

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

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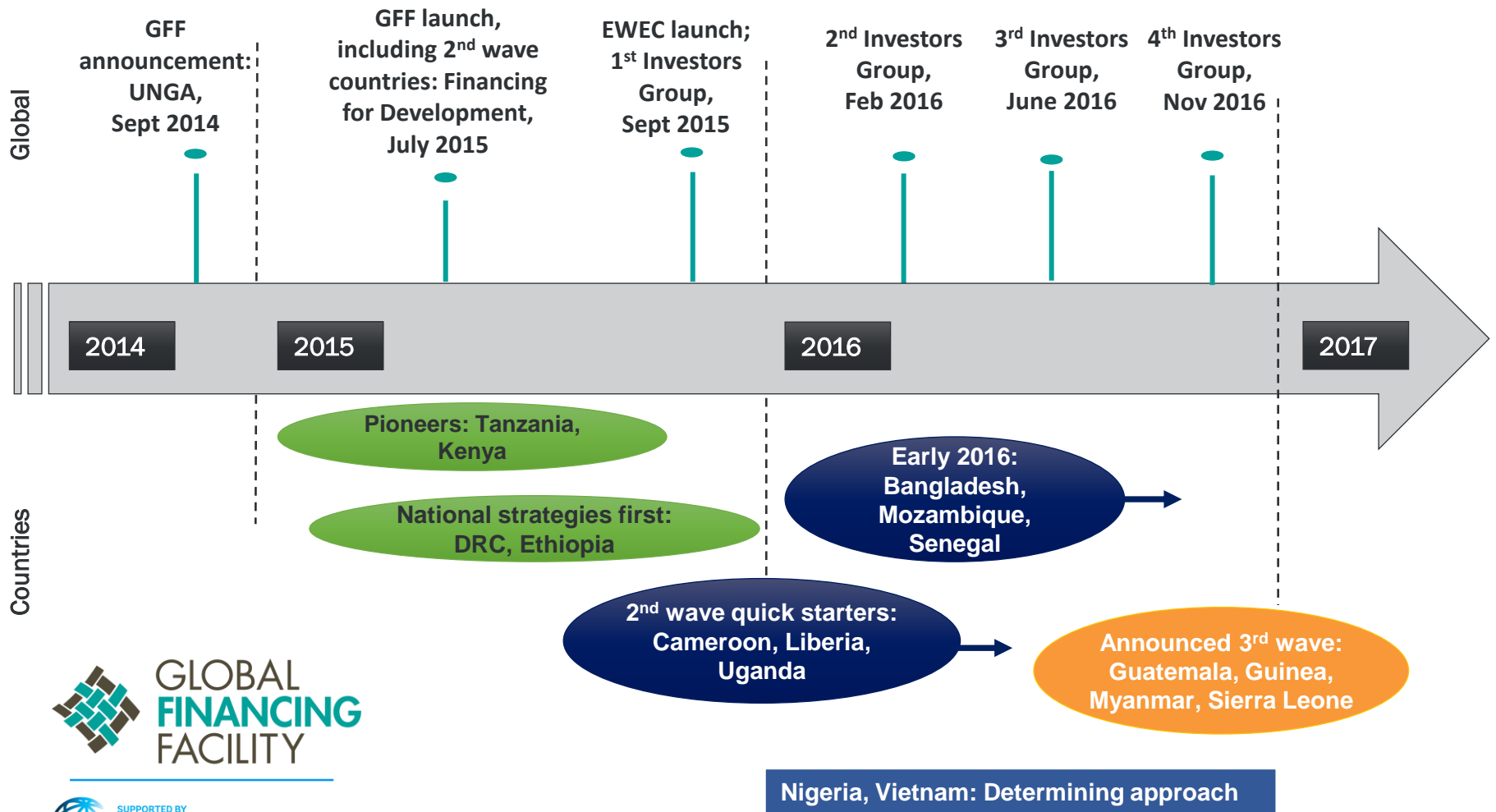
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Outline

- ✦ 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



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

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



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



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



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

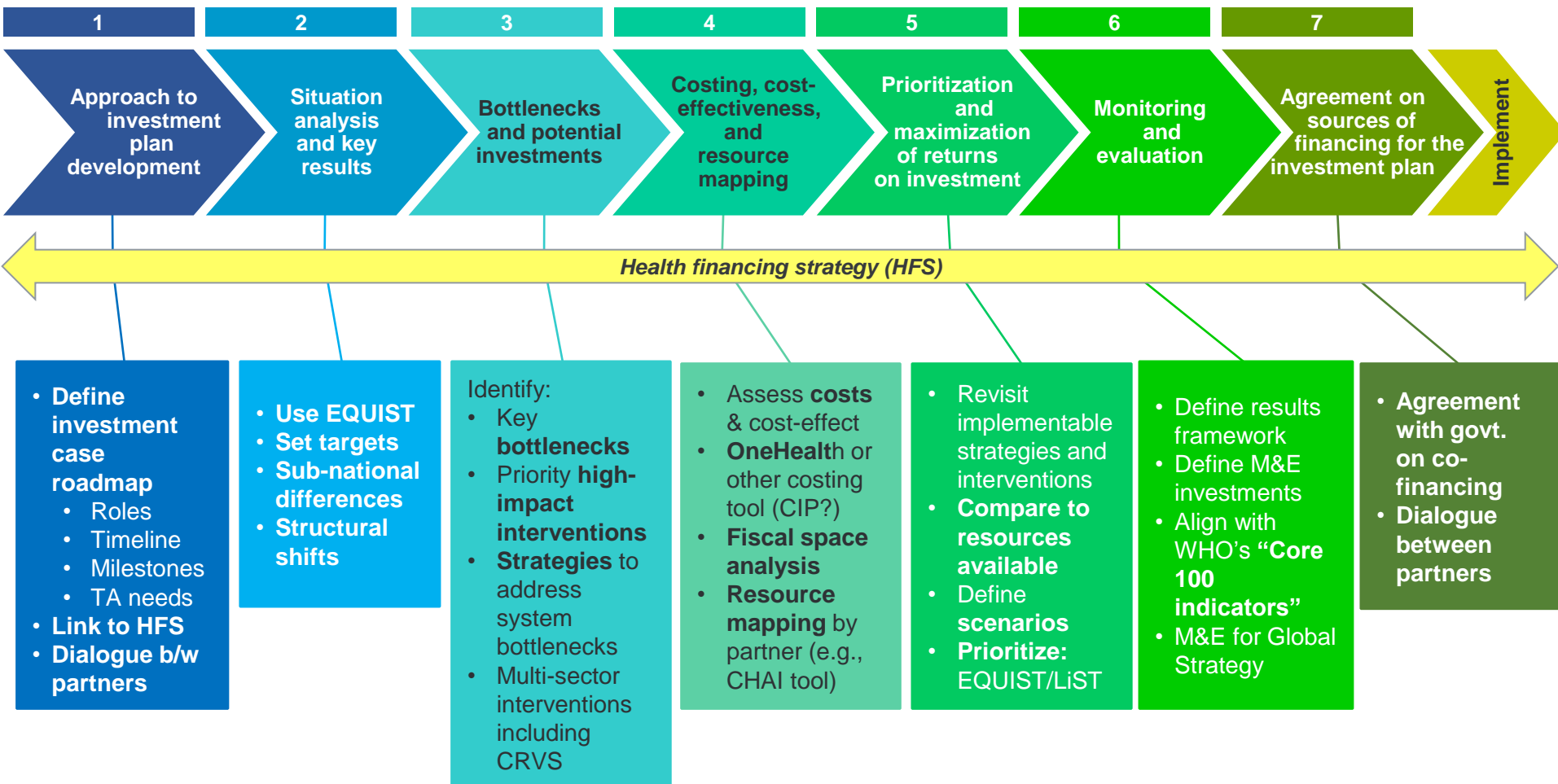
Why do an investment case? [GFF Theory]

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]

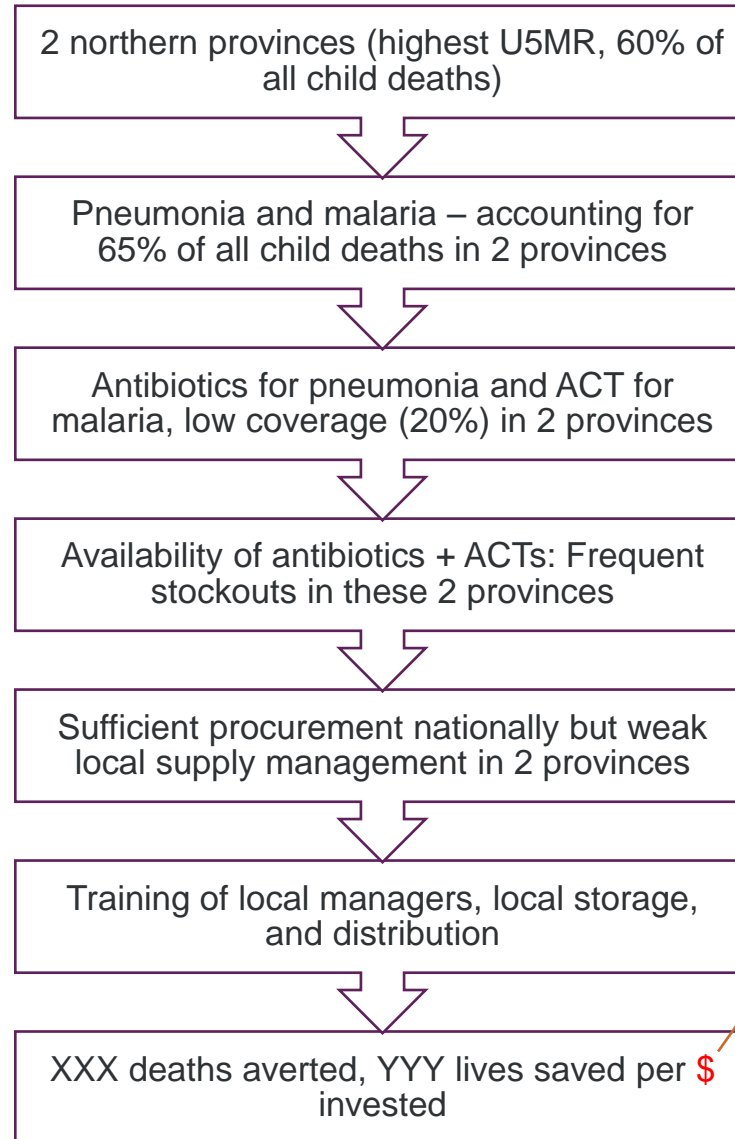
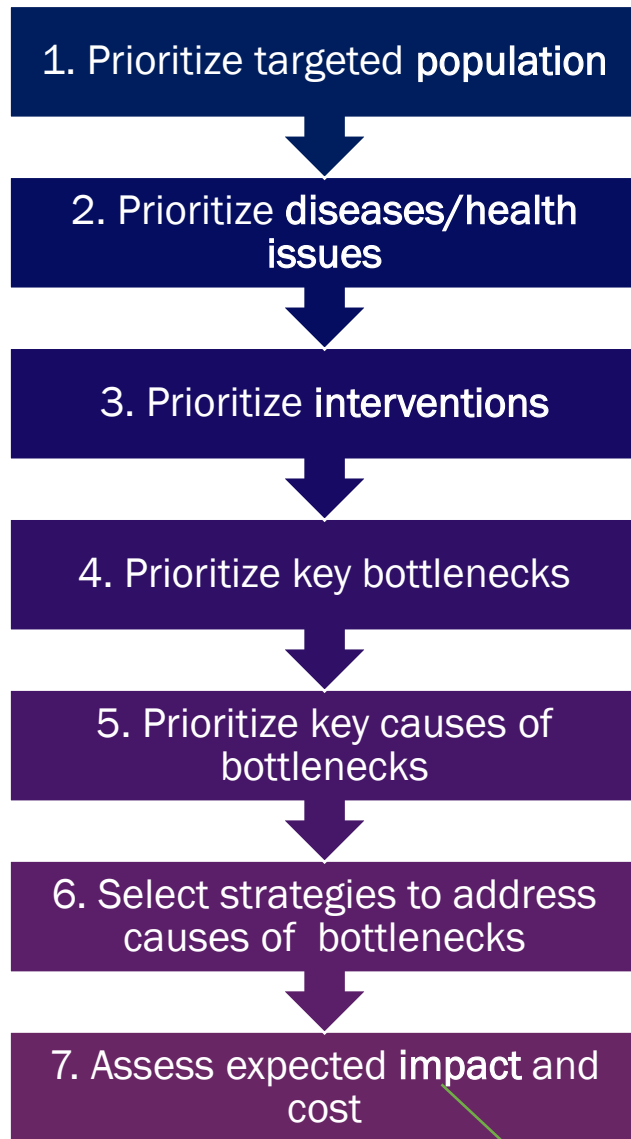
- Which interventions to prioritize?
- Everywhere or pick areas?
- Who are the most underserved?
- What prevents higher coverage?
- How much will it cost?
- What funds do we have already?
- What more can we mobilize?

Process and tools: An RMNCAH investment case



Prioritization: Using the EQUIST platform

Stepwise process



Cost from OneHealth tool

Based on LiST

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.

The screenshot displays the EQUIST web application interface for Madagascar. The main content area is divided into three sections: Situational Analysis, Scenario Analysis (highlighted), and Scenario Comparison.

Situational Analysis:

- Analysis By:** Neonatal mortality
- Wealth:** A horizontal bar chart showing neonatal mortality rates for different wealth quintiles. The x-axis represents 'Deaths per 1000 live births' (0 to 30). The y-axis lists quintiles from Poorest to Richest. The Poorest quintile has the highest mortality rate (around 25), while the Richest has the lowest (around 20).
- Residence:** A horizontal bar chart showing neonatal mortality rates for Urban and Rural populations. The x-axis represents 'Deaths per 1000 live births' (0 to 30). The Urban population has a higher mortality rate (around 25) compared to the Rural population (around 22).

Scenario Analysis:

- Map:** A map of Madagascar showing neonatal mortality rates by province/district/governorate. A legend indicates 'Deaths per 1000 live births' with a color scale from 0 (light blue) to 40 (dark blue). High mortality areas are concentrated in the eastern and southern parts of the island.
- Province / District / Governorates:** A dropdown menu for selecting the geographic area.

Scenario Comparison:

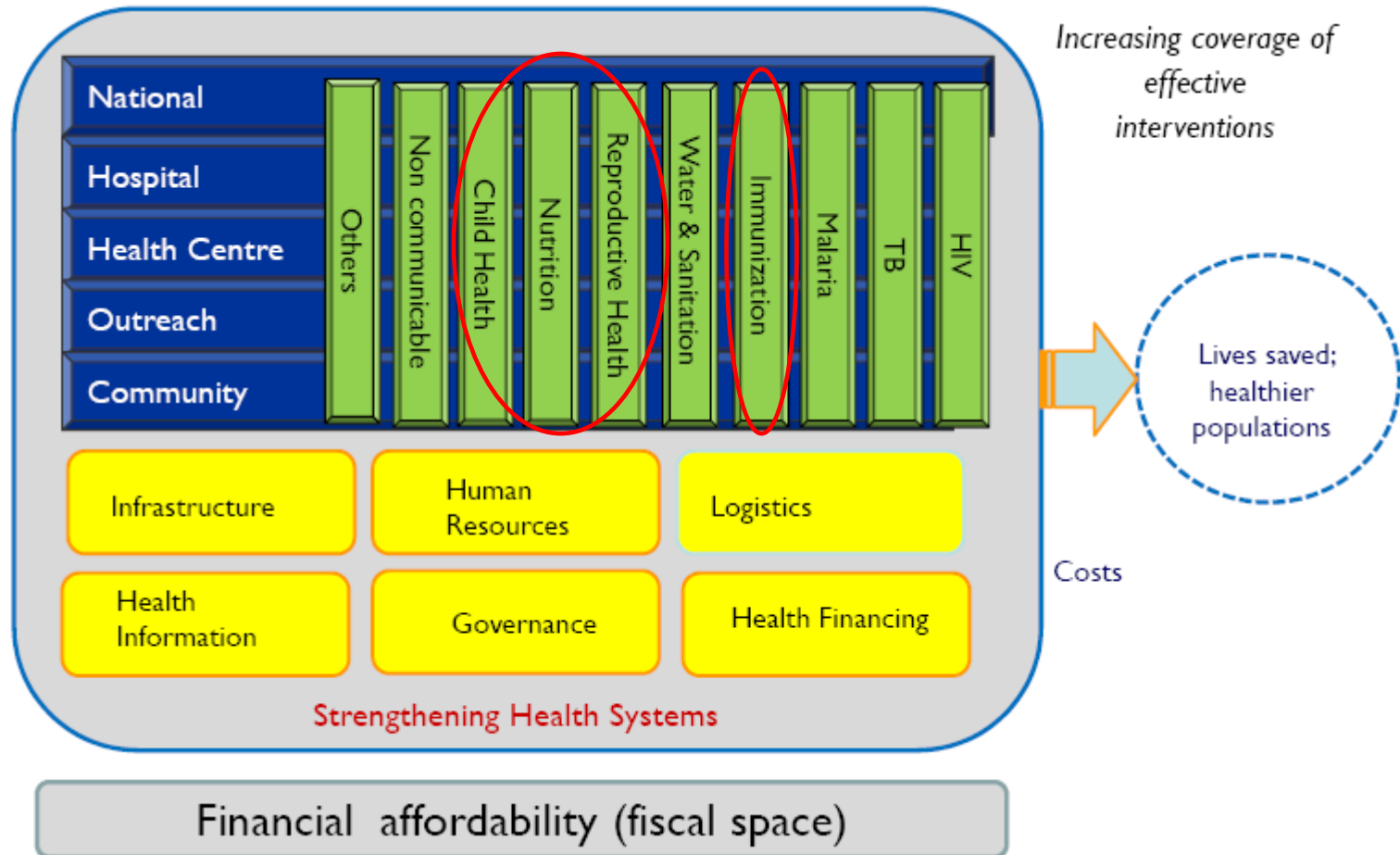
- Prioritise target population by:** A dropdown menu for selecting the geographic area.
- Select target population:** A list of provinces/districts with checkboxes. Selected items include Androy, Anosy, Atsimo Andrefana, Atsimo Atsinanana, and Vavovavy Fitovinany.
- Revise indicator of target population:** A button to change the indicator.

Navigation and Footer:

- Home | Dashboard | User Guide | Technical Notes | Service Desk | Knowledge Base | Resources

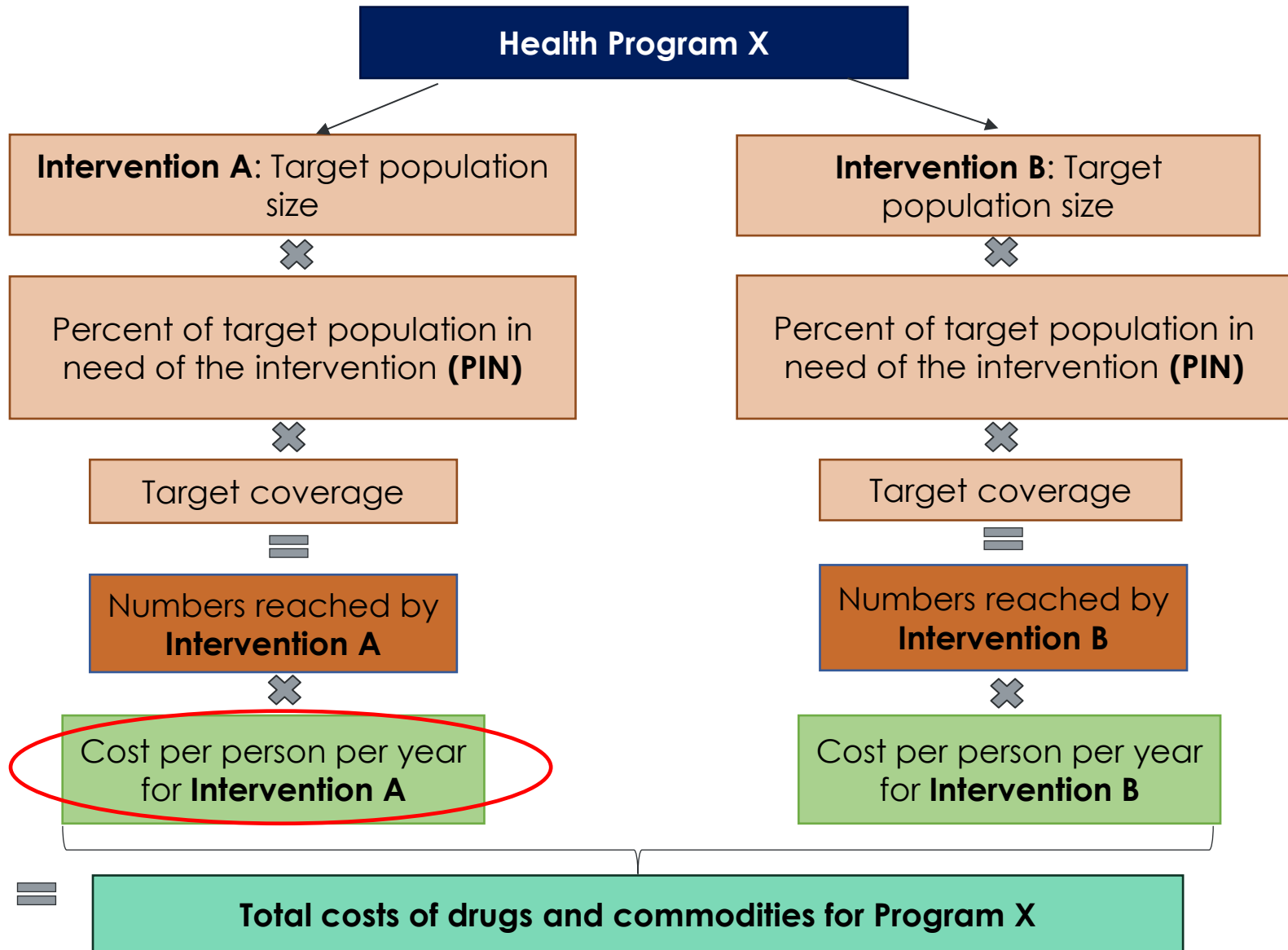
<http://equist.info>

Cost analysis: Using the OneHealth tool—caveats



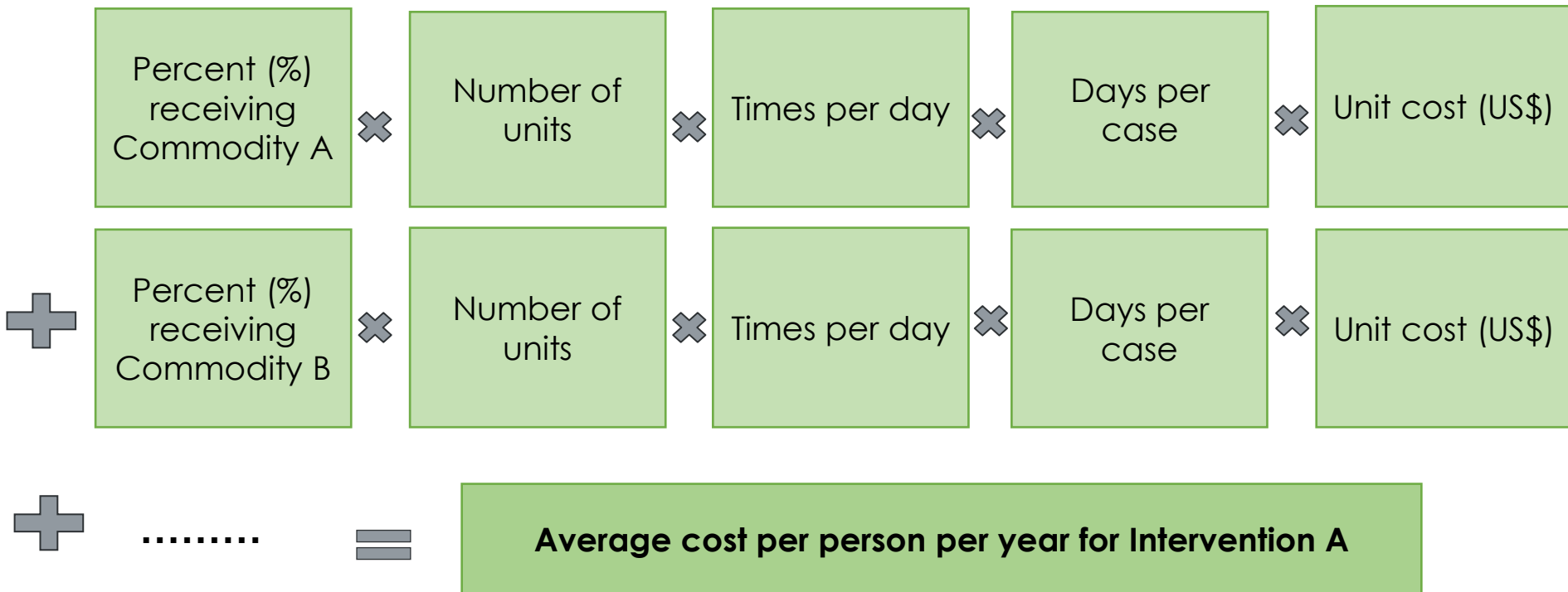
- ✦ If national strategy OneHealth costing exists (health sector or RMNCAH), use it
- ✦ New costing conducted *only* for GFF/RMNCAH investment case may take time
- ✦ Need to focus costs only on identified priorities
- ✦ Iterative process! (new priorities → new coverage → new costs)

Cost analysis: Using the OneHealth tool—deep dive



Cost analysis: Using the OneHealth tool—deep dive

Cost per person, “ingredients-based” approach



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.)

RMNCAH resource mapping: Not the same as an NHA!

Resource Mapping Tool

Matawi Ministry of Health Resource Mapping Tool: Activity Input Worksheet

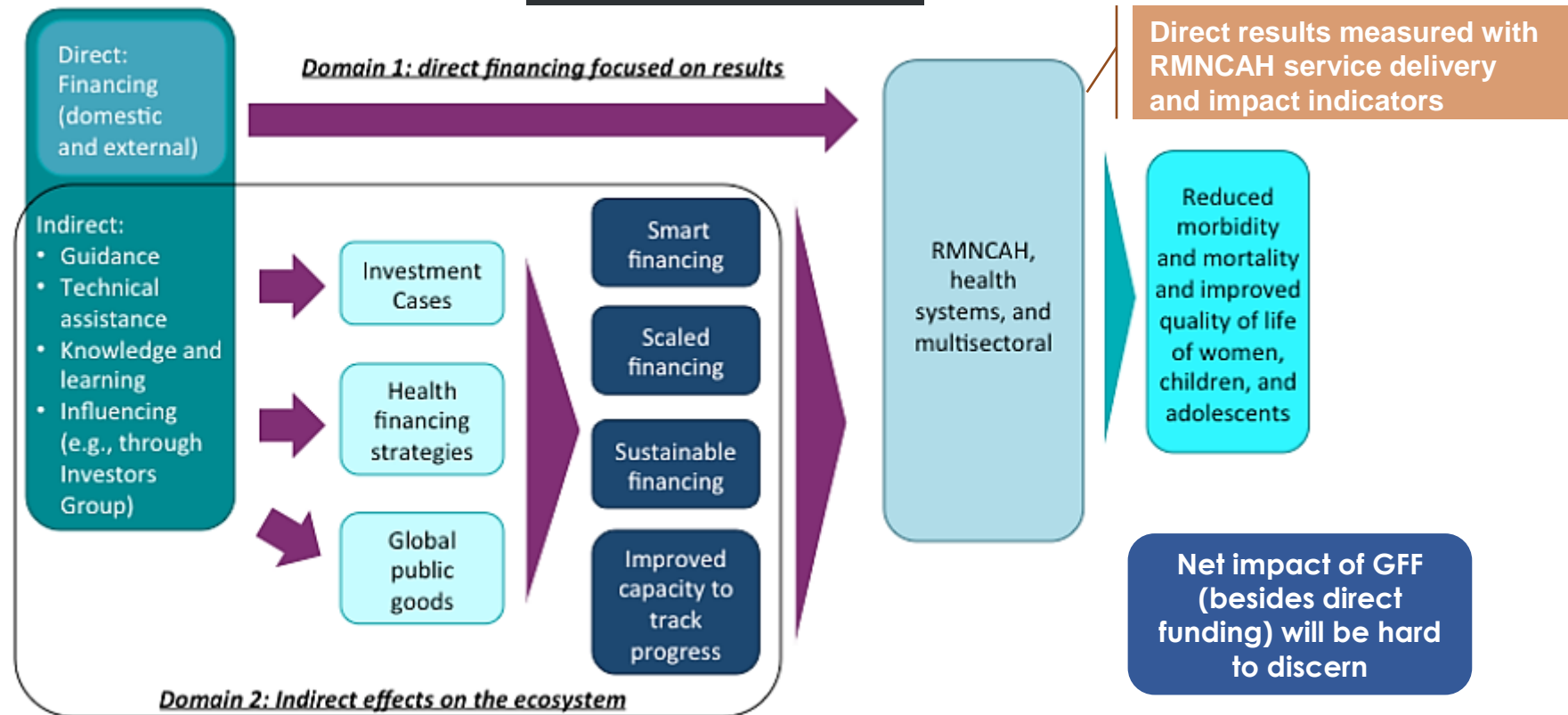
What? Who? What National Plan objective does it contribute to? What RMNCAH investment case priority does it contribute to? Where? How much?

Duplicate Last Row		Section 1: Activity and Agent					Section 2: Program/System Area and Details			Section 3: Categorization of Activity					Group			
Row Complete?	Row Number	Project Name	Description of Activity	Financing Agent	If OTHER please specify	Primary Implementing Agent (list only one)	Is there a sub-implementing agent? (Activity conducted/should be endorsed to the lowest level of implementation)	Sub-Implementing Agent (list only one)	Programmatic Function	Programmatic Sub - Function	Primary Cost Category	HSSP - Strategy	HSSP - Objective	National Strategic Plan <small>Please enter "NSP Not Applicable" if the activity is not related to HIV</small>	National Strategic Plan - Strategic Action	Central Government	Currency	FY Ending 2012 <small>(2011 - December 2012)</small>

- + 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

How to measure progress and quantify impact?

GFF Theory of Change



Domain 2 Results: examples (smart fin., scaled fin.)

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

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?

HP+

HEALTH POLICY PLUS

Better Policy for Better Health



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Health Policy Plus (HP+) is a five-year cooperative agreement funded by the U.S. Agency for International Development under Agreement No. AID-OAA-A-15-00051, beginning August 28, 2015. The project's HIV-related activities are supported by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR). HP+ is implemented by Palladium, in collaboration with Avenir Health, Futures Group Global Outreach, Plan International USA, Population Reference Bureau, RTI International, the White Ribbon Alliance for Safe Motherhood (WRA), and ThinkWell.

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