

Delivering on the GFF Promise:

Protecting and Promoting the
Health and Well-Being of Women,
Children and Adolescents



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and Development / Global Financing Facility**

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Cover photo: Janaffer Sarinke, holds her daughter in the Shompole health center in Kajjado County, Kenya. Jannefer was able to deliver a healthy baby safely in the health center and now educates others in her community on the importance of pregnancy care and safe births. Read more on page 20. © Davasha Photography/Global Financing Facility

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Foreword

Despite significant challenges facing countries—from climate change to the rippling effects of conflicts, soaring food and energy costs, and mounting debt and fiscal strain—countries have achieved progress in improving health outcomes for women, children and adolescents.



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The numbers in this annual report tell a powerful story. With GFF support, partner countries have reached 100 million pregnant women with access to four or more pregnancy care visits. About 130 million women have accessed safe birth services, and countries around the world that have been implementing their health plans for more than three years have boosted pregnancy care coverage by more than 40 percent compared with an increase of just over 1 percent for countries that have been doing so for 1 to 3 years. This shows the promise of staying the course.

But beyond the data, this partnership has had a much wider impact on the lives of women, children and their communities. It's a positive ripple effect that is impossible to measure. You see those benefits in the communities, and cities across the 36 countries working with the GFF. Improvements in assisted deliveries, pregnancy and newborn care, childhood immunizations and family planning empower women, strengthen health care systems and put countries on the road to a more prosperous future.

In Kenya's Kajiado county, for instance, Jannefer Sarinke is among the many women who have benefited from a dramatic increase in the use of modern contraceptives, deliveries in institutions, and access to pregnancy and nutritional care. The county, south of the Kenyan capital Nairobi, has more than 150 health centers today, compared with only 10 in the past. Her story can be found on page 20.

In the Tambacounda region of eastern Senegal, young girls, including 13-year-old Mariama, participated in a government-led maternal and child health project supported by the GFF and World Bank. The program provides access to safe spaces and community groups that discuss reproductive health, female genital mutilation, and early marriage, and is set to enroll another 50,000 girls across the country later this year. "I can see now that I have prospects," Mariama says. More detail on page 35.

Countries in Asia are also making strides. In Tangail, a city in central Bangladesh, Fahima Akter leads sessions within schools as part of a program that aims to address adolescent pregnancy rates and keep girls in classrooms. “I advise girls not to get married early, and I speak with their parents,” says Akter, a community medical officer. “We also advise those who are already married against early pregnancy.”

Those are just a few of the stories underscoring the impact of the collaboration the GFF and its country-led model to accelerate health investments and enable women, children and adolescents to thrive.

The GFF and the wider partnership—the World Bank, UN agencies, global health initiatives, bilateral donors, philanthropies, youth- and civil society organizations, and private sector—are well-positioned to support countries to reach 250 million more women, children and adolescents, widening access to lifesaving health services, building more resilient communities, and reigniting progress toward the Sustainable Development Goals. But it’s clear much more work is needed, along with an increase in investment, to fulfill the promise all member states renewed in 2023 to strive toward universal health coverage.

This report shows how, despite challenges, GFF partner countries are accelerating progress to improve the health and well-being of women and youth. While these achievements are encouraging, this is no time for complacency. GFF partner countries are rising to the challenge—fulfilling this promise will require sustained commitment. This requires an even greater collective focus, increased priority on strengthening systems, more collaboration, and continued innovation and learning.



Overview

This Global Financing Facility (GFF) annual report for fiscal year (FY) 2022/23 marks the midpoint of the GFF’s current five-year strategy—and presents a story of both progress and promise.

While it is clear that persistent and chronic underinvestment in health in many of the world’s poorest countries and the ripple effects of the COVID-19 pandemic have resulted in some of the greatest inequities across the world, this Annual Report shows that when countries invest in and reform their health systems with a focus on reaching the most vulnerable populations, remarkable progress is possible.

A Slow Rebound: The State of Health Inequity in GFF Partner Countries in the Wake of Crises

Over the past few years, the COVID-19 pandemic and intertwined global crises have exposed and exacerbated massive global health inequities between and within countries—with women, children and adolescents in the poorest communities suffering the most. The poorest people tend to bear the steepest costs of crises, pushing them further into vulnerability.



The good news:

In 2023, GFF partner countries began to bounce back from the sharp decline in delivery of essential health services

triggered by the sudden onset of the pandemic. This progress, however, remains too slow to fully reclaim pre-COVID-19 health gains and achieve the Sustainable Development Goals (SDGs), tempered by multiple challenges placing already under-resourced health systems under further strain.



The bad news:

More than 60 countries across the globe, including 35 out of the 36 GFF partner countries, remain off-track

in meeting the global goals for maternal, newborn and stillborn mortality reduction by 2030.¹ Hundreds of millions of women and adolescent girls who want to avoid pregnancy are not using contraceptives. Meanwhile, more than half of the world’s population is not fully covered by essential health services.² Multiple shocks—including climate change—are adding to the burden. In **Malawi**, for example, where 118 girls in every 1,000 girls gave birth in 2021, several cyclones have disrupted vital health services—including family planning. With over 40 percent of the GFF partner countries categorized as fragile and conflict-affected settings, further shocks risk upending already-stretched health services, disproportionately affecting women and youth.

Large equity gaps remain

100_x

greater risk of maternal death in a woman's lifetime if she is born in a low-income country than if born in a high-income country³

15_x

more likely for a child born in sub-Saharan Africa to die before their fifth birthday than a child born anywhere else in the world⁴

8_x

more likely for an adolescent girl a low-income setting to give birth before 19th birthday than an adolescent girl in a high income country⁵

A 2023 World Bank analysis shows that 40 governments will spend less on health between now and 2027 than they did before COVID-19.⁶ At the same time, estimates provided in the 2023 Global Monitoring Report⁷ place more than one billion people worldwide at risk of falling into poverty due to out-of-pocket health spending at 10 percent or more of their household budget. This risk—combined with stubbornly high food and energy prices fueled by conflict and climate change—is hampering a rapid recovery from the long-lasting impacts of the COVID-19 pandemic.

Collectively, these challenges continue to jeopardize the health, rights and opportunities of women, children and adolescents in the most vulnerable, hardest-to-reach communities.

Yet, there is hope: As shown in the results of this report—there are a growing number of examples where strong country leadership, a relentless commitment to improving the health of women and youth, and continued investments in health systems strengthening and health financing reform are already resulting in stronger health systems, greater coverage of health services, and improved health outcomes. This year has marked a greater focus on working better together across the global health ecosystem to support country priorities and progress.

At the United Nations General Assembly in September 2023, 196 member states reaffirmed their commitment to reach the goal of universal health coverage (UHC) by 2030. To get there, the paradigm for investing in health must change. What's required is strong country leadership and political will, increased and sustainable financial flows for health, and a relentless commitment to strengthen health systems—with a priority on reaching the hardest-to-reach communities—many of whom are women and youth. As part of this, the GFF is deepening its work with global health partners, including Gavi, Global Fund, United Nations agencies, and country civil society and youth-based organizations.

Together, these requirements for a new health investment paradigm comprise the purpose—and continuing promise—of the GFF.

The GFF supports countries to achieve this progress by (1) reforming and investing in multiple areas of the health system, and (2) increasing uptake of essential health services. With support from the GFF, partner countries are undertaking multilayered health system reforms—including to increase capacity, strengthen financing capabilities and improve equity.

This annual report describes the state of GFF partner countries in transforming health outcomes for women and youth during FY2022/23. It brings a comprehensive overview of country results against the GFF logic model as well as the work and achievements of the GFF partnership in advancing the 2021-2025 strategy.

The GFF: A Proven Model Helping Countries to Address Health Challenges

About the GFF

The GFF is a country-led partnership, hosted by the World Bank, that fights poverty and inequity by advancing the health, rights and opportunities of women, children and adolescents. It does this by supporting low- and lower-middle-income countries to strengthen their health systems and improve the quality of and access to health care through prioritized plans, aligned financing, and policy reform.

The GFF’s collaborative model brings together a wide range of partners—from bilateral and multilateral funders, partner countries, and global health institutions to civil society organizations (CSOs),

youth representatives, and the private sector—to align their support around country priorities for women, children and adolescent health.

Through its 2021–2025 strategy, the GFF supports governments to make impactful investments across key strategic directions to accelerate progress toward better health for women, children and adolescents and build more inclusive and resilient health systems. As of June 30, 2023, the GFF Trust Fund committed a total of US\$1.45 billion for grants in 38 countries. Out of this amount, a total of US\$1.19 billion linked to US\$8.75 billion in World Bank IDA/IBRD has been approved by the World Bank’s Board of Executive Directors.

How the GFF works



Key features of the model



The 67 countries with the greatest unmet health needs for women, children and adolescents are eligible for GFF support. Of these, 36 currently receive support.



GFF works with each country to strengthen systems to track progress, learn and course-correct where necessary.



GFF grants are cofinanced by World Bank resources—IDA or IBRD.



The disbursement of grants is often linked to meeting specific targets and deliverables.



Technical assistance focuses on identifying health priorities, bringing partners together, and addressing bottlenecks in delivering interventions for women, children and adolescents as well as in ensuring efficient health supply chains, workforces and data systems.

The GFF Partnership Model

The GFF partnership model provides a unique platform for drawing on diverse expertise, building consensus and driving impactful change.

Partner countries

With GFF support, partner countries set their own goals and priorities for women's, children's, and adolescent health. They convene stakeholders through the country platform to align support and financing around a national plan for better and more sustainable health outcomes. Government representatives, often ministers of health, are key members of the GFF Investors Group.

Civil society and youth

CSOs and youth advocates across GFF partner countries promote accountability and ensure that the voices of women, children and adolescents in hard-to-reach communities are heard. CSOs and youth are represented on country platforms in the vast majority of GFF partner countries. At the global level, they form a crucial part of the GFF Investors Group.

Donors

Bilateral and multilateral donors provide expertise and funding through the GFF Trust Fund, which channels catalytic grants to support countries' investment cases.

Private sector

The private sector plays a key role in working toward universal access to quality, affordable health care. It brings capital, expertise, and innovation and engages in supply chain logistics and production of medical equipment and drugs, among other areas. The private sector is represented in the Investors Group and actively participates in country platforms.

Global health partners

Global health partners, many of whom are part of the Investors Group, provide expertise and collaborate with the GFF on a variety of matters. The GFF has also signed up to global initiatives that aim to accelerate health outcomes for women, children and adolescents by, for instance, supporting UHC and the SDGs.

Country Snapshots

This map shows selected results across GFF partner countries.*

Guinea

The GFF supports Guinea to close service delivery gaps by strengthening the health work force on the frontlines. The number of community health workers tripled between 2021 and 2022 and facility deliveries increased 39% between 2018 and 2022.

39%

increase in facility deliveries (2018–2022)

Central African Republic

The GFF supports the government to expand health service delivery, including childhood immunization. From 2020 to 2022, the number of children receiving three doses of Penta3 vaccine increased by 97%.

97%

increase in the number of children receiving three doses of Penta3 vaccine (2020–2022)

Uganda

Through primary health care reforms supported by the GFF, between 2016 and 2022 the percent of women attending four or more antenatal care visits increased by 12% (from 60% to 72%).

12%

increase in women attending ANC4+ visits (2016–2022)

Zimbabwe

The GFF supports Zimbabwe to prioritize health reforms in 18 districts and expand an urban voucher program for the poorest populations. From 2019 to 2022, the number of poor women receiving urban vouchers for maternal services quadrupled.

4x

increase in the number of poor women receiving urban vouchers for maternal services

Source: Global Financing Facility.

Note: *Global Financing Facility, based on country data and population-based surveys.

Bangladesh

The GFF supports Bangladesh in developing school-based programs for adolescents to access family planning services and help vulnerable girls stay in school. From 2020 to 2022, Bangladesh reduced the adolescent birth rate by 23%.

23%

reduction in the adolescent birth rate (2020–2022)



Viet Nam

Through a buy-down of a World Bank loan, the GFF provides support to strengthen primary health care at the grass root level. The number of women screened for cervical cancer doubled between 2019 and 2022 and women accessing four antenatal care visits rose from 62% in 2019 to 79% in 2022.

2x

increase in the number of women screened for cervical cancer (2019–2022)



Kenya

GFF support to Kenya since 2015 to prioritize investments in primary health care in hard-to-reach communities is contributing to better health outcomes: Between 2014 and 2022, under-five and infant mortality rates reduced by 21% and 18% respectively; the adolescent birth rate fell by 24% and under-five stunting by 31%.

21%

reduction in under-five mortality rates (2014–2022)



Indonesia

GFF support to the National Nutrition and Child Health Program, specifically promoting immunization completion, contributed to increasing immunization among children under two years from 46% to 63% between 2018 and 2022.

17%

increase in immunization among children under two years (2018–2022)

Mozambique

The GFF supports results-based financial tools to help expand sexual and reproductive health services through schools and the national family planning program, with a focus on adolescent girls. Between 2015 and 2022, Mozambique lowered the adolescent birth rate by 19%.

19%

reduction in the adolescent birth rate (2015–2022)



Results at a glance

Despite ongoing economic turmoil and health systems strain created by intertwined crises, GFF partner countries continue to prioritize the health of women, children and adolescents.

Increased access to life-saving interventions and advances in health outcomes

As illustrated in figure 1, GFF partner countries⁹ have shown the following progress:

FIGURE 1

Percentage of GFF Partner Countries that Improved Impact Indicators (among countries with recent survey data)



Source: Global Financing Facility.

Since partnering with the GFF countries have reached:⁹

100

million

pregnant women
with four or more
antenatal care visits

130

million

women with
safe delivery care

135

million

newborns with
early initiation
of breastfeeding

630

million

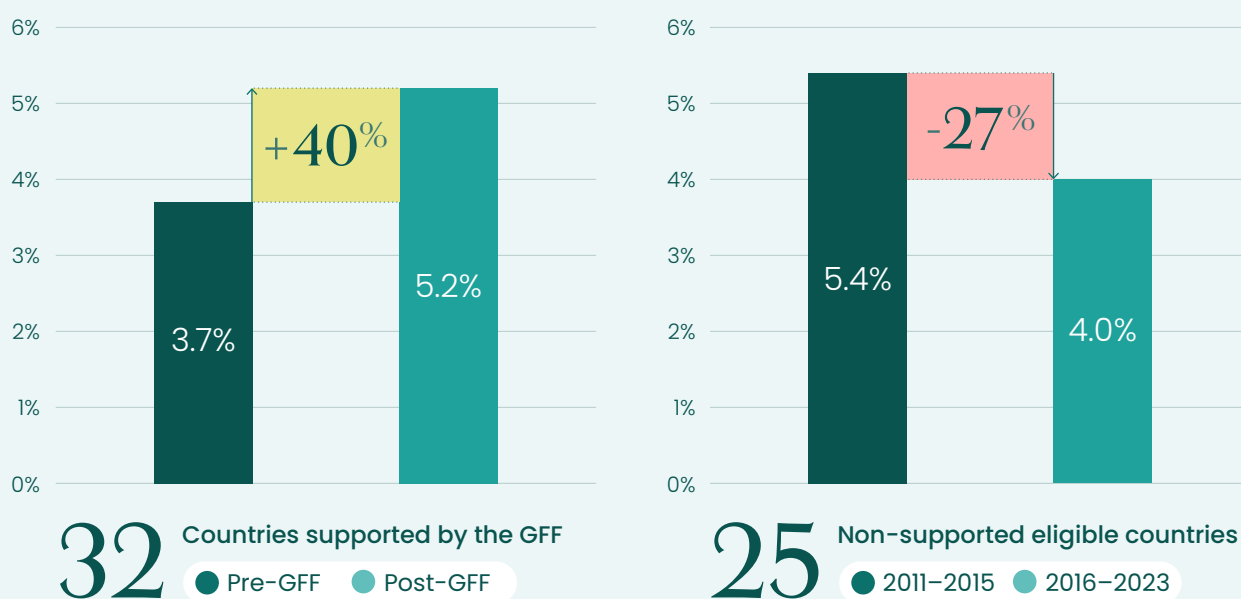
women and adolescents
supplied with modern
contraceptives, helping
to avert 230 million
unintended pregnancies

Increased health financing for women, children and adolescents

In GFF partner countries, the median percentage of IDA funding allocated to reproductive, maternal,

newborn, child, and adolescent health and nutrition (RMNCAH-N) rose by 40 percent, which represents an increase of US\$3.2 billion in new financing for women, children and adolescents. In contrast, the median percentage of IDA financing allocated to RMNCAH-N declined in the countries that are GFF-eligible, but not supported, over the same period (see figure 2).

FIGURE 2
Median Percent of IDA Financing Allocated to RMNCAH-N Priorities
 Fiscal Years 2011–2023



Source: Global Financing Facility.

Note: IDA = International Development Association; RMNCAH-N = reproductive, maternal, newborn, child, and adolescent health and nutrition.

Advances in health equity

Subnational data shows advances in equity across five indicators: four or more antenatal care (ANC4+) visits, institutional deliveries, postnatal care, child vaccination and sexual and reproductive health and rights (SRHR). For ANC4+ and institutional deliveries, there were improvements in the bottom-performing districts as well as a reduced gap between top- and bottom-performing districts: 42 percent of GFF partner countries¹⁰ showed improved geographic equity for institutional deliveries and 50 percent showed improved equity for ANC4+.

42%
 of GFF partner countries showed improved geographic equity for institutional deliveries

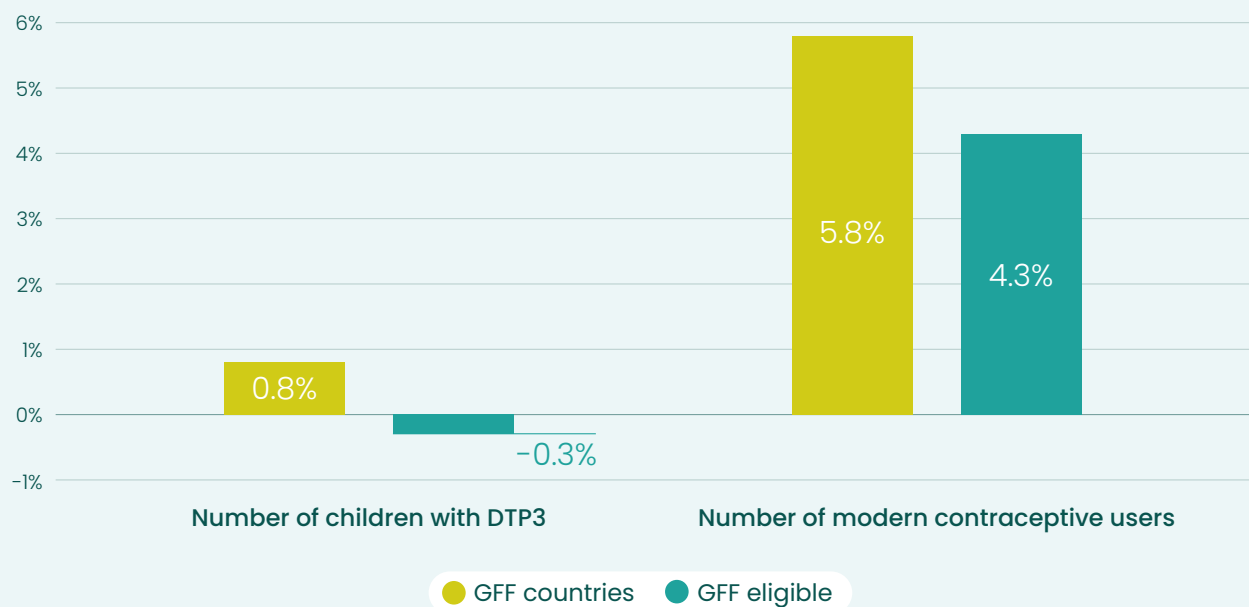
50%
 of GFF partner countries showed improved equity for ANC4+

Notably, progress is more pronounced in countries supported by the GFF compared to countries that are eligible but not yet supported.

GFF-supported countries have achieved greater increases in family planning and child vaccination coverage than eligible countries. Between 2016 and 2022, the median annual percent change in the

number of women using modern contraceptives totaled 5.8 percent in GFF partner countries versus 4.3 percent in GFF-eligible countries. Similarly, the median annual percent change in the number of children who received three doses of DPT vaccine was 0.8 percent in GFF countries versus -0.3 percent in GFF-eligible countries (figure 3).

FIGURE 3
Median Average Annual Percent Change in Number of Beneficiaries Reached Since GFF Engagement Began



Source: WHO/UNICEF Estimates of National Immunization Coverage for DTP3 and Track20 for modern contraceptives. These two indicators and sources were selected because standardized and comparable estimates are available for all countries.

Note: For GFF countries, results are tracked from when IC implementation began through 2022. For eligible countries that are not yet supported, results are based on average annual changes from 2016–2022.

The longer countries partner with the GFF, the stronger their progress in improving the health of women and youth. This is particularly important in the face of growing challenges that disrupt health (figure 4):

- Partner countries implementing health plans for more than 3 years have seen an increase in coverage of prenatal care visits (ANC4+) of 41.5 percent vs. 1.3 percent for countries implementing for 1–3 years.
- Partner countries implementing GFF-supported health plans for more than 3 years have seen an

increase in coverage of institutional deliveries of 15.2 percent vs. 0.8 percent for countries implementing for 1–3 years.

- Partner countries implementing health plans for more than 3 years have seen an increase in coverage of breastfeeding of 5.5 percent vs. 2 percent for countries implementing for 1–3 years.
- Partner countries implementing health plans for more than 3 years have seen an increase in coverage of family planning 29.9 percent vs. 8.5 percent for countries implementing for 1–3 years.

- Partner countries implementing health plans for more than 3 years have seen an increase in coverage of Penta3 of 3.3 percent vs. 2.1 percent for countries implementing for 1–3 years.

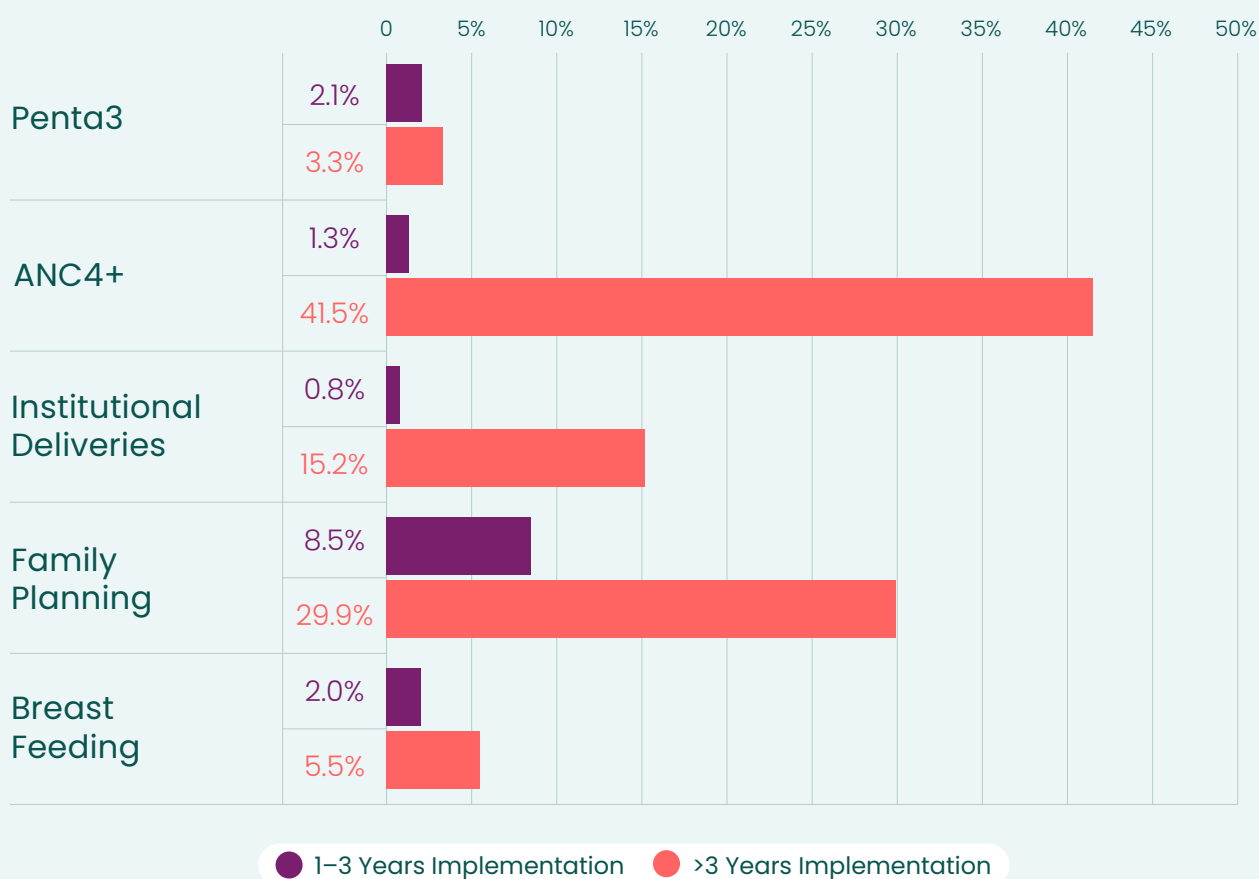
All GFF partner countries with recent available data have shown declines in adolescent birth rates and maternal mortality, and almost all have seen declines in under-five mortality, neonatal mortality, and stunting in children under five years old.

Similar progress can be seen in countries that have collaborated with the GFF for at least three years. The vast majority of these countries (20 countries)—83 percent—have successfully reduced stunting rates among children under five years, surpassing the 74 percent average across all GFF-supported countries.

The results highlighted in this report show how, despite recent setbacks, countries—with the support of the GFF partnership—are accelerating progress to end preventable deaths for women, children and adolescents, by improving quality, affordable health care for all. But fulfilling the global promise to end preventable deaths will require sustained commitment and investment from partners in the international community.

With 4.5 billion people lacking access to a basic package of health services and 2 billion people suffering financial hardship in accessing services, this is no time for complacency. Ensuring that women, children and adolescents can access better health and rights requires an even greater collective commitment, increased focus on strengthening systems, more collaboration, and continued innovation and learning.

FIGURE 4
Median Percentage Improvement between IC Baseline (Country-Specific) and 2022



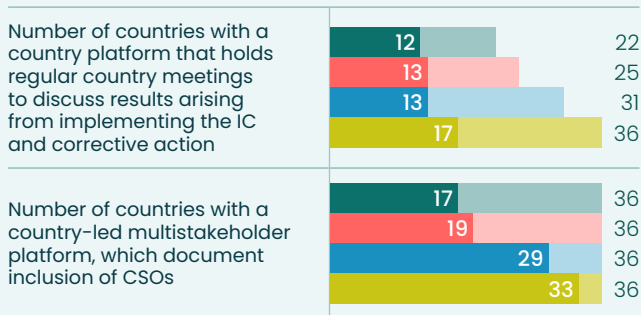
Source: Family planning and Penta3: WHO/UNICEF Estimates of National Immunization Coverage for DTP3 and Track20 for modern contraceptives. ANC4+, institutional deliveries, and breast feeding: Global Financing Facility country data.

Progress against the GFF Logic Model

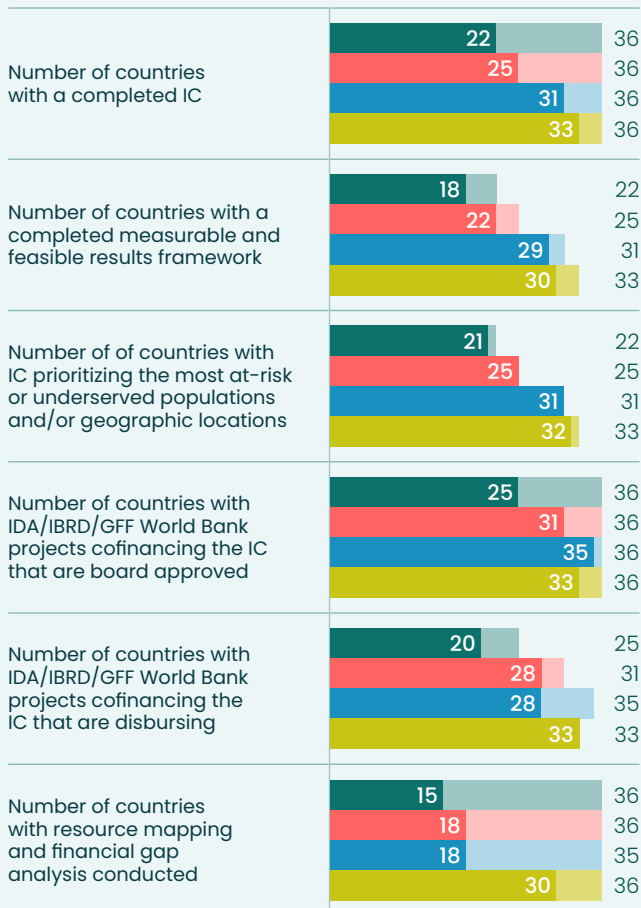
The charts below summarize the annual progress and achievements in terms of outputs, outcomes, and impact indicators across the GFF logic model, as of June 2023. They also provide a summary of priority areas such as RMNCAH-N, health financing, health systems strengthening and equity included in country investment cases.

Output Indicators

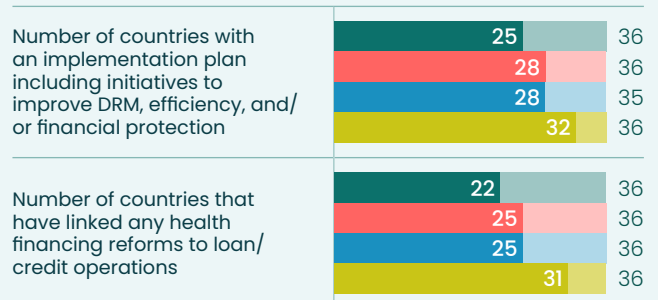
Sustained government-led multistakeholder engagement platform



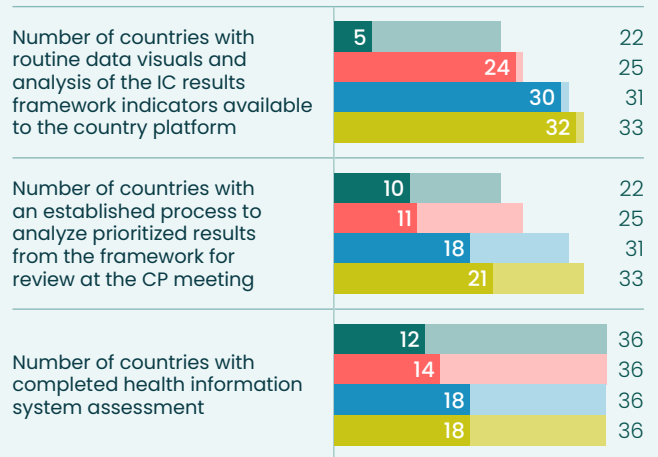
National and donor investment aligned in support of investment case (IC)



Financing and systems reforms prioritized

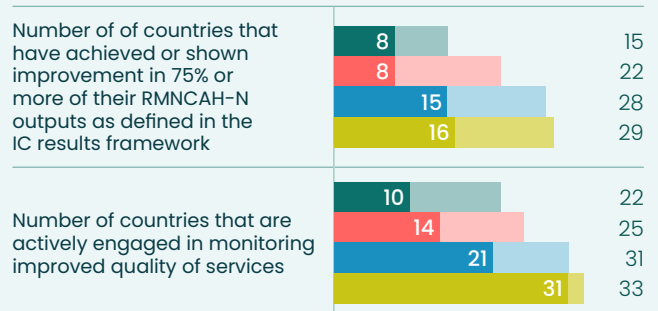


Functional, national data platform



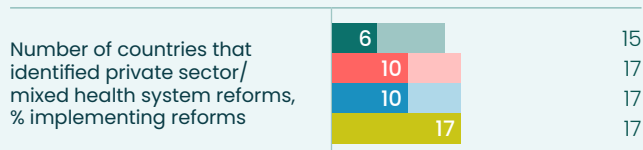
Medium-Term Outcome Indicators

Improvement in service delivery

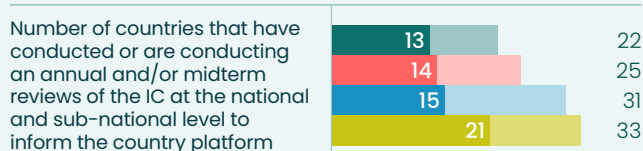


Key: ● 2020 ● 2021 ● 2022 ● 2023 ◐ No recent data available

Financing and systems reforms adopted and implemented

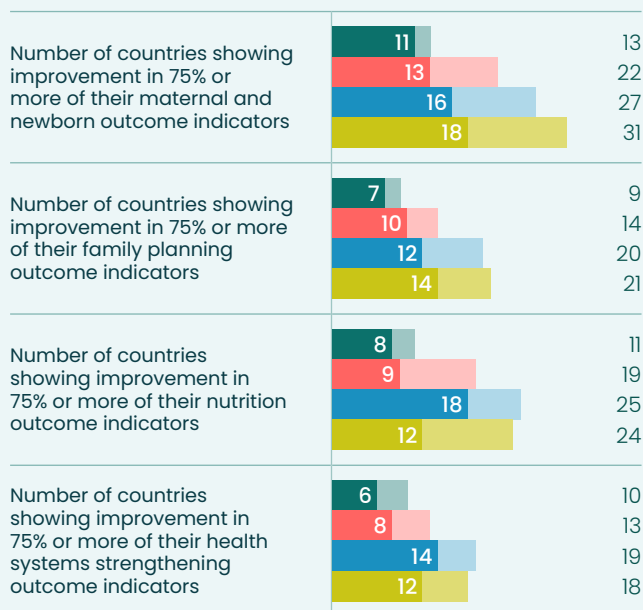


Systematic use of data to inform decision making



Long-Term Outcome Indicators

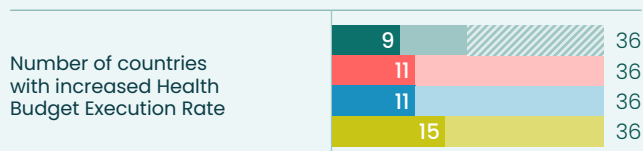
Equitable, scaled, sustained coverage of high impact interventions



Increased and sustained resources for health

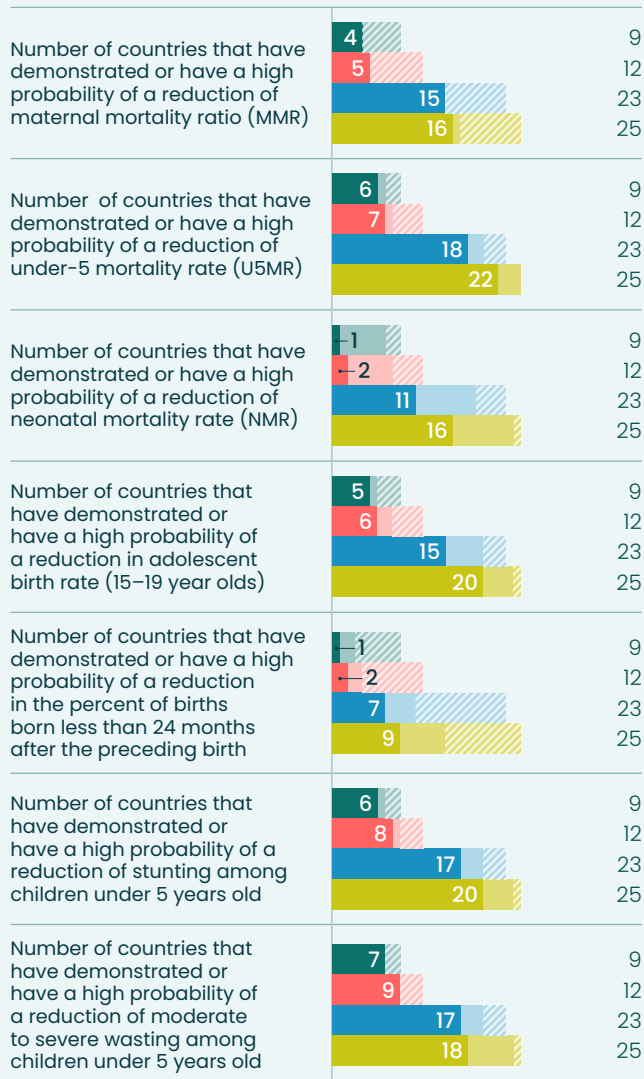


Improved efficiency of health related investments

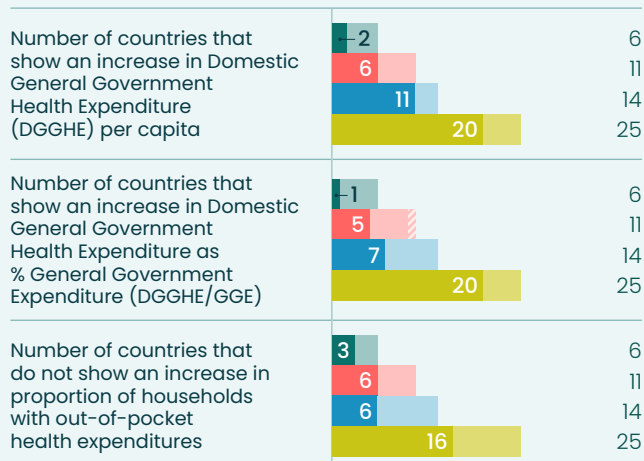


Impact Indicators

Accelerated improvements in RMNCAH-N indicators ("results")



Strengthened platform for PHC/UHC



Delivering the Strategy and Measuring Results

To achieve the GFF mission and support partner countries, the GFF partnership relies on a five-year strategy built around five strategic directions that guide GFF support to countries.

New key performance indicators (KPIs) are tracking strategy implementation across the GFF's five strategic directions and allow for analysis and oversight of six crosscutting issues: (1) country leadership; (2) alignment; (3) gender and equity; (4) civil society and youth engagement; (5) financing and systems reforms on critical path to improved RMNCAH-N outcomes; and (6) data use (see page 19).

Initial results reflect considerable variation across the KPIs, indicative of the time the GFF has focused on specific areas as well as the nature of activities

being measured. Areas that have emerged as more recent priorities for the GFF—including gender, human resources for health, and commodity financing—have lower baseline values. Other important insights from the initial KPI results analysis reveal that those countries dealing with fragility, conflict and violence (FCV) face higher challenges and report lower baseline benchmarks on most dimensions, which calls for a continued, tailored approach. And as expected, a longer duration of implementation is strongly associated with the achievement of benchmarks.

The next section will unpack in more detail the progress made under each of the five strategic directions and look at factors for success in selected partner countries.



Strategic Directions of the GFF 2021–2025 Strategy (as of June 2023)

Strategic Direction 1: Bolster Country Leadership

32 GFF partner countries led the **completion of a health plan with prioritized actions for women’s, children’s, and adolescent health.**

Strategic Direction 2: Advance Equity, Voice, and Gender Equality

26 GFF partner countries have started to **implement strategies that address RMNCAH-N equity gaps;** 18 countries are showing measurable progress.

The majority of GFF partner countries are currently identifying **gender gaps** and developing strategies to address them. Sixteen countries are implementing their strategies, with eight of these already showing measurable progress.

Strategic Direction 3: Reimagine Service Delivery

31 GFF partner countries **actively engaged in monitoring the quality of health services,** up from 21 countries in 2022.

Strategic Direction 4: Build More Resilient, Equitable, and Sustainable Health Financing Systems

24 countries have shown measurable results and almost all GFF countries have **prioritized health financing reforms related to domestic resource mobilization (DRM), efficiency, and financial protection.**

Strategic Direction 5: Focus on Implementation and Results

22 countries are **updating and reviewing equity and coverage analysis annually** compared to 15 partner countries in 2022.

Transforming Health Care in Kenya's Communities for a More Prosperous, Resilient Future

Kenya joined the GFF partnership in 2015 as one of the four front-runner countries. At the time, Kenya had made notable gains in the health of women, children and adolescents. However, challenges remained, including slow progress in maternal and neonatal mortality, high adolescent fertility, and inequitable access to health coverage across Kenya's counties.

With many communities facing barriers in access to care, the government took bold steps to ensure no one would be left behind in the journey toward better health. In 2016, leveraging its partnership with the GFF and the World Bank, the government of Kenya led the development of a [national investment framework](#) as a road map for universal health coverage. The framework prioritized 20 counties across Kenya whose residents rarely went to hospitals because they either lived too far away or could not afford the services. Guided by the national framework, each county designed its own health plan and engaged with local leaders, youth advocates, and civil society representatives to understand the specific needs of underserved communities.

To support the implementation of county health plans, a US\$40 million GFF grant financed the US\$150 million Transforming Health Systems for Universal Care Project (THS-UCP). Through this

World Bank project, Kenya's counties committed to increasing domestic resources for health. In 2021, nearly 80 percent of 48 counties allocated at least 30 percent of their budget to health, a massive jump from only 19 percent in 2015. These additional domestic resources, complemented by financing from development partners, have helped fund priority investments in each county. For example:



Narok county opened more than 20 new health facilities and equipped them with essential equipment—new delivery beds, solar systems, and water tanks to ensure adequate supplies of electricity and water. This helped expand access: From 2014 to 2022, countywide births in institutions increased from 39 to 69 percent and vaccination among children under two years old increased from 66 to 75 percent.



Kajaiido county has gone from having less than 10 health centers to about 154, with visible impact. Between 2014 and 2022, deliveries in institutions countywide have jumped from 62 to 85 percent, while use of modern contraceptives has increased from 45 to 57 percent. In 2022, access to pre- and post-pregnancy care and nutritional care to reduce stunting has passed the national average.



As of June 2023:

14.7 million

people have received essential health, nutrition, and population services

7.3 million

children have been immunized

7.4 million

deliveries have been attended by skilled health personnel

These efforts have helped transform communities. Now, fewer women are dying from complications associated with pregnancy or birth, more children are growing up strong and healthy, and fewer adolescent girls are giving birth.

Between 2014 and 2022:

↓ 21%

reduction in under-five mortality

↓ 18%

reduction in infant mortality

↓ 24%

reduction in adolescent birth rate

↓ 31%

reduction in under-five stunting



When I was pregnant, I came to this clinic for antenatal care. I am happy that I got a safe place to give birth and I did not have to pay. Before I give birth again, I will make sure to get family planning so that I get enough time and resources to send my kids to school and provide for them.

Jannefer Sarinke

Patient, Shompole Dispensary, Kajiado County, Kenya



[Learn more ↗](#)



STRATEGIC DIRECTION

01

Bolster Country Leadership and Partner Alignment

Key Performance Indicators



KPI 1
Investment
case process



KPI 2
Prioritization



KPI 3
Country platform
functionality



The GFF has consistently supported initiatives to strengthen country leadership and partner alignment, including by helping to link funding with country priorities to drive transformative change, and working beyond health in cross-sectoral partnerships with education, social protection and governance efforts.

Investment case (IC) development guidance was updated in 2023, to better respond to country needs and allow for ICs to function as “living documents.”

The KPIs for this strategic direction measure where countries stand in terms of their IC, prioritization and alignment process as well as the impact of country platforms in ensuring IC implementation and monitoring.



KPI 1:
Investment case process

32 countries completed an IC supported and validated by the government. With countries in the driver’s seat, this contributes to country ownership and leadership.



KPI 2:
Prioritization

More than half of GFF partner countries with an IC (20 countries) have used resource mapping and gap analysis to inform IC prioritization process.

In GFF partner countries, while most countries have completed a resource mapping, uptake and use of the data for annual planning and implementation of the IC remains a challenge. The GFF supports these countries to build and strengthen health financing data-use capacity to ensure clear use of these data in prioritization and alignment on an annual basis.



KPI 3:
Country platform functionality

Three-quarters of country platforms (26 countries) demonstrate active participation of varied stakeholders and regular meetings.

Several GFF partner countries have made progress in these areas:

In the **Central African Republic**, the GFF provided technical assistance to monitor the alignment of spending and budgeting, and to document lessons learned to build on progress. These efforts are supporting the government to launch a “one plan, one budget, one report” pilot alignment program with a view toward accelerating health outcomes.

In the **Democratic Republic of the Congo**, the GFF facilitated the implementation of a single contract for donor engagement (*contrat unique*) to align donors at provincial levels. The GFF also supports coordination across the health sector through the *Groupe Inter Bailleurs Santé*, which enhances alignment through activities such as regular stakeholder mapping.

In **Sierra Leone** the sectorwide resource mapping and expenditure tracking (RMET) exercise, completed in 2023, facilitated the coordination of investments and avoids duplication by assessing resource gaps across partners, programs, and geographic areas. Partners have used the data to coordinate investments, support grant planning, and gauge the health ministry’s capacity to absorb additional funding.

Enabling Alignment, Increasing Collaboration

Lessons from country engagement show that engaging in joint technical assistance and cofinancing opportunities requires different incentive structures, alignment of grant cycles, and more flexible financing.

In **Pakistan**, which joined the GFF partnership in 2019, the **sustainable financing for health accelerator (SFHA)** improves coordination across the health sector by bringing donors and partners together to improve health financing. Pakistan is also working on a second **resource mapping and expenditure tracking (RMET)** exercise with the aim to align it with the national health accounts and develop a road map for integrating the country's financial management information systems.

Donor alignment around the “one plan, one budget, one report” approach supports country leadership to ensure that donors effectively and efficiently support a country's priorities. To further advance this agenda, the GFF supported a collaboration between partner countries and development partners within an alignment working group, with the objective to strengthen alignment efforts at the country level, placing them under government leadership.

- The alignment working group, chaired by the Minister of Health for Ethiopia, and comprising ministers of health, members of civil society organizations, and representatives of bilateral and multilateral donors, has developed alignment diagnostics to provide a “health check” of a country's status against the domains of “one plan, one budget, and one report”—as well as an alignment maturity model to help advance countries along an alignment spectrum.
- Following the roll-out of these diagnostic tools, four pilot countries (**Burkina Faso, Central African Republic, Ethiopia, and Rwanda**) have developed action plans to increase alignment of financing and service delivery. Going forward, an additional four countries are expected to join this effort in 2024.
- To support country-level efforts, a ministerial alignment network serves as a platform for a harmonized approach to influencing the global health agenda.





02

Advancing Equity, Voice, and Gender Equality

Key Performance Indicators



KPI 4
Increasing gender
equality and voice



KPI 5
Reducing equity gaps



KPI 6
Strengthening civil
society participation



The GFF is continuing to strengthen its support to improve gender equality by investing in community-centered health initiatives that include access to sexual and reproductive health and rights (SRHR), supporting legal reforms protecting women and adolescent girls, engaging civil society and youth organizations, and strengthening registration systems for equal rights and protection.

To measure progress in these critical areas, the KPIs for this strategic direction show where each country stands in terms of promoting gender equality and closing geographical equity gaps for access to services.



KPI 4:
**Increasing gender equality
and voice**

Three-quarters of GFF partner countries (27 countries) have identified one or more gender gaps and formulated strategies to address them. Sixteen of these countries have started to implement these strategies and eight are showing measurable progress.



KPI 5:
Reducing equity gaps

More than 90 percent of GFF partner countries (32 countries) have identified one or more gaps related to poverty, geography or marginalized groups that affect RMNCAH-N outcomes and formulated strategies to address them. The majority of these countries (29 countries) have started to implement these strategies—19 showing measurable progress.



KPI 6:
**Strengthening civil
society participation**

In 17 GFF countries, civil society and youth have actively been involved in the development of the country IC, while in 11 GFF countries they have actively participated but they were not sufficiently involved. The GFF is actively supporting civil society and youth aiming to increase their participation.

Enabling gender-responsive health systems

The Monitoring and Action for Gender and Equity (MAGE) initiative—a partnership between the GFF and Johns Hopkins University Bloomberg School of Public Health—works to advance monitoring, evaluation, and data use to make health services in GFF partner countries more equitable and gender responsive. This is done through a gender assessment at the beginning of each IC cycle, ensuring that age- and sex-disaggregated data and data on gender-related barriers are considered in prioritization processes. In addition, the MAGE initiative ensures gender-responsive indicators and analyses are included in results frameworks and progress reviews. The collaboration initially focuses on six countries: **Côte d’Ivoire, Ethiopia, Ghana, Kenya, Pakistan, and Zambia.**

Côte d’Ivoire’s evaluation of the gender gap in the coverage and service utilization of its universal health insurance found that women’s lower income status tends to limit their access to health insurance, that efforts to enroll poor women in the national health plan have been only marginally successful, and that the absence of maternal health services hampers their enrollment. The next step will be a gender assessment to inform improvements to the insurance coverage scheme as part of GFF cofinancing.

In 2023, the GFF intensified its partnership with the World Bank’s Social Protection and Jobs (SPJ) global practice to advance gender equity objectives, and to support the poorest women in accessing health services free of charge through social safety net programs. For example, in **Kenya**, the GFF recently began a collaboration with SPJ to improve equity and reduce financial barriers for pregnant women to access health services.

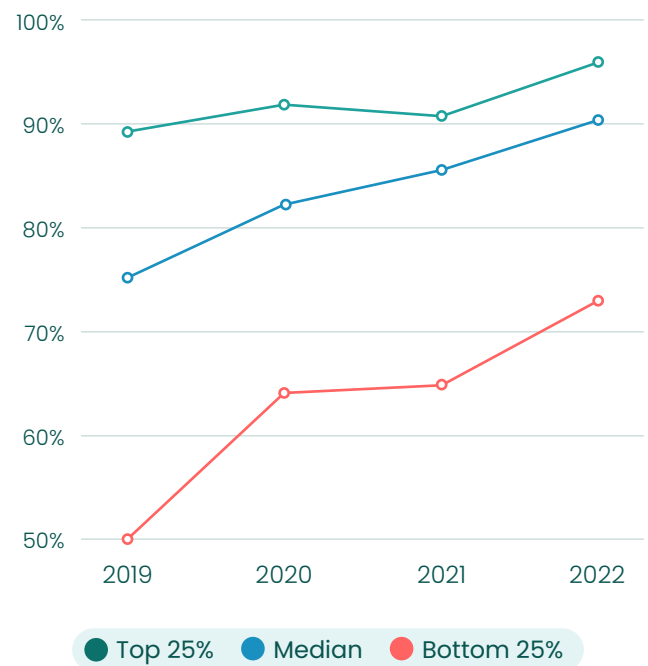
Reaching the unreached

The majority of GFF partner countries have reported improvements in geographic equity in the following five focus areas: (1) antenatal care; (2) vaccination; (3) institutional deliveries; (4) postnatal care; and (5) family planning services. For example, in **Guatemala**, the lowest-performing districts recently

increased the percentage of institutional deliveries, while the highest-performing areas remained stable, thereby reducing the geographic equity gap.

In addition, since partnering with the GFF, seven countries have improved the level of geographic equity regarding pregnant women achieving ANC4+. In **Viet Nam**, the reduced geographic equity gap in the percentage of women attending at least four antenatal care visits was driven by a sharp improvement in the 13 lowest-performing provinces participating in a GFF-cofinanced World Bank project (see figure 5).

FIGURE 5
Viet Nam: ANC4+ Coverage Improvements among the 13 Prioritized Provinces



84%

of women attended at least 4 antenatal care visits in the 13 prioritized provinces in Viet Nam under the World Bank-GFF cofinanced project.

Source: Global Financing Facility.

Note: ANC4+ = four or more antenatal care visits.



Inequity in access to care is not confined to rural communities; it is also prevalent in urban centers. **Zimbabwe's** urban voucher program, supported by a World Bank–GFF project and cofinanced with the government, provides free maternal and newborn health services for pregnant women and new mothers in the lowest-income groups across the pilot areas of Harare and Bulawayo. The voucher program, which includes 35 health centers and four referral central hospitals, has increased the use of maternal and neonatal family planning services, strengthened the supply of quality maternal and neonatal services to low-income urban health districts, and reduced out-of-pocket payments for people living in the poorest urban quintile. The number of women benefiting from the program quadrupled between 2021 and 2022.



I did not have the money to come for my antenatal care here so when the community health workers came to my home and told me about the urban voucher program, I was relieved. My husband and I don't work so we would not be able to afford giving birth in a hospital.

Panashe Muchiringi

Beneficiary of the urban voucher program, Zimbabwe

Supporting civil society organizations and youth representatives to improve policies and funding

Through a US\$5 million World Bank project, Population Action International (PAI) is helping to strengthen civil society and youth engagement in GFF partner countries through small grants and technical assistance. To date, US\$2.7 million has been allocated to support 51 organizations in 28 partner countries. The initiative also helps to strengthen civil society organization (CSO) coalitions, harnessing their diversity and breadth of expertise. The coalitions have become critical partners to the GFF and other stakeholders and are instrumental in driving change through locally led initiatives.

In **Burkina Faso**, the GFF helped to strengthen the capacity of platform members in stakeholder engagement, results monitoring, and RMET, and helped to establish a CSO and youth platform to review IC implementation. In **Zambia**, the GFF supports the country platform members to monitor IC implementation and review quarterly RMNCAH-N reports. Due to GFF engagement, the platform has become more inclusive with greater representation from CSOs, youth advocates and the private sector.

In **Uganda**, the Faith for Family Health Initiative (3FHi), supported under the GFF CSO project hosted by PAI, has mobilized and trained RMNCAH-N champions, including more than 200 religious and cultural leaders, youth, and policymakers to advocate for more funding. In Ntoroko, one of the project's target districts, these efforts have led to a substantial increase (of 31 percent) in the domestic budget for women's, child, and adolescent health. Key results over the project period (2019 to 2022) include the following: a decline in the unmet need for family planning (96.7 percent to 52.5 percent); a drop in the under-five mortality rate (64 to 22 deaths per 1,000 live births); a rise in deliveries attended by a skilled provider (64 percent to 79 percent); and a drop in the maternal mortality rate (108 to 68 deaths per 100,000 live births).

Since the completion of the project in Ntoroko, 3FHi has used the same model to expand its work to an additional 11 districts in Uganda.



I am an adolescent health activist, very passionate about reducing child marriages and teenage pregnancies in my community. For me to be able to do this, it is very important that I have a deeper understanding of the policy and legal framework environment on reproductive health and rights. The CSO GFF coalition in Zambia gave me an opportunity to gain a deeper understanding of global perspectives on reproductive health, as well as the RMNCAH-N investment case road map. It also gave me a platform to bring the experiences of young people to the table.

Berta Chulu

Youth Advocate, Zambia





In **Senegal**, where geographic and socioeconomic inequalities in health service coverage are commonplace, the GFF supports a concerted effort by CSOs to ensure health services, including SRHR, reach those most in need. The GFF supported the [Youth Alliance for Reproductive Health and Family Planning](#) to set up an innovative digital tool enabling youth, health workers, and community members to work together and empowering CSOs to convey the SRHR challenges and needs of youth and adolescents to key decision makers. Within a year, young people went from being excluded from policy discussions to having two seats in the local health commission and influencing the local budget. As a result, the municipality of Sédhiou dedicated US\$6,500 to create safe spaces for adolescents and support community dialogue around early marriage. In addition, the municipality of Thiétty allocated US\$4,000 to adolescent health and US\$16,000 to secure ultrasound equipment and essential medicines expected to benefit more than 1,400 women of reproductive age.

In **Mali**, the Centre Sahélien de Prestation ‘Étude d’Éco Développement et Démocratie Appliquée (CSPEEDA) is advancing efforts to increase local resource mobilization to support community health workers through the development of action plans, monitoring mechanisms and budget advocacy. In Sirakorola commune—one of four communes targeted for this advocacy—CSPEEDA has succeeded in securing a commitment of CFAF3.6 million West African CFA francs in funding to support capacity strengthening for community health workers. An additional CFAF7 million were committed to equip Sirakorola’s Zana community health center, reducing the distance for some community members seeking specialized care by as much as 60 kilometers.



Having more resources for SRHR can provide a lifeline for many adolescent girls in the community. It also attests to the importance of having youth voices heard in circles they would not otherwise be heard, giving them a chance to bring transformative change.

Aminata Badiane Thioye

Communication and Advocacy Lead,
National Alliance of Youth for Reproductive
Health and Family Planning, Senegal

[Read Aminata’s blog](#) ↗



Promoting sexual and reproductive health and rights

The GFF has continued to scale up support to prioritize SRHR in ICs and facilitate dialogue on policy and financing reforms to create health systems responsive to the needs of women and children. Specific actions included the following:

- Integrating SRHR into primary and community health care
- Strengthening country supply chains and procurement systems for family planning and other reproductive health commodities
- Ensuring more efficient resource allocation for SRHR
- Building robust data systems to track funding and progress as well as enabling policy and legal reforms



The government passed a new law that finally allows pregnant girls to stay in school, allowing me to continue my studies and achieve my dream even though I am pregnant.

Leticia Panguoko Kuete

Student, Cameroon



With these efforts, the GFF is on track to reach the following targets set out in the **SRHR Acceleration Plan**, announced in 2021 at the [Generation Equality Forum](#):

Expand access to family planning for more than 25 million additional adolescents and women.

Since 2015, GFF partner country investments reached 630 million women and adolescents with modern contraceptives, with more than 235 million unintended pregnancies averted. This figure represents an additional 30.5 million beneficiaries reached in GFF-supported countries over the past fiscal year.¹¹

Integrate comprehensive SRHR services for the health systems in at least 20 additional countries and catalyze increased and more efficient financing for SRHR.

SRHR prioritization in country ICs and GFF grants increased to 97 percent in 2022 compared to 80 percent in 2021, equivalent to 35 countries in total. While ICs are only the first step in the process, this provides a strong foundation for the integration of comprehensive SRHR services in national health systems.

Advance legal and policy reforms in 10 countries to create more opportunities for women, girls, and adolescents to access SRHR services and information.

To date, three specific SRHR-related legal reforms—in **Niger**, **Cameroon**, and **Benin**—have been adopted, with two more, in **Liberia** and **Sierra Leone**, currently underway supported by the GFF.

Increase support to women and youth-led organizations networks and movements with at least US\$3 million per year.

To date, \$2.7 million in grants have been disbursed to CSO and youth partners. Moving into 2024, new investments will be prepared to support global and country-level engagement with civil society, youth organizations, and existing convening platforms for SRHR. This area is progressing as planned.

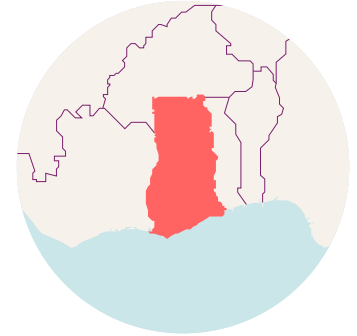
Country Results for SRHR

Ghana

The number of new users of family planning in Ghana increased by 43 percent between 2021 and 2022, with the biggest increase recorded among young women 20 to 24 years old.

43%

increase in number of new users of family planning

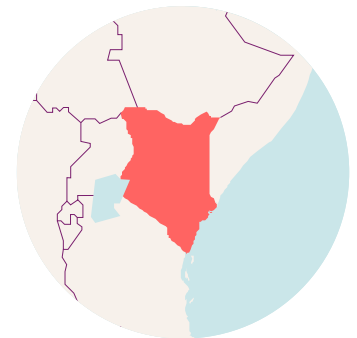


Kenya

The GFF provided short-term financing for contraceptives in Kenya, and supported advocates to ensure family planning is included in the IC budget. The country's birth rate per 1,000 adolescent girls dropped from 96 in 2014 to 73 in 2022—a reduction of 24 percent.

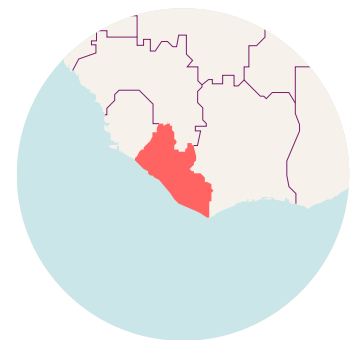
24%

reduction in Kenya's adolescent birth rate



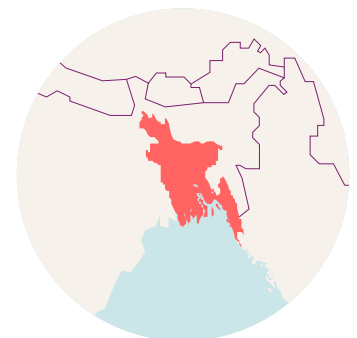
Liberia

In Liberia, a [health project](#) supported by the World Bank and the GFF has contributed to a rise (by more than 18 percent between 2021 and 2022) in the number of adolescent girls receiving family planning counseling. The project achieved this by linking the health and [education](#) sectors to reach more girls in schools with information on sexual and reproductive health as well as by training female school counselors to address issues associated with gender-based violence and adolescent pregnancy.



Bangladesh

In Bangladesh, the GFF cofinanced health and education projects and provided technical assistance to help improve adolescent health through targeted school-based programs that offer awareness sessions and advice on sexual and reproductive health. These programs aim to address adolescent pregnancy rates, by keeping girls in school and increasing access to adolescent health and nutrition services. A GFF-supported analysis is expected to inform the scale up of adolescent health programs in the country, particularly in Sylhet and Chittagong divisions.



Unlocking Girls' Potential by Changing Attitudes in Senegal

"I'm the lucky one. There are many like me who need to benefit from this project," says 13-year-old Mariama, who lives in Senegal's Tambacounda region. Mariama, the youngest of five children, used to spend her days fetching water and doing household chores. Her dream of attending school and exploring professional opportunities seemed unattainable.

This all changed when Mariama was selected as one of 900 adolescent girls in Tambacounda who participate in the government-led [Invest in Maternal and Child Health](#) pilot project. Delivered in partnership with the community, the GFF and World Bank-supported project helps to unlock opportunities for young girls and break cycles of generational poverty.

Mariama received a small bursary and dignity kits to improve menstrual hygiene and has access to safe spaces and community groups that discuss

reproductive health, female genital mutilation, and early marriage. She is learning to read and write and takes part in vocational courses. Alongside her education, Mariama is training as a cook and wants to run a restaurant in the future. "I can see now that I have prospects," she says. "I want to become someone and help lift my family out of poverty. Only *then* I will think about marriage." Before the project, marriage always came first.

Previously, Mariama's father was firm in his belief that all girls should be married off. However, now he says that due to the positive changes he has seen, he is convinced that Mariama's future and empowerment are far more important.

In partnership with village health committees, the project is set to enroll another 50,000 young girls across Senegal later in the year.

[Read more about Mariama's story](#) ↗



We take initiative to prevent risks by holding awareness sessions within schools. I advise girls not to get married early and I speak to their parents. We also advise those who are already married against early pregnancy.

Fahima Akter

Sub-Assistant Community Medical Officer, School Health Clinic
Tangail, Dhaka, Bangladesh





03

Protect and Promote High Quality Essential Health Services by Reimagining Service Delivery

Key Performance Indicators



KPI 7
Service quality



KPI 8
Human resources
for health reforms



KPI 9
Public-private
engagement



The GFF supports countries to build resilient health systems with community-centered primary care at their core. This includes support for critical equipment, medicines, and supplies as well as ensuring that the workforce can deliver services safely and effectively and promoting innovative service delivery models for women, children and adolescents.

An urgent need remains to ensure continuity of essential health services through crises, strengthen service quality, reimagine service delivery to reach the most vulnerable communities, and build more resilient and equitable health systems for the future.

The KPIs for this strategic direction track service quality, human resources for health reforms and public-private engagement.



KPI 7:
Service quality

While service quality declined across many GFF partner countries during the COVID-19 pandemic, most are showing positive signs of recovery.

Measurable progress in improving the quality of RMNCAH-N service delivery is evidenced in 23 countries; however, 10 countries are showing little to no progress. Because implementation of health reforms represents the main obstacle to progress, the GFF will focus technical assistance and second-round financing toward making the reforms operational.



KPI 8:
Human resources for health reforms

Twenty-seven GFF countries prioritized a robust health care workforce in achieving improved outcomes in RMNCAH-N. Among these countries, significant progress is underway and 20 have initiated the implementation of strategies to

improve the quality of service delivery. However, 14 out of the 27 countries have gaps in their measurement approach, with improvements needed in how they are tracking progress toward strengthened human resources for health.



KPI 9:
Public-private engagement

In 2023, the GFF began a review of its private sector activities to take stock of lessons learned. This review is being coupled with a partnership-driven consultative process for refining the GFF approach to private sector engagement, to reflect on how private partner resources and capabilities can better support countries to improve health and nutrition outcomes for women, children, and adolescents. This consultative approach will be conducted in 2024.

Several GFF partner countries have made progress in these areas:

In **Viet Nam** the GFF supports strengthening the quality of the primary health care system, with a focus on rural and poor provinces. The proportion of commune health stations meeting national standards for quality decreased to 47 percent in 2021, rising to 58 percent in 2022 with GFF support.

The number of women screened for cervical cancer at community health facilities more than doubled between 2019 and 2022 in the provinces covered by GFF-supported projects.



The GFF collaborated with UNICEF in **Tanzania**—one of the GFF’s front-runner partner countries—to improve the quality of intrapartum care and neonatal resuscitation, one of the priorities in the country’s IC. The project, the Safer Births Bundle of Care (SBBC) was led by Haydom Hospital and implemented in 30 hospitals in five regions of the country, and preliminary results show improvements in provider capacity, along with significant reductions in maternal and early newborn mortality. The success of this innovation has led to the inclusion of the SBBC innovation in the World Bank/GFF project.

The GFF’s support for service delivery redesign seeks to strengthen the health system to deliver the right services by the right providers at the right level of the health system. The GFF is currently supporting feasibility assessments in **Chad, Côte d’Ivoire, the Democratic Republic of the Congo, Niger, and Pakistan**. The assessments help to identify gaps in systems quality and barriers to access life-saving care for women, with the goal to help redesign service delivery. In **Ghana**, the GFF has helped to operationalize and expand an integrated model of primary health care service delivery, which ensures women can give birth with access to high-quality comprehensive emergency obstetric and newborn care.

Given the growing demand among partner countries for support in service delivery reforms, the GFF aims to scale up its technical assistance in this area, including through formative research, human-centered design support, implementation research, and health financing technical assistance.

In **Burkina Faso**, the GFF focuses on community health and service quality, especially in conflict-afflicted areas. The proportion of health facilities meeting minimum standards (at least three staff members including a nurse, a midwife or auxiliary midwife, and an itinerant health worker), increased by 5 percent in priority regions between 2020 and 2022, despite security challenges. To boost the skills of the health workforce, nearly 10,000 health workers were trained in 2022 with GFF–World Bank support, up from 2,000 health workers in 2021.

Between 2021 and 2022 alone, **Guinea** more than tripled its number of community health agents, a quarter of whom were recruited, trained and equipped through a GFF-supported World Bank project that brought high quality skills. **Côte d’Ivoire** reported a 50 percent increase in the number of child health cases handled by community health workers in the same period, following community health reforms supported by the GFF.

In **Liberia**, the GFF has supported building a strong national community health workforce under a national program that transformed delivery of health services. It achieved this by bringing quality and affordable care to the doorsteps of rural communities. Since the program’s launch in 2016, community health workers conducted almost 9 million home visits, including more than 550,000 pregnancy visits and more than 1.2 million screenings for malnutrition cases. Health workers also provided 500,000 women with access to family planning services and referred more than 355,000 pregnant women for antenatal care and facility-based delivery.



The more I do this work, the more I realize the best way to reach out to communities is through people like us that are part of the community. We advise pregnant girls to seek care because most of them are too ashamed to go to the health facilities ... so we bring nurses to their homes or support them to go to the clinic.

Victoria

Youth advocate, Founder Rescue Our People, Liberia



In **Côte d'Ivoire**, the GFF is collaborating with the World Bank to support the government's vision for a mixed health systems approach where services are provided both by the public and private sectors. GFF technical assistance supported strategic public-private engagement focusing on equity and inclusion and social insurance programs; quality of care and licensing standards for private facilities; and increasing access to essential laboratory and radiology services through a public-private-partnership (PPP) model. The GFF also facilitated a collaboration between the World Bank and the International Finance Corporation (IFC) on laboratory and radiology PPPs in public hospitals

in two regions, Abidjan and Abengourou, where access to diagnostic services is low for the poorest populations. As a first phase, a GFF-supported analysis will define how the IDA/GFF cofinanced project can ensure a strong focus on equitable access to the diagnostic services and help set up the appropriate funding modalities to implement the PPP. This effort will address supplyside infrastructure constraints in the public sector and reduce existing demand side barriers for vulnerable women and children.

Preventing and preparing for pandemics

Lessons learned from the COVID-19 pandemic highlight the importance of complementarity between efforts to strengthen pandemic prevention, preparedness, and response on the one hand—and on the other, we see that long-term efforts to advance the systems reforms are even more critical for improving the health of women, children and adolescents.

In **Zambia**, the GFF contributed to an emergency response and health systems project from 2021 to 2023. The GFF's support has focused on the continuity of essential services and because of the project, the country introduced the following service improvements:

- Enhanced telemedicine services to address rural disparities in access to specialist services
- Improved care for vulnerable newborns through better access to oxygen supply and ultrasound diagnostics
- Specialized labor and delivery care unit and three newborn special care units
- Strengthened networks for blood transfusions
- Expanded national plan for psychosocial support

WATCH:

[Partnering with CSOs in Zambia to Improve Health Outcomes for Women, Children & Adolescents](#)

The GFF Role in Advancing Nutrition for Growth

Proper nutrition is a prerequisite for health and prosperity, particularly for young children. Nevertheless, it is an area that tends to be both neglected and underfunded. As a result, an estimated 45 million children under five years old suffer from wasting worldwide, while 149 million experience stunted growth. Alarming, the number of pregnant women and girls suffering from malnutrition has soared by 25 percent since 2020 in the 12 countries that have been hardest hit by the global food and nutrition crisis.¹² However, we do see signs of improvement: By 2022, three-quarters of all GFF-supported countries with available data reported a reduction in the stunting rate among children under five.

The GFF supports nutrition interventions as part of maternal and child health services by, for example, assisting countries in mobilizing more resources for nutrition, training health workers on child feeding practices, bolstering supply chains to deliver nutrition commodities, and improving the quality and use of nutrition data.

In **Kenya**, with GFF support, the proportion of children from 12 to 59 months old who received two age-appropriate doses of Vitamin A increased from 21 percent in 2014 to 93 percent in 2022. Many efforts by the government and its partners have contributed to a reduction of stunting among children under five

years from 26 to 18 percent over the same period. In **Ethiopia**, the GFF contributed to the proportion of children receiving at least two doses of vitamin A to increase by 24 percent between 2019 and 2022.

In **Indonesia**, where the GFF supports the national program to combat stunting, exclusive breastfeeding increased from 60 percent in 2019 to 72 percent in 2022 and the percentage of households receiving nutritious food through the food assistance program climbed from just over 1 percent in 2018 to over 20 percent in 2022. In **Nigeria**, the number of children from 6 to 24 months old who received micronutrient powders as part of complementary feeding increased by 21 percent between 2021 and 2022. The improvement in prioritized states amounted to 91 percent, compared to just 13 percent in other states.

In **Rwanda**, the GFF helps to strengthen the existing early childhood development (ECD) nutrition platform, which includes community-based organizations and the private sector, among others. The number of children ages 3 to 6 years enrolled in Rwanda's ECD program increased by 43 percent between 2019 and 2022. The GFF also supported the introduction of a scorecard to monitor child nutrition progress at household level, which has been rolled out in more than 70 percent of all districts in Rwanda.



We will continue to engage at the national level and make sure nutrition is part of the design and implementation of programs and monitor how services are delivered at the community level. In the end we are able to see a child whose life is saved from malnutrition, a child who is able to go to school, learn, and prepare for their future.

Nooliet Kabanyana

Executive Secretary, Rwanda NGOs Forum, Rwanda





04

Build More Resilient, Equitable, and Sustainable Health Financing Systems

Key Performance Indicators



KPI 10
Health financing
reforms



KPI 11
Domestic resource
mobilization



KPI 12
Commodity
financing reforms



The GFF’s agenda on domestic resource utilization and mobilization (DRUM) aims to increase both the volume and efficiency of domestic public resources for RMNCAH-N services and intensify support for health financing reforms in partner countries. Since first introducing health financing, the GFF has shifted the focus of its cofinanced projects from predominantly results-based financing to financing reforms.

A 2023 review of DRUM found that the GFF has supported health financing reforms in almost all partner countries in at least one of the following areas: (1) efficiency of resource use; (2) financial protection; and (3) domestic resource mobilization.

Efficiency reforms include performance- and results-based financing, strengthening of public financial management, and roll-out and institutionalization of budget tagging, tracking, and evaluation. Examples of financial protection reforms include the introduction of social health protection programs, free health care schemes, and universal health coverage reforms. In the area of domestic resource mobilization (DRM), the GFF has supported countries in utilizing evidence-based advocacy to secure financing, ensuring sustainable funding for community-based health insurance, and analyzing different resource mobilization initiatives.

Through DRUM, the GFF has supported 27 countries to develop and implement financial efficiency reforms, such as payment reforms and public financial management improvements. We have also supported 22 countries to develop and implement financial protection reforms such as insurance expansion towards UHC and implementation of vouchers.

Fiscal space for health in many GFF partner countries can often be limited. However, new analysis shows that the COVID-19 pandemic and the subsequent economic downturn have changed the macro fiscal landscape dramatically in GFF partner countries. While government health spending generally soared during the first two years of the pandemic, this spending rate lost momentum and began retreating in the third year of the pandemic. With the current economic outlook, more than

half of the 36 GFF partner countries will be unable to increase spending on health and other critical areas of development.¹³ Other global challenges such as climate change, food insecurity, and the war in Ukraine pose additional hurdles to increased investments in health.

Generating more IDA investments in better health for women, children and adolescents

The share of IDA funding allocated to RMNCAH-N dipped sharply as the COVID-19 pandemic hit, particularly in the poorest countries. However, the 2022/23 fiscal year saw a reversal in this trend, and the proportion of IDA funds channeled toward RMNCAH-N services is now higher than before GFF support began—even though it has yet to return to pre-pandemic levels.

Between 2015 and 2023, an additional US\$3.2 billion in IDA funding was allocated to RMNCAH-N in GFF-supported countries. To date, every U.S. dollar invested in the GFF has generated a US\$7 match from the World Bank.

< \$20 billion

cumulative commitments in the
FY 2019–2023 period across 28 countries

The catalytic role of GFF–World Bank cofinancing

In FY 2022/23, governments and development partners came together to allocate US\$878 million to priority health areas outlined in country-led investment cases. This brings the cumulative commitments in the FY 2019–2023 period to approximately US\$20 billion across 28 countries.

As illustrated in figure 6 below, GFF and World Bank cofinancing (6 percent) has helped to generate a significant share of government contributions (55 percent) as well as financing from global partners (39 percent). GFF financing has thus helped align existing and new resources in support of country health plans.

To measure progress in health financing, the GFF developed indicators that assess health financing reforms, domestic resource mobilization, and commodity financing reforms.

FIGURE 6
Financial Commitments to Country-Led Investment Cases, FY 2019–2023



Government US\$10.87 Billion	55%
GFF–World Bank US\$1.27 Billion	6%
Other partners US\$7.61 Billion	39%

Source: Global Financing Facility.



KPI 10:
Health financing reforms

Nearly 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. The majority of these reforms have started implementation with support from GFF, and 23 countries have begun to show measurable progress.



KPI 11:
Domestic resource mobilization

Fifteen GFF countries have developed strategies, analytics and reforms or entry points for DRM that can inform policy dialogue and advocacy. Fourteen 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:
Commodity financing reforms
Preliminary data

With GFF support, many partner countries (31) have prioritized reforms to ensure sufficiency of financing for RMNCAH–N commodities. Fewer countries have measurement frameworks in place, and very few countries are showing progress on implementing commodity financing reforms linked to GFF support, showing a need to focus GFF technical assistance on implementation.

Health financing reforms: Resource mapping and expenditure tracking

A key step in securing sufficient financing for country health plans is tracking health resources through exercises such as resource mapping and

expenditure tracking (RMET), a country health system exercise supported by the GFF. RMET helps countries to identify resource gaps, align donor and government financing, and improve the efficiency and equity of health spending.

In **Rwanda**, where the IC is largely focused on improving nutrition, the RMET work has focused on tagging nutrition-related lines across sectors in the national budget. This has allowed the government to estimate total allocations to nutrition programs and link the budget process and expenditure monitoring with Rwanda's program for early childhood development. **Indonesia** has completed a similar cycle of budget tagging, tracking, and evaluation of nutrition spending with GFF support.

These efforts have informed the preparation of a results-based nutrition and early years program, supported by the World Bank.

Over the past fiscal year and based on country demand, the GFF sharpened its support to countries to strengthen country public financial management and data systems and data use for decision making. To avoid fragmenting the system through different health resource tracking approaches, the GFF has worked with the World Health Organization (WHO) National Health Accounts to harmonize work around RMET. The GFF has also engaged with the Global Fund and Gavi on a joint agreement, launched in April 2023, to improve coordination of country support for RMET.

Galvanizing Support for Health Financing

Together with the Gavi, The Global Fund to Fight AIDS, Tuberculosis and Malaria, UHC 2030, and the Partnership for Maternal, Newborn and Child Health, in 2020 the GFF launched the Joint Learning Agenda (JLA) on Health Financing and Universal Health Coverage. The program, which aims to strengthen the capacity of civil society organizations (CSOs) to advocate for increased financing for universal health coverage (UHC), has supported more than 400 CSOs in 20 countries in sub-Saharan Africa. One such example is support to the HINA CSO coalition in **Madagascar**, which embarked on

extensive advocacy efforts including meetings with parliamentarian groups and the health and finance ministries, to persuade the Council of Ministers to include contraceptive products in the national budget. The coalition sent a letter to the president of Madagascar, which included a budget analysis prepared with the support of the JLA. In July 2023, the council authorized a reorganization of the budget to allow the purchase of contraceptives for more than 3.8 million women who already use modern family planning methods, as well as for 1.7 million new users.



The training I received with the JLA program ... has made me aware of the importance of increasing the budget allocated to health and UHC in the development of our country. We are always ready to collaborate with CSOs and to lend our support to all advocacy actions in favor of health financing and UHC.

Lova Rajaobelina

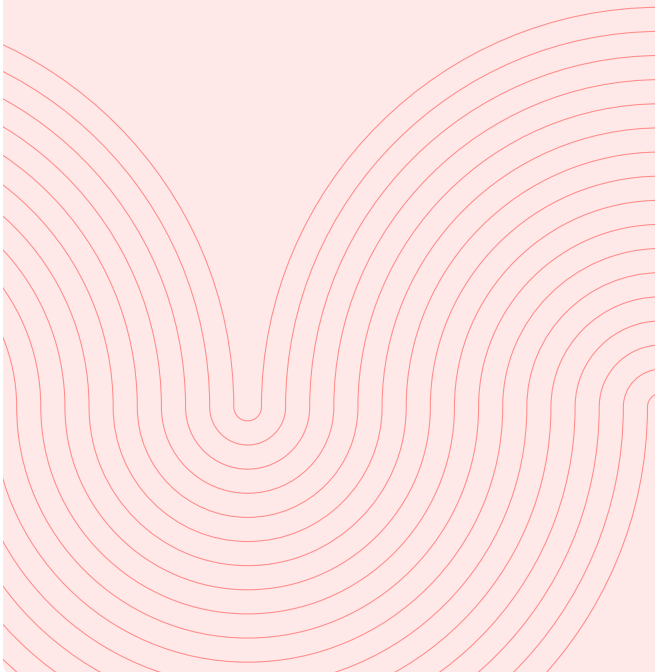
Member of Parliament, Madagascar

Supporting Global and Country Learning on Primary Health Care Financing

Since 2021, the GFF has supported six countries—**Burkina Faso, Ethiopia, Mauritania, Niger, Senegal, and Uganda**—in efforts to reform primary health care (PHC) financing. This support has taken the form of PHC financing diagnostics and engagement with national stakeholders, and generated global, regional, and country-level evidence through a three-to-four-day workshop in each country.

The workshops, jointly organized with the World Health Organization (WHO) and the World Bank and Joint Learning Network for UHC (JLN), have served as catalysts for longer-term support, and allowed all parties to jointly agree on priorities for improving PHC financing. A particular goal has been to move away from fragmented purchasing approaches, such as performance-based financing, toward more strategic purchasing reforms.

The road maps developed during the workshops will form the basis for future health financing engagement between the GFF and each country and may also involve other partners. The GFF is currently preparing similar support to **Côte d'Ivoire, the Democratic Republic of the Congo, and Viet Nam**.





05

Sustain a Relentless Effort on Results

Key Performance Indicators



KPI 13
IC results
frameworks



KPI 14
RMNCAH-N coverage
and equity analysis



KPI 15
Data use



In the past year, GFF countries have made significant progress in strengthening data systems by investing in the generation, analysis and use of data. For this GFF annual update, 32 countries shared data in 2022 (up from 23 countries in 2021), 31 countries shared subnational data (up from 17), and 12 countries submitted specific age- and sex-disaggregated data (up from two countries).

In the past, the GFF relied on IC results frameworks focused solely on country-specific indicators, ensuring a flexible and country-driven process. However, this approach did not allow for cross-portfolio analysis. In 2023, the GFF introduced a set of 11 key performance indicators to measure progress, complementing the country-specific model. The new indicators align with country commitments to global initiatives such as the Every Newborn Action Plan, Ending Preventable Maternal Mortality, and the SDGs.

Specifically, the KPIs concerned with IC results frameworks, RMNCAH-N coverage and equity analysis, and data use relate to this strategic direction, which focuses on results.

Subnational and age- and sex-disaggregated data help to highlight equity-related discrepancies in access. They allow countries and partners to look beyond averages and understand which population groups and services are most at risk, identify the most urgent needs, and target the most vulnerable communities.



KPI 13:
IC results frameworks

Nearly all GFF countries have developed strong results frameworks anchored in a clear and comprehensive theory of change. This signifies a commitment to a systematic approach in planning and implementing initiatives outlined in the IC, aligning actions with a well-defined vision

of the expected outcomes. Further, almost all ICs incorporate a core set of well-defined indicators.



KPI 14:
RMNCAH-N coverage and equity analysis

Approximately two-thirds 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 technical assistance efforts, including annual multicountry workshops facilitated by GFF, Countdown to 2030, and other partners.



KPI 15:
Data use

The majority of GFF countries have successfully established a clear process for reviewing IC implementation progress, primarily through country platforms or technical working groups. These mechanisms bring together stakeholders for in-depth technical discussions, fostering a comprehensive understanding of the progress made. Regarding the regularity of country platform meetings, 17 partner countries hold at least two annual meetings to discuss data. Ensuring consistent and frequent engagement remains a challenge in other countries. The GFF is proactively addressing this challenge and is committed to promoting regular, structured dialogue.

Some country examples include:

GFF works with countries to develop and utilize results frameworks to track IC progress. In **Burkina Faso**, the GFF, in collaboration with Countdown to 2030, supports efforts to strengthen data quality and use for routine IC implementation monitoring. The partnership has facilitated the monitoring and evaluation of progress toward achieving the targets in the results framework by providing information and evidence of the country's RMNCAH-N performance.

In **Zambia**, the GFF supports data availability and use for decision making through real-time visualization of data related to health facilities, availability of health services, and health status of the population, using scorecards as well as improved and digitized civil registration and vital statistics (CRVS) indicators at provincial and district hospitals.

Civil registration and vital statistics: A tool for equal rights

CRVS systems are one of the foundations of robust health systems. With legal documentation, women, children, and adolescents can access health and education services and other social benefits, and early marriages and child labor can be prevented. Strong CRVS systems can also provide faster and more reliable data to help countries understand trends in fertility and mortality and identify populations at risk.

The GFF supports countries with policy reforms to strengthen CRVS, with particular focus on building, reforming, and modernizing electronic systems to expand CRVS registration. The GFF also promotes equitable and gender-responsive CRVS systems and encourages the use of CRVS data for decision making.

Many GFF partner countries have improved their CRVS systems by expanding registration service points, transitioning to electronic systems, training health officials, and raising awareness about the importance of CRVS. For instance, with GFF support—including health worker training on birth recording—**Ethiopia** almost doubled the percentage of births registered in the country between 2021 and 2022. In **Kenya**, the

GFF supported pilot projects for mobile registration in selected counties. For example, in Narok county registration agents were deployed to more than 20 hard-to-reach communities. Within two months, almost 10,000 birth registrations were recorded, and more than 8,000 birth certificates were issued.

With GFF support, CRVS has been introduced in 65 percent of **Liberia's** hospitals, 17 percent of health centers and 29 percent of health districts. In **Rwanda**, the GFF supports a CRVS reform to ensure timely identification and registration of vulnerable women and children to access social services as well as a digitalization of birth and death registrations. Here, 87 percent birth registration completeness and 76 percent timely birth registration were reported in 2022.



Narok is quite vast. So, for a mother to travel to the CRVS office, it is quite a challenge. So that's why most of them don't report the events for registration. With mobile registration, we are reaching out to these communities, sparing them the time and cost of transport. We came, processed the certificates, and took them back to the communities.

Kennedy Nyamweya

County Director, CRVS, Narok County, Kenya



Rapid Cycle Analytics and Data Use

Accurate and timely collection and analysis of data are critical for evidence-based decision making and for building resilient, well-functioning health systems. The GFF supports efforts in nineteen countries to monitor health system performance and improve the quality and timeliness of data through a set of tools known as frequent assessments and system tools for resilience (FASTR). The FASTR approach consists of five types of support:

- **Rapid-cycle health facility surveys** provide a snapshot of primary health care in terms of shocks, service availability and quality, infrastructure, financing, human resources, medical supplies/equipment, leadership and coordination, and community engagement, with integration of gender and equity.
- **Technical assistance for timely analysis of routine data sources** provide insights on data quality, service utilization levels, and service coverage trends across priority RMNCAH-N services.
- **High-frequency household surveys**, conducted in partnership with the World Bank's Living Standards Measurement Study, provide population-based insights on health service utilization and foregone care.
- **Rapid qualitative studies** provide timely feedback to policymakers on emerging health systems issues and allow them to learn from successful reforms and adaptations
- **Capacity building for data use** includes enhancing the ability of countries to generate, analyze, and interpret data for timely decision making.

For example:

In **Burkina Faso**, rapid health facility surveys help to identify gaps in the availability of drugs and readiness of facilities to deliver high quality services, including in conflict areas.

In **Viet Nam**, rapid health facility surveys captured time-sensitive changes in service delivery during a seasonal dengue epidemic to identify frontline health worker challenges in a timely manner.

In **Liberia**, regular monitoring of service utilization statistics identified and quantified how delays in tuberculosis vaccine delivery affected service use.

In **Nigeria**, subnational analysis of reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) service use helped to understand drivers of primary health care performance during the COVID-19 pandemic with a view to strengthen health security and pandemic preparedness.





GFF Financials: Contributions, Commitments and Disbursements

Contributions

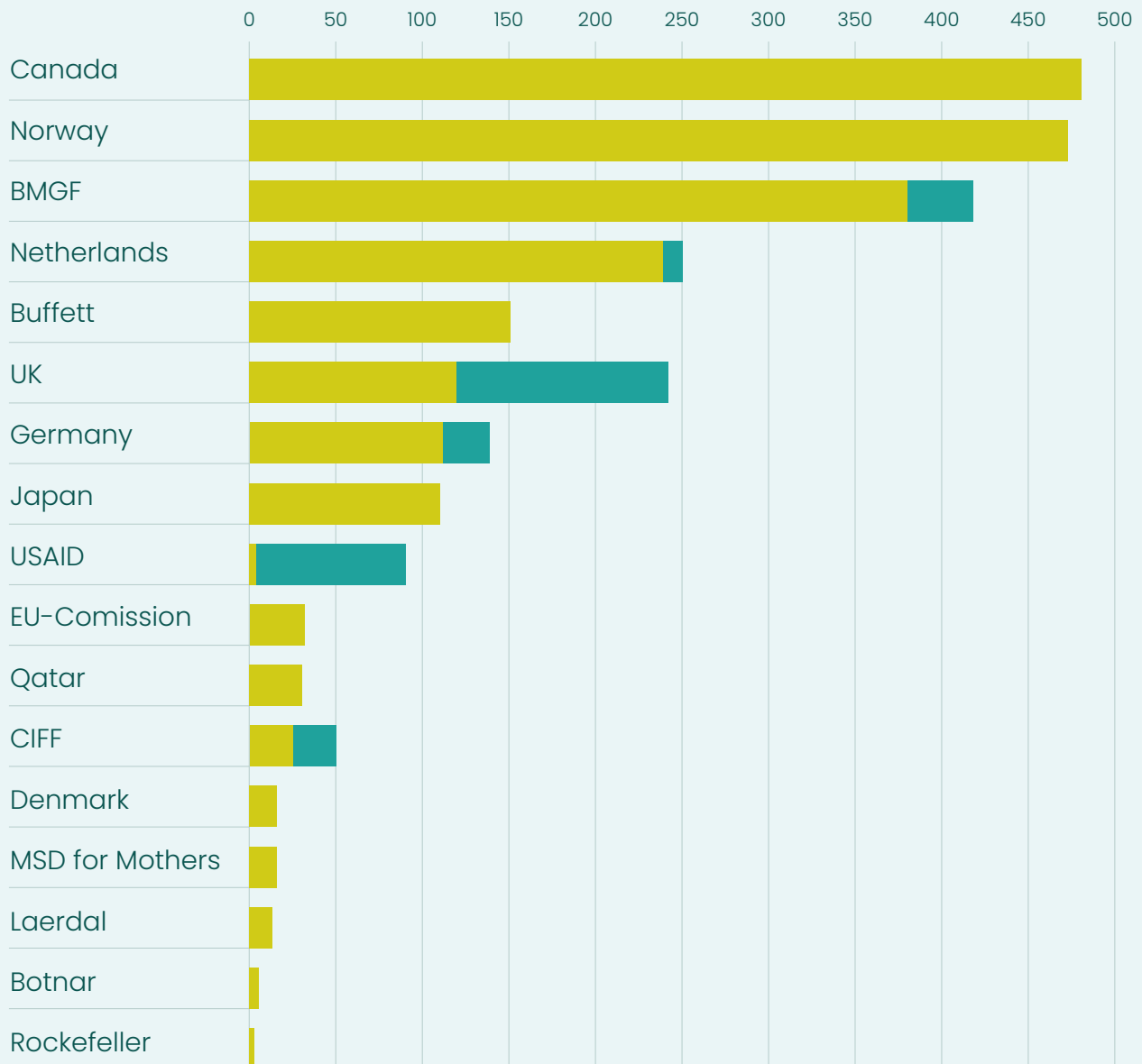
As of October 31, 2023, the total value of contributions and new pledges to the GFF Trust Fund is US\$2.512 billion equivalent from 17 donors. Figure 7 provides the breakdown of the GFF signed and pledged contributions by donor.

\$2.5 billion

Total value of contributions and new pledges to the GFF Trust Fund

FIGURE 7
GFF Contributions by Donor, US\$ Million

● GFF signed ● Pledged

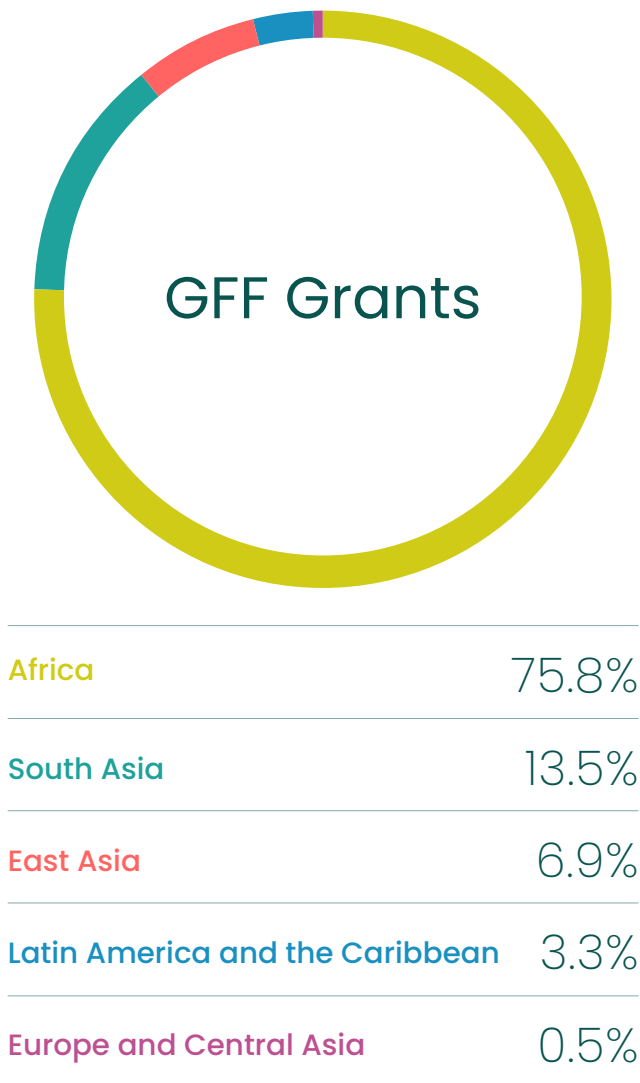


Commitments

As of June 30, 2023, the GFF Trust Fund committed a total of US\$1.45 billion for grants in 38 countries. Out of this amount, a total of US\$1.19 billion linked to US\$8.75 billion in World Bank IDA/IBRD has been approved by the World Bank’s Board of Executive Directors.

The majority (75.8%) of GFF country grants approved by the World Bank Board supports partner countries in the Africa Region, followed by 13.5% in South Asia, 6.9% in East Asia, 3.3% in Latin America and the Caribbean regions, and less than 1 percent in Europe and Central Asia Region (figure 8). The complete list of the Board-approved GFF country grants to countries is provided in table 1 and table 2.

FIGURE 8
GFF Board-Approved GFF Grants by Regions



GFF Trust Fund and IDA/IBRD Disbursements

As of June 30, 2023, a total of US\$543 million GFF country grants has been disbursed, which are linked to a total of US\$4.2 billion IDA/IBRD disbursements.

Figure 9 illustrates the actual disbursements and projections for future periods on a calendar year basis. GFF country programs demonstrated a strong rebound in 2023.



FIGURE 9
GFF Country Grants Disbursements, 2016–2023

GFF Actual Total:

\$543 million

IDA/IBRD Actual Total:

\$4.2 billion

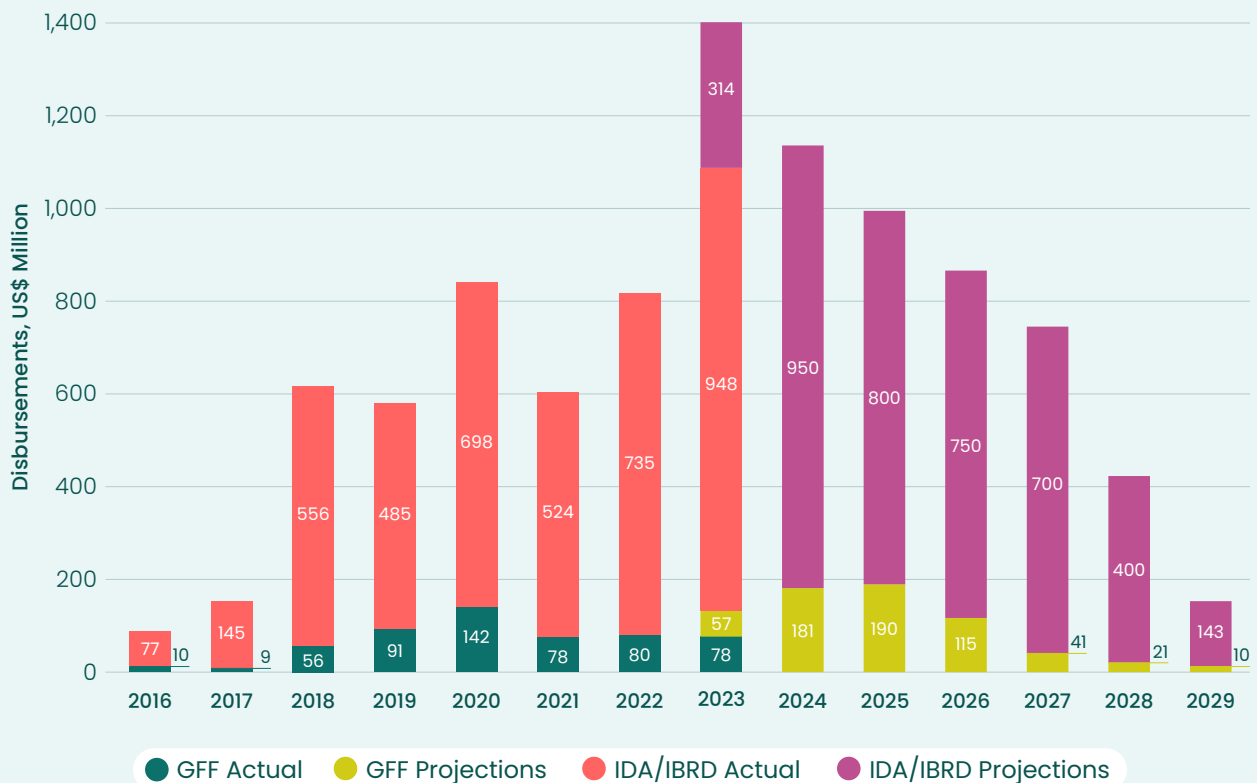


TABLE 1
List of Board-Approved GFF First and Second Round Grants, US\$ Million

Country	Board approval	GFF amount	IDA amount	IBRD
Tanzania	5/28/2015	40.0	200.0	
DRC (AF-CRVS)	3/29/2016	10.0	30.0	
Cameroon	5/3/2016	27.0	100.0	
Nigeria (AF)	6/7/2016	20.0	100.0	
Kenya	6/15/2016	40.0	150.0	
Uganda	8/4/2016	30.0	10.0	
Liberia (AF)	2/23/2017	16.0	15.0	
Guatemala	3/24/2017	9.0		100.0
DRC (AF)	3/31/2017	40.0	340.0	
Ethiopia	5/9/2017	60.0	150.0	
Bangladesh	7/28/2017	15.0	500.0	
Bangladesh (Education)	12/18/2017	10.0	490.0	
Mozambique	12/20/2017	25.0	80.0	
Rwanda (Health)	2/28/2018	10.0	25.0	
Afghanistan	3/28/2018	35.0	140.0	
Rwanda (SP-AF)	4/12/2018	8.0	80.0	
Guinea	4/25/2018	10.0	45.0	
Indonesia	6/21/2018	20.0		400.0
Nigeria (Nutrition)	6/27/2018	7.0	173.2	
Burkina Faso	7/6/2018	20.0	80.0	
Nigeria (Part 2)	8/13/2018	20.0	0.0	
CAR	9/27/2018	10.0	43.0	
Malawi	12/19/2018	10.0	50.0	
Mali	3/19/2019	10.0	50.0	
Cote d'Ivoire	3/22/2019	20.0	200.0	
Cambodia	4/4/2019	10.0	15.0	
Haiti	5/16/2019	15.0	55.0	
DRC (Nutrition)	5/28/2019	10.0	492.0	
Viet Nam	6/19/2019	17.0	80.0	
Senegal	9/26/2019	15.0	120.0	
Tajikistan (Early years)	4/30/2020	3.0	70.0	
Myanmar	5/29/2020	10.0	100.0	

TABLE 1
List of Board-Approved GFF Country Grants, US\$ Million (continued)

Country	Board approval	GFF amount	IDA amount	IBRD
Zimbabwe	9/21/2020	25.0		
Madagascar (CRVS)	9/29/2020	3.0	140.0	
Zambia (COVID)	10/20/2020	5.0	20.0	
Zambia	6/28/2021	10.0	14.0	
Somalia	6/28/2021	25.0	75.0	
Chad	8/6/2021	16.5	90.0	
Niger	9/23/2021	25.0	100.0	
Sierra Leone	12/9/2021	10.0	40.0	
Madagascar	3/24/2022	17.0	100.0	
Pakistan	6/7/2022	42.0	258.0	
Ghana	6/10/2022	15.0	150.0	
Subtotal of first-round country grants		795.5	5,226.0	500.0
Ethiopia	12/13/2023	25.0	400.0	
Ethiopia (HCP)	6/16/2023	5.0	400.0	
Cote d'Ivoire	6/30/2023	20.0	200.0	
Subtotal of second-round country grants		50.0	1,000.0	
Cote d'Ivoire (SPJ)	19/05/2022	5.0	200.0	
Kenya (SPJ)	15/06/2023	9.0	220.0	
Tajikistan (SPJ)	24/03/2023	2.5	35.0	
Subtotal strategic initiative grants		16.5	455.0	
Total Board approved		\$862.0	\$6,681.0	\$500.0

Note: For projects that have been restructured after Board approval, table 1 reflects the current IDA amount.



TABLE 2
List of Board-Approved GFF EHS Grants, US\$ Million

Country	Board date	GFF amount	IDA amount	IBRD
Rwanda	4/16/2021	15.0	30.0	
Mozambique	6/3/2021	15.0	100.0	
Sierra Leone	12/9/2021	10.0	*	
Uganda	12/16/2021	16.0	164.0	
Cameroon	12/23/2021	15.0	29.6	
Cambodia	3/10/2022	15.0	55.0	
Madagascar	3/29/2022	15.0	0.0	
Afghanistan	5/26/2022	19.0	0.0	
Central African Republic	6/3/2022	12.0	58.0	
Pakistan	6/7/2022	40.0	*	
Ghana	6/10/2022	16.0	*	
Honduras	6/16/2022	15.0	60.0	
Malawi	6/21/2022	10.0	50.0	
Burkina Faso	6/28/2022	13.0	48.3	
Liberia	9/28/2022	11.0	20.0	
Ethiopia	12/13/2022	20.0	*	
Tanzania	12/20/2022	25.0	250.0	
Ukraine	12/20/2022	10.0		103.5
Indonesia	3/12/2023	4.0	*	
Indonesia	6/26/2023	16.0		600.0
Senegal	6/30/2023	15.0	0.0	
Total Board approved		\$327.0	\$864.9	\$703.5

Note: * Indicates the EHS Grant cofinanced the same project as the respective country grant. The IDA amount is left blank in table 2 to avoid double counting.

Appendices

List of Acronyms

3FHi	Faith for Family Health Initiative	IFC	International Finance Corporation
AF	additional financing	IQR	interquartile range
ANC	antenatal care	JLA	joint learning agenda
ANC4+	four or more antenatal care visits	JLN	Joint Learning Network for UHC
BMGF	Bill & Melinda Gates Foundation	KMC	Kangaroo Mother Care
CP	country platform	KPIs	key performance indicators
CRVS	civil registration and vital statistics	MAGE	Monitoring and Action for Gender and Equity
CSOs	civil society organizations	NGOs	nongovernmental organizations
DGGHE	domestic general government health expenditure	PAI	Population Action International
DRC	Democratic Republic of Congo	PHC	primary health care
DRM	domestic resource mobilization	PNC	prenatal care
DRUM	domestic resource utilization and mobilization	PPP	public–private–partnership
ECD	early childhood development	RMET	resource mapping and expenditure tracking
EHS	essential health services	RMNCAH–N	reproductive, maternal, newborn, child and adolescent health and nutrition
EU	European Union	SDGs	Sustainable Development Goals
FASTR	frequent assessments and system tools for resilience	SFHA	sustainable financing for health accelerator
FCDO	Foreign, Commonwealth & Development Office	SPJ	social protection and jobs
FCV	fragility, conflict and violence	SRHR	sexual and reproductive health and rights
FY	fiscal year	SWAp	sectorwide approach
GAVI	Gavi, the Vaccine Alliance	THP–UCP	Transforming Health Systems for Universal Care Project
GFF	Global Financing Facility	UHC	Universal Health Coverage
HF	health financing	UNFPA	United Nations Population Fund
IBRD	International Bank for Reconstruction and Development	UNICEF	United Nations Children’s Fund
IC	investment case	USAID	United States Agency for International Development
IDA	International Development Association	WHO	World Health Organization
IFA	iron and folic acid supplementation		

GFF Partner Countries

Afghanistan	Guinea	Nigeria
Bangladesh	Haiti	Pakistan
Burkina Faso	Indonesia	Rwanda
Cambodia	Kenya	Senegal
Cameroon	Liberia	Sierra Leone
Central African Republic	Madagascar	Somalia
Chad	Malawi	Tajikistan
Côte d'Ivoire	Mali	Tanzania
Democratic Republic of Congo	Mauritania	Uganda
Ethiopia	Mozambique	Viet Nam
Ghana	Myanmar	Zambia
Guatemala	Niger	Zimbabwe

Trust Fund Contributors

The GFF Trust Fund is supported by the governments of Burkina Faso, Canada, Côte d'Ivoire, Denmark, the European Commission, Germany, Japan, the Netherlands, Norway, Qatar, and the United Kingdom; the Bill & Melinda Gates Foundation; the Children's Investment Fund Foundation; the Susan T. Buffett Foundation; Laerdal Global Health; MSD for Mothers; Rockefeller Foundation and United States Agency for International Development (USAID).

Investors Group Members

ABT Associates (representing the private sector constituency)

ASAPSU (representing the civil society youth constituency)

Bill & Melinda Gates Foundation

Children's Investment Fund Foundation (CIFF)

Faith for Family Health initiative (3FHi) (representing the civil society constituency)

Gavi, the Vaccine Alliance

Gem Hub Initiative (representing the civil society constituency)

GFF Youth Coalition (representing the civil society youth constituency)

Global Fund to Fight AIDS, Tuberculosis, and Malaria

Government of Burkina Faso

Government of Cambodia

Government of Canada

Government of Central African Republic

Government of Côte d'Ivoire

Government of Denmark

Government of Ethiopia (Co-Chair)

Government of Germany

Government of the Kingdom of the Netherlands (Co-Chair)

Government of Niger

Government of Norway

Government of Rwanda

Government of United Kingdom

Government of United States

Health and Rights Education Program-HREP (representing the civil society constituency)

Japan International Cooperation Agency (JICA)

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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8. This analysis includes all GFF partner countries that have data from two surveys completed in the last ten years.
9. 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 data points 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 from Track20.
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14. Honduras and Ukraine

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Acknowledgments

This report was prepared by the Global Financing Facility, under the leadership of Juan Pablo Uribe, GFF Director, and Luc Laviolette, Head of the GFF Secretariat, and in collaboration with the GFF’s 36 partner countries and representatives of civil society organizations. Contributors include Viviane Azais, Cristina Bianchessi, Tianying Chen, Anna Conn, Nansia Constantinou, Maty Dia, Karin Lane Gichuhi, Peter Hansen, Sneha Kanneganti, Vineetha Menon, Augustina Nikolova, Mariel Palomino, Marwa Ramadan, Bruno Rivalan, Aissa Santos, Stephanie Saulsbury, Sheryl Silverman, Cicely Thomas, Lalitha Swathi Vadrevu as well as GFF focal points, liaison officers and the World Bank country teams.

Writing and editorial support were provided by Aasa Cecilia Fridh and Kara Watkins.

Design by Studio Miko; Alistair Millen, Creative Director; Phoebe Barker, Lead Designer.

