

A SYNTHESIS REPORT ACROSS TEN COUNTRIES



THE **GFF** | WE WANT

WACI
HEALTH

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THE GFF WE WANT

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ACRONYMS AND ABBREVIATIONS

CSO	Civil Society Organizations
DPG	DPG Development Partner Group
DRM	DRM Domestic Resource mobilisation
GFF	GFF Global Financing Facility
GFF-CSO	GFF-CSO Global Financing Civil Society coordinating group
IC	IC Investment cases
MOH	MOH Ministry of Health
MCP	MCP Multi-Stakeholder Country Platform
MOC	MOC Ministerial Oversight Committee
PHC	PHC Primary Health Care
RMNCAH-N	RMNCAH-N Reproductive, Maternal, Newborn, Child and Adolescent Health and Nutrition
SDG	SDG Sustainable Development Goals
TWG	TWG Technical Working Group
UN	UN United Nation
UHC	UHC Universal Health Coverage



EXECUTIVE SUMMARY

Background:

The GFF We Want campaign is led by WACI Health in collaboration with other multi-stakeholders bringing together civil society organizations. The main aim of the campaign is advocacy of CSOs' engagement in the Global Financing Facility. Countries that have actively engaged CSOs in the process have recorded great milestones in the achievement of GFF objectives toward sustainable Universal health care.

The objective of the country report was to assess the progress of CSOs' involvement and contribution in the development of different policies in ten countries, progress of countries policy documents, resource mobilization and the impact and sustainability of GFF strategies on Primary Health Care.

Methodological Approach:

This was a descriptive study conducted in 10 GFF countries at different levels of GFF mechanism implementation. Selection criteria was random sampling both for the countries and for the representatives (respondents). Data was collected through a semi-structured questionnaire. Data collected was on the current status of the GFF implementation in these countries and its sustainability. Data analysis was done according to different thematic areas.

Findings:

Coordination: Most countries have active CSOs coordinating group meetings and engagements. The majority of these countries, (60%) are holding stakeholders' meetings quarterly or on a need basis. According to the respondents, most countries do not have a complete multi-stakeholder quorum.

Responses, further show that GFF is impacting countries. The impact is sustainable seeing that GFF is being discussed in other countries' forums like Development Partners Group (DPG), Reproductive Child Health Technical Coordinating Committee meetings, and Ministerial Oversight Committee ((MOC) on BHCPF meetings.

Results on the mechanisms of GFF linking at the country level showed that 90% of the implementing countries have at least a mechanism that GFF they are linking up with. There is, however, a variation among the countries in the number of mechanisms per country. From the country responses, CSOs contributed in different capacities within and among the ten countries ranging from development, implementation and monitoring of countries' Investment cases to involvement in the development of the National Health Strategy 2021-2025

During the engagement in the GFF process, respondents noted several lessons learnt. The need for a shared advocacy agenda, need for coordination and collaboration as well as the need for openness and transparency during the GFF CSO engagement process are paramount in yielding positive results.

GFF policy documents:

Civil society organisations are involved and engaged in the formulation of health financing strategy policy. Their ideas are considered in the policy development processes. While there are positive sentiments regarding the improvement in CSO involvement in GFF policy processes, Zambia and Liberia recorded a slight improvement in policy development despite an increase in the number of CSOs involved in the formulation process. This could be attributed to CSOs' omission at the finalization, implementation and monitoring stages.

Resource mobilization:

Domestic resource mobilization: All participants agreed on the existence of a vibrant domestic resource management advocacy agenda. The impact of the GFF on the domestic resource mobilization however elicited mixed reactions. The representatives from Zambia expressed no impact noted whereas Tanzania reported a tangible transformation in the operations of healthcare centres, owing to the financing from the GFF. Zimbabwe with the assistance of the GFF developed a National Health Budget Position Paper through the budget consultation and this led to increased allocation from 11.2 to 12.6 per cent in the last financial year. Sierra Leone's Ministry of Health has reported working hand in hand with the Ministry of Finance to facilitate resource mobilization and expenditure tracking.

GFF resource mobilization:

Participants from all the ten countries involved in the assessment expressed positive involvement in resource mobilization for the GFF. Organizing round table meetings with donors, coordinating campaigns to push developmental agendas, ringfencing organizational funds to support GFF advocacy efforts and mass sensitization of the ongoing projects are some of the roles highlighted for ensuring efficient resource mobilization. The participants also highlighted the ways they would prefer to be engaged in future on resource mobilization.

Equity and Sustainability of Health Financing Strategy: Assessment of the status of the Country's health financing strategy and whether they align with the themes of equity and sustainability and leaving no one behind showed that different countries have made different milestones on the health financing policies and strategy, in relation to different intermediate objectives of UHC. While the strategies are in place in the GFF countries, the majority of respondents have limited knowledge of the existence of these health financing strategies and how they address the issues of equity and sustainability.

Future of GFF impact:

The assessment sought to get insights into the current status of Primary Health Care and whether GFF is likely to meet its objective. Generally, the CSO agreed on the positive impact of GFF on Primary health care in their respective countries citing different milestones made.



Conclusions

- GFF Civil Society Organization and multi-stakeholder meetings are being held by most of the GFF implementing countries. However, this is not on a regular basis.
- There is a myriad of challenges faced during CSOs' country coordination.
- The lack of a standardized process for engagement with CSOs in the GFF country approach and national engagement has greatly affected CSO coordination.
- There was limited knowledge among GFF coordination groups regarding countries' multi-stakeholder forum constitution in several countries.
- GFF is meeting its set goals and it is actively helping the implementing countries achieve sustainable primary healthcare.
- There is looming support from the GFF member countries and a growing desire for more involvement in the operations to promote inclusivity hence better outcomes and realization of the set goals.

Recommendations

- There is a need for a shared advocacy agenda, coordination and collaboration, as well as the need for openness and transparency during GFF CSO engagements to facilitate effective GFF mechanism implementation.
- There is a need for a standard approach to CSO engagement and Coordination.
- To encourage cross-learning among the GFF countries to bring impact stories in these countries.
- Build capacity for domestic resources management advocacy to reach the target set in resource mobilization.
- Increase public participation to intensify the acceptability of the programs and lure more potential donors to channel their support
- Analysis of how equity and sustainability are being addressed in the existing policy document.
- GFF needs to capacity-build CSOs in different countries on health financing advocacy to ensure that they are involved in the policy formulation process and they can advocate for equity in the allocation and distribution of resources.

INTRODUCTION

Background and context

1.1.0 Background

The Global Financing Facility (GFF) is a global partnership launched in July 2015 in Addis Ababa. It is committed to improving the health and well-being of women, children, and adolescents worldwide. By providing catalytic financing and technical assistance to low and lower-middle-income countries, GFF is assisting them to develop and implement national health plans. The GFF also focuses on scaling up access to affordable and quality healthcare to help end preventable maternal and child deaths by 2030.

The main aim of GFF is to save lives, advance universal Health Coverage (UHC), and achieve Sustainable Development Goals (SDG) through strengthening primary healthcare systems.

To attain its set goals, GFF employs an approach that is **smart, Scaled and sustainable** as illustrated in the diagram below

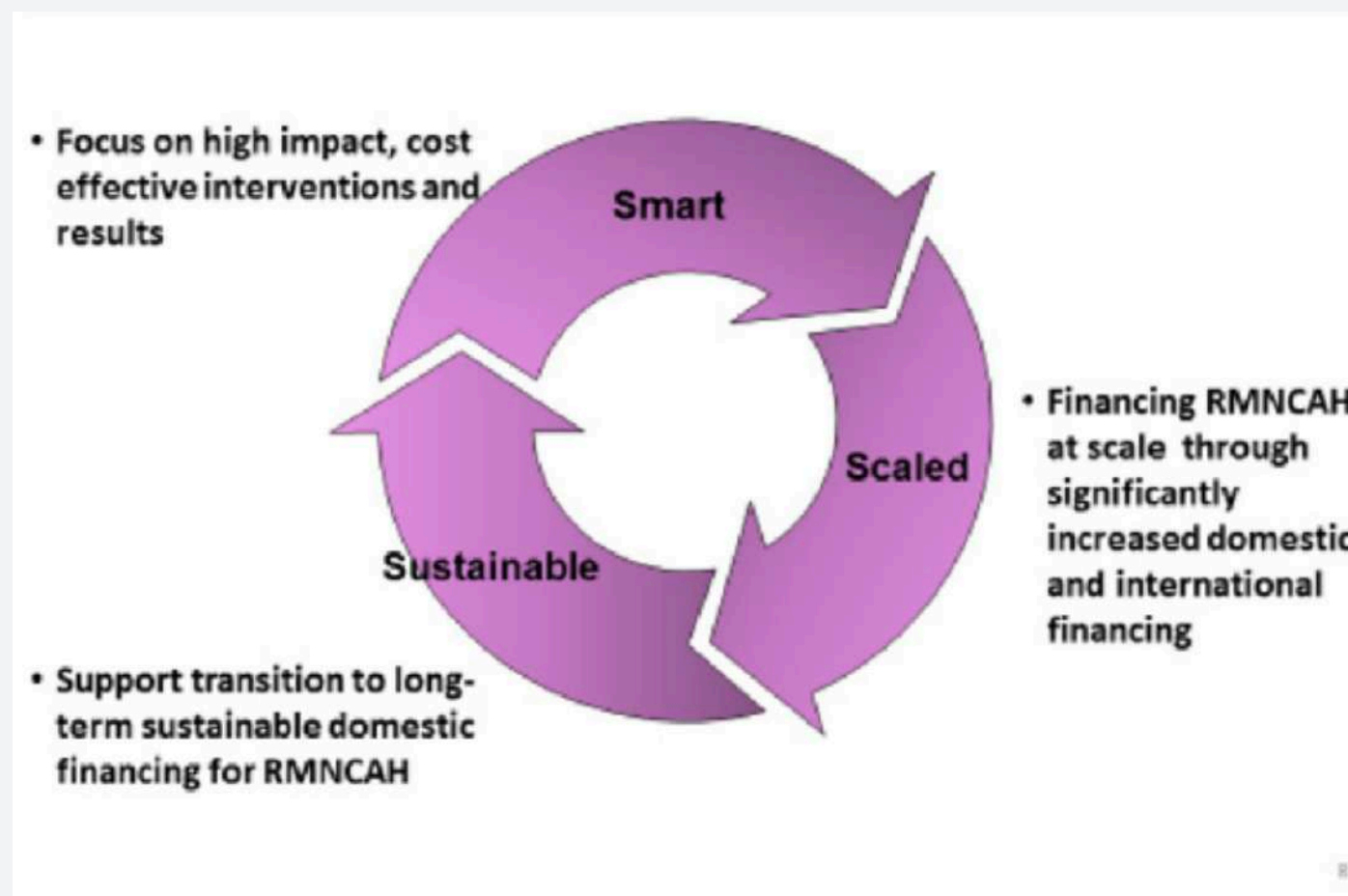


Figure 1: Characteristics of the GFF approach

The GFF We Want (GFFWW)

The GFF We Want campaign brings together civil society organizations and advocates for their involvement in the Global Financing Facility (GFF). The campaign is led by Waci Health in collaboration with ACTION Africa partners, and GFF country coordinating groups and is supported by the ACTION Global Health Advocacy Partnership and the GFF CSO host.

The campaign aims to capture lessons learned, identify best practices, and foster cross-learning within the GFF community. By leveraging key relationships and strategic moments, including the GFF resource mobilization campaign, the campaign works tirelessly to drive progress to both the national and global levels, mobilizing resources and ensuring the success of GFF.

Country and regional consultations are conducted to gather valuable insights, lessons learned and best practices and case studies which are documented to provide in-depth knowledge about the experience of GFF partners.

The campaign also participates in donor-focused meetings and ensures that the donors are continuously updated on engagement efforts and fostering lasting collaborations.

GFF uses different working models to implement their objectives. One of the models that this report has majored in is working with CSOs in different countries. Civil society organizations play a critical role in pushing the agenda of reproductive, maternal, new-born, child and adolescent health and nutrition. Working with CSO in developing, implementing and monitoring policy acts as an accountability mechanism and contributes to evidence-based policy. GFF also worked with CSO to push for service delivery, particularly in hard-to-reach areas and fragile settings with the poorest and most left behind.

This report has assessed the involvement and contribution of CSOs in the development of different policies in ten countries. The report has equally analysed the impact of and sustainability of GFF strategies on Primary Health Care.

1.2 Assessment objectives

1.2.0 Main objective

To provide insights into the current status of the GFF implementation in the ten countries.

1.2.1 Specific objectives

1. To identify gaps and strengths, and gain an understanding of various aspects of the GFF Country Coordination and implementation.
2. To document the current status and timelines of various GFF policy documents:
3. To understand the finance mechanisms of GFF resource mobilization and domestic resource mobilization at the country level
4. To assess the GFF impact on primary health care in the ten countries.
5. To document the challenges, best practices and lessons learnt in the GFF implementation process in order to promote cross-learning across and elevate civil society voices the GFF countries.

METHODOLOGY

2.0 Introduction

The report applied a mixed method approach (Quantitative and Qualitative approach) to get in-depth insight from the participants on the current status of the GFF mechanism.

2.1 Study design

Country-based descriptive study

2.3 Study area

10 GFF countries (Rwanda, Tanzania, Kenya, Liberia, Sierra Leone, Ghana, Zambia, Nigeria, Zimbabwe, Ethiopia). The countries were randomly selected based on past experience working on the GFF We Want Campaign efforts and the regional consultations of 2018 and 2021.

2.4 Study population

Members of the GFF coordination group at the country level

2.5 sample size

10 participants (one per country) were randomly selected.

2.6 variables

Current status of GFF mechanism, CSO Coordination, Multi-stakeholder platforms, GFF country coordination, Policy documents, resource mobilization and status of Primary Health Care.

2.7 Data collection

Data was collected using a semi-structured questionnaire

2.8 Data management and analysis

Responses from completed questionnaires were captured in an Excel sheet for authentication and cleaning. Descriptive statistics are summarized in percentages and bar graphs. Qualitative data was analysed thematically.

2.9 Ethical approach

Consent was sought from the participant before participating in the study.

FINDINGS AND DISCUSSION

3.1 COORDINATION

3.1.0 CSO COORDINATING GROUP

In the recent assessment of 10 GFF countries to evaluate the current status of the GFF, most countries have active CSOs coordinating group meetings and engagements. Rwanda, Nigeria and engagements. These meetings are being held mostly on a need basis. This could be attributed to a myriad of challenges faced in CSO coordination in these countries as stated below. Of the 10 country responses, Zambia is the only country that is not having a challenge in CSO coordination currently.

Challenges faced in CSO coordination, and proposed solutions.

Several challenges have been identified through the GFF process which are hindering the acceleration toward the RMNCAH-N targets. Solving these challenges presents an opportunity to move closer to the attainment of Universal Health Coverage (UHC). The country CSO representatives listed several approaches they are using to mitigate the challenges the countries are currently facing in CSO coordination.

1. **Financial constraints** are greatly affecting CSO coordination in many of these countries. Insufficient resources for convening CSO meetings, limited funds allocated to the young people to accommodate them in CSO meetings, resource limitations to create awareness, and high cost of data reimbursements for webinars and virtual conferences are some of the challenges cited by the participating countries.

“One of the challenges is a lack of funds to hold meetings to discuss some of the RMNCAH issues, as well as a lack of participation from youth-led CSOs due to not enough knowledge of GFF issues and a lack of funding for young people to be accommodated at CSO meetings” Member CSO coordinating group.

This could be contributing significantly to a majority of implementing countries holding meetings only on a need basis. Irregular meetings due to financial constraints will, therefore, hinder the CSOs from executing their set mandate in informing the priorities set in the national investment framework, calling for the inclusion of certain core principles, ensuring accountability and ensuring investment cases prioritize the affected population.

To mitigate the above challenge, some respondents proposed increased funding/resource mobilization (DRM)/grant application

“Application for Small Grants to PAI - CSO GFF Hub for CSO Coordination/Continuous engagement of CSOs for wider participation in the CSO Platform”

2. Inadequate data for effective advocacy

According to some respondents, there was inadequate data for effective advocacy. The availability of data for decision-making is one of the GFF country implementation guidelines for GFF countries (3).

Timely and continued sharing of data is paramount as the data will help in the planning, coordination and implementation of RMNCAH-N investments in the investment cases. Secondly, data will help in the monitoring and evaluation of RMNCAH-N programs, aid in improving DRM financial stability, and real-time identification and correction of gaps for improvement during the implementation process. Lastly, data is vital for accountability as well as the identification of priority areas for data advocacy strategies (1)

3. Limited GFF monitoring

Respondents noted that there was limited monitoring of GFF investment cases as well as the omission of CSOs at the monitoring level of the GFF mechanism. In Ghana, for example, there is a lack of proper monitoring of GFF investment cases. Monitoring and evaluation of ICs allow for a real-time course correction of any gaps during the implementation process.

“No monitoring of GFF Investment Case for Ghana” Respondent Ghana

Mitigation of the challenge:

- To address the inadequate GFF monitoring and evaluation, respondents felt that piggybacking on existing projects, working in sync with government organizations, participating in international fora and engaging key players leading GFF would all facilitate monitoring of ICs in the country platform.

“Piggybacking on existing projects to convene and engage other CSOs. Working in sync with government institutions to engage with larger CSO bodies. Participating in international fora and sharing learnings and best practices with ARHR-led CSO coalition on GFF. Engaging key players leading GFF processes in Ghana to facilitate monitoring of key government commitments under GFF.” Respondent Ghana

4. Youth participation and high youth turnover

The lack of clear roles and assignments for the youths and limited funds to adequately remunerate them has led to a high youth turnover in the CSO platform as they are fluid. The updated 2020 GFF -CSO and youth engagement framework is aimed at clearly defining the challenges faced by CSOs and youth engaging in the GFF. It also aimed at defining ways of mitigating the challenges (2)

“High turn-over of youth participation in the CSO Platform as they are highly mobile” Respondent

Mitigation of the challenge:

- Campaigns to increase youth participation and retention, and timely and adequate fund allocation to remunerate the youths to minimize aid their high turnover.

"We launched an online campaign to increase CSO and youth participation in the CSO-GFF coordinating group and to date we are 35 CSOs in the GFF group and HDT is a secretariat."
Respondent

5. Poor planning / Decentralization of CSO coordination outside of the capital

Poor planning and lack of consultation among the respective stakeholders have significantly led to inefficiencies in CSO coordination and meeting attendance. Lack of a yearly plan, late notification and untimely meeting times and dates leading to an overlap with other strategic activities plus lack of funds is a major cause of poor planning and execution of CSO coordination in the country platforms

"We also lacked a proper plan, particularly a year plan".

"The scheduled meeting time and dates most times collide with other strategic activities (late notification)/ Little or no funds available"

Proposed solution Proper planning (consultative meetings)

- Respective countries suggested having consultative meetings to plan regular meetings in line with members' availability and mobilize resources to enable the execution and monitoring of GFF activities. In Monrovia, having hybrid meetings is also allowing coordination and sharing of information with CSOs outside of Capital.

"Conduct consultative meetings and plan regular meetings and mobilize resources to carry out planned activities and follow up the progress."

6. Apathy among members/ Poor attendance/ Inconsistency of member engagement.

These could be due to a lack of motivation among the members due to the lack of proper governing structures, lack of adequate induction of new members and insufficient funds to execute planned activities.

"Lack of clear understanding and commitment of country focal point on GFF platform, resource limitations to create awareness, lose interest and follow up, no regular meetings in place;" Respondent Ghana

Proposed solutions.

To motivate the members, respondents felt that recruiting more stakeholders and involving the government to offer support could improve CSOs' attendance and keep them motivated. They also echoed that continuous education to new and existing members would also go a long way in improving member engagement.

"A reconvening needs to be done/Leverage on support offered by the GFF Liaison Officer to provide meeting hall and refreshment in holding periodic meetings/Pay a courtesy visit to the new Director of the Family Health Department at FMOH as GFF CSOs, to establish a relationship with her. Do the same for the Minister of Health (when appointed by the new President)/Expand space for more CSOs to engage on GFF in Nigeria." Respondent Nigeria

These challenges are not unique to these 10 countries as documented in the regional consultation report (3) and there is an urgent need to re-look at GFF mechanisms in these countries to see how best the challenges can be minimized.





3.1.1 MULTI-STAKEHOLDER PLATFORM FOR GFF

Multi stakeholders Country case studies

Most countries in the assessment (60%) hold stakeholders' meetings quarterly or on a need basis. According to the respondents, a majority of these countries do not have a complete multi-stakeholder quorum. A multi-stakeholder quorum should be led by the national government or the appropriate sub-national level entity, in the case of participating countries with a devolved health administration system (e.g. Kenya). According to the responses given, this was conspicuously missing. Rwanda and Zambia report the absence of a multi-stakeholder forum, while the respondent from Nigeria was not aware of who are the multi-stakeholders in the country's multi stakeholders platform. as summarized in Table 1 Based on the assessment of the constitution of the multi-stakeholder country platform, the majority of the countries are behind in keeping up with the inclusivity principle of multi-stakeholder involvement (1)

Country	Multi-stakeholder constitution
Ghana	Development partners, Government, CSO, Media
Rwanda	None
Tanzania	Government, CSOs, multilateral and bilateral agencies.
Zambia	None
Nigeria	I do not know
Zimbabwe	The country adopted the Health Development Fund and the CCM structures
Kenya	Ministry of Health, Other line ministries including, agriculture, civil society including youth, private sector, Development Partners for Health
Liberia	CSOs, government (MoH), donors, and implementing partners
Ethiopia	_____
Sierra Leon	Chief Medical Officer, CSO and youth lead, donor partners, UN agencies, private/cooperate rep

Table 1: Constitution of multi stakeholder forum in different GFF countries

Responses, further show that GFF is impacting countries. The impact is sustainable seeing into it that GFF is being discussed in other countries' forums like development partners group (DPG), Reproductive Child Health Technical Coordinating Committee meetings, and Ministerial Oversight Committee ((MOC) on BHCPF meetings. GFF is positively impacting RMNCAH-N in multiple countries. This is so by the continuation of its discussion in absentia. Given the interdisciplinary skills and cross-sectoral perspectives required to optimize RMNCAH outcomes, multi-stakeholder country platforms must have strong linkages to related mechanisms and partnership platforms within the health and allied sectors.

These may include forums at both the national and sub-national level, such as, e.g. for cross-sectoral/ inter-ministerial development planning committees or Global Fund Country Coordinating Mechanisms, Interagency Coordination Committees, Scaling-up Nutrition (SUN) multi-stakeholder country platforms/networks and Regional/District Health Forums, etc. The goal is to enhance synergies, collaboration, and specific engagement and expertise

3.1.2 GFF COUNTRY COORDINATION

Results on the mechanisms of GFF linking at the country level showed that 90% of the implementing countries have at least a mechanism that GFF is linking up with. There is, however, a variation among the countries in the number of mechanisms per country. Zambia, Tanzania and Zimbabwe, for example, had six mechanisms in place, while Nigeria and Sierra Leon had a single mechanism. Liberia on the other hand, had no mechanism in place as summarized in Table 2.

COUNTRY	MECHANISMS of GFF Country linkage
GHANA	(UHFC2030, FP2020, PMNCH)
RWANDA	(Global Fund, Pandemic Prevention Preparedness and Response, Scaling Up Nutrition (SUN))
TANZANIA	UHFC2030, FP2020, Global Fund, Power of Nutrition, PMNCH, Scaling Up Nutrition (SUN))
ZAMBIA	UHFC2030, FP2020, GAVI, Global Fund, Pandemic Prevention Preparedness and Response, Scaling Up Nutrition (SUN))
NIGERIA	PMNCH)
ZIMBABWE	FP2020, GAVI, Global Fund, Pandemic Prevention Preparedness and Response, PMNCH, CEPI)
KENYA	GAVI, PMNCH, Scaling Up Nutrition (SUN
LIBERIA	NONE
ETHIOPIA	UHFC2030, FP2020, GAVI, Global Fund
SIERRA LEON	UHFC2030

Table 2: Mechanisms of GFF linking at country level

The assessment further sought to get an insight on CSO contribution in the GFF process as well as lessons learnt. There were overwhelming many ways in which the CSOs have positively contributed in GFF process, keeping up with the guidelines stipulated in the GFF Country implementation guidelines on the same (2)

From the country responses, CSOs contributed in different capacities within and among the ten countries ranging from development, implementation and monitoring of countries Investment cases to involvement in development of the National Health Strategy 2021-2025 (3) as summarized in Table 3 below.

During the engagement in the GFF process, respondents noted a number of lessons learnt. Need for shared advocacy agenda, need for coordination and collaboration as well as need for openness and transparency during GFF CSO engagement process are paramount in yielding positive results

CSO CONTRIBUTION IN GFF PROCESS	LESSONS LEARNT
<ul style="list-style-type: none"> • Development, Implementation and Monitoring of Investment Cases • Reviewing guidelines for implementing Basic Healthcare Provision Fund (BHCPF) • Monitoring financial transactions (DRM and donor funds) to ensure accountability. • Development of National Health Strategy 2021-2025 • Development and monitoring of Multi stakeholder platform • Development of GFF scorecard • Data dissemination on matters GFF • Advocacy on essential RMNCAH services and inclusion of adolescents. • Health financing and budget advocacy. 	<ul style="list-style-type: none"> • There is a need for shared advocacy agenda. • Need for Multi stakeholder's collaboration and collaboration strengthening • Need to leverage on the strength and expertise of coalition members • Gap in GFF countries accountability for engagement and transparency process • Need for continued lobbying for CSOs involvement in GFF investment. • CSO advocacy has greatly improved and is having an impact.

Table 3: CSO contribution and lessons learnt

3.2 GFF POLICY DOCUMENTS

3.2.0 Status of policy documents

The CSO from 10 countries were asked to mark the progress on policy document formulation on Investment case, Program appraisal document and Health Financing. Below is a % representation of the CSO responses

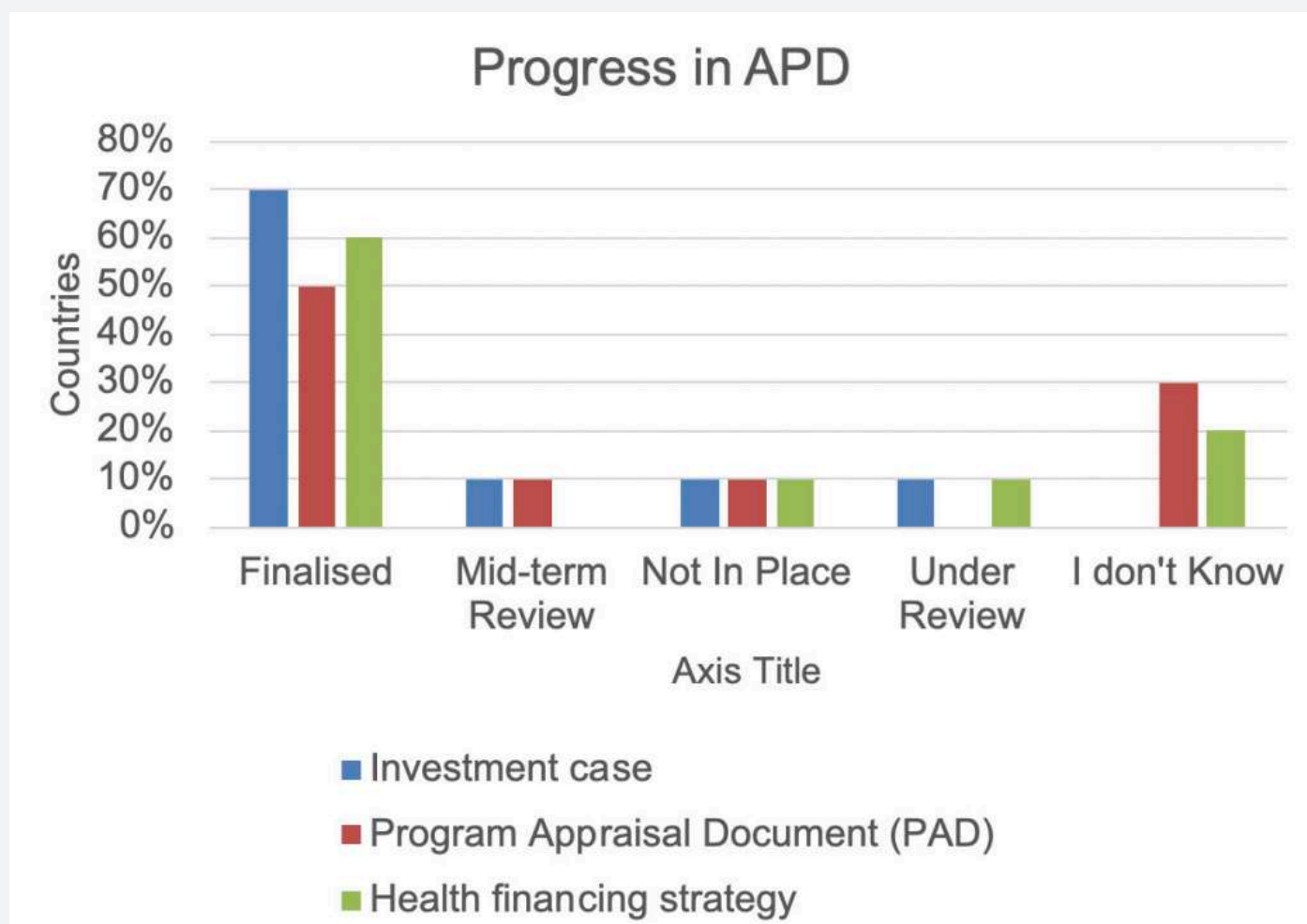
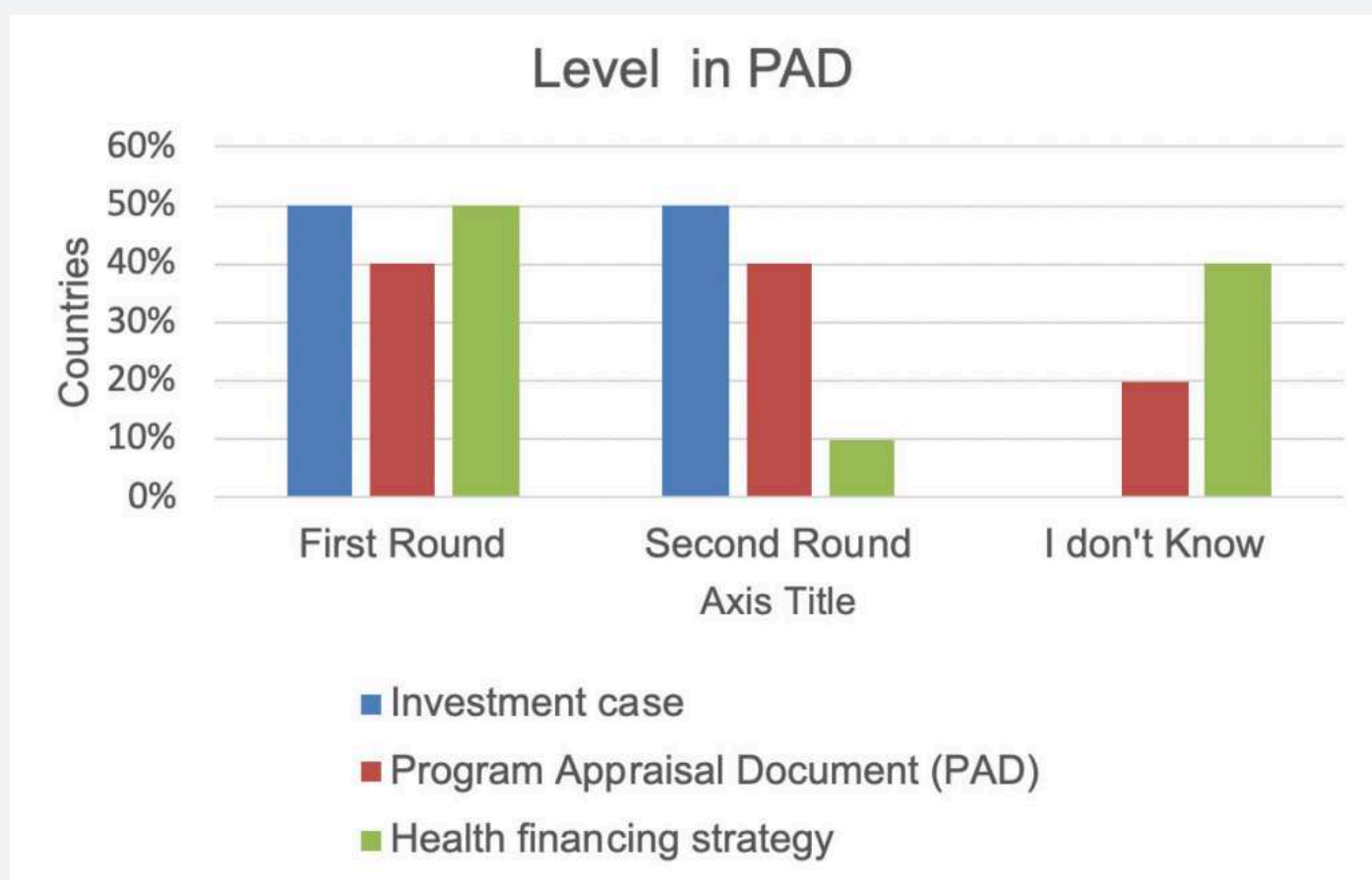


Figure 2: Stage of Policy Document Formulation

Further to the stage of policy formulation level, an analysis was done on whether the countries are in round 1 or round 2 of the policy. Below is a % representation of countries respondent



3.2.2 Health Financing Strategy policy development

It is evident that the civil society organisations are involved and engaged in formulation of health financing strategy policy. Their ideas are considered in the policy development processes. Zambia cited involvement in policy formulation process

"The process has improved in that a number of CSOs are being engaged in the formulation of these policies. However, many a time, CSOs will be left out at the finalization stage and will only be invited to the launch of important documents. Also, important to note that most of the time, the number of CSOs invited to the formulation of policies is very small and might not make the significant impact" RESPONDENT ZAMBIA

This is a good move, since the CSOs ensure that policies are evidence-based and reflect the communities' needs. Also CSO lead policy making process can help build strong political will on RMNCAH.

3.2.3 Health Financing policy implementation and Monitoring

While there were positive sentiments on the improvement on CSO involvement in GFF policy processes, Zambia and Liberia had recorded slight improvements in policy development, despite an increase in number of CSOs involved in the formulation process. This could be attributed to CSOs omission at finalization, implementation and monitoring stages.

"There has been relative improvement whereby CSOs are now engaged in formulation, however implementation and monitoring have its own challenges as many at times CSOs are not fully funded"

to follow the process through” RESPONDENT LIBERIA.

Further analysis showed that the Community organisations were only involved in the formulation processes. After this process has been completed, they are no longer involved in the implementation and monitoring of these policies. The number of CSO invited during policy formulation stage is also quite small and may not make significant impact. The small numbers could be a limiting factor to the progress that would have been made. CSO involvement in policy implementation and monitoring serves as a feedback and accountability mechanism, on impact and effectiveness of the policy.

Some CSO raised major concerns on sustainability of health financing strategies developed due to limited involvement; for instance, Rwanda cited minimal participation of the community-based organisation. The respondent from this country believes that the CSOs should be involved in the development of policies, implementation and monitoring of the policy as stipulated in GFF country implementation guideline.

3.3 RESOURCE MOBILIZATION

GFF engaged 10 countries members on the state of resource mobilization in their countries. The focus was on existence of advocacy agenda on DRM, GFF in resource mobilization and status of health financing strategy and how it addresses equity and sustainability

3.3.1 Domestic Resource Mobilization

Ten country representatives were engaged on the state of RMNCAH service delivery in partnership with the GFF with regards resource mobilization. All participants agreed on the existence of a vibrant domestic resource management advocacy agenda. The impact of the GFF on the domestic resource mobilization however elicited mixed reactions with representatives from Zambia expressing no impact noted whereas Tanzania reported a tangible transformation in the operations of healthcare centers owing to the financing from the GFF. Zimbabwe with the assistance of the GFF developed a National Health Budget Position Paper to the budget consultation and this led to increased allocation from 11.2 to 12.6 percent in the last financial year. Sierra Leone’s ministry of health has been reported to work hand in hand with the ministry of finance to facilitate resource mobilization and expenditure tracking. The positive feedback shows the willingness of the beneficiary countries in supporting the projects receiving support from the GFF which promotes the success rate in improving RMNCAH service delivery.

3.3.2 GFF Resource Mobilization

Participants from all the ten countries involved in the assessment expressed positive involvement in resource mobilization for the GFF. Organizing round table meetings with donors, coordinating campaigns to push developmental agendas, ringfencing organizational funds to support GFF advocacy efforts and mass sensitization of the ongoing projects are some of the roles highlighted for ensuring efficient resource mobilization. The participants also highlighted the ways they would prefer to be engaged in future regarding resource mobilization; Ethiopia & Nigeria highlighted the need to be involved in the identification of national priorities while Kenya and Rwanda pledged to continue supporting the GFF in proper resource utilization for the good of the national health delivery services. Conclusively, there is looming support from the GFF member countries and a growing desire to be more involved in the operations which promote inclusivity hence better outcomes and realization of the set goals.

3.3.3 Equity and Sustainability of Health Financing strategy

Assessment on the status of the Country’s health financing strategy and whether they align with the themes of equity and sustainability and leaving no one behind shows that different countries

have made different milestones on the health financing policies and strategy in relation to different intermediate objectives of UHC. Majority of respondents have limited knowledge of existence of health financing strategy and how it addresses the issues of – equity and sustainability. However, respondents from Sierra Leone indicated that they have a health financing strategy in place.

“Sierra Leone Health Financing strategy has been launched and the ministry of health continues to engage stakeholders and partners on implementation. There is a technical working group already set up to push this agenda. In the area of sustainability social health insurance scheme is very pioneered heavily by keep players like private sector to have a buy in to the initiative.” Respondent Sierra Leone

Despite the policy being in place, it was not clear if the issue of equity had been addressed in the strategy. According to respondents in Nigeria there is a Health insurance act which is in place and its aims at protecting vulnerable groups. There is a push to have everyone under National Health Insurance Authority in order to improve and harness healthcare services.

3.4 FUTURE OF GFF IMPACT

Since its inception in 2015, the GFF has led to commendable milestones in accelerating RMNCH-A interventions across the implementing countries. These milestones have led to the overall improvement of the primary healthcare systems across these nations. Even as GFF expands to many countries, its goal remains to save lives, advance universal Health Coverage (UHC), and achieve the Sustainable Development Goals (SDG) through strengthening primary healthcare systems.

While many countries are making progress towards improving universal health coverage, inequalities among these countries exist and continue to widen due to overlapping health and economic crises. However, according to the GFF annual report 2021-2022, countries that have committed to primary health care (PHC) are achieving improved health outcomes for Women, children and adolescents.

3.4.1 Countries case study on PHC

The assessment sought to get insights into the current status of Primary Health Care and whether GFF is likely to meet its objective. Generally, the CSOs agreed on the impact of GFF on Primary health care in their respective countries citing different milestones made. Below is a summary of progress and impact of GFF in meeting its objective in improving primary healthcare

Likely hood of GFF will meeting its objective	How GFF is improving primary health care
CSO stated that GFF may meets its objective if the Costed Prioritised Operational Plan is implemented with the support of all stakeholders especially in sharing of information/data by the government	GFF has invested in RMNCAH and costing of PHC services under national health insurance service
The respondent indicated that GFF is likely to meet its objective if it holds decision maker to their commitment and accountability	GFF is supporting the construction and renovation of health facilities, by supporting the procurement of medical supplies and commodities so improving allocations of resources based on needs of health facility and linkage of primary health care facilities with community
The participant also indicated that GFF Funds are ring-fenced and hence bound to be used specifically for RMNCAH+N. They also stated there is continued advocacy for timely disbursement of these funds. It was also evident that RMNCAH+N indicators are improving, for instance, the number of births that took place in health facilities increased from 65% to 88%. This is a clear indication that GFF may meet its objective	GFF is supporting more awareness on the need for Domestic Resource Mobilization. Also advocating for transparency in the utilisation of funds. For easier monitoring, "CSOs maintain advocacy for RMNCH+N in the country
Respondent indicated that strategic collaboration between the country and development partners has contributed to the general improvement in health outcomes in Zimbabwe. This achievement has been on account of a combination of targeted measures such as the removal of user fees for pregnant women, free blood coupons for maternal cases, intensified training for health care workers and construction of waiting mothers' shelters.	GFF mechanism is improving PHC by supporting advocacy on increasing access and equity for all segments of the Ethiopian population which results more accessible and more equitable healthcare for every Ethiopian. Ethiopia is recording improved health outcomes such as the reduction of maternal and infant morbidity and mortality

Table 4: Future of GFF in primary Healthcare

Despite a majority of the countries stating a high likelihood of GFF achieving its set objectives, respondent from Liberia felt otherwise. They noted that although the existing platforms for Health were being used to discussed issues on how GFF is financing them, little or nothing is being discussed regarding GFF specifically within the framework of accountability, as it relates to the implementation of Appraisal document, financial accountability, transparency and equity. This could hinder attainment of universal health coverage.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

- GFF Civil society Organization and multi stakeholder meetings are being held by most of the GFF implementing countries. However, this is not on a regular basis.
- There is a myriad of challenges faced during CSOs country coordination.
- Lack of a standardized process for engagement with CSO's in the GFF country approach and national engagement has greatly affected CSO coordination.
- There was limited knowledge among GFF coordination groups regarding countries multi-stakeholder's forum constitution in a number of countries.
- GFF is meeting its set goals and it is actively helping the implementing countries achieve a sustainable primary healthcare.
- There is looming support from the GFF member countries and a growing desire for more involvement in the operations to promote inclusivity hence better outcomes and realization of the set goals.

Recommendations

- There is a need for shared advocacy agenda, coordination and collaboration, as well as the need for openness and transparency during GFF CSO engagements to facilitate effective GFF mechanism implementation.
- There is need for a standard approach in CSO engagement and Coordination.
- To encourage cross learning among the GFF countries in order to bring impact stories in these countries.
- Build capacity for domestic resources management advocacy to reach the target set in resource mobilization.
- Increase public participation in order to intensify acceptability of the programs and lure more potential donors to channel their support
- Analysis on how equity and sustainability is being addressed on the existing policy document.
- GFF needs to capacity-build CSOs in different countries on health financing advocacy to ensure that they are involved in policy formulation process and they can advocate for equity in allocation and distribution of resources.

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