

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

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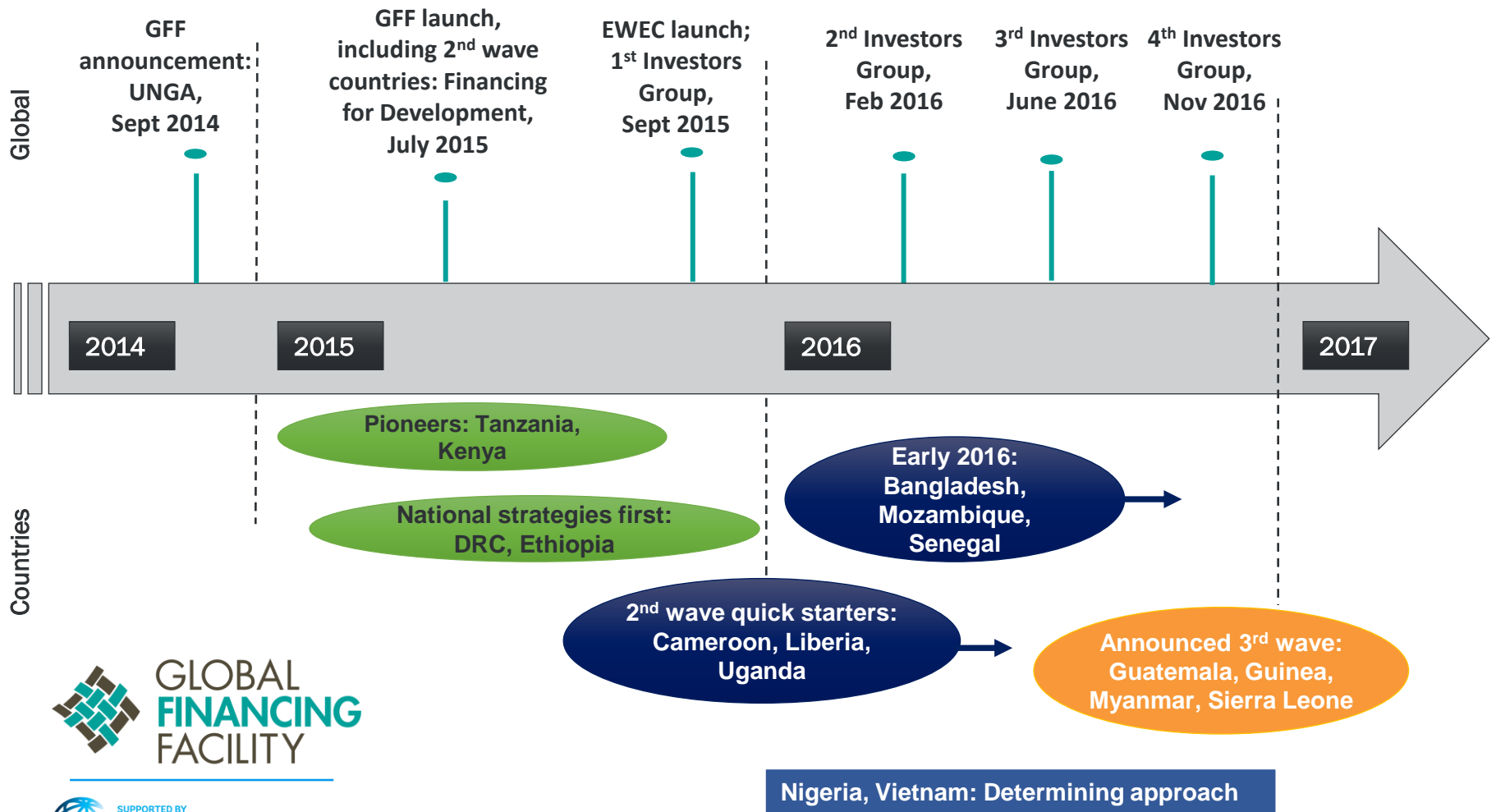
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Outline

- ✦ 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

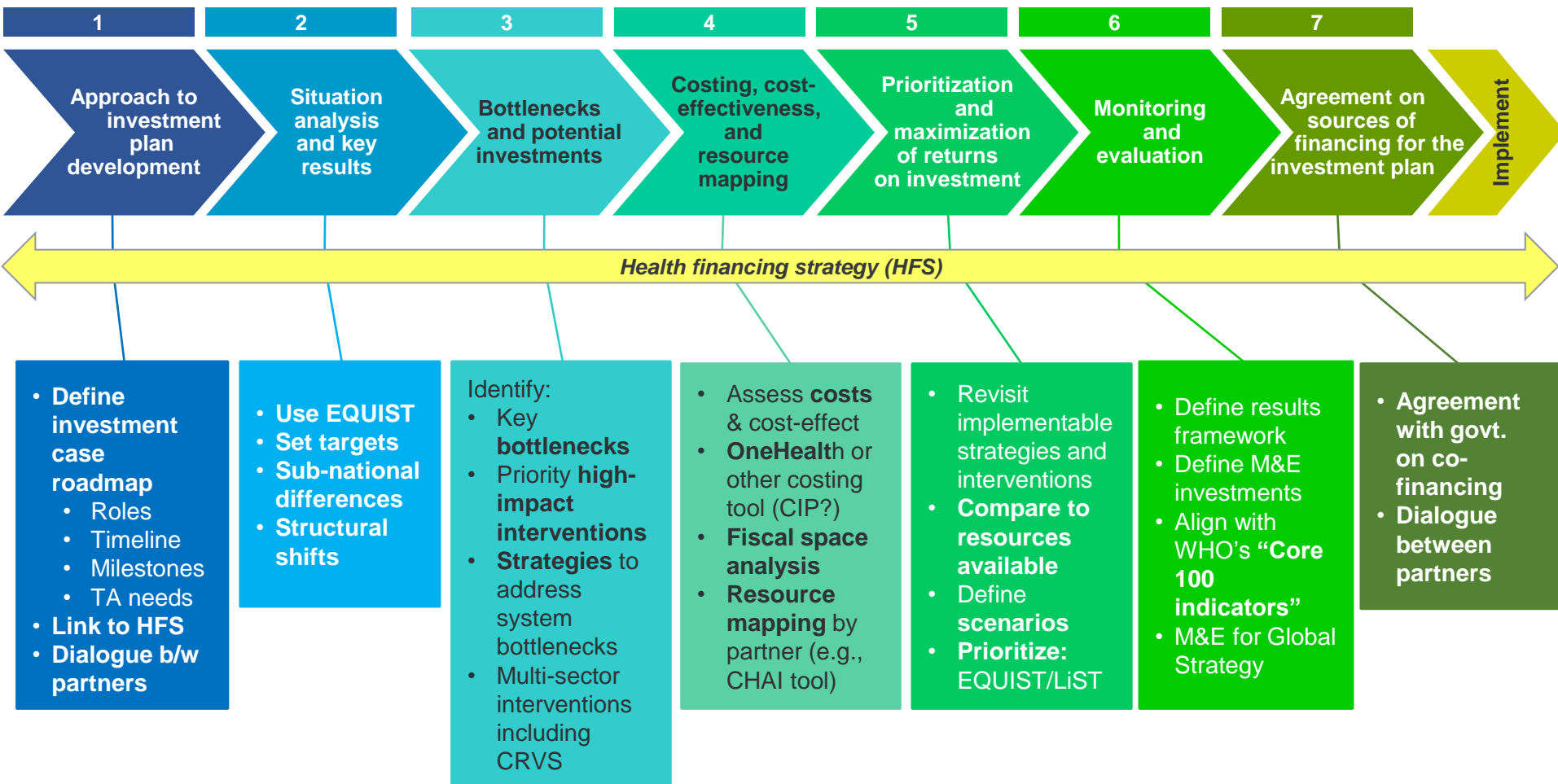
Why do an investment case? [GFF Theory]

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]

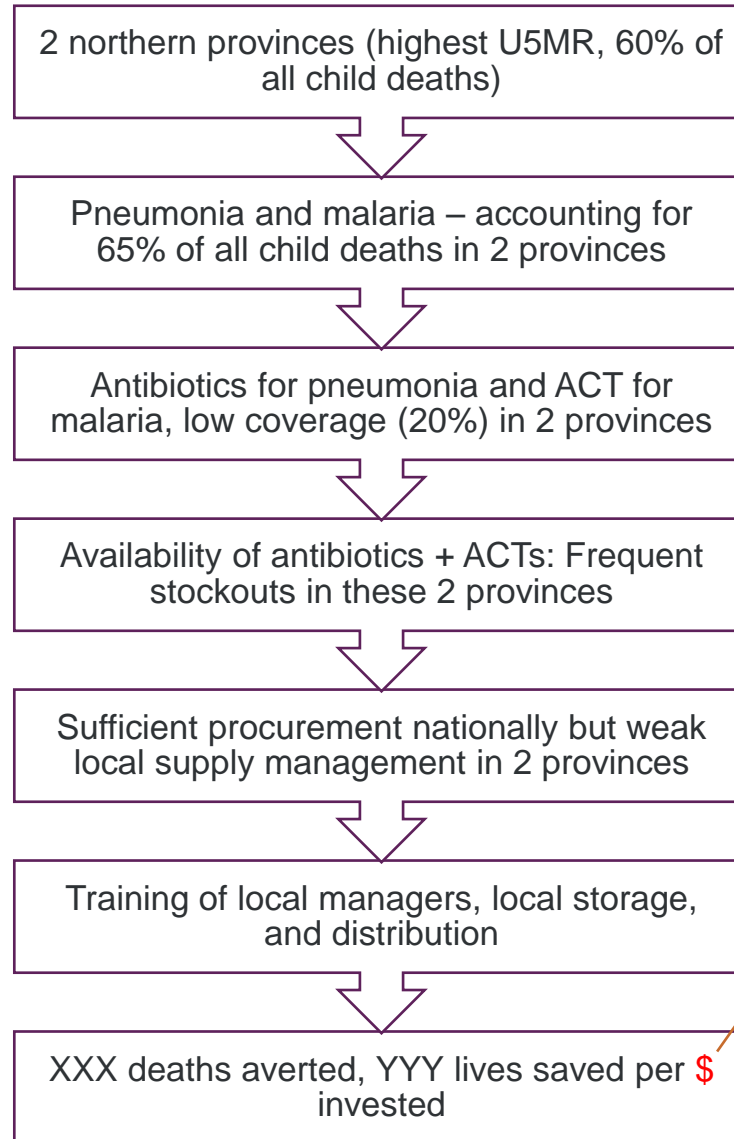
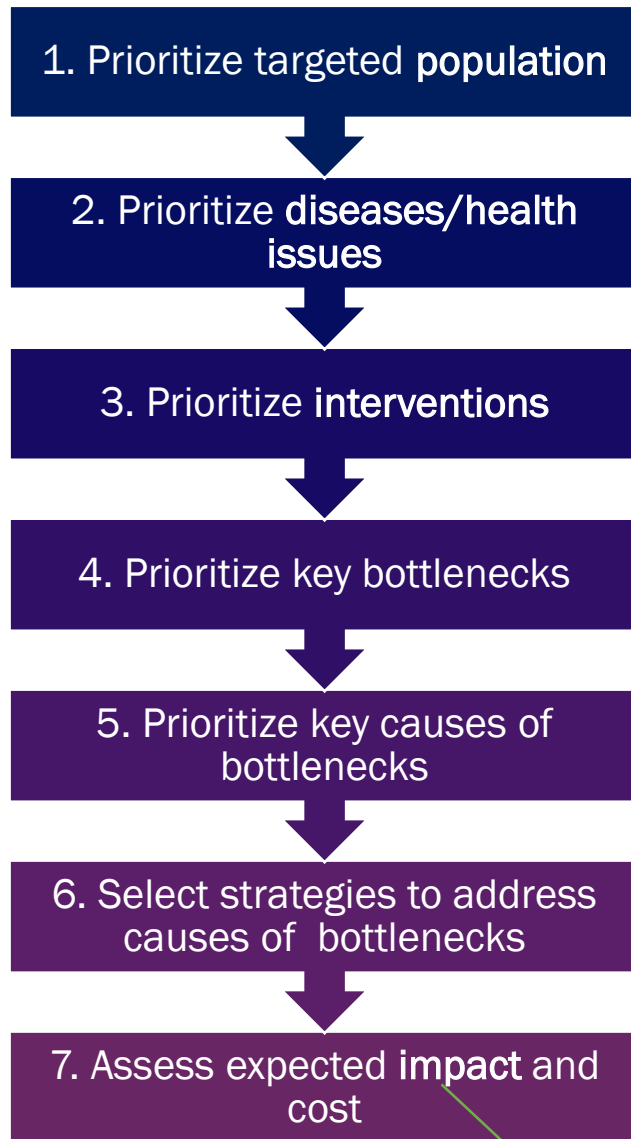
- Which interventions to prioritize?
- Everywhere or pick areas?
- Who are the most underserved?
- What prevents higher coverage?
- How much will it cost?
- What funds do we have already?
- What more can we mobilize?

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)

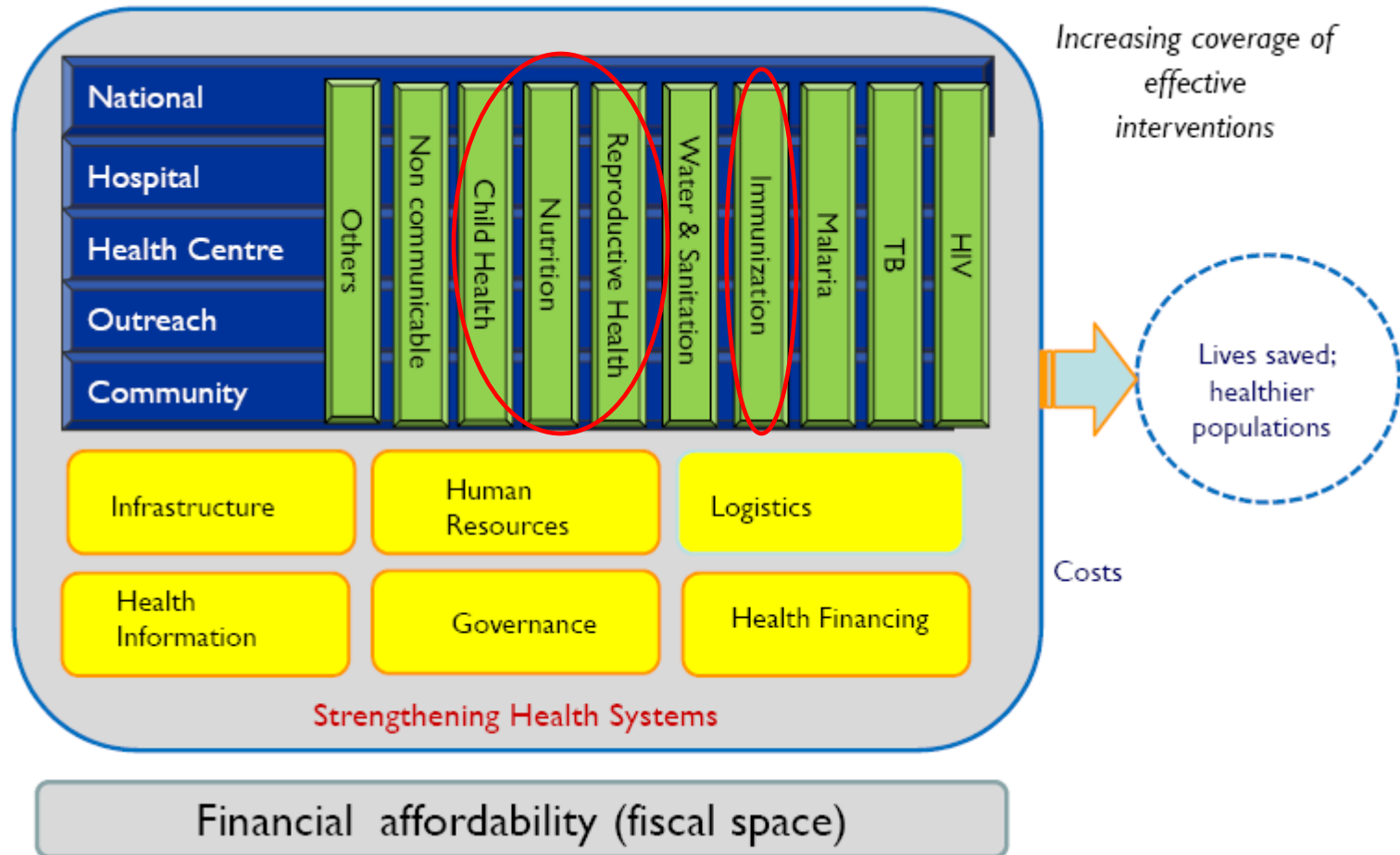
Prioritization: Using the EQUIST platform: screenshot

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 top navigation bar includes the EQUIST logo, UNICEF logo, the country name 'Madagascar', and user information 'Arin Dutta Logout'. The main content area is divided into three tabs: 'Situational Analysis', 'Scenario Analysis' (which is active), and 'Scenario Comparison'. On the left, a sidebar contains a 'Data set' dropdown set to '2008', a 'Scenario' dropdown set to 'Madagascar Base', and a list of steps for identifying priorities, with 'Targeted population' selected. The main panel shows 'Analysis By' for 'Neonatal mortality'. It features two horizontal bar charts: 'Wealth' (Poorest to Richest) and 'Residence' (Urban to Rural). A map of Madagascar is shown with regions color-coded by 'Deaths per 1000 live births'. On the right, a 'Prioritise target population by' section includes a dropdown for 'Province / District / Governorates' and a list of regions with checkboxes, some of which are checked. A 'Revise indicator of target population' button is at the bottom right of this section. The footer contains navigation links: Home, Dashboard, User Guide, Technical Notes, Service Desk, Knowledge Base, and Resources.

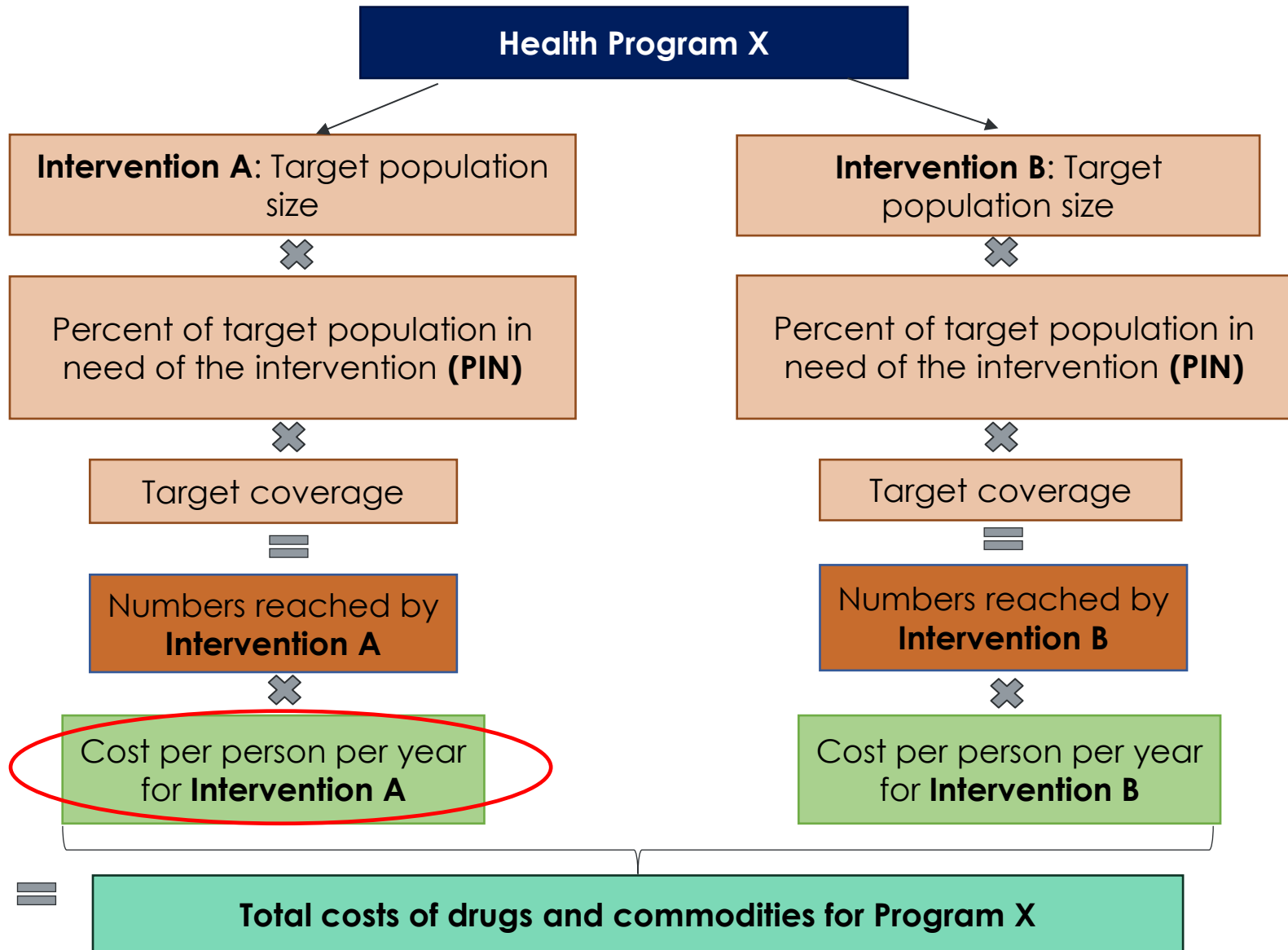
<http://equist.info>

Cost analysis: Using the OneHealth tool—caveats



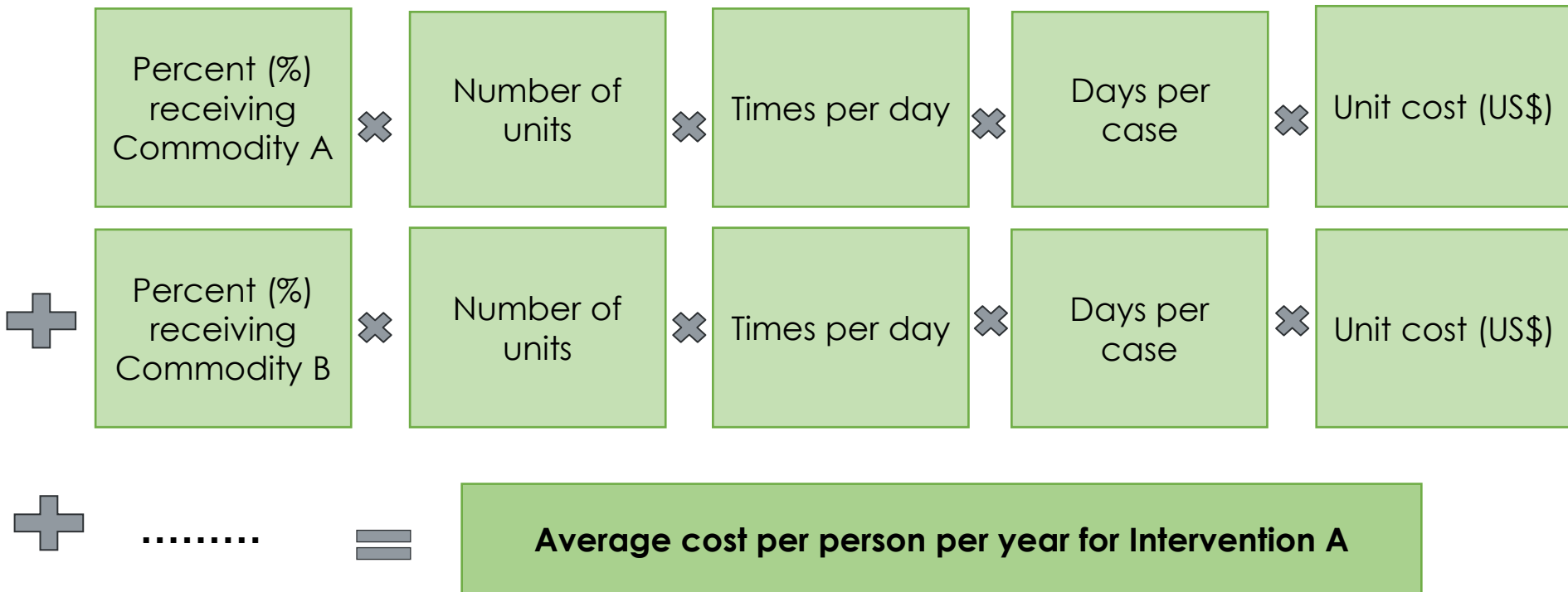
- ✦ If national strategy OneHealth costing exists (health sector or RMNCAH), use it
- ✦ New costing conducted *only* for GFF/RMNCAH investment case may take time
- ✦ Need to focus costs only on identified priorities
- ✦ Iterative process! (new priorities → new coverage → new costs)

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

The screenshot shows a spreadsheet titled 'Malawi Ministry of Health Resource Mapping Tool: Activity Input Worksheet'. It is divided into three main sections:

- Section 1: Activity and Agent** (Columns 1-6): Includes Project Name, Description of Activity, Financing Agent, and Primary implementing agent.
- Section 2: Program/System Area and Details** (Columns 7-8): Includes Programmatic Function and Programmatic Sub-Function.
- Section 3: Categorization of Activity** (Columns 9-13): Includes Primary Cost Category, HSSP - Strategy, HSSP - Objective, National Strategic Plan, and National Strategic Plan - Strategic Action.

Callouts from orange speech bubbles point to specific parts of the spreadsheet:

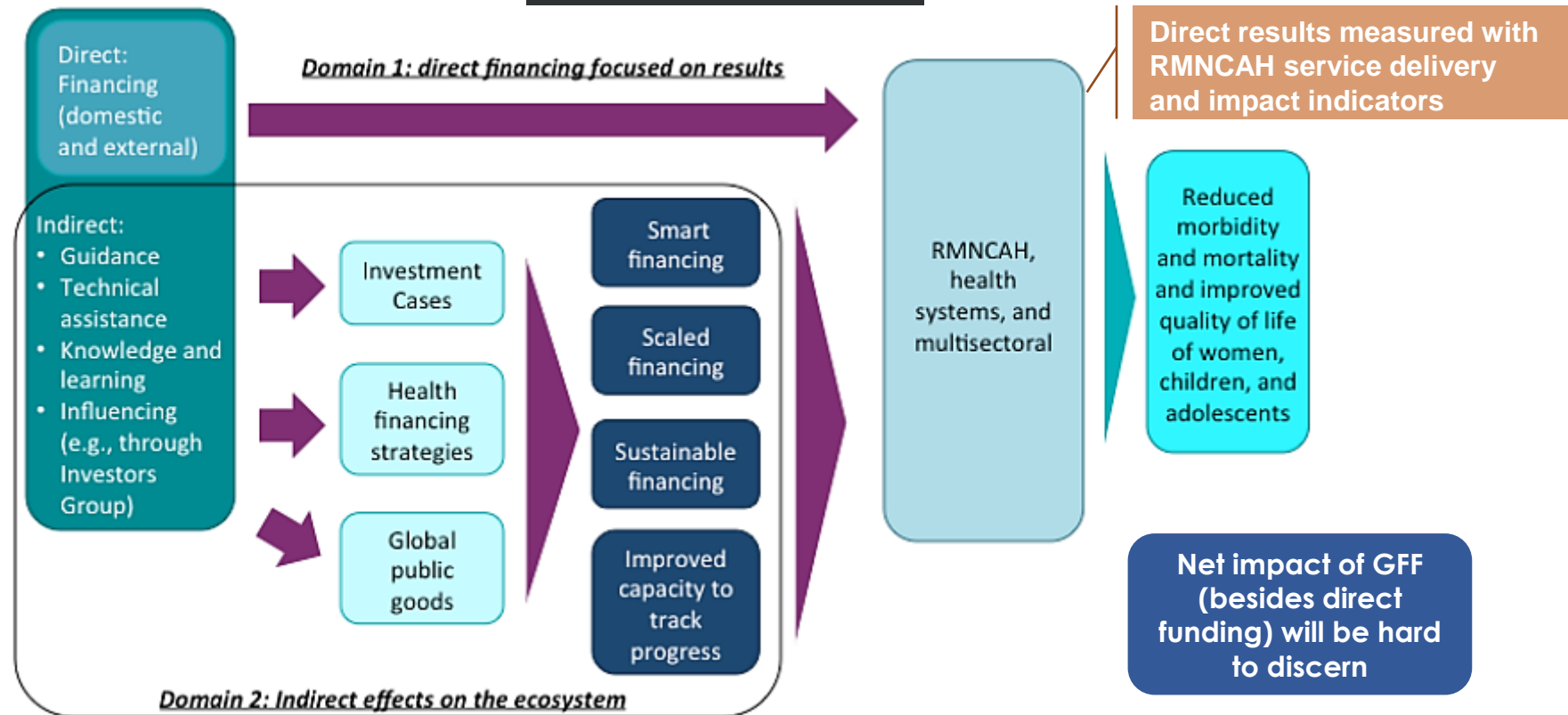
- What?** points to the 'Description of Activity' column.
- Who?** points to the 'Financing Agent' column.
- What National Plan objective does it contribute to? What RMNCAH investment case priority does it contribute to?** points to the 'National Strategic Plan' and 'National Strategic Plan - Strategic Action' columns.
- Where?** points to the 'Programmatic Function' and 'Programmatic Sub-Function' columns.
- How much?** points to the 'Primary Cost Category' column.

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.)

Allocative efficiency: % funding to RMNCAH

Data

NHAs

Issues

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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