RMNCAH-N @ the World Bank Group & the Global Financing Facility (GFF)

STAGE Presentation
November 3, 2020
RMNCAH-N is a key priority for the WB and core to GFF’s support for UHC

- While gains are evident, crucial gaps for RMNCAH indicators remain for many client countries and COVID-19 threatens to derail progress for women, children and adolescents

- **Policy commitment and investments** (IDA, IBRD, GFF)

- **Different thematic areas** (e.g. population and human capital)

- **Emphasis in special focus areas** (e.g. FCV; COVID-19)

- **Leveraging key partnerships** (FP2020; PMNCH; H6+, GAP)
Policy commitments and investment
IDA policy commitments highlight the WBG’s continued emphasis on RMNCAH-N

**IDA 18:**
“All IDA 18 financing operations for maternal and reproductive health will target the improvement of the availability and affordability of reproductive health services, including for survivors of gender-based violence.”

**IDA 19:**
“IDA 19 financing operations will support women’s empowerment, including through increased access to quality reproductive, adolescent, and primary health care in at least 15 of the 30 countries with the lowest HCI.”

“IDA 19 Crisis Response Window includes special allocation to address food security/nutrition the crisis”
WBG commitments reflected in HNP investments

- Between FY18-FY20, over US$ 2.6 billion in investments on **RMNCAH** in nearly 50 WBG projects
- US$ 3 billion invested in **nutrition** during the same period (62 projects)
- Focus on **IDA countries** with highest burden of maternal and child mortality
  - Mainly in the Africa region followed by South Asia
- Flagship projects such as the **SWEDD** a key vehicle for supporting cross-cutting interventions that promote women’s empowerment and improve access to **RMNCAH**
The Global Financing Facility (GFF)

**GOAL:** Ending preventable maternal, child and adolescent deaths by 2030

- Launched in July 2015 by Presidents of Tanzania and WBG, UN Secretary-General, PMs Norway and Canada and BMGF President at Financing for Development Conference in Addis Ababa
- Created in recognition of significant shortfall on the MDG targets → **GFF represents a new country-led financing model** to accelerate achievement of health-related SDGs
- **Focus on improving health and nutrition outcomes** for women, adolescents and children by strengthening health financing and primary care systems
- **Follows good development principles:** countries in the lead, alignment of financing and TA against national priorities, focus on efficiency and mobilization of domestic resources
- Supporting 36 partner countries
• **PROTECT and PROMOTE** essential reproductive, maternal, neonatal, child, adolescent health and nutrition services. **ACCELERATE** progress towards ensuring all women, children and adolescents can access the quality, affordable health care they need to survive and thrive.

**Five Strategic Directions**

- Bolster country leadership and partner alignment behind prioritized investments
- Prioritize efforts to advance equity, voice, and gender equality
- Protect and promote high-quality essential health services by reimagining service delivery
- Build more resilient, equitable, and sustainable health financing systems
- Sustain a relentless focus on results
The GFF strategy refresh positions the GFF to be able to support countries to get back on track...

**Vision:** PROTECT and PROMOTE essential reproductive, maternal, neonatal, child, adolescent health and nutrition services. ACCELERATE progress towards ensuring all women, children and adolescents can access the quality, affordable health care they need to survive and thrive.

**Guiding Principles:** Country leadership & ownership; gender equality; equity; efficiency; results focus; complementarity

<table>
<thead>
<tr>
<th>BOLSTER COUNTRY LEADERSHIP AND PARTNER ALIGNMENT BEHIND PRIORITIZED INVESTMENTS</th>
<th>PRIORITIZE EFFORTS TO ADVANCE EQUITY, VOICE &amp; GENDER EQUALITY</th>
<th>PROTECT &amp; PROMOTE HIGH-QUALITY ESSENTIAL HEALTH SERVICES BY REIMAGINING SERVICE DELIVERY</th>
<th>BUILD MORE RESILIENT, EQUITABLE, &amp; SUSTAINABLE HEALTH FINANCING SYSTEMS</th>
<th>SUSTAIN A RELENTLESS FOCUS ON RESULTS</th>
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<tbody>
<tr>
<td>• Intensify and scale up GFF country-led approach</td>
<td>• Improve targeting strategies in Investment Cases</td>
<td>• Service delivery redesign and innovation</td>
<td>• Prioritization of greater efficiency in health expenditures</td>
<td>• Develop Country Investment Summaries</td>
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<td>• Leadership development program</td>
<td>• Drive more equitable health expenditures for the most vulnerable populations</td>
<td>• Scale-up GFF’s Service Delivery Learning Platform</td>
<td>• Advocacy for protecting and domestic financing for health and mobilize more where macro-fiscal situation allows</td>
<td>• KPIs related to ICs and the GFF-supported activities and reforms</td>
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<td>• Competence-based Knowledge and Learning</td>
<td>• Mobilize demand for services, for women, children and adolescents by co-financing operations in Social Protection and Education</td>
<td>• Partnership with private sector providers, including financing from IFC, for quality service delivery that delivers on public health objectives</td>
<td>• Develop plans for DRM</td>
<td>• Strengthen use of national and sub-national data for decision-making &amp; improved mutual accountability</td>
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<td>• Strengthen country platforms, implementation support to improve accountability for results</td>
<td>• Implement a gender roadmap of priority actions</td>
<td>• Initiatives on Quality of Care in IC</td>
<td>• Prioritization and implementation of health financing reforms</td>
<td>• Improve results reporting &amp; transparency including annual global RMNCAH-N monitoring and accountability report</td>
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<td>• Improve alignment of global partners with country priorities</td>
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<td>• Community feedback and focus on user-experience by rolling out phone-surveys to users</td>
<td>• Support to country platforms will help deliver on GAP HF agenda</td>
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RMNCAH-N in WBG work on Population and Human Capital
RMNCAH-N has an important role in population dynamics

- High parity births (high fertility) associated with greater risk of U5MR and MMR
  - Higher parity associated with smaller birth intervals and decline in use of health services – driving factors for mortality
  - 12% higher risk for U5MR*
  - 22% higher risk for MMR*

- Adolescent pregnancies increase risk of poor maternal and child health outcomes
  - Complications during child birth are a leading cause of death among adolescents aged 15-19 years
  - Adolescents are also at higher risk of reproductive morbidities compared to women aged 20-24
  - Early pregnancies increase risk of child mortality, low birth weight, and stunting in children under 5

- Reproductive and gynecological disorders, including HPV and HIV affect health outcomes and adult survival
  - HIV alone was responsible for 9.3% of global deaths ages 15-49 years in 2016, majority of which were female
  - Nearly 3% of global female deaths due to gynecological and maternal disorders among females aged 15-49 years
Investing in RMNCAH-N supports human capital formation

- Reduce Inequality
- Enhance Adult Survival to age 65

People of all age groups reach their full potential

- Reduce U5MR
- Enhance Adult Survival to age 65

- Reduce Inequality
- Increase competitiveness


Reduce Unintended Pregnancy
- Birth spacing
- Improve access to FP
- Reduce FP knowledge gaps
- Women and girl’s empowerment

Enhance Maternal & Reproductive Health
- Reduce RMH knowledge gaps
- Skilled attendance at birth
- ANC and PNC
- STI screenings and treatment
- Reduce financial barriers

Improve Adolescent SRH
- Delay marriage and child birth
- Youth responsive SRH services
- Incentives to keep girls in school

Support Healthy Aging
- NCD care and affordable health coverage
- Enhance options for long-term care
- Raising retirement age
- Adult education/continuing education

Delivering on these essential interventions requires effort across sectors

- Enhancing Girls’ Secondary and Higher Education
- Reducing Gender Gaps in Employment; Access to Services
- Improving Child Health and Nutrition
- Supporting Universal Health Coverage
- Reduce Income Poverty and Improving Access to Jobs
- Bolstering Social Protection; Creating Fiscal Space
- Ensure access to RMNCAH services for displaced populations
The WBG is tailoring solutions to demographic contexts

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<tr>
<th>Dividend Type</th>
<th>Focus Areas</th>
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<tr>
<td>Pre-dividend</td>
<td>Focus on birth spacing and child survival</td>
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<td>WBG operations include reproductive health &amp; family planning</td>
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<td>Early dividend</td>
<td>Reduce early/child marriage and pregnancies through focusing on adolescent health</td>
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<td>Continue improving access to SRH &amp; FP services</td>
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<td>Late dividend</td>
<td>Create fiscal space for mandatory spending</td>
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<td>Address cost of healthcare; ensuring women have access to care</td>
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<td>Address burden of NCDs &amp; aging</td>
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<tr>
<td>Post dividend</td>
<td>Focus on overcoming health system inefficiencies</td>
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<td>Improving social spending mix for fiscal consolidation</td>
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Operationally, this means...

- Targeting the most vulnerable populations, particularly women, girls, and elderly in UHC
- Support countries create fiscal space for key RMNCAH-N interventions and health coverage across the life cycle
- Ensuring that health interventions in FCV situations include RMNCAH-N, and are responsive to country’s stage of demographic transition
- Work multi-sectorally to ensure women and girls are empowered to access health and other services
- Leveraging Power of Nutrition to ensure positive outcomes
- Leveraging WBG’s resources to maximize impact → leveraging IDA resources via GFF
Nutrition is an important ingredient for building human capital

HUMAN CAPITAL INDEX (HCI) LINKS WITH NUTRITION

SURVIVAL TO AGE FIVE
(Under-five mortality U5MR)

QUALITY OF LEARNING
(Expected years of school learning)

HEALTH
Stunting rate: Fraction of kids under 5 more than 2 reference standard deviations below median height for age

Adult survival rates (ASR): Fraction of 15-year-olds who survive to age 60

UNDERNUTRITION
Underlies 45% of U5MR

STUNTED/ANEMIC CHILDREN LEARN LESS
and are more likely to drop out of school; Iodine deficient kids lose up to 13 IQ points

STUNTING is a key marker of undernutrition

RISING OBESITY RATES contribute to NCDs and lowers ASRs
>2 billion adults (44%) are overweight/obese worldwide

**The Size and Nature of the Problem**

Because of the rise of overweight/obesity in LICs/MICs even as undernutrition slowly recedes or stagnates.

Lower-income countries are much more likely to become high double-burden countries over time – facing a high prevalence of both undernutrition and overweight/obesity.

> 70% of overweight/obese people live in middle- or low-income countries

Dispelling the myth that overweight/obesity is a problem only in high-income countries.

55% of the global rise in overweight/obesity is in rural areas.

Dispelling the myth that overweight/obesity is a problem only in urban areas.

Source: Shekar & Popkin, 2020
COVID-19 Response
Essential health services for women and children in many lower-income countries are being disrupted by COVID-19

Analysis of data reported by 63,000 health facilities through June 2020 shows:

• **Childhood vaccination was the most disrupted service among the countries studied**, with a significant drop in the number of children fully vaccinated in Liberia (35% drop), Nigeria (13%) and Afghanistan (11%). With vaccine programs protecting millions of children from a wide range of common childhood killers – and significantly reducing childhood mortality – these disruptions are deeply concerning.

• **The number of outpatient consultations fell in all countries where this was monitored.** The largest reduction was observed in Liberia, with a 35% drop in consultations for children under five years of age.

• **Many women were at greater risk of complications or death from pregnancy.** The number of women who attended all four recommended medical visits during pregnancy dropped in Liberia (18%), and the initiation of women seeking medical care during pregnancy fell in Nigeria (16%).

• **Early survey results from Nigeria show that 26% of respondents who needed health services said they could not access the services they needed.** Of those, a majority – 55% - said they couldn’t access because they could not afford to pay, while a quarter of respondents said this was due to lockdowns and movement restrictions imposed to control the pandemic.

• **Disruptions vary across indicators and countries.** For example, in Nigeria, there was a more than 10% decrease in April and in May a 15% decrease in family planning services, and a 6% decrease in women delivering babies at health facilities. However, there are mixed results across indicators in most countries. For example, in Afghanistan, while there were no significant changes in postnatal consultations as a result of the crisis, there was a 14% drop in outpatient consultations.

Areas of focus for WBG operations that support RMNCAH-N in the current COVID-19 response...

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<th>Routine Healthcare and Essential Services (esp. RMNCAH-N)</th>
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<td>Sexual Exploitation, Abuse, and Harassment of Healthcare Workers</td>
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<td>Communication Preparedness</td>
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<td>Data and Monitoring Systems</td>
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<td>Other Measures w.r.t. Forced Migration</td>
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<td>Mental Health</td>
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<td>Prevention and Response to the Risk of Gender Based Violence</td>
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<td>Women in Leadership and Management</td>
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[Image: World Bank Group Human Development]
GFF is helping countries protect & promote delivery of essential health services during the pandemic through ...

Knowledge & Learning Program
supporting partner countries to identify strategic shifts (e.g. telehealth, role of CHWs, private sector providing FP commodities) that will protect and maintain essential health services.

Data Analysis, Monitoring and Advocacy
to drive evidence-based prioritization, policy, funding and allocation decisions

Technical and Financial Support
for countries to plan, resource and implement strategic shifts to maintain essential services & address demand constraints

Protecting Essential Health Services
The project aims to ensure **continued health care services** are available particularly for those who have conditions that make them more vulnerable i.e. **pregnant women**, those with compromised immunity, and people living in urban slums.

### Clear identification of gendered impacts
- Higher # of confirmed cases and deaths among men
- Greater vulnerability of women as care-givers at home
- Higher risk of exposure for Frontline Healthcare Workers – majority women

### Project Interventions that address these impacts
- Communication on GBV, stress management, conflict resolution
- Continuity of essential health services and messaging to encourage healthcare seeking behaviors
- Financial incentives to healthcare workers, counselors, hotline operators
- Female representation in policy making, public health management, and community mobilization

### Measurement
- At least one indicator in RF to capture gender:
- % of personalized messages conducted for preventative messaging, disaggregated by sex

Example: The Egypt COVID-19 Emergency Response Project (P173912)
Partnerships
WBG is committed to key partnerships for enhancing RMNCAH-N...

- **FP2020 → focus on family planning in low- & middle-income countries**
- **H6 & PMNCH → focus on RMNCAH advocacy & implementation support**
- **Population Council & Gates Institute (Johns Hopkins University) → focus on population and demographics**
Annex
How the GFF helps countries accelerate results

1. **Prioritizing**
   - Identifying priority investments to achieve RMNCAH-N outcomes
   - Identifying priority transformative health system reforms
   - Developing Domestic Resource Use & Mobilization reforms

2. **Coordinated**
   - Getting more results from existing resources and increasing financing from:
     - Domestic government resources
     - IDA/IBRD financing
     - Aligned external financing
     - Private sector resources

3. **Learning**
   - Strengthening systems to track progress, learn, and course-correct

Accelerate progress now on the health and wellbeing of women, children, and adolescents

Drive longer-term, transformational changes to health systems, particularly on financing
The GFF is helping countries drive progress in health for women, children and adolescents

Maternal and newborn deaths:

- Tanzania: Nearly doubled coverage for four prenatal care visits from 42 percent in 2016 to 80 percent in 2019;
- Liberia: Safe deliveries in health facilities increased from 56% in 2013 to 80% in 2019

Child nutrition and immunization:

- Indonesia: Reduced stunting among children under five years old from 30.8 to 27.7% between 2018 to 2019 and wasting from 13.5 to 10.2 from 2013 to 2018
- Nigeria: In northeastern states, pentavalent-3 vaccination rates for children increased from 28% in 2016 to 49% in 2019

Child mortality & adolescent pregnancy:

- Afghanistan: From 2015-2018, deaths among newborns and children under five years old and newborns dropped by more than one-third
- Uganda: From 2016-2019, training of more than 4,000 community health workers led to a 60% increase in adolescents seeking family planning

Sexual and reproductive health:

- Ethiopia: The modern contraceptive prevalence rate for women living in rural areas increased by more than 5% in three years.
- Sierra Leone: 14% increase in women and girls who sought family planning services