A NEW FINANCING MODEL FOR THE SUSTAINABLE DEVELOPMENT GOALS ERA:

THE GLOBAL FINANCING FACILITY IN SUPPORT OF EVERY WOMAN EVERY CHILD

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

This is the first of a series of documents that are part of the replenishment process for the GFF, 2017-2018

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DEAR FRIENDS AND PARTNERS,

In Liberia, I have seen firsthand how the GFF can play an important role in improving the health of women, children, and adolescents. We had developed an "Investment Plan for Building a Resilient Health System 2015–2021" to provide an overall blueprint for the health sector after the crisis of Ebola, and with the support from the GFF, we have been able to strengthen this by developing an Investment Case for reproductive, maternal, newborn, child, and adolescent health.

My ministry led this process with the support of a core team including the Ministry of Finance and Development Planning, UNFPA, UNICEF, USAID, WHO, the World Bank, and nongovernmental organizations such as Clinton Health Access Initiative and Last Mile Health. We conducted rigorous analytics and bold prioritization that identified six focus areas: quality emergency obstetric and newborn care; the civil registration and vital statistics system; adolescent health; emergency preparedness, surveillance, and response, especially maternal and neonatal death surveillance and response; sustainable community engagement; and leadership, governance, and management. These will lead to healthier lives for our people while building a resilient health system, contributing to our efforts to reach the Sustainable Development Goals.

The GFF's focus on financing has been particularly important for us. Coordination and alignment are major challenges because there are at least 94 different organizations working in the health sector, so we have used the GFF process to conduct a resource mapping to get a clearer picture on the external support that is being provided in the country. With the GFF combined with the International Health Partnership (IHP+) process we have been able to make important strides forward on this by better aligning financiers' activities. Further, we are exploring a joint implementation monitoring process through the country platform and mechanisms to pool funds and to advance alignment through a joint program coordination unit. The GFF has also supported the development of a health financing strategy, which in the long term will lead us to a national contributory health scheme for sustainable and equitable financing of health services.

We hope that the GFF replenishment goes well so that other countries can benefit from the GFF like we have.

Yours truly,
Dr. Bernice T. Dahn, MD, MPH, FLCPS, WACP
Minister of Health, Liberia

DEAR FRIENDS AND PARTNERS,

My esteemed neighbor in Liberia has had the fortune to be part of the GFF from its early days. We in Cote d'Ivoire have not yet joined but we are excited to potentially do so because we see a lot of potential for the GFF approach here.

We are committed to Universal Health Coverage but face a number of challenges in getting there. Currently our health indicators for women, children, and adolescents are not where they should be, particularly for the poorest, who are lagging behind. We are also confronting a number of issues around health financing, with more than half of health expenditure paid directly by households out-of-pocket and the efficiency of existing financing can be improved through better donor coordination and improved service delivery models.

We think that the GFF approach could be very useful for improving health for all Ivoirians and for addressing our most pressing problems in the sector. We are excited about the potential of creating a country platform that would bring together all of the key partners around one table so we can map what resources are available and identify priorities for this financing within the broad framework of our National Health Development Plan.

We are planning to roll out a National Health Insurance (CMU) scheme next year. Support from the GFF to work with partners on a broader health financing strategy that will ensure that the CMU will be sustainable, could be most helpful.

We also want to increase fiscal space for health through tackling inefficiencies, and would potentially benefit from the GFF's approach to understand inefficiencies in areas such as procurement and human resources for health.

We hope that those who are able to contribute to the GFF Trust Fund will support this replenishment process so that countries such as ours have a chance at using this exciting approach.

Cordially,
Dr. Raymonde Goudou Coffie
Minister of Health and Public Hygiene, Côte d'Ivoire

EXECUTIVE SUMMARY

We as a global community have made considerable progress over the past 25 years in improving the health and well-being of women, children, and adolescents. Rates of preventable death have dropped significantly in many countries and improvements have been seen across a range of key measures of health and well-being. But the progress has not been enough: too many women, children, and adolescents have been left behind, dying and suffering from preventable conditions, in considerable part because of a large financing gap, estimated at US$33 billion annually.[1]

We know where we want to go: the Sustainable Development Goals (SDGs) set the direction and the results that we want to achieve. We have the technical knowledge of what works to get us there. And now we have a financing mechanism that will enable us to close the funding gap. The Global Financing Facility in Support of *Every Woman Every Child* (GFF) was launched at the Financing for Development Conference in Addis Ababa in July 2015 as part of a global conversation about how to finance the SDGs, which requires a shift from thinking about billions of dollars to recognizing that we need trillions to achieve the ambitious targets that we have agreed upon. This shift is only possible through new approaches to financing that recognize that countries themselves are the engines of progress and that the role of external assistance is to support countries both to get more results from the existing resources and to increase the total volume of financing.

Over the past two years, the GFF has created a new model with countries in the driver's seat that brings together multiple sources of financing in a synergistic way to support national priorities. A key element of this model is drawing on the other sectors that influence health and nutrition outcomes, such as education, water and sanitation, and social protection. Sixteen countries have benefited from the approach to date and many others are keen to join the GFF, but the generous initial contributions to the GFF Trust Fund[2] from governments of Canada and Norway, the Bill & Melinda Gates Foundation, and MSD for Mothers are fully committed.[3]

THE GFF SUPPORTS COUNTRIES TO GET ON A TRAJECTORY TO ACHIEVE THE SDGS BY:

- **Strengthening dialogue among key stakeholders** under the leadership of governments and supporting the identification of a clear set of priority results that all partners commit their resources to achieving;
- **Getting more results from existing resources and increasing the total volume of financing from four sources:**
  - + Domestic government resources,
  - + Financing from IDA and IBRD,
  - + Aligned external financing,
  - + Private sector resources; and
- **Strengthening systems** to track progress, learn, and course-correct.

The first replenishment for the GFF Trust Fund is being launched to respond to the demand from countries that want to be part of the GFF. It seeks to mobilize an additional US$2 billion to enable the GFF process to be expanded over the period 2018–23 to the 50 countries facing the most significant needs—the existing 16 countries[4] plus 34 new countries. The opportunity for impact is enormous: these countries collectively account for 96 percent of the US$33 billion annual financing gap and 5.2 million maternal and child deaths each year, with billions of dollars lost each year to poor health.

[1] The GFF Business Plan, 2015.
[2] The GFF Trust Fund is a multidonor trust fund that is hosted by the World Bank Group and that supports the work of the broader GFF as a partnership.
[3] The contributions to date amount to approximately US$525 million equivalent as of July 2017.
[4] A total of 67 countries are eligible to receive financing from the GFF Trust Fund; see Appendix A, which also describes the eligibility criteria.

Each dollar invested in the GFF Trust Fund will leverage four different sources of funding—domestic government resources, financing from the International Development Association (IDA) and the International Bank of Reconstruction and Development (IBRD), aligned external financing, and private sector resources—to generate two types of returns on investment:

1 HEALTH RETURNS

in terms of the lives saved and improved health, nutrition, and well-being of women, children, and adolescents, with a particular focus on five targets of SDG3 and SDG2, by 2030:

- **Reducing maternal mortality** ratio to less than 70 per 100,000 live births,
- **Reducing under-five mortality rate** to at least as low as 25 per 1,000 live births,
- **Reducing neonatal mortality rate** to at least as low as 12 per 1,000 live births,
- **Ensuring universal access to sexual and reproductive health services,**
- **Achieving universal health coverage,**
- **Achieving internationally agreed targets for stunting and wasting.**

2 ECONOMIC AND SOCIAL RETURNS

from the investment in human capital, which both leads to a more productive workforce and improved economic performance (contributing to realizing benefits of the demographic dividend) and to broader benefits for the SDGs, as a healthy population is a precondition to achieving progress in many other areas.

Modeling estimates that the "savings" from the GFF approach (the difference in the resource gaps between a scenario with the GFF and one without) would amount to US$83.5 billion over the period 2015–30. This approach would **prevent 24 million–38 million deaths of women, children, and adolescents by 2030.**[5]

The time for this expansion is now. First and foremost, far too many women, children, and adolescents die needlessly each day, and the lack of financing is a key barrier. At the national level, the impact of women, children, and adolescents dying and not getting the care they need translates into significant economic losses and a reduced ability to benefit from the demographic dividend.

Second, the window to influence progress toward the SDGs is now. The GFF model is based on frontloading grant resources and using them catalytically to assist countries to transition from a reliance on external assistance, but this cannot happen overnight. The work must begin in the next few years to influence countries' trajectories. Modeling of how to **close the US$33 billion financing gap** shows that overall need for resources for the GFF Trust Fund increases from now until 2023, but then steadily declines thereafter as domestic public and private resources assume a progressively larger share of the financing (particularly in lower-middle-income countries).

Third, IDA just completed its largest replenishment ever, generating US$75 billion for national priorities over the next three years. The GFF Trust Fund is linked to IDA and so the increased availability of IDA financing creates a historic opportunity to use this financing for reproductive, maternal, newborn, child, and adolescent health and nutrition.

Finally, it is the right moment for the expansion because the GFF has shown that the concept sketched out two years ago works in practice: today in countries across the world women, children, and adolescents are benefiting from the new financing model that the GFF has developed, which is making a meaningful contribution through a unique approach that complements and adds value to existing efforts. As a result, demand is high from countries that are interested in being part of the GFF.

The replenishment goal of US$2 billion is ambitious, but the potential for impact is great and the GFF is confident that we will seize the opportunity to change the course of financing for the SDGs and improve the lives of millions of women, children, and adolescents across the world.

[5] The GFF Business Plan, 2015. This figure includes stillbirths that would be averted as a result of family planning. Estimates of results expected specifically from the first GFF replenishment will be presented in a subsequent document.

HOW A FINANCING FACILITY DRIVES PROGRESS TOWARD THE SDGS

The words chosen for the name of the GFF highlight a new approach. The GFF is a "financing facility," not a new fund that provides development assistance to deliver goods and services, but a mechanism that uses modest amounts of grant resources catalytically, bringing programs to scale by leveraging far greater sums of domestic government resources, IDA and IBRD financing, aligned external financing, and resources from the private sector. Additionally, the GFF approach emphasizes smart financing, getting more value for money from each of these sources by improving efficiency.

VISION AND MISSION

The GFF's vision is to end preventable maternal, newborn, child, and adolescent deaths and to improve the health and quality of life of women, children, and adolescents. This vision is at the heart of the *Every Woman Every Child* movement and so is shared by many partners. The GFF mission, however, is truly unique: to build a new model for development financing for the SDG era, bringing together multiple financing sources in a synergistic, country-led way that closes the funding gap for reproductive, maternal, newborn, child, and adolescent health and nutrition by 2030.

With this approach, in many countries it will not be necessary to provide grant financing in perpetuity because these other financing sources enable the countries to reduce their reliance on external assistance and to progressively replace it as the financing source needed to improve the health of women, children, and adolescents. This new model for sustainable financing is at the heart of what makes the GFF an exciting pathfinder for a new era of financing for development.

The GFF was established to close the financing gap for reproductive, maternal, newborn, child, and adolescent health and nutrition, but it is not sufficient solely to generate additional funding; these resources must be focused on achieving results. The GFF approach is grounded in the goals that countries have already set for themselves: the SDGs. In particular, the GFF drives progress on the five SDG3 targets and one SDG2 target mentioned earlier.[6]

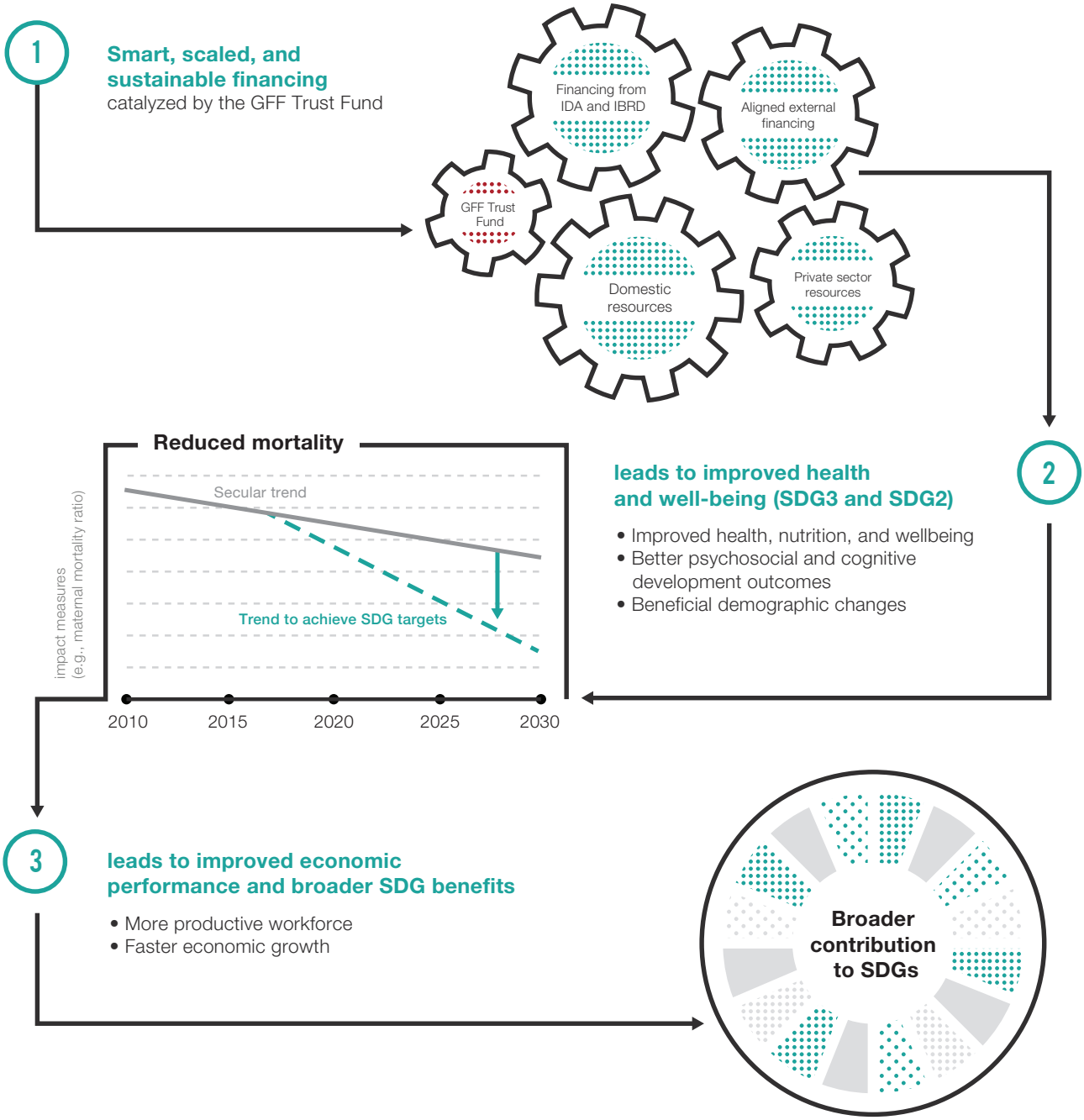
There is no one-size-fits-all approach to the SDGs: countries choose a variety of paths toward these targets. The GFF process supports countries to identify an evidence-based set of priority investments to help "bend the curve" to accelerate progress and to get on a trajectory toward achieving the SDGs (the Investment Case). These investments include interventions that specifically address key reproductive, maternal, newborn, child, and adolescent health and nutrition challenges; the health systems strengthening required to deliver health services (such as human resources for health, supply chain management, or information systems); and multisectoral approaches to improve health and nutrition outcomes through sectors such as education, water and sanitation, and social protection.

Countries own the GFF process, with a wide set of stakeholders coming together under government leadership to identify the results they want to achieve and ultimately to provide the financing to achieve them. To support the countries, a multidonor trust fund—the GFF Trust Fund—has been established at the World Bank Group to be a catalyst for this process. The GFF Trust Fund provides flexible financing for the preparatory work and technical assistance required to identify priorities, supports the process of bringing partners together, and makes modest grants to address key bottlenecks. The GFF Trust Fund is not intended to fill the financing gap on its own but rather to crowd in additional resources from the broader set of partners that are part of the facility and to ensure that the available resources are aligned and working smoothly together. As a result, each dollar invested in the trust fund is multiplied many times over, ultimately closing the financing gap.

[6] The results that have been achieved through the GFF and monitoring and evaluation approach will both be discussed in greater detail in subsequent documents.

As shown in the figure below, this process improves the health, nutrition, and well-being of women, children, and adolescents, and ultimately results in broader economic and social returns, making a broader contribution to the SDGs.

THE GFF: A PATHFINDER FOR A NEW ERA OF FINANCING FOR DEVELOPMENT



THE PRINCIPLES THAT GUIDE THE GFF

The GFF approach is guided by two key principles: country ownership and equity. The importance of country ownership in development has never been more widely recognized, following agreements in Paris, Accra, and Busan on aid effectiveness that place country ownership at the heart of the agenda. In the health sector, the International Health Partnership (IHP+) has played a key role in articulating principles that support country ownership.

The GFF has been designed to operationalize these principles. In the GFF process there are no fixed templates, no proposals to access financing from the GFF Trust Fund, no requirements that particular tools or approaches (including for Investment Cases or health financing strategies) have to be produced, and no reporting solely for the purposes of donors. Instead, the GFF is about solutions that are designed by countries themselves and so tailored to the individual country contexts. This design and tailoring happens through "country platforms": a forum or committee that brings together under government leadership the broad set of partners involved in reproductive, maternal, newborn, child, and adolescent health and nutrition, including different parts of the government, civil society, the private sector, and development partners (both financiers and technical agencies, particularly the H6 partners).

The GFF approach to country ownership is reflected in the extent to which countries have customized the process to reflect their national contexts. In Guinea, for example, it made sense to develop a new investment case because there was no other document that set out national priorities in a way that facilitated directing financing to them. In contrast, in Bangladesh, a well-functioning sectorwide approach facilitated regular identification of priorities and financing of them so it would not make sense to develop an Investment Case. Instead, the GFF process focuses on ensuring that historically underinvested areas, such as adolescent health, are adequately addressed through multiple sectors.

Equity is a core principle for the GFF because of the considerable evidence that poor and marginalized women, children, and adolescents have worse health outcomes, and therefore that it will not be possible to achieve the SDGs without progress on equity. Recent research has also highlighted that focusing on poor and marginalized women, children, and adolescents can be more cost-effective than less targeted investments.[7]

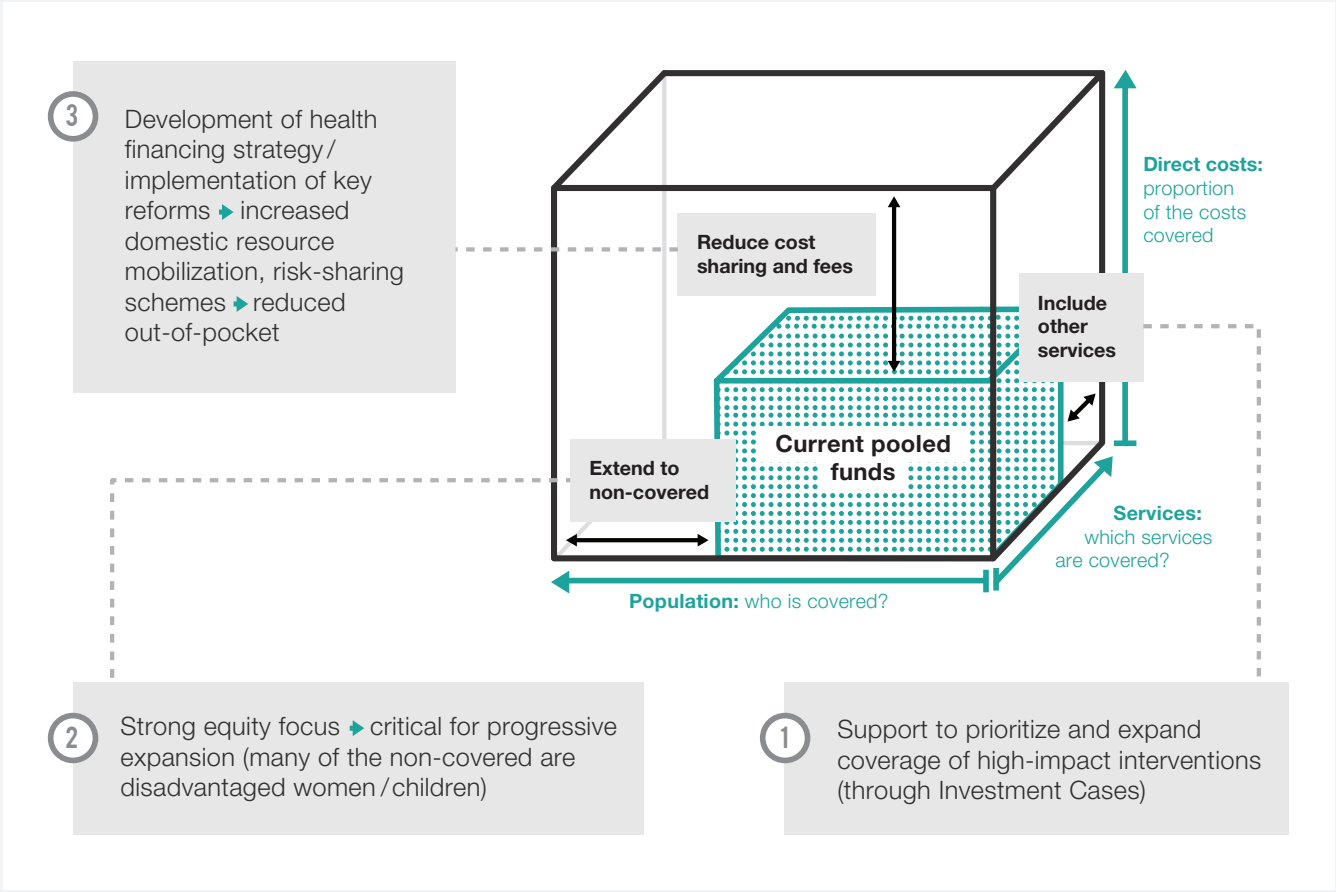
The GFF process addresses equity in several ways. Investment Cases are built on rigorous analyses of data, typically including disaggregation by factors such as place of residence, socio-economic status, race/ethnicity, gender/sex, and age. In countries such as Cameroon, the Democratic Republic of Congo, Kenya, Liberia, and Mozambique, this focus on equity led to the prioritization of the regions or populations that have worst health indicators. Another important element of the GFF approach to equity is improving financial risk protection. The approaches depend on the specific country contexts but include mobilizing additional domestic government resources for health so that financial barriers (such as user fees) can be reduced and developing insurance schemes that cover the costs of key services (or at least significantly reduce the payment for them from users). A final dimension of the approach to equity is the GFF's work on strengthening information systems, such as civil registration and vital statistics systems. These systems are critical for producing disaggregated data, for tracking progress, and for ensuring that all women, children, and adolescents are counted, including by ensuring that all births are registered (which in turn unlocks a host of benefits that are tied to a birth certificate).

These principles underpin all that the GFF does and are critical to the success of the approach. They also enable the GFF to contribute to achieving the key global priorities, notably, universal coverage.

[7] UNICEF, "Narrowing the Gaps: The Power of Investing in the Poorest Children," 2017.

THE GFF'S NOVEL APPROACH TO SUPPORTING COUNTRIES TO ACHIEVE UNIVERSAL HEALTH COVERAGE

A good example of how the approaches and principles of the GFF come together to support a key global priority can be seen in universal health coverage (UHC). The realization of UHC requires progressive increases in three key dimensions: the extent of services provided, the share of the population covered, and the cost-sharing arrangements.* The GFF helps countries to achieve UHC by working on all three dimensions, as shown in the following figure.



First, the GFF supports the progressive expansion of services by assisting countries to prioritize and expand the coverage of high-impact interventions for women and children—who are key populations that are often not adequately covered—through the development of an Investment Case. This process also addresses the key constraints related to health systems, supporting countries to identify and focus on the main bottlenecks in areas such as human resources for health, health information systems, and supply chain management, which are critical to achieving UHC. Second, the GFF's strong equity focus is critical to the progressive expansion of services to noncovered populations, many of whom are poor and disadvantaged women and children. Finally, the GFF supports countries to develop health financing strategies and to implement key health financing reforms, which supports domestic resource mobilization and the introduction of risk-sharing schemes, which reduces out-of-pocket expenditure.

**These three dimensions and the cube image are from the World Health Organization's "World Health Report 2010."*

FROM THEORY TO REALITY: PROVING THE GFF CONCEPT

The model of using modest amounts of grant resources to catalyze four different types of financing—domestic government resources, IDA and IBRD financing, aligned external financing, and private sector resources—to accelerate progress on reproductive, maternal, newborn, child, and adolescent health and nutrition outcomes was still just an idea when the GFF was launched in 2015. Two years later, it has become reality, thanks to the leadership of countries, the support of a wide range of partners (at both national and global levels), and the financing of the initial investors in the GFF Trust Fund. Although it has not yet been possible to achieve the full benefits of all four sources of financing in every GFF country, the GFF experience has demonstrated how it is feasible in practice, as highlighted below.

DOMESTIC GOVERNMENT RESOURCES

Even in most low-income countries, the majority of financing for health comes from domestic sources, either public or private. Domestic government financing will become increasingly important as economies around the world continue to grow, which both increases the ability of governments to finance their own health sectors and results in reductions in external assistance (as typically occurs as countries transition from low to middle income).

The GFF supports countries both to improve results from the existing resources and to increase the total volume of financing. Modeling shows that together these will close 75 percent of the US$33 billion annual financing gap for women's, children's, and adolescents' health by 2030.

The GFF supports governments to get more from existing resources in several ways. The fact that the GFF is hosted by the World Bank Group is critical: World Bank country directors and economists engage daily with ministries of finance on approaches to improve efficiency, and so the GFF has a ready entry point into broader economic policy dialogues. This connection to the World Bank Group also affords the GFF a connection with a whole set of experts in public financial management who can be drawn upon to support governments that are not spending all the money that is available to them, which is a major issue in many countries: recent WHO research revealed that in 9 of 16 African countries with data, ministries of health spent less than 80 percent of budget allocations.[8] Another key strategy is to tie financing to results, as in Tanzania, which historically had a weak link between the performance and payment of health care providers. With GFF support a results-based financing scheme that creates incentives to improve the quality of care is being expanded. The GFF also assists countries to improve efficiency by supporting the identification of evidence-based and cost-effective priorities. For example, through the GFF process in the Democratic Republic of Congo, the government and key stakeholders agreed on an Investment Case that set out some important strategic shifts that will improve efficiency by channeling more financing to areas that are highly cost-effective but that have historically been underfinanced in the country, such as family planning and nutrition.

Improving efficiency is a key starting point in many countries, but on its own it is rarely sufficient to close the financing gap, so the GFF also supports countries to mobilize more resources for health. The link between the GFF and the World Bank Group is central to mobilizing resources for health because the GFF is well-positioned to inform policy dialogue about overall government financing. The flexible resources from the GFF Trust Fund have been used in countries to support the analytical and preparatory work that is critical, and they can also be used more innovatively to encourage countries to allocate additional domestic resources to the health sector.

For example, in Guatemala, the GFF Trust Fund is supporting a buy-down of an IBRD loan. In exchange the government of Guatemala has agreed to take the savings from the reduced interest payments (an estimated US$9 million), match these with US$9 million in government resources, and invest the total amount in improving the nutritional status and health of the indigenous population. Thus, each dollar invested by the GFF Trust Fund in Guatemala is generating two dollars of domestic financing. In Kenya, which has recently decentralized budgetary authority in the health sector to the county level, the national government is using financing from the GFF Trust Fund and IDA to incentivize counties to allocate additional resources to the health sector.

[8] World Health Organization, "Public Financing for Health in Africa: From Abuja to the SDGs," 2016.

These approaches are critical to the business model of the GFF: the idea is not to continue to provide grants from the GFF Trust Fund in perpetuity but rather to support countries to reduce their reliance on external assistance and progressively assume responsibility for the financing needed to improve the health of women, children, and adolescents. It is estimated that nearly 20 of the GFF-eligible countries (primarily lower-middle-income countries) will graduate from needing trust fund support by 2030 as their financing gaps close.

IDA AND IBRD FINANCING

IDA and IBRD are two of the largest sources of financing for low- and lower-middle-income countries. IDA commits approximately US$19 billion of concessional loans and (in some countries) grants each year, primarily to lower-income and/or debt-distressed countries. IDA's ability to support countries has just increased significantly: the most recent IDA replenishment raised US$75 billion for the three-year period from July 2017 to June 2020, up from US$52 billion for the previous replenishment. IBRD commits approximately US$24 billion every year to countries that have stronger economies than IDA-eligible countries and so are able to borrow on less concessional terms than IDA.[9]

IDA and IBRD resources are country-owned: each government determines whether to take financing from IDA/IBRD and how the resources are allocated between different national priorities across its development agenda.[10] These decisions are typically made by ministries of finance and/or of planning, which ensures that IDA or IBRD financing is linked to national plans and budgets.

The GFF Trust Fund is operationally connected to IDA or IBRD financing in each country. To date, 10 agreements have been signed that link US$292 million in GFF Trust Fund financing with approximately US$1.3 billion in financing from IDA and IBRD, a ratio of more than four dollars of IDA/IBRD financing for every dollar of trust fund resources. Because the GFF takes a multisectoral approach that is focused on outcomes for women, children, and adolescents, GFF Trust Fund financing links to IDA/IBRD financing for multiple sectors, such as education and social protection, in addition to health. This approach allows the GFF Trust Fund to take advantage of key opportunities within the World Bank Group, such as a current emphasis on investing in the early years, which is focused on early childhood development, including nutrition.

The GFF Trust Fund does not alter the processes of allocating IDA or IBRD financing, which are determined by existing World Bank Group procedures. In several of the GFF countries, the combination of the availability of GFF Trust Fund resources and of a country-led GFF process that produced an evidence-based, prioritized plan has informed governments' decisions to use more of their IDA/IBRD financing to improve health and nutrition outcomes than they would have otherwise.

For example, GFF Trust Fund resources are being used to buy down an IBRD loan in Vietnam, enabling the country to access financing from IBRD at lower cost, closer to the rates of concessional financing from IDA that are no longer available to the country. This buy-down approach addresses a key challenge when countries transition from IDA to IBRD financing: some ministries of finance are hesitant to use IBRD financing for social sectors. In Ethiopia (which is an IDA-eligible country), the combination of the development of a strong national health plan and the availability of a GFF Trust Fund grant were instrumental in highlighting the opportunities of investing in the health and well-being of women, children, and adolescents, which in turn provided a strong rationale for the government to use a sizable portion of its IDA allocation for health and nutrition.

The GFF also contributes to improving the quality of IDA/IBRD financing by supporting governments to conduct the rigorous analytical work necessary to identify a set of evidence-based priority investments. Additionally, the GFF process results in agreement among key partners on a common set of priorities, toward which IDA/IBRD financing is directed, creating opportunities for synergies that increase the impact of IDA/IBRD financing.

In Cameroon, for example, GFF support led to a national consensus on the importance of focusing more resources on the conflict-affected northern regions of the country, where maternal and child health indicators lagged. This work contributed to the evidence base underpinning the government's decision making on the country's IDA financing and has also strengthened collaboration and coordination between the IDA financing (which primarily addresses supply-side barriers to improving maternal and child health outcomes) and financing from the French and German governments (which addresses demand-side bottlenecks), resulting in synergies that are leading to the IDA financing achieving more than if it were implemented in isolation.

[9] Data on IDA and IBRD are available at http://www.worldbank.org/en/about/annual-report/fiscalyeardata.
[10] Country allocations for IDA are set through a formula (described at http://ida.worldbank.org/financing/ida-resource-allocation-index) that applies to the overall resource envelope and does not extend to sectoral breakdowns, which are not set at the global level.

For the GFF, the operational link also ensures that the trust fund resources are on-budget (as is financing from IDA and IBRD) and are additional to the financing from IDA or IBRD rather than substituting for it. The link also ensures that all of the World Bank Group's normal governance and fiduciary standards are applied, and it lowers transaction costs and increases efficiency because the jointly financed projects are prepared and supervised by World Bank Group staff, reducing the costs of administering the trust fund. This link also improves efficiency for countries, as it means that governments do not need to sign separate agreements with the GFF Trust Fund, report separately, or establish different management structures. Instead, all of the normal procedures of IDA or IBRD are followed, reducing transaction costs.

In summary, the connection between the GFF and IDA/IBRD is mutually beneficial and a key way that investments in the GFF Trust Fund are multiplied through links with other sources of financing.

ALIGNED EXTERNAL FINANCING

Although domestic financing is the most important source of resources in low- and middle-income countries, external assistance will remain critical in most low-income countries in the short to medium term. The lowest income countries and especially those grappling with fragility or conflict will not be able to achieve the SDGs without continued support.

External financing for reproductive, maternal, newborn, child, and adolescent health and nutrition totals approximately US$11 billion–US$12 billion annually.[11] This total represents a doubling of assistance over the preceding decade, although in the past several years funding has plateaued. A persistent challenge is that external assistance is generally highly fragmented and unpredictable, which increases inefficiency.

The GFF process contributes both to making external financing more efficient and effective and to increasing its total volume. The GFF strengthens dialogue among key stakeholders under the leadership of governments and supports the identification of a clear set of results that all partners commit their resources to achieving. This process builds confidence among external financiers that their resources will be used for productive purposes, encouraging additional contributions. It also creates a mechanism to identify potential duplications of efforts, leading to increased harmonization and improved efficiency. Similarly, this process highlights areas for programmatic synergies, as in the example cited above from Cameroon in which the Investment Case process there led to the identification of synergies between demand- and supply-side interventions financed by the French and German governments, on the one hand, and IDA, on the other hand. The GFF process also facilitates bringing external assistance to government budgets and plans, and in some cases results in increased pooling of financing, which are both important steps for improving efficiency.

The enthusiastic response among key multi- and bilateral financiers demonstrates the power of this approach. In each of the eight GFF counties that have reached this stage at least three financiers (in addition to the government and the financing from IDA/IBRD-GFF Trust Fund) have agreed to align their financing with the priorities identified through the national process. Those partners supporting the approach in at least one country thus far include the governments of Canada, Denmark, France, Germany, Ireland, Japan, Sweden, the United Kingdom, and the United States, as well as the European Commission, Gavi, the Global Fund, the Islamic Development Bank, the Power of Nutrition Trust Fund, and several United Nations agencies.

As a result, aligned external financing accounts for approximately 55 percent of the total financing for the initial set of Investment Cases (not including resources from IDA/IBRD and the GFF Trust Fund). That means that every dollar of financing from the GFF Trust Fund goes alongside an average of more than 15 dollars of financing from multi- and bilateral partners. In addition to this direct support for scaling up, some bilaterals have also set aside dedicated financing for technical assistance for the implementation of Investment Cases.

It is important to recognize that most of this financing would have been committed even in the absence of the GFF, but the alignment around an Investment Case has helped reduce fragmentation, improving the effectiveness and efficiency of this financing. External assistance is notoriously volatile and so it is challenging to quantify what share of the commitments to the Investment Case represent new resources that would not have been available without the GFF process, but the ability of the GFF process to address the constraints that prevent financiers from committing additional financing is increasingly recognized.

[11] Institute of Health Metrics and Evaluation (IHME), "Financing Global Health 2016," 2017. Several other estimates of financing flows for reproductive, maternal, newborn, child, and adolescent health have been produced (such as for the annual Partnership for Maternal, Newborn, and Child Health Accountability Reports and by Countdown to 2015/2030) that yield figures of the same magnitude, but IHME's numbers are more recent period and have a longer time series.

PRIVATE SECTOR RESOURCES

The SDGs will not be achieved without harnessing the resources of the private sector. In most low- and middle-income countries a significant share of reproductive, maternal, newborn, child, and adolescent health and nutrition services are already delivered by the private sector, including more than half of services for key child ailments in a majority of GFF countries.

In addition to the private sector as a key source of service provision, the financing landscape at the start of the SDG era looks radically different than it did at the outset of the Millennium Development Goals (MDGs). In 1990, official development assistance (ODA) was the largest source of financing flows to developing countries, exceeding foreign direct investment, remittances, or private debt and portfolio equity by a considerable margin. By 2015, even as ODA had nearly trebled since 1990, the volume of foreign direct investment in developing countries was almost five times larger than ODA, and the volume of remittances and of private debt/portfolio equity were each more than three times as large as ODA.[12] The health sector has not reaped as large a share of private financing as many other sectors,[13] but a recent review identified 10 innovative financing instruments in global health that had collectively mobilized US$8.9 billion between 2002 and 2015.[14]

The GFF has focused on three pathways for leveraging private sector resources:

1. Leveraging private sector capabilities **in countries to deliver on Investment Case objectives;**
2. **Developing innovative financing mechanisms** to catalyze private sector capital for Investment Case financing; and
3. **Facilitating partnerships** between the global private sector and countries.

To date, the GFF's efforts in the private sector have been relatively small scale, but they have demonstrated how each of these approaches can work in practice. The first pathway has been the most common, with, for example, contracting of private providers as a means to improve efficiency and address supply-side constraints occurring in many countries. In Nigeria, a particularly creative approach was taken to draw in private sector capacities through the launch of the Nigeria Service Delivery Innovation Challenge, a competitive process to identify and spur innovations in primary health care service delivery in fragile settings through a partnership between the Federal Ministry of Health, the Private Sector Health Alliance of Nigeria, the Healthcare Federation of Nigeria, and the International Finance Corporation, as part of the GFF process.

An example of the second pathway is in Cameroon, where a development impact bond is being prepared that will make private financing available to scale up an important intervention for neonatal mortality—kangaroo mother care—in both public and private facilities, and to share the risks associated with the scale-up. Financing from the GFF Trust Fund has been used catalytically to attract this capital by acting as an "outcomes funder," meaning that the trust fund resources will be used to pay investors the return on investment that they are owed if the project is successful.

The final pathway has resulted in an exciting partnership with MSD for Mothers, which is not only contributing US$10 million to the GFF Trust Fund but is also providing technical expertise at both the global and national levels to bring business perspectives and skills to pressing issues such as supply chain management.

[12] World Bank Group, "Migration and Remittances Factbook 2016: Third Edition," 2016.
[13] Development Assistance Committee of the Organisation for Economic Co-operation and Development, "Amounts Mobilised from the Private Sector by Official Development Finance Interventions: 2016 OECD-DAC Survey Preliminary Results."
[14] Atun R., et al., "Innovative Financing Instruments for Global Health 2002–15: A Systematic Analysis," *Lancet Global Health* 2017; 5: e720–26.

THE GFF IN ACTION

To date, 16 countries have begun to employ the GFF approach. An analysis of the full results of the first two years of the GFF will be released in April 2018,[15] and summaries of the current status for each country are included in Appendix B. A particularly interesting way to see how the different aspects of GFF support come together is by looking at the experience of countries that have been employing a GFF approach for some time. Cameroon and Mozambique are two such countries, and their experiences show the strengths of the GFF model in practice.

CAMEROON

Cameroon has among the highest maternal mortality ratios in the world and over the past two decades it has dropped by only 20 percent, far below the MDG target. While under-five mortality has decreased in many regions of the country, it remains extremely high in the northern regions, which have rates about three times higher than the best performing regions.

The Ministry of Public Health in Cameroon has used GFF to address these challenges. Multiple ministries, bilateral agencies, UN agencies, and civil society organizations participated in a highly inclusive process to develop an Investment Case. After a rigorous analytical process that made use of UNICEF's EQUIST tool and that was also supported by the Primary Health Care Performance Initiative, the stakeholders reached consensus on an approach that used an equity lens to prioritize. This approach led to a focus on the parts of the country with the worst health indicators: three northern regions (which have lagged behind for a number of years, have recently been impacted by conflict related to Boko Haram, and have high numbers of refugees and internally displaced people) and the East region.

The Investment Case sets ambitious targets for the expansion of coverage of high-impact interventions such as family planning, emergency obstetric care, and immunizations, and as well as for broader health systems strengthening. In addition, it highlighted approaches from outside the health sector that are important for improving health outcomes, including an existing social safety net program that is being expanded to include cash transfers to encourage adolescent girls to stay in school and an education initiative to improve the performance of schools, which can contribute to reducing child marriage and early pregnancy.

As a result of this process, the government decided to increase the share of the health budget allocated to improve reproductive, maternal, newborn, child, and adolescent health from 6 percent to 25 percent between 2017 and 2020. Development partners—including the governments of France, Germany, and the United States, as well as Gavi, the Global Fund, the Islamic Development Bank, UNFPA, UNICEF, and WHO—have demonstrated their support for the process by aligning their financing with the priorities of the Investment Case.

The GFF Trust Fund is providing US$27 million and IDA is providing US$100 million to finance the priorities of the Investment Case. After a successful pilot, the government committed to scaling up performance-based financing nationwide to improve the efficiency and effectiveness of service delivery, and while the government has begun financing this from domestic resources, it would not be able to reach all of the priority regions without the resources from the GFF Trust Fund and IDA.

[15] Prior to this analysis, a document will be released that describes the GFF's approach to monitoring and evaluation, including the global results framework.

The government has also used the GFF process to strengthen engagement with the private sector. This process has involved considerable consultation with local private companies on how they can support the Investment Case rollout, as well as collaboration with international partners on funding the expansion of a highly impactful intervention—kangaroo mother care—through a development impact bond.

After the endorsement of the Investment Case at the central level, workshops were held in the regions to ensure local ownership over the process, with strategic activities included in the Investment Case being embedded in the district health plans. These plans are being prepared in the context of the National Health Development Plan (PNDS), showing close alignment and synergies between the Investment Case and PNDS planning processes.

The GFF process has helped to bring all partners together in the joint platform, enhancing collaboration and strategy alignment at the regional level. For example, the GFF process facilitated the identification of synergies between a health voucher initiative supported by the French and German governments and a performance-based financing program that strengthens health services supported by the World Bank Group.

The GFF process has also brought more focus to issues around the longer-term financing of the health sector, which is a pressing issue given the fact that a majority of health spending in the country is out-of-pocket expenditure by households. The country's first health financing strategy, which explicitly looks at financing for universal health coverage, is nearing completion after a rigorous process that included studies on the fiscal space for health, public financial management, and the political economy of health financing reforms.

Overall, Cameroon has shown how a country that takes ownership of the GFF process can use the approach to identify priority areas and then build alignment of a broad set of stakeholders around these priorities. As a result, the country is now in a stronger position to achieve the SDGs.

MOZAMBIQUE

Health leaders working to improve the lives of women, children, and adolescents in Mozambique have to confront a challenging environment. A civil war ravaged the infrastructure from 1974 to 1992, corruption recently caused global donors to pull back from supporting a common fund for health, and a financial crisis caused by undisclosed debt has slowed growth in a country that remains one of the poorest in the world.

In this setting, it is not surprising that health indicators are poor. Average life expectancy is 55. Family planning is desperately needed, with women bearing on average nearly six children and the pregnancy rate of 15- to 19-year-old girls reaching 65 percent in some provinces. Nutrition is also lacking, and some 43 percent of children under five are stunted.

The Mozambican Ministry of Health is committed to turning these indicators around by focusing on scaling up the most effective interventions to improve reproductive, maternal, newborn, child, and adolescent health and nutrition. Officials were keen to participate in the GFF, both for the catalytic financing it offers and for the technical assistance needed to get their existing 2014–19 Health Sector Strategic Plan on track.

Mozambique has just completed a crucial first step in the GFF relationship by building a five-year Investment Case. For the past two years, the Ministry of Health has owned the process of identifying which of many components of the current strategic plan to target with performance-based indicators. In this process of prioritizing, inequity was on top, leading to a focus on the 42 highest-need districts in the country.

Key health ministry officials worked closely with development partners in the health sector to shape the program and shared drafts of the Investment Case with donors, civil society, and the private sector for their input. Smaller teams focused on specific technical areas. The adolescent team, for example, invited about 60 young people, aged 10 to 24 years, to Maputo for a day of discussion to learn what they need most from the health system.

Mozambique hopes to achieve improvements in health systems, such as training of community health workers and performance of hospitals and clinics. It is also targeting health service delivery outcomes involving better nutrition and family planning, and more mothers giving birth in hospitals. In a major shift, financing will be tied to achieving these results, rather than funding the process of getting there.

Development partners have provided crucial technical assistance along the way as well. To tackle the paucity of information, for example, the Ministry of Justice is leading the development of a civil registration and vital statistics system to track births and deaths. UNICEF is providing technical assistance, funded by the government of Canada, to help them align six systems and multiple ministries. The government is now incorporating the priorities of the Investment Case into its annual plan and budget. This process has benefited from the GFF's links with the World Bank Group, which has brought in governance experts able to address the public financial management challenges (which also increases the confidence of development partners in the process).

The GFF process has also strengthened the coordination of external financing. A number of development partners have committed to finance the Investment Case, including US$25 million from the GFF Trust Fund and US$80 million from IDA. The World Bank Group is also establishing a multidonor trust fund (and possibly additional single-donor trust funds for donors with specific requirements) in the country that will enable donors to use the World Bank's procurement and fiduciary systems while channeling resources to the Investment Case priority areas.

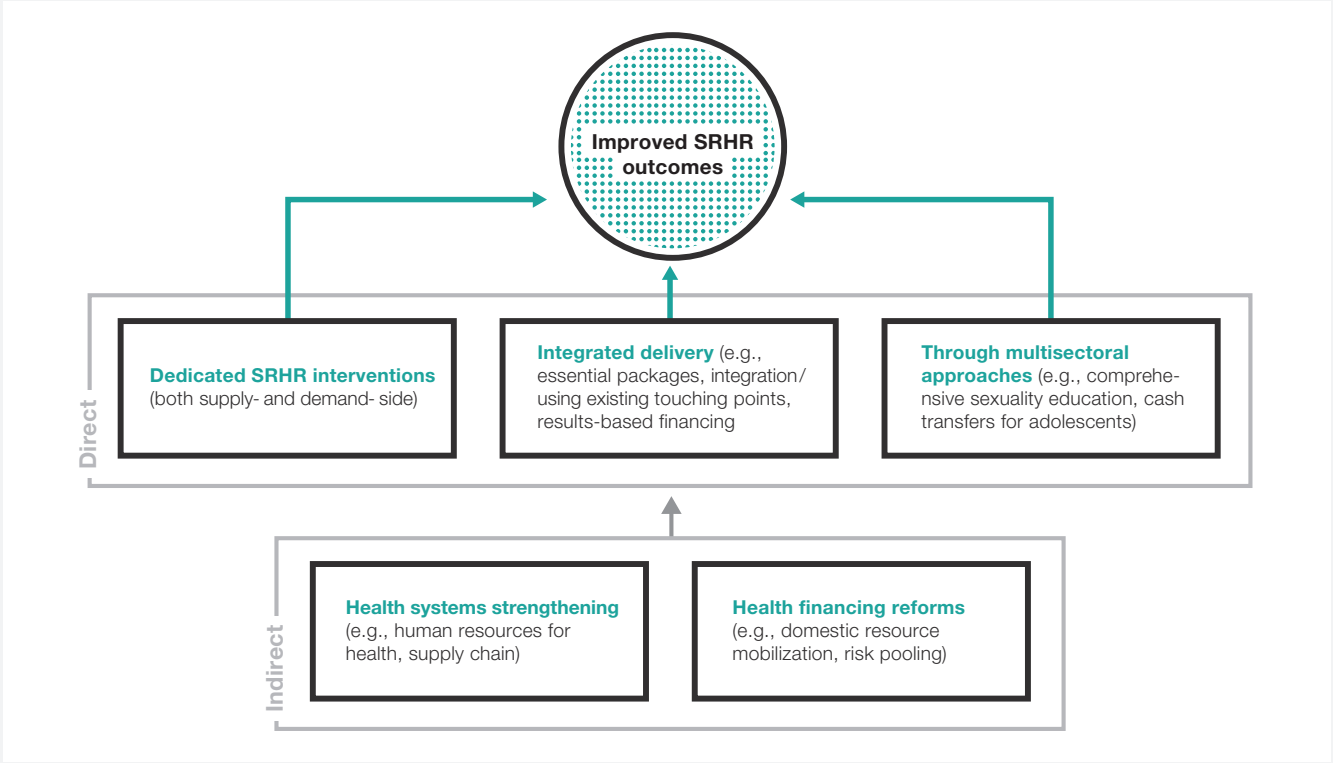
With the government still depending on foreign aid for nearly 70 percent of its health budget, it is also collaborating with the health partners on a health financing strategy. The government is exploring ideas such as taxes on tobacco to boost domestic spending and ensure the program is sustainable. An implementation plan is being developed to translate the key priorities into action. The government has agreed to tie some of the financing from IDA and the GFF Trust Fund to a commitment that the government's own health spending be maintained even in the face of a challenging fiscal environment that is seeing cutbacks in other areas.

With the support of GFF, Mozambique is on its way to saving and improving the lives of women, children, and adolescents who are most in need.

A SYSTEMS APPROACH THAT DELIVERS ON KEY PRIORITIES

The GFF takes a lifecycle approach, focusing on critical periods of birth, the early years, and adolescence and looking across the reproductive, maternal, newborn, child, and adolescent health and nutrition continuum. This approach is designed to identify key bottlenecks to achieving results for women, children, and adolescents, and then support countries to overcome them.

Through this broad-based, systems approach across the continuum, the GFF has demonstrated that it can deliver impact on key programmatic priorities, such as areas that have historically been underinvested in, including sexual and reproductive health and rights, newborn survival, adolescent health, and nutrition. This can be seen most clearly in the example of sexual and reproductive health and rights (SRHR). As shown in the figure, the GFF improves access to sexual and reproductive health services through a combination of indirect and direct pathways.



The GFF supports the delivery of dedicated SRH interventions (for example, procuring contraceptives and educating adolescents on SRHR), but does not stop there. The second direct pathway is the integrated delivery of SRH services through the development and delivery of essential health packages, performance-based financing, and delivery through existing touch points (such as postpartum family planning, postabortion care, and integration with HIV-focused interventions). The third channel is Investment Cases that are making non-health sector investments in areas such as education and social protection to address non-health determinants of comprehensive sexual and reproductive health and rights outcomes (for example, keeping teenage girls in school by addressing the factors that influence secondary school retention).

In addition to these direct pathways, the GFF leverages its comparative advantage to improve SRHR outcomes through two indirect pathways. The first of this is to create stronger, more resilient health systems needed to deliver comprehensive sexual and reproductive health services and help prepare fragile health systems to withstand stress. The second indirect pathway is the GFF's work on health financing reforms. While these are not specific to SRHR, steps such as increasing the share of total government expenditure going to the health sector create the fiscal space to increase domestic financing for SRHR and so build sustainability.

THE ROLE OF THE GFF IN THE GLOBAL ARCHITECTURE

The GFF is focused on delivering results at the country level but it does this within a broader global architecture. In 2010, the United Nations Secretary General launched the *Every Woman Every Child* (EWEC) movement "to address the major health challenges facing women, children, and adolescents around the world."[16] The GFF has a formal role as the financing arm of the "*Every Woman Every Child* Global Strategy for Women's, Children's, and Adolescents' Health." The GFF is working closely with the H6 partners (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank), which are responsible for providing the technical and normative expertise to support countries, and the Partnership for Maternal, Newborn, and Child Health (PMNCH), which has the lead role in advocacy and accountability.

This collaboration occurs primarily at country level under the leadership of national governments. H6 partners have been very active in providing technical assistance in the development of Investment Cases and health financing strategies in line with their comparative advantages. UNICEF has been instrumental in developing approaches to child health and has supported several countries to ensure that their processes are evidence-based and focused on equity through the use of EQUIST, a tool that assists countries to prioritize. UNFPA has been very active in adolescent health and the procurement and provision of reproductive health commodities, while WHO has provided important support in health systems strengthening, health financing, and normative aspects of various programmatic areas. Civil society organizations and the private sector have also been crucial sources of expertise and implementation capacity. In addition, civil society groups have critical roles to play around advocacy, accountability, and citizen voice and participation.

The GFF is also building upon existing global-level *Every Woman Every Child* efforts rather than duplicating or replacing them. For example, the development of the GFF approach to monitoring and evaluation was directly shaped by work led by WHO for EWEC on key indicators to measure progress on reproductive, maternal, newborn, child, and adolescent health and nutrition.

Another key element of the role of the GFF in the global architecture is the relationship with two key multilateral financiers, Gavi, the Vaccine Alliance and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The model of the GFF differs considerably from these two groups, but all three share a commitment to results, innovation, country ownership, and health systems strengthening, and these serve as the foundation for collaboration.

Improving access to vaccines and immunizations and addressing the challenges of AIDS, tuberculosis, and malaria are both critical to improving reproductive, maternal, newborn, child, and adolescent health outcomes. However, at the country level, the stakeholders working on reproductive, maternal, newborn, child, and adolescent health and nutrition, vaccines and immunizations, and AIDS, tuberculosis, and malaria respectively are often different, which means that the GFF process has to be sensitive to identifying opportunities to ensure that all of the relevant actors are involved in the GFF process from the outset. While this involvement has not yet been possible in every country, many Investment Cases include investments related to vaccine-preventable diseases, AIDS, tuberculosis, and/or malaria. As a result, in countries such as Cameroon, the Democratic Republic of Congo, Kenya, Liberia, and Uganda, financing from either or both Gavi and the Global Fund is aligned with the priorities of the Investment Cases.

Health financing is another important area of collaboration. Gavi and the Global Fund each have policies on financial and programmatic sustainability, in which countries are expected to contribute more domestic financing over time and eventually transition out of being able to receive support from the two organizations. The GFF approach to health financing is highly complementary, as it takes a long-term perspective and looks across the entire health sector in an effort to develop a pathway to increased domestic resource mobilization and ultimately financial sustainability. Additionally, the sustained engagement with ministries of finance in the GFF process helps to embed these discussions in the broader economic policy directions of a country.

To support the work at the country level, the broad set of partners that are part of the GFF—including governments, civil society organizations, the private sector, UN agencies, Gavi, and the Global Fund—come together regularly at the global level through the GFF Investors Group. The group convenes several times a year to discuss progress and how to strengthen collaboration across the partnership.

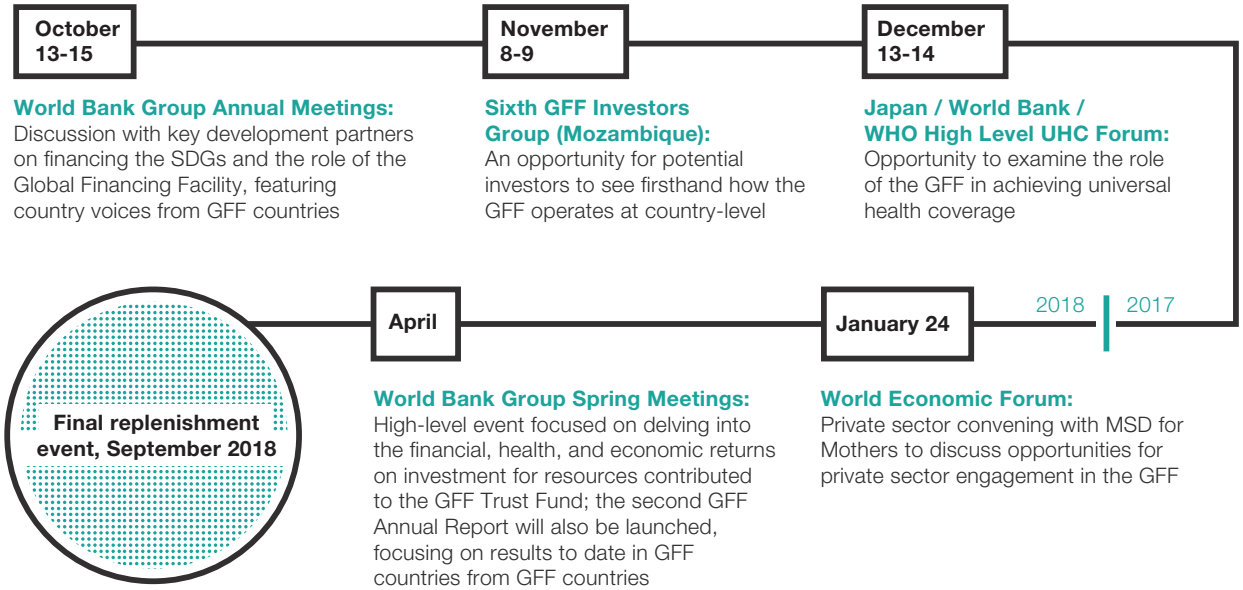
[16] www.everywomaneverychild.org.

THE ROADMAP FOR THE FIRST GFF REPLENISHMENT

Achieving the goal of mobilizing US$2 billion for the GFF Trust Fund will require public and private donors, traditional and new, to come together to invest in this new financing mechanism for the SDG era. Over the next year, the GFF replenishment will be carried out as a rolling process of events, culminating in a final pledging event in September 2018 where global leaders will stand together to confirm their commitments to the GFF as a new pathway for development financing.

The GFF replenishment process will offer a series of high-level events supported by rigorous background work designed to provide potential investors with the in-depth technical information needed for making decisions about contributions. The events along the replenishment roadmap and the content that will be covered in the accompanying documents include the World Bank Group Annual Meetings, the sixth GFF Investors Group, the Japan/World Bank/WHO high-level universal health coverage forum, and the private sector convening at the World Economic Forum.

REPLENISHMENT ROADMAP



Throughout the process, the voices both from the countries that are operationalizing the GFF approach and from civil society champions will feature prominently. They are eager to demonstrate their commitment to and ownership of the GFF, telling in their own words how the GFF is making a difference.

The replenishment goal of US$2 billion is ambitious but achievable, and the potential for impact is great. The GFF is confident that it will seize the opportunity to change the course of financing for the SDGs and improve the lives of millions of women, children, and adolescents across the world.

APPENDIX A:
COUNTRIES ELIGIBLE FOR FINANCING FROM THE GFF TRUST FUND

The countries eligible to be part of the GFF were originally determined based on an assessment by the Countdown to 2015 initiative that identified 63 countries that face high burdens with respect to reproductive, maternal, newborn, child, and adolescent health and that are classified by the World Bank as either low- or lower-middle-income countries. Two changes were made in 2017. First, Countdown to 2030 revised its list of countries, which resulted in the addition of 4 countries to the initial set (Bhutan, Honduras, Nicaragua, and Timor-Leste). Second, one country (Angola) that was not previously included because it had been classified as upper-middle income was reclassified as lower-middle income and so has been included. Of the 68 countries that are part of the GFF, one (the Democratic People's Republic of Korea) is not a member of the World Bank Group and so cannot receive financing from the GFF Trust Fund.

Countries marked with an asterisk (*) currently receive GFF Trust Fund Financing.

COUNTRY	WORLD BANK INCOME CLASSIFICATION	WORLD BANK LENDING CATEGORY
* Bangladesh	Lower-middle-income country	IIDA
* Cameroon	Lower-middle-income country	Blend
* Congo, Democratic Republic of	Low-income country	IDA
* Ethiopia	Low-income country	IDA
* Guatemala	Lower-middle-income country	IBRD
* Guinea	Low-income country	IDA
* Kenya	Lower-middle-income country	Blend
* Liberia	Low-income country	IDA
* Mozambique	Low-income country	IDA
* Myanmar	Lower-middle-income country	IDA
* Nigeria	Lower-middle-income country	Blend
* Senegal	Low-income country	IDA
* Sierra Leone	Low-income country	IDA
* Tanzania	Low-income country	IDA
* Uganda	Low-income country	IDA
* Vietnam	Lower-middle-income country	IBRD
Afghanistan	Low-income country	IDA
Angola	Lower-middle-income country	IBRD
Benin	Low-income country	IDA
Bhutan	Lower-middle-income country	IDA
Bolivia	Lower-middle-income country	IBRD
Burkina Faso	Low-income country	IDA
Burundi	Low-income country	IDA
Cambodia	Lower-middle-income country	IDA
Central African Republic	Low-income country	IDA

COUNTRY	WORLD BANK INCOME CLASSIFICATION	WORLD BANK LENDING CATEGORY
Chad	Low-income country	IDA
Comoros	Low-income country	IDA
Congo, Republic of	Lower-middle-income country	Blend
Côte d'Ivoire	Lower-middle-income country	IDA
Djibouti	Lower-middle-income country	IDA
Egypt, Arab Republic of	Lower-middle-income country	IBRD
Eritrea	Low-income country	IDA
Gambia	Low-income country	IDA
Ghana	Lower-middle-income country	IDA
Guinea-Bissau	Low-income country	IDA
Haiti	Low-income country	IDA
Honduras	Lower-middle-income country	IDA
India	Lower-middle-income country	IBRD
Indonesia	Lower-middle-income country	IBRD
Kyrgyz Republic	Lower-middle-income country	IDA
Lao People's Democratic Republic	Lower-middle-income country	IDA
Lesotho	Lower-middle-income country	IDA
Madagascar	Low-income country	IDA
Malawi	Low-income country	IDA
Mali	Low-income country	IDA
Mauritania	Lower-middle-income country	IDA
Morocco	Lower-middle-income country	IBRD
Nepal	Low-income country	IDA
Nicaragua	Lower-middle-income country	IDA
Niger	Low-income country	IDA
Pakistan	Lower-middle-income country	Blend
Papua New Guinea	Lower-middle-income country	Blend
Philippines	Lower-middle-income country	IBRD
Rwanda	Low-income country	IDA
São Tomé and Príncipe	Lower-middle-income country	IDA
Solomon Islands	Lower-middle-income country	IDA
Somalia	Low-income country	IDA
South Sudan	Low-income country	IDA
Sudan	Lower-middle-income country	IDA
Swaziland	Lower-middle-income country	IBRD
Tajikistan	Lower-middle-income country	IDA
Timor-Leste	Lower-middle-income country	Blend
Togo	Low-income country	IDA
Uzbekistan	Lower-middle-income country	Blend
Yemen	Lower-middle-income country	IDA
Zambia	Lower-middle-income country	IDA
Zimbabwe	Low-income country	Blend

APPENDIX B:

STATUS OF COUNTRIES RECEIVING SUPPORT FROM THE GFF TRUST FUND, AS OF JULY 2017

COUNTRY	INVESTMENT CASE	COMPLEMENTARY FINANCING FOR THE INVESTMENT CASE		HEALTH FINANCING
		Aligned external financing for the Investment Case	**Current status of IDA/ IBRD-GFF Trust Fund project**	
Bangladesh	Using national plan (SWAP); implementation underway	SWAP supported by pooled parallel and project financiers	Health project in negotiations; Education project in negotiations	Strategy being implemented
Cameroon	Investment Case developed; implementation underway	France, Gavi, Germany, Global Fund, Islamic Development Bank, US Government (CDC and USAID)	Implementation: US$27 million from the GFF Trust Fund, US$100 million from IDA	Strategy being prepared
Democratic Republic of Congo	Investment Case developed; implementation underway	Canada, Global Fund, Gavi, United States, United Kingdom	Health project in implementation: US$40 million from the GFF Trust Fund, US$320 million from IDA CRVS project in implementation: US$10 million from the GFF Trust Fund, US$30 million from IDA	Strategy being prepared
Ethiopia	Using national plan; implementation underway	Financiers of SDG Performance Fund	Approved: US$60 million from the GFF Trust Fund, US$150 million from IDA; supplemental financing through the project from US, Bill & Melinda Gates Foundation, and Power of Nutrition	Focus on implementation plan
Guatemala	Using national plan		Approved: US$9 million from the GFF Trust Fund, US$100 million from IBRD	Process recently begun
Guinea	Draft Investment Case available	Discussions with partners underway	Early stages	Process recently begun
Kenya	Overarching Investment Framework developed; implementation underway through Investment Cases at the county level	Global Fund, Japan, United Kingdom, United States	Implementation: US$40 million from the GFF Trust Fund, US$150 million from IDA; supplemental financing through the project from Japan	Draft strategy being consulted on

COUNTRY	INVESTMENT CASE	COMPLEMENTARY FINANCING FOR THE INVESTMENT CASE		HEALTH FINANCING
		Aligned external financing for the Investment Case	**Current status of IDA/ IBRD-GFF Trust Fund project**	
Liberia	Investment Case developed; implementation underway	Gavi, Global Fund, European Commission, Ireland, United Kingdom, United States	Standalone grant approved: US$16 million from the GFF Trust Fund; matching US$16 million allocation from IDA expected in 2018	Strategy being prepared
Mozambique	Draft Investment Case available	Discussions with partners underway	Preparation	Draft strategy prepared
Myanmar	Using National Health Plan	Discussions with partners underway	Project in negotiations	Process recently begun
Nigeria	Draft Investment Case available	Discussions with partners underway	North-Eastern Nigeria Emergency Project under implementation: US$20 million from the GFF Trust Fund, US$125 million from IDA. Additional project in preparation	Strategy being prepared
Senegal	Draft Investment Case available	Discussions with partners underway	Early stage	Draft available
Sierra Leone	Process recently begun	Discussions with partners underway	Early stage	Process recently begun
Tanzania	Investment Case developed; implementation underway	United States, financiers of the Health Basket Fund	Implementation: US$40 million from the GFF Trust Fund, US$200 million from IDA; Supplemental financing through the project from United States and Power of Nutrition	Draft strategy being consulted on
Uganda	Investment Case developed; implementation underway	Gavi, Sweden, United Kingdom, United States	Implementation: US$30 million from the GFF Trust Fund, US$110 million from IDA	Strategy exists; focus on implementation plan
Vietnam	Determining approach	Discussions with partners underway	Early stage	Determining approach

APPENDIX C:
2017 GFF INVESTORS GROUP MEMBERS

African Health Budget Network (representing the civil society constituency)
Bill & Melinda Gates Foundation
Gavi, the Vaccine Alliance
Global Fund to Fight AIDS, Tuberculosis, and Malaria
Government of Canada
Government of Ethiopia
Government of Japan
JHPIEGO (representing the civil society constituency)
Government of Kenya
Government of Liberia
MSD for Mothers (representing the private sector constituency)
Government of Norway
Partnership for Maternal, Newborn, and Child Health
Philips (representing the private sector constituency)
Plan International (representing the civil society constituency)
Population Council (representing the civil society constituency)
Government of Senegal
Government of United Kingdom
Government of United States
Office of the UN Secretary-General
UNFPA
UNICEF
World Bank Group
World Health Organization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