



BI2/12 - 12th PMNCH Board Meeting
3rd & 4th May, 2012
New York, USA



Report of the PMNCH Task Team on RMNCH Financing

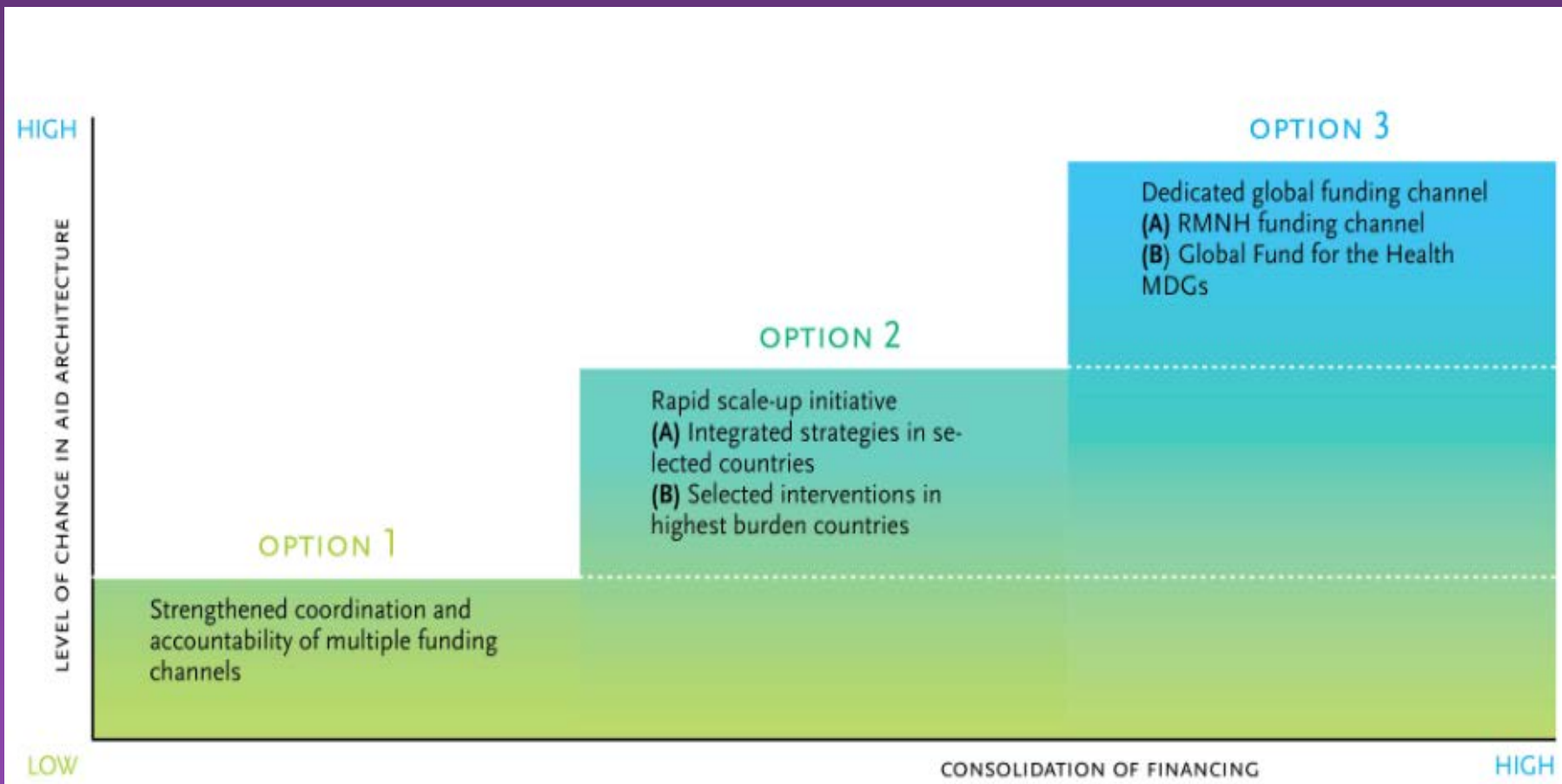
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Task Team Chairs



Background

- SEEK Development report on “Options to Strengthen the Global RMNCH Financing Architecture“, discussed by PMNCH Board in Oct 2011
- Board set up Task Team to provide guidance on:
 - Position that PMNCH should adopt on options presented
 - Advancing recommended options for RMNCH financing
 - Next steps
- Task Team consulted widely on financing options, mapped stakeholder preferences , explored role of PMNCH
- Interfaced with partners working on the Family Planning summit

RMNCH Financing Options as laid out in the SEEK Development Report



Task Team consultations with stakeholders

- Broad endorsement of the report
- Window of opportunity is now
- Majority supports **targeted catalytic financing initiative (Option 2)**, with incentives for increased alignment, accountability, targeting (**Option 1**)
 - Include financing for scale up of service delivery/HSS, commodities and TA
 - Keep it focused: selected high impact services/ interventions and associated HSS; highest burden LICs
 - No separate new fund; use/expand existing arrangements (UNFPA; H4+; World Bank; RHSC)
- Link to ongoing efforts: FP initiative, Commission on Lifesaving Commodities
- PMNCH role: broker consensus on organizational/institutional options; assist in identifying priority countries; support countries in accessing funding

Objectives and focus of RMNCH financing initiative

Accelerate progress on Global Strategy goals by:

1. Providing a **transparent mechanism** for channeling resources to co-finance key gaps relating to RMNCH within national health plans in priority low-income countries
2. Creating **incentives** for country level stakeholders to rapidly develop costed, robust scale up plans (if not already in existence)
3. Facilitating **alignment of domestic and bilateral donor resources** for RMNCH through a requirement for co-financing
4. **Raising and effectively channeling additional resources**, by providing funding mechanism for donors with limited country presence

Guiding principles

- **Simplicity:** Keep design simple in order to enable prompt start up and rapid disbursement
- **Complementarity :** Build on, not substitute for, other mechanisms
- **Leverage:** Use pooled funding to mobilize and better align domestic and bilateral donor funding at the country level
- **Country leadership:** Adhere to Global Strategy focus on country-driven program design and implementation, aligned with national plans
- **Mutual accountability:** Drive transparency and answerability relating to resources and results
- **Strategic focus:** Scale up highest impact services/intervention packages and related strengthening of health systems in high burden countries
- **Time-bound nature:** Limit to five years initially; continuation based on assessment of effectiveness, functionality of hosting and continued need

Key design elements



Institutional arrangements

- **Managed** by small number of additional staff within **existing** institution(s)
- **Oversight/steering committee** with degree of independence from governance body of host institution
 - Strategic direction and performance standards
 - Financial and programmatic oversight
 - Final grants approval
 - Resource allocation/ mobilization
- Three institutional options appear feasible in principle:
 - World Bank-hosted financing facility
 - UNFPA-hosted facility
 - PMNCH-hosted, with trust fund administered by another entity

Feedback received to date

■ Donors:

- Some support, others concerned
- Need assurance that financing facility is narrowly focused in scope (# of countries; priority intervention areas) as in Option 2
- Suggested closer mapping of existing mechanisms that could be leveraged
- Explore linkages/synergies with on-going initiatives (commission on commodities, family planning, etc.)

■ **Partner countries** : Acknowledgement/appreciation that report reflects concerns countries had expressed; interested in discussing options and going forward

■ **Informal feedback from NGOs, health care professionals, academic and research institutions:** Generally positive, some concerns/suggestions



Opportunity to share further feedback and guidance during Board discussion

Recommendations for Board consideration

- Endorse **need for more, targeted and easily accessible financing** (for commodities, service delivery/demand creation, related HSS, and technical support) to help highest-burden LICs address gaps in coverage gaps for high-impact interventions (consistent with their national plans)
- Acknowledge **coordination of existing funding efforts and mechanisms as important but insufficient** to achieve rate of scale-up aspired to in Global Strategy
- Express support for **establishing an RMNCH financing facility within an existing organization** drawing on a dedicated donor funding pool to (co-) **finance scale up of high impact RMNCH intervention packages and related HSS** in subset of high priority countries;
- Consider **FP as specific window** within the proposed RMNCH financing facility
- Endorse **principles and basic design elements** suggested by the TT
- Mandate the EC (or small group charged by EC), to **explore interest/feasibility of hosting and rapid start-up among institutional options** identified for hosting an RMNCH financing facility. In doing so, ask the EC to **collaborate with ongoing donor initiatives (e.g. around FP) compatible with TT financing recommendations.**
- Request **endorsement of hosting options no later than July 2012.**