



Protecting, Promoting and Accelerating Health Gains
for Women, Children and Adolescents

Global Financing Facility 2021–2025 Strategy

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Executive Summary

The Global Financing Facility (GFF) embodies the world’s commitment to ensuring that all women, children and adolescents can survive and thrive. Launched in 2015, the GFF is squarely focused on prioritizing and scaling up evidence-driven investments to improve reproductive, maternal, newborn, child and adolescent health and nutrition in the world’s most vulnerable countries through targeted strengthening of service delivery systems—to save lives and as a critical step toward achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

The GFF is guided by the following principles, which are reflected in the 2030 Global Goals Agenda and in the Global Action Plan for SDG 3:

- **Country leadership and ownership:** The GFF country-led process builds and sustains political will to prioritize and increase domestic investments in the health of women, children and adolescents, and advances the UHC 2030 principles to promote global partner alignment with country priorities, plans and budgets;
- **Equity and inclusion:** The GFF targets the most disadvantaged and vulnerable populations in terms of gender, socioeconomic status and other dimensions of equity, and promotes the voice and participation of those populations in designing and monitoring the investments intended to benefit them so that no one is left behind;
- **Efficiency and scale:** The GFF prioritizes investments in the highest impact, evidence-based health services and interventions and focuses on helping governments strengthen their capacity to expand and scale up access to equitable, affordable and quality health service delivery;
- **Results for impact:** The GFF promotes policy and financing reforms and investments in programs and services with the greatest promise to drive transformational change in the health and well-being of women, children and adolescents using results-based approaches;
- **Complement and catalyze:** Through its local-to-global partnership approach, the GFF leverages the respective strengths and capacities of existing national and global health institutions, coordination and financing mechanisms, avoiding duplication and maximizing health for the money.

The GFF has pioneered a country-driven, collaborative model for global health linked to sustainable financing and results. At the core of GFF’s model is the development and implementation of a government-led, prioritized and costed national investment case that lays out the pathway to scaling up universal access to a basic package of reproductive, maternal, newborn, child and adolescent health and nutrition services along with critical health financing and system reforms to accelerate progress toward UHC. By facilitating multi-stakeholder country platforms, the GFF supports its partner governments to mobilize and align both domestic and external funding behind national investment case priorities.

The GFF approach also enables other global health partners to achieve more by working better together and by empowering countries to lead. The GFF responds to developing countries’ long-lasting call for global partners to align once and for all behind their national health plans and priorities—fostering a permanent shift in the global health and development assistance paradigm.

In its first five years, the GFF has demonstrated how its approach is working to improve the health of women, children and adolescents in its partner countries and help close equity gaps. Nearly all GFF partner countries saw positive trends in sexual and reproductive health. In countries where the GFF has been engaged long enough to affect such changes, there were positive trends in outcome indicators for reducing child deaths and adolescent pregnancy and improving child growth and nutrition. Maternal mortality also appeared to be falling

in most countries. Nearly two-thirds of GFF partner countries were instituting budget and financial reforms designed to improve efficiency in health spending and direct more resources to frontline health care, with promising country results in prioritizing and increasing domestic resource mobilization for women's, children's and adolescents' health.

Yet the COVID-19 pandemic threatens to reverse these recent gains by causing significant disruptions in essential health and nutrition services and increasing poverty. Recent [analysis from GFF partner countries](#) confirms that childhood vaccination coverage and outpatient consultations were hit particularly hard in the first several months of the pandemic, and outpatient consultations fell in all countries during the period monitored. Family planning, antenatal and child delivery services were also impacted, placing women at greater risk of complications or death from pregnancy or unsafe abortions.

These results point to the urgency for the GFF to help partner countries protect and promote essential health services and accelerate progress on health for women, children and adolescents over the next five years. Prior to COVID-19, global progress was already too slow. Now, in the face of the significant disruptions to supply and demand of essential health services and the global economic fallout from the pandemic, it is imperative that primary health care systems are adapted and strengthened and that domestic and global financing for reproductive, maternal, newborn, child and adolescent health and nutrition is prioritized and used as efficiently as possible.

Now is the time to double down on the global commitment to ensure that all women, children and adolescents can access the quality, affordable health care they need to survive and thrive –and the GFF is uniquely positioned to support countries in leading the charge. To achieve this goal, and developed in consultation with a wide range of stakeholders, this GFF strategy refresh lays out five strategic directions for the next phase of the GFF (2021–25):

Strategic Direction 1: Bolster country leadership and partner alignment behind prioritized investments in health for women, children and adolescents. The pre-pandemic results data shows that the fundamentals of the GFF approach are sound and delivering impact, so the GFF will intensify and scale up its country-led approach over the next five years. This will include stepping up capacity building and management support for national leaders to drive transformational change; expanding and deepening efforts to amplify the voice of the vulnerable and most left-behind populations by facilitating more diverse participation of CSOs, youth and representatives of affected communities, including women and adolescent girls, in GFF-supported activities; and accelerating support to partner countries to strengthen their multi-stakeholder platforms and foster greater accountability for results.

Strategic Direction 2: Prioritize efforts to advance equity, voice and gender equality. The GFF will implement its new [Roadmap for Advancing Gender Equality](#), which prioritizes six areas for action. It will also support countries to be more precise in their targeting strategies to reach the poorest women, children and adolescents, as well as vulnerable and marginalized populations such as rural populations, refugees or those impacted or displaced by conflict or climate change. And as financial barriers to accessing health services are expected to increase, the GFF will also place special attention on mobilizing demand for services among the most vulnerable populations.

Strategic Direction 3: Protect and promote high-quality, essential health services by reimagining service delivery. The GFF will step up its support to governments to partner with the private sector at scale to provide quality service delivery. In partnership with the International Finance Corporation (IFC), the GFF will promote investments in private health providers that commit to reach underserved women, children and adolescents. The GFF will expand and deepen support to help countries strengthen their civil registration and vital statistics

systems and will support national phone surveys to capture the user-experience of reproductive, maternal, newborn, child and adolescent health and nutrition services. By increasing investments and strengthening country capacity to deliver higher quality and more equitable primary health care, the GFF will not only help countries improve health outcomes for women, children and adolescents, but will also contribute to improving pandemic preparedness and response.

Strategic Direction 4: Build more resilient, equitable and sustainable health financing systems. The GFF will help countries prioritize greater efficiency and hardwire health and nutrition investment priorities to their expenditures. The GFF will step up joint advocacy with its partners in the SDG3 Global Action Plan’s Sustainable Financing Accelerator to protect financing for essential health services during the pandemic and develop strategies for partner countries to mobilize more resources as their macro-fiscal situation allows. The GFF will also seek to cultivate scalable global innovative financing opportunities, such as Sustainable Development Bonds and blended finance, that can increase the pool of available investment capital to expand access to quality health services for women, children and adolescents.

Strategic Direction 5: Sustain a relentless focus on results. The GFF will develop country investment summaries for every GFF country that identify a set of indicators directly related to the national investment case and to the GFF-supported activities and reforms under implementation. The GFF will also help partner countries improve their use of data for decision making, improve their results reporting and increase transparency.

In the near term, the GFF will intensify technical and financial support to partner countries to respond to the COVID-19 pandemic, prevent further backsliding in health outcomes and get back on track as soon as possible. For the first 24 months (2021–22) of its next phase, the GFF will be working closely with the World Bank and other partners to help countries develop and implement rapid strategies to protect and strengthen frontline community and primary care services and enable equitable, affordable and safe access and delivery of COVID-19 vaccines and tools. The GFF-supported country platforms will be used to improve coordination and resource mapping among development partners in support of national vaccine roll out plans and provide technical support to countries on prioritization, service delivery adaptation, financing and demand constraints. Based on the strong country demand, the GFF will expand over time from the existing 36 partner countries to a total of 50 countries with persistently high burdens of maternal and child mortality. Fully implementing this five-year strategy will require both renewed commitments and additional investments from GFF partners.

Recent progress in global health is in peril, but the GFF is primed and ready to ensure that the world’s most vulnerable women, children and adolescents are not left behind. Through these strategic directions for its next five years, the GFF will build on its successful business model, instruments and results to protect essential reproductive, maternal, newborn, child and adolescent health and nutrition services and accelerate progress toward *ensuring all women, children and adolescents can access the quality, affordable health care they need to survive and thrive.*

Section I: The Unique Role and Value-Add of the GFF in the Global Health Landscape

The Global Financing Facility (GFF) embodies the world’s commitment to ensuring that all women, children and adolescents can survive and thrive. The GFF¹ was launched in 2015 at the Financing for Development conference in Addis Ababa with the goals of ending preventable maternal and child deaths and improving the health and quality of life for all women, children and adolescents by 2030. The GFF is squarely focused on prioritizing and scaling up evidence-driven investments to improve reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) in the world’s most vulnerable countries through targeted strengthening of service delivery systems, particularly primary health care—to save lives and as a critical step toward accelerating progress toward achieving Universal Health Coverage (UHC) and the Sustainable Development Goals (SDGs).

The GFF has pioneered a country-driven, collaborative model for global health linked to sustainable financing and results. The GFF’s core strength and unique role in the global health architecture is its country-led, collaborative and multisectoral approach, which brings together a diverse array of international and national partners—from bilateral and multilateral funders, global health institutions (such as Gavi and the Global Fund to Fight AIDS, Tuberculosis and Malaria) and UN technical agencies (such as World Health Organization [WHO], United Nations Children’s Fund [UNICEF] and the United Nations Population Fund [UNFPA]) to civil society organizations (CSOs), private sector businesses and foundations—in support of government plans to improve health outcomes for women, children and adolescents. From the start, the GFF has promoted and incentivized shifts away from a fragmented approach to official development assistance (ODA) toward greater alignment and integration of global partners around country priorities. Building on previous international efforts to improve development effectiveness, the GFF model combines technical assistance and small volumes of catalytic trust fund grants linked to large amounts of World Bank financing and convenes development partners in country-led platforms to help partner countries align and maximize their use of domestic and external resources in synergistic ways to achieve better, more sustainable health results.

The GFF’s systems-oriented approach to improving health outcomes for women, children and adolescents complements the disease-specific and health issue-specific focus of other global health partners and helps them achieve better results. The GFF is designed to help governments ramp up provision of a broad scope of quality, affordable primary health care services critical for improving the health and nutrition of women, children and adolescents—including, but not limited to, family planning services, antenatal care, obstetric care, services to prevent stillbirth, neonatal care, postnatal care, child immunization, sexual and reproductive health and rights (SRHR) services and other child and adolescent health and nutrition interventions²—all of which

¹ In this document, the GFF refers to the collective actions of the **GFF global partnership**, which manifests itself both at the global level and in each GFF partner country. The GFF partnership at the country level is led by the government with support from many partners that have in-country operations and/or are involved in the development and implementation of the country’s investment case. When the GFF Secretariat or Trust Fund is mentioned in this document, this refers specifically to the role of the GFF Secretariat and Trust Fund hosted at the World Bank.

² The basic, country-specific health service package depends on many factors such as the national disease burden, leading causes of mortality and morbidity for women, adolescents and children, and the available resource envelope. The package is determined through the evidence-based prioritization process that takes place during preparation of the

require an integrated approach to resolve systemic barriers to effective service delivery. The GFF's country-led model, with financing provided on-budget, promotes the strengthening and use of country systems and institutional capacity building to prioritize these services, which in turn promotes more sustainable health outcomes overall. And with its close link to the World Bank's IDA and IBRD financing, the GFF also can facilitate a broader dialogue and drive country action on health system strengthening and domestic financing across multiple sectors, which in turn can yield more efficient use of other global funding sources.

The GFF is guided by the following principles, which are reflected in the 2030 Global Goals Agenda and in the Global Action Plan for SDG 3:

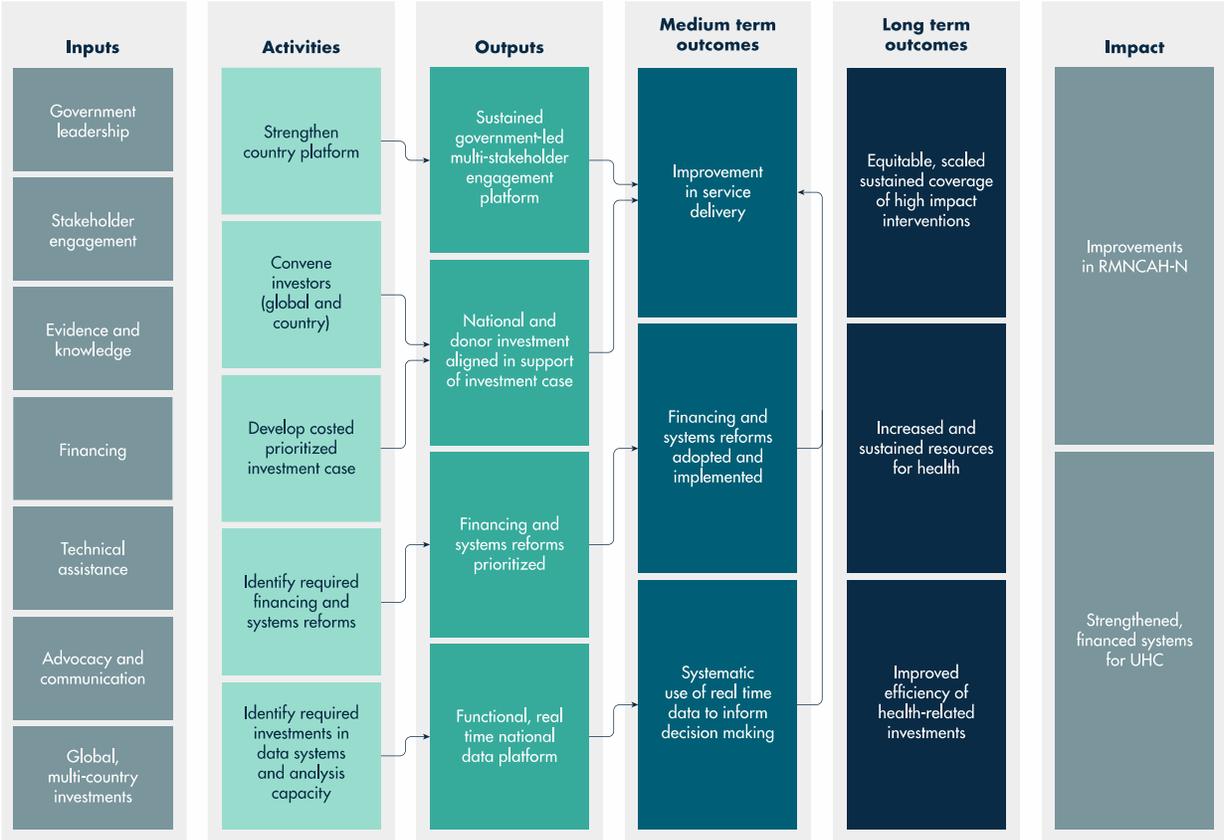
- **Country leadership and ownership:** The GFF country-led process builds and sustains political will to prioritize and increase domestic investments in the health of women, children and adolescents, and advances the UHC 2030 principles to promote global partner alignment with country priorities, plans and budgets;
- **Equity and inclusion:** The GFF targets the most disadvantaged and vulnerable populations in terms of gender, socioeconomic status and other dimensions of equity, and promotes the voice and participation of those populations in designing and monitoring the investments intended to benefit them so that no one is left behind;
- **Efficiency and scale:** The GFF prioritizes investments in the highest impact, evidence-based health services and interventions and focuses on helping governments strengthen their capacity to expand and scale up access to equitable, affordable and quality health service delivery;
- **Results for impact:** The GFF promotes policy and financing reforms and investments in programs and services with the greatest promise to drive transformational change in the health and well-being of women, children, and adolescents using results-based approaches;
- **Complement and catalyze:** Through its unique local-to-global partnership approach, the GFF leverages the respective strengths and capacities of existing national and global health institutions, coordination and financing mechanisms, avoiding duplication and maximizing health and nutrition for the money.

The GFF Logic Framework (see figure 1) and theory of change lays out clearly how these principles are put to work to drive country leadership for sustainable results. Based on lessons learned in more than 20 countries to date, the GFF Logic Framework identifies the **inputs, activities, outputs, outcomes** and **impacts** of GFF-supported operations and shows how they are causally linked to improvements in medium- and long-term outcomes and sustainable financing for reproductive, maternal, newborn, child and adolescent health and nutrition. As the GFF was designed with the intent to phase out its support by 2030, the GFF Logic Framework focuses on building critical government leadership skills and partner alignment behind national priorities. At its core is **the development and implementation of a government-led, prioritized and costed national investment case** that lays out the pathway to scaling up universal access to a basic package of RNMCAH-N services along with critical health financing and system reforms to accelerate progress toward UHC. The investment case prioritizes health interventions for women, children and adolescents and health system-strengthening reforms in existing national health strategies, which are often not prioritized or fully funded. The GFF then supports its partner governments to **align domestic and external funding behind the country's investment case priorities** through facilitating **multi-stakeholder country platforms**. And by using results-

country's investment case. If the country so chooses, the package prioritized through the investment case could include coverage for services for HIV/AIDS, malaria, tuberculosis or other specific diseases or health burdens.

based approaches (such as disbursement linked indicators) and financing through government systems (leveraging World Bank IDA and IBRD operations), the GFF enables countries to implement and institutionalize reforms that **improve quality of service delivery** and **build national data platforms, expenditure tracking systems and leadership capacity** to drive accountability for results. Institutionalizing outputs through the government-led, GFF-supported multi-stakeholder engagement platform in each partner country helps drive local ownership, alignment and more efficient use of resources that leads to more sustainable domestic support and results as their economies grow and external assistance declines. The growing country demand for, and active engagement in, the GFF testifies to the value countries place on a process that empowers them to lead, rather than treats them as beneficiaries.

Figure 1. GFF’s Logic Framework and Theory of Change



Illustrative time for achievement of outputs is 1-3 years; medium term outcomes 3-5 years, and longer term outcomes and impact 5-10 years.

The GFF’s collaborative, country-led approach enables global health partners to achieve more by working better together and empowering countries to lead. Country investments by international entities, including the World Bank and other multilateral development banks, Gavi, the Global Fund, bilateral donors and philanthropic foundations are more impactful and sustainable when these partners align behind government priorities and focus their combined efforts and resources on the most critical reforms outlined in a country’s investment case, while coordinating through the country-led, multi-stakeholder engagement platforms supported by the GFF. The technical support and normative guidance from WHO and other UN partner agencies also have more traction when clearly linked to priority reforms supported by major financiers at country level. For CSOs and youth organizations, the GFF-supported country engagement platforms provide an

opportunity to ensure community voices and perspectives inform government and donor policy and funding decisions, and to strengthen accountability for results. The GFF also helps unleash the power and innovation of the private sector by creating space for government to engage with private sector providers to design more effective purchasing and contracting arrangements. Moreover, the GFF's support to country platforms provides an effective way to realize the goals of the **SDG 3 Global Action Plan** and **UHC 2030** by translating local goals and aspirations to the global level, and vice versa. Through its country-led model, the GFF responds to developing countries' long-lasting calls for global partners to align once and for all behind their national health plans and priorities—fostering a permanent shift in the global health and development assistance paradigm.

In its first five years, the GFF has already demonstrated how its collaborative, country-led approach is improving the health of women, children and adolescents in its partner countries and helping close health equity gaps. Thanks to the generosity of its donor partners, the GFF was able to rapidly expand nine-fold from just four frontrunner partner countries in 2015 to **36 partner countries** in 2019. As of June 30, 2020, the GFF Trust Fund had US\$602 million in grants under implementation—linked to US\$4.7 billion of World Bank IDA/IBRD financing—and had helped align large volumes of domestic and external financing in support of GFF partner country investment cases. Prior to the onset of the COVID-19 pandemic, in countries where the GFF partnership has been in place the longest, there were significant improvements in access to quality health services for women, children and adolescents, and positive trends in outcome indicators for reducing child mortality and adolescent pregnancy and improving child growth and nutrition. Of the 22 GFF partner countries with investment cases under implementation for more than one year, 86 percent were on track to meet their priority outcomes before the pandemic, and SRHR indicators had improved in all countries for which this was prioritized in their investment case. Section II of this document lays out these results in more detail.

However, the COVID-19 pandemic threatens to reverse these recent gains for women, children and adolescents by causing significant disruptions in routine, essential health services. Even before the pandemic, global progress was still too slow: more than **5 million women and children** were dying every year to preventable or treatable diseases such as malaria and pneumonia. More than **800 women and adolescent girls were dying every day** from preventable reasons associated with pregnancy, childbirth and lack of access to sexual and reproductive health care. Now COVID-19 has dealt a devastating blow to GFF partner countries, causing severe health and economic hardship and upending the lives of hundreds of millions of people. Significant disruptions to essential health services, combined with patient inability or reluctance to seek care for fear of COVID-19 infection, are putting women and children at higher risk of dying or enduring lifelong health problems. **Recent analysis from GFF partner countries** confirms that childhood vaccination coverage and outpatient consultations have been hit particularly hard; for example, in Liberia, childhood vaccination dropped by 32 percent and outpatient consultations fell in all countries during the period monitored. Family planning, antenatal and child delivery services were also impacted, placing women at greater risk of complications or death from pregnancy or unsafe abortions; in Nigeria, women seeking medical care during pregnancy fell by 16 percent. The GFF and partners have estimated that as many as 26 million women could lose access to contraception in its 36 partner countries, which could result in **nearly 8 million unintended pregnancies**.³ Along with these secondary health impacts, the protracted economic shocks and job losses,

³ See <https://www.globalfinancingfacility.org/are-we-ready-mitigate-impacts-covid-19-family-planning-and-contraceptives>.

extended disruptions in schooling, lack of adequate social protection and increases in gender-based violence pose a serious threat to women and girls' safety, economic empowerment, voice and agency.

Simply put, this is unacceptable and demands urgent action by the global community. Now is the time to double down on the global commitment to ensure that all women, children and adolescents can access the quality, affordable health care they need to survive and thrive—and the GFF is uniquely positioned to support countries in leading the charge. After five years of experience, the GFF has learned and evolved in response to what works and what doesn't to drive the transformational change needed now more than ever, as both domestic and international resources for health and nutrition are likely to be highly constrained for the foreseeable future. As the global health landscape and architecture has evolved in recent years, **the GFF remains the entity laser focused on accelerating progress on reproductive, maternal, newborn, child and adolescent health and nutrition outcomes in the world's poorest countries** and among the most vulnerable populations within these countries. With its holistic and integrated health system approach, its catalytic funding model, and its ability to link flexible grant financing directly to World Bank IDA and IBRD resources and thus help align funding and technical assistance from partners around country priorities, the GFF is well-positioned to help countries dismantle acute and chronic bottlenecks in their primary health care systems, ensure essential health services for women, children and adolescents receive the priority they deserve during the pandemic, help countries get back on track as quickly as possible and accelerate progress toward UHC.

Section II: Countries Leading the Way: The GFF Partnership Has Delivered Results in Its First Five Years⁴

The GFF Logic Framework—which provides the basis for centralized data collection and results reporting—shows that GFF-supported investments and activities have contributed to the achievement of better health indicators for women and newborns over time. SRHR indicators have improved in most of the GFF partner countries that prioritized these indicators in their investment case. For example, in Afghanistan, contraceptive protection (couple-years protection, or CYP) increased almost 55 percent since 2017 and in Uganda by 44 percent since 2016. Indicators for reducing maternal and newborn deaths, including the use of skilled birth attendants, facility-based births and antenatal care, also improved. In Liberia, the percentage of facility-based deliveries increased from 56 percent in 2013 to 80 percent in 2019. Similarly, almost all GFF partner countries reporting on antenatal care indicators showed improvements. For example, Tanzania nearly doubled its coverage of four antenatal care (ANC4) visits from 42 percent in 2016 to 80 percent in 2019. For those countries reporting postnatal care in 2019, almost all showed improvements; for example, in Afghanistan, the number of women attending postnatal care within 24 hours at Sehatmandi-supported health facilities increased by 36 percent between 2017 and 2019.

Child nutrition indicators and immunization coverage have also improved considerably in GFF-supported countries over the past five years. Of the 10 GFF partner countries that report on nutrition indicators, eight showed marked improvements. In Ethiopia, child growth monitoring improved from 38 percent in 2016 to 54 percent in 2019. In Indonesia, the percentage of households with access to improved drinking water increased from 70 percent in 2017 to 72 percent in 2019, and from 65.3 percent to 69 percent in prioritized districts. All partner countries reporting data on immunization showed improvements—except for Uganda, which had already reported higher than 90 percent pentavalent 3 vaccination coverage from 2016 onward. In the northeastern states of Nigeria, where GFF has focused its efforts, there was an average improvement from 28 percent of children receiving pentavalent 3 vaccine in 2016 to 49 percent in 2019.

Nearly two-thirds of GFF partner countries have instituted budget and financial reforms designed to improve efficiency in health expenditures and direct more resources to frontline health care providers. For example, in Senegal, increasing budget efficiency from 80.5 percent in 2017 to 90 percent in 2019 has helped improve most maternal health indicators. Deliveries in health facilities increased from 78 percent to 82 percent and assisted deliveries rose from 68 percent to 74 percent. In Ethiopia, community health insurance was expanded to cover 28 percent of the population in 2019, which has resulted in significantly greater use of health services for those insured and contributed to reducing the share of out-of-pocket payments from 34 percent to 30 percent.

Before COVID-19, there had also been promising results in prioritizing and increasing domestic resource mobilization for women’s, children’s and adolescents’ health in several GFF partner countries. GFF partner

⁴ More detail on these results is available in the [2019–2020 GFF Annual Report](https://www.globalfinancingfacility.org/sites/gff_new/GFF-annual-report-2020/), available at https://www.globalfinancingfacility.org/sites/gff_new/GFF-annual-report-2020/. In line with the GFF’s collaborative, country-led approach, these results map to the GFF Logic Framework and are attributable to the combined efforts of governments and the organizations that make up the GFF partnership, with catalytic support from the GFF Trust Fund and Secretariat.

countries with the necessary fiscal space have prioritized this area of engagement—with GFF support—which includes advocacy, evidence generation, capacity building and the use of financial incentives to protect and/or increase national health budgets. As a result of key financing reforms, Kenya increased its budget allocation to health in 43 out of 47 counties. From 2017 to 2019, all counties increased their health budgets to at least 20 percent of their total budget, to reach their subnational target. In the Democratic Republic of Congo, where the GFF has supported evidence generation, technical assistance, capacity building and better public financial management, the share of government resources allocated to health increased from 6.9 percent in 2016 to 10 percent in 2019. In Ethiopia, domestic budget resources to support the investment case increased by 10 percent between 2018/19 and 2019/20.

GFF support has also enabled partner countries to identify and implement data collection and system reforms that benefit the health of women, children and adolescents. For example, Ethiopia has shown significant increases in data completeness and timeliness of its health management information system from **68 percent in 2016 to 84 percent in 2018**. A total of 12 GFF partner countries have allocated financing for strengthening their civil registration and vital statistics (CRVS) systems, resulting in improvements such as decentralization of civil registration services, standardization of registration tools and processes, and more officials trained. The GFF has also enabled marked improvements in the supply chain in Tanzania, with increases in availability of 10 tracer medicines from 60 percent in 2016 to 96 percent in 2019.

In countries where the GFF has been engaged long enough to affect such changes, positive trends in outcome indicators for under-five mortality, child growth and adolescent pregnancy have emerged.⁵ Indeed, all eight partner countries⁶ with effective GFF operations for more than three years show progress against indicators for under-five mortality, child growth, institutional delivery coverage, adolescent pregnancy and family planning coverage. There were also moderate improvements in reducing the prevalence of child stunting and wasting. Maternal mortality appears to be falling in most countries, although a lack of recent data in several countries, along with the absence of quality death registration systems, remain a key barrier to effective reporting. At the same time, recent progress in reducing neonatal mortality and increasing immunization coverage appears to be stalling.

These results point to the urgency for the GFF to supercharge progress on health and nutrition for women, children and adolescents over the next five years. Prior to the COVID-19 pandemic, the results from GFF-supported countries demonstrated the GFF catalytic model is working, with most countries moving in the right direction—albeit not nearly fast enough to reach the 2030 targets. Now in the face of significant disruptions to supply and demand of essential health services and the global economic fallout due to COVID-19, it is imperative that both domestic and global financing for reproductive, maternal, newborn, child and adolescent health be increased and used as efficiently as possible to protect recent gains and accelerate progress.

⁵ As per the Logic Framework, the GFF only expects partner countries to begin improving outcome data after three years of investment case implementation, as impact indicators take longer to change. All data in this paragraph sourced from the two most recent population-based surveys available.

⁶ Four of the eight countries are in eastern Africa (Ethiopia, Kenya, Tanzania, Uganda), three in west and central Africa (Cameroon, Democratic Republic of Congo, Nigeria), and Bangladesh.

Section III: Protecting, Promoting and Accelerating Gains for Women, Children and Adolescents: The Next Phase of the GFF

This GFF strategy refresh, underpinned by extensive diagnostics work, sets out the strategic directions for the GFF for the next five years. The refresh was commissioned by the GFF Trust Fund Committee⁷ and spearheaded by the GFF Secretariat, under the guidance of a core group⁸ of GFF Investors Group members. A consulting firm, Health Strategy and Delivery Foundation, supported the GFF Secretariat team with diagnostics work, including more than 100 stakeholder interviews conducted in Q1 2020, three country case studies (Democratic Republic of Congo, Ghana, Mozambique), a desk review of more than 300 documents and a public consultation process. The diagnostic work highlights several areas where the GFF partnership can expand and deepen its impact going forward. An [issues paper](#) presented to the GFF Investors Group and Trust Fund Committee in April 2020⁹ provided a detailed summary of this analysis, laying out several priority areas for the GFF over the next five years. The issues paper highlighted the following six cross-cutting priority areas for future attention and strengthening:

- **Communications:** The need to articulate and communicate GFF's value proposition and theory of change, including implications of the COVID-19 pandemic.
- **Country leadership:** The need to enhance GFF support to partner countries, particularly in investment case implementation.
- **Accountability:** The need to ascertain clearer roles and accountability structures that apply to all GFF partners in the investment case development and implementation process, including increasing engagement with civil society.
- **Health financing:** The need for clearer communication and greater realism around GFF's contributions to domestic resource mobilization, including roadmaps in each GFF-supported country.
- **Results agenda:** The need to be more explicit about what the GFF partnership can be expected to deliver in terms of results, by when, and to or for whom.
- **Fit-for-purpose:** The need to clarify roles, mutual expectations and accountability in the context of a renewed partnership agreement with the World Bank.

⁷ The main objectives of the GFF strategy refresh were as follows: 1) Reflect on recent changes in the global landscape and their impact on the positioning, scope, and scale of the GFF Partnership and Trust Fund; 2) Review the GFF Framework, focusing on country implementation experience to date; 3) Take stock of the global partner engagement of the GFF in relation to its objectives; and 4) Lay the groundwork for future resource mobilization for the GFF Trust Fund and to inform a GFF mid-term review.

⁸ The GFF Secretariat gratefully acknowledges the time, counsel and inputs provided by the members of the strategy refresh Core Team, including the Honorable Minister of Health from the Central African Republic and senior representatives from the Bill and Melinda Gates Foundation, Canada, civil society, the European Commission, Gavi, PMNCH, Norway, UNICEF, and the United Kingdom (see acknowledgements).

⁹ GFF (Global Financing Facility). 2020. "GFF Strategy Refresh Issues Paper." Paper prepared for the Tenth Investors Group Meeting, Washington, DC, April 20.

https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG10-3-Issues-Paper.pdf.

Based on the feedback received on the issues paper, between May and July 2020 the GFF Secretariat held a series of intensive review workshops and consultative meetings to dive deeper into understanding these cross-cutting areas, which in turn helped formulate five strategic directions for the future as laid out in the draft strategy refresh paper. The strategy refresh was further refined based on virtual consultations with a wide range of country and global stakeholders in August and September 2020. The updated strategy was then endorsed by the GFF Investors Group and Trust Fund Committee at the GFF's bi-annual governance meetings in October 2020.

The five strategic directions for next phase of the GFF (2021–25) are as follows:

- **Strategic Direction 1:** Bolster country leadership and partner alignment behind prioritized investments in health for women, children and adolescents
- **Strategic Direction 2:** Prioritize efforts to advance equity, voice and gender equality
- **Strategic Direction 3:** Protect and promote high-quality, essential health services by reimagining service delivery
- **Strategic Direction 4:** Build more resilient, equitable and sustainable health financing systems
- **Strategic Direction 5:** Sustain a relentless focus on results

Through these five strategic directions, the GFF will build on its successful business model, instruments and results to protect essential reproductive, maternal, newborn, child, and adolescent health and nutrition services and accelerate progress toward ensuring all women, children and adolescents can access the quality, affordable health care needed to survive and thrive. To prevent further backsliding in health outcomes due to COVID-19, support country rollout of COVID-19 vaccines and help ensure that partner countries get back on track on their results indicators as soon as possible, for the first 24 months (2021–22) the GFF will focus on doubling down and intensifying its financial and technical support to its existing 36 partner countries. Once the current portfolio countries are back on track and accelerating progress, and based on strong country demand, the GFF will expand over time from the existing 36 partner countries to a total of 50 countries with persistently high burdens of maternal and child mortality.

In the near term, the GFF will continue playing a critical role alongside the World Bank to help partner countries respond to the COVID-19 pandemic. As of September 21, 2020, 111 countries had received emergency health financing from the World Bank's Fast Track Facility, drawing from the US\$160 billion the World Bank has pledged to make available to low- and middle-income countries in response to the COVID-19 crisis.¹⁰ The World Bank also recently **announced** that it will provide an additional US\$12 billion to help countries secure COVID-19 vaccines and achieve the goals of the global **Action for COVID Tools—Accelerator**. As part of this effort, the GFF will support the assessment of the service delivery systems necessary to deliver the vaccine, particularly focusing on health workers and the most vulnerable populations. The focus will be on supporting countries to develop strategies to strengthen frontline community and primary care services in equitable, affordable and safe access and delivery of the vaccine, which will help minimize the secondary health impacts of COVID-19 by ensuring continued delivery of essential health services for women, children and adolescents. The GFF-supported country coordination platforms will be used to strengthen coordination among development partners in support of national rollout plans and resource mapping as well as to provide technical support on prioritization, service delivery adaptation, financing and demand constraints. Intensifying

¹⁰ See <https://blogs.worldbank.org/voices/september-21-2020-covid-19-response-new-research-human-capital-and-looking-ahead-our-annual>.

this support to countries for COVID-19 and fully implementing the updated strategy will require mobilizing sufficient additional resources for the GFF Trust Fund. A global investment case will lay out the GFF's five-year resource mobilization needs.

Strategic Direction 1: Bolster country leadership and partner alignment behind prioritized investments in health for women, children and adolescents

The pre-pandemic results data shows that the fundamentals of the GFF approach are sound and delivering impact; consequently, the GFF will intensify and scale up its country-led collaborative approach over the next five years. The GFF will continue to support governments in the development and implementation of their prioritized, evidence-based and costed national investment cases. This will include supporting countries to adapt their investment case as needed considering the ongoing pandemic. Prioritized, high quality investment cases are critical in driving alignment of partners behind national priorities and with domestic planning and budget processes over time. The GFF will provide targeted support to improve the quality of both existing and new country investment cases. This will include continuing to expand and improve investments in country results monitoring systems and in resource mapping and expenditure tracking (RMET) that will aid in holding governments and all GFF partners accountable to deliver on their commitments.

The GFF will step up capacity building support for national leaders to drive transformational change. A key lesson from the first five years of GFF implementation, national leadership lies at the core of the GFF's collaborative model, in which international partners are enablers rather than doers. Strong country leadership is also one of the most essential factors in driving effective alignment of international partners. National institutions and leaders have the challenging task of leading highly complex reform processes in the face of prevailing power structures, a daunting task for even the most talented leaders. Over the next five years, the GFF will fully implement a new leadership development program for national and subnational leaders, to learn from one another and equip them with the skills and support to drive transformational change. The target group for the program will vary depending on country context but will focus on leaders who demonstrate their commitment to drive sustainable results in reproductive, maternal, newborn, child and adolescent health and nutrition, inclusive of civil society and youth leaders. This evolution in the GFF's knowledge and learning work will embody a competence-based approach, focused on the combination of *knowledge, skills and attitudes* necessary to drive systemic change in areas such as health financing, gender, SRHR and service delivery innovations. As part of its commitment to expanding gender equality, the GFF will prioritize nurturing women leaders in its partner countries.

The GFF will also intensify management support to partner countries to effectively lead their multi-stakeholder engagement platforms. The government-led platforms, supported in all GFF partner countries, are often an ecosystem of various national coordination bodies operating at different levels of governance (national, subnational, community) that provide a critical foundation for shared accountability for results, by improving partner alignment around country priorities and monitoring the implementation of the investment cases. The GFF will continue to strengthen these platforms, including exploring operational support partnerships with local or regional organizations that can assist governments on coordination tasks such as meeting preparation, drafting minutes and managing electronic information platforms, and set a glidepath for governments to take over these functions as their capacity grows. Where feasible, the GFF will also support countries to link up so-called "vertical" coordination platforms on specific health issues with the overall country health coordination platform to remove silos and promote more cohesive policy dialogue. The GFF will conduct

yearly country platform assessments to monitor progress on improving alignment and engagement of all partners, including civil society, to identify and target areas requiring more intensive support.

A top priority for the GFF will be to encourage and support partner countries to increase the diversity, equity and inclusion of their country platforms. The GFF will expand and deepen efforts to amplify the voice of the vulnerable and most left behind populations by facilitating greater and more diverse participation of CSOs and representatives of affected communities, including women and adolescent girls, in all aspects of its work. CSOs are critical in the country engagement process as they hold governments accountable, ensure domestic financing goes to the most vulnerable, and mobilize demand for services, especially at the subnational level. Yet civic space remains highly constrained in many GFF partner countries, so the GFF process can and should provide an important platform and catalyst for civil society to be heard by, and foster collaboration with, government. While local CSOs need to be careful to maintain their independent advocacy and accountability roles, a key lesson from the first five years of the GFF is that they also often require financial and/or technical support to participate effectively in the country platforms. To address some of these issues, a GFF–CSO Task Force conducted a review of these and other lessons and developed an updated and costed CSO and youth engagement framework that calls for increased GFF support for capacity building to enable CSOs and youth to expand and deepen their participation in country platforms and advocacy and accountability activities. With the updated framework, the **GFF will step up its financial and technical support** toward more meaningful and effective CSO and youth engagement in the GFF process in all partner countries.

The GFF will accelerate implementation support to partner countries and strengthen country accountability for results. Fully realizing investment case priorities depends on all GFF partners at country level to step up their support to countries in a coordinated way. To pave the way, the GFF will make a percentage of its future country grant financing conditional on including investment case implementation support and will seek to develop more flexible arrangements with the World Bank to enable the GFF Trust Fund to provide implementation support at scale. The country platforms will serve as the go-to place for governments to identify which partners are best placed to respond to their technical assistance needs.¹¹ The GFF will prioritize bringing a stronger gender lens to country implementation support, including by acknowledging the role of gender inequitable norms and unequal power dynamics during data collection, analysis, and in designing technical assistance to achieve priorities in the investment case. The GFF will also introduce several ways to increase accountability for results tailored to each country context, including supporting GFF partner countries to accomplish the following:

- **adopt medium-term technical assistance frameworks to development and implementation of investment cases**—to map out country needs and identify technical assistance gaps, focusing on building long-term institutional capacity of government to execute the priorities identified in the investment case and drawing on local and regional technical assistance providers;
- **facilitate the signing of agreements by all country platform members**—to increase transparency on how each partner’s activities in a given country will contribute to investment case implementation,

¹¹ Guided by the principle of country leadership, the decision on technical assistance needs and who will provide technical assistance in each GFF partner country is determined by the government in consultation with the country platform. For specific initiatives funded by the GFF Secretariat and implemented in several GFF countries (for example, technical assistance for results monitoring), technical assistance partnerships have been contracted directly with the GFF Secretariat on a case-by-case basis.

along with financial data for resource mapping and tracking, to clarify what each partner can be expected deliver against which priorities, and what requires leadership and action from other partners;

- **pilot country implementation support and delivery mechanisms or other joint implementation approaches**—this will build on the growing collaboration by the GFF, Gavi, Global Fund, WHO and the World Bank through the Sustainable Financing Accelerator of the SDG 3 Global Action Plan, to provide joint support to countries in areas such as public financial management and procurement audits; and
- **improve communications around common vision and progress**—a clear message from the strategy refresh diagnostic exercise is the need to increase and maintain regular communications across all GFF partners at country level throughout the entire process of investment case development and implementation.

The GFF will also provide financial incentives and design new metrics to improve alignment of global partners with country priorities and plans. Future GFF country engagement will ensure the necessary investments in performance monitoring, data use and strengthening of the country platforms is properly financed. The GFF will also offer higher grants in the second and third rounds of GFF financing to countries that demonstrate progress in increasing the amount of financing behind their investment case priorities and in aligning implementation efforts. In addition, the GFF will create new metrics to assess country leadership and ownership. GFF proposes to come up with a composite measure to capture these critical aspects of the GFF model. This metric will be measured and reported on across countries, to track performance over time in advancing national leadership and ownership.

Consistent with its country-led approach, the GFF will provide partner countries with a range of tools to foster partner alignment and hold partners accountable. The GFF will support partner countries to optimize the existing instruments to promote alignment of partners, including strengthening the multi-stakeholder country platforms, and developing and implementing high quality, prioritized country investment cases and RMET. The benefit of using these instruments is that they are organized around national processes and procedures. In the next five years, the GFF will take its support for alignment to the next level, including by intensifying technical assistance for improved investment case implementation, and introducing higher grant amounts that make progress in partner alignment a priority in their results framework. Efforts will also be made to create objective measurements of country-level alignment and will follow the principle of complementarity, building on existing structures rather than creating new or parallel ones. By driving alignment of global partners at the country level, the GFF will help realize the vision of the SDG3 Global Action Plan.

Strategic Direction 2: Prioritize efforts to advance equity, voice and gender equality

Reducing inequality in access to affordable, quality essential health services for women, children and adolescents will remain paramount for the GFF—and is more urgent than ever. Even before the COVID-19 pandemic, the 2019 UHC Monitoring Report revealed the world’s gains in coverage of essential health services had come at a major cost for individuals and families, as catastrophic health expenditures had been increasing globally from 2000 to 2015.¹² Now with the pandemic and the deepest global recession in decades, and with

¹² WHO (World Health Organization). 2019. *Primary Health Care on the Road to Universal Health Coverage: 2019 Monitoring Report: Executive Summary*. Geneva, Switzerland: World Health Organization. (WHO/HIS/HGF/19.1).

impacts particularly severe on women (due to their outsized participation in economic sectors more affected by the pandemic), recent World Bank estimates are that up to **115 million people** may be pushed into extreme poverty in 2020, setting back poverty reduction by several years.¹³ To address this crisis, the GFF will step up its support to partner countries in protecting the poorest and most marginalized populations to ensure no one is left behind—the global goal for UHC 2030.

The GFF will sharpen its focus to drive more equitable health expenditures that prioritize affordable access to the most vulnerable populations. The investment case will continue to be a critical tool for promoting equity, by ensuring that countries examine drivers of inequity and prioritize and implement pro-poor health policies. Moving forward, the GFF will support countries, including those in complex humanitarian settings and fragile contexts, to be more precise in their targeting strategies to reach the poorest women, children and adolescents, as well as vulnerable and marginalized populations such as rural populations, refugees or those impacted or displaced by conflict or climate change. With more robust and consistent RMET data, the GFF will be better equipped to bring hidden inequities to light, including at the subnational level, and to advocate for more equitable resource allocations in its partner countries.¹⁴

With financial barriers to accessing health services expected to increase over the next several years, the GFF will place special attention on mobilizing demand for services among the most vulnerable populations. To date, the GFF has primarily co-financed operations in the health sector oriented toward the supply-side of service delivery. Over the next five years, the GFF must be increasingly focused on stimulating the demand for women’s, children’s and adolescents’ health services with a strong focus on user preferences, voices and community participation. In addition, the GFF will increase the use of catalytic funding to shape World Bank IDA and IBRD operations outside of the health sector, particularly in operations on education, social protection and human capital, with the objective to unlock the demand for services and strengthen multisectoral efforts to improve RMNCAH-N outcomes. Examples of such opportunities may include providing cash transfers to poor women, conditional on their seeking antenatal care or child vaccinations; incentivizing families to keep adolescent girls in school as a way to reduce early marriage and pregnancy; providing comprehensive sexuality education and family planning services to adolescents or investments in CRVS. Investments in adolescent girls that target societal norms are also vital: in adolescence, health behaviors and determinants solidify¹⁵ and gender norms start to much more actively limit teens’ options, prospects and hopes.¹⁶ The GFF will also integrate its efforts more systematically into World Bank development policy operations designed to address persistent health inequities, such as legal reforms and complementary actions targeting norms and barriers

¹³ Baffes, John, Alistair Matthew Dieppe, and Justin Damien Guenette et al. 2020. *Global Economic Prospects: June 2020*. Global Economic Prospects. Washington, DC: World Bank Group.
<http://documents.worldbank.org/curated/en/502991591631723294/Global-Economic-Prospects-June-2020>.

¹⁴ For instance, in the Democratic Republic of Congo, subnational data were presented to the governors of each province. One governor of a province with relatively low funding available per capita—given very high rates of child mortality—was, through this data, able to make a case for additional funding toward the province.

¹⁵ Patton, G. C., S. M. Sawyer, J. S. Santelli, D. A. Ross, R. Afifi, N. B. Allen, and R. M. Viner. 2016. “Our Future: A *Lancet* Commission on Adolescent Health and Wellbeing.” *The Lancet* 387: 2423-78.

¹⁶ Blum, R. W., K. Mmari, and C. Moreau. 2017. “It Begins at 10: How Gender Expectations Shape Early Adolescence around the World.” *Journal of Adolescent Health* 61 (4): S3-4.

and enabling improved access to SRHR services for women and girls. This includes examining people's intersecting identities that can lead to marginalization.

The GFF will increase and strengthen its explicit focus on advancing gender equality as a pathway to accelerate results that brings healthier lives for women, children and adolescents. Advancing gender equality is fundamental to achieving sustainable results in reproductive, maternal, newborn, child, and adolescent health and nutrition, and is a key determinant of health and well-being. A growing body of evidence shows that advancing gender equality helps catalyze change and improve health outcomes by addressing the underlying structural barriers to health.^{17,18}

Gender equality will become a guiding principle of the GFF. Placing gender equality at the heart of the GFF approach and underlying its importance for all pillars in the updated GFF strategy, gender equality will be added to the guiding principles of the GFF partnership. **In September 2020, the GFF Partnership issued its new Roadmap for Advancing Gender Equality, which prioritizes six areas for action over the next five years:**

Action 1: Prioritize analytical and technical support demonstrating the relationship between gender inequality and poor health outcomes, and gender equality and improvements in health and well-being. The GFF will focus on highlighting evidence on how gender equality is linked to the women's, children's, and adolescents' health agenda in its support for the development of first- and second-round investment cases.

Action 2: Increase country investments in gender-responsive monitoring and data systems. As the GFF continues to invest in CRVS and health management information systems (Strategic Direction 5), the GFF will increase efforts to ensure that these systems are gender- and equity- responsive.

Action 3: Support the foundations for reforms that enable the integration of SRHR and gender equality into UHC policies and programs. More attention will be placed in bringing a gender lens to implementation support, design of policy, and workplace reforms and service packages along with legal reforms to facilitate access to SRHR interventions for women and girls, while addressing harmful norms and the added health burden of gender-based violence (GBV).

Action 4: Intensify engagement with local women's organizations, youth groups and other national gender equality actors to inform and support country platforms. By strengthening and diversifying country platforms (Strategic Direction 1), the GFF partnership will expand women's roles in national health sector decision-making and increase community and youth-led accountability for health service delivery and quality of care.

Action 5: Create a supportive environment to empower women and girls as leaders in the GFF process at country and global levels. Globally, women make up 70 percent of health and social

¹⁷ Levy, J. K., G. L. Darmstadt, C. Ashby, M. Quandt, E. Halsey, A. Nagar, and M. E. Greene. 2019. "Programmes Targeting Gender Inequality and Restrictive Gender Norms for the Health and Well-Being of Children, Adolescents, and Youth: A Systematic Review." *Lancet Global Health* 8 (December): e225-36. doi: 10.1016/S2214-109X(19)30495-4.

¹⁸ Malhotra, A., A. Amin, and P. Nanda. 2019. "Catalyzing Gender Norm Change for Adolescent Sexual and Reproductive Health: Investing in Interventions for Structural Change." *Journal of Adolescent Health* 64 (4): S13-15.

workers,¹⁹ yet 70 percent of leadership in health is male.²⁰ There is a clear, causal link between including women at the decision-making table and the enactment of budget and policy priorities that prioritize and address the health needs of women, girls and marginalized groups. The GFF will use its country platforms to help ensure women’s voices play a more prominent role in policy setting, program design and delivery in partner countries. The new GFF leadership development program (Strategic Direction 1) will support female leaders as change agents in health and finance ministries, in other human development sectors and other relevant leadership positions. Together these steps will help promote gender-sensitive policy analysis and reforms that prioritize the needs of women, girls and marginalized groups.

Action 6: Strengthen country-level engagement beyond the health sector. By using catalytic funding to leverage operations outside the health sector, the GFF will expand its engagement with other sector ministries and stakeholders, to change social and gender determinants. Empowerment approaches that mobilize communities to improve maternal and child health, increase women’s educational and economic resources, and shift cultural and societal norms to reduce child marriage have been shown to improve RMNCAH-N outcomes.²¹

Strategic Direction 3: Protect and promote high-quality essential health services by reimagining service delivery

The COVID-19 pandemic presents an unprecedented opportunity for countries to leapfrog their health systems through digital service delivery redesign and innovation—both to protect essential health services now and to accelerate progress toward better health outcomes in the future. As of September 2020, the GFF had already supported 20 countries through its Service Delivery Learning Platform to operationalize the necessary changes in service delivery, including the health workforce and supply chains, to mitigate the disruption in essential services caused by the COVID-19 pandemic response. The GFF will expand and mainstream this work in all 36 partner countries, with a focus on strengthening community-based services, developing effective strategies to improve access and quality and improving service delivery management, including supporting governments to engage the private sector in support of public health objectives. In early 2020, the GFF launched its first *Innovations to Scale* challenge with an initial US\$25 million for five countries to scale up digital innovations linked to their investment case priorities; the GFF is now working to integrate these innovations into larger World Bank-financed country operations. A new GFF innovation strategy will identify the most effective pathways to scale innovations in a transformational manner across all partner countries. Over the next five years, the GFF will work collaboratively with the World Bank and other partners, including

¹⁹ WHO (World Health Organization). 2019. *Breaking Barriers. Towards More Gender-Responsive and Equitable Health Systems*. Geneva: WHO.

²⁰ GH5050 (Global Health 50/50). 2019. *The Global Health 50/50 Report 2020: Power, Privilege and Priorities*. London: University College London Centre for Gender and Global Health. <https://globalhealth5050.org/wp-content/uploads/2020/03/Power-Privilege-and-Priorities-2020-Global-Health-5050-Report.pdf>.

²¹ Kraft, J. M., K. G. Wilkins, G. J. Morales, M. Widyono, and S. E. Middlestadt, S. E. 2014. “An Evidence Review of Gender-Integrated Interventions in Reproductive and Maternal-Child Health.” *Journal of Health Communication* 19 (Sup1): 122-141.

other Global Action Plan signatories, to develop and finance innovations in all aspects of service delivery and will invest in implementation research to evaluate new approaches.

The GFF will increase its support to governments to partner with the private sector at scale to provide quality service delivery. Engaging the private sector is essential for realizing the aspirations of the GFF’s partnership to rapidly increase health service coverage and improve quality of care (QofC). The GFF has pioneered work in this area and the high demand from ministries of health in partner countries for GFF support continues to grow. This support includes government contracting of non-state actors at national scale (both for profit and not-for-profit) to deliver high quality health and nutrition services and improve supply chain management, and for strengthening government capacity to shape, regulate and enforce health markets to deliver on public interest outcomes, particularly for the poorest and most vulnerable populations. This includes consistent efforts to monitor and ensure private sector partnerships produce equitable health outcomes. To date, the GFF has invested in several stand-alone, proof-of-concept initiatives, focused on specific populations. Going forward, the GFF will pivot away from these smaller investments and shift toward supporting public-private partnerships that offer the most potential to scale nationwide delivery of affordable, quality health services that achieve public health objectives. This work will be anchored in the overall health financing and service delivery reform dialogue at country level to ensure private sector engagement strategies in partner countries are inclusive of vulnerable and poor users.

In partnership with the International Finance Corporation (IFC), the GFF will also promote investments in private health providers that commit to reach underserved women, children and adolescents. In 2020, the GFF and IFC launched a blended finance partnership in which GFF grant funds play a “de-risking” role to enable IFC and private investors to direct their investments toward reaching women, children and adolescents in underserved areas. This partnership offers an exciting opportunity to better align private investment to countries’ investment case priorities, which has become even more critical as the COVID-19 pandemic exposes the dangers of dependency on global supply chains for personal protective equipment (PPE), family planning, oxygen and other lifesaving commodities. To help countries diversify and improve sustainability, the GFF will use this new instrument to make targeted investments in local and regional producers of essential health commodities for women, children and adolescents. This will include advisory support to help small and medium private health providers become sustainable and provide higher quality care at the primary and secondary levels. Demonstrated equity and efficiency gains and effective risk mitigation measures will be key factors in any GFF investments.

The GFF will also intensify its support for improving the user experience to drive higher quality care. Recent research shows that 9 million lives are lost each year in low- and middle-income countries due to lack of good quality health care, so simply expanding access to care is not enough.²² This is also likely an equity issue, as recent data from the Democratic Republic of Congo show that poorer women receive significantly poorer quality care than those at higher-income quintiles.²³ While improving QofC is already an important aspect of GFF support to partner countries, these studies highlight the importance for the GFF to sharpen its focus on

²² Kruk M. E., and M. Pate. 2020. “The *Lancet Global Health* Commission on High Quality Health Systems 1 Year On: Progress on a Global Imperative.” *Lancet Global Health* 8 (January): e30–32. doi: 10.1016/S2214-109X(19)30485-1.

²³ Fink, G., E. Kandpal and G. Shapira. 2019. “Inequality in the Quality of Health Services. Wealth, Content of Care, and Price of Antenna in the Democratic Republic of Congo.” World Bank Group, Development Economics, Development Research Group, April 2019.

QofC at all levels. The GFF will elevate the importance of QofC in the policy dialogue with partner countries during investment case development and implementation, provide targeted technical assistance to countries for developing QofC approaches, rigorously measure progress in this area and support cross-country knowledge sharing. To amplify the voice and experience of women, children and adolescents in vulnerable and marginalized communities, the GFF will support regular, representative, national phone surveys that capture the user experience of reproductive, maternal, newborn, child and adolescent health and nutrition services. These data sources will be a valuable tool for all GFF partners in their work to improve quality of services, to explore demand-side barriers to access of services, and user-centered service delivery models that better reach the GFF's target groups. CSOs and youth organizations can play a critical role in monitoring quality of services and advocating for communities and vulnerable groups. The GFF will also continue to expand and deepen its support to help countries strengthen their CRVS systems to ensure that pregnancies, births and causes of deaths are counted and used to detect system constraints to quality.

By increasing investments and strengthening country capacity to deliver higher quality and more equitable primary care, the GFF will not only help countries improve health outcomes for women, children and adolescents, but will also contribute to improving pandemic preparedness and response. Building well-prepared and agile frontline health service delivery will enhance countries' core public health infrastructure to stop the spread of infectious diseases—including disease surveillance and rapid detection capacity, ability to isolate and treat infectious patients, functioning supply chains and reliable access to PPE and essential commodities, community trust and mobilization to facilitate contact tracing, and a protocol for encouraging citizens to follow public health guidance on staying safe. Applying the lessons from the COVID-19, the GFF will provide technical and financial assistance to help countries pivot and adapt their primary care and financing systems to protect the continuation essential health services, strengthen core public health functions, and prepare for the equitable and affordable roll out of new vaccines, therapeutics and diagnostics as they become available. The GFF will also intensify its global partnerships on primary health care, including through the accelerators of the SDG3 Global Action Plan.

Strategic Direction 4: Build more resilient, equitable and sustainable health financing systems

With the pandemic-induced global recession limiting prospects for domestic resource mobilization for the foreseeable future, the GFF will prioritize greater efficiency in national health expenditures in GFF partner countries. The World Bank has forecasted a 5.2 percent contraction in global GDP in 2020—the deepest global recession in decades.²⁴ Per capita incomes in most partner countries will shrink. This points to the urgent need for policy actions to cushion the consequences of the pandemic, protect vulnerable populations, and support more resilient health systems for the future. While the GFF is not abandoning its work to support partner countries' efforts to improve domestic resource mobilization, the macro-fiscal consequences of the current crisis will limit the short- and medium-term potential for domestic resource mobilization for health and make it imperative to increase efficiency of existing health sector resources and ensure they reach the frontlines. Instituting regular use of RMET will help GFF partner countries increase accountability and promote more

²⁴ World Bank Group. 2020. *Global Economic Prospects, June 2020*. Washington, DC: World Bank. doi: 10.1596/978-1-4648-1553-9.

efficient and equitable use of funding in the health sector; this data will also help to increase transparency in spending and guard against de-prioritization of essential RNMCAH-N services, particularly SRHR, during the COVID-19 pandemic. It may also help unlock National Health Accounts (NHA) data more quickly in the future.

The GFF will also step up joint advocacy for protecting domestic resources for health and develop strategies for partner countries to mobilize more resources as their macro-fiscal situation allows. In the long run, improved efficiency will also lay the groundwork for more effective negotiations between ministries of health and finance for the domestic resource mobilization needed to strengthen health systems as countries recover from the health crisis. While the challenging macroeconomic situation in the immediate future requires revisions to plans and targets, countries must begin planning now to “build back better” and ensure the health sector is adequately prioritized in domestic budgets when economic growth begins to recover from the pandemic-related shocks. GFF partners, including civil society and governments, must come together to seize this moment and advocate to protect and promote investments in quality primary health care that will improve pandemic preparedness and health outcomes for women, children and adolescents. Raising more domestic resources will not be possible for all partner countries, and for those where it will be, the pathways will look different. The GFF’s specific role is to work with partner countries to identify the optimal pathway and— together with partners—identify the necessary instruments and tools to support its implementation. The GFF’s catalytic financing will be targeted at accelerating and incentivizing progress on implementing reforms, pivoting World Bank and WHO expertise towards the domestic financing agenda for the health sector, contracting implementation support for health financing reforms at scale and ramping up civil society engagement and advocacy for bold reform initiatives.

The GFF will expand its support for countries to “hardwire” health investment priorities to expenditure allocations. The investment case is the main tool in the GFF toolbox to improve allocative and technical efficiency of health expenditures as well as equity. In partnership with WHO, UNICEF, UNFPA and other technical and normative agencies as well as the International Decision Support Initiative (IDSi), the GFF will expand its work in the area of prioritization and provide practical support tools to partner countries, such as “best-buy” options lists for women’s, children’s and adolescent health services. The investment case must be aligned to the national budget and planning processes to translate priorities into actual changes in how resources are used. The GFF will continue to provide public financial management support to facilitate such integration (for example, through program based budgeting) and use information from RMET and NHA data and financial incentives, where relevant, to channel more domestic resources, reinforced with technical and policy support, toward investment case priorities.

The GFF will leverage an array of instruments to incentivize country prioritization and implementation of health financing reforms. The first GFF business plan formulated a broad and all-encompassing role for the GFF in the health financing space, particularly focused on policy formulation. Lessons from the first five years show that the value-add of the GFF, vis-à-vis other key partners, lies in supporting the prioritization and implementation of their health financing strategies and key reforms, rather than working with countries to develop their strategies. In the next five years, the GFF will increase its focus on this niche and work with its partners in the SDG3 Global Action Plan’s Sustainable Financing Accelerator to play their respective roles even more effectively. The GFF’s core instruments to advance its focus on prioritization and implementation of health financing reforms include: 1) using the country investment case as a tool to help countries realize the anticipated gains from their reform strategies in equity as well as allocative and technical efficiency of health expenditures; 2) linking World Bank IDA and IBRD loans and GFF Trust Fund grants to indicators measuring implementation of health financing reforms; 3) tapping into the convening power and technical expertise of the World Bank and its trusted relationships with ministries of finance; 4) providing analytical and implementation support for World Bank teams, both in health and other critical teams that impact health

systems and thereby outcomes, e.g. public financial management and governance; and 5) harnessing the collective power and influence of the GFF partnership to conduct joint advocacy with ministries of finance on the reform agenda. Leveraging its strategic position within the World Bank, the GFF will work with its partner countries to ensure that where the GFF co-finances World Bank IDA or IBRD operations, there is a strong health financing component and that indicators related to the prioritized reform agenda and supported and developed with all partners engaged in health financing are captured in the results framework. Likewise, the GFF will actively seek joint financing opportunities with the Global Fund, Gavi, bilateral donors and other GFF funding partners to accelerate progress and drive shared accountability toward achieving country goals.

Through its support for country-led, multi-stakeholder platforms, the GFF will help deliver on the sustainable financing goals of the SDG3 Global Action Plan (GAP). Since the introduction of the Global Action Plan's Sustainable Financing Accelerator, the GFF has pivoted its existing collaboration mechanisms at country and global levels to engage with global health financing partners in support of the GAP's agenda. In the next five years, the GFF Secretariat will stop simply "filling gaps," such as by paying for staff where they are missing at the country level, and instead call on all GFF partners involved in the health financing agenda to step up their specific contributions to the countries supported through the partnership. This will include forging a stronger collaboration with the Global Network for Health Financing and Social Health Protection (P4H) in GFF-supported countries to improve coordination of partners working directly on financing at the country level. The GFF will deprioritize efforts to mobilize private capital for investment case financing at the country level, as these efforts have thus far been at a small scale and often come with heavy transaction costs, but will continue to cultivate global innovative financing opportunities such as Sustainable Development Bonds and blended finance to increase the pool of available investment capital countries can tap to expand access to quality RNMAH-N services.

Strategic Direction 5: Sustain a relentless focus on implementation and results

Intensifying its results focus, the GFF will continue to strengthen the causal chains between GFF-supported activities and improvements in the coverage and quality of services and health outcomes for women, children and adolescents. Core to the GFF agenda is a data-driven approach to enable routine monitoring of both available resources and the implementation of the prioritized reforms to accelerate progress on reproductive, maternal, newborn, child and adolescent health and nutrition services and outcomes, and strengthen primary health care systems toward the progressive realization of UHC. This also includes investments to strengthen CRVS systems, which are critical to ensuring the lives of all women, children and adolescents are counted and accounted for. In the next phase, the GFF will continue to sharpen links in the expected causal chain between the activities financed, outputs, intermediate and long-term outcomes, based on the GFF Logic Framework, which include globally agreed indicators where they exist. To do this, the GFF will develop country investment summaries (CIS) for every GFF country that define the country-specific value-add of the GFF and identify a set of indicators directly related to the country's investment case and the GFF-supported activities and reforms under implementation.

The GFF will also help partner countries improve their use of data for decision making. Over the next five years, the GFF will support a strong focus on using data at national and subnational levels for planning, monitoring, identification of solutions and creation of mutual accountability, while integrating learning loops into the process through implementation research. This includes supporting specific efforts to increase country investments in gender- and equity-responsive monitoring and data collection, and to disaggregate data by gender, socioeconomic status and other important dimensions. Critical to achieving the goals of an investment

case is ensuring the availability of reliable data along with a core set of indicators (as specified in the CIS) that can be readily and routinely visualized and analyzed by policymakers, frontline providers, and all country partners and stakeholders. In the next phase, the GFF will support the establishment of data use processes with the aim of institutionalizing a routine system of data analysis and use from the national down to the subnational levels and facilitating a regular feedback loop of implementation progress, challenges and successes. In an initial subset of lower capacity partner countries, the GFF will hire dedicated data analytics support for partner governments to accelerate progress and assist countries in building both the culture and systems for improved data use over time.

In addition, the GFF will focus on helping partner countries improve their results reporting and increase transparency. The GFF is committed to having information about spending, progress on investment case implementation, and health indicators and outcomes—disaggregated by gender, socioeconomic status and subnational level—more easily accessible, understandable and usable to all citizens and stakeholders in every GFF partner country. In the next five years, the GFF will make such data publicly available through two reporting streams. The first will be a data-driven annual report, which will enable a deeper dive than the existing GFF annual report with a portfolio-wide meta-analysis, a country-specific analysis that follows the GFF Logic Framework, and analyses of progress around a couple of specific themes each year (e.g., equity, SRHR, and domestic resource utilization and mobilization). The second will be an annual global RNMCAH-N monitoring and accountability report to track progress in all GFF-supported countries toward the global goal of ensuring that every woman, child and adolescent can survive and thrive by 2030. This report will be discussed by the GFF Investors Group, for the purpose of agreeing on priority global actions for the GFF partnership to advocate for and champion as a collective each year to accelerate progress on health and nutrition for women, children and adolescents. This will also help ensure the twice-yearly Investors Group meetings are more responsive to the needs of GFF countries, as was recommended in the recent Investors Group review. Finally, the GFF is committed to independent evaluation to strengthen evidence and practice, both at global and country levels.

Section IV: Implementing GFF Strategic Directions for 2021–2025: What Will It Take?

Delivering on these five strategic directions over the next five years will require enhanced focus on implementation of country grants, additional resources for the GFF Trust Fund and instituting some operational shifts in the GFF Secretariat and Partnership. The following section outlines several areas for action. The GFF Secretariat will work with partners to develop an operational plan that will elaborate on how to implement the strategic directions, including the specific needs, pathways, resource implications and results indicators for each, as well as a global investment case for resource mobilization.

The GFF will modify its operational policies to incentivize and accelerate implementation of investment cases in partner countries. As reflected in the issues paper and in this updated strategy, in its first five years the GFF Secretariat has learned a number of lessons on how to best use its grant funding and convening power to further implementation of the investment case and results agenda in partner countries. Key changes the GFF will make going forward in line with the strategic directions for 2021-2025 include:

- **Provide financial incentives for alignment:** The GFF will provide higher grant amounts for second- and third-round financing for countries that demonstrate progress in increasing the amount of financing behind investment case priorities and in aligning implementation efforts.
- **Dedicate a percentage of grants to core coordination functions:** For future GFF Trust Fund grants, partner countries will be asked to allocate a certain percentage of the grant toward “core alignment functions” (e.g., investment case implementation support, support for data use, and results monitoring and strengthening of country platforms) unless a country can show these functions are already financed.
- **Allocate additional GFF grants to countries for investments in key determinants of women’s, children’s and adolescents’ health and nutrition outside of the health sector:** Additional catalytic financing is needed to help countries target and minimize essential health service delivery disruptions for women, children and adolescents during the COVID-19 pandemic, and to help shape World Bank IDA and IBRD operations outside of the health sector that could have a major impact on reproductive, maternal, newborn, child and adolescent health and nutrition outcomes in GF partner countries.

The GFF will bolster the capacity of the Secretariat in line with the five strategic directions. The current GFF staffing model relies heavily on the in-country liaison officers to respond to a wide range of demands from governments and their country platform partners. To deliver on the strategic directions, the GFF Secretariat must adjust its staffing structure and augment the skills and experience—particularly of its in-country teams—in several areas, including the following: data and results measurement and analysis, including implementation research; expanding technical expertise on SRHR, gender equality and health financing; and increasing support for advocacy, communications and stakeholder engagement, including additional capacity to facilitate productive engagement with CSOs, youth and private sector partners. In doing so, the GFF will seek to optimize the use of staffing capacity of its host institution, the World Bank.

The GFF will work with the World Bank to update and strengthen the World Bank–GFF partnership framework. As highlighted in the issues paper, being hosted at the World Bank affords the GFF multiple benefits, including the ability to leverage the World Bank’s unparalleled in-country convening power and engage in policy dialogue across sectors at the most senior levels of government, as well as the ability to link GFF grants directly to IDA and IBRD loans. The World Bank’s strong fiduciary and safeguard systems also provide the assurances necessary for international funders. Yet, stakeholder interviews pointed to several challenges:

how to increase World Bank support for country investment case development and implementation, as the priority for World Bank staff is primarily on designing and monitoring IDA/IBRD projects; the need for greater clarity between the respective roles of World Bank country health team leaders and GFF country focal points and liaison officers; and operational constraints on the GFF Trust Fund's ability under World Bank rules to be agile and responsive to country and partner needs and expectations. Moving forward, the GFF will update and institutionalize its partnership framework with the World Bank, with the aim to clarify roles, mutual expectations and accountability around resources and results. The World Bank's Human Capital project and Health Nutrition and Population strategy refresh offer new opportunities to strengthen GFF–WB alignment and incentivize countries to prioritize greater investments in reproductive, maternal, newborn, child and adolescent health and nutrition. A priority for operational refinement will be to mobilize greater World Bank engagement in GFF-supported country platforms and investment case preparation and implementation, while also providing the flexibility for the GFF to contract complementary technical assistance and implementation support at scale through an array of partners.

The GFF will expand and deepen collaboration with all partners to promote and accelerate country results.

The DNA and value-add of the GFF is a country-driven partnership with a shared commitment to the principles of development effectiveness, whose sum is greater than its member parts. In its first five years, the GFF Secretariat has developed an array of specific initiatives with one or more members of the GFF partnership, based on comparative advantage, to tackle emerging challenges and opportunities. Recent examples include: seed funding from the Bill and Melinda Gates Foundation for investment case implementation support; negotiating the transfer-out agreement with the IFC; and agreement with UNICEF to use the Equist analysis to support country investment case development process and also to support implementation of the *Innovations to Scale* grants. Going forward, the GFF Secretariat will continue to turn to the members of the partnership, as well as academia, to collaborate on innovative ideas and efficient solutions, including working closer with WHO on the National Health Accounts agenda, and with Gavi and Global Fund on joint approaches to health financing and system strengthening in GFF partner countries. The GFF will also stay actively engaged in the SDG3 Global Action Plan and its accelerators, whose themes are well aligned with this strategy, and support the GAP by translating its goals and aspirations in the national and local contexts.

Recent progress in global health is in peril, but the GFF is primed and ready to ensure that the world's most vulnerable women, children and adolescents are protected and not left behind. The COVID-19 pandemic has laid bare the fragility of health systems across the globe—and how quickly essential health services can be disrupted when already weak health systems are put under stress. The dire near- and medium-term forecasts for global economic growth, worsening constraints on fiscal space, and deepening poverty for low- and lower-middle income countries only heighten the risks that investments in better reproductive, maternal, newborn, child and adolescent health and nutrition services could be deprioritized by governments—resulting in much greater loss of life than that caused by the virus itself, with worsening health and socio-economic impacts affecting generations to come. Already in the pandemic, the GFF has demonstrated the necessary vision, platforms, know-how and experience to pivot and support countries to adapt to this unprecedented crisis. By adopting the five strategic directions laid out in this strategy refresh—and with renewed commitments and necessary investments from its funding and implementing partners—the GFF can turn this crisis into an opportunity: *To ensure that the world is solidly on the path to realizing the global goal that every woman, child and adolescent, everywhere, can access the essential, quality and affordable health care they need to survive and thrive by 2030.*

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