



**The Global Financing
Facility in Kenya
A brief summary**

This factsheet focuses on the Global Financing Facility (GFF) in Kenya. [Wemos' factsheet](#) on the GFF explains the general functioning of this health financing model supporting countries in reproductive, maternal, neonatal, child, and adolescents health and nutrition (RMNCAH+N).

In Kenya, the GFF aims to improve Universal Health Coverage (UHC) in line with national political priorities.

Investment Case (IC):

National RMNCAH+N Investment Framework

World Bank (IDA) loan co-financed by GFF as outlined in the Project Appraisal Document (PAD):

"Transforming Health Systems for Universal Care Project"

Project period: May 2016 – June 2021

Objective: improve utilization and quality of primary health care (PHC) services with focus on RMNCAH+N services

Total project cost: USD 191 million, out of which:

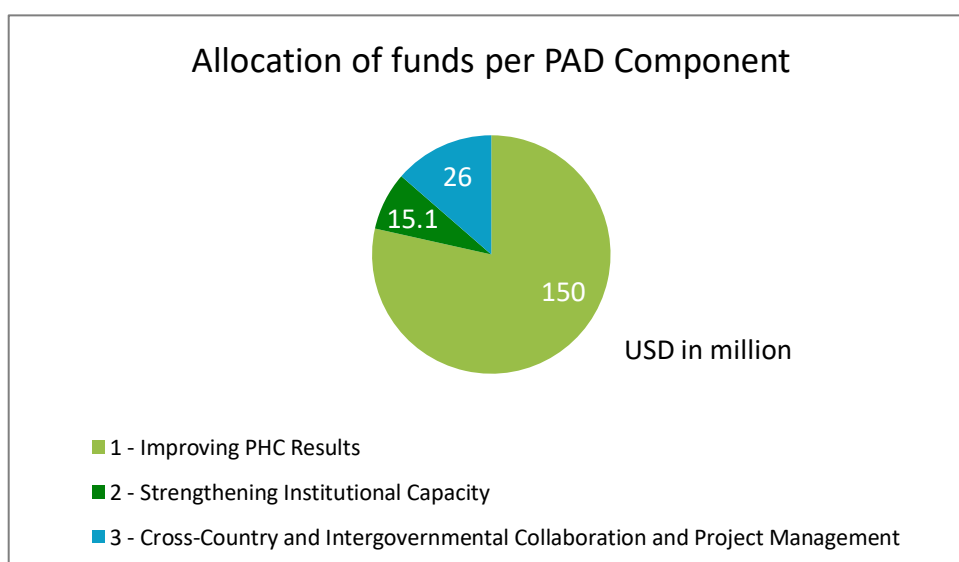
- IDA: USD 150 million
- GFF: USD 40 million
- Japan Policy and Human Resource Development Fund – USD 1.1 million

The ratio of the IDA loan to GFF Trust Fund grant is USD 3.75:1

Status: 30% disbursed (June 2019)

Three components:

1. Improving PHC Results (USD 150 million)
2. Strengthening Institutional Capacity (USD 15.1 million)
3. Cross-Country and Intergovernmental Collaboration and Project Management (USD 26 million)



*PHC = Primary Health Care

UHC IN KENYA

The Kenya Essential Package for Health (KEPH) is broad and basic and not all population groups including hard to reach patients have access to its benefits. In addition, the package of services needs to be reviewed to address the dual burden of communicable and non-communicable disease.

In December 2017, the President of the Republic of Kenya declared the “Big Four Agenda”: four priorities for Kenyan development including UHC with an ambitious and vibrant UHC agenda for the entire nation. In line with this development, the Ministry of Health (MoH) in collaboration with partners developed a five-year Primary Health Care Strategic Framework 2019-2023 to further increase access to primary healthcare services, which has not been launched so far. This strategy focuses on the provision of health care services, drugs and other medical supplies, financing of primary health care delivery, leadership and governance, and also lays out the respective roles of the relevant stakeholders involved.

Kenya’s political decentralization process has enabled counties to plan for health services in response to their specific needs and to work towards operationalizing UHC. However, as the national government allocates only about 7% of its budget towards healthcare, county health budgets are still insufficient.

The GFF has the potential to strengthen the foundational elements of a high-quality primary health care system in Kenya addressing the needs of every woman and every child. By strengthening the health financing system to bring high-quality RMNCAH+N services closer to the population, it aims to improve service delivery and procurement of essential commodities and drugs.

GFF COUNTRY SETUP AND PROGRESS

Health, as all other ministries, is devolved in Kenya. This led to the special situation that, instead of one GFF IC for the entire nation, one national *Investment Framework* was developed to inform the specific counties’ Annual Health Work Plans on viable RMNCAH+N interventions. The counties’ Annual Health Work Plans, representing the county- specific ICs, are often not publicly available and differ substantially in content and quality.

Initially, 20 counties with the highest need in RMNCAH+N were supposed to be included in the GFF project. Now, all counties receive GFF resources according to a needs-based formula, including population and poverty index. Counties opened “Special Purpose Accounts” for these funds which are ‘non-conditional’ so that each county can dedicate them to their biggest need in the area of RMNCAH+N. The minimum amount that counties need to allocate to health is 20% of their budget, which is not challenging, considering that many counties already allocate this or even a higher share. However, in the following years this amount needs to increase for counties to stay eligible for GFF funding. Moreover, the continuity of disbursement also depends on results delivered.

Counties receive the GFF resources as separate funding flows from the treasury apart from the government’s national health contributions, which are mainly for recurrent costs in the counties’ health systems. The disbursement of funds is often delayed and the seed funding to the counties was only disbursed at the end of 2017, one and a half years after the start of the project. At county level, the absorption capacity of the funds is also estimated to be rather

low. This is partly due to weak coordination and late disbursement, creating an inefficient public financial management system. The unspent budget initially allocated to a county's health sector is then used by the counties for different sectors. This is not possible for the GFF funds which are ring-fenced for health and specifically for RMNCAH+N.

Funds from the IDA loan and the GFF grant are allocated to interventions regarding primary health care and to the strengthening of institutional capacity and project management. An additional USD 1.1 million from the Japanese government is earmarked for strengthening civil registration and vital statistics. A total of USD 150 million is allocated to the county level of which USD 20 million is earmarked for family planning (including family planning commodities). The remaining USD 130 million is allocated to the counties according to five performance indicators. The counties themselves can then freely decide how to allocate the resources received. However, restrictions mean that this amount cannot be allocated to health worker salaries, or to new infrastructure or the rehabilitation of existing infrastructure exceeding USD 200,000.

In addition to the World Bank/GFF project, Danida, DFID, and GAVI established a multi-donor trust fund to align investments in capacity building to provide additional technical assistance and support the implementation of the Investment Framework. In Kenya, bilateral donors meet at the platform *Development Partners in Health* (DPHK) which facilitates their engagement with other constituencies or platforms such as the GFF. They participate in meetings convened by the World Bank and are a member of the RMNCAH+N Technical Working Group at the MoH as well as part of the GFF Country Platform with one representative.

GOVERNANCE

For the GFF Country Platform, the "Inter-Agency Coordination Committee (ICC) for RMNCAH+N" was newly created from existing committees relevant to the area and includes all relevant stakeholders. It planned to meet on a quarterly basis to discuss the progress and process of the GFF as a standard agenda item. Civil society was promised five seats for representation at the ICC. However, the ICC as such has not taken off so far and the Country Platform is not functional. GFF matters are discussed at the RMNCAH+N Technical Working Group which does not include all relevant stakeholders.

This situation also leads to the lack of engagement of the private sector as there is no space for exchange among the full set of stakeholders. In addition, there has not been any engagement so far between the "3 Gs", i.e. the Global Fund to Fight Aids, Tuberculosis, and Malaria (GFATM), GAVI The Vaccine Alliance, and the GFF.

CIVIL SOCIETY ENGAGEMENT

Initially, in the GFF frontrunner country Kenya, there was minimal engagement and low representation of only international civil society. Active engagement was difficult due to limited information sharing, unclear communication, and a rather closed GFF community. A broader set of national civil society organizations (CSOs) started to actively engage in early 2017 when they gathered for a retreat strategizing on organized engagement. To overcome the challenge of limited knowledge on the GFF, Kenyan civil society engaged a consultant to undertake an analysis of the GFF in Kenya, and HENNET, WACI, and KANCO conducted [a](#)

[specific analysis of the GFF and nutrition](#) in Kenya¹. Later, several capacity building sessions for CSOs were facilitated, a CSO work plan was developed, and meetings with the MoH, the World Bank, and the private sector took place. CSOs also worked out a Kenyan *Civil Society GFF Strategy* to enhance CSO engagement with the GFF and the Country Platform. The MoH increasingly recognizes the capacity of the Kenyan CSO landscape to enhance accountability and strengthen community engagement to take on an active role in defining local health care priorities. At national level, civil society indicated the need for increased focus on family planning and nutrition in the Investment Framework, successfully creating more visibility for these two areas.

HENNET (Health NGOs Network, the Kenyan network of CSOs working in health), is the official GFF CSO focal point. HENNET coordinates the Kenyan civil society active in the GFF, and represents CSOs in national, regional, and global forums. HENNET was also involved in the Investment Case Framework development. It now monitors GFF progress with a scorecard already in its second edition (a third one is currently being finalized). At national level, civil society engagement has grown strong, but at the sub national level the GFF is still not widely known and CSO engagement in its infancy.

WACI Health facilitated the campaign “[The GFF We Want](#)” to elevate the voice of civil society from African countries². Regional consultations in ten GFF countries, leading to in-depth case studies in three of them, Kenya, Tanzania, and Cameroon, identified lessons learned that were presented in global forums in order to strengthen cross-country learning, improve accountability, and ensure long-term sustainability of GFF’s objectives. Furthermore, the campaign facilitated civil society engagement with a wide range of stakeholders including GFF leadership, existing and potential GFF donors, GFF implementing governments, and the private sector.

KEY CONCERNS

Civil society has achieved to claim its space at the national level and engage meaningfully with the government which values this exchange and the input received by civil society. Civil society actively had to push for this space and while it has improved over time, information is still often shared on an ad hoc basis slowing down further engagement. The engagement with the Ministry of Finance is still very limited, also due to lack of economic literacy among civil society actors, and it needs to grow, especially now that a possible follow up loan might be negotiated between the Ministry and the World Bank.

At county level, civil society needs to be informed and sensitized to the GFF project, its operation method, and the implications for the population. In order to take on and fulfill its role regarding meaningful engagement and GFF monitoring, local CSOs need to be strengthened and trained with the needed skillset to fully build their capacity on economic literacy, advocacy, and monitoring and evaluation. The needs in these areas will differ according to the counties and county specific approaches need to be developed.

Kenya has been developing a Health Financing Strategy to include UHC, however, the document is still not finalized and the date for its expected launch not known yet.

¹ <https://wacihealth.org/wp-content/uploads/2018/05/understandingtheglobalfinancingfacility-thecasestudyofkenya.pdf>

² <https://wacihealth.org/gff-campaign/>

ABOUT THE ORGANISATIONS

WEMOS

Wemos is a Netherlands-based independent civil society organisation seeking to improve public health worldwide. Wemos analyses Dutch, European, and global policies that affect health and proposes relevant changes. We hold the Dutch government, the European Union and multilateral organisations accountable for their responsibility to respect, protect, and fulfil the right to health.

WACI HEALTH

WACI Health is an Africa region focused civil society organisation based in Nairobi, Kenya that exists to champion the end of life-threatening epidemics and health for all in Africa by influencing political priorities through an effective, evidence-driven Pan-African civil society voice and action. WACI Health does this through its engagement in policy and advocacy, civil society capacity strengthening and mobilisation around its vision which is Health for All in Africa.

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This document is part of Wemos' contribution to the Health Systems Advocacy Partnership