



21st GFF Investors Group meeting

November 11, 2025



AGENDA

21st GFF INVESTORS GROUP MEETING | November 11, 2025

Time	Agenda Item	Session Description	Action	Presenter
9:00am – 9:45am	Welcome and Opening	<ul style="list-style-type: none">• Approval of IG20 Meeting Report• Approval of IG21 Agenda• GFF opening remarks• Readout from the Ministerial Network meeting• Readout from Civil Society Coordinating Group (CSCG) workshop	For endorsement	IG Co-chairs GFF Director Ministerial Network Chair CSO Representative
9:45–11:15	Senegal Spotlight	<ul style="list-style-type: none">• Presentation on Senegal’s partnership with GFF, including progress, opportunities, and way forward.	For discussion	H.E. Dr Ibrahima Sy Dr. Amadou Doucouré
11:15–11:30am	Break			
11:30–1:00pm	Stocktaking of the GFF Strategy	<ul style="list-style-type: none">• The Secretariat will provide updates since the last IG and provide a stocktaking on 2020–2025 strategy implementation.	For guidance	GFF Secretariat
1:00–2:00pm	Lunch			

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21st GFF INVESTORS GROUP MEETING | November 11, 2025

Time	Agenda Item	Session Description	Action	Presenter
2:00pm – 3:00pm	Data driven prioritization	<ul style="list-style-type: none">Overview of the GFF’s support to countries to conduct assessments on funding and service delivery, to inform prioritization efforts.	For guidance	GFF Secretariat
3:00–3:15pm	Break			
3:15–4:15pm	GFF, Gavi and Global Fund Collaboration	<ul style="list-style-type: none">This session will explore the joint work of GFF, Gavi, Global Fund, and provide an opportunity to reflect on future collaboration pathways.	For guidance	GFF, Gavi, Global Fund
4:15–5:15pm	Role of the IG	<ul style="list-style-type: none">This session is an opportunity to discuss how to further maximize the role of the IG and discuss recommendations emerging from the recent review.	For guidance	GFF Secretariat
5:15–5:20pm	Meeting Closure	<ul style="list-style-type: none">Summary of key decision points and next steps.		IG Co-chairs



SENEGAL: A Decade of Progress in RMNCAH-N

**Dr. Ibrahima Sy, Minister of Health and Public
Hygiene**

November 11, 2025

GFF Investors Group Meeting

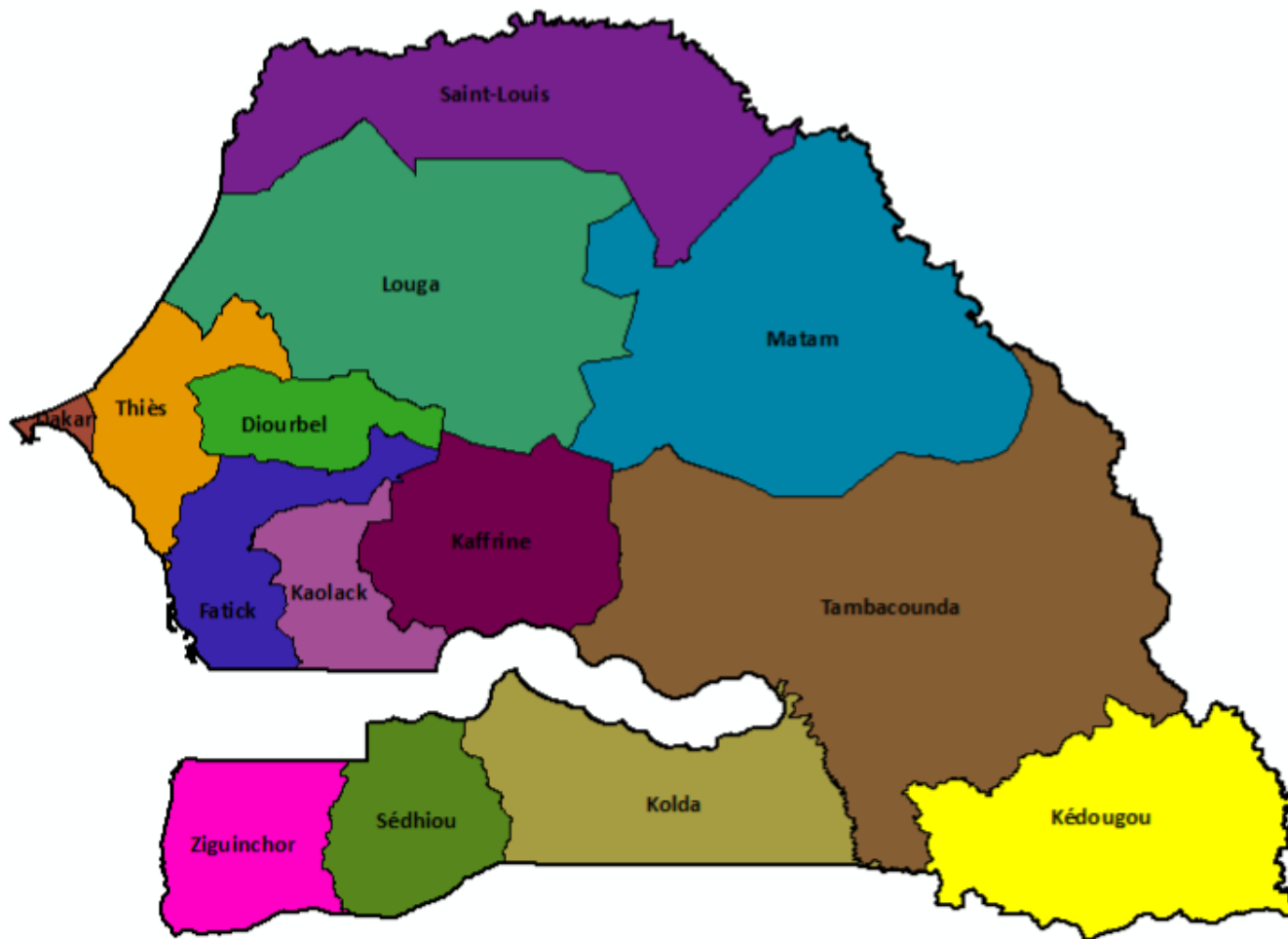
Tuesday, November 11, 2025
Dakar, Senegal



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Senegal's general context



- **Population:** 18,126,390 (51.5% women)
- **Poverty rate:** 36.3
- **Primary school enrollment rate (girls):** 88.6
- **Early marriage:** approx. 29% of girls married before age 18
- 14 regions, 79 health districts, 40 regional hospital, 114 health centers, 1584 PHC health posts and 2197 health huts

For several decades, Senegal has been committed to women, child and **adolescent** health



National priorities and policies

- ☐ Universal health coverage (UHC)
- ☐ Achieving the Sustainable Development Goals and the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030)
- ☐ Senegal's National Transformation Agenda 2050: Axis 2 of the National Development Strategy (SND) focuses on "high-quality human capital and social equity." Within this axis, Strategic Objective 3 aims to establish a high-performing and accessible health system.

Our focus: investing in high-impact, socially cost-effective projects



1. Elimination of preventable maternal, neonatal, and child deaths

3. Revitalization of the local pharmaceutical industry

5. Development of a Medical Action Fund

7. Health promotion and disease prevention

2. Strengthening of medical and technical infrastructure

4. Comprehensive digitalization of health care services

6. Improvement of noncommunicable diseases management

8. Mandatory health insurance coverage



Strategic vision 2025-2029 - An inclusive and resilient health system



Our goal: to position Senegal as a regional leader in preventive and digital healthcare.

01

**Transition to
preventive
healthcare**

Reducing medical
deserts, strengthening
community health.

02

**Digitization of
the healthcare
system**

Deployment of electronic
patient records,
telemedicine, hospital
information systems.

03

**Development of
regional
healthcare
hubs**

Improved access and
quality of care.

04

**Strengthening
healthcare HR**

Recruitment of 3,000 to
4,000 healthcare workers
by 2029.

Where do we stand?

Key results at glance



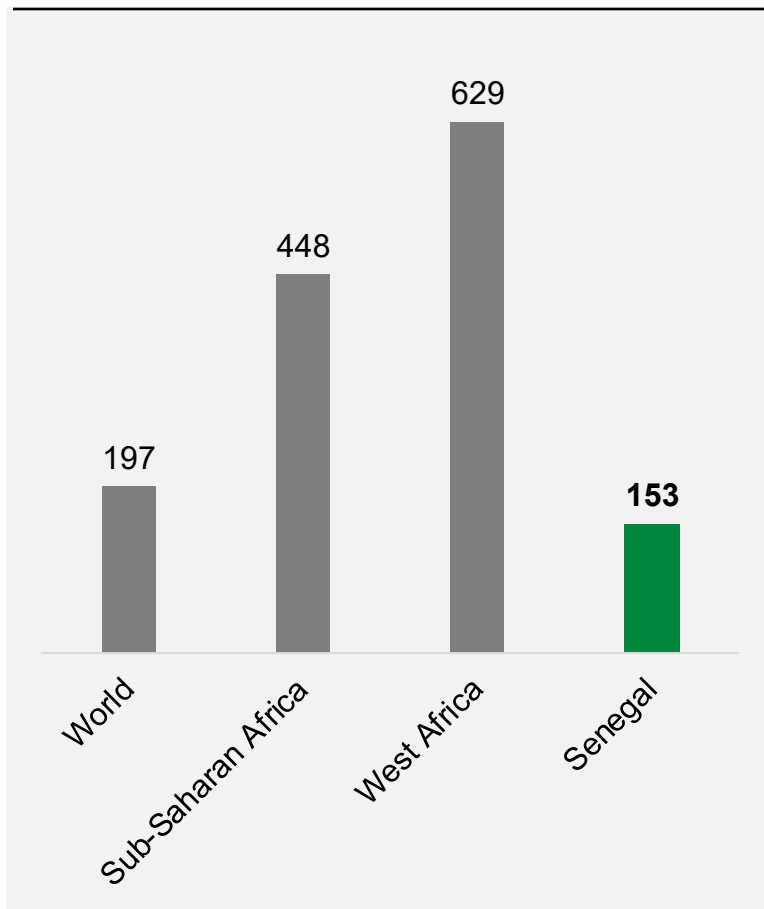
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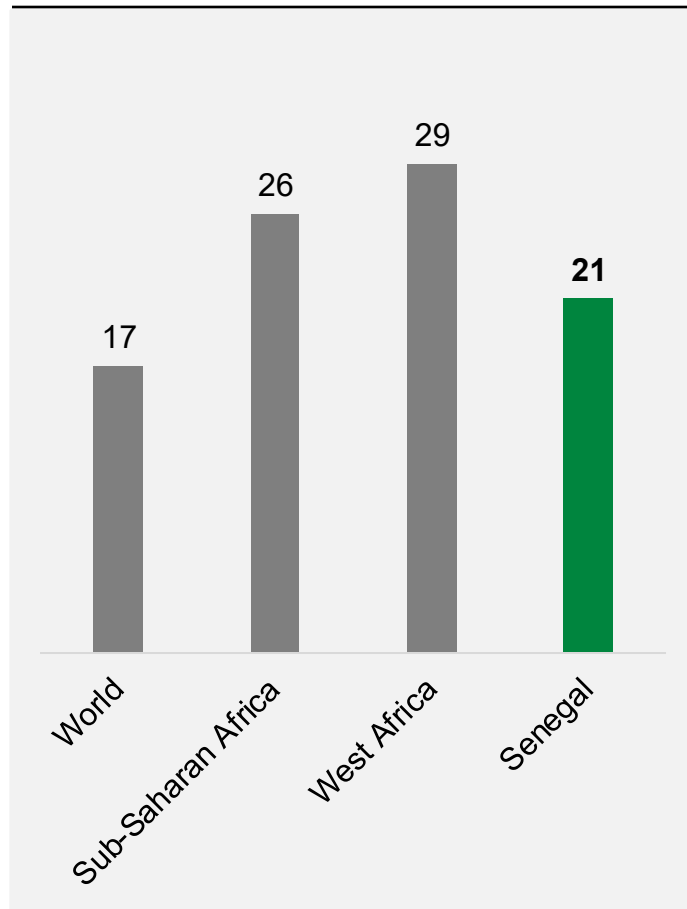
Some Key Indicators for 2023



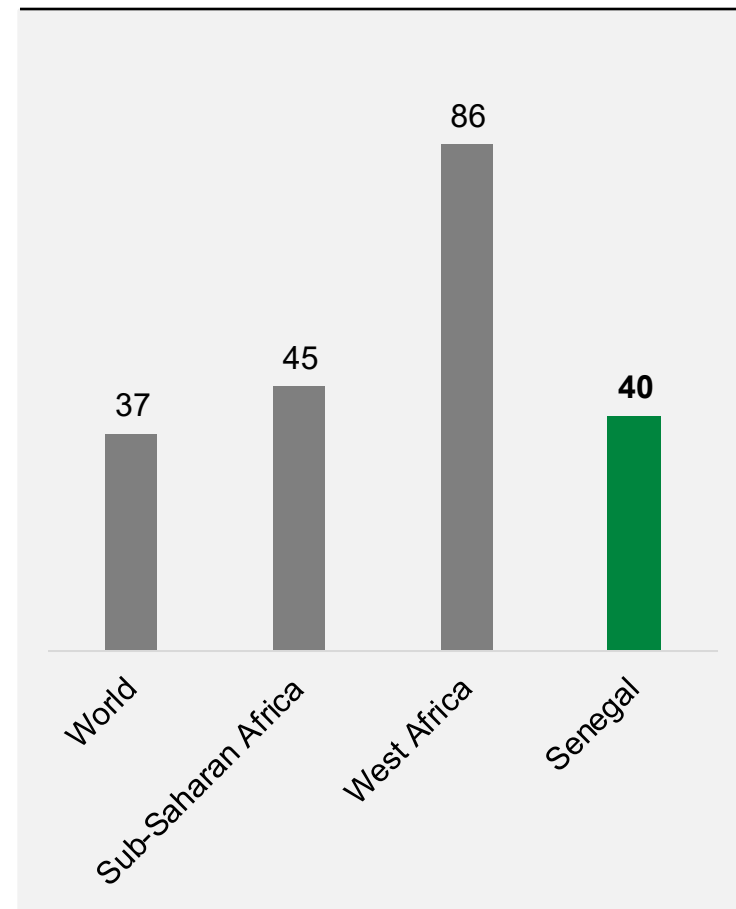
Maternal mortality (per 100,000 NV)



Neonatal mortality (per 1000 NV)



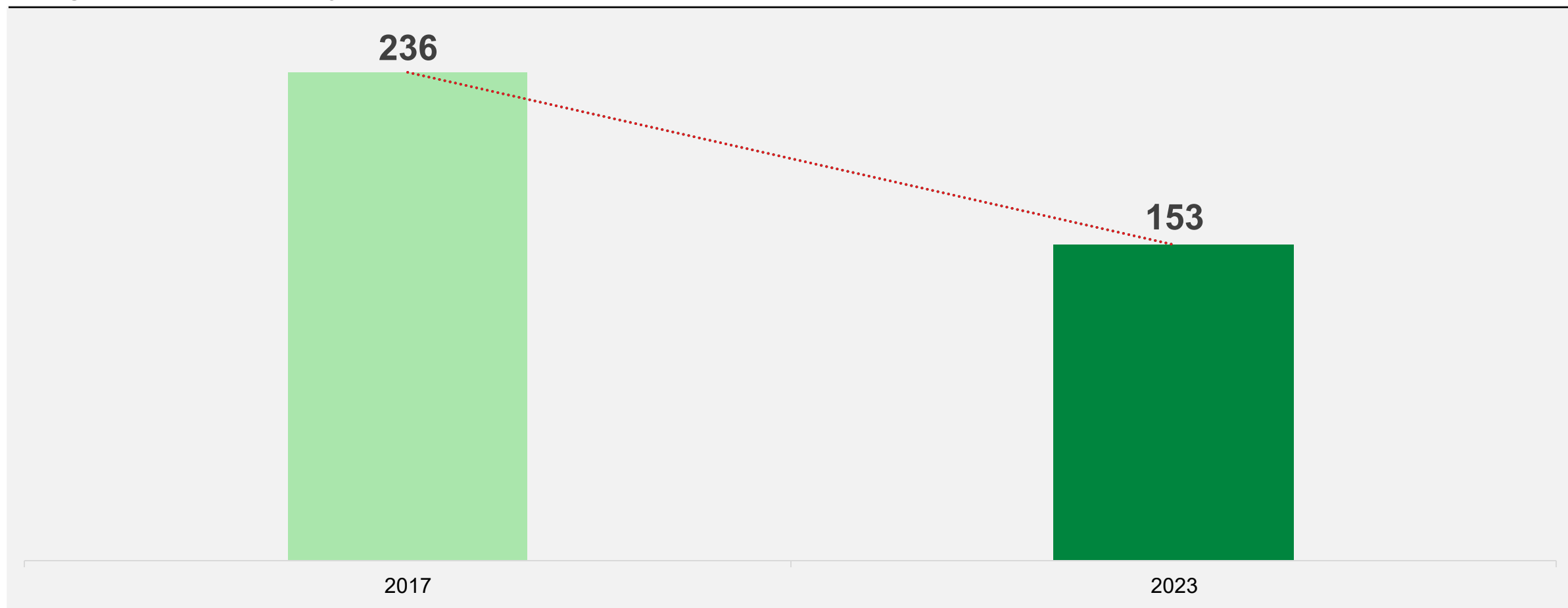
Infant and child mortality (per 1000 NV)



Maternal mortality



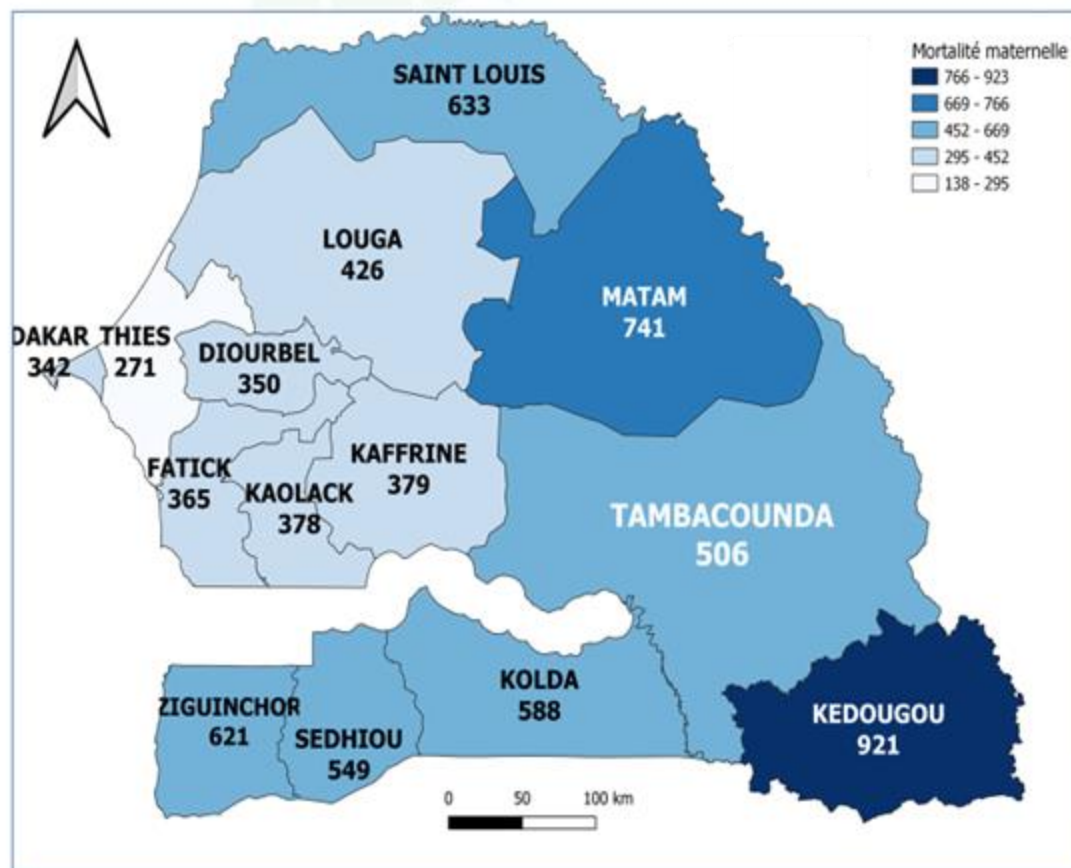
Change in maternal mortality ratio from 2017 to 2023 (Source: EDS)



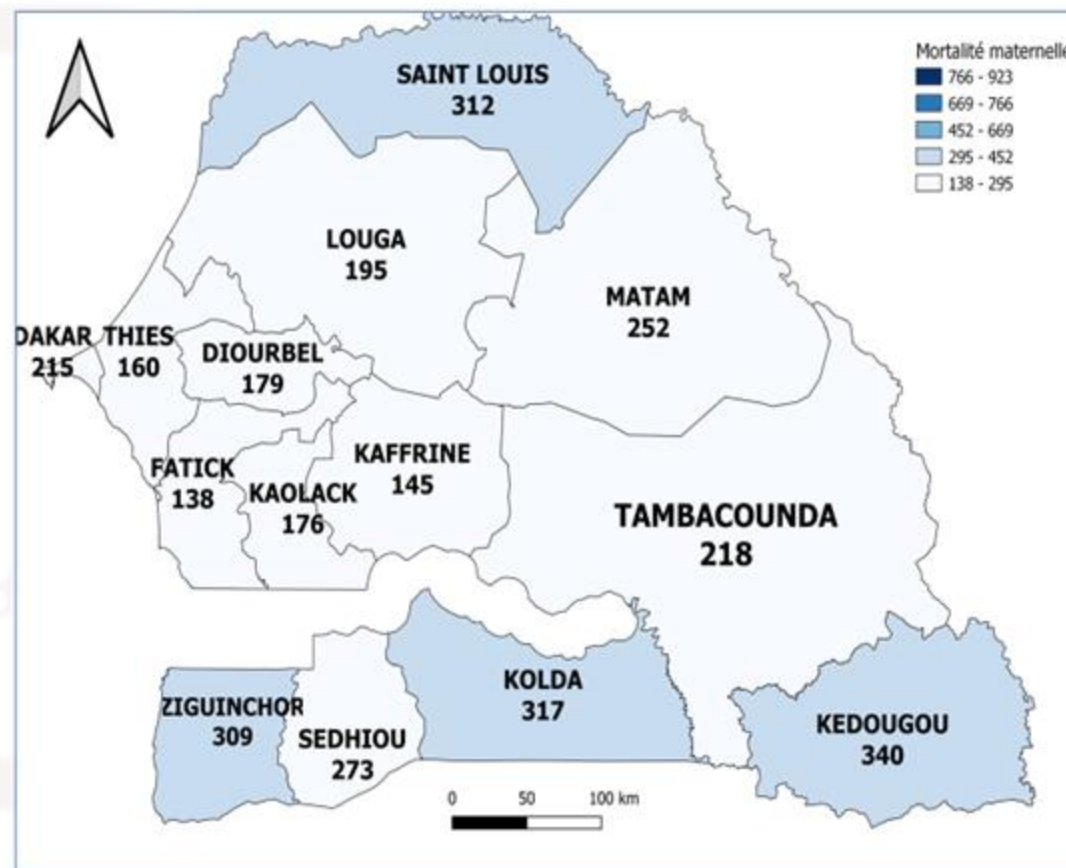
Maternal mortality



Maternal mortality ratio by region in 2013 (Source: RGPPHH-4)



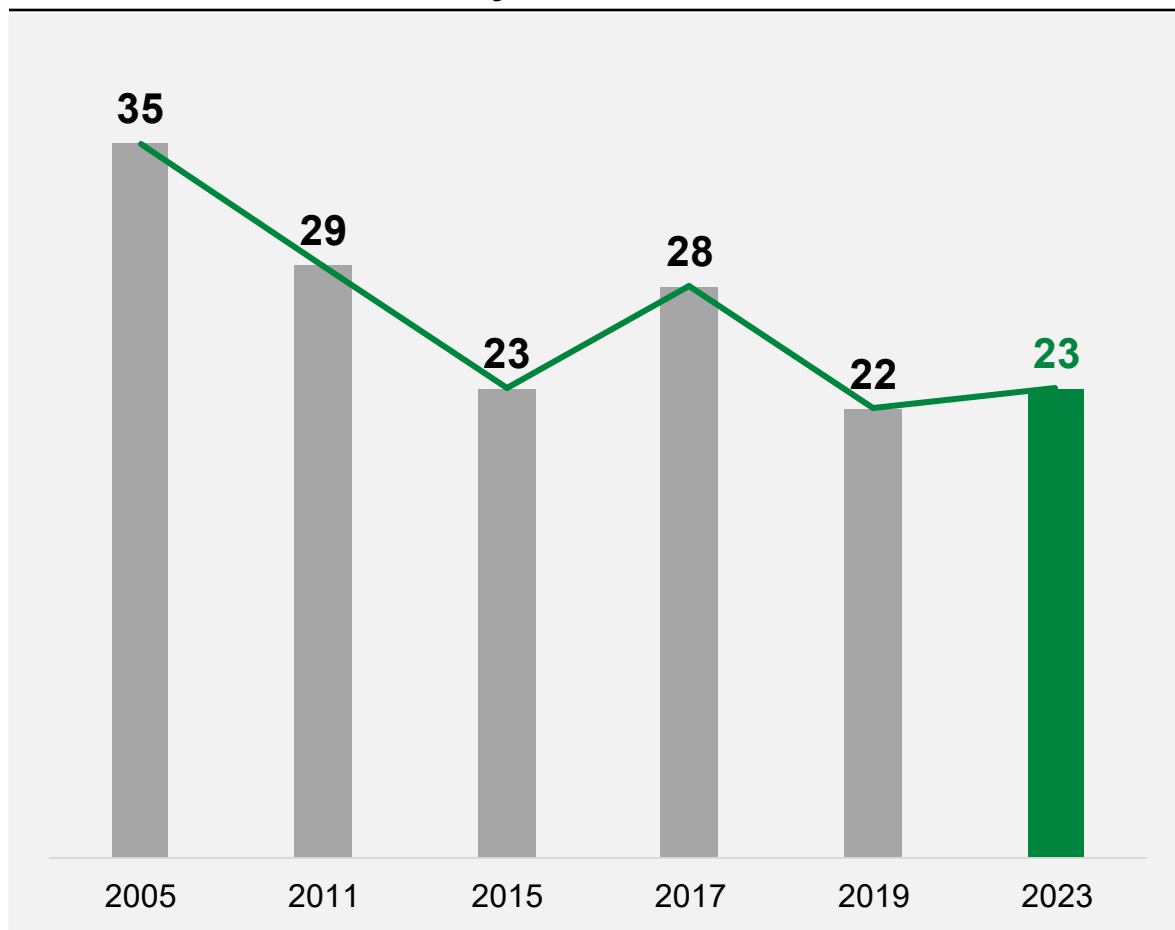
Maternal mortality ratio by region in 2023 (Source: RGPPHH-5)



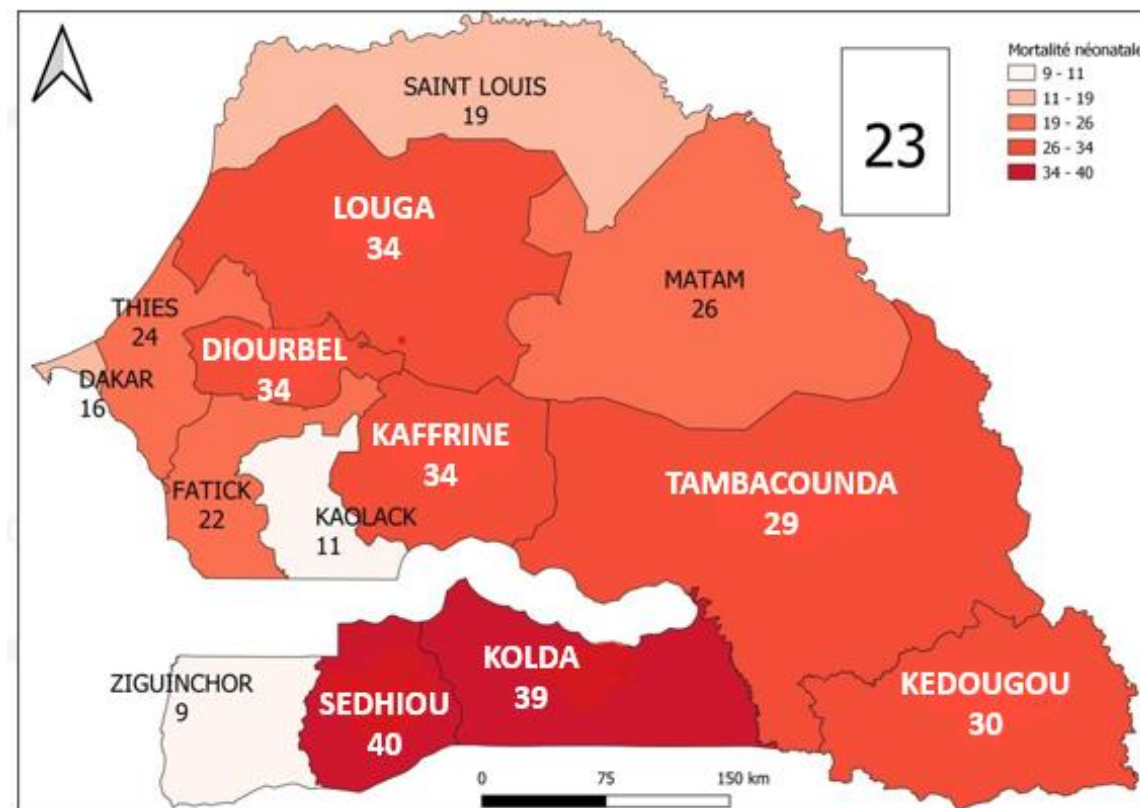
Trends and Distribution of Neonatal Mortality



Trends in neonatal mortality from 2005 to 2023



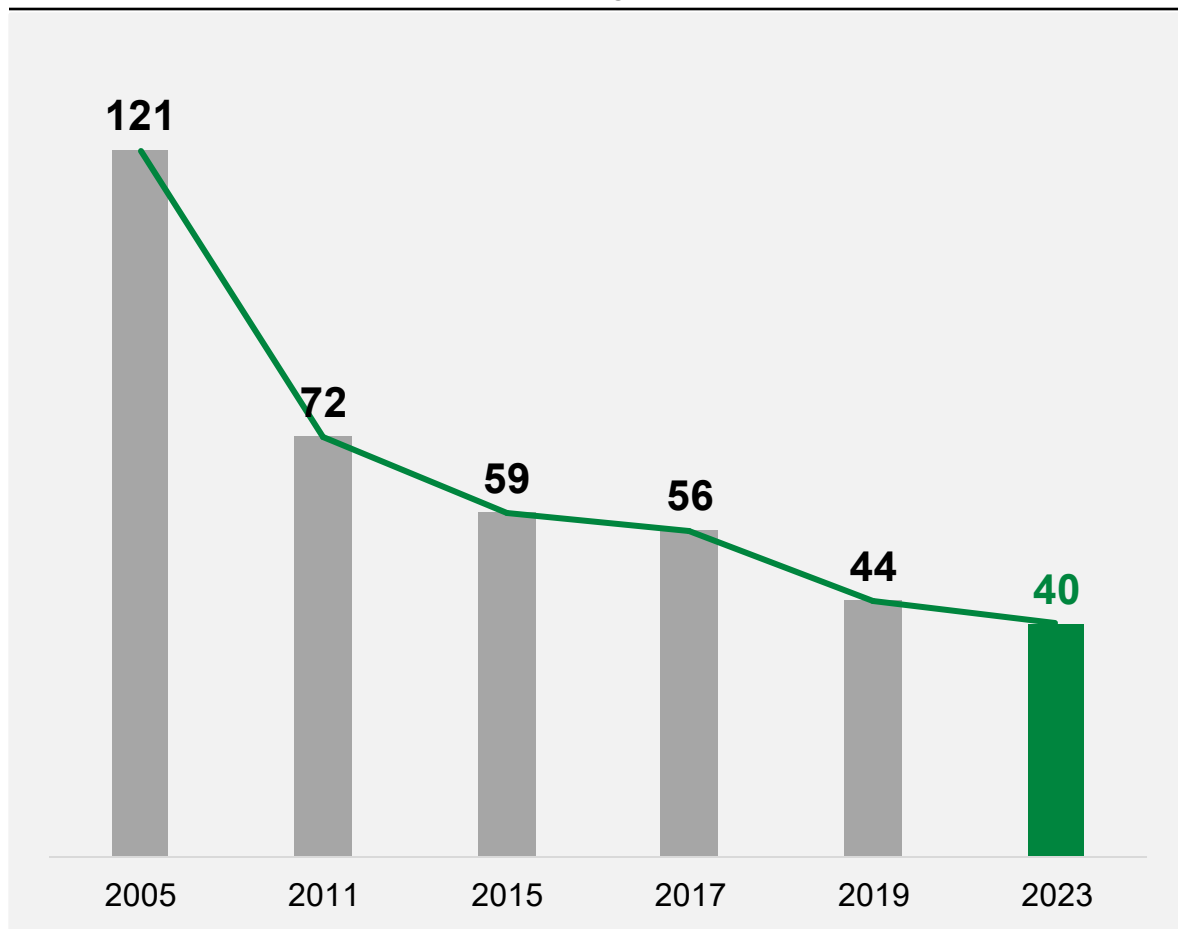
Neonatal mortality quotient by region in 2023



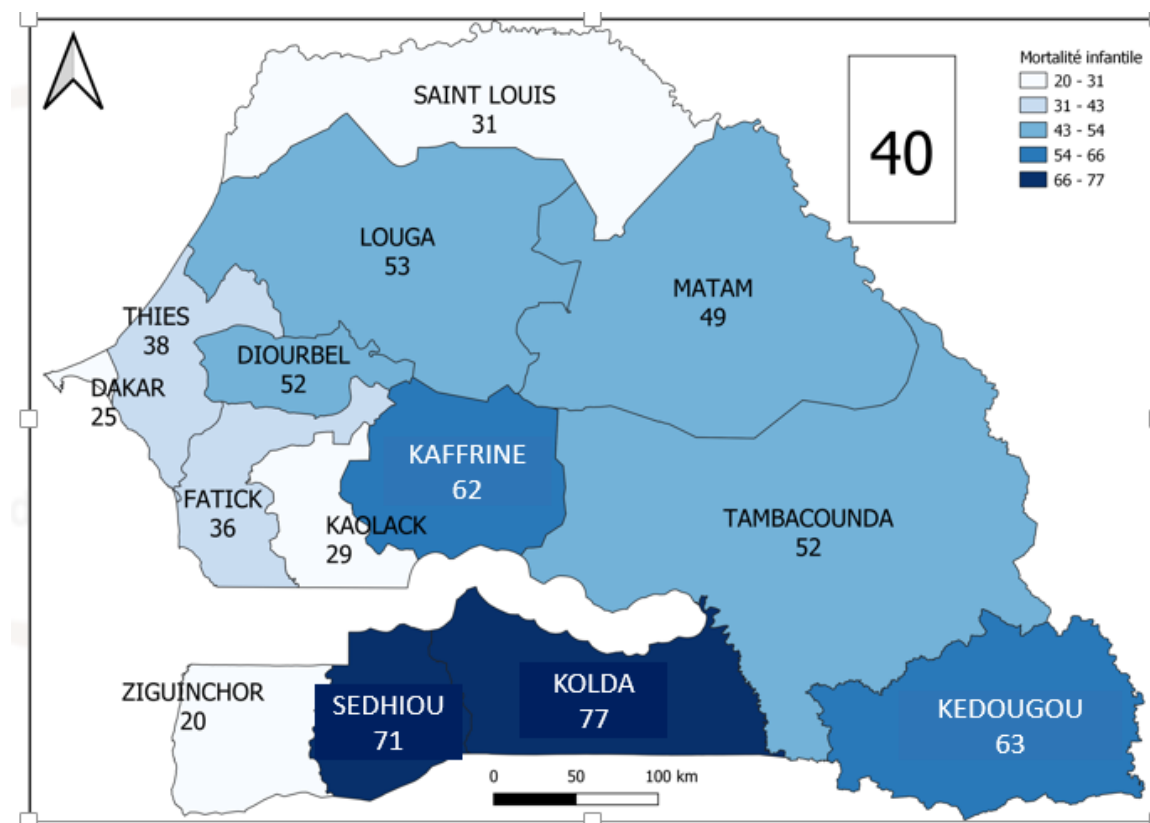
Trends and Distribution of Infant and Child Mortality



Trends in infant and child mortality from 2005 to 2023



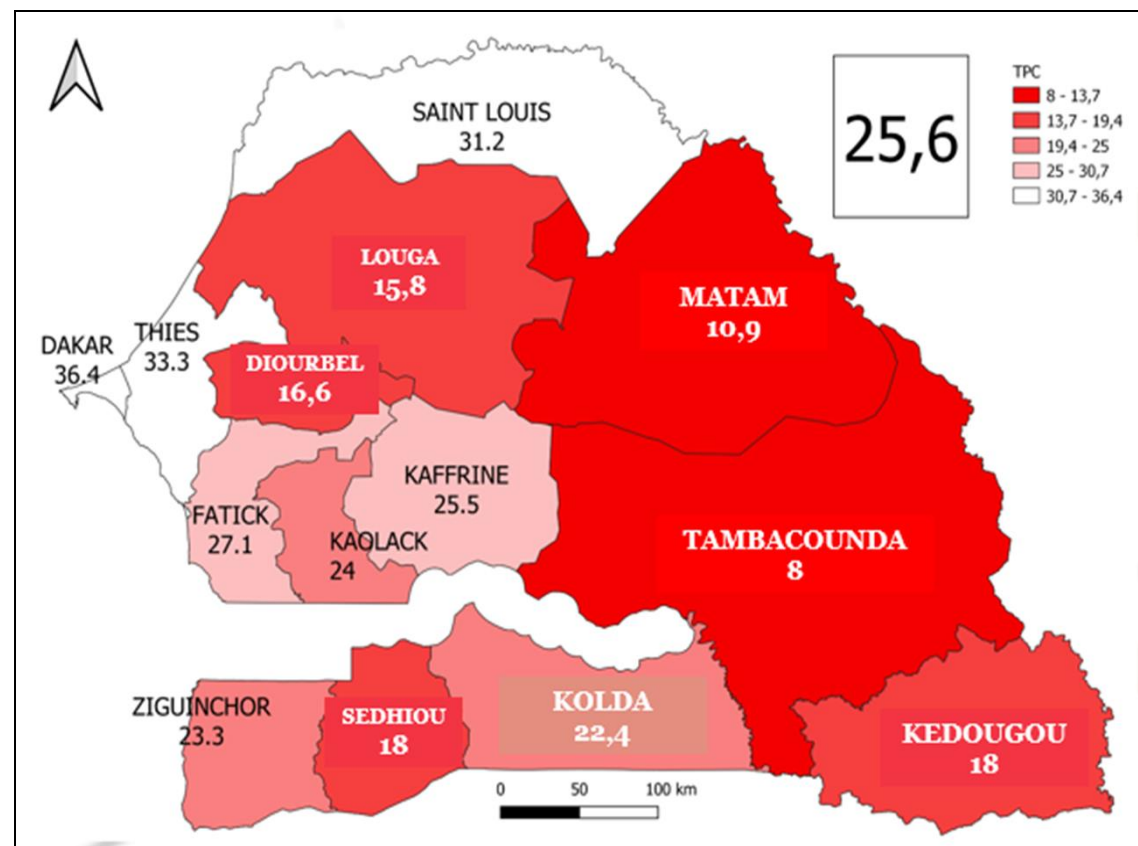
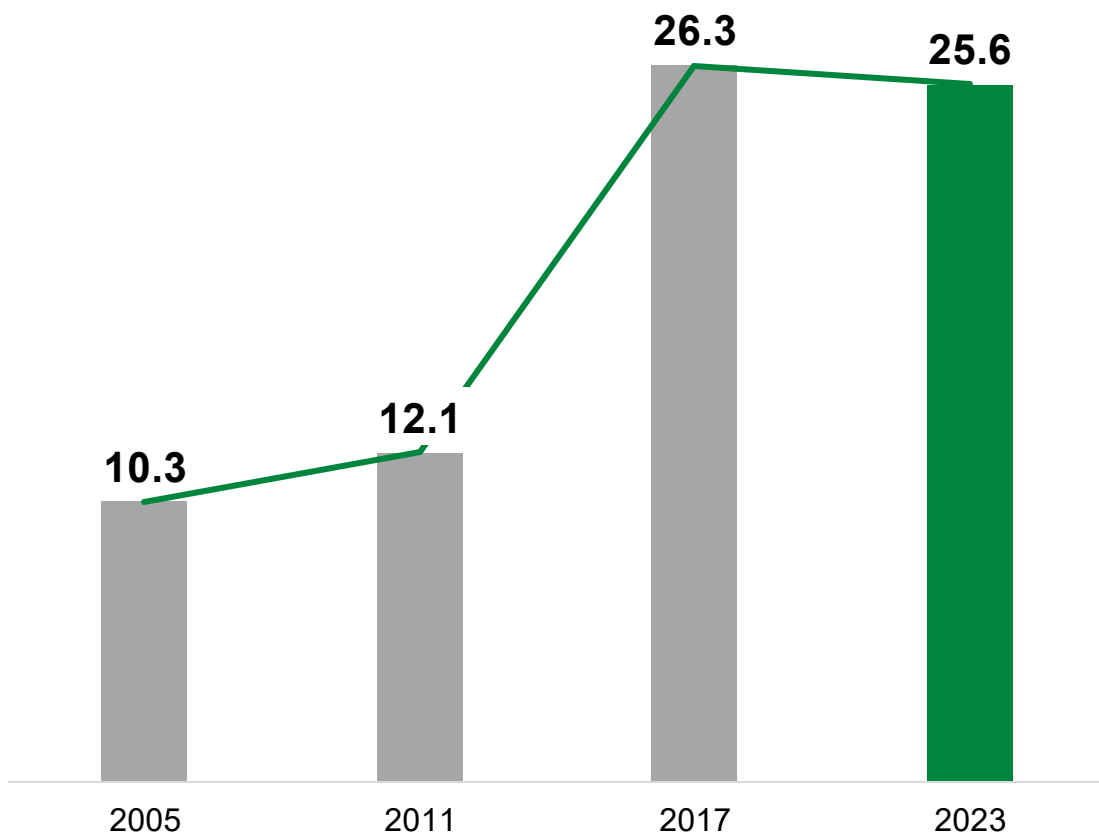
Neonatal mortality quotient by region in 2023



Trends and Distribution of the Contraceptive Prevalence Rate

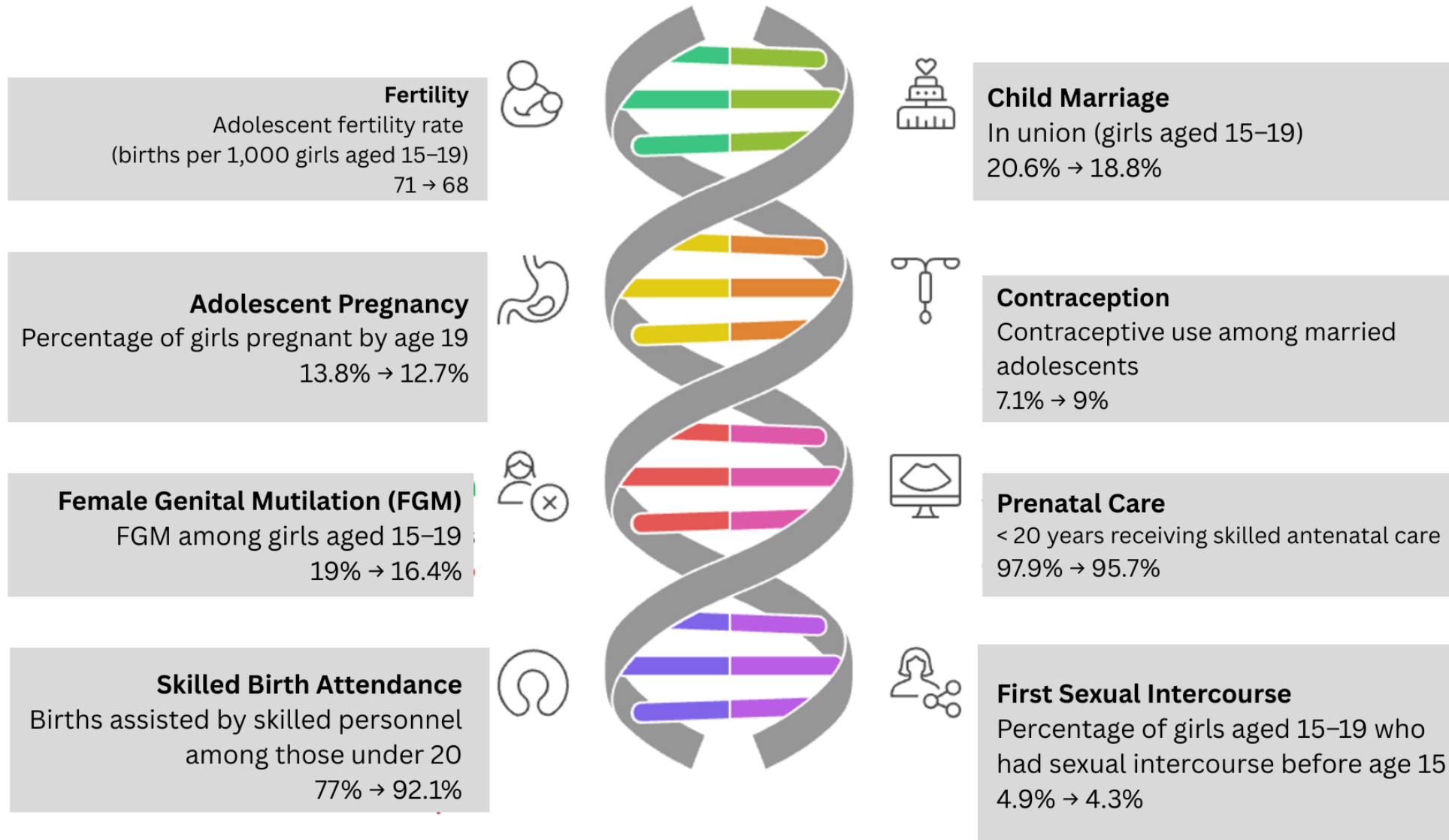


Change in prevalence rate from 2005 to 2023





Trends in Adolescent Health Indicators (EDS 2019 vs. EDS 2023)



Concrete Achievements



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...For greater equity in access to quality care



- Densification of the health mapping by the construction and equipment of **9** hospitals, **33** health centers, **462** health posts between 2015 and 2025
- Strengthening primary health care through the "winning duo" - 1 midwife and 1 nurse per health post



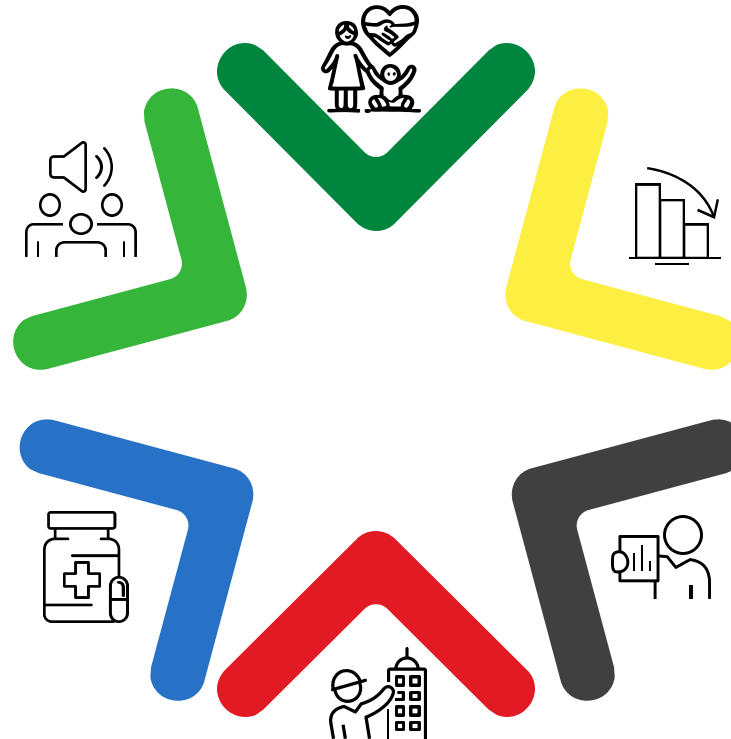
- Granting of scholarships of 300,000 FCFA (~US\$500) per month. The cost of investing in the training of Senegalese medical specialists from 2012 to 2027 is estimated at **two billion one hundred million (2,100,000,000) XOF**, with an annual student enrollment of 530, including 130 new admissions
- For the training of specialists in the following priority areas: **97 pediatricians, 126 gynecologists, 86 anesthesiologists-intensive care physicians**
- Decentralization of paramedical training, with the creation of regional health schools.
- National ratio of doctors (1 per 11,111 inhabitants)

...To improve daily life for communities



Integration of free health care into the health insurance system for 987087 FAR and 868035 children under 5

Dynamic community network with the enrolment of 10,138 Bajenu Gox (neighborhood godmothers).



Strengthening of multi-sectoral interventions in the fields of nutrition and education

Improving availability of medicines.

Strong involvement of civil society

Extension of reproductive health services through the establishment of teen centers

...For better management of health financing



01

Development of a health financing strategy to improve budget efficiency

02

23% increase in the health budget between 2017 and 2021

03

Introduction of innovative financing mechanism (e.g. FBR)

Significant progress
has been made,
however...

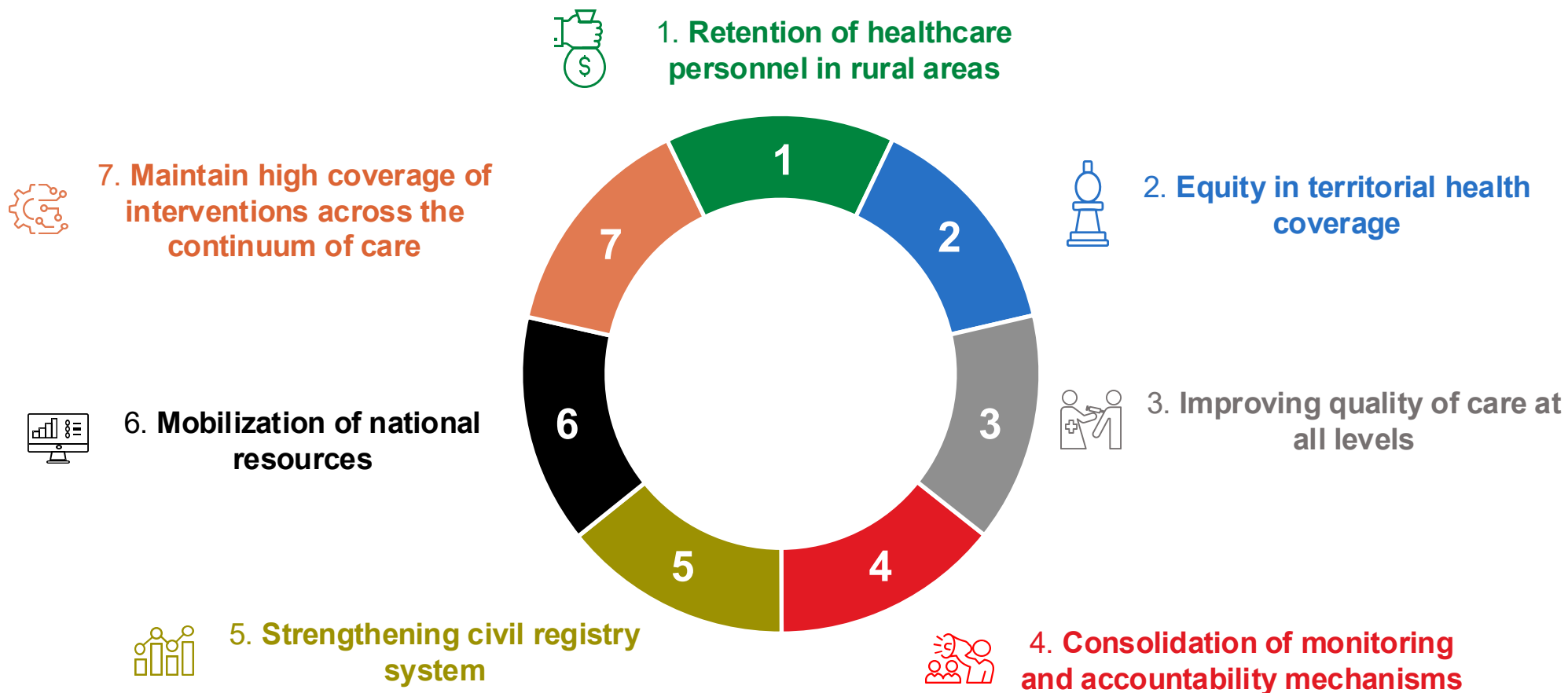


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GLOBAL
FINANCING
FACILITY

Challenges persist...



Perspectives



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Senegal has launched numerous reforms



1

Professionalization of community health workers

2

Revision of the Health Information System to strengthen evidence-based decision-making

3

Ongoing digitization of the healthcare system

4

Drafting of a public health code to improve the legal framework for reproductive health

5

Local production of vaccines and medicines within the framework of Health and Pharmaceutical Sovereignty

Collaboration between the Government of Senegal and the GFF



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Senegal has been a GFF partner since 2015



The GFF is based on three pillars:

1. Support for governments to develop an **Investment Case** (IC), a national strategic document defining priority investments in RMNCAH-N.
2. **Catalytic effect by mobilizing and aligning funding** from the World Bank and other partners.
3. **Targeted technical assistance and coordination** through an inclusive country platform.

Health financing reforms with GFF support



01

Development of the National Health Financing Strategy and a reform roadmap focusing on efficiency, sustainability and equity

02

Resource Mapping and Expenditure Tracking (RMET) to improve budget management and planning

03

Support for the Universal Health Coverage (UHC) program through the integration of free care for pregnant women and children under the age of 5.

04

Strengthening risk management and system viability through studies and harmonization of mutuals

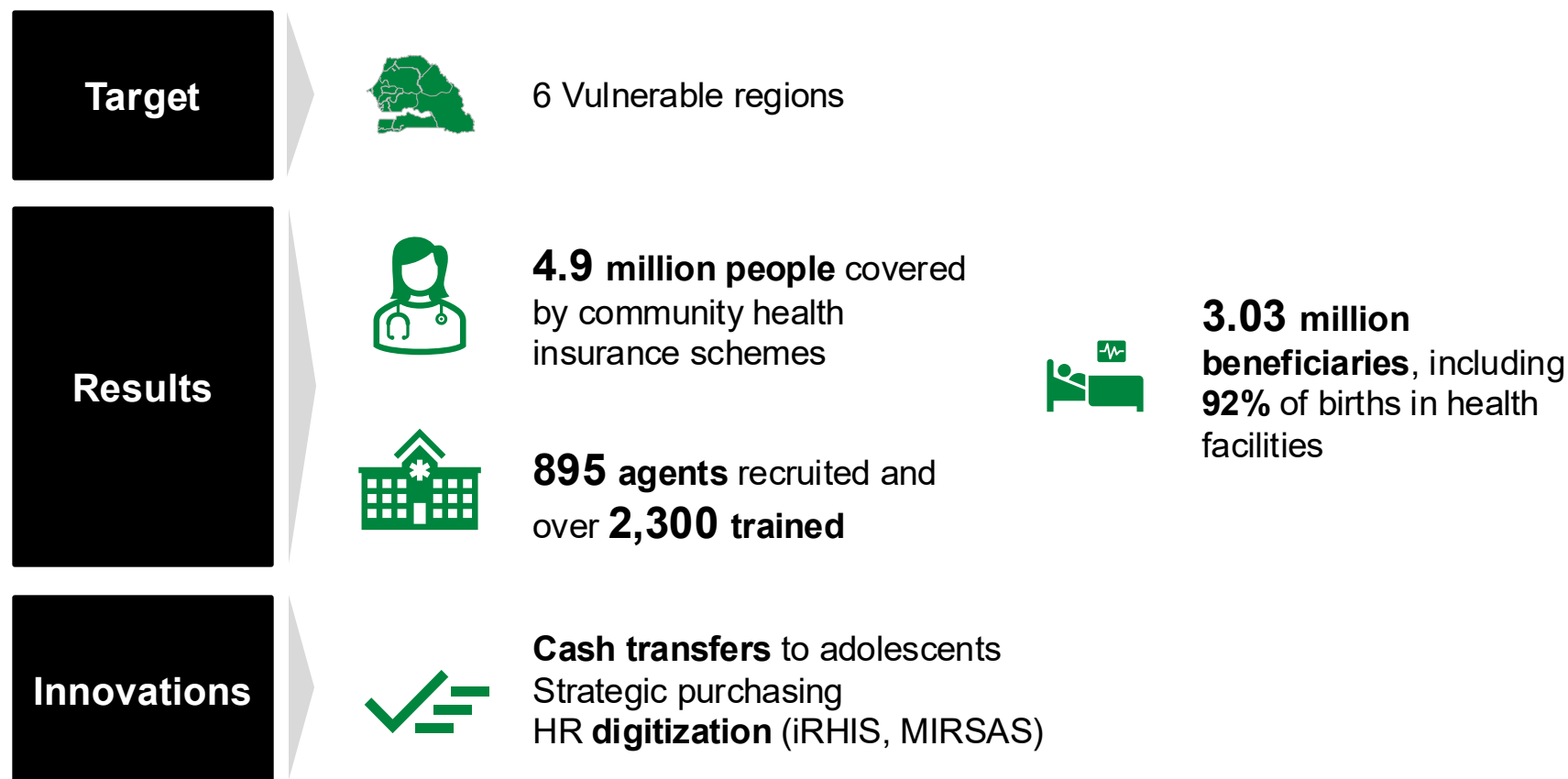
05

Structured dialogue between the CSU Agency and healthcare providers to improve purchasing of services and financial transparency

ISMEA Project - Investing in Maternal, Child and Adolescent Health (2019-2025)



Project co-financed by the World Bank (120 million USD) and the GFF (10 million USD) :



COVID-19 Project: Response and Resilience (2020-2025)



Project co-financed by the World Bank (154 million USD) and the GFF (15 million USD):

Purchase



Acquisition of **7.6 million** doses of vaccine, oxygen and biomedical equipment

Training



Training of **6,610** health **workers**

Services



Maintenance of RMNCAH **services**

Prevention



Support for the prevention of **gender-based violence** during the pandemic

Strengthened Governance and Civil Society Participation with the Support of the GFF



01

Joint planning to strengthen accountability and inclusive monitoring of national priorities

02

Enhanced community participation and citizen monitoring through direct financing of civil society

03

Strengthened governance and local ownership through the use of transparency tools

GFF support for the
creation of the
RMNCAH-N multi-
sectoral country
platform in 2015

Analysis of disturbances and resilience (in progress), with support from GFF



GFF support for the analysis of post-COVID health system disruptions, particularly in financing, supply chain management, and human resources

1

The FASTR system, introduced in 2024, enables real-time monitoring of the availability of essential services.

2

RMET and FASTR tools will enable the government to respond to funding shortfalls and allocate resources according to needs.

The added value of GFF in Senegal



Reducing inequalities

GFF has helped Senegal to identify the most vulnerable regions in order to target investments and thus reduce health inequalities.

Interventions have brought healthcare closer to communities and strengthened the quality of basic services.

Amplifying impact

Reforming the system

GFF has supported structural reforms in health financing to ensure sustainability and transparency.

Prospects for partnership with GFF and the World Bank



01

Senegal is preparing a plan to adapt to the reduction in external aid, with a focus on increasing domestic resource mobilization.

02

The country will implement a new Program for Results (PforR), co-financed by the World Bank and the GFF, with disbursement linked to measurable results.

03

Partner alignment continues under the Lusaka Agreement, strengthening coordination and sustainability of investments.

THANK YOU



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GLOBAL
FINANCING
FACILITY

A decorative graphic on the left side of the image. It features a large purple semi-circle. Inside this semi-circle, there are several concentric white circles. To the right of the purple semi-circle, there are several concentric light gray circles that extend towards the right edge of the image.

BREAK

Stocktaking: GFF Country & Strategy Update

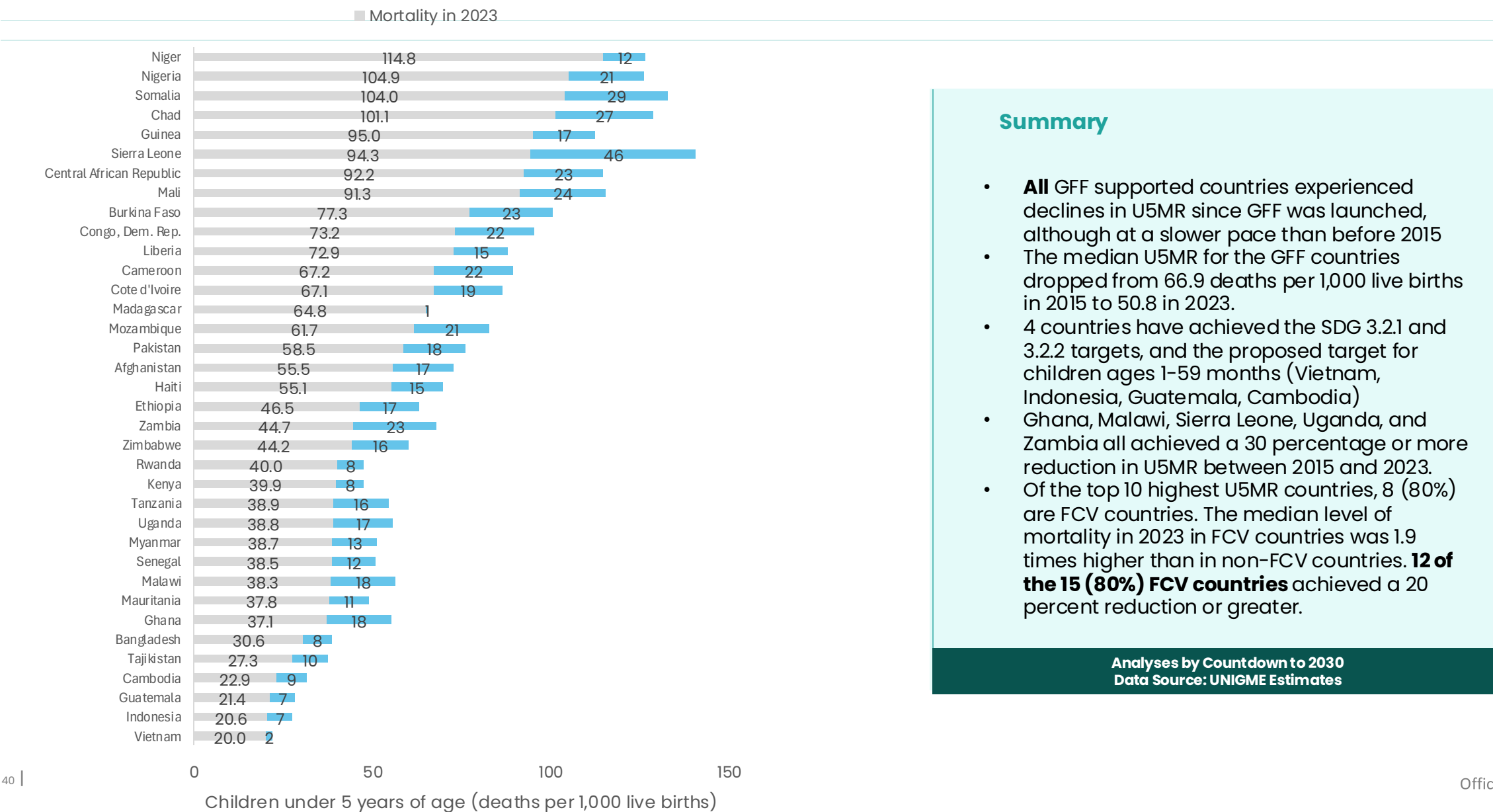
Table of Contents

1. Overview of country progress in improving women, children and adolescents' health
2. GFF strategy update based on Key Performance Indicator (KPI) analysis

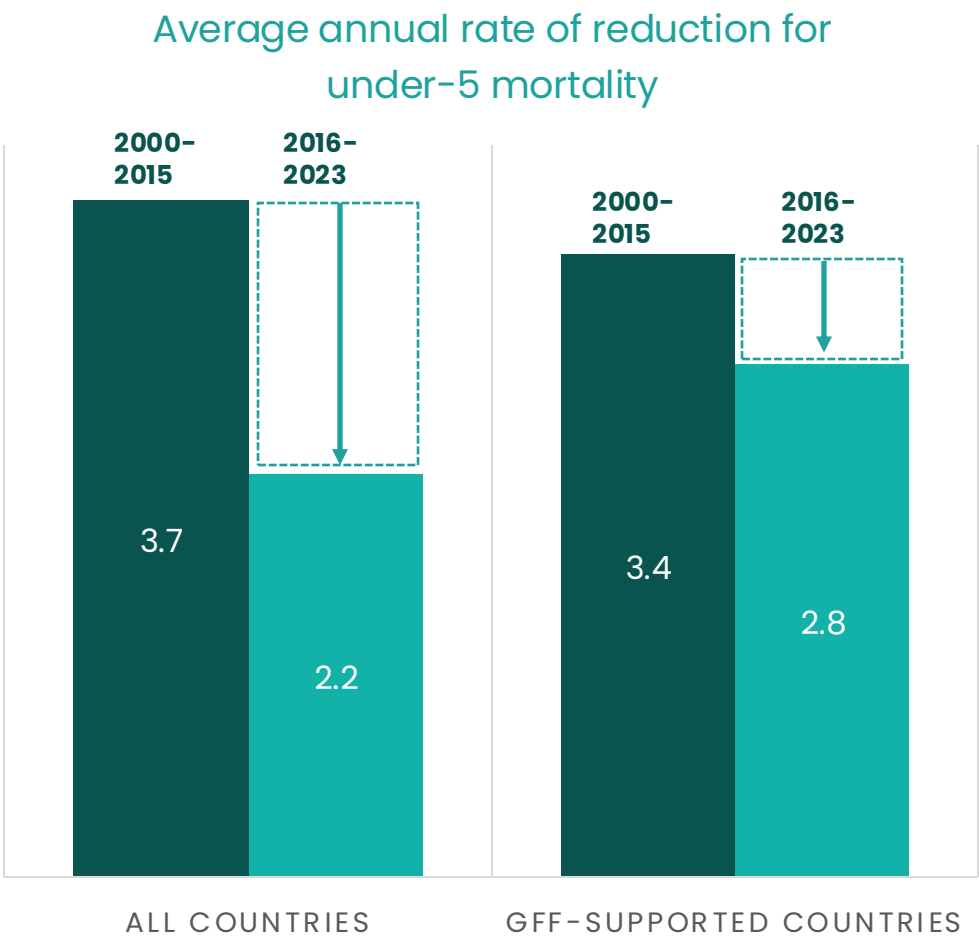


Country progress in improving women, children and adolescents' health

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



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



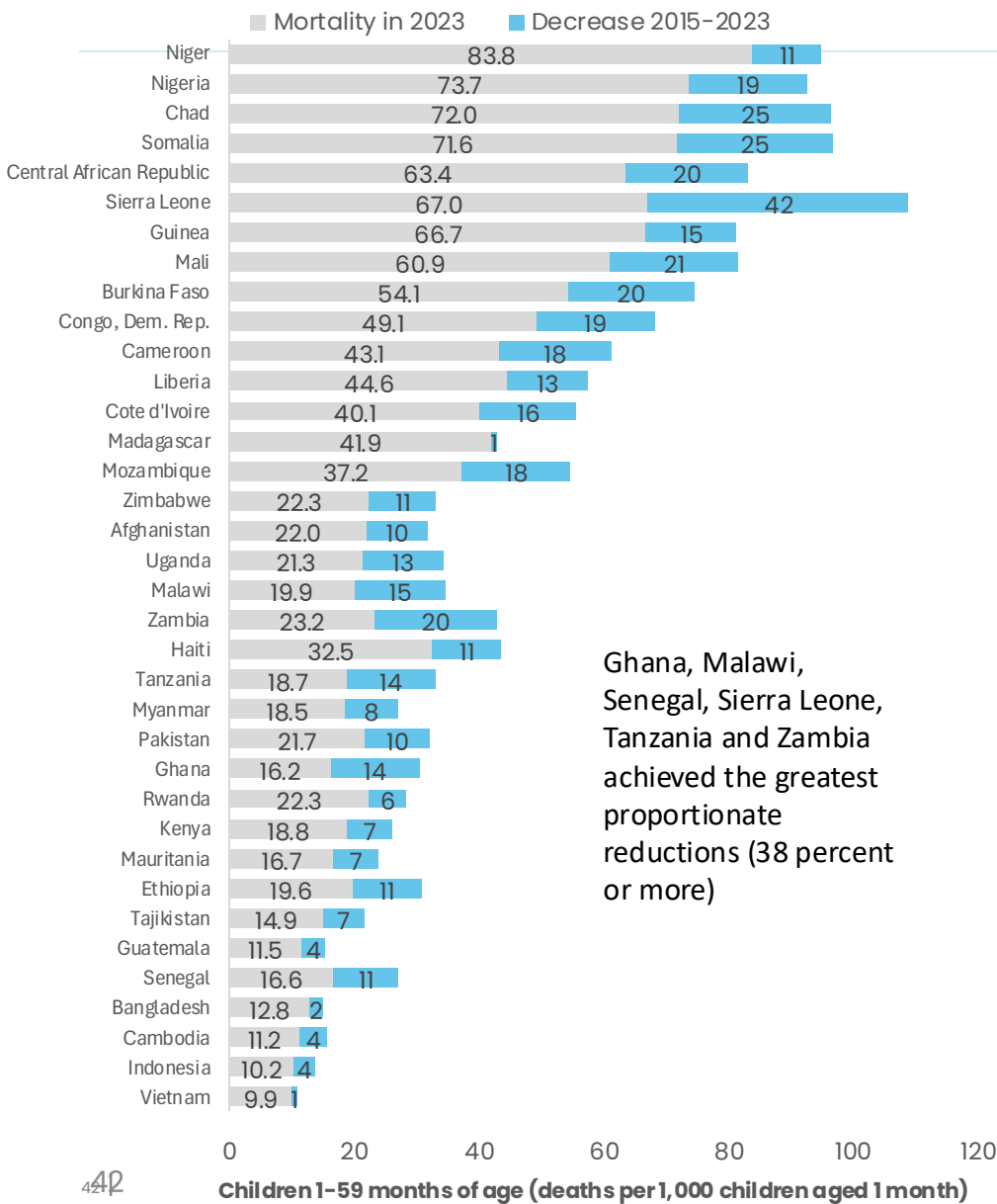
Summary

- 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

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

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



Median percentage reduction from 2015:

28%

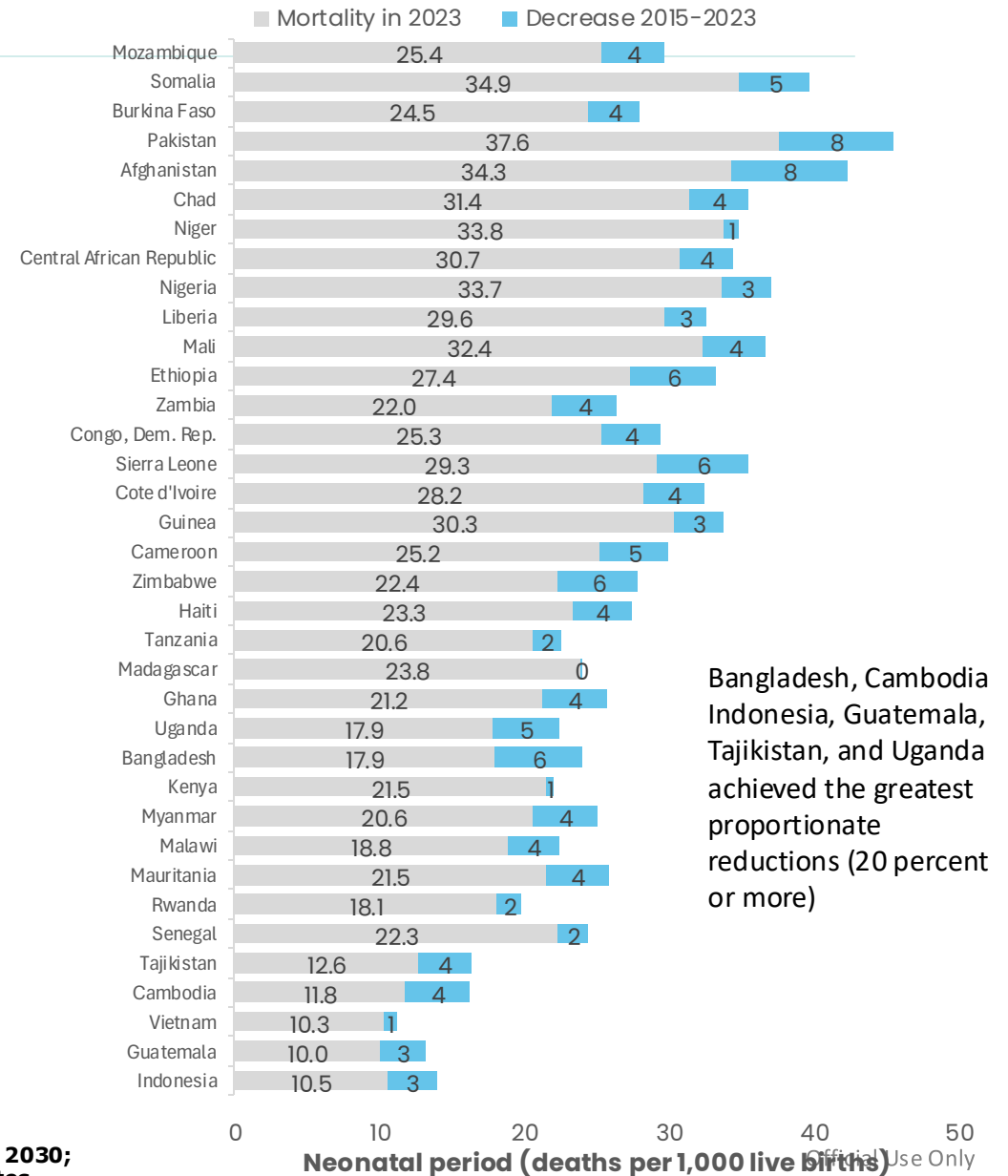
15%

Average annual rate of reduction, 2016-2023

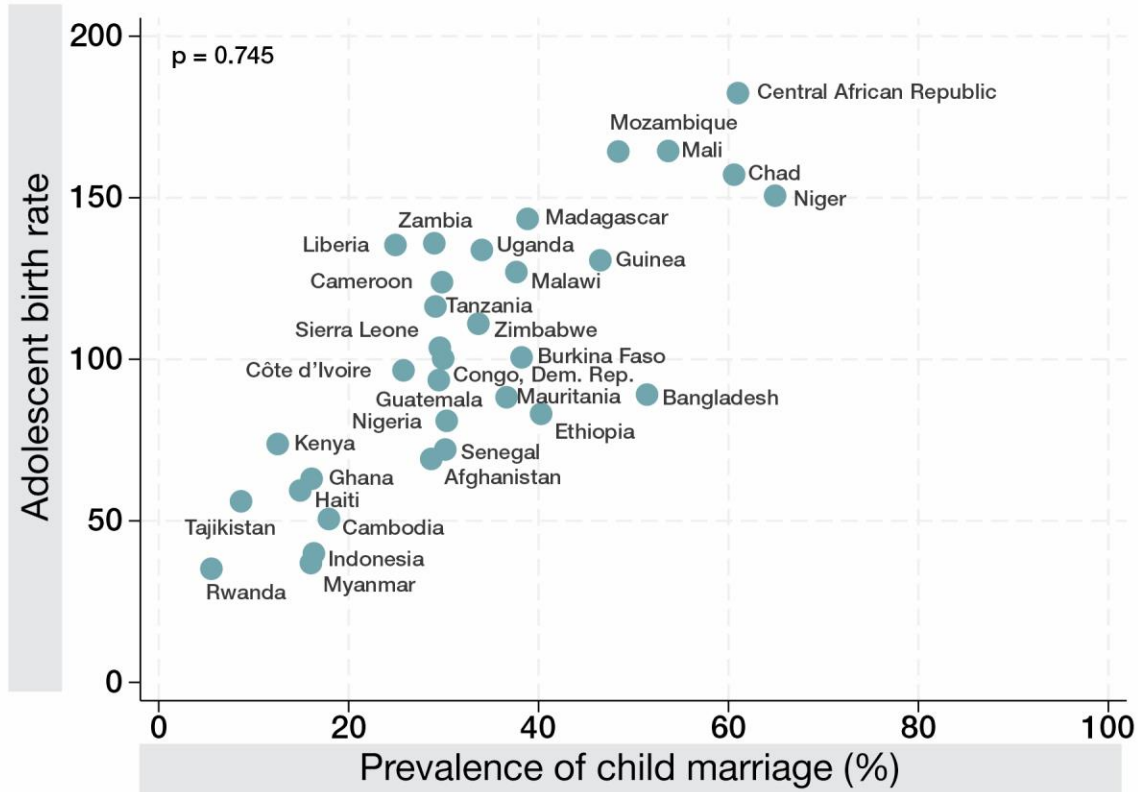
6.6%

1.9%

Analyses from Countdown to 2030; data source: UNIGME estimates



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

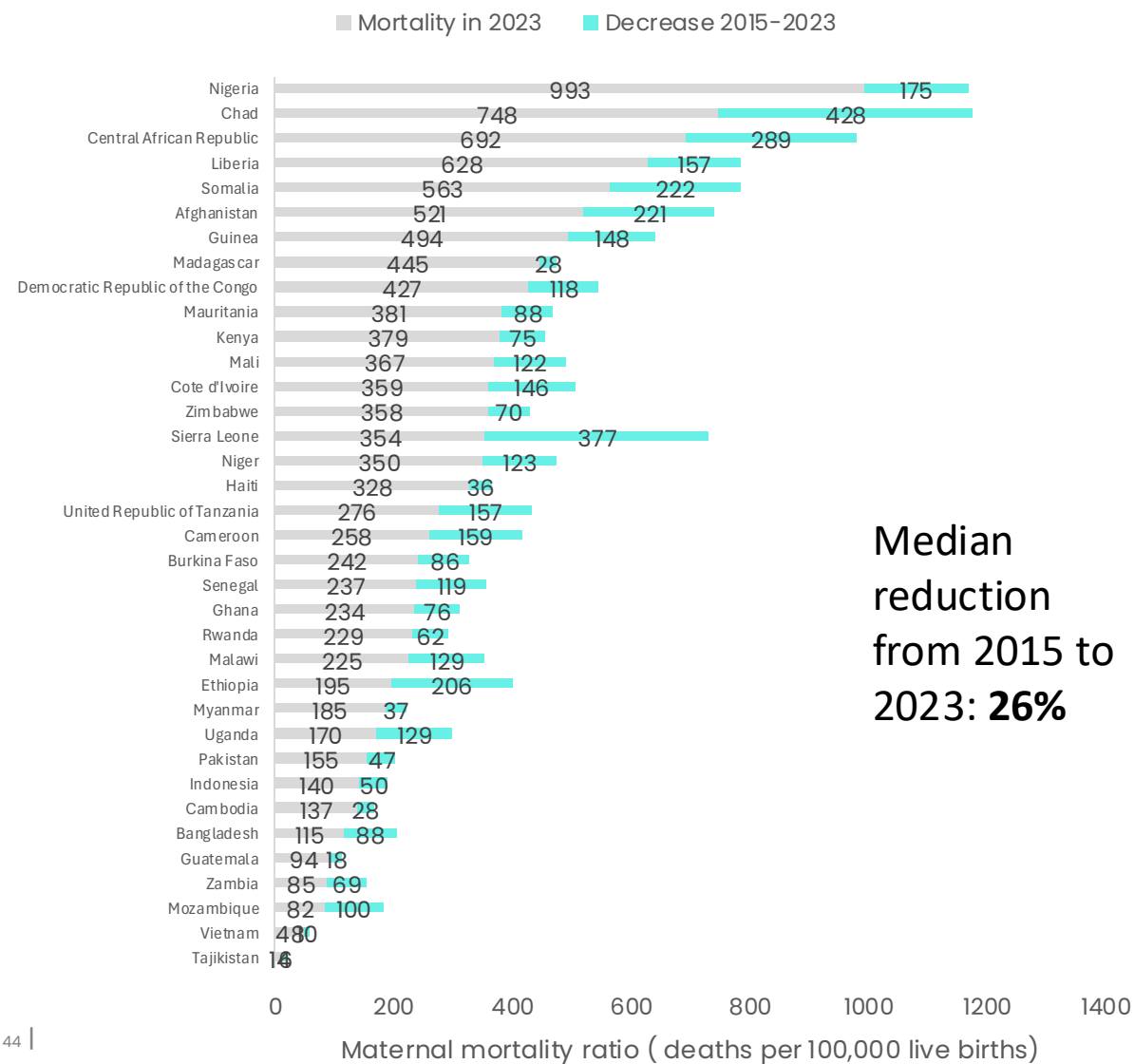


Data source: Most recent Demographic and Health Surveys and Multiple Indicator Cluster Surveys conducted since 2015, with available data. Guatemala data are from 2014. ABR: Number of births per 1,000 women aged 15-19. Prevalence of child marriage: Percentage of women aged 20-24 married before age 18.

- Child marriage and adolescent fertility are both associated with reduced life opportunities, and poor health and well-being 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 responsive health and social services also need to be scaled up.

Analyses by Countdown to 2030

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



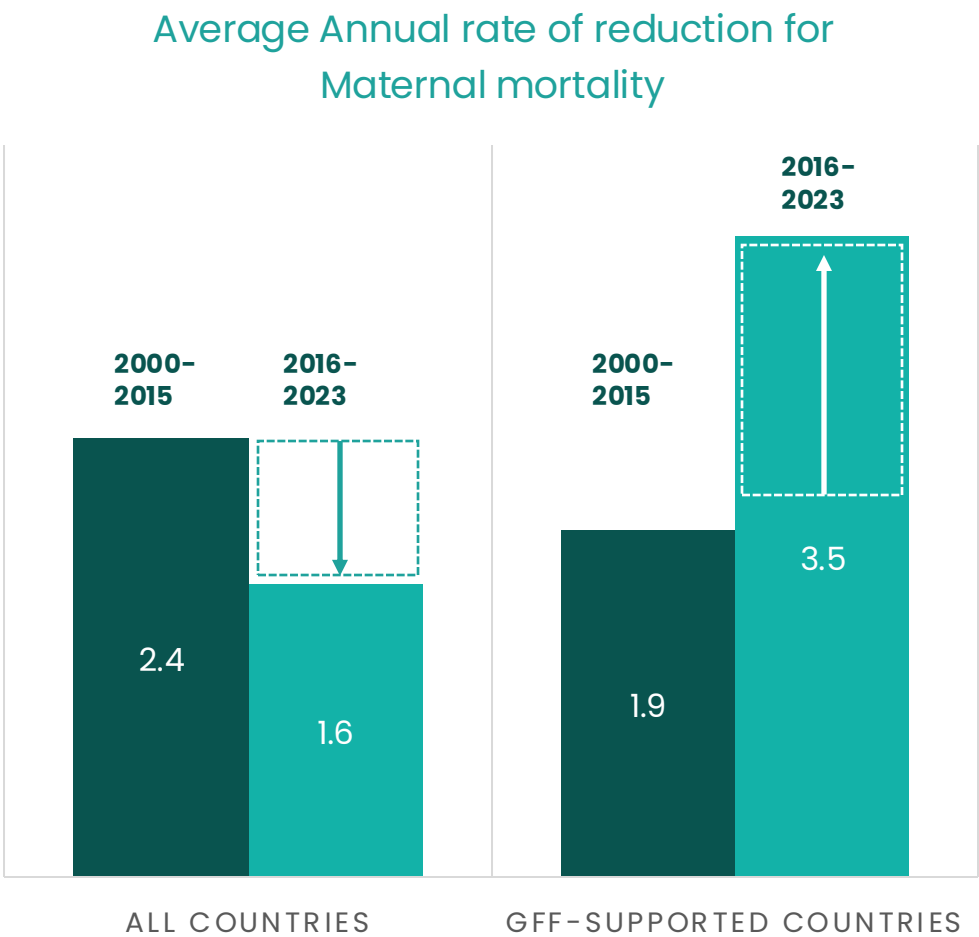
Summary

- **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



Summary

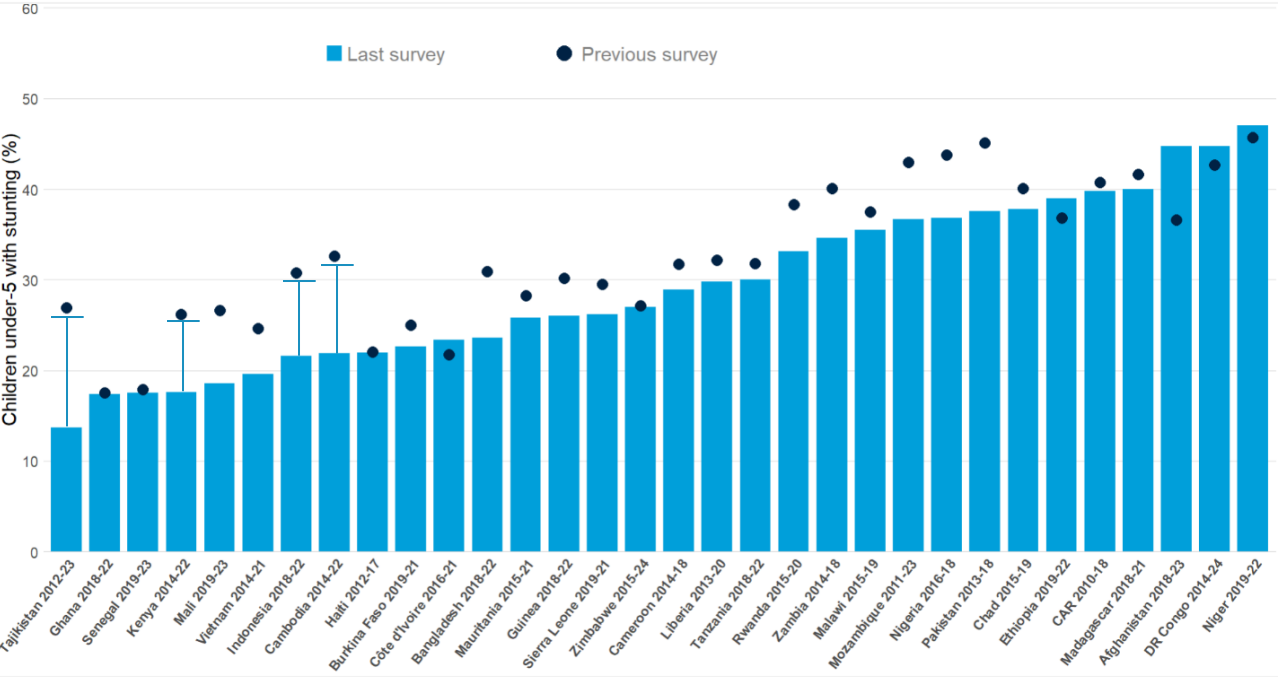
- From 2000-2015, GFF-supported countries had a lower annual rate of reduction for maternal mortality compared to the global average
- However, from 2016 to the latest estimates in 2023, GFF-supported countries have had a higher (more 2x) annual rate of maternal mortality reduction, compared to the global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

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

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.



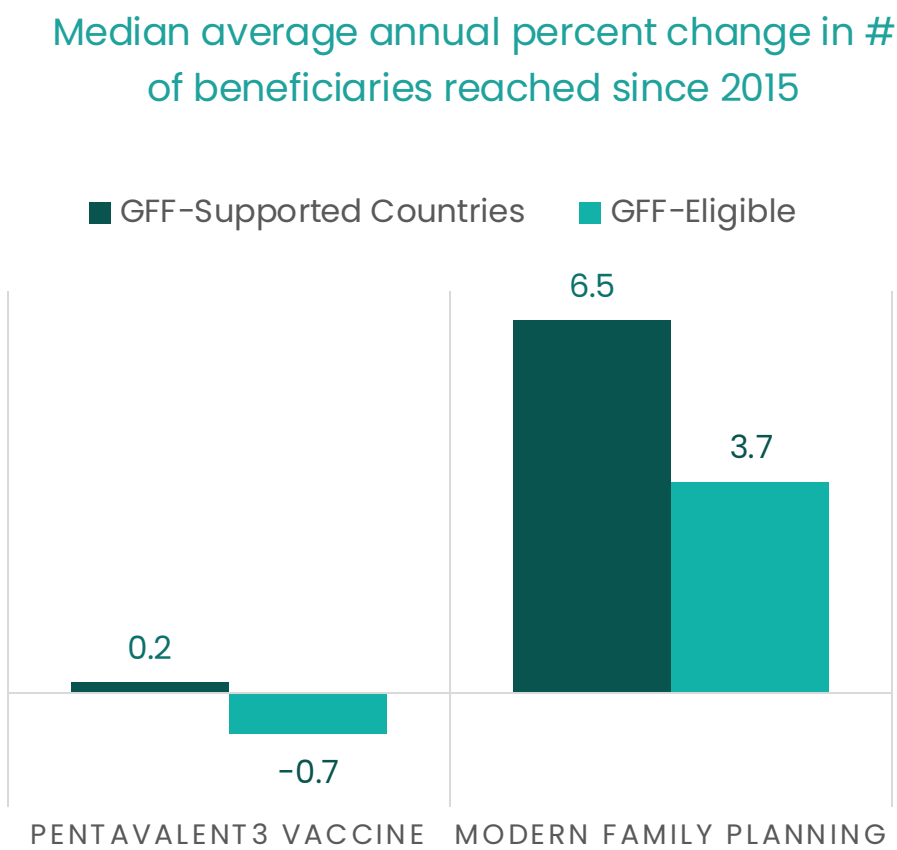
Note: Data source, DHS, MICS, SMART and other national nutrition household surveys. Countries included are those with two surveys in the past 10 years, one at or before and one after 2018. *Exceptions are Haiti with the latest survey in 2017, Mozambique with a gap of 12 years, and Tajikistan with a gap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

Analyses by Countdown to 2030

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



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

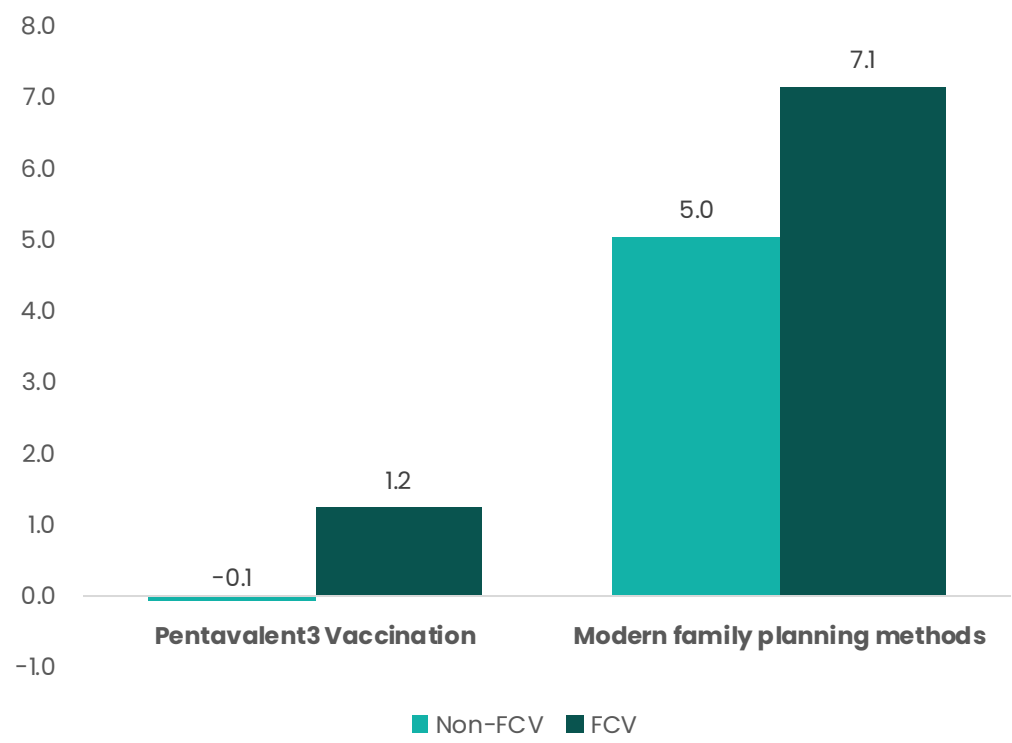
- Since 2015, GFF-supported countries continue to scale service delivery faster than countries that are GFF-eligible but not yet supported

Recent Progress

- Between 2023 and 2024, 64% of GFF-supported 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

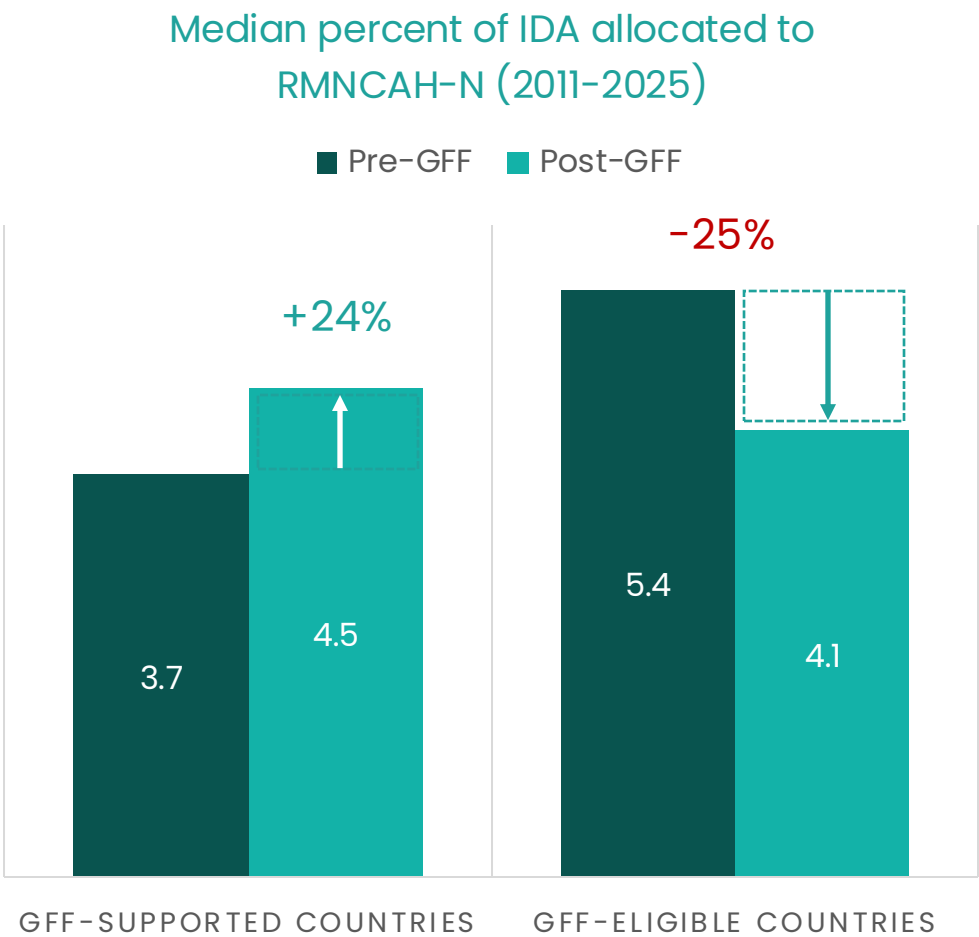


Major Takeaway

- 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 from 2023 to 2024 shown in parentheses):
 - Family planning: Chad (+10%), Somalia (+8%), DRC (+8%)
 - Pentavalent vaccination (third dose): Haiti (+11%), Mali (+9%), and DRC (+8%)

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.

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

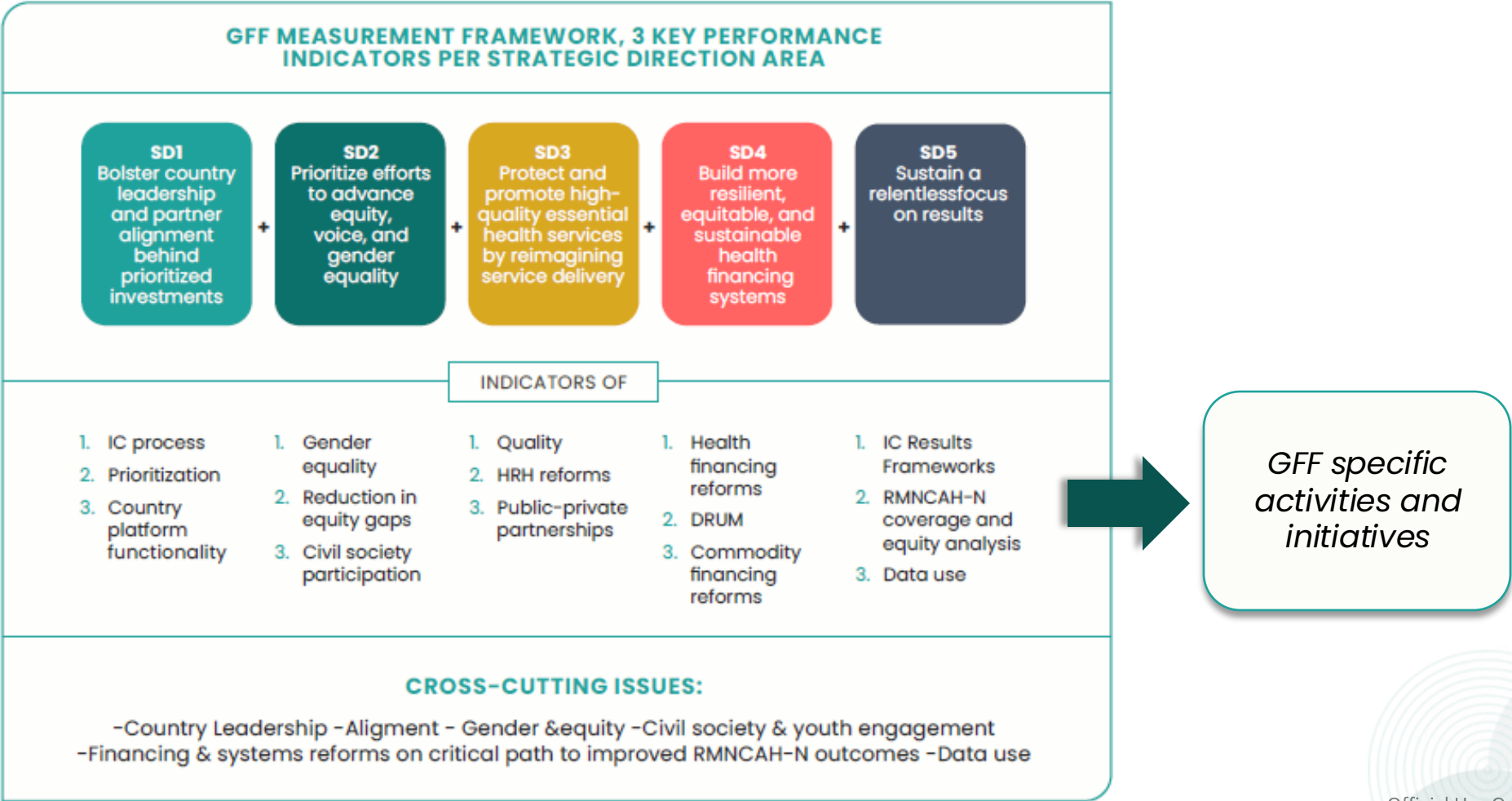


Takeaways

- Since engaging with the GFF, partner countries have **increased IDA usage for RMNCAH-N by 24%** relative to pre-engagement 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**.

GFF STRATEGY UPDATE BASED ON KPI ANALYSIS

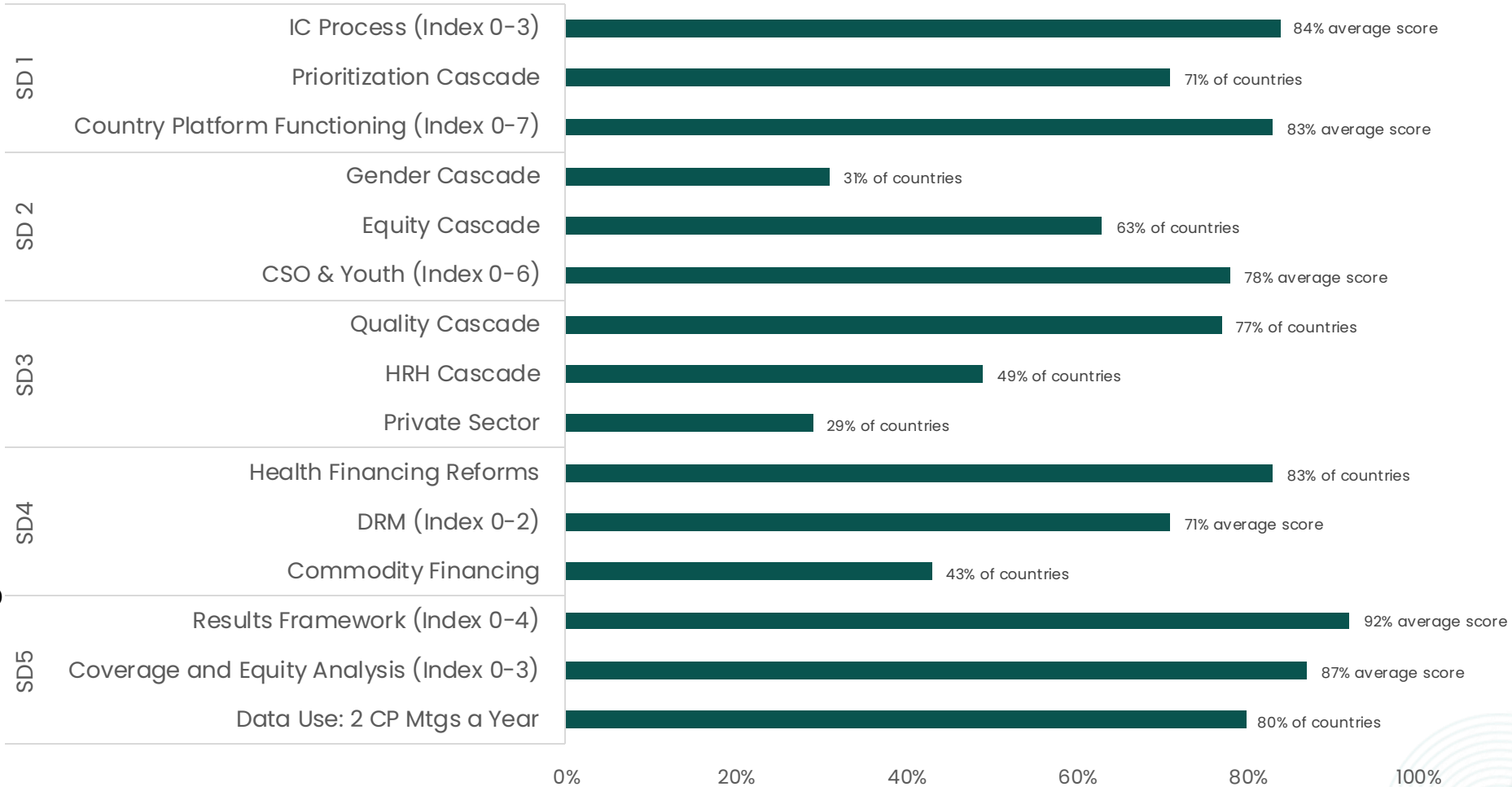
Measuring Key Performance Indicators (KPIs) for understanding GFF role in contributing to country-led impact



High level summary view of KPI Dashboard

Results show differential progress, with KPIs in well established areas reaching high levels of achievement:

- 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)



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

	KPI	2024	2025
SD1	KPI1: IC Process	77%	84%
	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
SD4	KPI 10: Health Financing Reforms	25 countries	29 countries
	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



LUNCH

Data-driven Prioritization



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*



Republic of Senegal
One People – One Goal – One Faith



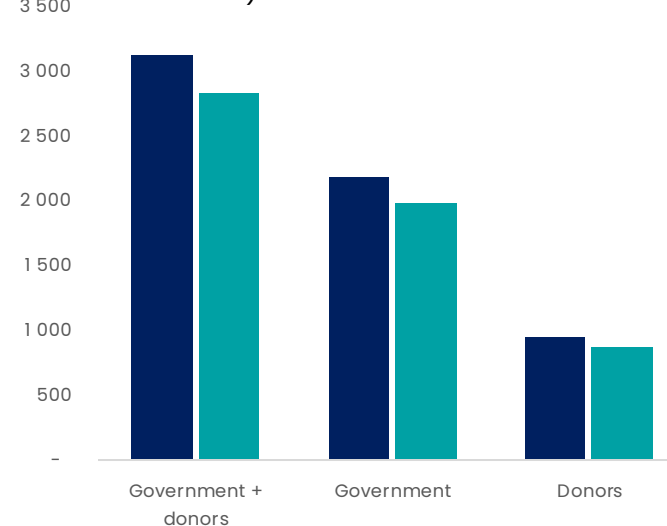
**Ministry of Health
and Public Hygiene**

Disruption analysis of external financing in the health sector : the case of Senegal

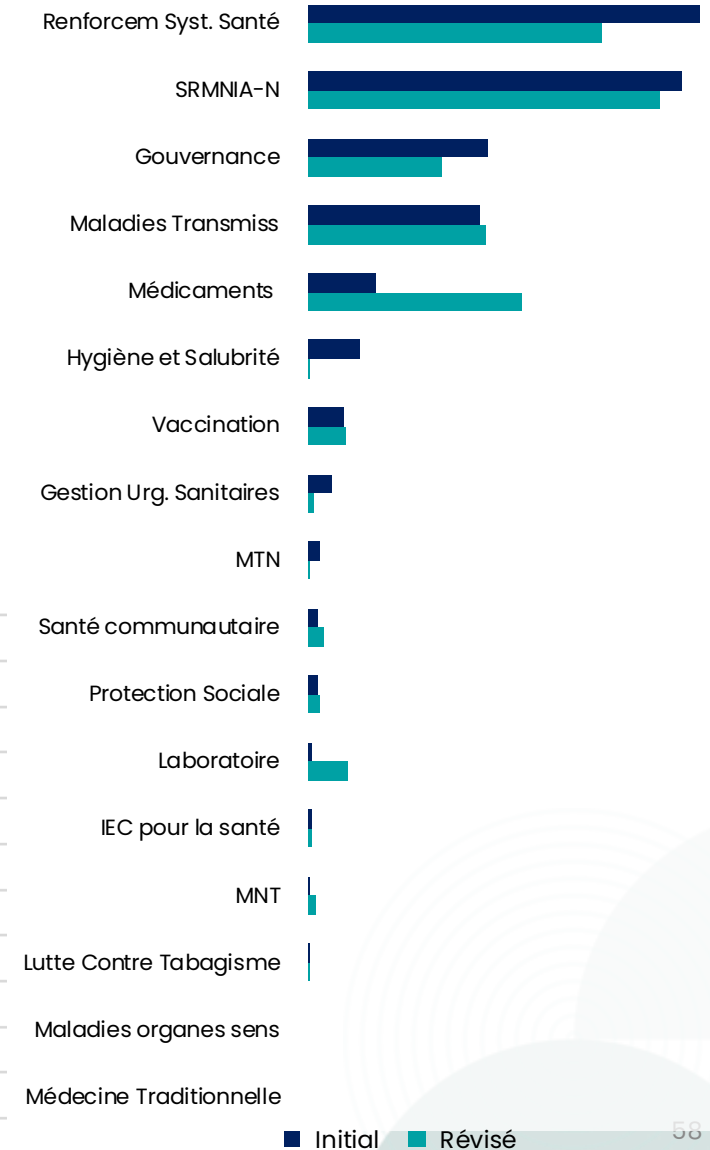
Senegal : Financing gap

- Decrease in government and donor allocations for the health sector over the period 2025-2028 compared to prior estimates (-9% or - 9,2% Government - 8,7% Donors in total)
- In 2024, USAID was the second-largest contributor to the RMNCAH-N (Reproductive, Maternal, Newborn, Child, Adolescent and Nutrition Health) program with 15.3 billion CFA francs.
- RMNCAH-N is one of the areas most impacted by the decline in donor allocations over the 2025-2028 period.
- RMNCAH-N is among the areas most affected by the decrease in donor allocations over the 2025-2028 period. A financing gap remains in 2025 (23.5 billion CFA francs) and 2026 (5.8 billion CFA francs) for the implementation of the SRMNIA-N Strategic Plan.
- A long-term deficit is observed for Strategic Axis 2 of the RMNCAH-N plan, which focuses on strengthening health promotion and prevention to encourage earlier and increased utilization of health services and to improve the quality of care.

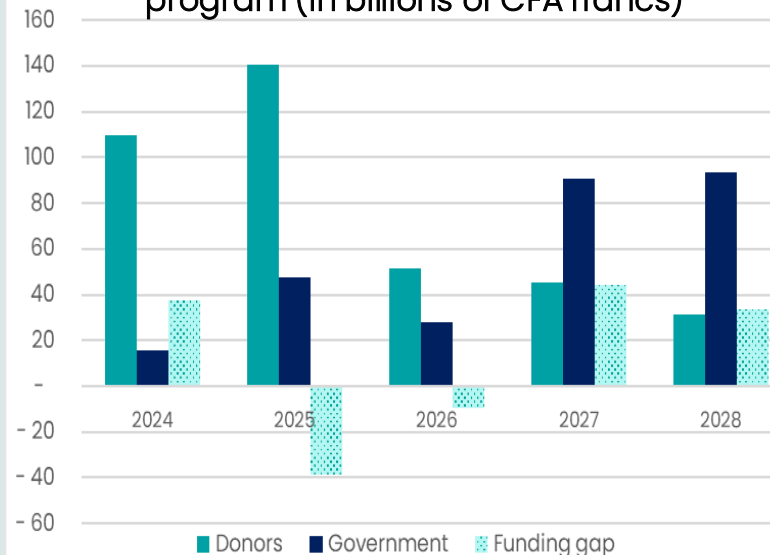
Allocations for the health sector in 2025-2028 in billions of CFA)



Technical and financial allocations by field for 2025-2026 (in billion FCFA)



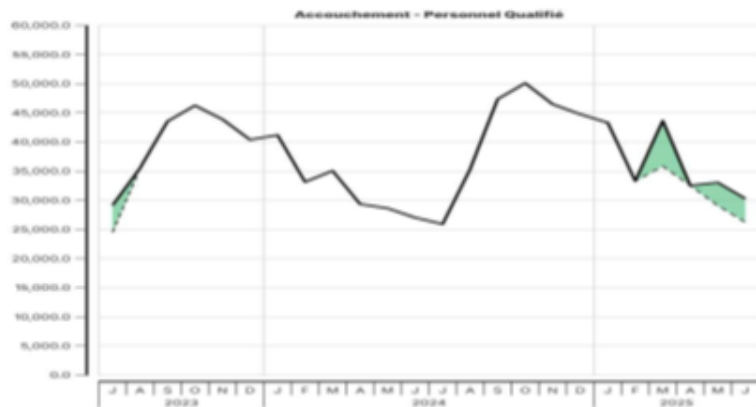
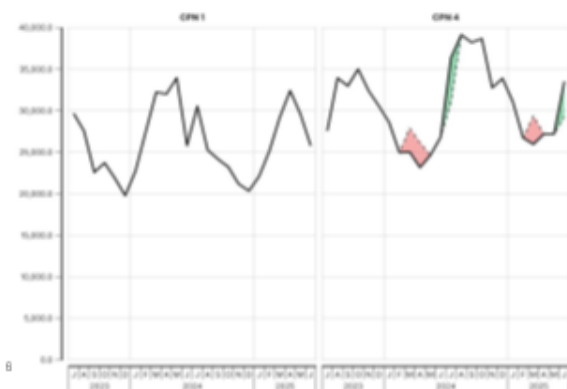
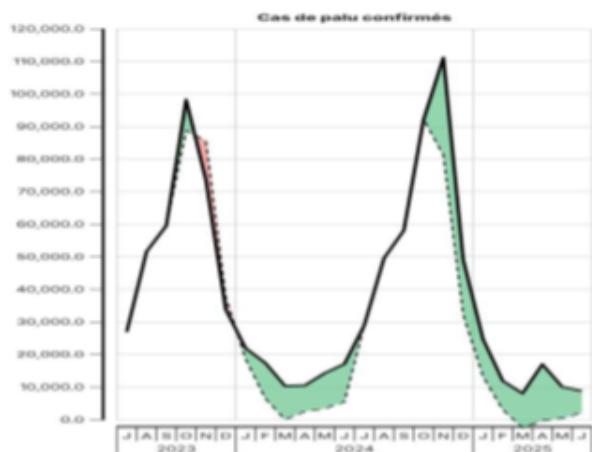
Identification of funding gaps for the implementation of the RMNCAH-N2024-2028 program (in billions of CFA francs)



Senegal : Analysis of Service Delivery

Following the completion of data re-entry missions, the adjusted DHIS2 data made it possible to analyze trends in service utilization.

2025 Disruptions observed in the first half of 2025



- While ANC1 visits remain close to the expected levels throughout the period, ANC4 visits experience a disruption in March 2025 (-13%), followed by a slight surplus in June (+13%).
- Deliveries assisted by skilled health personnel recorded a surplus of approximately 18% in March 2025.
- In 2025, the number of confirmed cases of malaria remains slightly higher than expected.
- The number of HIV tests experienced a one-time decline in March 2025, with volumes about 29% lower than expected.
- The number of people living with HIV receiving antiretroviral treatment decreased by approximately 11% in May 2025.

Senegal : Key Findings

- 1. A 9% decline in expected resources from development partners and the State for the health sector over the period 2025–2028;**
- 2. The most affected areas are health system strengthening, RMNCAH, governance, prevention, community health, as well as communicable disease control;**
- 3. This situation has had a greater impact on the operational and intermediate levels (districts and regional health directorates) than on the central level;**
- 4. The withdrawal of certain donors coincides with the anticipated arrival of new actors (including foundations), whose funding is primarily focused on RMNCAH-N and represents 10% of external financing over the period 2025–2028; however, the sustainability of these funds remains uncertain;**
- 5. Overall, despite the decline in external aid, some maternal and child health indicators remain stable. However, disruptions are noted for malaria (stockouts) and HIV (decrease in testing and follow-up). Further analysis is required to assess the real contribution of reduced aid to these service disruptions.**

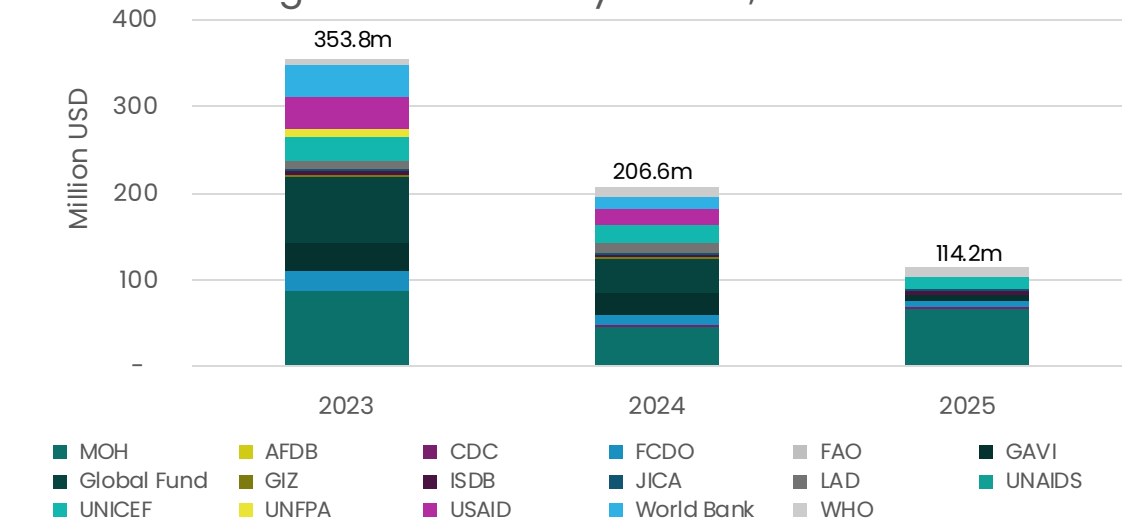
Senegal: Evidence-Informed Approaches to Strategic Decision-Making

- 1. Planned allocations in 2026 for the implementation of the priority projects of the National Transformation Agenda, including those related to RMNCH;**
- 2. Refocus priorities on primary health care and make health promotion and prevention key drivers for greater efficiency;**
- 3. Ensure optimal implementation of the program-budget reform with effective management dialogues;**
- 4. Reform internal resource allocation mechanisms, ensure transparency and accountability, and promote performance-based financing;**
- 5. Develop advocacy efforts to encourage the Ministry responsible for the budget to adopt procedures tailored to the specificities of the sector, in order to facilitate the mobilization of State resources;**
- 6. Stimulate self-financing and the mobilization of alternative resources: support and promote reforms for institutions with economic potential (ARP, DL, SEN-PNA);**
- 7. Encourage the mobilization of domestic resources through local authorities, the private sector, taxation, and philanthropy, while reducing the financial burden on households, which already bear a heavy cost;**
- 8. Conduct ex-ante evaluations of programs before financing to ensure efficiency;**
- 9. Institutionalize the resource-mapping process by digitizing it and integrating it with national health accounts;**
- 10. Invite the technical and financial partners lead to examine their involvement and contributions to sector results, in line with the commitments of the Health Compact.**

Sierra Leone

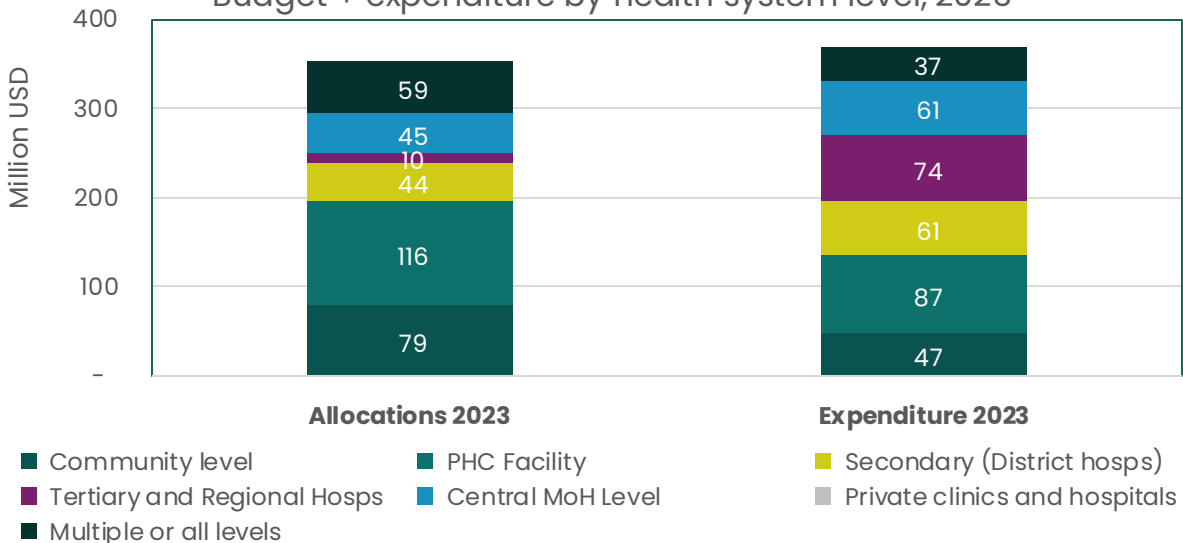
Sierra Leone: funding gaps

Budget allocations by source, 2023–2025

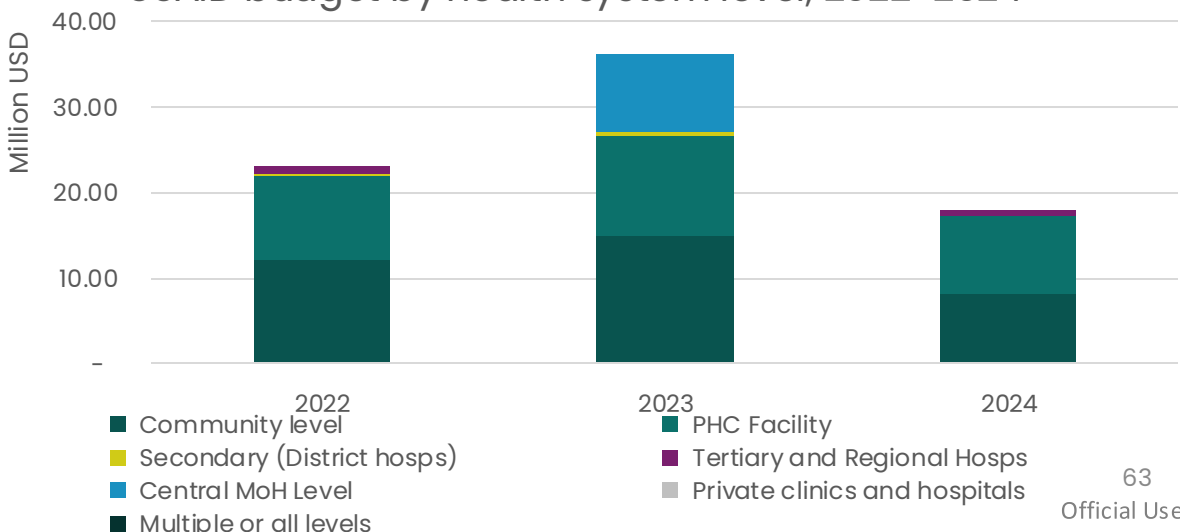


- Overall resources for health decreased by 41% from 2023 to 2024. USG sources constituted ~10% of total budget allocations in both 2023 & 2024. Preliminary data suggests <1% in 2025 (no USAID data is reflected). Updated data for 2025 is being collected and analyzed.
- Over half of all resources were 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



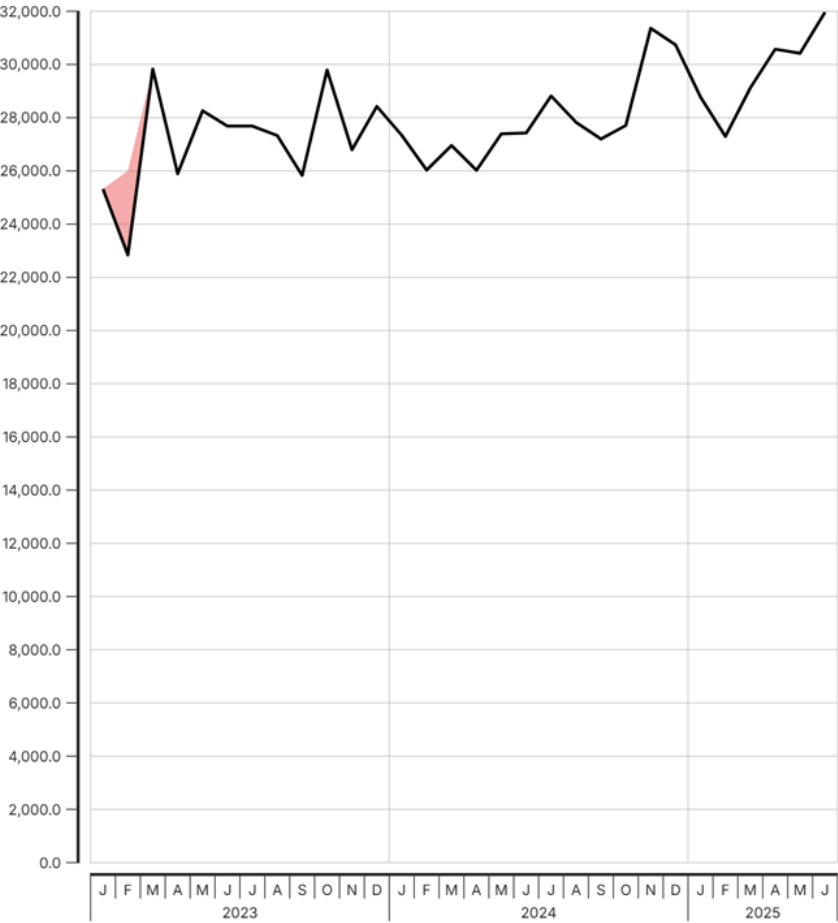
USAID budget by health system level, 2022–2024



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

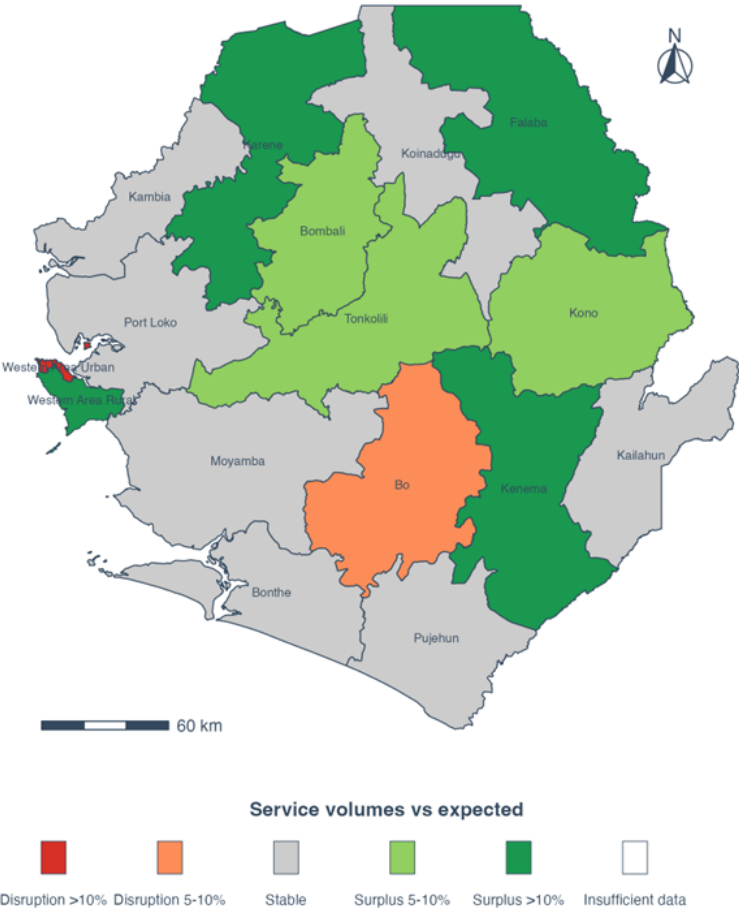


Surplus
Disruption

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.

Pentavalent 1st dose

District-level service volumes in 2025



Service volumes vs expected

Disruption >10% Disruption 5-10% Stable Surplus 5-10% Surplus >10% Insufficient data

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.

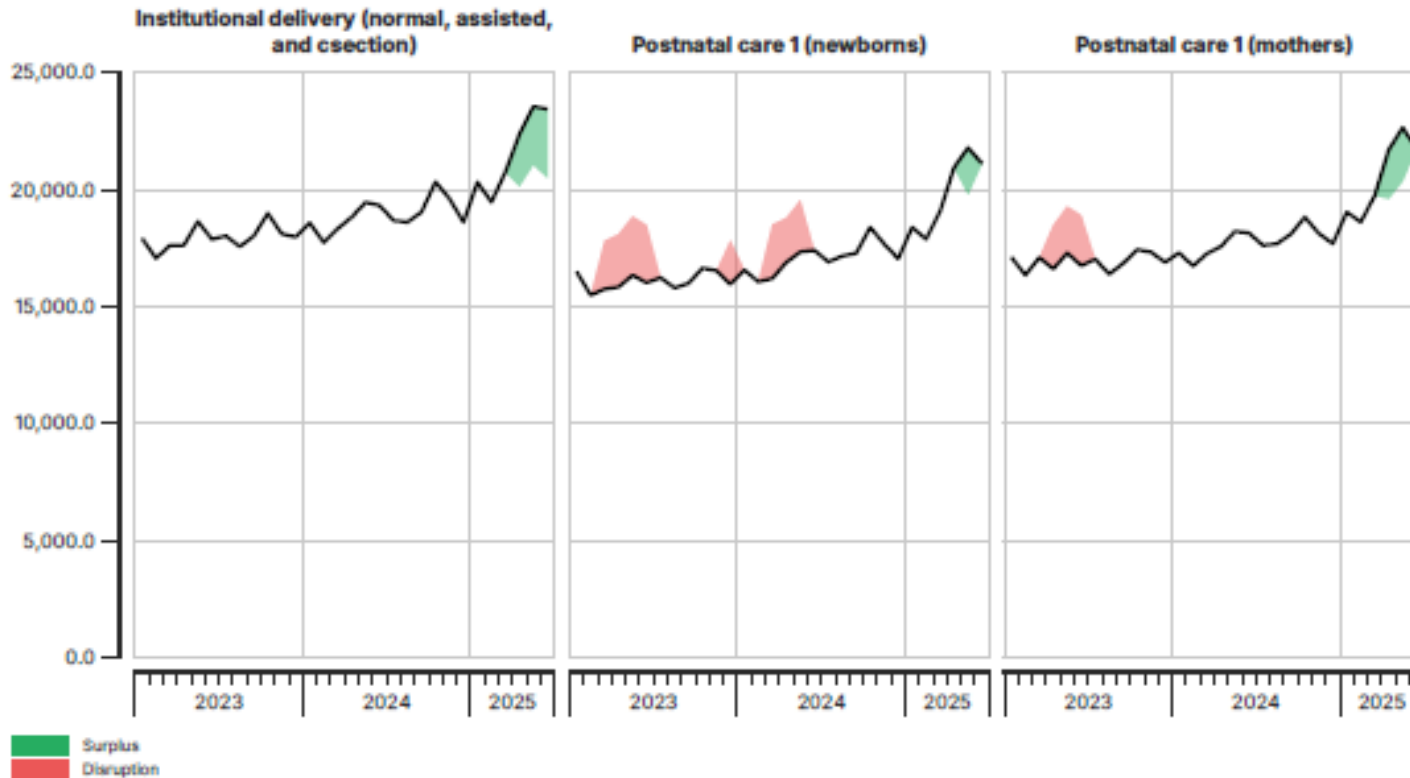
However, analysis at the district level reveals a more nuanced picture — some districts show temporary disruptions, others surpluses, and several remain near expected levels.

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.

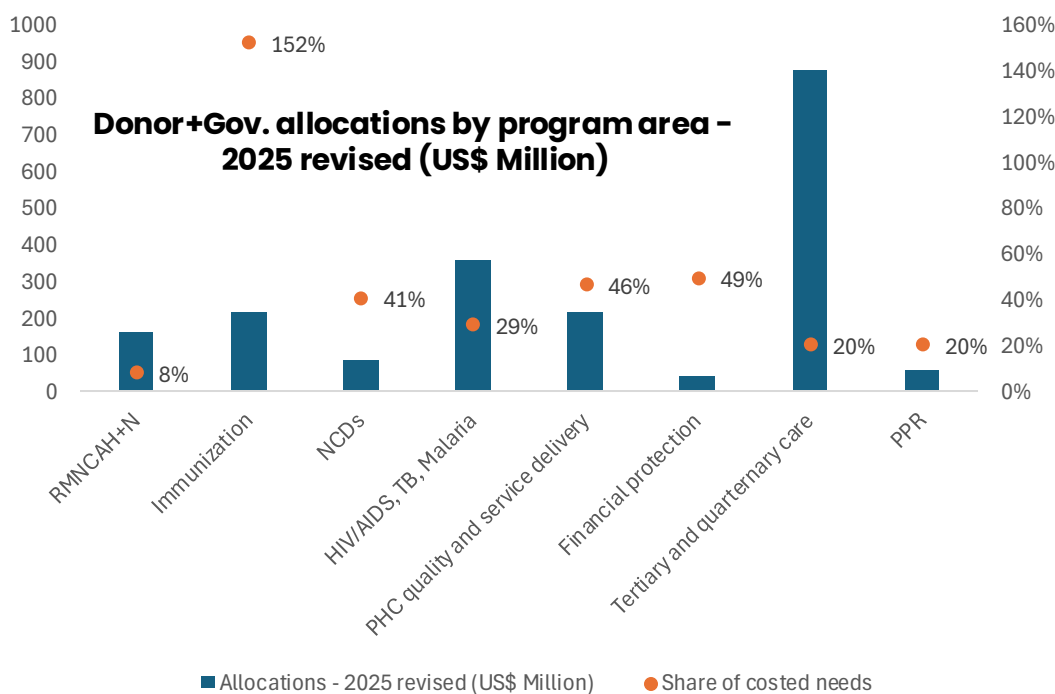
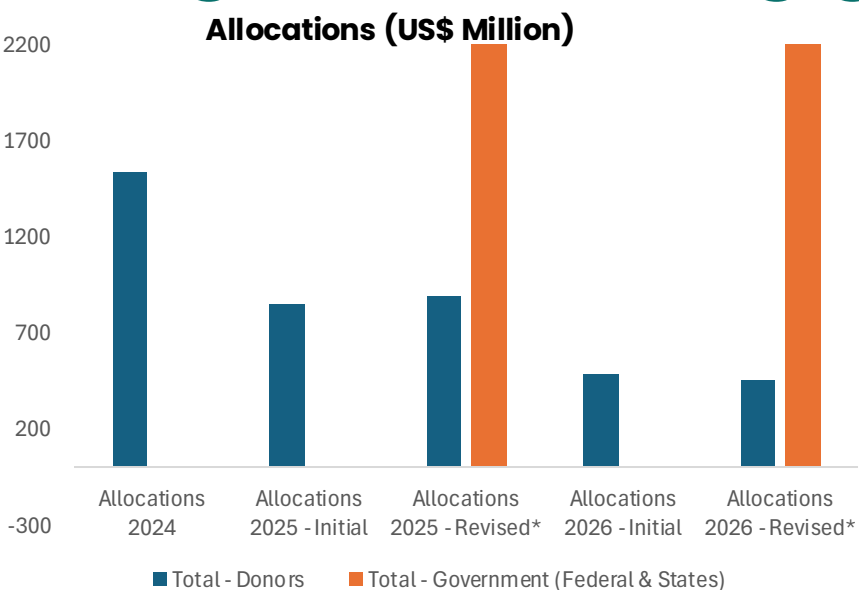
It is critical to monitor changes in quality of care, in addition to monitoring changes in the reach of services

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

- MOHS Sierra Leone is using the health resource and service delivery data to inform prioritization decisions
- Disruption Analysis meeting with results on service delivery data from HMIS on national and subnational level along with discussions on funding gaps were held with the UHC Meeting during the Implementation Support Mission to draw out key insights relevant for near term decision-making.
- Data and evidence will be used to help establish a new performance management system chaired by the Minister of Health for 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
- This exercise along with the fifth round of RMET will support prioritization decisions by MOH as part of the annual budgeting process.

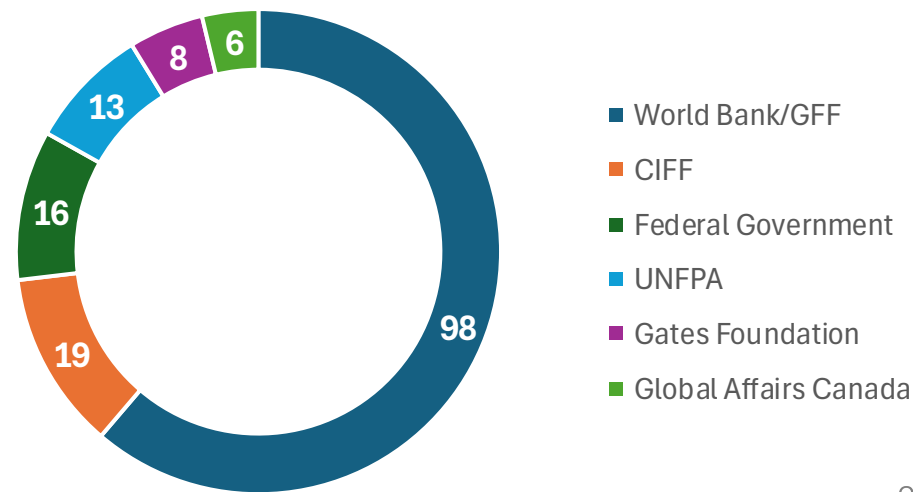
Nigeria

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)

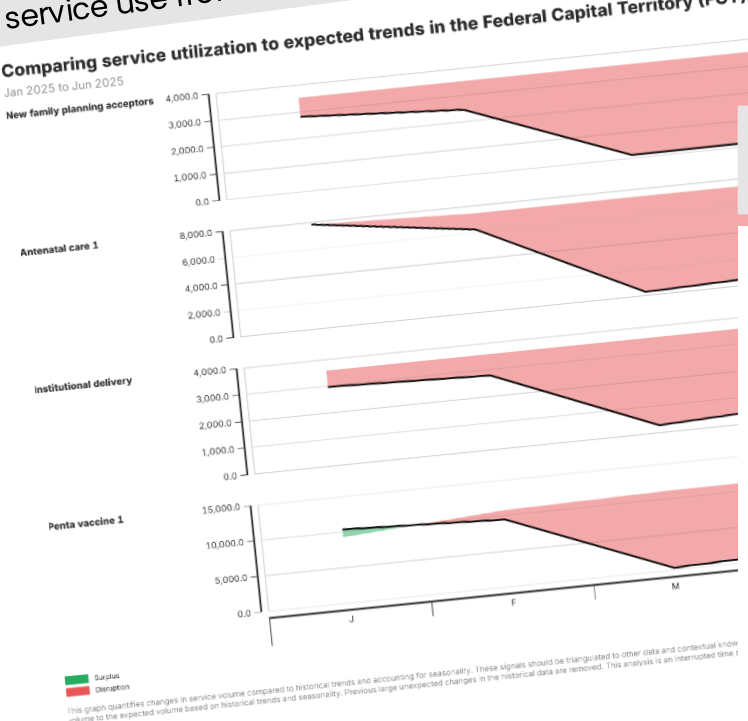


Nigeria: applying FASTR for resiliency monitoring in a polycrisis environment ...

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



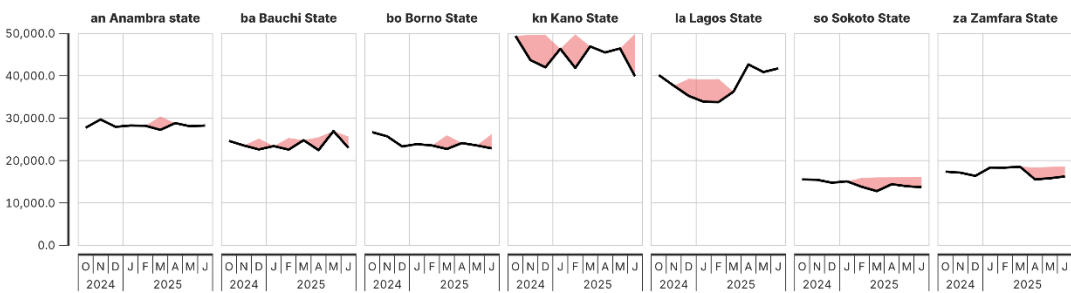
Ongoing monitoring of DHIS-2 data can identify issues for quick corrective action – like this example of unexplained drops in BCG uptake

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



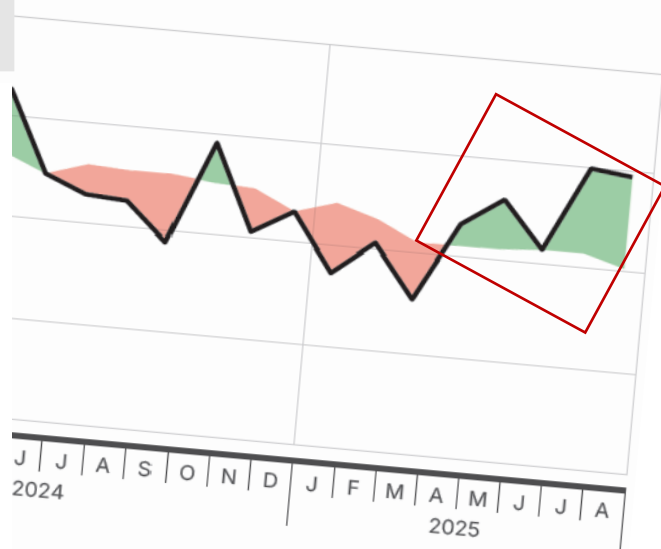
Surplus
Disruption

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 – Zamfara State



... 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.

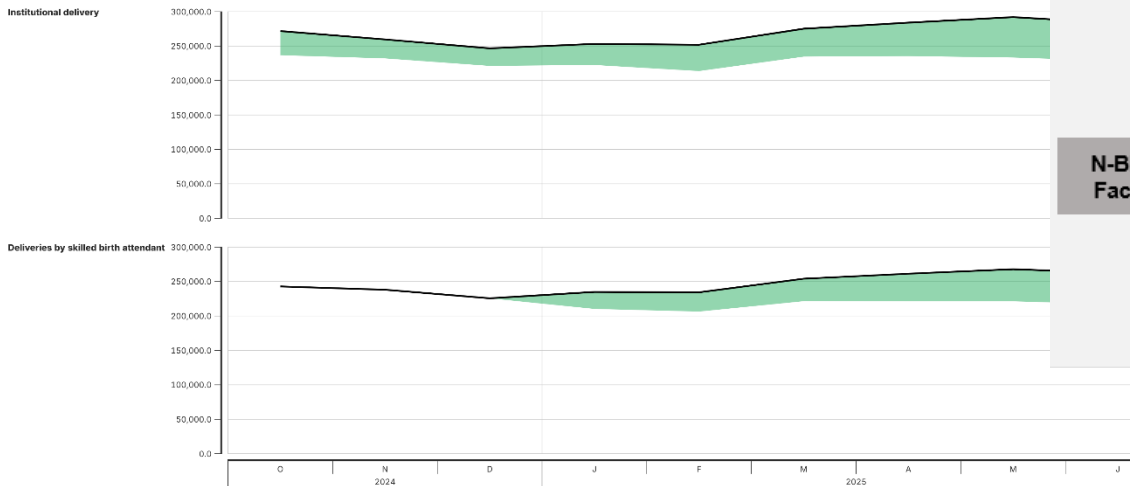
Quarterly RMNCAH+N performance monitoring assessments are tracking maternal health service uptake under the Nigeria Health Sector Renewal Initiative (NHSRII), the key policy commitment for the health sector

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

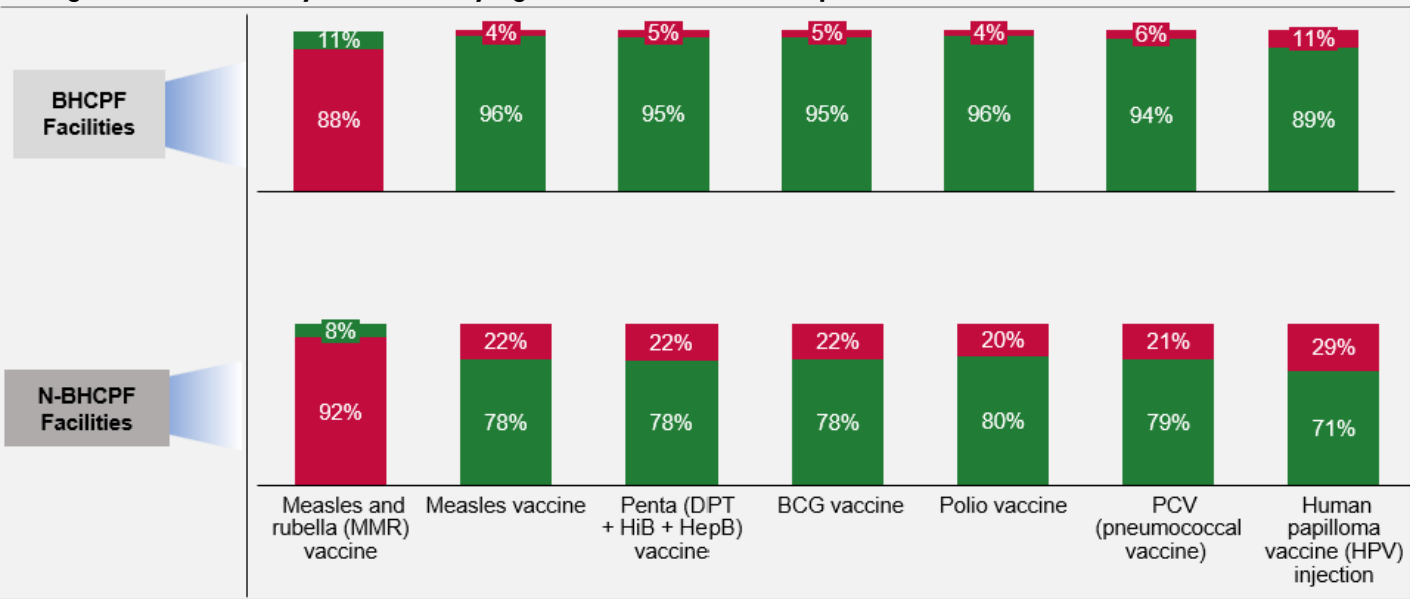
Similar increases in deliveries were identified

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



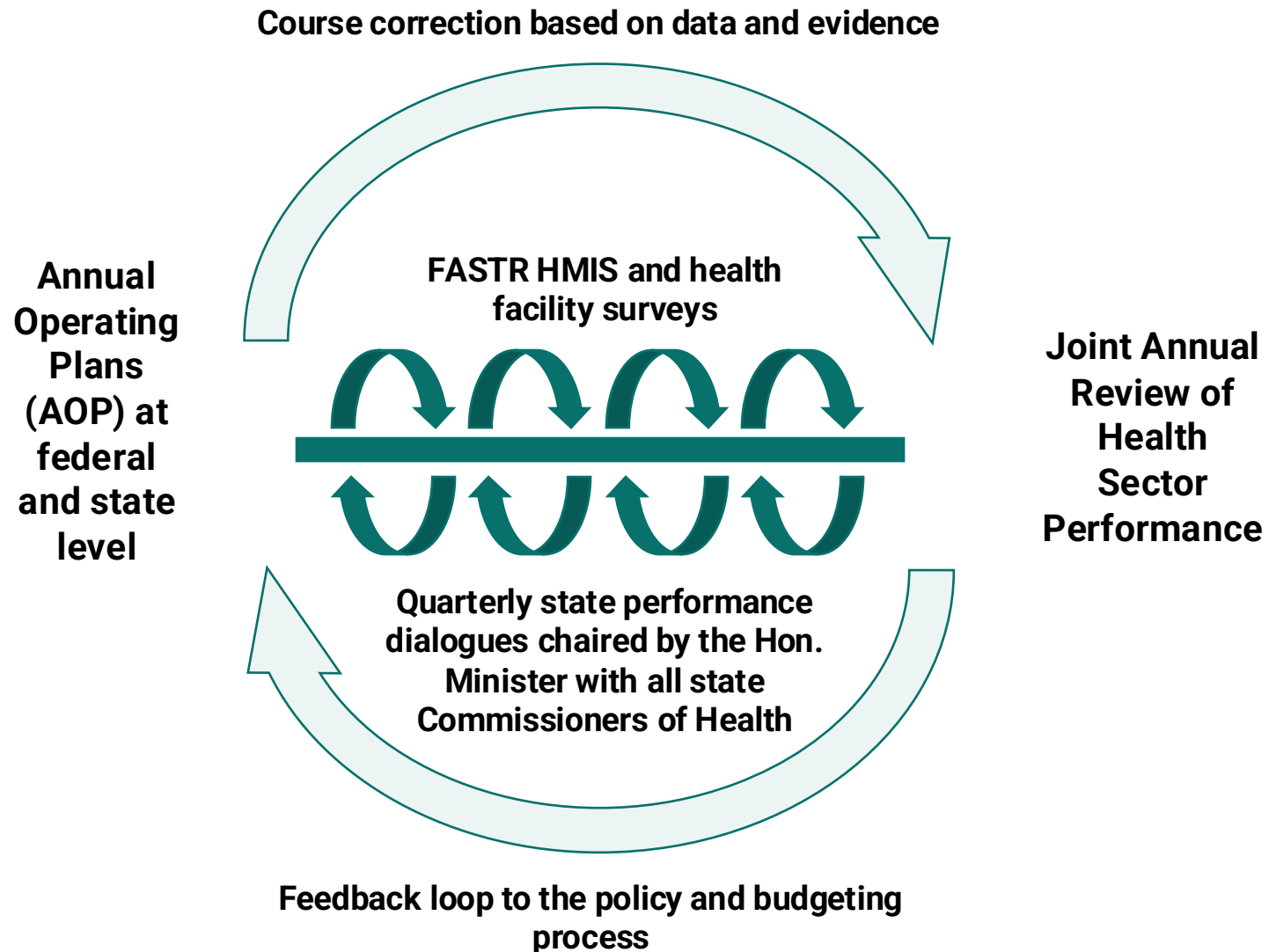
Comparing vaccine availability in BHC PF facilities receiving direct facility financing compared to facilities not covered by the intervention

Average vaccine availability is considerably higher in BHC PF facilities compared to non-BHC PF facilities



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 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 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



BREAK

Gavi, GFF, and Global Fund Collaboration



GFF collaborates bilaterally and trilaterally with the Global Fund and Gavi in 30 of its 36 partner countries.



1. Collaboration through joint financing/co-financing of WB's IDA/IBRD project

Aligning Financing for impact: Gavi and GF co-financing with WB/GFF

Since 2017, Gavi has supported **11 co-financed operations** in 10 countries and Global Fund has supported **13 co-financed operation** arrangement through the WB to channel on-budget funds through government systems, aligning financing, governance, and service delivery.

Objectives

Alignment and Sustainability (channel funds through government systems)

Efficiency and Leverage (country presence, fiduciary mechanism and country PFM)

Health System Strengthening (integration of vertical program and services into broader systems)

Joint policy dialogue with governments and access to other financing streams of the WB

Co-Financing of WB IDA/IBRD projects

Co-financing with a World Bank IDA/IBRD financed project (Investment Project Financing or Program-for-Results) has helped ensure **on-budget support**, harmonized implementation, and shared results frameworks.

Examples:

- **Pakistan** National Health Support Program (co-financed by GFF, Gavi, and the Global Fund)
- **Indonesia** Investing in Nutrition and Early Years, Phase II (co-financed by GFF and Gavi)
- **DRC** Health System Strengthening for Better Maternal and Child Health Results Project (co-financed by GFF and the Global Fund)

GFF's set up Joint Financing Framework to facilitate on-budget pooled project co-financing aligned with country plans and systems



The Joint Financing Framework (JFF), **approved in November 2023**, allows donors to co-finance specific country Investment Cases through the GFF Trust Fund.



Strong growth in JFF grants, from \$26.3m signed JFF grant contributions by June 2024 (one donor) to \$63.8m by April 2025 (four donors), linked to \$914m in Financing and \$87m in GFF core and EHS country grants.



Mix of sovereign and foundation donors, with contributions mainly for Recipient-Executed (RE) activities as well as smaller amounts for Bank-Executed (BE) activities

Nigeria – Primary Healthcare Provision Strengthening Program (HOPE-PHC)

- **Objective:** To improve utilization of quality essential health care services and health system resilience in the Federal Republic of Nigeria.
- Status: approaching effectiveness
- Total Government Program amount: \$3.67 billion
- Total WB-financed Project amount: \$570 million (IDA Financing: \$500 million; GFF Core Grant: \$50 million; JFF RE Grants: \$20 million)
- **On-going discussions:**
 - With other donors about potentially substantial additional co-financing (\$20–\$50m or more) to support the government program
 - With Health Development Partner working group about potential pooled TA funding from several donors to deliver Joint TA to the government
- **Impact of JFF co-financing:**
 - More on-budget financial support for stronger results
 - Stakeholder engagement and alignment between main parties

Pakistan co-financing example: IDA, GFF, GF, Gavi, Gates

National Health Support Program (NHSP)

CONTEXT

- Strong gov't commitment to UHC
- Poor RMNCAH-N outcomes
- IC and DCP3 prioritization processes
- Imbalanced financing towards tertiary care
- Weak financing for health with reluctance to borrow
- Fragmented/weak data systems and supply chain systems

OPPORTUNITY

- Pooled financing offered ON-BUDGET grant to incentivize provincial borrowing for PHC
- Strong equity focus including on Zero Dose
- Immunization and TB Disbursement Linked Indicators could be included
- DRM DLI also in scope
- Big push on HMIS and data use, and on gender
- Aligned parallel financed TA from "4 Gs"

RESULTS

- Integrated prioritized package of PHC services identified
- Aligned support for strategic purchasing to improve accountability for quality, coverage and equity
- DHIS2 rollout in two provinces with PHC dashboards planned; digital birth reporting at PHC facilities launched
- Community case reporting of TB improved
- Commodities financing and supply chain strengthening dialogue advanced
- Community health coverage improved

Shared insights from country teams on co-financing arrangements

Different **operating models, timelines, and reporting systems** across Gavi, GF, and the World Bank.

Strengthening operational guidance's across project co-financing cycle (design and implementation)

Inconsistent measurement of “health systems strengthening” and measurable outcomes.

Considerable progress is made in facilitating more co-financing with the World Bank (including in GFF partner countries).

- World Bank co-financing framework agreement with Global Fund
- Focus on standardizing operational guidelines, tools, and training materials.
- Continuous efforts to enhance flexibility and agility in project co-financing at the country level.

2. 3GHI's Collaboration on HSS and Country Engagement Workstream

GFF’s collaboration with GAVI and GF through Joint Committee Working Group (JCWG)

The Boards of GFF, Gavi, and the Global Fund supported a one-year **Joint Committee Working Group (JCWG)** in September 2024 to operationalize some of the recommendations from the Lusaka Agenda. The focus was on how 3 GHIs work and collaborate with each other and with countries, ensuring GHI efforts are country led, and demand driven. Although the JCWG concluded in September 2025, 3GHIs continue to collaborate, bilaterally and trilaterally.

3GHI- Wave 1 collaboration countries

- Chad** 
- Ethiopia** 
- Guinea** 
- Malawi** 
- Mozambique** 

Workstreams

Country engagement workstream

Health System Strengthening

Malaria

3GHI's collaboration area in Wave 1 countries

Areas for GHI collaboration and alignment behind country priorities



Chad

To address potential for fragmentation in HMIS investments, the 3 GHIs have been aligning behind a HMIS strengthening plan being developed by MoH. This process has been financially supported by all three GHIs. A diagnostic workshop has been completed, and the Strengthening Plan is expected to be completed by the end of the year. This plan will inform future support by the three initiatives.



Ethiopia

Integration of malaria vaccine introduction with LLINs (Bed nets) distribution campaign: 72.4% of woredas selected for malaria vaccine rollout overlap with Global Fund-supported intervention areas, enabling a coordinated launch that integrates LLINs distribution. This joint approach maximizes resource efficiency, enhances advocacy by linking vaccine introduction with proven malaria prevention methods, and strengthens collaboration between immunization and malaria control programs across all levels.



Guinea

The three GHIs have been working together to support the country in the following areas: **strategic review of health financing and transition to domestic sources and implementation arrangements**; the community health approach; and, procurement and supply chain management, e.g., support to Coyah warehouse. In addition, GHIs are supporting coordination to address acute gaps emerging from the withdrawal of donors funding.



Malawi

Malawi has completed a **Bottleneck Analysis** which served as a common diagnostic tool to identify systemic challenges and opportunities for greater alignment among the Global Health Initiatives. The exercise highlighted both differences, such as project- versus program-based support and governance arrangements, and synergies, including public financial management systems and procurement. By providing a shared evidence base, the analysis is fostering evidence-driven dialogue between the Ministry of Health, the Ministry of Finance, and the GHIs, helping to pinpoint where alignment is most feasible and impactful.



Mozambique

In Mozambique, the Global Fund, together with the World Bank, GFF and Gavi, has established a joint approach with the Ministry of Health **to align funding flows and strengthen district-level planning**. By channeling resources directly to districts, this collaboration is reinforcing primary health care delivery, enabling more responsive community systems, and improving efficiency through coordinated financing and **integrated service delivery**.

3GHIs' efforts to harmonize and align HSS investments

The 3GHIs' HSS workstreams hold regular touchpoints to coordinate approaches, ensuring that health systems investments and measurement are better aligned and that GHIs do not miss opportunities to integrate with national plans.

Operating Model Achievements

- **Prioritized operating model approaches** for HSS against tiers, e.g., coordinated guidance, planning and applications.
- **Coordinating engagement in GC7 Re-prioritization process.** Sharing information on GC7 reprioritization process to enable programmatic alignment.
- **Working to align programmatic guidance** (Gavi 6.0, GC8).
- **Jointly engaged in Strategy discussions.** Global Fund and WB / GFF engaged in Gavi's Technical Advisory Group to shape first HSS Strategy; Global Fund and Gavi engaged in GFF's current strategy discussions.

HSS Programmatic Achievements

- **Supported country-level collaboration on HSS issues** in Wave 1 countries
- **Accelerated successful collaboration** in key HSS thematic areas (data, public financial mgt and supply chain systems), leveraging previous collaboration
- **Developed high-level objectives, strengthened staff networks and identified synergies** on other critical HSS areas (health financing, HRH, leadership & governance, service delivery)
- **See examples** (next slide)

Next Steps

- **Continue to coordinate alignment of programmatic guidance.** Align approaches and language on importance of collaboration.
- **Coordinate funding requests.** Map out country timings and for those with similar timelines, support joint planning, development and review of funding requests (together with malaria workstream).
- **Continue collaboration on HSS topics:** data, PFM, supply chain systems, leveraging deep-dives and building on networks and collaboration mechanisms.

HSS: Examples of Programmatic Success



Health Information Systems and M&E

- All agencies **aligned on a core set of health system indicators** through participation in WHO-led PHC Measurement Alignment process
- Ongoing collaboration with GFF on **FASTR (Frequent Assessments and System Tools for Resilience)** used for rapid cycle data collection, analytics and data use to evaluate health systems services and functions
- Gavi, Global Fund and GFF **coordinating global and country level investments in DHIS2** to strengthen data availability and use for decision making.
- Coordinated Gavi investments in health facility electrification with Global Fund support to **improve connectivity** in hundreds of health facilities across Zambia and Ethiopia.
- Recently commissioned joint **evaluation of DHIS2** implementation in three countries to assess impact and inform next phase of support. Gavi and GF have jointly targeted power and connectivity gaps



Supply chain / waste management

Coordinated supply chain and waste management investments, for example:

- Supply chain **information systems** (e.g. electronic logistics management information systems)
- Capacity building for **supply chain logistics** (e.g. agencies invested in the Strategic Training Executive Program for supply chain managers)
- Building **warehousing capacity** at national and sub-national levels (e.g. Global Fund leveraging Gavi-supported cold chain investments for other heat-sensitive health commodities)
- Innovative new technologies in **waste management systems**.



Community health workers

- Gavi is aiming to build on the Global Fund supported 'Building Integrated Readiness for Community Health' (BIRCH) program to **provide technical assistance to Ministries of Health to improve the quality of support to community health programming**
- Gavi contracted the same organization used by the Global Fund, **Africa Frontline First**, to scale up and fill gaps in BIRCH support in certain countries, with Guinea Bissau as the first country selected
- Collaboration on new **CHW module for FASTR**, especially across Global Fund and GFF

3. Forward Look

Future Collaboration between Gavi, Global Fund and the Global Financing Facility

- The three GHIs remain committed to the principles of the Lusaka Agenda.
- The end of the JCWG process does not mark the end of efforts to enhance collaboration and reduce the burden on countries. The oversight will continue through regular governance processes.

Collaboration will continue through:

- A continuation of work across the three workstreams, Malaria, HSS and Country Engagement.
- Continued tri- and bilateral collaboration between Gavi, the Global Fund and GFF.
- A new joint Taskforce between Gavi and the Global Fund.
- Individual initiatives by each of the GHIs to simplify their procedures and continually align to country systems.

Harnessing GFF and World Bank Levers to Deepen Collaboration with Gavi and the Global Fund

Strategic levers

IDA 21

- IDA 21 remains the largest source of on-budget health financing. Under IDA21, the 3GHIs can jointly leverage, prioritize and incentivize country IDA envelopes to expand investments in PHC and UHC.

WB-GF MOU

- Ongoing discussions between the World Bank and the Global Fund to update the MOU, includes a focus on co-financing World Bank/GFF projects.

GFF Joint Financing Framework

- A mechanism launched by GFF last year to facilitate joint financing of country IDA projects to facilitate on-budget external financing

Operational levers

GFF Challenge Fund mechanism

- Competitive grant mechanism focused on financing commodities & supply chains: last-mile delivery, LMIS, forecasting, gap analysis, and advocacy for government financing of essential commodities.

GFF CIVIC partnership

- Joint GFF and World Bank effort to strengthen civil society and youth engagement in health, supporting CSO participation, budget advocacy, and essential health service monitoring.

GFF's Planned areas of collaboration with GF and Gavi

Support co-financing and leveraging WB IDA resources, and strengthening country-led resource prioritization

- Support for evidence-based prioritization of essential service packages
- DRUM (joint advocacy for more resources for health and CSO engagement)
- Alignment with national priorities and budgets
- Strengthening delivery of services through integrated platforms (maternal & newborn, child health, adolescents including HPV)
- Strengthening linkages between coordination platforms, responsive to country demand

More joined up approaches in specific HSS thematic areas

- Access to essential commodities and supply chain
- Measurement and data use
- Public financial management
- Gender and equity (including zero dose)
- Community health workforce

Remaining challenges and path forward

Discussion with IG



**Support country-led
processes and systems**

**Integrated service
delivery**

**Long-term
sustainability with a
focus on domestic
resource mobilization**

Remaining challenges and path forward

- Extent of 3GHIs varies by country, reflecting **differences in operating models, funding cycles, and application timelines** of 3GHIs, as well as country context.
- Despite significant progress in collaboration, there is still much more we can do together to reduce the transaction cost and reporting burden on countries, each GHI is committed to **simplifying its operating model**, and following **country' steer** to ensure **alignment with country led processes**.
- **Joint financing through the World Bank (including GFF)** has enabled **on-budget financing through country systems**, with both Gavi and the Global Fund piloting blended finance approaches in a few settings. Further institutionalization of such collaboration will require **mainstreaming of the practices contained in existing guidance** and instituting ways of working based on integrated approaches.
- There is strong **complementarity across HSS investments**, but guidelines, classifications, and M&E frameworks remain only partially harmonized. **The 3GHI's HSS workstream continues efforts to align these including with WHO and other partners.**

The three GHIs are leveraging **Global Fund Grant Cycle 8, Gavi 6.0, GFF New Strategy, IDA21, and WB MoUs** to strengthen and scale support behind **country-led priorities and processes** with a focus on long term sustainability (**domestic resource mobilization**)

Maximizing the impact of the Investors Group



Investors Group Roles and Responsibilities

The IG serves as an advisory board to the Trust Fund Committee and the GFF Secretariat, as well as a forum for collective action and alignment towards improving RMNCAH-N.

Functions:



Strategic Guidance: Provides strategic advice to the TFC and the GFF Secretariat for priority setting, policies and operational strategies

Advocacy and Partnership: Advocate for increased global and domestic attention and investment for women, children and adolescents and promote the role of the GFF partnership in advancing this agenda

Alignment and Coordination: Foster joint ownership of the GFF as a facility focusing on partner collaboration and alignment around country platforms and country led, prioritized national health plans

Monitoring and Mutual Accountability: Monitor the progress of the GFF partnership and ensure mutual accountability for delivering on the partnership commitments and objectives at global and country level

Knowledge Sharing: Share best practices and foster innovation and learning from country and global experiences.

Overview of the Investors Group Review

PURPOSE

To shape a common vision for the GFF IG's untapped potential and outline what it would take to be realised.

METHODOLOGY

- **Stakeholder research & engagement**

- Semi-structured interviews with 21 stakeholders from all constituencies
- Qualitative survey
- Additional consultation with: Results Advisory Group (RAG), TFC, Ministerial Network convening in Lusaka

- **Desk research and analysis**

- Analysis of the IG structure and approach within GFF governance
- Comparator review of 11 peer organisations

	Maintain	Clarify	Shift/strengthen
Value and mandate	Unique partnership to advance RMNCAH-N; a safe space for frank discussions to advance this agenda.	Simplify IG terms of reference	More clearly set out mandate of IG; clarify relation to mandate of TFC and the World Bank.
Functions of the IG	Focus on: alignment, strategic advice, and learning.	Define the role in alignment and advice to TFC	Greater focus on alignment—translating from global to country
Representation and engagement	Wide range of stakeholders represented that are critical to this agenda	Rotation process for all seats	IG reps seen as ambassadors for the partnership and strong engagement in between meetings (ie a network of influence)
Operations	In-person meeting grounded in country lessons	Ongoing GFF opportunities and ways to engage between meetings	Management of virtual meetings
Structure	Standing groups such as Ministerial Network	Relationship with World Bank and governance requirements	Formalize standing and timebound working groups, and strengthen support to Ministerial Network further.

DISCUSSION QUESTIONS

- What recommendations resonated most strongly with you and what would you advise to prioritize?
- Looking at the IG as a network of influence, what opportunities do you see to engage outside of the meetings as an ambassador for the GFF approach?



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