COUNTRY-POWERED INVESTMENTS FOR EVERY WOMAN, EVERY CHILD.
As countries grow, the composition of finance changes with a shift away from DAH and out-of-pocket to domestic, prepaid and pooled financing.
The equity challenge: In the early stages of the health financing transition, out-of-pocket expenditure tends to remain high.

- **Low income**: 50%
- **Lower middle income**: 40%
- **Upper middle income**: 25%
- **High income**: 10%

Source: World Development Indicators database
The GFF was conceptualized to bridge 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.
Countries leading the way

- **Frontrunners:** DRC, Ethiopia, Kenya and Tanzania
- **Second wave:** Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda
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 GFF as a broader facility

The GFF Trust Fund

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

- Clinical service delivery and preventive interventions
- Health systems strengthening
- Multisectoral approaches

Equity, gender, and rights
Mainstreamed across areas

- 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.
2. Repartition of financing

Repartition of financing will not occur automatically: requires dialogue between ministries of health and of finance, and among external financiers.

1. Institutionalization of priorities (e.g., in budgets and MTEFs) requires sustained dialogue between ministries of health and of finance.

2. Many key donors have expressed willingness to support Investment Cases, but achieving this requires sustained dialogue at the country level.
### 3. 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
3. The GFF approach to the health financing agenda

- Intense support to countries for the development and implementation of Investment Cases and health financing strategies
  - Financing, technical assistance, peer-to-peer learning
- Emphasis on implementation
  - Not only analytical work or production of a document but instead focus on concrete reforms
- Monitoring of progress and benchmarking
  - Countries report on key indicators and are benchmarked against each other (e.g., ratio of GHE to GE, government budget execution rate for a. health and b. RMNCAH)
- Convening of partners
  - Building on the development effectiveness principles, the GFF brings partners together to improve synergies, reduce fragmentation in health financing, and align external financing to evidence-based high-impact priorities
    - Improved donor coordination is a key driver of efficiency in highly donor dependent countries
- Employ a range of incentives to encourage domestic resource mobilization (*next slide*)
3. The spectrum of approaches used to incentivize domestic resource mobilization

- 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