GLOBAL FINANCING FACILITY
Country-powered investments for every woman, every child

Global Financing Facility (GFF) in Support of Every Woman Every Child

Workshop Report

November 15-18, 2015
Kenya

GLOBAL FINANCING FACILITY Country-powered investments for every woman, every child

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List of Acronyms

CSO	Civil Society Organization
CRVS	Civil Registration and Vital Statistics
DHS	Demographic and Health Survey
DP	Development Partner
GFATM	The Global Fund to Fight AIDS, Tuberculosis and Malaria
GFF	Global Financing Facility
HFS	Health Financing Strategy
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IG	Investors Group
MDGS	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoF	Ministry of Finance
MoH	Ministry of Health
RMNCAH	Reproductive, Maternal, Newborn, Child, and Adolescent Health
SDGs	Sustainable Development Goals
UHC	Universal Health Coverage
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization

Introduction

The Global Financing Facility (GFF) in Support of Every Woman Every Child was launched in July 2015 to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths by 2030, and improve the health and quality of life of women, adolescents and children. The GFF is a country-driven financing partnership that brings together, under national leadership and ownership, a range of key stakeholders to provide smart, scaled, and sustainable financing to end preventable maternal, newborn, child and adolescent deaths by 2030 and improve the health and quality of life of women, adolescents and children. The GFF plays a key role and will serve as a major vehicle for financing for the recently launched Every Woman Every Child "Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)".

There are sixty three countries identified as part of the GFF, of those countries 12 have currently been identified to receive support through the GFF Trust Fund. Four of those countries started the GFF design during the development of the business plan and the workshop is an important moment to take stock of experiences so far. It is timely to bring countries together to discuss, share any possible lessons and brainstorm together on how best to operationalize the GFF at country level, both from a design as well as implementation perspective.

Workshop Objectives

The workshop was held from November 15 – 18, 2015 in Mount Kenya, Kenya. The objectives were: (i) to create an increased understanding of the GFF approach and ensure that all participants have a common understanding of the GFF; (ii) to discuss, gene rate ideas and reach a consensus on next steps to best operationalize GFF processes at the country level, taking into consideration differing contexts; (iii) to review lessons learned from the frontrunner countries.

Workshop Participation

Teams from nine countries attended the workshop: Cameroon, the Democratic Republic of the Congo, Ethiopia, Kenya, Liberia, Mozambique, Nigeria, Senegal, and Uganda. Each country was invited to nominate seven members. On the government side, participants included a RMNCAH coordinator from the ministry of health, a health financing expert from the ministry of health, and a representative of the ministry of finance. Each country team also had a private sector or civil society organization representative and up to three development partners as part of the team. In addition, a number of global partners participated in the meeting, including four members and one alternate member of the GFF Investors Group. In total more than 100 people participated. The final participant list is annexed.

CSO Consultation Meeting

To complement the main workshop, a one-day consultation with civil society organizations was held in Nairobi, Kenya on Saturday, November 14th. The meeting brought together 45 civil society representatives from 13 countries, including 10 of the 12 GFF Trust Fund supported countries. A subset of CSO representatives from this meeting also attended the workshop in Mount Kenya and shared the perspectives from the CSO meeting.

Why Are We Here? Presentation on Overall Vision for GFF

The opening session titled "Why are we here?" started with Monique Vledder, GFF Program Manager presenting the overall vision of the Global Financing Facility. This has been a pivotal year in the global health community. The UN Secretary General launched a new Global Strategy for Women's, Children's and Adolescents' Health, for which the GFF is a key financing mechanism. The GFF represents a strategic shift away from a focus solely on development assistance towards long-term sustainable financing as countries' economies grow. The focus of the GFF is on the country level and strong country leadership is at the heart of the GFF approach. Monique also noted that healthy women, children and adolescents enable healthy economies. Their right to affordable and quality sexual reproductive maternal newborn and child health services is a key underpinning of GFF and we need to ensure that neglected issues such as family planning and neglected populations such as adolescents and newborns are at the center of GFF efforts.

A panel consisting of Dr. Hermela Girma, from the Government of Ethiopia, Dr. Mesfin Teklu Tekkema, World Vision and the civil society representative at the Investors Group, Dr Anshu Banerjee from WHO and Dr. GNV Ramana from the World Bank then discussed the value added of the GFF.

Dr. Hermela Girma

Highlighting Ethiopia's aim to become a Middle Income Country by 2035, the GFF has come at an important time to contribute to the long term sustainable funding to ensure access to quality health care for all its populations. Citing the Ethiopia community health worker program as an illustration of the Government's commitment, the GOE has been able to have tremendous results in progressing the MDGs. The strategic plan which went through a JANS review reflects the GOE vision over the coming years.

Dr. Mesfin Teklu

GFF financing is a new way of doing business which builds on the capacities of all stakeholders be it Government, development partners, civil society and private sector. Thanking country teams for bringing in the civil society representatives, he noted the importance of the country platform as a key driver to encourage and challenge each other to do the necessary to avoid all preventable maternal, neonatal and child deaths.

Dr. Anshu Banerjee

Drawing analogies with the Uber model of providing timely, cost effective and highly customer oriented transportation service, he noted that the GFF provides the opportunity to revolutionize RMNACH care and thereby deliver on the vision of the SDG goal of leaving no one behind. He noted that improving RMNACH services would require a systems approach and the lessons from GAVI and GFATM in country engagement would be paramount.

Dr. GNV Ramana

Speaking on behalf of the host country, Dr. Ramana extended a warm welcome to all participants. He highlighted the opportunity the GFF provides to catalyze addressing long neglected needs in the area on MNCAH. He noted that while it was understood we may not get everything right at the start it was important we act and keep pushing ahead and not remain static. Over time we will be able to learn from our implementation experiences and get to our goals.

Lessons Learned to Inform GFF

The lessons learned session was a fast paced panel of nine, who brought rich but varying experiences from 8 countries and the region. A wide set of experiences was shared: lessons from countries on investment case (DRC) and health financing strategy development (Kenya), country platforms (Cameroon), IHP+ and JANS (Ethiopia), recommendations from the CSO consultation, experiences on public private partnerships and the RMNCH Trust Fund (Senegal) as well as a regional perspective. The panelists highlighted some of the ways in which they have worked at the country level to develop investment cases and health financing strategies. The panel brought out the diversity in the stakeholders at the national and sub-national levels and the importance of ensuring that these multiple partners have a voice in the development, implementation and monitoring of progress at the country level. The different platforms available at the country level to engage in the GFF process were also emphasized and as one of the panelists aptly put it, we all need to work together to make this happen because “even when a marriage is tested, we stay for the children”!. Lots of food for thought emerged from this meeting for the participants to take forward during the next few days of the workshop.

GFF Results

The results session highlighted the centrality of results in the GFF approach. The presentation began by looking at the different results frameworks that are involved in the GFF (at the country level for both the Investment Case and the linked IDA/IBRD and GFF Trust Fund project, and at the global level for the GFF Trust Fund and related to the Investors Group and the new Global Strategy for Every Woman Every Child) but focused on the results framework for the Investment Case. The presentation examined both the "what" of results measurement and the "how". For the "what", each country should define key indicators to be tracked, but these should be complemented by core indicators that enable aggregation across countries. An initial draft set of core indicators for measuring programmatic progress was presented, as well as key topics related to smart, scaled, and sustainable financing. For the "how", there is no standard GFF approach; instead, each country should develop its own approach based on the local context and building on existing systems (including CRVS, household surveys such as DHS and MICS, routine administrative data through health management information systems such as DHIS2, regular facility reporting for performance-based financing, and facility assessments).

The discussion featured a vibrant conversation about a number of topics related to results and tracking performance, including:

- The fact that the results frameworks in Investment Case should first and foremost be useful to the country and should reflect the country context;
- The importance of measuring equity and tracking progress in a disaggregated manner as a central part of results monitoring;
- The key role of the GFF in driving complementary financing for RMNCAH and, related to this, the need and challenges of tracking financing flows;
- The fact that the GFF approach is focused on the collective contribution to RMHCAH results, rather than on the attribution of results to a particular financier;
- The challenges and opportunities posed by decentralization.

Official Opening of GFF Workshop

The GFF learning workshop was officially opened by the First Lady of Kenya, Her Excellency, Honorable Margaret Gakuo Kenyatta.

Dr. Tim Evans, Senior Director of the Health, Nutrition and Population Global Practice, the World Bank, welcomed everyone to this workshop in Kenya, which has been a remarkable front-runner country for the Global Financing Facility. An opportunity to exchange ideas on how to provide smart, scaled, and sustainable financing for RMNCAH programs that are prioritized and delivered in an efficient, results-focused manner. He highlighted that the GFF partnership is broad with commitment from donors, country governments, UN agencies, civil society and private sector partners – and stressed that all partners are to play their role to make a real difference to the lives of women and children in the priority countries and thus partner engagement and consultation in the countries is vital. He concluded that the GFF has the potential to build a new pathway for sustainable financing for development, and we must recognize that the commitment of countries to allocate their own domestic resources is essential to this endeavor.

Dr. Tore Godal, Senior Advisor to the Norwegian President and a member of the GFF Investors Group, reiterated the importance of the GFF to focus on improving RMNCAH, including family planning, which will have lasting effects on the development of the country's economy, in large part due to a growing female workforce. He expressed excitement about the results based focus of the GFF, building on the promising experiences with Results Based Financing supported by Norway through the Health Results Innovation Trust Fund. In his remarks Tore Godal reiterated the importance commitment of the Investors Group to this new model of the GFF and the support to countries in building sustainable approaches. Tore Godal expressed excitement at the opportunity to leverage resources from many sources to create a significant new investment stream for health including the opportunities of IDA allocations, the potential of an IBRD buy-down, and the engagement of the private sector. He noted the importance of developing a robust results framework that will give both domestic and international investors, confidence in the progress being made. He also expressed an interest in seeing progress on the building of local capacity for technical assistance and quality assurance and noted that Kenya could lead the way in this endeavor with its vibrant professional community.

Dr. Ruth Kagia, Special Advisor in the Office of the President of Kenya and member of the GFF Investors Group noted in her remarks, that Kenya is building on the following to harness the potential of the GFF:

- Political Leadership as demonstrated in the very first policy change made by President Kenyatta through the commitment to eliminate maternity fees, recognizing that this was a major development bottleneck. The presence of the First Lady Honorable Margaret Gakuo Kenyatta attests to the fact that this commitment will be sustained through both practice and policy.
- Devolution which allows for the problem to be solved at its source and where it has the greatest impact.
- Partnerships which Kenya has a long history with more than 40% of hospitals are run by the private sector, about 37% of the financing for health is from the private sector. A framework for partnerships is needed that Kenya can harness on.
- Numbers of maternal mortality have gone up and this is a major challenge indicating that even more work needs to be done. Kenya has carved out 3 main challenges related to maternal and child health: (i) Equity; (ii) Services and critical bottlenecks, human resources, infrastructure and; (iii) Quality of Services. Kenya has begun to align and mobilize partners and various stakeholders and is looking to the GFF as an opportunity to crowd in all the ideas and resources to address these critical challenges.

Dr. Barbara Hughes, Director of USAID and current chair of Development Partners for Health in Kenya highlighted that Kenya is extraordinarily lucky to benefit from the high level of advocacy and support for reproductive child and adolescent health from the First Lady of Kenya through her Beyond Zero Campaign and for bringing the issue to the forefront. The current government's commitment and initiative to make maternal services free has been an extremely important development and has spurred development partners forward on how to take full advantage of the demand for services that it has created. She noted that the GFF process in Kenya has been about reviewing existing strong national plans and strategies with the state of the art interventions targeted towards maternal and neo natal child health, an opportunity to review these plans and identify gaps such as more work to be done on adolescent health. The ongoing challenge was trying to prioritize among the priorities which had already been prioritized in the strategies. The focus on funding efficiencies and getting results has resonated with many development partners. The partners are well coordinated but there is better coordination to be done among development partners, private sector, CSOs, government. It is even more of an imperative to ensure that the work that is being done is complementary and not duplicative. More also needs to be done with existing resources, there has to be smarter ways of working, smarter ways of investing and prioritizing within countries for investing in areas that will bear fruit. She concluded that the Country Platform for GFF is as an opportunity to take existing coordination mechanisms, such as the Health Sector Coordinating Committee, and improve them instead of creating new platforms.

GFF workshop opening panel (left to right): Dr. Ruth Kagia, Dr. Nicholas Muraguri, First Lady of Kenya Honorable Margaret Gakuo Kenyatta and Siddarth Chatterjee

Siddarth Chatterjee, Vice Chair of the DPHK, representative of UNFPA, and representative of the H4+partners spoke how the Kenya's First Lady's Beyond Zero Campaign has brought the issue of maternal child health to the center stage. He stressed the importance of addressing inequities between counties in Kenya and shared his excitement how Governors from 15 counties have committed to action aimed at saving lives of Kenyan mothers and children. He commended the leadership from many and the hard work behind the scenes to make the GFF a reality. He commended the commitment from development partners who have come to address the dire conditions in 6 counties which alone contribute to close to 50% of maternal deaths in Kenya. The initial work has already started to have a catalytic effect and brought in more partnerships, including the private sector. He ended by noting that once Kenya changes the dire statistics in these counties, the country will begin to see a rapid growth.

Dr. Nicholas Muraguri, Director Medical Services of the MoH in Kenya highlighted that the momentum given by the First Lady to improve maternal child health through the Beyond Zero Campaign has energized ministry workers and inspired change in many ways. The issue and discussion on saving mothers and children has now moved to households and villages. The Beyond Zero Campaign has created knowledge and understanding around maternal child health. Humbled by the passion of the First Lady for the welfare of women and children and for creating a voice for the voiceless, he was pleased to introduce her.

First Lady Honorable Margaret Gakuo Kenyatta: Her Excellency Lady Honorable Margaret Kenyatta warmly welcomed the participants to Kenya noting her gratitude that Kenya is one of the GFF front runner countries,

and the opportunity to host the GFF workshop for a cause which is close to her heart, the health of mothers and children which resonates well with the Beyond Zero Campaign. She elaborated that the GFF comes at an opportune time when Kenya is accelerating its efforts to improve maternal and child health and addressing special needs of young adults to make them healthy and productive. These measures will enable Kenya to reap the full benefits of its demographic diversity and divide. Maternal deaths anywhere in the world are unacceptable as they are largely preventable. Child birth should be the most joyous moment to any family and not a period of loss, mourning and pain as is the case for some families in Kenya and other parts of the developing world.

The First Lady noted that globally there has been a collective effort to stop maternal, newborn and child deaths but much more work still needs to be done. As we bid goodbye to the Millennium Development Goals and transit to the Sustainable Development Goals, it is worth highlighting the gains made so far in maternal health - since 1990, maternal mortality has fallen by almost 50% in Eastern Asia, Northern Africa and Southern Asia, attaining declines by almost two thirds, however the proportion of mothers who do not survive child birth in developing countries is still 14 times higher than the developed world. In addition though more women are receiving ante-natal care, only half in developing countries receive the recommended package of essential health services. Given that most developing countries have not attained the goals of the MDGs, the new targets under the SDGs may appear unreachable, however with political goodwill, partnerships and effective financing mechanisms, all women and children can get equal opportunity to give birth safely and improve the survival of newborns.

First Lady of Kenya
Honorable Margaret Gakuo Kenyatta

The government in Kenya with other partners is committed to ensuring that no women shall die while giving life and that all Kenyan children will survive their childhood. Towards this end, the government introduced a policy to offer free maternal health care at public health facilities and eliminate all user fees for primary health care services. To compliment these efforts, the Beyond Zero Campaign was launched and it creates a platform for collective action by public, private sector and philanthropists committed to reducing preventable maternal and child deaths. Collectively through the GFF, a difference can be made for women and children, healthy women and children enable healthy economies, political stability and shared prosperity. Investing in women and children is a smart foundation for sustainable development.

Tim Evans, concluded the opening session by highlighting that The GFF has an ambitious but achievable vision. It is not starting from scratch but building on the 15 years of efforts of the MDGs, and there is an opportunity in the next 15 years to bring this together and mobilize in such a way that services, sectors are aligned to achieve this historic opportunity.

Investing in RMNCAH Results

The session started with a presentation that outlined the rationale for the development of an investment case: to shift the planning from simply being an assessment of what incremental progress is possible to a discussion of the trajectory required to attain the 2030 targets in a sustainable manner and what needs to be achieved in the medium-term to position a country to reach the longer-term targets. This means that the Investment Case (IC) may focus on a small number of long-term transformational initiatives. It was also clarified that the Investment Case should not be viewed as a proposal or a submission, but rather a set of interrelated processes that fit into existing national planning cycles. Finally the presentation reminded participants of the link with the health financing strategy (HFS) that should be developed in parallel to the development of an Investment Case (although the HFS process is likely to take longer and cover a longer period of time than the development of the Investment Case). Some of the analytical work on health financing is relevant to both the health financing strategy and the Investment Case and so that some of the key financing-related barriers to achieving RMNCAH outcomes can be addressed in the Investment Case.

Participants were then divided in nine country groups and asked to discuss (i) the successes and challenges linked to investing for RMNCAH results, with particular attention to prioritization and agreement on joint financing (ii) bottlenecks that would need to be overcome to move forward on the investment case; (iii) what quality assurance mechanism could be used to develop a quality investment case in the country.

It became clear that all countries are in the process of developing or have finalized investment cases. All have conducted this process through existing national structures though the inclusivity and functionality of these structures has varied across countries. It was furthermore highlighted that the Investment Cases have been addressed in different ways, from identifying the IC as the National Health Transformation plan (Ethiopia) to reviewing and updating existing RMNCAH plans (Uganda) and in some instances developing the investment case “de novo” (Kenya). The discussions also revealed that the concept of GFF as a facility was not fully or well understood from the beginning in many countries. In some instances it was seen as an additional source of funding only and the links to the National health plans were not clear. This challenge has partly been overcome by multi-stakeholder meetings in all countries. However, better communication around the GFF as a facility is important.

The investment cases have included a process of prioritization based on situation analysis, identification of health system bottlenecks, costing and resource mapping. Some countries have succeeded in reducing priorities to a handful of interventions and strategies though most are still working on further refining priorities The inclusion of interventions on adolescent health and family planning have been challenging and further guidance/tools are needed in these areas. The inclusion of multi-sectoral actions have furthermore been challenging. Linking the investment case to the national health plan and including it in a minimum/essential benefit package was emphasized by many.

Sustainable Health Financing Strategies

The plenary session on the morning of Tuesday 17 November 2015, on “Sustainable Health Financing”, explored how health financing strategies can help to achieve GFF goals. Tim Evans made opening remarks followed by a short presentation by Magnus Lindelow (World Bank) that identified health financing (HF) constraints common in GFF countries, and some of the issues faced in developing and implementing health financing strategies (HFSs).

Participants then divided into country-specific groups, and explored: (i) financing constraints to achieving RMNCAH goals; (ii) challenges to linking Investment Case (IC) and HFS work under the GFF; and (iii) strategies for addressing these challenges. Session organizers synthesized the small-group work.

A lively discussion, including comments from Ministry of Finance participants, followed, with Tim Evans providing concluding remarks. Some of the key messages that arose out of the presentations and discussion included: the importance of harnessing the 'rampant' growth of health expenditures in the private sector in an equitable way towards achieving RMNCAH goals; recognition of the importance of the relationship, and dialogue, between the Ministries of Health and Finance, and mechanisms that might be employed to facilitate 'reciprocal learning' between the two institutions; that it is crucial to engage in a broader political dialogue with stakeholders when developing a HFS, the need to develop human resources in the field of HF, and a network of HF professionals for ongoing exchange and discussion; and the need to develop indicators, and systems for tracking, the "smart, scaled and sustainable" financing of RMNCAH financing, and the development of health systems financing more broadly.

Country Platforms

The country platform session was a multi-part session, designed to elicit clear guidance from countries on shaping country platforms within the GFF process. Given that the GFF primarily works at the country level and has to be country-led, it was emphasized that discussions that had taken place up to this time was only preliminary and that the Investors Group (IG) had instructed the Secretariat to obtain country feedback through this workshop and then report to the IG at the next meeting in February 2016. The first part provided a brief overview of the discussions that had taken place at the global level regarding country platforms, into which many of the GFF partners had provided inputs. The second part had two key constituencies, the CSO group and the private sector, lay out some of the opportunities and challenges for their constituencies to be involved in the GFF through the country platform. The CSO group took the opportunity to also provide some of the feedback from the November 14 CSO consultation held in Nairobi, where there had been considerable discussion around 'minimum standards' for all stakeholder participation. This was followed by having a multi-country, multi-stakeholder panel representing Cameroon, DRC, Liberia, Mozambique and Uganda, and including MoH, CSO and development partner perspectives. The panel discussion clearly demonstrated the differing ways in which country platforms had evolved at the country level – some like Uganda use existing platforms such as a SWAP group, others like DRC use existing structures with some modifications to be more inclusive and transparent while in others, such as Cameroon, the country platforms are not as developed, robust or participatory and will need to be "revitalized" to some extent for the GFF. All panelists recognized in particular the need to reflect diverse stakeholders (especially CSOs and private sector), that country platforms may need to be differently composed for the IC vis-à-vis the HFS, and that country platforms may have to change depending on whether it is at the time of development of the IC/HFS, implementation and/or monitoring of the IC/HFS. There was a lively discussion that specifically raised the importance of strong government leadership, builds on existing structures and includes multiple stakeholders as equals rather than for tokenism.

Following the panel, the participants broke into country groups to discuss: (i) what would be needed to further strengthen (or if appropriate establish) your country platform, thinking also of the GFF minimum standards of inclusiveness and transparency; (ii) the role of the country platform in quality assurance (QA) and coordination and sourcing of technical assistance; (iii) what support and tools may be needed for the country platform to function effectively. Country teams elaborated on their country platform structure; which varied in line with the panel examples. All countries recognized the need to engage multiple stakeholders into the country platform to work on the IC and HFS, ensuring appropriate CSO and private sector participation. Country teams also stressed that they would need to find ways to work with other sectors that particularly impact on women's, children's and adolescents' health such as education, WASH, gender, youth and sports.

Different countries provided options to ensure QA is firmly incorporated into the country platform while introducing elements of independence and objectivity. For example, Cameroon is looking at partnering with several local academics who have experience working with Gavi and the Global Fund and potentially complementing this with support from international institutions. Meanwhile Liberia is planning to have a QA checklist and will have an in-country technical expert review from senior officials from the ministry of health and from partner organizations; the country is still discussing the idea of having an external independent review. Overall, the importance of having a flexible approach to QA that is tailored to local contexts was highlighted. For technical assistance, countries wanted to build sourcing and coordination from the national level and source according to their need and demand. Tools to further support the process were recognized as a need to support the work of the platform. Overall, accountability featured heavily – and mutual accountability was stressed throughout the discussions.

Parallel Session on Health Financing

The parallel session on "Health Financing", explored challenges to developing (and implementing) health financing strategies (HFSs), and ways in which to address these challenges. The group of approximately 30 participants with a health financing or financing background, were divided into three groups (Liberia, Nigeria, and Uganda; Cameroon, DRC and Senegal; and Ethiopia, Kenya and Mozambique), in which participants worked through seven guiding questions. Responses to these questions were then discussed by the larger group, synthesized by Jane Chuma, and presented back to all workshop participants by Jane Chuma (World Bank, Kenya) and Ogo Chukwujekwu (WHO, Nigeria).

Among the many challenges identified were: limited availability of the data required for decision making (including current and projected expenditures, economic analyses) and the need for global guidance regarding the most appropriate tools to analyze these data; lack of individual or institutional capacity to develop a strategy; potential lack of political will or leadership to steward the HFS process and subsequent reforms; and the many challenges of developing a strategy (and implementing recommendations) in a decentralized health system. Participants discussed many potential solutions to these challenges, including: various mechanisms for building human resources capacity in the field of health economics, with calls for coordinated skills building support across donor agencies, and a focus on building (and retaining) skills in low-income countries. It was also acknowledged that an HFS process must draw on other skills / disciplines, including communications, advocacy, and translating research/analysis into policy to effectively communicate and influence key stakeholders including the citizens.

From Theory to Practice: Deep Dive into Specific Topics

During the morning of Wednesday November 18th, participants attended deep dive sessions on specific topics of choice, namely: (i) family planning; (ii) adolescent health; (iii) commodities; (iv) health financing and (v) learning from implementation. Each participant had signed up for a session of interest and country teams were encouraged to ensure country team members were attending different sessions to ensure as much information as possible was gained to inform the country.

Presentations and discussions on a number of key topics took place

(i) Family Planning

The session was organized jointly by FP2020 and the GFF Secretariat, to provide countries a learning opportunity- to learn and understand from each other's experience in developing and rolling out the Costed Implementation Plans (CIPs) – especially in terms of prioritization; the quality assurance process; the role of the private sector; and, in going forward how this would be embedded into the overall RMNCAH Investment Case.

Monica Kerrigan, Senior Advisor, FP2020 started the session by reminding everyone about the July 2012 FP Summit in London and the pledges made there by countries to make:- high quality, voluntary family planning services more available, acceptable and affordable in their countries, leading to an additional 120 million women and girls getting access to contraceptives by 2020. She also shared the progress to date in the

countries. Dr. Daff from Senegal shared his country's experience in developing and implementing the CIP for strengthening FP.

The session was then opened for discussion among the countries on the successes and the areas where technical support would be required:

- Countries feel that implementation plans for FP should be integrated into the overall RMNCAH Investment Case for coordinated implementation and improved results.
- Change in method mix has been necessitated because of increased demand for long acting methods. In addition sub-national disaggregation of data is required for quantification and projection of the amount of contraceptives required.
- High adolescent fertility, teenage pregnancy and high unmet need are emerging as key areas for intervention
- Political leadership and commitment, a participatory and consultative approach have been key to getting a CIP which is practical and implementable.
- Continued and integrated donor support necessary. High and sustained commitment from donors for FP was one factor for Senegal increasing its CPR from 12.1% in 2011 to 27 % by 2015.
- DRC did resource mapping prior to developing their CIP and found that only 1/5th of country was covered with FP service. USAID and UNFPA provide support for FP. Packard Foundation and DFID are providing some support for the next two years. The donor support is fragmented and limited to only those districts where they are present. DRC's need to meet its pledges is $120 million while the current commitment is $40 million. Integrated support required to provide services in all areas.
- Contracting out to the private sector with the payment tied to results is the strategy used to reach the last mile-Uganda and Nigeria are using this strategy to increase their FP coverage.
- Track20, which has been established to strengthen county based data on FP, works with governments to put into place a system in which data collected as service statistics and other data collected through the public and private sector are used to produce annual estimates on a range of key family planning indicators. This approach makes greater use of available data, taking into account their limitations. Countries appreciated the availability of data for decision making.
- FP supplies and logistics needs to be embedded within the overall RMNCAH commodities supply chain; this would support steps to address stock outs.
- Community based distribution through CHWs is a time tested strategy to increase access. This works especially well for the marginalized groups. The countries would like to use this strategy to also address adolescent needs.

(II) Adolescent Health

The Adolescent health session began with a 'setting the stage' presentation on the current evidence and findings that provided the basis for the recommendations laid out in the 2015 Global Strategy for Women's, Children's and Adolescents Health Update 2.0. Then two countries, Mozambique and Kenya, which have rolled-out adolescent health programs with some degree of success, shared their experiences. This was followed by an animated Q&A session where the various countries asked questions and offered comments based on their own experiences. The key points that emerged were around:

- Importance of addressing adolescent health has inter-generational impact.
- There is a clear nexus among health, education and employment that cannot be separated if we wish to make progress in AH.
- Addressing adolescent health requires multi-sectoral intervention.

- Using technology to reach adolescents is a valuable approach to take – however, one should make sure that it privacy and confidentiality are maintained.
- Importance of political will, as well as support of traditional leaders is a necessary ingredient for a successful AH program.
- Male involvement (in patriarchal societies in Africa) is crucial.

Some of the challenges that the countries encountered included:

- Difficult to move beyond pilot to country wide scale up based on external support alone
- Adolescents are not a homogenous age-group – need to differentiate between early and late adolescence
- Unless domestic resources support adolescent health programs, they are likely to collapse when external funding ends
- Legal framework may be in place but sometimes difficult to enforce given cultural traditions and values
- Data on adolescents is scant and makes it difficult to monitor progress
- The particularly vulnerable context for adolescents in fragile settings was highlighted by the DRC country team

Some of the opportunities that GFF offer include:

- Many fragmented actions have been introduced over time – GFF provides an opportunity to pull them together
- Multi-sectoral work is emphasized within GFF – impetus to bring key sectors together so that education and youth employment are also addressed
- Resource mobilization, including domestic resources, for under-invested populations such as adolescents is an integral part of GFF
- GFF's emphasis on data will give critical momentum to monitor adolescent health – disaggregated data (age, geographic location, socio-economic setting) are all important.

(III) Commodities

Getting essential commodities where they are needed most is a major challenge in many settings. Understanding national and regional bottlenecks – from manufacturing and quality control, to supply chain and demand generation, can help inform country planning and better target Investment Case priorities.

The Commodities Clinic profiled tools and systems generated through the experience of the UN Commission on Life Saving Commodities (UNCoLSC). Between 2012 and 2015, three main areas of work were supported by the RMNCH Strategy and Coordination Team (WHO, UNICEF, UNFAP) to drive the UNCoLSC agenda forward:

1. An RMNCH Situation Analysis was conducted across over 20 countries to systematically identify commodity and systems-related bottlenecks. This information was used to inform country plans and track progress against the UNCoLSC recommendations.
2. A Country Engagement Process was undertaken to provide technical and financial support to national RMNCH plans. Over $200 million was provided to 19 countries through the RMNCH Trust Fund. The bulk of spending supported catalytic interventions such as health worker training, demand creation and cross-cutting efforts such as supply chain strengthening. Less spending was directed at addressing upstream bottlenecks such as regulatory efficiency and quality assurance.
3. A network of Technical Resource Teams was established to address global bottlenecks and support country implementation. Each TRT is a consortium of global experts, comprising UN agencies, NGOs,

government partners and academic institutions. Nine TRTs support each of the R-M-N-C commodity focus areas; Global Regulation Markets and Policy; Supply Chain; and Demand Access and Performance; and cross cutting issues including Advocacy and Digital Health.

While much has been accomplished a substantial unfinished agenda for commodities remains. This has the potential to inform a 'global public good' agenda, where coordinated global and regional levels efforts provide complementary support to country implementation. This should include the following key areas:

- Global market shaping efforts to secure price reduction and pooled-procurement agreements beyond the 13 commodities; establish of a flexible revolving fund to help national procurement agencies ensure timely commodity procurement; develop product standards; and better capture the contribution of the private sector to commodity procurement.
- Regulatory efficiency should be enhanced through the harmonization of regulatory guidelines, support for joint manufacturer inspections, and fast-track registration of WHO prequalified priority commodities.
- Quality assurance efforts to enhance post-market surveillance and pharmacovigilance programs
- Supply chain interventions are required to reduce fragmentation, strengthen LMIS systems, provide direct country support to tackle chronic stock-outs, and the establishment of a flexible revolving fund to address capital shortfalls that adversely affect commodity procurement.
- Standardized monitoring platform the periodically compiles the best available data to identify and address specific commodity and systems-related bottlenecks.
- Knowledge transfer mechanism to translate global learning to country action through updated best practice materials such as new evidence, tool-kits, training materials, and treatment guidelines, and access to networks of global experts who can support nationally defined priorities.

(IV) Health Financing

During this short "deep dive" session, the group reconvened to discuss: (i) the components of a "good" HFS; and (ii) some of the issues around which there is commonly disagreement. Take-away messages from this discussion were: (i) that an HFS should be seen as one step in an iterative process – developing the foundation on which subsequent layers of the 'house' can be added; (ii) that it is important that the HFS focuses on the key issues to be resolved in a particular context at a certain time; (iii) that political commitment is key for successful implementation of the HFS; (iv) that there is a clear need for data and measures for assessing the implementation of HFSs; and (v) that there need to be a mechanism(s) for knowledge exchange across countries (e.g. rapid response technical assistance, communities of practice, etc.).

The discussion made it clear that HFS preparation serves different purposes in different countries – in some contexts, there is an extensive history of HF reform and the strategy merely brings information on the HF system together and takes stock; in other cases, the HFS process is seen as a process that may actually drive significant HF reforms. Regardless, the HFS process can add value in terms of stimulating a systematic assessment of HF reforms and the extent to which the government's objectives are being achieved. It is also an opportunity to sensitize a wide range of stakeholders to HF challenges and reform opportunities, and to build consensus around HF reform options.

(V) Learning from Implementation

GFF focus on "Smart" financing mandates learning be an integral part of efforts to ensure that the financing is targeted and used effectively to make the best possible investment decisions and provide the best possible impact. Implementation Research and Delivery Science provides opportunities for providing the right intelligence for decision making; choosing the most cost effective interventions, implementing at the least

cost and best quality, providing the maximum impact and supporting institutionalization. Impact Evaluation on the other hand helps understand the effect of the program on outcomes.

The group discussion highlighted various opportunities for building learning into the country GFF process. Ranging from looking at multisectoral interventions to creating the evidence on what strategies would work for adolescent populations, the learning agenda itself has to be set at the country level. However these should be driven by the GFF's fundamental goal of ensuring smart, scaled and sustainable investments for RMNACH goals. In addition the group felt that there would be areas that may need to be studied at the global level that cuts across countries including evaluating and refining overall GFF strategies and performance. The group felt Investment Cases and projects should build "learning" as a key aspect of the value proposition and could consider earmarking of resources to pursue the learning agenda.

Highlighting the importance of creating platforms of learning it was felt the GFF should build on the Joint Learning Network in the creation of a community of practice for the RMNCAH goals. Through the learning agenda GFF should also aim to focus on scaling and sustainability so that these support larger and longer impact of interventions and not just be limited to pilot interventions.

Civil Registration and Vital Statistics

The Director of Civil Registration, Mrs. Joyce Mugo, made a captivating presentation on civil registration in Kenya which elaborated on the importance of birth and death registration for individuals as well as for government. She noted the organization and management of civil registration in Kenya and the integration with RMNCAH. She pointed out that the GFF support for improving CRVS in Kenya will include registration of community-based births and deaths, ICD-10 certification of causes of death, and using vital statistics to inform RMNCAH panning and programing. These are strategies described in the 2013-2017 CRVS strategic plan which are to overcome some of the challenges identified and attain 100% coverage.

The presentation was followed by a number of questions from participants about practical such as the role of civil service organizations, decentralization of CRVS services, cultural practices regarding birth registration, partnership with midwives and chiefs, and guidance for Ethiopia which is about to embark on strengthening a rudimentary CRVS system.

The session illustrated well how civil registration in Kenya is linked to the RMNCAH.

Private Sector Engagement

The private sector session began with a brief presentation on the GFF approach to private sector engagement presented by Jan-Willem Scheijgrond, who attended the workshop as the alternate for the private sector on the Investors Group. A panel of private and public sector representatives subsequently showcased the diversity of private sector actors in health systems. Panelists included representatives from the Kenyan Medical Supplies Authority (KEMSA), GlaxoSmithKline, Medical Credit Fund/Pharmaccess, Safaricom, Jacaranda Health and Marie Stopes Kenya. Each panel member explained how their organization engaged in programs aimed at improving health service delivery through innovation, scale, reaching target groups/regions to improve equity, and through public private partnerships (private sector logistics for medical supply distribution, training of health workers, improving service delivery in communities, providing private financing for private sector facilities, and using telecom infrastructure for health payments and data collection).

The panel discussion focused on public-private partnership for improving RMNCAH outcomes through the following:

- Identification and scaling of sustainable business models for impact
- Identification and removal of constraints to public-private partnership through building an enabling policy and regulatory environment
- Building trust between public and private sector, and tackling systemic issues such as corruption
- Leveraging private sector for innovative solutions (e.g.; linking access to financing for health providers to quality of care benchmarks, last mile delivery of care for target populations, using mobile phones for health payments and CRVS, using technology to empower patients and change health behaviors, etc.)

The session was well received and prompted audience members to consider how to design their GFF ICs to best leverage the resources and expertise of the private sector actors in their health systems.

Reflections and Wrap-up

During this last session, Petra Vergeer noted that during the workshop many lessons learned were shared to inform the GFF. Countries also made enormous strides to think through how to operationalize it at the country level. Each country in turn was asked to share reflections on the workshop and next steps to take the process forward. This was followed by reflections from Investor Group members/representatives.

Petra Vergeer asked countries to share reflections on the workshop

Countries unanimously agreed that the discussions have led to a much better understanding of what the Global Financing Facility's key building blocks are about, in particular the investment case, the health financing strategy and the country platform. Lessons learnt cited by countries as being of particular importance include: the principles of inclusiveness and transparency in the overall process and the need for strong communication; the importance of strong government commitment and leadership; the relevance of the role of civil society and the private sector; the GFF as a catalyst that can help strengthen already existing efforts; the value of south to south learning; and that this process is just the beginning – implementation is key. The following highlight the main messages and key next steps as presented by the nine participating countries:

Cameroon

We had conversations every evening with colleagues who could not be at the workshop. We have managed to put the GFF into context and understand that GFF is not just a slogan. We understand what an investment case is and how we need to draft it. We also tapped into the experiences of Ethiopia, Kenya and in the Francophone area, we had very good discussion with DRC and Senegal on health financing. We have similarities and common challenges. As an outcome of this workshop, we are going to start drafting our investment case and situational analysis for that case. As a next step we will brief all relevant stakeholders and by the end of the year we will organize the national platform with the strong participation of CSOs and the private sector. We will put in place participatory system and we shall kick-start the recruitment process

for a consultant to help us to prepare the investment case. We shall also carry out additional analysis to help inform the investment case.

Cameroon	Next Steps
By end 2015	• Feedback session with gvt leadership, followed by broader stakeholder meeting • Organize platform including civil society and private sector and building on existing health sector and multisectoral platform
By end Q1, 2016	• Develop Investment Case, with TA support • Areas for additional analysis include: MIC 2014 outputs; PER and fiscal space analysis; Impact of PBF; health seeking behaviour
By end Q2, 2016	• Finalized Investment Case

DRC

We have a better understanding of GFF and the implementation of the process. We also understand the importance of including our partners in the process, especially the civil society organizations and religious entities. The government will play an important role in the financing of our health programs. Other countries have not created other coordinating structures, especially in regards to monitoring and follow-up. Regarding steps going forward, we are definitely going to try to improve on gains made. We hope that in the future we will have a GFF meeting for the French-speaking countries.

DRC	Next Steps
By end 2015	• Feedback to all stakeholders
By end Q1, 2016	• New PNDS (new National Health Plan)– basis for Investment Case – circulated for feedback • Costing of PNDS • Health Financing Strategy consultation and draft circulated • Consultative process for Investment Case, including provinces, DPs, civil society, etc.
By end Q2, 2016	• Finalized Investment Case and validated by Ministers' Council • Finalized Health Financing Strategy • Implementation workshop

Ethiopia

We are hearing a lot of representatives say they are going to develop their investment case—but we are not going to have a lot of work moving forward. The first thing we are going to do is talk to line ministries to negotiate the ratios that have been put forward. To develop the investment case, we are going to need to talk to relevant stakeholders, like MOF, CSOs and partners. We need to prepare a schedule on the launching of the GFF—what process we need to undertake needs to be listed out one-by-one.

Ethiopia	Next Steps
By end 2015	• Conclude discussions with Ministry of Finance regarding health sector allocations • Further consultations with all stakeholders on Investment Case (pulled from HSTP) • Launch GFF and agree on process for implementation

Kenya

The investment case is 90% complete; yesterday we had a review of this with a lot of our counties. We have engaged all of our 48 governments and we will continue engaging stakeholders. We also shared our process with countries here at the workshop—we had main RMNCAH strategies, but also sub-strategies (FP,

adolescent, etc.); the RMNCAH investment framework let us collect all of these into one. Regarding the health financing strategy, there were also a lot of piecemeal strategies (free maternity, then dropped user fee). We started developing these through practice, but now through strategic thinking. We engaged a communications expert in the development of a strategy—that was a very good move – and we also did a stakeholder analysis. One of the main weaknesses in Kenya is that we have a disorganized country platform. We have a lot of one-on-one, but we don't have a lot of structure—that's one of the things that we now know is important, and will continue to bring it up. Gaps in specific areas of health financing and our capacity for health economics/research also exist. The health financing strategy is just the beginning; this is an opportunity for us to learn how others have implemented it, and keep learning. UHC Day is Dec. 12 and this is also the Independence Day for Kenya; we hope to gain the maximum benefit of the two things happening that day every year.

Kenya	Next Steps
By end 2015	• Launch Investment Case, following final consultations with Counties and other stakeholders • Internal draft of Health Financing Strategy ready

Liberia

We knew we needed a core group to look at the investment case—from an earlier retreat—we came up with plans, but from the first day of the workshop, this has been a wonderful platform for us to listen to the experiences of countries that are progressing in the formation of their investment plan. The experiences we go through today and the lessons learned, we've learned a lot. We now have a clearer understanding of what the investment case should look like. The investment case will help us sustain gains and then move forward with maternal and child health. We will now be able to come up with a more comprehensive, focused investment plan. We will brief key stakeholders and know that the task ahead of us can be hindered without the input of all stakeholders.

We've also learned to reflect on the population of Liberia—4.2 million—and of that, we have 40% adolescents. We have a history of devastating civil war, and in the context of the GFF, Liberia has a lot to do to address adolescent health. We are confident that we will learn from other country experiences and come up with a broad-based youth/adolescent-friendly program that will address adolescent health in Liberia. We've also learned about private sector engagement—we understand that we need to use the private sector to generate domestic resources.

Liberia	Next Steps
By end 2015	• Reconvene core group to provide feedback on workshop and define roadmap to take process forward • Particular gap to be addressed: Youth and adolescent strategy, learning from Kenya, Mozambique, etc.; and Private Sector engagement • Broad stakeholder meeting to communicate approach and next steps

Mozambique

There is a lot of application to our current discussions on equity and quality improvement in Mozambique. Regarding the investment case, we feel that we have a strong set of strategies. We see an opportunity to look at these strategies, which have been under implementation for 2 years, and take this as an opportunity for a mid-year review and bootstrap those areas/those priorities, and bring more coordination and alignment along those priorities. The health financing strategy was also an important discussion for us. We learned a lot about the genesis of health financing strategies in other countries—this is an iterative process that will evolve over time.

We need to consult with our constituents, like the MOF, on next steps. Before Christmas, we want to identify the technical assistance needs and put those against a roadmap—for example, we need embedded technical assistance on health financing. In the CRVS conversation, we were reminded to bring Ministry of Justice into conversations about the investment case.

Mozambique	Next Steps
By end 2015	• Consultations with Ministry of Finance and Ministry of Health to define next steps • Brief Health Development Group • Identify key TA needs for the development of the Investment Case and Health Financing Strategy • Need to loop in CRVS better, including Ministry of Justice

Nigeria

Countries' experiences have shaped our own thinking about the GFF. Before we came here, we had had interactions with stakeholders in Nigeria on the GFF, but the enactment of the National Health Act can accelerate change in the health sector, particularly poor health indices in a bad fiscal environment. This includes the review of the national health policy— a strategy that outlines priorities for health. We are also in the process of developing a national health care financing policy. The GFF came at a good time when all of these reforms were happening, to catalyze the process. The GFF is not enough to solve all the problems in the country, but the GFF will help us strategize toward Smart, Scaled and Sustainable financing, especially for RMNCAH interventions, and toward domestic resource mobilization. We will continue our engagement with key stakeholders, including CSOs, keeping our eye on accountability and transparency. Since we need to mobilize domestic resources, we need to mobilize private sector resources.

We will let evidence and best practices guide our work. We would like to continue these conversations, in one way or another. We are going to be embedding a lot of learning into our process while focusing on results and outputs, not just inputs. One of the most striking learning points for us is the role of advocacy champions; our First Lady is also a champion of RMNCAH.

Nigeria	Next Steps
By end 2015	• Engage new authorities (new Ministers) • Strengthen engagement of Ministry of Finance • Continue in-country consultations, including on CRVS, building on the recently adopted National Health Act • TA support for Health Financing StrategyIdentify capacity building needs for all stakeholders in process

Senegal

The workshop was successful because it opened people's eyes on what to do and how to do it; including the challenges we need to overcome in the work that remains to be done to get the first dollar from GFF – it is a challenge but it is exhilarating. We have also already thought through how to work when we get home. First, we have to give the feedback to all the stakeholders who are involved and think about how to organize this platform that is going to be multi-sectoral and collaborative as well as a clear road map for what is needed. We also noticed that the private sector is interested in this business, and we noted several mechanisms that would allow us to sharpen our work in this area. We think that there are resources both in the public and private sector.

Senegal	Next Steps
By end 2015	• Feedback to all stakeholders • Plan how to organize/strengthen country platform • Clear Roadmap for developing Investment Case and Health Financing Strategy
By end Q2, 2016	• Develop Investment Case, with support from GFF/WB and other experts

Uganda

The team had to leave to attend a workshop on their investment case in Uganda – the team provided input after the workshop to share in report. Firstly, it was reiterated by the CSO representative that civil society members at the GFF workshop presented the main outcomes of the CSO meeting that took place on 14th November 2015 which recommended: there should be at least 2 CSO representatives at the country platform with full participation in the development of the investment case, and that this representation is to be selected and agreed upon by CSOs; that civil society has added value to the GFF in terms of skills and competences that should be recognized and utilized including for implementation as well as promoting accountability and citizen voices; be specific about and adopt the minimum standards to promote meaningful engagement of all stakeholders; and support CSOs meaningful engagement, including funding/resources which should be independent and include other resources outside GFF; promote transparency of all information and make all information available, including CSO participation on the GFF website board and in the development of the communication strategy. In addition, the country team provided the following main next steps planned:

Uganda	Next Steps
TBD	• Finalize the Investment Plan, including a clear prioritization of geographical areas and evidence based high impact interventions • Formally establish the "Country Platform" to advance in the discussion on implementation and alignment of resources.
TBD	• *TBD (had left meeting already; need to request input)*

Monique Vledder noted that the GFF is a young enterprise and it is important to nurture it, and shape it together and the feedback and reflections received from all the countries is important and will be taken into account to ensure that the shaping of the GFF is done collectively. Monique Vledder asked members of the Investors Group (IG) or their nominees to give a summary of the key take-away messages they will take back to the Investors Group that will meet again in February 2016.

Dr. Mesfin Teklu Tessema from World Vision, representing the Civil Society Organizations at the IG:
As representative of CSOs at the IG, I came to learn what is happening at the country level which has been great and I alluded earlier that the CSOs also met prior to this meeting. The GFF is a partnership with all groups having an important role to play to promote the GFF agenda as we all see the importance for this facility to mobilize the additional resources needed to attain the ambitious goals. Our contribution can help shape the facility and help mobilize additional resources. In regards to the learning, it is great that there are many initiatives already happening at the country level and the GFF is an opportunity to build on what is already there. The GFF has particularly brought focus to address RMNCAH across the continuum of care so that all issues are addressed along the life course. There is a need to strengthen country platforms and integrate the investment cases with health financing strategies and to continue to reach out to more partners. The workshop also highlighted the challenges from decentralization and the need for technical assistance and capacity development. Each partner clearly has a role and a contribution they can make in this area.

The main take away is that it is not about getting the getting the technical document right, but helping countries unlock the potential and overcome challenges. In closing Dr. Mesfin Teklu noted that he looks forward to closer collaboration and mobilizing civil society in an even more coordinated manner.

Aye Aye Thwin - USAID
USAID is a very keen partner with the World Bank on the GFF and we firmly believe the GFF has the potential to address the chronic underfunding. This workshop is important for lessons learned and for planning on how to kick off engagement in second-wave countries. It will be important to continue the learning and sharing amongst the GFF countries. It was impressive to see participation of representatives from the MoFs and it is hoped they will go back and educate others. Going forward it will also be important to continue to seek participation from CSOs, and to develop operational processes to engage CSOs. USAID is keen to support the prioritization process of the country investment casse with relevant technical assistance. In terms of next steps: USAID is moving ahead with direct contributions for GFF in frontrunner countries and are working on guidance to second-wave countries on GFF participation. There are also ongoing discussions with the World Bank on technical assistance, particularly on health financing strategies (domestic resource mobilization included). USAID is also seconding staff to the GFF Secretariat to support the private sector agenda.

Dr Bocar Mamadou Daff – Senegal, Alternate Country representative at the IG
Dr. Daff noted the commitment of all stakeholders and expressed gratitude to all the partners who have supported countries in the process. He expressed hope that other donors will come on board to support funding for RMNCAH and called upon countries to make the most from these resources in the most efficient way.

Anshu Banerjee - WHO
This workshop was timely and provided more clarity but more still to learn in areas that have been highlighted in the Global Strategy such as adolescent health, private sector involvement, multi-sectoral action and accountability at all levels. This will require new and broader partnerships such as the GFF to take this forward. It is also very exciting that we will be learning by doing as illustrated from the adolescent health session at the workshop where countries where learning from each other. It will be important to maintain the learning among countries throughout the process. The GFF as a new partnership is also evolving, as there will be engagement with more countries, and a need to continue to adjust and provide guidance such as the link between the Health Financing Strategy and the Investment Case and the National Health Plan. The GFF also presents an opportunity to address the unfinished agenda from the Paris Declaration as well as ensuring appropriate involvement of CSOs and the private sector. Concluding to say that WHO is committed to continuing to provide technical assistance to support countries in the process.

Andrew Dawe – Canada, on behalf of the Chair of the Investors Group:
The GFF is a dynamic process that is evolving, and the key strength and key success to the GFF process is the learning from experiences and one another. The GFF is also a partnership, which involves a wide range of stakeholders, including CRVS and Ministry of Finance. The success of the GFF depends on these partnerships and the continued collaboration. In terms of next steps: Canada is supporting the development in a CRVS Center for Excellence and will take an active role in supporting the GFF and individual countries in CRVS and linking this to the investment cases- Canada is looking to build this community of practice and support what can be a critical piece in health and broader development agendas.

Andrew expressed that Canada as the Investors' Group Chair, wants to ensure the IG facilitates and supports the action at the country level, both in planning and in implementation.

Lee Pyne-Mercier - Gates Foundation
Through the SDGs, there's a real opportunity and need for sustained efforts and innovation and the GFF is a real opportunity to make this happen. We as donors do better when countries are in the drivers' seats. Lee Pyne-Mercier noted the impressive country group work, and noted that the work on the investment cases is essential as it represents a consensus as well as a high level of ambition and vision for RMNCAH. He added that this work is essential and will help in mobilizing resources to achieve the SDGs.

Monique Vledder, World Bank
Monique Vledder noted that we are here to support the countries. She noted that; it is clear during this workshop that there is strong country leadership on the GFF. The workshop also brought to the fore the knowledge available in the countries and how much we can learn from each other. Going forward we are looking how best to build a community of practice to harness this knowledge and maintain communication to build on the momentum from this workshop. This will also involve steps we are taking to improve communication through our website and other collaborative platforms. More work also needs to be done to be responsive to the clear request from countries to build in country institutions. . Finally, she thanked the Government of Kenya as the host and thanked the translators, the hotel, all facilitators and support staff to make this workshop a success.

Ambassador Miatta Fahnbulleh, MOH Goodwill Ambassador for Maternal and Child Health from Liberia treated us with a song she wrote about maternal, newborn and child health.

Tore Godal, Norway
Tore Godal closed the meeting by noting the importance of this historic workshop, the first after the adoption of the SDGs and the financing targets set in Addis Abeba. He noted that it is about reducing child and maternal mortality and as countries have already contributed to reducing that by half and many countries here continue to make progress, we want to be confident that it will be reduced again by half in the next 15 years. The other target is about closing the financing gap which is the biggest challenge ahead and where all countries will have to bend the curve in order to reduce the gap by 1/3 in the next 5 years. In Addis Abeba your leaders agreed that domestic resource mobilization will be the key to achieve this. He expressed that he looks forward to see how countries will address the broad agenda: how they will address issues at the subnational level for the most vulnerable, how they are going to make efficiency gains particularly through innovation and the private sector, and how they are going to engage with other sectors, especially education and girls. It will require

A group of GFF workshop participants, Mount Kenya, Kenya

being smart about managing upwards to keep leaders constantly aware of commitments made in New York in September and Addis Abeba in July. It will be important for countries to share and learn from one another throughout the process. Tore Godal noted that throughout the workshop, the countries demonstrated how bold they are, including the two countries that have expressed willingness to host the next meeting after the high standards set by Kenya. Tore Godal expressed his confidence in this boldness which will make this workshop history in the making.

Annex 1 – Workshop Agenda

GFF Workshop Agenda
November 15-18, 2015
Mount Kenya Safari Club, Nanyuki, Kenya

Sunday, November 15, 2015 | Day 1

Time	Agenda Item
1.00 – 2.00 PM	Lunch and Registration
2.00 - 3.00 PM	Why are we here? Presentation on overall vision for GFF
3.00 - 3:30 PM	Icebreaker
3.30 – 4.00 PM	Coffee break
4.00 - 5.30 PM	Lessons Learned to inform GFF
6.00 PM	Cocktails Ask everything you've wanted to know about the GFF
Dinner	

Monday, November 16, 2015 | Day 2

Time	Agenda Item
8.00 – 8.30 AM	Breakfast and Registration
8.30 - 9.00 AM	Summary of Highlights from Day 1
9:00 – 9:30 AM	Workshop Agenda and Outline Objectives of the workshop
9.30 - 10.30 AM	GFF Results
10.30 – 11.00 AM	Coffee Break
11.00 - 12.00 PM	Official Opening of GFF Workshop
12.00 - 1.00 PM	Lunch
1.00 – 2:30 PM	Investing for RMNCAH results
2.30 – 5.30 PM	Country Group work on content of Investment Case
Dinner	

Tuesday, November 17, 2015 | Day 3

Time	Agenda Item	
8.00 – 8.30 AM	Breakfast	
8.30 - 8.45 AM	Summary of Highlights from Day 2	
8.45 -10:15 AM	Sustainable Health Financing	
10.15 - 10.45 AM	Coffee Break	
10.45 -12.15 PM	Peer to Peer Learning on Health Financing Strategies	
12:15 - 1.15 PM	Lunch	
1.15 – 2:45 PM	Country Platforms	Health Financing
2.45 – 3.15 PM	Coffee Break	
3.15 - 4.45 PM	Country Platform – Country Group Work	Health Financing
4.45 - 5.30 PM	Reporting Back in Plenary	
Dinner		

Wednesday, November 18 | Day 4

Time	Agenda Item
8.00 – 8.30 AM	Breakfast
8.30 - 8.45 AM	Summary of Highlights from Day 3
8.45 -10:15 AM	From theory to practice: Deep Dives into specific topics - Family Planning - Health Financing - Adolescent Health - Commodities - Learning from implementation
10.15 – 10:45 AM	Coffee Break
10.45 -12.15 PM	Central Registration and Vital Statistics
12.15 – 1.15 PM	Lunch
1:15 - 2.45 PM	Private Sector Engagement
2.45 – 3:15PM	Coffee Break
3.15 – 4.00 PM	Reflections and Wrap Up
4.00 – 4.30 PM	Evaluation
Farewell Dinner	

Annex 2 – List of participants

COUNTRIES	FIRST NAME	LAST NAME	TITLE/ORGANIZATION
CAMEROON	Patrick	Bandolo Obouh Fegue	Sous Directeur du Budget et du Financement, MOH
	Urbain	Abega Akongo	CSO
	Barbara	Sow	Représentante UNFPA
	Paul Jacob	Robyn	Health Specialist, World Bank
DRC	Raphael	Nunga Matadi	Expert à la Direction d'Études et Planification, DEP
	Dr. Bamingela (Chrisostom)	Baledi	Direction de la Santé Famille et Groupes Specifiques
	Jean	Mbuyi Mukeba	Chef de Division, Ministère du Budget
	Diasivi Ndom Val	Emmanuel	Société civile/ Conseil National des ONG de Santé
	Hadia	Samaha	SeniorOperations Officer, World Bank
ETHIOPIA	Dr Hermela	Girma	Director, resource mobilization Director, MoH
	Ato Getachew	Teshome	Chief of State Minister's Office, MoH
	Kassahun Alemu	Woldie	Sr. Expert, International Financial Institutions, Ministry of Finance and Economic Cooperation
	Fitsum	Tesfaye	International Financial Institutions Cooperation Directorate, Ministry of Finance and Economic Cooperation
	Dr. Filiomona Bisrat	Semunigus	Civil Society Polio Project Representative / CCRDA Core Group Director, CCDRA/CIRE
	Dr. Macoura	Oulare	UNICEF
	Roman	Tesfaye Mebrahtu	Consultant
	Anne	Bakilana	Senior Economist, World Bank
KENYA	H.E. Margaret	Gakuo Kenyatta	First Lady, Office of the President, Government of Kenya

	Dr. Nicholas	Muraguri	Director of Health Services
	Dr. Peter	Kimuu	Head, Directorate of Policy Planning and Health Care Financing
	Gladys	Njeri Mwangi	Kenya National Treasury
	Dr. O. A.	Omar	Head, Division of Health Financing, MoH
	Dr. William M.	Murrah	Chief Executive Health, Meru County
	Dr. Andrew	Mulwa	Chief Executive Health, Chief Executive, Makeuni County
	Sylvia	Khamati	Health Advisor, Kenya Red Cross
	Dr. Samuel	Mwenda	General Secretary, Christian Health Association of Kenya, CHAK
	Dr. Ruth	Kagia	Special Advisor to the President, Office of the President, Government of Kenya
	Joyce	Mugo	Director of Civil Registration
	Barbara	Hughes	Chief, Health, Population & Nutrition Office (HPN), USAID Kenya office, Chair of DPHK (Development Partner)
	Siddarth	Chatterjee	UNFPA
	Jane	Chuma	ETC, World Bank
	Yi-Kyoung	Lee	Senior Health Specialist, World Bank
	GNV	Ramana	Program Leader, World Bank
LIBERIA	Dr. Joseph L.	Kerkulah	Incoming Director of the Family Health Division, MOH
	Mr. Lawrence	Taylor	Deputy Focal Person on Health Financing, MOFDP
	Ambassador Miatta	Fahnbulleh	MOH Goodwill Ambassador for Maternal & Child Health
	Dr. Cuallau-Jabbeh	Howe	Director of the Family Health Division, MOH, and incoming Director for Country Health Services
	Woseh	Gobeh	UNFPA

	Lawrence	Mumbe	Sr. Program Officer for Maternal & Newborn Health, CHAI
	Carmen	Carpio	Senior Operations Officer
MOZAMBIQUE	Dr. Quinhas	Fernandes	National Deputy Director of Public Health
	Dr. João Carlos	Mavimbe	National Deputy Director for Planning and Cooperation
	Nilvia Carina Izidine	Mamudo	Ministry of Economy and Finance
	Estevao Jacinto	Marrima	Associação Moçambicana para o Desenvolvimento da Família
	James	McQuenPatterson	UNICEF
	Pilar De La Corte	Molina	UNFPA
	Humberto Albino	Cossa	Senior Health Specialist, World Bank
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	Opeyemi	Togunde	Ministry of Finance
	Dr. Emmanuel	Abanida	Executive Secretary/Health Reform Foundation of Nigeria (HERFON)
	Sampson	Ezikeanyi	Health Systems Specialist, UNFPA
	Chukwujekwu	Ogo	Health Economist, WHO
	Olumide	Okunola	Senior Health Specialist, World Bank
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	Bocar Mamadou	Daff	Directeur de la SRSE (Director of the Reproductive Health and Child Survival Unit), Ministère de la Santé et de l'Action Sociale

	Mr. Moussa	Mane	Directeur des Programmes de ASBEF (CSO representative)
	Fatimata	Ndiaye Ba	Chargée de Programmes à la Direction de la Coopération Economique et Financière (DCEF), Ministère de l'Economie des Finances et du Plan
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	Mr. Rogers	Enyaku	Assistant Commissioner, MoH
	Mr.Ndolerire	William	Assistant Commissioner Social Services, Ministry of Finance, Planning and Economic Development
	Ms. Robinah	Kaitiritimba	Executive Director, Uganda National Consumer Health Organization
	Garoma	Kena	Senior Health Systems Strengthening Adviser, USAID
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	Mesfin	Teklu	Vice President, Health and Nu-trition, World Vision Kenya
	Aye Aye	Thwin	USAID
	Anshu	Banerjee	WHO
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	Allan	Pamba	Vice President , Pharmaceuticals, East Africa and Government Affairs, Africa, GSK
	Dr. John	Munyu	KEMSA CEO
	Benard	Chiriswa	Marie Stopes Kenya's director of Commercial Opportunities and Marketing
	Sanda	Ojiambo	Safaricom's Head of Corporate Responsibility
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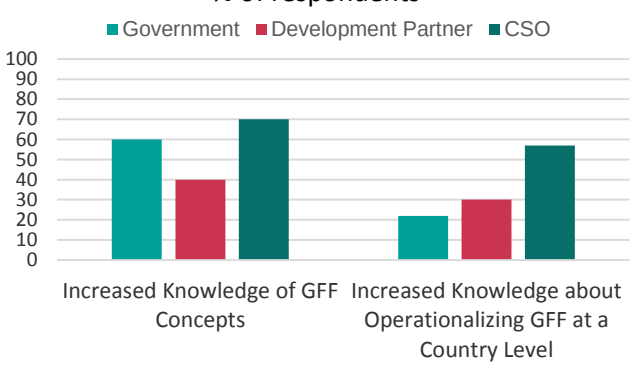
	Jean-Lucien (Nyamabo Didomber)	Tshamulamba	French
	Maria	Teixeira	English
	Dickens	Awiti	English

Annex 3 - Evaluation Results

After completing workshop, participants were asked to fill an Evaluation Form. The form was designed to identify the changes in participants' knowledge, understanding, motivation, planned work, relationships and other areas, after taking part in the workshop. 18 Government representatives, 18 Development Partners, and seven CSO representatives responded to the three section questionnaire.

One of the key changes in knowledge and understanding was increased familiarity with GFF concepts among all three groups of respondents with 40-70 percent of respondents finding they had learned more about GFF country platforms, investment cases, implementation and the roles of different stakeholders. 70 percent of CSO representatives also noted an increased knowledge in regard to operationalizing GFF at a country level. 15-20 percent of all respondents specifically mentioned a better understanding of health financing strategies.

Changes in knowledge or understanding as a result of participation in the workshop



> *"This workshop helped me to have a clear understanding about the GFF (goal, results to be achieved) as a smart, scaled and sustainable financing. In addition, I learned the concepts of Investment Case and health financing strategy, as well as their content and development process."*
>
> Government Representative

The workshop also made significant changes in the respondents' motivation. For example, 50 percent of Government representatives and DPs were inspired by the opportunity to exchange country experiences and learnings. Responses indicated that the participants were highly motivated to continue learning from other stakeholders in order to prioritize key focus areas such as CRVS and family planning and create new opportunities to cooperate. In addition, 33 percent of Government representatives were more motivated to focus on RMNCAH. The CSO representatives stressed the importance of their proactive engagement in the design and implementation of GFF strategies and were looking forward to increasing cooperation with other stakeholders.

> *"A role that the CSOs have to play in the Case Investment development is very important. It requires my total commitment in order to get the CSOs of my country involved in this process. "*
>
> CSO Representative

The evaluation showed that knowledge exchange, collaboration and cooperation were the key takeaways for all participants of the workshop. An overwhelming number of respondents highly appreciated the opportunity to network and build relationships with their counterparts. The participants noted that the workshop allowed them to share country-specific experiences and highlighted the opportunities presented by the Joint Learning Network. Lastly, the respondents stressed the role of public-private partnerships and valued the informational and technical support from the GFF Secretariat team.

> *"The mind change I have as a result of my participation in this workshop is that it sets the basis for networking with other countries in addressing RMNCAH and other health issues. "*
>
> DP Representative