Global Financing Facility
Consultation Toolkit

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1. INTRODUCTION

This Global Financing Facility (GFF) Consultation Toolkit is designed to help inform a wide range of stakeholders on the key issues surrounding the proposed GFF and to provide information on the consultation process coordinated by PMNCH, as well as how to get involved. This communications toolkit is designed to inform a broad audience and galvanize input into this consultation process.

This ensuing toolkit is a guide, so please feel free to choose the content that works best for you and adapt as needed.

Share your Views

- Take the survey or Submit your views.
- Tweet your thoughts using #Commit2Deliver

Ask any Questions

If you have any further questions or would like to request further assistance with the consultation process, send us an email to: pmnch@who.int.
2. **GLOBAL FINANCING FACILITY**

Source: [The World Bank](https://www.worldbank.org)

As the world approaches the 2015 deadline for the Millennium Development Goals (MDGs), the enormous progress that has been made in improving maternal and child health is becoming evident. However, despite the progress, it is equally clear that more remains to be done: far too many newborns, children, adolescents and women die of preventable conditions every year, and far too few have reliable access to quality health services.

There is now an unprecedented global momentum to further accelerate improvements in Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). Through key global partnerships such as the Partnership on Maternal, Newborn and Child Health (PMNCH), the G8 Muskoka Initiative, Committing to Child Survival: A Promise Renewed and the United Nations Secretary-General’s Every Woman Every Child (EWEC) movement, the importance of women’s and children’s health have been put at the center of global development efforts.

Building on this momentum, there is now strong support for the concept of “convergence”: accelerating progress in improving the health and quality of life of women, children, and adolescents so that all countries achieve the levels reached by the best-performing middle-income countries. The global interest in RMNCAH is an opportunity to make a final push on the MDGs and ensure a solid foundation for the post-2015 work. To take advantage of this opportunity and ensure more rapid acceleration toward the 2030 convergence targets, these following challenges will need to be addressed:

- Significant additional investments are needed from both domestic and international resources to close the funding gap of US$5.24 per capita in 74 high-burden countries in 2015;
- Financing arrangements undermine equitable and sustained progress as countries transition from low- to middle-income status;
- The state of civil registration and vital statistics systems remains poor;
- Global public goods are inadequately financed;
- Fragmented financing and governance cause high transaction costs, hindering progress at the country level.

The World Bank GFF Concept Note argues that a Global Financing Facility (GFF) in support of Every Woman Every Child can help drive the transformative change needed to prepare the road to convergence on RMNCAH. The overall goal of the GFF will be to contribute to the

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1 Adapted from Executive Summary, World Bank (2014) “Concept Note: A Global Financing Facility in Support of Every Woman Every Child”

global efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. It is estimated that compared with current trends, an accelerated investment scenario would help prevent a total of 4 million maternal deaths, 107 million child deaths, and 22 million stillbirths between 2015 and 2030 in 74 high-burden countries.²

The GFF will mobilize and channel additional international and domestic resources required to scale up and to sustain efficient and equitable delivery of quality RMNCAH services. Additionally, the GFF will support the transition to long-term sustainable domestic financing for RMNCAH. A special focus area for the GFF will be to support the scale up of civil registration and vital statistics (CRVS) systems to contribute to universal registration by 2030.

The GFF has five objectives:

1. Finance national RMNCAH scale-up plans and measure results;
2. Support countries in the transition toward sustainable domestic financing of RMNCAH;
3. Finance the strengthening of civil registration and vital statistics systems;
4. Finance the development and deployment of global public goods essential to scale up; and
5. Contribute to a better-coordinated and streamlined RMNCAH financing architecture.

The GFF will facilitate a clear strategy for fully-scaled and smart financing of RMNCAH services in different countries. This strategy will be articulated in a financing roadmap informed by a rights-based, results-focused, fully costed RMNCAH national plan linked to national strategies for health and other sectors. The roadmap will provide a comprehensive picture of a country’s immediate and longer-term RMNCAH resource needs and will outline strategies to mobilize the requisite domestic (public and private) and international (bilateral and multilateral) funding over time. The aim is to harmonize funding for RMNCAH plans through a common country financing framework which is linked to clear results and backed by common accountability and reporting mechanisms. The financing roadmaps will be linked to longer-term planning that strengthens domestic resource mobilization and diversifies modalities of development assistance in line with a country’s rate of economic growth.

The GFF will also position itself as a major investor in the financial roadmap through mobilization of development assistance. Specifically, it will build on the existing Health Results Innovation Trust Fund (HRITF) at the World Bank that offers excellent leverage of International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) resources, good value-for-money in terms of achieving RMNCAH results and low administrative costs. In addition, through a dedicated financing window, the GFF will support the strengthening and scaling-up of CRVS plans contributing to the universal

² South Sudan was excluded from the analysis due to lack of data.
registration of every pregnancy, every birth and every death by 2030. Other financing windows are also envisaged for “multisectoral”, “multi-lateral” and “market-shaping” investments.

Three discrete governance capabilities need to be put in place for the further development of the GFF. One relates to the need for effective convening around the development and implementation of the country financing roadmaps. A second relates to the operations and further development of the GFF windows. And a third relates to the need for an umbrella stewardship that convenes stakeholders, forges consensus amongst domestic and international financiers, reviews progress, and recommends actions to accelerate the achievement of results. With an agreement on the objectives and functions of the GFF, a collaborative business planning process is anticipated in the coming months. The World Bank will play a convening role for the GFF, working with partners to further design and operationalize the GFF in the lead-up to a formal launch in mid-2015.
3. Consultation process

The Partnership for Maternal, Newborn & Child Health (PMNCH) was asked to co-ordinate a wide-ranging consultation on the GFF in advance of its finalization and launch in 2015. PMNCH brings together the reproductive, maternal, newborn, child and adolescents health (RMNCH+A) communities into an alliance of more than 650 members across seven constituencies. This constituency model has enabled PMNCH to manage multi-stakeholder based consultations for several major global efforts, including the Global Strategy for Women’s and Children’s Health (2010). In addition, through its most recent experience with the Every Newborn Action Plan consultation process (2014), PMNCH has promoted a web-based consultation process that proved effective in engaging stakeholders within and beyond the constituency groups.

The consultation has three main objectives:

1. to canvass and synthesize views from a full range of constituencies and other stakeholders on the Global Financing Facility concept, proposed modalities and, in due course, its implementation plan guided by the broad themes set out below;

2. to inform the early stages of the process to develop a new Global Strategy for Women’s and Children’s Health as recommended by the independent Expert Review Group in their 2014 report; and

3. to intensify the advocacy for women’s and children’s health during the critical final lap of the post-2015 goal-setting process.

3 These are (i) academic, research and teaching institutions (ART); (ii) donors and foundations; (iii) health care professionals (HCP); (iv) multilateral organizations; (v) non-governmental organizations; (vi) partner countries; and (vii) private sector.

For more information visit www.WomenChildrenPost2015.org
4. **Post 2015 Sustainable Development Goals**

Global goals such as the Millennium Development Goals (MDGs) have accelerated progress in improving the health of women and children worldwide, in part by stimulating policy and financing commitments to women’s and children’s health. While there has been a 45% decrease in global maternal deaths and a 47% decrease in global child deaths since 1990, the baseline year for the MDGs, much more remains to be done to save the nearly 7 million lives of women and children lost every year.\(^5\)\(^6\)

The ongoing Post 2015 development agenda discussions present an important opportunity to ensure that the health and well-being of women and children remain central to the global sustainable development agenda and to prioritize effective strategies to improve their health. The women’s and children’s health community has reached a consensus on health and non-health interventions that need to be prioritized to improve health outcomes in 2015 and have issued recommendations on goals and targets related to Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) that should be included in the Post 2015 development agenda (See PMNCH Policy brief: Placing Healthy Women and Children at the Center of the Post 2015 Development Agenda). These proposed targets include among others, to reduce child mortality to 25 or fewer deaths per 1,000 live births, newborn mortality to 12 of fewer deaths per 1,000 live births in all countries, maternal mortality in all countries to a global ratio of less than 70 per 100,000 live births, and meet a minimum of 75 percent of demand for contraceptives by modern methods.

Women’s and children’s health priorities are currently well reflected in the Outcome Document of the Open Working Group, which will act as the basis for the sustainable development goals. There are three targets under the health goal directly related to RMNCH, which aim to:

- Reduce the global maternal mortality ratio (MMR) to 70 per 100,000 live births;
- eliminate preventable newborn and child deaths; and
- ensure universal access to sexual and reproductive health (SRH) services (including family planning), information and education.


In addition, there are health related targets under other goals (e.g., gender, education, nutrition, WASH). However, while a focus on youth has increased notably in education, nutrition, employment and gender goals, references to youth remain absent in the health goal.

While RMNCAH related goals have made considerable progress in the Post 2015 framework, the desire to see a reduction in the number of goals and targets by some might result in the dropping of critical RMNCAH targets during the next intergovernmental negotiations. Continued advocacy is required to strengthen remaining gaps such as the references to the health of young people.

Another critical debate in the Post 2015 agenda is around the Means of Implementation (MoI) which includes financing, capacity building and technology transfer mechanisms, and the Financing for Development Summit in July 2015 will be a crucial part of this debate. The Global Financing Facility (GFF) is expected to play an important role in the MoI for RMNCAH for the Post 2015 agenda and it is critical that the GFF is designed with this in mind.
5. FREQUENTLY ASKED QUESTIONS

Source: The World Bank

Below is a list of frequently asked questions provided by the World Bank. These questions will be updated regularly throughout the process. The most up to date version can be accessed from:


1. **What is the overall goal of the Global Financing Facility and what is its expected impact?**

The overall goal of the GFF will be to contribute to the global efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. It is estimated that compared with current trends, an accelerated investment scenario would help prevent a total of 4 million maternal deaths, 107 million child deaths, and 22 million stillbirths between 2015 and 2030 in 74 high-burden countries.

2. **How will it achieve this goal?**

The GFF will mobilize and channel additional international and domestic resources required to scale up and sustain efficient and equitable delivery of quality RMNCAH services. Additionally, the GFF will support the transition to long-term sustainable domestic financing for RMNCAH. A special focus area for the GFF will be to support the scale up of civil registration and vital statistics (CRVS) systems to contribute to the universal registration of by 2030.

3. **What is the expected impact of these funds and how will that impact be measured?**

It is estimated that compared with current trends, a fully funded accelerated investment scenario would help prevent a total of 4 million maternal deaths, 107 million child deaths, and 22 million stillbirths between 2015 and 2030 in 74 high-burden countries.

4. **Are the funding commitments that were announced new money, or a repackaging of formerly committed amounts?**

The $4 billion in financing from the governments of Canada, Norway, the United States, and the United Nations and the World Bank Group brings new money to an old challenge—ending the preventable deaths of women and children by 2030. Canada’s $200 million contribution is part of Canada’s $3.5 billion commitment (2015-2020) to maternal and child health, which was announced in May 2014. This is a time of unprecedented global momentum to urgently accelerate progress on Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH). These commitments will go a long way to meeting the need to bring RMNCAH funding to scale through a combination of domestic and donor resources.

5. What is the IDA leverage and how does it work in practice?

The GFF will build on the experience of the World Bank’s Health Results Innovation Trust Fund, which over the last five years has successfully mobilized $4 in IDA credit for every dollar in grant funding it invests in results-focused maternal and child health service packages in low-income countries. Country implementation grants from the trust fund are linked to project financing from IDA. The combined IDA and HRITF financing jointly finances the in-country program, significantly increasing the overall resource envelope for RMNCAH. The overall portfolio currently consists of 32 country programs with US$420 million in grant funding leveraging US$2.4 Billion in IDA funding. By linking the grant funding to World Bank operations, the trust fund has a very low overhead of less than 1 percent.

6. How will decisions over allocation of funds be made?

As the business plan is developed during the next phase the details will be further worked out in terms of the eligibility criteria, country selection and resource allocation.

7. How quickly will countries be able to access funds, and what are the processes for doing so?

The facility will build on the existing experience under the World Bank’s Health Results Innovation Trust Fund, building on the management capacity and operational framework already in place. Given this, it is expected countries can access the first financing through the facility mid-2015.

8. Which countries will be supported by the GFF?

The GFF will focus on the countries with the greatest RMNCAH burden and needs. The high-burden countries currently being tracked under the Countdown to 2015 initiative represent over 95 percent of all maternal and child deaths. The GFF will target the 63 low-income and lower-middle income Countdown countries, which account for the vast majority of maternal and child deaths (92 percent and 87 percent, respectively). Additionally, some support will be available for lower-middle-income countries transitioning to upper-middle-income status.

9. How will you ensure that ‘country plans’ do not burden nations seeking to address RMNCAH challenges?

The GFF will support countries in developing financial roadmaps that will help them make the health financing transition more equitable and sustainable and lead them toward universal access to quality RMNCAH services by 2030. The RMNCAH financial roadmaps are integrated financing strategies that help countries meet their RMNCAH goals. They provide estimates of medium and long-term RMNCAH resource needs in line with national RMNCAH objectives. They translate these estimates and objectives into medium-term budgetary and performance frameworks, taking into account other national health priorities, fiscal policy frameworks and economic trends.
10. Why is it important to support countries as they transition from low- to middle-income status?

The link between income growth and increases in government expenditure on health is weakest when a country attains lower-middle-income status. Low-income countries tend to rely heavily on international support: On average, each additional dollar of development assistance for health diminishes domestic financing by approximately 50 cents. It is therefore likely that governments fail to effectively compensate for potential decreases in development assistance as they graduate to middle-income status.

11. Who is in charge of tracking where this money is going?

A rigorous business plan is currently being developed and will outline in full a comprehensive governance structure for the GFF, to ensure that it is efficient, effective and transparent. The GFF will regularly report on financial matters as well as technical progress and achievements.

12. Are there concerns that the GFF may draw donor money away from other important funds like GAVI and the Global Fund?

Both GAVI and the Global Fund have important and distinct institutional mandates. The goal is to work closely together on the country level, harmonizing financing based on specific comparative advantage. This builds on a growing existing experience for scale up of results-focused RMNCAH programs in several countries.

13. What would the specific focus on civil registration and vital statistics (CRVS) finance and why is it important?

A strong CRVS system that covers an entire country offers an unprecedented opportunity for a real-time scorecard that can track progress toward the 2030 targets of ending preventable maternal and child deaths. GFF will support this CRVS scale-up such that by 2030 there will be universal registration of every pregnancy and every death. The GFF will facilitate the production of multi-sectoral investment plans with the aim of universal registration by 2030.
6. GUIDANCE FOR NOTE TAKERS

Thank you for holding a consultation meeting about this important financing instrument. The note of the consultation is a critical part of the consultation process and we look forward to receiving it. The note will ensure that views expressed during the meeting will be fed into the process and will have impact. These guidance notes are designed to help you optimise the impact of your consultation.

For the notes:

- Please indicate how many participants attended the session (approximately), how long the consultation lasted for, who provided presentations/introductions, and where the meeting was held/hosted by.

- In your report, please ensure the first section contains the summary statement of views held and expressed including the positive elements of the GFF and the concerns or questions, suggestions and advice. What were the issues of greatest interest/longest discussion and were there points of rapid consensus?

- Try to ensure that the note represents a balanced view of all the issues discussed. Whilst not always feasible, agreement by the group of the summary statement would be helpful.

- The notes will have the greatest impact if they are structured by theme or question rather than in the order of discussion (see suggested template in Table 1).

- In noting the detail, it would be helpful to:
  - Attribute views to constituencies (e.g. as stated by an INGO/ donor …). Providing names is not necessary.
  - Aim to provide a couple of quotations that were memorable or somehow captured thinking well. It will be necessary to get constituency attribution for a quote (a country based NGO, a private sector organisation etc.)
  - Write in full sentences if possible but bullet points can be submitted as long as the full meaning is clear. If we are unable to understand the meaning of the statement, we will have to exclude it from the analysis.
To share the experience:

- Take some photographs if possible and e-mail directly to PMNCH’s Communications Officer Veronic Verlyck, who can ensure that they are uploaded to the hub and/or PMNCH website (ndurev@who.int)
- Encourage others to blog about the event and to tweet using the #Commit2Deliver hashtag, which is being used to capture the conversation among the community about the women’s and children’s health agenda in 2015 and beyond.
- Consider writing a 250-350 word web-story and include the event, date, location, number of participants, any speakers, and sponsoring agency/ies, as well as highlights from the event and agreed next steps. A selection of sample web-stories is provided below:

Suggested themes:

Table 1 is provided as guidance to organise consultation notes. However, consultation notes can be submitted using any logical format.

*Table 1: Suggested thematic areas*

<table>
<thead>
<tr>
<th>Thematic area</th>
<th>Main points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme design, delivery &amp; implementation</td>
<td>Including scope, eligibility, mechanics and governance</td>
</tr>
<tr>
<td>Financing flows &amp; aid effectiveness</td>
<td>Including use of IDA, RBF</td>
</tr>
<tr>
<td>Country context, leadership, planning and</td>
<td>Harmonization</td>
</tr>
<tr>
<td>Health Systems context: plans, strengthening,</td>
<td>Capacity</td>
</tr>
<tr>
<td>capacity delivery</td>
<td></td>
</tr>
<tr>
<td>Thematic area</td>
<td>Main points</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Role of government, NGOs, private sector, donors, communities</td>
<td></td>
</tr>
<tr>
<td>Specific proposals or comments about CRVS, private sector engagement, global public goods, research and development.</td>
<td></td>
</tr>
<tr>
<td>General comments</td>
<td></td>
</tr>
</tbody>
</table>

Submit your consultation note:

You can upload your note on [www.WomenChildrenPost2015.org](http://www.WomenChildrenPost2015.org) or email to pmnch@who.int.
7. **Suggested Questions for Consultations**

Sample questions to foster discussion are provided below. You can upload feedback here. Or take the [online survey](#).

**Harmonization**
- How should the GFF make a significant contribution to harmonizing and streamlining financing for RMNCAH and health more generally at country and global levels?

**Scope**
- Should the GFF have explicit criteria or requirements for equity? Universal coverage? The full continuum of care or a minimum package (for example, specific services)? If so, how should these requirements be operationalized?

**Country Interface**
- How should the financing roadmaps for RMNCAH be developed and verified at country-level? What are the links with other roadmaps like *A Promise Renewed* and how would these reflect on the already heavy burden on countries?

**Eligibility for Funding**
- How will the GFF funding modalities work in relation to non-government partners (for example, NGOs, the private sector, research and development)? Should there be a sub-grant system or financing windows?

**Other possible questions**
- How should the GFF ensure it works effectively in fragile and conflict affected settings?
- How can the GFF best ensure it fosters and sustains the greatest participation and engagement from the private sector?
- How will the GFF build information systems in countries without being extractive or creating vertical systems? Who leads on this and how will funds be carved out for information management strengthening and CRVS?
8. JOIN THE CONVERSATION

PMNCH is actively sharing available information on the GFF and creating opportunities for its membership and the broader RMNCAH community to discuss and submit views on this initiative. To reach the greatest range of stakeholders, PMNCH is opening a number of channels including:

- **www.WomenChildrenPost2015.org** is a dedicated, web-based, interactive space which provides access to information about the GFF, and enables stakeholders to download available tools and resources, upload replies and comments to a set of survey questions, ask questions, post blogs, access posted links to relevant documents, case studies etc. Stakeholders are able to upload their comments onto the website. The survey includes an option to remain anonymous. Another way to send input is by e-mail with your comments to: pmnch@who.int.

- Opportunities to discuss relevant GFF issues within the PMNCH constituencies of academic, research and teaching institutions (ART), donors and foundations, health care professional associations (HCPAs), multilateral organizations, non-governmental organizations, and private sector. These discussions will take place through conference calls, in-person meetings, and electronic exchanges, and will be facilitated by the development of additional, constituency specific, questions around the GFF.

- In addition, a Consultative Advisory Group (CAG) has been established, made up of representatives from each of the PMNCH constituencies able to field a representative. The CAG enables cross-constituency discussions and an opportunity for constituency representatives to feed back to their respective constituencies emerging views across the membership.

- Taking advantage of global and regional meetings during the consultation period by holding side-meetings and develop other consultation opportunities. The debate from these meetings will contribute to deepening the cross-constituency discussion. A full calendar of events is available at **www.WomenChildrenPost2015.org**.