POSITION PAPER

Save the Children

THE GLOBAL FINANCING FACILITY: SAVE THE CHILDREN'S RECOMMENDATIONS

KEY MESSAGES

Save the Children believes that the proposed Global Financing Facility for Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) has the potential to make significant contributions to improving RMNCAH health outcomes and inequalities **provided that it meets the following criteria:**

- It must support RMNCAH services embedded in **comprehensive health services** and not ever fund separate projects which undermine these services. The GFF must not under any circumstances promote vertical funding which further fragments national health systems.
- Be part of the movement for building **Universal Health Coverage** in countries and demonstrate how its support will further this objective. This includes supporting countries to develop sufficient and sustainable domestic resources for health, raised through fair taxation systems, enabling countries to move away from relying on private and out of pocket expenditure towards mandatory, pre-paid and pooled funding mechanisms for health.
- Be based on the principles of **aid effectiveness** and work through IHP+ processes, supporting jointly assessed and approved national health plans rather than demanding separate proposals and reporting.
- Provide **grants not loans** to low income countries and ensure funding does not indebt poor countries further.
- **Be governed** by a participatory and democratic structure, broader than the World Bank, with equal weight carried by recipient countries, and the full participation of civil society at national and global level, and with independent advisers.
- Demonstrate sufficient **added value** to justify establishing another global health mechanism, including adequate levels of donor funding made available through multi-year commitments.

BACKGROUND

The Global Finance Facility (GFF) was proposed at a high-level *Every Woman Every Child* event during the 69th UN General Assembly in New York, as a new instrument to build long-term domestic and international funding commitments for women's and children's health. The World Bank Group and the Governments of Canada, Norway, and the United States of America announced up to $4 billion in financing support to improve reproductive, maternal, newborn, child and adolescent health, as well as the creation of the GFF in support of Every Woman Every Child.

Since its announcement, the GFF Oversight Group (decision making body) and a Business Planning Team comprised of outside experts, is developing a work plan to launch and implement this new facility. We expect this work plan to be published in April 2015. The planning team consists of four work streams: (1) RMNCAH Results (2) Promoting Financial Sustainability (3) Civil Registrations and Vital Statistics (CRVS) and (4) Financing and Operating Model

There are four 'frontrunner' countries - DRC, Ethiopia, Kenya, and Tanzania - working with the planning team on the design of the GFF. The GFF is ultimately expected to target the 63 **low-income and lower-middle income** *Countdown* countries, which account for the vast majority of maternal and child deaths (92 percent and 87 percent, respectively), however this is likely to depend on the funding available.

SAVE THE CHILDREN'S POSITION ON THE GFF

Save the Children welcomes efforts to improve financing and aid for RMNACH. Health is a fundamental human right and we have a collective responsibility to realise this for all children and their families, wherever they may be born (CRC article 4). Current discussions on the Sustainable Development Goals include priority targets to end preventable maternal, newborn and child deaths across all population groups, and to achieve universal health coverage (UHC). Achieving these ambitions will require increased investment, from both domestic and international sources, as well as better use of existing resources to ensure the most vulnerable populations benefit first.

The proposed Global Financing Facility (GFF) has the potential to accelerate progress towards these targets, if designed and implemented appropriately. In this paper, Save the Children provides recommendations for those developing the business plan of the GFF.

Revisiting GFF objectives

The GFF has five objectives, which Save the Children would like to see reviewed as the GFF takes shape. These are currently stated as:

1. Finance national RMNCAH scale-up plans and measure results;
2. Support countries in the transition toward sustainable domestic financing of RMNCAH;
3. Finance the strengthening of civil registration and vital statistics systems;
4. Finance the development and deployment of global public goods essential to scale up;
5. Contribute to a better-coordinated and streamlined RMNCAH financing architecture.

Save the Children has recommended amendments to the objectives (in bold) in our response to the consultation and we urge these to be reviewed.

- Recommend obj 1 be widened to: Finance national scale-up plans and measure results for RMNCAH as part of comprehensive and universal health services
- Recommend obj 2 be expanded Support countries in the transition toward **equitable** and sustainable domestic public financing for **health,** and away from a reliance on out of pocket payments
- Recommend obj 5 be expanded to 'Contribute to a better-coordinated and streamlined financing architecture within the RMNCAH continuum of care, **based on adherence to aid effectiveness principles** and in line with countries' own national health strategies and priorities.

We also recommend that, in line with our position on the Sustainable Development Goals, the 'leave no one behind' principle cross cuts all five objectives.

STRATEGIC RECOMMENDATIONS

For the GFF to be successful, we believe it should be Ambitious, Actionable and Accountable.

- **AMBITIOUS:** The GFF must respond to and ensure **alignment with outcomes of the post-2015** negotiations on goals, targets and indicators. This includes **ambitious targets**, aiming to **leave no one behind**, and commitments to ending preventable deaths and systems of **universal health coverage**. The GFF should be a mechanism to build long term domestic financing for RMNCAH, and must not under any circumstances promote vertical funding which further fragments national health systems.
- **ACTIONABLE:** The GFF must have a strategic focus, accelerating progress on equitable coverage of proven, cost-effective interventions and strengthening health systems. Simplicity is key, including low transaction costs and lean processes to facilitate fast, catalytic support to countries, where possible through government budget and planning systems. We recommend a time-bound, phased approach with an initial defined tenure and potential for extension according to an independent assessment of effectiveness, functionality and continued need.
- **ACCOUNTABLE:** The GFF's business plan must champion a **rights-based approach** showing how it will promote, protect and expand access to rights of children, as present and future citizens of the world. Any proposed governance structure must be broader than the

World Bank with an independent group of advisors setting direction and determining funding decisions with equal weight carried by recipient countries. The GFF must be based on the principles of aid effectiveness and work through IHP+ processes, supporting jointly assessed and approved national health plans rather than demanding separate proposals and reporting. Accountability mechanisms and governance structures are discussed further below.

OPERATIONAL RECOMMENDATIONS

As the Business Plan is being developed, and in this design phase for the GFF, Save the Children makes recommendations across five priority areas.

1. Equity – Leave no One Behind

While we have seen important progress on reducing maternal and child mortality in recent years, in too many countries inequalities are worsening, with slower progress among disadvantaged groups. Ending this unfair lottery of birth is a defining challenge for our generation, and one that all actors involved in global health must tackle head-on. Ending preventable maternal, newborn and child deaths will not be possible without addressing inequities in countries. And as shown in Save the Children's recent publication: Lottery of Birth[1], countries which address inequalities have made faster progress in reducing mortality at a national level. Aligning with the next SDGs, the GFF should address the failure of the efforts to date in health to tackle inequalities and lay out ambitious objectives that aim to end preventable newborn, child and maternal deaths.

Recommendations:

- **An equitable approach across all strategic goals:** The business plan should include a commitment to make equity a key priority across all objectives. The GFF plan and the strategy should include an equity policy, which could provide the framework and tools for ensuring that equity criteria drive decisions about country funding. The poorest and most marginalised must benefit first from all activities supported by the GFF. No one should be left behind because of their age, gender, disability, income, ethnicity, language, location or other factors. The GFF must identify ways, early on, to overcome barriers to equitable progress and ensure that resources will reach those most in need. In line with its objectives to provide catalytic funding, the GFF must encourage countries to commit to reducing inequities in health.
- **Country plans** should include a clear objective of reducing inequities across populations and demonstrate how countries will use resources from GFF to accelerate progress on equitable coverage of proven, cost-effective interventions by addressing both supply and demand related barriers and effective use of these services. The country plan should also demonstrate a commitment to promoting comprehensive, free and universal health services for RMNCAH.
- **Equity in finance:** The GFF should aim to ensure that resources are allocated to where needs are greatest, addressing barriers to equitable coverage and ensuring the most marginalised populations benefit first, with criteria for prioritisation that consider inequalities between and within countries. Financing plans should include services that directly benefit the poorest first. While the private sector can play a key role in other areas of the GFF (public goods) – there must be a commitment to increasing domestic, public financing for health.
- **Technical support to improve equity:** The GFF, as a part of its consultation with countries, should provide guidelines on how funding and technical support can help national plans improve equity. The GFF should enable countries to seek support as a part of its financial strategy.
- **No target should be considered met unless it is met for all** social and economic groups. Key to tracking progress in this goal will be setting and measuring targets on outcomes of GFF funding that apply to all population groups within a country. Data should be disaggregated to reflect the various dimensions of equity, including gender, place of residence, wealth etc.
- **Working with civil society organisations:** Civil society organisations are often based in hard to reach places and can identify marginalised and remote households that may be missed by formal services, as well as help country governments strengthen their country plans to improve equity.

2. Health Systems Strengthening

A strong health system including sufficient public financing for health, an adequate supply of qualified and properly incentivised health workers, improved access to medicines and supplies, information systems, national health governance systems, is critical to achieve and sustain improvements in reproductive, maternal and child health. At present the health systems strengthening (HSS) elements are not detailed in the concept note for the GFF, are not included in the stated objectives of the GFF and there is a risk of further vertical approaches in health unless this is fully taken on board by the business planning group.

While investments in the preventive, low cost interventions outlined by the GFF concept note are important, as recognised in the Lancet's Global Investment Framework for maternal and child health[2] there is a need to frontload investments in systems to expand access to skilled care at birth, including emergency obstetric care. There are clear spill over effects beyond RMNCAH - investing in facilities and the health workforce to provide 24 hour, 7 day a week comprehensive emergence care and improved referral systems would have great benefits for all. This would mean the GFF is truly catalytic for health, and would support countries on their paths to UHC.

Recommendations

- **GFF objectives** must explicitly mention support for health systems, within which RMNCAH interventions are delivered. HSS activities supported by the GFF should take an integrated approach across the continuum of care (RMNCAH and household to hospital)
- **The GFF business plan** should work with countries to ensure that their national RMNCAH country plans and financial strategies demonstrate **adequate investments in HSS** including infrastructure, human resources for health, information systems. The plan should commit to working with countries to ensure adequate domestic investment in HSS. There must be a balance of the need to scale up low cost services quickly, with more costly, longer term investments in HSS frontloaded to ensure that services can reach the poorest groups. While we do not recommend a specific target, there must be significant and measurable investment.[1]
- **Human resources for health**: All plans to scale up RMNCAH interventions must determine the additional nurses, doctors, midwives and community health workers required and outline how these gaps will be filled.
- **Data and information** The GFF, working together with country partners, should help strengthen national data collection and reporting systems, supporting countries with investment and technical assistance to collect more frequent and accurate data on RMNCAH outcome. Where feasible and relevant, data and monitoring should be disaggregated by equity dimensions, including wealth, geographic location, education, gender, caste, ethnicity, etc.
- **Monitor investments in HSS** Lessons learnt from GAVI on reporting on HSS activities also suggest that monitoring this can be challenging – and sufficient time must be allowed to demonstrate results, including wider indicators on the strength of the health system as well as RMNCAH activities. The GFF could work with partners to identify the most appropriate indicators for the strength of the health system including tracer indicators. The GFF must ensure that smart, actionable and time-bound targets on outcomes are combined with indicators in longer term HSS activities.
- **Improving access to essential medicines and other health technologies.** The role that the GFF can play in ensuring improved access to RMNCAH medicines will depend on the form that the facility ultimately takes, its scale, purchasing power, and whether the GFF will in fact facilitate procurement. In all cases, we would encourage the GFF to:

- Support strengthening of all of the necessary health system components, such as supply chain improvements and health worker training to ensure rational use.
- Assist governments in making use of all of the tools that they have at their disposal, including TRIPS flexibilities, to reduce prices and promote competition.
- Promote technological and know-how transfer to build all necessary capacity in low and middle income countries for low-cost, high-quality local medicines production.

[1] We estimate this should be in the region of 30%, although investment needs will vary according to country contexts. The Lancet's Global Investment Framework recommends HSS investments initially as high as 50%, before tailing off to 25%.

- Assist in building local drug regulatory and pharmacovigilance capacity to ensure the availability of good quality medicines and vaccines.

If the GFF does have a purchasing function - it must:

- Engage in market-shaping activities to promote the research and development of RMNCAH medicines, particularly in developing countries, and reduce the price of medicines and other health technologies.
- Make price information and pricing methodologies more available and promote price transparency so that countries can better negotiate with manufacturers.
- Engage in or facilitate pooled procurement for RMNCAH medicines and other health technologies.

3. Scaling-up Nutrition

Under nutrition is one of the world's most serious but least addressed public health challenges. With 50% of health mortality due to factors outside of the health system, and in line with Every Woman Every Child – the GFF must support activities beyond the health sector. Malnutrition affects children's development and ultimately their life chances. Under nutrition is estimated to be the underlying cause of 45% of deaths of children under five[3] and leads to irreversible, lifelong consequences for a child's physical and cognitive development. Malnutrition is a key barrier to equitable progress and must be addressed by the GFF, however available documents give limited mention to the issue.[4] Nutrition has been relatively neglected as a development priority, although recent years have seen a substantial increase in commitment to reduction of malnutrition at global and national levels, while implementation of nutrition plans and scaling up of programmes has been slow. The GFF has the potential to scale up global action on nutrition.

Recommendations

- The GFF should include a focus on nutrition throughout the life cycle – including nutrition for adolescent girls, mothers and during the first 1000 days of life/ 1000 days between a woman's pregnancy and her child's second birthday. The GFF should support efforts to scale up nutrition-specific programmes such as maternal dietary supplementation and the promotion of breastfeeding, as well as nutrition-sensitive initiatives to address underlying drivers of malnutrition through early childhood development, agriculture and social protection policies.
- The GFF should link to the efforts of the Scaling Up Nutrition (SUN) movement – especially at the national level where nutrition plans are being developed, costed and implemented
- The GFF could leverage greatly increased amounts of donor funding to nutrition interventions and increase domestic attention to nutrition programming. It is essential that all costing and planning for the GFF and country plans includes specific nutrition interventions as well as nutrition sensitive approaches.

4. Financing for the GFF – raising and disbursing funds

The debates on financing the GFF touch on many interrelated issues and questions that are as yet unanswered: how much is needed, how this will be raised, and how it will be spent – i.e. in which countries and on what services. The GFF is intended to provide 'catalytic funding' with a priority on domestic resource mobilisation from public and private sources to finance national RMNCAH scale up plans, and support countries in the transition towards sustainable domestic financing. There will also be a role for development assistance and it is important that any new funding is additional, directed to the poorest countries with the highest need, and does not further indebt countries. At present, the majority of the funding for the GFF is being made available by the World Bank's Trust Fund and leveraging the World Bank's International Development Association (IDA), which provides concessional loans or grants to the world's poorest countries. In addition, as we have seen with GAVI and the GFATM, donor interest in global financing facilities can fluctuate. While the focus on domestic resources is welcome, the level of donor interest – and ability to commit long term multi- year financing required to establish another global facility is unclear. The IHP + was established to reduce complications in international aid architecture, and it is also not clear at present how the GFF will align with this process.

Raising funds: There is an emerging consensus, from actors including the World Bank, that health and other basic social services must be publicly financed to meet the needs of the poor[5]. There is also agreement among nearly all actors that user fees, applied in low and middle income countries do not

raise revenue and are inequitable[6]. While low and middle income countries can and must increase domestic revenue and public spending on health, our recent studies show that there are a number of low-income countries who will continue to be reliant on aid for a significant period ahead[7].

Establishing a new facility requires a clear sense of the financing needs and the extent to which they can be mobilized domestically, and through long term donor commitments. Key questions include: what is the initial financing goal for the GFF and what is the projected financing needed for GFF over what time period? What interventions are included in the cost, and will this package of services for RMNCAH expand as economies grow? How will 'national costed plans' for RMNCAH be developed in parallel to nationally costed plans for nutrition, or for UHC? Will the World Bank Trust Fund serve as the only direct source of funds?

Spending funds: This encompasses many as yet unresolved issues – which countries will be supported by the GFF and the criteria will drive funding decisions[2], what types of services will be funded and whether support will take the form of grants or loans. There are also specific needs of conflict affected and fragile countries which need to be considered. There is a great opportunity in deliberate decisions on which interventions to prioritise and finance. While we support efforts to focus on low-cost, high-impact interventions, there is a risk in decisions based on cost as the only criteria. Health systems strengthening activities, including investment in health workers and infrastructure (especially in the hardest to reach areas) may be more expensive in the short term, but as outlined above, this frontloaded investment is critical to make sustainable and equitable progress.

Recommendations:

- **Conduct a review of the expected costs with clear and transparent list of interventions included in the estimates.** The current costs estimates (of $32b existing, lowering to $8 due to growth across 68 countries) appear low, especially as this is for domestic and international finance, and include nutrition. Macro costings must be aligned with country costing exercises, and between RMNCAH, UHC, and nutrition costing exercises. This should also consider how a package could be progressively increased on the way to UHC.
- **Increase public financing, with clear commitments to eliminate user fees:** Objective 2 to increase domestic resources must keep equity in mind. The GFF should work with partner countries to ensure a commitment to increasing public investment in health, with little or no direct payments for essential maternal, newborn and child health services and medicines. The GFF must support countries to increase fiscal space for health, supporting equitable DRM reforms, promoting fair and efficient taxation systems that can benefit social services beyond RMNCAH.
- Critically assess **eligibility and graduation criteria** for countries in order to take into account the changing location of global poverty and support countries based on public health need. While low income countries must be the priority, due to the changing nature of poverty many of the poorest reside in MICS. Lower middle income countries either miss out on aid, or lose out on lower prices such as GAVI vaccines. The GFF could consider an equitable support strategy dependent on GNI and other criteria including burden of disease, progress/efforts, equity. Support for the poorest countries would be the broadest (funding and TA) with middle income countries remaining eligible for some sort of support, for example lower prices for accessing medicines/products through GFF procurement mechanisms.
- **Development assistance** must **be additional and complementary** – to existing mechanisms including bilateral assistance, and mobilise substantial investment through a pooled fund to better align donor funding in support of national health plans, leveraging the International Health Partnership + related initiatives.
- Assistance must be provided in the form of **grants, not loans to low income countries**. As of 2 January 2015, 17 low-income countries are experiencing debt distress or are at high risk of facing a new debt crisis[8]. There are concerns that IDA funding provides the bulk of additional GFF funding at present, and a risk that loans, even if concessional, may further indebt countries.

[2] We assume that the GFF will establish eligibility and graduation criteria for support to countries – and in this, lessons can be learnt from other funds (GAVI, GFATM), this is discussed in the Appendix.

- **Expand sources of funding -** the GFF should include innovative financing mechanisms in its pillars of financing sources (currently include domestic, WB trust fund/IDA/IBRD and donor funds). The GFF should not be just limited to three sources of financing. It must work with countries to adapt and innovate to include new and innovative financing mechanisms to maximize the pool of resources available. Funding sources should go beyond the World Bank financing mechanisms and include a plan to leverage funding through innovative financing mechanisms. As countries develop their financial strategies, the GFF should support countries for including a pilot innovative financing mechanism such as social impact bonds. The GFF should help test these mechanisms and evaluate the impact of these mechanisms.

5. Governance and Accountability

GFF governance structures should have representation from the ultimate beneficiaries of GFF support as represented by the civil society constituency (the "voice" of the community). Civil society organisations play a critical role in the provision of health services, in advocating on behalf of communities on the issues that affect them and acting as a watchdog on governments. Fair and balanced representation in governance structures is critical to improving accountability to constituencies and recipients of GAVI support. The business plan should include a plan to have a monitoring and evaluation framework—whether monitoring and reporting on GFF be integrated into an accountability framework for Every Women Every Child Global Strategy 2.0 or an independent report---at the time of the launch in July.

Recommendations:

- **Country ownership and leadership** – the GFF must be demand-driven and responsive to country needs, using funds to support resource gaps in implementing national plans and allowing opportunities to utilise local expertise.
- **Inclusive multi-stakeholder governance** – broader than the World Bank trust fund structure, that includes meaningful and representative involvement of civil society as a permanent representative in the governance structure as well as mechanisms for regular consultation. The governance structure must also include representatives from high burden governments.
- **Establishing a robust accountability mechanism** that is integrated with the EWEC accountability mechanism and that has meaningful channels for multi-stakeholder participation, including for the community. (Experience from the SUN movement is outlined in the Annex)
- **M & E framework** must include indicators of RMNCAH outcomes, as well as on equity (gender disaggregated data, poorest quintiles, etc), on health systems strengthening (e.g. ratio of health professionals per 10,000 people, government spending on RMNCAH); and on financial risk protection (e.g. out of pocket payments).
- **Civil society organisations** must be included throughout the GFF process, and should be empowered to hold governments accountable for following through on their country national plans and financial strategies. The GFF should work with existing national civil society alliances, such as those established under Scaling Up Nutrition (see below), and involve them at every stage of the process – from initial consultations, assessing the need of a country, designing and costing the national plan, implementation and follow-up, monitoring and evaluation. The accountability mechanism designed should ensure effective civil society participation, including representation of the most marginalised and vulnerable groups and where possible, children.
- **Regular Stakeholder Consultations:** The GFF should consider a mechanism for regular consultation with civil society organizations and other stakeholders, during the development & planning and implementation of the strategy. This could a model similar to the country coordination mechanism currently used by the Global Fund or the Scaling UP Nutrition movement. This might also similar to the PMNCH coalitions set up in some regions and countries.
- **Investment in data and M & E:** Effective monitoring of the impact of the GFF is dependent on the availability of more and better data. Sufficient human and financial resources should be allocated to accountability mechanisms
- The GFF should consider how it will facilitate **cross-learning and experience sharing for countries** involved as they move towards scaling up. These activities may include holding regular (annual) meetings for country focal points in the government, civil society representatives and other partners to check in on progress and facilitate learning.

Box 1: Lessons from global health and nutrition initiatives, funds and facilities

Global health initiatives (GHIs) can be defined as 'a collaborative relationship which transcends national boundaries and brings together at least three parties, among them a corporation (and/or industry association) and an intergovernmental organisation, so as to achieve a shared health-creating goal on the basis of a mutually agreed division of labour'.[9] GHIs are intended to capitalize on the relative strengths of the public and private sectors to address problems that neither could tackle adequately on its own. This is in particular in respect of communicable diseases and medicine development for low income countries where the private sector is deemed insufficient (the market left to its own would not result in the development of these medicines). Current existing GHIs are to a large extent focused on infectious diseases (Global Fund to fight HIV/AIDS, TB and Malaria, Global Alliance for Vaccines Initiative, Roll Back Malaria, Stop TB etc).

Funds have been praised for getting specific health issues onto national and international agendas, leveraging substantial new resources allowing dramatic scale up of national programmes, in some cases for a country led approaches, for predictable, multi-year commitments, innovation and technology transfer, and for their potential to improve value for money and outcomes. As indicated in the draft SDSN report on Financing for Development[10], a number of public-private investment partnerships have worked in health and lessons might be applied to other areas, such as education, agriculture, water etc. We have argued elsewhere that investment in health through GHIs in parallel with country efforts has prevented many unnecessary deaths and led to remarkable achievements – for example, on HIV, with 13.6 million people on HIV treatment worldwide[11], and immunisation – with over 112 million children now immunised each year.

GHIs have been criticised for their negative impact on country health systems. There is concern that the focus of the MDGs on specific diseases and population groups created silos that overlooked the broader needs of health systems, and bilateral donors and multilateral institutions have not made comprehensive health services their top priority. Given the reliance of many poor countries on aid, this has made health systems fragmented.[12] We recommend that investment in the fight against specific conditions should be supported by sufficient investments in the health system as a whole, including the health workforce, building clinics, and enhancing surveillance systems.

The experience of the Scaling Up Nutrition movement (SUN) is particularly relevant to the GFF. SUN was launched in 2010 to address the neglected area of undernutrition. Since 2010, 54 countries have signed up to the movement. When countries join, they commit to develop and cost a national nutrition plan, and to establish a multi-stakeholder platform and budget line for nutrition. The SUN movement structure at the global level includes a SUN donor network, a CSO network, a UN system network, and a business network. All are focused on supporting multi-sectoral and multi-stakeholder nutrition platforms at country level, led by government focal points, with country-level support networks that replicate the global ones. SUN countries are also supported by a Secretariat, which is based in Geneva. Countries may make request for technical assistance to the Secretariat, who endeavour to match countries with relevant experts to fulfil the country needs. This encourages country ownership of the development and implementation of the plans. The 2015 Independent Comprehensive Evaluation of the SUN movement found that while the SUN movement has been successful in getting nutrition on the global agenda and raising awareness of nutrition at the national level, some challenges need to be addressed to enable implementation and scale up to get fully underway.

ENDNOTES

1 http://www.savethechildren.org.uk/resources/online-library/lottery-birth
[2] Stenberg at al (2014) Advancing social and economic development by investing in women's and children's health: a new Global Investment Framework Lancet 2014; 383: 1333–54
[3] Black et al 2013 Maternal and child under nutrition and overweight in low-income and middle-income countries Volume 382, No. 9890, p427–451, 3 August 2013
4 Nutrition is only mentioned in the introduction and annexes of the GFF concept note.
[5] Four leading papers on this topic are: Jamison, D T et al 2013. Global health 2035: a world converging within a generation. The Lancet. 382:9908. 1989–1955; Yates, R. 2009. Universal health care and the removal of user fees. The Lancet: Vol 373, 13 June 2009; Savedoff, WD. 2012. Transitions in Health Financing and Policies for Universal Health Coverage. Results for Development Institute. Washington D.C.; Moreno-Serra, R, and Smith, P. 2012. Does progress towards universal health coverage improve population health? The Lancet 380(9845): 917–923.
[6] The case against private out-of-pocket payment for health is now well-established, with the World Bank President, Jim Kim, saying: "Even tiny out-of-pocket charges can drastically reduce the use of needed services. This is both unjust and unnecessary." World Bank Group President Jim Yong Kim's Speech at World Health Assembly: Poverty, Health and the Human Future Geneva, Switzerland May 21, 2013
[7] Save the Children Working paper (2014) Within our means: Why countries can afford universal health coverage.
[8] https://www.imf.org/external/Pubs/ft/dsa/DSAlist.pdf
[9] Buse, K. and G. Walt, "Global Public Private Partnerships for Health: Part I- a new development in health?" (January 2000), p. 4. Available from http://www.scielosp.org/scielo.php?pid=S0042-96862000000400019&script=sci_arttext
[10] http://unsdsn.org/wp-content/uploads/2014/11/Full-FSD-draft-for-public-consultation_clean.pdf
[11] WHO Immunisation Factsheet no 378 Reviewed November 2014. http://www.who.int/mediacentre/factsheets/fs378/en/. And UNAIDS Fast-Tract Report. Available at http://www.unaids.org/sites/default/files/media_asset/JC2686_WAD2014report_en.pdf
[12] Waage J Banerji R Campbell O et al: The Millenium Development Goals a cross sectoral analysis and principles for goal setting after 2015 the Lancet 2010 376 991-1023