

Gavi, the Global Financing Facility, and the Global Fund in the Global Health Architecture

1. Aim of paper

This paper, collectively written by Gavi, the Vaccine Alliance (Gavi), the Global Financing Facility (GFF), and the Global Fund, responds to a request by the GFF's Investors Group (IG), and will be discussed at the upcoming IG meeting. It aims to clarify **mandates, common principles, and approaches**, and proposes concrete **areas for intensified collaboration** across the three organizations. It builds on ongoing discussions and collaboration at both leadership and operational levels between the three organizations. The paper addresses issues relevant to a sub-group of institutions in the global health architecture and does not aim to replace the SDG3 Action Plan¹ collaboration discussions, which all three are party to.

2. Mandates

Gavi, the Vaccine Alliance brings together public and private sectors with the shared goal of creating equal access to new and underused vaccines for children living in the world's poorest countries. The partnership draws on the expertise of all those active in immunisation, including WHO, UNICEF, the Centers for Disease Control and Prevention, the World Bank, civil society, countries and vaccine manufacturers. Immunisation is one of the most successful and cost-effective health investments in history. Immunised children are healthier and more likely to attend and do well at school. They will also have a better chance to become productive, healthy adults. Gavi's mission is closely linked to the UHC agenda. Immunisation routinely reaches more children and households than any other health intervention, bringing children and their families into contact with primary health services several times during the first year of a child's life. Through its Health System Strengthening support Gavi is helping countries to further strengthen routine immunisation by systematically addressing inequities, whether geographic, socioeconomic or gender-related, making immunisation a solid platform from which to build universal health coverage.

By end 2018, Gavi will have immunised 700 million children since inception. This translates to more than 10 million lives saved. It also means that approximately USD 100 billion has been generated through the economic benefits of preventing diseases. Gavi's success to date has been driven by particular characteristics of its model. Indeed, Gavi was created to bring equity between countries by introducing vaccines that would not have otherwise been introduced in those countries. At the time, even though new life-saving vaccines were becoming available, beyond the original six EPI vaccines, virtually none were reaching children in developing countries because they were too expensive. Gavi's co-financing policy, another defining characteristic of Gavi, is at the heart of its catalytic funding model. Countries effectively co-procure a portion of their new vaccines and safe injection devices and as they progress on a trajectory of increasing GNI per

¹ SDG3 Global Action Plan, <http://www.who.int/sdg/global-action-plan>, October 2018

capita, they increasingly take on higher levels of co-financing. To date, 16 Gavi-supported countries have started self-financing a total of 33 vaccine programmes and all Gavi-supported countries have increased the amount of domestic resources allocated to immunisation. Together, country contributions now account for 35% of the cost of Gavi-funded vaccines for routine immunisation. Gavi is an Alliance, bringing key stakeholders in global immunisation together around one mission. As a public-private partnership, Gavi represents the sum of its partners' individual strengths, from WHO's scientific expertise and UNICEF's procurement system and in-country operational networks to the financial know-how of the World Bank, the market knowledge of the vaccine industry and Civil Society Organisations' key role in immunisation service delivery and other supporting activities.

Gavi is a 'market shaper', aggregating demand from the world's poorest countries and sending a clear signal to manufacturers of a large and viable market for vaccines and other immunisation products. Gavi guarantees long-term, predictable funding and helps to shape markets to the benefit of Gavi-supported and Gavi-transitioning countries. If the levels of pneumococcal vaccine coverage in low-income countries today rival coverage in high-income countries, much is owed to the Advance Market Commitment (AMC) – an innovative funding mechanism launched a decade ago and based on Gavi's market shaping principles. Prior to the AMC, it took more than a decade for the first children in the lowest-income countries to access the same vaccines as children in high-income countries. Through the AMC's unique approach, low-income countries introduced the pneumococcal vaccine less than 12 months after its development. To date, 58 Gavi-supported countries have rolled out the vaccine, protecting children against pneumonia.

Gavi's 2016-2020 mission is to save children's lives and protect people's health by increasing equitable use of vaccines in lower-income countries. To do this, Gavi supports vaccine and health systems strengthening programs targeting improved coverage and equity in immunisation, shapes vaccine markets, and contributes to more sustainable immunisation efforts. Gavi intends to vaccinate more than 300 million children during this period and save an additional 5-6 million lives.

The Global Financing Facility (GFF) is a country-led multi-stakeholder partnership launched in 2015 that is helping countries tackle the greatest health and nutrition issues affecting women, children, and adolescents. The GFF partnership is supported by the GFF Trust Fund, which is hosted by the World Bank. The specific SDG targets of the GFF is to contribute to the elimination of preventable maternal, newborn and child deaths, and to improve the health and nutrition of women, children and adolescents, and it does so by focusing on health systems bottle necks and by catalyzing financing to achieve universal health coverage. GFF supports governments to bring together key partners in a country platform that focus on prioritizing high-impact and underinvested areas of reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N), described in a country Investment Case, and the development of a prioritized health financing plan to support the implementation of the investment case. The aim of the GFF is to accelerate progress on universal health coverage, which requires support for countries to get on track to sustainable financing and accelerate progress on UHC. Through innovative financing, the GFF encourages country governments to prioritize RMNCAH-N, and to focus on strengthening health systems and sustainable financing through an investment case and

health financing strategy that leverages catalytic external financing from all available sources and steps up domestic funding.

The GFF Trust Fund acts as a catalyst for financing, with countries using modest GFF Trust Fund grants to i) increase their domestic resources, ii) link to increased World Bank IDA and IBRD financing, iii) support aligning external financing, and iv) crowd in private sector resources. Each relatively small external investment is thereby multiplied by countries' own commitments—generating a larger return on investment. The GFF Trust Fund (Nov 2018) is supported by the governments of Burkina Faso, Cote D'Ivoire, Canada, Denmark, Germany, Japan, Netherlands, Norway, Qatar, and the United Kingdom; the European Commission; the Bill & Melinda Gates Foundation; Laerdal Global Health; and MSD for Mothers. The GFF Investors Group, including governments, civil society organizations, the private sector, UN agencies, Gavi and the Global Fund, comes together biannually at the global level to discuss progress in financing and implementation at country level and to strengthen collaboration across the partnership. At country-level the GFF multi-stakeholder partnership is led by the government.

The collective aims of the GFF partnership at country level, which currently includes 27 countries, builds on existing country and global efforts and includes financing provided by other agencies such as Gavi and Global Fund. Financing from the GFF Trust Fund, complementing funding provided by other agencies such as Gavi and Global Fund, catalyzes efficiencies in the existing funding as well as growing and sustaining the total financing in order to accelerate progress towards the SDGs. GFF funding and operations are directly linked to the World Bank, whereby jointly financed IDA/IBRD-GFF Trust Fund projects are co-managed with a World Bank Group task team, using the Bank's governance, safeguards and fiduciary standards and systems. At country level a GFF liaison person (since 2018) is facilitating closer collaboration, improved communications and transparency of processes, to facilitate multi-stakeholder engagement. Since the launch in 2015, front-runner countries are achieving and monitoring early results, increasing access and utilization of high impact interventions across RMNCAH-N, including in fragile areas.

GFF trust fund grants are always linked to concessional financing: GFF trust fund financing enables countries to sustainably finance the priorities at large scale through the link to World Bank IDA/ IBRD financing (currently at a ratio of US\$1 in grant funding to US\$7.3 IDA/IBRD) as well as the catalytic effect on domestic funding, aligned external financing and crowding in of private financing. Countries with high RMNCAH-N burden are eligible for GFF financing even after “graduation” from IDA, and GFF can buy-down the interest of IBRD loans, match with domestic resources, and thereby ensure smoother transition and sustained support to investments in social sector made by other funds.

GFF catalyzes private financing: The GFF has a strong focus on the private sector and innovative financing both at the country level through blended financing, working with private sector companies to finance and align with the Investment Cases, and through the link to the World Bank Treasury that is developing a number of products to take financing to scale, including the recent issuance of a US\$1 billion sustainable development bond with attention to women and children's health. The GFF facilitate countries' access to this private capital, in support of the country investment case.

The Global Fund is a partnership between governments, civil society, the private sector and people affected by the diseases designed to accelerate the end of AIDS, tuberculosis and malaria. The Global Fund raises and invests nearly US\$4 billion a year to support programs run by local experts in countries and communities most in need. Its work is based upon four principles – partnership, country-ownership, performance- based financing, and transparency – empowering implementers to lead the response to the three diseases, supported by a diverse range of partners in the health sector

Working together, the Global Fund partnership has saved 27 million lives and provided prevention, treatment and care services to hundreds of millions of people, helping to revitalize entire communities, strengthen local health systems and improve economies. Scientific advances, innovative ideas and private sector savvy are unlocking improvements in disease prevention, treatment and care. Millions of people are now on antiretroviral therapy and spared the death sentence that used to come with HIV. The number of people dying of malaria, most of them young children, has been cut in half. New diagnostics systems are speeding up the testing and treatment of people with TB. The Global Fund also incentivizes IDA/IBRD financing, other MDB funding and debt swap facilities.

The Global Fund Strategy 2017-2022: Investing to End Epidemics outlines our partnership’s bold agenda for 2017-2022 based on an ambitious vision to end the epidemics. The core objectives are to:

- a) Maximize impact against HIV, TB and malaria
- b) Build Resilient and Sustainable Systems for Health
- c) Promote and Protect Human Rights and Gender Equality
- d) Mobilize Increased Resources

The strategy’s performance targets call for programs supported by the Global Fund to save 14 million lives in the three-year period beginning in 2017, bringing the total lives saved by the Global Fund partnership to 36 million by the end of 2019. Those programs will also avert up to 194 million new infections or cases of HIV, TB and malaria. Global Fund support will further catalyze US\$35 billion in domestic finance for health and drive US\$230 billion in economic gains.

Table 1. Areas of focus

	Gavi	GFF	Global Fund
Programmatic Focus	Immunisation	SRMNCAH-N	HIV, TB, Malaria
Expenditure (2017)	\$1.8 bn	\$452 mn	\$4.3 bn
Countries covered	Countries with GNI <\$1580 per capita: currently 56 (9 in transition)	67 eligible countries with highest mortality burdens, LICs, LMICs, MICs; GFF currently supports 27 countries	All LICs and LMICs eligible, burden-based for UMICs: 125 countries (4 in transition)

	Gavi	GFF	Global Fund
Board	2/3 constituency, 1/3 independent, Alliance partners as voting members	Trust Fund Committee, including Trust Fund donors to make strategic funding decisions; and Investors Group including countries, multilateral and bilateral donors, private sector and civil society/youth representation to ensure global coordination and alignment of co-financing.	Fully constituency-based; 20 voting seats including Government, Civil Society, Private Sector and Foundations; Partners have non-voting seats
Secretariat staff	~300 FTEs	27 FTEs	~700 FTEs
Core partners	WHO, UNICEF, WB Group, CDC, BMGF, private sector partners and innovators, civil society, country and vaccine manufacturers	Countries, all members of Investors Group including World Bank as host of GFF Trust Fund.	E.g. Partners (Stop TB, RBM, Unitaaid, PMNCH), WHO (HIV, TB and malaria), UNAIDS, World Bank and others
Who is the target population	Every child born each year	Women, children, adolescents across the continuum of SRMNCHA-N in countries with the highest burden.	Countries with highest burden of disease, least economic ability, key & vulnerable populations
What share of need is funded?	Country vaccine demand fully funded	Based on country investment case; contributing to closing of annual financing gap across SRMNCHA-N, through catalytic grant funding linked to World Bank concessional financing, aligned external and domestic financing and private sector resources.	Based on disease burden, GNI, external financing and domestic commitment
What form does support take?	80% vaccines / 20% cash	Service delivery of quality RMNCAH-N services, health systems	40% commodities, 60% program and service delivery for

	Gavi	GFF	Global Fund
		strengthening (incl CRVS, supply systems, HR etc), financing reforms, commodities and equipment	HIV, TB, malaria and RSSH
Do countries co-finance?	Co-finance vaccine and cold-chain equipment procurement	Countries commit to domestic resource use & mobilization, (including IDA/IBRD allocation) and increasing share for priority populations	Progressive investments in health (incl. focus on RSSH and Key populations) required
Who implements grants?	National EPI program	Government	National HIV, TB and Malaria programs, CSOs, CBOs, FBOs, UN, private sector...
How is health systems support provided?	Health systems grants with focus on improving immunization outcomes	Technical assistance to government, support within Investment Case, together with co-financing partners, and in health financing strategy	Health systems grants & integrated RSSH components in HIV, TB and malaria programs; 28% of overall support goes to HSS
How are partners supported?	Direct funding for technical support	All GFF TF grant funding through government, country level decision on contracting partners for TA	Direct funding & as part of country grants

3. Common principle and approaches

Gavi, the GFF and the Global Fund play complementary roles in supporting accelerated progress on universal health coverage and contributing to the achievement of the Sustainable Development Goal (SDG) health targets by 2030.

As each institution has a specific mandate and mission, there is a specific division of labor, tempered by differences in country contexts, needs and operational modalities. All three institutions have robust monitoring and safeguarding mechanisms.

Yet, Gavi, the GFF, and the Global Fund are also grounded on several common principles and characteristics within the public health landscape:

- They work as **partnership mechanisms** across sectors, with **innovative financing** components, with the **mission to deliver on SDG3 target/strengthen health systems and UHC**.

- They are **country-led** and **country-centric**, with a focus on **country-level impact**.
- They work directly with **Ministries of Health, Ministries of Finance, and local stakeholders**.
- They make **evidence-based investment in health systems strengthening**, including **supply chain, information systems, and governance systems**.
- They are focused on equity within countries and **reaching the unreached**, including in **fragile settings**.
- They are working intensively to ensure there is **more money available for health**, and **more health outcomes for existing money**, and are committed to **reducing fragmentation** and **increasing alignment of financing**.

As an integral part of their agendas, the three organizations contribute to the sexual, reproductive, maternal, newborn, child and adolescent health and nutrition (SRMNCAH-N) agenda, as improving maternal, newborn and child survival is a key global health priority.

To drive this agenda forward, they are engaged in the Every Woman Every Child Global Strategy published in 2015, which is a bold roadmap outlining a ‘thrive’ and ‘transform’ agenda for ending all preventable maternal, newborn and child deaths, including stillbirths, by 2030, and improving overall health and wellbeing.

This will require a massive step up in financial investments and programmatic efforts, in order to close a large funding gap for RMNCAH-N. Innovative mechanisms that mobilize greater domestic resources and make each dollar stretch are an imperative, as Development Assistance for Health (DAH) alone will not be able to bridge this funding gap.

4. **Areas for intensified collaboration**

Gavi, founded in 2000, and the Global Fund, established two years later, are two major and highly focused funders of interventions that are critical to improved SRMNCAH outcomes. Both Gavi and the Global Fund have made significant impact in their respective areas but have an unfinished agenda relating to reducing the burden of infectious diseases that cause substantial mortality and morbidity of children and women besides disease outbreaks that have epidemic potential. Gavi and Global Fund, through their unique models of co-financing, have succeeded in increasing domestic financing for health systems, the three diseases and vaccines.

Since the founding of GFF in 2015, which is focused on supporting countries close a large financing gap required to strengthen health systems, accelerate progress on UHC and prioritize vulnerable populations, and contribute to achieve SDG targets for women, children and adolescents, the three organizations have been working together both at leadership and operational levels to demonstrate their complementarity, harmonize approaches and strengthen collaboration. Both Gavi and Global Fund are members of the GFF Investors Group, and Gavi and Global Fund have longstanding mutual bilateral collaboration, including at the Board level. Following lessons learned from the GFF partnership process, and in response to country demand, the Gavi, the GFF and the Global Fund are working to improve the efficiency and effectiveness to better serve the needs of countries and actively seek to enhance areas for intensified collaboration in particular at the country level.

Health Systems Strengthening

Recognizing that successful deployment and uptake of programmatic interventions would ride on strong and well-functioning health systems, Gavi, the GFF and the Global Fund are collaborating to align HSS funding to support the achievement of programs, as well as the underlying health systems. There are opportunities for further collaboration in the following areas, noting that this is not exclusive:

- **Community engagement and responses:** Collective strengthening of community responses and engagement in country is a key area for collaboration. All three organizations already support strengthened engagement in health sector discussions, and opportunities exist for strengthened collaboration. For instance, a joint approach could be developed to strengthen the role of civil society during implementation and monitoring of the investment cases.
- **Data systems for health:** All three institutions have as a priority the strengthening of national data systems. More concerted efforts are needed to align investments to ensure better data quality and use at national, sub-national and local level to inform programming.
- **Supply chain systems:** All three institutions are working to strengthen national supply chain systems to ensure delivery of commodities down to the service delivery level. Opportunities exist for more joint efforts in planning, funding and monitoring national supply chains at the country-level.
- **Human Resources for health:** This is a common issue that many countries are facing, with severe HRH shortages in many low and low and middle-income countries. Opportunities exist to harmonize support to ensure its more strategic, and better linked to more robust national HRH plans.

In-country coordination

Another area where collaboration has started is joint planning of support to countries, including joint country missions, as recently happened in Liberia. This approach is starting to be institutionalized – for example, the GFF has outlined a more coordinated approach in its draft Implementation Guidelines and will do the same for the updated Investment Case guidelines.

There is potential for increased coordination in GFF-supported countries, particularly around the process for developing and implementing the **Investment Cases**. Many of the GFF-supported country Investment Cases include investments in vaccine-preventable diseases, HIV, tuberculosis, and/or malaria. The GFF does not provide financing for services already provided by other agencies, such as vaccines. In countries such as Cameroon, DRC, Kenya, Liberia, and Uganda, financing from Gavi and/or the Global Fund is aligned with the priorities of the national strategies and to the extent that these reflect national plans, to Investment Cases (according to country-based resource tracking), and Gavi and the Global Fund are engaged in the respective country platforms (see box below on DRC as an example). Moving forward, financing from Gavi and Global Fund has will be more systematically reflected in the resource mapping and tracking across all initial GFF-supported countries. In second-wave countries, such as Afghanistan, Haiti, Madagascar and Malawi – more concerted efforts will be made to ensure early engagement of all three institutions during the development of the investment cases to ensure that all investments related to RMNCAH are included. A strong focus will also be given to implementation research

into how the investment cases are developed and implemented, the results of which will be fed back to all three organizations to inform further efforts.

There is also an opportunity for Gavi, GFF and the Global Fund to jointly review and seek to **streamline coordination structures within in-country institutional partners**. Typically, Ministries of Health assign different teams to manage the relationship (and the financing) with each of the institutions, which tends to create friction and fragmentation within the Ministries. Discussions are currently underway on how to set up more joint program units to improve efficiencies and coordination.

Opportunities also exist to **better harmonize financing support**. Gavi, the GFF, and the Global Fund are actively engaged with institutions who finance health, e.g., WHO, UNICEF, multilaterals such as the Islamic Development Bank and large humanitarian actors. Clearer articulation of the priorities typically financed by Gavi, the GFF, and the Global Fund (and especially the financing gaps) will increase the likelihood that these gaps are recognized and closed. The three organizations, Gavi, the GFF, and the Global Fund are also seeking ways to **enhance joint support specifically to countries in transition**, together with the World Bank.

Global coordination and governance

In the area of **global coordination and governance**, the three organizations have recently started to collaborate more closely. In 2018, they coordinated their participation at a number of global and national events, e.g. to discuss financing for collective impact in three Nordic countries, and are co-organizing a session at the 2019 Women Deliver Conference. The organizations also collaborate in a number of governance structures, such as forming one constituency at the PMNCH board, with rotating representation among the three. The UHC2030 and SDG3 Action Plan serve as collaborating platforms for greater alignment and harmonization.

Health financing strategies and public financial management

Gavi, the GFF and the Global Fund are increasingly collaborating to align analytics, support and approaches to enhance health financing and preparations for transition from external financing. This is another key area where further collaboration could be strengthened, together with other relevant institutions such as WHO and the World Bank Group, in addition to the close link that already exists between GFF trust funds and World Bank financing. All three organizations work with countries on increasing domestic resources and provide support to strengthening national health financing capacity to better mobilize and channel domestic (and private) resources. It is important to note that while the external HSS support provided by Gavi, and the Global Fund is substantive, is catalytically complemented by the GFF, support from bilateral donors, the World Bank and other UN agencies, there is a continued need to support catalytic health financing to drive sufficient increases in domestic and private financing in order to close a large financing gap. Countries require increased support to develop clear plans to progressively take domestic ownership. Support must also be harmonized with countries' national strategic plans, and used to help prioritize these, and leverage increased domestic and private resources to fully finance these.

Technical assistance

There are many opportunities to have more joined up technical assistance (TA) to countries. For example, the GFF is developing implementation guidelines in consultation with technical partners

including Global Fund and Gavi, and will support countries to develop a technical assistance matrix to support the implementation of Investment Cases; this will reflect the TA that is financed by Gavi and the Global Fund, allowing the organizations to have a clear vision of the financing gaps, and enable efficiencies. Gavi has also dedicated resources to both core partners and expanded partners (beyond the traditional H6 partners) for providing TA to countries. A joint pool of experts could be developed, including multilateral and bilateral partners, with a potential focus on program and financial management.

Risk management

Gavi and the Global Fund regularly share knowledge and approaches in order to achieve efficiencies in financial management and better manage fiduciary risk. Such collaboration includes sharing intelligence about risks and financing mechanisms, sharing assessments of implementer capacity to manage grants, sharing information on value-for-money, jointly advocating for better risk management, and where feasible, sharing oversight mechanisms in higher risk countries. Other areas of collaboration being considered include sharing risk analyses on country context, common assessments of in-country systems e.g. supply chain or data systems to the extent they overlap and sharing outcomes of risk assessment tools (IRM). In some countries, Gavi and/or the Global Fund use the same fiduciary units which also manage the GFF/World Bank resources. Further opportunities will be sought for joint risk management arrangements, particularly with the World Bank Group, to facilitate mutual access rights.

Country Example - The Democratic Republic of Congo (DRC)

The DRC provides a good example of how Gavi, the GFF, Global Fund, World Bank, and other partners are supporting the country leadership to accelerate progress on universal health coverage. Together they are ensuring access to a prioritized package of quality reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) services and reducing financial barriers to services to ensure that everyone—particularly women and children— will have access to a full package of health services.

The DRC Investment Case helped make these goals transparent and created a prioritized plan around which partners could align their funding. This changed the focus of the Ministries of Health and Finance from inputs to outcomes and supported the financial reforms to reduce inefficiencies and improve public financing. Through a series of “contrat unique” at the provincial level—including with Gavi and Global Fund—the government is working to improve its governance and purchasing functions and is coaching and strengthening health administration directorates in 14 provinces covering 30 million people with the worst health and socioeconomic indicators.

Results to date show an increase in utilization of health services from 25 percent to 32 percent, and quality services doubling from 25 to 49 percent after nine months of implementation—including antenatal care, skilled deliveries and family planning.

Collaboration between the organizations includes:

- Discussions on the performance-based financing (PBF) approach and implementation and how to increase synergies amongst donors, including review of manuals and tools, evaluations and co-financing of PBF payments
- Continued support for the expansion of the ‘contrat unique’
- Discussion on the introduction of the ‘contrat unique’ centrally
- Progressive transfer of methods of payment of the ‘prime de performance’ from input based to output based including for administrative units
- Joint support of an MoH Administrative and Financial Unit (CAGF) to manage the funds of external partners
- Co-financing of the health management information project implementation
- Co-financing of the Village Reach project to build capacity of government stakeholders and to optimize distribution at provincial level.
- In addition, Global Fund and Gavi have focused on DHIS2 roll-out in DRC.

The organizations are also exploring the following areas for further collaboration:

- Financing and fiduciary arrangements, including a common fiduciary approach, standard unit costs, capacity building, and joint analytics, including a fiscal space analysis and a health financing systems assessment.
- Supply chain arrangements, including pooling resources towards strengthening the national supply chain, building on ongoing work on integrated distribution.
- Joint campaigns to enable efficiency gains, for example, during delivery of malaria bednets.
- Establishing the process and architecture under the MoH financial unit to pool funds.

