Joint Open Letter to Secretariat of the Global Financing Facility

To: *Secretariat, Global Financing Facility*

Cc: *Investors Group, Global Financing Facility*

5 November 2018

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

Dear Members of the Secretariat of the GFF,

The Global Financing Facility (GFF) is preparing for its first replenishment meeting, with plans to almost double the number of countries it supports. In addition to some of the points raised in the Civil Society Communique on the GFF[1], we – the undersigned group of Civil Society Organisations working with patients around the world or engaged in global health – wish to highlight our collective concerns for your urgent consideration and action.

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

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

1. Increase and improve GFF engagement with civil society at all levels.
2. Address the crisis of health worker shortages.
3. Reduce financial barriers to accessing healthcare, particularly user fees.
4. Review the GFF's financing model and mitigate negative impacts:
   - 4.1 Clarify risks of reliance on lending,
   - 4.2 Develop safeguards within GFF-supported private sector approaches to ensure equitable access to health services,
   - 4.3 Review outcomes before further expansion of the results-based financing model.

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

The GFF model promises full engagement across all processes with all key stakeholders, including governments, donors, civil society and the private sector. However, in practice, insufficient time is given to build crucial governance structures to ensure meaningful national civil society consultation and continued interaction. Frequently, these structures are only in

[1] By the Global Civil Society Coordinating Group for the GFF.

early formation stage when the in-country processes for GFF investment case development have already begun.

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

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

2. Address the crisis of health worker shortages

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

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

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

In many GFF-eligible countries, individual patients and households are hampered, impoverished or prevented from accessing effective health services due to financial barriers[2]. Yet, most GFF investment cases do not include specific measures to reduce out-of-pocket patient expenses, such as ending the payment of user fees in public facilities and reducing reliance on private for-profit services. In low- and middle income countries, user fees result in growing inequity, adversely affecting the lives and health of the most impoverished, vulnerable, and ill[3]. This is contrary to the GFF's objectives in contributing to Universal Health Coverage and leaving no one behind.

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

[2] Ponsar F, Tayler-Smith K, Philips M et al. *No cash, no care: how user fees endanger health--lessons learnt regarding financial barriers to healthcare services in Burundi, Sierra Leone, Democratic Republic of Congo, Chad, Haiti and Mali*. 2011 Jun;3(2):91-100.

[3] McIntyre D, Thiede M, Dahlgren G et al. *What are the economic consequences for households of illness and of paying for health care in low- and middle-income country contexts?* Soc Sci Med. 2006 Feb;62(4):858-65.

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

4.1 Clarify risks of reliance on lending

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

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

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

We urge caution around the GFF's approach to mobilising private finance and pursuing for-profit private sector approaches, in particular with regards to equity within health systems. The growing trend in global health to use public finance to invest in or to open health systems up to private multinational healthcare corporations is especially concerning. Such partnerships risk deepening inequity within health systems and excluding the poorest[4].

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

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

The GFF´s Results-Based Financing (RBF) approach focuses on specific indicators to determine fund disbursement at facility and district level. This is meant to increase the motivation of healthcare workers and the financial autonomy of healthcare facilities, in order to improve performance of health services and ultimately improve health outcomes. However, emerging evidence of this financing approach reveals a patchy performance record[5]. In addition, the broad implementation of RBF across a weak or unprepared healthcare system raises concerns. Experience shows that health facilities with existing poor performance levels will simply not

[4] McPake B, Hanson K. *Lancet Series UHC: markets, profit, and the public good 4 – Managing the public-private mix to achieve universal health coverage*; Lancet 2016: 388:622-30

[5] Paul E, Albert L, Bisala BN'S, et al. *Performance based financing in low income and middle-income countries: isn't it time for a rethink?* BMJ Glob Health 2018; 3:e000664.

succeed in creating a sufficient inflow of funds through RBF. Struggling health centres failing to reach RBF targets risk penalisation, demoralising health workers and creating greater inequity as these clinics and the populations they serve are left behind.

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

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

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

Yours sincerely,

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This letter is endorsed by the following organisations:

MEDECINS SANS FRONTIERES

OXFAM

ACHEST

Africa Freedom of Information Centre

amref flying doctors

BALSDA


CEHURD
social justice in health


CHOICE
FOR YOUTH & SEXUALITY


COALITION FOR DEVELOPMENT OF NORTHERN GHANA
NORTHCODE-GHANA


EPN
Ecumenical Pharmaceutical Network
Réseau Pharmaceutique Œcuménique


EMERGING & VISIONARY LEADERS
FOUNDATION


FAVOUR LOW - COST HEALTH CARE FOUNDATION
FALCOH
BUEA, CAMEROON


The Global Initiative
for Economic, Social and Cultural Rights


GT/SR


HAI
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INTERNATIONAL


HEALTH NEST
UGANDA


HEALTH PROMOTION TANZANIA
H.D.T


HEALTHRIGHT
INTERNATIONAL


Helen Keller
INTERNATIONAL


HURIC


humanité
&inclusion
le nouveau nom de
handicap international


INUKA


JSI
JOHN SNOW, INC.
Promoting and Improving Health


KELIN
Reclaiming Rights, Rebuilding Lives


K.M.P.D.U.
Health Care Is A Right


ALUF


medicusmundi
international network
health for all


medicusmundi
spain


MUSHIN
TO THE WORLD


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NIWAAFA


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Africa


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Uganda

1. *MSF Operational Centre Brussels*
2. *Oxfam*
3. *African Centre for Global Health and Social Transformation (ACHEST)*
4. *Africa Freedom of Information Centre*
5. *Amref Flying Doctors*
6. *Balanced Stewardship Development Association (BALSA)*
7. *Center for Health Human Rights and Development*
8. *Choice for Youth and Sexuality*
9. *Coalition for Development of Northern Ghana (NORTHCODE Ghana)*
10. *Ecumenical Pharmaceutical Network (EPN)*
11. *Emerging & Visionary Leaders Foundation*
12. *Equal Access for Youth and Women Initiative*
13. *Favour Lowcost Health Foundation (FALCOH) Cameroon*
14. *Global Initiative for Economic, Social and Cultural Rights (GI-ESCR)*
15. *Groupe Technique pour la Santé de la Reproduction (GTSR)*
16. *Health Action International (HAI)*
17. *Health Nest Uganda*
18. *Health Promotion Tanzania (HDT)*
19. *HealthRight International*
20. *Helen Keller International*
21. *Human Rights Research Documentation Centre (HURIC)*
22. *Humanité & Inclusion (HI)*

23. *Inuka Kenya Trust*
24. *JSI Research and Training Institute*
25. *KELIN Kenya*
26. *Kenya Medical Practicioners, Pharmacists and Dentists Union*
27. *L'Association de Lutte contre les Violences faites aux Femmes - Antenne Extrême Nord (ALVF-EN)*
28. *Medicus Mundi International (MMI)*
29. *Medicus Mundi Spain*
30. *MushinToTheWorld*
31. *Muso Health*
32. *Nigerian Woman Agro Allied Farmers Association (NIWAAFA)*
33. *Pan African Institute for research training and action for Citizenship, Consumer and Development in Africa (CICODEV Africa)*
34. *Peer To Peer Uganda (PEERU)*
35. *People's Health Movement East Africa*
36. *People's Health Movement Kenya*
37. *People's Health Movement Tanzania*
38. *People's Health Movement Uganda*
39. *Plan International*
40. *Public Services International (PSI)*
41. *Reproductive Health Network Kenya (RHNK)*
42. *Réseau EVA (Enfants et VIH en Afrique)*
43. *Rural Elites Membership Initiative East Africa (REMI)*
44. *Rutgers*
45. *Rwenzori Center for Research and Advocacy (RCRA)*
46. *The Association of Malawian Midwives (AMAMI)*
47. *The Institute for Social Accountability (TISA)*
48. *The People's Fund for Global Health and Development*
49. *Ukana West 2 Community Based Health Initiative*
50. *Wun Anei Development Association (WADA)*
51. *Youth Association for Development (YAD)*
52. *Zambia Centre for Communication Programmes (ZCCP)*