

Investment Case Guidance Note



Investment Case Process Starting



Chad



Ghana



Mali



Mauritania



Niger



Pakistan



Somalia



Tajikistan



Zambia



Zimbabwe



Why an Investment Case?



Create shared understanding by collectively identifying bottlenecks, reforms, and financing to accelerate progress in women's, children's, and adolescent's health



Increase focus by prioritizing Reproductive Maternal Neonatal Child Adolescent Health and Nutrition (RMNCAH-N) services, 1-5 key health system reforms and Domestic Resource Mobilization and Utilization (DRUM) Strategy to be implemented with available resources



Reduce fragmentation by aligning financing to IC priorities



Increase funding for IC priorities by jointly advocating for new financing, particularly from domestic resources, and linking IC priorities to national budget and planning process



Improve accountability by setting **achievable targets** that will be jointly monitored and tracked by Country Platform

Overarching Principles Guiding Investment Case Development

Country-led	Prioritizing	Equity	Data driven & evidence based	No duplication	Minimize new structures
Collaborative process led by the government	Prioritizes services and system reforms that can be implemented within available resources	Focuses on those left behind in terms of socio-economic indicators, gender and other dimensions of equity	IC priorities are based on sound data and evidence Includes theories of change and results frameworks with targets	Situational analysis is used for prioritization and builds on existing analyses and strategies New analytical work conducted only if needed	Process should work through existing structures in country and include stakeholders without country presence

What an Investment Case IS NOT

A reform plan that does not account for the country context, needs, and available financing

A description of all RMNCAH-N activities in a country

A wish list of all possible interventions, with no regard for available resources

A broad strategy document without a few clearly prioritized health system reforms

Limited to the GFF Trust Fund and World Bank financing

A proposal that is submitted to the GFF

Process for Investment Case Development

Preparation

Situation
Analysis

Prioritization

Operationalization

Investment
Case

Implementation
Plan

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Investment Case

Implementation Plan

Preparation

- Create shared understanding, clarity of IC development process
- Assign roles in Roadmap & timeline for donor financing

Process & Intermediate Deliverables

- Country platform (CP) is formed
- Government focal point (GFP) is named and Liaison Officer (LO) is recruited
- Independent Support Team (IST) is appointed
- IC task force is appointed by CP to lead development of IC
- IC task force develops IC Process Roadmap that is approved by CP

Deliverables month 1: IC Process Roadmap, GFP structure in place (CP, GFP, LO, IST) + IC task force

Process for Investment Case Development

Preparation

Situation Analysis

Prioritization

Operationalization

Investment Case

Implementation Plan

Situational Analysis

- Collect and analyze existing data, evidence, and strategies to understand current situation
- Identify root causes of weak performance in key RMNCAH-N indicators and link to health systems functions

Process & Intermediate Deliverables

- IC task force coordinates Situational Analysis including: scope of IC, root causes of weak performance, new or existing strategies to address performance problems, initial resource mapping
- PPT is presented to Country Platform

Deliverables month 2: PPT with situational analysis including root causes of weak performance and baseline spending patterns

Process for Investment Case Development

Preparation

Situation Analysis

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Investment Case

Implementation Plan

Prioritization

Based on potential impact, technical, political & financial feasibility prioritize:

- Key RMNCAH-N services
- 1-5 most important HSS reforms
- DRUM strategy

Process & Intermediate Deliverables

- Consult key financiers (MOF, bilateral donors, Global Fund, Gavi) and stakeholders (CSOs, UN agencies, adolescents groups)
- Where relevant, consult sectors beyond health to understand which proposed reforms have potential financial and political backing
- Discuss how financing can be structured to incentivize IC implementation (e.g. disbursement linked indicators)
- PPT presented to Country Platform

Deliverable month 3: PPT w/ IC priorities including RMNCAH-N services 1-5 selected HSS reforms & DRUM strategy

Process for Investment Case Development

Preparation

Situation
Analysis

Prioritization

Operationalization

Investment
Case

Implementation
Plan

Operationalization

Include:

- Develop plans for priority areas
- Theory of change
- Results framework including targets
- “Back-of-the-envelope” costing for each priority area

Process & Intermediate Deliverables

- Technical working groups develop plans to operationalize priority areas with key milestones
- Theory of change/results framework:
 - Indicators that measure milestones linked to activities
 - Baseline, annual/quarterly target, end target
 - Data sources including data use strategy & data sharing agreement
- “Back-of-the-envelope” costing for each priority area (services, HHS reforms & DRUM strategy)
- Plans are indicative but are developed further once IC is approved

Deliverable month 4: Plans including milestones, theory of change, results framework & costing for key priority areas

Process for Investment Case Development

Preparation

Situation Analysis

Prioritization

Operationalization

Investment Case

Implementation Plan

Investment Case Development

- Aggregate implementation plans into investment case
- Do a second round of prioritization
- Develop theory of change and results framework for IC & Investment Opportunity summary

Process & Intermediate Deliverables

- IC task force aggregates plans from step 3, identifies synergies, does a second round of prioritization based on refined resource mapping
 - Develop IC including: priority reforms, results strategy, who finances what & spending targets
 - For areas that can't be financed now, develop Investment Opportunity Summary for joint advocacy with e.g. MOF
 - CP and Independent Support Team reviews.
 - CP and Minister of Health approve the IC
- Deliverable month 5:** Investment Case including Investment Opportunity Summary

Process for Investment Case Development

Preparation

Situation
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Case

Implementation
Plan

Implementation Plan for Implementation, Results & Expenditure Monitoring

- Create shared understanding for IC implementation support and monitoring

Process & Intermediate Deliverables

Implementation Plan is developed including strategy for:

- Routine monitoring of IC implementation
- Results and expenditure monitoring
- Working together (joint mission dates & mid-terms reviews)
- Joint advocacy with MOF
- Communication around IC implementation
- Technical assistance coordination

Deliverable month 6: Implementation Plan

Example: IC Priority Investments

Health Financing Priority Investments

1. Increase share of government budget allocated to health sector
2. Revise allocation formula to improve equity in health spending

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Health Financing Priority Investments

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Health Systems Priority Investments

3. Outsourcing last-mile distribution to improve access to drugs in primary care facilities
4. Increase # clinical staff at primary care level
5. Increase # Community Health Workers
6. Improved hospital and health center quality of care through scale-up of score cards

Priority Health Program Investments

- Increase coverage of :
7. women receiving IPT & PMTCT
 8. institutional deliveries
 9. family planning services
 10. nutrition services

Example: IC Priority Investments

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Examples of Program Interventions

- Provincial facilitators (coaches)
- Training of CHWs
- Fiduciary safeguards (e.g. audits)
- Performance-based allocations to facilities
- Facility supervision
- Expenditure monitoring

Developing a DRUM Strategy

At the heart of GFF's value proposition:

- ▶ Ensure that ICs are increasingly funded by domestic resources to put the health sector & financing for RMNCAH-N on a more sustainable footing
- ▶ DRUM strategy varies by country and should be developed during the IC process. It may include efforts to:
 - Increase prioritization of health in government budget
 - Enact reforms to improve spending efficiency
 - Design ways to improve budget execution, etc.



Investment Case Minimum Requirements



IC focus areas vary by country, but all must:

Identify the value added by the GFF

Have clear IC priorities within available resources

- Priority RMNCAH-N services
- 1-5 key health system reforms
- DRUM strategy

Investment Case Minimum Requirements



Results Strategy

Clear theories of change

- Results framework with activities, and baseline, annual and baseline targets, sources of data for monitoring as well as a data use strategy
- Strategy for resource tracking to measure if expenditures shift towards IC priorities

Investment Case Minimum Requirements

IC must be approved:

- Country platform endorses IC and recommends it for government approval
- Minister publicly approves the IC
- IC is publicly available (including on GFF Secretariat website)



GFF Members of the Investors Group



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Canada



MINISTRY OF FOREIGN AFFAIRS OF DENMARK Danida



EVERY WOMAN EVERY CHILD FOR HEALTHY AND EMPOWERED WOMEN, CHILDREN AND ADOLESCENTS



The Global Fund To Fight AIDS, Tuberculosis and Malaria



Laerdal helping save lives



MSD for mothers



NORWEGIAN MINISTRY OF FOREIGN AFFAIRS



Ministry of Foreign Affairs of the Netherlands

PAI | PATH pai.org

The Partnership for Maternal, Newborn & Child Health



RA Réseau Africain pour le Développement Durable



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Technical Annexes

1. Situational analysis
2. Prioritization
3. Costing
4. Financing an Investment Case
5. Investment Opportunity Summary
6. Entry points for gender analysis
7. Entry points for multi-sectorial approaches
8. Entry points for private sector engagement



1. Situational Analysis

Situational

Programmatic

Health System
Strengthening

Private Sector

Health
Financing/DRUM

Objectives of Situational Analysis and minimum requirements:

- ▶ Collect and analyze existing data, evidence and strategies to understand current situation

- ▶ Identify root causes of weak performance in key RMNCAH-N indicators and link to health systems functions

- Propose potential IC priorities:
 - Priority RMNCAH-N services,
 - 1-5 key health system reforms
 - DRUM strategy

1. Situational Analysis

Situational

Programmatic

Health System
Strengthening

Private Sector

Health
Financing/DRUM

Programmatic Analysis

Includes:

- ▶ Epidemiological profile

- ▶ RMNCAH-N indicators and coverage of RMNCAH-N service
 - By geographical area
 - By socio-economic group, gender, age (equity focus)
 - Multi-sectoral strategies
 - Gender determinants

1. Situational Analysis

Situational

Programmatic

Health System
Strengthening

Private Sector

Health
Financing/DRUM

Health System Strengthening Analysis

Includes:

- ▶ Human Resources for Health
- ▶ Medicines and supply chain
- ▶ Infrastructure and equipment
- ▶ Organization/governance
- ▶ Information systems including Civil Registration and Vital Statistics
- ▶ Quality of care

1. Situational Analysis

Situational

Programmatic

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Strengthening

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Health
Financing/DRUM

Private Sector (PS) Analysis

Questions to answer:

- ▶ Is there a private sector (including faith-based and CSOs)?
- ▶ Who are the PS actors in health system (for profit and not-for-profit)?
- ▶ What activities does PS perform (health services, health products production/distribution, insurance), at which level of care?
- ▶ For whom (socio-economic group, gender, age) and where (geographical areas)?
- ▶ Who pays?
- ▶ And at what price/cost?

1. Situational Analysis

Situational

Programmatic


Health System
Strengthening

Private Sector

Health
Financing/DRUM

Health Financing Analysis/DRUM strategy

Includes:

- ▶ Macro variables
- ▶ Composition of current health expenditure
- ▶ Fiscal space analysis/pathway to  DRUM
- ▶ Review main sources of inefficiency (doing the wrong things, doing things in the wrong place, spending badly)
- ▶ Baseline spending analysis
 - Who is public and external resources currently spent?
 - Analysis of budget process and how to influence it
 - Review key governance/public financial management bottlenecks

1. Situational Analysis

1. Collect studies/strategic documents on all areas below, if available:

RMNCAH-N	Health System	Private Sector	Health Financing	Multi-sectoral Strategies
Key studies on RMNACH-N National health strategy RMNCAH-N strategy?	Health system assessment or survey (e.g. Service Delivery Indicator survey [SDI]) Key recommendations on pharmaceutical strategy, HRH strategy, etc.	Facility census/assessment including private providers Private Sector strategy Market assessment/analysis	Health financing/UHC strategy Any political commitments related to UHC	Key social protection/education/water & sanitation or other strategies that could move RMNCAH-N outcomes Recommendations from these documents

2. For each area, summarize:

- What key studies/strategies identify as bottlenecks and solutions
- Given existing challenges from situational analysis, which solutions make most sense in terms of technical criteria (e.g. prioritize the most vulnerable) and political/financial backing to include in IC
- Any new solutions to include

2. Prioritization

Situational Analysis and Consultations

- Situational analysis and consultations help prioritization by honing in on key RMNCAH-N challenges and solutions
- **Prioritize a package of services:** structured process to define a package of services, review essential medicine list or procurement decisions and known cost-drivers , and consider feasibility in local health care system, social acceptability and political economy considerations
- **Prioritize Health system reforms:** prioritize based on likely impact, if the reform(s) can technically be implemented, is affordable, and politically feasible and/or if there are innovations/alternatives that are cheaper

Recommended Process

- Use decision support tools (e.g. EQUIST, LiST, OneHealth Tool) and analytical tools (e.g. 5 Whys approach)
- Use professional facilitator to help with decision process

3. Costing

Proposed approach:

Tools

- ▶ Use One Health or CORE plus for costing package of health services for X population coverage -> gives scenarios for needed inputs (e.g. staff, medicines etc.)
- ▶ Use Activity Based Costing for health system reforms (e.g. HR or supply chain reforms)

Process

- ▶ Ensure that consultants engaged in costing:
 - Transfer knowledge to government to allow for institutionalization of process
 - Share results of costing and assumptions with CP

4. Financing an Investment Case

Key questions

- ▶ How is the health sector financed? (high, partial, low donor reliance)
- ▶ How much do we need to finance the Investment Case? What is the funding gap? How can we fill this gap?
- ▶ What specific programs and activities are currently being funded and where from domestic/and or external sources?

Process

- ▶ Resource mapping /Expenditure Tracking

5: Investment Opportunity Summary

Proposed content:

- ▶ Short summary of areas where new financiers can contribute with clear case for investing. Includes
 - Size of investment
 - Potential “rate of return”/impact of investment (base case and optimistic scenario)
- ▶ Purpose: Use in discussions with Ministry of Finance and other financiers
- ▶ Ideally, this document is agreed by main financiers (e.g. GAVI, GFATM, bilateral and multilateral financiers) to allow for joint advocacy



6. Entry Points for Gender Analysis

- ▶ Collect and use existing analyses on gender inequalities and their root causes or commission new analysis as needed
- ▶ Consult widely on how to address key gender inequalities and their linkages to RMNCAH-N challenges and seek view points from a broad range of stakeholders, e.g.
 - Ministry of gender, focal point for gender in MOH, MOE, etc.
 - Gender specialists in UN technical agencies, CSOs, etc.
 - Directly with affected people, patient groups, etc.



6. Entry Points for Gender Analysis

- ▶ Use gender/diversity disaggregated data in situational analysis
- ▶ Challenge underlying assumptions and ask new questions when developing reform initiatives
 - Example: Will this reform reinforce or reduce existing inequities between (e.g. socio-economic groups, women and men, etc.)
- ▶ Include efforts to track progress on gender equality in routine data collection (e.g. breakdowns to individuals in household surveys to determine access to services & decision making)



7. Entry Points for Multi-sectoral Approaches

- ▶ Start by determining the priority challenges to be addressed by the IC, then see which sectors beyond health may be needed
- ▶ Consult on how to address key RMNCAH-N challenges
 - Ministry of education, gender, justice (CRVS), social affairs, water and sanitation, etc.
- ▶ Consider non-health factors (multi-sectoral determinants of health outcomes) in basic analysis
- ▶ For specific reform initiatives, engage beyond the MOH, for example:
 - Mozambique: to expand supply of family planning commodities service delivery platforms are created in high-schools
 - Bangladesh: conditional cash-transfers to girls who stay in school is identified as a key strategy to improve RMNCAH-N outcomes

8. Entry Points for Private Sector Engagement

Principle: Move away from generic “harness private sector (PS)” to strategic engagement with PS in specific areas where most relevant in each context to achieve the objectives of the IC

Ensure:

- ▶ PS is represented in country platform. This may require TA to join PS actors and identify suitable representative
- ▶ PS is considered in situational analysis
- ▶ PS is part of technical working groups for implementation plans where relevant, and targeted additional analytics conducted (Private Sector Assessment, market scoping, etc.) alongside focused public-private dialogue
- ▶ Upon request, TA on PS engagement can be provided by GFF Secretariat; guidance materials on best practices and GFF country experiences on private sector being prepared