Advancing Health for Women, Children, and Adolescents Amid Overlapping Crises

GFF PARTNERSHIP ANNUAL REPORT 2021-2022

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

1818 H Street NW. Washington DC 20433
Telephone: 202-473-1000
Website: www.globalfinancingfacility.org

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From the Director and the Head of Secretariat

This is a time of great crisis in the world. For many people across different countries, facing each day means making difficult trade-offs and confronting adversity in the face of a food crisis, inflation, and ongoing social unrest. And there are longer-term causes for deep concern: Slowdowns in global growth are weighing down countries, especially developing economies. And high levels of debt leave many developing countries without enough fiscal space to invest in health services and education and protect the most vulnerable.

When the Global Financing Facility for Women, Children and Adolescents (GFF) was launched in 2015, the idea was to innovate a new way of working in development: Put countries in the lead, support better outcomes for women and children, and increase available funding toward health for women, children, and adolescents. At the time, the scope of challenges the world would face these past couple of years was unfathomable.

Yet countries have demonstrated what can be possible when governments make an enduring commitment to protect women and children, reinforced by support to reform their health systems. Health systems become more resilient, disruptions become limited, and progress accelerates.

The GFF approach puts community-delivered health at the center of these efforts. With our partners, we are supporting countries to speed up efforts to build high-quality primary health systems that bring services for women, children, and adolescents to communities.

In fact, this annual report shows that countries engaged with the GFF partnership longer are making significant progress in delivering systemic changes to health systems. The evidence lives in the results: More than 70 percent of countries who have partnered with the GFF for five or more years reported improvements—even in spite of setbacks from COVID-19.

Also, government investment in the health of women and children has been consistent across GFF partner countries, and in some cases, budgets have even increased. Country commitment has been supported by global development partners who have aligned funding around country priorities. Through the GFF's collaboration with the World Bank, the share of World Bank financing in GFF-supported countries allocated to reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) has increased by more than 15 percent since 2015.

But the ambition of the catalytic role of the GFF partnership goes beyond the funding. These collective efforts are also helping support alignment and prioritization in countries as well as the legal and policy changes needed to address the structural barriers preventing equitable access to health.

We are at a pivotal time in global health as countries want to double down on their commitment to women's, children's, and adolescent health amid several priorities. This must be done through a systems approach with the engagement of global partners and local communities.

The GFF will double down on efforts to support the tireless work of countries, civil society, along with global and local partners, to deliver equitable health care that effectively responds to the needs of communities. We look forward to rising to today's challenges and meeting the ambition of a better tomorrow. The result can be not only improved health, but an advancement of the rights of and opportunities for women, children, and adolescents.

Juan Pablo Uribe
Director,
Global Financing Facility

Monique Vledder
Head of Secretariat,
Global Financing Facility

Overview

The world continues to face multiple overlapping challenges that threaten progress in health for women, children, and adolescents. But in the face of crisis and adversity, countries and communities have shown enduring commitment. Even with these unprecedented hardships, countries have remained dedicated to improving the health of women, children, and adolescents. Through financial and health system reforms and investments they improved the most essential care services, including assisted deliveries, family planning, pregnancy and newborn care, and childhood immunization.

This annual report provides the state of progress in health for women, children and adolescent in the Global Financing Facility (GFF) partner countries and unpacks the impact of COVID-19 and other crises on countries and communities. It also looks at how the GFF partnership has helped countries build the foundations of health systems that benefit women, children, and adolescents and provides concrete examples of how countries have managed to build resilience throughout their health systems.

Since partnering with the GFF, countries' investments reached over 96 million pregnant women with four or more antenatal visits; over 103 million women with safe delivery care; 111 million newborns with early initiation of breastfeeding; and over 500 million users of modern contraceptives, with more than 187 million unintended pregnancies averted.

This year, more countries have completed investment cases, prioritized health systems and financing reforms, and made progress in implementation. The number of countries on track to achieve improved outcomes in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) has increased, despite challenges associated with the direct and indirect effects of COVID-19. For example, within the past year the number of countries showing improvement in 75 percent or more of their maternal and newborn outcome indicators has increased from 13 to 16 and the number showing similar improvements in nutrition outcome indicators has increased from 9 to 18.

Further, long-term commitment has translated into more progress. In countries that have partnered for the longest time with the GFF, coverage of essential health services is increasing. Seventy-one percent of GFF partner countries implementing for five or more years report improvements across essential care, including assisted deliveries, pregnancy and newborn care, childhood immunization, and family planning—compared with 38 percent of countries doing so for fewer than three years.

At the heart of this progress lie the efforts of country and community leaders, along with youth and civil society organizations working with the GFF partnership to continuously find new tools and fresh ways of working to shape and drive necessary change.

In support of country and community leadership and through its 2021–2025 strategy, the GFF has been supporting governments to make smart investments across key strategic directions to accelerate progress toward better health for women, children, and adolescents—such as:

- **Sharper focus on results measurement and data use**: This year provides the first consolidated evidence on beneficiaries reached, coverage of key interventions, and additionality of financing across the portfolio of GFF partner countries. Sharper focus on results measurement and data use allowed reporting across six core focus areas: pregnancy care visits, facility-based newborn deliveries, breastfeeding initiation, reproductive health and family planning, postnatal care, and childhood vaccinations. Significant improvements have been observed in both the amount and level of detail of the data shared by countries. For the annual data update in 2022, 32 countries shared data (up from 23 countries in 2021), 31 countries shared subnational data (up from 17 countries), and 12 countries shared specific age- and sex-disaggregated data (up from 2 countries).
- **Continuous efforts to catalyze more and better financing**: One of the promises of the GFF model since its inception in 2015 was to create more and better financing for women's, children's, and adolescent health. Following the GFF engagement, the share of World Bank financing in GFF partner countries allocated to RMNCAH-N increased by more than 15 percent by the end of FY21. An additional US$1.7 billion was allocated to RMNCAH-N in GFF supported countries between 2015 and February 2020, alone. In addition to the GFF's catalytic effect on World Bank resources, the GFF has been working with governments to incentivize health financing reforms. For example, in the Central African Republic improvements in frontline

spending and donor alignment have led to a 5 percent increase in resource allocation for primary health care. Health financing reforms in Cote d'Ivoire helped expand insurance coverage by 89 percent. These reforms targeted the poorest households, which contributed to increasing the number of women seeking pregnancy care.

- **Investing in primary health care: the foundation and platform for health and well-being**. Through the rollout of its 2021–2025 strategy, the GFF has scaled up its support, working with country and community leaders and global and local partners to drive the step changes needed across health systems to deliver on better health for all women, children, and adolescents now and build the systems of the future. For example, with GFF support Uganda achieved significant improvements in training health workers and teachers to provide adolescent and youth friendly services. Guatemala's expansion of the cash transfer program for nutrition contributed to more children being monitored for growth.

- **Protecting essential health services while building health system resiliency**. Urgent technical assistance and cofinancing with the World Bank across 24 countries in 2021 and 2022 helped support improving emergency preparedness, the rollout of COVID-19 vaccines, strengthening community health and health worker surge capacity, covering the cost of services, and addressing shortfalls in family planning commodities.

Despite all this, progress is still mixed, and inequities are widening is some areas. While these statistics offer reason for hope and prove the resilience of many countries and communities, disruptions and economic shocks have resulted in uneven progress and even reversed some gains. For example, regional disparities in vaccination coverage increased in 50 percent of GFF partner countries according to subnational coverage data. While some countries were able to weather the disruption, 60 percent of GFF supported countries saw an increase in geographic inequity gap for postnatal care.

Building on the lessons learned from country and community leadership, the GFF partnership will continue to support country alignment efforts, investments, and the scale-up of proven approaches with a view toward a more resilient future. Targeted support to areas such as strengthening the health workforce and community health centers, integrating nutrition and sexual and reproductive health services into health systems, promoting better data, and innovation in service delivery will continue to guide GFF investments and partnership efforts. All of this in view of supporting primary health care that delivers on a shared resiliency agenda and narrowing equity gaps.

Section

1

State of Women's, Children's, and Adolescent Health in GFF Partner Countries

Over the course of 2020, the number of people living in extreme poverty worldwide rose by more than 70 million—the largest increase in a single year in the past three decades.

Virtually every country in the world reported some level of pandemic-related disruption in health services that continued at least through 2021. By the end of 2022, as many as 685 million people could still be living in extreme poverty. This would make 2022 the second-worst year for poverty reduction in the past two decades, behind 2020.

Source: Poverty and Shared Prosperity Report, World Bank (2022)

Over the past two years, health systems have been under enormous strain as resources were diverted to deal with COVID-19 and essential services suffered pandemic-induced disruptions. These challenges, compounded by economic turmoil and increased poverty, have adversely impacted the health of communities around the world—particularly for women, children, and adolescents.

Even with these unprecedented hardships, countries that showed enduring commitment to the financial and systemic investments required to improve the well-being of women, children, and adolescents sustained more resilient health systems and better outcomes.

Since its inception in 2015, the Global Financing Facility (GFF) partnership has been supporting country-led efforts to provide consistent, quality health care even through periods of health emergency and economic shock. Working with country and community leaders along with global and local partners, GFF investments have driven the step changes needed to deliver on better health for all women, children, and adolescents.

How long-term commitment is translating into better health for women, children, and adolescents

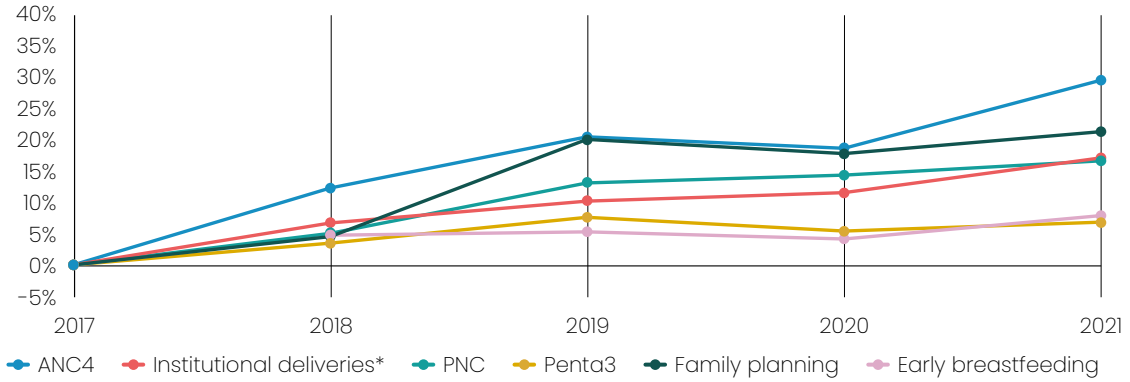
Countries with a longer GFF partnership demonstrate stronger performance across core health services. An analysis of key health services shows 71 percent of countries that have partnered with the GFF for five or more years—thus demonstrating their sustained dedication to improving the health of women, children, and adolescents—achieved improvements[1] across the majority of the most essential care services, including assisted deliveries, family planning, pregnancy and newborn care, and childhood immunization.[2] In comparison, 38 percent of those that have been supported by GFF for fewer than three years showed similar progress.

of countries partnering with the GFF for five or more years achieved improvements across the majority of the most essential care services for women and children.

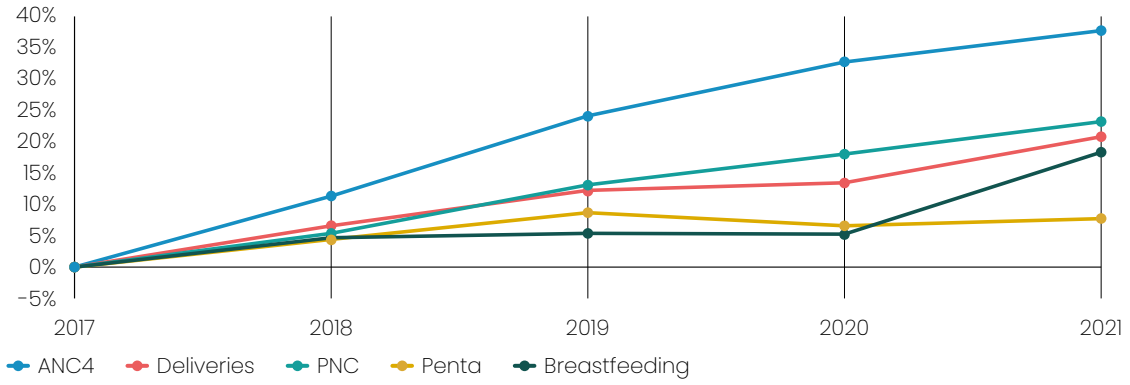
1. In this analysis *improvement* was defined as a country reporting improvement in at least four out of the six core reported indicator areas. Indicators included in the analysis were: ANC4, institutional deliveries, postnatal care, early initiation breastfeeding, Penta3 vaccinations, and SRHR/family planning.
2. Unless otherwise specified, output and outcome data for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) cited in this report were shared by GFF partner countries as part of the annual GFF data collection process. Additional country data, including the specific sources used by countries for each indicator, can be found on the GFF data portal.

As shown in **figure 1.1**, GFF partner countries have demonstrated large improvements in delivery of services for women, children and adolescents, with a rebound in 2021 evident after disruptions in 2020. Countries who have partnered with the GFF for three or more years (panel b) have achieved larger gains, though countries supported by the GFF for fewer than three years (panel c) also improved in 2021.

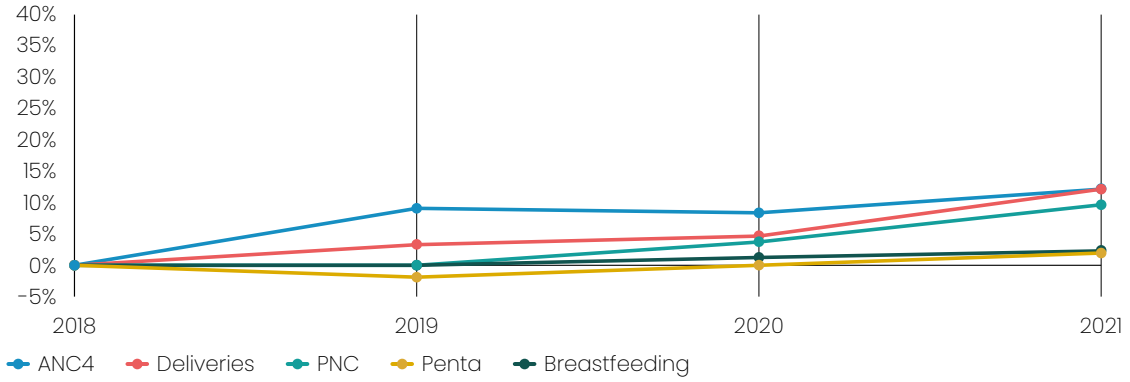
Figure 1.1. GFF Partner Country Health Care Trends for Women, Children, and Adolescents, 2017–2021, with Median Changes from Baseline Year



a. All GFF-supported countries



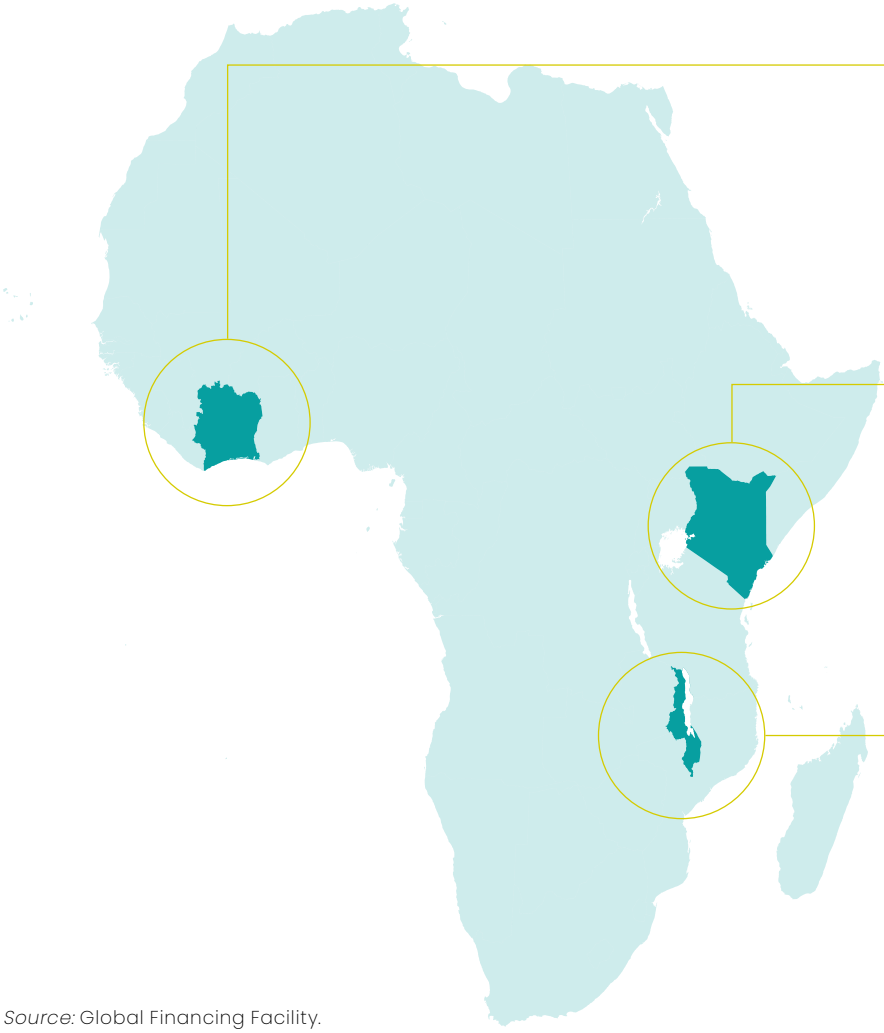
b. Countries implementing more than 3 years



c. Countries implementing from 1 to 3 years

Source: Global Financing Facility.

Examples of countries working with the GFF for three or more years:



Côte d'Ivoire has increased the level of antenatal care for pregnant women over the past three years from 33 percent to 45 percent, with a 6 percent increase between 2020 and 2021.

Kenya boosted the percentage of women delivering babies in facilities with a skilled attendant from 54 percent in 2014 to more than 79 percent in 2021, with a positive trend continuing in both 2020 and 2021.

Malawi increased the total number of newborns receiving postnatal care by 92 percent between 2018 and 2021.

Source: Global Financing Facility.

These gains demonstrate how investment and delivery of systemic change is resulting in sustained progress and resilience, now and for the future. This progress is especially remarkable given the multiple challenges faced by low-income countries in recent years and underscores the importance of country leadership that prioritizes sustainably funded, strong health systems built to serve the needs of women and children. As the world faces new and emerging challenges from climate change, conflict, food insecurity, and rising inequality, strong health systems are more important than ever.

Despite ongoing economic turmoil and health systems strain created by the COVID-19 pandemic, GFF-supported countries continue prioritizing the health of women, children, and adolescents. Since they began partnering with the GFF, countries have reached:[3]

3. Beneficiaries are included in the analysis only on or after the country's first year of Investment Case or World Bank project implementation. The source for the first three bullets is data shared by countries as part of the annual process convened by the GFF, based on national health management information systems and periodic surveys. The data source for modern contraceptives and unintended pregnancies averted is Track20.

Since they began their partnership with the GFF, countries have reached:

More than

96

million

pregnant women with four or more antenatal care visits

More than

103

million

women with safe delivery care

111

million

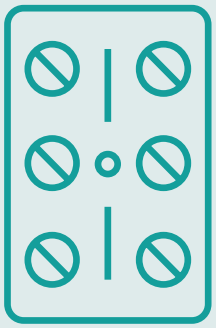
newborns with early initiation of breastfeeding

More than

500

million

users of modern contraceptives with more than **187 million unintended pregnancies** averted



Mixed progress and ongoing health inequities

While these statistics give reason for hope and prove the resilience of many countries and communities, disruptions and economic shocks have resulted in uneven progress and even reversed some gains. For example, four countries reporting increases in childhood vaccinations before the pandemic experienced drops in 2021.

Further, uneven progress occurred within countries. While some countries were able to weather the disruption, 60 percent of GFF supported countries saw an increase in geographic inequity gap for postnatal care. In addition, regional disparities in Penta3 vaccination coverage increased in 50 percent[4] of GFF partner countries.

At the same time, thanks to country and community leadership and investments made in earlier years, some countries have been able to limit the damage. In countries that have been working with the GFF the longest, and where investments prioritized women, children, and adolescent health, the picture is more positive—with equity gaps narrowing and coverage of essential health services increasing.

For example, regional disparities in the coverage of at least four antenatal care visits (ANC4+) decreased in 10, or 56 percent, of countries implementing their investment case for more than one year and reporting coverage data. For the majority of these countries (8 out of 10), the increase in equity was driven by improvements in pregnancy care in the bottom 25 percent of regions.

A similar trend is observed in sexual and reproductive health and rights (SRHR) services with five countries, or 56 percent, showing a decrease in geographical inequity. Gaps were also bridged in postnatal care. For example, in **Mozambique**, coverage inequity was slashed by half with coverage in the lowest performing regions increasing from 83 percent to 89 percent between 2017 and 2021, while overall remaining steady in the highest performing regions (at 92 percent and 93 percent respectively).

Uneven progress across countries:

Vaccination rates dropped in some countries in 2021

Uneven progress within countries:

Equity gaps for postnatal care increased in 60% of GFF supported countries

Equity gaps for vaccinations increased in 5 out of 10 GFF supported countries

4. 5 out of the 10 GFF partner countries reporting subnational coverage data for Penta3 vaccination saw an increase in geographic inequity.

Section

2

Supporting Countries to Build the Foundations for Health Systems that Benefit Women, Children, and Adolescents

"With GFF support, we have implemented key reforms in health financing and community primary care to ensure all women and children can access the services they need. Our collective efforts are building more resilient and equitable health systems that can withstand multiple crises and ensure better health and nutrition outcomes for all."

—Dr. Daniel Ngamije, Minister of Health for Rwanda

In response to strong country demand, and through its strategy for 2021–2025, the Global Financing Facility (GFF) has been supporting governments to make smart investments across key strategic directions to accelerate progress toward better health for women, children, and adolescents. These include (1) consolidating data from country systems and rapid data collection efforts to track progress, inform policy decisions, and drive reforms; (2) promoting sustainable health financing by understanding how the health sector is financed; (3) reconfiguring service delivery and building stronger primary health care across communities; and (4) bolstering country leadership, partner alignment, and civil society organization (CSO) and youth engagement in the decision-making process.

The GFF logic model uses multiple measurement approaches to track engagement at all levels of the GFF process. The model 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 for women, children, and adolescents and strengthened financing systems that enable sustained health benefits over time.

This year, the GFF logic model (see **figure 2.1**) measurements show that more countries have completed investment cases, prioritized health systems and financing reforms, and made progress in implementation. The number of countries on track to achieve improved outcomes in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) has increased, despite challenges associated with the direct and indirect effects of COVID-19. For example, within the past year, the number of countries showing improvement in 75 percent or more of their maternal and newborn outcome indicators has increased from 13 to 16 and the number showing similar improvements in nutrition outcome indicators has increased from 9 to 18.

Figure 2.1.

Progress against the GFF Logic Model

The tables below summarize the progress and achievements in terms of outputs, outcomes, and impact indicators across the GFF Logic Model, as of June 2022. They also provide a summary of priority areas such as RMNCAH-N, health financing, health systems strengthening and equity included in country investment cases.

Output Indicators

Sustained government led multi-stakeholder engagement platform	Number of countries with a country platform that holds regular country meetings to discuss results arising from implementing the IC and corrective action	13 / 13 / 12 (31 / 25 / 22)
	Number of countries with a country-led multi stakeholder platform which document inclusion of CSOs	29 / 19 / 17 (36 / 36 / 36)
National and donor investments aligned in support of investment case	Number of countries with a completed investment case	31 / 25 / 22 (36 / 36 / 36)
	Number of countries with a completed measurable and feasible results framework	29 / 22 / 18 (31 / 25 / 22)
	Number of of countries with IC prioritizing the most at-risk or underserved populations and/or geographic locations	31 / 25 / 21 (31 / 25 / 22)
	Number of countries with IDA/IBRD/GFF World Bank projects co-financing the IC that are board approved	35 / 31 / 25 (36 / 36 / 36)
	Number of countries with IDA/IBRD/GFF World Bank projects co-financing the IC that are disbursing	28 / 28 / 20 (35 / 31 / 25)
	Number of countries with resource mapping and financial gap analysis conducted	18 / 18 / 15 (36 / 36 / 36)
Financing and systems reforms prioritized	Number of countries that with an implementation plan including initiatives to improve DRM, efficiency, and/or financial protection	28 / 28 / 25 (36 / 36 / 36)
	Number of countries that have linked any of their HF reforms to loan/credit operations	25 / 25 / 22 (36 / 36 / 36)
Functional, national data platform	Number of countries with routine data visuals and analysis of the IC Results Framework indicators available to the country platform	30 / 24 / 5 (31 / 25 / 22)
	Number of countries with an established process to analyze prioritized results from the framework for review at the CP meeting	13 / 11 / 10 (31 / 25 / 22)
	Number of countries with a completed health information system assessment	18 / 14 / 12 (36 / 36 / 36)

Medium-term Outcome Indicators

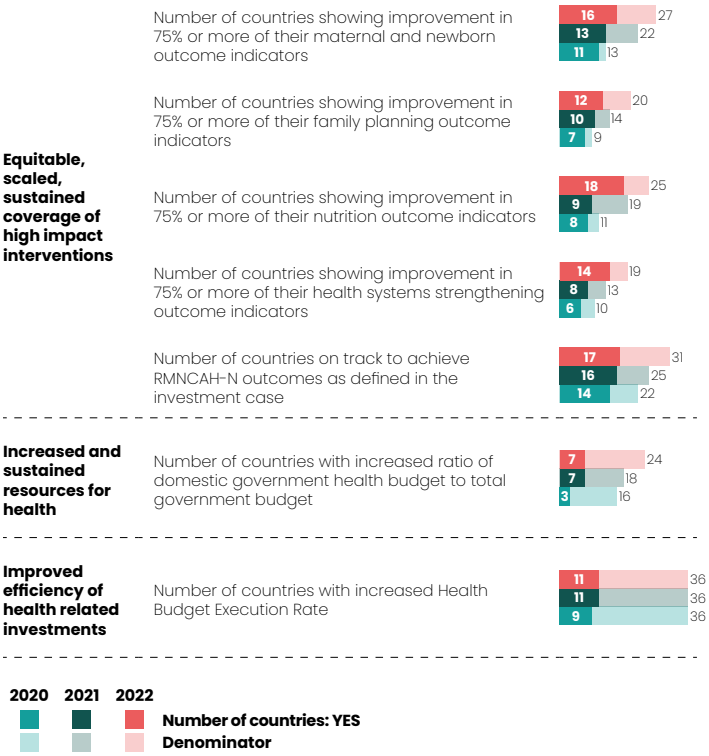
Improvement in service delivery	Number of countries showing improvement in 75% or more of their RMNCAH-N output indicators as defined in the Investment Case results framework	15 / 8 / 8 (28 / 22 / 15)
	Number of countries that are actively engaged in monitoring improved quality of services	21 / 14 / 10 (31 / 25 / 22)
Financing and systems reforms adopted and implemented	Of countries that identified private sector/mixed health system reforms, number of countries implementing reforms	10 / 10 / 6 (17 / 17 / 15)
Systematic use of data to inform decision making	Number of countries that have conducted or are conducting an annual and/or midterm review of the IC at the national and sub-national level to inform the country platform	15 / 14 / 13 (31 / 25 / 22)

Programmatic Areas

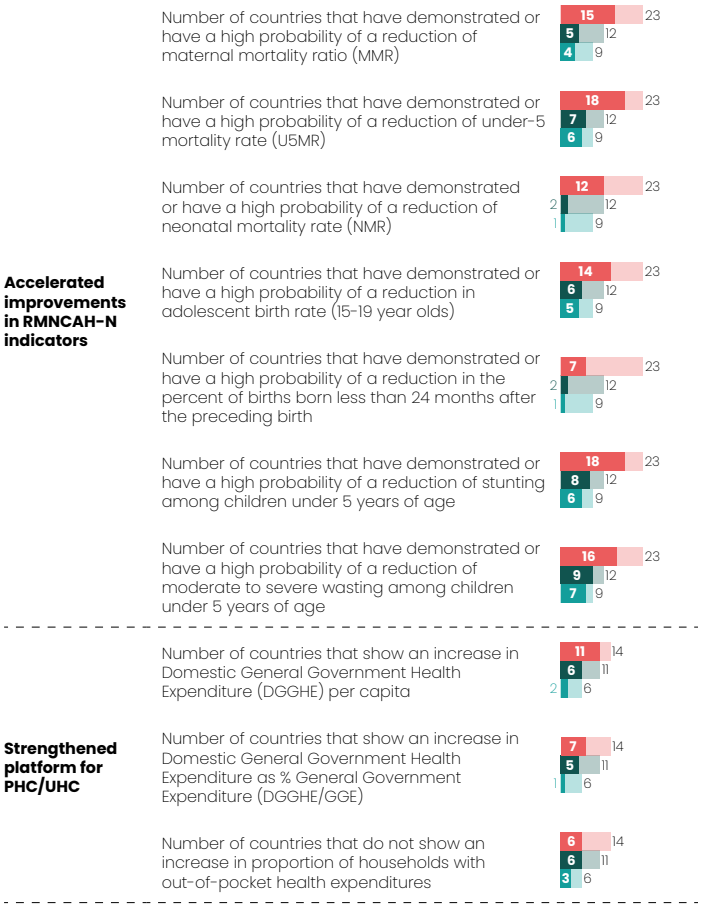
	RMNCAH-N								
Countries including area in IC or WB project	**Newborn Health**	**Child health**	**Adolescent health**	**Maternal health**	**Health (other)**	**SRHR/Family Planning**	**Newborn nutrition**	**Child nutrition**	**Adolescent nutrition**
	28	**31**	**29**	**31**	**13**	**30**	**27**	**30**	**2**
Afghanistan	✓	✓		✓	✓	✓	✓	✓	
Bangladesh		✓	✓	✓		✓	✓	✓	✓
Burkina Faso	✓	✓	✓	✓		✓	✓	✓	
Cambodia	✓	✓	✓	✓		✓	✓	✓	✓
Cameroon	✓	✓	✓	✓		✓	✓	✓	
Central African Republic	✓	✓	✓	✓		✓	✓	✓	✓
Chad	✓	✓	✓	✓		✓	✓	✓	
Cote d'Ivoire	✓	✓	✓	✓		✓	✓	✓	✓
DRC	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ethiopia	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ghana	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guatemala		✓	✓	✓		✓		✓	✓
Guinea	✓	✓	✓	✓	✓	✓	✓	✓	✓
Indonesia	✓	✓	✓	✓			✓	✓	✓
Kenya	✓	✓	✓	✓		✓	✓	✓	✓
Liberia	✓	✓	✓	✓		✓			✓
Madagascar	✓	✓	✓	✓	✓	✓	✓	✓	
Malawi		✓	✓	✓	✓	✓	✓	✓	✓
Mali	✓	✓	✓	✓	✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓		✓	✓
Niger	✓	✓	✓	✓		✓	✓	✓	✓
Nigeria	✓	✓	✓	✓	✓	✓	✓	✓	✓
Rwanda	✓	✓	✓	✓	✓	✓	✓	✓	✓
Senegal	✓	✓	✓	✓		✓	✓	✓	✓
Sierra Leone	✓	✓	✓	✓		✓	✓	✓	
Somalia	✓	✓	✓	✓		✓	✓	✓	
Tanzania	✓	✓	✓	✓		✓		✓	✓
Uganda	✓	✓	✓	✓		✓	✓	✓	✓
Vietnam	✓	✓		✓		✓	✓	✓	
Zambia	✓	✓	✓	✓	✓	✓	✓	✓	✓
Zimbabwe	✓	✓	✓	✓	✓	✓	✓	✓	✓

Source: Global Financing Facility.

Long-term Outcome Indicators



Impact Indicators



					HEALTH FINANCING							HEALTH SYSTEMS STRENGTHENING											EQUITY			
Adolescent nutrition	Maternal Nutrition	Nutrition (other)	GBV	NCDs (prevention and control)	Public financial management	Donor pooling, coordination, and alignment	Health insurance	Provider payment	Health benefit packages	Private sector engagement	Other	Quality of care	HRH	Infrastructure	Community health	CRVS	Supply chain management	HIS and M&E	Integrated disease surveillance	Emergency preparedness	Governance	Digital Health	WASH reforms included	Geographic focus	Gender focus	Socio-economic focus	Priority populations focus
3	30	12	18	14	29	23	20	25	22	18	3	28	29	20	29	24	27	31	13	19	27	18	14	25	26	27	23
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"The government of Tajikistan is committed to accelerating health system reforms to create a foundation for Tajikistan's future economic growth and prosperity. Through our collaboration with the GFF, we are prioritizing investments to build more resilient health systems, which can withstand multiple shocks and serve the needs of all women, children, and adolescents."

—Yusuf Majidi, Deputy Minister of Finance of Tajikistan and GFF Coordinator for Tajikistan

Leveraging sustainable health financing

With government investment cases setting the strategy for women's, children's, and adolescent health, the GFF mobilizes funding through grants from its dedicated multidonor trust fund (the GFF Trust Fund), financing from the International Development Association (IDA), the International Bank for Reconstruction and Development (IBRD), and bilateral arrangements. Critically, the government invests domestic financing in the health strategy and aims to increase its health funding over time.

A crucial step in this work is resource mapping and expenditure tracking (RMET)—an exercise supported by the GFF. Through RMET, countries better understand how the health sector is financed, how much is needed to fund their strategy for women's, children's, and adolescent health, where gaps exist, and how these gaps can be filled with additional resources, efficiencies or prioritization, and to ensure alignment among various funding sources.

In fiscal year (FY) 2021/22, 10 additional GFF partner countries completed RMET, bringing the total number of countries who have completed the exercise to 28, since 2019.[5] As the pandemic continued into 2022, RMET has shown how governments and development partners have worked together to align support behind country priorities to address the prolonged crisis.

As illustrated in **figure 2.2**, in FY 2021/22 governments and development partners came together to allocate[6] US$4.8 billion in additional funding to specific health priority areas outlined in country-led investment cases, bringing cumulative commitments across 2019-2022 to US$19.1 billion across 28 countries. Of this total, GFF and World Bank cofinancing (6 percent) helped to catalyze government allocation (56 percent) as well as global partners financing (38 percent). The catalytic nature of the GFF financing has helped unlock resources in support of country prioritized health plans.

5. Countries that have 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 that have an RMET currently in progress, including initial scoping conversations, include Afghanistan, Central African Republic, Chad, Cote d'Ivoire, 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.

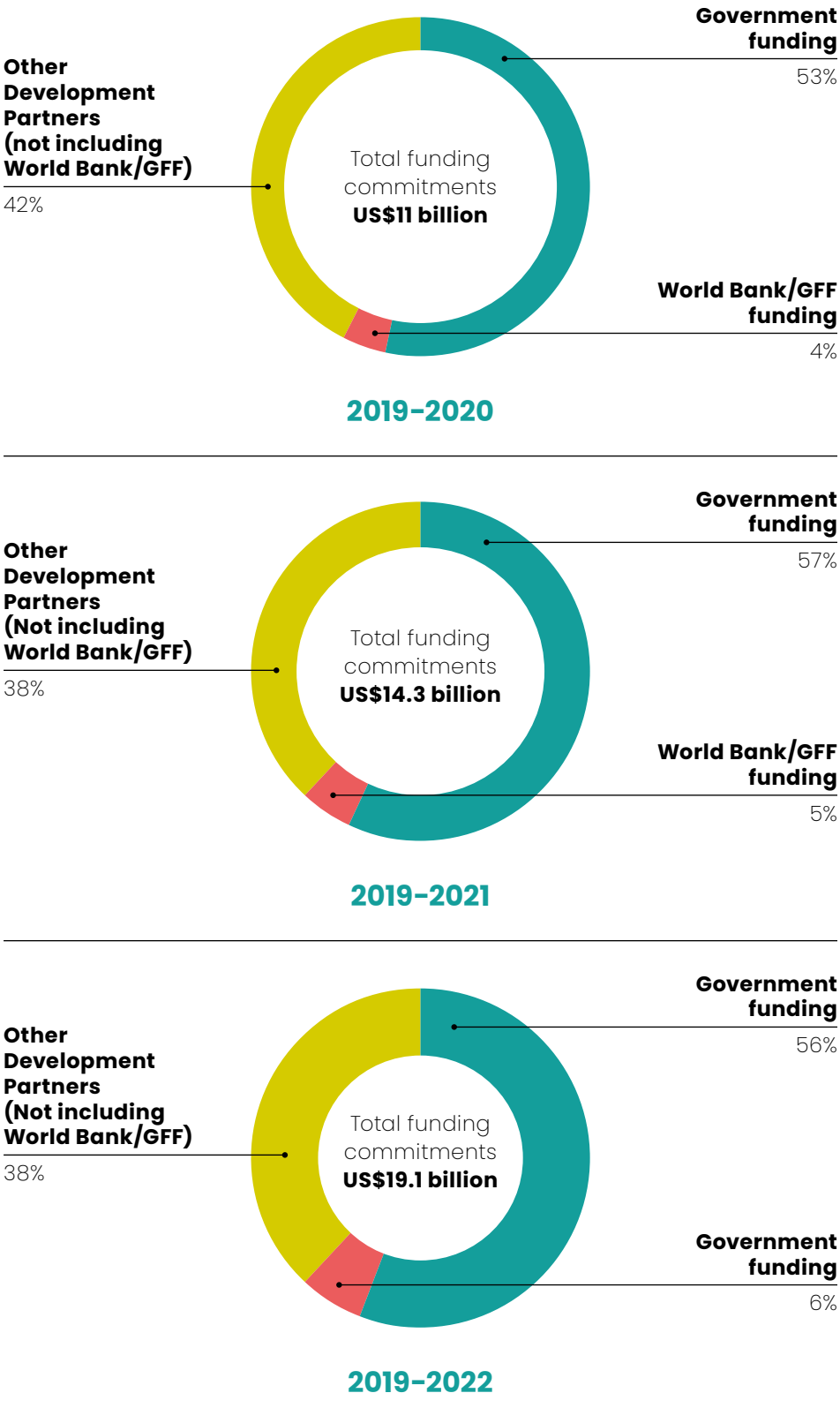
6. *Internal Note*: The total cost of the investment cases/health strategies is not included as four of the countries who completed the RMET did not conduct a costing.

The wider impacts of COVID-19 and economic shocks

COVID-19 and other global crises produced a double shock for many countries, as both population health and national economies suffered. Spending in 47 low-income countries is expected to drop and remain below prepandemic levels until 2026. To keep their health spending growing at prepandemic rates, governments of some low-income countries will be required, on average, to double the share of their health spending.

Source: From Double Shock to Double Recovery – Old Scars, New Wounds: Technical Update #2, World Bank (Sept. 2022)

Figure 2.2. Financial Committments to Country-led Investment Cases



Source: Global Financing Facility.

Catalyzing more IDA investments in health for women, children, and adolescents

One of the promises of the GFF model at its inception in 2015 was to create more and better financing for the health of women, children and adolescents. 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. Following the GFF engagement, the share of World Bank financing in GFF partner countries allocated to RMNCAH-N increased by more than 15 percent by the end of FY21. An additional US$1.7 billion was allocated to RMNCAH-N in GFF supported countries between 2015 and February 2020, alone. This support is in addition to the US$589 million approved for RMNCAH-N from the GFF Trust Fund over the same time period.

After COVID-19 hit, and as several GFF partner countries prioritized and directed resources to the pandemic response, there was an observed decrease in the share of IDA going to RMNCAH-N after March 2020. Notably, the share of IDA going to the pandemic response in GFF supported countries increased from <0.1 percent to 13.4 percent, highlighting the critical importance of maintaining focus on the health and well-being of women, children, and adolescents.

Mobilizing more domestic resources for health

In addition to the GFF's catalytic effect on IDA resources, the GFF has been working with governments using World Bank financing as an entry point to incentivize health financing reforms. For example, in the **Central African Republic** the GFF facilitated aligned support around the country's performance-based financing program. This has contributed to increasing in both domestic and external resources, leading to more than doubling the budget allocated to the country's RMNCAH-N service package, from 4 percent from 2017 to 2019, to 9.3 percent from 2020 to 2022. In parallel, improvements in frontline spending and donor alignment have led to a 5 percent increase in resource allocation for primary health care.

Central African Replublic: increased resource allocation for primary health care by **5%**

Engaging women in health budget advocacy

Improving women's health is a key objective of achieving universal health coverage. Women's voices are critical for successful advocacy to increase health budgets and to improve the transparency of financial flows to health. The Joint Learning Agenda (JLA) initiative has engaged women-led organizations WACI Health (Kenya) and Impact Santé Afrique (Cameroon) to lead and manage its capacity building program. The inclusion of women and women's representation were key criteria for the selection of non-governmental organizations that would benefit from capacity building activities. As a result, in five out of the 20 participating countries (25 percent), the two selected trainers are female. In 75 percent of the countries, at least one of the trainers is female, and over 50 percent of in-country training participants are women.

The GFF is also supporting CSOs to advocate for health financing reforms. Together with the Global Fund, the GFF financed the launch of the Joint Learning Agenda on Health Financing and Universal Health Coverage (JLA). This initiative, which involves the Partnership for Maternal, Newborn & Child Health, Gavi, UHC 2030, Impact Santé Afrique (ISA), and WACI Health, aims at developing training and capacity building program for CSOs in Sub-Saharan Africa to strengthen grassroot advocacy for increasing domestic budgets for health as well as improving accountability and transparency of government and donor funding flows.

Box 2.1 introduces the alignment working group (AWG), established by the GFF in 2021 with the objective to promote progress in health financing and service delivery, focusing on partner countries throughout Sub-Saharan Africa.

Box 2.1 **Alignment Working Group**

At the request of country governments and members of the Global Financing Facility (GFF) Investors Group, the alignment working group (AWG) was established in 2021. The AWG is chaired by Dr. Lia Tadesse, Minister of Health for **Ethiopia**, and includes Ministers of Health for GFF partner countries, including **Burkina Faso**, **Central African Republic**, **Cote d'Ivoire**, **Ghana**, **Rwanda**, **Senegal**, and **Sierra Leone** as well as Investors Group global partners.

The objective of the AWG is to advance the alignment agenda on health financing and service delivery at the country level and strengthen the voices of partner countries in the dialogue around efforts to better align technical assistance and resources to support country priorities. At the country level, an alignment framework employs a diagnostic exercise that builds on existing information and processes to understand the challenges and opportunities impacting the country-led alignment and maps these factors along a maturity model. This forms the basis for further dialogue among stakeholders active in the health system with the aim to develop an action plan to strengthen alignment. At the global level, a ministerial network serves as a platform for creating a harmonized approach to influencing the global health agenda as it pertains to peer learning and support.

In 2022, AWG launched a pilot initiative to help advance alignment around financing and health service delivery with a series of orientation workshops conducted, including in Ethiopia and Central African Republic. In Rwanda, a series of onboarding meetings were held with various stakeholders including development partners and civil society. Workshop participants were able to share experiences and lessons learned in terms of the importance of political commitment, ways to enhance efficiency, approaches to reach underserved populations as well as creating a mechanism for a more coordinated effort in health service delivery. Building on this initial step, these countries will conduct the diagnostic exercise and develop action plans to improve the level of alignment.

Source: Global Financing Facility.

Surging support to countries to protect essential health services, focusing on primary care

While countries throughout the world are developing strategies to address pandemic-induced health deficits, concern has increased that losses will become entrenched in weaker systems, with continuing risks for women and children. In one example, some services offered for free before the pandemic are now being charged for, diminished, or stopped entirely as a result of newly constrained resources.

To counteract this trend, the GFF expedited technical assistance and provided immediate grant funding through 2021 and 2022, aimed at ensuring equitable access to essential health services, while also addressing system bottlenecks in COVID-19 response efforts. This immediate grant funding leveraged additional resources from IDA to cofinance essential services, minimizing health service disruptions and building stronger primary health care systems for the future.

To date, the GFF Trust Fund Committee has approved COVID-19 essential health services (EHS) grants and technical assistance for 24 countries linked to US$1.1 billion of IDA and IBRD projects on health systems and COVID-19. Flexible GFF financing, in particular, has helped ensure the inclusion of EHS within project design. Included activities address key gaps in service delivery and commodities as well as strengthen frontline community and primary health care services. Fifteen grants are under implementation and a further 14 countries have requested support. On average, EHS grants reach the implementation stage two to three times faster than regular grants.

In 2021–2022, the GFF has provided urgent technical assistance and cofinancing with the World Bank in

24 countries

to support emergency preparedness, the rollout of COVID-19 vaccines, community health and health worker surge capacity, cost of services, and shortfalls in family planning commodities.

GFF analysis in 18 countries showed decreases in service utilization over the first two years of the COVID-19 pandemic translated into nearly 114,000 avoidable deaths among children and mothers. This represents an increase in child and maternal mortality by 3.6 percent and 1.5 percent respectively. Prior to the pandemic, maternal mortality was decreasing by an average 2.9 percent per year.

These avoidable/ preventable deaths are an enormous tragedy. They are also not the only way in which women and children in the poorest communities suffered during the pandemic. Women experienced higher unemployment and losses in childcare, as well as lost access to sexual and reproductive services.

EHS grants specifically aim to restore and protect essential health services amid multiple crises, including the COVID-19 pandemic. Based on country priorities, the grants improve public health capacities for emergency preparedness (for example, in **Afghanistan** and **Honduras**), focus on urgent needs and fund the rollout of COVID-19 vaccine delivery and distribution (as seen in **Madagascar**, **Burkina Faso**, **Mozambique**, and **Sierra Leone**), strengthen community health systems and health worker surge capacity (in Uganda, for instance), and promote demand for and access to essential health services.

Most countries also use EHS grants to improve the accessibility and quality of essential health services: Cambodia directed EHS funds to cover health services costs and improve use of services by increasing awareness, reducing barriers, and enhancing the health information system; **Ghana** used the grant to strengthen primary health care at the subdistrict level; and an EHS grant helped **Central African Republic** reach the most vulnerable women and children with live-saving health services through a performance-based financing model and by financing a basic package of interventions delivered by community health workers. In addition, at least nine GFF partner countries also are currently addressing acute shortfalls in family planning commodities through GFF EHS grants, in tandem with IDA.

Revealing the gaps: A data driven approach

Well-functioning health systems require procedures to collect and analyze data to assess a population's needs and respond to disruptions. Timely monitoring of maternal and child health services is particularly important to prevent adverse outcomes. For example, delays in reproductive and child health services risk long-term effects, including illness and death, that can be avoided with regular care.[7] Sustained prenatal services can identify and mitigate pregnancy complications with early detection, and regularly scheduled childhood immunizations are an effective means to prevent future illness. Disrupted sexual and reproductive health and rights (SRHR) services and school closures increase the number of unwanted pregnancies among adolescent girls.

To better understand potential long-term health service deficits and short-term issues, including pandemic-related disruptions, the GFF developed a set of rapid-cycle technical assistance approaches, known as FASTR (Frequent Assessment and Surveillance Tools for Resilience), for countries to monitor health system performance and improve the quality and timeliness of the data available for decision making. Five approaches are used to respond to country needs:

- **Rapid-cycle health facility surveys, used in 11 countries**, provide a comprehensive snapshot of primary health care ability to provide services effectively, by collecting information on shocks, service availability, infrastructure, financing, human resources, medical supplies and equipment, leadership and coordination, community engagement, and quality of care.

7. https://www.gavi.org/vaccineswork/covid-19-has-turned-back-decades-progress-reducing-maternal-and-child-deaths.

Using the FASTR method, gaps have been identified across the dimensions critical to health system resilience: barriers to care, surge capacity, medical supplies, infrastructure, health workforce, infection prevention and control, financing, and communications. Full capacities in each dimension are required for optimal health system resilience across effective primary health care services as well as in health emergencies.

Source: Global Financing Facility.

- **Technical assistance to support timely and routine analysis of health management information system data, used by 22 countries**, provide insights on data quality, service utilization levels, and service coverage trends across priority RMNCAH-N services.
- **High-frequency household surveys, used in 85 countries**, provide population-based insights on health service utilization, foregone care, and patient satisfaction with health services.
- **Rapid qualitative studies, in process in 4 countries**, provide feedback mechanisms to policymakers to rapidly study emerging health systems issues or generate knowledge and enable learning from successful reforms and adaptations.
- **Capacity building for data use** includes developing competencies to request, analyze, and interpret data for policy-relevant decisions.

While this work arises from the measurement of disruptions to women's, children's and adolescent health during the acute phase of the pandemic, its applications are far-reaching. By building this capacity, countries are developing near real-time processes for generating, analyzing, and using data to monitor health service delivery—translating into improved awareness that enables governments to mobilize resources, adapt plans, and respond to needs.

The necessity for health systems to swiftly respond to changing conditions based on data was observed during the pandemic. In adaptations enacted to respond to resource contraints, 77 percent of facilities across three countries reported providing all care in a single visit for multimorbidities and 76 percent of facilities across four countries prioritized high-risk patient visits. Further, the majority of facilities in **Bangladesh** shifted to teleconsultation while **Guinea** and **Guatemala** reacted to revealed gaps by planning for community catch-up activities in 75 percent of facilities.

Across the portfolio, service adaptation has helped to mitigate some of the collateral damage of the COVID-19 pandemic with catch-up campaigns; however, these activities could be concealing equity challenges within countries. Further, gender disparities continue to the lack of access to health. Through the GFF and World Bank collaboration, rapid household surveys in 39 countries found that female-headed households were between 20 percent and three times more likely to forego health care as male-headed households. Further across most of the countries, gender specific services such as family planning were and continue to be the most affected health services (5.4 percent lower utilization as of March 2022), disproportionally harming the health of women and children.

The GFF's data-driven approach and focus on equity is enabling countries to see beyond aggregate results and unmask these inequities. By using quality data and systematically integrating a gender and equity lens, countries are able to understand which health services and population groups are most at risk, identify the highest priority needs, and target the most vulnerable populations within communities. These country experiences can inform how we plan, finance, and catalyze efforts as we move away from the acute phase of the pandemic. Systems developed to track demand and supply-side changes in service utilization during the pandemic have the potential to provide the real-time information necessary to respond to health shocks and strengthen health systems in ways unimaginable only three years ago.

Box 2.2 details how the GFF is responding to country needs to improve small and sick newborn care.

Box 2.2 **Responding to Country Needs for Small and Sick Newborn Care**

Reducing newborn mortality is a core impact indicator for Global Financing Facility (GFF) partner countries. Around 15 percent of all babies born require some level of inpatient care to address complications of prematurity, infection and other newborn conditions. Of the estimated 2.5 million babies who die in their first 28 days of life, around 80 percent are considered low birth weight. Expanding small and sick newborn care is critical part of reaching the targets set by Sustainable Development Goal (SDG) 3 for reducing neonatal mortality rates.

Small and sick newborn care is distinct from routine newborn care and requires additional resourcing in both the number and competencies of health workers caring for small and sick babies; the set-up and organization of labor and postnatal care wards; additional medical commodities and timely referral systems between different levels of care. In September 2020, the Every Newborn Action Plan (ENAP) released four national and subnational level targets for 2025, including scaling up inpatient newborn care units to at least one neonatal special care unit in 80 percent of districts (target number four).

The World Health Organization (WHO) standards for the care of the small and sick newborn provide guidance for the clinical services and metrics needed for measuring care. And recent research suggests that immediate Kangaroo Mother Care (KMC) can reduce preterm mortality by 25 percent, requiring some rethinking in the way facilities are arranged to care for a small and sick newborn given the importance of keeping the mother with the newborn throughout a sick newborn's admission.

All GFF partner countries have endorsed the ENAP targets; yet, the health system requirements to meet the fourth target have not been integrated and costs are not well defined. The GFF is responding to this gap with the development of a costing tool in 2022 that enables countries to plan for the scale-up of newborn care. In **Zambia**, this has informed the range and design of investment in small and sick newborn care. In **Ghana**, the GFF has developed a tool to better estimate the small and newborn care costs at the district level and in Zambia this tool has been used to make budget provisions for three additional facilities in newborn care.

Source: Global Financing Facility.

Primary health care: The foundation and platform for health and well being

"Investing in primary health care and equipping health workers and facilities are fundamental to achieving universal health care. Our partnership with at the GFF remains critical in developing and building more resilient and equitable health systems. This partnership, coupled with our efforts, allows us to accelerate progress on health especially among women, children, and adolescents."

—Dr. Ouattara Djénéba, Advisor to the Prime Minister, Cote d'Ivoire

Focus on **EQUITY**

Strong primary and community level care is the foundation of efficient and equitable health systems. This was underscored by the COVID-19 pandemic when primary health care delivered test-and-treat programs, vaccination plans, and was often the first responder for care for many who got ill. While primary health care was the backbone for much of the COVID-19 response, the fragility of health systems revealed the the need for dramatically scaled-up investment.

As well as forming the front line of pandemic response, primary health care meets the needs of women, children, adolescents—day in and day out. From providing assisted birth facilities and pre- and postnatal care, to administering childhood vaccinations, nutrition services, and access to family planning, healthy lives depend on primary health care.

When situated within communities or nearby, primary health care enables equitable access to essential health care. Through primary health care's community reach, access to high-impact and cost-effective health and nutritional interventions are expanded. This improves equity through person-centered service delivery, and is a smart use of public funds that reduces demands on the resource-intensive secondary and tertiary levels of care.

The lingering impacts of COVID-19 on health services, coupled with the economic struggles facing countries and their populations, threaten to derail progress toward comprehensive primary health care and efforts to ensure care is affordable for all. Underfunding of health systems, a lack of trained health care workers, weak supply chains for medicines and other health products, and years of lost schooling risk reversing pre-COVID health improvements among women, children, and adolescents. The GFF is countering this by supporting governments to ensure sustained resources are available to frontline delivery platforms and leverage GFF partnerships toward more spending and better-quality primary health care services.

For example, in **Mozambique** the government has prioritized health system reforms to make quality services available and affordable to more women and children, especially those living in remote, hard-to-reach areas. A US$15 million GFF grant, linked to the US$80 million in World Bank financing to support Mozambique's Primary Health Care Strengthening Program, is helping the government address two priority areas: (1) reinforcing the frontline response focusing on primary health care; and (2) improving the availability of drugs and essential health commodities in health centers through supply chain reforms that leverage private sector expertise and capacity. Access to essential health services and products is critical to achieving better maternal and child health outcomes. The GFF supply chain partnership with the Bill & Melinda Gates Foundation (BMGF), MSD for Mothers, and the United Parcel Service (UPS) Foundation, the GFF provides a pathway to apply private sector expertise toward challenges at country level and align stakeholders around innovative models and solutions with an equity focus. In Mozambique, supply chain experts from Merck and UPS logistics teams worked closely with Mozambique's Central Medicine Authority (CMA) in collaboration with Africa Resource Centre, VillageReach, and Project Last Mile to develop a solution to the last-mile delivery challenges leading to stock outs in health facilities.

The partners supported CMA to leverage private logistics capacity to complement public sector supply chain strengths, by outsourcing the last-mile distribution to private operators who would deliver life-saving drugs on behalf of CMA in remote communities. This innovative solution also aims to renovate and improve CMA warehouses, and build internal capacity in supply chain management. Alongside this public-private supply chain innovation, the GFF is supporting broader policy and delivery reforms together with partner financing alignment around the sustainable operation of the new supply chain network.

"Innovation has enormous potential to transform primary health care systems and accelerate progress in the health and nutrition of women, children and adolescents. MSD for Mothers is proud to be a part of this collaboration supporting countries to design and integrate scalable and sustainable innovations that improve care and service delivery in the most underserved communities."

– Dr. Mary-Ann Etiebet, AVP, Health Equity and Lead, MSD for Mothers

Most recently, the efforts in Mozambique were further supported by a GFF essential health services grant approved in June of 2021 to enable the government to maintain services, particularly at the community level, filling some of the gaps caused by the COVID-19 pandemic. This support helped procure much-needed nutritional supplements for mothers and children while working with the central medicine authority to improve the distribution of medical kits to community health workers.

In another example, the government of **Cote d'Ivoire** prioritizes investments in primary health care to ensure women, children, and adolescents in the most vulnerable communities can access quality and affordable services. Through a US$20 million grant linked to a US$200 million World Bank project, the GFF supports the government to address both service delivery and demand by implementing key health system and financing reforms to strengthen the frontlines while ensuring health insurance coverage for the poorest populations.

Box 2.3 discusses how the GFF is working with the nongovernmental organization PAI to support in-country primary health care services by strengthening CSO engagement at the country and global levels.

BOX 2.3 **Strengthened and Resourced Civil Society Organizations**

With multiple crises affecting the world, civil society and youth voices remain critical in informing decision making, promoting accountability and protecting essential health services for women, children and adolescents in at-risk communities. Since its inception in 2015, the Global Financing Facility (GFF) has provided grants and technical assistance to strengthen civil society organization (CSO) engagement in country stakeholder platforms. During the pandemic, the GFF scaled up its support to ensure CSO participation in developing COVID-19 response plans and advocating for protecting essential services for women, children, and adolescents.

In response to this, the GFF has partnered with the nongovernmental organization PAI to further strengthen civil society and youth engagement in GFF partner countries to help deliver better health for all women, children, and adolescents, as part of the GFF Civil Society and Youth Engagement Strategy. Supported by a US$5 million GFF grant, PAI will further strengthen CSO impact by enhancing alignment of CSO participation at both country and global levels, streamlining governance and management and hosting the Civil Society Coordinating Group. PAI will also provide strategic and technical advocacy assistance and grants to enhance CSO capacity to engage in policy and funding decisions and ensure accountability by governments and partners.

PAI was selected through a competitive process reviewed by the GFF CSO Task Force, which includes external partners from civil society and youth organizations, private foundations, multilaterals and donor agencies, and by staff from the GFF and World Bank Global Partnership for Social Accountability.

Source: Global Financing Facility.

Focus on **FINANCING**

The scale-up of **Cote d'Ivoire**'s performance-based financing program to districts with the highest maternal mortality and low quality of services is key to channeling more resources to community-level primary health facilities, increasing service quality, and improving equity. Over the past two years, the program has continued to expand and made impressive gains despite the pandemic. In 2021, the initiative covered 102 of 108 districts compared to only 19 districts in 2019 and 21 districts in 2020. Full national coverage is expected by 2023. This expansion not only ensures the availability of funds at the primary health care level but also enables health facilities to be more financially autonomous, meaning they can choose where to invest in response to community needs. In 2020 and 2021, the government constructed 28 health facilities, thus demonstrating its ability to recommit to infrastructure after the low construction period in 2019 when only four facilities were built.

Another core component of the GFF's engagement in Cote d'Ivoire has been support for the rollout of the universal health coverage program—the *Couverture Maladie Universelle*. The program focuses on providing equitable health coverage for women and children, including family planning. GFF technical assistance was provided to support the design of the insurance system of contributions and benefits in 2019, along with an operational plan for monitoring and evaluation. Between 2019 and 2021, over 3,500,000 individuals enrolled in the insurance program, representing an 89 percent increase in three years. Beginning in 2020, and as a result of the financial impacts of the COVID-19 pandemic, the government made it a priority to target individuals working in the informal sector—many of them women—by encouraging them to register for an insurance card. As a result, by the end of 2021, 20 percent of all insured individuals were informal sector workers. Given the strong equity focus of the insurance program, more efforts were made to cover the most vulnerable, impoverished population. For the country's national health insurance plan, between 2019 and 2021, the total number of indigents covered by the program increased by 65 percent, with more efforts underway to further target this population[8]. By strengthening the frontlines while at the same time making services more accessible for women and children, Cote d'Ivoire has increased the number of pregnancy care visits by 38 percent, facility-based deliveries by 15 percent, and postnatal care visits by 59 percent.

Cote d'Ivoire:
Enrollment in community insurance increased by

89%

with the focus on the most vulnerable populations (2019-2021)

*DHIS2

Pregnancy care visits increased **by 38%***

Postnatal care visits increased **by 59%***

Safe deliveries increased **by 15%***

8. Caisse Nationale d'Assurance Maladie (CNAM)

Building the **HEALTH WORKFORCE**

When quality of care improves, the demand for and uptake of that care increases. Core to how the GFF supports countries is in building the capacity of frontline health workers to deliver quality essential health services across the spectrum of sexual, reproductive, maternal, child, and adolescent health and nutrition. For example, in addition to providing focused maternal and child support, the GFF helps countries to prioritize broader disease approaches. The GFF supports **Vietnam** through a US$17 million buy-down of the US$80 million World Bank loan supporting the Investing and Innovating for Grassroots Service Delivery Reform project. The project aims to strengthen primary health care at the grassroots (commune) level through improving infrastructure, equipping health stations, and training community health workers to respond to the shift in disease burden, from communicable to noncommunicable diseases (NCDs). The latter now account for three-quarters of the disease burden in the country. Through this support, commune health stations, particularly those in rural and remote communities, are able to take on a new role in screening and managing NCDs while at the same time ensuring continued improvements in the quality of reproductive, maternal, newborn, child, and adolescent health services.

In 2021, the project facilitated training of 245 health workers on the management of tracer conditions and increases in newborn deliveries attended by skilled health personnel. The number of hypertension and diabetes cases managed at community health service level rose by 21 percent and 38 percent respectively, and nearly 32,000 more women were screened for cervical cancer in 2021 compared to the year before.

Vietnam:

245

health workers trained

32,000

more women screened for cervical cancer in 2021

Ensuring affordability of quality care is another priority for the GFF. In 2019, **Tajikistan** became the first GFF partner country in Central Asia. Even amid the pandemic, the government remained committed to accelerating progress toward universal health coverage, launching a new ten-year health strategy in 2021 that aims to expand quality services, promote innovations, and conduct health system and financing reforms. With GFF support, the government established a country stakeholder platform in 2020 to lead the development of an investment plan that prioritizes actions for women's, children's and adolescent health and universal health coverage. Launched in November 2021, the investment case focuses on strengthening primary health care services by improving health management information systems, reforming health financing, and increasing investments in the health care workforce.

Implementing the most beneficial health financing reforms will ensure the sustainability of Tajikistan's health sector and make care available and affordable for all. Implementation of the government's ambitious health financing reform agenda requires moving away from smaller pilot programs to a stronger alignment and coordination of donor and domestic resources. In partnership with the World Health Organization (WHO) and the European Delegation, the GFF has led an effort to align the key donors and technical partners around key government priorities. This effort has resulted in a joint statement outlining partner support for key reforms and the commitment to work together to develop a joint work program for technical assistance and financing. Representatives from the Asian Development Bank, European Commission, Centers for Disease Control (CDC), Gavi, German Agency for International Cooperation (GIZ), Global Fund, Islamic Development Bank, U.S. Agency for International Development (USAID), WHO, and the World Bank under the Tajikistan's government's leadership have already discussed and agreed on technical areas, policy bottlenecks, and advocacy strategies to implement reforms. In parallel, the GFF is working with Tajikistan's Ministry of Health and Social Protection of Population to institutionalize resource mapping and establish a system for routine data collection in the health sector, supported by donors and development partners.

Accelerating SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS

A core aim of GFF is to support country prioritization of gender equality and SRHR through health service delivery as well as regulatory reforms.

In July 2021, as sustained disruption of services and diverted resources for SRHR threatened progress in this area, the GFF initiated the Sexual and Reproductive Health and Rights Acceleration Plan. Over five years, the multipartner initiative will expand access to quality family planning services to more than 25 million additional adolescents, girls, and women; integrate comprehensive SRHR services into national health systems in at least 20 additional countries while catalyzing increased and more efficient financing; advance legal and policy reforms in 10 countries to create better access to SRHR services and information and protect bodily autonomy; and increase support to women and youth led organizations, networks, and movements at country level by increasing funding to civil society organizations with at least US$3 million a year.

"The partnership with GFF has allowed us to mobilize local governments who have decided to include funding for adolescent and youth sexual and reproductive health and nutrition in their 2023 budget."

—Aminata Badiane Thioye, Gender and Advocacy Coordinator, Youth Alliance for Reproductive Health and Family Planning (ANJSRPF), Senegal

"GFF support through the health project contributed to strengthening local expertise and supply chain to ensure that medicines are delivered to the last mile. This is critical for reinforcing primary health care to improve the health and nutrition of women, children and adolescents, especially in the most vulnerable communities."

– Maryse Khaboré, Director General, Central Purchasing Office for essential generic drugs and medical consumables (CAMEG), Burkina Faso

Countries are employing a variety of approaches to improve gender equality and strengthen rights for women and girls. Harnessing the collective power of the GFF, the World Bank, United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA), and others, **Niger** reformed its legal framework to allow married adolescent girls to gain access to family planning services without being accompanied by a parent or husband. Further, secondary-school-age girls can now attend school health clubs to receive comprehensive reproductive health information, helping them to better understand their health and their bodies. Classes discuss the risks of adolescent pregnancy, sexually transmitted infections, HIV/AIDS, hepatitis, and cervical cancer. They also cover gender-based violence and child marriage, promote preventive behaviors, and foster healthy and respectful relationships. In April 2022, technical support from GFF, the World Bank, and other partners helped Niger amend a national regulation. Pregnant girls will be allowed to remain in primary and secondary school with the option of taking maternity leave from the 26th week of pregnancy. Furthermore, new mothers can continue their studies without a mandatory health certificate. The amended regulations are accompanied by reforms to promote expanded access to sexual and reproductive health services and information.

In other areas of progress, contraceptive prevalence in the Sahel rose from 15 percent in 2020 to 27 percent in 2021, an 80 percent increase within the year. This is particularly impressive given the region suffers from significant fragility and violence. In **Burkina Faso**, priority regions identified in the country's investment case and cofinanced by GFF experienced the highest gains over the most recent year, even though overall contraceptive use rates remain low. As part of the country's efforts to expand access to services, it has launched a reform agenda to strengthen community health with significant community health infrastructure investments. These include the following investments: (1) training of community health workers (CHWs) in family planning and reproductive health; and (2) digitalization of the community health provision of services to address hard-to-reach barriers. In 2021, the regions that reported the highest contraceptive prevalence rates also had the highest ratio of community health workers to the overall population. These achievements demonstrate the impact of Burkina Faso's reform agenda and the prioritization process supported by the GFF.

Since 2016, the GFF has been supporting the government of **Uganda** in its commitment to child and maternal survival and well-being through a revised

national health plan—the Sharpened Plan. The plan prioritizes key health system reforms to advocate for more resources for health and increase the efficiency of existing funding to expand quality access to health services for women, children, and adolescents. Accelerating improved access to family planning for women and adolescent girls is one of the key focus areas of the plan's five strategic shifts. To achieve this, the government has prioritized the integration of family planning into essential health service packages and has used results-based financing to incentivize health care providers to deliver modern methods of contraception and counseling.

By 2020, nearly 1,300 community health facilities had begun receiving payments for providing family planning services. Recent data from 318 facilities showed that the number of women and adolescents visiting health care facilities to seek short-term and long-acting methods of contraception has surged between FY 2018/19 and FY 2020/21, representing a 166 percent and 118 percent increase respectively. At the national level, couple years of protection (CYP)—the estimated protection provided by contraceptive methods during a one-year period—have more than doubled from 2.2 million in 2015 to 4.7 million in 2021.

Uganda:
Over the past few years, the number of women and adolescents seeking modern contraception has surged:

166% short-term methods | **118%** long-acting methods

Couple years protection (CYP) more than doubled:

2.2million 2015 | **4.7million** 2021

Despite the fact that Uganda experienced some of the biggest disruptions to essential health services during the pandemic, the improvements in its family planning services have continued. Between April 2020 and March 2022, the number of family planning visits across the country was 26 percent higher than levels expected based on an analysis of earlier trends. In addition, the program has succeeded in building the capacity of health workers to deliver quality services. The number of community resource persons trained in providing adolescent and youth friendly services increased from 96 in 2016 to 924 in 2021, with the largest improvements seen between 2019 and 2021. According to its national health management information system (HMIS), Uganda also achieved significant improvements in the number of health workers and teachers trained to provide adolescent and youth friendly services. The number of senior teachers trained increased from 292 in 2016 to 878 in 2021, while the number of health workers trained increased from 150 in 2016 to 4,593 in 2021.

These achievements have resulted from the efforts of a range of contributors. For instance, nongovernmental organizations have been contracted by the

government to provide clinical mentorship to health care workers, supporting them in providing a package of services including family planning; UNFPA, USAID and the World Bank have provided financing for planning supplies; and organizations such as Reproductive Health Uganda and Marie Stopes Uganda have supported health centers on capacity strengthening and demand generation.

Delivering high-impact interventions across community-centered primary health care

"With GFF support, we are committed to implement key reforms in health financing and community primary care to ensure all women and children can access the services they need. Our collective efforts are building more resilient and equitable health systems that can withstand multiple crises and ensure better health and nutrition outcomes for all."

—Dr. Daniel Ngamije, Minister of Health for Rwanda

Advancing Better NUTRITION OUTCOMES

The GFF partnership is leveraging its unique position to support effective nutrition interventions into the continuum of maternal and child health services. Investments include supporting countries to (1) build their capacity at community and health facility levels; (2) train health workers to improve child feeding practices; (3) strengthen supply chains to integrate and deliver nutrition commodities, including micronutrients and ready-to-use therapeutic foods; and (4) assist in the preparation, internal resource mobilization, data production, and rollout of nutrition plans.

In fact, in light of the impacts of COVID-19 and the ongoing food security crisis, the GFF launched a Nutrition Roadmap at the December 2021 Nutrition for Growth (N4G) Summit in Japan, reaffirming its commitment to the following:

- Improve accountability for nutrition financing by supporting at least five additional countries to improve transparent resource tracking for nutrition.
- Strengthen data for decision making by supporting at least five additional countries to strengthen systems for tracking the delivery, quality, and reach of nutrition interventions at national and subnational levels and associated outcomes.
- Increase collaboration with—and align efforts to—the Scaling Up Nutrition Trust Fund, particularly to drive research and evaluation of nutrition projects, which will produce sector-wide benefits

For example, **Guatemala**'s government is committed to better nutrition for all children. Through the US$100 million Crecer Sano project financed by the World Bank, the government is prioritizing both supply- and demand-side actions across multiple sectors such as health, water and sanitation, and social protection to address key drivers of chronic malnutrition. Among other things, the project finances construction and rehabilitation of primary health care facilities, minor works to provide access to improved water as well as equipment, medical and nonmedical supplies, health and nutrition promotion activities, and training to improve quality of service delivery, including behavior change communication to encourage improved nutrition practices in households. The project also includes investments to support the functionality of the national conditional cash transfer, which provides direct assistance to families and encourages them to seek routine health and nutrition services.

The GFF has been instrumental in these efforts by providing a US$9 million grant as innovative financing (buy-down). The grant incentivizes the government to invest more in the conditional cash transfer program and achieve results in key health and nutrition practices. Through the program, the government invested US$18 million from its national budget—double the buy-down's amount—in the cash transfer program, reaching US$23.8 million of total investments in 2022 from only US$3.5 million in 2019. The ratio of disbursement of these funds has also improved over time, increasing from 24 percent to 99.9 percent in 2021. Correspondingly, the number of cash transfers for health and nutrition services reached more than 244,000 beneficiaries in 2021—an increase of 548 percent since 2019.

Using results of an analysis supported by GFF showing severe disruptions to service delivery in several areas, the government of Guatemala prioritized action to safeguard service delivery in the most-affected areas. As a result, the government was able to minimize disruptions to these services, as evidenced by lower reductions in nutrition service delivery. For example, while the percentage of children under one year of age who received at least eight growth monitoring and promotion checks declined from 18 percent to 16 percent between 2019 and 2020, the smallest reductions occurred in priority regions supported by the GFF. Similarly, even though the proportion of children aged 12 to 23 months who received a minimum of six growth monitoring and promotion checks declined from 24 percent to 21 percent nationally between 2019 and 2021, the decrease was lower in priority departments.

In **Rwanda**, the GFF is supporting national efforts to improve nutrition, reduce stunting, and secure a healthier, more productive future for women and children—with a focus on delivering quality services to families in vulnerable communities. GFF technical assistance combined with US$18 million in catalytic support from the GFF Trust Fund is helping the government to implement key system and health financing reforms across health, nutrition, and social protection.

Amid the health and economic impacts of the COVID-19 pandemic, making services affordable to the poorest communities and helping families mitigate financial hardship was crucial. With GFF and World Bank support, the government implemented key health system and financing reforms to make insurance coverage more equitable and cash transfers more efficient. GFF technical assistance helped strengthen the efficiency of the community insurance program, including reforms to improve the cost monitoring and claims reimbursement system. As a result, each year, more and more people

were able to sign up for insurance—as of May 2022 the program covered 87 percent of the target population compared to 69 percent in 2017. In parallel, the government has formally adopted a policy to roll out a single registry for all social programs, including health and nutrition, and social safety nets. This contributed to the expansion of the nutrition-sensitive social assistance program from its initial 20,000 beneficiaries in 2019 to more than 128,000 beneficiaries in 2022—a more than 500 percent increase.

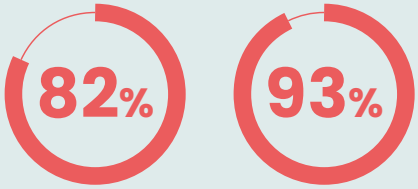
To help the government protect progress and maintain essential services throughout COVID-19, in 2021 the GFF provided an additional US$15 million EHS grant linked to the World Bank-financed emergency preparedness project in Rwanda. This ensured that services such as antenatal care and postnatal visits, along with growth monitoring and promotion sessions, could continue.

Rwanda:
Collective efforts by the government and development partners have resulted in better health and nutrition outcomes:

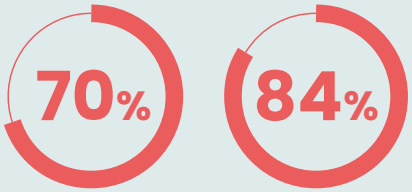
More children
under seven accessed **early childhood development** services

More children
under six received **Vitamin A** supplementation every six months

More pregnant women
received **iron** and **folic acid**



More children
under five were **screened for malnutrition** by community health workers



Strengthening CIVIL REGISTRATION AND VITAL STATISTICS

Understanding the birth and death data of a population is a fundamental function of any national government. Through these systems, people have a recognized identity and can access health services and social benefits. Lacking these data, a government cannot know the size of its population, where people are living, who is accessing health services, and what is causing ill-health. Many low-income countries do not have well-functioning civil registration and vital statistics (CRVS) systems—in some countries, up to 40 percent of deaths are not recorded, leaving the government in the dark as to how, when, and why people are dying.

The data generated from well-functioning CRVS systems can help strengthen the health sector by monitoring fertility and mortality by cause, age, and sex at national and subnational levels and ultimately track and improve the health and well-being of women, children, and adolescents. Through substantial financing and technical assistance, the GFF complements government and partner efforts to modernize their CRVS systems with women, children, and adolescents at the center.

Among the GFF partner countries, 22 countries have prioritized CRVS system strengthening activities in their national health plans; 14 countries have been allocated resources from the GFF Trust Fund and/or IDA, specifically for CRVS system strengthening; and five countries have received additional funding from the GFF for advisory services and analytics, including support for knowledge and learning activities such as training and knowledge exchange visits.

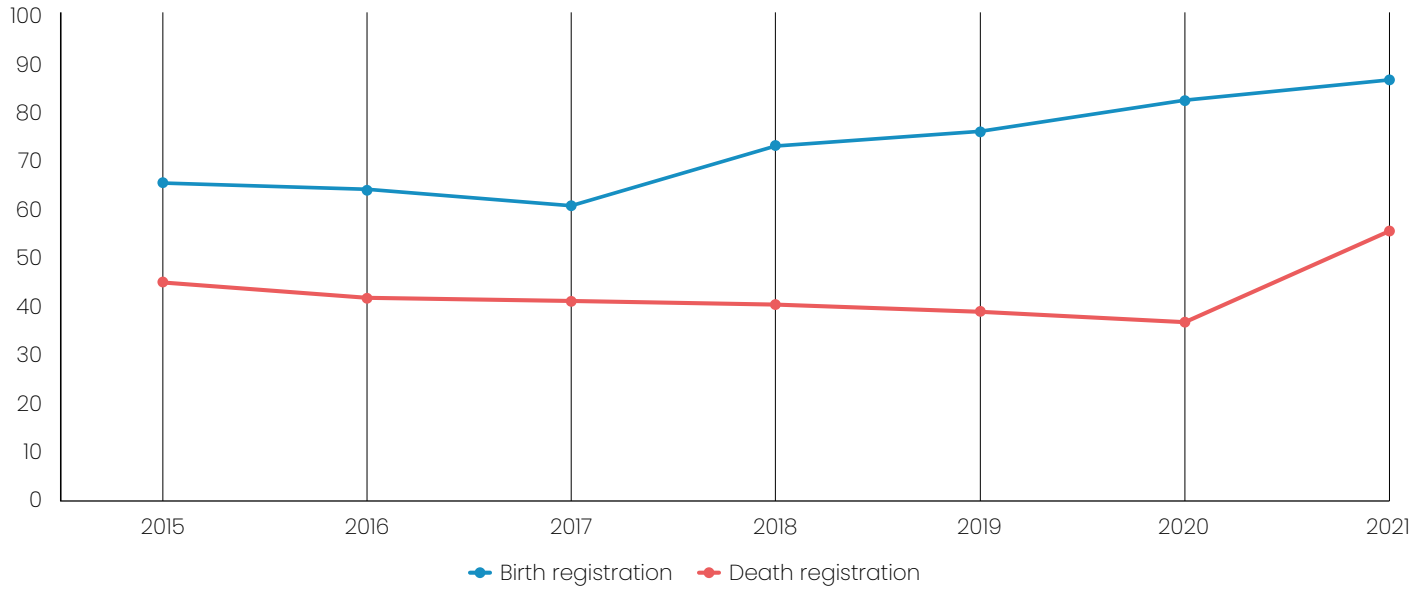
"Thanks to the government's leadership and support from partners like the GFF, we have made sweeping reforms to CRVS and increased birth registration significantly. Strengthening CRVS systems aligns with our overall vision to build health system resilience and ensure all women and children can access health and other benefits."

—Janet Mucheru, Director of Civil Registration Services, Kenya

Kenya demonstrates how a strong government commitment and support from partners can encourage and facilitate comprehensive improvements to CRVS systems. In 2018, Kenya's birth and death registration rates stood at only 68 percent and 46 percent respectively. This was the result of several challenges such as inadequate investment in CRVS, long distances to registration centers, limited capacity and skills for registering births and deaths, inadequate monitoring and evaluation, and insufficient compilation and dissemination of data.

With support from the GFF and building on the existing CRVS system, Kenya's government set clear priorities, focusing on a series of reforms to strengthen the system, such as piloting mobile registration offices and strengthening the capacity of registration agents, including the International Classification of Diseases. These reforms were supported by a US$1.2 million GFF grant linked to the World Bank-financed Transforming Health Systems for Universal Care project.

Figure 2.3. Completeness of Birth and Death Registration in Kenya, 2015 to 2021



Source: Kenya Vital Statistics Report 2022

As part of the project, Kenya adopted a performance-based allocation for CRVS—a system whereby civil registration and statistic providers get paid based on annual increases in the birth registration rate. Regular monitoring and supervision by local civil registration offices and county governments aimed to improve data quality and build capacity, while training for registration agents in health facilities and civil registration officers helped to better capture and report quality data. Medical practitioners and coders were trained in cause-of-death certification and updated training manuals and trackers were developed to capture death registration in health facilities.

As a result of this transformative effort, the CRVS system is now able to better record births and deaths, improve the collection of registration records and submission of returns, and provide better-quality data. Since 2018, there have been notable increases in birth registration, reaching 87 percent in 2021 (see **figure 2.3**). While death registration is lagging and was slowly declining until 2020, there were marked improvements in 2021, with more than half of deaths occurring in that year registered.

Kenya:
Birth registration reached

87%

in 2021

Section

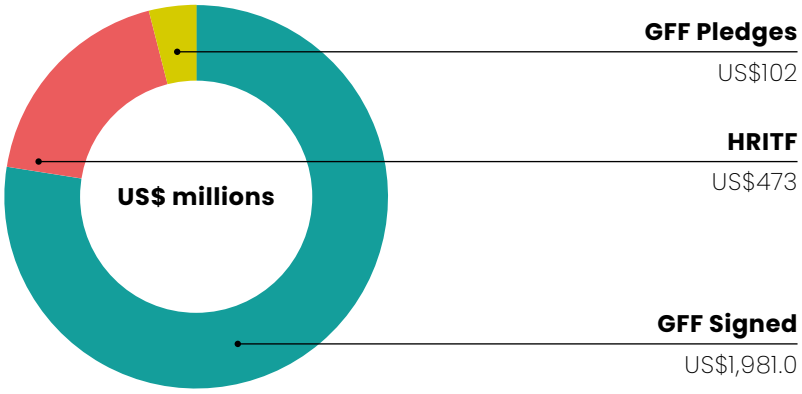
3

GFF Financials: Contributions, Commitments and Disbursements

Contributions

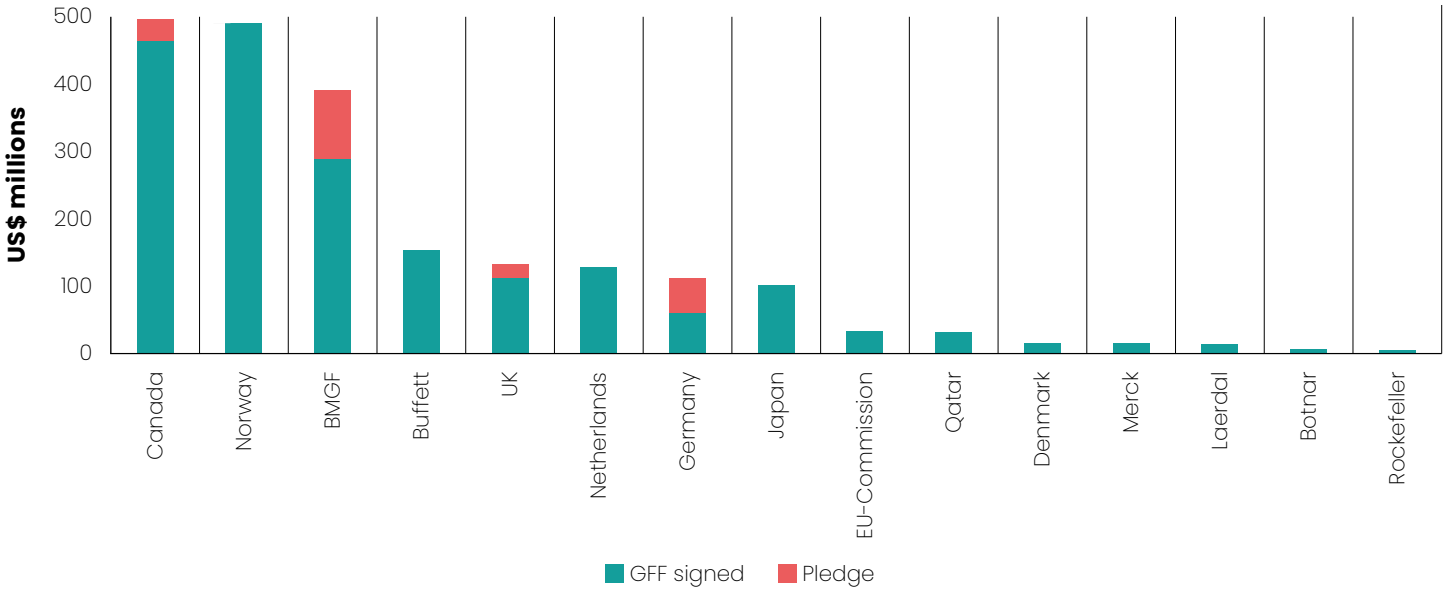
The GFF was launched in July 2015, building on the experience and structure of the Health Results Innovation Trust Fund (HRITF).[9] As of June 30, 2022, the total value of contributions and new pledges to the GFF Trust Fund is US$2.5 billion equivalent[10] from 15 donors, including US$473 million for HRITF and US$2.1 billion combined signed contributions and pledges for the GFF (**figure 3.1**). **Figure 3.2** provides the breakdown of signed and pledged contributions to the GFF by donor.

Figure 3.1. Total Fund Value



Source: Global Financing Facility.

Figure 3.2. GFF Contributions by Donor



Source: Global Financing Facility.

9. The HRITF was established in 2007 with US$296.1 million contribution from Norway and US$176.8 million contribution from DFID. All HRITF activities have been closed as of December 31, 2021.

10. Contributions to the GFF Trust Fund are made in US$ and other donor currencies and are paid over a period of time in accordance with the payment schedule agreed with each donor. Contributions in donor currency are converted in US$ when the payment is made, and the remaining amount is subject to currency fluctuation until the contribution is fully paid. Therefore, this can cause fluctuations of the fund value over time.

Commitments

As of June 30, 2022, the GFF Trust Fund committed a total of US$817.5 million for 45 GFF country grants in 36 countries. Of the total GFF grants committed, US$795.5 million combined with an additional US$5.7 billion in International Development Association/International Board for Reconstruction and Development (IDA/IBRD) financing, has been approved by the World Bank's Board of Executive Directors (**table 3.1**). The remaining US$22 million is expected to be Board-approved in fiscal year (FY) 2022/23. The majority (89 percent) of GFF financing approved by the World Bank's Board supports partner countries in the Africa Region, followed by 14.9 percent in South Asia, 8.3 percent in East Asia, 3.5 percent in Latin America and the Caribbean Region, and less than 1 percent in Europe and Central Asia Region (**figure 3.3**).

The complete list of the Board-approved GFF grants to countries is provided in **table 3.1**.

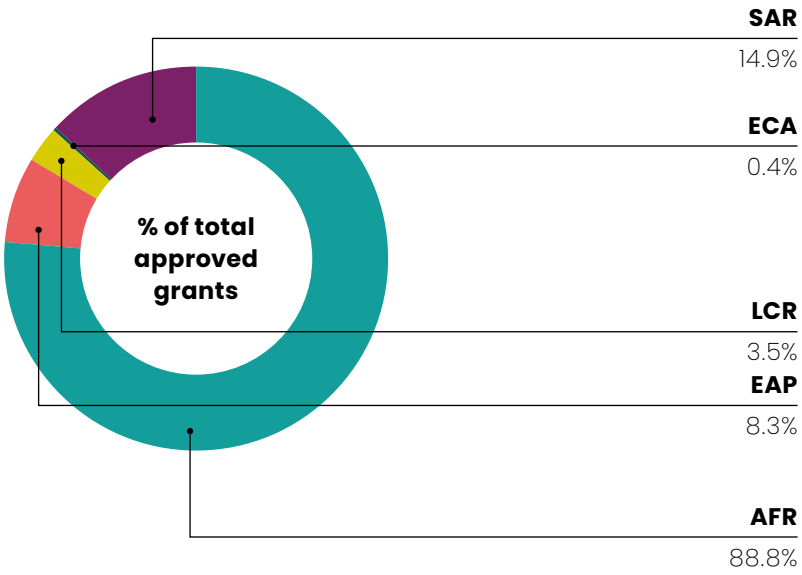
Table 3.1. List of Board Approved GFF Country Grants

GFF Project	Board Date	GFF amount	IDA amount	IBRD
Tanzania	28/05/15	$40	$200	
DRC (AF-CRVS)	29/03/16	$10	$30	
Cameroon	03/05/16	$27	$100	
Nigeria (AF)	07/06/16	$20	$100	
Kenya	15/06/16	$40	$150	
Uganda	04/08/16	$30	$110	
Liberia (AF)	23/02/17	$16	$15	
Guatemala	24/03/17	$9		$100
DRC (AF)	31/03/17	$40	$340	
Ethiopia	09/05/17	$60	$150	
Bangladesh	28/07/17	$15	$500	
Bangladesh - Education	18/12/17	$10	$510	
Mozambique	20/12/17	$25	$80	
Rwanda (Health)	28/02/18	$10	$25	
Afghanistan	28/03/18	$35	$140	
Rwanda (SP-AF)	12/04/18	$8	$80	
Guinea	25/04/18	$10	$45	
Indonesia	21/06/18	$20		$400
Nigeria (Nutrition)	27/06/18	$7	$225	
Burkina Faso	06/07/18	$20	$80	
Nigeria (Part 2)	13/08/18	$20	$0	
CAR	27/09/18	$10	$43	
Malawi	19/12/18	$10	$50	
Mali	19/03/19	$10	$50	
Cote d'Ivoire	22/03/19	$20	$200	
Cambodia	04/04/19	$10	$15	
Haiti	16/05/19	$15	$55	
DRC Nutrition	28/05/19	$10	$492	
Vietnam	19/06/19	$17	$80	
Senegal	26/09/19	$15	$140	
Tajikistan Early years	30/04/20	$3	$70	
Myanmar	29/05/20	$10	$100	
Zimbabwe	21/09/20	$25	-	
Madagascar - CRVS	29/09/20	$3	$140	
Zambia - COVID	20/10/20	$5	$20	
Zambia	28/06/21	$10	$14	
Somalia	28/06/21	$25	$75	
Chad	06/08/21	$17	$90	
Niger	23/09/21	$25	$100	
Sierra Leone	09/12/21	$10,0	$40	
Madagascar	24/03/22	$17	$100	
Pakistan	07/06/22	$42	$258	
Total Board approved		**$686,5**	**$4.514**	**$500**

Source: Global Financing Facility.

Since the start of COVID-19, and responding to country demand, the GFF Trust Fund committed an additional US$479 million in grants to strengthen essential health services (EHS) grants in 24 countries, including 22 GFF countries and two non-GFF countries.[11] Of the total US$479 million committed, US$226 million, combined with an additional US$1.1 billion in World Bank/IDA financing, has been approved by the World Bank's Board and is under implementation (table 3.2).

Figure 3.3. GFF Board-Approved GFF Country Grants, by Region



Source: Global Financing Facility.

11. Honduras and Ukraine

Table 3.2. List of Board Approved GFF Essential Health Services Grants

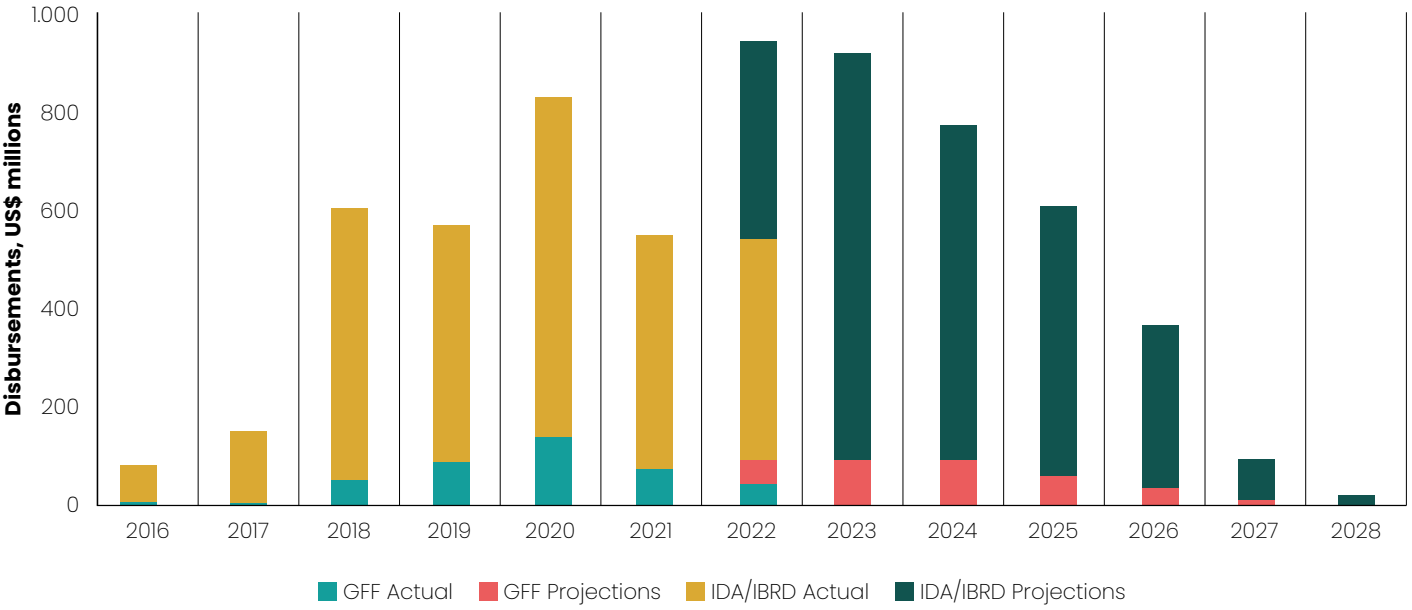
Round	Country	Board Date	GFF amount	IDA amount	IBRD amount	Status	Main Pcode	AF Pcode
Rd 1	Rwanda	16/04/21	$15	$30		Board approved	P173855	P176304
Rd 1	Mozambique	03/06/21	$15	$100		Board approved	P175884	
Rd 2	Sierra Leone	09/12/21	$10	$40		Board approved	P172102	
Rd 2	Uganda	16/12/21	$16	$164		Board approved	P174041	P177273
Rd 3	Cameroon	23/12/21	$15	$30		Board approved	P174108	P178255
Rd 2	Cambodia	10/03/22	$15	$55		Board approved	P173368	
Rd 3	Madagascar	29/03/22	$15	$100		Board approved	P174903	
Rd 1	Afghanistan	26/05/22	$19	$0		Board approved	P160615	P178095
Rd 1	CAR	03/06/22	$12	$58		Board approved	P177003	P175665
Rd 4	Pakistan	07/06/22	$40	$258		Board approved	P172615	
Rd 2	Ghana	10/06/22	$16	$150		Board approved	P173168	P172615
Rd 1	Honduras	16/06/22	$15	$60		Board approved	P176532	
Rd 3	Malawi	21/06/22	$10	$50		Board approved	P173806	
Rd 2	Burkina Faso	28/06/22	$13	$48		Board approved	P173858	P177535
	Total Board approved by June 30, 2022		**$226**	**$1.143**	**$0**			
Rd 3	Ethiopia	23/01/23	$20	$100		Pipeline	P175167	
Rd 1	Liberia	29/09/22	$11	$20		Board approved	P169641	
Rd 2	Indonesia	27/03/23	$20		400	Pipeline	P176839	
Rd 4	Senegal	Q1 FY23	$15	$50				P177050
Rd 4	Zimbabwe	Q1 FY23	$15	$15				AF
Rd 4	Tanzania	TBD	$25	$200		Pipeline		
Rd 3	Bangladesh	TBD	$25	$250		Pipeline	P160846	AF
Rd 3	Nigeria	TBD	$35	$850		Pipeline	P167156	AF
21/06/22	Tajikistan	TBD	$8,5					
21/06/22	Tanzania Innovations	TBD	$8,5					
21/06/22	Ukraine	TBD	$10					
	Total		**$419**	**$2.628**	**$400**			

Source: Global Financing Facility.

GFF Trust Fund and World Bank IDA/IBRD Disbursements

As of September 30, 2022, out of the total financing approved by the World Bank's Board (table 3.1), US$431 million in GFF country grants and US$2.9 billion in World Bank IDA/IBRD financing has been disbursed. Figure 3.4 illustrates the actual disbursements and projections for future periods on a calendar year (CY) basis. As a response to the COVID-19 pandemic, GFF disbursements in CY2020 (US$840 million combining GFF and IDA) exceeded disbursements in 2019. However, both GFF and IDA disbursements (US$556 million combined) experienced delays in CY2021 due to the pandemic, as well as conflict and fragility affecting operations. In the first half of CY2022, disbursement levels resumed to normal levels, and given the shift in focus toward primary health care, GFF and IDA disbursements are expected to pick up in the second half of 2022. Overall disbursements in 2022 are also expected to bounce back to 2020 levels.

Figure 3.4. GFF Country Grants Disbursements from 2016 to 2022, Totaling $817.5 Million GFF and US$5.85 Billion IDA/IBRD



Source: Global Financing Facility.

Country Data Profiles

The Country Data Profiles section provides the most current and available information on each GFF partner country's progress on reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) coverage and impact indicators. It also includes progress on core health financing indicators and provides monitoring of essential health services data for 19 partner countries.

GFF Catalytic Role: provides details on GFF support for the implementation of country investment cases. Details on the ongoing country collaboration are provided in the following areas:

- Developing and implementing a costed and prioritized investment case
- Prioritizing and implementing health financing and systems reforms
- Strengthening the country platform and convening financial and technical partners
- Improving data for decision-making

RMNCAH-N Coverage Indicators: presents trend data for coverage indicators. All country data profile pages include a standard set of RMNCAH-N coverage indicators from available population-based surveys from 2010 to 2021. Additional key nutrition-specific and/or education-specific indicators are presented for countries where the GFF co-finances a nutrition-focused World Bank project or where education is a strong focus of the IC.

Standard RMNCAH-N coverage indicators

- Antenatal care: 4+ visits
- Careseeking for symptoms of pneumonia
- DTP3 coverage (three doses of diphtheria-tetanuspertussis vaccine)
- Institutional Delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage
- Demand for family planning satisfied with modern methods
- SP/Fansidar coverage at ANC

Core RMNCAH-N Impact Indicators are collected by countries and partners using population-based surveys. These include Demographic Health Survey (DHS), Multiple Indicators Cluster Surveys (MICS), SMART, and Malaria Indicator Survey (MIS).

Core GFF RMNCAH-N impact indicators

- Maternal Mortality Ratio
- Under-5 Mortality Rate
- Neonatal Mortality Rate
- Adolescent Birth Rate (15-19)
- Births <24 months after the preceding birth
- Stunting among children under 5 years of age
- Moderate to severe wasting among children under 5 years of age
- Stillbirths per 1,000 pregnancies

The Health Financing Indicators focus on the three core GFF indicators from Global Health Expenditure Database (GHED), in addition to three indicators from country data sources such as NHA, quarterly contract reviews, and other MoH and budget reports. If data is available, multiple data points are presented for each indicator between 2015 and 2021.

Core GFF health financing indicators

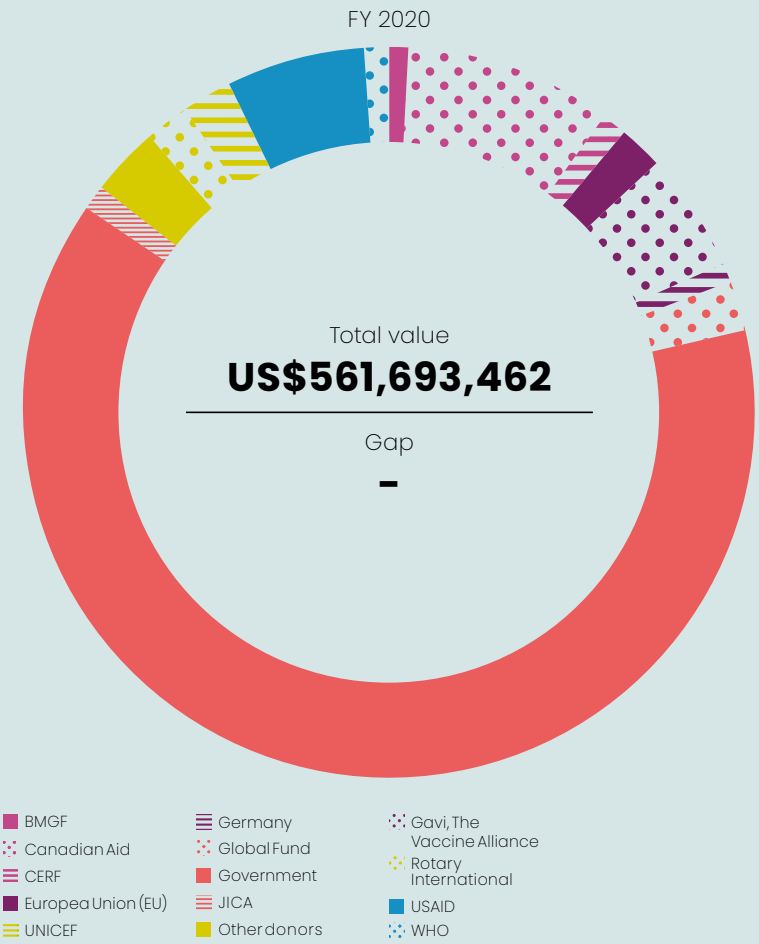
- Share of government budget allocated to health (%)
- Health budget execution rate (%)
- Share of health expenditure going to frontline providers (%)
- Domestic General Government Health Expenditure (DGGHE) per capita (US$)
- Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)
- Out-of-pocket spending on health, per capita (US$)

Shortfalls in Service Delivery: The GFF supports routine monitoring of disruptions to essential health services in 19 countries. The essential health services data are sourced from country routine health information systems and shown monthly starting at the beginning of 2020. The data on deaths from the Covid-19 pandemic were sourced from Johns Hopkins University (JHU) dashboards and compiled into monthly aggregates.

Resource Mapping, a key component of the GFF approach, helps countries assess funding gaps, align donor and government resources, and improve the efficiency and equity of health spending. The latest resource mapping data is presented for each country. Data from previous resource mapping exercises is available on the GFF data portal where more than one exercise has been completed.

Monitoring the Country-Led Process provides details on country progress across the key process indicators in the GFF approach. Each country receives a score between 1-5 for each indicator. This score is not meant for cross-country comparisons since each country is at a different stage in the process and has different priorities.

Afghanistan



Resource mapping

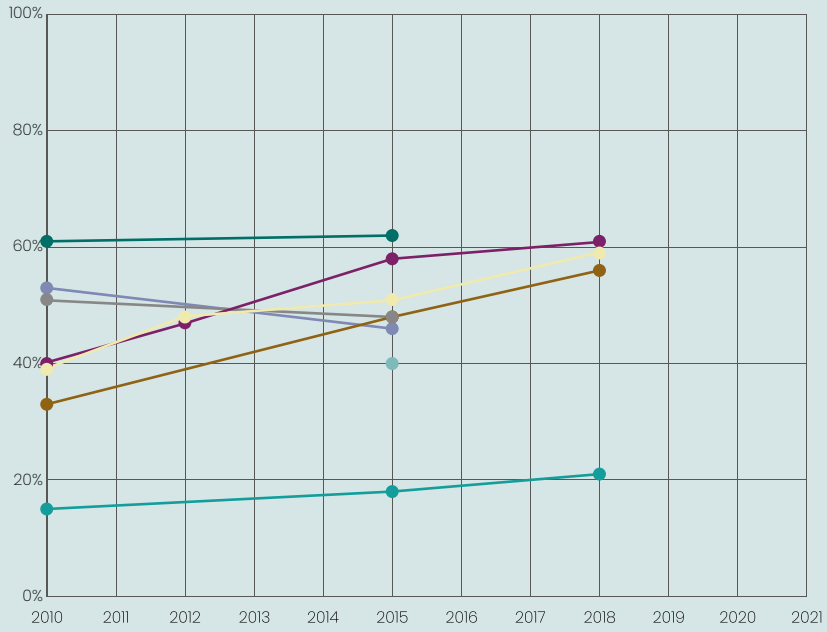
In 2020, Afghanistan published data from a resource mapping exercise that captured actual health resources available for fiscal year (FY) 2018/19 and forward-looking budgets for FY 2020/21 for the government and development partners captured. The mapping was commissioned to support health budget alignment and harmonization and take stock of both on- and off-budget health resources at national and subnational levels. The resource mapping noted a significant portion of funding for health was on-budget (62%) in aggregate. However, allocations of these budgets varied significantly across provinces. The report also highlighted several key recommendations including suggestions to: 1) move from off-budget to on-plan is key to facilitate alignment and allocative efficiency; 2) revise resource allocation between provinces in order to achieve health sector strategic goals; 3) efforts should be made to regularly conduct annual resource mapping exercises and work to better understand expenditure patterns; and 4) expand the resource mapping effort in the health sector to include humanitarian assistance directed at health priorities. Since the change of government in 2021, it is unclear whether any of these recommendations have been taken forward. In the current situation in 2022, development partners, led by WHO, are working to jointly conduct a resource mapping of development partner funds and humanitarian assistance to ensure alignment of health sector support.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	3	3.1	3.3	2.7	5.4	-	-
Health budget execution (%)	-	78.0	89.0	142.0	96.0	85.0	-
Share of government budget allocated to health (%)	-	4.5	4.9	4.2	4.2	3.8	-
Share of health expenditure going to frontline providers (%)	-	55.5	55.1	54.9	53.0	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	2	2.1	2.3	1.9	3.9	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	701	2015	638	2017
Under 5 Mortality Rate (per 1,000 live births)	76.8	2015	49.6	2018
Neonatal Mortality Rate (per 1,000 live births)	34.9	2015	23	2018
Adolescent Birth Rate - 15-19 (per 1,000 women)	58	2015	62	2018
Percent of births <24 months after the preceding birth (%)	32.4	2015	-	-
Stunting among children under 5 years of age (%)	40.4	2013	36.6	2018
Moderate and severe wasting among children under 5 years of age (%)	9.5	2013	5	2018
Stillbirths (per 1,000 total births)	19.8	2015	-	-

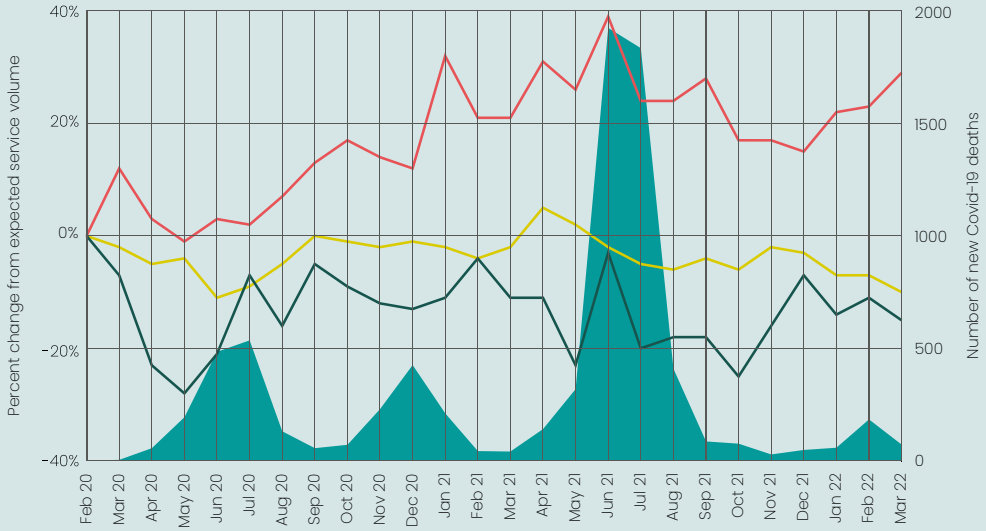
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends



- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Bangladesh

Resource mapping

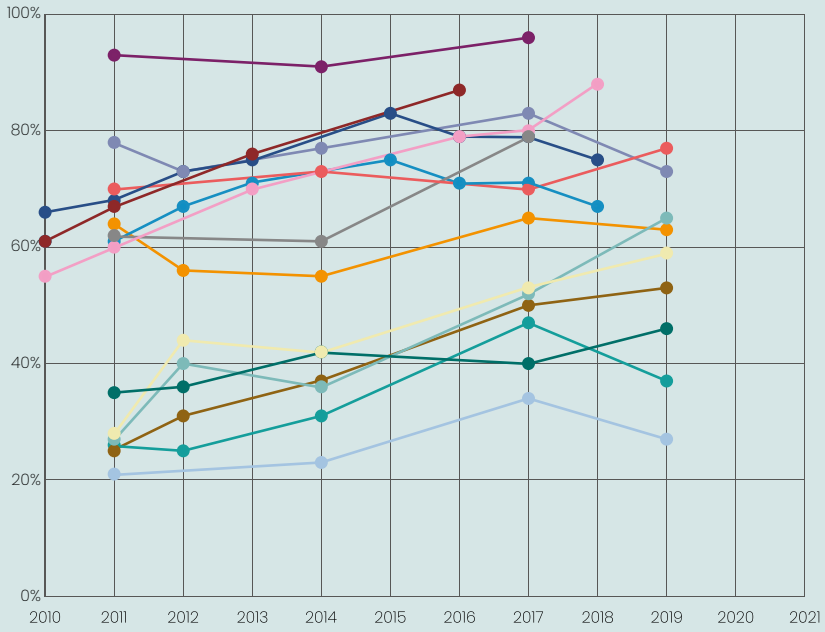
Bangladesh has a well-established development partner coordination platform to align partners around shared priorities through a sector-wide approach (SWAp), which has helped the government direct domestic and international funding to support key health goals. As such, elements of resource mapping and expenditure tracking are inherent to the SWAp mechanisms of joint planning, resource allocation, and implementation monitoring. Through the SWAp, the government of Bangladesh has aligned more than US$1.1 billion in domestic and international public financing in support of its Fourth Health, Nutrition, and Population Sector Program for 2017–22; the GFF contributes to and is an integral part of the partnership. Resource mapping data will be made available on the GFF data portal in early 2023.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	5.7	7.9	9.0	9.4	9.4	9.1	-
Health budget execution (%)	-	-	84.0	85.0	85.0	74.0	74.0
Share of government budget allocated to health (%)	4.2	4.1	4.7	5.2	5.0	4.9	5.2
Share of health expenditure going to frontline providers (%)	-	-	19.0	33.0	31.0	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	3.4	4.1	4.1	3.8	3.3	3.1	-
Sum of Out-of-pocket spending on health, per capita (US$)	24.4	28.3	29.6	31.6	34.3	37.5	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	165	2019	163	2020
Under 5 Mortality Rate (per 1,000 live births)	45	2017	28	2020
Neonatal Mortality Rate (per 1,000 live births)	30	2017	15	2020
Adolescent Birth Rate - 15-19 (per 1,000 women)	108	2017	74	2020
Percent of births <24 months after the preceding birth (%)	11.3	2014	-	-
Stunting among children under 5 years of age (%)	30.8	2017	28	2019
Moderate and severe wasting among children under 5 years of age (%)	14	2014	8.4	2017
Stillbirths (per 1,000 total births)	21.4	2014	24.9	2017

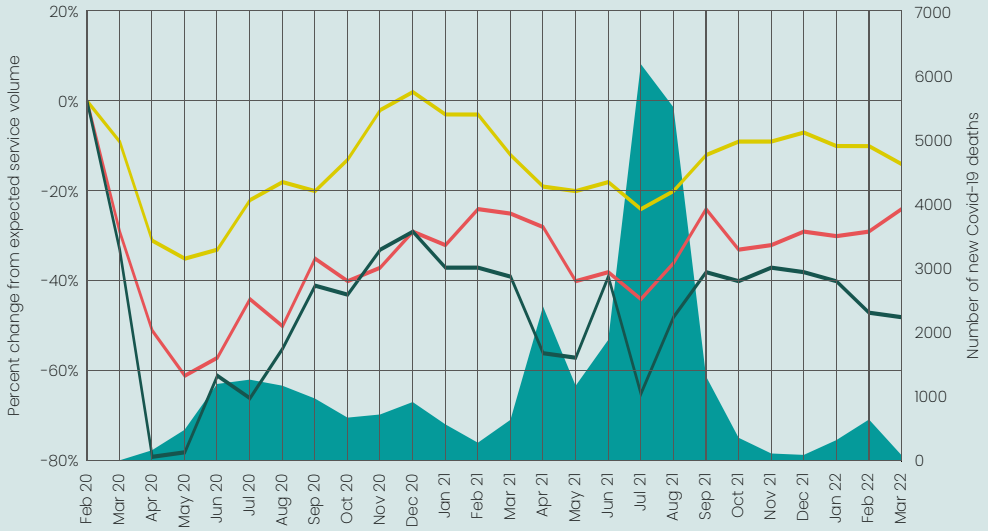
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Adjusted net enrolment rate, lower secondary, both sexes (%)
- Adjusted net enrolment rate, lower secondary, female (%)
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (married women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Lower secondary completion rate, both sexes (%)
- Lower secondary completion rate, female (%)
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends



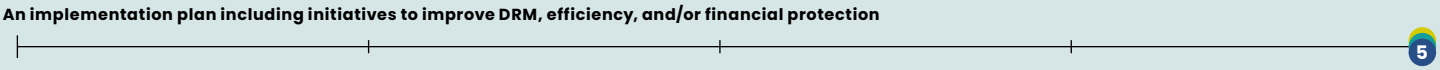
- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process

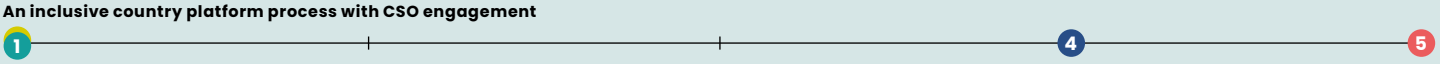
Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection



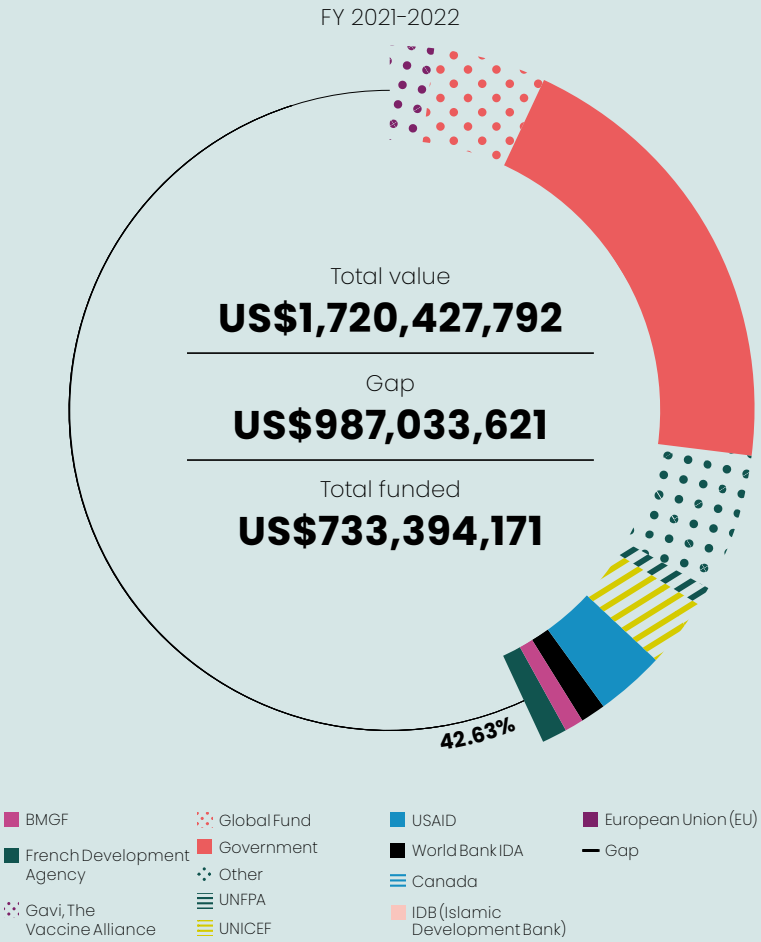
An inclusive country platform process with CSO engagement



Gender analysis/gender strategy

2019 2020 2021 2022

Burkina Faso



Resource mapping

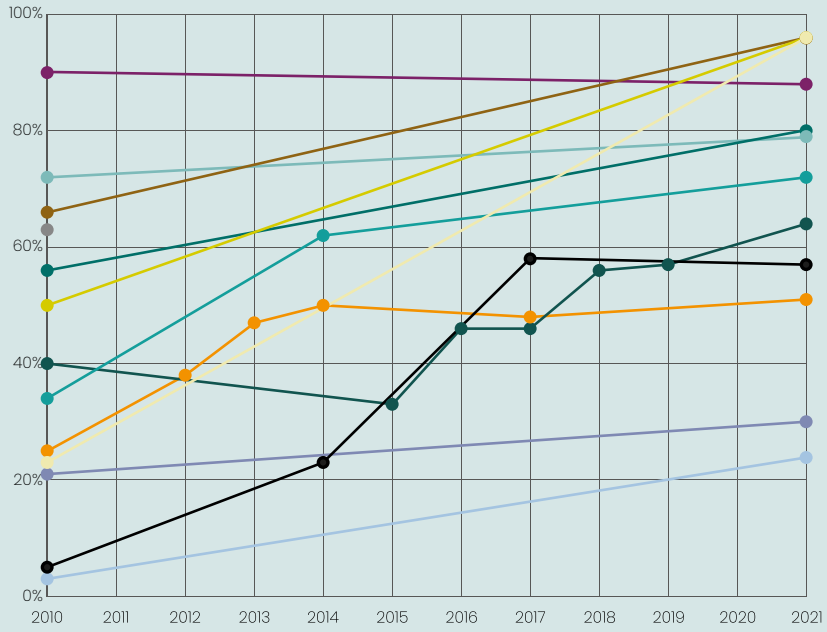
A resource mapping of the UHC strategy (2020–24) was conducted in 2020. The GFF investment case is an essential element of the UHC strategy. The resource mapping focuses on RMNCAH and health system strengthening priorities for 2020 and 2021. The analysis shows that the government of Burkina Faso is maintaining its engagement in funding the UHC strategy and remains the main source of funding in 2020 and 2021. Sixteen donors are aligned to the UHC strategy in 2020 and 2021. The funding gap slightly increased between 2020 and 2021 due to an increase in cost of the UHC strategy from 2020 to 2021 (see figure). Funding gap analysis by priority area highlights nutrition, malaria, child health, and community health are particularly underfunded while the health system strengthening component appears to be slightly overfunded underlining room for improving allocative efficiency. Further analysis needs to be conducted by the Ministry of Health to better understand reasons behind underfunding of key priorities to reach UHC targets and define strategies to make existing resources more efficient.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.5	16.4	19.2	17.1	17.7	-	-
Health budget execution (%)	-	94.0	93.0	100.0	87.0	97	99
Share of government budget allocated to health (%)	-	12.4	12.0	11.0	13.7	11.6	13.5
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	7.2	11.0	10.0	8.8	9.6	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	12.1	12.9	14.1	14.4	14.7	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	341	2010	330	2015
Under 5 Mortality Rate (per 1,000 live births)	82	2015	30	2021
Neonatal Mortality Rate (per 1,000 live births)	23	2015	18	2021
Adolescent Birth Rate - 15-19 (per 1,000 women)	124	2018	93	2021
Percent of births <24 months after the preceding birth (%)	17.4	2014	16.1	2018
Stunting among children under 5 years of age (%)	24.9	2017	22.6	2021
Moderate and severe wasting among children under 5 years of age (%)	8.4	2017	10.6	2021
Stillbirths (per 1,000 total births)	-	-	-	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

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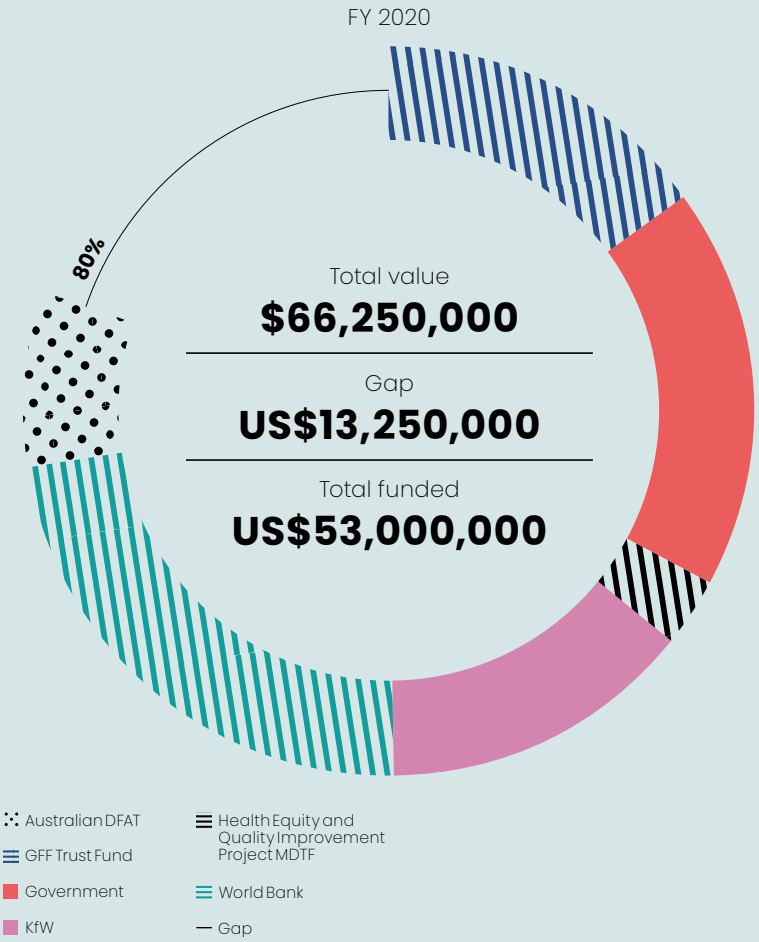
An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

2019 2020 2021 2022

Cambodia



Resource mapping

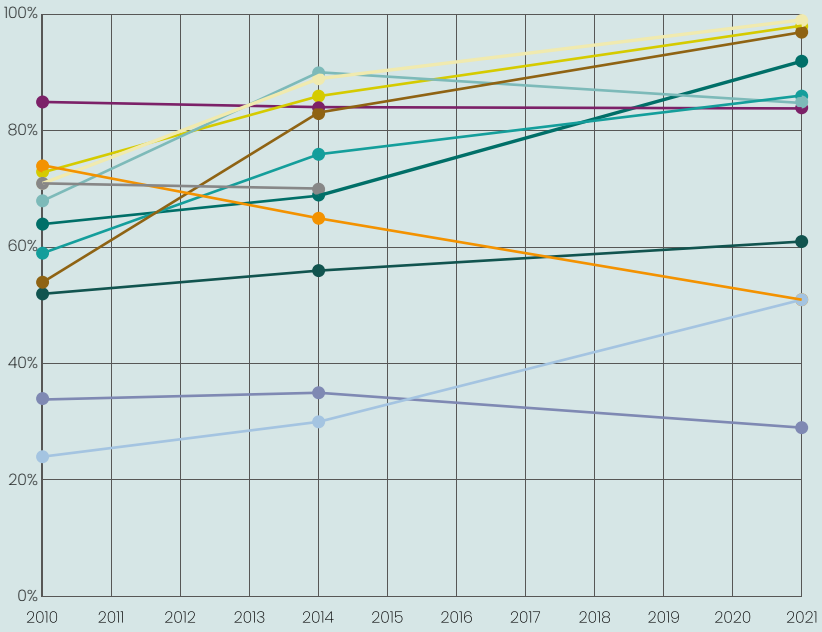
Cambodia's investment case (IC) is focused on three key issues: reducing newborn mortality, reducing child undernutrition, and decreasing adolescent fertility. The Cambodia Nutrition Project, or CNP (2019–24), a US$53 million investment lending operation, will fund an estimated 80% of the activities included in the IC and is closely aligned with its strategic priorities. The CNP harmonizes financing from IDA, GFF, German KfW, Australian DFAT, and the Health Equity and Quality Improvement Project multi-donor trust fund (pooling financing from Australian Aid, German KfW and KOICA) and includes 23% of domestic resources from the Royal Government of Cambodia. A detailed resource mapping exercise of the IC was planned in early 2020, but has been delayed due to the COVID-19 pandemic; discussions on resumption of this exercise is ongoing. The resource mapping will identify funding gaps by priority and will show trends in domestic resource mobilization and donor alignment around the IC.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	15.6	16.9	15.1	25.0	27.5	-	-
Health budget execution (%)	-	93.0	98.0	99.0	97.0	-	-
Share of government budget allocated to health (%)	-	14.2	12.9	13.0	11.7	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	6.6	6.3	4.9	7.2	7.0	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	41.3	45.5	49.6	56.6	73.0	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	170	2014	154	2021
Under 5 Mortality Rate (per 1,000 live births)	35	2014	16	2021
Neonatal Mortality Rate (per 1,000 live births)	18	2014	8	2021
Adolescent Birth Rate - 15-19 (per 1,000 women)	57	2014	48	2021
Percent of births <24 months after the preceding birth (%)	13.3	2014	-	-
Stunting among children under 5 years of age (%)	32.4	2014	21.9	2021
Moderate and severe wasting among children under 5 years of age (%)	9.6	2014	9.6	2021
Stillbirths (per 1,000 total births)	5.8	2014	-	-

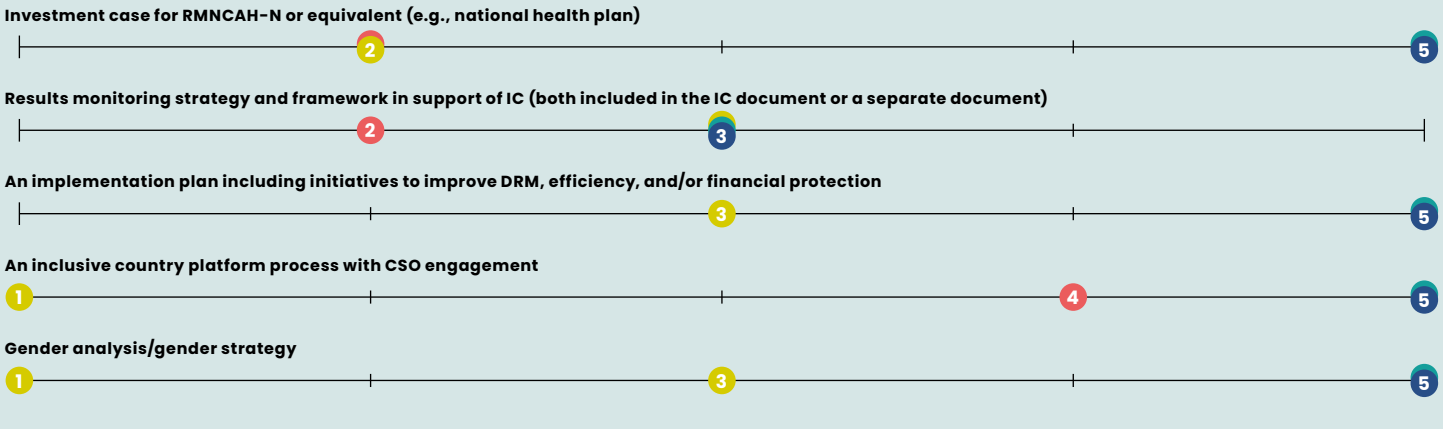
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

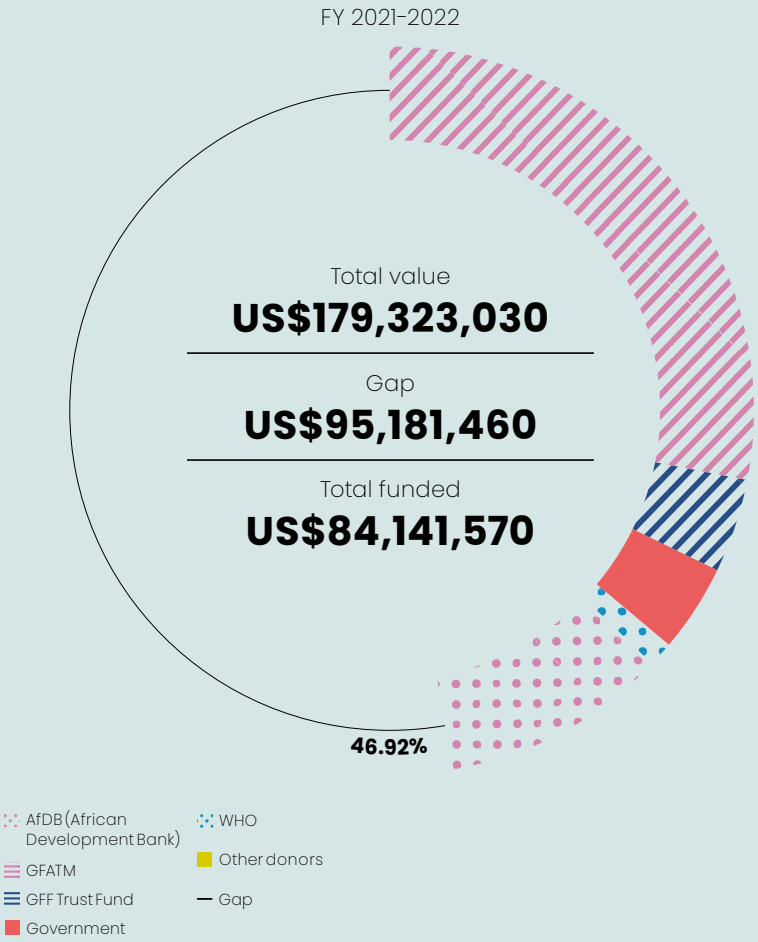


- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

Monitoring the country-led process



Cameroon



Resource mapping

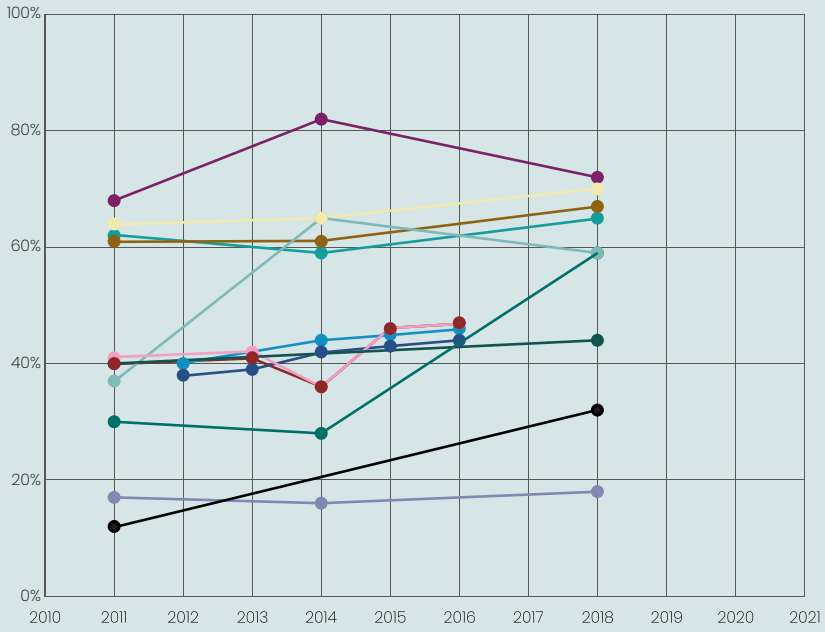
A detailed resource mapping and expenditure tracking exercise (RMET) was conducted in Cameroon, based on the four RMNCH priorities identified in the 2017–22 investment case (IC). The objective was to analyze the evolution of the resources committed by the government of Cameroon and its partners to these health priorities, and to determine the funding gap to be filled through better alignment of external aid and increased mobilization of domestic funding. The RMET shows gaps by priority, but also subnational region. Despite a fairly large number of 25 partners funding the IC priorities, a financing gap of 57% of the total cost over four years remains (the gap is 49% in 2020. Mobilization of both domestic and external funding towards RMNCH priorities is critical, particularly in light of the high out-of-pocket spending, which accounts for over 70% of current health expenditure in Cameroon.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	5.0	5.2	2.1	3.2	1.8	-	-
Health budget execution (%)	-	-	95.0	97.0	98.0	92.5	-
Share of government budget allocated to health (%)	-	5.6	5.7	4.8	4.0	4.3	-
Share of health expenditure going to frontline providers (%)	-	-	-	-	-	8.3	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	1.8	1.8	0.7	1.1	0.6	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	34.8	35.5	37.6	39.9	39.2	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	782	2011	406	2018
Under 5 Mortality Rate (per 1,000 live births)	103	2014	80	2018
Neonatal Mortality Rate (per 1,000 live births)	28	2014	28	2018
Adolescent Birth Rate - 15-19 (per 1,000 women)	119	2014	122	2018
Percent of births <24 months after the preceding birth (%)	21.3	2011	25.3	2018
Stunting among children under 5 years of age (%)	31.7	2014	28.9	2018
Moderate and severe wasting among children under 5 years of age (%)	5.2	2014	4.3	2018
Stillbirths (per 1,000 total births)	-	-	14.6	2018

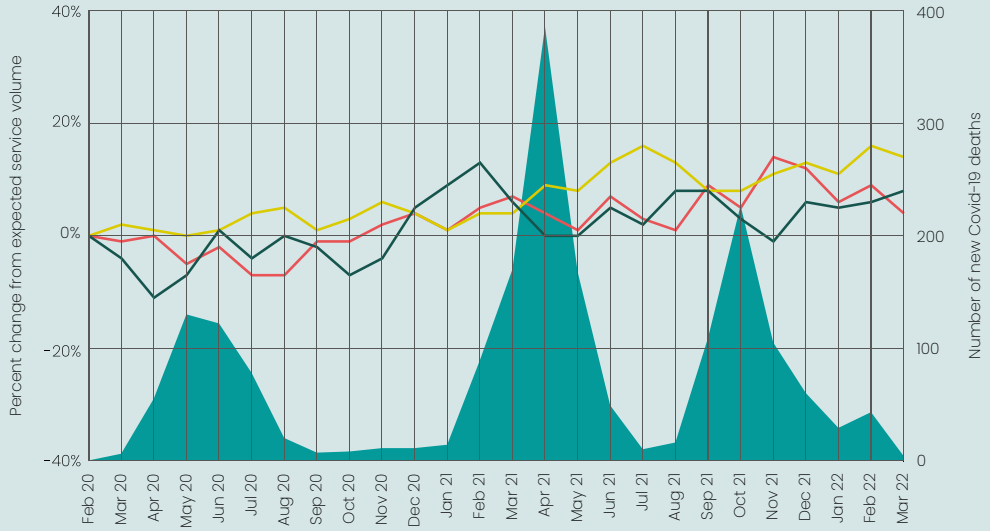
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



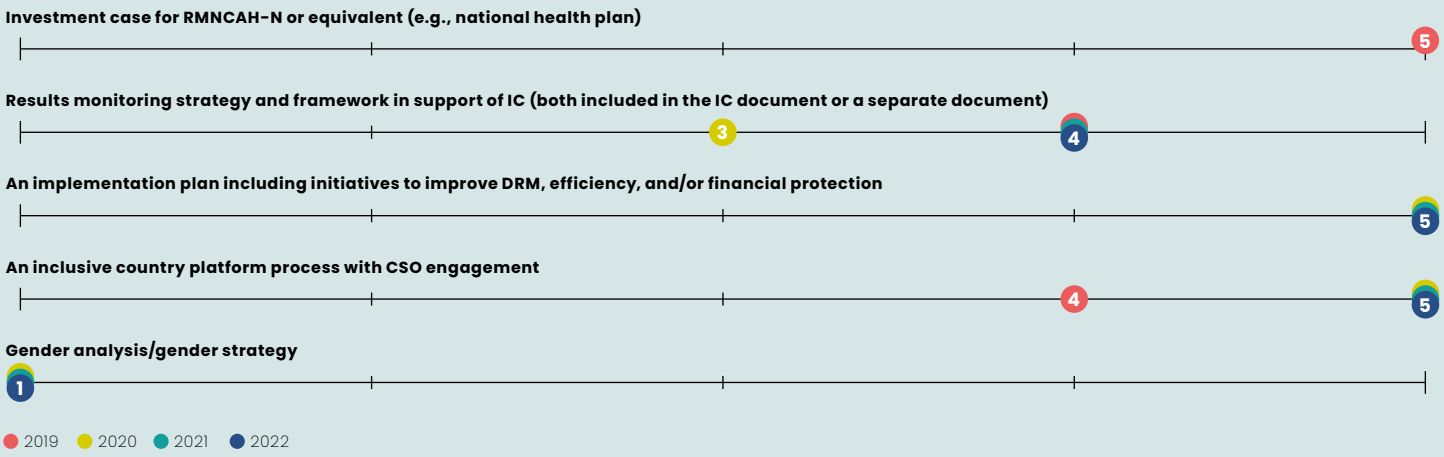
- Adjusted net enrolment rate, lower secondary, both sexes (%)
- Adjusted net enrolment rate, lower secondary, female (%)
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Lower secondary completion rate, both sexes (%)
- Lower secondary completion rate, female (%)
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy

Shortfall in service delivery compared to pre-pandemic trends

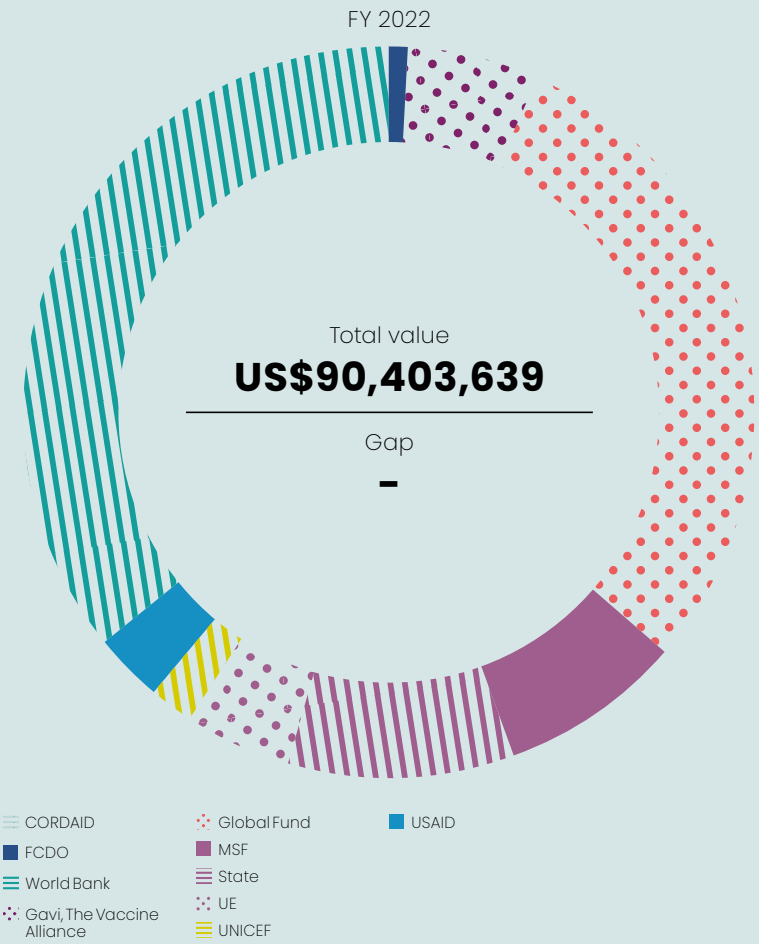


- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process



Central African Republic



Resource mapping

Since joining the GFF, the Central African Republic has made RMNCAH-N a national priority, and the country is taking major steps towards achieving the Sustainable Development Goals through the development and implementation of its investment case (IC) for the reduction of maternal and child mortality. An important part of this initiative is resource mapping and expenditure tracking, which helps assess funding gaps, align donor and government resources, and improve the efficiency and equity of health spending.

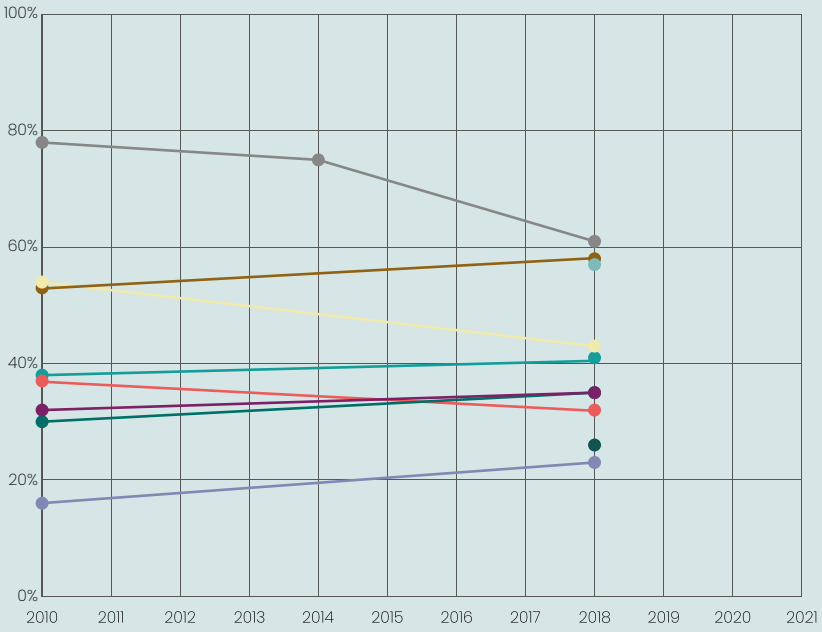
Previous resource mappings and detailed costing exercises have shown that over the period covered by the CAR investment case for 2020 to 2022, financing needs amount to US$151 million. The government and funding partners have committed to supporting the implementation of the interventions prioritized in the IC, and a resource mapping exercise currently nearing completion will not only confirm the government and partner financing, but will also track expenditure on IC priorities in 2020.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	1.7	2.4	3.3	3.4	3.9	-	-
Health budget execution (%)	-	-	27.0	103.0	59.0	42.0	-
Share of government budget allocated to health (%)	-	13.1	10.6	8.8	10.6	12.0	14.3
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	3.3	4.9	5.3	3.9	4.8	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	9.3	12.1	17.0	22.4	22.4	-	-

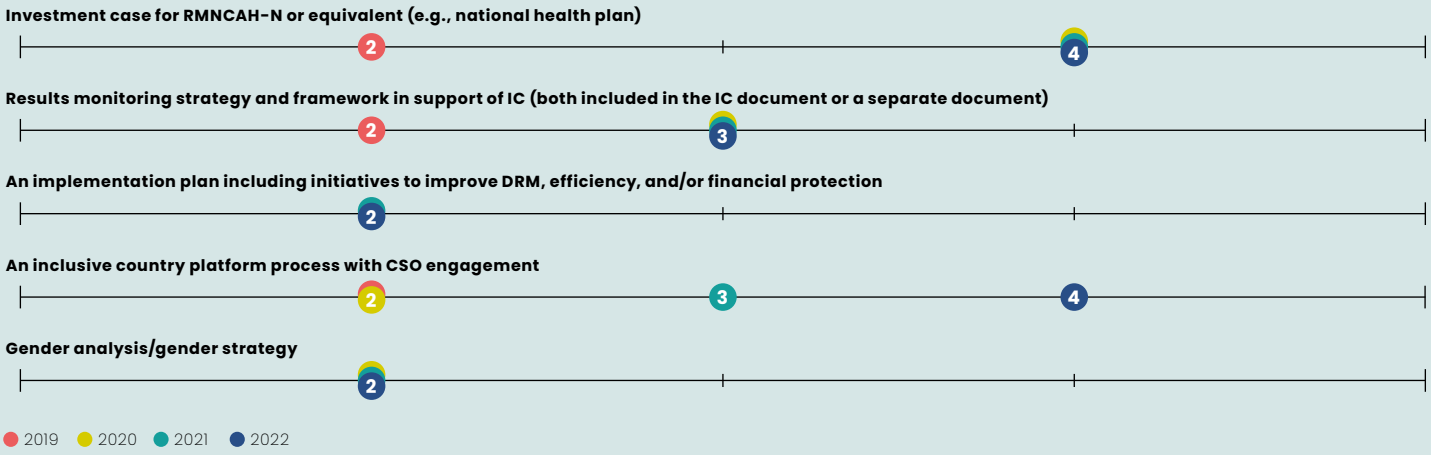
RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	-	-	-	-
Under 5 Mortality Rate (per 1,000 live births)	179	2010	99	2018
Neonatal Mortality Rate (per 1,000 live births)	-	-	28	2018
Adolescent Birth Rate - 15-19 (per 1,000 women)	229	2010	184	2018
Percent of births <24 months after the preceding birth (%)	-	-	-	-
Stunting among children under 5 years of age (%)	40.7	2010	39.8	2018
Moderate and severe wasting among children under 5 years of age (%)	7.4	2010	5.4	2018
Stillbirths (per 1,000 total births)	-	-	-	-

RMNCAH-N coverage indicators

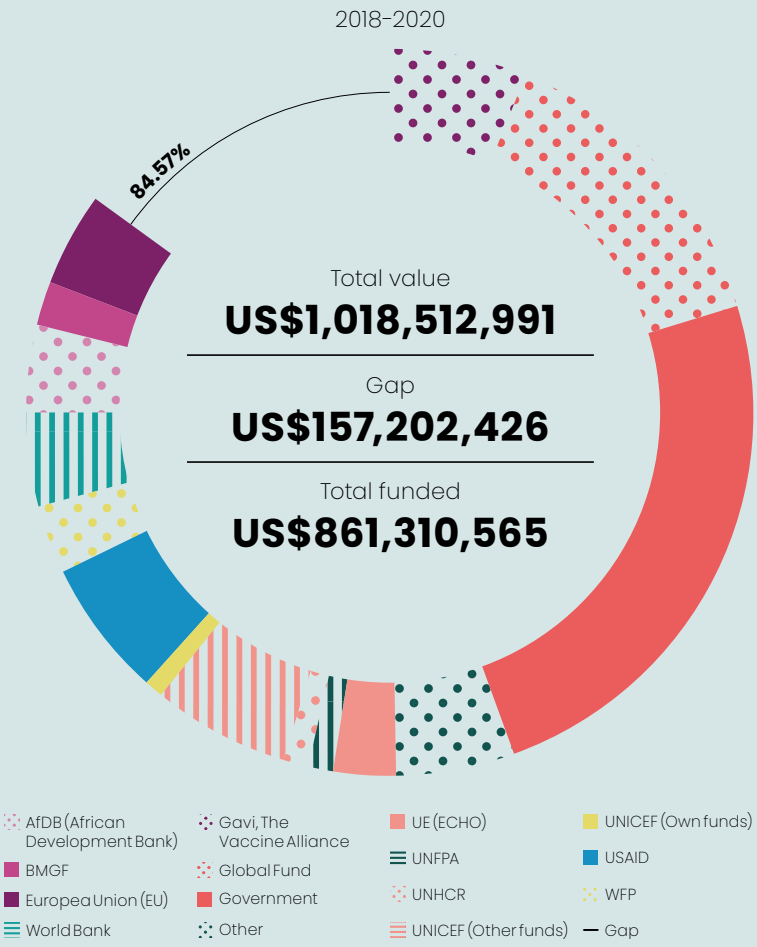
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



Monitoring the country-led process



Chad



Resource mapping

The first resource mapping and expenditure tracking (RMET) exercise was completed in May 2021 and covered the period from 2018 to 2021. As the investment case was under development, the RMET focused on the priorities of the National Health Development Plan (PNDS 3).

The exercise helped identify available resources from 26 donors (76%). The largest financial contributions are provided by the Global Fund (23%), USAID (12%), UNICEF (12%), EU (7%), Gavi (10%), WB/IDA (6%) and AFD (6%), with funding completed by the government budget (24%). The decrease in funding planned from the year 2021 is partly explained by the lack of predictability of future commitments from both the government and donor partners.

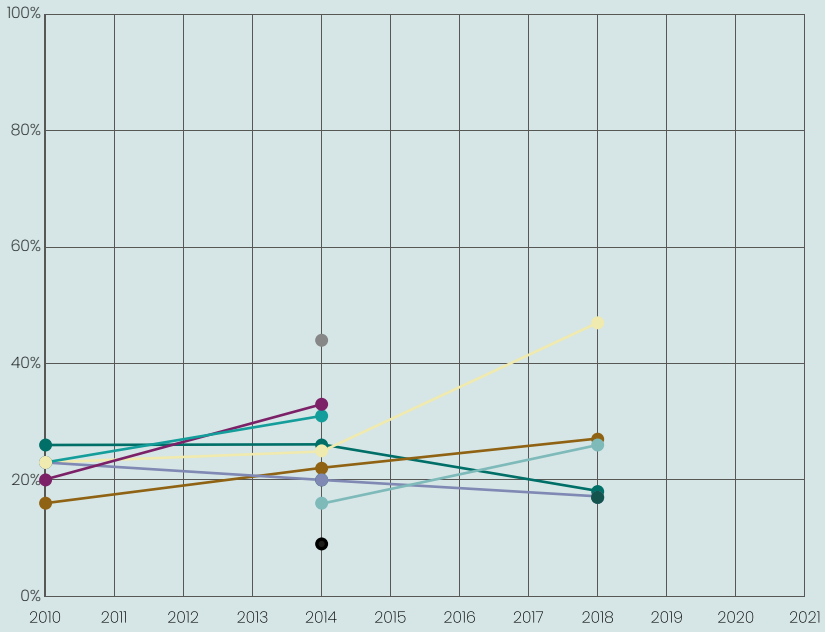
Overall, the combined budgetary commitments of donors and the government over the period from 2018 to 2022 (and beyond) for the RMNCAH and for nutrition were respectively 19% and 19.4% of total resources allocated to the health sector. Notably, the said commitments have increased over the last three years, from 2018 to 2020, by 85.6% for the RMNCAH and by 24.1% for nutrition.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	7.5	5.8	4.7	5.0	5.2	-	-
Health budget execution (%)	-	98.3	91.3	92.3	98.6	83.5	-
Share of government budget allocated to health (%)	-	9.0	6.3	4.6	6.9	7.6	-
Share of health expenditure going to frontline providers (%)	-	-	-	-	-	29.8	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	5.2	5.7	4.7	5.2	5.2	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	19.9	19.2	17.1	18.5	17.1	-	-

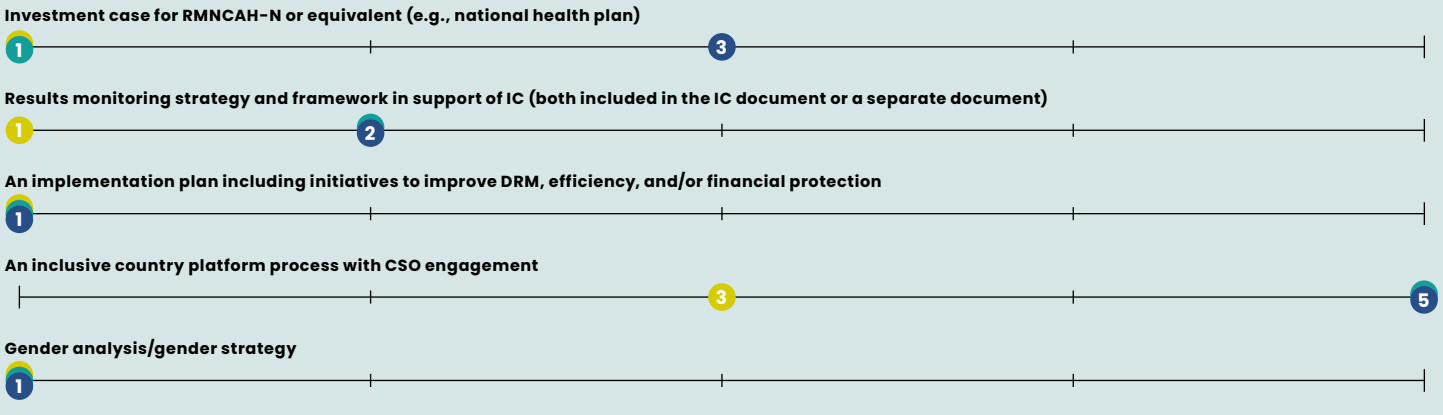
RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	860	2014	-	-
Under 5 Mortality Rate (per 1,000 live births)	133	2014	122	2019
Neonatal Mortality Rate (per 1,000 live births)	34	2014	33	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	179	2014	138	2019
Percent of births <24 months after the preceding birth (%)	30.2	2014	-	-
Stunting among children under 5 years of age (%)	31.9	2018	32	2019
Moderate and severe wasting among children under 5 years of age (%)	13.5	2018	12.9	2019
Stillbirths (per 1,000 total births)	-	-	-	-

RMNCAH-N coverage indicators

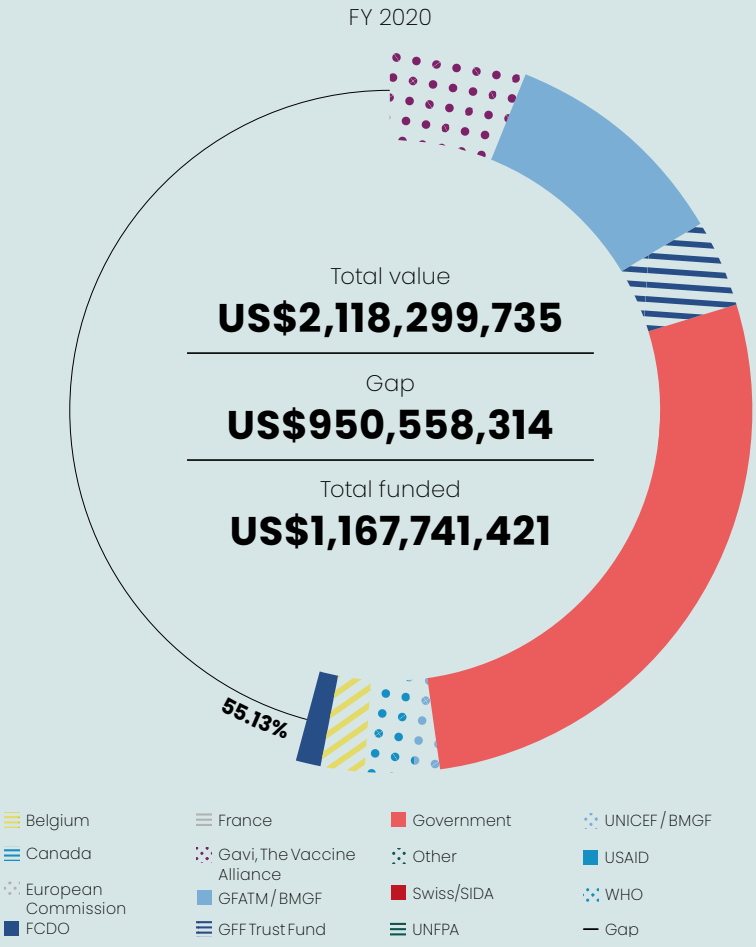
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



Monitoring the country-led process



Congo Democratic Republic



Resource mapping

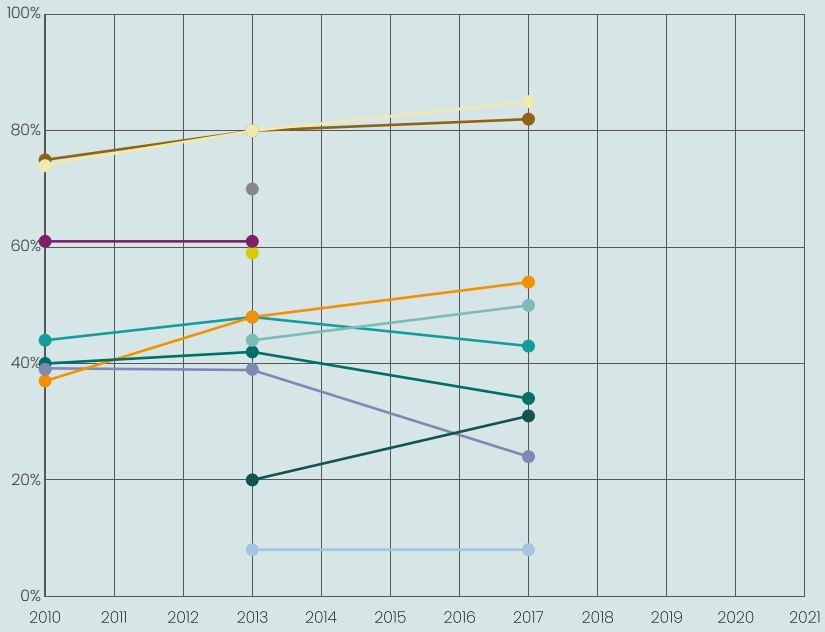
The resource mapping has been completed for the Plan National de Développement Sanitaire (PNDS) 2019-22, which serves as the country's prioritized national health strategy and investment case (IC). Data for this assessment was provided by the Ministry of Health (MOH) through the program-based budgeting (PBB) process, which consolidated domestic and international budget as well as expenditure data with respect to the PNDS. The health donor's coordination group, known as Groupe Inter-Bailleurs de la Santé (GIBS) also provided feedback. The MOH has indicated these estimates are still being updated by the GIBS and could change. The IC funding gap doubled between 2019 and 2020, due to an increased cost of the PNDS between 2019 and 2020 and a decreased donor contribution to the IC. Because of COVID-19, not all donors could maintain the same level of engagement in 2020, as several had to reprioritize funding to the COVID-19 response. Nevertheless, more donors are aligned to the IC in 2020 compared to 2019. Domestic resource has slightly increased in absolute terms but has decreased in relative terms of covering the IC cost.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	4.3	3.2	2.0	17.5	18.3	-	-
Health budget execution (%)	34.1	97.0	54.0	52.7	57.1	67.7	-
Share of government budget allocated to health (%)	8.9	6.7	7.8	7.6	11.0	10.0	-
Share of health expenditure going to frontline providers (%)	29.0	9.0	9.0	12.0	15.0	21.3	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	6.4	5.9	4.6	3.5	5.5	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	7.9	8.2	8.3	24.9	7.9	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	846	2014	-	-
Under 5 Mortality Rate (per 1,000 live births)	104	2014	70	2017
Neonatal Mortality Rate (per 1,000 live births)	28	2014	14	2017
Adolescent Birth Rate - 15-19 (per 1,000 women)	138.1	2014	109	2017
Percent of births <24 months after the preceding birth (%)	27.1	2014	-	-
Stunting among children under 5 years of age (%)	42.7	2014	41.8	2017
Moderate and severe wasting among children under 5 years of age (%)	7.9	2014	6.5	2017
Stillbirths (per 1,000 total births)	-	-	-	-

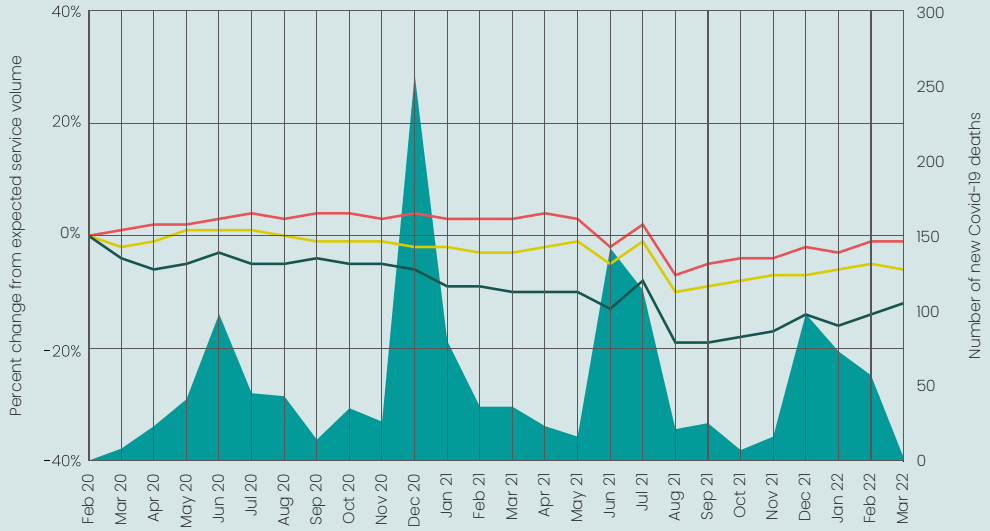
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



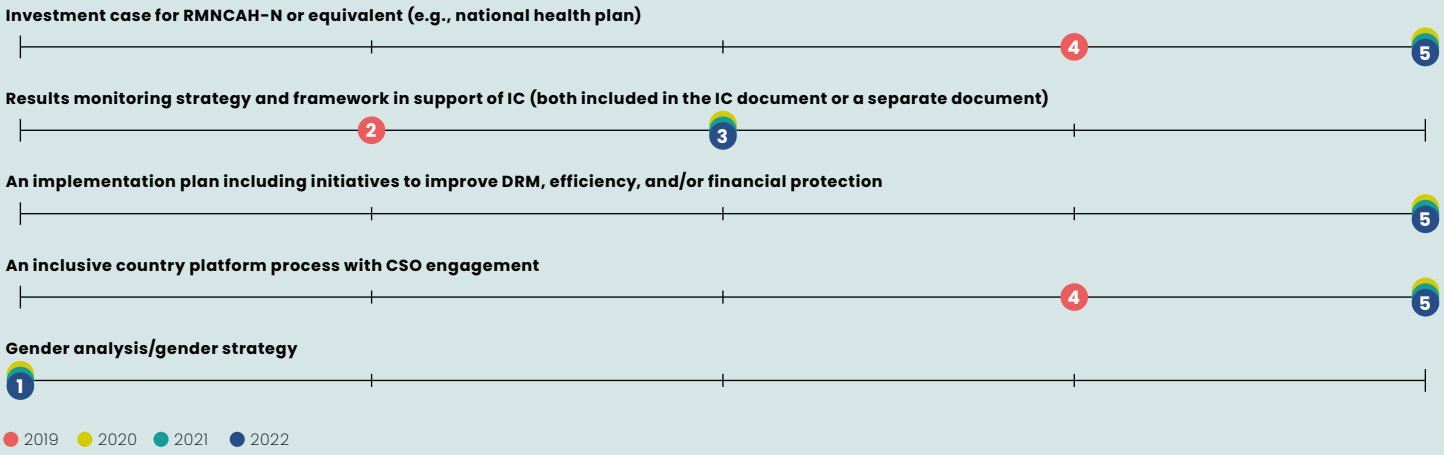
- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends

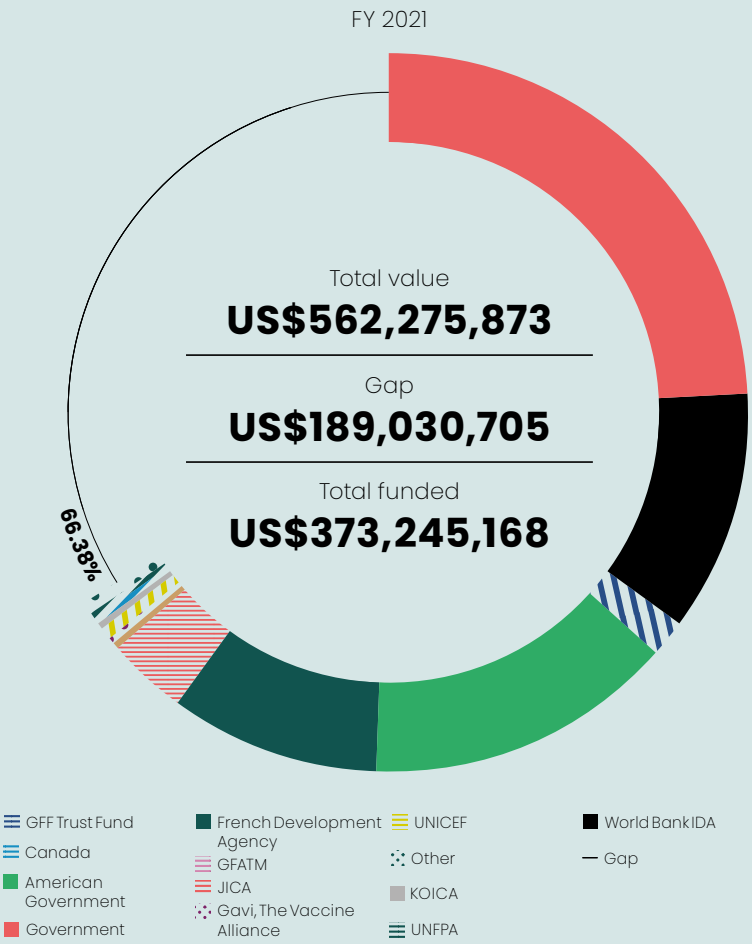


- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process



Côte d'Ivoire



Resource mapping

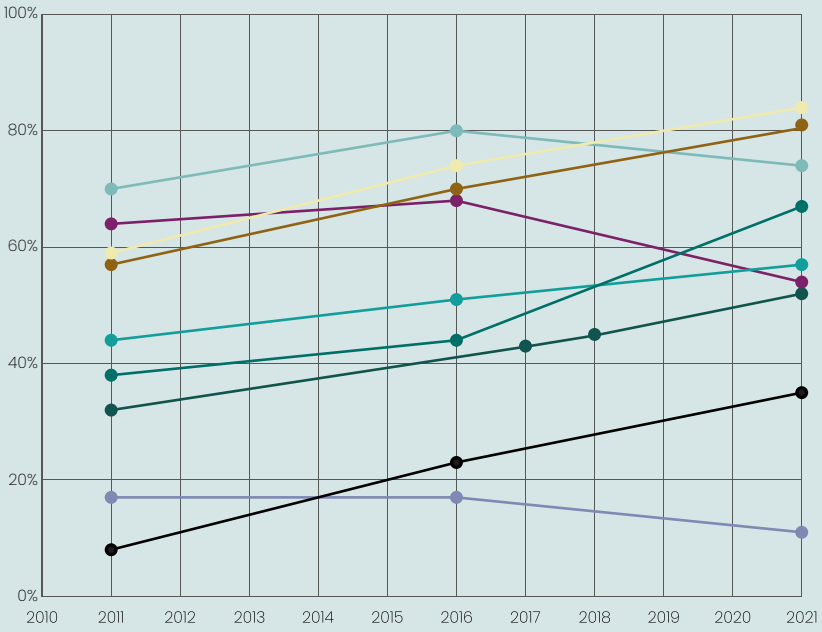
The investment case process in Côte d'Ivoire has been central to obtaining government engagement to increase its yearly health budget, which increased by 16.6% between 2019 and 2020. Based on the government budget increase and resource mapping data collected among donors, the investment funding gap was reduced by 50% between 2020 and 2021, from 57% in 2020 to 34% in 2021. From this year on, the Ministry of Health and Public Hygiene will be in charge of rolling out the RMET exercise through the Directorate of Financial Affairs, which will be working on the integrating of RMET with the National Health Accounts.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	15.5	17.1	19.7	21	21.8	-	-
Health budget execution (%)	-	90.0	90.0	86.0	85.0	70.0	-
Share of government budget allocated to health (%)	6.6	6.0	6.1	5.4	5.3	7.4	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	4.7	4.8	5.1	5.1	5.5	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	27.0	27.0	27.3	28.3	28.0	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	614	2011	385	2021
Under 5 Mortality Rate (per 1,000 live births)	96	2016	74	2021
Neonatal Mortality Rate (per 1,000 live births)	33	2016	30	2021
Adolescent Birth Rate - 15-19 (per 1,000 women)	124	2016	96	2021
Percent of births <24 months after the preceding birth (%)	14.9	2011	-	-
Stunting among children under 5 years of age (%)	21.6	2016	23.4	2021
Moderate and severe wasting among children under 5 years of age (%)	6	2016	8.4	2021
Stillbirths (per 1,000 total births)	-	-	-	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

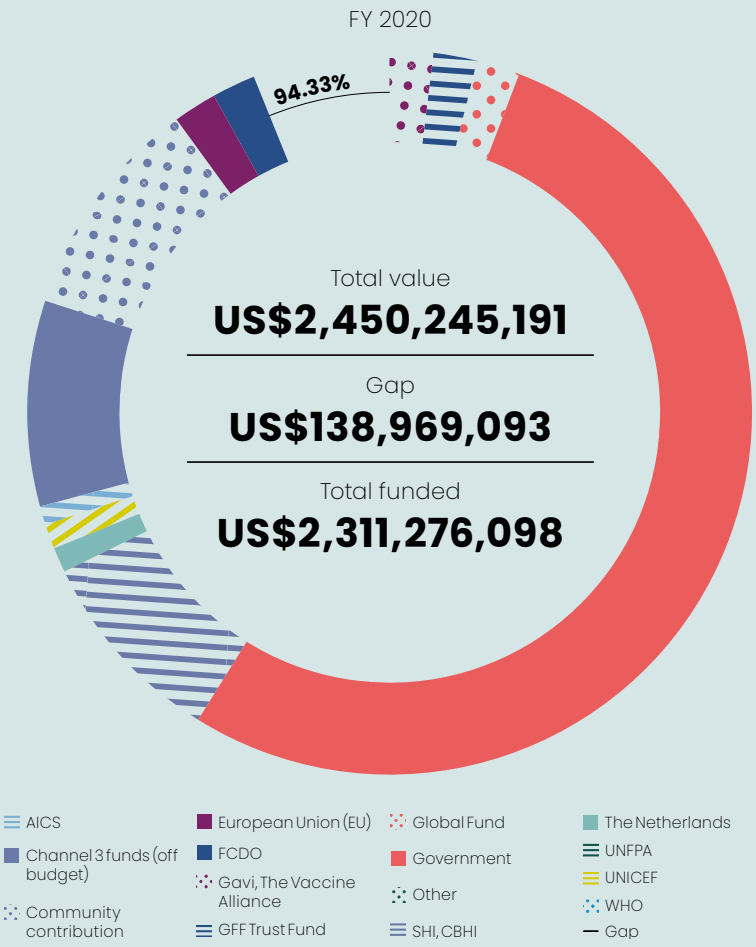
An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

2019 2020 2021 2022

Ethiopia



Resource mapping

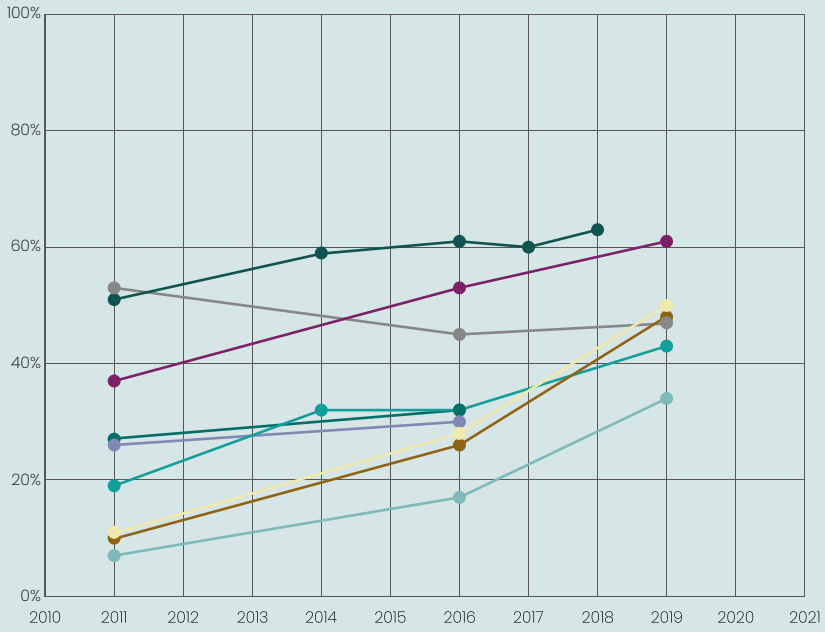
The resource mapping (RM) shows the analysis completed for FY2019/2020. Resource mapping in Ethiopia is based on the Health Sector Transformation Plan (HSTP). The HSTP is the national health strategy and the investment case (IC). The consolidated data for this assessment was based on HSTP actual annual budget and annual HSTP resource mapping provided by the Ministry of Health. The RM trend analysis indicated major findings in terms of the government's improved commitment to the health sector, which resulted in a significant decline in the HSTP financing gap. Government finance to the health sector showed a significant increase from 38.5% in 2018/19 to 53.1% in 2019/20. Accordingly, the HSTP financing gap has declined from 26% in 2018/19 to 5.7% in 2019/20. On the other hand, donor contribution both on and off budget and alignment to the IC more or less are similar in both fiscal years. In addition, community contribution entailing both societies in cash and in-kind contribution to the sector indicated similar contribution levels in both years.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	6.0	6.3	6.2	5.7	6.1	11.8	-
Health budget execution (%)	-	80.0	77.0	83.0	-	90.9	-
Share of government budget allocated to health (%)	-	8.6	8.1	8.9	-	9.1	-
Share of health expenditure going to frontline providers (%)	-	36.0	41.0	37.0	-	28.9	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	5.6	5.0	4.8	4.8	4.8	8.5	-
Sum of Out-of-pocket spending on health, per capita (US$)	8.8	8.9	8.6	8.6	10.1	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	412	2016	-	-
Under 5 Mortality Rate (per 1,000 live births)	67	2016	55	2019
Neonatal Mortality Rate (per 1,000 live births)	29	2016	30	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	80	2016	79	2019
Percent of births <24 months after the preceding birth (%)	21.7	2016	-	-
Stunting among children under 5 years of age (%)	38.4	2016	36.8	2019
Moderate and severe wasting among children under 5 years of age (%)	9.8	2016	7.2	2019
Stillbirths (per 1,000 total births)	17.3	2011	11.7	2016

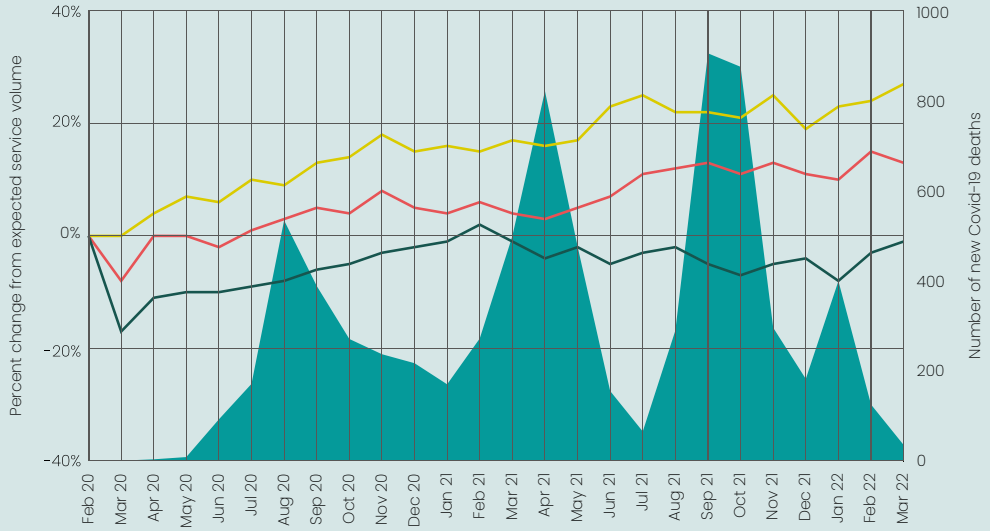
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



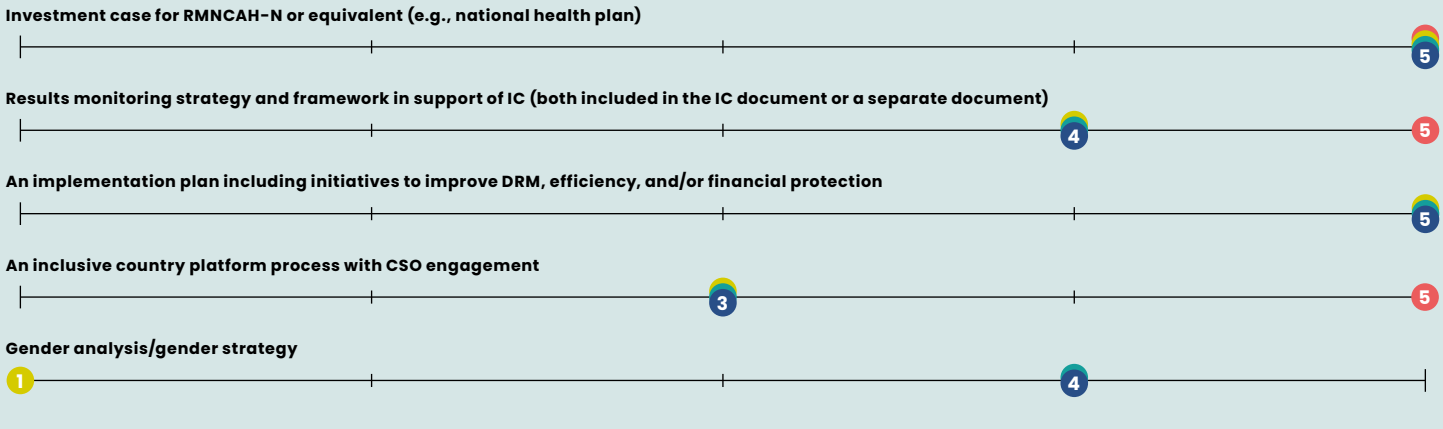
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends

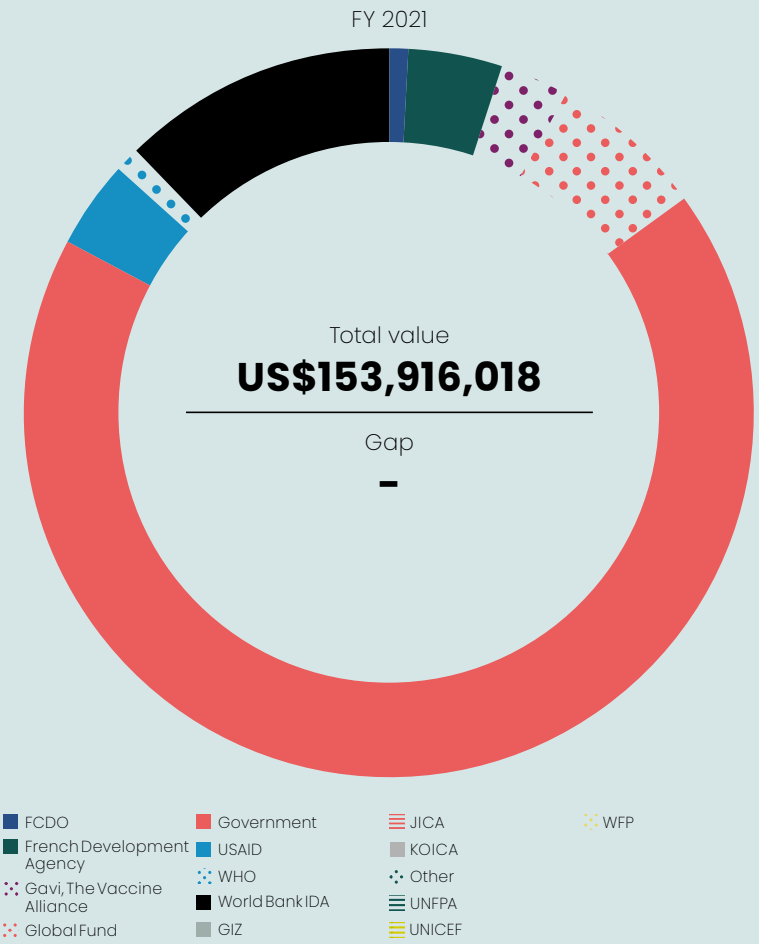


- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process



Ghana



Resource mapping

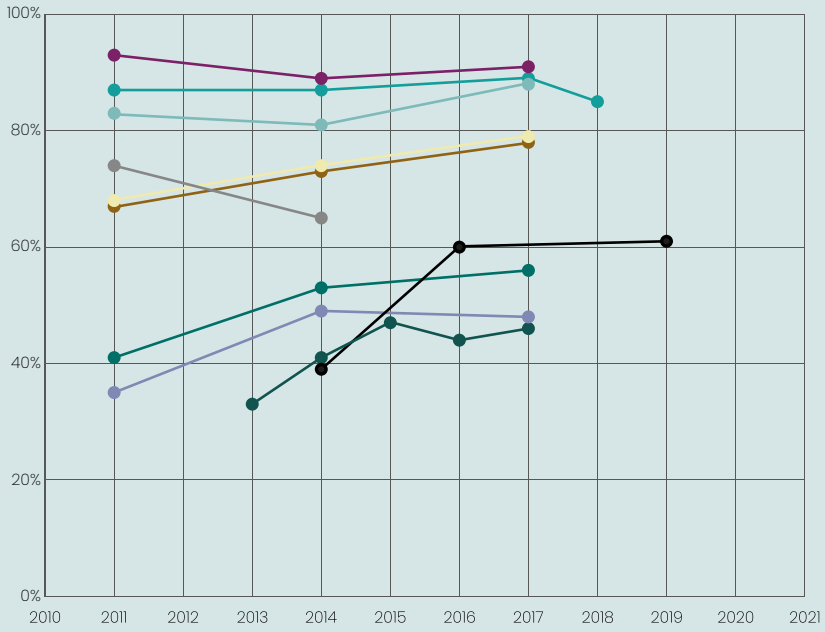
Ghana began developing the Health Sector Medium Term Development Plan (HSMTDP 2022–25) that serves as Investment Case for Ghana. HSMDP outlines priority interventions to achieve UHC. Resource mapping for the HSMDP is in progress, guided by the priority interventions in UHC Roadmap, that captures funding commitments across the health sector that will finance the plan's implementation.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	28.6	25.6	22.0	30.3	30.3	-	-
Health budget execution (%)	-	124.8	72.8	102.9	109.0	96.0	-
Share of government budget allocated to health (%)	-	13.8	14.6	13.1	14.3	13.4	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	8.6	6.5	6.0	6.4	6.5	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	29.2	25.3	27.8	28.7	27.3	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	325	2014	310	2017
Under 5 Mortality Rate (per 1,000 live births)	60	2014	56	2017
Neonatal Mortality Rate (per 1,000 live births)	29	2014	27	2017
Adolescent Birth Rate - 15-19 (per 1,000 women)	76	2014	75	2017
Percent of births <24 months after the preceding birth (%)	13.1	2014	-	-
Stunting among children under 5 years of age (%)	18.8	2014	17.5	2017
Moderate and severe wasting among children under 5 years of age (%)	4.7	2014	6.8	2017
Stillbirths (per 1,000 total births)	14	2014	23.2	2017

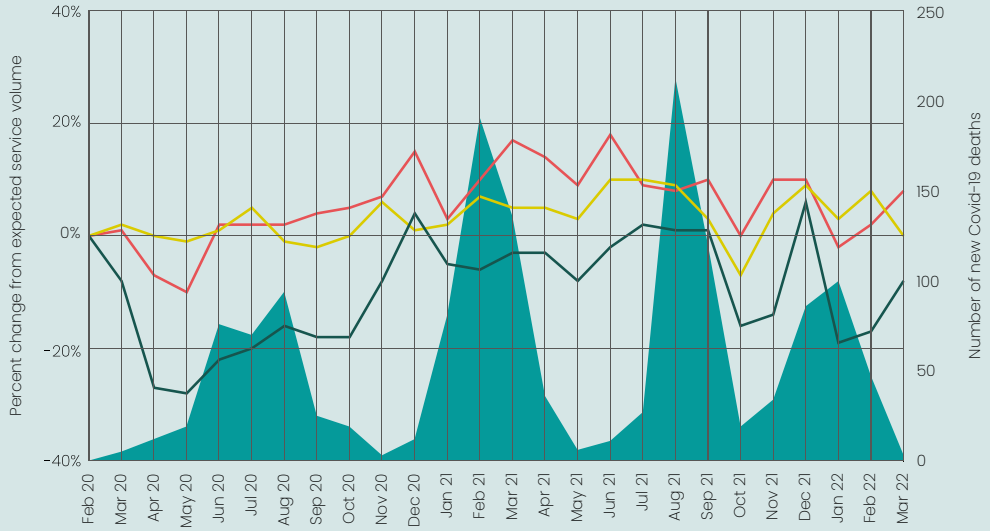
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

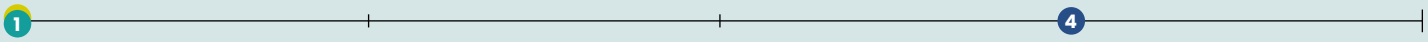
Shortfall in service delivery compared to pre-pandemic trends



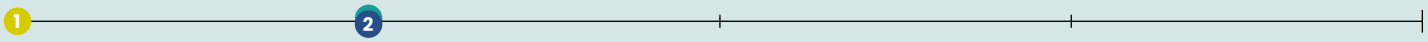
- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)



Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)



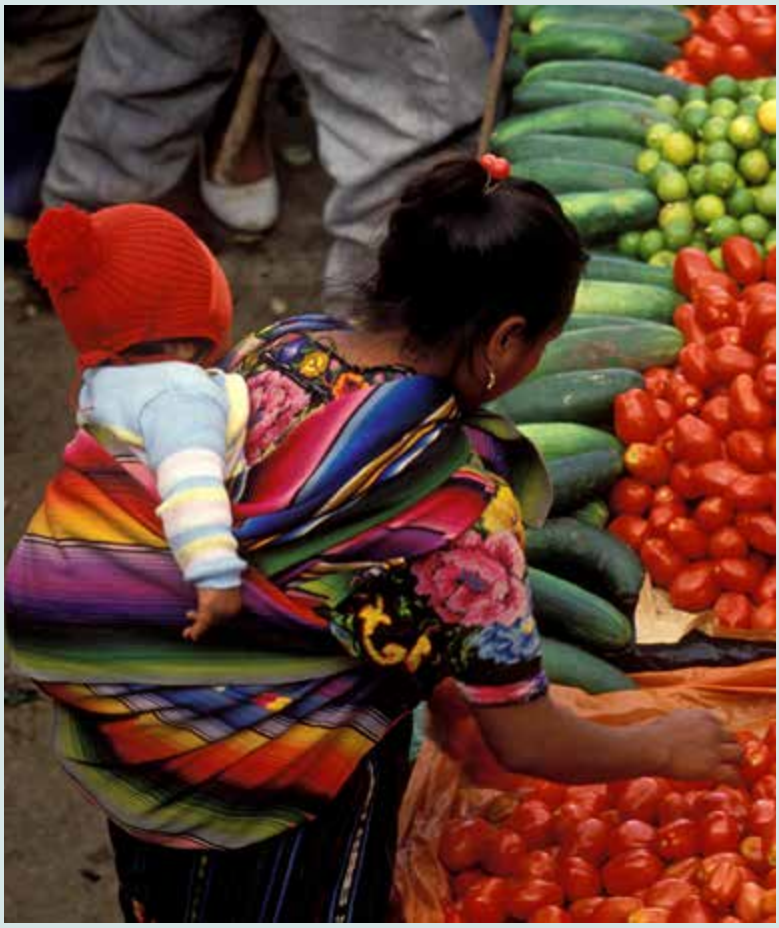
An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

2019 2020 2021 2022

Guatemala



Resource mapping

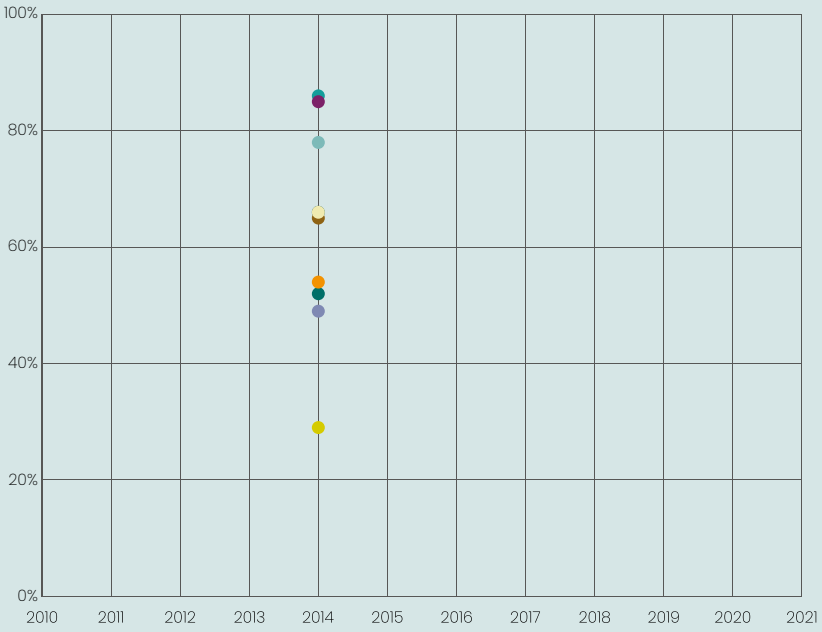
Guatemala is not dependent on external financing, with less than 2% of total financing for the health sector from external sources. The National Secretariat for Food Security and Nutrition (SESAN), which oversees the implementation of the Investment Case, finalized a costing exercise to estimate total costs of its implementation in 2021. The GFF has expressed its support towards improving the utility of the costing through a resource mapping activity that maps available resources to anticipated costs, and to further support planning, potential reprioritization and resource mobilization for any included activities demonstrated as being unfunded. Although this mapping has not been initiated, the GFF continues to engage in policy dialogue to express support for this exercise in any way requested or needed.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	**87.2**	**91.1**	**93.1**	**93.5**	**104.1**	**-**	**-**
Health budget execution (%)	**84.0**	**92.8**	**86.1**	**91.8**	**95.4**	**86.5**	**-**
Percent of current health expenditures on primary health care (%)	**37.7**	**30.2**	**33.9**	**35**	**31.8**	**28.5**	**24.0**
Share of government budget allocated to health (%)	**9.3**	**9.0**	**9.0**	**9.1**	**9.4**	**11.4**	**15.1**
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	**18.1**	**18.2**	**17.2**	**16.7**	**17.7**	**-**	**-**
Sum of Out-of-pocket spending on health, per capita (US$)	**128.1**	**135.5**	**140.7**	**149.3**	**151.7**	**28.5**	**-**

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	**140**	2014/15	**-**	-
Under 5 Mortality Rate (per 1,000 live births)	**19.7**	2018	**19.9**	2019
Neonatal Mortality Rate (per 1,000 live births)	**17**	2014/15	**-**	-
Adolescent Birth Rate - 15-19 (per 1,000 women)	**92**	2014/15	**-**	-
Percent of births <24 months after the preceding birth (%)	**18.8**	2014/15	**-**	-
Stunting among children under 5 years of age (%)	**46.5**	2014/15	**-**	-
Moderate and severe wasting among children under 5 years of age (%)	**0.7**	2014/15	**-**	-
Stillbirths (per 1,000 total births)	**10.7**	2014/15	**-**	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

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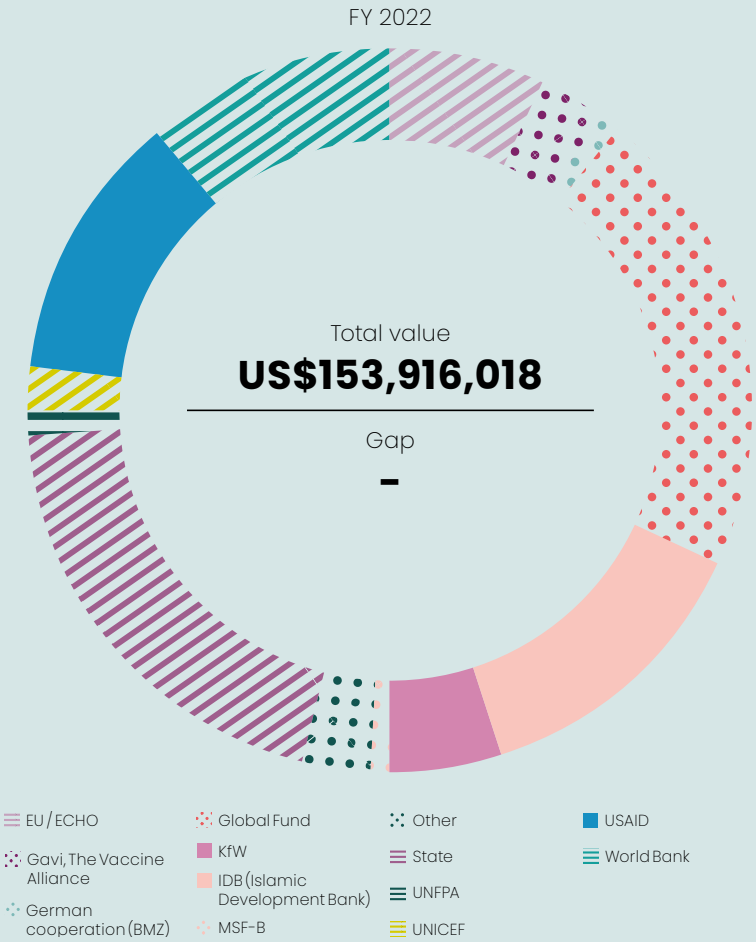
Gender analysis/gender strategy

2019 2020 2021 2022

Guinea



Resource mapping

Resource mapping shows that the Guinean government's health budget allocation for investment case priorities represents only 1% of such funds available in 2021, while there is substantial increase at 20% in 2022, indicating a strong commitment by the government to reposition the RMNCAH-N priorities high on the health agenda.

In 2021, the entire IC financing is from technical and financial partners and the funding gaps represents 10%. The Global Fund (20%), USAID (20%), the World Bank (16%), GAVI (10%), and the European Union (6%) are the five largest financial partners. Their combined contributions make up about 72% of the total IC funding for the fiscal year 2021 (US$ 89.6 million out of a total of US$ 113.2 million).

In 2022, If the state respects its commitment to support 20% of the IC funding, this will cover the funding gap. In addition to the major partners, i.e., the Global Fund (21%), USAID (12%), the World Bank (11%) and the European Union (7%), there are significant commitments from the Islamic Development Bank, which will account for 13% of the overall financing of the IC in 2022.

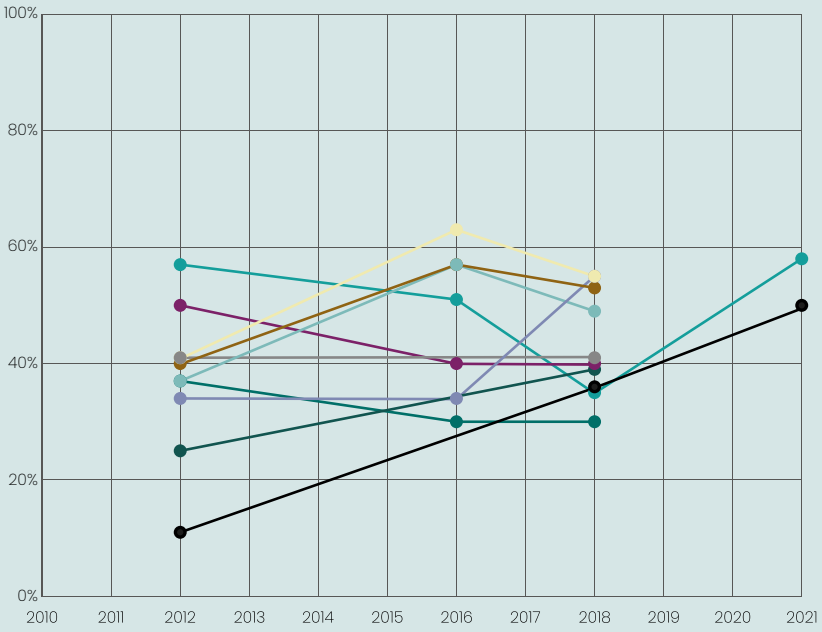
A new resource mapping exercise will not only identify resources for 2023 and beyond, but also track the expenditure in 2021 and 2022 of previously mapped funding.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	3.3	4.9	3.5	5.9	9.7	-	-
Health budget execution (%)	-	89.0	73.0	40.0	58.0	78.0	-
Share of government budget allocated to health (%)	-	5.0	6.0	7.0	8.0	6.0	-
Share of health expenditure going to frontline providers (%)	-	-	-	21.0	36.7	26.1	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	2.0	4.1	5.1	3.9	6.1	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	22.1	19.7	21.6	24.0	25.5	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	724	2012	550	2016
Under 5 Mortality Rate (per 1,000 live births)	123	2012	111	2018
Neonatal Mortality Rate (per 1,000 live births)	33	2012	32	2018
Adolescent Birth Rate - 15-19 (per 1,000 women)	146	2012	120	2018
Percent of births <24 months after the preceding birth (%)	12.8	2012	16.4	2018
Stunting among children under 5 years of age (%)	31.2	2012	30.3	2018
Moderate and severe wasting among children under 5 years of age (%)	9.6	2012	9.2	2018
Stillbirths (per 1,000 total births)	-	-	13.4	2018

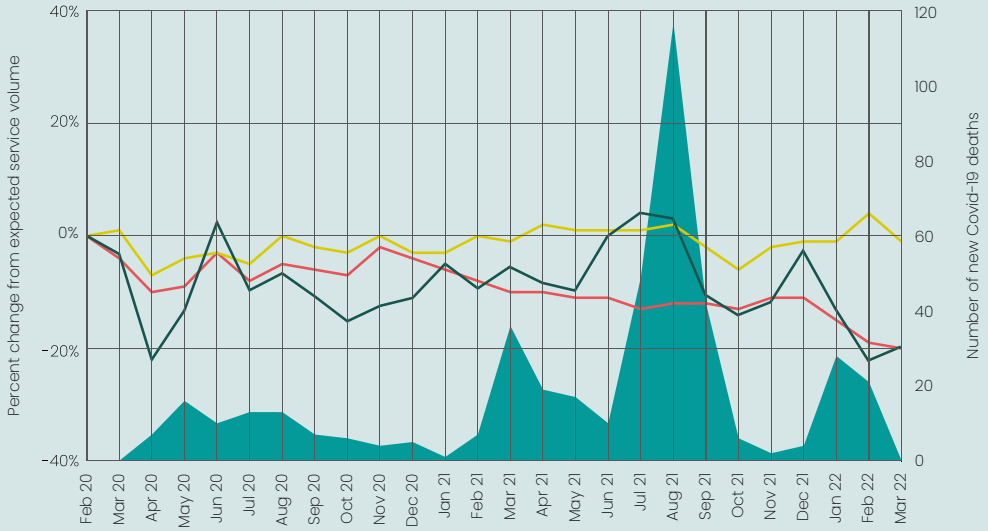
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends



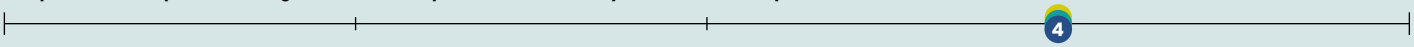
- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

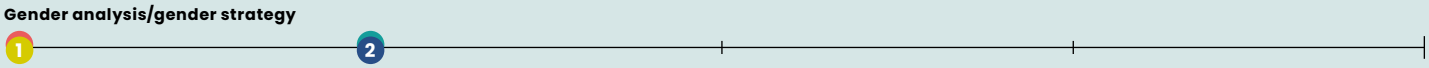
Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection



An inclusive country platform process with CSO engagement

Gender analysis/gender strategy



2019 2020 2021 2022

Haiti

Resource mapping

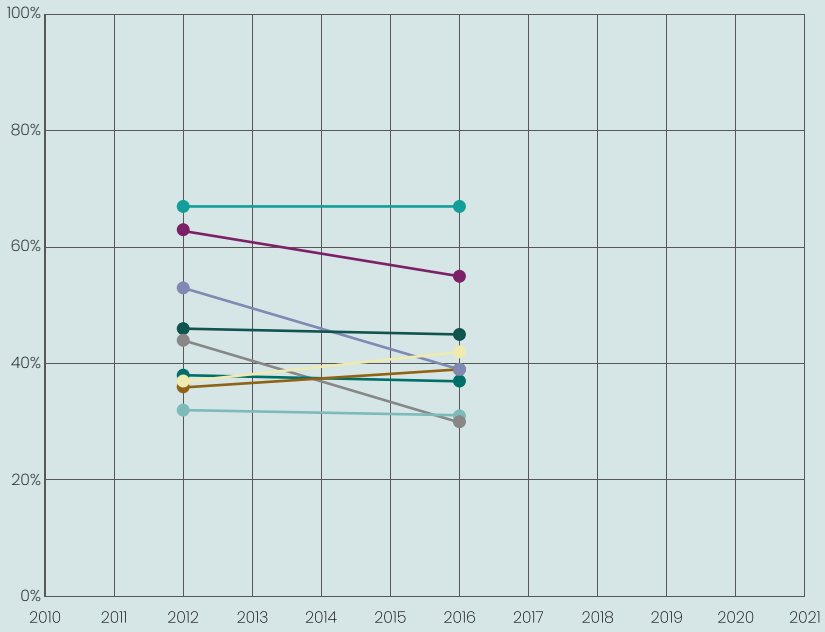
In 2019, the External Cooperation division within the planning unit of Haiti's Ministry of Public Health and Population developed a resource mapping tool for use in the health sector. The launch of the tool was interrupted by the COVID-19 outbreak and subsequent rising insecurity. Given recent advancement on investment case (IC) development, a simpler resource mapping exercise will be undertaken to identify alignment of available funding to the priorities identified in the IC.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	7.4	6.5	7.4	7.7	6.3	-	-
Health budget execution (%)	-	77.0	90.0	83.0	100.0	93.0	-
Share of government budget allocated to health (%)	-	4.4	3.9	3.9	10.9	4.1	-
Share of health expenditure going to frontline providers (%)	-	-	94.7	95.8	97.0	91.4	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	4.4	5.0	5.4	4.9	5.4	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	22.9	20.9	25.1	28.0	24.7	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	-	-	529	2016
Under 5 Mortality Rate (per 1,000 live births)	88	2012	81	2016
Neonatal Mortality Rate (per 1,000 live births)	31	2012	32	2016
Adolescent Birth Rate - 15-19 (per 1,000 women)	66	2012	59	2016
Percent of births <24 months after the preceding birth (%)	19.4	2012	17.8	2016
Stunting among children under 5 years of age (%)	21.9	2012	21.9	2016
Moderate and severe wasting among children under 5 years of age (%)	5.1	2012	3.6	2016
Stillbirths (per 1,000 total births)	-	-	-	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
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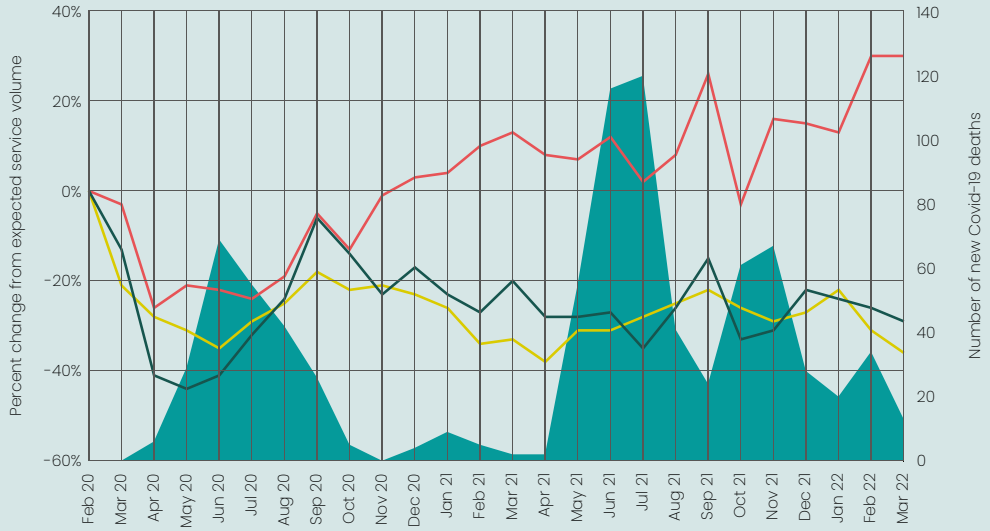
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

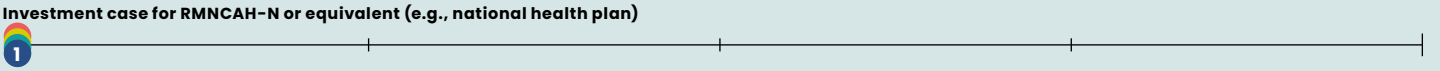
Shortfall in service delivery compared to pre-pandemic trends



- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)



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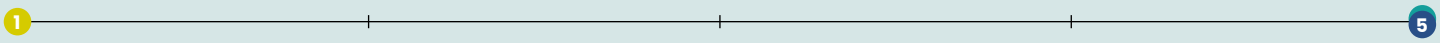
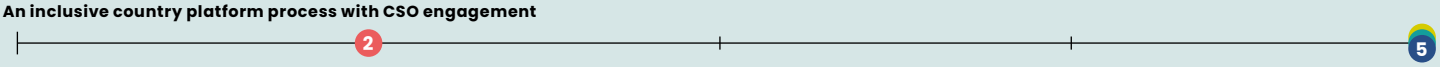
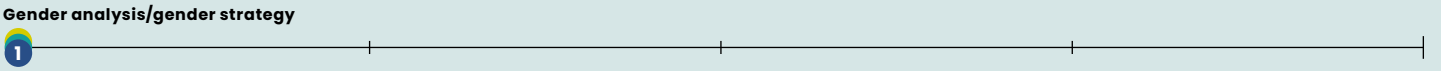


An inclusive country platform process with CSO engagement



Gender analysis/gender strategy



2019 2020 2021 2022

Indonesia

Resource mapping

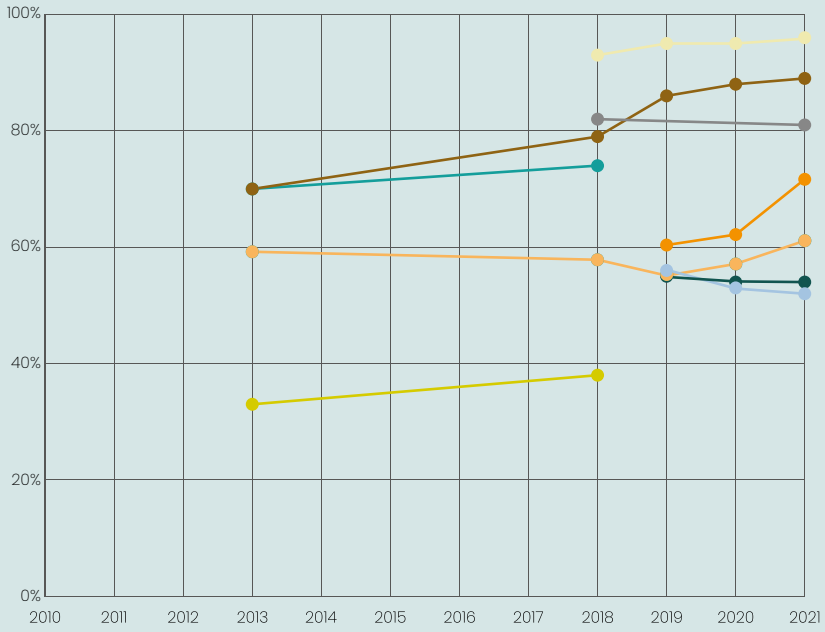
Since Indonesia's investment case is focused on nutrition, the country's resource mapping covers multiple sectors. Indonesia's National Planning Agency and Ministry of Finance are leading a budget tagging exercise that enables multisectoral resource mapping for domestic resources. With support from the World Bank and GFF, the government launched financing reforms for institutionalizing multisectoral expenditure tracking system, which is prepared on an annual basis and linked to a robust performance review and course correction process. The multisectoral nutrition budget tagging, tracking, and evaluation is included in the disbursement-linked indicators in the GFF cofinanced project (INEY PforR). Results for budget tagging and tracking were completed in 2019 and 2020. The nutrition budget performance reviews in 2019 and 2020 were widely disseminated to key national stakeholders and have been used to improve the prioritization of the interventions, strengthen program implementation, and guide resource allocation by identifying service delivery gaps.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	41.0	50.4	51.2	54.4	58.8	-	-
Health budget execution (%)	-	90.0	97.0	62.0	-	-	-
Share of government budget allocated to health (%)	-	8.4	8.1	8.5	-	-	-
Share of health expenditure going to frontline providers (%)	-	17.4	25.5	27.3	-	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	7.0	8.4	8.1	8.4	8.7	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	41.3	41.8	39.6	39.8	41.8	-	-

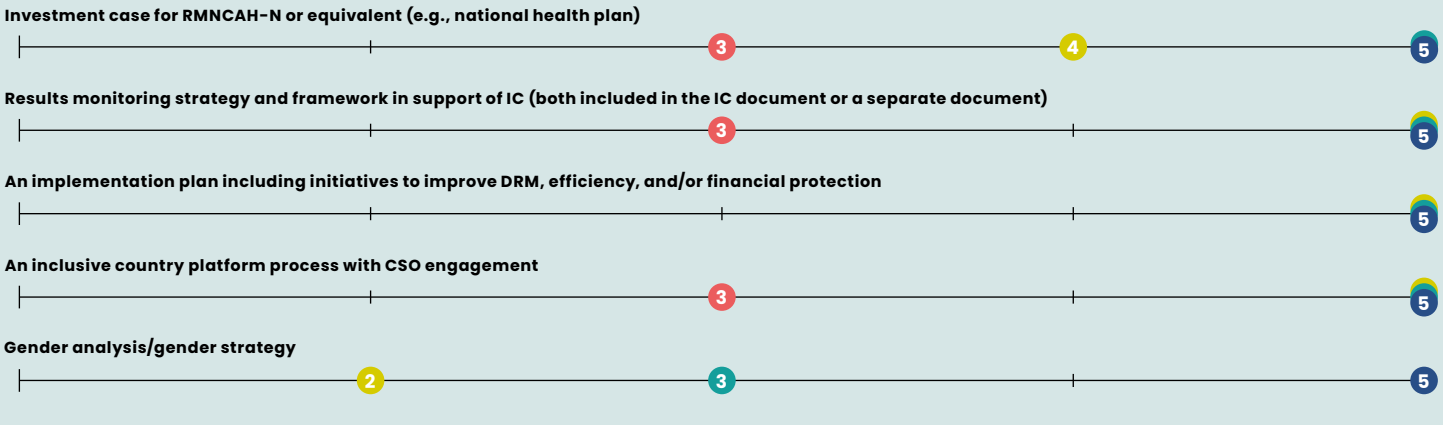
RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	359	2012	305	2015
Under 5 Mortality Rate (per 1,000 live births)	40	2012	32	2017
Neonatal Mortality Rate (per 1,000 live births)	19	2012	15	2017
Adolescent Birth Rate - 15-19 (per 1,000 women)	48	2012	36	2017
Percent of births <24 months after the preceding birth (%)	10.5	2012	9	2017
Stunting among children under 5 years of age (%)	27.7	2019	24.4	2021
Moderate and severe wasting among children under 5 years of age (%)	7.4	2019	7.1	2021
Stillbirths (per 1,000 total births)	10.6	2012	8.9	2017

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



Monitoring the country-led process



Kenya

Resource mapping

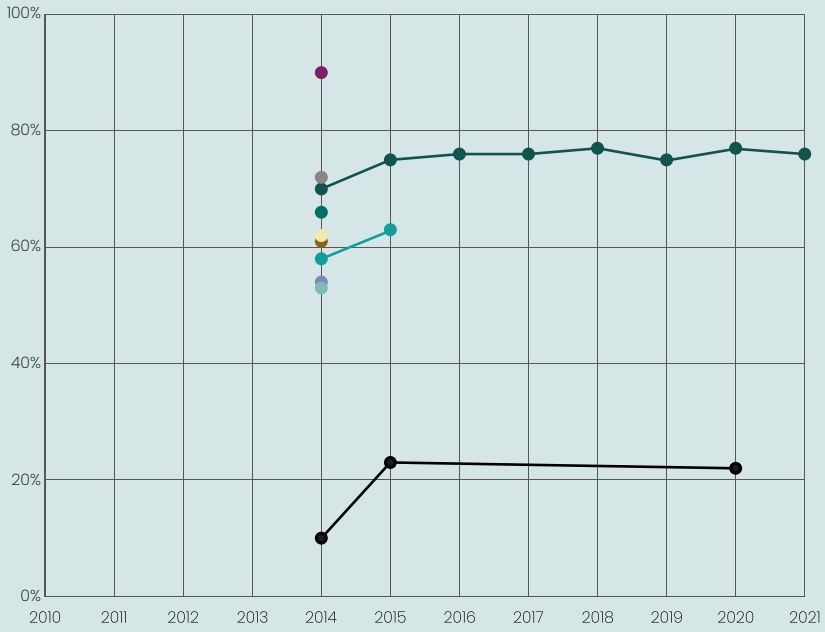
Resource mapping informs and supports the implementation of the RMNCAH investment framework. The financial requirement for RMNCAH investments for the 20 priority counties was estimated at US$989 million from 2017-18 to 2019-20, (according to RMNCAH investment framework). Although detailed information is not currently available, Kenya's Ministry of Health estimates the government contributes 43% of all health expenditures, households (26%) through out-of-pocket payments, donors (18%), and other private sources (13%), representing a progressive trend toward an increased government share of funding and a decreased share from external partners. External contributing health partners include the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, Global Fund, Gavi, the governments of Denmark, Japan (JICA), United Kingdom (DFID), and United States (PEPFAR, USAID, CDC), the United Nations H6 partners, and the World Bank.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	28.2	31.0	32.4	31.7	38.4	-	-
Health budget execution (%)	-	72.0	77.0	78.0	-	-	-
Share of government budget allocated to health (%)	-	6.5	6.8	7.4	9.1	11.5	-
Share of health expenditure going to frontline providers (%)	-	34.0	34.0	37.0	-	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	7.8	8.0	7.9	7.3	8.3	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	18.8	18.1	18.2	17.2	20.3	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	488	2008	362	2014
Under 5 Mortality Rate (per 1,000 live births)	74	2008	52	2014
Neonatal Mortality Rate (per 1,000 live births)	31	2008	22	2014
Adolescent Birth Rate - 15-19 (per 1,000 women)	103	2008	96.3	2014
Percent of births <24 months after the preceding birth (%)	22.6	2008	17.9	2014
Stunting among children under 5 years of age (%)	35.3	2008	26.2	2014
Moderate and severe wasting among children under 5 years of age (%)	6.7	2008	4	2014
Stillbirths (per 1,000 total births)	11.5	2008	13.3	2014

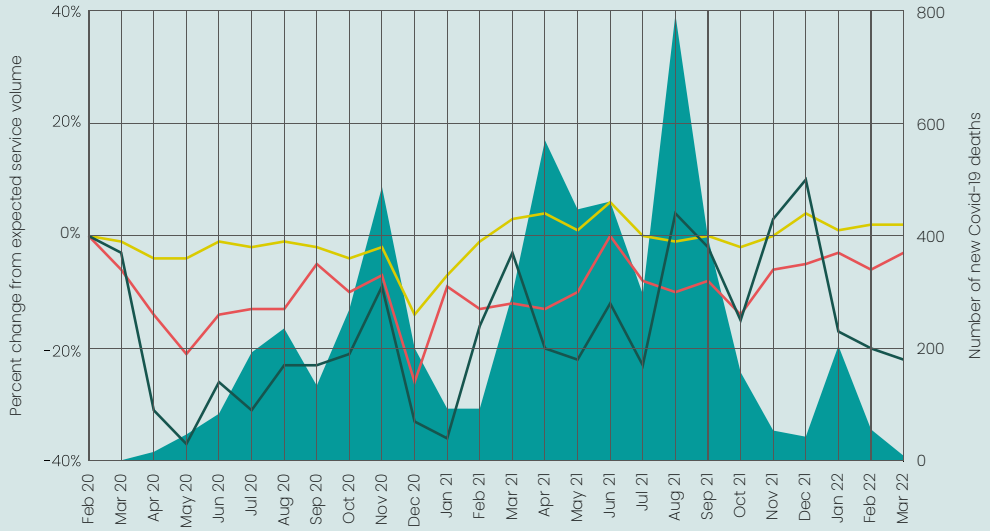
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



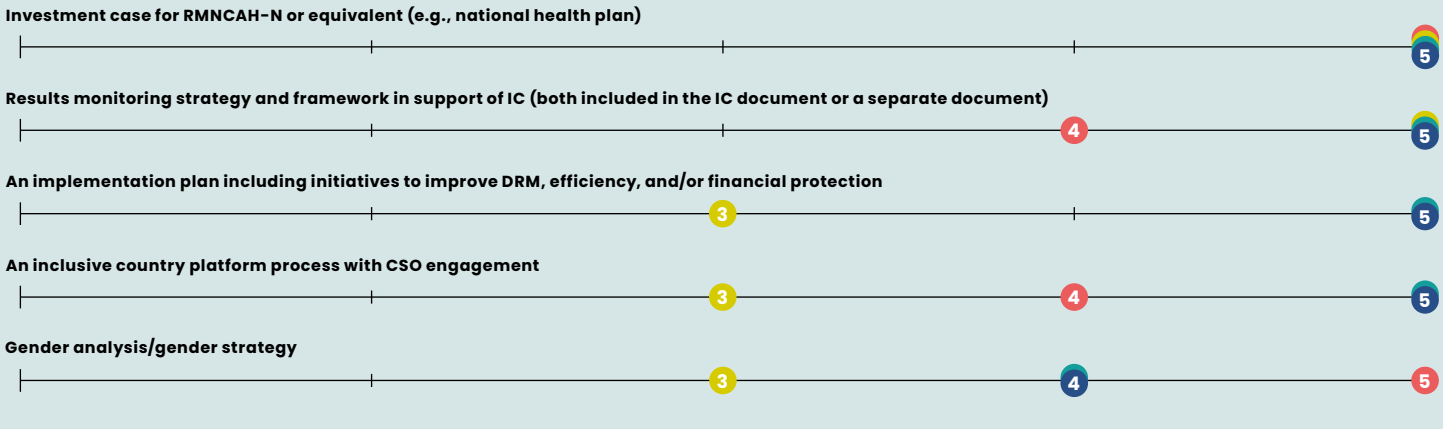
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends

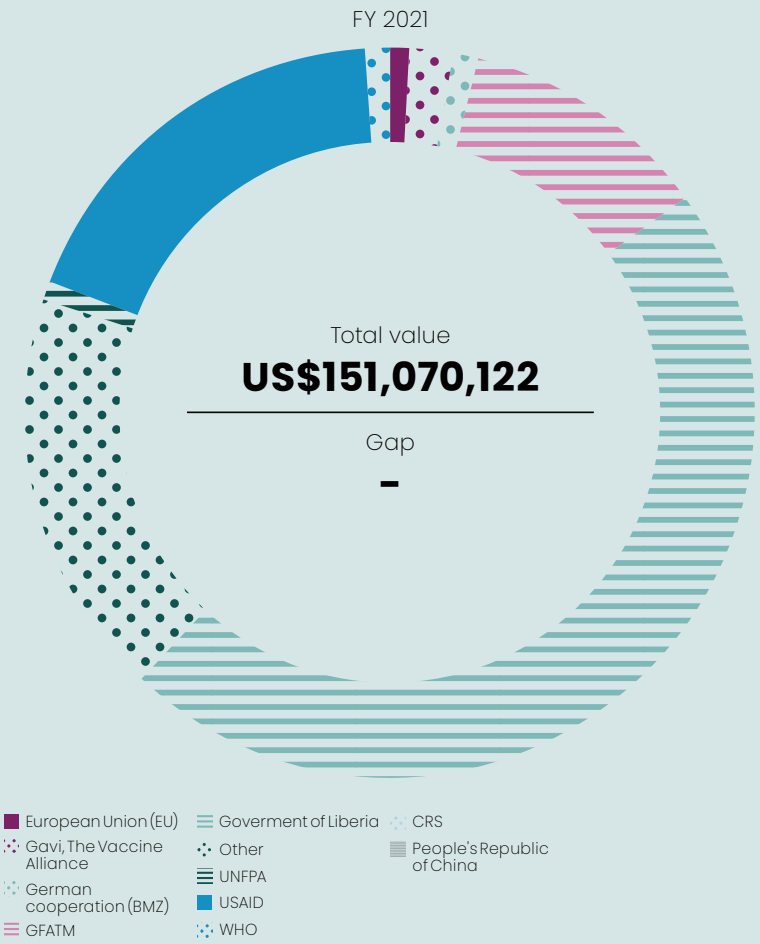


- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process



Liberia



Resource mapping

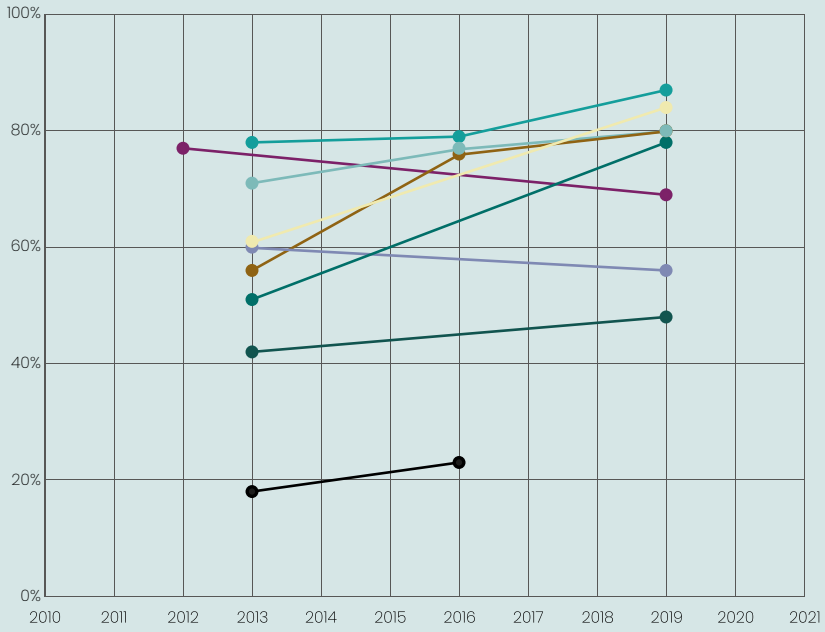
The resource mapping shown in the graphic is sourced from the government of Liberia's online national resource mapping system (ZOHO). As of October 2021, the government and donors listed below collectively contribute US$151 million to the investment case (IC). Domestic government resources account for approximately 47% of total resources available. The government of Liberia is committed to funding the IC through increased resource mobilization and demonstrates their commitment through updating, analyzing, and making informed decisions based on resource mapping data.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	8.3	9.9	9.8	11.4	8.5	-	-
Health budget execution (%)	88.7	88.8	69.9	84.0	79.3	99.9	-
Share of government budget allocated to health (%)	12.4	11.7	12.9	13.0	14.3	16.3	-
Share of health expenditure going to frontline providers (%)	-	43.0	43.0	32.0	-	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	3.3	3.9	4.2	5.3	4.1	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	34.2	32.8	25.9	29.0	28.6	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	1072	2013	742	2019
Under 5 Mortality Rate (per 1,000 live births)	94	2013	93	2019
Neonatal Mortality Rate (per 1,000 live births)	26	2013	37	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	149	2013	128	2019
Percent of births <24 months after the preceding birth (%)	15.5	2013	-	-
Stunting among children under 5 years of age (%)	31.6	2013	30	2019
Moderate and severe wasting among children under 5 years of age (%)	5.6	2013	3	2019
Stillbirths (per 1,000 total births)	10.7	2013	11.5	2019

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



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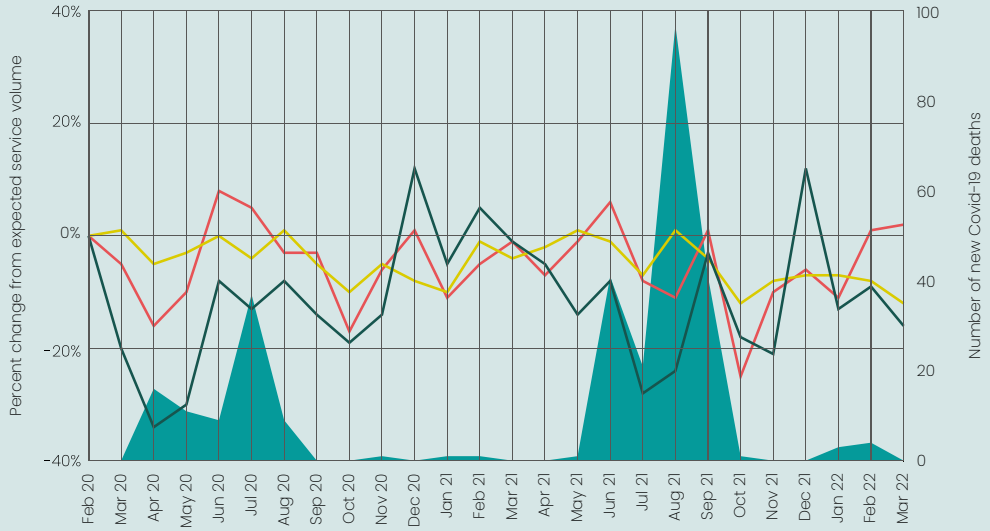
Shortfall in service delivery compared to pre-pandemic trends



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Monitoring the country-led process

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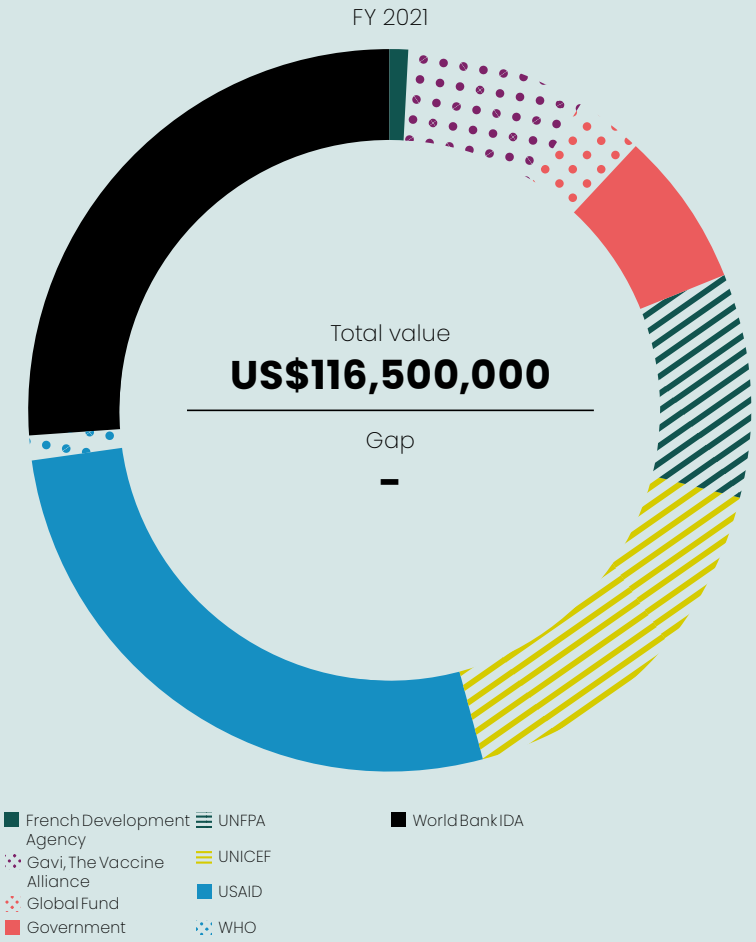
An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

2019 2020 2021 2022

Madagascar



Resource mapping

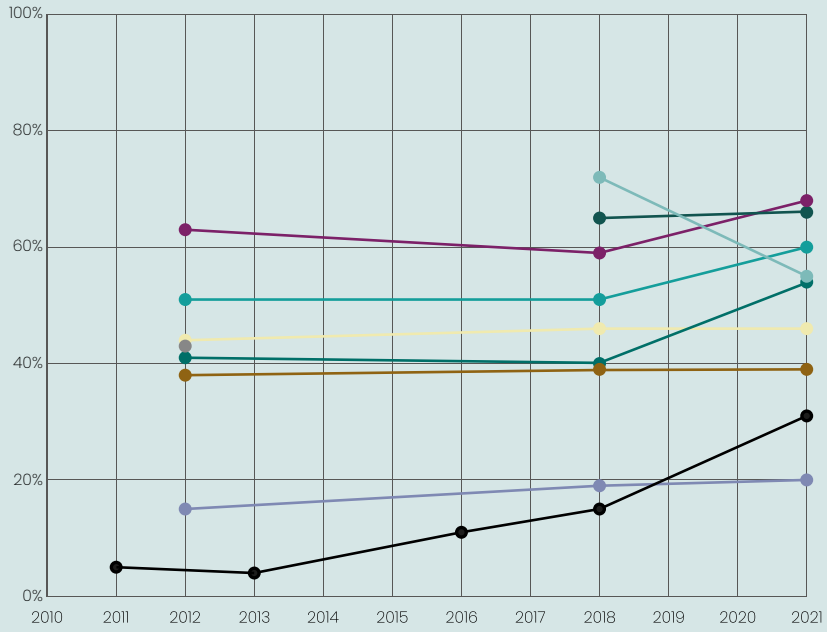
A resource mapping and expenditure tracking (RMET) exercise accompanied the development of the RMNCHA-N investment case (IC) and was completed in 2020. Covering 2020 through 2023, the exercise identified resources available from donors as well as from the government budget. The RMET exercise has shown that, FY 2021, about US$116 million was available to cover the cost of interventions included in the IC, of which about 93% were provided by development partners. Among the partners, the largest financial contributions were provided by the World Bank, through IDA financing, and by USAID. The exercise also showed some important financing gaps for 2021, especially for routine child immunization.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.3	11.3	11.6	7.9	6.4	-	-
Health budget execution (%)	-	-	-	-	86.0	91.0	-
Share of government budget allocated to health (%) (does not include partner/external financing data)	-	-	-	-	4.6	4.2	-
Share of health expenditure going to frontline providers (%)	-	-	-	-	-	1.8	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	15.3	17.5	15.0	10.5	8.0	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	5.6	5.4	6.1	6.5	6.5	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	-	-	-	-
Under 5 Mortality Rate (per 1,000 live births)	59	2018	30	2021
Neonatal Mortality Rate (per 1,000 live births)	21	2018	26	2021
Adolescent Birth Rate - 15-19 (per 1,000 women)	151	2018	143	2021
Percent of births <24 months after the preceding birth (%)	22.9	2008	22	2021
Stunting among children under 5 years of age (%)	41.6	2018	39.8	2021
Moderate and severe wasting among children under 5 years of age (%)	6.4	2018	7.7	2021
Stillbirths (per 1,000 total births)	-	-	-	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



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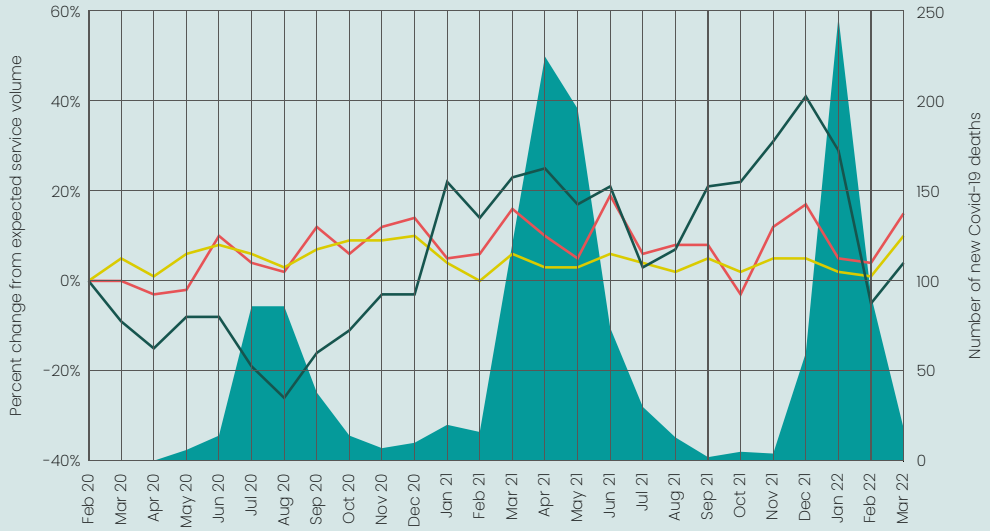

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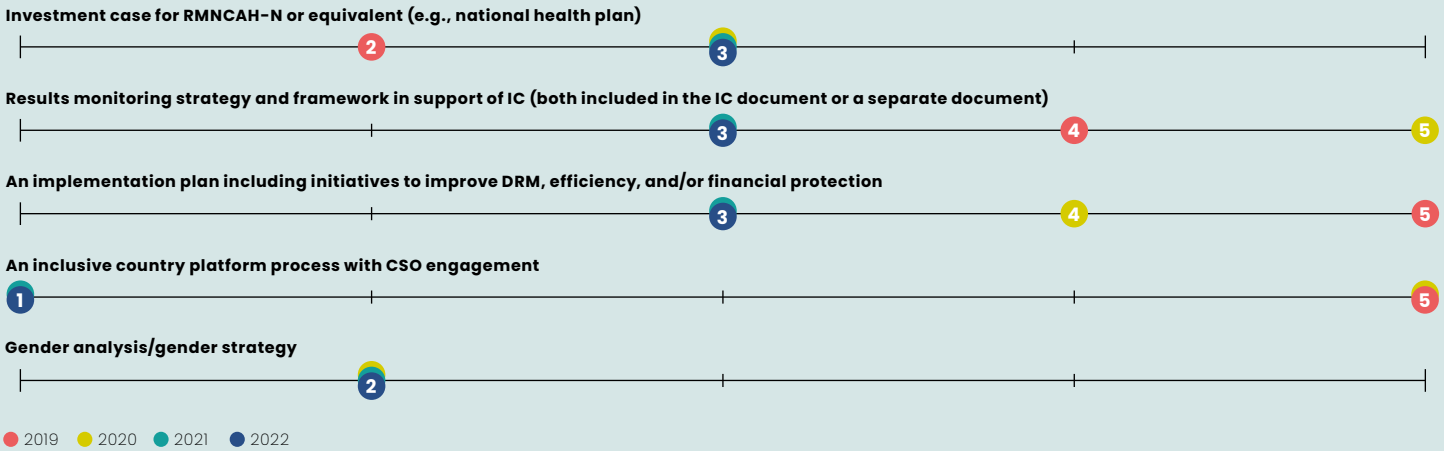
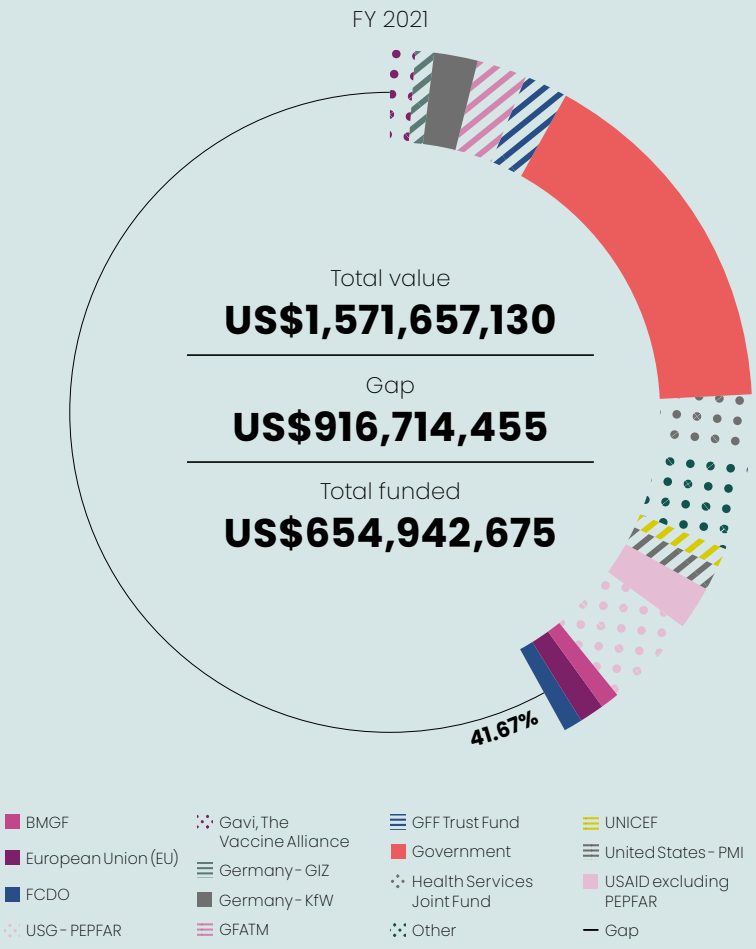
Monitoring the country-led process



Malawi



Resource mapping

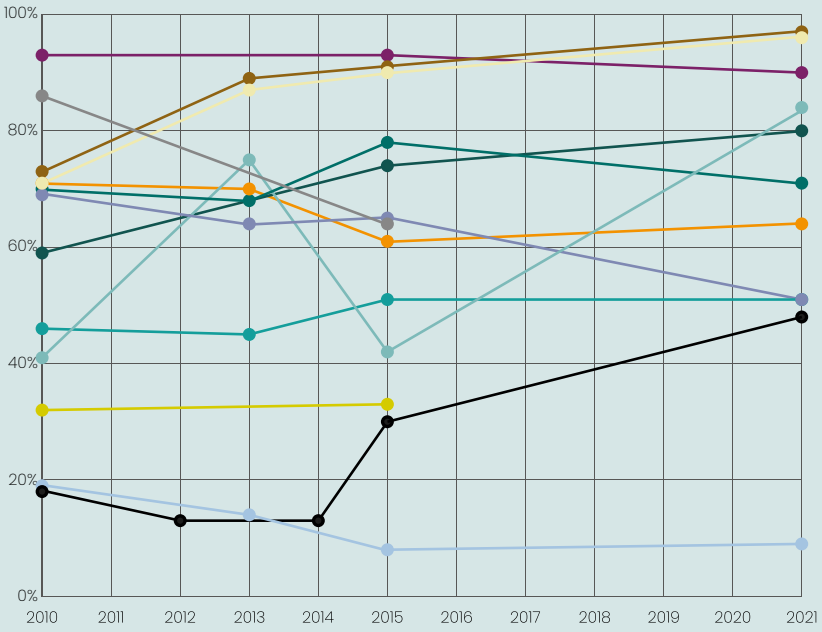
Malawi has conducted extensive resource mapping and expenditure tracking for the health sector. More than 180 donors and implementing partners in Malawi contribute to health financing, with external financing accounting for 75% of funding. As such, aid coordination is a key priority in improving the efficiency and effectiveness of health spending. The Ministry of Health consolidated and costed priorities from national and subnational government annual plans and strategies, then analyzed their funding sufficiency and urgency by priority and district. The resulting HSSP II Operational Plan was launched in July 2020 and illustrates the key funding gaps and opportunities for enhancing allocative efficiency and aid effectiveness. The government of Malawi will continue to update the operational tool on an annual basis, with increasing emphasis on data use and tracking implementation.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	-	-	-	9.2	9.9	-	-
Government per capita total health expenditure	-	10.0	8.9	9.6	8.6	10.7	-
Government Total Health Expenditure as % of Total Government Expenditure	-	11.9	10.0	9.5	-	-	-
Health budget execution (%)	-	103.0	94.0	98.0	92.0	89.0	-
Share of government budget allocated to health (%)	-	10.2	9.6	9.7	9.4	9.3	10.0
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	-	-	-	-	8.7	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	3.9	3.5	3.6	4.0	5.1	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	675	2010	439	2015
Under 5 Mortality Rate (per 1,000 live births)	63	2015	56	2019
Neonatal Mortality Rate (per 1,000 live births)	27	2015	26	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	136	2015	136	2019
Percent of births <24 months after the preceding birth (%)	15	2010	11.5	2015
Stunting among children under 5 years of age (%)	37	2015	35.5	2019
Moderate and severe wasting among children under 5 years of age (%)	3	2015	2.6	2019
Stillbirths (per 1,000 total births)	15.8	2010	13.5	2015

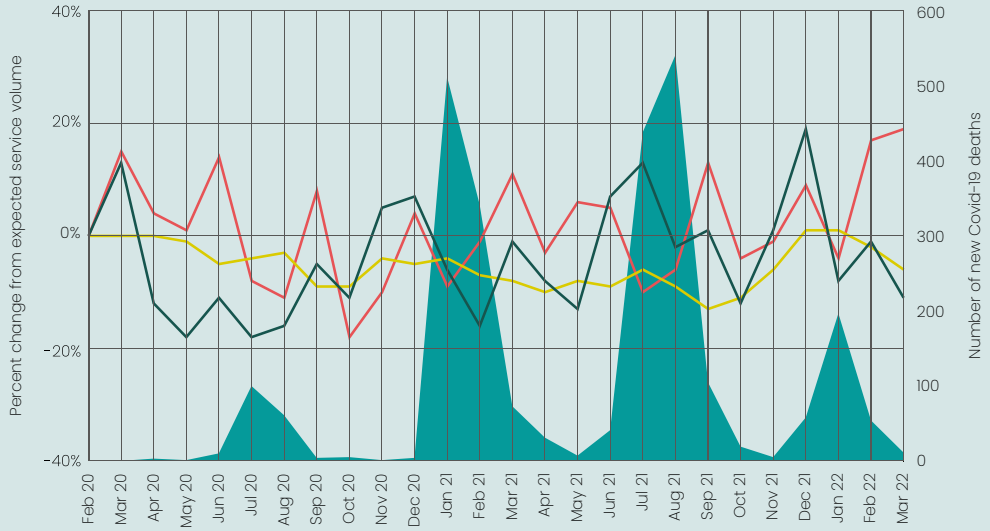
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

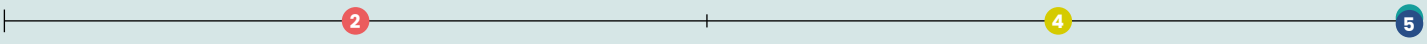
Shortfall in service delivery compared to pre-pandemic trends



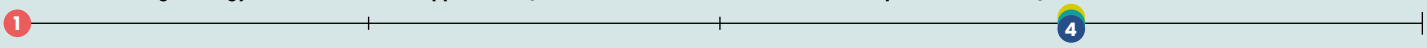
- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process

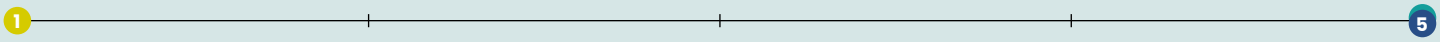
Investment case for RMNCAH-N or equivalent (e.g., national health plan)



Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

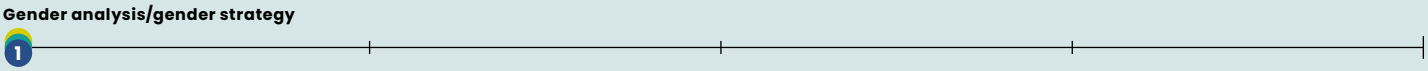


An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection



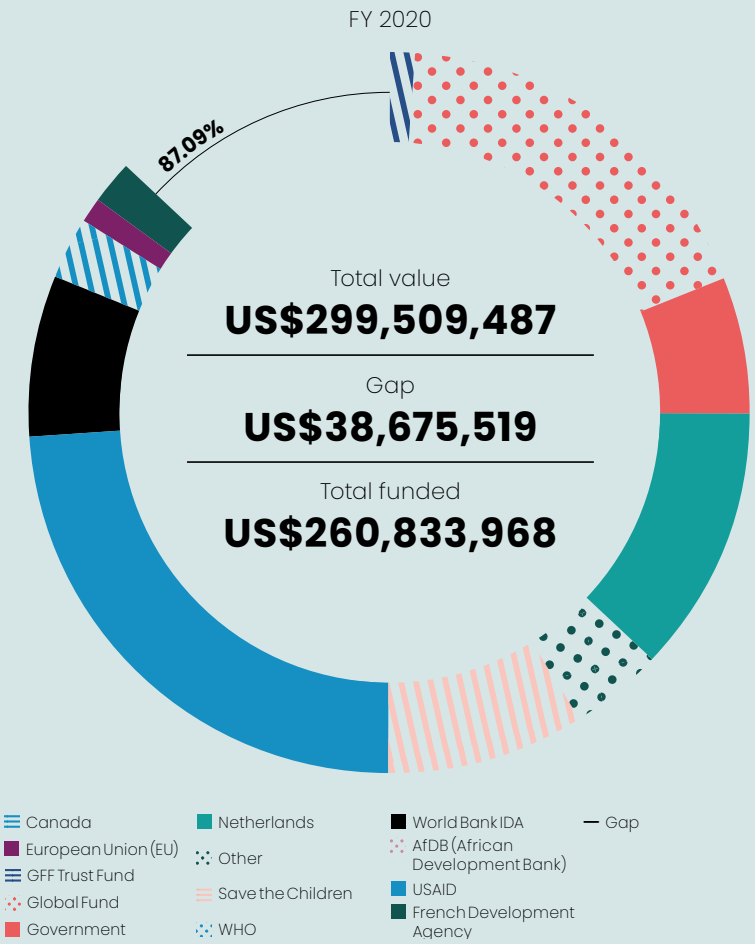
An inclusive country platform process with CSO engagement

Gender analysis/gender strategy



2019 2020 2021 2022

Mali



Resource mapping

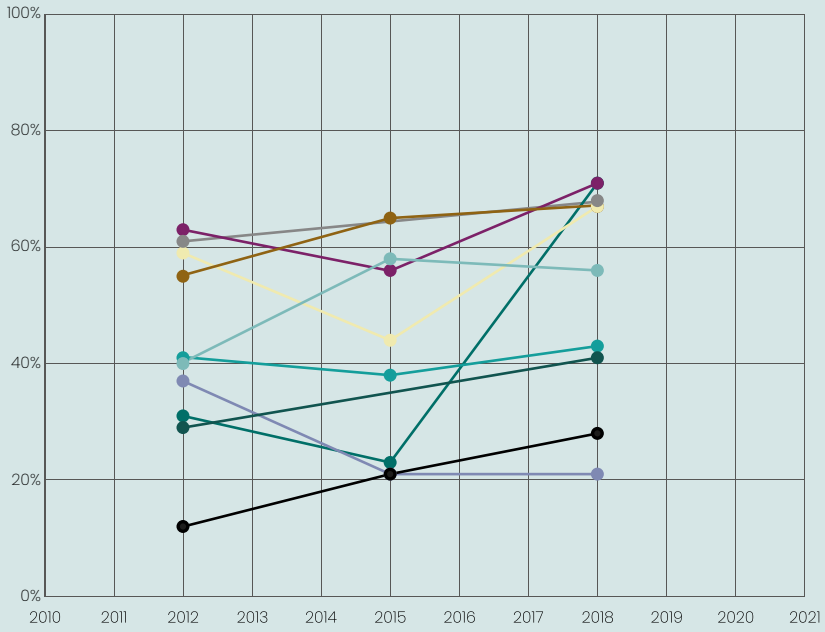
In 2020 Mali conducted the first round of resource mapping of its investment case (IC) for 2019 through 2023, which targets three priority areas: delivery of quality health services across the continuum of care, support to the health system pillars, and governance. The exercise tracked actual expenditures for 2018 and 2019, and also assessed budget commitments at the subnational level, for all 74 districts. As Mali joined the GFF in mid-2018, the country is currently in the initial stages of institutionalizing resource mapping, having first developed its IC. Data collection for the resource mapping and expenditure tracking exercise was completed in 2020, with final results validated in September 2020. The resource mapping will be used to assess alignment with the Mali Action Plan (under development), to evaluate subnational resource allocation, and to advocate for additional financing to close the funding gap. The subsequent round is under preparation.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	6.9	9.4	10.3	10.3	11.5	-	-
Health budget execution (%)	-	68.0	79.0	94.0	93.0	94.0	-
Share of government budget allocated to health (%)	-	6	6.2	5.3	5.1	6.7	-
Share of health expenditure going to frontline providers (%)	-	-	-	24.2	12.5	10.2	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	4.4	5.4	5.4	5.7	5.7	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	10.6	10.5	11.1	11.8	10.7	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	368	2012	325	2018
Under 5 Mortality Rate (per 1,000 live births)	108	2015	101	2018
Neonatal Mortality Rate (per 1,000 live births)	31	2015	33	2018
Adolescent Birth Rate - 15-19 (per 1,000 women)	151	2015	164	2018
Percent of births <24 months after the preceding birth (%)	21.2	2012	22.8	2018
Stunting among children under 5 years of age (%)	30.4	2015	26.9	2018
Moderate and severe wasting among children under 5 years of age (%)	13.5	2015	8.8	2018
Stillbirths (per 1,000 total births)	-	-	11.9	2018

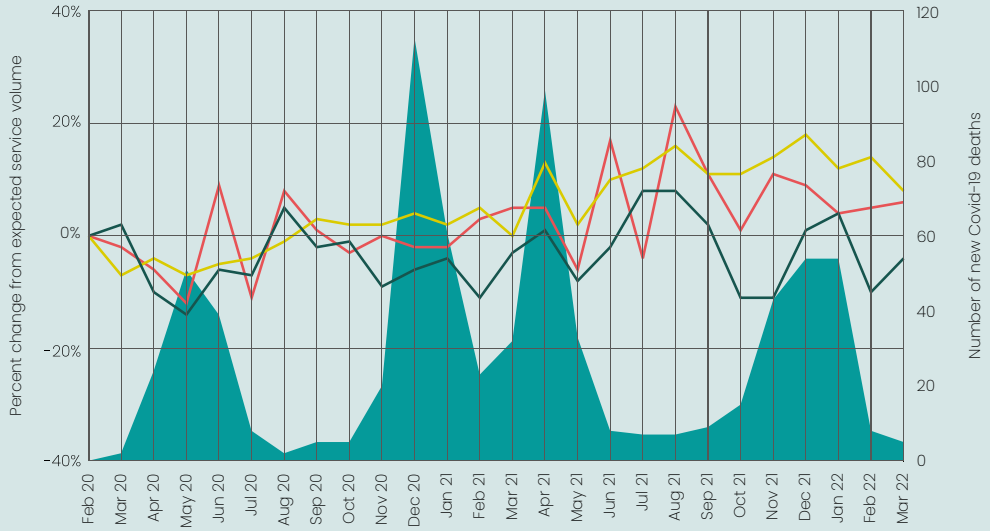
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



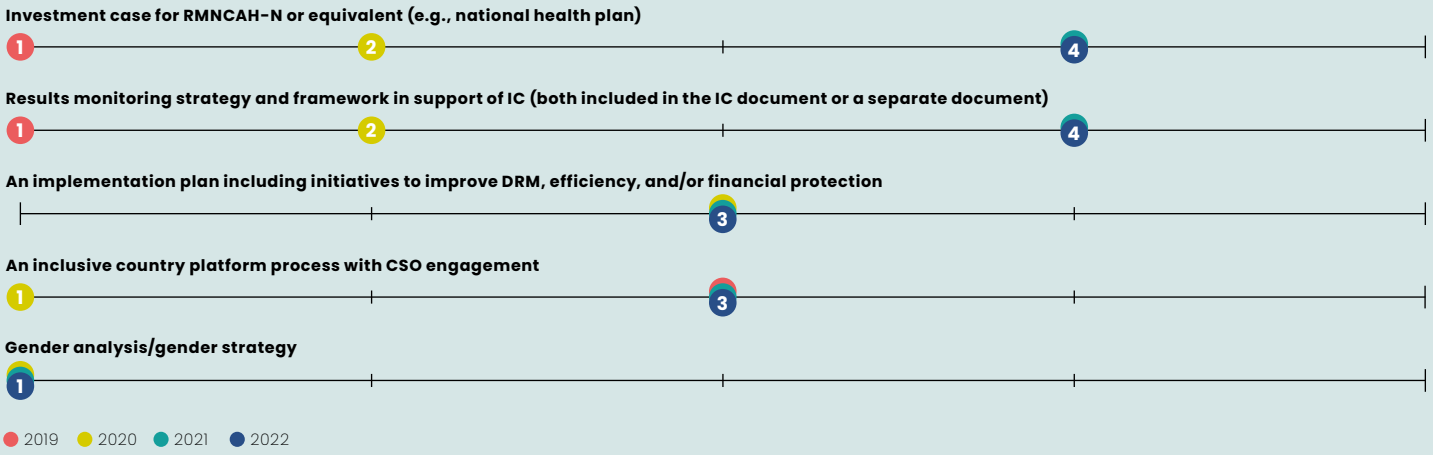
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends



- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process



Mauritania

Resource mapping

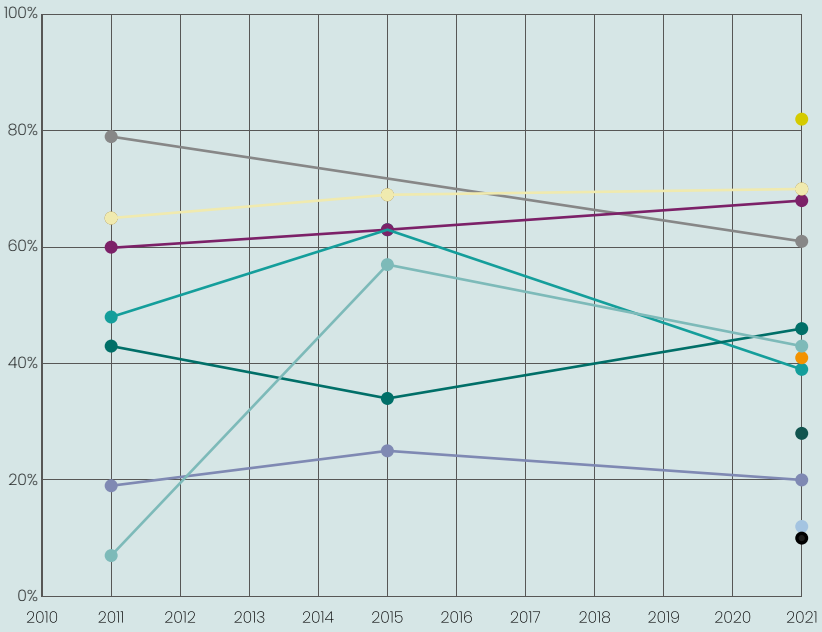
The MoH of Mauritania has conducted a RMET with the support of GFF. It shows that in 2021, total financing amounted to 6.05 billion MRU, which represents about 2/3 from the public budget and 1/3 from development partners. The funding gap for the new national health strategy is estimated at MRU 145 million in 2021. Out of the four pillars in the national health strategy, the majority of external funding is allocated to Axis 1) Accelerating the reduction of maternal, neonatal and infant/child mortality and Axis 4) Strengthening the pillars of the system to achieve UHC. Within Axis 1 there seems to be an overfunding of maternal and neonatal health in comparison with child health.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	21.6	18.4	19.6	22.5	21.7	-	-
Health budget execution (%)	-	98.0	99.0	97.4	102.0	84.0	-
Share of government budget allocated to health (%)	-	4.5	-	5.3	6.0	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	5.5	5.8	6.1	6.1	7.0	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	26.7	25.4	26.2	26.3	26.1	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	582	2015	424	2020
Under 5 Mortality Rate (per 1,000 live births)	54	2015	41	2020
Neonatal Mortality Rate (per 1,000 live births)	29	2015	22	2020
Adolescent Birth Rate - 15-19 (per 1,000 women)	84	2015	90	2020
Percent of births <24 months after the preceding birth (%)	-	-	-	-
Stunting among children under 5 years of age (%)	22.8	2018	25.8	2020
Moderate and severe wasting among children under 5 years of age (%)	11.5	2018	8	2020
Stillbirths (per 1,000 total births)	-	-	173.0	2020

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

1 — 2

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

1 — 2

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

1 — 3

An inclusive country platform process with CSO engagement

1

Gender analysis/gender strategy

1

2019 2020 2021 2022

Mozambique

Resource mapping

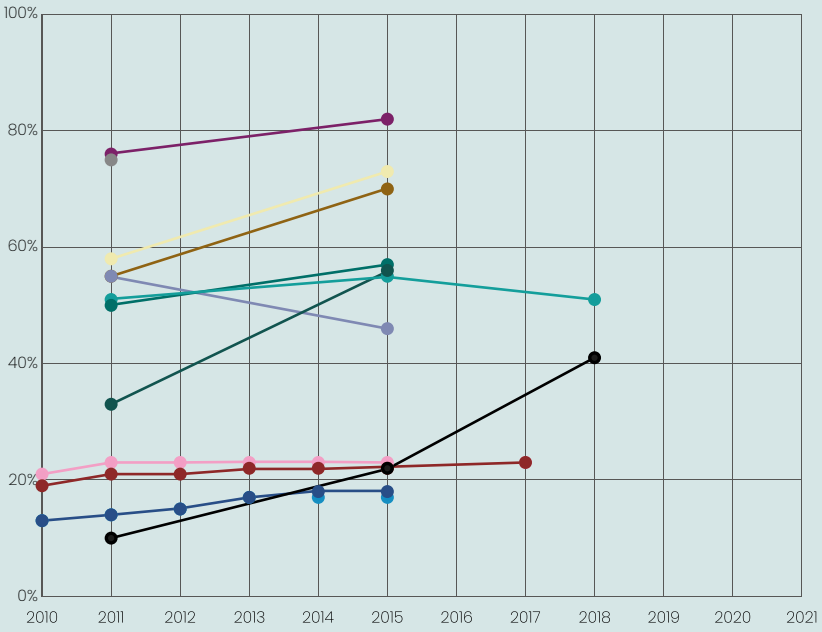
The investment case (IC) for Mozambique has acted, since its inception in 2016, as a catalyzer for MOH and partners to advance health system strengthening efforts and alignment, breaking the traditional verticalization and fragmentation of partners' support. In 2018, the GFF conducted a health expenditure review, showing a sustained national effort to increase funding for health (200% for the period from 2009 through 2018, corrected both in real terms and in comparison with other sectors such as internal security, peace promotion and governance). As the work on the midterm review of the IC progresses, preliminary conversations have highlighted the need to strengthen efforts in key areas, such as health financing reforms and RMET. Simultaneously, the MOH's COVID-19 pandemic response spurred a renovated appetite to map resources being allocated to the response and to track public expenditure in health, so as to improve strategic planning, resource mobilization and allocation. Mozambique's Minister of Health and the National GFF focal point continue to play a central role in promoting the use of RMET to conduct efficiency analysis and promote the use of data to make planning and budgeting decisions, asking partners, including the GFF, to support these efforts.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	10.7	7.0	7.7	8.5	8.4	-	-
Health budget execution (%)	-	76.0	84.0	87.0	90.0	93.0	78.0
Share of government budget allocated to health (%)	-	10.0	9.0	12.0	10.0	15.0	15.0
Share of health expenditure going to frontline providers (%)	-	26.0	24.0	26.0	21.2	21.4	49.6
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	5.6	5.6	5.6	7.8	5.6	9.6	8.5
Sum of Out-of-pocket spending on health, per capita (US$)	4.5	3.4	3.6	3.9	3.9	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	408	2011	-	-
Under 5 Mortality Rate (per 1,000 live births)	97	2011	-	-
Neonatal Mortality Rate (per 1,000 live births)	29.9	2011	-	-
Adolescent Birth Rate - 15-19 (per 1,000 women)	167	2011	194	2015
Percent of births <24 months after the preceding birth (%)	14.4	2011	18.8	2015
Stunting among children under 5 years of age (%)	42.6	2011	41.6	2019
Moderate and severe wasting among children under 5 years of age (%)	5.9	2011	4.1	2019
Stillbirths (per 1,000 total births)	10.7	2011	-	-

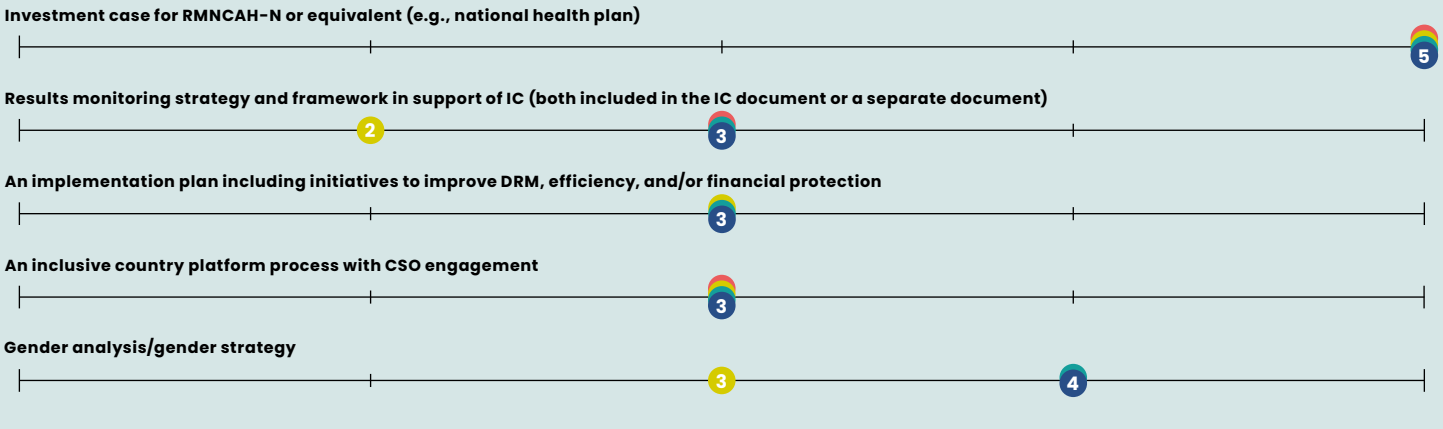
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Adjusted net enrolment rate, lower secondary, both sexes (%)
- Adjusted net enrolment rate, lower secondary, female (%)
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Lower secondary completion rate, both sexes (%)
- Lower secondary completion rate, female (%)
- Oral rehydration salts treatment of diarrhea
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Monitoring the country-led process



Myanmar

Resource mapping

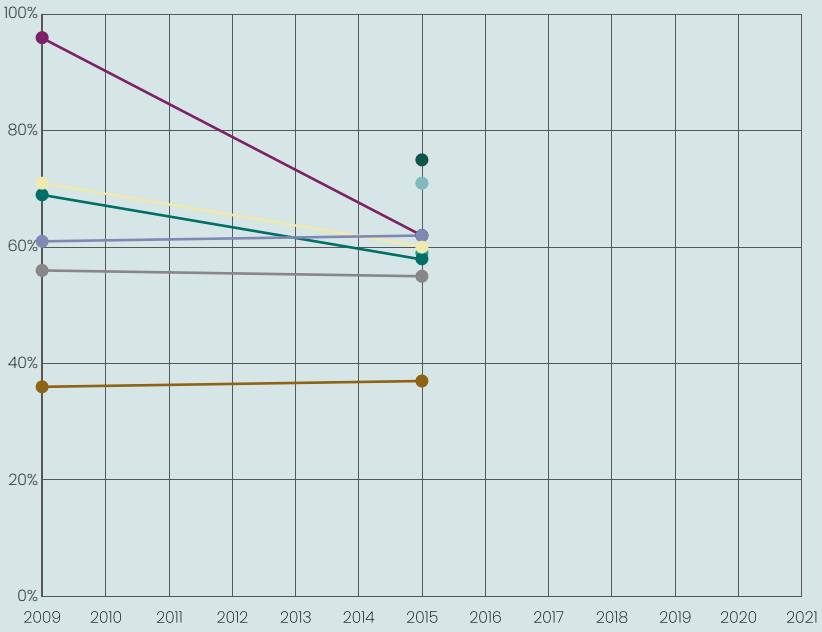
Due to the ongoing political and humanitarian crisis in Myanmar, the GFF has refocused its engagement towards technical assistance and analytical work, together with development partners to assess ways for continuing investments in service delivery while building a resilient health system for the future.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	13.6	8.1	8.6	8.8	9.5	-	-
Health budget execution (%)	-	110.0	94.0	76.0	-	-	-
Share of government budget allocated to health (%)	-	4.0	5.0	6.0	-	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	5.0	3.1	3.6	3.5	3.6	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	43.5	44.4	43.8	45.3	45.6	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	-	-	227	2015
Under 5 Mortality Rate (per 1,000 live births)	62	2012	47	2020
Neonatal Mortality Rate (per 1,000 live births)	30	2011	22	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	-	-	36	2015
Percent of births <24 months after the preceding birth (%)	-	-	13.2	2015
Stunting among children under 5 years of age (%)	35.1	2009	29.4	2015
Moderate and severe wasting among children under 5 years of age (%)	7.9	2009	6.6	2015
Stillbirths (per 1,000 total births)	11.8	2015	-	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

1

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

1

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

1 3

An inclusive country platform process with CSO engagement

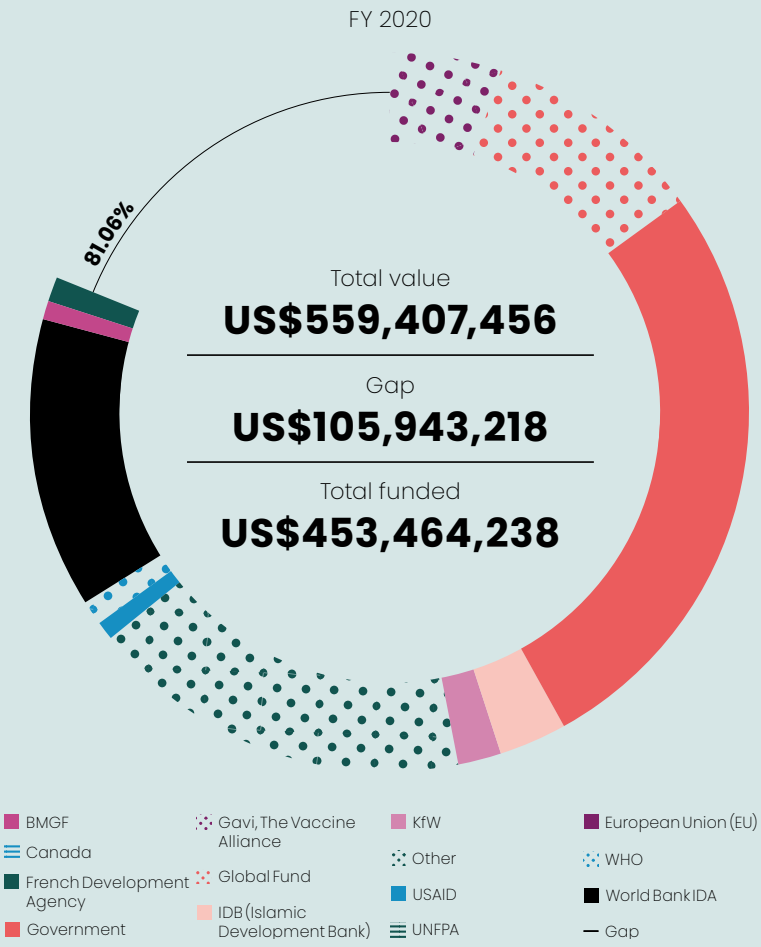
1 5

Gender analysis/gender strategy

1

2019 2020 2021 2022

Niger



Resource mapping

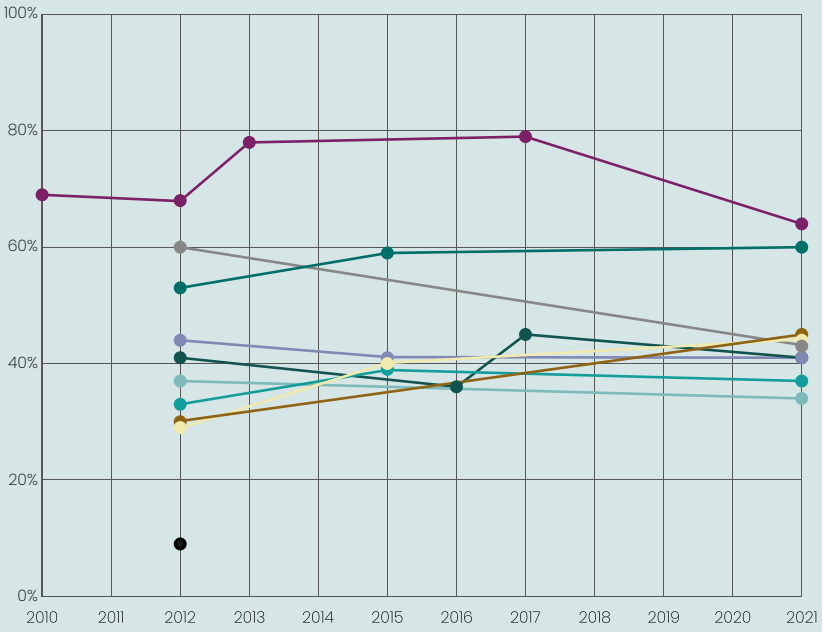
The upcoming RMET exercise will work on integration of the National Health Accounts which are carried out on an annual basis in Niger and the RMET. The past resource mapping and expenditure tracking (RMET) exercise in Niger showed a relatively large share of resources going through the state budget (64%), and a significant financing deficit for the health care services program, despite the fact that it alone accounts for more than 45% of the total funding allocated to the PDS. Lack of efficiency in the allocation of resources, with some overfunded subprograms (capacity building, availability of health products, nutrition) and some largely underfunded (protection mechanisms of financial risk, communicable diseases). Inequity in the allocation of resources at the regional level was also seen (for example, low level of resource allocation per capita in the Maradi region, which has one of the highest infant and child mortality rates).

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	5.4	4.7	9.7	10.3	11.2	14.5	-
Health budget execution (%)	-	72.0	72.0	91.0	79.0	76.0	54.8
Share of government budget allocated to health (%)	6.6	4.9	5.6	5.7	6.3	6.3	4.1
Share of health expenditure going to frontline providers (%)	-	7.1	27.9	19.5	21.8	18.3	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	4.6	4.7	5.3	10.0	9.4	5.9	-
Sum of Out-of-pocket spending on health, per capita (US$)	16.8	17.3	15.4	14.5	17.0	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	535	2012	520	2015
Under 5 Mortality Rate (per 1,000 live births)	126	2015	123	2021
Neonatal Mortality Rate (per 1,000 live births)	24	2015	43	2021
Adolescent Birth Rate - 15-19 (per 1,000 women)	146	2015	133	2021
Percent of births <24 months after the preceding birth (%)	23	2012	24.3	2021
Stunting among children under 5 years of age (%)	45.1	2020	43.5	2021
Moderate and severe wasting among children under 5 years of age (%)	33.4	2020	33.2	2021
Stillbirths (per 1,000 total births)	16.6	2012	-	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
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- Oral rehydration salts treatment of diarrhea
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- Skilled attendant at delivery
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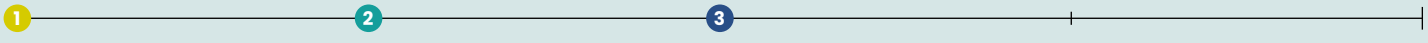
Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

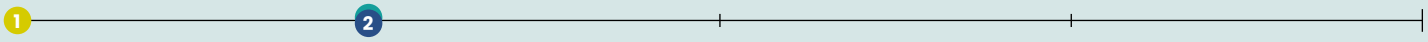
Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)



An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement

Gender analysis/gender strategy



2019 2020 2021 2022

Nigeria

Resource mapping

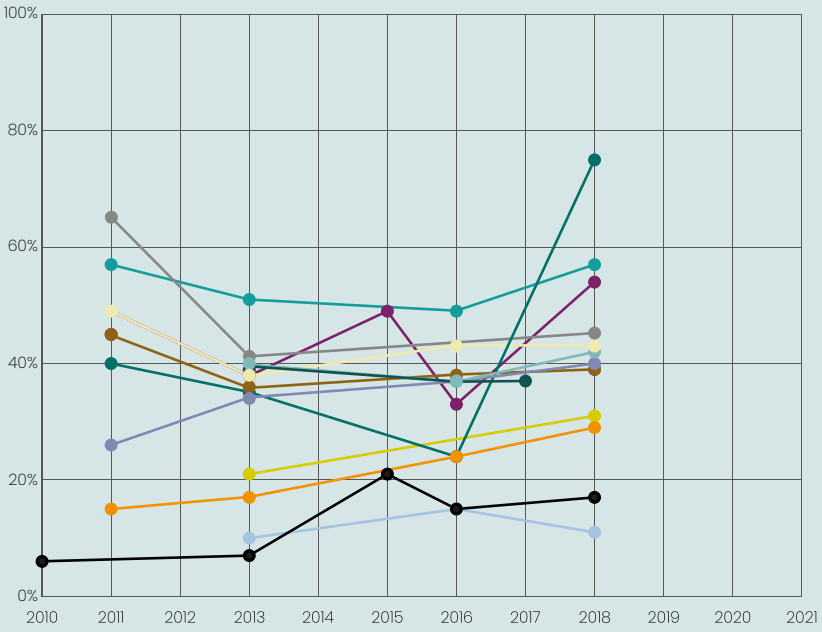
The value add of conducting Resource mapping and expenditure tracking (RMET) in Nigeria is currently being discussed with the health partners group so we can collectively engage with the government on its importance and how it complements the NHA. The initial focus following consent of the partners and the government will be on mapping and tracking donor financing, which accounts for three-quarters of domestic spending. Documenting all sources of funds is essential for the Federal Ministry of Health (FMOH) in Nigeria, not only to align and channel resources to sector priorities, but also to address issues relating to the adequacy, sustainability, efficiency, transparency, and equity of financing in the implementation of the Basic Health Care Provision Fund (BHCPF) currently being scaled up following the pilot in three states with support from the GFF. It is expected that the RMET exercise when conducted will show and guide the FMOH on how to leverage an initiative directed by the Office of the Federal Accountant General's Consolidation Accounts Department to collect information on external financing. The target is that the RMET process will develop a systematic process for collating development assistance for health expenditure used in budgeting, resource allocation decisions, and preparing consolidated financial statements for the health sector.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	16.1	10.3	10.5	10.7	11.4	-	-
Health budget execution (%)	-	-	-	72.7	86.2	-	-
Share of government budget allocated to health (%)	-	4.1	4.1	4.0	4.8	3.9	-
Share of health expenditure going to frontline providers (%)	-	-	88.0	79.1	-	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	5.3	5.0	4.4	3.9	3.8	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	70.3	59.7	57.1	50.5	50.4	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	576	2013	512	2018
Under 5 Mortality Rate (per 1,000 live births)	128	2013	132	2018
Neonatal Mortality Rate (per 1,000 live births)	37	2013	39	2018
Adolescent Birth Rate - 15-19 (per 1,000 women)	122	2013	106	2018
Percent of births <24 months after the preceding birth (%)	23.2	2013	24.9	2018
Stunting among children under 5 years of age (%)	36.8	2013	36.8	2018
Moderate and severe wasting among children under 5 years of age (%)	18	2013	6.7	2018
Stillbirths (per 1,000 total births)	12.3	2013	17.5	2018

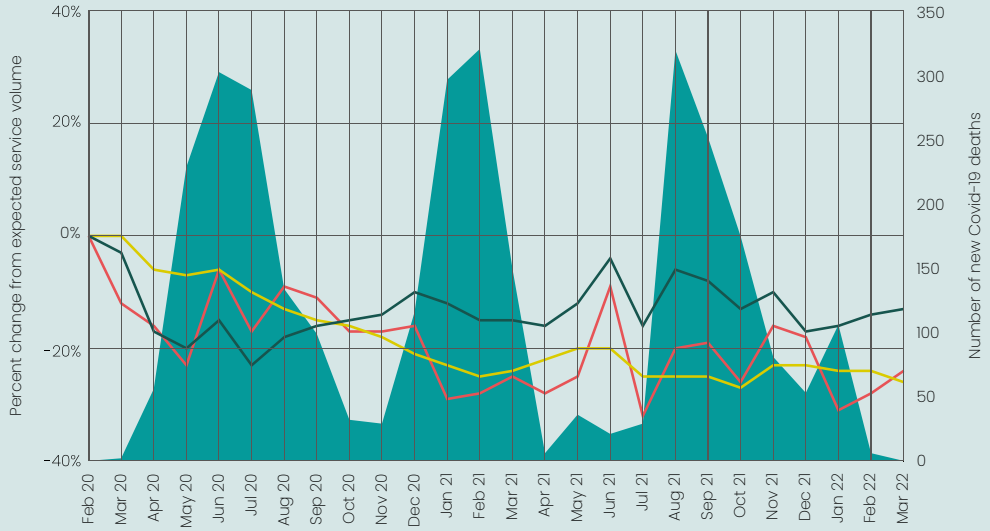
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends



- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

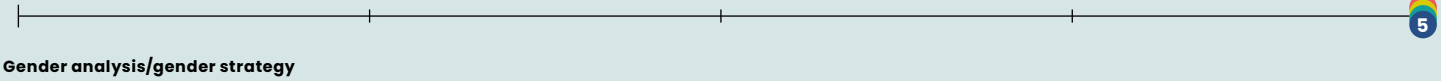
Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

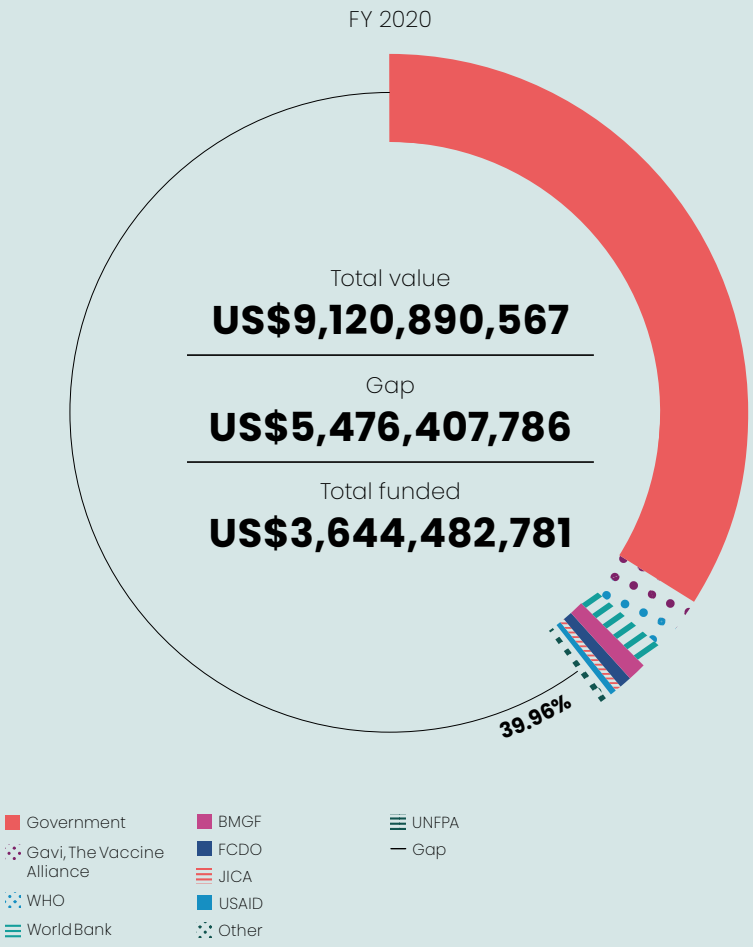
An inclusive country platform process with CSO engagement



Gender analysis/gender strategy

2019 2020 2021 2022

Pakistan



Resource mapping

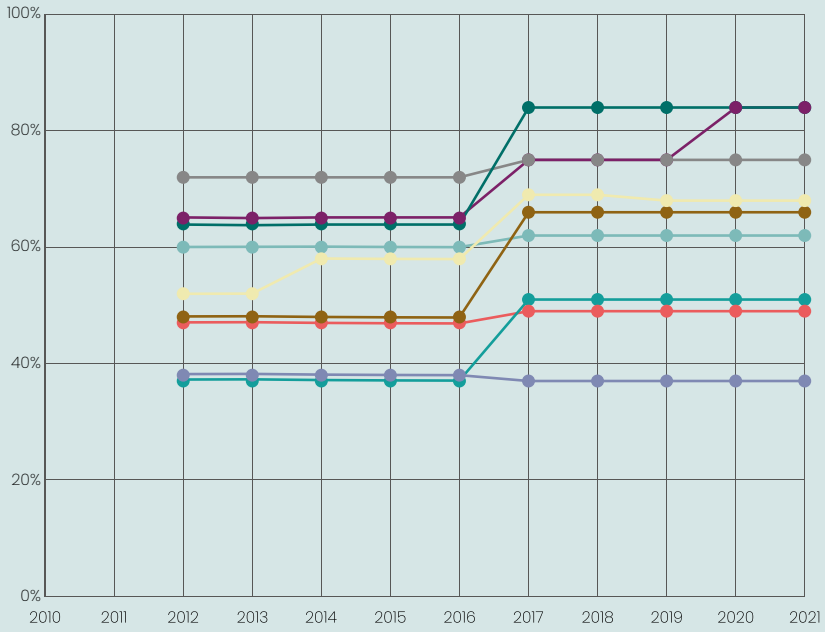
Pakistan's first ever resource mapping was completed for FY2020 by Ernst and Young. The resource mapping report shows a large shortfall between the draft costed investment case (IC) and the total resource envelope at hand. The World Bank and GFF hopes to undertake another round of resource mapping and conduct the first expenditure tracking with budget and expenditures mapped against IC priorities. Moreover, with support of BMGF, the World Bank and GFF will work with the government to institutionalize RMET and promote interoperability of the IFMIS, DHIS2, and NHA.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.9	11.8	13.3	15.3	12.6	-	-
Health budget execution (%)	-	95.4	98.8	100.0	-	-	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	3.7	4.3	4.3	5.3	4.9	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	23.8	24.5	25.5	24.1	21.3	-	-
Share of government budget allocated to health	-	-	-	-	-	0.4	-
Share of health expenditure going to frontline providers (%)	-	-	7.0	9.0	13.0	14.0	-

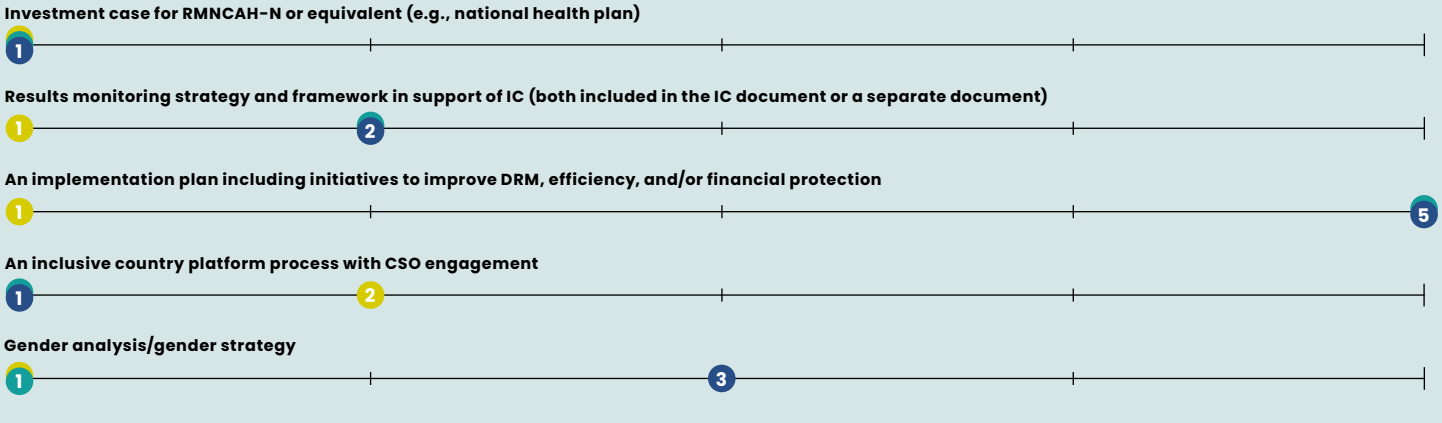
RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	178	2014	140	2019
Under 5 Mortality Rate (per 1,000 live births)	89	2012	74	2017
Neonatal Mortality Rate (per 1,000 live births)	55	2012	42	2017
Adolescent Birth Rate - 15-19 (per 1,000 women)	44	2012	46	2017
Percent of births <24 months after the preceding birth (%)	36.6	2012	36.6	2017
Stunting among children under 5 years of age (%)	45	2012	37.6	2017
Moderate and severe wasting among children under 5 years of age (%)	10.5	2012	7.1	2017
Stillbirths (per 1,000 total births)	33.3	2012	23.4	2017

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



Monitoring the country-led process



Rwanda

Resource mapping

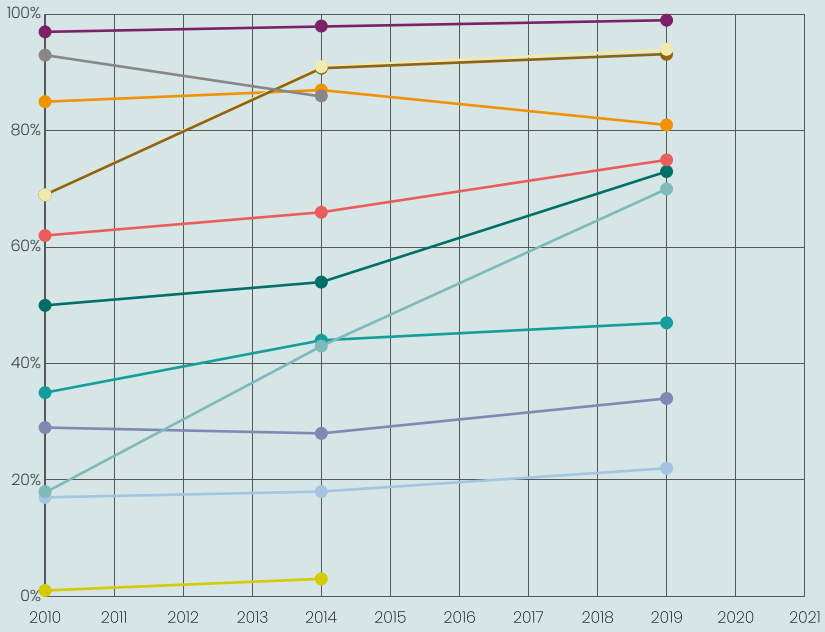
The Ministry of Health has detailed information on external resources through the government's health resource tracking tool. However, since Rwanda's investment case focuses primarily on nutrition, multisectoral resource mapping is needed. The GFF supports the Nutrition Expenditure and Institutional Review (NEIR) that provides detailed analysis of the level and composition of government and donor spending on multisectoral nutrition program using the National Early Childhood Development Program Strategic Plan (which serves as the GFF investment case for Rwanda) as reference. Moreover, the review identified critical institutional and public financial management arrangements critical to enhance budget oversight and accountability for results. NEIR provides groundwork for policy dialogue with the government on institutionalizing multisectoral expenditure tracking system. The GFF supports ongoing technical assistance to support government achieving such objectives through a series of policy reforms under the Human Capital for Inclusive Growth Development Policy Financing, More specifically the GFF supports the institutionalization of nutrition budget tagging and tracking through IFMIS and regular performance review.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	15.8	16.6	17.2	18.4	19.1	21.0	23.8
Health budget execution (%)	-	81.0	94.0	92.0	87.0	101.0	121.0
Share of government budget allocated to health (%)	-	11.3	9.7	9.3	7.4	8.4	9.0
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	7.9	8.9	8.9	8.9	7.4	8.4	9.0
Sum of Out-of-pocket spending on health, per capita (US$)	6.1	5.9	5.9	6.1	3.7	4.1	4.7

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	210	2014	203	2019
Under 5 Mortality Rate (per 1,000 live births)	50	2014	45	2019
Neonatal Mortality Rate (per 1,000 live births)	20	2014	19	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	45	2014	32	2019
Percent of births <24 months after the preceding birth (%)	14	2014	-	-
Stunting among children under 5 years of age (%)	37.9	2014	33.1	2019
Moderate and severe wasting among children under 5 years of age (%)	2.2	2014	1.1	2019
Stillbirths (per 1,000 total births)	15.4	2014	-	-

RMNCAH-N coverage indicators

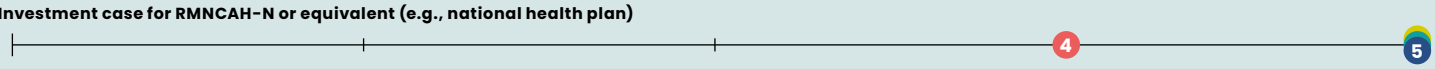
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Antenatal care content: Received iron tablets or syrup
- Careseeking for symptoms of pneumonia
- Demand for family planning met (married women)
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Minimum acceptable diet
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

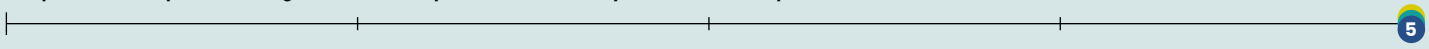
Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

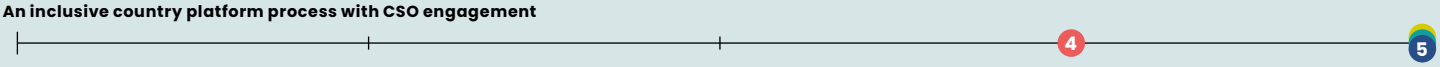


Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection



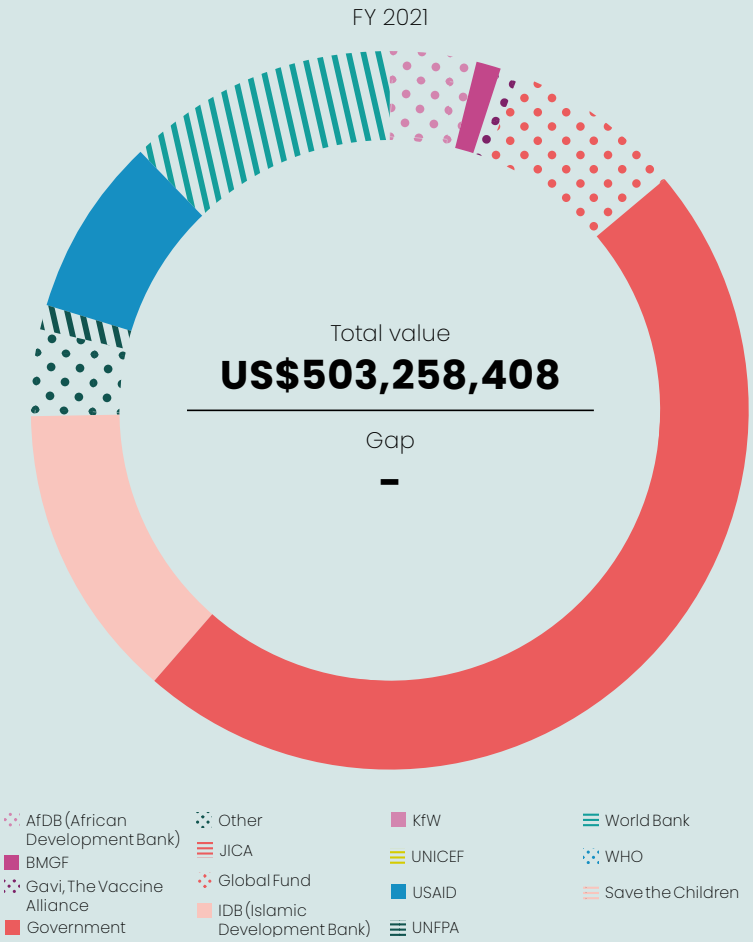
An inclusive country platform process with CSO engagement



Gender analysis/gender strategy

2019 2020 2021 2022

Senegal



Resource mapping

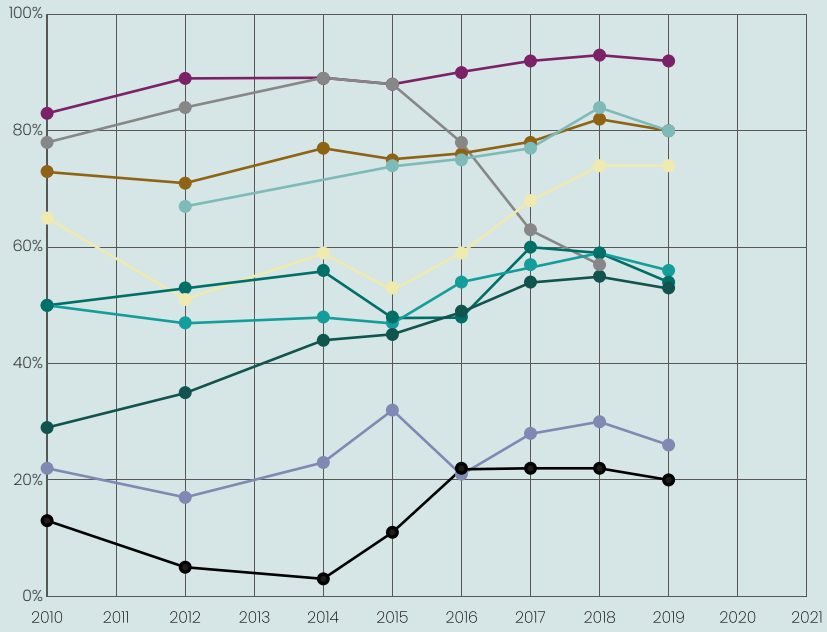
Senegal completed its resource mapping and expenditure tracking (RMET) in June 2021. The analysis shows that the resources allocated to investment case (IC) priorities amount to US$814 million for the period 2019 to 2022. Technical and financial partners are strongly aligned to the IC, contributing nearly half (49%) of the total resources, while government contribution remains modest (30%). The World Bank (27.5%), USAID (19.3%), Gavi (13.0%), AFD (12.3%), and the Global Fund (10.4%) represent the top five donors. Combined, these account for approximately 82.5% of total donor funding for the period from 2019 to 2022, with no funding gap. Expenditure tracking indicates that the overall execution rate of the year 2020 resources is above 80%.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	13.1	13.6	12.7	14.0	14.8	-	-
Health budget execution (%)	-	92.0	81.0	89.0	91.0	95.0	-
Share of government budget allocated to health (%)	-	5.2	4.7	4.2	5.0	5.7	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	4.7	4.5	4.3	4.3	4.3	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	27.2	27.7	29.6	30.8	30.1	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	236	2017	-	-
Under 5 Mortality Rate (per 1,000 live births)	51	2018	37	2019
Neonatal Mortality Rate (per 1,000 live births)	23	2018	21	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	68	2018	71	2019
Percent of births <24 months after the preceding birth (%)	15.8	2017	14.2	2018
Stunting among children under 5 years of age (%)	18.8	2018	17.9	2019
Moderate and severe wasting among children under 5 years of age (%)	7.8	2018	8.1	2019
Stillbirths (per 1,000 total births)	18.5	2018	19.8	2019

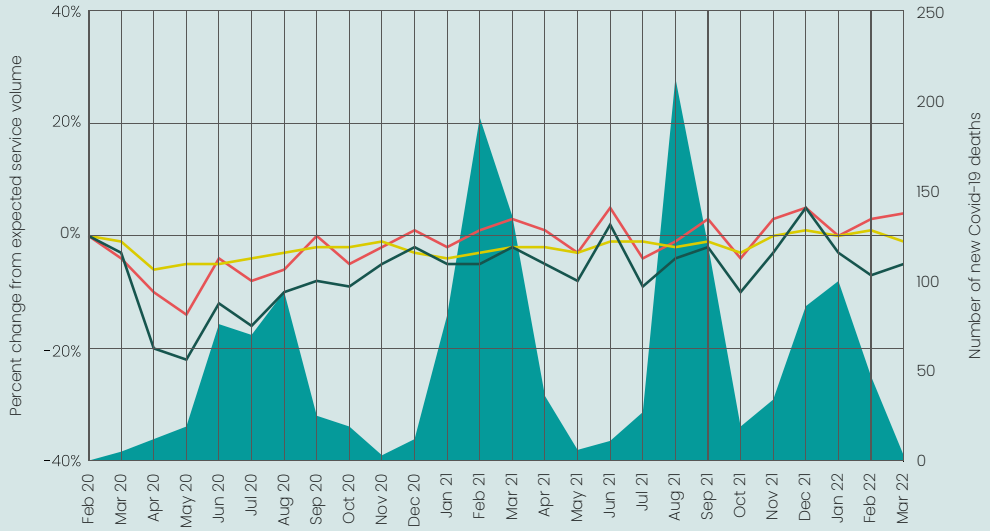
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

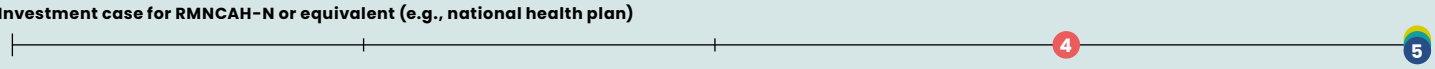
Shortfall in service delivery compared to pre-pandemic trends



- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

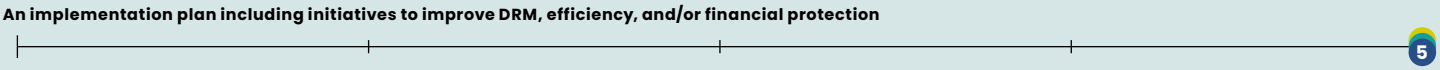
Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)



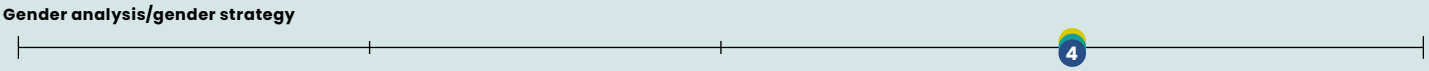
Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection



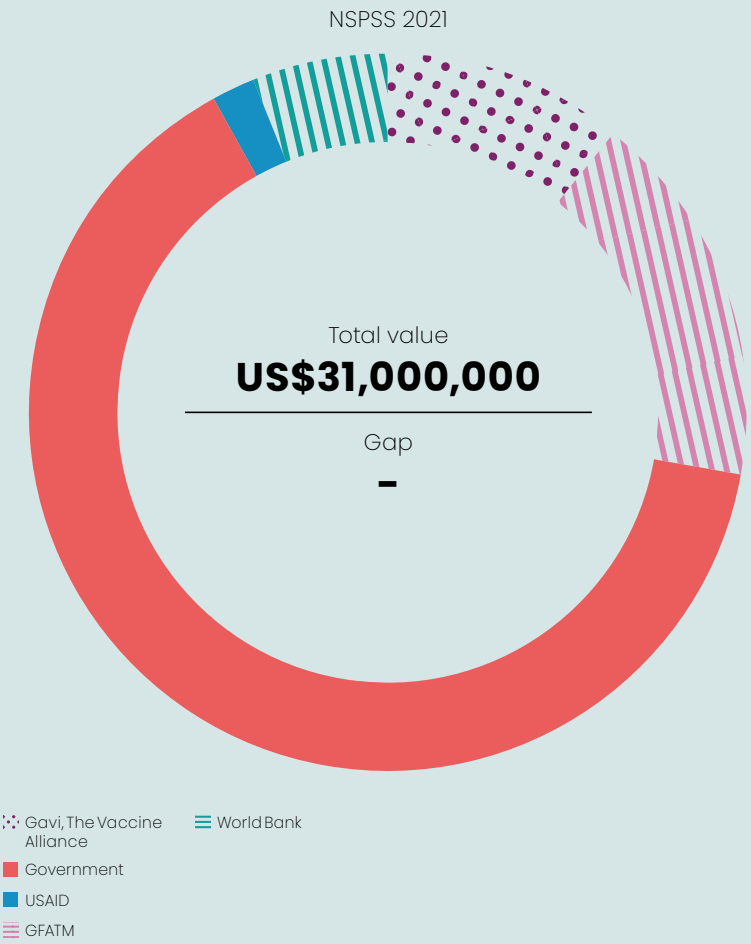
An inclusive country platform process with CSO engagement

Gender analysis/gender strategy



2019 2020 2021 2022

Sierra Leone



Resource mapping

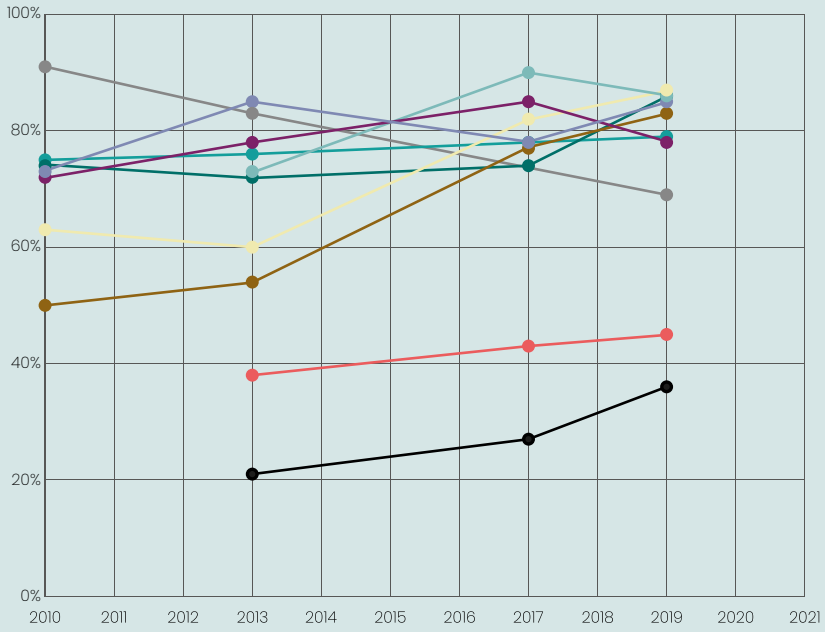
The Sierra Leone Ministry of Health previously conducted resource mapping for the investment case (IC), which identified more than 15 partners aligned to and financing the RMNCAH strategy (2017–21). The Ministry of Health, with GFF support, is currently conducting its first sector-wide resource mapping and expenditure tracking exercise (RMET) in health. Specifically, analysis will include levels and composition of domestic health expenditures, and evaluate budget execution, for both donors and the government. The main objective of the exercise is to generate evidence that informs budget planning and execution and ensure government priorities are adequately funded and implemented. The resource mapping presented here showcases budget planned and financing gaps for the IC during 2019 and 2020. This resource mapping is part of the RMNCAH RMET, completed and shared with partners in July 2021.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.7	9.7	9.2	4.1	6.5	-	-
Health budget execution (%)	-	100.0	91.0	78.0	79.0	102.0	-
Share of government budget allocated to health (%)	-	-	.	.	11.0	11.0	-
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	7.9	7.9	7.9	3.6	5.8	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	44.4	36.2	33.8	27.0	25.5	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	1165	2013	717	2019
Under 5 Mortality Rate (per 1,000 live births)	156	2013	122	2019
Neonatal Mortality Rate (per 1,000 live births)	39	2013	31	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	125	2013	102	2019
Percent of births <24 months after the preceding birth (%)	16.1	2013	15	2019
Stunting among children under 5 years of age (%)	37.9	2013	29.5	2019
Moderate and severe wasting among children under 5 years of age (%)	9.3	2013	5.4	2019
Stillbirths (per 1,000 total births)	8.1	2013	9.9	2019

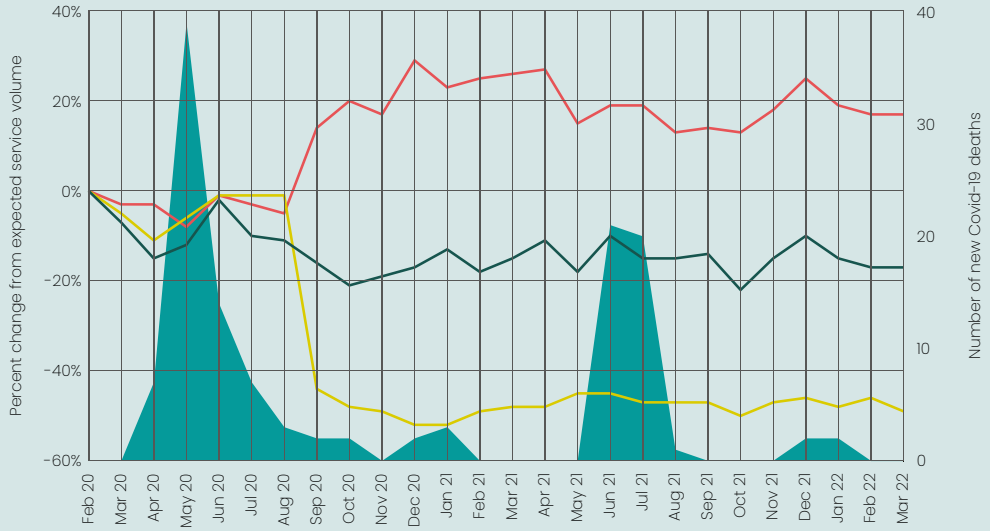
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



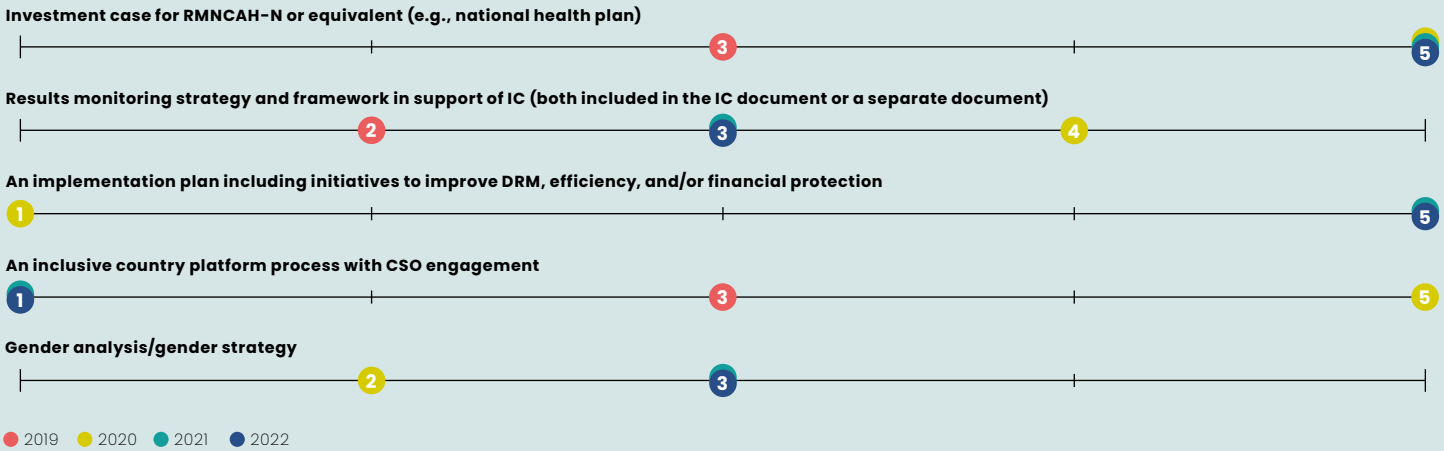
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (married women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends

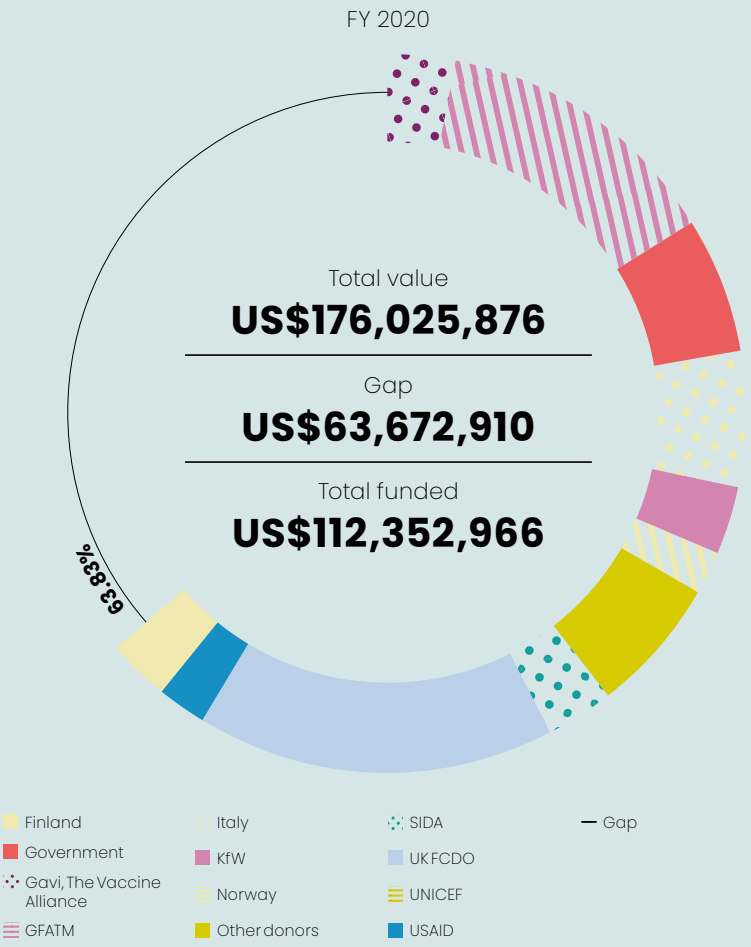


- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process



Somalia



Resource mapping

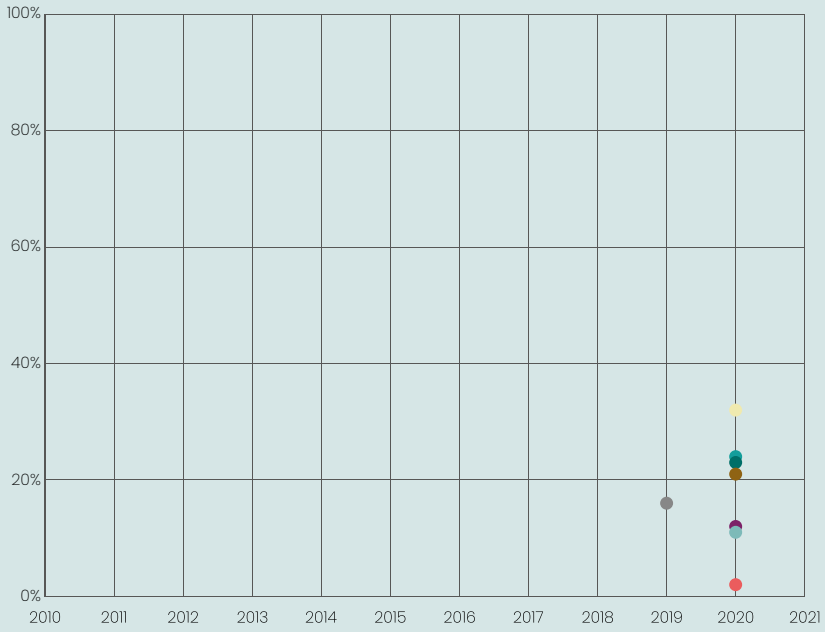
Somalia conducted resource mapping and expenditure tracking as part of its first investment case (IC) development. Prior to the exercise, little information was available on Somalia's health sector funding – including sources (who), projects and activities (what), and geographical distribution (where) – creating fragmentation. This problem was especially acute since external health financing constitutes a large share of total health sector funding, and most is off-budget. Resource mapping helped the government develop a full understanding of Somalia's health funding landscape to improve future planning and align the country's IC and health strategies with available resources. The exercise mapped resources – both humanitarian and development – to Somalia's 2nd Health Sector Strategic Plan (HSSP II) 2017–21, and essential package of health services at a subnational level.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Share of government budget allocated to health (%)	-	-	-	0.4	1.6	2.0	5.0

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	1044	2006	692	2020
Under 5 Mortality Rate (per 1,000 live births)	135	2006	-	-
Neonatal Mortality Rate (per 1,000 live births)	41	2006	-	-
Adolescent Birth Rate - 15-19 (per 1,000 women)	123	2006	140	2020
Percent of births <24 months after the preceding birth (%)	-	-	41.2	2020
Stunting among children under 5 years of age (%)	38	2006	27.8	2020
Moderate and severe wasting among children under 5 years of age (%)	11	2006	11.6	2020

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
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- Postnatal care for mothers
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- Vitamin A supplementation, full coverage

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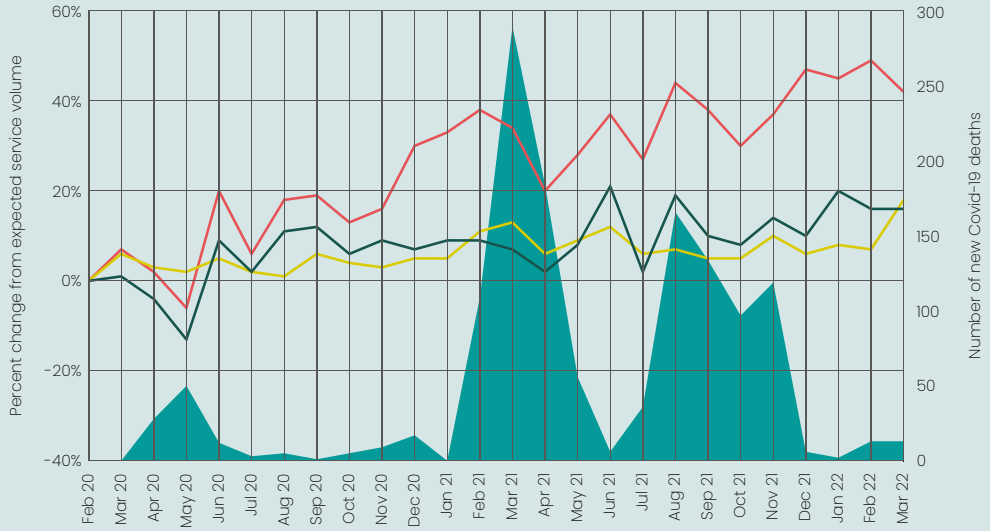

- New COVID-19 deaths
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Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

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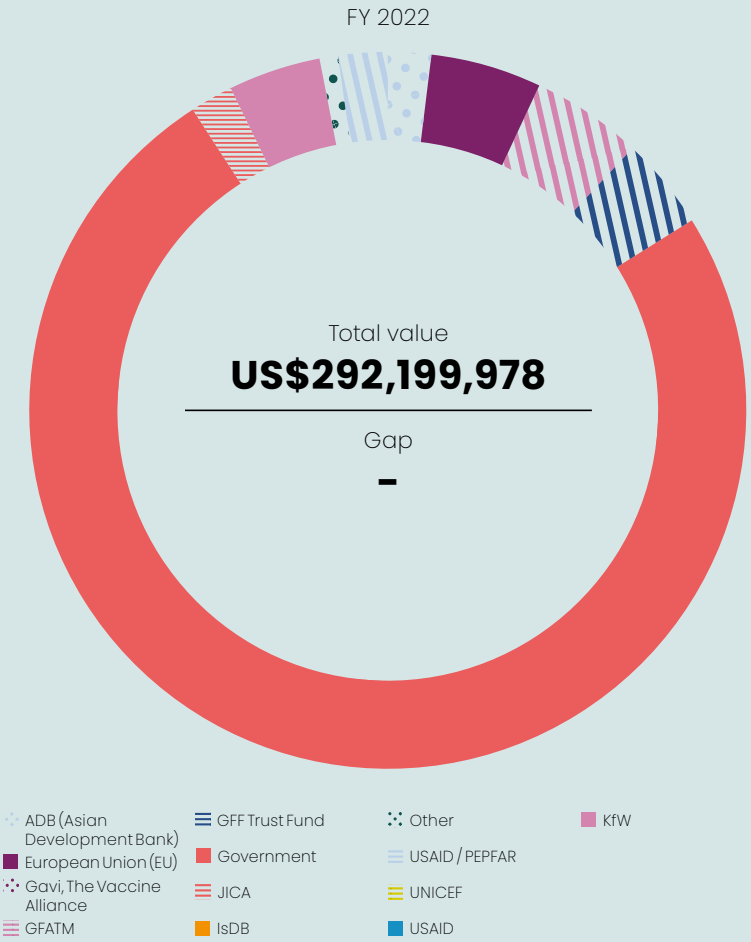
An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

2019 2020 2021 2022

Tajikistan



Resource mapping

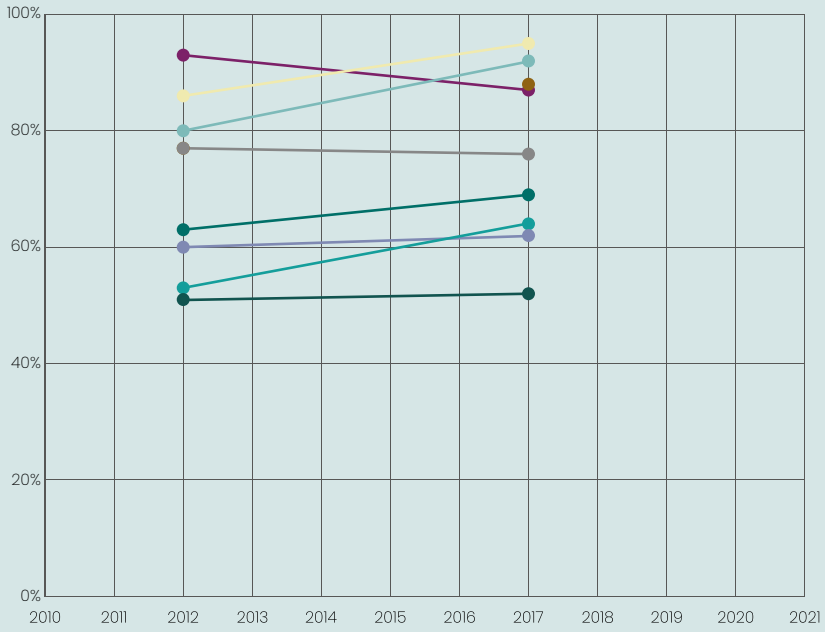
Tajikistan is in early stages of the investment case development, which will be formed as a three-year Prioritized Investment Plan to support the implementation of the Strategy on Healthcare of Population of the Republic of Tajikistan up to 2030 (SHPRT). A resource mapping exercise was launched in 2020 and covered data from donors and development partners, public resources programmed into a medium-term expenditure framework, and a comparison of resources available with preliminary estimated cost of the SHPRT implementation. In 2022, the Ministry of Health and Social Protection has initiated the next round of data collection for mapping financial resources and tracking related expenditures in the health sector. The mapping showed US$314 million and US$292 million available for health in 2021 and 2022, with about 70% coming from the state budget and 30% from external investments. Expenditure data received from 15 donors out of 26 donors that provided data in 2020, showed 57% and 81% of the allocated resources from donors were spent in 2020 and 2021, respectively. Findings revealed that emergency preparedness and response (41%-59%) and healthcare services (39%-28%) account for the biggest share of the donor expenditure in 2020-2021, while funds allocated to sustainable health financing reforms (0.03-1.65%), human resources for health (3.94-0.76%), and HMIS reforms (0.24-0.23%) account for small proportions of donor funding. The GFF is working with the Ministry of Health and Social Protection to institutionalize resource mapping and establish a system and process for routine data collection on health projects supported by donors and development partners. The collected data will be used for informed decision making, tracking funds allocation in alignment with government priorities, and address funding gaps, as well as for data analysis and reporting to other government institutions.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	19.7	15.3	18.3	16.0	16.9	25.9	25.5
Health budget execution (%)	-	92.4	94.2	93.7	99.2	71.0	100.0
Share of government budget allocated to health (%)	-	6.3	6.2	6.4	7.6	10.4	8.4
Share of health expenditure going to frontline providers (%)	-	27.3	26.0	27.0	29.3	20.1	20.5
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	6.4	6.3	6.2	6.4	6.6	10.4	9.7
Sum of Out-of-pocket spending on health, per capita (US$)	40.0	37.0	37.0	40.9	44.1	-	-

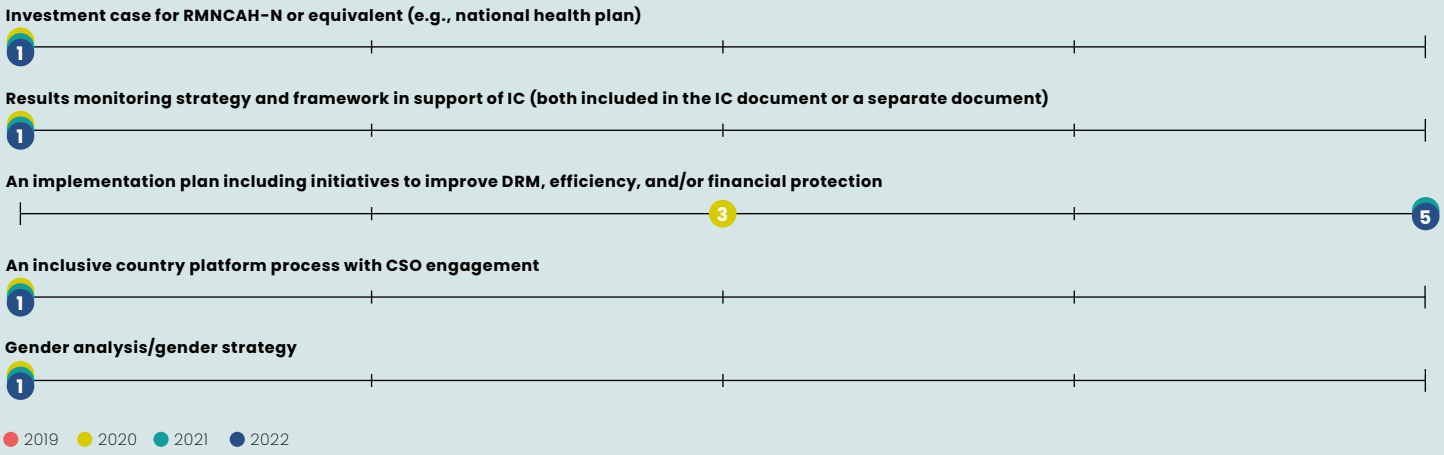
RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	35	2010	32	2015
Under 5 Mortality Rate (per 1,000 live births)	43	2012	33	2017
Neonatal Mortality Rate (per 1,000 live births)	19	2012	13	2017
Adolescent Birth Rate - 15-19 (per 1,000 women)	54	2012	54	2017
Percent of births <24 months after the preceding birth (%)	33.1	2012	35.9	2017
Stunting among children under 5 years of age (%)	26	2012	17.5	2017
Moderate and severe wasting among children under 5 years of age (%)	10	2012	5.6	2017
Stillbirths (per 1,000 total births)	8.5	2012	7.1	2017

RMNCAH-N coverage indicators

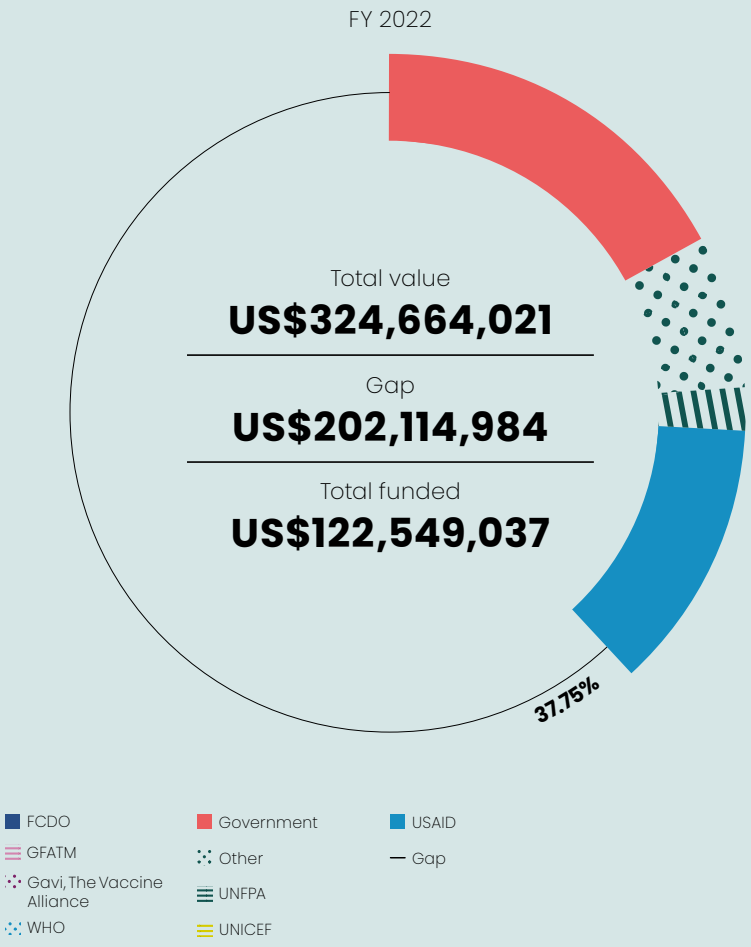
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



Monitoring the country-led process



Tanzania



Resource mapping

In Tanzania, the RMET approach was applied to assess the fiscal landscape for the investment case (IC), and inform the development of the national health strategy. The report highlighted the commitment of the government of Tanzania to improved health outcomes and indicated domestic financing for the IC rose from 20% in 2018 to 39% in 2019. In addition to the increases in government spending, the report also indicated a decrease in donor contributions in relative and absolute terms and illustrated the equity and efficiency of resource allocation around RMNCAH-N priorities and provinces.

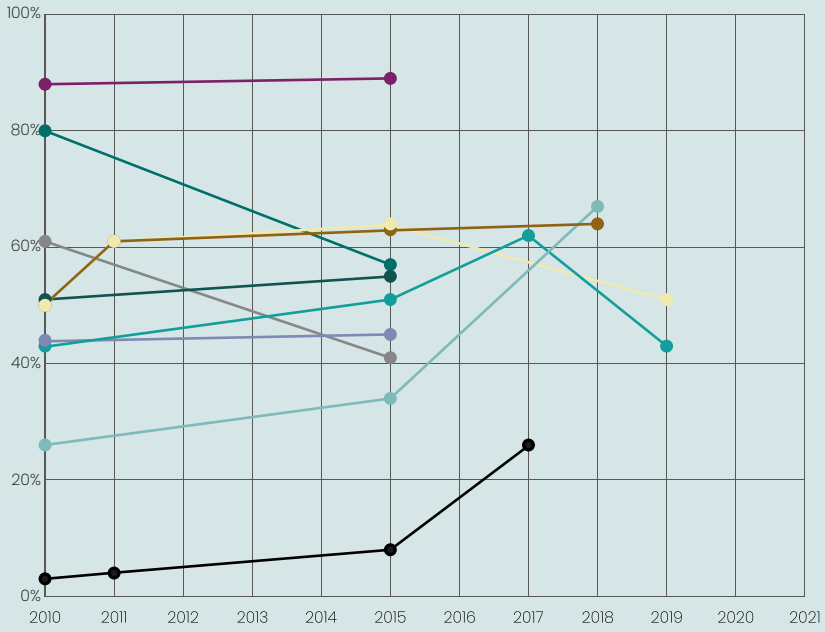
The country recently concluded a RMET exercise (after a gap of two years during the COVID-19 pandemic) in support on the newly developed RMNCAH-N strategy, One Plan III. The RMET seeks to inform priorities, identify funding gaps across programmatic areas, and improve donor alignment with national health goals. The RMET highlighted a large funding gap in FY 22 of 62%. Part of the funding gap is due to ongoing discussions with donors on their commitments.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	-	15.2	15.4	15.9	16.5	-	-
Health budget execution (%)	-	61.0	77.0	72.0	55.0	53.0	-
Share of government budget allocated to health (%)	-	8.1	9.0	10.0	8.0	7.0	6.0
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	-	9.5	9.5	9.4	9.6	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	-	8.2	8.5	8.8	8.9	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	454	2010	556	2015
Under 5 Mortality Rate (per 1,000 live births)	81	2010	67	2015
Neonatal Mortality Rate (per 1,000 live births)	26	2010	25	2015
Adolescent Birth Rate - 15-19 (per 1,000 women)	116	2010	132	2015
Percent of births <24 months after the preceding birth (%)	15.6	2010	18.8	2015
Stunting among children under 5 years of age (%)	42	2010	34	2015
Moderate and severe wasting among children under 5 years of age (%)	4.8	2010	4.4	2015
Stillbirths (per 1,000 total births)	17.2	2010	18.4	2015

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



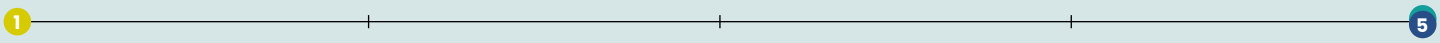
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Monitoring the country-led process

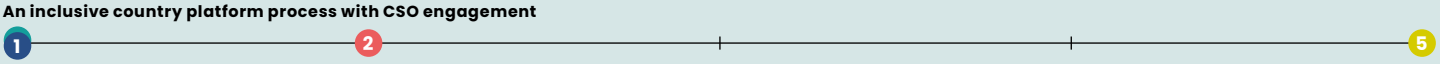
Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection



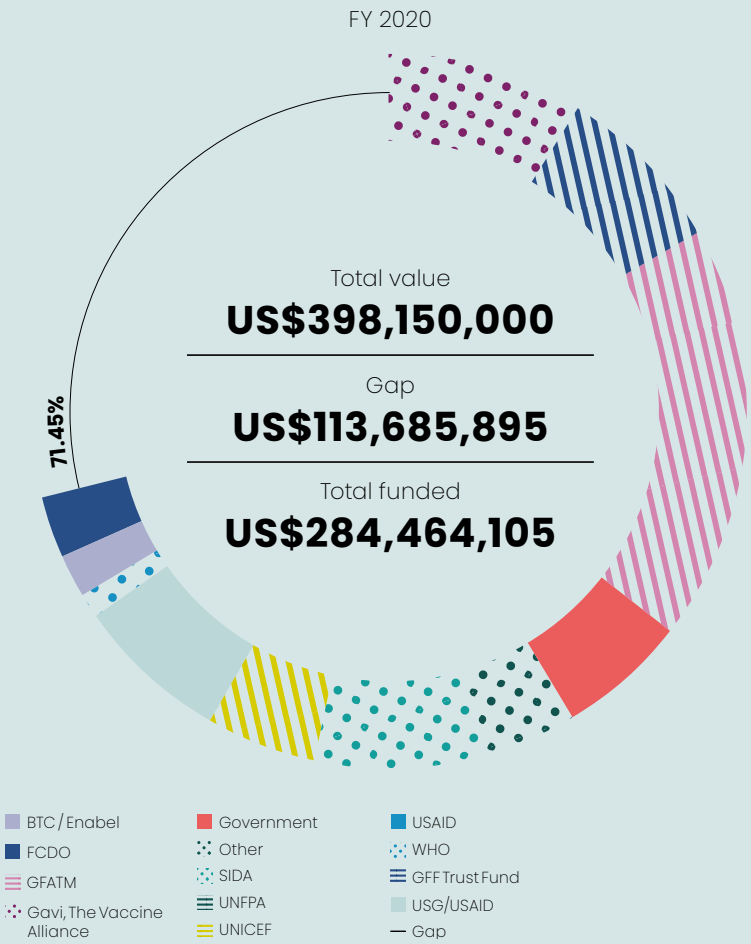
An inclusive country platform process with CSO engagement



Gender analysis/gender strategy

2019 2020 2021 2022

Uganda



Resource mapping

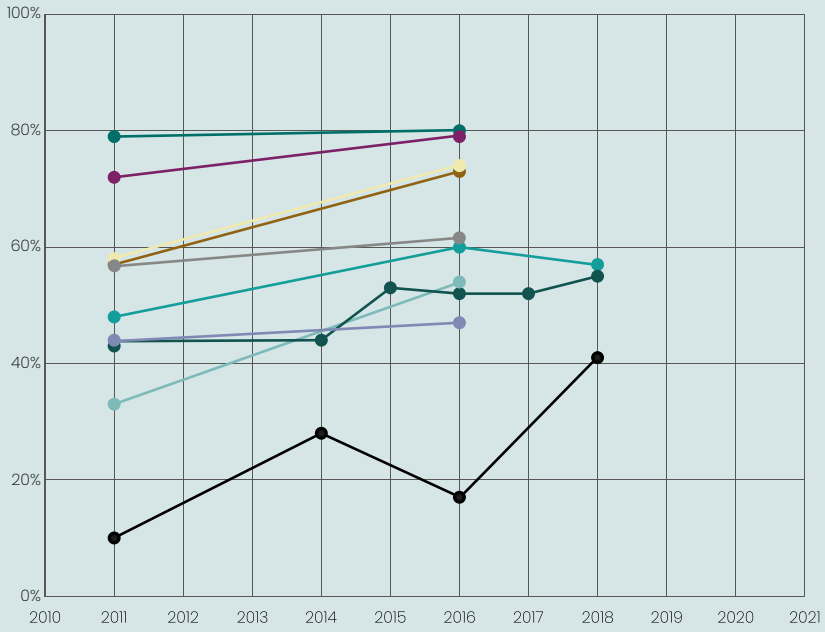
Uganda's investment case for the RMNCAH Sharpened Plan spans over the period from FY 2016/17 through 2019/20. In 2018/19, the Ministry of Health conducted a resource mapping of the IC looking at source of funding and funding gap at national and decentralized levels. Overall, the exercise shows the IC funding gap decreased over time from 46% to 29% between 2017/18 and 2019/2020, thanks to increased donor contribution: donors funded 48% of the IC cost in 2017/2018, which jumped to 65% in 2019/20. This rise was mainly driven by increased contributions from GAVI, GFTAM, and the World Bank/ GFF. Because the cost of implementing the IC increased between 2017/18 and 2019/2020, government contribution remained the same over time in relative terms, but did increase in absolute terms between 2017/18 and 2019/20. The government of Uganda is preparing its new IC and result of the previous resource mapping will help the Ministry of Health in prioritizing interventions to improve the DRM agenda in the policy dialogue with the Ministry of Finance.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	6.6	6.5	6.3	5.4	4.9	-	-
Health budget execution (%)	-	100.0	98.0	93.0	94.0	85.0	75.0
Share of government budget allocated to health (%)*	8.5	6.4	8.9	6.7	7.2	7.2	-
Share of health expenditure going to frontline providers (%)	-	25.2	20.3	23.7	25.2	21.7	22.5
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	5.1	5.1	5.1	4.2	3.1	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	17.0	16.3	16.3	11.4	12.4	-	-

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	438	2011	336	2016
Under 5 Mortality Rate (per 1,000 live births)	90	2011	64	2016
Neonatal Mortality Rate (per 1,000 live births)	27	2011	27	2016
Adolescent Birth Rate - 15-19 (per 1,000 women)	134	2011	132	2016
Percent of births <24 months after the preceding birth (%)	25.3	2011	24.3	2016
Stunting among children under 5 years of age (%)	33.4	2011	28.9	2016
Moderate and severe wasting among children under 5 years of age (%)	4.7	2011	3.4	2016
Stillbirths (per 1,000 total births)	20	2011	16.3	2016

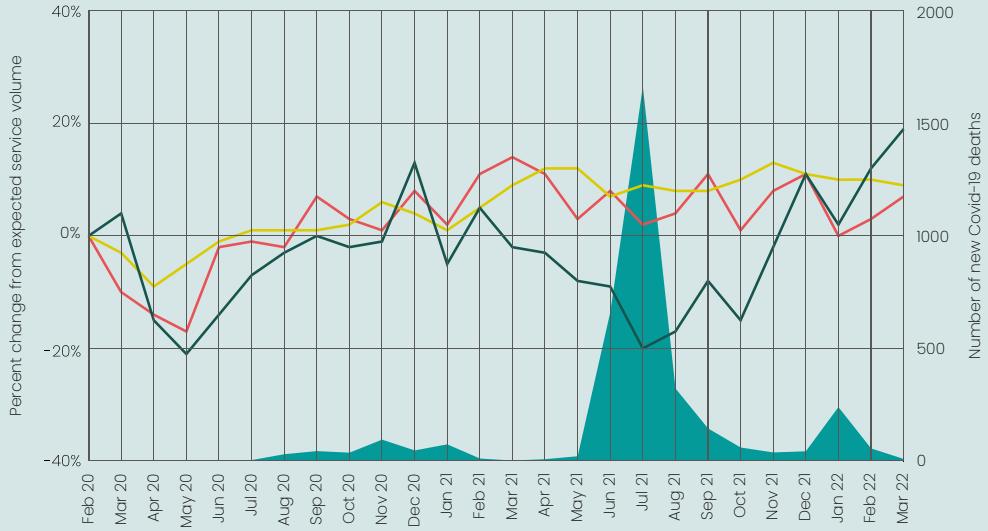
RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



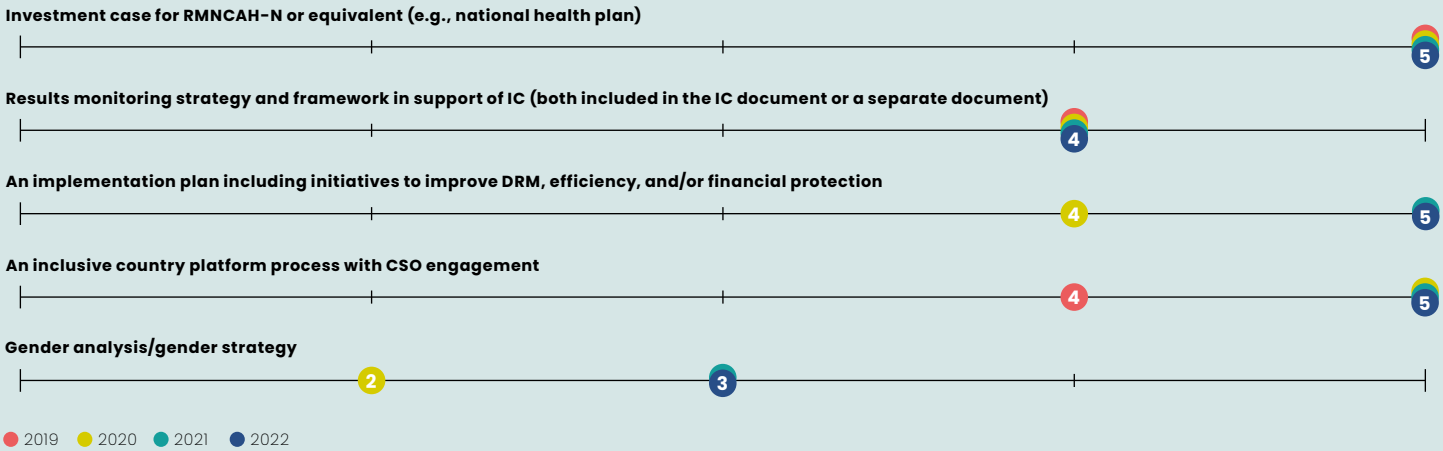
- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Demand for family planning met (all women)
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- SP/Fansidar 3+ doses during pregnancy
- Vitamin A supplementation, full coverage

Shortfall in service delivery compared to pre-pandemic trends



- New COVID-19 deaths
- Deviation in outpatient visits
- Deviation in institutional deliveries
- Deviation in ANC4

Monitoring the country-led process



Vietnam

Resource mapping

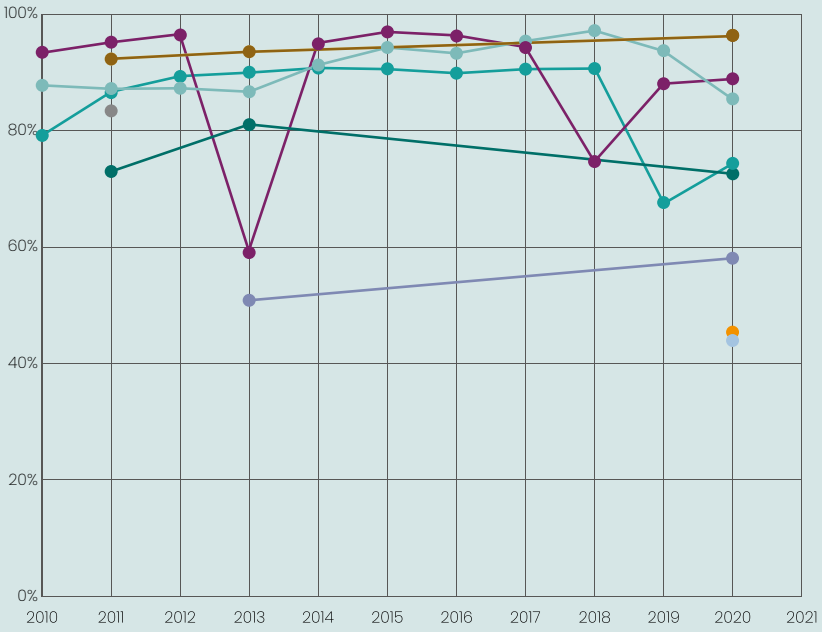
Vietnam is no longer highly dependent on external assistance for the health sector, with external financing for health accounting for approximately 3% for the past decade. But some major development partners (e.g., the European Union, Gavi, and the Global Fund) have completed or are reducing the scale of their assistance, necessitating a shift to government budget or health insurance. The Grassroots Health Service Delivery Project, under implementation beginning May 2020, fills an important financing gap for Vietnam. The project is supported by an IDA-Transitional Support (IDA-TS) credit of US$80 million, a cofinancing grant of US$5 million from the Integrating Donor-Financed Health Programs Multidonor Trust Fund (MDTF) funded with Australian support, a cofinancing grant of US$3 million from the Tackling Non-Communicable Diseases Challenges in Low- and Middle-income Countries MDTF (Pharmaceutical Governance Fund), and US$21.25 million from the government of Vietnam, in addition to the U$17 million GFF financing for the IDA-TS credit buydown.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	**49.3**	**58.8**	**64.6**	**67.9**	**79.2**	**-**	**-**
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	**7.8**	**9.6**	**9.3**	**10.2**	**10.1**	**-**	**-**
Sum of Out-of-pocket spending on health, per capita (US$)	**51.3**	**55.3**	**63.2**	**68.1**	**77.6**	**-**	**-**

RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	**69**	2009	**46**	2019
Under 5 Mortality Rate (per 1,000 live births)	**21**	2019	**14**	2020
Neonatal Mortality Rate (per 1,000 live births)	**11.9**	2013	**6**	2020
Adolescent Birth Rate - 15-19 (per 1,000 women)	**45**	2013	**42**	2020
Percent of births <24 months after the preceding birth (%)	**-**	-	**-**	-
Stunting among children under 5 years of age (%)	**23.8**	2017	**23.3**	2018
Moderate and severe wasting among children under 5 years of age (%)	**6.4**	2015	**5.8**	2017
Stillbirths (per 1,000 total births)	**-**	-	**-**	-

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



- Antenatal care (four or more visits)
- Careseeking for symptoms of pneumonia
- Exclusive breast feeding
- Immunized with three doses of diptheria, tetanus, pertussis (DPT)
- Institutional delivery
- Minimum acceptable diet
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage

Monitoring the country-led process

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

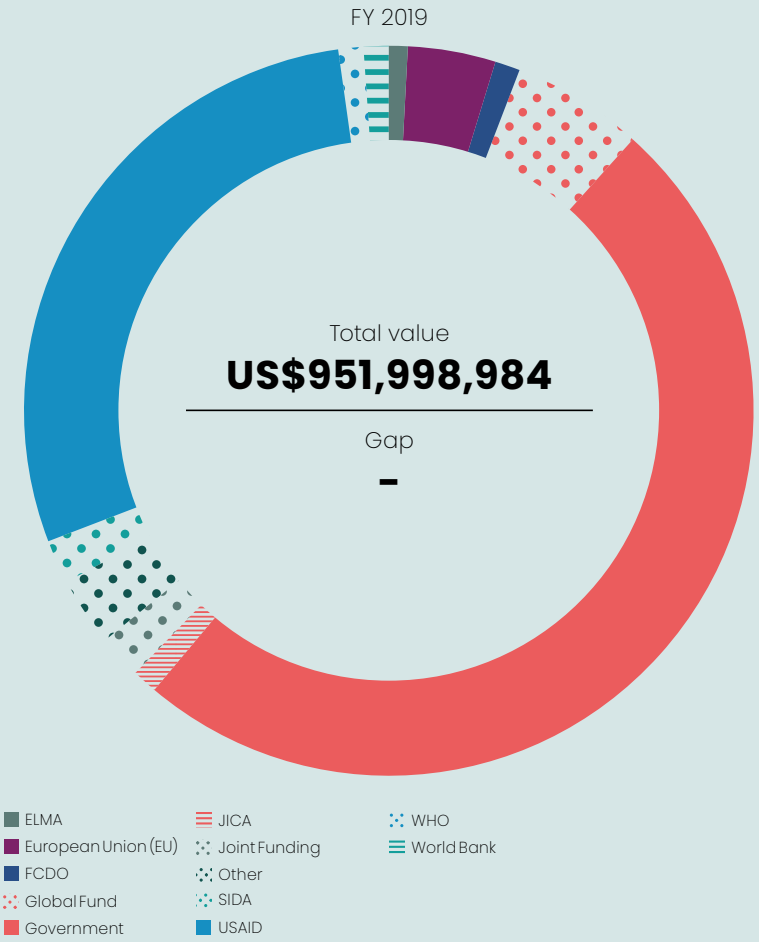
An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

2019 2020 2021 2022

Zambia



Resource mapping

As part of the aid coordination mechanisms, Zambia has routinely mapped donor activities and financing in the health sector since the 1990s. The depicted figure shows the estimated funding in the health sector in Zambia in fiscal year 2019.

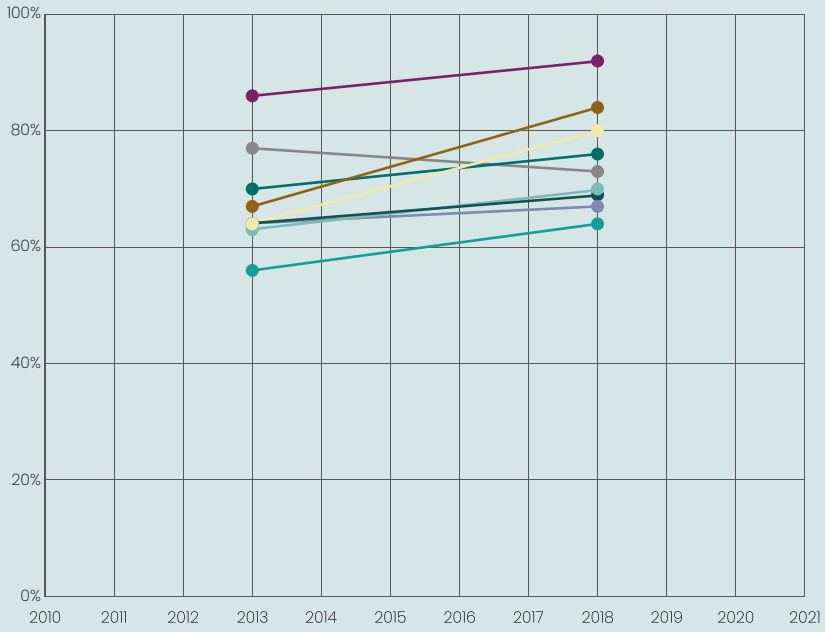
The GFF is supporting a detailed resource mapping exercise to assess the overall, and area specific funding gaps. This exercise will assess funding sufficiency for RMNCAH+N activities as outlined in the Investment Case. It will also highlight the overall health-sector funding gap, and map available resources against the new National Health Strategic Plan's key priority areas. Finally, the resource mapping and National Health Accounts are being supported and undertaken as part of the same process to enhance the relevance of findings for decision-making.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	17.0	22.0	36.0	29.8	27.8	-	-
Health budget execution (%)	94.0	92.5	98.0	75.0	-	-	70.0
Share of government budget allocated to health (%)	9.6	8.3	8.9	9.5	9.3	8.8	8.1
Share of health expenditure going to frontline providers (%)	-	-	-	-	-	-	34.2
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	8.6	8.0	10.2	7.0	7.0	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	7.3	7.0	8.0	7.9	7.1	-	-

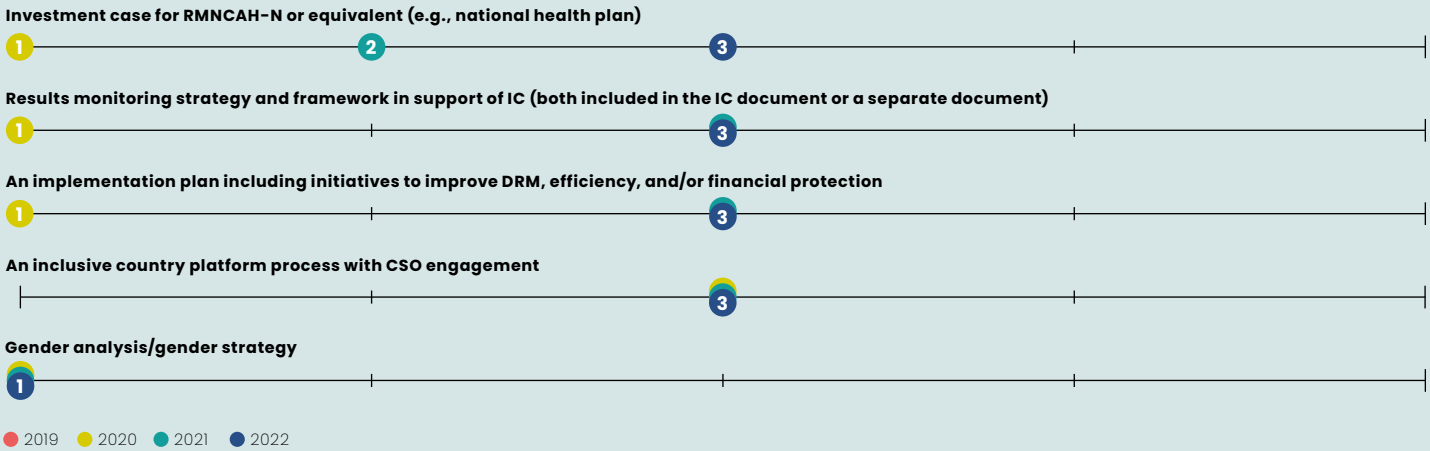
RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	398	2013	252	2018
Under 5 Mortality Rate (per 1,000 live births)	75	2013	61	2018
Neonatal Mortality Rate (per 1,000 live births)	24	2013	27	2018
Adolescent Birth Rate - 15-19 (per 1,000 women)	141	2013	135	2018
Percent of births <24 months after the preceding birth (%)	15.5	2013	14	2018
Stunting among children under 5 years of age (%)	40.1	2013	34.6	2018
Moderate and severe wasting among children under 5 years of age (%)	6	2013	4.2	2018
Stillbirths (per 1,000 total births)	13.3	2013	12.1	2018

RMNCAH-N coverage indicators

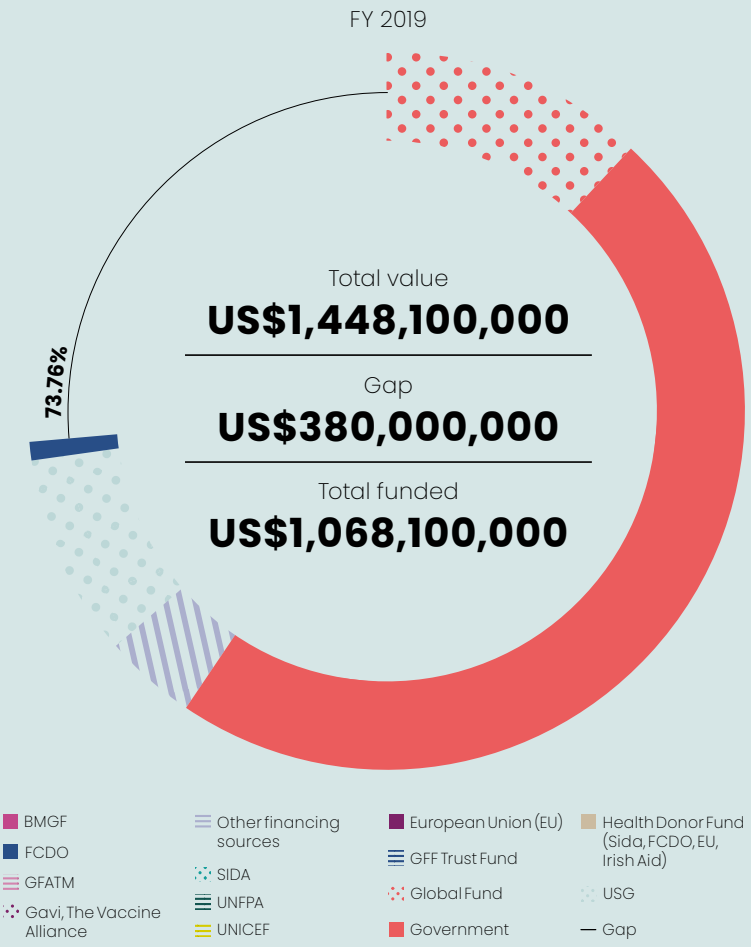
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



Monitoring the country-led process



Zimbabwe



Resource mapping

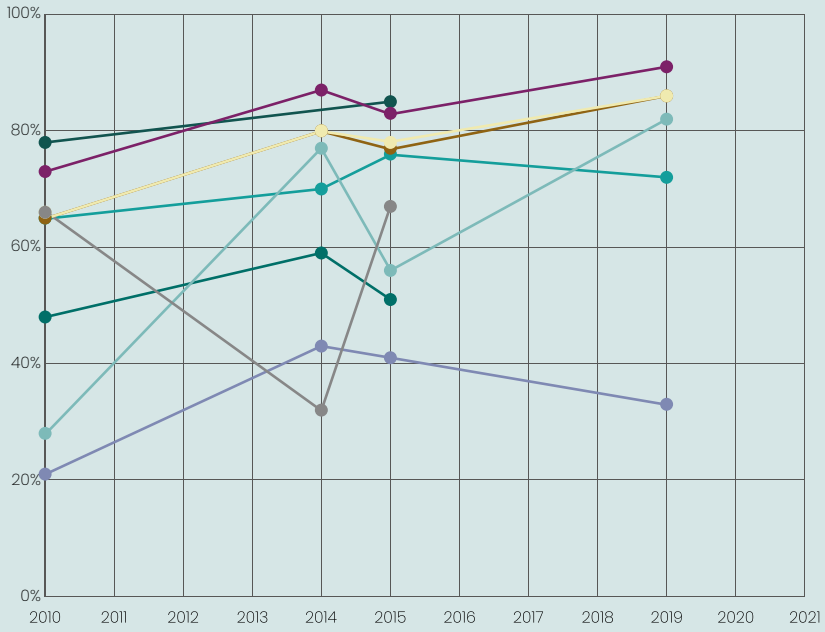
The Ministry of Health and Child Care (MOHCC) has been conducting annual resource mapping and expenditure tracking since 2015. This exercise collects budget and expenditure data for domestic and external sources of funding within the health sector. The data have been used to inform planning and coordination of resources in the health sector (for example, Global Fund grant applications), to identify and address inefficiencies in the health sector, and to inform the costing and gap analysis of national strategic plans, in particular the National Health Strategy (2016–20). Zimbabwe is in the process of developing a health sector investment case through 2025, which will be finalized once the National Health Strategy (2021–25) is in place, to ensure alignment between the two documents.

Health Financing	2015	2016	2017	2018	2019	2020	2021
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	22.4	26.2	32.8	45.3	18.2	-	-
Health budget execution (%)	-	98.0	99.0	87.0	91.0	80.0	94.0
Share of government budget allocated to health (%)	-	7.5	6.9	8.6	12.9	12.8	13.0
Share of health expenditure going to frontline providers (%)	-	-	-	11.7	8.3	11.6	16.3
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	7.6	7.6	7.6	8.7	8.7	-	-
Sum of Out-of-pocket spending on health, per capita (US$)	27.8	26.2	26.4	27.8	25.1	-	-

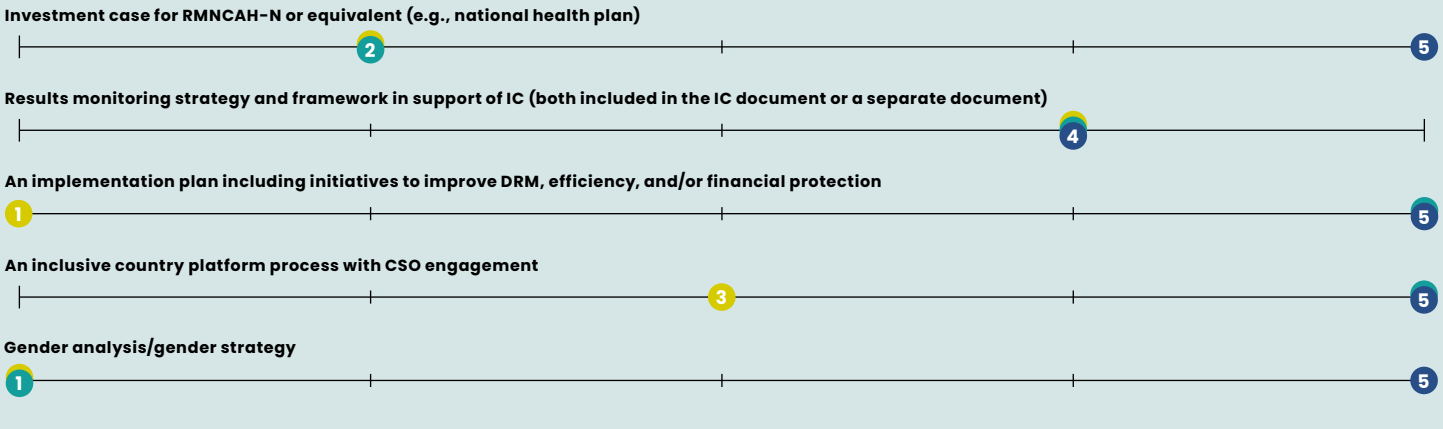
RMNCAHN Impact	Previous		Recent	
Maternal Mortality Ratio (per 100,000 live births)	614	2014	462	2019
Under 5 Mortality Rate (per 1,000 live births)	75	2014	65	2019
Neonatal Mortality Rate (per 1,000 live births)	29	2014	32	2019
Adolescent Birth Rate - 15-19 (per 1,000 women)	120	2014	108	2019
Percent of births <24 months after the preceding birth (%)	-	-	-	-
Stunting among children under 5 years of age (%)	27.6	2014	23.5	2019
Moderate and severe wasting among children under 5 years of age (%)	3.3	2014	2.9	2019
Stillbirths (per 1,000 total births)	15	2010	12	2015

RMNCAH-N coverage indicators

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



Monitoring the country-led process



Annex

Indicator / Source	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Cote d'Ivoire	DRC
GFF CORE IMPACT INDICATORS									
Maternal Mortality Ratio	UN Inter Agency Report 2015;UN Inter Agency Report 2017	SVRS 2019;SVRS 2020	DHS 2010;EMDS 2015	DHS 2014; DHS 2021	DHS 2011;DHS 2018	-	DHS 2014	DHS 2011;DHS 2021	DHS 2014
Under 5 Mortality Rate	AHS 2015;AHS 2018	BDHS 2017;SVRS 2020	EMDS 2015;DHS 2021	DHS 2014; DHS 2021	MICS 2014;DHS 2018	MICS 2010;MICS 2018	DHS 2014;MICS 2019	MICS 2016;DHS 2021	DHS 2014;MICS 2017
Neonatal Mortality Rate	AHS 2015;AHS 2018	BDHS 2017;SVRS 2020	EMDS 2015;DHS 2021	DHS 2014; DHS 2021	MICS 2014;DHS 2018	MICS 2018	DHS 2014;MICS 2019	MICS 2016;DHS 2021	DHS 2014;MICS 2017
Adolescent Birth Rate (15-19)	AHS 2015;AHS 2018	BDHS 2017;SVRS 2020	MIS 2018; DHS 2021	DHS 2014; DHS 2021	MICS 2014;DHS 2018	MICS 2010;MICS 2018	DHS 2014;MICS 2019	MICS 2016;DHS 2021	DHS 2014;MICS 2017
Births <24 months after the preceding birth	DHS 2015	DHS 2014	MIS 2014;MIS 2018	DHS 2010;DHS 2014	DHS 2011;DHS 2018		DHS 2014	DHS 2011	DHS 2014
Stunting among children under 5 years of age	Afghanistan National Nutrition Survey 2013;AHS 2018	BDHS 2017;SVRS 2019	National Nutrition Survey 2017;DHS 2021	DHS 2014; DHS 2021	MICS 2014;DHS 2018	MICS 2010;MICS 2018	SMART 2018;SMART 2019	MICS 2016;DHS 2021	DHS 2014;MICS 2017
Moderate to severe wasting among children under 5 years of age	Afghanistan National Nutrition Survey 2013;AHS 2018	BDHS 2014;BDHS 2017	National Nutrition Survey 2017;DHS 2021	DHS 2014; DHS 2021	MICS 2014;DHS 2018	MICS 2010;MICS 2018	SMART 2018;SMART 2019	MICS 2016;DHS 2021	DHS 2014;MICS 2017
Stillbirths (per 1,000 total births)	AHS 2015	BDHS 2014;BDHS 2017	-	DHS 2014	DHS 2018; EDS-MICS 2011	-	-	-	-

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
GFF CORE IMPACT INDICATORS									
Maternal Mortality Ratio	DHS 2010;DHS 2015	DHS 2012;DHS 2018	MICS 2015;DHS 2020	DHS 2011	DHS 2015	DHS 2012;ENISED 2015	DHS 2013;DHS 2018	UNIA 2014-15;UNIA 2019	DHS 2014;DHS 2019
Under 5 Mortality Rate	DHS 2015;MICS 2019	MICS 2015;DHS 2018	MICS 2015;DHS 2020	DHS 2011	UNIGME 2012; UNIGME 2020	ENISED 2015;ENAFEME 2021	DHS 2013;DHS 2018	DHS 2012;DHS 2017	DHS 2014;DHS 2019
Neonatal Mortality Rate	DHS 2015;MICS 2019	MICS 2015;DHS 2018	MICS 2015;DHS 2020	DHS 2011	UNIGME 2011; UNIGME 2019	ENISED 2015;ENAFEME 2021	DHS 2013;DHS 2018	DHS 2012;DHS 2017	DHS 2014;DHS 2019
Adolescent Birth Rate (15-19)	DHS 2015;MICS 2019	MICS 2015;DHS 2018	MICS 2015;DHS 2020	DHS 2011;AIS 2015	DHS 2015	ENISED 2015;ENAFEME 2021	DHS 2013;DHS 2018	DHS 2012;DHS 2017	DHS 2014;DHS 2019

	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
	GFF CORE IMPACT INDICATORS								
	DHS 2016	GSS 2014;DMHS 2017	DHS 2014-15	DHS 2012;MICS 2016	DHS 2016	DHS 2012;SUPAS 2015	DHS 2008;DHS 2014	DHS 2013;DHS 2019	-
	DHS 2016;DHS 2019	DHS 2014;MICS 2017	INE 2018;INE 2019	DHS 2012;DHS 2018	DHS 2012;DHS 2016	DHS 2012;DHS 2017	DHS 2008;DHS 2014	DHS 2013;DHS 2019	MICS 2018;DHS 2021
	DHS 2016;DHS 2019	DHS 2014;MICS 2017	DHS 2014-15	DHS 2012;DHS 2018	DHS 2012;DHS 2016	DHS 2012;DHS 2017	DHS 2008;DHS 2014	DHS 2013;DHS 2019	MICS 2018;DHS 2021
	DHS 2016;DHS 2019	DHS 2014;MICS 2017	DHS 2014-15	DHS 2012;DHS 2018	DHS 2012;DHS 2016	DHS 2012;DHS 2017	DHS 2008;DHS 2014	DHS 2013;DHS 2019	MICS 2018;DHS 2021
	DHS 2016;DHS 2019	DHS 2014	DHS 2014-15	DHS 2012;DHS 2018	DHS 2012;DHS 2016	DHS 2012;DHS 2017	DHS 2008;DHS 2014	DHS 2013	DHS 2008;DHS 2021
	DHS 2016;DHS 2019	DHS 2014;MICS 2017	DHS 2014-15	DHS 2012;DHS 2018	DHS 2012;DHS 2016	SSGI 2019;SSGI 2021	DHS 2008;DHS 2014	DHS 2013;DHS 2019	MICS 2018;DHS 2021
	DHS 2016;DHS 2019	DHS 2014;MICS 2017	DHS 2014-15	DHS 2012;DHS 2018	DHS 2012;DHS 2016	SSGI 2019;SSGI 2021	DHS 2008;DHS 2014	DHS 2013;DHS 2019	MICS 2018;DHS 2021
	DHS 2011;DHS 2016	DHS 2014;MICS 2017	DHS 2014-15	DHS 2018	-	DHS 2012;DHS 2017	DHS 2008;DHS 2014	DHS 2013;DHS 2019	-

	Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
	GFF CORE IMPACT INDICATORS								
	DHS 2017	DHS 2013;DHS 2019	MICS 2006;SHDS 2020	UN InterAgency Report 2010;UN InterAgency Report 2015	DHS 2010;DHS 2015	DHS 2011;DHS 2016	GSO - Census 2009; GSO - Census 2019	DHS 2013;DHS 2018	MICS 2014;MICS 2019
	DHS 2018;DHS 2019	DHS 2013;DHS 2019	MICS 2006	DHS 2012;DHS 2017	DHS 2010;DHS 2015	DHS 2011;DHS 2016	GSO - Census 2019;MICS 2020	DHS 2013;DHS 2018	MICS 2014;MICS 2019
	DHS 2018;DHS 2019	DHS 2013;DHS 2019	MICS 2006	DHS 2012;DHS 2017	DHS 2010;DHS 2015	DHS 2011;DHS 2016	MICS 2013;MICS 2020	DHS 2013;DHS 2018	MICS 2014;MICS 2019
	DHS 2018;DHS 2019	DHS 2013;DHS 2019	MICS 2006;SHDS 2020	DHS 2012;DHS 2017	DHS 2010;DHS 2015	DHS 2011;DHS 2016	MICS 2013;MICS 2020	DHS 2013;DHS 2018	MICS 2014;MICS 2019

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
GFF CORE IMPACT INDICATORS									
Births <24 months after the preceding birth	DHS 2010;DHS 2015	DHS 2012;DHS 2018	-	DHS 2011;AIS 2015	DHS 2015	Population survey 2012;2021 ENAFEME	DHS 2013;DHS 2018	DHS 2012;DHS 2017	DHS 2014
Stunting among children under 5 years of age	DHS 2015;MICS 2019	MICS 2015;DHS 2018	SMART 2018;DHS 2020	DHS 2011;NIP 2019	MICS 2009;DHS 2015	SMART 2020;SMART 2021	DHS 2013;DHS 2018	DHS 2012;DHS 2017	DHS 2014;DHS 2019
Moderate to severe wasting among children under 5 years of age	DHS 2015;MICS 2019	MICS 2015;DHS 2018	SMART 2018;DHS 2020	DHS 2011;NIP 2019	MICS 2009;DHS 2015	SMART 2020;SMART 2021	DHS 2013;DHS 2018	DHS 2012;DHS 2017	DHS 2014;DHS 2019
Stillbirths (per 1,000 total births)	DHS 2010;DHS 2015	DHS 2018	DHS 2020	DHS 2011	DHS 2015	DHS 2012	DHS 2013;DHS 2018	DHS 2012;DHS 2017	DHS 2014

Indicator / Source	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Cote d'Ivoire	DRC
RMNCAH-N COVERAGE INDICATORS									
Antenatal visits for pregnancy: 4+ visits	MICS 2010; DHS 2015; AHS 2018	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; MIS 2014; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014	DHS 2011; MICS 2016; DHS 2021	MICS 2010; DHS 2013; MICS 2017
Careseeking for symptoms of pneumonia	MICS 2010; DHS 2015	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018-19	DHS 2011; MICS 2016; DHS 2021	MICS 2010; DHS 2013; MICS 2017
Demand for family planning satisfied by modern methods	-	DHS 2011; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; PMA2020 2015, 2016, 2017, 2018, 2019; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; DHS 2018	MICS 2018	EDS-MICS 2014; MICS 2018-19	DHS 2011; PMA 2017; PMA 2018; DHS 2021	DHS 2013; MICS 2017
DPT3 (Immunized with three doses of diphtheria, tetanus, pertussis)	MICS 2010; AHS 2012; DHS 2015; AHS 2018	DHS 2011; DHS 2014; DHS 2017	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014	DHS 2011; MICS 2016; DHS 2021	MICS 2010; DHS 2013
Institutional Delivery	MICS 2010; DHS 2015;AHS 2018	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018-19	DHS 2011; MICS 2016; DHS 2021	MICS 2010; DHS 2013; MICS 2017
Postnatal care for mothers	DHS 2015	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2018	EDS-MICS 2014; MICS 2018-19	DHS 2011; MICS 2016; DHS 2021	DHS 2013; MICS 2017
Skilled attendant at delivery	MICS 2010 ;AHS 2012; DHS 2015; AHS 2018	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018-19	DHS 2011; MICS 2016; DHS 2021	MICS 2010; DHS 2013; MICS 2017

	Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
GFF CORE IMPACT INDICATORS									
	DHS 2017;DHS 2018	DHS 2013;DHS 2019	SHDS 2020	DHS 2012;DHS 2017	DHS 2010;DHS 2015	DHS 2011;DHS 2016	-	DHS 2013;DHS 2018	-
	DHS 2018;DHS 2019	DHS 2013;DHS 2019	MICS 2006;SHDS 2020	DHS 2012;DHS 2017	DHS 2010;DHS 2015	DHS 2011;DHS 2016	National Institute of Nutrition 2017;National Institute of Nutrition 2018	DHS 2013;DHS 2018	MICS 2014;MICS 2019
	DHS 2018;DHS 2019	DHS 2013;DHS 2019	MICS 2006;SHDS 2020	DHS 2012;DHS 2017	DHS 2010;DHS 2015	DHS 2011;DHS 2016	National Institute of Nutrition 2015;National Institute of Nutrition 2017	DHS 2013;DHS 2018	MICS 2014;MICS 2019
	DHS 2018;DHS 2019	DHS 2013;DHS 2019	-	DHS 2012;DHS 2017	DHS 2010;DHS 2015	DHS 2011;DHS 2016	-	DHS 2013;DHS 2018	DHS 2010;DHS 2015

	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
RMNCAH-N COVERAGE INDICATORS									
	DHS 2011; Mini DHS 2014; DHS 2016; DHS 2019	MICS 2011; DHS 2014; GMHS 2017; MICS 2018	DHS 2014-15	EDS-MICS 2012; MICS 2016; DHS 2018; MIS 2021	DHS 2012; DHS 2016	RISKESDAS 2013; RISKESDAS 2018	DHS 2008; DHS 2014; MIS 2015	DHS 2013; MIS 2016; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018; DHS 2021
	DHS 2011; DHS 2016	MICS 2011; DHS 2014; MICS 2017	DHS 2014-15	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	-	DHS 2008; DHS 2014	DHS 2013; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018; DHS 2021
	DHS 2011; DHS 2016; PMA2020 2014, 2017, 2018	DHS 2014; PMA2020 2013, 2015, 2016, 2017	DHS 2014-15	EDS-MICS 2012; DHS 2018	DHS 2012; DHS 2016	SUSENAS 2019, 2020, 2021	DHS 2008; DHS 2014; PMA 2015, 2016, 2017, 2018, 2019, 2020	DHS 2013; DHS 2019	DHS 2008; MICS 2018; DHS 2021
	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014; MICS 2017	DHS 2014-15	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	RISKESDAS 2013, 2019; SUSENAS 2019, 2020, 2021	DHS 2008; DHS 2014	Routine Immunization Survey 2012; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018; DHS 2021
	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014; MICS 2017	DHS 2014-15	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	RISKESDAS 2013, 2018; SUSENAS 2019, 2020, 2021	DHS 2008; DHS 2014	DHS 2013; MIS 2016; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018; DHS 2021
	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014; GMHS 2017; MICS 2018	-	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	-	DHS 2008; DHS 2014	DHS 2013; MIS 2016; DHS 2019	DHS 2008; MICS 2018; DHS 2021
	DHS 2011; DHS 2016; DHS 2019	GMHS 2017; DHS 2014; MICS 2011	DHS 2014-15	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	RISKESDAS 2018; SUSENAS 2019, 2020, 2021	DHS 2008; DHS 2014	DHS 2013; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018; DHS 2021

Indicator / Source	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Cote d'Ivoire	DRC
RMNCAH-N COVERAGE INDICATORS									
Oral rehydration salts treatment of diarrhea	MICS 2010; DHS 2015	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018-19	DHS 2011; MICS 2016; DHS 2021	MICS 2010; DHS 2013; MICS 2017
Vitamin A Supplementation, Full Coverage	MICS 2010; DHS 2015	DHS 2011; DHS 2014; DHS 2017	EDSBF-MICS IV 2010	DHS 2010; DHS 2014	-	MICS 2010;SMART 2014;SMART 2018	EDS-MICS 2014	-	DHS 2013
SP/Fansidar 3+ doses during pregnancy	-	-	-	-	-	-	-	DHS 2011; MICS 2016; DHS 2021	-

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
RMNCAH-N COVERAGE INDICATORS									
Antenatal visits for pregnancy: 4+ visits	DHS 2010; MICS 2013; DHS 2015; MICS 2021	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015; EDSM 2021	DHS 2011; AIS 2015; MIS 2018	DHS 2015	EDSN-MICS IV 2012; ENISED 2015; ENAFEME 2021	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019
Careseeking for symptoms of pneumonia	DHS 2010; MICS 2013; DHS 2015; MICS 2021	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015; EDSM 2021	DHS 2011; AIS 2015	MICS 2009; DHS 2015	EDSN-MICS IV 2012; ENISED 2015; ENAFEME 2021	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019
Demand for family planning satisfied by modern methods	DHS 2010; DHS 2015; MICS 2021	EDSM-V 2012; DHS 2018	EDSM 2021	DHS 2011; AIS 2015	DHS 2015	EDSN-MICS IV 2012; PMA2020 2016, 2017; ENAFEME 2021	DHS 2013; PMA2020 2016, 2017, 2018; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019
DPT3 (Immunized with three doses of diphtheria, tetanus, pertussis)	DHS 2010; DHS 2015; MICS 2021	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015; EDSM 2021	DHS 2011; AIS 2015	MICS 2009; DHS 2015	Niger Child Mortality and Survival Survey 2010; EDSN-MICS IV 2012; ENCV 2013; ENCV 2017; ENAFEME 2021	MICS 2011; DHS 2013; National Nutrition and Health Survey 2015; MICS 2016; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019
Institutional Delivery	DHS 2010; MICS 2013; DHS 2015; MICS 2021	EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015; EDSM 2021	DHS 2011; AIS 2015	MICS 2009; DHS 2015	EDSN-MICS IV 2012; ENAFEME 2021	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019
Postnatal care for mothers	DHS 2010; MICS 2013; DHS 2015; MICS 2021	EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015; EDSM 2021	-	DHS 2015	EDSN-MICS IV 2012; ENAFEME 2021	DHS 2013; MICS 2016; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019

	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
	RMNCAH-N COVERAGE INDICATORS								
	DHS 2011; DHS 2016	MICS 2011; DHS 2014; MICS 2017	ENSMI 2008; DHS 2014-15	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	-	DHS 2008; DHS 2014	DHS 2013; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018; DHS 2021
	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014	-	EDS-MICS 2012; DHS 2018	DHS 2012; DHS 2016	RISKESDAS 2018; SSGI 2021	DHS 2008; DHS 2014	-	DHS 2008; ENSOMD 2012
	-	DHS 2014; MIS 2016; MIS 2019	-	EDS-MICS 2012; MICS 2016; DHS 2018	-	-	DHS 2008; DHS 2014; MIS 2015; MIS 2020	MIS 2009; DHS 2013; DHS 2016	MIS 2011, 2013, 2016, 2018; DHS 2021

	Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
	RMNCAH-N COVERAGE INDICATORS								
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	MICS 2010; DHS 2013; MICS 2017; DHS 2019	SHDH 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015; MIS 2017; AHSPPR 2019	DHS 2011; DHS 2016; MIS 2018	MICS 2011; MICS 2013; MICS 2020	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	MICS 2010; DHS 2013; MICS 2017; DHS 2019	SHDH 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011; MICS 2013; MICS 2020	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	DHS 2013; MICS 2017; DHS 2019	SHDH 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; PMA2020 2014, 2015, 2016, 2017, 2018	-	DHS 2013; DHS 2018	DHS 2010; DHS 2015
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	MICS 2010; DHS 2013; MICS 2017; DHS 2019	SHDH 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011; MICS 2013; MICS 2020	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	MICS 2010; DHS 2013; MICS 2017; DHS 2019	SHDH 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015; MIS 2017; AHSPPR 2018	DHS 2011; DHS 2016	MICS 2011; MICS 2013; MICS 2020	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
	DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	DHS 2013; MICS 2017; DHS 2019	SHDH 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015; AHSPPR 2018	DHS 2011; DHS 2016	MICS 2013; MICS 2020	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
RMNCAH-N COVERAGE INDICATORS									
Skilled attendant at delivery	DHS 2010; MICS 2013; DHS 2015; MICS 2021	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015; EDSM 2021	DHS 2011; AIS 2015	MICS 2009; DHS 2015	EDSN-MICS IV 2012; ENISED 2015; ENAFEME 2021	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019
Oral rehydration salts treatment of diarrhea	DHS 2010; MICS 2013; DHS 2015; MICS 2021	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015; EDSM 2021	DHS 2011; AIS 2015	MICS 2009; DHS 2015	EDSN-MICS IV 2012; ENISED 2015; ENAFEME 2021	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014; DHS 2019
Vitamin A Supplementation, Full Coverage	DHS 2010; DHS 2015	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; EDSM 2021	DHS 2011	MICS 2009; DHS 2015	EDSN-MICS IV 2012; ENAFEME 2021	-	DHS 2012; PSLM 2013, 2014, 2015, 2016, 2018, 2019, 2021; DHS 2017; EPI survey 2020	DHS 2010; DHS 2014
SP/Fansidar 3+ doses during pregnancy	DHS 2010; MIS 2012; MIS 2014; DHS 2015; MICS 2021	EDSM-V 2012; MICS 2015; DHS 2018	EDSM 2021	DHS 2011; AIS 2015; MIS 2018	-	EDSN-MICS IV 2012	MIS 2010; DHS 2013; MIS 2015; MICS 2016; DHS 2018	-	-

Indicator / Source	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Cote d'Ivoire	DRC
NUTRITION SPECIFIC INDICATORS									
Pregnant women who received iron folic acid supplementation or syrup for 90+days	-	-	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	-	-	-	-	DHS 2013
Exclusive breast feeding	-	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; NNS/SMART 2012; NNS/SMART 2013; NNS/SMART 2014; SMART 2017; DHS 2021	DHS 2010; DHS 2014; DHS 2021	-	-	-	-	MICS 2010; DHS 2013; MICS 2017
Minimum Acceptable Diet	-	DHS 2011; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; DHS 2021	DHS 2010; DHS 2014; DHS 2021	-	-	-	-	DHS 2013; DHS 2017

	Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
	RMNCAH-N COVERAGE INDICATORS								
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	MICS 2010; DHS 2013; MICS 2017; DHS 2019	SHDH 2020	DHS 2012; DHS 2017	DHS 2010; AIS 2011-12; DHS 2015-16	DHS 2011; DHS 2016	MICS 2011; MICS 2013; MICS 2020	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	MICS 2010; DHS 2013; MICS 2017; DHS 2019	-	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011; MICS 2013; MICS 2020	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	MICS 2010; DHS 2013; DHS 2019	Somalia Micronutrient Survey 2019	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018; DHS 2019	DHS 2013; MICS 2017; DHS 2019	-	-	DHS 2010; AIS 2011; DHS 2015; MIS 2017	DHS 2011; MIS 2014; DHS 2016; MIS 2018	-	-	-

	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
	NUTRITION SPECIFIC INDICATORS								
	-	-	DHS 2014-15	-	-	RISKESDAS 2013; RISKESDAS 2018	-	-	-
	-	-	DHS 2014-15	-	-	SUSENAS 2019, 2020, 2021	-	-	-
	-	-	-	-	-	SUSENAS 2019, 2020, 2021	-	-	-

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
NUTRITION SPECIFIC INDICATORS									
Pregnant women who received iron folic acid supple-mentation or syrup for 90+days	DHS 2010; DHS 2015	-	EDSM 2021	-	-	-	DHS 2018; DHS 2013	-	DHS 2010; DHS 2014
Exclusive breast feeding	DHS 2010; MICS 2013; DHS 2015; MICS 2021	-	EDSM 2021	-	-	-	DHS 2013; MICS 2011; MICS 2016-17; DHS 2018	-	DHS 2010; DHS 2014; DHS 2019
Minimum Acceptable Diet	DHS 2010; MICS 2013; DHS 2015; MICS 2021	-	EDSM 2021	-	-	-	DHS 2013; MICS 2016-17; DHS 2018	-	DHS 2010; DHS 2014; DHS 2019

Indicator / Source	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Cote d'Ivoire	DRC
EDUCATION INDICATORS									
Adjusted net enrolment rate; lower secondary; both sexes (%)	-	WDI 2010, 2011, 2012, 2013, 2015, 2016, 2017, 2018	-	-	WDI 2012, 2013, 2014, 2015, 2016	-	-	-	-
Adjusted net enrolment rate; lower secondary; female (%)	-	WDI 2010, 2011, 2012, 2013, 2015, 2016, 2017, 2018	-	-	WDI 2012, 2013, 2014, 2015, 2016	-	-	-	-
Lower secondary completion rate; both sexes (%)	-	WDI 2010, 2011, 2013, 2016	-	-	WDI 2011, 2013, 2014, 2015, 2016, 2017, 2018	-	-	-	-
Lower secondary completion rate; female (%)	-	WDI 2010, 2011, 2013, 2016	-	-	WDI 2011, 2013, 2014, 2015, 2016, 2017, 2018	-	-	-	-

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
EDUCATION INDICATORS									
Adjusted net enrolment rate; lower secondary; both sexes (%)	-	-	-	WDI 2010, 2011, 2012, 2013, 2014, 2015	-	-	-	-	-
Adjusted net enrolment rate; lower secondary; female (%)	-	-	-	WDI 2010, 2011, 2012, 2013, 2014, 2015	-	-	-	-	-

	Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
	NUTRITION SPECIFIC INDICATORS								
	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	MICS 2020	–	–
	–	–	–	–	–	–	MICS 2020	–	–

	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
	EDUCATION INDICATORS								
	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–

	Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
	EDUCATION INDICATORS								
	–	–	–	–	–	–	–	–	–
	–	–	–	–	–	–	–	–	–

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
EDUCATION INDICATORS									
Lower secondary completion rate; both sexes (%)	-	-	-	WDI 2010, 2011, 2012, 2013, 2014, 2015	-	-	-	-	-
Lower secondary completion rate; female (%)	-	-	-	2010, 2011, 2012, 2013, 2014, 2015 WDI	-	-	-	-	-

Indicator / Source	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Cote d'Ivoire	DRC
GFF HEALTH FINANCING INDICATORS									
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Sum of Out-of-pocket spending on health, per capita (US$)	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Share of government budget allocated to health (%)	Ministry of Finance annual budget report	Health Budget Brief 2021-2022	Minister of the Economy annual report	Verified DLI	Ministry of Economy	Amended Finance Law	Ministry of Finance and Budget	Ministry of Health Finance Department	DRC Ministry of Budget
Health budget execution (%)	Ministry of Finance annual budget report	Ministry of Finance report December 2021	Minister of the Economy annual report	National Health Progress Reports (NHPR) 2016-2019	Verified DLI	Ministry of Finance Budget execution reports	Ministry of Finance and Budget	Ministry of Health Finance Department	DRC Ministry of Budget
Share of health expenditure going to frontline providers (%)	Resource Mapping and Expenditure Tracking	Single contract quarterly evaluation (Ministry of Health)	-	-	Single contract quarterly evaluation (Ministry of Health)	-	Ministry of Public Health	-	DRC Ministry of Budget

Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
EDUCATION INDICATORS								
-	-	-	-	-	-	-	-	-
-	-	-	-	-	-	-	-	-

Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
GFF HEALTH FINANCING INDICATORS								
WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Verified DLI	Ministry of Health Budget Unit	Budget Law Decrees 2017-2020, SICOIN report	Ministry of Health Annual Report 2020	Ministry of Public Health and Population	Ministry of Finance budget reports	Controller of Budget	Liberia Health Financing Unit, FY 2021 budget	DGFAG (Ministry of Finance)
Verified DLI	Ministry of Health Budget Unit	Integrated Government Accounting System - SICOIN	Ministry of Health Annual Report 2020	Ministry of Public Health and Population	Audited report for central government health function (BPK)	Verified DLI	Liberia Health Financing Unit, FY 2021 budget	DGFAG (Ministry of Finance)
Single contract quarterly evaluation (Ministry of Health)	-	-	Single contract quarterly evaluation (Ministry of Health)	Ministry of Health	NHA country report	Single contract quarterly evaluation (Ministry of Health)	Single contract quarterly evaluation (Ministry of Health)	Single contract quarterly evaluation (Ministry of Health)

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
GFF HEALTH FINANCING INDICATORS									
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Sum of Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Sum of Out-of-pocket spending on health, per capita (US$)	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Share of government budget allocated to health (%)	Verified DLI	"Finance laws 2016-2019 "	Ministry of Health 2020	Verified DLI	Myanmar NHA 2016-2018	Report on the imple-mentation of the general state budget (Ministry of Finance)	Federal Appropriation Act 2016-2021	Verified DLI	Verified DLI
Health budget execution (%)	Verified DLI	Annual budget performance reports 2018-2019	Ministry of Health 2020	Verified DLI	Boost 2016-2018	Report on the imple-mentation of the general state budget (Ministry of Finance)	Verified DLI	Verified DLI	Verified DLI
Share of health expenditure going to frontline providers (%)	-	RAP 2020	-	e-SISTAFE; single contract quarterly evaluation (Ministry of Health)	-	NHA 2018-2019	NHA 2017-2018	Resource Mapping and Expenditure Tracking	-

Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
GFF HEALTH FINANCING INDICATORS								
WHO-GHED 2015-2019	WHO-GHED 2015-2019	-	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
WHO-GHED 2015-2019	WHO-GHED 2015-2019	-	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
WHO-GHED 2015-2019	WHO-GHED 2015-2019	-	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019	WHO-GHED 2015-2019
Ministry of Finance	GoSL 2020 budget document	Verified DLI	Ministry of Finance (Covid 2020 budget)	NHA and Public Expenditure Review (PER)	Ministry of Health	-	Budget speech for 2021; verified DLI	MoHCC appropriation accounts; verified DLI
Ministry of Finance	2020 Enacted Budget; Resource Mapping and Expenditure Tracking	-	Ministry of Finance	NHA and Public Expenditure Review (PER)	Annual Health Sector Performance Reports (AHSPR)	-	Ministry of Finance, Annual Financial Reports	MoHCC appropriation accounts; verified DLI
-	-	-	Ministry of Finance	-	Ministry of Health	-	Single contract quarterly evaluation (Ministry of Health)	Single contract quarterly evaluation (Ministry of Health)

Indicator / Source	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Cote d'Ivoire	DRC
OTHER									
Resource Mapping	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners. Technical support from CHAI.	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners.	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners
Monitoring the Country-led Process	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker

Indicator / Source	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan	Rwanda
OTHER									
Resource Mapping	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A
Monitoring the Country-led Process	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker

	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
	OTHER								
	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A	N/A	N/A	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners
	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker

	Senegal	Sierra Leone	Somalia	Republic of Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
	OTHER								
	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	N/A	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners	Data on domestic financing from government budgets and expenditure reports. Data on external financing based on submissions by development partners
	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker	GFF Portfolio Tracker

About the GFF

The Global Financing Facility (GFF) is a multi-stakeholder partnership housed at the World Bank that supports country-led efforts to improve the health of women, children and adolescents. Since 2015, the GFF has been working with countries, donors, CSOs, the private sector, foundations and global health partners to unlock additional financing, innovation and policies that improve access to and quality of reproductive, maternal, newborn, child, and adolescent health and nutrition services.

By supporting countries to convene global and local development partners in country-led platforms, the GFF enables countries to prioritize and scale up the most neglected interventions, strengthen health systems, and reimagine service delivery to achieve better, more sustainable health results to reach universal health coverage and build human capital.

Through its 2021–2025 strategy, the GFF has been supporting governments to make smart investments across key strategic directions to accelerate progress toward better health for women, children, and adolescents and build more inclusive and resilient health systems. Since partnering with the GFF, countries' investments reached over 96 million pregnant women with four or more antenatal visits; over 103 million women with safe delivery care; 111 million newborns with early initiation of breastfeeding; and over 500 million users of modern contraceptives, with more than 187 million unintended pregnancies averted.

As of June 30, 2022, the GFF Trust Fund committed a total of US$817.5 million for 45 GFF country grants in 36 countries. Of the total GFF funding committed, about US$796 million combined with an additional US$5.7 billion in International Development Association/International Board for Reconstruction and Development (IDA/IBRD) financing, has been approved. Through these investments, the GFF has helped to improve — and save — millions of lives, building sustainably into the future as well as in the face of crises.

Investor Group Members

ABT Associates (representing the private sector constituency)
ASAPSU, Cote d'Ivoire (representing the youth constituency)
Bill & Melinda Gates Foundation
Centre for Reproductive Health and Education, Zambia (representing the civil society constituency)
European Commission
Gavi, the Vaccine Alliance
GFF Youth Coalition, Niger (representing the youth constituency)
Global Fund to Fight AIDS, Tuberculosis, and Malaria
Government of Burkina Faso
Government of Canada
Government of Central African Republic
Government of Côte d'Ivoire
Government of Denmark
Government of Ethiopia
Government of Germany
Government of Japan
Government of the Kingdom of the Netherlands
Government of Norway
Government of Rwanda
Government of United Kingdom
Government of United States
Health and Rights Education Program (HREP), Malawi (representing the civil society constituency)
Laerdal Global Health (representing the private sector constituency)
MSD for Mothers (representing the private sector constituency)
Partnership for Maternal, Newborn, and Child Health
Qatar Fund for Development
The Susan Thompson Buffett Foundation
UNFPA
UNICEF
Wemos (representing the civil society constituency)
World Bank Group
World Health Organization

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