

FREQUENTLY ASKED QUESTIONS

PURPOSE AND BACKGROUND

1. What is the Global Financing Facility (GFF)?

The Global Financing Facility in Support of Every Woman Every Child is a key financing platform of the UN Secretary General's updated Global Strategy for Women's, Children's and Adolescents' Health (2016-2030). It is a country-driven financing partnership that brings together, under national leadership and ownership, stakeholders in reproductive, maternal, newborn, child and adolescent health (RMNCAH), to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths by 2030 and improve the health and well-being of women and children. It is underpinned by International Health Partnership (IHP+) principles¹ and serves to harmonize fragmented RMNCAH approaches, using existing structures and processes.

The GFF supports country leadership by drawing on the comparative advantages of the broad set of stakeholders involved in the RMNCAH response, including the financing of the World Bank Group, Gavi, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and bilateral donors; the technical expertise and normative mandates of UN agencies; the reach and community-connectedness of non-governmental and faith-based organizations; and the capacity and speed of the private sector.

The GFF was announced in September 2014. After a 10-month business planning process involving national governments and 20 institutions including the United Nations, the private sector, private foundations, civil society and other partners, and piloting in four front-runner countries, it was officially launched by the UN Secretary General at the Financing for Development Conference in July 2015.

2. Why do we need a Global Financing Facility?

The past two decades have seen unprecedented progress in improving the lives of women, adolescents, and children. However, as the global community enters a post-2015 world of Sustainable Development Goals (SDGs), a considerable part of the agenda with regard to reproductive, maternal, newborn, child, and adolescent health (RMNCAH) remains unfinished. Far too many newborns, children, adolescents, and women still die from preventable conditions every year, and far too few have reliable access to quality health services. A large funding gap remains—US\$33.3 billion in 2015 alone in high-burden, low—and lower-middle-income countries, equivalent to US\$9.42 per capita per year—that can only be addressed by dramatic increases in financing from both domestic and international sources. The Global Financing Facility in Support of Every Woman Every Child was created to respond to this challenge.

¹ The IHP+ is a group of partners committed to improving the health of citizens in developing countries. International organizations, bilateral agencies and country governments all sign the IHP+ Global Compact. They commit to putting internationally agreed principles for effective aid and development co-operation into practice in the health sector (details available at www.internationalhealthpartnership.net).

3. What is the overall goal of the Global Financing Facility?

The overall goal of the GFF will be to contribute to the global efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children.

4. How will it achieve this goal?

The GFF will mobilize and channel additional international and domestic resources required to scale-up and sustain efficient and equitable delivery of quality reproductive, maternal, newborn, child and adolescent health services. Additionally, the GFF will support the transition to long-term sustainable domestic financing for these areas. A special focus area for the GFF will be to support scale up in areas that have been traditionally underfunded such as civil registration and vital statistics (CRVS) systems that will contribute to universal registration by 2030.

5. What is the expected impact of these funds and how will that impact be measured?

The goal of the GFF is to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children, thereby preventing up to 3.8 million maternal deaths, 101 million child deaths, and 21 million stillbirths in high-burden countries by 2030. Results are at the heart of the GFF approach. The GFF provides financing that incentivizes performance as evidence shows that such approaches, both on the supply and demand sides, have achieved impact in low- and middle-income countries while increasing efficiency. However, inputs such as commodities or capital investments are also financed through the GFF, as long as there are clear links to results. Additionally, the GFF contributes to improvements in the ability of countries to measure progress on RMNCAH.

6. Is the GFF another vertical fund?

The GFF defies the label of a “vertical fund”, offering instead a horizontal, integrated approach. The GFF uses reproductive, maternal and child health as an entry point to the promotion of universal health care. GFF investments extend to broader health systems strengthening initiatives and have the flexibility to finance investments, such as nutrition, that have a significant impact on RMNCAH results. A key objective of the GFF is to support countries to develop health financing strategies that set out a long-term plan for financial sustainability of the entire health sector, not just RMNCAH.

FINANCING

7. Why is the GFF important in the context of the broader Financing for Development process?

The GFF is an essential part of the paradigm shift in development financing, emphasizing the important but changing role of official development assistance (ODA) in unlocking domestic resources and private flows that are focused on results. It has the potential to act as a pathfinder for financing the Sustainable Development Goals in the post-2015 era.

Guided by national investment cases and health financing strategies that focus on “best buy” interventions that are prepared with key technical assistance from partners, the GFF catalyzes and aligns domestic and international and public and private sector financing to national RMNCAH priorities.

A World Bank-hosted GFF Trust Fund is catalyzing the work of the broader facility by providing grants to countries intending to use World Bank loans for health, with a view to ensuring that ODA does not displace domestic resources for the sector and charting a path to sustainable financing for health.

8. How are resources mobilized by the GFF?

The incremental resource gap for RMNCAH for the countries that are part of the GFF is estimated at US\$33.3 billion (US\$9.42 per capita) in 2015, which represents the amount needed to scale up coverage from current levels to high coverage. Economic growth fuels domestic resource mobilization and this decreases the gap over time, reducing it to US\$16.5 billion (US\$3.90 per capita) in 2030.

The GFF works to close the gap in three ways:

1. By generating efficiencies through smart financing, which results in a reduction of the incremental resource needs of approximately 15% by 2030;
2. By crowding in additional domestic resources, which results in the mobilization of more than US\$18 billion cumulatively from 2015 to 2030;
3. By further mobilizing development assistance for health and improving coordination of this assistance, resulting in nearly US\$39 billion cumulatively from 2015 to 2030.

As a result of the combined effect of these, the gap falls to US\$7.4 billion (US\$1.74 per capita) in 2030. Cumulatively, the “savings” from the GFF (the difference in the resource gaps between a scenario with and without the GFF) would amount to \$83.5 billion over the period 2015 to 2030. This would enable nearly 20 countries to graduate from receiving GFF funding by 2030 as resource gaps close completely.

9. What resources are needed for the GFF Trust Fund?

The GFF Trust Fund has received pledges of US\$875 million from the governments of Norway and Canada and the Bill and Melinda Gates Foundation. Under the Health Results Innovation Trust Fund (HRITF) at the World Bank, the grant resources from bilateral contributors were combined with IDA financing in an average ratio of 1:4, which the GFF anticipates matching. This enables results to be achieved in a core group of countries, but additional grant resources are required to reach the full set of eligible countries. Reaching all 62 eligible countries with one initial grant each would require US\$2.56 billion in contributions to the GFF Trust Fund (including the resources already pledged).

10. Are the funding commitments that were announced new money, or a repackaging of formerly committed amounts?

Based on strong country demand and the experience of Health Results Innovation Trust Fund, the contributions of US\$875 million could be linked to up to an estimated \$3.2 billion from IDA funding which is not currently available for RMNCAH. This is a time of unprecedented global momentum to urgently accelerate progress on RMNCAH. These commitments will go a long way to meeting the need to bring RMNCAH funding to scale.

11. What is the link between the GFF and the International Development Association (IDA)?

The International Development Association—IDA—is the World Bank’s fund for the poorest countries and their single largest source of donor funds for basic social services. IDA complements the

International Bank for Reconstruction and Development (IBRD), which provides loans and advice to middle-income and credit-worthy poor countries.

The GFF Trust Fund builds on the Health Results Innovation Trust Fund (HRITF). The HRITF experience offers a great example of how IDA funds can mobilize additional resources for RMNCAH—each dollar in grant funding from the trust fund generates a minimum of 1 dollar from IDA, and experience has shown this can be as much as five dollars. The GFF is IDA-friendly and does not change IDA’s demand-driven model or IDA’s Performance Based Allocation (PBA) formula. Countries retain full ownership over the use of their IDA envelopes.

BUSINESS MODEL

12. What is the difference between the Global Financing Facility and the GFF Trust Fund?

The Global Financing Facility brings together all partners to provide complementary financing for evidence-based, high-impact “best-buys” by supporting rigorous, data-driven prioritization. It attracts additional resources to RMNCAH and CRVS from a range of sources, first and foremost through domestic resource mobilization. To complement this, the GFF draws in additional resources from a range of external sources, including the private sector through the use of innovative approaches. To achieve this, the GFF works as a facility that harnesses the strengths and financial resources of a wide array of partners that are committed to improving RMNCAH. Most importantly, this involves governments assuming their leadership roles in setting the policy agenda and formulating technically sound and financially appropriate RMNCAH strategies and plans, with the support of stakeholders and partners as needed.

To complement the work of the broader facility, a multi-donor trust fund—the GFF Trust Fund—has been established at the World Bank with an initial US\$875 million in commitments. The GFF Trust Fund provides additional financing for RMNCAH and links grant funding to IDA or IBRD projects. The trust fund mobilizes the expertise of the entire World Bank Group, including the International Finance Corporation (IFC), the World Bank Group’s private sector arm, and links to emerging efforts around pandemic preparedness and response. It builds on the experience and management capacity of the Health Results Innovation Trust Fund (HRITF) in providing results-focused financing to support countries to achieve RMNCAH results.

13. How will decisions over allocation of funds be made?

In order to maximize impact globally, the trust fund has developed a resource allocation methodology for allocating resources among the eligible countries that uses three criteria: need, population, and income. These indicators are combined with the resources available for allocation to produce a broad range for each country. A country scoring low on these criteria will be eligible for between US\$10 and US\$20 million over three to four years, while a country that scores highly will be eligible for between US\$40 and US\$60 million over three to four years. The final determination on the exact amount for each country is made in the course of negotiating financing with a government. In addition, a country that explicitly includes CRVS in its Investment Case and allocates IDA/IBRD financing for CRVS can qualify for up to US\$10 million in additional resources from the GFF Trust Fund.

14. What is the process for accessing funds?

The process for accessing grant resources from the GFF Trust Fund differs considerably from most global financing mechanisms: there is no standalone application process. To access GFF Trust Fund resources a country must have an Investment Case, demonstrate that it is committed to increasing domestic resource mobilization through the development of a health financing strategy, and be willing to utilize IDA or IBRD resources for RMNCAH. The trust fund does not set up a parallel management structure in the design and implementation of grants to eligible countries, but rather integrates with the IDA/IBRD preparation and implementation processes managed by existing World Bank country teams, which in turn are supported by a broader set of GFF partners at country level.

15. What is an Investment Case?

The Investment Case is a prioritized costed reproductive, maternal, newborn, child, and adolescent health (RMNCAH) investment plan with a clear focus on results that both guides and attracts additional financing from the entire set of GFF partners (including the national government) over a three-to-five year period. The Investment Case should focus on “best-buys”: the evidence-based, high-impact interventions that are required to reduce morbidity and mortality while progressively realizing the rights and entitlements of women, adolescents, and children. At the heart of this are clinical and preventive interventions for RMNCAH, including family planning and nutrition. The Investment Case should also look at broader health systems issues (e.g., related to governance, the health workforce, financing, supply chain management, and information systems, including civil registration and vital statistics [CRVS]) and consider the extent to which targeted investments in different sectors (e.g., education, water and sanitation, social protection) might have a significant impact on RMNCAH results. Although it covers three to five years, the Investment Case should be developed with a long-term perspective that emphasizes the priority obstacles that must be overcome to get a country onto the trajectory needed to attain Sustainable Development Goal targets by 2030. The Investment Case should be linked to or embedded within a national health sector strategic plan.

16. Which countries will be supported by the GFF?

A total of 62 high-burden, low- and lower-middle income countries are eligible to receive grant resources from the trust fund. The trust fund is phasing in its operations, beginning with the initial four “frontrunner” countries (the Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania).

An additional 8 countries have been selected as a next step: Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, Uganda. The current commitments to the trust fund are insufficient to reach all 62 countries so additional resources are required to reach the full set of eligible countries. Half of these countries (32) account for the vast majority (88%) of maternal and child deaths.

17. Why is it important to support countries as they transition from low- to middle-income status?

Many low-income countries are heavily dependent on international support, both because they are unable to mobilize sufficient domestic resources to finance health systems and because international support to health often displaces domestic financing of the health sector (on average, each additional dollar of development assistance for health diminishes domestic financing by approximately 50 cents). As countries transition to middle-income status, international support often drops, but this is

generally not compensated for in the short term by increases in domestic financing. This creates significant shortfalls, particularly in lower-middle-income countries. The GFF will help countries plan for this transition to ensure it is managed smoothly.

18. Why a specific focus on CRVS, and what will it finance?

A failure of the information systems required to understand needs has left many pregnancies, births, deaths, and causes of deaths not counted because of the poor state of civil registration and vital statistics systems (CRVS). It is impossible to ensure that RMNCAH programs expand coverage in an equitable manner if disaggregated data about key indicators such as maternal or newborn mortality are unavailable. Effective monitoring of program outcomes is significantly impeded by the poor quality of data about causes of death. GFF will finance CRVS in two ways. By ensuring that CRVS is included in country Investment Cases, the GFF will help finance a large-scale expansion of civil registration and vital statistics (CRVS), supporting countries to measure improvements in “real time” such that the lives of all women, adolescents, and children are counted and accounted for. In addition, the GFF will support country efforts to strengthen CRVS systems by establishing a global “Center of Excellence” on CRVS by building a knowledge base, facilitating information exchanges and networks, synthesizing and disseminating good practices, contributing to global tools and standards, and strengthening capacity of CRVS implementers and advocates (e.g., by making links between those seeking support to build capacity in CRVS and those able to provide this kind of capacity building).

GOVERNANCE

19. What will the GFF look like in country?

The GFF operates at country level through a multi-stakeholder process that builds on IHP+ approaches. National governments lead the processes with the involvement of the full set of RMNCAH stakeholders, each of which brings a distinct comparative advantage to the process. For example, the ministry of finance is a critical stakeholder in the process and so should be involved in every country. In many countries responsibility for CRVS is split between several government ministries, so each of these need to engage as appropriate. Given the breadth of issues covered in Investment Cases, expertise in different elements of RMNCAH, health systems strengthening, and the multisectoral issues that affect RMNCAH outcomes should be present. This is particularly critical in areas that have historically been neglected (e.g., family planning, nutrition). In countries with decentralized health structures, relevant sub-national government staff should be involved.

Experience with other multi-stakeholder processes in health has shown that engaging the private sector and civil society is essential to make progress and there are a range of different (and often specialized) ways in which they can contribute (e.g., directly delivering services vs. providing commodities vs. supplying financing); their involvement will therefore depend on country circumstances and priorities. The GFF requires that all country platforms embody two key principles: inclusiveness and transparency.

20. How will you ensure that ‘country plans’ do not burden nations seeking to address RMNCAH challenges?

The GFF will rely to the maximum extent possible on existing planning processes. The aim is not to impose new and parallel planning requirements on countries but rather to support countries in developing financial roadmaps that will help them make the health financing transition more equitable and sustainable and lead them toward universal access to quality RMNCAH services by 2030.

21. How will the GFF be governed?

The main locus of collective action of the GFF is at the country level, where all partners commit to collaborating closely through a country platform. Global coordination is achieved through the GFF Investors Group composed of partners committed to co-investment in the GFF. The Investors Group oversees the overall activities of the GFF. Its representation includes implementing countries, namely the governments of Ethiopia, Kenya, Liberia and Senegal, and public sector financiers, the governments of Canada, Norway, the United States, Japan and the United Kingdom, civil society, the Office of the UNSG, UNFPA, UNICEF, WHO and the Partnership for Maternal, Newborn and Child Health (PMNCH), together with the World Bank, Gavi the Vaccine Alliance and Global Fund to Fight AIDS, Tuberculosis and Malaria, the private sector and private foundation represented by the Bill and Melinda Gates Foundation. Complimenting this group is the Trust Fund Committee whose role is to ensure that the GFF Trust Fund mobilizes and uses its resources in a way that optimally supports the mission of the broader GFF. The Trust Fund Committee is separate from yet responsive to the Investors Group. The Trust Fund Committee is composed of those donors that contribute to the multi-donor Trust Fund.

The global GFF governance arrangements are focused exclusively on the GFF’s core mandate of supporting smart, scaled, and sustainable financing to achieve RMNCAH results at country level, both through the broader facility and the GFF Trust Fund. They also support the GFF’s role as a pathfinder around financing for development (including with regard to domestic resource mobilization) and so will evolve in light of developments with regard to the SDGs and the updated Global Strategy for Women’s, Children’s, and Adolescents’ Health. GFF governance is a lean mechanism that is designed to strengthen coordination between key investors so as to facilitate complementary financing of Investment Cases at country-level. This provides global support to the discussions around complementary financing that occur through the country platform.

The GFF governance handles two discrete functions:

1. Ensuring that the GFF succeeds in mobilizing complementary financing for Investment Cases and health financing strategies in GFF countries;
2. Ensuring that the GFF Trust Fund uses its resources to provide financing in ways that achieve results while being catalytic and driving sustainability.

The first function is fulfilled by the Investors Group driving institutional commitments and agreements among partners on aligned financing and efficient resource allocation both within and across GFF countries. This entails building high-level support for the GFF and playing a leading role in mobilizing domestic and international resources (both public and private) for Investment Cases. Additionally, the governance mechanism is responsible for monitoring the performance of the GFF as a facility and

ensuring accountability for results among the GFF partners. This includes ensuring that the GFF approach is well understood throughout the institutions involved and that country-based members of these institutions adhere to commitments made and agreements reached at the international level in their engagement through country platforms (e.g., with regard to complementary financing of Investment Cases). This also covers ensuring that the commitments to the GFF are, to the extent possible, additional and do not divert resources from other important areas. The governance mechanism also supports learning and innovation around effective and efficient financing approaches.

The second function is addressed by the Trust Fund Committee by setting the strategic funding approach and priorities for GFF Trust Fund financing, including how the trust fund resources are used in a catalytic way to maximize mobilization of IDA/IBRD and domestic financing. This includes approving trust fund financing allocations and agreeing on an annual work plan and budget for the GFF Secretariat. The governance mechanism is also responsible for overseeing the performance of the trust fund to ensure that investments deliver results.

22. Are there concerns that the GFF may draw donor money away from other important funds like Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria?

Gavi and the Global Fund have been heavily involved in the conceptualization and development of the GFF. The goal is to continue to work closely together, both on the country and global levels, harmonizing financing based on specific comparative advantage. Both institutions have important and distinct institutional mandates that will be complemented, not replaced, by the GFF.

23. What are the roles of different partners in the GFF?

Partnership is at the heart of the GFF approach at country level. This should involve the full set of RMNCAH stakeholders, each of whom brings a distinctive comparative advantage to the process. Governments provide needed leadership and stewardship and an enabling environment (including clear accountability) for RMNCAH. They are also integral to facilitating effective domestic resource mobilization and purchasing and providing RMNCAH services.

Civil society will play an important role in advocacy and social mobilization, as well as accountability and service delivery. Advocacy and social mobilization by affected populations is similarly critical to ensuring accountability and strong national responses, as well as unique insights into approaches to service delivery.

The private sector can leverage their resources and capacity through (i) innovative financing mechanisms to draw in private sector capital for investment in health (ii) facilitation of partnerships between countries, private sector and World Bank Group institutions to match Investment Case priorities (iii) support to countries for appropriate inclusion of private sector in Investment Case development and implementation. Some key areas of GFF private sector engagement are increasing domestic resources for health through performance-based loan buy-downs, scaling innovative service delivery models, strengthening supply chains, and improving access to capital for small and medium health providers. Multilateral and bilateral agencies, furthermore, will contribute through providing complementary financing (increasingly through pooled or shared management), adhering to aid effectiveness principles, and sharing global good practices.

24. What is the role of the United Nations?

The United Nations provides global leadership on the strategy for women and children's health and sets targets and indicators for the achievement of these goals. UN agencies will provide normative guidance, knowledge dissemination, advocacy and technical assistance that helps build capacity in-country.

25. What is the role of the World Bank?

The GFF Trust Fund, which is housed at the World Bank, draws on and mobilizes the expertise of the entire World Bank Group, including the International Finance Corporation (IFC), the World Bank Group's private sector arm, strong links with Ministries of Finance as well as Ministries of Health, and a multi-sectoral reach including links to emerging efforts around pandemic preparedness and response. It builds on the experience and management capacity of the Health Results Innovation Trust Fund (HRITF) in providing results-focused financing to support countries to achieve RMNCAH results. The Bank's financing expertise and the potential links with IDA are also useful.

The fiduciary arrangements for the GFF Trust Fund financing are integrated in IDA/IBRD projects that are approved by the World Bank Board, and so rely on existing World Bank Group policies and procedures. The World Bank also houses the GFF Secretariat and has managerial responsibility for the daily work of the Secretariat which will be comprised of staff from stakeholders involved.

November 2015