



Applying a **Primary Health Care**
approach to investments provided by

The Global Financing Facility for Women, Children and Adolescents (GFF)

Applying a Primary Health Care approach to investments provided by the Global Financing Facility for women, children and adolescents

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PREFACE

This document is one of a series of overviews of Global Health Initiatives, developed to provide WHO staff and their partners with a summary of the strategic goals and purpose, operations, and core processes of selected Global Health Initiatives (GHIs), and how a Primary Health Care (PHC) approach can optimize the support provided by those GHIs. It includes information on how to apply PHC principles, particularly those in the PHC Operational Framework, to inform WHO staff working with countries to optimally use the opportunity of GHI and other donor funding to advance a PHC approach to attaining Universal Health Coverage (UHC). The document was developed in collaboration with WHO staff at all three levels of the organization, as well as the secretariat of The Global Financing Facility for Women, Children and Adolescents (GFF). Additional inputs were received from a diverse range of global, regional and national experts.

The aim of this overview is:

- To provide WHO and GFF staff with practical information that they can apply to assist member states to access and optimally use GHI and other donor funding and support, while applying PHC principles to the design, implementation and monitoring of such investments; and
- To present practical examples, links to key references, and lessons learnt on feasible ways to apply the [primary health care operational framework](#) to funding requests. It includes examples and case studies showing how primary health care approaches are used to optimize investments at the country level.

The principal target audiences for this document include WHO country and regional office staff who are working on GHI and related donor funding requests; staff supporting countries to implement or reprogrammed donor support; Ministry of Health counterparts, such as those from Planning, Budgeting, Health Systems and various disease- or programme-specific and external consultants who support any aspect of GHI funding. This reference will be of use to both those familiar with GHIs who wish to learn more about PHC approaches, as well as PHC and health systems strengthening (HSS) experts who are increasingly called to help inform development and implementation of GHI support at the regional and country level.



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Tova Tampe and Thomas O'Connell (Global Health Expert, former WHO Staff) provided overall technical leadership and coordination. The principal writing team consisted of Lundi-Anne Omam, assisted by John Grundy and Dijana Spasenoska.

Significant contributions to the overall concept of this overview was provided by WHO Headquarter and Regional Office teams as well as members of the Global Health Initiative Task Team: Alastair Robb, Elena Altieri, Annalise Guisset, Archana Shah, Blerta Maliqi, Casey Downey, Cherian Varghese, Christophe Schmachtel, Clarisse Mason, Denis Porignon, Frédérique Geron, Gerard Schmets, Gina Samaan, Giorgio Cometto, Herman Montenegro, Hernan Von Muhlenbrock, Isadora Quick, Jan Hendrik Schmitz Guinote, John Fogarty, Linda Lucy Boulanger, Ludy Suryantoro, Mai Eltigany, Maria Skarphedinsdottir, Menno Van Hilten, Nathalie Vande Maele, Nicoletta De Lissandri, Nuria Toro Polanco, Richard Carr, Richard Gregory, Samir Sodha, Sean Cockerham, Shamsuzzoha Babar Syed, Shannon Barkley, Sophie Genay-Diliautas, Stephanie Anh Ngo, Susan Sparkes, Temo Waqanivalu. Valuable Inputs were made by staff of the GFF. A number of colleagues from WHO Regional Offices made pertinent suggestions to this overview including Irtaza Chaudhri, Awad Mataria, Faraz Khalid, Omar Sam, Cyprian Humphrey Karamagi; Juliet Nabyonga, Soledad Urrutia, Amalia Del Riego and Ogochukwu Chukwujekwu.

ABBREVIATIONS AND ACRONYMS

COVID-19	Coronavirus Disease 19
FPs	Funded proposals
GHI	Global Health Initiative
GFF	Global Financing Facility for Women, Children and Adolescents (GFF)
HSS	Health System Strengthening
HWF	Health Workforce
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
IRDS	Implementation research and delivery science
MoH	Ministry of Health
MICS	Middle income countries
ODA	Overseas Development Assistance
PHC	Primary Health Care
RMNCAH-N	Reproductive, maternal, newborn, child, and adolescent health and nutrition
RO	Regional Office
SDG	Sustainable Development Goals
UHC	Universal Health Coverage
UHC-P	Universal Health Coverage Partnership of WHO
WCO	WHO Country Office
WHO	World Health Organization

SETTING THE SCENE

In a bid to meet the 2030 sustainable development goals for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N), the World Bank developed an innovative model for catalytic investment in RMNCAH-N, called the Global Financing Facility (GFF). The GFF is a multi-donor trust fund that was launched in July 2015 by the United Nations and is managed by the World Bank with financial commitments from bilateral donors and private foundations¹. It aims to bring together domestic and international resources, including expertise using a multistakeholder platform led by countries².

In the face of a global pandemic, many countries are facing economic instability, fragility, and conflict which necessitate strengthening primary health care systems and improving access to RMNCAH-N. The need to save lives and accelerate progress on Universal Health Coverage (UHC) requires supporting health professionals using tools and information needed to effectively use resources from GFF and other GHI initiatives in countries.

This document is divided into two main parts:

Part 1

Presents an overview of the GFF and its investment approach

Part 2

Provides a summary of applying a primary health care lens to GFF investments

Throughout this overview we share links to tools, resources and use key notes to highlight and facilitate access to important information. These key resources and tools are hyperlinked throughout this document. A detailed database of primary health care resources and case studies have been compiled and made available in [Primary Health Care for Global Health Initiatives Toolbox](#).

¹ <https://www.bmj.com/content/358/bmj.j3395>

² <https://www.sciencedirect.com/science/article/pii/S0140673617310000?via%3Dihub>





Part 1

An overview of the
Global Financing facility

1.1

Introduction

The COVID-19 pandemic has revealed the gaps of many health systems within low and middle income countries in providing basic primary health care services despite striving to achieve universal health coverage for several decades now³ Services like antenatal care, care for newborn, child nutrition, facility-based birth and contraception became even more difficult to be accessed by those who needed it in resource limited settings. It is globally recognized that primary health care is essential for achieving high performing health systems and universal health coverage³. Many health systems face natural and man-made crises, and PHC presents an equitable and efficient pathway to improve access to essential maternal, infant nutrition and contraceptive services for vulnerable communities.

The Global Financing Facility's (GFF) commitment to ensure all women, children and adolescents can survive and thrive could be achieved with health systems whose financing arrangements prioritize strengthening primary health care.

³The Lancet Global Health Commission on Financing Primary Health Care: Putting People at the Center.

1.2

Overview of PHC and PHC operational framework

Forty years after the declaration of Alma Ata in 1978, country governments reaffirmed their commitment to primary health care as key in the achievement of health for all in the [Astana Declaration](#). The [Astana Declaration](#) reaffirmed PHC as the corner stone of health systems strengthening with proven links to improving health outcomes, equity, increasing health security and improving cost efficiency.

PHC is an approach that strengthens health systems and maximizes the level and distribution of health and well-being. PHC does this by: i) putting primary care and the essential public health functions together, at the core of integrated health services; ii) leveraging multisectoral policy and action; and iii) empowering people and communities as co-creators of their health (Figure 1)⁴. These are encapsulated in the [14 levers of the PHC operational framework](#), in the form of practical actions and interventions that can accelerate progress in strengthening disease-specific programmes and services. To guide countries in accessing decisions and actions implemented to strengthen PHC to achieve universal health coverage, a global normative PHC measurement and monitoring framework has been developed and can be accessed [here](#).

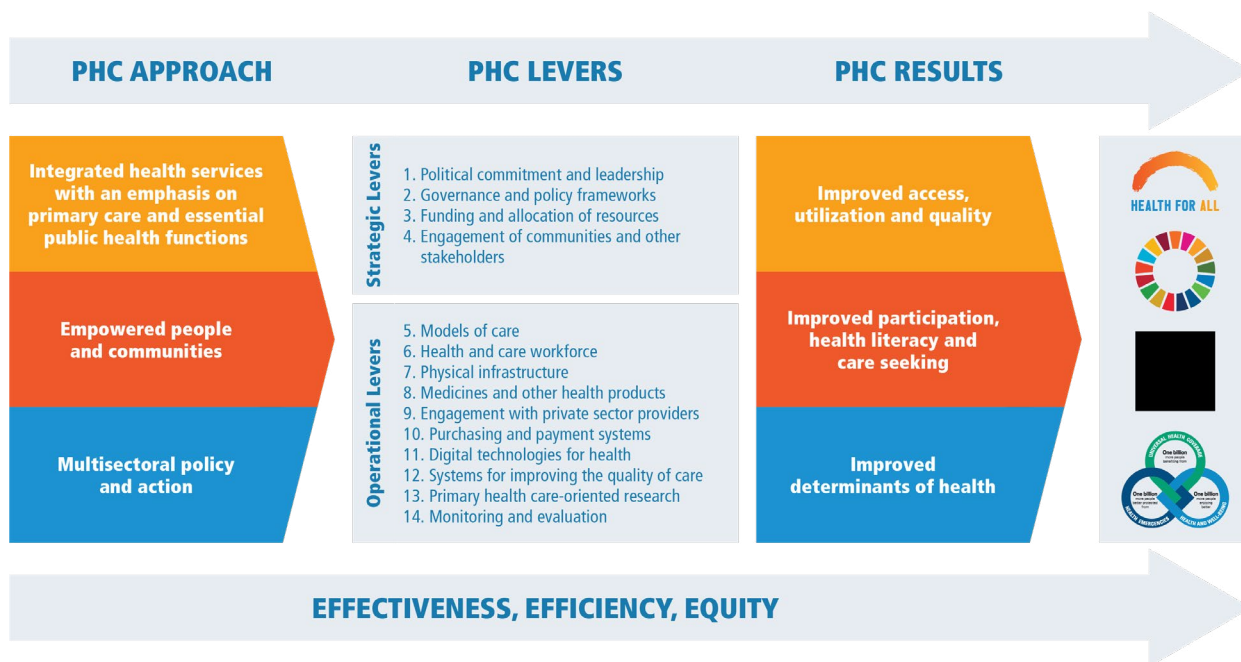
[Primary Health Care](#) is a whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution by focusing on people's needs and as early as possible along the continuum from health promotion and disease prevention to treatment, rehabilitation and palliative care, and as close as feasible to people's everyday environment.



⁴ World Health Organization & United Nations Children's Fund (UNICEF). (2020). Operational framework for primary health care: transforming vision into action.



Figure 1: PHC Theory of Change



1.3

GFF Support at a glance

[The Global Financing Facility for Women, Children and Adolescents \(GFF\)](#) is a multi-stakeholder global partnership that was launched in July 2015 and is hosted at the World Bank. The GFF supports countries to accelerate progress on reproductive, maternal, newborn, child and adolescent health and nutrition, and strengthen financing and health systems for universal health coverage (UHC). It does this by providing catalytic financing and technical assistance support to government-led, multi-stakeholder platforms to develop and implement a national, prioritized health plan (an investment case), that aims to help mobilize sustainable financing for health and nutrition. The [GFF 2021 – 2025 strategic goal](#) aims to ensure that all women, children and adolescents can access quality, affordable health care they need to survive and thrive. The GFF underscored PHC as the approach needed to achieve all five strategic directions in the 2021-25 GFF strategy⁵.

⁵ Fourteenth investors group meeting paper (June 7–8, 2022). The GFF Partnership: Working in support of country-led efforts to improve PHC

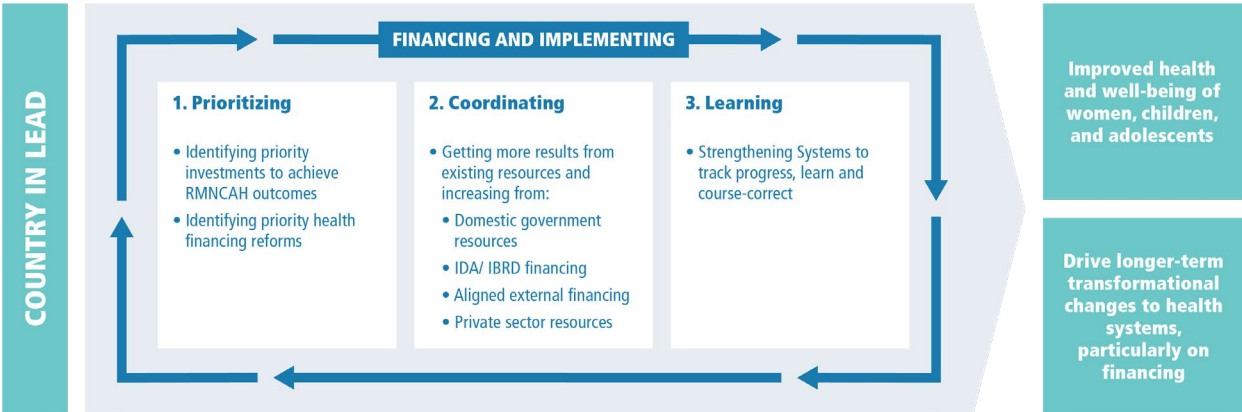
This emphasis on PHC⁴ includes:

- Supporting high-quality primary health systems and bringing services closer to communities
- Getting more resources into frontline service delivery platforms
- Consolidating and strengthening PHC results and monitoring and evaluation
- Leveraging the GFF partnership advocacy and alignment for more spending and better quality PHC

Annex 1 describes the above focus areas in more detail.

The GFF supports 36 low and lower-middle income countries to scale up access to affordable, quality care for women, children, and adolescents as an important first step toward accelerating progress on Universal Health Coverage (UHC) and the Sustainable Development Goals (Figure 1). GFF eligible countries can be seen [here](#).

Figure 2: GFF supports countries to get on a trajectory to reach the SDGS and universal health care through three related approaches⁶



⁶ GFF Country Implementation Guidelines https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Country-Implementation-Guidelines-En.pdf

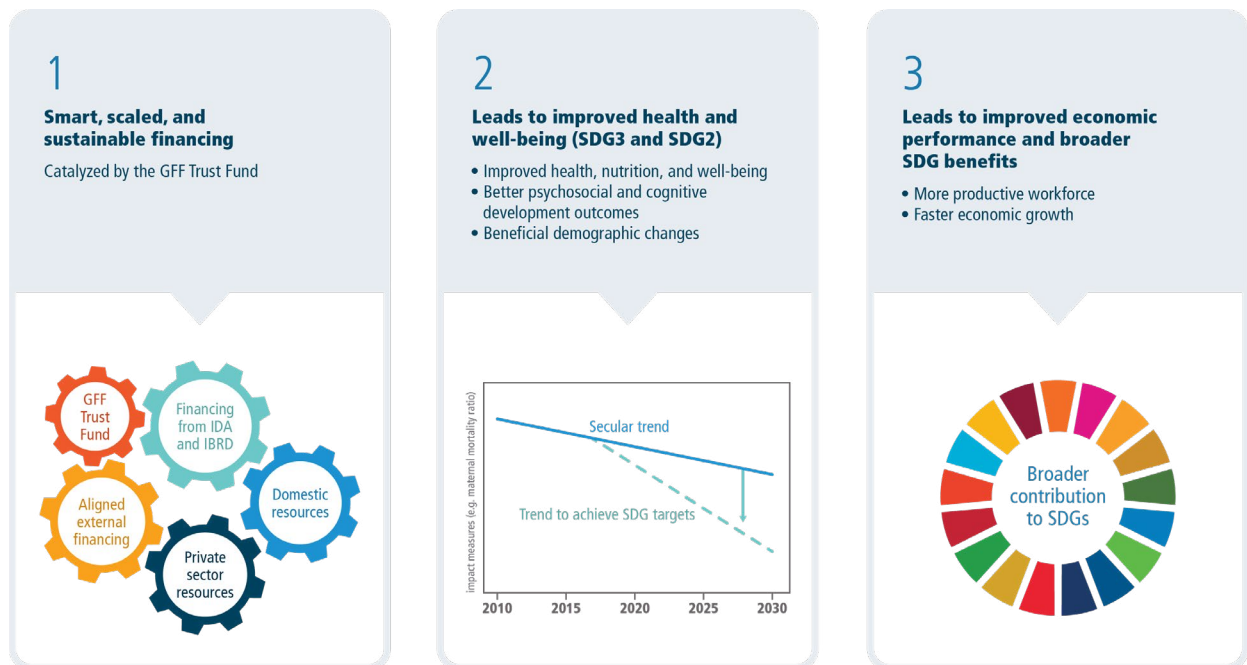
⁴ Fourteenth investors group meeting paper (June 7–8, 2022). The GFF Partnership: Working in support of country-led efforts to improve PHC

1.4

GFF financing model

The GFF is a **'facility'** that provides countries with catalytic finances to scale up their programs by leveraging far greater amounts of domestic government resources, [IDA](#) and [IBRD financing](#), aligned external financing, and resources from the private sector. The GFF's approach to financing lays emphasis on smart financing, getting more value for money from each of these sources by improving efficiency. This innovative model (Figure 3) for sustainable financing makes the GFF an exciting pathfinder for a new era of financing for development.

Figure 3: GFF financing model



1.5

Investment case

In GFF's financing model, countries develop an [investment case](#) which primarily constitutes a set of priority interventions which is worth investing using domestic and external resources. The investment case is developed with intent to increase equitable access to health care.

An [investment case](#) is a description of changes a country wants to see regarding their reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) health outcomes and the investments the country will make to achieve these results. This is not a full description of interventions which a country wants to invest on, but rather presents a set of prioritized intervention on RMNCAH-N. The investment case presents a compelling case on how a limited set of prioritize interventions will propel the country towards achieving the sustainable development goals.

A [primary health care](#) approach to GFF programs does not only allow countries to have autonomy what they can prioritize in their investment case, but also ensures integration of reproductive, maternal, newborn, child and adolescent health and nutrition programs to other health interventions. With the release of the [PHC monitoring framework and indicators](#), countries can easily make a compelling case for investment in primary health care with indicators that can be monitored and tracked towards the achievement of RMNCAH-N.

1.6

The GFF and its partners

The GFF partnership brings together key stakeholders that drive progress on health and nutrition outcomes through a government-led country platform, and at the global level through the GFF Investors Group. Building on existing national and sub-national mechanisms, each country platform is led by the national government and includes civil society organizations, the private sector, multilateral and bilateral institutions, and foundations. The country platform develops an investment case to align partners and financing around country priorities. The GFF partners include: civil society, financiers, private sector and UN agencies (Table 1).

Table 1: GFF partners and roles

GFF partners	Function (role)
Civil society Organizations	<p>CSOs help promote accountability and also contribute to service delivery, and demand generation for access to high quality health services, especially in hard-to-reach areas and fragile settings. CSOs have been important reaching underserved communities and supporting community-based primary health care.</p> <p>Examples of how CSOs have successfully engaged in the GFF process could be read here.</p>
Financiers	<p>Financiers are donors who bring together finances into the GFF trust Fund and include; International Development Association (IDA) and the International Bank of Reconstruction and Development (IBRD), external financing, private sector resources and domestic resources</p>
Private Sector	<p>The private sector is a key partner in GFF processes. They could take part in manufacturing of medical equipment and commodities, supply chain logistics, telecommunication systems, just to name these. The GFF facilitates stronger public-private collaboration to enable the private sector to complement the public sector to scale up delivery of affordable, quality health services and commodities. Examples of public-private collaboration in some GFF partner countries could be seen here.</p>
UN Agencies and other partners	<p>UN agencies and other partners support the work at the country level and advocacy.</p>
Investors Group	<p>The Investors Group are a governance structure at the GFF and include governments from partner countries, donors, civil society, private sector, UN agencies Gavi, the Alliance, and the Global Fund to fight AIDS, Tuberculosis and Malaria.</p>
Trust Fund Committee	<p>Trust Fund Committee is responsible for financing decision on which country receives GFF support. The committee is also responsible for overseeing the performance of the Trust Fund to ensure that investments deliver results.</p>

Secretariat

The [secretariat is made up of experts](#) from around the world and oversees managing the daily work of the GFF, including the GFF Multi-donor Trust Fund; analytical work and technical assistance to GFF-supported country platforms, programs and projects; engagement with global donors, partners and stakeholders; results monitoring and reporting; and knowledge and learning.



Governance documents

Gff Investors Group Governance Document February 2020 | [DOWNLOAD](#)

Gff Trust Fund Governance Document September 2019 | [DOWNLOAD](#)



Contacts

Secretariat: GFFSecretariat@worldbank.org





Part 2

Applying Primary Health Care
Lens to GFF's Programs

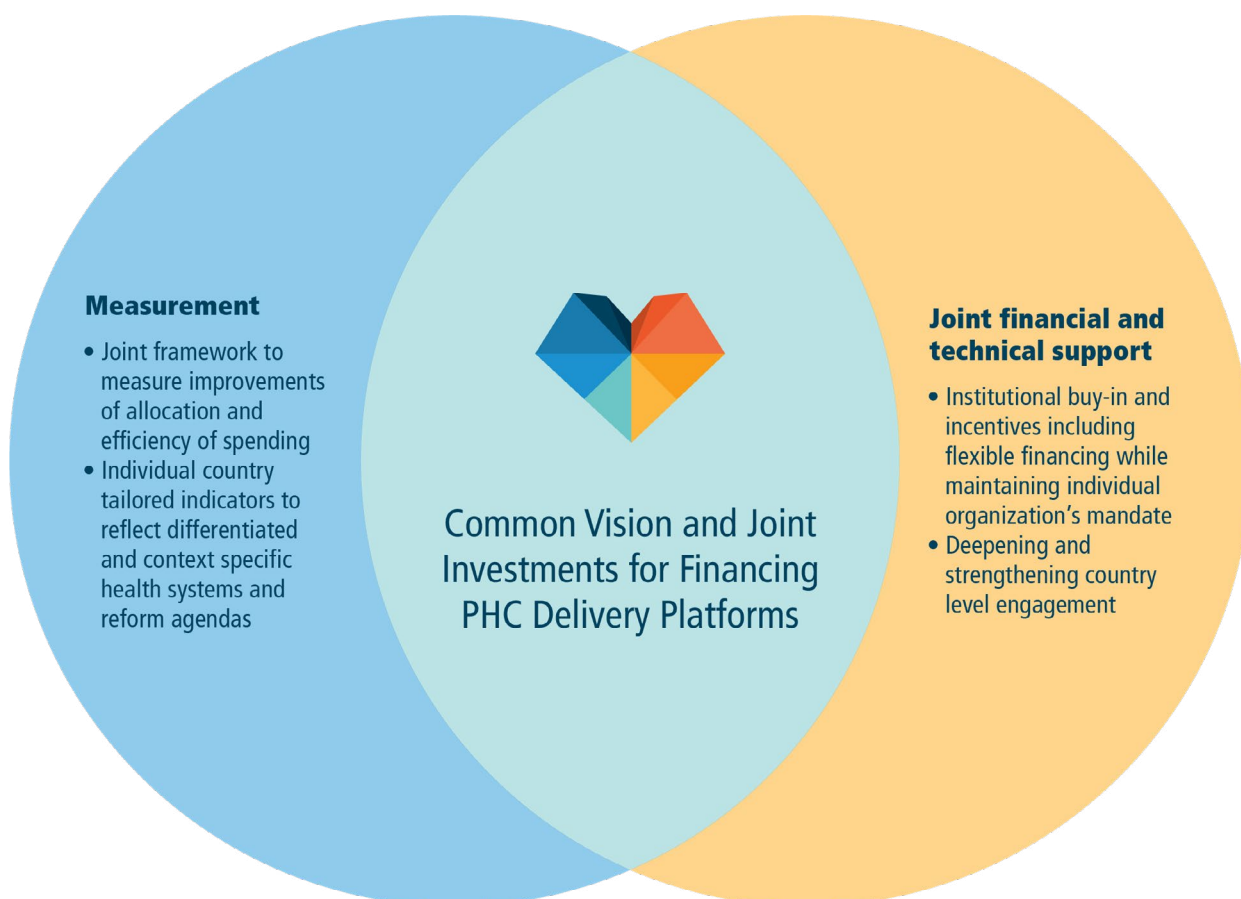
2.1

Orientating GFF investments using a PHC framework

The investment case is built on a foundation of analyses of the country's health financing system and its functions. Commitments by GFF partner countries to achieving universal health coverage requires political commitment from countries to mobilize relevant ministries for a multisector approach to be used to develop and implement an evidence-based investment case to accelerate progress on RMNCAH-N outcomes. An integrated approach to health care might facilitate the development of common results framework, sharing data and strengthening health information systems across the health system. GFF's orientation in its partnerships are driven towards getting more resources into front-line service delivery platforms. Figure 4 illustrates critical pathways countries can align their PHC financing agenda.

Figure 4: Critical pathways for engaging country led PHC financing agenda

Critical pathways for partner alignment around a country led PHC financing agenda



The next section provides some recommendations on how UHC/PHC/HSS experts can actively engage at the country level, to ensure effectiveness, efficiency, and sustainability of GFF's investments using a primary health care lens. The applicability of the proposed recommendations might be context specific, however, the experience working with GFF programs in countries has revealed that these areas could be helpful supporting the development and implementation of investment cases.

2.2

Optimizing the process of building a country's investment case

Depending on the country context, the preparation of the investment case could include different assessments, such as health financing systems assessments, fiscal space analysis, public expenditure reviews, efficiency analysis, and costing. Such assessments enable countries to develop investment cases that prioritise strengthening primary health systems to bring health closer to communities⁴. The GFF's fourteenth Investment Group meeting paper details how GFF supports high quality primary health systems and brings communities closer to systems users⁴.

Large part of the health financing agenda for countries of the GFF engagement is usually delivered during the implementation phase by using the findings of existing assessments. The implementation phase is an iterative and continuous learning process that is likely to lead to regular modifications of the investment case. The UHC/PHC/HSS experts can bring a PHC lens when an investment case is being built especially when the country is assessing its health financing systems, fiscal space, or public expenditure. Assessment reports or analysis should include analysis of how much is spent at primary health care level compared to secondary and tertiary levels of the health system. A recently published Lancet commission on financing primary health care provides information on considerations for PHC and financing arrangements⁷.

⁷ The Lancet Global Health Commission on financing primary health care: putting people at the centre. Hanson, Kara et al. The Lancet Global Health, Volume 10, Issue 5, e715 - e772

⁴ Fourteenth investors group meeting paper (June 7–8, 2022). The GFF Partnership: Working in support of country-led efforts to improve PHC.

2.3

Leverage GFF country platform to engage with key stakeholders

The development of the investment case is led in-country by the national government and coordinated country platform using a participatory approach. Participation from civil society, private sector and youth is required in GFF country processes and are key constituencies in country platforms. GFF country platforms are constituted of: Government focal person, representative from Ministry of Finance and other Ministries, GFF liaison officer, representatives from aligned financiers, representatives from technical agencies, representatives from the World Bank, representatives from civil society, representative from the private sector and GFF Secretariat focal point. In country, there might be other existing mechanisms and platforms, such as the Global Fund's country coordinating mechanism and Gavi's Interagency coordinating mechanism, and UHC/PHC/HSS experts could establish links with such mechanisms to address health systems gaps for more responsive primary health care systems. The HSS investment dataset in the PHC-GHI Toolbox provides examples of health system strengthening functions and activities by the Gavi and the Global Fund which UHC/PHC/HSS experts could use to engage the other country platforms on prioritisation of activities, allocation and implementation. This might contribute to improving coordination and harmonisation across the different GHIs in country. GFF's policy paper from the June 2022 Investors Group meeting highlight the need to leverage existing mechanisms for alignment of human resources for health strengthening efforts⁸.

UHC/PHC/HSS experts could also get involved in country GFF's country stakeholders meetings to provide technical support to the government in prioritizing interventions in the investment case that are primary health care focused. Examples of primary health care approaches and strategies from other countries can be seen in the case studies compiled in the [PHC-GHI Toolbox](#).

⁸ Fourteenth investors group meeting paper (June 7–8, 2022). Strategic and sustainable investments to provide essential health services and build resilient health systems: the GFF partnership human resources for health (HRH) agenda

2.4

Leveraging private sector resources, capacity and resources

Governments, development partners, and other stakeholders are increasingly interested to partner with the private sector to improve health outcomes. They are key actors whose resources, capacity and expertise can be leveraged to support countries in their investment case priorities. Public-private sector partnerships could be strengthened at country platforms through structured dialogue with the private sector could be engaged around common objectives for RMNCAH-N. There are various mechanisms of strengthening public-private partnerships ranging from having representatives of formalized umbrella associations or federations that include a broad range of private sector entities involved in health/nutrition; to establishing private sector technical working groups in the country platform. In countries where private sector regulatory capacity is limited, UHC/PHC/HSS experts can support country governments in developing governance arrangements that harness the inputs and contribution of the private sector to the health system. WHO has developed a document which describes [ways to harness efforts of health services from both public and private sectors](#). More information on how the country governments could leverage private sector partnerships to advance health outcomes can be gotten from the case studies compiled in the [PHC-GHI Toolbox](#).

2.5

Data for decision making using a PHC lens

For effective planning, coordination and implementation of RMNCAH-N, country platforms use data to guide key priorities and interventions in their investment case and health financing reforms. The data helps in identifying areas for improvement during implementation, and also helps ensure accountability to those affected by RMNCAH-N outcomes as well as to those providing resources (governments at all levels, CSOs, donors, other stakeholders). Data is an essential element for decision making on priorities for the advocacy strategy (Figure 5). Data is usually obtained through civil registration and vital statistics, health management information systems, maternal and perinatal death surveillance and response, integrated disease surveillance and response, public finance management systems, surveys, and other sources. Country indicators to be measured and monitored are mapped out in country-specific theory of change which is used to track countries progress⁴. UHC/PHC/HSS experts could support countries in developing data systems that are able to provide information for monitoring RMNCAH-N services at primary health care level.

The [PHC-GHI Toolbox](#) provides orientation which UHC/PHC/HSS experts and country governments can use in the process.

2.6

PHC oriented Implementation Research

Implementation research and delivery science (IRDS) is an approach to scale up evidence-based interventions in an equitable and sustainable manner, such that it can address any aspect of implementation including the implementation process, implementation outcomes, enabling factors and implementation barriers. It is the systematic creation and application of knowledge to improve implementation of health policies, programs, and practices.

Monitoring, evaluation, and IRDS are part of a continuous process. Whilst monitoring is ideally done on a continuous basis and can indicate whether a policy, program, or practice is going in the right direction (or not) and whether targets are being achieved (or not), evaluation is usually done at predetermined periods and can indicate whether and how well a policy, practice or program works (or not) and whether objectives are achieved (or not). IRDS can be done at short near-real-time intervals and it helps in identifying best investment priorities for overcoming implementation barriers or enhance enabling factors, what is and is not working, how and why implementation is going right or wrong, and testing approaches to improve it and course correct. The GFF is exploring the use of a rapid cycle monitoring approach for quick decision making as shown in figure 5.

UHC/PHC/HSS experts can support country government in country-led research to collect and analyse data on populations RMNCAH-N needs. The [primary health care monitoring framework](#) also provides more information which UHC/PHC/HSS experts and country governments can use to ensure interventions that are prioritised in the investment case, reflects populations need.

Figure 5: The GFF Overall strategy shift in strengthening Data for Data Decision Making

OVERALL STRATEGY SHIFT	
WHAT WE ARE DOING NOW	WHAT WE PLAN TO DO
Quantifying and describing service disruptions during COVID-19	Quantify changes (positive and negative) in service delivery over time and describe health systems resilience capabilities
Conducting analysis on HMIS data and organizing phone surveys centrally	Build capacity for in-country HMIS analysis and rapid cycle phone surveys, with an expansion of indicators to include an equity and gender lens
Disseminating results via virtual meetings with high-level ministry officials	Support platforms to regularly review and dissemination of results across health systems actors
Conducting one-off studies and data sharing workshops	Facilitate institutionalization of countryled learning and use of data in decision-making
Informing background for World Bank projects	Integrate into monitoring and evaluation of national programs supported by the World Bank/ GFF and other partners
Frequent adaptations to approaches to respond to quickly changing crisis	Validate a core set of approaches for rapid cycle assessments of resilience with comparability over time alongside flexible tools for responsiveness to emerging needs

Source: World Bank/ GFF; original table produced for this publication.

2.7

Developing Communication strategies using a PHC lens

GFF in-country related advocacy and communication aims at accelerating the achievement of the results agreed upon in the investment case. Major challenges in implementing a complex multistakeholder model like the GFF approach in-country lies in generating and maintaining a common understanding of the approach and creating motivation for continued engagement from each stakeholder. To maintain communication and engagement from all stakeholders, Country platforms develop and implement, an advocacy and communication strategy relating to the GFF engagement. Early in the GFF in-country process, this communication strategy focuses on explaining to a range of stakeholders what the GFF is, how it functions, who is committed to the approach, and what value GFF is anticipated to add in the country. Communications within the country platform and the communication that is required at subnational levels for effective delivery of the investment case will also be addressed by this communication strategy.

As the GFF proceeds in its implementation phase, the communications strategy increasingly uses the results of the data generated by the monitoring system for the investment case to share with a group of stakeholders the progress that the country is making as a result of the GFF engagement. The communications strategy is linked to and builds on the advocacy strategy. UHC/PHC and HSS experts could leverage the process of developing the communications strategy to support countries in developing a strategy that puts population and communities at the center, with individuals and communities that manage own health and access information about health conditions when needed.



Additional references

Guidance Note

[Inclusive Multistakeholder Country Platforms in Support of Every Woman, Every Child for more information](#)

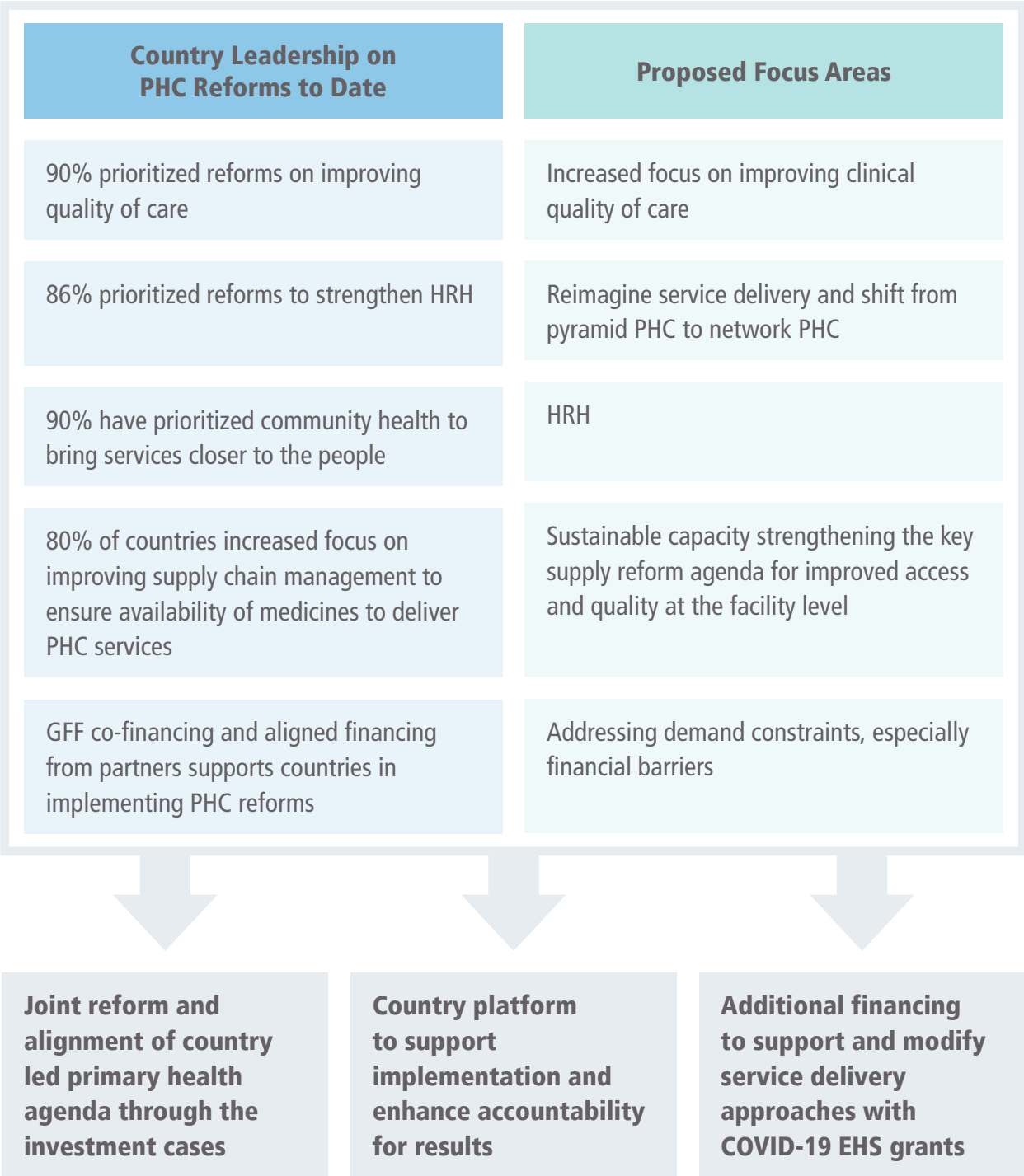




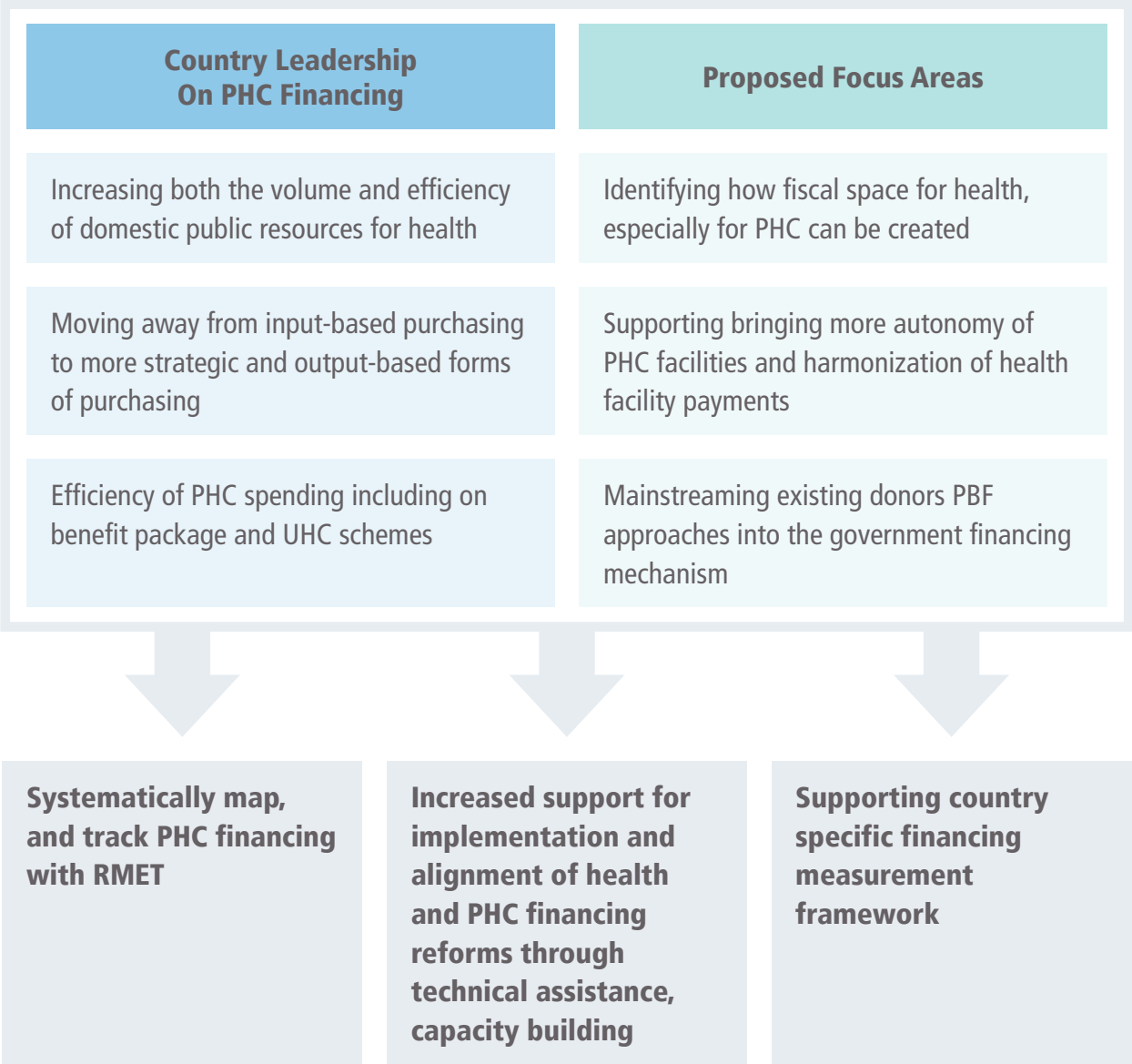
Annex 1

Approach to Country-led
Primary Health Care as an
Integral Part of the GFF Model

1. Supporting high-quality primary health systems and bringing services closer to communities



2. Getting more resources into frontline service delivery platforms



3. Consolidating and strengthening PHC results and monitoring and evaluation (M&E)

Country Leadership on PHC Results	Looking Forward
<p>Country engagement (logic) model includes a strong focus on results measurement and use of data for improved PHC</p>	<p>Refining indicators of investment cases using existing normative guidance and partnerships tools and resources</p>
<p>Theories of change that identify causal pathways from prioritized reforms & inputs to outcomes & impact</p>	<p>Mainstreaming and institutionalizing the COVID-19 monitoring of EHS work in support of a broader systems strengthening agenda with a focus on PHC</p>
<p>Linking the results frameworks to the overall theory of change in the country's IC to:</p> <ul style="list-style-type: none"> • Course correct where needed • Enable learning on reforms prioritized for strengthening health financing and service delivery models 	<p>Enhancing partnerships with PHCPI deployed for monitoring essential health service delivery for higher frequency updates of the vital signs profile</p>
<p>Data portal to help share data across countries</p>	<p>Updated data portal with deep dives on key topics, including an interactive platform with disaggregated data and downloadable briefs with PHC focused data</p>

4. Leveraging the GFF partnership advocacy and alignment for more spending and better quality PHC

The GFF Approach

The GFF partnership also prioritizes participation in, and strengthening of, communities of practice on global health and joint advocacy, in order to maximize knowledge-sharing, best practices.

This is also essential to facilitate alignment and more effective and efficient policies and investment on a Global PHC agenda guided by countries needs priorities.

Looking Forward

Acknowledging the importance of more effective global coordination and alignment- and how communities of practice can empower health experts and actors- the GFF has been heavily engaged in the design and implementation of key global health collaborative initiatives, which provide space for stronger collaboration, knowledge sharing, and innovation, in pursuit of a strengthened and aligned PHC agenda, such as:

- Joint Learning Agenda (JLA) on Health Financing and Universal Health Coverage
- Joint Learning Agenda (JLA) and
- P4H Alignment Community of Practice

