



**The Global Financing
Facility in Malawi
A brief summary**

This factsheet gives an overview on the Global Financing Facility (GFF) in Malawi from an independent perspective expressing concern for consideration by both civil society and the GFF as the process unfolds. [Wemos' factsheet](#) on the GFF explains the general functioning of this health financing model supporting countries in reproductive, maternal, neonatal, child, and adolescents health and nutrition (RMNCAH+N).

Investment Case (IC):

Draft version released first week of August 2019
Expected date for finalized version was end of August 2019

Project Appraisal Document (PAD): *“Investing in Early Years for Growth and Productivity in Malawi”*

Project period: December 2018 – June 2024 (start delayed to 2019)
The project was approved by the WB Board of Directors on December 19, 2018 and approved by parliament on March 14, 2019.

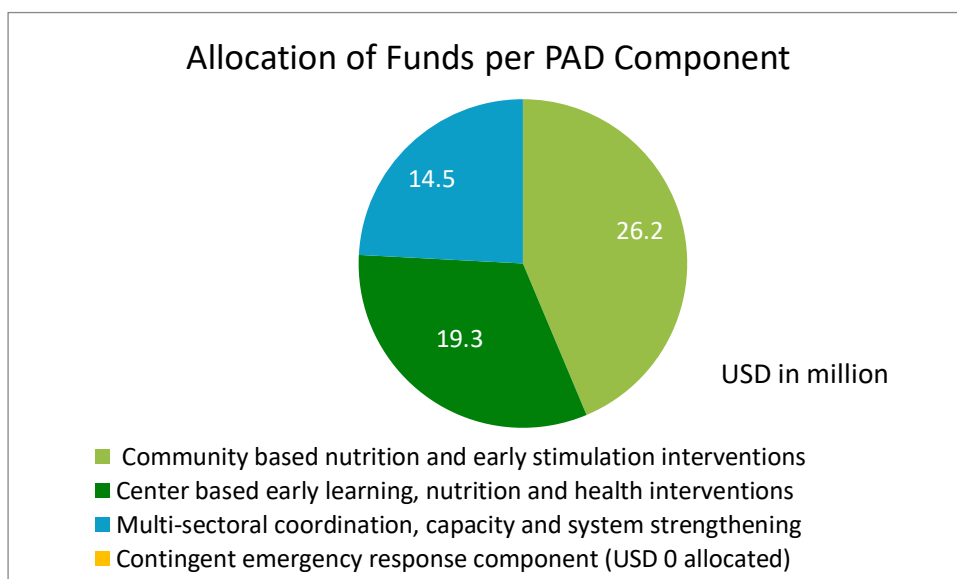
Total project costs: USD 60 million (IDA grant USD 50 million, GFF grant USD 10 million)

Status: effective as of July 24, 2019

Objective: “improve coverage and utilization of early childhood development services with focus on nutrition, stimulation, and early learning from conception to 59 months in selected districts of Malawi”¹.

Four components:

1. Community based nutrition and early stimulation interventions (USD 26.2 million)
2. Center based early learning, nutrition and health interventions (USD 19.3 million)
3. Multi-sectoral coordination, capacity and system strengthening (USD 14.5 million)
4. Contingent emergency response component (USD 0)



GFF COUNTRY SET UP

After a consultation period in 2017/18 between the Malawian Government and the World Bank, the Malawian Government submitted an expression of interest in October 2018 to join the GFF as beneficiary country, which was approved by the Investors Group in November 2018. GFF resources are supposed to leverage IDA resources for health and, hence, are always linked to a specific World Bank project in health. In Malawi, parts of GFF funds were allocated to a World Bank project on early childhood development whose design had already started in September 2018. This project includes interventions on nutrition of infants and children, and stimulation for early learning in child centers.

A GFF taskforce was put in place to develop the Investment Case Roadmap and the Investment Case (IC) initially expected in December 2018 but delayed to August 2019, after a series of consultation meetings with key stakeholders at the district, local and national levels to inform the developments. The taskforce is also entrusted with the development of the Health Financing Strategy.

GOVERNANCE

The Health Sector Working Group under the leadership of the Ministry of Health (MoH) (Department of Policy and Planning) serves as the multi-stakeholder GFF Country Platform (CPF) to develop, implement, and monitor the IC implementation as well as to coordinate all stakeholders. The members of the Platform include: government ministries and agencies, development partners (multi- and bilateral), funding mechanisms and foundations, civil society including media and faith based organisations, international and local NGOs, private sector, professional associations, academic and research institutions, and youth organisations.¹ The CPF is meant to meet quarterly. However, its last meeting that took place in July 2018 had been delayed due to much political stand-still caused by the tripartite elections and results for President, Parliament, and local Councillors.

A GFF taskforce was established that meets on a more regular basis than the CPF and in which all relevant stakeholders are represented as well. It reports to the CPF and receives input from various health working groups.² In addition, a GFF Liaison Officer assumed his position at the GFF in August 2018 to support coordination and information sharing among the various stakeholders, and a GFF focal point is in place at the MoH. There are several thematic working groups at the MoH, e.g. on health financing or human resources for health, that feed into the development of the strategic documents such as the IC and the health financing strategy.

The Ministry of Gender, Disability, and Social Welfare (MGDSW) is the leading government's entity for the World Bank's project "Investing in Early Years for Growth and Productivity in Malawi", co-financed by the GFF. For this project, the Malawian government opened a designated account in USD to receive the project's funds managed by the Treasury. The funds are then sent to an exclusive account at the Reserve Bank in Malawian Kwacha from where the funds are redistributed to exclusive accounts at national and district levels to pay out the project beneficiaries.

¹ Malawi GFF Country Platform ToRs

² Ibid

CIVIL SOCIETY ENGAGEMENT

In August 2018, a civil society meeting took place in Lilongwe convened by PAI that brought together civil society organisations (CSOs) active in different areas of RMNCAH+N throughout the country. This meeting stimulated early engagement of CSOs in the GFF process. A CSO Secretariat was created to facilitate information sharing among CSOs, hosted by the Malawi Network of AIDS Service Organizations (MANASO), as well as a CSO Steering Committee led by Mai Khanda and including the Association of Early Childhood Development (AECDM), Malawi Health Equity Network (MHEN), Civil Society Organisation Nutrition Alliance (CSONA), and the National Youth Network. In addition, two CSO representatives were elected by the broader CSO group to join the CPF, and CSO representatives were selected for each writing team of the IC. However, there were no follow-up meetings to this first big gathering and when the national GFF process stalled, this CSO engagement platform also stalled. As a result, a systematic, organised, and coordinated engagement process was lacking, yet CSOs continued to actively engage in the GFF processes on an individual and organisational basis.

PRIVATE SECTOR ENGAGEMENT

Initial steps for engagement with the private sector at national level have been taken and the MGDSW has reached out to the Malawian Chamber of Commerce in order to evaluate the interest to engage in enhancing early childhood development activities. The MoH as well plans to engage the private sector, currently assessing which entities specifically.

KEY CONCERNS

Initially, the Department of Policy and Planning within the MoH oversaw the start of the GFF process in country regarding the exploratory grant assessing if Malawi was suitable to join the GFF. When approved a GFF beneficiary country, leadership changed within the MoH to the Department of Quality Management and moved back to the Department of Policy and Planning later during the process of IC development. This might have contributed to a perceived lack of transparency and clarity of information shared in the early phase of the process - consequently resulting in difficult meaningful engagement of all stakeholders. While this has been improving over time, there is need for further efforts to build and sustain clear communication channels, ensuring updates and new information are shared among all stakeholders in a timely manner.

In Malawi, the World Bank/GFF project started before the Investment Case had been finalized. While this has already been observed in other GFF countries and might even be beneficial in certain contexts, it is not in line with the GFF's own objective to inform all resource allocations to RMNCAH+N at the specific country level by the Investment Case. Following the sequencing suggested by the GFF – *first* develop the Investment Case, and *then* the informed development of a World Bank/GFF project – would contribute to enhanced transparency, accountability, and achievement of specific countries' objectives as outlined in their Investment Cases.

So far, the GFF has not leveraged much **additional resources for RMNCAH+N** in Malawi. According to the draft Investment Case from the beginning of August 2019, its total estimated cost is about USD 1.3 billion over a five year period. This amount represents only 50% of the costs estimated for the Malawian Health Sector Strategic Plan II, which is already being

conservative in its estimated funding requirements.³ The GFF grant of USD 10 million for Malawi prompted USD 50 million of IDA funds being allocated to RMNCAH+N linked to a project for early childhood development. This project was already in the design phase when Malawi was announced a GFF country. As indicated in the draft Investment Case, this USD 10 million trust fund grant is half of the total amount that the GFF had reserved for Malawi. The remaining USD 10 million has not yet been allocated and the mechanism via which these funds will enter the country remains unclear to date. Furthermore, a scaling up of donors' contributions to RMNCAH+N as a result of the IC seems unlikely, as bilateral and multilateral development partners already contribute approximately 75% of total health expenditures in Malawi.⁴ In addition, donor fatigue had been following corruption scandals and donors had pulled out of coordinated funding mechanisms. However, for a few years now, this has slowly resumed, and a set of bi- and multilateral donors active in the Malawian health system contributes via the Health Services Joint Fund (HSJF).

The GFF is not perceived to contribute to increased **harmonization of donors**. Donors understand themselves to be well aligned to national health policies as well as among each other. They meet on a regular basis to exchange on health matters and develop joint positions. In regard to the Global Fund to Fight Aids, Tuberculosis, and Malaria (GFATM) and GAVI the Vaccine Alliance, there is currently no space where these organisations exchange at national level. The GFF could bring potential added value to Malawi by convening all three Gs (GFATM, GAVI, and GFF) at country level on a regular basis.

The GFF planning processes weigh heavily on the MoH's capacity, taking up time and resources. This remains unjustified by the rather limited contributions – in terms of funding and coordination – that the GFF brings into the Malawian health system, especially in comparison to the time and resources spent on other funding mechanisms promising more resources for the health sector in Malawi.

CSO engagement is still in its infancy with unorganised processes among civil society itself, weak engagement with the MoH, and in-existent engagement with the Ministry of Finance, specifically on the GFF agenda. As a result of the weak internal CSO coordination, access to the GFF, government, and World Bank is experienced as challenging by some CSOs, while others do not face these constraints. For example, easy access to information as well as the opportunity to attend relevant meetings is not equally distributed among all CSOs that wish to engage with GFF processes. Resource constraints faced by many CSOs further aggravate the challenging engagement process experienced by some organisations.

In creating space for civil society engagement opportunities and facilitating access to information, the GFF needs to be aware of internal CSO dynamics and ensure that the dissemination of information reaches everyone. CSOs on the other hand must take their responsibility as the people's representatives seriously by organising themselves better and improving information sharing within their own networks in order to build a strong unified voice and effectively engage with the mechanism.

In addition to improved organisation of CSO engagement at national level, the engagement of CSOs at district level is lacking and needs to be stimulated and strengthened. This is an imminent need and becomes even more pressing once the project funds start to be disbursed, as CSOs will be key to monitoring its implementation. CSOs both at national and district level

³ The GFF Investment Case Report- Draft 1- 02-08-2019 . Pages 58-60

⁴ Malawi Health Sector Resource Mapping (FY 2017/18 – FY 2019/20)

would benefit from financial and technical support to build and strengthen capacity for meaningful engagement in order to take on their role of monitoring GFF processes.

ABOUT THE ORGANISATIONS

WEMOS

Wemos is a Netherlands-based independent civil society organisation seeking to improve public health worldwide. Wemos analyses Dutch, European and global policies that affect health and proposes relevant changes. We hold the Dutch government, the European Union and multilateral organisations accountable for their responsibility to respect, protect and fulfil the right to health.

MALAWI HEALTH EQUITY NETWORK (MHEN)

Malawi Health Equity Network (MHEN), formed in 2000, is a membership organization of over 95 civil society organizations and a few individuals in the health sector interested in promoting equitable access to quality, affordable and responsive health care services in Malawi through influencing policy formulation, review, and practice. It uses strategies that include lobby and evidence-based advocacy, research, systems strengthening civic education and information sharing. It generates the evidence through campaigns, Service Delivery Satisfaction Surveys, social accountability, and national budget analysis and monitoring.

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This document is part of Wemos' contribution to the Health Systems Advocacy Partnership