

## **The Global Financing Facility: Driving Equitable Health and Nutrition Outcomes in Asia-Pacific**

**The Global Financing Facility for Women, Children, and Adolescents (GFF) is a country-led, multi-stakeholder partnership hosted at the World Bank Group (WBG) with the goal to end preventable maternal and child deaths.** Since its launch in 2015, the GFF has demonstrated the power of its catalytic financing model to save lives. In fact, GFF partner countries have become global leaders in reducing maternal and child mortality. Prior to joining, these same countries had slower than global averages in their mortality reduction.

**Building on a decade of results, the GFF's TRANSFORM 2030 strategy will accelerate progress in ending preventable maternal and child deaths** — supporting country leadership to deliver low-cost, high-impact solutions at scale to drive long-term health and economic impact and advance gender equality.

**The GFF is uniquely equipped to mobilize, align, and maximize World Bank (IDA/IBRD), domestic, and external partner financing, enabling partner countries to strengthen their primary health care systems and expand access to quality, affordable, lifesaving care.** Since 2015, the GFF has mobilized US\$ 2.5 billion in grants that have leveraged over US\$11 billion in WBG financing from the International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD). GFF partner countries have seen a median increase of 24 percent in their share of IDA financing for health and nutrition for women, children, and adolescents, while eligible countries not supported by the GFF experienced a 25 percent decline over the same period, a nearly 50-point difference.

### **GFF in the region**

Across the Asia-Pacific region (East Asia and Pacific and South Asia), there are approximately 1.1 million maternal and child deaths each year, yet most of these are preventable, according to UN data. Over the past two decades, these regions experienced about a 3-fold reduction in mortality rates for children under age five. Maternal mortality rates also dropped significantly: South Asia achieved almost a 3.5-fold reduction in maternal mortality while rates fell by almost half in East Asia and the Pacific. Yet progress has slowed in recent years in the wake of multiple health, economic, and climate shocks.

The GFF partners with low- and middle-income countries to address these shocks. By scaling up access to quality, affordable care, advancing women's health and promoting healthy pregnancy, early childhood, and adolescence, countries can build resilience, unlock opportunities for job creation and economic growth, reduce poverty, and promote prosperity.

To date, **GFF partner countries in the region** have included Bangladesh, Cambodia, Indonesia, Myanmar, Pakistan, and Vietnam. Under revised eligibility criteria as of January 2026, Cambodia, Myanmar, Lao PDR, Papua New Guinea, Pakistan, Philippines, Solomon Islands, and Timor Leste will be eligible for support from the GFF (resources permitting).

In addition, the GFF and WBG have committed more than US\$ 400 million for countries globally to **integrate HPV screening, vaccination and treatment into primary health care systems**. In Cambodia, Indonesia, and Vietnam, the GFF's interventions have led to significant increases in screening rates.

## **Illustrative examples of Country Results**

- **Cambodia.** Cambodia has advanced progress toward **Universal Health Coverage**. Aligned government and partner financing, including GFF and DFAT, supported the scale-up of high-impact interventions, including expanded services for hypertension, diabetes, and cervical cancer. Service delivery capacity improved, with 266 health centers exceeding quality benchmarks and over 5,700 Village Health Support Groups expanding access to last-mile care. The Health Equity Fund covering 4.8 million people has strengthened financial protection for the poorest populations.
- **Indonesia.** The GFF has played a catalytic role in accelerating Indonesia’s national drive to **end childhood stunting**, translating the strategy into scaled, nationwide, multi-sectoral action. More than US\$1 billion in domestic resources was mobilized to invest in early childhood development and nutrition, and to support stronger coordination across relevant ministries. The GFF supported improvements in the quality and scale up of health and nutrition interventions, delivering measurable results: stunting rates fell by more than one-third from between 2018 and 2024, while wasting declined from 10.2% to 7.4%. GFF is also supporting Indonesia accelerate its plan for **cervical cancer elimination** through expansion of HPV vaccination, cervical cancer screening, diagnosis, treatment of precancer lesions, and referrals.
- **Pakistan.** GFF co-financing and technical support helped incentivize government investments of US\$258 million to expand access to PHC through the **National Health Support Program**. The GFF also helped align an additional US\$32 million from three traditionally “off-budget” partners (Gavi, Global Fund and Gates) around a government-led agenda to bolster PHC financing and delivery. GFF support has enabled the government to strengthen quality of care through improving systems for quality measurement, training, referrals, and commodities. The GFF has also been instrumental in advancing transparency and continuous quality improvements by supporting provinces to roll out health management information systems.
- **Vietnam.** The GFF’s loan buy-down was pivotal in unlocking government investments to build more resilient **primary health care (PHC) delivery** and increase service utilization. The capacity of Commune Health Stations (CHS) to deliver health services rose from 41% to 76% between 2019-2023, which in turn led to measurable improvements in frontline service delivery, including a 40-point increase in quality scores and expanded service delivery in PHC facilities. Coverage of four antenatal care visits increased from 62% to 87%; an additional 450,000 were screened for cervical cancer; and over 500,000 cases of hypertension and diabetes were managed at the CHS level, reducing the burden in tertiary health facilities.

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