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STOCKTAKING OF THE GFF STRATEGY

Investors Group Meeting, Nairobi Kenya



Outline

1. Secretariat Update
2. Portfolio results
3. Strategy update:
 - Preliminary findings from new Key Performance Indicators
 - Implementation support & operational elements linked to partnership

PART 1

Secretariat Update

PART 2

PORTFOLIO RESULTS



Since the start of implementation of their Investment Cases through to 2022, GFF partner countries continue to increase coverage of intervention to millions of beneficiaries

	TOTAL NUMBER REACHED SINCE BASELINE	ADDITIONAL NUMBER REACHED SINCE BASELINE*
# of women receiving 4+ ANC visits	100M	25M
# of women initiating early breastfeeding	135M	24M
# of women receiving safe delivery care	130M	23M
# of women using modern contraceptives	630M	52M
# of unintended pregnancies averted as a result of contraceptive demand being met	230M	19M

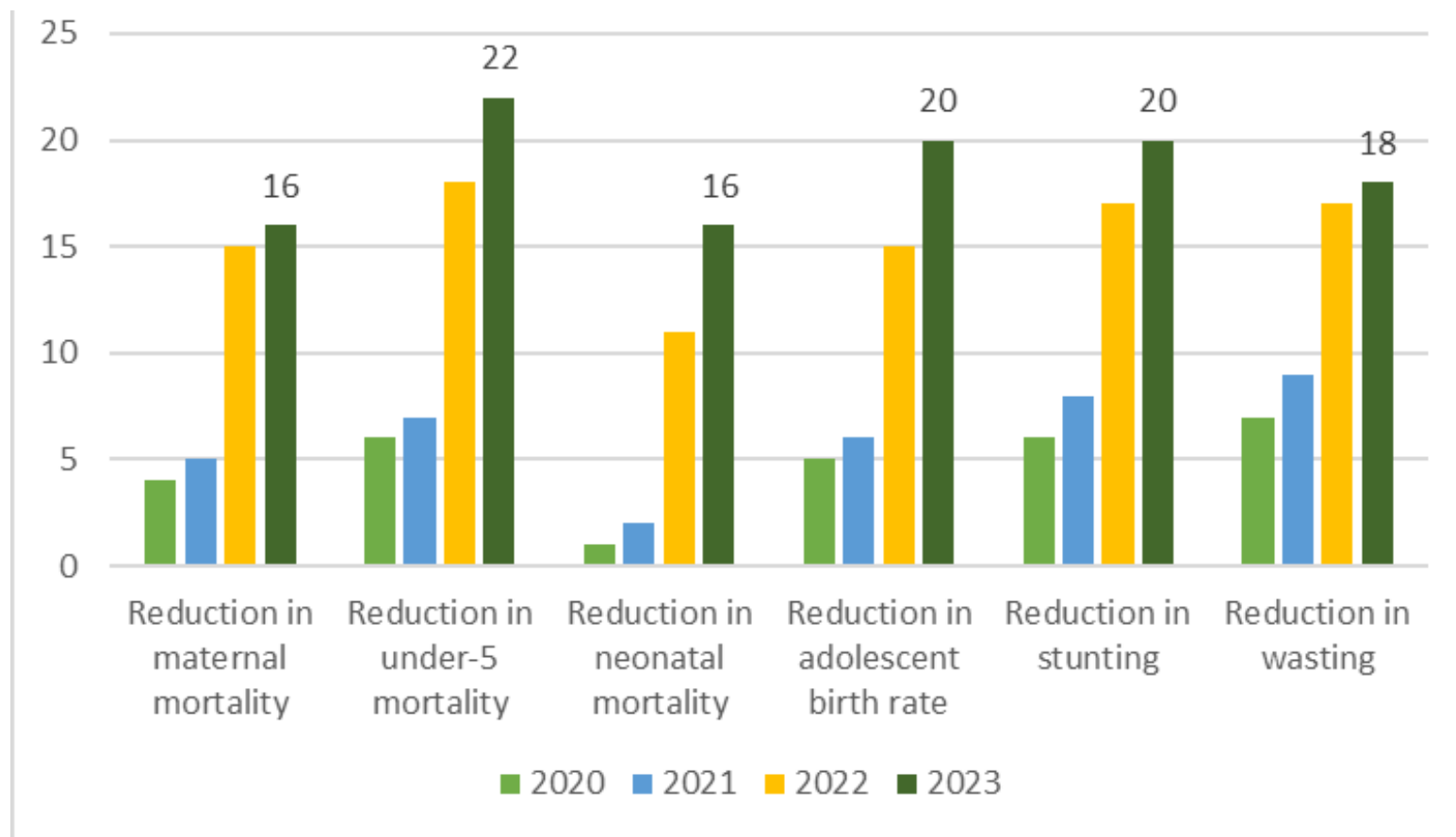
NB: All values are summarized cumulatively across each year of IC implementation among GFF partner countries

Data sources: country reported data for ANC4, breastfeeding and safe delivery care (largely HMIS data) and Track20 for modern contraceptives and unintended pregnancies averted.

*Above the number already reached in baseline implementation year

An increasing number of GFF partner countries demonstrate progress in core RMNCAH-N impact indicators – logic model

Number of GFF countries demonstrating measurable improvements in core RMNCAH-N impact indicators by year



	2020	2021	2022	2023
<i>Total # of countries. Implementing for 3+ years</i>	9	12	23	25

GFF countries continue to have higher rates of increase in coverage and greater additionality of IDA financing for RMNCH-N

Median average annual percent change in number of beneficiaries reached since GFF engagement began

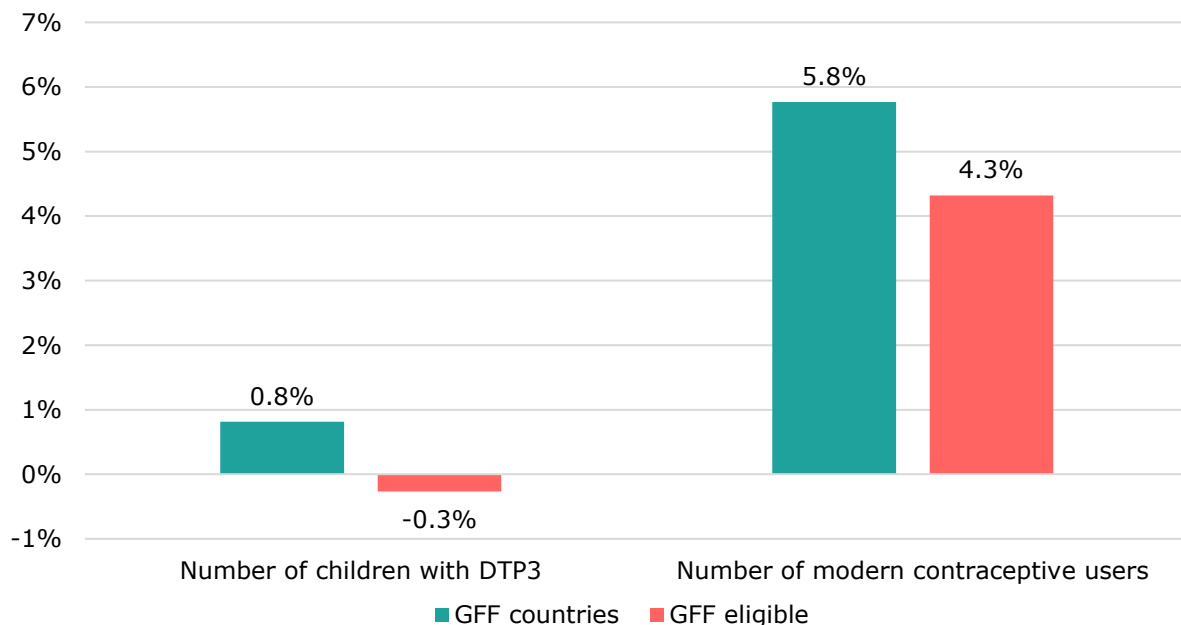
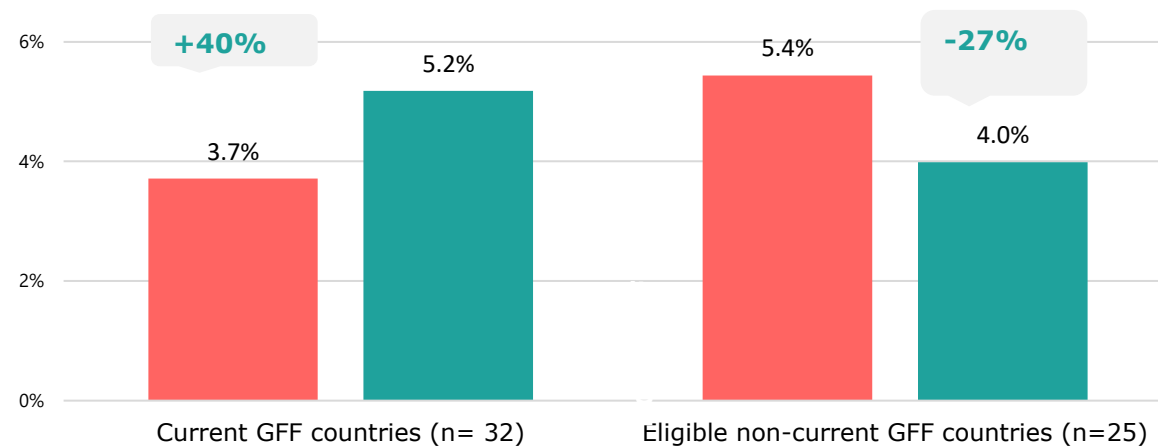


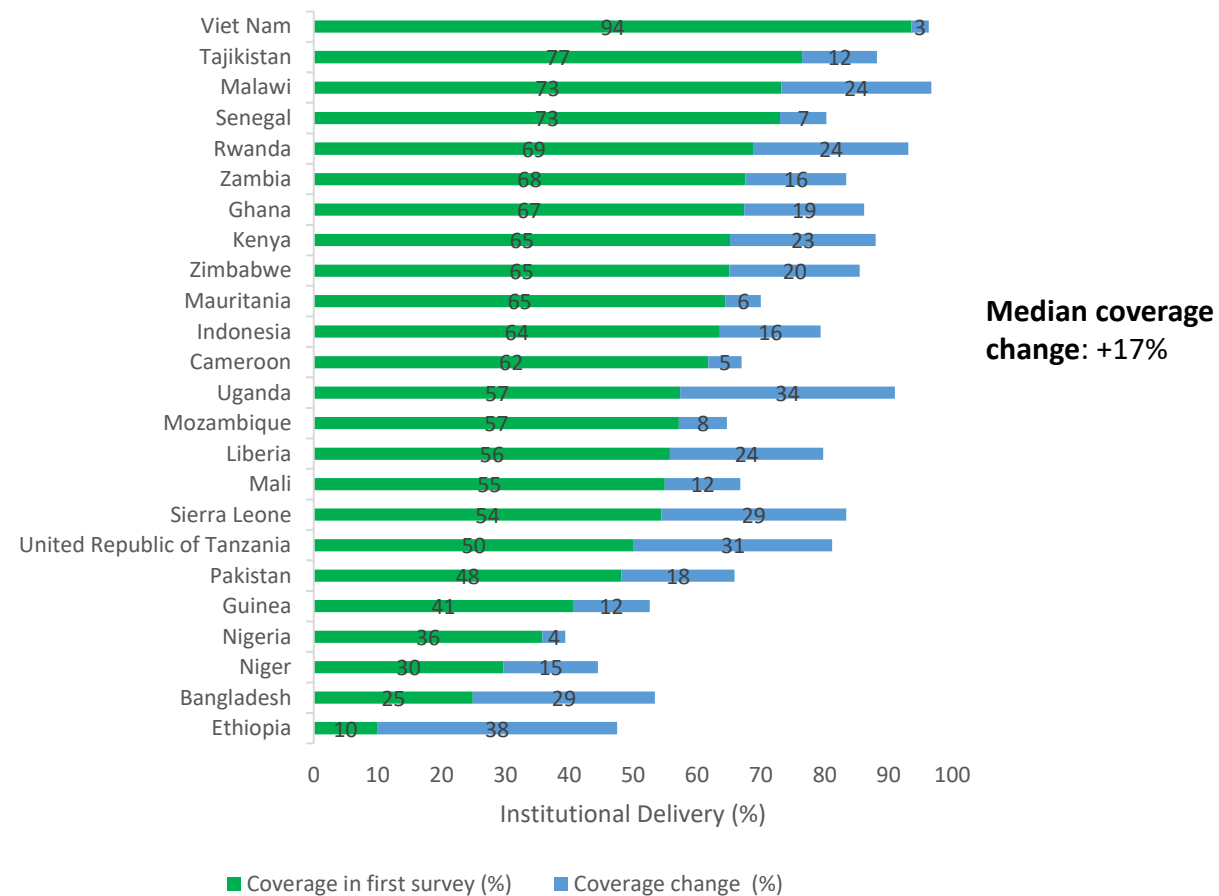
Figure: Median percent of IDA allocated to RMNCAH-N (FY2011-FY2023)



2/3rd of the world's maternal mortality is in GFF countries – progress on institutional delivery gives hope to what possible

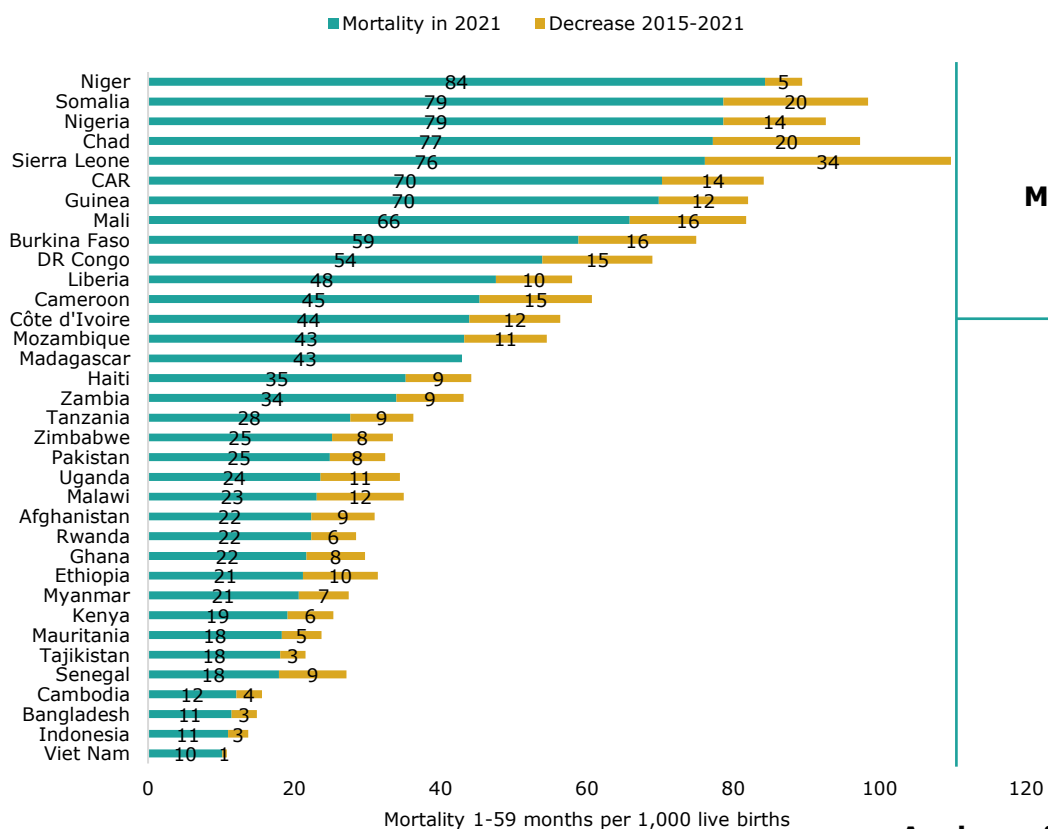
GFF COUNTRY	MATERNAL MORTALITY RATIO (WORLD RANKING)	Number of maternal deaths (world ranking)
Chad	2	7
Nigeria	3	1
CAR	4	30
Liberia	6	42
Somalia	7	13
Afghanistan	8	6
Guinea	10	23
Congo, Dem Rep	11	3
Kenya	12	9
Cote d'Ivoire	15	14
Mauritania	16	52
Sierra Leone	18	40
Niger	19	11
Mali	20	17
Cameroon	21	15
Madagascar	23	20
Malawi	24	25
Zimbabwe	25	35
Haiti	26	46
Uganda	28	12
Ethiopia	31	4
Burkina Faso	32	29
Ghana	33	26
Senegal	34	38
Rwanda	36	45
Tanzania	38	10
Cambodia	42	51
Myanmar	50	34
Indonesia	52	8
Pakistan	54	5
Zambia	56	48
Mozambique	58	36
Vietnam	62	33
Bangladesh	63	19
Guatemala	70	63
Tajikistan	131	100

Trends in coverage of institutional delivery by country, first and last survey since 2010, GFF countries with available survey data

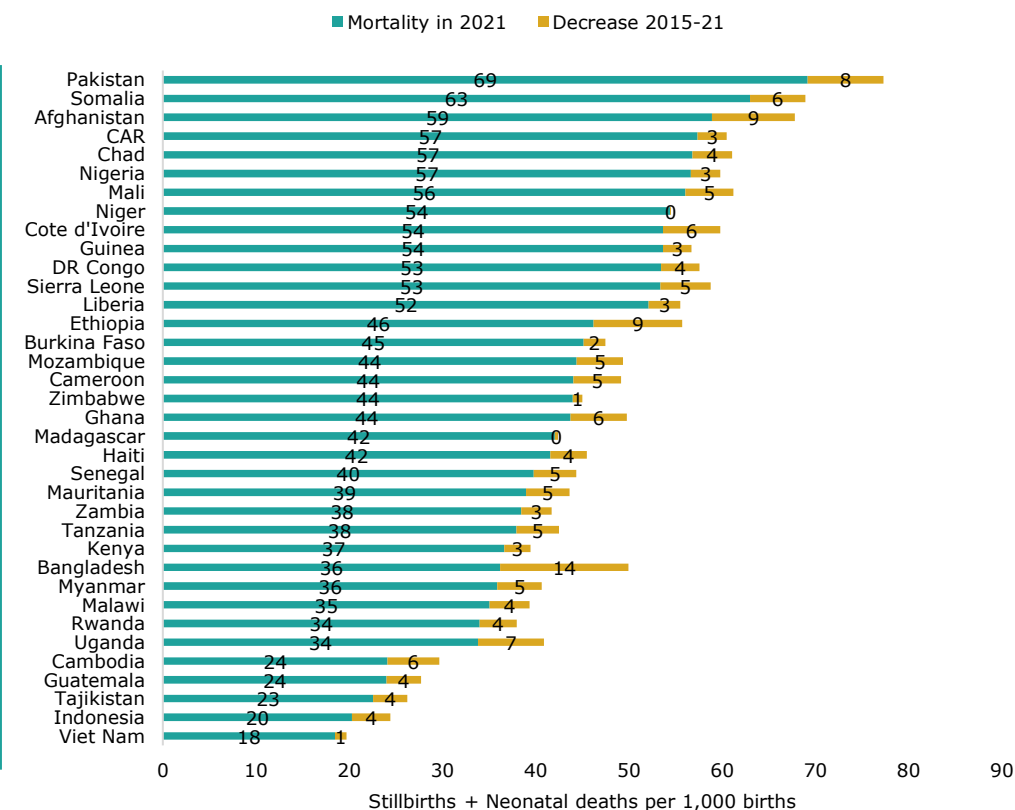


Mortality reductions among 1-59 month olds are substantial, but progress in reduction of stillbirths and newborn mortality is much more limited

Mortality at 1-59 months (after the neonatal period and before the fifth birthday) per 1,000 live births by country, 2015 and 2021, UN IGME estimates, 36 GFF supported countries



Stillbirths plus neonatal deaths per 1,000 births by country, 2015 and 2021, UN IGME estimates, 36 GFF supported countries



Median reduction from 2015:

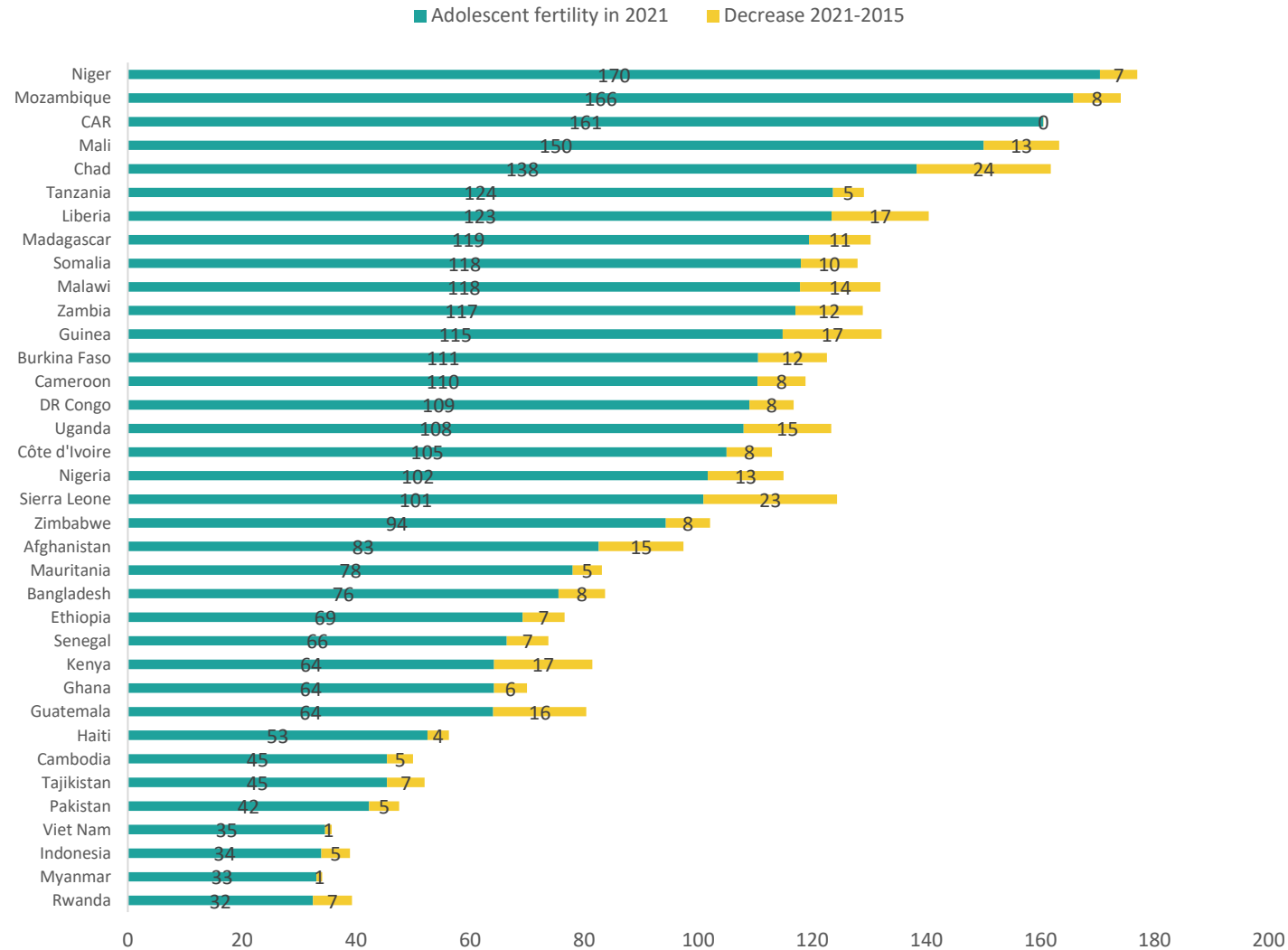
22%

10%

Analyses from Countdown to 2030

The continued adolescent high birth rate across GFF countries underscores the need to address gender structural barriers and focus on youth rights

Trends in adolescent births per 1,000 women aged 15-19 by country, 2015 and 2021, UNDESA & UNFPA estimates, 36 GFF supported countries



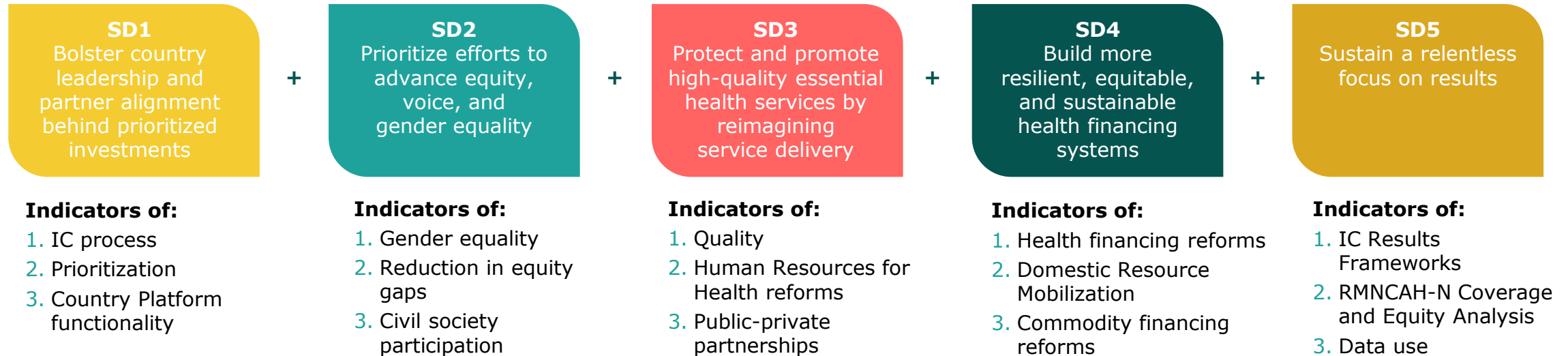
Median reduction from 2015:

9%

PART 3

STRATEGY UPDATE: Baseline reporting of the new Key Performance Indicators

Summary of Key Performance Indicators (approved July 2023) to track implementation of GFF Strategy



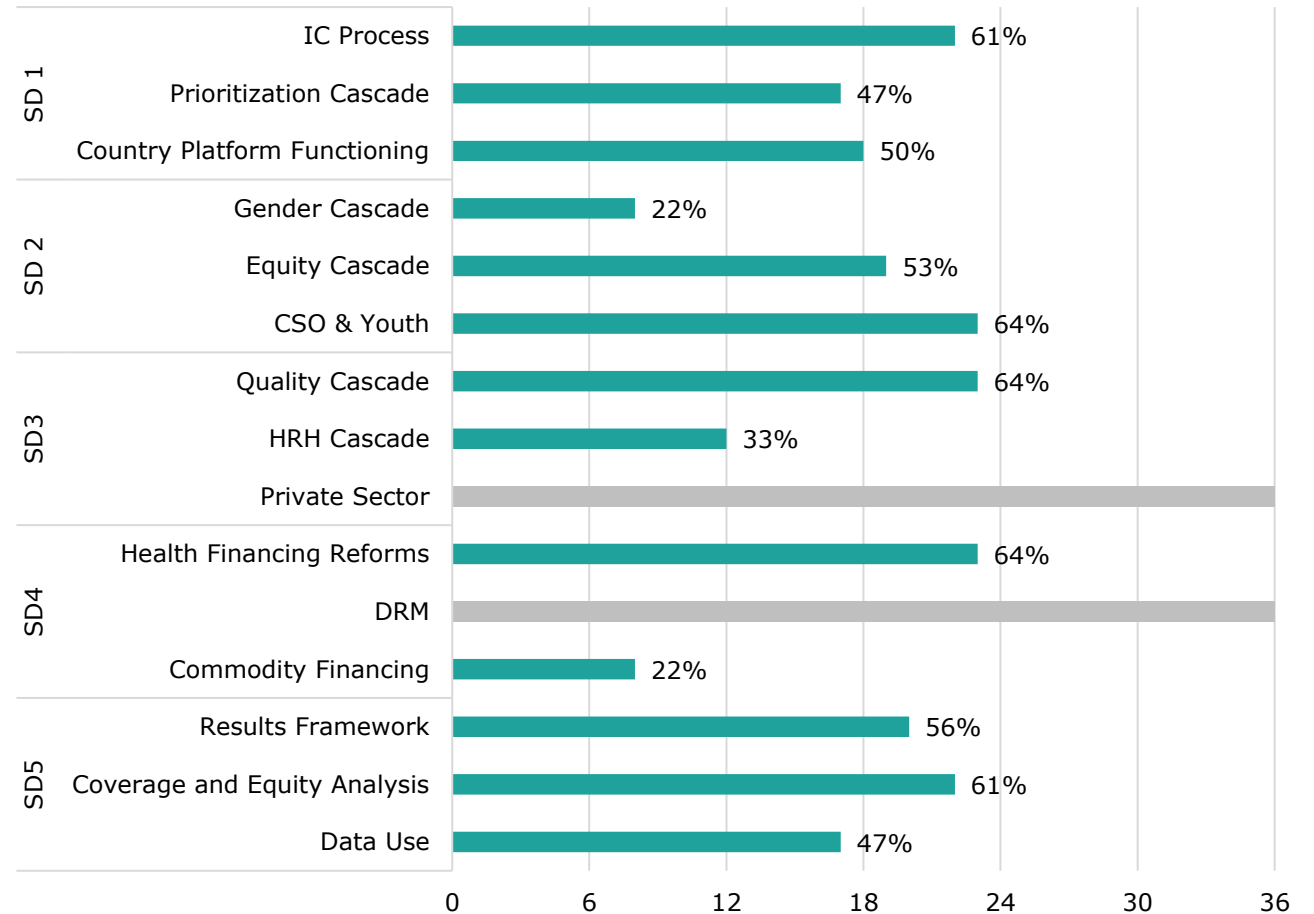
Cross-cutting issues:

Country Leadership -Alignment -Gender & equity -Civil society & youth engagement -Financing & systems reforms on critical path to improved RMNCAH-N outcomes -Data use

Strategy KPIs dashboard

- There is considerable variation across the KPIs, which also reflects how long the GFF has been focusing on specific areas.
- The highest percentages of GFF countries achieving defined benchmarks are for indicators of IC process, equity, CSO & youth engagement, improving quality of services, health financing reforms, results frameworks and RMNCAH-N coverage & equity analysis.
- Areas that have been more recent priorities for the GFF (e.g., gender, human resources for health, commodity financing) have lower baseline values.

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS

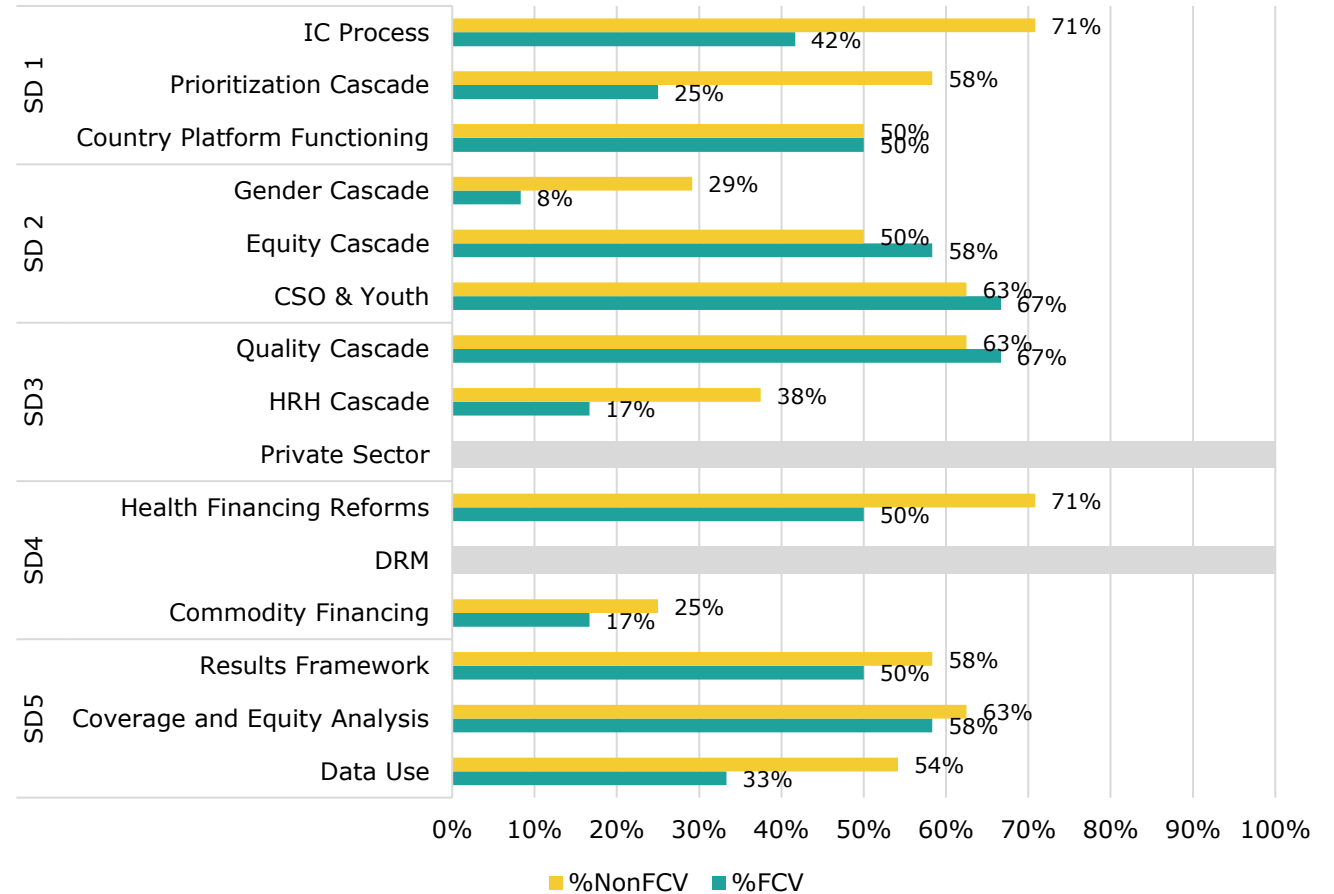


DRUM and public-private engagement are not included in the summary analysis because diligence is still being done on the values for those indicators.

FCV countries face higher challenges and require a tailored approach

- One third of the GFF partnership countries (12) are currently classified as fragile, conflict and violence (FCV) affected areas.
- FCV countries perform at similar levels on some KPIs (country platforms, equity, CSO, quality).
- On most dimensions, FCV countries meet a lower level of benchmarks and require a tailored approach.
- While the GFF already tailors its approach to FCVs, this analysis will enable further refinements.
- The upcoming deep-dive for the preparation of the GFF strategy for effective support to FCV countries will provide an opportunity to seek additional inputs and refine the GFF approach in these settings.

COUNTRIES THAT MET THE KPI BENCHMARKS BY FCV STATUS



DRUM and public-private engagement are not included in the summary analysis because diligence is still being done on the values for those indicators.

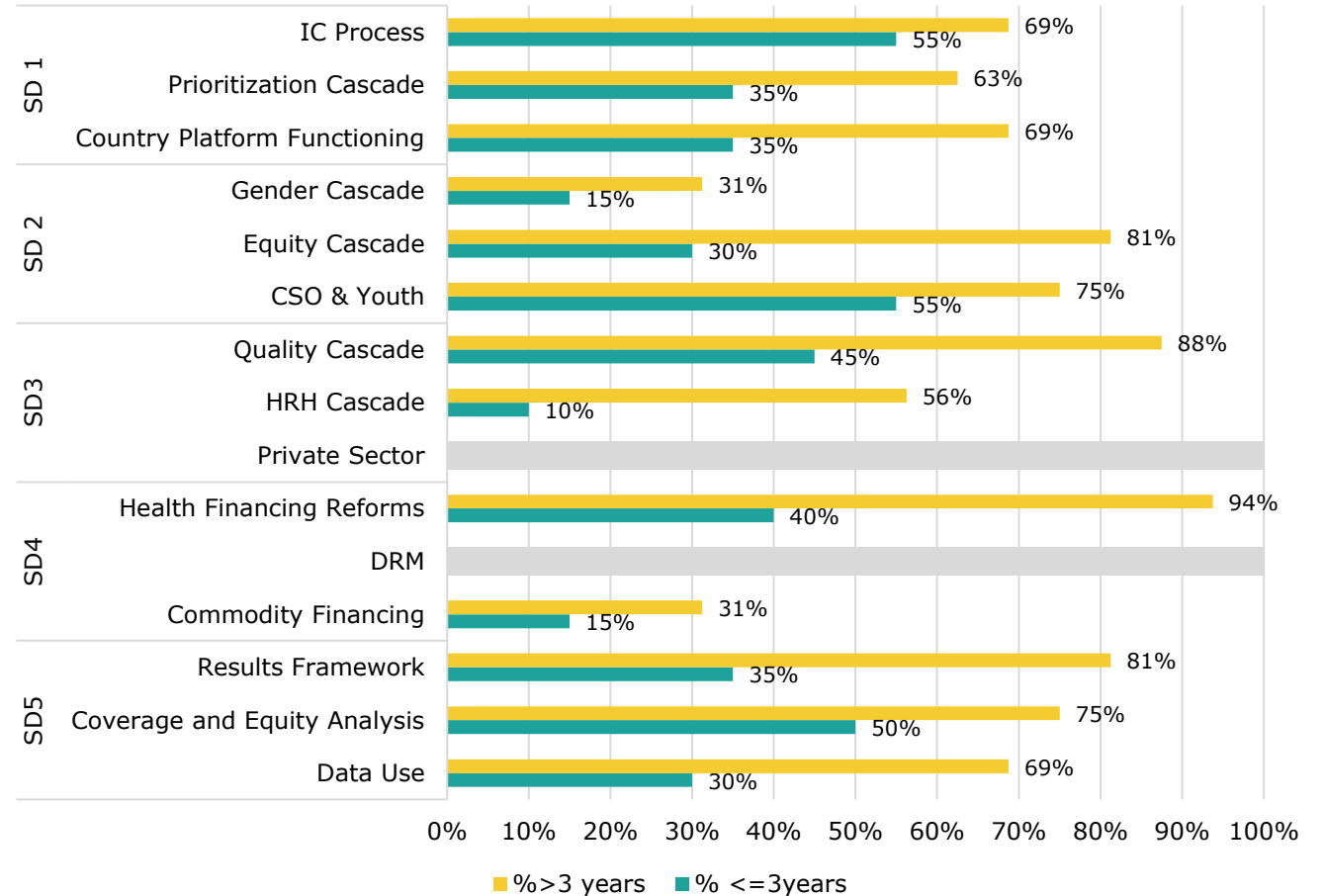
As expected, longer duration of implementation is strongly associated with achievement of benchmarks

Sustained commitment over time is critical for strengthening systems

Number of GFF countries by # of years of implementation:

>3 years: 16
<=3 years: 20

COUNTRIES THAT MET THE KPI BENCHMARKS BY YEARS OF IMPLEMENTATION



DRUM and public-private engagement are not included in the summary analysis because diligence is still being done on the values for those indicators.

SD 1

Bolstering country leadership

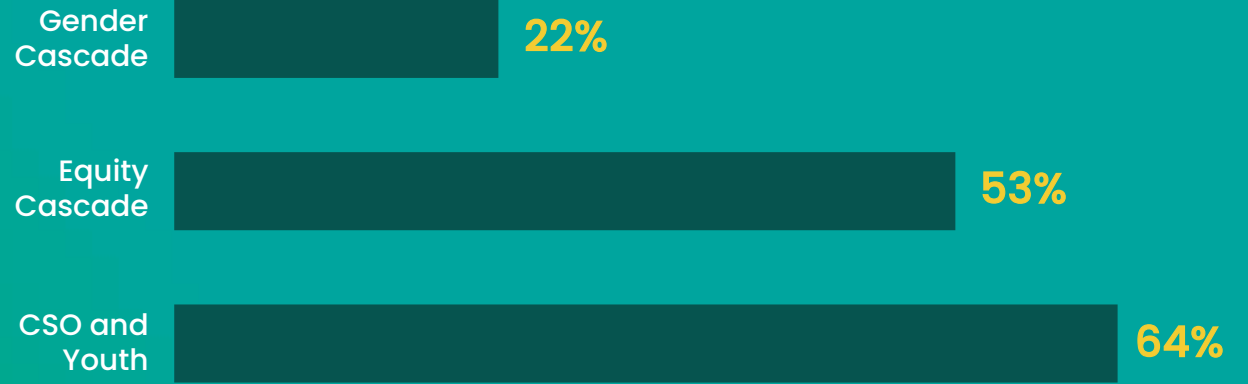
PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



SD2

Prioritize efforts to advance equity, voice, and gender equality

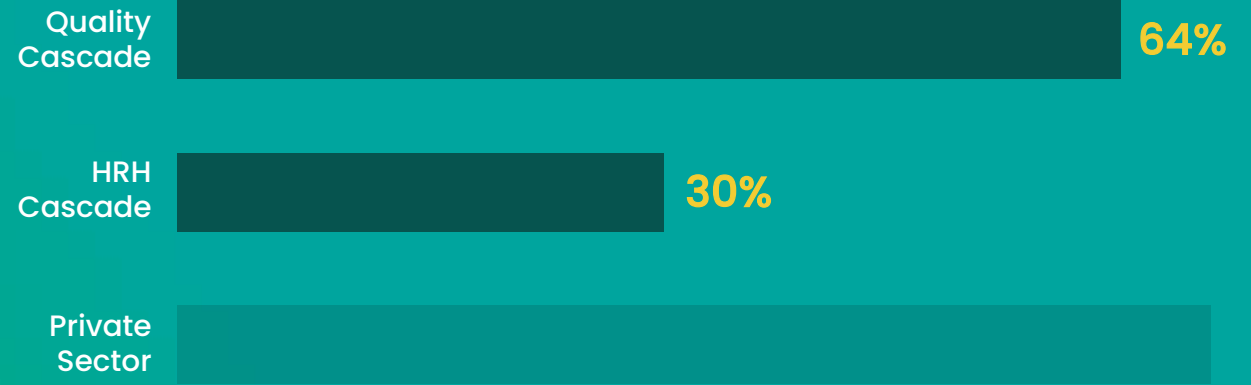
PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



SD3

Protect and promote high-quality essential health services by reimagining service delivery

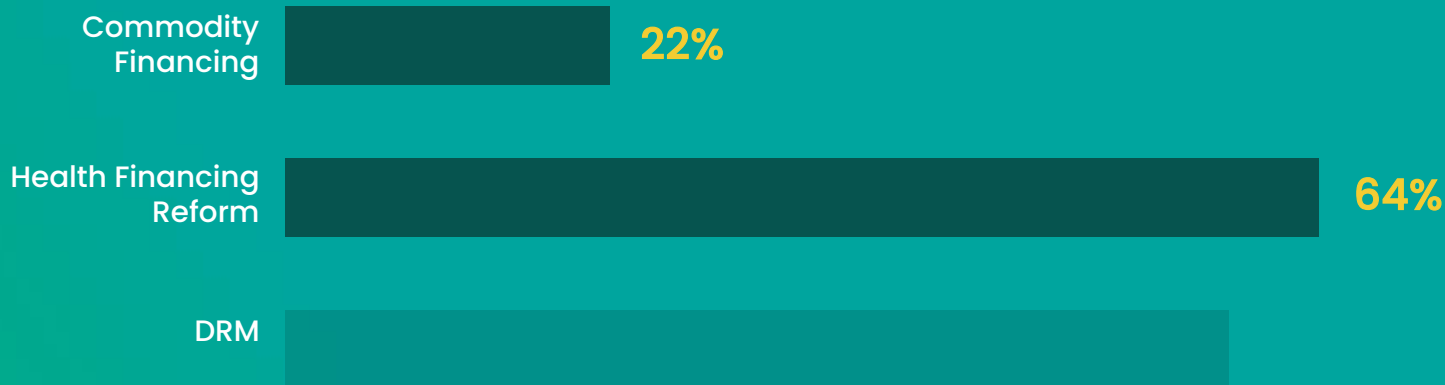
PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



SD4

Build more resilient, equitable, and sustainable health financing systems

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



SD5

Sustain a relentless focus on results

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS





Questions on new KPIs

- What is your initial perspective on the use of the new KPIs, including to inform how we work together ?
- Do the KPIs strike the right balance across country-led processes, reforms and GFF strategy and support modalities?
- Does the IG endorse an annual review of the strategy KPI?
- Are there additional ways to create a more robust approach to accountability across all parts of the partnership?

Additional slides from pre-read not included in presentation version

SDI: From prioritization to implementation





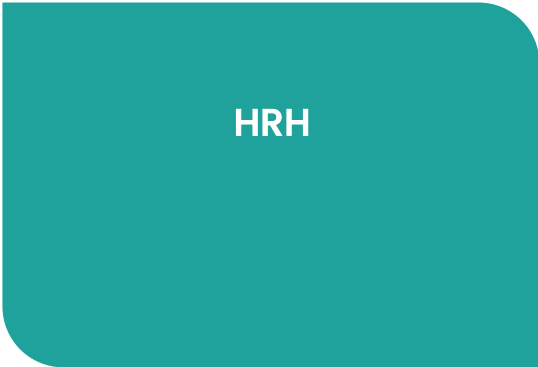



		NEXT STEPS	STATUS
<p>INVESTMENT CASE</p>	<p>From prescribing “guidance” toward promoting collaborative country-specific opportunities</p>	<ul style="list-style-type: none"> • Phased approach starting with updated ICs in Kenya, Liberia, Senegal and Mozambique are under preparation • Shift away from static documents and toward a ‘living’ IC that is regularly updated and includes annual work planning with updated IC guidelines • Change Management Process to Shift to a Living IC Based on New Guidelines 	<p>●</p> <p>●</p> <p>●</p>
<p>PRIORITIZATION RMET</p>	<p>Enable the sharing and use of financing data</p>	<ul style="list-style-type: none"> • Frequency of the RMET exercises aligned with the living IC guidelines and country annual programme of work • Focus on a minimum data set disaggregated from the broader public health spend – either disease or population specific, intervention or service or commodity specific, system-level specific (PHC) • Increased collaboration with GHIs to streamline TA 	<p>●</p> <p>●</p> <p>●</p>
<p>COUNTRY PLATFORMS</p>	<p>From supporting IC design to supporting implementation and inclusive platforms</p>	<ul style="list-style-type: none"> • Engagement/ revamping of the Government Focal Point role • 14 of the 36 GFF focus countries will have a Country platform meeting by end of December 2023 to discuss the new IC guidelines & data use • A menu of options of analytical work and support shared with GFPs and Liaison Officers as way of strengthening data use 	<p>●</p> <p>●</p> <p>●</p>

● Planned ● On-going ● Gap

SD2: Advancing equity, voice and gender

		NEXT STEPS	STATUS		
Gender	Institutionalizing gender responsive systems and data	<ul style="list-style-type: none"> • MAGE collaboration for making available a mapping of gender indicators and gender-related databases for all GFF countries. • ADLAB to enable the scaling up of programs to reach adolescent girls. • Legal support for policy reforms affecting women and girls and Women’s Leadership program. 	<ul style="list-style-type: none"> ● ● ● 		
		Equity	Incentivizing uptake of equity analysis and implementation	<ul style="list-style-type: none"> • The updated IC Guidelines include updated guidance, tools and resources related to gender and equity, for use as part of the living IC approach. • Collaboration with partners including Gavi on zero dose communities as a key proxy for targeted interventions. • Mainstream cross sectorial and demand side interventions in GFF second round and disbursement Linked Results s in co-financed projects. 	<ul style="list-style-type: none"> ● ●
				CSO	Scaling up support

SD3: Protect and promote high quality essential health services

		NEXT STEPS	STATUS
 <p>QUALITY</p>	<p>Enabling countries to accelerate outcomes by improving quality</p>	<ul style="list-style-type: none"> Assess extent to which the quality improvement reforms are aligned with specific country RMNCAH-N needs and provide TA as needed. 	
		<ul style="list-style-type: none"> Develop action plan and increase Secretariat capacity to deliver TA to address gaps for service quality specifically to improve RMNCAH-N outcomes. 	
		<ul style="list-style-type: none"> More deliberate investment in partnerships with UNFPA (on supplies, CRVS, and legal and policy reforms), USAID (Primary Impact), the Community Health Delivery Partnership), Child Survival Action 	
 <p>HRH</p>	<p>Focus on effective implementation of the selected key HRH reforms</p>	<ul style="list-style-type: none"> Continue to support countries to put in place a measurement approach and support implementation with 	
		<ul style="list-style-type: none"> Opportunity to coordinate and align TA provided by various partners on HRH including HRH Technical Working group through operational plan 	
		<ul style="list-style-type: none"> Focus on sustainability through financing and public sector management reforms. 	

SD4: Strengthen health financing systems

		NEXT STEPS	STATUS
HEALTH FINANCING REFORM	Enabling countries to mobilize sustainable streams of domestic resources for health	<ul style="list-style-type: none"> Focusing on allocation, disbursement and expenditure tracking of health resources may be more impactful in the short term to reach RMNCAH-N goals for most GFF countries 	●
		<ul style="list-style-type: none"> Increase focus on <u>use</u> of analytics produced through previously-funded TA – particularly for advocacy with MOF. 	●
		<ul style="list-style-type: none"> Focus work on aligning partners for coordinated in-country advocacy on DRM, with a focus on countries which have more potential fiscal space. 	●
		<ul style="list-style-type: none"> Continue to leverage World Bank’s country engagement and Joint Learning Network to support country dialogue around DRM. 	●
COMMODITIES	Supporting countries to increasingly self finance RMNCAH-N commodities	<ul style="list-style-type: none"> The KPI data is informing segmenting of our engagement based on country enabling environment and technical maturity. 	●
		<ul style="list-style-type: none"> Process of developing a SC strategy based on baseline analysis and learning from GFF support to commodity including FP incentive approach in second round financing 	●
DRM	<i>Preliminary Data</i>	<ul style="list-style-type: none"> On going review of relevance of Cascade for KPI 11 including links with KPI on <i>HF</i> 	●

● Planned ● On-going ● Gap

SD5: Relentless focus on results

NEXT STEPS

STATUS

RESULTS FRAMEWORK

Sharpen the quality of tools to track results

- Focus support to the countries which do not yet has results frameworks and/or are updating their investment cases.
- Further strengthen country capacity to meet the data requirements for the majority of its core indicators.
- Support countries who are lagging in their ability to track progress on core indicators.



COVERAGE AND EQUITY ANALYSIS

Enable countries to analyze their data with a focus on equity

- Stronger engagement with in-country partner universities to support the routine development of these analyses.
- Annual workshops with Countdown will continue in 2024, with addition of new countries.
- Invest in strengthening underlying country data sources needed to update coverage and equity analysis annually.
- Support MOH to develop a regular process of bringing RMNCAH-N coverage and equity analysis to the Platform for discussion.



DATA USE

Support data driven-decision making

- Maintain the support that was started 6 months ago to facilitate the regular meetings of the country platforms.
- Support countries to have data to discuss at the platform meetings, notably through the expansion of the FASTR initiative and the availability of annual RMET analysis and equity analyses.



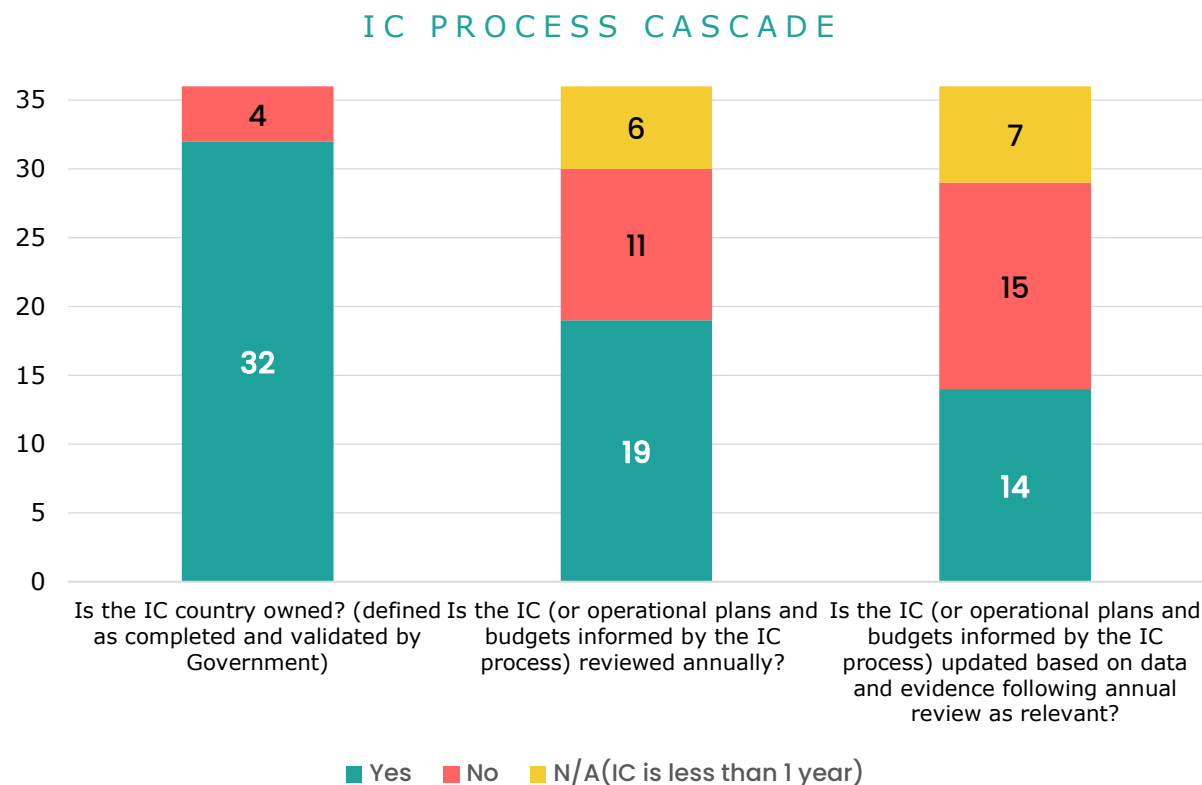
SD 1

Bolstering country leadership

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



KPI 1: Creating a shared understanding by collectively identifying bottlenecks, solutions, and key reforms to accelerate RMNCAH-N outcomes



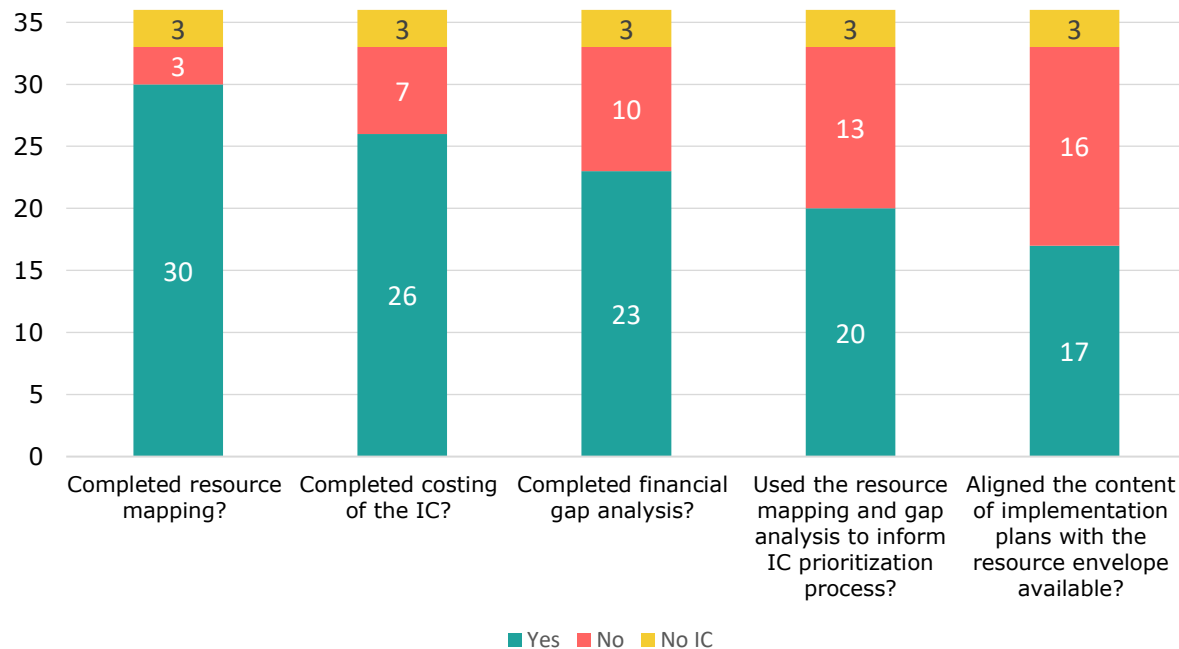
32 countries have a completed IC validated by government.

Substantial variation in what constitutes an IC – format, content, relevance

Many GFF ICs are static documents refreshed every 3-5 years, whereas decision-making often requires more flexible, “living documents” that are continuously reviewed for relevance and effectiveness.

KPI 2: Ensuring that IC priorities are funded, prioritized and implemented

PRIORITIZATION CASCADE

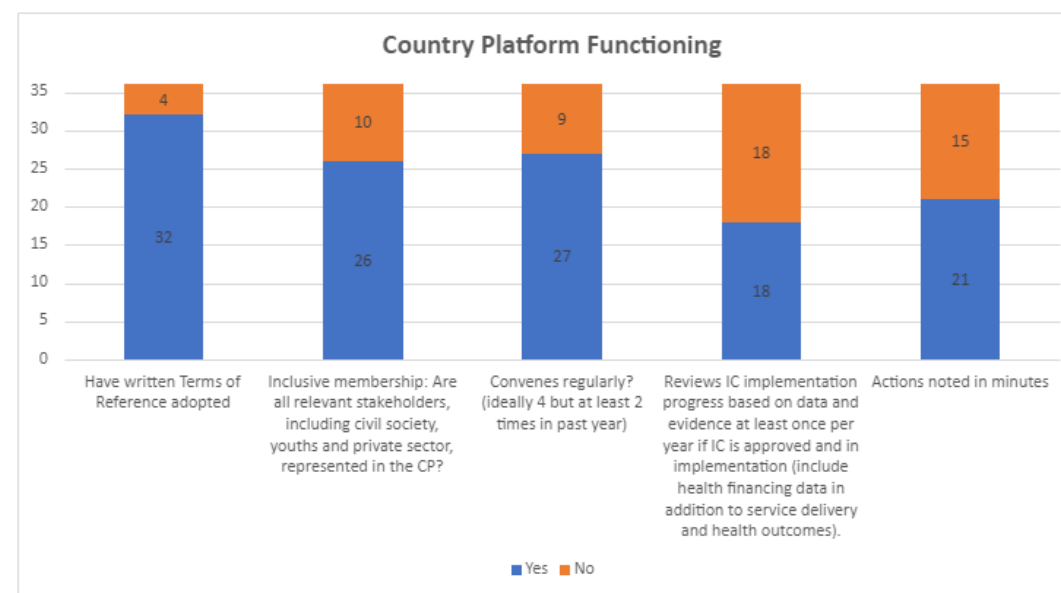
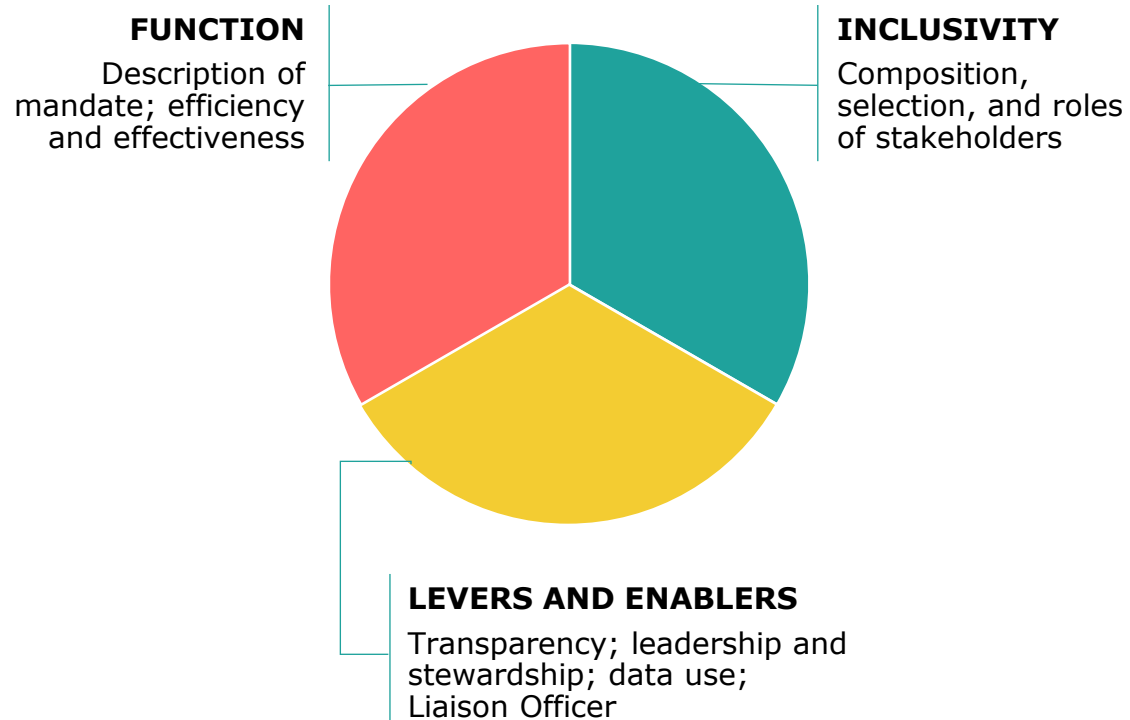


Institutionalization of RMET and costing of IC are in progress across most GFF countries

Challenges experienced across countries include uptake of the analytics – especially for annual use; disaggregation of the data and partners engagement

Lack of clear pathway to contextualize ICs within national planning, coordination, operationalization, and M&E processes often leads to limitations in influencing decisions/allocations and implementation

KPI 3: Enabling Country Platform functionality for coordination and monitoring the implementation of the Investment Case and alignment of financiers



- Over 95% of CPs were existing national bodies with clear ToRs and progress on inclusivity and regular convenings.
- However, data for informed decision making is limited for half of the portfolio impacting IC implementation, alignment and accountability for results.

In Uganda: Improving the functionality and effectiveness of the country platform

Changes towards improving the effectiveness of the CP have been realized

- CSOs and private sector are now part of the CP and are given a platform to engage senior Mgt of the MOH
- WHO provided technical assistance to RCH Department in MoH, who in addition supports to coordinate the activities of the CP
- As a standing item, the CP reviews progress of implementation of priority IC indicators & Sub committee provides updates
- A meeting is scheduled for Dec 8, 2023, to discuss the process of integrating the Revised IC guidance note into the Operations of the CP
- There are rapid response mechanism set up: The Mentorship program undertaken under the WB/GFF project created teams in the regions that follow up action plans & report back
- Stakeholder mapping ongoing

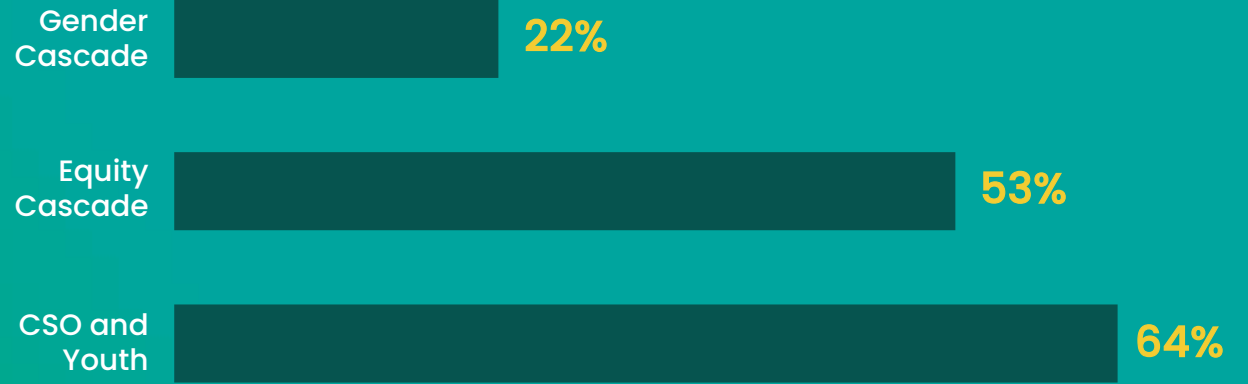
SAMPLE OF ACTION TRACKER FOR CP WORKPLAN FOR 2023

DISCUSSION TOPIC	ACTION POINT FROM MEETING	PROGRESS ON THE ACTION POINT
RMNCAH Sharpened Plan II priorities	Develop an RMNCAH advocacy toolkit to popularize and support implementation of the RMNCAH sharpened plan priorities	The process of developing the toolkit is ongoing with support from UNICEF. This is expected to be completed by Oct 2023
	Convene a high-level breakfast meeting with key players and donors to advocate and mobilize for additional resources for RMNCAH	This is planned as part of RMNCAH SP dissemination activities
RMNCAH resource tracking report for 2021	Start processes to institutionalize the RMNCAH resource tracking exercise	Process of institutionalizing resource tracking has been initiated by providing Technical Assistance support to MoH to institutionalize and harmonize all health resources tracking exercises in the health sector.
Recommendations for strengthening GFF/RMNCAH Country Platform	Bring on board other key stakeholders that are not on platform	All key stakeholders previously not on board were included on membership, and there are continued efforts for meaningful participation
Updates from the RMNCAH-CSO and Private Sector platforms	The reports of CSOs and private sector RMNCAH platforms should be based on commitments in RMNCAH Sharpened Plan	This has been realized in subsequent reports

SD2

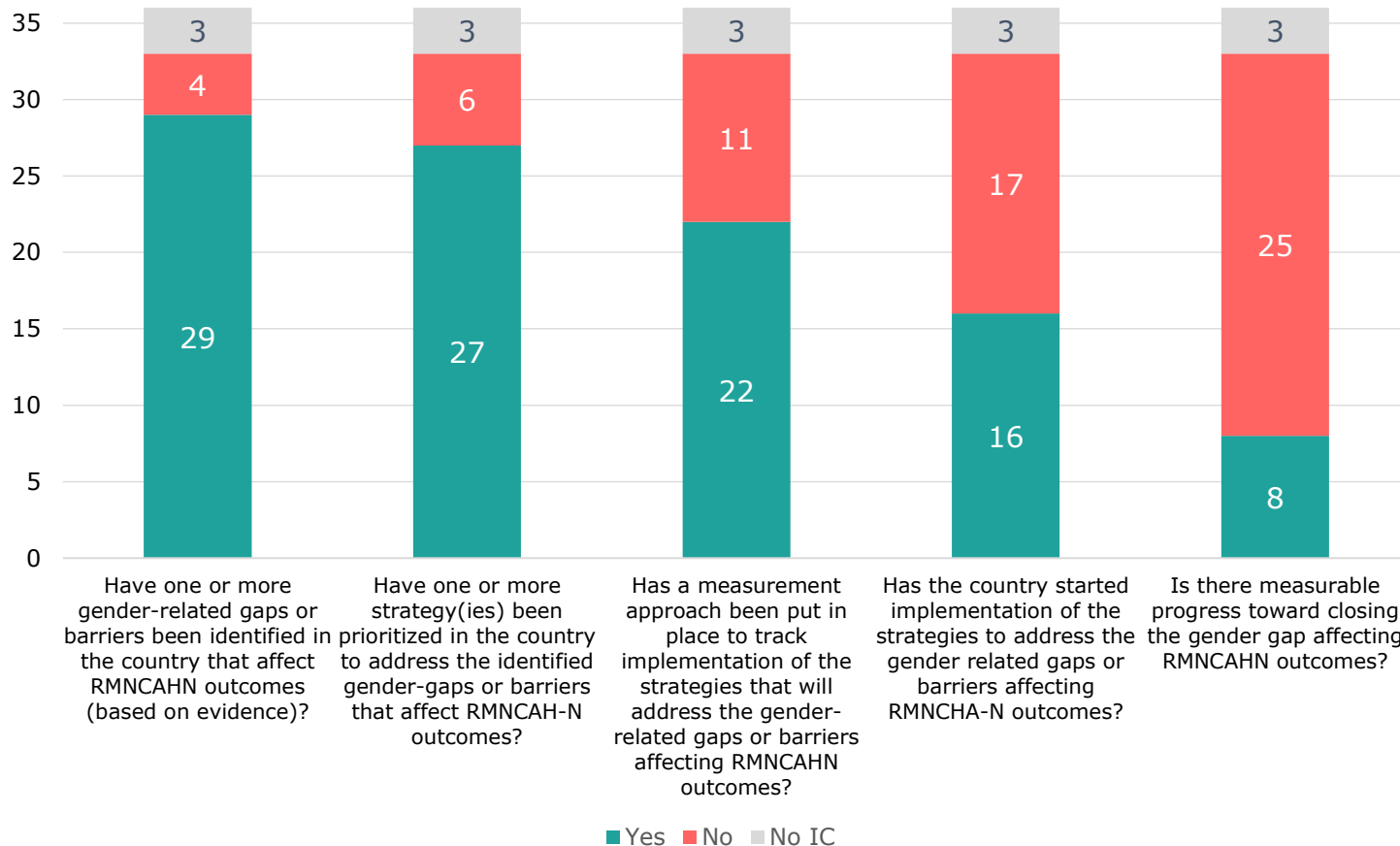
Prioritize efforts to advance equity, voice, and gender equality

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



KPI 4: Identifying and addressing gender-related gaps and enabling gender transformative actions

GENDER GAP CASCADE



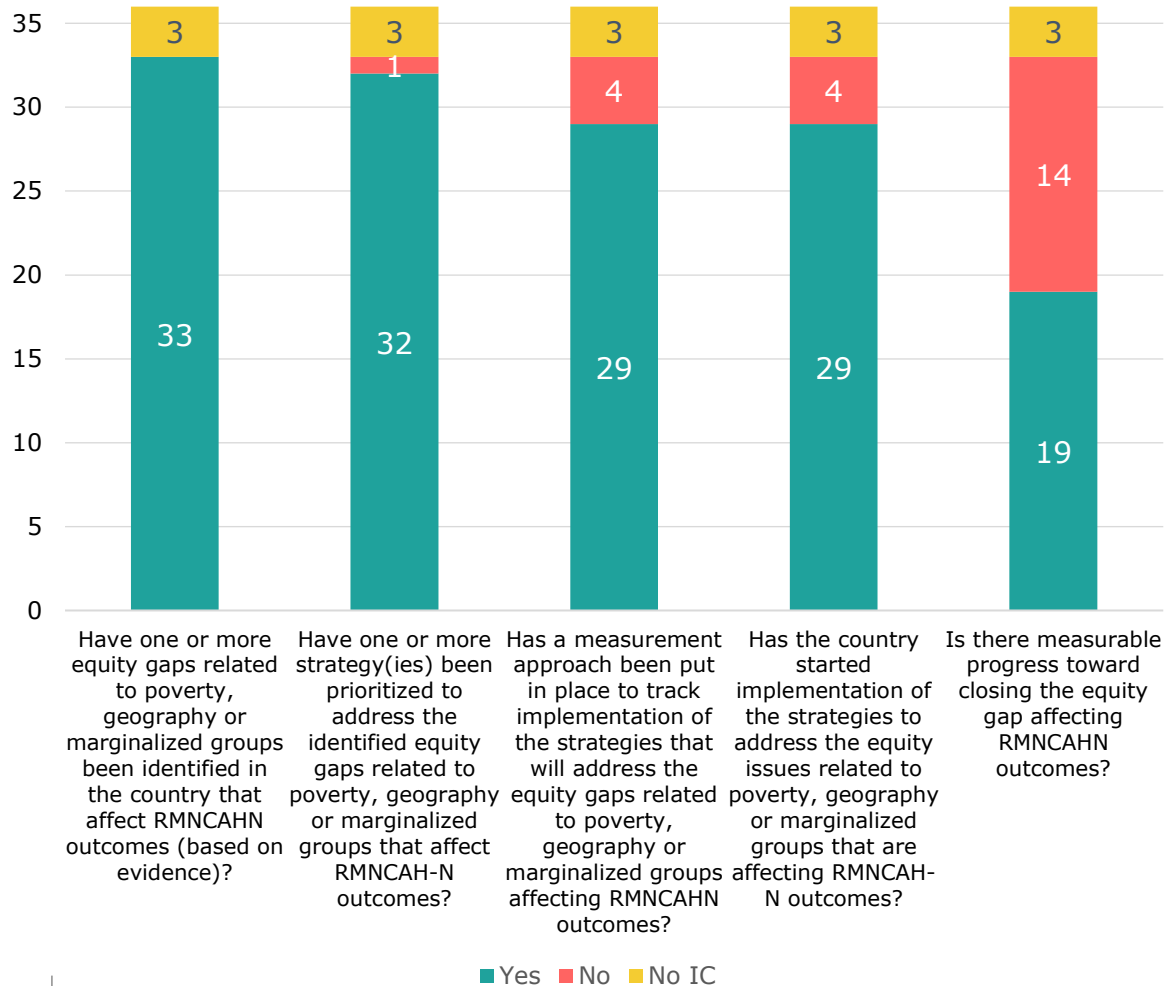
Most partner countries are identifying gender-related gaps and defining strategies to address them.

16 GFF partner countries have started implementation, with only half making measurable progress.

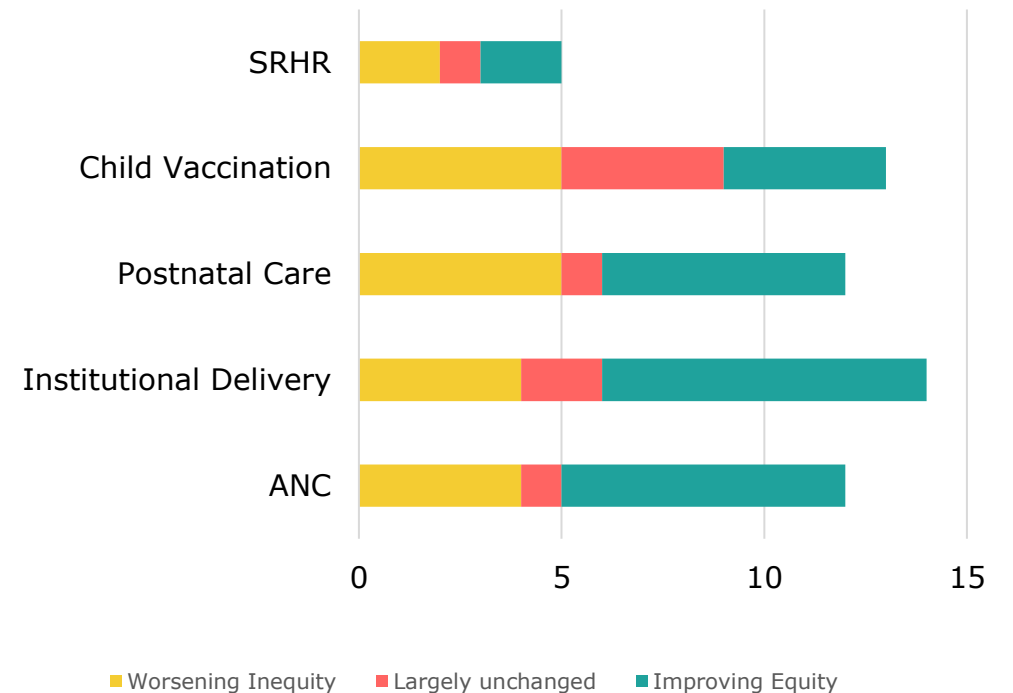
In light of deeply rooted challenges, solutions must be focused on addressing the system and GFF is increasingly identifying disbursement link results in co-financed projects to address barriers.

KPI5 : Despite substantial focus and strategy in place, equity remains a mixed picture, with data availability challenges

EQUITY GAP CASCADE



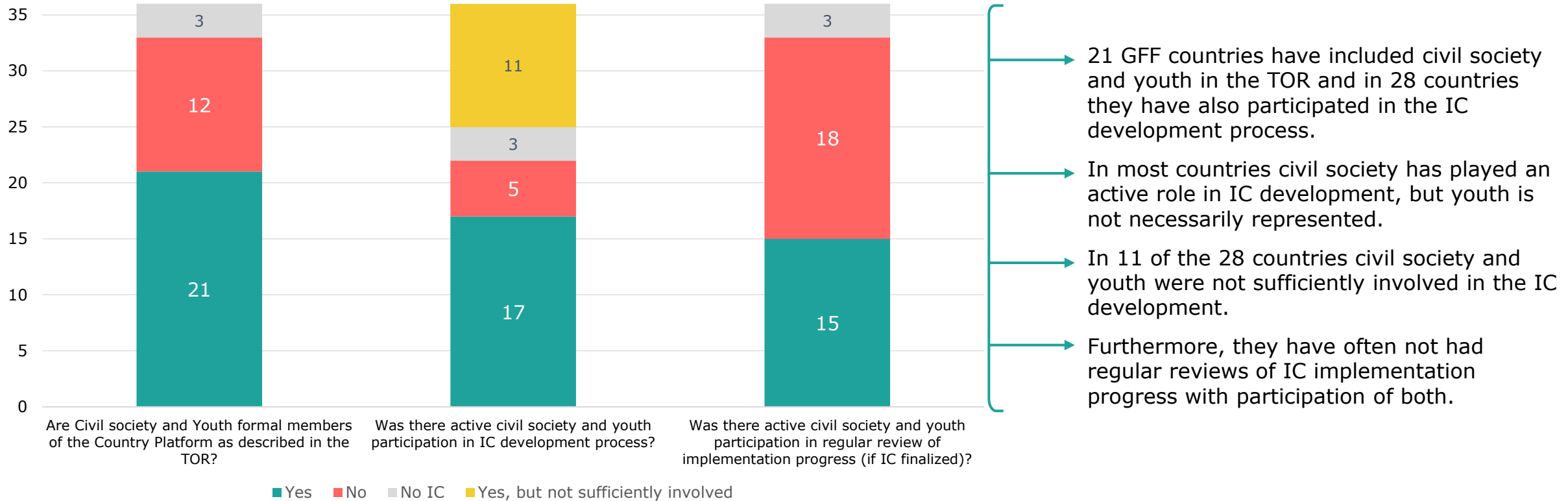
Changes in **sub-national equity** from Investment Case baseline to 2022, measured as a gap between the bottom and top quartile of districts in each country



GFF Secretariat analysis based on countries with sub-national HMIS data available from Investment Case baseline to 2022

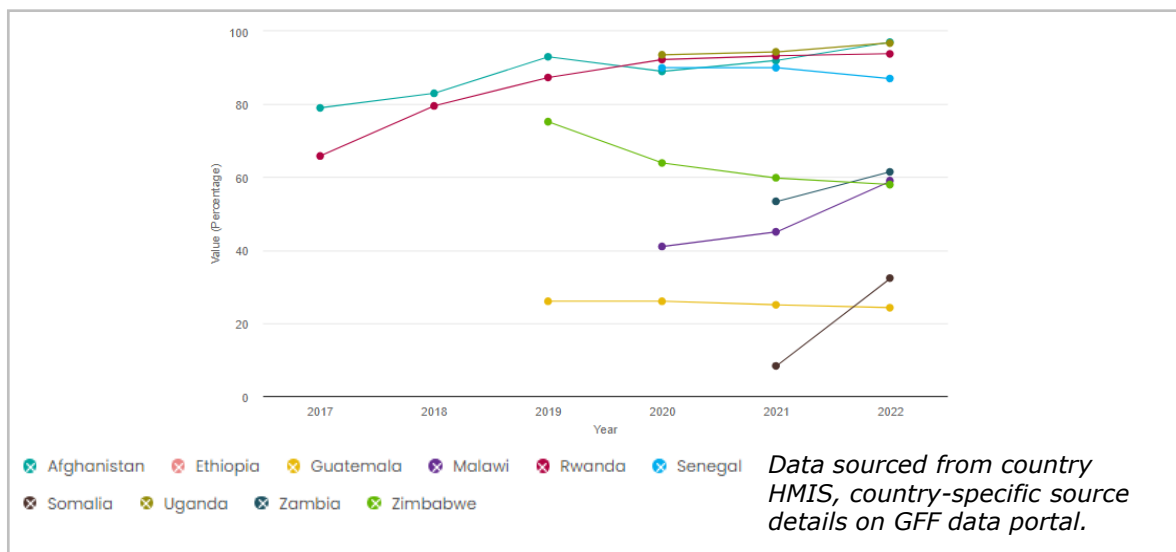
KPI 6: Meaningful engagement of civil society and youth voices

CIVIL SOCIETY AND YOUTH PARTICIPATION

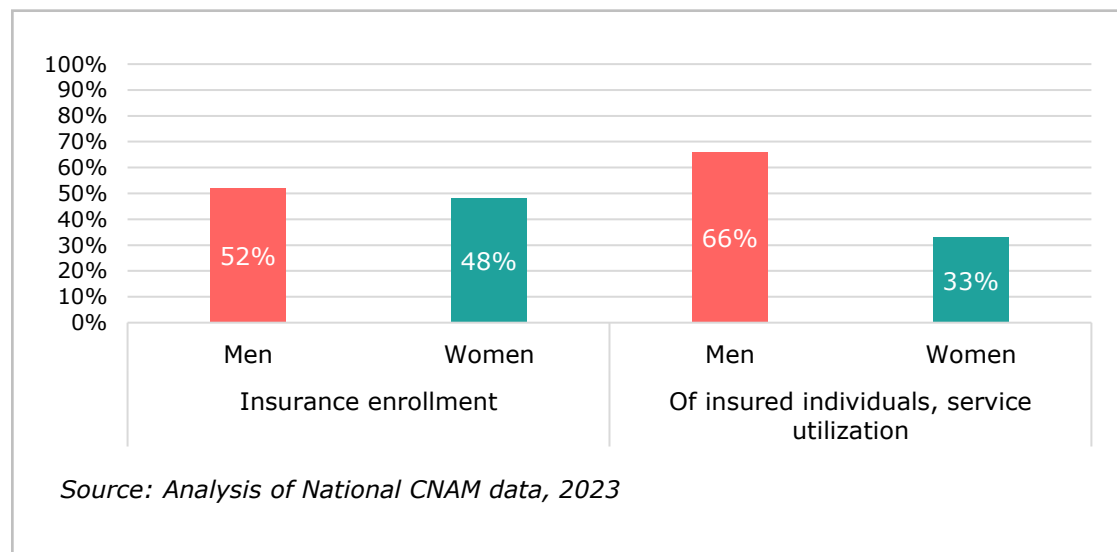


Engaging in gender responsive systems through standard indicator integration and targeted country engagements

Portfolio monitoring of routine data on maternal PNC coverage as a gender outcome on the GFF portal shows mixed progress, with room for improvement



Cote d'Ivoire: analytics to prioritize gender-equitable reforms
Women have lower health insurance coverage & service utilization



GFF continues to expand core gender indicators for which routine monitoring data is requested from countries, with 3 indicators added in 2023

INDICATOR	GENDER DIMENSION	COUNTRIES REPORTING
Adolescent institutional deliveries	Girls Quality of Care	12
Hypertension measured at ANC	Women Quality of Care	10
Birth registrations: boys vs girls	Child Sex Disaggregated	2

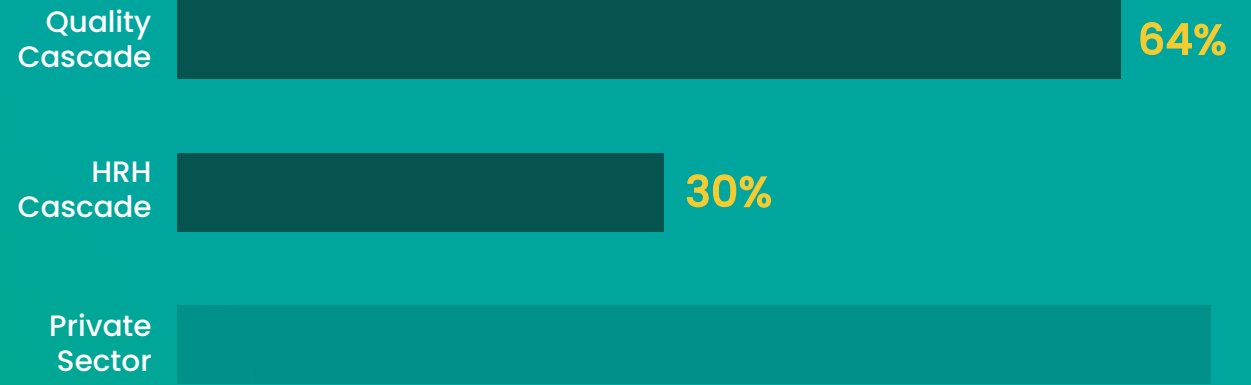
Pakistan: Gender Measurement Integrated in DLI Benchmarks

1. DLI progress on service delivery readiness covers **women friendly service readiness on WASH, privacy, female providers, multiple FP methods, gender sensitive provider training.**
2. DLI progress on strengthening health information systems and use covers **identification of priority gender indicators & their inclusion in data systems and decision-making dashboards.**

SD3

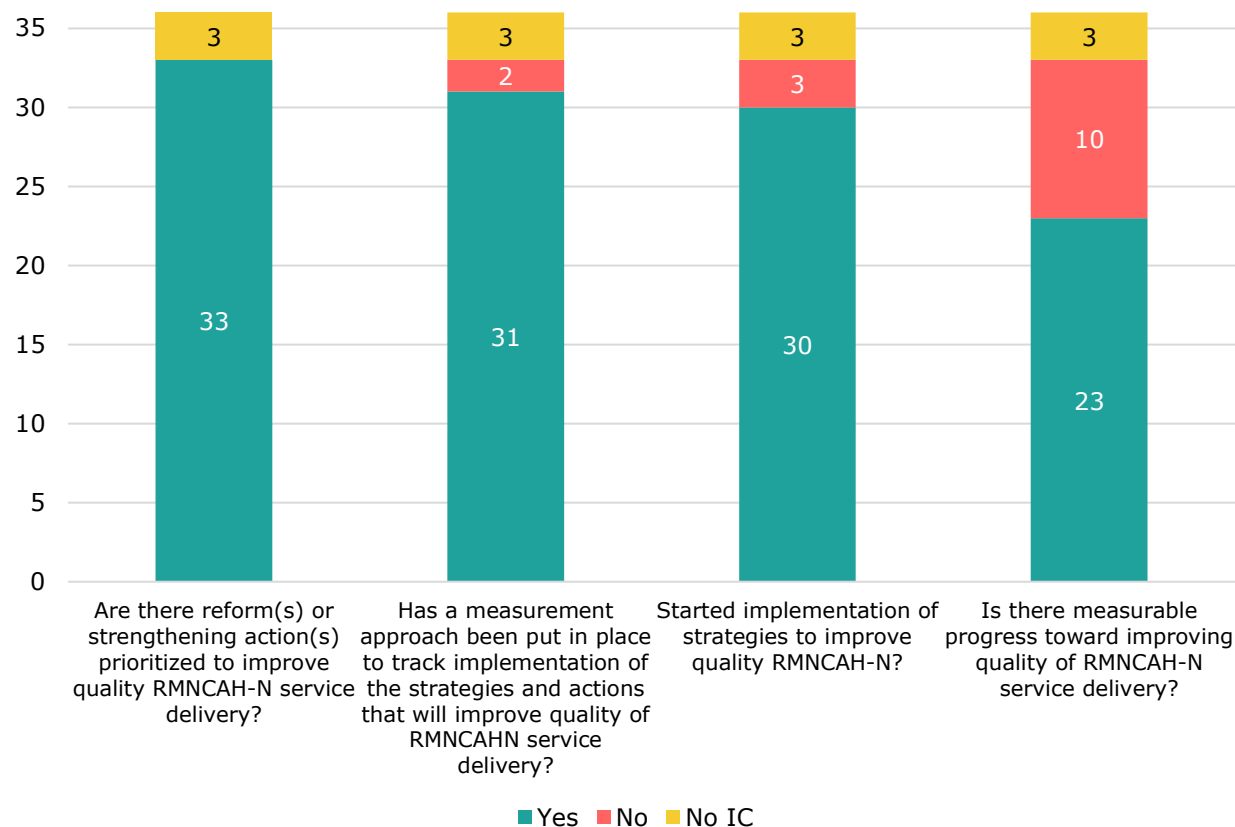
Protect and promote high-quality essential health services by reimagining service delivery

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



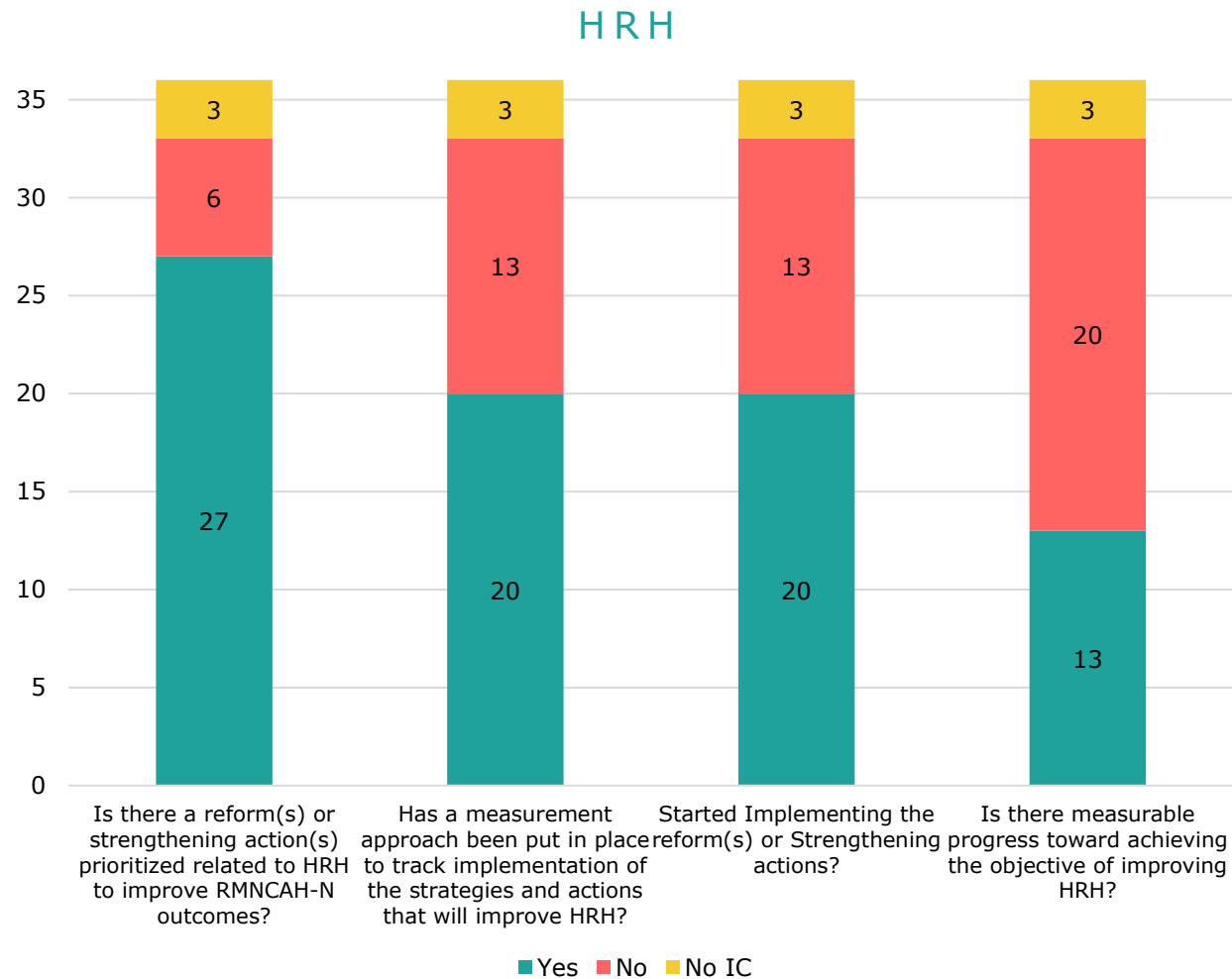
KPI 7: Quality of service delivery cascade

QUALITY RMNCAH-N SERVICE DELIVERY



- All 33 GFF countries with a finalized IC have prioritized strategies and reforms to enhance the quality of RMNCAH-N service delivery.
- All but three have started implementation.
- Most countries also have a measurement approach in place to track progress.
- This KPI does not capture whether the measures to improve quality of RMNCAH-N service delivery are aligned to the country's specific RMNCAH-N challenges. Further analysis of the portfolio is underway to assess this and adjust the TA provided by the GFF to fill gaps.
- Measurable progress in improving the quality of RMNCAH-N service delivery is evidenced in 23 countries, but 10 countries are not showing progress.
- Implementation of the reforms will be the main challenge and where the GFF will focus its TA and second financing .

KPI 8: Human resources for health reforms



- Twenty-seven (27) GFF countries have prioritized Human Resources for Health (HRH) strategies or strengthening actions to improve the quality of RMNCHN service delivery
- Twenty (20) of these have initiated implementation and only 13 have a measurement approach in place to track progress
- Particular focus on aspects HRH priorities that are likely to have a greater impact on RMNCAH-N outcomes (e.g., community health workers, midwives)

Working “up stream” to support policy dialogue on RMNCAH-N

ADOLESCENT SRHR



[Evidence Review](#)



[School Health Guidance](#)



[ASRH Analytic Support](#)



[Legal and Policy Reforms](#)



[Results-linked financing for ASRH](#)



[Quality indicators](#)

MATERNAL NEWBORN



[Link](#)

5 Country SDR TA investment (Chad, CIV, Niger, Pakistan, Democratic Republic of Congo)



[Newborn Costing Tool](#)

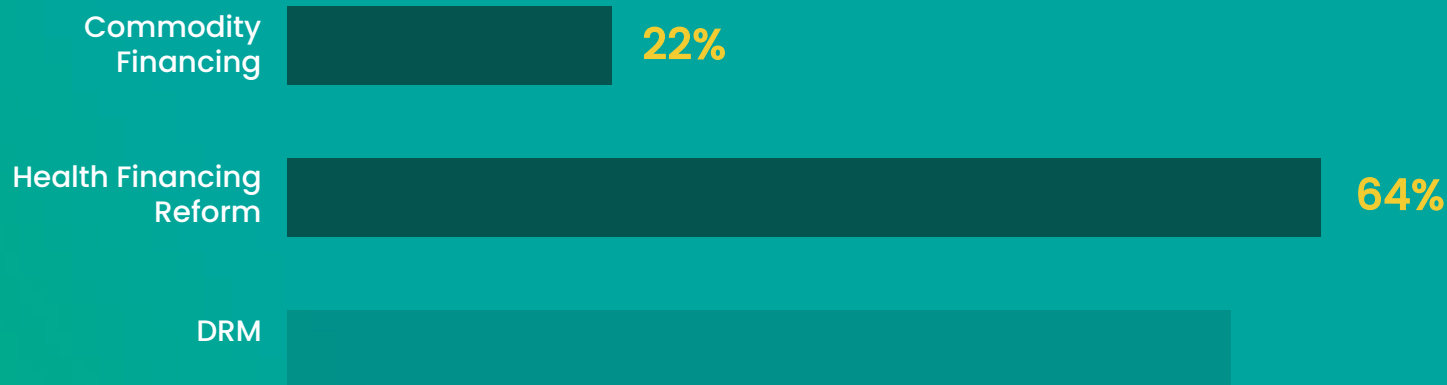
Gender-responsive health systems

Support for legal and policy reforms/ Women’s Leadership / HRH and Gender / Gender data (collaboration with GOV) / Analytical support for SAR and ESA

SD4

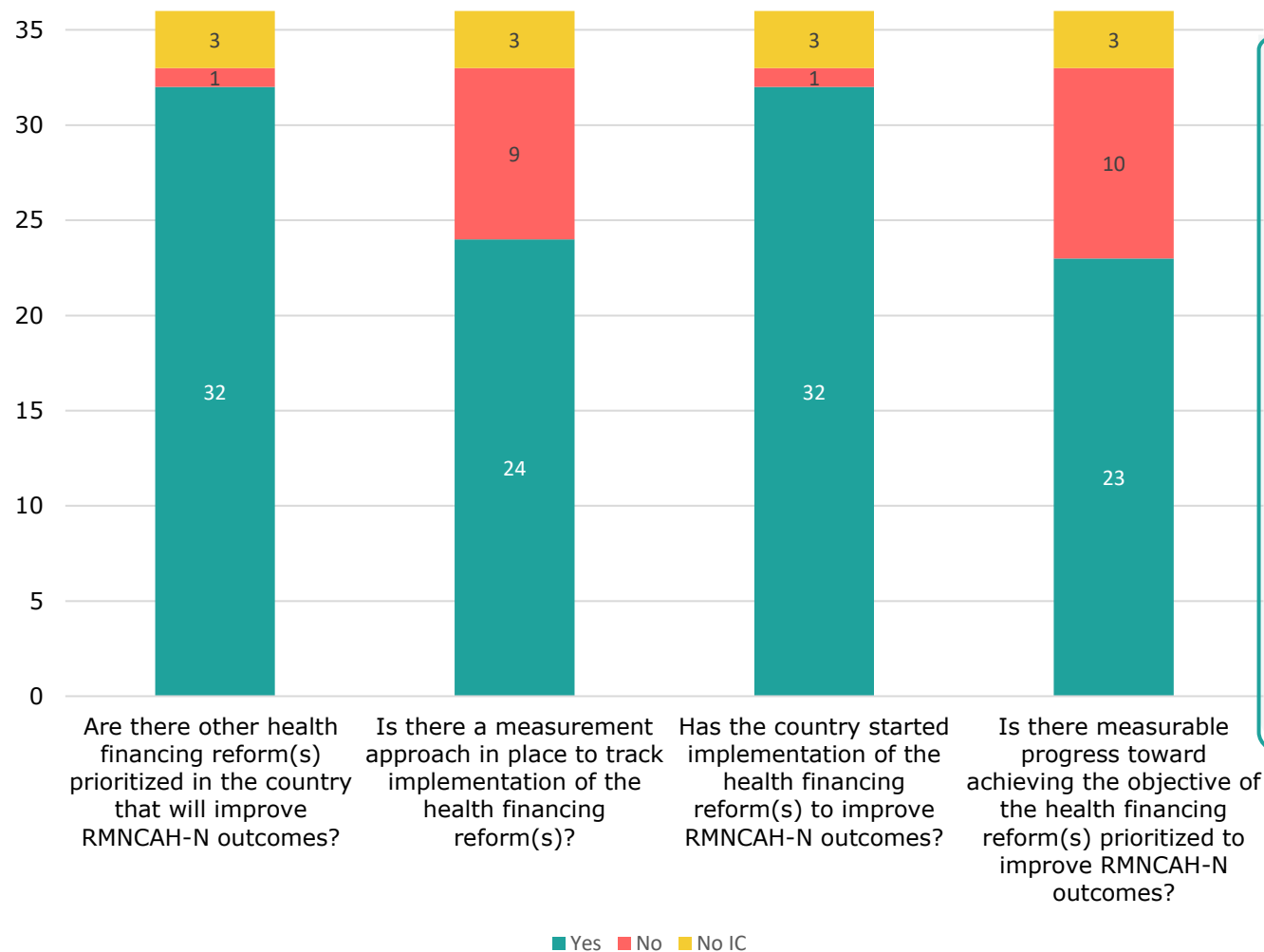
Build more resilient, equitable, and sustainable health financing systems

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



KPI 10: Increasing both volume and efficiency of domestic resources for PHC to improve RMNCAH-N outcomes

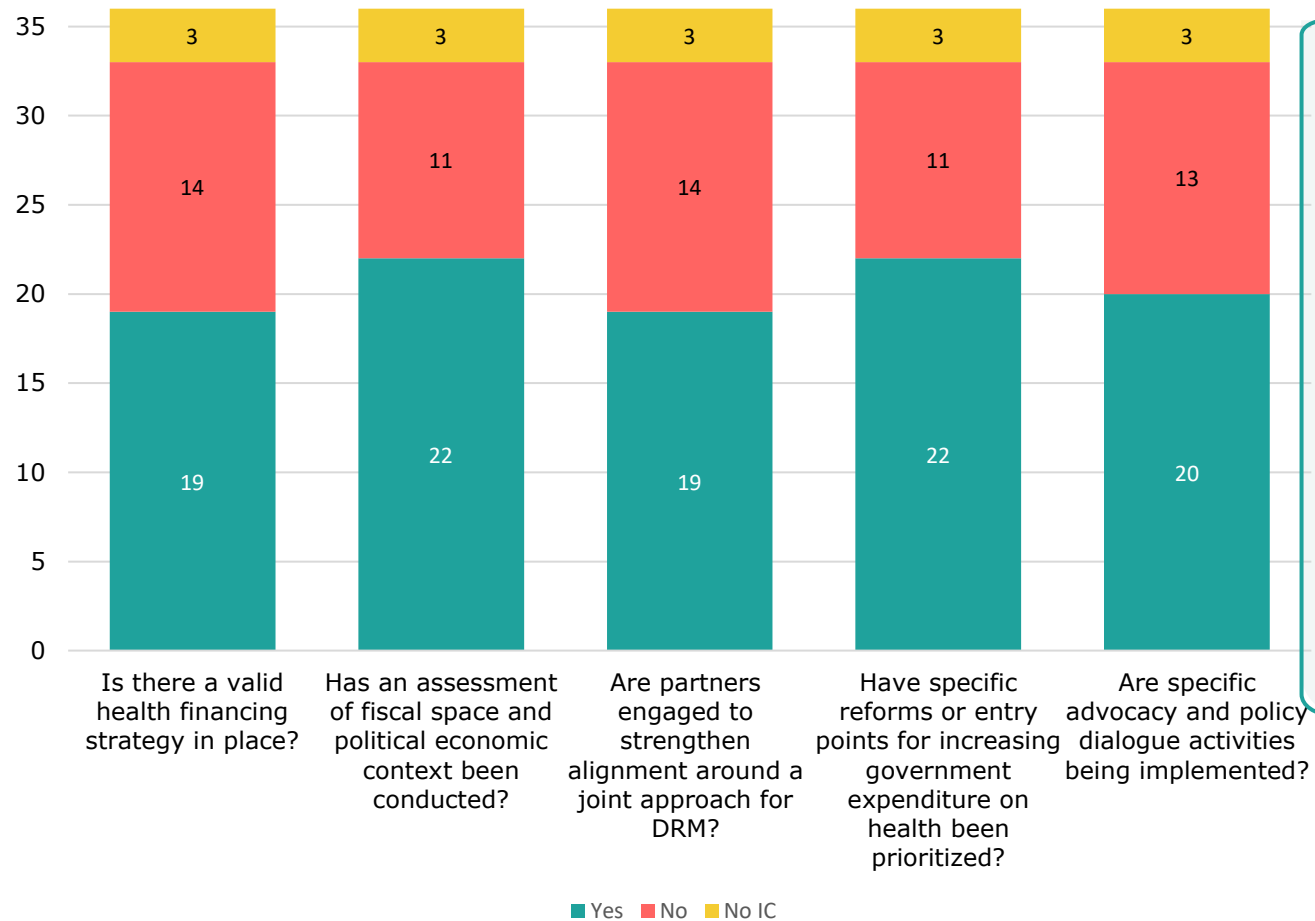
HEALTH FINANCING CASCADE



- Almost all GFF countries have prioritized health financing reforms related to DRM, efficiency, and financial protection.
- Several countries have yet to put in place a measurement approach to track implementation of these reforms.
- Nearly all of these reforms have started implementation with support from GFF.
- Many (24) have also reported measurable results.
- Almost all the reforms focused on efficiency, while about half focused on DRM and financial protection.

KPI 11: DRUM- Preliminary Data

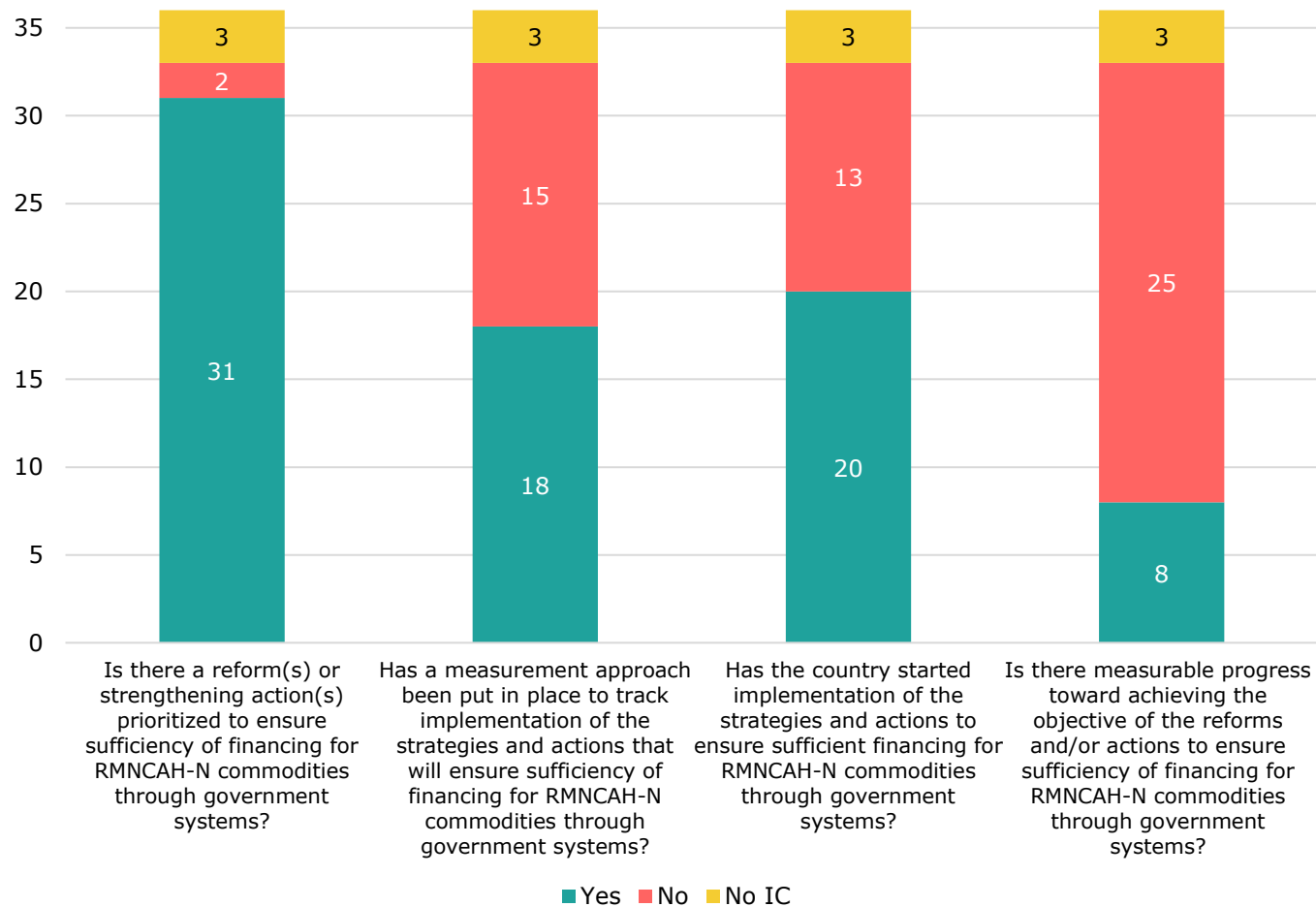
DOMESTIC RESOURCE MOBILIZATION



- Only 15 GFF countries have developed strategies, analytics and reforms or entry points for DRM that can inform policy dialogue and advocacy.
- Only 14 countries have partners coordinated and engaged around DRM advocacy; in an environment of limited fiscal space and fragile countries DRM is extremely challenging; DRM requires dialogue and policy outside the health sector.

KPI 12: Sustainable domestic financing for RMNCAH-N commodities through strengthening country supply-chain and service delivery channels and systems

COMMODITY FINANCING



- Many countries have prioritized reforms to ensure sufficiency of financing for RMNCAH-N commodities (31) demonstrating the contribution of GFF support to IC and project design.
- Fewer countries have measurement frameworks in place.
- Very few countries are showing progress on implementing commodity financing reforms linked to GFF support, showing a need to focus the TA on implementation.

SD5

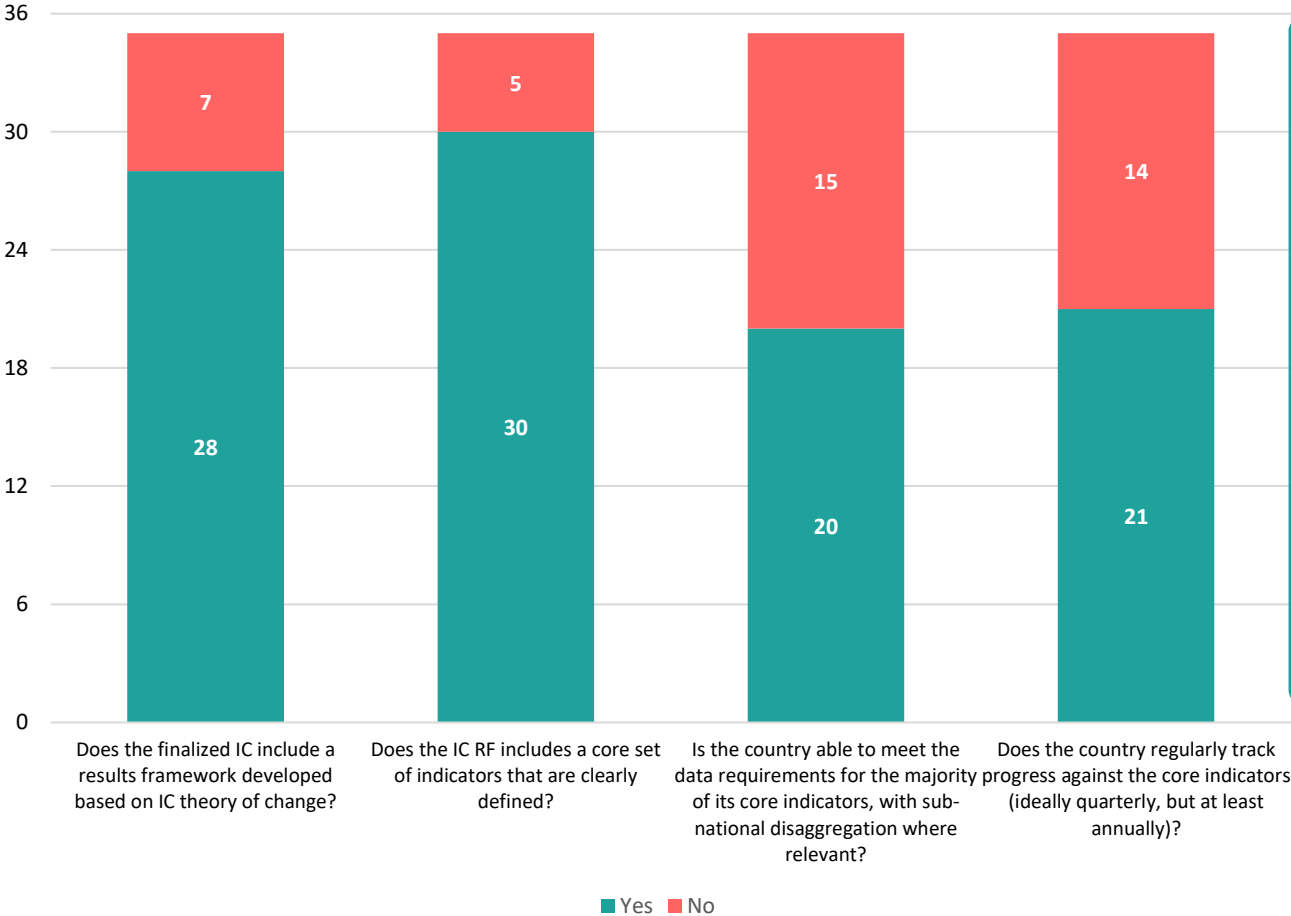
Sustain a relentless focus on results

PERCENT OF COUNTRIES MEETING KPI BENCHMARKS



KPI 13: IC Results Framework cascade – developing Results frameworks and theories of change, as well as data management strategy

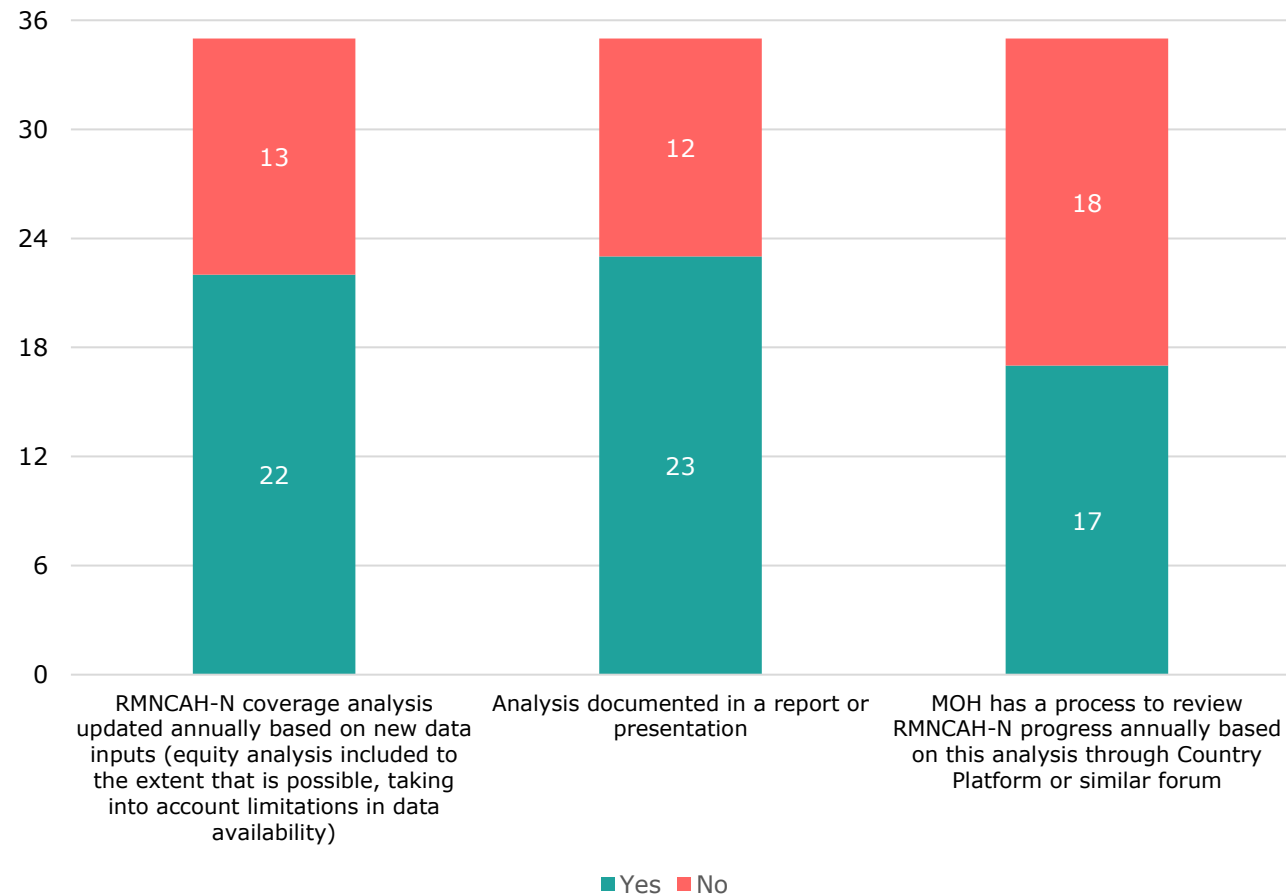
IC RESULTS FRAMEWORK



- Almost all GFF countries have strong results frameworks that are based on a theory of change.
- Almost all ICs include a core set of indicators that are clearly defined.
- There is a need to further strengthen the country capacity to meet the data requirements for the majority of its core indicators.
- Countries also require support to track progress against the core indicators.

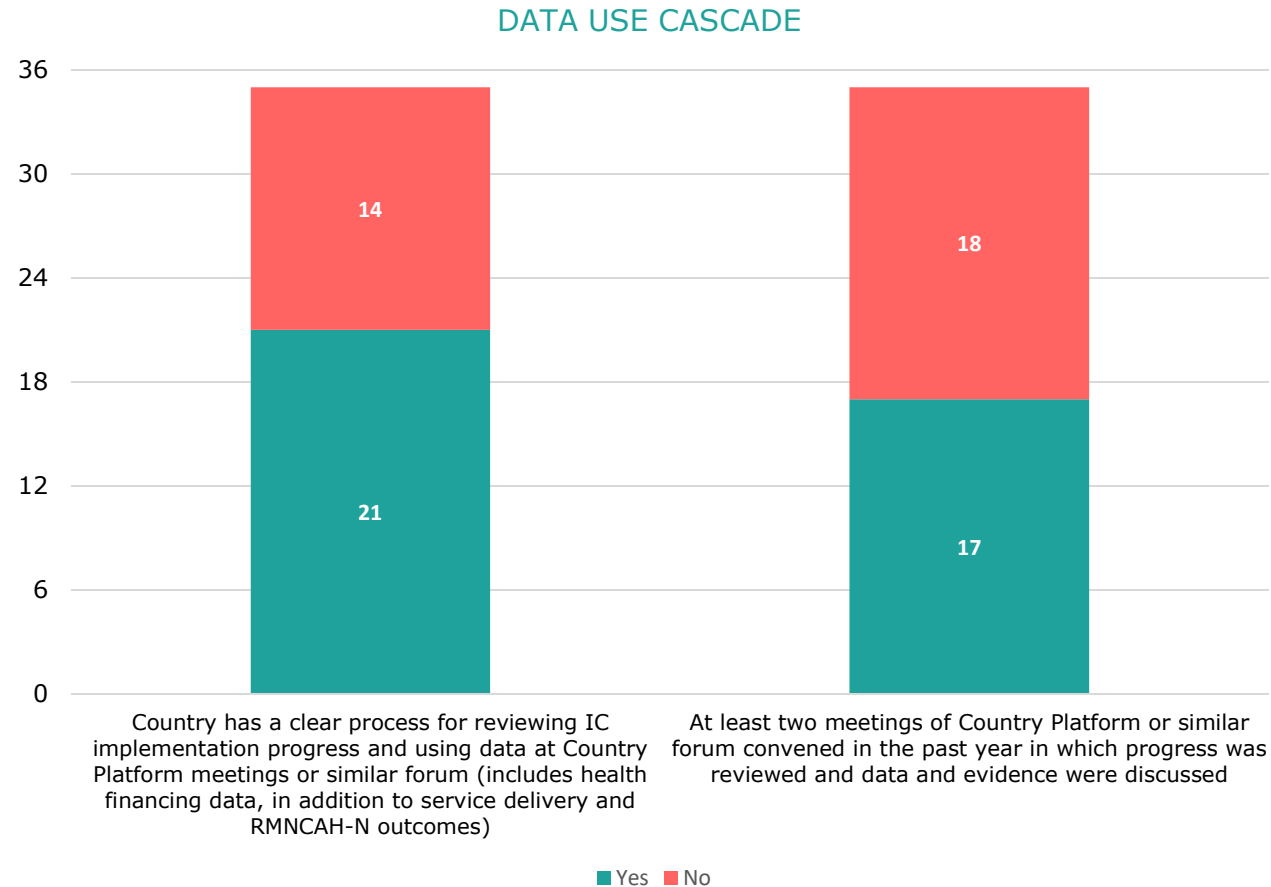
KPI 14: Strengthen annual coverage and equity analysis

ANNUAL COVERAGE AND EQUITY ANALYSIS



- Approximately two thirds (22/23) of the GFF countries have RMNCAH-N coverage analysis updated annually and documented in a report for presentation. This was facilitated by a range of TA, included annual multi-country workshops facilitated by GFF, Countdown to 2030 and other partners.
- There is a need to further strengthen analytical capacity within Ministries of Health, gaps in quality and completeness of national HMIS systems, lags between surveys, uncertainty of estimates of target population size and limited availability of STATA licenses at country level.

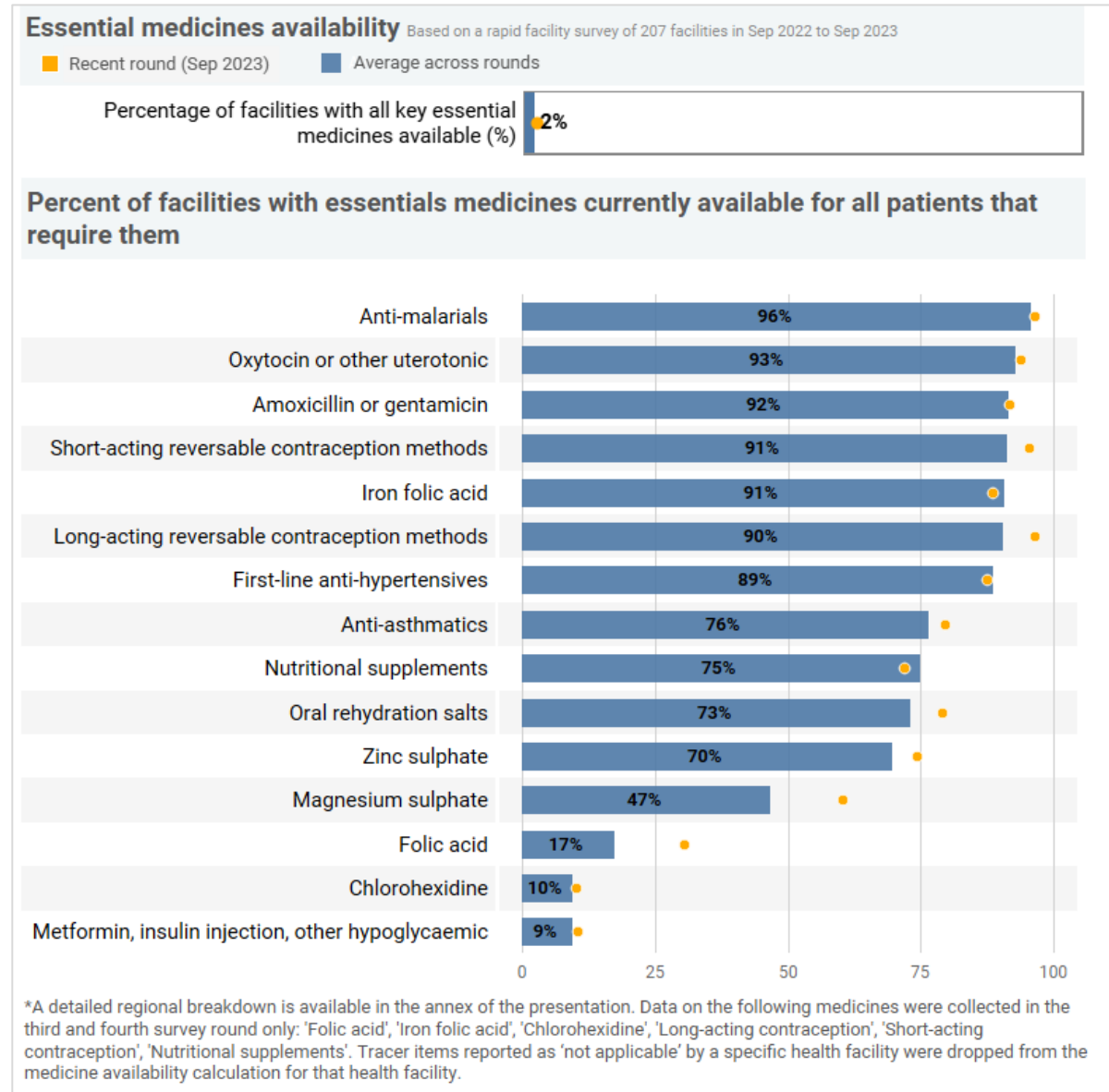
KPI 15: Data use cascade



- The majority of GFF countries have developed a clear process for reviewing IC implementation progress through Country Platforms or fora such as Technical Working Groups that bring stakeholders together for more detailed technical work that then links back to Country Platforms.
- FASTR has helped countries generate and use timely data to review progress, identify challenges and inform adaptations.
- While 17 countries have held at least two meetings of the country platform to discuss data, the regularity of these meetings in other countries remains a challenge on which the Secretariat has been focusing in the last 6 months.

Rapid cycle analytics and data use help identify key gaps and inform timely actions – BURKINA FASO

- The large majority of facilities had anti-malarials, oxytocin, amoxicillin, IFA and long-acting contraceptives, but on average only 2% of sampled facilities had all tracer essential medicines available for all patients who needed them.
- The largest observed gaps were in the availability of folic acid, chlorohexidine, and hypoglycaemics.

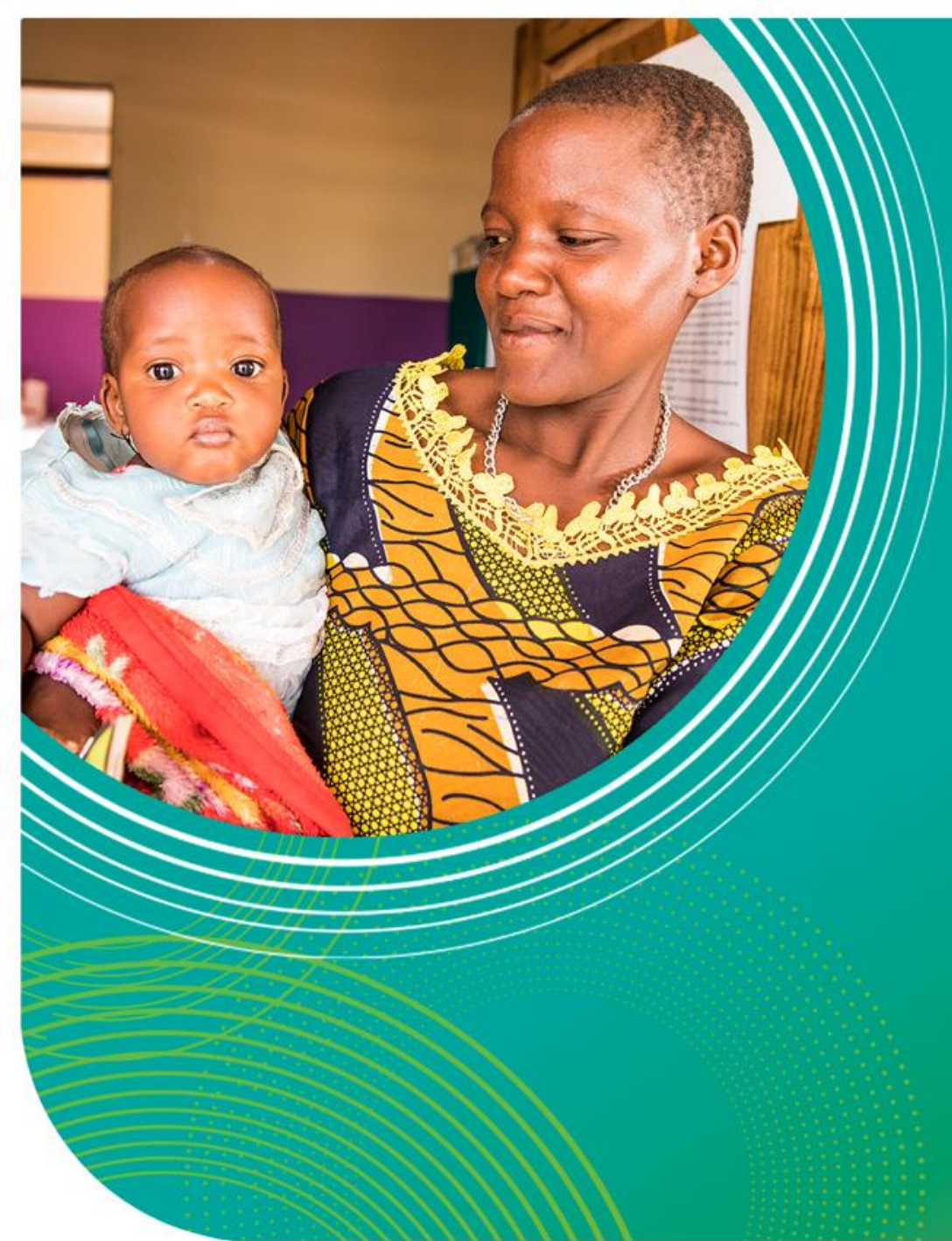




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