Building Civil Society Advocacy on Health Financing: Lessons from the Global Financing Facility (GFF)

March 16, 2020 | 9:00AM-10:30AM EST

Hosted by the GFF Civil Society Coordinating Group, Africa Health Budget Network, Open Society Foundations, and CORE Group

Agenda

- Introductions
- Presentations
  - Global health financing trends, making UHC a reality
  - The GFF value proposition, theory vs. practice: GFF comparative analysis
  - Tools for CS engagement on health financing: Country GFF Spotlights
- Questions for clarifications
- First respondents
- Moderated discussion on questions
- Close

Agenda

Global health financing trends, making UHC a reality

- Matt Jowett, Senior Health Financing Specialist, World Health Organization, @mattjowett

The GFF value proposition, theory vs. practice: GFF comparative analysis

- Josea Rono, Managing Partner, E&K Consulting Firm, @Dr_Josea_Rono

Tools for CS engagement on health financing: Country GFF Spotlights

- Aminu Magashi Garba, Founder and Executive Director, Africa Health Budget Network, @AminuMagashiG

World Health Organization

Health financing trends landscape and implications for CS engagement

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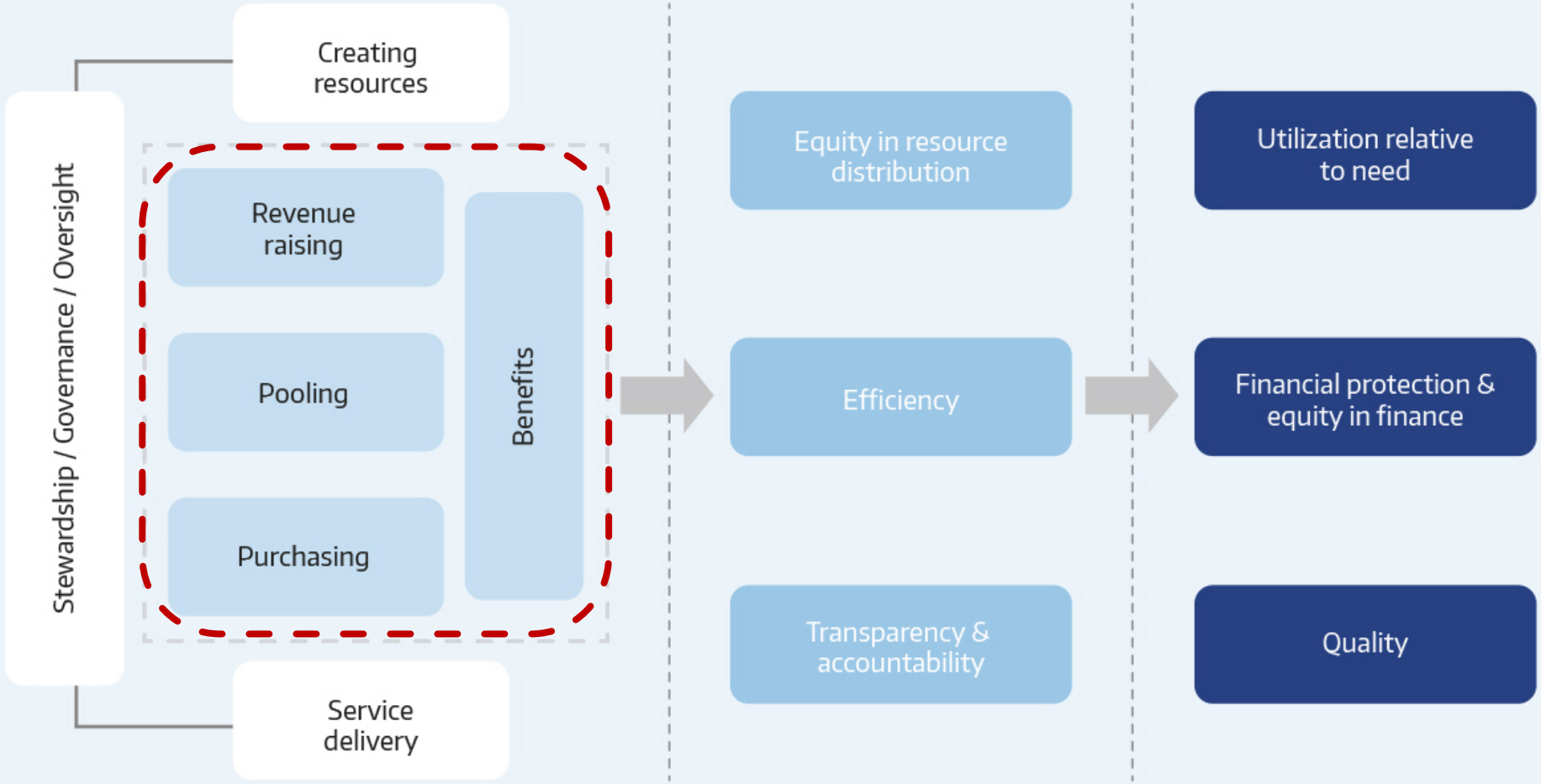
UHC goals and intermediate objectives influenced by health financing policy



World Health Organization

a) Introduction

Health financing reforms cannot simply be imported from one country to another given the unique context of each country and its starting point in terms of health financing arrangements; the underlying causes of performance problems differ in each country and it is these causes which the reforms proposed in a health financing strategy must address. However, there are lessons from international experience that allow a number of guiding principles for reforms which support progress towards UHC, to be specified. These do not constitute a "how-to" guide, but rather a set of "signposts" that can be used to check whether reform strategies (and more importantly, reform implementation) create an appropriate incentive environment and hence are pointing and moving in the right direction in terms of objectives and goals in Figure 1. These principles, or signposts, are presented below for each of the health financing sub-functions and policy areas:

1) Revenue raising

- Move towards a predominant reliance on public/compulsory funding sources (i.e. some form of taxation)
- Increase predictability in the level of public (and external) funding over a period of years
- Improve stability (i.e. regular budget execution) in the flow of public (and external) funds

2) Pooling revenues

- Enhance the redistributive capacity of available prepaid funds
- Enable explicit complementarity of different funding sources
- Reduce fragmentation, duplication and overlap
- Simplify financial flows

3) Purchasing services

- Increase the extent to which the allocation of resources to providers is linked to population health needs, information on provider performance, or a combination of both
- Move away from the extremes of either rigid, input-based line item budgets or completely unmanaged fee-for-service reimbursement
- Manage expenditure growth, for example by avoiding open-ended commitments in provider payment arrangements
- Move towards a unified data platform on patient activity, even if there are multiple health financing / health coverage schemes

4) Benefit design and rationing mechanisms

- Clarify the population's legal entitlements and obligations (who is entitled to what services, and what, if anything, they are they meant to pay at the point of use)
- Improve the population's awareness of both their legal entitlements and their obligations as beneficiaries
- Align promised benefits, or entitlements, with provider payment mechanisms

Guiding principles for health financing

World Health Organization

The eternal fungibility question

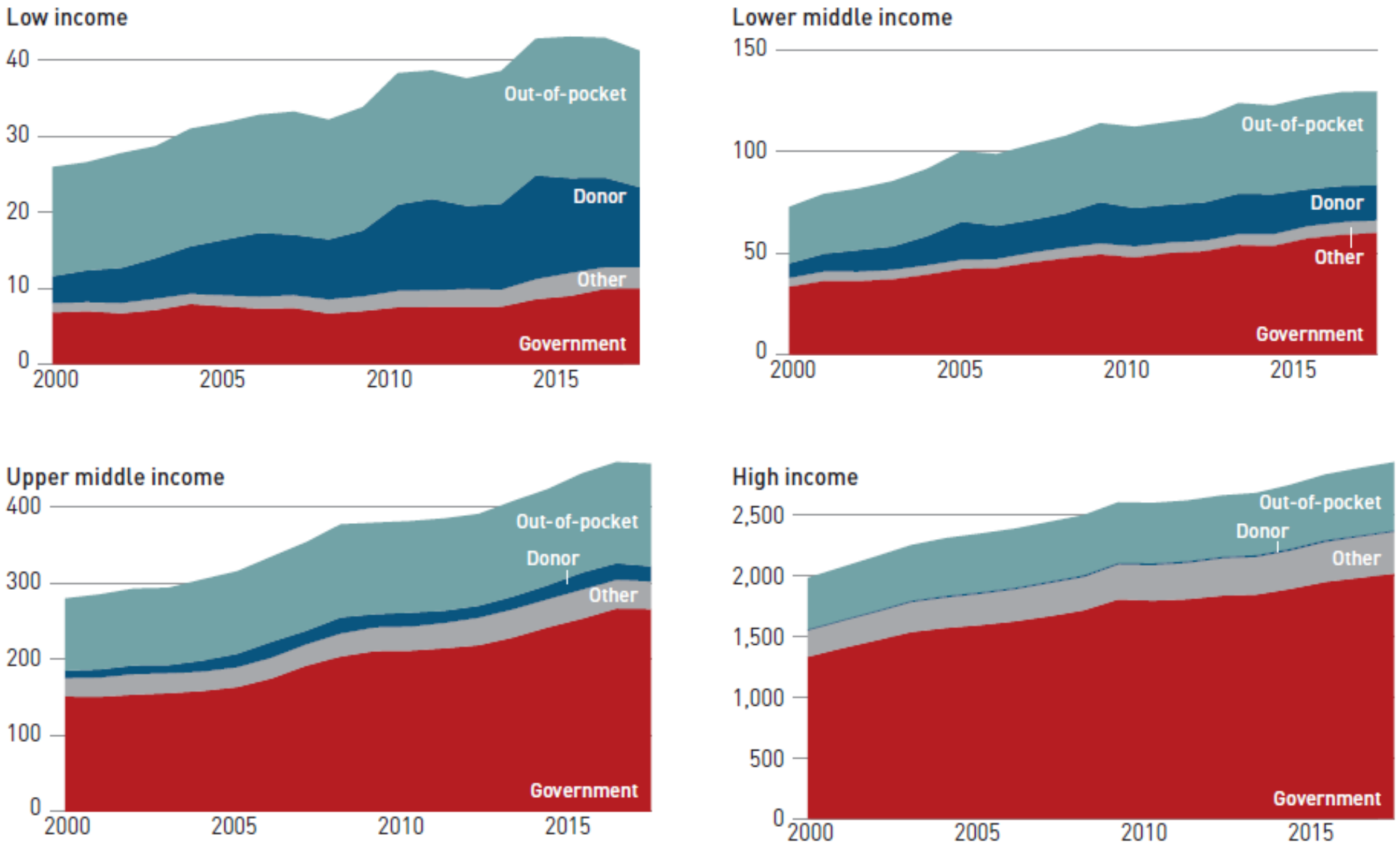
- Evidence that external funds offset by reductions in domestic health spending:
  - Lu et al. suggested that for every $1 of development assistance to governments, there was a *decrease* in GHE by $0.43-1.14.
  - van der Gaag & Stimac found a *positive* elasticity of 0.138 against public spending on health

- As the reverse happens, will domestic revenues fill the gap?

World Health Organization

FIGURE 1.4 **Overall health spending growth was dominated by government funding**

Health spending per capita by source and income group, 2000–2017 (constant 2017 US$)



Domestic government spending is increasing and reducing the reliance on aid in middle income countries, but aid still plays critical role in low income countries.

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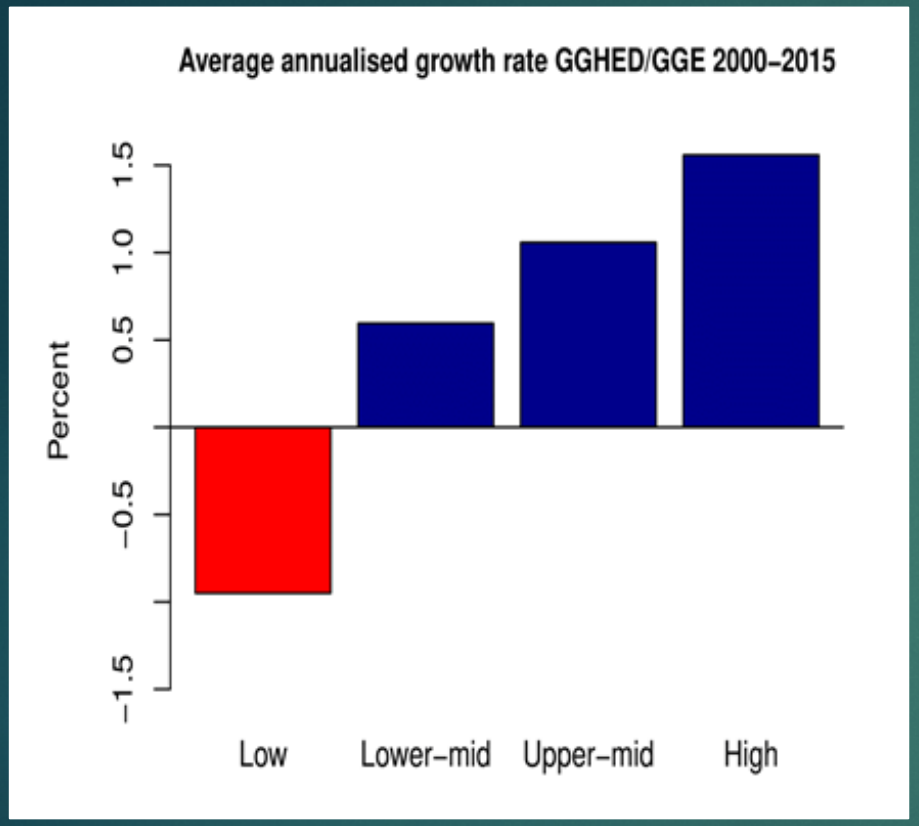
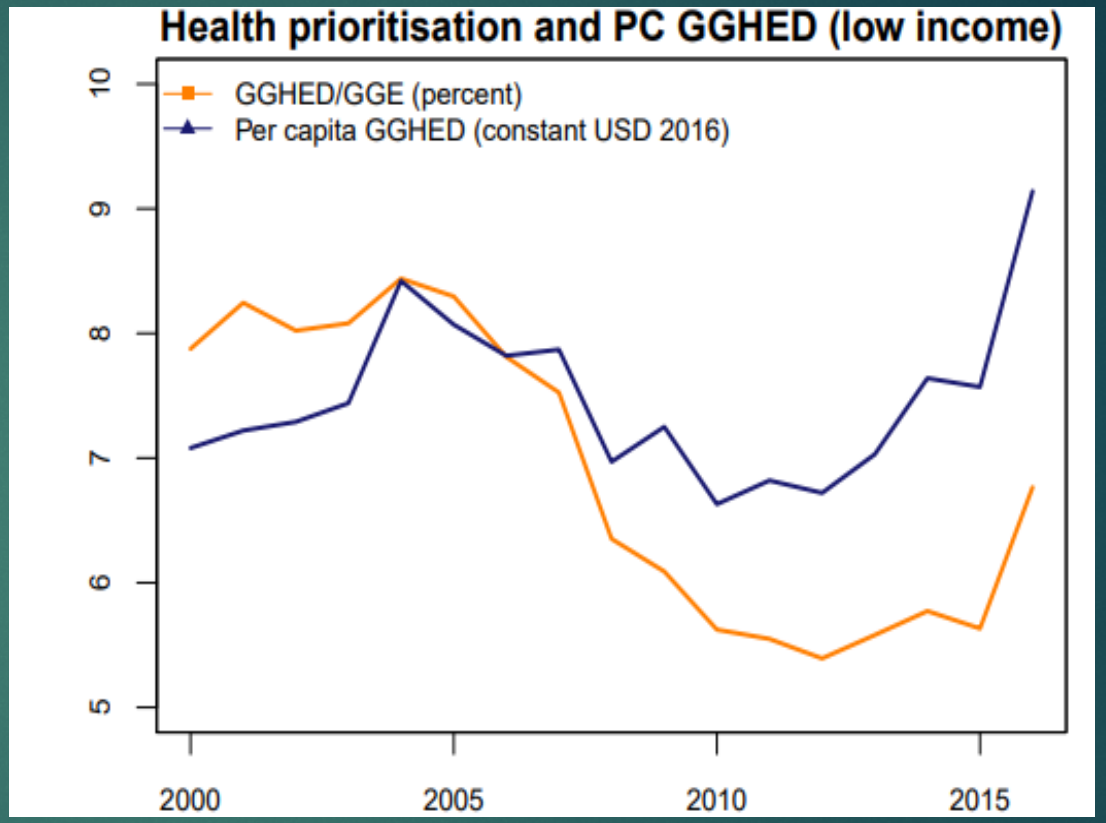
Evidence of deprioritization of health in LICs



Source: GHED, WHO



Source: GHED, WHO

Government priority may go down, but if there is economic growth and tax collection, per capita public spending will still increase.

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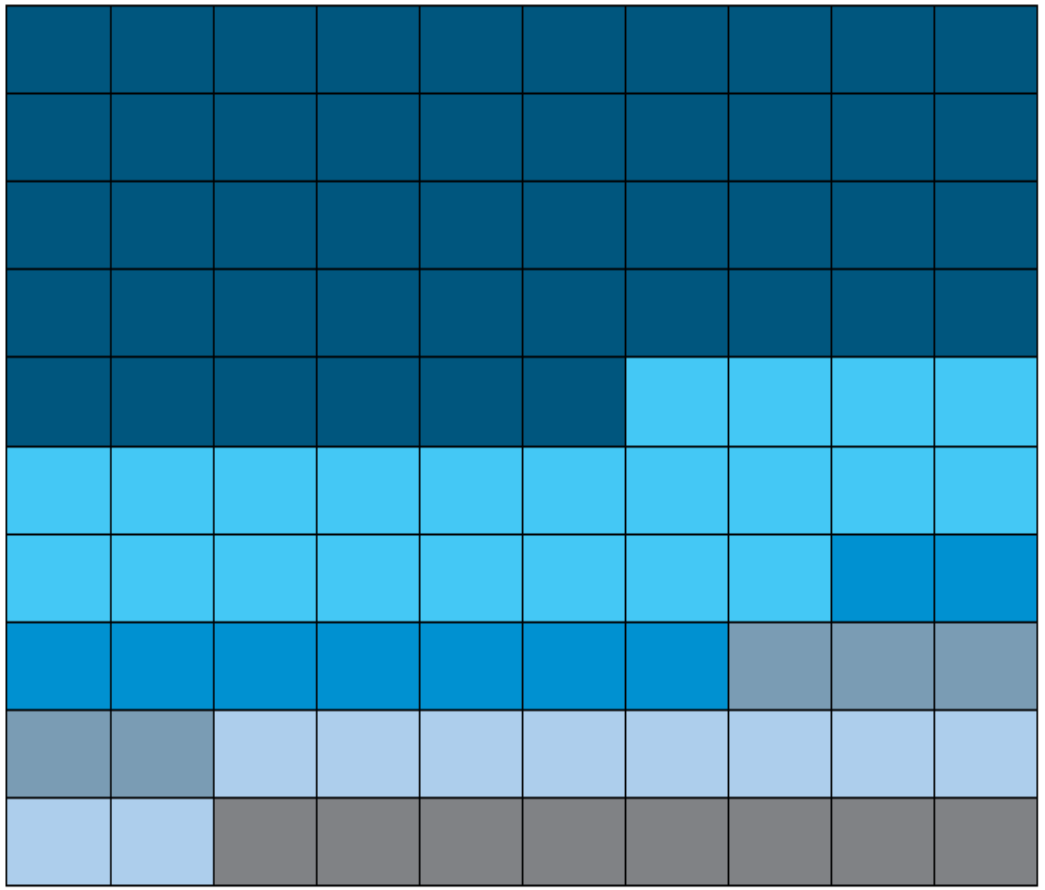
Based on 40 low and middle income countries:

46% of development assistance went to combat HIV/AIDS, malaria & TB



46 US$ on HIV/AIDS, malaria and tuberculosis

22 US$ on other communicable diseases

9 US$ on reproductive health

5 US$ on nutritional deficiencies

10 US$ on noncommunicable diseases and injuries

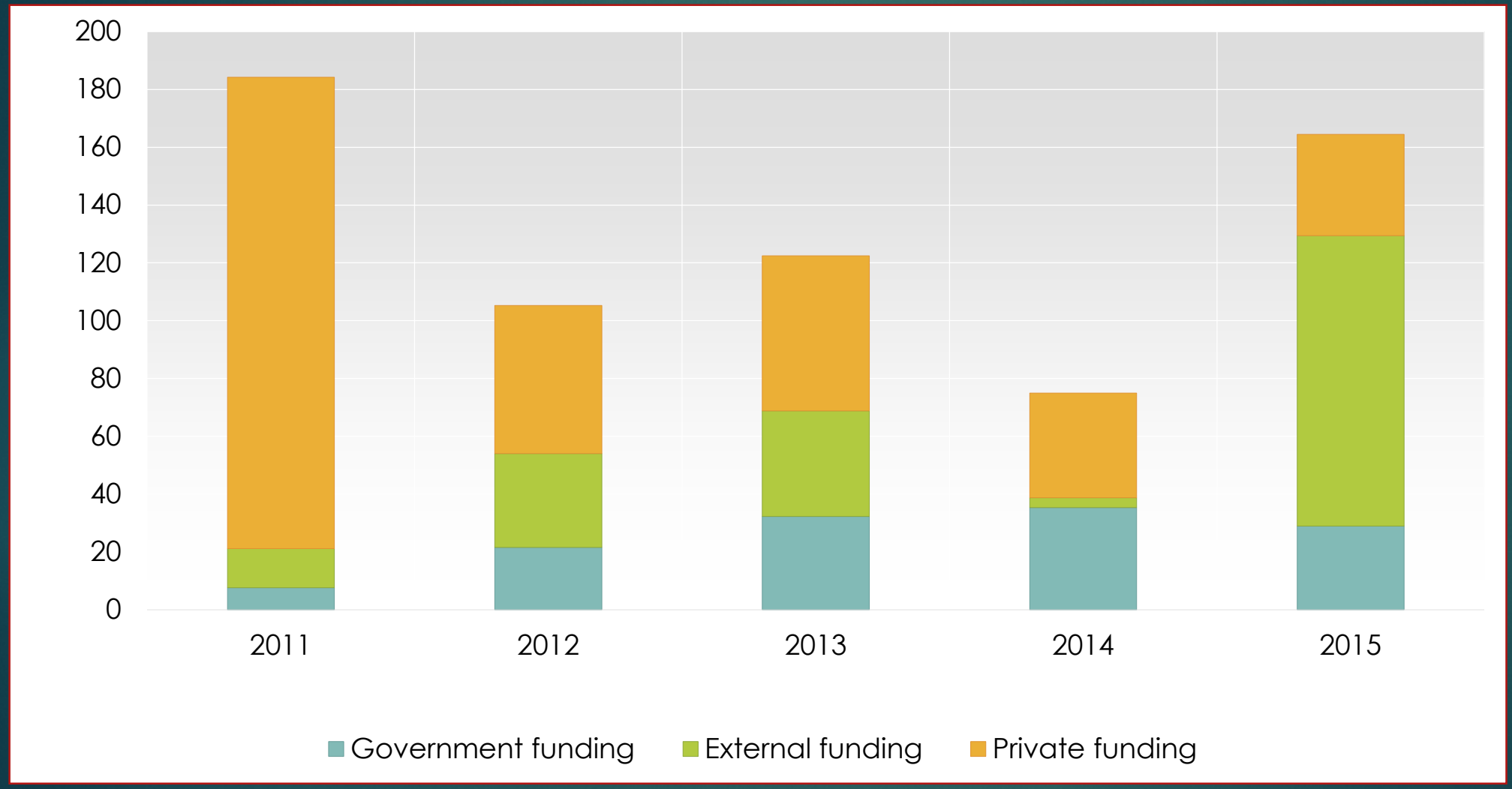
8 US$ unallocated

In comparison, of domestic public spending on health

- **20% went to combat HIV/AIDS, malaria and TB**
- **32% went to noncommunicable diseases and injuries**

World Health Organization

Current Expenditure on Reproductive and Child Health – Niger – by Origin of Funds (million US$)



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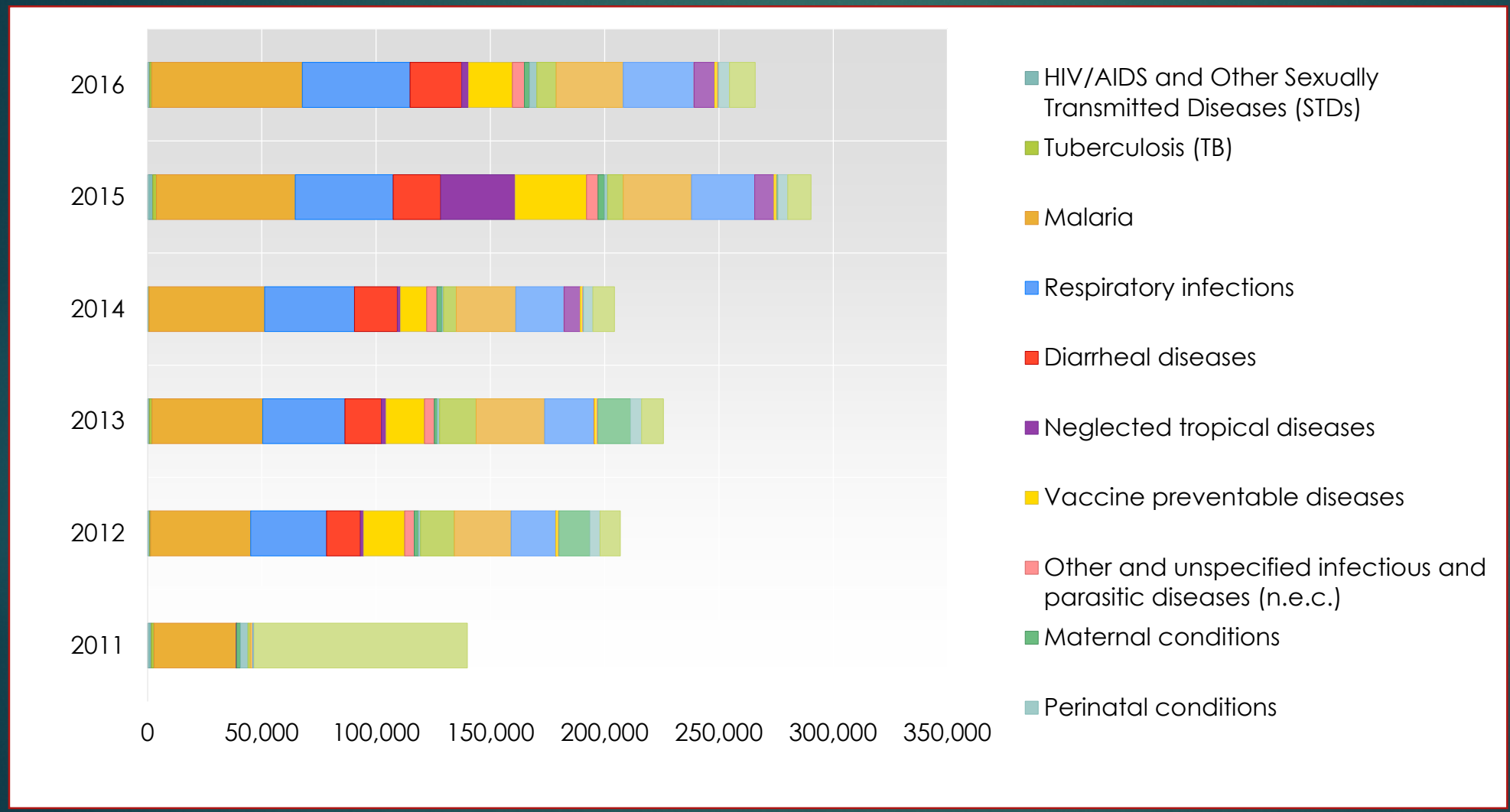
Distribution of current expenditure by disease - Niger (million CFA Francs)



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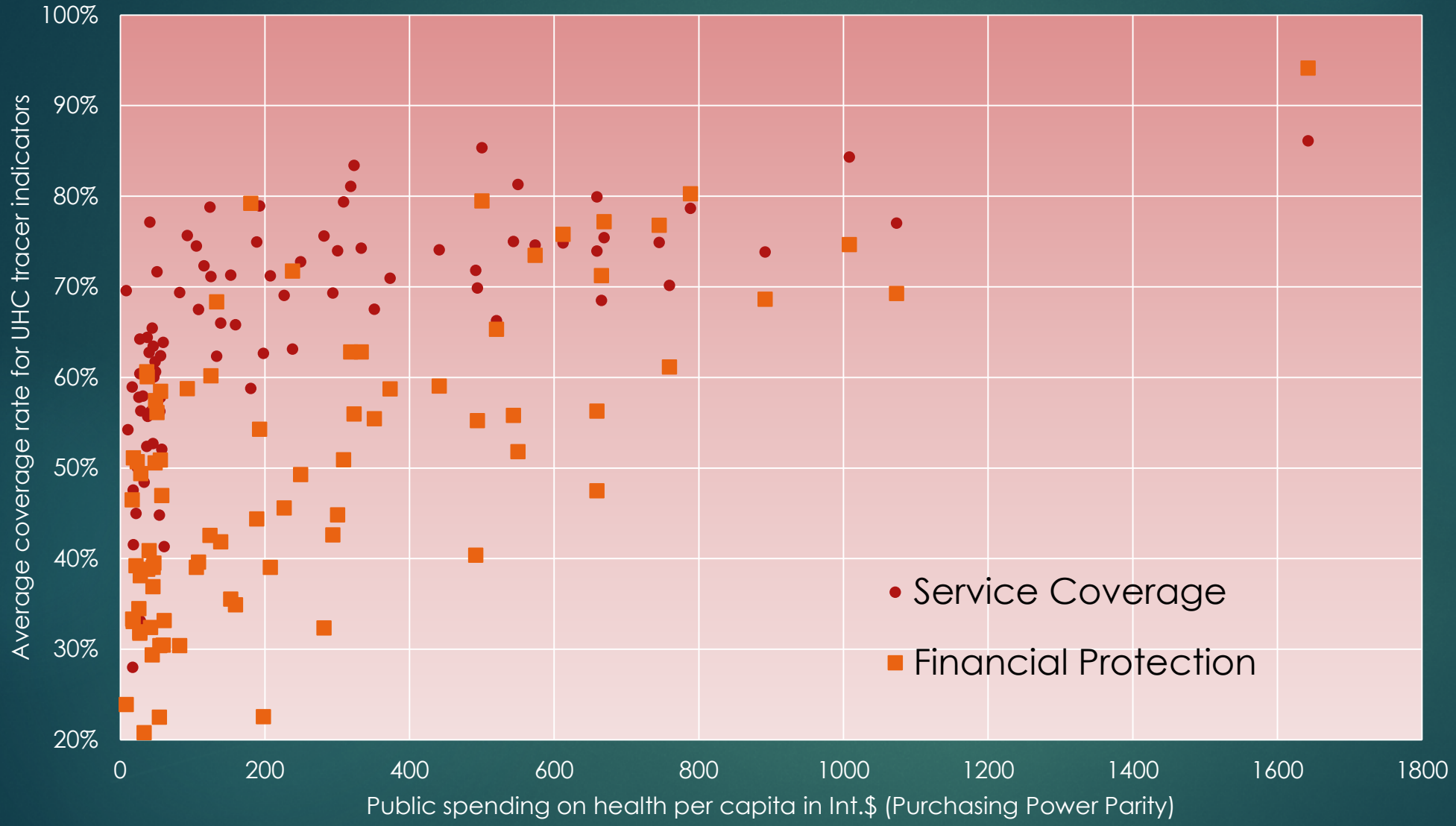
UHC performance relative to public spending



INPUT =
i) Public spending on health per capita Int$

OUTPUTS =
i) TB treatment
ii) DPT cov. 1y olds
iii) Live births SBA
iv) Family planning
v) ART therapy

vi) GGHE % THE

Report Quiz

Sample: 83 low and middle income countries (>1.5m pop). Source: GHED & GHO for 2012 or nearest

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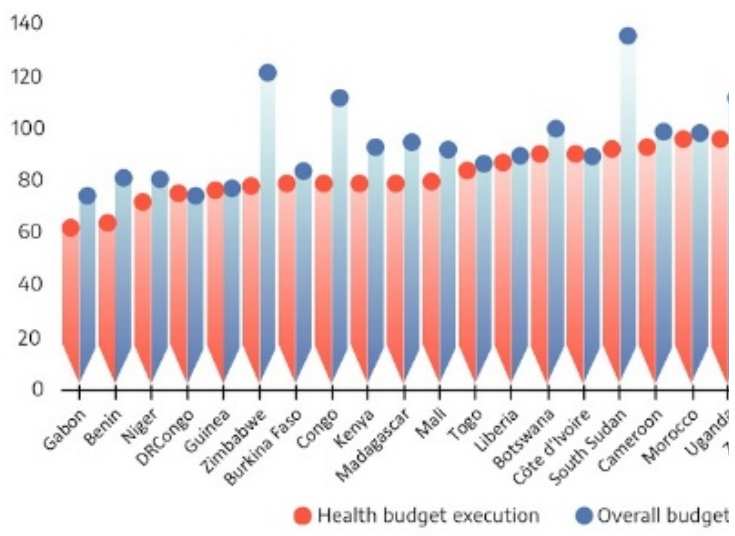
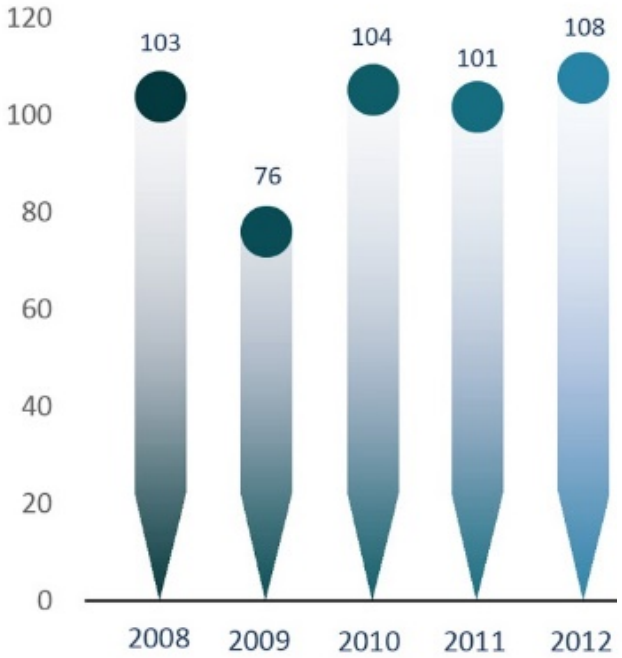
Budget under-execution in health: a critical issue

Health and overall budget execution (average 2008-2016)

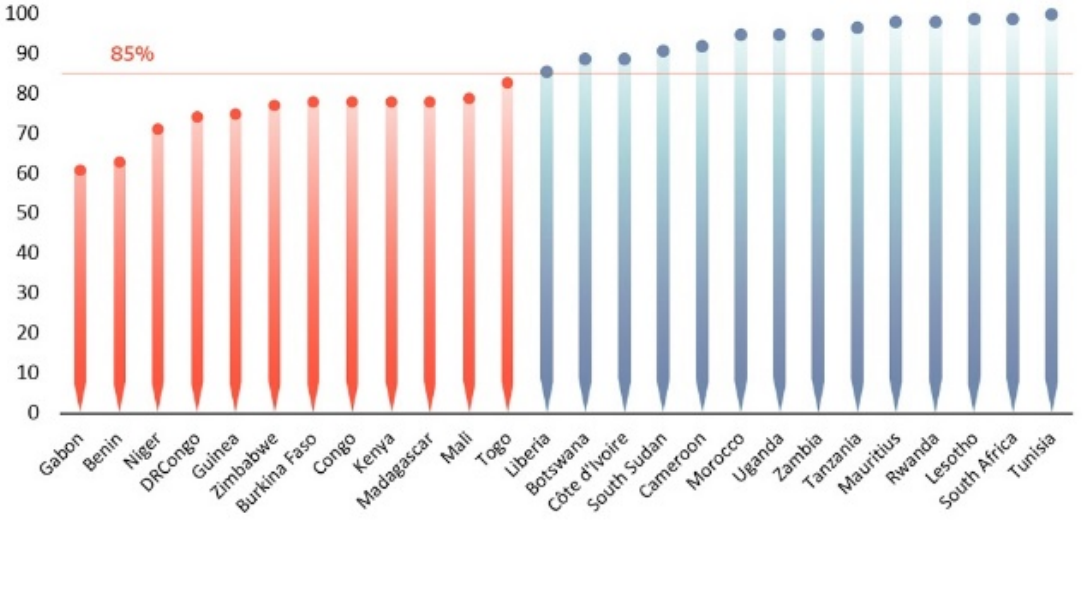


Data source: PEFA and country sources



Trends in health budget execution, African countries (2008-2016)

Health budget execution (average 2008-2016)

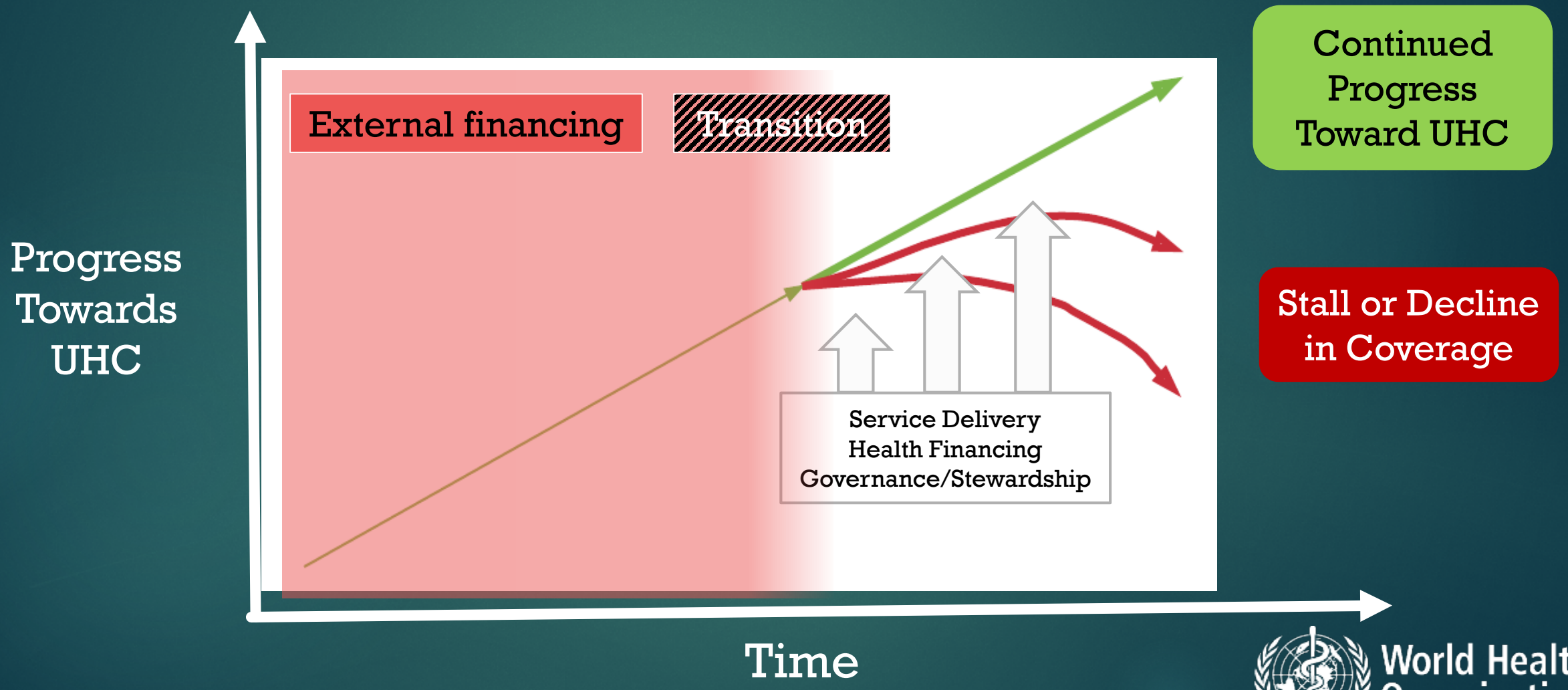


Low budget execution in health is more than an absorption capacity issue

Non-Health	Health
Unreliable revenue forecasts leading to fewer resources available than anticipated, including for health.	Weak budget preparation leading to poor alignment with sector needs
Mid-year re-allocation to other sectors. This affects sector budget allocations and will lead to a deviation of the executed budget from the original budget.	Poor budget costs estimate, leading to unrealistic budget allocations
Unanticipated increased borrowing at high cost, which leads to higher than budgeted debt servicing need. This crowds out allocations for health and other sectors.	Delays in cash requests
Diversion of resources to other sectors, or to certain expenditures (e.g. crowding out expenditure for operational costs)	Multiple funding flows and associated planning and spending rules
Delays in budget release (for example due to cash budgeting), leaving insufficient time at year end for implementing the budget in full.	Health sector-related fraud, leakages, misuse, and waste (e.g. products sold in the private market)
Rigid budget appropriations structure, limiting re-allocation and adjustments to needs	Health-specific procurement challenges (e.g. delays in planning; issues with needs assessment)
Complex authorizing procedures (with MOF) and late information on commitment ceilings	
Issues with accessing cash (e.g. funds not available to the provider level)	
Unreliable financial information and reporting system	
Procurement challenges (e.g. centralized procedures)	

Source: Piatti & Barroy, forthcoming

Ensuring programmatic and financial sustainability to sustain progress towards UHC



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SUSTAINABILITY OF EXTERNALLY-FINANCED HEALTH PROGRAMS

Financial Sustainability

- Transition away from external financing as income rises
- Replacing this with domestic financing that is pre-paid and pooled → Critical to ensuring financial protection, efficiency, equity

Programmatic Sustainability

- Program implementation arrangements often outside of government systems
- Parallel systems, most critically procurement, financial management, human resources, monitoring and evaluation
- Contracting with non-government providers
- Strengthening government capacity and capabilities to take on these functions is critical to effective transition

Unfinished business

- Incomplete coverage: reaching the 5th child, TB case finding
- Significant equity challenges

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What next?

- UHC2030 is developing a toolkit on how CSOs can engage in health financing reforms, budgeting etc.

- Visit UHC Civil Society Engagement Mechanism: https://www.uhc2030.org/what-we-do/civil-society-engagement/

World Health Organization

OPEN SOCIETY FOUNDATIONS

Enhancing Inclusivity and Accountability for UHC

An Analysis of the Global Financing Facility for RMNCAH

E&K CONSULTING

Dr. Josea Rono, *BPharm, PhD.*

Managing Partner

E&K Consulting Firm

Outline

Content

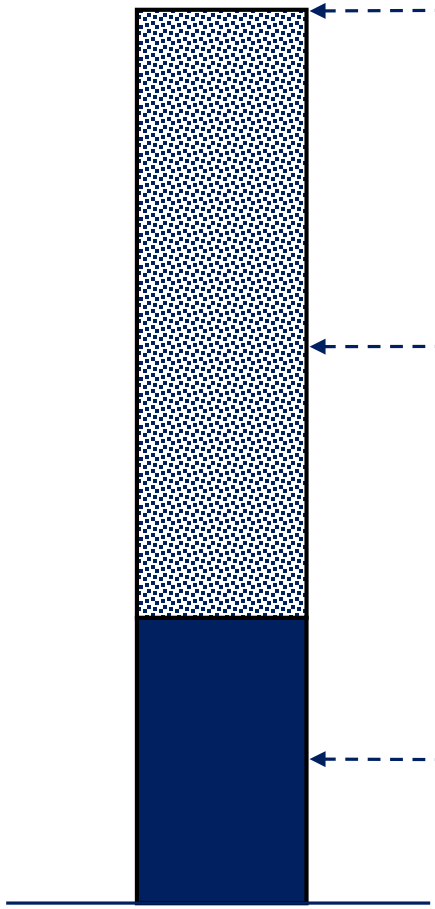
1. Introduction to the GFF and UHC
2. Trends in financing choices in the GFF
3. Trends in transparency of the GFF
4. Key challenges to the GFF
5. Recommendations

Background

Introduction to the Global Financing Facility

Global Financing Facility (GFF)

Globally, the attainment of sustainable development goals is largely precluded by financing gaps
The limited fiscal space necessitates additional (innovative) funding



US$ 3.9 Trillion

Needed for SDG implementation in developing countries

US$ 2.5 Trillion

Annual financing gap; calls for innovative financing

US$ 1.4 Trillion

Amount that current financing levels can cover

Global Financing Facility (GFF)

Globally, the attainment of sustainable development goals is largely precluded by financing gaps
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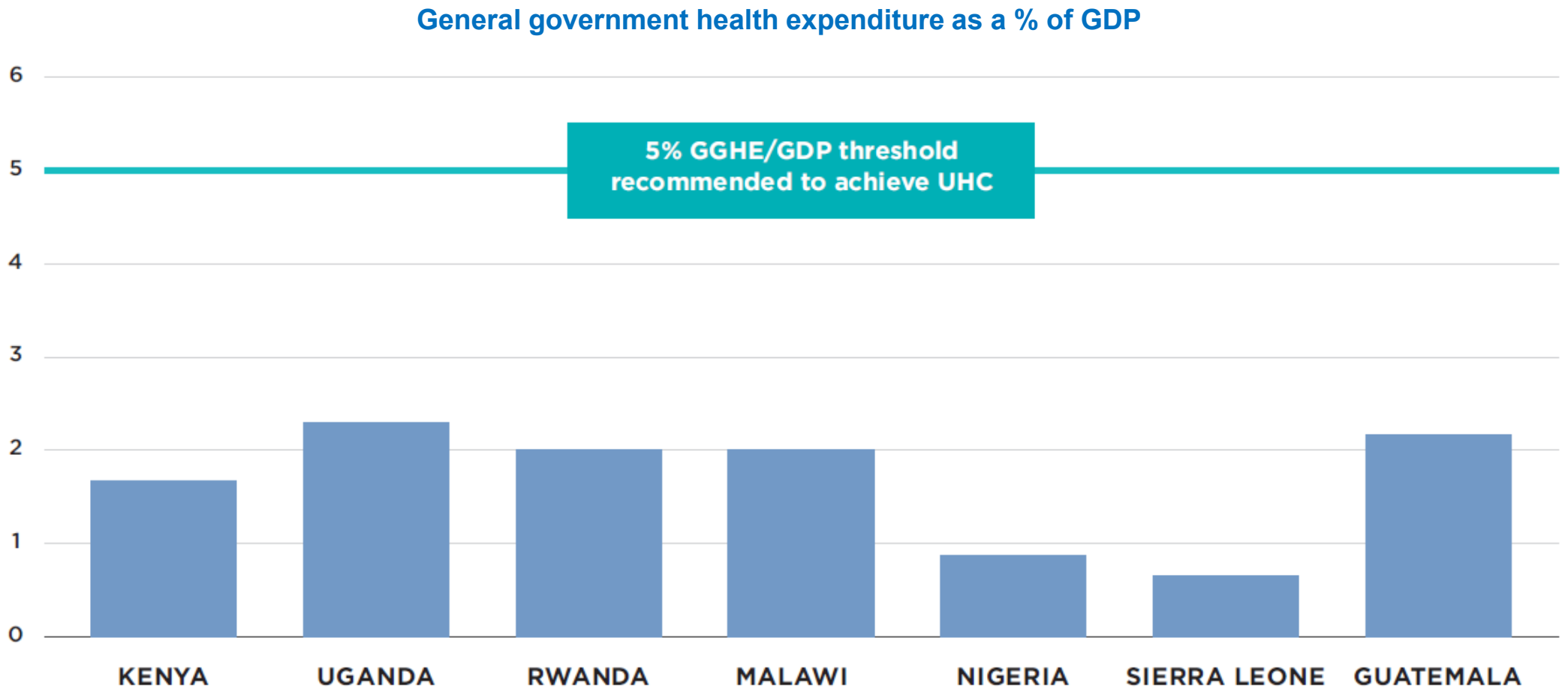
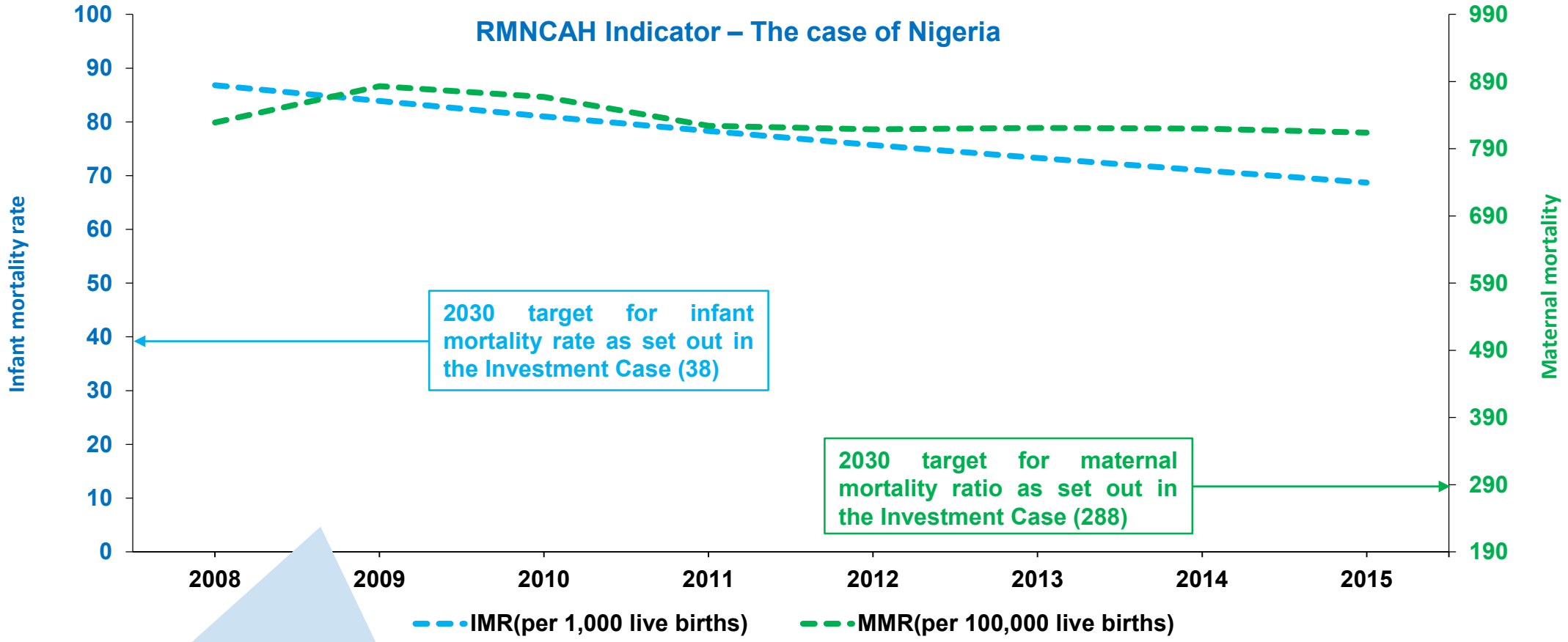


Data source: World Bank
Analysis: E&K Consulting Firm

Global Financing Facility (GFF)

The limited fiscal space is against a backdrop of unmet RMNCAH targets



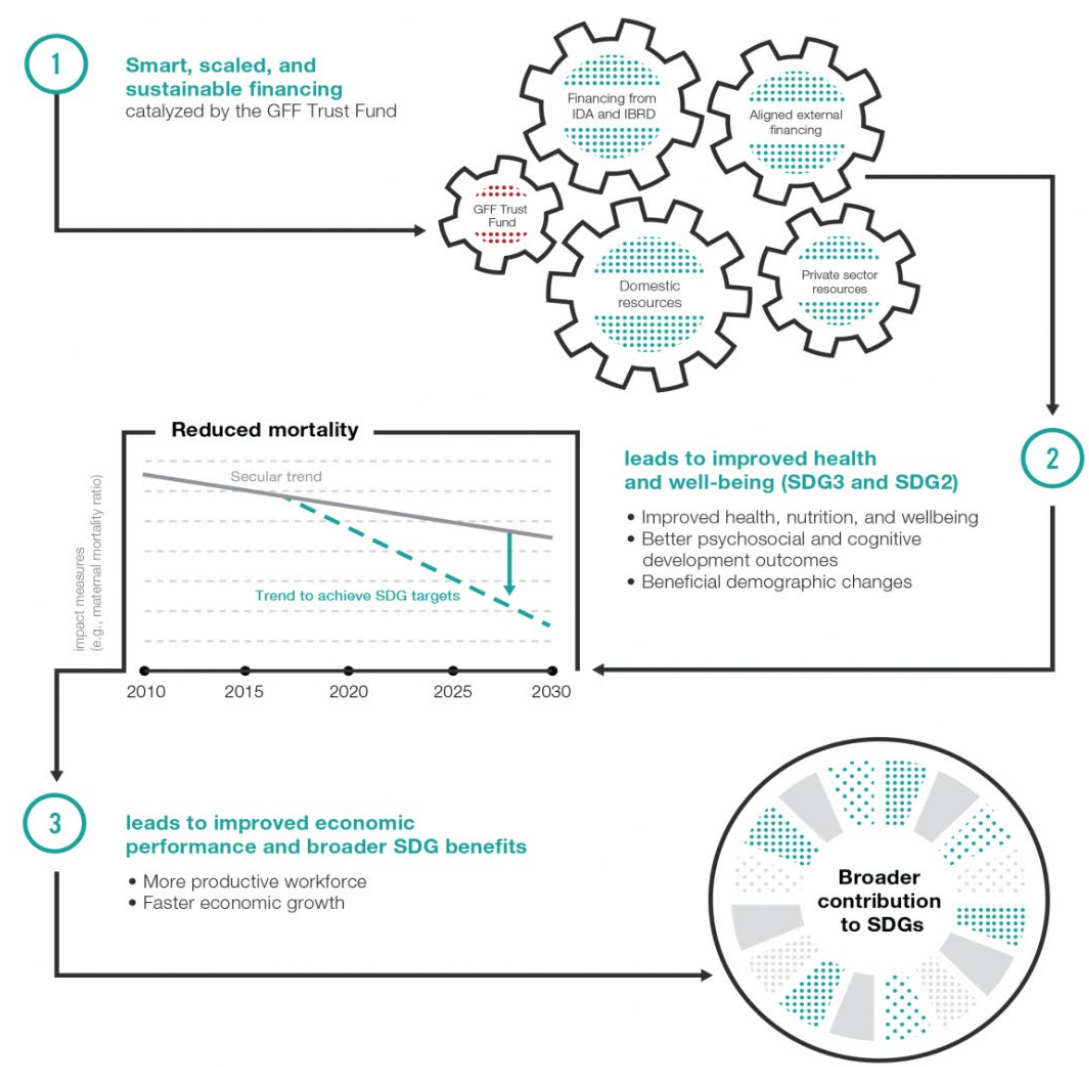
Overall trend: RMNCAH indicators demonstrate improvements in mortality outcomes but fall short of national or international targets

Data source: World Bank
Analysis: E&K Consulting Firm

Global Financing Facility (GFF)

GFF is a partnership that brings together stakeholders through a government-led country platform to galvanize financing mechanisms for reproductive, maternal, new-born, child and adolescent health and nutrition (RMNCAH-N)

How GFF works



Objectives of GFF

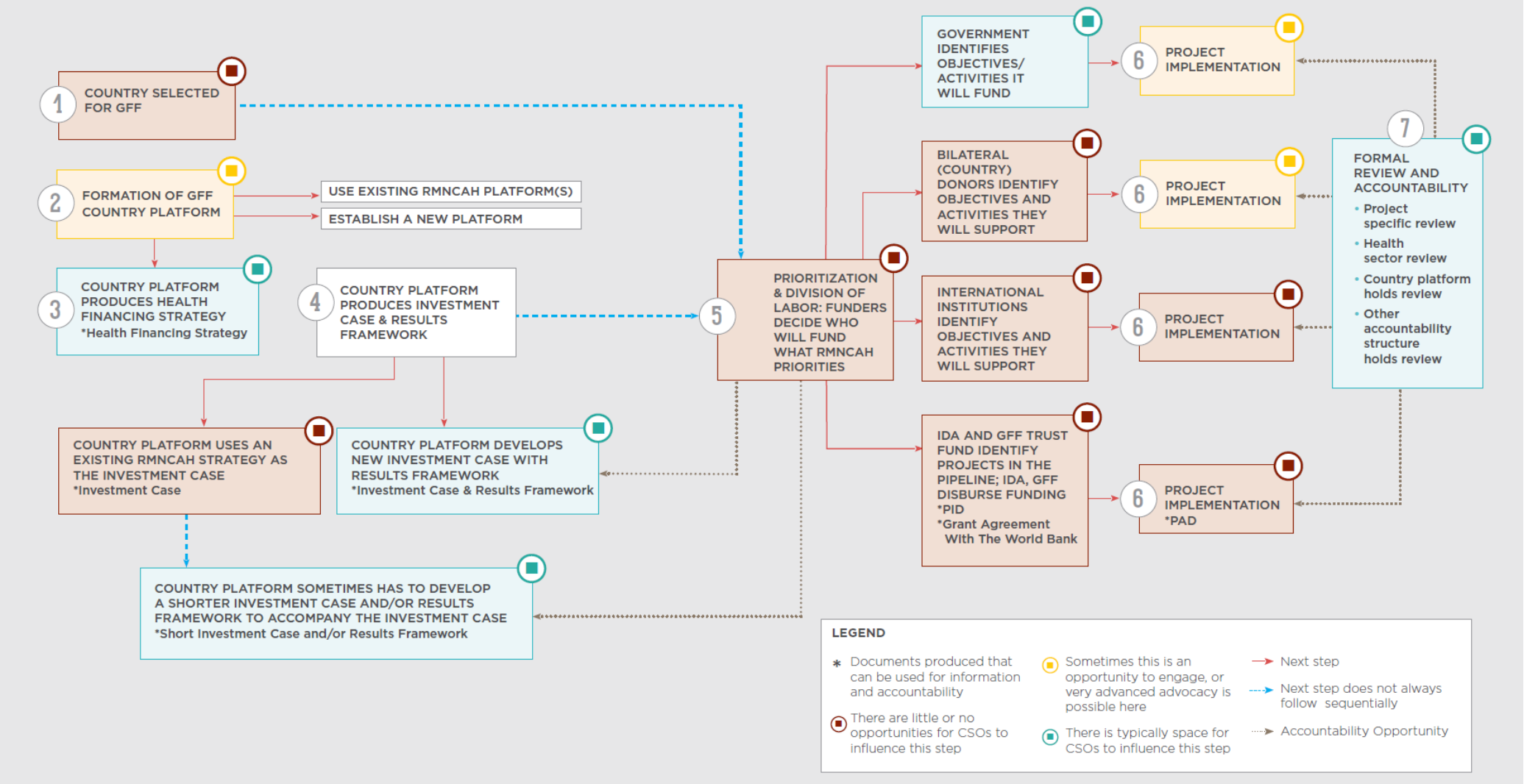
1. Finance national plans to scale-up RMNCAH and measure results
2. Support countries' transition toward sustainable domestic financing of RMNCAH
3. Finance the strengthening of CRVS* systems
4. Finance development and deployment of global public goods
5. Coordinate and streamline RMNCAH financing architecture

36	$33B
Countries supported to date	***Financing gap that GFF targets to close***

Data source: GFF website
*Civil Registration & Vital Statistics

Global Financing Facility (GFF)

The GFF mechanism is ideally envisaged to be a multi-step, multi-stakeholder, coordinated and transparent process



Data source: GFF
Illustration: PAI

The problem

Transparency cited as main challenge limiting efficient use of GFF funds

Information on the level of transparency and form of financing for the GFF has remained inconsistent and opaque

This has limited the ability of stakeholders to engage meaningfully in the GFF mechanism

Stakeholders are now calling on GFF to bolster transparency

Data source: GFF website

Objectives of the study

1. **Trends**
   - Analyse a cross-section of GFF countries to identify trends in the health financing choices of the GFF mechanism
2. **Opportunities for stakeholders**
   - Identify opportunities and make recommendations on how stakeholder engagement at in-country and global levels can be enhanced to increase transparency
3. **Opportunities for governments**
   - Identify opportunities for governments (as convenors of in-country GFF mechanisms) to leverage on GFF to enhance transparency and accountability for the attainment of UHC and SDG 3

Data source: OSF scope document

Methodology: Country selection

Country selection rationale

1. Regional representation
2. Country income level
3. Eligibility for World Bank lending/ funding
4. Health outcomes against RMNCAH indicators
5. Time point at which countries joined the GFF

Data source: GFF Website
Illustration: E&K Consulting Firm

FINDINGS

A. Trends in Financing choices

B. Trends in Transparency

Trends in financing choices

Composition and scope of financing (US$, Millions)

	GFF	Additional donor fund	IDA Loans	IDA Grants	IBRD
Nigeria	47		350		
Kenya	40	17	150		
Uganda	30	35	110		
Cameroon	27		100		
Rwanda	18	35	105		
Senegal	10		140		
Malawi	10			50	
Guatemala	9				100
Sierra Leone	0				

GFF seen to unlock high levels of additional donor funds and IDA loans **with minimal domestic government-led financing**

IDA grants seem to be advanced based on country's risk of debt distress and GNI per capita
IBRD advanced to lower and upper middle income countries on basis of credit worthiness

Data source: GFF website
Analysis: E&K Consulting Firm

Trends in financing choices

Composition and scope of financing (US$, Millions)

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Effect of GFF additionality

- ✓ Funds ring-fenced
- ✓ IDA/IBRD unlocked
- ✓ Additional donor investments enabled
- ✗ **Increased domestic resource allocation**

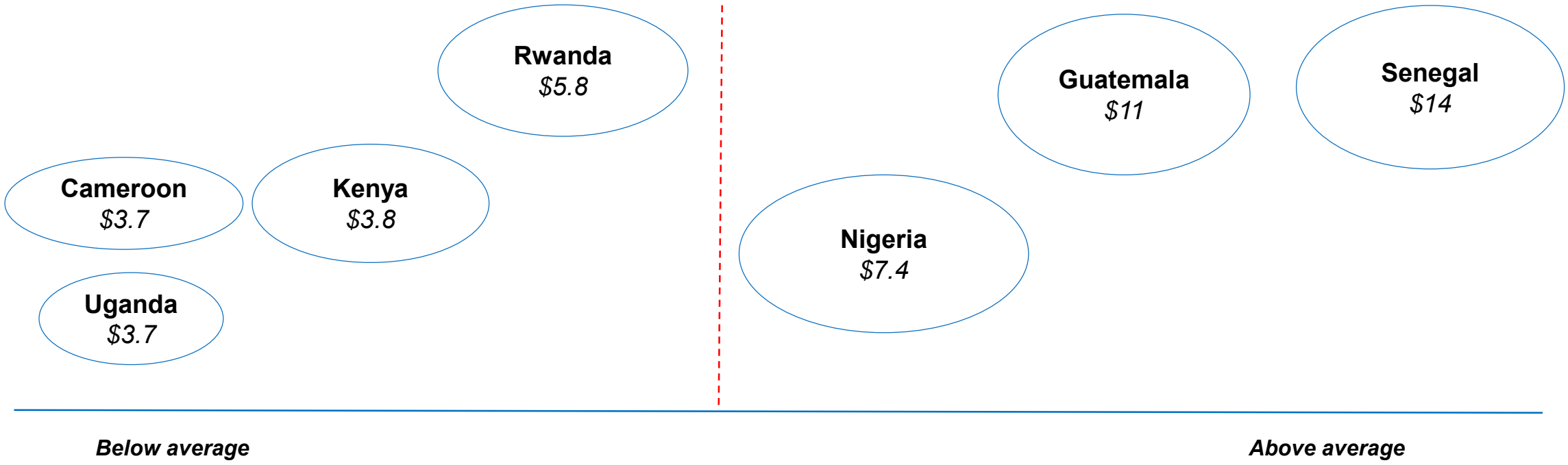
Data source: GFF website
Analysis: E&K Consulting Firm

Trends in financing choices

Ratio of additional loans unlocked to GFF grants advanced

$7

Average additional amount unlocked by every dollar of GFF grant (average of GFF participating countries)



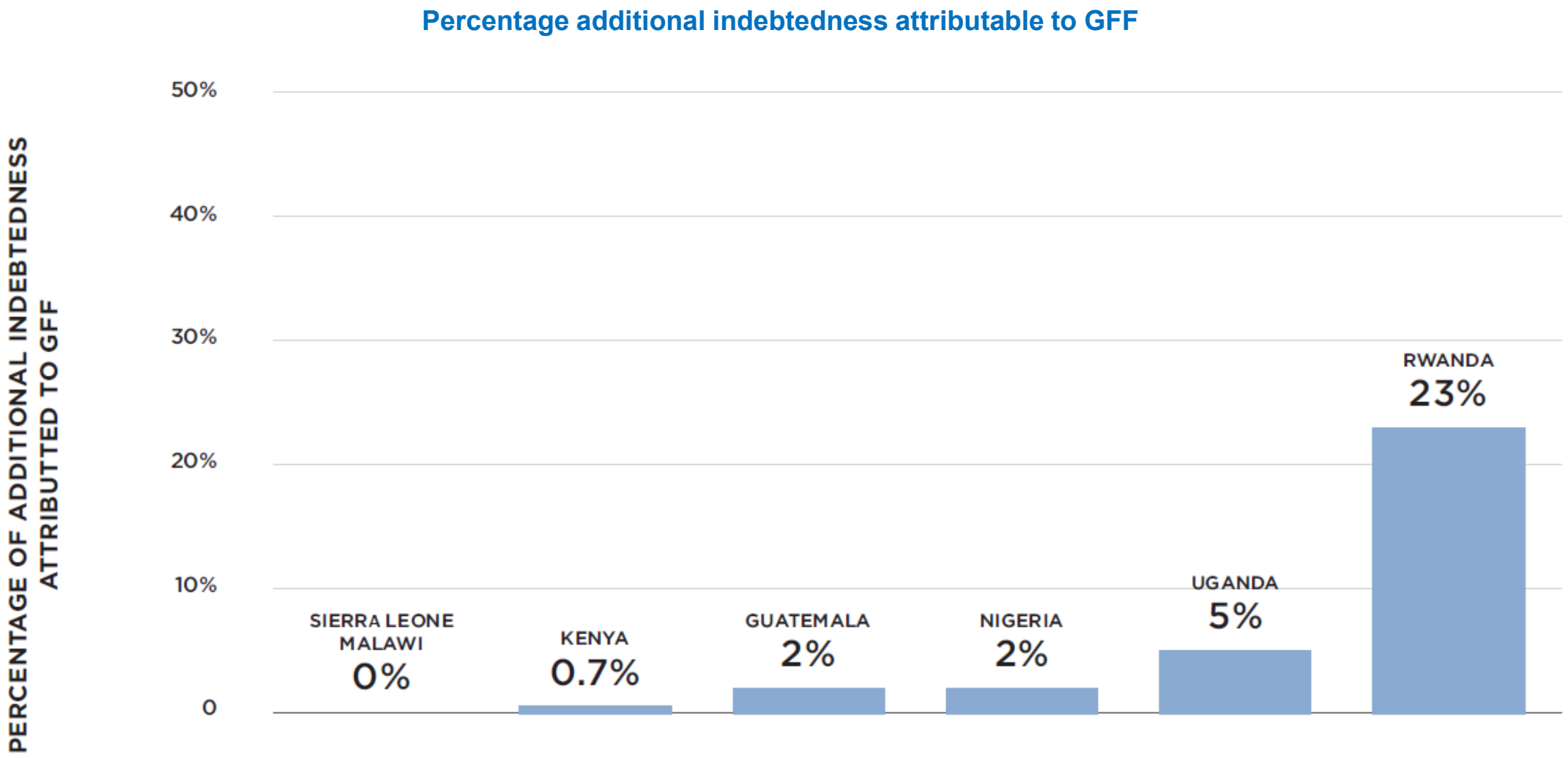
There is an opportunity for countries to unlock more funding

Need to focus on domestic government-led financing

Data source: Varied
Analysis: E&K Consulting Firm

Trends in financing choices

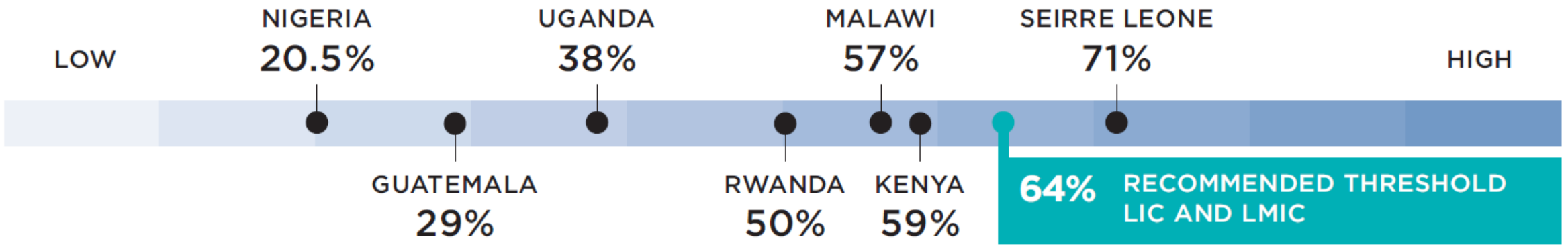
Impact of GFF on indebtedness - Country comparison



Trends in financing choices

Impact of GFF on indebtedness - Country comparison

Percent of debt to GDP – Country comparison



FINDINGS

A. Trends in Financing choices

B. Trends in Transparency

Trends in transparency

Key transparency trends

Ad-hoc Involvement

- CSO involvement largely poor
- CSOs involved in reviewing the IC but not in its development
- Some CSOs just required to submit their logos to be incorporated in the GFF reports
- ‘One-way’ rather than two-way meetings

Kenya, Malawi, Sierra Leone and Guatemala

Lack of open flow of information

- NSHIP project in Nigeria
- The 0.5% increment in budgetary allocation to health in Sierra Leone
- Disbursement and use of funds by county governments in Kenya

Nigeria, Sierra Leone, Kenya

Government influence

- Political appointees
- Lapses in convening meetings
- In Malawi, the 3 CSOs that participate on national platform do not engage other CSOs
- Health sector reform coalition has not been effective in releasing timely information to CSOs

Malawi , Nigeria, Guatemala

Key challenges facing the GFF mechanism

Key Challenges in the GFF

01

Opacity in the GFF mechanism

"While there are gaps in Country selection, it is unlikely that CSOs will be able to influence the GFF mechanism at this point because the WBG and Governments of countries that are interested in joining the GFF often claim that these negotiations are "internal conversations" that cannot be opened up the public.

This problem seems to be the major bottleneck to participation of CSOs in the GFF mechanisms"

- CSO advocacy specialist, Kenya

02

Weak multi-stakeholder country platforms

The multi-stakeholder country platforms are not inclusive, transparent and have weak accountability mechanisms in most GFF countries studied and this negates the effective development principles of the GFF.

03

Misunderstanding of GFF

"Many CSOs don't understand what GFF is about, initially CSOs thought that GFF was a funding agency and therefore submitted many proposals for funding before realizing that it was a catalytic fund and not a CSO funding agency"

-GFF liaison officer working in Africa

04

Limited capacity of GFF eligible countries to make the GFF mechanism 'country-led'

Eligible countries are low-income, fragile states or in conflict. These countries tend to be heavily donor-dependent thus at risk of losing the leadership and priority-setting mandate to the donors

Key Challenges in the GFF

05

Lack of clear linkage between GFF funding and impact

No consensus on a framework against which improvements in RMNCAH indicators can be tracked and attributed to the GFF mechanism

06

Suboptimal inclusion and participation

The GFF mechanism has often failed to be optimally inclusive and to consistently allow for CSO participation.

- Representation of the private sector and academia in the GFF mechanisms is lacking in some countries
- CSOs representation on the country platforms have not been consistent apart from Nigeria and Rwanda
- The GFF mechanism in-country seems to be leaving out other key ministries such as the Ministry of Agriculture

07

Lack of evidence-based financing

"The initial process was working well with the working groups focused on key priority areas: Nutrition; RMNCAH, CRVS and early child stimulation until the Investing in Early Years for Growth and Productivity was allocated US$10 Million from GFF and US$50 Million IDA grant.

Though the project is focused on one of the priority areas, it didn't get owned by the taskforce and the Ministry of Health and Planning leadership and was approved even before the investment case was finalized.

This made stakeholders abandon the process"

-Health financing expert, Malawi

Recommendations and opportunities for future work

Recommendations and opportunities for future work

01

Implementation of the minimum standards for inclusion, transparency and accountability for the multi-stakeholder country platform

- Ministries of Health should pro-actively engage the World Bank and other stakeholders to spearhead the formation of the country platform that is inclusive of the key stakeholders, encourage public disclosure of information and spur accountability among the stakeholders e.g. academia, private sector, county governments, other ministries etc.

02

Ministries of Health & Governments to proactively make the GFF 'country-led'

- Governments ought to proactively lead and set priorities for the GFF mechanism in their respective countries.
- A case in point is Rwanda, where the government's strong leadership has been reported to contribute significantly to Rwanda's GFF mechanism being country-led

03

Awareness creation among GFF stakeholders to correct existing misconceptions

- Health finance and budget-focused advocacy, at both global and in-country levels, to correct the misconception that 'GFF is a loan to be repaid from tax revenues and thus should be available equally to everyone
- CSOs to understand that GFF is a catalytic fund and not a CSO funding agency

04

Strengthening monitoring and accountability in GFF implementation

- GFF minimum guidelines on accountability should be implemented across all participating countries
- Monitoring and accountability can be enhanced by enhancing data quality and M&E frameworks, building on existing systems and partners already working on data systems, integrating health information systems thereby increasing subnational demand for the use of quality data for decision making.

Recommendations and opportunities for future work

05

Peer-to-peer learning

- Future advocacy in the newly co-opted GFF countries should consider borrowing lessons from the phase 1 and 2 countries
- Borrow lessons from advocacy initiatives that have worked with other mechanisms such as GAVI's governance structures

06

Align off-budget funding with country investment cases

- There is need to align off-budget funding with country investment cases

07

Advocacy to enhance participation in the GFF mechanism

- There is need for advocacy to enhance inclusive participation in the GFF mechanism with a particular focus on enhancing the participation of the private sector and academia
- In countries with a devolved system of governance, such as Kenya, there is merit in enhancing the participation of County Governments and other devolved units of government

Thank you

Merci

Obrigado

Asante

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Tools for CS Engagement on Health Financing: Country GFF Spotlights

By

Aminu Magashi Garba

16th March 2020

AFRICA HEALTH BUDGET NETWORK

'How to' Guide ; GFF Country Spotlight is a global good and a toolkit developed by AHBN that supports in-country civil society organizations and platforms to help them develop their specific country GFF Spotlight aimed at enhancing CSOs engagement and promote financial accountability and transparency for the GFF & RMNCAH+N

Why the intervention?

- Inadequate knowledge and understanding of country RMNCAH+N investment case and GFF project appraisal document at among country CSOs.
- Inadequate knowledge about the size of the GFF Trust Fund, World Bank IDA and what country financing mechanism are they aligning with?
- Inadequate analytical skills among country CSOs to review ICs, PADs & Health Financing Strategies

The ‘How to- Guide’ is a step by step tool that supports Country CSOs to;

1. Conduct content analysis of ICs, PADs and Health Financing Strategies
2. Conduct stakeholder analysis and country context in relation to GFF
3. Apply items 1 and 2 and produce a specific country GFF Spotlight
4. Design and validation

AHBN piloted the use of the “How to” Guide at a regional training in Abuja, Nigeria

Post training key highlights

- 4 Country GFF Spotlights are designed and produced
- 3 of them have being validated at country level
- 2 of them have being used to engage government stakeholders including local officials of the World Bank and GFF in the on-going GFF Reinvestment process
- Country level CSOs have clear understanding about GFF finances, funds disbursement process & timeline, what interventions the GFF supports and what domestic resources is GFF expected to catalyze
- Mentoring visits by AHBN to the 4 countries is being planned at the moment
- AHBN will widely disseminate all the 4 Spotlights including the “How to” Guide via the GFF Observer Newsletter by end of the month

Questions?

First Respondents

- Dr. Lisa Seidelmann, Global Health Advocate, Wemos, @lisa_Seidelmann

- Karrar Karrar, Access to Medicines Adviser, Save the Children, @KKarrar0

Moderated Discussion

Kadi Toure, Technical Officer, PMNCH

Thank you!