Global Financing Facility

For women, children and adolescents

22nd Investors Group Meeting

3 November 2026
Rabat, Morocco



GLOBAL FINANCING FACILITY

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Agenda

22nd GFF INVESTORS GROUP MEETING | November 3, 2026

Time	Agenda Item	Session Description	Action	Presenter
9:00-9:45am	**Welcome, Opening, and Director's Report**	• Approval of IG21 Meeting Report • Approval of IG22 Agenda • WBG and GFF Director opening remarks • Readout from the Ministerial Network meeting	For endorsement	IG Co-chairs, GFF Director, and Ministerial Network Chair
9:45-11:15am	**Stocktaking of the GFF Strategy**	• Stocktake of progress from the first year of implementing TRANSFORM 2030, including recent trends across the GFF portfolio and emerging lessons from implementation.	For guidance	GFF Secretariat
11:15-11:30am	**Break**			
11:30-1:00pm	**Building the Investment Case for Women, Children and Adolescents**	• Overview of investment framework developed by the WBG and GFF to make the case for investment in women's, children's and adolescent health - including evidence and opportunities. IG members will have a chance to advise on key elements, evidence and perspectives that should be reflected in the framework.	For guidance	GFF Secretariat

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22nd GFF INVESTORS GROUP MEETING | November 3, 2026

Time	Agenda Item	Session Description	Action	Presenter
1:00-1:15pm	**Group Photo**			
1:15-2:15pm	**Lunch**			
2:15-3:15pm	**Civil Society and Youth**	• Readout from Civil Society Coordinating Group (CSCG) workshop, followed by update on the GFF's engagement with civil society and youth; discussion on how meaningful engagement strengthens accountability and results	For guidance	CSO and youth representatives
3:15-5:00pm	**Working together behind country health plans and compacts**	• Strategic dialogue building on lessons from the first year of implementation of WBG's Health Target Implementation Plan and the ongoing reform processes at the global, regional and country level.	For guidance	GFF Secretariat
5:00-5:15pm	**Meeting Closure**	• Summary of key decision points and next steps.	IG co-Chair	

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22nd GFF INVESTORS GROUP MEETING | November 4, 2026

Time	Agenda Item	Session Description	Action	Presenter
9:00–9:10am	**Welcome**	• Overview of day 2 agenda items	For information	IG Co-chair
9:10–12:15pm	**Unpacking Acceleration: From Data and Innovation to Impact**	• Overview of the GFF's emerging work on acceleration, including data, AI and innovation – and how to move from evidence to adoption, implementation and scale.	For guidance	GFF Secretariat
9:10–9:15am	**Opening**			
9:15–10:00am	**FASTR AI**			
10:00–10:50am	**Sustainable Commodities Access Challenge Program (S-CAP)**			
	Break			

22nd GFF INVESTORS GROUP MEETING | November 4, 2026

Time	Agenda Item	Session Description	Action	Presenter
10.50am-11.10am	**Innovations for Service Delivery Challenge Program (ICP)**			
11.10am-12.10pm	**Session Closing**			
12:10-1:30pm	**Lunch**			
1:30-3:00pm	**Adolescent Health**	• Discussion on adolescent health, including persistent gaps in outcomes, emerging opportunities and the role of the GFF.	For guidance	GFF Secretariat
3:00-3:15pm	**Break**			
3:15-4:00pm	**From Acceleration to Collective Action**	• Closing discussion to synthesize the key messages from the meeting and identify priorities for collective action.	For guidance	
4:00-4:05pm	**Meeting Closure**	• Summary of key decision points and next steps.	IG co-Chair	

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Stocktaking of the GFF Strategy



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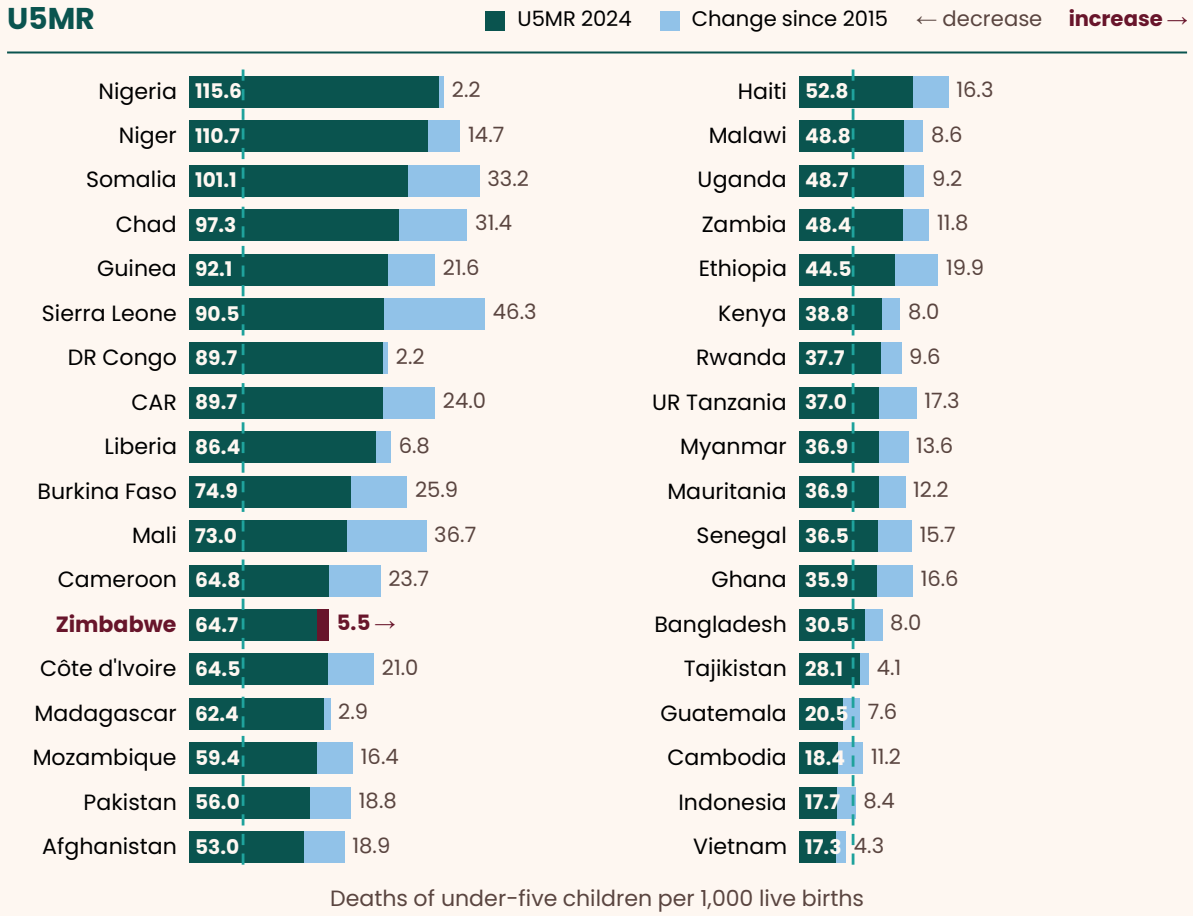
Country progress in improving women, children and adolescents' health

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Under-five mortality since 2015

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

24% median reduction in GFF partner countries since 2015 vs. a **global reduction of 13%**



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

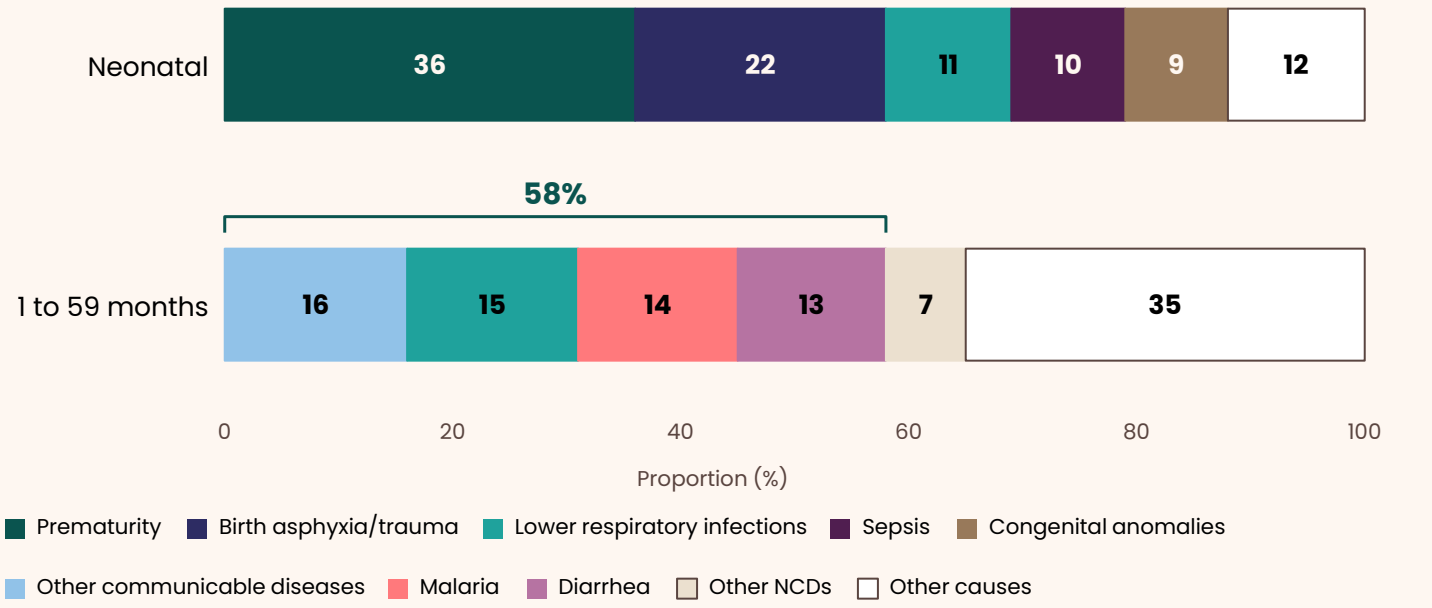
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Causes of child death

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

Distribution of top five causes of death by age group (2024)

Weighted averages across 36 countries



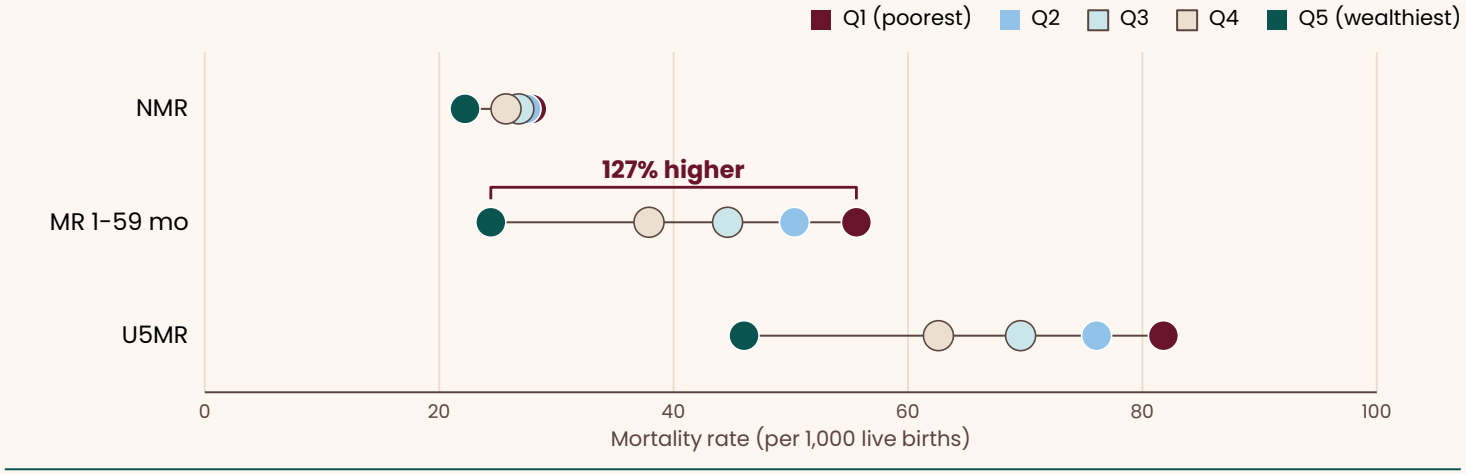
Data source: UNIGME and CA-CODE, 2026
Analysis by the International Center for Equity in Health, Federal University of Pelotas, Brazil

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Equity in child mortality

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

Millions of newborn and child deaths could be prevented if national mortality rates could be reduced to the levels observed among the wealthiest quintile



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

Pooled results from the 36 GFF countries

Neonatal deaths prevented/year	1 – 59 mo deaths prevented/year	TOTAL DEATHS PREVENTED	MORTALITY REDUCTION
239,679	1,108,596	1,348,275	36.4%

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

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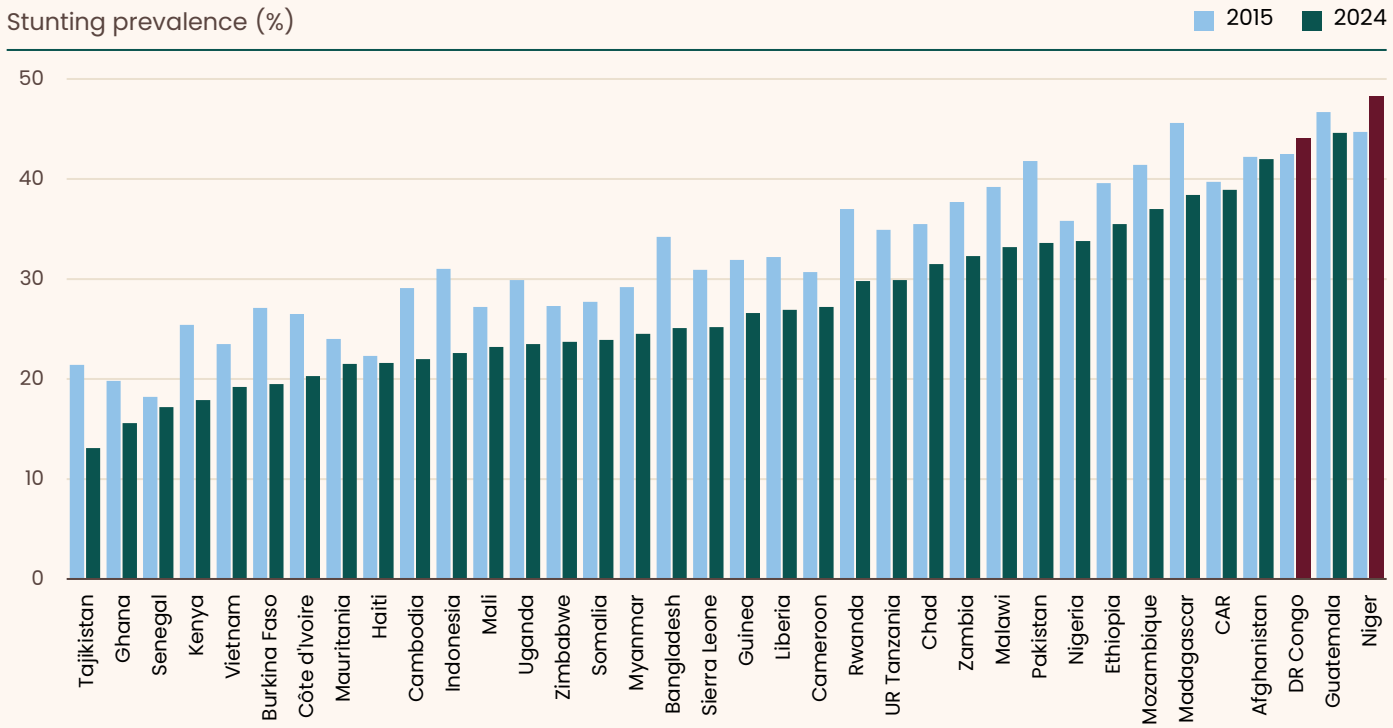
Stunting since 2015

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

~~32%~~

27%

Median levels, 2015 → 2024



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

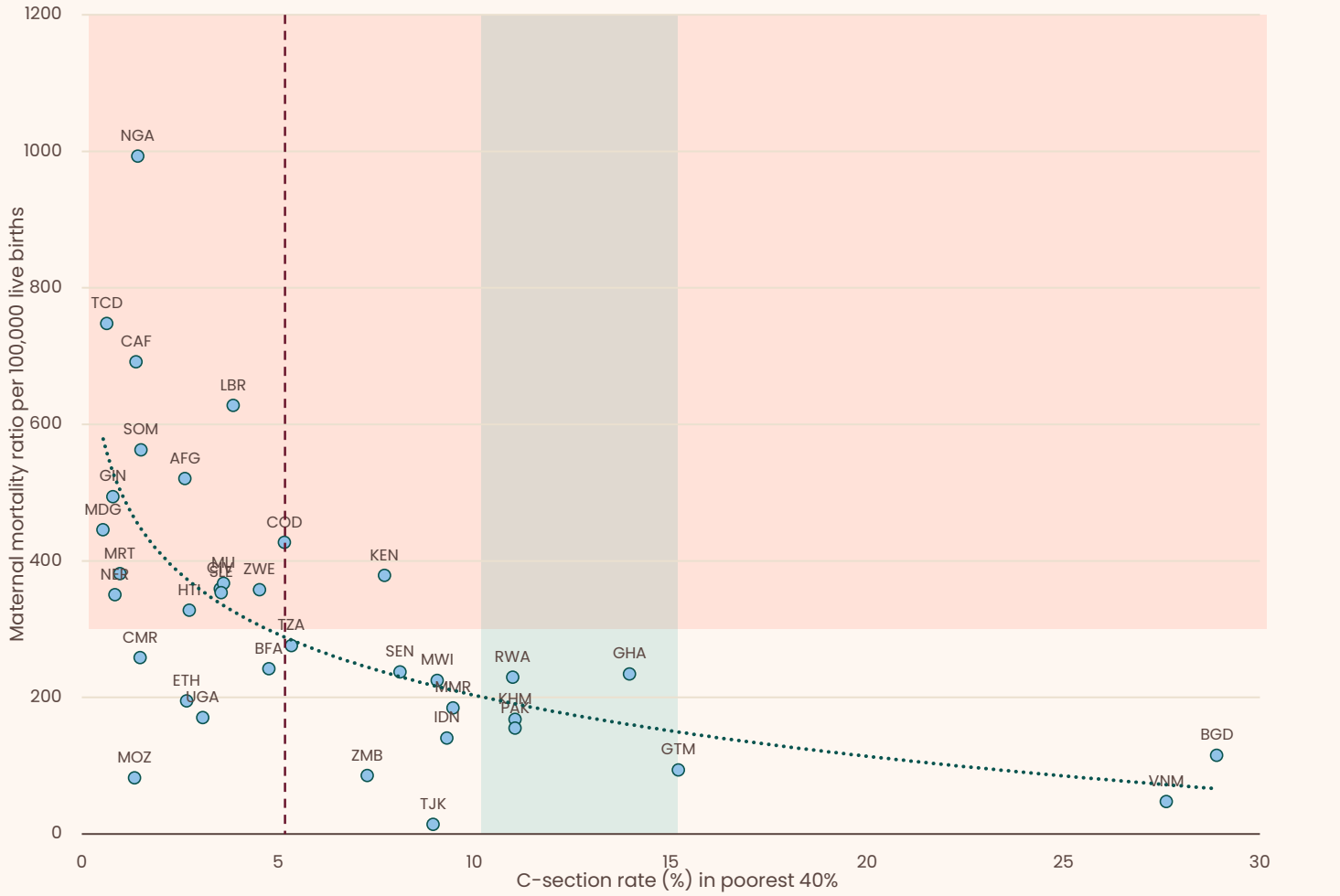
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C-sections and maternal mortality

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

In GFF partners countries where the c-section rate amongst the poorest falls below 5%, maternal mortality levels tend to be high, whereas maternal mortality drops to moderate to low levels in countries where coverage reaches the recommended

Maternal Mortality Ratio x C-section in poorest 40%



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 UNDESA/Population Division. Geneva: WHO; 2025; ICEH database

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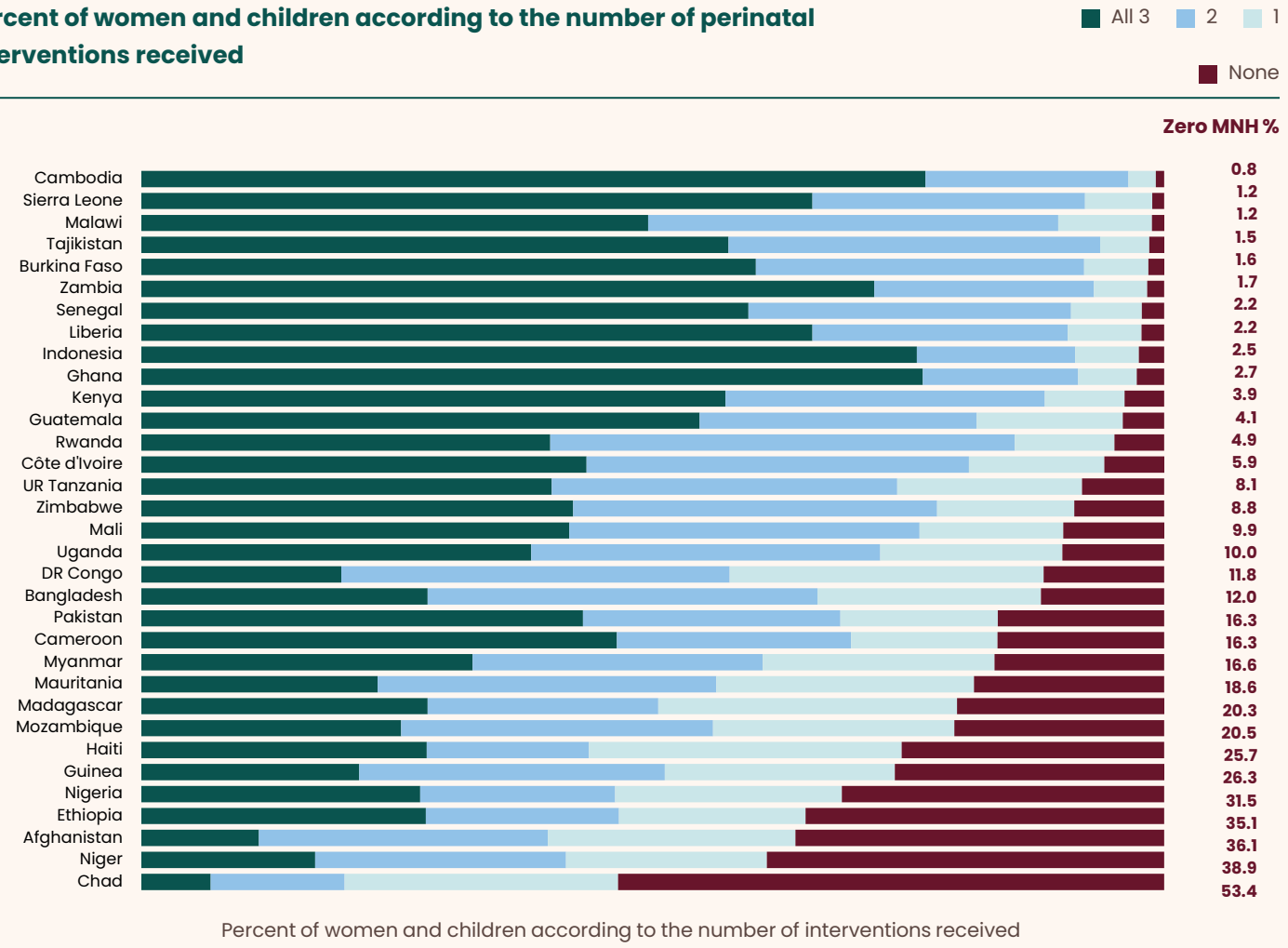
Mothers and babies missed

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

10%

The median % of mother-baby dyads with zero MNH

Percent of women and children according to the number of perinatal interventions received



Percent of women and children according to the number of interventions received

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

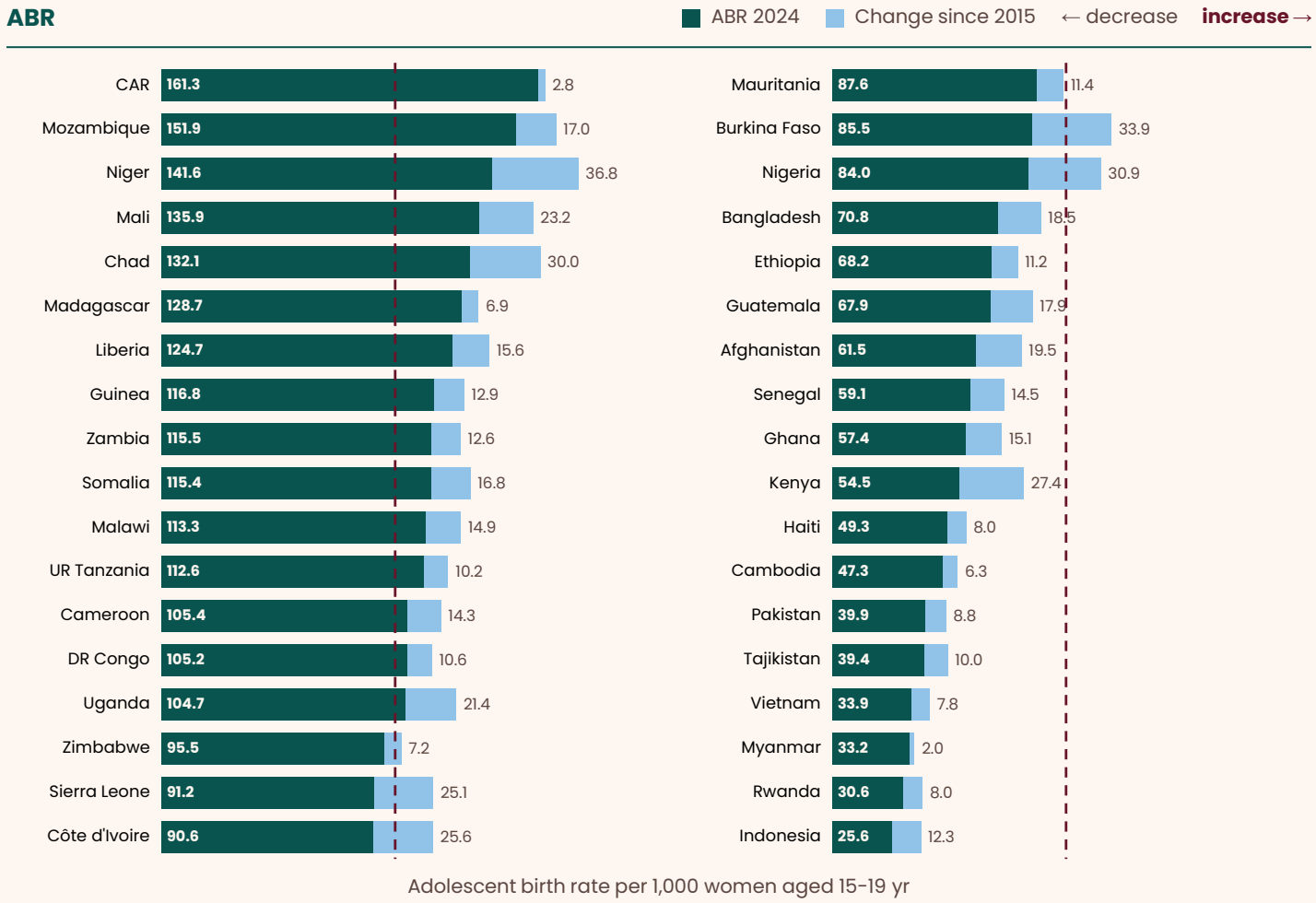
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Adolescent birth rates

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

16%

Median percentage reduction



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

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People reached

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

4.7 million

family planning (FP) users added, the largest single-year gain of the strategy period

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 DTP3	**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

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: Vietnam was included in previous years; Myanmar and Vietnam are excluded from the 2026 analysis. FP data refer to midyear 2026. Immunization, ANC and safe delivery care data refer to 2025.

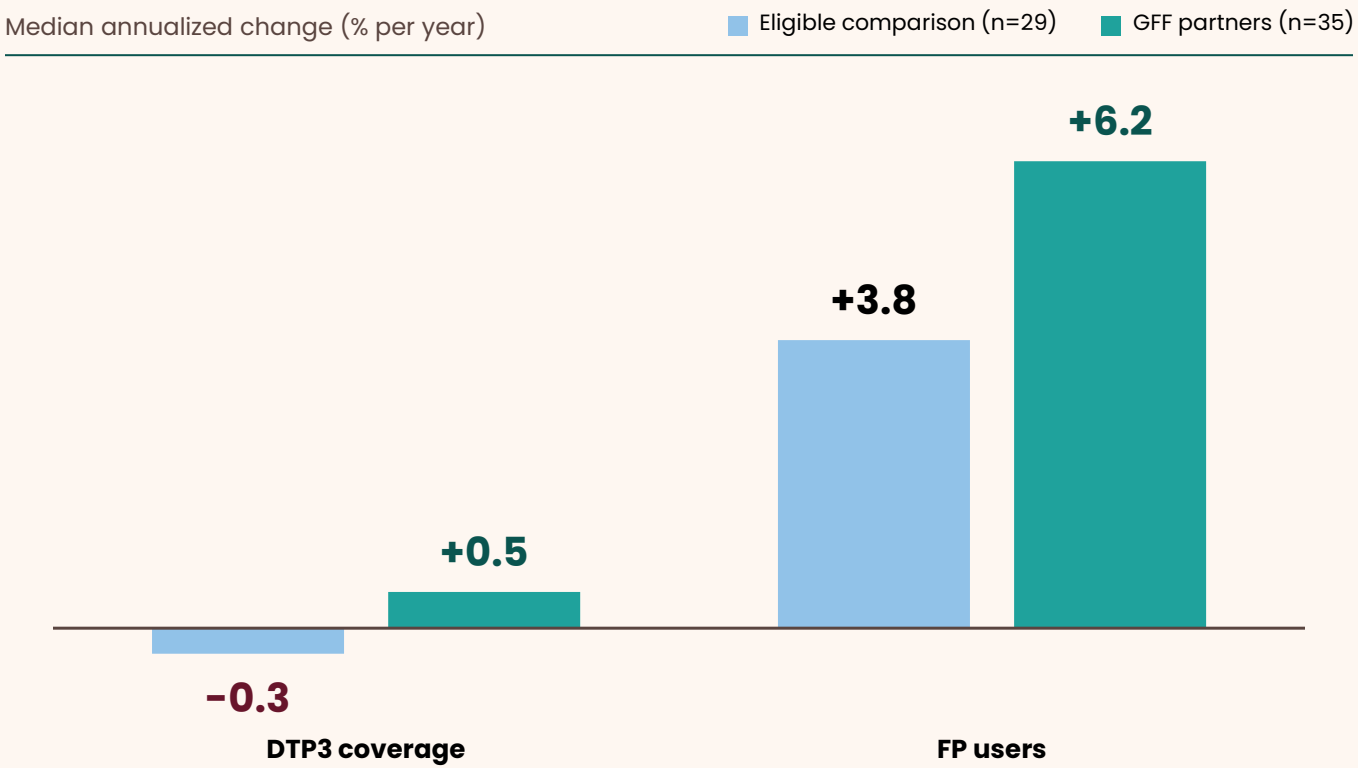
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Pace vs comparable countries

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

1.6 times

the rate observed in comparable countries



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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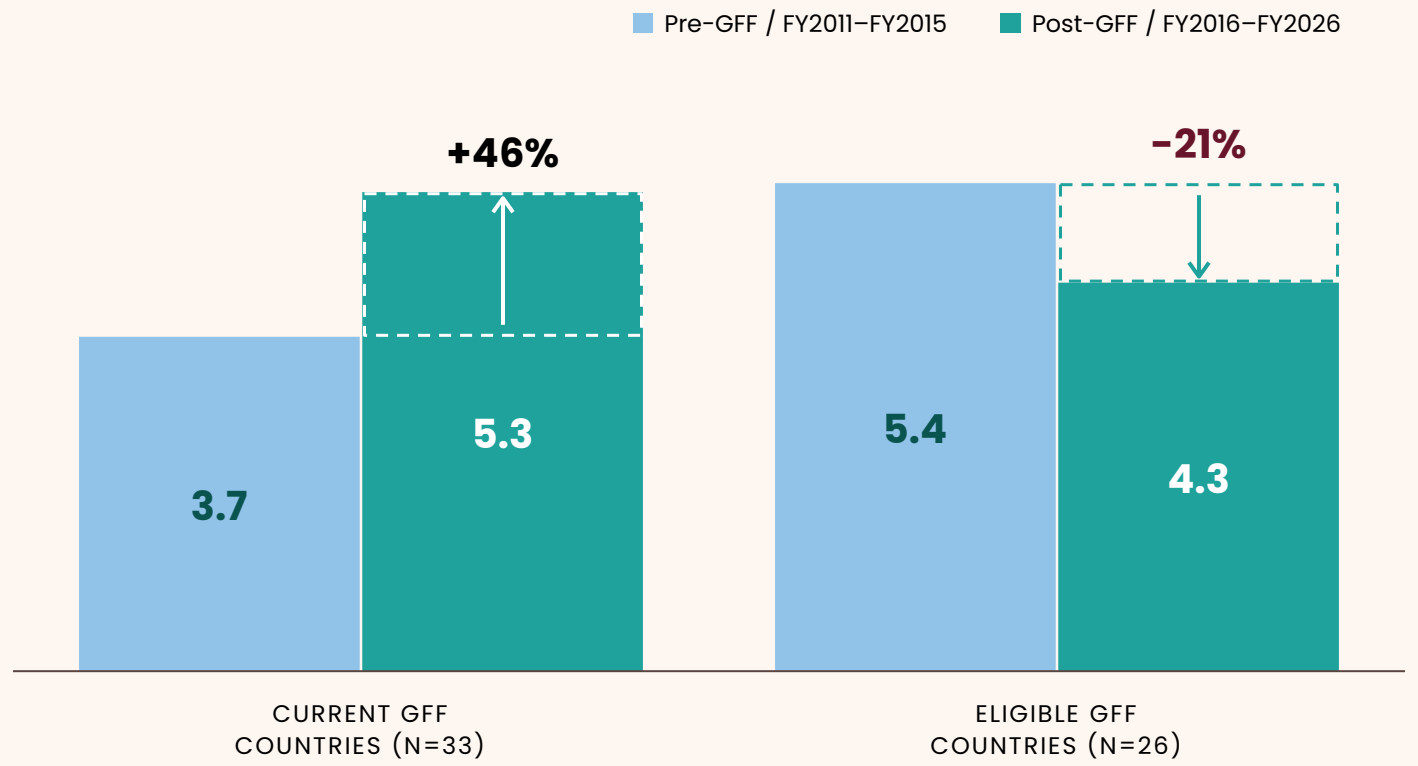
IDA for RMNCAH-N

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

$10.2 billion

in IDA for RMNCAH-N since joining the GFF

Median % of IDA allocated to RMNCAH-N (FY2011–FY2026)



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

GFF MEASUREMENT FRAMEWORK, 3 KEY PERFORMANCE INDICATORS PER STRATEGIC DIRECTION AREA

SD1	SD2	SD3	SD4	SD5
Bolster country leadership and partner alignment behind prioritized investments	Prioritize efforts to advance equity, voice, and gender equality	Protect and promote high-quality essential health services by reimagining service delivery	Build more resilient, equitable, and sustainable health financing systems	Sustain a relentless focus on results
INDICATORS OF				
1. IC process 2. Prioritization 3. Country platform functionality	1. Gender equality 2. Reduction in equity gaps 3. Civil society participation	1. Quality 2. HRH reforms 3. Public-private partnerships	1. Health financing reforms 2. Domestic resource mobilization 3. Commodity financing reforms	1. IC Results Frameworks 2. RMNCAH-N coverage and equity analysis 3. Data use

→ GFF specific activities

CROSS-CUTTING ISSUES:

Country leadership | Alignment | Gender & equity | Civil society & youth engagement | Financing & systems reforms on critical path to improved RMNCAH-N outcomes | Data use

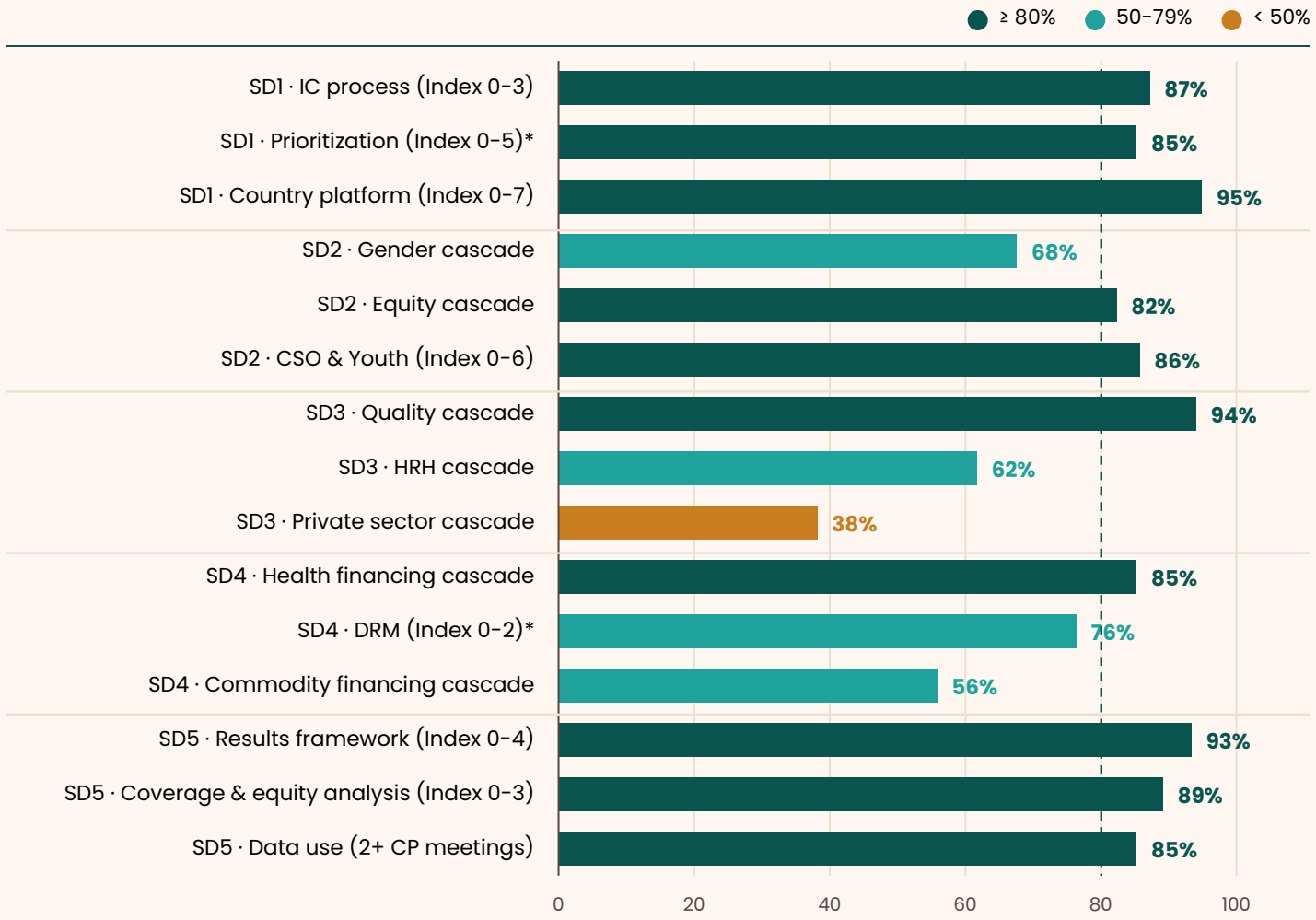
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High-level summary view of KPI dashboard shows status at end of strategy period

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

The lowest-scoring areas are newer areas of GFF focus



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

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

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Rapid 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.

>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.

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Medical supply gaps are universal, but not uniform

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

Maternal & newborn health medicines

Family planning commodities

Non-communicable disease medicines

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 (DTP + 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%	68%	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 to identify the causes

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%

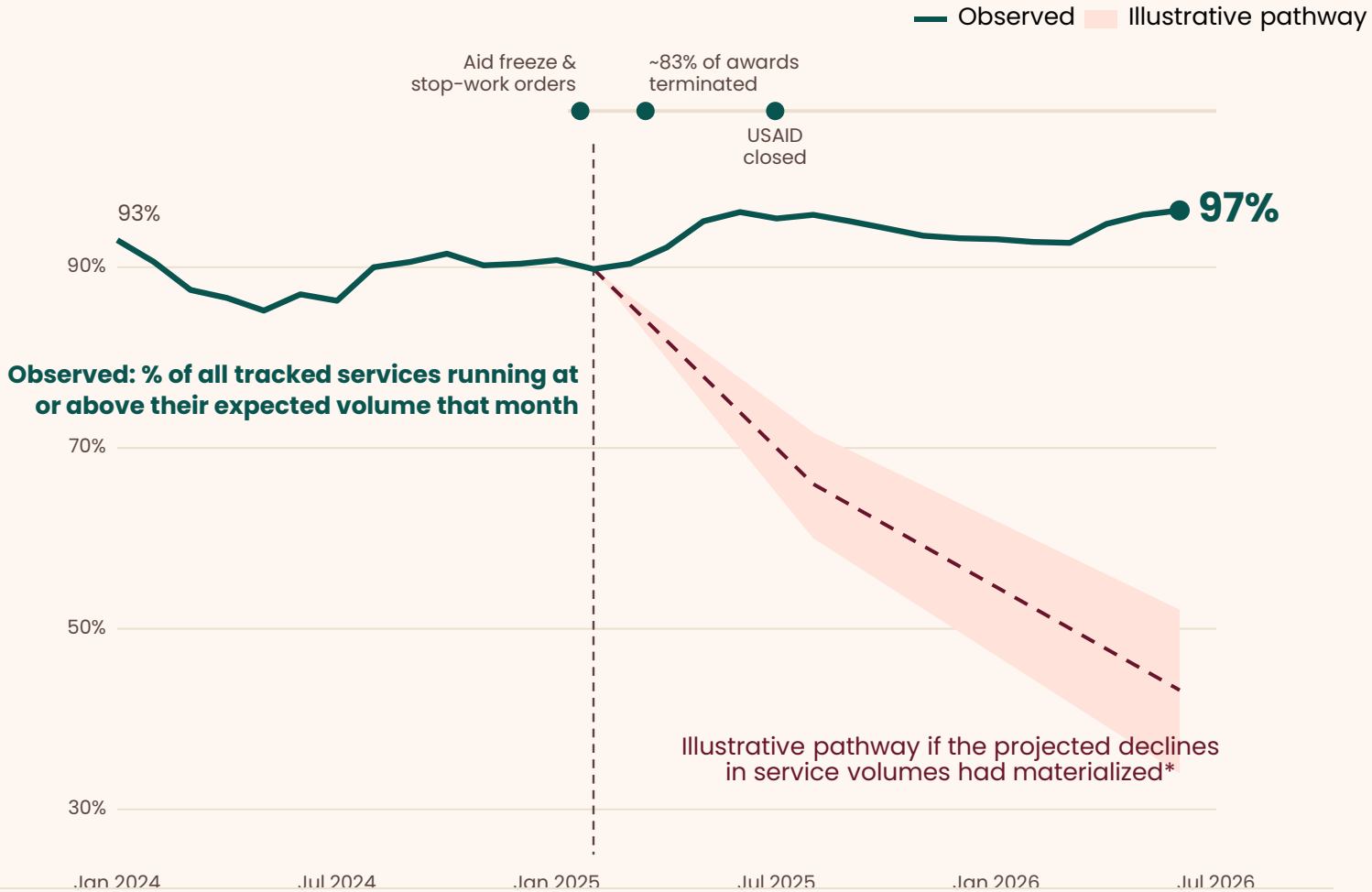
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The floor has not fallen

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



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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BREAK

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Developing a Global Investment Framework for RMNCAH-N



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Why a Global Investment Framework Now?

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Case for action

- 700+ women die every day from preventable causes related to pregnancy and childbirth.
- 4.9 million children died before age five in 2024.
- Adolescents are getting left behind.
- External financing for health is volatile and in decline.
- Growing demand for sustainable, country-led financing.
- Countries face increasingly challenging prioritization decisions.

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Five questions faced by countries

1. Why invest in RMNCAH-N?
2. What integrated packages and system reforms have the greatest impact?
3. What pathways to progress are most appropriate for different country contexts?
4. What financing strategies can sustain progress to 2030 and beyond?
5. How should countries prioritize where to target investments under resource constraints and plan for a sustainable future?

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The new Investment Framework will build on what exists and address gaps

We have:

- Evidence on interventions
- Disease- and program-specific guidance
- Cost-effectiveness studies
- Financing analyses

We lack:

- An integrated decision-support framework
- Guidance and resources adapted to different country contexts:
  - Sequencing
  - Trade-offs
  - Prioritization

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Proposed structure is built around five pillars, with cross-cutting enablers

Pillars

1. Why Invest? The RMNCAH-N Continuum and Human Capital
2. What Works? Integrated Service Delivery and PHC Systems
3. Pathways to Progress
4. Financing Transformation and Sustained Progress
5. Scenario Planning

Enablers

- Gender equality
- Equity
- Climate resilience
- Fragility
- Human capital
- Country ownership
- Technological enablement
- Artificial intelligence
- Data needs and use
- Accountability

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Three questions for the Investors Group

1. **Relevance** Are these the right questions?
2. **Utility** What would make the framework most useful to country leaders?
3. **Uptake** How can we ensure broad adoption and use?

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GROUP PHOTO

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Civil Society and Youth



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THE GFF'S PARTNERSHIP WITH CIVIL SOCIETY AND YOUTH

Working side by side with civil society and youth to deliver better health and nutrition outcomes for women, children and adolescents.

WHERE WE STARTED
Since 2015, Civil society and youth partners have shaped the GFF since inception and sit on the Investors Group.

WHERE WE ARE
Under TRANSFORM 2030 the GFF has committed US$18M and launched GFF x CIVIC: larger, longer grants across 26 partner countries.

WHERE WE NEED YOUR GUIDANCE
How can we sustain momentum and ensure civil society and youth engagement accelerates more equitable health and nutrition outcomes for women, children, and adolescents under TRANSFORM 2030?

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Global context and constraints

29–46%

Projected decline in health ODA, 2024–26: the steepest reductions across major development sectors[5]

~90%

of 461 organizations across 73 countries report reduced ability to monitor services or engage in advocacy[6]

Civic space is narrowing

Rising restrictions on civic action and participation, yet civil society remains critical to defending accountability, inclusion, and public participation.

The global health landscape is shifting

Declining ODA, evolving donor priorities, and debates on the future of the global health architecture raise the stakes for domestic resource mobilization, country ownership, and accountability for results.

The HEAR CSO process and global health reform call for more equitable, participatory, community-driven governance and financing.

What this means

Engagement models must move beyond short-term projects and place greater emphasis on sustainability, partnership, and meaningful participation.

[5] OECD projections. [6] PAI/IBP/COPASAH, State of Civil Society Working in Global Health in 2026.

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Scaling Up and Sustaining GFF CSO and Youth Engagement

2022-24 | GFF NGO Host grants

US$2.7M, 12-month grants to 51 CSOs and YLOs in 28 countries, as part of a US$6 million engagement.

Nov 2024 | IG19, Abuja

Plan endorsed for 2026-28: larger, longer grants; tailored technical assistance through partnership with CIVIC (WBG).

2025-26 | TRANSFORM 2030

US$18M approved; consortia and coordinator selected, and GFFxCIVIC grants launching by year-end

Key lessons	GFF response
Funding must be sustained and flexible	18-month grants of US$150-210K
Money alone is not enough	Technical assistance, peer learning, coalitions
Global and country action reinforce each other	GFF x CIVIC with the CSCG and GYP
Collaboration drives impact	Links to GFF GCC and WBG country teams

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Progress to date: GFF x CIVIC puts the new model into practice across 26 countries

A joint initiative of the GFF and CIVIC at the World Bank. A competitive call in July 2025 drew almost 300 expressions of interest; two consortia were selected in December 2025.

GFF x CIVIC VOICES — 22 countries

Strengthening civil society engagement and community voice for domestic resource mobilization

Led by: PATH, AFIDEP, Organization of African Youth

Objective: support local CSOs and YLOs to help shape domestic resource mobilization and health financing priorities and improve accountability for maternal, child, and adolescent health

- Subgrants, technical assistance, policy dialogue and accountability
- 821+ eligible proposals; 22 subgrants by end 2026
- Average US$150,000 per subgrant

GFF x CIVIC ALIGN — 12 countries

Scaling community-led solutions for adolescent health and nutrition

Led by: Action Against Hunger, ENN, The Youth Café

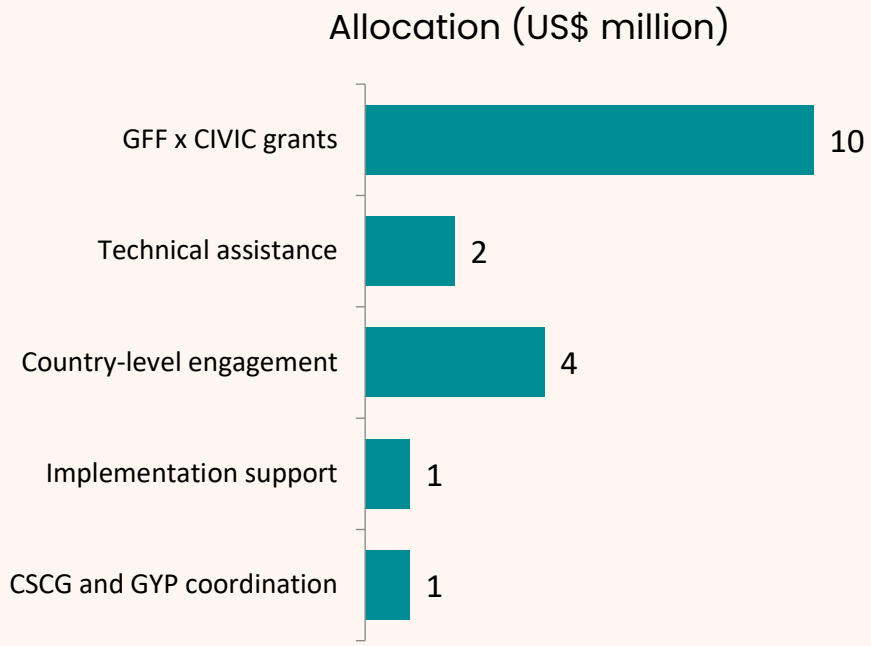
Objective: empower local CSOs and YLOs to shape and scale innovative, community-driven solutions that improve adolescent health and nutrition

- Subgrants and TA to Scale adolescent solutions such as HPV outreach, school health clubs, mobile SRH…
- 246+ proposals; 12 subgrants by end 2026
- Average US$210,000 per subgrant

- Each 18-month subgrant goes to one partnership per country per pillar, including at least one YLO.
- Expected reach: 60-90 CSOs & YLOs.

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Under TRANSFORM 2030, the GFF is building engagement into investment cases, country platforms and governance.



	2021–2025 STRATEGY	TRANSFORM 2030
Country Engagement	Ad hoc, uneven	Structured, measurable, country-led
Financing per country	US$96K, 12 months	US$150–210K, 18 months
Platform	One GFF NGO host	GFF x CIVIC VOICES & ALIGN Grants, Technical Assistance Platform, Funded opportunities with links to GFF operations from 2027

At country level

Country engagement is structured: civil society and youth will take part in existing government-led processes, including investment cases and new GFF co-financed operations, rather than a separate consultation track. Where relevant, this includes Country Partnership Frameworks and National Health Compacts.

At global level

Global voice is stronger: the CSCG and GYP now have over 850 members and more than 21 new leaders. Kinaura Partners, selected in September 2026, will coordinate them for two years and co-develop a civil society and youth results framework aligned with TRANSFORM 2030

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Details on upcoming complementary country engagement

1

Shape forthcoming Investment Cases and pipeline operations

Structured participation in consultations; community data and accountability perspectives; engagement with World Bank and government counterparts.

2

Pilot engagement around TRANSFORM 2030 innovations

Targeted support linked to S-CAP, the Safer Births Bundle of Care and the gender agenda, including community evidence for national dialogue.

3

Engage from the outset in new GFF partner countries

Enable civil society and youth organizations to participate meaningfully in country platforms as the GFF expands.

- **Design principle: Country-led, additional, Linked to decisions**
- **Competitive selection**

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Renewed CSCG and GYP global leadership strengthens voice and accountability

Global forums through which CSOs and YLOs engage in GFF governance and strategy

850+
CSCG and GYP members

21+
new civil society and youth leaders

2 years
Kinaura coordination period

2 languages
English/French engagement

Country platforms
Community evidence and priorities

CSCG & GYP
Learning, representation and advocacy

An annual workshop and quarterly webinars

Investors Group
Strategy, governance and accountability

TRANSFORM 2030
CSO/YLO results framework aligned with TRANSFORM 2030

- **Country evidence and global advocacy are designed to reinforce each other**
- Kinaura Partners will support convening, technical support, communications, advocacy, capacity strengthening and co-development of a CSO/YLO results framework aligned with TRANSFORM 2030.

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Key shifts in how the GFF engages with its CSO and YLO partners for a more integrated engagement architecture

Table 1 summary: previous engagement model (2022–2024) compared with TRANSFORM 2030

Dimension	Previous model 2022–2024	TRANSFORM 2030 architecture	Key shift
Governance	Established CSCG/GYP representation and participation in IG governance and consultations.	Renewed leadership, including 21 new representatives; stronger regional, gender and English/French representation; input into strategy and results framework.	**Established representation → more inclusive leadership**
Country engagement	Participation in Investment Cases and country platforms varied and was often ad hoc or consultation-based.	Structured support linked to Investment Cases, GFF-supported operations and policy dialogue, with progress assessed through the Results Framework.	**Ad hoc participation → structured, measurable, country-led engagement**
Financing	US$2.7M in grants to 51 CSOs/YLOs in 28 countries; 12-month cycles; about US$96K per country and US$53K per grant.	US$18M architecture; GFF x CIVIC grants of about US$150K–210K over 18 months, with tailored technical assistance and policy/accountability support.	**US$96K / 12 months → US$150K–210K / 18 months**
Engagement platform	One NGO host delivered subgrants, technical assistance, coordination and learning; 51 organizations in 28 countries.	GFF x CIVIC VOICES and ALIGN, technical assistance, country-process support, and continued global CSCG/GYP coordination; expected reach of 60–90 CSOs/YLOs in 26 countries.	**Single modality → scaled, integrated global and country architecture**

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Questions for discussion

To help sustain and increase momentum as the renewed engagement moves into full implementation under TRANSFORM 2030, the GFF Secretariat invites the Investors Group's guidance on the following questions.

Sustainability and Momentum

1. How can the GFF support the sustainability, effectiveness and long-term impact of civil society and youth engagement at country and global levels, especially in resource-constrained settings?

2. What indicators would show that civil society and youth perspectives meaningfully influence investment cases, policy dialogue, priority-setting and financing decisions?

Equity and Outcomes

How can the GFF and its partners best ensure civil society and youth engagement accelerates more equitable health and nutrition outcomes for women, children, and adolescents under TRANSFORM 2030?

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Working together behind country health plans and compacts

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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

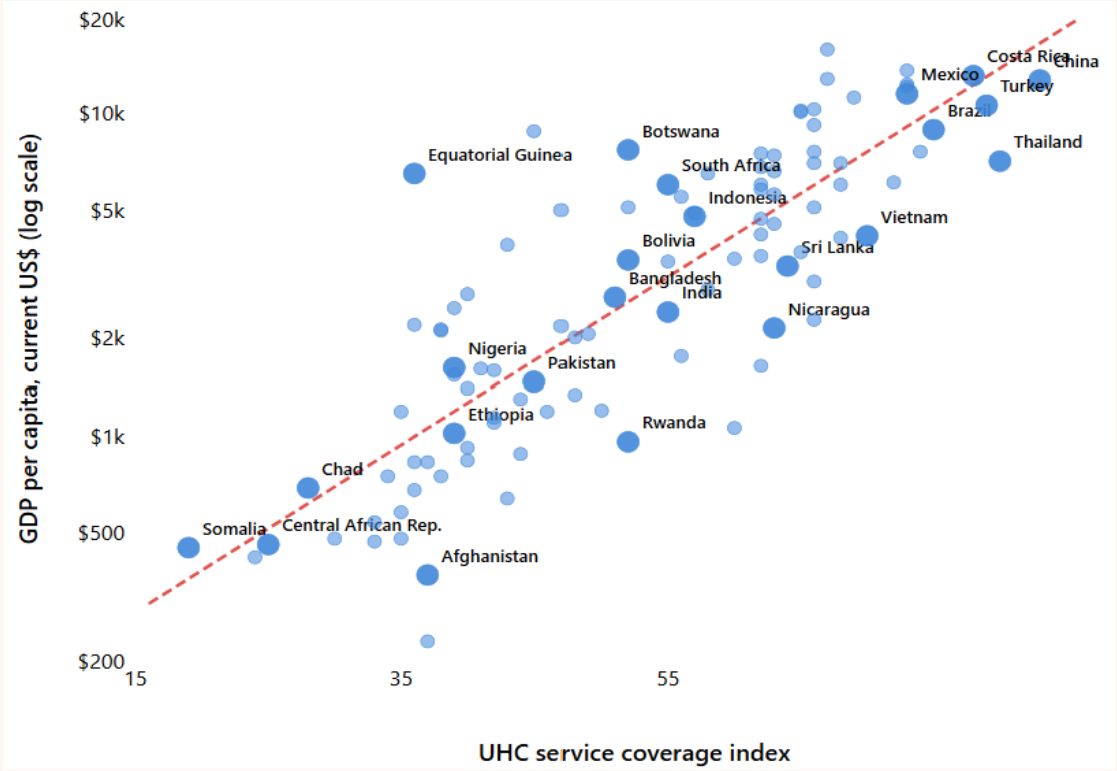
HEALTH WORKS | *HEALTH DRIVES OPPORTUNITY, SECURITY AND UNLOCKS MORE AND BETTER JOBS*

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

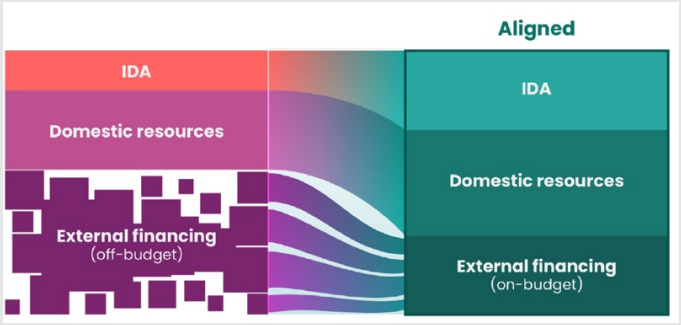
742M

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

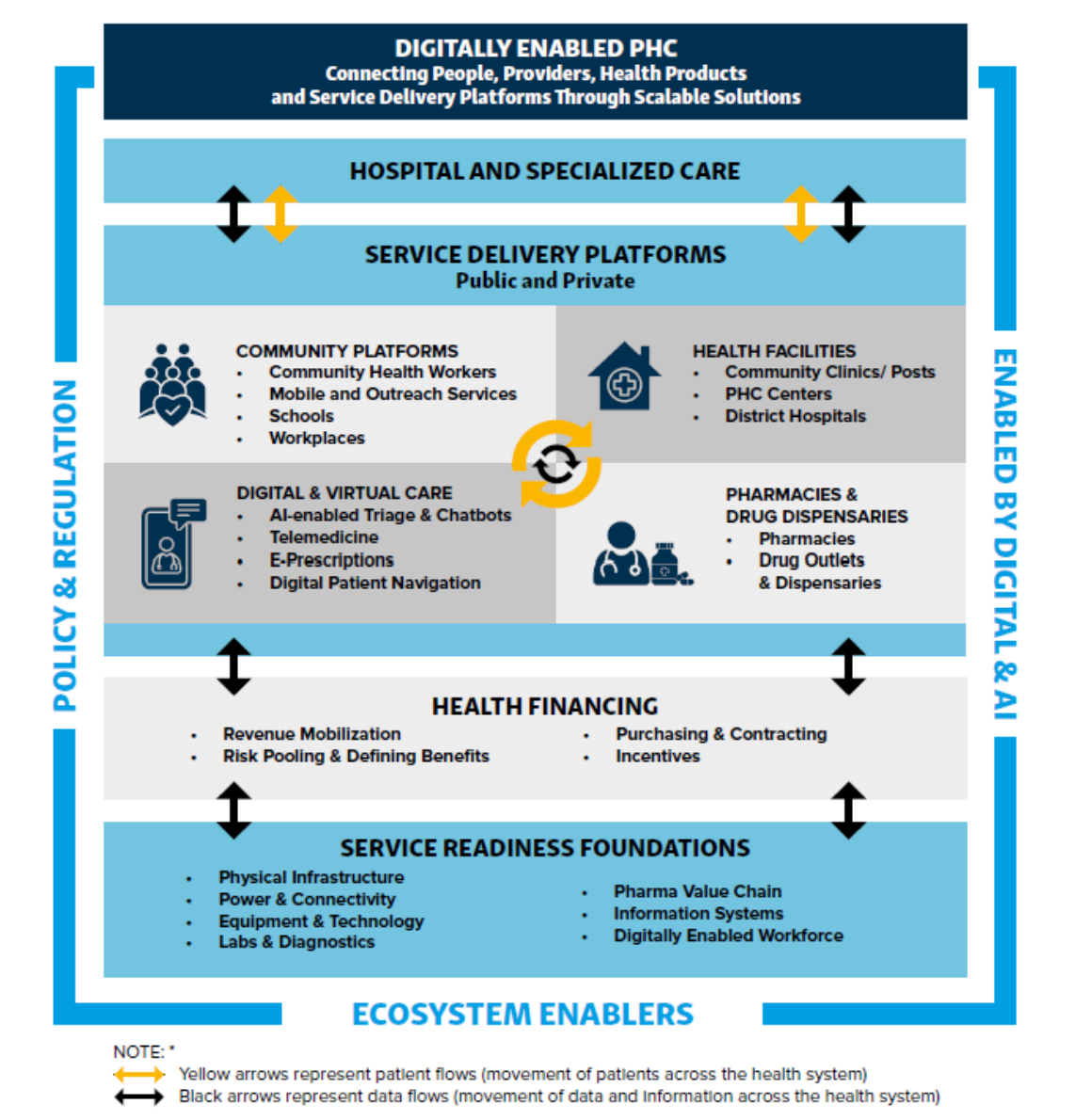


New Engagement Modalities

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 3:

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



SOLUTION 2:

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



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

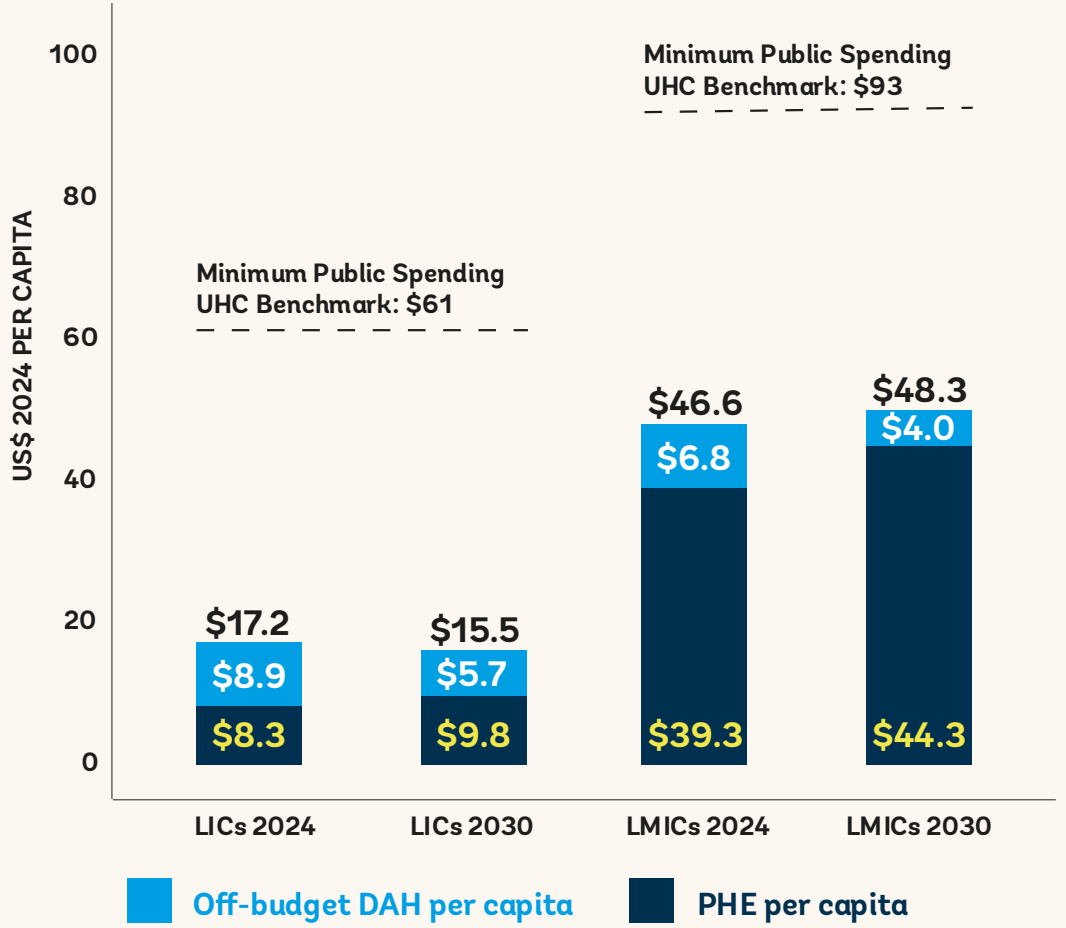
STRONGER DEMAND FOR GREATER COHERENCE AND EFFICIENCY, INCREASED SOVEREIGNTY AND PROGRAM SUSTAINABILITY SHAPED BY FISCAL REALITIES

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?