Engaging the Global Financing Facility: A Guide for Malaria Programs

Global Fund Malaria & iCCM CHTF
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About the Guide
Key Elements

Overview of the Global Financing Facility, including governance, financing, and the GFF country platform.

Discussion of GFF-malaria synergies and opportunities to fill malaria funding gaps through GFF financing.

GFF-Malaria advocacy goals and roadmap to guide work planning.

Interactive GFF engagement assessment tool to assess if and how a malaria program should engage with the GFF.

Entry points and guidance for engagement in the GFF Investment Case development, prioritization and implementation.

Case study describing Uganda's experiences as a successful example of a right-sized, internal advocacy-driven approach to leveraging the GFF for malaria.
Dissemination Activities

Associated products:
- Engagement Assessment Tool for Malaria Programs
- Guide Summary for New GFF Countries
- Guide Summary for Renewing Countries

NMCP Workshops hosted by the RBM CRSPC

Global Partner Workshop
Engaging the GFF
What is the GFF?

- The Global Financing Facility for Women, Children and Adolescents (GFF) is a multi-stakeholder global partnership housed at the World Bank.

- Primarily a loan-driven financing mechanism aimed at prioritizing and scaling up domestic investments to improve RMNCAH-N through targeted strengthening of primary health care systems.

- Intended to serve as a mechanism to finance RMNCAH-N interventions not prioritized or funded under the existing multilateral mechanisms such as the Global Fund and Gavi.
GFF Core Instruments

- Multi-sectoral Investment Case
- Multi-donor Resource Map
- Multi-stakeholder Country Platform

IDA/IBRD loans and GFF Trust Fund grants linked to implementation of health financing reforms

Convening power and technical expertise of the World Bank and its trusted relationships and influence with Ministries of Finance on health financing reforms.
Flow of Financing

STEP 1
Identification and selection of a World Bank Project in the Pipeline

STEP 2
Prioritization of investment case priorities to be funded by project

STEP 3
Project and budget designed by World Bank Task Team Leader, MOH, and MOF

STEP 4
Financing distributed to government by World Bank

STEP 5
Project disbursements and tracking by World Bank
Financing Team & Entry Points

Country Liaison Officer
Coordinates Country Platform

GFF Government Chair
Leads financing design and planning on government’s behalf

World Bank Task Team Leader
Supports negotiations finalizing terms of the loan and grant agreement

In-Country

Secretariat Focal Point
Provides technical and management support

World Bank Headquarters
Advocacy and Engagement

- Relationships and regular meetings between the malaria program, MOH-appointed GFF Chair, and World Bank Task Team Leader established

- A visible and active malaria presence established on the GFF Country Platform

- An evidence-based investment brief for system-level bottlenecks most affecting malaria program development

- GFF-appropriate malaria activities included in GFF/World Bank Project Appraisal Document

- Malaria indicators included in country-specific GFF performance-based results framework
1. Identify key persons responsible for GFF leadership and map strength of existing relationships.

2. Designate a point person to attend all GFF Country Platform meetings and engage on GFF decisions.

3. Hold NMCP team workshop to discuss specific malaria activities to target for GFF co-financing.

4. Based on political context and strength of existing advocacy channels, assess if level of effort required poses a strong enough likelihood of success.

5. Package malaria data for investment case, highlighting the high impact of selected GFF-malaria synergistic interventions in relationship to the RMNCAH-N agenda.

6. Create one-pager outlining a narrow and specific GFF financing request supportive of malaria outcomes (and aligned with recommended malaria-GFF synergy areas) to be prioritised in final MOH decisions.

7. Schedule meetings to disseminate one-pager and galvanise commitments with the GFF CP Chair and World Bank Task Team Leader (which interviews suggest have the most “soft power” over the process).

8. Present updates of discussions at Country Platform meeting.

9. Provide a short list of 2-4 malaria and malaria-supportive indicators to include in GFF Results Tracker as a means of keeping malaria on the GFF agenda.

10. Mobilise local CSOs to use their influence to advocate in support of the malaria-GFF agenda.
Lessons Learned

1. **Lack of understanding** about GFF processes stalled advocacy and engagement.
2. **Strong collaboration** between the malaria, child health, and reproductive health departments catalyzes malaria program opportunities within the GFF.
3. Engaging in GFF supports the malaria community’s commitment to a **horizontal, system-building approach to elimination**.
4. Approach the GFF from a **health-financing perspective**, not a technical perspective.
5. Make an **intentional go/no-go** engagement decision.
Questions?
03

GFF- Malaria Synergies
Untapped opportunities for malaria financing exist within the GFF
Untapped opportunities within the GFF

The GFF Trust Fund:

- Includes over $1 billion USD
- Has leveraged an additional $4.7 billion USD in domestic loans to fund maternal and child health interventions

The GFF is a promising opportunity to leverage additional resources to benefit malaria goals, particularly costs not covered by other malaria donors.
What can and can’t be funded through the GFF?

The GFF is *not* an optimal source of funding for malaria-specific activities, such as:

- Insecticide-treated bed nets
- Indoor residual spraying
- Malaria indicator surveys
- Entomological surveillance
- Entomology staff
- Malaria-specific technical support and NMCP secondments
In the past, GFF funding *has* supported:

- CHW and iCCM Platforms
- Malaria in Pregnancy
- Human Resources
- Laboratory upgrades for malaria
Malaria-GFF synergies

The consultation identified the following synergies to prioritize for funding:

1. Integrated Community Case Management (iCCM)
2. Malaria in Pregnancy (MiP)
3. Human Resources
4. Disease Surveillance and Vital Statistics
Malaria-GFF synergies

Synergy #1: iCCM

- The GFF presents a promising solution for financing non-malaria commodities and other supply costs for integrated community case management (iCCM).
- Malaria NMCPs are encouraged to make the case for leveraging GFF co-financing to create more sustainable and domestically funded iCCM programs.

Example activities with precedent for GFF funding:

- CHW recruitment
- CHW supplies
- iCCM training
- iCCM supervision
- Procurement of malaria commodities needed for iCCM
- Procurement of non-malarial commodities needed for iCCM that ultimately support efforts to expand access to malaria services
Example activities with precedent for GFF funding:

- Implementation of ANC 8-contact model to ensure high uptake of IPTp
- Recruitment of midwives, nurses and anaesthetists
- Training RMNCAH-N cadres on methods for addressing socio-cultural barriers to women seeking care
- Procurement of pregnancy testing kits
- Procurement of malaria drugs for IPTp
- Procurement and commodities for ultrasounds
- Training for expanding use of ultrasounds, including early ultrasound testing
- Implementation research

Synergy #2: MiP

- GFF financing is well-positioned to address issues impeding access to and utilization of malaria prevention and treatment in pregnancy, including:
  - Cross-sectoral health system gaps in training
  - Stockouts
  - Barriers to seeking reproductive care

Malaria-GFF synergies
Synergy #3: Human Resources

- The GFF is well positioned to support increased funding for the national health workforce as part of its general support of National Health Financing strategies.
- Overall shortage, uneven distribution, and rapid turnover of skilled providers remains a major gap affecting delivery of malaria services that GFF financing can help fill.

Example activities with precedent for GFF funding:
- Expansion of district-level surveillance officers
- Recruitment of new nurses and doctors at health centers
- Management and training of laboratory staff
- Performance-based incentive pay for CHWs and nurses
- Stipends for quarterly supervision
- Per-diem costs for training and skill upgrades
Malaria-GFF synergies

Synergy #4: Disease Surveillance

- The GFF has a track record of financing data systems and vital statistic records
- The robust surveillance and data systems required for a well-informed malaria strategy can be difficult to support through siloed funding streams

Example activities with precedent for GFF funding:

- National CRVS assessments
- Development and introduction of country-specific DHIS2 module for reporting cause of death
- Laboratory technicians
- Upgrading health management information systems (HMIS) to digital collection of data at peripheral health facilities
- Introduction of new databases for improved analysis of cause of death
- Introduction of birth and death registration in public and private hospitals
- Data review meetings and national surveillance workshops
- Procure vital statistics recording materials
Cameroon

The GFF approved funding for the development of a community health strategy as well the introduction of “Community PBF” (Cameroon’s CHW program) in the northern regions, where performance-based payments were provided to CHWs based on documented provision of iCCM. GFF project funds were also used for an impact evaluation of “Community PBF” and community monitoring of the program.
Liberia

GFF funds were used to implement the “National Community Health Services Policy” in target counties. Under the Policy, trained Community Health Assistants and Community Health Services Supervisors provide care for populations residing more than 5 km from their nearest health facility through ANC, iCCM, community disease surveillance, insecticide-treated net distribution, death recording, and neonatal and postnatal care.
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