



RECLAIM THE GAINS

Don't let COVID-19 turn back progress on the health of women, children and adolescents.

The Case for Investing in the
Global Financing Facility 2021–2025

MARCH 2021

RECLAIM THE GAINS

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1 Reclaiming and Accelerating Health Gains for Women, Children and Adolescents

2020 was supposed to be the start of a promising new decade for achieving gender equality and global health equity. Significant progress had been made toward [Sustainable Development Goal \(SDG\) 3: Health and Well-Being for All](#).

With support from governments and global health partners including the **Global Financing Facility (GFF)**, there had been years of significant increases in health for women, children and adolescents—including improved access to family planning, child immunizations, safe births with a skilled attendant and access to safe drinking water—and child malnutrition was on the decline. Maternal mortality in South Asia had fallen almost 60 percent, and deaths of children under age five in Sub-Saharan Africa had dropped by nearly half. Since 2012, 60 million women and girls gained access to modern methods of contraception across 69 low- and middle-income countries, preventing millions of unintended pregnancies. Before COVID-19 hit, [countries were making progress](#) toward reaching the 2030 global goals.

But the COVID-19 pandemic has put these remarkable health gains at grave risk—exacerbating persistent equity gaps. As the world continues to battle this crisis, access to many of these essential health services has been severely [disrupted](#), particularly in the poorest nations with the most fragile health systems. Women and girls have borne the brunt of the secondary impacts of the pandemic, including dramatic increases in gender-based violence, protracted school closures, job losses and increases in unpaid care.

As world leaders have focused on the spread of COVID-19, a secondary health crisis has been raging in the poorest countries. Due to severe disruptions in essential health services, 36 GFF partner countries have seen up to a 25 percent drop in coverage of lifesaving health interventions for women, children and adolescents in 2020 as compared to pre-pandemic levels (figure 1).

FIGURE 1. Essential Health Service Disruptions For Women, Children and Adolescents

Since the onset of the COVID-19 pandemic, coverage of lifesaving health interventions for women, children and adolescents in 36 GFF countries has dropped up to 25 percent. This is the equivalent of:



82 million

children not receiving oral rehydration.



4 million

pregnant women losing access to childbirth care.



17 million

children missing DPT vaccinations (diphtheria, pertussis and tetanus).

The corresponding economic shocks are exacerbating these already devastating health impacts on the most vulnerable women, children and adolescents.

The pandemic is still far from over, given the [severe global inequities](#) in access to COVID-19 vaccines and tools. And even when countries do start to recover, for many of the most vulnerable women and children the financial hardship is expected to be prolonged and deep: The World Bank [projects](#) more than 150 million people will fall into extreme poverty by the end of 2021. With extreme poverty rising dramatically, the poorest and most fragile countries are experiencing falling public revenues, rising debt and highly constrained fiscal space.

While the pandemic has triggered increased public health spending in the short-term, this is unlikely to be sustained in the short- to medium-term in low- and lower-middle-income countries (LICs and LMICs) given the continuing economic slowdown and their limited borrowing capacity. Government revenues are unlikely to rebound to pre-pandemic levels in the poorest countries before 2022, and possibly longer. Under the most realistic economic scenarios, public and private health spending will [decline](#), restricting equitable, affordable access to health care in LMICs for years to come.

At the same time, governments need to consider additional costs related to COVID-19, including diagnostics, treatment, infection prevention and control and vaccine procurement costs. This entails difficult trade-off decisions and makes it more important than ever to ensure appropriate financing for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N), including delivery systems needed for new vaccines as well as existing essential services.

Meanwhile, with less income and rising out-of-pocket costs, poor families have even fewer resources available to access the care they need.¹

Reversing this bleak trajectory for millions of women, children and adolescents in LICs and LMICs requires urgent attention and investment by governments and international donors. Without urgent action, COVID-19 will [reverse years, if not decades, of global health progress and investments in human capital](#)—leaving a generation behind—as countries struggle to contain the virus, save lives and rebuild their economies. Protecting and promoting essential health services must be elevated and financed as a central piece of the global COVID-19 response and recovery.

We Must Act Now—Closing Window of Opportunity

The GFF is primed and ready to ensure the world’s most vulnerable women, children and adolescents are not left behind from the crisis. The GFF embodies the world’s commitment to ensuring all women, children and adolescents can survive and thrive. Launched in 2015 as a country-led, global partnership and housed at the World Bank, the GFF is squarely focused on supporting countries to prioritize and scale up evidence-driven investments to improve RMNCAH-N through targeted strengthening of service delivery systems—to save lives and as a critical step toward achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

Through its country-led, collaborative approach, the GFF combines technical assistance and catalytic trust fund grants linked to large amounts of World Bank International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) financing. The GFF supports country-led platforms that convene global and local development partners to help partner countries align and maximize their use of domestic and external resources in synergistic ways and achieve better, more sustainable health outcomes for women, children and adolescents.

We must not let the COVID-19 pandemic turn back the clock on these hard-won health gains for women, children and adolescents, leaving them further behind. Now is the time to protect and promote essential health services and fortify the frontline health systems so vital to ending the pandemic and bending the curve to achieve the SDGs.

¹ World Bank. 2021 (forthcoming). *Economic Impact of COVID-19: Implications for Health Financing*. Washington, DC: World Bank Group

It is time to double down on the commitment to ensure every woman, every child and every adolescent can access the quality, affordable health care they need to survive and thrive.

To do this, the GFF urgently needs new pledges of at least US\$1.2 billion before the end of 2021, out of a total additional funding need of US\$2.5 billion by 2025.

These catalytic investments in the GFF will help countries save an estimated 18 million lives and mobilize US\$52.7 billion in more and better health financing by 2030. Through strategic use of these additional resources, the GFF will help partner countries counter the secondary health shocks from the pandemic, ensure vulnerable populations have access to COVID-19 vaccines and tools and get back on track with health gains for women, children and adolescents as soon as possible. Armed with a new strategy and real-time lessons learned from the pandemic, the GFF will support countries to stimulate faster recovery of essential health services for women and children and step up the pace and scale of progress in health and gender equity.

Now is the time to invest in the GFF.



WHY THE GLOBAL FINANCING FACILITY— A PIONEERING PARTNERSHIP WITH A PROVEN TRACK RECORD TO IMPROVE WOMEN'S, CHILDREN'S AND ADOLESCENT HEALTH

Five years ago in Addis Ababa, **Ethiopia**, global leaders launched the Global Financing Facility for Women, Children and Adolescents (GFF) to help the world's poorest countries step up progress on reducing maternal and child mortality. The GFF has pioneered a shift from traditional development approaches to a more sustainable way forward where governments lead and bring their global partners together to support prioritized, costed national plans.

The GFF and the World Bank create a powerful combination. As of June 2020, the GFF has directly invested about US\$602 million in grants linked to approximately US\$4.7 billion of World Bank International Development Association IDA/IBRD financing and helped align much larger volumes of domestic and external financing in support of GFF partner country investment cases.

This approach has catalyzed high-impact investments for reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) in the world's most vulnerable countries.

The GFF's collaborative, country-led approach had already begun yielding significant results in improving the health of women, adolescents and children and helping close global health equity gaps, such as:

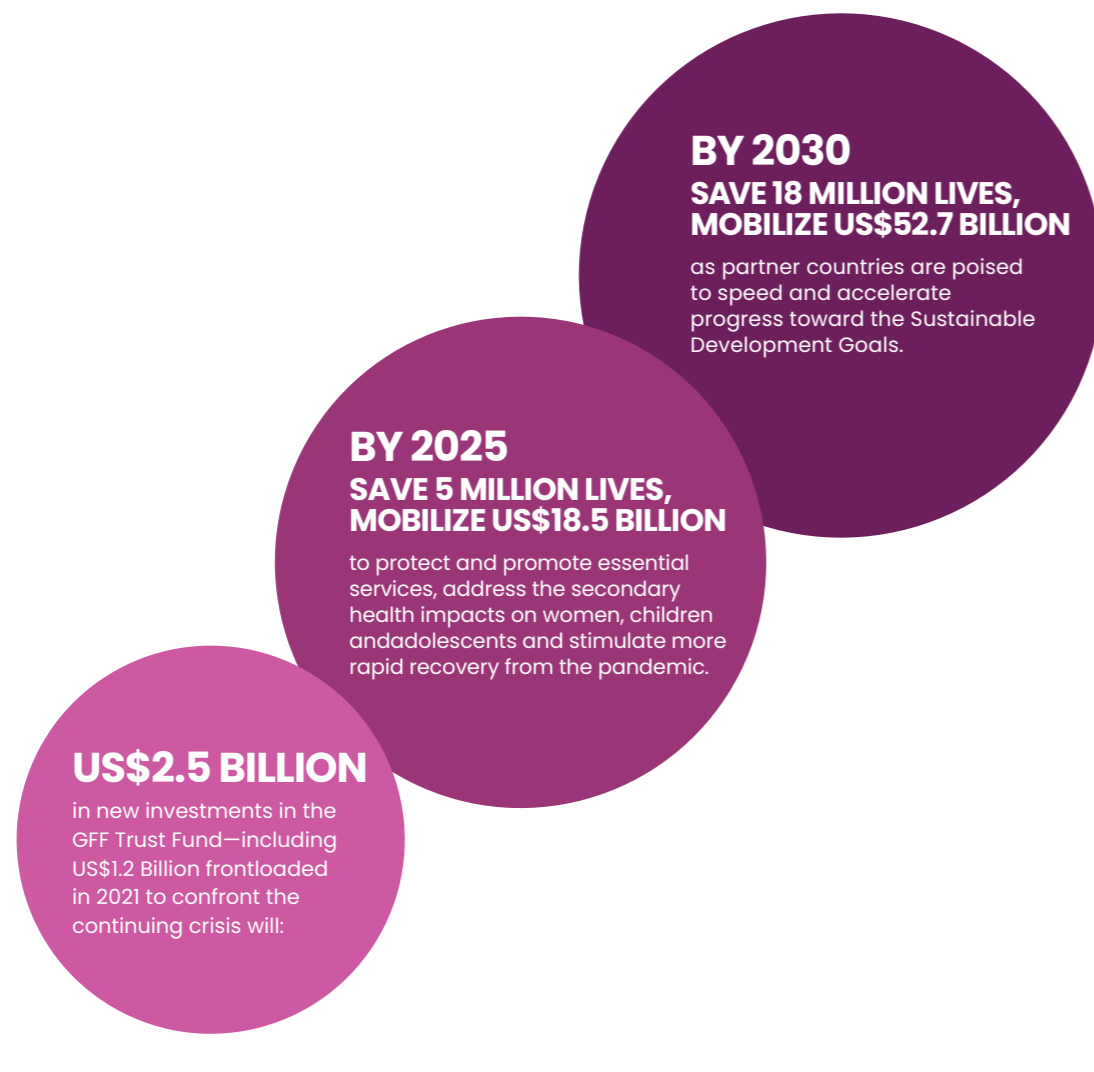
- In **Uganda**, the training of more than 4,000 community health workers together with complementary systems reforms, helped lead to a 60 percent increase in adolescents seeking family planning from 2016 to 2019.
- In **Liberia**, for example, deliveries in health facilities increased from 56 percent in 2013 to 80 percent in 2019.
- **Indonesia** reduced stunting among children under five years old from 30.8 percent to 27.7 percent between 2018 to 2019.

Save 18 Million Lives, Catalyze US\$53 Billion for Better Health by 2030

The GFF needs an additional US\$2.5 billion from 2021 to 2025 to enable countries to protect health gains and accelerate progress toward the 2030 Goals (figure 2).

Of this amount, the GFF urgently needs to secure new pledges of US\$1.2 billion by the end of 2021 to help its current 36 partner countries protect and maintain essential health services and implement time-sensitive service delivery and health system improvements to enable a sharp bend of the curve back to a positive trajectory to close the gap to the SDGs.

FIGURE 2. The GFF Offers Donors a Powerful Return on Investment



Over the next five years, these new investments will allow the GFF partnership to:

1. Reclaim the pre-COVID-19 gains in access to essential health services

Investing in the GFF now will enable partner countries to get back on track and rebound from the sharp losses in service coverage and access as a result of the pandemic. The GFF will help the [Access to COVID-19 Tools Accelerator \(ACT-A\)](#) to deliver on the goal of safe and equitable delivery of COVID-19 tools while protecting essential health services. Complementing and bolstering the efforts of the World Bank and other ACT-A partners, the GFF will support countries to prioritize and strengthen primary care and community-based services and the health workforce critical to deliver COVID-19 tools to the last mile and life-saving health services for women, children and adolescents. This support will also help countries build capabilities, infrastructure and financing to strengthen their ability to respond and be prepared for future pandemics, contributing to global health security.

By 2025, new investments in the GFF will help countries save an estimated 5 million lives by expanding access to lifesaving care. Specifically:

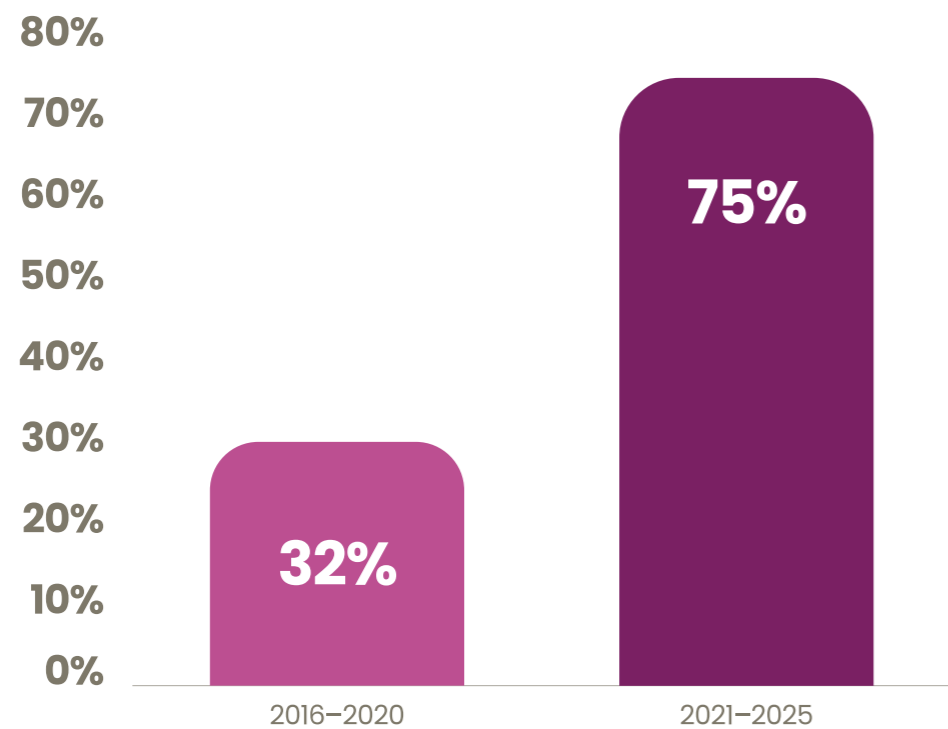
- **More than 56 million** additional women will be able to access skilled birth attendants to ensure they survive childbirth and deliver their babies safely, with **3.5 million** more able to access safe emergency caesarean services.
- **458 million** additional children will receive oral rehydration treatment for diarrhea, to prevent a major cause of child deaths.
- **Almost 25 million** additional women and adolescents will gain access to modern methods of contraception, to prevent unintended pregnancies.

2. Unleash more and better financing

New investments in the GFF Trust Fund will support partner countries to mobilize more, and more efficient, use of domestic resources for health, prioritizing the most cost-effective interventions to save lives and expand access to quality, affordable care. Even with the substantial negative impacts of the COVID-19 pandemic on government revenues and fiscal space, domestic public health budgets will remain the largest source of funding for essential health and nutrition services, and on-budget public funding is the best way to engender equitable and sustainable service delivery.

Building on its [proven track record](#), the GFF will leverage concessional financing from the World Bank and other global health partners to crowd-in and align financing behind partner country investment cases to improve health for women, children and adolescents. GFF will support countries to achieve greater impact with their available resources through smart financing and efficiency gains such as reducing the cost of essential medicines, increasing the capacity of the community health workforce and scaling up digital innovations in service delivery. By promoting strategic purchasing and linking to social protection programs, the GFF will also help countries reduce the burden of out-of-pocket spending for health—a major driver of both poor health and increased poverty.

FIGURE 3. Share of GFF Countries with Investment Cases Funded More Than 50 Percent by Domestic Resources



From 2021 to 2025, the US\$2.5 billion investment in the GFF from donors is expected to yield an additional US\$18.5 billion in resources available for increased spending in GFF partner countries on priority health interventions for women, children and adolescents.

The next five years represent a critical period of investment to counter the secondary health and economic impacts of the pandemic and enable partner countries to get back on track. As a catalytic mechanism, the GFF partnership is designed to unlock and leverage various sources of financing, both domestic and global, toward the goals of self-reliance and sustainability. With these additional investments, by 2025 at least 75 percent of GFF countries will fund at least 50 percent of their investment cases through domestic resources,² nearly tripling the number of countries currently achieving that target (figure 3).

² A key feature of the GFF model is to support the government increasing its budget allocation to health and increasingly funding the investment case to reach at least 50 percent of total resources available. Currently, there are seven GFF countries meeting this 50 percent domestic resource mobilization target. Of the 22 GFF countries with resource mapping data, this amounts to 32 percent of countries meeting the target at baseline. In five years, 27 GFF countries are expected to meet the 50 percent domestic resource mobilization target.

With partner countries expected to be heading toward economic and health recovery by 2025, new investments in the GFF over the next five years will unleash an additional US\$34.2 billion in health financing from 2025 to 2030—totaling US\$52.7 billion over the decade.³

3. Build a healthier and more equitable future

By driving more efficient use of funds, the GFF’s catalytic mechanism will help countries trigger a rapid increase in the number of lives saved as they recover from the pandemic and reinvest in essential health services and the highest-impact interventions. Investing in women, children and adolescents now will help shape the productivity of the next generation and restore human capital as the backbone of a resilient recovery. Specifically, by 2030, the GFF will contribute to:

- Reducing deaths of newborns and children under age five by more than one-third of current levels, approximately **13.5 million lives**;
- Reducing maternal mortality by almost one-third, saving more than **1 million lives**; and
- Preventing at least **3.5 million** stillbirths.

Increased investments in the GFF from 2021 to 2025 will help countries save an additional 13 million lives between 2026 and 2030—nearly tripling the number in the first five years—for a total of 18 million lives saved over the decade.⁴

³ The GFF Partnership intends to catalyze more and better financing in several ways. Domestic growth remains a cornerstone of the estimated financing for the next 10 years and is approximately 63 percent of the estimated growth in catalyzed financing over the next 10 years (32.6 billion). The GFF will continue to advocate for external financing and leverage concessional financing from the World Bank and other global health partners—with an estimated 15.2 billion (29 percent) over the next 10 years. Finally, through alignment of financing, strategic purchasing and social protection programs, the GFF supports countries to find protections in out-of-pocket spending (7 percent reduction in available financing) and efficiencies in all essential health spending. This accounts for approximately US\$8.6 billion (16 percent) in estimated gains from 2020 to 2030. The detailed modeling methodology and assumptions are available in the appendix.

⁴ The detailed modeling methodology and assumptions are available in the appendix.

By catalyzing this progress, the GFF will help countries reach at least an estimated 80 percent coverage across the highest priority health interventions necessary to achieve the SDG3 targets for reducing newborn, child and maternal mortality (figure 4).

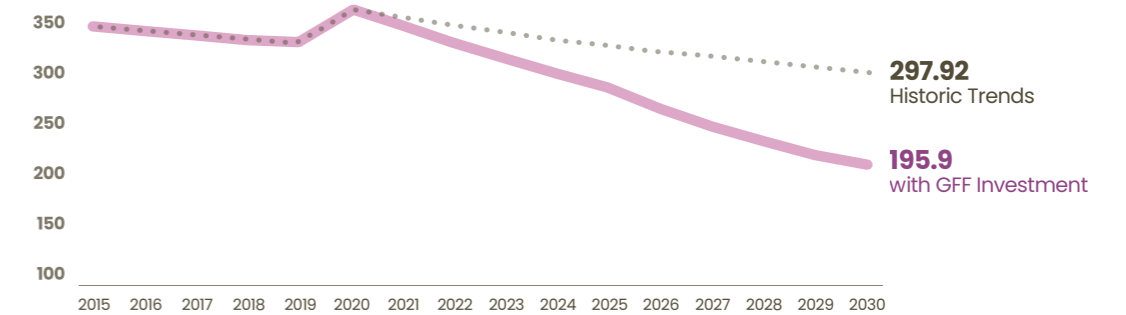
Driving Impact Through Country-Led Partnership

COVID-19 has shown us no country, agency or partner can do it alone—this will take all of us working together in concert, aligning behind country priorities to ensure a sustainable and equitable recovery. The GFF supports governments to convene partners around a common set of priorities linked to results; this leads to greater synergies between IDA and other donor financing, enabling IDA financing and global health funders such as Gavi and the Global Fund to achieve more and stronger results together for women’s, children’s and adolescent health. In addition, GFF will further deepen its collaboration with the leading global health agencies through its participation in ACT-Accelerator and in Global Action Plan for Healthy Lives and Well-Being for All (GAP), coordinated by WHO.

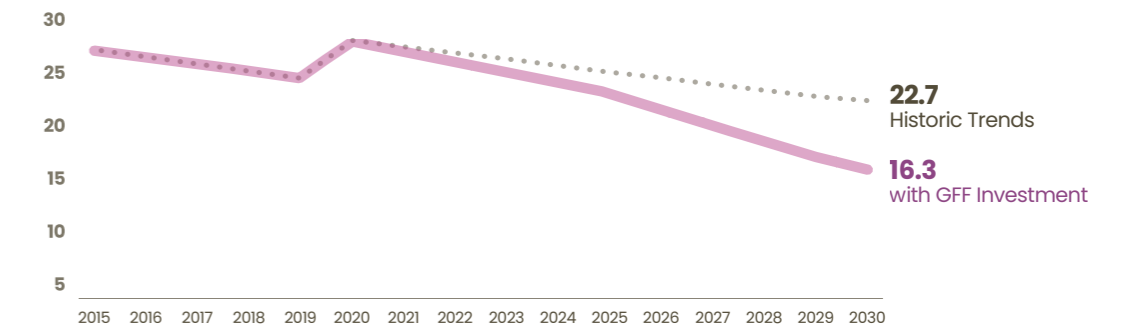
With its **strong track record of success and new five-year strategy**, the GFF is fit-for-purpose to protect recent gains and accelerate progress as soon as possible. With its focus on strengthening frontline systems, more efficient financing for reproductive, maternal, newborn, child and adolescent health and nutrition, and through increased collaboration with the other global health funds and the World Bank, the GFF is uniquely positioned to help countries weather the pandemic, reclaim their health gains and build the necessary health system resilience to turn the tide and accelerate progress toward the SDGs.

FIGURE 4. New Investments in the GFF Will Help Countries Achieve Large Reductions in Maternal and Child Mortality

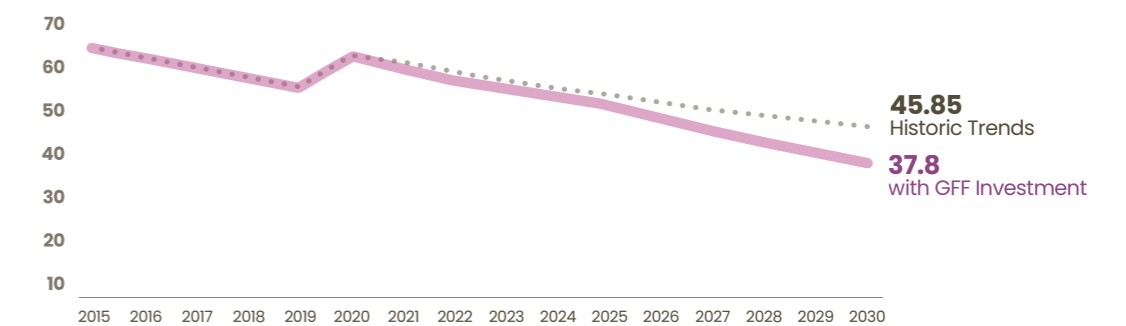
Maternal Mortality Ratio (Deaths Per 1,000 Live Births)



Neonatal Mortality Ratio (Deaths Per 1,000 Live Births)



Under-Five Mortality Ratio (Deaths Per 1,000 Live Births)





2 The GFF's Proven Approach: Prioritize Women and Children and Let Countries Lead

“Investing in health is central to the development of any country. In many countries, trying times due to the COVID-19 pandemic have led to the disruptions in delivery of essential health care services, including nutrition, for women, children and adolescents. The urgency and need to ensure continuity of health services at all levels cannot be underscored. This must be a fully financed priority in order to reduce preventable deaths of women, children and adolescents. We can work with the GFF to ensure that this is the case.”

Amos Mwale, Executive Director, Centre for Reproductive Health and Education | Zambia

Since its launch in 2015, the GFF has pioneered a radically transformative approach of global development finance: Let countries lead, and link sustainable financing to country results. The GFF’s country-led, collaborative and multisectoral approach helps bring together a diverse array of international and national partners—from bilateral and multilateral funders, global health institutions and United Nations (UN) agencies to civil society organizations (CSOs), private sector businesses and foundations—to join forces in support of country investment cases for women’s, children’s and adolescent health. Building on previous efforts to improve development effectiveness, the GFF approach combines technical assistance and small volumes of catalytic trust fund grants linked to large amounts of World Bank International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) financing and convenes global and local development partners in country-led platforms to help partner countries align and maximize their use of domestic and external resources in synergistic ways and achieve better, more sustainable health results.

The GFF’s unique role in the global health architecture is its laser focus on supporting partner countries to improve the health of women, children and adolescents through a systems approach. The GFF helps governments ramp up provision of a broad scope of quality, affordable essential health services including family planning, antenatal and obstetric care, services to prevent stillbirth, neonatal care, postnatal care, child immunization, sexual and reproductive health and rights (SRHR) services and other child and adolescent 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 strengthening and use of country systems and institutional capacity building to prioritize these services, which in turn promotes more sustainable health outcomes overall. The GFF’s close link to World Bank’s IDA and IBRD financing enables it to facilitate a broader dialogue and help countries drive action on health system strengthening and domestic financing across multiple sectors, which yields more efficient use of other global funding sources.

By partnering with the GFF, countries not only can save millions more lives, they can also create the conditions for self-reliance and sustainability. Using a data-driven approach, the GFF focuses on helping partner countries reform their health service delivery and financing systems in ways to increase their overall health spending *and* ensure it is better targeted toward the most vulnerable women, children and adolescents. Two-thirds of GFF partner countries are currently implementing reforms to improve efficiency in their health expenditures and direct more resources to frontline health care in the communities most in need.

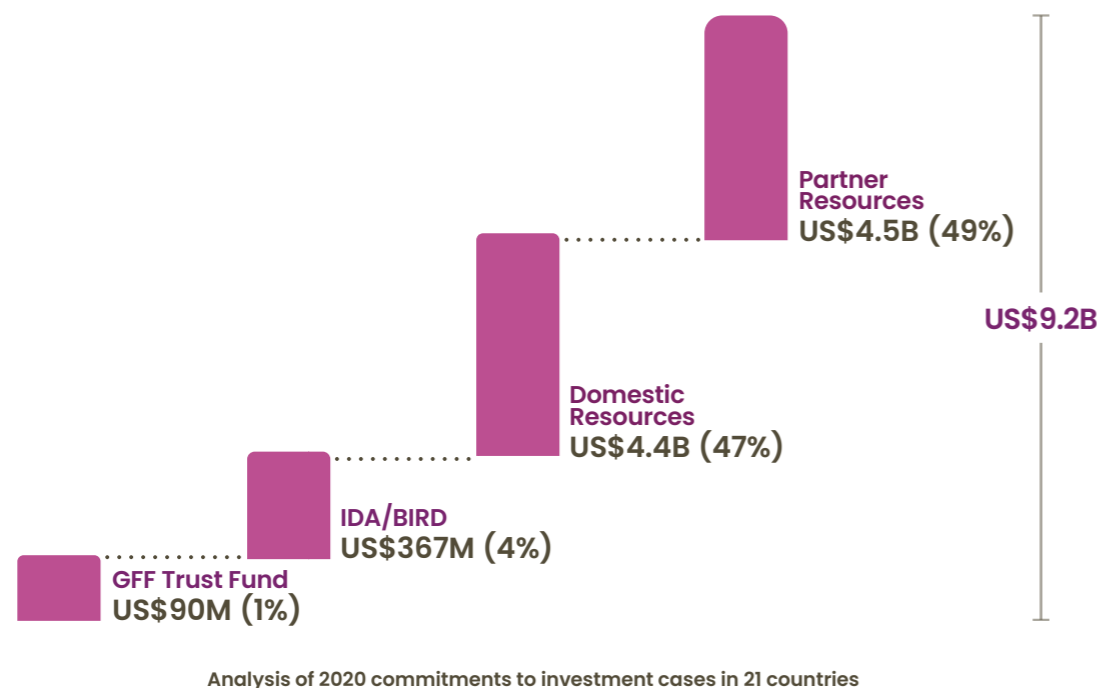
The GFF model enables global health partners to achieve more by working together, building on each partner’s comparative advantage, in support of country priorities for reproductive, maternal, newborn, child and adolescent health and nutrition. The GFF’s systems-oriented approach to improving health outcomes for women, children and adolescents complements the disease-specific and health issue-specific focus of other global health partners and helps them achieve better results. Country-led investment cases, which align domestic and development partner financing around a costed national plan, help investments from the World Bank, Gavi, Global Fund, bilateral donors, foundations and private sector more impactful. Each investment case process led by governments aims to enhance global partner alignment behind national priorities and plans, catalyzes critical system and financing reforms, generates efficiencies and mobilizes innovations to advance health and gender equity. Country platforms give voice to local civil CSOs and youth perspectives to inform policy and funding decisions and strengthen government and donor accountability, and they serve as an important vehicle to translate the goals of the [SDG 3 Global Action Plan](#) and [UHC 2030](#) partnerships from global to local.

Full funding for the other major global health financing mechanisms—Gavi, Global Fund and IDA, the World Bank’s fund for the poorest countries—is critical for success. Their support is highly synergistic with the GFF since Gavi and Global Fund resources cover key gaps in national health plans and their investments help countries save lives. The GFF Trust Fund, directly linked to World Bank IDA and IBRD financing, creates a multiplier effect, by aligning domestic and international resources around costed national plans underpinned by priority reforms and innovations adapted to local contexts.

The GFF has achieved a proven track record of using small amounts of grant funding to unleash more and better health financing. In 2019, the GFF helped mobilize more than US\$9 billion in support of country plans (figure 5). Over the GFF’s first five years, a total of US\$814 million in catalytic grants from the GFF Trust Fund was linked to US\$5.85 billion in World Bank financing and helped mobilize and align additional external global funding for health plans in GFF partner countries. The GFF’s catalytic approach has also yielded much greater domestic investment in health. For example, the share of the national budget going to health in Democratic Republic of Congo increased from 7 percent to 10 percent, and jumped from 10.5 percent to 14.1 percent in Liberia. Bangladesh, Ethiopia and Mozambique successfully introduced reforms to increase funding for primary health care with GFF support.

Before COVID-19 hit, country results showed the tremendous value of the GFF’s country-led, collaborative approach. For instance, with GFF support, Tanzania nearly doubled coverage for four antenatal care visits to 80 percent between 2016 and 2019. In Afghanistan, deaths among newborns and children under five years of age dropped by more than one-third, while the number of children with low weight-for-height, or wasting, was cut nearly in half from 2015 to 2018.

FIGURE 5. The GFF’s Catalytic Grant Funding



THE GFF IN ACTION: ETHIOPIA

Ethiopia, one of the first partner countries supported by the GFF, developed a transformational plan for its health sector to further accelerate gains, with support from the GFF and other partners.

The plan serves as Ethiopia's investment case for women's, children's and adolescent health to help prioritize and guide where investments are needed to expand quality health services, particularly in regions with the lowest progress and the greatest financial needs.

Between fiscal year (FY) 2018/19 and FY 2019/20, the GFF helped to facilitate significant reforms that narrowed health financing gaps and strengthened data systems for monitoring progress, as shown in the figure below.

In addition, the GFF's partnership with Ethiopia has also helped to:

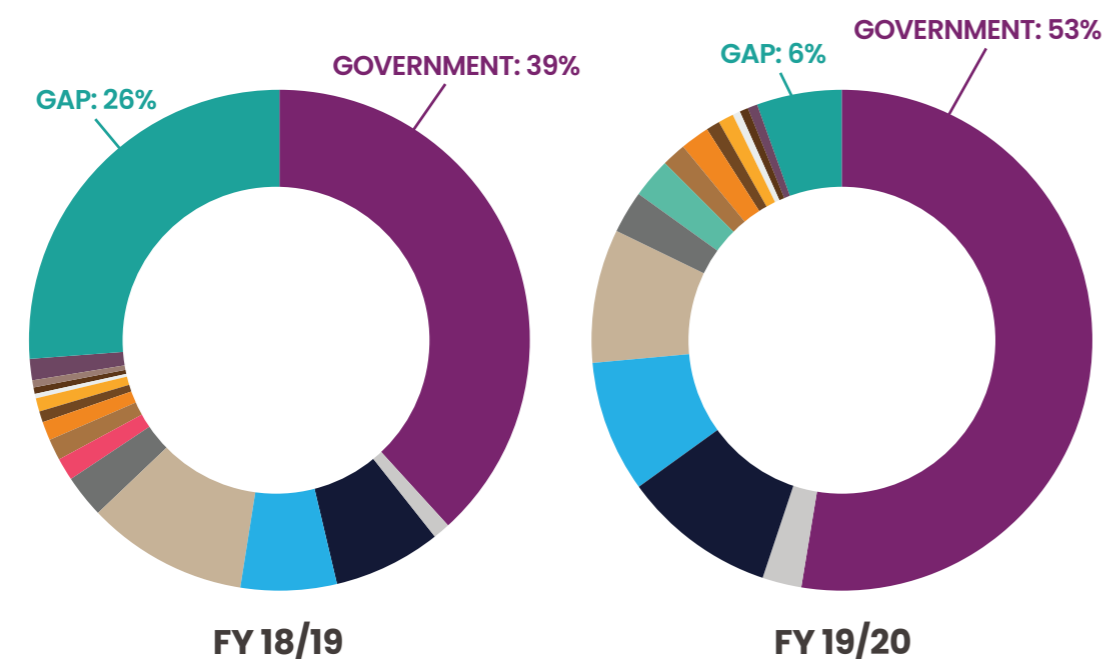
- Mobilize more investments in health by driving dialogue with the private sector.

- Prioritize interventions in areas with the lowest progress, specifically family planning and adolescent health, which led to the development of the country's first national adolescent health policy.

- Narrow the gap in health outcomes between lagging regions and the rest of the country, such as by supporting the lowest-performing regions of Afar, Oromia and Somali to increase deliveries attended by skilled birth providers.

- Strengthen health systems by allocating resources to pharmaceutical supply and distribution systems and health infrastructure.

These efforts have contributed to better health outcomes, including service delivery, more attended births, increased use of contraception and improved participation of children under two in a growth monitoring program.



FOR THE GFF, NUTRITION AND HEALTH ARE INDIVISIBLE

Undernutrition disproportionately affects the poorest and most vulnerable members of society and embedding evidence-based nutrition-specific interventions in strengthened health systems is a unique feature of the GFF model. Approximately 30 percent of GFF linked to IDA/IBRD financing is invested in nutrition, including:


- Integrating nutrition into the full continuum of maternal and child health services in Cambodia and Tanzania.
- Building human resource capacity at the community and health facility levels to effectively deliver high quality nutrition services in Mozambique.
- Strengthening supply chain functioning to ensure the integration and delivery of nutrition commodities, such as micronutrient supplements and ready-to-use therapeutic foods in Guatemala, Democratic Republic of Congo and Cameroon.

Multisectoral approaches are a hallmark of the GFF. For nutrition this means addressing the determinants of undernutrition in collaboration with sectors beyond health, including social protection, WASH and education, among others.

The GFF engagement in countries also aims to increase resources to nutrition through domestic resource mobilization, linking to IDA/IBRD, and aligning financing of donor partners at country level. To maximize and strengthen alignment and harmonization of prioritized nutrition interventions, the GFF encourages participation of key partnerships for nutrition, such as the Scaling Up Nutrition movement.

The GFF is already seeing results: For example, in Bangladesh, between 2014 and 2018, the prevalence of stunting in children under five years dropped from 36 to 28 percent. In Indonesia, between 2018 and 2019, child stunting decreased from 30.8 to 27.7 percent. In both countries, the coverage of children with nutrition services such as growth monitoring and promotion and positive nutrition care practices, such as feeding children a minimal acceptable diet, improved. In the next five years, the GFF engagement with countries will continue to catalyze the prioritization of nutrition in the context of essential primary health care services and strengthen health systems to enable the delivery of integrated, quality nutrition services.

RECLAIM THE GAINS



It is time to double down on the commitment to ensure every woman, every child and every adolescent can access the quality, affordable health care they need to survive and thrive.

globalfinancingfacility.org/reclaimthegains



3 Stopping the Secondary Crisis: The GFF Response to COVID-19

"We've been set back about 25 years in about 25 weeks."

Goalkeepers Report | September 2020

The COVID-19 pandemic is reversing years, if not decades, of progress in the health of the poorest and most vulnerable women, children and adolescents. Families have been afraid to seek care for fear of infection, health care workers are overstretched, and global supply chains are bottlenecked. Loss of income is placing essential health care out of reach for millions of households. The pandemic has already disrupted contraceptive use for more than 5 million women and adolescents living in GFF partner countries. This is in addition to the 75 million women and adolescents who were lacking access to modern methods of contraception before the pandemic hit.

Recent data from GFF partner countries shows the grave impact of the crisis on key health indicators. A GFF-supported [analysis](#) of 60,000 health facilities in 10 countries provides the most comprehensive, and sobering, evidence available to date. Childhood vaccinations were the most disrupted health service, with significant drops in the number of children vaccinated in countries such as Liberia (35 percent drop), Nigeria (13 percent), and Afghanistan (11 percent). Services such as family planning, antenatal care, and health consultations fell in countries including Cameroon, Malawi, Mali and Somalia, often by 10 to 20 percent compared to historical averages. In one-third of partner countries surveyed, 25 percent or more of households who needed health care indicated they were not able to access it. Whether due to fear of getting infected in health facilities, lockdowns or because they can't afford to pay, too many women and their families are delaying or forgoing lifesaving care.

Even when COVID-19 is brought under control, the economic, social and health impacts may linger for years. The severe global economic downturn is likely to constrain government budgets in GFF partner countries for years to come. Sub-Saharan Africa was projected to see a drop in real per capita income in 2020 of 5 percent, back to 2013 levels. Government revenues are unlikely to rebound to pre-pandemic levels in the poorest countries before 2022, and possibly longer, as low- and middle-income countries (LMICs) face longer wait times to access the vaccines and tools they need to protect their populations. According to World Bank data, even under the most realistic economic scenarios, public and private health spending will decline, restricting equitable, affordable access to health care in LMICs for years to come.

Building on recent IMF economic projections, emerging World Bank data shows government health spending per capita is set to decrease in most countries in 2021 and 2022 unless governments seek to raise more revenues as a share of GDP and/or increase their health share of government spending. This will not be easy, as governments face record levels of debt and seek to stimulate a recovery in economic growth while also responding to the pressing needs from all sectors affected by the pandemic.

COVID-19 is also worsening social conditions known to have significant impacts on health outcomes. Extreme poverty is sharply [rising](#). Millions of children have lost access to schooling—1.6 billion at the peak in April 2020 and 800 million were still not in school in September 2020. This is leading to significant learning losses, increased dropout rates and reduced access to vital nutritional programs. Combined, these losses have enormous impacts on human capital development.

The pandemic is also likely to reverse recent gains on gender equity. Girls are being especially affected, with the experience from the West Africa Ebola epidemic showing that they are less likely to return to schooling and are at higher risk for child marriage and early pregnancy. Sharp increases in [gender-based violence](#) have been reported in a majority of LMICs, and the pandemic has placed millions of women already at risk of abuse—including those living with HIV/AIDS, disabilities, adolescent girls, migrant workers, rural women, and women refugees—in an even more vulnerable position.

Early in the course of the pandemic, the GFF quickly [pivoted](#) to mitigate these secondary impacts. The GFF leveraged its country platforms, resource mapping and expenditure tracking tools to help partner countries prioritize and protect essential health services. Using its catalytic funding and technical assistance, the GFF is helping countries adapt and innovate health service delivery models, protect health workers, identify and address critical system bottlenecks. The GFF is supporting countries and global partners to solve supply chain challenges, including for sexual and reproductive health commodities, by identifying alternative sources of quality products and grant financing for local companies. The GFF is also enabling rapid, real-time sharing of information and lessons across countries through a virtual community of practice.

The GFF plays a unique and complementary role to the World Bank and other global health partners in the COVID-19 response: To help partner countries prioritize essential health services and strengthen frontline systems for delivery of COVID-19 vaccines and tools.

As of October 2020, the [World Bank](#) has approved US\$6 billion for emergency health needs for the pandemic response, and an additional US\$12 billion for developing countries to finance the purchase and distribution of COVID-19 vaccines, tests and treatments, with the aim of supporting vaccination of up to one billion people. Health system bottlenecks such as financing, health workforce, clinical care, supply chains and community engagement as well as access to key commodities and tools such as personal protective equipment (PPE) and oxygen are all key factors that will limit timely and effective deployment and use of COVID-19 vaccines and tools.



They are also critical for other lifesaving health interventions for women, children and adolescents. As the [ACT-A](#) and the COVAX facility increase global access to affordable vaccines and tools, countries must be well prepared for their rapid, equitable and safe delivery at scale while also ensuring continuity of essential health services. There also must be a population that is ready, willing and able to access the vaccines being offered. Addressing these system and demand constraints is where the GFF comes in.

The GFF is partnering with the World Bank to support the ACT-Accelerator Health System Connector (HSC). By linking GFF Trust Fund grants to World Bank IDA COVID-19 financing, the GFF can support the ACT-A to deliver on its goal of affordable, equitable access to COVID-19 vaccines, diagnostics and therapeutics. The GFF support will enable partner countries to prioritize and strengthen primary care and community-based services, capacities and health workforce that are critical both for equitable and effective delivery of COVID-19 tools and the delivery of essential health services for women, children and adolescents.



4 Protecting, Promoting And Accelerating Health Gains For Women, Children And Adolescents

“Working with the GFF shows what’s possible when young people’s voices are heard and they are given the opportunity to shape, implement and monitor the policies that will impact their families and communities.”

Aminata Badiane Thioye, Advocate | Senegal

The [GFF’s new 2021–2025 strategy](#) sets out five bold directions and a clear roadmap to enable countries to build back better from the pandemic and get on the right trajectory to ensure that every woman, child and adolescent everywhere can survive and thrive.

Bolstering Country Leadership

The GFF’s pre-pandemic data show that the fundamentals of the GFF approach are sound and delivering impact. The GFF will intensify and scale up its country-led collaborative approach over the next five years, while facilitating real-time learning about delivery of essential services during COVID-19 and opportunities to accelerate innovations critical for helping countries achieve a sharp bend in the curve. This includes accelerating support to partner countries to strengthen their multistakeholder platforms, improve the quality of national investment cases, adopt innovative service delivery models and real-time data systems, and foster greater accountability for results. In addition, the GFF will step up capacity building and management support for national leaders to drive transformational change, including with the launch of a new leadership and development program that focuses on female leaders.

PROTECTING, PROMOTING AND ACCELERATING GAINS FOR WOMEN, CHILDREN AND ADOLESCENTS: THE NEXT PHASE OF THE GFF

In October 2020, the GFF’s governing bodies gave their [strong endorsement](#) for the GFF’s new 2021–2025 strategy, which sets out five bold directions—listed here—along with a clear roadmap to enable countries to build back better from the pandemic and realign the trajectory to ensure that every woman, child and adolescent everywhere can survive and thrive:

- **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



IN SENEGAL, YOUTH ADVOCATES DRIVE CHANGE FOR BETTER HEALTH SERVICES

Aminata Badiane Thioye has been advocating for and promoting the sexual and reproductive health and rights (SRHR) of adolescents since her days at university in **Senegal**, where she pushed for more representation of women and girls in student groups, and daycare access for young mothers to stay in school. As the Program and Advocacy Coordinator of the National Youth Alliance for Reproductive Health and Family Planning, she has been piloting a CSO-led GFF project in two of priority regions facing the biggest challenges in access to health services.

The project monitors the availability, accessibility and quality of health services for young people and adolescents. The social accountability model they developed has become best practice for the country and the region, as it is contributing to greater community ownership, with increased demand and accountability for adolescent health services. To ensure sustainability of the project, they hope to share results from their community scorecard at annual citizen hearings with health officials and key stakeholders.

Among her many roles, Aminata represents young people in the Senegalese Civil Society GFF Coalition and in the national platform.

She helps ensure meaningful youth involvement in monitoring implementation of Senegal's investment case. Aminata is also providing peer-to-peer learning with other young people in GFF Francophone partner countries.

Despite significant progress made for young people, she highlights remaining challenges: Inadequate and insufficient services for adolescents and young people; Insufficient resources allocated to SSRAJ services with problems in recruiting midwives, spaces and equipment. Gender considerations are not included in the provision of SRHR, nutrition or civil status services. For Aminata, one way to improve health outcomes for adolescents is providing an enabling environment and space for young people to identify and implement advocacy programs and priorities.

"We will not have meaningful change for young people in Senegal unless their voiced concerns are taken seriously and reflected in national health budgets and across key sectors impacting their health," insists Aminata. "Working with the GFF shows what's possible when young people's voices are heard and they are given the opportunity to shape, implement and monitor the policies that will impact their families and communities."

The GFF's new civil society and youth engagement framework and larger civil society organization (CSO) grant mechanism will further empower and amplify the voices of the most vulnerable, by facilitating more diverse participation from local CSOs and representatives of affected communities, especially low-income women and adolescent girls. The GFF will elevate and empower them to advocate for more and better health financing and services.

The GFF's support to country-led platforms will also help foster greater alignment of global health partners behind national priorities and help countries hold their partners accountable, through improved technical assistance and accountability tools to bolster investment case implementation, resource mapping and expenditure tracking, and increase alignment.

Advancing Equity, Voice and Gender Equality

The new GFF roadmap for advancing gender equality prioritizes six areas for action to help close gender gaps. These include: raising awareness around the importance of gender equality for driving progress; increasing investments in gender-responsive monitoring and data systems; bringing a gender lens to implementation support; intensifying engagements with local women's organizations and youth groups to strengthen country platforms; creating a supportive environment to empower women and girls as leaders; and strengthening country-level engagement beyond the health sector. The GFF will also support countries in more precisely targeting strategies to reach the poorest and most marginalized women, children and adolescents, including refugees and those displaced by conflict or climate change.

Protecting and Promoting High-Quality Health Services by Reimagining Delivery

The pandemic has shown that the best health emergency response systems are strong primary and community-level care that can be surged during an outbreak. For instance, a health worker in a remote village will be the same health worker who delivers both primary care and COVID-19 vaccines. The cold chain and other supply chain or system improvements that must be made to enable last-mile vaccine delivery are also the same systems that must be strengthened to ensure delivery of routine childhood vaccines, contraception or other essential health supplies.

The GFF will increase support to countries to maintain essential health services and bolster the systems necessary for effective and equitable delivery of COVID-19 vaccines and tools. In some countries, this may mean supporting governments to leapfrog their current health systems through scaling of digital health innovations. In others, the emphasis will be on increasing investments and strengthening systems that can deliver higher quality and more equitable primary health care, including better diagnostics and infection prevention and control, that will aid the COVID-19 response and accelerate preparedness for future pandemics. Additional GFF support will also accelerate launch and scale of civil registration and vital statistics (CRVS) systems to enable faster and more reliable population health data and reporting, to help countries better target ongoing service delivery and pandemic response.

A new GFF innovation strategy will identify pathways to scale innovations in service delivery across countries. The GFF's newly forged partnership with the International Finance Corporation (IFC) and its new [US\\$4 billion Global Health Platform](#) will pioneer a new generation of catalytic investments in private health providers that commit to reach underserved women, children and adolescents in GFF partner countries.

HOW THE GFF ADVANCES SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

The GFF is committed to ensuring all women, children and adolescents can survive and thrive. Countries will not achieve this goal without deliberate actions and progress in young girls' and women's access to sexual and reproductive health and rights (SRHR). The GFF is working to ensure that SRHR is prioritized in country health plans—an area that has been historically underfunded. Our approach goes beyond funding scale-up of specific services to facilitate a broader dialogue on policy and financing reforms needed to increase access to SRHR interventions, including (i) strengthening country supply chains and procurement systems for family planning commodities; (ii) ensuring more efficient resource allocation for SRHR; and (iii) building robust data and results measurement systems to track funding and progress on priorities and commitments for SRHR. These concerted actions are even more urgent now as the COVID-19 pandemic continues to disrupt the delivery of essential health services.

The GFF's support to SRHR is comprehensive and goes beyond the health sector to remove some of the most pressing obstacles to the health and well-being of women and girls. For example, the GFF provide funding for the education sector in **Bangladesh** to improve learning and retention of girls in school as a key

strategy for driving further improvements in adolescent and maternal health outcomes. Eighty percent of country investment cases supported by the GFF prioritize adolescent health, and nearly all GFF partner countries are seeing positive trends in SRH outcomes.

For example:

- In **Afghanistan**, couple years of protection (CYPs)—the estimated protection provided by contraceptive methods during a one-year period—has increased by 55 percent since 2017.
- In **Ethiopia**, the modern contraceptive prevalence rate for women living in rural areas increased by more than 5 percent in the past three years.

Over the next five years, mobilizing additional domestic and global resources for SRHR is a top GFF priority. In response to the increased demand from many West and Central African countries, which have been receiving disproportionately low levels of external financing for SRHR, the GFF will place a greater emphasis on helping our partner countries in this region close SRHR financing gaps. The GFF will scale up investments based in school, community and facility service delivery models that will reduce barriers to reaching adolescent girls and provide them with a safer environment.



The GFF's role as a global partner, including its strength as a convening platform, and ability to catalyze resources provides a unique advantage to help increase the use of innovations at scale.

SCALING DIGITAL INNOVATIONS TO IMPROVE ACCESS AND QUALITY TO HEALTH SERVICES

As COVID-19 has upended traditional delivery methods of essential health services, the use of innovations has emerged as critical in providing health communications, consultation and other services in new ways. Even before COVID-19 forced renewed efforts around the world to reimagine delivery of essential services, the GFF had begun development of an innovation strategy focused on scaling impactful, proven innovations to accelerate improvements in health outcomes for women, children and adolescents.

As part of these strategic efforts, the GFF is focused on developing and deploying information and communication technology (ICT) innovations to increase coverage and quality of health service delivery. For example, in **Rwanda** the GFF is supporting development of a database and dashboard that will improve the reporting, management and planning of a complex, multisectoral nutrition program. The program is administered through health care facilities and community health care workers with contributions from a variety of national and subnational agencies.

Once complete, the dashboard will allow the program managers and planners to quickly identify program successes and challenges, as well as allow for the integration of a variety of real-time data sources and inputs to allow for fast, data-driven decision making.

In **Myanmar**, the GFF is providing a US\$10 million investment in the World Bank's Essential Health Services Access Program to strengthen health systems, which includes the scale-up of ICT tools for improving health service delivery. As a part of this investment, the GFF is also providing technical support to help improve use of technology that is already available to frontline workers and expectant mothers but underutilized due to capacity, infrastructure and technical constraints.

As countries continue to innovate as part of their COVID-19 response and recovery efforts, there is an opportunity to leverage additional investments and help reach new populations with quality health services. The GFF's role as a global partner, including its strength as a convening platform and ability to catalyze resources, provides a unique advantage to help increase the use of innovations at scale.

LAYING THE FOUNDATION FOR STRONGER HEALTH SYSTEMS: CIVIL REGISTRATION AND VITAL STATISTICS

Civil Registration and Vital Statistics (CRVS) systems are fundamental to building resilient health systems and fair societies. They facilitate access to services, advance health outcomes monitoring and enhance human rights protection. Without legal documentation, millions of women and children could become excluded from social services such as health coverage and access to education and social protection programs, leaving them more vulnerable to human rights violations.

In **Rwanda**, only half the children under five years old were registered in 2014 and only 3 percent received birth certificates. Leveraging existing digital systems, the government prioritized strengthening CRVS to ensure legal identity for all, good governance and evidence-based decision making. A unique national identification number was assigned at birth, which, along other benefits, facilitates the identification and enrollment of children in nutrition and social programs by linking information to health and social protection systems, among others. A US\$3 million GFF grant complemented US\$6.5 million from the government to ensure that CRVS systems were successfully integrated with the national identification system.

With help from the GFF, the government also amended a national law to start allowing officials at health clinics to register births and issue birth certificates. This key policy change helped pave the way for timely and electronic registration and certification of vital events. GFF funding also supported behavior change communication campaigns and training for government officials at various levels to more effectively register and monitor births. More than 4,500 officials across the country have been trained in civil registration and how the upgraded system links to the national nutrition program—making it easier for families to apply for support.

“I was only required to present my ID,” explains Ntirugirimbabazi Claudine, a mother of three and a resident of Huye District in the Southern Province of Rwanda. “The good thing with the current birth registration process is that all processes are completed at the health facility. You don’t have to incur any more costs or spend any more time on the issue of registration of your child. . . . After registration, the registrar told us that our child is now electronically identified in all other relevant systems . . . with our child now known, we will be able to access financial benefits to take good care of her.”



Building More Resilient, Equitable and Sustainable Health Financing Systems

The GFF will prioritize greater efficiency in national health expenditures in GFF partner countries and promote reforms that will lead to more domestic resources for health.

Working closely with its partners in the Sustainable Development Goal 3 (SDG3) Global Action Plan Sustainable Financing Accelerator—Gavi, Global Fund and the World Bank—the GFF will help countries prioritize and implement health financing reforms to improve health outcomes for women and children.

The GFF will expand its support for countries to “hardwire” health investment priorities to expenditure allocations, leveraging the investment case to improve allocative and technical efficiency of health expenditures as well as equity. In partnership with the World Health Organization (WHO), United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA) and other technical and normative agencies and the [International Decision Support Initiative](#) (IDSI), the GFF will provide practical support tools to partner countries, such as “best-buy” options lists for women’s, children’s and adolescent health services, and ensure these are reflected in the investment case and hardwired to national budget and planning processes to translate priorities into actual changes in how resources are used.

A key focus area will be accelerating efficiency of health expenditures, including through new modes of public-private collaboration, task-shifting, wider deployment of telemedicine and conditional cash transfers, targeted removal of user fees and ensuring policy priorities are translated into domestic spending. The GFF will also step up joint advocacy with its SDG3 Accelerator partners to protect financing for essential health services during the pandemic and develop strategies for GFF partner countries to mobilize more resources for health as their macrofiscal situation allows. Recognizing the challenging macro-fiscal situation countries will be confronted with in the next few years, the GFF will provide targeted technical support for budget analysis to identify options for additional revenue generation and support efficient and equitable de-prioritization where necessary.

Sustaining a Relentless Focus on Results

Linking financing to results is at the heart of the GFF approach. But this is only possible with greater investments in reliable and timely data. Over the next five years, the GFF will intensify its support to partner countries to improve the real-time generation, analysis and use of data for decision making, make their monitoring systems more gender-responsive and equity-focused and increase transparency. A percentage of future GFF Trust Fund grants will be dedicated to strengthening critical intergovernmental and cross-partner coordination functions that facilitate data use and promote better results monitoring. To drive greater accountability and ownership, the GFF will also produce country investment summaries for every country that identify a set of indicators directly related to the country’s investment case and the GFF-supported activities and reforms under implementation.





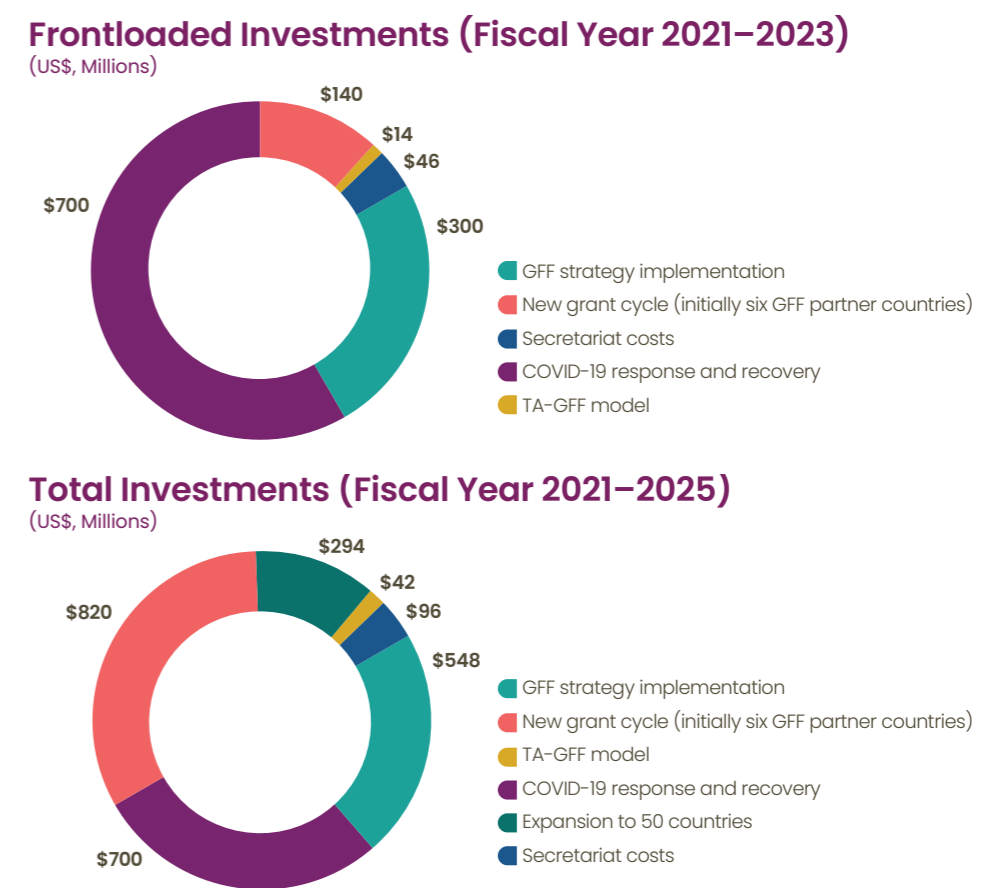
5 Investing in the Next Phase of the GFF: Securing a Healthier and More Resilient Future

“...With our child now known (registered), we will be able to access financial benefits to take good care of her.”
Ntirugirimbabazi Claudine | Huye District, Rwanda

With this new strategy, the GFF is poised to help partner countries get back on track and speed up progress on women’s, children’s and adolescent health over the next five years. But this won’t be possible without significant additional resources. Country demand for GFF Trust Fund grants and technical support is very high and growing. The GFF’s replenishment in 2018 generated US\$1 billion, and due to the very high demand from countries and rapid operational response by the GFF Secretariat and World Bank nearly all of this had been committed by the end of 2020.

The GFF needs an additional US\$2.5 billion from 2021 to 2025 to protect health gains made thus far and accelerate progress toward the 2030 Sustainable Development Goals (SDGs). Of this amount, the GFF urgently needs to secure new pledges of US\$1.2 billion by the end of 2021 to help its current 36 partner countries protect and maintain essential health services in the face of the pandemic and stimulate time-sensitive health system improvements that will enable a sharp bend of the curve back to a positive trajectory to close the gap to the SDGs. Figure 6 provides a breakdown of the GFF funding request and how it will be used.

FIGURE 6. Overview of GFF Investment Request



Protecting and Promoting Essential Health Services in the COVID-19 Response and Recovery

The GFF urgently needs US\$1.2 billion in pledges frontloaded in 2021, including US\$700 million to help partner countries maintain essential services in the wake of COVID-19.

This funding will help countries save lives now and catalyze system improvements necessary to end the pandemic and bend the curve back and accelerate progress toward the SDGs. As governments and international partners race to finance COVID-19 vaccines, tests and treatments, there is a serious risk that essential health services for women, children and adolescents will be further disrupted and deprioritized. Working in close partnership with the World Bank Group's COVID-19 country response teams, essential services grants from the GFF Trust Fund will co-finance vaccine delivery and critical systems strengthening interventions to ensure that poor and vulnerable women and children can access essential services now and in the future. These grants will incentivize governments to prioritize essential health services as well as the critical system investments necessary for equitable and affordable roll-out of COVID-19 vaccines and tools.

The GFF aims to ensure that investments countries make for vaccine rollout also reap health benefits to their populations beyond the acute needs related to COVID-19. The GFF will support workforce planning and temporary deployment of human resources to manage vaccine rollout; service delivery innovations to enhance patient flow and expand community-based approaches; identification and removal of supply chain bottlenecks for essential supplies such as oxygen; and strengthening disease surveillance and other information systems. GFF support will also promote strategies to reduce barriers to care for women, children and adolescents.

The GFF will seek to ensure that as countries recover and build their next generation of health systems, they also prioritize access to quality, affordable care for women, children and adolescents. COVID-19 essential services grants will enable countries to pivot and adapt their health service delivery systems. As most countries in the world grapple with vexing challenges associated with rapid, large-scale distribution of a vaccine for adults, they are designing new approaches, presenting a unique window of opportunity to reimagine service delivery, including through digital health transformation. The GFF is well-positioned to combine country-led identification of needs for innovations in service delivery with technical assistance and linkages to World Bank Group financing to bring these innovations to scale.



IN LIBERIA, PROTECTING GAINS FOR WOMEN, CHILDREN AND ADOLESCENTS AMID COVID-19

The GFF has been working with the Government of Liberia since 2016 to address the country's most pressing health needs. Through Liberia's investment case, the GFF helped to close gaps in service delivery and health outcomes for women and children in counties where progress has lagged the most.

But these gains were at stake as COVID-19 unleashed a disruption to delivery of essential services, putting millions of women and children at risk of dying or enduring lifelong impacts. An analysis of data from over 770 health facilities in GFF countries showed that Liberia was among the countries facing the most severe service disruptions. During the months of April and May, about 35 percent fewer children were vaccinated, outpatient consultations for children under five years old fell 35 percent, and the number of women who attended all four recommended medical visits during pregnancy dropped by 20 percent. These numbers are particularly concerning, given Liberia's already high maternal and child mortality rates, which could increase over the next year due to these disruptions.

The government's COVID-19 response plan, which initially focused solely on responding to the pandemic, has now also prioritized the continuation of routine maternal and child health services. While this has helped to recover some of these services, there has not been a

significant enough rebound to make up the lost services. To help address this, the GFF acted quickly to adapt its support using its existing grant linked to the World Bank Liberia Health System Strengthening project. The grant now focuses on strengthening community health channels, addressing low service demand, adapting the delivery of routine health services to COVID-19, increasing the capacity of frontline healthcare workers and adapting the existing maternal and child health focused results-based program to address emergency needs.

For example, the GFF is supporting the government to increase subsidies to frontline health providers to purchase personal protective equipment (PPE) and emergency commodities, and incentivize health workers to continue providing quality routine maternal and child services. A cost analysis will enable the government to better understand resource needs for expanding results-based programs to the six remaining counties that are not yet covered. To address low demand for services among women and mothers who are reluctant to seek care for themselves or their children, the GFF is funding a public communication strategy. At the same time, technical assistance is helping health facilities with less demand shift some of their routine service provision to communities, making it easier for women and children to seek care.

Building Back Better to Advance Gender and Health Equity

Also included in the frontloaded request for 2021 is US\$300 million to enable the GFF to roll out its new strategy in its existing 36 partner countries and accelerate progress toward the 2030 goals. Specific deliverables will include the following:

- Implementing the GFF’s new gender equality roadmap;
- Launching a new leadership and development program to nurture a new generation of female leaders and champions for women’s, children’s and adolescent health;
- Financing a new round of GFF Trust Fund grants to help countries make better use of World Bank Group financing in the education and social protection sectors to address key constraints to accessing health services for the poorest and most marginalized populations;
- Coinvesting alongside the International Finance Corporation to finance private sector companies to improve the reach and quality of health services women, children and adolescents; and
- Providing technical assistance to improve efficiency of country health expenditures and public financial management and improve the quality of results reporting.

Responding to Country Demand—and Fulfilling the Promise of the GFF

Six of the 36 GFF partner countries approaching the end of their current grants and would not be able to receive additional support without further pledges to the GFF Trust Fund in 2021. A large number of vulnerable women, children and adolescents in each of these countries remain at risk of ill health or premature death—made worse by the disruption of essential health services due to the pandemic—and delaying or stopping financing now would undermine the gains that have been made in recent years, which would be particularly devastating in light of the COVID-19 crisis. An additional US\$140 million in 2021 is necessary to ensure that the GFF can continue its support to these countries without interruption.

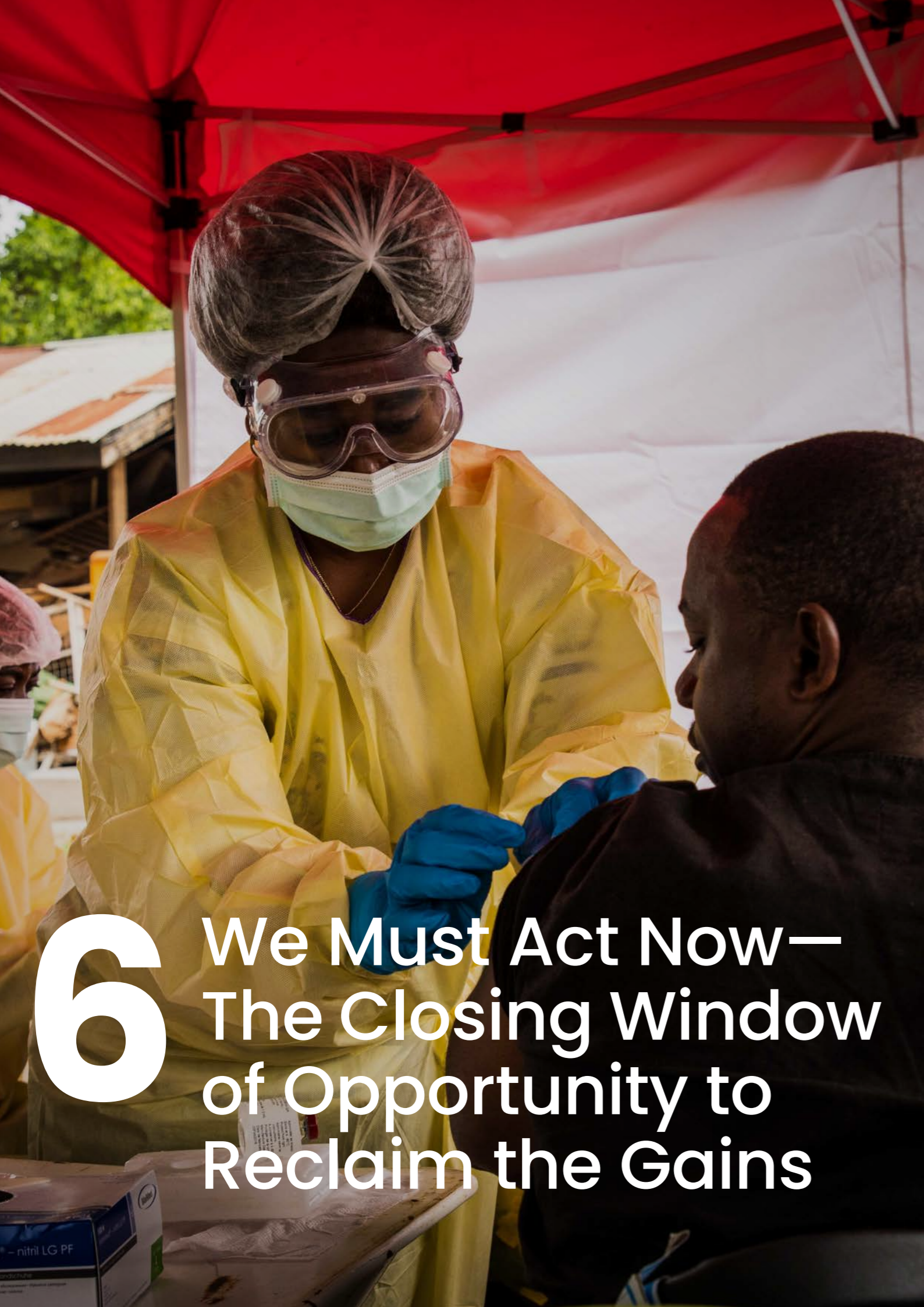
The initial US\$1.2 billion in pledges in 2021 for the GFF Trust Fund is urgently needed to support the activities outlined above.

But to fulfill the GFF promise, an additional US\$1.3 billion will be needed to support the GFF’s work from 2023 to 2025.

This additional investment will support new cycle of GFF Trust Fund grants in the rest of the existing GFF partner countries and enable full implementation of the new GFF strategy. This additional investment will also enable the GFF to expand its support to an additional 14 countries, for a total of 50 countries. This expansion will be necessary to reach the SDG3 targets to reduce preventable deaths of mothers, newborns and children. The expansion is also in response to high country demand: as far back as 2018, 50 countries have expressed their interest in joining the GFF for support in addressing the significant health needs of their populations. To date the GFF has not had enough resources to respond to their demand. With the implications of the pandemic on essential health services, these countries are in even greater need of the GFF’s support. The GFF’s expansion will prioritize fragile and conflict-affected states with high burdens of maternal and child mortality. Approximately half of the new countries would fall into this category, which is especially important because they are generally furthest achieving the SDG targets.

Modeling Efficiency and Sustainability in Global Health

The GFF Secretariat’s operational costs over five years will be capped at 4 percent of the total investment. This includes the necessary resources and technical expertise to engage with a growing number of stakeholders and provide the adequate support and stewardship to deliver on the new strategy. This represents a very efficient operational model, especially when considered in context of the tens of billions that will be leveraged through these additional investments in the GFF Trust Fund.



6 We Must Act Now— The Closing Window of Opportunity to Reclaim the Gains

The results of the GFF's first five years have clearly demonstrated progress toward better health is possible, even in the poorest countries and most marginalized communities. Yet the COVID-19 pandemic has placed this progress for the world's women, children and adolescents in grave peril.

New investments of US\$2.5 billion in the GFF from 2021 to 2025 will help countries save 18 million lives, mobilize US\$53 billion dollars, and extend the right to better health to millions more women, children and adolescents. The path forward builds on existing impact and reflects key shifts and significant efficiency gains in the model, including additional efforts to boost government leadership, align partners, improve data use and leverage new partnerships and innovations with non-state actors and the private sector. Without the additional investment, the threat of backsliding is real and imminent, putting millions at risk.

As the world races to control the pandemic, deliver a COVID-19 vaccine and forge an economic recovery, we must not leave the poorest and most vulnerable women, children and adolescents behind. Failing to address their everyday health needs is not only unjust, it will also make it impossible to reach the Sustainable Development Goals (SDGs) by 2030—the goal of health for all as well as the goals related to extreme poverty, hunger, universal education, gender equality and more.

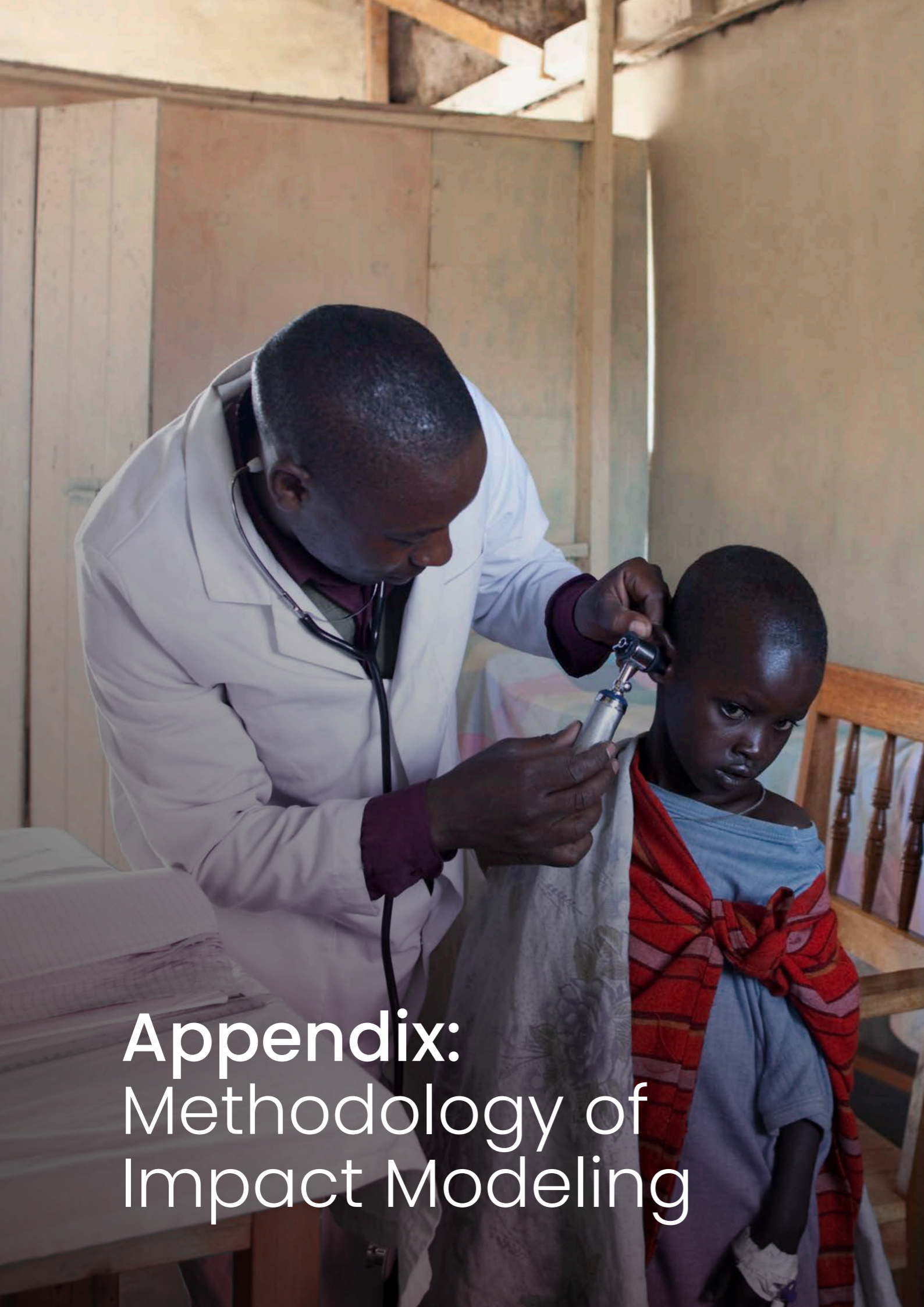
It's time for the global community to throw its full support behind country-led solutions, local leadership and to deliver on its commitment under the SDG3 Action Plan to improve alignment and coordination. As governments plan to build back better and make their health systems more resilient and better prepared for future pandemics, it's the right time to incentivize more sustainable financing and promote more equitable and higher quality care. It's also the right time to supercharge progress by answering the calls from other low- and low- and middle-income countries (LICs and LMICs) to join the GFF partnership. Fifty countries included in the GFF partnership would have an enormous impact on the world's ability to reduce the global burden of disease among women, children and adolescents.

The global COVID-19 response and recovery must prioritize and protect the health and future opportunities of the world's most vulnerable women, children and adolescents. We must not turn back the clock on them—they are counting on us to fulfill our promise.



We must not let the COVID-19 pandemic turn back the clock on these hard-won health gains for women, children and adolescents, leaving them further behind.
Now is the time to invest in the GFF.

globalfinancingfacility.org/reclaimthegains



Appendix: Methodology of Impact Modeling

The impact model was originally developed in 2018 in support of a paper⁵ exploring the potential impact of mobilizing additional support to scale up life-saving interventions for women, children and adolescents. It was updated in October/November 2020 to incorporate direct and indirect effects of the COVID-19 pandemic, including a revised economic forecast.

The objectives of the impact model are to quantify the increase in financing for women, children and adolescent health catalyzed and aligned through the new Global Financing Facility (GFF) strategy, and to estimate the improvements in health outcomes resulting from aligning the additional financing with costed plans to scale the highest priority reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) interventions. The difference between a fully funded GFF strategy and partnership (scale-up scenario) and without additional investment in the GFF (historical trend scenario) determines differential levels of intervention scale-up, which leads to important changes for countries' ability to save lives and prevent stillbirths.

Principles

Countries lead, and the impact is theirs. The model adopts a contribution perspective that recognizes the important role played by many different actors in supporting countries to enhance impact. No attempt is made to attribute impact to any single funding source. In addition to a fully funded GFF, full funding for the other major global health financing mechanisms—Gavi, the Global Fund and IDA—is critical for supporting countries to deliver on the impact estimated in this model. Most importantly, given the significant role of domestic resources in the expansion of service availability, increased investments of domestic resources in RMNCAH-N are essential to the model.

⁵ Chou, V. B., O. Bubb-Humfries, R. Sanders, et al. 2018. "Pushing the Envelope through the Global Financing Facility: Potential Impact of Mobilizing Additional Support to Scale Up Life-Saving Interventions for Women, Children and Adolescents in 50 High-Burden Countries." *BMJ Global Health* 3 (October):e001126. doi:10.1136/bmjgh-2018-001126. <https://gh.bmj.com/content/bmjgh/3/5/e001126.full.pdf>.

Methodology: Resource Mobilization

There are several ways in which the GFF strategy aims to effect change, which the resource mobilization model captures, including:

1. Influencing the share of domestic government expenditure allocated to health and the share of health budgets allocated to priority RMNCAH-N interventions;
2. Influencing the scale of external resources aligned around country investment cases (of which a proportion is assumed to be incremental—in the sense that it would not otherwise be allocated to scaling up these interventions); and
3. Generating allocative and technical efficiency gains through greater alignment and coordination of health financing.⁶

The model attempts to capture other dynamics of interest as well, such as the prevalence of out-of-pocket payments for priority RMNCAH-N interventions. Private sector engagement is not modeled independently, but could create change through any of the three channels listed above.

The availability of resources for the funding of priority RMNCAH-N interventions was modeled by year and country for two scenarios:

- A historic trends scenario representing a continuation of historic domestic resource growth.
- A scale-up scenario, with additional domestic and external resource mobilization aligned with the highest priority RMNCAH-N interventions and efficiencies gained. This scenario reflects the catalytic role of the GFF strategy, together with GFF partner countries' domestic resources and IDA, Gavi and the Global Fund.

The effect of COVID-19 on resource availability is accounted for in both scenarios. The assumption of COVID-19's suppressive effect on GDP growth is the same between the two scenarios and follows IMF forecasts. In the scale up scenario, increases in the share of domestic government expenditure allocated to health, together with increases in the share of health budgets allocated to priority RMNCAH-N interventions, lead to an overall net increase in funding for the highest impact RMNCAH-N interventions over time, despite the suppressive effects of COVID-19 on GDP growth.

Model inputs use the most reliable, granular data sources available. This means using country-level data when it exists or, if not, using regional and/or income group level data instead. The model is intended to generate results at the aggregate level (country-level results are not reported) though country-level results are used to sense check each assumption and ensure they produce realistic estimates.

⁶ Prioritization in the model focuses on 38 core MCH interventions from the more than 80 interventions in the Lives Saved Tool (LiST) model for all 50 countries included in the model. In the model, these are considered the same 38 for each GFF partner country. This differs from how the GFF partner countries focus their own investment cases, with each country prioritizing its own interventions based on their own context and situation. The 38 interventions chosen in the LiST model overlap substantially with what was prioritized in each country; however, these are not identical (as each country made its own investment case priorities based on their most recent available data).

2019 Baseline Assumptions

2019 is defined as the baseline year, during which expenditure on the priority set of RMNCAH-N interventions is equal to the cost of providing current levels of coverage (estimated in a separate modeling exercise). The 2019 expenditure is assumed to consist of the following sources of funding:

- Domestic resources;
- Development assistance for health;
- Out-of-pocket payments; and
- Private pre-paid.

After 2019, each source of funding is projected out to 2030. A different approach is taken to modeling each source of funding, as best matches the potential impact of the GFF strategy and the available data. The model also captures "efficiency gains" as a separate category, which is additional to the existing sources of funding.

Domestic Resources

Domestic resource estimates are built up by multiplying GDP by the share of general government expenditure in GDP⁷; the share of health expenditure in general government expenditure⁸; and the share of spending on the priority set of RMNCAH-N interventions in general government health expenditure. In 2019, each of these shares can be calculated from publicly available databases—except for the proportion of health budgets spent on the priority RMNCAH-N interventions, which is used to set cost equal to expenditure. Each of these inputs is available at the country level.

After 2019, assumptions are used to vary the two aspects of domestic resources which the GFF aims to directly influence.

- The share of government budgets spent on health is held constant under the trend scenario (based on analysis of historic trends) and set to rise in some countries under the scale-up scenario with a fully funded GFF strategy. The GFF Secretariat has identified 24 countries in which an increase in the share of spending on health could credibly be achieved. Of these 24 countries, the ones below the median for their income level/regional grouping are assumed to increase that share at a rate which would result in catch-up by 2030—and not exceeding 0.2 percentage points per year. Progress finishes at the end of each country's investment period.
- The share of health budgets spent on the priority RMNCAH-N interventions is held constant under the trend scenario and increases by 1 percentage point by 2030 under the scale-up scenario. The level of improvement was chosen to give results in reasonable proportion to baseline levels (approximately 8 percent).

⁷ IMF (International Monetary Fund). 2020. "World Economic Outlook: A Long and Difficult Ascent." Washington, D.C., October. <https://www.imf.org/en/Publications/WEO/Issues/2020/09/30/world-economic-outlook-october-2020>.

⁸ <http://apps.who.int/nha/database/Home/Index/en>.

The model uses IMF forecasts from May 2020 out to 2025, then follows the approach used in Stenberg et al. (2014) to forecast GDP trajectories for each country: assuming that real growth rates will converge from their 2017–22 averages to 2 percent in 2070. The model is sensitive to GDP growth but, since the GFF does not aim to directly influence GDP, it is treated as exogenous for the purposes of this model. In both the historic trends scenario as well as the scale-up scenario, it is assumed on the basis of IMF forecasts that COVID-19 exerts a suppressive effect on country GDP growth rates from 2020 to 2025. Similarly, the share of government expenditure in GDP is held constant. The main difference between the scale-up and historical trend scenario is the changes in percentage of government expenditure that is prioritized for health, and specifically for high impact RMNCAH-N interventions.

External Resources

In the scale-up scenario the model assumes there will be more resources for health and that both domestic and external resources will be better aligned around the priority RMNCAH-N interventions through the development and implementation of country investment cases. External resource mobilization is modeled by estimating the scale of external resources that will be aligned around the investment case in each country, and assumes that a proportion of those resources would be additional relative to the historical trend (in the sense that they would not otherwise have been allocated to this set of interventions).

The scale of investment case resources in each country is based on estimates from the GFF Secretariat concerning:

- The scale of the GFF Trust Fund's second funding rounds;
- How those resources will be split across countries and years (based on an allocation algorithm taking into account variables such as burden of disease, population, and income level);
- The ratio of GFF Trust Fund disbursements to other sources within each investment case (excluding domestic resources to avoid double-counting). For every dollar of GFF Trust Fund resources, it is assumed that investment cases also attract USD\$6.00 dollars of external resources and USD\$7.60 of IDA/IBRD resource; of which only 34 percent are considered new and therefore additional.⁹

⁹ A key unknown in estimating external resource mobilisation is the extent to which resources aligned around country investment cases would be greater than what would have been available to fund the priority RMNCAH-N interventions if the investment cases and other GFF initiatives were absent. At either extreme, it could be assumed that all investment case resources are additional or that none are (for example, funding is just relabeled). In the absence of better information, the model considers the proportion by which costs would have to increase to reach at least 80 percent intervention coverage. Across the whole modeling period this comes out at approximately 34 percent, which is used in the GFF scenario.

Out-Of-Pocket Payments

The baseline for out-of-pocket payments in the model was constructed from a 2018 Lancet paper authored by the Global Burden of Disease Health Financing Collaborator Network.¹⁰ Out-of-pocket sources of health expenditure are then assumed to follow trend growth rates estimated in the wider literature (4 percent per year for low- and middle-income countries, or LMICs, and 1.5 percent per year for low-income countries, or LICs), but are also assumed to reduce in proportion to increases in other sources of health funding. That is, a fraction of every U.S. dollar of additional funding mobilized (0.193) is assumed to replace out-of-pocket spending rather than being available to scale up coverage rates. The coefficient used to characterize the relationship between out-of-pocket spending and other funding sources is based on Cambridge Economic Policy Associates (CEPA) analysis of estimates from the literature.^{11,12}

Private Pre-Paid

Private pre-paid sources of health expenditure are assumed to follow trend growth rates estimated in the wider literature and are otherwise treated as exogenous.

Efficiency Gains

The “efficiency gain” label is a catch-all term to include anything that reduces the cost of achieving a given coverage rate (efficiency) or increases the health impact potentially achieved with a given set of resources (effectiveness). For instance, improved alignment around investment cases or better prioritization of essential interventions could both be represented as efficiency gains. Private sector engagement leading to improved efficiency in service delivery would also be captured here. The model expresses these gains as an expansion of the overall resource envelope above and beyond each individual source.

The GFF Partnership improves alignment around RMNCAH-N resources. Efficiencies are modeled as a simple proportion of RMNCAH-N spending (not including out-of-pocket payments), which increase linearly over time from 0 percent in 2017 to 5 percent by 2030). These values were chosen based on analysis of a World Health Organization (WHO) report suggesting that a significant proportion of resources allocated to health is wasted.¹³ Consideration was given to set targets linked to avoidable inefficiency (as opposed to endemic waste). A similar treatment was applied on the cost modeling side of this exercise, for which the cost of health service delivery was increased by 15 percent to reflect inefficiencies currently believed to exist in practice. Therefore, the model assumes that the GFF strategy will help eliminate inefficiencies in a manner that lowers this inefficiency factor from 15 percent to 10 percent.

¹⁰ Trends in Future Health Financing and Coverage: Future Health Spending and Universal Health Coverage in 188 Countries, 2016–40.” 2018. [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(18\)30697-4/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(18)30697-4/fulltext).

¹¹ Victoria Y. Fan & William D. Savedoff. “The Health Financing Transition: A Conceptual Framework and Empirical Evidence”. 2012. <http://www.r4d.org/wp-content/uploads/TFH-The-health-financing-transition.pdf>.

¹² Further assessment of the literature on the elasticity of out of pocket payments with respect to other sources of health funding could be warranted.

¹³ Health systems financing: the path to universal coverage”. 2010. <http://www.who.int/whr/2010/en/>.

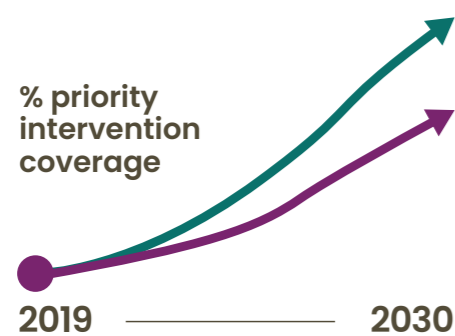
HOW DOES THE RESOURCE AVAILABILITY MODEL RELATE TO COST AND HEALTH IMPACT?

The resource availability model described in this document is one of three models developed to inform the GFF's first replenishment. The cost and health impacts of achieving specified coverage rates for the priority RMNCAH-N interventions were modeled using the Lives Saved Tool (LiST) and LiST Costing Tool. The three models are separate but run scenarios and assumptions broadly consistent with one another.

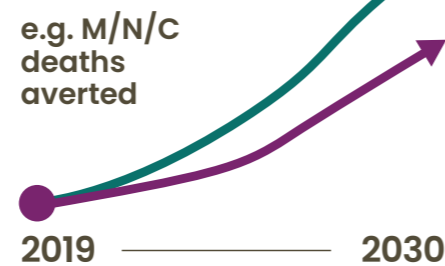
Historic "trend" resource availability is set equal to the cost of funding historic coverage levels up to 2019—the base year used in the LiST Costing Tool.

For each year after 2019, future coverage levels in the cost and health models are calibrated for consistency with the forecast of available resources.

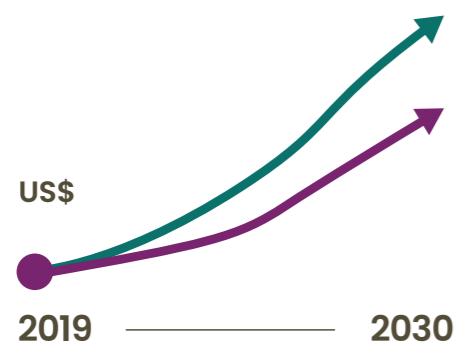
Scale-up scenarios



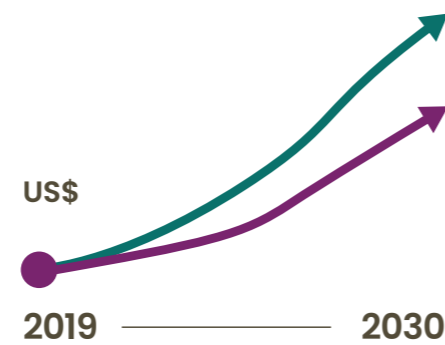
Health outcomes Lives Saved Tool (LiST)



Resource availability CEPA modeling



Costs LiST Costing Tool



Methodology: Health Outcomes

This model uses the Lives Saved Tool (LiST Version 5.89 beta 5), which is an evidence-based platform widely used for program evaluation, strategic planning, and advocacy since 2003. The impact estimations resulting from this model show a reduction in child and maternal deaths (or "lives saved") and stillbirths prevented. Impact is quantified as difference in child and maternal death (or "lives saved") and number of stillbirths (or "stillbirths prevented") across the time period from 2020 to 2030 between country-led scale-up in which the GFF strategy plays a significant role and the historical-trend.

The model includes 50 GFF countries (36 current countries and 14 additional eligible countries). The scaled-up model with the GFF strategy is characterized by an increase to at least 80 percent coverage of priority interventions by 2030. If coverage already exceeds 80 percent at the country level, then the current coverage level for that country was used in both models. The coverage change for the counterfactual model is based on historic trends.

Both models assume that COVID-19 leads to an 18 to 25 percent drop in service coverage for 2020. The one-year recovery and linear increase to 80 percent by 2030 in the scale-up scenario is enabled through the additional resources generated and aligned with the highest priority RMNCAH-N interventions, as estimated in the economic model. In contrast, the smaller resource envelope for RMNCAH-N interventions in the historic trends scenario resulting from suppressed GDP growth, limited new investments in RMNCAH-N from domestic and external sources and lack of alignment around country investment cases is assumed to suppress service coverage over the course of the 10-year modeled period.

The projected coverage levels for some RMNCAH-N services in the historical trend model and scaled-up model have several exceptions.

- For HIV/AIDS for example, the delivery of PMTCT, cotrimoxazole and pediatric ARV treatment is included in the cost model. However, while these interventions are included in the LiST impact analysis, there was no variation in coverage levels between the two scenarios and thus no difference in impact.
- For vaccination, the impact was estimated based on the difference between the additional number of individuals reached with routine vaccination over the course of the decade in the historical trends scenario compared to the scale-up scenario. The scale up scenario is based on country-specific forecasts of 2030 coverage levels for routine immunization, instead of using a standard assumption of 80 percent or higher for all countries.

- For family planning, the estimates are aligned with United Nations forecasts for modern contraceptive prevalence (mCP) and population change for the next 10 years. For the historic trends scenario, the UN Population Division (UNPD) median mCP growth estimates for 50 countries were used and extrapolated linearly to 2030.¹⁴ For the scale-up scenario, the upper 80th percentile confidence interval was used for modern contraceptive prevalence from UNPD's model in these same 50 countries. A linear trend between the 2019 baseline mCP and the 2030 target was created. To determine the impact of COVID on the year 2020, both scenarios aligned with UNFPA on the impact of COVID impact on 2020 and subsequent years—COVID-19 impacts on contraceptive use were factored in using estimates developed by UNFPA that utilized Google Mobility data to estimate country specific declines in utilization of FP services.¹⁵

Costs were calculated using the LiST Costing Tool.¹⁶ Total intervention costs = \sum (Services provided x cost per service). Costs per service include drugs, supplies, medical personnel, inpatient days, outpatient visits. Above service delivery costs were calculated as a percentage approach over and above direct costs, including program support costs, logistics and other health system costs, as well as inefficiencies in service delivery (15% inefficiencies costs were added to all unit costs where inefficiencies are not already captured).

For this model several additional costs were included to represent COVID-19 associated increases in drug and supply costs and service delivery to allow for safer service delivery (for example, personal protective equipment (PPE) costs, reduced volume for staggered health care delivery), as well as the cost of COVID-19 vaccine for frontline health care workers. Additionally, the model included expected reduction in coverage (and thus cost decrease due to reduced service coverage) due to COVID-19 associated service disruptions (only cost reduction of drug and supply costs as fixed costs are assumed to still be incurred).¹⁷

Sensitivity analyses were conducted to explore how various assumptions about the economic impact of COVID-19 affect projected levels of coverage and mortality. Given the unprecedented nature of the pandemic and its wide-ranging and highly volatile health and economic impacts, there is no definitive empirical basis for defining certain model parameters at the present time. As more data become available on how the pandemic's health and economic impacts evolve over time, assumptions used in the model will be reassessed.

¹⁴ https://www.un.org/en/development/desa/population/theme/family-planning/cp_model.asp

¹⁵ Kantorová, V., J. R. New, A. Biddlecom, and L. Alkema. 2017. "Setting Ambitious yet Achievable Targets Using Probabilistic Projections: Meeting Demand for Family Planning." *Studies in Family Planning* 48 (3): 223–33. <https://doi.org/10.1111/sifp.12025>

¹⁶ Bollinger, L. A., R. Sanders, W. Winfrey, et al. 2017. "Lives Saved Tool (LiST) Costing: A Module to Examine Costs and Prioritize Interventions." *BMC Public Health* 17:S4. doi: 10.1186/s12889-017-4738-1.

¹⁷ Robertson, T., E. D. Carter, V. B. Chou, et al. 2020. "Early Estimates of the Indirect Effects of the COVID-19 Pandemic on Maternal and Child Mortality in Low-Income and Middle-Income Countries: A Modelling Study." *Lancet Glob Health* 8 (7): e901–e908. doi: 10.1016/S2214-109X(20)30229-1.



GFF Partner Countries

- Afghanistan
- Ethiopia
- Malawi
- Senegal
- Bangladesh
- Ghana
- Mali
- Sierra Leone
- Burkina Faso
- Guatemala
- Mauritania
- Somalia
- Cambodia
- Guinea
- Mozambique
- Tajikistan
- Cameroon
- Haiti
- Myanmar
- Tanzania
- Central African Republic
- Indonesia
- Niger
- Uganda
- Chad
- Kenya
- Nigeria
- Vietnam
- Côte D'ivoire
- Liberia
- Pakistan
- Zambia
- Democratic Republic of Congo
- Madagascar
- Rwanda
- Zimbabwe

GFF Partnership





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