

Building Civil Society Advocacy on Health Financing: Lessons from GFF

Webinar Q&A

Questions	Presenter	Answer
Is Malaria in pregnancy excluded from or included in maternal conditions? How about maternal transmission of HIV?	Matt Jowett	Expenditures on malaria in pregnancy is tracked under malaria. Similarly, expenditures related to maternal transmission of HIV is tracked under HIV. However there is a way to add these to a reproductive report if need be.
Is financial protection linked to the cost per capita or to the combination of essential services included in the package	Matt Jowett	Financial protection is a measure of the financial hardship on households as a result of making out-of-pocket payments on health services; clearly, this will be impacted by the price (and underlying cost) of services as well as any benefit package in place in the country. Current measurement is based on what households report in household surveys as having spent out of their own pocket on the services and products they need. These (direct) costs can be catastrophic in that they absorb a large share of household's available resources (ability to pay) which in some cases leads to poverty or further impoverishment. Within the SDG framework, SDG indicator 3.8.2 is a measure of catastrophic health spending, see link https://www.who.int/health_financing/topics/financial-protection/monitoring-sdg/en/ ." For other definitions as well as information on how impoverishment or further impoverishment is measured, read chapter two of the latest 2019 UHC global report https://www.who.int/healthinfo/universal_health_coverage/report/2019/en/
Is there evidence that the HIV/TB/Malaria spending (eg, Global Fund required costs share) is crowding out other spending?	Matt Jowett	This is a good question. However, WHO does not have evidence on crowding-out one way or the other, as this would be rather complicated to capture. We would be interested to hear from CS regarding any evidence in respect to this.
Are loans from multilateral institution classified as 'external financing'? What happens to this classification when they are paid back?	Matt Jowett	Concessional loans e.g. from bilateral agencies and other development banks, are categorised as official development aid, and also as external financing. Commercial loans are categorized as domestic financing. For further info please click on the link to "SHA Methodology" on the link: https://apps.who.int/nha/database/DocumentationCentre/Index/en
How can Civil Society unlock the challenge of accessing expenditure information from government?	Matt Jowett	Data can be found on WHO's Global Health Expenditure Database here: https://apps.who.int/nha/database
I'm curious if your research looked at any cross-country time lag issues of GFF Trust Funds and IDA. For Sierra Leone, the linked IDA money has still not been released (I'm not sure about the Trust Funds). In Senegal, the project is just starting implementation. I think this is specific to the relationship between the government and World Bank relationship but I'm curious if you found anything.	Josea Rono	The research (as an annex to the report that will soon be out) provides case studies of the nine countries studied. While the research does not present a head-to-head comparison of lag time across countries, the case studies highlight unique examples where the lag time was long. A case in point is Senegal where the lag is attributable, at least in part, to the Minister of Finance's proactive approach to expand the scope of the investment case to include investments in items that are not traditionally considered as part of RMNCAH - in this case, investments into electrification of health facilities etc. While this approach enabled Senegal to unlock US\$ 14 of IDA funding for every US\$1 of GFF grant (which is the highest in the nine countries studied) the trade-off seems to have been the delay in conclusion of the IC and PAD.

<p>Is it possible to share a few bullets about what has happened with the country spotlights and validation process, in each of the countries that you highlighted So helpful to hear the specific country examples, but it was a little hard to hear all of the details. Thank you!</p>	<p>Aminu Magashi Garba</p>	<p>They convened members and reviewed the spotlight as well as shared the spotlight during a GFF webinar session that was coordinated by the World Bank office in Sierra Leone. 6 members of the RMNCAH+N CSOs Coalition were in attendance during the webinar and engaged members of the Sierra Leone Multi- stakeholder platform with key findings. They are also involved actively with the evidence made available by the Spotlight in the advocacy to ensure GFF commits trust fund in Sierra Leone in 2020.</p> <ul style="list-style-type: none"> • In Liberia, the current GFF financing & RMNCAH Investment Case for Liberia are both due to be concluded this year. Members of the Liberia Health NGOs Network which is the GFF CSOs platform have attended several discussions and meetings on the next round of funding of the GFF. Meetings had reviewed process, requirements and roadmap for the reinvestment as well as writing Country Investment Summary to be submitted by April and by June, the country will get to know whether it is eligible. Members of the Liberia Health NGOs Network had used the Liberia GFF Spotlight in deepening their advocacy, engagement and participation in the reinvestment process as the Spotlight has made them to better understand how and what GFF does in Liberia. They also convened the Liberia Health NGOs Network meeting and reviewed the spotlight and shared widely with the member of the Liberia Health Sector Coordination Committee. • In Ethiopia, the GFF Spotlight process is being led by the Consortium of the RH Associations. The executive director had convened meeting and reviewed with members the spotlight as well as shared the spotlight widely via email locally and with international partners. The GFF Spotlight has provided a strong advocacy tool to the CSOs community and supported them to fully engaged in the GFF process as well as support them to review the Ethiopia RMNCAH+N Investment Case that is about to come to an end.
<p>Any data on expenditure on the health system?</p>	<p>Matt Jowett</p>	<p>Data can be found on WHO's Global Health Expenditure Database here: https://apps.who.int/nha/database</p>
<p>Who within a government should or is tracking this information?</p>	<p>Matt Jowett</p>	<p>This varies by country, but usually it involves various ministries: MoH, Office of Central Statistics, MoF and Minsitries of Social Welfare.</p>
<p>How are you categorizing "external funding" vs private?</p>	<p>Matt Jowett</p>	<p>Revenues for health can be categorised as external or domestic, and also as public or private. Data can be seen according to these categories, for individual countries, on the WHO Global Health Expenditure Database. Most external funding tends to go through government systems and in this case is both "external" and "public"; where external funding flows directly to non-government organizations this is external and private. Further information can be found here:</p>
<p>What is the best way to assess the impact of GFF on country level RMNCAH indicators?</p>	<p>Josea Rono</p>	<p>This document (https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Results-Monitoring-Framework.pdf) provides a summary of the way to monitor the performance of GFF. The key message here is to (i) proactively define the M&E framework, indicators and measurement metrics prior to the implementation of GFF activities (ii) collect data at baseline and (iii) measure indicators during implementation and compare them to baseline. A key aspect to note is the need to identify indicators and/or performance metrics that can differentiate between GFF attributable changes from changes in the wider health system due to other on-going interventions.</p>
<p>How is the issue of unutilized loans from IDA addressed? Case in line, GFF countries that secured the loans from IDA but not fully utilized them (just a small percent of it spent), and this money regardless of whether put to use or not it has to go back to IDA.</p>	<p>Josea Rono</p>	<p>The key bottleneck to use of IDA loans (after they have been granted) is budget execution i.e. the capacity of recipient governments and health systems to actually use the funds as proposed in the PAD and budgets. Budget execution is varied but generally low in many GFF participating countries. The net effect of this is that funds from IDA loans are not consumed. Please refer to page 15 and 22 of this document (https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Monitoring-the-Funding-Flow-of-Investment-Case.pdf) for an elaboration of the budget execution deficits. The ideal situation is to have expenditure review (page 22) done in each financial year to identify bottlenecks to budget execution and implement mitigation measures. Refer to page 24 for a summary of key challenges to resource tracking and pages 25 onwards on some ideas on how to improve on resource mapping, resource tracking and budget review.</p>