

Washington DC
Feb 23, 2018

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?

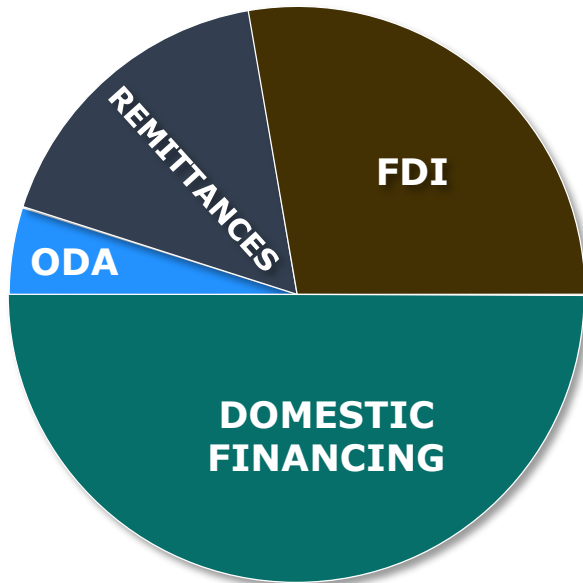
“To reach the Sustainable Development Goal targets, the average annual rate of reduction during 2015–30 in the 50 highest mortality countries will need to more than double the rate during 2000–15 for neonatal mortality, stillbirths and maternal mortality”

- **Countdown 2030**

GFF: a new approach to development finance

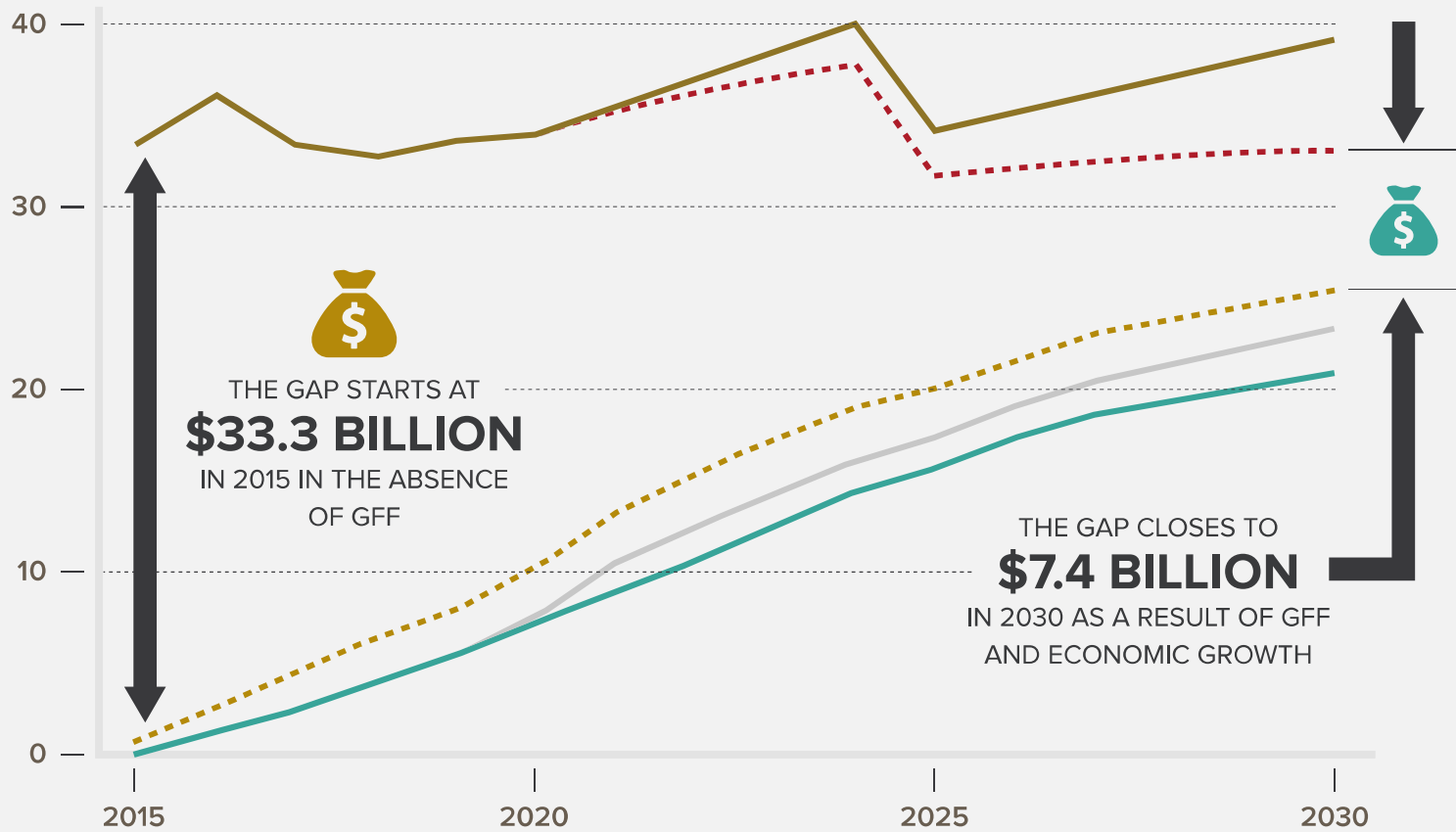
Development assistance is at record levels but small as compared to remittances, FDI, and domestic financing

All existing development assistance for health would barely cover additional RMNCAH financing needs



Need for a new model of development finance

GFF : Closing the funding gap for women, children and adolescent health and nutrition



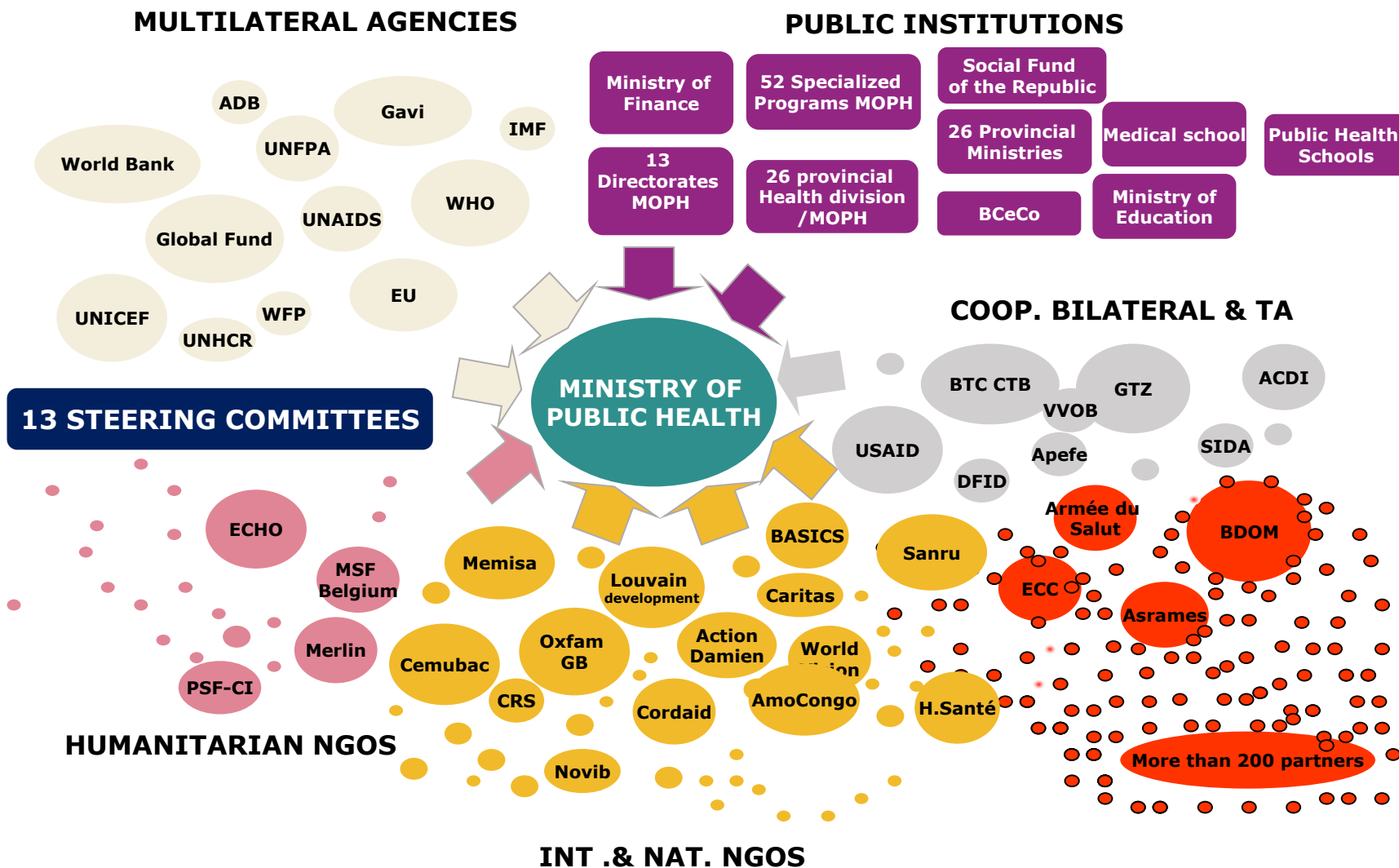
THE GAP STARTS AT
\$33.3 BILLION
IN 2015 IN THE ABSENCE
OF GFF

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

- Total incremental financing (domestic financing and development assistance for health, including GFF Trust Fund and IDA/IBRD)
- Incremental domestic financing crowded-in as a result of the GFF
- Incremental domestic financing related to economic growth
- Incremental resource needs (after efficiency gains related to the GFF)
- Incremental resource needs (no GFF)

DRC Multitude of financing and management schemes



How GFF works to reduce fragmentation

- A country led process

Country ownership and leadership

- ▶ 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

DIRECT

4. Health systems strengthening (e.g., human resources for health, supply chain)

5. Health financing reforms (e.g., domestic resource mobilization, risk pooling)

2. Integrated delivery (integrated community platforms and HF services, RBF touch points)

1. Dedicated interventions in the health sector (both supply- and demand-side)

3. Multisectoral approaches to RMNCHA-N (e.g., WASH, voucher schemes for pregnant women, CRVS to promote rights)

**Improved
RMNCAH-N
outcomes**

Example from **Mozambique**: Addressing Health Systems challenges through the Investment Case

HEALTH SYSTEM CHALLENGES IDENTIFIED IN IC PROCESS

Inadequate service availability and readiness

**Human Resource shortages
Lack of platform for community-based service delivery**

Low quality of care

Low & inequitable government spending

INVESTMENT CASE FOCUS ON RESOLVING HEALTH SYSTEM CHALLENGES

- **Improve availability of emergency obstetric and neonatal care**
- **Ensure uninterrupted water supply and electricity for health facilities**
- **Deliver SRHR services in secondary schools**

- **Increase the number of health professionals assigned to primary care level**
- **Train and assign community health workers**

- **Incentivize quality care through RBF**
- **Social accountability monitoring**
- **Monitor quality of care for decision making**

- **Protect and improve share of health in Government spending**
- **Improve health spending in underserved provinces and districts**

Mozambique: linking financing with health systems strengthening

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

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



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