



Toward Achieving the SDGs: The GFF's Impact and Challenges and Its Significance for Japan

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**Toward Achieving the SDGs:
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Its Significance for Japan**

Shiori Nagatani, Tomoko Yoshida, Tomoko Suzuki
Japan Center for International Exchange (JCIE)

Table of Contents ---

Introduction	1
I. Country Case Studies	2
1. Senegal	3
2. Indonesia	6
II. Findings	8
1. Strengths of the GFF	8
2. Challenges	10
3. Significance of the GFF for Japan	12
III. Conclusion	13
List of interviewees	14

Introduction

The Global Financing Facility (GFF) seeks to make healthcare systems in low- to middle-income countries (LMICs) more inclusive through initiatives focused on reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N). It can play an extremely important role in realizing universal health coverage (UHC) in each country and is well aligned with Japan's global health vision that promotes UHC. However, it is relatively new and it involves complex mechanisms, so there is still limited understanding of the GFF among key stakeholders within Japan. The fact that its most notable feature is its role as a catalyst for promoting international partnerships makes it even more difficult to convey the impact of the GFF's activities.

For that reason, JCIE set out to produce a Japanese-language report that describes the GFF's operations, governance, and financing; introduces case studies that shed light on how it is driving change at the country level; and provides analysis of how the GFF can be utilized to advance Japan's development priorities. This abridged translation includes portions of the report that offer information not readily available in English, namely the case studies and the analysis of the GFF's potential alignment with Japan's approaches.

Acknowledgements

With support from the Bill & Melinda Gates Foundation, JCIE has compiled this report—the product of a literature review, interviews, and site visits—in order to deepen understanding about the GFF among key Japanese actors in the fields of global health and development. During this process, we spoke with more than 40 experts and practitioners from around the world who graciously offered their time and insights, and we also received assistance from many individuals in the field during our visits to Senegal and Indonesia. In particular, we would like to note with appreciation the cooperation we received from Katri Tuulia Kempainen-Bertram and Bruno Rivalan of the GFF secretariat, who shared information, introduced us to relevant stakeholders, and provided us with photos for use in this report. And finally, we are also grateful to Shunsuke Mabuchi of the Bill & Melinda Gates Foundation for his expert review of this report from the perspective of someone who has been involved with the GFF first-hand.

We would note that JCIE is solely responsible for the views expressed in this report; those who assisted us through our interviews and site visits are not responsible for our findings.

I. Country Case Studies

Through the GFF process, national governments form a country platform that takes the lead in drafting Investment Cases, and the actual projects are carried out by the governments and their partner organizations. As a result, the specific process and results vary greatly by country. GFF partner countries can be broadly divided into five groups, based on the timing of when their partnerships began. Yet, even within the same group we find a great deal of diversity in terms of the specified priorities, the construction and functions of the country platform, and so on. This diversity can be viewed as one of the values of the GFF, which places priority on creating a sense of ownership of the project through government leadership and country-specific platforms.

We conducted this study with the goal of analyzing initial results and identifying the contributions and challenges of the GFF, but we found there were limits to the amount of information that we could obtain through interviews and a literature review. Therefore, in order to provide a more realistic understanding at the country level of how the local stakeholders view the GFF's work, to demonstrate the value it offers, and to identify the challenges it faces, we decided to carry out site visits to locations where the GFF is providing financing. These were carried out in June–July 2019 in Senegal, which was raised repeatedly during our interviews as a relatively good example of the GFF's work, and Indonesia, whose government is demonstrating leadership in addressing issues related to nutrition.¹



1. For the site visit in Indonesia, Professor Rina Agustina of University of Indonesia supported us as an advisor.

1. Senegal

In June 2015, Senegal was selected as a GFF partner country. Despite significant investment in global health initiatives, at the time its mortality rates remained high—it had a maternal mortality rate of 315 (per 100,000), a neonatal mortality rate of 21 (per 1,000 live births), and a mortality rate of 44 (per 1,000) for children under 5 years of age. The prospects were slim for the country to achieve the SDG target rates in those categories: maternal mortality rates of less than 70 per 100,000 births, neonatal mortality rates of less than 12 per 1,000 live births, and under-five mortality rates of less than 25 per 1,000 births. Although the morbidity and mortality rates for the three major infectious diseases, HIV/AIDS, tuberculosis, and malaria, had dropped dramatically and access to vaccinations had greatly improved thanks in particular to assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance, maternal and child mortality rates remained stalled at an unacceptably high level.

Assessing the GFF's Impact

Senegal's country platform was launched in June 2015 and it finished drawing up its Investment Case in June 2019 (see fig. 1), basing this on the government's maternal and child health plan and financing strategy. Although it took four years from the time Senegal became a GFF partner to the time it finalized its Investment Case, the result was that this long process nurtured a broad consensus among the government officials, country representatives from UN agencies involved in health and development, civil society organizations (CSOs), and those from the private sector who participated in the country platform, fostering a strong sense of shared ownership over the Investment Case. Many people both within the country and around the world point to Senegal as a GFF success story. One reason is that the GFF framework promoted inter-ministerial coordination and cooperation among key agencies, including the Ministry of Finance and Budget, the Ministry of Health and Social Action, and the Ministry of Economy, Planning, and Cooperation, and it is seen as having encouraged mutual cooperation by effectively engaging external bilateral and multilateral assistance agencies and other donor organizations.

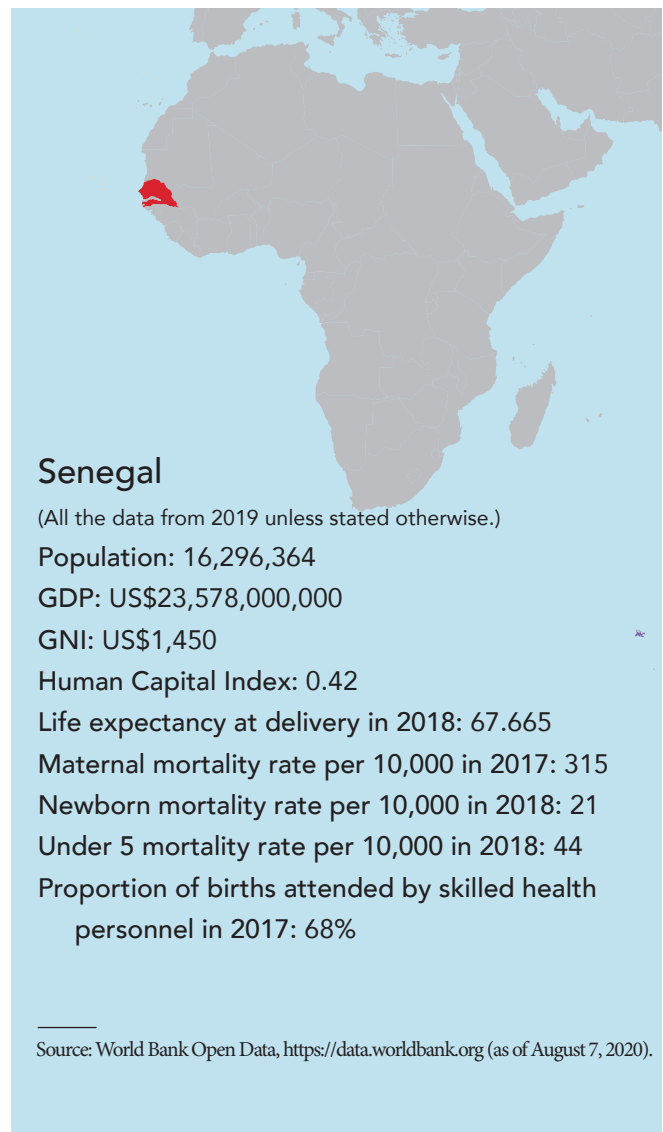


Figure 1. Overview of the Senegal Investment Case

The Investment Case lays out the current status of the maternal and child health field, analyzes bottlenecks, identifies interventions and regions that should be prioritized for investment, and clarifies the financing through budgets mapping, gap analyses, and other means. The specific interventions listed include:

1. offer an integrated package of high-impact services for reproductive, maternal, newborn, and child health (RMNCH) (these are broken down into the areas of community practices, such as improving sanitation and hygiene customs and promoting breastfeeding; preventive interventions such as maternity check-ups and family planning; and therapeutic interventions, such as the administration of oral antibiotics to children for severe pneumonia);
2. improve equity in RMNCH, including the provision of financial protection for vulnerable groups through health insurance;
3. improve the health of adolescents and youths;
4. strengthen the pillars of available RMNCH; and
5. reinforce the governance of the health system and the vital records system.

Also, the Investment Case specified six regions where maternal and child health indicators were particularly poor as priority areas for investment.

The Japan International Cooperation Agency (JICA) was one such bilateral assistance agency that was effectively engaged in the GFF process. In 2016, JICA signed a concessional yen loan agreement with the government of Senegal as part of its "Universal Health Coverage (UHC) Assistance Program." In accordance with the policy actions outlined in that agreement, Senegal established a national health financing strategy and an integrated national strategy for maternal and child health. These strategies would later form the basis of the country's GFF Investment Case. In addition, JICA was actively involved in the investment planning process through such efforts as its technical assistance initiative, "Maternal and Child Health Services Improvement Project (Phase 2)," which was being implemented in Senegal at that time. As a result, the country's Investment Case clearly states that JICA's overall health cooperation program will contribute to the implementation of the case.

To date, the majority of the grants made to Senegal under the rubric of the GFF have gone toward community health insurance organizations (*mutuelles*) and free medical care for infants, and thus the GFF is viewed as having substantively contributed to the expansion of UHC in Senegal.

In addition, in September 2018, a GFF liaison officer was hired in Senegal who has private-sector experience and is extremely popular with diverse stakeholders. The presence and contributions of this liaison officer appear to be one of the factors that has made the Senegal case a success story for the GFF.

Future challenges

As Senegal carries out the actual projects in the six regions prioritized in the Investment Case, it plans to leverage a new US\$10 million GFF Trust Fund grant in combination with US\$140 million in International Development Association (IDA) loans. Nevertheless, the issues facing the remaining eight regions of Senegal that have not been designated as priority areas remain unaddressed, and it is estimated that US\$100 million in additional funding would be needed there as well. This will be key to achieving UHC, but it is uncertain how the GFF can support the government's domestic resource mobilization to this end.

In addition, the involvement of one important set of stakeholders, the private sector, in the Investment Case has been weak. It was pointed out that the services provided by the private sector and the statistical data from private medical facilities have not been integrated into the national data system. Integrating the public and private healthcare services and data permits a clearer understanding of the overall picture, which facilitates inclusive efforts to improve access to services. For that purpose, mechanisms are needed to strengthen private-sector participation.



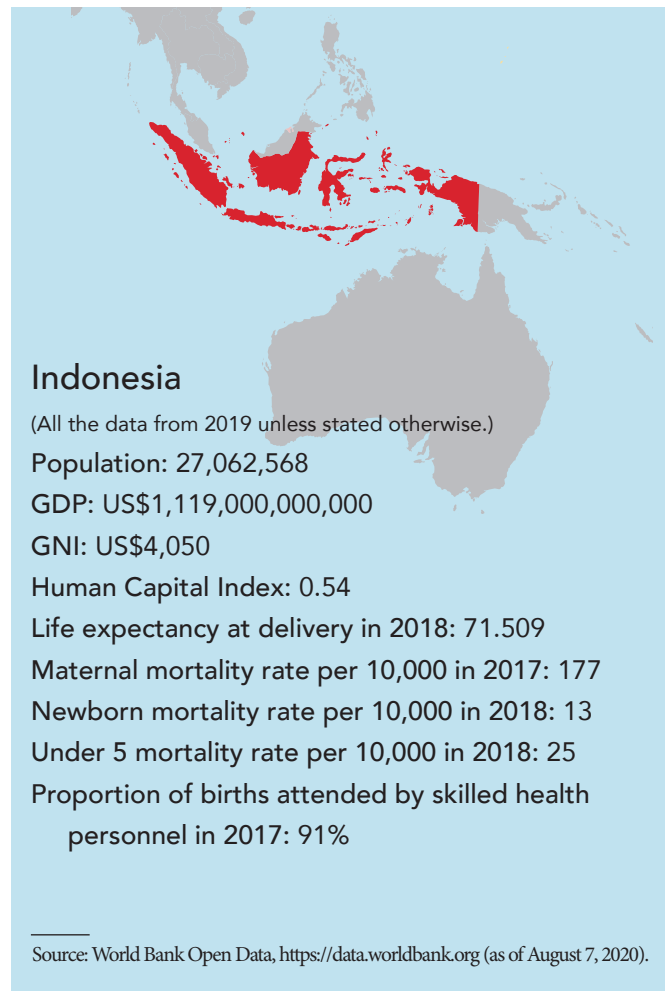
2. Indonesia

Indonesia began participating as a GFF partner country in 2018. Despite the country's strong economic growth and progress in reducing poverty, the rate of stunting among children in Indonesia remains remarkably high. In a national Basic Health Survey conducted in 2010, stunting was found in 37 percent of children under the age of 5 (9.2 million children), and 40 percent of deaths among children under the age of 5 could be attributed to malnutrition.² In 2011, the Indonesian government announced that it would participate in the Scaling Up Nutrition (SUN) Movement,³ and it issued a presidential decree in 2013 that committed the country as a whole to efforts to improve nutrition. In addition, in August 2017, following the 2016 launch of the World Bank's Investing in Nutrition in Early Years (INEY), the Indonesian government announced the National Strategy to Accelerate Stunting Prevention (StraNas Stunting). President Joko Widodo has set the goal of reducing the stunting rate to 20 percent by 2024, and the reduction of stunting has been the main focus of Indonesia's work with the GFF.

Assessing the GFF's Impact

Indonesia adopted the StraNas Stunting plan (see fig. 2), along with accompanying monitoring and evaluation plans, to double as its Investment Case. The existing SUN Multistakeholder Forum is being utilized as the country platform.

The Indonesian government has already secured US\$2 billion for StraNas Stunting from the national budget, demonstrating its strong commitment to stunting countermeasures. To supplement this, they are using US\$20 million in grants from the GFF Trust Fund and US\$400 million in financing from the International Bank for Reconstruction and Development (IBRD). The IBRD loans are managed based on disbursement-linked indicators (DLIs), and a fixed amount of funding is paid according to the success that the country has in reaching predetermined targets for the DLIs. The US\$20 million Trust Fund grant is used primarily for technical assistance to build the capacity of stakeholders to meet the DLIs that are tied to IBRD financing. With the government-sponsored program serving as the main pillar, the IBRD funding and the ensuing GFF Trust Fund sup-



2. Agency for Health Research and Development (Indonesia), "Indonesia Basic Health Research 2010," <http://ghdx.healthdata.org/record/indonesia-basic-health-research-2010>.
 3. Global Financing Facility (GFF) press release, <https://www.globalfinancingfacility.org/first-its-kind-development-impact-bond-launched-cameroon-save-newborn-babies>.

port can supplement this work and also enable program managers to arrange for technical assistance from outside experts. In this sense, the GFF and IBRD fill an important gap, providing external funds for areas that are difficult to cover with domestic funds.

Future challenges

The discussions that fed into decision-making on issues such as how the Trust Fund grant would be utilized were limited to a small number of stakeholders, including government officials, the GFF liaison officer, and World Bank officials. Several observers noted that it was a problem that key organizations that are normally very important partners for nutrition programs, such as UNICEF, the Food and Agriculture Organization (FAO), and the World Food Programme, were not involved in these consultations. Indonesia is unique in that there was already an extensive nutrition program underway, thanks to President Widodo's strong leadership, so GFF funds were supporting just a small part of the nutrition initiatives, leaving little space for a wider range of partners to get involved in the process. Nevertheless, it is important that a wider range of stakeholders be engaged and that there be a transparent decision-making process for deciding how funds will be used.



Figure 2. Overview of the Indonesian Investment Case (StraNas Stunting)

Twenty-three ministries and agencies had been carrying out measures to reduce and prevent stunting (e.g., basic vaccinations, exclusive breastfeeding, diet diversity, drinking water, hygiene, early childhood education, food vulnerability assessment, birth registration), but there was a recognition that they needed to provide the services required at the village level in a more integrated, effective way. In response, a six-year plan was formulated with the goal of providing integrated services for reducing and preventing stunting that would extend from the central government to the village level. Under this plan, the Vice President's Office serves as the "control tower" directing the program and the Coordinating Ministry for Human Development and Culture plays a coordinating role by promoting greater cooperation among government agencies. In addition, to ensure that the decisions made at the national level are appropriately implemented at the village level, programs are being conducted based on the following five pillars:

1. establish leadership and vision from the central to the village levels;
2. implement nationwide campaigns and publicity campaigns to encourage behavioral change;
3. strengthen coordination and integration among national, regional, and village-level programs;
4. promote nutrition and food security; and
5. conduct monitoring and evaluation.

II. Findings

Throughout our interviews with domestic and foreign experts and stakeholders, site visits, and literature reviews, it was evident that there are high expectations for the GFF to play a role in the achievement of the SDGs. In particular, there was generally high praise for the GFF's focus on RMNCAH-N, where progress has been relatively limited compared to other areas highlighted in the SDGs. On the other hand, a number of challenges have arisen simply because the GFF is a completely new kind of mechanism. Overall, it appears that Japan has the opportunity to more strategically and effectively promote its global health vision by encouraging the GFF to take steps that build on its strengths and by helping it to overcome its potential challenges in a way that enables it to become a better partner organization. The GFF's strengths, challenges, and its significance for Japan are outlined below.

1. Strengths of the GFF

The primary strengths of the GFF can be summarized as follows:

i. Mobilizes funding for the RMNCAH-N field

It has been estimated that an additional US\$33 billion per year is needed in order to meet the SDG targets related to RMNCAH-N.⁴

Perhaps the greatest contribution of the GFF is that it has shed light on this issue and created a new flow of funding for it. With the creation of the GFF, funds are contributed to each partner country, and there are now cases where both existing and new funding have been invested in line with the Investment Cases developed specifically for RMNCAH-N. There have also been cases where initiatives in the RMNCAH-N field, which were previously carried out in a piecemeal manner, fragmented across various diverse stakeholders within a country, have become increasingly integrated through the GFF process.

ii. By linking IDA and IBRD loans with other funding, it encourages investment in the health sector and collaboration among financial and health authorities

One important strength is that the GFF Trust Fund grants can be linked to funding from IDA and IBRD. By creating a link to IDA projects, which are relatively large in scale in terms of the partner country's national finances, it provides a major incentive for that country's government to mobilize funds for RMNCAH-N. According to a 2018 GFF publication, GFF Trust Fund grants have been used to leverage IDA and IBRD resources at a ratio of more than 1 to 7. Moreover, given that IDA and IBRD lending terms for many countries stipulate an increase in domestic funding, we can also expect to see an increase in domestic resources for the health field.

The cases of Senegal and Indonesia described above can be seen as a traditional model where the GFF Trust Fund plays a catalytic role in mobilizing IDA and IBRD funding, but there are also cases such as Guatemala and Vietnam, where the GFF Trust Fund buys down the interest rate of IBRD project loans to more concessional terms, thereby increasing the government's willingness to borrow for health projects.

Also, cooperation among relevant government agencies at the national level is necessary in order to facilitate this type of innovative framework. In particular, it requires that the financial authori-

4. Global Financing Facility (GFF), "Business Plan: Global Financing Facility in Support of Every Woman and Every Child," <http://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/Business-Plan-for-the-GFF-final.pdf>.

ties, who are the counterparts to the World Bank, cooperate more closely than ever before with the health officials and those in other agencies, and it is very significant as well that cooperation among those parties is inevitably promoted.

iii. Helps achieve the SDGs by concentrating investments in programs with demonstrated results

In Indonesia and many other partner countries, a Results-Based Financing (RBF) scheme has been adopted. Through this mechanism, the national government, GFF, and the World Bank work together to set Disbursement-Linked Indicators (DLIs) for each of the programs prioritized in the countries' Investment Cases, and programs that achieve those indicators through the support of the Trust Fund are then provided with IDA and IBRD financing. The objective is to promote the steady achieve-

ment of the SDGs by concentrating investments in and scaling up programs that show clear results.

iv. Places priority on equity and supports the achievement of UHC

In LMICs where the level of healthcare available is low, particularly women, children, and youths who are socially vulnerable are often left out in terms of public services, including healthcare, and they are at even greater risk if they are in remote or high-risk regions. By identifying and concentrating resources on these people and regions as priority intervention areas for Investment Cases, the GFF's initiatives increase the inclusiveness of health systems in each country and support the realization of UHC.

In addition, for people unfamiliar with consultations at medical institutions, maternal and child health—including family planning, checkups



during pregnancy, and vaccinations—are often the entry point for health services. As a result, this can encourage the temporary expansion of UHC to families and communities.

In addition, GFF promotes the establishment of national health financing reform roadmaps and efforts to implement health financing reforms, and it supports expanded financial protection and the construction of health insurance systems. In doing so, it promotes the realization of one of the three elements of UHC, “that all people have access to the health services they need without financial hardship.”

v. Places priority on partner country ownership and use of existing mechanisms

The GFF model is one in which the countries themselves have ownership because programs are carried out according to an Investment Case formulated by the country platform, which is under the leadership of that country's government. Also, as in the case of the Democratic Republic of the Congo and Indonesia, the country platforms are mostly based on existing mechanisms, assuming they meet certain conditions. Governments in LMICs that deal with diverse donor organizations are often required to create different mechanisms for each donor organization, but by leveraging existing systems, the quality of which can be guaranteed, it reduces the workload for the partner country.

vi. Efficient management with a small secretariat

Finally, as an international organization, the GFF secretariat is exceptionally slim, operating with a staff of just around 30 people. And by placing the secretariat within the World Bank headquarters, it allows operating costs to be substantially reduced as well. This shows, conversely, the emphasis that the GFF places on its partnerships with the part-

ner country governments, international organizations, civil society, the private sector, and so on as a mechanism to carry out its work.

2. Challenges

i. Maintaining engagement of diverse stakeholders

When the GFF was first established, it was especially meaningful because it is an innovative funding mechanism that mobilizes existing funds for use in the RMNCAH-N field. More recently, greater attention has been given to its role in mobilizing funds through government-led coordination among key stakeholders in each country. However, in some cases, there is inadequate engagement of diverse partners, and it may be that the GFF's strong ties to the World Bank—one of its advantages—is discouraging greater participation.

As noted earlier, Investment Cases are intended to be formulated through an inclusive process with the participation of diverse stakeholders from the public and private sectors, and the process therefore tends to take a relatively long time. As seen in the Senegal case, this is extremely important in terms of nurturing a sense of ownership on the part of the government and other stakeholders. However, at this moment, the directive to seek participation by diverse stakeholders is nothing more than a recommendation and has not been institutionalized. For that reason, some stakeholders have expressed concerns that, in the early stages after becoming a GFF partner country, portions of the IDA and IBRD financing that relate to the GFF project are being disbursed without waiting for the completion of the GFF Investment Case, and instead, the use of those funds is being determined solely by the country's finance ministry officials and the World Bank.

5. Save the Children, Global Financing Facility (GFF), “An Opportunities To Get It Right,” <https://resourcecentre.savethechildren.net/node/13436/pdf/gff-policy-briefing-april-2018.pdf>.

This issue is particularly evident with regard to the participation of CSOs and the private sector.⁵ It was pointed out that while in countries where CSOs and the private sector were already actively engaged in the health sector, their participation has carried over to the GFF process, in those countries without a history of CSO engagement, there is often either no participation or nominal participation only. The engagement of civil society is extremely important given its role in calling for measures to ensure respect for the human rights of individuals who tend to be left behind by public services, and in monitoring the implementation of those measures.

In addition, the private sector plays a large role in the RMNCAH-N field as a major provider of healthcare services. According to one study, the use of private-sector medical services for children exhibiting symptoms such as diarrhea, fever, and coughs is over 50 percent in low-income countries and more than 70 percent in LMICs.⁶ Moreover, the private sector plays an important role in various relevant areas, including pharmaceutical and medical device development and manufacturing, health insurance, medical personnel training, and health data technology, and thus without the private-sector perspective, it is unlikely that countries will be able to achieve inclusive RMNCAH-N services or true UHC.

Once GFF partner countries start to engage a wide range of stakeholders in decision-making on fund use in the RMNCAH-N field through their country platforms, they have an obligation to adhere to a greater degree of transparency in order to ensure accountability, even if in the past they had traditionally limited decisions on IDA and IBRD financing to a just a small number of stakeholders, such as the World Bank and the finance ministry. The GFF must find the appropriate balance between pursuing healthy independence so that

stakeholders other than the World Bank feel fully involved, and still effectively leveraging the World Bank's influence and its longstanding relationship with the government. It is desirable for various stakeholders in the RMNCAH-N field to develop a sense of ownership with regard to the GFF.

ii. The difficulty of clearly conveying the value of the GFF as a catalyst

One added value of the GFF is its ability to promote collaboration among the government, donors, and other stakeholders and to foster a sense of national ownership over initiatives. In addition, another strength of the GFF is that it provides substantial flexibility, permitting the projects it helps implement to vary greatly from country to country, in line with local leadership and responsive to local needs. However, that very same flexibility and diversity makes it difficult for people to readily grasp what exactly a GFF project is. If you look at Gavi's efforts to increase access to vaccinations or the Global Fund to Fight AIDS, Tuberculosis and Malaria's programs to combat the three major infectious diseases, the content is similar no matter which country you look at. But GFF's programs vary by country, making it more difficult to explain its value to outsiders. In addition, while the GFF's main mission is to play a catalytic role in encouraging coordination and collaboration among stakeholders under the leadership of the national government, the concrete impact of its funding is in many cases dependent upon activities being carried out by other organizations. For that reason, the GFF has a "branding problem," as it is difficult to clearly convey and lay claim to the results of its work. For an organization like the GFF that plays such a catalytic role, one effective strategy may be to encourage its partner organizations to explain its value to external audiences rather than just try to do so on its own.

6. Karen A. Grepin, "Private Sector: An Important But Not Dominant Provider of Key Health Services in Low- and Middle- Income Countries," *Health Affairs* (Milwood) 35(7):1214–21, doi:10.1377/hlthaff.2015.0862.

3. Significance of the GFF for Japan

The mandate of the GFF is closely aligned with Japan's global health vision. At the 2008 G8 Hokkaido Toyako Summit, Japan stressed the importance of health system strengthening, and at the 2016 G7 Ise-Shima Summit, it stressed the need to create systems to respond to public health crises. In order to advance RMNCAH-N, the GFF is working to strengthen health systems and primary health care (PHC) systems in each country through such measures as training PHC personnel, strengthening health data systems (including resident registries and vital records), and enhancing community-level surveillance systems. These are all highly consistent with the initiatives that Japan has been prioritizing. They can also be expected to help forestall the impact of health crises such as the COVID-19 pandemic.

Also, in 2019, when Japan chaired the G20 Summit for the first time, it raised the issue of "strength-

ening UHC financing in developing countries" as a key topic for the G20 Finance Track, held the first G20 Joint Session of Finance and Health Ministers, and reconfirmed the importance of cooperation between finance and health ministers in order to achieve UHC. For Japan, then, given its emphasis on strengthening inter-agency cooperation between finance and health ministries, the GFF can be seen as an extremely important tool for advancing UHC in that it promotes health finance reform and finance-health inter-agency cooperation as well.

As a major contributor, Japan has a seat on the GFF Trust Fund Committee and the Investors Group. In keeping with the principle of "leaving no one behind," Japan's intellectual contributions—both in terms of providing oversight of the GFF's activities and outcomes as well as actively participating in debates—are essential in order to ensure that health and medical services are provided to those who really need them in each country.

Figure 3. Japan's global health vision and the expected contributions of the GFF

Japan's global health vision	Expected contributions of the GFF
Encourage the achievement of UHC through PHC and health system strengthening	The GFF is the largest global partnership for promoting UHC through PHC and health system strengthening. It enables the effective mobilization of domestic, external, and IDA/IBRD funds.
Encourage cooperation between health and finance ministries in order to achieve health finance reforms, which are crucial to achieving UHC	Health finance reform and the encouragement of cooperation between health and finance ministries is a unique strength of the World Bank and the GFF. It has in fact produced significant results in places like Côte d'Ivoire and Cameroon.
Promote coordination and alignment of multilateral and bilateral aid in order to maximize results in each country	Country platforms allow for cooperation and coordination with donor organizations under the leadership of the respective national government. In addition, the GFF can carry out capacity building that contributes to the more effective use of Japanese technical assistance and yen loans.
Promote global health security to respond to public health crises	It promotes the strengthening of PHC, which is the front line of the fight against the spread of infectious disease.

Source: Adapted by the authors from a table prepared by Shunsuke Mabuchi, senior advisor of the Bill & Melinda Gates Foundation.

III. Conclusion

The GFF is still a fairly young organization, and we have just begun to see the fruits of its work in some of its partner countries. There are notable variations in the progress to date in these countries. However, at a time when there are a plethora of challenges to the RMNCAH-N agenda that require greater international action, there are high expectations for the GFF, given how its programs are country-led, are designed to engage a broad range of stakeholders, and are results-oriented with a focus on priority issues.

It has become clear that there is a need to respond quickly to the unprecedented COVID-19 pandemic while, at the same time, ensuring that essential health services continue to be carried out efficiently in a way that provides safety and stability both for medical personnel and for those who receive their care. There are various models that have tried to gauge the magnitude of COVID-19's direct and indirect impact; one article in the *Lancet* predicted that in 118 LMICs, the lack of access to basic healthcare services and to food as a result of pandemic-related travel restrictions would lead to an increase of between 9.8 percent and 44.7 percent in the monthly mortality rate for children under the age of five and between a 8.3 percent and 38.6 percent rise in the maternal mortality rate.⁷ In light of this major setback to achieving the SDGs, it is now more important than ever that we pay close attention to the capacity of the GFF, as a mechanism for promoting international partnership, to contribute to the achievement of the SDGs related to RMNCAH-N.



7. Timothy Robertson et al., "Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-Income and Middle-Income Countries: A Modelling Study," *The Lancet Global Health* 8(7), doi:10.1016/s2214-109x(20)30229-1.

List of interviewees

Bill & Melinda Gates Foundation

Hannah Cameron, Global Policy and Advocacy, Senior Program Officer
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Ministry of Finance

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Nanami Shigyo, Senior Deputy Director, Development Policy
Division, International Bureau

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Ingvar Olsen, Director, Global Health Policy

Open Society Foundation (OSF)

Rosalind McKenna, Program Officer, Public Health Program

PAI

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PMNCH

Kadidiatou Touré, Technical Officer

Save the Children Japan

Yumiko Horie, Advocacy Manager

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Elizabeth Ivanovich, Director, Global Health
Patty Sanchez Bao, Senior Officer, Global Health

UNFPA

Soyoltuya Bayara, Coordination Advisor
Howard Friedman, Technical Specialist
Yann Lacayo, Technical Officer
Jean Pierre Monet, Technical Officer

UNICEF

L.N.Balaji, Senior Advisor, Health System Strengthening
Reiko Okumura-McCormack, Specialist, Public Partnership
Ikuko Yamaguchi, Senior Advisor, Resource Mobilization and Advocacy

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The Japan Center for International Exchange (JCIE) has been focusing on the topic of human security through its policy dialogues and research since 1998, and since 2007 has made global health—a specific human security concern—one of the core themes of its work. Recently, it has conducted various studies, international conferences, and other programs looking particularly at universal health coverage (UHC), offering support to Japanese government initiatives and enabling it to lead the international debate by drawing on Japan's own experience in working to achieve UHC. JCIE has also offered a space for cross-sectoral and interdisciplinary dialogues among experts and practitioners, not only through its global health programs but through various other programs as well.

