Addressing Critical Health System Barriers to RMNCAH-N Services
What results do we want to achieve?

**Overall objective:**
End preventable maternal, newborn, child and adolescent deaths and improve the health, nutrition and quality of life of women, adolescents and children

**SDG targets:**
- MMR <70/100,000
- U5MR <25/1,000
- NMR <12/1,000
- Universal access to SRHR services
- Universal health coverage

Closing the financing gap would prevent up to 38 million deaths by 2030
Where are we today?

“To reach the Sustainable Development Goal targets, the average annual rate of reduction during 2015–30 in the 50 highest mortality countries will need to more than double the rate during 2000–15 for neonatal mortality, stillbirths and maternal mortality.”

- Countdown 2030
GFF: a new approach to development finance

Development assistance is at record levels but small as compared to remittances, FDI, and domestic financing. All existing development assistance for health would barely cover additional RMNCAH financing needs.

DOMESTIC FINANCING

ODA

FDI

REMITTANCES

RMNCAH: US$33.3b

DAH: US$36.4b

Need for a new model of development finance
GFF: Closing the funding gap for women, children and adolescent health and nutrition

The gap starts at $33.3 billion in 2015 in the absence of GFF.

The gap closes to $7.4 billion in 2030 as a result of GFF and economic growth.

$83.5 billion is saved from 2015 to 2030.

Legend:
- Yellow line: Total incremental financing (domestic financing and development assistance for health, including GFF Trust Fund and IDA/IBRD)
- Light gray line: Incremental domestic financing crowded-in as a result of the GFF
- Teal line: Incremental domestic financing related to economic growth
- Red dotted line: Incremental resource needs (after efficiency gains related to the GFF)
- Brown line: Incremental resource needs (no GFF)
DRC Multitude of financing and management schemes

MULTILATERAL AGENCIES
- ADB
- UNFPA
- Gavi
- IMF
- World Bank
- Global Fund
- UNAIDS
- WHO
- EU
- UNICEF
- UNHCR
- WFP

PUBLIC INSTITUTIONS
- Ministry of Finance
- 52 Specialized Programs MOPH
- 13 Directorates MOPH
- 26 Provincial Health division /MOPH
- Social Fund of the Republic
- 26 Provincial Ministries
- Medical school
- BCeCo
- Ministry of Education
- Public Health Schools

COOP. BILATERAL & TA
- BTC CTB
- VVOB
- GTZ
- Apefe
- DFID
- USAID
- Armée du Salut
- ACDI
- SIDA
- BDOM
- ECHO
- MSF Belgium
- Merlin
- PSF-CI
- Memisa
- Louvain development
- Cemubac
- Oxfam GB
- CRS
- Action Damien
- World Vision
- AmoCongo
- Novib
- Caritas
- BASICS
- Sanru
- Apefe
- AmoCongo
- H.Santé
- More than 200 partners

13 STEERING COMMITTEES
- Source: Denis Porrignon, WHO 2008

HUMANITARIAN NGOS
- Memisa
- Oxfam GB
- Novib
- Cordaid
- AmoCongo
- H.Santé

INT .& NAT. NGOS
- GTZ
- SIDA
- ACDI
- Apefe
- More than 200 partners

MULTITUDE OF FINANCING AND MANAGEMENT SCHEMES
How GFF works to reduce fragmentation – A country led process

- Identifying priority investments to achieve RMNCAH outcomes
- Identifying priority health financing reforms
- Strengthening systems to track progress, learn, and course-correct
- Getting more results from existing resources and increasing financing from:
  - Domestic government resources
  - IDA/IBRD financing
  - Aligned external financing
  - Private sector resources
Country-identified priorities: systems approach to improving outcomes

**INDIRECT**

1. Dedicated interventions in the health sector (both supply- and demand-side)
2. Integrated delivery (integrated community platforms and HF services, RBF touch points)
3. Multisectoral approaches to RMNCHA-N (e.g., WASH, voucher schemes for pregnant women, CRVS to promote rights)
4. Health systems strengthening (e.g., human resources for health, supply chain)
5. Health financing reforms (e.g., domestic resource mobilization, risk pooling)

**DIRECT**

*Improved RMNCAH-N outcomes*
### Example from Mozambique: Addressing Health Systems challenges through the Investment Case

<table>
<thead>
<tr>
<th>HEALTH SYSTEM CHALLENGES IDENTIFIED IN IC PROCESS</th>
<th>INVESTMENT CASE FOCUS ON RESOLVING HEALTH SYSTEM CHALLENGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inadequate service availability and readiness</td>
<td>• Improve availability of emergency obstetric and neonatal care</td>
</tr>
<tr>
<td></td>
<td>• Ensure uninterrupted water supply and electricity for health facilities</td>
</tr>
<tr>
<td></td>
<td>• Deliver SRHR services in secondary schools</td>
</tr>
<tr>
<td>Human Resource shortages</td>
<td>• Increase the number of health professionals assigned to primary care level</td>
</tr>
<tr>
<td>Lack of platform for community-based service delivery</td>
<td>• Train and assign community health workers</td>
</tr>
<tr>
<td>Low quality of care</td>
<td>• Incentivize quality care through RBF</td>
</tr>
<tr>
<td></td>
<td>• Social accountability monitoring</td>
</tr>
<tr>
<td></td>
<td>• Monitor quality of care for decision making</td>
</tr>
<tr>
<td>Low &amp; inequitable government spending</td>
<td>• Protect and improve share of health in Government spending</td>
</tr>
<tr>
<td></td>
<td>• Improve health spending in underserved provinces and districts</td>
</tr>
</tbody>
</table>
**Mozambique: linking financing with health systems strengthening**

<table>
<thead>
<tr>
<th>Disbursement Linked Indicators</th>
<th>Health System Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DLI 1</strong>: % of Institutional Deliveries in 42 priority districts as defined in the IC</td>
<td>Outputs/Outcomes</td>
</tr>
<tr>
<td><strong>DLI 2</strong>: % of secondary schools offering SRHR services</td>
<td>Outputs/Outcomes</td>
</tr>
<tr>
<td><strong>DLI 3</strong>: Couple Years of Protection (CYPs)</td>
<td>Outputs/Outcomes</td>
</tr>
<tr>
<td><strong>DLI 4</strong>: Percentage of children between 0-24 months receiving the Nutrition Intervention Package in the 6 provinces with highest chronic malnutrition</td>
<td>Outputs/Outcomes</td>
</tr>
<tr>
<td><strong>DLI 5</strong>: Domestic health expenditures/total government expenditures</td>
<td>Health Financing</td>
</tr>
<tr>
<td><strong>DLI 6</strong>: Health expenditures made in historically underserved areas</td>
<td>Health Financing</td>
</tr>
<tr>
<td><strong>DLI 7</strong>: # technical health personnel assigned to the primary health care</td>
<td>Human Resources</td>
</tr>
<tr>
<td><strong>DLI 8</strong>: % of district/rural hospitals that received performance-based allocations (PBA) in accordance with a minimum of two scorecard assessments</td>
<td>Service Delivery/Quality of care</td>
</tr>
<tr>
<td><strong>DLI 9</strong>: % of rural health centers in priority districts that received PBA in accordance with a minimum of two scorecard assessments with community consultations</td>
<td>Service Delivery/Quality of care</td>
</tr>
<tr>
<td><strong>DLI 10</strong>: # of community health workers trained and active</td>
<td>Human Resources</td>
</tr>
<tr>
<td><strong>DLI 11</strong>: % of deaths certified in health facilities with data on cause coded</td>
<td>Civil Registration and Vital Statistics</td>
</tr>
</tbody>
</table>
Moving resources to the Frontlines First - strengthening community systems

**Mozambique**: Focus on shifting financing to 42 high burden districts; focus on ASRHR and family planning; investing in *community-based service delivery*.

**Liberia**: Support for expanded Results-Based Financing; *community-based health platform*; and shifting resources to under-served areas.

**Guinea** (in process): Improve efficiency of delivery system through RBF; effective fee exceptions at facility level; support pooling of *resources for community health efforts*.

**North-East Nigeria**: Purchasing for performance to deliver essential services; *move resources and accountability to the front-line*. 
Thank you

Learn more

www.globalfinancingfacility.org
GFFsecretariat@worldbank.org
@theGFF