

## IMPROVING HEALTH OUTCOMES FOR WOMEN, CHILDREN AND ADOLESCENTS BY ADVANCING GENDER EQUALITY: A ROADMAP FOR THE GFF

### OVERVIEW

**This paper lays out a preliminary vision for how the Global Financing Facility for Women, Children and Adolescents (GFF) will help advance the global goals for gender equality.** The paper identifies eight core principles driving the GFF's commitment and contributions to gender equality and outlines six proposed priority areas for action to enable the GFF to increase its impact both on gender equality and on its core mission to improve women's, children's and adolescent health, nutrition and well-being in low- and lower-middle-income countries.

**This paper was inspired by the gender equality session at the 9<sup>th</sup> Investors Group meeting in Cote d'Ivoire, Abidjan in November 2019.** An outcome of that session was a recommendation that the GFF Secretariat develop a paper for discussion at the 10<sup>th</sup> Investors Group meeting in Spring 2020. The GFF Secretariat has developed this paper with support from a team of consultants, informed by interviews with a cross-section of GFF partners and with technical inputs from the governments of Canada and the Netherlands. Feedback on the discussion paper will inform development of a final vision statement and policy brief to guide the GFF partnership's future work to advance gender equality.

### SUMMARY OF FINDINGS

**This discussion draft includes:**

- Eight core GFF principles for advancing gender equality;
- A summary of GFF experience to date in contributing to improved gender equality outcomes;
- Six areas for future action to increase the GFF's impact on gender equality.

### ACTION REQUESTED

**The Investors Group is requested to provide feedback on the draft paper to inform the GFF Secretariat's next steps in this area. In particular, discussion is welcomed on the following questions:**

- Do you agree with the proposed eight GFF principles for advancing gender equality?
- Do you agree with the six proposed areas for action to increase the GFF's future impact on gender equality?

## INTRODUCTION

### The Global Context

**2020 marks the 25th anniversary of the Beijing Declaration and Platform for Action, making this a timely moment to review the status of efforts to advance gender equality within the global health and development agenda.** Gender equality is incorporated in the Sustainable Development Goals (SDGs), including Universal Health Coverage (UHC), as both a goal and as a means for achieving other goals. The SDGs articulate a vision of a world that is ‘just, equitable and inclusive’, making clear that gender equality and women’s and girls’ empowerment are central to this endeavor.<sup>1</sup> Gender equality and equity are key determinants of health and well-being. Underlying gender norms and inequalities often lead to disparities in health and development outcomes, and research has shown that inequalities in decision-making, mobility, access to resources, health systems, legal rights to inheritance and property, and caretaking responsibilities reduce the likelihood that women will receive the information or care they need.<sup>2,3</sup>

#### Box 1. Working definitions of some key gender-related terms

**Gender:** The culturally defined roles, responsibilities, attributes, and entitlements associated with being male or female in a given setting, along with the power relations between and among women and men, and boys and girls and people of all gender identities. The definition and expectations of what it means to be a woman/ girl / man/boy, and sanctions for not adhering to those expectations, vary across cultures and over time, and often intersect with other factors such as race, class, age and sexual orientation.

- *Lancet series, on gender equality, social norms and health, 2019*

**Gender equality:** Gender has a fundamental bearing on how power and privilege are distributed and maintained and is a key determinant of everyone’s health and wellbeing. Gender also acts as a gateway to revealing and understanding opportunity, expectations and achievements along a number of structural and social stratifiers, such as class, geography, ethnicity/race, age and (dis)ability.

- *Global Health 50/50*

**Gender equity:** Gender equity is a key determinant of health and wellbeing. It makes a fundamental difference to who is at risk to disease, who can access the services they need, and whose lives are impacted (socially, economically, etc.) and to what extent. A gender equity approach enables us to be effective and efficient in our investment[s]...”

- *GFATM Gender Equity Technical Brief*

**Advancing gender equality is fundamental to achieving sustainable results in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N), and thus sits squarely within the GFF’s mandate.** The GFF was created in 2015 to help close the financing gaps to achieve SDG 3, and specifically to address the more than 5 million preventable deaths of women and children in countries facing the highest burdens of maternal and child mortality. Preventable deaths tend to reflect social

<sup>1</sup> UNWomen. 2015. *Progress of the World’s Women: Transforming economies, realizing rights*. New York: UNWomen.

<sup>2</sup> World Bank. 2012. *World Development Report 2012 : Gender Equality and Development*. World Bank. © World Bank. <https://openknowledge.worldbank.org/handle/10986/4391>

<sup>3</sup> Stavropoulou, M. 2019. *Gender Norms, health and wellbeing*. London: Advancing Learning on Gender Norms (ALiGN)

inequalities,<sup>4</sup> with the gradients across population groups being measurably higher for causes of death that are “under greater human control.” Gender inequality, although context specific, remains a leading cause of poor RMNCAH-N outcomes in LMIC countries, the target population for GFF support.<sup>5</sup>

**The GFF partnership has much to contribute to advancing gender equality, which in turn can improve health outcomes through numerous pathways.** This paper will help inform GFF partners in fully integrating their commitment to gender equality through GFF-supported processes, including through prioritized country Investment Cases for the health sector. The paper identifies areas where the GFF may have a unique role to play in promoting gender equality vis-à-vis other international financing institutions.

## EVIDENCE ON THE LINKS BETWEEN GENDER EQUALITY AND RMNCAH-N

**Ample evidence exists on the strong relationship between gender equality and RMNCAH-N outcomes, and two main strands of this evidence can guide the work of the GFF partnership.** First, research on the drivers and root causes of gaps in health outcomes demonstrates how gender *inequality* undermines RMNCAH-N. Second, programmatic evidence shows how investments in improving gender equality through policies and programs can improve RMNCAH-N outcomes. This next session will outline these two areas in turn.

### Gender Inequality Undermines RMNCAH-N Outcomes

- **Reproductive health:** Gender inequality can affect women’s access to reproductive health care through the social power structures, gender norms and values that determine their status in their communities and households<sup>6</sup>; through the dynamics of a woman’s relationship to her partner and other family members (e.g., exposure to gender-based violence); through individual factors such as age at marriage; and demographic factors such as age or education.<sup>7</sup>
- **Maternal health:** Research from multiple GFF-supported countries, including Ghana, Tanzania and Uganda, found that women who live in areas where gender-based violence is tolerated are less likely to use skilled birth attendants, attend a full course of antenatal visits or to seek antenatal care in a timely way.<sup>8</sup>
- **Newborn health:** Differentials in the burden of neonatal mortality are compounded by rural–urban, poor–rich and gender differentials. A large study of admissions in special newborn care units in India documents differential care-seeking for males and females and found that about 3 percent fewer female neonates were admitted than males at the district level.<sup>9</sup> A Government of

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<sup>4</sup> Masters, RK, Link, BG, & Phelan, JC. 2015. “Trends in education gradients of ‘preventable’ mortality: A test of fundamental cause theory.” *Social Science & Medicine*, 127: 19-28.

<sup>5</sup> Black, RE, Levin, C, Walker, N, Chou, D, Liu, L, Temmerman, M, & Group, DRA. 2016. “Reproductive, maternal, newborn, and child health: key messages from disease control priorities 3rd edition.” *The Lancet*, 388: 2811-2824.

<sup>6</sup> Keats, EC, Ngugi, A, Macharia, W, Akseer, N, Khaemba, EN, Bhatti, Z, ... & Bhutta, ZA. 2017. “Progress and priorities for reproductive, maternal, newborn, and child health in Kenya: a Countdown to 2015 country case study.” *The Lancet Global Health* 5(8): e782-e795.

<sup>7</sup> Namasivayam, A., Osuorah, D. C., Syed, R., & Antai, D. (2012). The role of gender inequities in women’s access to reproductive health care: a population-level study of Namibia, Kenya, Nepal, and India. *International journal of women's health*, 4, 351.

<sup>8</sup> Adjiwanou, V., & LeGrand, T. (2014). Gender inequality and the use of maternal healthcare services in rural sub-Saharan Africa. *Health & place*, 29, 67-78.

<sup>9</sup> Sankar, M. J., Neogi, S. B., Sharma, J., Chauhan, M., Srivastava, R., Prabhakar, P. K., ... & Paul, V. K. (2016). State of newborn health in India. *Journal of Perinatology*, 36(3), S3-S8.

India assessment found that in Uttar Pradesh, households with male newborns spend nearly four times as much on healthcare during the neonatal period than those with female newborns.<sup>10</sup>

- **Child health:** An analysis of comparative data from 96 countries shows that the gender inequality index explains 36 percent of the variance in child malnutrition and mortality and offers a strong alternative to GDP as a predictor.<sup>11</sup>
- **Adolescent health:** Gender inequality and restrictive gender norms harm the health of adolescent girls and boys. Negative consequences for girls in much of the world include increases in child marriage, early school dropout, pregnancy, risk of HIV and sexually transmitted infections, exposure to violence and depression, while boys are far more likely to engage in, and be the victims of, physical violence, die from unintentional injuries and engage in substance abuse and suicide.<sup>12</sup>
- **Nutrition:** An analysis of ten Demographic and Health Surveys conducted in sub-Saharan Africa between 2010 and 2013 assessed the connections between women's empowerment (measured by economic, socio-familial and legal empowerment) and child feeding practices (measured by minimum dietary diversity, minimum meal frequency and minimum acceptable diet). Overall, meeting the child feeding criteria were positively associated with the economic dimension of women's empowerment.<sup>13</sup> In Mozambique, research has shown that mothers' nutrition knowledge improves growth among deeply deprived children, and that mothers' formal education and household wealth have greater impact for better-off children.<sup>14</sup>

## Addressing Gender Inequality Can Improve RMNCAH-N

**A growing body of evidence shows that improving gender inequality helps catalyze change and improve health outcomes by addressing the underlying structural barriers to health.**<sup>15,16,17</sup> Within RMNCAH-N, the contributions of non-health sectors are comparatively well understood for mortality in children under 5.<sup>18</sup> Research has documented that gender equality-related efforts to improve female education, reduce fertility rates and increase women's access to resources can reduce maternal

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<sup>10</sup> Government of India. Ministry of Health & Family Welfare (MOHFW). Two-year progress of special newborn care units in India: a brief report 2013.

<sup>11</sup> Marphatia, A. A., Cole, T. J., Grijalva-Eternod, C., & Wells, J. C. (2016). Associations of gender inequality with child malnutrition and mortality across 96 countries. *Global health, epidemiology and genomics*, 1.

<sup>12</sup> Blum, R. W., Mmari, K., & Moreau, C. (2017). It begins at 10: How gender expectations shape early adolescence around the world. *Journal of Adolescent Health*, 61(4), S3-S4.

<sup>13</sup> Na, M., Jennings, L., Talegawkar, S. A., & Ahmed, S. (2015). Association between women's empowerment and infant and child feeding practices in sub-Saharan Africa: an analysis of Demographic and Health Surveys. *Public health nutrition*, 18(17), 3155-3165.

<sup>14</sup> Burchi, F. (2010). Child nutrition in Mozambique in 2003: the role of mother's schooling and nutrition knowledge. *Economics & Human Biology*, 8(3), 331-345.

<sup>15</sup> Levy, JK, Darmstadt, GL, Ashby, C, Quandt, M, Halsey, E, Nagar, A, and Greene, ME. 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* December: e225-e236.

<sup>16</sup> Malhotra, A, Amin, A, & Nanda, P. 2019. "Catalyzing gender norm change for adolescent sexual and reproductive health: Investing in interventions for structural change." *Journal of Adolescent Health* 64(4): S13-S15.

<sup>17</sup> Black et al 2016.

<sup>18</sup> Wang H, Liddell CA, Coates MM, et al. Global, regional, and national levels of neonatal, infant, and under-5 mortality during 1990-2013: a systematic analysis for the Global Burden of Disease Study 2013. *Lancet* 2014;384:957-79

mortality.<sup>19</sup> 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.<sup>20</sup>

**Investments in gender equality have been slowed by a relative lack of inclusion of women’s perspectives, gender-specific expertise and prioritization within national health ministries and global health organizations.** Globally, 70 percent of leadership in health is male.<sup>21</sup> Gender-blind laws and policies can have unfortunate consequences for girls due to the combination of discrimination based on gender and age, the added health burden of gender-based violence, and social taboos about girls’ health and sexuality.<sup>22</sup>

## THE GFF’S COMMITMENT TO GENDER EQUALITY

**As part of its core mission, the GFF is fully committed to supporting global goals for gender equality and empowerment of all women, children and adolescents.** With its focus on prioritizing and improving access to quality women’s, children’s and adolescent health services, the GFF plays an important role in promoting universal access to sexual and reproductive health and rights (SRHR) as well as in creating more equitable health and social systems that shift norms toward women’s and girls’ choice, access and power.

**The GFF proposes to adopt a set of 8 gender quality principles to illustrate how gender equality goals are embedded in the work of the partnership, and to guide future GFF-supported activities and investments.** As a partnership among national governments, global development partners, private sector and civil society, the GFF recognizes that every stakeholder in the health system has a role to play in order to achieve gender equality goals. The principles laid out below are drawn from the existing GFF strategy and business processes. They are also well-aligned with widely accepted gender equality principles of many GFF partners as well as with the Global Strategy for Women’s, Children’s and Adolescents’ Health.

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<sup>19</sup> Cohen RL, Alfonso YN, Adam T, et al. Country progress towards the millennium development goals: adjusting for socioeconomic factors reveals greater progress and new challenges. *Glob Health* 2014;10:67

<sup>20</sup> Kraft, J. M., Wilkins, K. G., Morales, G. J., Widyono, M., & 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.

<sup>21</sup> Global Health 50/50. 2019. *The Global Health 50/50 Report 2020: Power, Privilege, and Priorities*. London, UK: GH5050

<sup>22</sup> Harper, C, Jones, N, & Watson, C. 2012. [Gender Justice for Adolescent Girls: Tackling social institutions](#). London: Overseas Development Institute.

**Figure 1. Proposed GFF Gender Equality Principles**



## GFF's CONTRIBUTIONS TO ADVANCING GENDER EQUALITY: EFFORTS TO DATE

**The GFF can leverage its unique assets as a global partnership to advance gender equality.** The GFF's relationship with the World Bank allows it to make direct investments to improve RMNCAH-N and gender equality while also influencing a much larger pool of financing (IDA, IBRD, and IFC); to engage in policy dialogue with countries to influence domestic resource use and mobilization; and leverage complementary investments and capacities from its multilateral, bilateral, technical, civil society, and private-sector partners.<sup>23</sup>

**The GFF's role as both convener and catalyst to improve health outcomes for women, children and adolescents enables it to work synergistically across health and gender equality goals.** Evidence suggests that investing in gender equality can have numerous "upstream" effects on health and other development outcomes related to improving well-being and strengthening human capital.<sup>24</sup> The GFF's entire approach embodies the SDG principle of **synergy**, which recognizes that investments in every one of the 17 SDGs should be made with a view to how their contributions to improving outcomes in all of other goals.

**The GFF's focus on neglected areas of investment in women's, children, and adolescent health is firmly grounded in equity and rights-based approaches.** The SDGs move decisively toward a focus on the intersectional realities and compounded disadvantages of people's lives. The GFF approach also reinforces the SDG principle of **leave no one behind**, and it is important to understand intersectionality, including gender inequality, along with poverty, place of residence, ethnicity and a host of other characteristics<sup>25</sup>, which the GFF model is well-placed to do. Examples of equity-focused GFF investments include increasing financing to underserved districts in Mozambique; focusing on high-burden regions in Cameroon; and providing scholarships for community health nurses coming from historically marginalized communities in Kenya.

**Through its country-led model, the GFF catalyzes interventions that promote gender equality and improved RMNCAH-N outcomes.** For example, the GFF has been able to engage around adolescent girls whose life conditions call for work that challenges the structural obstacles to their health and wellbeing. Investments in adolescent girls are a vital entry point to work on gender equality: not only are health behaviors and determinants solidified in adolescence,<sup>26</sup> but also gender norms start to much more actively limit their options, prospects, and hopes.<sup>27</sup> The GFF has multiple examples from across the partnership which can help advance a more systemic approach to gender equality.

**The GFF supports the prioritization of interventions explicitly linked to advancing SRHR for women and girls.** These include increasing access to family planning and expanding the quality and choice of modern

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<sup>23</sup> Since its inception, the GFF has invested about US\$500 million in trust fund resources linked to approximately \$4.5 billion of IDA towards RMNCAH-N.

<sup>24</sup> Levy, JK, Darmstadt, GL, Ashby, C, Quandt, M, Halsey, E, Nagar, A, and Greene, ME. 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* December: e225-e236.

<sup>25</sup> Victora, C, Boerma, T, Requejo, J, Mesenburg, MA, Joseph, G, Costa, JC, ... & Barros, AJ. 2019. "Analyses of Inequalities in RMNCH: Rising to the challenge of the SDGs." *BMJ global health* Suppl 4: e001295.

<sup>26</sup> Patton, GC, Sawyer, SM, Santelli, JS, Ross, DA, Afifi, R, Allen, NB, ... & Viner, RM. 2016. "Our future: a *Lancet* commission on adolescent health and wellbeing." *The Lancet* 387: 2423-78.

<sup>27</sup> Blum, R. W., Mmari, K., & Moreau, C. (2017). It begins at 10: How gender expectations shape early adolescence around the world. *Journal of Adolescent Health*, 61(4), S3-S4.

contraceptives available through health systems in GFF-supported countries. The GFF is supporting countries such as Nigeria, Uganda, Afghanistan, Cameroon, the Democratic Republic of Congo and Tanzania to define a basic package of health services and implement reforms focused on strengthening front-line services that prioritize and protect SRHR. The GFF also supports social and behavioral change interventions that address demand-side barriers to SRH and nutrition service utilization, e.g. through investments in girls' education in Bangladesh, community-level communications interventions in DRC, and engagement with religious communities in Nigeria.

**The GFF supports countries to develop data systems that elucidate persistent gender inequalities and identify areas for improvement.** For example, progress in girls' and women's SRHR requires advancement in national data systems that underpin public health and social service delivery. The GFF supports a prioritization process that uses equity as a guiding principle and uses data to shine light on geographies and the most vulnerable and marginalized women and girls that bear disproportionate health burden or receive too small a share of health investment. GFF-supported investments in civil registration and vital statistics (CRVS), such as [birth and marriage registration systems](#), contribute to efforts to combat child marriage - a critical gender equality issue that is directly linked to early pregnancies and childbearing and a host of poor maternal and child health and nutrition outcomes.

## INCREASING THE GFF'S IMPACT ON GENDER EQUALITY: A ROADMAP FOR ACTION

**Going forward, the GFF can do even more to strengthen its impact on gender equality.** This points to two key challenges for consideration. First, the scope of possible investments to advance gender equality is nearly limitless. Since the GFF's mandate is focused on improving health outcomes for women, children, and adolescents, an approach to gender-responsive decision-making and investment needs to be guided by the evidence base for improving health for these key populations. Second, the GFF's core strength and value-add in the global health architecture derives from its country-led model and its ability to bring together a diverse array of partners from global funders and technical agencies to local civil society organizations behind country-led investment cases. However, this country-led model also presents challenges to establishing a universal commitment and approach to gender equality across the entire GFF partnership.

**With 6 proposed areas for action, the GFF will aim to strike the right balance between advancing global goals for gender equality while supporting a country-led process.** Each of the areas for action is mapped against a *four-part spectrum to guide decision-making*: 1) understanding the impact of gender inequality on health outcomes, 2) addressing existing inequities in health services, 3) supporting gender equality in health systems, and 4) working multi-sectoral to achieve greater gender equality (see figure 2).

It is important to note that these 6 proposed areas have not yet been costed, thus the ability of the GFF to ramp up action across all six areas may be contingent on additional resources.



Figure 2. Decision guide for GFF actions to advance gender equality



## Understand the impact of gender inequality on health outcomes



**Action 1: Prioritize analytical and technical support linking advancements in gender equality to improving health outcomes.** As part of its support for the development of first- and second-round investment cases, there is an opportunity for the GFF to further highlight evidence on how gender equality is linked to the RMNCAH-N agenda. For countries currently in investment case implementation, this kind of support can highlight relevant gender dimensions that are likely to impact successful operationalization of gender-responsive reforms. This support will be provided through targeted analysis and technical assistance in collaboration with GFF partners.

**Action 2: Increase country investments in gender-responsive monitoring and data systems.** As it continues to invest in CRVS and health management information systems, the GFF also can increase efforts to ensure that these systems are gender-responsive. The GFF can also work with countries to ensure the integration of gender equality indicators in their Investment Cases (IC) to better track advancements. In addition, the GFF can step up its support for community-led measurement, knowledge and learning as well as its citizen voice and feedback processes to deepen understanding of the experience and quality of care, which is fully aligned with the GFF's core principle of accountability to women, children, and adolescents first. Expanding community-level knowledge and learning processes along with a strengthened M&E approach for the ICs will be vital to ensuring that both the GFF Secretariat and the country platforms have the ability to track progress on reducing gender inequalities.

## Address existing inequities in health services



**Action 3: Accelerate further integration of SRHR and gender equality into country RMNCAH-N and UHC policies and programs, to lay the foundations for gender-transformative reforms.** SRHR are foundational for improving RMNCAH-N outcomes and should continue to be an area of focused attention for the GFF. An investment approach that is more gender-responsive would mean providing increased attention to expand the range of SRH services available. An enhanced GFF agenda for SRHR and gender equality might include implementation support that brings a gender lens to the design of policy reforms such as health insurance schemes, service package design, workforce reforms, but also legal reforms could facilitate access to SRHR interventions for women and girls. Through its relationship with the World Bank, the GFF

can leveraging additional opportunities and financing instruments such as development policy operations (DPOs).

**Action 4: Step up engagement with local women’s organizations, youth groups and other national gender equality actors to support GFF country platforms.** The GFF partnership provides an opportunity for various global health funders to come together to support civil society capacity strengthening efforts that 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. At a national level, an effective country platform should ensure strong representation from women’s and youth groups across the design, implementation, and monitoring of their ICs. In many GFF countries, women’s and youth networks are already leading work on community engagement and health promotion, and national gender experts possess in-depth knowledge of the social norms and barriers. GFF partners can join forces to ensure that a lack of financing isn’t a barrier to these organizations constructively engaging in the GFF process.

## Support gender equality in health systems



**Action 5: Create a supportive environment to empower women and girls as leaders in the GFF process at country and global levels.** Women as both users and providers are key to delivering equitable services, and as such their voices should play a more prominent role in policy setting, program design and delivery. The GFF can play a valuable role in promoting capacity building, management and mentoring of female leaders as change agents in health ministries, human development sectors and other health leadership positions, which can in turn help bring a gender lens to health sector spending priorities and policy reforms and catalyze improved and integrated RMNCAH-N results. Within each country platform and IC process, there are multiple opportunities for the GFF to use its convening role to analyze policies and advocate for changes which will prioritize the needs of women, girls and marginalized groups.

## Work multisectorally towards gender equality



**Action 6: Strengthen country-level engagement beyond the health sector.** Social and gender determinants are critical for improved health outcomes but requires engagement with other sector ministries and stakeholders. The GFF model already embodies a multisectoral vision and many country investment cases include activities in sectors beyond health. This can be further expanded to reinforce a core set of health services and contribute to driving demand. Girls’ education and school health are key areas where the GFF partnership and process could support efforts to remove the barriers and norms that gender inequality poses to RMNCAH-N, e.g. by promoting access to comprehensive sexuality education, improved health and nutrition and a gender-responsive and safe learning environment for girls. The GFF can also identify ways to further harness the Human Capital Project to help countries connect the dots between interventions to advance gender equality, RMNCAH-N, education and broader economic growth.

## CONCLUSION

The GFF already plays an important role in advancing gender equality and is poised to do even more in the future. Advancing gender equality is not about one single program, policy or intervention. Instead, it is an approach – a way of analyzing, prioritizing and learning – that can be applied across all of the GFF workstreams and channels of influence and throughout all stages of IC development and implementation. The GFF partnership and its support to country-led efforts to improve health outcomes for women, children and adolescents provides multiple opportunities to address gender inequalities that pose underlying structural barriers to health. By establishing a clear set of core guiding principles and embracing the proposed areas for action outlined in this paper, the GFF can become a stronger champion for both health equity and gender equality and will accelerate progress toward all of the Sustainable Development Goals.

<b>Individuals interviewed for developing Vision</b>	
<b>GFF Secretariat</b>	
Muhammad Pate	GFF Director/ Director HNP World Bank
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Luc Laviolette	Lead country programs
Kimberley Boer	Senior health specialist, Results and Monitoring
Mirja Sjoblom	Senior economist
Maletela Tuoane- Nkhasi	Senior health specialist, CRVS
Brendan Hayes	Senior health specialist, ASRHR/FP
Charlotte Pram Nielsen	Senior health specialist, SRHR/Gender equality
<b>GFF Donors</b>	
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Frank van de Looij & Baukye Dijkstra	Netherlands
<b>World Bank</b>	
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<b>Country representatives</b>	
Nadine Tamboura	GFF focal point, Burkina Faso
Farzana Marouf	GFF focal point, Afghanistan
<b>Civil society hub</b>	
Suzanna Denis	
Pauline Irungu	
<b>Other IG partners</b>	
Maya Malarski	GAVI
Kate Thomson, Heather Doyle	Global Fund
Anshu Banerjee	WHO
Kadi Touré	PMNCH