A global conversation about how to finance the maternal and child health

A Joint Open Letter to the Secretariat of the Replenishment Conference of the Global Financing Facility

Although the Millennium Development Goals led to great achievements in population health, some targets, such as overcoming the challenge of unacceptable maternal and neonatal mortality, were not met. Therefore, these remained a priority in the agenda of the Sustainable Development Goals. The gigantic lack of resources for sexual and reproductive health – estimated to be USD 30 billion annually – led to the creation of the Global Financing Facility (GFF) in 2015 at the Financing for Development Conference in Addis Ababa. This instrument, supported by the World Bank, aims to financially support the UN Secretary-General's Every Woman Every Child Global Strategy (2016-2030). The GFF cherishes new approaches to health financing that put countries in the driver's seat to achieve progress. The development of the guiding policy document, the Investment Case, is country-led, and national governments are expected to scale up domestic resources for the health of women, children and adolescents. Furthermore, to ensure efficient spending of the still needed investments by external partners, these investments are aligned to the countries' priorities in sexual and reproductive health, as outlined in the Investment Case.

Wemos and CSOs discussing GFF implementaiton progress

At national level, the governing body of the GFF is situated at the Ministry of Health and includes all relevant actors: the government, civil society, donors, the private sector, and representatives of international organisations. The presence of many stakeholders around the table guarantees joint efforts towards the objective of the GFF, i.e. to end preventable deaths and provide a better quality of life of women, children, and adolescents. More detailed information on the GFF set-up can be found in the Wemos factsheet on the GFF.[1]

The GFF Trust Fund is situated at the World Bank and currently issues grants to 27 low- and middle-income countries. These grants are linked to an International Development Association (IDA) or International Bank for Reconstruction and Development (IBRD) loan from the World Bank. Currently, every USD 1 of a grant is matched by an average of USD 7 of the associated loan. The rather small amount of grants is supposed to leverage much more funding from other resources, e.g. the linked loan and domestic sources. The Trust Fund was recently replenished with USD 1 billion. This new money will be used to roll out new GFF projects in 8 to 10 additional low and lower-middle income countries, which will be announced after the meetings of the governance bodies in April 2019 in Washington D.C.

Médecins Sans Frontières (MSF), Oxfam and Wemos took the opportunity of the replenishment conference in November 2018 to address the GFF Secretariat with a letter based on their experiences in GFF countries. Country work of the authoring organisations had led to concerns; how the GFF engages at country level with different stakeholders and how its projects are implemented.

What follows is an abridged version of the letter to the Secretariat of the GFF.[2] The original version and endorsing organisations can be found on the Wemos knowledge platform.

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Re: Decisive opportunity to improve Global Financial Facility to advance the health and lives of millions of women, adolescents and children.

Dear Members of the Secretariat of the GFF,

The GFF is preparing for its first replenishment meeting, with plans to almost double the number of countries it supports. In addition to some of the points raised in the Civil Society Communique on the GFF,[3] we – the undersigned group of Civil Society Organisations working with patients around the world or engaged in global health – wish to highlight our collective concerns for your urgent consideration and action.

We recognise that the GFF holds the potential to mobilise much-needed international and national resources for countries with significant gaps in treatment, care, prevention and health promotion. In line with the GFF's expressed adherence to principles of inclusivity and transparency, we welcome the opportunity to raise concerns and suggest improvements to the GFF's contribution to ending preventable maternal, adolescent and child deaths.

Informed by our work and experience across GFF-partner countries, particularly in Africa, we call on the GFF to urgently review and take action across the following priority areas:

1. Increase and improve GFF engagement with civil society at all levels

The GFF model promises full engagement across all processes with all key stakeholders, including governments, donors, civil society and the private sector. However, in practice, insufficient time is given to build crucial governance structures to ensure meaningful national civil society consultation and continued interaction. Frequently, these structures are only in early formation stage when the in-country processes for GFF investment case development have already begun.

At the global level, the Trust Fund Committee of the Investors Group, the highest decision-making body of the GFF is insufficiently inclusive. Ensuring government representatives from beneficiary countries and civil society members to have a vote on the Trust Fund Committee would be an important step to begin addressing inclusion and increase transparency.

At both the national and global level, it will be important to create further spaces for dialogue and debate, and to improve information flows between all partners and stakeholders.

2. Address the crisis of health worker shortages

Country investment cases include assessments of health systems constraints and suggest interventions to address these, such as health workers' training and the improvement of working conditions. However, while GFF investment cases identify longstanding health worker shortages as a key barrier to reaching good health outcomes, the GFF does not sufficiently acknowledge or address the lack of funding to absorb health workers on the national government payroll. Due to limitations in fiscal space and spending priorities, often domestic resources are simply not enough to pay the salaries of the number of health workers needed to reach Universal Health Coverage (UHC).

It is essential that no restrictions are imposed in use of GFF grants or loans towards health worker salaries. It is equally important that the GFF assists governments to expand their health worker staffing levels.

3. Reduce financial barriers to accessing healthcare, particularly user fees

In many GFF-eligible countries, individual patients and households are hampered, impoverished or prevented from accessing effective health services due to financial barriers.[4] Yet, most GFF investment cases do not include specific measures to reduce out-of-pocket patient expenses, such as ending the payment of user fees in public facilities and reducing reliance on private for-profit services. In low- and middle income countries, user fees result in growing inequity, adversely affecting the lives and health of the most impoverished, vulnerable, and ill.[5] This is contrary to the GFF's objectives in contributing to UHC and leaving no one behind.

We recommend the GFF include specific interventions in its support to countries to reduce financial barriers and burdens on households and patients. All GFF investment cases should include indicators to measure the reduction of out-of-pocket health expenditure.

4. Review the GFF's financing model and mitigate negative impacts

4.1 Clarify risks of reliance on lending

The GFF's financing model intends to leverage much-needed additional funding for the UN Every Woman Every Child Global Strategy by linking its grant money to World Bank lending. This enables countries to shift a larger proportion of their loan allocation to health, thereby increasing the total funding for investment cases. However, the repayment of loans, especially any with interest in the medium and long-term, may force governments to cut their spending in other areas, such as essential social services. Ultimately, this risks undermining or weakening health systems.

It is crucial that the effects of GFF-linked loans are closely monitored and that safeguards are implemented to protect the investment in expanded and improved essential health services.

4.2 Develop safeguards within GFF-supported private sector approaches to ensure equitable access to health services

We urge caution around the GFF's approach to mobilising private finance and pursuing for-profit private sector approaches, in particular with regards to equity within health systems. The growing trend in global health to use public finance to invest in or to open health systems up to private multinational healthcare corporations is especially concerning. Such partnerships risk deepening inequity within health systems and excluding the poorest.[6]

The creation of a clear framework to assess the merits, and risks of any potential private sector engagement is necessary. The framework would review engagement

in terms of its likely impact on equity, on out-of-pocket spending, and on the realisation of UHC. It should also assess the impact of any partnership on the entire health system, including the sustainability of costs projected for governments where applicable. It would be applied in a transparent and accessible manner, before the initiation of a private sector partnership. Any partnership that risked negatively impacting equity or health coverage should not progress beyond the assessment stage. Any private sector partnership should remain subject to clear, accessible monitoring indicators throughout its lifespan to measure impact.

4.3 Review outcomes before further expansion of the results-based financing model

The GFF´s Results-Based Financing (RBF) approach focuses on specific indicators to determine fund disbursement at facility and district level. This is meant to increase the motivation of healthcare workers and the financial autonomy of healthcare facilities, in order to improve performance of health services and ultimately improve health outcomes. However, emerging evidence of this financing approach reveals a patchy performance record.[7] In addition, the broad implementation of RBF across a weak or unprepared healthcare system raises concerns. Experience shows that health facilities with existing poor performance levels will simply not succeed in creating a sufficient inflow of funds through RBF. Struggling health centres failing to reach RBF targets risk penalisation, demoralising health workers and creating greater inequity as these clinics and the populations they serve are left behind.

Before RBF implementation is scaled up under GFF support, robust monitoring mechanisms and the adaptation of design and implementation modalities are required. In addition, a continued thorough and transparent review of data on health and equity outcomes under performance-based schemes is essential.

We welcome much needed additional financial contributions to improve the health and well-being of women, children and adolescents. However, as the GFF sets to expand, we believe it is crucial that the GFF Secretariat urgently addresses the concerns outlined above to help ensure greater effectiveness and equity.

We welcome further dialogue with you and remain at your disposal for a more detailed discussion of these issues and our recommendations.

Yours sincerely,

Mariëlle Bemelmans

Spring meetings follow-up

In the Civil Society Policy Forum, alongside the Spring Meetings 2019 of the World Bank and the IMF in Washington DC, Wemos organised and moderated a panel discussion with representatives from the GFF, the World Bank and CSOs. This discussion was a follow-up event to the letter, to receive answers on the concerns and asks. Dr Monique Vledder, Practice Manager of the GFF, and Michele Gragnolati, Practice Manager for Strategy, Operations and Global Engagement in the Health, Nutrition and Population Global Practice at the World Bank, joined the panel with Dr Mit Philips from MSF and Moses Mulumba from Cehurd-Uganda.

Drawing examples from the GFF implementation in Uganda illustrated by Mulumba, we were happy to hear that the GFF is interested in strengthening the link between the Trust Fund Committee and the Investor's Group by improving the transparency of the Committee's work and meetings. However, creation of space for civil society in the Committee is not expected.

Nevertheless, the significance of an inclusive GFF Country Platform with space for civil society participation at national level was highlighted. Experience has shown that this is a continued challenge. The GFF is aware and hopes to sufficiently address it with the creation of a new position – the liaison officers – supporting the information flow between all parties.

Although the World Bank clearly recognises the importance of investments in human resources for health, it does not anticipate any change in its practice of not funding health workers' salaries, due to sustainability issues. Dr Vledder indicated that besides job creation, the ongoing challenge of insufficient numbers of health workers should be examined for each country specifically, and other underlying reasons need to be considered, such as inefficiencies.

On the bright side, we were reassured that the World Bank is no longer promoting user fees and has put financial protection of patients in its core concerns. The private sector involvement was also discussed. And even though panelists agreed on the importance of prior assessment of risks and benefits, they did not commit to putting in place a framework, as proposed in the letter. As for the risk of increased indebtedness due to the GFF linkage to IDA loans, Gragnolati assured that the amount taken out from IDA and allocated to RMNCAH-N would not add to the total debt, as the countries take out this loan anyway.

A more detailed summary of this discussion can be found on Wemos' webpage.[8]

Of course, the exchange with the GFF and the World Bank is ongoing. As Civil Society we need to continuously claim our space in the GFF processes and monitor its programme implementation to ensure the GFF is truly serving the women, children, and adolescents it was created for.

References

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