

Strengthening country ownership, leadership and resilience

Timely use of data and evidence for prioritization, adaptation and resource mobilization

Investors Group Meeting
November 11-12, 2025



Outline

- Context
- Description of GFF approach
- Cross-cutting findings
- Country-specific examples
- Key take aways and next steps

Context: the challenge we are hearing from partner countries

Following large shifts in resource availability from external sources, many countries are experiencing abrupt and dramatic reductions in financing

- ▶ Potentially resulting in gaps in programs and systems
- ▶ Leading to unknown but potentially disruptive effects on service delivery and health outcomes for women, children and adolescents

These shifts occur in a context in which many countries have low levels of investment of domestic resources in health, variable budget execution and substantial debt burdens. Many countries also face other forms of shocks and challenges, such as disease outbreaks, natural disasters, health worker strikes and conflict. Furthermore, much of the donor financing that has been cut was off budget, meaning countries often lacked visibility on where those resources were going in the first place. It is therefore unknown how much was actually going to service delivery and what effect withdrawal or reduction of those resources may have on service delivery.

Key questions arising:

- What is the magnitude of the cuts? Where were the funds going? What is the effect on the system?
- What is the optimal way to prioritize remaining resources?
- What other adaptations can strengthen essential service delivery for women, children and adolescents?
- What are the opportunities to mobilize more on-budget financing and redesign systems to make them work better for women, children and adolescents?

GFF approach to supporting countries to address the challenges

Together with partners, GFF is supporting partner countries with rapid scale up of three new activities that build upon existing processes

1. Rapid and dynamic funding gap assessments

➡ *builds on Resource Mapping and Expenditure Tracking*

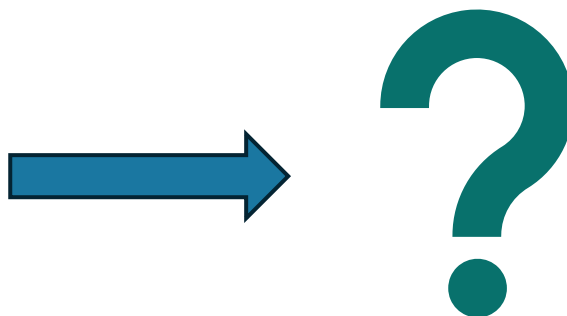
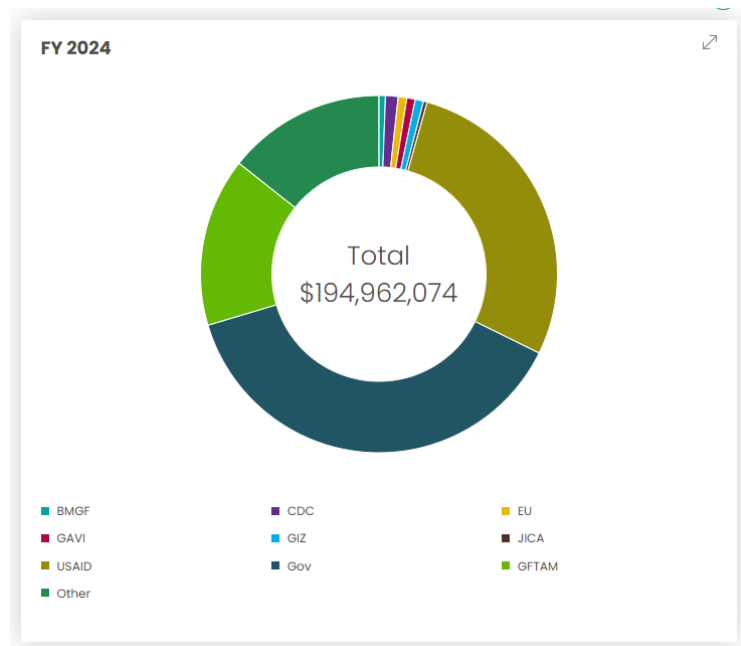
2. Rapid cycle service delivery analysis

➡ *builds on FASTR*

3. Prioritization and adaptation based on data and evidence, including evidence-based advocacy for more resources

➡ *builds on GFF support for prioritization as part of IC and project preparation, as well as DRUM and alignment of external resources*

1. Rapid funding gap assessment



What shifts in external and domestic resources?

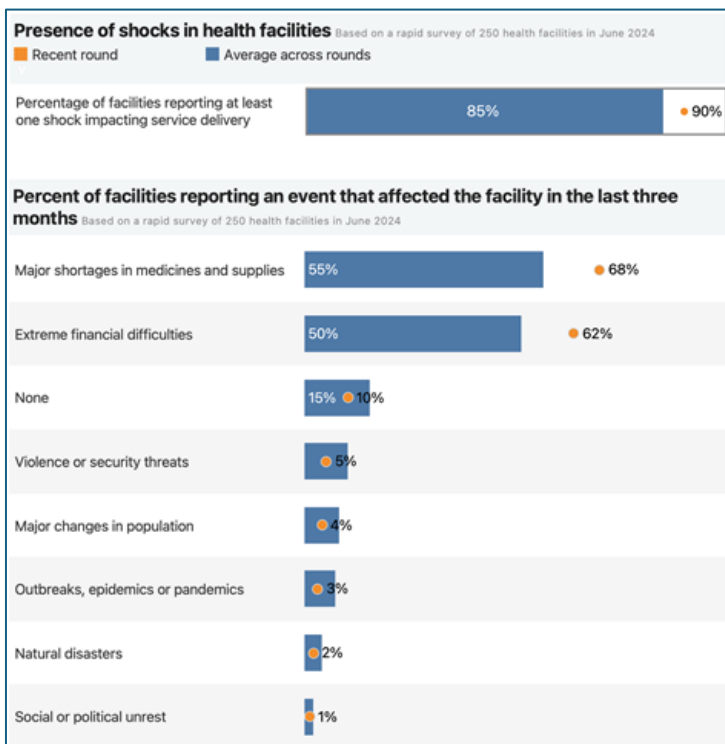
What specific parts of the system, program areas and activities are most affected and how?

- Conducted rapidly as support to country-led process
- Building upon existing resource mapping and expenditure tracking
- Focus on practical & actionable insights useful for decision-making
- Support for deeper dives on specific issues requiring further investigation

2. Analysis of service delivery and outcomes

FASTR analytics are being applied in diverse ways across countries — from identifying disruptions, to supporting advocacy for more on-budget resources for health and integrating routine monitoring into ongoing systems strengthening

Identifying service disruptions

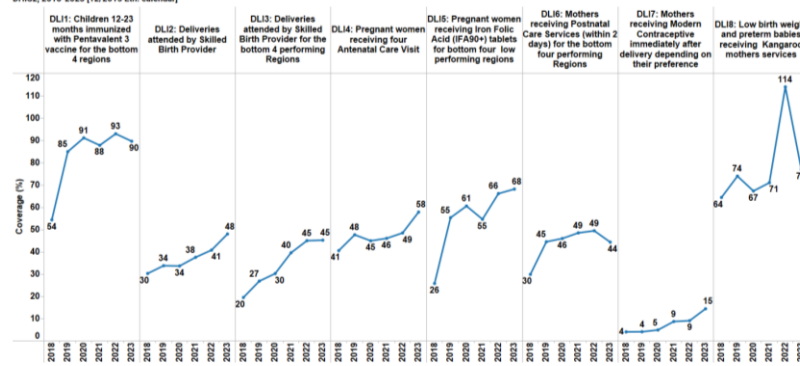


Rapid facility surveys capture new and ongoing supply-side challenges, guiding health system response and resource allocation.

Monitoring results prioritized in WB/GFF co-financed projects

Project Disbursement Linked Indicators

DHS2, 2018-2023 (12/2015 Eth. calendar)



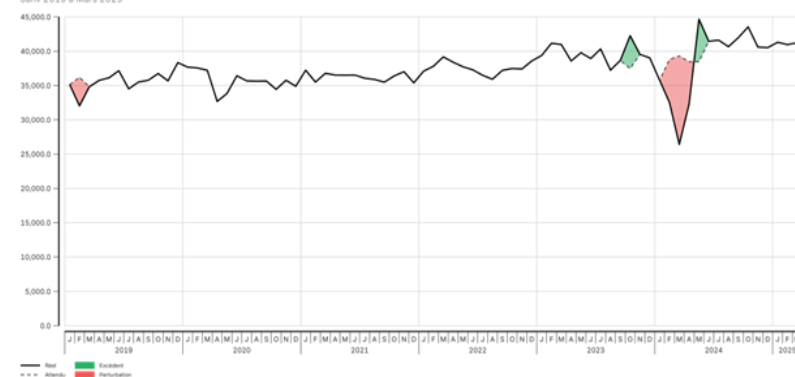
*Excluding conflict-affected Woredas, adjusted for completeness and outliers

FASTR analyses in Ethiopia applied to monitor World Bank/GFF project Disbursement Linked Indicators (DLIs), tracking trends in key maternal and child health results. The approach helped identify performance patterns and provided a foundation for data-informed dialogue around progress and priorities.

Resiliency monitoring in a polycrisis era

Perturbations et excédents du volume de service, au niveau national

Janv 2019 à Mars 2025



Ce graphique illustre les variations au niveau du volume de services, par rapport aux tendances historiques, en tenant compte de la saisonnalité. Ces signaux doivent être triangulés avec d'autres données et connaissances contextuelles, pour déterminer s'il s'agit d'une qualité de données inadéquates. Les variations importantes de volume sont attendues en comparant le volume observé au volume attendu, selon les tendances historiques et la saisonnalité. Les variations importantes dans les données historiques sont attendues. Cette analyse repose sur une décomposition de séries chronologiques interrompues avec effets fixes au niveau des établissements.

Guinea has applied FASTR analytics since the COVID-19 era to track RMNCAH+N service trends, helping quantify the impact of recurring health system challenges such as vaccine stockouts and ensuring resiliency and recovery.

3. Timely prioritization and adaptation



How to use the envelope of resources available to maximize impact for women, children and adolescents? What are near term decision-making needs within the already approved budget, and what are the decision-making needs for the next budget cycle?

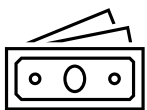


What shifts and adaptations are needed in programs and systems? What are the opportunities to build self-reliance and transform systems to make them work better?



Systematic consideration of:

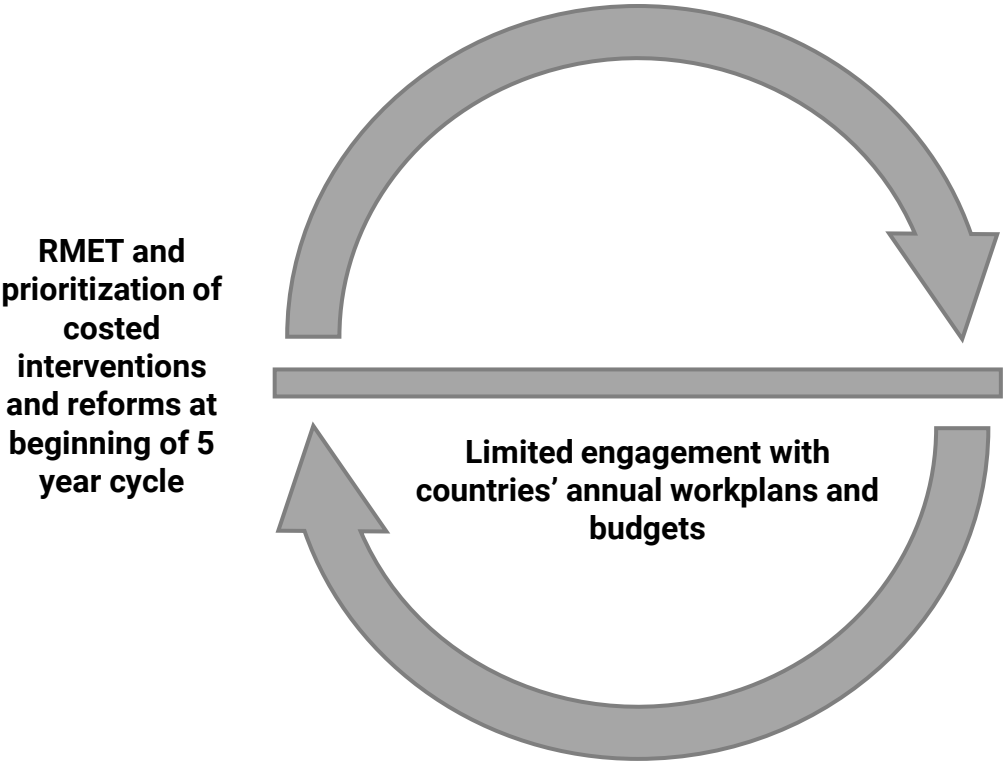
- Different time horizons for different types of decisions that need to be made
- Sequencing of reforms
- Value for money & efficiency
- Sustainability
- Integration and client-responsiveness
- National and sub-national levels
- Gender and equity
- Strengthening alignment of partners behind country-led priorities



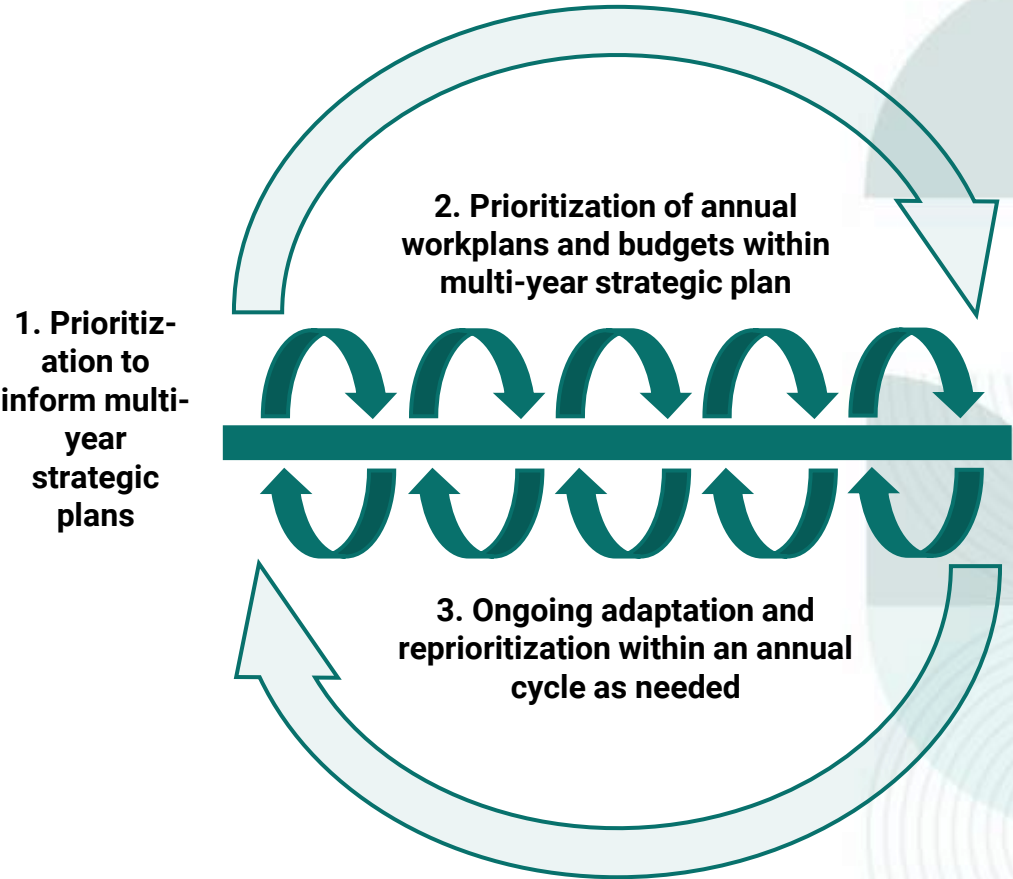
Evidence-informed advocacy for more on-budget resources for health, from domestic resources, IDA and other sources

The GFF is completing a transformative shift from a once-in-five-years Investment Case approach to a much more timely and dynamic approach linked to annual workplans and budgets

Original GFF approach

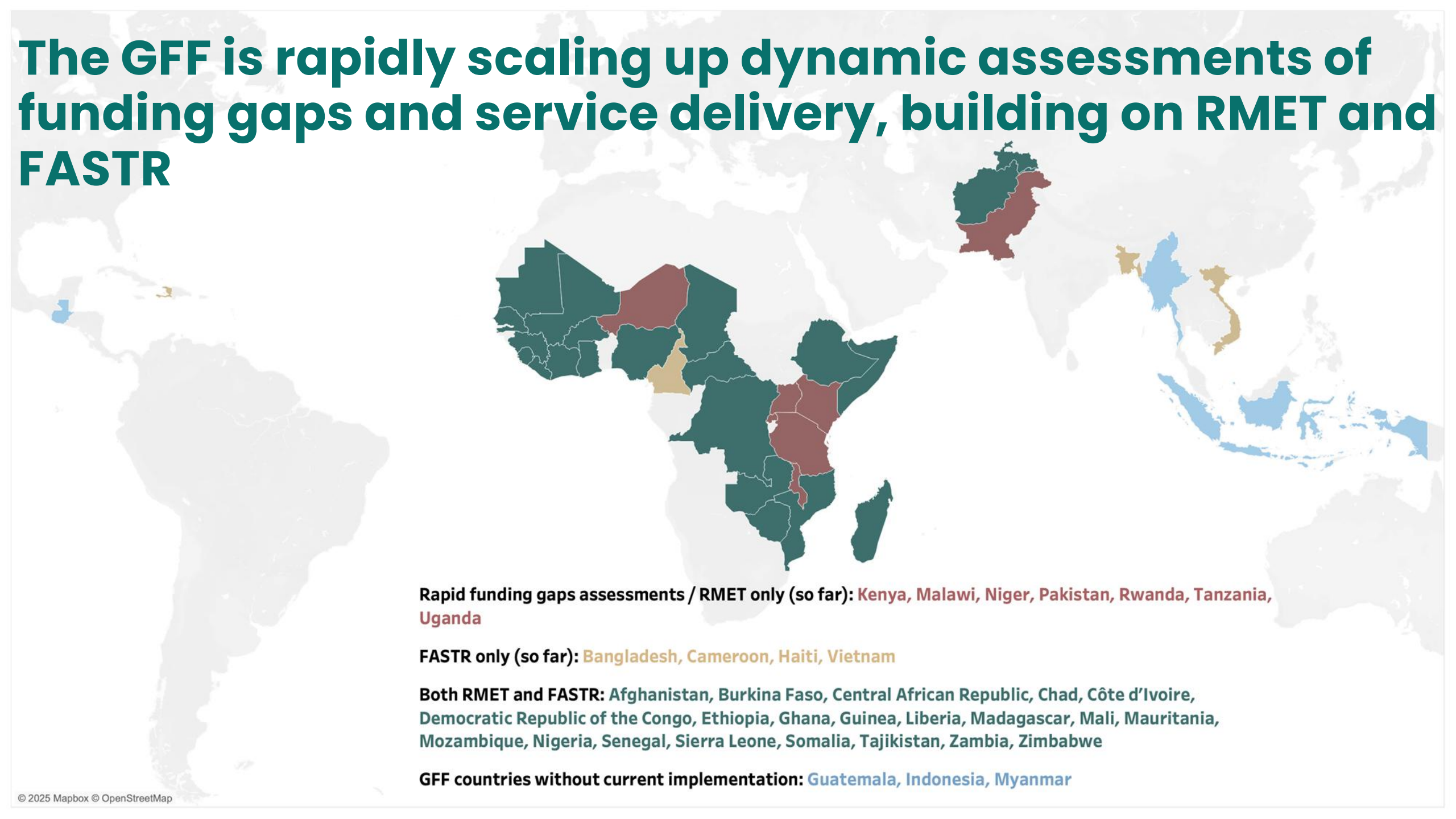


New approach



Informed by much more dynamic and proactive use of data on resource availability, service delivery and systems bottlenecks

The GFF is rapidly scaling up dynamic assessments of funding gaps and service delivery, building on RMET and FASTR



A world map with countries colored based on their implementation status with the Global Financing Facility (GFF). Dark green indicates countries where both RMET and FASTR are implemented. Red indicates countries where only RMET is implemented. Orange indicates countries where only FASTR is implemented. Blue indicates countries where neither is currently implemented. The map shows a high concentration of dark green and red countries in sub-Saharan Africa, with some orange countries in Southeast Asia and Latin America, and blue countries in East Asia and the Pacific.

Rapid funding gaps assessments / RMET only (so far): **Kenya, Malawi, Niger, Pakistan, Rwanda, Tanzania, Uganda**

FASTR only (so far): **Bangladesh, Cameroon, Haiti, Vietnam**

Both RMET and FASTR: **Afghanistan, Burkina Faso, Central African Republic, Chad, Côte d'Ivoire, Democratic Republic of the Congo, Ethiopia, Ghana, Guinea, Liberia, Madagascar, Mali, Mauritania, Mozambique, Nigeria, Senegal, Sierra Leone, Somalia, Tajikistan, Zambia, Zimbabwe**

GFF countries without current implementation: **Guatemala, Indonesia, Myanmar**

Cross-cutting findings and key take-aways from assessments and analyses conducted to date

LICs and LMICs face significant macro-fiscal and health financing challenges

Macro fiscal challenges*

1. Economic growth in Sub-Saharan Africa is being challenged by **worsening global geo-political environment**. IMF downgraded its initial growth forecast for the region from **4.2 to 3.8 percent** due to global shocks, trade tensions, and climate disruptions.
2. **Mounting fiscal pressure**: A combination of **declining donor assistance and rising debt service payments** is severely constraining government budgets and threatens essential investments in social sectors such as health and education.
3. **Low and declining budget execution rates** of the health budget further exacerbate the problem of scarce resources.

Data source:

* IMF World Economic Outlook – Sub Saharan Africa region, April 2025

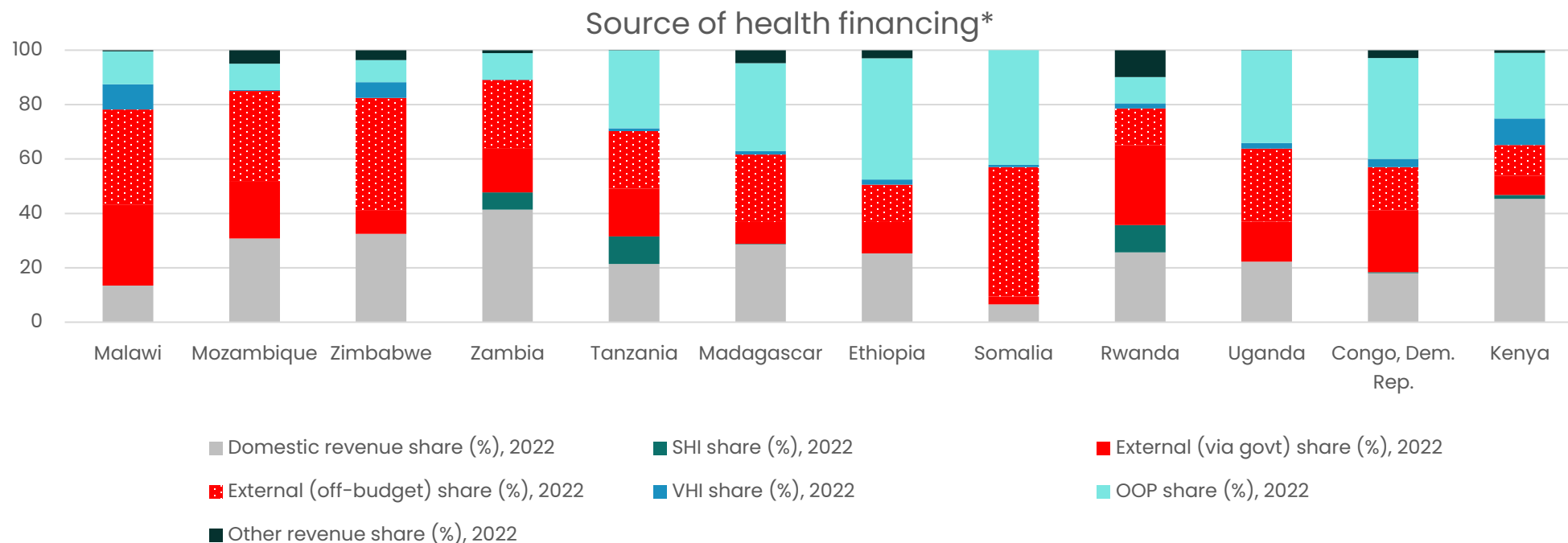
***: World Bank – Forthcoming WB report - *A Tougher road ahead – prospects for Government Health Financing Amidst Declining Aid*. 2025

World Bank Health Budgets' Repository for government health expenditure from **2018 to 2024** for LICs and LMICs

Health financing challenges**

1. Government and donor spending on health in all LICs and nearly three-quarters LMICs **remains inadequate** to match the 2030 UHC ambition towards the start of the SDG period.
2. **UHC is a long journey**. No additional LMIC, and no LIC is **expected to get there** without an increase in priority for health.
3. The **sharp decline in DAH** will further reduce the resources available to countries to achieve UHC. **In LICs, the UHC financing gap will widen** as sharp DAH cuts offset the marginal increase from government spending.
4. **Highly aid dependent countries have a window of opportunity to define their domestic priorities** for health, and to efficiently deliver them through an integrated system.
5. Maintaining gains **also requires more domestic funding** for health in most countries. **3 in 10 countries already have fiscal conditions** to increase priority for health by 2030; others require a stronger overall fiscal effort.
6. Many countries are a long way from achieving UHC and may need to use the prioritization process to focus on an essential package of services that targets women, children and adolescents.

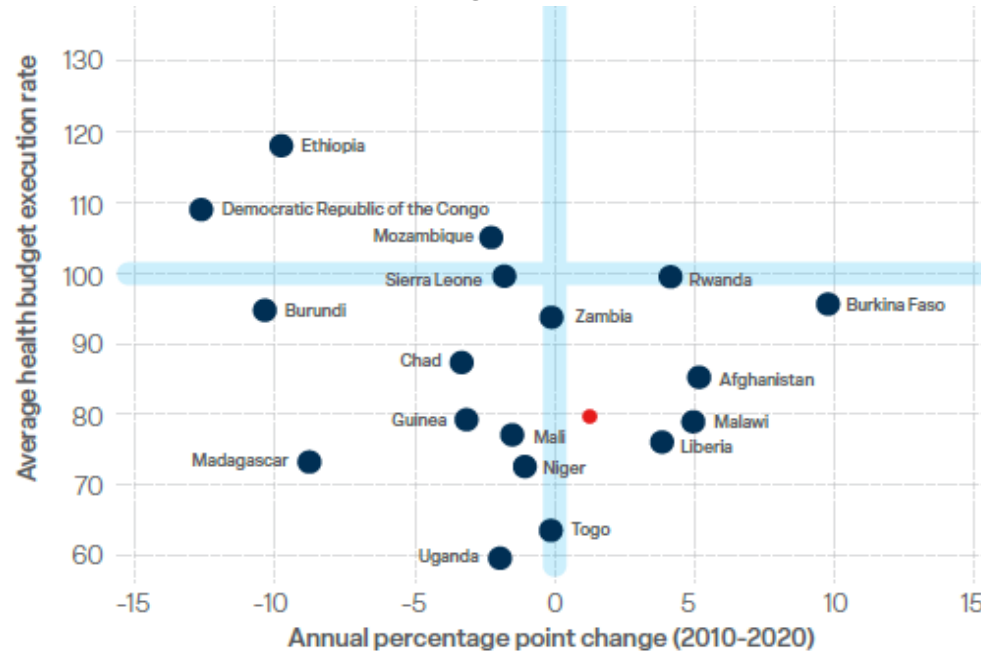
Significant reliance on funds from external sources, with a majority of DAH off-budget



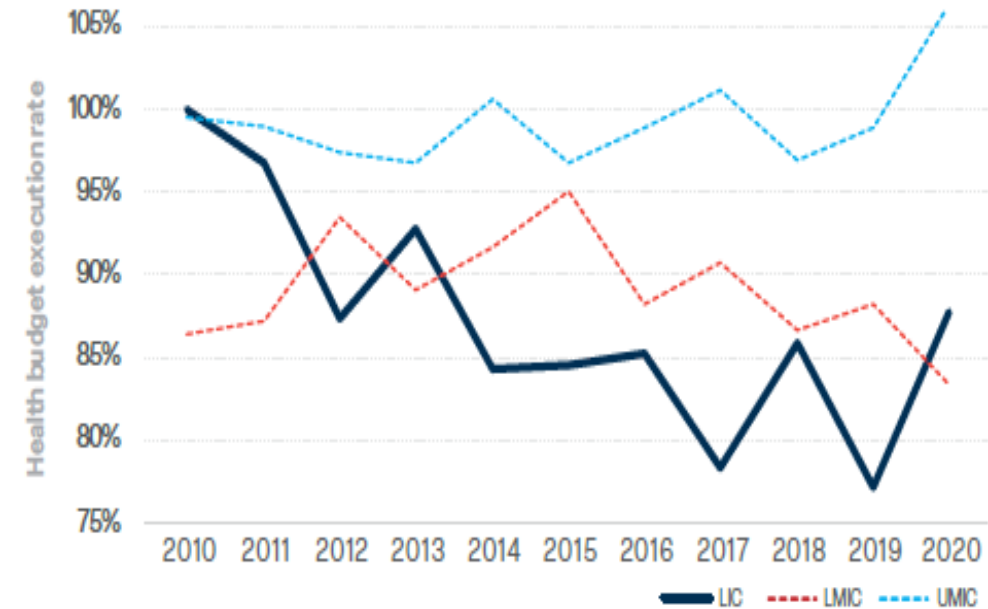
- Historically USG funding represented a significant portion of health budgets in most GFF partner countries. Understanding these levels is crucial for assessing the potential impacts of declining foreign assistance.
- Majority of DAH is off budget, making it difficult for government to have accurate visibility and therefore stewardship of these funds. Therefore, also difficult to assess impact.
- Domestic funds constitute less than 50% of the health resources in most countries
- Reducing DAH and other sources of financing for health could lead to increases in out of pocket expenditures and higher rates of foregone care

Many countries also have low execution of health budgets

In many low-income countries, budget execution rates are low and worsening over time



Declining health budget execution rates in LICs (mean by group from 2010-2020)

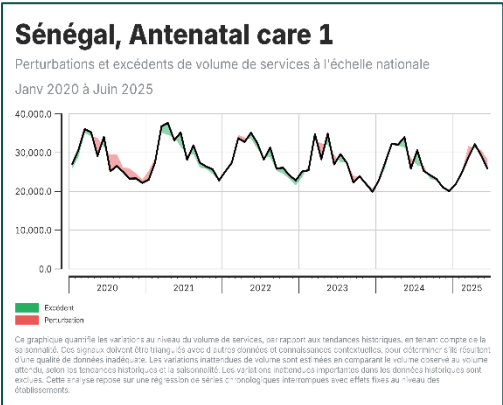
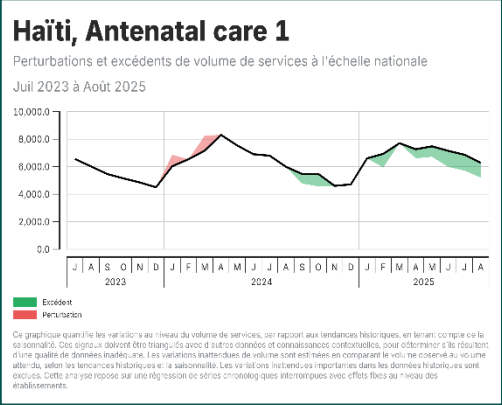
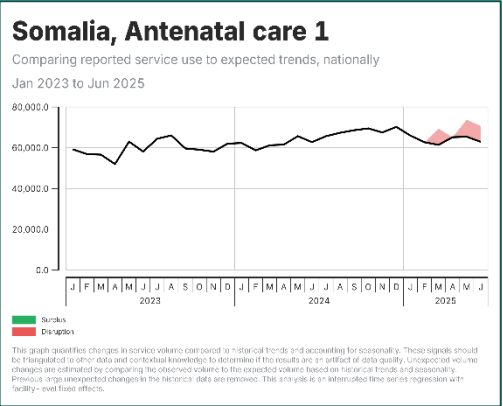
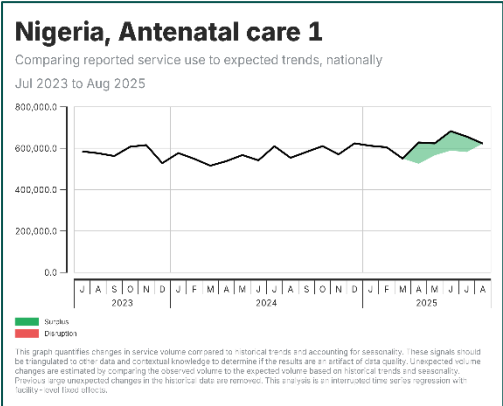
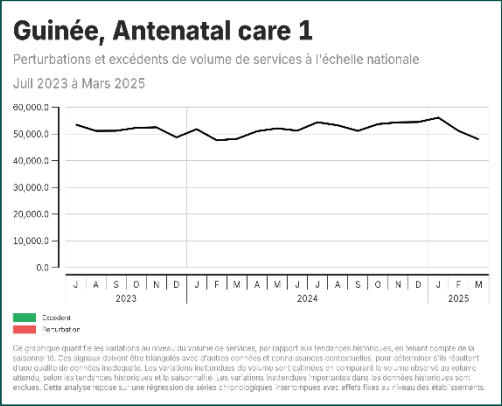
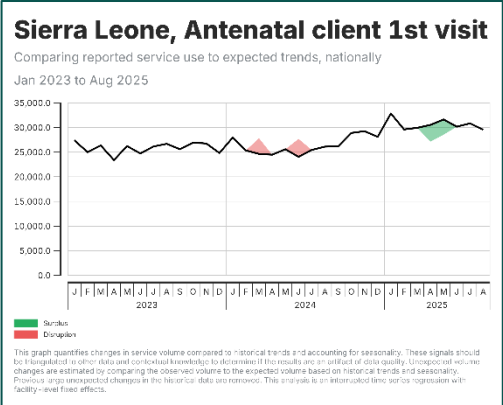
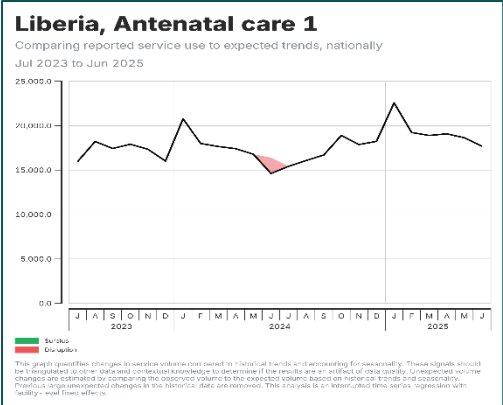
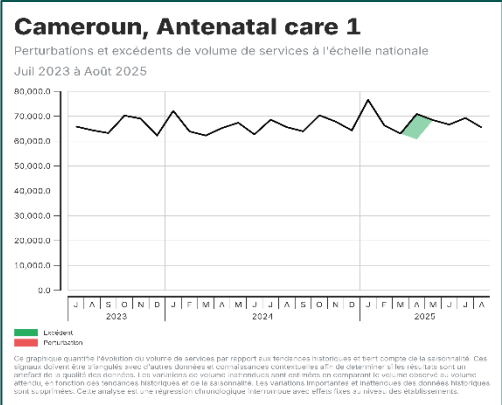


- LICs (most GFF countries), on average, have been challenged by both considerable **under-execution of their health budgets** and by a general **decline in execution rates over time**.
- On average, LIC budget execution rates **declined by 1.6 percentage points** annually between 2010 and 2020.
- On average, LMICs **underspent their health budgets by 13 percent**, representing an average **loss of about \$4 per capita annually** – missed opportunity to achieve key health outcomes
- Health budget execution rates were lower and had greater variability compared to other social sectors such as education

RMET and funding landscape assessment highlights

- Every RMET and rapid funding gap assessment completed since Q1 2025 shows substantial declines in total funding for health, including for RMNCAH-N programs. The situation is highly dynamic, with more cuts expected over time, reinforcing the importance of having a regular process in place to track changes as they occur.
- A straight line cannot be drawn between DAH and resources needed for service delivery, given that much of the DAH that has been cut was for off-budget technical assistance or donor-specific implementation, management and oversight arrangements. Also, some donors pre-positioned commodities or frontloaded resources, meaning the effect may be lagged.
- There is need for further unpacking resource needs for efficient delivery of high quality services through country systems, as countries continue to adapt and reprioritize in light of the shifting financing landscape.

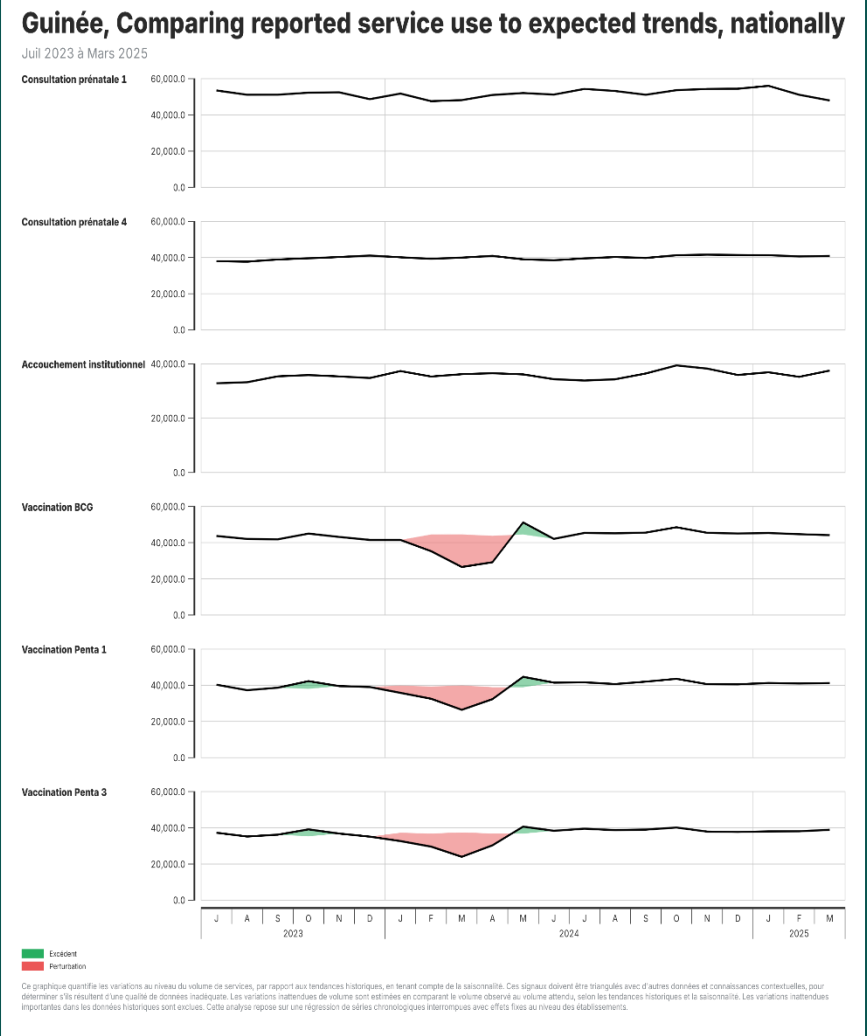
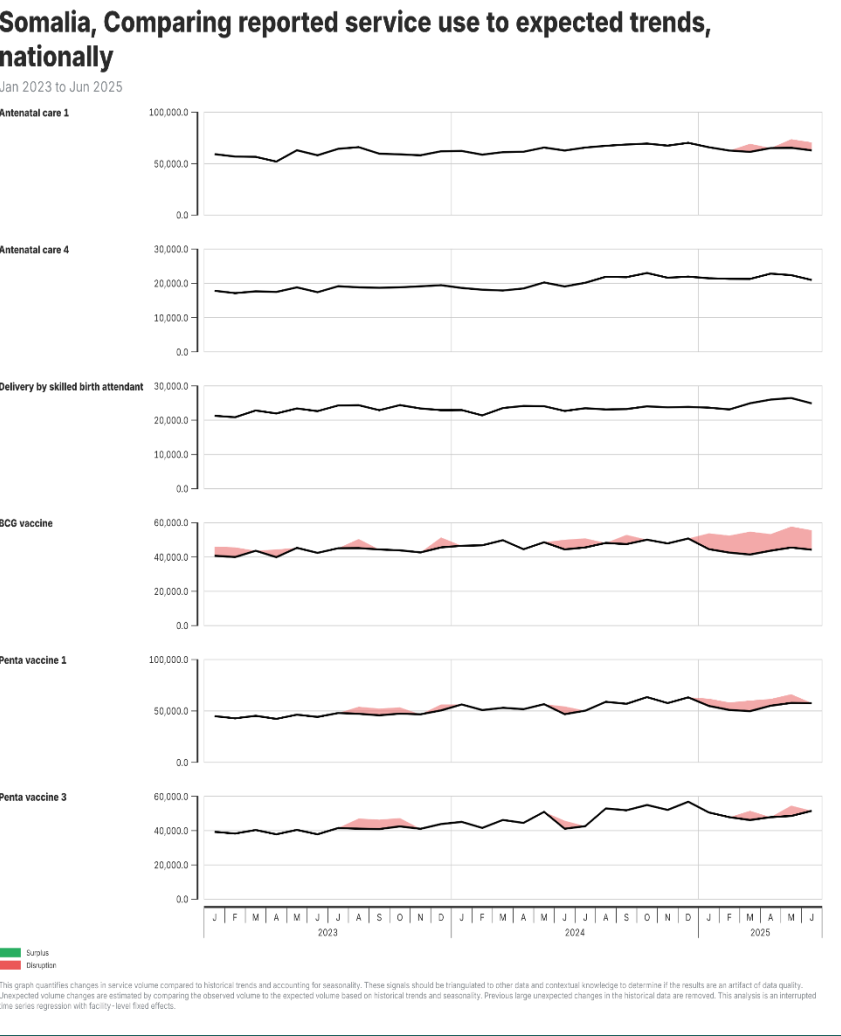
Service volumes remain largely steady thus far in 2025: example of number of clients attending a first ANC visit



- Minimal disruptions observed in ANC1 utilization across countries thus far in 2025 — service use has remained broadly steady through mid-2025.
- This stability may reflect temporary continuity in funding and staffing, including cases where partners disbursed remaining resources early.
- The simple measure of ANC1 utilization is less commodity dependent; it's possible that ANC uptake is stable, but quality has declined. Ongoing FASTR health facility surveys and quality-of-care monitoring conducted through WB/GFF projects are helping to assess whether essential commodities and other elements of service readiness are in place.
- Context matters — understanding how financing, workforce, and quality constraints interact is key.

Not all services within a country follow the same trend in utilization — some show temporary dips or surges while others stay steady

Examples from two countries



- Patterns differ across services and over time.
- For example, in Somalia several RMNCAH-N services remained relatively stable while others showed sharp changes. Observed drops are due to supply chain breakdowns, medicine shortages and staff constraints, compounded by droughts, displacement and insecurity.
- In Guinea, variation across indicators in 2024 highlights how some programs experienced disruptions while others remained steady. These declines reflect supply chain challenges and temporary shortages of vaccines at service delivery points.
- Shortfalls observed so far have reflected systemic challenges and context-specific developments (e.g., stockouts, human resources for health, service delivery challenges) rather than DAH cuts per se

Recent phone surveys reveal increased service delivery challenges in primary health care facilities

Health Facilities Reporting Unusual or Increased Service Delivery Challenges (Past 3 Months)



- Since February, **about two thirds to three fourths of surveyed facilities** across four countries have reported facing unusual or heightened challenges in service delivery.
- **Core health system inputs** were consistently the most affected. Facility managers reported shortages of qualified staff, medicine stockouts, inadequate infrastructure, and major transport barriers – with funding constraints cited as a root cause.
- **Context-specific challenges** were also identified, including conflict in Mali, remoteness and challenges with CHW remuneration and motivation in Madagascar, and reliance on unpaid volunteers in Guinea.

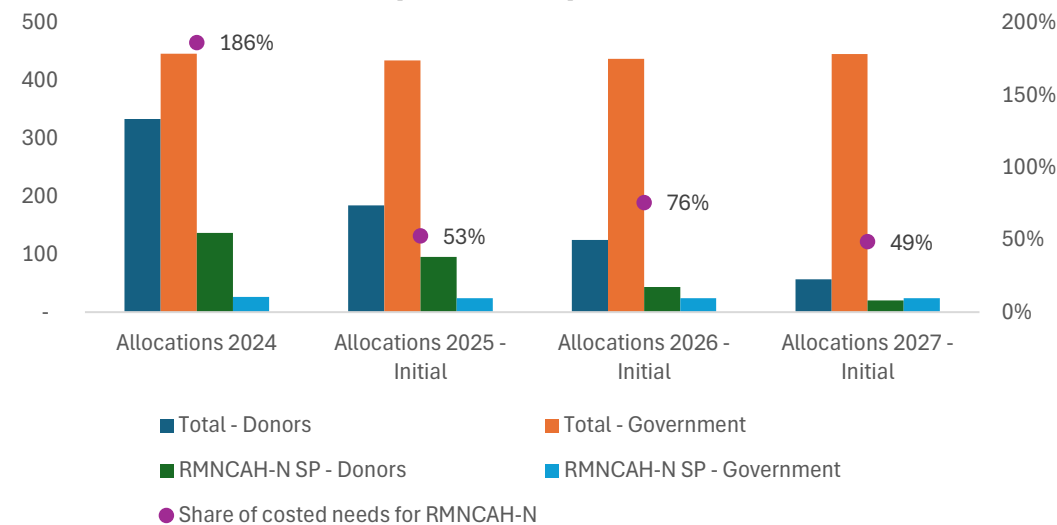
Madagascar: "Poor road conditions and lack of transport mean patients are carried on foot or by cart, and some die on the way to the health center." "Partners had promised to provide financial support to the community agents (ACs) every month, but the money never arrived".

Guinea: "The shortage of staff means that the workers present are overworked. The lack of electricity means we cannot fully care for patients. There is a lack of medicines."

Country specific example 1: Senegal

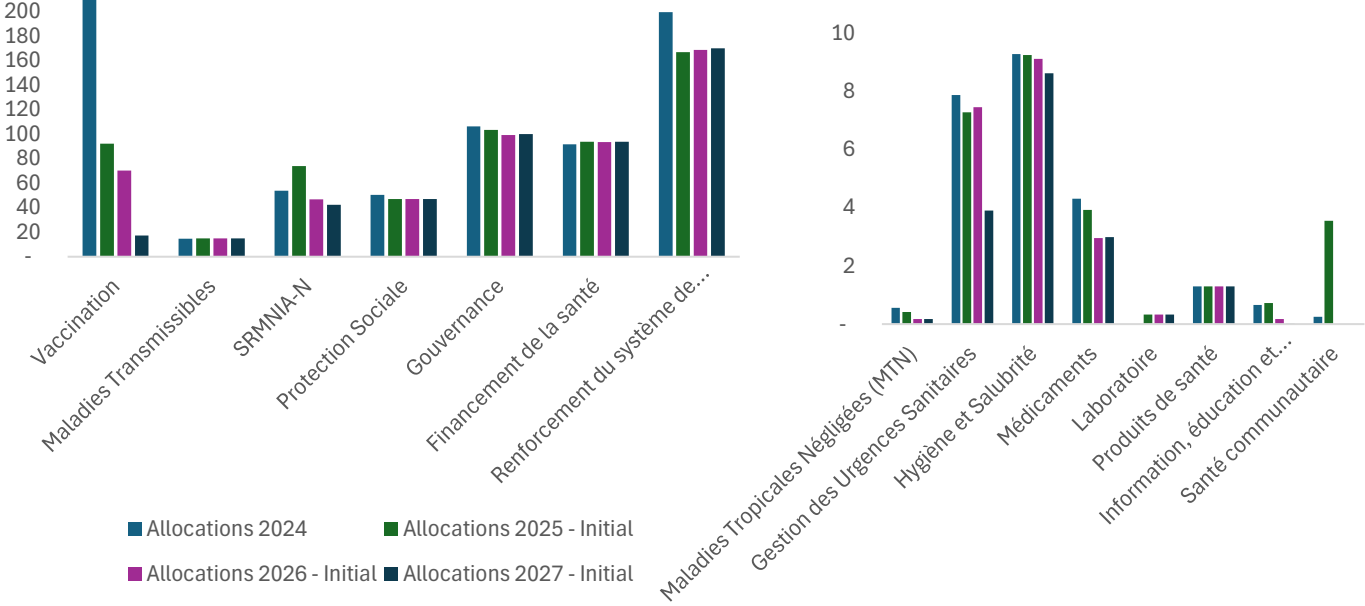
Senegal: funding gaps

Allocations (US\$ Million)

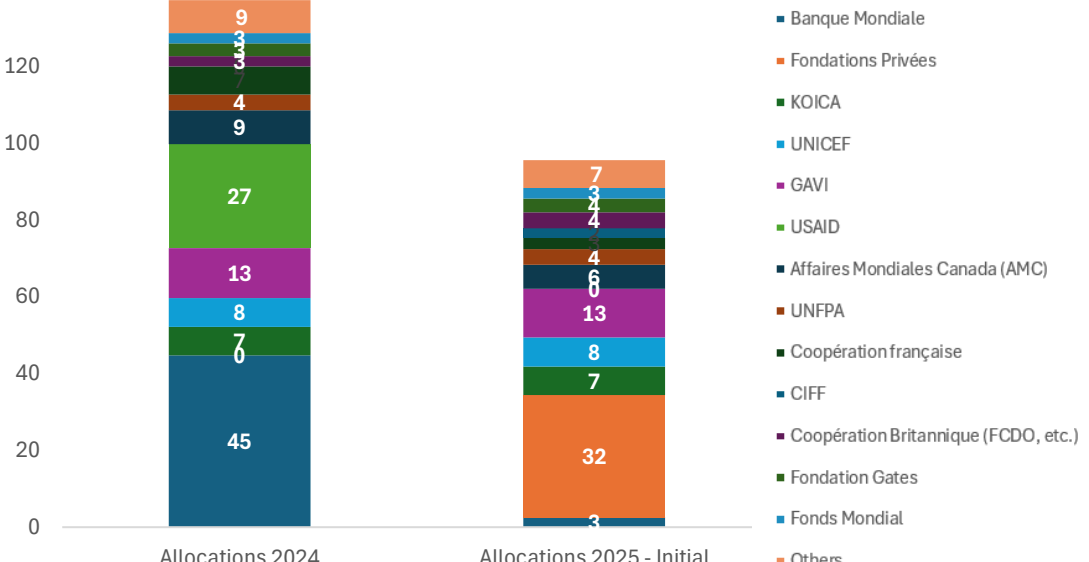


- Sharp decline in donor allocations for the National Health Strategy so far for 2025-2027 compared to 2024, while government funding is relatively stable.
 - Almost all program areas have decreasing allocations post-2024, including RMNCAH-N
- Resources (Government and donors) initially available for 2025 only represent 53% of costed needs for RMNCAH-N.
- Resources (Government and donors) initially available for 2025 only represent 53% of costed needs for RMNCAH-N.
- USAID was the second largest contributor to RMNCAH-N in 2024 (\$27 million), which is likely to have important implications for RMNCAH-N outcomes going forward – a process is underway to better understand where the resources were being spent

Donor+Gov. allocations by program area (US\$ Million)



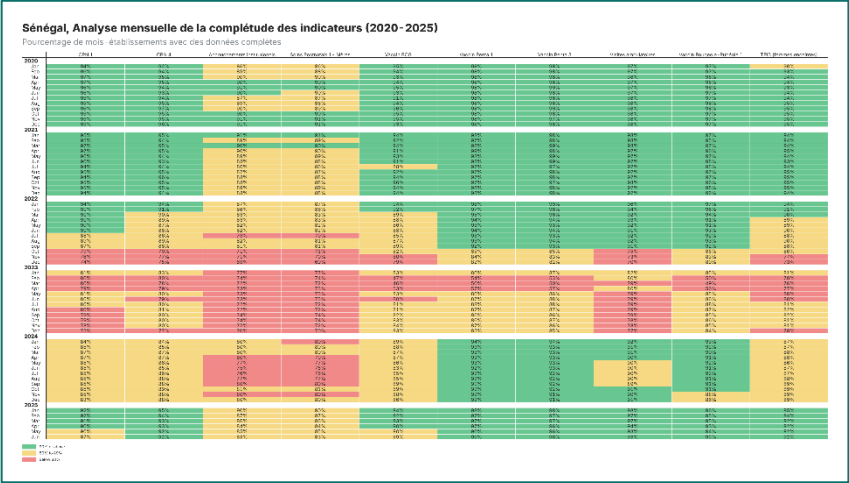
RMNCAH-N allocations by donor (US\$ Million)



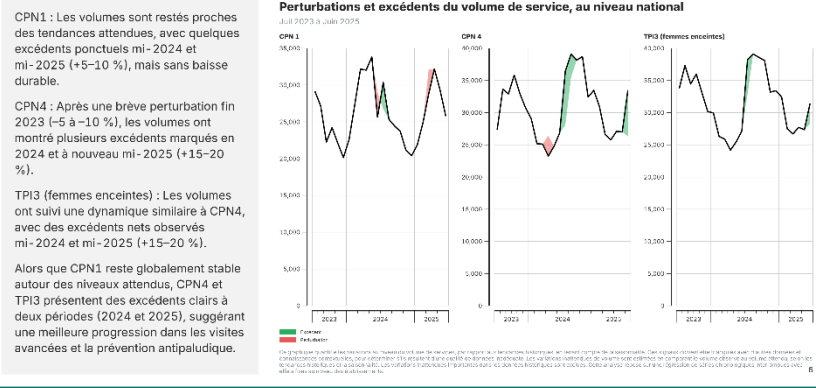
Senegal: service delivery analysis

Even with data gaps from a health worker strike, adjusted HMIS data can show important service use patterns.

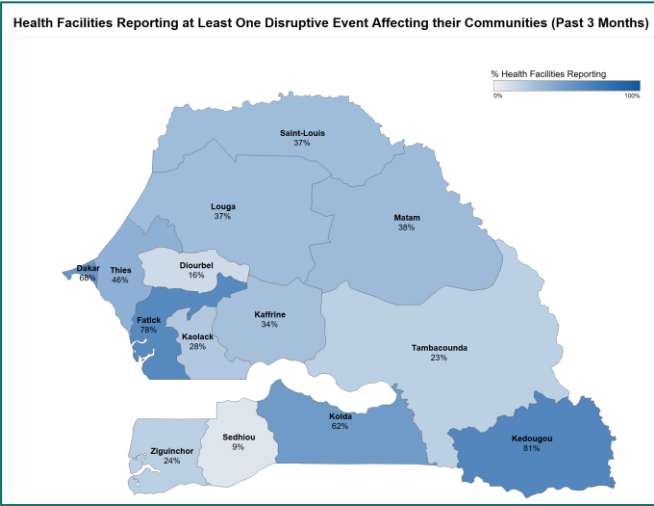
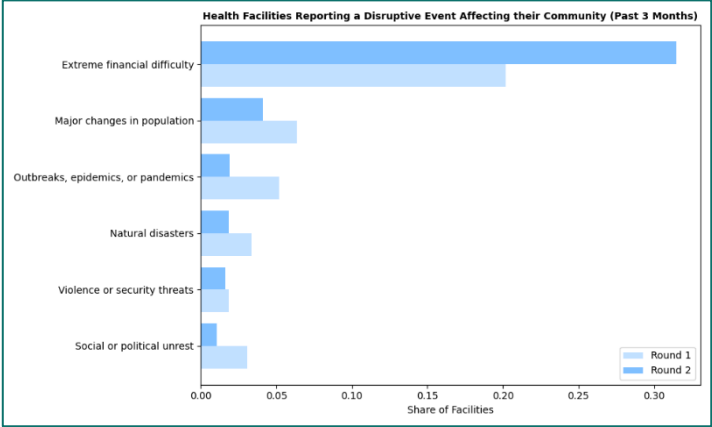
- A prolonged health worker strike in Senegal led to months of incomplete reporting in 2023–2024.
- Using adjustment methods that account for reporting completeness, HMIS data can still provide insights into current service use trends.
- For example, despite variable completeness, ANC indicators show that service volumes largely returned to expected levels after the strike, with signs of recovery and catch-up through 2024–2025.
- These results highlight how disruptions analysis methods help make imperfect routine data actionable for understanding today's service delivery landscape.



Perturbations des CPN1, tandis que les CPN4 et le TPI3 affichent des excédents marqués en 2024 et 2025



Localized shocks—especially financial strain—continue to affect health service delivery across Senegal, with notable regional disparities.



"The lack of financial resources negatively impacts our ability to purchase medical equipment and recruit qualified personnel" "The lack of medication reduces our revenue, such that we cannot pay for staff. The population visits the facility less often due to the lack of medication."

- Facilities most often reported extreme financial difficulty as a major shock, while few cited epidemics, natural disasters, or insecurity.
- Over half of facilities in Dakar, Fatick, Kolda, and Kédougou experienced at least one disruptive event, underscoring significant subnational variation.
- Financial constraints limited the purchase of medicines and staff remuneration—often tied to drug sales—contributing to shortages, low motivation, and challenges in maintaining service delivery.

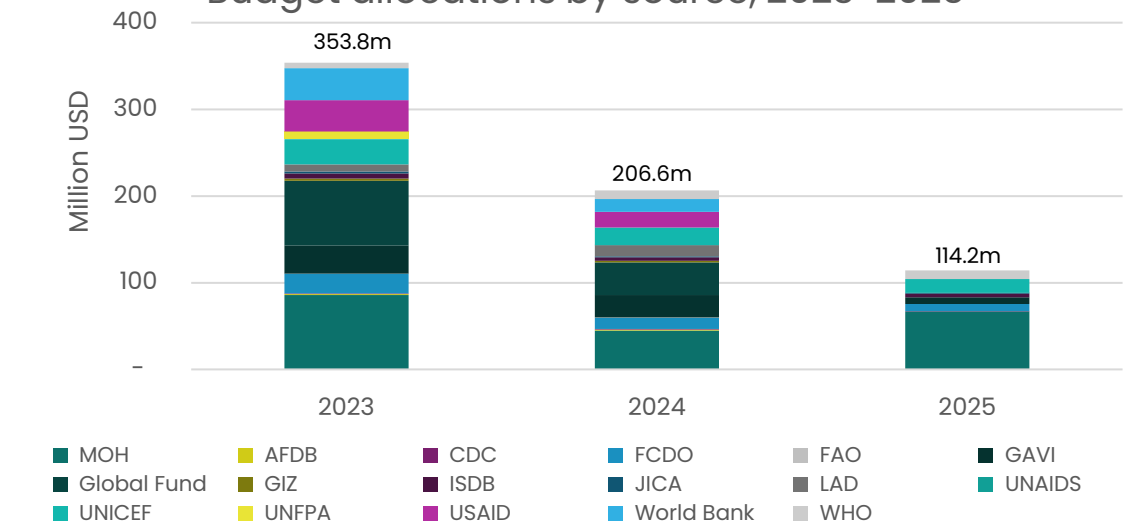
Senegal: use of data and evidence for decision-making

- MOH Senegal has established a committee to help understand funding cuts and their implications on service delivery, and to feed into various decision-making processes to safeguard and strengthen service delivery
- GFF is supporting this committee through the GFF Country Coordinator, and by supporting dynamic analyses of resource availability and service delivery, as summarized on the previous two slides
- The GFF has supported MOH to convene a workshop during the last week of October to make sense of the data, generate key insights useful to inform near-term decision-making and identify areas requiring deeper investigation
- In-depth interviews with MoH program directors and key informants were organized to gain insight on disruptions and orientation on prioritization. A workshop with MoH leadership will be organized on November 5 to review the outcomes of the analysis and feed into institutional decision-making processes for 2026 budget and subsequent one.
- A major focus will be supporting prioritization decisions by MOH as part of the annual budgeting process

Country specific example 2: Sierra Leone

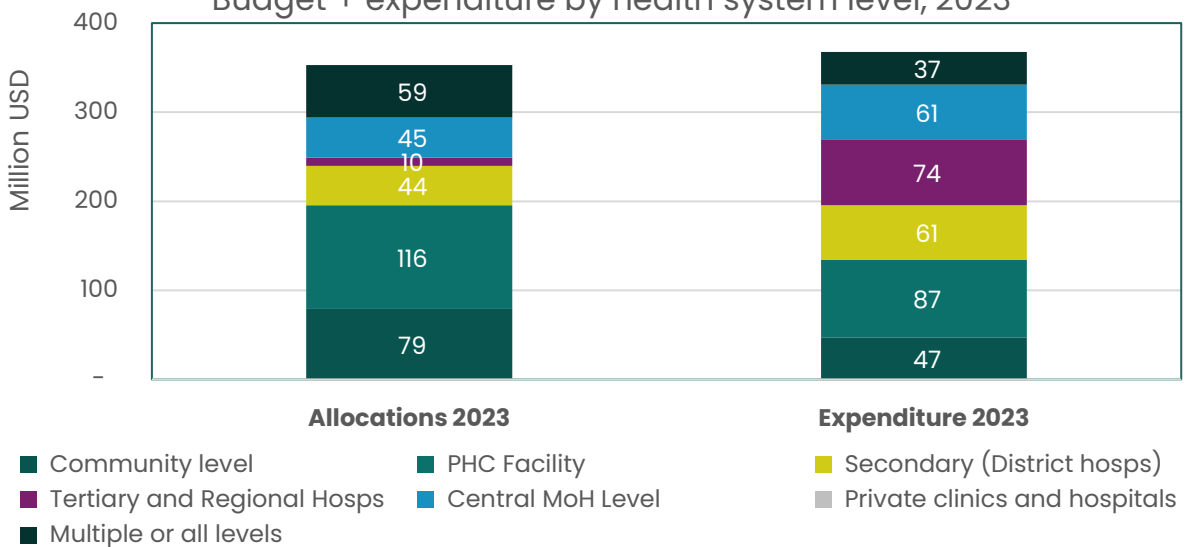
Sierra Leone: funding gaps

Budget allocations by source, 2023–2025

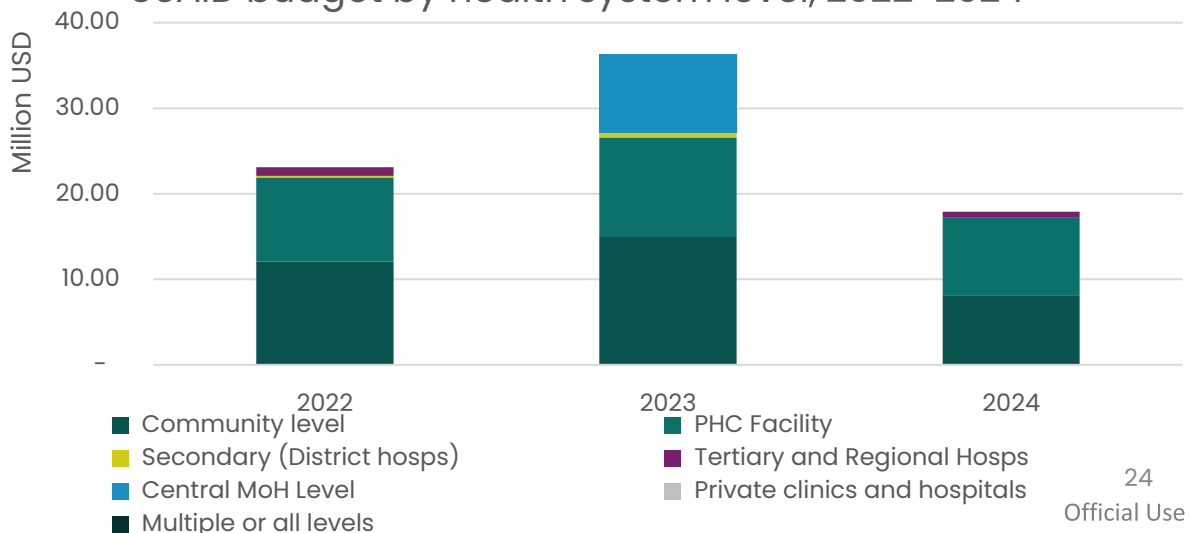


- Overall resources for health decreased by 41% from 2023 to 2024. USG sources constituted ~10% of total budget allocations in both 2023 & 2024. Preliminary data suggests <1% in 2025 (no USAID data is reflected). Updated data for 2025 is being collected and analyzed.
- Over half of all resources were allocated to PHC and community levels in 2023, however expenditure at these levels was low, while expenditure at central and hospital level far exceeded allocations
 - USAID budgets predominantly mapped to community and PHC levels for 2022–2024.
- Fiscal space analysis identified a high volume of peripheral facilities at PHC level which may further contribute to allocative inefficiencies; there may be opportunities to reprioritize a more efficient PHC system

Budget + expenditure by health system level, 2023



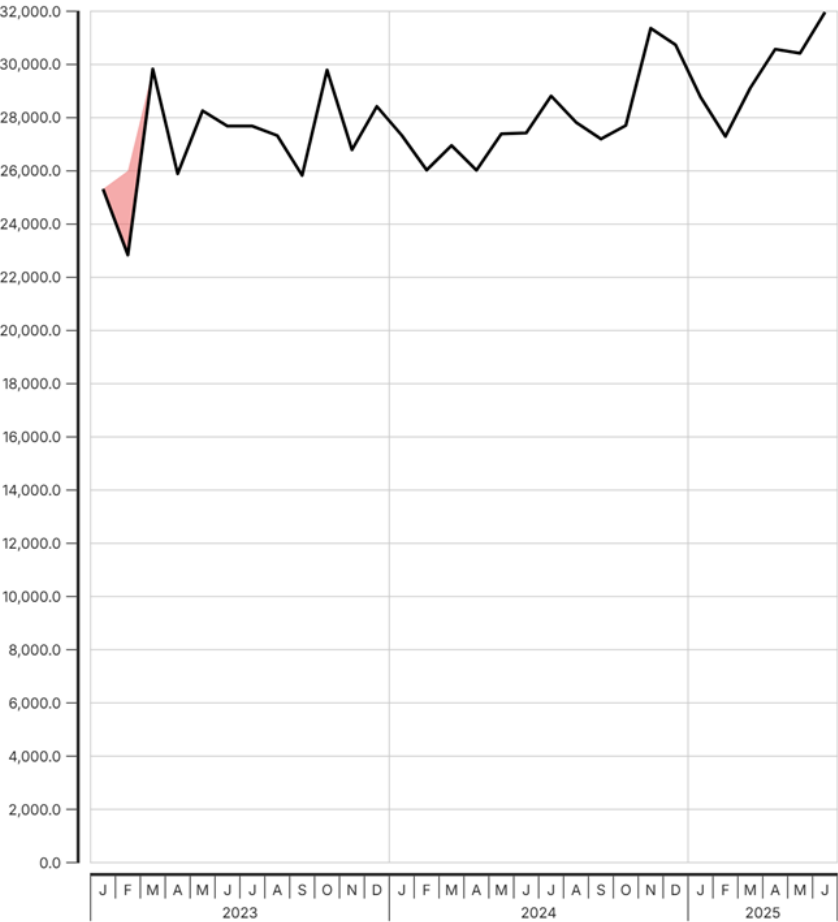
USAID budget by health system level, 2022–2024



Sierra Leone: National stability can mask important subnational differences in service delivery

Comparing reported service use to expected trends, nationally, Pentavalent 1st dose

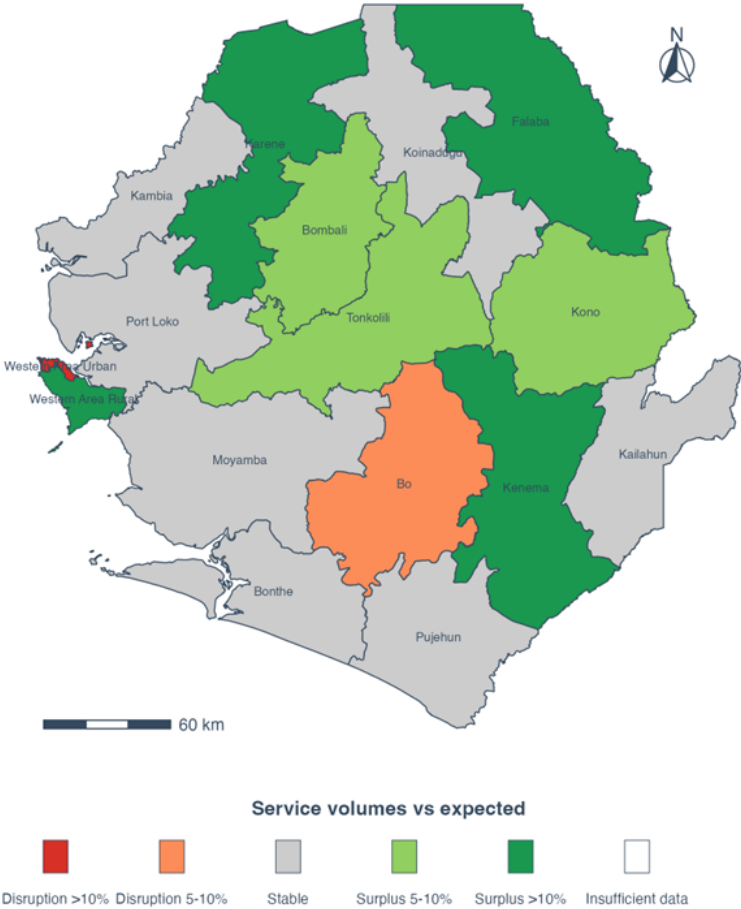
Jan 2023 to Jun 2025



This graph quantifies changes in service volume compared to historical trends and accounting for seasonality. These signals should be triangulated to other data and contextual knowledge to determine if the results are an artifact of data quality. Unexpected volume changes are estimated by comparing the observed volume to the expected volume based on historical trends and seasonality. Previous large unexpected changes in the historical data are removed. This analysis is an interrupted time series regression with facility-level fixed effects.

Pentavalent 1st dose

District-level service volumes in 2025



Districts categorized based on deviation from expected service volumes predicted by statistical model.

At the national level, Penta 1 service volumes appear consistent with expected trends, suggesting stable service delivery overall.

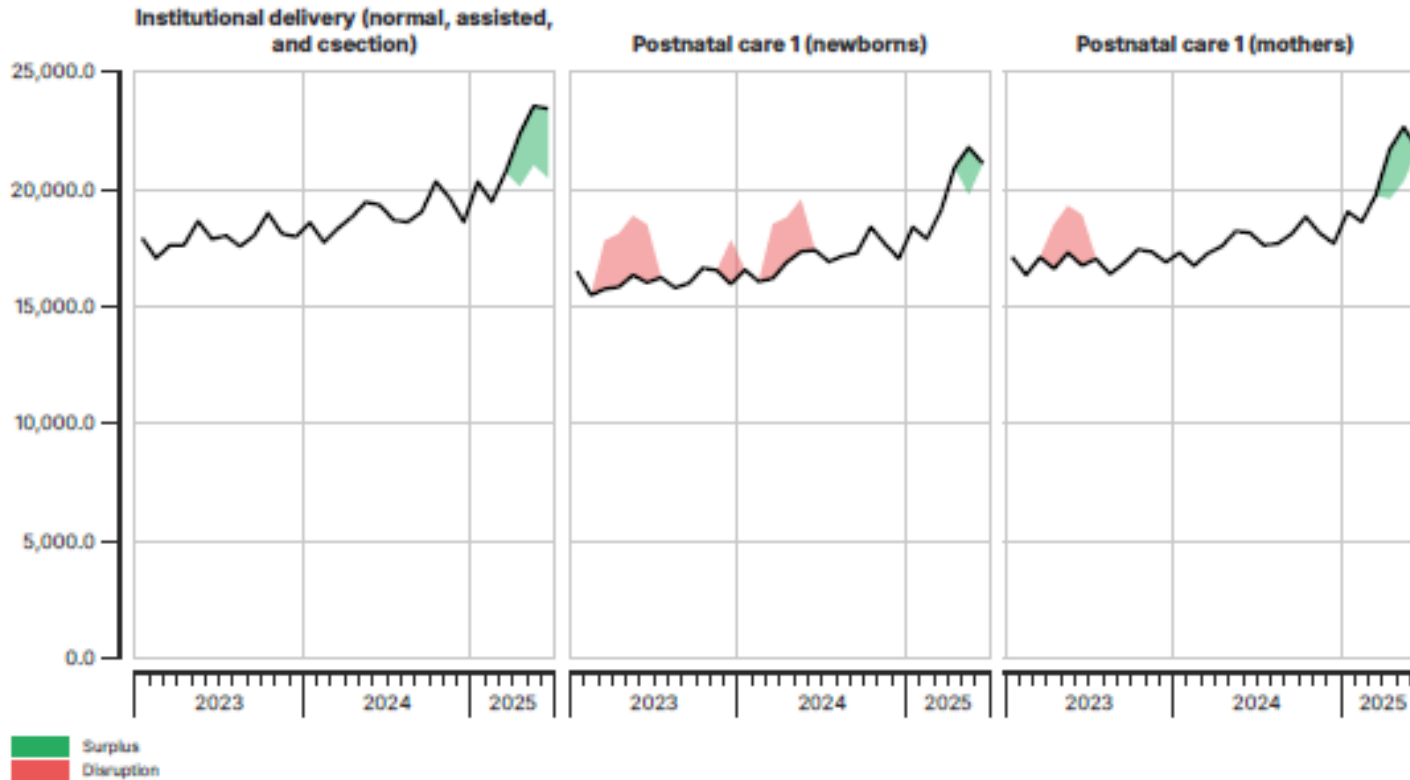
However, analysis at the district level reveals a more nuanced picture — some districts show temporary disruptions, others surpluses, and several remain near expected levels.

This example illustrates how using granular HMIS data helps uncover meaningful subnational variation that may be obscured in national averages, supporting more targeted interpretation and action.

Sierra Leone: While service volumes show increases in recent months, data indicate limitations in quality of care

Comparing reported service use to expected trends, nationally

Jan 2023 to Jun 2025



In 2025, deliveries rose steadily, reaching ~14% higher than indicated by previous trends. This shows **stronger uptake of institutional deliveries** — a key entry point for maternal–newborn care. **Newborn PNC visits rose to ~8% above expected** by June 2025 but are still lower than the number of deliveries, showing missed opportunities to provide timely PNC to babies born within health facilities.

In previously underserved areas prioritized by the WB/GFF co-financed project, important gains in institutional deliveries were achieved (90% coverage vs. a target of 75%).

However, evidence shows gaps in quality of care – for example, in many facilities, delivery rooms showed limitations in running water, reliable power, and functional equipment.

Sierra Leone is introducing timely and low cost health facility phone surveys with support from GFF to assess service readiness in a regular and timely basis.

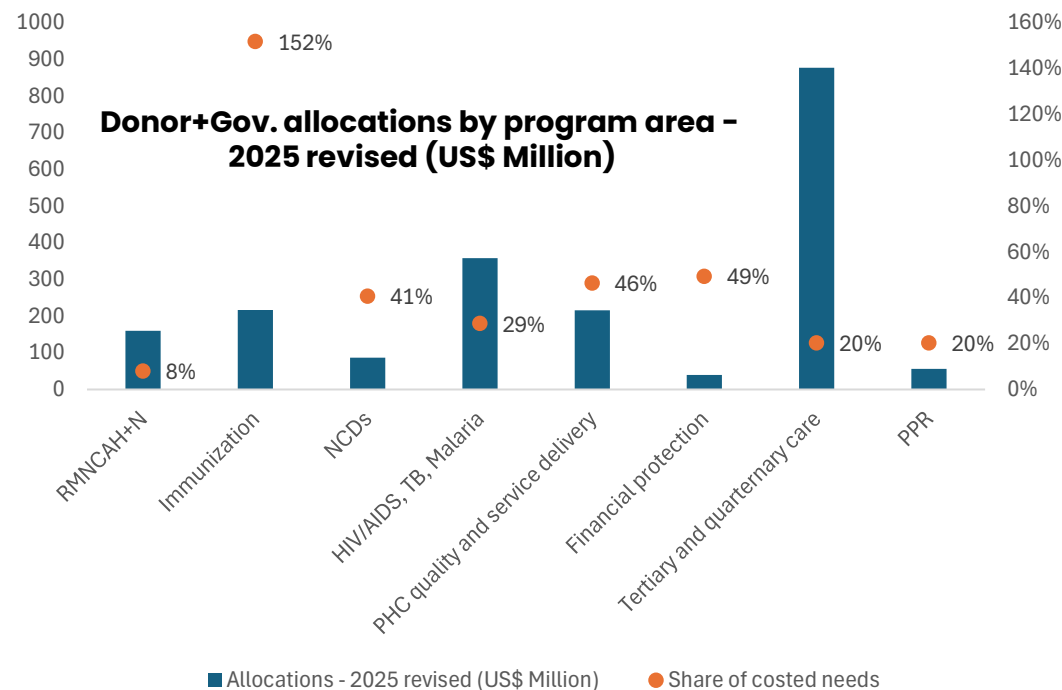
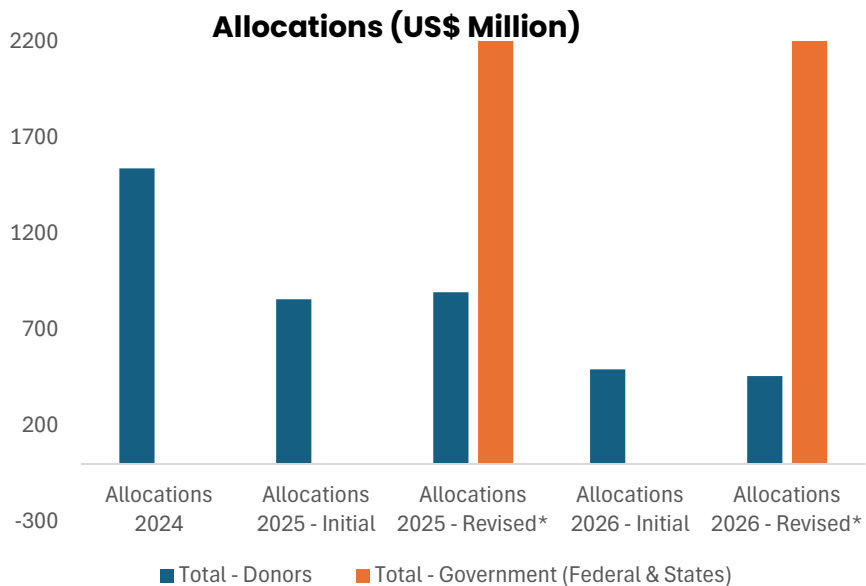
It is critical to monitor changes in quality of care, in addition to monitoring changes in the reach of services

Sierra Leone: use of data and evidence for decision-making

- MOHS Sierra Leone will be using the health resource and service delivery data to inform prioritization decisions
- A sense-making workshop is planned for late October in conjunction with an Implementation Support Mission to draw out key insights relevant for near term decision-making, and to identify areas for further investigation
- Data and evidence will also be used to help establish a new performance management system chaired by the Minister of Health and involving all 16 districts.
- Results from the fiscal space and funding gap analysis will also be used to help secure additional resources from MOF during supplemental budget planning, as well as other financiers
- A major focus will be supporting prioritization decisions by MOH as part of the annual budgeting process

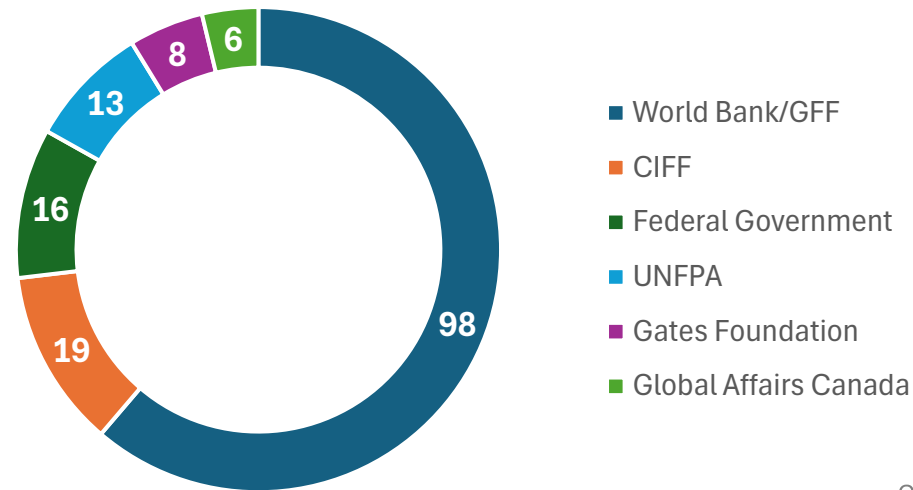
Country specific examples: Nigeria

Nigeria: funding gaps



- Sharp decline in donor allocations in 2025 and 2026 – both for initial and revised budgets, compared to 2024.
 - PEPFAR data (US\$ 361M in 2024) missing in 2025 and 2026
- Large increase in domestic resources: expected govt allocations for 2025, 2026 increased to ~US\$2.2bn
- Available resources (Government and donors) for 2025 only represent 8% of costed needs for RMNCAH-N, vs 152% for immunization.
 - Only 2.4% of costed needs for health data
- World Bank/GFF provided 61% of available resources for RMNCAH-N in 2025

RMNCAH-N allocations by funding entity – 2025 revised (US\$ Million)

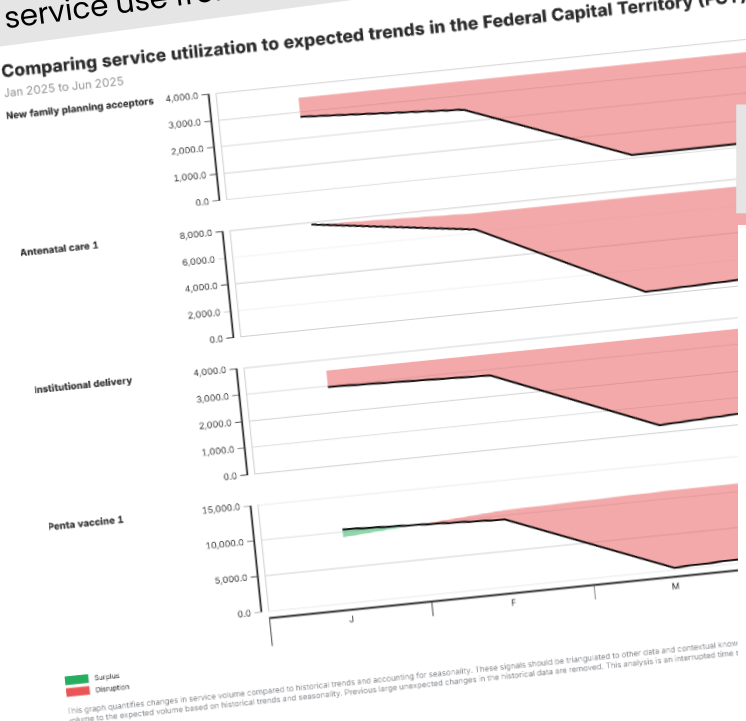


Nigeria: applying FASTR for resiliency monitoring in a polycrisis environment ...

FASTR's disruption analysis ensures timely identification of disruptions across the country – from quantifying the impact of a health worker strike in the Federal Capitol Territory, to pinpointing BCG declines in seven states, to tracking the increase in severe acute malnutrition admission during a cholera outbreak in Zamfara state – and facilitates quick follow-up.

Quantifying the impact of a health worker shock on family planning, ANC, delivery, and Pental service use from March – June 2025

Comparing service utilization to expected trends in the Federal Capital Territory (FCT)
Jan 2025 to Jun 2025



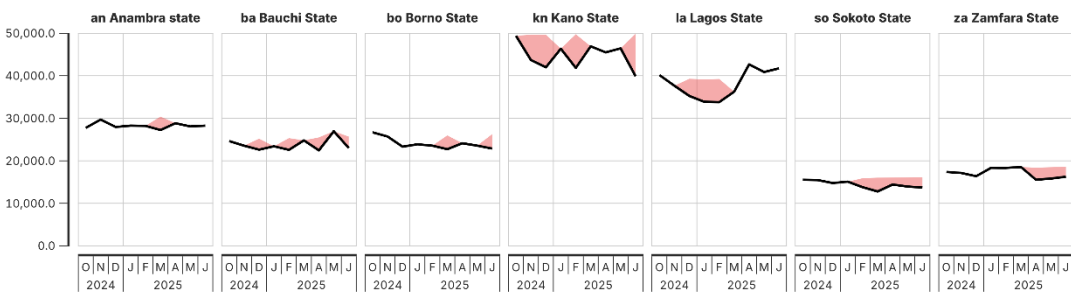
Ongoing monitoring of DHIS-2 data can identify issues for quick corrective action – like this example of unexplained drops in BCG uptake

Disruptions in BCG uptake were identified in seven states

Sections of red indicate the number of children who were expected to be immunized based on historical trends that were not reported to be immunized in each month since the last JAR period.

States that had disruptions in BCG uptake and have not shown signs of recovery

Oct 2024 to Jun 2025



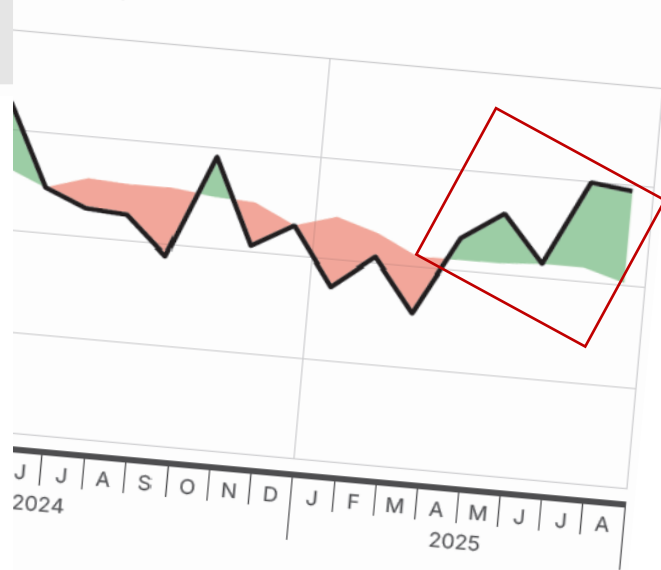
Surplus
Disruption

This graph quantifies changes in service volume compared to historical trends and accounting for seasonality. These signals should be triangulated to other data and contextual knowledge to determine if the results are an artifact of data quality. Unexpected volume changes are estimated by comparing the observed volume to the expected volume based on historical trends and seasonality. Previous large unexpected changes in the historical data are removed. This analysis is an interrupted time series regression with facility-level fixed effects.

Monitoring severe acute malnutrition admissions in response to cholera outbreaks and worsening food insecurity in the North

Deviations from expected trends: children under 5 admitted for SAM

Jan 2024 to Aug 2025



... and course correction of large-scale federal reforms supported by WB/GFF co-financing

Nigeria's Federal Ministry of Health has adopted FASTR as a key tool for federal and state level performance management of the primary health care system.

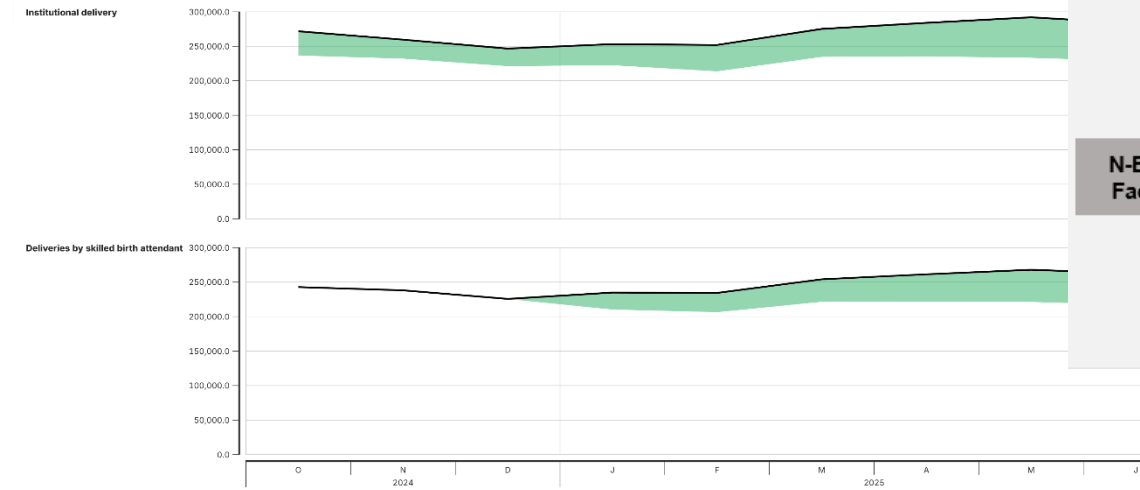
Quarterly RMNCAH+N performance monitoring assessments are tracking maternal health service uptake under the Nigeria Health Sector Renewal Initiative (NHSRII), the key policy commitment for the health sector

There was a gradual increase across the country in the number of women coming for ANC1 and ANC

Comparing Q2 ANC health service use to expected trends over time at federal level
Jan 2025 to Jun 2025

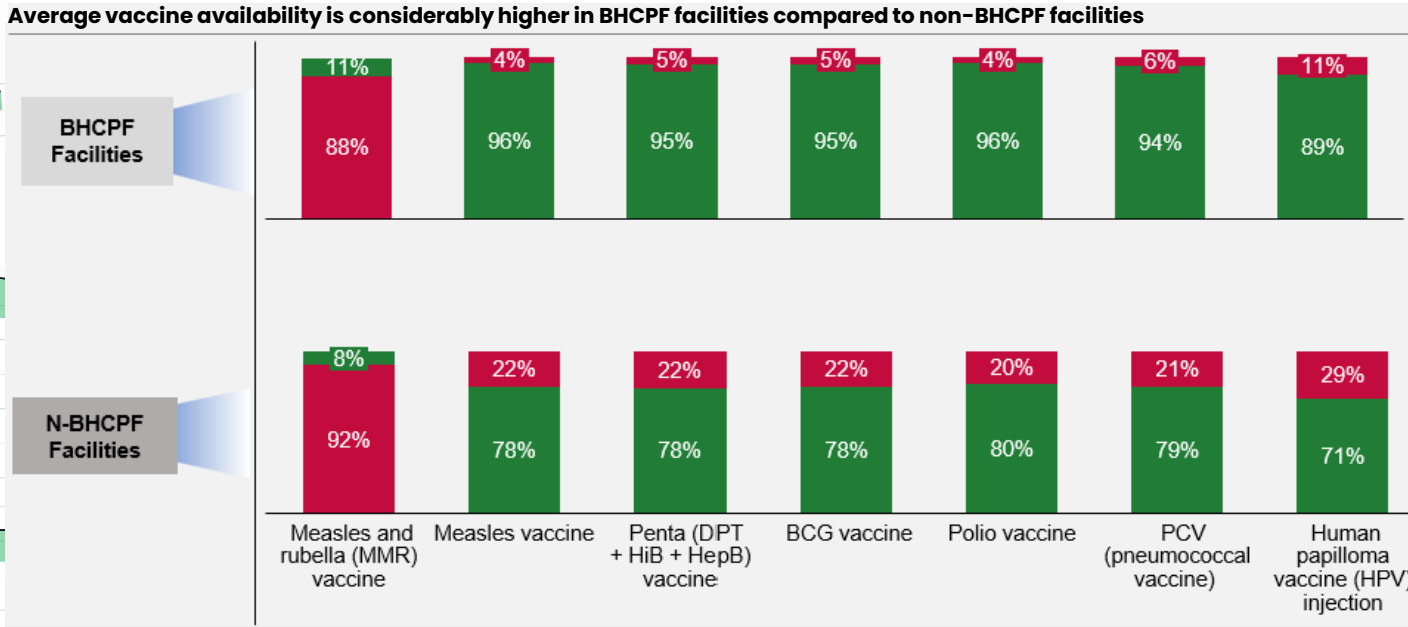
Similar increases in deliveries were identified

Comparing Q2 ANC health service use to expected trends over time at federal level
Oct 2024 to Jun 2025

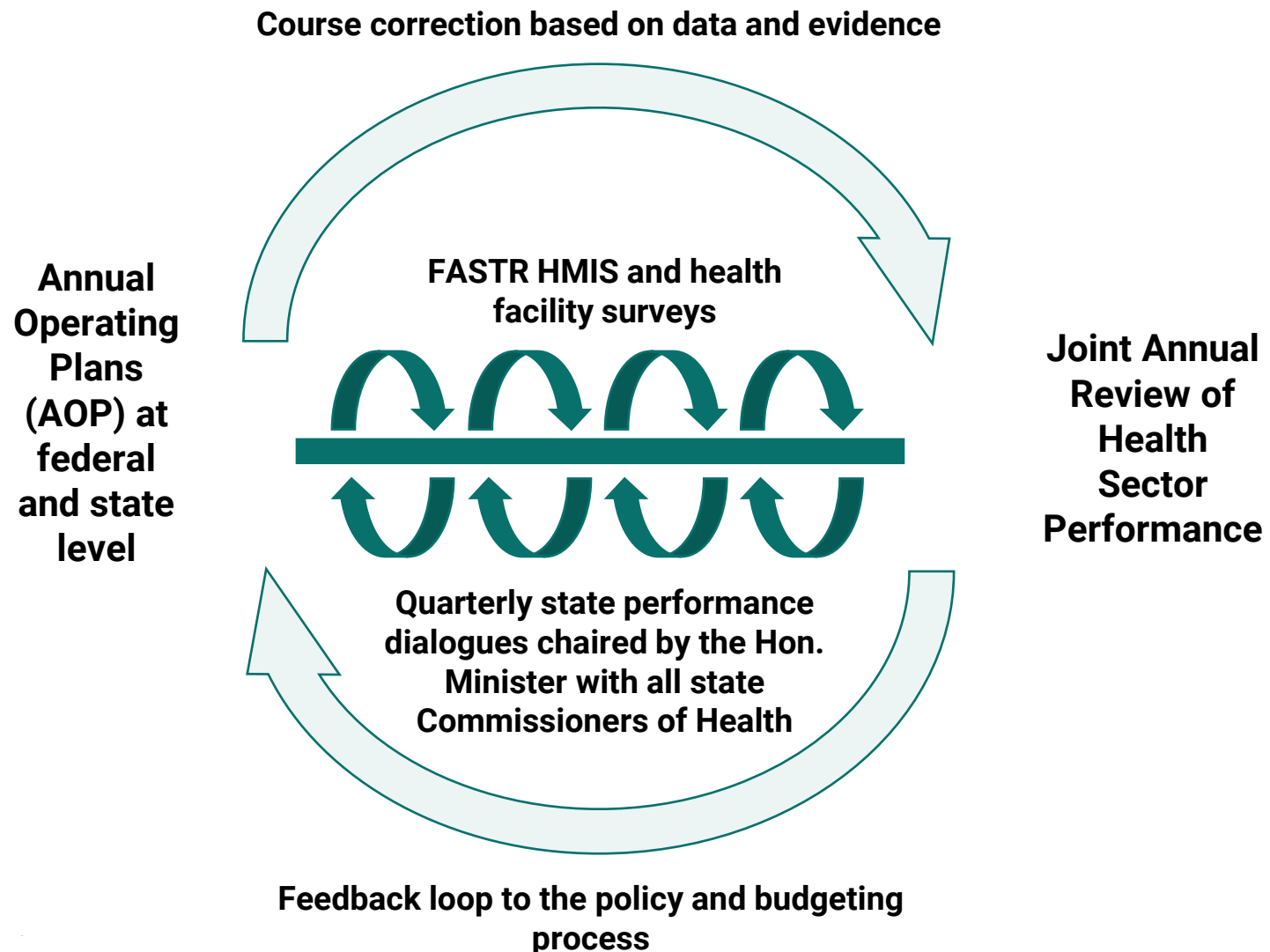


This graph quantifies changes in service volume compared to historical trends and accounting for seasonality. Data has been adjusted for both outliers and indicator completeness. These signals should be triangulated to other data and contextual knowledge to determine if the results are an artifact of data quality. Unexpected volume changes are estimated by comparing the observed volume to the expected volume based on historical trends and seasonality. Previous large unexpected changes in the historical data are removed. This analysis is an interrupted time series regression with facility-level fixed effects.

Comparing vaccine availability in BHCPF facilities receiving direct facility financing compared to facilities not covered by the intervention



Monitoring of both reforms and shocks is coming together to inform key national M&E, planning, and budgeting processes



- The GFF supported Nigeria to use data and evidence from FASTR/RMET to strengthen evidence-based programming and enhance effective resource mobilization and allocation at both Federal and State levels, through the Annual Operating Plan and other key country-led processes.
- The GFF has also supported Nigeria's reconstitution of its Joint Annual Review (JAR) of the health sector starting in 2024 and continuing this year
- Annual JARs are complemented by quarterly state performance dialogues, chaired by the Hon. Minister with participation from 36+1 state Commissioners of Health
- FASTR and RMET are serving as key inputs into these decision-making fora.
- In a setting with well-known data quality challenges, FASTR's data quality adjustment approaches have been a key innovation to enable more regular use of administrative data alongside other sources, especially in a context where efficiency and timeliness are at a premium

Key themes, next steps and discussion questions

Key take-aways

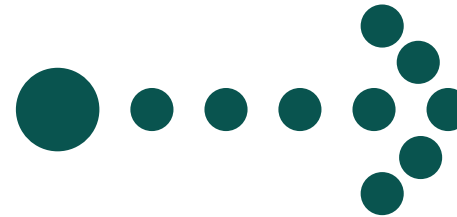
- **Making sense of complex realities:** Analytics that account for both resource availability and service delivery patterns help countries interpret shifts amid shocks, reforms, and financing changes, turning routine data into practical insights for resilience monitoring and adaptive management.
- **Resources have reduced but overall service utilization shows relative stability so far:** Across many countries, service utilization has remained broadly stable. Large declines in service utilization have not yet been observed in the wake of DAH cuts. This could be partially attributed to a) lack of visibility on where the resources that have been lost were being spent, with significant proportions going to off-budget activities such as technical assistance and donor-specific implementation, management and oversight arrangements, b) pre-positioning of commodities and frontloading of support. It will be essential to continue to monitor both resource availability and service delivery, especially as and when commodities are used up and more funding cuts occur.
- **Persistent system-level challenges:** Facility in-charges continue to report staff shortages, supply gaps, and funding constraints, reflecting deeper structural challenges.
- **Quality may shift before utilization does:** Input shortages may first manifest as declines in quality of care before affecting utilization levels, highlighting the need to monitor both service use and quality together.
- **Building country ownership, resilience and alignment:** The FASTR/RMET approach strengthens local analytic capacity and embeds these methods in national review and planning processes. Strengthening use of timely data and evidence for prioritization within annual workplanning and budgeting processes is critical for building resilience and helping country leaders make their health systems work better for women, children and adolescents. It is also critical for advancing alignment with other partners (e.g., Gavi, Global Fund, bilaterals) and increasing on-budget resources for health.
- **Systems redesign:** The shift in the financing landscape presents a vital opportunity to double-down on the importance of on-budget financing, reimagine the design of the system and reprioritize resources.

As a next step, the GFF will continue to scale up support for analyses, interpretation and use of data for decision-making and advocacy, as guided by county leaders

20+ countries
mapping resources
& analyzing
funding gaps



20+ countries
analyzing effects
on service delivery
and PHC system

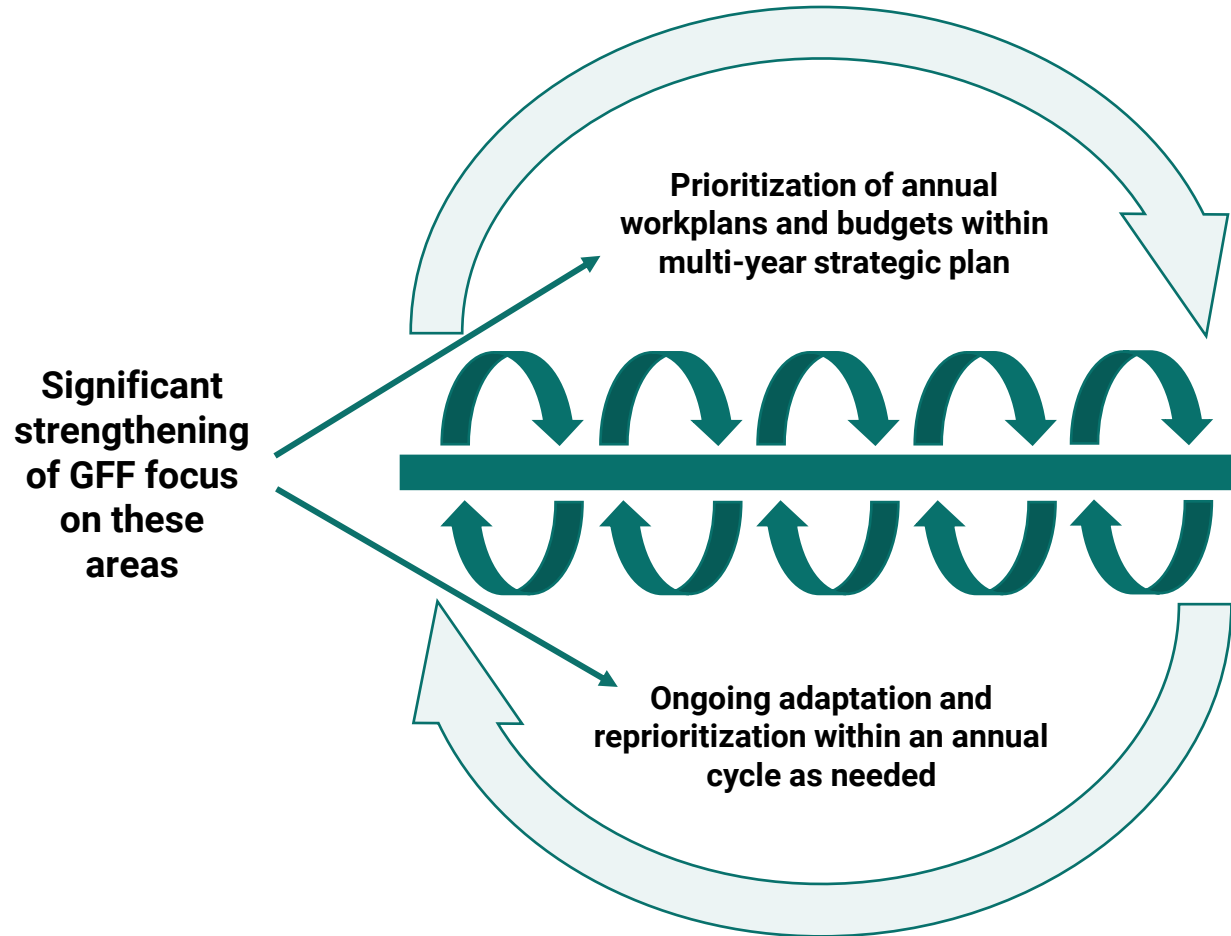


Intended outcomes:

- Strengthened country leadership and resilience
- Optimized use of resources
- Systems that work better for women, children and adolescents
- Enhanced ability to advocate for and secure resources for health

Countries are in different phases. A major effort for the coming phase is supporting evidence-based prioritization and adaptation by countries, linked to countries' annual workplanning and budgeting processes.

Sharpening focus on prioritization of annual budgets as we look ahead to the new strategy



For the rest of this year and as we begin implementing the new strategy, the GFF will sharpen focus on supporting partner countries to use data and evidence:

- to conduct prioritization within annual budgeting processes
- to strengthen dynamic tracking of resources and service delivery to inform ongoing adaptations to health systems

This represents the core of objective three in the new strategy and will be scaled across all GFF partner countries.