



# Overview of the Global Financing Facility in support of Every Woman Every Child

November 26, 2014

# Goal GFF

*Contribute to the global efforts to end preventable maternal, newborn, child and adolescent deaths and improve the quality of life of women, children and adolescents.*

*The GFF will mobilize and channel additional international and domestic resources required to scale up and sustain efficient and equitable delivery of quality RMNCAH services.*

# GFF has 5 objectives:

1

**Finance national RMNCAH scale-up plans and measure results**

2

**Support countries in the transition toward sustainable domestic financing of RMNCAH**

3

**Finance the strengthening of civil registration and vital statistics**  
(Scope and prioritization of CRVS activities eligible for GFF financing  
Linkages between CRVS and RMNCAH programs)

4

**Finance the development and deployment of global public goods (GPGs) essential to scale up**

5

**Contribute to a better-coordinated and streamlined RMNCAH financing architecture**

# Estimated Financing Gap for 2015-2024 (US\$ million)

	2015-2019	2020-2024	2015-2024	Financing Gap
Startup costs <sup>1</sup>	1,140	1,140	2,281	1,604
Recurrent costs <sup>2</sup>	408	793	1,201	49
International support to CRVS including sharing knowledge and strengthening the evidence base	114	114	228	228
Monitoring and evaluation	57	57	114	114
<b>TOTALs</b>	1,720	2,104	3,824	1,995

<sup>1</sup>**Startup costs:** development of legal/ regulatory framework , comprehensive assessment, infrastructure and equipment, ICT (technology costs), digitization of existing registration records, development of operational guidelines and procedures

<sup>2</sup>**Recurrent costs:** capacity building, IEC (advocacy and communication campaigns), maintenance of technology and other infrastructure, data management, outreach activities to improve coverage, system monitoring and enforcement costs

# Assumptions on domestic financing

- **For low-income countries:** (i) Governments will finance 20 percent, 40 percent, 60 percent, and 80 percent of the variable/operating costs in years 2015, 2016, 2017, and 2018 and bear full costs from 2019 onward; and (ii) Governments will finance 10 percent of fixed/start-up/capital costs from 2015 to 2019 and 20 percent from 2020 to 2024.
- **For lower-middle-income countries:** (i) Governments will finance 20 percent, 40 percent, 60 percent, and 80 percent of the variable/operating costs in years 2015, 2016, 2017, and 2018 and bear full costs from 2019 onward; and (ii) Governments will finance 25 percent of fixed/start-up/capital costs from 2015 to 2019 and 50 percent from 2020 to 2024.
- **For upper-middle-income countries:** Governments will bear the full variable/operating costs from 2015 to 2024, 50 percent of fixed/start-up/capital costs from 2015 to 2019 and 75 percent of fixed/start-up/capital costs from 2020 to 2024.

# Funding Commitments to Date

## **CANADA**

*\$200 million* contribution is part of Canada's \$3.5 billion commitment (2015-2020) to maternal and child health, announced in May 2014

## **NORWAY**

*\$600 million*

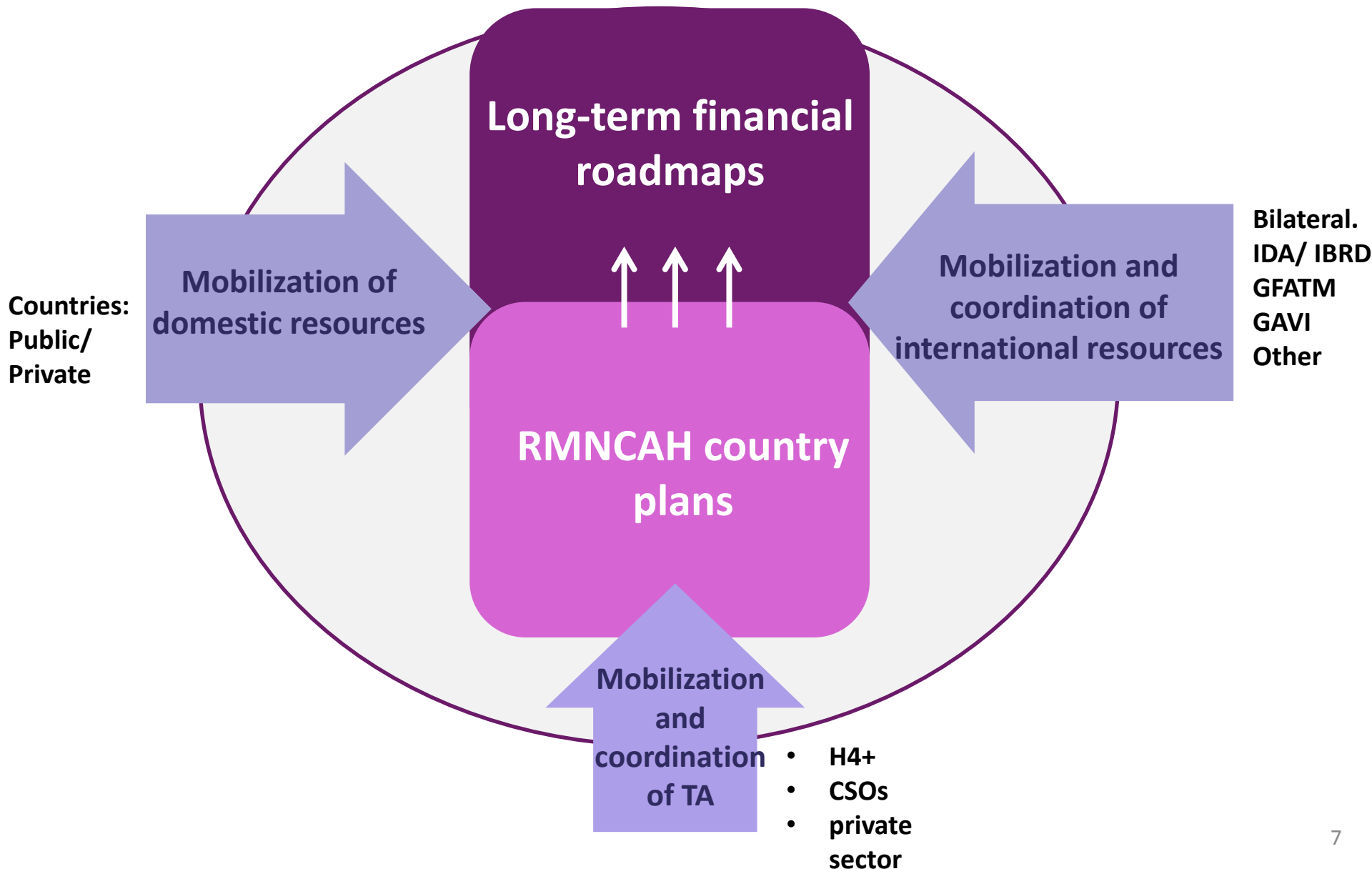
## **UNITED STATES**

*Up to \$400 million* in leveraged resources through financing mechanisms and public-private partnerships

## **IDA** International Development Association (World Bank Group)

Low-interest credits and grants, leveraging up to *\$3.2 billion*

# The vision of the GFF is to bring together all partners around sustainable financing of quality plans and roadmaps



# We are aiming to have 3 types of deliverables ready by the launch, in July 2015

The overarching Business Plan...

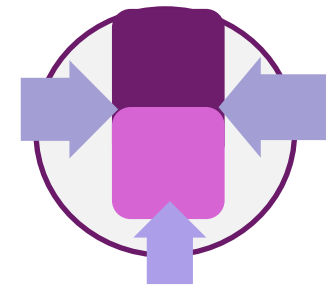


*GFF Business Plan,  
2015-2019*

...supported by Guidance Notes tailored for a country audience...



...2-3 Front-runner countries prepared RMNCAH Programs with harmonized financing





# The GFF Business Plan –

## 3. GFF Operation model



**1. Vision for the GFF**

**2. Scope of the GFF**

**3. GFF operational model**

**4. Governance and  
fiduciary arrangements**

**5. Financials**

- a) Eligibility criteria and resource allocation system
- b) The GFF's financing model (incl. financing instruments used by the GFF and mechanisms to promote leveraging of IDA resources )
- c) Operationalization of the broader country platform for harmonizing/alignment of funding
- d) The process to access GFF financing (incl. the review process to ensure the soundness of submissions)
- e) Monitoring and evaluation
- f) Risk management, procurement, and safeguards
- g) Transition arrangements from the HRITF to the GFF

WS4

# The Business Planning Team will be driving the day-to-day process leading to the launch of the GFF

## *Description*

- The BPT is responsible for the delivery of a Business Plan for the GFF
- Organized along 5 Workstreams
  1. RMNCAH GFF Investment Planning
  2. Financing Roadmaps and instruments
  3. CRVS
  4. Operational model and policies
  5. Special thematic areas (e.g., Innovation, Global Public Goods, Human Rights perspective, etc.)
- Face-to-face meetings combined with remote work

## *Composition*

- Staffed by a core team of roughly 25 members from partners organizations and countries. Profile of team members:
  - ✓ Key leaders in the RMNACH area bringing rich multi institutional perspectives
  - ✓ Able to produce high quality analytical, written and presentational materials
  - ✓ Able to draw on resources and expertise within their respective institutions or networks.
  - ✓ Highly motivated self-starters with a deep commitment to the GFF principles.
  - ✓ Flexible and strong team players willing to work under tight deadlines and high pressure.
- BPT also draws on resource persons/experts that provide specific input/insights
- Co-led by World Bank and RMNCH SCT
- Supported by a small group of consultants

# The Oversight Group is the lead decision-making body and will meet at least once a month during the planning phase

## *Terms of Reference*

- Provide guidance on a continuous basis to the BPT about all aspects of the design of the GFF;
- Make decisions about key elements of the design of the GFF as proposed by the BPT;
- Lead on planning the future governance structure and resource mobilization for the GFF;
- Engage with the RMNCH Steering Committee, the PMNCH Board, and the broader community of stakeholders;
- Ensure linkages between the GFF and the process for the development of the post-2015 Global Strategy for Women's and Children's Health, Financing for Development agenda
- Play an active role in communicating about the GFF with key stakeholders.

## *Members*

- Tim Evans, the World Bank (chair );
- Tore Godal, Norwegian government;
- Ariel Pablos-Mendez, United States government;
- Chris MacLellan, Canadian government;
- Jane Edmondson, DFID
- Chris Elias, Bill and Melinda Gates Foundation;
- Representative from gvt of Tanzania
- Representative from gvt of Ethiopia
- Flavia Bustreo, WHO
- Babatunde Osotimehin, UNFPA
- Geeta Rao Gupta, UNICEF
- Marijke Wijnroks, GF (also representing GAVI)
- Nana Kuo, UNSG's Office;
- Protik Basu, UN Special Envoy's office
- Andres De Francisco, PMNCH
- One representative from a NGO
- One representative from the private sector

# Roles and relationships

- **Health sector**

- Birth registration, death registration, and causes of death via RMNCAH plans
- Incentivizing birth registration, death registration, and causes of death

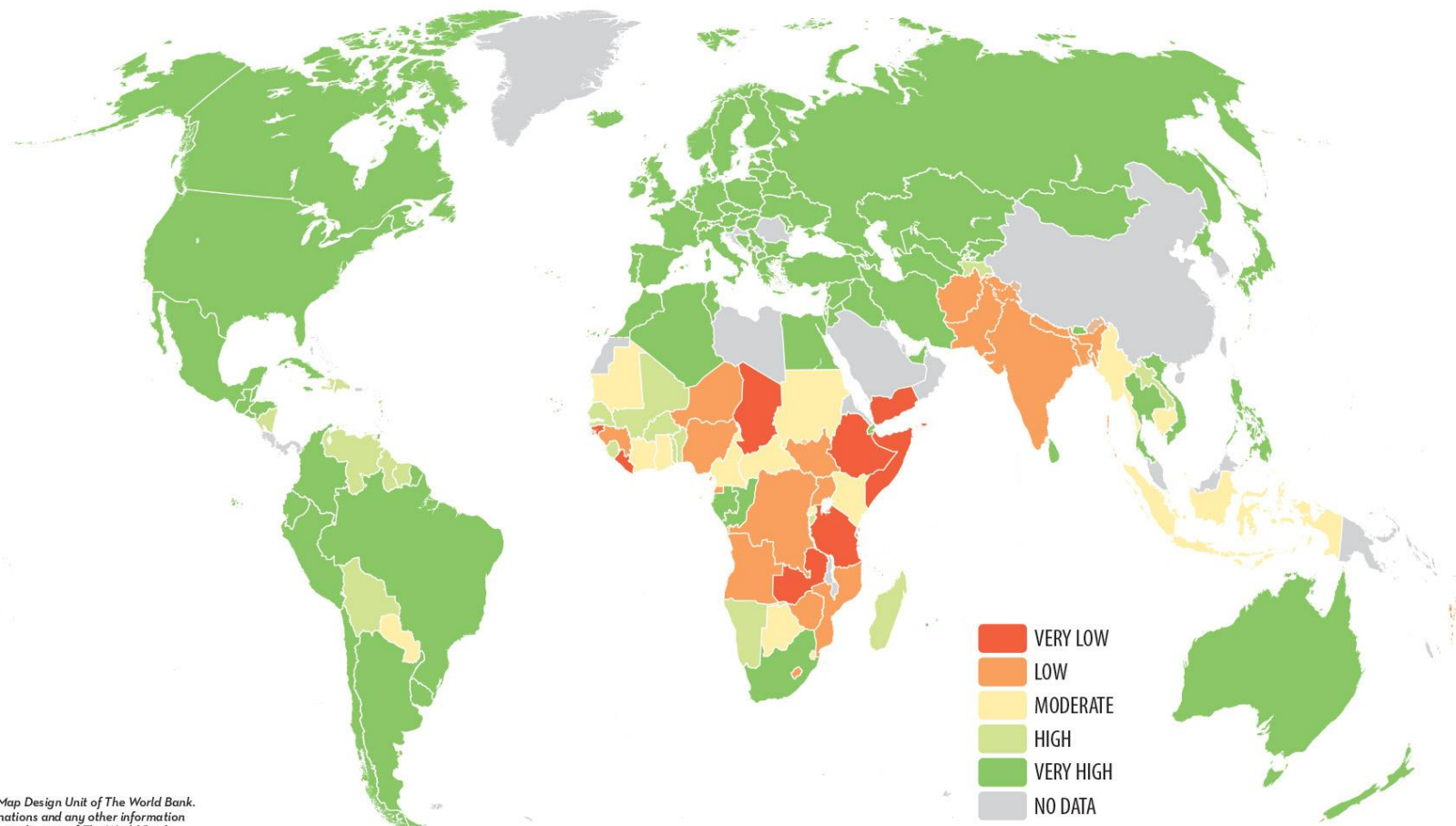
- **Other sectors**

- Strengthening and integrating civil registry, vital statistics, identity management systems etc

# **Role of the Health sector**

# Current Status of Birth Registration

BIRTH REGISTRATION COVERAGE, DECEMBER 2013



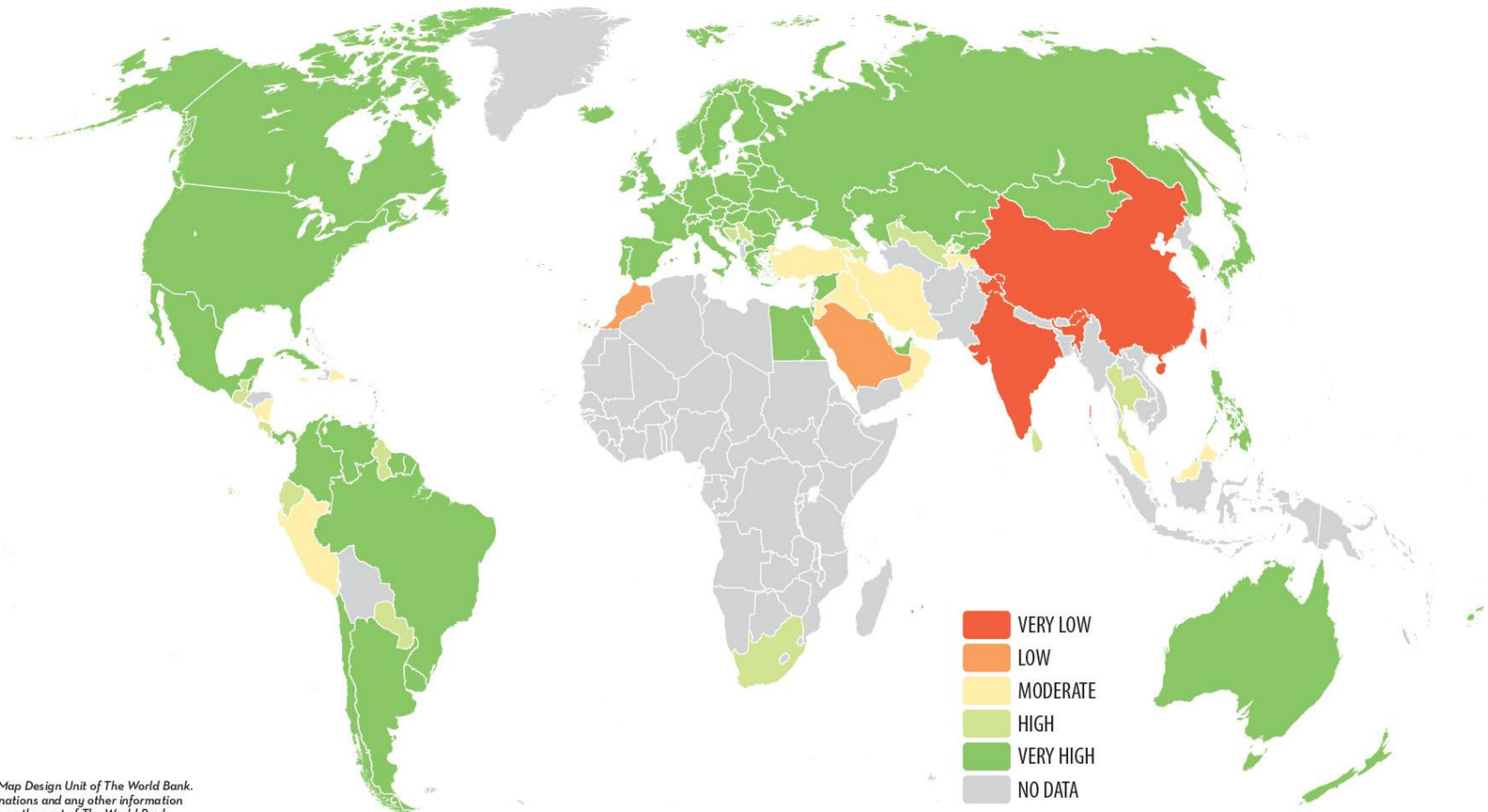
IBRD 40921 | APRIL 2014

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

Source: United Nations Children's Fund, Every child's birth right: inequities and trends in birth.

# Current Status of Death Registration

## DEATH REGISTRATION COVERAGE, 2013



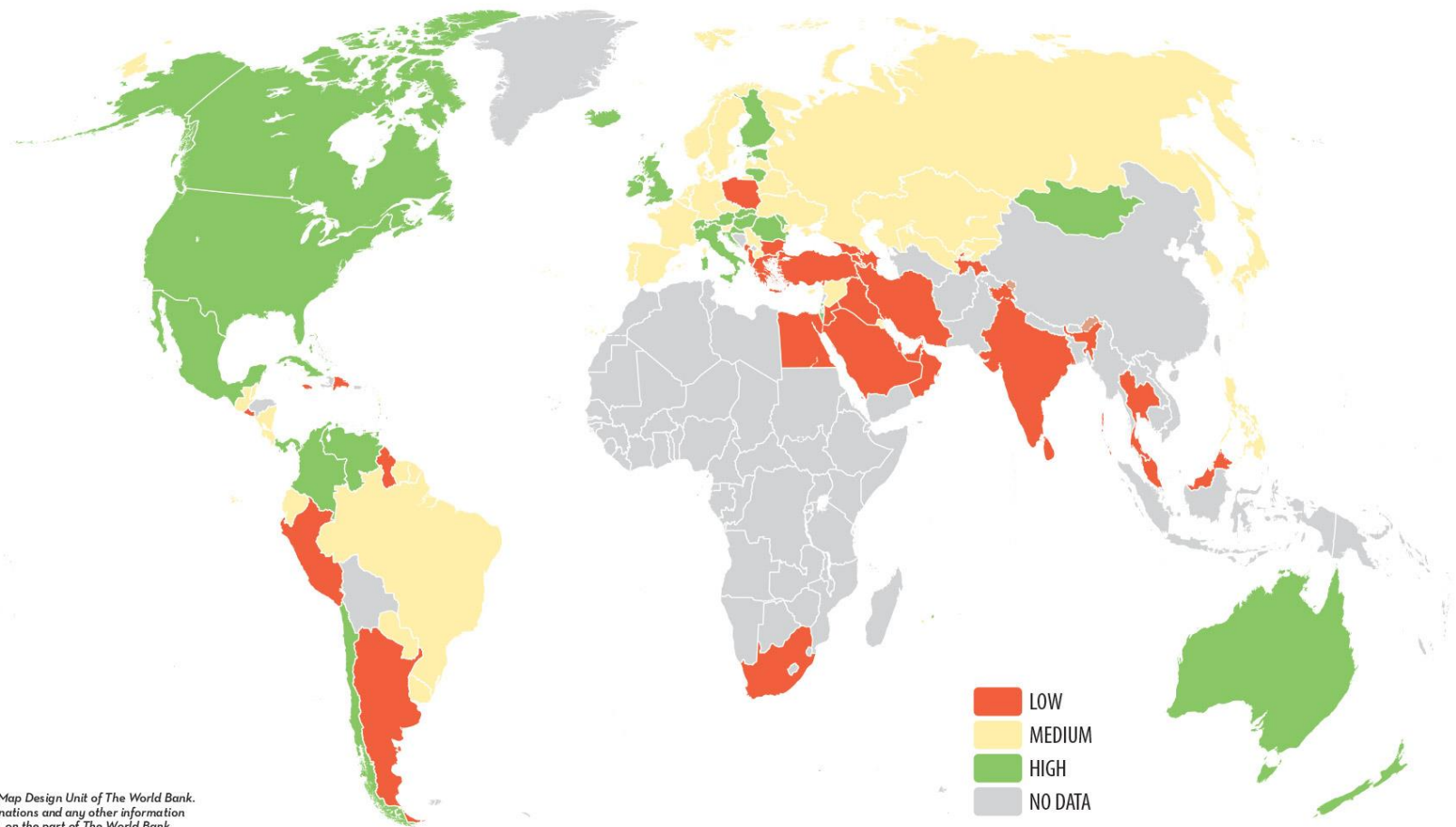
IBRD 40923 | APRIL 2014

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

Source: 2013 World Health Statistics.

# Current Status of Cause of Death

## QUALITY OF CAUSE-OF-DEATH STATISTICS, 2012



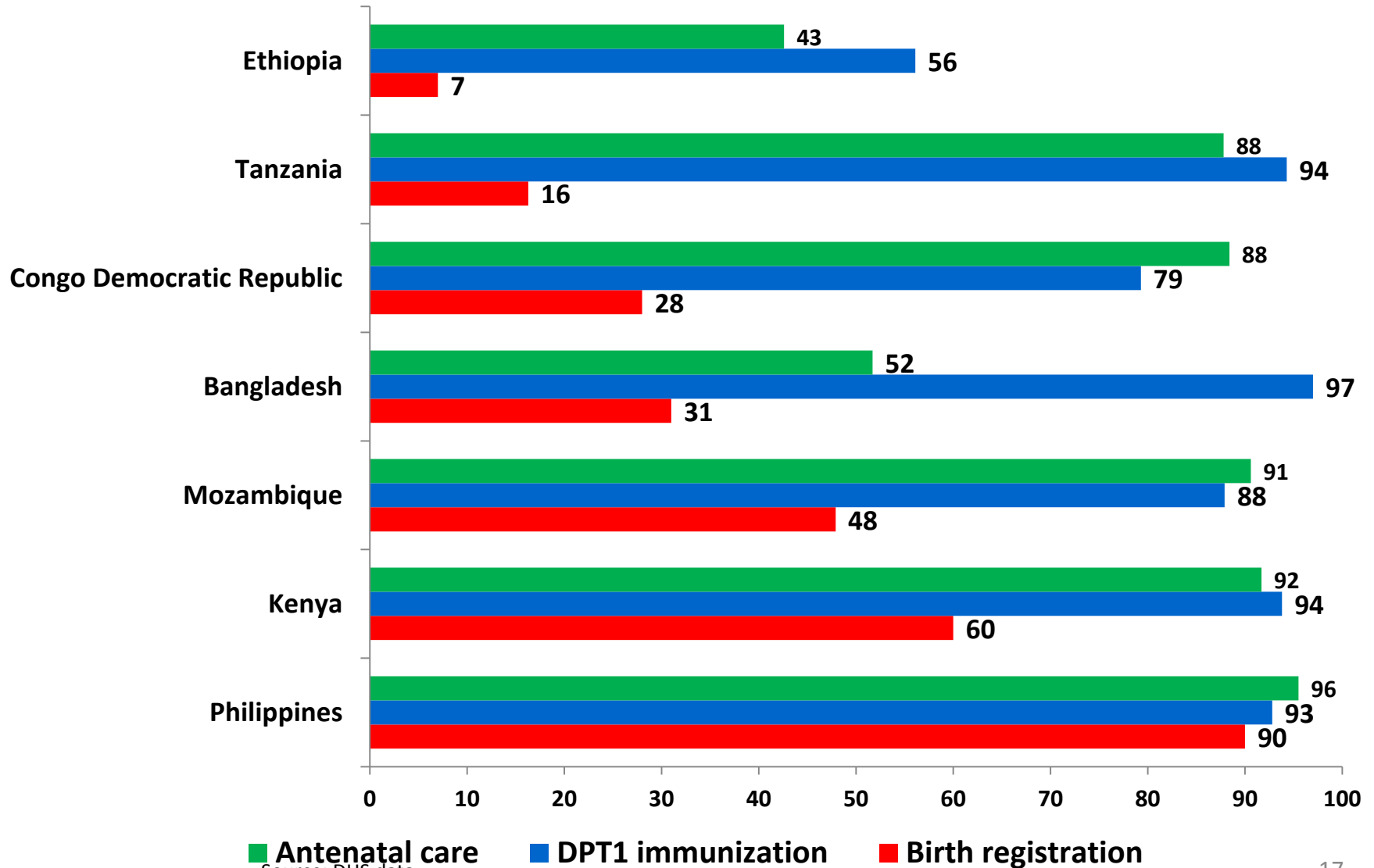
IBRD 40924 | APRIL 2014

This map was produced by the Map Design Unit of The World Bank. The boundaries, colors, denominations and any other information shown on this map do not imply, on the part of The World Bank Group, any judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries.

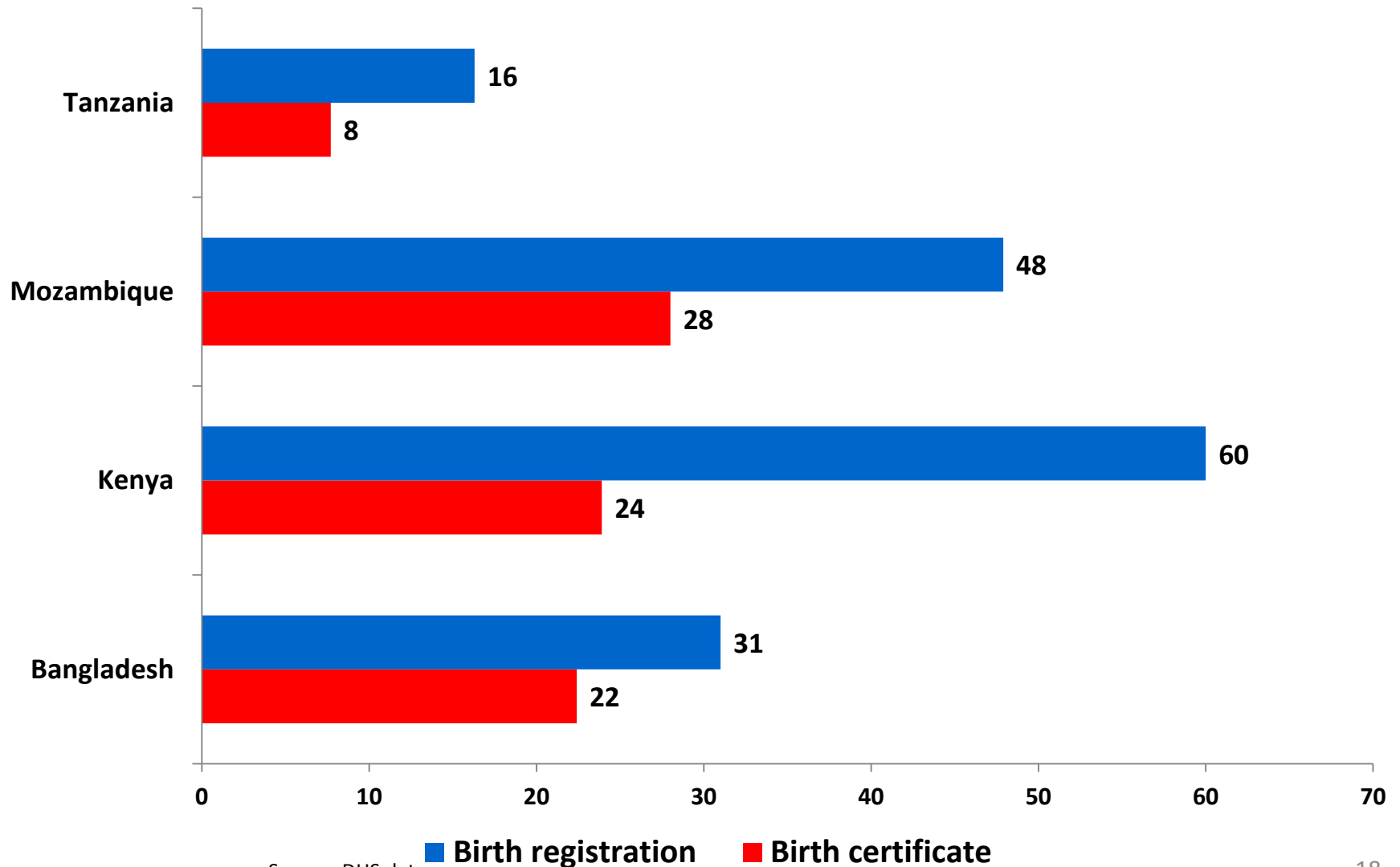
Source: 2012 World Health Statistics.



# Birth registration lags behind antenatal care and DPT1 immunization



# Birth certification lags behind birth registration



# Some missed opportunities in RMNCAH

- Antenatal care visits and maternal care tracking systems
- Unregistered births at health facilities
- Multiple immunization visits
- Community health outreaches
- Limited and fragmented maternal and perinatal death information
- Not using the health information system to identify child marriages as an event
- Other opportunities from broader health sector contact points such as use of birth and death notifications

# Some thoughts for RMNCAH Plans

- Creating awareness during antenatal care
- Registering pregnant women
- Instant birth registration of all institutional births
- Provide unique ID number in birth certificate, if possible
- At 6 weeks for DTP1 vaccination, cross-check and register
- Community outreaches for birth registration
- Strengthening maternal death surveillance and response system (MDSR) for death registration and causes of death

# Role of Other Sectors

# Some cross-sectoral entry points

- Referral during household surveys, censuses etc
- Community outreaches from civil registries
- Boost **birth registration** eg RBF schemes, religious (eg baptism) or traditional naming ceremonies, schools
- Outreach to the **poor and marginalized groups**
- National identity systems
- Police records, courts, child protection and other social services
- Engaging CSOs

# Improving National CRVS Systems

## Strengthen national institutions

- Amend and enforce **legislation, policies and regulations** in line with international standards
- Introduce **safeguards** to protect confidentiality, to secure registration information and record, and to avoid fraud/corrupt use
- Improve **infrastructure**
- **Build capacity** (registration and statistical agencies; health personnel for ICD coding including automated techniques)
- Embed **civil registration within institutions** such as hospitals, health centers, religious institutions and schools
- **Link CRVS with other national systems** eg national identity systems, population registers, electoral rolls, national pension systems, electronic medical records systems etc
- Modernize and **automate CRVS** through **ICT** solutions
- Set up a system for **monitoring & evaluation**
- Promoting the demand side through **IEC**

# Role of International Agencies

## Establish/update international standards and tools

- **Tools and devices** for birth registration, death registration, cause of death, data collection, analysis, and dissemination
- Models for **legislation, policies & regulations** on the collection, management & use of information, promoting effectiveness & protecting individuals
- Legislative protections and technical **safeguards** to protect individual privacy, to secure registration information and records, and to prevent improper use
- Standards for **linking CRVS with other national systems** eg national identity systems, population registers, electoral rolls, national pension systems, electronic medical records systems etc
- Standards for **interoperability of CRVS database** and other management information systems (eg health, education, social protection)
- Standards for **use of mobile technology** and other emerging technologies
- Updated the rules and **definitions of birth registration** (shorter age reference)
- Standards for **monitoring and evaluation** of CVRS systems



# Role of International Agencies

## **Build the evidence base with implementation research**

- Increasing mobile registration of vital events through services such as child health days, immunization campaigns, and post-natal and neonatal care
- Improving cause of death registration & quality of cause of death data
- Using birth certificate unique identifiers for CRVS databases and other national systems (health, child protection, national identity, education, elections, humanitarian, judiciary and statistics)
- Engaging community workers, TBAs, and pharmacists through mobile SMS technologies
- Establishing programs of south-south cooperation
- Establishing public-private partnerships
- Use of biometrics
- Using RBF programs for birth registration

## **M&E of programs and innovations and sharing lessons learned and best practice examples**

# **Prioritizing countries for the 5-year business plan**

# Criteria for prioritizing countries for CRVS investment linked to RMNCAH plans

- a) RMNCAH plans with incentivized indicators for birth registration, birth certificates, maternal death registration, newborn death registration, maternal death investigation, newborn death investigation
- b) RMNCAH plans incorporating some of the missed opportunities including immunizations, antenatal care, the strengthening of maternal death surveillance and response system (MDSR) and other relevant mortality collections
- c) RMNCAH plans incorporating innovative approaches such as linking birth registration and MNCH tracking and immunization)

## **Added advantage**

- d) Linked to national CRVS multisectoral plan

# Criteria for prioritizing countries for multisectoral CRVS strengthening

- a) Completed a **comprehensive assessment** of its CRVS systems as a first step in addressing weaknesses, reviewing current status, identifying areas requiring improvement and prioritizing actions;
- b) Has in place one cross-sectoral **national coordinating mechanism** (including ministries and DPs) with an anchor ministry/agency to oversee the development and implementation of a CRVS investment plan;
- c) Demonstrated **national financial and legal commitment** to strengthening CRVS systems as reflected by increasing share of public expenditure to strengthening components of the CRVS,

## **Added advantage**

- d) Draft **legislation** to support the proper functioning of national CRVS institutions
- e) National plan with RMNCAH entry points

## Other criteria for selecting additional countries

***The following could be taken into consideration when reviewing other country proposals after the selection of the frontrunner countries***

- Level of CRVS coverage
  - Low coverage; total of 20 countries in this category
  - Moderate coverage ; 34 countries in this category;
  - High coverage – 19 countries in this category.
- Small, medium, large populations and density
- Commitment of domestic resources as per the schedule for income groups (low, lower middle and upper middle income)

Thanks