THE GLOBAL FINANCING FACILITY

A New Era in Development Finance

Although a large number of countries, particularly in Africa and South Asia, will miss the 2015 Millennium Development Goal targets to improve maternal and child survival rates, the launch of the Global Financing Facility presents an opportunity to address the challenges that remain. It heralds a new era in development with a breakthrough financing model that unites resources from countries themselves, international donors, and the private sector to accelerate advancements in the health of women, adolescents and children.

The GFF is a country-driven financing partnership that brings reproductive, maternal, newborn, child and adolescent health stakeholders together, under national government leadership and ownership, to provide smart, scaled and sustainable financing for women’s, adolescents’ and children’s health. It also aims to strengthen civil registration and vital statistics to improve the quality and availability of data on every birth, death, cause of death and marriage. GFF-supported countries will be able to better monitor and track their investments in maternal, newborn and child health.

The GFF will use a number of approaches and mechanisms to deliver smart, scaled, and sustainable financing for results through:

+ **Investment Cases** that build on existing national planning processes, in line with the principle of country ownership, to mobilize financing for RMNCAH from public and private, and international and domestic sources;

+ **Health financing strategies** focused on sustainability; and

+ **Investments in global public goods** that support RMNCAH results at the country level.

“This has to be done in a responsible manner, no sudden cut of aid, grow domestic financing for health over time. We have to take progressively more responsibility.”

**DR. KESETE ADMASU**
MINISTER OF HEALTH, ETHIOPIA
Four frontrunner countries—Democratic Republic of Congo, Ethiopia, Kenya, and Tanzania—piloted the GFF approach concurrently with the development of the Business Plan to help inform how best to make the facility operational at country level. All four countries have received HRITF-funding linked to the design, implementation or evaluation of RBF programs. They are part of a growing number of countries in Sub-Saharan Africa that are empowering health workers at the frontline, improving accountability, and increasing the quantity and quality of health services through a focus on results. Their experiences contributed significantly to shaping the final document.
Over the past decade, Tanzania has made significant strides in health. Between 1999 and 2010, infant mortality rates plummeted from 99 to 51 per 1,000 live births, and under-five mortality rates declined dramatically from 147 to 81 per 1,000 live births. Despite this progress, many health system challenges persist. Maternal and neonatal mortality rates remain high with 454 maternal deaths per 100,000 live births and 26 neonatal deaths per 1,000 live births having been reported in 2010. Low quality of health care remains a major bottleneck and in many cases, impedes health service utilization. Service delivery is constrained by both a shortage and inequitable distribution of health workers. Tanzania spends significantly less public money on health than comparable countries and financing is highly dependent on external support, which is fragmented and off budget.

To address these challenges, the country has adopted the Health Sector Strategic Plan IV (HSSP IV). It incorporates a major Government initiative, Big Results Now in Health (BRN), that accelerates results in PHC in general and RMNCH in particular. The Government of Tanzania (GOT) has also seized the opportunity presented by the Global Financing Facility (GFF), in Support of Every Woman Every Child, to scale-up resources for Reproductive, Maternal, Neonatal, Child and Adolescent Health (RMNCAH), align partners around prioritized investments to generate results and move toward sustainability by harnessing domestic resources.

As a frontrunner country for the GFF, the Government of Tanzania (GOT) is in the process of finalizing an RMNCAH Investment Case. The draft One Plan II, which is the costed RMNCAH strategy for the period 2016-2020, and the Big Results Now in Health (BRN), are both embedded in the Health Sector Strategic Plan IV (HSSP IV) and developed as part of Tanzania’s Development Vision 2025. They provide foundations for the RMNCAH Investment Case prioritization process. The One Plan II reflects the continuum of care and includes adolescent health and health-related investments in nutrition. Its results framework is aligned to the country’s objectives for 2030. The One Plan II identifies the priority intervention areas, which all stakeholders, development partners and financiers agree to finance to realize the Government’s long-term vision—to accelerate RMNCAH results and reach universal health coverage.

Through HSSP IV, the GOT is mainstreaming a results-focused approach in RMNCH with the use of performance incentives and accountability mechanisms that ensure the attainment of verifiable results. This is exemplified by the Results-Based Financing (RBF) scheme for Primary Health Care (PHC) and designed with the support of a preparatory grant from the Health Results Innovation Trust Fund (HRITF). This scheme builds on a pay-for-performance pilot financed by the Government of Norway in the Pwani region. Based on a review and evaluation of the pilot’s implementation, the design was modified to motivate staff to improve coverage and quality of services provided at dispensaries, health centers and district hospitals. Payment indicators include timely antenatal and post-natal care, institutional deliveries, family planning, prevention of mother-to-child transmission, availability of essential supplies, equipment and performance incentives.
and water, plus adherence to infection control practices and attention given to vulnerable populations and patient satisfaction. Indicators linked to civil registration and vital statistics systems (CRVS) will be incorporated in the near future. The revised RBF enhances accountability for RMNCH results and encompasses broader health system strengthening measures. The GOT plans to scale up RBF to at least 7 regions by 2019.

To ensure sustainability of the above-mentioned strategies and approaches, the country is also developing its Health Financing Strategy, which is aligned to its existing strategies, policies and approaches, such as HSSP IV, Sharpened One Plan, One Plan II, BRNH and RBF. The Health Financing Strategy highlights increased domestic resource mobilization and identifies priorities like (a) creating fiscal space through efficiency gains; (b) defining the functions of key actors, including purchasing and provision and (c) adding a performance element to capitation payments that are linked to quality to enhance value-for-money and ensure RBF sustainability.

The World Bank will support the government’s efforts with a $200 million IDA credit through the recently approved “Strengthening PHC for Results” Operation. This operation uses the Program-for-Results (PforR) lending instrument, which releases funds upon the achievement and verification of Disbursement Linked Indicators (DLIs), and includes targets for improvements in domestic financing for health. The PforR operation constitutes a performance-based framework at national, regional, and local government and health facility levels to support RMNCAH results achievement. Under the umbrella of the IDA operation, the GFF Trust Fund provides a $40 million grant to co-finance the investment case. Power of Nutrition provides $20 million for nutrition and USAID provides $46 million for RBF. RBF has its own DLI, which ensures that payments to health facilities are made in a timely manner following a verification of results. Other development partners also align their support for the health sector by adopting several DLIs to disburse their own contributions through a pooled funding mechanism.

“The GFF is our vehicle for RMNCAH financing in the post 2015 agenda.”

DR. SEIF RASHIDI
MINISTER OF HEALTH AND SOCIAL WELFARE, TANZANIA
Over the last decade, Ethiopia has made significant progress toward fulfilling the Millennium Development Goals (MDGs) and achieving Universal Health Coverage (UHC). The country’s health results have improved dramatically, particularly in maternal and child health (MCH). Most notably, under-five child mortality was reduced by two-thirds by 2012, which helped Ethiopia achieve its MDG 4 target, three years ahead of the 2015 deadline. The Government of Ethiopia’s committed leadership and proactive stance on MCH is outlined in the Growth and Transformation Plan and Health Sector Development Plan, and is realized through the MDG Performance Fund (MDGPF).

The MDGPF, which was established and led by the government, is an innovative pooled multi-donor funding mechanism, with non-earmarked funds from 12 development partners, including the World Bank. It acts as a catalyst for results and ensures that domestic and international resources are appropriately channeled toward priority areas, jointly identified by the government and contributing development partners. As Ethiopia’s flagship primary health care delivery program, the Health Extension Program (HEP) brings human resources for health to the ground, while the MDGPF focuses on making health facilities ready for service delivery. Together, the MDGPF and HEP enable coordinated and effective action, that’s creating positive health results.

In places where health services were once limited, rural areas now have health clinics stocked with vaccines and essential medicines. Where there was only limited local health expertise available, health workers now support mothers to deliver healthy babies, administer vaccines, and support family planning. But despite these positive developments, profound geographical inequities still remain a major health sector challenge and an indicator of important urban/rural divides. For example, the 2014 Demographic and Health Survey (DHS) highlighted that “the proportion of births assisted by a skilled provider ranged from 10 percent in Afar to 86 percent in Addis Ababa.”

Ethiopia now has 38,000 trained health extension workers (HEWs), and 15,000 health posts that provide preventive and curative care to the farthest corners of the country. Nonetheless, the shortage and high turnover of HEWs at the health post and community levels remain a challenge. The Ethiopia Countdown Case Study underscored that “deficiencies among the HEWs are often exacerbated by poor leadership, lack of supportive supervision, and high workloads in both health and non-health activities.”

The 2014 DHS does show positive trends, however, in maternal and child health. It underlines improvements in skilled birth attendance coverage, increasing from 10 percent in 2011 to 15.4 percent in the 2014 DHS. The use of modern contraception also increased from 27 percent in 2011 to 42 percent; and antenatal care (at least one visit) rose from 43 to 58.5 percent in the 2014 DHS. These combined efforts sharply increased the quantity, quality and equity of health care in Ethiopia.

To further accelerate these positive outcomes, the World Bank launched the first Program-for-Results (PfOR) operation in June 2013 to support Ethiopia’s progress towards MDGs and accelerate positive health outcomes. This new mechanism provided Ethiopia with financial incentives to scale up the coverage of MCH services at the national level and strengthen its health management information system (HMIS). Within this framework, funding was triggered when a Disbursement Linked...
Ethiopia’s health results have continued to improve. Findings from the 2014 DHS indicate that Ethiopia reached or surpassed most population-based targets, which resulted in a release of funding through the World Bank’s PforR. Ethiopia wants to accelerate health improvements by focusing on primary health care. The Government has developed the Health Sector Transformation Plan (HSTP), a costed 5-year plan that represents a continuation of the Health Sector Development Plan. It serves as the first phase of the Government strategy for “Envisioning Ethiopia’s Path towards Universal Health Coverage through Strengthening Primary Health Care.” The Government plans to drive transformative change through sustainable measures and financial mechanisms that support (1) scale-up of effective interventions and promote community engagement as well as quality services delivered in an equitable manner; (2) development of robust, competent human resources for health; (3) solutions to overcome financial barriers to health services, such as development and strengthening of health insurance schemes; (4) domestic resource mobilization by engaging non-state actors, increasing government spending on health, and reforming fiscal policies for reproductive, maternal, newborn, adolescent, and child health—RMNCAH; (5) maximize resource allocation; and (6) strengthening of Civil Registration and Vital Statistics systems to improve the measurement of results.

A “Joint Assessment of the National Strategies” (JANS) review of Ethiopia’s HSTP was carried out in June 2015 to lay the foundation for future partner support, including from the World Bank and the Global Financing Facility (GFF). The GFF in support of Every Woman Every Child comes at a critical juncture for supporting Ethiopia’s bold vision and aligning with its strategic direction as the nation continues toward UHC and middle income status.
KENYA

Building momentum for Smart and Sustained Investments in Reproductive, Maternal, Newborn, Child, and Adolescent Health

The Government of Kenya is committed to improving RMNCAH outcomes and achieving Universal Health Coverage through new policies and initiatives, such as “Free Maternity Care”, “Beyond Zero”, and the “elimination of user fee for primary healthcare”. The 2014 Kenya Demographic and Health Survey (KDHS) shows improvements in most RMNCAH indicators. For example, skilled birth attendance increased from 44 percent to 62 percent between 2008 and 2014 and under-five mortality dropped from 74 to 52 per 1000 live births. Despite such progress, Kenya still will not achieve its maternal and child health Millennium Development goals as economic and geographic disparities persist and health service delivery challenges remain. The attainment of results are further constraint by heavy reliance on out-of-pocket expenditures, fragmented public and private funds and high dependence on donor assistance that mainly supports disease-specific initiatives. The devolution of responsibility for delivering health services to 47 county governments provides opportunities to find locally relevant solutions to improve RMNCAH service coverage and address geographic inequalities.

As a front-runner country for the GFF the Government of Kenya is spearheading development of a national RMNCAH Investment Framework to scale up RMNCAH services and sustain such investments through a comprehensive health financing strategy. Aimed at enhancing resources and aligning all stakeholders around prioritized investments that generate results, this development process involved an extensive analytical and consultative process. There was active stakeholder participation from national and county governments, civil society, Faith-Based Organizations, the private sector, professional associations, and development partners and financiers.

Building on the experience of HRITF in providing results-focused financing to support countries to achieve results, Kenya’s RMNCAH Investment Framework shifts the health sector focus from inputs to using innovative approaches that address both demand and supply-side barriers. It proposes performance incentives to improve quality of care, healthcare worker’s motivation and geographic distribution, and enhances health commodity management and HMIS data quality. It proposes demand-side incentives, like vouchers and conditional cash transfers, to overcome socio-cultural, physical and economic barriers for access and use of health services. It also highlights the importance of multi-sectoral interventions to address adolescent’s sexual and sexual and reproductive health.

Key RMNCAH Indicators

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<th>Facility Delivery</th>
<th>61%</th>
<th>26%</th>
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<tr>
<td>&gt;4 ANC Visits</td>
<td>58%</td>
<td>18%</td>
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NATIONAL  WEST POKOT
reproductive health needs, including cash transfers to retain girls in school and revised school curriculums to ensure appropriate health education.

The RMNCAH Investment Framework strategies are rooted in evidence, including prioritizing 15 of Kenya's 47 counties through a data triangulation of high burden maternal and child health, low coverage for four key RMNCAH indicators and population size. To ensure equity, five more counties were added by the MOH, bringing the total to 20 priority counties.

The RMNCAH Investment Framework is well aligned with Kenya's devolved health system. It will guide development of county-specific RMNCAH implementation/investment plans as part of the country's integrated development planning process. To identify priority intervention areas, county investment plans will be based on rigorous analysis to focus on county specific priorities. For example, analysis of indicators for West Pokot County identified the county's strengths and weaknesses, and areas of focus. In West Pokot, institutional deliveries and 4+ ANC visits are both below the national average. Moreover, a lack of available medical equipment and medicines (such as sterilizing equipment and oxytocin) highlight the attention required to improve quality of care. The analysis further highlighted a potential need for demand-side incentives.

A resource mapping and costing exercise for Kenya's RMNCAH Investment Framework was undertaken to ensure better coordination and promote effective harmonization of ongoing and proposed support from domestic and external sources. A results framework has been prepared to monitor progress and determine mutual accountability.

The Government of Kenya is also preparing a Health Financing Strategy (HFS) to ensure that new investments are sustainable and contribute to broader UHC goals. The HFS aims to ensure adequate resources for efficient and equitable access to affordable essential health care for all Kenyans. The HFS builds on lessons from existing initiatives including the Health Insurance Subsidy for the Poor, free primary care services, free maternity services and Output-Based Aid programs.

With strong coordination structures composed of representatives of national and county governments, donor organizations, non-governmental organizations and the private sector—the development process of the HFS concentrates on identifying core health financing challenges and devises practical and affordable solutions that are grounded in evidence. The HFS aims to improve efficiency, accountability and transparency of financing and the delivery of health services. Specific areas of focus include strengthening domestic resource mobilization, harnessing the potential of the informal sector, reducing fragmentation in pooling and developing strategic purchasing arrangements. Kenya's Health Financing Strategy is expected to be completed by August 2015.

In its first five years, the GFF will focus on moving from its current operations in four front-runner countries to reaching 62 eligible high-burden countries. Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal and Uganda have been selected as the second wave of GFF countries. GFF country selection will be prioritized on the basis of resources available from the GFF Trust Fund; need, population and income; the potential for available International Development Assistance/International Bank for Reconstruction and Development loans and domestic resource mobilization, and the ability to achieve results. Regional representation will also be a consideration.

1 The goal of the Beyond Zero initiative led by the First Lady is that "no woman should die while giving life".