


Ministry of Foreign Affairs – (Department for Africa, Policy and Development, APD)

Meeting in the Council for Development Policy 1 October 2019

Agenda item 5

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| 1. Overall purpose | For discussion and recommendation to the Minister |
| 2. Title: | Support to Global Financing Facility (GFF), the World Bank |
| 3. Presentation for Programme Committee: | 29 May 2019 |

Support to Global Financing Facility (GFF), the World Bank

<p>Key results:</p> <ul style="list-style-type: none"> - Reductions in maternal, new-born and child deaths in supported countries - Improved health, nutrition and well-being of women, children and adolescents, with a particular focus on relevant targets of SDGs 2, 3 and 5 by 2030 - Improved access to sexual and reproductive health and rights (SRHR) services through a systems approach, combining direct and indirect pathways <p>Justification for support:</p> <ul style="list-style-type: none"> - Many women, newborn, children, and adolescents die needlessly each day due to inadequate reproductive maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) services, and the lack of financing to address this is a key barrier. - The GFF helps countries to significantly increase investments in the health of their own people. Through its approach, it contributes to the creation of healthy societies, in which women, children and adolescents are supported to realize their full potential through equal access to quality health services, including SRHR. - The GFF's efforts and approach is in line with Denmark's Strategy for Development Cooperation and Humanitarian Action, "The World 2030" (2017), which identifies the promotion of gender equality, women's rights and SRHR as core priority areas. <p>Major risks and challenges:</p> <ul style="list-style-type: none"> - The GFF operates in fragile countries and GFF operations may lack capacity to implement. - GFF countries may fail to prioritize SRHR and the investment case sufficiently - Global Gag rule may inhibit services and law reforms related to SRHR and the GFF. 	File No.	2019-5330					
	Country	Global					
	Responsible Unit	APD					
	Sector	Gender and Health					
	Partner	The Global Financing Facility (World Bank)					
		<i>DKK mill.</i>	2019	2020	2021	Tot.	
	Commitment	75	0	0	75		
	Projected ann. disb.	75	0	0	75		
	Duration	3 years (2019-2021)					
	Previous grants	DKK 25 million in 2017					
	Finance Act code	06.32.01.23					
	Head of unit	Lotte Machon					
	Desk officer	Klara Christensen					
	Reviewed by CFO	Jan Hindhede Justsen					
	Relevant SDGs						

Strategic objectives:

The **overall objective** of GFF is to support countries to get on a trajectory to achieve the SDG's through (1) prioritizing investments and health financing reforms; (2) getting more results from existing resources and increasing the total volume of financing; and (3) strengthening the systems to track progress, learn and course-correct.

The overall objective of the GFF is supported by a Danish **immediate objective** of improving SRHR efforts in Sub-Saharan Africa, including in West Africa and Sahel-region, where needs are imminent.

Justification for choice of partner:

As the financing arm of Every Woman Every Child (EWEC), the GFF is an integrated part of the Global Action Plan for Healthy Lives and Well-Being supporting progress towards achieving the health and gender related SDGs in line with core Danish development priorities. The GFF is unique in its capacity to convene major actors – both donors, civil society, the private sector and governments – to build a country specific investment case for achieving the objective of implementing EWEC, promoting SRHR and leaving no one behind.

Summary:

With profound commitment to promoting SRHR, strong international voice and long-standing engagement on SRHR bilaterally and multilaterally, Danish funding to the GFF will aim to support an increased focus on SRHR in GFF-supported countries in Sub-Saharan Africa, including in West Africa and the Sahel region, where needs are imminent.

Budget:

Soft-earmarked core support	DKK 75 million
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Contents

List of Acronyms and Abbreviations	3
1. Introduction	4
2. Main issues to be addressed and institutional context.....	4
3. Description of the Global Financing Facility.....	6
4. Strategic considerations and justification	8
Adherence to the aid effectiveness agenda and the DAC criteria.....	8
5. Theory of change and key assumptions	9
Outcomes and intervention logic	9
Assumptions.....	11
Lessons learned.....	11
6. Results framework	13
Communication of results.....	14
7. Inputs/budget.....	15
8. Institutional and Management arrangement	16
Anti-corruption measures	17
9. Financial Management, planning and reporting.....	17
10. Risk Management	19
Annex 1: Context Analysis	20
Annex 2: Partners	32
Annex 3: Results Framework	35
Annex 4 – Budget details.....	36
Annex 5: Risk Management Matrix.....	37
Annex 6: List of supplementary materials.....	40
Annex 7: Signed Quality Assurance Checklist (or signed table of appraisal recommendations and follow-up actions taken if the appraisal has been conducted by TQS).....	41

List of Acronyms and Abbreviations

ASRHR	Adolescent Sexual and Reproductive Health and Rights
CSOs	Civil Society Organisations
Danida	Danish International Development Agency
EWEC	Every Woman Every Child
GFF	Global Financing Facility
HIV	Human Immunodeficiency Virus
HRBA	Human Rights Based Approach
IBRD	The International Bank for Reconstruction and Development
IDA	International Development Association
MDGs	Millennium Development Goals
MoH	Ministry of Health
M4M	Merck for Mothers
NGOs	Non-Governmental Organisations
ODA	Official Development Assistance
OECD/DAC	Organisation for Economic Cooperation and Development / Development Assistance Committee
PMNCH	Partnership for Maternal, Newborn and Child Health
RETF	Recipient-executed activities
RMNCAH-N	Reproductive Maternal, Newborn, Child and Adolescent Health and Nutrition
SDGs	Sustainable Development Goals
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
TA	Technical Assistance
UHC	Universal Health Coverage
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/Aids
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UN Women	United Nations entity for gender equality and the empowerment of women
USAID	United States Agency for International Development
WB	World Bank
WHO	World Health Organisation

1. Introduction

Gender inequity, poverty among women, weak economic capacity, sexual and gender-based violence, including female genital mutilation (FGM), are major impediments to the amelioration of women and girls' health, especially in Africa. Health outcomes among women, children and adolescents are worse when they are marginalized or excluded from society, affected by discrimination, or live in underserved communities - especially among the poorest and least educated and in the most remote areas.

Research has conclusively demonstrated that the health of women, girls and children is the cornerstone of public health and are central to the overall success of the 2030 Agenda. Healthy women and children create healthy societies and by helping adolescents realise their right to health, including SRHR, general well-being, access to quality education and full and equal participation in society, they are better equipped to attain their full potential as adults. This corresponds to the vision of the Every Woman Every Child (EWEC) Global Strategy that “by 2030, a world in which every woman, child and adolescent in every setting realize their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.”

As the financing arm of EWEC, The Global Financing Facility for Women, Children and Adolescents (GFF) is helping governments in low- and lower-middle income countries transform how they prioritize and finance the health and nutrition of their people. According to the GFF, this will contribute to save up to 35 million lives by 2030, and greatly improve people's and countries' abilities to thrive in the global economy. Through its strong commitment and long-lasting engagement in promoting SRHR for all women and girls, Denmark contributes to the aim of the GFF with an experience on SRHR that is both recognized and sought-after. Through its support, Denmark strives to amplify and solidify the work and commitment from likeminded donors on the SRHR-agenda.

2. Main issues to be addressed and institutional context

Over the years, major steps forward in women's, children's and adolescent's health have been achieved. Through concerted efforts of global action plans and initiatives, attention was brought to neglected areas of Reproductive Maternal, Newborn, Child and Adolescent Health and Nutrition (RMNCAH-N), millions of lives were saved, and progress towards the previous Millennium Development Goals on health was accelerated.

However, today far too many women, children and adolescents worldwide continue to have little or no access to essential, quality health services and education, clean air and water, adequate sanitation and good nutrition. They continue to face violence and discrimination, are unable to participate fully and equally in society, and encounter other barriers to realizing their fundamental human rights. As a result, the annual death toll remains unacceptably high: 289,000 maternal deaths, 2.6 million stillbirths, 5.9 million deaths in children under the age of five – including 2.7 million newborn deaths – and 1.3

million adolescent deaths¹. Most of these deaths could have been prevented. Furthermore, many suffer from illnesses and disability and are unable to reach their full potential, resulting in enormous loss and costs for countries, both today and for future generations.

The UN, in partnership with the World Bank Group, launched the Global Financing Facility (GFF), as the financing arm of EWEC, in 2015 at the Third International Conference on Financing for Development in Addis Ababa. The GFF is an innovative financing mechanism aiming at closing the financing gap to eliminate preventable deaths of mothers, newborn, and children by 2030 and improve the health and well-being of women, children, and adolescents. In countries, efforts are being made to identify and increase coverage of high-impact RMNCAH-N interventions and to tackle critical system bottlenecks to achieve impact at scale. The GFF is helping governments in low- and lower-middle income countries transform how they prioritise and finance the health and nutrition of their people within the framework of the SDG agenda.

The GFF is an integrated part of the Global Action Plan for Healthy Lives and Well-Being supporting progress towards the health-related SDGs. Being a new financing model for a different way of investing in health and development, it focuses on governments in low- and lower-middle income countries that face the greatest challenges regarding RMNCAH-N and helps them transform how they prioritize and finance the health and nutrition of women, children and adolescents. The GFF aims to save up to 35 million lives by 2030, and greatly improve people and countries' abilities to thrive in the global economy.

A comparative advantage of the GFF approach is that it goes beyond a focus on specific interventions and disease-specific approaches to focus on outcomes at critical stages of the life cycle: pregnancy, birth, the early years, and adolescence. The GFF helps countries build more resilient primary health care services and community health systems, reaching those left furthest behind—at the frontlines first. The GFF approach is guided by two key principles: country ownership and equity. It applies income and gender equity perspectives in priority settings, which steers resources into previously neglected geographic regions, including fragile countries and settings, and prioritizes people and interventions that have usually not received sufficient funding, such as adolescent girls, nutrition and SRHR.

The added value of Denmark's engagement

The GFF's efforts and approach is in line with Denmark's Strategy for Development Cooperation and Humanitarian Action, "The World 2030" (2017), and Denmark has previously supported the GFF with DKK 25 million and is thus already represented in the GFF governance structure. In November 2018, world leaders pledged an additional US\$1 billion to help the GFF on the pathway toward expanding to as many as 50 countries with the greatest health and nutrition needs. Denmark has committed to provide core funding to the GFF in reaching its objectives with a soft earmarking towards strengthening SRHR efforts in Sub Saharan Africa by allocating DKK 75 million over the next three

¹ Every Woman Every Child: "The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. Survive. Thrive. Transform."

years (2019 – 2021) to the GFF. The Danish funding to the GFF builds on Denmark’s extensive experience with SRHR programming in several African countries, including GFF countries in Eastern Africa such as Tanzania and Kenya. Denmark will use this as basis for support to an increased focus on SRHR and gender equality in GFF supported countries in especially West Africa and the Sahel region, as these countries receive disproportionately low levels of external support to RMNCAH-N². The soft earmarking of funds to support the SRHR elements of the GFF will be monitored through a specific emphasis on results related to SRHR efforts in Sub Saharan Africa and continuous dialogue within the Investor’s Group. Furthermore, Danish embassies will be instructed in following the SRHR programme elements of the GFF in relevant countries, ensuring continuous feedback. To further support the SRHR focus of the GFF, a senior Danish SRHR expert has been seconded for a period of two years to further advocate for and strengthen the SRHR expertise in the GFF Secretariat. The senior expert will report back to the Danish Ministry of Foreign Affairs on a regular basis.

The Danish contribution to the GFF has the potential to contribute substantially to: SDG2 – End hunger, achieve food security and improved nutrition and promote sustainable agriculture; SDG3 - Ensure healthy lives and promote well-being for all at all ages; SDG5 - Achieve gender equality and empower all women and girls; and SDG17 - Strengthen the means of implementation and revitalize the global partnership for sustainable development.

3. Description of the Global Financing Facility

Since its launch in 2010, Every Woman Every Child (EWEC) has been a key UN led global movement aimed at mobilizing international and national action across all sectors to address the major health challenges facing women, children, and adolescents around the world leading to unnecessary deaths of mothers and children inhibiting economic development. EWEC was guided by the 2010-2015 Global Strategy for Women’s and Children’s Health. In 2015, a new EWEC Global Strategy for Women’s, Children’s and Adolescents’ Health 2016-2030 (EWEC Global Strategy) was launched, which updated and intensified the first strategy and aligned to the SDG framework.

The Global Financing Facility (GFF) launched as the financing arm of EWEC is thoroughly centered on a Human Rights Based Approach (HRBA). The overall EWEC framework that GFF supports is underpinned by principles of human rights, equity, equality, and universality. It places particular focus on six areas: 1) early childhood development; 2) adolescent health and well-being; 3) quality, equity and dignity in services; 4) sexual and reproductive health and rights; 5) empowerment of women, girls and communities; 6) and humanitarian and fragile settings.

With the approval of an expansion plan in May 2019 the total number of GFF-supported countries went from 27 to 36, with four of the new countries situated in West Africa and the Sahel region³.

² GFF Fact Sheet on SRHR

³ Chad, Ghana, Mauritania and Niger adding to the existing, Afghanistan, Bangladesh, Burkina Faso, Cambodia, Cameroon, Central African Republic, Cote d’Ivoire, Democratic Republic of Congo, Ethiopia, Guatemala, Guinea, Haiti, Indonesia, Kenya, Liberia, Madagascar, Malawi, Mali, Mozambique, Myanmar, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Somalia, Tanzania, Tajikistan, Uganda, Vietnam, Zambia and Zimbabwe.

The GFF acts as a **catalyst for financing**, with countries using modest GFF grants to significantly increase their domestic resources alongside IDA and IRBD financing, aligned external financing (other donors), and private sector resources. Each relatively small external investment is multiplied by countries' own commitments – generating a large return on investment. The GFF also supports governments to ensure there are strong national monitoring systems in place to track progress, learn, course-correct and continually improve.

At the country level, partners commit to collaborate closely through a "country platform" that, under the leadership of national governments, builds on existing structures while embodying the key principles of GFF of inclusiveness and transparency. Each country platform is intended to improve coordination related to four major areas: 1) developing Investment Cases and health financing strategies; 2) resource mobilisation; 3) technical assistance, and; 4) monitoring and evaluation⁴. The country platforms include representatives from private sector and civil society, where GFF empowers governments to bring partners around the table to agree on a clear set of priorities and a country-led plan. In countries where such platforms do not exist, the GFF facilitates their establishment.

At programmatic level, GFF works with the country platform to identify evidence-based priority investments to improve RMNCAH-N and SRHR outcomes through "Investment Cases". The country-led "**Investment Case**" identifies high priority interventions and key bottlenecks for efficient service delivery, and the investments required to achieve results across RMNCAH-N. The investment case process starts with assessment of the disease burden and other available data through an equity lens, focusing on geographical areas, neglected periods of life and underfunded key interventions. This is supplemented with a longer-term collaboration on a more **structural level** with countries to identify key reforms to make financing systems more sustainable, equitable, and efficient.

The GFF process can be summarized in four steps:

1. Joint development of a feasible overall resource envelope.
2. Integration of the Investment Case into the overall country health strategy and plan.
3. Coordination of implementation⁵.
4. Providing support to strengthen country systems to track progress.

Collaboration with other global actors

The financing space for global health interventions is increasingly being seen as the "3 global G's" – Gavi, the Global Fund and the GFF – and of course the World Bank. Within this space, GFF is the newest and smallest actor, but increasingly seen as important because of the broad mandate in maternal and child health and focus on building country ownership and country systems.

The GFF is working towards establishing stronger purposeful relationships with Gavi and the Global Fund through different efforts, such as a collaboration among the new GFF-supported countries with

⁴ GFF Governance Document. April 2018

⁵ Particularly on improving the efficiency of financing and increasing the volume of financing, across four sources: domestic government resources, IDA and IBRD financing, aligned external resources, and private sector resources.

Gavi and Global Fund and joint missions at country level⁶. The GFF furthermore collaborates with Gavi and the Global Fund through shared board seats in the Partnership for Maternal, Newborn and Child Health (PMNCH) and the global movement to build stronger health systems for universal health coverage (UHC) - UHC2030, as well as through the SDG3 Global Action Plan. For an overview of the complementarity between these organizations, please see Annex 2.

4. Strategic considerations and justification

Denmark is at the forefront globally of advocating and promoting universal access to sexual and reproductive health and rights. Since the 1994 adoption of the International Conference on Population and Development (ICPD) Programme of Action, Denmark has been a firm supporter of the implementation of the full ICPD agenda, including issues and values that remain controversial such as access to safe abortion and young people's access to information and services. Denmark's support to the GFF thus builds on a long-standing commitment to the promotion of SRHR for girls and women across the world. The GFF is a particularly well-suited partner to further this agenda, as it calls upon all relevant parties from global donors to private sector and civil society to convene in a country platform that supports the national government in producing a relevant investment case based on best available evidence. The GFF SRHR systems approach is in line with Denmark's Strategy for Development Cooperation and Humanitarian Action - The World 2030 (2017), which identifies SRHR, the promotion of gender equality and women and girls' empowerment as core priority areas in Denmark's development policy.

The GFF offers further value for money through the following:

- Reducing the exposure to risk as we pool our exposure with other funders of the GFF Trust Fund
- Crowding-in further funding from other sources, effectively extending the reach of each DKK invested
- Using the World Bank's technical knowledge, established networks and influence
- Using existing or setting up new platforms at country level to improve coordination and ultimately improve the efficiency and effectiveness of the Danish contributions

Adherence to the aid effectiveness agenda and the DAC criteria

The GFF's partner principles are consistent with Effective Development Cooperation principles focused on country ownership and donor alignment around country-led national priorities and systems, including results tracking, monitoring and on improved donor coordination. The GFF strengthens dialogue among key stakeholders under the leadership of governments and supports the identification of a clear set of results through Investment Cases that all partners commit to.

The GFF is highly **relevant** as it was established to close the financing gap for reproductive, maternal, newborn, child, and adolescent health, including SRHR, and nutrition. The GFF contributes to

⁶ Health Advisory Service. Final Report.4 July 2018

increasing the **efficiency** of available resources by providing financing and technical support to the development and funding of high-impact interventions through Investment Cases in recipient countries. Through its multilevel approach, the GFF has the potential to create cumulative **impact**. At the global level, the GFF Investors Group has the potential to forge stronger alliances and harmonisation among major global health partners. At country level it is assumed that a progress in the combination of stakeholders (government, NGO's, civil society, private sector, UN agencies and donors) will have a potential to drive delivery and ultimately contribute to greater impact. The GFF increases **sustainability** not only by scaling up funds for RMNCAH-N, but also by fostering domestic resource mobilisation for health. Thus, increasing the predictability of financing for health, the GFF reduces countries' dependency on external funds and supports countries' overall progress toward UHC – a key goal and commitment of the 2030 Agenda. Denmark's contribution to the GFF is in support of the SDG's, with particular focus on SDG's 3 and 5 of Good Health, Wellbeing and Gender Equality.

5. Theory of change and key assumptions

In order to sustainably improve the health of women, children and adolescents, countries need to invest more of their domestic resources in the longer term in such a way that quality services are provided to all people who need them. The combined resources need to be invested efficiently, so that the benefits in terms of lives saved, unintended pregnancies and illness are maximized. This requires clear, costed, prioritized plans combined with strategies for increasing financing over the longer term. The GFF presents a convincing, holistic model for increasing such investments.

This change is catalyzed through a simple Theory of Change building on the following assumption: *If* the GFF builds a strong investment case for a given country with a combination of direct pathways (service delivery) and indirect pathways (structural changes), *then* RMNCAH-N and SRHR services will improve, which in turn will reduce the number of preventable deaths, provide family-planning opportunities, and improve well-being of women, children and adolescents, all in line with the SDGs.

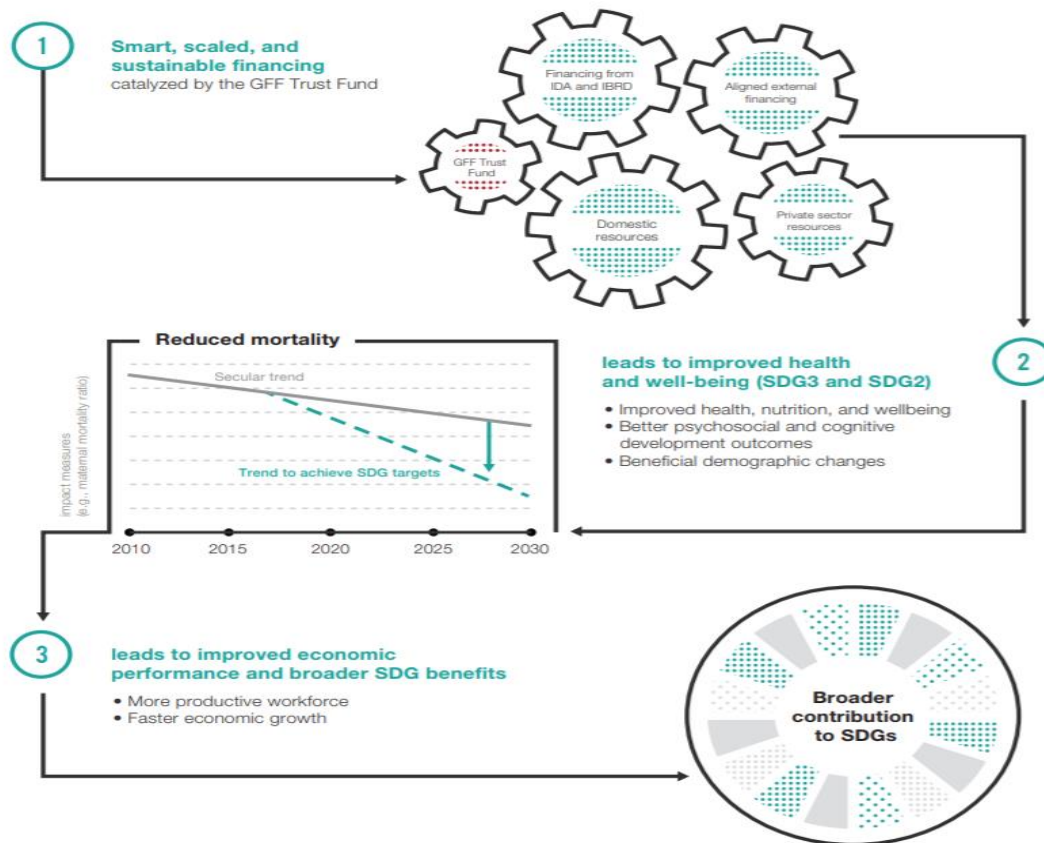
Outcomes and intervention logic

In order to achieve the results at country level, the GFF designs each investment case with a unique combination of direct and indirect pathways. Through the *direct pathway*, the GFF supports direct interventions, service delivery and investment in areas that support the provision of SRHR. Through the *indirect pathway*, health systems are supported at systemic level together with health financing reforms. Each Investment Case will include a specific theory of change explaining the logic behind it. In order to design a relevant Investment Case that works towards the agreed objectives, the national government is supported to lead a process including the following steps:

1. Government-led planning for RMNCAH-N priorities through the **development of Investment Cases** (where SRHR is a priority);
2. Increasing domestic and other funding to **support the Investment Case implementation**;
3. **Addressing wider macroeconomic and systems barriers** to build longer-term systems strengthening (including through the advancement of UHC);

4. Enhance **alignment and coherence among a broad set of stakeholders** around priority areas set forward in the Investment Cases, and;
5. Support **improved public expenditure management** to get more health out of the money that is already available.

Through this step-by-step model, the GFF secures a government-led process where main issues are identified, specific aims and goals are formulated, and a comprehensive Investment Case is developed. This is followed by an identification of main barriers to the implementation and a strategy of how to address those barriers. Each investment case will further and support the overall GFF aim of the **RMNCAH-N financing gap being closed**, leading to the elimination of preventable deaths of mothers, new-born, children and adolescents and improving health, nutrition and well-being of women, children and adolescents⁷. The GFF makes use of iterative processes with continuous learning, so that learnings from previous investment cases feed into the development of new investment cases to improve outcome and efficiency.



The Danish support to the GFF will support this overall change and intervention logic with a specific focus on improving SRHR efforts in Sub-Saharan Africa, including gender equality and the rights of

⁷ GFF First Replenishment Document. *A New Financing Model for the Sustainable Development Goals Era: The Global Financing Facility in Support of Every Woman Every Child*. 2017

women and girls to decide over their own body. This is done through: (i) Financial support to the GFF; (ii) by supporting the GFF secretariat with a senior SRHR advisor that will serve as an expert on and advocate for SRHR – also regarding basic human rights as people's sexuality and the right to (safe) abortion that in some countries are controversial; and (iii) dialogue within GFF Investor's Group advocating for SRHR and gender equality.

It is recognized that the GFF operates in countries, where SRHR is challenged - not least the more sensitive parts of the SRHR package. While SRHR has been part of the investment cases in the first 27 countries and is expected to be part of the coming as well, efforts are still needed to ensure that SRHR objectives are met across GFF-countries and that adequate attention and financial resources are allocated. Denmark will continue the dialogue with the GFF through the Investor's Group and join forces with like-minded donors on how to promote this agenda within the GFF, for example by supporting SRHR as a prominent theme in the joint review taking place in 2020. Moreover, through its long engagement with several GFF-countries, Denmark will continue its dialogue on SRHR with relevant governments to push for a more conducive environment for policy implementation.

Assumptions

The GFF works from a holistic perspective, and it anticipates that the GFF programme will support positive developments within each country, including:

- **Increased domestic financing commitment** through the allocation of more public resources or from specific ear-marked taxes, or other means determined by ministries of finance;
- **Loans** financed through IDA/IBRD;
- An **additional grant from the GFF Trust Fund** determined by the size of the World Bank loan and by the available resources in the GFF Trust Fund;
- Aligned external partner **funding from bilateral agencies**, private foundations and other sources as agreed through a coordinated process in-country;
- Engaging **private-sector partner support** which may be in-kind or additional financing;
- **Civil society engagement** and support;
- **Increased allocation of financial resources to SRHR** services and interventions as a result of prioritisation of SRHR in Investment Cases – also in areas that in some countries are seen as controversial.

These expected positive side effects are not likely to be fully realized across all fields; while additional loans and funding can be realized by donors, increased engagement from civil societies and governments are harder to predict. While the impact of the GFF is somewhat dependent on the above assumptions, the Investment Case is still expected to yield positive results even if all assumptions are not fully met.

Lessons learned

Denmark has contributed with 25 mill. DKK for the GFF in late 2017. As the contribution was provided as core funding, it is not possible to measure the exact impact of the Danish funding. However, some general lessons have been drawn from the GFF programme so far. Although it is still

early days, progress has been reported at country level and a demand from countries to implement the GFF approach is evident with an increasing number of applicants. The major achievements of GFF are increased prioritization of RMNCAH-N investments and initiation of health financing reforms enabling progress towards UHC and the SDGs. Likewise, there has been increased investments in SRHR, including support to strategic reforms supporting family planning services and contraceptive safety, and support to multisectoral strategies to address individual and social determinants of SRHR outcomes.

Examples of achieved results from some of the frontrunner countries in Sub Saharan Africa are Tanzania that has increased its number of high-performing health facilities to 22 percent from 1 percent, and outpatient care has risen from 2.5 percent to 14 percent in 18 months. In Democratic Republic of the Congo, assisted deliveries have increased by 14 percent and vaccination rates for children are up 25 percent. Cameroon has more than doubled its budget for women and child health and nutrition and saw a doubling of family planning visits and antenatal care visits in facilities using performance-based financing in just one year and access to family planning has increased.⁸

While the first impressions are overall positive and GFF is reported to be on track, several important learnings have already now been identified. During its first two years the GFF has learned several important lessons, of which some are highlighted here⁹:

- Experience gained over the first two years shows **that countries are prioritising SRHR education and services** in their investment cases and their GFF Trust Fund and IDA/IBRD investments.¹⁰
- **Strong government leadership** and ownership is essential for the successful development and implementation of an investment case.¹¹
- A **clearly articulated "roadmap"** outlining process and roles of each partner is useful when developing the investment case.
- The *Fly in – Fly out* model does not work and even where there are permanent World Bank staff in-country, the demand for donor coordination and proactive communication is significant. To accommodate the need for additional support to Government officials leading the GFF, a cadre of "GFF liaison officers" has been created, who will be embedded in the ministries of health to support them **improve coordination** and take forward the GFF partnership work.
- Supporting World Bank Task Team Leaders to engage in delivering GFF outcomes is vital to making progress. The GFF signs "Strategy Notes" with World Bank teams that make the GFF objectives explicit, identifying critical outcomes to be achieved with deliverables. In turn, the GFF provides additional support to the World Bank team in the form of additional budget to fund more frequent travel to the country and a flexible pot to fund Technical Assistance.
- Meaningful and consistent engagement of **civil society organisations** early in the GFF implementation process did not fully materialize. However, a CSO platform has been

⁸ GFF Annual Report 2017-18

⁹ Health Advisory Service. Final Report. 4 July 2018

¹⁰ GFF Fact sheet on SRHR

¹¹ GFF Portfolio Update. April 2019

established to create an additional forum for CSOs to engage in the GFF and increase accountability.

- Engaging more, and more effectively, with the **for-profit private sector** in health remains a critical issue given the importance it plays in most developing countries, and the fact that it often operates outside of national plans and public regulatory control. Despite slow progress in private sector engagement, what has happened appears to be innovative, offering a glimpse of the potential impact that the GFF and its partners could have.
- The complex multi-horizontal and multi-vertical structure, including the range and scope of activities of the GFF has a challenging impact on the **effectiveness** of the GFF. There is evidence of uneven performance especially around coordination, communication and aspects of partnership building that collectively highlight how challenging it is to build effective cooperation within and between organisations. However, there has been progress in a number of countries and the GFF is continuously improving their approaches by applying learning from first and second wave countries.
- There is some overlap between the mandates of the Global Fund, GAVI and GFF, and there is room for **improved coordination**.

These lessons, and others, form the basis of the current revision of the GFF Investment Case Guidelines and have guided the new best practice for investment cases, which are both applied to new GFF countries.

6. Results framework

The GFF is a financing partnership supporting country leadership to achieve results. Each country sets its own indicators and targets in a facilitated process. The GFF has finalized a set of core indicators for use in GFF countries. It builds on processes for the SDG indicators (in particular SDG 2, 3 and 5) and the EWEC movement. It includes indicators for monitoring and tracking at multiple levels – progressing from inputs/process, to outputs, outcomes, and for evaluation of impacts. The GFF Trust Fund Committee has the responsibility for oversight and performance management, including monitoring performance of activities supported by the GFF Trust Fund based on results and progress reports.

The responsible Danish Ministry of Foreign Affairs Unit will base its support on progress attained in the implementation of the project in selected Sub-Saharan countries that align with Danish priorities. Progress will be measured through selected key indicators from the GFF's monitoring framework. A preliminary result framework at overall level is presented in Annex 3. This will be further developed based on the result framework of the next annual report, where SRHR-related indicators will be chosen for the countries of specific interest will be selected. Moreover, Denmark is part of an informal donor working group, where indicator frameworks will be discussed, which will feed into the final result framework that forms the basis of Danish engagement.

Management coordination meetings between Danida and the GFF Secretariat will take place at least on a yearly basis. Where evidence points to the insufficiency of the results framework (e.g. if there is insufficient disaggregation to assess impact on women) Danida will work with others on the Trust Fund Committee to have it amended. Below is an illustration of the monitoring framework, for further details on the results framework, please refer to Annex 3.

Programme	SUPPORT TO GLOBAL FINANCING FACILITY (GFF), THE WORLD BANK
Overall objective	To reduce maternal, newborn and child deaths
Immediate objective	To improve SRHR efforts in Sub Saharan Africa
Impact indicator	Maternal Mortality Ratio (MMR) per 100,000 live births Newborn deaths per 1000 live births Under-5 mortality per 1000 live births
Outcome #1	Increased access and utilisation of SRHR services and interventions
Outcome indicator	Number of countries with investment cases where SRHR is a priority
Outcome #2	Increased number of women in Sub Saharan Africa giving birth in secure environment assisted by skilled birth attendant
Outcome indicator	Skilled attendant at birth target met in Sub Saharan Africa
Outcome #3	Increased number of women in Sub Saharan Africa using modern family planning methods
Outcome indicator	Women using modern family planning methods target met in Sub Saharan Africa

Communication of results

The GFF website provides its partners and the public with updates on recent GFF activities as well as access to a wide range of information regarding the GFF financing model and governance structure, partnerships, results monitoring (including M&E frameworks), as well as various publications and resources, including annual reports, project appraisal documents, investment cases, expansion plans, etc.¹² Danida will use information from the GFF, including case studies and results, as part of the overall communication strategy for the Danish MFA. In collaboration with the department of communication within the Ministry of Foreign Affairs, appropriate and salient information will be shared on relevant forums i.e. social media platforms.

Internally, information about results achieved and lessons learned will be shared with relevant embassies and units with health/SRHR related portfolios.

¹² <https://www.globalfinancingfacility.org/>

7. Inputs/budget

The Danish funds will support the GFF Trust Fund's endeavors to help countries catalyzing multiple sources of financing to close the annual US\$33 billion global financing gap for RMNCAH-N with a soft ear-marking towards SRHR in Sub Saharan Africa. The Danish contribution is around 1 per cent of the total current GFF budget. Given this relatively small amount, the Danish contribution focus on SRHR specifically in Sub Saharan Africa. The Danish contribution aims to amplify the ongoing work on SRHR that is carried out by like-minded donors, not least Canada and the Netherlands, who also focus on SRHR within the GFF.

The indicative budget is presented in the table below.

DKK, millions	2019	2020	2021	Total, 2019-21
Support to the GFF Trust Fund	75	0	0	75

In addition to the total of DKK 75 million over the three-year period, the project supports technical assistance to the GFF Secretariat in the form of a seconded SRHR Expert. The Expert is one of two SRHR experts in the GFF Secretariat. The Expert will provide support to national GFF platforms and World Bank tasks teams to identify and promote SRHR investments opportunities, specifically with reference to gender issues, and with the aim to reducing gender inequities. The total budget of the GFF is presented in the table below including contributions so far and pledges yet to be signed.

GFF donor contributions and donor pledges as of 31 March 2019, Million USD

Donors	Contribution	Pledges	Total
Norway	259.0	360.0	619.0
Bill & Melinda Gates Foundation	275.0		275.0
Canada	223.5		223.5
United Kingdom	39.1	65.0	104.1
Buffet	75.0		75.0
The Netherlands	68.0		68.0
Germany		58.0	58.0
Japan	30.0	20.0	50.0
European Commission		30.0	30.0
Qatar		30.0	30.0
Denmark	4.0	11.0*	15.0
Laerdal	12.5		12.5
M4M	10.0		10.0
Burkina Faso		1.0	1.0
Cote d'Ivoire		1.5	1.5
Total	996.1	576.5	1,572.6

Source: GFF Trust Fund 2018 Financial Update, April 2019.

* The USD 11 million corresponds to the DKK 75 million of the project.

8. Institutional and Management arrangement

The GFF consists of the GFF Investors Group, the GFF Trust Fund Committee and the GFF Secretariat. The GFF's governance covers two discrete, yet linked functions:

- Ensuring that the GFF as a facility succeeds in mobilizing and effectively co-financing investment cases, health financing strategies, and Global Public Goods essential to reaching the objectives of the EWEC Global Strategy;
- Ensuring that the GFF Trust Fund uses its resources to provide financing in ways that achieve results while being catalytic and driving sustainability.

A broader *GFF Investors Group for the Global Strategy (“Investors Group”)* composed of representatives from participating countries, contributing bilateral donors (including Denmark), non-governmental organizations, the private sector, private foundations, multilateral financiers and technical agencies addresses the first function of facilitating complementary financing for Investment Cases, health financing strategies, and Global Public Goods to ensure the goals and objectives of the updated Global Strategy are met.

The *GFF Trust Fund Committee*¹³ focuses on the second function and operates with decision-making authority for matters related to the operations of the Trust Fund supported by a small GFF secretariat hosted at the World Bank. The Trust Fund Committee is composed of investors that contribute to the GFF Trust Fund at a level above a certain threshold¹⁴. The fiduciary arrangements for GFF Trust Fund financing are integrated into IDA/IBRD projects that are approved by the World Bank Board, and so rely on existing World Bank Group policies and procedures.

The GFF Trust Fund is actually three parallel trust funds¹⁵ with the latest established in February 2019 mainly to expand the scope of the original fund to also support the work with the private sector and allow for more flexible implementation through selected UN agencies.

The GFF Secretariat manages the operations of the GFF Trust Fund and supports the work of the Investors Group. Located in Washington, D.C. at the World Bank headquarters, the GFF Secretariat can also tap into the broader expertise within the World Bank Group and among the partners of the GFF Investors group (UN agencies, NGOs and Civil Society Organizations, private sector and bilateral donors), accessing technical expertise on a wide range of subjects.

¹³ Current members are: Bill & Melinda Gates Foundation, Government of Canada, Government of the Netherlands, Government of Norway, Government of Japan, Government of the United Kingdom, The World Bank (Chair), The Susan T. Buffett Foundation. The donors who will likely join the TFC in 2019 include the European Commission, Government of Qatar and Government of Germany (subject to parliamentary approval).

¹⁴ Each Donor making a commitment by way of entering into legal agreement(s) with the Bank to contribute to the GFF Trust Fund will have a dedicated decision making seat (direct representation) on the Trust Fund Committee for the period indicated below:

(i) One year after commitments reach an aggregate amount of USD 30 million.

(ii) An additional year each time commitments reach an added aggregate amount of USD 20 million.

(iii) For the duration of the Trust Fund Committee after commitments reach an aggregate amount of USD 200 million.

¹⁵ When the GFF was established in 2015, the Health Results Innovation Trust Fund (HRITF) originally established in 2007 was restructured to the GFF. In 2016, the second TF was established when WB introduced new cost recovery. The latest TF was established in February 2019 with an option to implement IFC activities and other innovative work. They all run in parallel and new contributions are made in to the newest of the Trust Funds.

Anti-corruption measures

The World Bank Group has a zero-tolerance policy toward corruption in its projects. The Bank Group's approach to fighting corruption combines a proactive policy of anticipating and avoiding risks in its own projects. The Bank Group subjects all potential projects to rigorous scrutiny and works with clients to reduce possible corruption risks that have been identified. The Bank Group's Independent Sanctions System includes the Integrity Vice Presidency, which is responsible for investigating allegations of fraud and corruption in World Bank-funded projects. Public complaint mechanisms are built into projects to encourage and empower oversight, and project are actively supervised during implementation. When allegations of fraud and corruption are substantiated, companies involved in misconduct are debarred from engaging in any new World Bank Group-financed activity. Concerned governments receive the findings of World Bank Group investigations.¹⁶

9. Financial Management, planning and reporting

The contribution agreement regarding the Danish funding for the Global Financing Facility will be entered into between the Ministry of Foreign Affairs and the International Bank for Reconstruction and Development and the International Development Association (collectively "The World Bank"). Financial management and reporting will follow the standard provisions of the GFF Trust Fund and the World Bank's applicable policies and procedures.

For the GFF, the following provisions will apply:

Execution and expenditures

As the Danish contribution will be allocated to the World Bank managed GFF Trust Fund, financial management, accounting and reporting will follow the procedures established for the Global Financing Facility specified in Annex 2 (Standard Provisions) and Annex 3 (Governance Document) of the Global Financing Facility multi-donor trust fund which was established in February 2019.

Progress reports: The GFF produces an annual report that will serve as progress reports. In addition to this an annual commented update of the results framework (see Annex 3) will be produced and discussed at yearly meetings between Danida and the GFF.

Financial reports: According to the Governance Framework for the Global Financing Facility, the GFF Secretariat, in its capacity as Secretariat of the Global Financing Facility provides, on a semi-annual basis consolidated financial report for the GFF Trust Fund account at aggregate level, in addition to the standard financial reports provided by the Bank in its capacity of Trustee.

Procurement: Global Financing Facility Procurement adheres to the World Bank procurement guidelines.

Auditing: Audited financial statements are provided by the World Bank on an annual basis within six months after the end of each Bank fiscal year. More specifically, the Bank shall provide to the donors via the Development Partner Center website, within six (6) months following the end of each Bank

¹⁶ <http://www.worldbank.org/en/topic/governance/brief/anti-corruption>

fiscal year, an annual single audit report, comprising (i) a management report together with an audit opinion from the Bank's external auditors concerning the adequacy of internal control over cash-based financial reporting for all cash-based trust funds as a whole; and (ii) a combined financial statement for all cash-based trust funds together with the Bank's external auditor's opinion thereon. The cost of the single audit shall be borne by the Bank.

The Bank shall furnish to the donors current financial information relating to receipts, disbursements and fund balance in the Holding Currency with respect to the Contributions via the Development Partner Center website which will be updated quarterly. Within six (6) months after all commitments and liabilities under the Trust Fund have been satisfied and the Trust Fund has been closed, the final financial information relating to receipts, disbursements and fund balance in the holding currency with respect to the contributions shall be made available to the donors via the Development Partner Center website.

If a donor wishes to request, on an exceptional basis, a financial statement audit by the Bank's external auditors of the Trust Fund, the donor and the Bank shall first consult as to whether such an external audit is necessary. The Bank and the donor shall agree on the appropriate scope and terms of reference of such audit. Following agreement on the scope and terms of reference, the Bank shall arrange for such external audit. The costs of any such audit, including the internal costs of the Bank with respect to such audit, shall be borne by the requesting donor.

The Bank shall make available to the donors copies of all financial statements and auditors' reports received by the Bank from recipients pursuant to any Grant Agreements in accordance with the Bank's Access to Information Policy

The Bank shall be responsible for the supervision of the activities financed under any Grant Agreements. Subject to the consent of any relevant recipients, representatives of the donors may be invited by the Bank to participate in Bank supervision missions related to the Trust Fund.

The responsible Danish Ministry of Foreign Affairs unit shall have the right to carry out any technical or financial mission that is considered necessary to monitor the implementation of the programme. This can include a mid-term review of the project that can be undertaken as a bilateral Danida review or as a joint review with other Investor Group members.

After the termination of the programme support, the Danish Ministry of Foreign Affairs or other responsible entity reserves the right to carry out evaluation in accordance with this article.

Anti-corruption clause: No offer, payment, consideration or benefit of any kind, which could be regarded as an illegal or corrupt practice, shall be made, promised, sought or accepted – neither directly nor indirectly – as an inducement or reward in relation to activities funded under this agreement, incl. tendering, award, or execution of contracts. Any such practice will be ground for the immediate cancellation of this agreement or parts of it, and for such additional action, civil and/or criminal, as may be appropriate. At the discretion of the Government of Denmark, a further consequence of any such practice can be the definite exclusion from any engagements funded by the Government of Denmark.

10. Risk Management

The project will follow standard risk management procedures of the GFF/World Bank. In the preparation of each Investment Case risks will be identified, described and rated. This is done using the Operational Risk Assessment Framework (ORAF). The ORAF is an integrated and nested risk framework that pulls together key risk areas that may affect the expected achievement. It operates with four different levels of risks: Stakeholder-level risks; Operating environment-level risks; Implementing agency-level risks; and Project-level risks.

At the overall level a number of risks facing a successful implementation of the GFF and the Danish support focused on improving SRHR have been identified. These risks are summarised below. The Risk Management Matrix in Annex 5 provides a more detailed outline on risks and risk responses.

Contextual risk

- The GFF operates in fragile countries and faces implementation challenges
- In many of the new GFF countries, SRHR is a particularly sensitive issue, potentially hindering successful implementation.
- Global Gag rule and USAID health support can inhibit provision of legal abortion services and referrals as well as advocacy services for abortion law reforms that is a key right in SRHR

Programmatic risks

- GFF countries fail to allocate and prioritize Investment Cases sufficiently
- The GFF operations at country level lack capacity to implement
- Supply and demand side issues limit the use of family planning methods in communities,
- Donors are not adequately involved in the development of GFF Investment Cases, leading to lack of coherence
- Poor coordination between partners in implementing components of the Investment Cases

Institutional risks

- Staff changes in the GFF secretariat and set-up in the World Bank's Health and Nutrition Department could jeopardize the current management set-up at the GFF secretariat in terms of achieving results.

Annex 1: Context Analysis

1. Overall development challenges, opportunities and risks

Briefly summarise the key conclusions from the analyses consulted and their implications for the programme regarding each of the following points:

- **General development challenges including poverty, equality/inequality, national development plan/poverty reduction strategy, humanitarian assessment.**

Over the years, major steps forward in women's, children's and adolescent's health have been achieved. Through concerted efforts of global action plans and initiatives, attention was brought to neglected areas of RMNCAH-N, millions of lives were saved, and progress towards the health Millennium Development Goals was accelerated. Strides were made in areas such as increasing access to contraception and essential interventions, reducing maternal and child mortality, and malnutrition, and combating HIV/AIDS, malaria and tuberculosis.

However, today, in the still early stages of the SDG era, far too many women, children and adolescents worldwide continue to have little or no access to essential, quality health services and education, clean air and water, adequate sanitation and good nutrition. They continue to face violence and discrimination, are unable to participate fully and equally in society, and encounter other barriers to realizing their fundamental human rights. As a result, the annual death toll remains unacceptably high: 289,000 maternal deaths, 2.6 million stillbirths, 5.9 million deaths in children under the age of five – including 2.7 million newborn deaths – and 1.3 million adolescent deaths¹⁷. Most of these deaths could have been prevented. Furthermore, many suffer from illnesses and disability and are unable to reach their full potential, resulting in enormous loss and costs for countries, both today and for future generations.

Since its launch in 2010, Every Woman Every Child (EWEC) has been a key UN led global movement aimed at mobilizing international and national action across all sectors to address the major health challenges facing women, children, and adolescents around the world leading to unnecessary deaths of mothers and children inhibiting economic development. EWEC was guided by the 2010-2015 Global Strategy for Women's and Children's Health. In 2015, a new EWEC Global Strategy for Women's, Children's and Adolescents' Health 2016-2030 (EWEC Global Strategy) was launched, which updated and intensified the first strategy and aligned to the SDG framework.

The vision of the EWEC Global Strategy is “by 2030, a world in which every woman, child and adolescent in every setting realize their rights to physical and mental health and well-being, has social and economic opportunities, and is able to participate fully in shaping prosperous and sustainable societies.”

The UN, in partnership with the World Bank Group, launched the Global Financing Facility (GFF), the financing arm of EWEC, in 2015 at the Third International Conference on Financing for Development in Addis Ababa. The GFF is an innovative financing mechanism aiming at closing the financing gap to eliminate preventable deaths of mothers, newborn, and children by 2030 and improve the health and well-being of women, children, and adolescents. In countries, efforts are being made to identify and increase coverage of high-impact RMNCAH-N interventions and to tackle critical system bottlenecks to achieve impact at scale. A comparative advantage of the GFF

¹⁷ Every Woman Every Child: “The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. Survive. Thrive. Transform.”

approach is that it goes beyond a focus on specific interventions and disease-specific approaches to focus on outcomes at the critical stages of the life cycle: pregnancy, birth, the early years, and adolescence. The GFF helps countries build more resilient primary health care services and community health systems, reaching those left furthest behind—at the frontlines first. The GFF approach is guided by two key principles: country ownership and equity. The GFF applies income and gender equity perspectives in priority settings, which steers resources into previously neglected geographic regions, including fragile countries and settings, and prioritizes people and interventions that have usually not received sufficient funding, such as adolescent girls and nutrition and SRHR.

The GFF strives to enable partners and stakeholders to identify their comparative advantages, avoiding duplication and reducing gaps by supporting governments to bring all key stakeholders together to develop and implement a single country-led investment case based on the specific needs of the country.

Denmark is considered to have a comparative advantage as regards SRHR and by supporting the GFF and thereby the EWEC Global Strategy, it is expected that the Danish support will contribute to achieve significant impact within SRHR, poverty reduction and gender equality.

- **Development in key economic indicators: GDP, economic growth, employment, domestic resource mobilisation, etc.**

N/A

- **Status and progress in relation to SDGs, in particular those that are special priorities for Denmark.**

The relevant SDG's of this project are especially 2, 3 and 5, where 3 and 5 are particular priorities for Denmark.

SDG2: Although some progress has been achieved hunger is on the rise again globally and undernutrition continues to affect millions of children. Public investment in agriculture globally is declining, small-scale food producers and family farmers require much greater support and increased investment in infrastructure and technology for sustainable agriculture is urgently needed.

SDG3: Major progress has been made in improving the health of millions of people, increasing life expectancy, reducing maternal and child mortality and fighting against leading communicable diseases. However, progress has stalled or is not happening fast enough with regard to addressing major diseases, such as malaria and tuberculosis, while at least half the global population does not have access to essential health services and many of those who do suffer undue financial hardship, potentially pushing them into extreme poverty. Concerted efforts are required to achieve universal health coverage and sustainable financing for health, to address the growing burden of non-communicable diseases, including mental health, and to tackle antimicrobial resistance and determinants of health such as air pollution and inadequate water and sanitation.

SDG5: While some indicators of gender equality are progressing, such as a significant decline in the prevalence of female genital mutilation and early marriage, the overall numbers continue to be high. Moreover, insufficient progress on structural issues at the root of gender inequality, such as legal discrimination, unfair social norms and attitudes, decision-making on sexual and reproductive issues and low levels of political participation, are undermining the ability to achieve the goal.

Results from the GFF's first years show achievements at country level in a number of countries where GFF Investments Cases have been developed. The major achievements are increased prioritization of RMNCAH-N investments and initiation of health financing reforms that will enable progress towards universal health coverage and the SDGs. Likewise, SRHR is a key area of all developed GFF investment cases to date.

- **Political economy, including drivers of change (political, institutional, economic) (e.g. political will, CSO space, role of opposition, level of donor funding to government expenses, level of corruption, foreign investment, remittances, role of diaspora, youth, gender, discovery of natural resources or impact of climate change etc.)**

The GFF is a facility currently supporting 36 countries worldwide. Although different countries, they all share a need for increased focus that the project supports especially related to SDG's 2, 3 and 5. The current status of these SDG's is outlined above.

All 36 countries are developing countries and a number of these are fragile states and post-conflict countries well with political and economic challenges. The level of government funding for health and SRHR interventions are generally inadequate to tackle the challenges. Human rights are often challenged – especially in the fragile states – and often countries for various cultural, political and/or religious reasons are reluctant to adopt fundamental human rights related to for example sexuality, abortion and free choice of choosing your partner.

These are all issues and challenges related to the support of the GFF and the Danish contribution to the fund.

The EWEC Global Strategy that GFF is supporting has received worldwide acknowledgement. Donors include a range of well-known bilateral donors, UN agencies, NGOs and private sector.

The GFF investment cases bring donors as well as recipient countries around the table and aim at leveraging the GFF investment with other funding from donors as well as domestic resources. This is a potential driver for change at the political, institutional and economic level.

In 2018, a total of USD 35 billion has been pledged to support the strategy.

List the key documentation and sources used for the analysis:

- Every Woman Every Child: “The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030. Survive. Thrive. Transform.”
- The partnership for maternal, newborn & child health. Partnership for maternal, newborn & child health report: Commitments to the every woman every child global strategy for women's children's and adoles-cents' health (2016-2030)
- Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child.
- GFF Secretariat. The global financing facility expansion plan - to support 50 countries in the period 2018-2023.
- Health advisory service. (June 2018). HAS 181: The Global Financing Facility Progress, Additionality, Effectiveness.

- Chou, V. B., Bubb-Humfries, O., Sanders, R., & Walker, N et al. (2018). Pushing the envelope through the Global Financing Facility: Potential impact of mobilising additional support to scale-up life-saving interventions for women, children and adolescents in 50 high-burden countries.
- The Ministry of Foreign Affairs of Denmark (2017). The World 2030, Denmark's Strategy for development cooperation and humanitarian action.
- <https://sustainabledevelopment.un.org/>

Are additional studies / analytic work needed? How and when will it be done?

N/A

2. Fragility, conflict, migration and resilience

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

- **Situation with regards to peace and stability based on conflict analysis and fragility assessments highlighting key drivers of conflict and fragility, protection and resilience, organised transnational crime and illicit money flows and how conflict and fragility affect inclusive private sector development and women and youth**

The GFF is a facility providing funding to country "Investment Cases" including in fragile states. It is well known that war, humanitarian crisis and conflict lead to an even greater gender inequality with an increased risk of rape, gender-based violence, child-marriage and maternal mortality. These are all areas that are being addressed by the project.

The project will indirectly support peace and stability as many of the eligible GFF countries are fragile states and thus contributing to improving RMNCAH-N and SRHR in these countries and in the longer term economic growth. The specific interventions at country-level are all tailor-made to fit the greatest needs of the specific countries.

- **Identifying on-going stabilisation/development and resilience efforts and the potential for establishing partnerships and alliances with national, regional and other international partners in order to maximise effects of the engagements.**

The GFF being a financing mechanism aimed at bringing relevant partners around the table (both governments, NGOs and private sector) in a joined and harmonised approach has a natural build-in stabilisation/development and resilience mechanism. At the country level, partners commit to collaborate closely through a "country platform" that, under the leadership of national governments, builds on existing structures while embodying the key principles of the GFF of inclusiveness and transparency. Each country platform is intended to improve coordination related to four major areas: 1) developing Investment Cases and health financing strategies; 2) resource mobilisation; 3) technical assistance, and; 4) monitoring and evaluation. While not prescriptive about the particular form that the country platform must take, the GFF expects them to contribute fully to the development of and implementation of RMNCAH-N programming based on their specific skills and focus areas

- **Issues and concerns of relevance to Danish interest in the area of security and migration.**

N/A

<p>- Identify where Denmark has comparative advantages that may lead to more effective and efficient programming and better results including where Denmark may contribute with deployment of specific expertise and capacities.</p>
<p>Denmark is one of a number of donors supporting the GFF. The Danish contribution will have a key focus on SRHR, which is a key priority in the Danish strategy for development cooperation and humanitarian action, The World 2030. Denmark has a strong position as well as a long history as a global advocate for SRHR. The Danish contribution to the GFF along with a seconded expert will further strengthen the Danish interest in and contribution to SRHR at a global level. Denmark specifically has a comparative advantage in terms of the rights aspect of SRHR. Securing the right to decide over one's own body and sexuality is a fundamental human right. With the Danish contribution focused on SRHR and the seconded SRHR expert, the GFF will stand stronger in securing a strong element of SRHR in the country investment cases and put SRHR on the agenda – also in countries where SRHR is challenged or not a priority. The Danish Expert will be one of two experts working specifically with SRHR in the GFF Secretariat and hence it is expected that the Danish-funded SRHR expertise will have considerable impact.</p>
<p>- Considerations regarding the humanitarian situation, migration, refugee and displacement issues, including the need to integrate humanitarian-development linkages and long term strategies.</p>
<p>N/A</p>
<p>- Relevant issues and considerations related to radicalisation and violent extremism and the potential for Danish engagement to prevent and counter violent extremism (P/CVE).</p>
<p>N/A</p>
<p><i>List the key documentation and sources used for the analysis:</i></p> <ul style="list-style-type: none"> • The partnership for maternal, newborn & child health. Partnership for maternal, newborn & child health report: Commitments to the every woman every child global strategy for women's children's and adolescents' health (2016-2030) • Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child. • Ministry of Foreign Affairs of Denmark - Danida. (2006). The promotion of sexual and reproductive health and rights - strategy for Denmark's support. • The Ministry of Foreign Affairs of Denmark (2017). The World 2030, Denmark's Strategy for development cooperation and humanitarian action.
<p><i>Are additional studies / analytic work needed? How and when will it be done?</i></p>
<p>N/A</p>

3. Assessment of human rights situation (HRBA) and gender¹⁸

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

The HRBA Guidance Note may provide further guidance, or hrbportal.org

Human Right Standards (international, regional and national legislation)

EWEC and GFF are soundly grounded in a human rights based approach. The standards used are based on UN standards but also context specific based on countries individual investment cases.

The GFF operates according to international standards and with an increased focus on SRHR in the GFF Secretariat it is expected to further advocate for and secure prioritisation in the country Investments Cases of basic human rights.

Universal Periodic Review

N/A at this stage.

Identify key rights holders in the programme

Women, Children and adolescents are key rights holders in the programme.

Identify key duty bearers in the programme

Governments and institutions supporting RMNCAH-N and SRHR.

Human Rights Principles (PANT)

Participation

- Participation is the key element of the GFF approach. The development of country investment cases brings all relevant stakeholders around the table.

Accountability

- Globally, governments as well as other institutions has signed up to commitments and can be held accountable at various levels.

Non-discrimination

- The GFF approach is based on non-discrimination. Although the approach is country-led and country driven, some marginalised groups in some countries are at risk of not receiving adequate priority. Examples can be homosexuals and pro-abortion advocates.

¹⁸ The purpose of the analysis is to facilitate and strengthen the application of the Human Rights Based Approach, and integrate gender in Danish development cooperation. The analysis should identify the main human rights issues in respect of social and economic rights, cultural rights, and civil and political rights. Gender is an integral part of all three categories.

Transparency

- The GFF has a very transparent approach and advocates such in their design of investment cases. Information on country investment cases and achievements as well as on-going monitoring of progress is available at the GFF website. Additional public dissemination will be available but will vary due to the country-led approaches used.

Gender

The support has a very high gender focus being centred on SRHR. The key rights holders are women and girls with a recent addition of focus on adolescent SRHR, also involving boys and men.

Research has conclusively demonstrated that the health of women and children is the cornerstone of public health and adolescents are central to the overall success of the 2030 Agenda. Healthy women and children create healthy societies and by helping adolescents realize their rights to health, well-being, education and full and equal participation in society, they are better equipped to attain their full potential as adults.

The key progress indicators of the support are SRHR indicators related to maternal mortality, skilled birth delivery and use of modern family planning methods.

Youth

The support has a very high youth focus. The RMNCAH-N covers children and adolescents and is based on the principle that the health of women and children is the cornerstone of public health and adolescents are central to the overall success of the 2030 Agenda. Healthy women and children create healthy societies and by helping adolescents realize their rights to health, well-being, education and full and equal participation in society, they are better equipped to attain their full potential as adults.

List the key documentation and sources used for the analysis:

- The partnership for maternal, newborn & child health. Partnership for maternal, newborn & child health report: Commitments to the every woman every child global strategy for women's children's and adolescents' health (2016-2030)
- Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child.
- Health advisory service. (June 2018). HAS 181: The Global Financing Facility Progress, Additionality, Effectiveness.
- Ministry of Foreign Affairs of Denmark - Danida. (2006). The promotion of sexual and reproductive health and rights - strategy for Denmark's support.
- The Ministry of Foreign Affairs of Denmark (2017). The World 2030, Denmark's Strategy for development cooperation and humanitarian action.

Are additional studies / analytic work needed? How and when will it be done?

N/A

4. Inclusive sustainable growth, climate change and environment

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

- **Assess the overall risks and challenges to inclusive sustainable growth and development from the impact of climate change and environmental degradation; Assess the status of policies and strategies in the country / thematic area / organisation to ensure that development is inclusive and sustainable, avoid harmful environmental and social impacts and respond to climate change; and assess the political will and the institutional and human capacity to implement these policies and strategies.**

The GFF is global and the overall risks and challenges to inclusive growth and development from the impact of climate change and environmental degradation vary. However, to minimize such risks and challenges at individual country level, the GFF has developed Country Implementation Guidelines to align investment cases to the country context.

- **Identify opportunities for mainstreaming support to inclusive green growth and transformation to a low-carbon and climate resilient economies in the programme thematic areas and DEDs.**

N/A

- **Identify potential risk and negative impacts related to environment and climate change from the proposed thematic areas and DEDs and consider how these may be mitigated in the design of the programme and the relevant DEDs.**

No risks identified.

- **Identify if EIA (Environmental impact assessment) or similar should be carried, including legal requirements in partner countries / organisations.**

N/A

- **Consider rights and access to key natural resources: land, water, energy, food and agriculture, including impacts on employment for youth, women and indigenous peoples, etc.**

The GFF is global and the rights and access to key natural resources vary. However, to strengthen rights and access to key natural resources at individual country level, the GFF has developed Country Implementation Guidelines to align investment cases to the country context.

List the key documentation and sources used for the analysis:

- Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child.
- The Ministry of Foreign Affairs of Denmark (2017). The World 2030, Denmark's Strategy for development cooperation and humanitarian action.

If this initial assessment shows that further work will be needed during the formulation

phase, please list how and when will it be done?

Not needed.

5. Capacity of public sector, public financial management and corruption

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

- **Capacity of the public sector for policy making, enforcement and service delivery.**

The GFF is global and capacities vary. The GFF has developed Country Implementation Guidelines to align investment cases with the country context.

- **Quality and capacity of PFM, including budget credibility, comprehensiveness and transparency as well as control and external scrutiny / audit in all phases of the budget process as well as participation of citizens / CSOs in monitoring public budgets and corruption.**

GFF support is part of the World Bank system that has comprehensive PFM measures and systems in place to support implementation and investment cases.

- **The corruption situation and relevant anti-corruption measures and reforms.**

GFF support is part of the World Bank system that has comprehensive anti-corruption measures and systems in place.

List the key documentation and sources used for the analysis:

- **Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child.**
- Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child. Country Implementation Guidelines.

Are additional studies / analytic work needed? How and when will it be done?

As a part of the country-led processes the GFF / World Bank can initiate studies and analysis work and in general provide Technical Assistance to the country-led investment cases.

6. Matching with Danish strengths and interests, engaging Danish actors, seeking synergy

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

Identify:

- **where we have the most at stake – interests and values,**
 - **where we can (have) influence through**
- SRHR is high on the Danish Development agenda and the area where we can have influence
 - The secondment of a Danish SRHR Expert

<p>strategic use of positions of strength, expertise and experience, and</p> <p>- where we see that Denmark can play a role through active partnerships for a common aim/agenda or see the need for Denmark to take lead in pushing an agenda forward.</p>	<p>is an opportunity to strengthen and further advocate SRHR as a key element of the GFF interventions</p>
<p>- Brief mapping of areas where there is potential for increased commercial engagement, trade relations and investment as well as involvement of Danish local and central authorities, civil society organisations and academia.</p>	<p>- Not relevant for this type of support.</p>
<p>- Assessment of the donor landscape and coordination, and opportunities for Denmark to deliver results through partners including through multilaterals and EU;</p>	<p>- The GFF governance structure gives all donors a seat in the Investors Group made up of a large number of partners where central ones are like-minded donors with similar interests and agendas. It is also a channel for coordination between GFF donor countries in GFF countries.</p>
<p><i>List the key documentation and sources used for the analysis:</i></p> <ul style="list-style-type: none"> • Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child. • Global Financing Facility and World Bank Group. (2018). Governance document for the global financing facility in support of every woman every child. 	
<p><i>Are additional studies / analytic work needed? How and when will it be done?</i></p> <p>N/A</p>	

7. Stakeholder analysis

Briefly summarise the key conclusions and implications for the programme of the analysis of the below points:

- **Who are the stakeholders that may be interested in or affected by the program, including donors?**

Right-holders (women, children and adolescents) and duty-bearers (main governments) as well as the contributing donor community.

- **Who are the key stakeholders and what are their main interests, capacity and contributions?**

The key stakeholders of the GFF is the GFF Trust Fund Committee that is made up of donors contributing a significant amount to the Trust Fund, based on a threshold¹⁹. TF Committee members²⁰, include Canada and Netherlands (but not Denmark since the Danish contribution is below the threshold for a seat in the Trust Fund Committee) that both have a special priority towards SRHR, like the Danish support.

- **How do the stakeholders (in this programme context) communicate, coordinate, and cooperate?**

Cooperation is through Investor Group Meetings at the strategic high level of all contributing donors. The Investors Group meet twice per year. In addition to this, there is the Trust Fund Committee made up of a smaller number of the biggest donors. The GFF Secretariat based in Washington DC supports the governance, communication and coordination of activities and donors.

- **Who is the lead stakeholder and is it a homogenous group or are there divisions within the group?**

The lead stakeholders are the Trust Fund Committee made up of the largest donors. Canada, Norway, the UK, Netherlands, EU in 2020 and the Bill and Melinda Gates Foundation are members of the Committee.

- **How have key stakeholders been involved during the preparation and formulation process?**

The GFF Secretariat have been consulted and interviewed during the preparation and formulation process.

- **Which stakeholders are likely to support the programme and who, if any, are likely to hinder the program? (Who stands to gain and who stands to lose?)**

GFF (and the beneficiaries) will gain from the support. Beneficiaries in recipient countries stand to gain. Support for SRHR is under pressure in some beneficiary countries and conservative forces may oppose some GFF investments particularly within SRHR. Denmark will second and SRHR expert to the GFF secretariat to work explicitly on promoting SRHR in investment cases and the GFF approach to RMNCAH-N.

- **What are potential strategies (approaches, methods, etc.) for engaging key stakeholders?**

¹⁹ Each Donor making a commitment by way of entering into legal agreement(s) with the Bank to contribute to the GFF Trust Fund will have a dedicated decision-making seat (direct representation) on the Trust Fund Committee for the period indicated below:

- (i) One year after commitments reach an aggregate amount of USD 30 million.
- (ii) An additional year each time commitments reach an added aggregate amount of USD 20 million.
- (iii) For the duration of the Trust Fund Committee after commitments reach an aggregate amount of USD 200 million.

²⁰ Current members are: Bill & Melinda Gates Foundation, Government of Canada, Government of the Netherlands, Government of Norway, Government of Japan, Government of the United Kingdom, The World Bank (Chair), The Susan T. Buffett Foundation. The donors who will likely join the TFC in 2019 include the European Commission, Government of Qatar and Government of Germany (subject to parliamentary approval).

Denmark will participate in Investor Group meetings and be able to engage with the other donors and key stakeholders.

- **Which stakeholders offer the best overall prospects in terms of possible partnerships and why?**

The GFF is designed as a broad partnership. Within the Investors Group and as members of the Trust Fund Committee, Netherlands and Canada, UK are the biggest like-minded donors with a huge emphasis on SRHR in their financial support to the GFF. As Denmark is not a large enough donor to have a seat in the Trust Fund Committee Denmark should actively seek partnerships with these countries to influence decisions in the Trust Fund Committee.

List the key documentation and sources used for the analysis:

- Global Financing Facility and World Bank Group. The global financing facility in support of every woman every child.
- Global Financing Facility and World Bank Group. (2018). Governance document for the global financing facility in support of every woman every child.
- Health advisory service. (June 2018). HAS 181: The Global Financing Facility Progress, Additionality, Effectiveness.
- Chou, V. B., Bubb-Humfryes, O., Sanders, R., & Walker, N et al. (2018). Pushing the envelope through the Global Financing Facility: Potential impact of mobilising additional support to scale-up life-saving interventions for women, children and adolescents in 50 high-burden countries.

Are additional studies / analytic work needed? How and when will it be done?

The GFF is a large movement. It is expected that all donors will undertake ongoing reviews and studies of their support. Joint reviews with likeminded donors could be considered. Likewise, the GFF itself will on an ongoing basis undertake relevant studies and analytical work. As per normal Danida supported projects, a review of some kind is expected in the project period.

Annex 2: Partners

1. Summary of stakeholder analysis

The GFF is focused on delivering results at the country level but it does this within a broader global architecture. The GFF is the financing arm of Every Woman Every Child and works closely with the H6²¹ partners (UNAIDS, UNFPA, UNICEF, UN Women, WHO, and the World Bank), which are responsible for providing the technical and normative expertise to support countries, and the Partnership for Maternal, Newborn, and Child Health (PMNCH), and have the lead role in advocacy and accountability.

This collaboration occurs primarily at country level under the leadership of national governments. H6 partners have been very active in providing technical assistance in the development of Investment Cases and health financing strategies in line with their comparative advantages.

Civil society organizations and the private sector have also been crucial sources of expertise and implementation capacity. In addition, civil society groups have critical roles to play around advocacy, accountability, and citizen voice and participation.

Another key element of the role of the GFF in the global architecture is the relationship with two key multilateral financiers, Gavi – the Vaccine Alliance – and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The model of the GFF differs considerably from these two groups, but all three share a commitment to results, innovation, country ownership, and health systems strengthening, and these serve as the foundation for collaboration.

The GFF approach to health financing is highly complementary, as it takes a long-term perspective and looks across the entire health sector in an effort to develop a pathway to increased domestic resource mobilization and ultimately financial sustainability. Additionally, the sustained engagement with ministries of finance in the GFF process helps to embed these discussions in the broader economic policy directions of a country.

To support the work at the country level, the broad set of partners that are part of the GFF—including governments, civil society organizations, the private sector, UN agencies, Gavi, and the Global Fund—come together regularly at the global level through the GFF Investors Group. The group convenes several times a year to discuss progress and how to strengthen collaboration across the partnership.

2. Criteria for selecting programme partners

The GFF is the key partner and the financing arm of Every Woman Every Child. GFF supports RMNCAH-N and SRHR in the participating countries.

²¹ The H6 partnership (formerly H4+) harnesses the collective strengths of the UNFPA, UNICEF, UN Women, WHO, UNAIDS, and the World Bank Group to advance the Every Woman Every Child (EWEC) Global Strategy and support country leadership and action for women's, children's and adolescents' health.

The GFF SRHR systems approach is in line with Denmark's Strategy for Development Cooperation and Humanitarian Action - The World 2030 (2017), which identifies SRHR, the promotion of gender equality and women and girls' empowerment as core priority areas in Denmark's development policy.

3. Brief presentation of partners

The World Bank is a trusted partner and the GFF has executed its four years with country progresses and learning experiences on performance and results. It is a very relevant and flexible facility, which enables the World Bank to optimize and linking the GFF Trust Fund with IDA and IBRD projects to achieve RMNCAH-N outcomes.

The governance and fiduciary arrangements for the GFF Trust Fund financing are integrated into IDA/IBRD projects that are approved by the World Bank Board, and so rely on existing World Bank Group policies and procedures. Denmark's new commitment will follow procedures that guide contributions as laid down in the Trust Fund agreement. Due to the World Bank's fiduciary record, it is therefore considered low-risk.

GFF is not a project with pre-designed objectives and activities but rather a facility or mechanism that through a broad range of analytical and operational activities seeks to ensure a greater focus on RMNCAH-N in developing countries.

4. Summary of key partner features

Partner name	Core business	Importance	Influence	Contribution	Capacity	Exit strategy
<i>What is the name of the partner?</i>	<i>What is the main business, interest and goal of the partner?</i>	<i>How important is the programme for the partner's activity-level (Low, medium high)?</i>	<i>How much influence does the partner have over the programme (low, medium, high)?</i>	<i>What will be the partner's main contribution?</i>	<i>What are the main issues emerging from the assessment of the partner's capacity?</i>	<i>What is the strategy for exiting the partnership?</i>
The World Bank / GFF	Provide technical support to the countries; trustee of the GFF trust fund; main financier through IDA and GFF trust fund	high	high	The World Bank is a trustee and implementing agency of the GFF trust fund, as well as IDA	Strong technical and implementation capacity; can use multi-sectoral approaches and engage with the private sector	Given the projects' level of funding, sustainability of the GFF will not be an issue

Relation to other global actors in the field:

Outline of Gavi, GFF and Global Fund focus areas:²²

	Gavi	GFF	Global Fund
Programmatic Focus	Immunization	SRMNCAN-N	HIV, TB, Malaria
Expenditure (2017)	\$ 1.8 bn	\$ 452 mn	\$ 4.3 bn
Countries covered	Countries with GNI < \$1580 per capita: currently 56 (9 in transition)	67 eligible countries with highest mortality burdens, LICs, LMICs, MICs; GFF currently supports 27 countries	All LICs and MLICs eligible, burden-based for UMICs: 125 countries (4 in transition)
Board	2/3 constituency, 1/3 independent, Alliance partners as voting members	Trust Fund Committee, including Trust Fund donors to make strategic funding decisions; and Investors Group including countries, multilateral and bilateral donors, private sector and civil society/youth representation to ensure global coordination and alignment of co-financing	Fully constituency-based; 20 voting seats including Government, Civil Society, Private Sector and Foundations; Partners have non-voting seat
Secretariat staff	~ 300 FTEs	27 FTEs	~700 FTEs
Core partners	WHO, UNICEF, WB Group, CDC, BMGF, private sector partners and innovators, civil society, country and vaccine manufacturers	Countries, all members of Investors Group including World Bank as host of GFF Trust Fund	E.g. partners (Stop TB, RBM, Unitaid, PMNCH), WHO (HIV, TB and malaria), UNAIDS, World Bank and others
Who is the target population?	Every child born each year	Women, children and adolescents across the continuum of RMNCAH-N in countries with the highest burden	Countries of highest burden of disease, least economic ability, key and vulnerable populations
What share of need is funded?	Country vaccine demand fully funded	Based on country investment case; contributing to closing of annual financing gap across RMNCAH-N, through catalytic grant funding linked to World Bank concessional financing, aligned external and domestic financing and private sector resources	Based on disease burden, GNI, external financing and domestic commitment
What form does support take?	80% vaccines / 20% cash	Service delivery of quality RMNCAH-N services, health systems strengthening (inkl. CRVS, supply systems, HR, etc), financing reform, commodities and equipment	40% commodities, 60% programme and service delivery for HIV, TB, malaria and RSSH
Do countries co-finance?	Co-finance vaccine and cold-chain equipment procurement	Countries commit to domestic resource use & mobilisation, (including IDA/IBRD allocation) and increasing share for priority populations	Progressive investments in health (inkl. Focus on RSSH and key populations) required
Who implements grants?	National EPI program	Government	National HIV, TB and Malaria programs, CSOs, CBOs, FBOs, UN, private sector...
How is health systems support provided?	Health systems grants with focus on improving immunization outcomes	Technical assistance to government, support within investment case, together with co-financing partners, and in health-financing strategy	Health systems grants and integrated RSSH components in HIV, TB and malaria programs; 28% of overall support goes to HSS
How are partners supported?	Direct funding for technical support	ALL GFF Trust Fund grant funding through government, country level decision on contracting partners for TA	Direct funding and as part of country grants

²² Gavi, the Global Financing facility, and the Global Fund in the Global Health Architecture pp. 4-6

Annex 3: Results Framework

Thematic Programme		Support to Global Financing Facility (GFF)	
Thematic Programme Objective		Reduction of maternal, newborn and child deaths	
Impact Indicator		Maternal Mortality Ratio (MMR) per 100,000 live births improved in selected GFF countries	
Baseline	Year	2018	N/A
Target	Year	2021	TBD
Impact Indicator		Newborn deaths per 1000 live births improved in GFF countries	
Baseline	Year	2018	N/A
Target	Year	2021	TBD
Impact Indicator		Under-5 deaths per 1000 live births improved in GFF countries	
Baseline	Year	2018	N/A
Target	Year	2021	TBD

Outcome		Increased access and utilisation of SRHR services and interventions worldwide	
Outcome indicator		Number of countries with investment cases where SRHR is a priority	
Baseline	Year	2018	16
	Year	2019	TBD
	Year	2020	TBD
Target	Year	2021	TBD

Outcome		Increased number of women in Sub Saharan Africa giving birth in secure environment assisted by skilled birth attendants	
Outcome indicator		Number of selected GFF countries in Sub Saharan Africa with developed Investment Cases that meets target of skilled birth attendance / institutional deliveries	
Baseline	Year	2018	N/A
	Year	2019	TBD
	Year	2020	TBD
Target	Year	2021	TBD

Outcome		Increased number of women in Sub Saharan Africa using modern family planning methods	
Outcome indicator		Number of selected GFF countries in Sub Saharan Africa with developed Investment Cases that meets target for women using modern family planning methods	
Baseline	Year	2018	N/A
	Year	2019	TBD
	Year	2020	TBD
Target	Year	2021	TBD

Annex 4 – Budget details

	Budget in DKK million
Project Support to GFF	
Engagement objective	
Reduction of maternal, new-born and child deaths	71.25
Bank admin fees and cost of the GFF Secretariat	3.75
Grand total	75.00

Annex 5: Risk Management Matrix

Contextual risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
The GFF operates in fragile countries and faces implementation challenges	Likely	Major	The World Bank has enhanced security measures and project support in the fragile countries	Minor	The World Bank has a long experience in this area and is well prepared to respond to the challenges.
In many of the new GFF countries, SRHR is a particularly sensitive issue, potentially hindering successful implementation.	Likely	Major	Danish embassies will follow up and keep close dialog with HQ and Danish Senior Expert.	Minor	SRHR is one of many priorities of the GFF. However, to date SRHR has been represented in all investment cases. Furthermore, Denmark has several like-minded in the GFF governing bodies.
Global Gag rule and USAID health support can inhibit provision of legal abortion services and referrals as well as advocacy services for abortion law reforms that is a key right in SRHR	Likely	Minor	Accept and monitor. GFF to follow own objectives	Minor	Global gag rule invoked by USA in 2017 for all US global health funding.

Programmatic risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
GFF countries fail to allocate and prioritize Investment Cases sufficiently	Likely	Major	Through Country Platforms advocate for domestic funding. In severe cases stop funding of	Minor	Strained resources in many developing countries.

			country programmes.		
The GFF operations at country level lacks capacity to implement	Unlikely	Major	The GFF is taking proactive measures to contract country liaison officers and are strengthening communication and collaboration with country partners	Minor	The learning experience from the initial phase is being applied for the new countries and new measures and contracting of country staff will mitigate this.
Supply and demand side issues limit the use of the full range of Family Planning methods in communities	Likely	Minor	The programme will help to identify and address these issues through the development of the investment case and the identification of key constraints to delivery and improve understanding and education to increase uptake.	Minor	Although the impact in selected communities can be significant, family planning is but one of many SRHR interventions
Donors are not adequately involved in the development of GFF investment cases, leading to lack of coherence between work on SRHR within	Unlikely	Minor	The Senior Danish expert will continue to seek feedback from their experiences of the GFF and share these and discuss	Minor	SRHR is one of many priorities of the GFF. However, to date SRHR has been represented in all investment cases. Likewise a number of other donors have SRHR as their main priority. This includes Canada and

countries and across programmes.			opportunities for improvement with both the GFF team and the Danish MFA.		Netherlands Coordination and involvement to take place during Investor Group meetings
Poor coordination between partners in implementing components of the ICs – particularly between domestic investments, donor investment, Trust Fund and IDA investments	Unlikely	Minor	As above, particularly seeking views from partners about how well the GFF investment is coordinated or aligned with other investments. GFF country focal points can serve to mitigate coordination challenges	Minor	With identification of GFF country focal points coordination is improved

Institutional risks

Risk Factor	Likelihood	Impact	Risk response	Residual risk	Background to assessment
Staff changes in the GFF secretariat and set-up in the World Bank's Health and Nutrition Department could jeopardize the current management set-up at the GFF secretariat in terms of achieving results.	Unlikely	Minor	MFA has ongoing dialogue with GFF. Otherwise accept and monitor	Minor	Recently organizational changes within the World Bank's Health and Nutrition Department has taken place.

Annex 6: List of supplementary materials

#	Document / material
1	MFA. <i>The Promotion of Sexual and Reproductive Health and Rights. Strategy for Denmark's Support.</i> 2006
2	MFA. <i>The World 2030. Denmark's strategy for development cooperation and humanitarian action.</i> January 2017
3	EWEC. <i>Partnership for maternal, newborn and child health report. Commitments to the EWEC Global Strategy for Women's, Children's and Adolescents' Health (2016 - 2030).</i>
4	First GFF Replenishment Document. <i>A new financing model for the sustainable development goals era: The Global Financing Facility in support of Every Woman Every Child.</i> 2017-2018
5	GFF. <i>Trust Fund Background and Structure.</i> April 2019
6	GFF. <i>Trust Fund Governance for the GFF for women, children and adolescents.</i> February 2019
7	GFF. <i>Governance Document for the GFF in support of EWEC.</i> April 2018
8	GFF. <i>The Global Financing Facility Expansion Plan to support 50 countries in the period 2018 - 2023</i>
9	GFF IG8. Nigeria PPP: "Increasing Access to High Impact RMNACH+N Services. 2019

Annex 7: Signed Quality Assurance Checklist (or signed table of appraisal recommendations and follow-up actions taken if the appraisal has been conducted by TQS)

Title of Programme	Support to Global Financing Facility (GFF), the World Bank
File number/F2 reference	2019-5330
Appraisal report date	26.8-30.8.2019
Council for Development Policy meeting date	01.10.2019
Summary of possible recommendations not followed	
<p>All recommendations have been addressed to the extent possible. With exception of the result framework, where we are awaiting further information from the World Bank's next annual report on the GFF, all recommendations have been followed.</p>	
Overall conclusion of the appraisal	
<p>The overall conclusion of the desk appraisal is that the support to the GFF for 2019-2021 is recommended for presentation to Danida's External Grant Committee taking the recommendations of the desk appraisal report into consideration.</p>	
Recommendations by the appraisal team	Follow up by the responsible unit
<i>Ensure that the Programme Document and results framework reflect the change of the geographical focus area.</i>	The result framework and programme document have been altered to reflect the changes in geographical scope.
<i>Include further reflections on the technical and financial implementation results of Danida's contribution of DKK 25 million planned for expenditure in 2018.</i>	As Danish funding is provided as core funding, the exact impact of Danish contribution cannot be identified. However, concrete examples of achieved results as well as lessons learned have been included.

<p><i>Include in the draft Programme Document how and when baseline data and targets will be developed and included in the document.</i></p>	<p>While an overall result framework (without specific targets and baselines) is included, a more specified result framework will be added after the publishing of the next GFF annual report. Furthermore, and even more relevant, specific attention will be paid to the country specific results frameworks for countries of Danish interest.</p>
<p><i>Clarify in the draft Programme Document how Denmark will pursue the focus on SRHR in Sub-Saharan Africa.</i></p>	<p>It has been specified that support to the SRHR elements of the GFF will be monitored through a specific emphasis on results related to SRHR efforts in Sub Saharan Africa and continuous dialogue within the Investor’s Group. Furthermore, Danish embassies will be instructed in following the SRHR programme elements of the GFF in relevant countries, ensuring continuous feedback. To further support the SRHR focus of the GFF, a senior Danish SRHR expert has been seconded for a period of two years to further advocate for and strengthen the SRHR expertise in the GFF Secretariat. The senior expert will report back to the Danish Ministry of Foreign Affairs on a regular basis.</p>
<p><i>ToC presented in the draft document needs more clarity and consideration. More specifically on the expected change of the GFF in the countries where the more controversial areas of the essential package of SRHR interventions is challenged.</i></p>	<p>ToC has been revised for more clarity. Regarding the implementation of SRHR, it is emphasized that Denmark continues the dialogue with the GFF through the Investor’s Group and joins forces with like-minded donors on how to promote this agenda within the GFF, for example by supporting SRHR as a prominent theme in the coming joint review. Moreover, through its long engagement with several GFF-countries, Denmark will continue its dialogue on SRHR with relevant governments to push for a more conducive environment for policy implementation.</p>
<p><i>Risk management matrix needs further elaboration, as key important risks are not included in the current matrix.</i></p>	<p>Risk matrix has been further developed and now contains description and mitigation strategies of three contextual risks, five programmatic risks and one institutional risk</p>

I hereby confirm that the above-mentioned issues have been addressed properly as part of the desk appraisal and that the appraisal team has provided the recommendations stated above.

Signed in..... on the
Appraisal Team leader/TQS representative

I hereby confirm that the responsible unit has undertaken the follow-up activities stated above. In cases where recommendations have not been accepted, reasons for this are given either in the table or in the notes enclosed.

Signed in.....Copenhagen.....on the.....13.9.19.....
Head of Unit/Mission
Lotte Machon