



# Deliver The Future

Catalyzing Opportunities for Women,  
Children and Adolescents

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**Deliver the Future, co-hosted by:**



On behalf of



Ministry of Foreign Affairs



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# Executive Summary

In 2015, despite years of progress in improving the health and rights of women, children and adolescents around the world, many countries were still off track to meet global commitments.

**Unintended adolescent pregnancies and preventable maternal and child deaths were not declining fast enough in many regions—with a particularly high burden in poorer countries. While the obstacles to progress varied between countries, the impact was undeniable—the potential and opportunities for millions of women, children and adolescents were threatened because of preventable illness and death, caused by a deficit in access to health care and lack of sexual and reproductive rights.**

This impact spreads far beyond women, children and adolescents. When these groups are empowered through access to health services and rights, enormous benefits for a country's economic development are unlocked. When women, children and adolescents are held back, so too is the world's progress toward the Sustainable Development Goals (SDGs).

Recognizing this, in 2015 global health leaders, the World Bank, United Nations, and civil society organizations joined to create and launch the Global Financing Facility for Women, Children and Adolescents (GFF)—a new, country-led model of financing to accelerate health care investments in low- and middle-income countries (LMICs) and enable women, children and adolescents to survive and thrive.

Housed at the World Bank, the GFF focuses on prioritizing and scaling up high impact interventions and system investments alongside crowding in more and better domestic and external financing for improving the health of women, children and adolescents. Through its unique country-led approach, the GFF complements the work of other global health initiatives through partnering with countries to help identify their health priorities and support the development of country-owned prioritized health plans. Centered on delivering the most impactful interventions and systems to benefit women, children and adolescents, these plans are costed and all GFF investments are delivered within a country's system and budget.

“Building health system resilience and making services equitable for women, children and adolescents requires financing and political commitment. We have seen first-hand how the GFF enables catalytic change and drives collective action through country leadership to achieve health outcomes—now more urgent than ever. With more resources, the GFF will help countries accelerate gains in health to save lives, empower communities and deliver a better future for all.”

H.E. Dr. Lia Tadesse  
Minister of Health, Ethiopia



The GFF is poised to support countries overcome today's challenges and accelerate efforts. The GFF 2021–2025 strategy builds on the GFF's successful track record and places additional emphasis on bolstering country leadership and prioritizing equity and gender equality, along with building more resilient, equitable and sustainable health financing systems and strong national data systems.

**Figure 3** highlights the significant gains that could be made by 2030 and the importance of the next three years to unlock financing, system reforms and data for helping countries get on track to close coverage of the most critical services.

With a fully funded GFF, 27 current partner countries will receive second-round grant financing and support will be extended to seven new GFF eligible countries for the first time.

This will enable an acceleration of service delivery to reach women, children and adolescents most in need with life-saving services.

**Figure 4** shows the difference in coverage levels of life saving services between a business-as-usual scenario and the acceleration scenario that will be possible with a fully financed GFF.

By 2025, the GFF aims to provide additional financing to GFF countries and expand to seven additional countries. If fully funded, the GFF strategy will accomplish the following:

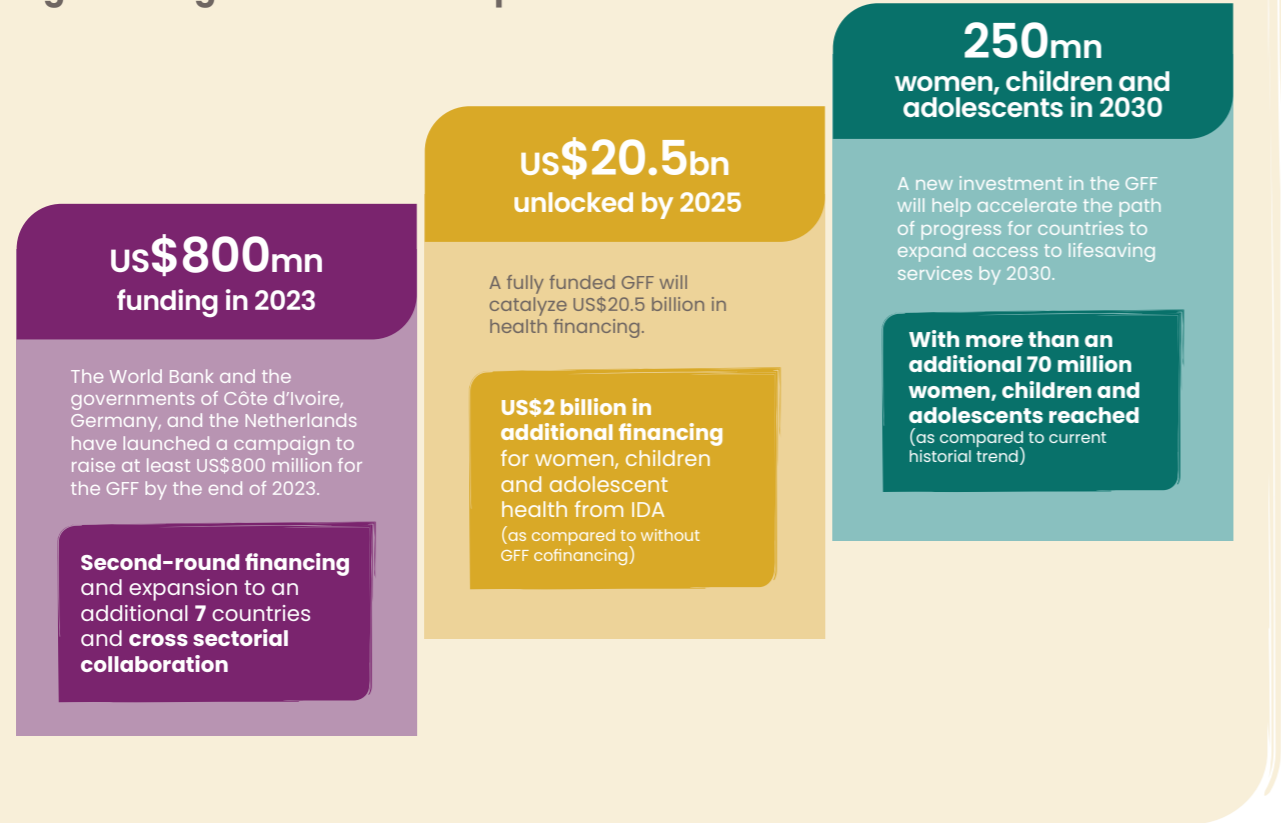
- Catalyze an estimated **US\$20.5 billion** in health financing around national health plans
- Unlock an additional **US\$2 billion** in resources specifically for women's, children's and adolescent health by 2025 from World Bank IDA financing\*
- Accelerate the delivery of cost-effective and high impact interventions for more than **250 million** women, children and adolescents in 2030\*\*

\* Estimate from GFF Secretariat based on the difference in IDA financing for RMNCAH-N between countries engaged by the GFF and a comparison group of countries that are eligible but not yet supported by the GFF. Further information on the World Bank investment coding system and how the GFF tracks the amounts of IDA going to RMNCAH-N can be found on the GFF site [www.globalfinancingfacility.org](http://www.globalfinancingfacility.org)

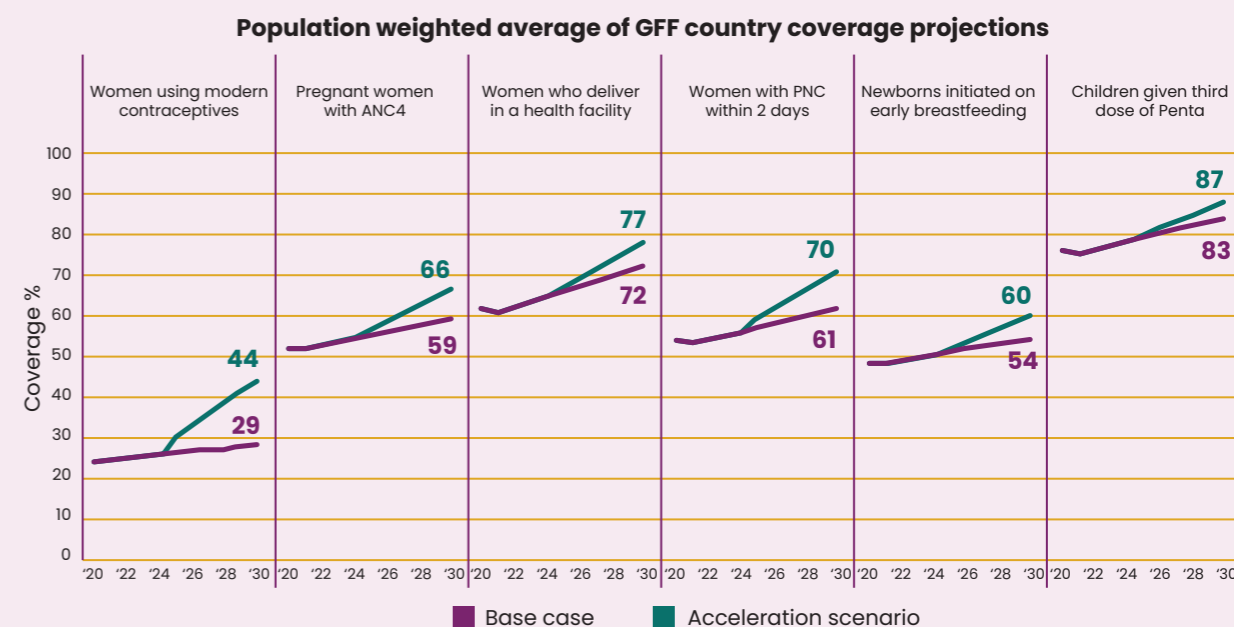
\*\* Estimate from GFF Secretariat based on analysis of historical rates of change in beneficiaries reached with RMNCAH-N services. The number of individuals projected to be reached from 2025-2030 is based on an acceleration scenario enabled through a fully funded GFF, whereby supported countries are able to accelerate their rate of increase in reaching beneficiaries with RMNCAH-N services to match the GFF countries in the 80th percentile for rates of improvement for those specific services based on historical data. For beneficiaries reached with modern contraceptives, the projections utilize an analysis done by Track20 of historical rates of change in delivery of modern family planning services.



**Figure 3. Significant Gains Expected in 2030**



**Figure 4. Comparison between the Status Quo Investment against an Acceleration Scenario with GFF Support**



Source: Global Financing Facility.  
 Note: ANC4 = four or more antenatal care visits; PNC = Postnatal care.  
 The projection of future RMNCAH-N coverage levels is determined by dividing the projected number of future beneficiaries reached per service by the projected size of the target population for that indicator, using population data from the 2022 Revision of World Population Prospects, United Nations Population Division. The method for estimating the number of beneficiaries reached per service through an acceleration scenario enabled by a fully funded GFF is described in Footnote\*\*.

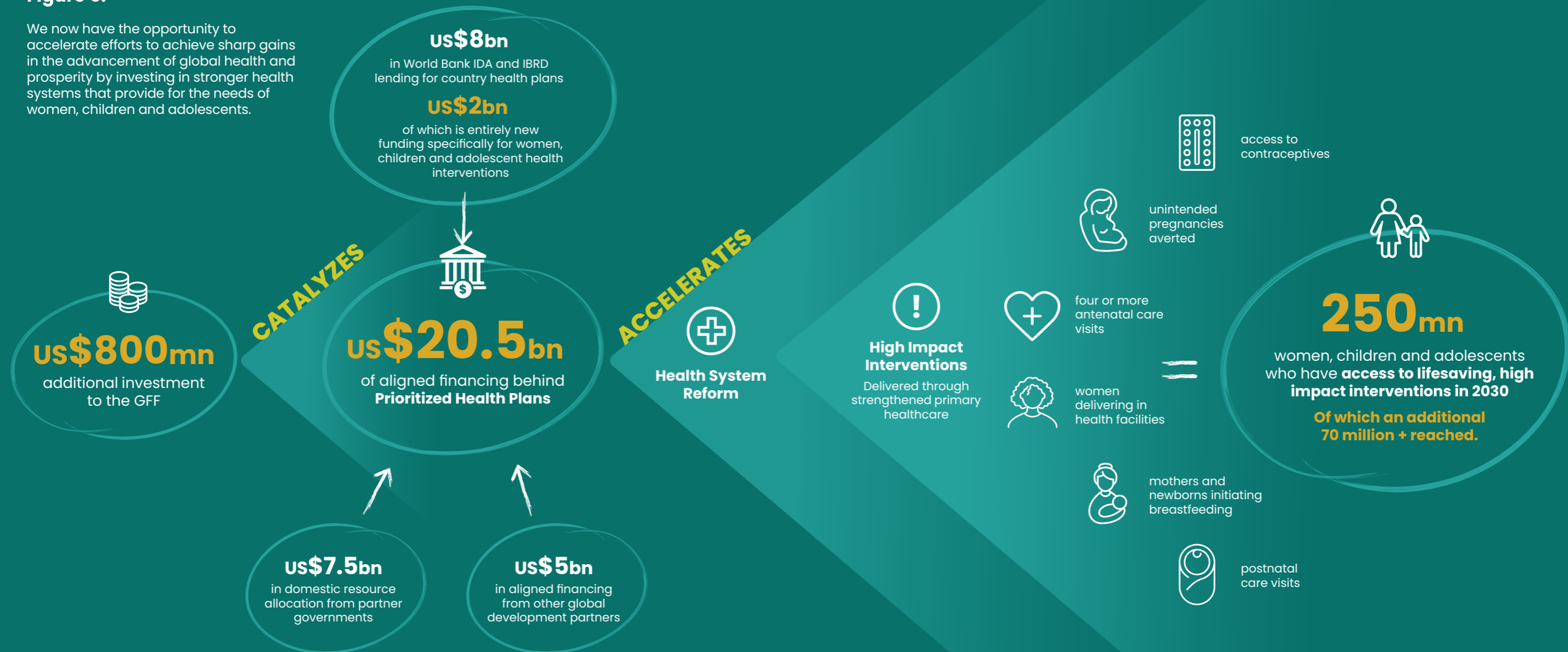
# BUILDING on PROGRESS

To realize these goals, the GFF urgently needs at least US\$800 million before the end of 2023, an effort led by the governments of Côte d'Ivoire, Germany, and the Netherlands, in partnership with the World Bank.

The infographic in Figure 5 shows the improvements in health for women, children and adolescents the GFF can support over the next few years with an additional US\$800 million.

**Figure 5.**

We now have the opportunity to accelerate efforts to achieve sharp gains in the advancement of global health and prosperity by investing in stronger health systems that provide for the needs of women, children and adolescents.



Source: Global Financing Facility.

**The world faces a choice:** Grasp the opportunity to empower women, children and adolescents in some of the world's more vulnerable countries by investing in their health, or accept the economic and moral costs of inaction, along with the damage that would do to sustainable development.

By stepping up to support the GFF, countries and partners can build on the successes of the past, honor commitments to achieve the SDGs, and deliver a future that is healthier, more prosperous and more equitable for all.

*Figure 6* highlights how the GFF activates investments in health at the country and global levels.

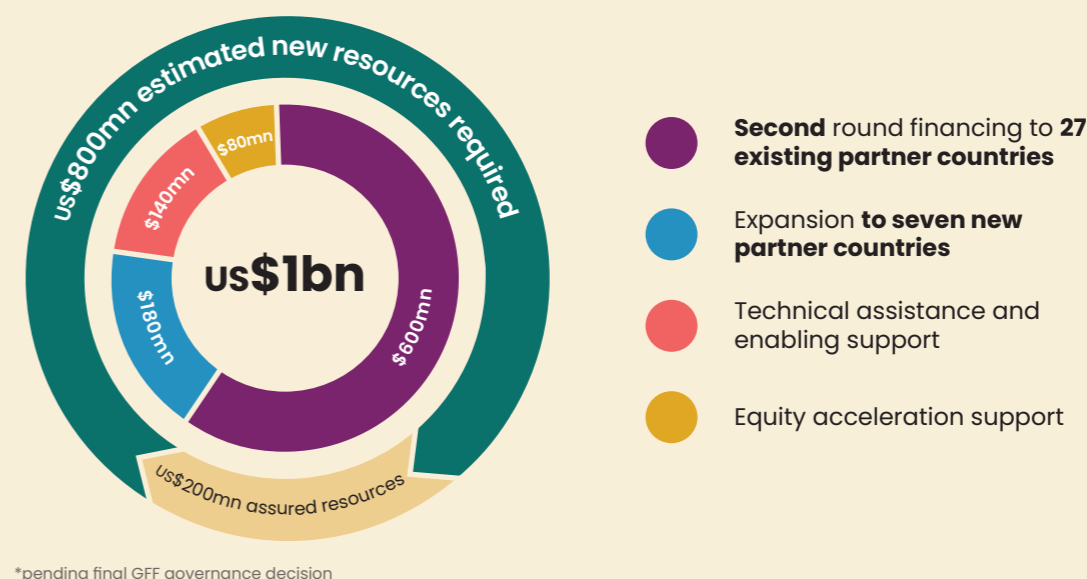
**Figure 6. The GFF Engagement Process: Step by Step**

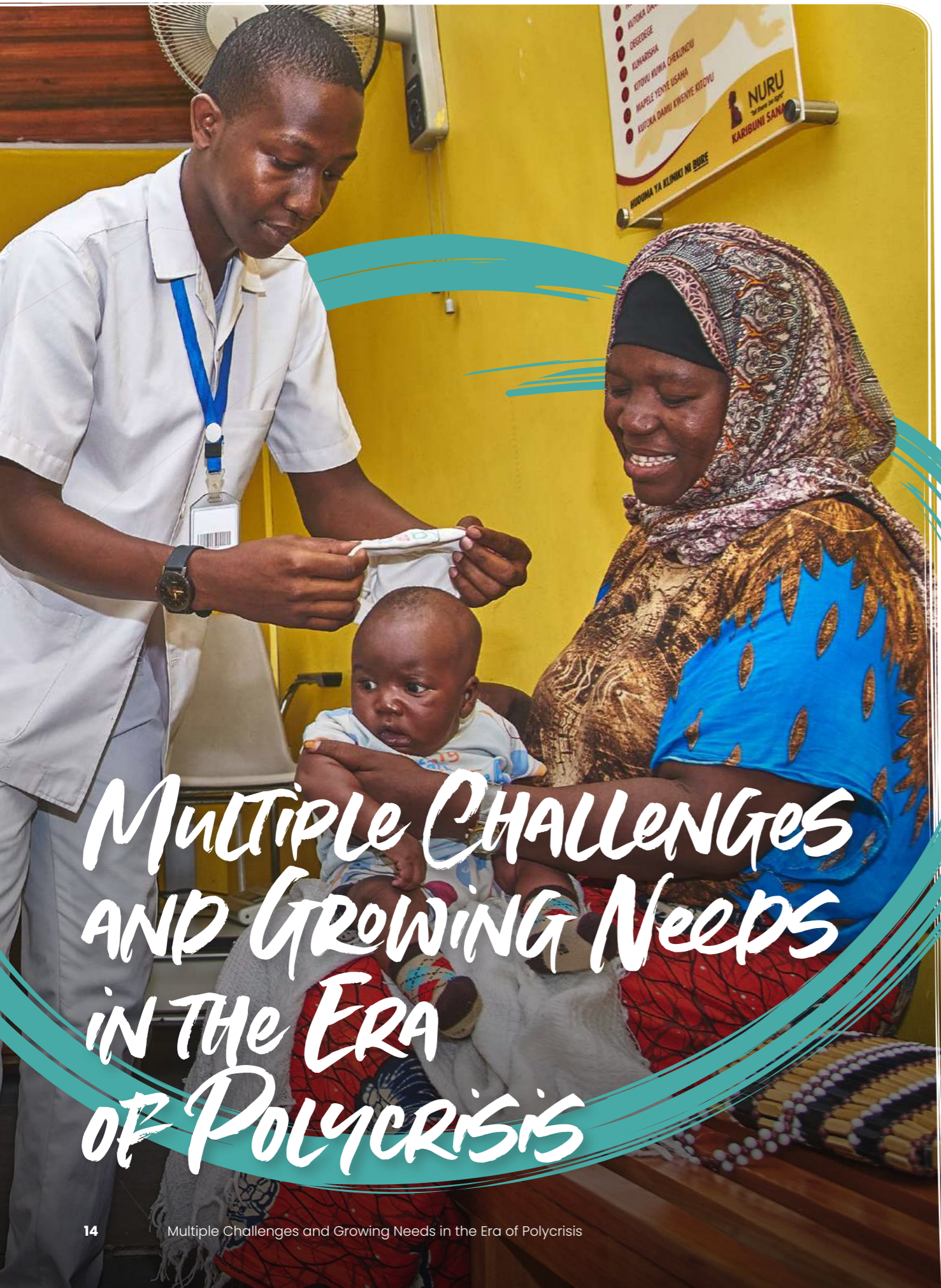


**I am waiting for my turn to have my baby vaccinated against measles and yellow fever. If I forget to make an appointment, the midwife sends an SMS reminder to my phone."**

**Aminata Drame**  
Côte d'Ivoire

**Figure 7. Breakdown of Investment 2023–2025**





# Multiple Challenges and Growing Needs in the Era of Polycrisis

The COVID-19 pandemic stretched and decimated health systems around the world, many of which continue to struggle as they try to get routine care and health progress back on track. This situation is compounded by a challenging economic environment, debt and inflation—leading to constrained domestic budgets and challenges for aid spending.

In addition to the knock-on effects from longstanding gender norms and inequality, the health of women, children and adolescents suffered, particularly in the acute phase of the pandemic. In many countries, neonatal and child health is primarily the responsibility of women, who face multiple barriers to accessing health care. For adolescent girls, school disruptions during the pandemic placed them at increased risk of coerced sex and teenage pregnancies.

According to current estimates, 4.5 million women and babies die every year during pregnancy, childbirth or in the first weeks after birth—equivalent to one death every seven seconds—mainly from preventable and treatable causes.<sup>3</sup> Of the 10 countries with the largest numbers of total maternal, stillbirth and neonatal deaths in 2020, eight are GFF-supported countries

(Afghanistan, Bangladesh, Democratic Republic of Congo, Ethiopia, Indonesia, Nigeria, Pakistan and Tanzania).

Most of the 30 million unsafe abortions that take place each year occur in developing countries,<sup>4</sup> putting already vulnerable women and girls at risk of life-threatening complications. Furthermore, severe underfunding of adolescent health contributes to the loss of one million adolescent lives annually.<sup>5,6</sup> Adolescent girls are particularly at risk: At 30 percent, the rate of child marriage across GFF countries is considerably higher than the global average of 19 percent. While globally, roughly one in five girls is married as a child, in GFF countries, the number of girls married as children rises to roughly one in three.

The poorest and most marginalized communities are being hit hardest by concurrent crises, further exacerbating inequity. At the current rate and while they account for two-thirds of the maternal and child mortality, 35 of the 36 countries are off track for at least one of the global goals for maternal, neonatal and child mortality. As the main global mechanism focusing on RMNCAH-N, and its focus on partnering with LMICs, the GFF is poised to right these inequities and empower the communities most affected by recent crises.

## Prior to 2020, with support from the GFF, many of the world's poorest countries were making great strides toward improving the health and rights of women, children and adolescents.

For instance, major increases in the institutional delivery rate have occurred in the large majority of GFF-supported countries, rising from 65 percent to 80 percent between 2015 and 2019.

GFF-supported countries showed higher annual rates of improvement in family planning and immunization service delivery than eligible countries not currently supported (see [Figure 8](#)). A further 72 percent of countries that had received GFF support for at least five years achieved improvements across most essential care service and GFF-supported countries, and this was also the case in fragile and conflict-affected countries.

At the height of the COVID-19 pandemic, the GFF responded quickly with financing and technical assistance to strengthen primary care delivery and ensure the continuation of health services, preventing greater health losses than would have been experienced. The GFF took immediate steps to protect essential health and nutrition services and strengthen health systems through catalytic grants and technical assistance. This included supporting the distribution of essential health drugs, family planning commodities and COVID-19 tools to rural and vulnerable areas as well as training community health workers in rolling out the COVID-19 vaccine campaign, while promoting demand and access to essential health services.

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

**Fahima Akter**  
Community Medical Officer School Health Clinic,  
Dhaka, Bangladesh

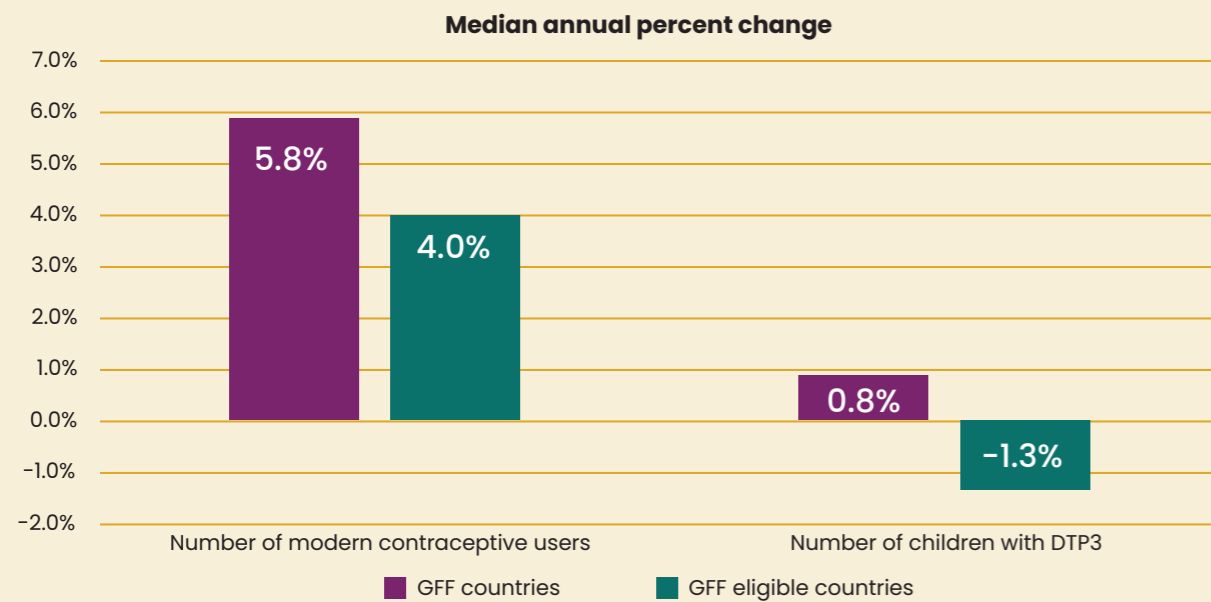
While the GFF has been central to strengthening health care delivery for women, children and adolescents—and boosting resilience to crises—the global shocks of recent years continue to reverberate and hinder health progress. In 2022, two-thirds of GFF partner countries observed disruptions in essential health services, deviating from what would have been expected based on historical trends. In Liberia, only 15 percent of facilities reported adequate medical supplies, while in Bangladesh, primary care facilities reported drops in volume exceeding 30 percent compared to expected volume.

The protracted economic downturn has widened the gap between current levels of development finance and global needs. After an initial surge in health spending for the COVID-19 response in 2020, overall health expenditure per capita declined in 2021. The World Bank has found a large majority of GFF partner countries (60 percent) will be unable to increase government spending<sup>7</sup> for health or other critical areas of development over the next five years due to stagnation or contraction of their per capita spending levels.

The International Monetary Fund (IMF) projects that in 2023—for the consecutive year—the funding squeeze across the African continent, along with the public debt and double-digit inflation eroding household purchasing power, will strike at the most vulnerable.<sup>8</sup> Many governments might not prioritize spending on health and due to competing demands, which could jeopardize past investments and impede progress. The GFF grants provide an effective incentive for countries to allocate part of their World Bank financial resources to health. Against the backdrop of even stronger competing demand, going forward these grants will be more important than ever.

Through its close partnerships with the countries and populations hit hardest in the last few years, and its inclusive, multistakeholder model, the GFF supports countries to supercharge progress not only working in health, but across sectors that impact health outcomes. When women, children and adolescents have access to the health care and services they need, enormous potential is unlocked, laying the path to achieving sustainable development.

**Figure 8. GFF Countries Show Higher Average Annual Rate of Change in Family Planning and Vaccination Service Delivery than GFF-Eligible Countries**



Source: Global Financing Facility.





### The GFF Model Makes Smart Investments Go Much Further by Building Resilience

Globally, widespread disruptions to health care caused by COVID-19 led to a “secondary pandemic” and the reversal of decades of gains made in improving health outcomes. Aware of the potential risks, the International Development Association (IDA) remained focused on supporting countries to deliver these essential health services and to mitigate losses. Countries were also able to use the support from the GFF to protect essential services—and as a result, over the IDA19 funding cycle, IDA countries achieved or slightly exceeded the target range of beneficiaries on nutrition services, routine vaccinations, and births attended by skilled delivery personnel.

Source: IDA (International Development Association). 2023. “IDA19 Retrospective Responding to Multiple Crises on the Road to 2030: Growth, People, Resilience (FY21–FY22).” Report, IDA, Washington, DC. <https://documents.worldbank.org/curated/en/099520305242316126/pdf/SECBOS1c8b982ca19580149511bd8919d251ac62a37.pdf>



# A Proven Model FOR DELIVERING HEALTH EFFECTIVELY, SUSTAINABLY AND AT SCALE

**Investing in the health and rights of women, children and adolescents is one of the most impactful steps countries can take to end poverty, boost shared prosperity, and secure a more sustainable, resilient future.** In next three-year period, the global community has an opportunity to build on recent progress and accelerate the transformational change currently underway in GFF-supported countries as well as responding to increase demand.

**With lower-income countries severely impacted by compounding crises, there is high and growing country demand for GFF support to help build more resilient, efficient and sustainable health systems.** At a time when many new countries have expressed interest in joining the GFF, existing partner countries are also seeking to deepen their engagement and consolidate the model. The GFF track record and current five-year strategy is targeted to help countries get back on track to achieve the global health and gender equality goals and accelerate progress toward all of the SDGs.

**The GFF has pioneered a country-driven, collaborative model for delivering health services efficiently and at scale—making it a leading partner for financing more equitable health care.** Historically, the health of women, children and adolescents has not been highly prioritized in domestic budgets. The GFF strategy serves as an innovative approach to shifting this paradigm.

As shown earlier in **Figure 8**, GFF partner countries have demonstrated large improvements in delivery of services for women, children and adolescents, with a rebound in 2021 evident after disruptions in 2020. Countries who have partnered with the GFF for three or more years have achieved larger gains, though countries supported by the GFF for fewer than three years also improved in 2021. This demonstrates that sustained commitment over a multiyear period can lead to large gains in delivery of life-saving services through a systems approach.

## What Is the GFF’s 2021–2025 Strategy Delivering?

**The GFF’s 2021–2025 strategy sets out five directions** and a clear road map to enable countries to build back better from the pandemic by: (1) **bolstering country leadership** and intensifying and scaling up its country-led collaborative approach; (2) **advancing equity, voice and gender equality**, including through the **GFF road map for gender equality**; (3) **protecting and promoting high-quality health and nutrition services by reimagining service delivery** with increased support for protecting

the contribution of essential health services to pandemic response and preparedness efforts; (4) **building more resilient, equitable and sustainable health financing systems** thanks to greater efficiency in national health expenditures and reforms that will lead to more domestic resources for health; and (5) **sustaining a relentless focus on results** by linking financing to results and supporting data systems.

|| The challenge young girls face is to be able to go through their adolescent years without having to deal with a sexually transmitted infection or an unintended pregnancy. The government passed a new law that finally allows pregnant girls to remain in school... allowing me to continue my studies and achieve my dream even though I am pregnant. “

Leticia Panguoko Kuete  
Student, Cameroon

“As teenagers, we have been fortunate to have centers that welcome us and provide us with important information about reproductive health.”

Awa Diassy  
Senegal

## Accelerating Access to Sexual and Reproductive Health and Rights

### Supporting a country-led approach

Through its partnership, the GFF supports countries to accelerate progress in sexual and reproductive health and rights (SRHR) by building health and social systems that shift norms toward increasing women’s and girls’ choice, access, voice, and agency. This includes the following actions:

- Integrate SRHR into health systems and primary care
- Address barriers to demand for SRHR services working across sectors, such as education, and supporting social and behavior change communication
  - Support legal and policy reforms to create more opportunities for women and adolescents
  - Link financing to specific SRHR results
  - Secure contraceptive supply and strengthen distribution systems
  - Deepen engagement with civil society, youth and community leaders to advocate for SRHR

This has contributed to:

- **Expanded access to family planning:** GFF partner country investments have reached over 500 million users of modern contraceptives, with more than 187 million unintended pregnancies averted.
- **Increased financing for SRHR:** The GFF has been able to maximize concessional resources with an additional US\$1.7 billion allocated to SRHR in GFF-supported countries (2015–20).

- **Better prioritization of SRHR:** By 2021, almost all (97 percent) GFF partner countries had prioritized SRHR in their investment case.
- **More policy reforms** to empower women and girls.

### Country Results:

- In **Burkina Faso**, training more health workers in family planning has contributed to better SRHR outcomes; The regions with the highest access to contraceptives also had the highest ratio of community health workers.
- With support from the World Bank and the GFF, **Niger** amended critical national regulation to advance this agenda; married adolescent girls can now gain access to family planning services without being accompanied by a parent or husband, and girls in secondary school can attend clubs to get information about adolescent reproductive health.
- In **Senegal**, youth advocates engaged in health financing dialogue on a road map for funding SRHR services for youth.
- In **Mali**, youth and religious leaders have teamed up to advocate successfully for improved access to sexual and reproductive health services, while young people in Kenya gathered evidence for the health ministry which demonstrated the importance of access to services.

Major increases in the institutional delivery rate have occurred in the GFF supported countries. In 22 countries coverage increased from 65 percent to 80 percent between 2015 and 2019. Although these increases were primarily driven by births in lower-level health facilities (health centers or smaller) rather than in hospitals where emergency obstetric and neonatal care are more likely to be available, they represent an important expansion in access.

Much of the progress to date rests on the GFF model’s approach to country leadership and partnership to improve the efficiency and effectiveness of existing health spending, catalyze and align new investments around national plans and proven interventions, and gather relevant stakeholders around a coordinated plan to strengthen primary health care (PHC) and universal health care (UHC).

This goes hand in hand with the GFF’s unique method of engaging in sectors beyond health to address some of the most persistent barriers to equitable and effective access to health services, rights, and opportunities for women, children and adolescents through legal and systemic changes.

A unique value-add of the GFF partnership is using its direct link to World Bank IDA and IBRD financing to drive catalytic investments in women, children and adolescent health and influence how these investments are prioritized and spent to achieve greater RMNCAH–N outcomes. To date, every US dollar invested in the GFF has led to a US\$7 match from the World Bank, and analysis shows a 12 percent increase in the share of IDA committed to women, children and adolescents in GFF partner countries compared with earlier years. This means an additional US\$2 billion of additional World Bank investment was allocated to this agenda compared to the period preceding GFF support.

### Additional distinct value-adds of the GFF include the following:

- The availability of GFF grant cofinancing when linked to IDA funding for health investments acts as an incentive to prioritize investing in this area, over other competing sectors. This fosters closer collaboration between ministries of health and finance.
- All GFF/World Bank funding is “on-budget”—meaning it is channeled through treasury, involves coworking between the ministries of finance and health, and becomes part of the government’s ongoing health budget and planning, bolstering country ownership and management of health. This also creates efficiencies as budgets are administered centrally and additional tracking and administrative costs are avoided.
- Alongside the grant financing, the GFF brings analysis and expertise to inform priority setting, policy choices, and data for decision making. For example, the GFF has conducted country equity diagnostics for every GFF-supported country. This analysis, combined with data from gender-sensitive and equity-focused monitoring, is informing the design of national plans and GFF/World Bank-financed projects. These refined investment cases thus enable countries to target better the communities who are not yet receiving high impact interventions, thus unlocking greater impact from available resources.
- The GFF is also unique in its ability to enhance country use of data to monitor the implementation of national health plans and thus strengthen national ability to take corrective action, introduce innovations, and learn from embedded implementation research in a much faster way than is typically the case in the health sector. For example, the GFF is supporting countries with rapid-cycle monitoring using phone surveys and secondary analysis of routine service delivery data, which are available for discussions in the country platforms on a regular basis.

**The GFF has lived up to its promise to support countries to scale up access to the most impactful interventions and system reforms by mobilizing more and better investments to improve the health of women, children and adolescents.**

With GFF support, partner countries have provided the following:

- Four or more antenatal care visits for 96 million pregnant women
- Safe delivery care for 103 million women
- Early initiation of breastfeeding for 111 million newborns across 36 countries
- More than 500 million couples have received modern family planning methods, preventing an estimated 187 million unintended pregnancies

Beyond funding, and through country leadership—with governments, civil society organizations (CSOs) and other domestic partners working together along with the collective commitment of multilateral and bilateral partners, the GFF supports countries to unlock health system reforms and address the fundamental inequalities that inhibit the availability and use of quality health services.

**This solid track record makes the GFF well positioned to help countries build their resilience to emerging global threats.**

**Development partners have already shown their strong support to the GFF by committing more than US\$2 billion to the partnership since 2015—and the partnership success will be built upon the foundation of these generous contributions.**

As a testament of their extraordinary leadership, 15 donors, including several low-income countries, foundations, and private-sector partners are currently supporting the GFF. Recognized as an effective development partner, the GFF has been rated with an A+ in the United Kingdom’s Foreign, Commonwealth & Development Office review of its programs, while the G7 communiqué of both Germany and Japan has named the GFF as a key partnership to advance primary health care and improve the health of women, children and adolescent.

Through its Investors Group, the GFF engages a wide range of partners, such as governments; CSOs working across a diverse landscape, including maternal, newborn and child health (MNCH), family planning, nutrition, and other health issues; youth representatives; the United Nations and other multilateral agencies; the World Bank; and the private sector.

This inclusive global partnership provides a unique platform from which the GFF can tap diverse expertise, build consensus and deliver greater impact.

**“We have been working with formal and informal women’s groups by building their capacity, as it relates to information on sexual and reproductive health and rights, information around building self-esteem, making the right decisions, and to have autonomy over their body.”**

**Joyce Kilikpo**  
Executive Director, Public Health Initiative Liberia

### Mobilizing Civil Society and Youth to Safeguard Health Services

As part of its civil society organizations (CSOs) and youth engagement framework through grants and technical assistance, the GFF is supporting the participation of CSOs and youth in country platforms as well as their role in delivering last-mile services and community-based primary health care.

**Fostering an enabling environment**  
The GFF strives to promote CSO engagement at all levels and works with government partners to ensure CSO participation in national policy processes and key interventions. These efforts are reflected in national investment cases across several countries, such as Chad, Côte d’Ivoire, Senegal and Malawi, where citizen engagement is a key component. This is evidenced by the growing number of GFF-supported social accountability projects led by CSOs and young people in Mauritania, Uganda, Malawi and Côte d’Ivoire.

Many of these programs were modeled after the Youth Alliance for Reproductive Health and Family Planning in Senegal, which set up a digital social accountability tool allowing youth, health workers, and community members to work together to ensure that health services, including sexual and reproductive health and rights (SRHR) services, reach those who need them.

**Making resources available at the local level for sustained impact**  
A World Bank project (Strengthening of CSOs and Youth Organizations to Improve Health and Nutrition Gains for Women Children and Adolescents) implemented by PAI, a GFF partner organization, is helping to drive more impact with CSO and youth engagement in GFF partner countries through small grants and technical assistance. Through the project, to date a total of US\$1.35 million has been awarded to 23 organizations in 13 GFF partner countries.

The project is also helping to strengthen coalitions in countries, leveraging the diversity and breadth of expertise. For example, in Chad the coalition facilitates the alignment of objectives and actions among members, allowing them to avoid duplicating efforts and build toward the same goal. Members share resources and responsibilities to lower the costs of effective engagement and carry out advocacy. These coalitions have become critical partners to the GFF and partners, helping drive transformational change through locally led solutions.

**Galvanizing a movement for health financing**  
The GFF leads the Joint Learning Agenda (JLA), the first multipartner initiative to put the Global Action Plan (GAP) Sustainable Health Financing and CSO Engagement Accelerators into action. Through this initiative, a collaboration between the GFF, the Global Fund, Gavi, the Vaccine Alliance (Gavi), the Partnership for Maternal, Newborn & Child Health, and the UHC2030 Partnership, over 400 organizations across 20 African countries had their capacities in health financing and advocacy strengthened. In Kenya, a universal health care (UHC) coalition successfully influenced a primary health care (PHC) reform with adopted budget in the National Transition Roadmap for Sustainable Health Financing for UHC (2022–30).

In Madagascar, following two years of engagement, the JLA coalition has successfully advocated the Ministries of Health and Finance to take necessary steps and include contraceptives procurement in the government budget. This commitment will ensure a sustainable and predictable source of funding for family planning services in Madagascar. The project is accelerating a growing movement for UHC, driving national reforms and bringing about real change through CSO-led advocacy and accountability actions.



### Advancing Sustainable Financing for Essential Commodities for Women, Children and Adolescents

The majority of GFF countries have insufficient access to good quality essential commodities for women, children and adolescents because of underinvestment, donor dependency and quality risks. Additionally, many products have high dependence on out-of-pocket spending, which deepens inequity, or an over-reliance on donations to meet national needs sustainably. The GFF has been gradually helping countries address these regulatory, financing, procurement, distribution, and product-use system challenges. To further address this agenda, the GFF partnership intends to scale up its focus to build system capacity and create an enabling environment for high quality procurements through technical assistance investments, crowding in on budget financing and use of performance-linked financing instruments.

The partnership is also strategically placed to support countries improving country alignment on product selection and quality health product prioritization and financing. Within that agenda, a priority domain for the GFF will be focused on family planning commodities complementing and aligned with existing efforts on domestic resource mobilization, including a shift by the United Nations

Population Fund (UNFPA) to requiring country cofinancing via the Compacts, and Match Fund pilot.

With successful fundraising, additional allocation to regular country grants will be made available for countries and will require International Development Association (IDA) and domestic cofinancing for priority product categories, including contraceptives and other essential commodities. Increasing the proportion of contraceptive commodity funding that flows via country budgets and systems will contribute to mainstreaming this spending as part of broader health priorities, and will build country capacity to manage financing and procurement.

Complementary investments in building political will for SRHR, including family planning will provide greater accountability. Providing on-budget and on-system grant financing conditioned on cofinancing for essential health commodities—including contraceptives—can support countries to improve the sufficiency and sustainability of domestic and external finance for essential reproductive, maternal, newborn and child health commodities.

### Primary Health Care: At the Heart of Pandemic Prevention and Response

The COVID-19 pandemic put the dangers of weak and ill-prepared health systems in stark light, while bringing the vital importance of strong primary health care (PHC) to the fore. Ending the current pandemic and preventing future ones requires targeted investments in both pandemic prevention, preparedness, and response (PPR) and in robust health systems that help countries to advance on the path toward universal health coverage (UHC).

Strong evidence indicates countries that prioritized investments in PHC and health systems with the aim of achieving UHC have been better able to weather the pandemic, protect previous health gains and reduce equity gaps. However, global progress toward UHC was already off track

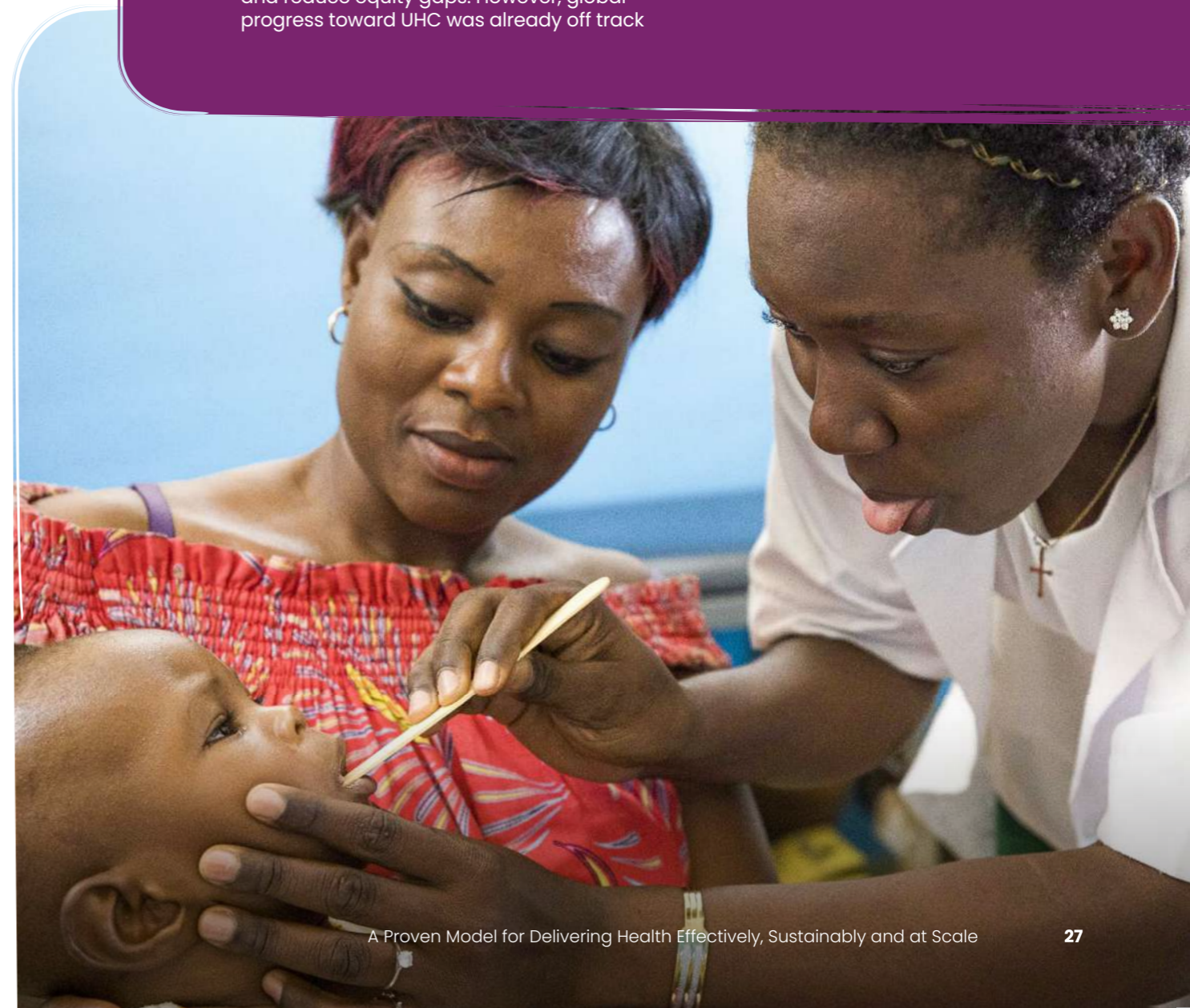
before the start of the pandemic, with at least half of the world's population lacking full coverage.

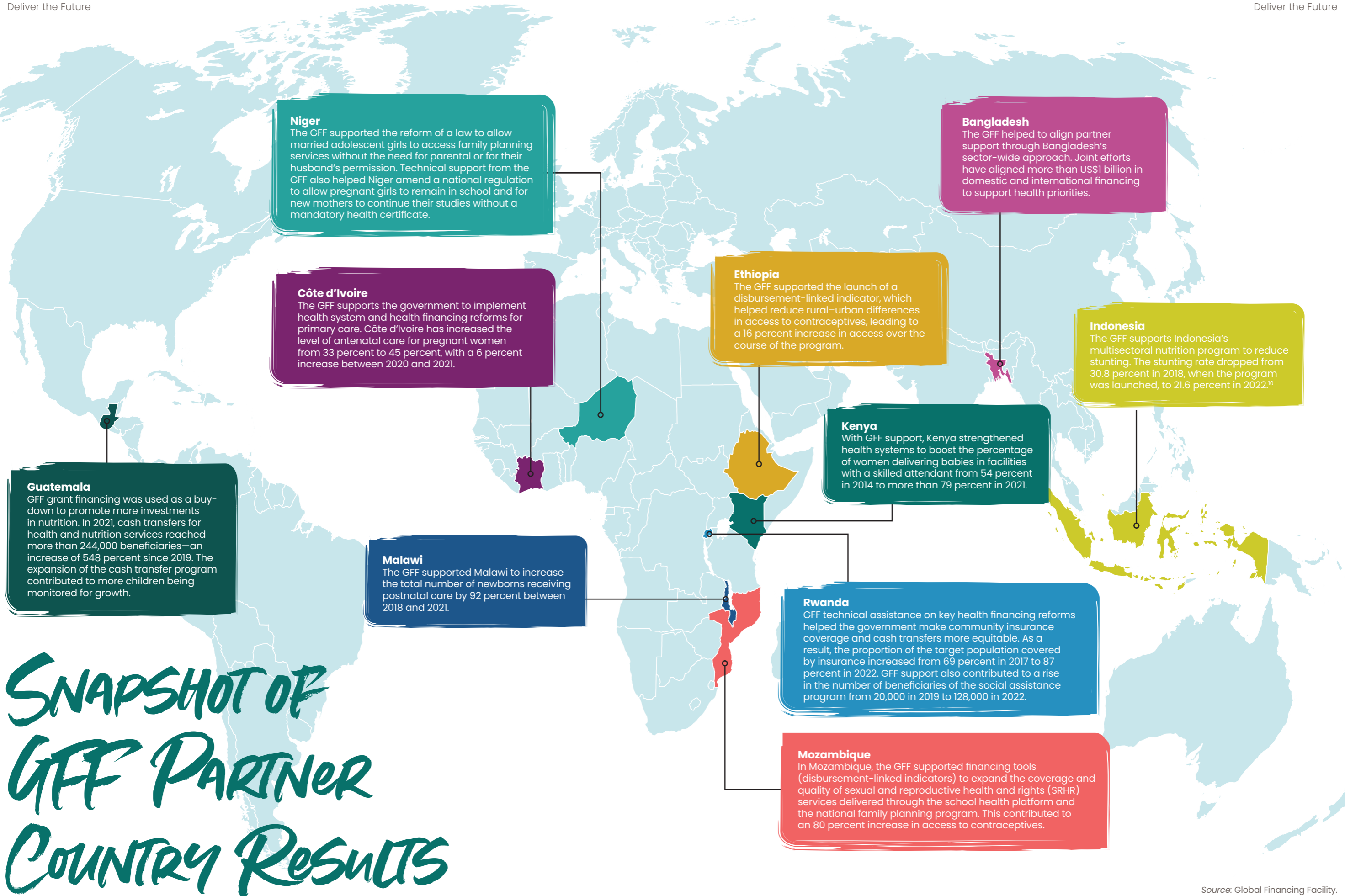
Worryingly, the COVID-19 pandemic is likely to halt all progress made toward achieving UHC over the past 20 years.<sup>9</sup>

Financing mechanisms such as the GFF, which support countries to direct more, and more efficient, resources toward PHC to reach the most vulnerable populations, are a necessary complement to PPR-focused mechanisms. More and smarter investments in PHC are needed now to give every woman, child, and adolescent—no matter where they live—the best chance of a healthy future.

For Liberia, investing in the health of women, children and adolescents will secure a more prosperous, inclusive future and drive sustainable development towards reaping the demography dividend. With GFF support, we are improving the health system to provide services where they are most needed, ensuring that the most vulnerable women, children and adolescents are not left behind. A stronger partnership with the GFF will enable us to scale up the impact of our investments and deliver better health to all communities across Liberia.”

Honorable Dr. Wilhelmina S. Jallah  
Minister of Health, Liberia





# SNAPSHOT OF GFF PARTNER COUNTRY RESULTS

Source: Global Financing Facility.

## Côte d'Ivoire: Delivering Transformative Change

With GFF support, Côte d'Ivoire has delivered transformative changes to its health system to ensure that women, children and adolescents, especially those in hard-to-reach communities, can access the care they need. Through a US\$20 million grant linked to a US\$200 million World Bank project, the GFF supported the government through key reforms to strengthen primary care and bring quality and affordable services, such as assisted birth and pregnancy care, childhood vaccinations, nutrition services, and family planning to hard-to-reach communities.

To channel more resources to primary care facilities, the government of Côte d'Ivoire scaled up its performance-based financing program to districts with the highest maternal mortality and low quality of services. In 2020 and 2021, despite the impacts of the COVID-19 pandemic, the program continued to expand with impressive gains: In 2021, the program covered 102 out of 113 districts, compared to only 19 districts in 2019 and 21 districts in 2020. With more resources, primary care facilities were able to purchase medicines, equipment and train health workers to respond to community needs.

As part of the comprehensive efforts to close equity gaps, the GFF supported

the government to roll out a universal health coverage (UHC) program to make services more affordable to communities. GFF technical assistance supported the design of the insurance system and the development of a plan for monitoring and evaluation. Between 2019 and 2021, over 3,500,000 individuals had enrolled in the insurance program, representing an 89 percent increase in three years. Given the strong equity focus of the program, the government strengthened efforts to cover the most vulnerable, impoverished population and as a result the total number of indigents covered by the program increased by 65 percent in 2021.

With better resourced health facilities, trained community health workers and more affordable services, access to better health became a reality for many women and children in districts across Côte d'Ivoire. In 2021 there were 38 percent more pregnancy care visits and 59 percent more postnatal care visits. More women delivered their babies safely in health facilities with a skilled birth attendant. Access to contraceptives also increased: Couple Years Protection (CYP)—the estimated protection provided by contraceptive methods during a one-year period—increased 10 percent in 2021.

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

**Dr. Djénéba Ouattara**  
Advisor to the Prime Minister, Côte d'Ivoire





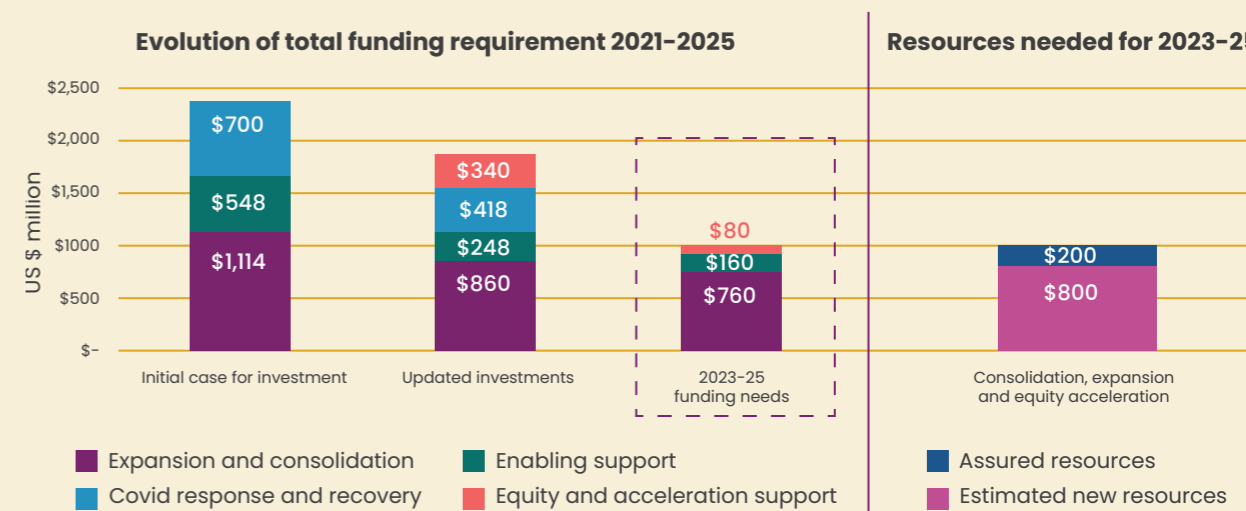
# AN URGENT OPPORTUNITY

With an additional investment of at least US\$800 million in 2023, the GFF can mobilize up to US\$20.5 billion, including US\$8 billion in World Bank financing, directly into government's health budgets by 2025—to save lives and secure healthier futures for the world's most vulnerable women, children and adolescents.

**Specifically, this new funding will allow the GFF to deepen and expand its impact.** The funding will provide second-round financing for 27 partner countries, support up to seven additional countries by 2025 and embark on partnerships with key sectors in addition to health – to advance equity, such as through education, governance and social protection programs (Figure 9). Further, the GFF will also strengthen its technical assistance and capacity strengthening across the strategy to deliver on the GFF model in existing and new countries. This includes greater implementation support to improve coverage and equity and strengthen Primary Health Care (PHC), as well as deepened collaboration with Gavi, the Global Fund, and other global health actors to strengthen alignment and coordination in support of country-led priorities. In this regard, the GFF welcomes the Future of Global Health Initiatives (FGHI) process, which is expected to develop recommendations by the end of 2023 for global health actors to more effectively, efficiently, and equitably complement domestic financing and maximize country-level health impacts. The GFF is committed to actively engage in the process.

**Consolidation and Expansion**  
Demand from countries for the GFF engagement model and Trust Fund grants is high and growing. While several countries have expressed interest in joining the GFF partnership, it is also critical to deepen engagement and consolidate the GFF model in existing partner countries. Within the existing portfolio and based on the strategy and case for investment approved in March 2021, the primary investment focus is on continuing engagement and consolidating the GFF model. A second-round financing grant is required for 27 (out of 36) existing partner countries in the next three years. Second-round financing opportunities were estimated based on absorption capacity for another round of financing as well as pipeline opportunities for cofinancing. In addition, there is the opportunity to respond to high country demand: As far back as 2018, 50 countries have expressed their interest in joining the GFF for support in addressing the significant health needs of their populations with a view of supporting up to seven countries by 2025, focusing on the highest burden and largest equity gaps.

**Figure 9. Breakdown of GFF Investment for 2021–2025 and Resources Needs for 2023–2025**



Source: Global Financing Facility.

My commune is very remote. It is often underserved, leading to issues such as early pregnancy among adolescent girls. With partner support, the municipality has committed to more funding for youth reproductive health. This will help address early pregnancies that impact our girls' education."

**Mr. Edouard Diatta**  
Mayor of the Commune of Diattacounda, Senegal



### Accelerating the Equity Agenda through Multisectoral Engagement

Moreover, the GFF will catalyze strategic multisectoral partnerships to advance equity at the country level. Investing in programs that increase access to critical services is not enough – concerted efforts will also be needed to support programs that seek to change environmental and social factors that prevent women, children and adolescents from seeking the care they need. Keeping girls in schools and providing sexual education can be tremendously effective in promoting gender equality and increase demand for life-saving services. Providing cash incentives that target vulnerable young women, stressing programs with a family-centered approach and including boys and men in prevention and promotion programs are all efforts supported by the GFF.

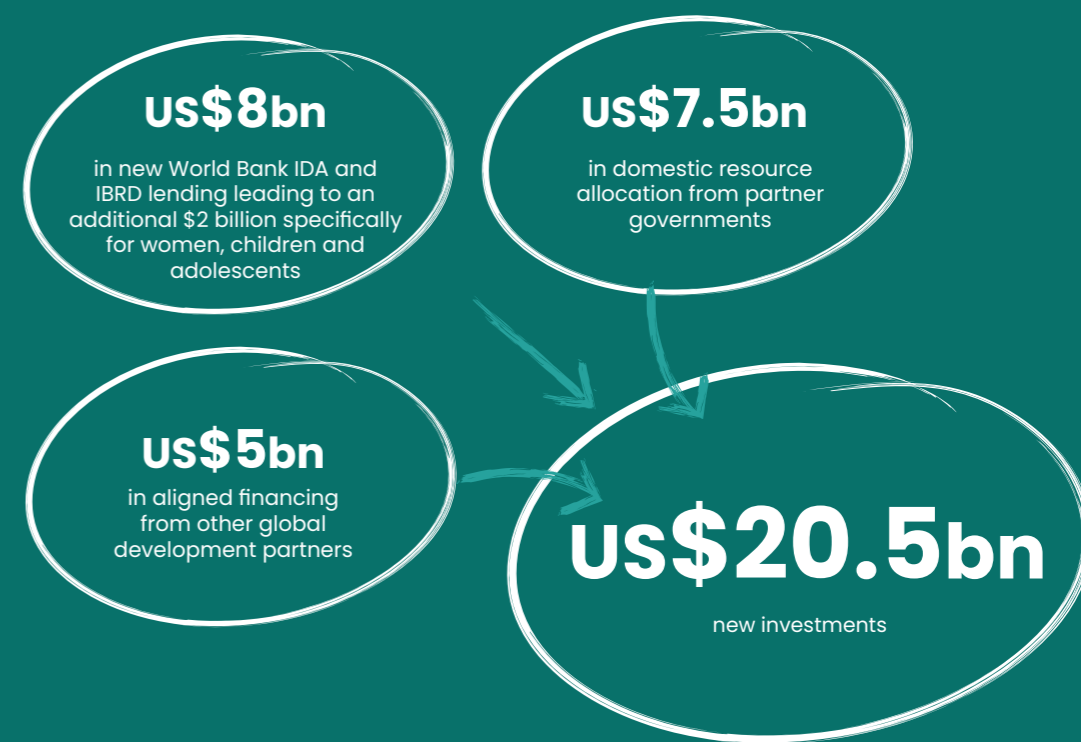
Expanding these efforts will help close the growing equity gap by prioritizing the poorest and most at-risk communities. Examples of potential collaborations include the following:

- Cofinancing social protection schemes to address demand-side barriers, such as transportation and service fees
- Sharpening targeting through use of social registries
- Working with budget support programs to incentivize systemic change and address bottlenecks in public financial management systems
- Cooperating with the education sector to better reach adolescents with interventions such as human papillomavirus (HPV) vaccinations and to improve health and nutrition outcomes for women and children

Figure 10 shows how a new investment in the GFF will mobilize more and better financing for health.

**Figure 10.**

This new investment will produce a multiplier effect to successfully mobilize more and better financing for primary health care and prioritized national health plans by 2025 by linking to an estimated US\$20.5 billion in new investments:



**Closing the GFF’s funding gap for 2023 through 2025 will enable implementation of the partnership’s five-year strategy<sup>1</sup> to bolster country leadership, advance health and gender equity, reimagine health service delivery and link financing to results.** An additional US\$800 million investment for the remaining strategy period will let the GFF link to the remaining resources available through the current IDA20 replenishment round and preposition predictable financing to link to future IDA21 resources. In so doing, the GFF will be able to deepen its support to its existing 36 partner countries, expand support to seven more countries, and promote better health outcomes for women, children and adolescents through programming in key sectors that drives results for health, such as through World Bank loans for education, governance and social protection. The GFF also offers an opportunity to deliver on the IDA20 policy commitments.

**The GFF multiplier effect can go even further:** The US\$800 million investment in the GFF together with the assured resources can harness as much as US\$20.5 billion in more and better financing

to strengthen primary health care and quality services for women, children and adolescents. Indeed, as the GFF model continues to mature and expand over the next few years, World Bank and GFF co-financing is projected to increase from 1:7 to 1:10, greatly multiplying the impact of donor and domestic contributions. Collectively, this funding coupled with country leadership supported by global and local partners will accelerate coverage of high impact interventions for more than 250 million women, children and adolescents.

**Investing in the GFF will deliver a healthier, more resilient future for women, children and adolescents.** Recent progress in global health is in peril, but the GFF is primed and ready to ensure that the world’s most vulnerable women, children and adolescents are not left behind. With full funding, the GFF will build on its successful partnership model, instruments and results to help ensure all women, children and adolescents can access the quality, affordable health care they need to survive and thrive.

Our partnership with the GFF has showed what is possible when we stay the course on women’s, children’s and adolescent health. Millions more women and children survive and thrive as a result. With progress on health stagnating, we need stronger political will and renewed investment to accelerate efforts and deliver a future where all women, children and adolescents have an opportunity to lead healthy, productive lives.”

**Honorable Dr. Robert Lucien Jean-Claude Kargougou**  
Minister of Health, Burkina Faso

<sup>1</sup>UNDP (United Nations Development Programme). 2023. “2023 Gender Social Norms Index (GSNI).” Human Development Report, UNDP, New York. <https://hdr.undp.org/content/2023-gender-social-norms-index-gsni>.  
<sup>2</sup>United Nations. 2023. “One Pregnant Woman or Newborn Dies Every 7 Seconds: New UN Report.” May 9 2023. <https://news.un.org/en/story/2023/05/1136457>.  
<sup>3</sup>United Nations. 2023. “One Pregnant Woman or Newborn Dies Every 7 Seconds: New UN Report.” May 9 2023. <https://news.un.org/en/story/2023/05/1136457>.  
<sup>4</sup>WHO (World Health Organization). 2021. “Fact Sheet: Abortion.” November 25, 2021. <https://www.who.int/news-room/fact-sheets/detail/abortion>.  
<sup>5</sup>Li, Zhihui, Mingquiang Li, George C. Patton, and Chunling Lu. 2018. “Global Development Assistance for Adolescent Health From 2003 to 2015.” JAMA Netw Open 1 (4): e181072. <https://doi.org/10.1001/jamanetworkopen.2018.1072>.  
<sup>6</sup>UNIGME (United Nations Inter-agency Group for Child Mortality Estimation) 2023. “Levels & Trends in Child Mortality: Report 2021.” UNICEF, New York. <https://www.who.int/publications/m/item/levels-and-trends-in-child-mortality-report-2021>.  
<sup>7</sup>World Bank. 2021. “From Double Shock to Double Recovery: Health Financing in the Time of COVID-19.” Discussion Paper, World Bank, Washington, DC. <https://www.worldbank.org/en/topic/health/publication/from-double-shock-to-double-recovery-health-financing-in-the-time-of-covid-19>.  
<sup>8</sup>IMF (International Monetary Fund). 2023. “IMF’s Sub-Saharan Africa Regional Economic Outlook The Big Funding Squeeze.” Press Release No. 23/119, April 14, 2023. <https://www.imf.org/en/News/Articles/2023/04/14/pr23119-sub-saharan-africa-regional-economic-outlook-the-big-funding-squeeze>.  
<sup>9</sup>WHO (World Health Organization) and World Bank. Tracking Universal Health Coverage: 2021 Global Monitoring Report. Geneva: WHO and World Bank. <https://www.who.int/publications/i/item/9789240040618>.  
<sup>10</sup>2018 Demographic Health Survey (DHS). Data available online: <https://dhsprogram.com/Methodology/Survey-Types/DHS.cfm>; 2022 Services de Santé à Grand Impact (SSGI). Interactive data available online, via Save the Children: <https://resourcecentre.savethechildren.net/collection/usaidd-services-de-sante-grand-impact-ssgi-project/>.  
<sup>11</sup>GFF (Global Financing Facility). 2020. “Protecting, Promoting, and Accelerating Health Gains for Women, Children and Adolescents: The Global Financing Facility 2021–2025 Strategy.” Report, World Bank Group, Washington, DC. [https://www.globalfinancingfacility.org/sites/gff\\_new/files/documents/GFF-Strategy-2021-2025.pdf](https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Strategy-2021-2025.pdf).





“ We live in challenging times. From the economic downturn to the threat of pandemics, conflict and climate change, health systems are put under strain and the most vulnerable communities bear the consequences. With support from the GFF and other partners, the government of the Central African Republic is committed to accelerate progress in women’s, children’s and adolescent health as a critical foundation for a resilient and prosperous society. Increased global investment in the GFF will help all countries, and particularly the Central African Republic to build more inclusive health systems to strengthen human capital and achieve sustainable economic growth.”

**Honorable Dr. Pierre Somse**  
 Minister of Health and Population, Central African Republic

*THANK YOU*



GLOBAL  
FINANCING  
FACILITY