

# FRAMEWORK FOR RESOURCE MOBILIZATION

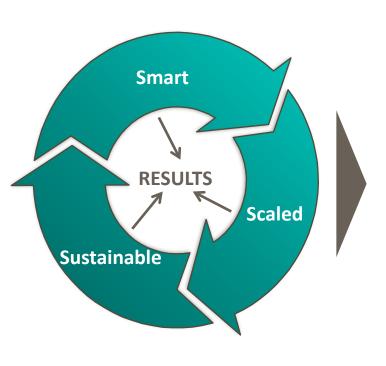


#### **Overview of the GFF**

The "what" of the GFF

The "how" of the GFF

The "who" of the GFF



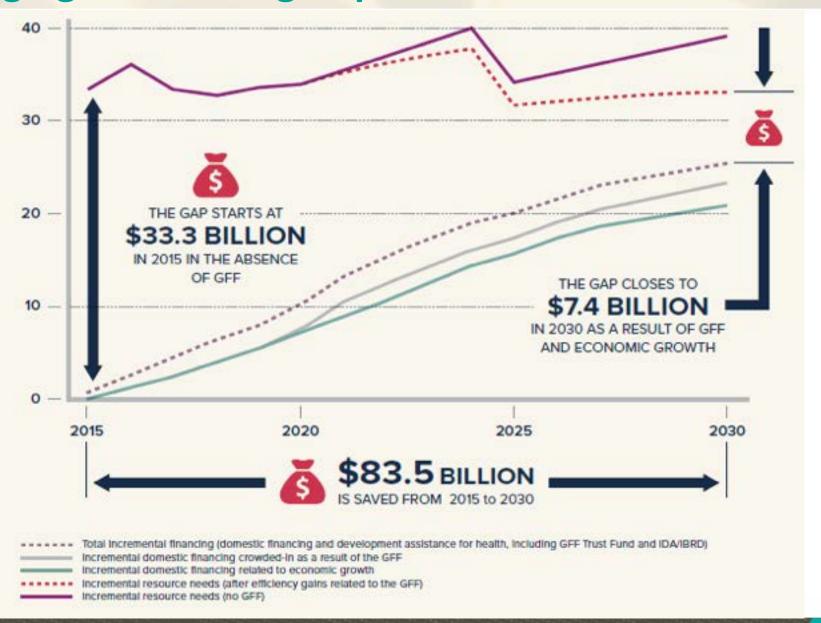
- Investment Cases for RMNCAH
- Mobilization of financing for Investment Cases
- 3. Health financing strategies
- 4. Global public goods

The GFF as a broader facility

The GFF Trust Fund

Governance

## **Bridging the Funding Gap**



## **Resource Mobilization: The Gap**

Financing for RMNCAH has increased but gap still ~US\$33.3 billion (US\$9.42 per capita per year)

- GFF works to close the gap in three ways:
  - Increasing domestic resources and improving the efficiency of the use of current resources
  - Increasing private sector financing through innovative financing mechanisms that increase investment into RMNCAH and foster private sector partnerships
  - Mobilizing development assistance for health and improving the coordination of this assistance

Combined effect - the gap falls to US\$7.4 billion (US\$1.74 per capita) by 2030

#### **Domestic Resources**

- Ensure economic growth leads to increased government revenue (strengthened tax collection)
- Ensure health is prioritized in national budgets
- Ensure that within health sector, RMNCAH receives adequate resources
- Improve utilization of health financing allocative efficiency:
  - Identify best buys for value for money
  - Look at how and where services are delivered to improve technical efficiency

#### **Private Sector**

- Private financing mobilize international private capital and the broader resources of private companies that operate globally:
  - through innovative financing mechanisms that increase investment into RMNCAH
  - through partnerships with private sector at global, regional and national level to draw in resources and expertise

## **Innovative Financing**

For Example:

- Pay-for-performance structures
  - development impact bonds (Cameroon)
- Catalytic financing for private investment
  - In collaboration with IFC and other private investors
  - First potential deal: access to capital for health providers across several GFF countries in Africa

## **Private Sector Partnerships**

- The GFF facilitates partnership for innovation, global public goods and resource mobilization, including inkind contributions of expertise, technical assistance and capacity building
- These partnerships can be characterized as:
  - Between private sector and specific countries
  - With the private sector for global public goods
  - With global public sector to mobilize resources for countries

- Funding for RMNCAH has increased but needs to continue to grow (while ODA flat lining)
- Improve the efficiency of DAH:
  - Improve country level coordination (continue to see duplication in financing of some areas and insufficient resources for key priorities)
  - Address global level allocations of DAH still not in line with need, especially RMNCAH
- Use DAH in more innovative ways through approaches that create a multiplier effect and are strongly results focused (e.g., IBRD buy-downs)
- DAH is gaining in importance in humanitarian and fragile settings

## **Development Assistance for Health (DAH)** 2/2

- New sources include emerging donors not yet engaged on RMNCAH (certain geographies/types of countries - e.g., fragile states)
- Provide further support to countries that wish to make greater use of financing from IDA, IBRD, and other multilateral development banks for RMNCAH
- The Global Fund and Gavi are increasing financing to RMNCAH (GF 2017-2022 strategic plan)
- Investment Cases create an optimal environment for improving alignment at the national level by in-country bilateral donors and multilateral financiers
- Global allocation of ODA is suboptimal improvements in the global allocation of financing could improve efficiency

#### **Role of GFF Trust Fund**

- The GFF Trust Fund provides catalytic funding to close the financing gap:
  - By supporting Investment Case and Health Financing
    Strategy development which are critical to mobilizing and
    improving the efficiency of domestic financing and DAH
  - 2. By linking to IDA and IBRD financing incentivizes the allocation of additional financing for RMNCAH and improves the quality of IDA/IBRD financing by strengthening the process of identifying national priorities
  - By providing technical assistance on how countries can increase domestic resource mobilization and directly incentivizing it
  - 4. By crowding-in private financing, including by supporting pay-for-performance schemes and by de-risking private investments

## **Resource Mobilization: Next Steps**

- Increase Domestic RM -
  - Credible health financing strategy that outlines strategic approaches to increase domestic resources for health
  - Links to allocations of additional IDA funds to RMNCAH
  - Attracts aligned funding to bridge gaps
- 2. Define pathways for private sector financing:
  - Local engagement and cooperation around Investment Cases
  - Innovative financing
- 3. Align financing at country level active engagement of local bilateral ODA as well as alignment of Gavi and Global Fund
- 4. Raise resources for GFF Trust Fund and associated IDA which requires advocating for the Trust Fund to potential donors

#### PMNCH support needed on four dimensions:

- Advocate for increased resources at both national and international levels
- 2. Advocate for complementarity of financing and alignment around investment case to increase efficiency and improve value for money
- 3. Support the need for allocative efficiency of DAH
- 4. Advocate for innovative approaches to increase multiplier effect of existing resources

- Advocate for specific elements of domestic financing such as:
  - Mobilize around "good health taxes" (i.e., sin taxes)
  - Robust budget lines for neglected multisectoral issues such as WASH
  - Strong role for the private sector
- Outreach events and partnership advocacy efforts
- Develop champions and cultivate high level advocates
- Support accountability and transparency