

ANNUAL REPORT 2022–2023

Delivering on the GFF Promise:

Protecting and Promoting the Health and Well-Being of Women, Children and Adolescents

KEY MESSAGES

OVERVIEW

Amid overlapping crises, progress is still being made in GFF partner countries to improve the health and well-being of women and youth.

GFF partner countries^[1] have shown the following progress:

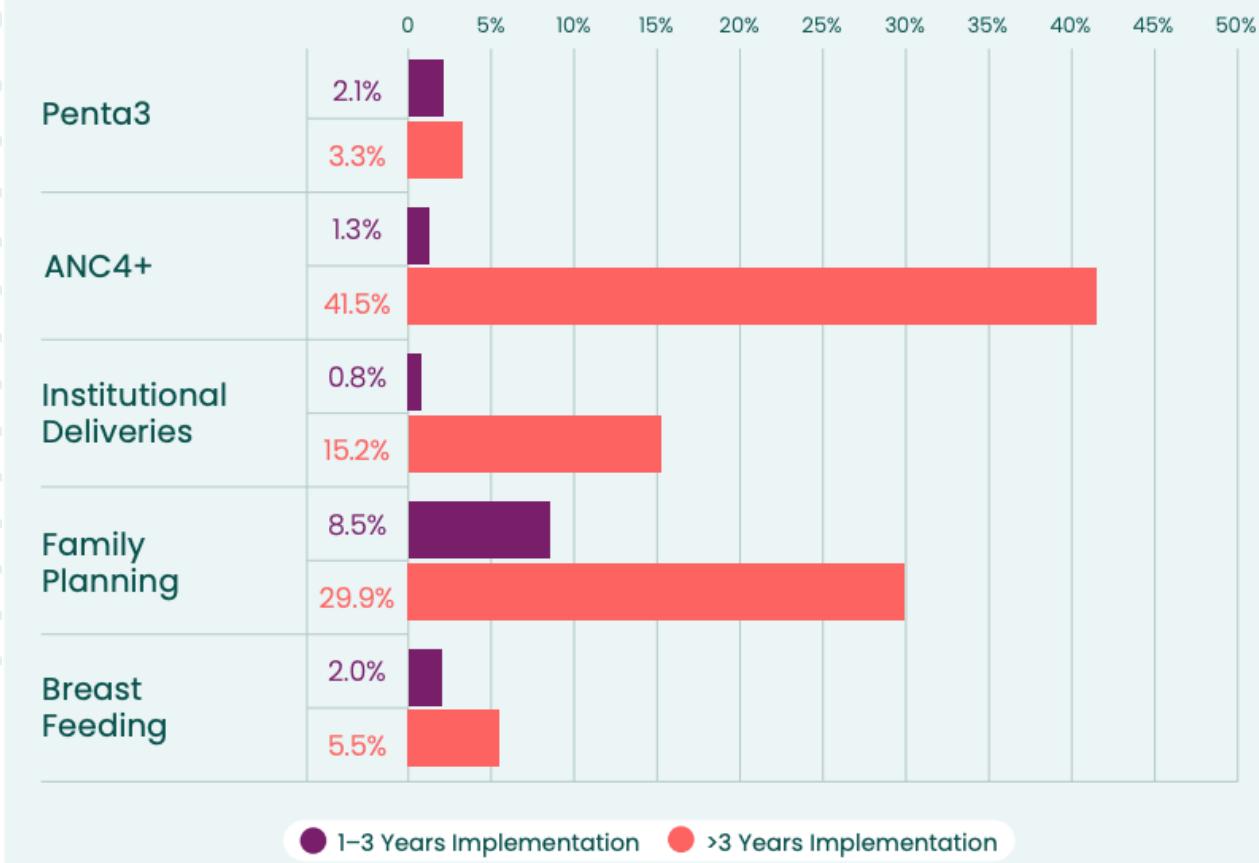
- Maternal mortality declined in 96% of countries.
- Under-five mortality declined in 94% of countries.
- Adolescent birth rate declined in 76% of countries, but for countries partnering with the GFF at least five years 100% saw a decline.
- Stunting among children under-five declined in 75% of countries, but for countries partnering with the GFF at least five years 88% saw a decline.
- Stillbirths declined in 56% of countries, but for countries partnering with the GFF at least five years 78% saw a decline.

FIGURE 1
Percentage of GFF Partner Countries that Improved Impact Indicators
(among countries with recent survey data)



Source: Global Financing Facility.

FIGURE 4
Median Percentage Improvement between IC Baseline (Country-Specific) and 2022



Source: Family planning and Penta3: WHO/UNICEF Estimates of National Immunization Coverage for DTP3 and Track20 for modern contraceptives. ANC4+, institutional deliveries, and breast feeding: Global Financing Facility country data.

The longer countries partner with the GFF, the stronger the progress in improving access to essential health services for women and youth.^[2]

- Partner countries implementing health plans for 3+ years have seen an increase in coverage of prenatal care visits^[3] of 41.5% vs. 1.3% for countries implementing for 1–3 years.
- Partner countries implementing GFF-supported health plans for 3+ years have seen an increase in coverage of institutional deliveries of 15.2% vs. 0.8% for countries implementing for 1–3 years.
- Partner countries implementing health plans for 3+ years have seen an increase in coverage of breastfeeding of 5.5% vs. 2% for countries implementing for 1–3 years.

Health systems and financing reforms for women, children and adolescents continue to increase. This is particularly important to address vulnerabilities in the face of intertwined crises, including climate change.

- 89% percent of GFF partner countries have prioritized health financing actions related to domestic resource mobilization (DRM), efficiency, and financial protection.
- In GFF partner countries, the average percentage of IDA allocated to RMNCAH-N rose by 40% between 2011 and 2023—an increase of US\$3.2 billion in new financing. This is set against a decline of 27% in countries that are GFF-eligible, but not supported, over the same period.

The GFF is deepening its work with global health partners, including Gavi, Global Fund, UN agencies, and country CSO and youth-based organizations.

- As members states renew commitments to UHC, this year has marked a greater focus on working better together across the global health ecosystem to support country priorities and progress.

THE CHALLENGE

Overlapping global crises have exacerbated global health inequities between and within countries. [4]

- With over 40% of GFF partner countries categorized as fragile and conflict-affected settings, further climate events risk upending already-stretched health services, pushing women and youth into greater vulnerability.
- More than 60 countries across the globe, including 35 out of the 36 GFF partner countries, are off-track to meeting the global goals for maternal, newborn, and stillborn mortality reduction by 2030.

THE PROGRESS

1. The GFF has consistently supported initiatives to strengthen country leadership, including by aligning funding with country priorities, and working in cross-sector partnerships.

- 32 countries completed and had government validate an investment case (IC).
- The **Democratic Republic of the Congo** is implementing a single contract that aligns donors at provincial levels (*contrat unique*) and supports cross-sector coordination on health through the *Groupe Inter Bailleur Santé*.
- To coordinate investments and avoid duplication, **Sierra Leone** has deployed data from sector-wide resource mapping and expenditure tracking (RMET).

2. The GFF is helping to improve equality by investing in community-centered sexual and reproductive health and rights initiatives (SRHR), supporting legal reforms, and strengthening registration systems for equal rights.

- 27 partner countries have identified one or more gender gaps and formulated strategies to address them. Sixteen of these countries have begun implementing the strategies, with eight showing measurable progress.
- The majority of GFF partner countries have improved geographic equity across: (1) antenatal care; (2) vaccination; (3) institutional deliveries; (4) postnatal care; and (5) family planning services.
- In **Guatemala**, the lowest-performing districts recently increased the percentage of institutional deliveries, while the highest-performing areas remained stable. In **Bangladesh**, the GFF is cofinancing sexual and reproductive health (SRH) programs, aimed at keeping girls in school. This will inform the scale-up of adolescent health programs in the country.

3. The GFF is supporting countries to build resilient health systems, with primary care at the core.

- There has been measurable progress in improving the quality of RMNCAH-N service delivery in 23 countries.
- In **Chad, Côte d'Ivoire, DRC, Niger, and Pakistan** assessments to identify gaps in systems quality and barriers to access essential care for women have been done. Service delivery redesign will come next.

- Progress is greater in GFF partner countries vs. GFF eligible countries not currently supported:
 - From 2016 to 2022, the average annual change in women using modern contraceptives totaled 5.8% in partner countries vs. 4.3% in eligible countries. The annual change in the number of children who received three doses of DPT vaccine was 0.8% in partner countries vs. -0.3% in eligible countries.

4. The GFF is supporting the scale-up of and efficiency of domestic resources for RMNCAH-N services.

- The GFF supported 27 countries to develop and implement financial efficiency reforms, such as payment reforms and public financial management improvements.
- In **Rwanda**, where the IC focuses on improving nutrition, RMET has tagged nutrition-related lines in the national budget, enabling the government to monitor allocations to nutrition programs.

5. GFF countries are strengthening investing in the creation, analysis and use of data.

- Nearly all GFF countries have developed strong results frameworks, signifying commitment to a systematic planning and implementing initiatives outlined in the IC.
- The GFF supports **Zambia** with real-time data visualization related to health facilities to inform decision making—including availability of health services and health status of the population using scorecards, as well as digitized civil registration and vital statistics (CRVS) indicators at provincial and district hospital-level.
- **Kenya** piloted projects for mobile registration in selected counties to improve CRVS. In Narok county registration agents were deployed to more than 20 hard-to-reach communities. Within two months, almost 10,000 birth registrations were recorded, and more than 8,000 birth certificates were issued.
- **Liberia** has introduced CRVS into 65% of hospitals, 17% of health centers and 29% of health districts.

This annual report shows how, despite challenges, GFF partner countries are accelerating progress to improve the health and well-being of women and youth.

While these achievements are encouraging, this is no time for complacency.

GFF partner countries are rising to the challenge—but fulfilling this promise will require sustained commitment. This requires an even greater collective focus, increased priority on strengthening systems, more collaboration, and continued innovation and learning.

NOTES

[1] This analysis includes all GFF partner countries that have data from two surveys completed in the last ten years.

[2] This translates to: 100 million pregnant women with four or more antenatal care visits; 130 million women with safe delivery care; 135 million newborns with early initiation of breastfeeding; 630 million women and adolescents supplied with modern contraceptives, helping to avert 230 million unintended pregnancies.

[3] ANC4+

[4] A woman's lifetime risk of maternal death is over 100 times greater if she is born in a low-income country than if born in a high-income country; a child born in sub-Saharan Africa is 15 times more likely to die before their fifth birthday than a child born in a high-income country; and an adolescent girl in a low-resource setting is 8 times more likely to give birth before her 18th birthday than an adolescent girl in a high income country. Source: <https://childmortality.org/wp-content/uploads/2023/01/UN-IGME-Child-Mortality-Report-2022.pdf>.