

GLOBAL FINANCING FACILITY

TWENTY-FIRST INVESTORS GROUP MEETING REPORT

The Investors Group (IG) of the Global Financing Facility for Women, Children and Adolescents (GFF) held its annual in-person meeting November 11–12, 2025, in Dakar, Senegal. The meeting (IG21) was on an exceptional basis chaired by Honorable Minister Austin Demby, Minister of Health and Sanitation for Sierra Leone and Chair of the GFF Ministerial Network, and Johanneke de Hoogh, Head of Global Health and SRHR at the Ministry of Foreign Affairs, the Kingdom of the Netherlands, who represented Honorable Pascale Grotenhuis, Vice Minister for International Cooperation, Ministry of Foreign Affairs, the Netherlands. This report presents key points of discussion and outcomes.

KEY OUTCOMES AND ACTION ITEMS INCLUDE:

- The Investors Group (IG) approved the twentieth Investors Group (IG20) meeting report.
- The Honorable Dr. Ibrahima Sy, Minister of Health and Public Hygiene for Senegal, opened the IG meeting and shared Senegal’s commitment to the health of women, children and adolescents, its achievements to date and strategic vision 2025–2029 for an inclusive and resilient health system.
- The GFF Secretariat is developing a roadmap for the Ministerial Network, in particular with peer-to-peer learning opportunities, responding to the need for a community of practice for the ministers.
- The GFF Secretariat will organize a deep-dive session for the CSCG on DRM as part of secretariat support to CSCG learning agenda.
- The secretariat will continue to engage with partner countries and partners to support analysis of disruptions in funding and service delivery, help to prioritize investments and identify entry points to mobilize additional domestic resources.
- Following endorsement, the GFF will launch and disseminate the GFF strategy 2026–2030. This will be followed by resource mobilization efforts to ensure the strategy is adequately resourced and can be effectively implemented.
- The GFF Secretariat will revise the results measurement framework based on the IG’s comments and will present an updated version at a future IG meeting.
- Following the launch of the strategy, the secretariat will follow up with key messages and supporting materials to enable IG members to engage their constituencies and will follow up with IG members on engagement opportunities.
- In addition, the secretariat will:
 - Continue to present an annual stocktaking of progress under the new strategy.
 - Ensure a dedicated focus on RMET for a future IG meeting.
 - Share a roadmap for implementation of suggested governance improvements for the IG.

DAY ONE

Opening Remarks

The Honorable Khumbize Chiponda, former Minister of Health for Malawi and outgoing Co-Chair of the GFF Investors Group, provided her final remarks, reflecting on her role in advancing the health and rights of women, children, and adolescents. She described the GFF as a movement that empowers countries to lead, innovate, and deliver results that matter. She thanked all IG members for their strong engagement and reaffirmed her continued commitment to reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) and to the GFF as a catalyst for change.

Ministerial Network Update

The Honorable Dr. Austin Demby, Minister of Health for Sierra Leone and Chair of the GFF Ministerial Network, provided a readout of the key outcomes of the Ministerial Network meeting, which took place ahead of IG21, with participation of ministers and high-level representatives from Burkina Faso, Central African Republic, Ethiopia, Ghana, Kenya, Nigeria, Rwanda, and Senegal. Minister Demby relayed that health sovereignty emerged as a prominent theme, and that strong country leadership and ownership are key to translating health sovereignty into action. Ministers particularly welcomed an evolution of the Ministerial Network into a community of practice that enables peer-to-peer learning. They emphasized the need for a relentless focus on data and health outcomes and expressed appreciation for GFF's continued support in strengthening data systems and data use. Ministers also welcomed the technical support from the GFF to analyze the financial landscape, identify funding gaps, and explore opportunities to mobilize more domestic resources through engagement with ministries of finance and development partners. They underscored the critical role of commodities and supply chains for resilient health systems and service delivery and appreciated the GFF's catalytic role in promoting domestic financing and system strengthening for procurement and last-mile delivery.

Actions:

- The GFF Secretariat will propose modalities to strengthen peer-to-peer learning opportunities, responding to the strong interest for a community of practice for the ministers.
- The secretariat will actively engage with partner countries to support analysis of disruptions in funding and service delivery as well as help prioritize investments and identify entry points to mobilize additional domestic resources.

Readout from Civil Society Coordinating Group Workshop

The Civil Society Coordinating Group (CSCG), representing 700+ organizations, met on November 8–9 in advance of the IG meeting. As takeaways from the meeting, civil society organizations (CSOs) and youth-led organizations (YLOs) welcomed progress on key priorities: strengthening the capacity of GFF country coordinators, enhancing multistakeholder platforms, advancing gender equality, and amplifying youth-led advocacy and accountability. The CSCG continues to advocate for meaningful CSO and YLO engagement in RMNCAH-N governance and financing; evidence-based advocacy and accountability; and innovative approaches for sustainability and capacity building amid shrinking funding and civic space.

They called for urgent action on lagging indicators—adolescent birth rate, newborn mortality, and stunting. They also urged the IG to maximize its influence as a network for impact by: championing joint action for the 2026–2030 strategy and upcoming GFF resource mobilization efforts; supporting strategic scale-up of innovative and impactful practices, including financing and accountability frameworks for domestic resource mobilization (DRM), adolescent health, and civic engagement; and driving alignment across country platforms and global health initiatives under the “one country, one budget, one report” approach.

They also welcomed the [recently selected consortium leads](#) for the next phase of civil society engagement and had an opportunity to share, as a group, feedback from other experiences and how to ensure the most impactful sub-granting arrangements for the two focus areas. Further, and for immediate next steps, there was a request for a DRM deep-dive session convened by the secretariat.

Action: The GFF Secretariat will organize a deep-dive session for the CSCG on DRM.

GFF Director’s Remarks

David Wilson, Interim Director for Health at the World Bank Group (WBG) and the GFF, updated the IG on the GFF’s unique role and links with broader World Bank initiatives. He noted that amid cuts in total development assistance for health, fiscal pressures in GFF partner countries but also an increasing desire for self-reliance, the GFF’s country-led and -owned model is more relevant than ever. The GFF plays a key role in mobilizing more International Development Association (IDA) financing for RMNCAH-N and will contribute to the achievement of the World Bank Group (WBG) goal of reaching 1.5 billion people with access to quality, affordable health services by 2030. Moreover, with its expertise, the GFF plays a leading role in the achievement of the IDA21 policy commitment to expand access to sexual and reproductive health (SRH) services. Finally, he thanked the members of the Strategy Steering Group for their strong engagement and guidance during the development of the next strategy, and all IG members who contributed their insights.

Spotlight on Senegal

The Honorable Dr. Ibrahima Sy, Minister of Health and Public Hygiene for Senegal, opened the IG meeting, sharing Senegal’s commitment to the health of women, children and adolescents. Minister Sy described the achievements to date as well as the strategic vision 2025–2029 for an inclusive and resilient health system, which aims to position Senegal as a regional leader in preventive and digital health care. Senegal witnessed a reduction in maternal mortality rates (MMR) of 60 percent between 2000 and 2020, while child and infant mortality reduced from 121 to 40 per 100,000 between 2005 and 2023. Trends in adolescent health (fertility rates, adolescent pregnancy, contraceptive use) also improved, with accelerated progress still needed. Minister Sy highlighted the GFF’s partnership with Senegal, starting in 2015 with (1) the development of Senegal’s investment case (IC) defining RMNCAH-N priorities; (2) mobilizing and aligning funding from the World Bank and other partners; and (3) technical assistance and coordination. The GFF helped to identify the most vulnerable regions to target investments and reduce health inequities, bring health care closer to communities and

strengthen the quality of services, and support health financing reforms to ensure sustainability and transparency.

Remaining challenges include retention of health care personnel in rural areas, equitable coverage of services, quality of care, mobilization of domestic resources, and maintaining high coverage of interventions across the continuum of care. Senegal has launched reforms to address these, including to train community health workers, strengthen health information systems and digitize the health care system. An initiative on the public health code to improve the legal framework for reproductive health is also underway, and finally, the government is advancing local production of vaccines and medicines within the Health and Pharmaceutical Sovereignty framework. The GFF and the World Bank remain key partners going forward, as Senegal plans to adapt to the reduction in external financing and increase DRM. The country is preparing a new phase (2026–2030) based on the current RMNCAH-N strategic plan that will focus on health system strengthening and financial protection.

The IG expressed the following feedback:

- IG members applauded Senegal’s leadership and progress in reducing maternal mortality.
- They appreciated learning about successes in strengthening primary health care through the “winning duo,” i.e., one midwife and one nurse per health post, given challenges in human resources for health—especially in attracting and retaining staff in remote areas.
- They inquired about opportunities and challenges linked to adolescents. Minister Sy explained that a new strategy—*La santé dans toutes les politiques*—involves a collaboration with the Ministry of Education to ensure sensitization and education on sexually transmitted diseases (STDs) and early pregnancy.
- IG members recognized the strong role and contributions of CSOs and YLOs to help mobilize domestic resources.
- Finally, IG members discussed how to optimize alignment with all in-country partners to maximize efficiencies.

Stocktaking on the GFF Strategy

Luc Laviolette, Head of the GFF Secretariat, introduced this session, noting that 2025 marks the GFF’s 10-year anniversary. He described the GFF model having moved from one holding promise, to one showing results. All GFF countries are making progress at faster rates than similar countries not partnered with the GFF, and positive outliers include several countries classified as fragile, conflict-affected, or violent (FCV). Upcoming collaboration opportunities include working with the World Bank on the universal health coverage (UHC) goal of reaching 1.5 billion people with quality health services by 2030, incentivizing countries to allocate IDA financing to health, but also attracting new funding through the Joint Financing Framework (JFF), as well as continued engagements with civil society and youth, United Nations (UN) agencies, global health initiatives (GHIs), and the private sector.

Supriya Madhavan, Reproductive, Maternal, Newborn, Child and Adolescent Health, Nutrition and Gender (RMNCAH-N+G) Lead at the GFF, provided an update on the implementation of the GFF strategy, including key milestones, challenges, and progress. All GFF partner countries experienced declines in **under-five-mortality**

since GFF was launched, and while significant variations remain, GFF partner countries are now reducing under-five mortality faster than the global average. Reductions on **newborn mortality**, in turn, have not kept pace with mortality rates among children 1–59 months of age. High **adolescent birth rates** (ABR) and high child marriage levels persist in many GFF partner countries, and 15 (42 percent) GFF partner countries have an ABR exceeding 100 per 1,000 women ages 15–19 in 2023. Although global progress in reducing **MMR** has slowed, GFF-supported countries achieved an 84 percent acceleration in the annual rate of reduction. Seven (7) out of the top 10 highest mortality countries are in FCV contexts; however, FCV countries also experienced greater decreases in maternal mortality on average compared to non-FCV countries. In turn, **stunting levels** remain high in many GFF countries, putting children at risk of poor health and development and long-term health consequences. Overall, GFF-supported countries continue to **scale service delivery** faster than countries that are GFF eligible but not yet supported (between 2023 and 2024, 64 percent of GFF-supported countries reached more children with routine pentavalent vaccination, and more women with modern contraceptives).

Finally, measures of the **key performance indicators (KPIs)** show progress in almost all KPIs in the past year, with higher scores for the IC process, CSO and YLO involvement, health financing reforms, results and coverage of equity analyses, and data use. Lower scores reflect a shorter timeframe since the GFF prioritized these areas (e.g., gender, commodity financing), while others reflect a strong role for social determinants and political commitment to equality (e.g., gender, equity) or strategic prioritization of a subset of countries for engagement (private sector). On **financing**, GFF-supported countries allocated more IDA to RMNCAH-N than prior to engaging with GFF, while GFF-eligible countries reduced RMNCAH-N IDA allocations over time. And GFF partner countries have increased IDA usage for RMNCAH-N by 24 percent relative to pre-engagement levels, committing US\$9.2 billion in IDA for RMNCAH-N since 2015, including US\$1.48 billion in fiscal year (FY) 2025—an increase compared to FY2024.

The IG expressed the following feedback:

- IG members appreciated the overview of trends across the portfolio, with encouraging increases in rates of reduction of maternal mortality in GFF partner countries, and strong results in areas with longer standing engagement.
- Members were interested in better understanding the positive results emerging in FCV countries.
- They stressed the value in strengthening country ownership and increasing domestic resources for women’s and children’s health, amid declining donor support.
- They were concerned about high adolescent birth rates as both a symptom and driver of gender inequality, and a barrier to economic growth, calling for continued focus and collaboration to reduce high adolescent birth rates, while prioritizing SRHR and gender.
- IG members stressed the need for well-funded data systems and collection, recognizing that more routine data is needed to respond in real time to health challenges and that innovative data collection methods are not a luxury but a necessity for impactful decision making and timely interventions.

GFF Secretariat response:

- Regarding progress in FCV settings, the secretariat explained that the GFF’s focus on alignment and advancing health financing reforms such as strategic purchasing for an essential package of RMNCAH-N services are key contributing factors to success in a resource-scarce environment.

- The secretariat agreed that adolescent birthrate and child marriage are intrinsically linked with gender inequality, and that integrating gender across the strategy is essential during implementation. Multisectoral approaches, e.g., involving education and social protection, will also be important.

Action: The GFF will continue to prepare an annual stocktaking for the IG under the new strategy.

Data-driven Prioritization

Brendan Hayes, Country Operations Lead at the GFF, outlined the GFF's support for countries to inform prioritization efforts. To this end, the GFF is supporting rapid scale-up of three activities: (1) funding gap assessments building on resource mapping and expenditure tracking (RMET); (2) service delivery analysis building on frequent assessments and system tools for resilience (FASTR); (3) prioritization and adaptation based on data and evidence, building on GFF support for prioritization as part of IC and project preparation, drawing on GFF tools. This work has enabled timely identification of changes in service delivery patterns, including disruptions at subnational levels and gaps in quality of care. The IG then heard presentations from Senegal, Sierra Leone, and Nigeria, who shared their experiences in partnering with the GFF to conduct data-driven prioritization.

Dr. Babacar Gueye, Director of Planning, Research and Statistics, Senegal Ministry of Health and Public Hygiene, presented on the experience in **Senegal**. Analyses of the disruptions linked to decreases in external financing for health have helped to support decision making about budget prioritization and other adaptations. The analysis revealed that RMNCAH-N was one of the areas most impacted by the decline in donor allocations over 2025–2028. The withdrawal of certain donors coincided with the arrival of new actors (including foundations), focused on RMNCAH-N and representing 10 percent of external financing over 2025–2028; however, the sustainability of these funds remains uncertain. As a result, a new policy framework was adopted with prioritized projects, including for the elimination of preventable maternal and child mortality. The government has made plans to mobilize domestic resources through local authorities, the private sector, taxation, and philanthropy, while reducing the financial burden on households.

Providing an update on **Nigeria**, Dr. John Ovuoraye, Director of Family Health, Federal Ministry of Health and Social Welfare, shared that with GFF support using FASTR and RMET, Nigeria was able to assess funding gaps, noting a sharp decline in funding in 2025. This informed evidence-based programming and DRM served as key input to decision making. FASTR was applied for resiliency monitoring in a poly-crisis environment, and course correction of large-scale federal reforms supported by World Bank/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, as part of the overarching goal to crash maternal mortality. The GFF has also supported Nigeria's joint annual review of the health sector starting in 2024 and continuing this year.

Minister Demby presented on the experience in **Sierra Leone**. Analyses revealed subnational differences in service delivery, which were not apparent at the national level. The data also reflected limitations in the quality of care. This work highlighted the importance of monitoring changes in quality of care and in the reach of services. The Ministry of Health is using the data to inform prioritization, identify challenges at the subnational

level, and put in place a new performance management system for all 16 districts. Results from the fiscal space and funding gap analysis are also being used to secure additional resources from the Ministry of Finance and from other financiers.

The IG expressed the following feedback:

- The IG noted the importance of collaboration on FASTR, and of ensuring that immunization is included.
- Partner countries commented that financing cuts call for greater sovereignty to support health systems; RMET and FASTR have supported reprioritization of activities, specifically related to commodities, and informed advocacy for more domestic resources for health with the Ministry of Finance.
- The IG highlighted that support to improve budget execution is critical for making full use of available resources and strengthening the rationale for increasing resource allocations to health.
- IG members noted that historically it has been challenging to gain a complete financing picture, given the different funding streams coming into countries.

GFF Secretariat response:

- Immunization is included in FASTR in every GFF partner country, and the GFF has a growing collaboration with Gavi to further scale this work together.
- Countries select their priority indicators, and ensuring data quality is part of the approach and analysis.
- This work is part of the new GFF strategy, with intention to scale it further, in line with objective 3.
- Finally, this discussion brought to light the importance of having the right health financing architecture in place to address the disruptions.

Action: Upon request by IG members, the GFF Secretariat will ensure a specific focus on RMET at the next IG meeting.

The GFF, Gavi and the Global Fund Collaboration (3GHI)

Diwa Samad, Senior Program Coordinator at the GFF, updated the IG on the collaboration with Gavi and the Global Fund together with Katie Kampf, Chief of Staff at the Global Fund, and Hannah Burris, Chief of Staff at Gavi. The three GHIs, collectively known as 3GHI, collaborate extensively around data systems, supply chains, public financial management, equity, and community-health workforce in 30 countries. Since 2017, Gavi and the Global Fund have respectively supported 11 and 13 co-financed operations through the World Bank, channeling on-budget funds through government systems, aligning financing, governance, and service delivery.

The boards of the three GHIs also supported a one-year Joint Committee Working Group (JCWG) to operationalize the recommendations from the Lusaka Agenda—which concluded in September 2025. The three GHIs continue to collaborate, bilaterally and trilaterally—with the goal to simplify engagement requirements for countries and better meet their needs. Areas for continued attention include harmonizing and simplifying different operating models, funding cycles, and financing approaches to reduce the transaction cost and improve ownership and impact at the country level.

Looking ahead, the GFF will continue to deepen the collaboration with Gavi and the Global Fund through strategic levers—such as IDA21 and MOUs with the WB that include facilitating joint financing opportunities at the country level, Global Fund Grant Cycle 8 (GC8), Gavi’s Grant Cycle 6 (Gavi 6), and the new GFF strategy—and

operational levers, including the GFF Challenge Fund mechanism and the GFF–CIVIC partnership as well as more joined-up approaches in specific health system strengthening (HSS) thematic areas. Together, 3GHI is strengthening opportunities for collaboration in countries where grant application timelines overlap (IDA21, GC8, Gavi 6), identifying practical areas for joint engagement centered around country plans and reform agendas.

The IG expressed the following feedback:

- IG members appreciated hearing concrete examples of collaboration between the three GHIs and asked how success should be measured.
- Country partners suggested creating efficiency by bringing technical and financing partners closer to the ministries of finance to establish better ways of collaboration across the entire sector and covering all sources of funding, e.g., a mapping exercise or dashboard could show activities by all partners, fostering alignment with national priorities.
- They noted that supply chain is an area with great scope for collaboration and successes to date (e.g., supply chain funders and leaders forums).
- The design of a systems diagnostics tool would be helpful to identify common issues relevant across program areas and can inform co-funding approaches.
- Members suggested CSO and YLOs could have a more clearly defined role in monitoring progress at the community level.
- They asked how compacts (e.g., with Africa CDC, WHO, World Bank) could be leveraged further.

GFF Secretariat response:

- The secretariat agreed that increasing efficiencies at country level can better meet the purpose of addressing health systems priorities. Gavi and the Global Fund commented that this work takes place against a background of resource uncertainty, making it even more urgent to ensure that countries are supported in the most efficient ways.
- All participants underscored that country ownership and leadership remain central, emphasizing that alignment must be anchored at the country level, with GHIs and other partners supporting and aligning with national priorities. They also highlighted the need to reduce transaction costs and parallel processes, strengthen public finance management (PFM) processes, maintain a strong focus on results, and support country capacity for increased domestic financing of essential health services.

Role of the IG

At the IG19 meeting in Abuja, Nigeria, members decided it was timely to take stock of the role of the IG given the significant changes in the global health landscape, to ensure it remains fit for purpose and to maximize its impact. The objective was also to move beyond the IG meetings to transforming the forum into a network of influence on the agenda for women’s, children’s and adolescent health. To this end, the GFF contracted Ethicore to support research and consultations across key stakeholders and conduct comparative analyses of peer organizations. Based on this work, the GFF Secretariat summarized key findings into a report, including recommendations to strengthen the IG and to maximize its impact. The IG is seen as a unique space for impact and valued for providing a safe space for frank discussions, especially through the active engagement of the

ministers of health. In addition, the report revealed stakeholder interest in engaging further on alignment and accountability. Stakeholders would also like to enhance opportunities for continuous knowledge exchange and peer-to-peer learning (e.g., knowledge cafes). The need to bring transparency to how the IG influences decision making of the GFF's Trust Fund Committee (TFC) also emerged as a key theme, while the financing and monitoring functions were seen as pertaining more to the TFC.

The IG expressed the following feedback:

- IG members appreciated the key insights from the research, and the report's recommendations.
- They emphasized the benefit of open discussions in the IG and noted the progress over the years of the IG's evolution (e.g., the TFC would previously meet before the IG, now it meets after the IG to enable its advisory role to the TFC). They recommended that the TFC agenda be shared with IG members to provide greater transparency.
- They commented that the in-person meetings are very helpful, while the virtual IG meetings seemed less productive.
- They appreciated the prospect of the IG acting as a broader network of influence and especially valued that IG discussions are grounded in countries' realities, with a request to continue to strengthen the Ministerial Network.
- Finding the right balance of breadth and depth of coverage remains a priority for the IG.

GFF Secretariat response:

- The secretariat will integrate the suggestions and continue to adapt and strengthen the IG as a broader network of influence, balancing focus with varied interests in technical topics while considering where the IG can bring the greatest impact.
- The TFC agenda will be shared with the IG ahead of the annual meeting in the fall, to enhance transparency.
- The secretariat will explore bringing in more frequent touchpoints for the IG, e.g., deep dives on specific topics, while continuing to bring innovations, such as guest speakers.
- The virtual meeting format will be reconsidered, given its more limited effectiveness.

Action: Building on the IG discussions, the secretariat will propose a road map for implementation of suggested governance improvements for the IG.

DAY TWO

Lightning Talk

Dr. Edem Adzogenu, Co-Chair of AfroChampions and Co-Convenor of the Accra Reset, reflected on what is needed to restore countries' health sovereignty amid shifting global trends, as a prerequisite for achieving development goals. Dr. Adzogenu described mature health sovereignty as a state where interdependence is treated as a resource, involving designs of reciprocal compacts and with a focus on capabilities and systems, all while working towards a long-term policy equilibrium.

The IG expressed the following feedback:

- IG members appreciated perspectives shared on the shifts needed to respond to crises, also suggesting to look at what has worked or not to date.
- They shared about the challenges in planning national health responses with different streams of external assistance.
- They found this discussion timely, as donors are rethinking how they can best contribute to development objectives.
- Members also noted that these questions come back in different fora and boards, with a need to jointly define success in the context of collaboration toward global health objectives.

Key points of discussion:

- This discussion offers a moment of reflection to rethink global solidarity in a new way, consolidate what has been achieved over the years, and address remaining gaps—while moving from aspiration to what works.
- While solutions exist, identifying the right sequencing and prioritization of countries’ needs is essential, with capacity building underpinning development objectives.

GFF Strategy 2026–2030

Minister Demby chaired and opened the session by acknowledging the highly consultative and inclusive strategy development process that led to the final draft for endorsement by the IG. He welcomed the efforts to engage many stakeholders, especially ministries and stakeholders in partner countries, to ensure that the strategy is responsive to countries’ needs. He stressed that the strategy reflects the GFF’s value-add to help partner countries:

- Unlock more WBG financing and domestic resources for health;
- Align more external financing and bring it on-budget;
- Accelerate progress to reduce maternal and child mortality and scale up access to commodities and innovations; and
- Help countries generate and use real-time data to ensure resources go to the highest-impact, most cost-effective interventions.

Minister Demby noted the strategy’s emphasis on supporting partner countries to strengthen health system sovereignty, sustainability, and resilience, with a focus on country leadership and self-reliance. Finally, he urged the IG to endorse the strategy and to ensure the GFF has the support it needs to implement the strategy and translate its vision into concrete results.

Luc Laviolette thanked the Strategy Steering Group for their guidance and insight throughout the strategy development process. Multistakeholder consultations were held in 33 GFF partner countries with inputs from more than 1,100 individuals. Key messages emerging from the consultations included strong support for the GFF country-led engagement model; appreciation of the GFF’s ability to leverage IDA financing and tools; and an affirmation of the GFF’s role in advancing RMNCAH-N and SRHR, especially in the current context. He also briefly recapped the main elements of the new strategy, reaffirming the GFF’s founding vision that no women, children,

or adolescents die from preventable causes. The strategy sets two goals, enabling partner countries to achieve: (1) delivery of quality, essential, affordable health and nutrition services for women, children, and adolescents; (2) transformation of country health systems to prioritize and sustain their investments in women, children, and adolescents.

The three strategy objectives to achieve these goals are: (1) mobilize more and smarter country-led health financing for integrated PHC systems; (2) accelerate progress by improving quality of service delivery and scaling sustainable access to commodities and innovations; and (3) foster health system sustainability, sovereignty, and resilience.

Underpinning this work, the strategy identifies four strategic enablers for success: (1) integrating gender and equity across the GFF portfolio; (2) optimizing collaboration with WBG and global and regional partners; (3) strengthening results measurement for ongoing learning and innovation; and (4) securing sufficient funding to deliver on the strategy goals.

The key shifts from the current to the new strategy include:

- Developing a revised country eligibility list to reflect changing global burdens of maternal and child mortality along with a differentiated approach to prioritizing future GFF support that is based both on a country's relative burden and on commitment to reform and high-impact potential;
- Stepping up support to help countries drive real-time data use for budget prioritization;
- Enabling countries to crowd in more external financing on-budget, with the JFF extended to all GFF-eligible countries;
- Establishing two new GFF challenge programs to scale sustainable access to proven commodities and innovations;
- Catalyzing more opportunities to co-finance IDA projects beyond the health sector
- Strengthening the Ministerial Network as a community of practice, including rapid peer-peer learning to drive replication of exemplar programs; and
- Integrating gender and equity across the GFF portfolio.

The IG expressed the following feedback:

- IG members expressed strong support for the GFF strategy 2026–2030, its inclusive and consultative development, and efforts to reflect priorities emerging from the consultations to ensure the strategy is relevant and responsive to countries' needs. They commended the sharpened approach presented in the new strategy, and the clear articulation in the strategy of the GFF's value-add and comparative advantages in the global health architecture. The IG unanimously endorsed the new strategy.
- The IG noted the challenging funding environment and tumultuous shifts over the past year, making a renewed and sharpened GFF approach more relevant than ever.
- They appreciated the tailored approach to country engagement, while also requesting countries that have made significant progress should not be penalized in their future support envelopes as a result of their efforts.

- Several IG members stressed that SRHR remains the cornerstone of their engagement with the GFF, and the basis for their continued support.
- IG members expressed their support for the strategy's strong emphasis on bolstering country leadership; integrated approach to HSS; SRHR, gender and equity; nutrition; strengthening data tools, analysis; and intentional focus on community health workers and midwives.
- They encouraged the GFF to amplify its role in commodity procurement and last-mile supply chains, with the strategy recognizing this as a gap in commodity financing.
- They stressed the importance of the GFF in informing national UHC compacts and requested more information.
- Members welcomed the strategy's approach to provide intensified support to drive progress in FCV countries.
- Some expressed caution about expanding into sectors beyond health and the need to ensure this does not come at the expense of advancing progress in health.
- Many offered support to help translate the strategies' ambitions into reality, building on existing collaborations with partners.
- IG members were eager to see the strategy move toward implementation as soon as possible and acknowledged the need for adequate resources to make this happen.

GFF Secretariat response:

- The GFF Secretariat clarified that it is working with WBG country teams to bring RMNCAH-N and the equity lens into UHC country compacts.
- The secretariat will carefully balance countries' burden with incentivizing reform in strategy implementation and determining future country support packages.
- Under the new strategy, the GFF will deepen its work on adolescent health.
- On multisectoral efforts, this work is envisioned as a "health plus" approach, i.e., not a replacement of the current focus on health sector projects but rather a complementary approach to engage in sectors with new IDA financing opportunities to help achieve better health outcomes.
- In response to a request from the IG, the secretariat confirmed that the GFF logic model will be reviewed and updated in consultation with the Results Advisory Group.

Minister Demby concluded the session by noting we are in a *business unusual* moment, where we have an opportunity for change at a critical juncture to make a difference for women, children, and adolescents. He stressed the need to move quickly to implement the strategy.

Action: Following endorsement by the IG and TFC, the GFF will launch and disseminate the GFF strategy 2026–2030. This will be followed by resource mobilization efforts to ensure the strategy is adequately resourced and can be effectively implemented.

Draft Results Measurement Framework as Part of the GFF Strategy 2026–2030

Peter Hansen, Results and Learning Lead at the GFF, presented a preliminary approach for measuring progress and tracking results as part of the new strategy. Three main elements of the proposed results measurement

framework for the new strategy were discussed: (1) impact, outcome and health financing indicators; (2) strategy KPIs; and (3) a contribution analysis framework. Further details on the definitions of the draft indicators were included in the paper shared ahead of the IG. The KPIs link directly to the three objectives laid out in the new strategy. Key changes to the outcome indicators in the new framework include new indicators on HPV vaccination, comprehensive emergency obstetric care, and dietary diversity for children.

The IG expressed the following feedback:

- IG members welcomed the proposed framework for measuring results under the new strategy, noting its relevance in measuring the GFF's scope of work while aligning well with the existing framework.
- They appreciated that the contribution analysis will unpack the specific pathways through which the GFF contributes to improving country results. It was noted that it will be important to ensure that it is substantiated by quantitative data in addition to qualitative insights.
- The IG supported efforts that minimize reporting burdens for countries as well as harmonize metrics for HSS.
- IG members asked about capacity to implement this framework as it was seen as ambitious, but many also stressed its importance and value given its high quality.
- They appreciated the indicators related to CSO and YLO participation.
- The IG asked how the health workforce would be measured and suggested better tracking of the work of community health workers (CHWs), as they represent a large share of the PHC workforce and are often well positioned to reach young people, and those in poor and rural areas.
- It was recognized that gender and SRHR are integrated in the Results Measurement Framework. At the same time, they requested making more visible how gender and rights-based outcomes are included, e.g., indicators that reflect a broader view of SRHR, such as legal and policy barriers to gender equality, early marriage and comprehensive sexuality education.
- They stressed the need to measure quality of care.
- Finally, they asked how routine World Bank reporting feeds into these processes.

GFF Secretariat response:

- The GFF Secretariat noted that because the GFF works through a health systems approach and provides integrated support for improving women's, children's and adolescent health, it is important to have enough breadth in the Results Measurement Framework to address critical parts of the health system and the full span of the RMNCAH-N continuum. It was also noted that the draft of the new results measurement framework discussed at this meeting includes a similar number of indicators as the one for the current strategy, so the GFF is already managing the complexity associated with having a multifaceted set of indicators.
- The strategy aims to streamline reporting with donors; moreover, the secretariat collaborates closely with countries and technical partners to advance measurement in a way that builds on and helps strengthen what already exists. In order to minimize reporting burden on countries, the GFF draws wherever possible from existing sources such as Countdown to 2030 and World Bank/GFF co-financed projects. Countdown to 2030 plays a key role in helping track the impact and outcome indicators.

- The secretariat agreed with the feedback raised on the health workforce, while noting that the KPI framework includes several measures of quality of care, and it is the people working in the system who are key to providing high quality services. It was also noted that the GFF has worked with partners to develop a new CHW module for FASTR to address precisely the measurement gap related to CHW activities mentioned by the IG.
- The contribution analysis framework should be seen as complementary to the other results measurement components, to help explain the GFF’s work and impact. The GFF Secretariat confirmed that the contribution analysis approach will indeed use quantitative data on GFF activities and country outcomes as part of a mixed methods approach to substantiate findings.
- The reduction in external financing for surveys is a challenge but also an opportunity. The financing and technology context has changed, with recognition that traditional in-person surveys cannot meet the real-time needs of policy makers, due to the time lags involved. The new GFF strategy focuses on tools and approaches such as FASTR that are low cost and timely in helping meet countries’ real-world decision-making needs.
- Finally, gender is integrated within each part of the KPI framework, reflecting the rigorous mainstreaming of gender across the new GFF strategy.

Action: The GFF Secretariat will revise the results measurement framework based on the IG’s comments and will present an updated version at the next IG meeting.

Joint Action to Build Momentum and Ownership of the New GFF Strategy

The final session focused on building momentum and ownership of the new GFF strategy as a joint effort by all IG members. Minister Demby framed the discussion by recognizing that the endorsement of the new GFF strategy is only the beginning, and what is collectively done with this strategy is what matters most and will determine its success. He urged IG members to play an active role following the meeting to ensure that the collective commitment is translated into action and implementation of the strategy.

The IG expressed the following feedback:

- Many members offered strong support for the next steps in building momentum for the strategy.
- They recommended developing an “elevator pitch” to communicate the value of the GFF at the political level, especially to support replenishment efforts in a challenging funding context.
- They also highlighted the importance of ministers of both health and finance directly making the case for funding the GFF, with the Ministerial Network playing a key role in creating visibility and showing what the GFF brings to the broader ecosystem.
- Members encouraged the GFF to be visible at global fora, including WBG Spring and Annual meetings, global conferences, and others.
- They shared that health and SRHR remain priorities and the grounds for continued engagement and contributions, while they also highly value the emphasis on country leadership and ownership, the meaningful involvement of YLOs and CSOs as part of the GFF model—with an increasing need for donors to fund what works in global health.

- They encouraged the GFF to look at nontraditional donors, philanthropies, the private sector, and faith-based organizations.

Action: After the strategy is launched, the GFF Secretariat will follow up with key messages and supporting materials to enable IG members to engage their constituencies and will follow up with IG members on engagement opportunities.

Summary and Meeting Closure

As the IG Co-Chair, Minister Demby closed the meeting with a summary of the key takeaways from the IG21 meeting, thanking participants for their active engagement. He also thanked Dr. Sy for the warm hospitality, the rich learning from Senegal’s experience, and for generously hosting this governance meeting. As the host, Senegal expressed gratitude for engagement and quality of discussions and reaffirmed its joint ambition to guarantee quality health service for every woman, child, and adolescent.