

CURRENT GLOBAL SUPPORT LANDSCAPE

UNIVERSITY OF WASHINGTON STRATEGIC ANALYSIS,
RESEARCH & TRAINING (START) CENTER

REPORT TO THE BILL & MELINDA GATES FOUNDATION

PRODUCED BY: BALKUS J, BURKE B, DRIVER M, & MORGAN B

JULY 2018



**START
CENTER**

STRATEGIC ANALYSIS,
RESEARCH & TRAINING CENTER

Department of Global Health | University of Washington

Organization Profiles

Gavi

OVERALL STRATEGIC APPROACH

Gavi's overall strategic approach has four main goals, with the second goal being directly related to health system strengthening. The second goal is to “increase effectiveness and efficiency of immunization delivery as an integrated part of strengthened health systems.” The specific objectives of the goal are to support improved and integrated immunization programs, support improvements in cold chain, health information systems, demand generation, and gender-sensitive approaches, and to strengthen engagement with private sector, civil society, and other partners. (1)

For the second strategic goal, there are five goal-level indicators. These indicators are:

- “Supply chain: % countries meeting Effective Vaccine Management benchmarks
- Data quality: difference between administrative coverage and surveys
- Access, demand, and service delivery: pentavalent 1st dose coverage and drop-out rate
- Integration: % countries meeting benchmark for integrated service delivery
- Civil society: % countries meeting benchmark for civil society engagement for improved coverage and equity” (1)

In addition to being guided by four strategic goals, Gavi has five overarching principles that guide their work. These principles are:

- “Strong emphasis on reaching the unreached children
- Prioritization of strategies with the highest potential for impact
- Evidence-based interventions reflecting lessons learned
- Alignment of Gavi support with national planning and financing
- Supporting country’s programmatic and financial sustainability” (2)

HSS SUPPORT PROVIDED

Gavi provides health system strengthening support through three main channels. These channels are Health System & Immunization Strengthening (HSIS), Partners’ Engagement Framework (PEF), and the Cold Chain Equipment Optimization Platform (CCEOP). Within HSIS, there are three funding windows related to health system strengthening – Health System Strengthening (HSS) grants, Performance-Based Funding (PBF), and Transition grants.

HEALTH SYSTEM & IMMUNIZATION STRENGTHENING

Purpose

The purpose of HSIS support is to “contribute to sustainable improvements in equity in immunization coverage in Gavi-eligible countries, towards a vision of reaching every child today and in the future, regardless of geography, socioeconomic status, or gender-related barriers.” (3) Within HSIS, there are multiple ways to receive support for HSS, including HSS grants, PBF, and transition grants. The HSS grant is focused on support for long-term HSS priorities and PBF provides payments based on good immunization program performance.

Guidelines, Program Elements and Scope

For HSS grants, Gavi and the country agree on their long-term priorities for HSS. Under this grant, countries develop detailed one to two-year budgets and workplans. These funds are managed by the receiving country, when possible. Countries are able to reprogram funds to capitalize on opportunities for synergies and efficiencies when they have multiple HSIS grants. (3)

HSIS funds can be used for a variety of purposes, including:

- Supporting strategic objectives related to vaccines
 - Accelerating equitable uptake and coverage
 - Increasing effectiveness and efficiency of delivery
- Human resources for health investments
- Promoting long-term programmatic and financial sustainability. (3)

PBF is for countries that implemented Gavi HSS grants in the previous year and are awarded based on performance during the previous year, measured by achievements against standard indicators. (3)

Type of Funding

HSS funds are provided directly to the country and through partners. (3) From 2010-16, it was calculated that the equivalent to 46% of Gavi support was channeled through partners – with the amount channeled through partners increasing during this time period. (4)

For PBF, funds are provided to the country; however, the expectation is that the money will be distributed across implementers. (5)

Funding Level and Allocation

HSS funds have an HSS ceiling, which is based on the sum each country is allocated from three separate pools of money. (3) The three funding pools include the population in need (based on birth

cohort size), strength of immunization system (based on the number of infants surviving to age one who have not received the third dose of a DTP-containing vaccine), and the ability to pay (averaged gross national income per capita over the last three years, weighted by birth cohort). Support is based on these three calculations and capped at US\$100 million, with a minimum of US\$3 million over five years. (3) The funding amount is calculated through the HSS resource allocation formula.

For PBF, since funding is limited to countries that implemented Gavi HSS grants in the previous year, the payment is based on the previous year's performance using standard indicators. Countries with $\geq 90\%$ DTP3 coverage at baseline that achieve the target will receive an additional 20% of the annual HSS ceiling. Countries with $<90\%$ DTP3 coverage at baseline that meet the targets will receive US\$30 per

additional child immunized with DTP3, provided that DTP3 coverage increases, and US\$30 per additional child immunized with first dose of measles containing vaccine, provided that measles coverage increases. (3) The

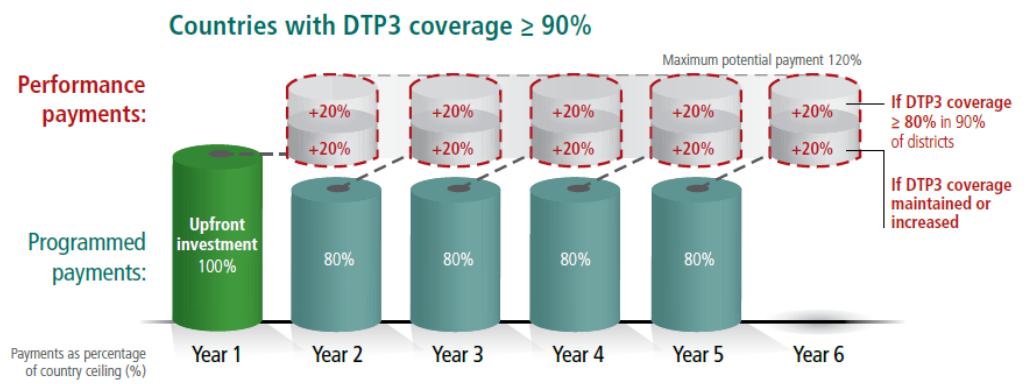
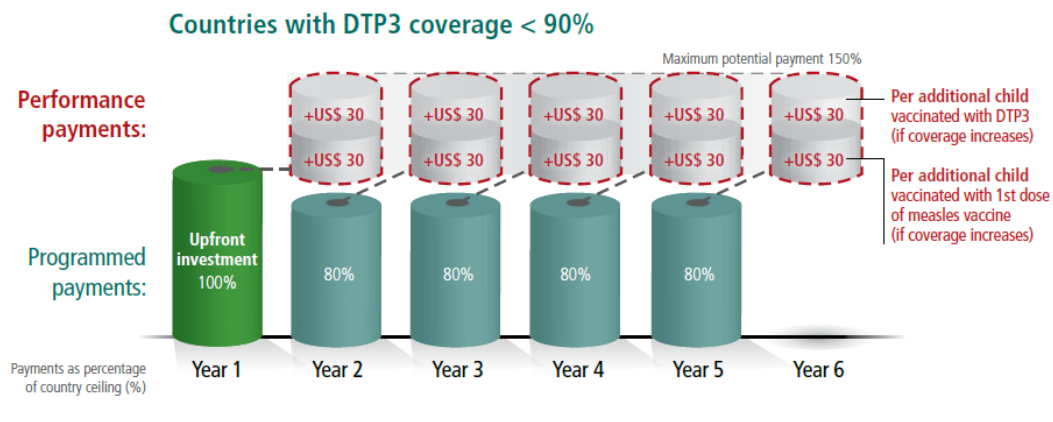
performance payments are shown graphically to the right. (5)

Country Eligibility

The main eligibility criteria for Gavi support is the World Bank's estimate of gross national income per capita (GNI pc.). The threshold for eligibility is an average GNI pc over the

past three years that is less than or equal to US\$1,580 (for 2018). The threshold is revised each year. Based on a country's gross national income per capita, countries are grouped into transition phases and these phases dictate the criteria applied to each country when applying for support. (6)

For PBF, eligibility is defined under the *Funding Level and Allocation* section.



Programmed payments are based on progress in implementation and achievement of intermediate results.

Performance payments are based on improvements in immunisation outcome indicators.

Note: all payments are made by GAVI in accordance with GAVI's policies and procedures.

Performance payments for a given year will be made the following year, based on performance of the indicators listed and data verification.

The following are exempt from the 80% rule: those countries whose total grant budget would fall at or below US\$ 3 million when this rule is applied.

In addition to having implemented a Gavi HSS grant in the last year, countries must also have a routine way to track data quality over time, conduct at least two independent and high-quality household surveys every five years, pass a data verification check, and meet Gavi's transparency and accountability terms and conditions to be eligible for PBF. (5)

PBF support mostly benefits countries with high coverage. Data issues and lack of progress make it difficult for lower-coverage countries to qualify. (7)

Utilization

This information is not readily available.

Tracked Metrics

For HSS grants, the tracked metrics for the award are documented in the performance framework. The performance framework is an agreement between a country and Gavi and includes the key metrics tracked during implementation. (3)

For PBF eligibility, they track DTP3 coverage and the number of additional children receiving DTP3 immunization. For low-coverage countries, they also track measles coverage and additional children immunized against measles. (3)

Once PBF is provided, there is very little monitoring of these funds, so the effectiveness of the model is unknown. (7)

Recent/Future Changes

For HSS funds, it has been acknowledged that there are some challenges when channeling money through partners, including a lack of clarity on roles and responsibilities, high management fees, and implementation delays due to added players. While there isn't evidence that their recommendations have led to any changes in the current grants, this may be an area that changes in the future (4).

PARTNER'S ENGAGEMENT FRAMEWORK

Purpose

PEF focuses on four pillars: country focus, differentiation, transparency, and accountability. Within PEF, there are three types of funding to partners for technical assistance (TA): foundational support (long term funding for core partners at the global or regional-level), targeted country assistance (TCA) (time-limited support to address needs), and special investment in strategic focus areas (SFAs) (medium to long term support for things that need extra support).

TCAAs are country-driven assistance plans and were introduced by Gavi in 2016. Gavi supports TA to national immunization programs as they understand it to be a driver of improvements in implementation, coverage, and equity. (8)

The Joint Appraisal process informs the needs that are addressed through TCA. The support is mainly in the form of full-time staff based in partner country offices. Focus is on 20 priority countries, identified as the ten countries with the most under-immunized children and the ten countries with high levels of inequity or conflict. (9)

Guidelines, Program Elements and Scope

Although Gavi hasn't clearly described TCA, authors from a recent evaluation of TCAs describe the goals of the program as follows:

- To support successful implementation of Gavi grants
- To address bottlenecks of the immunization program
- To ensure transfer of skills to country staff
- To engage local/regional TA providers
- To promote capacity building and sustainability. (8)

The TCAs use a variety of technical assistance models, including embedded support, ongoing local technical support, short-term consultancy (local & regional/global), and workshops/trainings (local & regional/global). Due to a lack of programmatic guidance, there is a lack of common activities across TCA funding. (8)

Type of Funding

Funding supports technical assistance from partners for the countries Gavi supports. (10)

Funding Level and Allocation

In 2017, US\$68 million went to TCA. Support is prioritized to the 20 countries with highest burden of under-immunized kids and countries with high levels of inequity or conflict. (9)

Country Eligibility

Countries must be Gavi eligible to apply for TCA (as described in *country eligibility* for HSIS above).

To be eligible for TCA support, the country must not fall in the "transitioned/fully self-financed" phase. (8)

Utilization

For TCAs, Gavi is prioritizing 20 countries that have a high burden of under-immunized kids and countries with high levels of inequity or conflict. (9)

Tracked Metrics

For TCA, there is a set of minimum milestones that the country and partners must report on biannually. (10)

Recent/Future Changes

A recent shift from most TA money going to global or regional partners to now being directed to country-level funding with an increased number of partners on the ground. (8)

COLD CHAIN EQUIPMENT OPTIMIZATION PLATFORM

Purpose

In 2015, Gavi started the CCEOP as a way to support cold chain equipment. Through this platform, Gavi jointly invests with countries in the purchase, distribution, and installation of equipment. (6) They support the joint-investment platform model as it should lead to use of more reliable and efficient equipment, improved equipment management, and support investment in other supply chain elements like data for management. (11) CCEOP helps to ensure that vaccines are available, potent, and that the risks to wasting supplies are mitigated. (12)

Guidelines, Program Elements and Scope

As this is a joint investment between Gavi and the country, the country must identify the source of joint-investment. This can be through national resources, a new or existing HSS grant, or through both. (6) When applying for CCEOP, countries must submit a detailed operation deployment plan for the first year. The platform not only supports joint investment in equipment, but also supports training of healthcare workers and technicians by suppliers or in-country service providers to support the systems in the field. (11) Gavi provides support for both the initial phase (one to two years) and scale up phase (years three and beyond) of the cold chain system. (11)

Type of Funding

CCEOP is a joint investment between Gavi and the country.

Funding Level and Allocation

Depending on the transition phase, countries receive different levels of support:

- “Initial self-financing countries” – up to 80% joint investment from platform

- “Preparatory transition countries” – up to 50% joint investment from platform
- “Accelerated transition countries” – countries with at least two years since independent review prior to becoming fully self-financing may receive up to 50% joint investment from the platform
- “Countries ineligible for joint investment” – accelerated transition countries with less than three full years from independent review to becoming fully self-financing. Countries entering fully self-financing year and phasing out Gavi support have access to procurement services by contacting UNICEF supply division directly. (6)

Country Eligibility

Countries must be Gavi eligible to receive CCEOP funding, as described in HSIS *country eligibility* section above.

For CCEOP, countries can only apply once for both the initial and scale up support (starting in 2018). (11)

Utilization

Between March 2016 and November 2017, there were 48 applications (with some countries resubmitting). Over 60% of eligible countries have been approved or recommended for approval. (12)

Tracked Metrics

No information was readily available about the metrics tracked for CCEOP funding.

Recent/Future Changes

Since November 2016, there have been some key changes to CCEOP. Some of the changes are equitable allocation (through the introduction of the equitable allocation approach that used information on the population in need, number of under-immunized children, and gross national income per capita), accelerated timelines (rearranged tasks so some are happening simultaneously), and all Gavi-approved suppliers are now invited to engage with the platform. (12)

Global Fund

OVERALL STRATEGIC APPROACH

For the 2017-2022 period, building “resilient and sustainable systems for health” is one of four key strategic objectives (in addition to maximizing impact against HIV, TB and malaria; promoting and protecting human rights and gender equality; and mobilizing increased resources). There are seven

simultaneous operational objectives (i.e. “subobjectives”) that contribute to the overall strategic objective:

- Strengthening community responses and systems
- Supporting RMNCAH and platforms for integrated delivery
- Strengthening global and in-country procurement and supply chain systems
- Leveraging critical investments in human resources for health
- Strengthening data systems for health and countries’ capacities for analysis and use
- Strengthening and aligning to robust national health strategies and national disease-specific strategic plans
- Strengthening financial management and oversight

The successful implementation of the Global Fund (GF) strategy depends on two strategic enablers:

- Innovating and differentiating along the development continuum
- Supporting mutually accountable partnerships (13)

HSS SUPPORT PROVIDED

COUNTRY ALLOCATIONS: BUILDING RESILIENT AND SUSTAINABLE SYSTEMS FOR HEALTH

Purpose

In addition to ending HIV, TB, and malaria, the Global Fund believes that robust health systems allow for sustainable, equitable, and efficient health care delivery, accelerate progress towards universal health coverage, and help prepare countries for emerging threats to global health security. The majority of this support is through country allocations for building “resilient and sustainable systems for health” (RSSH). (14)

Guidelines, Program Elements and Scope

Applicants can present their RSSH funding request as a standalone request or integrated with a single disease-specific funding request. The funding requests are reviewed and approved by an independent Technical Review Panel. Upon approval, the Global Fund and the Country Coordinating Mechanism work with the recipient to design one or more grants, which are then sent to the Grant Approvals Committee to be approved for disbursement. (15)

To encourage domestic investment in health systems as well as country ownership and sustainability, the Global Fund funding model requires countries to commit to co-financing Global Fund programs and to increase government spending on health. (16)

Type of Funding

Grants for RSSH are allocated directly to countries, either as standalone grants or as ancillary to a disease component grant (i.e. for TB, HIV, or malaria). The recipients for the grants are typically the Ministry of Health or specific in-country HSS programs. (17)

Funding Level and Allocation

Around 40% of the Global Fund's investments go to supporting countries to build resilient and sustainable systems for health. (18) For the 2017-2019 funding cycle, 110 countries and multi-country programs have been allocated funding for one or more disease component, for a total of US\$10.2 billion. Funds allocated specifically for RSSH support were not differentiated in the report, though presumably around US\$4 billion is allocated for RSSH. (19)

Country Eligibility

Eligibility for Global Fund support considers disease burden and economic landscape, is assessed separately for HIV, TB, and malaria funding applications, and is re-evaluated annually. Specifically, official disease burden classification is based on data from UNAIDS for HIV and from WHO for TB and malaria; income classification is measured by Gross National Income per capita using the World Bank Atlas Method. For the 2020-2022 funding cycle, 122 countries and regional partnerships are eligible for one or more disease-specific grants (i.e. HIV, TB, or malaria). It is unclear whether a country must first be eligible for allocation based on one of the three diseases in order to be considered for RSSH support. (20)

Utilization

Of the US\$10.2 billion allocated for the 2017-2019 period, approximately US\$10 billion has been disbursed across a total of 247 individual grants encompassing 84 countries and regional partnerships. The portion of these funds dedicated specifically to RSSH is not explicitly clear (21). The number of countries that have applied for grants is not available.

Tracked Metrics

For the strategic objective of RSSH, there are 2 proposed strategic key performance indicators (KPIs), each with specific proposed KPIs for implementation:

1. Share of the portfolio that meet expected standards for:
 - a. Procurement and supply chain systems
 - i. Implementation KPIs for procurement: price, on-time, in-full delivery (presumably percentage), administrative lead time

- ii. Implementation KPIs for supply chain: percentage of health facilities with tracer medicines available on day of visit, percentage of health facilities providing diagnostic services with tracer items on day of visit
 - b. Financial management systems
 - i. Implementation KPIs: number of high priority countries completing public financial management transition (PFM) efforts towards use of country PFM system, number of countries with financial management systems meeting defined standards for optimal absorption and portfolio management
 - c. Data systems
 - i. Implementation KPIs: percentage of high impact countries with fully deployed and functional health management information systems, number and percentage of countries reporting on disaggregated results
 - d. Alignment with National Strategic Plans
 - i. Implementation KPI: percentage of concept notes rated by the Technical Review Panel to be aligned with national strategic health plans
- 2. Fund utilization
 - a. Allocation utilization: portion of allocation that has been committed or is forecast to be committed as a grant expense
 - b. Absorptive capacity: portion of grant budgets that have been reported by country as spent on services delivered (22)

Recent/Future Changes

In 2016, the Global Fund released its strategic plan for the 2017-2022 period, which built off external evaluations of the previous funding period. For example, the 2015 Strategic Review of the Global Fund investment strategy provided an evaluation of the Global Fund's overall approach to investment, rather than a specific evaluation of HSS funding.

In the 2015 Strategic Review, it was noted that Global Fund processes do not yet appear to be fully aligned with country-driven planning or national systems. The review also calls for greater differentiation of processes along the spectrum of high-risk, low-capacity and low-risk, high-capacity countries in order to reduce high transaction costs and allow for the Global Fund to better focus its resources where the need is greatest. The review notes that sustainability and transition planning remain poorly operationalized within many countries; similarly, more support is required to ensure sustained funding from the private sector and non-governmental sources as well as to encourage countries transitioning between income groups to internally allocate more funds to fill gaps. While the strategy of investing based on income and disease burden has proven successful, the introduction of incentive funding has led to increased transaction costs but little evidence to suggest that countries are more motivated to increase the ambition of their requests (i.e. the intent of the incentive funding

strategy). Moving forward, better financial expenditure data and tracking as well as program monitoring data and surveillance will be necessary for future evaluations. The 2015 Strategic Review recommended that the Global Fund focus on improving the strategic focus and sustainability of investments, prioritizing national ownership and differentiation of processes based on country context, promoting health systems-oriented investments to contribute to national universal health coverage, continuing to leverage partnerships, and investing in improved data quality for key inputs. (23)

A 2015 Thematic Review of HSS efforts identified lack of harmonization and coordination of investments with national priorities and lack of identifying, coordinating, and evaluating TA needs and provision as challenges to be addressed for the 2017-2022 strategy. (24)

The 2017-2022 strategy appears to directly address the feedback from these evaluations.

CATALYTIC INVESTMENTS

Purpose

Catalytic investments are a portion of funding for Global Fund-supported programs, activities, and strategic investments that are not adequately accommodated through country allocations but that are essential to achieve the aims of the Global Fund Strategy 2017-2022 and global partner plans. (25)

Guidelines, Program Elements and Scope

Catalytic investments comprise three funding mechanisms:

1. Matching funds (US\$346 million)
 - a. Matching funds are designed to inspire innovation and ambitious approaches driven by evidence in order to maximize impact in one of six strategic priority areas. Two of these areas are related explicitly to RSSH: integrated service delivery and health workforce; and data systems, data generation, and data use. Of the approximately US\$313 million set aside for matching funds during the 2017-2019 funding cycle, around US\$47 million was made available for these RSSH strategic areas across 19 of the 38 eligible countries.
2. Multi-country approaches (US\$260 million)
 - a. Multi-country funding is allocated based on strategic priorities for each of the three Global Fund diseases; it is not explicitly clear what portion, if any, is reserved for RSSH.
3. Strategic initiatives (US\$194 million)

- a. Eleven strategic priorities have been identified by the Global Fund as necessary to support the success of country allocations, but that cannot be funded by country grants alone. Two of these strategic priorities are explicitly related to RSSH: technical support, South to South, peer review and learning; and data systems, generation and use for programmatic actions and quality improvements. Further, a third strategic priority is procurement and supply management, which aligns with the objectives laid out for RSSH in the 2017-2022 strategic plan. A total of US\$88 million is available for these three strategic priorities. (25)

Type of Funding

Matching funds are allocated directly to countries; strategic initiatives funds are allocated to countries or external partners, where appropriate. (26)

Funding Level and Allocation

A total of US\$800 million in catalytic investments are available for the 2017-2019 funding cycle. A total of US\$135 million is specifically allocated for HSS initiatives across the matching funds and strategic initiatives; it is not clear what portion of the US\$260 million reserved for multi-country approaches is dedicated to HSS. (25)

Country Eligibility

The Global Fund has pre-identified 38 countries that are eligible for matching fund allocations, though it is not clear how these countries were determined. In order to receive the funds, an applicant must demonstrate an increase in the allocation amount designated to the relevant catalytic investment priority area(s) from the previous funding cycle as well as an increase in programmatic targets and coverage as a result of the matching funds. (25)

Utilization

Utilization data is not publicly available for catalytic investments.

Tracked Metrics

Tracked metrics and performance indicators are not publicly available for catalytic investments.

Recent/Future Changes

Catalytic investments were introduced as a funding mechanism in 2016 along with the 2017-2022 strategic plan and therefore are relatively new. (26) No evaluations of catalytic investments have been completed or published.

World Bank

OVERALL STRATEGIC APPROACH

The World Bank defines Health Systems Strengthening as “the combination of resources, organization, financing, and management that culminate in the delivery of health services to the population.” Current strategies include the use of the Global Financial Facility and the UHC2030 campaign. (27)

HSS SUPPORT PROVIDED

Commitment to achieve Universal Health Coverage (UHC) through support to clients focusing on three areas: effective health service delivery, protection against financial risk, and mobilizing the efforts of other sectors to improve health and nutrition outcomes. A global monitoring report will be released every two years focusing on UHC. (28, 29, 52) Financial support is provided through the International Development Association and the International Bank for Reconstruction and Development.

INTERNATIONAL DEVELOPMENT ASSOCIATION

Purpose

The International Development Association (IDA) provides personalized support to low-income countries which lack the creditworthiness to apply to the International Bank for Reconstruction and Development (IBRD). IDA programs support primary education, basic health services, clean water and improved sanitation, environmental safeguards, improved infrastructure, and strengthened institutions. (30) The IDA is a long-time investor in infrastructure/health systems strengthening. (31)

Guidelines, Program Elements and Scope

As of 2014, a Systematic Country Diagnostic (SCD) is performed before a Country Partnership Framework is developed. The SCD is a data-informed exercise that frames the challenges the country faces with respect to meeting the World Bank Group’s (WBG) goals of poverty reduction, inclusion, and sustainability. It will identify a set of priorities or focal areas for the country in their work to meet these goals. (28,32)

Following the SCD, a Country Partnership Framework (CPF) is completed, outlining the developmental objectives that WBG interventions expect to help the country achieve. (33) The CPF is the central tool to review and guide the WBG’s country programs and gauge their effectiveness. The WBG works with country governments and key stakeholders (including private sector) to draw

on findings in the SCD and WBG's comparative advantages to determine CPF objectives. Afterward, a flexible program of engagement is established to support achieving these objectives. (34)

As of FY18, SCDs had been completed in 62 countries and CFPs in 46. (28)

Type of Funding

Funds are allocated in relation to countries' income levels and success in managing their economies and ongoing IDA projects. Lending terms are concessional, meaning that credits carry no or low interest. Those at high risk of debt distress receive 100% of assistance in the form of grants while those with a medium risk receive 50% in grants. (30)

Funding Level and Allocation

For FY17, the IDA's allocations totaled SDR 9,286 million (US\$13,056 million) to 74 countries and 6 regions. This was broken down into SDR 295.2 million (US\$415.0 million) in grants, SDR 1,071 million (US\$1,505.8 million) in variable credits, and SDR 25.2 million (US\$35.4 million) in hard credits in addition to SDR 444.5 million (US\$625.0 million) in regional programs. (35)

Data for the first 9 months of FY18 are available in the World Bank document archive. (36)

Additionally, a graphical breakdown of IBRD vs. IDA funding can be seen on the WBG financing website. (48)

Country Eligibility

Countries below the established threshold of a Gross National Income per capita (GNI) of US\$1,165 (2018) are eligible for IDA financing, as well as certain countries without sufficient creditworthiness to apply for IBRD funds. Countries below the GNI threshold but with sufficient creditworthiness may receive blended financing from both IDA and IBRD. Currently, 75 countries receive IDA support: 59 from IDA alone and 16 from both IDA and IBRD. Countries may also "graduate" and receive further transitional funding while moving toward IBRD-only financing. Finally, some small island nations of under 1.5 million inhabitants who are over the GNI threshold may receive waivers to remain eligible for IDA funding due to size/geographic vulnerabilities and lack of other financing/creditworthiness options. (37)

Utilization

Countries are pre-determined to be eligible for IDA/IBRD financing and apply for funds on a project-by-project basis depending on program guidelines.

Data on number of country applications and percentage accepted or rejected is not readily available.

Tracked Metrics

The IDA uses a four-tiered results and accountability system: (38)

- 1) Long-term broad developmental outcomes in IDA-eligible countries in which WBG operates, not necessarily due to IDA but the overall efforts of all stakeholders involved
 - a. Poverty eradication and shared prosperity
 - b. Inclusive growth and private-sector development
 - c. Governance and institutional development
 - d. Infrastructure
 - e. Gender equality and human development
 - f. Climate change and environment
- 2) Similar metrics in IDA countries, including outcomes of IDA's Countries Strategies Completion Reports
- 3) Operational effectiveness of IDA's products
- 4) IDA's organizational effectiveness, efficiency, and value for money

INTERNATIONAL BANK FOR RECONSTRUCTION AND DEVELOPMENT

Purpose

The IBRD is the largest development bank in the world and supports the WBG's mission by providing loans and other financial products as well as advisory services to middle-income and certain creditworthy low-income countries. (39)

Guidelines, Program Elements and Scope

See IDA above.

Type of Funding

IBRD provides loans, guarantees, and risk management products. (39)

Funding Level and Allocation

For FY17, IBRD had US\$23,000 million in loan commitments (for 133 projects) and US\$9,000 million in net loan disbursements. Net loans outstanding rose from US\$168,000 million in FY16 to US\$177,000 million in FY17. (40)

Data for the first 9 months of FY18 is available at: (37)

A breakdown of IBRD vs. IDA funding can be seen graphically on the WBG financing website. (53)

Additionally, IBRD provides knowledge and technical services with specific focus on assisting lower-middle-income countries as they climb the economic ladder and graduate from IDA to become IBRD clients. (39)

Country Eligibility

IBRD supports middle-income countries, with a GNI of between US\$1,165 and US\$6,895 as well as low-income countries with sufficient creditworthiness. At a per-capita income of US\$6,895, a country is eligible to initiate the IBRD graduation process. (41)

Utilization

Countries are pre-determined to be eligible for IDA/IBRD financing and apply for funds on a project-by-project basis depending on program guidelines.

Data on number of country applications and percentage accepted or rejected is not readily available.

Tracked Metrics

Metrics for each project is outlined by a CFP.

GLOBAL FINANCING FACILITY (GFF)

Purpose

The Global Financing Facility creates a partnership to support governments and additional stakeholders in coming together to fund and write an Investment Case (IC), which includes a well-developed set of priorities regarding reproductive, maternal, child, and adolescent health. This country-led plan, pointing to high-impact investments in historically under-funded areas, will be used to generate further income from the World Bank and other sources and will contribute to both improving the health of women, children, and adolescents and strengthening the health systems required to deliver these interventions at scale. (42)

Guidelines, Program Elements and Scope

There is no standalone application process. GFF countries are pre-selected according to need, willingness to accept and allocate IDA resources, and interest in learning about the GFF model. A set of guidelines was developed by investors in 2016 to guide future eligibility for new countries. Once a country is selected, the amount of grant money they receive is negotiated with the country government. (43) Amount is based on three criteria: need, population, and income. Low scoring countries may get US\$10-20 million while higher scoring countries may receive US\$40-50 million over three to five years. (44)

The GFF provides trust fund grants and technical assistance to countries, enabling them to create an Investment Case, which will be used to increase domestic spending and secure funding from IDA/IBRD and other external sources.

Investment Cases should consider and appropriately balance between maternal and child health-specific interventions and HSS approaches (45). Inefficiencies and bottlenecks in health system should be identified in the Investment Case, which should also include proposals to fix them. (46) Such bottlenecks may be in governance, in the health workforce, in the financing operations, in supply chain management, or in information systems, including civil registration and vital statistics. (42)

The GFF promotes a particular focus on Civil Registration and Vital Statistics (CRVS), which are lacking in many LMIC settings. GFF encourages the inclusion in ICs of strengthened CRVS systems, currently implemented/planned by 9 countries. (42) Countries that include CRVS improvements in their IC and allocate IDA/IBRD funding to CRVS are eligible for up to US\$10 million in additional resources from the GFF Trust Fund. Another focus is equity, in that each IC is developed based on detailed and disaggregated data, leading to targeted interventions focusing on regions or populations that have the worst health indicators. (43)

An extensive list of recent Investment Case priorities can be found in the 2017-2018 GFF Annual Report. (42)

Type of Funding

The GFF isn't a fund, but rather a "mechanism" that uses modest amounts of grants to bring programs to scale and leverage exponentially greater resources (47)

The GFF Trust Fund is a catalyst for financing the Investment Case (42). It includes flexible financing for the IC prep work and technical assistance to identify priorities, bring together stakeholders, and address bottlenecks. (48) In addition to supporting countries in developing health financing strategies, GFF provides technical assistance to evaluate fiscal space for health and support dialogue between Ministry of Health and Ministry of Finance. (42) After the IC is developed, GFF supports country governments to use grant money "catalytically" to leverage funds to finance HSS and other targets related to reproductive, maternal, and child health. (43)

The GFF Trust Fund also makes grants complementary to IDA or IBRD financing to address key priorities. (43)

Country Eligibility

Countries are pre-determined to be eligible to receive GFF support and were originally determined by the Countdown to 2015 initiative. They include 63 countries that face high burdens relating to reproductive, maternal, newborn, child, and adolescent health and that the World Bank has classified as low- or low-middle income. An additional 4 countries were added in 2017 secondary to the Countdown to 2030. (49) The GFF is currently funding ICs in 26 countries. (43)

Utilization

As of mid-2018, GFF Trust Fund contributions total of US\$807 million, including US\$620 million in commitments to 31 projects in 26 countries. IDA and IBRD commitments secondary to GFF ICs total US\$3.9 billion. The current ratio of GFF Trust Fund grants to total funding is 1 to 7.3, indicating the ability of the GFF mechanism to leverage larger sums of funds from other sources. (42)

Tracked Metrics

Core impact indicators: (42)

- 1) Maternal mortality ratio
- 2) Under-5 mortality rate
- 3) Newborn mortality rate
- 4) Adolescent birth rate
- 5) Birth spacing (proportion of the most recent children age 0-23 months who were born less than 24 months after preceding birth)
- 6) Prevalence of stunting among children under 5
- 7) Prevalence of moderate to severe wasting among children under 5
- 8) Proportion of children who are developmentally on track (when the definition of this indicator has achieved global consensus)

Core health financing impact indicators:

- 1) Health expenditure per capita financed from domestic sources
- 2) Ratio of government health expenditure to total government expenditures
- 3) Percent of current health expenditures on primary/outpatient health care
- 4) Incidence of catastrophic and impoverishing health expenditures

Country Process Example

The GFF was launched in the Democratic Republic of Congo (DRC) in April, 2015. Key stakeholders were brought together, including multiple Ministries of the DRC government, Civil Society Organization (CSO) representatives, and development partners. Using the GFF platform, an Investment Case regarding reproductive, maternal, child, and adolescent health was created,

prioritizing interventions from the DRC's National Strategic Development Plan. To create the IC, the Ministry of Health worked with CSOs to define health priorities, UNICEF analyzed health system bottlenecks, and WHO assisted in the costing process. The GFF secretariat supported a resource mapping exercise in conjunction with the DRC government and donors. This process highlights the inclusive nature of the GFF platform and ability to coordinate bringing multiple actors to the table. (42)

Recent/Future Changes

The World Bank's approach has shifted from population control (1970's) to primary health care direct lending (1980-1986, after Alma-Ata) to health reform (1987-1996) to enhancement of health care systems (1997-2007) to a health systems approach (2007-present). From 1997, the World Bank has attempted to include more stakeholders in a "sector-wide" approach, as well as develop more flexible forms of financing, leading to the creation of the GFF. Challenges the WB has attempted to overcome include a historical diminishment of state actors in favor of the private sector and the tension between creating new markets and the idea of Universal Health Coverage as a human right (i.e. not profit-driven). (27)

In a recent (2014) shift in culture, the World Bank is transitioning from a "project-based" mentality to a culture of supporting countries in customizable ways to tackle their own unique problems while keeping in mind WBG's two goals of reducing extreme poverty and promoting shared prosperity. Additionally, there is a focus on evidence-based solutions and sharing knowledge across sectors and regions; a sort of unofficial implementation science or "Science of Delivery". This shift in strategy included the introduction of the Systematic Country Diagnostic, the Country Partnership Framework, and Performance and Learning Reviews, which seek to identify unique problems, develop a framework and metrics for solving them, and review lessons learned and share new knowledge, respectively. (50)

Further, there has been a recognition of the need to be more flexible and quicker when working within and across agencies. IDA and IBRD have been criticized for long lead times and bureaucratic red tape, delays which stifle demand and prevent the WBG from applying knowledge to the ground in a timely manner. (50)

Focus on Universal Health Coverage, Universal Social Protection, Sustainable Urbanization, and IDA initiatives such as supporting 25 countries in creating a pandemic emergency plan indicate possible shift toward investing in long-term "preventative" measures to increase social safety nets and firm up "fragile" health systems with respect to potential emergencies (i.e. Ebola). (51)

Organization Comparison

HSS SUPPORT PROVIDED

SIMILARITIES

- Global Fund, World Bank, and Gavi all:
 - Emphasize leadership of Ministry of Health
 - Have pre-approved list of countries eligible for support
 - Use GNI for at least part of their eligibility calculation
 - Engage CSOs and other local partners
 - Engage WHO and UNICEF for technical assistance.
- For Gavi and World Bank funding, the specific funding windows a given country qualifies for can change over time, depending on their categorization within the organization.

DIFFERENCES

- Gavi and Global Fund seems to be more directly focusing on HSS than World Bank.
- GFF supports countries to create an investment case and, subsequently, bring in more money (catalytic investment). Global Fund, Gavi, and World Bank support countries until they can self-finance (or become ineligible for support).
- World Bank seems to place greater emphasis on results and lessons learned and encourages dialogue between Ministry of Health and Ministry of Finance.
- World Bank and Gavi are using performance-based financing as part of their HSS approach while Global Fund is not.

References

1. Gavi, the Vaccine Alliance. 2016-2020 Strategy. Accessed: 27 July 2018. Available from: <https://www.gavi.org/about/strategy/phase-iv-2016-20/>
2. Gavi, the Vaccine Alliance. How Gavi Support Works. 2017. PowerPoint.
3. Gavi, the Vaccine Alliance. Health System and Immunization Strengthening (HSIS) Support Framework. 2016. Accessed: 27 July 2018. Available from: <https://www.gavi.org/about/programme-policies/health-system-and-immunisation-strengthening-support-framework/>
4. Gavi. Channeling of HSIS Funds through Partners. PowerPoint. 2017.
5. Gavi, the Vaccine Alliance. Performance Based Funding for Health System Strengthening Cash Support. 2014.
6. Gavi, the Vaccine Alliance. How to Request New Gavi Support. 2018.
7. Yamey G and Schaferhoff M. Review of Gavi's Performance-Based Funding (PBF) Component of its Health System Strengthening (HSS) Support – First draft. 2018
8. Deloitte. Baseline Assessment Report: Evaluation of the Technical Assistance Provided through the Gavi Partners' Engagement Framework. 2017.
9. Gavi, The Vaccine Alliance. Targeted Country Assistance. 2018. Accessed: 27 July 2018. Available from: <https://www.gavi.org/support/pef/targeted-country-assistance/>
10. Gavi, the Vaccine Alliance. How We Work Together. 2018.
11. Gavi, the Vaccine Alliance. Application Guidelines: Gavi's Support to Countries. 2018.
12. Gavi., the Vaccine Alliance. Gavi Overview and CCEOP Status Update. 2018. PowerPoint.
13. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Global Fund Strategy 2017-2022: Investing to end epidemics. April 2016. Accessed: 29 July 2018. Available from: https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf?u=636486807150000000
14. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Focus On: Building Resilient and Sustainable Systems for Health. February 2018. Accessed: 29 July 2018. Available from: https://www.theglobalfund.org/media/1309/publication_rssh_focuson_en.pdf
15. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Building Resilient and Sustainable Systems for Health through Global Fund Investments: Information Note. May 2017. Accessed: 29 July 2018. Available from: https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf
16. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Funding Process & Steps: Co-Financing. Accessed: 29 July 2018. Available from: <https://www.theglobalfund.org/en/funding-model/funding-process-steps/co-financing/>

17. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Grant Portfolio: Find a Grant. 2018 Accessed: 29 July 2018. Available from: <https://www.theglobalfund.org/en/portfolio/find/>
18. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Building Resilient and Sustainable Systems for Health: Fact Sheet. November 2016. Accessed: 29 July 2018. Available from: https://www.theglobalfund.org/media/1546/rssh_buildingresilientandsustainablestemsforhealth_factsheet_en.pdf?u=636679305370000000
19. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Funding Model: Allocations. Accessed: 29 July 2018. Available from: <https://www.theglobalfund.org/en/funding-model/funding-process-steps/allocations/>
20. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Eligibility List 2018. March 2018. Accessed: 29 July 2018. Available from: https://www.theglobalfund.org/media/7214/core_eligiblecountries2018_list_en.pdf?u=636679305940000000
21. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Funding Decisions. July 2018 Accessed: 29 July 2018. Available from: <https://www.theglobalfund.org/en/funding-decisions/>
22. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. 35th Board Meeting: 2017-2022 Strategic KPI Framework for Board Approval. April 2016. Accessed: 29 July 2018. Available from: https://www.theglobalfund.org/media/4231/bm35_07b-2017-2022strategickeyperformanceindicator_framework_en.pdf?u=636488964270000000
23. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. 34th Board Meeting: Strategic Review 2015. November 2015. Accessed 29 July 2018. Available from: https://www.theglobalfund.org/media/2933/bm34_10-strategicreview2015_report_en.pdf?u=636488963970000000
24. Abejero N. The TERG recommends measures to enhance health systems strengthening. The Global Fund Observer. Dec 2015. Accessed: 29 July 2018. Available from: http://www.aidspace.org/gfo_article/terg-recommends-measures-enhance-health-systems-strengthening
25. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. Funding Model: Catalytic Investments. Accessed: 29 July 2018. Available from: <https://www.theglobalfund.org/en/funding-model/funding-process-steps/catalytic-investments/>
26. The Global Fund to Fight AIDS, Tuberculosis, and Malaria. 36th Board Meeting: Catalytic Investments for the 2017-2019 Allocation Period. November 2016. Accessed: 29 July 2018. Available from: https://www.theglobalfund.org/media/4258/bm36_04-catalytic-investments_report_en.pdf
27. Tichenor M, Sridhar D. Universal health coverage, health systems strengthening, and the World Bank. *BMJ*. 2017;358:j3347.

28. The World Bank. World Bank Annual Report 2017. Washington, D.C.: World Bank. 2017.
Available from: <http://pubdocs.worldbank.org/en/908481507403754670/Annual-Report-2017-WBG.pdf>
29. World Health Organization and International Bank for Reconstruction and Development/The World Bank. Tracking universal health coverage: 2017 global monitoring report. 2017.
Available from: <http://pubdocs.worldbank.org/en/193371513169798347/2017-global-monitoring-report.pdf>
30. Financing: IDA/The World Bank. 2018. Available from: <http://ida.worldbank.org/financing/ida-financing>
31. IDA Resource Mobilization Department (DFiRM). Setting the Agenda for IDA18: Strategic Directions. 2016. Available from:
<http://documents.worldbank.org/curated/en/837881467996741019/pdf/103837-BR-Box394865B-IDA-SecM2016-0058-OUO-9.pdf>
32. The World Bank. IBRD/IDA/IFC/MIGA Guidance: Systematic Country Diagnostic. 2016.
Available from:
<https://policies.worldbank.org/sites/ppf3/PPFDocuments/8f7c06ff182246ba974bf1c6c985a03b.pdf>
33. The World Bank. Toward the Country Partnership Framework: The World Bank. 2017.
Available from: <http://consultations.worldbank.org/consultation/towards-country-partnership-framework>
34. The World Bank. IBRD/IDA/IFC/MIGA Guidance: Country Engagement. 2018.
Available from:
<https://policies.worldbank.org/sites/ppf3/PPFDocuments/Forms/DispPage.aspx?docid=1cb5ccd7-e58e-4790-9637-8f9d5f23b57d&ver=current>
35. IDA Resource Mobilization Department (DFiRM). IDA Country Allocations for FY17. 2017.
Available from: <http://documents.worldbank.org/curated/en/149981508187781672/pdf/FY17-IDA-Country-Allocations-Board-Disclosure-Final-Oct4-10122017.pdf>
36. IDA/The World Bank. Management's Discussion & Analysis and Condensed Quarterly Financial Statements. 2018.
Available from: http://siteresources.worldbank.org/EXTABOUTUS/Resources/29707-1280852909811/IDA_Mar_18.pdf
37. The World Bank. Borrowing Countries: IDA/The World Bank. 2018
Available from: <http://ida.worldbank.org/about/borrowing-countries>
38. World Bank Group. IDA17 Results Measurement System (RMS). 2017.
Available from: <http://pubdocs.worldbank.org/en/362611508859552486/IDA17-Results-Measurement-System-OCTOBER-2017.pdf>
39. The World Bank. International Bank for Reconstruction and Development: World Bank. 2018.
Available from: <https://www.worldbank.org/en/who-we-are/ibrd>

40. IBRD/The World Bank. Management's Discussion & Analysis and Financial Statements. 2017. Available from:
<https://openknowledge.worldbank.org/bitstream/handle/10986/27986/211119v2.pdf?sequence=4&isAllowed=y>
41. The World Bank. Annex 2: IBRD/IDA and Blend Countries: Per Capita Incomes, Lending Eligibility, and Repayment Terms. 2017. Available from:
<https://policies.worldbank.org/sites/ppf3/PPFAnnex/993431d6-2d14-406e-a923-69984923e494Annex2.pdf>
42. Global Financing Facility and World Bank Group. 2017-2018 Annual Report: The Global Financing Facility. Washington, D.C.: GFF/World Bank. 2018. Available from:
https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF_Annual_Report_2017-2018_EN.pdf
43. FAQ: Global Financing Facility. 2017. Available from:
<https://www.globalfinancingfacility.org/faq>
44. Global Financing Facility and World Bank Group. Frequently Asked Questions: Purpose and Background. Global Financing Facility/World Bank Group. 2016. Available from:
https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF%20FAQ.pdf
45. Global Financing Facility. Guidance Note: Investment Cases. 2016. Available from:
https://www.globalfinancingfacility.org/sites/gff_new/files/documents/Investment%20Case%20guidance%20note.pdf
46. Global Financing Facility and World Bank Group. Investor's Group Meeting Report: Fifth Investor's Group Meeting. Global Financing Facility/World Bank Group. 2017. Available from:
https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG5-Final%20Report.pdf
47. Global Financing Facility and World Bank Group. A new financing model for the sustainable development goals era: The Global Financing Facility in support of Every Woman Every Child. Global Financing Facility/The World Bank. 2018. Available from:
https://www.globalfinancingfacility.org/sites/gff_new/files/First-GFF-Replenishment-Document_EN.PDF
48. Global Financing Facility and World Bank Group. Financing Model. 2017. Available from:
<https://www.globalfinancingfacility.org/financing-model>
49. Global Financing Facility. Countries eligible for financing from the GFF Trust Fund. 2018. Available from:
https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-eligible-country-list.pdf
50. Global Financing Facility and World Bank Group. The Global Financing Facility 2016-2017 Annual Report. Washington, D.C.: Global Financing Facility/World Bank Group. 2017. Available from:
https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Annual-Report-2016-2017.pdf

51. World Bank Group. An Overview of the World Bank Group Strategy. 2014. Available from:
https://openknowledge.worldbank.org/bitstream/handle/10986/16093/32813_ebook.pdf?sequence=5
52. IBRD/World Bank. UHC in Africa: A Framework for Action. 2016. Available from:
<https://openknowledge.worldbank.org/bitstream/handle/10986/26072/108008-v1-REVISED-PUBLIC-Main-report-TICAD-UHC-Framework-FINAL.pdf?sequence=1&isAllowed=y>
53. World Bank Group. IBRD/IDA Lending Summary. 2018. Available from:
<https://financesapp.worldbank.org/en/summaries/ibrd-ida/>