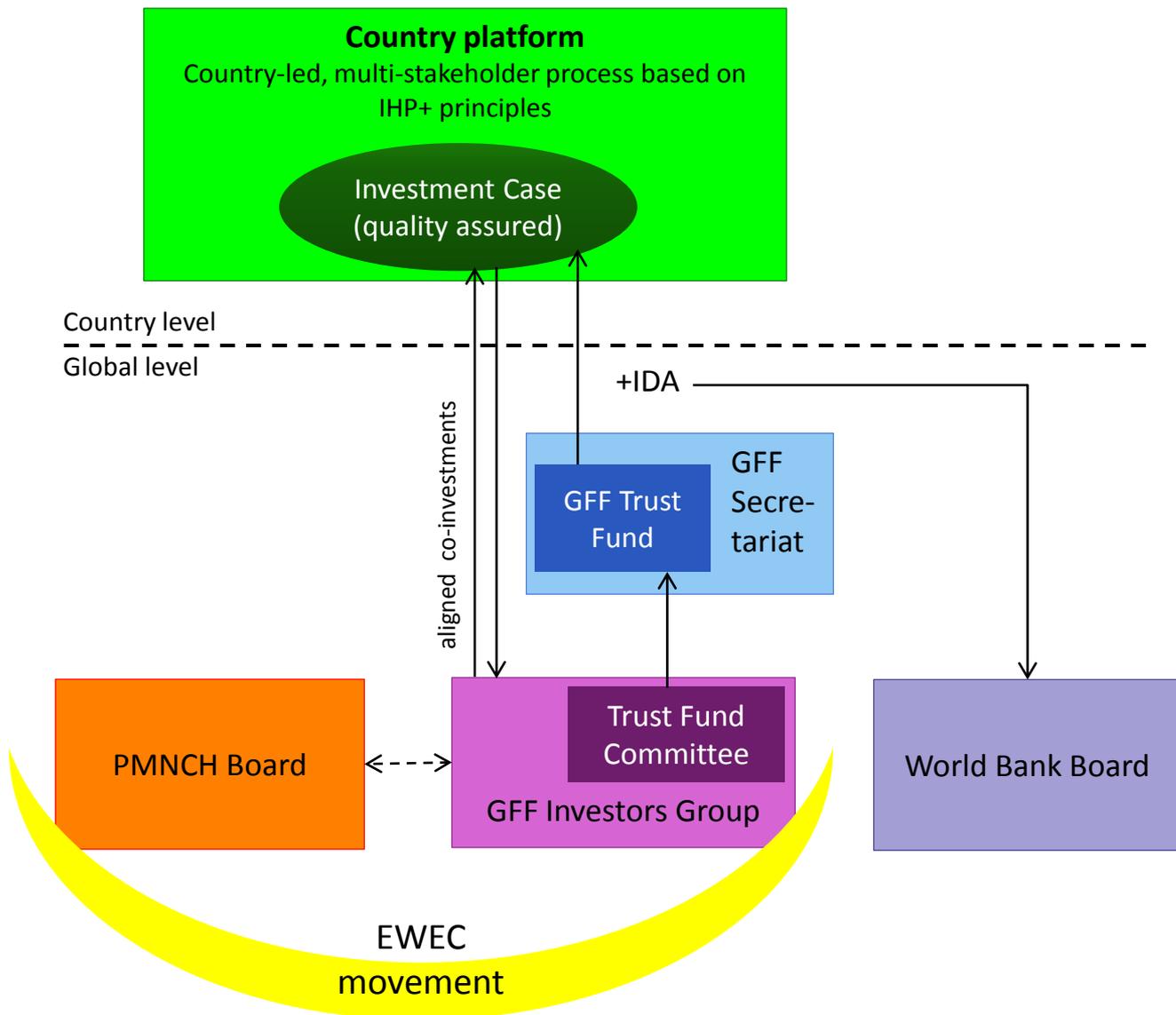
Function 1: Ensure GFF as a financing facility succeeds in mobilizing and co-financing high-quality RMNCAH investment cases in GFF countries by

- Driving coordination and agreement between investors on strategies to facilitate effective complementary financing of Investment Cases developed through the Country Platform
- Mobilizing additional domestic and international (including private) financing for RMNCAH investment cases at country level
- Driving learning and innovation around effective/efficient financing approaches based on country experiences
- Driving mutual accountability for aligned financing and results in GFF supported countries

Function 2: Ensure the GFF Trust Fund provides financing for RMNCAH investment cases that is aligned and drives innovation, sustainability and results by

- Setting strategic funding approach and priorities for the GFF TF, including innovative use of TF resources to maximize mobilization of IDA and domestic resources
- Approving TF funding allocation
- Agreeing annual work plan and budget of the TF
- Monitoring TF performance to ensure investments deliver results

Integrated governance of GFF as a financing facility and of the GFF TF



Structurally linked governance of the financing facility and of the trust fund

- **GFF Investors Group** ensures effective co-financing of RMNCAH Investment Cases in GFF countries (function 1)
- **GFF TF Committee:** subset of the Investors Group with devolved decision-making on GFF TF allocations (function 2)
- **GFF Secretariat** manages TF and provides support to Investors Group and TF Committee
- **WB Board:** final commitment of TF and IDA resources; fiduciary oversight

Composition and working mode of GFF Investors Group

Membership in the Investors Group is based on active contribution to the success of the GFF and promotes the engagement of stakeholders who make substantial financial or in-kind assistance to Investment Cases and health financing strategies:

Participating countries (ministries of health & finance)	4 – 6 members
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Bilateral donors contributing to the GFF	4 – 6 members
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H4+ partners	3 members
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World Bank	1 member
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Gavi and Global Fund to Fight AIDS, Tuberculosis and Malaria	2 members
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Non-governmental organizations (one each from developing and developed countries)	2 members
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Private sector (including private foundations)	2 members
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PMNCH	1 member
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There will be some flexibility to include new donors to the Investors Group; however, to remain nimble, a sharing of seat or rotation system may be introduced.