

GLOBAL FINANCING FACILITY



Global Financing Facility in support of *Every Woman Every Child*

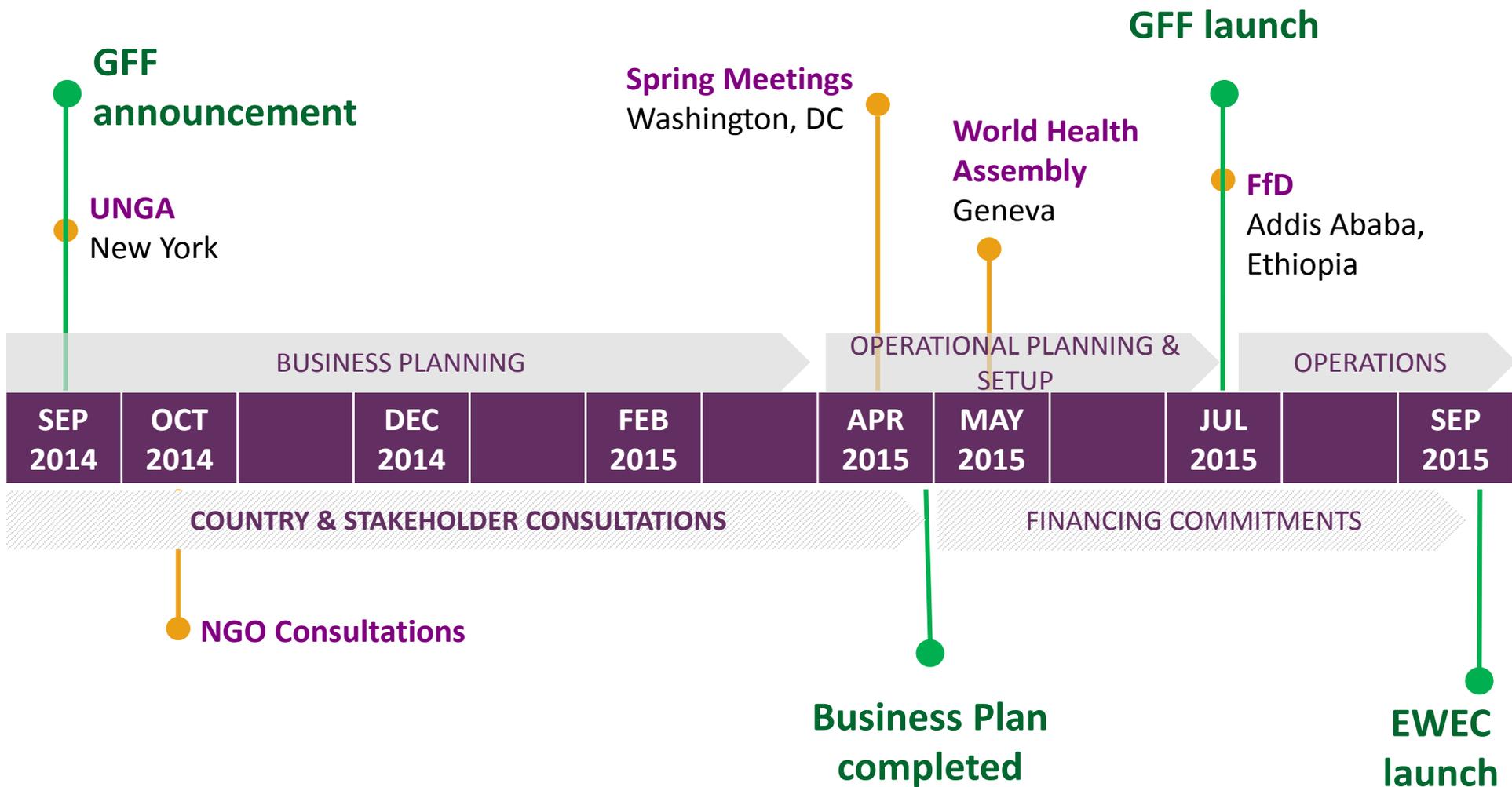
Rama Lakshminarayanan

World Bank

The Partnership's 17th Board Meeting

13-14 October 2015, Lusaka, Zambia

GFF timeline



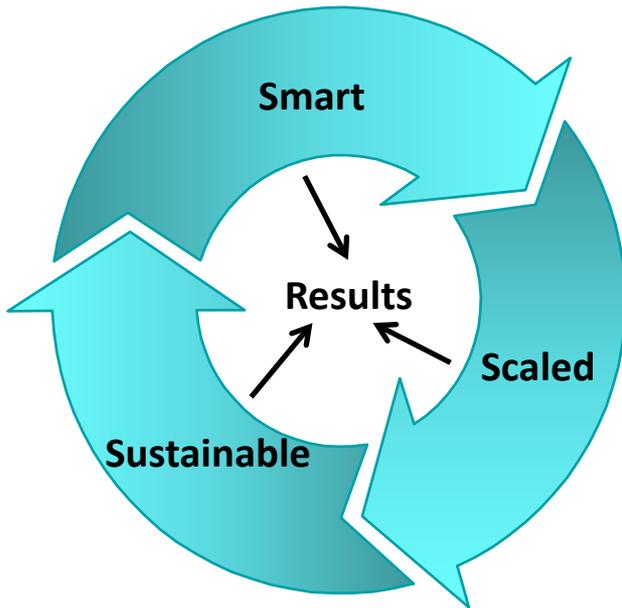
- Process supported by multi-stakeholder Oversight Group & Business Planning Team
- 4 frontrunner countries: Democratic Republic of the Congo, Ethiopia, Kenya, Tanzania

Overview of the GFF

The “what” of the GFF

The “how” of the GFF

The “who” of the GFF



1. Investment Cases for RMNCAH
2. Mobilization of financing for Investment Cases
3. Health financing strategies
4. Global public goods

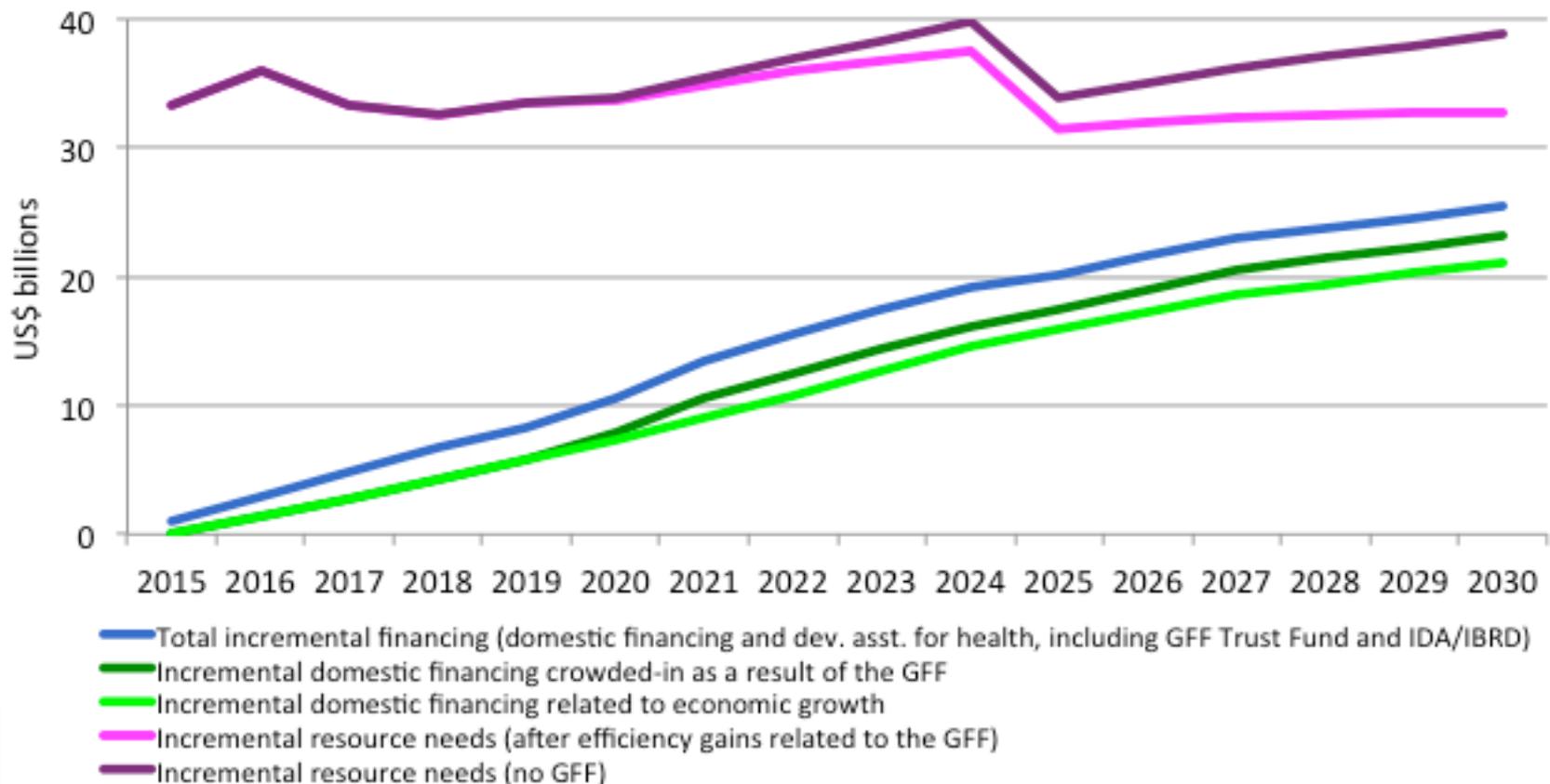
The GFF as a broader facility

The GFF Trust Fund

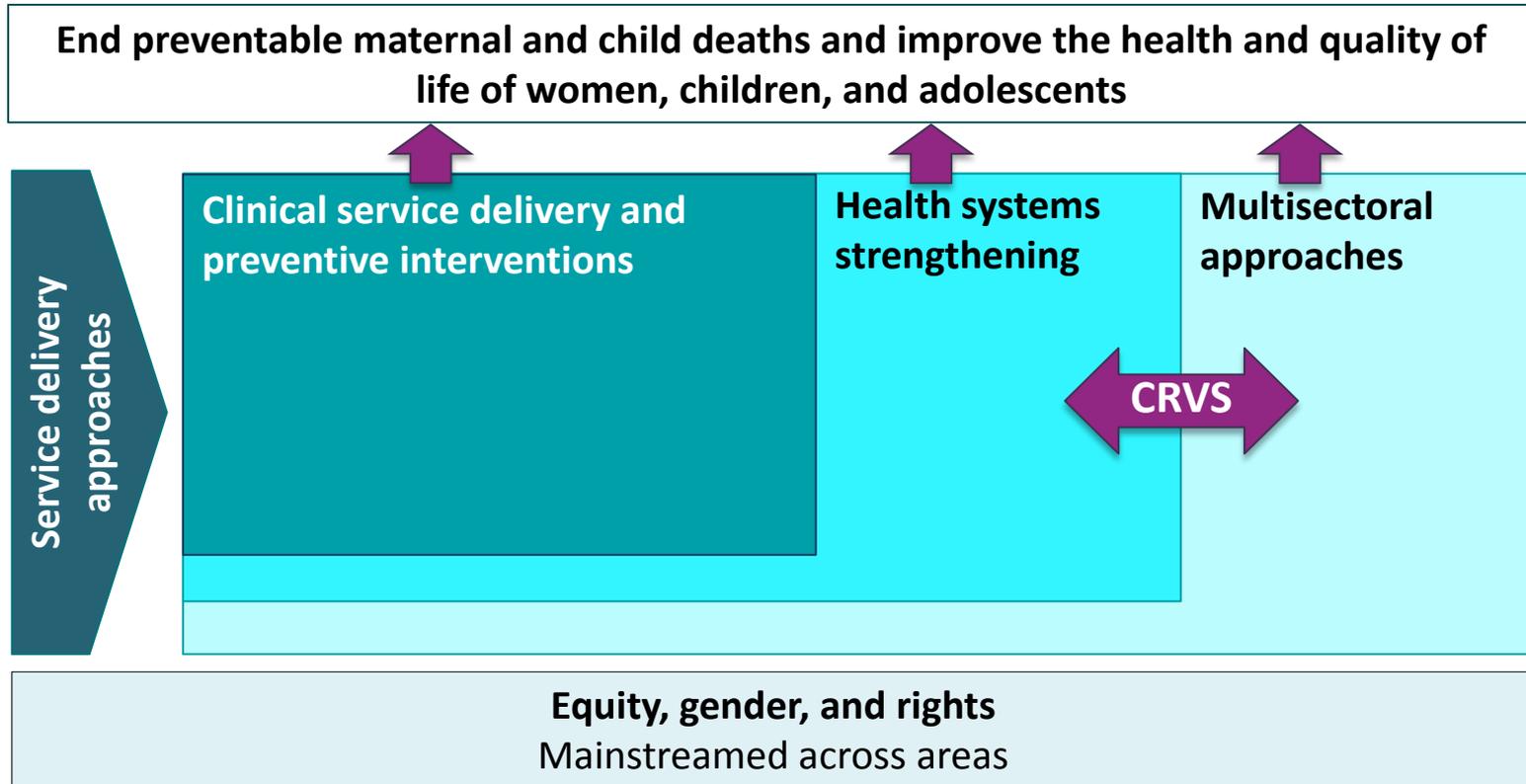
Governance

Bridging the funding gap for women's, adolescents' and children's health

- **Smart** financing: improving efficiency by approximately 15% in 2030
 - **Scaled** financing: crowding-in domestic resources and attracting new external support – mobilizing a cumulative total of >US\$57 billion between 2015 and 2030)
 - **Sustainable** financing: supporting ~20 countries to graduate from needing GFF Trust Fund financing
- The combined effects would **prevent 24-38 million deaths** of women, adolescents, and children by 2030



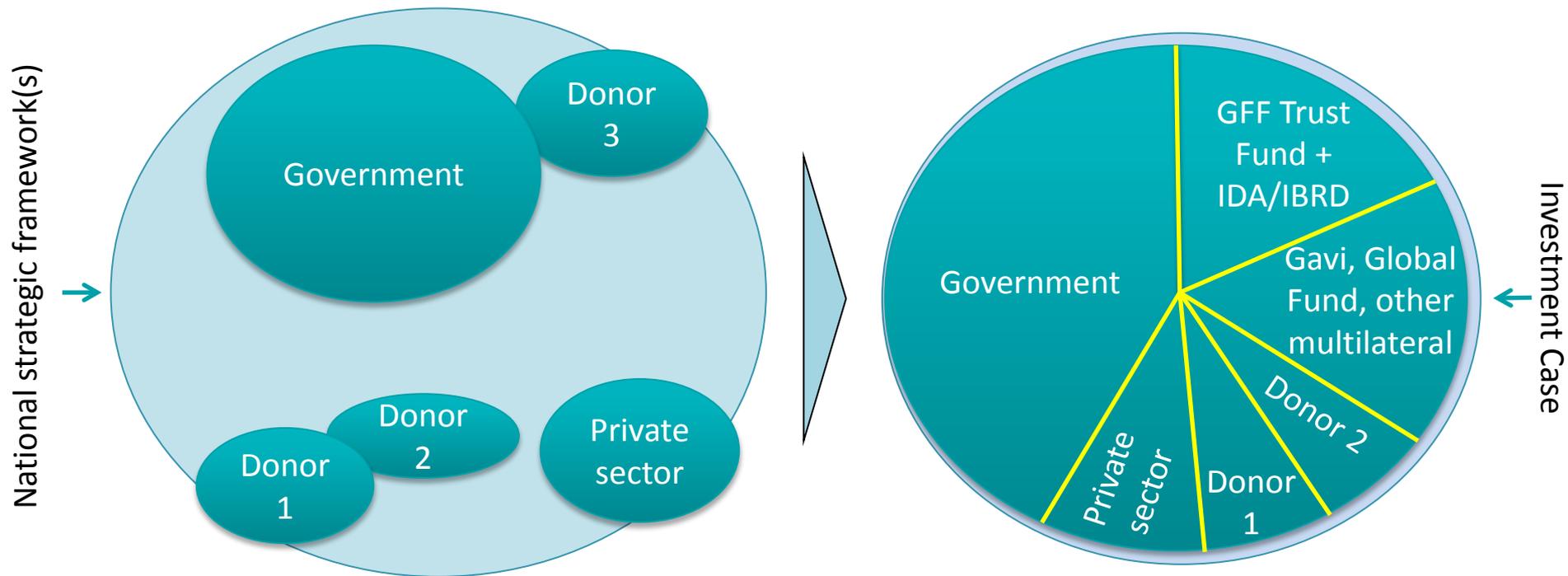
Scope of Investment Cases



- 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)

Investment Cases drive alignment of financing

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



Health financing strategies

Health financing assessment

Comprehensive assessment:

- Entire health sector, not only RMNCAH
- Both public and private
- Historical trends and forward-looking projections
- Efficiency and equity

Health financing strategy

Long-term vision for sustainability of financing for 2030 targets:

- Domestic resource mobilization
- Risk pooling
- Purchasing

Implementation, including capacity building

Costed implementation plans to facilitate implementation:

- Based on national planning cycles and ideally in tandem with Investment Case (3-5 years)
- Includes capacity building and institution strengthening

Sustainable provision of scaled-up RMNCAH results in context of universal health coverage



Governance



- Inclusive “**country platforms**” at national level, led by governments, building on existing systems
- Global “**Investors Group**” of developing and developed country representatives, multilateral organizations, civil society, and the private sector
- **Trust fund** governed by Trust Fund Committee (key donors to trust fund)

GFF Investors Group

- Investors Group composed of partners with direct engagement in success of the GFF
- Promotes and tracks substantial financial or in-kind assistance to Investment Cases and health financing strategies

Participating countries (ministries of health & finance)	5 members
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Bilateral donors	5 members
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UNFPA, UNICEF, WHO	3 members
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PMNCH	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 (developing and developed countries)	2 members
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Private foundation	1 member
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Private sector	2 members
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Executive Office of the UNSG	1 member
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World Bank	1 member
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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**
- ↓
- 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

- **Multi-donor trust fund at the World Bank provides dedicated grant resources linked to IDA/IBRD financing**
 - US\$875 million pledged to date from Canada, Norway, Gates Foundation
- **Country selection and allocation**
 - 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
 - Four frontrunner countries (DRC, Ethiopia, Kenya, Tanzania)
 - Second wave selected based on objective assessment (ability to mobilize domestic resources, use IDA/IBRD for health, and achieve results) and partner interest:
 - Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda
 - Resource allocation in range of US\$10-60 million per country (grant funding only, not including IDA/IBRD), based on need, population, and income