Working together behind country health plans and compacts

October 2026



GLOBAL FINANCING FACILITY

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POSITIONED FOR IMPACT

HEALTH AS A CORPORATE PRIORITY

TARGET

- SP500
- GENDER STRATEGY
- **REACH 1.5BN PEOPLE WITH QUALITY, AFFORDABLE HEALTH SERVICES BY 2030**
- EDUCATION AND SKILLS
- M300
- AGRICONNECT
- CLIMATE FINANCE
- JOBS
- WATER

JOBS CREATION

- ENERGY AND INFRASTRUCTURE
- **HEALTH**
- AGRIBUSINESS
- MANUFACTURING
- TOURISM

SCORECARD INDICATORS

ACCESS TO HEALTH SERVICES

Millions of people receiving quality health, nutrition and population services

RESILIENT HEALTH SYSTEMS

Countries' capacity to prevent, detect and respond to health emergencies

JOBS

Number of more and better paid jobs

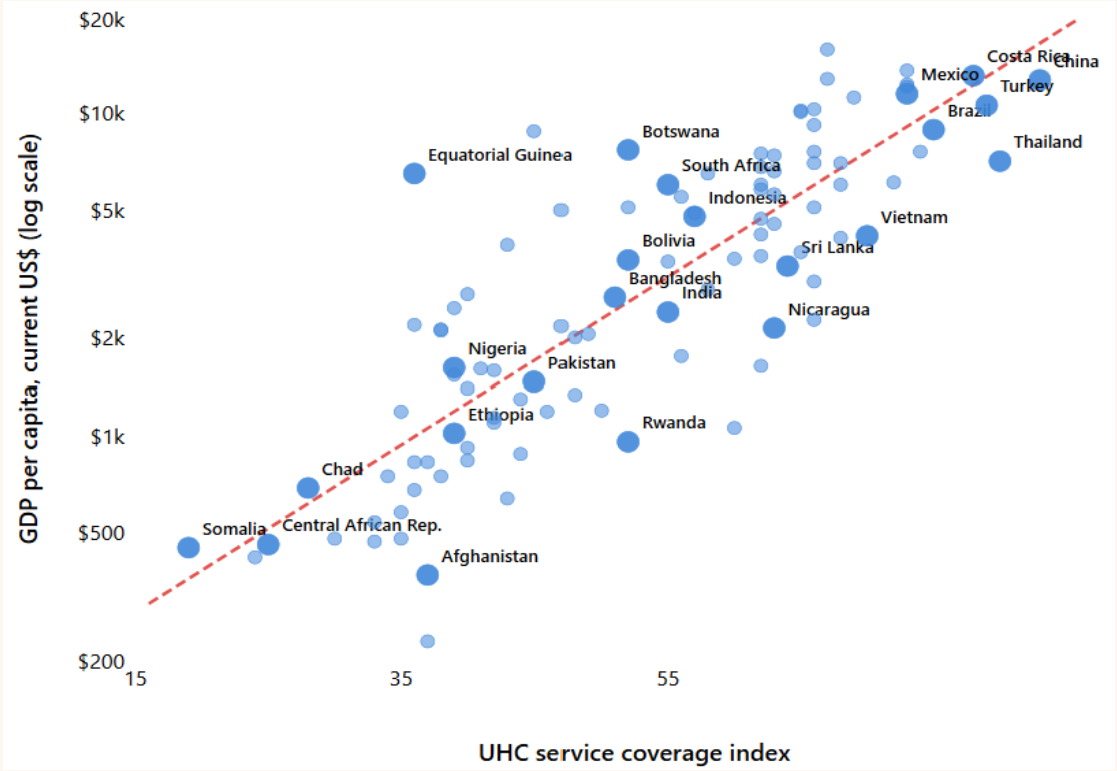
HEALTH WORKS | HEALTH DRIVES OPPORTUNITY, SECURITY AND UNLOCKS MORE AND BETTER JOBS

Healthcare is central to building human capital foundations for jobs — and depends on, and drives, investment across sectors

Health for jobs, jobs for Health	Healthy populations drive productivity — and health systems and health value chains create millions of jobs for doctors, nurses, pharma, medtech and support staff
Education and Skills	Training the next generation of health workers links coverage directly to the education and skills agenda with quality jobs
Digital	The health sector both drives and is transformed by digital innovations and AI: records, telemedicine, AI diagnostics, and data systems

Our WBG Health Target helps transform Health Systems through smarter delivery, better care, and stronger partnerships

Governments	**Development Partners**	**Private Sector**
Compacts & reform leadership	Financing, TA & alignment	Investment & innovation



Countries with higher levels of health access have **higher levels of GDP per capita**

STRONG FOUNDATION, BUT ACCELERATION REQUIRED TO REACH THE UNDERSERVED

ACHIEVED SO FAR

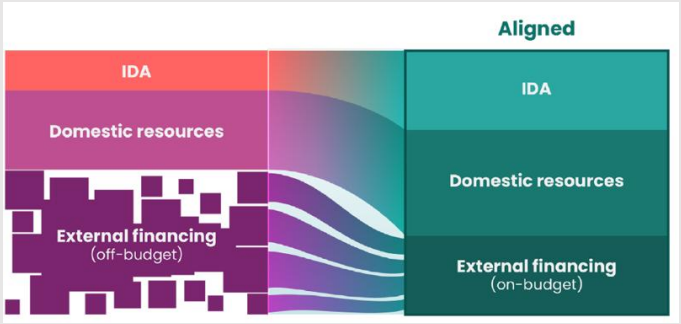
742M

Nearly 50%
of the 1.5B target

CURRENT SHIFTS	OPPORTUNITIES
PHC transformation: A clear and consolidated reform agenda to accelerate progress amid fiscal constraints	▸ Horizontal integrated service package that bundles highly cost-effective, value for money interventions ▸ A new knowledge approach to enable scaling and replication through new knowledge efforts in the WBG, Tokyo UHC Knowledge Hub, and GFF-supported data for decision making
Political leadership: Momentum to reform is accelerating (Accra Reset, UN 80, WHO-hosted Joint Process, Lusaka Agenda, etc.) behind the health sovereignty agenda	▸ First cohort lessons are being applied across compact design and implementation with MoF/Cabinet-anchored and partners engaged from the outset. ▸ Spending on-budget using a government's system for implementation that builds states' capacity for purchasing ▸ Tokyo UHC Forum, G7, G20 are creating internationally visible milestones to sustain momentum and accountability
Equity and sustainability: Ensuring poorest populations and high needs countries are reached	▸ Regional and FCV-adapted approaches can ensure no country context and population are left behind ▸ Expanding the use of joint investments across donors / MDBs to strengthen coordinated investments in the health sector, including through GFF Joint Financing Framework

GFF PARTNERSHIP IN SUPPORTING COUNTRIES FROM DESIGN TO DELIVERY

Toward More Aligned, On-Budget Resources



Leveraging the GFF Partnership and Infrastructure

1. **Support for compact design/development**
   - GFF supported investment case to fill into prioritization
2. **Support for compact implementation**
   - Unlocking WBG operations with cofinancing
   - Providing technical assistance
   - Acting as a catalyst for pooling resources
3. **Strengthening partnerships and alignment agenda**
   - GFF country coordination mechanism in tandem with WBG and partners
   - Mobilize GFF's CSO networks to accelerate results aligned with Compact priorities

Co-Benefits

- **Ministerial Network** could provide the feedback loop to course correct and shape
- **Elevate the RMNCAH-N agenda** in national priority-setting and policy dialogues
- **Mobilize additional resources for co-financing** RMNCAH-N priorities and procurement of high-quality FP and MNCH commodities
- **Leverage regional approaches** to accelerate impact
- **Streamline support to countries to address bottlenecks with TA** and on-budget financing

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LEARNING AND EVOLVING TO BETTER DELIVER



New Implementation Model

Informed by the Target Implementation Plan and scalable solutions



New Ways of Working

Integrated public/private approach
Pooling ambition to support health plans

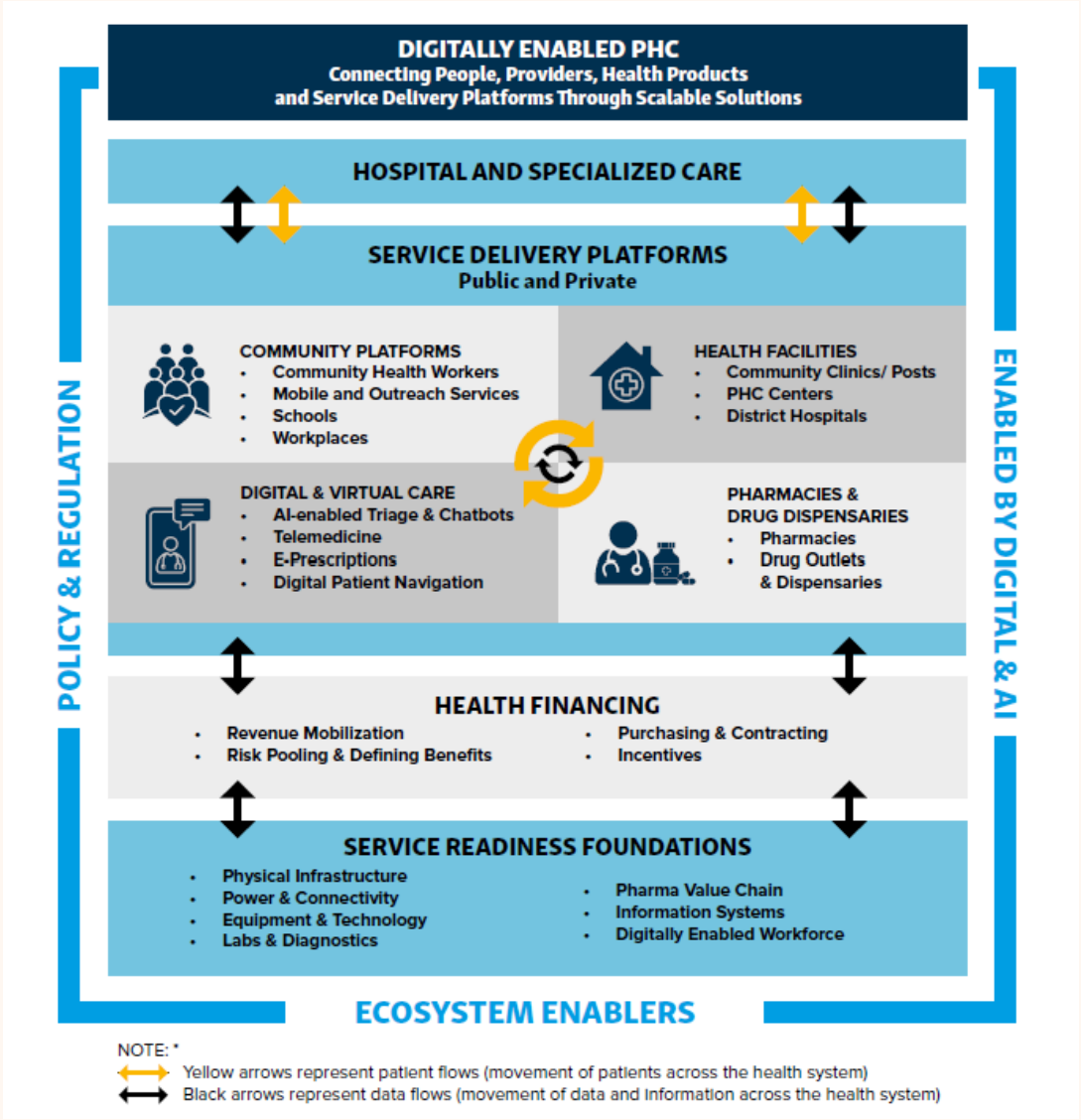


New Engagement Modalities

Backing National Health Compacts/plans to support national health priorities

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BUILDING DIGITALLY-ENABLED PRIMARY HEALTH CARE PLATFORM



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TARGET IMPLEMENTATION PLAN: SIX REPLICABLE AND SCALABLE SOLUTIONS

DIGITALLY ENABLED PRIMARY HEALTH CARE



SOLUTION 1:

Invest in Connected, Resilient, Service-Ready Facilities



SOLUTION 2:

Diversity Service Delivery Platforms to Meet People Where They Are—Online and Through Clinics, Homes, and Pharmacies



SOLUTION 3:

Redesign Service Packages for the Most Pressing Health Needs Based on Data



SOLUTION 4:

Upskill and Expand the Health Workforce Empowered by Digital Tools and AI

FINANCIAL PROTECTION



SOLUTION 5:

Expand Affordable Health Coverage

LOCAL MANUFACTURING AND RESILIENT SUPPLY CHAINS



SOLUTION 6:

Secure Access to Essential Medicines, Vaccines, and Health Products Through Local Manufacturing and Resilient Supply Chains

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SPOTLIGHT – SOLUTION 3 | *REDESIGNING SERVICE PACKAGES*

KNOWLEDGE AND TA

- WBG and the GFF support governments in designing and pricing health and nutrition packages grounded in evidence on high-impact interventions, shifting disease burdens, and available fiscal space
- In high-mortality countries, package design scales up six PHC-delivered interventions: syphilis screening at ANC, the Safer Births Bundle of Care, care for small and sick newborns, early nutrition, digital IMNCI and cervical cancer prevention

POLICY & REGULATION

- DPOs and IDA/IBRD TA anchor upstream reforms: legal frameworks defining entitlements, health service and product regulations, health product and equipment procurement and management, and strategic purchasing regulations across public and private sectors
- IPFs finance institutional infrastructure; clinical mentorship programs, continuous medical education systems, and quality rating programs; health information systems; and procurement and supply chain infrastructure

FINANCING

- GFF grant co-financing complements IDA/IBRD investments; in Tanzania, GFF-supported scale-up of the Safer Births Bundle contributed to significant reductions in maternal mortality
- PforR operations link disbursements to results: in Nigeria a DLI focuses on ensuring increasing government spending on contraceptives as part of the implementation of the BHCPF; In Senegal, focuses on increasing budget allocation for the RMNCAH-N strategic plan.
- IFC Advisory Programs support private providers through training, operational research, and quality improvement

IMPACT: 40–75% reduction in neonatal and maternal mortality from the Safer Births Bundle of Care Tanzania

CONTEXT | *DIFFERENTIATED APPROACH ACROSS DIVERSE COUNTRY CONTEXTS AND HEALTH SYSTEM MATURITY*

	FCV Settings	Low-Income Countries (LICs)	Middle-Income Countries (MICs)	Small Island Developing States
KEY CHALLENGES	Damaged infrastructure, insecurity, unreliable power, fragmented humanitarian delivery, limited regulatory capacity, donor fatigue	Under-resourced public systems, early-stage digital governance, fragmented private sector, constrained fiscal space, donor transitions	Large, diverse private sector; siloed digital solutions; pressure to reduce costs and improve quality	Geographic isolation, small populations, limited health workforce, climate & disaster vulnerability, import dependence for commodities
PRIORITY FOCUS	Restore minimum functionality: service-ready facilities, solar/satellite connectivity, offline-first platforms, results-based NGO contracting	Build core digital public infrastructure for health; strengthen governance and change management to converge toward integrated PHC Platform	Ecosystem-deepening: integrated systems approach to realize full PHC Platform vision; continuity of care across public and private providers	Resilient, low-footprint PHC models; regionally pooled procurement; telehealth to bridge distance; climate-proofed facility design
DIGITAL & DATA	Offline-first digital platforms; minimum interoperability standards across humanitarian actors; satellite-enabled data transmission	Unique IDs, shared digital patient/facility/medical records; interoperability standards; digital payment infrastructure	Interoperability standards and digital payment systems; provider payment reforms; data privacy and standards compliance	Regionally shared digital platforms; telemedicine and remote diagnostics; interoperable data systems linked to regional hubs
PRIVATE SECTOR & ENABLERS	Results-focused contracting of NGOs; minimum service standards; aligned humanitarian–development financing	Strategic engagement via contracts, vouchers, and blended-financing tools; foundational regulation and licensing frameworks	Regulation for licensing, quality assurance, data privacy & standards; enabling private investment across health value chains	Blended finance for small-scale providers; diaspora and regional partnerships; strengthened referral networks to tertiary care

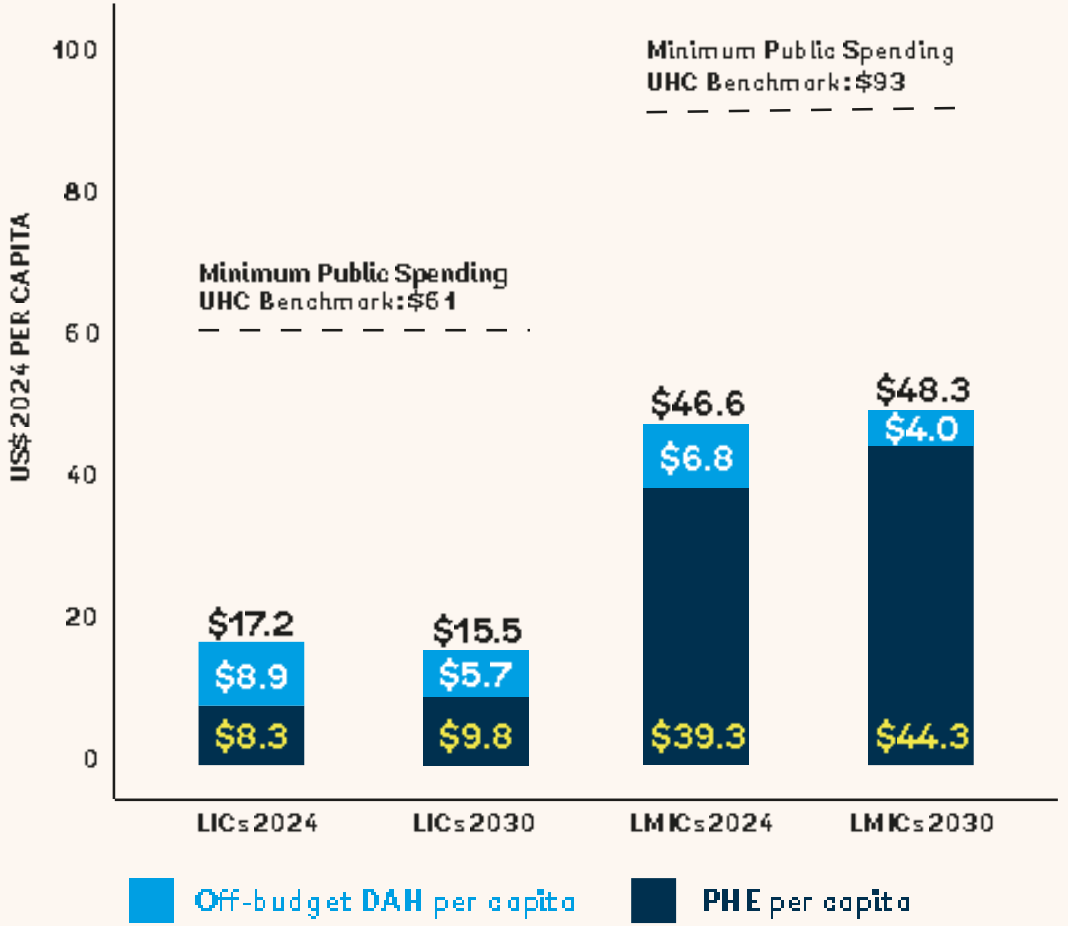
STRONGER DEMAND FOR GREATER COHERENCE AND EFFICIENCY, INCREASED SOVEREIGNTY AND PROGRAM SUSTAINABILITY SHAPED BY FISCAL REALITIES

LICs spend only $17 per capita - well below the estimated US$61 per capita to provide a package of essential health services

The net change of increasing health budgets and declining aid is still projected to be negative in about 60% of LICs, unless governments increase health priority (health share of government expenditure)

Countries have policy options to alter their trajectories by spending better and spending more on health under fiscal constraints

Increased calls for evolving from a vertical off-budget grants model to an integrated on-budget leveraged finance model



DAH: Development Assistance for Health
PHE: Public Health Expenditure

NATION HEALTH COMPACTS | *HIGH-LEVEL, GOVERNMENT-LED AGREEMENTS ARTICULATE A SHARED COMMITMENT*

WHY

Align resources across domestic and external sources, **galvanize political leadership**

WHO

Government-led, with WBG and other external partners providing support

WHERE

Countries with strong political leadership and reform momentum around health access

HOW

Country-led development, with partners engaging at regular cadence via alignment consultations

Potential Benefits

- ✓ **Align financing and partners** including private sector around Government's sector priorities
- ✓ Increase **predictability and sustainability of finance**
- ✓ **Showcase leadership** in its efforts to accelerate health access
- ✓ **Mobilize additional finance**, including catalytic finance and private sector capital, to support scale up of high-impact, prioritized interventions
- ✓ **Enhance accountability** mechanisms within Government and across partners

NATIONAL HEALTH COMPACT: *A POLICY AND FINANCING PLATFORM TO SUPPORT REFORM AGENDA*

FOR COUNTRIES	FOR PARTNERS
• Showcase leadership on health and maintain prioritization of health across competing development objectives	• A visible, country-led platform to demonstrate contributions to UHC and shared goals
• Mobilize additional finance, including catalytic finance and private capital, to scale up high-impact, prioritized interventions	• A clear entry point to support system-level reforms, using each partner's full range of financing and technical instruments
• Increase predictability and sustainability of finance	• More predictable planning of partner support, linked to reform milestones and results
• Align financing and partners, including the private sector, around government priorities	• Greater efficiency and value for money through coordinated financing, technical support and implementation
• Strengthen accountability within government and across partners	• Greater impact, as partner support is backed by government commitment to key reforms, with transparent monitoring

NATIONAL HEALTH COMPACTS | *COMMITMENTS ENDORSED AT THE HIGHEST LEVELS OF GOVERNMENT*

Egypt	**Improve financial protection**	Roll out the Universal Health Insurance System (UHIS) to all 27 governorates by 2032, enrolling an additional 65.6 million people by 2030
Ethiopia	**Private sector investment**	Scale domestic manufacturing of essential medicines from 15% to 30–50% of national demand
Indonesia	**Service-ready facilities**	Connect over 600 primary healthcare facilities to hospitals via telemedicine
Nigeria	**Improve financial protection**	Target 50 million more people with health insurance by 2030 through better premium collection and contracting with private sector
Sierra Leone	**Service-ready facilities**	Connect 90% of primary health facilities to digital
Uganda	**Expand health workforce**	Raise health worker density from 27 to 37 per 10,000 people
Zambia	**Expand health workforce**	Fill the current health workforce gap estimated at 94,000 healthcare workers (51%)

FIRST WAVE | *LESSONS LEARNED*

16 compacts

AFR	Ethiopia, Nigeria, Sierra Leone, Uganda, Zambia
EAP	Fiji, Indonesia, Philippines
ECA	Tajikistan, Uzbekistan
LAC	Mexico, Saint Lucia
MENAAP	Egypt, Morocco, Syria
SAR	Bangladesh

	Good practice
Mutual Commitments & Clear Framework	• Set out obligations, reforms, and partner support
Strong Country Ownership & high - level political backing	• Government leading reform push and providing financing roadmap clarity • Agendas integrated with national priorities • Externally visible and concrete focused support
Partner Alignment and Coordination	• Avoid duplication and ensure partner support is coherent • Direct channels for private sector to highlight bottlenecks
Accountability & Monitoring	• Strong governance mechanisms and specific milestones set out

FIRST WAVE | *IMPLEMENTATION IS UNDER WAY*

16
compacts moving into implementation

Half
with co-financing in place or under discussion

3
with systems in place to track progress

4
slowed by elections

FINANCING EXAMPLES

Nigeria
Operation supports the SWAp using PforR (co-financed by GFF and donors); being restructured to bring in more partners inline with the compact; Gavi and JICA co-financing

Sierra Leone
Co-financing with GFF and other GHIs under discussion; Data driven prioritization – including from home grown systems – informing the government's program

Zambia
GFF (including S-CAP) and HIIP co-financing compact priorities under discussion + UNICEF

Fiji
Compact has aided a Mutual Reliance Framework, driving closer MDB alignment

Morocco
Proposed additional financing to the Health PforR expected to support compact reforms with JICA co-financing

Saint Lucia
Regional project aligned with the compact gives partners one platform to engage

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SECOND WAVE | *DEVELOPING A COMPACT*

14 on course for 2026

AFR	Cameroon, Central African Republic, Côte d'Ivoire, Ghana, Kenya, Senegal, Tanzania
LAC	Bolivia, Colombia, Honduras, Paraguay
ECA	Armenia
MENAAP	Tunisia
SAR	Pakistan

GFF eligible countries

COUNTRY-LED DEVELOPMENT PROCESS



Expression of interest

Broad range, ranging from WBG dialogue to formal letters

Preparation and governance

Steering committee chaired by Health and Finance; working group with partners, civil society, private sector

Analysis and design

Existing evidence informs a few priority reforms anchored in the national health plan

Endorsement and monitoring

Consultation, possible external review; Health and Finance endorse

DISCUSSION

1. How can the compact process inform the implementation of the Accra Reset implementation and the Joint-hosted process or other relevant processes?

2. Based on the GFF partnership experiences, what options exist to build implementation into existing country structures?

3. How can financing around compacts/national health plans be better structured at country level?