FROM ACCELERATION TO COLLECTIVE ACTION

Overview

The new Global Financing Facility (GFF) strategy, TRANSFORM 2030, was designed to support partner countries to prioritize and sustain their investments in women, children, and adolescents, through transformational reforms that accelerate the pace of mortality reduction amongst women, children and adolescents. TRANSFORM 2030 builds on the strong foundation of the GFF core model, while recognizing that more needs to be done to accelerate mortality reduction. The strategy has a strategic objective that focuses specifically on acceleration of results by scaling sustainable access to commodities and proven innovations. The purpose of this paper is to present to Investors Group (IG) members an overview of available GFF tools and programs that contribute toward acceleration.

The paper is divided into three sections. First, it outlines the GFF's **frequent assessments and systems tools for resilience (FASTR)**, which supports countries to understand critical bottlenecks to acceleration, providing real-time data to help governments make timely decisions for service delivery. FASTR helps to institutionalize timely, low-cost, actionable analytics — integrating routine service data, facility assessments, and household survey data to enable continuous analyze–learn–act cycles within ministries of health. The tool is now powered by an open-source AI platform that turns country data into real-time health system intelligence for decision making.

The second and third sections of the paper are dedicated to two new challenge programs established as part of the new TRANSFORM 2030 strategy, that help countries address specific bottlenecks to progress: (1) **the Sustainable Commodity Access Challenge Program (S-CAP),** launched in April 2026, incentivizes domestic financing and strengthens supply chains for delivery of essential commodities for family planning and maternal, newborn, and child health; and (2) the **Innovations for Service Delivery Challenge Program (ICP)** will help countries replicate and scale high-impact service

delivery innovations to improve the reach and quality of care for women, children, and adolescents (to be launched later this year). The operational framework for the ICP will be presented to the Trust Fund Committee (TFC) on 5 November 2026 for consideration.

These initiatives build on the core GFF levers — investment case; country platform; core co-financing grant; civil society engagement; and technical assistance — and are designed to support countries to accelerate progress, mobilize domestic resources for commodities, and introduce and help scale proven interventions that save lives. They provide different and complementary entry points to help incentivize additional financing to bring solutions to scale. Further details on each of these acceleration pathways are presented below.

Action requested: IG members are requested to provide feedback on the GFF's different acceleration pathways available to partner countries. Advice is particularly encouraged on the proposed approach of the Innovations for Service Delivery Challenge Program (ICP) and its implementation modalities, as well as on the Safer Births Challenge as the first challenge proposed under the ICP. Following the IG's guidance provided on 3-4 November, on 5 November the TFC will consider the ICP operational plan and the Safer Births Challenge.

FASTR AI: Reimagining Health Data for Real-Time Action through the GFF's FASTR Initiative

The Challenge: Countries have more data than ever, but still lack timely, usable data intelligence

Substantial investments have transformed national health information systems in low- and middle-income countries (LMICs). Countries operate robust routine data collection platforms and generate large-scale survey data, although at infrequent intervals. Yet, while data infrastructure has advanced, the translation of data into timely, actionable intelligence has not kept pace.

Turning this data into something decision-makers can use takes careful quality checks, triangulation across sources, and technical capacity that is

often in short supply. This work is time-intensive and frequently depends on outside financing and consultants.

As a result, evidence is frequently too slow, fragmented, or inaccessible to inform real-time program and policy decisions. This gap is more concerning than ever. As fiscal space for health contracts and countries face compounding shocks — from climate change to economic instability — decision makers need faster, more integrated intelligence to prioritize, adapt, and act.

AI creates a transformative opportunity: to automate complex analytics, synthesize across data streams, and deliver real-time, decision-ready insights embedded within health data systems.

FASTR's Innovation: AI for Real-Time Health System Intelligence

The GFF's FASTR rapid-cycle analytics and data use initiative was designed to institutionalize timely, low-cost, actionable analytics — integrating routine service data, facility assessments, and household survey data to enable continuous analyze–learn–act cycles within ministries of health. FASTR is now operating at scale in 30 GFF partner countries as of October 2026, including 25 of 26 existing GFF partner countries in Africa. FASTR is offered as an integral part of GFF support also to the countries engaging with the GFF for the first time.

FASTR's rapid-cycle approach remains at the core and is now powered by an open-source, web-based statistical platform with embedded AI that turns country data into real-time health system intelligence.

The FASTR analytics platform pulls data directly from country systems, automatically checks and cleans it, and runs priority analyses — producing high-quality visualizations and reports in minutes.

AI is embedded throughout the workflow to pull indicators, interpret results, synthesize findings across data sources, and generate audience-tailored briefs and slide decks. Users can also ask an AI assistant questions, refine analyses, and tailor outputs to different audiences.

This represents the next frontier in global health analytics: moving beyond digital data systems to intelligent systems capable of accelerating adaptive management and measurable health impact.

What Sets FASTR Apart: AI Built for Trust, Speed, and Country Ownership at Scale

FASTR integrates AI in a way that accelerates analytics while preserving rigor, transparency, and control.

- **AI "on rails" builds trust and methodological transparency:** Analytical outputs are deterministic and reproducible. Methods are transparent, and audit trails capture every AI-supported step — ensuring results are verifiable and trusted. Analyses and visualization have been directly with ministries of health, so the platform speaks directly to user's decision-making needs.
- **Analytics platform sits on top of country's existing data systems:** The FASTR AI-enabled analytics platform is deployed on country-specific infrastructure in a country instance, draws directly from national health information systems (e.g., DHIS2), and operates under ministry-defined access controls to protect data sovereignty and alignment with existing governance.
- **AI remains an accelerator, not a final decision maker:** AI drives the heavy lifting of data processing, interpretation, and synthesis at scale, while human experts govern the analytical process, review and refine outputs. Country stakeholders retain the ultimate authority over analysis and decision making.

The result? From data to action, even faster. FASTR's approaches were already designed for rapid-cycle, timely data collection, analysis, and use. By automating time-intensive analytical steps and generating decision-ready outputs via AI, FASTR is now further enabling real-time, policy-relevant insights while strengthening quality. Limited time and resources within countries can shift from building analysis and visualization capacities to building a performance management culture.

What's Next: Institutionalizing Real-Time Health System Intelligence

Just as DHIS2 transformed data collection in LMICs, FASTR aims to institutionalize data analysis — ensuring that investments in data systems translate into measurable health gains at scale.

The next phase moves beyond automation to integrated, multisource intelligence — connecting what services are used, whether the system can deliver them, and whether they meet population needs. AI continuously scans updated data, surfaces systemwide patterns, and pushes critical findings to decision makers in real time.

Key opportunities in 2027 and beyond:

- Moving from a generative to an agentic AI model that continuously monitors data and pushes critical findings to users in real time.
- Enabling AI to work directly with raw data, deepening the platform's analytic power as country learning questions evolve.
- Adding high-demand data sources (e.g., resource mapping, mortality, geospatial, and climate data) to build a fuller picture of health system performance and guide prioritization and adaptation decisions.
- Strengthening applications of FASTR to **commodities and supply chain management**, linked to S-CAP and other key instruments within the GFF/World Bank model.
- Deepening in-country support to help ministries shift toward adaptive performance management as the AI platform rolls out.

The result? Ministries shift from episodic analysis to continuous learning — embedding timely, rigorous evidence directly into routine decision making and accelerating health system improvement.

Why This Matters Now

As investments tighten and policy-crises multiply, shifting from data to action is more urgent than ever. FASTR demonstrates how open-source architecture, responsible AI, and country-centered design can convert prior data infrastructure investments into scalable decision intelligence. It offers a replicable model for embedding AI directly within public sector workflows by accelerating data-driven transformation for health systems at scale.

The Sustainable Commodities Access Challenge Program

What is S-CAP?

Access to maternal, newborn, and child health (MNCH) and family planning (FP) commodities is directly linked to achieving health outcomes and reducing preventable maternal and child deaths, yet major gaps persist in commodity availability, affordability, and quality. Chronic public underfinancing leaves systems reliant on household out-of-pocket payments and fragmented, off-budget external support; weak quantification undermines evidence-based budgeting; procurement inefficiencies drive up costs, compromise quality, and create stock imbalances; and distribution failures mean that essential commodities frequently do not reach front-line facilities reliably or on time.

Building on its unique capabilities, the GFF launched the Sustainable Commodities Access Program (S-CAP) in April 2026 as part of its new GFF TRANSFORM 2030 strategy. S-CAP is a targeted incentive mechanism designed to help **GFF-eligible countries** expand access to high-quality FP and MNCH commodities through country-owned, on-budget, and financially sustainable financing approaches. S-CAP provides countries with a practical pathway to strengthen their investments in commodity financing and supply chains through government systems rather than parallel mechanisms. Through leveraging World Bank Group (WBG) operations, catalytic grant financing, technical support, and close collaboration with development partners, S-CAP helps countries build sustainable financing arrangements that improve reliable access to high-quality FP and MNCH commodities while strengthening their primary health care (PHC) systems.

S-CAP Primary Objectives

- Increase and sustain domestic spending for procurement of high-quality FP and MNCH commodities
- Secure timely distribution and on-shelf availability of these commodities to frontline health facilities in underserved areas

S-CAP Financial Incentive Structure

Working alongside GFF core country grants, S-CAP provides countries with an additional source of grant co-financing to help crowd in more domestic government resources for commodity financing and supply chain strengthening. With a portfoliowide leverage target of 1:3, every US$1 of S-CAP grants is expected to mobilize US$3 in domestic government resources. By 2030, US$250 million committed through S-CAP will mobilize US$750 million in additional domestic commodity and supply chain financing.

S-CAP country grants will be distributed as follows:

- 85 percent to incentivize government spending on commodity procurement, freight, and customs costs (landed costs)
- 15 percent to address critical bottlenecks to commodity last mile distribution

Promoting Country Sovereignty, Reducing Health Sector Fragmentation

S-CAP responds to country demand and works through government systems and existing WBG country portfolios — it is *not* a standalone parallel mechanism or new global procurement vehicle.

GFF and WBG country teams enter into dialogue with interested governments to identify S-CAP funding opportunities linked to the World Bank's broader health financing engagement with its clients, assess country needs and financing gaps, and prepare and negotiate financing agreements in line with the 1:3 S-CAP leverage target.

Close collaboration with UNFPA, UNICEF, the Global Fund, and other multilateral and bilateral partners throughout project design and implementation leverages partners' respective strengths while supporting alignment behind one government-led, government-executed commodity financing plan and budget that reflects all sources of financing. This integrated approach ensures that S-CAP support is country-owned, additional, and sustainable.

S-CAP Progress to Date

The operational plan for S-CAP was endorsed by the TFC in March 2026. The first S-CAP grant was approved by the World Bank in June 2026. This grant for US$6.3 million co-financed an 18-month costed extension of the Democratic Republic of Congo's Multisectoral Health and Nutrition project and is expected to lead to an additional US$18.9 million in FP and MNCH commodity procurement and distribution across eight (8) provinces.

The GFF is also in advanced discussions in Zimbabwe and Kenya. Across the two countries, the GFF expects to provide more than $13 million in S-CAP grants to incentivize nearly US$60 million in government spending on FP and MNCH commodities. S-CAP grants in both countries will also include additional financing to support distribution system investments. By the end of 2027, The GFF expects to allocate at least US$120 million in S-CAP grants across GFF eligible countries to generate at least US$400 million in additional investment in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) commodities procured through government systems.

Over the course of the GFF's TRANSFORM 2030 strategy, S-CAP seeks to mobilize US$1 billion for critical RMNCAH-N commodities and supply chain systems.

S-CAP Technical Advisory Group

To support the GFF Secretariat on S-CAP implementation, a technical advisory group (TAG) was established. This group has representatives from United Nations agencies (UNICEF and UNFPA); technical experts drawn from civil society, think tanks, and African regional institutions; GFF donors (both sovereign and non-sovereign); World Bank; and country supply chain leaders. The first TAG meeting was convened in September 2026 and will meet quarterly.

Improving Systems to Support Product Quality

Ensuring countries have systems capable of sourcing high-quality products for women, children and adolescents underpins S-CAP's success. Its approach recognizes that improving the quality of FP and MNCH commodities requires action at the market, system and procurement levels, with the goal of strengthening country institutions to procure and manage quality-assured products sustainably.

S-CAP builds on existing World Bank instruments and expertise to identify and address health product procurement risks, complementing the Bank's capacity with targeted technical assistance. Where necessary, this includes alternative procurement strategies that draw on platforms with rigorous quality-assurance standards. S-CAP will also benefit from broader efforts by the World Bank, World Health Organization (WHO), African Medicines Agency and others to progressively strengthen regulatory agencies in GFF-eligible countries.

Technical assistance can include addressing institutional and operational bottlenecks, developing procurement-improvement roadmaps, strengthening staff skills and electronic procurement, linking procurement to consumption and supply data, and introducing practical tools and performance indicators. S-CAP will actively partner with World Bank Governance teams as they expand their work on procurement system strengthening.

Additionally, GFF is embarking on a partnership with GIZ to map and mitigate public financial management (PFM) bottlenecks related to commodity financing, recognizing that delays in funds flow and low-budget execution rates lead to higher prices, procurement of lower quality products, stockouts and gaps in last mile availability.

The examples in the table below illustrate how S-CAP builds on government and World Bank arrangements to reinforce procurement capacity, regulatory oversight and accountability. Targeted S-CAP-financed technical assistance is under negotiation.

Country	Approach to strengthening institutions and systems
Democratic Republic of Congo	Strengthening government procurement capacity builds on the Ministry of Public Health's project implementation unit (UGP PDSS) and its procurement specialists. Given the Multisectoral Nutrition and Health project's *substantial* procurement risk rating, the Bank provides hands-on expanded implementation support (HEIS),[1] alongside prior and post review[2] under the procurement plan, to support implementation and reinforce procurement controls.
Zimbabwe	S-CAP will reinforce national procurement and regulatory systems by building on the Medicines Control Authority of Zimbabwe (MCAZ), a WHO Maturity Level 3 regulator, and verification provisions embedded in the World Bank's legal agreement.
Kenya	S-CAP will build on KEMSA's policy requiring procurement of WHO-prequalified FP commodities and the regulatory role of the Pharmacy and Poisons Board (PPB), a WHO Maturity Level 2 regulator, to strengthen national procurement and quality-assurance systems.

S-CAP TAG#2, scheduled for December 10, will deep dive on procurement quality assurance.

The Innovations for Service Delivery Challenge Program

Overview

The GFF Innovations for Service Delivery Challenge Program, or ICP, was established under the TRANSFORM 2030 strategy to mobilize resources for high-impact innovations that are ready to implement at scale to improve health and nutrition outcomes for women, children, and adolescents. It will

[1] Hands-on Expanded Implementation Support (HEIS) is a World Bank service in which Bank procurement staff or consultants directly help a borrower carry out procurement tasks, such as preparing bidding documents and running processes, when the borrower has capacity, market or supply constraints.

[2] Prior review means the Bank checks and clears procurement documents, evaluation results and draft contracts before the Borrower acts on them, which is mandatory above risk-based value thresholds. Post review means the Borrower runs the process and the Bank checks a sample of completed procurements afterward to confirm they complied with the financing agreement.

enable GFF partner countries to finance, scale and sustain service delivery innovations through national programs. The GFF experience over the past decade has shown that proven innovations are often either not profitable enough for the private sector to scale up in LMICs — particularly to reach the poorest and most vulnerable populations that would benefit most — and/or that LMIC public health systems lack the knowledge, supportive policy environment, fiscal space, or capacity to adopt and scale such innovations. The ICP will help promote and de-risk these investments and reduce the time lag between evidence and scale, enabling GFF-eligible countries to benefit from proven, scalable, lifesaving innovations more quickly, equitably, and sustainably.

The GFF is well positioned to help partner countries adopt and scale proven service delivery innovations that improve outcomes for women, children, and adolescents. Through evidence-based prioritization, the GFF helps countries identify key health system bottlenecks, match them with effective and scalable solutions, and adapt innovations to local contexts. Through its unique position within the WBG, GFF grant financing and technical assistance can leverage larger International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) investments, reducing the risks associated with introducing and scaling innovations. By supporting implementation, integration into national health programs and budgets, and continuous learning and adaptation, the GFF helps countries achieve greater impact and long-term sustainability.

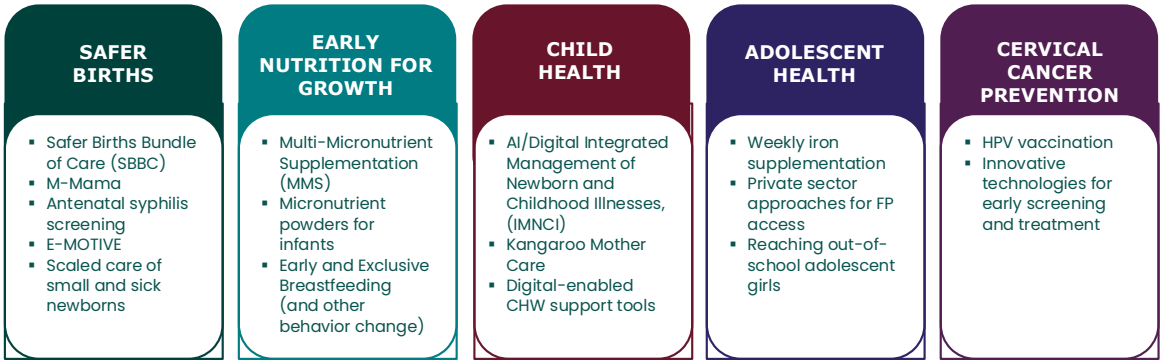
The establishment of the ICP will complement and augment GFF core programming. While GFF core financing primarily channels on-budget support to partner countries for health systems strengthening (HSS), the ICP will help accelerate the pace and quality of scaling a set of specific, proven innovations to leapfrog progress. The ICP will provide flexible financing and technical assistance to accelerate the uptake of proven innovations that may not otherwise be prioritized through World Bank or GFF core financing.

Program Scope and Priorities

The ICP is designed as an umbrella program that will launch select "Innovation Challenges" over the course of the current GFF strategy period

through 2030. Challenge themes to be prioritized through the ICP will be aligned with the GFF 2030 strategy and include the set of scalable solutions linked to maternal and newborn health, child health, adolescent health, and nutrition that have been identified in the WBG Health Target Implementation Plan, given their strong record of impact and potential return on investment. These may include, for example, expanding access to a bundle of high impact nutrition interventions for pregnant mothers and young children; digital Integrated Management of Newborn and Child Illnesses (IMNCI); and cervical cancer prevention, screening, and early treatment. Figure 1 provides an illustration of the ICP challenge thematic structure and potential scalable innovations to be supported.

Figure 1. GFF Innovations for Service Delivery Challenge Program (ICP) with Challenge Themes and Illustrative Scalable Innovations



Innovation Challenge Selection Criteria and Country Eligibility

Challenges to be adopted through the ICP will focus on where this additional layer of GFF support can incentivize and accelerate country uptake of proven, scalable solutions to reduce preventable deaths of women, children, and adolescents. Through ongoing engagement with GFF-eligible countries, WBG, other potential funders, development partners, and experts, selection of challenges to be supported through the ICP will consider the following criteria:

- ***Potential for impact:*** peer-reviewed evidence base; cost-effectiveness; transformational effect;
- ***Country commitment, responsiveness and readiness:*** strong multi-country commitment and ownership; Relevance, appropriateness, and readiness;
- ***Clear role and value-add for the GFF:*** clear alignment with GFF TRANSFORM 2030 strategy objectives and WBG Health Target Implementation Plan; ability to unlock additional WBG financing; potential for ICP to incentivize country uptake.

Eligibility: **All 56 GFF-eligible countries as of January 2026 will be eligible to receive funding from the GFF through the new ICP mechanism.** This includes the 13 countries that have been classified as "High Burden" (tier 3) and are eligible for targeted support under the GFF strategy (including through the Joint Financing Facility, S-CAP, and now ICP) but are **not** eligible to receive core GFF grants.

ICP Stakeholder Engagement

To reduce fragmentation and maximize impact, the GFF Secretariat will actively engage governments, donors, civil society, the private sector, and technical partners in the design and implementation of ICP-supported challenges. Government-led country platforms will serve as key forums for aligning ICP investments with investment cases, coordinating technical assistance, and fostering partner collaboration. The ICP will also draw on technical experts, implementing partners, and funders to support innovation scale-up, learning, and evaluation. The GFF Secretariat will work closely with global and regional technical experts to ensure challenges are guided by the best available evidence. GFF governance and leadership bodies — namely the IG, TFC, and GFF Ministerial Network will be a priority for continuing engagement to inform selection and implementation of ICP-supported challenges and drive partner alignment throughout the life of the program.

ICP Governance and Accountability

The IG will fulfill its advisory role to the TFC regarding the evolution of the ICP and by contributing their respective areas of expertise in the identification,

development, and rollout of ICP-supported challenges. The **Ministerial Network** will be regularly consulted by the GFF Secretariat to ensure ICP-supported challenges respond to country needs and ministerial/country leadership priorities, enlist ministerial champions, and share cross-country perspectives and learnings. The **TFC** will endorse the ICP operational plan and approve an annual ICP budget envelope via standard GFF processes as well as endorse individual innovation challenge proposed under the ICP. The **GFF Secretariat** will manage ICP in accordance with this operational plan and the implementation roadmap for each ICP-supported challenge. The secretariat will also provide twice-yearly updates to the TFC, and annually to the IG, on ICP implementation as part of the overall operational update on the GFF portfolio. Finally, to ensure quality, coordination, and alignment with related initiatives, the implementation roadmap for a specific challenge may propose to routinely convene a **technical consultative group (TCG) of experts and collaborating organizations**.

Results Measurement and Reporting

Results measurement and reporting for the ICP are integrated with the broader GFF results measurement framework, which is the main tool for tracking and reporting on the performance of the GFF's 2026–2030 strategy. This ensures that ICP results are aligned with GFF's overall results, knowledge, and learning approach. The ICP will track and report on indicators as follows:

- **GFF core strategy indicators relevant to the ICP:** includes the strategy key performance indicators (KPIs) related to scale-up of innovation and high-impact practices, which tracks GFF countries that have (1) prioritized a specific innovation or high impact practice in a World Bank/GFF project, (2) begun implementing the innovation with GFF support, and (3) reached a scale of implementation where the intervention is available as a regular part of routine systems. Relevant strategy indicators will cover health financing, service coverage and utilization metrics, equity measures (integrated as a cross-cutting lens rather than as standalone indicators and inclusive of gender equity).
- **Challenge-specific results framework indicators:** The GFF will further develop a tailored results framework for each specific challenge, with

progress against these indicators reported on simultaneously with core GFF operations.

Safer Births Challenge

With a targeted investment from Laerdal Foundation, the *Safer Births Challenge* is the first innovation challenge that the GFF proposes to launch through the ICP. The foundation of the Safer Births Challenge will be on supporting countries interested in introducing and scaling the Safer Births Bundle of Care (SBBC), one of the scalable solutions identified in the WBG Health Target Implementation Plan to deliver quality, affordable health services to 1.5 billion people by 2030. The Safer Births Challenge could also include support for these countries to roll out other proven, ready-to-scale antenatal or intrapartum service delivery innovations designed to reduce maternal and newborn mortality.

SBBC encompasses clinical innovations, low-dose high-frequency team-based simulation training, data-driven continuous improvement, and health system readiness to reduce maternal and child mortality. Implementation of SBBC over three years in 30 facilities in Tanzania demonstrated impressive results with a remarkable ~75 percent reduction in maternal deaths and a ~40percent reduction in early neonatal deaths in targeted hospitals. Given these impressive results and strong cross-country demand for the intervention, scaling SBBC will be the initial area of investment under the Safer Births Challenge, building on Tanzania's results.