



Stocktaking: GFF Country & Strategy Update

INVESTORS GROUP MEETING NOVEMBER 10-12, 2025



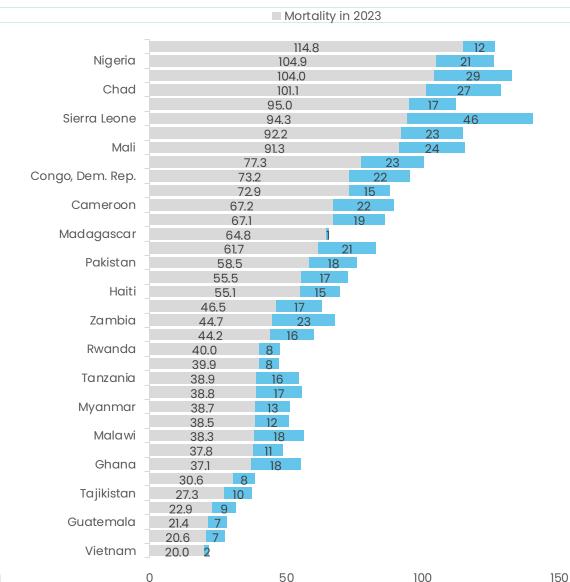
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- 2. GFF strategy update based on Key Performance Indicator (KPI) analysis



Country progress in improving women, children and adolescents' health

GFF partner countries continue to reduce under five mortality, but signification variation by country remains



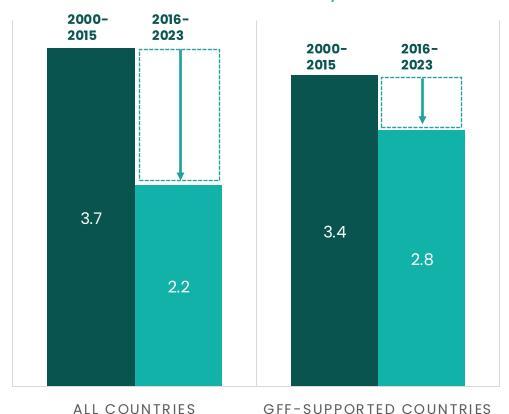
Summary

- All GFF supported countries experienced declines in U5MR since GFF was launched, although at a slower pace than before 2015
- The median U5MR for the GFF countries dropped from 66.9 deaths per 1,000 live births in 2015 to 50.8 in 2023.
- 4 countries have achieved the SDG 3.2.1 and 3.2.2 targets, and the proposed target for children ages 1-59 months (Vietnam, Indonesia, Guatemala, Cambodia)
- Ghana, Malawi, Sierra Leone, Uganda, and Zambia all achieved a 30 percentage or more reduction in U5MR between 2015 and 2023.
- Of the top 10 highest U5MR countries, 8 (80%) are FCV countries. The median level of mortality in 2023 in FCV countries was 1.9 times higher than in non-FCV countries. 12 of the 15 (80%) FCV countries achieved a 20 percent reduction or greater.

Analyses by Countdown to 2030 Data Source: UNIGME Estimates

GFF partner countries are now reducing under-5 mortality faster than the global average

Average annual rate of reduction for under-5 mortality

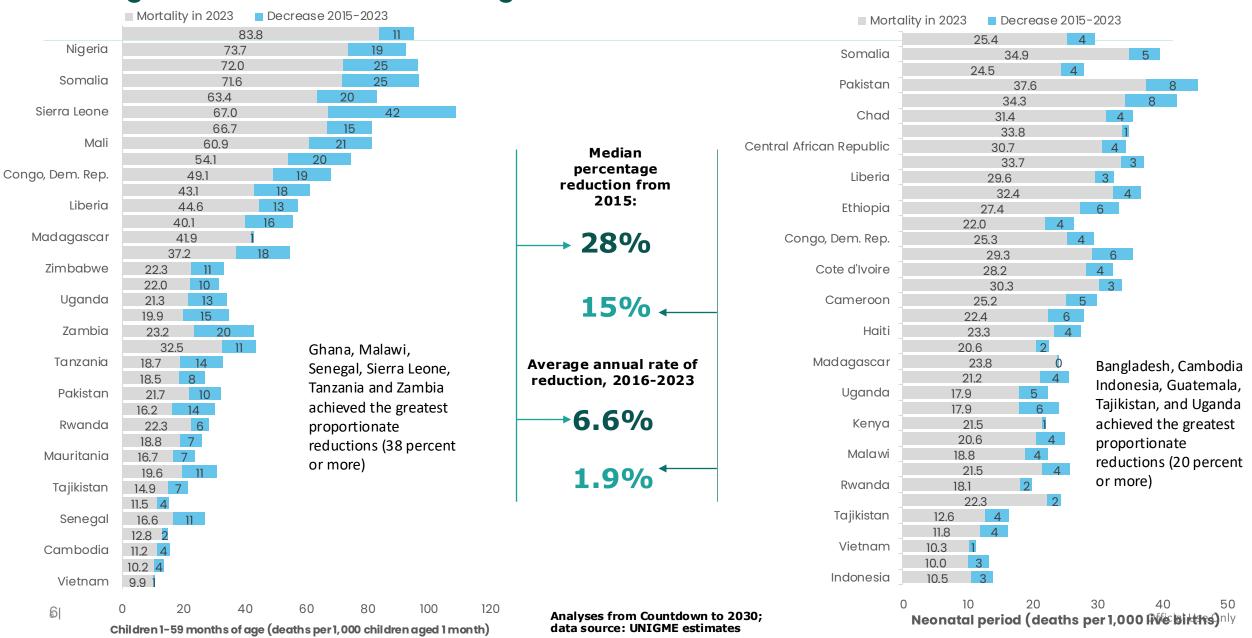


Summary

- From 2000-2015, GFF-supported countries had a lower annual rate of reduction for U5M compared to the global average
- However, from 2016-2023 the inverse became true, with GFF-supported countries having a higher annual rate of U5M reduction compared to the global average.

Analyses by Countdown to 2030 Data Source: UNIGME Estimates

Mortality reductions among newborns have not kept pace with mortality rates among children 1-59 months of age



Despite gains, there is urgent need to accelerate improvements in child survival

GFF countries have reduced mortality faster among children 1-59 months of age compared to newborns, but rates in this age group remain high in many GFF countries

In **20 of the 36 GFF countries (55%),** the proportion of under-five deaths is greater in the 1-59 month age group compared to the newborn period

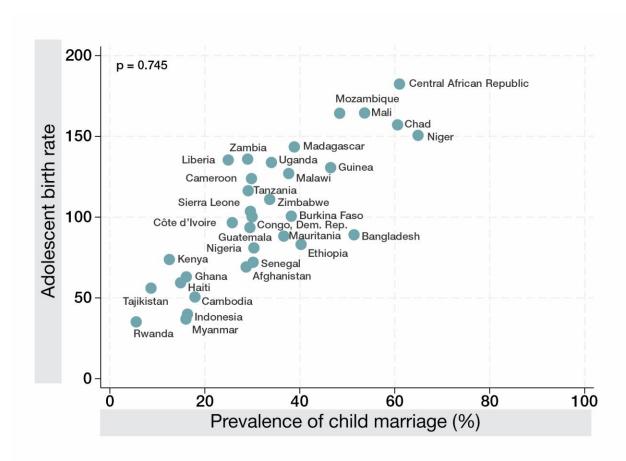
Among the 10 GFF countries with the highest U5MRs, **ALL** have a greater proportion of underfive deaths in the 1-59 month age group, ranging from 64.5% (Mali) to 70.6% (Niger).

Distribution of under-five deaths by age, 10 GFF countries with highest U5MR



It is important to continue to support country efforts to introduce integrated child health and nutrition services that support BOTH newborns and children to survive and thrive

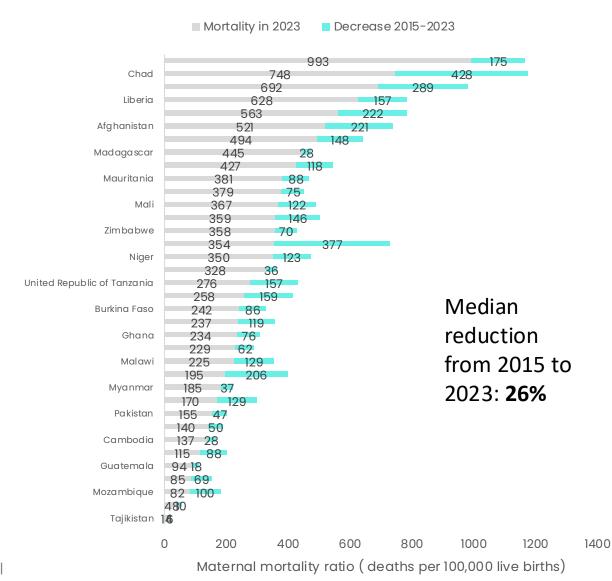
High adolescent birth rates (ABR) and high child marriage levels persist in many GFF partner countries, highlighting urgent need for gender equality



Data source: Most recent Demographic and Health Surveys and Multiple Indicator Cluster Surveys conducted since 2015, with available data. Guatemala data are from 2014. ABR: Number of births per 1,000 women aged 15-19. Prevalence of child marriage: Percentage of women aged 20-24 married before age 18.

- Child marriage and adolescent fertility are both associated with reduced life opportunities, and poor health and wellbeing for young women and their children.
- According to latest estimates, 15 (42%) GFF partner countries had an ABR exceeding 100 per 1,000 women aged 15-19 in 2023.
- Analysis of countries with available survey data shows that countries with high ABR tend to be countries with high prevalence of child marriage (before 18). All countries with an ABR of around 150 had prevalence rates of child marriage of about 50% or higher.
- Efforts to reduce child marriage (SDG 5.3.1)
 are important for promoting adolescent
 girls' empowerment (SDG 5.6) and for
 reducing adolescent fertility.
- Adolescent friendly health and social services also need to be scaled up.

Maternal mortality has decreased in all GFF countries, but accelerated progress is needed



Summary

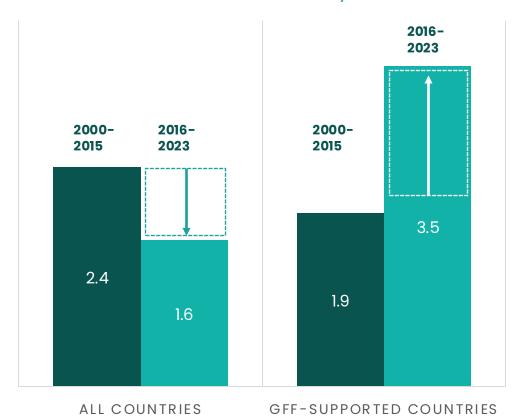
- All countries experienced MMR reductions between 2015 and 2023. These reductions ranged from 6 percent in Madagascar to 55 percent in Mozambique
- Bangladesh, Ethiopia, Mozambique, Sierra Leone, Uganda, and Zambia all achieved
 40 percentage reductions or more between 2015 and 2023.
- Only 7 countries have an MMR less than 140 per 100,000 live births, the EPMM national target to be achieved by 2030 (Bangladesh, Cambodia, Guatemala, Mozambique, Tajikistan, Vietnam, Zambia)
- 7 out of the top 10 highest mortality countries are FCV contexts.
- However, FCV countries experienced greater decreases in maternal mortality on average compared to non-FCV countries (median reduction of 28% vs 24.5% between 2015 and 2023).

Analyses by Countdown to 2030

Data source: Trends in maternal mortality 2000 to 2023: estimates by WHO, UNICEF, UNFPA, World Bank Group and UDESA/Population Division. Geneva: WHO; 2025

Although global progress in reducing maternal mortality has slowed, GFF-supported countries achieved an 84% acceleration in the annual rate of reduction

Average Annual rate of reduction for Maternal mortality

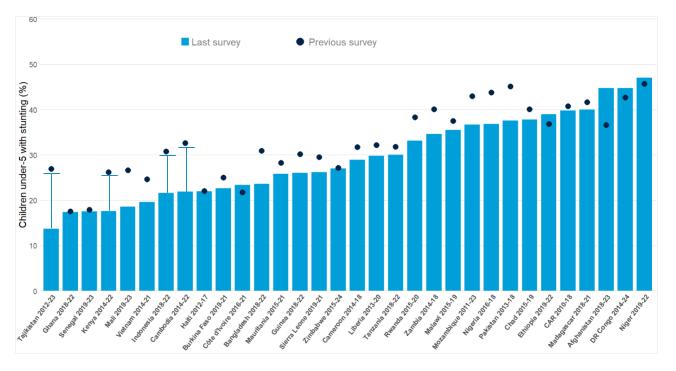


Summary

- From 2000-2015, GFF-supported countries had a lower annual rate of reduction for maternal mortality compared to the global average
- However, from 2016 to the latest estimates in 2023, GFF-supported countries have had a higher (more 2x) annual rate of maternal mortality reduction, compared to the global average
- Between the two periods, while global average annual rate of maternal mortality reduction decreased by 33%, GFF countries saw an 84% increase.

Stunting levels remain high in many GFF countries, putting children at risk of poor health and development, and long-term health and wellbeing consequences

Stunting prevalence (%), 32 GFF countries, last household survey (bar) after 2018* and previous survey (dots) at least two years before, countries ordered by prevalence in most recent/last survey.



Note: Data source, DHS, MICS, SMART and other national nutrition household surveys. Countries included are those with two surveys in the past 10 years, one at or before and one after 2018. *Exceptions are Haiti with the latest survey in 2017, Mozambique with a gap of 12 years, and Tajikistan with a gap of 11 years between the two surveys

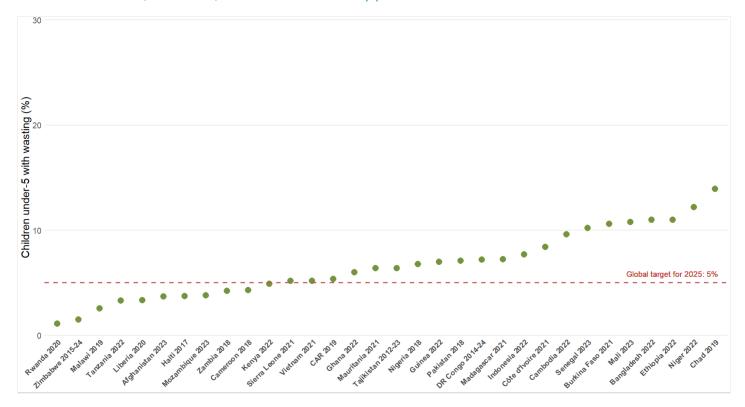
Summary

- The median stunting prevalence across the 32
 GFF countries with available data dropped about

 4 percentage points (from 32% to 28%) over the two survey rounds
- Four countries (Cambodia, Kenya, Indonesia, Tajikistan) achieved around a 9-percentage point or greater reduction in stunting prevalence
- However, 15 countries had a stunting prevalence at or exceeding 30% based on their latest survey estimates, 5 countries experienced an increase in stunting (Afghanistan, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Niger), and prevalence remained the same in 4 countries.
- 8 of the top 10 highest stunting prevalence countries are FCV, and 9 of the top 10 highest stunting prevalence countries have U5MRs and NMRs two times higher than the SDG targets

Childhood wasting remains a critical challenge in many GFF countries

Wasting prevalence (%), 32 GFF countries, latest household survey (2018–2023)*, countries ordered by prevalence.



Data source: DHS, MICS, SMART and other national nutrition household surveys. Countries included are those with survey data in 2018 or after, Haiti* is the exception with latest survey in 2017

Summary

- Latest household survey estimates show that 22 or over two-thirds of all GFF countries with data had a wasting level exceeding the global 2025 target of less than 5%.
- These same estimates show that only 2 countries have wasting levels below 3%, the global wasting target for 2030.
- 5 of the 6 countries with wasting prevalence above 10% are FCV settings.
- Latest UN estimates show a global trend towards declining child wasting but a potential rise in stunting.
- These patterns indicate the importance of multi-sectoral approaches (health, social protection, education, WASH, agriculture) to improve children's access to needed services, safe water, and a diverse diet.

GFF partner countries continue to increase coverage of interventions to millions of beneficiaries

Indicator	Total Beneficiaries reached since baseline to 2023	Additional Beneficiaries reached in 2024
# of women receiving 4+ ANC visits	132 M	28 M
# of women receiving safe delivery care	164 M	31 M
# of unintended pregnancies averted as a result of contraceptive demand being met	332 M	54 M

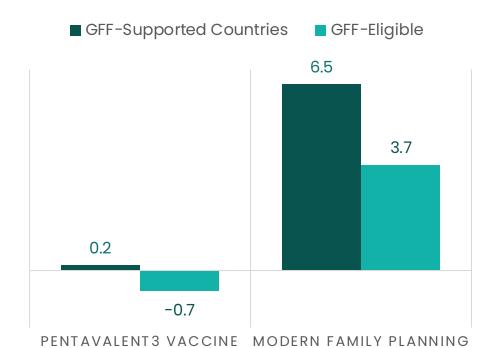
Summary

- GFF-supported countries have reached more than 28 million women with 4+ ANC visits and safe delivery care in the past year.
- GFF-supported countries have also reached 146 million women with demand for modern contraceptives in the past year, resulting in 54 million unintended pregnancies averted.

^{*}The estimates of unintended pregnancies refer to the middle of the next calendar year (i.e., estimates through mid year 2024 shown in first column and mid year 2025 shown in the second column). Baseline is defined as the beginning of each country's Investment Case.

GFF-supported countries continue to scale service delivery faster than countries that are GFF eligible but not yet supported

Median average annual percent change in # of beneficiaries reached since 2015



For GFF partner countries, median average annual percent change from start of IC implementation through 2024. For eligible countries that are not yet supported, median average annual percent change from 2016 through 2024. 35 countries with active GFF engagements in 2024 included in the analysis. The source is WHO/Unicef Estimates of National Immunization Coverage for pentavalent vaccination and Track20 for family planning.

Major Takeaway

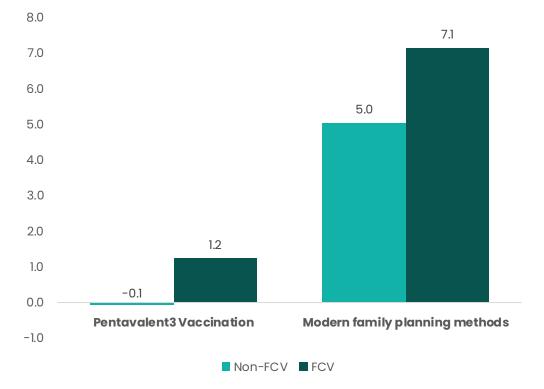
 Since 2015, GFF-supported countries continue to scale service delivery faster than countries that are GFF-eligible but not yet supported

Recent Progress

- Between 2023 and 2024, 64% of GFFsupported countries reached more children with routine pentavalent vaccination, with a median improvement of +3.5 percentage points.
- Between 2023 and 2024, all GFF partner countries reached more women with modern contraceptives, with a median improvement of 5 percentage points.

FCV countries have shown larger gains in service delivery compared to non-FCV countries

Median average annual percent change in number of beneficiaries reached since GFF engagement began by FCV Status



For GFF partner countries, median average annual percent change from start of IC implementation through 2024. For eligible countries that are not yet supported, median average annual percent change from 2016 through 2024. 35 countries with active GFF engagements in 2024 included in the analysis. The source is WHO/Unicef Estimates of National Immunization Coverage for pentavalent vaccination and Track20 for family planning.

Major Takeaway

- FCV countries have outperformed non-FCV countries on average in expanding the reach of service delivery.
- Examples of FCV countries making large gains in 2024 (% increase relative to 2023 levels shown in parentheses):
 - Family planning: Chad (+10%), Somalia (+8%), DRC (+8%)
 - Pentavalent vaccination (third dose): Haiti (+11%), Mali (+9%), and DRC (+8%)

GFF-supported countries have allocated more IDA to RMNCAH-N than prior to engaging with GFF, while GFF-eligible countries reduced RMNCAH-N IDA allocations over time





GFF-SUPPORTED COUNTRIES

GFF-ELIGIBLE COUNTRIES

Takeaways

- •Since engaging with the GFF, partner countries have **increased IDA usage for RMNCAH-N by 24%** relative to preengagement levels
- •In contrast, GFF-eligible countries that are not yet supported have **decreased IDA usage for RMNCAH-N by 25**%
- •GFF partner countries have committed **\$9.2** billion in IDA for RMNCAH-N since 2015, including **\$1.48** billion in FY25. This represents an increase compared to FY24, when partner countries invested \$879 million IDA for RMNCAH-N.
- •The **% of IDA going to RMNCAH-N** in GFF partner countries also increased in the past year, from **3.9% in FY24 to 6.3% in FY25**.

We discussed headwinds one year ago and since then some headwinds have grown stronger, while new opportunities have emerged

Head winds

- Pushback on gender equality and SRHR in many country contexts
- Climate change: direct and indirect impacts
- Economic threats
- Conflict escalation

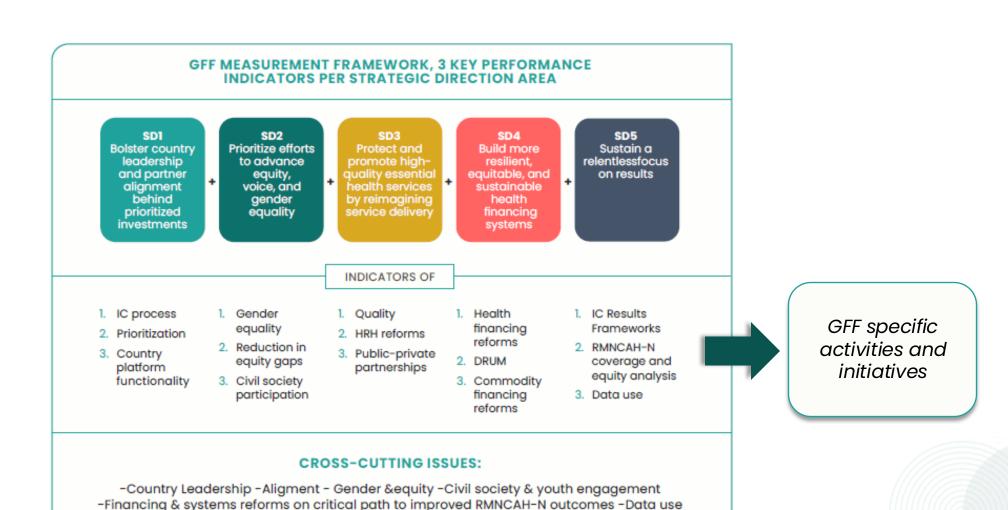
Emerging opportunities

- Deeper global commitment to reducing dependence on external financing and structures
- Strengthened recognition of need for more efficient, country-led and sustainable approaches
- Sharper focus on integration into PHC
- Stronger movement toward domestic and regional commodity production, with sustainable, country-led financing and procurement

Recognition of important role for GFF model in helping countries realize these opportunities

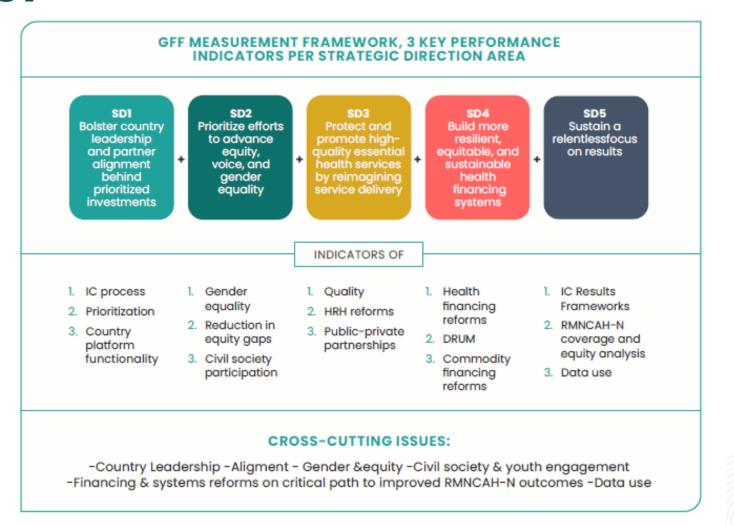
GFF STRATEGY UPDATE BASED ON KPI ANALYSIS

Measuring Key Performance Indicators (KPIs) for understanding GFF role in contributing to country-led impact



The KPIs specifically assess progress in delivery of the current GFF Strategy

KPIs complement the reporting on the core impact/outcome and logic model indicators (output, medium/long term outcome, impact) by focusing on activities/reforms directly supported by the GFF.



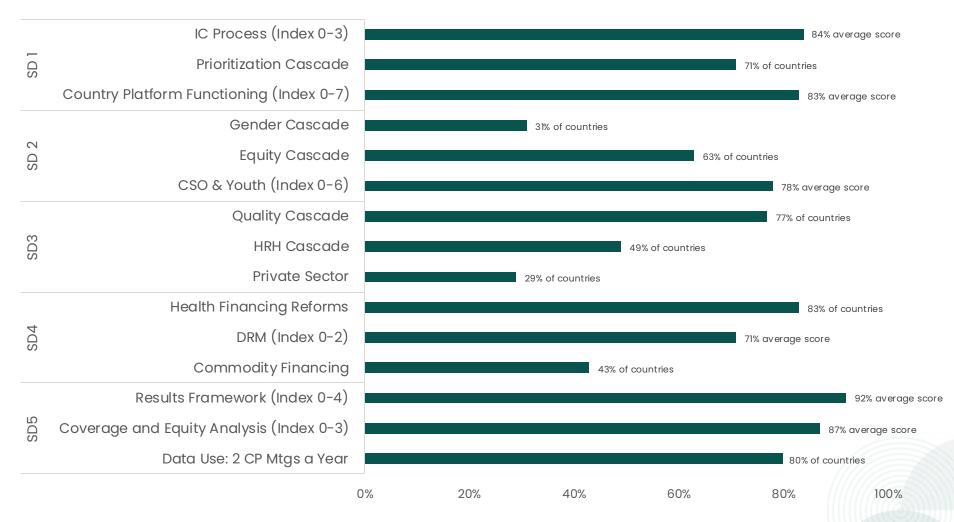
The KPIs are used to guide action and improvement

WHAT THE KPIS ARE	WHAT THE KPIS ARE NOT
Summary of country progress based on documentation and evidence	Report from countries
Utility-focused perspective on progress and gaps in GFF partner country engagements, focused on how and where the GFF provides support through its strategy and support modalities	Full record of everything that countries have achieved
Way of understanding what is happening in the 'missing middle,' between the inputs at the beginning of the results chain and the outcomes and impacts at the end	Tool for tracking inputs, health outcomes or impact
Tailored approach that enables focus on specific reforms and strengthening actions that countries have prioritized	One-size-fits-all set of measures

High level summary view of KPI Dashboard updated for the latest year

Results are highly variable by area:

- Some lower scoring KPIs reflect a shorter duration of time since the GFF has elevated these areas as top priorities (e.g., Gender, Commodity Financing)
- Others reflect a strong role for social determinants and political commitment to equality (Gender, Equity) or strategic prioritization of a subset of countries for engagement (Private Sector)



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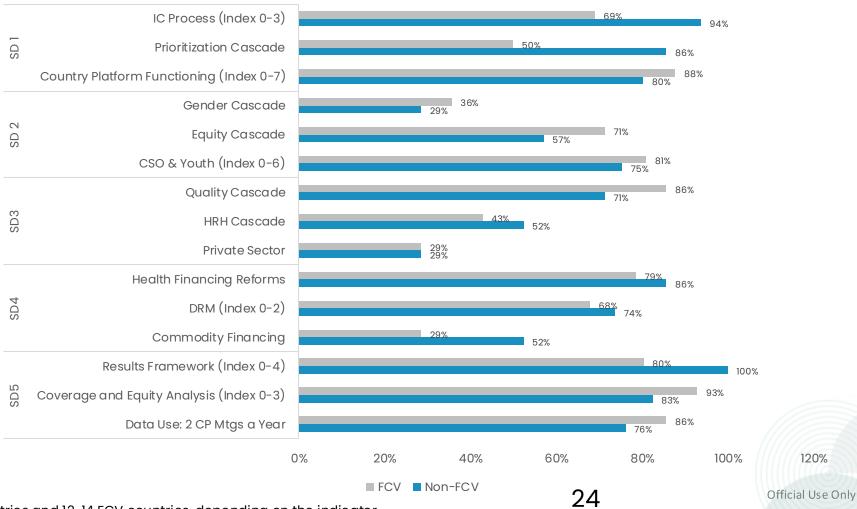
KPI Progress: Growth in almost all indicators in the past year

	КРІ	2024	2025
	KPI1: IC Process	77%	84%
SD1	KPI 2: Prioritization Cascade	23 countries	25 countries
	KPI 3: Country Platform Functioning	79%	83%
SD2	KPI4 : Gender Cascade	6 countries	11 countries
	KPI 5: Equity Cascade	16 countries	22 countries
	KPI 6: CSO & Youth	67%	78%
SD3	KPI 7: Quality Cascade	26 countries	27 countries
	KPI 8: HRH Cascade	13 countries	17 countries
	KPI9: Private sector	7 countries	10 countries
	KPI 10: Health Financing Reforms	25 countries	29 countries
SD4	KPI11: Domestic resource mobilization advocacy	71%	71%
	KPI 12: Commodity Financing	14 countries	15 countries
SD5	KPI 13: Results Framework	86%	92%
	KPI 14: Coverage and Equity Analysis	84%	87%
	KPI 15: Data Use at 2 Country Platform mtgs	21 countries	28 countries

Whereas there tend to be clear differences between FCV and non-FCV countries for impact indicators, for KPIs the pattern is not as consistent

Across the 15 KPIs, FCV countries perform on par with or better than non-FCV peers in several areas related to coordination, inclusiveness, and data use. However, they continue to lag behind on core system enablers such as human resources, financing, and commodities/supply chain.

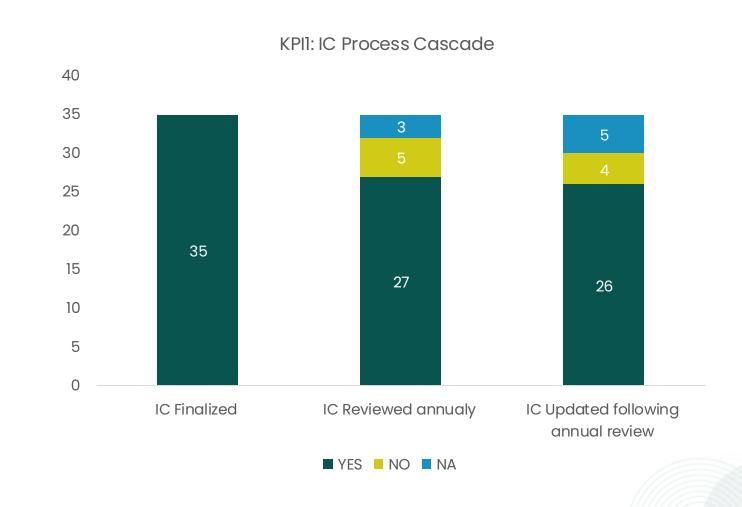
This pattern may reflect strong coordination and planning mechanisms in FCV settings, contrasted with deeper institutional and capacity constraints that can limit the rate of progress in some areas.



SD1: Bolstering country leadership

KPI 1: IC Process Cascade

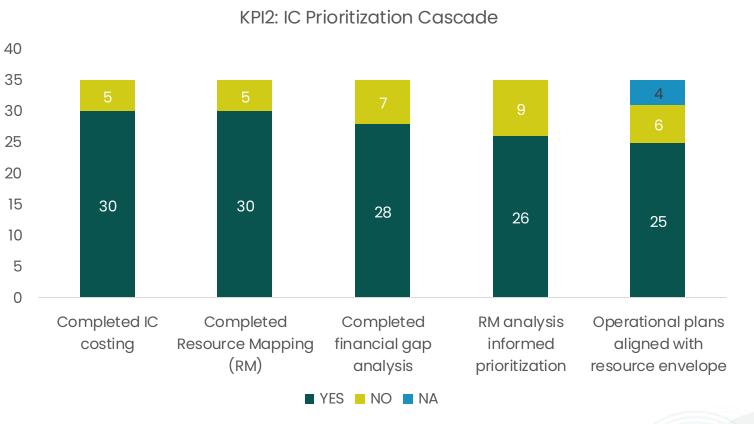
- 35 countries have a finalized IC
 - Kenya and Senegal received government approval for their second ICs
 - DRC, Liberia, Mali and Rwanda have second ICs in process
 - Mozambique is developing a 'Lusaka IC' linked to the alignment process that GFF, Gavi and Global Fund have committed to
 - Myanmar is not included here or in subsequent indicators due to the GFF engagement being on hold.
- Compared to last year, 1 additional country has begun an annual review process for the IC (Madagascar) and 2 countries have begun updating their ICs following annual review (Madagascar, Senegal)



KPI 2: Prioritization cascade

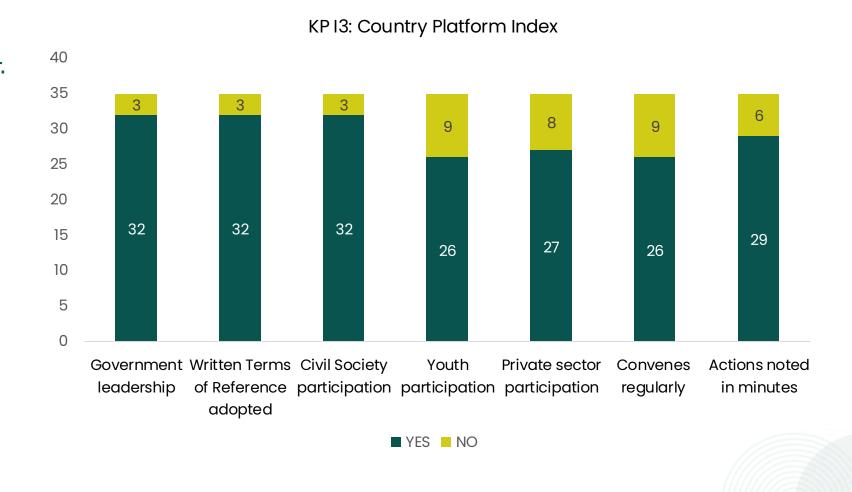
- Four of the five criteria show an increase relative to last year, except development of operational plans
- Big step toward institutionalization: capacity building is an essential part of the RMET support, and several countries have expressed interest in learning about digitalization of RMET processes and data. GFF is actively supporting knowledge exchange in this area.
- The GFF is actively providing technical support to countries to assess the magnitude of funding cuts (rapid gap analysis) and its implications on service delivery and to adapt to the new reduced resource envelopes
- Strong partnership with Global Fund and GAVI on co-funding RMET in several countries

Burkina Faso continues to strongly prioritize PHC with 60% of total resources allocated to PHC. They are close to institutionalizing the RMET process and the findings are now routinely used in annual planning at central and regional planning and an input into strategic documents such as the Community Health Strategy (2024-2027)



KPI 3: Country Platform Index

- The scores for this indicator are broadly similar to last year. The biggest changes are in youth participation (+3 countries this year) and actions noted in minutes (+4 countries this year).
- The GFF introduced a new CP assessment approach which it piloted in Chad and Ethiopia and will be scaling across the portfolio.



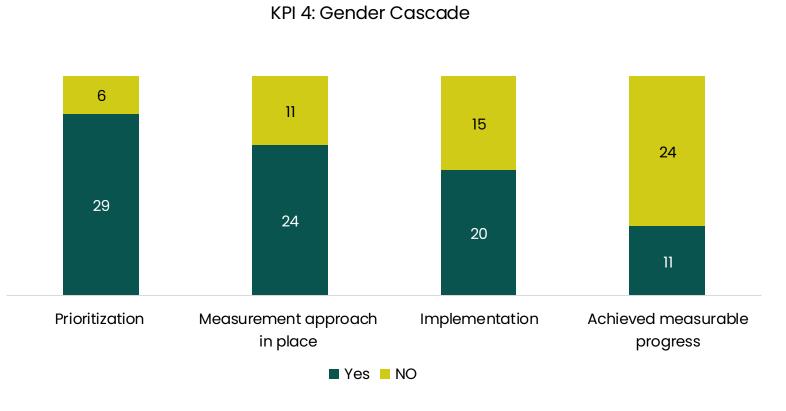
SDI: What progress has been made addressing gaps identified during the stocktaking a year ago?

Action identified last year	Status
Cross-exchange and learning on Living IC with Government Focal Points and GCCs	Country Engagement workshop convened together GFPs, GCCs and GFF focal points with Bank teams in Cape Town for exchange and learning. GCC Community of Practice convenes regularly for exchange and learning across countries. In response to DAH cuts this year, the GFF has rapidly scaled support for funding gap and service delivery assessment, with support for use of data and evidence for prioritization and other types of decision-making.
Update GCC TORs, engagement modalities and feedback mechanisms	Refresh of GCC role launched and in process of being scaled progressively across the portfolio, with new TOR, engagement modality and feedback mechanism.
New Country Platform assessment approach	Piloted in Chad and Ethiopia. The approach is being fine tuned based on the experience and will be scaled up across the portfolio.
Provide TA to countries to support Country Platform functionality	TA provided in targeted countries, with useful feedback.
Partnership agreement between GFF and World Bank	Partnership agreement drafted, agreed and used to strengthen the internal partnership between the GFF and other units within the Bank, in an institutionalized way
Updating CSO and Youth Engagement Framework	Engagement Framework updated, and new support modality launched in partnership with Governance Practice (CIVIC)

SD2: Prioritizing efforts to advance voice, equity, and gender equality

KPI 4: Gender cascade

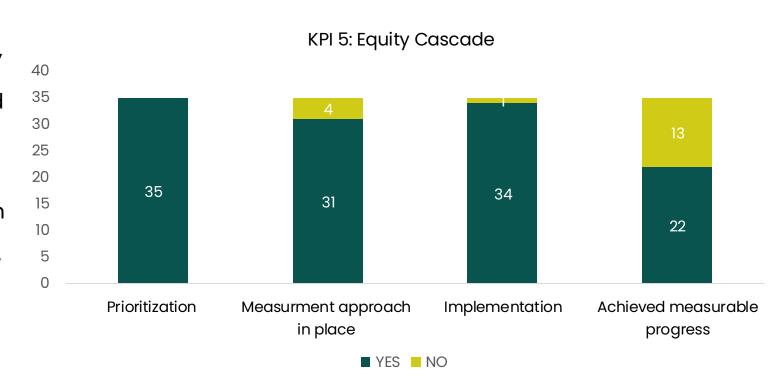
- Substantial progress has been achieved in the past year, with 3 additional countries prioritizing strategies to address gender inequality, 5 putting a measurement approach in place, 3 beginning to implement their strategies and 5 achieving measurable progress. The 5 additional countries achieving measurable progress since last year include Burkina Faso, Cambodia, Cameroon, Uganda and Zambia.
- In several cases, it is still too early to tell whether measurable progress is being achieved, given that implementation has only started recently. Multi-year commitment is needed to drive progress.



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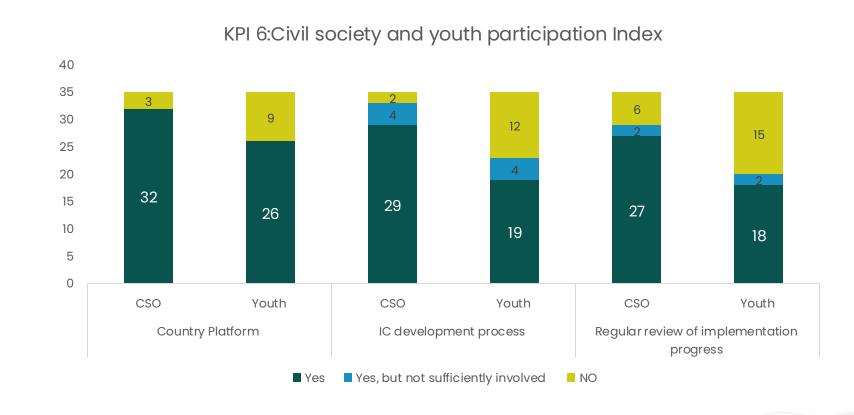
KPI 5: Equity cascade

- Every GFF partner country with a finalized IC has prioritized a strategy to reduce inequities. The most common types of inequities addressed are geographic (e.g., underserved or high stunting/mortality areas), followed by poor and marginalized groups.
- Since last year, 2 additional countries have prioritized inequities, 2 have put a measurement approach in place, 4 begun implementation and 4 have achieved measurable progress. The countries newly achieving measurable progress in the past year include Burkina Faso, Cameroon, Guatemala, Mauritania and Zambia.
- Now more than half of the countries have achieved measurable progress to date, with 15 countries requiring more time for implementation.



KPI 6: Civil society and youth engagement

- Five of the six criteria show an increase this year relative to last year, ranging from 2 to 4 additional countries per criterion. The gains tend to be larger for youth engagement than CSO engagement, reflecting a particularly strong focus on youth engagement in the past year given the finding last year that youth engagement was lagging in several countries.
- One of the six criteria CSO engagement in the IC development process – shows a decrease of one country. For the same indicator, youth engagement increased from 16 to 20 countries.



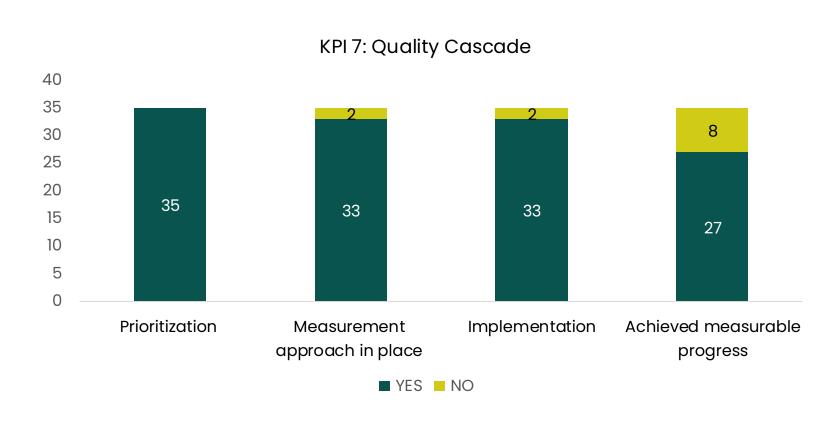
SD2: What progress has been made addressing gaps identified during the stocktaking a year ago?

Action identified last year	Status
Increasing focus on reaching adolescent girls with SRHR services and equitable HPV rollout	GFF has scaled efforts to reach adolescent girls through various WB instruments and modalities. The GFF now supports 30 countries to prioritize adolescent health, inclusive of SRHR, out of which 27 are now in implementation. GFF has also developed a new partnership with IDRC to address implementation barriers to reaching adolescents girls with SRHR. The GFF support for HPV has reached 16 countries.
Deepening partnership with the new World Bank SWEDDPlus regional project	The GFF is partnering with both SWEDDPlus regional project as well as the East Africa Girls' Empowerment and Resilience (EAGER) Program, to mutually leverage each others' strengths and accelerate progress on gender equality, linked to improved RMNCAH-N outcomes.
Catalyzing legal and policy action to remove barriers to gender equality and improve RMNCAH-N outcomes	The GFF continues to address legal and policy barriers to gender equality and RMNCAH-N, with support to 5 additional countries in the past year, along with and mapping of legal frameworks across 26 countries.
Enhancing TA to strengthen implementation and measurement of strategies to address gender inequalities	The GFF has enhanced TA to strengthen implementation and measurement of strategies to address gender inequality in 5 additional countries this year. The GFF has also created a new workstream (RMNCAH-N and Gender) and expanded the scale and scope of the Monitoring & Action for Gender & Equity (MAGE) initiative to scale support to additional countries this year and for the new strategy.
Leveraging GFF supported Country Equity Diagnostics	The GFF has revamped its approach to supporting Country Equity Diagnostics by partnering with Pelotas University (Brazil) and Countdown to 2030. Through this approach the GFF is completing Equity Diagnostics for all 36 countries and will be systematically supporting their use for IC development, project preparation and prioritization due to shocks.
Updating CSO and Youth Engagement Framework	Engagement Framework updated, and new support modality launched in partnership with Governance Practice (CIVIC)

SD3: Protecting and promoting quality essential services by reimagining service delivery

KPI 7: Quality cascade

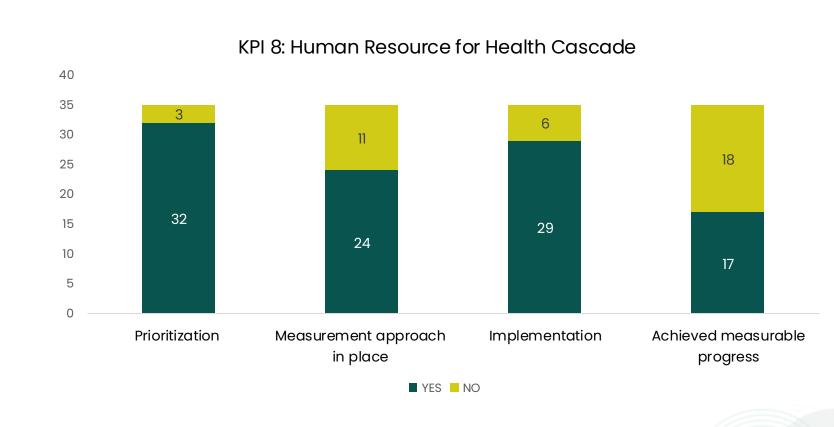
- All GFF partner countries have prioritized quality improvement, which represents an increase of 3 countries in the past year. 2 additional countries have a measurement approach for quality of care in place, 3 additional countries have newly begun to implement and 2 additional countries have achieved measurable progress in improving quality.
- This achievement is consistent with the independent evaluation of the GFF, which determined that the GFF has helped catalyze significant improvements in quality of care.



In DRC the PBF program showed positive impacts for the availability of medical supplies, for measures of infection prevention and control, and for provider adherence to clinical protocols. Significant improvements were also noted in the availability of equipment, family planning products and protocols at health centers.

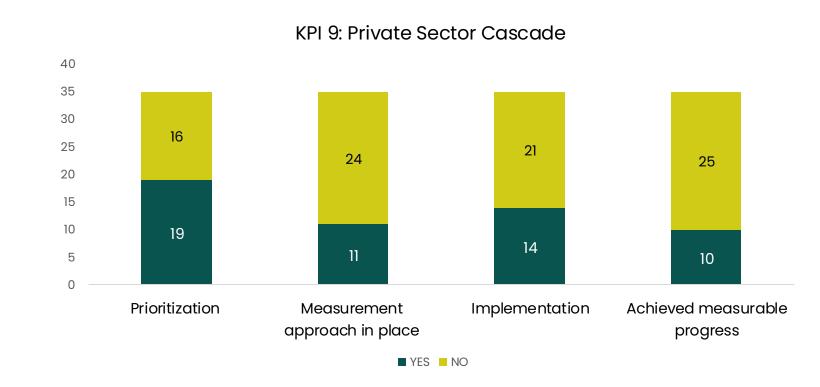
KPI 8: Human Resources for Health cascade

- The large majority of GFF partner countries have prioritized strategies for strengthening human resources for health. In supporting this, the GFF has worked closely with WB HNP, which leads on HRH overall. The GFF's specific role on HRH, as measured through this indicator, is to sharpen the focus on RMNCAH-N to help make HRH reforms work for women, children and adolescents.
- 2 additional countries have prioritized HRH strengthening strategies for RMNCAH-N in the past year, 5 have put a measurement approach in place, 6 have begun to implement and 4 have achieved measurable progress.



KPI 9: Private Sector cascade

- The GFF strategically prioritizes support for countries' private sector engagement strategies, based on demand, need and context. The context specificity of public and private sector engagement and activities across countries is especially high.
- This year, the GFF has supported two countries, Afghanistan and Cambodia, prioritize and advance private sector engagement strategies for health service delivery. Also, since last year, Kenya made progress in implementing public-private collaboration mechanisms.



With financial and technical support from GFF, Cambodia is developing a private sector engagement framework to engage and harness private sector capacity for social protection within its UHC strategy. The framework will guide and help build capacity for purchasing health goods and services and contracting with private sector providers in Cambodia.

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SD3: What progress has been made addressing gaps identified during the stocktaking a year ago?

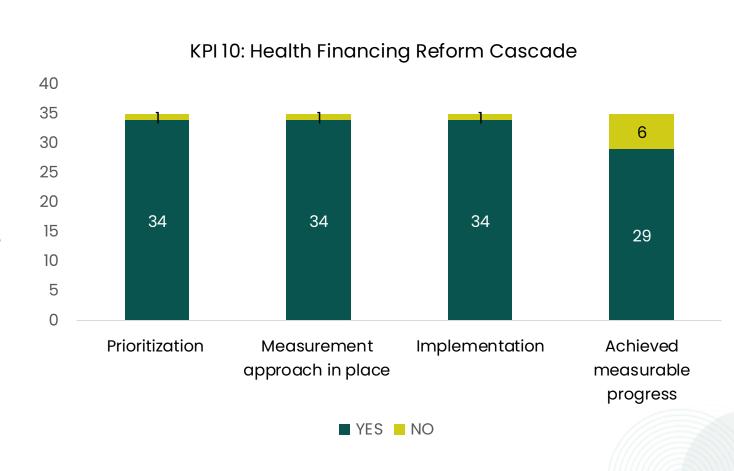
Action identified last year	Status
Leverage World Bank commitment to reach additional 1.5 billion people with quality health services	The GFF is working with the World Bank and country clients on compacts linked to the 1.5 billion target, with the GFF focus on RMNCAH-N services and equity.
Strengthening the institutionalization and scale of quality improvement efforts	The GFF is working to institutionalize and scale quality through Investment Cases, project design (e.g., through use of Disbursement Linked Results) and more systematic focus on innovations (e.g., replication and scaling of the Safer Births Bundle of Care)
Review private sector engagement approach	Review of private sector engagement approach complete and discussed with IG. The outcome of the review is helping inform the development of the new strategy for 2026-2030.
Leverage World Bank project instruments to incentivize DRM for HRH	Out of the 31 countries prioritizing HRH reforms with GFF support, the large majority are leveraging World Bank projects to do so. Through projects, the GFF collaborates closely with the World Bank to engage with Ministries of Health and Finance to incentivize DRM for HRH.
Enhance TA for strengthening measurement of progress in implementation of quality, HRH and private sector reforms	Through the Results Specialist role, collaborations with partners and the scaling of the FASTR approach, the GFF has enhanced TA for strengthening measurement of progress in quality, HRH and private sector reforms. To address a specific gap related to CHW measurement, the GFF has partnered with Exemplars in Global Health to create a new CHW module for FASTR.

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SD4: Building more resilient, equitable and sustainable health financing systems

KPI 10: Health Financing reform cascade

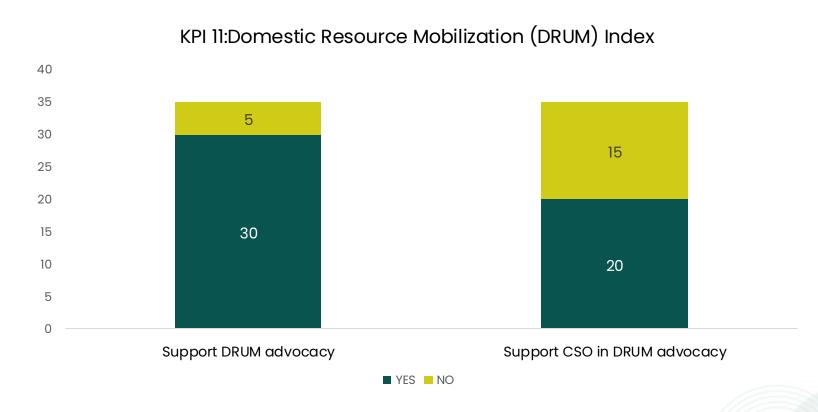
- Nearly all GFF partner countries have now identified and prioritized specific health financing reforms. All countries that have done so also have a measurement approach in place and are advancing with implementation.
- The majority of these countries have already achieved measurable progress, highlighting the growing contribution of GFF support in strengthening national health financing systems and driving reforms forward.
- Compared to last year, progress has been observed across all four stages of the cascade. Over the past 12 months, 2 additional countries have prioritized strategies, 3 more have adopted a measurement approach, 2 have moved into the implementation phase, and 4 more have demonstrated measurable progress.



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KPI 11: Domestic resource mobilization advocacy

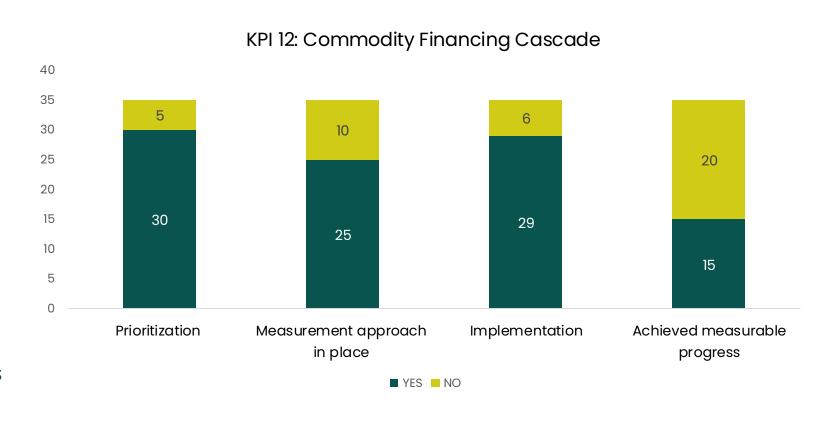
- GFF has supported DRUM advocacy in 30 partner countries, which represents an increase of 2 countries relative to last year. In 20 of the 30 countries, the GFF has engaged CSOs in the advocacy process, which is the same number of countries as a year ago.
- GFF has leveraged its influence in DRUM through actively engaging in ministry-level financing dialogues, enhancing evidence building and data analytics to support arguments to increase domestic financing, improving public financial management systems to improve resource allocation and execution, as well as strengthening alignment across development partners in promoting sustainable financing.



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KPI 12: Commodity financing cascade

- Supporting partner countries to advance reforms that increase access to essential RMNCAH-N commodities is a growth area within the GFF strategy. The values of this KPI reflect that growth trajectory. Compared to last year, 4 additional countries have prioritized specific reforms to facilitate access to commodities, 4 more have put a measurement approach in place, 6 more have begun to implement reforms and 2 more have achieved measurable progress (Madagascar and Zambia).
- Key reforms include support for regulatory reform to improve access to quality RMNCAH-N commodities, improving government capacity to manage supply chain functions, and increasing domestic financing for RMNCAH-N commodities and diagnostics.



SD4: What progress has been made addressing gaps identified during the stocktaking a year ago?

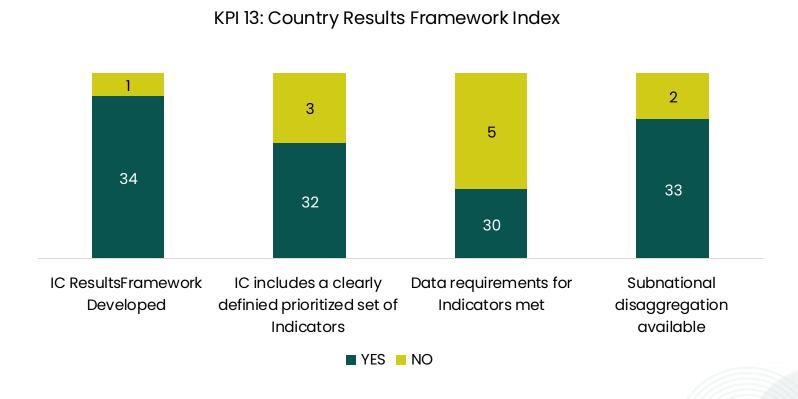
Action identified last year	Status
Strengthen systems for tracking financing reform progress	All 34 countries that have prioritized health financing reforms now have in place a systematic approach to measure and track progress
Systematically assess existing GFF health financing TA	The GFF conducted an internal review of closed TA grants in health financing to identify performance and opportunities for further application of deliverables.
Codify and systematize GFF contributions to DRM advocacy and TA; and expand and support CSO budget advocacy and tracking	The GFF has also strengthened systematic engagement of CSOs in DRUM advocacy through the new CIVIC initiative implemented in collaboration with the Governance Practice
Strengthen commodity financing TA	The GFF has strengthened its commodity financing TA through creation of a new post and strengthening partnerships. As of September 2025, the GFF is in process of further enhancing its capacity to provide, manage and oversee commodity financing TA, including through the Challenge Fund
Launch GFF Challenge Fund for RMNCAH-N commodities	The GFF has launched the Challenge Fund, based on a pilot round of \$34 million to 10 countries.

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SD5: Sustain a relentless focus on results

KPI 13: Country results framework index

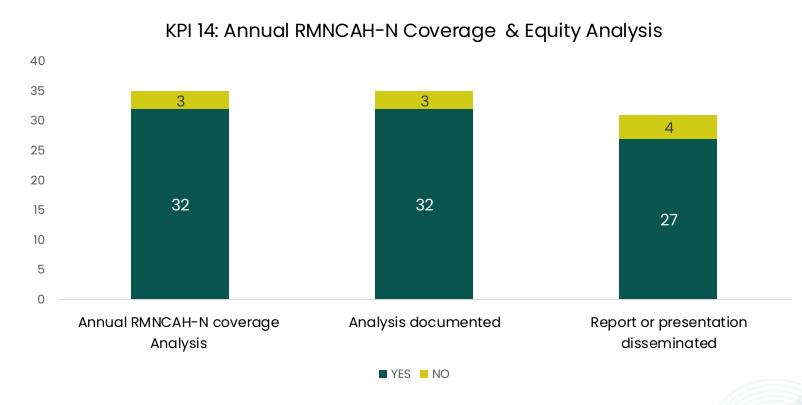
- In the past year, results show improvement across all four criteria, ranging for one additional country meeting the benchmark for the first criterion to five additional countries meeting the benchmark for subnational disaggregation. Only one country with a finalized results framework is not able to report and analyze data subnationally yet.
- The country that do not yet have completed results framework is Mozambique and is in the process of finalizing their IC. The GFF is providing support for Theory of Change and Results Framework development.



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KPI 14: RMNCAH-N coverage & equity analysis

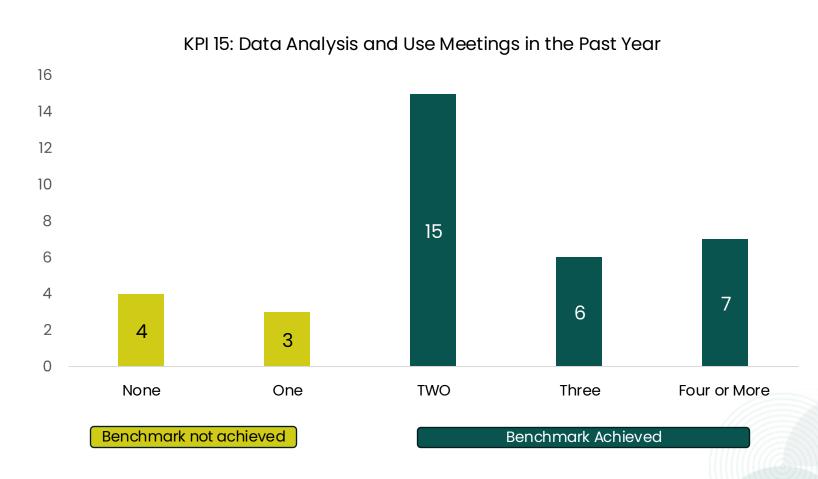
- The large majority of GFF partner countries are now updating their RMNCAH-N coverage and equity analysis based on new data each year, with 3 additional countries meeting this benchmark for the first time this past year. This includes all 26 GFF partner countries in Africa, who participate in a multi-country process of strengthening country analytical capacity co-convened by Countdown to 2030 and the GFF.
- The workshop resulted in updated country-level analyses of 42 key health indicators related to reproductive, maternal, newborn and child health.
- Core analyses from the workshop have been disseminated in 26 of these countries including in several where it was part of the local news program.



For a video overview, you can click here: https://youtu.be/PmAdgn5Y-hg

KPI 15: Data use

- 29 countries met the benchmark of two or more meetings of the Country Platform or similar forum to review progress and use data for decision-making. This represents an increase of 8 countries since last year. The number of countries meeting three or more times and using data in the past year has increased from 8 to 14.
- For example, Cote D'Ivoire is able to present evidence and analytics for review and discussion at each meeting of the Platform, which is situated at the Prime Minister's office.

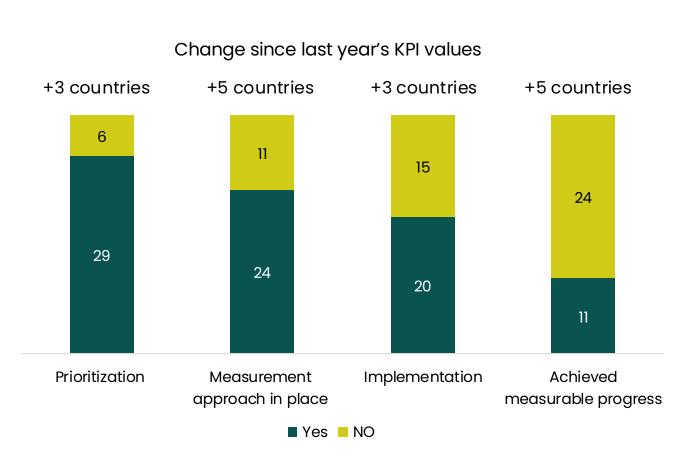


SD5: What progress has been made addressing gaps identified during the stocktaking a year ago?

Action identified last year	Status
Strengthen Results Specialist role	The GFF has refreshed the TOR for the Results Specialist, established minimum standards and ensured consistent coverage across each country in the portfolio
Strengthen partnerships and contribution to measurement alignment agenda	The GFF has contributed actively to the PHC measurement alignment agenda led by WHO. The GFF has also worked closely with Gavi and the Global Fund to strengthen support to country Health Management Information System strengthening. The GFF has an active collaboration with Gavi on FASTR and a growing collaboration with the Global Fund, using the new CHW module as a key entry point.
Scale up FASTR	In the past year, the GFF has doubled the scaling of FASTR relative to 2024, now reaching 23 countries with strong partner collaborations. The GFF is also applying FASTR alongside rapid funding gap assessments linked to RMET to help countries assess gaps associated with funding cuts and to use data and evidence for prioritization and adaptation.
Strengthen support to Country Platforms to use data	Over the past year, the number of countries convening their Platforms regularly, reviewing progress and using data for decision-making has increased from 21 to 29.
Scale gender-responsive monitoring	The GFF has scaled gender-responsive monitoring to additional countries through an expansion of the Monitoring & Action for Gender & Equity (MAGE) initiative. Gender is now deeply embedded in all aspects of the GFF Results Measurement Framework.

Deeper dive into four KPIs that show lower levels of achievement to date

KPI 4 Gender: 31% achievement of last criterion in cascade shows need for more progress



Through the MAGE initiative, World Bank partnerships, and focus on systems level operational, legal, and policy reforms, there has been significant progress in more substantively integrating gender in ICs and co-financed projects. A majority of countries now meet the first three standards of prioritizing, measuring, and implementing more substantive gender reforms.

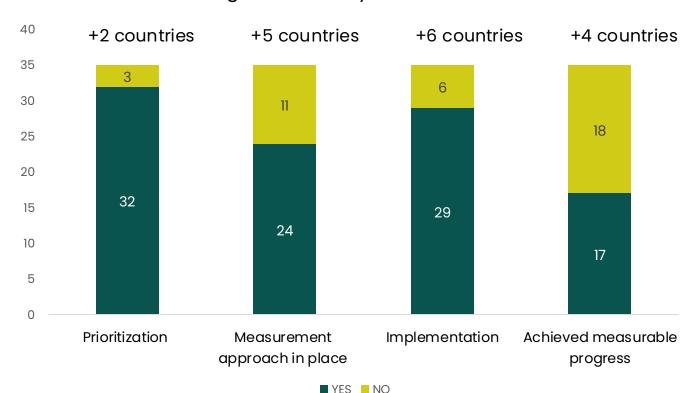
However, this progress has not yet reached scale for the highest bar of this KPI: only one-third of the countries have achieved measurable results in advancing gender equality reforms. This partially because many of the robust gender reforms have been only recently prioritized and are challenging to achieve. Additionally, the GFF model needs to adjust so that it can work to achieve the level of scale needed on gender results.

KPI 4 Gender: what is different in new strategy?

- 1. To emphasize scale and sustainability, the new strategy shifts from gender as a standalone pillar to full integration within each of the three strategic objectives, with related KPIs per objective and a cross-cutting KPI to ensure accountability.
 - Advance gender-responsive financing and budgeting
 - Advance women- and girl-friendly respectful reproductive and maternal care
 - Scale support for strengthening women's leadership to advance health sector reforms at both country and global level and as part of the jobs agenda to create equitable roles, policies and governance structures in the health workforce
 - Conduct gender diagnostics in all partner countries
- 2. The strategy also more effectively leverages World Bank and partner efforts to catalyze and achieve results at scale on more ambitious gender reforms
 - Drive implementation of IDA21 commitments to expand access to sexual and reproductive health services, including for adolescents
 - Increase support to development policy operations to advance gender-related legal reforms combined with implementation through GFF grant-funding
 - Increase support to cross-sectoral operations (e.g., Social Protection) to address genderspecific barriers to better RMNCAH-N outcomes
 - Partner with the other GHIs and donors to more rapidly achieve scale on gender priorities such as HPV vaccinations or supportive conditions for community health workers

KPI 8 HRH: 49% achievement of last criterion in cascade shows need for more progress

Changes since last year's KPI values



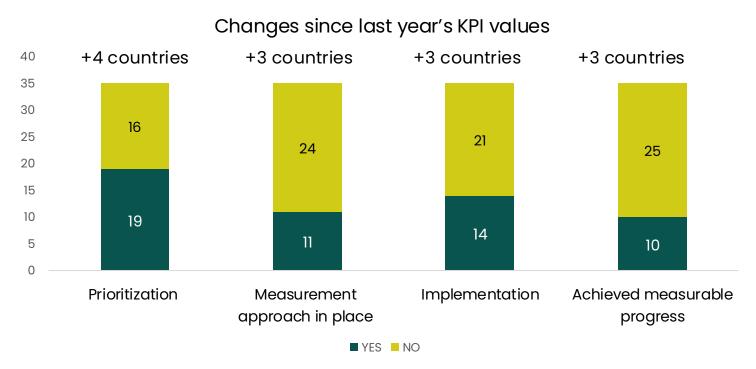
- Similar to the gender KPI, substantial progress has been achieved in the past year on the HRH KPI. This progress has been achieved by leveraging projects cofinanced with IDA, in close collaboration with regional task teams and the WB Health, Nutrition and Population global unit, which leads on HRH overall. The GFF engages to sharpen focus on RMNCAH-N and gender equality.
- However, scale remains limited, as evidenced by KPI results showing that more than half of countries have not yet achieved measurable results in advancing key reforms to strengthen HRH. For several countries, implementation is too early or has been delayed, thus limiting progress.

KPI 8 HRH: what is different in new strategy?

- GFF is deprioritizing a general focus on HRH as part of the new strategy. The HNP Global Unit will continue to lead on general HRH policy, and GFF will further sharpen its engagement to focus specifically on what is needed to improve RMNCAH-N and gender equality.
- The GFF will further strengthen its focus on the Community Health Workers Agenda, crucial to improve RMNCAH-N outcomes, collaborating with partners and addressing key gaps, for example by developing a CHW module for FASTR together with Exemplars in Global Health and implementing it jointly with partners
- In doing so, the GFF will contribute to the WB's flagship commitment on scaling decent jobs.
 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.
- 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.
- The GFF will partner with the Bank's Governance and Gender Practices to implement the new WBG global gender strategy to drive gender-responsive reforms to create equitable roles, policies and governance structures in the health workforce.

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KPI 9 Private sector: 29% achievement of last criterion in cascade shows need for more progress



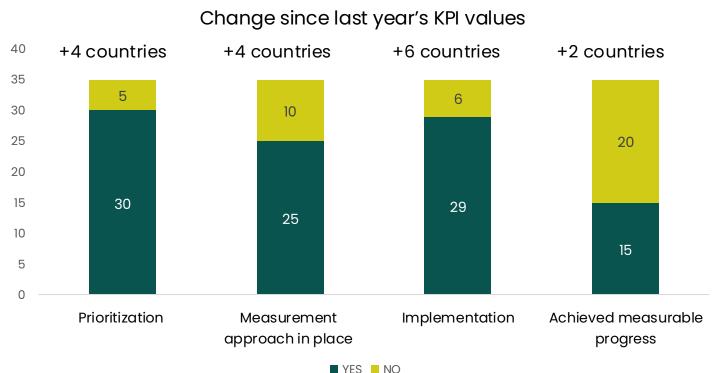
- Progress has been achieved across all four components of the private sector KPI within the last year, but with only 10 countries (29%) achieving the last criterion.
- This progress has been achieved by implementing the GFF approach to private sector engagement discussed with the IG in November of 2024, which applies a strategic approach to deep country engagements thus limiting scale.
- By design, the GFF provides private sector support in a subset of countries that are carefully selected rather than all countries.
- Among the 19 prioritized for support, just more than half have achieved measurable progress to date.

KPI 9 Private sector: what is different in new strategy?

- More strategic deployment of grant funding and technical assistance based on country health financing and service delivery entry points to support integration of private providers into public financing schemes through strategic purchasing for essential RMNCAH-N services and products.
- Promoting contracting models that tie private sector involvement to clear equity and quality targets to reach the most marginalized and vulnerable communities.
- Building on and replicating lessons learned from first hybrid public-private partnership (PPP) supported by WB-GFF-IFC in Côte d'Ivoire that harness private sector expertise, innovations, and capital to expand access to affordable, quality health services.
- Similar to model used with Safer Births Bundles of Care (SBBC) initiative in Tanzania, use GFF co-financing and technical support to de-risk and provide the tipping point for governments to take approaches and products developed by the private sector to scale through public systems.
- 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.
- Facilitate 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.

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KPI 12 Commodity financing: 43% achievement of last criterion in cascade shows need for more progress



- Progress has been achieved across all four components of the commodity financing KPI within the last year, but values are still low, with only 15 countries (43%) achieving the last criterion.
- Progress has been achieved by developing the GFF's Commodities and Supply Chain work program including new analytical tools and country engagement models (the Supply Chain Leaders Forum) in conjunction with other GHIs.
- In the current cycle GFF made 10
 Challenge Fund awards (total \$34m)
 which will contribute to further improvements. Eight of ten countries have already begun executing their awards.

KPI 12 Commodity financing and access: what is different in new strategy?

- Improving financing and access for essential RMNCAH-N commodities represents a major area of acceleration in new strategy, in line with Objective 2.
- The GFF is introducing a new Sustainable Commodity Access Challenge Program, to help countries secure equitable access to essential family planning and maternalnewborn-child health commodities while building sustainable domestic financing and supply chain capacity, reducing donor dependency.
- Embedding the Challenge program in the country-led platform will foster sustainable financing and integration of commodities into national health systems and budgets.
- The 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
- The GFF is also strengthening its internal capacity to support improved commodity financing and access, as well as key partnerships with UNFPA, Unicef, Gavi, Global Fund and Unitaid.
- The Challenge program will complement rather than supplant core GFF engagement.