

# GLOBAL FINANCING FACILITY



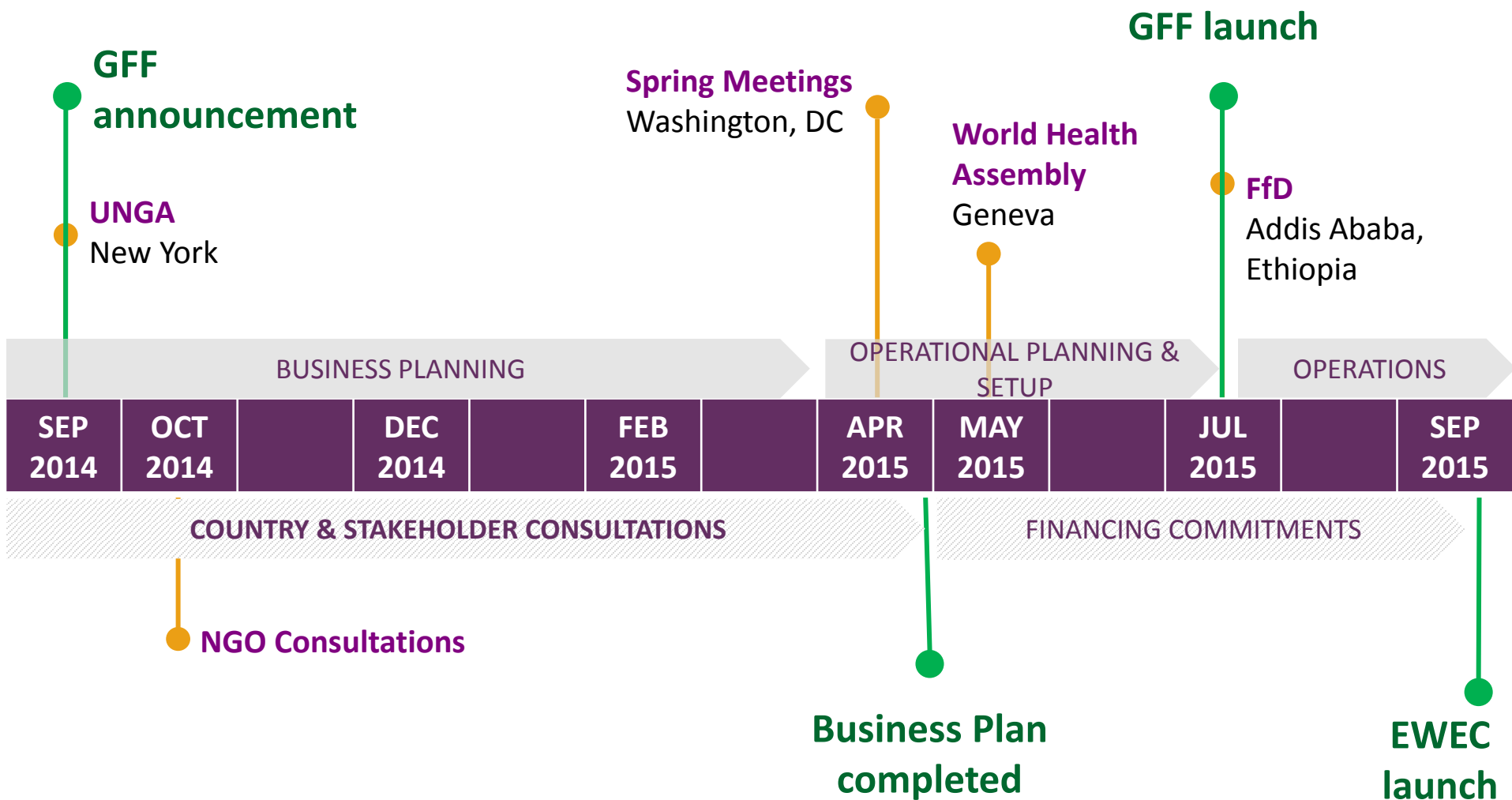
## Global Financing Facility in support of *Every Woman Every Child*

**Rama Lakshminarayanan**

*World Bank*

**The Partnership's 17<sup>th</sup> Board Meeting**  
*13-14 October 2015, Lusaka, Zambia*

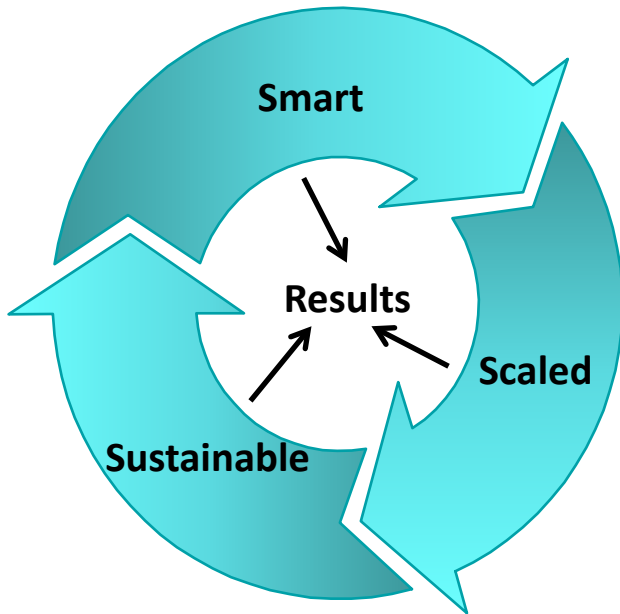
# GFF timeline



- Process supported by multi-stakeholder Oversight Group & Business Planning Team
- 4 frontrunner countries: Democratic Republic of the Congo, Ethiopia, Kenya, Tanzania

# Overview of the GFF

## The “what” of the GFF



## The “how” of the GFF

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

## The “who” of the GFF

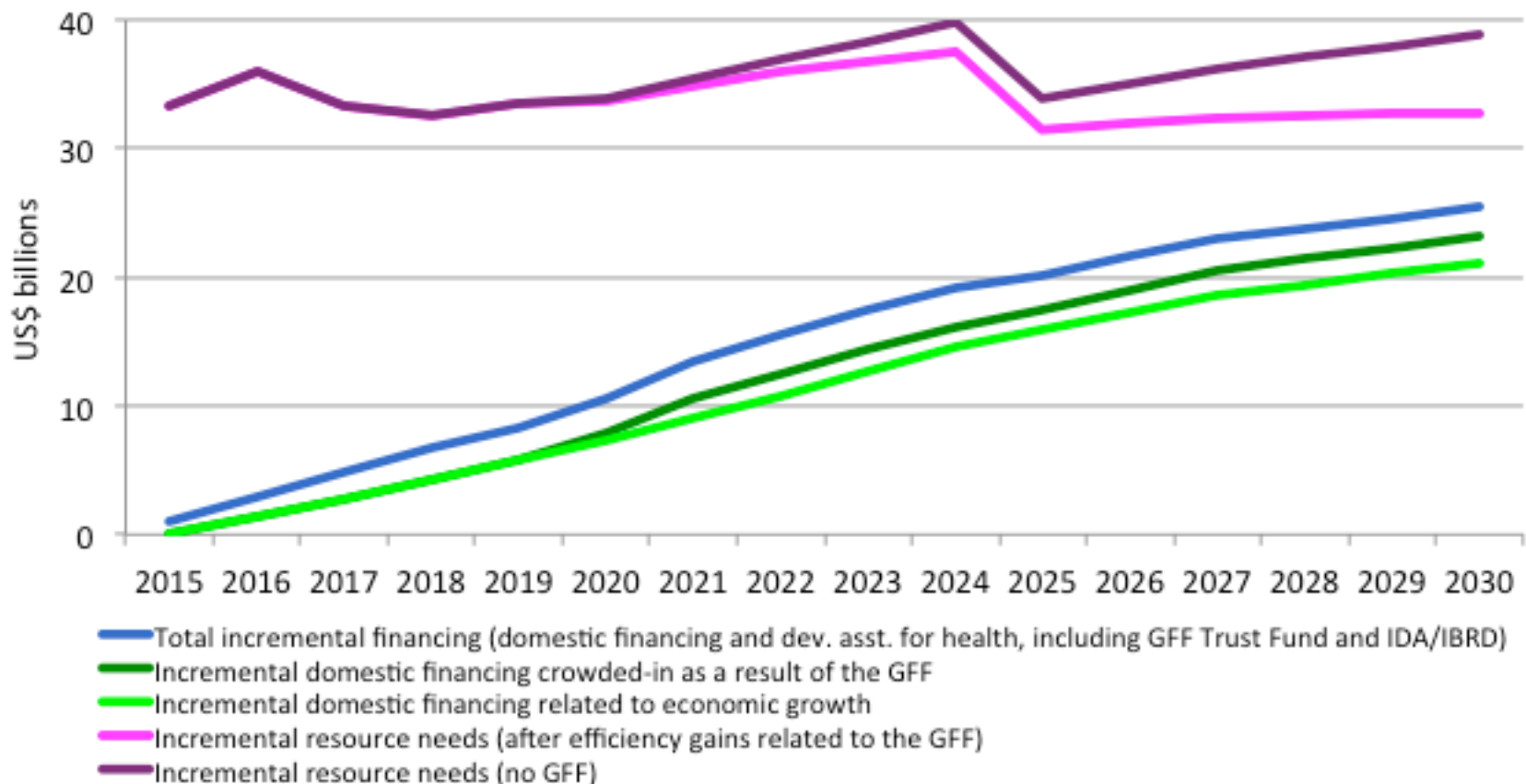
**The GFF as a broader facility**

**The GFF Trust Fund**

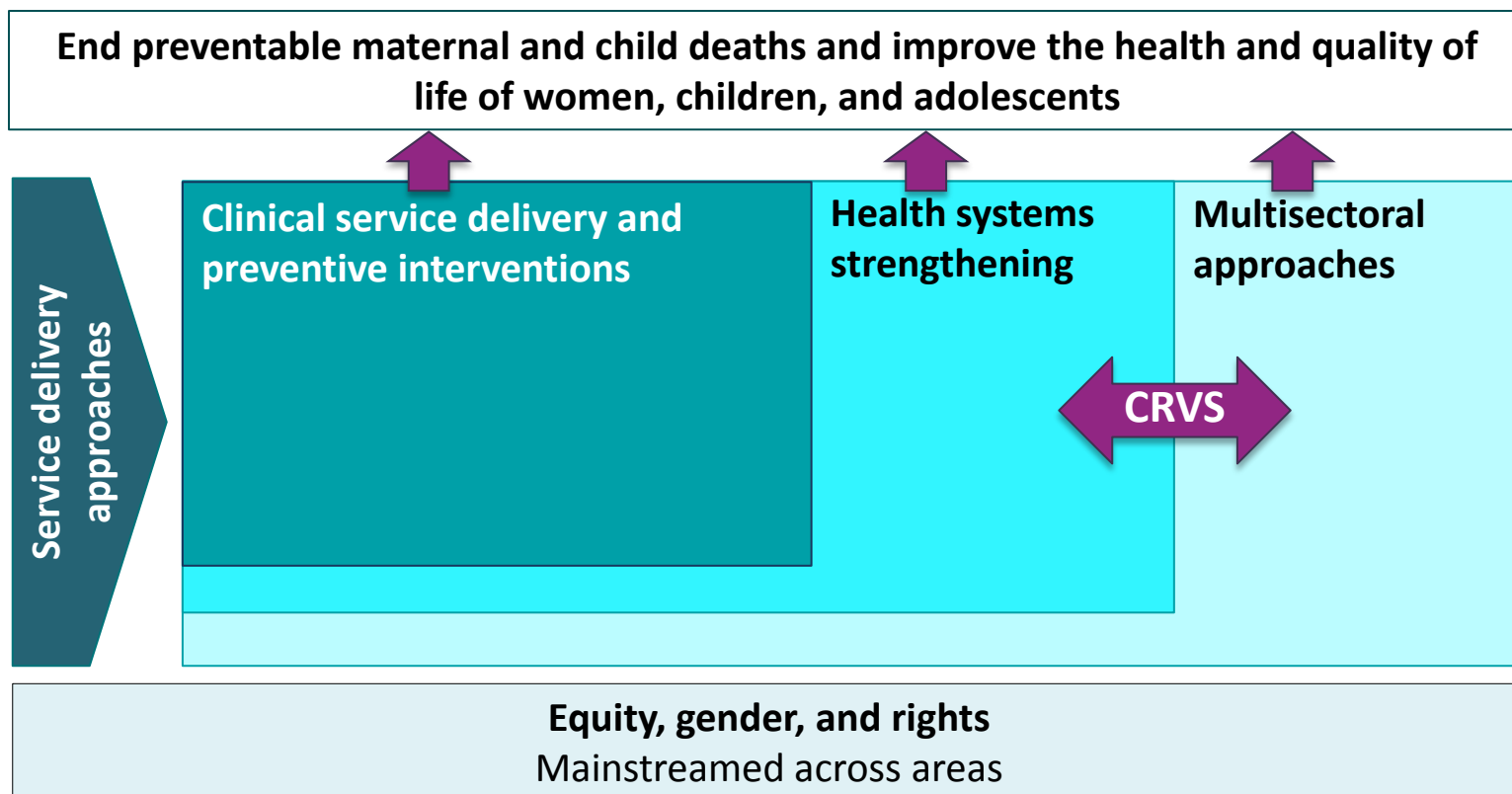
**Governance**

# Bridging the funding gap for women's, adolescents' and children's health

- **Smart** financing: improving efficiency by approximately 15% in 2030
  - **Scaled** financing: crowding-in domestic resources and attracting new external support – mobilizing a cumulative total of >US\$57 billion between 2015 and 2030)
  - **Sustainable** financing: supporting ~20 countries to graduate from needing GFF Trust Fund financing
- The combined effects would **prevent 24-38 million deaths** of women, adolescents, and children by 2030



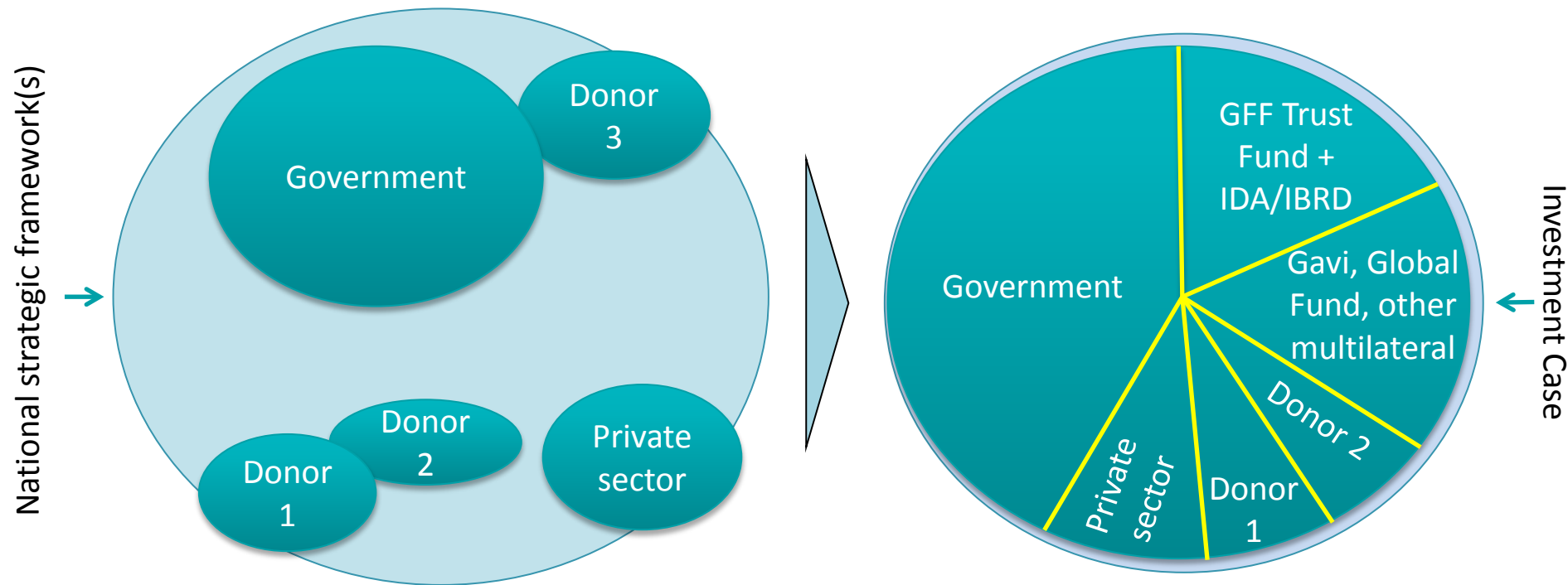
# Scope of Investment Cases



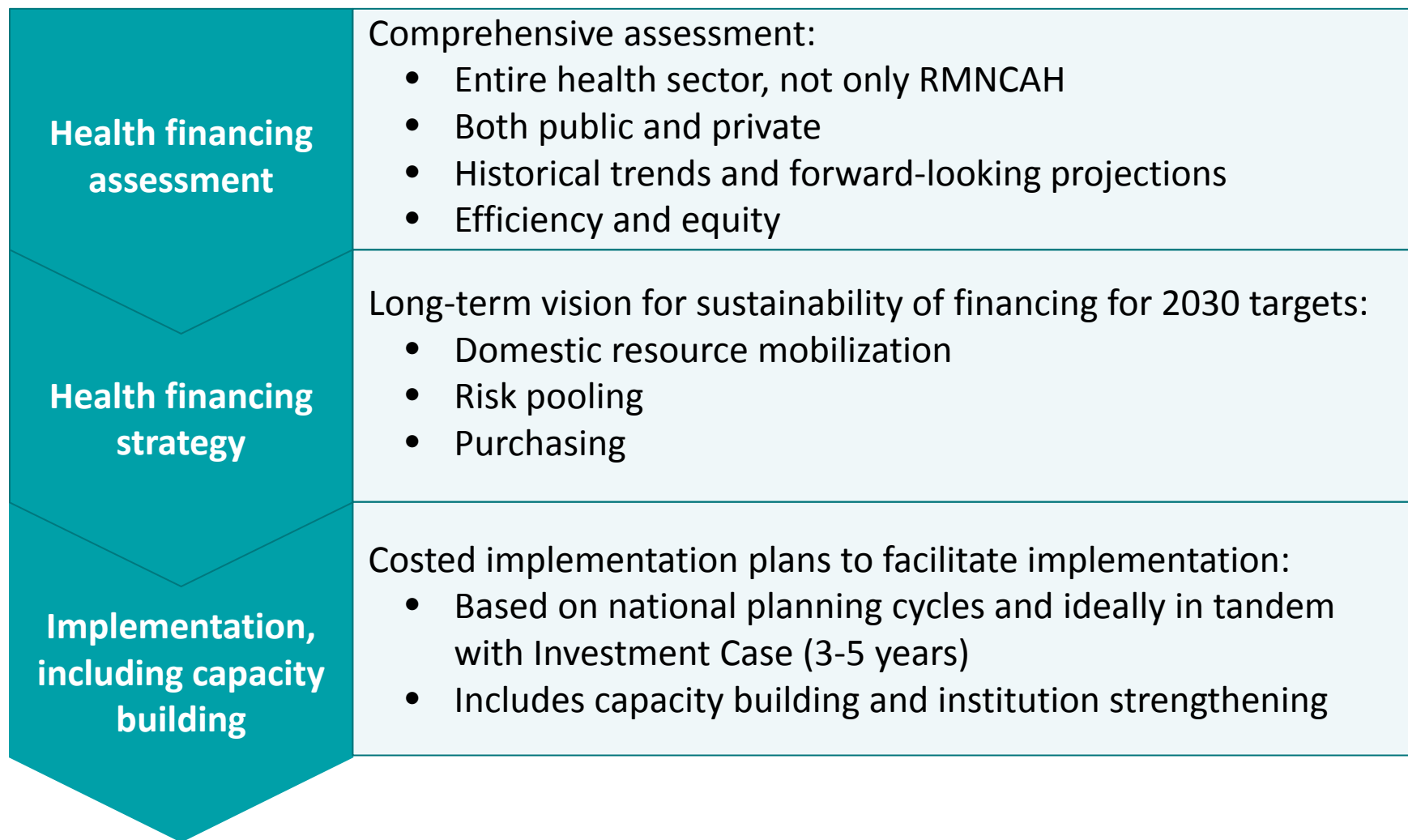
- Prioritizes interventions with a **strong evidence base** demonstrating impact
- Emphasizes issues (e.g., family planning, nutrition) and target populations (e.g., adolescents) that have been **historically underinvested** in
- Further focuses on **improved service delivery** to ensure an efficient national response (e.g., through task-shifting, integration of service delivery, community health workers, private sector service delivery environment)

# Investment Cases drive alignment of financing

The Investment Case sharpens the focus on evidence-based, high impact interventions while reducing gaps and overlaps as financiers increase funding for RMNCAH



# Health financing strategies



**Sustainable provision of scaled-up RMNCAH results in context of universal health coverage**





## Governance

- Inclusive “**country platforms**” at national level, led by governments, building on existing systems
- Global “**Investors Group**” of developing and developed country representatives, multilateral organizations, civil society, and the private sector
- **Trust fund** governed by Trust Fund Committee (key donors to trust fund)



# GFF Investors Group

- Investors Group composed of partners with direct engagement in success of the GFF
- Promotes and tracks substantial financial or in-kind assistance to Investment Cases and health financing strategies

Participating countries (ministries of health & finance)	5 members
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Bilateral donors	5 members
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UNFPA, UNICEF, WHO	3 members
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PMNCH	1 member
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Gavi and Global Fund to Fight AIDS, Tuberculosis and Malaria	2 members
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Non-governmental organizations (developing and developed countries)	2 members
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Private foundation	1 member
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Private sector	2 members
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Executive Office of the UNSG	1 member
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World Bank	1 member
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# Who: The country platform

## Partners

- Government
- Civil society (not-for-profit)
- Private sector
- Affected populations
- Multilateral and bilateral agencies
- Technical agencies (H4+ and others)

## Approach

- Not prescriptive about form
- Build on existing structures while ensuring that these embody two key principles: **inclusiveness and transparency**



- Diversity in frontrunner countries:
  - Ethiopia and Tanzania used existing structures
  - Kenya established a new national steering committee

## Roles

- Preparation and finalization of Investment Case and health financing strategies
- Complementary financing
- Coordination of technical assistance and implementation support
- Coordination of monitoring and evaluation

- **Multi-donor trust fund at the World Bank provides dedicated grant resources linked to IDA/IBRD financing**
  - US\$875 million pledged to date from Canada, Norway, Gates Foundation
- **Country selection and allocation**
  - Eligibility: 62 low and lower-middle income countries
  - Must be willing to commit to increasing domestic resource mobilization and interested in using IDA/IBRD for RMNCAH
  - Four frontrunner countries (DRC, Ethiopia, Kenya, Tanzania)
  - Second wave selected based on objective assessment (ability to mobilize domestic resources, use IDA/IBRD for health, and achieve results) and partner interest:
    - Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal, and Uganda
  - Resource allocation in range of US\$10-60 million per country (grant funding only, not including IDA/IBRD), based on need, population, and income