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# The GFF Investment Case in Priority Countries: Why, What, How and Beyond

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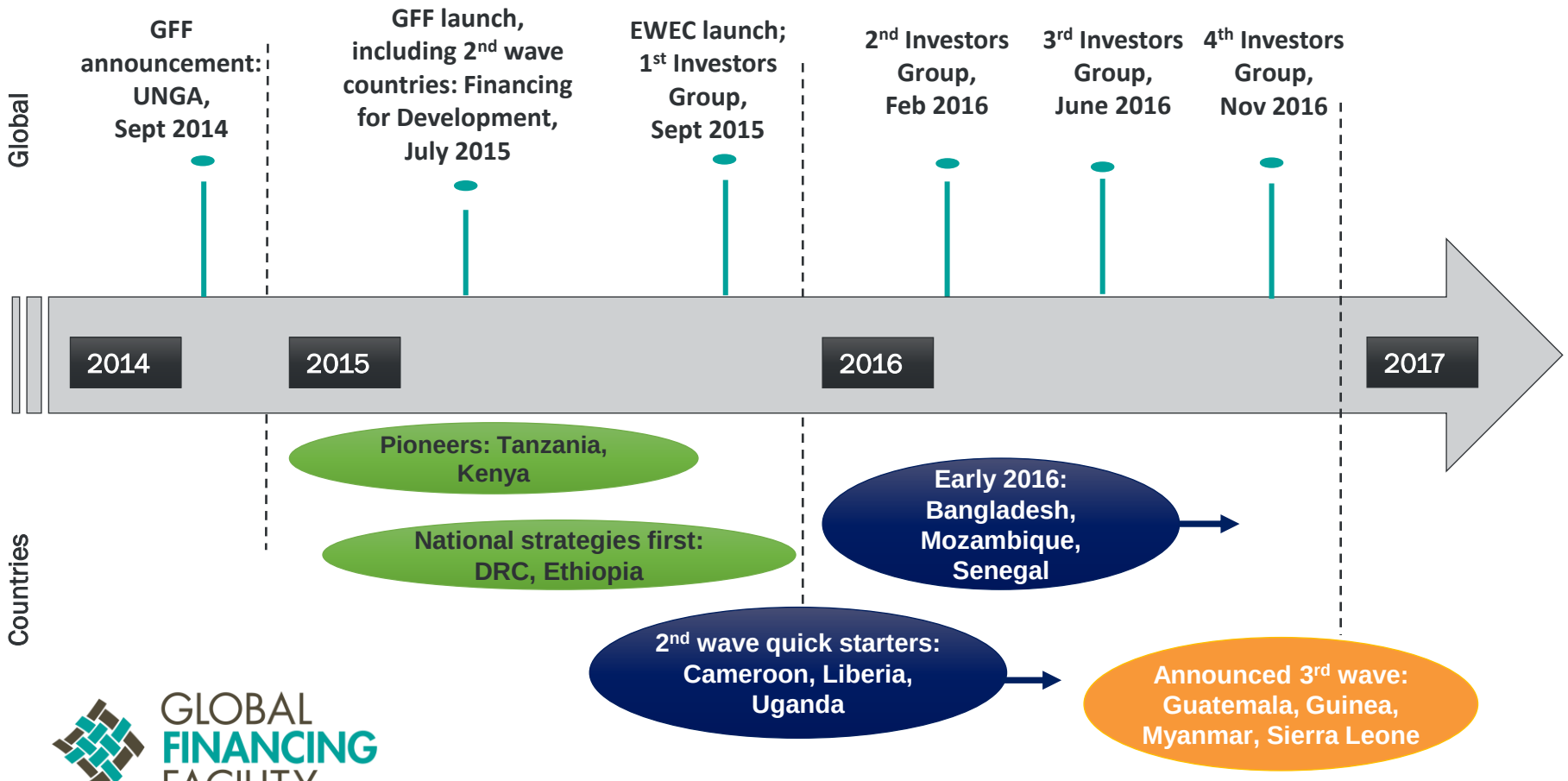
# Outline

- Quick refresher on the Global Financing Facility (GFF)
- Why are investment cases necessary?
- What is an RMNCAH investment case?
  - Process
  - Key tools: EQUIST, OneHealth, and resource mapping
  - Measuring success
- Financing the investment case
- Issues to consider

# Global Financing Facility timeline




GLOBAL FINANCING FACILITY

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# GFF country portfolio update, November 2016

| | IDA (loan) | Trust Fund (grant) | Ratio (l:g) | Status (Nov 2016) |
|---|---|---|---|---|
| TAN | $200 mil. | $40 mil.* | **5 : 1** | Signed |
| DRC | $30 mil. | $10 mil. | **3 : 1** | |
| CAM | $100 mil. | $27 mil. | **3.7 : 1** | |
| NIG | $125 mil. | $20 mil. | **6.25 : 1** | Approved |
| KEN | $150 mil. | $40 mil. | **3.75 : 1** | |
| UGA | $110 mil. | $30 mil. | **3.7 : 1** | |
| ETH | *$150 mil.* | *$60 mil.* | ***2.5 : 1*** | |
| BAN | *$150 mil.* | *$20-30 mil.* | ***6 : 1*** | |
| LIB | *N/A* | *$16 mil.* | *?* | |
| MOZ | *$150 mil.* | *$25 mil.* | ***6 : 1*** | In discussion |
| SEN | *N/A* | *$15 mil.* | *?* | |
| VIE | *IBRD: $100 mil.* | *$15 mil.* | *N/A* | |

- Trust Fund: Approved **$167 mil.** of committed $510 mil. (**33%**)
- Approved linked IDA: **$715 mil.**
- Current ratio, loan to grant: **4.3 : 1** (target 4 : 1)
- Trust Fund in discussion (not including 3rd wave): ***$156 mil.***
- Potential 3rd wave: ***$35*** mil. from Trust Fund
- IDA/IBRD in discussion: *$550–$1,296 mil.* (TBD)

* Does not include Power of Nutrition or USAID grants

Source: GFF, author calculations (2016)

# GFF country programs/investment cases: examples

## Cameroon

- Trust Fund: **$27** mil. → **$100** mil. IDA
- IDA focus: **MNH, nutrition, CRVS, DIB**
- Regional focus: **Yes** [3 north + 1 east]
- Had health financing strategy before approval/investment case? **No**
- GFF investment case final? **Yes**
- Ext. Partners: GFF + France + Germany + GAVI + GFATM, PEPFAR

## Bangladesh

- Trust Fund: **$20-30** mil. → **$150** mil. IDA
- IDA: **Health sector strengthening**, focus on RMNCAH, multi-sectoral
- Regional focus: **Not explicit**
- Had health financing strategy before approval/investment case? **Yes**
- GFF investment case final? **No**
- Ext. Partners: GFF + JICA + USAID + WHO

## Uganda

- Trust Fund: **$30** mil. → **$110** mil. IDA
- IDA: **Aligned Sharpened RMNCAH Plan**
- Regional focus: **Not explicit**
- Had health financing strategy before approval/investment case? ~**Yes**
- GFF investment case final? **No**
- Ext. Partners: GFF + DFID + GAVI + SIDA + USAID, Merck for Mothers

## Mozambique

- Trust Fund: **$25** mil. → **$150** mil. IDA
- IDA focus: **MNH, health system strengthening**
- Regional focus: **Not known**
- Had health financing strategy before approval/investment case? **No**
- GFF investment case final? **No**
- Ext. Partners: GFF + Swiss Dev. Coop. + USAID

# Why are investment cases needed?

- Most GFF engagements have been around a World Bank health sector IDA loan
  - RMNCAH focus may or may not be prominent in loan
  - Such focus can be added, especially with Trust Fund grant
- Investment case can then help to bring RMNCAH into focus

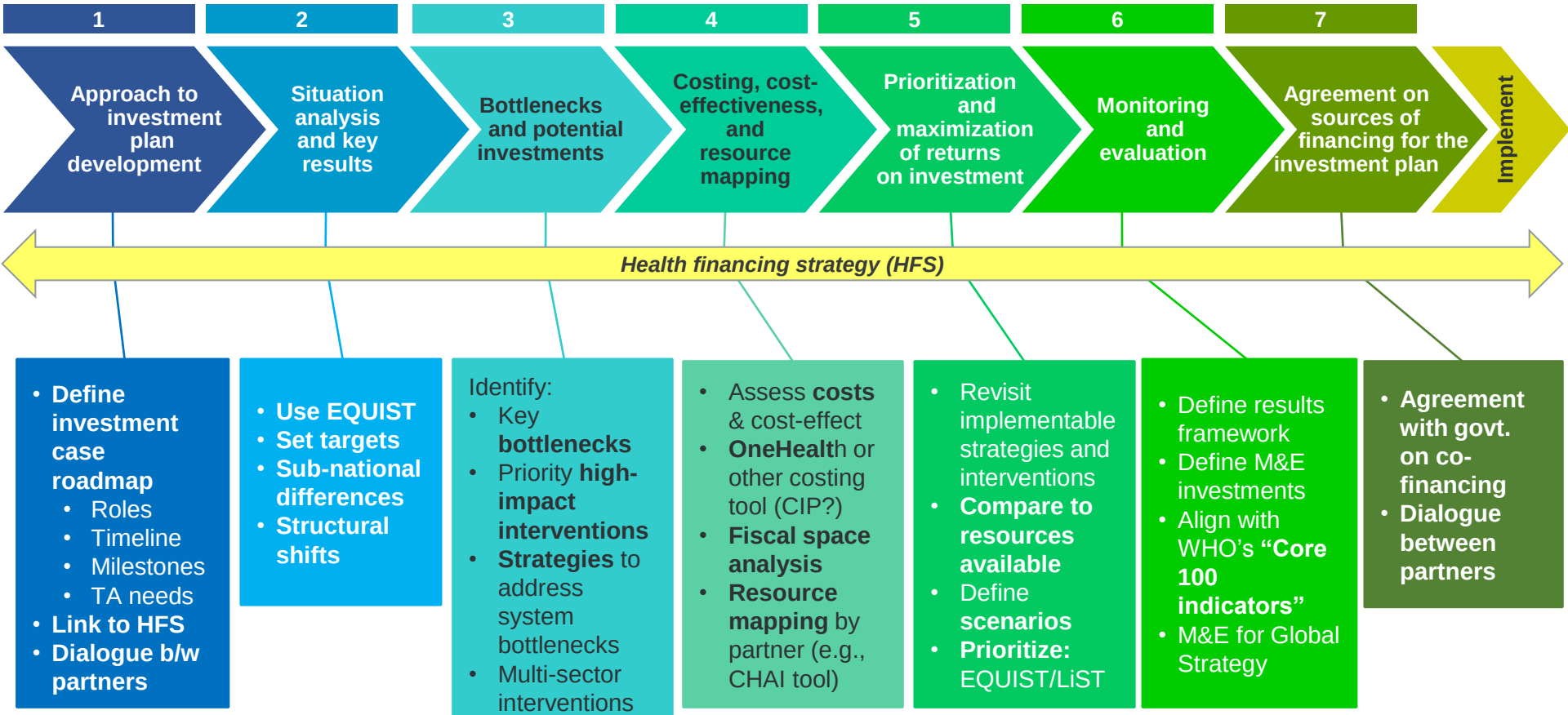
**Why do an investment case?**
[GFF Theory]

1. RMNCAH is broad, must **prioritize**
2. Government/GFF resources are scarce, so use an **equity** lens
3. Focus on **delivery** for time-bound achievement and impact
4. Must set ambitions within context of **resources available**

**RMNCAH programs: Unknowns**
[The Practice]

- Which interventions to prioritize?
- Everywhere or pick areas?
- Who are the most underserved?
- What prevents higher coverage?
- How much will it cost?
- What funds do we have already?
- What more can we mobilize?

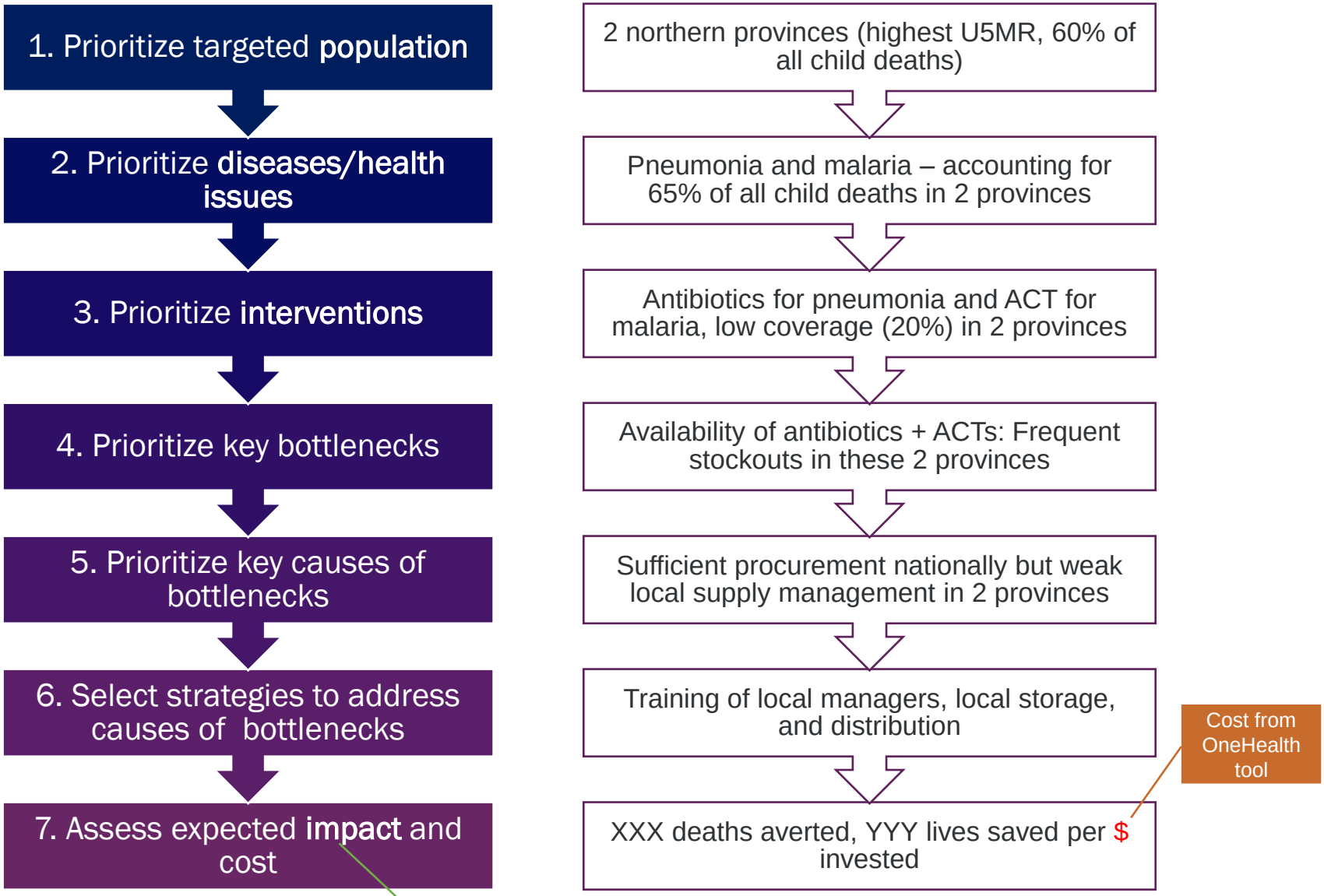
# Process and tools: An RMNCAH investment case




Source: Based on World Bank (2016)

# Prioritization: Using the EQUIST platform

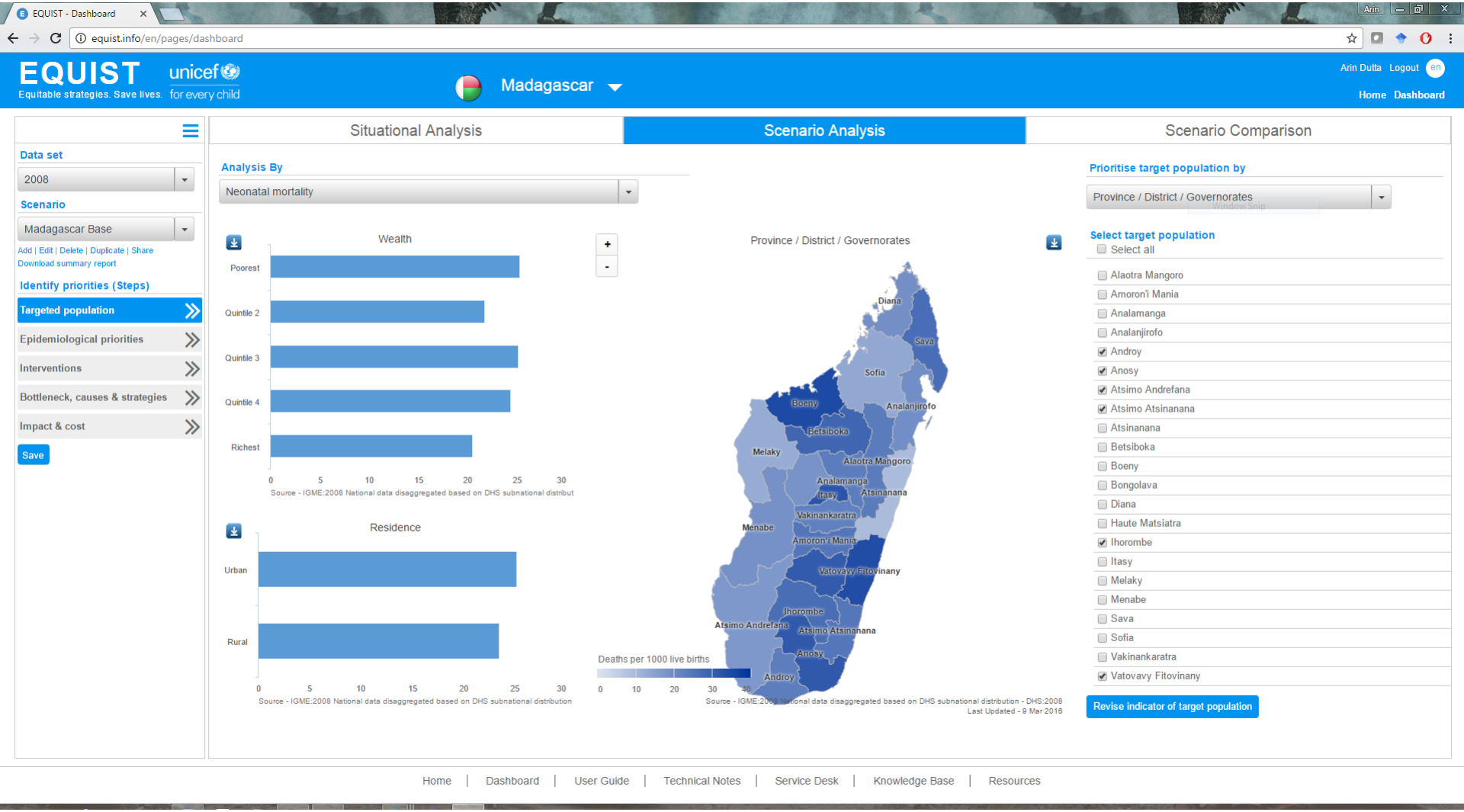
## Stepwise process




Based on UNICEF (2016)

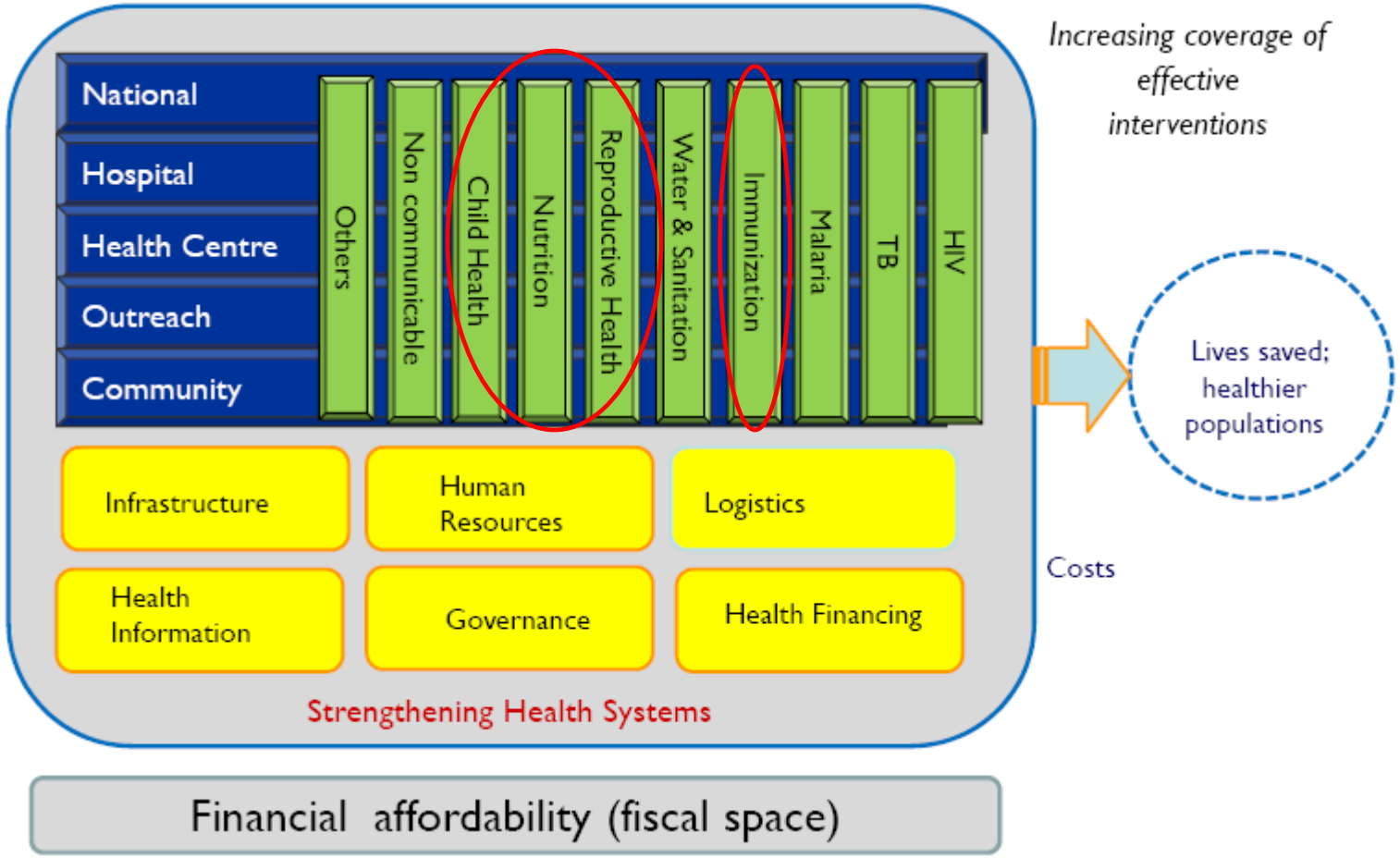
# Prioritization: Using the EQUIST platform: screenshot

EQUIST is web-based. The platform can be used to create, save, and view scenarios.




http://equist.info

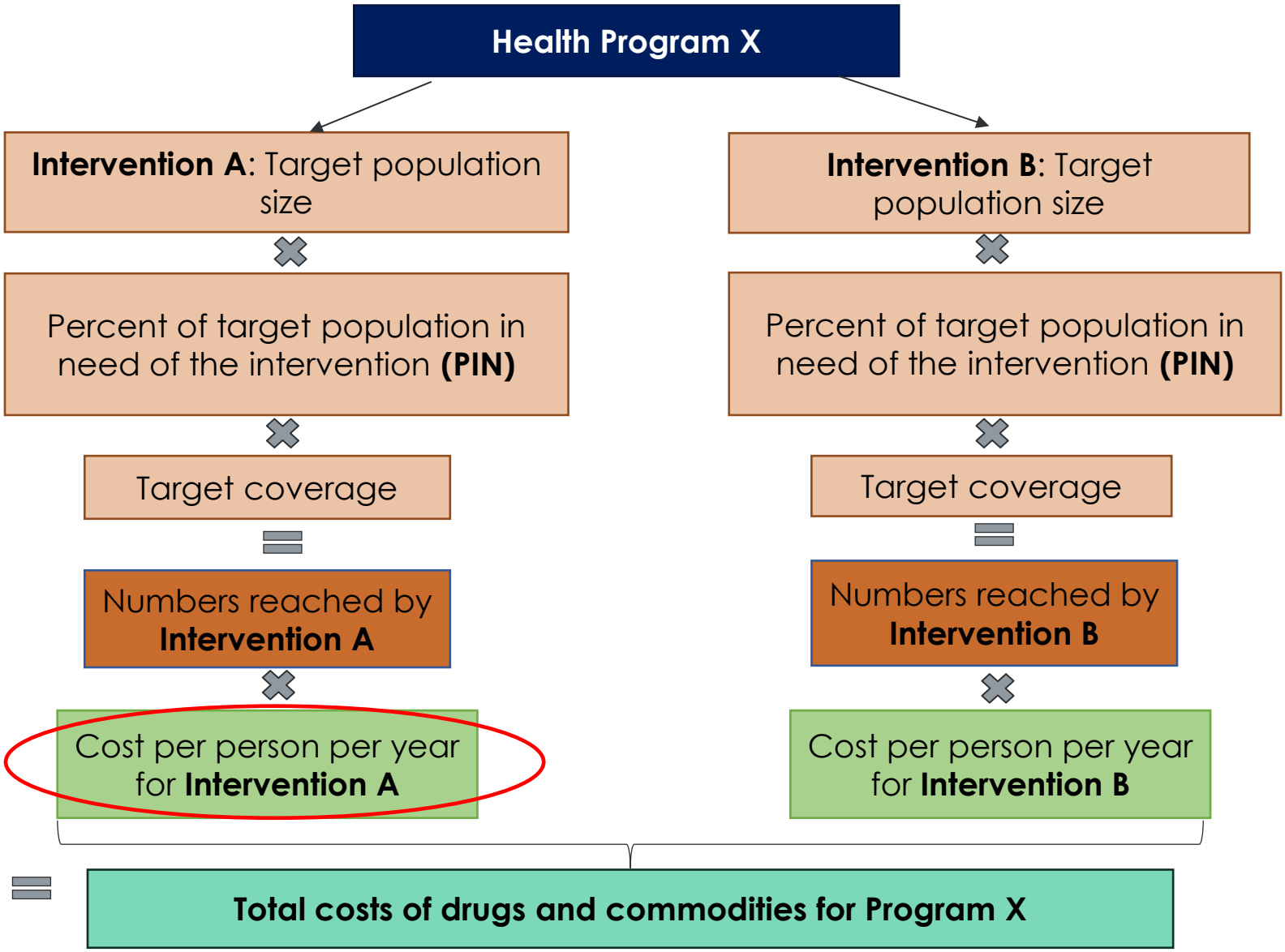
# Cost analysis: Using the OneHealth tool—caveats




- If national strategy OneHealth costing exists (health sector or RMNCAH), use it
- New costing conducted *only* for GFF/RMNCAH investment case may take time
- Need to focus costs only on identified priorities
- Iterative process! (new priorities→ new coverage → new costs)

Based on WHO (2016)

# Cost analysis: Using the OneHealth tool—deep dive




Source: HPP (2015)

# Cost analysis: Using the OneHealth tool—deep dive

## Cost per person, "ingredients-based" approach

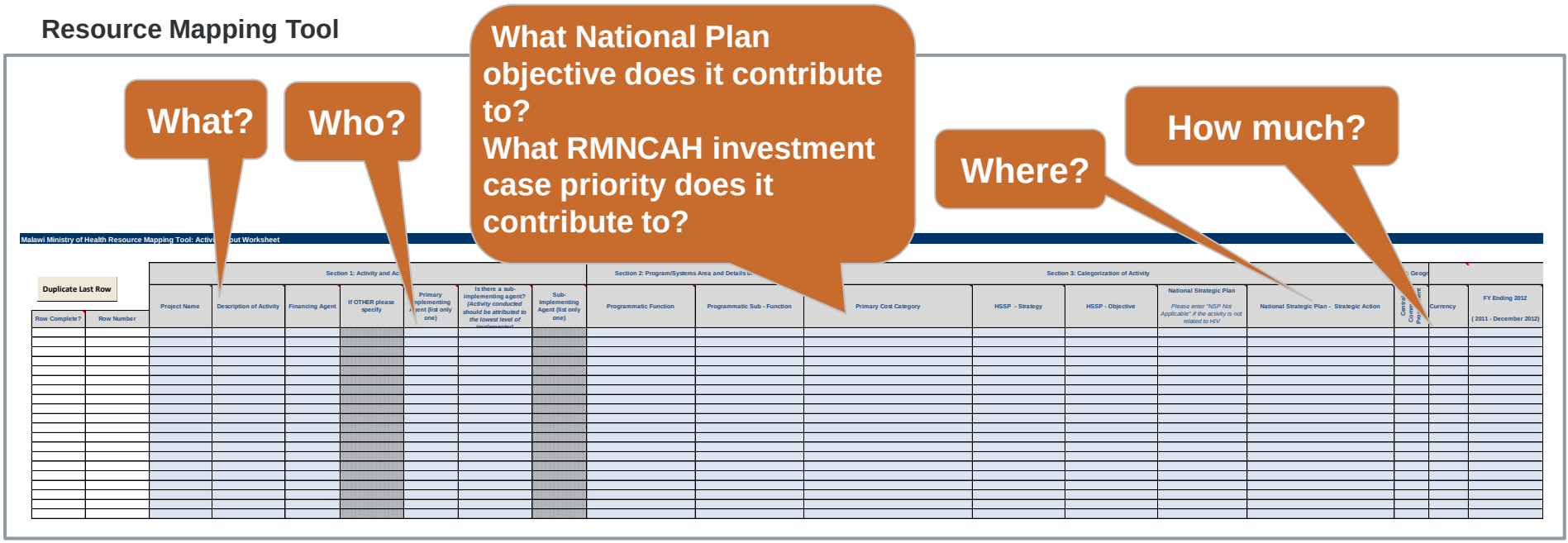
| | | | | | | |
|---|---|---|---|---|---|---|
| | Percent (%) receiving Commodity A | × Number of units | × Times per day | × Days per case | × Unit cost (US$) | |
| + | Percent (%) receiving Commodity B | × Number of units | × Times per day | × Days per case | × Unit cost (US$) | |
| + ..... | | | | | | = **Average cost per person per year for Intervention A** |

This is repeated for all programs x interventions. However, this is just the tip of the iceberg.
A full costing requires adding all non-intervention costs (e.g., trainings, supervision, M&E, etc.)

Source: HPP (2015)

# RMNCAH resource mapping: Not the same as an NHA!

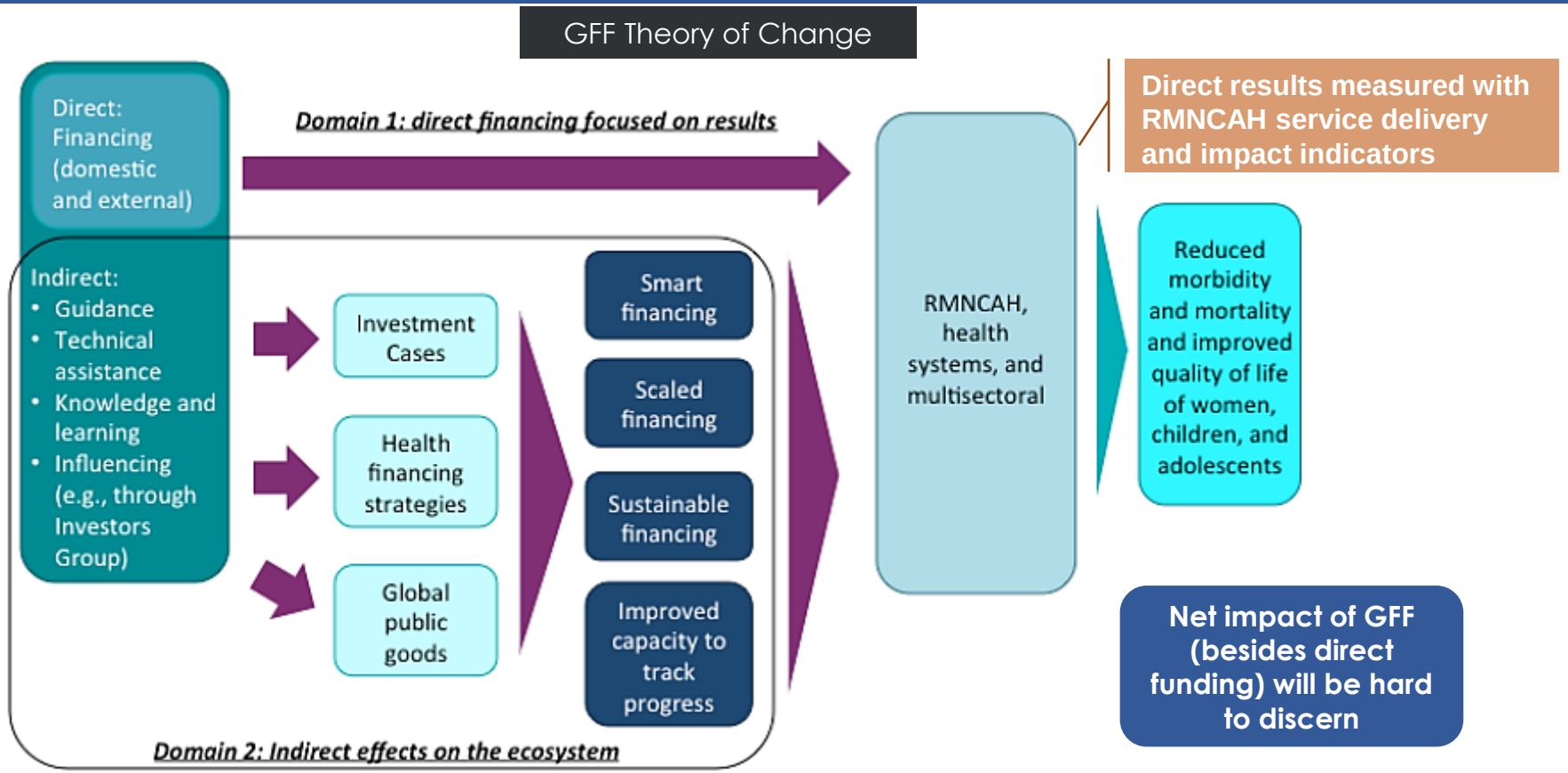
**Resource Mapping Tool**




- Tracks current resources and future commitments [**not retrospective**]
- A basic spreadsheet that allows data to be entered by multiple stakeholders and then aggregated into a master dataset (analyzable, chartable)
- All categories are pre-defined and standardized to collect a dataset that is comparable across development partners and government
- Technically relatively easy; key success factor is the political buy-in
- Also good to have: NHA (latest year) and/or a Public Expenditure Review

Source: CHAI

# How to measure progress and quantify impact?




| Domain 2 Results: examples (smart fin., scaled fin.) | Data | Issues |
|---|---|---|
| Allocative efficiency: % funding to RMNCAH | NHAs | Lagged effect, regularity of NHA |
| Technical efficiency: purchase price for RMNCAH items | Gov. | Connection to investment case/GFF? Data, etc. |
| Health expenditure composition (out-of-pocket, etc.) | NHAs | Lagged effect, regularity of NHA |
| Harnessing the private sector: coverage, innovation, etc. | *N/A* | Qualitative. Unclear link to investment case/GFF |

Source: GFF (2016), author review

# Financing the investment case

*Key points of recent experience*

- **Health Financing Strategies** (HFS) mentioned repeatedly as linked to investment case
- Note: IDA/IBRD health loans count as **domestic resource mobilization**
- Most countries recently engaged **do not have a final or draft HFS**
- **"Crowding-in" effect** of GFF trust fund: more *domestic (*public or private) or additional *external* (e.g., Power of Nutrition, USAID, philanthropic)?
- **More coordination needed** on health financing links to RMNCAH (*box*)
  - Linked technical assistance/data
  - Linked in-country advocacy
  - Long term vs. immediate viewpoints

**RMNCAH link points with health financing reform agenda**

- Include RMNCH interventions in **benefit packages** for social or national health insurance
- Define an essential PHC package for **subsidy: free care; pay for premiums** for the poor
- Increase public fiscal space or efficiency to **finance RMNCAH commodities** and services
- **Earmarked taxes** for RMNCAH
- **Performance-based financing** (RMNCAH outputs included)

# Key issues to consider in the future

## Why/when to do an investment case

- World Bank subsidized loans have been the main mechanism for RMNCAH-GFF investment cases and Trust Fund engagement
- But they don't have to be (e.g., Madagascar, Malawi)

## How investment cases are done & implemented

- GFF Trust Fund/IDA approved without complete investment case, HFS
- RMNCAH defining, prioritizing, costing, and resource mapping exercises complex, exceed timeline for loan-grant making?
- Implementation planning for investment case—how to include more partners

## Going beyond the investment case: sustainability

- Potential for great time-bound improvements in RMNCAH results
- Without more integral links to health finance reform, how can gains be sustained?

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