

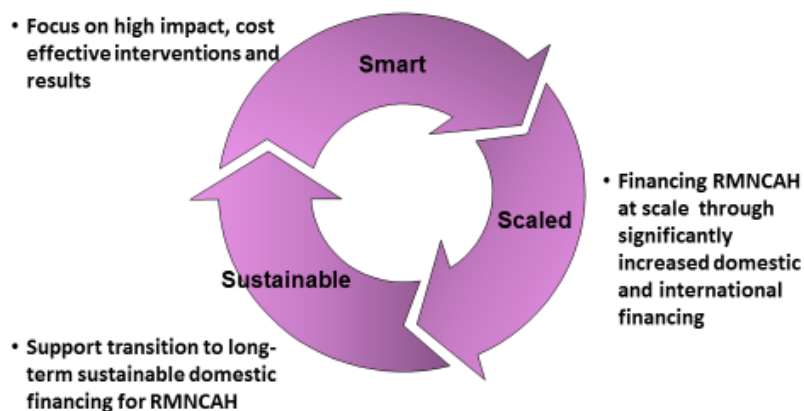
# GLOBAL FINANCING FACILITY (GFF) COUNTRY CONSULTATIONS FACT SHEET: Lessons Learned from GFF Front Runner Countries – Kenya and Tanzania

## 1. What is the Global Financing Facility (GFF)?

The Global Financing Facility (GFF) for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) was announced at the UN General Assembly in September 2014 by the World Bank Group and governments of Canada, Norway, and the United States. In July 2015, additional donors were announced, including the Government of Japan and the Bill & Melinda Gates Foundation. In support of [Every Woman Every Child](#) (EWEC) initiative, the GFF seeks to mobilize support for developing countries to end preventable maternal, newborn, and child deaths by 2030, and finance Sustainable Development Goal (SDG) 3 “Healthy lives.”

In driving achievement of SDG3 related to RMNCAH, the GFF seeks to end preventable deaths and improve the quality of life of women, children and adolescents by significantly scaling up sustainable investments. It envisions that between 2015 - 2030, scale up in high burden countries could prevent up to: 4 million maternal deaths; 107 million child deaths, and 22 million stillbirths. The GFF plans to achieve its vision through scaled, smart and sustainable financing approaches at the country level.

### Three mutually reinforcing characteristics of the GFF approach



Led by the World Bank, the development of the GFF is being developed in coordination with many stakeholders including national and donor governments, UN agencies, and civil society organizations (CSOs) at the global and national level. A GFF Business Plan sets out the modality and structure of the GFF, while country investment frameworks will outline implementation plans. The approach as outlined in the initial [GFF concept note](#) explicitly includes feedback from the RMNCAH community and civil society in each GFF country during the consultative period. The GFF in-country approach to date has included two main elements: 1) a country-level consultation with government, 2) development of a country investment framework.

Since January 2015, GFF country consultations have taken place in four front runner countries: Kenya, Tanzania, Ethiopia and the DRC. The GFF country consultation recognized

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national RMNCAH civil society organizations should be given an opportunity to provide input. It is important to note that the GFF country consultation was undertaken at a fast pace, with little information provided to CSOs on the process itself. Specifically in Tanzania, it has been challenging for advocates to engage in the development of the investment framework. In August 2015, the four front runner countries were in the final stages of developing country investment frameworks.

The expansion of the GFF to eight additional countries — Bangladesh, Cameroon, India, Liberia, Mozambique, Nigeria, Senegal and Uganda — will require country consultations, and the development of country investment frameworks. It is critical that CSOs in these countries engage in the GFF country process to: 1) ensure the participation of CSOs and accountability in the GFF; 2) advocate for the inclusion of reproductive health in the development of the investment frameworks.

This briefing paper aims to share lessons learned for national advocates during the GFF country-level process in Kenya and Tanzania. It aims to increase the knowledge and awareness of national advocates on key policy issues, and identifies service gaps advocates may want to address in GFF investment frameworks.

## 2. What does the GFF in-country approach entail?

The GFF in-country approach to date has included two main elements: 1) a country-level consultation with government 2) development of a country investment framework. The approach focuses on the development of country-level targets to be achieved by 2030 and, what is required to get there from a 2015 country baseline based on existing national planning processes.

The GFF assumes mobilization of domestic resources as economies grow and countries rely less on grant financing from external sources and shift to concessional and commercial loans. However, we as RH advocates, encourage governments to increase state capacity to collect taxes, as well as good governance to ensure resources are provided to public services including reproductive health. We are concerned that domestic mobilization simply through loan funding is not sustainable.

The GFF assumes countries will include the following in their investment frameworks:

- Full estimates of the costs of delivering “best-buy” RMNCAH interventions (health/other sectors) at scale;
- Full financing drawing from domestic (public/private) and international resources. It is important to note the emphasis is on increasing domestic financing through linking of grant to loan funding;
- Results-focused delivery to encourage innovation and maximize value-for money;
- Sustainable financing aligned with national health-sector strategies and public-sector budget processes looking at Overseas Development Aid as an “additional”.

The key drivers of the GFF process are the country investment frameworks: 3 – 5 year plans that include national, evidence-based and high impact interventions, and a rigorous country assessment of RMNCAH needs and priorities. It is important to note that only ‘best buy’ interventions - that include clinical, health systems strengthening, and multi-sectoral

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approach that multiple financiers can support - will be prioritized in the country investment framework. This means a country's national financing strategy will employ a health-sector-wide approach that runs up to 2030. Long-term financial sustainability (public and private) will be key to supporting the operationalization of the framework. Key activities by countries include creation of a financing assessment, domestic resource mobilization strategy, plus policy, public finance and administration reforms.

We, as RH advocates, are concerned that the GFF financing modalities must be rights-based and equitable, ensuring that additional funding is delivered to the full range of RH services and commodities needed to achieve the SDGs. There must be commitment to respecting, protecting and promoting the right to health in both GFF governance and investment plans. One key concern is how the GFF will increase overall funding availability for integrated RMNCAH services at scale in countries that are currently almost entirely donor dependent.

CSOs have a critical role to play in informing the priorities set in the national investment framework, calling for the inclusion of certain core principles, and ensuring accountability. As investment cases become operational, CSOs are also essential to seeing that the GFF fulfills its potential for improving the health and wellbeing of women and children.

## 3. CSO involvement in Kenya and Tanzania

To date, there has been no standardized process for engagement with CSOs in the GFF country approach, and engagement at the national level has varied considerably. For example, in some countries, CSOs are not even aware of the process or have no means of engaging. In Kenya and Tanzania, CSO engagement has not taken a standardized approach.

In Kenya, the Advance Family Planning (AFP) initiative East Africa Regional Advisor took advantage of the early GFF process exposure and mobilized CSOs for strategic and timely advocacy from December 2014, only two months after the initial GFF announcement in November 2014. CSOs began to strategize at the national level, as well as through connecting with international partners and consultations. The International Planned Parenthood Federation (IPPF), Reproductive Health Supplies Coalition (RHSC) Secretariat and AFP initiative were critical in mobilizing the RH movement including global and national advocates. Support was provided to AFP's East Africa Regional Advisor and Kenya and Tanzania AFP program team leads at Jhpiego and JHUCCP to engage with the GFF country-level process through technical briefings, sharing intelligence, and continued mentorship to other CSOs. The RHSC Advocacy and Accountability Working Group biweekly teleconferences became an invaluable forum for CSO coordination on all items related to the GFF.

The Kenya Health NGO Network (HENNET), the Kenya Red Cross, together with the CSO coordinating appointee of the Kenya World Bank office, worked with the AFP staff team in Jhpiego Kenya to mobilize CSO advocates for the initial GFF consultation event that took place in January 2015. With technical briefs from IPPF and RHSC, CSO positioning for the GFF advocacy agenda was well informed. Excellent engagements set the tone loud and strategic enough that has continued to inform the reported success to date – detailed tips on the process “*dos and don'ts*” outlined in lessons learned section below.

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In Tanzania CSOs did not have the opportunity to get organized as the process of developing a national investment framework was not clear and not shared with CSOs. Without CSO involvement, GFF teams directly engaged donors and government in March 2015. The AFP country program officer mobilized CSOs to work together, sharing lessons and intelligence on national processes, and voicing their concern and ensuring their engagement thereafter.

At the global level, the RHSC bi-weekly GFF Workstream teleconferences were invaluable for international and national partners to share progress, intelligence and strategize on joint action. At the national level, it proved critical to coordinate with likeminded CSOs to overcome barriers. However, it is worth mentioning the following challenges:

- **Be prepared for a rapid response.** CSOs engaging in the GFF country approach had to adapt to the rapid pace of the process. Often the process was not transparent, and the time scales were tight, with a lack of clarity regarding the key focal points to follow up at the Ministry of Health, Ministry of Finance and the World Bank.
- **Identify opportunity for engagement.** Within the investment framework consultations and development, there seemed to have been limited opportunity for CSO engagement, and a strategy to minimize consultations outside the Ministry of Health and country UN agencies. This presented limited opportunities for CSO involvement.
- **Connect the national to the global.** Working closely with other allied international platforms – like the RHSC GFF Workstream - helped national CSOs to secure participation in the national GFF process. This interaction also allowed national CSOs to receive mentorship and technical assistance from international partners with targeted advocacy briefs, write ups and timely information on the GFF
- **Work with the Ministry of Health.** Given the very tight timescales, it is important, that CSOs act with urgency to engage with the relevant individuals within the government, especially from the Ministry of Health (MOH) and in-country World Bank office. CSOs should reach out to the MoH and the World Bank as soon as a country gets an official invitation to develop a national investment case framework.
- **Work with other stakeholders.** While many RH advocates will have a natural relationship with the Ministry of Health (MoH), much of the GFF country approach will also be led by the Ministry of Planning or Ministry of Finance, and the World Bank country office. It will be important to reach out to these stakeholders.
- **Understanding GFF materials.** It is crucial that national CSOs understand the GFF Concept Note, Business Case and other materials in detail, as well as reading key advocacy briefings and other materials prepared by international CSOs and colleagues such as the RHSC and IPPF which outline key advocacy messages.
- **Know your context.** It is important to have in-depth knowledge of the current local context, related country frameworks and statistics, as they are the most powerful tool for evidence-based advocacy with decision makers. This advocacy must be specific to the national, sub-national context and relate to universal health coverage.

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## 4. Tips for successful CSO engagement

The Kenya and Tanzania GFF country experiences yielded lessons to help others engage more effectively with the GFF process. As each country context is different, kindly treat the following points as TIPS ONLY!

- **Coordinate CSO leadership.** As a CSO, it is important to get organized, either through existing mechanisms or by creating new coalitions. CSOs can orient each other on the process, build consensus around channels to use, and develop/adapt targeted, evidence-based advocacy messages.
- **Actively link the national to the global.** Actively participate in global and south-south discussions (e.g. the RHSC GFF works stream calls) that link global discussions with the national process. This platform has been used for international partners and national CSOs to share intelligence, proving useful to CSOs ahead of national consultations. Particularly in difficult contexts, using members of this community who are engaging with the World Bank Group directly, can provide timely support.
- **Devise and implement a SMART strategy.** CSOs must agree among themselves who is best positioned to engage with decision makers and key stakeholders at the country level. This means putting in place a “Specific, Measurable, Attainable, Realistic and Time-bound (SMART)” and effective strategy to reach key stakeholders working on the GFF including –Ministry of Health, World Bank Group’s country office, UN agencies—with specific messages to improve chances of inclusion of advocacy priorities in the country investment case.
- **Map all the main GFF events.** Seek information about scheduled meetings and the national process at the first opportunity: ask for the calendar of meetings, agendas, key invitees and their role. Reach out to those who you know very well to inform them of your key concerns and ask to use their influential positions to advocate on your behalf. Reaching out to as many key decision makers and influencers as you can maximize your chances of having core issues heard, articulated and acted upon. It is unrealistic to expect one person to represent all of your interests or carry the whole discussion.
- **Ensure you get an invitation.** Only a select number of CSOs will be invited to official meetings with the MOH and World Bank Group leads. Building consensus across CSOs on key advocacy asks is the best way to minimize missed opportunities with any point of GFF. It is critical that RH advocates are included in order to position inclusion of RH/Family Planning as one of the ‘best buy’ interventions in the investment framework.
- **Work closely with the World Bank country office.** The GFF country approach will be coordinated by the World Bank country office. In most cases, a consultant(s) will be hired by the World Bank to facilitate the GFF country consultative process and development of the investment framework. These experts are likely to be from amongst your circles, and well known to national advocates. CSO engagement meetings with consultants are a useful way of sharing knowledge on CSO core issues

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of concern. We also encourage advocates to meet with FP2020 Focal Points in-country.

- **Use evidence-based advocacy.** CSOs should use evidence-based advocacy. Be respectful. Pay attention to all the speakers to ensure those present in meetings raise pertinent issues relevant to your agenda without being too repetitive.
- **Build alliances.** Alliances with organizations across the RMNCAH spectrum will strengthen credibility. CSOs that focus on women's and youth issues should actively be included in strategy developments and consultations.

## 5. GFF Key Messages for Advocates

As RH, we suggest that CSOs consider the following aspects of financing modalities:

- (1) **Sustainability: The GFF does not build a sustainable model for financing RH.**  
The GFF's focus on domestic resource mobilization comes with a set of risks and threats to sustainability. We are concerned that consumer out-of-pocket payments in developing countries are currently the single greatest source of financing for health services. The GFF's emphasis on domestic resourcing should not inadvertently increase private out-of-pocket financing for RH services and supplies, particularly for the poorest and most vulnerable populations.
- (2) **Linkage of grants to loan funding, leading to possible further cycles of indebtedness.** As grants will be linked to loan financing through the GFF Trust Fund, this could create future of cycles of indebtedness for governments already struggling to finance core sectors such as health. It is generally accepted that loan/debt financing of annually recurring operating ("current") costs increases the overall financial burden of those costs and risks undermining economic development unless certain factors are in place. Put simply, as loans and market-like instruments are designed to return profits to capital providers, they increase the net cost of development effort, which in turn increases the burden on developing. To ensure that access to essential RH information, services and supplies is ensured, loan/debt financing should include grants for annually recurring operating costs. This will help countries overcome known/planned donor disbursement delays; (a) with a donor guarantee / pledge backing; and (b) highly concessional in the case of Least Developing Countries (LDCs).
- (3) **Rights-based approaches to advance SDG3 ("healthy lives") and SDG5 ("gender equality").** The GFF business plan states the GFF will finance SDG3 "Ensure healthy lives and promote well-being for all at all ages", but does not propose that GFF funding cover SDG 5, "Achieve gender equality and empower all women and girls." Meeting RMNCAH needs requires that the GFF respond to a range of targets included under both SDGs 3 and 5. GFF financing should be broadened to support the range of services covered within the two goals.
- (4) **Civil society inclusion for accountability at the global and national level.** It is unclear how civil society will be included in the creation of national investment cases and health financing strategies, as well as in the development and validation of financing plans. Civil society must be involved in any subsequent follow-up and monitoring processes, and should be given the space and resources to undertake an independent

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monitoring role, tracking the implementation of the GFF at national and global levels and holding governments and the donor community to account throughout RMNCAH implementation. Although the GFF business plan mentions engagement with civil society, there is a need for an operational model that formalizes the engagement of civil society (including in planning, implementation and evaluation at the national level) and ensures this is consistent and meaningful. We call on CSOs to work in partnership with governments, and call for CSO representatives on national GFF implementation oversight committees.

## 6. Conclusion

Now is the crucial time to take action on the GFF, especially for CSOs in eligible countries. There are many people ready to support CSO engagement with updates and information, materials and lessons from their own engagement experience. There is a need to formalize accountability mechanisms for the GFF at national and international levels. CSOs have an important role to play in calling for accountability and proposing mechanisms. It is important to note that further announcements about the GFF are expected during September's United Nations General Assembly, so look out for news.

*For more information*

World Bank website: <http://www.worldbank.org/en/topic/health/brief/global-financing-facility-in-support-of-every-woman-every-child>

For further information please contact IPPF: Erica Belanger [ebelanger@ippf.org](mailto:ebelanger@ippf.org)

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