Critical review of the Global Financing Facility in two front-runner countries: Kenya & Tanzania

Dr. Lisa Seidelmann

Innovative Financing for Global Health Preparing Communities for Engagement in the Response
BANGKOK, THAILAND
21-22 June 2018

Who we are and what we did

Wemos

- is an independent civil society organization that aims to improve health worldwide

Methodology of assessment on GFF

- In-depth interviews with national CSOs, international NGOs, professional associations, bilateral donors, and the World Bank in Kenya and Tanzania

- Desk review of investment cases, project appraisal documents and NGO reports

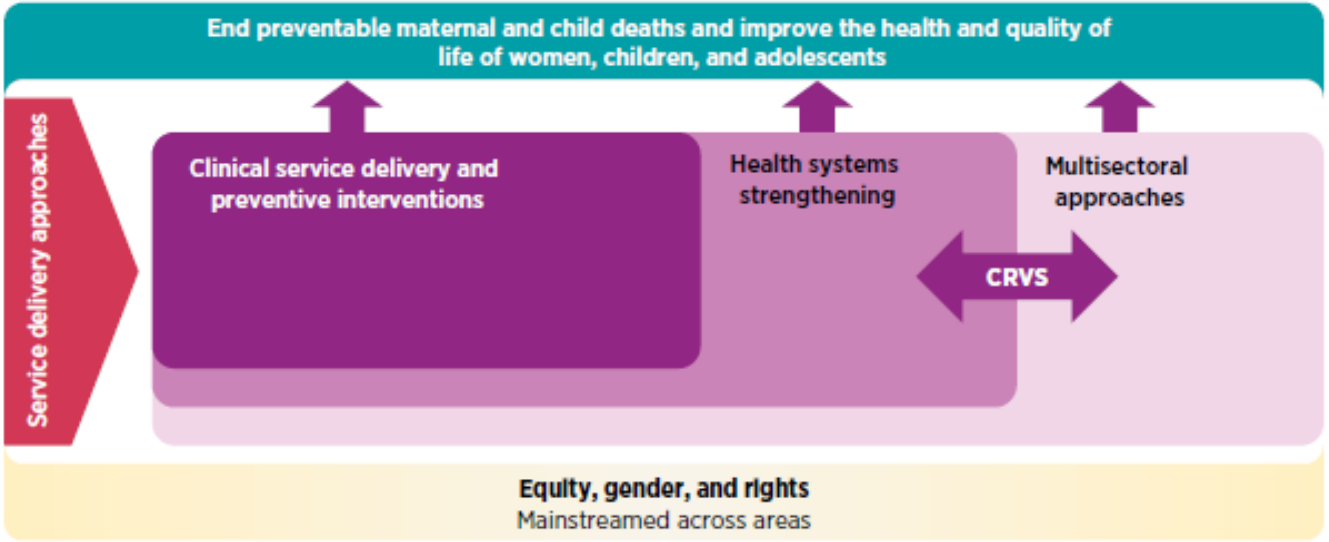
Global Financing Facility (GFF)

Brief overview

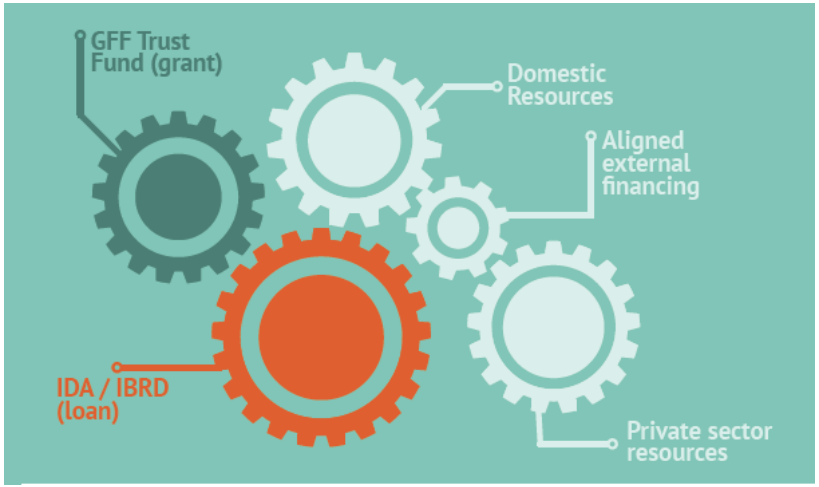
Global Financing Facility

What is it & what is its purpose?

- Innovative funding model for EWEC
- Close global funding gap in RMNCAH-N (annual $ 33.3 billion)



How the GFF works (1/2)



Source: Mama Ye! Evidence for action

IDA Loan

- GFF-TF grants only allocated if countries spend IDA resources on RMNCAH
- World Bank develops a Program Appraisal Document (PAD) with budget for IDA & GFF-TF
- IDA loan is considered as domestic resource contribution

Sustainability focus of GFF

- applying country must show willingness to increase DRM to RMNCAH (e.g. development of health financing strategy)

How the GFF works (2/2)

GFF Trust Fund

- LMIC eligible for financing from GFF-TF (63 countries)
  - between $ 10 – 60 million for 3-4 years
- Trust Fund capital
  - Initially $ 800 million
  - Replenishment this year (aim: $2 billion)
  - Governed by Investors Group (2 CSO representatives)

Country Platform and Investment case

- Country-led & -managed multi-stakeholder platform
- Principles of transparency and inclusivity
- Results-based Financing of high impact interventions

GFF in Kenya

Key findings

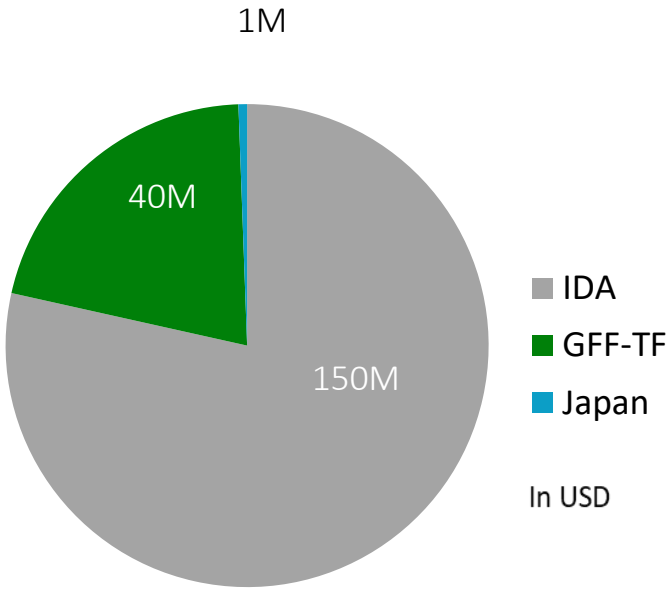
Kenya: Investment case & Project Appraisal Document

PAD: 'Transforming health systems for universal care project'

- Total project cost: $191 million

Investment case:

- National RMNCAH Investment Framework
  - GFF initially for RMNCAH-N needs in 20 high burden counties, now all 47 counties
- Counties Annual Health Work Plans



Setup of GFF in Kenya

Financing Model:

- Counties receive GFF funds in “Special Purpose Accounts”
- GFF funds are ‘non-conditional’

Country platform

- New Inter-Agency Coordination Committee (ICC) for RMNCAH-N
- GFF progress – standard agenda item

Technical Assistance

- WB
- Additional RMNCAH Multi-Donor Trust Fund
- Hands on operational support

Involvement of Kenyan CSOs in decision-making

- MoH values CSOs but there is very limited engagement with MoF
- Initially GFF handpicked US NGO as rep
- lack of ownership and legitimacy of CSO engagement process
- HENNET (Health NGO Network)
  - CSO focal point for GFF secretariat
  - Coordinates CSO input
  - Monitors progress
- CSO engagement at national level, but not at county level

Kenya: Progress

Disbursements

- Active CSO involvement
- Late disbursement to county level
- Low absorption capacity at county level
- All counties received seed funding from GFF-TF (Dec 2017)
- 2nd Scorecard to monitor GFF progress under development

GFF in Tanzania

Key findings

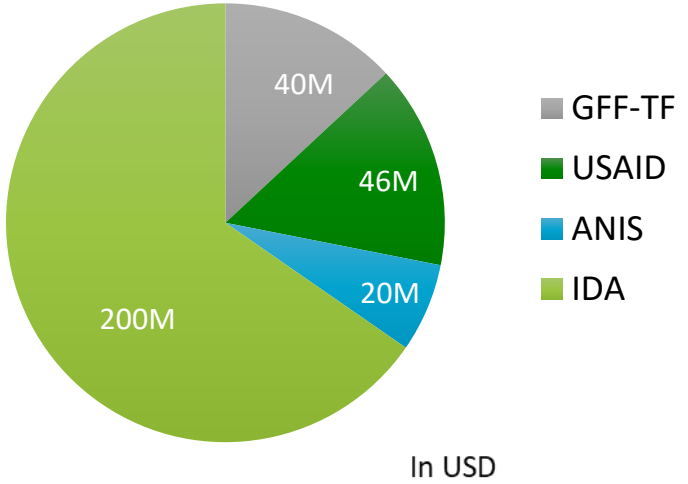
Tanzania: Investment case & PAD

PAD: 'Strengthening Primary Health Care for Results Program' (PHC4R)

- Improve PHC with focus on MNCH services

Investment case: ONE PLAN II (2016-2020)

- The pre-existing *National Road Map Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health in Tanzania (2016-2020)*
- The PAD preceded the Investment Case



Setup of GFF in Tanzania

Financing model

- GFF funds are disbursed at different levels (nation, regional, district, facility)
- Most of it for service delivery: sent directly to facility-based district accounts
- GFF is not earmarked in the budget as separate budget line

Country Platform

- existing MNCH Technical Working Group (TWG)
- TWGs (total of 11) fall under the SWAP Technical Committee

Roll out

- GFF implemented in 9 regions (will be rolled out to the other 14 regions)

Involvement of Tanzanian CSOs in decision-making

- CSOs represented at TWGs at MoH
- Very limited direct interaction between MoH and CSOs on GFF
- Initial engagement on GFF process slow
  - in-transparent and non-inclusive approach from government
  - Wait-and-see approach from CSOs

- HDT
  - CSO focal point for GFF secretariat and coordinates CSO input
  - Lacks funding and capacity for monitoring GFF and coordinating CSOs

- Several national CSOs monitor components of RMNCAH-N
- CSO engagement at national level, but not at district level

Tanzania: Progress

Disbursements

- Only 32% disbursed of PHC4R in 3rd year of implementation (mainly from IDA)

Preliminary results from World Bank Mid Term Review

- Limited knowledge at facilities of RBF
- Payment is often disbursed very late
- Data for calculating the disbursements is unstable

Comparison Kenya – Tanzania

	Kenya	Tanzania
PAD	No comprehensive RMNCAH plan in place	Based on preexisting national plan
Financing model	Trackable funds	Non trackable
MoH engagement	approachable	Fragmented & unavailable
Weak initial CSO engagement	proactive	passive
National decision-making processes	WB and MoF (financial) WB and MoH (technical)	
transparency	Lack of willingness to share information	
Barriers to success	HRH crisis	

Key findings

GFF in two front-runner countries: Kenya & Tanzania

Source: Mama Ye! Evidence for action

Key findings (1/5)

CSO engagement is crucial

- CSOs that pro-actively demand engagement & accountability are more successful (see Kenya case)
- More funding and technical assistance needed for CSOs to engage, especially at local level

CSOs must speak up about the GFF their countries need to achieve RMNCAH-N

Key findings (2/5)

There is insufficient involvement of CSOs in the financial discussions

- The loan aspect of GFF is not well-understood but has large implications for future generations
- Urgent need to improve ‘economic literacy’ of CSOs to be able to engage with MoF

CSOs need to become economically literate & much more involved in the financial decision-making process

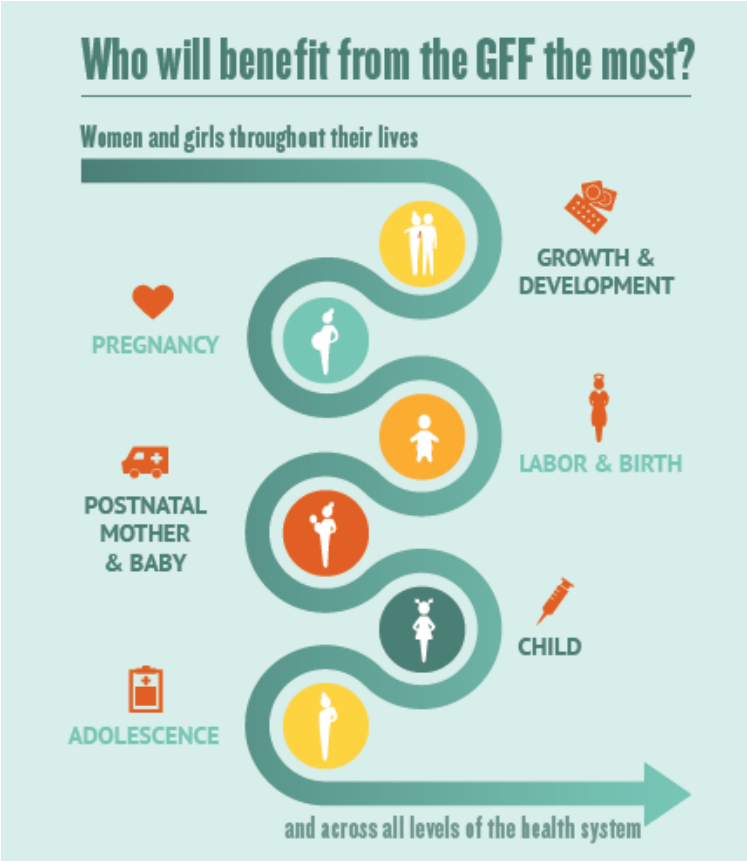
Key findings (3/5)

Continuum of care approach is shaky:

"The letters don't line up"

- Better coordination between stakeholders dealing with the RMNCAH-N needed
- GFF should link more with the broader UHC movement – particularly on the discussion on equity and leaving no one behind
- Indicator selection for RBF not according to "best-buys"

CSOs need to be more aligned to effectively monitor GFF and advocate a Continuum of Care approach

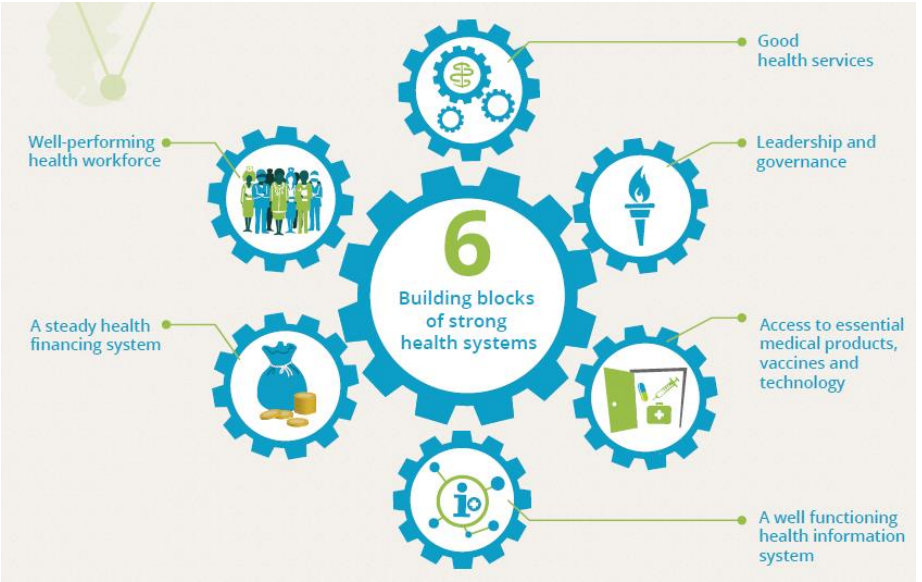


Source: Mama Ye! Evidence for action

Key findings (4/5)

GFF not fully aligned with Health Systems

- World Bank is pushing to issue loans before plans and structures are ready
- PAD identifies substantial risks and presents mitigating PFM measures but does not follow through
- HRH crisis insufficiently addressed!



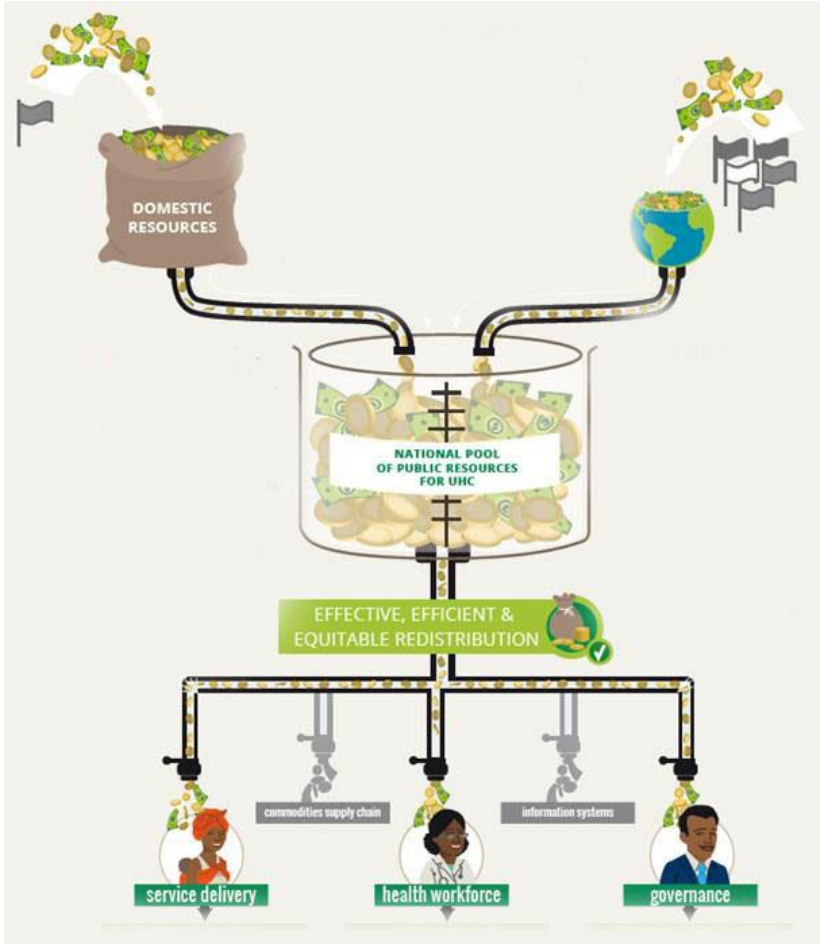
CSOs need to push their governments to ensure that health systems strengthening interventions are implemented

Key findings (5/5)

There is limited coordination between other bi- & multilateral donors

- Lessons of GAVI & GFATM not applied
- Limited information sharing outside immediate GFF network
- Ideally, health financing from all sources (including GFF) should be pooled and pushed through government systems

CSOs should advocate strong PFM and accountability mechanisms that make the pooling of resources for UHC at national level possible



Concluding remarks

THEORY

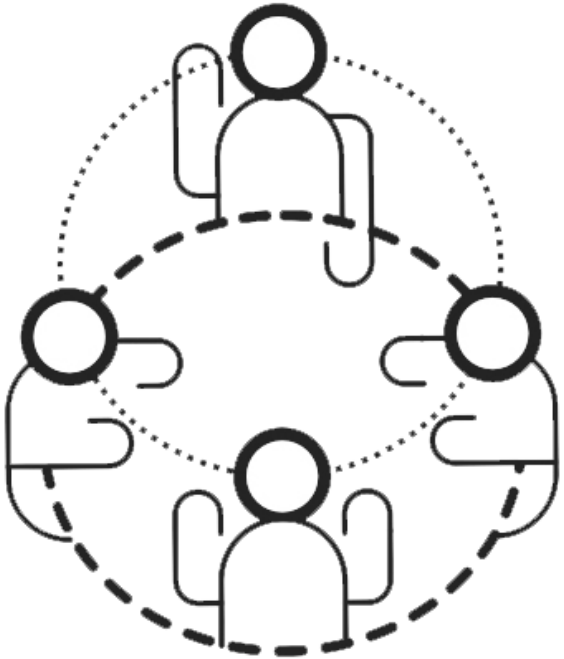
- GFF objectives are sound

- Loan increase domestic resources:
  - *".....increasing IDA/IBRD allocations for RMNCAH represents an important step forward greater domestic financing for RMNCAH."*

PRACTICE

- IDA loan **increases fiscal space for health in the short term**, but:
  - takes away incentives to increase domestic resources from other sources
  - could lead to reallocation domestic health funds to other sectors
- In the long run it decreases fiscal space because of debt servicing

The GFF is a 'big animal' that needs to be tamed by recipient governments, and they need CSOs to ensure accountability and drive necessary reforms.



Thank you!

Now, let's discuss… ☺