COUNTRY-POWERED INVESTMENTS FOR EVERY WOMAN, EVERY CHILD.
GFF is a financing partnership in support of EWEC and country leadership

Smart, scaled, and sustainable financing to help end preventable deaths in 63 high-burden countries by 2030
GFF Timeline

- **GFF announcement**
- **UNGA** New York
- **Spring Meetings** Washington, DC
- **World Health Assembly** Geneva
- **FfD** Addis Ababa, Ethiopia

**BUSINESS PLANNING (incl. work in 4 frontrunner countries)**
- SEP 2014
- OCT 2014
- DEC 2014
- FEB 2015

**OPERATIONAL PLANNING & SETUP**
- APR 2015
- MAY 2015
- JUL 2015
- SEP 2015

**COUNTRY & STAKEHOLDER CONSULTATIONS**
- NGO and private sector consultations
  - Global

**FINANCING COMMITMENTS**
- Business Plan completed

**OPERATIONS**
- EWEC launch; 1st Investors Group

*Process supported by multi-stakeholder Oversight Group & Business Planning Team*
Countries leading the way

- **Frontrunners:** DRC, Ethiopia, Kenya and Tanzania
- **Second wave:** Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda
Bridging the funding gap for women’s, adolescents’ and children’s health

- The combined effects would prevent **24-38 million deaths** of women, adolescents, and children by 2030
Overview of the GFF

The “what” of the GFF

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

The “how” of the GFF

The “who” of the GFF

The GFF as a broader facility

Governance
1. Scope of Investment Cases

- End preventable maternal and child deaths and improve the health and quality of life of women, children, and adolescents

- 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)
2. Quality Investment Cases with aligned financing drive results

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

**Objective:** help countries develop and implement strategies to build sustainable health financing systems and thus attain their health financing goals

**Approach:** health financing system assessment -> health financing strategy -> strategy implementation (including capacity building)

**Scope:** Health sector-wide

**Timeframe:** through 2030

**Key issues being addressed:**
- Defining right to health as an entitlement
- Increasing domestic resources for health
- Improving efficiency
- Improving coordination of development assistance
- Reducing inequities
GFF Trust Fund

Grant resources linked to IDA/IBRD financing

- US$875 million pledged to date from Canada, Norway, and the Gates Foundation

Country selection

- 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
- Initial set of 12 countries mentioned earlier

Resource allocation

- Range of US$10 to 60 million per country (grant funding only, not including IDA/IBRD)
  - Based on need, population, and income
- Expected ratio of 1:4 for trust fund:IDA (on average, not in every country)
The Challenge
Compared to other sector, the global aid architecture in the health sector is exceptionally complex:

- Health aid increased from USD 5B in 1990 to 31B in 2013, primarily through disease specific funding
- Overlapping mandates of donors and ineffective coordination structures have contributed to fragmentation of health financing and inefficiencies in service delivery structures

The GFF
Building on the development effectiveness principles the GFF intends to:

- Improve synergies between domestic, external and private financing
- Reduce fragmentation in health financing
- Aligning external financing to prioritized cost-effective interventions
The GFF approach

Align Government and partners around one prioritized investment case (IC) for RMNCAH that is linked to an implementation focused health financing strategy (HFS)

What’s different with GFF compared to previous efforts?

- **Long term perspective (to 2030):** From project-focused approach to system reforms
- **An inclusive partnership:** The GFF includes all major development partners in the health sector, including civil society and the private sector
- **Improved accountability:** Through enhanced results reporting mechanism and by ensuring involvement of civil society
- **The link between the GFF partnership and GFF grant/IBRD/IDA financing:**
  - Opportunity to improve the dialogue between MOH and MOF
  - Facilitates stronger links between health sector reforms and national PFM reforms
  - External financing can be leveraged to incentivize countries to adopt sustainable financing policies.
    - E.g. in one front-runner country the Disbursement Linked Indicator of IDA operation focused on increasing domestic resources to the health sector
The Challenge

WHO estimates that 20-40% of global health spending is wasted every year (approximately $1.5 trillion/year)

- Many countries undertake interventions that are not cost-effective
- Technical and administrative efficiency is low in many LMICs, e.g.
  - Underuse of generics and higher than necessary prices for medicines
  - Inappropriate and costly staff mix and high levels of absenteeism among health workers

The GFF

- Identify and implement approaches to improve allocative, technical and administrative efficiency
- Improve reporting and monitoring of efficiency indicators
The GFF approach

- The IC identifies and aligns resources around cost-effective intervention to improve allocative efficiency
- The HFS identifies priority reforms to enhance technical and administrative efficiency
  - Improved PFM systems or strengthening of strategic purchasing functions
- The GFF offers TA and capacity building to support implementation of IC and HFS
- To track progress, countries report on efficiency indicators, e.g.
  - Change in the % of government recurrent RMNCAH expenditure spent on prevention
  - Government purchase price of a selected basket of essential RMNCAH medicines compared to the international reference price
  - Government budget execution rate for: a. health; b. RMNCAH, judged against a nationally appropriate target
- Publishing and benchmarking of efficiency indicators