EVERY WOMAN
EVERY CHILD

Consultations on updating the Global Strategy for Women's, Children's and Adolescents' Health:

Perspectives on the Global Financing Facility

15th December 2014

The Partnership
for Maternal, Newborn
& Child Health

Evidence, advocacy and accountability
for women's and children's health

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Key Acronyms

Acronym	**Full description**
AIDS	*Acquired Immune Deficiency Syndrome*
ART	*Academic, Research and Teaching institutions*
CAG	*Consultative Advisory Group*
CHeSS	*Centre for Health and Social Services*
CHESTRAD	*Centre for Health Sciences Training, Research and Development*
CoIA	*Commission on Information and Accountability for Women's and Children's Health*
CRVS	*Civil Registration and Vital Statistics*
CSO	*Civil Society Organisation*
FCAS	*Fragile and Conflict-Affected States*
FP	*Family Planning*
GAVI	*Global Alliance for Vaccines and Immunisations*
GFATM	*Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund)*
GFF	*Global Financing Facility*
HCPs	*Health Care Professionals*
IDA	*International Development Association*
iERG	*Independent Expert Review Group*
IHP+	*International Health Partnership*
INGO	*International Non-Governmental Organisation*
MICS	*Multiple Indicator Cluster Surveys*
MMR	*Maternal Mortality Rate*
MNCH	*Maternal, Newborn and Child Health*
NGO	*Non-Governmental Organisation*
PMNCH	*Partnership for Maternal, Newborn & Child Health*
RBF	*Results-Based Financing*
RHSC	*Reproductive Health Supplies Coalition*
RMNCAH	*Reproductive, Maternal, Newborn, Child and Adolescent Health*
SDG	*Sustainable Development Goal*
SRHR	*Sexual Reproductive Health and Rights*
TB	*Tuberculosis*
UHC	*Universal Health Coverage*
UN	*United Nations*
WASH	*Water, Sanitation and Hygiene*
WB	*The World Bank*

Executive Summary

This report has been developed to provide a timely and constructive input to the Global Financing Facility business plan development process, in the context of supporting the 2015 update to the Global Strategy for Women's, Children's and Adolescents' Health. It is the first report in a consultation process that will extend through the early part of 2015 around the development of the next Global Strategy for Women's Children's and Adolescents' Health under the Every Woman Every Child banner. Over 1,400 individuals and organisations contributed views on the Global Financing Facility (Appendix A), in the course of the Partnership for Maternal, Newborn and Child Health (PMNCH)-hosted consultation process, which took place over five weeks, from 10 November 2014 to 12 December 2014. Comments were collected through an online survey (www.WomenChildrenPost2015.org) and a range of consultation events and meetings supported by PMNCH members. The participation in the consultation reflects the enthusiasm and interest that the Global Financing Facility (GFF) has generated. The report arranges comments into three sections (context and landscape, design, and implementation). The summary of findings and conclusions form the final section and are summarised below in this Executive Summary.

Summary of findings

The consultation process accumulated a rich collection of views over a short period of time. A summary of the findings includes:

1. A high level of agreement with the central aim of the GFF to build long-term domestic financing for women's and children's health in the context of an updated Global Strategy for Women's, Children's and Adolescents' Health.
2. Strong agreement with the ambition to mobilise additional financing for reproductive, maternal, newborn, child and adolescent health (RMNCAH). The prospect of a new financing instrument was cautiously but generally welcomed.
3. Strong commitment to the idea of building sound national plans, backed by broadly agreed financing roadmaps that together reflected country leadership, country priorities, and country decision-making processes.

4. Wide-ranging support in principle for more and better RMNCAH harmonisation and the need to ensure that the GFF does not lead to further fragmentation.
5. Concerns were expressed over the potential conflict between harmonisation goals and the objective aimed at increasing global funding to RMNCAH and concern about timing, transition to the GFF of existing funding commitments, the risk of gaps and lost momentum.
6. A sense that the GFF needed to become something more ambitious (more broadly owned and with wider possible beneficiaries) than a World Bank Trust Fund and that to be truly global it needed to have a critical mass of partners working together with shared ambition linked clearly to the objectives of the Global Strategy for Women's, Children's and Adolescent's Health specifically and the sustainable development goals (SDGs) more generally. While this may have to be achieved over time, the features of something more global than a trust fund would include:
    - Governance, decision-making, and stakeholder structure that is broader and more inclusive than a World Bank Trust Fund structure would usually entail;
    - Processes designed to build transparency and accountability in the decision-making and use of funds, monitoring and accountability; and
    - Delivering funding to stakeholders in partner countries in a range of ways not necessarily limited to current Trust Fund rules and to eligible recipients other than national governments.
7. Strong interest in clarifying how the operational model of the GFF will advance and champion a rights-based approach and in particular, how it will promote, protect and expand access to sexual and reproductive health and rights services (SRHR).
8. Near universal interest in and commitment to the importance of accountability, robust arrangements to track inputs, outputs and outcomes, inclusive decision-making, transparency and openness at every stage of the process.

Summary of Recommendations

A. Strategic recommendations

1. **Build coalitions:** To achieve its ambitious objectives, the GFF should seek to build a much broader based coalition of partners among donors, countries, and health and non-health sector stakeholders, taking the time to develop shared understanding about the ambition, scope, operational model and implications of the GFF for health financing.
2. **Develop a political advocacy strategy:** The development of such a coalition could be underpinned by a much more active and concerted political advocacy strategy with the dual aim of: (i) fostering better understanding about the GFF within and beyond the health sector (for example, among ministry of finance colleagues in both donor and partner countries, and all the donor nations who support IDA); and (ii) lifting the GFF away from being a World Bank managed Trust Fund and towards an instrument with global stature that could operate alongside GAVI and the Global Fund.
3. **Integrate the GFF into a broader vision for financing women's, children's and adolescents' health:** The GFF should be developed and implemented in the context of a larger, more joined-up/ shared vision around global financing for women's, children's and adolescents' health in the coming years. That vision – itself something like a global roadmap – should be developed by a critical mass of donors, partner countries, civil society organisations, and others, including or even initiated and led by GFF sponsors. The financing workstream of the process to update the Global Strategy for Women's, Children's and Adolescents' Health is an excellent opportunity to take this forward, but important work towards building this vision could start immediately with the right leadership.
4. **Build a clear SRHR policy and approach:** The GFF should seek to work with representatives from the SRHR community to build clear policy addressing SRHR in its broadest sense including a range of potentially sensitive issues (for example, female genital cutting, violence against women and girls, abortion, and early marriage).
5. **Clarify the GFF's role in civil registration and vital statistics (CRVS) efforts:** The approach to CRVS should be clarified in relation to broader data systems, record keeping systems, health information management systems

especially with respect to current efforts underway in several UN agency partners, and elsewhere in the World Bank. The GFF business plan could helpfully outline how it will contribute to bringing partners together to streamline the whole area of data and information management in the context of the updated Global Strategy and avoid being another of several initiatives.

B. Operational recommendations

6. **Agree a set of operating principles:** The GFF should develop a set of operating principles that ensure concerns are addressed and rights are protected, for example: (i) promotion of human rights; (ii) transparency and openness; (iii) promotion of multi-sectoral working; (iv) incorporation of civil society into global/ country based accountability processes; and (v) eligibility for funding should extend to all aspects of the updated Global Strategy for Women's Children's and Adolescent's Health.
7. **Agree a health systems strengthening approach:** The GFF should adopt an approach to funding health systems strengthening and universal health coverage.
8. **Build on what is already working in countries:** The GFF should be explicit about building on country processes already in place and operational by creating a flexible approach to the roadmap development process to ensure the GFF adds momentum to what is on the ground already rather than creating competing or alternative processes that drain time and capacity.
9. **Develop a proactive communications strategy:** The GFF should develop and implement a proactive communication strategy in order to increase direct and open communication with the RMNCAH community. This communication strategy would provide an immediate opportunity to clarify a number of points including the: (i) meaning of front-runner country status, why they were selected and how the next countries will be selected; (ii) how information will be shared in country and who will be responsible for ensuring that in-country arrangements progress; (iii) opportunities to join/ contribute to discussions before decisions are taken; and (iv) role of civil society organisations in the GFF business planning process, in the implementation at country level and in the future.

   But it would also facilitate on-going dialogue, alert partners to opportunities to contribute views, ensure the timetable for discussion and decision-making is well publicised, enable the business planning team to communicate

decisions that have been taken about design and implementation issues, test out proposed ideas and receive comments back from the community.

10. **Adopt a plain language approach (in more than just English):** The business plan should be written without jargon and with minimal use of acronyms. Words like *leverage* and *synergistic* are not well understood outside of the World Bank. The material should be available in other languages.

11. **Develop (and test) a comprehensive accountability structure:** The accountability framework should include global and country level mechanisms linked to the Global Strategy and drawing on what has worked well elsewhere.

12. **Support learning and reduce complexity:** The business plan should explain very clearly how the facility will work, including the proposed linkages between the GFF and IDA lending, which should incorporate a clear explanation of how the GFF grants will flow in conjunction with IDA lending. This would also create an opportunity to address and alleviate the many concerns raised about the danger of GFF's undue influence on countries' decision-making related to IDA borrowing and use of those funds.

1. Introduction

1.1. Background

This report aims to synthesise the views of over 1,400 organisations and individuals that discussed and provided views on the Global Financing Facility (GFF). The GFF was announced at the "Every Woman Every Child" event during the 69th UN General Assembly in New York, in support of the Global Strategy for Women's and Children's Health to build long-term domestic and international funding commitments for women's, children's and adolescents' health.[1]

The Partnership for Maternal, Newborn & Child Health (PMNCH) was asked to co-ordinate a wide-ranging consultation on the GFF in advance of its finalisation and launch in 2015 in order to obtain views from partners on the GFF. This consultation (done between October and December 2014) has been carried out within the broader context of the process to update the United Nations Secretary-General's Global Strategy for Women's, Children's and Adolescents' Health, to be launched in September 2015 alongside the new sustainable development goals (SDGs).

1.2. Purpose and Approach

The principal objective of the consultation has been to canvass and synthesise views on general and specific aspects of the GFF from a full range of PMNCH constituencies[2] and other stakeholders. The purpose was to share available information about the GFF with the wider community and to enable as many stakeholders as possible to provide their views on what is likely to be an important addition to the array of funding mechanisms that will be needed to support the delivery of the updated Global Strategy. The views are collated and synthesised as an input into the GFF constituency groups[3] was formed to oversee this wide ranging consultation, to review and approve this synthesis report, to guide and support the

[1] World Bank Group (2014), "Development Partners Support the Creation of Global Financing Facility to Advance Women's and Children's Health". www.WorldBank.org/en/news/press-release/2014/09/25/development-partners-support-creation-global-financing-facility-women-children-health

[2] The seven constituencies are partner countries; donors & foundations; non-governmental organisations; health care professionals; academic, research & teaching institutions (ART); private sector; and multilateral organisations.

[3] The partner countries constituency decided it was unable to participate in the Consultative Advisory Group (CAG) given the time limitations. With the agreement of the GFF Working Group, PMNCH opted not to attempt to conduct formal consultations with partner countries. It was agreed in November that other organisations (e.g. H4+) were better placed to undertake this level of consultation. However, over 25 countries participated through focused engagement, the online survey and through regional consultation events (see Appendix A for full list).

process of engaging PMNCH members, and to facilitate information sharing and consensus-building among the constituencies.

A web-based consultation hub was created (www.WomenChildrenPost2015.org) as a platform to host a survey, share information, and support dialogue and discussion through social media about the update to the Global Strategy more generally and, in this phase, about the GFF in particular. Views were collected in several ways, including an online consultation survey (in English, French and also available offline), country based regional meetings and partner hosted events, direct submissions to the Consultative Advisory Group (CAG) or PMNCH Secretariat, and PMNCH constituency-based consultations.

A few PMNCH partner-networks (for example, CHESTRAD) operated their own surveys, which incorporated GFF-specific questions or developed submissions that represented the views of many partners within their networks (for example, Save the Children and the International Planned Parenthood Federation). Working through these PMNCH partners, the reach of the consultative process was further increased.

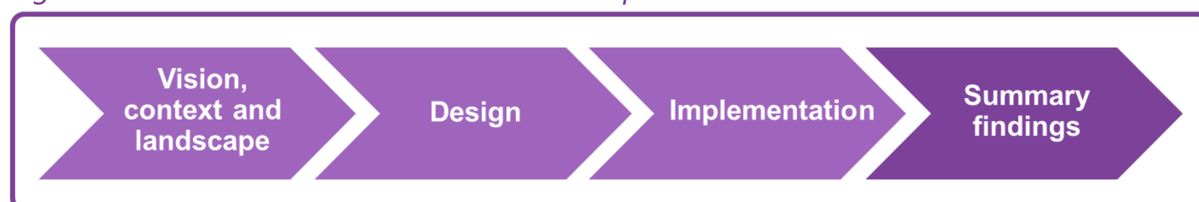
1.3. Data management methodology

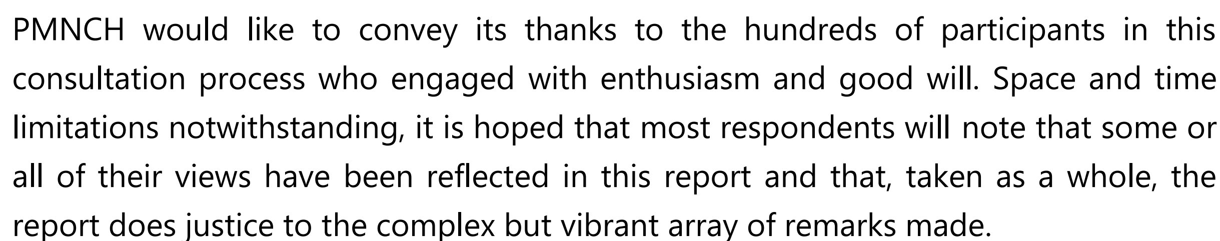
The feedback gathered across all channels was recorded and collated by the consultation team. Responses were deconstructed and sorted by topic using qualitative research methodologies. The data processing approach was cross-checked within the consultation team members to ensure that views were sorted in a relevant and inclusive manner, to the extent possible, and within the resource and time constraints of this consultative process.

1.4. Outline of the Report

This report organises the feedback into three thematic areas: (i) Vision, Context and Landscape; (ii) Design; and (iii) Implementation. A final section then presents the report's summary of findings and recommendations (Figure 1). Throughout the report, quotations from respondents have been used where appropriate and helpful. The constituency group of the respondent is given in brackets.

Figure 1: Consultation thematic areas and report structure





PMNCH would like to convey its thanks to the hundreds of participants in this consultation process who engaged with enthusiasm and good will. Space and time limitations notwithstanding, it is hoped that most respondents will note that some or all of their views have been reflected in this report and that, taken as a whole, the report does justice to the complex but vibrant array of remarks made.

1.5. What will happen with this report?

This report has been developed to provide a timely and constructive input to the Global Financing Facility business plan development process. It will be submitted to the GFF Oversight Group in the week of December 15th. It will also be posted on the consultation web-hub (www.WomenChildrenPost2015.org) and will be sent to every respondent who participated in the survey. Through its advocacy work and as a member of the GFF Oversight Group, PMNCH will continue to refer to the key messages coming out of this report.

As the first report in a consultation process that will extend through the early part of 2015 around the development of the next Global Strategy for Women's, Children's and Adolescents' Health under the Every Woman Every Child banner, PMNCH will shift focus in early 2015, to work through its partners to develop and advocate for an updated Global Strategy. A substantial component of this strategy and implementation plan will involve financing issues and funding modalities to eliminate preventable deaths and improve the well-being of women and children in line with the new SDGs. As part of this general process, a Financing for Development meeting, to be held in Addis Ababa in July 2015, will be an important platform for building consensus and commitments. Thus, although PMNCH will expand its focus to engage with the overall Global Strategy, it will also continue to work specifically on reproductive, maternal, newborn, child and adolescent health (RMNCAH) financing issues as it has done over the last several years.

Further feedback on the GFF collected by PMNCH after this report is released in mid-December 2015 will be synthesised as part of a subsequent PMNCH consultation report on the Global Strategy in early 2015.

2. Reflections on Vision, Context and Landscape

This section of the report synthesises comments related to the broader post-2015 development landscape, which the GFF seeks to influence and within which it will operate. In particular, it sets out the reflections of respondents on how the GFF might achieve greater reach, the level of the facility's ambition, its approach to aid effectiveness, harmonisation and its role in health systems strengthening more generally.

2.1. Level of ambition and long term perspective

Among respondents there was broad consensus around the need for more and better targeted funding for RMNCAH to reduce gaps and overlap, to enable service delivery, and to support national accountability and governance structures.

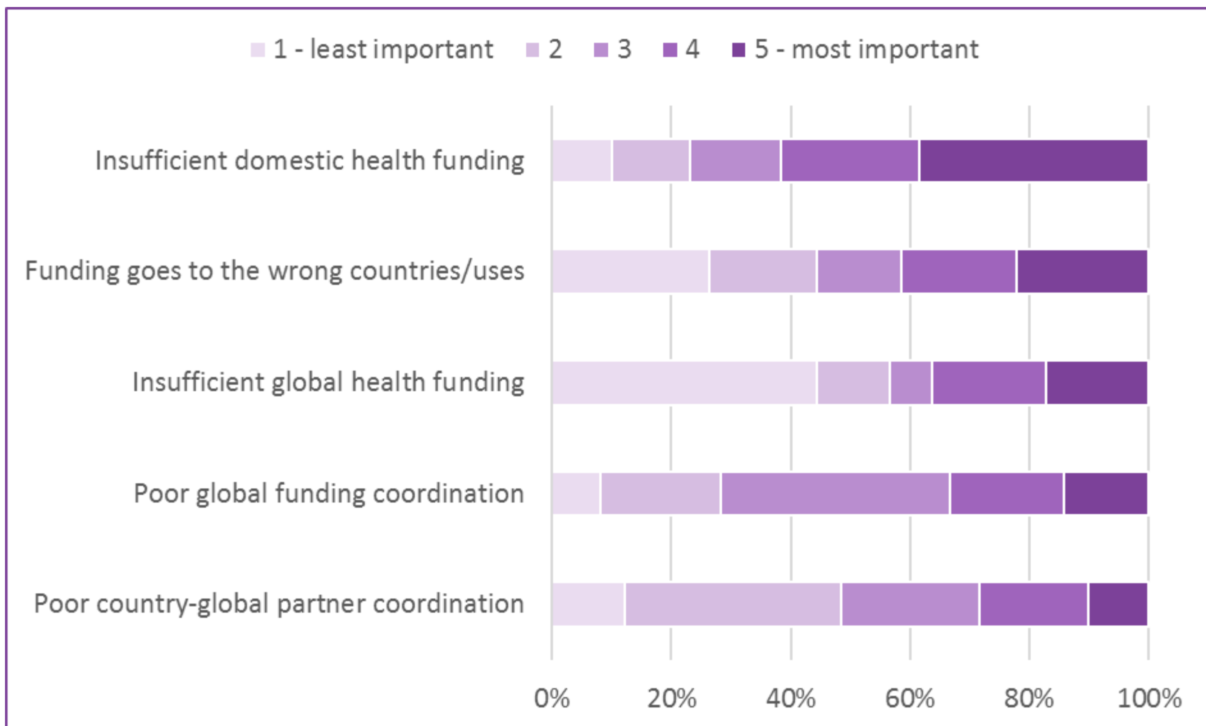
Some respondents suggested the current approach outlined in the GFF Concept Note is still unclear on a number of these points and that it should, with the right approach, be even more ambitious in terms of positioning itself as one of the main financing instruments for women's and children's health, next to the Global Fund and GAVI. For some, this meant elevating the GFF beyond its current formulation as a World Bank Trust Fund (more on this below). In addition, if not limited to RMNCAH only, the "*GFF could be a very helpful instrument if it focused on health financing more generally*" in a way that is linked to funding national plans. (Donors and Foundations).

In addition to the level of ambition, respondents raised other points around a need to clarify further what success looks like. The current objectives anticipate a broad, country-led process requiring coordination, information, planning, budgeting and negotiation among stakeholders to build, finance and deliver robust roadmaps but there is not yet much clarity on how this processes would be managed and who would participate. There was also a need for greater clarity about the interaction between the objective to finance RMNCAH and the objective to harmonise the crowded RMNCAH architecture. While both objectives were welcomed (often enthusiastically), respondents expressed a need for more dialogue around the relative importance of the objectives (to each other) and the approach that will be taken to achieve them. These comments are set out in the sections below.

2.2. Achieving reach and depth of impact

Respondents expressed strong support for the aim of the GFF to build long-term domestic financing for the full continuum of RMNCAH care. Indeed, when asked to identify the main constraints to financing women's and children's health, inadequate domestic financing was considered the most significant factor (Figure 2), suggesting good alignment with the GFF objectives.

Figure 2: What are the biggest challenges to optimal RMNCAH financing?



Constraints associated with poor coordination between global funding bodies and poor allocative efficiency between and within countries were considered substantial barriers as well. Respondents recognised the importance of greater harmonisation, particularly where global initiatives interact with each other and with partner countries. Many were expecting/ hoping to see concrete proposals in the GFF business plan on how the GFF would foster better harmonisation (and not create further fragmentation).

The least important bottleneck according to respondents was the absolute amount of global funding. This further strengthened the broad and deep support for the GFF objectives to strengthen domestic resource flows, improve coordination, and target the most important needs for women's, children's and adolescents' health.

2.3. Aid Effectiveness

There was widespread consensus around the aim of the GFF to operate at country level in ways that were owned and led by countries themselves, and which encouraged countries to invest more domestic resources into women's, children's and adolescents' health over a sustained period. There was less immediate consensus around the GFF's proposed modalities to achieve these aims. Some respondents were concerned about possible adverse effects of matching grants for IDA loans. These included:

- The idea that the facility would create inappropriate pressure on countries to take IDA financing that they otherwise might not have done;
- A recognition that IDA funding is a limited resource and whatever funds flow to RMNCAH will be taken away from other sectors, which may also be important developmental priorities;
- As there can be no earmarking of IDA funds, there were questions about the detail of how the facility will function in a way that would result in more financing for RMNCAH;
- Questions about the extent to which Ministries of Finance (in IDA donor and recipient countries) have been engaged in the design of the facility, and if not, that they be engaged as soon as possible; and,
- A concern that support currently delivered to the poorest countries as grant funding will be replaced by loans and performance-based payment arrangements.

Among some donor constituents, particularly those who contribute to IDA, there was a concern about the suitability of using grants to encourage countries to use IDA funds for specific purposes.

For many of the hundreds of respondents (but by no means all), the GFF will be their first engagement with IDA and possibly with the World Bank. There is an opportunity, therefore, for the GFF to play a role in helping the wider health community understand the mechanics and decision-making processes behind the IDA system, as well as clarifying how the GFF will link its resources for RMNCAH to IDA lending.

2.4. New money, additional impact

While most respondents who mentioned it considered that the GFF should attract and deliver additional funding to RMNCAH services, there was a lack of consensus on

whether and how it would do this. For example, many respondents used strong language around the need for the GFF to be entirely new funding. At the same time, many also recognised that if the GFF aimed to harmonise funding flows by absorbing funds from other programmes, this would not amount to new funding as "*… Anytime we are offered a new commitment … the old money disappears!*" (Country NGO).

Other respondents said they considered that the GFF was largely aimed at attracting *existing* resources (funds available through the IDA facility) to women's, children's and adolescents' health. Respondents were unclear about the extent to which donor commitments into the grant element of the facility would be new and additional, but there was broad agreement around the need for the information about this to be easily available.

2.5. Results-Based Financing

Many respondents expressed interest in, and an appreciation of, the results-based financing (RBF) approach as having the potential to "*enhance performance in the health sector*" (Private sector). The aims of RBF to improve quality, focus on results, reward efficiency and track/monitor progress were fairly well understood. Many respondents were enthusiastic in their support of RBF as a useful instrument. There were a number of questions, though, and many respondents (including from among the enthusiasts) expressed caution about the reliance on RBF as the only mechanism concretely proposed for the management of grant funding in the facility. Concerns about RBF were that:

- There is insufficient evidence to back the scale-up of this approach as yet in all settings and to deliver the full range of RMNCAH services;
- It may not be the most suitable instrument for some kinds of programmes that would be critical to the success of the GFF, such as health systems strengthening and family planning;
- There are countries and settings where RBF is not the first choice for managing programme aid because of weak capacity and poor management, especially at decentralised levels (examples given include the most fragile environments such as Liberia, South Sudan) and yet these are the environments that most need investment in systems strengthening and minimum service packages;
- Linked to this, there were concerns that poor performers might fall further behind other countries on the one hand while on the other hand, the

incentives to perform well might create pressure for short term gains rather than longer term investments; and,

- Where one of the major bottlenecks to service delivery is public expenditure management and cash flow, RBF may not be the instrument of choice.

Many respondents thought that the GFF should be able to award grants without using RBF in order to finance windows for specific settings (for example, health systems strengthening in fragile and post conflict settings) or for certain services (such as family planning, investment in data management) or for certain challenges (including the introduction of new drugs or piloting new approaches).

2.6. Beyond Aid Agenda

A number of respondents commented on the ultimate goal of building long-term domestic financing to reduce reliance on aid which, they agreed, was likely to have less and less importance over the SDG timeframe in most countries.

In light of this context, several respondents made a number of suggestions about how the grant-based, RBF component of the GFF could be complemented by alternative aid modalities that would ensure the facility remained at the cutting edge of the aid effectiveness agenda and could be adapted over its lifetime to remain fit for purpose. Indeed, for many who discussed this point, the scope for the GFF to become a financing innovator lay in the possibility of piloting some of these instruments:

- Development bonds or social impact bonds and other global, regional or country-based options that bring a mixed group of investors and other stakeholders into social partnerships with major partners like the GFF, providing risk mitigation and investment guarantees;
- In-country mechanisms that may fold in private sector partners to help address service delivery challenges, such as reaching the last fifth;
- A loan guarantee mechanism to ensure cash flow at country level where credible pledges have been made to a country but where funds have not started flowing; and
- Contributions to market-shaping and advance market commitments for RMNCAH commodities that are vital to success.

Among those who talked about the GFF's potential to support/ catalyse new financing mechanisms and bring in new donors, the majority linked their comments

to the potential credibility of the GFF to build a broader coalition among financing partners if the process ensured meaningful roles and dialogue.

Linked to the idea that the GFF could become a significant and innovative global financing instrument for health systems, an interesting comment concerned the potential for the GFF to attract funding from existing and emerging donors (for example, new European and Asian donors) to channel funds in support of health systems strengthening to achieve better outcomes for women's and children's health without creating their own projects.

2.7. Sexual and Reproductive Health and Rights

Specific concerns were repeatedly articulated around the risks to sexual and reproductive health and rights (SRHR) programming generally and to family planning availability in particular. Indeed, the weight and focus of contributions representing hundreds of individuals and organisations (Appendix A) suggested that alongside the concerns about funding and programming, was a need to state the case for investments into SRHR and family planning all over again.

Although there were similar views expressed around one or two other services, the overwhelming majority concerned SRHR, family planning in particular, and concerns about losing the momentum achieved around addressing the full continuum of care. These comments included concerns that in a context where there may be limited or vacillating national (government) demand for financing some elements of RMNCAH resulting from domestic political issues (most notably sexual health, reproductive health and safe abortion), the shift of donor resources away from specific programmes (like family planning) into the GFF as part of the process of streamlining and harmonising funding flows, could lead to less funding for SRHR services (including – specifically – family planning). Furthermore, if donor resources are pooled into the GFF with the expectation that all services should be covered, ambition linked to the FP2020 goals may fail to be achieved. Very specific concerns were raised around the flow of commodities, stock-outs, lost momentum in countries and how to "*avoid taking a step backwards*" (Private Sector), as well as the fact that family planning funding and commitment currently supports many more countries than those envisaged to benefit from the GFF. Some respondents felt that, on the other hand, if the GFF fails to fold in at least some of the current funding streams, it will not achieve its objective of streamlining aid flows and harmonising aid. It could then fall short of its ambition to become a financing instrument that supports the full continuum of RMNCAH care.

Very much linked to SRHR, but occasionally referenced more broadly, there was a well articulated concern that politically determined considerations on the part of its donors could influence the scope and range of services funded by the GFF and that, as with partner governments, these politically determined considerations could vacillate over time.

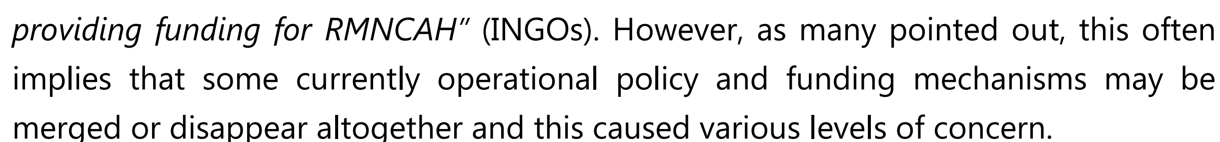
2.8. Health Systems Strengthening

The GFF was welcomed as an instrument that could fill a major gap in the current global health architecture: financing health systems strengthening. It could do this by taking a holistic approach to RMNCAH service delivery, recognising that "*financing health systems strengthening is about financing national health plans*" (Donors and Foundations). Linked to this, it would be important to ensure that funding was therefore not limited to one aspect or another of the delivery of plans (for example, procurement, training, or technical advice). To have an impact on health systems, the GFF should ensure holistic support and avoid cherry-picking inputs and should "*ensure that [all] health workers are covered*" (Partner Countries). As one respondent stated "*all health investments are health systems investments; there are just good ones and not so good ones*" (Donors and Foundations).

Furthermore, the health systems approach would be the only way the GFF could avoid verticalisation and, at the same time, "*ensure there is a strong national workforce*" (Partner Countries) that becomes progressively better trained and capable. Health systems strengthening, in the context of universal health coverage (UHC) is one of the likely components of the SDGs. One respondent linked GFF support to health systems with its responsibilities in promoting a human rights approach, "*… an acid test will be whether the GFF working through its partners can eliminate the widespread human rights abuse of women and children…being imprisoned in health facilities for non-payment of fees*" (Academic, research and teaching institutions (ART)). In this respondent's view, the GFF has to take a holistic view of health systems financing as well as delivery encompassing domestic resource mobilisation, but also policy around user fees and co-payments amongst the poorest. Ultimately, the GFF should avoid becoming "*a business-as-usual instrument instead of a driver of innovation in health systems*" (RHSC submission).

2.9. Harmonisation

Many respondents agreed that harmonisation and streamlining in the global architecture was badly needed and that, "*the GFF has the opportunity to be a critical bridge between country plans and the financial instruments and plethora of institutions*



providing funding for RMNCAH" (INGOs). However, as many pointed out, this often implies that some currently operational policy and funding mechanisms may be merged or disappear altogether and this caused various levels of concern.

Country partners suggested that "*regional bodies, such as the Economic Community of West Africa States (ECOWAS), West African Economic and Monetary Union (UEMOA), or the South African Development Cooperation (SADC), should have a role in helping harmonise and channel RMNCAH related funding*" (Partner Countries)

There is confusion about whether and how the GFF will act as a mechanism to harmonise funding, and whether and how it will become the conduit for existing funds that are already committed and flowing for RMNCAH services. In this case, views were divided. Some felt this would be a positive outcome but only if a full continuum of care is protected. Others were cautious especially in light of the prominent role of RBF in the current model. All respondents who talked about this issue were concerned about whether the grant component would be additional and would build on existing funding. However, when asked about challenges to financing RMNCAH, the highest response after insufficient domestic financing was "*poor coordination and a lack of harmonisation among global funding bodies…*".

3. Reflections on the Design of the GFF

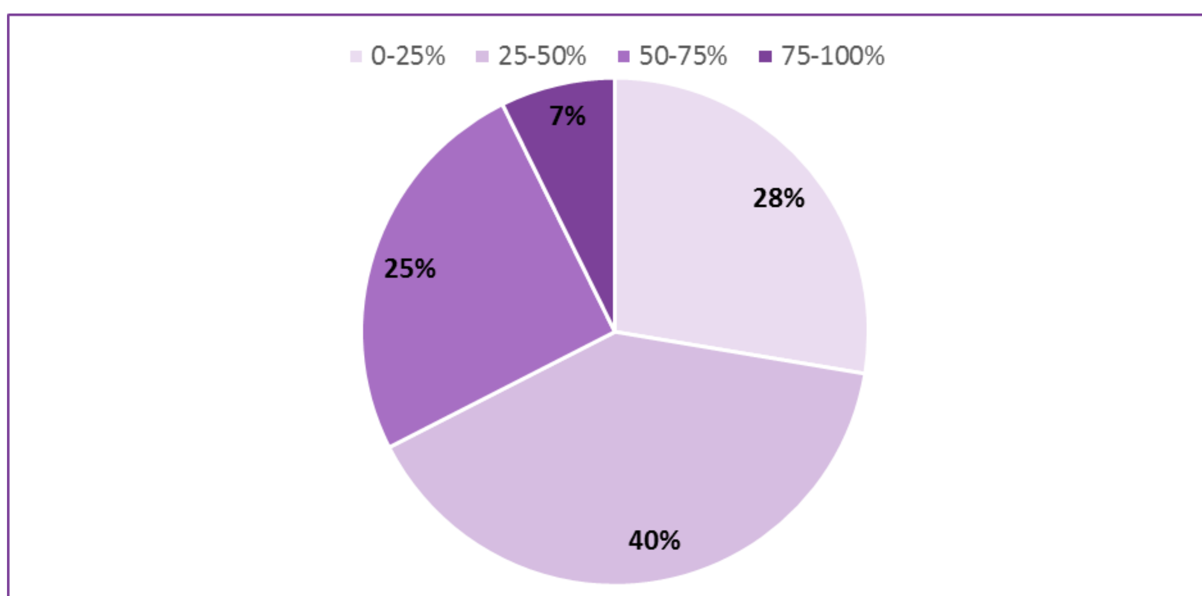
This section summarises comments made by respondents around how the GFF will be designed to work in practice including eligibility, its approach to multi-sectoral working, country selection, and the design challenges of the different objectives of the GFF.

3.1. Funding across sectors

A welcome opportunity identified throughout the consultations is the potential for the GFF to fund a multi-sectoral approach to support women's, children's and adolescents' health. Indeed, many respondents identified the interface of sectors – where many sectors meet – as the point where many of the thorniest problems for health outcomes lie. Examples included violence against women and girls (in both public and domestic contexts), child marriage and female genital cutting. Other examples included stunting, female-headed household poverty and others.

There was thus strong support for the GFF to invest in health outcomes through working beyond the health sector. Figure 3 shows the distribution of views on the question of multi-sectoral working, the largest share of whom supported a 25-50% allocation of funds delivered through other sectors.

Figure 3: What percentage of GFF resources should be channelled towards multi-sectoral approaches?

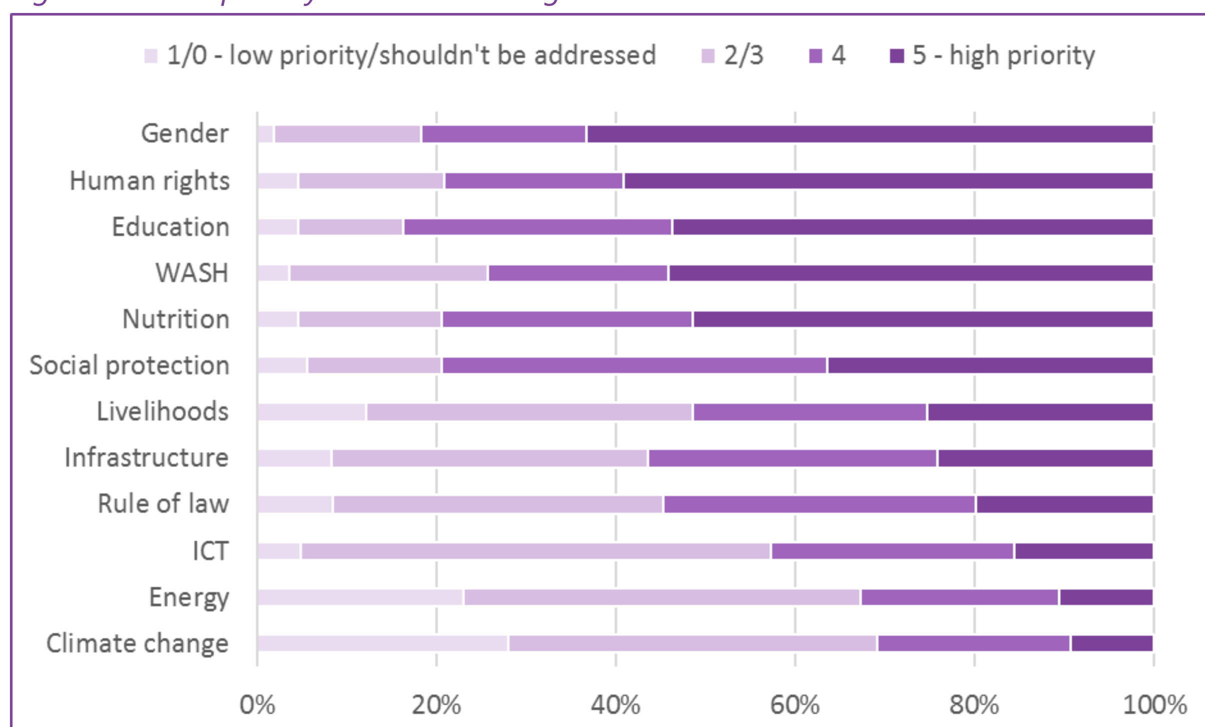


However, among some country-based organisations including civil society and government respondents, there was a concern about how the funding would be

tagged by ministries of finance and the "*implications of this for government health budgets*" (Country NGOs). For these respondents, spending that was delivered (budgeted and disbursed) through another sector, even for the purpose of supporting a health outcome, had to count as part of that sector's budget rather than the health budget.

Figure 4 shows the strength of preferences indicated by respondents regarding the most important sectors to invest in alongside health. As shown, human rights and gender are considered the most important of all, with education, WASH (water, sanitation and hygiene), and nutrition following closely behind.

Figure 4: What priority should the GFF give to non-core sectors?



In summary, the GFF was viewed as an opportunity to address current gaps or difficult multi-sectoral problems in a holistic way, working across ministries, between sectors, and bringing partners together as necessary from a wide range of disciplines to design and implement programmes.

However, this approach has limits and there were concerns expressed about how these limits would be defined. The importance of government decision-making was raised and the idea that each country is different and should make its own decisions was reiterated in this context. Whatever approach is settled on, it becomes clear from the consultation that the GFF should set out guidelines or principles as to what the

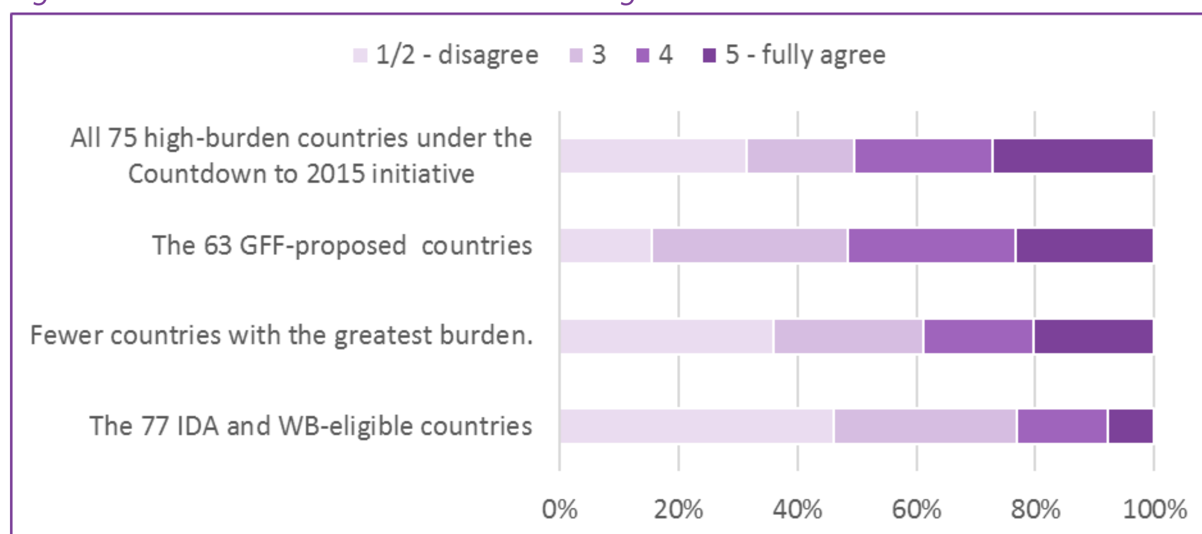
GFF will and will not fund, with an opportunity for flexibility in particular settings or circumstances.

These principles, where suggested, should be founded on evidence-based interventions. However, in developing such a list, caution regarding the changing nature of evidence was raised. In some years' time evidence will be very different from today so also the GFF should be clear about what constitutes evidence and how that will be updated. One suggestion more generally was that the GFF should fund whatever is ultimately included in the updated Global Strategy for Women's, Children's and Adolescents' Health.

3.2. Country selection

The GFF's proposal to finance the 63 countries that account for the majority of maternal and child deaths was generally met with approval. Using the online survey, we asked respondents to rate their agreement with several statements concerning country-selection on a scale of 1 to 5, with 5 being complete agreement. Figure 5 presents the average of those scores (showing strength of feeling) and demonstrates that the majority of respondents were in agreement with the proposed approach. However, many also proposed that all 75 high-burden countries should be eligible to draw funds from the facility.

Figure 5: Which countries should the GFF target?



Written consultation feedback further supported these findings. Some respondents viewed the 63 focus-countries as a reasonable choice to begin with, but suggested that country selection should be reviewed as the GFF matures and in-country conditions change.

Some stakeholders questioned the process through which countries have been selected as "front-runners". These questions suggested a lack of understanding about the purpose and meaning of front-runner country status and the selection process behind it. This should be explained in more detail in the business planning process.

3.3. Eligibility for Funding

Many respondents expressed concerns, asked questions or made suggestions regarding eligibility for funding.

There were three angles to these comments. The first concerned seeking assurance that decisions about funding would be handled with full transparency (this is addressed in more detail below). The second concerned a strong sense that all stakeholders should be "at the table" in country and engaged in a forward-looking process. And thirdly, for many respondents, there was a strong sense that civil society, including local representation and non-governmental organisations, as well as other important stakeholders like the private sector, should be formally included in the GFF process either as recipients of funding or in an accountability role, or both. There were a number of comments about this:

- For some, this was very much about having the possibility of applying for funding, linked to a previously expressed concern about the potential decline of funding for SRHR if the GFF absorbed funds currently earmarked, for example, to family planning;
- For many, there was a sense that where there are good road maps and a strong in-country process, the role of civil society should be negotiated locally;
- Almost all civil society respondents who addressed this issue said that civil society should be involved in monitoring, accountability or evaluation; and
- A concern over the lack of clarity about how eligibility for GFF funding would be decided.

One respondent expressed concern that if approval procedures (for non-governmental funding flows) were too onerous then the GFF *"may not be as nimble as we imagined it to be"*. (Private Sector)

Some respondents thought that funding eligibility issues were still to be determined, but said that eligibility criteria should be finalised as soon as possible. Others were clear that (in their current understanding), funds would only travel "*from the World*

Bank to Governments" (NGO) and the responsibility for delivering funds to other partners lay with governments. However, in some settings such as Zimbabwe, this is not the case at the moment.

3.4. Civil Registration and Vital Statistics

The GFF's third objective to "*finance the strengthening of civil registration and vital statistics systems (CRVS)*" was enthusiastically received and "*particularly welcomed*" (NGO) by consultation events concerned specifically with CRVS. Participants in the GFF Working Group session at the Commission on Information and Accountability (CoIA) for Women's and Children's Health agreed that the GFF's galvanising of CRVS was "*critically important*". A few comments relate specifically to CRVS:

- While appreciating the focus on CRVS and the idea behind it (every life counts), there was a call to ensure that the GFF supported governments to reform their entire health record systems.
- There are similarities – it is thought by one respondent - between the World Bank's existing Data Financing Fund and the GFF, and questions were raised as to how these will be coordinated, especially where different national and global organisations may be pushing for CRVS improvements.
- Many respondents agreed with the overarching importance of data more generally and called for investment in streamlining and strengthening the whole health information system, especially among the UN agency initiatives (such as Data for Development, CHeSS, Multiple Indicator Cluster Surveys (MICS) and other initiatives).

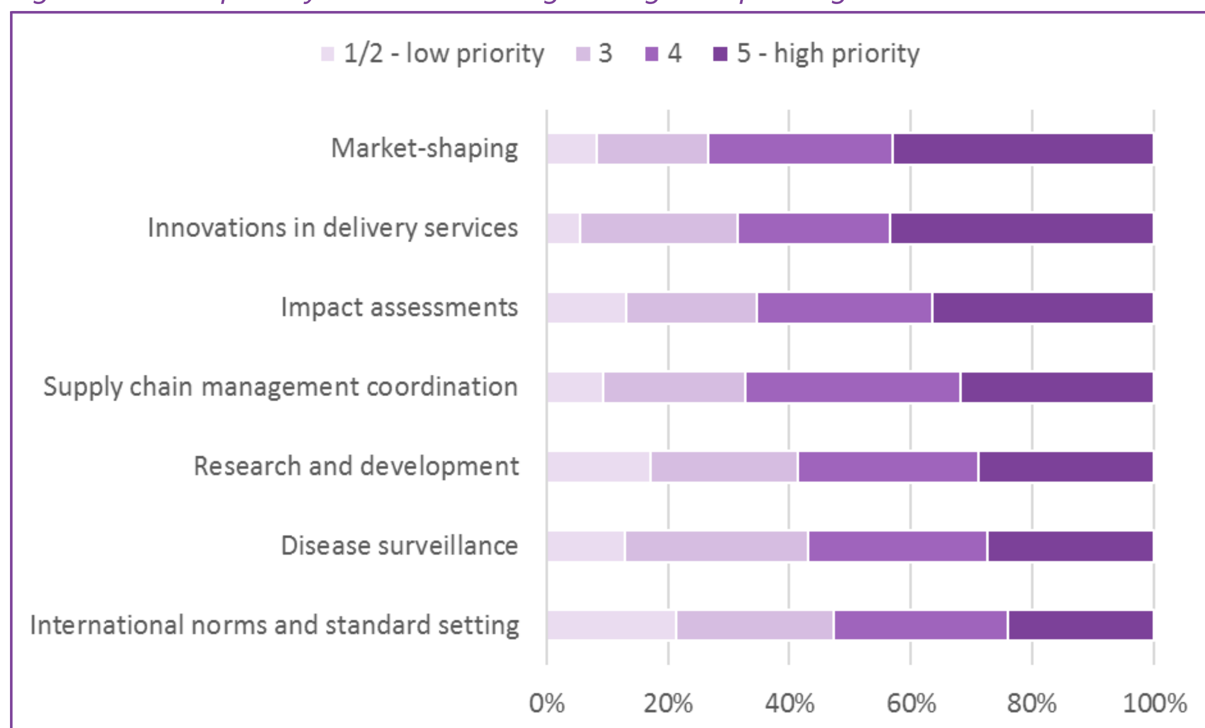
Although not identified as the most important of the GFF objectives, CRVS was seen as being a crucial part of the wider health systems strengthening goal: "*information systems (including CRVS) should be seen as a key element of strengthening health systems*" (Donors and Foundations). An important observation was that one strength of the GFF could be its ability to create a larger fiscal space for complex interventions, including CRVS.

3.5. Global Public Goods

The GFF's fourth objective to "*finance the development and deployment of global public goods essential to scale up*" was generally viewed as a relevant and important objective, with the majority of respondents ranking this as one of the more important of the five objectives.

In the online survey, respondents were asked to state the importance they placed on each of the global public goods and services proposed in the GFF Concept Note (Figure 6). Of these options, market shaping to ensure sustainable access to key commodities is given the highest priority. Indeed, RHSC's position paper on the GFF explicitly states that, "*ensuring universal access to voluntary family planning (FP) and SRHR is, without doubt, one of the most cost-effective investments in health and development*". Another area considered important is innovations in the delivery of services, such as through task shifting.

Figure 6: What priority should the GFF give to global public goods and services?



Questions were raised over the extent to which the GFF should "*act as a financier to fund global public goods, compared with other global health organisations*" (Multilaterals) or indeed how decisions of this kind will be taken, given the GFF objective around harmonisation. Whilst global public goods were seen to be important, there were mixed views as to whether the GFF should invest directly in this area or play a coordinating role. The *added value* of the GFF's investment was also questioned given *"there are already several initiatives and fora that work in this area (e.g. RHSC on supply chains)"* (Donors and foundations).

3.6. Role of non-government partners (CSOs, Private Sector)

Both the CRVS and the global public goods objectives imply the establishment of funding windows either within or separately from other GFF objectives. More clarity about how these would operate will therefore be needed.

At the same time, non-government stakeholders (civil society organisations (CSOs), the private sector, academics, health care professionals) were vocal across the consultation around the opportunities and limitations of the financing facility as it is currently envisioned (in the concept note). For example, CSOs (both international and country-based) were enthusiastic about being drawn into the development and operation of the GFF both in the design phase (the business plan development process) and in the country implementation phase. Suggestions of the roles that CSOs could or should play included:

- **Planning:** To ensure that programs reflect civil society concerns, strengths and roles at the country level.
- **Implementation:** To support implementation especially in hard to reach communities by contributing expertise and experience to developing financing roadmaps and country plans, as well as their subsequent implementation. Many CSOs have years (often decades) of experience delivering RMNCAH services.
- **Reaching communities** with information, services and education: CSOs are often based in hard to reach places and can reach marginalised households often not reached by formal services.
- **Monitoring and evaluation:** Several respondents noted the important role that CSOs could play in supporting data collection, anti-corruption, whistle-blowing, and assessment of in-country financing results.
- **Accountability:** Respondents presented a range of ideas around systematically including CSOs in GFF accountability mechanisms at both the global and country level.
- **CRVS:** Inclusion of CSOs in improving and harnessing the full potential of open data technologies, both as users and providers, linked to broader data collection.

Many respondents expressed a concern that none of the financing in GFF would be earmarked for CSOs to engage in any of the activities identified above and in particular to strengthen the institutional capacity of CSOs to engage in RMNCAH

work. Depending on the country or the service under consideration, one respondent said, *"usually when funds come from big institutions like the World Bank the automatic partners are government [and sometimes] national governments and civil society are not bedfellows. Will this not exclude CSOs … from accessing the funds that can be provided by the GFF? Will this not also exclude them from being recognised as equal stakeholders and partners in the GFF?"* (NGO).

Similarly, among the private sector, there was a good range of respondents who valued the recognition of the private sector's importance in the GFF Concept Note. Many emphasised the potential for greater private sector involvement with the GFF for example through:

- Empowering *"the private sector to be involved through support of innovations in domestic financing and corporate social responsibility"* (Consultation Event Report).
- Ensuring *"strong collaboration of the private sector in the development and implementation of the RMNCH plans"* (Consultation Event Report).
- Integrating the role of business, *"from the outset rather than as an afterthought. Annex 5 of the GFF concept note is great, in terms of its reference to building local health delivery by better integration of private sector strategies. I think this emphasis needs to be made clearer within the main document as well."* (Private Sector).

3.7. Fragile and Conflict Affected States

As a large proportion of maternal and child deaths occur in fragile and conflict affected states (FCAS), the consultation specifically sought views around how the GFF should work in these settings. Respondents suggested that working in FCAS settings was vital for success but that the GFF should be prepared to adapt its approach. Critically, the roadmap should be sensitive to the underlying causes of fragility. In particular, there would likely be a greater need for:

- Capacity building, training and deployment of health workers, protection of health staff;
- Engaging and working with/ through civil society networks, especially in contested areas and ensure access to certain RMNCAH services;
- Guaranteeing and embedding a human rights based approached;
- Ensuring the delivery of a basic package of care but in a health systems context;

- Working with a broader range of partners including the UN High Commission for Refugees and others engaged in meeting the needs of people affected by conflict;
- Taking steps to invest in resilience, emergency preparedness and disaster risk reduction; and
- Recognising the particularly challenging settings, ensure more grants than loans and plan for long-term support.

One respondent considered the relationship to universal coverage in fragile settings as particularly important, "*by helping political leaders in these countries recognise that rapid and sustained public investments in scaling up health coverage can deliver quick-win political dividends that can reduce fragility in the state*" (ART).

The GFF business plan should set out the flexibilities available in fragile and conflict affected settings to ensure that programmes can be adjusted appropriately, that the right partners are around the planning and implementation table and that roadmap development takes account of the causes of fragility, focusing very clearly on a long-term, health systems based approach and "*where possible, this should also include support for tackling the root causes of fragility – specifically fostering legitimate politics, strengthening security, advancing justice, building economic foundations for development and building capacity for accountable revenue management and service delivery*" (INGO global network).

4. Reflections on GFF Implementation Challenges

Many respondents expressed views and posed several questions around the mechanics of the GFF: How will it work in practice whatever its design? And, how will the current "*lack of clarity over the local implications of global decisions*" (RHSC) be addressed? This section of the consultation report looks at some of the main themes raised by respondents including the process of developing roadmaps and plans, governance, capacity building, stakeholder voice and community participation, and accountability and transparency.

4.1. Country leadership

The need to ensure a country led process was strongly voiced across the constituency groups. This was one of the most clearly articulated comments. Respondents used a range of phrases and terminology, such as "country ownership", "country led", "country decision-making", and "not imposing [priorities] from outside the country".

Associated comments suggested that the pace and speed of both roadmap development and implementation should be country determined. For example, "*relevant parliamentary committees need to be involved in GFF proposal planning/review and upon implementation [to] receive periodic progress reports*" (Partner Countries). A clear recommendation was to build commitments between GFF and its IDA funding partners to ensure the GFF *"is in line with international agreements to let recipient countries decide their spending priorities"* (Donors and Foundations). A concern among some respondents was that "*Governments have [so far] been consulted in only a limited manner*" (Multilateral Organisations).

4.2. Roadmaps and Planning

Many respondents appreciated the potential value of the roadmaps and there was broad agreement that building on the IHP+ approach where possible was very important. Given the central role that the proposed country financing roadmaps will play in achieving GFF objectives (and, presumably, if done as intended, for other funding and delivery partners), having a clear understanding of the country context in which these will be developed and implemented will be important to provide an enabling environment. Indeed, there were several comments that suggested each country should develop its own process based on what is already working in the country so as to *build forward* rather than start again. The idea of building on what

already exists and is already working was a theme that threaded across all the constituency groups and through the different consultation modalities (surveys, events, interviews). The roadmaps were welcomed in that context.

Many respondents had questions about the roadmap development process and linked to that, the process through which the roadmaps would be reviewed and updated. One concern expressed by a number of respondents was to ensure that the country-driven principle is adhered to and that roadmaps include country-identified priorities, rather than being a reflection of donor priorities. Many respondents suggested that roadmap design should thus include a verification process (possibly a consultation stage, but certainly some element of independent validation). A strategy that clearly links roadmaps to funding streams and commitments (both global and domestic) should be part of the roadmap design (and subsequently, monitoring) processes.

4.3. Capacity building

The impact that the GFF will have in country will be largely reliant on the governance and technical capacity to implement the programmes financed through the country roadmaps (and based, themselves, on national RMNCAH health plans). Building capacity in country was recognised by a range of respondents as a critical component to the implementation of the GFF at both central and decentralised (district) levels and across the full spectrum of the project management/ service delivery cycle. In addition to service delivery skills, others including decision-making, prioritisation, coordination, planning, management, budgeting, supportive supervision, evaluation, monitoring and advocacy skills were considered vital but insufficient in many settings. Respondents were clear though, that these skills drive the systems that ensure sound, efficient, strong institutions and build good demand-supply accountability relationships. They are needed in national systems especially at a decentralised level and this is where capacity building should be prioritised. "*Health care capacity building that is geared for person-centred/ integrated care and based on a life-course approach*" (Private sector). The GFF can play an important role in supporting the growth of capacity and skills across the RMNCAH spectrum.

Among respondents who discussed the process of updating the Global Strategy for Women's, Children's and Adolescents' Health, many mentioned the need to invest in women, to strengthen education for women and girls and to build the sectors that produce the workers of the future (such as education, nutrition, human rights, WASH, and gender): "*We need to invest in women*" (Partner Countries).

4.4. Governance and decision-making processes

There were a large number of comments from respondents concerning the role of the GFF in country in a day-to-day sense. In particular, these focused around governance and decision-making processes for the GFF. "*The fact that one entity will be responsible*" (Country NGO) was viewed as a potential benefit by some respondents. Indeed, many respondents said that a unified approach to planning, coordination and funding flows at country level would be a welcome development.

Alongside this, some respondents raised concerns about the consequent importance of flexible but sound governance processes and transparency in the use of funds in country, especially for partners not necessarily at the planning and delivery process decision-making table. Another respondent requested *"clarification about who these arrangements* [identifying sources of financing, specifying procurement and purchasing arrangements] *should be specified to and what this will actually mean in practical terms. How do we ensure efficiency, timeliness and non-duplication?"* (INGO).

So while there was very clearly strong support for the road maps, country leadership, joined up working and harmonised approaches, on another level, respondents were nervous about the mechanics of day-to-day management, decision-making, and the orchestration of funding flows. This needs to be made very clear in any business planning documentation in order to build on what is already working, learn lessons from country based partners (national and international) and identify very clearly how the GFF will support the country's own efforts to take forward the national approach to delivering on the Global Strategy and, indeed, the SDGs. The more funding that is folded into the GFF from other sources, the greater will likely be this concern.

One suggestion was that a "*mechanism could be considered for the establishment of [a GFF-centred] independent group of expert advisors on funding decisions, with transparent criteria (including on gender, human rights approaches to public health, MMR/SRH, etc*)" (INGO). Another respondent suggested that the GFF should include democratic and consultative mechanisms within its governance requirements, rather than operating purely as a technical financial mechanism. In this case, it would need to take account of voice and community engagement covered in the next section.

4.5. Stakeholder Voice and Community Engagement

The overriding concern around stakeholder voice was for the GFF to build a strong foundation of inclusion – in the business planning process, in the design, in the roadmap development process, at implementation and in accountability and

monitoring (see below). Many respondents were concerned about the lack of country engagement generally (so far) and a sense that there has not been sufficient transparency yet. For example, one respondent suggested that "*more systematic market research of the consumers of maternal, newborn and child health (MNCH) services [should be undertaken] to ask them what they want from their health services and use this information to influence policy decisions e.g. allocations of public budgets*" (ART).

However, in addition, some respondents shared the view that, "*if the GFF is to maximise its potential…the business plan should be consulted on through its development to incorporate key feedback [from partners]*" (Donors and Foundations). At the country level, in relation to implementation, the GFF should, "*include and listen to the voices of young people, marginalised groups and populations through participatory mechanisms*" (INGO). This would be particularly important to ensure the GFF takes a "*human rights approach*" and civil society engagement would help to strengthen "*demand-side accountability*" (Country NGO).

One respondent suggested that social behaviour change innovation, as a fundamental element of strengthening RMNCAH outcomes, was linked to community mobilisation and engagement and in turn could increase ownership and sustainability. These related components – reliant on actively attracting and cultivating the importance of community voice would greatly enhance the GFF and increase its effectiveness.

4.6. Accountability and Transparency

Perhaps, across all the many comments submitted about the GFF, the majority concerned accountability and transparency. There were several aspects to the vibrant discussion on accountability, which extended from global to country to local levels, from prioritisation to funding flows (audit) and impact assessment. For example, the comments, "*It is important that during the business planning phase of the GFF, robust accountability mechanisms are identified and explicitly built into the design of the GFF*" (INGO) and, "*Mechanisms of accountability that were owned by countries where the greatest change needed to happen*" (Private sector).

At the global level, accountability should be conducted within the broader context of progress towards the implementation of the Global Strategy for Women's, Children's and Adolescents' Health rather than separately from that. Some respondents suggested that the GFF should develop and implement a high-level indicator framework that could track some kinds of indicators across countries (fund flows,

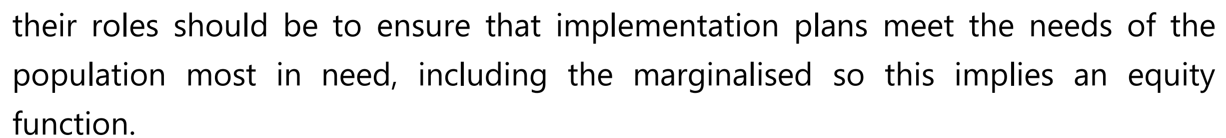
milestones around roadmap development) and that this indicator framework could form the basis of country dashboards. The simplicity of the Countdown series, which "*has provided an excellent means for presenting data on country progress and [is] a basis for international accountability*" (Donors and Foundations) was mentioned a few times. Additionally, the independent expert review group on accountability for Every woman, Every child (the iERG) was identified as another successful mechanism that could be adapted to incorporate GFF accountability. "*Monitoring for Results should be the core accountability framework. The Dash Board system, similar to the Global Fund's model could be put in place, and the formation of Independent Fund Oversight Groups*" (ART). Some respondents thought that some indicators could be tracked across the whole programme (general performance indicators including grants made) as well as within/ between countries.

"*As domestic financing increases, domestic accountability will be seen to be far more important that international accountability*" (Donors and Foundations). At the country level, respondents envisage a comprehensive monitoring and accountability mechanism that would be above all, transparent and democratic "*taking lessons from other global mechanisms like the Global Fund*" (INGO). The country based system should also provide "*relevant parliamentary committees … period[ic] progress reports*" (Beijing+20 Event).

The accountability system – once decisions are taken about plans, financing roadmaps, implementation partners and governance processes, should thus ensure:

- The clear identification of responsibilities by duty bearers to deliver their commitments;
- Regular reporting "*more frequently than annual*" (Private sector), monitoring and (crucially) communication about how implementing partners are meeting those commitments;
- Systems of redress and sanctions where commitments are not met; and
- Systems which allow "*open access to information*" (Country NGO) about where funds flowed, how funds were spent and with what impact.

There was broad support for the idea that "*in principle, national citizens need to hold their own governments to account for service delivery*" (Donors and Foundations), but many felt that this would require a clear role for civil society, with particular focus on enabling grass roots voices to be heard. On the other hand, national institutional accountability actors, such as parliament and the National Audit Office, were also considered essential participants in approvals, oversight and accountability. One of



their roles should be to ensure that implementation plans meet the needs of the population most in need, including the marginalised so this implies an equity function.

In terms of content for a country monitoring and accountability framework, "*comprehensive human rights accountability requires the use of structural indicators, including legal and institutional frameworks, as well as indicators of policy effort*" (INGO). A particular concern raised was that *"the GFF indicator framework must have strong SRHR/FP indicators such as Contraceptive Prevalence Rate and those included in IDA"* (INGO Network).

In line with the IHP+ principle, the GFF should plan to use and strengthen existing mechanisms, such as the joint annual review processes, which are a *"good model of country-owned accountability and transparency"* (Multilaterals).

5. Summary of Findings and Recommendations

5.1 Summary of Findings

The consultation process accumulated a rich collection of views over a short period of time. A summary of the findings includes:

1. **A high level of agreement with the central aim of the GFF to build long-term domestic financing for health.**

   There is broad agreement that building long-term domestic financing for health generally, and for RMNCAH in particular, is a welcome principle and lies at the heart of fiscal sustainability beyond aid. Further, those who contributed to the consultation agreed that as countries become wealthier, they should invest more into their health systems and this investment should be undertaken in the context of achieving universal health access. This was a proposed post-2015 SDG ambition and one that the GFF should reference, alongside the SDG targets on women's and children's health.

2. **Strong agreement with the ambition to increase financing for RMNCAH; the prospect of a new financing instrument was cautiously but generally welcomed.**

   There was enthusiasm about the prospect of dedicated and hopefully additional funding for women's and children's health. However, to be effective (i.e. to increase equity, access, quality and coverage), respondents believe that funding must be aimed at strengthening health systems, avoid cherry picking, work beyond the health sector and support the most marginalised people and services.

3. **Wide-ranging support in principle for more and better RMNCAH harmonisation.**

   There was general acknowledgement that the current plethora of initiatives and global mechanisms funding and supporting RMNCAH activities, while useful and important to service delivery in resource-constrained countries, needs to be simplified, harmonised and integrated, and that this would be welcome as long as services were protected or increased on current levels. However, harmonisation and integration of different funding and support mechanisms are difficult and can only be advanced through a credible process that takes time to build. Respondents urged the GFF team to provide more information on how this would be undertaken.

4. **Strong commitment to the idea of building sound national plans, backed by broadly agreed financing roadmaps that together reflected country leadership, country priorities, and country decision-making processes.**

   National plans and roadmaps were considered by respondents to be important, but in some respects, the process of developing and agreeing them was seen as equally, or more, important. Country ownership does not mean (to respondents) government ownership alone; rather, stakeholders (global and national) should seek to build inclusive plans that reflect and drive a common ambition. Country-based processes, therefore, should seek to fold in participation and representation from a broad range of constituents, including marginalised communities, expected implementation partners, health workers and others.

5. **There is some confusion over the potential conflict between harmonisation goals and the objective aimed at increasing global funding to RMNCAH. There is also some concern about timing, transition of existing funding commitments to the GFF, the risk of gaps and lost momentum.**

   Many respondents commented that the GFF should aim to become a significant global financing partner alongside the Global Fund and GAVI. Yet there is concern that if the GFF moves too fast and does not bring enough funders, countries and partners with it, it may become an additional verticalised financing instrument, rather than a global partner that can genuinely build coalitions among stakeholders in support of harmonised and integrated approaches and joined-up implementation of national plans.

6. In light of this concern, **there is a feeling that the GFF should consider how it could develop into something more ambitious (more broadly owned) than a World Bank Trust Fund.**

   This was coupled with a sense that to be truly global it needs to have a critical mass of partners working together with a shared ambition linked clearly to the objectives of the Global Strategy specifically and the SDGs more generally. While this may have to be achieved over time, the features of something more global than a trust fund would include:

   - Governance, decision-making, and stakeholder structure that is broader and more inclusive than a current Trust Fund structure would usually entail;
   - Processes designed to build transparency and accountability in the decision-making and use of funds, monitoring and accountability; and

- Delivering funding to partner countries in a range of ways not necessarily limited to current trust fund rules, and to eligible recipients other than national governments.

7. **Strong interest in clarifying how the operational model of the GFF will advance and champion a rights-based approach and in particular, how it will promote, protect and expand access to sexual and reproductive health and rights services (SRHR).**

   This consultation attracted a strong set of responses from the SRHR community (at least a third of all responses), but also revealed more broadly-based concern around the fundamental principles of human rights and how to operationalise these. These concerns suggest that the GFF must take particular care to respond to issues raised by this community or risk distractions from on-going and unresolved discussions, lost momentum and, ultimately, a more prolonged process at country level to start generating impact.

8. **Near-universal interest in and commitment to the importance of accountability, robust arrangements to track inputs, outputs and outcomes, inclusive decision-making, transparency and openness at every stage of the process.**

   There was consensus that a representative selection of partners, chosen in a transparent way and acting in an independent process, should be given responsibilities associated with transparency and accountability functions at both global and country level, and that functions associated with monitoring, ensuring transparency and holding the GFF to account on behalf of communities should also be identified, developed and implemented.

5.2 Recommendations

A. Strategic recommendations

1. **Build coalitions:** To achieve its ambitious objectives, the GFF should seek to build a much broader based coalition of partners among donors, countries, and health sector stakeholders, taking the time to develop a shared understanding about the ambition, scope, operational model and implications of the GFF for health financing. This consultation process has demonstrated the willingness of partners to provide inputs to and learn from the GFF processes. At the moment, there appears to be considerable scope for building such coalitions and for carrying a

critical mass of stakeholders along with the facility development process but more needs to be done to realise this outcome.

2. **Develop a political advocacy strategy:** The development of such a coalition could be underpinned by a much more active and concerted political advocacy strategy with the dual aim of (i) fostering better understanding about the GFF within and beyond the health sector (for example, among ministry of finance colleagues in both donor and partner countries, all the donor nations who support IDA) and (ii) lifting the GFF away from being a World Bank managed Trust Fund and towards an instrument with global stature that could operate alongside GAVI and the Global Fund for the fight against AIDS, TB and Malaria, the three together forming a comprehensive financing framework for health in the next 15 years.

3. **Integrate the GFF into a broader vision for financing women's, children's and adolescents' health in the context of the updated Global Strategy:** The GFF should be developed and implemented in the context of a larger, more joined-up/ shared vision around global financing for women's and children's health in the coming years. That vision – itself something like a *global* roadmap – should be developed by a critical mass of partner countries, donors, civil society organisations, multilaterals and others, including or even initiated and led by GFF sponsors. Such a vision would help build support for the GFF by clearly identifying it role and position within the financing landscape, but could also accelerate momentum around innovative financing mechanisms including loan guarantees, development bonds, attracting new, emerging donors, and advancing the harmonisation agenda. The financing workstream of the Global Strategy update process envisioned for 2015 would be an ideal context to take this forward with a view to building a shared vision in the context of the Financing for Development meeting in July 2015. Much could be done immediately to start building a broader, shared vision of the financing landscape with the right leadership and this would likely strengthen support for the GFF.

4. **Build a clear SRHR policy and approach:** The GFF should seek to work with representatives from the SRHR community to build a clear policy addressing SRHR in its broadest sense, including a range of sensitive issues (e.g. female genital cutting, violence against women and girls, abortion, early marriage).

5. **Clarify the GFF's role in CRVS efforts:** The approach to CRVS should be clarified in relation to broader data systems, record keeping systems, and health information management systems, especially with respect to current efforts

underway in several UN agency partners, and elsewhere in the World Bank. The GFF business plan could helpfully outline how it will contribute to bringing partners together to streamline the whole area of data and information management in the context of the updated Global Strategy and avoid being another of several initiatives.

B. Operational recommendations

6. **Agree a set of operating principles:** The GFF should develop a set of operating principles that ensure basic concerns are addressed and rights are protected. A sample of what might be included in these operating principles could be:
   - The promotion of human rights;
   - Transparency and openness;
   - Priority to equity-building investments;
   - The promotion of multi-sectoral working;
   - The incorporation of civil society into global and country based accountability processes; and
   - All aspects of the updated Global Strategy are eligible for funding.
7. **Agree a health systems strengthening approach:** The GFF should adopt a clearly articulated approach to funding health systems strengthening and universal health coverage.
8. **Build on what is already working in countries:** The GFF should be explicit about building on country processes already in place and operational by creating a flexible approach to the roadmap development process and ensuring the GFF adds momentum to what is on the ground already rather than creating competing or alternative processes that drain time and capacity (and can be demoralising).
9. **Develop a proactive communications strategy:** The GFF Working Group should develop and implement a proactive communication strategy in order to increase direct and open communication with the larger RMNCAH community. This communication strategy would provide an immediate opportunity to clarify a number of points including:
   - The meaning of front-runner country status, why they were selected and how the next countries will be decided;

- How information will be shared in country and who will be responsible and accountable for ensuring in-country arrangements progress and remain on track (such as monitoring, accountability, participation in decision-making);
- Opportunities to join/ contribute to discussions before decisions are taken; and
- The role of civil society organisations on the GFF in the business planning process, in implementation at the country level, in monitoring arrangements, and in future delivery structures.

But it would also facilitate on-going dialogue, alert partners to opportunities to contribute views, ensure the timetable for discussion and decision-making is well publicised, build transparency, enable the business planning team to communicate decisions that have been taken about design and implementation issues, test out proposed ideas and receive comments back from the community.

10. **Adopt a plain language approach (in more than just English):** The business plan should be written in a way that minimises the use of jargon. Words like *leverage* and *synergistic* seem not to have fully shared meanings and should be defined before being used or preferably not used at all. There are too many acronyms. The material should be available in languages other than English to optimise participation and promote South-South collaboration.

11. **Develop (and test) a comprehensive accountability structure:** The accountability framework should include global and country level mechanisms linked to the Global Strategy and drawing on what has worked well elsewhere. The GFF should consider putting itself into the scope of the iERG if it continues in the future. An independent accountability process would build openness and transparency at both global and country level and should include a good range of representatives from the financing and RMNCAH communities.

12. **Support learning and reduce complexity:** The business plan should explain very clearly how the facility will work including the proposed linkages between the GFF and IDA lending, which should incorporate a very clear explanation of how the GFF grants will flow in conjunction with IDA lending. This would also create an opportunity to address and alleviate the many concerns raised about the danger of the GFF's undue influence on countries' decision-making related to IDA borrowing and use of those funds.

Appendix A: List of Respondents and Consultation Events

A.1 Organisations[4]

- A World At School
- Action Against Hunger| ACF
- Action Canada for Population and Development
- Action For Development In Underserved Areas (ADUA)
- ADIFE-ONG
- Advance Family Planning, Johns Hopkins University
- African Management Services Company (AMSCO)
- African Women Leaders Network for Reproductive Health and Family Planning (AWLN)
- Aga Khan University
- AIDOS Italian Association for Women in Development
- AIDS Information Centre
- Alliance Pour la Recherche et le Renforcement des Capacités (ARECA)
- American Academy of Paediatrics
- American Board of Medical Specialties (ABMS)
- American College of Nurse-Midwives
- Amnesty International Mexico
- Amref Health Africa
- Apoyo a Programas de Población (APROPO)
- Asia Pacific Alliance for Sexual and Reproductive Health and Rights
- Asociación Hondureña de planificacion de Familia (ASHONPLAFA)
- Asociación Pro-bienestar de la Familia de Guatemala (APROFAM)
- Asociación Protección a la Salud (PROSALUD)
- Association Béninoise Pour la Promotion de la Famille (ABPF)
- Association de Soutien à l'Autopromotion Sanitaire et Urbaine (ASAPSU)
- Association des Gestionnaires pour le Développement
- Association for Reproductive and Family Health.
- Association Marocaine de Planification Familiale
- Association Mauritanienne pour la Promotion de la Famille
- Association of Non-Governmental Organisations (TANGO)
- Association Togolaise pour le Bien-Etre Familial (ATBEF)
- Association Tunisienne de la Santé de la Reproduction
- Bahrain Reproductive Health Association
- Bangladesh Institute of Development Studies
- Bayer Healthcare
- Bhartiya Mahila Evam Gramin Utthan Sansthan
- Bill and Melinda Gates Institute for Population and Reproductive Health
- Black Francophone Africa Pediatric Association
- BMZ (Federal Ministry for Economic Cooperation and Development, Germany)
- Boston University

[4] Members of these organisations submitted their views to the GFF consultations via (i) the GFF online survey; (ii) the CHESTRAD civil-society e-survey; (iii) partner-held consultations; or (iv) direct submission through the GFF consultation team.

- Cameroon Agenda for Sustainable Development (CASD)
- CAMI Health
- Center for the Right to Health
- Centre for Catalyzing Change (Formerly CEDPA India)
- Centre for Healthworks, Development and Research (CHEDRES) Initiative
- Centre for Reproductive Health and Education
- Centre National de Nutrition et de Technologie Alimentaire (CNNTA), Chad
- Centro de Promoción y Defensa Derechoa sexuales y Reproductivos PROMSEX
- Chatham House
- CHOICE for Youth and Sexuality
- Christian Action Research and Education (CARE)
- Christian Connections for International Health
- CIAM- Public Health Research and Development Centre
- Civil Society for Family Planning in Nigeria (CiSFP)
- Civil Society for HIV/AIDS in Nigeria, Ekiti State
- Clinton Health Access Initiative
- Community And Family Aid Foundation
- Community Development Centre
- Concern Worldwide
- Cordaid
- Dandelion Kenya
- Department for International Development, UK (DFID)
- Deutsche Stiftung Weltbevoelkerung (DSW)
- Development & Integrity Intervention Goal Foundation (DIG Nigeria)
- Direct Relief
- Dnet
- East, Central and Southern Africa Health Community
- Egyptian Family Planning Association (EFPA)
- Elizabeth Glaser Paediatric AIDS Foundation
- Eminence Associates for social development
- EngenderHealth
- Eniware, LLC
- Equilibres & Populations
- European Commission, EuropeAid
- European Patients' Forum (EPF)
- Famedev
- Family Care International
- Family Care International - Burkina Faso
- Family Planning 2020
- Family Planning Association of India (FPA India)
- Family Planning Association of Nepal (FPAN)
- Fédération nationale des associations de santé communautaire du Mali (FENASCOM)
- Federation of Reproductive Health Associations of Malaysia (FRHAM)
- Female Health Company
- Feminists for Nonviolent Choices
- Femmes-Santé-Developpement en Afrique Sub-Saharienne (FESADE)
- FHI360
- Financing for Development (F4D)
- Forum for African Women Educationalists (FAWE)
- Forum for FP and Development
- Forum for Human Rights and Public Health-Nepal
- Foundation for leadership initiatives
- Foundation for the Education and Study of Women (FEIM)

- Fountain Africa Trust
- Francophone African Midwives Federation
- Free University of Brussels (VUB)
- Frontline Health Workers Coalition
- Fundacion Mexicana para la Planeacion Familiar AC MEXFAM
- Fundación Oriéntame
- Gender and Development Action
- Generation Development
- Genos Global
- Ghana News Agency
- Global Health Council
- Gram Bharati Samiti (GBS)
- Great-Lakes in Action for Peace and the Sustainable Development (GLAPD)
- Greenstar Social Marketing Limited Pakistan
- Groupe De Volontaires Pour La Promotion De La Matrnite Sans Risques En RDC (GVP-MASAR/RDC)
- Health Actions Promotion Association
- Health and Rights Education Programme (HREP)
- Health Development Consultancy Services (HEDECS)
- Health Education and Skills Development Initiative (HESDI)
- Health Partners International
- Health Poverty action
- Healthy Living and Women Empowerment Initiative
- High-Level Task Force for ICPD Secretariat
- Hollender Sustainable Brands
- HRA Pharma Foundation
- Humani Africa
- Hunger Project
- i+solutions
- ICS Integrare
- Impact Aid International
- Institute for Reproductive and Family Health
- Institute of Tropical Medicine, Antwerp
- Integrated Rural Youth Development Initiatives
- International Community of Women Living with HIV/AIDS Chilean Chapter
- International Consortium for Emergency Contraception
- International Disability Alliance
- International Federation of Medical Student Associations (IFMSA)
- International Paediatric Association
- International Planned Parenthood Federation
- International Society of Ultrasound in Obstetrics and Gynecology (ISUOG)
- International Youth Alliance for Family Planning
- International-Lawyers.Org
- IntraHealth
- Investigación en Salud y Demografía (INSAD)
- Ipas
- Istanbul Medical School, Public Health
- Ivory Coast Pedriatric Society
- Jaklen Muoi Tuyen Foundation (JMTF)
- Japanese Organisation for International Cooperation in Family Planning (JOICFP)
- JHPIEGO
- John Snow Inc
- Johns Hopkins Center for Communication Programs (JHUCCP)
- Johns Hopkins University
- KPA
- L'Association Burkinabè pour le Bien-Être Familial (ABBEF)
- Latin American and Caribbean Womens Health Network

- Le Conseil Burkinabè des organisations de lutte contre le Sida (BURCASO)
- LeeNorman, llc
- Liya Kebede Foundation
- Malian Midwives' Association
- Mama Alive Initiatives
- Management Sciences for Health (MSH)
- Marie Stopes International
- Marie Stopes Mexico
- Marie Stopes Nigeria
- Mark Tuschman Photography
- Maternity Foundation
- Medela AG
- Medical Aid Films
- Medicos del Mundo
- Mentoring and Empowerment Programme for Young Women (MEMPROW)
- Merck-MSD
- Mercy Corps
- Micronutrient Initiative
- Ministere de la sante Publique et de la Population, Haiti
- Ministère de la Santé, Guinea
- Ministry of Foreign Affairs, the Netherlands
- Ministry of Health and Family Welfare, Bangladesh
- Ministry of Health and social welfare, Senegal
- Ministry of Health Makurdi, Benue State, Nigeria
- Ministry of Health, Burkina Faso
- Ministry of Health, Costa Rica
- Ministry of Health, Kenya
- Ministry of Health, Niger
- Ministry of Health, Republic of South Sudan
- Ministry of Youth and Education, Mali
- Mongolian Family Welfare Association
- mPowering Frontline Health Workers
- Muslim Family Counselling Services
- Naretu Girls and Women Empowerment Programme
- National Center for Child Health and Development
- National Committee for Maternal, Child and Neonatal Health (NCMNH), Pakistan
- National Empowerment Network of People living with HIV/AIDS in Kenya (NEPHAK)
- National Institute for Medical Research, Tanzania
- National Nutrition Council of Sri Lanka
- National Planning Commission, Nepal
- National Primary Health Care Development Agency, Abuja, Nigeria
- National Program of Reproductive Health, DRC
- NCD (Non-Communicable Diseases) Alliance
- NGO Gender Coordination Network
- NGO Women's-Health-Development
- Niger Network of health organizations and associations
- Nigerian Women Agro Allied Farmers Association
- Novo Nordisk
- ONG AcDev
- ONG STOPSIDA
- Oratechsolve Inc
- Organisation Ouest Africaine de la Santé
- Organization of African Youth
- Packard Foundation
- Palestinian Family Planning & Protection Association (PFPPA)
- Pan-Armenian Family Health Association/Family Health Care Network
- Parliamentary Health Committee, Senegal

- Partners in Health
- Partners in Population and Development Africa Regional Office (PPD ARO)
- PATH
- Pathfinder International
- Peace and Life Enhancement Initiative International
- Peace Foundation
- People's Health Movement (PHM)
- Philips
- Plan International
- Planned Parenthood Association Of Ghana
- Population Action International
- Population Communication
- Population Council
- Population Foundation of India
- Population Matters
- Population Services International
- Population Services Pilipinas Incorporated
- Poverty Action Network Ethiopia
- Pregna International Ltd.
- Premier Medical Systems
- Present Purpose Network
- Prime Lactation Center Cameroon
- Princeton university
- PROMACO
- Rabin Martin
- Rahnuma Family Planning Association of Pakistan
- Redeem Community Health Consulting
- REEDAAS
- Reproductive Health Supplies Coalition (RHSC)
- Reproductive Health Uganda
- RESULTS Canada, Grandmothers Advocacy Network
- RESULTS UK
- RFSU Tanzania (Swedish Association for Sexuality Education)
- ROASSN
- Rotarian Action Group for Population & Development (RFPD)
- Rutgers WPF
- Rwanda Biomedical Center
- Samasha Medical Foundation
- SEEK Development
- Seva Sahayog network
- Shades For Health
- Shah Muqeem Trust
- Shirkat Gah- Women's Resource Centre
- Siemens AG Healthcare
- Sightsavers
- Social Development and Management Society
- Social Economic and Governance Promotion Centre (SEGP)
- Solidarité des Femmes pour le Développement Intégral
- Spandana Educational Society
- St John of God Health Care
- Structure de plaidoyer pour la promotion de la SSR
- SUN Civil Society Network
- Sustainablue Consulting
- Swami Ram Krishna Paramhansa Maa Sharda Sewa Samiti (SRPMSSS)
- Swinfen Charitable Trust. UK
- Swiss Tropical and Public Health Institute
- Technoaid Associates
- Thohohoyandou Victim Empowerment Programme
- Uganda Family Planning Consortium
- UN Foundation
- UN Women
- UNFPA

- Union of Ethiopian Women Charitable Associations
- United Action for Democracy (UAD)
- United Nations REACH
- Universal Access to Female Condoms (UAFC)
- Universal Versatile Society
- Universidad Autónoma De Nuevo León
- University Hospital of Cocody
- University of British Columbia
- University of California
- University of Dundee
- University Of Lagos
- University of Papua New Guinea
- University of Washington
- University Stellenbosch
- USAID
- Vision for Mission Initiative-Ethiopia
- VODA Uganda
- Voice of Independent Women
- WASH Advocates
- Wellbeing Foundation Africa
- West Bengal Voluntary Health Organisation
- White Ribbon Alliance
- WHO
- WHO Lao PDR
- Witkoppen Health and Welfare Centre
- Women & Community Livelihood Foundation
- Women and Children First, UK
- Women and Youth Development Association
- Women Deliver
- Women in Law and Development in Africa (WILDAF) Mali
- Women on Waves (WOW)
- Women's Health and Education Center (WHEC)
- World Food Program USA
- World Vision India
- Young Women's Christian Association of Tanzania
- Youth Ambassadors for Family Planning, Benin
- Youth Preparation For A Better Future

A.2 Networks and Organisational responses

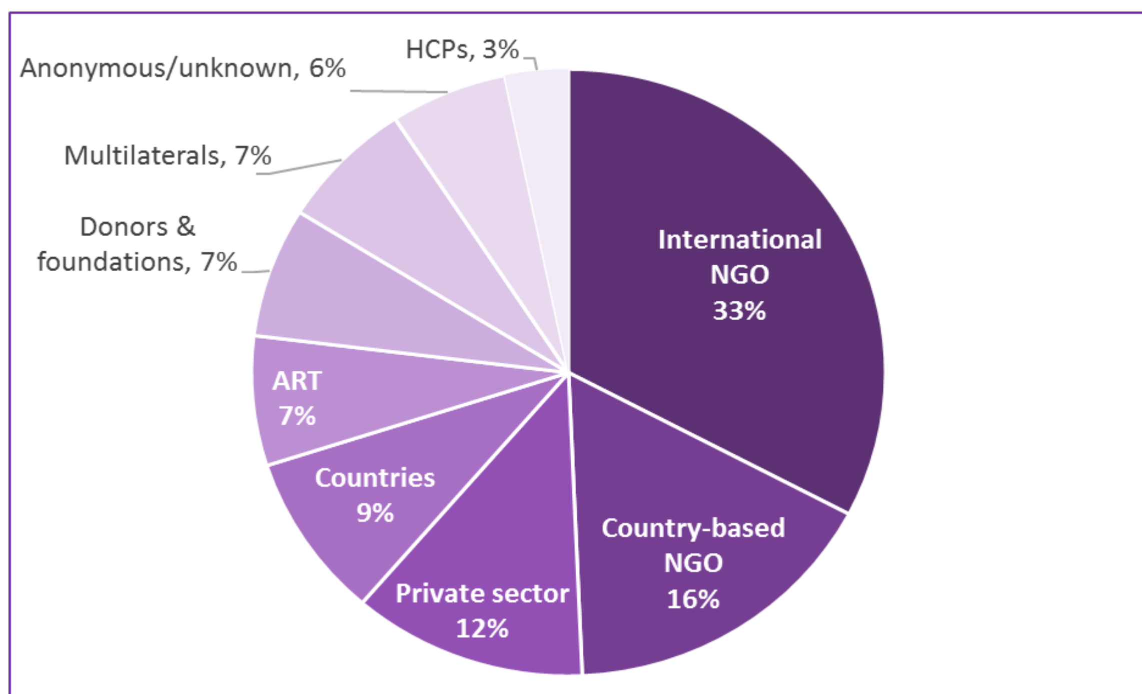
- CHESTRAD international
- GAVI, the Vaccine Alliance
- International Planned Parenthood Federation[5]
- Reproductive Health Supplies Coalition (RHSC) Advocacy and Accountability Working Group[6]
- RMNCAH Commodities Advocacy Working Group[7]
- Save the Children[8]
- JHPIEGO Technical Team Leads of the Maternal and Child Survival Program[9]

[5] Representing 152 member associations
[6] Representing 269 individuals from 57 countries and 166 organisations
[7] Representing approximately 100 partners from more than ten countries
[8] Representing 120 staff across Save the Children’s global network
[9] This response does not reflect the views of either USAID or the technical team leads’ home organisations

A.3 Consultation Events

Event	Participants
African stakeholder interviews[10]	6
Beijing +20 Review Asian Parliamentarian forum	30
Beijing+20 Review (Asia) CSO forum	15
Beijing+20 Review Africa CSO side event	42
Commission on Information and Accountability (CoIA) for Women's and Children's Health, GFF Working Group session	70
ICPD Berlin	25
Ministerial Conference on CRVS in Asia and the Pacific, Bangkok	350
PMNCH Board Retreat	24
RHSC meetings in Mexico City	325
Partners in Population and Development (PPD), 11th Inter-Ministerial Conference on Population and Development, Delhi	26
World Bank Webinar	100
Youth Google Hangout on the GFF	4

A.4 Demographics of Survey Respondents

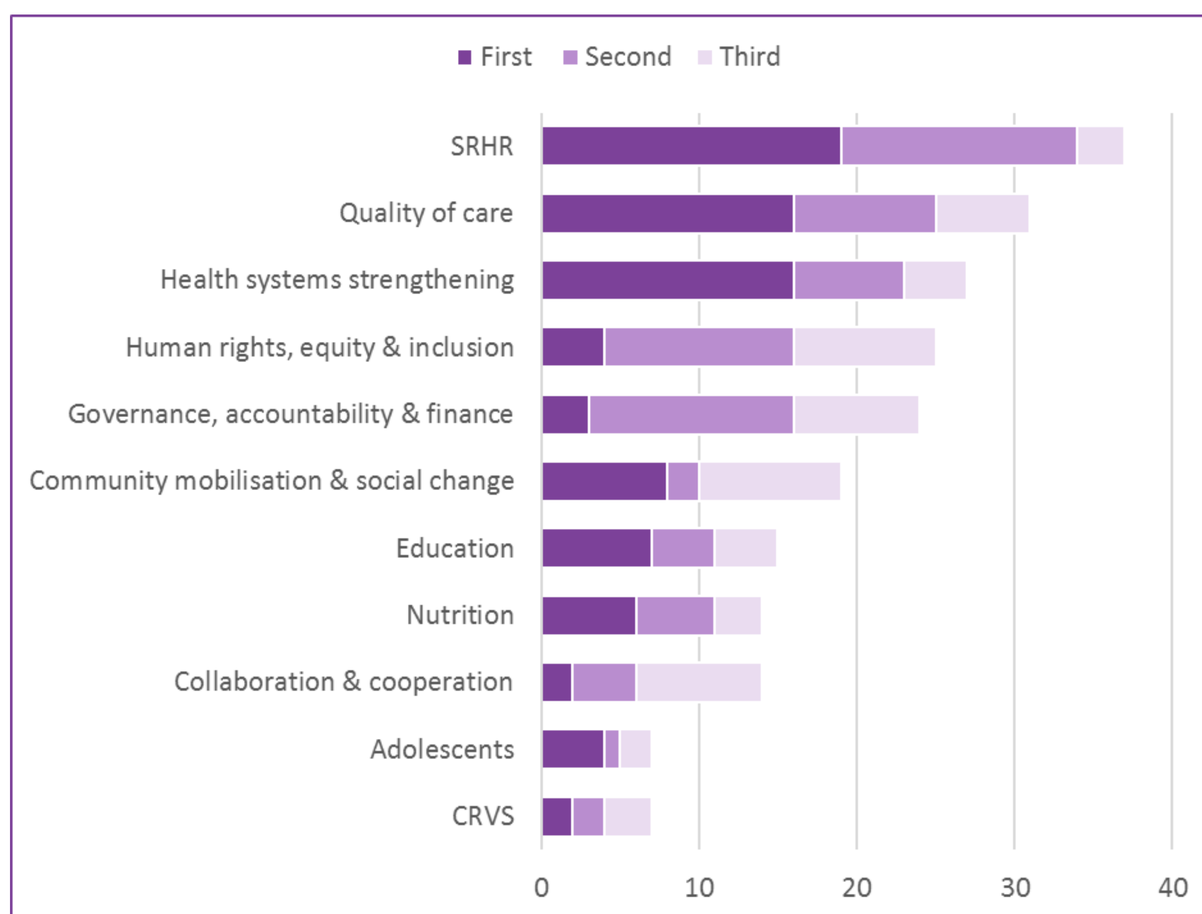


[10] These were interviews with the following: Mr. Ousmane Ouedraogo Burkina Council of NGOs, CBOs and Associations against HIV/AIDS, Burkina Faso; Dr. Folquet Amorissani Madeleine, Ivory Coast Pedriatric Society, Ivory Coast; Mr. Sidiki Koné, Ministry of Youth and Education, Mali; Mr. Hamidou Diarra, Malian National Federation of community health associations; Mr. El Hadj Ide Djermakoye, Niger Network of health organizations and association, Niger; Mame Mbayame Dione, MP & Health Commission, National Assembly, Senegal; Mrs. Fatoumata Maiga Dicko, Francophone African Midwives Federation

APPENDIX B: PRIORITIES FOR THE UPDATED GLOBAL STRATEGY

Respondents to the consultation survey were asked to list the top three priorities they would like to see in the updated Global Strategy for Women's, Children's and Adolescents' Health. The consultation team grouped their responses into 11 thematic areas and recorded the order of preference.[11] Figure 7 shows the results of this question.

Figure 7: Priorities for the new Global Strategy



[11] Responses were not necessarily given in order of preference. Figure 7 should therefore be interpreted with caution. Further material collected from respondents about their views on priorities for the updated Global Strategy will be shaped into a report to be issued in the future.

APPENDIX C: CONSULTATION SURVEY

The online survey questions are reproduced below for ease of reference.

Developing an updated Global Strategy

1. What lessons can we learn from the Millennium Development Goals and the Global Strategy for Women's and Children's Health (2010-2015)? What worked well, and what could have worked better?
2. What are the top three priorities you would like to see in a Global Strategy for Women's, Children's and Adolescents' Health for the post-2015 era?
3. What are the best ways to consult with stakeholders on developing an updated Global Strategy?

Global Financing Facility (GFF) Goals, Principles and Objectives

4. The GFF has five major objectives, as listed below. Please rate these objectives in terms of which you find most important (5= very, 1=not at all):

   Objective 1: Finance national RMNCAH scale-up plans and measure results

   Objective 2: Support countries in the transition toward sustainable domestic financing of RMNCAH

   Objective 3: Finance the strengthening of civil registration and vital statistics systems

   Objective 4: Finance the development and deployment of global public goods essential to scale-up

   Objective 5: Contribute to a better-coordinated and streamlined RMNCAH financing architecture

5. Are there potential objectives currently missing from the concept note that should be addressed? If so, please specify
6. More specifically:

i. In relation to Objective 4 (Finance the development and deployment of global public goods essential to scale-up): Please rank the proposed global public goods and services in terms of which should be prioritised by the GFF (5 = high, 1 = low):

   a) Research and development

   b) Disease surveillance

   c) International norms and standard setting

   d) Market shaping to ensure sustainable access to key commodities

   e) Technological developments that simplify delivery

   f) Innovations in the delivery services (e.g. task shifting)

g) Impact assessments

h) Supply chain management coordination

i) Other (please specify)

ii. In relation to Objective 5 (Contribute to a better-coordinated and streamlined RMNCAH financing architecture): What role do you think that the GFF should play in this?

iii. The concept note mentions that the GFF will support multi-sectoral approaches to RMNCAH. Please rank the proposed sectors in terms of which should be prioritised by the GFF and any that should not be addressed at all (5 = high to 1 = low; 0 = not address at all):

a) Climate change	b) Education	c) Energy	d) Gender
e) Human rights	f) ICT	g) Infrastructure	h) Livelihoods
i) Nutrition	j) Rule of law	k) Social protection	l) WASH

Other (Please specify)

iv. The GFF will not have unlimited resources, so there is a trade-off between funding health services/ health systems and funding other sectors (nutrition, water, sanitation etc). What percentage of GFF resources should be channelled towards multi-sectoral approaches (from 0-100%):

a) 0-25% b) 25-50% c) 50-75%

d) 75-700% e) Other (please specify)

Financial Sustainability and Accountability

7. The GFF focuses on the financing gaps in a set of 63 target countries that together account for 92% of maternal deaths and 87% of child deaths. Additionally, some funding will be available to Lower middle income countries (LMICs) even when they graduate to Upper middle income (UMIC) classification. According to this information, how would you rate the following statements (5 = fully agree, 1 = fully disagree)

    a) The GFF should be targeted to fewer countries with the greatest burden

    b) The proposed GFF targeted countries is the right balance and the selection criteria for countries is adequate

    c) The GFF should be targeted to all 75 high-burden countries under the Countdown to 2015 initiative

    d) The 77 International Development Association (IDA) World Bank eligible countries (59 IDA only and 18 blend countries plus India which is receiving transitional support)

e) Other (please specify)

8. Considering that many of the countries with the highest burden of maternal and child deaths are fragile or conflict-affected states, how do you think the GFF should be supportive in these contexts?

9. Please order the following challenges to achieving optimal global financing for women's, children's and adolescent's health from the most important (1) to least important (5):

   a) Absolute amount of global funding is insufficient

   b) Absolute amount and sources of domestic financing for health is insufficient

   c) Global funding goes to the wrong countries (not those most in need) or is earmarked for the wrong needs

   d) Poor coordination and a lack of harmonisation between global funding bodies leads to both duplication and gaps

   e) Poor coordination between international partners and countries inhibits funding flows and wastes resources, creating gaps and duplication

Global Financing Facility Mechanics and Functionality

10. In considering how the GFF will operate once it is launched, what elements can the business plan help to explain and clarify? What operational components of the GFF need to be clearer?

11. What are potential strengths/advantages for implementation?

12. What do you think about the GFF's proposals for accountability? Is there an example of good accountability that the GFF should emulate? What are the most important elements of an accountability mechanism?