

STOCKTAKING ON THE GFF STRATEGY AND COUNTRY RESULTS

OVERVIEW

- The aim of this paper is to provide the Investors Group (IG) with an overview of the Global Financing Facility (GFF) actions in support of better health outcomes for women, children, and adolescents in partner countries by taking stock of progress made in delivering on the 2021–2025 strategy.
- The report focuses particularly on assessing the GFF’s portfolio, operational model and instruments. To this end, it reviews results, opportunities, and challenges related to each strategic direction with a specific emphasis on the roles of the GFF Secretariat and Trust Fund. This paper complements summaries of country progress included in the 2022 Annual Report (forthcoming) and the accompanying GFF data portal update, as well as the DRUM report, which addresses the health financing agenda in more detail.
- The GFF’s approach to health and development entails mobilizing in-country partners around priorities set by each government. With government-led investment cases (ICs) setting the agenda, the GFF raises funding through grants from a dedicated multi-donor trust fund (the GFF Trust Fund), financing from the International Development Association (IDA) and the International Bank for Reconstruction and Developing (IBRD) along with other domestic and external resources. This way of working secures high-impact investments for reproductive, maternal, newborn, child and adolescent health and nutrition in the world’s most vulnerable countries.
- The GFF’s five strategic directions, which are outlined in the 2021–2025 strategy and will be further unpacked in this paper, are:
 1. Bolster country leadership and partner alignment behind prioritized investments in health for women, children and adolescents
 2. Prioritize efforts to advance equity, voice and gender equality
 3. Protect and promote high-quality essential services by reimagining service delivery
 4. Build more resilient, equitable and sustainable health financing systems
 5. Sustain a relentless focus on implementation and results
- In addition to providing a quantitative portfolio update on country led progress, the stocktaking exercise offers a qualitative perspective of achievements across strategic directions, as well as of linkages across key operational focus areas. The sections are not intended to be exhaustive inventories of the work in each area. The purpose is rather to highlight areas that are performing well and where there are challenges, and to point out where further discussion and guidance are needed.
- Across progress and lessons learnt from each strategic directions a number of key strategic issues would benefit from IG guidance:
 1. Alignment:
 - *How does the IG see the role of the GFF vis a vis the global alignment agenda?*

- *What could be the most effective way the GFF can use its catalytic resources in support of this agenda?*
2. Country level engagement and implementation
 - *How can IG members more structurally align their financial instruments and TA to support implementation of priorities laid out in the IC?*
 - *Would a country investment framework that complements a government-led IC be a useful tool to discuss with IG members to allow for better portfolio-wide alignment investments and results monitoring across partners?*
 3. Primary health care and multisectoral engagement

In light of the GFF's unique partnership with the World Bank and its ability to collaborate within and beyond the health sector to address critical determinants for women, children and adolescents:

 - *Does the IG agree with the proposed approach outlined in the PHC operational plan including leveraging opportunities across key areas, such as social protection, gender, education and climate?*
 - *Within multisectoral collaboration, what should be the key criteria for engagement to ensure to maintain focus on GFF mandate, such as tiering country groupings and strict earmarking within a co-financed project sitting outside the health sector?*
 4. Measuring progress
 - *Would it be beneficial to supplement the Logic Model with a prioritized set of key performance indicators for each of the five strategic directions?*
 - *Would it be beneficial to bring more information on prioritized systems reforms and how they relate to health outcomes for women, children and adolescents to the GFF data portal?*

ACTION REQUESTED

The Investors Group (IG) is requested to provide guidance on the results, opportunities, and challenges highlighted in this paper, specifically regarding the roles of the GFF Secretariat and Trust Fund.

Section 1: Country portfolio overview – progress and challenges¹

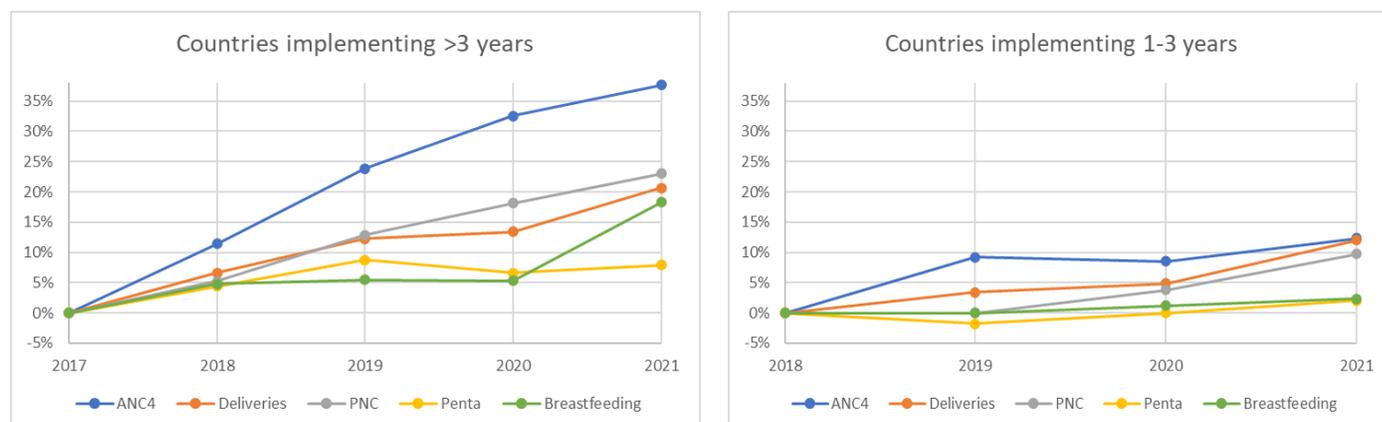
- Despite ongoing economic turmoil and the strain on health systems created by the COVID-19 pandemic, GFF-supported countries continue to improve the health of women, children, and adolescents. These gains are testament to the continued strong commitment to women’s and children’s health and to the health systems resilience that will be critical in sustaining progress and withstanding future shocks.
- For example, Côte d’Ivoire has increased the level of antenatal care for pregnant women over the last three years from 33% to 45%, with an 11-percentage point jump in 2021 following a dip in 2020. Kenya boosted the rate of women delivering babies in facilities with a skilled attendant from 54% in 2014 to 79% in 2021, with a positive trend continuing in both 2020 and 2021. Another example is Malawi, which increased the total number of newborns receiving post-natal care by 92% between 2018 and 2021. The most recent year of implementation resulted in a 21% increase
- It is estimated that countries have reached the following since the start of investment case implementation, with GFF support:
 - More than 96 million pregnant women with 4 or more antenatal care visits
 - Over 103 million women with safe delivery care
 - 111 million newborns with early initiation of breastfeeding
 - More than 500 million users of modern contraceptives, with more than 187 million unintended pregnancies averted²
- In countries with at least two years of GFF engagement, reporting was consolidated across six core focus areas: pregnancy care visits, facility-based newborn deliveries, breastfeeding initiation, reproductive health and family planning, postnatal care, and childhood vaccinations.
- Across these areas, countries’ implementation progress varied in both scope and magnitude. Overall, however, more than half (52.1%) of GFF partner countries implementing for more than one year achieved progress toward at least four of the six core focus areas.
- Furthermore, countries with GFF support for longer periods achieved greater progress since investment case implementation began compared to those who began implementation more recently. Among the countries that had implemented GFF support for two or more years, a longer period of implementation was associated with improved results across a larger number of indicators.
 - 71% of the countries that had implemented their investment cases (ICs) for 5 or more years by the end of 2021 (that is, IC implementation began in or prior to 2016), reported progress toward achieving at least four of the key outcomes.
 - Furthermore, 46% of the countries that had implemented GFF support for 3–4 years, and 43% of countries that had implemented support for less than 3 years, reported progress toward achieving at least four core outcomes. Improvements have also been

¹ Country RMNCAH-N output and outcome data cited in this paper were shared by GFF partner countries as part of the annual GFF data collection process unless otherwise specified. More country data, including the specific sources used by countries for each indicator, can be found on the [GFF data portal](#)

² Source: Track20 data, downloaded October 2022

observed in fragile, conflict-afflicted and vulnerable countries, 60% of which succeeded in improving four or more core outcomes since their baseline years of implementation.

Median cumulative change in indicator values since baseline³



Trends in core outcome indicators⁴

By cohort:	# of countries with time trend	# improving in 4+ indicators	% improving in 4+ indicators
5+ years (implementing 2015-2017, baseline 2014-2016)	7	5	71%
3-4 years (implementing 2018-2019, baseline 2017-2018)	13	6	46%
<3 years (implementing 2020-2021, baseline 2019-2020)	7	3	43%

- Prior to the COVID-19 pandemic and subsequent economic downturn, most GFF-supported countries were able to increase government spending on, and prioritization of, health care. While domestic general government health expenditure (DGGHE) per capita remained fairly consistent between 2016 and 2019, GFF partner countries demonstrated their commitment to health amidst competing public priorities by increasing domestic government general health expenditure (DGGHE) as a percentage of general government expenditure (DGGHE/GGE). Between 2018 and 2019 alone, more than half (53%) of the GFF partner countries increased their investments in health relative to general public expenditure. Partner countries also showed a strong commitment to financial protection, as the number of countries that did not incur

³ The baseline year of implementation is taken as one year prior to the start of the IC or World Bank project for each country. 2017 was chosen as the starting year for this analysis for long implementing countries given that few countries reported baseline data prior to this time.

⁴ This analysis includes all countries with a time trend (at least two annual data points) and is based upon available country data which was provided through calendar year 2021. The cohorts are defined by years of implementation using a baseline year as a starting point

increases in out-of-pocket spending on health per capita more than tripled between 2016 and 2019.⁵

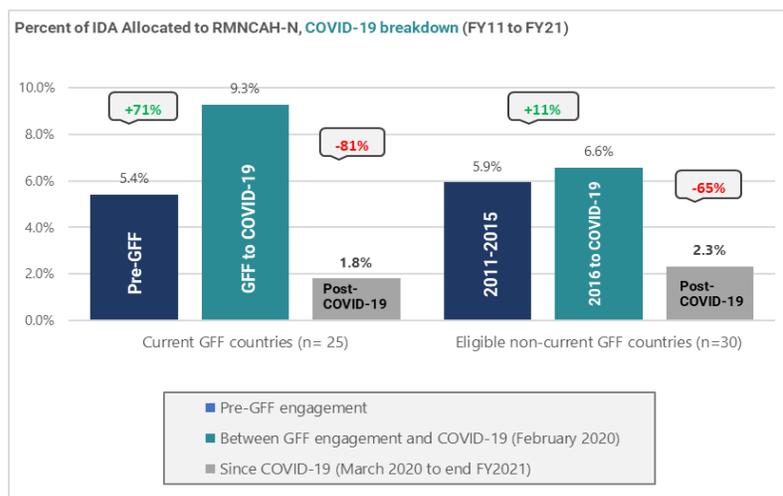
Indicators	2016-2017	2017-2018	2018-2019
Countries that show an increase in DGGHE per capita	25	24	24
Countries that show an increase in DGGHE as a % of general government expenditure (DGGHE/GGE)	11	14	19
Countries that do not show an increase in the amount of out-of-pocket spending on health per capita	9	6	19

Source: Global Health Expenditure Database, using the most recent data published at the time of each milestone

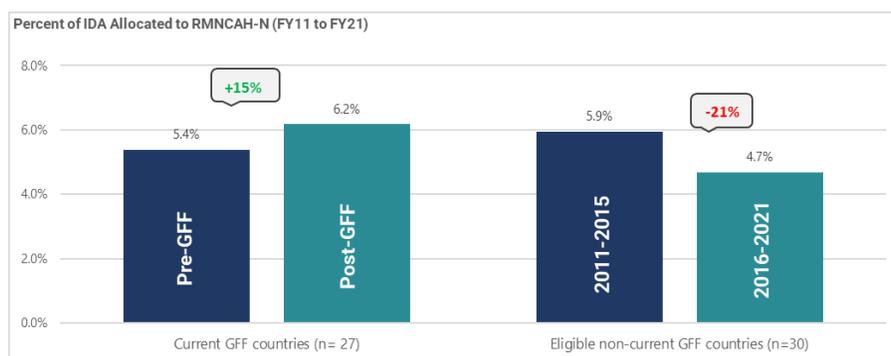
- Data from resource mapping and expenditure tracking (RMET) demonstrate how governments and development partners in GFF partner countries have joined forces to address the prolonged COVID-19 crisis. In the financial year 2021/2022, 10 GFF partner countries conducted resource mapping for the first time. This exercise revealed that governments and donors allocated a total of \$4.8 billion to health priority areas laid out in country-led ICs and strategic health plans in that fiscal year alone. Donors and governments in all the 28 countries that have conducted RMET reportedly committed \$19.1 billion to ICs in the 2019–2022 period.⁶
- One of the promises of the GFF model since its inception in 2015 was to create more and better financing for women, children and adolescent health. This year provides the consolidated evidence that the collaboration with the World Bank over the last seven years has led to more World Bank IDA financing for RMNCAH-N. A recent analysis of the GFF co-financing of IDA lending finds evidence of GFF leverage on World Bank funding for women, children, and adolescent health demonstrated by the large increase (71 percent) in the share of IDA going to RMNCAH-N before and after GFF engagement until February 2020. This increase in share of IDA allocated to RMNCAH-N in GFF-supported countries catalyzed an additional \$1.7 billion for RMNCAH-N through February 2020.

⁵ Global Health Expenditure Database (GHED). WHO. 2022.

⁶ Countries that completed a RMET between July 2021 and June 2022 include Burkina Faso, Cameroon, Central African Republic, Ghana, Guinea, Senegal, Sierra Leone, Tajikistan, Tanzania, and Uganda. Countries in which an RMET is currently in progress, including initial scoping conversations, include Afghanistan, Central African Republic, Chad, Côte d'Ivoire, the Democratic Republic of Congo, Ethiopia, Ghana, Indonesia, Liberia, Malawi, Mauritania, Mozambique, Niger, Nigeria, Pakistan, Rwanda, Senegal, Sierra Leone, Somalia, Zambia, and Zimbabwe. Countries that have not completed or started an RMET over the past year include Bangladesh, Cambodia, Haiti, Guatemala, Kenya, Madagascar, Mali, Myanmar, and Vietnam.



- It is worth noting that after COVID-19 hit, there was a prioritization for IDA allocation towards the pandemic response growing from 0 to 13.4% in GFF-supported countries with a decrease in the total proportion allocated to RMNCAH-N. This highlights the critical importance of maintaining focus on the health and wellbeing of women, children and adolescents, through Essential Health Services grants and other efforts to safeguard and strengthen essential service delivery. Further, the aggregate data through the end of FY21 show that GFF engagement has helped catalyze significant additional resources for RMNCAH-N from IDA even when taking into account the shift in IDA financing toward pandemic response after March 2020.



- Despite substantial investments made by both governments and donors to address the consequences of the COVID-19 pandemic and protect essential health services, increasing global economic instability and other challenges are jeopardizing countries' ability to increase, or even sustain, pre-pandemic levels of health spending. Across GFF partner countries, current health expenditure (CHE) per capita initially increased by an average of 10% in 2020 as part of efforts to respond to the pandemic. However, after the initial shock wore off and re-allocation of funding to respond to the crisis became strained, CHE rates declined by 2% in 2021.⁷ The global economic turndown and the Russian invasion of Ukraine are expected to further restrict the capacity of GFF partner countries to maintain or increase health spending. Even with sustained

⁷ "From Double Shock to Double Recovery", World Bank.

priority given to health as prior to the pandemic, the strain of the macro-fiscal environment is expected to reduce the current government health expenditure per capita in Liberia, Madagascar, Mozambique, Zambia, and Zimbabwe to lower than pre-pandemic levels over the next three years. As continued economic contractions are reported across the globe, GFF-supported countries will likely face increasing challenges in their efforts to stay on track for recovery.

Section 2: Progress against the strategic direction

In view of the country results outlined above, the following section focuses on understanding the link between country-level impact and the support provided in the form of GFF Trust Fund resources and technical assistance (TA) through the new GFF strategy. At the end of each Strategic Direction there are key areas which the Secretariat is requesting guidance.

Strategic direction 1: Bolster country leadership and partner alignment

- Since the GFF was founded, it has been guided by a conviction of the power and necessity of country leadership in driving transformative change. Strategic direction 1, to bolster country leadership and partner alignment, cuts across all areas of the GFF Secretariat's work program. This section provides additional detail on recent programs developed by GFF to advance the alignment agenda and strengthen leadership where the GFF has a clear and tangible value-add.
- While country leadership and alignment are often seen as essential factors for system reforms to succeed, funding in this area has nevertheless traditionally been ad-hoc and insufficient for long-term change. In addition, the alignment agenda is often equated with simply pooling or aligning donor financing rather than with a systematic process of linking funding with priorities set out in country plans and strengthening government leadership to drive these efforts.
- The GFF's support for this purpose includes initiatives to strengthen stakeholder engagement (beyond convening country platform meetings), to enhance leadership capacity for carrying out system reform with long-term impact, and to reinforce country ownership and alignment around priority areas.
- The Country Leadership Program (CLP) fills an important gap as it focuses on the entire system, while also linking with the reform agenda supported through the IC and the country platform. The CLP allows national and subnational leaders in health and finance ministries and the private sector, as well as civil society and youth leaders, to learn from each other and acquire the skills and support they need to drive systemic change. Because the courses are crafted on a country-by-country basis, pooling expertise and partnerships at the local and regional levels, there is a greater degree of sustainability. As of September 2022, Ethiopia, Kenya, Malawi, and Nigeria have participated in the program, while another five are set to take part later in the year and in 2023. The aim is to reach 150 leaders by 2023.
- In an initiative to advance another critical component of this agenda, the GFF has introduced a Female Leadership Program. The program seeks to build further competence in addressing challenges faced by women in leadership positions, leverage the potential of women to advance health system reform agendas, and nurture stronger networks and communities of women

leaders to promote health system change. Approximately 40 women leaders from French- and English-speaking countries across Africa have been part of this effort to date.

- While alignment has been a key aspect of the GFF's way of working since it was founded, the Alignment Working Group (AWG) is a more explicit effort to shift alignment discussions to the country level and place them under the government's leadership. By doing this, the GFF aims to help contextualize challenges and better assess countries' capacity to operationalize globally agreed goals. The AWG, which consists of ministers of health from partner countries, members of civil society organizations, and representatives of bilateral and multilateral donors, strives to maximize the impact of health spending by delivering guidance and policy recommendations to optimize existing country-led alignment processes, and to operationalize activities aimed at advancing countries' alignment efforts. The AWG is currently being piloted in four countries: Burkina Faso, the Central African Republic, Ethiopia, and Rwanda. The initiative, which is time bound, will bring out key recommendations for advancing alignment around financing and health service delivery. In 2022, a series of orientation workshops were conducted in Ethiopia and the Central African Republic, while Rwanda organized a series of onboarding meetings with development partners and civil society. The next step will be a diagnostic exercise aimed at soliciting experiences from in-country stakeholders on successes and challenges. The findings will be used to map each country on a maturity model, as well as to develop action plans aiming to improve the level of alignment.
- At the global level, the Sustainable Financing for Health Accelerator (SFHA) has brought partners together around the financing agenda and reduced transaction costs by having teams from different organizations collaborate on jointly financed projects and technical support (see the DRUM report for Pakistan example).

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

- While many countries are making progress in terms of increasing service coverage rates, inequities are still vast and at risk of widening due to the health and economic impact of the COVID-19 pandemic. Nevertheless, improvements in geographic equity have been achieved in at least one focus area in 14 out of 16 countries with subnational coverage data. A closer examination of five⁸ core outcome areas of interest show differences by focus area, with more countries reducing subnational disparities for ANC4 and institutional deliveries and fewer countries doing so for family planning and childhood vaccination.
- Since the launch of the GFF's new strategy, decisions endorsed by the IG and TFC have helped guide GFF Trust Fund resources to help countries to advance their gender- and equity-related efforts. The Secretariat has increasingly included pro-equity and gender-based interventions into its TA and co-financing support, with a mix of targeted supply- and demand-side interventions. In addition, the Secretariat has supported a policy and legal reform agenda that first focuses on understanding barriers to access to services for the most vulnerable populations, in order to include populations that are often left behind.

⁸ The five areas included in the analysis are pregnancy care visits, facility-based newborn deliveries, postnatal care, reproductive health and family planning and childhood vaccinations. Subnational data on early breastfeeding initiation were too limited to include in the analysis.

- The GFF is conducting a set of comprehensive equity diagnostics in all GFF-supported countries. The assessment gauges not only socio-economic drivers of inequity, but also the impact of gender, urban/rural residence, geography and additional dimensions pertaining to the specific country context. These diagnostics serve to inform GFF partner countries in three ways: (i) they help develop and monitor the implementation of GFF investment cases from an equity perspective; (ii) they inform the targeting of GFF co-financing of IDA health operations; and (iii) they inform the GFF's collaboration with the World Bank's Social Protection and Jobs Global Practice (see below). The country equity diagnostic (CED) has been initiated for 18 priority countries: Bangladesh, Cameroon, Côte d'Ivoire, DRC, Ethiopia, Ghana, Guinea, Haiti, Liberia, Madagascar, Mali, Mauritania, Nigeria, Pakistan, Senegal, Sierra Leone, Tajikistan and Uganda. In these countries, a portfolio review and a quantitative health equity data analysis are currently underway, and a draft CED will be completed by December 2022. The CEDs will be used for policy dialogue with GFF country teams around health equity and feed into the GFF's operational engagement around the design of ICs or co-financed projects. In fragile countries like Mali, particular attention will be given to the impact of violence and conflict on service delivery and equitable coverage.
- The GFF's position within the World Bank has allowed for a more strategic leveraging of IDA instruments to support a gender and equity agenda in health, nutrition and population (HNP) projects. With support from the GFF, several countries have introduced disbursement-linked indicators (DLIs) to increase equitable access to services. Mozambique, for example, has introduced DLIs related to the expansion of sexual and reproductive health services through the school health platform, as well as for the national family planning program, with a specific focus on adolescent girls. In Bangladesh, DLIs have been used to create an enabling environment for post-partum family planning delivery. Meanwhile, Ethiopia has launched DLIs to address rural-urban gaps in access to contraceptives.
- Data from household surveys show an exacerbation of demand-side barriers to accessing health services due to the multiple global crises. Following TFC approval in November 2021, the GFF has intensified collaboration with the World Bank's Social Protection and Jobs (SPJ) sector to better leverage demand-side schemes for the women's and children's health agenda. In Côte d'Ivoire, where inclusion of the poor in the *couverture maladie universelle* (CMU), or universal health coverage, scheme is heavily constrained by demand-side barriers, the GFF is co-financing an IDA pilot approach to incentivize social centres, which are responsible for enrolment in the social registry, to simultaneously include eligible households in the CMU scheme. The combination of supply-side strengthening through the GFF co-financed health project and demand-side incentives through the social protection scheme, as well as the inclusion of activities to facilitate enrollment into the CMU scheme within the World Bank's budget support program, is expected to help catalyze rapid increases in both CMU and essential services coverage.
- To support the legal and policy reforms that are needed to advance the equity agenda, the GFF Secretariat has provided TA to World Bank teams that are leading negotiations on budget support programs, also known as development policy financing (DPF). This support has led to several concrete results in terms of gender and SRHR reforms. Examples include a ministerial order to establish school health clubs that promote access to comprehensive sexuality education in all secondary schools in Niger, legal change enabling pregnant schoolgirls in

Cameroon to continue their education and to request maternity leave, and a new regulatory framework to increase access to safe contraception in Benin.

- The additional support toward gender and SRHR reform will be critical, as DPF negotiations tend to involve competing agendas across many sectors and must be carried out within a short period (6-12 months). To deepen and broaden collaboration in support of this agenda, the GFF will continue to partner with the World Bank's Development Economics Research Group, among other partners, through the newly established Adolescent Health Learning Action and Benchmarking network (AdLAB). The recruitment of SRHR fellows through a new program, launched in May 2022, is another example of the GFF's efforts in this area. The first cohort of 14 fellows, who will be posted in World Bank country offices across Africa, will provide expertise and technical assistance on women and girl's empowerment and SRHR-related issues to World Bank teams and, by extension, to governments and in-country partners. Another aspect of this support is the strengthening of the managerial capacity of two women-led organizations in Cameroon and Kenya, which are responsible for the imp.
- The GFF's strengthened data collection can help inform funding allocations, including for co-financed projects, to improve the coverage and quality of reproductive, maternal, new-born, child and adolescent health and nutrition (RMNCAH-N), while also considering equity aspects. In Burkina Faso, for instance, the IC and the GFF co-financed IDA project target the regions with the lowest level of contraceptive prevalence. These target regions showed the greatest improvements over the past year. A cross-examination of indicators has suggested that those regions that report high coverage levels of postnatal care but low contraceptive prevalence could become potential priority areas for future GFF engagement with Burkina Faso, with focus on mobilizing and incentivizing health workers to improve post-partum family planning.

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

- Through this strategic direction, the GFF works to maintain as well as to accelerate progress toward higher-quality maternal and neonatal health outcomes. Focus is on improving both programmatic outcomes and the GFF's systematic efforts to help partner countries reach more women, children and adolescents with high-quality health services.
- Over the last two years, this work has largely aimed to safeguard and ensure equitable access to essential health services, while at the same time addressing system bottlenecks in COVID-19 response efforts. To date, the Trust Fund Committee has approved COVID-19 essential health services (EHS) grants and TA for 24 countries linked to \$2.3 bn of IDA/IBRD projects on health systems and COVID-19. Flexible GFF financing, in particular, has helped to ensure the inclusion of EHS within project design. This has included activities to address key gaps in service delivery and commodities, as well to strengthen frontline community and PHC services. As of September 2022, 15 grants are under implementation and a further 14 countries have requested support. On average, EHS grants reach implementation two to three times quicker than regular grants.
- There is strong country demand for support toward designing and implementing the EHS agenda. For example, countries tend to request assistance in rethinking the way citizens interface with the health system through service delivery redesign (SDR). This work, which aims

to improve the quality and organization of care through more dedicated planning and systematic assessments, has been initiated through a TA program for high-quality health systems. Formative and implementation research will begin in five countries to identify and make the policy and system changes needed to redesign service delivery for women, children and adolescents. The GFF is also supporting country-specific analytics and advisory services to advance different aspects of high-quality health systems (e.g., horizontal integration in Pakistan, a small and sick newborn care costing tool pilot in Zambia, and an adolescent health opportunities paper in Mali).

- The GFF Secretariat has continued to work with key IG partners in identifying and scaling health systems innovations, including through the UNICEF–GFF collaboration “Innovation to Scale” supported by Laerdal as well as a partnership between the GFF, Merck for Mothers and Rockefeller Foundation. For example, an intervention to improve the quality of intrapartum and neonatal care, carried out in collaboration with UNICEF, was recently extended to include 30 hospitals in Tanzania. The program directly addresses one of the priorities identified in Tanzania’s RMNCAH+N One Plan III, the second investment case. Preliminary results show an increase in provider capacity, along with reductions in neonatal and maternal mortality.
- While countries are moving away from the acute phase of the COVID-19 pandemic, it is important to ensure complementarity between efforts to strengthen pandemic prevention, preparedness and response on the one hand, and efforts to advance the specific systems reforms that are critical for improving the health of women, children and adolescents, on the other. Since both the GFF and the newly established Financial Intermediary Fund for Pandemic Prevention, Preparedness and Response are hosted by the World Bank, they can play complementary roles in response to the demand from countries and communities to protect EHS through PHC while simultaneously strengthening public health functions. Lessons from the COVID-19 pandemic highlight the importance of such dual investments to both prepare for and address crises and build resilience, including for women’s, children’s and adolescent health.

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

- Given the climate of uncertain economic recovery, leveraging World Bank/IDA funding for health financing reforms in GFF-supported countries has become increasingly central to GFF’s value-add in this area. To date, IDA/IBRD operations co-financed by the GFF have allocated US\$2,908 million toward improvements in health financing in 33 countries through 44 operations (including \$406 million in co-financing from the GFF).
- Since the launch of the DRUM window in 2019⁹, the health financing focus of GFF co-financed projects has shifted from predominantly results-based financing programs toward essential health financing reforms (e.g., public financial management, pooling and insurance schemes,

⁹ The **DRUM window** consists of five key pillars: (i) leveraging IDA funding for health financing reforms; (ii) supporting health financing technical assistance and analytics to inform IDA lending, as well as to strengthen reform design and implementation at the country level; (iii) enhancing planning, budgeting, execution and transparency through resource mapping and expenditure tracking; (iv) mobilizing the World Bank’s public sector governance and public financial management expertise for GFF-supported countries; and (v) increasing global, regional and local-level advocacy efforts for more, and more efficiently used, resources for health.

and financial protection programs) and supporting the preparation of development policy operations to promote health financing reforms.

- Supporting health financing reforms to achieve UHC has been a critical part of the GFF's mandate since its inception. The domestic resource utilization and mobilization (DRUM) funding window, approved by the TFC in late 2019, aims to intensify the GFF's support for health financing reforms in partner countries and to align this support with the 2021–2025 strategy. Because health financing is one of the World Bank's key focus areas, the GFF has been able to effectively support a large work program across 37 partner countries with minimal Secretariat staff capacity, drawing upon the World Bank's convening power, expertise and multisectoral teams.
- Within the global health financing landscape, the GFF's work has focused on supporting the implementation of health financing reform and on paying renewed attention to frontline health systems. By advocating for an increase in the proportion of health expenditure going to peripheral service delivery points, the GFF is helping to ensure that health systems deliver more high-impact, cost-effective RMNCAH-N services to poor, rural and historically marginalized populations. For instance, GFF Trust Fund resources have been used to co-finance three DLIs for an IDA-funded public financial management reform in Tajikistan, including the introduction of a single, protected line for PHC. This allows health facilities to reallocate funding across expenditure categories, thus ensuring that unutilized funds are not disbursed to other sectors.
- A key component of progress in health financing is the ability of countries to routinely monitor health budgets and expenditures from both domestic and external sources. This is important for the IC as well as from a systems perspective. For this purpose, the Secretariat continues to work closely with governments and partners on resource mapping and expenditure tracking (RMET). The number of countries that had completed resource mapping and an IC financial gap analysis increased from 22 countries in 2021 to 28 countries in 2022. Beyond the IC gap estimation, these data are used for policy dialogue and decision making on resource mobilization, budget allocation and alignment. In Rwanda, where the IC is heavily focused on improving nutrition outcomes, RMET has been used to introduce tagging of nutrition-related lines across sectors in the national budget. This work has helped the government and other partners to estimate total allocations to nutrition programs, and to link the budget process and expenditure monitoring with Rwanda's program for early childhood development.
- Nevertheless, a persistent challenge and risk for the GFF is the frequent misalignment between the development and monitoring of NHPs and ICs vis-a-vis the development and monitoring of domestic and external budgets. In other words, the multi-year strategic planning process and ICs are often divorced from the annual implementation plans, which are defined through the planning and budgeting process. Meanwhile, development partners are constrained by their internal planning, budgeting, and monitoring cycles and systems. These discrepancies complicate expenditure tracking efforts and as a result, very few countries are actively monitoring spending toward IC priorities. To begin the shift toward a more unified resource tracking ecosystem, the GFF and WHO are collaborating to harmonize expenditure tracking approaches in RMET and national health accounts, with a focus on process efficiency and resulting data use in policymaking.

- Similarly, the absence of global and in-country consensus on how to produce timely and accessible frontline/PHC spending data at the provider level poses challenges for tracking success of this agenda, as well as for enhancing accountability. The GFF is working closely with the World Bank and WHO as part of the Sustainable Health Financing Accelerator (SHFA) to advance a PHC measurement agenda. Through this work, the GFF can play a potentially catalytic role in identifying alternative methods to measure progress in PHC, as well as in continuing investments in data quality at the country level.
- At the same time, the necessary post-COVID health system and economic recovery stretches far beyond the scope of both the GFF and the health sector. There is a need to acknowledge that political barriers sometimes prevent the uptake of technical solutions and necessary investments for UHC. Recognizing that political and fiscal factors, along with broader macro conditions, will determine the pace of reform design and implementation, establishing a more holistic strategy together with IG members is key to determining how the GFF partnership can work differently in these countries.

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

- Since the launch of the GFF's new strategy, which introduced a sharper focus on results measurement and data use, the GFF has made considerable progress in strengthening its results function. The GFF uses the logic model, which was approved as part of the new strategy, to determine what should be measured along the causal pathway and what should be prioritized for strengthened measurement. The latter areas include gender and equity, SRHR, adolescent health, the private sector, quality and efficiency, nutrition, alignment and health systems reform. The GFF's strategic approach to strengthening measurement in these areas is to leverage partnerships and cross-agency and cross-country collaborations, while capitalizing on existing initiatives.
- Significant improvements have been observed in countries' sharing of data. For the annual update in 2022, 32 countries shared data (up from 23 in 2021), 31 countries shared subnational data (up from 17), and 12 countries shared specific age- and sex-disaggregated data (up from 2). However, only 6 out of 32 countries shared current values for kangaroo mother care for the past year, reflecting limitations in their systems for tracking this indicator in a timely manner. In addition, many countries face uncertainty in their denominator data, which hinders their ability to translate counts of individuals reached with different services into standardized coverage estimates. For example, even though 24 countries shared data for four antenatal care visits (ANC4) this year, only 17 shared ANC4 data expressed as coverage (i.e. as a percentage of the target population reached). The remaining seven countries only provided numerator data.
- The GFF's approach to IC results frameworks, whereby country indicators reflect prioritization based on a context-specific theory of change, is both flexible and country-driven. However, the resulting lack of standardized indicators impedes cross-portfolio analysis. The GFF Secretariat has therefore supplemented this model with 11 standardized indicators that cut across core RMNCAH-N areas. The standardized indicators requested from all countries for the first time this year align with country commitments to global initiatives such as the global Every Newborn Action Plan, Ending Preventable Maternal Mortality and the Sustainable Development Goals.

- Over the past year, the GFF has increased its collaboration with partners to help countries to strengthen their own processes for analyzing coverage and equity along the RMNCAH-N continuum, and to use such analyses to assess progress in IC implementation and inform decision-making. In 2022, the GFF worked with Countdown to 2030, WHO and UNICEF to support 22 GFF partner countries in assessing and analyzing available data, allowing them to estimate RMNCAH-N coverage on an annual basis instead of waiting for the next large household survey. As standardized analytical reports summarizing this work are finalized by each of the 22 countries, they are being made available on the GFF data portal as well as on the Countdown to 2030 website. This work is critical for advancing timely and standardized analysis and use of RMNCAH-N coverage and equity data.
- Given the lack of age- and sex-disaggregated data in many countries, along with inadequate integration of gender-responsiveness into monitoring processes, the GFF has launched a new project, Monitoring & Action for Gender & Equity (MAGE). MAGE, which involves technical collaboration with the Johns Hopkins Bloomberg School of Public Health and financing by the Bill & Melinda Gates Foundation, aims to strengthen the mainstreaming of gender-responsive monitoring in the GFF's country engagement model. This will be done by facilitating a rigorous gender assessment at the beginning of each IC cycle, ensuring that age- and sex-disaggregated data and data on gender-related barriers are appropriately considered in prioritization processes, and enabling the inclusion of gender-responsive indicators and analyses in results frameworks and progress reviews. With support from MAGE and the Results Advisory Group, the GFF also works to ensure that gender- and equity-related aspects are systematically integrated into rapid cycle monitoring approaches.
- In another move to strengthen the approach to implementation research and evaluation (IR&E), the GFF has developed an IR&E Strategy in collaboration with the Results Advisory Group. Key activities include supporting evaluations of IC processes and outcomes, as well as the development of implementation research activities related to adolescent health and wellbeing, high-quality health systems and pathways from innovation to scale. As part of the revised IC guidelines, the GFF is providing guidance on how IR&E can be built into the IC process from the start, with tools, frameworks and TA being made available to support the process.

Section 3: Key strategic issues for IG guidance

Across progress and lessons learnt from each strategic direction, a number of key strategic issues would benefit from IG guidance.

Alignment

- Improving the health of women, children and adolescents requires strong political leadership and support at the leadership level in country systems. In order to mobilize additional resources, advance alignment and catalyze commitments for prioritized systems reforms that cut across programs, engagement must be at a high political level within the Ministry of Health, or even at head of state level. Côte d'Ivoire, for example, has established a new platform at the level of the Prime Minister's office to leverage convening power across several line ministries. In most other countries, the GFF is supporting multiple platforms in connection with the RMNCAH-N department, the larger health sector or the health financing strategy.

- It is important to emphasize that the country leadership and alignment agenda is a longstanding issue, which suffers from political economy challenges at various levels. Moving forward, it will be vital that IG partners continue to play a role in addressing institutional barriers.

Key questions:

- *How does the IG see the role of the GFF vis a vis the alignment agenda?*
- *What could be the most effective way the GFF can use its catalytic resources in support of this agenda?*

Country level engagement and implementation

- While a key objective of the IC is to foster alignment of both government and external resources around one plan, it has suffered from the misconception of being a Secretariat-only effort. The GFF Secretariat is currently revising its IC guidelines, in part to make them more explicit about the necessary links between the IC and each country's National Health Plan (NHP) in terms of content as well as process and timeline. The objective is to ensure that the IC can assist in improving the operationalization and prioritization of the NHP in support of women, children and adolescents' health, so that partners can better align and contribute to the plan. The GFF Secretariat provides additional support regarding affordability, prioritization, and the development of a clear results framework. For example, while Malawi initially developed a stand-alone "GFF" investment case specific to reproductive, maternal, neonatal, child and adolescent health (RMNCAH), the health ministry later decided to integrate the prioritized interventions and targets into the Health Sector Strategic Plan III toward "one plan, one budget, one monitoring". This decision rectified the perception of the IC being GFF-centric, aligned advocacy efforts behind the NHP, and focused donors' attention on financing the operational plan for the NHP.
- While the IC is an important anchor document, and its development process serves as a valuable entry point for the GFF's engagement, it does not reflect the entire value chain of the GFF's resources and partnership engagement. Quality of investment cases is continuously increasing as countries revise, adapt and re-prioritize. Further, ongoing feedback from the IG highlighted the need to better outline the specific value added and contribution of the GFF catalytic financing and TA.
- In order to (i) plan investments more strategically across the portfolio, (ii) identify more clearly the GFF value add in every partner country and (iii) increase accountability towards the Trust Fund Committee, the GFF Secretariat started to develop country investment frameworks. This approach aims to describe how the GFF resources and strategic initiatives can be better aligned around country priorities as identified in the IC.

Key question:

- *How can IG members more structurally align their financial instruments and TA to support implementation of priorities laid out in the IC?*
- *Would a country investment framework that complements a government IC be a useful tool to discuss with IG members for better portfolio-wide alignment and results monitoring across partners?*

Primary health care and multisectoral engagement

- Strengthening high-quality primary health care systems for the purpose of improving women, children and adolescent health outcomes touches on all aspects of the health system – financing, public financial management and governance – and requires multisectoral support. The GFF’s position within the World Bank can enable such collaboration through models described under strategic direction 2 (e.g. by leveraging demand-side incentives for near-hospital deliveries) and strategic direction 4 (e.g. by adapting strategic purchasing mechanisms to strengthen necessary referral). In light of the multi-sectoral engagement and GFF catalytic role, this approach is targeting five countries to provide learnings before shifting to a partnership wide agenda. At the country level, increased alignment with technical agencies should be sought to reduce fragmentation and avoid conflicting support.
- Further, following IG and TFC guidance, the Secretariat has developed an operational plan (see *GFF-IG15-3 PHC Operational Plan*) which aims to better articulate the GFF’s support to PHC and to inform investments and technical assistance targeting RMNCAH-N outcomes. In doing so, the plan focuses particularly on the role of catalytic financing from the GFF Trust Fund and on how these resources can best be deployed to support country-led and partner-supported efforts to build resilient PHC systems.

Key questions:

In light of the GFF’s unique partnership with the World Bank and its ability to collaborate within and beyond the health sector to address critical determinants for women, children and adolescents:

- *Does the IG agree with the proposed approach outlined in the PHC operational plan including leveraging opportunities across key areas, such as social protection, gender, education and climate?*
- *Within multisectoral collaboration, what should be the key criteria for engagement to ensure to maintain focus on GFF mandate, such as tiering country groupings and strict earmarking within a co-financed project sitting outside the health sector?*

Measuring progress

- To monitor progress at all levels of the GFF engagement process, a comprehensive logic model was endorsed by the IG and designed to track all parts of the engagement using multiple measurement approaches to monitor progress. This approach gives a comprehensive view on the full results chain that helps make explicit the holistic theory of change whereby inputs, activities and prioritized reforms lead to near term outputs, medium- and long-term outcomes and ultimately to measurable impact in the form of improved health of women, children and adolescents and strengthened financing systems that enable health benefits to be sustained over time.
- To deliver on GFF logic model, the new strategy provides a bold agenda for 2021-2025. The Strategy plays a critical role in providing a clear and ambitious roadmap for the partnership over the coming years. and set ambitious enabler cascaded to five strategic directions in support of the GFF logic model.

- Significant feedback was received from IG constituencies on how to measure progress against the strategic directions and their contribution to progress against the GFF logic model. The graphs shown in annex 2 provides an overview of where each of the strategic directions are contributing to advance the logic model. However, the logic model does not provide summary measures of progress that correspond directly to GFF strategy.
- With a view of measuring progress towards achieving the five strategic directions, the development of a GFF strategy measurement framework could help inform where additional efforts and resources are needed, including the Secretariat and broader partnership support.

Key question for IG guidance:

- *Would it be beneficial to supplement the logic model with a prioritized set of key performance indicators for each of the five strategic directions?*
- *Would it be beneficial to bring more information on prioritized systems reforms and how they relate to health outcomes for women, children and adolescents to the GFF data portal?*

Annex 1: Tools, policies and plan in support of delivering the strategy

Bolster country leadership and partner alignment behind prioritized investments in health for women, children and adolescents	Prioritize efforts to advance equity, voice and gender equality	Protect and promote high-quality essential services by reimagining service delivery	Build more resilient, equitable and sustainable health financing systems	Sustain a relentless focus on implementation and results
<ul style="list-style-type: none"> • The Country Leadership Program (CLP) • Female Leadership Program • Alignment Working Group (AWG) • Sustainable Financing for Health Accelerator (SFHA) • IC guidelines (currently being revised) 	<ul style="list-style-type: none"> • Gender Equality Roadmap • Country Equity Diagnostics • Disbursement-linked indicators (DLIs) to increase equitable access to services. • Collaboration (co-financing of IDA) with the World Bank's Social Protection and Jobs (SPJ) sector • Targeted technical assistance (TA) to WB teams leading on budget support programs (DPLs) • Adolescent Health Learning Action and Benchmarking network (AdLAB). • Recruitment of SRHR fellows • Joint Learning Agenda to strengthen in-country civil society engagement in health financing 	<ul style="list-style-type: none"> • Essential health services (EHS) grants • TA contract for formative and implementation research in five countries for service delivery redesign • UNICEF–GFF collaboration “Innovation to Scale” supported by Laerdal • Partnership between the GFF, Merck for Mothers and Rockefeller Foundation. 	<ul style="list-style-type: none"> • DRUM report • Leveraging IDA funding for health financing reforms • DRUM grant program for WB teams • Collaboration with WB's Governance Practice • Resource Mapping and expenditure tracking • Regional and global level advocacy events 	<ul style="list-style-type: none"> • Monitoring & Action for Gender & Equity (MAGE) • IR&E Strategy in collaboration with the Results Advisory Group • GFF data portal and support for data use at Country Platforms and other relevant fora • Frequent Assessments + Surveillance Tools for Resilience (FASTR) • Countdown to 2030

Annex 2 : Overview of Strategic Directions as enablers in support of advancing the logic model

SD1: Bolster country leadership and partner alignment behind prioritized investments

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

SD 3: Protect and promote high quality essential health services by reimagining service delivery

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

SD5: Sustain a relentless focus on results

