

A woman wearing a red headscarf and a patterned dress is walking on a red dirt path. She is carrying a green water jug in her right hand and a yellow container on her left hip. The background shows a dry, open landscape under a blue sky with scattered clouds.

TRACKING PROGRESS OF NUTRITION IN THE GLOBAL FINANCING FACILITY



INTRODUCTION

On November 6th, 2018 in Oslo, the Global Financing Facility (GFF) hosted its first replenishment^[1] meeting with the ambition to double the number of recipient countries the mechanism supports by 2023. Overall, US\$1 billion was pledged to the GFF Trust Fund linked to an additional US\$7.5 billion in World Bank IDA/IBRD resources for women, children and adolescents' health and nutrition. This amount is impressive but yet remains insufficient to meet with the SDG2^[2] and SDG3+^[3] targets by 2030.

Action Against Hunger (AAH) encourages the GFF because the mechanism has the potential to contribute significantly to the fight against undernutrition during and beyond the current decade of action on nutrition (2016-2025). On the one hand, the GFF helps mobilize and align domestic and international funding in the health and nutrition sector. On the other hand, the GFF promotes the integration of nutrition in a holistic approach providing a comprehensive essential health package (RMNCAH-N) to the vulnerable populations.

On the mobilization of financial resources, the 2018 GFF annual report^[4] confirmed that 19% of GFF investments (630 million USD) investments were directed towards the fight against undernutrition over the last three years. However, the degree of integration of nutrition varies by country.

The first feedbacks in GFF frontrunners countries (Congo, Cameroon, Kenya, and Tanzania) had revealed difficulties in aligning donors, coordinating national GFF platforms and the late inclusivity of civil society in the investment case process. However "investment Cases are an extremely consequential feature of the GFF model, because of their role in identifying priorities, and because of the vast scope of areas that the GFF can theoretically support ».^[5]

In this exercise, we analyze in detail the development of the investment case of Burkina Faso, a GFF country from the perspective of a nutrition civil society. We also enriched our analysis with lessons learned in monitoring other Francophone GFF platforms (Ivory Coast, Madagascar) and through our participation in regional and international events on the GFF.

Beyond the GFF investment framework, many crucial questions arise about the long-term impact of this innovative financing mechanism. Indeed, the GFF should enable a better access to healthcare products and services for vulnerable populations while strengthening the capacity of health workers. However, GFF recipient countries should be able to ensure the development of their human capital in the long term through their domestic resources.

About the Global Financing Facility (GFF)

The GFF aims to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. The accession criteria for GFF countries are based on their RMNCAH-N burden, their health sector financing deficit and their willingness to raise domestic resources in health and nutrition. Once the country joins the GFF, there are usually 4 steps in the process :

- 1** Selection and implementation of the national GFF platform: the national focal point leading the platform is in most of the cases based in the country's Ministry of Health
- 2** The development of an investment case (IC) and an health financing strategy building on the existing national health development plans (including nutrition plans)
- 3** The signing of a project appraisal document (PAD) which is a World Bank document detailing the agreement between the country (Ministry of Finance), the GFF Trust Funds, IDA / IBRD and other donors concerned
- 4** Monitoring and implementation of the projects: The GFF partnership is generally based on the approach of results-based financing (RBF) to improve governance and management of health systems

Stages 1, 2 and 4 should involve all stakeholders at country level (Government, Civil society, development partners and the private sector). However, step 3 includes a limited number of stakeholders.

^[1] <https://www.globalfinancingfacility.org/gff-replenishment>

^[2] <http://www.worldbank.org/en/topic/nutrition/publication/investing-in-nutrition-the-foundation-for-development>

^[3] Trends in future health financing and coverage: future health spending and universal health coverage in 188 countries, 2016–40 : Global Burden of Disease Health Financing Collaborator Network. Lancet. 2018 May 5; 391(10132): 1783–1798. doi: 10.1016/S0140-6736(18)30697-4

^[4] <https://www.globalfinancingfacility.org/global-financing-facility-annual-report-2017-2018>

^[5] https://www.actioncontrelafaim.org/wp-content/uploads/2017/09/emergingfinancingmechanismsfornutrition_V2.pdf

I. GFF COUNTRY SPOTLIGHT : BURKINA FASO

1. Why nutrition was a priority in Burkina Faso's investment case ?

21,2%
STUNTING
8,6%
WASTING

Malnutrition is as a major public health and development in Burkina Faso. It is the second cause of death for children under 5 years and contributed to approximately 28,800 deaths of children in Burkina Faso in 2015 (UNICEF). One child under five years out of five (21.2%) [6] suffers from stunting while 8.6% are wasted and 16.2% are underweight. Each year are diagnosed around 500,000 children suffering from acute malnutrition.

The annual costs associated with undernutrition in children are estimated at 409 billion CFA francs, or 7.7% of GDP [7]. "Business as usual" is costing Burkina Faso's Government 63% of its national income in the long term as shown by the human capital index [8] (2018).

| Country | Population (million) | Population under 5 (million) | Stunting level | Wasting level | Human capital Index (Ranking) |
|--------------|----------------------|------------------------------|----------------|---------------------------------------|-------------------------------|
| Burkina Faso | 19 034 397 | 3 220 646 | 21,20% | 8,6% (up to 13,6% in some regions) | 0.37 |

Source: Joint Malnutrition estimates 2018, World Health Organization, World Bank

2. Highlights of the GFF in Burkina Faso:

Burkina Faso joined the GFF in September 2017 with the willingness to eradicate particular delays in achieving nutritional targets and reduce regional disparities by improving access to high-quality healthcare.

The official investment case was presented to the President of Burkina Faso and all the stakeholders at the end of October 2018. The country's priorities were officially shared to the GFF Investor's Group and the World Bank during the GFF Replenishment conference in Oslo by the Presidential delegation (On November 5-6, 2018).

September 2017 :
Burkina Faso joins
the GFF

January - June 2018:
Establishment of the Country
GFF governance platform

June- October 2018:
Development of the
investment case

5-6 November 2018
Investment case
submitted in Oslo

[6] SMART Survey 2017, Burkina Faso

[7] <https://documents.wfp.org/stellent/groups/public/documents/newsroom/wfp275850.pdf>

[8] <http://www.worldbank.org/en/publication/human-capital>

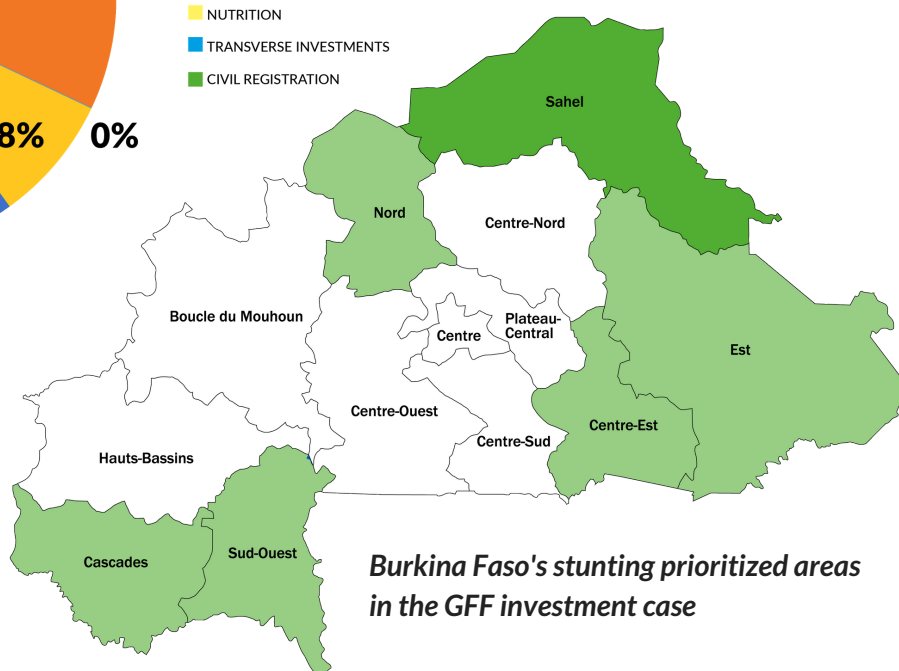
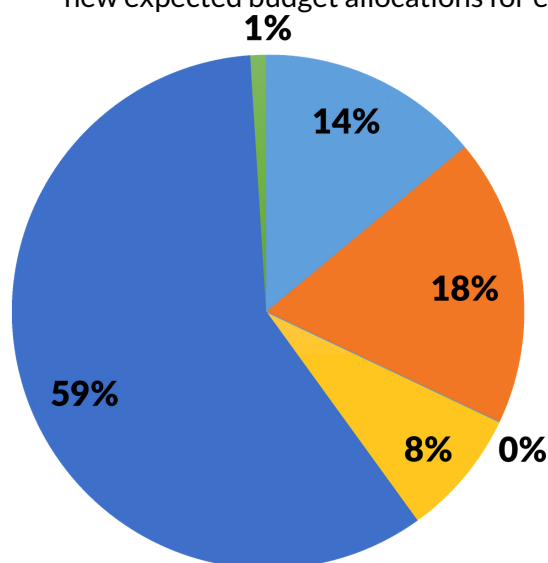
3. Overview of the investment case

Aligned with the national development framework, namely the National Economic and Social Development Plan (NESDP 2016-2020), the investment case of Burkina Faso for RMNCAH-N and CRVS^[9] aims at “eradicating particular delays in achieving nutritional targets and reducing regional disparities through health system strengthening by 2030”.

Five priorities have been identified in the Investment case: 1) capacity building for health workers, 2) technical support and enhancement of health and nutrition service delivery, 3) sanitary emergencies, 4) food security enhancement, 5) support for institutions. Seven critical regions (**East, North, Sahel, South-West, Center-East and the "cascades"**) are targeted in the investment case for their high stunting prevalence.

8% Before the GFF replenishment in Oslo, the investment case for the period 2019-2023 has been costed at 1.4 billion dollars USD, for which the Government committed to support 49% of the whole budget^[10]. **8% was expected to be allocated to nutrition. The financing gap for this investment case was approximatively 360 million USD as many partners have not yet announced their financial support for the process.** This financing scenario was very ambitious, which is why the Government had to provide more information on its domestic resource mobilization capabilities to achieve these challenging objectives.

After the GFF replenishment, several adjustments have been made on the financing of the Investment case in Burkina Faso. **14% of the investment case's budget will be finally dedicated to nutrition according to our information received from the Ministry of Health and the whole expected budget is doomed to be reduced.** However, we did not have all the information about the new expected budget allocations for every sectors.



^[9] Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N) ; Civil Registration and Vital Statistics (CRVS)

^[10] Regarding the costing of the investment case, the choice of a medium scenario was explained by the lack of resources as many partners have not yet announced their financial support for the process. This was the most realistic hypothesis but this scenario might not help achieve many national indicators.

4. Key findings from the development of the Investment Case

Inclusivity

In Burkina Faso, the development of the investment case featured a large number of health and nutrition stakeholders as well as other line of ministries, representative of civil society (including nutrition), financial and technical partners (WHO, UNICEF, World Bank, UNFPA), farmers' organizations, women leaders and unions.

Nutrition civil societies have increasingly won their place throughout the process in all the priority areas in the health and nutrition. Specifically, the scaling up nutrition (SUN) civil society alliance of Burkina Faso “RESONUT” [11] was involved in drafting the investment case within the functional Team 7 of the programme to support health development. The SUN Government focal point has been particularly active in the GFF national platform despite some difficulties encountered at the beginning for getting involved in the discussions around the investment case.

It is also interesting to note that the European Union, SUN donor convener in Burkina Faso helped facilitate consultations in the development of the investment case.

Transparency

In addition to having been belatedly included in the development of the investment case process, several civil society organizations expressed their concern regarding the timeline given by the government focal point for providing inputs on the investment case.

Indeed, the drafts were shared late and it was not convenient for all CSOs to suggest efficient contributions. **Some documents were often sent within a short time (less than a day) for diligent returns. In these conditions, it was difficult for the RESONUT and the SUN government focal point to correctly amend the investment case.**

Within the GFF platform, coordination difficulties were also noticed throughout the process between the key sectors (maternal health, family planning, nutrition etc.). The fragmentation of CSOs has resulted in very little frequent exchanges between key sectors (Reproductive Health, Family Planning, nutrition etc.).

For instance, the “RESONUT” and another Reproductive Health association held only two workshops together to work on their respective priorities drafted in a document later submitted to the GFF government focal point. Otherwise, most of the time, the investment case was shared by the government focal point with each sector responsible for providing recommendations on the section that directly concerned its domain of expertise.

Finally, the project appraisal document (PAD) was unveiled before Burkina Faso's investment case submission (available on the World Bank's and GFF's website[12]) in Oslo. Normally, in the GFF process, the release of the PAD follows the country's investment case submission by the Gouvernement to the Investors Group.

Therefore, such process calls into question the work of the actors involved in the process including civil society whose engagement was recognized by the GFF Secretariat as key for the design of the investment case.

[11] <https://www.resonut.org/>

[12] <http://documents.worldbank.org/curated/en/570511531107056406/pdf/BURKINA-FASO-PAD-1-06182018.pdf>

Key recommendations to go forward in Burkina Faso's GFF process

Overall, the development of investment case has been broadly inclusive and participatory in Burkina Faso. However, as noticed in several GFF countries (Cameroon, DRC, etc), the process has been rushed. More time should have been given to build a strong GFF national platform including effectively CSOs in the development of the investment case^[13]. Therefore, the following points present several recommendations that can be drawn in advance of the implementation of the investment case:

1

The Government should provide more transparency in the agenda relating to the implementation of investment case. Specifically, documents to be amended must be shared within a reasonable time to all the stakeholders of the national platform.

2

The SUN national platform may play an enhanced role for financing, implementing and monitoring GFF nutrition interventions. In the short and medium term, nutrition advocates must ensure that nutrition remains a priority in the Project Appraisal Document.

3

Nutrition and health CSOs should receive adequate training and financing to follow-up the next steps of the process. Improved coordination between sectors is desirable and needed to ensure the monitoring and evaluation of all GFF projects.

4

To help achieve many national indicators and fill the financing gap for health and nutrition, the Government of Burkina Faso should keep mobilizing more domestic resources (public and private) aligned with the country's investment case

II. NEW FINDINGS AND KEY LESSONS LEARNT FROM THE GFF IMPLEMENTATION

The GFF process in already 27 countries offers hope to reduce the financing gap in order to meet the expected sustainable development goals for health and nutrition. However, GFF countries experience feedback engaged in the process also raises several concerns that we discuss in this paragraph.

1) Nutrition is integrated at a slower pace in the GFF at national and international levels

The GFF replenishment Conference (Oslo, November 2018) revealed that nutrition was still struggling to emerge in the GFF process at national and international levels. Indeed, very little nutrition advocates were invited to share their experiences in GFF national platforms.

There were also no SUN government focal points invited to these events. Prior to the replenishment, a webinar was organized with the SUN Movement Secretariat, the Secretariat of the GFF, Action Against Hunger and ACTION for SUN focal points of the GFF countries^[14].

The exchanges stressed the lack of information about the GFF of some focal points (Haiti, Central African Republic, and Senegal). Even if they were sometimes informed (Cameroon, DRC, Mali, BF, Ivory Coast, Guinea), they all admitted that they needed technical assistance to understand the GFF process as they were unable to participate in regional and international GFF workshops GFF.

^[13] <https://www.wemos.nl/wp-content/uploads/2018/11/Joint-Open-Letter-to-the-GFF-by-Wemos-and-CSOs-05112018.pdf>

^[14] The recordings of the webinars can also be accessed here: Webinar 1 – English (16 October 2018): <https://bit.ly/2zc9vE7>; Webinar 2 – French (2 May 2018): <https://bit.ly/2Armof5>

The lack of recognition and consideration of the SUN focal points at political level is also a big factor explaining their difficulties in accessing the GFF national platform. The GFF focal point at country level is often assigned to the office of the Ministry of Health. Therefore, if nutrition is not a priority of the Ministry of Health through the GFF, the SUN focal point may receive the information but very late. In some cases, like Madagascar as shown below, there is an active role played by the SUN national platform alongside nutrition and health partners.

KEY FINDINGS FROM THE GFF EXPERIENCE IN MADAGASCAR [15]



GOOD POINTS

The nutrition Civil nutrition is involved in the process and in the small group tracking the GFF process.

The Ministry of Public Health through its focal point plays an active role, is available and share the information to all the other stakeholders. The SUN focal point and the SUN Civil society alliance are also active in the process.

Several regular meetings were held for all sectors (including nutrition) to provide with their recommendations and their impressions of the investment case.

1

WEAK POINTS

At the beginning and until now, civil society's platform lacked of technical assistance for understanding the GFF. CSOs have limited resources to be able to follow the process GFF

2

Existing national nutrition platforms in the country could be better valued

3

The GFF platform of civil society still lacks of a clear and specific plan of action to support the Government

2) A need for transparency in the alignment of donors around the GFF investment cases and the formalization of the PAD

Financing investment cases is a way to align public and private domestic funding with external resources (bilateral, multilateral). In some GFF countries, the alignment of donors is still to demonstrate. The governing bodies of the GFF keep emphasizing that the mechanism allows the alignment of external donors in some countries. However, it is not said that these investments would not have been achieved without the GFF. The share of investment commitments in the file that corresponds to new sources provided by the GFF could be specified by governments when reporting their investment cases' financiers.

From a global perspective, the GFF process seems clear around the construction of the health financing strategy but we still have very little information on the criteria adopted in the financing of the PAD. The project appraisal document (PAD) connects the Government (Ministry of Finance), the GFF Investor Group and the World Bank. However there is a need for more transparency and inclusiveness during the decision-making process beyond the submission of the investment case.

The PAD clearly states the priorities financed by IDA / IBRD complementing loans and grants. Therefore, it would make sense that all the major key stakeholders in the investment case participate in these discussions. **Furthermore, the PADs are most of the time only available in english (difficult for francophone CSOs to understand) and they do not detail the loan repayment terms.**

[15] Madagascar joined the GFF on November 2017. The GFF process is still ongoing with the development of the Investment case to be released in 2019.

3) Loans VS grants and risks of debt unsustainability for several GFF countries in the long run

Via the GFF process, \$ 1 grant from the GFF trust funds can lift up to \$ 7 loans and grants through IDA and IBRD. This ratio remains substantial at global level but a detailed analysis allows us to understand that this ratio is not applicable for every vulnerable countries. In some countries (Cameroon, Ethiopia, Mozambique), the leverage ratio is 1\$ to 3\$ and in some countries like Liberia for example, the ratio is 1\$ to 1\$^[16]. **Furthermore, there is a need to reconsider the IBRD concessionality rate especially for GFF middle-income countries.**

Beyond the catalytic side of the GFF, public finance sustainability issues arise for a large part of the GFF countries. The IMF stressed in its recent reports^[17] that the debt of low-income countries has increased considerably since 2013 because of their low borrowing rates on financial markets and the frenzy around sovereign bonds (Ivory Coast, Senegal, Mozambique) to finance economic infrastructure (transport, energy, agribusiness).

The countries most threatened by a new debt crisis during the next decade were the Heavily Indebted Poor Countries (HIPC)^[18], which corresponds to 16 GFF countries out of 27. The list can be extended to the 23 GFF eligible countries for funding by 2023. **Given the growing indebtedness of Low and Middle Income Countries through financial markets (sovereign bonds), there are increasing risks around their long-term ability to finance by their own means their health system.**

4) There is a lack of evidences to support the extension of the Results based financing (RBF) approach among GFF countries

The RBF approach encourages positive results in the social sectors. This approach is highly plebiscited by major financiers from Governments in developing countries to international donors and philanthropies.

Despite a lack of supportive evidences, the RBF has become the mainstream approach in several GFF countries^[19]. Indeed, in the recent years, several examples in Tanzania, Rwanda revealed that the effectiveness is mixed, and that there is no evidence about its efficiency and equity.

Worst, poorly designed RBF schemes obliged to stop the RBF programme in low income countries such as Benin, Chad and Mali. In several developing countries where was applied to RBF, negative effects were noticed on both motivation and service delivery.

« Overall, millions of dollars were spent with a few positive results on strengthening health systems »^[20]. Before extending the model to different countries, it would be desirable to imagine alternative outcomes..



^[16] <https://www.globalfinancingfacility.org/global-financing-facility-annual-report-2017-2018>

^[17] <https://www.imf.org/en/News/Articles/2018/09/13/managing-debt-vulnerabilities-in-lics>

^[18] More information on the following articles: <https://jubileedebt.org.uk/press-release/developing-country-debt-payments-increase-by-60-in-three-years>; <https://www.dw.com/en/africas-new-sovereign-debt-crisis/a-38024607>

^[19] http://curatiofoundation.org/wp-content/uploads/2016/09/1-RBF-Evidence-Summary_ENG-2016.pdf

^[20] Paul E, Albert L, Bisala BN, et al Performance-based financing in low-income and middle-income countries: isn't it time for a rethink? BMJ Global Health 2018;3:e000664.

III. INVESTING FOR SUSTAINED IMPACT THROUGH THE GFF : THE WAY FORWARD

Based on the main findings of the analytical part Burkina's Faso investment case, the work and experience with GFF countries, Action Against Hunger (AAH) has formulated a series of recommendations :

1

The GFF should not create parallel structures but rely on existing nutrition platforms. A close collaboration between the GFF Secretariat and the Sun Movement Secretariat should enable efficient and compelling integration of nutrition in national investment cases and the monitoring and evaluation of GFF nutrition projects.

2

National SUN platforms should increase their efforts in demonstrating their technical expertise in the GFF platforms including monitoring and evaluation budget in the field of nutrition. They should highlight the nutrition sensitive activities to promote other health interventions having a positive influence on nutrition indicators and the benefits of health strengthening systems in fostering nutrition service delivery in the long run.

3

SUN focal points must communicate regularly with their responsible minister about the importance of welcoming them in the GFF platform to enhance nutrition investments in their investment case.

4

For the sake of full transparency, it would be desirable that GFF governments present disaggregated data and programs financed by bilateral and multilateral donors. Reporting these commitments to the Global Nutrition Report (GNR) will ease the tracking of nutrition investments through the GFF.

5

The investment case should constitute the reference framework and guide the further process.. Beyond the PAD, the investment case must be tracked to make sure that all nutrition and health priorities defined at the beginning by the GFF national stakeholders will be achieved.

6

With the upcoming IDA replenishment (IDA19), the GFF should provide more grants for low-income countries whose debt risk is relatively strong. Mobilizing domestic resources should remain a priority of the mechanism.

7

Before expanding the RBF in GFF countries, it would be preferable to perform detailed assessment of the ability of countries health systems to absorb such mechanism. CSOs could be part of the monitoring and evaluation as stressed in the GFF CSOs' Communique [21] released during the replenishment.

[21] https://sexogpolitikk.no/wp-content/uploads/2018/11/Global_civil_society_1018_eng_trykk.pdf

CONCLUSION

Overall, the GFF is a very oriented health financing mechanism which nevertheless remains an interesting opportunity to finance nutrition in vulnerable countries. However, nutrition is struggling to exist alongside health sectors in GFF national platforms because of the lack of inclusion and recognition of key nutrition advocates. The experience of Burkina Faso and Madagascar in which the SUN Multistakeholder platforms were involved revealed that nutrition was pushed fairly in the GFF investment case. They should be actively associated to the various stages of the discussions around the investment cases, to ensure that nutrition remains high on the country's political agenda in the short and long run.

The expansion of the GFF in several vulnerable countries by 2023 is a very important step but also raises many questions unanswered so far about the long-term expected health and nutrition impacts and outcomes in recipient countries. If the GFF and the international community recognize the need to strengthen health systems, it is vital to ensure that the associated economic model will allow countries to achieve this goal. The commitment of GFF countries to raise sustained domestic resources could help foster the strengthening of their human and physical resources, whose costs will be depending on them in long-term.





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