

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

<p><b>Key results:</b>  <i>[Examples of key result planned to be achieved at the end of programme:]</i></p> <ul style="list-style-type: none"> <li>Countries assisted to identify program and finance reforms and funding mechanisms needed to ensure scaled and sustainable financing for the investment case including SRHR, in consultation with key stakeholders and affected populations (such as youth)</li> <li>Improved access to sexual and reproductive health (SRH) services through a systems approach, combining direct and indirect pathways</li> </ul> <p><b>Justification for support.</b>  <i>[Why is this support necessary and relevant, how does it relate to Danish and partner country priorities:]</i></p> <ul style="list-style-type: none"> <li>Sexual and reproductive health and rights of women and girls are at the center of Denmark' efforts to realize the SDG goals – as per priorities in "The World 2030". The GFF will contribute to ensuring women and girls equal right to contribute to and participate in the political life, in the economic development and in the social and cultural life of the partner country in accordance with their national plans.</li> </ul> <p><b>How will we ensure results and monitor progress</b>  <i>[How will the programme succeed and how will this be documented:]</i></p> <ul style="list-style-type: none"> <li>Through dialogue and reporting from the GFF secretariat,</li> <li>GFF Trust Fund is catalytic, mobilizing domestic resources, linking to World Bank financing, aligning external financing, and crowding in private sector resources,</li> <li>GFF Trust Fund supports a country-led multi stakeholder platform and provides resources for the technical and analytical work needed to develop prioritized investment cases and health financing strategies,</li> <li>The GFF Trust Fund is an efficient mechanism that serves as an umbrella trust fund for integrated, multi-sector services for reproductive, maternal, newborn, child and adolescent health and nutrition. By pulling funds together under one umbrella, investors increase value for money and obtain economies of scale.</li> </ul> <p><b>Risk and challenges</b>  <i>[What are the main risks and challenges for this programme to achieve intended results and objectives, are mitigation measures possible to manage risks:]</i></p> <ul style="list-style-type: none"> <li>The targeted countries are LLDCs and thus administrative and physical structures are frail.</li> </ul>	<table border="1"> <tr> <td><b>File No.</b></td> <td colspan="6">2017-44706</td> </tr> <tr> <td><b>Country</b></td> <td colspan="6">Global</td> </tr> <tr> <td><b>Responsible Unit</b></td> <td colspan="6">UPF</td> </tr> <tr> <td><b>Sector</b></td> <td colspan="6">Gender and Health</td> </tr> <tr> <td></td> <td><i>Mill.</i></td> <td>2017</td> <td>2018</td> <td>2019</td> <td>2020</td> <td>2021</td> <td>Tot.</td> </tr> <tr> <td><b>Commitment</b></td> <td>25</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>25</td> </tr> <tr> <td><b>Projected ann. Disb.</b></td> <td>25</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>25</td> </tr> <tr> <td><b>Duration</b></td> <td colspan="6">2017-2022</td> </tr> <tr> <td><b>Finance Act code.</b></td> <td colspan="6">06.36.06.24</td> </tr> <tr> <td><b>Desk officer</b></td> <td colspan="6">Stefan Kovacs</td> </tr> <tr> <td><b>Financial officer</b></td> <td colspan="6">Jonas Henriques</td> </tr> </table> <p><b>SDGs relevant for Programme</b> <i>[Maximum 5]</i></p> <p><b>Budget</b></p> <table border="1"> <tr> <td><b>Programme Support</b></td> <td><b>25</b></td> </tr> <tr> <td><b>Total</b></td> <td><b>25</b></td> </tr> </table> <p>The contributions to the GFF trust fund are used as follows:</p> <ul style="list-style-type: none"> <li>At least 75% of the total funding is for Recipient-executed activities (RETF).</li> <li>Up to 15% of the funding is spent on Bank-executed activities to support the preparation and implementation of Investment Cases and health financing strategies in the countries</li> <li>Up to 5% is for innovative financing, Exploratory grants, and other Bank-executed activities</li> <li>Up to 5% is for Bank admin fees and the cost of the Secretariat.</li> </ul>	<b>File No.</b>	2017-44706						<b>Country</b>	Global						<b>Responsible Unit</b>	UPF						<b>Sector</b>	Gender and Health							<i>Mill.</i>	2017	2018	2019	2020	2021	Tot.	<b>Commitment</b>	25						25	<b>Projected ann. Disb.</b>	25						25	<b>Duration</b>	2017-2022						<b>Finance Act code.</b>	06.36.06.24						<b>Desk officer</b>	Stefan Kovacs						<b>Financial officer</b>	Jonas Henriques						<b>Programme Support</b>	<b>25</b>	<b>Total</b>	<b>25</b>
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<p><b>Strat. objective(s)</b></p> <p>To finance the enhancement of reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) thus adding value to efforts of other development partners.</p>	<p><b>Thematic Objectives</b></p> <p>Enhancement of reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N)</p>	<p><b>List of Engagement/Partners</b></p> <p>The World Bank/Global Financing Facility is the programme manager.</p> <p>The GFF Trust Fund was established at the World Bank through contributions from the Governments of Canada and Norway and the Bill &amp; Melinda Gates Foundation and MSD for Mothers.</p> <p>16 countries are currently benefitting from the approach with 10 new countries announced on 9 November 2017 at the GFF Investors Group meeting in</p>																																																																																			

## 1. Introduction

There are many uncertainties in global health. Major policy changes risk affecting women's reproductive health, internal displacement and refugee crises are raging in many parts of the world, and weak public health systems are not readily responsive to emerging health threats. To respond to these challenges and prepare for the new development era, the UN, in partnership with the World Bank Group, launched the Global Financing Facility (GFF), the financing arm of *Every Woman Every Child* in 2015.

The Global Financing Facility (GFF) is a new financing model for a different way of investing in health and development. GFF has been designed as a facility with country ownership at the heart. A country platform brings together the stakeholders who are part of the GFF, under government leadership. In most countries this is an existing structure, but a few countries have decided that no existing structure is quite right and have created a new platform for the GFF to ensure inclusivity and transparency.

GFF uses a multi stakeholder approach under country leadership, aiming to bring together the contributions in expertise and domestic and international resources of the World Bank Group, the UN, the Bill and Melinda Gates Foundation, the Partnership for Maternal, Newborn, Child and Adolescent Health (PMNCH), Gavi, the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis, and Malaria, and bilateral and private donors.

The GFF focuses on low-income or lower-middle income countries that faces the greatest challenges regarding sexual and reproductive health and rights. To date, 16 countries have begun the GFF process: Bangladesh, Cameroon, the Democratic Republic of the Congo, Ethiopia, Guatemala, Guinea, Kenya, Liberia, Mozambique, Myanmar, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda, and Vietnam. The first stage in the process is prioritisation, which is necessary both to address how available resources can be directed to the highest impact interventions and approaches, and to ensure that the financing system is fit-for-purpose as a country strives for the SDGs.

In Bangladesh, for example, where adolescents have been identified as a neglected group, GFF engagement aims to draw in the secondary education programme to ensure girls remain in school and have health, hygiene, and empowerment counselling for improved health outcomes. In Liberia, where nearly six out of ten girls begin having sex by the age of 18 years, nearly 30% of adolescent pregnancies end up as abortions, and 177 out of 1000 livebirths are the result of unplanned or unwanted pregnancies, fragmented approaches to dealing with sociocultural factors, education, and access to quality health services in which these problems are rooted have not worked. With GFF support, Liberia aims to develop and test comprehensive multisector interventions, including community education through community leaders and community

health assistants, school-based education, and building the assets, such as savings, of adolescent girls.

## **2. Strategic considerations and justification**

The contribution is fully in line with Denmark’s Strategy for Development Cooperation and Humanitarian Action, “The World 2030” (2017), which identifies sexual and reproductive health and rights and the promotion of gender equality and women empowerment as core priority areas in Denmark’s development policy.

Concurrently, the GFF plays a role in helping countries identify program and finance reforms and funding mechanisms needed to ensure scaled and sustainable financing for the investment case including SRHR, in consultation with key stakeholders and affected populations (such as youth). Once priorities are defined, the GFF focuses on coordinated financing and implementation (e.g., with other sectors, private enterprises, etc.), which includes an emphasis on improved efficiency, increased domestic and private sector resources, better aligned external financing, and linking GFF Trust Funds with IDA and IBRD. For example, Mozambique’s investment case process has resulted in a clear vision for which strategies to pursue to achieve its RMNCAH-N outcomes, with a strong focus on 42 priority districts that are lagging but have high potential for results. The resulting investment case recommends an expansion of the country’s community health workers program, investments to improve quality of care in selected district hospitals and primary care centers, and the targeting of family planning services for adolescents through different strategies including school-based service delivery and private provision.

GFF improves access to sexual and reproductive health (SRH) services through a systems approach, combining direct and indirect pathways.

The GFF supports the delivery of dedicated SRH interventions (such as procuring contraceptives, educating adolescents on SRHR), but does not stop there. The second direct pathway is the integrated delivery of SRH services through the development and delivery of essential health packages, performance-based financing, and delivery through existing touch points (such as postpartum family planning, post-abortion care, and integration with HIV-focused interventions). The third channel is Investment Cases that are making non-health sector investments in areas such as education and social protection to address non-health determinants of comprehensive sexual and reproductive health and rights outcomes (for example, keeping teenage girls in school by addressing the factors that influence secondary school retention).

In addition to these direct pathways, the GFF leverages its comparative advantage to improve SRHR outcomes through two indirect pathways. The first of this is to create stronger, more resilient health systems needed to deliver comprehensive sexual and reproductive health services and help prepare fragile health systems to withstand stress. The second indirect pathway is the GFF’s work on health financing reforms. While these are not specific to SRHR, steps such as increasing the share of total government expenditure going to the health sector create the fiscal space to increase domestic financing for SRHR and so build sustainability.

### 3. Thematic programme summary

The Global Financing Facility (GFF) has created a new financing model with countries in the driver's seat that brings together multiple sources of financing in a synergistic way to support national priorities for women, children and adolescent health and wellbeing. 16 countries are currently benefitting from the approach<sup>1</sup>, with 10 new countries announced on 9 November at the GFF Investors Group meeting in Mozambique<sup>2</sup>.

Support provided to GFF eligible countries to date has been due to the generous contributions to the GFF Trust Fund from the governments of Canada, Norway, the UK, the Bill & Melinda Gates Foundation, and MSD for Mothers. The replenishment for the GFF Trust Fund was launched at the United Nations General Assembly to respond to increasing demand from countries, where the Bill and Melinda Gates Foundation announced their \$200 million commitment. The GFF replenishment seeks to mobilize an additional US\$2 billion to enable the GFF process to expand over the period 2018–23 to a total of the 50 countries facing the most significant needs. These 50 countries account for 96% of the global \$33 billion annual funding gap and 5.2 million maternal and child deaths each year.

The GFF brings a systems approach that adds value to the efforts of other development partners. The key tool used by the GFF is a country-led “investment case,” which identifies high priority interventions and key bottlenecks for efficient service delivery, and the investments required to achieve results across reproductive, maternal, newborn, child and adolescent health and nutrition (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 that are lagging behind; the neglected periods of life, such as the early years or adolescence; and, key interventions that have been underinvested in, such as family planning. As a result, SRHR (including family planning) has been prioritized in every investment case completed to date.

Many women, children, and adolescents die needlessly each day, and the lack of financing is a key barrier. At the national level, the impact of women, children, and adolescents dying and not getting the care they need translates into significant economic losses and a reduced ability to benefit from the demographic dividend. The GFF frontloads resources and uses them catalytically to support countries' transition from reliance on external assistance. The work influences countries' trajectories towards the SDGs and universal health coverage (UHC).

Modeling how to close the US\$33 billion financing gap shows that the overall need for resources for the GFF Trust Fund, increases from now until 2023 and “savings” from the GFF approach would amount to US\$83.5 billion over the period 2015–30.

IDA just completed its largest replenishment to date, generating US\$75 billion for national priorities over the next three years. The GFF Trust Fund is linked to IDA and so the increased availability of IDA financing creates a historic opportunity to use this financing for sexual, reproductive, maternal, newborn, child, and adolescent health and nutrition.

<sup>1</sup> Bangladesh, Cameroon, DRC, Ethiopia, Guatemala, Guinea, Kenya, Liberia, Mozambique, Myanmar, Nigeria, Senegal, Sierra Leone, Tanzania, Uganda and Vietnam

<sup>2</sup> Afghanistan, Burkina Faso, Cambodia, Central African Republic, Côte d'Ivoire, Haiti, Indonesia, Madagascar, Malawi and Rwanda.

#### 4. Overview of management set-up

All investors of the GFF Trust Fund are members of the GFF Investors Group (See governance, described below). In addition, investors contributing above a certain threshold, are also invited to join the GFF Trust Fund Committee both as a contributor and strategic thought partner. There are currently four members of the Committee – Canada, Norway, the UK, and the Bill and Melinda Gates Foundation. The GFF is seeking to diversify the membership, and as such, new investors will have a powerful voice in setting the strategic approach and priorities for GFF Trust Fund financing. This includes advising on how the Trust Fund resources are used in a catalytic way to maximize mobilization of IDA/IBRD and domestic financing, in addition to decisions on Trust Fund financing allocations to GFF eligible countries and agreeing on annual work plans and budgets for the GFF Secretariat. The committee is also responsible for overseeing the performance of the Trust Fund to ensure that investments deliver results.

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 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, 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 Investors Group carries out the following core functions:

- Guide and ensure effective complementary financing of RMNCAH Investment Cases;
- Create an enabling environment for long-term financial sustainability of RMNCAH and health programs in countries;
- Mobilize additional domestic and international (including private) resources and other partner support to ensure effective financing for RMNCAH Investment Cases;
- Monitor the performance of the GFF as a facility and foster learning among co-investors based on country experiences.

The **GFF Trust Fund Committee** 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 of USD 30 million or above.

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 Trust Fund Committee carries out the following core functions:

- Set the GFF strategy, priorities and future directions;
- Decide on which countries the Trust Fund will invest in;
- Promote collaboration with a diverse range of partners to ensure the impact of Trust Fund investments are maximized and identify innovative uses of Trust Fund resources to maximize mobilization of external and domestic resources.
- Review and approve the Secretariat's annual work plans and budget.

The GFF Trust Fund is a lean and highly efficient mechanism because it can draw in the full capacity of the World Bank Group and is administered by a small secretariat. This leanness is possible because the jointly financed IDA/IBRD-GFF Trust Fund projects are prepared and supervised by World Bank Group staff and because the Bank's governance and fiduciary standards and systems are used. 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 without needing to have those skills on staff within the Secretariat. Because the GFF Trust Fund can serve as an umbrella trust fund that pools resources, donors also get economies of scale.

## 5. Programme budget

The Danish funds of 25 million DKK 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 reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) for the period of 2017-2022.

Each dollar contributed to the trust fund is multiplied many times over, because the model of the GFF Trust Fund is to be catalytic and crowd in resources from multiple sources:

- domestic government resources,
- financing from the International Development Association (IDA) and the International Bank of Reconstruction and Development (IBRD)
- aligned external financing
- private sector resources.

The US\$307 million in GFF Trust Fund financing that has been committed to nine countries thus far is linked with more than US\$1.8 billion from IDA and IBRD, significantly increasing the impact of the GFF Trust Fund resources to generate both health and socio-economic returns.

It is the assessment that with this approach, it is not necessary to provide grant financing in perpetuity in many countries because these other financing sources enable the countries to reduce their reliance on external assistance and to progressively replace it as the financing source needed to improve the health of women, children, and adolescents. This new model for sustainable financing is at the heart of what makes investing in the GFF Trust Fund a pathfinder for a new era of financing for development.

The GFF platform strengthens dialogue among key stakeholders under the leadership of governments and supports the identification of a clear set of prioritized results that all partners

commit their resources to achieving, in addition to supporting Governments with health sector reform to shift reliance on external assistance towards increased domestic resources and financial sustainability.

The GFF platform serves as a mechanism to identify potential duplications of efforts, leading to increased harmonization and improved efficiency, and for highlighting areas for programmatic synergies. One example is in the Cameroon in which the Investment Case process, financed from the GFF Trust Fund, led to the identification of synergies between demand- and supply-side interventions financed by the French and German governments, on the one hand, and IDA, on the other hand. The GFF platform is also used to facilitate bringing external assistance to government budgets and plans, and in some cases results in increased pooling of financing, which are both important steps for improving efficiency.

Resources provided by the GFF Trust Fund are used to support the analytical and preparatory work carried out under government leadership to identify evidence-based, high-impact, cost-effective priorities set out in an Investment Case and identify key health financing reforms. GFF Trust Fund is hosted by the World Bank, and as such, the GFF is well-positioned to inform policy dialogue about overall government financing with a whole set of experts in public financial management.

## Template for budget up to 37 mill. DKK

Proposed format for budgets based on outputs<sup>1</sup>

	Budget in DKK million
<b>Thematic Programme</b>	
<b>Development engagement A.1</b>	
Engagement objective	
Output A.1.1 Implementation grants to the GFF countries (Recipient-executed GFF projects)	18.75 million DKK
Output A.1.2 Support for the Preparation of the RMNCAH-N Investment Case, Project Preparation and Project Supervision	3.75 million DKK
Output A.2.1. Innovative Financing, Exploratory Grants and other Bank-executed activities	0
Output A.2.2. Bank admin fees and cost of the GFF Secretariat	1.25 million DKK
Output A.2.3.	
Contingencies (normally not exceeding 5 % of the above) The contingency will be used for either Output A.1.1 or Output A.2.1	1.25 million DKK
Subtotal Development engagement A.1	25 million DKK
<b>Development engagement A.2</b>	
Engagement objective	
Output A.2.1.	
Output A.2.2.	
Output A.2.3.	
Contingencies (normally not exceeding 5 % of the above)	
Sub-total Development engagement A.2	

<sup>1</sup> For budget support/core funding, the budget will be presented at outcome level.



<b>Sub-total Thematic Programme</b>	
Unallocated funds not allowed in programmes up to 37 mill. DKK	
Other costs (reviews, etc.)	
<b>Grand total</b>	

Proposed format for programme budget by engagement and by calendar year<sup>2</sup>. This has to follow both Danish and Priority Country financial year

	2014	2015	2016	2017	2018	Total, US\$ million equivalent
<b>Engagement A.1</b>						
- Denmark					25 million DKK	\$3.95 million
- Bill and Melinda Gates Foundation					US\$200 million	\$200 million
-DFID					GBP 30 million	\$40.18 million
-Canada					CAD 20 million	\$15.54 million
- Others						
<b>Engagement A.2</b>						
- Denmark						
- Partners						
- Others						
Technical assistance						
- Denmark						

<sup>2</sup> The budget must also be presented according to the Priority Country's fiscal year, if this differs from the calendar year.

- Others						
<b>Subtotal</b>						
Other costs (reviews, etc.)						
<b>Grand total</b>					US\$259.67 million equivalent	US\$259.67 million

## Annex B: Programme 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 the GFF is working closely with the H6 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), which has 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 has a broad set of partners: governments, civil society organizations, the private sector, UN agencies, Gavi, and the Global Fund and the criteria for participating in the GFF process are provided in the Governance document.*

[https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF-IG5-7%20Annex%201%20Governance%20Document\\_%20amended%2024%20April%202017.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG5-7%20Annex%201%20Governance%20Document_%20amended%2024%20April%202017.pdf)

## 3. Brief presentation of partners

### **Financiers**

*Filling the gap for RMNCAH funding requires the GFF to employ a variety of approaches to resource mobilization including providing grant funding linked to IDA or IBRD projects, and providing complementary financing to the Investment Cases at the country level. The following Financiers give funding directly to the GFF Trust Fund or have explicitly aligned their bilateral funding at country level with GFF Trust Fund investments: Norad, Global Affairs Canada, DFID, JICA, USAID*

### **Foundations**

*Currently, the Bill and Melinda Gates Foundation is the only foundation partner with substantial contribution to the GFF trust fund.*

### **Civil society**

*Civil society plays an important role in advocacy and social mobilization, as well as accountability and service delivery. Advocacy and social mobilization by affected populations is similarly critical to ensuring accountability and strong national responses, in addition to unique insights into approaches to service delivery. Civil society is represented on the Investors Group by Results and World Vision International. The partners listed below have been involved in the international planning process for the launch of the GFF and/or are currently engaged in governance processes. This does not represent all relationships with Civil society at the global or country level. – UN Foundation, World Vision International, Save the Children, the Population Council, FP2020, Results, Africa Health Budget Network*

### **International organizations**

*International organizations play an important role in providing complementary financing (increasingly through pooled or shared management) in country and through aligning their investments in ways that compliment and contribute to Investment Cases. The GFF and these organizations share common objectives in promoting women, children's and adolescents' health and in adhering to aid effectiveness principles and sharing global good practices. These include the Global Fund and GAVI.*

### **Multilateral organizations**

The United Nations provides global leadership on the strategy for women, children’s and adolescents’ health through Every Women, Every Child and sets targets and indicators for the achievement of these goals. UN agencies will provide normative guidance, knowledge dissemination, advocacy and technical assistance that helps build capacity in-country. The Partnership for Maternal and Newborn Health (PMNCH) plays an important role in advocacy and accountability, especially through their hosting of the International Accountability Panel, which will monitor the results and progress in implementing the goals of the Global Strategy. These include the World Bank Group, WHO, UNICEF, UNPF, PMNCH, Global Health Alliance, Every Woman Every Child.

### **Private sector**

The resources and capacity of the private sector can be leveraged through (i) innovative financing mechanisms to draw in private sector capital for investment in health (ii) facilitation of partnerships between countries, the private sector and World Bank Group and GFF partner institutions to match Investment Case priorities (iii) support to countries for appropriate inclusion of the private sector in Investment Case development and implementation. Some key areas of GFF private sector engagement are increasing domestic resources for health through performance-based loan buy-downs, aligning private investors around RMNCAH priorities, scaling innovative service delivery models, and improving access to capital for small and medium health providers. Private sector partners listed here participated in the international planning process for the launch of the GFF and are currently engaged in GFF processes. This does not represent all relationships with the private sector at the global or country level. The current private sector partners include: Abt Associates, MSD for Mothers, and Philips.

## 4. Summary of partner

[Provide a brief presentation of each partner and the justification for selecting the partner. Reference can be made to annex a.]

Partner name <i>What is the name of the partner?</i>	Core business <i>What is the main business, interest and goal of the partner?</i>	Importance <i>How important is the programme for the partner’s activity-level (Low, medium high)?</i>	Influence <i>How much influence does the partner have over the programme (low, medium, high)?</i>	Contribution <i>What will be the partner’s main contribution?</i>	Capacity <i>What are the main issues emerging from the assessment of the partner’s capacity?</i>	Exit strategy <i>What is the strategy for exiting the partnership?</i>
<b>Examples</b>						
<i>The World Bank</i>	<i>Provide technical support to the countries; trustee of the GFF trust fund; main financier through IDA and GFF trust fund</i>	<i>high</i>	<i>high</i>	<i>The World Bank is a trustee and implementing agency of the GFF trust fund, as well as IDA</i>	<i>Strong technical and implementation capacity; can use multi-sectoral approaches and engage with the private sector</i>	<i>No special requirements</i>

<i>UNAIDS, UNFPA, UNICEF, UN Women, WHO</i>	<i>Provide technical and normative expertise to support countries</i>	<i>Medium</i>	<i>Medium</i>	<i>Technical and normative expertise</i>		
<i>Partnership for Maternal, Newborn, and Child Health (PMNCH)</i>	<i>Advocacy and accountability</i>	<i>Medium</i>	<i>Medium</i>	<i>Advocacy and accountability</i>		
<i>GAVI</i>	<i>financier</i>					
<i>Global Fund</i>	<i>financier</i>					

## GFF Risk Assessment

### Contextual risks

<b>Risk Factor</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk response</b>	<b>Background to assessment</b>
The GFF operates in fragile countries and faces implementation challenges	Likely	Moderate	The World Bank has enhanced security measures and project support in the fragile countries	The World Bank has a long experience in this area and is well prepared to respond to the challenges.

**Programmatic risks** (for country programmes/regional programmes filled out for each thematic programme)

<b>Risk Factor</b>	<b>Likelihood</b>	<b>Impact</b>	<b>Risk response</b>	<b>Background to assessment</b>
The GFF is unable to quickly show results	Low	High	The GFF is taking proactive measure to shorten the preparation phase	The learning experience from the initial phase will be applied for the new countries and this will help to shorten the preparation phase.
Risk of flat growth or reductions in official development assistance (ODA) investment in priority health areas, and especially SRHR	Medium	High	The GFF makes efforts to maximize health sector efficiency and grow domestic investment in the health sector, including in areas historically under financed by the public sector like family planning.	The GFF process will maximize the health sector efficiency and reduce dependence on external resources.

### Institutional risks

