

# A NEW FINANCING MODEL FOR THE SUSTAINABLE DEVELOPMENT ERA

The Global Financing Facility in Support of Every Woman Every Child



Photo by Maria Fleischmann





Photo by Dominic Chavez

## WHY NOW?

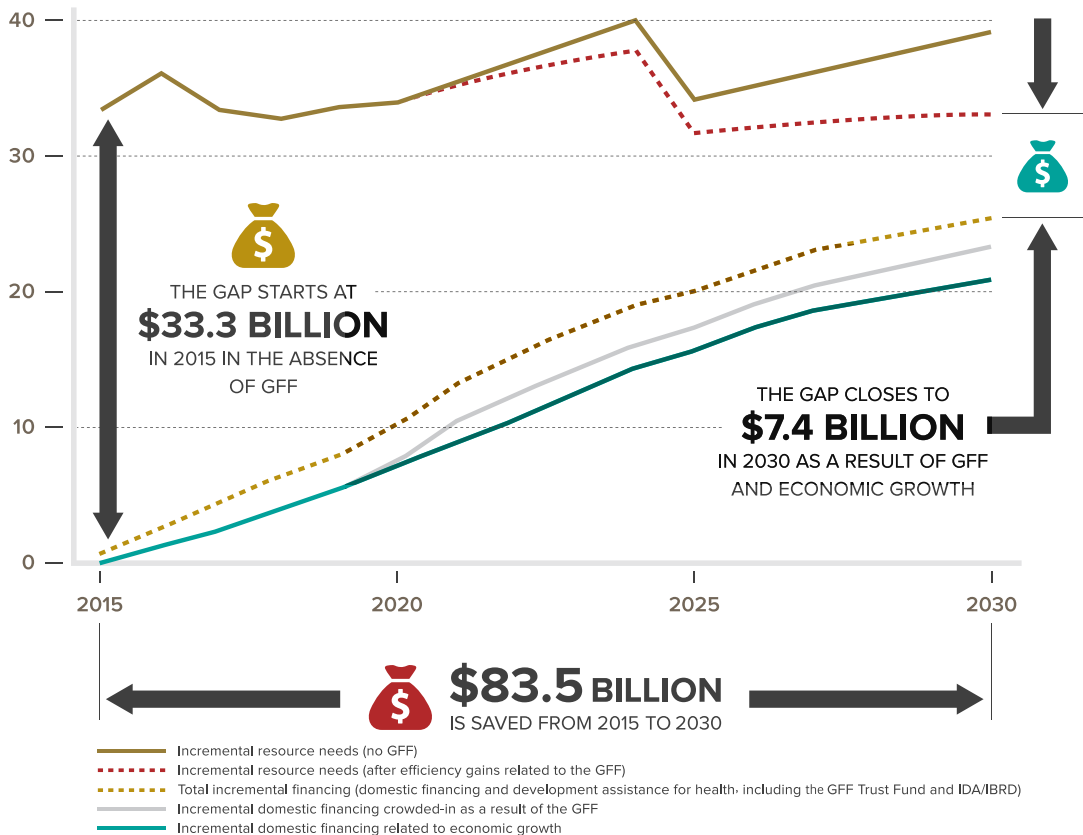
Countries have made considerable progress over the past 25 years in improving the health and well-being of women, children, and adolescents. But the progress has not been enough: too many women, children, and adolescents have been left behind, dying and suffering from preventable conditions—in part because of an enormous financing gap, estimated at US\$33 billion annually.

The Sustainable Development Goals (SDGs) set the direction and the results that we want to achieve, and we have the technical knowledge of what works to get us there. Now we have the financing mechanism that will enable us to close the funding gap.



Photo by Dominic Chavez

## FINANCING GAP IN REPRODUCTIVE, MATERNAL, NEWBORN, CHILD, AND ADOLESCENT HEALTH AND NUTRITION





# THE GLOBAL FINANCING FACILITY

- The Global Financing Facility (GFF) aims to end preventable maternal, newborn, child, and adolescent deaths and improve the health and quality of life of women, children, adolescents. The mission of the GFF is truly unique: to build a new model for development financing for the SDG era, bringing together multiple sources of financing in a synergistic, country-led way that closes the gap in funding for reproductive, maternal, newborn, child, and adolescent health and nutrition by 2030.
- The GFF takes a lifecycle approach, focusing on critical periods of birth, the early years, and adolescence and looking across the reproductive, maternal, newborn, child, and adolescent health and nutrition continuum. The GFF also works with education, water and sanitation, and social protection, as well as other sectors that influence health and nutrition outcomes.
- The GFF draws on the expertise of and resources from stakeholders including the World Bank Group; United Nations agencies; the Partnership for Maternal, Newborn, Child and Adolescent Health; Gavi, the Vaccine Alliance; the Global Fund to Fight AIDS, Tuberculosis, and Malaria; the Bill & Melinda Gates Foundation; bilateral donors; private sector partners including MSD for Mothers; and civil society organizations.

## THE GFF HELPS COUNTRIES ACHIEVE THE SDGS BY

### STRENGTHENING DIALOGUE

among key stakeholders under the leadership of governments and supporting the identification of a clear set of priority results that all partners commit their resources to achieving;

### GETTING MORE RESULTS

from existing resources and increasing the total volume of financing from domestic government resources, financing from the International Development Association (IDA) and the International Bank for Reconstruction and Development (IBRD), aligned external financing, and private sector resources; and

### STRENGTHENING SYSTEMS

to track progress, learn, and course-correct.

**EACH DOLLAR**

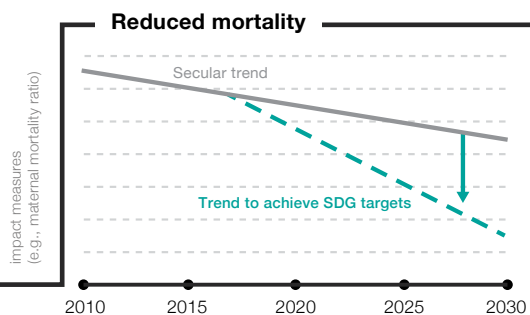
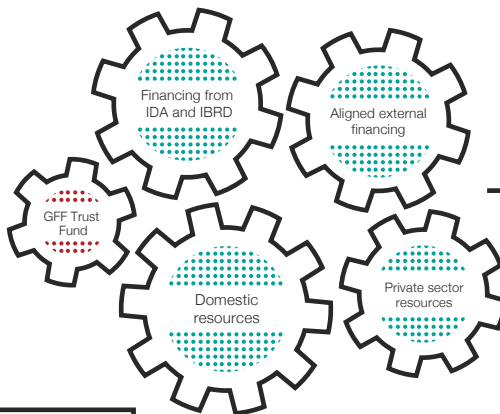


**INVESTED IN THE GFF TRUST FUND CATALYZES FOUR SOURCES OF FUNDING, AND PRODUCES BOTH HEALTH RETURNS AND ECONOMIC AND SOCIAL RETURNS.**

# THE GFF: CLOSING THE GAP TO BETTER HEALTH

1

**Smart, scaled, and sustainable financing**  
catalyzed by the GFF Trust Fund



**leads to improved health and well-being (SDG3 and SDG2)**

- Improved health, nutrition, and wellbeing
- Better psychosocial and cognitive development outcomes
- Beneficial demographic changes

2

**leads to improved economic performance and broader SDG benefits**

- More productive workforce
- Faster economic growth



# COUNTRY PROGRESS

## Cameroon



Cameroon has among the highest maternal mortality ratios in the world and although under-five mortality has decreased in many regions, it remains extremely high in the north. Through the GFF process, the government has committed to increasing the share of the health budget allocated to reproductive, maternal, child, and adolescent health from 6 percent to 25 percent between 2017 and 2020. This reprioritization of resources builds on early achievements from the results-based financing program that the GFF is carrying forward, which includes increases in coverage of child vaccination, maternal immunization against tetanus and modern family planning, as well as significant improvements in the quality and availability of essential health services.

## Liberia



In Liberia, total financing required for the investment case is \$719 million over the next five years. Domestic resources are estimated to be about \$201 million (with 40 percent committed), making up 28 percent of total budget requirement. Based on the mapping in 2016, there is a remaining 30 percent overall financing gap. The financing gap has been reduced because of some initial alignment with and coordination between the World Bank, GFF Trust Fund, USAID, GAVI, and the Global Fund in support of the priorities in the investment case. Strengthening coordination of the 94 nongovernmental organizations working in health in Liberia will help to prevent any duplications and ensure efficiency gains.

## Tanzania



The Tanzanian GFF program is already displaying promise. After a year of implementation, several quality-related indicators are showing progress. For instance, the number of pregnant women receiving two doses of intermittent preventive therapy improved from 34 to 57 percent; the number of women receiving iron and folic acid increased from 56 to 67 percent; and the availability of 10 tracer medicines increased from 30 to 46 percent. In addition, qualitative evidence further indicates that the program is positively influencing the motivation and attitudes of health care providers, and is, in particular, reducing absenteeism and enhancing performance.

# THE GFF REPLENISHMENT

- The GFF has launched its first replenishment to respond to demand from countries that want to be part of the GFF, with a goal of mobilizing an additional US\$2 billion to expand the GFF to a total of 50 countries between 2018 and 2023.
- These 50 countries account for 96% of the US\$33 billion annual financing gap and 5.2 million maternal and child deaths each year.

## NOW IS THE TIME TO INVEST IN THE GFF

Too many women, adolescents, and children are dying; the lack of financing is a key barrier. This translates into significant economic losses and a reduced ability to benefit from the demographic dividend.

1

The GFF model is based on frontloading grant resources and using them catalytically to assist countries to transition from a reliance on external assistance, but this cannot happen overnight. The work must begin in the next few years to influence countries' trajectories.

2

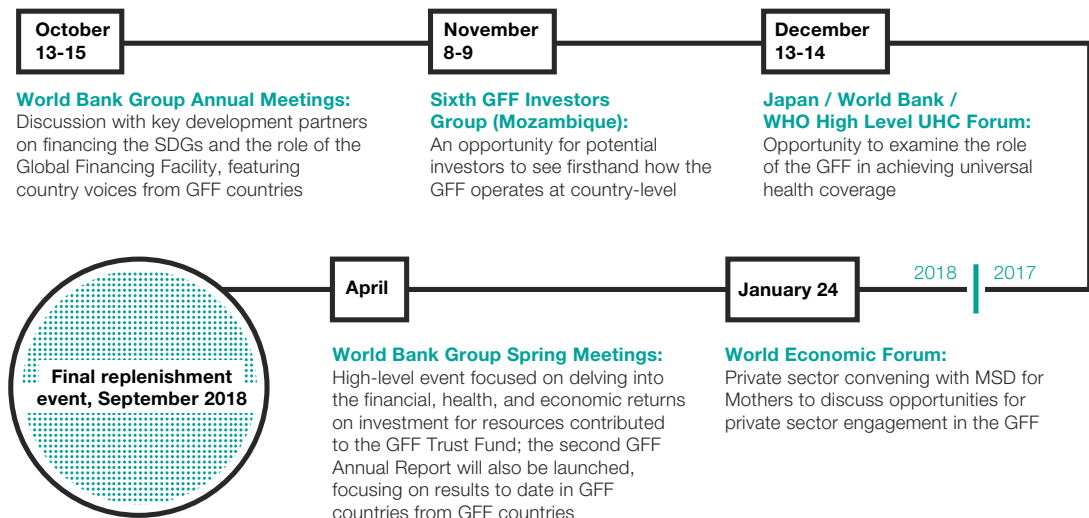
IDA just completed its largest replenishment, creating a historic opportunity to invest in reproductive, maternal, newborn, child, and adolescent health and nutrition.

3

Country success working with the GFF has led to high demand from countries that are interested in being part of the GFF.

4

## REPLENISHMENT ROAD MAP





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