Contribution from the Global Financing Facility for Women, Children and Adolescents (GFF) to the International Development Committee's inquiry into FCDO's approach to value for money

Case example of Foreign, Commonwealth & Development Office's investment delivering value for money

Written contribution by the GFF Secretariat dated January 14, 2025

It is the view of the GFF that the Foreign, Commonwealth & Development Office (FCDO)'s approach to overseeing the delivery and outcomes of its investments through the GFF, along with the FCDO's shared aid philosophy with financial partners, ensures value for money for the UK government. FCDOs investments through the GFF reflect the UK government's manifesto and commitment to Ending Preventable Deaths of mothers, babies and children by 2030. FCDO's investment in the GFF model makes a significant impact and provides a unique return on investment by prioritizing the health and nutrition of women, children, and adolescents, and more broadly, advancing development goals including gender equality, empowerment of women and girls, social protection, education, and climate change adaptation.

Introduction to the Global Financing Facility for Women, Children and Adolescents (GFF)

Housed at the World Bank, the GFF is a country-led partnership that fights poverty and inequity by advancing the health and rights of women, children, and adolescents. Launched in 2015, the GFF's collaborative model brings together partner countries, donors, global health initiatives, the private sector, and civil society and youth representatives to support 36 low- and lower-middle-income countries[1] in building capacity and driving transformative changes in health systems, prioritizing policy reforms, and aligning financing to improve health outcomes and maximize impact.

The GFF provides grants and technical assistance to countries to develop and implement investment cases for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N). These investment cases are country-led health plans, designed in an inclusive manner and aligned with national health strategies. The UK support to the GFF is fully aligned with FCDO's 3 E's approach, and its key role in the GFF governance has helped to solidify the GFF model and impact, further strengthening its value for money.

1. Focusing on the most cost effective and high impact interventions

The GFF currently covers 36 Low-Income Countries (LICs) and Low-Middle Income Countries (LMICs) out of 67 potentially eligible countries with the highest maternal, newborn and child mortality burdens and largest financing gaps.

The GFF supports countries to unlock health system reforms and address fundamental inequalities that hinder the availability and use of quality health services. Countries complete and cost investment case

[1] https://www.globalfinancingfacility.org/country-support

to deliver the most impactful interventions and health systems to benefit women, children and adolescents. Equity considerations are central to the investment cases. This goes hand in hand with the GFF's engagement in sectors beyond health to address the most persistent barriers to equitable access to health services, rights, and opportunities for women, children and adolescents. Concretely, this means working with governments on legal and systemic changes.

For example, in Mozambique, the GFF supported financing tools (disbursement-linked indicators) to expand the coverage and quality of sexual and reproductive health and rights (SRHR) services delivered through a school health platform and a national family planning program. This contributed to an 80 percent increase in access to contraceptives. In Niger, technical support from GFF helped to amend a national regulation to allow pregnant girls to remain in school and for new mothers to continue their studies without a mandatory health certificate. In Côte d'Ivoire, the GFF supported the government to implement health system and health financing reforms for primary care. As a result, the country saw levels of antenatal care for pregnant women increase from 33 percent to 45 percent.

The data is encouraging and reflects concrete gains. For example, GFF partner countries implementing health plans for more than 3 years have seen an increase in coverage of prenatal care visits of 41.5 percent vs. 1.3 percent for countries implementing for 1–3 years. Further, partner countries implementing GFF-supported health plans for more than 3 years have seen an increase in coverage of institutional deliveries of 15.2 percent vs. 0.8 percent for countries implementing for 1–3 years.

2. Catalyzing greater and smarter financing for stronger efficiency

The GFF Trust Fund grants offer a unique advantage by being linked to World Bank International Development Association (IDA) concessional financing through co-financed operations. In this way the GFF brings a significant leverage effect, ensuring a greater proportion of IDA funds advance RMNCAH-N goals. Funds are often disbursed to governments based on results achieved (disbursement linked indicators) and are spent as part of the government health budget on service delivery, training, recurrent costs, supplies, in line with government priorities.

Because the GFF channels money 'on budget' through government systems and supports governments to develop and finance a national health plan, its model creates a sustainable financing pathway for health and nutrition. Every US $1 of donor funding for the GFF is linked to US$7 from IDA, US$6 in external financing and US$9 in domestic health financing.

Moreover, the GFF brings attention and expertise on health financing reforms to ensure more funding is channeled to frontline providers and to incentivize specific interventionsFor example in Kenya, the GFF supported the development of county-level incentives to ensure funding of health goals; in Nigeria, the GFF helped to demonstrate the benefit of the basic primary health care package to accelerate a government contribution to this initiative.

3. Fostering alignment and sustainability

From its inception the GFF has aimed to incentivize shifts away from a fragmented approach to official development assistance (ODA) toward greater alignment of partners around country priorities and plans. The GFF model combines technical assistance and catalytic grants linked to larger World Bank financing, and convenes development partners and country stakeholders in country-led platforms to foster alignment. This includes ensuring that domestic and external resources are used in synergistic ways to achieve better, more sustainable health results. Key tools includes:

- Resource mapping and expenditure tracking (RMET): Thirty-one GFF partnership countries have conducted resource mapping of country plans, and 24 have used these exercises to inform prioritization. For example, in Somalia the IC and RMET data were used to increase donor alignment around the essential package of health services, and to highlight the significant funding gap for implementation. Through the country platform, and with evidence generated through GFF support, government and key donors agreed on a sequential approach to ensure access to an essential package of services for women, children, and adolescents
- Alignment Working Group (AWG): In 2021 the AWG was created to optimize existing country-led processes to enhance alignment of external financing behind government priorities; measure country-level alignment; and increase the number of countries where the Global Fund, Gavi, GFF, the WBG and bilateral donors co-finance operations and technical assistance. The AWG piloted a way to address bottlenecks using tools that promote alignment of development assistance funds. In Ethiopia, for example, the Ministry of Health's application of the Alignment Framework led to a harmonized plan of action and revitalization of the country platform.

In the last year and with FCDO's strong support, the GFF has engaged actively in the FGHI process and is seeking opportunities to build on the momentum and implement the Lusaka Agenda in GFF operations. Alongside Gavi and the Global Fund, the GFF is supporting short term actions including i) establishing a Joint Committee Working Group with Gavi, the Global Fund, and GFF to guide cross-board collaboration and action; ii) developing a 24-month workplan and operationalizing it with support from the three GHIs' governing bodies; iii) engaging a set of lead collaboration countries for joint efforts to deliver on near-term priorities.

Additionally, key initiatives were launched in the past year to help pool funding, provide funding on-budget and through government systems, and promote country leadership on prioritized RNMCAH-N outcomes. In particular, the GFF launched a mechanism, the Joint Financing Framework (JFF), to attract financiers with the goal to increase the scale of implementation of investment cases and associated plans. FCDO is pioneering the pilot implementation phase of this new framework.

For example, to support Nigeria's recently launched reforms in the health sector, the GFF co-financed a World Bank project to improve the quality and utilization of RMNCAH-N services to reduce maternal and under five mortality and to improve the resilience of the health system (through the *Human Capital Opportunities for Prosperity and Equity (HOPE) with a Primary Healthcare Provision Strengthening Program (HOPE-PHC)*,approved by the Board in September 2024). The project is financed by a concessional $500 million IDA credit and an additional $70 million in grant financing from the GFF, which includes US$11 million from the UK FCDO and US$12.5 million from the Children's Investment Foundation Fund (CIFF) through the JFF. Crucially, this initiative helps to close the financing gap for primary and community healthcare and maternal newborn care at hospital-level, while supporting government efforts to ensure sustainable financing for family planning commodities. The HOPE-PHC project is expected to reach at least 40 million beneficiaries in Nigeria, especially vulnerable populations.

4. Ensuring an evidence-based and data-driven approach for stronger results

The partnership between FCDO and the GFF has been instrumental to strengthen the monitoring and evaluation function of the GFF, helping partner countries improve their use of data for decision-making, strengthen results reporting, and increase transparency. Key components of this area of work are as follows:

- GFF logic model: This model serves as the framework for measuring and reporting how GFF-supported investments contribute to better health outcomes for women, children, and adolescents. It illustrates the translation of GFF support into activities, such as the development of investment cases, identification of funding gaps, and convening of stakeholders. These efforts link to larger health system and financing reforms aimed at achieving universal health coverage and improved RMNCAH-N outcomes.

- Key indicators: Success is measured using a set of indicators that rely on four primary sources:
    - Output data collected quarterly using a Tableau-based management tool managed by the GFF Secretariat.
    - World Bank Project data.
    - Outcome data collected annually from each GFF partner country's health and financial information systems.
    - Impact data collected from population-based surveys and the Systems of Health Accounts for expenditure data.
- Strengthening country data systems: The GFF makes catalytic investments to help strengthen country data systems, link their different components, and introduce and scale innovations, tools, and approaches that enhance data generation, analysis, and use. This includes supporting countries to monitor service disruptions and use data to safeguard and strengthen service delivery, such as during the COVID-19 pandemic.

- Results Advisory Group: A new advisory body within the GFF governance structure, the Results Advisory Group, provides oversight of the GFF results function and reports regularly to the Investors Group.

- Data portal: The GFF has partnered with countries to launch a new data portal (data.gffportal.org) that provides transparent, user-friendly access to RMNCAH-N, health systems, and financing data. This portal facilitates the use of data for decision-making and accountability.

The GFF's data monitoring capabilities have been strengthened and enabling collection of new country data every six months through rapid cycle monitoring. Further, annual data collection includes gender-sensitive and equity analyses for all countries. Of note is the gender-responsive monitoring work that GFF is leading, in partnership with Gavi and the Global Fund.

Finally, FCDO's rigorous approach has helped to strengthen the GFF's own approach to managing performance and ensuring accountability for measurable results. The GFF has benefited from FCDO's logframe to help inform the development and operationalization of the GFF Results Measurement Framework and associated reporting processes to its governance bodies. Given the high quality and rigor of FCDO's logframe and associated annual review process, a growing number of other donor countries – including Canada and Germany – now use the FCDO annual report as a primary basis for their own annual tracking of delivery and value for money. Key actions recommended through these annual review processes have been taken up by the GFF to help strengthen the rigor of its model. For example, previous FCDO annual reviews have recommended that the GFF improve its measurement of quality-of-service delivery, equity and how efficiently GFF Trust Fund resources leverage larger amounts of IDA and other forms of World Bank financing. The GFF adopted those recommendations and undertook specific actions that improved how it measures improvements in quality of service delivery, equity and its IDA leverage effect.

5. Securing a cost-effective operating model

The GFF is governed by an Investors Group consisting of all key health partners committed to the RMNCAH-N agenda, as well as a Trust Fund Committee. The UK has been an active member of these governance structures as a leading donor voice, and by shaping key discussions around alignment, strategy, quality of care and technical assistance in a number of working groups.

The GFF Secretariat consists of around 40 staff, in addition to consultants and secondees grouped into seven teams: front office, trust fund administration, external relations, country operations, RMNCAH-N & gender, health financing and results and knowledge. The GFF's overall budget for administrative costs is 3%.

The GFF operating model is designed to ensure that investments are managed with the highest standards of accountability, transparency, and efficiency. Being housed at the World Bank, and thereby adhering to the institution's robust systems and safeguards, the GFF maximizes the impact of investments and ensures that funds are used effectively. In particular, it follows best practice standards around:

(1) Financial management: Utilizing the World Bank's financial systems ensures accurate tracking and reporting, minimizing risks.
(2) Procurement: Adhering to World Bank procurement policies ensures fair competition and efficient resource use, helping to minimize the risk of corruption and inefficiency.
(3) Environmental and social safeguards: Integrating these safeguards ensures sustainability and social responsibility, protecting vulnerable populations and promoting gender equality.
(4) Monitoring and evaluation: Employing the World Bank's frameworks ensures investments achieve intended results and inform future improvements.
(5) Risk management: Leveraging risk management frameworks helps identify and mitigate potential risks, ensuring smooth project implementation.
(6) Alignment with national priorities: Emphasizing alignment with country-led priorities supports national health strategies, promoting ownership and accountability.