Consultations on updating the Global Strategy for Women’s, Children’s and Adolescents’ Health:

Perspectives on the Global Financing Facility

Executive Summary

15th December 2014
EXECUTIVE SUMMARY

This report has been developed to provide a timely and constructive input to the Global Financing Facility business plan development process, in the context of supporting the 2015 update to the Global Strategy for Women’s, Children’s and Adolescents’ Health. It is the first report in a consultation process that will extend through the early part of 2015 around the development of the next Global Strategy for Women’s Children’s and Adolescents’ Health under the Every Woman Every Child banner. Over 1,400 individuals and organisations contributed views on the Global Financing Facility (Appendix A), in the course of the Partnership for Maternal, Newborn and Child Health (PMNCH)-hosted consultation process, which took place over five weeks, from 10 November 2014 to 12 December 2014. Comments were collected through an online survey (www.WomenChildrenPost2015.org) and a range of consultation events and meetings supported by PMNCH members. The participation in the consultation reflects the enthusiasm and interest that the Global Financing Facility (GFF) has generated. The report arranges comments into three sections (context and landscape, design, and implementation). The summary of findings and conclusions form the final section and are summarised below in this Executive Summary.

Summary of findings

The consultation process accumulated a rich collection of views over a short period of time. A summary of the findings includes:

1. A high level of agreement with the central aim of the GFF to build long-term domestic financing for women’s and children’s health in the context of an updated Global Strategy for Women’s, Children’s and Adolescents’ Health.

2. Strong agreement with the ambition to mobilise additional financing for reproductive, maternal, newborn, child and adolescent health (RMNCAH). The prospect of a new financing instrument was cautiously but generally welcomed.

3. Strong commitment to the idea of building sound national plans, backed by broadly agreed financing roadmaps that together reflected country leadership, country priorities, and country decision-making processes.
4. Wide-ranging support in principle for more and better RMNCAH harmonisation and the need to ensure that the GFF does not lead to further fragmentation.

5. Concerns were expressed over the potential conflict between harmonisation goals and the objective aimed at increasing global funding to RMNCAH and concern about timing, transition to the GFF of existing funding commitments, the risk of gaps and lost momentum.

6. A sense that the GFF needed to become something more ambitious (more broadly owned and with wider possible beneficiaries) than a World Bank Trust Fund and that to be truly global it needed to have a critical mass of partners working together with shared ambition linked clearly to the objectives of the Global Strategy for Women’s, Children’s and Adolescent’s Health specifically and the sustainable development goals (SDGs) more generally. While this may have to be achieved over time, the features of something more global than a trust fund would include:
   - Governance, decision-making, and stakeholder structure that is broader and more inclusive than a World Bank Trust Fund structure would usually entail;
   - Processes designed to build transparency and accountability in the decision-making and use of funds, monitoring and accountability; and
   - Delivering funding to stakeholders in partner countries in a range of ways not necessarily limited to current Trust Fund rules and to eligible recipients other than national governments.

7. Strong interest in clarifying how the operational model of the GFF will advance and champion a rights-based approach and in particular, how it will promote, protect and expand access to sexual and reproductive health and rights services (SRHR).

8. Near universal interest in and commitment to the importance of accountability, robust arrangements to track inputs, outputs and outcomes, inclusive decision-making, transparency and openness at every stage of the process.
SUMMARY OF RECOMMENDATIONS

A. Strategic recommendations

1. **Build coalitions:** To achieve its ambitious objectives, the GFF should seek to build a much broader based coalition of partners among donors, countries, and health and non-health sector stakeholders, taking the time to develop shared understanding about the ambition, scope, operational model and implications of the GFF for health financing.

2. **Develop a political advocacy strategy:** The development of such a coalition could be underpinned by a much more active and concerted political advocacy strategy with the dual aim of: (i) fostering better understanding about the GFF within and beyond the health sector (for example, among ministry of finance colleagues in both donor and partner countries, and all the donor nations who support IDA); and (ii) lifting the GFF away from being a World Bank managed Trust Fund and towards an instrument with global stature that could operate alongside GAVI and the Global Fund.

3. **Integrate the GFF into a broader vision for financing women’s, children’s and adolescents’ health:** The GFF should be developed and implemented in the context of a larger, more joined-up/ shared vision around global financing for women’s, children’s and adolescents’ health in the coming years. That vision – itself something like a global roadmap – should be developed by a critical mass of donors, partner countries, civil society organisations, and others, including or even initiated and led by GFF sponsors. The financing workstream of the process to update the Global Strategy for Women’s, Children’s and Adolescents’ Health is an excellent opportunity to take this forward, but important work towards building this vision could start immediately with the right leadership.

4. **Build a clear SRHR policy and approach:** The GFF should seek to work with representatives from the SRHR community to build clear policy addressing SRHR in its broadest sense including a range of potentially sensitive issues (for example, female genital cutting, violence against women and girls, abortion, and early marriage).

5. **Clarify the GFF’s role in civil registration and vital statistics (CRVS) efforts:** The approach to CRVS should be clarified in relation to broader data
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systems, record keeping systems, health information management systems especially with respect to current efforts underway in several UN agency partners, and elsewhere in the World Bank. The GFF business plan could helpfully outline how it will contribute to bringing partners together to streamline the whole area of data and information management in the context of the updated Global Strategy and avoid being another of several initiatives.

B. Operational recommendations

6. **Agree a set of operating principles:** The GFF should develop a set of operating principles that ensure concerns are addressed and rights are protected, for example: (i) promotion of human rights; (ii) transparency and openness; (iii) promotion of multi-sectoral working; (iv) incorporation of civil society into global/ country based accountability processes; and (v) eligibility for funding should extend to all aspects of the updated Global Strategy for Women’s Children’s and Adolescent’s Health.

7. **Agree a health systems strengthening approach:** The GFF should adopt an approach to funding health systems strengthening and universal health coverage.

8. **Build on what is already working in countries:** The GFF should be explicit about building on country processes already in place and operational by creating a flexible approach to the roadmap development process to ensure the GFF adds momentum to what is on the ground already rather than creating competing or alternative processes that drain time and capacity.

9. **Develop a proactive communications strategy:** The GFF should develop and implement a proactive communication strategy in order to increase direct and open communication with the RMNCAH community. This communication strategy would provide an immediate opportunity to clarify a number of points including the: (i) meaning of front-runner country status, why they were selected and how the next countries will be selected; (ii) how information will be shared in country and who will be responsible for ensuring that in-country arrangements progress; (iii) opportunities to join/ contribute to discussions before decisions are taken; and (iv) role of civil society organisations in the GFF business planning process, in the implementation at country level and in the future.
But it would also facilitate on-going dialogue, alert partners to opportunities to contribute views, ensure the timetable for discussion and decision-making is well publicised, enable the business planning team to communicate decisions that have been taken about design and implementation issues, test out proposed ideas and receive comments back from the community.

10. **Adopt a plain language approach (in more than just English):** The business plan should be written without jargon and with minimal use of acronyms. Words like *leverage* and *synergistic* are not well understood outside of the World Bank. The material should be available in other languages.

11. **Develop (and test) a comprehensive accountability structure:** The accountability framework should include global and country level mechanisms linked to the Global Strategy and drawing on what has worked well elsewhere.

12. **Support learning and reduce complexity:** The business plan should explain very clearly how the facility will work, including the proposed linkages between the GFF and IDA lending, which should incorporate a clear explanation of how the GFF grants will flow in conjunction with IDA lending. This would also create an opportunity to address and alleviate the many concerns raised about the danger of GFF’s undue influence on countries’ decision-making related to IDA borrowing and use of those funds.