Global Financing Facility in Support of Every Woman Every Child  
Country Platforms

1. Background & Rationale

The aim of the Global Financing Facility (GFF) in support of Every Woman Every Child is to utilize a set of synergistic approaches to drive smart, scaled and sustainable financing to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children. The GFF as one financing arm of the UN Secretary General’s new Global Strategy for Women’s, Children’s and Adolescents’ Health brings together a broad set of partners, leveraging their unique roles, comparative advantage and value added to maximize the impact of the GFF.

The Country level is at the core of the GFF, where all stakeholders commit to collaborate closely together under the umbrella of a Country Platform, moving away from stand alone engagement towards working under the leadership of national governments, while building on and strengthening existing structures. Hence, the purpose of this paper is to further demystify and clarify some of the critical issues or questions in relation to Country Platforms while seeking to outline key mechanisms and a minimum set of standards to support the Country Platform process.

At the same time, it is recognized that for a number of countries this work is not starting from scratch, particularly given that Country Platforms in the health sector and other sectors do in fact exist in some form(s) or another with varying degrees of functionality, inclusiveness, and success. This is very much the case in the GFF Four Front Runner Countries of the Democratic Republic of Congo, Ethiopia, Kenya and Tanzania which have utilized the established Health Country Platforms and in some cases adapted them to elaborate RMNCAH Investment Cases and Health Financing Strategies.

In other contexts, such as humanitarian-settings, there may not be any Country Platforms given the pertaining situation. Hence, the aim of the GFF is to build on existing country mechanisms wherever and whenever possible while acknowledging that “one size does not fit all” in that no single approach is suitable for all countries in the context of Country Platforms. Instead, approaches should build on local circumstances, institutional capacities and local systems. This implies the need to be pragmatic, flexible and responsive in relation to Country Platforms while recognizing the importance of providing some kind of practical guidance and minimum standards to all partners, particularly Governments as the GFF moves forward at country-level.
Hence, the Paper is a first step to better concretize the Country Platforms and will further evolve in response to ongoing feedback from the GFF Technical Team, the GFF Investors Group, the forthcoming GFF Countries South-South Learning workshop and the general experience gained in the roll-out of the GFF. The Paper builds from that which has already been outlined in the GFF Business Plan in relation to Country Platforms and should also be read in tangent with the two other papers addressing Quality Assurance of RMNCAH and Technical Assistance.

2. Nuts and Bolts of Country Platforms

2.1 What is a Country Platform?

Although various descriptions have been proposed for a Country Platform the defining characteristics in-line with the aspirations of the GFF Business Plan would be a multi-stakeholder forum or partnership fora (and/or sub-groups where appropriate). It would be under the leadership of a national Ministry of Health (or sub-national level) where meaningful engagement and transparent decision-making take place at all stages of the elaboration, implementation, monitoring and review of the RMNCAH Investment Cases and Health Financing Strategies. It is also recognized that during these different stages, the level of engagement of the Country Platform partners may vary or differ determined by clearly agreed roles and responsibilities in relation to the GFF process (managerial, programmatic, financial, reporting).

Therefore, where a Country Platform already exists, the aim is not to create GFF separate platforms but to build on the Country Platform in a seamless and transparent way and further strengthen them in-line with the principles of the GFF and the “Country Platform Minimum Standards” which have been endorsed as part of the Business Plan (Annex 2). As such, the term ‘Country Platform’ is used throughout the paper with this meaning in mind with no suggestion of parallel or separate mechanisms unless countries themselves deem it as the most appropriate for their own circumstances.

In the case of the Country Platforms in the Front Runner Countries of Ethiopia and Tanzania, they both have existing Health Country Platforms which they have utilized for the development of the RMNCAH Investments Cases (in the context of Ethiopia it is part of the Health Sector Transformation Plan and in the context of Tanzania it is the National Roadmap Strategic Plan to Improve Reproductive, Maternal, Newborn, Child and Adolescent Health (2016-2020) aka the One Health Plan 2) and Health Financing Strategies.

In the case of Tanzania the Country Platform in Health consists of one overarching Sector Wide Approach (SWAp) Committee under the leadership of Government with multi-stakeholder participation, supported by a Technical Committee (TC of the SWAp) with 12 Technical Working Groups, including a Maternal, Newborn and Child Health working group and a Health Care Financing Working Group. Tanzania

1 This can include sub-committees, working groups and/or task forces to facilitate more in-depth dialogue and work in relation to specific areas (e.g., Adolescent Health; human resources for Health, Health Financing etc.).
distinguishes their **Country Platform** between policy and technical issues, with the TC of the SWAp and Technical Working Groups primarily addressing technical issues and the SWAp Committee addressing primarily focusing on policy issues.

**Figure 1: Tanzania Health Country Platform**

In the case of **Ethiopia**, the **Country Platform** consists of Consultation Forums and a joint decision making processes (Figure 2). The Joint Consultative Forum (JCF) is the highest governance body which takes decisions, provides guidance, oversees and facilitates the implementation of the Health Sector Transformation Plan in which the RMNCAH Investment Case is embedded. It is also the place for policy dialogue and consultations on overall policy, reform and institutional issues among stakeholders under the leadership of the Government. The Joint Core Coordinating Committee is the technical arm of the JCF with the Policy and Planning Directorate, the Secretariat to both.

**Figure 2: Ethiopia Country Platform**

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**Health Sector Transformation Plan (HSTP) - Governance**

<table>
<thead>
<tr>
<th>Country Platform: Joint Consultative Forum (JCF)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Members</strong></td>
</tr>
<tr>
<td>• MoH (Chair)</td>
</tr>
<tr>
<td>• Fed. Gvt. bodies</td>
</tr>
<tr>
<td>• Dev. Partners</td>
</tr>
<tr>
<td>• NGOs</td>
</tr>
<tr>
<td>• Private sector</td>
</tr>
<tr>
<td>• Health Prof. Assoc.</td>
</tr>
<tr>
<td><strong>Roles</strong></td>
</tr>
<tr>
<td>• Oversee/facilitate/monitor implementation of HSTP</td>
</tr>
<tr>
<td>• Review/advise on health policies, reforms, institutions</td>
</tr>
<tr>
<td>• Mobilize resources and promote aid effectiveness in health</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Technical Committee: Joint Core Coordinating Committee (JCCC)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>JCF &amp; HSTP Secretariat</strong>: MoH - Policy and Plan Directorate (PPD)</td>
</tr>
</tbody>
</table>
In a number of countries, the existing Country Health Platform is underpinned by a negotiated and signed agreement by stakeholders (e.g., Memorandum of Understanding, Country Compact or Code of Conduct) that clarifies the scope and composition of the Platform alongside roles and responsibilities. In the case of DRC, they have a MOU (2009) with partners addressing reforming financing of the health sector, Ethiopia has a Country Compact (2008), Kenya (see box) and Tanzania Codes of Conduct. The idea is not to encourage countries to develop separate GFF MoUs or agreements for Country Platforms but to work with those that are already established and in countries where there are no such agreements, the focus is rather to ensure that there is clarity and agreement among all partners about the composition of the Country Platform and its roles and responsibilities in relation to the GFF process (managerial, programmatic, financial, reporting). This could be through a simple 'Checklist', see Annex 1 as an example which could highlight the membership with names/designations and contact details alongside agreed roles and responsibilities around the GFF process (managerial, programmatic, financial, reporting).

Given the multi-sectoral nature of the GFF process, it would be important that the Country Platforms have strong linkages to other forums or platforms at both the national and sub-national level such as National Development Fora, Country Coordinating Mechanisms, Scale-up Nutrition Groups and Regional/District Health Forums for example. The goal is to enhance synergies, collaboration and to bring in specific engagement and expertise to the GFF process and health more generally.

The key characteristics of the Country Platform (and nestled within this the GFF process) would include:

- **Leadership by the Ministry of Health (or sub-national level where applicable)** with the critical involvement of the Ministry of Finance and line Ministries, such as Local Government; Planning, Education, Statistics Commissions etc. to address the multi-sectoral nature of RMNCAH.
- **Meaningful participation, engagement and decision making** with country stakeholders at relevant levels, including national and international Civil Society Organizations, Private sector and Development partners, etc.;

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2 The IHP+ Guidance Note: Development of a Country Compact

3 These are laid out in number of key international outcome documents including: Paris Declaration on Aid Effectiveness (2005); Accra Agenda for Action (2008); and the Busan Partnership for Effective Development Cooperation (2011). They also incorporate ‘Minimum GFF Standards’ for a Country Platform.

4 This may include non-governmental organizations, community-based organizations, Faith-based Organizations, Professional Bodies, Trade Unions, Traditional Leaders and the Informal Sector, etc.
- **Inclusiveness** with full involvement of country stakeholders in the preparation of the Investment Case, health financing strategy and more generally support to the health sector plan; monitoring implementation and assessing performance;

- **Transparency and openness** of the process to ensure mutual accountability amongst all stakeholders. This includes access to information such as minutes and key reports from the Country Platform that can support understanding of decisions reached; financial information etc. in the context of the GFF process and more generally.

- **All significant resources** (technical, financial and material) support a shared agreed RMNCAH Investment Case as part of a broader Health Sector Plan underpinned by a robust health care financing strategy;

- **Joint monitoring of processes, implementation and results** is based on harmonized information and accountability, including joint annual reviews and reporting that define actions that are implemented and reinforce mutual accountability.

### 2.2 Who is involved in the Country Platform?

Multi-stakeholder meaningful involvement in the **Country Platform** is critical. Stakeholders refers to key parts of government (including not only the Ministry of Health but also key Sector Ministries’ such as Ministry of Finance and Line Ministries such as Regional and Local Government; Statistics Commissions; Education, etc.); development partners; foundations; civil society organizations local and international, specific groups such as women, adolescents and young people; private sector (including service providers – private for profit and non-profit); professional associations and research institutions, etc.

In terms of participation and how multi-stakeholder engagement is organized and managed is determined by the **Country Platform** in a transparent, inclusive and consultative manner driven by the country context and in-line with the GFF Minimum Standards in support of the GFF process (Annex 2).

The challenge is to ensure that the **Country Platform** can function in an effective and efficient manner to avoid them becoming too burdensome, transaction heavy or overtly complex for all concerned. In this respect, it is recognized that on one hand it may be difficult to manage multi-stakeholder participation given the potential number of stakeholders involved while on the other hand, it is hard to have one entity, for example, representing all of the Private Sector or Civil Society Organizations (local, international) in the **Country Platform**. Therefore, a manageable balance has to be found in deciding this at the country level. In some countries, they recognize the role of Country Networks as part of the **Country Platform** process; in other cases a distinguish is made between sets of consultations that require more extensive engagement at a policy or political level against those that may that require more in-depth technical involvement/work in specific areas such as RMNCAH Investment Case and Health Financing Strategy development (and stakeholders potentially having a division of labor to support the process). In other **Country Platforms**, clear distinctions are made between different technical skills sets required by partners to support the elaboration of specific plans or strategies for example Health Financing Strategies.
How all of this functions should be clearly laid out in a transparent manner and agreed as part of the **Country Platform** elaboration on role and responsibilities in the context of the GFF process either utilizing a Checklist (See Annex 1) or through the use of existing MOU, Compact or Code of Conduct in place at the country level (this does not imply that they need to be re-opened or re-negotiated). Whatever solution is found, it will be important to regularly review the effectiveness of the method, including feedback from the various stakeholders involved that can further inform the strengthening of the process. Figure 3 provides examples of roles of **Country Platform** stakeholders.

**Figure 3: Country Platforms: Examples of Potential Roles**

<table>
<thead>
<tr>
<th>GFF Partner</th>
<th>Examples of Roles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government: National &amp; Sub-national</td>
<td>• Leadership and stewardship&lt;br&gt;• Purchasing and/or providing RMNCAH services&lt;br&gt;• Enabling environment, including clear accountability&lt;br&gt;• Domestic Resource mobilization</td>
</tr>
<tr>
<td>Civil Society: International and Local (not for profit)</td>
<td>• Advocacy and social mobilization&lt;br&gt;• Accountability to strengthen national responses&lt;br&gt;• Supporting the planning and budgetary processes&lt;br&gt;• Service delivery, particularly in hard to reach areas, for vulnerable populations, and in fragile settings</td>
</tr>
<tr>
<td>Private Sector</td>
<td>• Innovative financing mechanisms&lt;br&gt;• Service delivery, system strengthening, manufacturing, etc., including through public-private partnerships.</td>
</tr>
<tr>
<td>Affected Populations</td>
<td>• Advocacy and social mobilization to ensure accountability and strengthen national responses&lt;br&gt;• Unique insights into approaches to service delivery (e.g., based on user experiences)</td>
</tr>
<tr>
<td>Technical Agencies (H4+ and others)</td>
<td>• Global, regional and country-level coordinated technical assistance in a manner that develops the capacity of in-country partners&lt;br&gt;• Financing critical areas of RMNCAH&lt;br&gt;• Normative guidance&lt;br&gt;• Dissemination of evidence on what works</td>
</tr>
<tr>
<td>Multilateral and bilateral agencies, and foundations</td>
<td>• Complementary financing (increasingly over time through pooling or shared management)&lt;br&gt;• Adherence to aid effectiveness principles such as transparency and predictability&lt;br&gt;• Sharing of global good practices</td>
</tr>
</tbody>
</table>

### 2.3 What roles do the Country Platforms perform?

In the context of the GFF process, the **Country Platform** is expected to perform the following roles:

- Strategic direction setting;
- Take decisions (policy; technical);
- Provide policy and technical inputs;
- Facilitate dialogue;
- Strengthen collaboration,
- Enhance coordination;
- Expand capacity;
- Act as principle interlocutor between the Global GFF governance structures.

In relation to following six key areas:

a) Development of the RMNCAH Investment Case and Health Financing Strategy;
b) Mobilization of resources, addressing and reaching consensus on how financial resources (domestic, external, other) will be both leveraged, including IDA and IBRD; and programmed in support of the Investment Cases;
c) Coordination and sourcing of technical assistance, in both the development and implementation of investment cases and health financing strategies (see Technical Assistance Paper);
d) Coordination of monitoring and evaluation;
e) Advocacy in support of the RMNCAH Investment Case and Health Financing Strategy.
f) Quality assurance of the GFF process, including in the context of the RMNCAH Investment Case, Health Financing Strategy and Civil Registration and Vital Statistics (see Quality Assurance Paper).

This does not preclude, however the Country Platform from addressing other areas of relevance or importance in the context of the Health Sector more generally. The six key areas highlighted above pertain to the GFF process specifically.

The Country Platform in relation to the GFF process is expected to focus on strategic issues to both reach agreement and provide direction rather than delving into micro details such as day-to-day implementation issues.

2.4 What is the Country Platform Process?

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5 Specific technical assistance and capacity strengthening may be targeted at the Country Platform to support its operations where required. This could be through the establishment and/or strengthening of a Secretariat to support the day-to-day operations of the Platform. This will be determined on a case by case basis.
In line with the GFF Business Plan, the Country Platform will jointly develop both the RMNCAH Investment Case and the Health Financing Strategy under the leadership of the government (Ministry of Health at the national level and at the sub-national level where applicable).

The Country Platform agrees roles and responsibilities to elaborate both the Investment Case and Health Financing Strategy, including timelines around specific elements alongside identifying any funding and/or technical requirements to support specific needs or tasks. It may involve key Technical Working Groups, under the Country Platform that are assigned to take forward the elaboration of the Investment Case and Health Financing strategies.

The development process of both documents will involve a number of steps linked and aligned to individual country planning cycles and is elaborated in detail in the GFF Business Plan (Section 3, page 14 – 21). Generally this would include the following steps in relation to the RMNCAH Investment Case (a similar process would be followed by the Health Financing Strategy also outlined in the GFF Business Plan) – see figure 4:

- **Step 1**: The Country Platform would organize a Country consultative process on the RMNCAH Investment Case that reaches agreement on results to be realized by 2030 at the level of impact indicators while identifying and agreeing the main opportunities/entry points to strengthen health systems.

- **Step 2**: The Country Platform undertakes or commissions detailed analysis, assessments and diagnosis to inform the first step, including addressing key obstacles leading to agreement of what results the country wishes to agree at the outcome and output levels.

- **Step 3**: The RMNCAH Investment Case would go through a number of stages of review, consultation and verification by the Country Platform. This could include also specific quality assurance work during these various stages to support and strengthen the Investment Case (addressed in more detail in the Quality Assurance Paper).

  **Figure 4: The Process of Developing an Investment Case**
Those **Country Platform** stakeholders providing financial resources (including the government) are responsible for agreeing how resources are allocated for the implementation of both the Investment Case and Health Financing Strategy. The stakeholders also assess and determine the most effective and efficient way to channel resources to the Investment Case and health financing strategy. As noted in the GFF Business Plan, there is a lot of opportunity for enhancing efficiency in this area given duplicative management and reporting structures, so the GFF aims to enhance efficiency by increasing the pooling of resources and the use of shared management structures.

Both the RMNCAH Investment Case and the Health Financing Strategy once complete will then go through a formal approval process by the **Country Platform** (and in the country context, internal approval at various levels, including in some cases Parliament). In the case of the RMNCAH Investment Case, quality insurance is recognized as a continuous process but there will be a specific quality assurance review before finalization (the Quality Assurance Paper provides more details about this process).

In the context of implementation of the RMNCAH Investment Case and the Health Financing Strategy, the **Country Platform** will provide advice and guidance in relation to implementation, alongside any policy options to address specific issues or bottlenecks that may arise during the course of implementation. They may identify issues that need to be addressed in more depth (e.g., commodity security issues; human resource for health issues); conduct or commission specific analytical work (e.g., Public Expenditure Reviews) and review new partners (and/or new financing) joining the Country Platform in support of the RMNCAH Investment Case etc. They will continue to enhance their coordination and collaboration through timely information sharing. The **Country Platform** may identify specific milestones to support and assess their role during the implementation of the RMNCAH Investment Case and Health Financing Strategy to support the work of the Platform.

The **Country Platform** will **monitor** (track progress) the implementation of the RMNCAH Investment Case and Health Financing Strategy through an agreed results framework (with a common set of RMNCAH...
Investment Case indicators across countries). Quarterly, semi-annual and/or annual progress reports (including financial) should be made available to the Country Platform. The frequency of the reporting and any review process will be aligned with the country planning and budgetary cycles and should wherever possible use existing processes and reporting mechanisms. If it is deemed that such reporting is insufficient, all partners under the Country Platform should agree to strengthen reporting and mechanisms to enhance monitoring, including through technical assistance and capacity strengthening under the leadership and coordination of the Ministry of Health (see the Technical Assistance Paper which provides guidance more generally on this).

The Country Platform should agree on approaches in-line with or building on existing processes in place to evaluate⁶ the RMNCAH Investment Case and Health Financing Strategy. This should be developed and agreed by the Country Platform well in advance, ideally as an integral component from the start of the elaboration of both the Investment Case and Health Financing Strategy. The aim of the evaluation should be to assess the degree to which the identified interventions have contributed to the results realized (particularly outcomes and impact); and may include the commissioning of in-depth studies by the Country Platform to support and inform this process.

In order to ensure the effectiveness of the Country Platform, enhance its own accountability and transparency, it would be important to strengthen measures that address the overall functioning and the progress of Country Platforms. This could include specific milestones or benchmarks around the GFF process linked to a specific Checklist (see Annex 1).

Annex 1: Quality Assurance Checklist Outline for a Country Platform (to be further developed)

<table>
<thead>
<tr>
<th>Quality Criterion 1</th>
<th>Yes</th>
<th>No</th>
<th>Not Applicable</th>
<th>Comments on how well the criterion is met</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Composition and Representation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there multi-stakeholder participation?</td>
<td>Name</td>
<td>Role</td>
<td>Organization</td>
<td></td>
</tr>
<tr>
<td>List the name, role &amp; organization</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quality Criterion 2</td>
<td>Yes</td>
<td>No</td>
<td>Not Applicable</td>
<td>Comments on how well the criterion is met</td>
</tr>
<tr>
<td>2. Functions</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

⁶ Work under the IHP+ has included developing a guidance on Monitoring, Evaluation and Review of National Health Strategies: A country-led platform for Information and Accountability.
Clear roles and responsibilities for the GFF Process confirmed? | Name | Role | Responsibility
--- | --- | --- | ---
Managerial |  |  |  
Programmatic |  |  |  
Financial |  |  |  
Reporting |  |  |  

| Quality Criterion 3 | Yes | No | Not Applicable | Comments on how well the criterion is met
--- | --- | --- | --- | ---

3. Participation and Communication
Regular meetings? Timing?
All stakeholders have access to key documents?

| Quality Criterion 4 | Yes | No | Not Applicable | Comments on how well the criterion is met
--- | --- | --- | --- | ---

4. Technical Assistance & Capacity Needs
Is there a plan available?
Is it sourced?

| Quality Criterion 5 | Yes | No | Not Applicable | Comments on how well the criterion is met
--- | --- | --- | --- | ---

5. Reporting
Key documents available?
Minutes of meeting
Agreements (e.g., disbursements)
Technical & Financial Reports

| Quality Criterion 6 | Yes | No | Not Applicable | Comments on how well the criterion is met
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Annex 2: Country Platform – Minimum Standards

The GFF requires that all country platforms embody two key principles (in addition to respecting the overarching GFF principles): **inclusiveness and transparency**. To support countries to operationalize these principles, the GFF in the Business Plan established **Minimum Standards** that countries are expected to adhere to. They need further elaboration but include the following:

**A. Inclusiveness:** full involvement of all key constituencies in the processes of:
- Preparing the Investment Case and the health financing strategy, including attending meetings, receiving and contributing to the preparation of materials, determining the approach to quality assurance for the documents, and endorsing the final version;
- Agreeing to changes to the Investment Case and/or health financing strategy in the course of implementation;
- Determining the approach to technical assistance and capacity building to support implementation of the Investment Case and health financing strategy;
- Receiving and reviewing data about performance in the course of implementation.

**B. Transparency:** making public the following documents:
- Minutes of meetings at which Investment Cases and health financing strategies were developed (including documentation explaining decisions around the prioritization of particular interventions/approaches);
- The final Investment Case and health financing strategy;
- Agreements between financiers about which elements each will cover;
- Disbursement data from each financier;
- Progress reports on the achievement of targets in the results framework;
- Evaluation reports.

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7 Extracted from the GFF Business Plan – See Annex 6: Minimum Standards for Country Platforms