Global Financing Facility

For women, children and adolescents



IG Stocktaking Pre-read

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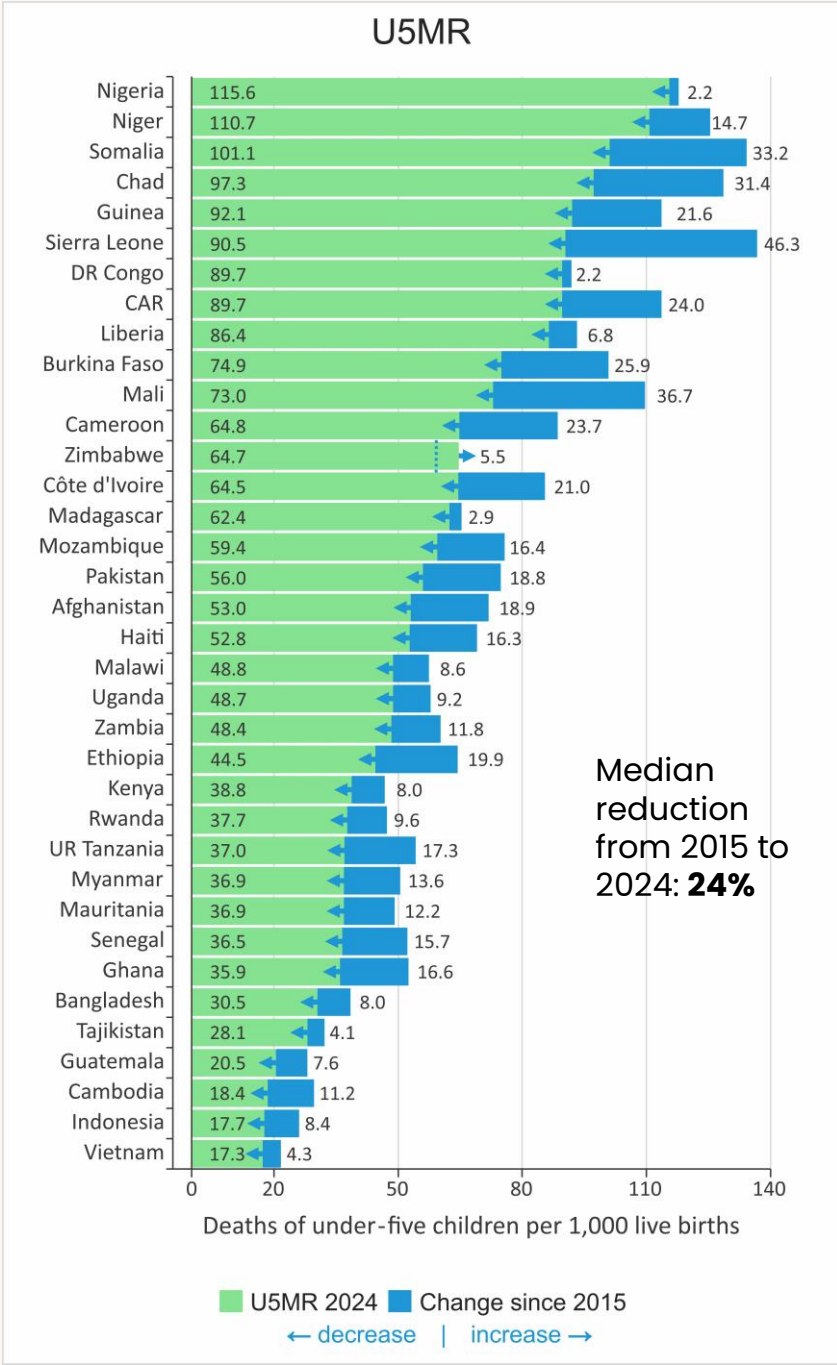
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Country progress in improving women, children and adolescents' health

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GFF partner countries continue to reduce under-five mortality (U5MR) but gains are uneven and we see the first backsliding

- All countries except for one achieved progress since 2015
- The median percentage reduction is **24%**, almost **twice as large** as the global percentage reduction of 12.8%. There is a wide range across the GFF countries from a mortality increase of 9.3% (Zimbabwe, which does not have IDA or IBRD) to a reduction of 39% (Cambodia)
- Four countries (Vietnam, Indonesia, Cambodia, Guatemala) have achieved the SDG 3.2 target of at least as low as 25 deaths per 1,000 live births
- However, **19** countries have a U5MR that is two times or higher than the SDG target. Of these, **9** have a U5MR that is three times higher
- **7 of the top 10 highest U5MR** countries were considered Fragile & Conflict Affected Situations (FCS) according to the World Bank FY26 list. However, the pace of mortality reduction was **faster** in FCS vs. non-FCS GFF countries (median reduction of 24% vs. 21% between 2015 and 2024)

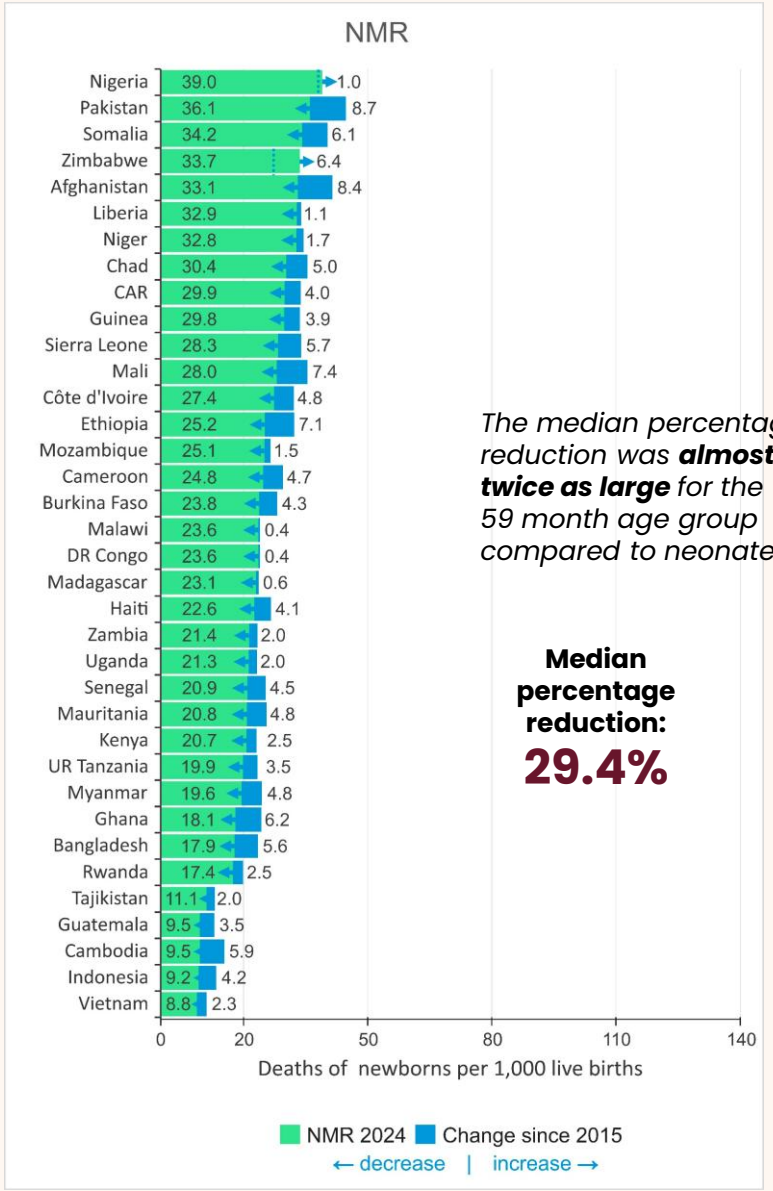


Data source: UNIGME, 2026
Analysis by the International Center for Equity in Health, Federal University of Pelotas, Brazil

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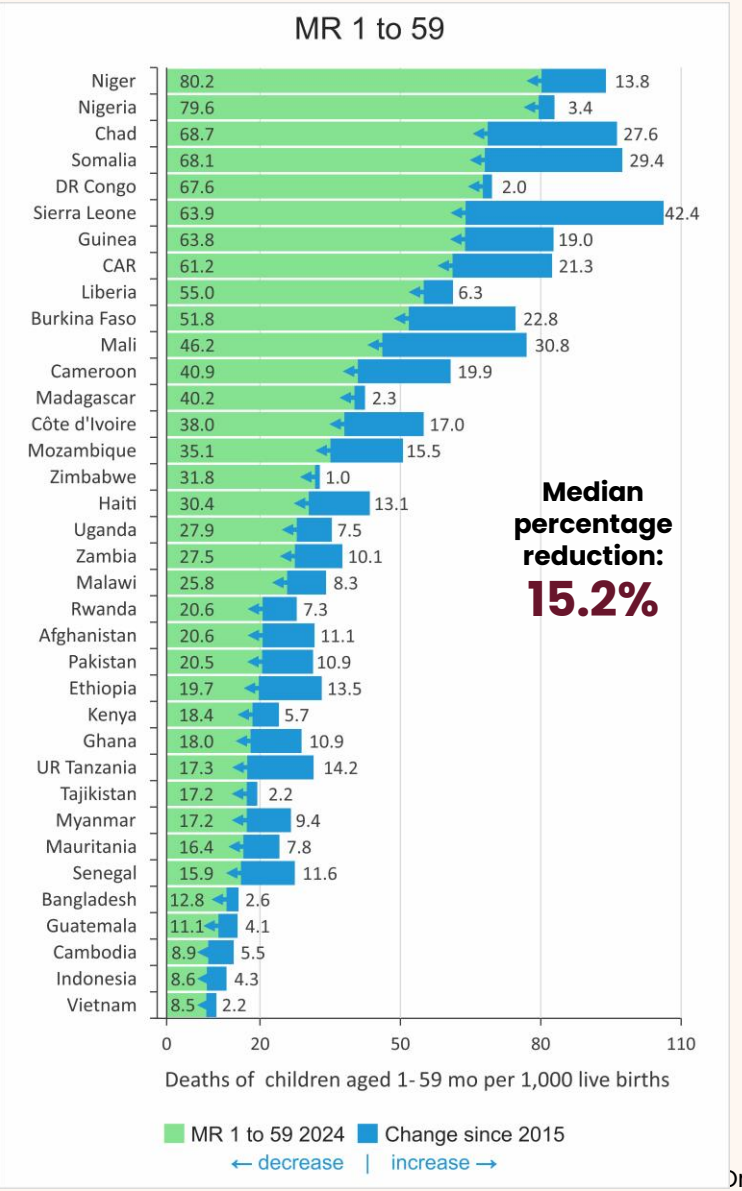
Mortality rates have reduced among newborns and older children, but acceleration is needed for both

- **All but two** countries (Nigeria and Zimbabwe) experienced decreases in the neonatal mortality rate (NMR). **All** countries achieved reductions in 1-59 month mortality
- **Five** countries achieved the SDG 3.2.2 target of at least 12 or fewer neonatal deaths per 1,000 live births, and **five** achieved the WHA target of 13 deaths among children 1-59 months of age per 1,000 live births
- **16 (44%)** GFF countries have an NMR twice as high or higher than the SDG target
- **19 (53%)** GFF countries have a 1-59 month mortality rate twice as high or higher than the WHA target
- **7 out of the top 10 highest** NMR and 1-59 month mortality countries are FCS (FY26 list); the pace of progress in reducing mortality was faster in FCS countries for 1-59 month mortality (30% vs. 27%), but the same between FCS and non-FCS countries for NMR (15% vs 15%)



*The median percentage reduction was **almost twice as large** for the 1 to 59 month age group compared to neonates*

Median percentage reduction:
29.4%



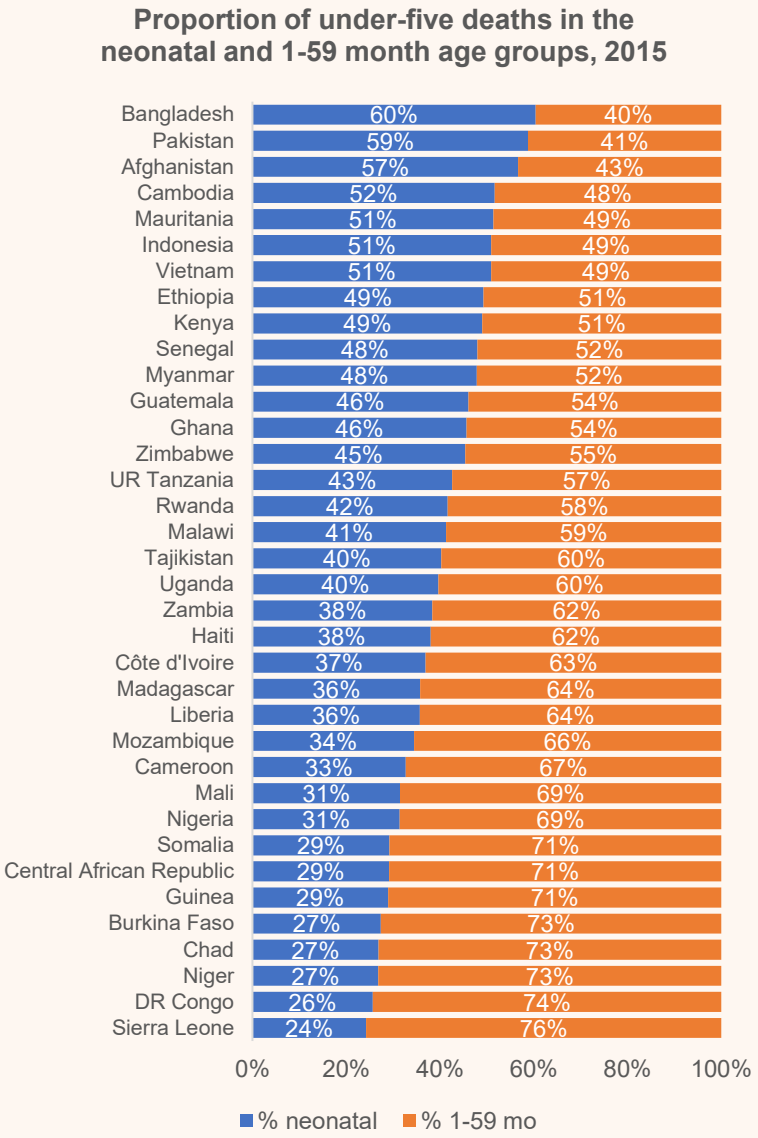
Median percentage reduction:
15.2%

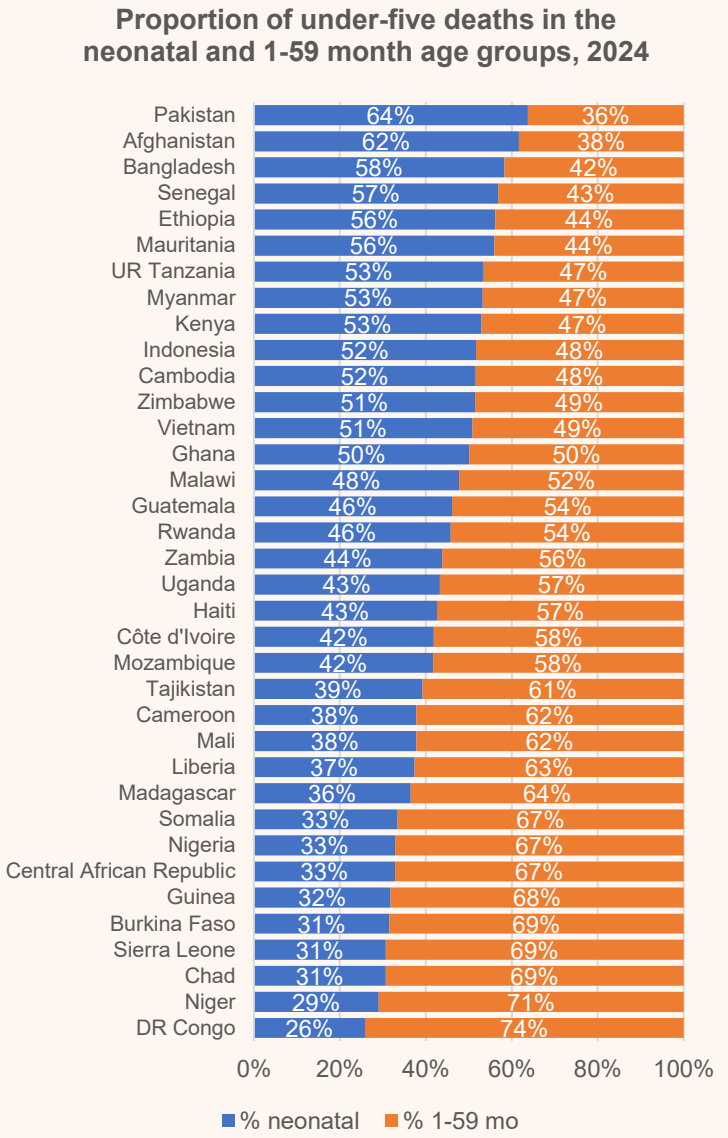
Data source: UNIGME, 2026
Analysis by the International Center for Equity in Health, Federal University of Pelotas, Brazil

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In most GFF countries, the proportion of child deaths is higher among children 1-59 months of age, although this is shifting over time to the neonatal age group

- The percentage of child mortality in the two age groups varies across the GFF countries, with **22 (61%)** having a greater proportion of child deaths occurring in the 1-59 month age group, **2** having an equal proportion, and **12 (33%)** having a greater proportion occurring in the neonatal age group in 2024.
- These figures represent a change from 2015, when **29 (81%)** countries had a greater proportion of child deaths occurring in the 1-59 month age group and **7 (19%)** had a greater proportion of deaths occurring in the neonatal period
- This pattern is consistent with the slower rate of progress in the NMR during this timeframe compared to the 1-59 mortality rate





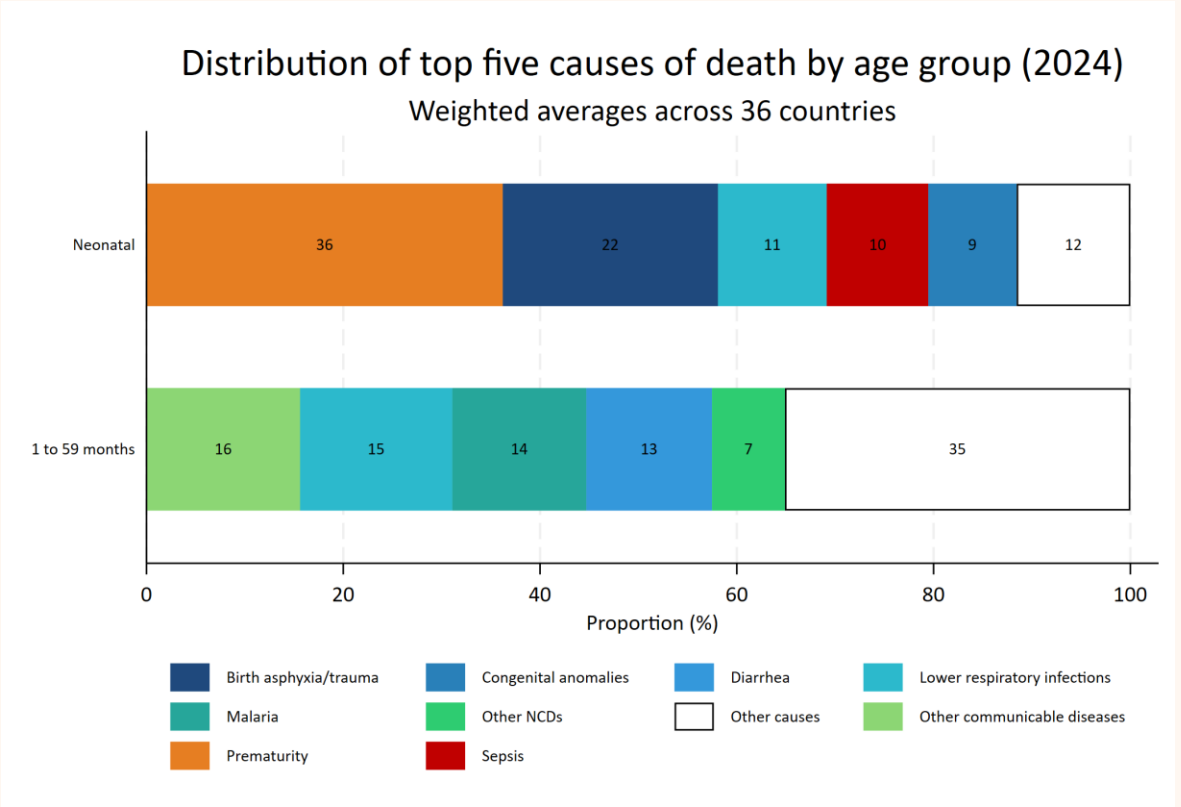
Data source: UNIGME, 2026
Analysis by the International Center for Equity in Health, Federal University of Pelotas, Brazil

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The distribution of causes of deaths differs between the neonatal and 1-59 month age groups, and need to be addressed through specific evidence-based solutions

- **Four of the five** leading causes of deaths (58%) among children ages 1-59 months are infectious diseases (e.g., diarrhea, malaria, pneumonia) for which cost-effective interventions are available and need to be scaled up (e.g., Integrated Management of Newborn and Childhood Illnesses, Infant & Young Child Feeding)

- As countries achieve progress in reducing U5MR and mortality becomes concentrated in the neonatal period, greater investment is needed in **intrapartum and small and sick newborn care**. Investment in understanding underlying causes of **prematurity, the leading cause of neonatal deaths** are also essential for progress

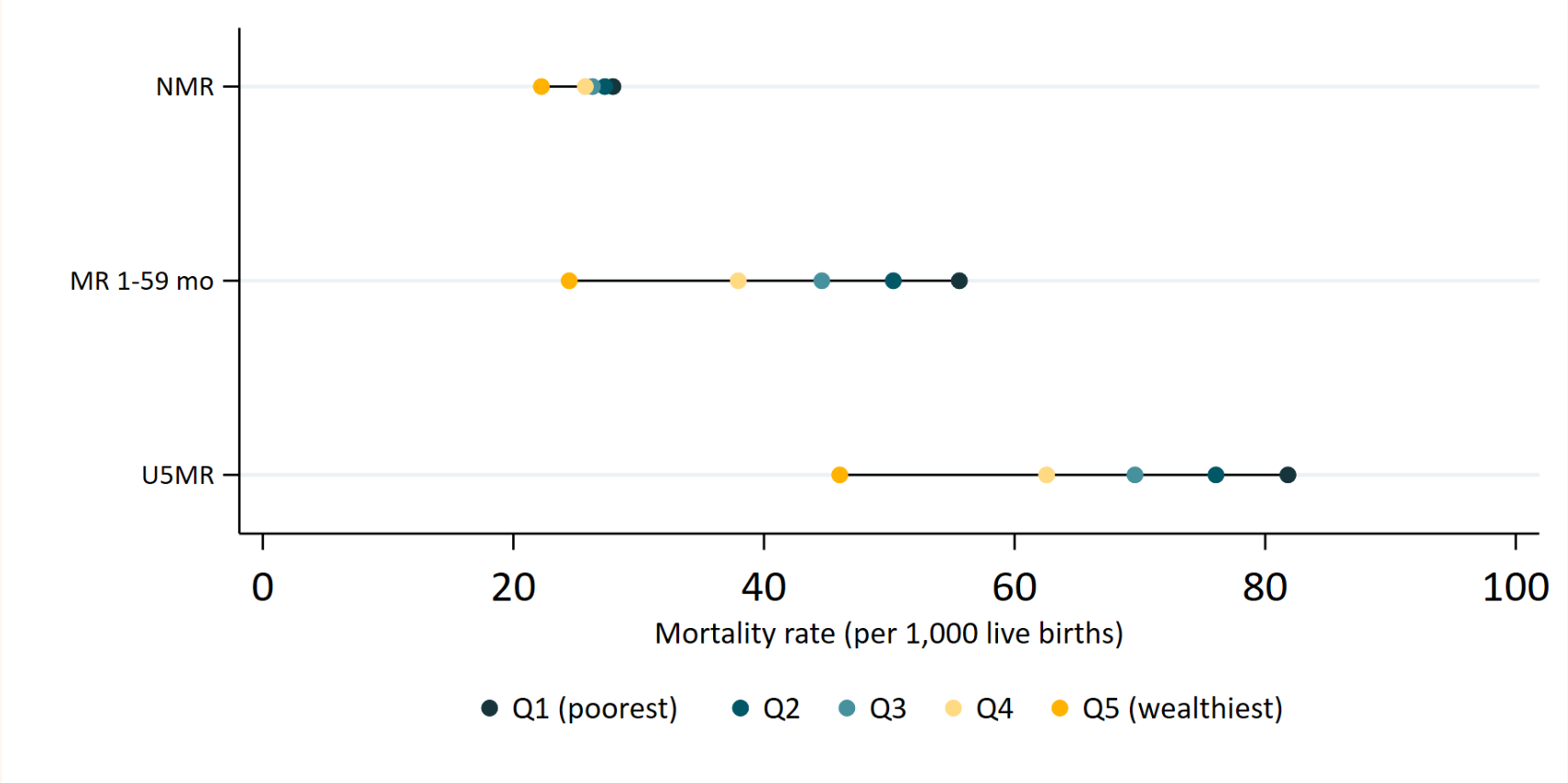


Data source: UNIGME and CA-CODE, 2026
Analysis by the International Center for Equity in Health, Federal University of Pelotas, Brazil

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In adopting solutions, it is critical to target them at those most in need, given that major equity gaps persist

- Across the GFF countries, the **poorest experience the highest levels** of child mortality compared to all other income groups
- The gap is most extreme for children ages 1 to 59 months. Average mortality levels are **127% higher** among the poorest compared to the wealthiest
- The gap between income groups is smaller for NMR because the leading causes of neonatal deaths are concentrated in the intrapartum period and require higher levels of facility-based care



Data source: ICEH database
Analysis by ICEH, Federal University of Pelotas, Brazil

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Millions of newborn and child deaths could be prevented if national mortality rates in GFF partner countries were the same as current rates in the wealthiest quintile

- Lower mortality rates among the wealthiest families for both newborns and children ages 1-59 months shows that progress is possible in all GFF countries
- Investments in comprehensive health and nutrition services can be the catalyst needed to end preventable newborn and child mortality regardless of a family's income status

Pooled results from the 36 GFF countries	
Neonatal deaths prevented/year	**239,679**
1 - 59 mo deaths prevented/year	**1,108,596**
TOTAL DEATHS PREVENTED	**1,348,275**
MORTALITY REDUCTION	**36.4%**

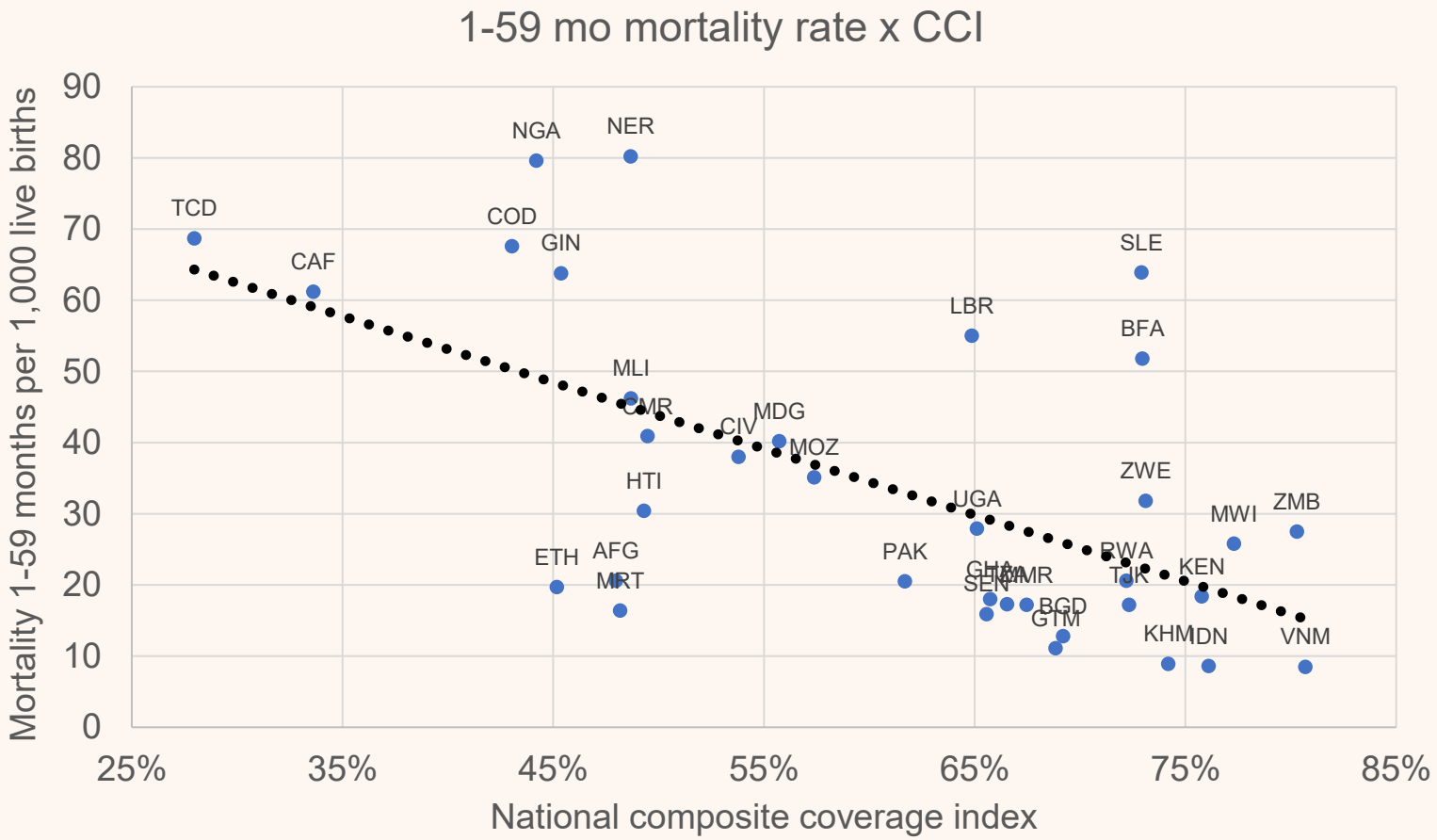
Data source: ICEH database. Analysis by ICEH, Federal University of Pelotas, Brazil

This shows what is possible if children most in need can be reached with known, effective solutions already reaching the most advantaged.

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Countries with high coverage of evidence-based maternal, newborn and childhood solutions have lower child mortality, but some outliers reinforce that service quality must be assured

- The observed strong correlation underscores the **importance of a mother's health and wellbeing** to the long-term survival of her children.
- This relationship also supports the need for children to receive a comprehensive set of **preventive, promotive, and therapeutic** services so they can survive and thrive
- Service access is not enough. Investment is needed to ensure health facilities and Community Health Workers are "ready" to provide high-quality care



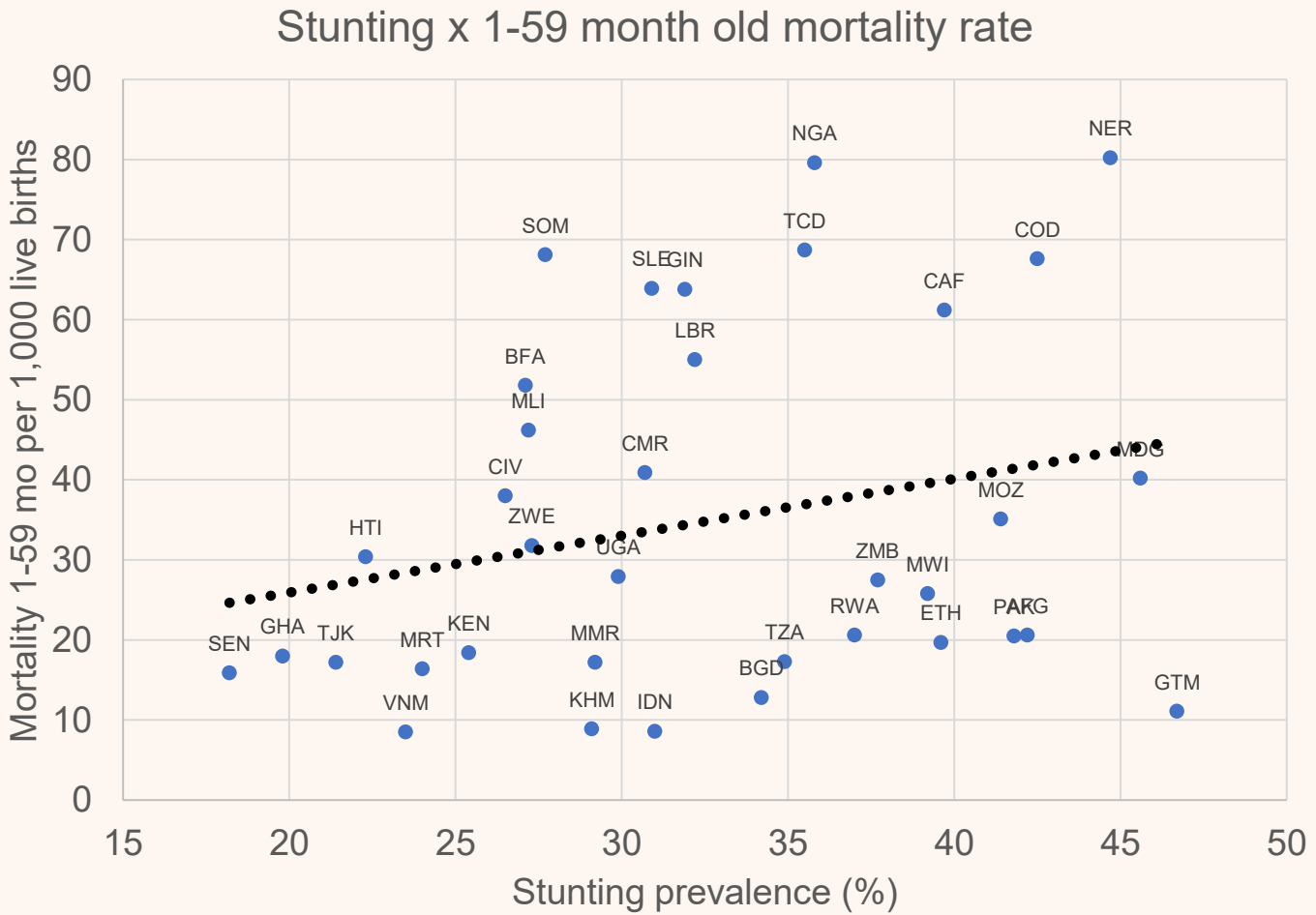
The Co-Coverage Index (CCI) is a weighted national average of coverage with 8 essential interventions delivered to the woman and child, ranging from 0% to 100%. The interventions include family planning, antenatal and delivery care, immunizations, and management of childhood illnesses. Data are not available for Somalia.

Data source: ICEH database of MICS, DHS and other national surveys
UNIGME child mortality estimates
Analysis by ICEH, Federal University of Pelotas, Brazil

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Stunting and mortality among 1 to 59 month olds are interlinked, highlighting the need for integrated approaches to child health and nutrition

- Stunting is highly related to child mortality in the GFF countries as well as to poor cognitive development and reduced lifelong human capital formation
- Improving child survival and nutritional status requires the delivery of an **integrated package of health and nutrition services** through community and health facility channels (e.g., well-child visits, as well as 24/7 availability of services for sick and malnourished children)
- **Caregivers** also need to be supported to provide nurturing care in the home

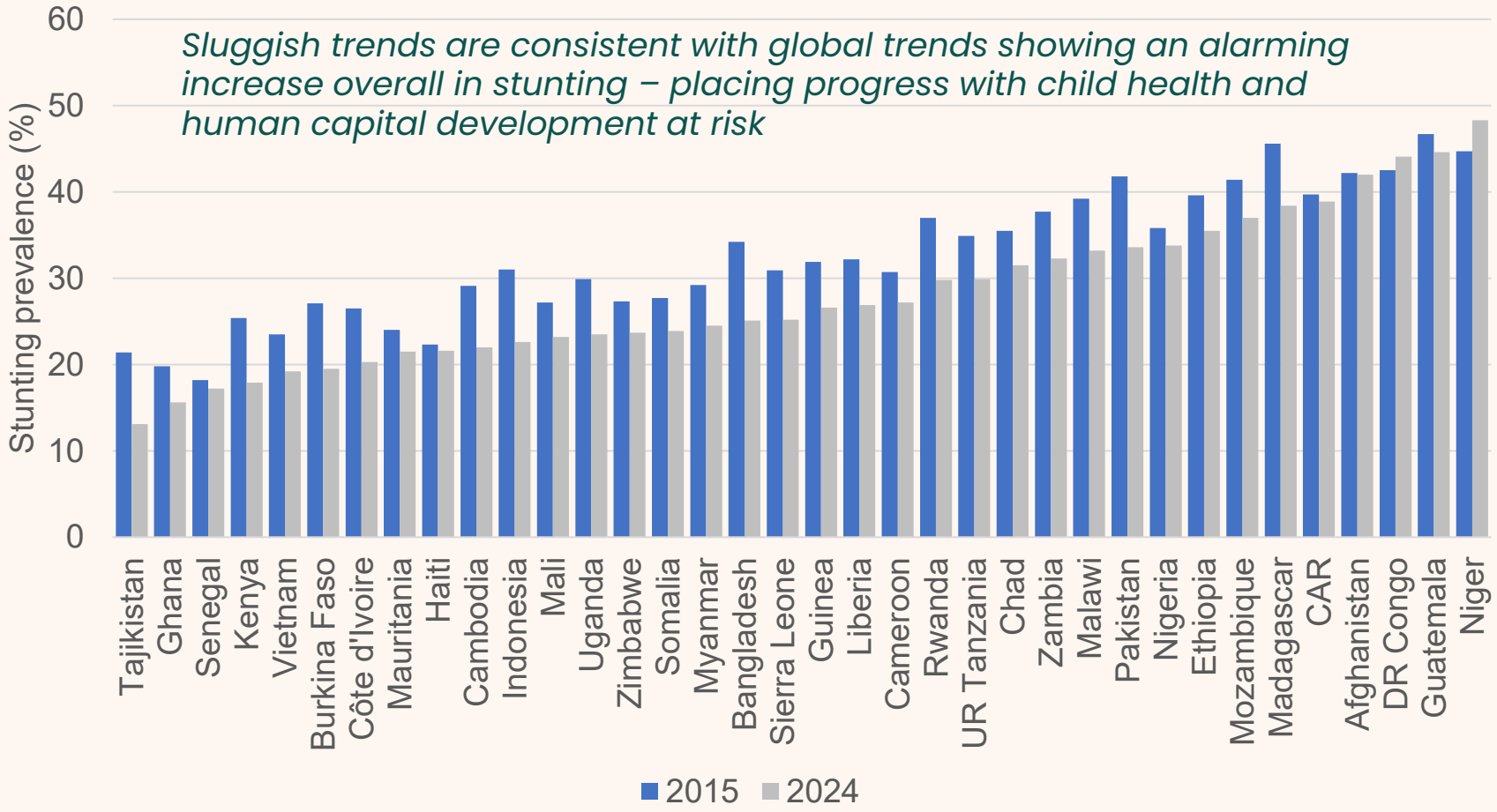


Data source: UNIGME mortality estimates, 2026 report and UNICEF, WHO, World Bank: Joint child malnutrition estimates, levels and trends, 2025 edition
Analysis by ICEH Federal University of Pelotas, Brazil

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Gains in stunting reduction are slow and threatened, with some countries experiencing reversals

- The large majority of GFF countries experienced reductions in stunting, but **two countries experienced an increase**
- Median levels **improved by 5 percentage points** from 32% in 2015 to 27% in 2024
- According to WHO classification, **17 GFF countries had high** stunting prevalence in 2024 (between 20 and 30%), and **13 had very high levels** (over 30%). Almost half of all children are stunted in Niger
- Of these 13 countries, **8 were classified as FCS** on the FY 26 list
- Progress in stunting will require **multi-sectoral efforts** across health, social policy, nutrition and agriculture



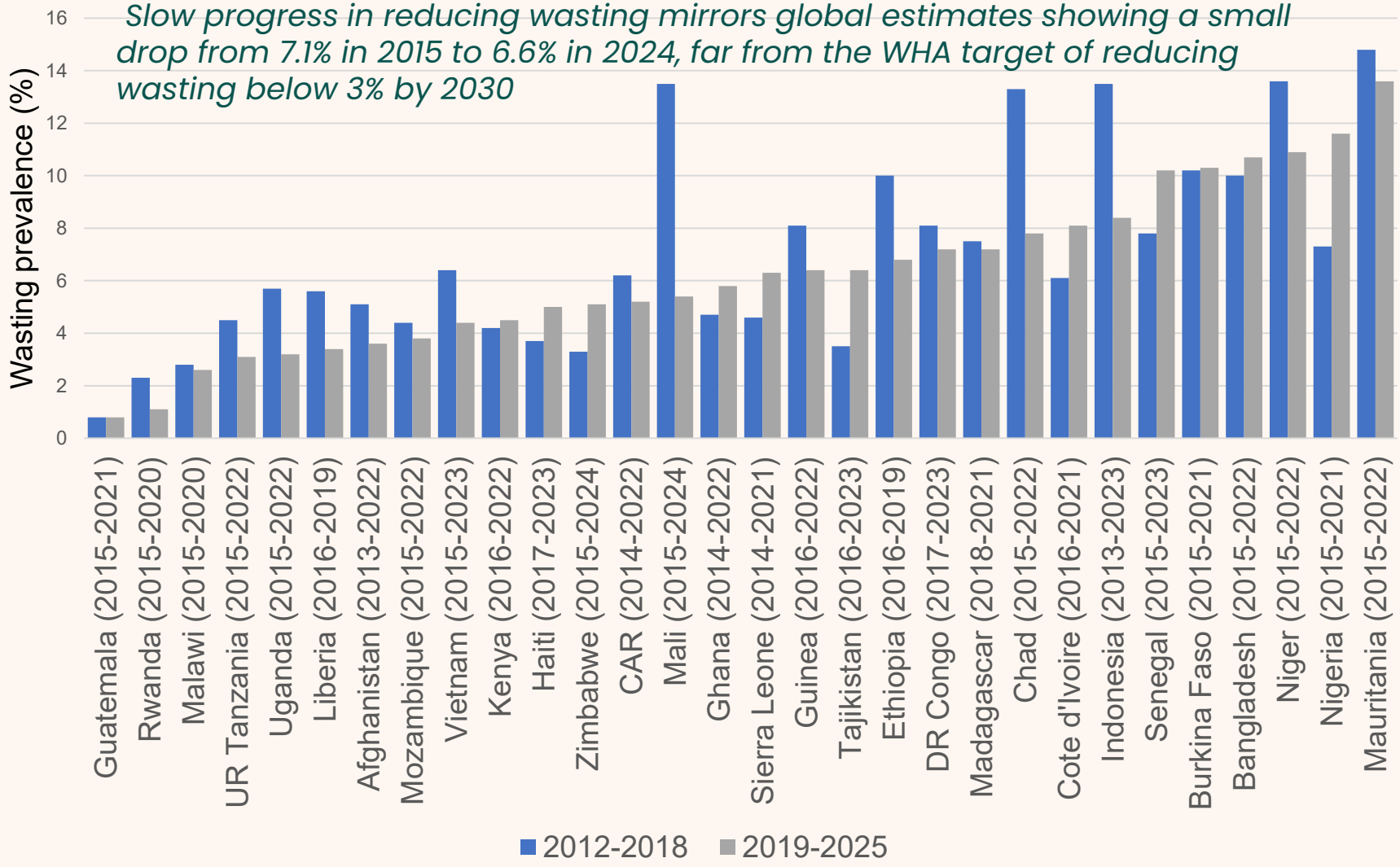
Data source: UNICEF, WHO, World Bank: Joint child malnutrition estimates, levels and trends, 2025 edition
Analysis by ICEH, Federal University of Pelotas, Brazil

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An increase in wasting in several countries raises concerns about acute childhood undernutrition in a polycrisis environment

- Wasting is a life-threatening condition requiring urgent care.
- GFF countries have made little progress in reducing wasting.
- The median level in the earlier period was 6.5%, dropping slightly to 6.3% in the most recent period.
- **10 GFF countries** have achieved the World Health Assembly target of reducing the prevalence of wasting to less than 5%.
- However, **6 GFF countries** had a wasting prevalence of over 10% (considered high prevalence by the WHO), of these **3 were FCS** according to the FY 2026 list

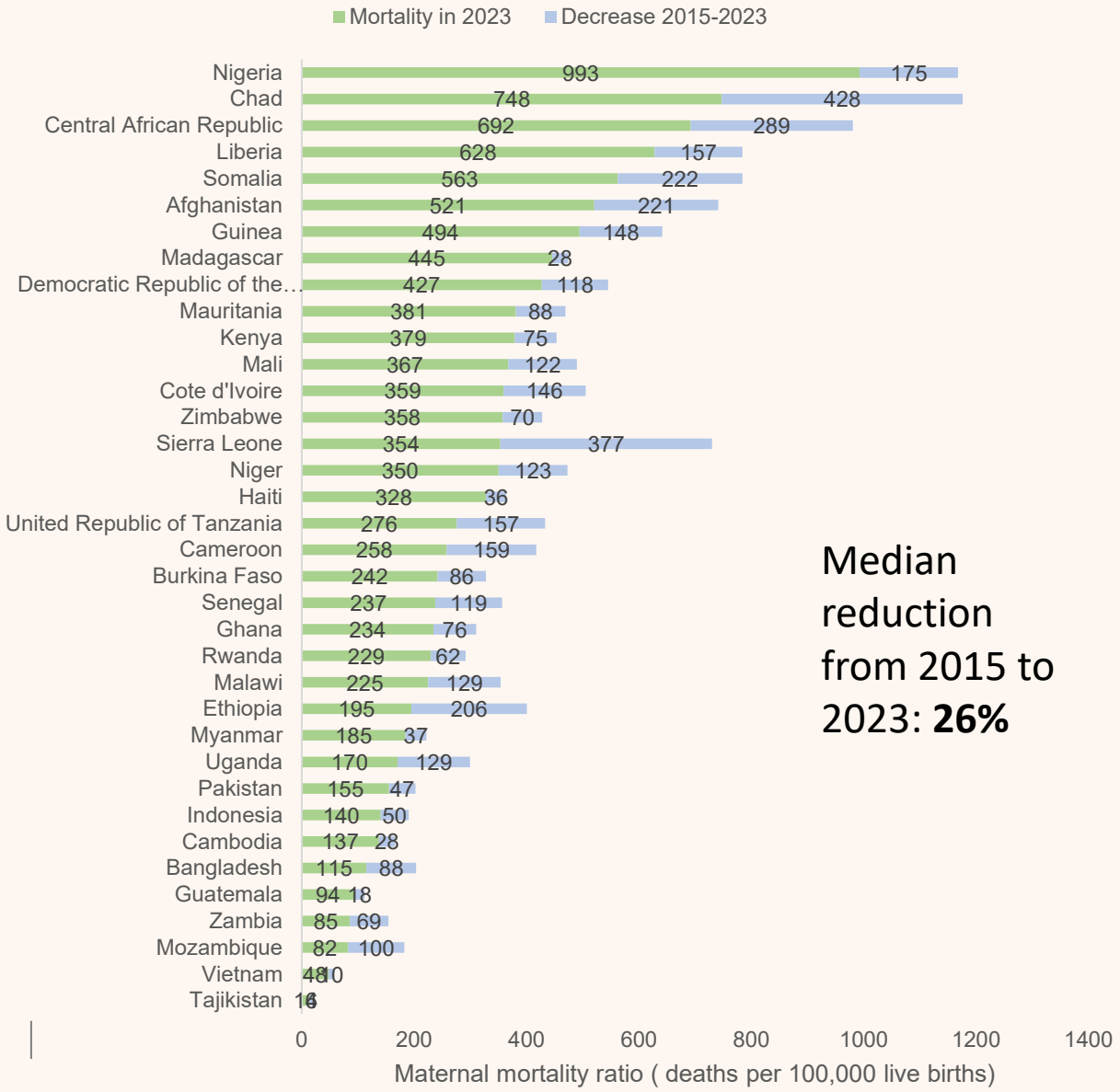
Slow progress in reducing wasting mirrors global estimates showing a small drop from 7.1% in 2015 to 6.6% in 2024, far from the WHA target of reducing wasting below 3% by 2030



Data source: Joint malnutrition estimates database of HH survey data; analysis by ICEH, Federal University of Pelotas, Brazil

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



Median reduction from 2015 to 2023: **26%**

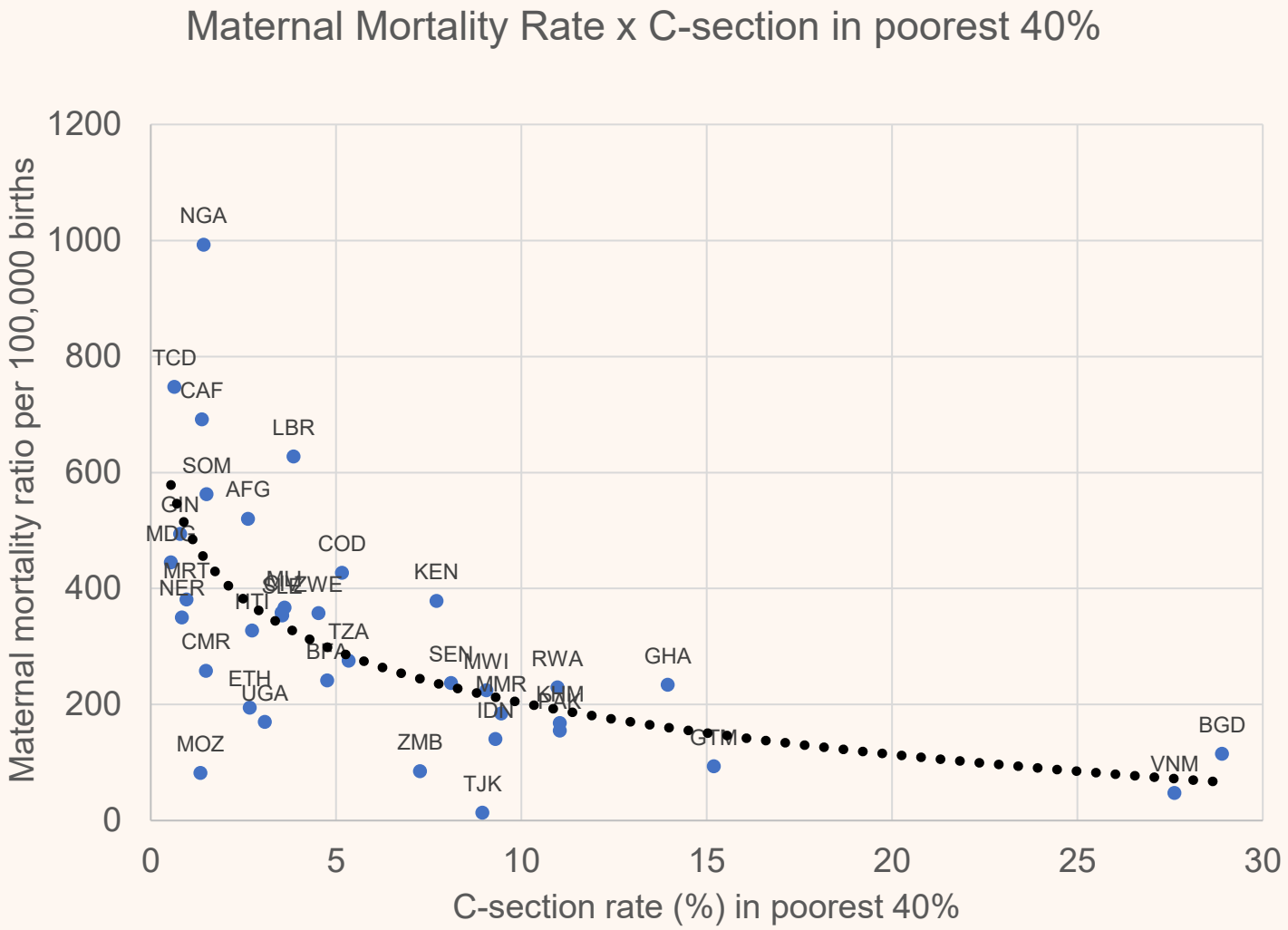
- As evidenced last year**, all GFF partner countries experienced Maternal Mortality Rate (MMR) reductions** between 2015 and 2023. Bangladesh, Ethiopia, Mozambique, Sierra Leone, Uganda, and Zambia all achieved **40 percentage reductions** or more between 2015 and 2023.
- The median MMR reduction was 26%, **almost twice the global decline** of 14%. *The UN estimates are published every two years and this is the off year.*
- **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%)
- Anemia is a major risk factor for maternal mortality. The **median prevalence of anemia** among pregnant women in the GFF countries is **44%, with a range of 21%** (Guatemala) **to 62%** (Mali)

Analysis 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

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Accelerating progress in reducing maternal mortality depends upon improved, equitable access to high-quality care



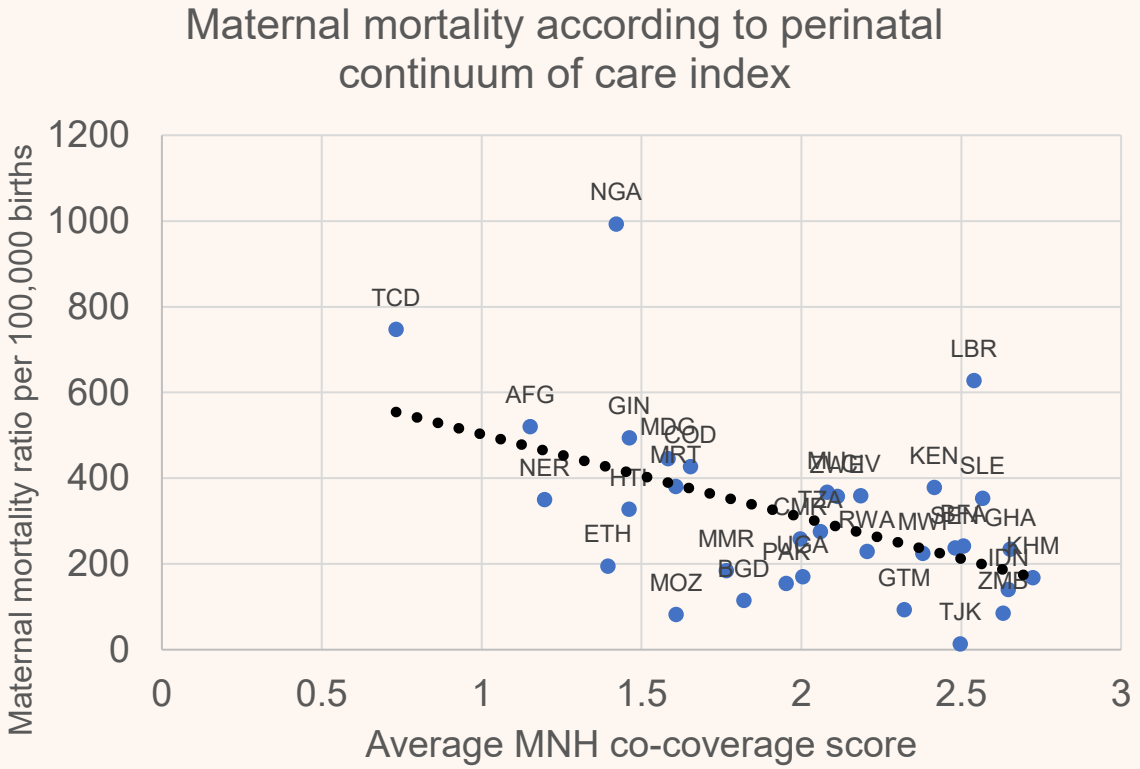
- Globally, the two leading causes of maternal mortality are obstetric hemorrhage and hypertensive disorders. These and several other direct causes such as sepsis are preventable through high quality antenatal, skilled delivery, and postnatal care.
- However**, vast inequalities** persist across the GFF countries in access to emergency obstetric care and essential maternal health services.
- In GFF countries where the c-section rate amongst the poorest **falls below 5%, maternal mortality levels tend to be high** (over 300 deaths per 100,000 live births), whereas maternal mortality **drops to moderate to low levels in countries where coverage reaches the recommended 10-15%.**

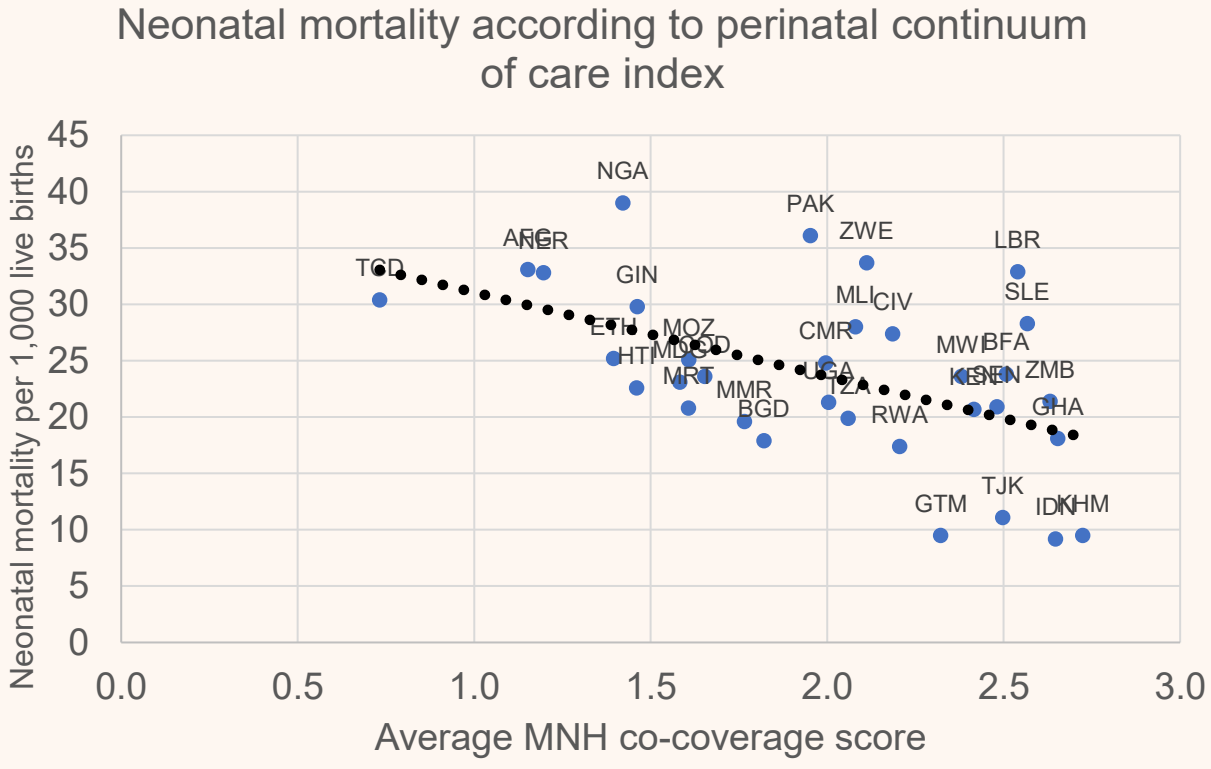
Analyses by ICEH, Federal University of Pelotas, Brazil

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

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Maternal and neonatal mortality levels in the GFF countries drop as access to antenatal, institutional delivery, and postnatal care increase





Data source: ICEH database; latest UNIGME child mortality estimates, UNMMEIG maternal mortality estimates
Analyses by ICEH, Federal University of Pelotas, Brazil

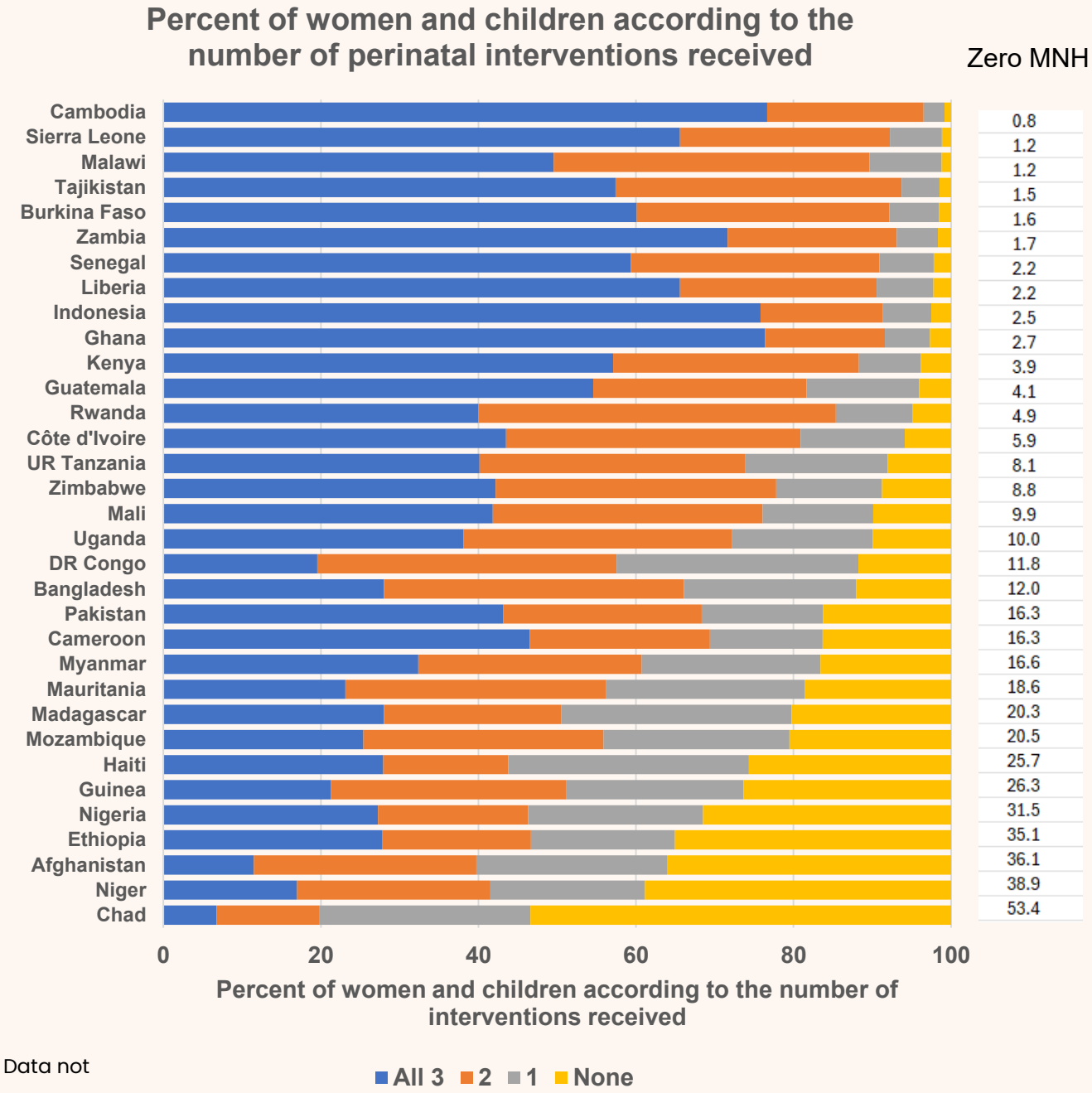
The perinatal continuum of care score reflects 3 interventions received by the mother and child: four or more antenatal care visits, institutional delivery, and postnatal care. Each mother-child dyad is assigned a value of 0-3 according to the interventions received, and the national average score is calculated.

Data not available for CAR, Somalia and Vietnam.

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However, many mother-baby dyads are not receiving life saving care

- Similar to zero dose, the zero maternal newborn health (MNH) indicator is a strong marker of inequality and where targeted efforts are needed to reach women and newborns with essential services
- The median % of mother-baby dyads with zero MNH (did not receive 4+ antenatal care visits, institutional delivery, postnatal care) across the **GFF countries is 10%.** This ranges from a low of 0.8% in Cambodia to a high of 53% in Chad.
- There are no consistent disparities in zero MNH prevalence by maternal age.



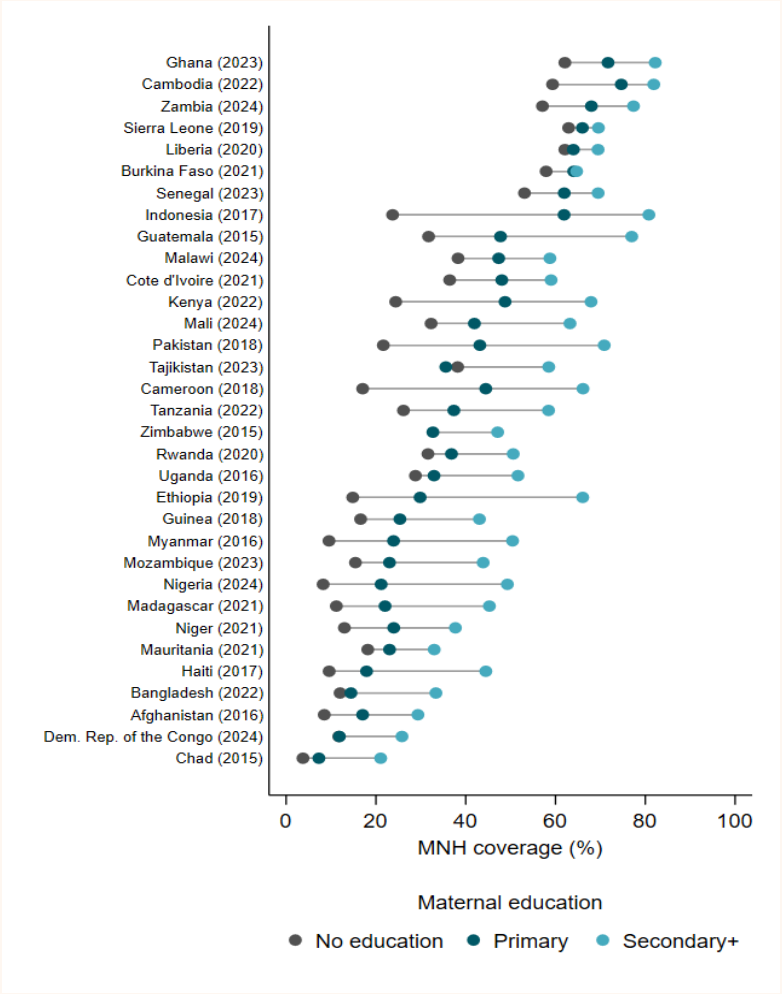
Analyses by ICEH, Federal University of Pelotas, Brazil; data source ICEH data base. Data not available for CAR, Somalia and Vietnam.

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Improving access requires addressing gender-related barriers, as evidenced by strong relationship between maternal education and coverage of known solutions

- In all GFF countries, women with secondary education levels have higher coverage of essential maternal and newborn services than women with primary level or no education.
- Women with no education are falling substantially behind. In all countries, women with no education have the lowest coverage of maternal and newborn health services.
- The median gap in maternal and newborn health coverage across the 36 GFF countries between women with secondary education and those with no education is **23 percentage points.** The range is 7 percentage points in Sierra Leone, Burkina Faso and Liberia and 57 percentage points in Indonesia

Data not available for CAR, Somalia and Vietnam.

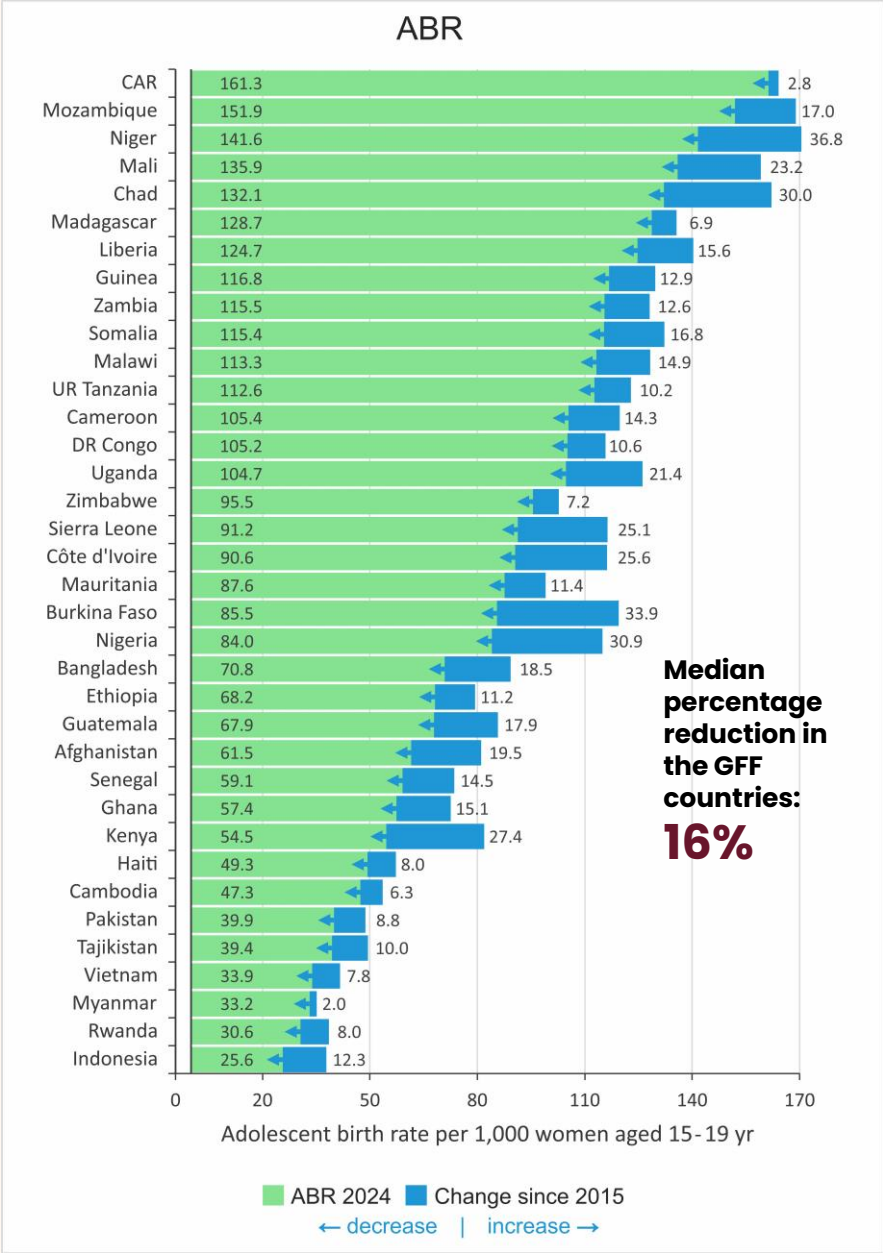


Analyses by ICEH, Federal University of Pelotas, Brazil; data source ICEH data base

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Adolescent birth rates (ABR) have declined in all GFF partner countries, but accelerated improvements are needed

- Reducing high fertility levels among adolescents will improve their health and life chances, as well as the health and development of their children
- All GFF countries have reduced their ABR, with **a range from 1.7% to 33.5%.** The median reduction in GFF partner countries is 16%, compared to a global reduction of 17%.
- **15 countries** still had an ABR over 100 births per 1,000 women aged 15-19 in 2024, **6** of these countries are FCS (FY 26 list)
- The pace of reduction between 2015 and 2024 was **slower** in FCS countries compared to non-FCS countries (median reduction of 14% vs. 19%)
- The 2024 median ABR in the GFF countries was 89.1 births per 1,000 adolescent girls aged 15-19 year, **2.3 times larger** than the global ABR of 38.
- The IG paper on adolescent health explores this and other key adolescent health indicators in more depth



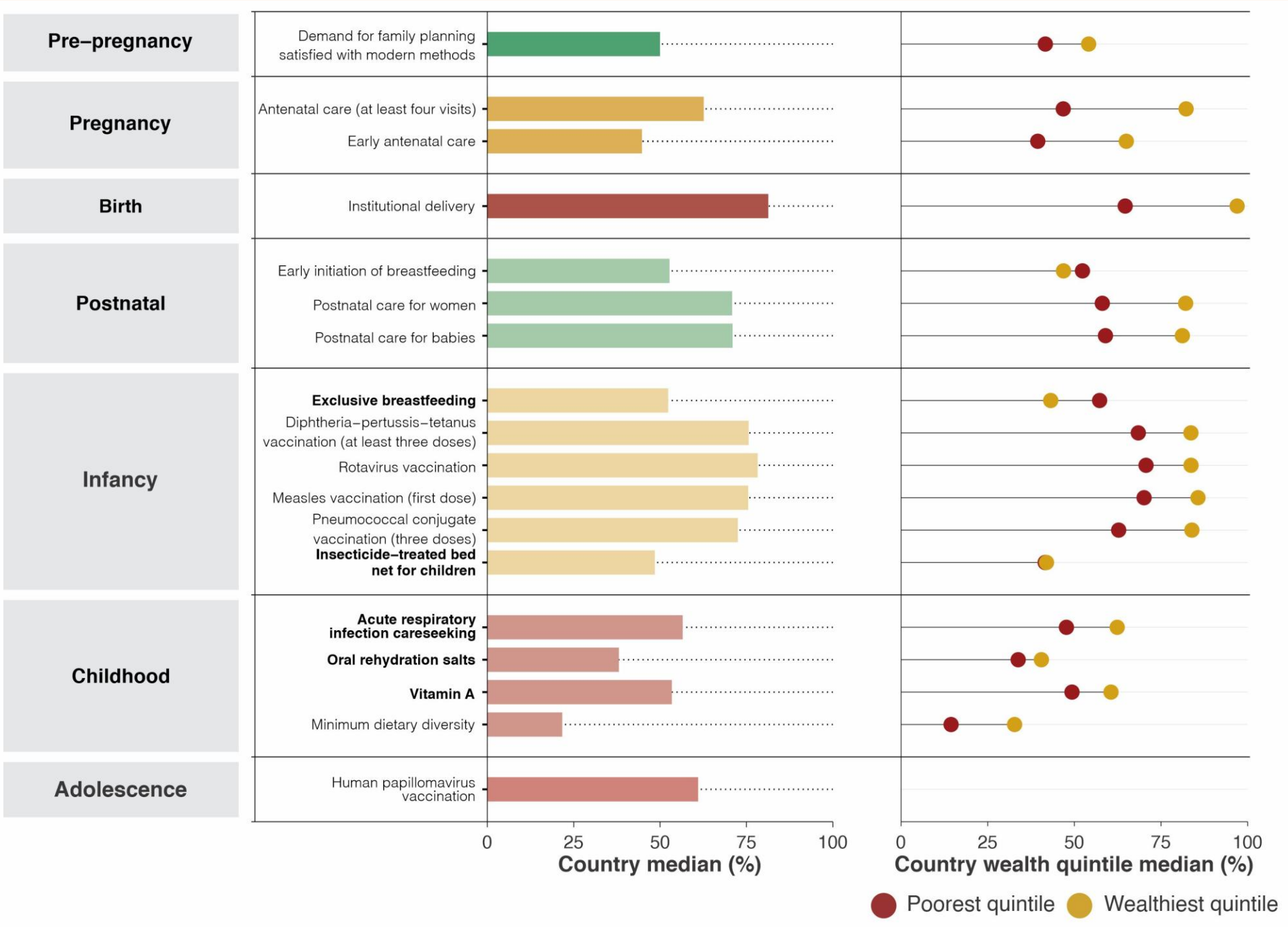
Data source: World Population Prospects 2024, United Nations (UN), publisher UN population
Analysis by ICEH, Federal University of Pelotas, Brazil

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Service delivery progress in the GFF countries: Coverage levels vary across the RMNCAH-N continuum and inequities are pervasive

- Median national level coverage is highest for institutional delivery and for child vaccinations, showing that scale-up in the GFF countries is possible
- For all interventions except ITNs and early initiation of breastfeeding, coverage is substantially higher among the wealthiest

All countries with survey data available from 2015 (median year 2021).



Data not available for Somalia. Analyses by ICEH, Federal University of Pelotas, Brazil; data source ICEH data base

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YET….GFF partner countries continue to accelerate service delivery for key services, reaching millions of women, children and adolescents

Indicator	Total beneficiaries reached	Additional beneficiaries reached
# of modern contraceptive (FP) users	**154.2 M** users in 2026	**▲ 4.7 M** added in 2026
# of children immunized with DPT3	**351.9 M** cumulative, baseline to 2025	**▲ 44.0 M** immunized in 2025
# of unintended pregnancies averted as a result of contraceptive demand being met	**377.3 M** cumulative to 2025	**▲ 54.5 M** averted in 2026
# of women receiving 4+ antenatal care visits	**188.1 M** cumulative, through 2025	**▲ 28.1 M** received in 2025
# of women receiving safe delivery care	**233.4 M** cumulative, through 2025	**▲ 38.4 M** received in 2025

Key messages

4.7 million family planning (FP) users added, the largest single-year gain of the strategy period, for 154.2 million users in total.

44.0 million children immunized with DPT3, 351.9 million since baseline.

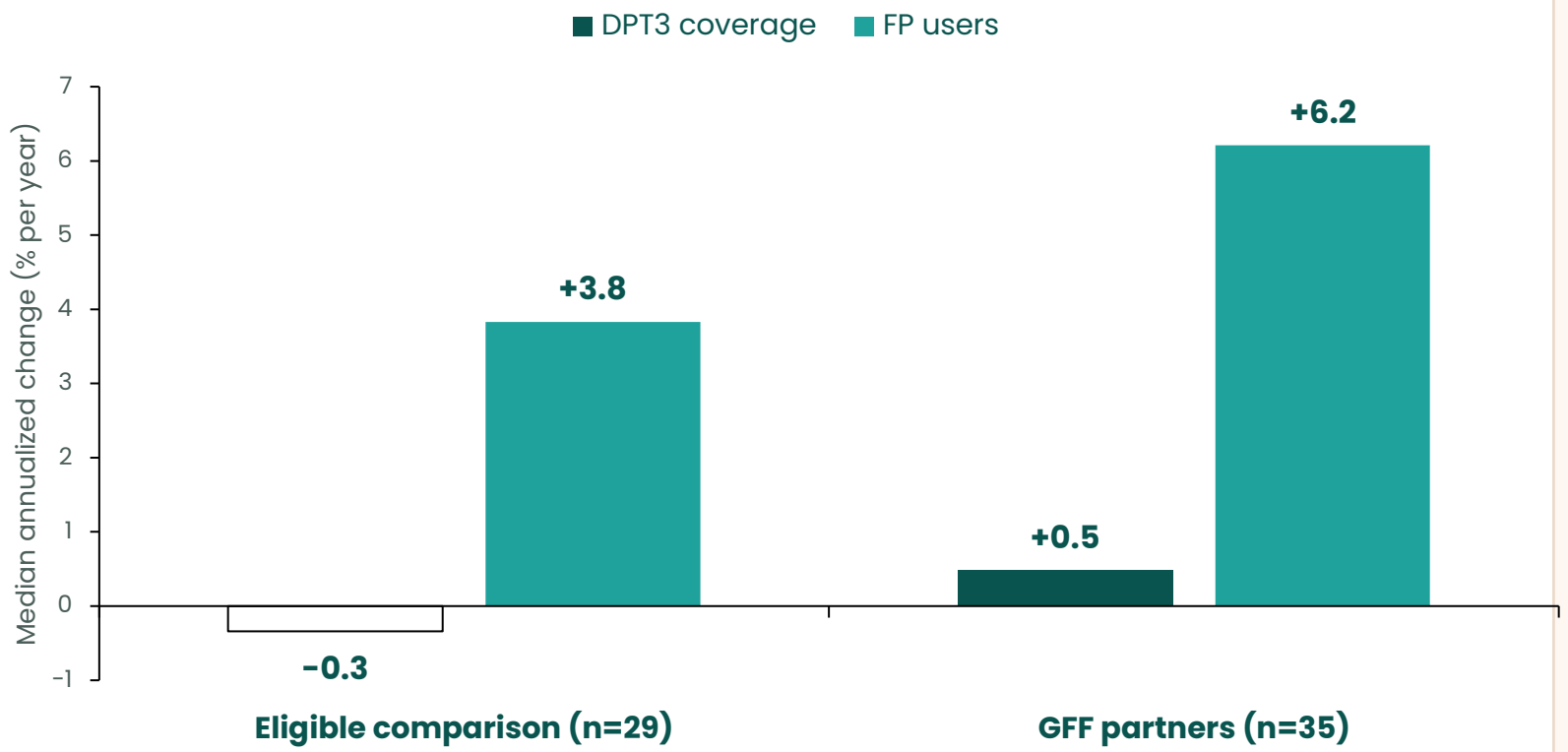
54.5 million unintended pregnancies averted by meeting contraceptive demand.

38.4 million women received safe delivery care and 28.1 million 4+ antenatal care visits, up from 31 million and 28 million in 2024 (233.4 million and 188.1 million in total).

- **Note:** FP figures are preliminary (FP2030 FPET of 31 Jul 2026; 14 countries pending final country runs). Baseline is the year before each country's implementation start. Unintended pregnancies exclude Myanmar. ANC and safe delivery: Viet Nam was included in previous years; Myanmar and Viet Nam are excluded from the 2026 analysis. FP data refer to midyear 2026. Immunization, ANC and safe delivery care data refer to 2025.

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And….GFF partner countries continue to scale service delivery faster than other countries with similar mortality profile



Key messages

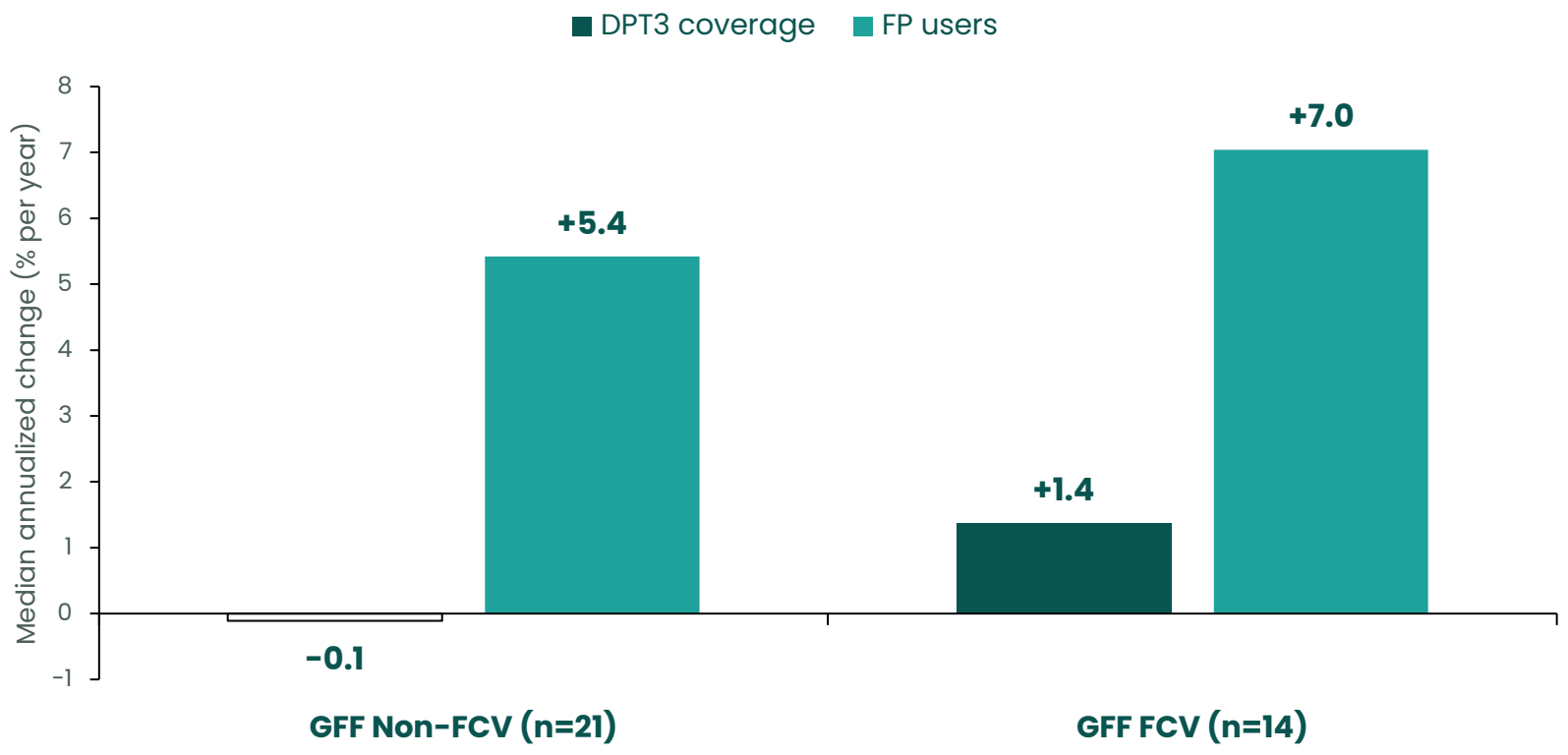
The number of modern contraceptive users in GFF partner countries is increasing by 6.2 percent per year. 1.6 times the rate observed in comparable countries (3.8 percent).

DPT3 coverage is slowly increasing in GFF partner countries, whereas it is **decreasing in eligible countries** that have not been supported.

- *NB: DTP3 coverage levels were higher at baseline compared to FP, and this contributes to the slower pace of change. .*
- *Median annualized relative change from each country's baseline (GFF: year before implementation, floored at 2015; comparison countries: fixed 2016/17). Sources: FP2030 preliminary FPET (31 Jul 2026); WHO/UNICEF WUENIC 2025 revision.*

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FCV GFF countries are accelerating service delivery at a faster rate than non-FCV GFF countries



Key messages

Fragile and conflict-affected partner countries record the strongest gains in the portfolio, with DPT3 coverage rising 1.4 percent and contraceptive use 7.0 percent per year.

In fragile countries outside the partnership, DPT3 coverage remains below its 2016 levels

Fragility is not a barrier to progress where financing and country platforms are in place.

- *Baseline coverage levels are higher for some non-FCV countries compared to FCV countries, which in some cases contributes to a slower rate of change relative to FCV countries.*
- *FCV per World Bank FY26 FCS list (Congo Rep. and Yemen corrected to FCV): 14 FCV and 21 non-FCV partners. Same reading as previous slide; sources as previous slide.*

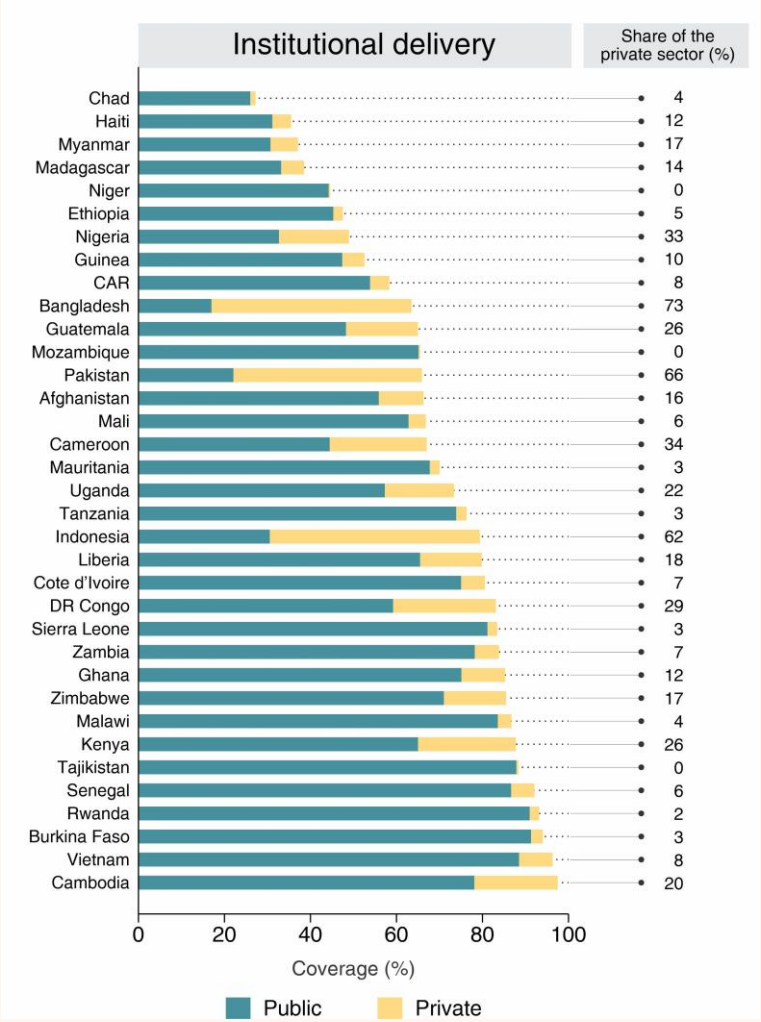
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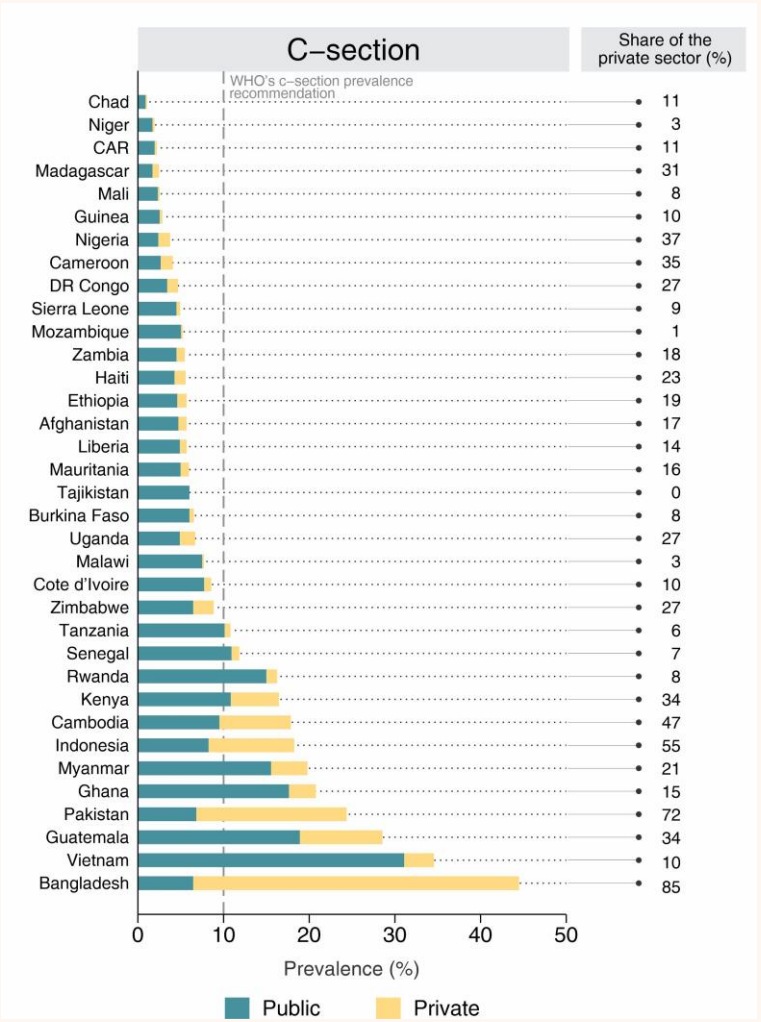
The role of the private sector in service delivery varies across the GFF countries, but is important in many

- The median share of the private sector in providing c-sections is **16%, ranging from 0% in Tajikistan to 85% in Bangladesh**. In 11 GFF countries the share of the private sector exceeds one quarter.

- The median share of the private sector in providing institutional deliveries is similar at **14%, with a range of 0% in Tajikistan, Mozambique and Niger to a high of 72%** in Bangladesh. The proportion exceeds one quarter in six countries

- The private sector presents an opportunity for expanding access to services, but requires strong coordination with the government



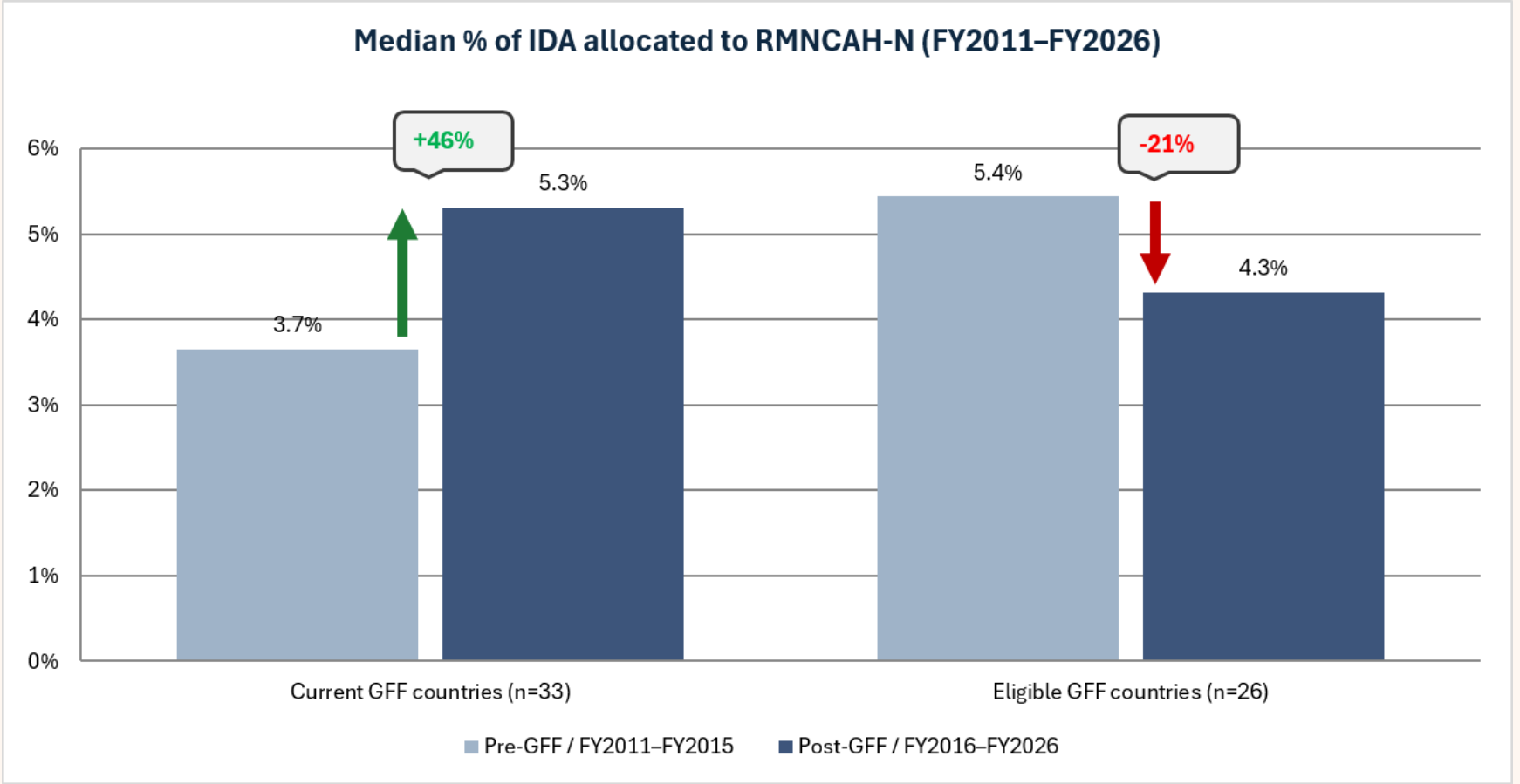


Data not available for Somalia. Analyses by ICEH, Federal University of Pelotas, Brazil; data source ICEH data base

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GFF supported countries have made large increases in IDA allocation to RMNCAH-N, while other countries have reduced RMNCAH-N investments

- Since engaging with GFF, partner countries have **increased IDA usage for RMNCAH-N by 46%** relative to pre-engagement levels
- In contrast, GFF-eligible countries that are not yet supported have **decreased IDA usage by 21%**.
- GFF partner countries have **committed $10.2 billion in IDA for RMNCAH-N** since joining the GFF.



NB: This is based on the categorization of supported and eligible-but-not-yet-supported countries from the 2021-2025 strategy. Therefore, Benin's new project with GFF co-financing is included in the eligible group rather than the currently supported group. Next year the categories will be updated to reflect shifts in country eligibility and support for the new strategy period.

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Close out of KPIs from previous strategy period

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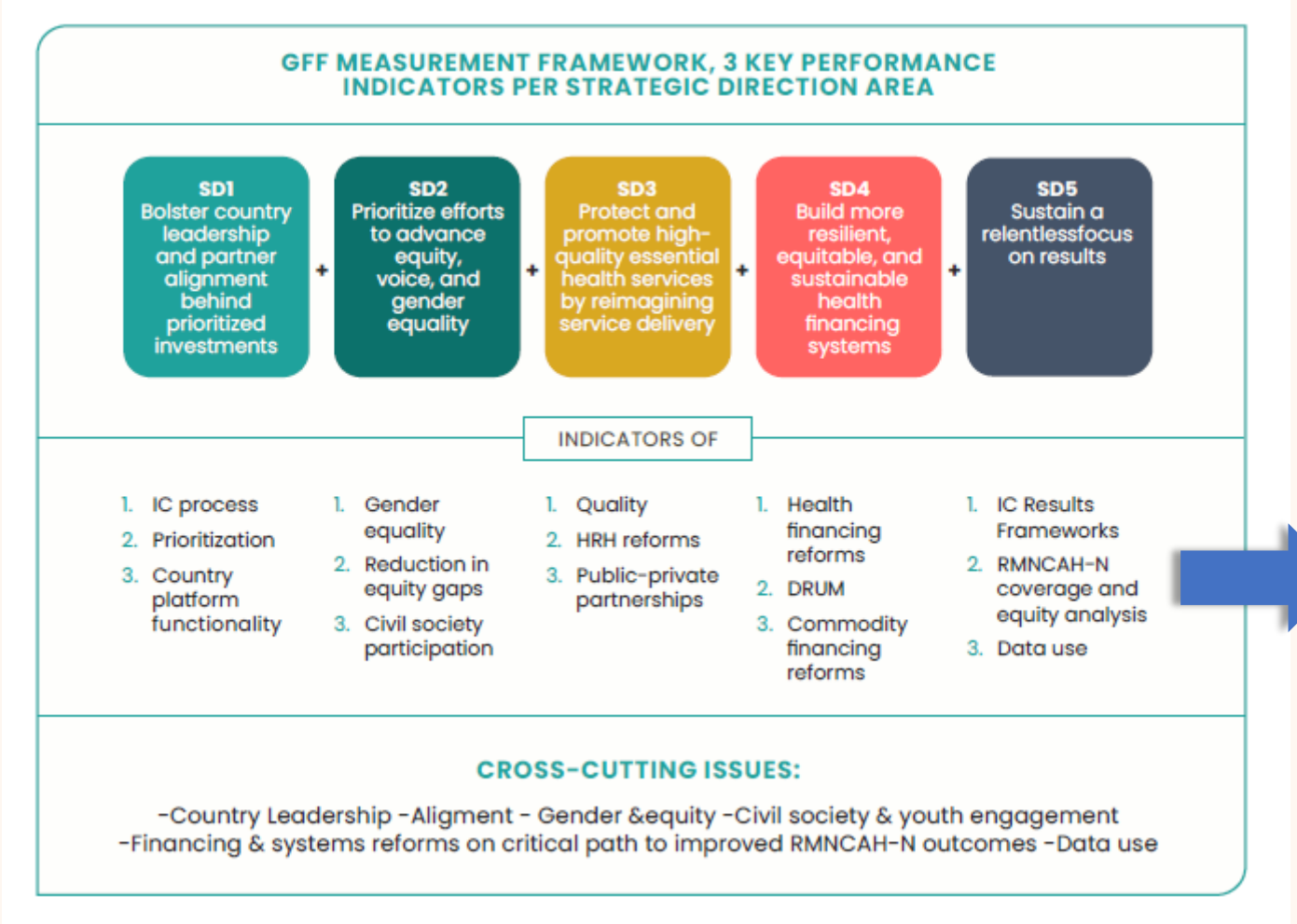
Measuring KPIs for understanding GFF role in contributing to country-led impact, based on 2021-2025 strategy

Compared to previous years' analysis, **what is the same this year**?

- Same KPI definitions and methodology
- Reporting period covers WB fiscal years (FY) rather than calendar years, so 2026 refers to FY26 (or July 2025 to June 2026)
- Myanmar excluded, due to lack of active engagement through majority of reporting period

What is different this year?

- Latest data point for FY2026 added, providing first opportunity to examine three-year time series to close out previous strategy
- Vietnam dropped from analysis since engagement has closed and there are no FY26 values. In order ensure apples-to-apples comparison, a standard group of 34 countries is used for each of the three years presented (i.e., the 36 minus Vietnam and Myanmar)



GFF specific activities

Official Use Only

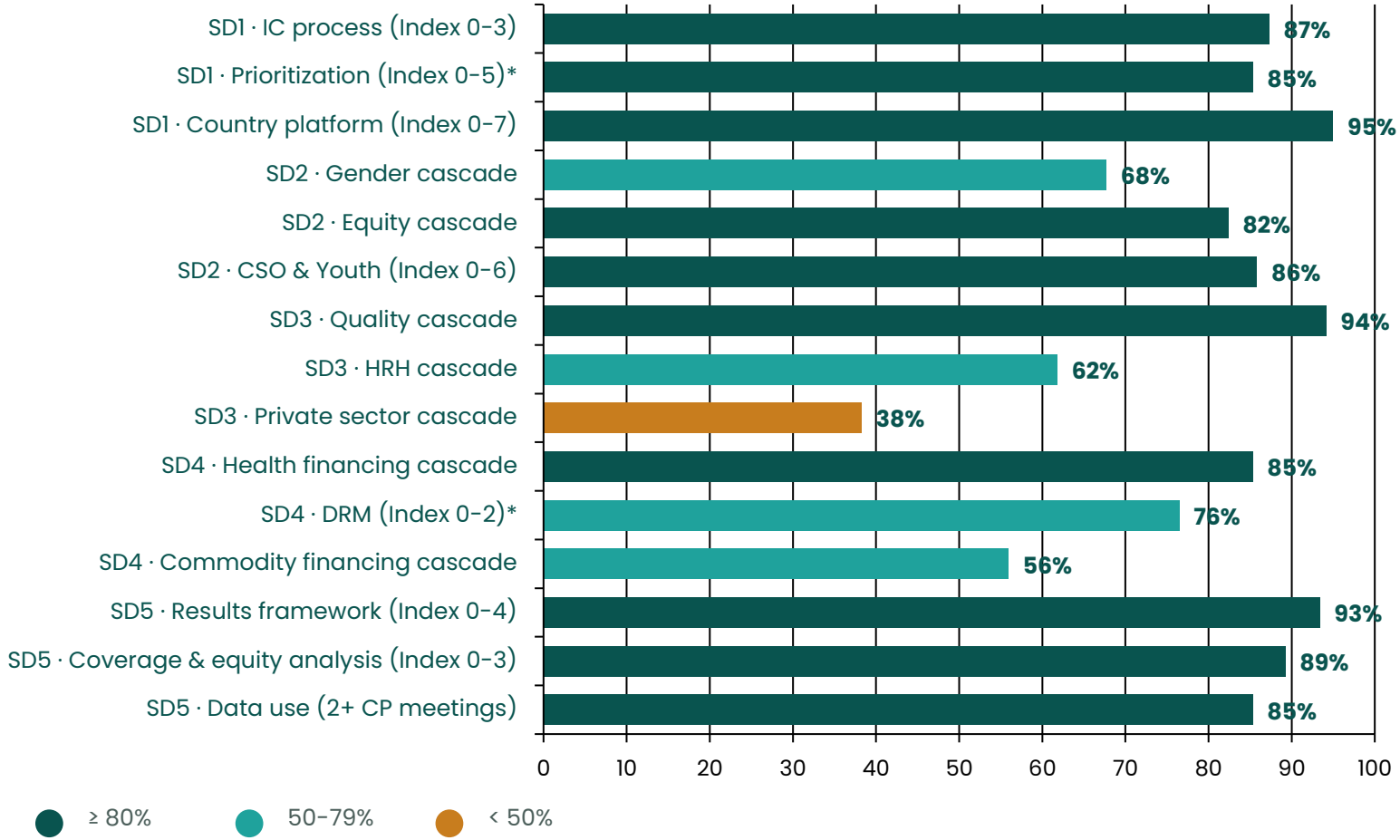
High-level summary view of KPI dashboard shows status at end of strategy period

Key messages

All 15 KPIs closed the strategy period higher than in FY24, and 10 score 80% or above.

The strategy helped strengthen country systems and processes: improved country platforms, quality of care, health financing, results measurement and data use provide strong foundations for countries as we enter the Transform 2030 strategy.

The lowest-scoring areas are newer areas of GFF focus, where the new strategy further concentrates effort: private sector, health workforce, gender and commodity financing.



Reading: * once per strategy cycle, achievements carried forward (prioritization: criteria 1 to 4; criterion 5 annual). All other KPIs show the annual FY26 value; countries with an IC in process or under one year old keep their previous-round response where the current one is negative. Cascades = share of countries achieving measurable results; indices = average score as a share of the maximum. n = 34.

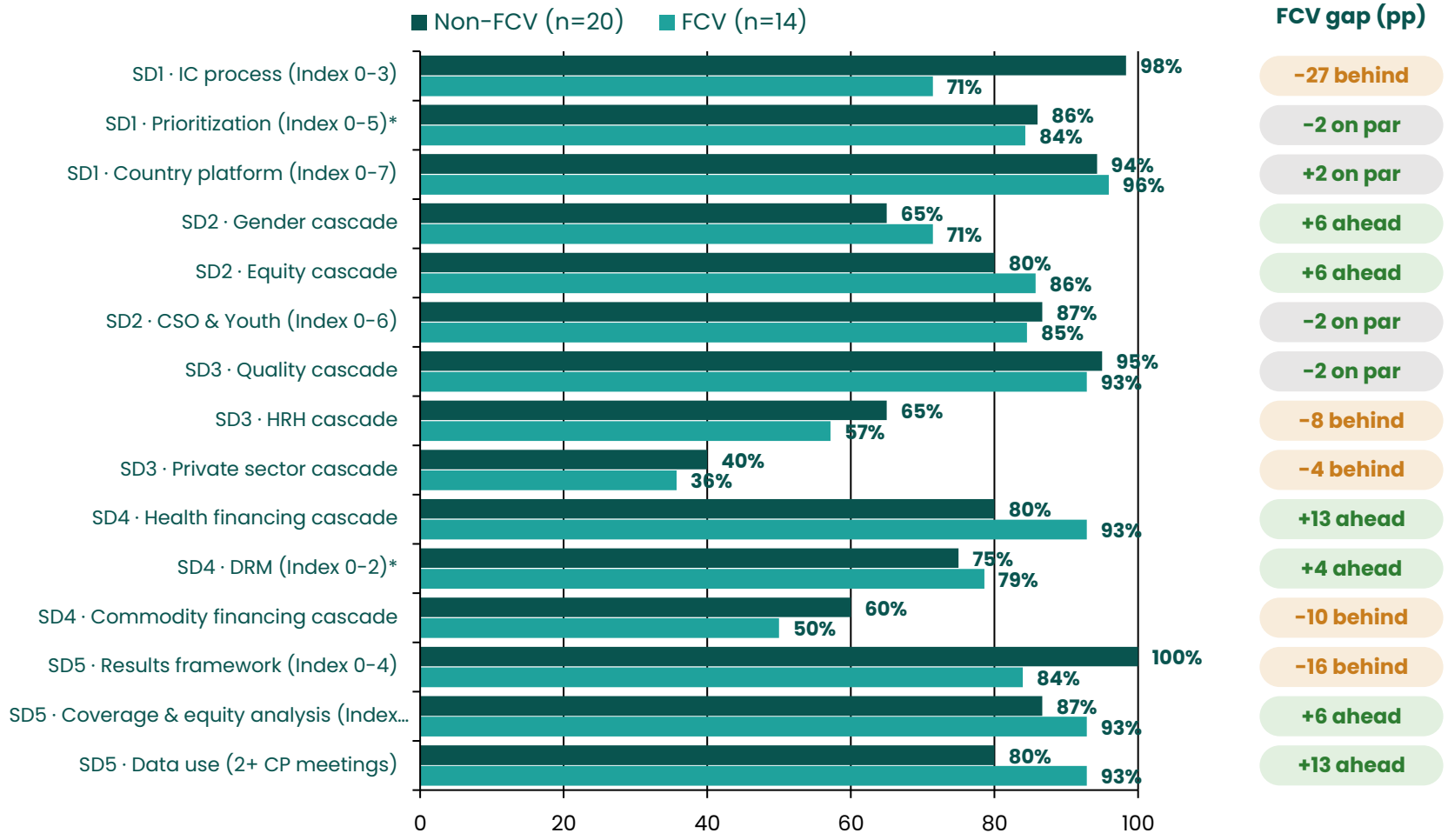
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FCV breakdown of KPI values

Key messages

FCV partner countries perform on par with or better than non-FCV peers on 10 of 15 KPIs, including quality of care (93% vs 95%), health financing (93% vs 80%), data use (93% vs 80%). Gender (71% vs 65%) and DRUM (79% vs 75%).

Gaps remain on **IC process** (71% vs 98%), **commodity financing** (50% vs 60%), **results frameworks** (84% vs 100%), **health workforce** (57% vs 65%) and **private sector** (36% vs 40%), where fiscal space and institutional capacity often serve as constraints.



NB: 14 FCV and 20 non-FCV countries (World Bank FY26 FCS list). FY26 values; * once per strategy cycle (cumulative), all others annual, as on the KPI slides. On par = within 2 points.

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Comparison of final KPI values with previous years shows progress over the strategy period

	KPI	FY24	FY25	FY26
SD1	KPI 1: Investment Case (IC) process	76%	84%	**87%**
SD1	KPI 2: Prioritization (index)	79%	83%	**85%**
SD1	KPI 3: Country platform functioning	89%	92%	**95%**
SD2	KPI 4: Gender cascade	21%	38%	**68%**
SD2	KPI 5: Equity cascade	50%	65%	**82%**
SD2	KPI 6: Civil Society Organizations (CSO) & Youth	75%	83%	**86%**
SD3	KPI 7: Quality cascade	76%	79%	**94%**
SD3	KPI 8: Human Resources for Heath (HRH) cascade	41%	47%	**62%**
SD3	KPI 9: Private sector	24%	26%	**38%**
SD4	KPI 10: Health financing reforms	76%	82%	**85%**
SD4	KPI 11: Domestic Resource Mobilization and Use (DRM)	71%	72%	**76%**
SD4	KPI 12: Commodity financing	41%	44%	**56%**
SD5	KPI 13: Results framework	82%	93%	**93%**
SD5	KPI 14: Coverage & equity analysis	81%	86%	**89%**
SD5	KPI 15: Data use at 2+ Country Platform (CP) meetings	62%	85%	**85%**

- **All 15 KPIs are higher in FY26 than in FY24.** Between FY25 and FY26 no KPI fell; results frameworks and data use held level, as did the annual operational-plans criterion of prioritization (74%). n = 34 in every round; KPI 2 prioritization criteria 1 to 4 and KPI 11 DRM are counted once per strategy cycle. Myanmar and Vietnam excluded from analysis to ensure direct comparability of values across years.

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SD1: Bolstering country leadership

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KPI 1 Investment Case (IC) process

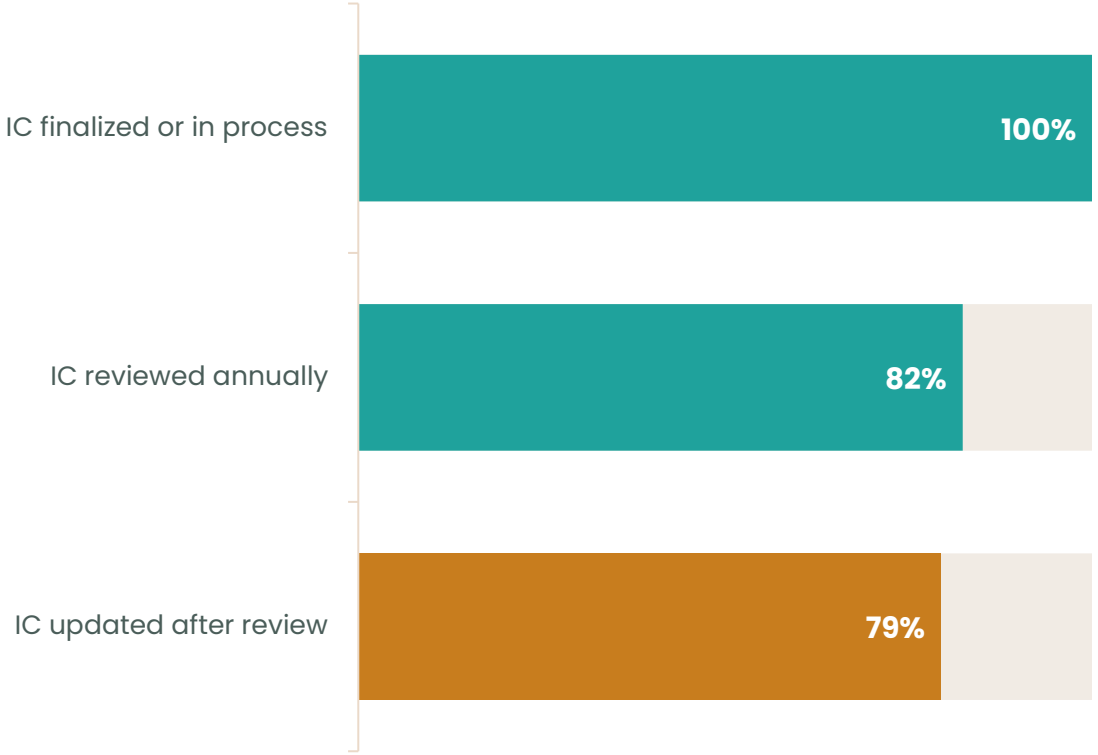
Index, score out of 3 · annual indicator

87%

FY26 value

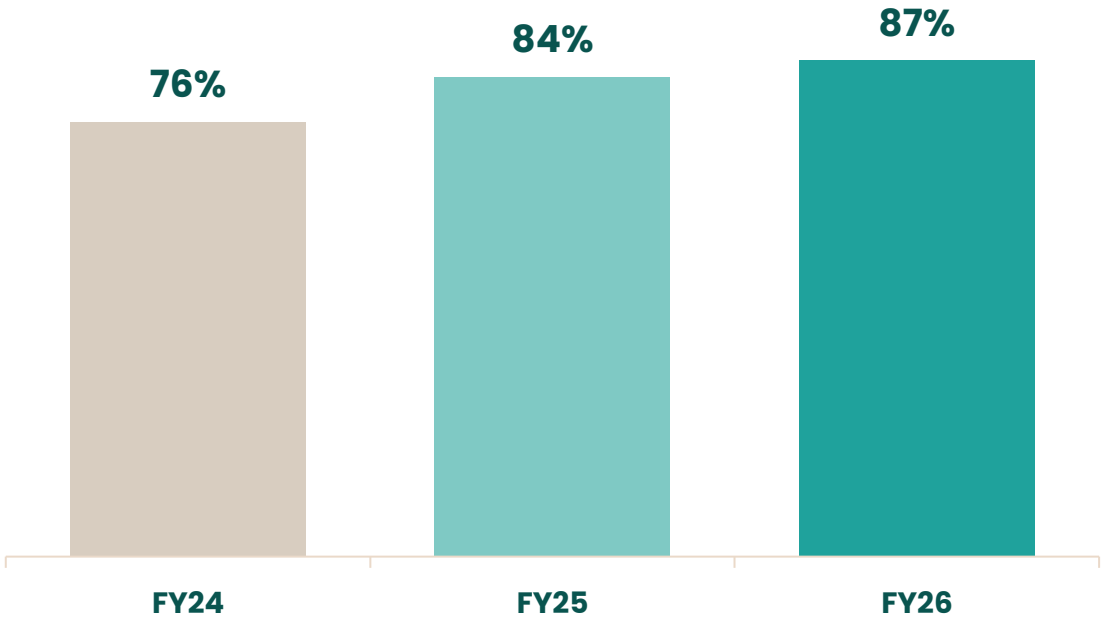
Criteria met, FY26

% of 34 partner countries



ANNUAL value in each stocktaking round

▲ **+11 pp** vs FY24





-27 pp
FCV gap

IC process scores rose from 76% to 87% across the three rounds. All 34 countries have a finalized or in-process IC; annual review (82%) and update (79%) are the remaining gaps. FCV countries trail (71% vs 98%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

Official Use Only

KPI 2

Prioritization of RMNCAH-N in planning and budgeting

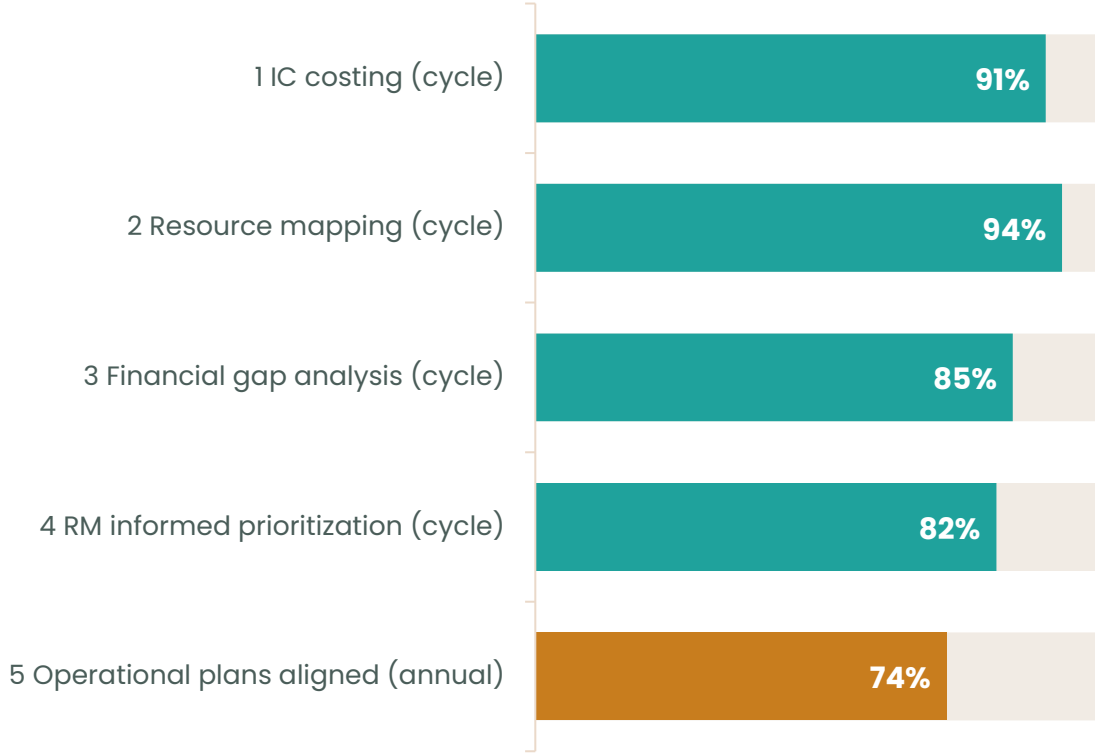
Index, score out of 5 · criteria 1 to 4 once per strategy cycle, criterion 5 annual

85%

FY26 index

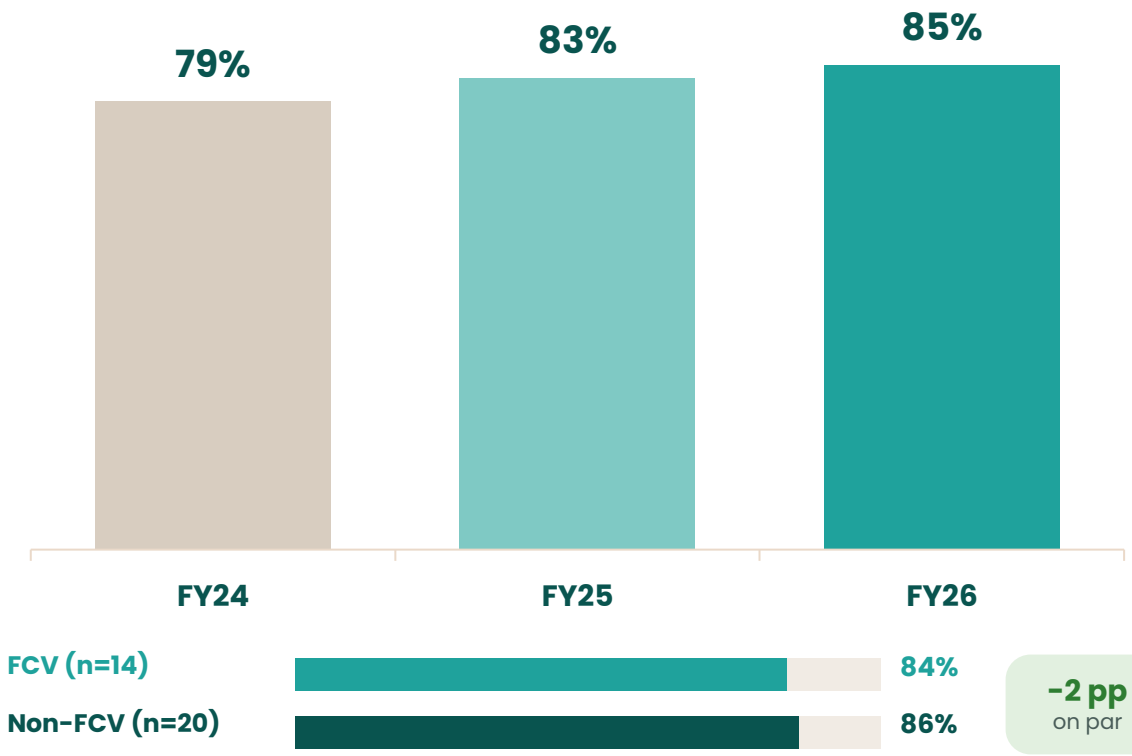
Criteria met, FY26

% of 34 partner countries



MIXED criteria 1-4 cumulative, 5 annual

▲ **+6 pp** vs FY24



Prioritization strengthened over the strategy period (index 79% to 85%). Criteria 1 to 4 are credited once achieved and range from 82% to 94%. Operational plans aligned with the resource envelope, the only annual criterion, rose from 68% in FY24 to 74% in FY25 and held in FY26. RM = Resource Mapping.

Criteria 1 to 4 credited once met in any round. Criterion 5 annual, with the IC in process / new IC correction. n = 34 in every round.

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KPI 3 Country platform effectiveness

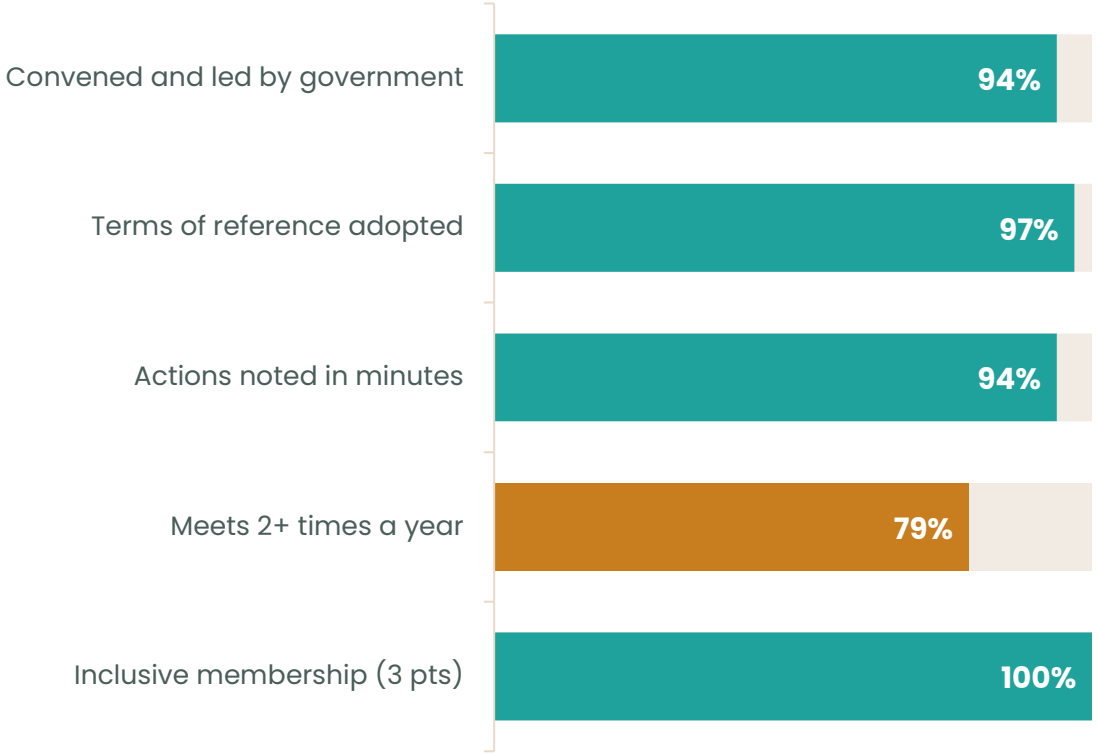
Index, score out of 7 (inclusive membership = 3 points) · annual indicator

95%

FY26 value

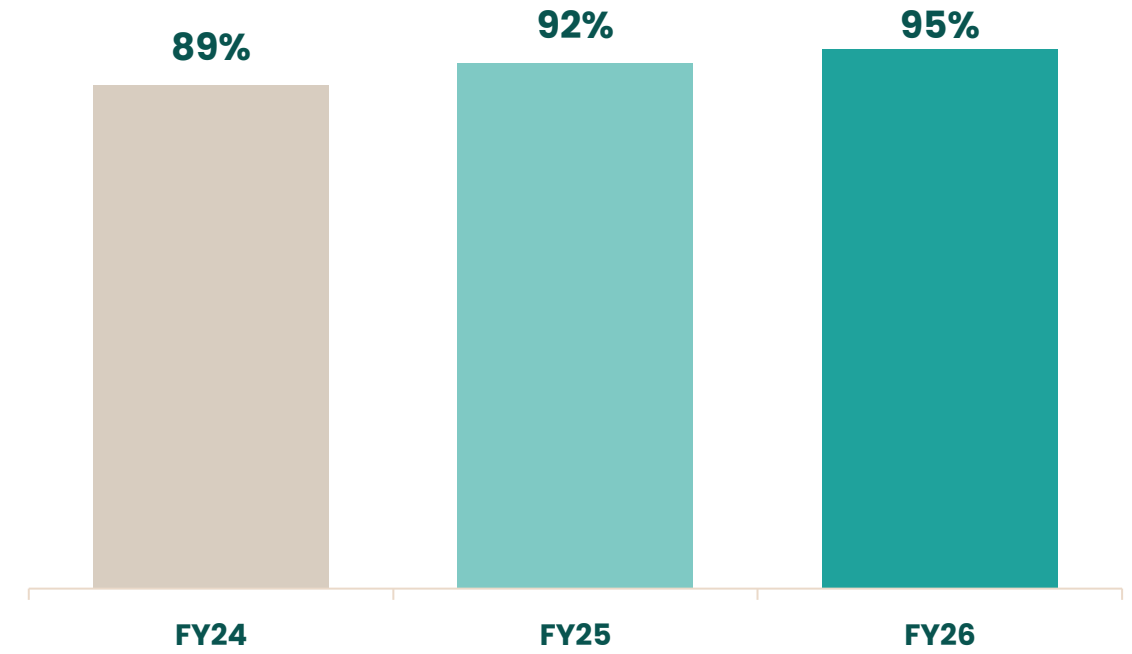
Criteria met, FY26

% of 34 partner countries



ANNUAL value in each stocktaking round

▲ **+6 pp** vs FY24





+2 pp
on par

Country platform functioning improved in every round, from 89% to 95%. Nearly all platforms are government-led, with adopted terms of reference and recorded actions; meeting frequency is the weakest element, with 79% meeting at least twice in the past year.

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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SD1: How are we using new strategy to address gaps and strengthen GFF model?

Action	Progress in past year
Strengthening Investment Cases (ICs)	Supported Cote d'Ivoire, Guinea and Uganda to complete new ICs, with support in process to Benin, Burkina Faso, Liberia, Mozambique and Zimbabwe for ICs expected to be completed soon. With each IC, GFF has provided additional support to strengthen prioritization within the multi-year framework of the IC and to strengthen processes for reviewing and updating them annually.
Strengthening prioritization	Supporting 20 countries to systematically use RMET and FASTR to help inform data-driven prioritization of resources and health systems reforms. This is especially important following large cuts to external resources for health. The cuts in funding and uncertainty in resource availability make it significantly more challenging for countries to align their costed and prioritized plans with the envelope of resources available. This is the start of a multi-year effort that will continue over the course of the strategy period, in line with strategic objective three.
Scaling new GFF Country Coordinator (GCC) role	Completed refresh of GCC model, with new scope of responsibilities and full time role that is more institutionally embedded. New feedback mechanism in place. New GCC model now fully scaled across the portfolio.
Scaling new Country Platform assessment approach	After completing pilot in 2025, new assessment approach scaled across the portfolio in 2026. Out of currently 37 GFF supported countries, 3 are graduating and platforms were not assessed (Guatemala, Vietnam, Indonesia), 4 are setting up the platform or modifying it (Bangladesh, Benin, Mali, Myanmar). Assessments in the remaining 30 countries are on track to being completed by end of year.

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

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KPI 4 Gender gap actions

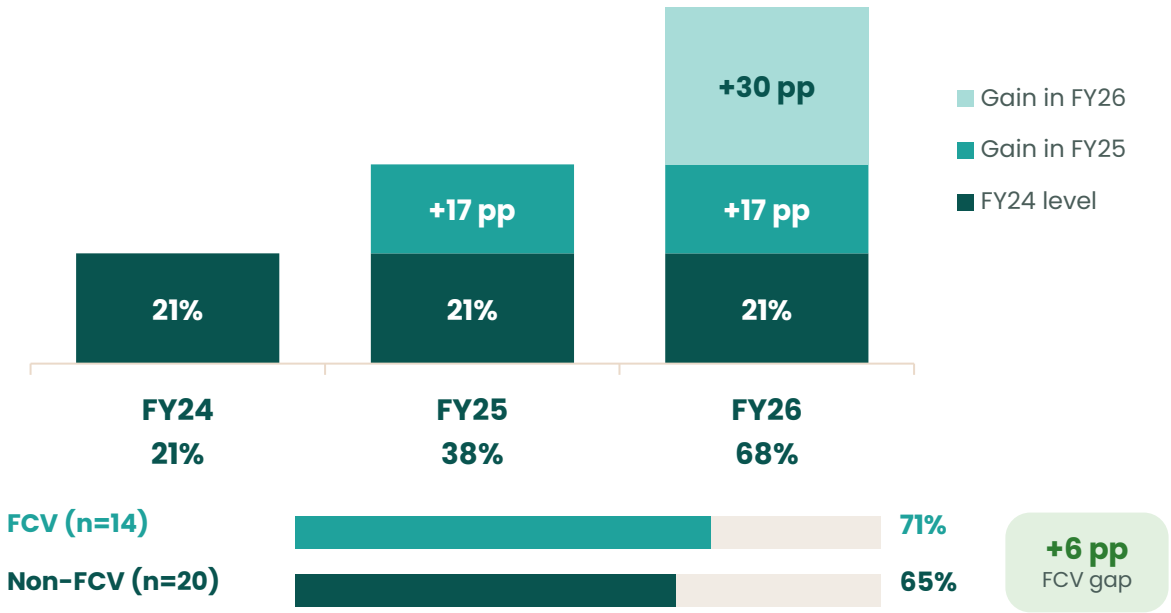
Achieved = measurable progress, or all four criteria met · annual value

68%

23 of 34 countries, FY26

ANNUAL value in each round, stacked by yearly gain

▲ **+47 pp** vs FY24



What changed in FY26

▲ **New achievement of measurable results in past fiscal year: 10 countries**
(net 13 → 23 of 34, +30 pp)
Chad, Haiti, Madagascar, Malawi, Mali, Mauritania, Pakistan, Rwanda, Senegal, Somalia

▼ **No country that achieved it in FY25 fell back in FY26**

Country examples

Chad FCV

The Health System Performance Strengthening project trained frontline workers to identify and respond to Gender Based Violence. They also used Performance Based Financing incentives to strengthen quality of survivor care. In 2 years, Gender Based Violence survivors receiving care from a trained health worker increased from 21,559 to 123,301

Source: 2026 KPI submission

Senegal

The WB/GFF co-financed project increased financial security and health care affordability for women by providing cash transfers to 44,276 vulnerable pregnant women and paying health-insurance premiums for 96,138 women. It also empowered 35,994 adolescent girls with bursaries, dignity kits, safe spaces and social support to prevent child marriage

Source: 2026 KPI submission

In FY26, 68% of countries (23 of 34) reported measurable progress on gender, up from 21% in FY24. Ten countries achieved it in FY26 that had not in FY25, and none fell back. Every country has prioritized gender; the remaining gap is turning implementation into measurable results in 11 countries.

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

Official Use Only

KPI 5

Equity gap actions

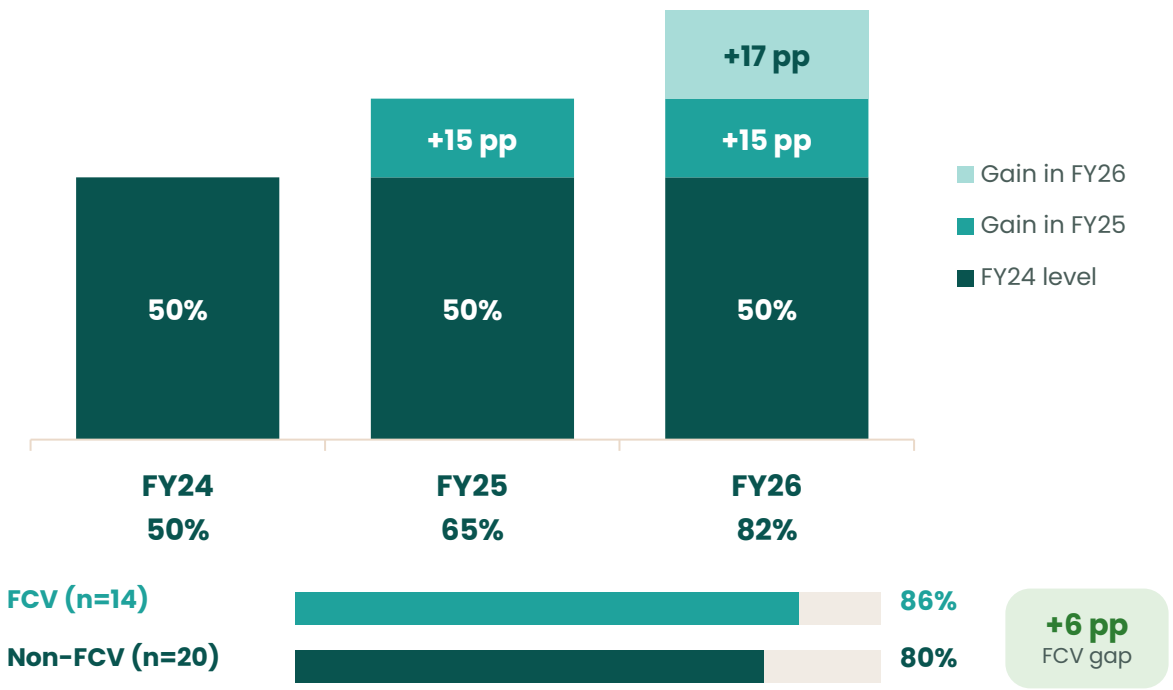
Achieved = measurable progress, or all four criteria met · annual value

82%

28 of 34 countries, FY26

ANNUAL value in each round, stacked by yearly gain

▲ **+32 pp** vs FY24



What changed in FY26

▲ New achievement of measurable results in past fiscal year: 7 countries
(net 22 → 28 of 34, +17 pp)
Ethiopia, Ghana, Madagascar, Pakistan, Sierra Leone, Somalia, Uganda

▼ Achieved in FY25, not in FY26: 1 country
Guinea

Country examples

Madagascar

By June 2026, 353,389 pregnant women, youth and children under five in high-mortality districts were covered by financial protection mechanisms (capitation, free care with Performance Based Financing) under the WB/GFF co-financed project. The financial protection pilots of capitation in Manabe and Atsimo Andrefana and free-of-charge services in Ihosy will inform investment of Additional Financing.

Source: 2026 KPI submission

Mauritania

The WB/GFF co-financed project showed improved coverage among refugees and other target populations from 2025 to 2026. Among refugee women, facility deliveries increased from 72% to 84%, while new contraceptive users among refugee women nearly doubled from 1,137 to 2,221. ANC4 among pregnant refugee women more than doubled from 852 to 1,880, and refugee mothers receiving two postnatal visits increased by 84%, from 1,475 to 2,712

Source: 2026 KPI submission

In FY26, 82% of countries (28 of 34) reported measurable progress on equity, up from 50% in FY24. Seven countries achieved it in FY26 that had not in FY25, while Guinea fell back. FCV countries score higher (86% vs 80%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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KPI 6 CSO and youth engagement

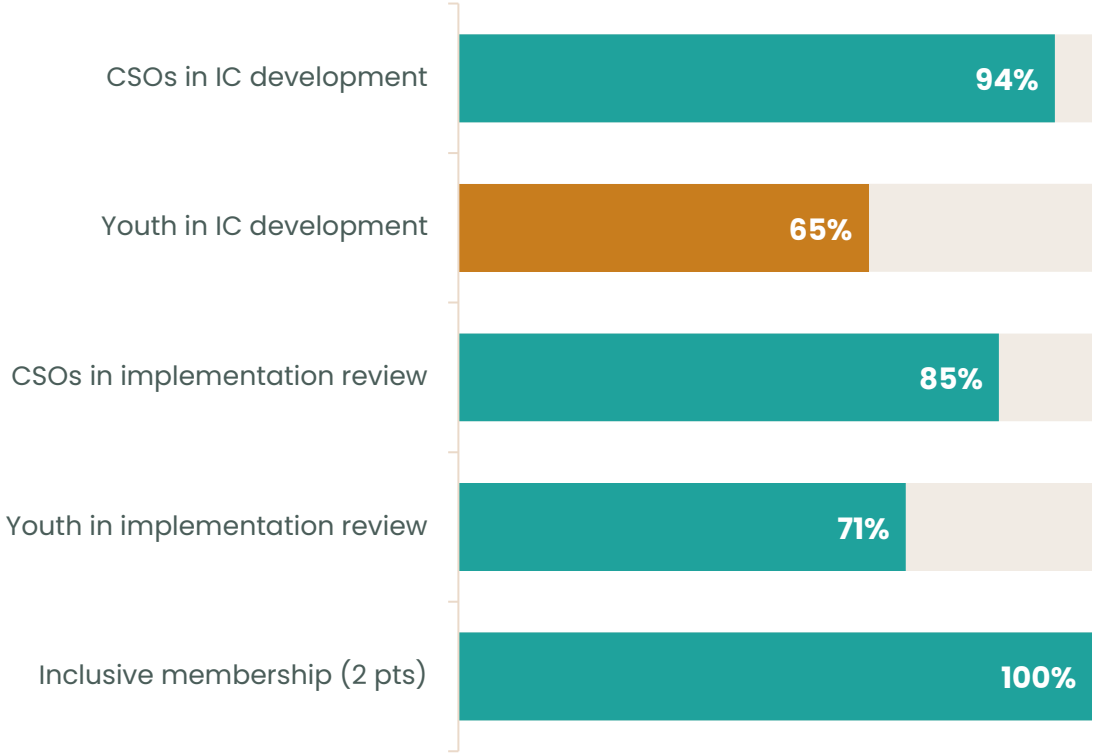
Index, score out of 6 (inclusive membership = 2 points) · annual indicator

86%

FY26 value

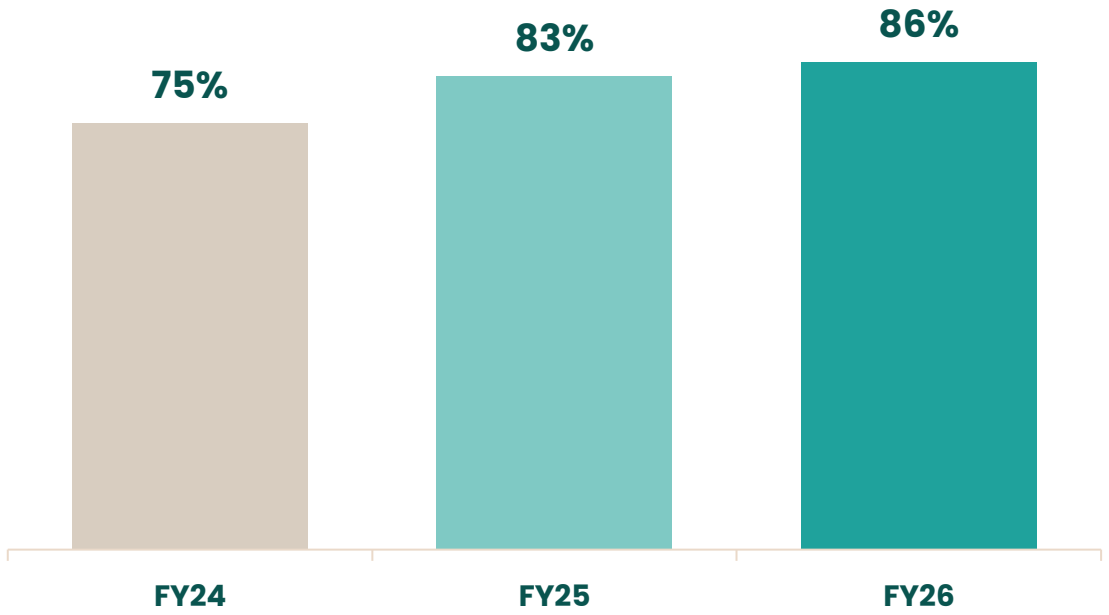
Criteria met, FY26

% of 34 partner countries



ANNUAL value in each stocktaking round

▲ **+11 pp** vs FY24





-2 pp
on par

CSO and youth engagement rose from 75% to 86%. CSO participation is near universal in IC development (94%) and strong in implementation review (85%); youth participation remains the gap (65% and 71%). FCV and non-FCV countries score alike (85% and 87%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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SD2: How are we using new strategy to address gaps and strengthen GFF model?

Action	Progress in past year
Strengthening gender measurement and accountability	After having 1 gender KPI in previous strategy, GFF now has 4: 1 measuring gender integration within each strategic objective and 1 cross-cutting KPI. This sharpens focus on measurable results and strengthens accountability for GFF work to improve gender equality and help meet girls' and women's needs and rights. GFF has also introduced gender diagnostics and is on track to surpass its target of 10 completed this year.
Increasing focus on reaching adolescent girls with SRHR services	Scaled support for adolescent health and SRHR. 28 of 48 GFF co-financed operations active at end of FY26 directly invest in adolescent health, including 6 of 8 projects approved since January. 25 out of the 28 active projects specifically focus on adolescent SRHR. The 3 remaining projects focus on adolescent nutrition. GFF now provides cervical cancer-related support in 8 countries.
Deepening partnership with new East Africa Girls' Empowerment and Resilience program	Provided co-financing and TA as part of East Africa Girls' Empowerment and Resilience (EAGER) program. Jointly conducted analytics and collaborated with the program's new Evidence Hub to analyze how adolescent girls' and young women's aspirations for health-sector careers intersect with barriers across the education-to-employment pipeline and identify potential entry points for GFF and World Bank investments.
Scaling Country Equity Diagnostics	Completed country equity diagnostics for all current partner countries with available survey data, plus new partner countries with which GFF is beginning to engage. GFF is systematically supporting their use for IC development, project preparation and prioritization due to shocks.
Strengthening CSO and Youth Engagement Framework	Supported two CSO consortia to manage sub-grants on domestic resource mobilization and adolescent health, strengthen grantees' capacity to engage in policy and budget processes use data and evidence, and promote peer learning and South-South exchange while capturing and sharing lessons learned and good practices. Through ADLAB, GFF has also strengthened youth engagement in design, conduct and use of implementation research to improve health program design and responsiveness to adolescents.

SD3: Protecting and promoting quality health services

Official Use Only

KPI 7 Quality of care actions

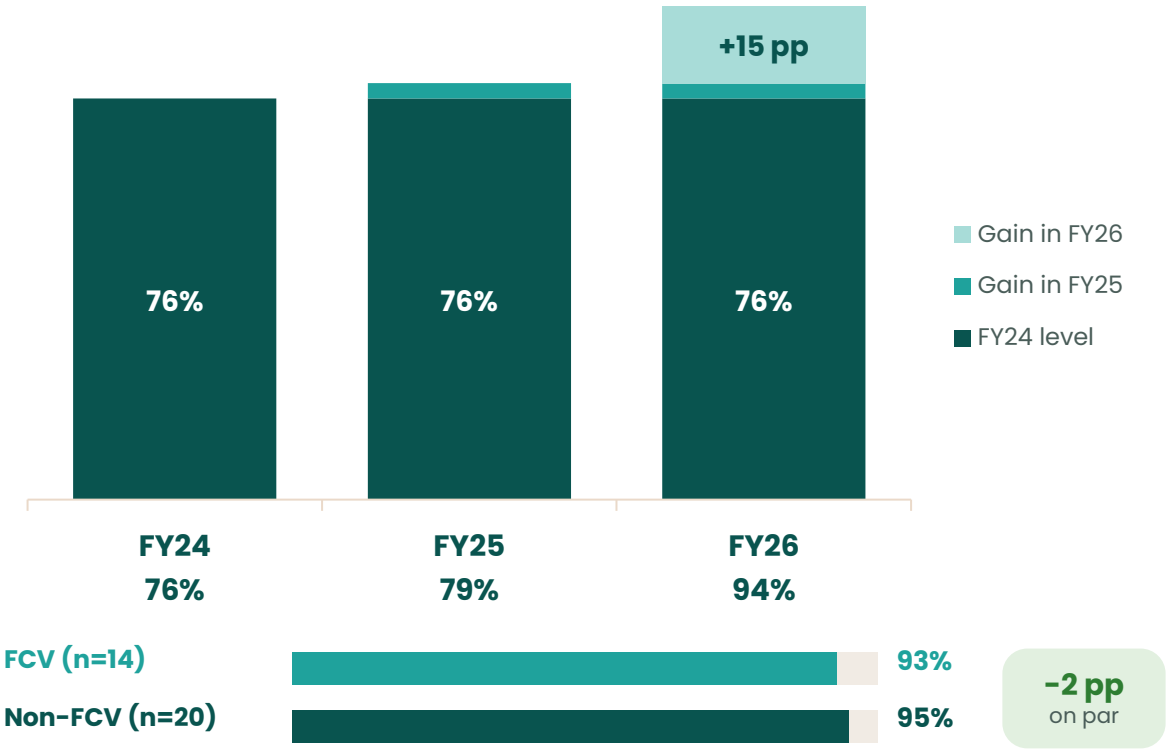
Achieved = measurable progress, or all four criteria met · annual value

94%

32 of 34 countries, FY26

ANNUAL value in each round, stacked by yearly gain

▲ **+18 pp** vs FY24



What changed in FY26

▲ **Achieved in FY26, not in FY25: 7 countries** (net 27 → 32 of 34, +15 pp)
Haiti, Kenya, Madagascar, Pakistan, Rwanda, Senegal, Tajikistan

▼ **Achieved in FY25, not in FY26: 2 countries**
CAR, Guinea

Country examples

Afghanistan

The WB/GFF co-financed project has introduced quantified quality-of-care metrics and routine performance monitoring to strengthen service delivery across primary care facilities and linked hospitals. Targeted health facilities with at least two staff trained in essential newborn care and targeted level 2 special care newborn units providing Continuous Positive Airway Pressure, the 2025 value reached 66%. The quality score across facilities remained stable at 53% between 2024 and 2025, but early 2026 data show increases to 63%.

Source: 2026 KPI submission

Chad

The Health System Performance Strengthening Project emphasized Performance Based Financing quality scorecards and verification to shift focus from inputs to results. Between March 2024 and March 2026 the average health-facility quality score increased from 74.5% to 81.2%, and the proportion of district and provincial hospitals achieving at least 80% on the maternity-service quality assessment rose from 62% to 96%. Digitally documented supervision visits increased from 390 to 701.

Source: 2026 KPI submission

In FY26, 94% of countries (32 of 34) reported measurable progress on quality of care, up from 76% in FY24. Seven countries achieved it in FY26 that had not in FY25, while CAR and Guinea fell back. FCV and non-FCV countries perform alike (93% and 95%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

Official Use Only

KPI 8 Health resources for health (HRH) actions

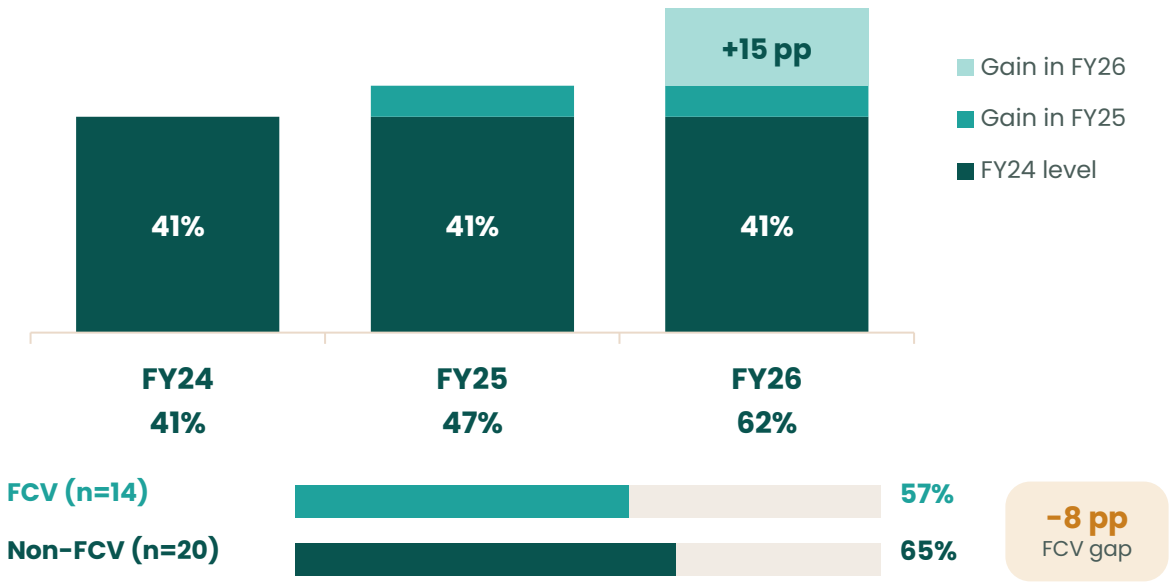
Achieved = measurable progress, or all four criteria met · annual value

62%

21 of 34 countries, FY26

ANNUAL value in each round, stacked by yearly gain

▲ **+21 pp** vs FY24



What changed in FY26

▲ **Achieved in FY26, not in FY25: 5 countries** (net 16 → 21 of 34, +15 pp)
Ghana, Kenya, Mali, Nigeria, Pakistan

▼ **No country that achieved it in FY25 fell back in FY26**

Country examples

Pakistan

More than 20,000 community health workers hired and deployed in Punjab; competency-based training and assessment modules developed in KP, Punjab and Sindh.

Source: 2026 KPI submission

Nigeria FCV

The Community Health Worker program has been redesigned and is being rolled out, with a results-based indicator paying for household visits from Community Health Workers that deliver nutrition, maternal and child health services.

Source: 2026 KPI submission

Health workforce achievement rose from 41% to 62% (21 of 34 countries). Nearly all countries prioritize and are implementing HRH reforms (97% and 91%); measurable progress lags, and FCV countries trail (57% vs 65%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

Official Use Only

KPI 9

Private sector engagement

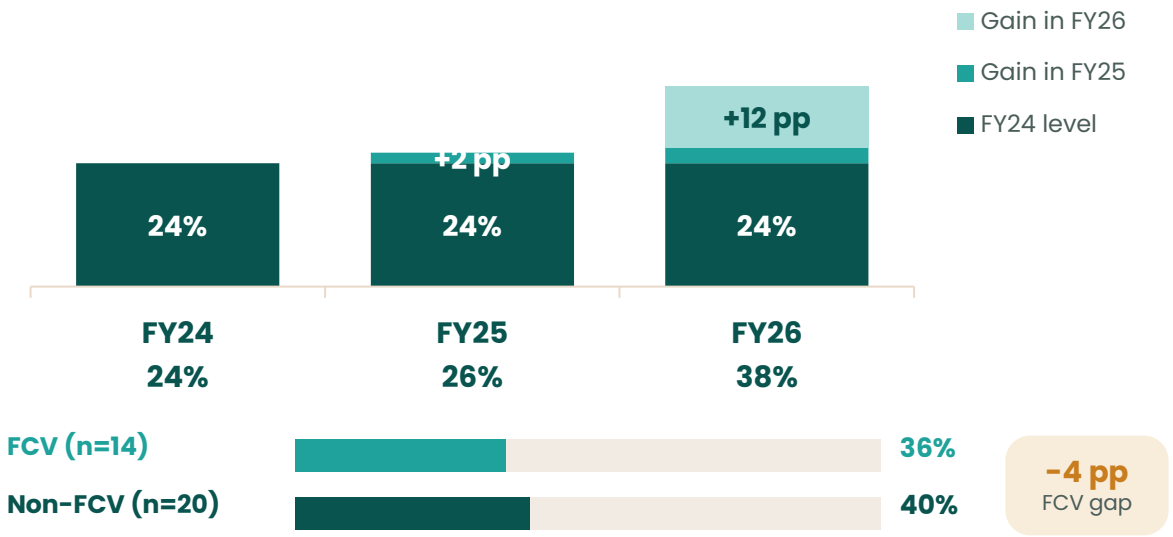
Achieved = measurable progress, or all four criteria met · annual value

38%

13 of 34 countries, FY26

ANNUAL value in each round, stacked by yearly gain

▲ **+14 pp** vs FY24



What changed in FY26

▲ Achieved in FY26, not in FY25: 5 countries (net 9 → 13 of 34, +12 pp)

CAR, Kenya, Malawi, Mali, Tanzania

▼ Achieved in FY25, not in FY26: 1 country

Madagascar

Country examples

Malawi

The MOH has signed Service Level Agreements with the Christian Health Association of Malawi, whose 175+ facilities deliver 37% of services, removing user fees for RMNCAH-N care in underserved areas. During Malawi's fiscal crisis, WB/GFF support helped sustain financing and maintain access to essential RMNCAH-N services in underserved areas. GFF supported integration of the partnership into the broader health system through the IC and national health sector planning processes focused on sustainable financing. *Source: 2026 KPI submission*

CAR FCV

Private providers are contracted through performance-based financing, and the private facility service provision of RMNCAH-N services is reported separately in DHIS2 which strengthens the ability to address issues of geographic equity and coverage in planning.

Source: 2026 KPI submission

Private sector engagement remains the lowest-scoring area at 38% in FY26 (13 of 34), up from 24% in FY24. Five countries achieved it in FY26 that had not in FY25; half have a measurement approach in place (50%). FCV countries trail (36% vs 40%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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SD3: How are we using new strategy to address gaps and strengthen GFF model?

Action	Progress in past year
Leveraging World Bank commitment to reach additional 1.5 billion people with quality health services	Strengthened collaboration with WB global unit and regions to ensure quality component of 1.5bn target is rigorously measured and consistently met. WB/GFF project instruments (e.g., disbursement linked results) are used to link financing to measurable improvements in quality, including through two new regional Multi-Phase Programmatic Approaches (MPAs) in Africa.
Improving quality of service delivery through acceleration of innovations and evidence-based solutions	Drafted operational plan for Innovations Challenge Program to accelerate scale of evidence-based solutions. First challenge proposed is Safer Births Bundle of Care, which accelerates improvements in quality of intrapartum care and saves maternal and newborn lives. As part of WB Health Target Implementation Plan, GFF is also accelerating efforts to scale a) syphilis screening and treatment as integral part of quality antenatal care, b) small and sick newborn care, c) early nutrition for growth, d) digitally-enabled integrated management of newborn and child illness (IMNCI) and e) cervical cancer prevention (HPV vaccination), screening and treatment.
Strengthening focus on enabling skilled, digital-ready health workforce	All 8 GFF co-financed projects approved since January have strengthened focus on enabling skilled, digital-ready health workforce. In close collaboration with WB global unit and regions, GFF is strongly focused on ensuring that the workforce is equipped to deliver better outcomes for women, children and adolescents. A particular area of focus for GFF as we operationalize new strategy is strengthening role of community health workers and midwives. GFF has enhanced the human resources for health content within FASTR and is piloting a new Community Health Worker module in two countries.
Strengthening private sector engagement approach	In line with the review of GFF's private sector work (2024), the new GFF strategy and World Bank Group reforms, GFF is more systematically supporting private sector engagement across GFF countries to ensure contribution to health of women, children and adolescents. GFF supports private sector contracting for delivery of RMNCAH-N service and products and is strengthening collaboration with and other private sector actors. 6 of 8 co-financed projects approved since January have prioritized strengthening private sector engagement.

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

Official Use Only

KPI 10 Health financing reform

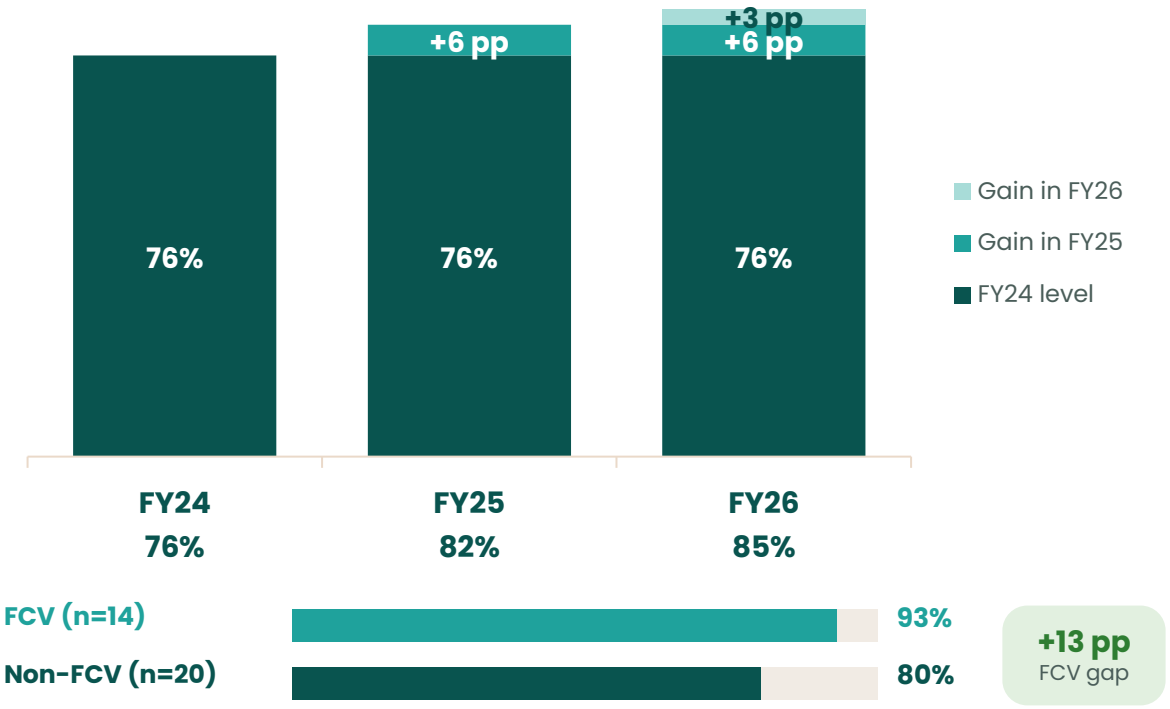
Achieved = measurable progress, or all four criteria met · annual value

85%

29 of 34 countries, FY26

ANNUAL value in each round, stacked by yearly gain

▲ **+9 pp** vs FY24



What changed in FY26

▲ **Achieved in FY26, not in FY25: 3 countries** (net 28 → 29 of 34, +3 pp)
Mozambique, Niger, Pakistan

▼ **Achieved in FY25, not in FY26: 2 countries**
Guinea, Uganda

Country examples

Niger FCV

Financial protection measures, including free services for pregnant women, children, and poor households, were prioritized to reduce out-of-pocket spending and remove financial barriers to care. People receiving free health services in project areas rose from none in June 2024 to 1.8 million in June 2025 and 2.9 million by February 2026.

Source: 2026 KPI submission

Cote D'Ivoire

The Project included the scale up the Universal Health Coverage (CMU) scheme. GFF supported a reform to enhance enrollment in the UHC scheme when asking for any public administration papers. Enrollment surged from 10% to 65% of the population between 2023 and 2025, monthly consultations doubled, and access to medicines among enrollees rose from 12% to 64%.

Source: 2026 KPI submission

In FY26, 85% of countries (29 of 34) reported measurable progress on health financing reform, up from 76% in FY24.

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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KPI 11 Domestic resource use and mobilization (DRM)

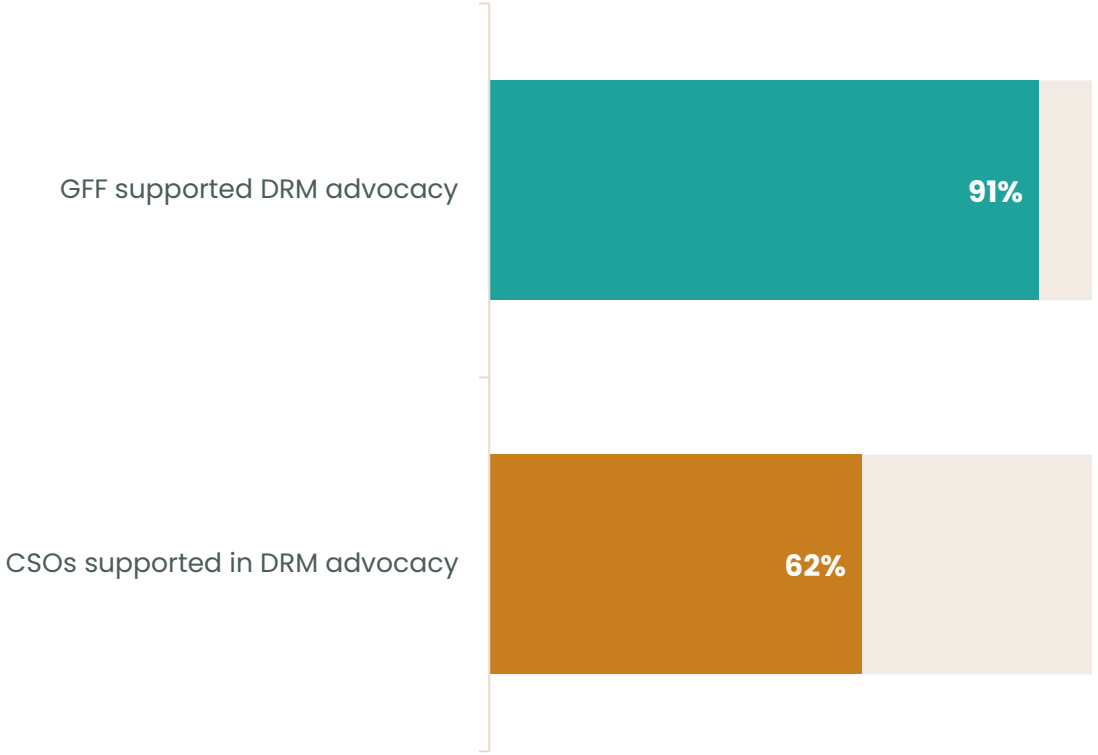
Index, score out of 2 · once per strategy cycle (cumulative)

76%

close-out FY26, cumulative

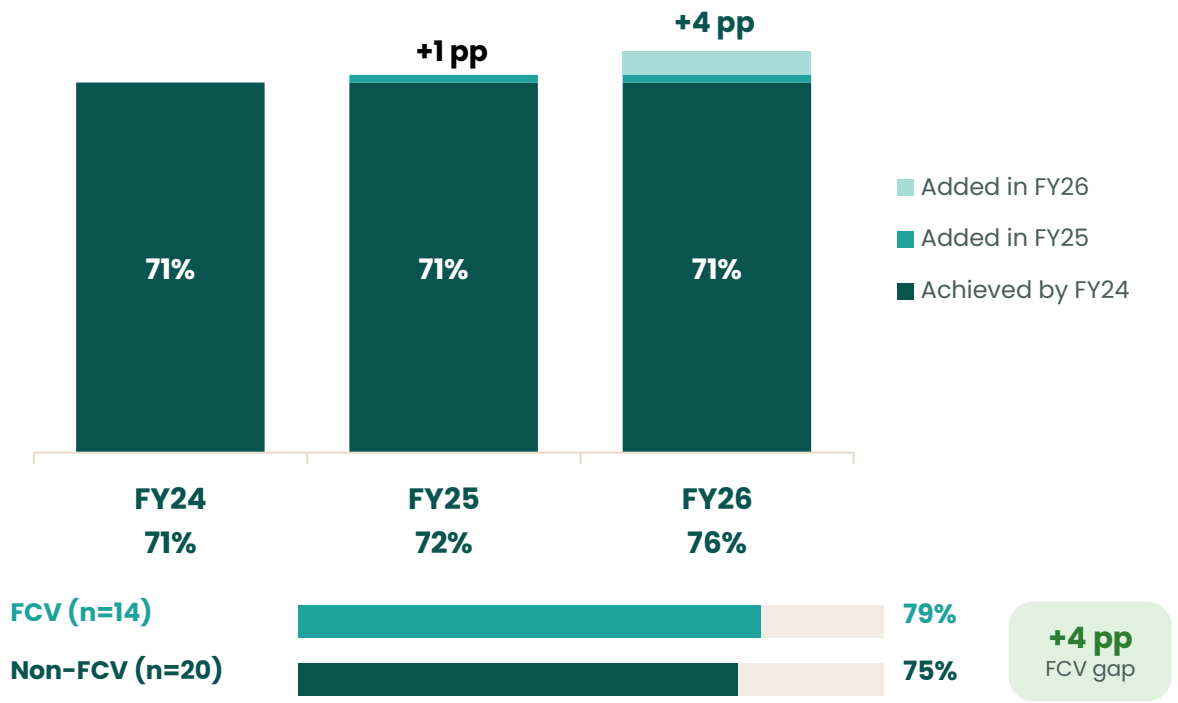
Criteria met, FY26 (cumulative over the strategy period)

% of 34 partner countries



ONCE PER STRATEGY CYCLE cumulative

▲ **+5 pp** vs FY24



Support for domestic resource mobilization advanced over the strategy period, from 71% to 76%. GFF supported DRM advocacy in 91% of countries during the last strategy period. CSO-specific support provided in 62% of countries. FCV countries score slightly higher (79% vs 75%).

Once per strategy cycle: a criterion met in any round is credited in later rounds. n = 34 in every round.

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KPI 12 Commodity financing reform

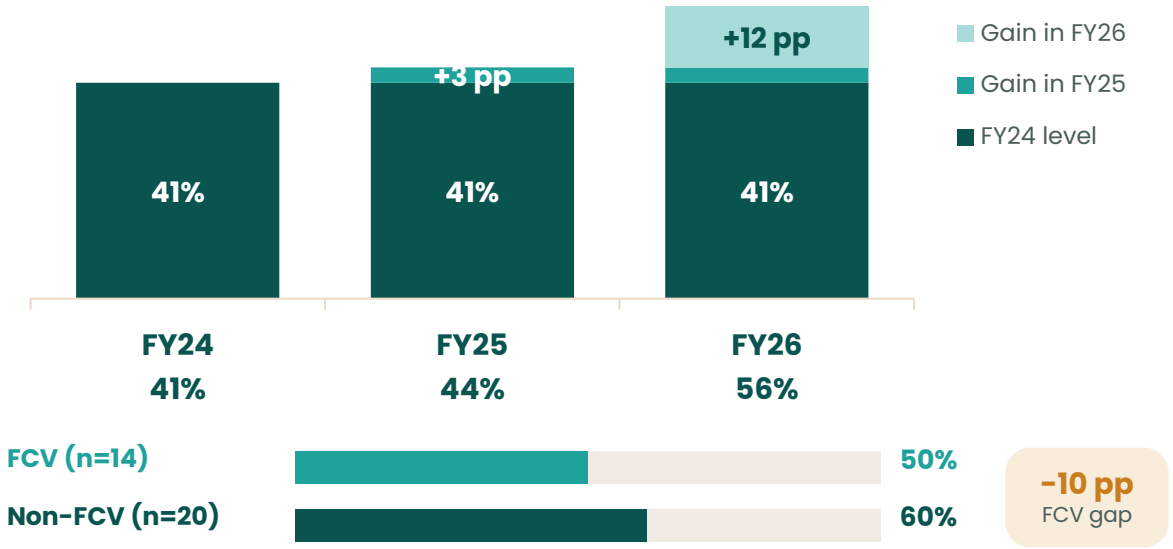
Achieved = measurable progress, or all four criteria met · annual value

56%

19 of 34 countries, FY26

ANNUAL value in each round, stacked by yearly gain

▲ **+15 pp** vs FY24



What changed in FY26

▲ **Achieved in FY26, not in FY25: 7 countries** (net 15 → 19 of 34, +12 pp)
Afghanistan, Cameroon, Côte d'Ivoire, Mauritania, Mozambique, Somalia, Uganda

▼ **Achieved in FY25, not in FY26: 3 countries**
Burkina Faso, Ghana, Guinea

Country examples

Mauritania

Facilities with no stock-outs of essential medicines rose from 33% to 45% between 2025 and 2026; new modern contraceptive users rose by 63%, from 97,150 to 158,255.

Source: 2026 KPI submission

Somalia FCV

11,491 women of reproductive age received modern contraceptives through contracted private facilities in target areas, on track towards the project target of 20,000.

Source: 2026 KPI submission

Commodity financing achievement rose from 41% in FY24 to 56% in FY26 (19 of 34 countries). Seven countries achieved it in FY26 that had not in FY25, while three fell back. The FCV gap persists (50% vs 60%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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SD4: How are we using new strategy to address gaps and strengthen GFF model?

Action	Progress in past year
Strengthening health financing reform progress	Within the TRANSFORM 2030 Strategy a renewed focus has been placed to support countries to further mobilize and improve allocation of resources for RMNCAH-N services. We have also updated our KPIs to include specific monitoring of our work in this space. All 8 GFF co-financed projects approved this year prioritize specific health financing reforms, with clear measurement approaches and implementation support arrangements in place.
Strengthening systematic use of HF analytics and TA	Produced new Health Financing Profiles for all GFF partner countries, which are used alongside gender, equity, health systems and RMET data to enable evidence-based diagnosis of critical gaps and inform improvements in country health financing systems. They also are being used in DRUM advocacy and dialogue and to inform how GFF allocates TA to help countries design and implement health financing reforms that are critical for improving women, children and adolescents' health.
Strengthening Resource Mapping and Expenditure Tracking (RMET)	As part of new strategy, GFF has accelerated efforts to help countries update their RMETs in a timely manner, which has been especially important in light of unprecedented cuts and volatility in external financing for health. 25 countries have updated their resource mapping in 2026, and this has been critical for helping countries prioritize available resources for the highest impact interventions.
Scaling DRUM and Public Financial Management support for women, children and adolescents	Supported 21 countries on DRUM and Public Financial Management strengthening for RMNCAH-N services so far in 2026. GFF has launched a partnership with the WBG Civil Society and Social Innovation Alliance (CIVIC) to strengthen engagement of CSOs in evidence-based DRUM advocacy.
Launch GFF Sustainable Commodities Access Program (S-CAP	Building upon initial experience with commodity financing incentives in three countries, GFF finalized operational plan for S-CAP and launched it in April 2026. GFF mobilized new investments and is leveraging projects to incentivize DRM for RMNCAH-N commodity financing gaps and supply chain bottlenecks. The first agreements finalized are DRC, Kenya & Zimbabwe, with two more expected in 2027

SD5: Sustain a relentless focus on results

Official Use Only

KPI 13 Country results framework

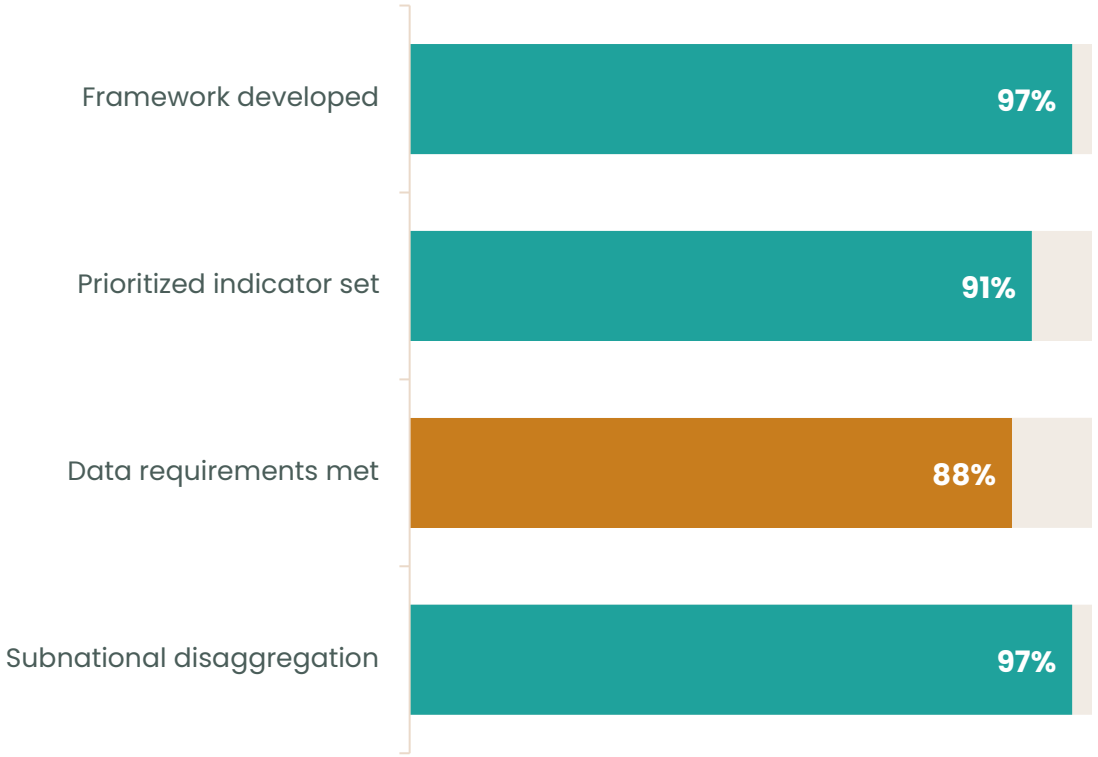
Index, score out of 4 · annual indicator

93%

FY26 value

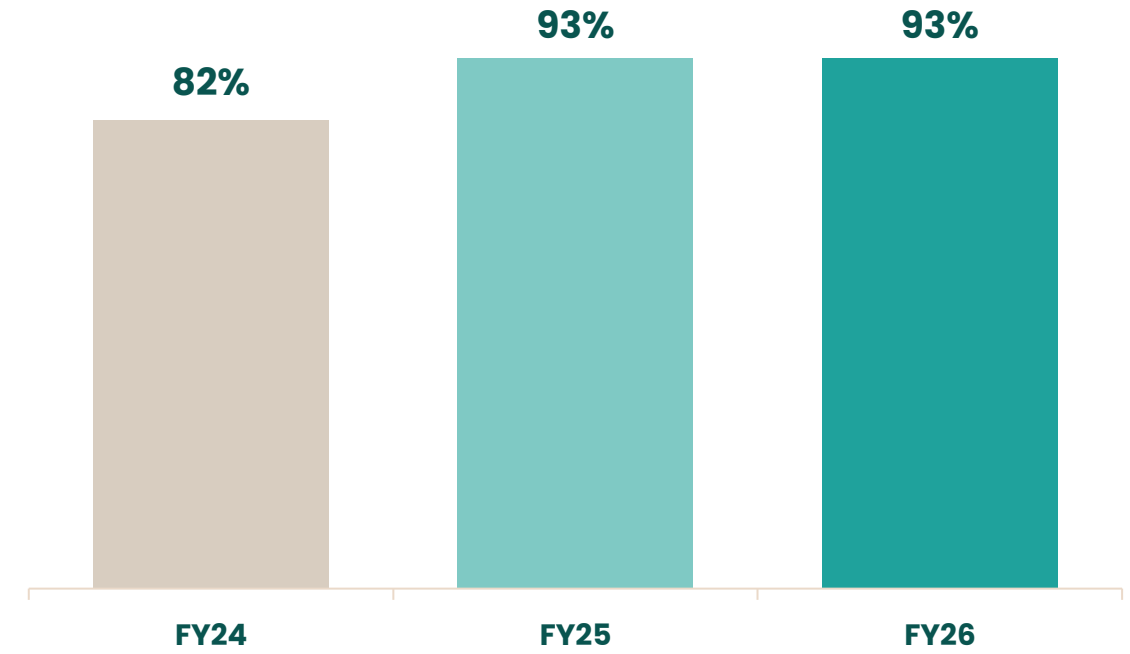
Criteria met, FY26

% of 34 partner countries



ANNUAL value in each stocktaking round

▲ **+11 pp** vs FY24





-16 pp
FCV gap

Results frameworks are developed in 97% of countries; the index rose from 82% to 93% and held in FY26. Data requirements are the weakest element (88%). FCV countries trail (84% vs 100%).

Mozambique is the only partner country without a results framework in FY26, because it is between Investment Cases. The previous IC ended in 2022. The new IC is in process: the national health strategy was delayed, and GFF now plans to support it through a UHC Compact. The country maintains reporting on the GFF core indicators with provincial-level data.

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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KPI 14 Annual RMNCAH-N coverage analysis

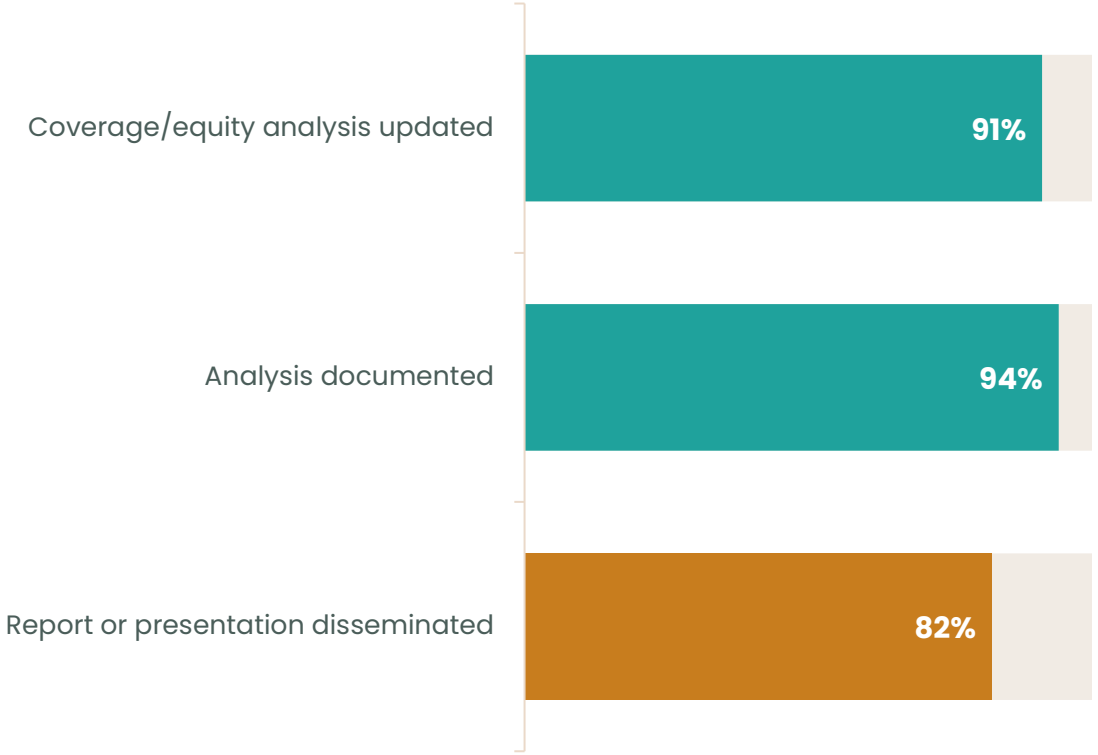
Index, score out of 3 · annual indicator

89%

FY26 value

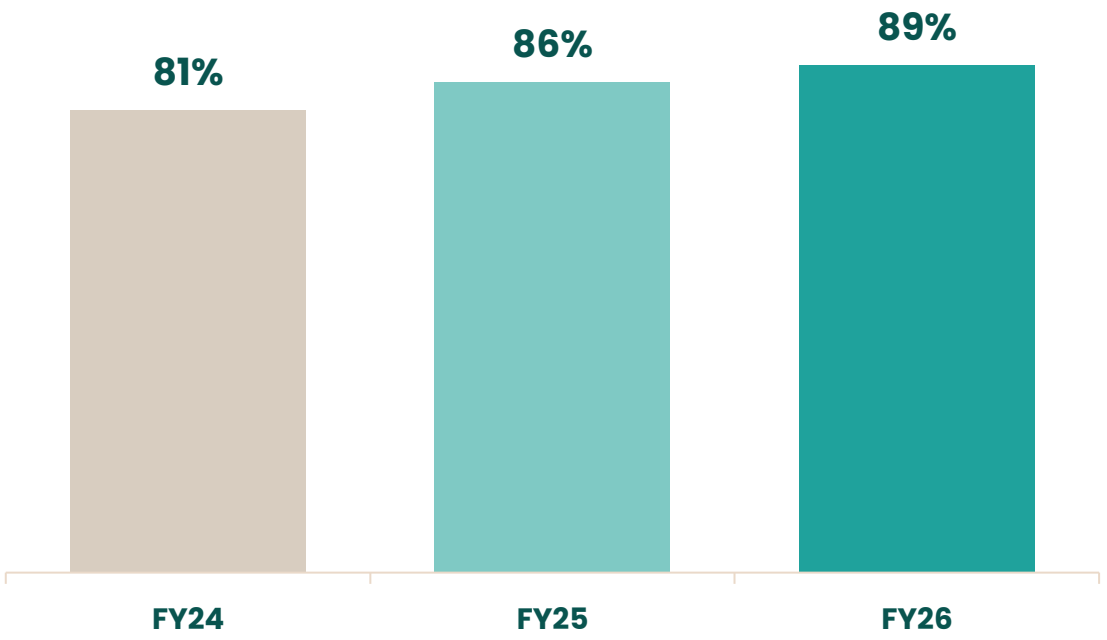
Criteria met, FY26

% of 34 partner countries



ANNUAL value in each stocktaking round

▲ **+8 pp** vs FY24





+6 pp
FCV gap

Annual coverage and equity analysis improved in every round, from 81% to 89%. Analysis is updated and documented in over 90% of countries; dissemination is the step most often missed (82%). FCV countries score higher (93% vs 87%).

Countries with an IC in process or under one year old keep their previous-round response where the current one is negative. n = 34 in every round.

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KPI 15 Data use for decision-making

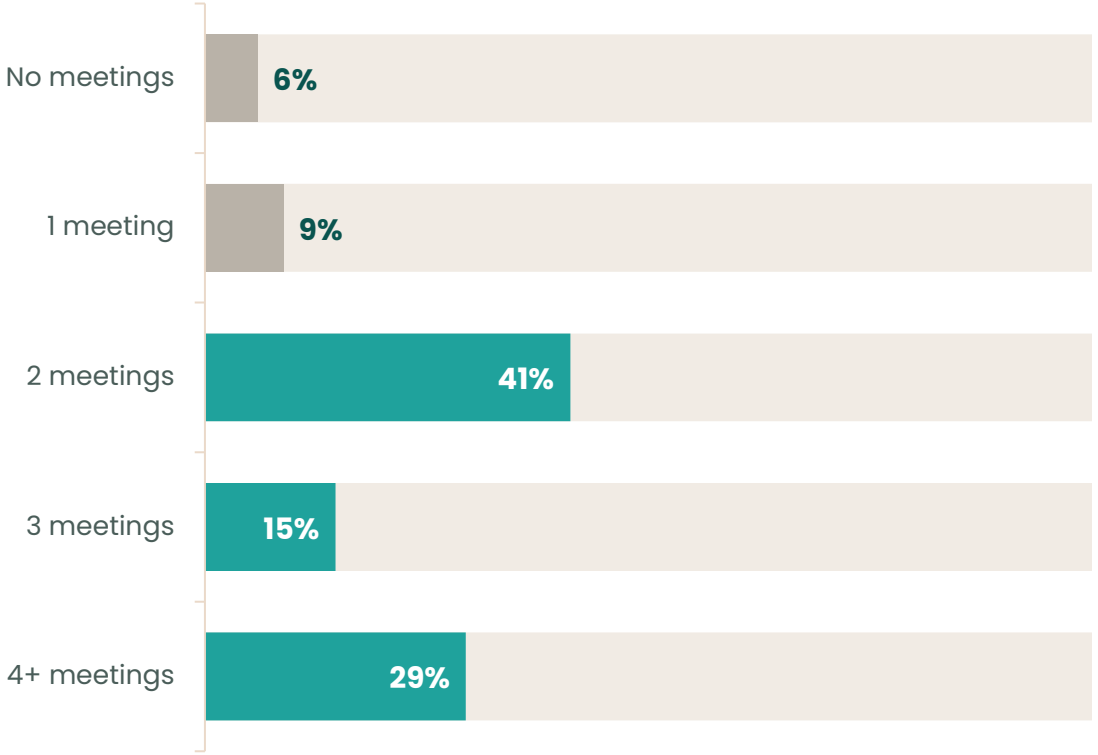
Achieved = two or more data-use meetings in the past year · annual indicator

85%

FY26 value

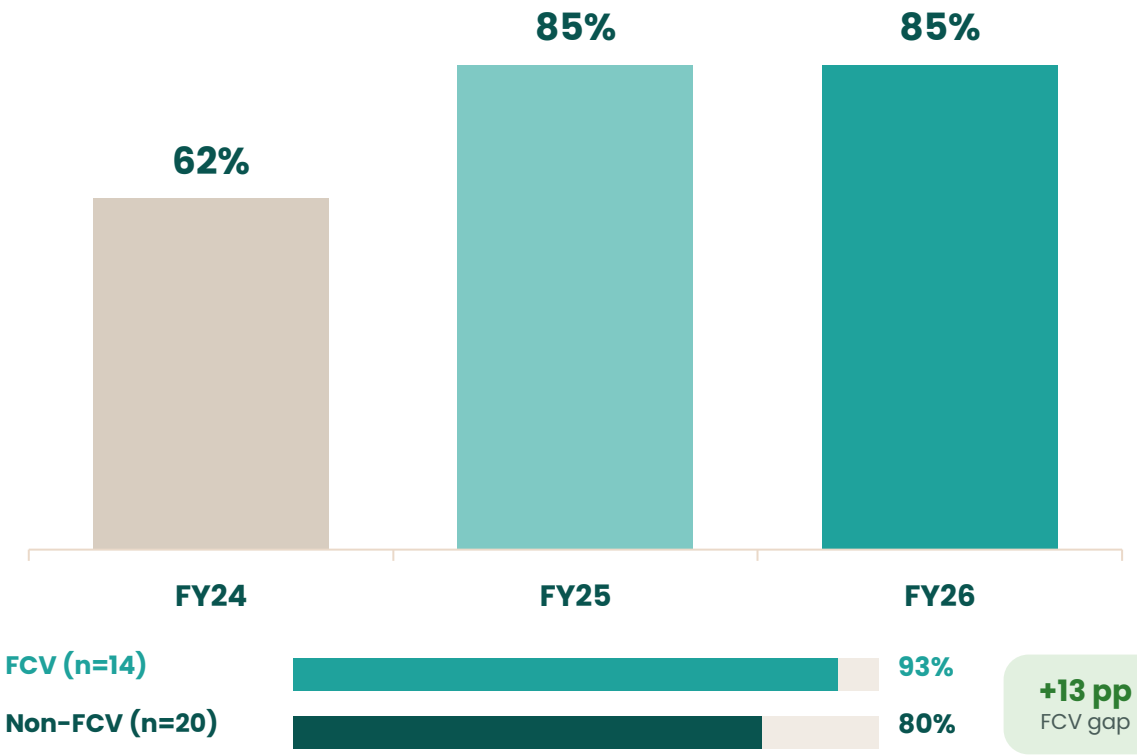
Data-use meetings held in the past year, FY26

% of 34 partner countries



ANNUAL value in each stocktaking round

▲ **+23 pp** vs FY24



Data use for decision-making rose from 62% in FY24 to 85% in FY25, and held in FY26 (29 of 34 countries). Fifteen countries held three or more data-use meetings in the past year; FCV countries score higher (93% vs 80%). This indicator is constrained by Country Platform meeting frequency. The 5 countries that did not meet the benchmark all had less than 2 CP meetings in past year (Bangladesh, Haiti, Indonesia, Malawi, Pakistan).

Mozambique (IC in process) did not respond in FY26; its FY25 answer (2 meetings) is kept. n = 34 in every round.

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SD5: How are we using new strategy to address gaps and strengthen GFF model?

Action	Progress in past year
Updating Results Measurement Framework and Results Advisory Group	Finalized Results Measurement Framework for new strategy, with updated impact, outcome, health financing and key performance indicators, and new contribution analysis approach. Terms of Reference and membership of Results Advisory Group refreshed to align with requirements of new strategy.
Scaling gender-responsive monitoring	Systematically integrated gender into each component of new Results Measurement Framework. KPI framework includes 1 gender integration indicator under each strategic objective, plus 1 cross-cutting.
Introducing new diagnostics	Developed and introduced new approach to country diagnostics as indicated in new strategy. Covers three inter-related dimensions: gender & equity, health systems and RMNCAH-N. Scaled progressively across the portfolio, starting with ten this year.
Strengthening Results Specialist role	Refreshed TOR for Results Specialist to align with new strategy, with deepening of support to tier 1 countries with highest burden of maternal and under five mortality.
Scaling rapid cycle analytics and data use through FASTR	Scaled FASTR to 30 countries in past year, including 25 of 26 GFF partner countries in Africa. AI features introduced this year have unlocked significant new utility, by facilitating generation of insights across multiple data sources and enabling real-time synthesis and use. A major focus of past year has been strengthening systematic use of RMET and FASTR together, to help countries with real-time performance management and data-driven prioritization of resources. After piloting new Community Health Worker module in 2 countries, the intent is to offer it at scale after initial testing experience.
Strengthening partnerships and alignment	Further strengthened partnerships with local and regional technical institutions, through Countdown, FASTR and Monitoring & Action for Gender & Equity (MAGE). Partnerships also strengthened with Gavi, Global Fund, WHO and Unicef. Through PHC measurement alignment agenda led by WHO, FASTR has been recognized as an important entry point for strengthening alignment with country systems and collaboration across partners.

Service delivery insights as new strategy is being operationalized in year one

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FASTR adoption and use

FASTR provides timely insights on real-time trends in service delivery

248

Analytical outputs developed

▲ Increase since 2025
▼ Decrease since 2025 — No change

Cumulative totals through June 2026, compared with 2025 year-end

2025 year-end | June 2026

ADOPTION & INSTITUTIONALIZATION

30

▲ +5 vs. 2025 (25)

Countries adopting rapid-cycle analytics

11

▲ +3 vs. 2025 (8)

Using on-budget IDA/RETF financing

15

▲ +2 vs. 2025 (13)

Monitoring WB/GFF co-financed project

ANALYTICS & OUTPUTS

248

▲ +194 vs. 2025 (54)

Analytical outputs developed

20

▲ +11 vs. 2025 (9)

Documented data use examples

32

▲ +12 vs. 2025 (20)

Country platform discussions

CAPACITY & REACH

697

▲ +357 vs. 2025 (340)

Change agents trained

16,028

▲ +10,125 vs. 2025 (5,903)

Repository downloads

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Recent phone surveys provide real-time evidence on medical supply gaps and facility readiness

A Universal Supply Gap:

<8% of facilities across countries had all the tracer medical supplies available, despite an average share of tracer medical supplies availability ranging from 63% in Somalia to 83% in Mali.

Priority areas identified:

- Essential medicines in Somalia (56%), Madagascar (72%), Nigeria (73%);
- Medical equipment in Nigeria (58%), Madagascar (70%), Bangladesh (72%);
- Diagnostics in Madagascar (58%), Somalia (63%), Nigeria (71%);
- Personal Protective Equipment in Nigeria (53%), Madagascar (63%), Somalia (66%).

>90% 75%-90% 60%-75% 50%-60% <50%

Medical supplies availability

Summary indices of medical supplies and equipment availability in PHC facilities · Latest available survey round

	Mali	Senegal	Bangladesh	Madagascar	Nigeria	Somalia
	n =313	*n =400*	*n =392*	*n =651*	*n =3729*	*n =471*
Average share of tracer medical supplies available at facilities	83%	79%	75%	70%	69%	63%
Percentage of facilities with all tracer medical supplies available	3%	7%	2%	0%	1%	1%

Percent of tracer medical supplies and equipment currently available on site

By medical supply category, national level

	Mali	Senegal	Bangladesh	Madagascar	Nigeria	Somalia
	R1 (Mar 2025)	*R1 (May 2024)*	*R1 (Sep 2024)*	*R3 (Jun 2025)*	*R2 (Feb 2026)*	*R2 (Jan 2026)*
Vaccines	96%	77%	89%	97%	80%	94%
Essential medicines	86%	79%	77%	72%	73%	56%
Medical equipment	78%	81%	72%	70%	58%	78%
Diagnostics	75%	89%	n/a	58%	71%	63%
PPE	75%	76%	n/a	63%	53%	66%

Note: The two composite indices are calculated based on the full list of tracer medical supplies and equipment included in the survey in each country. The list of specific tracer vaccines, PPE, essential medicines, medical equipment and diagnostics included in each country's health facility assessment differs based on country-specific adaptations of the questionnaire to reflect the local context and priority medicine lists (see Annex for detailed lists per country). Latest available round per country: Mali – Round 1 (March 2025); Senegal – Round 1 (May 2024); Bangladesh – Round 1 (Sep 2024); Madagascar – Round 3 (June 2025); Nigeria – Round 2 (Feb 2026); Somalia – Round 2 (Jan 2026). All countries approved data sharing. Redrawn from the published FASTR figure; values transcribed from the image.

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Medical supply gaps are universal, but not uniform — they concentrate in key areas: maternal & newborn health, family planning and non-communicable diseases

FASTR's rapid-cycle facility surveys reveal that medical supply gaps concentrate in specific high-priority categories:

Maternal & newborn health medicines:

- Oxytocin/uterotonic in Bangladesh and Nigeria;
- Magnesium sulphate in Madagascar, Bangladesh, Mali, Somalia, Senegal;
- Chlorhexidine in Madagascar, Nigeria, Senegal, Bangladesh.

Family planning commodities:

- Short acting reversible contraceptives in Somalia and Nigeria.

Non-communicable disease medicines:

- First-line antihypertensives in Somalia and Nigeria;
- Metformin in Madagascar, Somalia, Senegal;
- Antiasthmatics in Nigeria and Mali.

Medicines and vaccines availability

Percent of facilities reporting essential medicines and vaccines currently available on site · Latest available survey round

>90% | 75%-90% | 60%-75% | 50%-60% | <50%

		Mali	Senegal	Bangladesh	Madagascar	Nigeria	Somalia
		R1 (Mar 2025)	*R1 (May 2024)*	*R1 (Sep 2024)*	*R3 (Jun 2025)*	*R2 (Feb 2026)*	*R2 (Jan 2026)*
Vaccines	Polio vaccine	97%	81%	94%	99%	84%	94%
	BCG vaccine	96%	81%	94%	92%	82%	92%
	Penta vaccine (DPT + HiB + HepB)	97%	81%	84%	97%	84%	95%
	Pneumococcal vaccine (PCV)	98%	80%	84%	96%	84%	
	Measles and rubella vaccine*	98%	81%	91%		54%	95%
Essential Medicines	Amoxicillin or gentamicin	97%	89%	98%	96%	83%	82%
	Iron folic acid	98%	78%	97%	93%	89%	
	Oral rehydration salts	89%	79%	94%	92%	84%	93%
	Zinc sulphate		78%	94%	72%	79%	90%
	First-line anti-hypertensives	96%	88%	97%	78%	66%	64%
	SARC methods		88%	89%	88%	75%	47%
	Anti-malarials**	97%	87%	42%	91%	85%	59%
	Vitamin A		81%	74%	74%	73%	85%
	Antiasthmatics	58%	78%	91%	80%	54%	
	Oxytocin or other uterotonic	95%	84%	30%	78%	73%	77%
	LARC methods		88%	74%	87%	66%	44%
	Magnesium sulphate	67%	73%	49%	44%	57%	71%
	Metformin, insulin injection (hypoglycaemic)		59%	88%	12%		36%
	Chlorhexidine		58%	66%	16%	57%	

Note: The vaccines and medicines shown in the figure above reflect the common set of items for which data were collected in at least 4 of the 6 countries, and do not correspond to the full list of tracer items used to calculate the summary supply availability indices. For the complete list used in the index calculations, please refer to the supplemental annex.*Measles and rubella vaccine: in Nigeria, this vaccine is not yet required and is therefore excluded from the vaccine availability index calculation. The required vaccine, the Measles vaccine, declined between R1 – July 2025 (84%) and R2 (63%), reflecting the ongoing national rollout of the combined measles-rubella (MR) vaccine, which is progressively replacing the measles-only vaccine. **In Nigeria, the "antimalarials" indicator corresponds to "Artemisinin-based combination therapy (ACT)", which was used as an equivalent measure. SARC: Short-acting reversible contraception; LARC: Long-acting reversible contraception. The list of countries/rounds included in this figure corresponds to countries for which data sharing approvals were obtained from Ministries of Health to date.

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Beyond the "what", phone surveys allow understanding why medical supply gaps occur

FASTR facility phone surveys go beyond identifying the specific medicines that are out of stock: **they allow understanding why facilities experience medical supply related challenges.**

These include:

- **Larger patient volumes** than expected (62% in Somalia).
- **Funding challenges** (72% in Nigeria).
- **Operational challenges** (transportation: 53% in Nigeria; storage space: 47% in Somalia).
- **Supply chain issues** (shortages at higher-levels: 53% in Nigeria).
- **Shelf-life issues** (expired/unusable supplies: 31% in Somalia).

Medical supply challenges

Percent of facilities reporting experiencing any of the following medical supplies-related challenges in the past three months · Latest available survey round

0% 100%

	Bangladesh	Nigeria	Somalia
	R1 (Sep 2024)	*R1 (Jul 2025)*	*R1 (Jun 2025)*
Patient numbers were greater than expected	56%	44%	62%
Lack of funds to order additional supplies	21%	72%	57%
No delivery (or pickup) vehicle available	24%	53%	51%
Shortages at the district- or higher-level	18%	53%	42%
Lack of space for storage	24%	37%	47%
Some supplies are available, but unusable/expired	4%	12%	31%

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Phone surveys can also diagnose where and when in the medical supply chain process the gaps occur

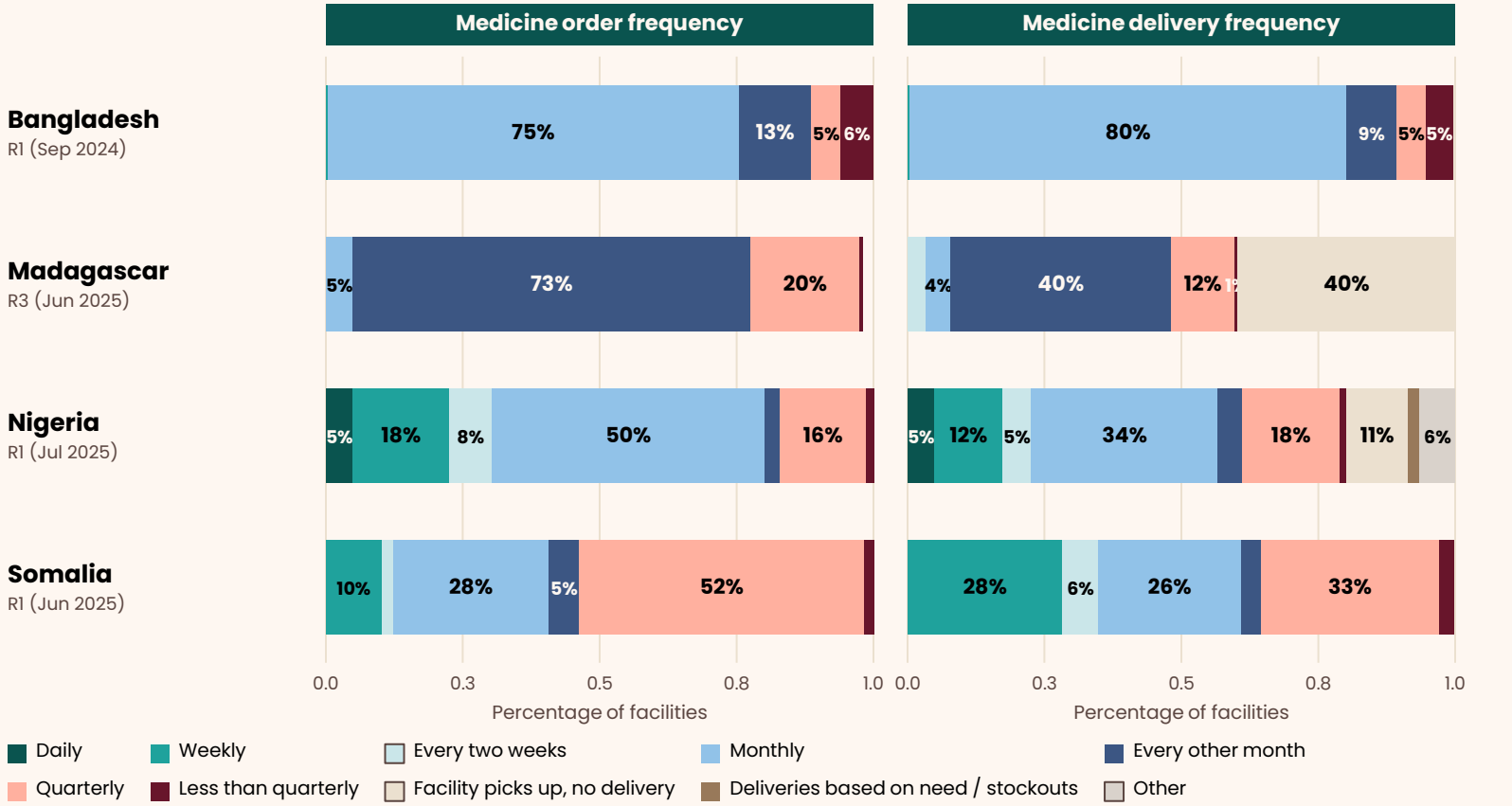
Facilities report a **mismatch between the order and delivery frequency of medicines**, which can further explain where and when the gaps are occurring.

For example:

- Madagascar: 73% of facilities report placing orders for medicines every other month, but only 40% of facilities receive medicines at that frequency.
- Nigeria: 50% of facilities place monthly medicines orders, and 34% of facilities receive monthly medicine deliveries.
- Somalia: 52% of facilities place quarterly medicines orders, and 33% of facilities receive medicine deliveries quarterly.

Medicine order and delivery frequency

Percent of facilities reporting frequency at which orders for medicines are placed and received · Latest available survey round



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Ultimately: how facilities respond to medical supply gaps — and the ripple effect on patient care

FASTR facility phone surveys allow identifying how facilities respond to medical supply gaps:

- The majority of facilities across countries reported **referring / transferring the patient to another health facility** when a medication is unavailable and **instructing the patient to purchase the medicine elsewhere**.
- More than half of facilities in Madagascar and Nigeria reported **using or prescribing a less suitable medicine**.
- A lower proportion of facilities reported **delaying treatment** until the medicine was back in stock (14% in Madagascar, 12% in Bangladesh).

Strategies used when medication is unavailable

Percent of facilities reporting strategies used when a patient requires medication that is unavailable on site, among facilities reporting at least one unavailable medicine/contraceptive on site · Latest available survey round

0% 100%

	Bangladesh	Madagascar	Nigeria	Somalia
	R1 (Sep 2024)	*R2 (Nov 2024)*	*R2 (Feb 2026)*	*R2 (Jan 2026)*
Refer or transfer the patient to another health facility	95%	86%	90%	91%
Instruct the patient to purchase the medicine elsewhere	85%	94%	72%	84%
Use or prescribe a less suitable medicine	42%	64%	60%	11%
Delay treatment until the medicine is in stock	12%	14%	5%	6%

Redrawn from the published FASTR figure; values transcribed from the image.

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The floor has not fallen

Routine service volumes have remained steady in the face of external funding cuts — projected declines have not materialized to date

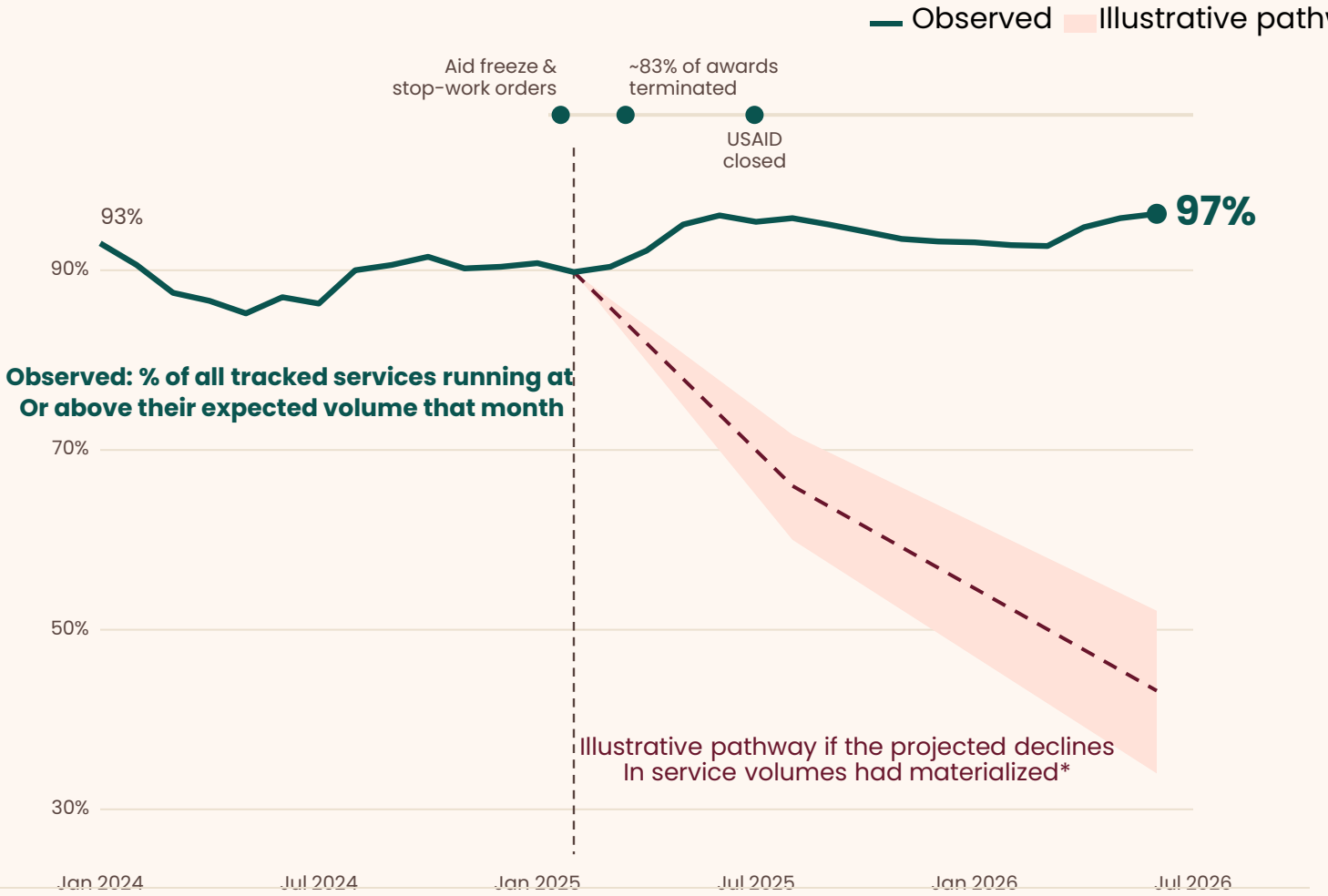
97%

of the services we track were at or above expected volumes last month

Services have held up. Across 27 countries, 97% of the services we track were at or above expected volumes last month — slightly better than before the cuts.

Published models projected that use of these services would fall steeply as the cuts took hold. **Eighteen months in, the monthly volumes show no sign of that decline.**

Some of this stability may be temporary — continuity in funding and staffing, and in some countries better reporting.



How to read: each month, every tracked service in every country is compared with the volume the platform's model expected; the line shows the percentage of all 206 service series at or above their expected level (within the normal ±10% range, or higher). *Illustrative pathway, derived as follows: the Lancet Global Health modelling study (2025) assumed, under a complete cessation of US assistance, average absolute coverage reductions of 14% for antenatal and postnatal care, 15% for skilled birth attendance and emergency obstetric care, and 9–11% for newborn and child health services (uncertainty ranges up to 28%). Declines of that size would push most services below the ±10% band used here; the corridor shows where this line would then sit, with the models' 2025–30 scenario compressed into the first 18 months — the mapping and timing are our translation, not the paper's own curve. See also Cavalcanti et al., The Lancet, 2025. Source: FASTR data, screened against platform data quality results; pulled 19 Aug 2026; data through Dec 2025–Jun 2026 by country.

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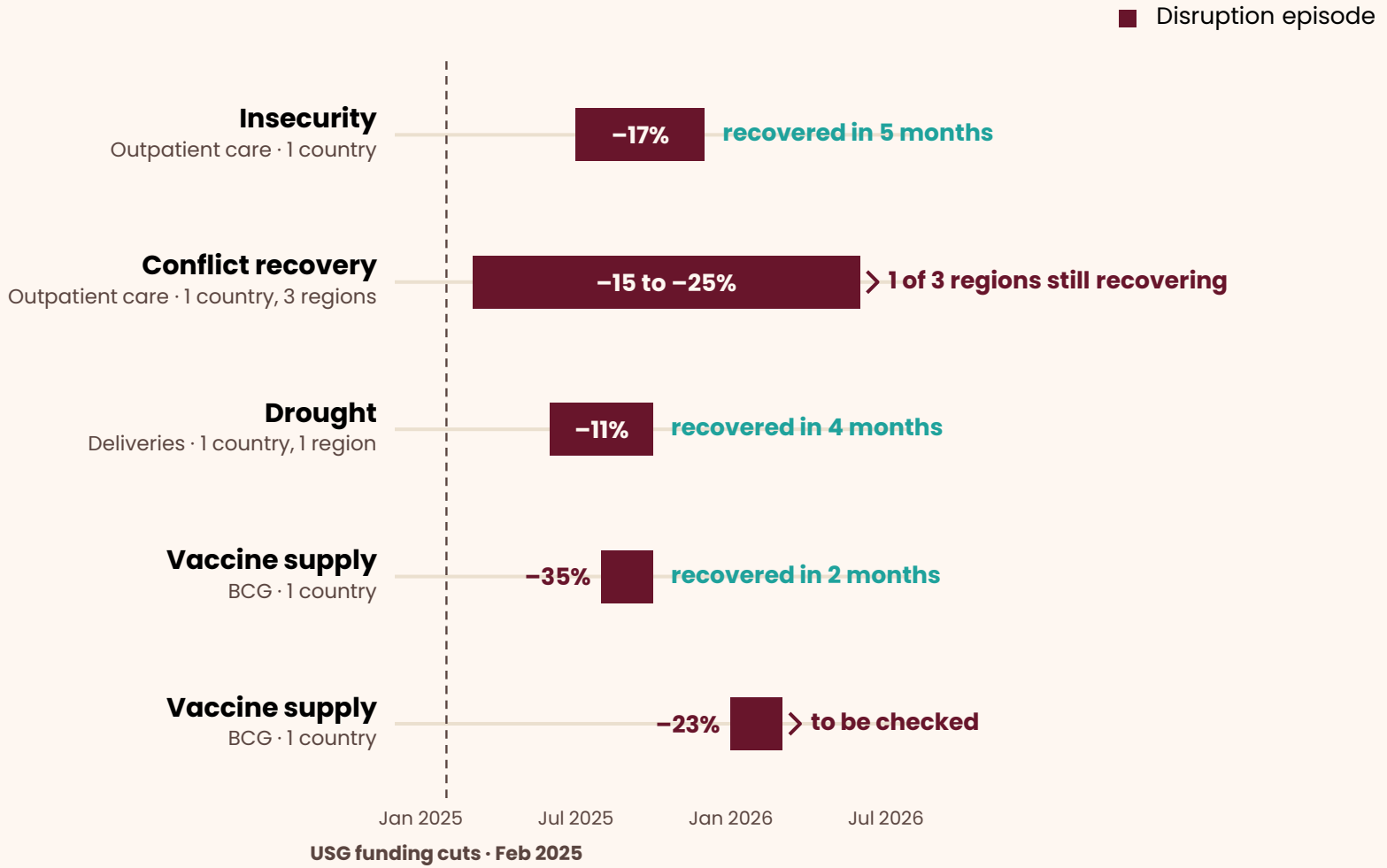
Where services dipped

Localized disruptions occurred throughout the period and largely recovered — reflecting the polycrisis environment rather than the funding cuts

The national picture hides some local disruptions: five countries had episodes linked to insecurity, conflict recovery, drought or vaccine supply gaps.

Most recovered within 2–5 months. One region is still recovering, and one vaccine supply gap is still to be checked.

None of these lines up with the timing of the cuts — the causes are reported by countries or documented in earlier FASTR work.



Source: FASTR, national and regional actual vs model-expected volumes with data quality screening, pulled 19 Aug 2026. Episode rule: 3+ consecutive months more than 10% below expected. Countries named in the annex, pending clearance.

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