

# THE GFF WE WANT

C A M P A I G N

REGIONAL CONSULTATIONS REPORT



# POLICY BRIEF

## Background

*The GFF has led to significant gains in scaling up RMNCAH-N interventions across the implementing countries.*

Through the Global Financing Facility (GFF), governments can direct domestic, World Bank, and donor resources to the most impactful programs to accelerate investment in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N). By providing technical expertise, constructive engagement with decision-makers, representing communities, and holding the government, donors, and other key actors accountable, civil society organisations (CSOs) contribute to advancing RMNCAH-N. In this analysis, we explored challenges, gaps, and lessons learned to help raise the voice of CSOs and implement recommendations as part of the GFF Resource Mobilization Campaign. CSOs from eleven countries that implement GFF participated in regional consultation.

## Key findings

### Evolution of CSO participation within the GFF framework

*Participation of CSOs in advocating for primary healthcare has led to significant gains in RMNCAH-N initiatives.*

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. CSOs were engaged in developing investment cases in some countries, such as Burkina Faso and Mauritania, whose governments signed up for GFF funds.

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 requested grants and funds from the GFF to help fund their operations directly in implementing countries, leading to the GFF approving USD \$300,000 funding for the GFF civil society and youth small grants mechanism, hosted by Management Sciences for Health (MSH) in the FY2020 followed by a second round of funding for the small grants mechanism of USD \$600,000 disbursed in FY2021. To support the 36 countries where GFF is currently operating, the current GFF We Want Resource mobilization campaign 2021 aims to raise USD 5 million over two years.

There is still a great deal of work to do to increase CSOs' influence at the national level. CSOs need to be included in country decision-making processes to ensure adequate engagement in consultations on health financing strategies and investment cases to improve transparency and accountability. According to the country surveys and key stakeholder interviews in this study, multi-stakeholder platforms need to be improved. The GFF can do this by committing to meaningful stakeholder engagement and strengthening relationships with GFF Focal Points and GFF Liaison Officers. They are the local staff responsible for interacting with stakeholder communities in target countries.

## CSOs challenges

While advocating for better child and maternal health systems, CSOs face unique challenges. Challenges include:

- **Insufficient funding for operations.** The World Bank disburses GFF funds directly to national governments, making it difficult for CSOs to raise funds for their operations.
- **Lack of coordination in facilitation of efforts.** Working groups comprising CSOs are still in their infancy in most countries, with limited participation from CSOs. Furthermore, in some countries, governments are less involved 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.** Health plans for some countries were lacking a coordinated approach showing the interlinkages between them. CSOs and donors are working on uncoordinated targets, leading to donor investments being done in silos.
- **Inaccessible data.** CSOs in GFF countries lack resources and/or capacity to effectively track and share evidence, stories, results, and lessons learned related to GFF engagement.
- **Difficulty in enhancing joint accountability in the use of funds.** There is still a minimum degree of transparency concerning donations between all recipients (government and CSOs).
- **Poor treatment of health human resources.** The living conditions of health workers were reported to be poor in some countries. Moreover, remuneration for health workers is dependent upon donor support, which makes it very uncertain. As a result, supporting RMNCAH-N initiatives in countries is challenging.

## CSO success stories

As a result of CSOs' role in advocating for primary healthcare, many RMNCAH-N initiatives have made significant progress. Some examples are:

- **Additional funds have been made available because of increased budget transparency.** The CSOs have used scorecards to track use of funds by governments leading to more fund allocation to RMNCAH-N efforts in their member countries.
- **Increased information sharing has improved identification of success stories leading to improved advocacy efforts.** This has made it easy when building an investment case to request for increased donor support.
- **Better representation of local communities.** There has been increased representation of the local communities at the MCPs through a representation of the CSOs and the youth.
- **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). 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.

- **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.

## Recommendations in bettering the GFF framework

To enhance CSO participation and ensure that the GFF meets its objectives, we recommend the following:

- **Enhance joint accountability.** Countries can achieve this by mandating the implementation of MCPs that explain both the role and the interlinkages between stakeholders and by holding periodic quality meetings within the MCPs;
- **Finance and build the capacity of CSOs and youth to implement RMNCAH-N efforts.** GFF should increase the predictability and consistency of existing grants to provide more funding opportunities for CSOs. GFF should build the capacity of the CSOs and youth to improve their skills;
- **Encourage participation of the private sector and other donor agencies.** The GFF should consider partnering with African foundations and donors to obtain sustainable financing for RMNCAH-N initiatives.;
- **Advocate for meaningful engagement with governments at the MCP level.** The GFF should mandate the governments take lead in hosting their respective MCPs consistently; and
- **Use of key opinion leaders as advocacy champions** The GFF should consider incorporating key opinion leaders e.g. , the office of the First Ladies in Africa states to promote and advocate for increased attention on women and children health issues.

## Call to Action

Considering the current resource mobilization campaign, some action points include:

- RMNCAH-N is the focus of the GFF;  
*#reproductivehealth, #maternalhealth, #AGYWhealth, #nutritioninAfrica*
- Through the GFF, IDA/World Bank resources can be directed to support RMNCAH-N activities at a time when aid funds are severely stretched;  
*#equitablefunding; #collaboratingacrossAfrica; #WorldBank, #theGFFwewant*
- The GFF is saving children, adolescents, and women in the fight for better health and nutrition;  
*#womenandchildrensrights; #genderequality, #fightforbetterhealth*
- In the health system, adolescents, girls, and young women (AGYW) are at a time of crisis;  
*#AGYWhealth; #empoweringwomen;*
- GFF aims to improve primary healthcare systems in participating countries by providing sustainable, long-term financing;  
*#sustainablefunding; #primaryhealthcare; #theGFFwewant*
- The GFF unlocks domestic funds to invest in healthcare in the respective country; and  
*#unlockdomesticfunds;#sustainablefunding; #primaryhealthcare; #theGFFwewant*

- With the GFF, primary healthcare facilities can make up for all losses caused by COVID-19.  
*#sustainablefunding; #primaryhealthcare*

**About WACI Health:** An Africa regional advocacy organization, which influences political priorities through an effective, evidence-driven Pan-African civil society voice and action.

**About E&K Consulting Firm:** An advisory and investment firm that provides turnkey solutions in the healthcare, finance and technology sectors in Africa and beyond. Beyond being an advisor, E&K is an implementer and investor in healthcare, finance and technology sectors across the public, private and development sectors globally. E&K led the research design, implementation and development of this policy brief

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 **WACI HEALTH**  
*Champions for Health*