

Global Financing Facility: where will the funds come from?

The recent World Report by Ann Danaïya Usher (Nov 7, p 1809),¹ shows some misunderstanding about the fundamental aspects of the Global Financing Facility (GFF) for every woman and every child. This facility was established to support financing for the UN Secretary-General's renewed Global Strategy for Women's, Children's and Adolescents' Health.² As GFF partners, we would like to clarify how the GFF is acting to help low-income and middle-income countries to achieve sustainable financing for reproductive, maternal, newborn, child, and adolescent health. Mechanisms, such as the GFF, that enable countries to develop financing and implementation frameworks to achieve the new Sustainable Development Goals should warrant strong support from the international community.

The GFF aims to scale up resources for underserved women and children by better aligning partners around one country-driven investment case for women and children and harmonising funding sources. The GFF is much more than a trust fund; it operates as a country platform for collective action, by bringing together funding from domestic and international partners that supports a set of country-defined priorities in reproductive, maternal, newborn, child, and adolescent health (RMNCAH). The GFF focuses specifically on financing evidence-based, high impact interventions. The GFF trust fund supports the development of a country's investment case as designed by an inclusive and representative national platform. An investment case is accompanied by a national health financing strategy that aims to build sustainable health-financing systems and achieve universal health coverage by 2030.

The GFF represents a strategic shift away from a focus solely on development assistance and towards long-term sustainable financing as countries' economies grow, consistent with the 2015 Addis Ababa Action Agenda. However, where will the funds come from? Finances will come, first and foremost, from domestic resources, both public and private. Of note, the GFF trust fund alone was not intended to close the resource gap for RMNCAH—estimated to be US\$33.3 billion in 2015—but rather to provide a catalyst to leverage additional resources through a combination of proven and innovative approaches. The aims are to increase cost-effectiveness and generate efficiencies through smart investments in RMNCAH, reduce the incremental resource needs over time by gaining additional domestic resources to underfunded areas, and ensure effective harmonisation and alignment of partner resources to every country's priorities for RMNCAH.

The connection between the GFF and financing from the International Development Association (IDA)—the World Bank Group's fund for low-income countries—is a key part of this puzzle and has been from the beginning. The business plan³ of GFF was revised shortly after its initial release to provide more details on how this connection will be operational in practice, building on the proven track record of the Health Results Innovation Trust Fund,⁴ which the GFF was developed from.

We are in the early stages of learning. The GFF first pilot countries, Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania, are leading the way with strong national ownership of the GFF process, the experience of which they shared with six new GFF countries at a learning workshop in Kenya. The Kenya GFF investment framework clearly shows the power of this collective action to help substantially close the country's financing gap for women's and children's health.

In her report,¹ Usher mistakenly refers to the GFF as "another vertical...health fund", but it is quite the opposite. The GFF is intentionally designed to ensure integration across RMNCAH as an entry point towards universal health coverage and advances in many sectors that are closely associated with health outcomes of women and children (eg, nutrition, girls' education, and water and sanitation).

We see the GFF as a visionary leap forward in global health and development financing. We are excited about the potential of the GFF to advance the shared goal for every woman, child, and adolescent to live a healthy, productive life, full of promise and opportunity.

DJ is Chair of the Investors Group of the Global Financing Facility (GFF) and represents the Government of Canada. TGE is the representative of the World Bank Group on the Investors Group of the GFF. MC is the alternate representative of the Bill & Melinda Gates Foundation on the Investors Group of the GFF. RK is the representative of the Kenyan Government on the Investors Group of the GFF. AP-M represents US Agency for International Development (USAID) on the Investors Group of the GFF.

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- 1 Usher AD. Global Financing Facility: where will the funds come from? *Lancet* 2015; **386**: 1809–10.
- 2 WHO. The Partnership for Maternal, Newborn & Child Health. The global strategy for women's, children's and adolescents' health 2015–2030. 2015. http://www.who.int/pmnch/activities/advocacy/globalstrategy/2016_2030/en/ (accessed Nov 11, 2015).
- 3 World Bank. Global financing facility in support of every woman every child: business plan. 2015. <http://pubdocs.worldbank.org/pubdocs/publicdoc/2015/7/598311437686176148/1515268-GFF-Business-Plan.pdf> (accessed Nov 11, 2015).
- 4 World Bank. Health results innovation trust fund annual report: a smarter approach to delivering more and better reproductive, maternal, newborn, and child health services. 2014. <http://www.rbfhealth.org/progressreports/2014-0> (accessed Nov 11, 2015).



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