

BRI-2013- ITEMS

Financing for RMNCH – Update

Summary:

In April 2013, PMNCH established a Financing Harmonisation Group in the context of the Partnership's work on reproductive, maternal, newborn and child health (RMNCH) financing policy and architecture, ongoing since 2011. An updated Terms of Reference for the Financing Harmonisation Group (FHG), which takes into account recent global developments as set out in this summary, is presented for Board discussion and approval. The paper is accompanied by two annexes: a short update to the overview of the global RMNCH financing policy and architecture presented in June 2013 (item B14-2013-Item 5) and an updated recap of the Partnership's role and leadership in the RMNCH financing area.

Action required from the Board: To note and approve updated TORs

The Board is requested to take note of, and approve the updated Terms of Reference for the PMNCH Financing Harmonisation Group for RMNCH as a contribution to fulfilling the PMNCH mandate to track commitments, strengthen accountability and share information.

Updated TORs for the Financing Harmonisation Group

The PMNCH Financing Harmonisation Group (FHG) was established in April 2013 at the request of the Board of the Partnership for Maternal, Newborn and Child Health (PMNCH, Partnership) to take forward the work PMNCH has been conducting for several years on financing architecture and funding issues related to MDGs 4 and 5¹. The work of the FHG is embedded within the PMNCH workplan and more generally within the overall context of the United Nations Secretary-General's Global Strategy on Women and Children's Health (Global Strategy), and the associated Every Woman Every Child (EWEC) movement. The membership of the FHG is drawn from the seven constituencies making up the PMNCH (see section 4). The FHG reports to the PMNCH Board.

1. Overarching goal of the Financing Harmonisation Group:

The overarching goal of the FHG is to contribute to the strengthening of RMNCH financing policy and architecture, holding partners, including countries, to account for commitments and results, promoting dialogue, sharing information and building transparency around funding flows and structures.

2. Specific objectives:

The group supports PMNCH's remit to strengthen the delivery of commitments to the UNSG's Global Strategy for Women's and Children's Health and build knowledge among almost 600 partners on issues related to financing for RMNCH. Specifically, the group will:

- a) Assess **the global landscape for RMNCH financing policy and architecture** to identify gaps, make recommendations and highlight what is working well. The assessment should also seek to answer the questions: If all mechanisms work as they should, will it be sufficient to meet identified needs and achieve results in an efficient manner? How could gaps in availability of funds, demand for funding absorption capacity or the functioning of the architecture be filled? What more could/ should be done to address gaps if needed?
- b) **Facilitate and monitor efforts to strengthen and harmonise global financing policy and architecture** especially in light of increased emphasis on integrating RMNCH with broader health priorities including non-communicable diseases, AIDS, TB and malaria, and make practical recommendations to support these efforts.
- c) Develop a **strategic forward look for RMNCH financing** that identifies risks and opportunities for the RMNCH community with respect to financing (for example, the transition from the current MDGs to the post-2015 development framework/ agenda, strategies to avoid donor/ country fatigue with RMNCH at the end of 2015, etc.).

In pursuing these objectives, the FHG will function in line with PMNCH's mandate to offer a **neutral and objective space** in which partners can discuss progress, challenges and issues

¹ A short summary of the PMNCH's leadership in this area with references to critical reports presented at the Johannesburg Board Meeting in June 2013 is in **Annex 2**.

associated with RMNCH financing instruments and funding flows in the short and medium term, especially during the transition through 2015 to the next set of global development goals. The FHG will work closely with and coordinate with other institutional mechanisms involved in efforts to improve harmonisation of RMNCH financing, ensuring that there is no duplication of effort.

3. Deliverables:

The FHG will report its findings periodically to the PMNCH Executive Committee, and ultimately the Partnership's Board. Reporting mechanisms could include standalone documents or presentations; in addition, given the content and relevance to the PMNCH's broader mandate, the FHG's report could serve as a contribution to a possible **PMNCH 2014 Report on Commitments to the Global Strategy**, should the Board decide, after consideration of the workplan, that PMNCH will develop such a report in 2014 and that the required funding is made available. The FHG objectives are of wide interest and global relevance. In preparing its first report, the FHG would be well positioned to contribute ideas to discussions on how to implement the Board decision taken in June 2013 (Item 10), which suggested that PMNCH modify its approach to reporting on Global Strategy commitments. The Board decision suggested exploring a new reporting format that reflects a "blend of the options" and adopts a "lighter touch method and format, aligned with related initiatives, and to support social accountability".²

4. Membership and operations

The Financing Harmonisation Group includes representatives from all the PMNCH constituencies, including a number of PMNCH Board members. The total number of members is currently around 15. However, there have been requests to broaden this membership, particularly as the landscape is fast-moving, and there is scope to do so.

The original membership selection process was overseen by the Executive Committee of the PMNCH Board, and currently is structured as follows: 3 to 4 countries; 3 donors; 3 multilaterals; 3 NGOs; 1 ART; 1 HCPA; 1 Private Sector. It is currently co-Chaired by Neema Rusibamayila (Government of Tanzania) and Ann Starrs (Family Care International).

The Group's activities are supported by the PMNCH Secretariat, and more specifically through technical consultancy support procured and managed for the Group by the Secretariat. It is expected that the Group will meet by phone on a regular basis, and in person at the margins of PMNCH Board meetings or other opportune events to the extent that members are present.

The Group's views will be represented at the formal structures/ committees that have been set up for different initiatives/Trust Funds (notably the RMNCH Steering Committee, the FP2020 Reference Group, etc.) by the Executive Director of the PMNCH Secretariat, as well as through position papers, information notes, and any other such documentation. Other members of the FHG are also represented in these forums in their institutional or individual capacities.

² PMNCH Board Meeting, Johannesburg, June 2013: Item 10 Decision Point (Day 2).

Annex I: Update on the RMNCH financing policy and institutional landscape and background to the revised FHG TORs

This section provides a short update on the main finance and funding related developments in the last 6-8 months. This update is structured in four parts:

- 1) significant developments in global policy that will have an impact on the financing architecture now and in the future;
- 2) an update on the identification of costs, funding needs and major new financing commitments;
- 3) an update on progress towards identifying the financing gaps at country level and developments in country engagement for increased RMNCH financing; and
- 4) background and context for updating the TORs for the PMNCH Financing Harmonisation Group (FHG).

AI.1 Developments in financing policy

While the focus on achieving the MDGs by the end of 2015 intensified during 2013, there are already global policy commitments that take us beyond the 2015 deadline and potentially well into the future. For example:

- “A Promise Renewed” is successfully mobilizing technical and financial resources to support political commitments to end preventable child deaths, in the context of the RMNCH continuum of care, by 2035.
- FP2020 is focused on extending family planning to 120m new women by 2020, and ensuring that existing users have continued access to a choice of contraceptives.
- The Commission on Life-Saving Commodities was launched in September 2012 to scale up access to thirteen underused and neglected RMNCH commodities.

All three initiatives, launched in 2012, began to deliver during 2013, and continue to attract new commitments. These initiatives and investment targets will provide important vehicles for maintaining global momentum on RMNCH as the 2015 MDG deadline is reached and passed.

In addition, a **structured policy dialogue around the next set of global development goals (post-2015) intensified greatly during 2013.** Health partners meeting in Gaborone in March 2013 sketched a framework for future health priorities that, critically, identified women and children's health as the first priority (see separate Board paper on the post 2015 process). The framework proposed the idea of “finishing the job” on reducing preventable maternal and child mortality, and continuing to improve reproductive health. Other elements to the Post-2015 Health Working Group's proposals included addressing non-communicable diseases, injuries, and mental health and supporting countries to achieve universal health coverage.

AI.2 Funding needs and commitments

Progress has been made in 2013 towards updating knowledge about costs and extending funding commitments for RMNCH. PMNCH was one of the main partners supporting the development of a **Global Investment Framework for Women's and Children's Health** published online in the Lancet in November 2013. The Investment Framework³ provides estimates about what financial resources are needed for health systems strengthening and basic packages of care to achieve global policy goals, and importantly, what economic and social returns are possible with that level of investment.

The investment framework contributed to the **Lancet Commission on Investing in Health (CIH)** which updates the 1993 World Development Report (WDR+20). The CIH issued its report on 3 December 2013. It identifies three priority themes and sets out the financial resource requirements for these. It expected updates the economic case for investing in health, a welcome contribution in a context of increasing global focus on economic growth and wealth creation. The three themes identified in the CIH are similar to those emerging from the post MDG discussions:

- **Closing the gap on diseases and health problems associated with poverty, including RMNCH** (again, “finishing the job”). The financing analysis suggests that most countries should be able to reach convergence, with wealthier countries doing so largely within their own resource base but with other countries likely to need financial assistance and most countries needing new tools.
- **NCDs and injuries** as emerging (emerged) priorities together with a case for better use of fiscal policy to address these (taxation and duties on tobacco or sugar, for example).
- **Universal health coverage and financial protection:** a goal for all countries and essential to ensuring people are not impoverished by illness or seeking health care.

Lastly, the long awaited **Disease Control Priorities 3** is starting to publish and several reports and findings have been posted⁴ over the last few months. These will add substantially to our knowledge about the economic and financial costs associated with addressing (or ignoring) the burden of disease for women and children.

Thinking about the global picture, therefore, several important developments during 2013 have strengthened the policy environment for RMNCH and together, provide good evidence about priorities, and the resources that will be needed to make progress.

In addition, several major funding commitments have been announced in the last few months. For example, at the September 2013 UNGA, the World Bank, UNICEF, USAID and Norway announced a package of over US\$ 1 billion for various RMNCH priorities, and the UK committed £1 billion for the Global Fund⁵. More commitments are expected soon in the context of the RMNCH Steering Committee's engagement with specific countries or its associated Trust Fund and the Commission on Life-Saving Commodities.

³ http://www.who.int/woman_child_accountability/news/global_investment_framework_2013/en/index.html

⁴ <http://www.dcp-3.org/resources/reports>

⁵ http://www.who.int/pmnch/media/events/2013/mdg_success_press_release.pdf

AI.3 Progress in providing targeted support to highest burden countries

An important trend that has been gathering momentum in 2013 is towards **very targeted/ focused work with individual countries, shifting the focus of dialogue to how development partners can assist each individual country given its starting point, existing plans, and particular challenges** rather than creating a global mechanism to which countries need to reach out, apply or in some way qualify for support. This shift away from a global mechanism that countries need to engage with, towards one that puts the individual country at the focus of efforts is a common feature among several of these newer initiatives. In addition, other well-established mechanisms like the Global Fund have been pioneering new approaches to country applications.

For example, the RMNCH Steering Committee (SC) and Strategy and Coordination Team (SCT) have started their operational work focusing on a defined set of countries⁶ in their first wave. More will follow. **The overall aim of this effort is to identify specific financing and technical capacity gaps preventing the acceleration of results and to mobilize partners to help address these gaps.** The final TORs for the SC were approved in October 2013 and a more structured strategy for country engagement is currently being developed, but the work is starting. The SC will focus initially on a limited range of countries which are already engaged and ready to accelerate their efforts to identify gaps in RMNCH funding.

There are a number of linked (although institutionally separate) technical and financing instruments being targeted for engagement by the RMNCH SC/SCT, including the RMNCH Trust Fund, the World Bank's Health Results Innovation Trust Fund (HRITF), and the Global Fund. How these will all work together in practice is not fully clear yet. What does seem clear is that the RMNCH SC/SCT is very much focused on accelerating results ahead of the 2015 MDG deadline, working with specific countries and moving into operational planning, financing and capacity building space.

Identifying country gaps is also an important part of the implementation of both FP2020 and A Promise Renewed, which are also focused on working with individual high-burden countries directly. In the last few months more countries have held events or made additional commitments aimed at accelerating their results.

AI.4 Background and Context for updating the TORs for the PMNCH Financing Harmonisation Group (FHG)

The brief summary of RMNCH financing policy and architecture progress above makes it clear that, while efforts to increase country-focused engagement aimed at matching available resources to identified gaps are well underway, there is still an open space at the level of accountability, information-sharing and strategic forward thinking. The London meeting of the RMNCH SC in September 2013 affirmed that its role is largely focused at the operational level in countries, and that it should link up with IHP+ processes at country level and in global discussions.

⁶ Countries where there are a number of overlaps and more immediate opportunities to leverage funding, as stated by the RMNCH SC, include in Africa: DRC, Burkina Faso, Cameroon, Cote d'Ivoire, Ethiopia, Ghana, Kenya, Liberia, Malawi, Mozambique, Niger, Nigeria, Rwanda, Senegal, Sierra Leone, Tanzania, Uganda, Zambia, Zimbabwe; and outside Africa in: Afghanistan, Haiti, India, Pakistan

Furthermore, discussion in the existing FHG has highlighted information gaps and the potential for confusion among partners and countries about the range, coverage, mandate and operations of these new initiatives, and how they fit in the existing architecture. The need for better information and more systematic accountability was clearly identified in this year's 2nd independent Expert Review Group (iERG) report⁷. In its 2013 report on commitments to the Global Strategy, PMNCH focused on assessing the extent to which the 293 partners that made defined commitments to the EWEC strategy had in fact delivered on these. This was both a useful standalone report and made an important contribution to the iERG report.

The updated TOR for the FHG emerges from this context. On behalf of the Board, the FHG will support the work of the PMNCH around accountability (and information and advocacy) with respect to RMNCH financing policy and architecture, formulating its findings as a report in 2014. This is a piece of work that will attract a wide audience, meet an articulated need, feed into the iERG's 2014 Third Annual Report, and support the delivery of PMNCH's strategic objectives. It will add value to the global effort on RMNCH.

In the past year, the FHG has met three times (once in person and twice virtually). The FHG has sought to ensure that its work does not duplicate what is happening elsewhere and that it fills a defined and relevant gap. Specifically, since the RMNCH Steering Committee (SC) was established to accelerate harmonisation among financing initiatives operating in specific high burden countries, the FHG has held off finalizing terms of reference in order to ensure the SC clarified its remit and operating space and to avoid duplication. As the RMNCH SC and its associated Strategy and Coordination Team (SCT) have started working, their mandate and mode of operation have become clearer. The SC/SCT is shaping into a dynamic coordination mechanism/funding instrument and, in line with its goal, is focused on closing gaps in a selection of high-burden countries, removing practical obstacles and accelerating progress ahead of the 2015 MDG deadline.

The role of sharing information within the broader RMNCH community, conducting objective analysis and strategic risk assessment of the global architecture, and looking at global trends and issues beyond the 2015 time frame remains unfilled. With the plethora of instruments and mechanisms operating at increasing levels of intensity ahead of the 2015 MDG deadline, the role of the FHG was further confirmed at the 14th meeting of the PMNCH Board in June 2013 in Johannesburg, with guidance on objectives as reflected in this ToR.

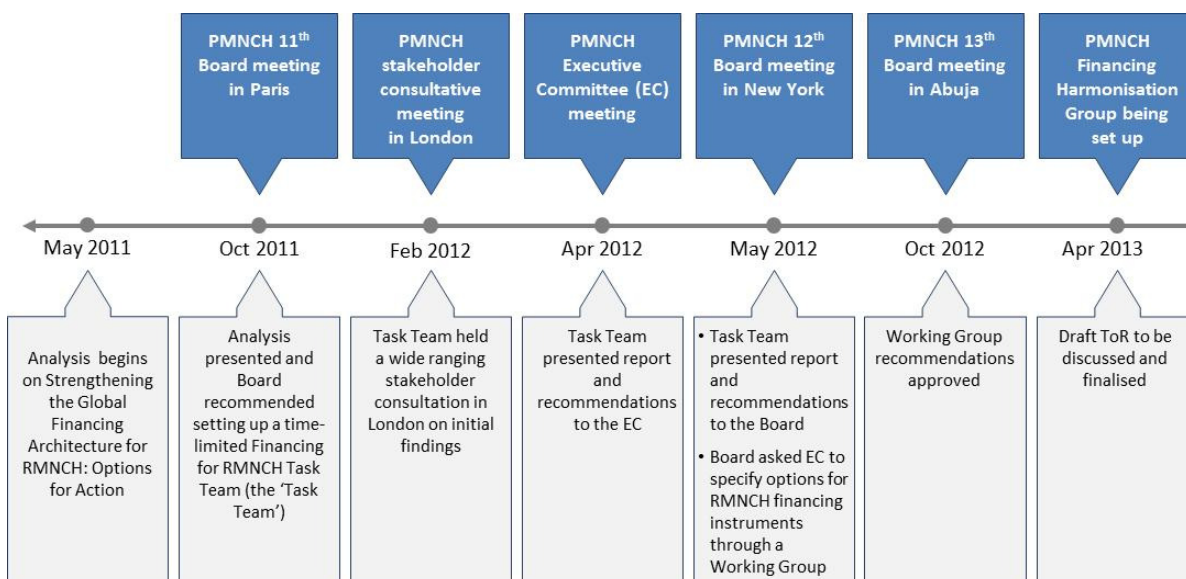
⁷ http://apps.who.int/iris/bitstream/10665/85757/1/9789241505949_eng.pdf

Annex 2: A summary of the Partnership's work on RMNCH financing architecture and related initiatives

The Partnership's Board has discussed the RMNCH financing architecture at several Board meetings, reflecting the importance of this issue. At its Board meeting in Abuja, a short update was presented of these discussions.⁸

In summary, Figure 2 presents the main Partnership-led activities in relation to RMNCH financing efforts since this issue was first presented at the 11th Board meeting in October 2011 in Paris, and on the basis of analysis commenced earlier in 2011 on the options for strengthening the global financial architecture for RMNCH.

Figure 2: Key PMNCH decisions and activities related to RMNCH financing



Key Board discussions and recommendations, as presented in the figure above, are summarised below:

- At its 11th meeting, the PMNCH Board considered a presentation/ background paper⁹ analysing gaps in the RMNCH financing architecture and asked the Executive Committee (EC) to set up a time limited 'Financing for RMNCH Task Team' (the 'Task Team') to recommend RMNCH financing options.
- In February 2012, and as part of the Task Team's work, Sweden hosted a meeting in London (as part of a wider set of discussions on engaging and delivering on the 2012 PMNCH Workplan) to discuss options around strengthening financing for RMNCH. The wide ranging group of stakeholders examined options to facilitate the mobilization and channelling of financing and the rapid scale-up of interventions for RMNCH.

⁸ B13-2012-ITEM7 - Financing for RMNCH, Brief overview of developments.

⁹ The PMNCH paper entitled "Strengthening the Global Financing Architecture for Reproductive, Maternal, Newborn and Child Health (RMNCH)", provided much of the background and contextual analysis and is here: www.who.int/pmnhc/media/press_materials/pr/2011/strengthening_global_aidarchitecture.pdf

December 3, 2013

- Based on these consultations, the Task Team recommended establishing an RMNCH financing facility within an existing organisation to draw on a funding pool from a range of donors. It requested the EC to prioritise the establishment/ hosting of such a facility by June 2012.¹⁰
- At the 12th Board meeting in New York in May 2012, the Task Team highlighted the lack of a focussed and coordinated approach to mobilise and channel resources for RMNCH as a key challenge, noting that country governments and civil society had identified the lack of a clear financing mechanism and shortages of resources as a major obstacle to the implementation of the Global Strategy. The Board recommended the setting up of a Working Group to suggest: (i) improved coordination among existing financing instruments and institutions, including how to leverage existing arrangements; and (ii) institutional options for RMNCH financing arrangements, building on instruments that exist at the World Bank, UNFPA, H4+, or a combination of these, as well as other possibilities.¹¹
- The Working Group produced a consultation document that built on the Task Team's report and recommendations, and recommended the following to the Board at its 13th meeting in October 2012: (i) create an Advisory Committee of the PMNCH Board to further detail and operationalise the high-level financing; (ii) engage closely with the FP2020 Task Team, the UN Commission on Life-Saving Commodities for Women and Children, the World Bank (in terms of the recently announced MDG 4 and 5 financing mechanism) and others; (iii) reach out proactively to potential funding partners; and (iv) work with all stakeholders and develop concrete proposals for scaling up the RMNCH continuum of care.
- Based on the Working Group recommendation, the Board proposed that an advisory group (provisionally called the PMNCH Financing Harmonisation Group) be established to support Harmonisation and coordination efforts, and provide inputs to other initiatives (see discussions in Section 3).
- At the 13th meeting of the PMNCH Board in October 2012 in Abuja, it was concluded that the work undertaken by the Partnership in the years to 2012 had had a positive influence on encouraging discussion and exchange among stakeholders and the resulting emergence of new initiatives/ financing mechanisms aimed at supporting the global efforts towards improving women's and children's health in high burden countries. The PMNCH Board approved the establishment of a PMNCH Financing Harmonisation Group of partners to lead the Partnership's harmonisation and coordination efforts on RMNCH financing. Under the auspices of the Executive Committee, an initial membership of 12 partners was convened in April 2013 to discuss a proposed terms of reference.
- So far, the FHG has met virtually a number of times. The current draft of the TORs is to be presented for discussion/ decision by the Board in December 2013. The TORs anticipate a wider membership of the FHG and have been adjusted to take into consideration the many rapid developments taking place in 2013.

¹⁰ PMNCH Task Team Report on RMNCH Financing, 20 April, 2012.

¹¹ 13th PMNCH Board Meeting, Thursday 18 and Friday 19 October 2012, Abuja, Nigeria, Note for Record, Chaired by Julio Frenk.