Supporting Partner Countries
to Assess Disruptions, Update Priorities, and Maximize Positive Impact

OVERVIEW

With funding for global health shifting rapidly, the GFF is further strengthening its technical support to partner countries. Aimed at helping countries optimize available resources and strengthen service delivery in a timely manner, the enhancements will focus on three areas:

- assessing funding gaps
- analyzing disruptions in service delivery
- strengthening evidence-informed prioritization and adaptation.

As outlined below, this additional support will serve to help partner countries maximize positive health impact and avoid backtracking in outcomes for women, children and adolescents. These ongoing efforts are evolving in a dynamic landscape and this IG meeting is an opportunity to discuss key areas for alignment and collaboration across the partnership.

ACTION REQUESTED

The Investors Group (IG) is requested to provide feedback on the proposed approach outlined below. Key questions:

- How can this support be most useful to partner countries?
- What are the key opportunities for collaboration across partners to reduce fragmentation and strengthen alignment?

APPROACH

Background

As part of its model, the GFF helps partner countries use data to inform decision-making, including to set priorities based on available resources. When shocks and crises occur, the GFF works with partners to help countries assess how these disruptions affect funding, service delivery and health outcomes. Following abrupt shifts that have occurred recently in development assistance for health, the GFF has enhanced its approach to helping partner countries assess and respond to disruptions they may be experiencing. In line with its partnership model, the GFF is in process of strengthening collaboration with partners as it supports countries to address challenges associated with these disruptions.

Components of approach

There are three main components to the approach:

1. **Rapid funding gap analysis**

The GFF is preparing support for countries that request assistance to assess both quantitative and qualitative data on funding cuts, focusing on impacts on women, children and adolescent health. Analysis will identify specific program areas most likely at risk and will be done in partnership with government counterparts, GFF country teams, partners and World Bank task teams. This will ensure coordination and draw on existing assessments, including those led by the HNP Global Engagement Unit, to avoid duplication. The focus is on RMNCAH-N and key health systems issues, with a sector-wide lens and alignment with other partners, following the GFF's country-led approach.

The analysis is being designed to estimate reductions in donor funding, changes in resource availability from domestic resources, and losses in humanitarian assistance most likely to affect service delivery. An iterative process will enable a quick initial output, refined over time as more data becomes available. This will complement existing country-level resource mapping and focus predominantly on GFF partner countries in Africa, where dependence on development assistance for health (DAH) is highest.

Gap analysis will be supported in a rolling manner, based on the level of dependency on DAH, the magnitude of disruptions, and the timing of regular country processes for conducting resource mapping and expenditure tracking (RMET), as well as configuring budgetary allocations to address shortages.

The secretariat will adopt an approach best suited for optimizing countries' responses to the funding crisis, categorizing them along two dimensions: 1) **time**, including when the last RMET was implemented and 2) the countries' **dependency on DAH**, particularly on funding that has been cut.

		Dependency on DAH (including USAID)	
		Lower	Higher
Time dimension for last RMET conducted	Ongoing/current	Group C: Countries with RMETs in process and lower dependency	Group A: RMET in process and higher dependency
	Older	Group D: RMET done previously and lower dependency	Group B: Countries with RMET done previously and higher dependency

The approach for each group of countries is as follows:

Group A: Countries with an RMET in process or beginning shortly that have had a high level of dependence on DAH will receive priority support and require enhanced effort to meet the urgent need for evidence-informed decision making on prioritization and adaptation. The existing RMET process is the basis for conducting gap

analysis, with adaptations made to frontload a rapid gap analysis while the full RMET takes more time to progress through a more institutionalized approach.

Group B: Other countries with high dependence on DAH but which have conducted their RMET more than 1 fiscal year ago will also be prioritized to ensure they are well equipped to assess the scale and scope of the funding gap and its implications. In these countries, a rapid gap analysis will be conducted to update the available resources, including a facilitated discussion on how the funding envelope has changed since the RMET was conducted and what gaps that is creating.

Group C: Countries with an ongoing RMET and lower dependence on DAH will be provided with routine support for RMET, with inclusion of a detailed gap analysis. They will not be prioritized for surge capacity support, though they will still have the option to receive GFF support for rapid cycle analytics and data use focused on service delivery through GFF's Frequent Assessments and Systems Tools for Resilience (FASTR) initiative if desired. If FASTR or the routine RMET indicate larger gaps or disruptions than expected, countries in this group may be considered for accelerated support enabled through surge capacity.

Group D: Countries with an RMET more than 1 fiscal year ago and lower dependence on DAH will not be prioritized for surge support. As with other countries, they will still have opportunity to receive GFF support for rapid cycle analytics and data use through FASTR if they have interest in doing so. If FASTR indicates larger disruptions than expected, countries in this group may also be considered for accelerated support enabled through surge capacity.

2. **Disruption analysis: Service delivery and outcomes**

Leveraging FASTR's full suite of tools, the GFF is helping countries identify, quantify and unpack the implications of funding cuts on service delivery and associated health outcomes. Using routine health management information systems data (e.g., via DHIS2), the GFF helps countries assess specific changes that are observed in service levels and how they vary over time, across space and by intervention. Additional impacts on DHIS2 data systems and data quality are captured by examining data quality measures over time. Phone surveys generate additional feedback from PHC health facility managers (and potentially, community health workers) regarding challenges they face in delivery of quality health services and to track probable declines in service availability and readiness. The existing FASTR shock module will be continuously adapted to include possible supply-side impacts from funding disruptions, including the availability of commodities, human resources, and other critical service inputs. Where relevant, household phone surveys may also be deployed to generate demand side perspectives that complement supply side data sources. Rapid qualitative follow-up research will be deployed to deepen understanding of emergent findings and contextualize them with government and/or community level perspectives, including potential expansion of FASTR's new root cause approach to rapidly assess key supply chain failures to inform corrective action. The Lives Saved Tool (LiST) may be used to estimate how the funding disruptions may translate into mortality impacts.

FASTR support is being offered to countries through a centralized modality in the immediate term, with the GFF producing results and refining and contextualizing with country stakeholders, to prioritize timeliness. However, a principal focus is to enable countries – as expediently as feasible – to generate and update these analyses directly within Ministry M&E units and other relevant fora by rapidly scaling the existing FASTR analytics platform and its other open-source tools to additional countries that have expressed interest in institutionalizing the analytics. The GFF is strengthening its ability to support countries with a decentralized approach to running these analyses at country level in a sustainable and country-led manner.

Table. Summary of demand expression as of 19 May 2025

	Opting into one FASTR approach (either HMIS analysis or health facility phone surveys)	Opting into two or more FASTR approaches (both HMIS analysis and health facility phone surveys)
Countries with active and ongoing FASTR activities; disruption analysis is being mainstreamed as an additional use case	Madagascar, Bangladesh, Mali, Senegal, Zimbabwe	Ghana, Guinea, Nigeria, Somalia
Countries that are new or re-starting active engagement with the disruption analysis as an entry point	Afghanistan, Haiti, Liberia, Zambia	Chad, Democratic Republic of the Congo, Ethiopia,
Active dialogue on the opportunity	Burkina Faso, Central African Republic, Rwanda, Kenya, Malawi, Tanzania, Sierra Leone, Mozambique, Mauritania	

NB: Country conversations are ongoing at varying stages of maturity and all activities are subject to change.

3. **Evidence-based prioritization and adaptation**

The GFF will help partner countries prioritize and adapt their health programs based on data and evidence to maximize the health benefits for women, children and adolescents within the new funding landscape. This will involve consideration of allocative and technical efficiency of resources linked to RMNCAH-N outcomes, as well as opportunities for service delivery redesign and other important adaptations within country health systems. Considerations for prioritization at sub-national level will be included, taking gender and equity into account. This technical support will build on and utilize existing government processes and structures and aims to leverage several existing tools and approaches. GFF support for country-led prioritization and adaptation will be provided in close coordination with other development partners, including Global Health Initiatives.

Key considerations related to partnership

The GFF is collaborating closely with partners on each of the three components of the approach outlined in the paper. On rapid funding gap assessment, the GFF will continue to engage partners with which it has developed strong collaborations over a multi-year period of supporting countries to conduct resource mapping and expenditure tracking. Key partners in that process include WHO, Gavi and the Global Fund, among others. For example, in Kenya, Nigeria and Uganda, the GFF and Gavi have collaborated closely together on resource mapping. On service delivery disruption analysis, the GFF will continue to work closely with WHO, Unicef, Gavi and other partners. The tools used align with the PHC Measurement Alignment Process led by WHO, while complementing the Pulse Surveys conducted by WHO. In Nigeria, Unicef and GFF have worked closely together

to integrate RMNCAH-N scorecards and FASTR within national M&E systems to improve alignment, efficiency and sustainability. In context of the Lusaka Agenda Joint Committee Working Group process, the GFF, Gavi and Global Fund are in process of strengthening collaborations on data, and are in active dialogue about opportunities to work together to help countries assess and address challenges associated with abrupt changes in resource availability. As we look ahead to the next strategy in an evolving landscape, it will be critical to strengthen how we work more closely and efficiently as a partnership in support of country-led efforts to safeguard and strengthen service delivery.