THE GFF WE WANT

WACI HEALTH
Champions for Health

THE GFF WE WANT CAMPAIGN

Regional Consultations Report

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Acronyms and Abbreviations

CSOs	Civil Society Organizations
CSR	Corporate Social Responsibility
GAVI	The Global Alliance for Vaccines and Immunizations
GFF	Global Financing Facility
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
MCP	Multi-Stakeholder Country Platform
OOP	Out-of-pocket expenditure
MNCH	Maternal, Newborn and Child Health
PBF	Performance-Based Financing
RBF	Results-Based Financing
RMNCAH-N	Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SDG	Sustainable Development Goals
TWG	Technical Working Group
UHC	Universal Health Coverage
UN	United Nations

Executive Summary

Overview of the Global Financing Facility

Since its creation, the Global Financing Facility (GFF) has expanded from four front runner countries to 36. These countries are at different stages of the GFF process, with some starting the process while others are further into the implementing stage. Countries that were included in the later stages of the GFF recorded better involvement of Civil Society Organizations (CSOs) in the formation process compared to GFF front runner countries. To increase the role of CSOs at country level, it is imperative for the GFF to mandate their inclusion in decision-making processes to ensure adequate engagement in consultations on agreed investment cases and health financing strategies for transparency and accountability. Responses from both the country surveys and key informant interviews in this study noted that there is dire need to improve the multi-stakeholder platforms. This can be done through the GFF taking steps to prioritize meaningful stakeholder engagement and to strengthen the relationship of the GFF Focal Points and GFF Liaison Officers - staff based in-country that are responsible for interacting with stakeholders in target countries.

Leveraging on insights from key stakeholders in the study, there is merit in ensuring the following recommendations are included in the design and implementation of the GFF:

- **Enhance joint accountability in the disbursement and use of finance.** This can be achieved by the making it mandatory for countries to implement the multi-stakeholder platform and holding periodical quality meetings;
- **Finance and build the capacity of CSOs and youth to implement RMNCAH-N efforts.** The GFF should make existing grants more predictable and consistent to allow for increased financing opportunities for the
- **CSOs.** The GFF should build the capacity of the existing CSOs to better their skillset;
- **Encourage participation** by other donor agencies and private sector to support RMNCAH-N initiatives;
- **Increase the community engagement** in addressing the challenges faced in RMNCAH-N initiatives;
- **Advocate for meaningful engagement** with governments at the country levels; and
- Use of key opinion leaders as advocacy champions

Justification for increased investment into the GFF

The GFF has led to major gains in scaling up RMNCAH-N interventions across the implementing countries. These gains have led to the overall improvement of the primary health care systems across these nations. Some of the action points calling for increased support for the current resource mobilization campaign include:

- GFF is focused on **enhancing RMNCAH-N efforts in countries**;
- The GFF **ensures that more IDA/World Bank resources** go to support RMNCAH-N activities at a time when the fiscal space for health in implementing countries is limited;
- The **GFF is saving lives** in the fight to improve the health and nutrition of children, adolescents and women;
- The health system is at a **moment of reckoning** in which the plight of adolescents, girl and young women (AGYW) need to be addressed;
- The GFF potential is **building up health systems in primary health care**;

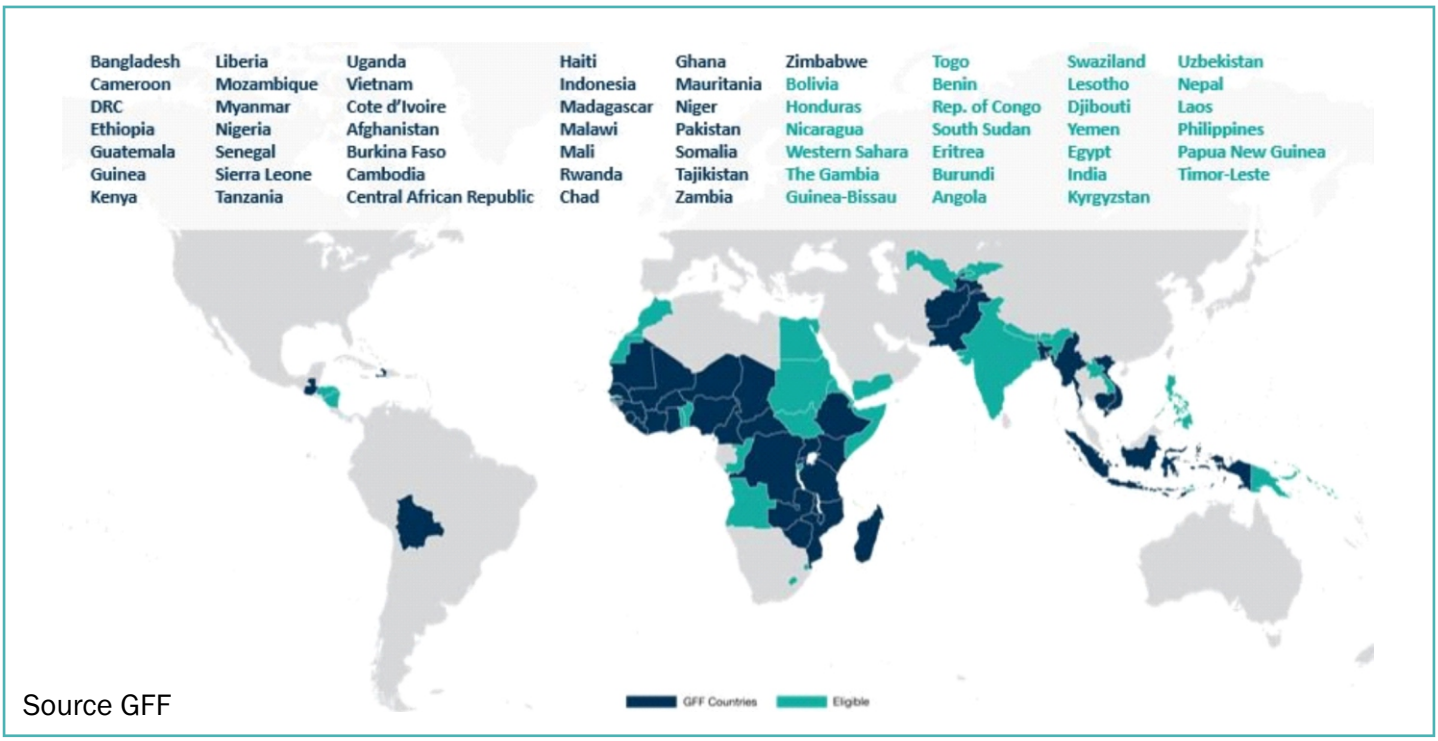
- The GFF has the potential to **address all the losses** faced in primary healthcare facilities **because of COVID-19**;
- The GFF is **unlocking domestic funds** to invest in the respective country healthcare; and
- The GFF is **building sustainable financing** to improve healthcare systems in implementing countries.

Overview of the Global Financing Facility

Formation process

The Global Financing Facility (GFF) is a multi-stakeholder country-led financing mechanism for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N). The GFF is hosted at the World Bank and its long-term vision is to mobilize significant additional resources to fill funding gaps for RMNCAH-N, and improve the efficiency of spending over time. The mechanism, established in 2015, aims to harmonize the fragmented RMNCAH-N financing initiatives, under the leadership of the governments of participating countries, to close the annual financing gap of USD 33 billion needed to eliminate preventable maternal, child, and adolescent deaths, achieving sustainable development. Since its creation, the GFF has expanded from four front runner countries (Democratic Republic of Congo, Ethiopia, Kenya and Tanzania) to 36 countries (Figure 1). These countries are at different stages of the GFF process, with some just starting the process, and others already beginning implementation.

Figure 1: GFF partner countries



Source GFF

Governance structure

The activities of the GFF governance groups are key in influencing the GFF's engagement at the country level. The GFF institutional arrangements within the governance structure at the global level consists of the GFF Secretariat, Investors Group, and Trust Fund Committee. Table 1 highlights the key roles of the three groups. GFF governance approach is mainly through a lean mechanism that is designed to strengthen coordination between key investors so as to facilitate complementary financing of investment cases at country-level.

Table 1: The GFF governance structure

GFF governance group	Role
GFF Secretariat	▪ Oversees the day-to-day operations of the GFF; ▪ Manages the GFF Trust Fund, and support the governance of the GFF including the Investors Group and the GFF Trust Fund
Investors Group	▪ Mobilizes resources for investment cases; ▪ Reviews GFF's performance and ensure accountability for results; and ▪ Fosters learning and innovation around financing approaches
Trust Fund Committee	▪ Determines the funding approach and priorities for the GFF Trust Fund, including determining the financing arrangements between the Trust Fund allocation, World Bank funding, and influencing domestic financing; ▪ Promotes collaboration with different stakeholders to maximize the impact of GFF Trust Funds-supported activities, including support to investment cases

Challenges in governance

There have been challenges regarding each group's mandate as a result of the multitude of stakeholders involved in GFF governance. To solve the challenges, the Investors Group commissioned an independent review to clarify the roles of the three constituents of the governance group in order to increase effectiveness and accountability. The result of this was the refinement of the Investors Group functions. Other reforms taken within the governance structure included the representation of recipient countries in the Investors Group. There however still exists some persistent challenges such as representation of recipient countries and Civil Society Organization (CSOs) in the Trust Fund Committee, which is a decision-making entity of GFF. The inclusion of recipient country representatives in the Trust Fund Committee with equal voting rights could ensure true ownership of the GFF programmes in line with the Paris Declaration on Aid Effectiveness.

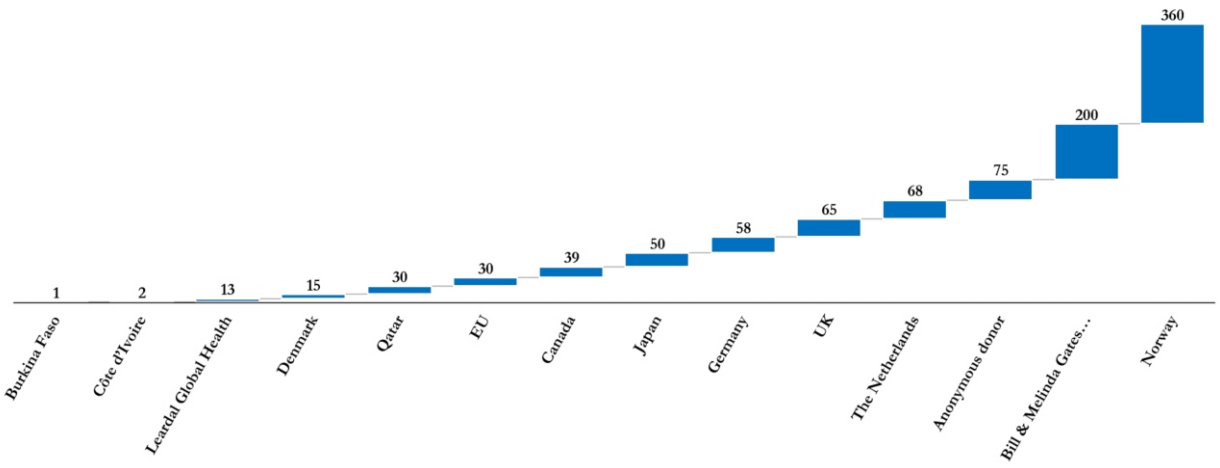
Financing mechanism for the GFF

The GFF approach emphasizes smart financing, bringing programmes to scale by leveraging far greater sums of domestic government resources, International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) financing, aligned external financing, and resources from the private sector. To deliver results, the GFF uses a number of approaches and mechanisms. Among them are: (i) investment cases, which are nationwide, evidence-based plans that prioritize high-impact interventions to achieve results and identify bottlenecks to achievement; (ii) mobilization of financing for investment cases; (iii) complementary financing of the investment case; (iv) increased government investment in RMNCAH-N; (v) innovative engagement of global and local private sector resources; and (vi) health financing strategies focused on sustainability.

As of June 2020, the GFF had directly invested about USD 602 million in grants linked to approximately USD 4.7 billion of World Bank IDA/IBRD financing and helped align much larger volumes of domestic and external financing in support of GFF partner country investment cases. The GFF has been key in supporting Ministries of Health (MoH) to advocate for more funding for RMNCAH-N, for instance Kenya's RMNCAH+N investment case recognized that sustained and additional domestic financing would be key to the successful implementation of RMNCAH-N activities in the country. To ensure sustainable financing for RMNCAH-N and address health financing fragmentation, MoH Kenya developed a roadmap for Universal Health Coverage (UHC) and a health financing strategy that is geared towards additional domestic resources and aligning support from development partners to achieve UHC.

During the last GFF replenishment at Oslo in 2018, USD one billion was generated in pledges and linked to an additional USD 7.5 billion in the World Bank's IDA/IBRD resources for women, children and adolescents' health and nutrition. The contributors to the fund included Bill & Melinda Gates Foundation, Burkina Faso, Canada, Côte d'Ivoire, the European Commission, Denmark, Germany, Japan, Laerdal Global Health, the Netherlands, Norway, Qatar and the United Kingdom (Figure 2). The largest contributor to the fund was Norway accounting for 35.8 percent of the funds raised. The 1 billion in contributions was key in the goal of expanding GFF's presence to 50 countries with the greatest needs, to transform how health and nutrition are financed. Following the replenishment, the GFF announced in May 2019 that nine additional countries had joined, bringing the total number of GFF-supported countries to 36.

Figure 2: Commitments for the USD 1 billion raised during the 2018 replenishment event (in USD millions)



Source: World Bank data

CSOs have been highly instrumental in the development of investment cases for GFF. 63 percent of the surveyed countries stated that they were involved in either the development of the country investment case or investment portfolio. It is imperative to involve CSOs in development of GFF investment cases, this is because CSO-led research and data analysis skills can be leveraged to support key RMNCAH-N interventions and commodities, and gaps in service delivery or programmes needed to accomplish national goals.

The GFF coordination structure

In accordance with the principles of inclusiveness and transparency, the GFF expects country platforms to afford RMNCAH-N stakeholders the opportunity to contribute fully to the development and implementation of RMNCAH-N programming based on their specific skills and areas of focus. This includes ensuring that the full set of stakeholders are invited to consultations on the preparation of the investment case and health financing strategy. Additionally, the stakeholders need to be supplied with all the relevant documentation necessary to contribute technically and should be involved in finalizing documents. Led by the World Bank, the coordination at the country level takes place through the multistakeholder country platform with inclusion of multiple stakeholders such as national and donor governments, UN agencies, and CSOs at the global and national level.

World Bank

The GFF is a broad partnership that is overseen by an investors group composed of the World Bank Group, which houses the GFF; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis and Malaria. Within the GFF, complementary financing is employed, whereby partners (donors) with in-country programmes, such as GAVI and the Global Fund, are encouraged to align their financial resources to meet mutual RMNCAH-N goals, thereby increasing efficiency and avoiding duplication of efforts.

> The GFF being hosted at the World Bank provides opportunities for additional resources (i.e., through IDA) to be placed into the RMNCAH-N activities. Additionally, being hosted at the World Bank provides GFF with opportunities to leverage upon key relationships within the bank.
>
> **-ACTION Global Health**

The World Bank has limited structures of engaging with the CSOs and therefore it has been very difficult for the CSOs to engage with this institution. While CSOs have been acknowledged in the GFF Business Plan as critical stakeholders in GFF processes, both at global and country levels, the engagement of CSOs at country level has been highly variable with key challenges and successes documented. In some countries, GFF representatives, the World Bank representatives and recipient government officials, have been found to fail to align with GFF-stated core values such as transparency and inclusiveness for all stakeholders and specifically for CSOs.

Multi-stakeholder country platforms

At the country level, the GFF operates through a multi-stakeholder platform.3 The multi-stakeholder country platform is designed to be a forum or committee that is led by the national government to build on existing structures, bring together ideal RMNCAH-N stakeholders (Figure 3), and fully involve them in the GFF process. The GFF Business Plan, which describes how the GFF will operate, lists a number of important stakeholders who should be partners in the GFF process, including CSOs. All countries surveyed stated that minimum involvement of CSOs in the GFF process is a major challenge limiting the success of GFF. Countries that were included in the latter stages of the GFF recorded better involvement of CSOs in the formation process compared to GFF front runner countries.

The composition of the multi-stakeholder country platform is good. The technical support provided by Africa Health Budget Network (AHBN) and other Partners is really paying off. The multi-stakeholder country platform has an annual plan and is working towards its implementation.

-Nigeria CSO

Figure 3: Ideal partners within the multi-stakeholder country platforms

Source GFF

Creation of the multi-stakeholder country platform in the majority of the countries surveyed was based on, or reframed from, existing structures. Responses from participants demonstrate that these countries have attempted to use existing systems, as recommended by the GFF, but all agree that these platforms could be improved. In Kenya, for example, a substantive multi-stakeholder country platform was not established. Instead, the MoH attempted to expand the existing reproductive health Technical Working Group (TWG) into the multi-stakeholder platform. The limitation with this approach however was that the TWG was a technical entity and did not have the mandate to undertake accountability and engagement at the highest level of government. The terms of reference (ToR) were not revised to accommodate the role of the MCPs. Subsequently, the Kenyan CSOs worked with the government and other stakeholders and were able to update the ToR and launched a multi-stakeholder country platform in January 2021.

In some countries there wasn't adequate support from the GFF Focal Points in the MCPs with CSOs issues mostly being referred to the government. This was a challenge as the government was not provided with enough support to understand the role and value of the MCPs. In order to improve the multi-stakeholder platform, the GFF should take steps to prioritize meaningful stakeholder engagement and to strengthen the relationship of the GFF Focal Points and GFF Liaison Officers.

Private Sector

The GFF supports countries to engage the private sector through the country-led stakeholder platform to develop priorities for the health system as part of the investment case for women, children and adolescents. The private sector plays a key role in advancing RMNCAH-N through: (i) service delivery strengthening, manufacturing, commodity distribution, etc. including through public private partnerships; (ii) providing human resources for health through private health training institutions; and (iii) leveraging new technologies to improve and strengthen RMNCAH-N services.

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Accountability mechanism for GFF

CSOs in the Civil Society Coordinating Group (CSCG) continue to engage in the GFF through advocacy and accountability. They host annual meetings to review GFF performance over time, identify key issues to advocate and develop an advocacy plan for the same. Similarly, CSOs in the coordinating group continue to hold the Government, World Bank and Donors accountable. Progress reports, budget tracking exercises and GFF accountability scorecards produced by CSOs support the GFF in monitoring the implementation of activities, and also hold the GFF accountable to its goals in countries. CSOs therefore play an important role in monitoring both successes and challenges to achieving RMNCAH-N outcomes. For instance, in Tanzania, the Population Council worked with the Tanzania and Zanzibar AIDS Commissions and UNICEF to analyze data from three key national surveys, and to develop a comprehensive report on the situation of adolescents in Tanzania. The recommendations were used to inform policies, programmes, and monitoring and evaluation across sectors.

> Structures that have been put in place to ensure accountability of GFF include the development of a scorecard that evaluates the impact of GFF. An example of a metric is looking at the capacity at which the multi-stakeholder country platform involves CSOs
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> **-ACTION Global Health**

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CSO participation in the GFF framework

2.1. Evolution of CSO participation within the GFF framework

As part of GFF's initial development, the World Bank worked with governments and large development partners to improve healthcare systems for women and children. CSOs played less of a role in determining country investment cases since their position was not clearly defined or identified. CSOs are increasingly involved in the GFF formation process in the respective recipient countries, as the GFF has expanded from the initial four front runner countries to 36. Examples include:

- Burkina Faso – CSOs took lessons from the GFF in Ghana and formed a delegation which oversaw the involvement of CSOs from the initial GFF country formation process and development of the Investment case.
- Mauritania- CSOs and youth formed a coalition that was representative of all the 15 regions of the country to have a say in the development of the investment case at the initial GFF country formation.

The CSOs collaborated and formed Multistakeholder Country Platforms (MCPs) Working Groups to bring a unified voice to their activities. CSOs continue to advocate for increased involvement in the GFF at the global level. CSOs have also advocated for funding from the GFF to help fund their operations directly in implementing countries; the GFF approved USD $300,000 in funding for the GFF civil society and youth small grants mechanism, hosted by Management Sciences for Health (MSH), and disbursed in FY2020; this was followed by a second round of funding for the small grants mechanism of USD $600,000. disbursed in FY2021. In October 2020, the GFF Investors Group and Trust Fund Committee approved an updated GFF-CSO and Youth Engagement Framework, including a USD $6 million funding envelope to support civil society and youth engagement, starting in FY2022. Funding will support direct GFF-supported CS and youth engagement activities and capacity strengthening in countries; a new NGO host organization for the CSCG to support with information sharing, alignment, and technical assistance; and approximately USD $3 million in grants to for civil society and youth organizations in GFF countries. The new NGO host organization will be announced in November 2021. To support the 36 countries where GFF is currently operating, the GFF We Want Resource mobilization campaign 2021 aims to raise USD 5 million over two years.

CSOs continue to play a key role in meeting the GFF role of improving health systems for children and maternal health. CSOs take up their position in the Investors Group to advocate for meaningful civic engagement being great champions of accountability and budget transparency. Positive results have been seen in creating a conducive environment for CSOs. To increase the role of CSOs at country levels, it is imperative for the GFF to mandate their inclusion in decision-making processes to ensure adequate engagement in consultations on agreed investment cases and health financing strategies/policies for transparency and accountability. A diverse composition of CSOs (i.e., civil society representatives and structures) is critical for the coordinating group to engage with the GFF and different types of CSOs can bring a diversity of skills and assets to the GFF.

2.2. Role of CSOs within the GFF framework

In GFF countries where civil society has been engaged, its participation has documented positive results. For example, Senegal's CSOs reported that their involvement in all stages of the development of the investment case contributed to the national decision to go beyond traditional health issues and include nutrition, national statistics (such as birth registration) and gender equality as priorities in the investment case.

The CSO play distinct roles at facilitating the GFF framework that include:

- **Enhancing accountability.** CSOs in implementing countries developed scorecards to enhance budget accountability and transparency. These scorecards evaluate the progress of initiatives set up to support RMNCAH-N programmes in their countries, funds allocations and utilization in the community projects against country investment cases. Joint accountability has been enhanced with assessments conducted for all the different stakeholders (i.e., Government, CSOs, youth-based organizations, Faith-based organisations).

- **Leading advocacy efforts.** CSOs are involved in rallying support to fund investments in healthcare to support RMNCAH-N initiatives. CSOs in donor countries push their governments to contribute to the GFF replenishment efforts. CSOs in recipient countries are involved in encouraging governments and donors to invest in maternal and child healthcare.

- **Coordinating country efforts.** CSOs have played a key role in assisting and encouraging governments to identify and address important health needs. CSOs have been critical in country decision-making processes, and in monitoring community challenges and needs in order to protect and promote essential services and accelerate progress on health outcomes for women, children and adolescents.

- **Engaging the local communities.** CSOs play the critical role of bridging the gap between the GFF, government and the local communities. CSOs work directly with local communities' members to address challenges facing access to maternal and children healthcare in their communities. CSOs also obtain and advocate for local communities' voices at both the national and global GFF consultations.

2.3. Success stories by CSOs

CSOs involvement in advocating for primary healthcare has led to huge gains in RMNCAH-N initiatives across their implementing countries. These success stories include:

- **Additional funds have been made available because of increased budget transparency.** The CSO use of scorecard and GFF Guides to understand the GFF framework in their countries has allowed CSOs to track use of funds by governments leading to more fund allocation to RMNCAH-N efforts in some of the implementing member countries. Examples include:

  - **Tanzania** - The Tanzania CSO Coalition used the GFF implementation guides to understand the country's investment case, leading to them to identify the gap between what had been allocated in the investment case and what is in circulation.

  - **Nigeria**- The CSOs were able to push the government to timely release GFF finances to support RMNCAH-N efforts. Through the use of the scorecards and GFF implementation guides the CSOs were able to request for access to information on how the GFF funds were being used by the Ministry of Finance.

  - **Sierra Leone**- The CSOs used the GFF guides to engage with the World Bank and government officials to improve information sharing leading to more transparency in the use of funds.

> Civil Societies are involved in producing independent observation reports on how the GFF fund is being run in their countries. This has enhanced budget accountability and transparency among GFF implementing countries.
>
> **-Africa Health Budget Network (AHBN)**

- **Increased information sharing has improved identification of success stories leading to improved advocacy efforts.** Increased information sharing based on CSO efforts has made it easier to evaluate the impact of improvements in RMNCAH-N initiatives in implementing countries. This has made it easy when building an investment case to request for increased donor support. In Liberia, the CSOs were able to track progress at the facility level helping identify progress of RMNCAH-N initiatives in their country unlocking additional funds from donors.

- **Improved capacity building for civil societies.** There has been a coordinated effort to train CSOs to better understand the existing GFF framework in their countries and the existing tools for assessments, e.g., the scorecards. Regional workshops have been organized to train representatives from countries' civil societies to better understand the GFF who then proceed and train other civil societies in their respective countries. These workshops have empowered country civil societies to take leading roles in driving the GFF agenda in their respective countries.

For example:

- **Burkina Faso** – CSOs took lessons from a GFF orientation workshop held in Accra, Ghana to organize a large national workshop in their home country to present the GFF and raise awareness among the different stakeholders when pushing for membership in the GFF. This led to the CSOs having a well-formed structure which fed into the country agenda as they were registering for the GFF under the World Bank.

- **Ethiopia** - The CSOs attended a GFF workshop in Nigeria in which civil societies were trained on how best to understand their investment case and identify the amounts of funds under disposal from the World Bank and FIDA. This has led to the CSOs being better placed to engage with the Ministry of Finance on better accountability on how the GFF finances were being utilised

- **Better representation of local communities.** There has been increased representation of the local communities at the multi-stakeholder country platform through a representation of the CSOs and the youth to allow their voices to be heard.

- **Fund allocation for civil societies.** The CSOs were able to advocate for and obtained funds through the small grants mechanism under the Management Sciences for Health (MSH). This has gone to help CSOs fund their operations in implementing countries and increase the national coordination of CSOs. CSOs are also able to access grants from the GFF CSO Hub, hosted by PAI, from the Partnership for Maternal, Newborn and Child Health (PMNCH) Small Grants Programme hosted under the World Health Organization and from a wide network of donor organisations.

- **Access to a large pool of funds from being housed at the World Bank.** Being hosted at the World Bank has provided opportunities for additional staffing and resources to pull the financial muscles when advocating for fundraising to support the GFF. GFF is able to obtain financial muscles from IDA to support RMNCAH-N activities in recipient countries.

- **Increased synergies from being housed at the World Bank.** The GFF is able to leverage existing access to existing relationships within the World Bank. The GFF is able to pull from other partners playing other supporting roles in solving challenges in child and maternal health outside of the GFF.

- **Prioritization of RMNCAH-N within country agendas.** The GFF has created a mechanism to finance RMNCAH-N in member countries leading to its prioritization in the country's health agenda. This has led to improvements in health systems in primary health care facilities leading to saving of lives for children and mothers.

2.4. Challenges faced by CSOs

The CSOs experience unique challenges as they advocate for better health systems for children and maternal health. These challenges include:

- **Insufficient funding for operations.** The World Bank disburses GFF funds directly to national governments, making it difficult for CSOs to obtain sufficient funding to effectively engage in activities that are critical to the GFF's success, including implementation support, monitoring and accountability, and community engagement and demand generation.

- **Lack of coordination in facilitation of efforts.** Working Groups and coalitions comprising CSOs are still in their infancy in most countries, with limited participation from CSOs. Furthermore, in some countries governments are less involved in the hosting the MCPs, which gives CSOs a narrow view of how the RMNCAH-N initiatives are being coordinated on a national level.

- **Health plans are lacking in recipient countries.** Some countries do not yet have a coordinated health plan showing linkages between the various country efforts that they are aiming to be met. Donors and CSOs were noted to be working to meet distinctly uncoordinated targets leading to investments being done in silos by the donors. This lack of a proper health plan leads to disjointed efforts to support RMNCAH-N initiatives in recipient countries. The lack of country focus was also noted in meeting vaccination needs of children and maternal health. Some countries (e.g., Angola) were noted to have budgets for COVID-19 but not funds for other diseases that adversely affect their populations e.g., Polio, Malaria.

- **Inaccessible data.** CSOs in GFF countries may lack resources and/or capacity to effectively track and share evidence, stories, results, and lessons learned related to GFF engagement. Lack of proper evidence collection leads to a lack of focused approach in determining initiatives in supporting the RMNCAH-N initiatives and makes it difficult in building a case when requesting for funds from donors. Donor country CSOs struggle to obtain information from recipient country CSOs on success stories making it difficult to lobby for funds to support the GFF in donor countries.

- **Difficulty in enhancing joint accountability in the use of funds.** There is not much openness across the different recipients of the donations (Both Government and the CSOs) in disclosing how they spend the money received. CSOs also lack the expertise to analyze budget, and implementation efforts against the existing GFF scorecard making it difficult to enhance accountability efforts.

- **Poor treatment of health human resources.** Countries were noted to offer poor treatment of health workers with some noted to be living poor conditions. Health workers remuneration was also noted to be dependent on donor support making them very erratic. This makes it difficult to push for health efforts to support RMNCAH-N initiatives in countries.

Impact of COVID-19 on RMNCAH-N activities

The COVID-19 pandemic has caused significant mortality and given rise to daunting health and socioeconomic challenges. This impact has been felt across all the demographics and has led to a refocus of priorities by the different stakeholders. The COVID-19 pandemic has changed how healthcare is managed across shifting the way government, individuals and stakeholders approach healthcare. COVID-19 has also led to increased integration of the IT systems in healthcare.

The following shows the impact of COVID-19 on RMNCAH-N efforts in countries:

- **Shifting of government priorities to address COVID-19 response.** The COVID-19 pandemic further magnified the existing weaknesses and gaps in health systems. Health services were over-stretched with focus shifting to the fight against COVID-19 often in greatly understaffed and under-resourced hospitals. Government put aside some of the progress it had taken up to protect women and child health such as access to free maternal deliveries and limited funding for family planning options. Governments need to reconsider the shift of resources priorities and put a structure in the way it is shifting resources to avoid diverting funds away from critical health areas such as remuneration for health workers.

- **Shifting of priorities by communities, donors in funds allocated to support RMNCAH-N.** COVID-19 impacted all the different stakeholders (governments, donors, CSOs, local communities) involved in supporting RMNCAH-N initiatives leading to a realignment of resources and focus areas across the different stakeholders away from RMNCAH-N initiatives towards COVID-19 response.

- **Disruption of health service delivery and access by mothers, young women, adolescent and children health.** Some of the government COVID-19 mitigation restrictions led to disruption of health services for women and children. Night curfew limited access to health facilities by expectant mothers. The governments also limited funding for family planning services, reproductive health clinics and child health services to support the critical health services highlighted by COVID-19 affecting young women, children and adolescents.

- **Increased incidences for pregnancies for teenagers and young women.** Government imposed lockdowns and stay at home orders limited movements of populations from their homes. Adolescent ladies and young women were unfortunately targeted by male perpetrators within the society leading to a surge in the number of pregnancies among teenagers and young women.

- **Increased incidences of violence against women.** Government movement restrictions led to large numbers of the populations stuck at home. Teenage ladies and young women were unfortunately the target of abuse by male perpetrators. There was also an increase in the number of femicides noted during the COVID-19 lockdown period.

COVID-19 pandemic also saw gains in healthcare such as the integration of telehealth and improved sharing of information.

- **Integration of telehealth.** Before Covid 19, telehealth had been slowly implemented due to change-resistant health care organizations and restrictive government regulations. To meet the massive demands on health care delivery brought on by the pandemic, telehealth was fast-tracked last year, with patients being seen and diagnosed by health practitioners via virtual portals.

- **Sharing of information to capture the spread of COVID-19.** In a fast-evolving crisis like COVID-19, responders and decision-makers needed timely data about the spread of the disease in order to protect the communities. Innovative use of digital solutions has been used to enable faster tracing of contacts and enabling real life mapping of the spread of the disease. These gains will be retained in healthcare even post COVID-19 and can be used in mapping disease spread and help safeguard the vulnerable populations against endemic and pandemic disease spread.

·Recommendations to improve support for RMNCAH-N efforts

To enhance CSO participation and ensure that the GFF meets its objectives, this report recommends the following:

- **Enhance joint accountability in the disbursement and use of finance.** The GFF should make it mandatory for countries to implement the MCPs that provide guidelines on the role and the interlinkages between the different stakeholders. Periodical quality meetings should be held consistently across all GFF countries to bring different stakeholders up to date with recent initiatives in the RMNCAH-N efforts. Accountability should be enhanced across the entire ecosystem identifying and holding the different stakeholders (e.g., government, CSOs, Faith-based institutions, citizens, youth, Donors) to their unique roles that they play.

- **Finance and build the capacity of CSOs and youth to implement RMNCAH-N efforts.** The GFF should make existing grants more predictable and consistent to allow for increased financing opportunities for the CSOs. The GFF should increase capacity building of the existing CSOs to better their skillset. Improved capacity building will make sure that the CSOs are able to hold the government and other implementing partners to higher accountability standards. Increased knowledge of the existing GFF framework will also enable a better inclusion of community voices and representation by the CSOs and the youth.

- **Encourage participation by other donor agencies and the private sector to support the RMNCAH-N initiatives.** The GFF should explore opportunities to increase the participation of private sector and other donor agencies in the GFF framework. This will drive the additional growth of the funds intended to invest in RMNCAH-N initiatives in countries. The GFF should consider partnering with African foundations and donors to obtain sustainable financing for RMNCAH-N initiatives. The GFF should consider mobilizing commercial banks to support RMNCAH-N activities through their Corporate Social Responsibility (CSR) initiatives.

- **Advocate for meaningful engagement with governments at the MCP level.** The GFF should mandate that governments take lead in hosting their respective MCPs consistently. The GFF should push for governments to share critical information across the different partners enhancing joint accountability. The GFF should also push for governments to match the GFF grants and in order to unlock additional funds to improve healthcare in recipient countries and deal with funds diversion.

- **Increase the community engagement in addressing the challenges faced in the RMNCAH-N initiatives.** The GFF should advocate for increased engagement and participation of the local communities in addressing challenges in RMNCAH-N initiatives. This will enable initiatives developed that are well suited to address the challenges facing the local communities. The GFF should advocate for the increased participation of CSOs and youth given that they are the linkage between the GFF and the local communities.

- **Use of key opinion leaders as advocacy champions.** The GFF should consider incorporating key opinion leaders as key contributors to their advocacy mandate, especially in light of the influence these leaders have over the potential donors and stakeholders. For example, leveraging the interest and influence of the First Lady's office in the various African states to promote and advocate for increased attention on women and children health issues.

Call to Action

The GFF has led to major gains in scaling up RMNCAH-N interventions across the implementing countries. These gains have led to the overall improvement of the primary health care systems across these nations.
Some of the action points calling for increased support for the current resource mobilization campaign include:

- GFF is focused on **enhancing RMNCAH-N efforts in countries;**
  - The GFF has created a stronger narrative pushing for the need to address RMNCAH-N across nations.
  - The GFF has led to huge gains noted in RMNCAH-N in recipient countries.

- The GFF **ensures that more IDA/World Bank resources** go to support RMNCAH-N activities at a time when the fiscal space for health in implementing countries is limited and international development funding is flat-lined or declining;

- The **GFF is saving lives** in the fight to improve the health and nutrition of children, adolescents and women;
  - These gains were noted in the improvement of delivery and access to services to maternal and child health have led to lives saved with improvements noted in the following metrics: Maternal mortality ratio, Under 5 mortality rates, Neonatal mortality rate

- The health system is at a **moment of reckoning** in which the plight of adolescents, girl and young women (AGYW) need to be addressed;

- The GFF potential is **building up health systems in primary health care**. This will lead to access to Universal Health Care (UHC) for all women and children leading to achievement of Sustainable Development Goals (SDG) 3;

- The GFF has the potential to **address all the losses faced in primary healthcare facilities** because of **COVID-19**;

- The GFF is **unlocking domestic funds** to invest in the respective country healthcare; and

- The GFF is building sustainable financing to improve healthcare systems in implementing countries

- The GFF is a multi-donor multi-stakeholder financing mechanism
- The GFF is focused on building better partnerships across different donors and players in primary healthcare.
- It is focused on pushing for coordinated efforts across the 4Gs (Governments, Global Fund, GAVI, GFF) to better support primary healthcare systems in developing countries.

Some of the key phrases that can go in the GFF We Want campaign include:

- A people centered GFF
  #partneringforhealth; #theGFFwewant

- RMNCAH-N is the focus of the GFF;
  #reproductivehealth, #maternalhealth, #AGYWhealth, #nutritioninAfrica

- A GFF that responds to the country's needs
  #unlockdomesticfunds;#sustainablefunding; #primaryhealthcare; #theGFFwewant

- A GFF that supports CSOs and enhances their capacity to engage with governments adequately
  #accountability;#governementpartnerships;

- A GFF that empowers the CSOs, youth, local communities and all stakeholders
  #collaboratingacrossAfrica; #WorldBank, #theGFFwewant

- A GFF that protects the rights of adolescents, girls, and young women (AGYW)
  #AGYWhealth; #empoweringwomen;

- A GFF where accountability is practiced but not just mentioned
  #accountability;#governementpartnerships;

- A more youth centered GFF with a strong GFF youth voice
  #youthempowerement; #theGFFwewant, #AfricansforAfricans

- RMNCAH-N for ALL! RMNCAH-N for ALL by 2030. No health without RMNCAH-N.
  #reproductivehealth, #maternalhealth, #AGYWhealth, #nutritioninAfrica

- Maintaining essential RMNCAH-N services amidst COVID-19 is critical to save lives
  #sustainablefunding; #reproductivehealth, #maternalhealth; #primaryhealthcare

Annex: Detailed Consultations and Survey Questionnaire Responses

Table 1: Online survey responses of Civil Society Organizations representing country

Country	Number of responses	Name of Organization
Kenya	3	DSW Kenya, WWKF, Health NGOs Network (HENNET)
Nigeria	1	Nigerian Youth Champions for Universal Health Coverage
Tanzania	1	Health Promotion Tanzania (HPT)
Zimbabwe	1	Community Working Group on Health (CWGH)
Ghana	1	Alliance for Reproductive Health Rights
Malawi	1	Health and Rights Education Programme (HREP) Malawi
Burkina Faso	1	ABBEF
Côte d'Ivoire	1	ASAPSU
Mauritania	2	Mauritanian Association for Mother and Child Health / OSC GFF Coalition, Committee for the Fight and Orientation on the Consequences of Divorce (CLOCD
Senegal	2	CONGAD, CEFOREP
Mali	1	Fédération Nationale des Associations de Santé Communautaire du Mali (FENASCOM)

Table 2: Organizations engaged in detailed consultations

Name of Organization	Contact Person
World Bank	Bruno Rivalan
PATH Kenya	Pauline Irungu
GAVI, The Vaccine Alliance	Thierry VINCENT
Africa Health Budget Network (AHBN)	Dr. Aminu Magashi Garba
Population Action International (PAI)	Suzanna Dennis, Chelsea Mertz & Joyce Kyalo
Global Health Visions	Angela Mutunga
RESULTS Canada	Chris Dendys
Global Health Advocates	Yann Illiaquer
ACTION Global Health	Xochitl Sanchez

Table 3: Involvement of CSOs in development of GFF

Country	Involvement in initial GFF development	Rationale
Kenya	No	At the beginning of the GFF process in Kenya, the civil society was not involved and kept on pushing the government for involvement.
Nigeria	No	A call for expression of interest was made and CSOs applied but the criteria for the selection process were not so clear
Tanzania	No	During the initial development processes of GFF from Investment Case to Program Appraisal Document, CSOs did not form part of the discussion.
Zimbabwe	Yes	CSO representatives in the Health Development Fund and the CCM played a very critical role in the formation of the GFF process in Zimbabwe as they were part of the GFF processes right from the beginning and hence were motivated to get involved CSOs in the GFF processes
Ghana	Yes	Stakeholders (including CSOs) in the health sector were duly involved and engaged on sub TWGs working on various themes for the GFF.
Malawi	Yes	In 2017 Malawi created GFF National platform which included all stakeholders (including CSOs) at the Ministry of Health Planning Department.
Burkina Faso	Yes	A delegation from Burkina Faso including the civil society took part in an orientation workshop on the GFF in Accra, Ghana in 2018. After this workshop on return to Burkina, the delegation with the support of the authorities, organized a large national workshop to advocate for the country to apply for membership.
Côte d'Ivoire	Yes	The development was following meetings between CSOs and World Bank.
Mauritania	Yes	A strong coalition of civil society CSOs for the GFF was set up in a transparent and inclusive manner which comprises 482 organizations including the youth spread over the 15 regions of Mauritania, who took part in the development.
Senegal	No	CSO were not involved in the GFF development process.
Mali	Yes	The civil society, through FENASCOM, took part in all stages of the establishment of the initial GFF process in 2018-2019.

Table 4: Involvement of CSOs in the development of investment cases

Country	Involvement in developing investment case	Rationale
Kenya	Yes	The civil society was proactive and used their global networks to engage in the investment case development process
Nigeria	Yes	The government officials led the MCP and worked together with CSOs to develop the Investment Case for Nigeria and the Performance Appraisal Framework
Tanzania	No	The CSOs were not initially involved in the development of the investment case.
Zimbabwe	Yes	The Alliance for Reproductive Health Rights (ARHR) was nominated to be part of a Technical Working Group developing the Investment Case
Ghana	Yes	Stakeholders (including CSOs) in the health sector were duly involved and engaged on sub TWGs working on various themes for the GFF.
Malawi	Yes	
Burkina Faso	Yes	Civil societies participated in the development of the IP and in the monitoring of the implementation.
Côte d'Ivoire	Not answered	The development was following meetings between CSOs and World Bank.
Mauritania	Not answered	A strong coalition of civil society CSOs for the GFF was set up in a transparent and inclusive manner which comprises 482 organizations including the youth spread over the 15 regions of Mauritania, who took part in the development.
Senegal	Yes	Though the CSOs were involved, there persisted challenges in holding regular meetings.
Mali	Not answered	

Table 5: Active involvement of CSOs in the Multi-stakeholder country platforms (MCP)

Country	Active involvement of CSOs in the multi-stakeholder country platforms (MCP)	Rationale
Kenya	No	It is very young as the multi-stakeholder country platform was formed in 2021
Nigeria	Yes	The composition of the MCP is good. The technical support provided by AHBN and other Partners is really paying off. The MCP has an annual plan and is working towards its implementation
Tanzania	No	Challenges include the misalignment and coordination between and amongst CSOs/NGOs who form part of the country's stakeholder platform.
Zimbabwe	No	There has been minimum participation of CSOs because of COVID-19 Lockdown restriction measures requiring meetings to be held virtual.
Ghana	No	Government has not provided any coordinated update on the GFF process since the investment case was completed. There hasn't been any formal engagement with the lead Technical Working Group (TWG) in the last 9 months even though sub TWGs working on the six themes have met a couple of times this year
Malawi	Yes	The Ministry opened up participation of CSOs in the country platform.
Burkina Faso	Yes	The coalition is a member of the platform, the challenge is to increase the number of representatives currently from four to eight.
Côte d'Ivoire	Yes	The CSOs have been largely involved in the platform. However, there is a challenge of lack of contact with the World Bank and its GFF team since the COVID-19 pandemic.
Mauritania	No	The Ministry of Health has not opened up to partnering with civil societies.
Senegal	Yes	CSOs were involved in the development of investment portfolio.
Mali	Yes	CSO have been included in all processes of the GFF.

THE GFF WE WANT CAMPAIGN
Regional Consultations Report

THE GFF WE WANT

WACI HEALTH
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