TRANSFORM 2030

Transforming Health Systems, Saving Lives

GLOBAL FINANCING FACILITY FOR WOMEN, CHILDREN AND ADOLESCENTS

STRATEGY 2026–2030

GLOBAL FINANCING FACILITY

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Preface

This new five-year strategy of the Global Financing Facility for Women, Children, and Adolescents (GFF) responds to a rapidly changing global health landscape and builds on lessons learned from the GFF's first decade. The new strategy prioritizes areas where the GFF is uniquely positioned in the global health architecture to accelerate, expand, and sustain progress on health and nutrition for women, children, and adolescents by 2030. It builds on the GFF's results to date and seeks to address persistent and emerging bottlenecks to improving health outcomes, drawing on findings from the GFF **independent evaluation**, a **stocktaking** of the 2021–2025 strategy, and an extensive review of GFF and World Bank Group (WBG) analyses, country and partner agency strategies and reports, and peer-reviewed literature.

The new strategy has emerged from a highly consultative and inclusive process between March–October 2025 at country and global levels. More than 1,100 individuals provided their inputs and feedback on the draft strategy, and consultations were held in 33 of the 36 current GFF partner countries. Perspectives were gathered from a wide range of national and global GFF stakeholders, including partner governments, funding agencies, United Nations (UN) agencies and other global health initiatives, civil society and youth-led organizations, the private sector, and GFF and WBG staff.

The GFF's governing bodies worked closely with the GFF Secretariat to develop a transformative strategy that responds to emerging country needs. A Strategy Steering Group comprised of a subset of the **GFF Investors Group** (IG) members met periodically throughout the strategy development to provide guidance and bring in the perspectives of their respective constituencies. The GFF Ministerial Network participated in the Steering Group and held a dedicated strategy discussion during the May 2025 World Health Assembly. Government focal points from all current GFF partner countries also met in May. With oversight from the IG and the **GFF Trust Fund Committee**, these discussions and others informed the strategy goals, objectives, and priorities to expand and deepen the GFF's impact over the next five years.

The GFF Secretariat team is grateful to everyone who contributed time, energy, and ideas to developing this new strategy. The strategy aims to ensure that the GFF is fit-for-purpose and dynamic as it supports low- and middle-income countries to navigate ongoing disruptions in the health sector and lead the way to a resilient, self-reliant, and sustainable future. With the steadfast commitment of GFF partners and stakeholders, the GFF will realize its vision to end preventable deaths of women, children, and adolescents and will help countries transform their health systems so that everyone can access the quality, affordable health and nutrition services they need and deserve to live healthy, productive lives full of opportunity.

Foreword

The new Global Financing Facility (GFF) Strategy for 2026–2030 comes at a decisive moment for countries rebuilding health systems under immense pressure. COVID-19, economic shocks, and climate disruptions have constrained fiscal space and widened inequality, threatening hard-won gains for women, children, and adolescents. In this challenging era, the GFF partnership with countries has never been more essential.

My fellow ministers of health and I view the GFF as *our* platform—one that has always placed country ownership and leadership at the center, and the new strategy reaffirms and strengthens this principle. This strategy was shaped through extensive consultations with governments and partners and reflects our collective ambitions to end preventable deaths of women, children, and adolescents and achieve universal health coverage for our populations. It responds to the evolving global health landscape while staying firmly grounded in countries' realities and needs.

This strategy doubles down on the GFF's unique added value in global health: helping countries unlock domestic and World Bank financing, align external support on-budget, harness the private sector, and strengthen health systems that work for women, children, and adolescents. It emphasizes measurable results, resilient primary healthcare, equitable access to essential health commodities, and the data and analytics that allow countries to track what matters the most—who is being left behind, where, and why. With data sovereignty and stronger data systems, our ministries of health can prioritize the most cost-effective health and nutrition interventions to save lives, improve accountability, and sustain progress. The GFF strategy provides a clear road map for countries to build self-reliant systems and be better prepared for future shocks.

Our collective work is guided by four principles: Accountability, Alignment, Acceleration, and Accompaniment, reflecting a shared commitment to results, national ownership, urgency, and enduring partnership. By living these principles, we can move from fragmented projects to unified systems that are strong, fair, and sustainable. The GFF's new strategy gives us a road map for that future; one where every investment delivers greater equity, resilience, and value, while also ushering in the transformation to a global health architecture that is truly country-owned and integrated.

The need is urgent. We cannot afford to wait. Together, we can and must deliver on the promise of better health and nutrition for all women, children, and adolescents, everywhere.

The Honorable Austin Demby

Chair, GFF Ministerial Network

Minister of Health and Sanitation, Sierra Leone

Executive Summary

The global health architecture is undergoing its most profound transformation in a generation and the Global Financing Facility for Women, Children and Adolescents (GFF) is purpose-fit to help partner countries lead this change. Shrinking international aid flows, economic shocks, climate change, and emerging health threats have increasingly strained under-resourced health systems in low- and middle-income countries (LMICs). Countries are asserting greater ownership over their health systems and are seeking global partners who will enable their transition to self-reliance. The GFF is built for this mission: a country-led financing model that aligns all partners behind nationally-owned priorities and fundamentally rewires how countries invest in health, nutrition, and population outcomes. Through this new strategy for 2026–2030, the GFF will build on its results over the past decade to help countries accelerate progress on their journey to sustainable domestic health financing—with renewed commitment, ambition, and focus to achieve the partnership's vision to end preventable deaths of women, children, and adolescents.

The strategy sets two goals, enabling partner countries to achieve:

- **Delivery of quality, affordable essential health and nutrition services** for women, children, and adolescents
- **Transformation of country health systems** to prioritize and sustain their investments in women, children, and adolescents

Figure E.1 provides an overview of the strategy goals, objectives, priorities, and enablers.

A Decade of Progress under Threat

Since its launch in 2015, the GFF has demonstrated the power of its country-led, catalytic model. The GFF's comparative advantages in the global health architecture are its ability to leverage World Bank Group (WBG) financing and help partner countries mobilize more resources to deliver better health and nutrition outcomes for women, children, and adolescents. This GFF effect is strong: From July 2015 to June 2025, the GFF mobilized US$2.5 billion in grants and leveraged over US$11 billion in WBG financing to support reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N). As of June 2025, GFF-supported countries have seen a median increase of 24 percent in their share of IDA financing allocated to health and nutrition for women, children, and adolescents, while eligible countries not supported by the GFF have experienced a 25 percent decline over the same period, a nearly 50 percentage point difference. All 36 GFF partner countries have reduced their levels of maternal and child mortality and adolescent births, expanded access to modern family planning, and three-quarters have reduced their rates of childhood stunting. Prior to the GFF, partner countries had slower than average global progress on reducing maternal and child mortality; with GFF support, they have been achieving faster than average progress.

Yet climate, health, and economic shocks are jeopardizing these gains, including a projected 20 percent decline in development assistance for health. Progress on maternal and child mortality has slowed: Every day, 700 women die from preventable causes related to pregnancy and childbirth, and annually, nearly 4.8 million children die before reaching their fifth birthday. Progress on sexual and reproductive health rights (SRHR) and gender equality is backsliding. The poorest countries have

Figure E.1. Overview of the GFF Strategy for 2026–2030

Source: GFF 2025.

reduced domestic health spending in the face of weak post-pandemic growth and crushing debt. Nearly 40 percent of current GFF partner countries are classified as fragile, conflict-affected, or violent (FCV) and are more vulnerable to shocks. And a burgeoning youth population entering the workforce will create a gap of nearly 300 million jobs over the next decade, with the deepest impact in Africa and among young women.

A Strategy for Health Transformation

The GFF's 2026–2030 strategy is designed to help partner countries weather these storms and emerge stronger, self-reliant, and resilient. Building on lessons learned from its first decade and an independent evaluation that affirmed the value of its country-led model, the new strategy focuses on three objectives that leverage the GFF's unique comparative advantages within the global health architecture as a platform to enable country leadership and transformation.

Objective 1: Mobilize more and smarter country-led health financing for integrated primary health care (PHC) systems that prioritize women, children, and adolescents

The GFF will contribute to achieving the **WBG goal to expand access to quality, affordable health services to 1.5 billion people by 2030**. To do so, the GFF will maximize its ability to leverage International Development Association (IDA) financing to mobilize more resources for RMNCAH-N—maintaining or exceeding its current 1:7 ratio—while helping countries bring more external financing on-budget and aligned with government systems. From its unique position and through a PHC systems strengthening approach, the GFF will also help countries unlock more domestic resources for health through integrated service delivery and improved strategic purchasing, budget execution, and engagement with the private sector.

Objective 2: Accelerate progress by improving service delivery quality and scaling sustainable access to proven commodities and innovations

With an updated country eligibility list and through a new differentiated approach, the GFF will prioritize resources for partner countries based on their relative burdens of maternal and child mortality and commitments to reform. This will ensure more efficient use of GFF resources to maximize impact on health and nutrition outcomes for women, children, and adolescents. Two new dedicated challenge programs will help countries address specific bottlenecks to progress:

- The *Sustainable Commodity Access Challenge* will incentivize domestic financing and strengthen supply chains for delivery of essential commodities for family planning and maternal, newborn, and child health.
- The *Innovations for Service Delivery Challenge* will help replicate and scale proven innovations to improve the reach and quality of care.

Objective 3: Foster health system sustainability, sovereignty, and resilience

The GFF will support countries to transform their health systems by shifting to real-time data use for budget prioritization and adaptation, including through use of GFF analytical tools such as the frequent assessments and system tools for resilience (FASTR). This will enable countries to unlock more health

for the money and protect delivery of essential health services in future health or climate emergencies. By promoting a "country-first" market for technical assistance that elevates local and regional expertise, and enhancing support for the GFF Ministerial Network, Women's Leadership Network, and other South-South learning forums, the GFF will help partner countries replicate successful programs and elevate their leadership on the global stage. The GFF will also support country-led efforts to sustainably invest in key areas of their health workforce that are critical for expanding health coverage for women, children, and adolescents—notably community health workers and midwives—as essential enablers of integrated, equitable, sustainable, and resilient PHC systems and to help close the jobs gap.

Strategic Enablers for Success

Gender and equity will be integrated across the GFF portfolio, including through rapid gender diagnostics in all partner countries, with new key performance indicators (KPIs) tracking gender integration from investment design through implementation. The GFF will also drive implementation of the IDA21 commitment to expand access to SRH services, including adolescent-responsive services, and will continue to support countries in advancing an enabling environment for SRHR.

Optimizing collaboration with global and regional partners including the WBG, Gavi, the Global Fund, UNICEF, UNFPA, Unitaid, WHO, the Partnership for Maternal, Newborn and Child Health (PMNCH), Scaling Up Nutrition (SUN), civil society and youth-led organizations, and the private sector will reduce health fragmentation, promote integrated service delivery, align more external financing around country-led plans and budgets, and strengthen domestic budget advocacy—embodying the Lusaka Agenda principles of country ownership and leadership.

Strengthened results measurement and ongoing learning and innovation will include a robust new results framework, more rapid and nimble use of data, and a new Evidence to Action initiative to generate knowledge and facilitate learning on GFF support for country-led health systems strengthening to improve outcomes for women, children, and adolescents.

Securing sufficient funding will be essential to fully implement the strategy.

The GFF will be a catalyst for a new global health paradigm—putting the vision of ending preventable maternal, child, and adolescent deaths within reach. This strategy represents both continuity and evolution for the GFF. It builds on the GFF's proven, country-led approach, unique position within the WBG, and track record of catalyzing financing and reform, focusing on areas of comparative advantage and highest potential impact. Amid growing calls for health sovereignty, the strategy offers partner countries a pathway to self-finance and scale delivery of quality, affordable health care toward the goal of universal health coverage. Through this strategy, the GFF will help partner countries transform their health systems into sustainable engines of human capital development, economic growth, prosperity, and equity.

Introduction

The Global Financing Facility (GFF) partnership embodies the global goals to end preventable maternal and child deaths, protect sexual and reproductive health and rights (SRHR), and achieve universal health coverage (UHC) and gender equality. Launched at the Third Financing for Development Conference in 2015, the GFF was established to help reach these goals by expanding equitable, affordable access to reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services in low- and middle-income countries (LMICs) experiencing the highest burdens of maternal and child mortality. The GFF supports partner countries to prioritize health system reforms, mobilize more domestic resources, and align external financing to strengthen their primary health care (PHC) systems and improve health and nutrition for women, children, and adolescents. With support from the GFF, 36 partner countries have made significant advancements in health and nutrition outcomes that have saved millions of lives and expanded opportunities for women and their families.

Yet economic, aid, and climate shocks have jeopardized these gains, disproportionately impacting the most vulnerable populations that are the focus of the GFF. Progress on health and nutrition indicators for women, children, and adolescents in the poorest and most fragile settings has slowed significantly in recent years. Three seminal *Lancet* reports published in 2025—**Countdown to 2030**, **Commission on Gender and Global Health**, and **Commission on Adolescent Health and Well-Being**—underscore the magnitude of these inequities across and within countries. Fragility is increasing while SRHR and gender equality are backsliding in many countries. In the wake of the COVID-19 pandemic, the poorest countries have reduced domestic health spending in light of weak economic growth and high levels of debt. Amid rapid, sharp declines in development assistance for health (DAH), many programs that have underpinned RMNCAH-N services in low-resource settings have been defunded. These harmful developments have happened against a rising global tide of violent conflicts, worsening climate change, and demographic shifts, with a massive projected shortfall of nearly 300 million jobs as a large youth population in LMICs enters the workforce. Failure to mitigate these risks and meet the growing demand for reliable, affordable, and quality health care, education, and job opportunities can fuel social unrest and migration as young people and their families seek better lives and livelihoods.

The GFF is well-positioned to empower partner countries to transform their health systems to better respond to these challenges, bolster country leadership, and hasten self-reliance. From its inception, the GFF was designed to work differently than existing actors in global health—as a lean, country-owned, results-based financing platform that aims to bring all relevant partners together around one unified, country-led plan and budget. The GFF model responds to country demand and supports governments to prioritize, strengthen, and fund women's, children's, and adolescent health and nutrition, with the GFF as an enabling partner that offers catalytic grant financing, aligned resources, knowledge and technical support. The GFF's country-led, country-owned model is fit-for-purpose as leaders in the Global South assert their health sovereignty, and as leaders in the Global North increasingly link their DAH investments to the attainment of self-reliant and durable health systems. Under this new five-year strategy, the GFF will build on the lessons learned from its first decade and focus on its areas of comparative advantage to help countries transform their PHC systems to deliver better health and nutrition outcomes for women, children, and adolescents. By helping partner countries sustainably finance these foundations for human capital, the GFF will assist their transitions away from aid dependency and toward broad-based, lasting economic growth, security, and prosperity.

This strategy sets out the GFF context, goals, objectives, priorities, and enablers for 2026–2030.

The GFF Effect: Catalyzing Investments in PHC

The GFF's comparative advantages in the global health architecture are its ability to leverage WBG financing and help countries mobilize more resources to deliver better health and nutrition outcomes for women, children, and adolescents. Key elements of the GFF country-led model include the following:

- ***Support for government-owned, national multistakeholder platforms and development of evidence-based country-led plans or investment cases*** that prioritize the highest-impact and most cost-effective RMNCAH-N interventions and investments.

- ***Co-financing grants that unlock and leverage low-cost WBG loans*** to finance those priorities from the International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD), the WBG lending arms for LMICs.

- ***Deployment of results-based financing instruments, data, analytics, and technical support*** to influence and shape IDA and IBRD project design and implementation, direct more WBG financing toward RNMCAH-N, and incentivize domestic resource use and mobilization (DRUM).

- ***Alignment support to help partner countries crowd in additional, on-budget financing from external donors*** through the GFF Trust Fund to close their financing gaps and reduce fragmentation in the health sector.

By adopting a PHC-strengthening approach, the GFF enables partner countries to deliver more health for the money. Almost all interventions for RMNCAH-N are delivered through the PHC system, and PHC in turn comprises the majority of health investments that countries must cover to achieve UHC. Investing in PHC enables partner countries to integrate delivery of vertical health services and create more balanced, holistic, efficient, and sustainable health systems. For example, with GFF support, many partner countries now deliver nutrition counseling and effective supplementation of vitamins and minerals to pregnant women during their antenatal visits, rather than as stand-alone interventions. This "GFF effect" makes health systems work better for women, children, and adolescents and fosters country ownership, efficiency, and sustainability.

The GFF pioneered a country-led partnership model that exemplifies the Lusaka Agenda, aligning global health partners around one national plan and budget through a PHC system approach. The GFF works closely with **leading donors** and local, regional, and global health institutions and platforms—including, for example, Countdown for 2030, Gavi, the Global Fund, Partnership for Maternal, Newborn, and Child Health (PMNCH), Scaling Up Nutrition (SUN), UNICEF, UNFPA, Unitaid, and the World Health Organization (WHO), among many others at both country and global levels—to bring the best evidence and expertise on RMNCAH-N to bear and coordinate their support for partner countries. The GFF predates the Lusaka Agenda yet reflects its principles and emphasis on country leadership and ownership. The GFF model is even more relevant in a time of resource scarcity and with calls from LMIC leaders for **a new era of health sovereignty rooted in national ownership, investment, and leadership**.

Inclusive, multistakeholder participation in country platforms and global governance is a hallmark of the GFF. In addition to bilateral and multilateral agencies and initiatives, civil society organizations (CSOs) and youth-led organizations (YLOs) strengthen the GFF partnership by **contributing** their community knowledge and perspectives, advocating for better policies and more funding, and promoting equity, transparency, and accountability. Philanthropic foundations and private sector companies contribute their ideas and innovations, expertise, and additional capital. By coalescing and aligning stakeholders, bolstering country leadership, pooling funding, and addressing systemwide bottlenecks, the GFF enables partner countries to achieve greater impact. The GFF's country-led, country-owned model is highly regarded by ministries of health and finance and has been validated by a robust **independent evaluation** published in April 2025.

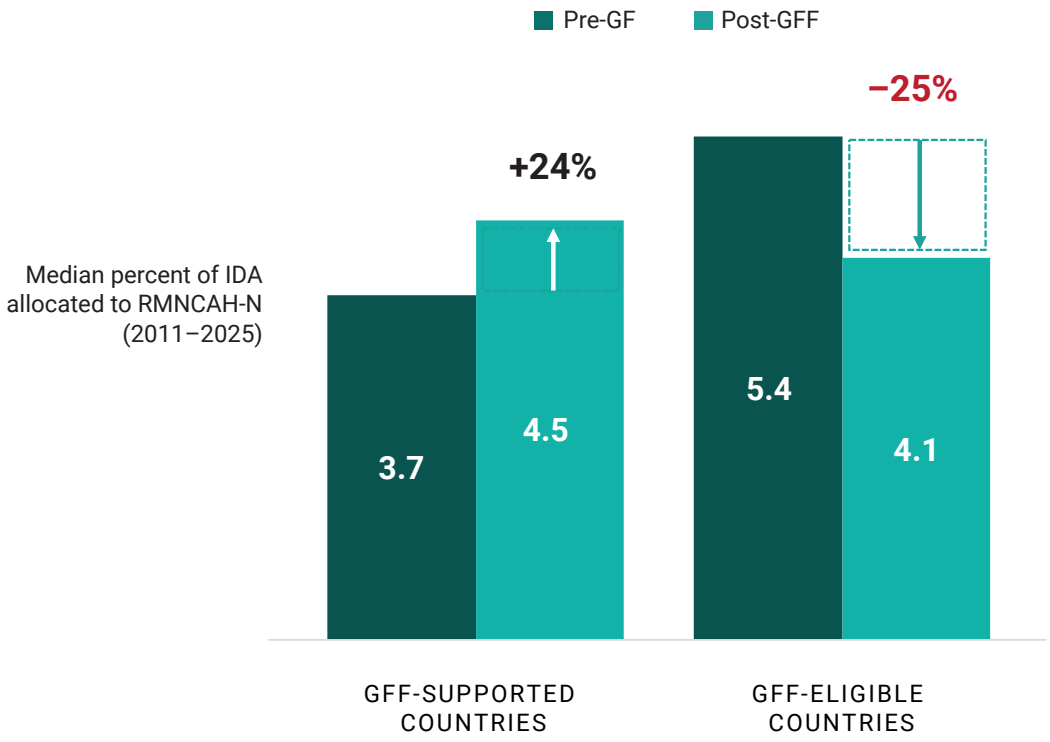
The flexibility and responsiveness inherent in the GFF's country-driven model also enables it to pivot quickly to help partner countries respond to evolving needs and crises. For example, **during the COVID-19 pandemic**, the GFF moved rapidly to support partner countries with the real-time data and analysis necessary to understand the disruptions happening in their health systems—followed by grant financing to leverage the large new sums of IDA financing that were made available for the COVID response to support the continued delivery of essential health and nutrition services during the emergency.

More Money, Better Results

The GFF has delivered on its core promise to mobilize more WBG financing for women's, children's, and adolescent health and nutrition. From July 2015 to June 2025, the GFF mobilized US$2.5 billion in grant funding and committed US$1.5 billion to co-financing grants linked to more than US$11 billion in IDA/IBRD financing. Every US$1 of donor support to GFF country grants has been linked to **US$7 from IDA**. GFF co-financing grants, analytical and technical support build demand from countries to direct more of their IDA resources toward improving RMNACH-N outcomes versus other competing investment needs. As illustrated in **figure 1**, as of June 2025 GFF-supported countries had seen an average increase of 24 percent in the share of IDA financing allocated to health and nutrition for women, children, and adolescents, while countries not supported by the GFF experienced a 25 percent decline over the same period. From 2022 to 2025, IDA/GFF co-financed investments in adolescent health nearly doubled from 7 percent to 14 percent, while investments in reproductive, maternal, and newborn health increased nearly five-fold, from 12 to 56 percent.

GFF partner countries have also demonstrated promising results in catalyzing domestic resources for health. Several countries have increased their national budget allocations for health and nutrition, reflecting stronger government commitment and fiscal ownership. For example, with support from the GFF, Malawi increased the health share of the national budget from 8.5 percent in fiscal 2023 to 12.2 percent in 2024, helping drive one of the largest proportional reductions in under-five mortality among GFF-supported countries. Unlocking more domestic resources has also been achieved by spending smarter: 34 of 36 GFF partner countries have implemented health financing reforms to improve the allocation and efficiency of their public resources for women, children, and adolescents.

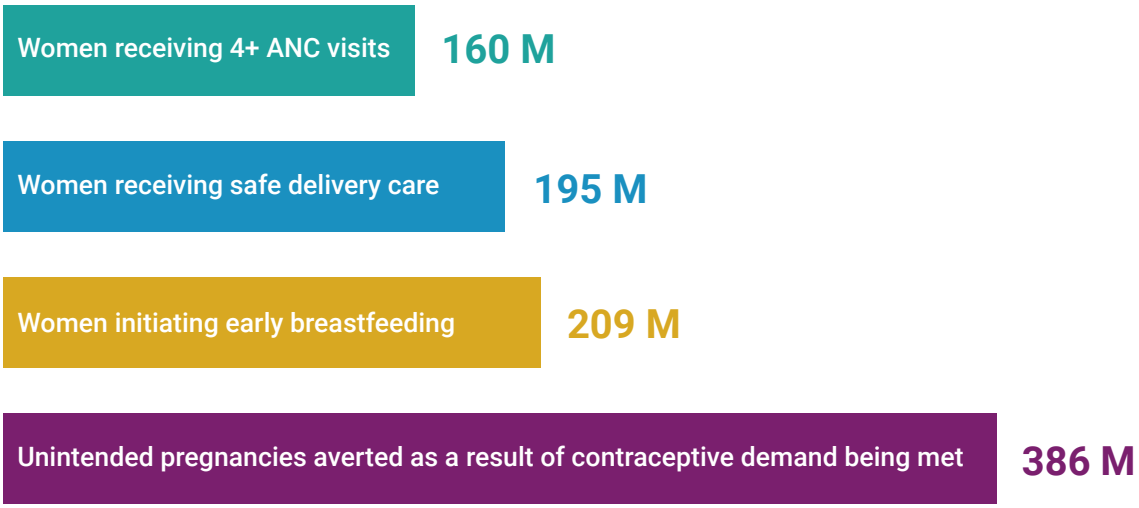
Figure 1. The GFF Effect: Unlocking More IDA for Women, Children, and Adolescents



Source: GFF 2025.

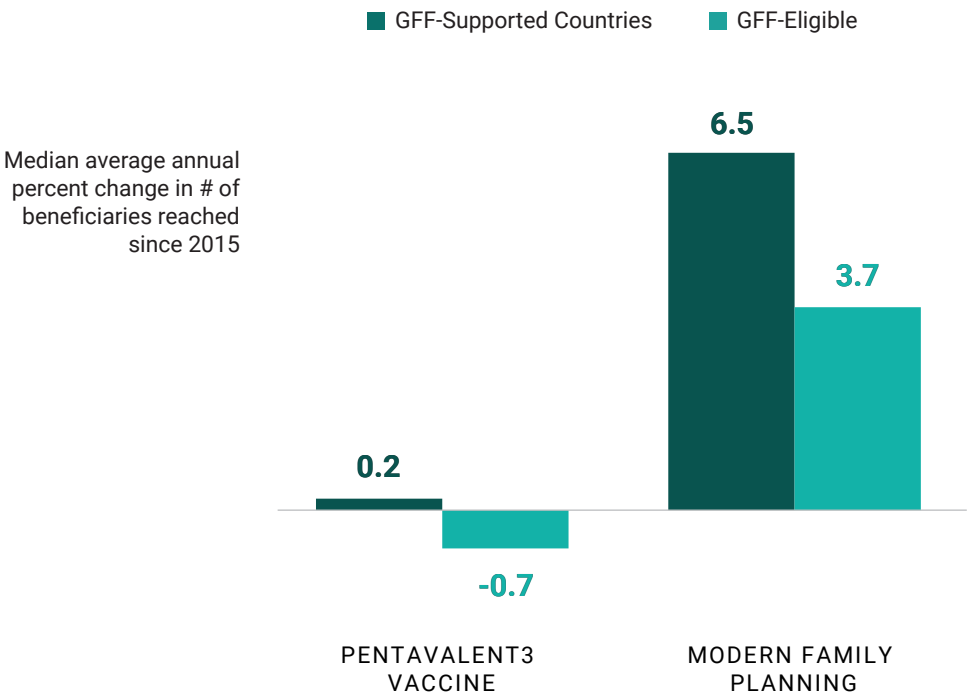
GFF partner countries have expanded access to health and nutrition services for hundreds of millions of women, children, and adolescents, driving significant improvements in health outcomes. Figure 2 shows total beneficiaries reached from 2015 to June 2025 across four core RMNCAH-N service indicators. GFF support has also enabled partner countries to scale service delivery significantly faster than other GFF-eligible countries that have not yet received GFF support (see **figure 3**). Since joining the partnership, **all 36 GFF-supported countries** have reduced levels of maternal and child mortality and adolescent births, while also expanding access to modern contraceptives. Three-quarters of GFF-supported countries have reduced rates of childhood stunting. Prior to the GFF, partner countries had slower than average global progress on reducing maternal and child mortality; with GFF support, they have been achieving faster than average progress.

Figure 2. Transforming Lives: Expanding Care to Women, Children, and Adolescents, 2015–2025



Source: GFF 2025.

Figure 3. Faster Expansion of Service Delivery in GFF-Supported vs. GFF-Eligible Countries



Source: WHO/UNICEF estimates of national immunization coverage for pentavalent vaccination and Track20 for family planning.
Note: For GFF partner countries, median average annual percent change from start of investment case implementation through 2024. For eligible countries that are not yet supported, median average annual percent change shown is from 2016 through 2024. Thirty-five (35) countries with active GFF engagements in 2024 included in the analysis.

The GFF independent evaluation affirmed the power of its country-led, catalytic model and identified opportunities to strengthen its impact. The evaluation found that the GFF has contributed to improved country planning, prioritization, resource mobilization and efficiency, health system strengthening (HSS) and reform, data availability and use, and aid effectiveness. The evaluation endorsed the GFF model as responsive to country needs and priorities. The partnership with the WBG was identified as a key comparative advantage for the GFF in the global health architecture. The evaluation also found that the GFF's country-led approach makes its contributions less visible and recommended improving how its contributions are articulated and measured. Other recommendations focused on refining the WBG–GFF partnership and increasing GFF support for project implementation. As part of the GFF's commitment to ongoing learning and innovation, these lessons are already being applied to existing GFF work and have informed the development of the new strategy.

Strategic Context: A Decade Of Progress In Jeopardy

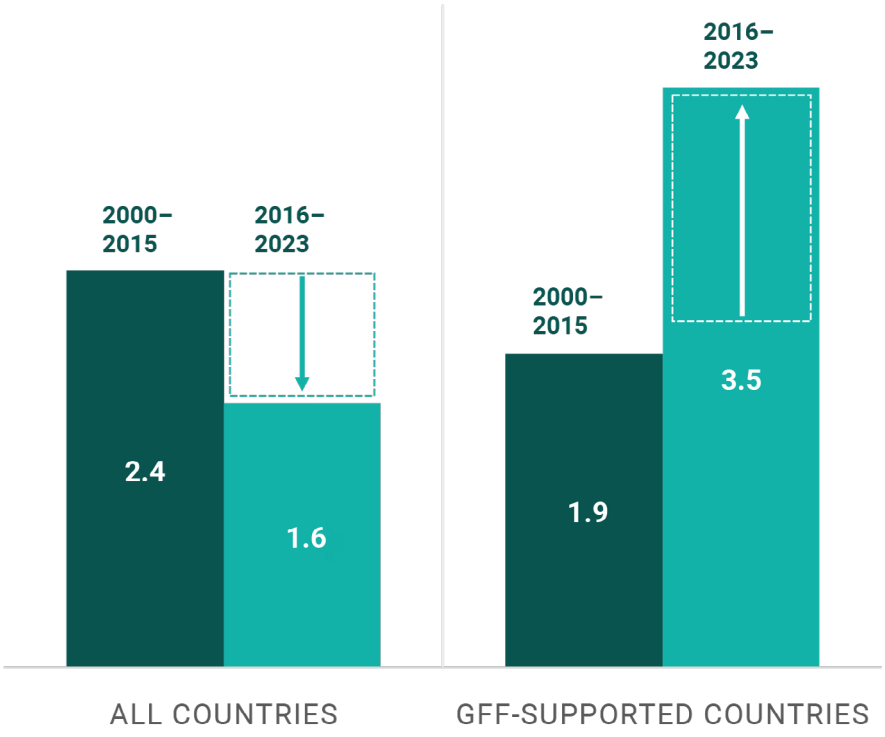
Despite this substantial progress, the next decade will be even more challenging for countries experiencing the highest levels of preventable maternal and child mortality and the highest birth rates. This strategy responds to ***five global shifts*** that require LMICs to speed up their efforts to reach the 2030 health, nutrition, and gender equality goals and transition their health systems to sustainability and self-reliance. These shifts include: (1) slowdowns in progress and widening global gaps in health and nutrition outcomes; (2) backsliding on SRHR and gender equality; (3) severe and protracted global and domestic health financing constraints; (4) increasing fragility, conflict, and climate risks; and (5) a looming jobs crisis for young people, especially women.

SHIFT 1

Slowing Progress, Widening Gaps in Health and Nutrition

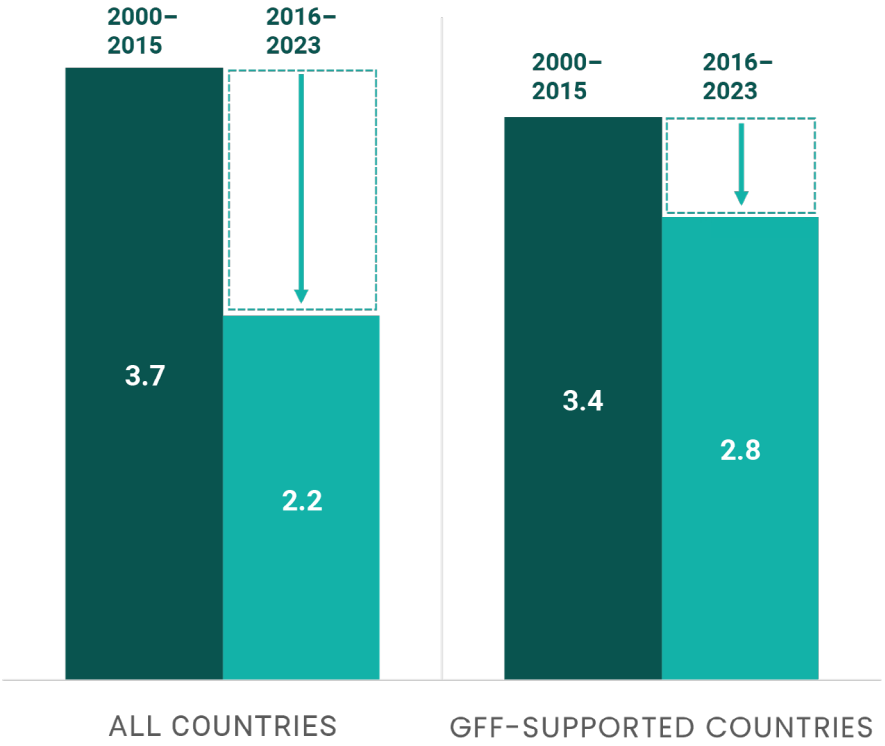
GFF-supported countries have achieved faster than average reductions in preventable maternal and child deaths, yet there has been a notable global slowdown—falling far short of the pace needed to achieve the 2030 targets (see figure 4 and figure 5). Since 2016, GFF-supported countries have had an annual rate of reduction in maternal mortality that is more than double the global average. Yet in 2023, 700 women still died every day from preventable causes related to pregnancy and childbirth—with **90 percent** of those deaths occurring in LMICs—and almost 2 million babies were stillborn during the last trimester of pregnancy. The mortality rate for children has declined by more than 50 percent since 2000, yet **nearly 4.8 million children died** before reaching their fifth birthday in 2023, including 2.3 million newborns. Women, children, and adolescents in Sub-Saharan Africa, parts of South Asia, and in other fragile, conflict-affected, and violent (FCV) settings continue to face far higher risk of preventable deaths than their peers in other parts of the world. At current rates, progress will require expanding and accelerating access to RMNCAH-N services, commodities, and lifesaving innovations at scale for the communities lagging furthest behind.

Figure 4. Average Annual Rate of Reduction for Maternal Mortality



Source: *Trends in Maternal Mortality 2000 to 2023: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*. Geneva: WHO, 2025.

Figure 5. Average Annual Rate of Reduction for Mortality of Children Under Age Five



Source: *Levels and Trends in Child Mortality Report 2024: Estimates Developed by the United Nations Inter-Agency Group for Child Mortality Estimation*. New York: UNICEF, 2025.

Chronic malnutrition in women, adolescent girls, and children also remains a significant driver of mortality and morbidity. Globally, nearly half of all deaths among children under age five are linked to malnutrition, concentrated in LMICs. GFF partner countries have made some progress in reducing child malnutrition over the past decade: 35 of 36 countries have reduced stunting among children five years old or younger, and 31 of 36 have decreased the prevalence of wasting. Yet the latest UN interagency estimates show that global progress on childhood stunting due to chronic malnutrition is far too slow: in 2024, 150 million children under age five were affected by stunting, and 43 million children suffered from wasting, a life-threatening condition. Maternal nutrition is another troubling story: Rates of anemia among women of reproductive age remain stubbornly high, with WHO estimating that more than half a billion women are affected. Anemia rates among adolescent girls in Asia and Africa run as high as 35 to 55 percent, reducing their learning capacity and job options, while early pregnancy in malnourished adolescent girls increases the risk they will lose their babies or those that survive will be born preterm, low-birthweight, or become stunted.

Furthermore, cervical cancer presents a rising threat to women in LMICs, with latest estimates showing as many deaths in Sub-Saharan Africa due to cervical cancer as due to pregnancy and childbirth. An estimated 660,000 women were newly diagnosed and 350,000 died from the disease in 2022, with LMICs accounting for about 94 percent of cervical cancer cases and deaths. Cervical cancer is preventable through human papillomavirus (HPV) vaccinations and is highly treatable when detected early; yet, due to wide gaps in access to prevention, screening, and treatment, women in LMICs are two to four times more likely to develop and die from cervical cancer than women in high-income countries. Gavi and other international partners are supporting LMICs to introduce HPV vaccination to girls ages 9–15, with high coverage levels attained in some countries, but in other countries progress is nascent. Expanded and accelerated efforts are required to achieve the goal of 90 percent coverage by 2030 and ensure that upcoming cohorts of girls receive the vaccine. Meanwhile, an entire generation of women over the age of 25 have missed out on the HPV vaccine and are thus at heightened risk of developing invasive cervical cancer, so expanded access to screening and treatment is also paramount.

SHIFT 2

Backsliding on SRHR and Gender Equality

Gains in access to family planning and SRH services are also in jeopardy, with profound effects for the health and well-being of women, their families, and economies. From 2016 to 2022, the median annual increase in women using modern family planning methods in GFF partner countries was 5.8 percent versus 4.3 percent in non-supported countries. Family planning is a highly cost-effective public health intervention because of the high returns it yields: Every US$1 invested in meeting the unmet need for contraceptives is estimated to yield up to US$120 in accrued annual benefits. In many LMICs, however, women and adolescents face restrictions on access to family planning and other essential SRHR information and services. According to a UNDESA 2022 report, 164 million women of reproductive age worldwide had an unmet need for contraception, while each year 21 million adolescent girls ages 15–19 in LMICs become pregnant—of which half were unintended—resulting in approximately 12 million births. These numbers are projected to rise significantly in the wake of terminations of external assistance for international family planning and other SRH programs in countries with the highest total fertility and adolescent birth rates.

According to UN Women, nearly one-quarter of countries reported regression on women's rights in 2024. In its new Gender Strategy, the WBG finds that growth in women's rights reduces poverty, strengthens social cohesion, and enhances prosperity for future generations. Women's participation and leadership improve the management of natural resources, bolster resilience, and make economies more competitive. Yet discriminatory legal frameworks and gender-based restrictions on women's rights are pervasive: 72 percent of countries allow marriage below 18 years of age, and more than half restrict women from working in the same jobs as men. Within the health workforce—where women make up the majority—leadership roles remain dominated by men while women are concentrated in lower-paid, lower-status positions often characterized by overload, harassment, and limited career opportunities.

SHIFT 3

Severe Global and Domestic Health Financing Constraints

The recent sudden and sharp declines in DAH and domestic health spending threaten to further disrupt or roll back progress for health and nutrition for women, children, and adolescents in the poorest countries and widen the UHC financing gap. Most GFF-eligible countries have been heavily dependent on external financing for services related to RMNCAH-N, with off-budget DAH often equal to domestic spending. The WBG projects that total DAH to countries is expected to decline by at least 20 percent from 2025 onwards. These cuts come in the wake of a series of compounding economic woes for IDA-eligible countries over the past five years, including high levels of debt distress due to pandemic- and climate-related shocks. The period between 2019 and 2023 also saw the slowest four-year growth period in government per capita spending in health in LMICs in over 20 years. Future growth in most GFF-eligible countries is projected to remain sluggish over the next several years and high public debt will further constrain government capacity to allocate more budget to health. By 2030, over 80 percent of low-income countries and 40 percent of lower-middle income countries are projected to have lower government and donor spending on health than in 2024.

SHIFT 4

Increasing Fragility, Conflict, and Climate Risks

Rising levels of fragility, violence, instability, conflict, and climate risks also threaten to erode health and nutrition gains for women, children, and adolescents in GFF-eligible countries. Nearly 40 percent of current GFF partner countries are classified as FCV. Recent estimates predict that 60 percent of the world's poorest people will reside in FCV settings by 2030, exacerbating maternal and child mortality and gender-based violence (GBV). These countries start from a lower baseline of income, health outcomes, and health systems capacity, and new conflicts and instability can rapidly erode fragile health systems. Among GFF-supported countries, deaths of mothers and children under age five, adolescent birth rates, and stunting are all higher on average in FCV settings as compared to non-FCV settings. Maternal and child deaths also have become increasingly concentrated in countries in FCV settings in Sub-Saharan Africa and other regions affected by conflict and instability. Moreover, FCV settings are concentrated in hotter climates and suffer more from floods, droughts, storms, and other climate-related shocks than other countries. Each year, three times more people are affected by natural disasters

in FCV states than in other countries; these events wreak havoc on health systems just as demand for services rises. Evidence from the International Monetary Fund (IMF) also shows that **climate change inflicts more lasting macroeconomic costs** in FCV settings, with cumulative gross domestic product (GDP) losses reaching about 4 percent in the three years after extreme weather events as compared with around 1 percent in non-FCV settings. This means already weak FCV economies will fall further behind as climate risks escalate. While FCV settings vary in their dimensions of fragility, they all present complex and difficult operational contexts that require targeted support and solutions.

SHIFT 5

A Looming Jobs Crisis for Young People and Women in LMICs

Against this backdrop of slowing health and gender progress, stagnant growth, weak investment, and increasing fragility, a burgeoning youth population entering the workforce will create a massive jobs gap over the next decade, with the greatest impacts felt in Africa and among young women. The WBG's 2025 report, **Jobs: The Path to Prosperity**, projects a gap of nearly 300 million jobs in LMICs for the 700 million young people who will be out of school or training and in search of work. The crisis will be deepest in Africa, where one in five of the world's population and more than one-quarter of its youth will live by the end of the next decade, with 362 million young people becoming working-age adults—an estimated 60 percent of whom will be unable to find work. This jobs challenge is particularly pronounced for women, who face higher barriers to entering and staying in the workforce. Without concerted action, the jobs gap could further derail economic growth, destabilize societies, encourage illegal immigration, and stall poverty reduction. Investing in human capital and lifelong learning—made possible by healthy beginnings in pregnancy, early childhood, and adolescence—is necessary for growing a productive labor force. With rising demands for health care in LMICs, expanding and transforming PHC systems has the potential to create a large number of meaningful jobs—particularly for women, who make up an **estimated 70 percent** of the global health workforce.

GFF Transform 2030: Vision, Mission, and Goals

VISION

No women, children, or adolescents die from preventable causes

In this new five-year strategy, the GFF recommits to its founding vision to end preventable deaths of women, children, and adolescents.

MISSION

Enable partner countries to expand and sustain access to affordable, quality primary health care for all women, children, and adolescents

The GFF mission is closely aligned with the WBG's ambitious 2024 goal to provide quality, affordable health services to 1.5 billion people by 2030. To advance this vision and mission, the GFF has set two cross-cutting goals for its support to partner countries over the next five years.

GOALS

GOAL 1

DELIVERY of quality, affordable essential health and nutrition services for women, children, and adolescents in GFF partner countries.

The GFF will support its partner countries over the next five years to expand and scale delivery of essential services across the RMNCAH-N continuum of care. A subset of these services will count toward achieving the WBG's goal. The GFF will also play a lead role in delivering on the IDA21 policy commitments to expand access to SRH services and services for early childhood and adolescents.

The GFF's focus will be on reaching the populations lagging the furthest behind on global maternal and child mortality, family planning, and nutrition indicators, thus offering the greatest potential to save lives and close global health equity gaps.

Specifically, over the next strategy period, the GFF will support partner countries to achieve the following:[1]

- **Demand for modern family planning satisfied** for 254 million women and adolescent girls
- **Early antenatal care** for 126 million pregnant women
- **Institutional deliveries** for 194 million pregnant women
- **Early initiation of breastfeeding** for 146 million newborns
- **DTP3 vaccination** for 208 million children

1. These are countrywide results to which the GFF will contribute through its financing and technical support. Progress against the indicators will be reported annually as part of the GFF's strategy stocktaking.

GOAL 2

TRANSFORMATION of partner country health systems to prioritize and sustain their investments in women, children, and adolescents.

The GFF will work with partner countries over the next five years to undertake the necessary reforms to transform their health systems not only to scale, but also to sustain, access to quality, affordable health and nutrition services and improved outcomes for women, children, and adolescents—and to expedite their transitions from donor dependency to health sovereignty.

OBJECTIVES

To achieve these goals, the GFF will pursue three strategic objectives:

- **Objective 1:** Mobilize more and smarter country-led health financing for integrated PHC systems that prioritize women, children, and adolescents
- **Objective 2:** Accelerate progress by improving quality of service delivery and scaling sustainable access to proven commodities and innovations
- **Objective 3**: Foster health system sustainability, sovereignty, and resilience

ENABLERS

Achieving these strategy goals and objectives will depend on four strategic enablers:

- **Integrating** gender and equity across the GFF portfolio
- **Optimizing** collaboration with the WBG and global and regional partners
- **Strengthening** results measurement for ongoing learning and innovation
- **Securing** sufficent funding to deliver on the strategy

The following sections of the paper elaborate on the strategy objectives, priorities, and enablers for GFF action over the five-year strategy period.

Strategic Objectives and Priorities

OBJECTIVE 1

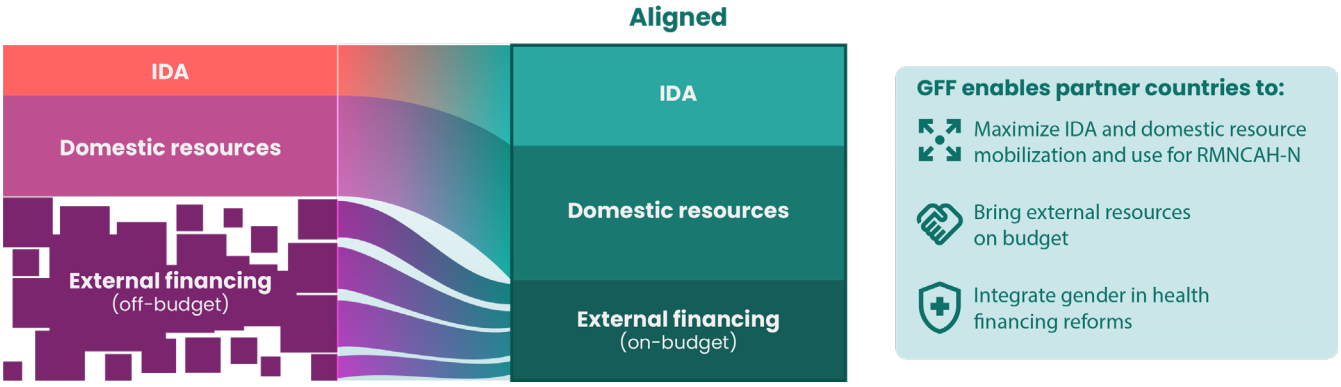
Mobilize more and smarter country-led health financing for integrated PHC systems that prioritize women, children, and adolescents

The GFF is much more than a pooled fund; it is an integrated platform that enables countries to bring together multiple funding sources to drive financial convergence and achieve financial sustainability. The "GFF effect" goes well beyond the size of its grants to galvanize a broader movement and incentivize governments and their health partners to support essential RMNCAH-N services as the bedrock of an affordable, equitable, and sustainable PHC system. To close the gaps and serve the needs of their large young populations, LMICs must not only mobilize more financing but also use existing resources more effectively. Over the next five years, the GFF will build on its comparative advantage and proven catalytic model to help countries direct more of their domestic and external resources to prioritize and strengthen health and nutrition for women, children, and adolescents toward fully integrated PHC service delivery. The GFF will focus on the three primary channels where it has a comparative advantage among global health financiers: (1) leveraging WBG IDA and IBRD financing as instruments of financial convergence and health system and finance reforms; (2) mobilizing and bringing additional external resources on-budget behind one country plan; and (3) enabling and incentivizing increased domestic investments in health, including strengthening public financial management and promoting more effective and efficient use of health sector budgets.

Maximize WBG financing for women's, children's, and adolescent health and nutrition

The GFF will use its unique position to leverage IDA and IBRD financing to help partner countries build national platforms that transform health financing and unlock more resources for health and nutrition for women, children, and adolescents. WBG–GFF co-financed projects provide a powerful tool and pathway for health system transformation in several ways. First, their minimum guaranteed financing helps ensure that prioritized country plans for RMNCAH-N can be implemented at scale. Second, WBG–GFF co-financed projects offer a ready-made platform for other financiers to pool their resources and mobilize additional on-budget financing for country priorities. Third, WBG–GFF co-financed projects and aligned financing provide governments with an incentive to mobilize more domestic financing for priority areas. An example of this convergence multiplier is the Investing in Early Years Program in Indonesia, in which more than US$1 billion from the GFF and World Bank helped generate US$6.5 billion in domestic financing. By enabling the blending of various financial resources together on-budget, the GFF will help partner countries better adapt to the shifting DAH landscape—including growing interest from some external funders in moving toward a more holistic compact financing model—and expedite their transition from fragmented to increased domestic financing for health (see **figure 6**).

Figure 6. Toward More Aligned, On-Budget Resources



Source: GFF 2025.
Note: IDA: International Development Association; RMNCAH-N: Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition.

The GFF will double down on its successful track record of catalytic financing and technical assistance to build a more robust IDA pipeline for health. In a period of rapid and unpredictable declines in DAH, IDA is a vital and reliable source of support for many of the poorest and most fragile and conflict-affected countries with the highest burdens of maternal and child mortality and morbidity. However, as debt levels have risen in the wake of the COVID pandemic and economic growth has slowed, fiscal space in these countries has become increasingly limited. Competition among sectors within IDA21 country envelopes is high, and more IDA for health is far from guaranteed. GFF co-financing grants and technical support provide strong incentives for countries to prioritize their IDA allocations for RMNCAH-N and to strengthen PHC, which represents most of the health system support required to achieve UHC (see **figure 7**). The GFF will aim to maintain or increase its current 1:7 leverage ratio for IDA financing to help partner countries reach more women, children, and adolescents with access to quality, affordable PHC services and close stubborn health equity gaps.

Figure 7. GFF Support Mobilizes More IDA for RMNCAH-N and Strengthened PHC Toward UHC

Source: GFF 2025.

The GFF will also consider opportunities to work with WBG-led debt restructuring or debt swap operations where its grant resources could be used to incentivize a partner country to allocate more IDA for health. As the GFF supports countries to expand delivery of quality, affordable services across the entire RMNCAH-N continuum of care, nutrition will remain the largest allocation within the GFF portfolio and mobilizing IDA for nutrition will be a priority (see **box 1**).

Box 1. The GFF Effect for Nutrition

In its 2021 Nutrition Road Map, the GFF set a target to commit up to 30 percent of its country investments to nutrition. At the March 2025 Nutrition for Growth Summit, the GFF announced it had met this target and renewed its commitment to at least maintain this percentage over the next five years. The GFF will use both its technical support and financial leverage with grant co-financing of IDA and IBRD projects to support country demand to scale up access to nutrition services for women, children, and adolescents by integrating nutrition interventions into their PHC systems. Ensuring on-budget support for nutrition will enhance fiscal sustainability, reduce fragmentation, and enable countries to optimize planning and delivery of integrated nutrition services.

In collaboration with the SUN Movement and regional nutrition bodies, the GFF will also work to strengthen country ownership and governance of nutrition by promoting partner alignment with national multisectoral nutrition plans. As adolescent girls, pregnant women, and marginalized groups face disproportionate risks of malnutrition, the GFF will support partner countries to integrate gender-responsive nutrition actions and use gender analysis to inform nutrition programming and budgeting. Furthermore, the GFF will seek opportunities to work with IDA and IBRD-financed projects in other sectors linked to nutrition and food security, such as agriculture, education, climate resilience, social protection, and water and sanitation.

To address the determinants of poor health and malnutrition, the GFF will also pursue new opportunities to embed RMNCAH-N services in WBG-financed projects in health-adjacent sectors. Accelerating and sustaining progress in the poorest countries and in FCV settings with the highest burdens of maternal and child mortality will require multiple entry points for reform and scale. The GFF will build on work initiated under the previous strategy to integrate health and nutrition interventions for women, children, and adolescents into IDA-and IBRD-financed operations in other sectors. Targets for new sectoral opportunities will include: governance (e.g., to address bottlenecks in public financial management (PFM) and improve budgeting and tracking); education (e.g., to integrate delivery of early childhood development, nutrition, and family planning information and services); social protection (e.g., to incentivize better integration between social safety nets and health insurance programs); infrastructure (e.g., to bring clean water to schools and PHC facilities to ensure safe births and address diarrheal diseases and other major drivers of maternal and child mortality and malnutrition); and macrofiscal (e.g., to leverage development policy operations to support gender-related policy reforms). In a constrained IDA environment, pursuing these cross-sector approaches may create more investment opportunities than are likely to be available through the health sector alone, and could yield even broader population impact.

The GFF will deepen its support for both design and implementation of WBG-financed projects to ensure that health system reforms deliver for women, children, and adolescents. To advance the goal to reach 1.5 billion people with affordable, quality health services by 2030, the WBG is working with health and finance ministries to produce UHC country compacts with commitments to key health systems and financing reforms. Leveraging its co-financing grants, technical support, and various results-based financing instruments, the GFF will work with partner countries and with WBG country teams to inform these compact priorities and subsequent IDA and IBRD project design and implementation so that equitable and affordable expansion, coverage, and delivery of RMNCAH-N services are prioritized for new investments in PHC and UHC. The GFF will contribute by bringing in the latest evidence on the health and economic benefits, identifying the most cost-effective and scalable interventions, and prioritizing the populations most in need. GFF support for PHC system integration and strengthening will concentrate on specific areas where it has a comparative advantage and expertise that complements that of the WBG, including improving service delivery quality, bolstering commodity supply chains, and strengthening data use for decision making. Promoting health equity and expanding SRHR for the poorest and most disadvantaged women and adolescent girls will be key GFF focus areas (see **box 2**).

Box 2. The GFF Effect for Sexual and Reproductive Health and Rights

Expanding access to SRHR and choice for women and adolescent girls—including securing sustainable access to modern family planning methods—is and will continue to be a high priority for the GFF under the new strategy. Family planning has the potential to prevent approximately 30 percent of maternal deaths by allowing women to space pregnancies and avoid high-risk births. Family planning also helps communities thrive and strengthen women and girls' human capital by enabling them to pursue education and employment opportunities; increased access to family planning could raise per capita income more than 13 percent in a generation.

The GFF will address both supply and demand-side barriers to access. Going forward, GFF support will be underpinned by a rapid gender diagnostic in all partner countries to identify and integrate gender, rights, and equity in priority reforms tailored to national contexts, including enabling policies to secure rights and promote access. The GFF will lead implementation of the WBG's IDA21 commitment to expand access to SRH services and integration of gender-responsive health reforms into IDA and IBRD-supported operations.

Furthermore, through its two new Challenge Programs (see objective 2) and in partnership with UNFPA, FP 2030, PNMCH, and other leading SRHR organizations and advocates, the GFF will address critical bottlenecks to access for family planning and other SRH commodities and will help bring proven innovations to scale. Strategic enabler 1 provides additional detail on how the GFF will prioritize, integrate, and monitor results on SRHR across its portfolio under the new strategy.

Strengthen country ownership and accountability by increasing on-budget financing and alignment

Over the next five years, the GFF will work with partner countries and other global health financiers to enable more on-budget external financing and alignment with country systems. Ministers of health in GFF partner countries place high value on the technical, financial, and convening support they receive from the GFF to map the disparate resource streams in their countries, develop investment cases that align global and national partners around one country plan, and enable external financing to come on-budget and be channeled through PFM systems. The GFF will step up its engagement with other external funders including Gavi, Global Fund, sovereign donors, regional development banks, and philanthropies to bring more off-budget resources on-budget, increase alignment, and strengthen mutual accountability. The GFF will use its resource mapping and expenditure tracking (RMET) tool to help partner countries prioritize their PHC system reforms. The GFF will also deepen its collaboration with the WBG to address alignment barriers and push for the necessary enabling reforms outside the health sector and will engage Gavi, the Global Fund, and other global health funders to address PFM constraints in a collective fashion. The GFF will also play a stronger role in supporting government infrastructure for alignment by shifting the focus of its country engagement from multiyear sector plans to annual budgeting processes (see also objective 3). Moreover, the GFF will support CSOs, YLOs, and others across the GFF partnership to engage in evidence-based advocacy for domestic resource mobilization and health financing reforms that will also promote increased on-budget alignment.

The GFF will extend use of the Joint Financing Framework (JFF) to all GFF-eligible countries to facilitate greater partner alignment and on-budget financing. Piloted in 2024, the JFF has mobilized an additional US$74 million for country-specific co-financing in five partner countries as of November 2025. The JFF builds on the core alignment support provided by the GFF and reduces administrative burden and transaction costs for partner countries by offering a one-stop platform to crowd in external funding around specific WBG-financed projects. It also offers donors the opportunity to target funds to specific countries while benefiting from the WBG project cycle, technical assistance, fiduciary and procurement systems, and environmental and social safeguards. By aligning donor contributions with national systems, the JFF supports the transition toward full budget support as country PFM capacity improves. Applying lessons learned from the pilot phase, the JFF will be a standard mechanism available to all GFF-eligible countries to enable more domestic and external financing to flow through government systems.

Unlock additional domestic resources for health with smarter spending and better budget execution

The GFF will support partner countries to mobilize more domestic financing for RMNCAH-N services by prioritizing areas of greatest impact and more effective budget execution. With limited fiscal space and decreasing external aid flows, countries must prioritize and use their scarce resources to cover the most essential services for the most vulnerable populations. Yet insufficient allocations for RMNCAH-N and PHC services in government budgets and lower than optimal budget utilization rates often limit the effectiveness and efficiency of government spending to increase the share of the government budget allocated to health. According to the **World Bank and WHO**, LMICs showed average rates of budget execution as low as 87 percent, with declines most pronounced among the poorest countries in Africa. To help countries close the gap, the GFF will intensify its support to strengthen national planning, budgeting, and monitoring processes, help countries prioritize health spending on the most cost-effective interventions, and optimize budget execution and tracking. Better budget execution will help

Box 3. The GFF Effect for Maternal, Newborn, and Child Health

The GFF's commitment to the health and well-being of mothers and children will be deepened and expanded under the new strategy. Intrapartum care will continue to be a core focus for the GFF, scaling and replicating proven innovations developed in collaboration with private sector and other global health partners such as the Safer Births Bundle of Care developed by Laerdal Global Health (see **box 5**) and postpartum hemorrhage bundles of care. This work will also help countries measure and reduce the incidence of stillbirths.

Together with core support for countries to improve access and quality of the continuum of maternal, newborn and child health services, the new Challenge Programs (see objective 2) will enable the GFF to scale up support for lifesaving commodities and service delivery innovations to ensure that health facilities and community health workers are well-equipped and that all pregnant women, newborns, and children can benefit from the most effective mix of tools, drugs, and interventions at the right time in the hands of skilled, respectful providers.

GFF support will build on the continuum of care, prioritizing integrated PHC services for maternal, newborn, and child health and nutrition at facility and community levels. GFF's support for child health will continue to enhance preventive, promotive and curative services, including improving the quality of integrated management of childhood illnesses.

Furthermore, as the GFF deepens its collaboration with Gavi and the Global Fund, priorities will include partnering to improve equity through zero-dose targeting, sustainable vaccine financing and vaccine prioritization, and protecting and accelerating gains made around childhood malaria and community health systems.

ministries of health identify and deploy more resources from existing budgets, and will strengthen their position with finance ministries to advocate for higher health sector budget allocations in the future.

To promote greater access and delivery of quality RMNCAH-N services, the GFF will also support governments to be better stewards of the private sector. More than 40 percent of women in LMICs are estimated to receive RMNCAH-N services through the private sector. A comprehensive private sector engagement review in 2024 confirmed the significant role of the private sector in GFF partner countries as a leading provider of RMNCAH-N services and products. As an IDA and IBRD co-financier, the GFF will continue to deploy its grant funding and technical assistance to support the integration of private providers into public financing schemes and help to ensure that their services are aligned with national equity goals. The GFF will focus on helping partner countries advance strategic purchasing reforms, particularly the contracting and procurement of essential RMNCAH-N services and products. This work will include promoting contracting models that tie private sector involvement to clear equity and quality targets. In partnership with the International Finance Corporation (IFC), the GFF will build on lessons learned from the first hybrid public-private partnership (PPP) supported by the World Bank, the GFF and IFC in Côte d'Ivoire and identify other opportunities to harness private sector expertise,

innovations, and capital. This will support countries to expand and scale access to affordable, quality health and nutrition services and commodities for women, children, and adolescents in the most marginalized and hardest-to-reach communities (see **box 3**).

The GFF will also promote gender-responsive financing and budgeting to advance gender equity. The GFF will continue its support for health financing reforms that specifically target women, children and adolescents (see **box 4**), including in the definition of essential service benefit packages and strategic purchasing of these packages for quality outcomes. Priority focus will be on embedding and measuring gender-responsiveness in these reforms and systematic integration of gender-responsive measures into financing instruments, building on lessons learned during the previous strategy. In Cambodia, for example, the GFF has supported the **Health Equity Fund** to remove financial barriers that disproportionately affect women by subsidizing those health care costs.

Box 4. Investing in Adolescent Health and Human Capital

Many GFF-supported countries are facing the largest cohort of young people in history. Healthy, educated, and empowered adolescents comprise the future workforce and can drive economic prosperity and increase human capital gains. Yet adolescents, especially girls, also face specific barriers to accessing quality health services that are responsive to their unique needs and essential for realizing their full potential.

Through partnerships with AdLAB, the International Development Research Centre in Canada, the WBG's Development Economics Research Group (DEC), and Monitoring and Action for Gender and Equity (MAGE) with Johns Hopkins University, the GFF is supporting evidence generation, data use, and South-South learning to advance adolescent health and gender-responsive SRH services to enable adolescent girls to choose to delay pregnancy, stay in school, and acquire the knowledge and skills they need to secure productive jobs. For instance, in Liberia the GFF has leveraged performance-based financing to expand access for adolescent girls to contraception, including deployment of female school counselors to provide SRH information to adolescent girls and integration of these services into the school system for sustainability. Armed with real-time knowledge on project performance, countries can adapt to improve program results and other countries can move faster to replicate successful programs.

Increased GFF support for CSOs will also include a focus on bringing community-led innovations for adolescent health to scale. Other priorities for GFF support to partner countries for adolescent health in the new strategy period will include expanding access to HPV vaccinations to prevent cervical cancer, and improving nutrition and preventing anemia in adolescent girls, a leading cause of maternal and child morbidity and mortality in LMICs that carries long-term health and economic consequences.

By expanding access to adolescent-responsive services that are integrated into national PHC systems, the GFF will help countries reach more adolescents and drive more sustainable impact.

OBJECTIVE 2

Accelerate progress by improving quality of service delivery and scaling sustainable access to proven commodities and innovations

Slowing progress coupled with the current and foreseeable financing constraints will require LMICs to transform how they manage and finance their health systems—and for global partners such as the GFF to adapt support accordingly. Over the next five years, the GFF will deploy a differentiated and layered support model that will allocate the bulk of its resources to eligible countries based on their relative burdens of maternal and child mortality and on their demonstrated commitment to reform and potential for accelerating and scaling progress on RMNCAH-N. While mortality and morbidity burden and income levels will remain the foundation for GFF country eligibility, other factors including a country's IDA and IBRD co-financing potential, readiness to lead health system and financing reforms, and demonstrated political commitment to advance RMNCAH-N and gender equality will also be key in determining the type and level of GFF support. The GFF will create new financing channels to incentivize and enable countries to target critical and common health system and delivery bottlenecks and take proven health commodities and innovations to scale, improve the quality of care, and mobilize more domestic resources—toward sustainably financed systems and reduced donor dependency.

Prioritize and differentiate country support based on relative burden and potential for highest impact

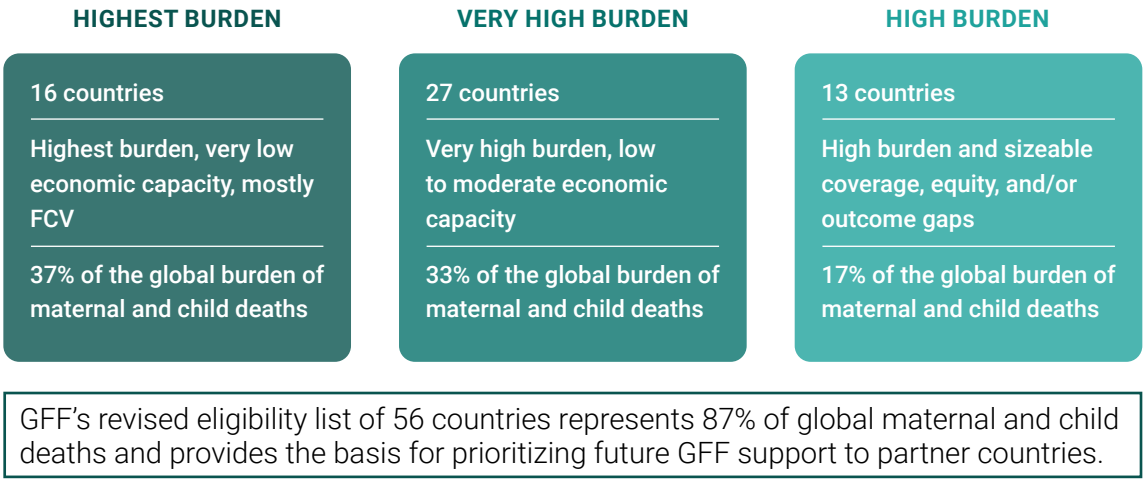
To prepare the new strategy, the GFF reviewed and updated its country eligibility list to ensure that it remains focused on those with the highest global maternal and child mortality, many of which have not yet received support from the partnership. Of the 67 countries originally eligible for the GFF due to their high burdens of maternal and child mortality in 2015, just over half (36) had received core GFF financial support as of 2025. The review yielded a smaller list of 56 eligible countries that together represent 87 percent of the global maternal and child mortality burden. Based on this revised assessment, 11 countries will be phased out of eligibility for future GFF financing during the next strategy period due to their relative progress made in reducing maternal and child mortality and/or their relative growth in national wealth.[2] They will be invited to stay engaged in the GFF partnership, however, to contribute as knowledge and technical leaders, thought partners, and as exemplars.

Future GFF support to countries will be prioritized and differentiated according to their relative needs and opportunities. Applying specific thresholds for burden and taking FCV status and economic capacity into consideration, the GFF has now classified all countries on the revised eligibility list into Highest Burden, Very High Burden, and High Burden. **Figure 8** summarizes the three categories.

Under the previous strategy, all GFF partner countries received the same core package of financial and technical support. Given funding constraints, this binary approach has left many eligible countries excluded altogether from the partnership. Moving to a differentiated support model will enable the GFF to be more responsive to reform-oriented countries experiencing the most challenging circumstances or stubborn system or financing bottlenecks. This approach will enable the GFF to deploy limited resources

2. The revised GFF eligibility list of 56 countries will be effective as of January 2026. A methods paper describing the mortality burden analysis and updating of the eligibility criteria is available online. The timeline for country transition and graduation from GFF financing for those no longer on the eligibility list will be tailored to their respective contexts. For those with newly approved or current financing arrangements with the GFF, graduation will occur once those projects are complete, and they will not be eligible for new financing.

Figure 8. Classification on GFF-Eligible Countries, 2026–2030



Source: GFF 2025.

more efficiently and reach more eligible countries as resources permit, targeting specific opportunities that can unlock additional WBG, domestic, or external financing; leverage policy or system reforms; and accelerate progress in stalled areas to improve health and nutrition outcomes for women, children, and adolescents. The proposed differentiation of future GFF support to countries is briefly described below.[3]

Core support for Highest Burden and Very High Burden countries

The GFF will continue to lead with its core support of grants and non-financial assistance linked to WBG IDA and IBRD financing. Both the GFF independent evaluation and consultations with ministries of health affirmed the value-add of the GFF's flexible, country-driven core support model, and all countries classified as Highest Burden and Very High Burden will be eligible for this support. This includes development, implementation, and results monitoring of country investment cases for RMNCAH-N, strengthening multistakeholder country platforms, and grant co-financing for IDA and IBRD projects, including technical assistance for project preparation and supervision. Under the new strategy, the GFF will anchor its core support with a standard country diagnostic on HSS for RMNCAH-N that will use data and evidence to build consensus around the key health systems bottlenecks holding back health and nutrition progress for women, children, and adolescents. This standard diagnostic will also include a focused country gender analysis for RMNCAH-N outcomes. These analytics will inform GFF country engagement strategies and priority areas for co-financing and technical support.

The GFF will incentivize reform readiness and potential for highest impact in determining country grant allocations. The experience of the GFF's first decade demonstrates that health system and financing reform opportunities often present themselves in "windows of opportunity" created by

3. The new classification framework will apply to all 56 eligible GFF countries, but prioritization of grant financing will be based on available resources. Current GFF partner countries will be prioritized for recipient-executed co-financing grants during the 2026–2030 strategy period.

a combination of strong country leadership, a favorable political economy in the sector, and new operational entry points or partners. Going forward, the size of GFF grant country envelopes will be determined by the potential to save lives and strengthen PHC systems by combining the burden analysis with an appraisal of the impact opportunity to accelerate health and nutrition outcomes for women, children, and adolescents. Factors that determine the impact potential could include, for example, a partner country's reform-mindedness or readiness; identification of a reform opportunity based on a change in government policy; the level of engagement of the GFF in the partner country to date and opportunity for continued progress; and/or the opportunity to significantly increase the level of a country's IDA investment in health. Country UHC compacts that include specific RMNCAH-N access or reform targets, increased DRUM, and/or increased on-budget alignment of external financing could also constitute examples of impact opportunity and reform readiness.

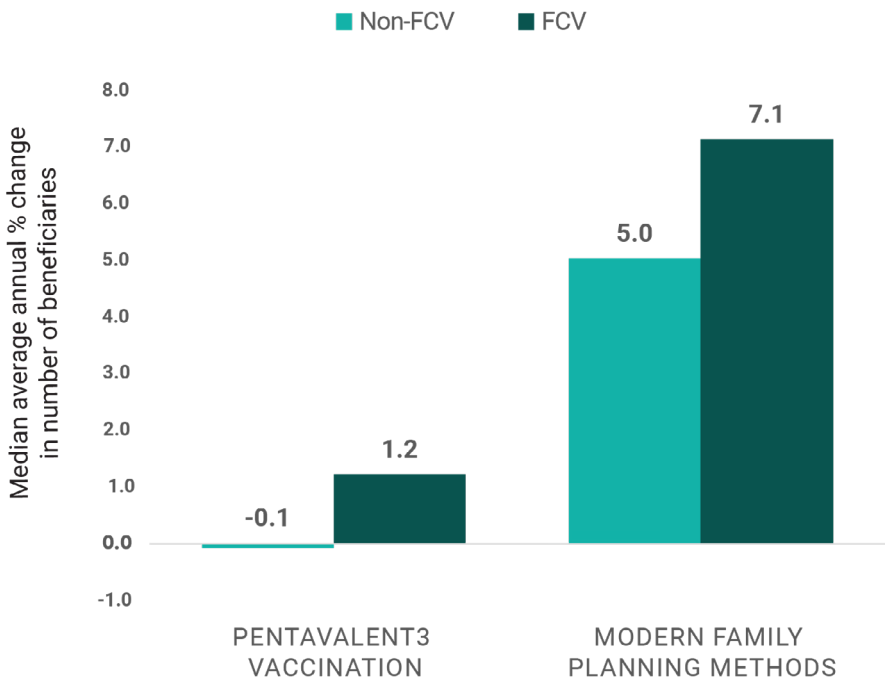
The GFF will also bolster its in-country presence to drive partner alignment and results. This will include establishment of full-time GFF country coordinators with the support of a core country team, which will enable ongoing, targeted engagement with country governments and in-country partners. Support will also focus on achieving greater convergence between country-led alignment processes—such as investment case development and functioning of country platforms—and the results monitoring agenda. This will include systematic deployment of GFF data analysis tools such as RMET and the frequent assessments and system tools for resilience (FASTR) tools to drive World Bank–GFF co-financed and other global health investments through government systems. This convergence will help ensure that the GFF's technical, financial, and convening support is mutually reinforcing and fully aligned with country priorities.

Acceleration support for Highest Burden countries

In addition to its core support package, the GFF will offer countries in the Highest Burden category access to additional technical and project implementation support to enable faster progress. As highlighted under strategic objective 1, the GFF's position in the WBG makes it uniquely placed to address PHC system bottlenecks that can lead to faster gains in health and nutrition outcomes. The countries in the Highest Burden category—predominantly FCV countries with the weakest economies and most lagging health indicators—will benefit from additional in-country staffing and other non-financial support to help remove these bottlenecks and accelerate progress. As noted above, these countries will also be prioritized for additional grant financing when reform opportunities are present, whether due to changes in government policy or other trigger events that may reshape the enabling environment. Indeed, experience shows that grant financing can often reinforce and promote reform readiness in FCV settings, which have a more complex political economy, are more highly donor dependent and have fewer financing options. Fragility assessments specific to RMNCAH-N, building on wider country fragility assessments by the WBG, will underpin GFF determinations on the appropriate level of future support.

The GFF experience shows that the case for increased and sustained investment in FCV settings is strong. FCV contexts vary widely, from active conflicts and politically fragile environments to localized instability and post-conflict transition countries. Overall, FCV settings experience the highest and most stubborn levels of maternal and child mortality, with the most vulnerable populations and lowest human capital, and gender equality and rights for women and girls are often perilous. FCV settings

Figure 9. Change in Number of Beneficiaries Reached Since GFF Engagement Began, by FCV Status



Source: WHO/UNICEF Estimates of national immunization coverage for pentavalent vaccination and Track20 for family planning.
Note: For GFF partner countries, median average annual percent change from start of investment case implementation through 2024. For eligible countries that are not yet supported, median average annual percent change shown is from 2016 through 2024. Thirty-five (35) countries with active GFF engagements in 2024 included in the analysis.

also tend to have weaker institutions and systems with a more complex set of bottlenecks impeding results and complicating alignment—including many off-budget partners, a blend of humanitarian and development support, and a greater need for subnational and community-level engagement. The GFF's strong country-focused design, together with the flexibility of GFF instruments in financing and technical assistance, has allowed rapid pivots in many FCV settings.

Progress in these otherwise challenging contexts is possible. Notably, GFF partner countries classified as FCV have shown larger gains in service delivery compared to non-FCV countries (see **figure 9**). GFF partner countries—such as Côte d'Ivoire—that were previously classified as FCV have since become leaders in health financing reforms. The recent experiences of Ethiopia, Mali, and Nigeria have shown that the flexibility and ability to align and pool funding offered by the GFF has proven to be a valuable tool in their efforts to scale up access to RMNCAH-N services, including for vulnerable groups such as adolescents. Access to additional GFF knowledge and advisory services will enable these countries to improve alignment of their investment case priorities with annual budget cycles and tailor innovative solutions to their unique institutional fragilities. The GFF will also work to integrate political economy considerations and gender dimensions of health system reform, such as the integration of GBV prevention and response into SRH services, into IDA and IBRD project design and implementation.

Targeted support for High Burden countries

Countries in the High Burden category will be eligible to access targeted technical assistance support from the GFF to help close critical coverage and equity gaps. This group includes countries with lagging outcomes in specific health areas or in subnational geographies where a laser-targeted approach could help transform their health system performance for women, children, and adolescents. Countries in this category have limited donor grant availability for technical support and are less likely to be eligible for concessional financing to cover their knowledge and technical capacity needs, yet their relative economic strength and/or population size may offer tremendous opportunity to expand service delivery to millions more women, children, and adolescents and close significant coverage and equity gaps. Depending on available resources, the GFF will adopt a light-touch engagement model that focuses on providing governments in this category with strategic technical and analytical support to address discrete RMNCAH-N challenges or bottlenecks, with a direct line of sight to influencing priorities for IDA and IBRD financing. This approach builds on the successful GFF engagement in many partner countries where knowledge sharing, policy dialogue, and technical support has shone a light on specific health system bottlenecks for RNMCAH-N and triggered new WBG and domestic investments. Countries in this group will not be eligible for core grants from the GFF Trust Fund, but the GFF could facilitate project co-financing opportunities for interested partners via the JFF or challenge programs (discussed below). Limited and highly targeted engagement in these countries will maximize the catalytic effect of the GFF and could have an outsized impact on health and nutrition outcomes while keeping the bulk of GFF resources focused on countries in the Highest and Very High Burden classifications.

Scale and sustain delivery of high-impact commodities and innovations

To drive sustainable impact, the GFF will introduce an additional and complementary layer of support to incentivize and scale access to RMNCAH-N services. Building on lessons learned with pilot initiatives launched under the previous strategy, the GFF will establish two new challenge programs, each with a dedicated focus, budget, and in-house technical expertise. The Sustainable Commodity Access Challenge will aim to increase equitable access and domestic financing for a priority suite of family planning and maternal, newborn, and child health commodities. The Innovations for Service Delivery Challenge will aim to scale up innovations to improve reach and quality of adolescent, children, and women friendly care and address the leading causes of preventable deaths. Focusing on commodities and service delivery innovations will help reduce the long lag between evidence and scale in LMICs. Financing and technical support provided through the challenge programs will closely align with, and build on, core GFF support and serve as an additional source of financing, based on country demand.

Challenge Program: Sustainable Commodity Access

Reliable access to high-quality commodities is a leading constraint to accelerating and sustaining progress on health for women, children, and adolescents. GFF partner countries routinely prioritize coverage improvements for high-quality RMNCAH-N products in their investment cases, yet **inadequate government financing** for products and supply-chain reforms limits commodity availability. This places the financial burden on households, and on women in particular—making purchasing commodities a key driver of out-of-pocket spending, poverty, and inequality. Market and supply-chain failures for contraceptives and essential maternal health commodities are a major driver of SRHR setbacks. Innovative and cost-saving products such as heat-stable uterotonics and self-injectable contraceptives hold tremendous

promise to save lives, increase women's decision-making power, simplify service delivery, and reduce overall health system costs, yet many of these commodities remain underutilized and are not scaled into PHC systems. This challenge is expected to worsen significantly as recent shocks to the global aid architecture drastically reduce the availability of health commodities in LMICs, many of which have been heavily dependent on donor financing.

Embedding this new challenge program in the GFF country-led platform will foster sustainable financing and integration of commodities into national health systems and budgets. A growing number of LMICs are seeking support to secure reliable access to essential health commodities. The GFF is well-positioned to help partner countries address their supply chain and commodity financing challenges in a variety of ways, including through its ability to leverage IDA financing; utilize its analytical tools and incentive-based WBG lending instruments to prioritize domestic financing; and embed commodity financing in the broader health financing dialogue, PFM reforms, and in country-led alignment efforts. GFF core grants will continue to support country demand for a wide range of health supply chain needs, while the new challenge program will specifically target incentives for countries to mobilize and spend more of their own health budgets for commodity procurement and last-mile delivery. As with the country-specific JFF mechanism, the challenge program will also enable partner countries to bring external financing on-budget to address commodity bottlenecks. In partnership with the WBG, this systems-based approach to commodity financing—pairing strong supply chain strengthening investments with the right mix of high-quality products—will help scale and secure access and choice of methods, bolster government systems, and promote country ownership and self-reliance. The challenge program will coordinate with and complement the work of other leading global health commodity financiers and providers, including UNFPA, UNICEF, Gavi, the Global Fund, and Unitaid.

Challenge Program: Innovations for Service Delivery

Accelerating progress on reducing maternal and child mortality requires additional support for LMICs to replicate and scale proven innovations. GFF partners such as Grand Challenges Canada (GCC), Laerdal Global Health, Gates Foundation, Unitaid, and others have successfully incubated a large body of well-tested and proven innovations that address critical bottlenecks in demand and service delivery for women, children, and adolescents, yet they face challenges in bringing them to scale. Too often, these innovations are not profitable enough for the private sector to scale up—particularly to reach the poorest and most vulnerable populations that would benefit most—while public health systems may lack the capacity and risk appetite to adopt and scale innovations. A June 2025 **study** published in *The Lancet* found that proven new products for maternal and child health can take around 28 years from ideation to reach just 20 percent scale in at least one LMIC.

This new challenge program will enable partner countries to finance rapid replication and contextualized adaptation and scale of proven high-impact innovations into national programs. The GFF is well-placed to help correct this market failure and help countries accelerate adoption of process and product innovations in country health systems. As an intermediary financier, the GFF can help countries translate pilots into large-scale programs and de-risk the scale-up phase, including support for implementation research and evaluation. Specifically, through its support for prioritization, the GFF can surface critical health system bottlenecks and link to the body of available innovations to address them. The new program will combine targeted, additional grant financing and technical support for governments that wish to adopt and scale proven innovations. Connecting "push" mechanisms that fund the scale-up of innovations with a targeted "pull" mechanism that this challenge program will provide

to finance country adoption is critical for achieving scale and sustainability. The GFF will partner with leading innovation intermediaries such as GCC to prioritize opportunities to collaboratively identify, match, fund, and document proven innovations through collaborative investment cases. Another early priority for this new program will be to replicate the success of the Safer Births Bundle of Care (SBBC) in Tanzania, EMOTIVE, and other proven "bundles" of intrapartum care innovations in countries with the highest maternal and newborn mortality burdens, strong government commitment, and opportunities for integration into IDA projects. Expanding access to proven, cost-effective solutions for prevention, early detection, and treatment of cervical cancer will also be a GFF priority (see **box 5**).

Box 5. Bringing Proven Innovations to Scale to Save Lives

Crashing Maternal and Newborn Mortality. The Safer Births Bundle of Care (SBBC) approach combines innovative clinical tools with low-dose, high-frequency team-based simulation training and real-time feedback to maintain clinical competencies and improve the quality of intrapartum care. With GFF support, this approach led to a remarkable 75 percent reduction in maternal mortality and a 40 percent reduction in early neonatal mortality in supported facilities in Tanzania. Successful initiatives such as SBBC offer GFF partner countries a proven model for replication to rapidly accelerate progress on ending preventable maternal and child mortality.

Preventing Cervical Cancer. Although cervical cancer prevention is increasingly recognized as a national and global priority, persistent gaps in implementation threaten progress toward the global goal of cervical cancer elimination by 2030. Several innovations have emerged in recent years that will facilitate the scaling up of programs to prevent and treat cervical cancer. At the Cervical Cancer Elimination Forum in March 2024, the GFF joined the World Bank to commit US$400 million for HPV-related programs to assist countries in providing HPV screening, vaccination and treatment. The GFF will collaborate with the WBG, Gavi, the Global Fund, UNFPA, Unitaid, WHO and other international partners to ramp up availability of these interventions and stop the spread of this highly preventable disease.

OBJECTIVE 3

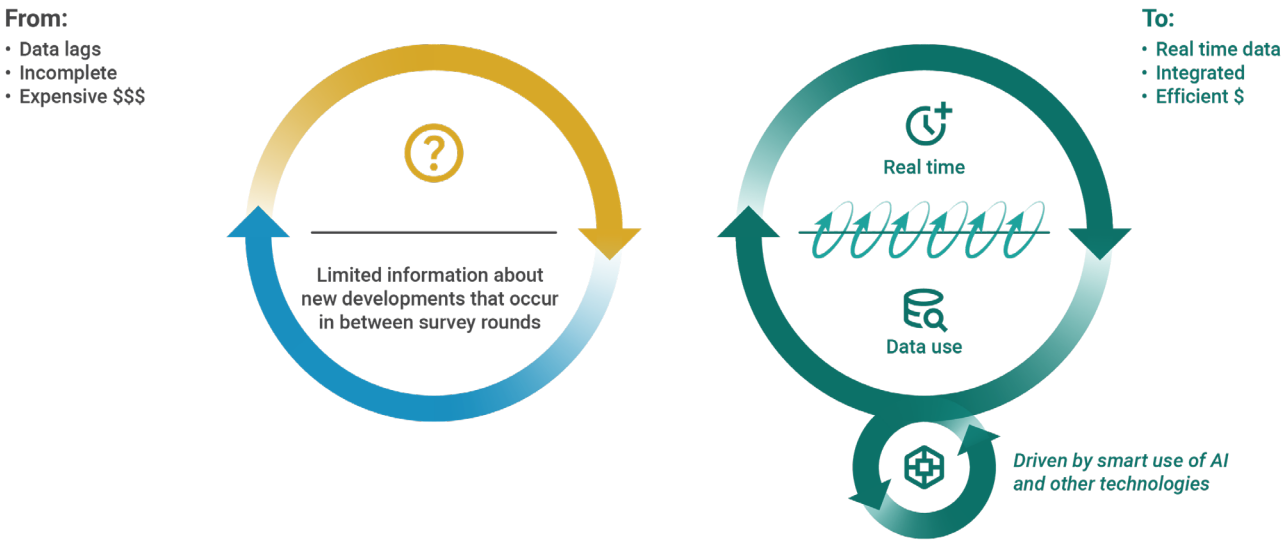
Foster health system sustainability, sovereignty, and resilience

As partner countries mobilize more health financing and scale up access, the GFF will ensure they are well-equipped to transform their health systems as resilient, sustainable engines of job creation and inclusive growth. The GFF's contributions to country leadership, self-reliance, and resilience will focus on improving real-time data use for prioritization and adaptation; strengthening the health workforce in partner countries, particularly at the community level; and elevating national and regional leaders and expertise. The GFF will also support South-South learning to facilitate replication of successful programs and hasten the transition to a future global health system that is truly country-led and country-owned.

Enable health system prioritization and transformation through real-time use of better data

To drive health system performance and sustainability, countries need the right data at the right time to prioritize and optimize their investments. This means having the capacity to continuously use evidence to monitor population health needs, target system bottlenecks, prioritize resources, and rapidly respond to emerging health and financial challenges. Through development and deployment of the FASTR tools, coupled with RMET, the GFF has been accelerating country data collection and use, including through, for example, RMNCAH-N service monitoring dashboards, health facility phone surveys, household and client feedback mechanisms, and targeted follow-up analyses. FASTR is providing ministries of health with more timely and actionable insights into service delivery gaps and populations being left behind. With uncertainty as a new normal, countries can no longer rely on static data sources such as infrequent national surveys or plans to drive decision-making and budgeting. The recent disruption in support for Demographic Health Surveys—a longstanding, but relatively slow and expensive tool—and the rapid growth of AI and digital technologies offer the opportunity for a health data revolution in LMICs. As part of its evolution from the once-in-five years investment case model, and building on the FASTR tools, the GFF will support every interested country to strengthen their capacity to generate, analyze, and use better data, faster and more cheaply, and on an ongoing basis to align with annual budget cycles and drive real-time prioritization. The GFF will do so through a partnership approach that fosters country leadership and alignment. **Figure 10** illustrates this transformation toward real-time data use for prioritization and adaptation.

Figure 10. Transforming Data Use for Budget Prioritization and Adaptation



Source: GFF 2025.

Enabling real-time prioritization will also help countries improve budget execution and tracking, incentivize greater resource alignment, and achieve more health for the money. Through regular use of data tools and aligning them with national planning and budgeting cycles, ministries of health will be better equipped to engage effectively with ministries of finance and with external donors, using the best evidence to make the case for bringing additional resources on-budget and to sustain essential services during both stable and crisis periods. The GFF will deepen its collaboration with development partners, including the WBG, Gavi, the Global Fund, WHO, and others, to help partner countries remove health system bottlenecks and improve resource utilization, including through expanded use of GFF-supported tools. Streamlining these efforts will save time and money, reduce health sector fragmentation, and help ensure external financing is optimized and directed for nationally defined, country-owned priorities.

The GFF will work with the WBG to prioritize investments in planning for continuation of essential health and nutrition services in future health and climate-induced shocks. The COVID-19 pandemic and recent climate emergencies have caused major disruptions to lifesaving health services, with services for women, children, and adolescents among those most impacted. During the pandemic, support for rapid prioritization and essential health service grants from the GFF helped mitigate some of these impacts, yet nevertheless these disruptions have been a leading contributor to the recent slowdowns in health and nutrition outcomes. As the WBG steps up support for health emergency preparedness and climate adaptation, the GFF will seek to leverage these efforts to prioritize investments that enable continuity of RMNCAH-N service delivery during future emergencies.

The GFF will also support countries to integrate climate interventions in their PHC strengthening plans. In 2024, the GFF developed its first Climate and Health Approach and has been collaborating with the WBG to assess climate vulnerabilities of partner country health systems and recommend mitigation and adaptation measures that target specific vulnerabilities of women, children, and adolescents. Building on this work, the GFF will seek opportunities to integrate climate resilience into country health plans and bolster country capacity to address climate-related morbidities and secure access to RMNCAH-N services during climate events. The GFF's support will focus on health system climate assessments that prioritize the needs of women, children, and adolescents; advice and support for structural adaptations of health facilities to provide heat and flood-resistant labor and delivery services; assessment of specific vulnerabilities faced by women, children and adolescents in different climate threat contexts; and embedding climate adaptations necessary for RMNCAH-N services within regional disease surveillance and preparedness projects.

Bolster the health workforce as an engine of job creation and resilience

The GFF will support country-led efforts to invest in key areas of their health workforce as an essential enabler of integrated, equitable, sustainable, and resilient PHC systems—and a key contributor to closing the jobs gap. A 2023 study of 33 African countries found that on average, more than half of their domestic current health budgets were spent on health worker remuneration. With such a major cost driver, coupled with major gaps in coverage, countries must optimize their health workforce investments in affordable and sustainable ways to achieve UHC and self-reliance. To deliver scaled coverage of quality health and nutrition services, countries require a motivated, skilled, and adaptive health workforce. Some types of health workers are particularly important to expand coverage for women, children, and adolescents, notably community health workers (CHWs) and midwives.

Strengthening the cadres of CHWs and midwives offers an affordable pathway for countries to create more jobs and for women to enter the workforce, boosting household incomes, strengthening local economies, and promoting healthier families and communities. The GFF will harness its financing, technical support, analytical tools such as RMET and FASTR, and global partnerships such as the **Community Health Delivery Partnership** to help countries move toward sustainable financing of their health workforces, and with a particular focus on those most directly involved in delivering quality services for the most vulnerable women, children and adolescents in the most marginalized and hardest-to-reach areas.

Promote strong country leadership and local expertise

The GFF will prioritize harnessing local and regional experts from GFF partner countries to bolster institutional development and facilitate South-South learning and exchange. The aim will be to enable a "country-first" market for technical assistance that elevates national and regional expertise. This will include supporting governments to lead on engaging local and regional experts and institutions to meet their needs as well as engaging country government leaders—including from countries that will be transitioning out of eligibility for GFF financing—as exemplars. The GFF will work in collaboration with regional technical partners to support a stronger ecosystem of regional technical expertise, including fostering Centers of Excellence and innovation hubs to support peer-to-peer and South-South engagement on topics such as scaling pilot programs; improving quality of services; facilitating private sector partnerships in RMNCAH-N product supply chains; and sustaining community health platforms. This approach also has significant potential to strengthen institutional linkages between ministries of health, academic institutions, and local and regional institutions. The GFF will build on existing partnerships with WBG flagship programs for girls and women's empowerment and with **Countdown to 2030**, through which local research and technical institutions in GFF partner countries in Africa collaborate closely with ministries of health, national statistics agencies and other relevant institutions to strengthen country capacity to analyze and use data to improve delivery of PHC and RMNCAH-N and promote gender equality.

The GFF will deepen its investment in women's leadership in health, building on evidence that shows health systems are more responsive to RMNCAH-N needs when women are included in decision making. Leveraging the **World Bank's new flagship commitment to scale decent jobs**, and partnering with the WBG Governance Global Department and the Gender Cross-Cutting Solutions Area to implement the WBG Gender Strategy (**see the Gender Strategy's third objective, on leadership**), the GFF will promote gender-responsive reforms to create equitable roles, policies, and governance structures in the health workforce. Building on efforts from a successful pilot that coached over 200 women leaders, the GFF will support a South-South network of women leaders from LMICs who will champion national reforms to advance health and nutrition for women, children, and adolescents and will amplify their voices in global health leadership.

The GFF Ministerial Network will continue to be a cornerstone of country leadership, with an expanded role as a community of practice for ministers of health. The network will not only provide a platform for showcasing national commitments but also facilitate systematic and rapid peer learning among ministers. Through structured dialogue and knowledge-sharing sessions, ministers will be able to exchange experiences, identify good practices that can be adapted to their national contexts, and

highlight common gaps that require collective action. The network will also serve as a mechanism for strengthening accountability, enabling ministers to track progress on shared commitments and bring unresolved issues to the GFF Investors Group for joint problem-solving with donors and partners. In doing so, the network will strengthen country leadership, promote mutual accountability, and elevate ministerial perspectives to inform and drive global financing and policy discussions.

Strategic Enablers

To deliver on the strategy objectives, the GFF will deploy four cross-cutting strategic enablers.

ENABLER 1

Integrating gender and equity across the GFF portfolio

Since 2021, the GFF has made significant strides in prioritizing gender equality across its portfolio. Guided by strategic direction 2 of its 2021–2025 strategy, the GFF launched foundational initiatives such as a gender equality road map, strategic partnership on gender results with MAGE, gender-focused analytics, and a key performance indicator (KPI) to track gender integration and results. The RMNCAH-N-G (R2G) workstream further institutionalized gender considerations across the continuum of care for women, children, and adolescents.

Building on these foundations, gender equality will be integrated as a cross-cutting priority under the new strategy. This integrated approach aims to deliver targeted, scalable investments that improve gender equity and health outcomes. To enhance accountability, the GFF will develop new gender KPIs for all objectives—such as the proportion of projects informed by gender analysis—to track gender integration from investment design through implementation and results. Gender-responsive monitoring and data analytics will be expanded to capture and respond to evidence and emerging lessons across GFF-supported countries. To systematize and scale its approach to gender, the GFF will conduct a rapid gender diagnostic in all partner countries to identify and integrate gender in priority reforms tailored to national contexts. Insights from these diagnostics will inform development of investment cases, shape monitoring frameworks, and support real-time program adaptations. This process will enable a shift toward the use of high-quality gender indicators and targets aligned with national reforms to meaningfully track their impact on the health and nutrition of women, children, and adolescents.

As the lead provider of gender-responsive advisory services in health and SRHR in the WBG, the GFF will lead implementation of the IDA21 commitment to expand access to SRH services and integration of gender-responsive health reforms into IDA and IBRD-supported operations. Priorities are as follows:

- **SRHR**: The GFF will intensify its efforts to ensure that women and girls have access to an array of SRH services that meet their needs, respond to their preferences, and support them to exercise control over their sexual and reproductive lives. Priority areas will include strengthening efforts to improve family planning access while promoting method choice, expanding availability of screening and treatment for cervical cancer, improving access to quality care for

maternal and newborn health, and advancing interventions to prevent and address sexual and gender-based violence. The GFF will also accelerate efforts to integrate SRHR into community health platforms that have historically focused on other services such as nutrition and HIV. The GFF will also continue to support countries in advancing an enabling environment for SRHR.

- **Adolescent SRH services**: The GFF will support countries in scaling up adolescent-responsive services, including integrated school-and community-based health packages that provide SRHR information, and incentivizing HPV vaccinations. Integrating these services into national PHC systems will help countries reach more adolescent girls and drive more sustainable impact.

- **Leveraging IDA**: Gender-responsive indicators will be embedded into WBG financing mechanisms such as program for results and disbursement-linked indicators to strengthen accountability and equity in service provision.

- **Health financing and social protection**: The GFF will seek opportunities to scale successful, gender-specific pilot approaches such as removing gender-specific barriers to accessing health insurance benefits packages in Côte d'Ivoire or including pregnant and lactating women in social benefits packages in Ghana and Kenya.

- **Respectful women- and adolescent-centered care**: The GFF will support health ministries and WBG teams to systematically collect and use health management information systems and Health for All data on service readiness and client-reported data on the experience of care to improve quality, respectful, and accessible services for women and girls across GFF operations.

ENABLER 2

Optimizing collaboration with the WBG, global and regional partners

Anchored in country leadership and alignment, the GFF works closely with an array of global health and development actors. From its unique position in the WBG and the global health architecture, the GFF will deepen its collaboration with the WBG, CSOs and YLOs, global and regional health and development agencies, philanthropies, and the private sector to further reduce duplication, align financing and technical support to countries, and promote integrated PHC service delivery.

Deepening the GFF–WBG partnership: The GFF has defined clear roles to maximize its position and effectiveness at leveraging impact within the WBG. As noted under strategic objective 1, the GFF will support achievement of the WBG goal to provide quality, affordable health services to 1.5 billion people by 2030 and will lead implementation of the IDA21 policy commitment to expand access to SRH services. The GFF will contribute to development of the WBG's Country Partnership Frameworks (CPFs) and UHC compacts, with a specific focus and expertise on RMNCAH-N priorities. As the technical lead on SRHR, maternal, newborn, child, and adolescent health within the WBG's Health Global Practice, the GFF will deploy grants, technical assistance, and staff expertise to build a strong IDA project pipeline that generates increased investments in health and nutrition for women, children, and adolescents in GFF-eligible countries. The strategy will also drive closer operational collaboration and synergies

between the GFF and across IBRD, IDA, IFC, and the Multilateral Investment Guarantee Agency (MIGA) as part of a One WBG approach.

Promoting greater alignment and integration with other global health institutions: In its commitment to implement the **Lusaka Agenda** principles and the **Accra Reset**, the GFF will support efforts to harmonize Gavi and the Global Fund country coordination platforms and respond to country demands for increased alignment of external financing. For its part, the GFF will shift from a once-in-five years country investment case to a more timely and nimble process and will systematize engagement with Gavi and the Global Fund in this process, including promoting integrated PHC service delivery. The GFF will also deepen its work with WHO, Gavi, the Global Fund, and other partners to promote joint use of common assessment tools. For instance, GFF systems assessments will be conducted jointly with Gavi and the Global Fund. Much of this work is linked to the WHO-led PHC measurement alignment process, within which the GFF is an active contributor, and the FASTR tool created by the GFF is based on the PHC measurement framework and indicators led by WHO and UNICEF. The GFF will continue to expand its collaboration with global health partners on FASTR, including with WHO, Gavi, the Global Fund, and Countdown to 2030. The GFF will also pursue opportunities for joint action with partners to advance shared RMNCAH-N goals, including: working with Gavi to promote gender and equity by expanding coverage of the Zero-Dose Agenda and HPV vaccination; with UNFPA on securing access to family planning commodities; with UNICEF and WHO to accelerate progress on maternal and child mortality and chronic malnutrition; and Unitaid on preventing cervical cancer.

Coordination and collaboration with regional organizations and financiers: The GFF will step up its engagement with regional bodies that have key roles to play in supporting partner countries' transitions to self-reliance and health sovereignty. The priority for regional engagement will be in Sub-Saharan Africa, where most GFF-eligible countries are located. The GFF will pursue closer ties and partnership opportunities with the African Union and its institutions (including Africa CDC, African Medicines Agency, and NEPAD), WHO AFRO, African Development Bank, and Africa's regional economic communities.

Expanding engagement with civil society and youth: Driving transformation in health and reaching underserved populations requires both committed leadership and a strong domestic constituency for reforms that will accelerate progress toward UHC. As the agents of social change, civil society and youth have critical roles to play in successful implementation of the GFF strategy, promoting transparency, and holding their governments to account. The GFF's Civil Society Coordinating Group (CSCG) will remain the central coordinating platform for CSOs and YLOs to engage in the GFF, with three representatives on the GFF Investors Group bringing in the perspectives of the civil society and youth constituencies. To build capacity of CSOs and YLOs and deepen their engagement in the GFF, the GFF will provide grant financing and technical support for CSOs and YLOs from partner countries through the newly established **GFF–CIVIC platform**. As part of the WBG's commitment to **strengthen citizen and civic engagement**, the GFF–CIVIC platform will enable cross-country networking and knowledge sharing on RMNCAH-N through support for two global consortia that support CSO and YLO-led country advocacy for domestic health financing as well as capacity-building to inform service delivery innovations that can be taken to scale through GFF–WBG co-financed projects. A special focus of the new platform will be on identifying and scaling community-led solutions for adolescent health and nutrition.

Harnessing the power of the private sector: The private sector has been an important constituency of the GFF partnership since its inception, contributing expertise, innovations, and capital. For example, the SBBC program the GFF will help take to scale and replicate as part of the new Innovations in Service Delivery Challenge Program emerged from its strong partnership with Laerdal Global Health. The GFF will seek out other such strategic partnerships with industry to deliver on the strategy priorities to accelerate and scale equitable access to service delivery innovations and commodities and strengthen supply chains. In addition, the GFF will support countries to learn from one another on how they have successfully partnered with the private sector to strengthen their stewardship of mixed public-private health systems and tap new sources of investment to achieve their health goals. For example, in collaboration with the World Economic Forum, the government of Morocco, and leading industry partners, the GFF will foster dialogue between ministries of health and finance to identify opportunities to unlock more public and private sector financing for women's health.

ENABLER 3

Strengthening results measurement and ongoing learning and innovation

The GFF will continue to strengthen its approach to results measurement and learning in line with recommendations from the independent evaluation. As a first step, the strategy will be accompanied by a robust results measurement framework with impact and outcome indicators and KPIs.[4] A contribution analysis framework will seek to lay out the specific pathways through which the GFF contributes to country results. A new knowledge and learning initiative, Evidence to Action, will enable cross-country exchanges to identify country exemplars and opportunities for replication. As highlighted in the strategy, other learning priorities include supporting countries to institutionalize real-time country generation use of data to drive prioritization, integration of gender into results measurement and learning, and support for strengthening South-South leadership and engaging local and regional experts. In addition, the GFF will strengthen internal partnerships with the WBG's own research and results units, including the Development Economics Vice Presidency and the Development Impact for Monitoring and Evaluation (DIME) program, Gender Innovation Lab, and the outcomes group. To drive faster and more effective replication and scaling, the GFF will also continue to support implementation research and country-led evaluations. The GFF will also work with its governing bodies to design and commission a new independent evaluation during the new strategy cycle.

4. A robust draft results framework for the strategy is under development and will be submitted to the GFF Investors Group and Trust Fund Committee for approval in spring 2026.

ENABLER 4

Securing sufficient funding to deliver on the strategy goals

Realizing the GFF's vision, mission, goals, and objectives will be predicated on securing adequate and predictable financing to fully implement the strategy over the next five years. In recognition of today's highly constrained global funding environment, the GFF has taken care to present a strategy that seeks to focus and optimize the resources of the GFF Secretariat and capitalize on the GFF's unique strengths and results to date. At the same time, the strategy represents an appropriate level of ambition necessary for the GFF to respond to the severe health and economic challenges facing GFF-eligible countries now and in the foreseeable future and expand the reach and impact of the partnership. With the know-how, data tools, commodities, and innovations that exist today, the strategy's goals, objectives and approaches to deliver scaled access to affordable, quality essential health and nutrition services and help countries transform their health systems for a self-reliant, sustainable future are both achievable and highly cost-effective. With sufficient resourcing, the strategy promises to deliver human and economic returns that will far exceed the investments.

Conclusion

This new GFF strategy provides a prudent pathway over the next five years to help LMICs save lives and transform their health systems for a sustainable future. The new strategy represents both continuity and evolution for the GFF. It builds on the GFF's country-led model, unique position within the WBG, demonstrated results, and lessons learned, and focuses on areas where the GFF has the greatest comparative advantage among global health financiers and the highest potential for impact. By mobilizing more and smarter financing, accelerating progress, scaling access to essential commodities and proven innovations, and strengthening country leadership, prioritization, and resilience, the GFF will support partner countries to make the most cost-effective investments in health and nutrition and deliver quality, affordable care to hundreds of millions of women, children, and adolescents—placing the partnership's vision of ending preventable deaths of women, children, and adolescents within reach. By shining a light on SRHR, gender equality, fragility, and health inequities, the GFF will ensure that the poorest, most vulnerable, and most marginalized populations are not left behind. Moreover, by fully implementing this strategy, the GFF will enable partner countries to transform their health systems into sustainable engines of human capital development, economic growth, job creation, and prosperity—and in so doing, transform their societies.

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