



Developing an RMNCAH-N Investment Case: Madagascar's Journey

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Overview

Improvements in reproductive, maternal, neonatal, child, and adolescent health, and nutrition (RMNCAH-N) care and services are critical to reaching global and national health objectives and moving progressively toward universal health coverage. However, developing countries continue to face limited fiscal space for health and unpredictable donor financing.¹ With support from the Global Financing Facility (GFF), selected countries are developing investment cases to prioritize and target their RMNCAH-N program efforts and are receiving additional financing to support these priorities (Box 1). In this context, developing the investment case that prioritizes the most impactful interventions and geographic response to RMNCAH-N challenges is an opportunity to leverage and target limited resources. This document outlines the process of developing an investment case using Madagascar's experience as an example, extracting successes, challenges, and lessons learned that can be used to inform investment case development processes in other countries.

Introduction

In support of the Sustainable Development Goals related to health, the GFF offers modest grants to select countries that receive World Bank loans to catalyze domestic and external financing targeted to improving RMNCAH-N outcomes.

Box 1. Key Definitions

Global Financing Facility: Launched in 2015, it leverages domestic and international sources to support countries in prioritizing and financing high-impact interventions for reproductive, maternal, neonatal, child, and adolescent health, and nutrition (RMNCAH-N).

RMNCAH-N investment case: A multi-year plan that identifies, costs, and determines the resources available for a prioritized set of high-impact RMNCAH-N interventions.

As of March 2020, the GFF provides support to 36 countries across the globe. The GFF requests that each GFF-supported country develop an RMNCAH-N investment case to prioritize investments in connection with the grant. The GFF grant is not expected to support the full cost of implementing the investment case but catalyze country governments and their partners to mobilize and allocate complementary domestic and external funding.

Through the investment case development process, the GFF aims to bring partners together to align priorities and leverage comparative advantages to achieve sustainable financing for RMNCAH-N. An RMNCAH-N investment case is a strategic plan for three to 10 years, aimed at improving the health and nutrition of women,

¹ The World Health Organization defines fiscal space as the budgetary room that allows a government to provide resources for public purposes without undermining fiscal sustainability.

children, and adolescents by identifying, prioritizing, and targeting financing toward evidence-based and cost-effective priority interventions. The goal of the plan is to reduce inefficiencies and duplication of efforts, focus investments on targeted high-impact practices in the most at-need environments, and serve as an advocacy tool for domestic and external funding.

Madagascar's experience in developing an RMNCAH-N investment case holds useful lessons for other countries as they move forward in their journey to self-reliance and improve health outcomes for women, children, and adolescents. Madagascar launched its RMNCAH-N investment case process in December 2016, almost a year before the country was formally selected by the GFF among the third group of beneficiary countries in November 2017. This is one example that shows the Malagasy government's commitment to improving the health and nutrition of women, children, and adolescents to reduce maternal and under-five mortality. Much effort has been made since signing the United Nations Millennium Declaration and other international commitments, such as the Global Strategy 2016-2030, Every Women Every Child, FP2020, Every Newborn Action Plan, and the Sustainable Development Goals.² However, the results from the recent Multiple Indicator Cluster Survey reveal minimal progress: both the infant mortality rate and the under-five mortality rate declined by just under 5 percent between 2013–2018 (UNICEF, 2019). Much still needs to be done to achieve the Sustainable Development Goals related to health.

The development of an RMNCAH-N investment case is an opportunity for Madagascar and other countries to further prioritize and increase efficiencies for RMNCAH-N with limited fiscal space. It is also a chance to leverage existing resources and advocate for additional support from both government and development partners.

Developing an Investment Case

The investment case development process can be summarized in seven steps (see Figure 1). An investment case is based on a robust analysis that identifies the country's most disadvantaged regions and vulnerable population groups. The process involves examining levels of access to and coverage of RMNCAH-N services, barriers preventing certain populations from obtaining and benefiting from quality healthcare, and determining priority investments to address bottlenecks. An investment case includes a theory of change, the cost of prioritized interventions, the resources available for their implementation, details on how funds will be allocated, a monitoring and evaluation (M&E) plan, and a results framework.

The GFF recommends selected countries develop a health financing strategy in parallel with the development of the investment case to ensure its alignment with financing mechanisms. Such a strategy has not yet been developed in Madagascar; however, the process and results maintained in the document will be used to inform the ongoing development of the national health financing strategy and the health sector development plan.

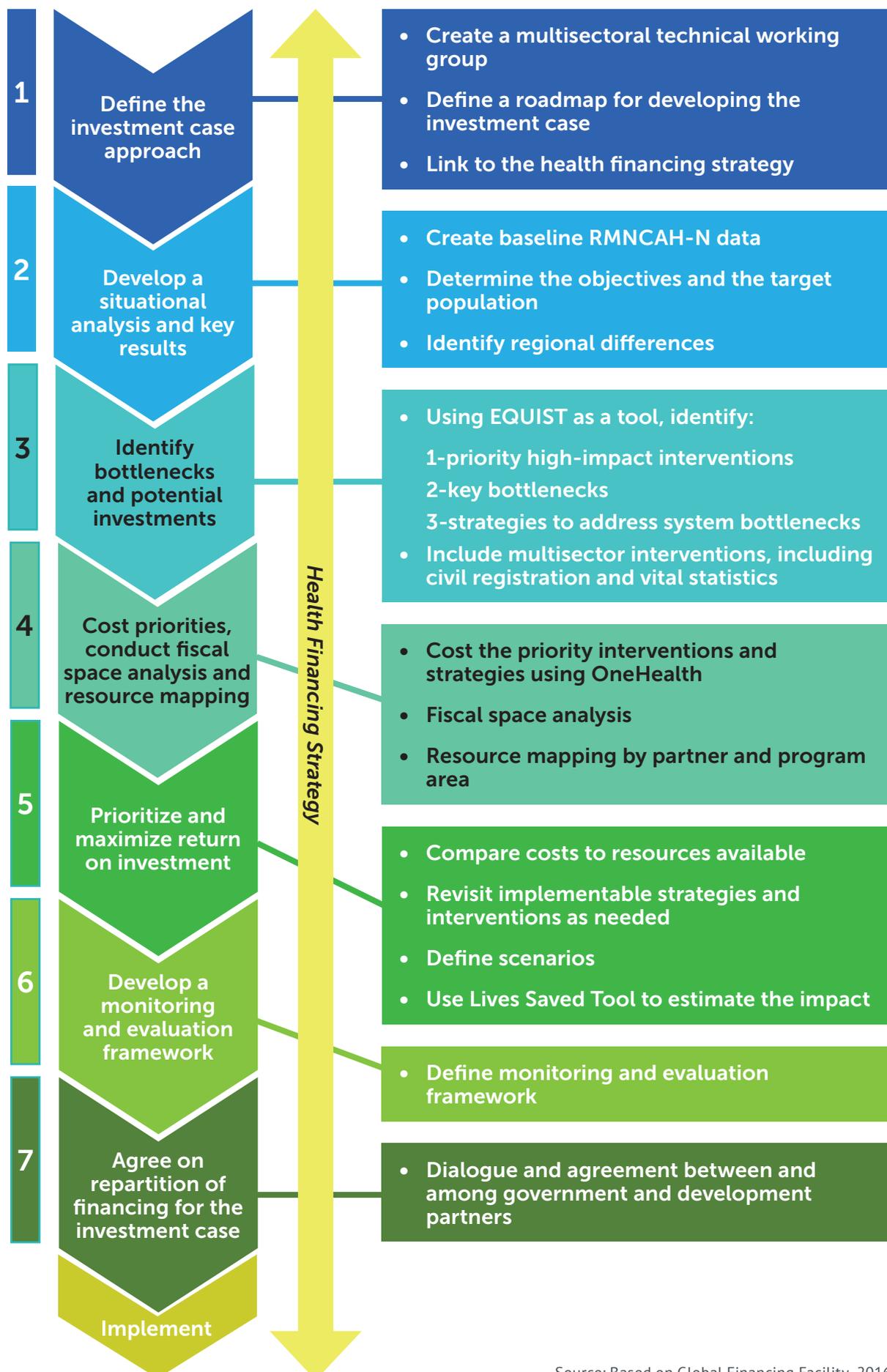
Step 1. Define the Investment Case Approach

It is crucial to include all relevant stakeholders from the start to establish a common and clear understanding of the purpose and process behind the GFF and the investment case.

The Madagascar investment case development process was led by the Ministry of Public Health (MOPH) with the support of partners, particularly the U.S. Agency for International Development (USAID)-funded Health Policy Plus (HP+) project, UNICEF, and the World Bank. To initiate the process, MOPH central leadership, other government RMNCAH-N

² The Millennium Declaration, signed in September 2000, committed world leaders to combat poverty, hunger, disease, illiteracy, environmental degradation, and discrimination against women.

Figure 1. Summary of the RMNCAH-N Investment Case Development Process



and health systems-related stakeholders, implementing and development partners, and civil society representatives participated in introductory meetings. These meetings introduced the GFF platform and mechanism and presented an overview of an RMNCAH-N investment case, its purpose, and the different steps of the process.

Under the leadership of the MOPH and following GFF guidance, HP+ and an international United Nations-financed consultant developed a streamlined approach and methodology for developing the RMNCAH-N investment case. This team developed, among other documents, terms of reference for working groups and an activity timeline.

To promote a participatory approach and engagement with all partners in a consultative manner, the MOPH established and led working groups to coordinate the development process and validate the document. A core group, led by the secretary general of the MOPH, served as the high-level decision-making body for the entire process and deliverables. It included representatives from other ministries (population, finance, etc.) and implementing and development partners including UNICEF, the United Nations Population Fund, USAID, the World Bank, and the World Health Organization. A separate technical working group (TWG) provided expertise and advice. Members were divided into programmatic, financial, and M&E subgroups. The programmatic group was composed of five smaller groups to address specific technical areas (reproductive health, maternal and neonatal health, child health, adolescent health, and nutrition).

The MOPH, with HP+ and United Nations support, drafted terms of reference for the core group, the TWG as a whole, and each subgroup. These terms laid out clear roles and responsibilities during the process. The smaller programmatic groups were responsible for collecting their respective RMNCAH-N data and relevant documents, analyzing bottlenecks, and determining

priority strategies for their program areas. The financial group was responsible for collecting cost data, supporting the resource mapping exercise, and proposing financial strategies to the core group. The M&E group was responsible for developing the M&E plan and results framework to track the identified RMNCAH-N indicators and results as well as resource commitments, allocations, and budget execution data.

Establishing an inclusive, transparent and participatory process from the beginning was helpful for securing broad ownership, critical for implementation.

Step 2. Develop a Situational Analysis and Key Results

The second step in the process is to develop a situational analysis. The situational analysis examines the RMNCAH-N country context to inform investments in priority high-impact interventions. This step involves a literature review and discussion with stakeholders on RMNCAH-N programmatic and systems-related successes and challenges. The results of the situational analysis are the basis for identifying bottlenecks and prioritizing interventions and strategies in subsequent steps.

During Madagascar's situational analysis, each of the five smaller programmatic groups led data collection and contributed to document review. Each group met to discuss and identify challenges, barriers, constraints, and opportunities in the planning and implementation of their RMNCAH-N programs. Technical experts in each RMNCAH-N program area provided qualitative inputs to the situational analysis. After collecting and consolidating inputs, the lead writers, HP+, and the consultant presented a draft of the situational analysis to all TWG members for comments and revised it before submitting it to the core group for review and validation.

Also at this time, TWG members determined a shared vision for

RMNCAH-N in Madagascar, which was subsequently validated by the core group.

To undertake the situational analysis, Madagascar needed the most recent and relevant data available, enriched with expert views on the RMNCAH-N context. Sharing documents on an online platform and centralizing the writing of the document helped to streamline the process.

Step 3. Identify Bottlenecks and Potential Investments

Prioritizing interventions for investment is the most important step in the investment case development process. Prioritization is key to efficient allocation of scarce resources for high-impact approaches and to achieving results within funding constraints. The process relies on robust demographic, economic, and epidemiological data to support decision making.

Madagascar benefited from technical support from UNICEF's Eastern and Southern Africa Regional Office in using the Equitable Impact Sensitive Tool (EQUIST), a data-driven modeling tool to identify equity-focused and prioritized strategies to improving health and nutrition outcomes (see Box 2). The tool allows the user to analyze different epidemiological conditions, identify priority target populations, prioritize RMNCAH-N components and interventions, and examine bottlenecks and suggested strategies to overcome these bottlenecks. EQUIST adds value to the situational analysis by providing a visual representation of the RMNCAH-N context based on the most recent statistical data. It also offers a step-by-step methodology to prioritize proven cost-effective interventions. In a three-day workshop, TWG and core group members applied EQUIST to the Madagascar context. EQUIST results and the situational analysis data were the basis of discussion and consensus on the priority interventions chosen.

The TWG identified priority indicators to identify the most vulnerable regions.

Box 2. EQUIST

The Equitable Impact Sensitive Tool (EQUIST) is an online tool designed to help decisionmakers identify high-impact, priority RMNCH-N interventions and strategies based on the specific country context.

EQUIST provides a structure for users to analyze the country-specific context to determine target populations, identify priority interventions, and determine systemic bottlenecks and their causes. Users select strategies to overcome bottlenecks and estimate the impact and cost using the Lives Saved Tool, an impact model embedded in EQUIST. The EQUIST tool promotes policy dialogue through scenario development, so stakeholders can compare outcomes of specific sets of priorities and agree on the scope for the investment case, including its geographic and intervention focus.

Because EQUIST does not consider adolescent health, this area needs to be considered separately in the prioritization process. Also, the cost and impact calculated as a result of the scenario should be considered only estimates, as they do not consider country-specific unit costs and population demographics may be outdated. Once priorities are identified, a more specific costing and impact analysis can be completed using the OneHealth Tool.

Using recent available data from the latest annual MOPH statistics report and the 2018 Multiple Indicator Cluster Survey, the regions were scored (1–3) for each indicator based on whether the value of the indicator fell within (1) the third least vulnerable regions, (2) the middle third, or (3) the third most vulnerable regions. The regions with the highest scores were chosen as the priority regions for the investment case.

Stakeholders then developed scenarios to determine the most cost-effective approach to support regions most in need. The scenarios were evaluated considering impact on mortality indicators (maternal, neonatal, and under-five), the prevalence of chronic malnutrition, and global costs of each scenario. The results from EQUIST were presented to the core group for comments and validation. One scenario of prioritized regions and interventions was selected for the investment case.

During the prioritization process, Madagascar found it important for all GFF stakeholders to participate and clearly communicate and agree on the methodology for prioritization. Prioritization can have a political lens making consensus building challenging among a diverse group of stakeholders. Therefore, it's important that the methodology for how the regions and interventions are prioritized be transparent, mutually agreed upon, and clearly articulated to all involved.

Step 4. Cost Priorities and Conduct Fiscal Space Analysis and Resource Mapping

Once the priorities are validated by all stakeholders, the next step is to cost the priority interventions and related strategies and conduct a fiscal space analysis and resource mapping exercise (see Box 3). The results of these activities can help stakeholders compare the cost of reaching priority targets to available financial resources identified through resource mapping. For successful implementation of the investment case, identified resources must be available and the intended use of those resources must be aligned with the priorities in the investment case. Cost of the investment case (a prioritized set of interventions and strategies) should not exceed that of the resources available, ensuring it can be adequately financed.

Madagascar used the OneHealth Tool, a multi-year strategic planning and budgeting tool for the health sector (see Box 4), to calculate the country's priority

Box 3. Resource Mapping

The purpose of resource mapping is to (1) provide an estimate of available resources, (2) compare estimated available and needed resources (cost) of each RMNCAH-N program area, and (3) determine the program areas and regions each partner is or will be supporting.

Challenges and limitations:

- Significant crossover of RMNCAH-N program areas and intervention type (training, commodity procurement, etc.) make it challenging to analyze resource availability by program area.
- While granularity is needed, development partners often cannot disaggregate allocations or disbursements by program area.
- Regional allocation and spending breakdowns are often unavailable.
- Only partial information is available on financial commitments as development partners do not know their future funding levels.

intervention and strategy costs as part of the *2015-2019 Health Sector Development Plan*. This previous costing application provided a foundation for the investment case costing. A small OneHealth Tool technical team of MOPH, HP+, and UNICEF representatives was formed to facilitate data collection of activity costs, first in Excel, before entry into the tool.

The MOPH hosted an inclusive five-day workshop to refine the existing RMNCAH-N costing inputs from the *Health Sector Development Plan* and to collect additional inputs for the priority interventions and strategies. The interventions and strategies include

Box 4. The OneHealth Tool

The [OneHealth Tool](#) is a mid-term strategic planning tool for the health sector. It has been applied in over 25 low- and middle-income countries to cost national health sector strategic plans, health service benefits packages, investment cases, and program-specific plans.

The tool contains three main types of modules: health services, health systems, and impact. The health services modules allow users to cost drugs and supplies and program-specific management for each health area. The health systems modules allow users to cost health system inputs such as human resources and infrastructure. Lastly, the tool includes impact modules that model the health impacts of scaling up high-impact interventions.

service delivery interventions, program management and outreach activities, and health systems improvements or reforms, such as health information system updates or new health financing initiatives. Each smaller programmatic group updated prevalence and coverage data for each intervention using an Excel template created by HP+. For interventions not previously costed, participants estimated unit costs to include in the tool with information from Madagascar's central medical store and based on expert opinion on treatment regimes. The OneHealth Tool technical team checked that costs were comparable across similar programmatic activities. Next, the team entered the data into the tool and presented the results to the full TWG and core group members for comment and validation.

Simultaneously, the MOPH conducted a resource mapping exercise with government and partners to collect updated information on current and projected available financing. The Excel-based

resource mapping tool (developed by HP+ and the World Bank) showed RMNCAH-N commitments and expenditures in 2016–2017 and commitments for 2018–2020. Information was analyzed by categories such as financing source, region of intervention, RMNCAH-N program area, and type of support (service delivery, health system strengthening, and M&E). The exercise showed which programs and regions receive the most financial support and compared commitments with expenditures.

This step required collecting information from a variety of sources including MOPH departments and development partners. Having strong coordination and leadership from the MOPH and support from the financing group to send and follow-up on requests provided key support to the individuals who worked on the analysis. As with the health statistical data, the costing and resource mapping results are only as strong as the data inputs. The more robust and complete the data are, the more helpful they can be for informing decision making and resource mobilization advocacy efforts.

Madagascar did not conduct a fiscal space analysis as part of the investment case process, although recommended by the GFF. A fiscal space analysis would have provided insight into what the government can reasonably and responsibly spend on health (and RMNCAH-N) given its macro-fiscal context. This information could inform government decisions and support advocacy to increase domestic resource mobilization for RMNCAH-N and health more broadly.

Step 5. Prioritize and Maximize the Return on Investment

In many countries, it is necessary to revise priorities to fit investment case costs within the available resources identified in the mapping exercise. Often, stakeholders must review priorities again, considering costs, impact, and resources available, and narrow the list or reduce the scale-up of selected interventions.

As a result of a strong prioritization exercise, Madagascar's total cost of implementing the first draft of the investment case fit within projected resources. However, the anticipated allocation of resources by RMNCAH-N program area did not align with identified needs. For example, eight times more resources were available for child health than indicated in the investment case's estimated need, while there was an estimated 50 percent funding deficit for adolescent health interventions. Aligning the resources available with the resources needed is one purpose of step 7 discussed later.

Step 6. Develop an M&E Plan

The next step is to develop and validate an M&E plan to facilitate oversight of investment case implementation and tracking of funding commitments and expenditures.

Madagascar benefited from the support of a World Bank consultant in developing the M&E framework. A week-long workshop brought the M&E group together to discuss and identify indicators. Afterward, the full TWG commented on the draft M&E chapter of the investment case. Working sessions helped define the RMNCAH-N investment case theory of change, showing the causal relationships between the implementation of priority activities and outcomes. The M&E plan and results framework were finalized and validated by the core group.

Step 7. Agree on the Repartition of Financing for the Investment Case

The last step in the process allows government and development partners to discuss their commitments to fund implementation of the RMNCAH-N investment case. This step is important, as the purpose of the investment case is to prioritize interventions with the resources available and reduce fragmented and duplicative financing.

As of May 2020, the government and development partners had not yet discussed funding for the implementation

of Madagascar's investment case. A final draft of the RMNCAH-N investment case was developed and costed in July 2019; however, it was not validated. The finalization of the investment case slowed due to changes in leadership within the MOPH after presidential elections in December 2019. It took several months to orient the new MOPH leadership to the GFF and investment case process. The new MOPH leadership decided to wait for the release of the 2018 Multiple Indicator Cluster Survey results in November 2019 to inform the priorities of the investment case.

After the release of the new data, the TWG revisited the situational analysis, leading to revisions to the chosen priority regions, identified bottlenecks, prioritized interventions, and reviewed costing results. These revisions are in progress at the time of writing this brief. While this action has delayed the finalization of the document, it was important to take the time to ensure continued government ownership and alignment with the current RMNCAH-N context and national priorities such as the *Madagascar Emergence Plan* (the five-year national strategic plan) and the new health sector development plan (under development). It will also be important for development partners to establish their five-year strategic planning based on the priorities of the health sector development plan and the RMNCAH-N investment case.

Lessons Learned

Countries developing an investment case can learn from the experience in Madagascar. First, **high-level government buy-in is critical**. The MOPH has shown strong leadership since the beginning of the process, but governmental leadership transitions meant that finalization of the RMNCAH-N investment case was stalled. It was critical to engage and orient new MOPH leadership and secure their ownership and stewardship for the process. This engagement is important for effective implementation.

Developing an investment case requires the involvement and engagement of a diverse group of stakeholders requiring effective coordination by a high-level authority. Madagascar adopted a collaborative approach, including stakeholders from RMNCAH-N sectors, health financing experts, and civil society and private sector representatives. With staffing changes and inconsistent availability of stakeholders, it was challenging to retain the same participants for each step in the process. To maintain a common understanding and agreement on each step, new participants needed to be oriented throughout the process. However, this disrupted the flow and limited the quality contribution needed. Having strong government leadership and coordination can help secure the consistent availability of stakeholders.

The GFF stresses the importance of **including a wide range of stakeholders**, including civil society and the private sector, during investment case development. While Madagascar identified a wide range of representatives, some stakeholders (for multiple reasons including lack of in-country presence) were not available to attend scheduled meetings. Increased effort would have been useful to intentionally ensure their active and continued participation from beginning to end. Organizing separate forums to engage representatives from these sectors early in the process might have improved the integration of their contributions.

Madagascar prioritized **an inclusive and transparent process** that involved a diverse set of stakeholders from across the MOPH and government departments. Ensuring a common understanding among all stakeholders and building consensus during each step of the process, particularly during prioritization, will help support the eventual implementation of the investment case.

Data availability can be a challenge. Madagascar initially had no choice but to use primarily 2013 data to update the EQUIST tool, raising concerns that

priority interventions and strategies to overcome bottlenecks identified would no longer reflect the current RMNCAH-N situation. Following the official release of the Multiple Indicator Cluster Survey 2018 results, priorities and costs had to be revised, delaying finalization. Having access to recent data at the beginning of the process would have been helpful to ensure prioritization was based on the current context and to avoid delays in the development process.

The development of an RMNCAH-N investment case is also an opportunity to **advocate for increased domestic resources**. Although Madagascar missed this opportunity for 2020 while the TWG updated the document using the 2018 Multiple Indicator Cluster Survey, the aim is to finalize the investment case before the government votes on the new annual budget at the end of the calendar year. GFF country stakeholders should understand their government's budget cycle and be aware of key entry points so they can effectively advocate for increased national resources for RMNCAH-N.

Conclusion

The process of developing the RMNCAH-N investment case using a participatory, transparent, and inclusive approach, was effective for developing a common approach and plan to improve health outcomes for women, children, and adolescents in Madagascar. The Madagascar case demonstrates that inclusive stakeholder engagement through all of the steps is critical to establishing joint ownership and agreeing on priority high-impact and evidence-based interventions.

The investment case development process helps actors be realistic and think strategically about how to maximize the plan's return on investment. GFF stakeholders were equipped with different tools for all elements of the investment case (priority interventions, strategies, costs, estimated resources available, and impacts) needed to make strategic decisions and validate the country's priorities.

It is very important to take the time needed to secure country ownership for the implementation of the RMNCAH-N investment case. The investment case will establish a coordinated approach to and provide a supportive environment for sustainable financing for RMNCAH-N.

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