

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

Arin Dutta, PhD

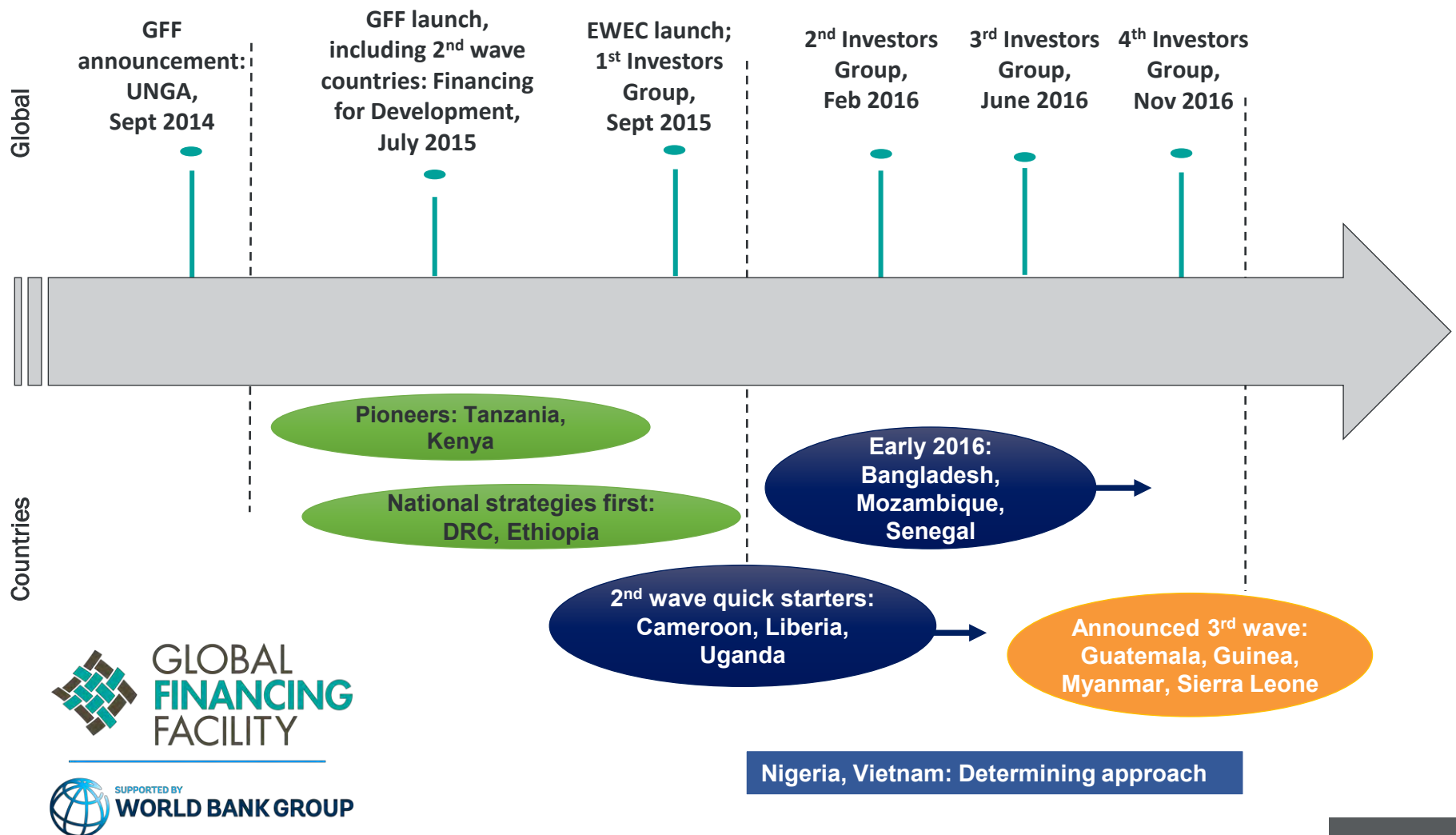
Technical Director, Health Financing  
Health Policy Plus Project















# 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 3<sup>rd</sup> wave): **\$156 mil.**
- + Potential 3<sup>rd</sup> 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

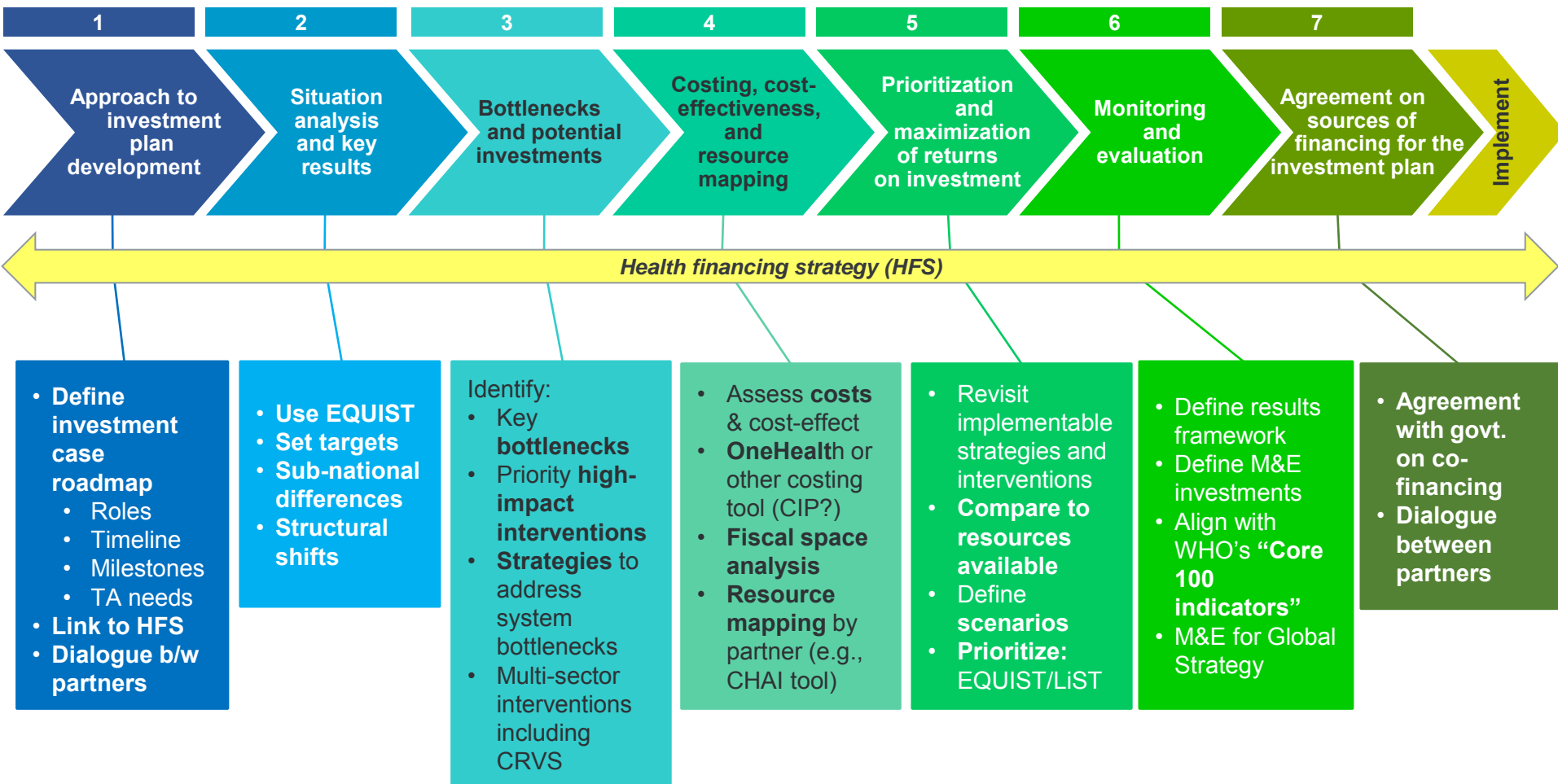
## Why do an investment case? [GFF Theory]

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]

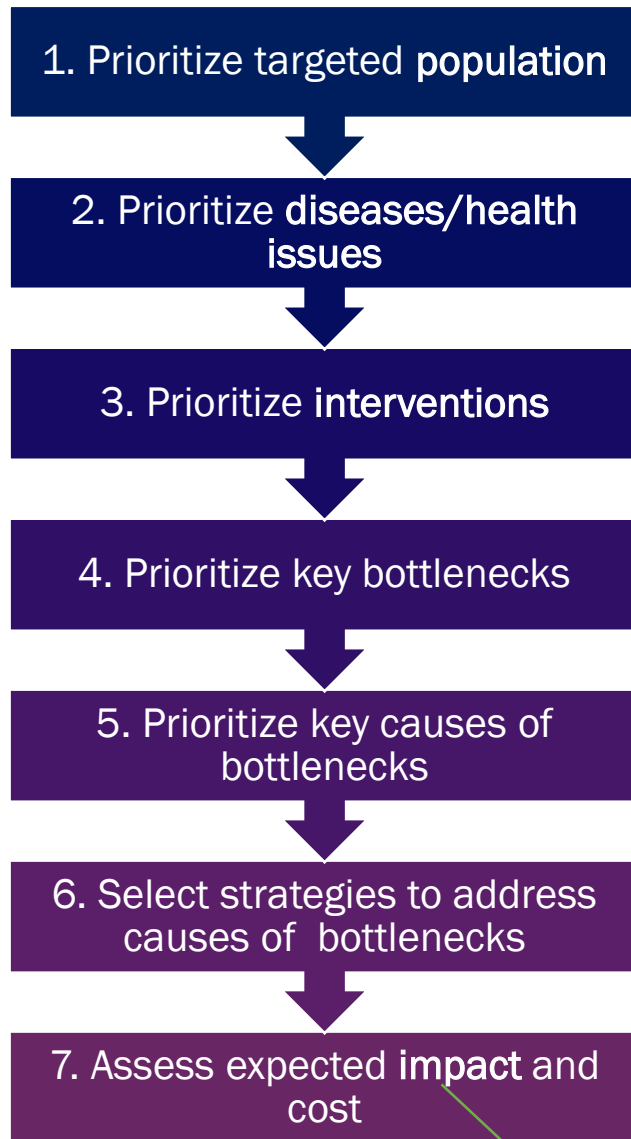
- Which interventions to prioritize?
- Everywhere or pick areas?
- Who are the most underserved?
- What prevents higher coverage?
- How much will it cost?
- What funds do we have already?
- What more can we mobilize?

# Process and tools: An RMNCAH investment case

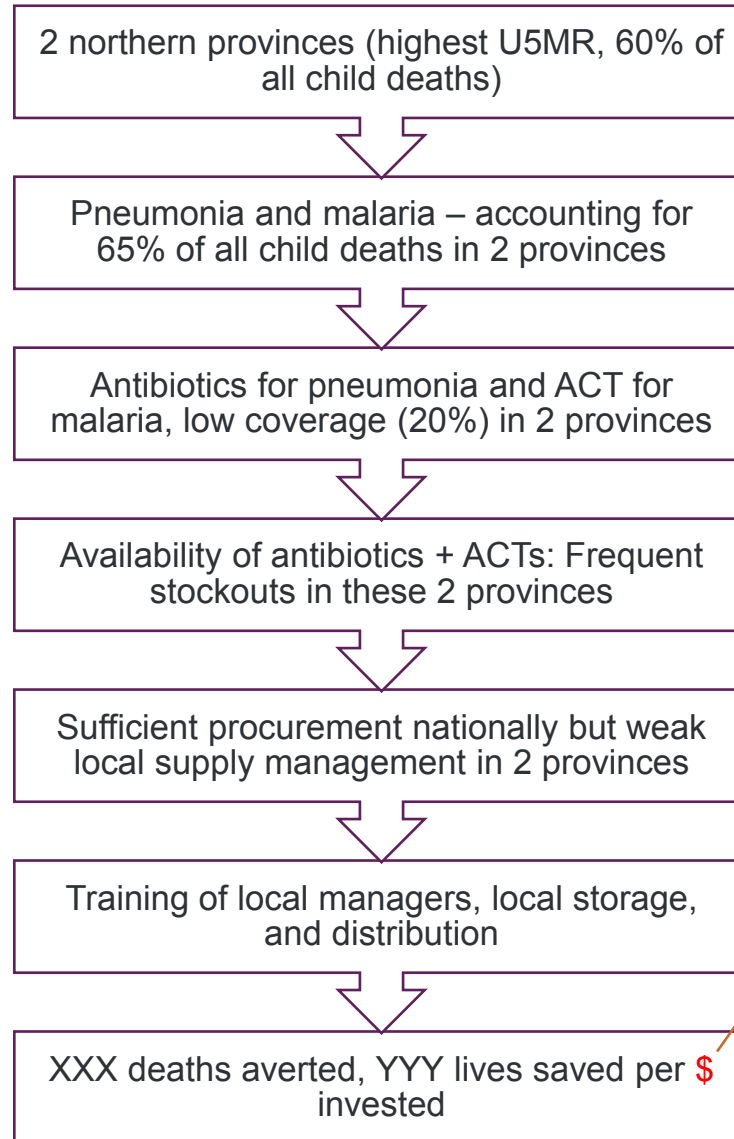


# Prioritization: Using the EQUIST platform

## Stepwise process



Based on LiST



Cost from OneHealth tool

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 main navigation bar includes the EQUIST logo, UNICEF logo, the country name "Madagascar", and user information "Arin Dutta Logout". The interface is divided into three main sections: "Situational Analysis", "Scenario Analysis" (which is the active tab), and "Scenario Comparison".

**Scenario Analysis Section:**

- Analysis By:** Neonatal mortality
- Targeted population:** A horizontal bar chart showing neonatal mortality rates for different wealth quintiles. The x-axis represents "Deaths per 1000 live births" from 0 to 30. The y-axis lists "Poorest", "Quintile 2", "Quintile 3", "Quintile 4", and "Richest".
- Residence:** A horizontal bar chart showing neonatal mortality rates for "Urban" and "Rural" populations. The x-axis represents "Deaths per 1000 live births" from 0 to 30.
- Map:** A map of Madagascar showing neonatal mortality rates by province/district/governorate. A legend indicates "Deaths per 1000 live births" with a color scale from 0 to 40. The map is color-coded according to this scale, with darker blue indicating higher mortality rates.

**Scenario Comparison Section:**

- Prioritise target population by:** Province / District / Governorates
- Select target population:** A list of provinces/districts/governorates with checkboxes. The selected items are: Androy, Anosy, Atsimo Andrefana, Atsimo Atsinanana, and Vatovavy Fitovinany.
- Revise indicator of target population:** A button to change the indicator.

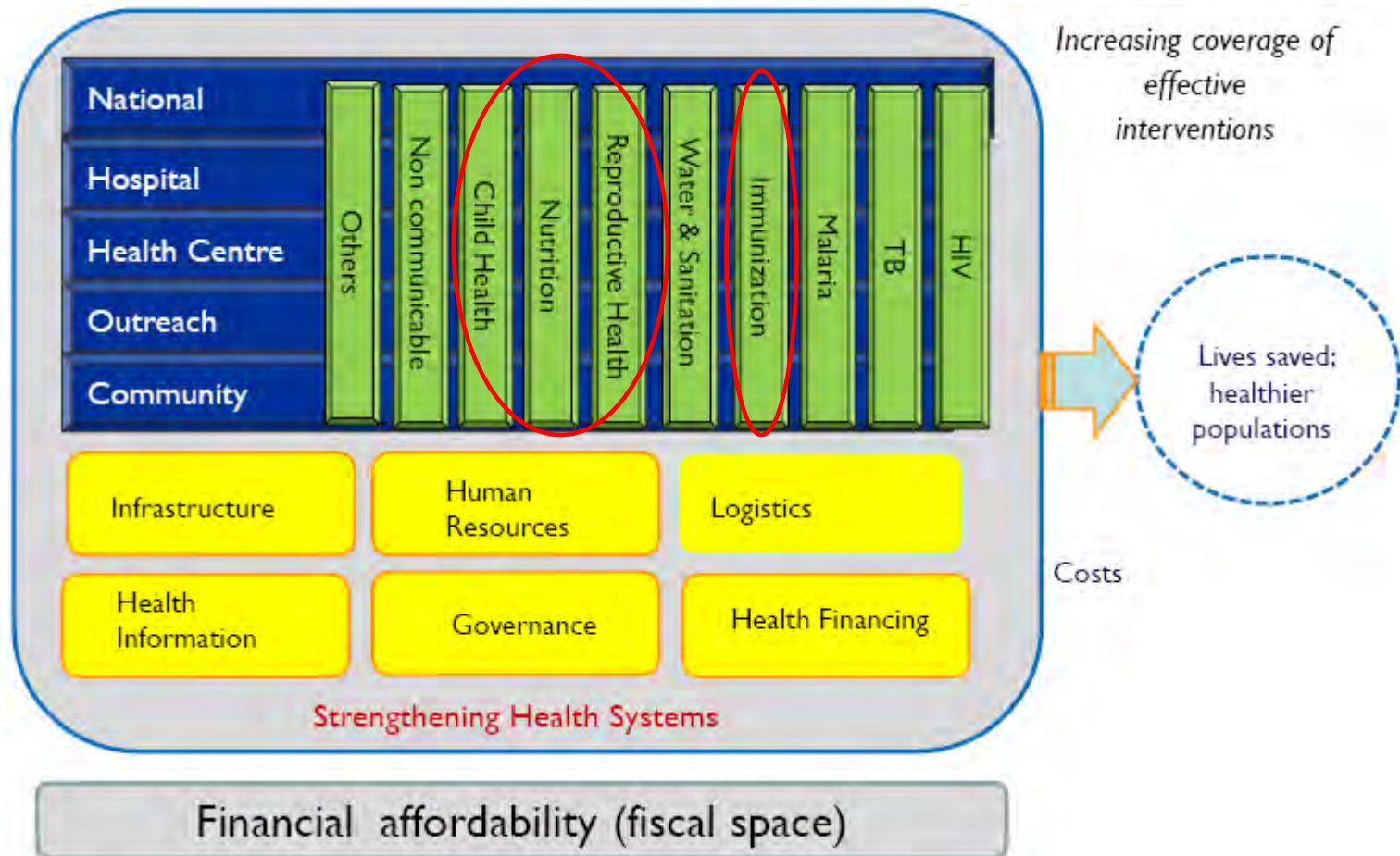
**Sidebar (Left):**

- Data set:** 2008
- Scenario:** Madagascar Base
- Identify priorities (Steps):** Targeted population, Epidemiological priorities, Interventions, Bottleneck, causes & strategies, Impact & cost.
- Save:** A button to save the scenario.

**Footer:** Home | Dashboard | User Guide | Technical Notes | Service Desk | Knowledge Base | Resources

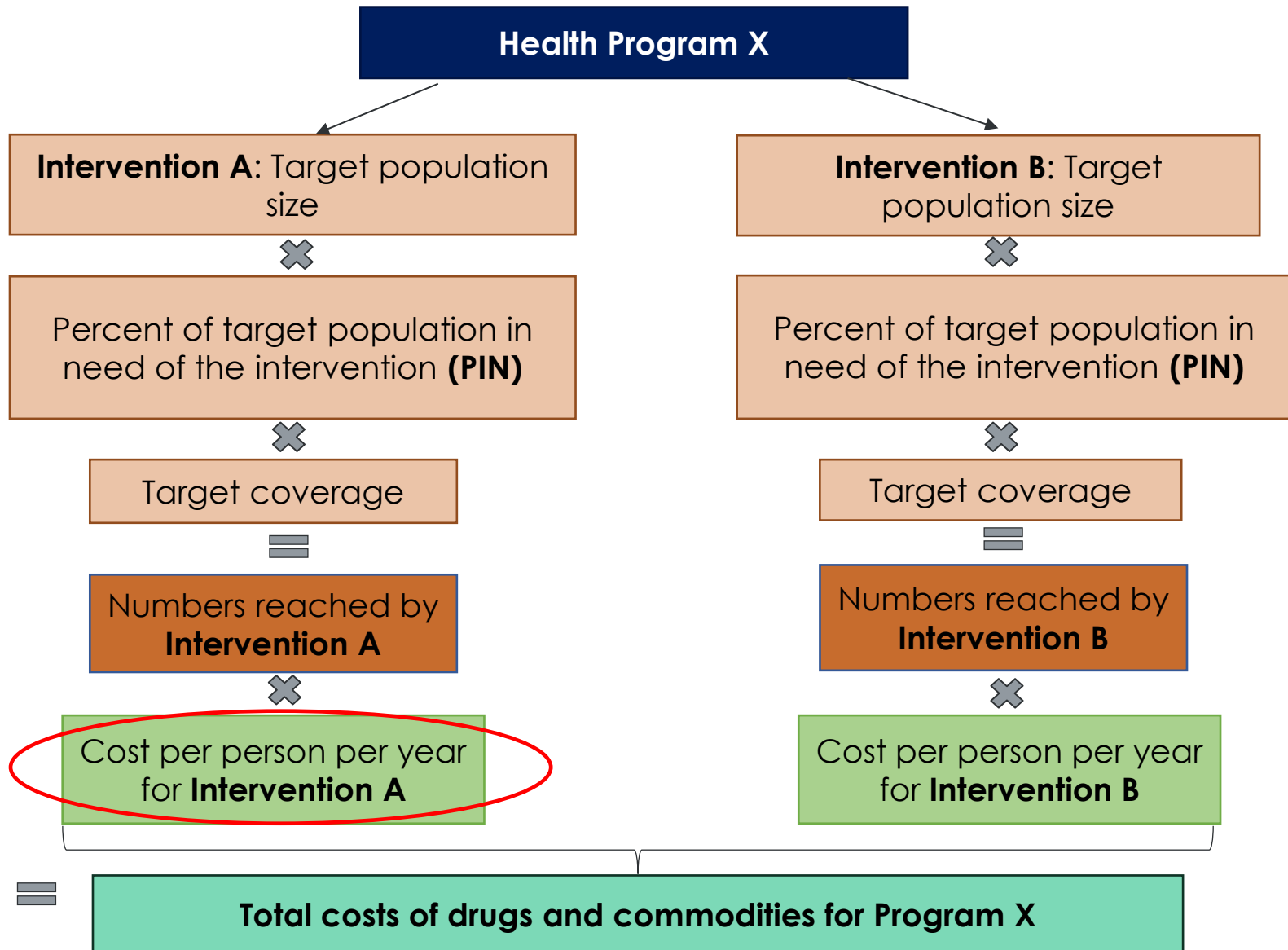
<http://equist.info>

# Cost analysis: Using the OneHealth tool—caveats



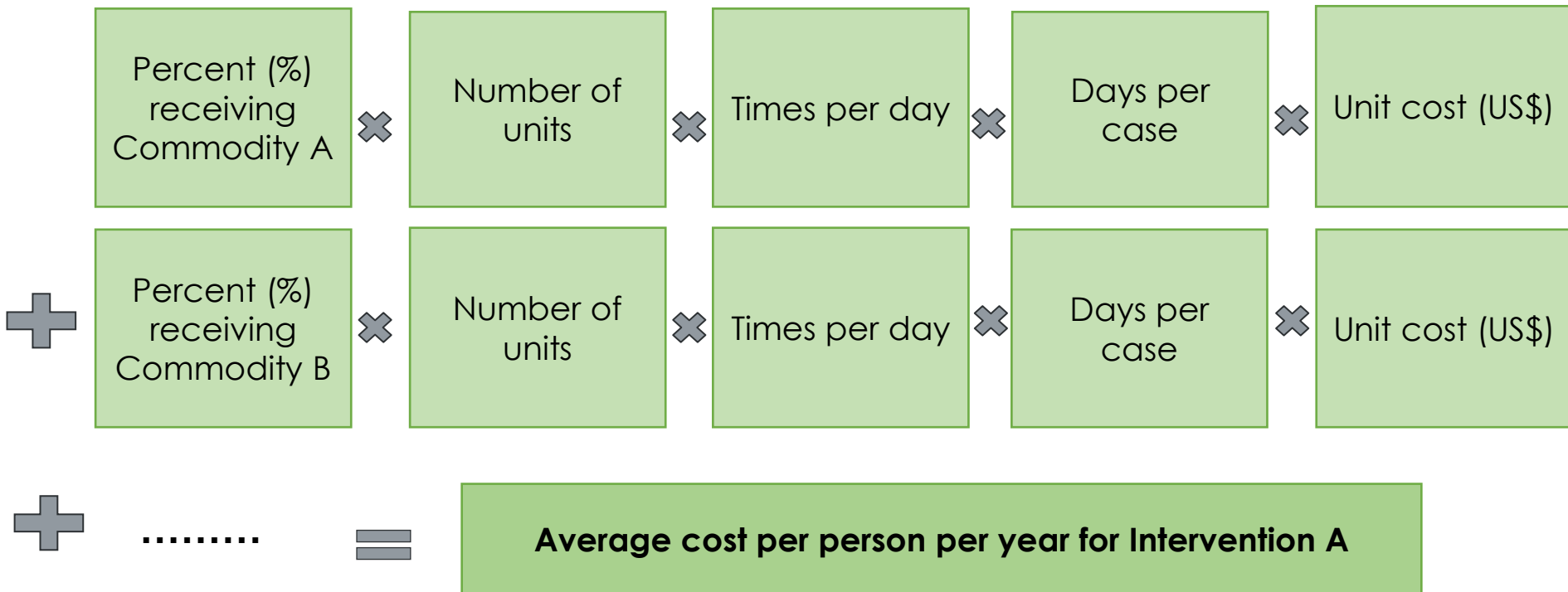
- ✦ If national strategy OneHealth costing exists (health sector or RMNCAH), use it
- ✦ New costing conducted *only* for GFF/RMNCAH investment case may take time
- ✦ Need to focus costs only on identified priorities
- ✦ Iterative process! (new priorities → new coverage → new costs)

# 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

Malawi Ministry of Health Resource Mapping Tool

Row Complete?	Row Number	Project Name	Description of Activity	Financing Agent	If OTHER please specify	Primary Implementing Agent (list only one)

What?

Who?

What National Plan objective does it contribute to?  
What RMNCAH investment case priority does it contribute to?

Where?

How much?

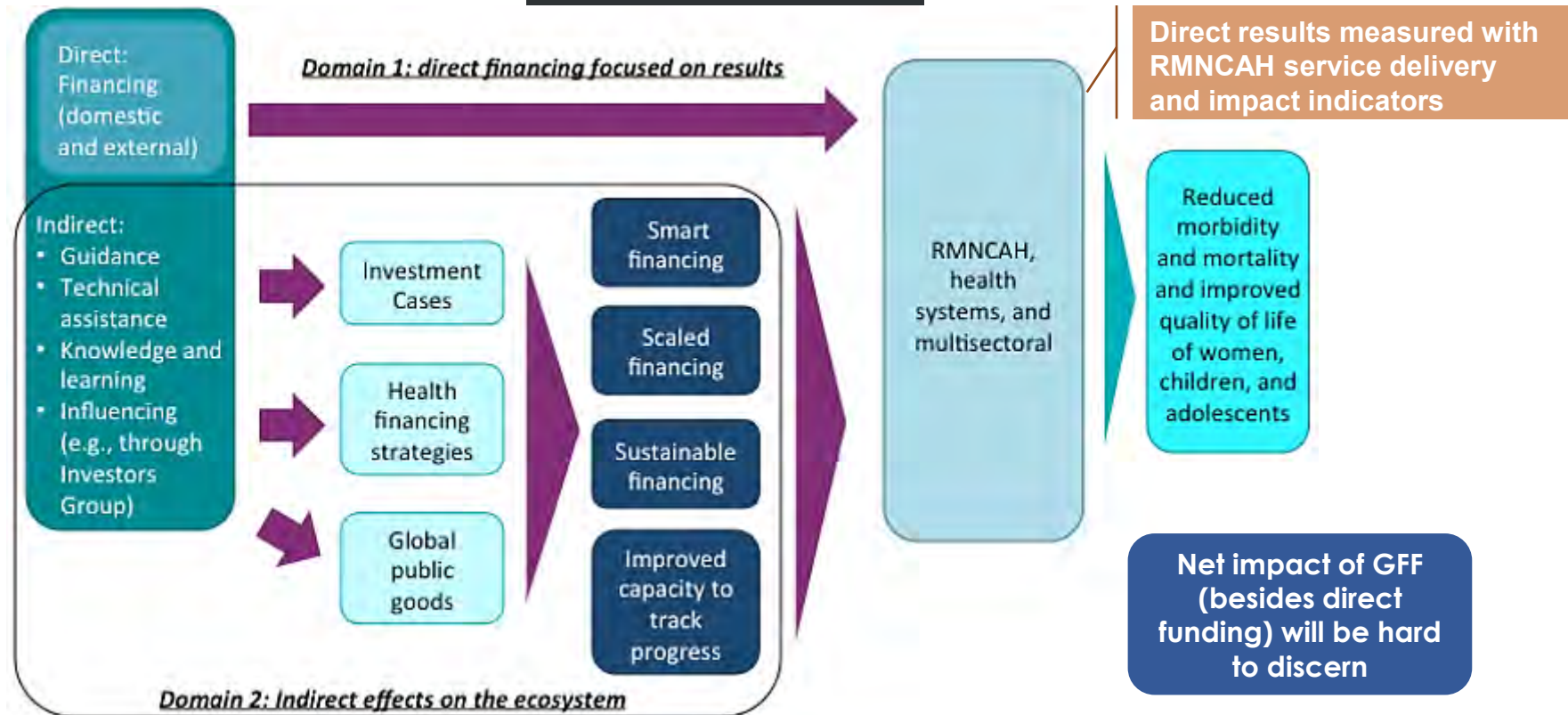
Duplicate Last Row

- + 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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[policyinfo@thepalladiumgroup.com](mailto:policyinfo@thepalladiumgroup.com)



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