

## Transforming Health Systems, Saving Lives DRAFT Global Financing Facility (GFF) Strategy (2026–2030)

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## PREFACE & ACKNOWLEDGMENTS

**The new five-year strategy of the Global Financing Facility for Women, Children and Adolescents (GFF) reflects the shifting global health landscape and builds on lessons learned from the past decade.** The new strategy prioritizes areas where the GFF is uniquely positioned to accelerate, deepen, and sustain progress on health and nutrition for women, children, and adolescents by 2030. It builds on the GFF's lessons learned and results to date and seeks to address persistent and emerging bottlenecks to progress, drawing on findings from the recent [independent evaluation](#) of the GFF, [stocktaking](#) of the current strategy, and evidence gleaned from an extensive review of recent GFF and World Bank analyses, country and partner agency strategies and reports, and peer-reviewed literature.

**The new strategy has emerged from a highly consultative process engaging GFF partners and stakeholders at both country and global levels.** From March to July 2025, more than 1,000 individuals provided their inputs to inform 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, current and prospective funders, United Nations (UN) agencies and global health initiatives, civil society and youth-led organizations, the private sector, and GFF and World Bank Group (WBG) operational teams.

**The GFF's governing bodies worked closely with the GFF Secretariat to develop a dynamic strategy that responds to emerging needs.** A Strategy Steering Group, a subset of the membership of the [GFF Investors Group](#) (IG), has met periodically throughout the strategy development process to provide strategic guidance to the strategy team and bring in the views 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. With oversight from the IG and [GFF Trust Fund Committee](#), these discussions have informed the strategy objectives and priorities to guide how the GFF will shift, expand, and deepen its impact over the next five years.

**The GFF Secretariat is grateful to everyone who contributed time, energy, and ideas to developing this strategy.** The continuing commitment and engagement of GFF partners and stakeholders is vital for ensuring the GFF remains fit-for-purpose to realize its vision to end preventable deaths and ensure that all women, children, and adolescents can access the quality, affordable health and nutrition services they need and deserve to live healthy, productive lives.

## EXECUTIVE SUMMARY

### Transforming Health Systems, Saving Lives: GFF Strategy (2026–2030)

**In this strategy, the GFF partnership sets two primary goals for 2030: (1) deliver quality, affordable health and nutrition services to hundreds of millions more women, children, and adolescents, and (2) transform country health systems to prioritize and sustain those investments.** After a decade of significant progress in improving maternal, child, and adolescent health across the GFF's 36 partner countries, the gains achieved are now under threat from converging global crises. The GFF's new five-year strategy responds to this challenging moment with renewed commitment, ambition, and focus to enable partner countries to end preventable deaths of women, children, and adolescents.

### A Decade of Progress under Threat

**Since its launch in 2015, the GFF has demonstrated the power of its country-led, catalytic model.** By mobilizing US\$2.6 billion in grants and leveraging over US\$11 billion in World Bank financing, the partnership has helped save tens of millions of lives and dramatically expand access to health and nutrition services for women, children, and adolescents. All 36 GFF partner countries have reduced maternal mortality ratios and adolescent birth rates, while 97 percent have reduced deaths of children under five. GFF partner countries, which previously lagged behind global averages, are now achieving faster than average progress on reducing maternal and child mortality.

**However, recent economic, aid, and climate shocks have jeopardized these hard-won gains, and the challenges are compounding.** Every day, 700 women die from preventable causes related to pregnancy and childbirth, and nearly 4.8 million children die before reaching their fifth birthday annually. Progress toward 2030 global health and gender equality targets has slowed, particularly in the poorest and most fragile settings where women, children, and adolescents face the greatest risks. Development assistance for health is projected to decline by at least 20 percent from 2025 onward, while the poorest countries have reduced domestic health spending in response to weak economic growth and crushing debt levels in the wake of the COVID-19 pandemic. Nearly 40 percent of current GFF partner countries are classified as fragile or conflict-affected states (FCS), where 60 percent of the world's poorest people will reside by 2030—and these countries are also much more prone to climate-related health and economic shocks. Furthermore, progress on sexual and reproductive health rights (SRHR) and gender equality is receding around the world, with nearly one-quarter of governments reporting regression on women's rights. 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 not only weather these storms but emerge stronger and more self-reliant.** Building on lessons learned from its first decade and an independent evaluation that affirmed the value of its country-led model, the strategy focuses on **three interconnected objectives** that leverage the GFF's unique comparative advantages within the global health architecture as a platform to enable country leadership and transformation.

**First, the GFF will mobilize more and smarter country-led health financing for integrated PHC systems that prioritize women, children, and adolescents.** The GFF will make a significant contribution to achieving the goal of the World Bank Group (WBG) to expand access to health services to 1.5 billion people by 2030. In doing so, the GFF will maximize its leverage of World Bank International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) financing—maintaining or exceeding its current 1:7 ratio—while helping countries bring more external financing on-budget and aligned with government systems. Critically, the GFF will help countries unlock additional domestic resources for PHC, including by improving their strategic purchasing, budget execution, and public financial management. Better budget execution and expenditure tracking alone offers the potential for countries to unlock tens of millions of dollars annually.

**Second, the GFF will accelerate progress by improving service delivery quality and scaling sustainable access to proven commodities and innovations.** A new differentiated support model will allocate resources based on countries' relative burden of maternal and child mortality and their demonstrated commitment to reform. This approach will enable more efficient use of GFF resources and maximize impact on health outcomes. This approach also responds to the need for more intensive support to accelerate progress in FCS, where health systems are often the weakest and mortality burdens for women, children, and adolescents remain the highest.

Two new GFF Challenge Programs will help drive innovation at scale. The *Sustainable Commodity Access Challenge* will help countries secure equitable access to essential family planning and maternal-newborn-child health commodities while building sustainable domestic financing and supply chain capacity, reducing donor dependency. The *Innovations for Service Delivery Challenge* will accelerate the replication and scale of proven innovations—such as the successful Safer Births Bundle of Care (SBBC)

implemented in Tanzania—that improve the reach and quality of respectful, woman friendly, child friendly, and adolescent friendly care. These initiatives also respond to a critical market failure: proven new products for maternal and child health typically take 28 years from ideation to reach 20 percent scale in even one low- or middle-income country (LMIC).

**Third, the GFF will strengthen country health system sovereignty and resilience by deepening support for country-led prioritization, data use, and leadership.** The partnership will help countries institutionalize tools like the frequent assessments and system tools for resilience (FASTR), which enables real-time monitoring and rapid decision-making. Strengthening the capacity to use these tools to plan and prioritize will also enable countries to be more resilient and prepare for maintaining delivery of essential health services in the face of growing climate and pandemic risks. The GFF will also prioritize harnessing local and regional experts from partner countries, creating a “country-first” market for technical assistance that elevates national and regional expertise. Enhanced support for the GFF Ministerial Network, Women’s Leadership Network, and other South-South learning spaces will enable political and technical leaders in GFF partner countries to rapidly exchange experiences and adapt successful approaches to their own contexts.

### **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. As the lead provider of gender-responsive advisory services in health within the World Bank Group, the GFF will drive implementation of IDA21 commitments to expand access to sexual and reproductive health (SRH) services.

**Enhanced and strategic collaboration with partners** including the World Bank, global health initiatives like Gavi, Global Fund, UNITAID, UN agencies, the Partnership for Maternal, Newborn and Child Health (PMNCH), civil society organizations, youth-led organizations, and the private sector will strengthen budget advocacy, reduce health sector fragmentation, promote integrated service delivery, and align financing more effectively around country-led plans and budgets—embodying the principles of the Lusaka Agenda. The GFF will expand its in-country presence through full-time country coordinators who will support stronger government leadership and partner alignment.

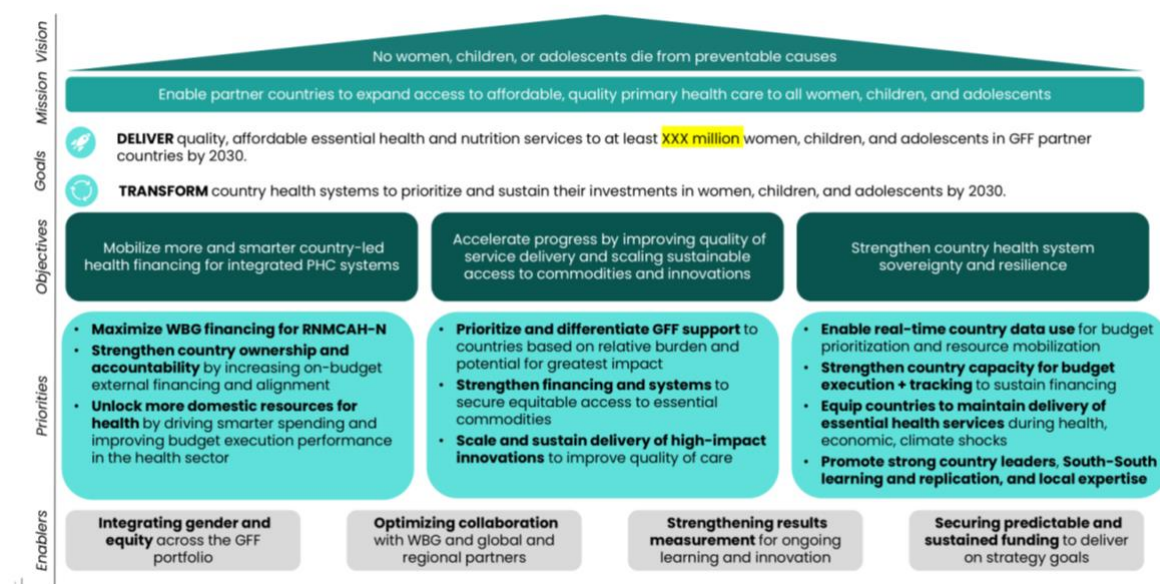
**Strengthened results measurement and learning** will include updated results indicators aligned with the new strategy, implementation research, and South-South knowledge

exchange to improve project implementation and support rapid replication of successful innovations. Securing adequate and predictable funding will be essential to fully implement the strategy. **Figure A** provides an at-a-glance overview of the strategy goals, objectives, priorities, and enablers.

**This strategy represents both continuity and evolution for the GFF.** It builds on a proven catalytic, country-led model while sharpening focus on the GFF’s areas of greatest comparative advantage and highest potential impact. In an era of severe resource constraints and growing calls for health sovereignty, the GFF offers partner countries a pathway to transform their health systems from donor-dependent to self-reliant—systems that can save lives and sustainably deliver quality, affordable care to all women, children, and adolescents while creating millions of meaningful jobs and opportunities—and in so doing, transform their societies.

**The GFF’s vision of ending preventable maternal, child, and adolescent deaths is within reach.** The GFF’s country-led approach, unique position within the WBG, and track record of catalyzing financing and reform make it very well-positioned to help partner countries transform their health systems into sustainable engines of human capital development, economic growth, and prosperity. Success will require committed country leadership, aligned partners, and predictable funding—but the human and economic returns will far exceed the investment.

**Figure A. Overview of the Draft GFF Strategy for 2026–2030**





## INTRODUCTION

**The GFF partnership embodies the world’s commitment to ending preventable maternal and child deaths and promoting gender equality.** Launched at the Third Financing for Development Conference in 2015, the GFF was established to help reach the global goals to end preventable maternal and child deaths, realize universal health coverage (UHC), and achieve gender equality by expanding equitable access to reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services in low- and middle-income countries (LMICs). The GFF supports partner countries to prioritize reforms, mobilize domestic resources, and align international 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 and in sexual and reproductive health and rights (SRHR) that have saved tens of millions of lives and expanded opportunities for women and their families.

**Yet recent—and continuing—economic, aid, and climate shocks have jeopardized these gains, disproportionately impacting the most vulnerable populations that are the focus of the GFF.** Global 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 countries. Fragility is increasing while SRHR and gender equality are receding in many countries. In the wake of the COVID-19 pandemic, the poorest countries have reduced domestic health spending in response to weak economic growth and high debt levels. Amid the rapid and sharp declines in development assistance for health (DAH), many programs that have underpinned RMNCAH-N services in these settings over the past two decades have been defunded. Furthermore, these harmful developments are happening against a rising tide of violent conflicts, worsening climate change, and profound 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 popular demand for reliable, quality health care, education, and job opportunities can fuel social unrest and domestic and international migration as young people and their families seek better lives and livelihoods.

**The GFF is well-positioned to empower partner countries to reform—and transform—their health systems to respond to these challenges 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 brings all relevant health actors together around a unified, country-led and -executed plan. The GFF model responds to country demand and supports governments to prioritize, reform, and budget for

women's, children's, and adolescent health and nutrition, with the GFF as an enabling partner that offers catalytic grant financing, aligned resources, and technical support. This model is fit-for-purpose as leaders from the Global South assert their aims to achieve health sovereignty, and as leaders from the Global North shift their DAH programs to achieve self-reliant, resilient, and durable health systems. Under this new five-year strategy, the GFF will build on lessons learned from its first decade and focus on areas of comparative advantage to help countries transform their PHC systems to deliver for women, children, and adolescents. By helping partner countries sustainably finance these foundations for human capital, the GFF will also assist their transitions to ending aid dependency and attaining broad-based, lasting economic growth, security, and prosperity.

**This strategy sets out the context, rationale, and strategic goals, objectives, priorities, and enablers for the GFF over the next five years, from 2026 to 2030.**

## THE GFF EFFECT: CATALYZING INVESTMENTS IN PHC

The GFF's comparative advantage in the global health architecture lies in its ability to leverage World Bank Group (WBG) financing and help countries mobilize additional resources to deliver better health and nutrition outcomes for women, children, and adolescents. Key elements of the GFF country-led model include:

- Through **government-owned national platforms**, the GFF supports development of evidence-based, **country-led plans, or investment cases**, to prioritize the highest-impact interventions in health and nutrition.
- **GFF co-financing grants** help unlock and leverage low-cost loans to finance those priorities from the International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD), the WBG's lending arms for LMICs respectively.
- Deploying **results-based financing, data, and technical assistance**, the GFF influences IDA and IBRD project design and implementation and incentivizes more **domestic resource mobilization (DRM)** for health and nutrition.
- **Alignment support** helps partner countries reduce health sector fragmentation and crowds in additional, **on-budget financing** from external donors through the GFF Trust Fund for country-led plans and priorities.

**Using a PHC-strengthening approach, the GFF enables partner countries to integrate vertical services and create more balanced, holistic, and efficient health systems that deliver more health for the money.** 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 embodies the [Lusaka Agenda](#), aligning global health partners around one national plan and budget through a PHC system approach.** The GFF works closely with [leading sovereign donors](#) and local, regional, and global health institutions and platforms—including Countdown for 2030, Gavi, Global Fund, the Partnership for Maternal, Newborn, and Child Health (PMNCH), Scaling Up Nutrition, UNICEF, UNFPA, UNITAID, and the World Health Organization (WHO), among 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. In many ways, the Lusaka Agenda and Principles have emerged from the core GFF country-led model and lessons learned from its first decade around the need for alignment of global health actors at country level. The GFF model is even more relevant in today’s era of resource scarcity and growing calls for health sovereignty.

**Inclusive, multistakeholder participation in country platforms and [global governance](#) is a hallmark of the GFF.** In addition to the above-mentioned bilateral and multilateral agencies, 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 Ministers of Health and has been validated by a robust [independent evaluation](#).

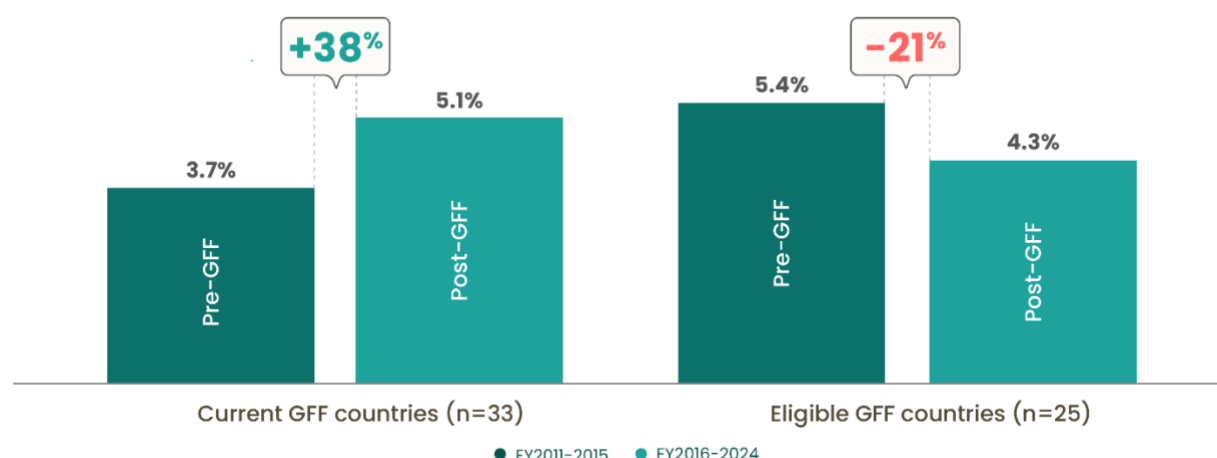
**The flexibility and responsiveness inherent in the GFF’s country-driven model also enables it to pivot quickly to help partner countries respond to evolving needs and crises.** For example, [during the COVID-19 pandemic](#), the GFF moved rapidly to support partner countries with the real-time data 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 available for the global COVID response to support the continued delivery of essential health and nutrition services.

## **MORE MONEY, BETTER RESULTS FOR WOMEN, CHILDREN, AND ADOLESCENTS**

**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 2024,

the GFF mobilized US\$2.6 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](#). As illustrated in **Figure B**, GFF-supported countries saw an [average increase](#) of nearly 40 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 21 percent *decline* over the same period. From 2022 to 2024, IDA/GFF co-financed investments in adolescent health nearly [tripled](#) from 7 percent to 20 percent, while investments in reproductive, maternal, and newborn health [doubled](#) from 12 percent to 24 percent.

**Figure B. The GFF Effect: Unlocking More IDA for Women, Children, and Adolescents in GFF-Supported Countries**

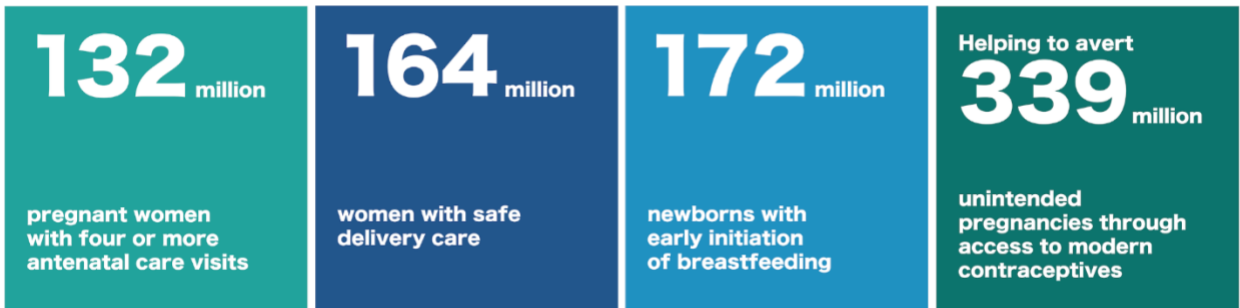


**GFF partner countries have also demonstrated promising results in catalyzing domestic resources for health.** Several countries have increased their national budget allocations for health and nutrition, reflecting stronger government commitment and fiscal ownership. For example, with support from the GFF, Malawi increased the health share of the national budget from 8.5 percent in fiscal year 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: 32 of 36 GFF partner countries have [implemented](#) health financing reforms to improve the allocation and/or efficiency of their public resources for women, children, and adolescents.

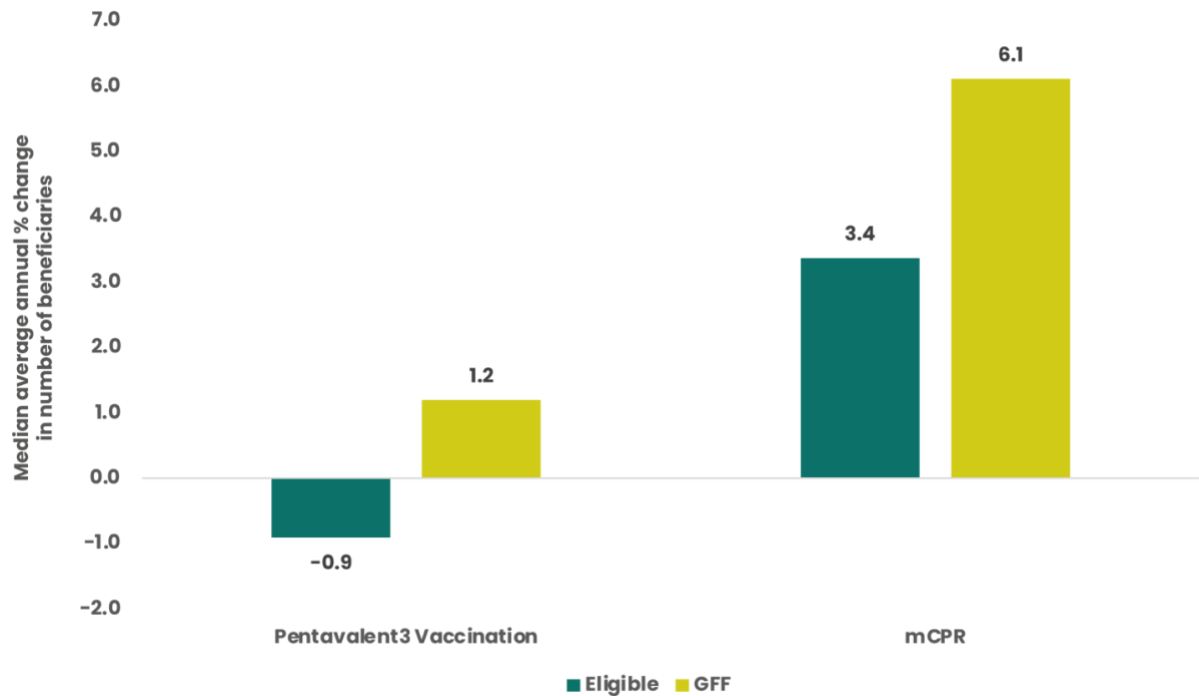
**GFF partner countries have also expanded service access to hundreds of millions of women, children, and adolescents, driving significant improvements in health and nutrition outcomes.** **Figure C** shows [total beneficiaries reached](#) from 2015 to 2024 across four core RMNCAH-N service indicators. GFF support has enabled partner

countries to scale service delivery significantly faster than other GFF-eligible countries that have not yet received support (see **Figure D**). Since joining the partnership, [all 36 GFF-supported countries](#) have reduced maternal mortality ratios and adolescent birth rates, while also expanding access to modern contraceptives. [Nearly all GFF partner countries](#) (97 percent) have reduced deaths of children under the age of five, and nearly 80 percent of GFF-supported countries have reduced rates of childhood stunting. Prior to the launch of the GFF in 2015, the GFF’s 36 partner countries had slower than average progress on reducing maternal and child mortality; since 2015, they are now achieving faster than average progress.

**Figure C. Transforming Lives: Expanding Care to Women, Children, and Adolescents**



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



The [independent evaluation](#) of the GFF affirms the power of the country-led, catalytic model and identifies opportunities for the GFF 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. On the other hand, the evaluation 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 new strategy.

## STRATEGIC CONTEXT: A DECADE OF PROGRESS IN JEOPARDY

Despite this substantial progress over the past 10 years, 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. In its new strategy, the GFF must respond to **five global shifts** that will require LMICs to speed up their efforts to reach the 2030 goals and transition their health systems to sustainability and self-reliance. These trends include: (1) the global slowdowns in progress and widening 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 and Widening Gaps in Health and Nutrition for Women, Children, and Adolescents

While GFF-supported countries have achieved important reductions in preventable maternal and child deaths, there has been a notable [global slowdown](#) in the rates of reducing [maternal](#) and [child](#) mortality—falling far short of the pace needed to achieve the 2030 targets. Maternal mortality has decreased about 40 percent since 2000; however, in 2023, 700 women died every day from preventable causes related to pregnancy and childbirth, and [90 percent](#) of those deaths occurred in LMICs. 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 and conflict-affected settings (FCS) continue to face far higher risk of preventable deaths than their peers in other parts of the world. At current rates, progress will require

accelerated access to RMNCAH-N service delivery and commodities at scale for the communities lagging furthest behind.

**Chronic malnutrition in women, adolescent girls, and children remains a significant driver of mortality and morbidity.** Globally, [nearly half of all deaths](#) among children under five are linked to malnutrition, concentrated in LMICs. GFF partner countries have made impressive 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 to reach global nutrition targets. In 2024, 150.2 million children under five were affected by stunting, and 42.8 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 [half a billion women](#) ages 15–49 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. Moreover, 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.

**The high toll on women of cervical cancer in the poorest countries has also come to light in recent years, with latest global estimates showing as many deaths due to cervical cancer in Sub-Saharan Africa as due to pregnancy and childbirth.** In 2020, an estimated 604,000 women were newly [diagnosed and more than half that number died](#) from the disease, with LMICs accounting for [94 percent of cervical cancer cases and deaths](#). Cervical cancer is preventable through human papillomavirus (HPV) vaccinations for girls 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. Central to this disparity is lack of universal access for girls in LMICs to the HPV vaccine, which offers lifetime protection. Gavi, UNITAID, 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 WHO goal of 90 percent coverage by 2030 and ensure that upcoming cohorts of girls continue to receive the vaccine. Moreover, an entire generation of women over age 25 have missed out on the HPV vaccine and are at [heightened risk](#) of developing invasive cervical cancer; thus, expanded access to screening and treatment is paramount.

## SHIFT 2: Backsliding on SRHR and Gender Equality

**Gains in access to family planning and SRHR are also increasingly at risk, 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 very 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 the long-term; US\$30–50 in benefits from reduced infant and maternal mortality and US\$60–100 in long-term benefits from economic growth. In many poor and fragile contexts, women and adolescents face restrictions on access to family planning and other essential reproductive health information and services. According to a UNDESA 2022 report, [164 million](#) women of reproductive age worldwide had an unmet need for contraception. Recent cuts in DAH are projected to increase this number, given heavy reliance on external assistance for family planning programs in many countries with the highest total fertility and adolescent birth rates. Each year, 21 million [adolescent girls](#) ages 15–19 in LMICs become pregnant, of which half are unintended, resulting in approximately 12 million births.

**In 2024, nearly one-quarter of governments reported [regression on women's rights](#).** In its [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 donor dependent on external financing for services related to RMNCAH-N, with off-budget DAH often equal to domestic spending. In a forthcoming report, 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 sufficient financing to health.

#### **SHIFT 4: Increasing Fragility, Conflict, and Climate Risks**

**Rising levels of fragility, violence, instability, conflict, and climate risks also threaten to erode health gains for women, children, and adolescents in GFF-eligible countries.**

Nearly 40 percent of current GFF partner countries are [classified as FCS](#). [Recent estimates](#) predict that 60 percent of the world's poorest people will reside in FCS 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 health systems. Among GFF-supported countries, deaths of mothers and children under five, adolescent birth rates, and stunting are all higher on average in FCS as compared to non-FCS. Maternal and child deaths have become increasingly concentrated in countries in FCS in Sub-Saharan Africa and other regions affected by conflict and instability. Moreover, [FCS](#) 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 fragile 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 FCS, with cumulative gross domestic product (GDP) losses reaching about 4 percent three years after extreme weather events as compared with around 1 percent in non-FCS. This means already weak FCS economies will [fall further behind](#) as climate risks escalate. While FCS 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 cause a massive jobs gap over the next decade, with the greatest impacts felt in Africa and among 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, transforming PHC systems has the potential to create tens of millions of meaningful jobs—particularly for women, who make up an [estimated 70 percent](#) of the global health workforce.

### **GFF 2030: Transforming Health Systems to Deliver a Healthier, More Sustainable Future for Women, Children, and Adolescents**

**To tackle these challenges and drive future progress for women, children, and adolescents, the GFF must adapt and intensify its support to partner countries to help them transform both the financing and performance of their PHC systems.** Amid rapidly declining external financing, LMIC demand for financial, knowledge, and technical support from the GFF is high and growing—both from current partner countries as well as from GFF-eligible countries that have not yet been supported. Governments are looking to the GFF to help them mobilize and align additional financing—both domestic and external—to close critical budget and equity gaps and deliver essential health and nutrition services to more people, more effectively, and efficiently. At the same time, international financiers are urging the GFF to target future support to the areas where it has the greatest value-add vis-a-vis other global health initiatives and where it can make the most difference to deliver more health for the money. These dynamics point to the need for the GFF to reinforce its country-led model while also evolving and focusing its approaches and tools to accelerate equitable access to RMNCAH-N services, bolster SRHR and gender equality, reduce donor dependency, and drive long-term sustainability.

**Together with the GFF results and lessons learned to date, this challenging context points to the following priority areas for the GFF’s future support to partner countries under the new strategy:**

- **Support countries to transform their health financing by crowding in, aligning, and maximizing additional financing for women’s, children’s, and adolescent health and nutrition**, including from the WBG, regional development banks, sovereign, philanthropic, private sector, and domestic sources to ensure prioritized, efficient, equitable, dependable, and durable PHC systems.
- **Speed and scale up sustainable access to innovations and commodities to close critical health and nutrition service coverage gaps** for women, children, and adolescents, focusing on populations with the greatest needs and the areas with the highest potential for impact.
- **Reduce donor dependency and bolster country self-reliance to provide and sustain coverage of essential health and nutrition services** for women, children, and adolescents in the face of current and future shocks and help them advance on the path to UHC, job creation, economic growth, and poverty reduction.

## GFF VISION, MISSION, AND GOALS FOR 2026–2030

### Vision

No women, children, or adolescents die from preventable **causes**

### Mission

Enable partner countries to expand access to affordable, quality PHC to all women, children, and adolescents

**In this new five-year strategy, the GFF recommits to its founding vision to end preventable deaths of women, children, and adolescents by 2030.**

The mission statement reflects the GFF's role in support of this vision and is closely aligned with the WBG's ambitious 2024 [commitment](#) to provide quality, affordable health services to 1.5 billion people by 2030. The GFF will play a leading role in helping the WBG deliver on this commitment in partner countries and on the [IDA21 policy commitments](#) to expand access to sexual and reproductive health (SRH) services and services for early childhood and adolescents.

### Goals

To advance this vision and mission, the GFF has set two cross-cutting goals for 2030:

**Goal 1: DELIVER quality, affordable essential health and nutrition services to at least **XXX million** women, children, and adolescents in GFF partner countries by 2030.**

Specifically, the GFF will support partner countries to expand and scale delivery of essential services across the RMNCAH-N continuum of care, with a focus on reaching the populations lagging the furthest behind on maternal and child mortality, family planning, and nutrition outcome indicators. Reaching the poorest and most marginalized populations with essential RMNCAH-N services is critical, since these populations are at the greatest risk of preventable maternal and child deaths and thus offer the greatest potential to save lives and close global health equity gaps. Progress will be measured against the following five core health and nutrition services for women, children, and adolescents as representative of the range of services across the continuum that will be strengthened from 2026 to 2030 with GFF support:<sup>1</sup>

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<sup>1</sup> Note: The GFF Secretariat is currently undertaking an analysis to arrive at these projected numbers, which will be included in the final draft of the strategy. The methodological approach to calculating the number of beneficiaries reached through improvements in coverage of these interventions will include two components. The first involves: (1) establishing a baseline national coverage level for each of the 56 GFF-eligible countries for each of these five interventions, (2) calculating the number of women, children, and adolescents served with this baseline coverage level in each country, and (3) computing the total number of beneficiaries that will be reached in each country over the five-year time period 2026–2030, based on specified percentage point increases in coverage of these five interventions. These percentage point

- Demand for modern methods of family planning satisfied
- Early antenatal care
- Safe deliveries
- Early initiation of breastfeeding
- DTP3 vaccination

**Goal 2: TRANSFORM country health systems to prioritize and sustain their investments in women, children, and adolescents by 2030.**

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, expanded, quality health and nutrition access, delivery, and outcomes for women, children, and adolescents—and expedite their transitions from donor dependency to health sovereignty.

**Strategy Objectives**

To achieve these goals, the GFF strategy for 2026–2030 focuses on three primary objectives to prioritize its financial and technical support to partner countries for advancing RMNCAH-N:

- **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: Strengthen country health system sovereignty and resilience**

**Strategic Enablers**

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

- **Enabler 1: Integrating gender and equity across the GFF portfolio**
- **Enabler 2: Optimizing collaboration with the WBG and global and regional partners**
- **Enabler 3: Strengthening results measurement for ongoing learning innovation**

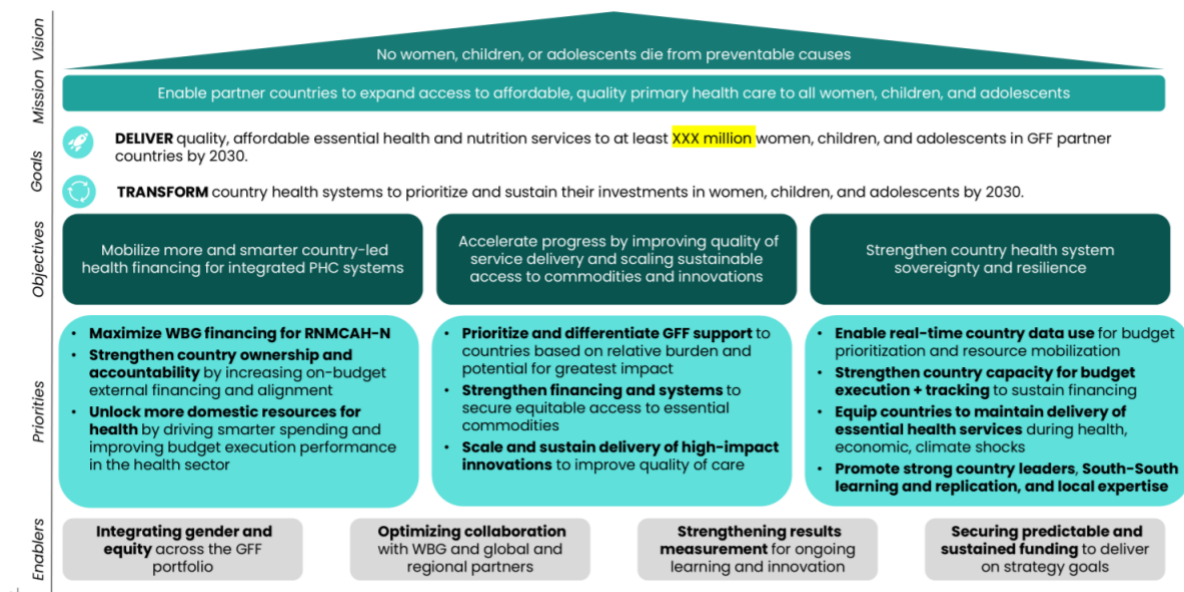
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increases will be aspirational yet feasible to achieve and will factor in country grouping (highest, very high, or high burden) and other relevant factors. A sum of the total number of beneficiaries reached for each intervention across the 56 countries for the five-year strategy period will be computed. The second component involves computing an aggregate number of unique beneficiaries served through scaling up two of these five interventions, demand for family planning satisfied and DTP3. These two interventions were selected because they target two distinct population groups (women of reproductive age including adolescent girls, and children under five years of age) and would not result in double counting the same individual receiving more than one service. The GFF is committed to reducing inequalities and an additional analysis on the implications of reducing gaps in coverage of these interventions between the wealthiest and poorest women and children will be included in the next iteration of this document.

- **Enabler 4: Securing additional, predictable funding to deliver on the strategy**

**Figure E** depicts at-a-glance the strategy vision, mission, goals, objectives, and enablers. The following sections of the paper elaborate on the objectives, enablers, and priority areas for GFF action over the five-year strategy period.

**FIGURE E. Overview of the Draft GFF Strategy for 2026–2030**



## STRATEGIC OBJECTIVES AND PRIORITIES

### Objective 1: Mobilize more and smarter country-led health financing for PHC systems that prioritize women, children, and adolescents

The GFF is much more than a fund; it is a platform that enables countries to drive financial convergence and transform their health systems. The GFF effect goes beyond the size of its grants to galvanize a broader movement and incentivize governments and their health partners to invest in essential RMNCAH-N services and SRHR as the bedrock of a cost-effective, equitable, and sustainable PHC system. To close the gaps and serve the needs of large young populations in resource-constrained environments, governments 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 an instrument of financial convergence and health

system reform; (2) mobilizing and bringing additional external resources on-budget behind one country plan; (3) and increasing domestic resources for health, including strengthening public financial management and promoting more effective and efficient use of health sector budgets.

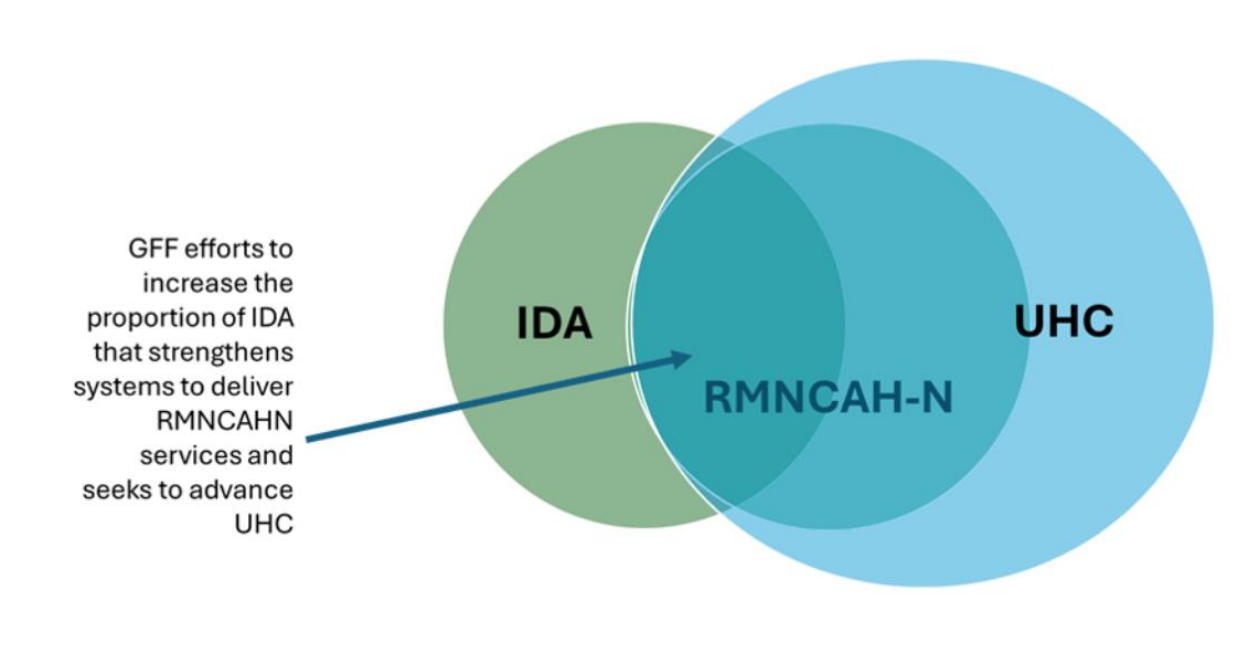
### Maximize WBG financing for women's, children's, and adolescent health and nutrition

**The GFF will leverage its unique position within the WBG and ability to leverage IDA and IBRD financing to create national financing platforms that 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 financing for country priorities. Third, WBG-GFF co-financed projects and aligned financing provides governments with an incentive to mobilize additional domestic financing into priority reform areas. An example of the success of this convergence approach 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.

**The GFF will double down on its successful track record of catalytic financing and technical assistance to build a robust IDA pipeline for health.** Amid rapid declines in DAH, IDA is a vital and reliable source of support for many of the poorest and most fragile countries that are experiencing the highest maternal and child mortality and morbidity burdens. 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 thus more IDA for health is far from guaranteed. GFF co-financing grants and technical support provide strong incentives for countries to opt to prioritize their IDA allocations for health as well to increase the proportion of IDA directed to strengthening health systems to deliver RMNCAH-N services, which represent most of the health system support required to achieve UHC (see **Figure F**). The GFF will aim to **maintain or increase its current 1:7 leverage ratio for IDA financing** in health and nutrition to help its partner countries expand access to quality, affordable PHC services to more women, children, and adolescents and close stubborn health equity gaps.



**Figure F. Mobilizing More IDA to Strengthen PHC Systems and Deliver RMNCAH-N Services Toward UHC**



**The GFF will also seek to catalyze more IDA for nutrition.** As the GFF supports countries to deliver quality, affordable services across the entire RMNCAH-N continuum of care, nutrition will remain the largest allocation within the GFF portfolio. 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 programs to support country demand to scale up access to nutrition for women, children, and adolescents by integrating nutrition interventions into their PHC systems.

**In addition, to address the determinants of poor health and malnutrition, the GFF will pursue new opportunities to embed health and nutrition services for women, children, and adolescents in IDA-financed projects through health-adjacent sectors.** Accelerating and sustaining progress in the poorest and most fragile countries with the highest burdens of maternal and child mortality will require multiple entry points for reform and scale. The GFF will build on its track record of collaboration with various WBG sector and country teams to leverage opportunities to prioritize and integrate health and nutrition interventions for women, children, and adolescents into IDA operations in other sectors including governance (for example, to address bottlenecks in public financial management (PFM) and improve budgeting and tracking); education (for example, to integrate delivery of early childhood development (ECD), nutrition, and family planning information and services); social protection (to incentivize better integration

between social safety nets and health insurance programs, for instance); and macrofiscal (for example, to leverage development policy operations to support gender-related legal reforms).

These approaches can often yield even broader population impact than working just through the health sector. In Rwanda, for example, the GFF worked with the WBG's social protection and health teams to design two complementary projects to integrate nutrition into social protection, to address behavioral and demand-side issues, and into PHC, to integrate nutrition into the government's package of health services. In Ghana, the GFF has worked with the WBG's social protection team to address gender-specific barriers to enrollment and benefit utilization in the national health insurance program.

**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 its goal to reach 1.5 billion people with affordable, quality health services by 2030, the WBG is working with Ministries of Health and Finance to produce UHC country compacts that state 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 WBG country teams to inform compact priorities and subsequent project design and implementation to drive equitable and affordable expansion, coverage, and delivery of RMNCAH-N services for women, children and adolescents as part of a well-functioning and integrated PHC system. The GFF will contribute by bringing in the latest evidence on the health and economic benefits of expanding access to RMNCAH-N services, identifying the most cost-effective and scalable interventions, and prioritizing the most in-need populations. GFF support for PHC system strengthening will concentrate on specific areas where it has a comparative advantage and deep expertise that complements that of the WBG, including improving service delivery quality, bolstering commodity supply chains, and strengthening data use for decision making. Financing to address equity considerations and needs for the poorest and most disadvantaged women and adolescents will be a special GFF focus.

**Strengthen country ownership and accountability by increasing on-budget financing and alignment with government systems**

**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. During the strategy consultations, ministers stressed that increasing external alignment and on-budget support was their top priority in a time of resource scarcity. The GFF will step up its engagement with other external financiers including Gavi, Global Fund, sovereign donors, regional development banks, and philanthropies to bring more off-budget resources on-budget, increase alignment, reduce fragmentation, and strengthen mutual accountability. Recognizing there are

limited incentives for coordination and pooling of donor resources through government systems—or for going on-budget—the GFF will also shift to a more strategic use of its resource mapping and expenditure tracking (RMET) tool to help countries prioritize their health system reforms. The GFF will deepen its collaboration with WBG teams to address alignment barriers and push for the necessary enabling reforms outside the health sector, such as improvements in PFM and will engage Gavi, Global Fund, and other global health financiers 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. Moreover, the GFF will support CSOs, YLOs, and others across the GFF partnership to engage in advocacy for health financing reforms that will enable increased on-budget alignment.

**The GFF will expand use of the Joint Financing Framework (JFF) to all GFF-eligible countries to encourage and facilitate greater partner alignment and on-budget financing.** Piloted under the current strategy, the JFF supported WBG-financed country operations in Burkina Faso, Mali, Nigeria, and Ukraine, mobilizing an additional US\$63.8 million for country-specific financing as of September 2025. The JFF builds on the 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. It also offers donors the opportunity to target funds to specific countries while also benefiting from the WBG project cycle, technical assistance, fiduciary and procurement systems, and robust environmental and social safeguards. By aligning donor contributions with national systems, the JFF supports partner countries' transition toward full budget support as their PFM capacity improves. Applying lessons learned from its pilot phase, the JFF will now 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 by driving smarter spending and better budget execution in the health sector**

**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 resource flows, it is more critical than ever that countries prioritize and use their scarce resources to cover the most essential services for the most vulnerable populations. To do this, countries must explicitly allocate budget for these services and then drive timely budget execution, accounting for specific outputs. However, lack of explicit allocations for RMNCAH-N and PHC services in government budgets, and lower than optimal budget utilization rates limit the effectiveness and efficiency of government spending and the ability of Ministries of Health to make their case to Ministries of Finance for increases in the share of the budget allocated to health. Recent trends in low-income countries and the WHO AFRO region between 2010 and 2020, show average rates of budget execution as low as 87 percent. To help countries close the gap, the GFF will intensify its support to partner countries to strengthen their national planning, budgeting, and monitoring processes, using RMET to improve

budget formulation, prioritize their health spending on the most cost-effective interventions, and optimize their budget execution and tracking. Better budget execution will not only help Ministries of Health identify and deploy more resources from existing budgets, but it will also strengthen their position with their Ministry of Finance counterparts to advocate for higher health sector budget allocations in the future. The GFF will also work with the WBG's PFM and governance teams to systematically deploy joint diagnostic tools, such as the [FinHealth](#) assessment tool.

**To promote greater access and delivery of quality RMNCAH-N services, the GFF will support governments to be better stewards of the private sector.** [More than 40 percent of women](#) in LMICs receive RMNCAH-N services through the private sector. Following a [comprehensive private sector engagement review](#) in 2024, the GFF 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 design systems aligned with national equity goals. The GFF will focus on advancing 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 to reach the most marginalized and vulnerable communities. In partnership with the International Finance Corporation (IFC), the GFF will build on lessons learned from the first ever hybrid public-private partnerships (PPPs) supported by WB-GFF-IFC in Côte d'Ivoire that harness private sector expertise, innovations, and capital to expand access to affordable, quality health and nutrition services and commodities for women, children, and adolescents in marginalized communities. As highlighted in strategic objective 2, the experience with the Safer Births Bundles of Care (SBBC) initiative in Tanzania, sponsored by Laerdal Global Health, demonstrates how GFF co-financing and technical support can de-risk and provide the tipping point for governments to take approaches and products developed by the private sector to scale through public systems.

**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, 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 health financing reforms and systematic integration of gender-responsive measures into financing instruments. 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.

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

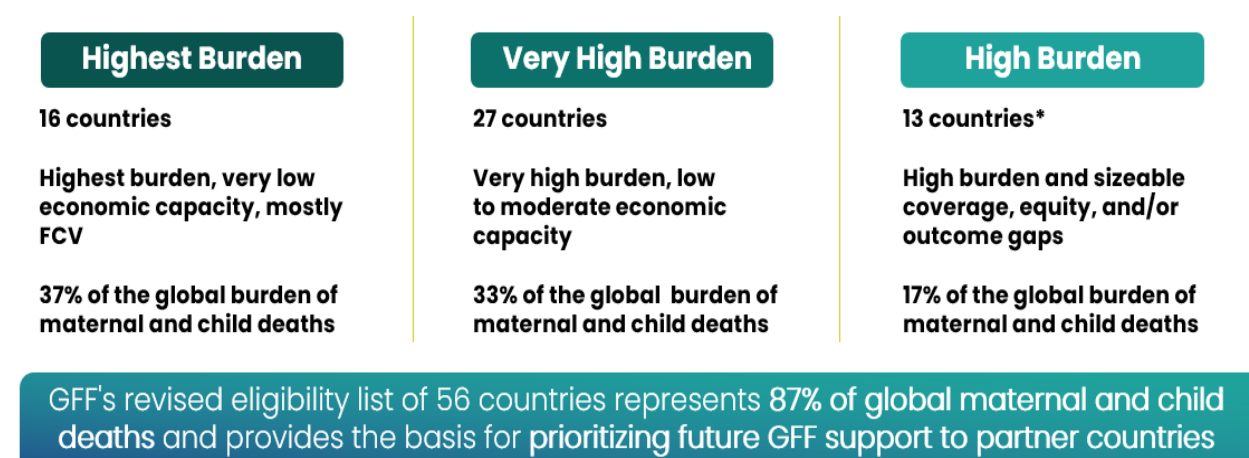
**Slowing progress coupled with the current and foreseeable financing constraints will require LMICs to transform how they manage and finance their health systems—and for global partners like the GFF to adapt their support accordingly.** Over the next five years, the GFF will

deploy a differentiated and layered support model that will allocate the bulk of its resources to countries based on their relative burden of maternal and child mortality and on their demonstrated commitment to reform and potential for accelerating and scaling progress. 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 factors in determining the type and level of GFF support. The GFF will also 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 increase DRM—toward sustainably financed systems and reduced donor dependency.

### **Prioritize and differentiate GFF support to countries based on relative burden and potential for highest impact**

**The GFF has updated its eligibility list to remain focused on countries with the highest global maternal and child mortality, many of whom have not yet received support from the partnership.** To inform the strategy, the GFF conducted a review of its country eligibility list. Of the 67 countries originally eligible for the GFF due to their high burdens of maternal and child mortality, **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. Ten countries will be phased out of eligibility for future GFF financing in the next strategy period due to their relative progress made in reducing maternal and child mortality and/or their relative growth in national wealth. They will be invited to stay engaged in the GFF partnership, however, to contribute as knowledge and technical leaders, thought partners, and exemplars for other countries.

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

**Figure G. Classification on GFF Eligible Countries, 2026–2030**

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

### Core support for Highest Burden and Very High Burden countries

**The GFF will continue to lead with its core support offer to partner countries of grants and non-financial support linked to WBG IDA and IBRD financing.** The GFF independent evaluation and consultations with ministers affirmed the value-add of the GFF's flexible, country-driven core support model. All countries classified as Highest Burden and Very High Burden will be eligible for this support. This includes support for development, implementation, and results monitoring of country investment cases for RMNCAH-N, strengthening multistakeholder country platforms, and 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 health systems strengthening for RMNCAH-N (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 will also include a focused country gender analysis for RMNCAH-N outcomes. These rapid diagnostics will inform country investment cases, design of IDA and IBRD projects, 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 in the GFF’s first decade demonstrates that health system and financing reform opportunities often present themselves in “windows of opportunity” created by 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 our burden analysis with an appraisal of the impact opportunity to accelerate health and nutrition outcomes for women, children, and adolescents. Factors to determine the impact potential could include 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 to build on progress; and the opportunity to significantly increase the level of IDA health spend. Country UHC compacts with specific access or reform targets, increased DRM, or increased on-budget alignment of external financing could 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 the establishment of full-time GFF country coordinators with the support of a core country team, enabling more consistent and context-specific engagement with country governments and 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, including the systematic deployment of GFF data tools including RMET and the frequent assessments and system tools for resilience (FASTR) tools, with WB-GFF co-financed investments made through government systems. This convergence will help ensure that 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 the core 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 help countries system bottlenecks that can lead to faster gains in health and nutrition outcomes. The countries in the Highest Burden category, predominantly fragile states with the weakest economies and most lagging health indicators, will benefit from additional in-country staffing and other non-financial support that can help unlock 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 or trigger events that may reshape the enabling environment. Indeed, experience shows that grant financing can often reinforce and promote reform readiness in such settings that often have a more complex political economy and are more highly donor dependent, with limited financing options. Fragility assessments specific to RMNCAH-N, building on wider country fragility assessments by the WBG, will underpin determinations on the level of GFF support.

**The GFF experience shows that the case for increased and sustained investment in FCS is strong.** FCS contexts vary widely, from active conflicts and politically fragile environments to localized instability and post-conflict transition countries. Overall, FCS 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. FCS tend to have weaker institutions and systems, including PFM 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 substantial need for sub-national 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 FCS, showing that progress in these otherwise challenging contexts is possible. Some GFF partner countries—such as Côte d'Ivoire—were previously classified as FCS and have since become leaders in health financing reforms. Access to additional GFF knowledge and advisory services will enable these countries to improve alignment of their investment case priorities with annual budget cycles; understand their unique institutional fragilities and tailor innovative solutions; ensure that political economy considerations are considered in project design and implementation; and address gender dimensions of health system reform, such as the integration of GBV prevention and response into SRH services. 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.

### 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 sub-national geographies where a laser-targeted approach could help transform their health system performance. In these contexts, the GFF will adopt a lighter-touch engagement model that focuses on providing governments with strategic technical and analytical support on discrete challenges, 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 RMNCAH-N and triggered new WBG and domestic investments.

While countries in this classification would **not** be eligible for core grants from the GFF Trust Fund, the GFF could facilitate co-financing opportunities for interested partners, for example, through the JFF or Challenge Program grants (see below). This targeted approach is relevant because the 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. At the same time, 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. Limited and highly targeted engagement in these countries will maximize the catalytic potential of the GFF and could have an outsized impact on improving 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 help drive innovation at scale, the GFF will introduce an additional layer of support to incentivize and scale action on RMNCAH-N outcomes and advance gender equality.** 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 GFF will launch a **Sustainable Commodity Access Challenge** to secure equitable access and sustainable financing for a priority suite of family planning and maternal, newborn, and child health commodities as well as an **Innovations for Service Delivery Challenge** to scale up innovations to improve reach and quality of adolescent children and women friendly care and address leading causes of preventable deaths for women, children, and adolescent girls. These programs will be offered to countries as a complement to, not to supplant, core GFF engagement and will be guided by country demand.

### **SUSTAINABLE COMMODITY ACCESS CHALLENGE: *Strengthen financing and systems for equitable access to essential commodities for family planning, maternal, newborn, and child health***

**Access to high-quality health commodities remains one of the most important constraints to accelerating progress on health for women, children, and adolescents.** Countries are routinely prioritizing coverage improvements for high-quality health products in their investment cases. However, inadequate government financing for products and supply-chain reforms continues to limit availability, while placing the financial burden on households and women in particular—making commodities a key driver of out-of-pocket spending, poverty, and inequality. 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. While 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, many remain underutilized and are not yet scaled into PHC systems. Expanding choice for women and girls and securing sustainable access to modern family planning methods, for example, has 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.

**Embedding the Commodity Challenge in the GFF country-led platform will foster sustainable financing and integration of commodities into national health systems and budgets.** In the wake of the COVID-19 pandemic as well as the recent DAH reductions, more countries have expressed interest in support to strengthen their supply chains and secure predictable access to essential health commodities. While GFF core grants will continue to support country demand for a wide range of health supply chain needs, the new Commodities Challenge Program will focus on incentives for partner countries to mobilize and spend more of their own health budgets for commodity procurement and last-mile delivery, including support for strengthening procurement systems, improving supply chain forecasting through use of digital tools and “de-verticalizing” supply chains, and optimizing distribution. As with the country-specific JFF mechanism, the Challenge Program will also enable partner countries to bring external financing on-budget to address this challenge. In close 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 scale access and choice of methods, bolster government systems, and promote country ownership and self-reliance. This new initiative will build on existing global partnerships and complement the work of other leading commodity financiers and providers, including UNFPA, UNICEF, Gavi, Global Fund, and UNITAID.

**INNOVATIONS FOR SERVICE DELIVERY CHALLENGE: *Scale innovations to improve reach and quality of respectful, woman, child, and adolescent friendly care.***

**Slowing progress on reducing maternal and child mortality calls for additional support for countries to replicate and scale proven innovations.** Many global health partners such as Grand Challenges Canada, 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. However, there is a market failure in translating these innovations into scale. These are often not profitable enough for the private sector to scale them up, particularly to reach the poorest and most vulnerable populations that would benefit most. Public health systems also often lack the capacity and the 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. The GFF is well-placed to help correct this market failure and accelerate adoption of process and product innovations in country health systems.

The initiative will support partner countries to finance rapid replication and contextualized adaptation and scale of proven high-impact innovations into national programs. As an intermediary financier, the GFF is well-positioned to help countries translate pilots into large-scale programs and de-risk the scale-up phase, including support for implementation research and evaluation. Specifically, through the support for prioritization, the GFF can surface critical health system bottlenecks and link to the body of available innovations to address them. GFF

grant financing is also a powerful instrument to encourage governments to adopt innovations and take them to the next level of scale while also ensuring strong monitoring and independent evaluation. Given their proven impact, a 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. Countries have also expressed strong demand for support to accelerate the integration of proven, quality innovations to address malnutrition, expand access to prevention and treatment of cervical cancer, and improve adolescent health services (see **Box A**).

### **Objective 3: *Strengthen health system sovereignty and resilience***

**As partner countries step up to strengthen their PHC systems, increase their own investments, and improve health and nutrition outcomes for women, children, and adolescent, the GFF will also ensure they are well-equipped to fully take the lead to complete the transformation of their health systems as sustainable engines of job creation and inclusive growth.** The GFF’s contributions to country leadership will center on further strengthening nimble and regular use of data for prioritization and in elevating national and regional leaders and expertise. The GFF will also support South-South learning on how to hasten the transition to health sovereignty and self-reliance, and toward a future global health architecture that is truly country-led.

### **Enable real-time country data use for budget prioritization and resource mobilization**

**The GFF will strengthen country capacity to lead regular health system prioritization and adaptation processes.** To optimize their health systems, countries must have the capacity to continuously use evidence to prioritize and monitor their population health needs, and to reprioritize, adapt, and respond to emerging health and financial challenges. The GFF will build on its extensive support to partner countries through the investment case, country platform, the RMET and FASTR tools, and artificial intelligence (AI) to ensure they have robust systems in place to identify funding and service delivery gaps, optimize available resources, and mobilize both domestic and external financing. By supplementing traditional health management information systems, FASTR coupled with AI has enabled country-led, real-time data collection and use through RMNCAH-N service monitoring dashboards, health facility phone surveys, household and client feedback mechanisms, and targeted follow-up analyses. This has provided governments with timely, actionable insights into where service delivery gaps are emerging, and which populations are being left behind.

By better aligning the time cycles for generating, analyzing and using data with countries’ real world decision-making needs, FASTR has a transformative effect in strengthening timely, evidence-based decision making. For example, the Nigeria Federal Ministry of Health has

**BOX A. Bringing Proven Innovations to Scale to Save Lives and Expand Opportunities for Women, Children, and Adolescents**

***Crashing Maternal and Newborn Mortality.*** The [Safer Births Bundle of Care \(SBBC\)](#) program 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, 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.

***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 can drive economic prosperity and increase human capital gains. Through partnerships such as AdLAB, IDRC and World Bank's Development Economics Research Group (DEC), and Monitoring and Action for Gender and Equity (MAGE), with Johns Hopkins University and X, the GFF is supporting evidence generation, data use, and South-South learning to advance adolescent health and sexual and reproductive health and rights (SRHR) and enable adolescent girls to stay in school and learn the skills they will 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 sexual and reproductive health (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.



institutionalized FASTR tools within their regular monitoring processes, enhanced quarterly dashboards, using results to guide annual operational plans and budgeting. In partnership with Gavi, the GFF has helped the Ministry of Health of Madagascar conduct rapid cycle monitoring of service delivery, with active and timely use of data to extend the reach of immunization and other essential services to zero dose communities who were being left behind. The FASTR tool is also helping Madagascar better understand and respond to women's and girls' needs and preferences for reproductive and maternal health care.

**Going forward, the GFF will also work with partner countries to institutionalize use of these data tools and processes to strengthen health sector budget execution and resource tracking and achieve more health for the money.** As discussed under objective 1, better PFM and budget execution can yield substantial additional domestic resources for health. Even a modest five percent improvement in health sector budget execution could unlock tens of millions annually for some countries to deploy. 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 clear evidence to make the case for bringing additional resources on-budget and sustain essential services during both stable and crisis periods. The GFF will also deepen its collaboration with development partners, including WBG, Gavi, Global Fund, WHO, and others, to help partner countries remove health system bottlenecks, improve resource utilization, including through expanded use of GFF-supported tools. These efforts will also help reduce health system fragmentation and ensure that external financing is directed toward nationally defined, country-owned priorities.

**The GFF will also 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 partner countries mitigate these impacts, but nevertheless these disruptions have been a leading contributor to recent slowdowns in health and nutrition outcomes. As the WBG scales up IDA and IBRD lending to countries for health security and climate adaptation through its Global Challenge Programs, the GFF will seek opportunities to influence and leverage these efforts to prioritize maintaining service delivery during emergencies

**The GFF will continue to 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 Climate and Health team 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 plans and bolster country capacity to address climate-related morbidities and secure access to services during climate events for women, adolescents and children. The GFF's support will include 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 under different climate threat contexts; and embedding climate adaptations for women, children and adolescents within regional disease surveillance and preparedness projects. For example, the GFF is advising health officials in Nigeria on upgrades to their comprehensive emergency obstetric and newborn care facilities to withstand extreme heat.

### **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 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 maternal-newborn, adolescent health, and SRHR 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. This effort 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 partner 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 Bank’s Governance and Gender Practices to implement the new WBG global gender strategy ([see the Gender Strategy’s third objective, on leadership](#)), the GFF will drive gender-responsive reforms to create equitable roles, policies and governance structures in the health workforce. Building on efforts from its successful pilot that coached over 200 women leaders, going forward the GFF will also support a South-South network of women leaders from LMICs who will champion national reforms that 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 accountability, enabling ministers to track progress on shared commitments and elevate unresolved issues to the GFF Investors Group for joint problem-solving with donors and partners. In doing so, the Network will strengthen country voice, promote mutual accountability, and ensure that ministerial perspectives directly inform global financing and policy discussions.

## STRATEGIC ENABLERS

**To deliver on the strategy objectives, the GFF will prioritize deployment of the following four cross-cutting strategic enablers.**

### **Strategic Enabler 1: *Integrating gender and equity across the GFF portfolio***

**Since 2021, the GFF has made significant strides in integrating gender equality across its portfolio.** Guided by strategic direction 2 of its [current 2021–2025](#) strategy, the GFF launched foundational initiatives such as a gender equality road map, strategic partnership on gender results with the Johns Hopkins University (via Monitoring and Action for Gender and Equity, or [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, the GFF's 2026–2030 strategy will embed gender equality as a cross-cutting priority across its three strategic objectives—maximizing financing, accelerating progress, and building resilience.** 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 the development of investment cases, shape monitoring frameworks, and support real-time programmatic adaptations. This process will enable a shift toward the use of high-quality gender indicators and targets aligned with national reforms and can 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 within 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.** These efforts will focus on:

- **SRHR:** The GFF will expand support to ensure that women and girls have access to SRH services that meet their needs, respond to their preferences, and support them to exercise control over their sexual and reproductive lives while avoiding preventable reproductive morbidity and mortality. For example, the GFF will invest to improve the availability of screening and treatment for cervical cancer, improve access to quality care for maternal and newborn health, strengthen efforts to improve family planning access while promoting method choice, and advance interventions to prevent and services to address sexual and gender-based violence. The GFF will also accelerate efforts to integrate SRHR into a range of service platforms. This will include supporting expanded access to post-pregnancy family planning and leveraging opportunities to integrate SRHR interventions into community health platforms and other service channels that have historically focused on programs such as nutrition and HIV. The GFF will also continue to promote legal and policy reforms for SRHR.
- **Adolescent SRH services:** GFF will support countries in scaling up adolescent-responsive services, including integrated school- and community-based health packages and SRH information as piloted in Niger, Mali and Mozambique, and incentivizing HPV vaccinations as in Mauritania. Integrating these services into national PHC systems will help 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 (P4R) and disbursement-linked indicators (DLIs) to strengthen accountability and equity in service provision.
- **Health financing and social protection:** The GFF will scale approaches piloted in countries such as Côte d'Ivoire to remove gender-specific barriers to accessing health insurance benefits packages, and in social benefits packages that support pregnant and lactating women and girls, such as in Ghana and Kenya.
- **Respectful, women- and adolescent-centered care:** The GFF will support Ministries of Health and WBG teams to systematically collect and use health management information system and Health for All data on service readiness as well client-reported data on the experience of care to improve quality, respectful, accessible services for women and girls across GFF operations.

### **Strategic Enabler 2: *Enhancing coordination and collaboration with partners***

Anchored in country leadership and alignment, the GFF brings a strong record of accomplishment of working with partner governments, global health institutions, and development partners to deliver impact for women, children, and adolescents. Building on its position with the World Bank and its role within the global health architecture, the GFF will expand collaboration with key partners, including CSOs and YLOs, global health initiatives, and UN agencies, private sector and others, to strengthen coordination, reduce duplication, and align financing more effectively. The

GFF's strengths and leadership will help accelerate progress on shared goals, while deepening country capacity and reinforcing the integrated approaches championed by the Lusaka Agenda.

***Deepening the GFF-World Bank partnership:*** The GFF is housed at the World Bank, the largest financier of health systems strengthening. As noted under strategic objective 1, the GFF will work closely with the Bank to support delivery of its commitment to providing quality, affordable health and nutrition services to 1.5 billion people by 2030, and the IDA21 policy commitment to expand access to SRH services. As the technical lead on SRHR, maternal, newborn, child, and adolescent health within the WBG's health practice, the GFF will work actively with WBG colleagues to build a strong IDA project pipeline for health that generates increased investment in health and nutrition for women, children, and adolescents in GFF-eligible countries. This will include exploring opportunities to advance the GFF's mandate through the One World Bank Group approach, which envisions closer operational collaboration between IBRD, IDA, IFC, the Multilateral Investment Guarantee Agency (MIGA), and the Global Challenge Programs (GCP).

***Promoting greater alignment and integration with other global health institutions:*** As part of its commitment to implement the Lusaka Agenda principles, the GFF will support countries to develop strong platforms that will enable Gavi and the Global Fund to harmonize their financing country coordination platforms and respond to country demands for increasing alignment of external financing. As elaborated earlier in this strategy, the GFF's clear comparative advantages in the global health architecture are its focus and expertise on supporting countries to prioritize and integrate RMNCAH-N in their PHC systems and its ability to leverage WBG financing to help countries mobilize and align additional, on-budget support. For its part, the GFF will shift from a once-in-five years country investment case process to a more timely and nimble process with the aim to systematize engagement with Gavi and Global Fund in this process. The GFF has also taken a significant step in 2025 to strengthen its in-country presence by creating the full-time role of GFF Country Coordinators (GCC) to better support the country-led alignment agenda.

**Furthermore, the GFF will deepen its work with WHO, Gavi, Global Fund, and other partners to promote joint use of common assessment tools.** Much of this work is linked to the WHO-led PHC measurement alignment process, within which the GFF is an active contributor. The FASTR tool created by the GFF is based on the PHC Measurement Framework and Indicators (PHCMFI), led by WHO and UNICEF. The GFF has a growing set of collaborations with global health partners on FASTR, including with WHO, Gavi, Global Fund, and Countdown to 2030.

**The GFF will also pursue opportunities for joint action with leading global health partners on shared RMNCAH-N challenges and innovations.** These will include 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, among others.

***Coordination and collaboration with regional organizations and financiers:*** The GFF will step up its engagement with regional bodies with key roles to play in supporting countries' transition 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), regional economic communities, and WHO AFRO.

***Expanding engagement and support for civil society and youth-led organizations:*** 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 and holding their governments to account. The GFF's Civil Society Coordinating Group (CSCG) will remain the central coordinating platform for CSOs and YLOs around the world to engage in the GFF, with three representatives serving on the GFF Investors Group to bring perspectives of the civil society and youth constituencies. To build capacity of CSOs and YLOs and deepen their engagement in GFF co-financed projects, the GFF will increase grant financing and technical support for CSOs and YLOs in GFF partner countries through the new [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 will provide grants to CSOs and YLOs to strengthen their advocacy for DRM and health financing reforms in their countries 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 will be on 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 that the GFF will help take to scale and replicate as part of the 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 financing. For example, in collaboration with the World Economic Forum, the government of Morocco, and 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.



### **Strategic 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 GFF will update its logic model and income, outcome, and KPIs in line with the new strategy's mission, goals, and objectives. 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 country use of data to drive decision making, integration of gender into results measurement and learning, and support for strengthening South-South leadership and engaging local and regional technical institutions.

In addition, the GFF will strengthen internal partnerships with the WBG's various research and results units, including DEC, DIME, Gender Innovation Lab, and new Outcomes group. To drive faster and more effective replication and scaling, the GFF will support implementation research and country-led evaluations. The GFF will also work with its governing bodies, the IG and TFC, to design and commission a new independent evaluation during the next strategy cycle.

### **Strategic Enabler 4: *Securing predictable funding to deliver on the strategy***

Realizing the GFF's mission, goals, and objectives laid out in this strategy will be predicated on securing adequate and predictable financing to fully implement the strategy over the next five years. In recognition of today's constrained global funding environment, the GFF has taken care to present a strategy that seeks to optimize the GFF Secretariat's resources in ways that capitalize on the partnership's strengths and results to date. At the same time, the strategy represents the level of ambition necessary for the GFF to meet the severe health and economic challenges facing GFF-eligible countries. With the know-how, commodities, and innovations that exist today, the GFF's proposed approach to deliver access to affordable, quality essential health and nutrition services to more women, children, and adolescents and help countries transform their health systems for the future is both urgent and highly cost-effective—and, if well-executed, promise to deliver human and economic returns that far exceeds the investment.

## PRELIMINARY RESULTS FRAMEWORK

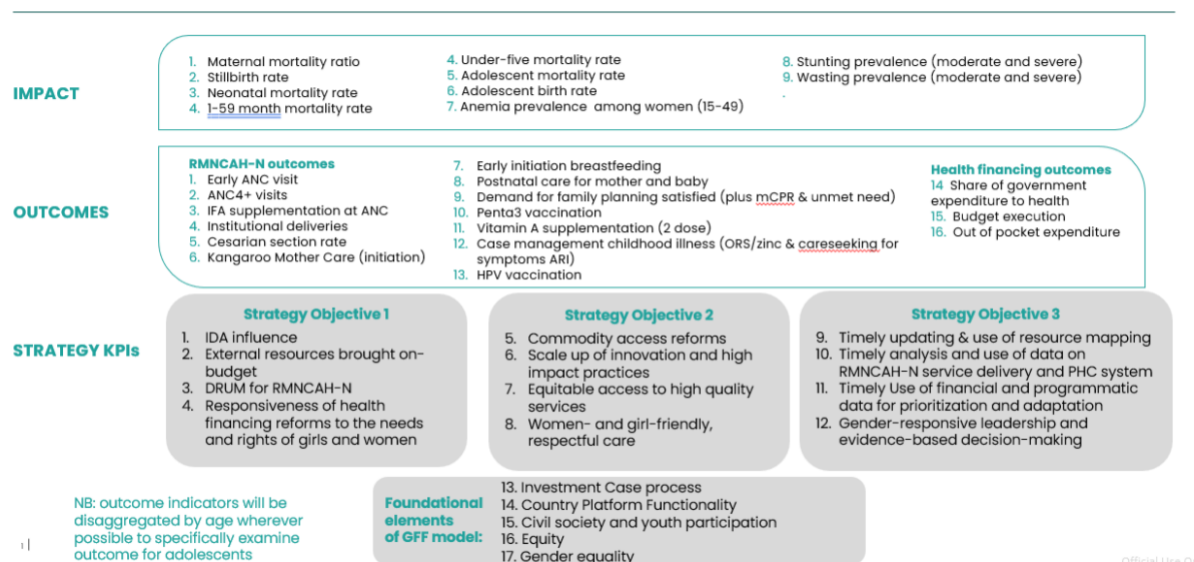
**The GFF will adopt a robust results measurement framework for the new strategy.** It is centered around three main types of indicators: impact, outcome, and KPIs. **Figure H** shows the draft indicators that correspond with each of these categories.<sup>2</sup>

- **9 impact indicators** correspond to the vision of the GFF to end preventable deaths among women, children and adolescents and their health and well-being.
- **16 outcome indicators** fall into two categories:
  - Thirteen of the sixteen outcome indicators reflect coverage of essential RMNCAH-N indicators, which are on the critical path to improving the impact indicators. To move the needle on the impact indicators, it will be essential to increase coverage of these essential RMNCAH-N interventions at scale, with quality and equity, while addressing gender inequalities.
  - Three of the sixteen outcome indicators measure key aspects of country health financing systems, which are critical for improving the availability and use of resources for health, while improving financial protection for households and communities.
- **17 KPIs** will measure progress on strategy implementation toward the outcome and impact indicators above. Each of the three objectives in the strategy are measured by four KPIs: three reflecting key priorities within the objective and a fourth measuring gender integration within those priorities. There are also five cross-cutting KPIs that measure foundational aspects of the GFF model.

Once finalized, the GFF will report on the impact and outcome indicators and the strategy KPIs annually over the strategy period from 2026–2030.

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<sup>2</sup> Consultations are underway on these draft indicators as of September 2025 and they may be revised before the strategy is finalized.

**Figure H. Draft Indicators for the New GFF Strategy 2026–2030**

## CONCLUSION

**This new GFF strategy provides a prudent pathway to help countries transform their health systems from donor-dependent to self-reliant.** The new strategy represents both continuity and evolution for the GFF. It builds on the GFF’s country-led model, its unique position within the WBG, and record of accomplishment of catalyzing financing and reforms while also focusing on its areas of greatest comparative advantage and highest potential impact. By mobilizing more and smarter financing, accelerating progress and scaling access to lifesaving commodities and proven innovations, and strengthening country leadership and resilience, the GFF will enable partner countries to make more cost-effective investments in health and deliver quality, affordable care to hundreds of millions of women, children, and adolescents—placing the vision of ending preventable maternal, child, and adolescent deaths within reach. By prioritizing and shining a powerful light on sexual and reproductive health, gender equality, fragility, and health inequities, the GFF will ensure that the poorest and most vulnerable populations are not left behind. By fully implementing this strategy, the GFF will save lives and help partner countries transform their health systems into sustainable engines of human capital development, economic growth, job creation, and prosperity—and in so doing, transform their societies.