

GFF Strategy Refresh paper [Note: Final Paper to include 2-page Executive Summary]

The Role and Value-Add of the GFF in the Global Health Landscape

1. The Global Financing Facility (GFF) embodies the world’s commitment to ensuring that all women, children, and adolescents have the opportunity to survive and thrive. The GFF¹ was launched in 2015 at the Financing for Development conference in Addis Ababa with the goals of ending preventable maternal, newborn, child and adolescent deaths and improving the health and quality of life for all women, children, and adolescents by 2030. The GFF is squarely focused on prioritizing and scaling up evidence-driven investments to improve reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) in the world’s most vulnerable countries through targeted strengthening of primary health care systems – to save lives and as a critical first step toward accelerating progress on Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

2. The GFF has pioneered a country-driven, collaborative model for global health linked to sustainable financing and results. The GFF’s core strength and unique role in the global health architecture is its country-led, collaborative and multi-sectoral approach, which brings together a diverse array of international and national partners – from bilateral and multilateral funders, global health institutions (such as Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria) and UN technical agencies (such as WHO, UNICEF and the UN Population Fund) to civil society organizations (CSOs), private sector businesses and foundations – in support of government plans to improve health outcomes for women, children, and adolescents. From the start, the GFF has promoted and incentivized shifts away from a fragmented approach to official development assistance (ODA) toward greater alignment and integration of global partners around country priorities. Building on previous international efforts to improve development effectiveness, the GFF combines catalytic financing and technical assistance to convene partners in country-led platforms and help partner countries maximize the use of domestic financing and external support in synergistic ways to achieve better, more sustainable health results.

3. The GFF’s systems-oriented approach to improving health outcomes for women, children and adolescents complements the disease-specific and health issue-specific focus of other global health partners. The GFF is designed to help governments ramp up provision of a broad scope of quality, affordable primary health services, include family planning, antenatal care, obstetric care, postnatal care, sexual and reproductive health and rights (SRHR) services, and an array of child health and nutrition interventions – all of which require an integrated approach to resolve systemic barriers to effective service delivery. The GFF’s country-led model, with financing provided on-budget, promotes the use of country systems and institutional capacity building to promote more sustainable outcomes. And with its close link to the World Bank (WB) and IDA and IBRD financing, the GFF also can facilitate a broader dialogue on country health system strengthening and domestic financing across multiple sectors.

¹ In this document, the GFF refers to the collective action of the [GFF partnership](#). In those cases when the GFF Secretariat or Trust Fund is used, this refers specifically to the GFF Secretariat and Trust Fund hosted at the World Bank.

4. The GFF is guided by the following 5 principles, which are reflected in the 2030 Agenda and in the Global Action Plan for Sustainable Development Goal 3:

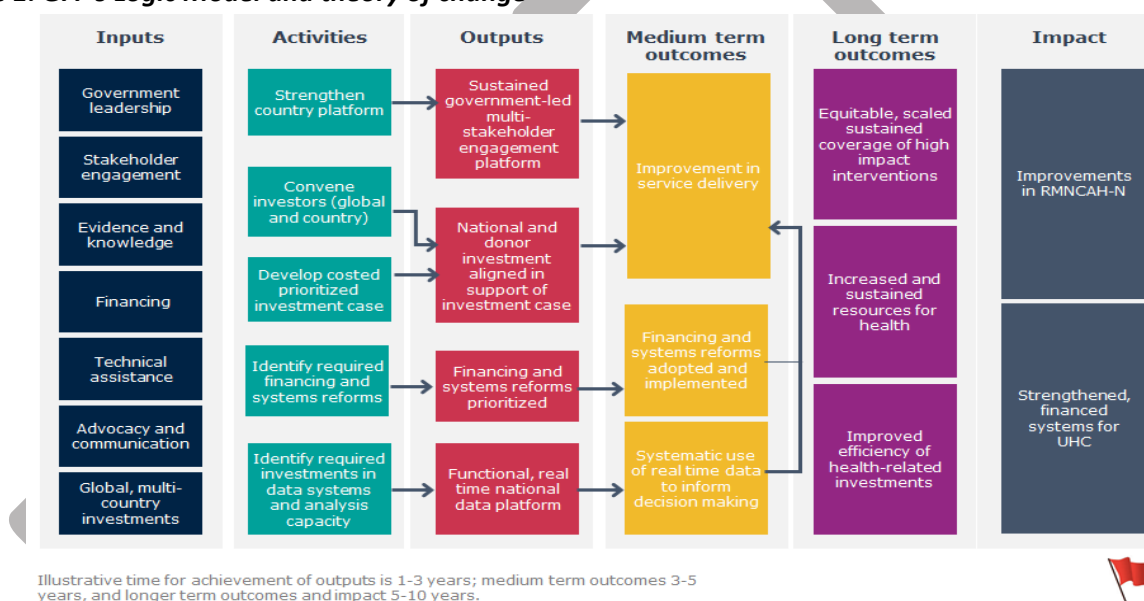
- **Country leadership and ownership:** The GFF country-led process builds and sustains political will to prioritize and increase domestic investments in the health of women, children, and adolescents, and advances the UHC 2030 principles to promote global partner alignment with country priorities, plans and budgets;
- **Equity & Inclusion:** The GFF targets the most disadvantaged and vulnerable populations in terms of socio-economic indicators, gender, and other dimensions of equity, and encourages the voice and participation of those populations in designing and monitoring the investments intended to benefit them;
- **Efficiency:** The GFF prioritizes investments in the highest impact, evidence-based health services and interventions and focuses on helping governments strengthen their capacity for equitable, affordable, quality health service delivery at scale;
- **Results focus:** The GFF promotes policy and financing reforms with the greatest promise to drive transformational change in the health and well-being of women, children, and adolescents using results-based approaches;
- **Complementarity:** Through its partnership approach, the GFF leverages the strengths of existing national and global health institutions, coordination and financing mechanisms, avoiding duplication and maximizing health for the money.

5. The GFF Logic Framework (Figure 1) and theory of change lays out clearly how these principles are put to work to drive sustainable change in each of its partner countries. Based on lessons learned in more than 20 countries, the GFF Logic model identifies the Inputs, Activities, Outputs, Outcomes and Impact of GFF-supported operations and shows how they are causally linked to improvements in medium- and long-term outcomes and financing for reproductive, maternal, newborn, child and adolescent health and nutrition. At its core is ***the development and implementation of a government-led and costed national Investment Case*** that lays out the pathway to scaling up universal access to a basic package of RNMAH-N services along with critical health financing and system reforms to accelerate progress toward UHC. The GFF supports its partner governments to ***align investors behind Investment Case priorities*** through multi-stakeholder country platforms. And by using results-based approaches (such as Disbursement Linked Indicators) and financing through government systems (leveraging WB IDA/IBRD operations), the GFF enables countries to ***improve quality of service delivery*** and ***build national data platforms and expenditure tracking systems*** that drive accountability for results.

6. In its first five years, the GFF has already demonstrated how its collaborative, country-led approach is improving the health of women, children, and adolescents in its partner countries and is helping close health equity gaps. Thanks to the generosity of its donor partners, the GFF was able to rapidly expand nine-fold from just four frontrunner partner countries in 2015 to 36 partner countries in 2019. As of June 2020, the GFF Trust Fund has directly invested about US\$602 million in grants linked to

approximately \$4.7 billion of WB IDA/IBRD financing, and has helped align additional external financing in support of GFF partner country Investment Cases. Prior to the onset of the COVID-19 pandemic, countries where the GFF partnership has been in place the longest have shown significant improvements in access to quality health services for women, children, and adolescents, as well as progress on critical indicators for reducing maternal and child mortality and improving nutrition. Of the 22 GFF partner countries with Investment Cases under implementation for more than one year, 86% were on track to meet their priority outcomes before the pandemic, and SRHR indicators had improved in all countries for which this was prioritized in their Investment Case. GFF partner countries have also seen very positive trends in outcome indicators for mortality of children under age five, child growth and adolescent fertility as well as in indicators for reducing maternal and newborn mortality. Section 2 of this paper lays out these results in more detail.

Figure 1: GFF’s Logic Model and theory of change



7. The COVID-19 pandemic threatens to reverse these recent gains in reproductive, maternal, newborn, child and adolescent health in the poorest countries. Tens of millions of women, children and adolescents are at risk of dying or enduring lifelong health impacts due to significant disruptions in essential health services, putting years of progress at risk. Recent findings from GFF partner countries show that the pandemic has disrupted the ability of health care workers to stay on the job for a number of reasons, including high rates of infection, lack of personal protective equipment, and inability to travel because of lockdown measures. At the same time, lockdowns and increased poverty have prevented fewer families from seeking the care they need. Data from Somalia, Mali and Liberia show up to a 40 percent reduction in April – June 2020 in essential health services such as childhood immunization, antenatal care, and safe childbirth. The GFF has estimated that as many as 26 million women could lose access to contraception in its 36 partner countries, leading to nearly 8 million unintended pregnancies.²

² <https://www.globalfinancingfacility.org/are-we-ready-mitigate-impacts-covid-19-family-planning-and-contraceptives>

Along with these secondary health impacts of the pandemic, the protracted economic shocks, fractured supply chains, extended disruptions in schooling, and increases in gender-based violence pose a serious threat for women girls in economic empowerment, voice and agency.

8. This is unacceptable. Now is the time for the global community to double down on its commitment to ensure that all women, adolescents and children can access the quality, affordable health care they need to survive and thrive – and the GFF is uniquely positioned to lead the charge. After five years of experience, the GFF has learned and evolved in response to what works and what doesn't to drive the transformational change that is needed now more than ever, as domestic and international resources for health are likely to be highly constrained for the foreseeable future. As the global health landscape and architecture has evolved in recent years, the GFF remains the entity with a laser focus on accelerating progress on reproductive, maternal, neonatal, child and adolescent health and nutrition outcomes in the world's poorest countries and among the most vulnerable populations within these countries. With its holistic and integrated health system approach, catalytic funding model, its ability to link flexible grant financing directly to World Bank IDA/IBRD resources, and to convene and align funding and technical assistance from partners around country priorities, the GFF is well-positioned to help dismantle acute and chronic bottlenecks in the primary health care system and ensure that essential health services, including sexual and reproductive health and rights, antenatal care, obstetric care, newborn and child health and nutrition interventions receive the priority they deserve both during the pandemic and once countries recover and advance on their path to UHC.

9. The GFF enables global health partners to achieve more by working better together and by empowering countries to lead. Country investments by international donors including the WB, Gavi, the Global Fund, bilateral donors and philanthropic foundations are more likely to be sustainable when these partners align behind government priorities and focus their combined efforts and resources on a few critical reforms. The technical leadership and normative guidance from WHO and other United Nations partner agencies will have more impact when they are clearly linked to major financing efforts at country level. For CSOs, the GFF-supported country platforms provide the opportunity to ensure community voices and perspectives inform policy and funding decisions, and to strengthen accountability for results. The GFF also helps unleash the power and innovation of the private sector by creating space for government to engage with private sector providers to design more effective purchasing and contracting arrangements. Moreover, the GFF provides an effective platform for realizing the goals of the SDG 3 Global Action Plan and UHC 2030 by translating global goals and aspirations to the national and local level. The GFF responds to lower-income countries' long-lasting call for global partners to align once and for all behind their national health plans and priorities – fostering a permanent shift in the global health and development paradigm.

What the GFF has achieved in its first 5 years

10. The GFF Logic Model – which provides the basis for centralized data collection and results reporting – shows that GFF-supported investments and activities have contributed to the achievement of better health indicators for women and newborns over time. SRHR indicators improved in all GFF

partner countries which prioritized these indicators in their Investment Case; for example, Afghanistan improved couple years protection³ by nearly 60% over two years; and Uganda by 44% from 2016 to 2019. Indicators for reducing maternal and newborn deaths, including the use of skilled birth attendants, facility-based births and ante-natal care, improved in all but one of the GFF partner countries that reports on these indicators; for example, in Liberia, the percentage of facility-based deliveries increased from 56% in 2016 to 80% in 2019. Similarly, all but one of the GFF partner countries that report on ante-natal care indicators showed improvements; for example, Tanzania nearly doubled its coverage of four antenatal care (ANC4) visits from 42% in 2016 to 80% in 2019. For those countries that reported post-natal care in 2019, all but one also showed improvements; for example, in Afghanistan, the number of women attending post-natal care with 24 hours increased by 37% between 2017 and 2019.

11. Child nutrition indicators and immunization coverage have also improved considerably in GFF-supported countries over the past five years. Of the 10 GFF partner countries that report on nutrition indicators, all but two showed marked improvements. For example, Ethiopia showed an improvement in growth monitoring from 38% in 2016 to 54% in 2019; while in Indonesia, the percentage of households with access to improved drinking water increased from 74% in 2017 to 89% in 2019. All partner countries reporting data on immunization showed improvements (except for Uganda, which had already reported higher than 90% pentavalent 3 vaccination coverage from 2016 onward). In the northeastern states of Nigeria, where GFF has focused its efforts, there was an average improvement from 28% of children receiving pentavalent 3 vaccine in 2016 to 49% in 2019.

12. Nearly two-thirds of GFF partner countries are instituting budget and financial reforms designed to improve efficiency in health expenditures and direct more resources to frontline health care providers. Several countries such as DRC, Nigeria and Tanzania have done this by creating, extending, or reforming performance-based financing (PBF) schemes that have led to increases in service coverage and improved quality of care. Countries such as Cameroon and Madagascar have changed the rules that govern the flow of funds that finance frontline providers, increasing the decentralization of resource management, and in some cases giving frontline providers autonomy to manage funds. Other countries such as Bangladesh, Ethiopia and Mozambique have successfully introduced reforms to move more resources to primary care; for example Bangladesh created 2500 new midwives' postings while Mozambique increased the number of technical level staff at Primary Health Care level by 3,300 in one year from 2017 to 2018, and Ethiopia was able to increase the volume of on-budget external resources flowing to the regions.

13. Before COVID-19, there had also been promising results in prioritizing and increasing domestic resource mobilization for women's, children's, and adolescent's health in several GFF partner countries. Eight GFF partner countries with the necessary fiscal space have prioritized this area of engagement with GFF support, which includes advocacy, evidence generation, capacity building and the use of financial incentives to protect and/or increase national health budgets. In Mozambique, for example, the

³ Couple years of protection (CYPs) is a measure that estimates the protection from pregnancy provided by contraceptive methods during a one-year period.

Government protected the national health budget during the fiscal crisis in 2017 and subsequently increased it in 2018. In Kenya, at the subnational level, the percentage of counties that allocated at least 30% of their resources to health increased from 26% in 2016 to 40% in 2018. In Cote d'Ivoire, the Government committed to increase the share of resources allocated to health to achieve a share of 12% by the end of the investment case, and the 2020 approved budget for health, includes a 16% increase over the previous year. In DRC, where the GFF has supported evidence generation, technical assistance, capacity building and better public financial management, the share of government resources allocated to health increased from 6.9% in 2016 to 10% in 2019.

14. GFF support has also enabled partner countries to identify and implement data collection and system reforms that benefit the health of women, children and adolescents. For example, Ethiopia has shown an increase in data completeness and timeliness of its national health information system (HMIS) from 68% in 2016 to 84% in 2018 (SARA 2018); while Kenya reported an increase in both completeness and timeliness of HMIS data from 84% in 2016 to 94% in 2019. A total of 13 GFF partner countries have allocated financing for strengthening their Civil Registration and Vital Statistics (CRVS) systems, resulting in improvements such as decentralization of civil registration services, standardization of registration tools and processes and increased number of official trained. The GFF has also enabled marked improvements in the supply chain in Uganda and Tanzania, with increases in availability of 10 tracer medicines from 60% in 2016 in Tanzania to 96% in 2019.

15. In countries where the GFF has been engaged long enough to affect such changes, there are positive trends in outcome indicators for under-five mortality, child growth and adolescent fertility.⁴ Indeed, all 8 partner countries⁵ with effective GFF operations for more than three years show progress against indicators including under-5 mortality, child growth, institutional delivery coverage, adolescent fertility, and family planning coverage. There were also moderate improvements on reducing the prevalence of child stunting and wasting. Maternal mortality appears to be falling in most countries, although a lack of recent data in a number of countries including DRC, Ethiopia, Kenya, Tanzania, Cameroon and Uganda and the absence of quality death registration systems remains a key barrier to effective reporting. At the same time, recent progress in reducing neonatal mortality and increasing immunization coverage appears to be stalling.

16. These results point to the urgency for the GFF to supercharge progress on health for women, children, and adolescents over the next five years. Prior to the COVID-19 pandemic, the results from GFF-supported countries demonstrated that the GFF catalytic model is working and that most countries were moving in the right direction – albeit not fast enough to reach the 2030 targets. Now in the face of the significant disruptions to supply and demand of essential health services and global economic fallout due to COVID-19, it is imperative that both domestic and global financing for reproductive, maternal,

⁴ As per the Logic Model, the GFF only expects partner countries to start to improve outcome data after 3 years of investment case implementation, as impact indicators take longer time to change.

⁵ Four of the eight countries are located in eastern Africa (Ethiopia, Kenya, Tanzania, Uganda), three in West & Central Africa (Cameroon, DR Congo, Nigeria) and Bangladesh.

newborn, child and adolescent health be increased and used as efficiently as possible to protect recent gains and accelerate progress.

Protecting and Accelerating Gains for Women, Children and Adolescents: The Next Phase of the GFF

17. This GFF strategy refresh, underpinned by extensive diagnostics work, sets out the strategic directions for the GFF for the next five years. The refresh was commissioned by the GFF Trust Fund Committee⁶ and spearheaded by the GFF Secretariat, under the guidance of a Core Group⁷ of GFF Investors Group members. A consulting firm, HSDF, supported the GFF Secretariat with diagnostics work including more than 100 stakeholder interviews conducted in Q1 2020, three country case studies (DRC, Ghana, Mozambique), and a desk review of more than 300 documents. The diagnostic work highlights several areas where the GFF partnership can expand and deepen its impact going forward. An [Issues Paper](#) presented to the GFF Investors Group and Trust Fund Committee in April 2020⁸ provided a detailed summary of this analysis and laid out several priority areas for the GFF over the next five years. The Issues paper highlighted six cross-cutting priority areas for attention and strengthening:

- **Communications:** The need to articulate and communicate GFF’s value proposition and theory of change including implication of COVID-19 pandemic.
- **Country leadership:** The need to enhance GFF support to partner countries, particularly in Investment Case implementation;
- **Accountability:** The need to ascertain clearer roles and accountability structures that apply to all GFF partners in the Investment Case development and implementation.
- **Health financing:** The need for clearer communication and greater realism around GFF’s contributions to domestic resource mobilization, including roadmaps in each GFF supported country;
- **Results agenda:** The need to be more explicit about what the GFF partnership can be expected to deliver in terms of results, by when, and to/for whom.
- **Fit-for-purpose:** The need to clarify roles, mutual expectations, and accountability in the context of a renewed partnership agreement with the WB.

Based on the feedback received on the Issues Paper, between May – July 2020 the GFF Secretariat held a series of intensive review workshops to go deeper into understanding these cross-cutting areas, which in turn helped formulate a set of **five strategic directions** for future action.

⁶ The main objectives of the GFF strategy refresh were to: Reflect on recent changes in the global landscape and their impact on the positioning, scope, scale of the GFF Partnership and Trust Fund; Review the GFF model, focusing on country implementation experience to date; Take stock of the global partner engagement of the GFF in relation to its objectives; and Lay the groundwork for future resource mobilization for the GFF Trust Fund and to inform the GFF mid-term review.

⁷ The GFF Secretariat is grateful for the time, counsel and inputs from the members of the Strategy Refresh Core Group, including the Honorable Minister of Health from the Central African Republic and senior representatives from Bill and Melinda Gates Foundation, Canada, Civil Society, the European Commission, Gavi, PMNCH, Norway, UNICEF, and the United Kingdom.

⁸ Global Financing Facility (2020). “GFF Strategy Refresh Issues Paper”. Tenth Investors Group meeting, April 20, 2020. Washington DC. Global Financing Facility.

18. Over the next 5 years, GFF will build on its successful business model, instruments and results to protect and promote essential reproductive, maternal, neonatal, child, adolescent health and nutrition services and accelerate progress toward ensuring all women, children and adolescents can access the quality, affordable health care they need to survive and thrive. To prevent backsliding in health outcomes due to COVID-19 and help ensure that partner countries are well on track on their results indicators, for the first 24 months (2021-2022) the GFF will focus on doubling down and intensifying its financial and technical support to its existing 36 partner countries. Having met those criteria - and provided there are sufficient resources in the GFF Trust Fund - in 2023 the GFF will begin to implement its previously agreed plan to expand financing and technical assistance up to a total of 50 partner countries, in response to strong demand from additional countries with persistently high burdens of maternal and child mortality.

The five strategic directions for next phase of the GFF (2021-2025) are as follows:

Strategic Direction 1: Bolster country leadership and partner alignment behind prioritized investments in health for women, children, and adolescents

Strategic Direction 2: Prioritize efforts to advance equity, voice, and gender equality

Strategic Direction 3: Protect and promote high-quality essential health services by reimagining service delivery

Strategic Direction 4: Build more resilient, equitable, and sustainable health financing systems

Strategic Direction 5: Sustain a relentless focus on results

Strategic Direction 1: Bolster country leadership and partner alignment behind prioritized investments in health for women, children, and adolescents

19. The results data shows that the fundamentals of the GFF logic model are sound and are delivering impact, so the GFF will intensify and scale up its country-led approach. The GFF will continue to support governments in the development and implementation of their prioritized, evidence-based and costed national Investment Cases for reproductive, maternal, newborn, child and adolescent health and nutrition. Prioritized high quality Investment Cases are critical to drive alignment of partners behind national priorities, and with national planning and budget processes over time. This will include continuing to expand and improve investments in country results monitoring systems and in resource mapping and expenditure tracking (RMET) that will aid in holding governments and all GFF partners accountable to deliver on their commitments.

20. The GFF will step up capacity building support for national leaders to drive transformational change. A key lesson from the first five years of GFF implementation is that national leadership is at the core of the GFF's collaborative model, in which international partners are enablers rather than doers.

Strong country leadership is also one of the most essential factors in driving effective alignment of international partners. National institutions and leaders have the challenging task of leading highly complex reform processes in the face of prevailing power structures, a daunting task for even the most talented leaders. In the next five years, the GFF will fully implement a new leadership development program for national leaders, including at the sub-national level, to learn from one another and drive transformational change. The target group for the program will vary depending on country context but will focus on leaders that demonstrate their commitment to drive sustainable results in reproductive, maternal, newborn, child and adolescent health. This evolution in the GFF's Knowledge and Learning work will embody a competence-based approach, focused on the combination of *knowledge*, *skills* and *attitudes* necessary to drive systemic change in areas such as health financing, gender, and service delivery innovations. As part of its commitment to expanding gender equality, the GFF will prioritize nurturing women leaders in its partner countries.

21. The GFF will also intensify management support to partner countries to effectively lead their multi-stakeholder engagement platforms. This will include helping governments build and strengthen effective delivery units, data analysis teams for results monitoring, where needed, that can foster better implementation and monitoring of their Investment Case, while building sustainable institutions. These country-led platforms provide a critical foundation for shared accountability for results, by for improving partner alignment around country priorities and monitoring the same. In some countries, the GFF will explore operational support partnerships with organizations that can assist governments on coordination tasks such as meeting preparation, drafting minutes, managing electronic information platforms and set a glidepath for governments to take over these functions as their capacity grows. Where feasible, the GFF will also support countries to link up “vertical” coordination platforms with the overall country health coordination platform to remove silos and promote more cohesive policy dialogue. The GFF will conduct yearly country platform assessments to monitor progress on improving alignment and engagement of all partners, including civil society, to identify and target areas requiring more intensive support.

22. The GFF will work to increase the diversity, equity and inclusion of its country platforms. In the next five years, the GFF will expand and deepen efforts to amplify the voice of marginalized populations by facilitating greater and more diverse participation of CSOs and representatives of affected communities in all aspects of its work. Civic space remains constrained in many partner countries, and the GFF process provides an important platform and catalyst for civil society to be heard by, and foster collaboration with, government. A key lesson from the first five years of the GFF is that local CSOs often require financial and/or technical support to participate effectively in the country platform, while also being careful to maintain their autonomy. In tandem with the GFF strategy refresh process, a GFF-CSO Task Force is conducting a review of these and other lessons and is currently updating the GFF Civil Society Engagement Strategy, which will operationalize the work with CSOs in the next five years; it will present a set of recommendations for greater investment in GFF-CSO engagement to the GFF Trust Fund Committee in October 2020. Going forward, all GFF partners must join forces with partner governments to ensure that lack of financing is not a barrier to meaningful engagement of CSOs and communities in the country-led process.

23. The GFF will accelerate implementation support to partner countries and strengthen country accountability for results. Fully realizing investment case priorities depends on all GFF partners at country level to step up their support to countries in a coordinated way. To pave the way, the GFF will make a percentage of its future country grant financing conditional on including Investment Case implementation support, and will seek to develop more flexible arrangements with the WB to enable the GFF Trust Fund to provide implementation support at scale. The Country Platforms will serve as the go-to place for governments to identify which partners are best placed to respond to their technical assistance needs. Special attention will be placed on bringing a stronger gender lens to implementation support. The GFF will also introduce several ways to increase accountability for results in GFF partner countries, including:

- **adopting medium-term technical assistance frameworks to implementation of investment cases** that map out country needs and identify gaps, as part of the IC development and mid-term review processes, focused on building long-term institutional capacity of government to execute the priorities identified in the IC;
- **facilitating the signing of agreements by all country platform members** to increase transparency on how each partner’s activities in a given country will contribute to IC implementation, along with financial data for resource mapping and tracking, to clarify what each partner can be expected deliver against which IC priorities, and what requires leadership and action from other partners;
- **piloting country implementation support units or other joint implementation approaches** - this will build on the growing collaboration by the GFF, Gavi, Global Fund, WHO and the World Bank through the Sustainable Financing Accelerator of the SDG 3 Global Action Plan, to provide joint support to countries in areas such as public financial management and procurement audits; and
- **improving communications around common vision and progress** – a clear message from the diagnostic exercise is the need to increase and maintain regular communications across all GFF partners at country level through the entire process of Investment Case development and implementation.

24. The GFF will also provide financial incentives and design new metrics to improve alignment of global partners with country priorities and plans. Future GFF country engagement will ensure that the necessary investments in performance monitoring, data use, and the strengthening of the country platforms is properly financed. The GFF will also offer higher grants in the second and third rounds of GFF financing to countries that demonstrate progress in increasing the amount of financing behind their Investment Case priorities and in aligning implementation efforts. In addition, the GFF will create new metrics to assess country leadership and ownership. GFF proposes to come up with a composite measure to capture these critical aspects of the GFF model. In the next five years, this metric will be measured and reported on across countries, to track performance over time in advancing national leadership and ownership.

25. Consistent with its country-led approach, the GFF will provide partner countries with a range of tools to foster partner alignment and hold partners accountable. The GFF will continue to work with existing instruments to drive alignment of partners including strengthening existing multi-stakeholder country platforms, support the develop and implement high quality and prioritized country investment cases, and finance resource mapping and expenditure tracking. In the next five years, new efforts will be made to improve alignment including by intensifying technical assistance to improved Investment Case implementation, and introducing higher grant amounts to partner countries that make partner alignment a priority and achieve results in this area. Efforts will also be made to create objective measurements of alignment through country platform assessment, RMET and the new composite measurement of country ownership. All instruments and efforts mentioned above will follow the principle of complementarity and build on existing structures rather than creating new or parallel ones. By driving partner alignment at the country level, the GFF can help realize the vision of the SDG3 Global Action Plan.

Strategic Direction 2: Prioritize efforts to advance equity, voice, and gender equality

26. Reducing inequality in access to affordable, quality essential health services for women, children, and adolescents is paramount for the GFF – and is more urgent than ever. Even before the COVID-19 pandemic, the 2019 UHC Monitoring Report revealed that world’s gains in coverage of essential health services had come at a major cost for individuals and families, as catastrophic health expenditure had been increasing globally from 2000 to 2015.⁹ Now with the pandemic and the deepest global recession in decades, and with impacts particularly severe on women (due to their outsized participation in economic sectors that are more affected by the pandemic), the current situation threatens to push many millions of people into poverty.¹⁰ To address this crisis, the GFF will step up its support to partner countries to protect the poorest and most marginalized populations to ensure no one is left behind – the goal of UHC2030.

27. The GFF will sharpen its focus to drive more equitable health expenditures that prioritize affordable access to the most vulnerable populations. The Investment Case will continue to be a critical tool for driving equity, by ensuring that countries examine drivers of inequity and prioritize and implement health policies that are pro-poor. Moving forward, the GFF will support countries to be more precise in their targeting strategies to reach the poorest women, adolescents and children, as well as vulnerable and marginalized populations such as rural populations, refugees or those living in areas with active conflicts. With enhanced and consistent resource mapping and expenditure tracking data,

⁹ Primary health care on the road to universal health coverage: 2019 monitoring report: executive summary. Geneva, Switzerland: World Health Organization; 2019(WHO/HIS/HGF/19.1). License: CC BY-NC-SA 3.0 IGO.

¹⁰ World Bank Group. 2020. *Global Economic Prospects, June 2020*. Washington, DC: World Bank. DOI. 10.1596/978-1-4648-1553-9. License: Creative Commons Attribution CC BY 3.0 IGO.

the GFF will be better equipped to bring hidden inequities to light and advocate for more equitable resource allocations in partner countries.¹¹

- 28. As financial barriers to accessing health services are expected to increase over the next several years, the GFF will place special attention on mobilizing demand for services in the most vulnerable populations.** To date, GFF has primarily co-financed operations in the health sector that are oriented toward the supply-side of service delivery. Over the next five years, GFF must be increasingly focused on stimulating the demand for women’s, children’s, and adolescents’ health services with strong focus on user preferences and voices. In addition, the GFF will increase the use of catalytic funding to shape WB IDA/IBRD operations outside of the health sector, particularly in operations on education and social protection and human capital, with the objective to unlock the demand for services. Examples of such opportunities may include providing cash transfers to poor women that are conditional on their seeking ante-natal care or child vaccinations; incentivizing families to keep adolescent girls in school as a way to reduce early marriage; or providing sexual and reproductive health education and family planning services to adolescents. The GFF will also integrate its efforts more systematically into WB development policy operations designed to address persistent health inequities, such as legal reforms that facilitate easier access to SRHR services for women and girls.
- 29. The GFF will increase and strengthen its explicit focus on advancing gender equality as a pathway to accelerate results that brings healthier lives for women, children, and adolescents.** Advancing gender equality is fundamental to achieving sustainable results in reproductive, maternal, newborn, child, and adolescent health and nutrition. Gender equity is also a key determinant of health and wellbeing, and makes a fundamental difference in who is at risk for disease, who can access the services they need, and whose lives are impacted (socially, economically, etc.) and to what extent. A growing body of evidence shows that advancing gender equality helps catalyze change and improve health outcomes by addressing the underlying structural barriers to health.^{12,13,14}
- 30. Gender equality will become a guiding principle of the GFF.** To put gender equality at the heart of the GFF approach and underlying its importance for all pillars in the new strategy, gender equality will be added to the guiding principles of the GFF partnership. **In September 2020, the GFF Partnership**

¹¹ For instance, in DRC, subnational data were presented to the governors of each province. One governor of a province that had relatively low funding available per capita given very high rates of child mortality, was, through this data, able to make a case for additional funding towards the province.

¹² Levy, JK, Darmstadt, GL, Ashby, C, Quandt, M, Halsey, E, Nagar, A, and Greene, ME. 2019. “[Programmes targeting gender inequality and restrictive gender norms for the health and well-being of children, adolescents, and youth: A systematic review.](#)” *Lancet Global Health* December: e225-e236.

¹³ Malhotra, A, Amin, A, & Nanda, P. 2019. “Catalyzing gender norm change for adolescent sexual and reproductive health: Investing in interventions for structural change.” *Journal of Adolescent Health* 64(4): S13-S15.

¹⁴ Black et al 2016.

is issuing a new Roadmap for Advancing Gender Equality¹⁵ identifies six areas for action over the next five years:

- **Action 1: Prioritize analytical and technical support demonstrating the relationship between gender inequality and poor health outcomes, and gender equality and improvements in health and wellbeing.** The GFF will focus on highlighting evidence on how gender equality is linked to the women’s, children’s, and adolescent health agenda in its support for the development of first- and second-round investment cases.
- **Action 2: Increase country investments in gender-responsive monitoring and data systems.** As GFF continues to invest in CRVS and health management information systems (Strategic Direction 5), the GFF will increase efforts to ensure that these systems are gender responsive.
- **Action 3: Lay the foundations for gender-transformative reforms to remove barriers to the integration of SRHR and gender equality into UHC policies and programs.** More attention will be placed in bringing a gender lens to implementation support, design of policy reforms such as health insurance schemes, service package design, workforce reforms, but also legal reforms to facilitate access to SRHR interventions for women and girls and address harmful norms.
- **Action 4: Intensify engagement with local women’s organizations, youth groups and other national gender equality actors to inform and support GFF country platforms.** By strengthening country platforms (Strategic Direction 1), the GFF partnership will expand women’s roles in national health sector decision-making and increase community and youth-led accountability for health service delivery and quality of care.
- **Action 5: Create a supportive environment to empower women and girls as leaders in the GFF process at country and global levels.** Globally, women make up 70% of health and social workers¹⁶, but 70 percent of leadership in health is male.¹⁷ There is a clear, causal link between including women at the decision-making table and the enactment of budget, policy priorities that address the health needs of women, girls, and marginalized groups. The GFF will use its country platforms to help ensure that women’s voices play a more prominent role in policy setting, program design and delivery in partner countries. The new GFF leadership development program (Strategic Direction 1) will support female leaders as change agents in health ministries, human development sectors and other health leadership positions. Together these steps will help

¹⁵ Global Financing Facility. 2020. *“Improving health outcomes from women, children and adolescents by advancing gender equality: a roadmap for the GFF.”* Paper for Tenth Investors Group Meeting, April 20, 2020. Washington DC. Global Financing Facility.

¹⁶ World Health Organization. 2019. *Breaking Barriers. Towards more gender-responsive and equitable health systems.* Geneva, Switzerland.

¹⁷ Global Health 50/50. 2019. *The Global Health 50/50 Report 2020: Power, Privilege, and Priorities.* London, UK: GH5050

promote gender-sensitive policy analysis and reforms that prioritize the needs of women, girls, and marginalized groups.

- **Action 6: Strengthen country-level engagement on gender issues beyond the health sector.** By using catalytic funding to leverage operations outside the health sector, the GFF will expand its engagement with other sector ministries and stakeholders, to change social and gender determinants.

Strategic Direction 3: Protect and promote high-quality essential health services by reimagining service delivery

31. The COVID-19 pandemic is an unprecedented opportunity for countries to leapfrog their health systems through digital service delivery redesign and innovation – both to protect essential health services now and to accelerate progress toward better health outcomes in the future. In response to the COVID-19 pandemic, GFF has supported 20 countries through its Service Delivery Learning Platform to operationalize the necessary immediate changes in service delivery to mitigate the disruption in essential services caused by the response to the pandemic. In the next phase, the GFF will expand and mainstream this work in all 36 partner countries, with a focus on strengthening community-based services, developing effective strategies to improve access and quality, and improving service delivery management. In early 2020, the GFF launched its first *Innovation to Scale* challenge with an initial \$25 million USD for five countries to scale up digital innovations linked to their IC priorities, and the GFF is now working to integrate these innovations into larger World Bank-financed country operations. Development of a GFF Innovation Strategy is underway to identify the most effective pathways to scale innovations in a transformational manner across the 36 countries. Over the next five years, the GFF will work collaboratively with the WB to develop and finance innovations in all aspects of service delivery and will invest in implementation research to evaluate new approaches.

32. The GFF will increase its support to governments to partner with the private sector at scale to provide quality service delivery. Engaging the private sector is essential for realizing the aspirations of the GFF's partnership, both in terms of rapidly increasing service coverage and improving quality of care. The GFF has pioneered work in this area and demand from ministries of health in partner countries for GFF support is high and growing. This support includes government contracting of non-state actors at national scale (both for profit and non-for profit) to delivery community-based services, and for strengthening government capacity to shape, regulate and enforce health markets to deliver on public interest outcomes. To date, the GFF has invested in several stand-alone, proof-of-concept initiatives, focused on specific populations. Going forward, the GFF will pivot away from these smaller investments and instead will focus on supporting private sector partnerships which offer the most potential to scale nationwide delivery of affordable, quality health services that deliver on public health objectives. This work will be anchored in the overall health financing and service delivery reform dialogue at country level.

- 33. In partnership with the International Finance Corporation (IFC), the GFF will also promote investments in private health providers that commit to reach underserved women, children, and adolescents.** In 2020, the GFF launched a blended finance partnership with the IFC, in which GFF grant funds are playing a “de-risking” role to enable IFC and private investors to direct their investments to reaching women, children, and adolescents in underserved areas. This partnership offers an exciting opportunity to better align private investment to countries’ Investment Case priorities, which has become even more critical as the COVID-19 pandemic exposes the dangers of dependency on global supply chains. To help countries diversify and improve sustainability, the GFF will use this new instrument to make targeted investments in local and regional producers of health commodities for women and children. This will include advisory support to help small and medium private health providers be sustainable and provide higher quality care at the primary and secondary levels. Demonstrated equity and efficiency gains and effective risk mitigation measures will be key factors in any GFF investments.
- 34. The GFF will intensify its support for improving the quality of health services and improve the user experience.** Recent research shows that 9 million lives are lost each year in low- and middle-income countries due to lack of good quality care, so simply expanding access to care is not enough.¹⁸ This is also an equity issue, as recent data show that poorer women receive significantly poorer quality care.¹⁹ While improving quality of care is already an important aspect of GFF support to partner countries, these studies highlight the importance for the GFF to sharpen its focus on quality of care at all levels. The GFF will elevate the importance of quality of care (QofC) in the policy dialogue with partner countries during Investment Case development and implementation, providing additional technical assistance to countries to develop QofC approaches, measure progress in this area and support cross-country knowledge sharing. To amplify the voice and experience of women, children, and adolescents in vulnerable and marginalized communities, the GFF will support regular national representative phone surveys that capture the user-experience of reproductive, maternal, neonatal, child, adolescent health and nutrition services. These data sources will be a valuable tool for all GFF partners in their work to improve quality of services, to explore demand-side barriers to access of services and user-centered service delivery models that better reaches GFF’s target groups and engages the community. In this area, CSOs and youth organizations can play a critical role in monitoring quality of services and linking with communities and vulnerable groups. The GFF will also continue to expand and deepen its support to help countries strengthen their CRVS systems to ensure that pregnancies, births, and causes of deaths are counted and used to detect system constraints to quality of care.

¹⁸ Kruk ME, and Pate, M. The Lancet Global Health Commission on High Quality Health Systems 1 year on: progress on a global imperative. *Lancet Glob Health* 2020;8:1: e30–32.

¹⁹ World Bank and GFF (2020). ‘Results-Based Financing, Decentralized Facility Financing, and the Quality of Care’ [insert proper reference]

Strategic Direction 4: Build more resilient, equitable, and sustainable health financing systems

- 35. With the pandemic-induced global recession limiting prospects for domestic resource mobilization for the foreseeable future, the GFF will prioritize greater efficiency in national health expenditures in GFF partner countries.** The WB has forecasted a 5.2 percent contraction in global GDP in 2020—the deepest global recession in decades.²⁰ Per capita incomes in most partner countries will shrink. This points to the urgent need for policy actions to cushion the consequences of the pandemic, protect vulnerable populations, and support more resilient health systems for the future. The macro-fiscal consequences of the current crisis will limit the medium-term potential for domestic resource mobilization for health and make it imperative to increase efficiency and reduce waste of existing health sector resources. Instituting regular use of resource mapping and expenditure tracking will help GFF partner countries increase accountability and promote more efficient and equitable use of funding in the health sector, and this data will also help to increase transparency in spending and guard against de-prioritization of essential RNMCAH-N services, particularly SRHR, during the COVID-19 pandemic. It may also help unlock National Health Accounts (NHA) data more quickly in the future.
- 36. The GFF will also step up joint advocacy for protecting domestic resources for health and develop strategies for partner countries to mobilize more resources as their macro-fiscal situation allows.** In the long run, improved efficiency will also lay the groundwork for effective negotiations between the Ministries of Health and Finance for domestic resource mobilization as countries recover from the crisis. While the challenging macro-economic situation in the immediate future requires plans and targets to be revised, it is important for countries to begin planning now to ‘build back better’ and ensure the health sector is adequately prioritized in domestic budgets when economic growth begins to recover from the pandemic-related shocks. GFF partners, including civil society, and governments must come together to seize this moment and advocate to protect and promote allocations for quality primary health care systems that will improve pandemic preparedness *and* health outcomes for women, children and adolescents. Raising more domestic resources will not be possible for all partner countries, and for those where it will be, the pathways will look different. The GFF’s specific role is to work with partner countries to identify the optimal pathway and – together with partners – identify the necessary instruments and tools to support its implementation. The GFF’s catalytic financing will be targeted at accelerating and incentivizing progress on implementing reforms, pivoting WB expertise towards the domestic financing agenda for the health sector, contracting implementation support for health financing reforms at scale and ramping up civil society engagement and advocacy for bold reform initiatives.
- 37. The GFF will expand its support for countries to “hardwire” health investment priorities to expenditure allocations.** The Investment Case is the main tool in the GFF toolbox to improve allocative and technical efficiency of health expenditures as well as equity. In partnership with WHO,

²⁰ World Bank Group. 2020. *Global Economic Prospects, June 2020*. Washington, DC: World Bank. DOI: 10.1596/978-1-4648-1553-9. License: Creative Commons Attribution CC BY 3.0 IGO.

UNICEF, UNFPA and other technical and normative agencies and the International Decision Support Initiative (IDSI), the GFF will expand its work in the area of prioritization and provide practical support tools (such as ‘best-buy’ options list for women’s children and adolescent health services) to partner countries. The Investment Case must be aligned to the national budget and planning processes to translate priorities into actual changes in how resources are used. The GFF will continue to provide public financial management support to facilitate such integration (e.g. through Program Based Budgeting) and use financial incentives where possible to channel more domestic resources toward investment case priorities (e.g. through Disbursement Linked Indicators).

- 38. The GFF will leverage an array of instruments to incentivize country prioritization and implementation of health financing reforms.** Lessons from the first five years show that a particular value-add of the GFF lies in supporting the prioritization and implementation of their health financing strategies and key reforms, rather than working with countries to develop their strategies. The GFF’s core instruments to advance this include: 1) the Investment Case as a tool to improve equity as well as allocative and technical efficiency of health expenditures; 2) IDA/IBRD loans and GFF TF grants that are linked to indicators measuring implementation of health financing reforms; 3) tapping into the convening power and technical expertise of the WB and its trusted relationships with Ministries of Finance; 4) analytical and implementation support for WB teams, both in health and other critical teams that impact health systems and thereby outcomes e.g. public financial management and governance; and 5) harnessing the collective power and influence of the GFF partnership to conduct joint advocacy with Ministries of Finance on the reform agenda. Leveraging its strategic position within the WB, the GFF will ensure that in all countries where the GFF co-finances WB IDA/IBRD operations, at least one has a strong health financing component and that indicators related to the prioritized reform agenda are captured in the results framework. Likewise, the GFF will actively seek joint financing opportunities with the Global Fund, Gavi, bilateral and other GFF partners to accelerate progress and drive shared accountability toward achieving country goals.
- 39. Through its support for country-led, multi-stakeholder platforms, the GFF will help deliver on the sustainable financing goals of the SDG3 Global Action Plan.** Since the introduction of the GAP’s Sustainable Financing Accelerator, the GFF has pivoted its existing collaboration mechanisms at country and global level to convene global health financing partners in support of the GAP. In the next five years, the GFF Secretariat will stop simply “filling gaps”, such as by paying for staff where they are missing at the country level and instead call on all GFF partners involved in the health financing agenda to step up their specific contribution to the partnership. This will include forging a stronger collaboration with the Global Network for Health Financing and Social Health Protection (P4H) in GFF-supported countries to ensure improved coordination of partners working directly on financing at the country level. The GFF will deprioritize efforts to mobilize private capital for Investment Case financing at the country level, as these efforts have thus far been at a small scale and often come with heavy transaction costs, but it will continue to cultivate global innovative financing opportunities such as Sustainable Development Bonds and blended finance that can increase the pool of investment capital that countries can tap to expand access to quality RNMCAH-N services.

Strategic Direction 5: Sustain a relentless focus on implementation and results

- 40. Intensifying its results focus, the GFF will continue to strengthen the casual chains between GFF-supported activities and improvements in the coverage and quality of services and health outcomes for women, children and adolescents.** Core to the GFF agenda is a data-driven approach to enable routine monitoring of both available resources and the implementation of the prioritized reforms to accelerate progress on reproductive, maternal, newborn, child and adolescent health and nutrition services and outcomes, and strengthen primary health care systems toward the progressive realization of UHC. This also include investments to strengthen CRVS systems, critical to ensure that lives of all women, adolescents, and children are counted and accounted for. In the next phase, the GFF will continue to sharpen the links in the expected causal chain between the activities financed, outputs, intermediate and long-term outcomes, based on the GFF logic framework. To do this, the GFF will develop Country Investment Summaries (CIS) for every GFF country that define the country-specific value-add of the GFF and identify a set of indicators that are directly related to the country's Investment Case and the GFF-supported activities and reforms under implementation.
- 41. The GFF will also help partner countries improve their use of data for decision-making.** In the next five years, the GFF will support a strong focus on using data at national and subnational levels for planning, monitoring, identification of solutions and creation of mutual accountability, while integrating learning loops into the process through implementation research. Critical to achieving the goals of an Investment Case is ensuring that not only are reliable data available but also that a core set of indicators (as specified in the CIS) can be readily and routinely visualized and analyzed by policymakers and frontline providers and all country partners and stakeholders. In the next phase, the GFF will support the establishment of data use processes with the aim of institutionalizing a routine system of data analysis and use from the national down to the sub-national levels and facilitating a regular feedback loop of implementation progress, challenges and successes. In an initial sub-set of lower capacity partner countries, the GFF will hire dedicated data analytics support for partner governments to accelerate progress and assist countries in building both the culture and systems for improved data use over time.
- 42. In addition, the GFF will focus on helping partner countries improve their results reporting and increase transparency.** The GFF is committed to having information about spending, progress on Investment Case implementation, health indicators and outcomes, disaggregated by gender, socio-economic status and subnational level, more easily accessible, understandable and usable to all citizens and stakeholders in every GFF partner country. In the next five years, the GFF will make such data publicly available through two reporting streams. The first will be a data-driven annual report, which will enable a deeper dive than the existing GFF annual report with a portfolio-wide meta-analysis, country-specific analysis that follows the GFF logic framework, and analyses of progress around a couple of specific themes each year (e.g. Equity, Sexual and Reproductive Health and Rights and Domestic Resource Utilization and Mobilization). The second will be an annual global RNMCAH-N monitoring and accountability report, designed for the wider public, to track progress in all GFF-supported countries toward the goal of ensuring every woman, child, and adolescent can survive and

thrive by 2030. This report will be discussed by the GFF Investors Group for the purpose of agreeing on a few priority global actions for the GFF partnership to champion as a collective each year to accelerate progress on women, adolescent and child health and nutrition. This will also help ensure that the twice-yearly Investors Group meetings are more responsive to the needs of GFF countries, as was recommended in the recent Investors Group review.

Implementing GFF Strategic Directions for 2021-2025: What Will It Take?

Delivering on these five Strategic Directions over the next five years will require enhanced focus on implementation of existing grants, additional resources for the GFF Trust Fund, and instituting several operational shifts in the GFF Secretariat and Partnership. The following section outlines these shifts. Immediately following the launch of the Strategy Refresh, the GFF Secretariat will work with partners to develop an operational plan which will elaborate on how to implement the strategic directions, including the specific needs, pathways, resource implications and results indicators for each.

43. Modify operational policies to incentivize and accelerate implementation of Investment Cases in partner countries. As reflected in the Issues Paper and this Strategy Refresh, in its first five years the GFF Secretariat has learned a number of lessons on how to best use its grant funding and convening power to further implementation of the investment case and results agenda in partner countries. Key changes the GFF will make going forward in line with the Strategic Directions include:

- **Providing financial incentives for alignment:** The GFF will provide higher grant amounts for second- and third-round financing for countries that demonstrate progress in increasing the amount of financing behind investment case priorities and in aligning implementation efforts;
- **Dedicating a percentage of grants to core coordination functions:** For future GFF TF grants, partner countries will be asked to allocate a certain percentage of the grant towards “core alignment functions” (e.g. Investment Case implementation support, support for data use and results monitoring, and strengthening of country platforms) unless a country can show that these functions are already financed;
- **Allocating additional GFF grants to countries for investments in key determinants of women’s, children’s and adolescent health outside of the health sector:** Additional catalytic financing is needed to help countries target and minimize essential health service delivery disruptions for women, children and adolescents during the pandemic and to help shape WB IDA/IBRD operations outside of the health sector that have a major impact on reproductive, maternal, newborn, child and adolescent health and nutrition outcomes.

44. Bolster GFF Secretariat capacity in line with the five strategic directions. The current GFF staffing model relies heavily on the in-country Liaison Officers to respond to a wide range of demands from governments and their country platform partners. To deliver on the strategic directions, the GFF Secretariat must adjust its staffing structure and augment the skills and experience - particularly of its in-country teams - in several areas including: data and results measurement and analysis, including

implementation research; expanding technical expertise on sexual and reproductive health and rights, gender equality and health financing; advocacy, communications, stakeholder engagement, including additional capacity to facilitate productive engagement with CSOs and the private sector. In doing so, the GFF will seek to optimize the use of staffing capacity of its host institution, the World Bank.

- 45. Better leverage the strengths of, and address the challenges in, the hosting arrangements with the World Bank.** As highlighted in the Issues Paper, being hosted at the WB as a Multi-donor Trust Fund has afforded the GFF multiple benefits. These include the ability to leverage the Bank’s unparalleled in-country convening power, its ability to engage in policy dialogue across sectors at the most senior levels (e.g. heads of states and ministers of finance) and the ability to link GFF grants directly to IDA/IBRD loans. The Bank’s strong fiduciary and safeguard systems also provide the assurances necessary for donors who are reluctant to provide grant funding directly through government systems to do so through the GFF Trust Fund to ensure their investments are contributing to building country ownership and capacity. At the same time, the diagnostics phase pointed to several challenges posed by the current hosting arrangements, including issues with regards to the Bank’s support for country investment case preparation and implementation (the priority for WB staff is on designing and monitoring IDA/IBRD projects, not on implementation), persistent confusion about the respective roles of World Bank team leaders and GFF Focal Points, and constraints on the GFF’s ability under WB rules to adequately respond to country and partner demands and expectations.
- 46. Update and strengthen the GFF-World Bank partnership mechanisms.** Moving forward, the GFF aims to institutionalize a new partnership framework with the WB, to clarify roles, mutual expectations, and accountability around resources and results. A specific area for operational refinement will be how to mobilize greater WB engagement in the GFF-supported country platforms and investment case preparation and implementation, while also providing options for contracting complementary technical assistance and implementation support through partnerships with other donors. It will also be important to clarify and strengthen the links between the GFF and the Bank’s Human Capital Project, which has emerged as a priority platform to incentivize and support countries to prioritize investments in human development outcomes. A renewed partnership arrangement with the Bank is currently under discussion in parallel with the strategy refresh process.
- 47. Expand and deepen collaboration with other GFF partners to drive country results.** The DNA and value-add of the GFF is a country-driven partnership with a shared commitment to the principles of development effectiveness, whose sum is greater than its member parts. In its first five years, the GFF Secretariat has developed an array of specific initiatives with one or more members of the GFF partners, based on comparative advantage, to tackle emerging challenges and opportunities. Recent examples include seed funding from the Bill and Melinda Gates Foundation for Investment Case implementation support; negotiating the transfer-out agreement with the IFC; and agreement with UNICEF to use the Equist analysis to support country Investment Case development process and also to support implementation of the *Innovations to Scale* grants. Going forward, the GFF Secretariat will continue to turn to the members of the partnership to seek and collaborate on innovative ideas and efficient solutions, including working closer with WHO on the National Health Accounts agenda, and

with Gavi and Global Fund on joint approaches to health financing and system strengthening in GFF partner countries.

Conclusion

48. Recent progress in global health is in peril, but the GFF is primed and ready to ensure that the world’s most vulnerable women, children, and adolescents are protected and not left behind. The COVID-19 pandemic has laid bare the fragility of health systems across the globe – and how quickly essential health services for women, children, and adolescents can be disrupted when already weak health systems are put under stress. The dire near- and medium-term forecasts for global economic growth, worsening constraints on fiscal space and deepening poverty for low and lower-middle income countries only heighten the risks that investments in better reproductive, maternal, newborn, child and adolescent health and nutrition services are deprioritized by governments, resulting in much greater loss of life than the virus itself and worsening health and socio-economic impacts that could be felt for generations to come. Already in the pandemic, the GFF has demonstrated the necessary vision, platforms, know-how and experience to pivot and support countries to adapt to this unprecedented crisis. **By adopting the five strategic directions laid out in this Strategy Refresh – and with renewed commitments and necessary investments from its funding and implementing partners - the GFF can turn this crisis into an opportunity: *To ensure that the world is solidly on the path to realizing the global goal that every woman, child, and adolescent, everywhere, can access the essential, quality, affordable health care they need to survive and thrive by 2030.***