# Global Financing Facility

*For women, children and adolescents*

## 22nd Investors Group Meeting

**4 November 2026**
**Rabat, Morocco**



GLOBAL FINANCING FACILITY

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# Agenda

## 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 |
| **9:10-12:15** | **Unpacking Acceleration: From Data and Innovation to Impact** | • Opening<br>• **9:15 – 10:00** FASTR AI<br>• **10:00-10:50** Sustainable Commodities Access Challenge Program (S-CAP)<br>• **10.50-11.10** Break<br>• **11.10-12.15** Innovations for Service Delivery Challenge Program (ICP)<br>• Closing | For guidance | GFF Secretariat |


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## 22nd GFF INVESTORS GROUP MEETING | November 4, 2026

| Time | Agenda Item | Session Description | Action | Presenter |
|---|---|---|---|---|
| **12:15–13:30** | **Lunch** | | | |
| **13:30–15:00** | **Adolescent Health** | • Discussion on adolescent health, including persistent gaps in outcomes, emerging opportunities and the role of the GFF. | For guidance | GFF Secretariat |
| **15:00–15:15pm** | **Break** | | | |
| **15:15–16:00** | **From Acceleration to Collective Action** | • Closing discussion to synthesize the key messages from the meeting and identify priorities for collective action. | For guidance | |
| **16:00–16:05** | **Meeting Closure** | • Summary of key decision points and next steps. | | IG Co-Chair and Vice President of People, WBG |


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# Unpacking Acceleration: From Data and Innovation to Impact




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# FASTR AI


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# Accelerating Sustainable Access to Essential Commodities


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# THE GFF VISION

***No women, children, or adolescents die from preventable causes.***



**SINCE 2015**

Hosted in the World Bank Group, the GFF is a dedicated partnership that provides catalytic grant co-financing and technical support for low- and middle-income countries with the highest burdens of maternal, newborn, and child mortality.

**The GFF model embodies the Accra Reset and Lusaka Agenda principles of country ownership and health sovereignty** to promote a country-led, system-focused, better integrated global health architecture.

# GFF STRATEGY TRANSFORM 2030: Commodity Access Underpins Service Delivery

**Vision**

**No women, children, or adolescents die from preventable causes**

**Mission**

Enable partner countries to expand and sustain access to affordable, quality primary health care for all women, children, and adolescents

**Goals**

**DELIVERY** of quality, affordable essential health and nutrition services for women, children, and adolescents

**TRANSFORMATION** of country health systems to prioritize and sustain their investments in women, children, and adolescents

**Objectives**

| Mobilize more and smarter country-led health financing for integrated PHC systems | Accelerate progress by improving quality of service delivery and scaling sustainable access to commodities and innovations | Foster health system sustainability, sovereignty and resilience |
|---|---|---|

**Priorities**

- **Maximize WBG financing for RMNCAH-N** through health and other sectors
- **Strengthen country ownership and accountability** by increasing on-budget external financing and alignment
- **Unlock more domestic resources for health** by driving smarter spending and improving budget execution

- **Prioritize and differentiate GFF support** to countries based on relative burden and potential for reform and highest impact
- **Strengthen financing and systems** to secure equitable access to essential FP and MNCH commodities
- **Scale and sustain delivery of high-impact innovations** to improve quality of RMNCAH-N services

- **Enable real-time country data use** for budget prioritization, resource mobilization
- **Equip countries to maintain delivery of essential health services** during future shocks
- **Bolster health workforce** as engine of job creation and resilience, incl. CHWs, midwives
- **Promote strong country leadership**, South-South learning, and local expertise

**Enablers**

| **Integrating gender and equity** across the GFF portfolio | **Optimizing collaboration** with WBG and global and regional partners | **Strengthening results measurement** for ongoing learning and innovation | **Securing sufficient funding** to deliver on the strategy goals |
|---|---|---|---|

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# Why the Sustainable Commodity Access Program (S-CAP)?



- **Commodity access is directly linked to achieving health outcomes and reducing preventable mortality***
- **Availability of essential medicines, equipment, and supplies is the single biggest lever for RMNCAH-N mortality reduction**—delivering greater impact than other system investments**
- Health products are a key input into health services, with **20-60% of health expenditure going to products in LMICs*****
- **Major gaps persist in availability**, **affordability**, and **quality**
- Catalytic financing mechanisms that incentivize **sustainable domestic resource mobilization** are critical tools to address these constraints
- GFF is well-placed to work with countries and World Bank Group operations to **address financing gaps through country systems** to ensure access to FP and MNCH commodities
- Building on ongoing support to countries on Commodities and Supply Chains, the GFF has recently launched the **Sustainable Commodity Access Program (S-CAP)** as part of its new GFF Transform 2030 Strategy

*World Health Organization. (2011). The World Medicines Situation 2011. 3rd ed. Geneva: World Health Organization. Available at: https://www.who.int/publications/i/item/world-medicines-situation
**Source: 1. LiST Health Systems Modeling: Health Products Funding Alignment Workshop. IMNHC 2026, Nairobi.
***World Health Organization. (2013). WHO Guideline on Country Pharmaceutical Pricing Policies. Geneva: World Health Organization.

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# S-CAP incentivizes countries to increase domestic spending on FP and MNCH commodities by strengthening UHC and supply chains



**S-CAP objectives**

1. **Increase and sustain country domestic budget allocations and expenditures** for procurement of high-quality FP and MNCH commodities
2. **Secure timely, effective distribution** of quality FP and MNCH commodities to front-line health facilities

## What S-CAP is not:

- An above-country demand aggregation approach
- A new global procurement mechanism



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# By 2030, the GFF will deploy up to US$250M through S-CAP

**3:1 leverage expectation:**

- Overall portfolio target is to **mobilize $3 of domestic resources for each $1** of S-CAP grant financing




**Financing both procurement and distribution:**

- **85%** of grant for FP and MNCH commodity procurement financing (landed costs, must be matched by government, government executed/on-budget)
- **15%** of grant for addressing distribution bottlenecks (does not need to be matched by government, government executed/on-budget)

**Leveraging existing GFF & World Bank Group on-budget financing mechanisms:**

S-CAP will **co-finance WBG operations** alongside GFF core grants



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# GFF Approach to S-CAP Baselining & Additionality

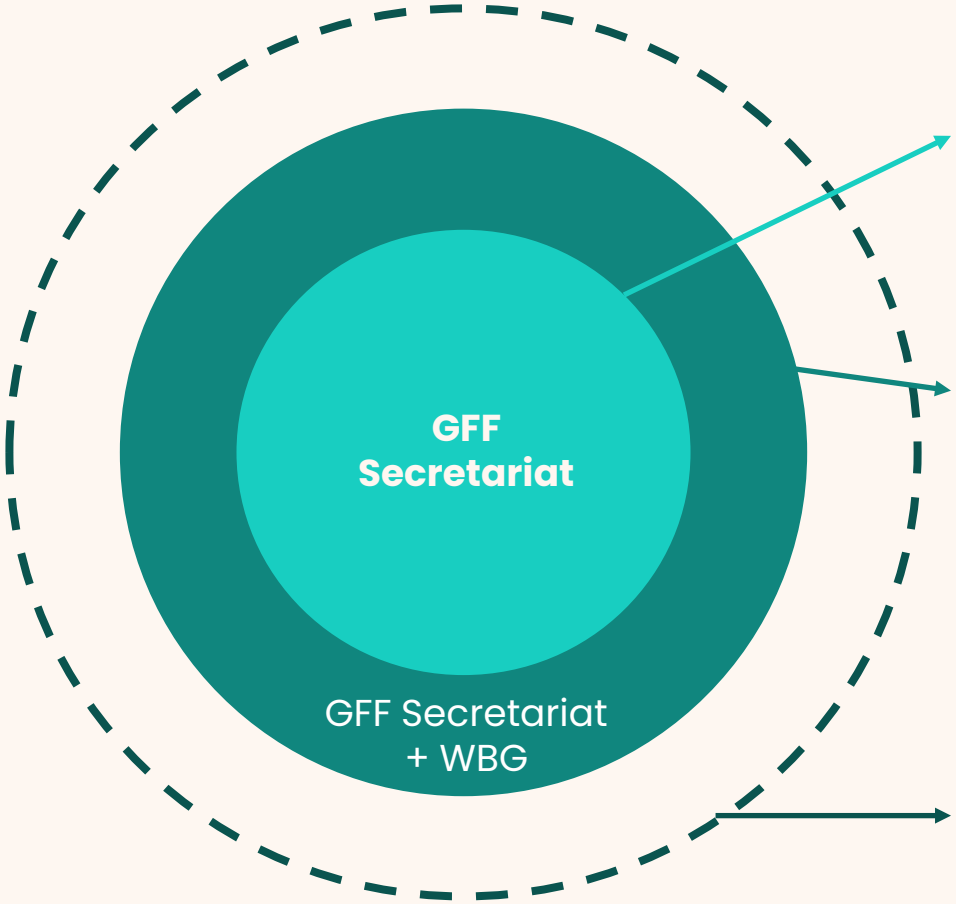
*GFF S-CAP impact is predicated on financing being additive to the system.*
*Therefore, establishing a baseline for financing will be critical to measuring impact.*

| | Determine Baseline | Additionality |
|---|---|---|
| ***Approach*** | Baseline is an average of the 3 years prior to S-CAP | Match against increase from baseline |
| ***Considerations*** | • Proportion of previous year expenditure that was grant financing<br>• Significant variation affecting the average in either direction<br>• Anomalies in previous year's expenditures e.g., buying buffer stock, etc. | Matched funding sources: IDA v/s non-IDA domestic<br>• **Non-IDA domestic**: increase from agreed-upon baseline<br>• **IDA**: all IDA counted and matched |



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# GFF will work through WBG country teams and leverage global ecosystem relationships to successfully implement S-CAP




| Theme | What S-CAP will do during operationalization |
|---|---|
| **Build on existing country partnerships and strategies** | Engage with WBG Task Teams to assess feasibility and strategic alignment of S-CAP funds. |
| **Timely integration with existing WB/GFF funding** | Leverage existing resources and upcoming country grant cycles to engage on IDA design/ restructuring |
| **Empower & leverage country teams** | GFF secretariat team provide technical guidance on commodity financing and supply chain to empower country-level stakeholders (FPs, GCCs and TTLs) |
| **Ensure ecosystem complementarity** | Leverage existing country coordination mechanisms and global-level fora and relationships (e.g., UNFPA, UNICEF, Global Fund, etc.) to steer funding and TA alignment |



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# S-CAP Principles of Engagement – Country Led Process

## Support a country-led process

- Country decides their commodity needs & priorities - Essential Medicines List (EML) & Quantification is a country led process
- Country determines procurement modalities
- Country designs and executes supply chain system
- Individual country priorities & processes remain bespoke



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# S-CAP Principles of Engagement – Ecosystem Alignment

## Promote ecosystem alignment

Collaboration, behind government leadership, with partners (UN agencies, bi-lateral and multilateral initiatives, etc.) aims to ensure coordination:

- **Coordinated estimate of commodity needs** based on government agreed forecasting and quantification
- **Coordinated view of domestic and partner financing** across all sources of commodity funding
- **Shared understanding of the financing gap** to inform DRM and partner investments
- **Coordinated supply and procurement plan** aligned with available financing and national priorities
- **Coordinated technical assistance** to strengthen forecasting, quantification, supply planning, procurement, distribution and sustainable commodity financing



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# S-CAP Technical Assistance

| | |
|---|---|
| **Forecasting, quantification, and supply planning** | Assess forecasting, quantification and supply planning and provide targeted TA for process improvement |
| **Procurement system maturity and health commodity value for money** | Enhance procurement sovereignty and build price/quality improvement in country systems |
| **Strengthen mixed supply chains** | Strengthen patient-centric product access in parallel to commodity sufficiency |
| **Cross program sustainable commodity financing** | Build capability to quantify commodity financing needs, track execution, resolve PFM bottlenecks, and embed sustainable commodity financing within health financing dialogue |



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# S-CAP has a Technical Advisory Group (TAG) at the global level, while engaging under government leadership at the country level



**TAG Purpose:** Provide independent technical guidance and strategic advice, serve as a knowledge-sharing body, and support monitoring and evaluation for the GFF Secretariat on S-CAP, including implementation and continuous improvement



**TAG members' role:** Provide technical support and recommendations on S-CAP country engagements as well as cross-cutting technical areas - commodity financing, commodity planning (forecasting, quantification and supply planning), procurement quality assurance and market dynamics, and supply chain performance, including last mile distribution



**TAG Meeting cadence:** Meets once a quarter



**TAG Membership:** Technical experts (private sector, CSO, academia); country experts (Government); UN Agencies (UNFPA, UNICEF); World Bank (technical, operations); GFF donor constituencies



**Nature of TAG role:** Members will participate in their individual capacity as impartial and independent experts (not representing their employer/government/any other entity)



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# Conclusion – Links to Broader Dialogue

- S-CAP is not a stand-alone program but is operationalized alongside GFF core grant, IDA/IBRD operations, and governments' own expenditure programs.
- S-CAP is designed to put grant resources on budget to strengthen health sector negotiations around commodity expenditures with Ministry of Finance.
- This creates an entry point to leverage World Bank policy dialogue on fiscal space prioritization, supply chain governance, and procurement quality.
- S-CAP links to a broader interest in strengthening national and regional health product value chains – and supporting countries to provide the market with predictable demand for high-quality health products.



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# BREAK


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# GFF Innovations for Service Delivery Challenge Program (ICP):

# Draft Operational Plan & Safer Births Challenge


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# GFF STRATEGY: TRANSFORM 2030

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# ICP aims to mobilize additional resources for a set of high-impact service delivery innovations

## RATIONALE:

- **Focus on proven innovations ready to implement at sufficient scale** to achieve population-level impact to accelerate progress on reducing preventable deaths for women, children, and adolescents.

- **Incentivize governments to replicate/adapt, integrate and scale innovations into national health programs and budgets** - with ICP as complement/additional to core GFF financing.

- **GFF is well-placed to de-risk investments and reduce lag time between evidence and scale**, enabling GFF-eligible countries to benefit from lifesaving innovations more quickly, equitably, and sustainably.


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# ICP will complement and augment GFF core programming in several ways

| | GFF CORE | ICP |
|---|---|---|
| WBG project cycle timing | On-cycle | On- or off-cycle |
| Focus of incentives | Health systems strengthening and readiness to scale | Scaling of specific, proven replicable RMNCAH-N solutions/ innovations |
| Financing alignment modality | Joint Financing Facility (JFF) around priority country | Challenge programs around prioritized scalable innovations |
| Donor type | Traditional/leading bilateral donors and larger foundations interested in supporting broader core programming | Crowd in non-traditional or smaller philanthropic donors & private sector; likely to attract smaller donors who would not otherwise join the TFC |
| Eligible countries | Countries classified/ as highest and very high burden under the new GFF strategy (43 countries) | Open to all 56 GFF-eligible countries under new strategy (including those not eligible for core funding) |
| Technical assistance | Flexible to country needs; additional to core GFF grants | Focused on binding constraints and bottlenecks to scale and fidelity; additional to ICP grant |
| Learning agenda | Within country focus | Within and across countries, with a cohort approach |
| Country commitment | Target country | Multiple countries within cohort |

ly

# Proposed ICP challenge themes and illustrative scalable innovations

**SAFER BIRTHS**

- Safer Births Bundle of Care (SBBC)
- M-Mama
- Antenatal syphilis screening
- E-MOTIVE
- Scaled care of small and sick newborns

**EARLY NUTRITION FOR GROWTH**

- Multi-Micronutrient Supplementation (MMS)
- Micronutrient powders for infants
- Early and Exclusive Breastfeeding (and other behavior change)

**CHILD HEALTH**

-AI/Digital Integrated Management of Newborn and Childhood Illnesses, (IMNCI)
- Digital-enabled CHW support tools

**ADOLESCENT HEALTH**

- Weekly iron supplementation
- Private sector approaches for FP access
- Reaching out-of-school adolescent girls

**CERVICAL CANCER PREVENTION**

- HPV vaccination
- Innovative technologies for early screening and treatment


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# Selection criteria for ICP-supported challenges and innovations

## CRITERIA TO INCLUDE:

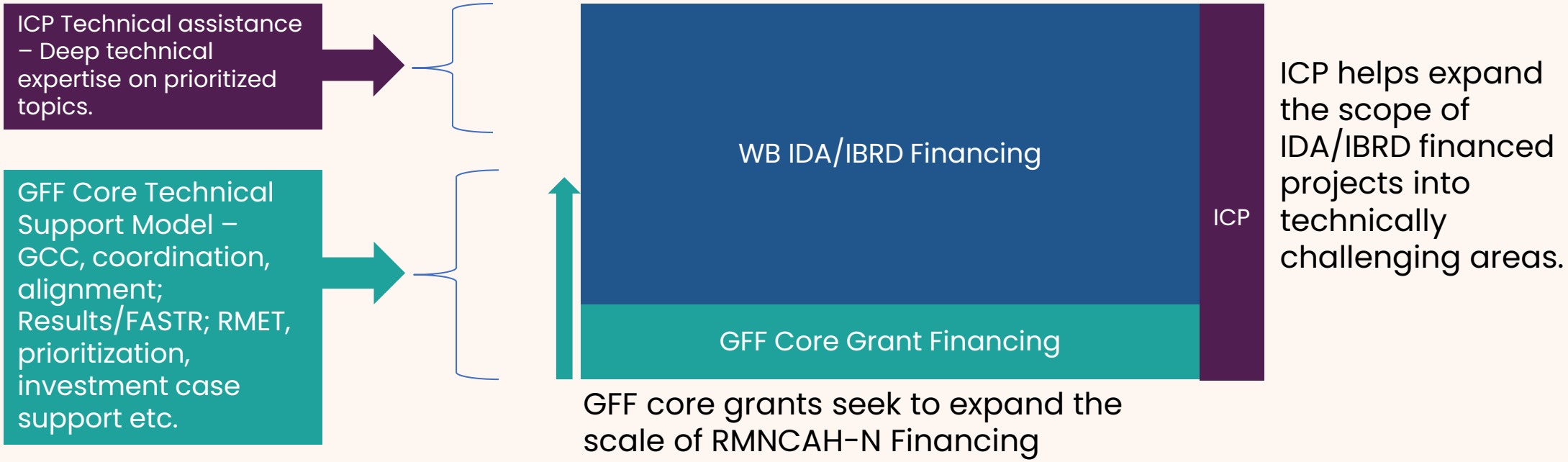
- ***Scalable Potential for Impact*:** Evidence-base, cost-effectiveness, transformational opportunity to accelerate reductions in preventable maternal and child deaths

- ***Country Commitment, Responsiveness and Readiness*:** Demonstration of strong multi-country demand, commitment, and ownership + country relevance, appropriateness, and readiness for adoption and scale of the target innovation(s)

- ***Clear Role and Distinct Value-Add***: Alignment with GFF TRANSFORM 2030 strategy and WBG Health Target Implementation Plan + potential to unlock additional WBG financing, where additional co-financing from ICP grants can trigger country uptake


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# How ICP grants and technical assistance will work




1. Challenge grants help create room within project scope to tackle technically challenging topics (i.e. SBBC) through government systems.
2. ICP technical assistance approach helps the secretariat prioritize investments in subject matter expertise to ensure necessary support while not over-extending capacity.


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# Results and cross-country learning

**RESULTS MEASUREMENT**

- **Integrated** with the broader GFF Results Measurement Framework
- **Focus on relevant GFF core strategy indicators** (e.g. Health financing, Service coverage and utilization, Equity)
- **Challenge-specific indicators** will be adopted based on what is required to scale the innovations in different country contexts as part of countries' health systems.
- **Existing GFF tools such as FASTR and MAGE will be deployed** to measure results and facilitate data use to support scaling and integrate gender and equity

**LEARNING**

- GFF will foster learning, and adaptation **within and across countries**
- **Agile implementation research** to generate insights on the scaling process and address barriers to implementation
- **Cohort approach** for real-time knowledge sharing and south-to-south learning


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# Why Safer Births should be the first ICP Challenge

### 1. Urgent burden

Preventable maternal deaths, stillbirths, and newborn deaths remain concentrated around childbirth and the immediate postnatal period, where gaps in quality and continuity of care are especially consequential.

### 2. Proven, scale-ready solution

SBBC combines simulation-based team training, clinical innovations, routine data use, and integration into government systems—addressing both clinical practice and the systems needed to sustain quality.

### 3. Strong evidence of impact

Across 30 Tanzanian hospitals and more than 280,000 births: 18% lower perinatal mortality, 39% lower neonatal mortality within 24 hours, and approximately 75% lower in-facility maternal mortality.

### 4. Country and donor momentum

Responds directly to strong demand from GFF partner countries and to the purpose of the initial donor contribution—creating immediate readiness for launch and scale. To date, 16 GFF countries have requested support for SBBC scale up.

### 5. Clear GFF additionality

Catalytic GFF grants and technical assistance can de-risk adoption, embed SBBC in WBG operations and government systems, crowd in complementary financing, support institutionalization and sustainable domestic financing.

### 6. Platform for broader innovation

Starting with SBBC provides a concrete, fundable entry point while creating a wider platform for introducing and scaling complementary innovations across antenatal, childbirth, postpartum, newborn, referral, and emergency transport services.

**Bottom line:** Safer Births targets a high-burden problem, demonstrated impact, immediate country and donor demand, and a clear opportunity for GFF support to take proven innovation to sustainable national scale and accelerate reductions in maternal and newborn deaths.


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# First ICP Challenge: Safer Births

- **First ICP-supported challenge w/ support from Laerdal Foundation**
- **Safer Births Bundle of Care (SBBC) as foundation of the Challenge**
  - **Goal:** Support at least 10 countries to introduce and scale SBBC
- **Safer Births Challenge also provides a platform to roll out other proven, ready-to-scale innovations for antenatal or intrapartum service delivery** designed to reduce maternal and newborn mortality (e.g. PPH Bundle)
- **The proposed initial budget allocation of US$30M** will enable
  - support to roll out SBBD an initial 5 countries under this challenge.
  - development of global goods, including SBBC planning, costing and implementation tools (to engage more countries)


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# Accelerating Adolescent Health Outcomes




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# The Investors Group is invited to guide the next phase

**ADVISE**
on priorities

**CONFIRM**
barriers and responses

**CONSIDER**
adapting and scaling

## OUTLINE

Why adolescents → What has been done → What comes next → Discussion


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# Why adolescent health matters now


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# Adolescent girls carry overlapping risks

## Our focus

Adolescent sexual and reproductive health, including nutrition: where the GFF has a distinctive role.

**Not the full adolescent-health agenda.** Countries can prioritize other needs within the RMNCAH-N continuum.

**2.3×**

median adolescent birth rate in GFF partner countries vs the global rate (2024)

**15 of 36**

partner countries above 100 births per 1,000 girls aged 15–19

**15–63%**

of girls aged 15–19 are anemic across GFF-eligible countries

**210,000**

new HIV infections among girls and young women 15–24 in sub-Saharan Africa (2022)

Sources: World Bank estimates based on UN World Population Prospects 2024; DHS STATcompiler, girls 15–19, 29 GFF-eligible countries, surveys 2016+; UNAIDS Global AIDS Update 2023.


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# One pregnancy, consequences across two generations

**Adolescent pregnancy**
≈21 million a year in LMICs; about half unintended

## For her

**< 5%**
of girls who leave school because of pregnancy return to school

**Lifetime**
earnings and household welfare reduced by interrupted education and later workforce entry

WHAT HELPS

**Investment in FP**
Every US$1 invested in contraception saves an estimated US$2.48 in maternal and newborn care

## For her child

**Higher**
risk of preterm birth and low birthweight; girls 10–14 at highest risk

**2.4×**
under-5 mortality for children of mothers under 16 vs 23–25 (sub-Saharan Africa); gap persists after adjusting for poverty

WHAT HELPS

**Equity**
Child stunting and early-development gaps are mostly driven by poverty, schooling and where families live, so tackling these can narrow them.

Sources: UNESCO 2023; Guttmacher 2025; World Bank. Child outcomes: Oron et al. 2022; Neal et al. 2018; Kozuki et al. 2013; Akseer et al. 2022; Efevbera et al. 2017; Castro et al. 2026..



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# Why adolescents still don't benefit from services

**Policy & financing**

- Consent requirements and child marriage limit girls' decisions about their own health
- Contraception, maternity care and anemia services often outside benefit packages: cost deters use

**Health services**

- Fear of disclosure and judgmental care; stock-outs of contraceptives and iron–folic acid
- Late first antenatal visit, weak referral; care not adapted to adolescents even where coverage is similar
- Few preventive contacts for girls who are not pregnant; little age-disaggregated data

**Communities & schools**

- Stigma around adolescent sexuality and pregnancy; out-of-school girls missed by facilities and schools
- Weak school–health links; pregnancy can end schooling; adolescents have little say in services

> ***If you come here for treatment, some nurses get to know about your illness, and then people outside seem to know about it too. You hear all the nagging. Some nurses also speak to patients in an aggressive way.***

— 18yr old girl, Liberia

Case Study on the Implementation of ASRH activities in Grand Bassa, Liberia.

Source: IG paper, section 4, Table 2 (barriers).


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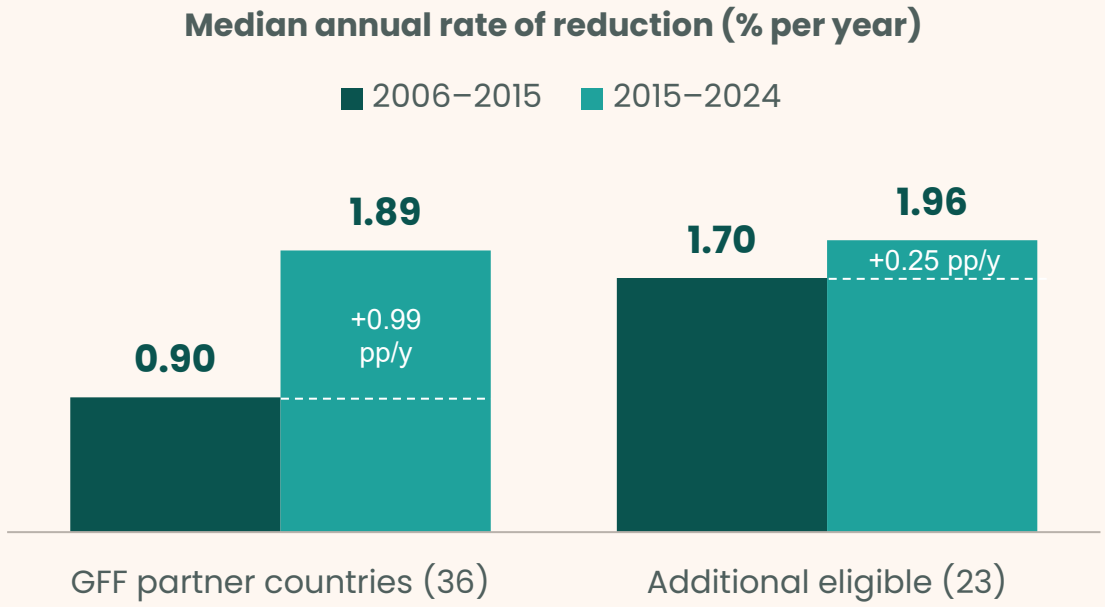
# Taking stock: Building on a decade of investment


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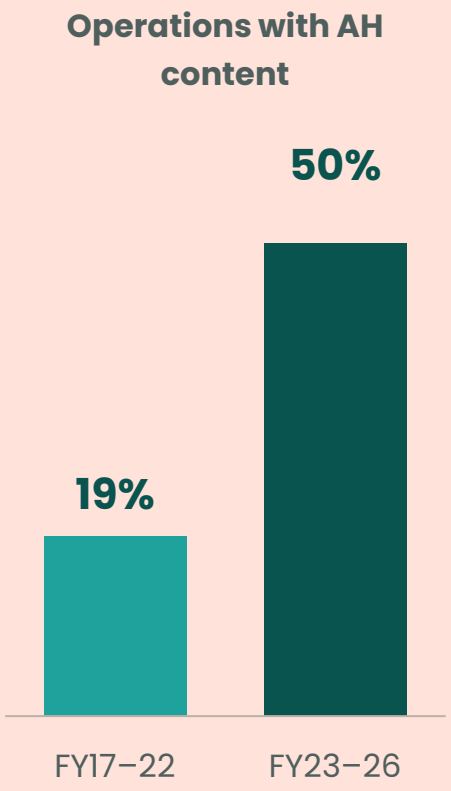
# Birth rates fell everywhere, and adolescent health is growing in the portfolio

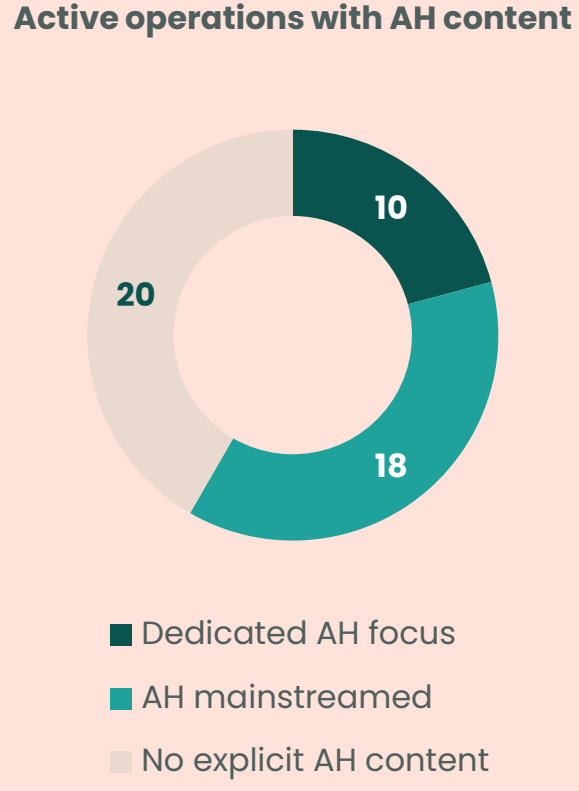
## ADOLESCENT BIRTH RATES

**36 of 36** partner countries reduced their adolescent birth rate, 2015–2024




## GFF CO-FINANCED PORTFOLIO




Results remain attributable to the countries themselves, with possible contribution of GFF and other partners.

Sources: World Bank estimates (UN WPP 2024); WB project data, Adolescent Health theme (code 636); GFF review of project appraisal documents, operations active at 30 June 2026.



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# GFF support is reaching those most in need

we looked at the **10 partner countries where both burdens are high**: more than 100 births per 1,000 girls aged 15–19, and anemia in at least 40% of girls (a severe public health problem by WHO's classification).

| | BURDEN | | ACTIVE GFF SUPPORT | | |
|---|---|---|---|---|---|
| Country | ABR 2024 (per 1,000 girls 15–19) | Anemia prevalence (%) | Highest AH focus in operation(s) | Adolescent nutrition in operation(s) | Adolescent-specific TA |
| Liberia | 124.7 | 55.1 | Dedicated | – | Ongoing + 2025 |
| Mali | 135.9 | 49.4 | Dedicated | – | Ongoing + 2024 |
| Mozambique | 151.9 | 54.4 | Dedicated | – | – |
| Niger | 141.6 | 46.0† | Dedicated | Yes | Ongoing |
| Chad | 132.1 | 46.5† | Mainstreamed | – | Ongoing |
| DRC | 105.2 | 40.5 | Mainstreamed | Yes | Ongoing |
| Guinea | 116.8 | 47.1† | Mainstreamed | – | – |
| Somalia | 115.4 | 46.2† | Mainstreamed | Yes | – |
| United Republic of Tanzania | 112.6 | 45.0 | Mainstreamed | Yes | Ongoing |
| CAR | 161.3 | 43.4† | AH in other WB operation* | – | Concluded 2025 |

**9 of 10** have an active GFF co-financed operation with adolescent-health content

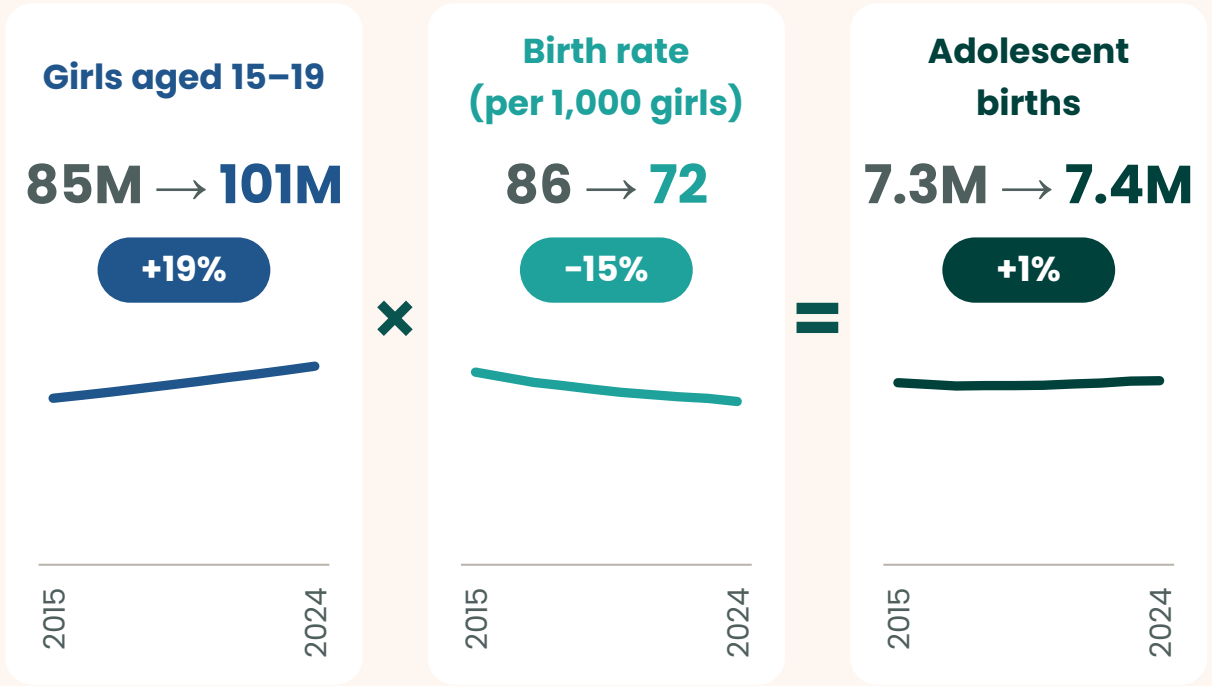
† WHO 2023 modelled anemia prevalence, women 15–49 (proxy). Adolescent-specific TA: Ongoing = active at 30 June 2026; year = TA concluded earlier.
* CAR: the GFF co-financed operation (SENI-Plus) has no explicit adolescent focus; adolescent girls are reached through a complementary World Bank operation (Maïngo).


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# …but the total number of births has not fallen, and nutrition and data lag behind

## More girls × lower birth rate ≈ same births

36 GFF partner countries, 2015 → 2024




If rates had stayed at 2015 levels, there would have been **≈1.65 million more** adolescent births in 2024.

### IN THE 10 HIGHEST-BURDEN COUNTRIES…

**Family planning is doing better in reaching adolescents**

It is included more often than in the rest of the portfolio.

**Nutrition does not follow the burden**

Even where more than 40% of girls are anemic, nutrition interventions are not more common than elsewhere.

**Tracking of adolescents lags**

Across the portfolio, few operations tie funding to adolescent results, and country data rarely show who is missed.

Sources: UN WPP 2024 via World Bank (SP.ADO.TFRT, SP.POP.1519.FE); births = birth rate × girls ÷ 1,000; birth rate = all births ÷ all girls across the 36 countries. GFF review of project appraisal documents, operations active at 30 June 2026.


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# How GFF analytics and research shape operations – Country examples

## Mali

Analytics shaped the next operation

1. **Starting point**

   PACSU already paid performance-based incentives for adolescent family planning. ABR 135.9; anemia 49.4%.

2. **GFF support**

   Bank-executed analytics assessed how to strengthen adolescent health and guided the government and the World Bank team.

3. **What changed**

   ARISE (2024–2029) has a stand-alone adolescent-health component and extends performance-based financing to school infirmaries.

## Madagascar

Measuring what adolescents experience

1. **Starting point**

   Youth-friendly health centres supported under a GFF co-financed operation, with delays in youth-friendly services.

2. **GFF support**

   With UNFPA, research to test tools measuring quality of care and adolescents' own experience, using WHO guidance (2025–2026).

3. **Where it leads**

   Once validated, the tools are to feed routine FASTR monitoring; youth-friendly centres continue under the nutrition operation PARN 2.

## Liberia

From evidence to scale

1. **Starting point**

   A 2019 GFF-supported study in Grand Bassa found 67% of girls' pregnancies were unintended, and no facility met adolescent-responsive standards.

2. **GFF support**

   A pilot under HSSP set up Youth-Friendly Corners and school health clubs. Where conditions were met, more adolescents sought care.

3. **Why it matters**

   The pilot shaped IFISH's adolescent health component, which scales the work to more counties. GFF co-finances IFISH and funds implementation research to adjust course.


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# A new chapter under TRANSFORM 2030


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# Three priorities where the GFF will intensify support

*These define where the GFF will intensify support, not the limits of its adolescent-health work.*



### 1. Preventing unintended adolescent pregnancies

- Adolescent-responsive SRH services, including school- and community-based packages
- A choice of modern contraceptive methods, and removing barriers to using them
- Reaching girls out of school or otherwise marginalized



### 2. Improving maternal care for adolescents

- Care that responds to their age and circumstances
- Antenatal nutrition and anemia assessment, respectful childbirth, postnatal care
- Support health outcomes for children of adolescent mothers



### 3. Preventing anemia among adolescents

- Reaching girls before and irrespective of pregnancy
- School, community and primary-care platforms
- GFF Commitment: at least 30% of country investments for nutrition

**HPV** **Part of both the adolescent-health and the cervical-cancer elimination agendas:** delivered to girls aged 9–14, it responds to a burden that comes later in life.


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# TRANSFORM 2030 puts adolescents in every objective

**Objective 1**
**Mobilize more and smarter country-led health financing**

- Lead the IDA21 commitment to expand SRH services
- Continued expertise in CPFs, UHC compacts and IDA/IBRD operations
- PforRs and DLIs for accountability
- Beyond health: education, social protection, gender (93% of AH operations are HNP-led)

**Objective 2**
**Accelerate quality of care and scale access to proven commodities and innovations**

- Differentiated country model
- The three adolescent priorities
- S-CAP: Commodities Challenge Program
- Innovations for Service Delivery Challenge Program

**Objective 3**
**Foster health-system sustainability, sovereignty and resilience**

- FASTR: routine data and client feedback
- Results framework: ABR and adolescent anemia
- Cross-country learning
- Community health workers, midwives, local expertise

**Cross-cutting enablers:** gender equity and girls' empowerment (rapid gender diagnostics) · evidence · partnerships


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# New routes to scale: S-CAP and an adolescent health challenge

CHALLENGE PROGRAM

## S-CAP

Sustainable Commodity Access Program · launched April 2026

- Domestic financing, procurement and last-mile delivery of family planning and MNCH commodities
- Reliable contraceptive supply supports pregnancy prevention
- Iron–folic acid eligible: supports care for pregnant adolescents and anemia prevention

CHALLENGE PROGRAM

## ICP

Innovations for Service Delivery Challenge Program · proposed

A future adolescent-health challenge could follow where countries have:

**1**
**A delivery bottleneck**
identified by the country

→

**2**
**A proven approach**
ready for adaptation

→

**3**
**A credible route to scale**
through national systems and larger IDA/IBRD financing

**Grants + technical support** for country-led adaptation and scale-up of proven approaches to more accessible, higher-quality care


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# How GFF support and partnerships strengthen operations

BETF-financed analytics and TA strengthen the design, targeting and monitoring of IDA/IBRD operations.

| INITIATIVES | PARTNERSHIPS | ROLE | 1 Design | 2 Implementation | 3 Monitoring | 4 Adaptation | 5 Scale-up |
|---|---|---|---|---|---|---|---|
| AdLAB | fondation BOTNAR + World Bank DEC | **Evidence:** Situation analyses, implementation research | ● | ● | | ● | ● |
| Adolescent Thrive | IDRC · CRDI, APHRC | **Evidence:** Locally led research on ASRH priorities | ● | | | | |
| MAGE | MAGE, Johns Hopkins Bloomberg School of Public Health | **Gender & equity:** Gender and equity analyses | ● | | ● | ● | |
| GFF x CIVIC | civic — The Civil Society & Social Innovation Alliance | **Youth & community voice:** Adolescent and community voice | ● | ● | ● | ● | ● |
| FASTR | | **Data:** Timely routine and survey data | | | ● | | |
| E2A | | **Learning:** Cross-country learning | ● | | | | ● |

**Result:** better-aligned GFF co-financed operations and a stronger case for financing at scale

**Exploring:** AdLAB steering committee → GFF adolescent-health advisory group


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# Potential responses: what it will take, and how the GFF can contribute

**Policy & financing**

- Review policies and regulations that limit adolescents' access (with child-marriage partners)
  **GFF:** Policy dialogue and analytics, with UN and civil society
- Priority adolescent services in benefit packages, with financial protection
  **GFF:** Health-financing dialogue and TA

**Health services**

- Adolescent-responsive quality standards; pilot digital care
  **GFF:** Quality indicators in results frameworks and PBF; TA
- Last-mile supply of contraceptives (incl. emergency) and iron–folic acid
  **GFF:** S-CAP; UNFPA partnership
- Adolescent care pathway: early ANC to postnatal care and contraception
  **GFF:** Co-financed operations; TA on protocols
- Weekly iron–folic acid for girls who are not pregnant, in and out of school
  **GFF:** Operations; links with nutrition and education
- Age bands (10–14, 15–19) and sex in information systems and results frameworks
  **GFF:** Operations; TA; FASTR

**Communities & schools**

- Paid, trained, supervised community health workers for adolescent counselling and referral
  **GFF:** Co-financed operations
- School-linked health services; support pregnant and parenting girls to stay in school
  **GFF:** Operations; dialogue with education; WB education operations
- Adolescent feedback (e.g. U-Report); youth and civil society in monitoring
  **GFF:** Support youth-led civil society engagement

Responses are not a blueprint: to be selected and adapted to each country's context, with adolescents and communities.


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# Guidance from the Investors Group

## Priorities

i Are the proposed areas for intensified effort the right priorities? Are there other adolescent-health needs within the GFF's mandate that should be addressed more explicitly?

## Barriers and responses

ii Do the identified barriers and proposed responses capture the most important constraints? Are any significant barriers or responses missing?

## Adapting and scaling

iii How should approaches adapt to country contexts, and how can partners align support to scale?


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# From Acceleration to Collective Action





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GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

Email
gffsecretariat@worldbank.org

Website
www.globalfinancingfacility.org

LinkedIn
www.linkedin.com/company/thegff

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