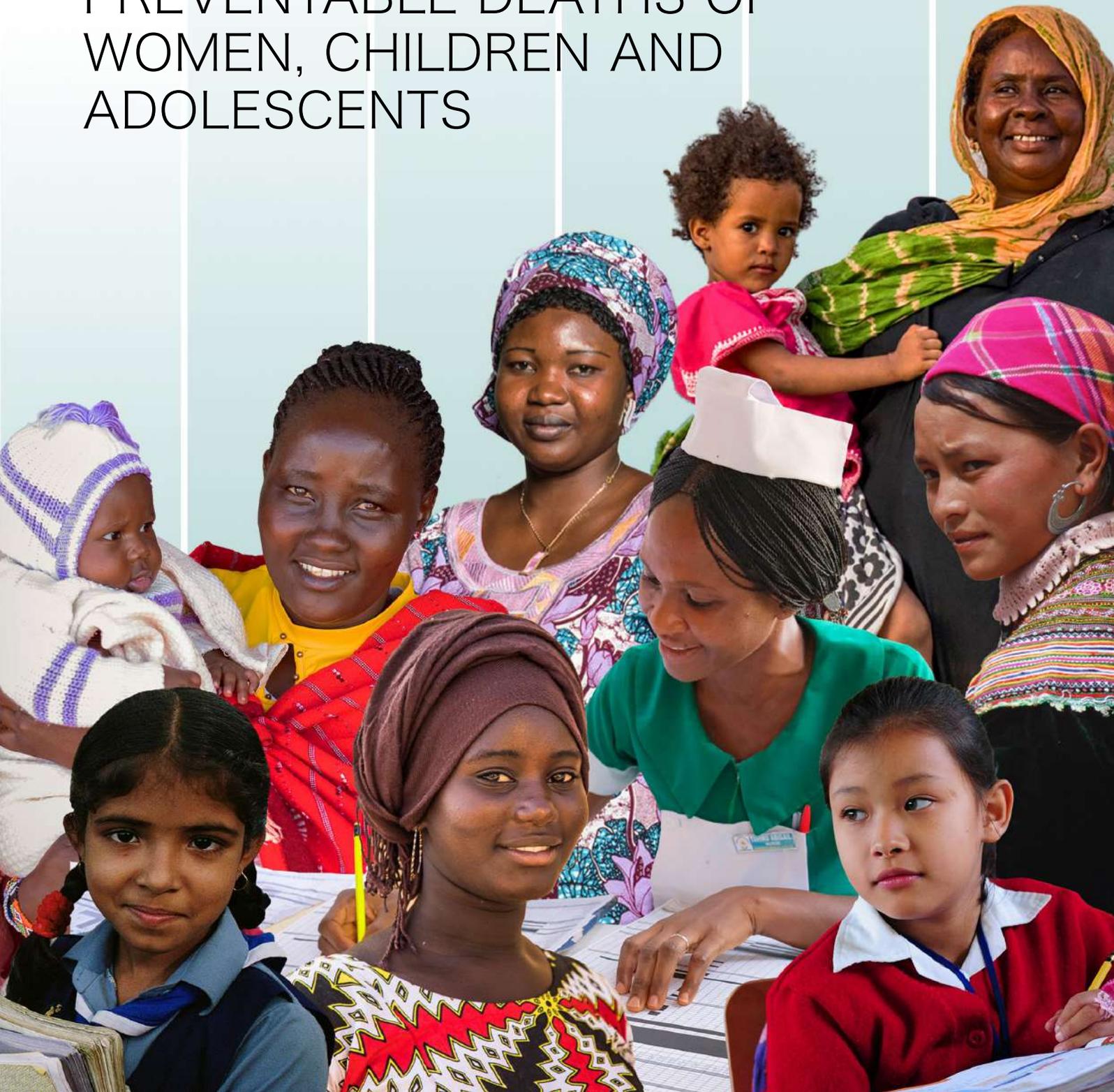


ANNUAL REPORT 2023–2024

SCALING FOR IMPACT:

THE PATHWAY TO ENDING
PREVENTABLE DEATHS OF
WOMEN, CHILDREN AND
ADOLESCENTS



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Foreword



Honorable Khumbize Chiponda
Minister of Health, Malawi
Co-Chair, Investors Group, Global Financing
Facility

As Co-Chair of the Global Financing Facility for Women, Children and Adolescents (GFF) Investors Group, I have the honor to present this year's annual report.

For the GFF partnership, 2025 is a particularly significant year. Ten years ago, the GFF was launched in Addis Ababa at the Financing for Development conference with the promise of protecting and promoting the health and well-being of women, children and adolescents. This year marks a decade of progress and commitment in the face of many deep-rooted and emerging challenges.

The GFF was founded on the principle that by empowering countries to take charge of their health plans—and by coordinating both domestic and international resources in support of those plans—we can prevent the deaths of women and children while also significantly improving population health. With healthier populations comes more productive workforces, more jobs, further economic growth and increased domestic budgets. In turn, this provides more financing for countries to reinvest into the health of their people—and the virtuous cycle continues. In short, investing in

population health sets countries on a pathway of sustainable development and growth—of improved national stability and security as well as global health security.

That virtuous cycle starts with a concerted focus on improving the health of women, children and adolescents. It is this focus that the GFF partnership and model brings to countries. And as this year's annual report highlights, the impact of this approach, and the benefit of a focus on specific solutions, is evident.

To date, the partnership has helped countries reach millions of women, children and adolescents, including:

- **132 million** pregnant women with four or more antenatal care visits
- **164 million** women with safe delivery care
- **172 million** newborns with early initiation of breastfeeding
- Helping to avert **339 million** unintended pregnancies through access to modern contraceptives

By supporting partner countries to leverage domestic resources and align donor contributions as well as private sector investments behind prioritized national health plans for women, children and adolescents, the GFF has helped multiply the impact of every dollar invested in health. With its mission to crash maternal and child mortality rates and ultimately end preventable deaths, the GFF has supported countries to pull the levers that exert the greatest impact on health outcomes.

One key to the GFF partnership's success is its commitment to working through a health systems approach to tackle the bottlenecks and systemic weakness most critical for improving the health of women, children and adolescents. Through its hosting arrangement within the World Bank, the GFF is supporting governments across sectors, drawing on a wide range of tools to improve health while advancing broader development goals—from poverty alleviation, to education, to jobs—and beyond.

This past year has seen the partnership continue to deliver results in some of the most challenging contexts, including in situations of fragility, conflict and violence. Communities are facing the direct and indirect impacts of adverse climate events and heightened food insecurity—challenges exacerbated by shrinking fiscal spaces that place greater strain on already under-resourced health systems.

Health is the foundation for wider progress.

I can speak firsthand from Malawi: The GFF's support has enabled innovations, such as digital health platforms, which strengthen health systems and improve the delivery of life-saving interventions. The GFF is also helping the government to invest more in health. Since fiscal year 2023, our government has increased health investment from 8.5 percent of the national budget to 12.2 percent.

Malawi's investment in health includes training more health care workers, which not only improves the quality and availability of services but also provides critical jobs for younger people today—and the next generations to come. This and other initiatives have led to Malawi achieving some of the largest proportionate reductions in under-five mortality.

Similar progress is evident across many countries partnering with the GFF. In fact, since 2015, all GFF partner countries have made progress to reduce maternal mortality and adolescent birth rates, and hundreds of millions of unintended pregnancies have been averted through improved access to modern contraceptives.

Throughout this report you'll see examples where countries are making major leaps to advance the health of women, children and adolescents—progress that happens only with the leadership from governments, communities and individuals who know the gateway to a brighter future is a healthier population.

In Nigeria, Fauziyya Abubakar Abare became a midwife to help women deliver their babies safely after being inspired by the midwives who helped her deliver her own daughter. Her work is

part of a GFF-supported program that increased antenatal care visits in her region by 30 percent and boosted assisted deliveries with a skilled birth attendant by 56 percent. This year, the GFF and partners have been supporting the major efforts of the current government to crash maternal mortality.

Similarly, greater collaboration across the global health ecosystem, in line with the Lusaka Agenda, is ensuring that financing solutions are innovative and underpinned by strong alignment and accountability for results, as they strengthen countries' pathways to better health, and in turn, better lives.

The achievements highlighted in this report are not merely statistics; they represent lives saved, healthier communities and brighter futures.

Laying the foundations for socioeconomic development, each achievement re-energizes the ripple effect that flows through our work with the GFF.

As we develop and launch the GFF's next five-year strategy later this year, we must now take these innovations and successes to an even greater scale. Looking ahead, our shared vision remains clear: to create a world where we end the preventable deaths of women, children and adolescents, regardless of where they are born. Achieving this ambition requires continued investment, political commitment and innovation.

I invite you to explore the pages of this report and join us in celebrating the progress made, while acknowledging the urgency in the work that still lies ahead—and renewing our collective commitment to ensuring healthier, safer and more prosperous populations.



Honorable Khumbize Chiponda
Minister of Health, Malawi
Co-Chair, Investors Group, Global Financing Facility

Overview

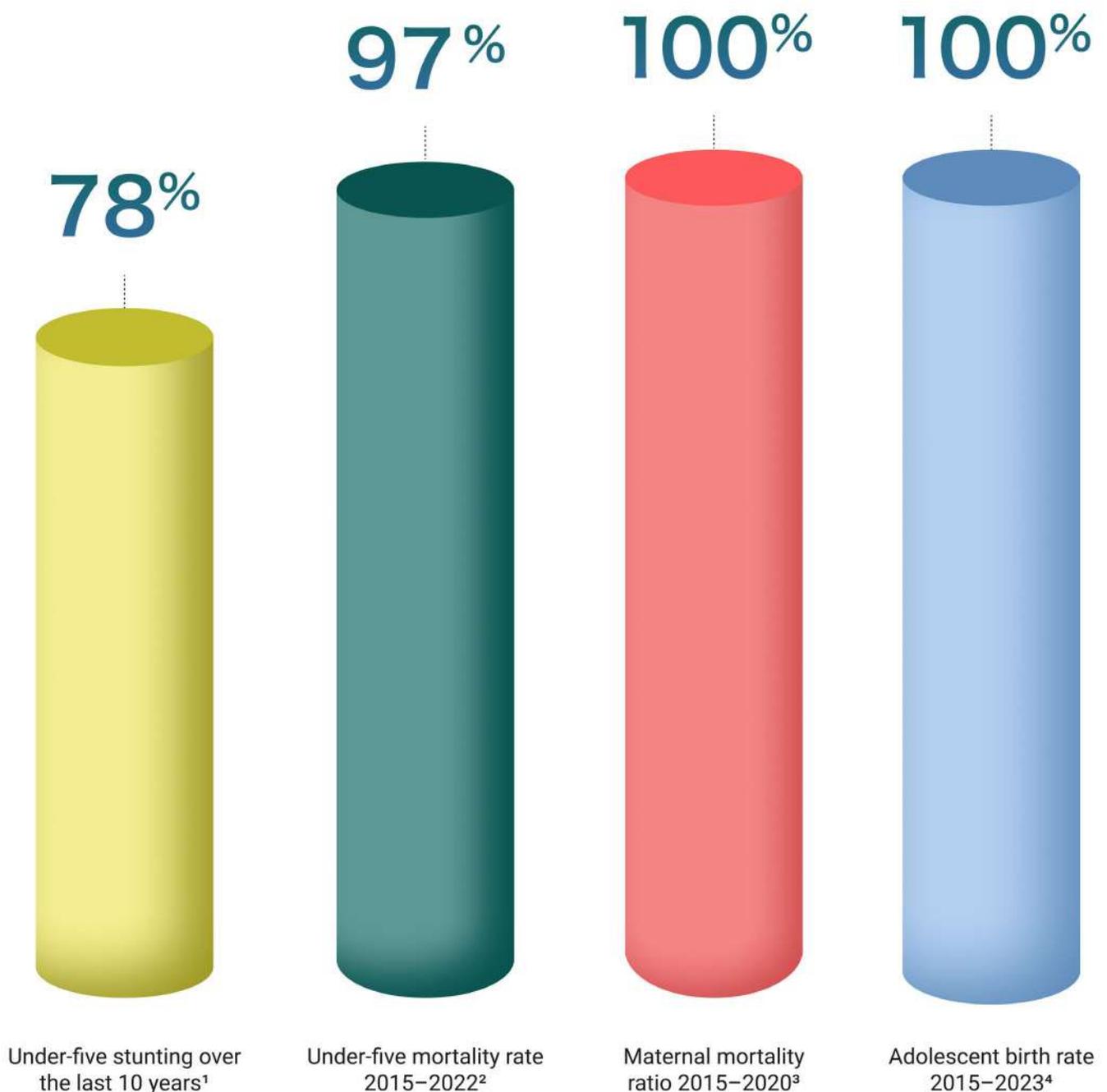
Investing in the Health of Women,
Children and Adolescents



Results at a Glance

As shown in figure 1, since 2015, GFF partner countries have all achieved reductions in maternal mortality, decreases in their adolescent birth rates and increases in the number of women reached with modern contraceptives. The majority of countries have also achieved a decline in under-five mortality and stunting rates.

FIGURE 1. PERCENTAGE OF GFF PARTNER COUNTRIES WITH IMPROVED IMPACT INDICATORS



Source: Global Financing Facility.

Since partnering with the GFF, countries have reached millions, including:

**132
million**



pregnant women
with four or more
antenatal care visits

**164
million**



women with safe
delivery care

**172
million**



newborns with
early initiation of
breastfeeding

Helping to avert

**339
million**



unintended
pregnancies through
access to modern
contraceptives

The 2023–2024 annual report tells a story of impact, partnership and innovation delivered through a country-led commitment to advancing women’s, children’s and adolescent health.

The report highlights the partnership’s achievements in strengthening countries’ capabilities and capacities across the health system—while underscoring the urgency of scaling these advancements to protect the most vulnerable populations. However, the results here should not be taken for granted and despite this progress, global goals remain off track and millions of women, children and adolescents are at risk of being left behind.

In fact, a quarter of a billion people are estimated to face crisis levels of acute food insecurity—representing more than a 33 percent year over year increase and placing children at elevated risk of malnutrition.⁵

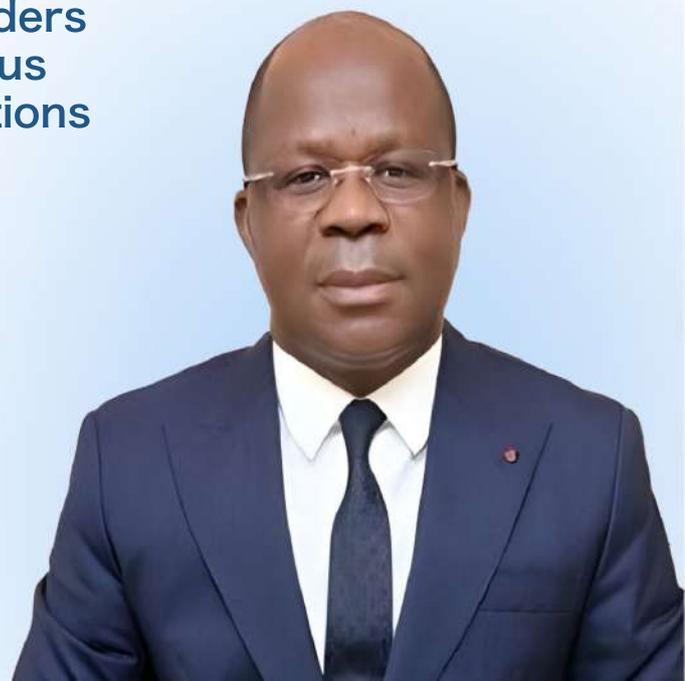
Fragility and conflict risk exacerbating those challenges. By 2030, it is projected that almost 60 percent of the world’s poorest people will live in fragile and conflict-affected settings (FCS) where several challenges, including changing climate, forced migration, debt distress, and rising levels of armed conflict are reversing hard-won development gains. Today, more than 40 percent of GFF partner countries are classified as fragile—and it is in these places where women, children and adolescents suffer some of the worst health outcomes in the world.

Yet, as shown in this GFF annual report, progress is not only possible—it is happening in the lives of millions of women, children and adolescents across many of the world’s poorest and most fragile countries.



The GFF is an essential development partner. In Côte d’Ivoire, this partnership helps us unite and align all stakeholders around our health priorities and focus our efforts on high-impact interventions for women and children.

H.E. Pierre N’Gou Dimba
Minister of Health, Public Hygiene,
and Universal Health Coverage
Côte d’Ivoire



The Pathway to Ending Preventable Deaths of Women, Children and Adolescents

Investing in the health of women, children and adolescents is one of the best investments a country can make.⁶ In addition to the significantly improved health outcomes of individuals, families and societies, healthier populations lead to poverty alleviation and more productive workforces. This drives economic growth, which in turn leads to job creation and further socioeconomic development as countries can invest more of their own domestic resources into the stimuli of growth—which includes health.

This leads to greater national and regional stability and security—and improved global health security. The converse is also true: without healthy populations, countries' socioeconomic potential is vastly stunted. In essence, health is the cornerstone of global social and economic development.

The GFF adopts a health systems approach across all its partner countries, with countries leading the process of identifying systemic weaknesses critical for improving women's, children's and adolescent health. Based on review of data and evidence, and with support from the GFF, countries implement prioritized health system reforms and actions to strengthen their health workforce, service delivery, supply chains as well as data and reporting systems. By investing in this way, countries can produce better reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) outcomes now and in the future.

The GFF supports countries to draw on a wide range of tools and levers as part of national health plans to improve health outcomes and end preventable deaths. Three examples:



1. Innovating for safer pregnancy and birth

An estimated 4.5 million combined deaths (stillbirths, newborn and maternal) occur globally: 300,000 maternal deaths, 2.3 million newborn deaths, and 1.9 million stillbirths. Ten countries, including Tanzania, account for 60 percent of this burden.⁷

To tackle this, the GFF partnered with the Norwegian Agency for Development Cooperation (Norad), UNICEF and Laerdal Global Health for the Innovation-to-Scale initiative to scale up and test promising innovations with high impact potential. Out of 320 proposals, the Safer Births Bundle of Care (SBBC) program—which provides onsite and frequent simulation training for health workers, alongside innovative clinical tools to better monitor heart rates and perform resuscitation, and data use for continuous improvement—was rated to have the highest impact potential.

A three-year scale-up program and related study accompanied approximately 300,000 mother–baby pairs across 30 high-burden health care facilities implementing the SBBC program in **Tanzania**. The SBCC is a prioritized package of interventions supported by rapid

use of data for course correction to enable safer births. The GFF helped de-risk the decision by the government of Tanzania to scale up this innovation through grant financing as well as funding the study.

The results, published in the *New England Journal of Medicine*,⁸ saw a reduction in maternal deaths by 75 percent and early newborn deaths by 40 percent. This shows the transformative advances that can be made to crash maternal and neonatal mortality when highly cost-effective, and relatively simple innovations are taken to scale.

SBBC, which is the result of more than a decade of research and collaboration between global and local, public and private partners—including Haydom Lutheran Hospital in rural Tanzania, where it was first launched in partnership with the Tanzanian government, has now been scaled to more than 150 health facilities—with plans for national expansion in 2025.

The success of the SBBC program shows the power of countries, private sector, development and global health partners joining forces to improve health outcomes.



...This study shows how by working together through innovative partnerships to leverage cost-effective solutions, we can strengthen health systems, improve birth outcomes and save lives. As we now scale these efforts across Tanzania, we have the opportunity to have transformative impact on lives, livelihoods and future prosperity of countries.

H.E. Jenista Mhagama
Minister of Health
The United Republic of Tanzania



2. Scaling Up Nutrition: A 23-fold return on investment

Undernutrition and poor health in the reproductive and early years continues to be one of the least-addressed development challenges. This has negative impacts on the well-being of women and children—increasing vulnerabilities to infections and disease as well as limiting physical and cognitive development. The resulting productivity losses in adulthood lead to huge health and economic costs—with inaction estimated at US\$41 trillion over 10 years.⁹

An estimated 45 million children under five years of age suffered from wasting in 2022 and 149 million experienced stunted growth.¹⁰ Malnutrition remains one of the greatest drivers of child mortality in lower-middle-income countries (LMICs)—and is responsible for nearly half of all deaths in children less than five years old. While several GFF countries have made good progress in addressing malnutrition, the burden remains high in most GFF partner countries. **For every dollar invested in addressing undernutrition, a return of US\$23 is expected.**¹¹

Approximately one-third of the GFF’s investments aim to improve nutrition outcomes in partner countries. In addition to mobilizing more resources for nutrition, the GFF supports countries to integrate nutrition services in primary health care (PHC) through actions such as strengthening community health facilities and training health workers on child feeding practices. The partnership also works to strengthen supply chains to deliver nutrition commodities and enhance nutrition data while promoting its use for decision making.

In **Mali**, nearly a quarter of the population is affected by food insecurity, with more than 25 percent of children affected by chronic malnutrition or stunting.¹² The GFF has been supporting Mali to strengthen nutrition services since 2019. The government uses performance-based financing to improve uptake of nutrition services and increase the quality of services provided by community health workers, particularly in the north of the

country, where the need is greatest. Results are promising: screening of children from 6 to 59 months for acute malnutrition by community health workers increased from 55 percent in 2019 to 90 percent in 2023.

Further, breastfeeding provides babies with significant benefits—such as reducing infant mortality from infectious diseases—and supporting optimal immune system development and growth. Early initiation of breastfeeding, ideally within the first hour of birth, has been shown to reduce neonatal mortality and early infant mortality, in part due to the increased likelihood of exclusive breastfeeding and the optimal nutrition and immunity it provides. To date, the GFF has supported countries to reach 172 million newborns with early initiation of breastfeeding.



In **Nigeria**, rates of exclusive breastfeeding (from newborn to five months) doubled from 17 percent to 34 percent between 2017 and 2023.¹³ The GFF has supported improvements in the delivery and use of high-impact

interventions through several World Bank projects, including the Nigeria State Health Investment project, Accelerating Nutrition Results in Nigeria, and the Basic Health Care Provision Fund.



The results I see, and the positive responses from country and local leaders, together with young people, makes me know we are on the right path. With countries in the driver's seat and global partners aligned behind them, I am optimistic we can achieve better health outcomes for women and girls and bring about lasting and meaningful change.

Oyeyemi Pitan

Founder and Executive Director, Gem Hub Initiative
Federal Republic of Nigeria



Read Oyeyemi Pitan's Article for Politico:
["Out of Time. Out of Patience. Women's and Adolescents' Health and Rights Cannot Wait."](#)

3. Cervical cancer: A leading cause of death

More than 90 percent of women who die from cervical cancer each year live in LMICs.¹⁴ While the tools to stop these preventable deaths exist—including access to the human papillomavirus (HPV) vaccine, screening and treatment—these solutions are often unavailable in the places where they are needed.

At the Global Cervical Cancer Elimination Forum in Cartagena, Colombia, in 2024, governments, donors, multilateral institutions, and global health partners announced a wave of new financial and policy commitments for cervical cancer prevention and treatment. The GFF,

together with the World Bank, has committed a combined total of US\$400 million for HPV programs in the next five years, complementing important investments made by Gavi, the Vaccine Alliance and other partners.

For example, in **Mozambique**, among the 10 countries with the highest burden of cervical cancer, the GFF is supporting government adolescent health programs, including HPV vaccination programs, by strengthening community-level engagement.

More and Better Financing for Women’s, Children’s and Adolescent Health

In low-income countries (LICs), government health spending has dropped to near pre-pandemic levels of approximately US\$10 per capita, and in LMICs this figure stands at US\$55 per capita. These are far below the minimum annual per capita levels of health spend needed by 2030.¹⁵

This is happening at a time when many of the world’s poorest countries are in debt distress. In 2023, LICs were estimated to have spent an average of 7.5 percent of their budgets on debt service—more than what was spent on health and education combined.¹⁶

When government expenditures on health are low, the cost is passed on to patients—leading to high out-of-pocket expenditures resulting in financial hardship and catastrophic health spending. Many families are forced to make difficult choices between health and financial stability.¹⁷

Supporting countries to find ways to channel more and better financing to health in a way that builds country health financing capacity over the long term is an essential part of the GFF’s approach. The GFF uses several levers, including its unique position within the World Bank, to find sustainable pathways for health financing.



We see firsthand what happens when more resources reach communities—health centers are better equipped, more midwives to ensure safe births, adolescents can access SRHR, and affordable quality health care is accessible. This is a gamechanger for individuals, communities and countries.

Stephanie Yeo

Advocacy Officer, Association de Soutien à l’Auto-Promotion Sanitaire Urbaine (ASAPSU)
Côte d’Ivoire

Read Stephanie Yeo’s blog:
[“Driving Action for the Health of Women, Children and Adolescents in Côte d’Ivoire”](#)



Crowding in more financing

One of the promises of the GFF model since its inception in 2015 has been to create more and better financing for health in a way that is both sustainable over the long term and also builds country capacity for effective and efficient health spending.

Leveraging the GFF's link to the World Bank's International Development Association (IDA), GFF grant financing together with IDA concessional financing increases the flow of financing behind country health plans that prioritize women, children and adolescents. **Since the GFF's inception, the GFF has committed more than US\$1.4 billion of grant money that has linked to more than US\$10 billion in financing from the World Bank's IDA and International Bank for Reconstruction and Development (IBRD) behind country health plans. The successful IDA21 replenishment¹⁸ represents a major opportunity for the GFF to leverage even more financing for health over the 2025–2028 period.**

But allocating money broadly to health is not enough; it also needs to be targeted at the needs of women, children and adolescents. To date, GFF partner countries have allocated significantly more IDA to women's, children's and adolescent health and nutrition services than they did prior to engaging with GFF, while countries that are eligible but not yet supported have decreased allocations over time.

A recent analysis of IDA demonstrates, as shown in figure 2, that the median percentage of IDA financing allocated to RMNCAH-N across GFF partner countries increased by 38 percent GFF engagement compared to before the engagement, while the median percentage of IDA financing allocated to RMNCAH-N in GFF-eligible countries (but not yet GFF partnership countries) decreased by 21 percent over a similar period. This highlights the important role the GFF plays in working with country governments, World Bank task teams and other partners to channel more money toward the highest impact interventions for women, children and adolescents.



FIGURE 2. CROWDING IN MORE IDA RESOURCES FOR WOMEN'S, CHILDREN'S AND ADOLESCENT HEALTH



Source: Global Financing Facility.

Since June 2023, 17 projects (in 15 countries) cofinanced with IDA have been approved. These include a new project in **Tajikistan** that aims to improve the quality and efficiency of PHC services and strengthen national capacity to respond to public health emergencies, and a project in **Zambia** that aims to promote human capital development and productivity among poor and vulnerable girls and women, while strengthening social protection delivery systems.

Over the past two years, IDA/GFF cofinanced investments in adolescent health have nearly tripled from 7 percent to 20 percent, while IDA/GFF cofinanced investments in reproductive, maternal and newborn health have doubled—from 12 percent to 24 percent.

World Bank Group Aims to Expand Health Services to 1.5 Billion People

During the World Bank/International Monetary Fund Spring Meetings in April 2024, the World Bank announced an ambitious plan to expand health services to an additional 1.5 billion people by 2030.

As a partnership hosted at the World Bank, the GFF will be a critical partner to deliver on this goal, bringing specific efforts and blended financing for improving access to services for women, children and adolescents.

Pathway for domestic financing

Resource mapping and expenditure tracking (RMET) is one of the approaches used by the GFF to support the planning and budgeting process of a country's health sector. The tool helps to improve efficiency and impact by ensuring the ministry's priorities are funded and implemented.

For example, in **Rwanda** the government had made nutrition a national priority but faced challenges due to fragmented interventions across multiple sectors, including health, agriculture, education and infrastructure.

With GFF support, nutrition-responsive budget tagging was incorporated into the government's financial management system, ensuring that nutrition financing became a fundamental part of national planning and budgeting processes.

The government can now track nutrition spending across sectors, assess budget adequacy, and direct resources toward high-impact interventions. In 2023, the nutrition budget increased by 26 percent, rising from RF277 billion in 2022 to RF348 billion. Nutrition-sensitive interventions received the largest share, accounting for 54 percent of the total budget, making the government's ambition further aligned with the budget.

RMET has also been instrumental in highlighting geographical equity gaps in budget allocations. In **Côte d'Ivoire**, the 2024 RMET, supported by the GFF, found that funding to regions is not aligned with the level of need. High-need regions such as Tonkpi, Poro, and Cavally receive less funding despite critical health challenges. Funding allocated at central level is US\$24.40 per capita; however, support received at the regional level varies widely, from US\$4 to US\$15 per capita per year.

The RMET results triggered discussion around the inequality of financial allocation across the country and led to the government requesting a deep dive for a subnational equity analysis. This data is currently being used by the government and partners to monitor resource flow to subnational level and improve allocative efficiency of funding.

Further, the GFF also supports civil society organizations (CSOs) to engage in countries' annual planning and budget processes. For example, in **Malawi, Liberia and Madagascar**, CSOs advocated for increased budget. The budgets for health increased from 8.8 percent in 2023 to 11.5 percent in 2024 in Liberia and by 3.7 percent for the same period in Malawi. In Madagascar, CSO advocacy has helped support an increase in the health budget from 7.8 percent in 2022 to 8.5 percent in 2023.



Innovative financing

With a US\$17 million grant, the GFF supported a results-based buy-down of interest on a US\$80 million World Bank loan, playing a pivotal role in **Viet Nam's** economic transition by facilitating the government's willingness to allocate resources for health in provinces with higher concentrations of poor and ethnic minority populations—which helped bring more focus on reaching the most vulnerable women, children and adolescents. The project targeted 13 remote provinces to invest in improving PHC facilities, and the quality of services and delivery.

The GFF financing incentivized the government of Viet Nam in two ways: (1) incentivized the government to allocate resources for health by paying down the interest on the loans; (2) incentivized specific results by disbursing grant payments only if results were achieved.

As a result, the role of grassroots health care to provide services for women, children and adolescents and manage noncommunicable diseases, especially in remote areas, was further

reinforced. This helped to reduce the patients seeking basic care services more appropriately provided at the commune level.

The project trained approximately 11,000 health staff in 10 technical areas, improving service quality and efficiency. Fifty-nine percent of commune health stations adopted balanced scorecards to enhance service quality, exceeding the target of 25 percent.

Some of the project provinces expanded this initiative to cover their entire province, using their own government budgets. The GFF also supported the project provinces in their development of five-year sustainability plans to continue to fund their grassroots health facilities and maintain and expand the project's results. This commitment from the provincial governments ensures the continued progress in improving the accessibility and quality of services of grassroots health facilities in remote and disadvantaged communities in Viet Nam.

Increasing efficiencies across the global health ecosystem

One year on from the launch of the Lusaka Agenda in December 2023, the GFF continues to work alongside the Global Fund to Fight AIDS, Tuberculosis and Malaria and Gavi, the Vaccine Alliance to operationalize recommendations with intensified focus on health systems strengthening and country engagement as well as establishing a joint oversight by a joint committee working group.

Further, to accelerate progress on the current strategy and align additional external financing behind investment cases (ICs) for health, the GFF launched a new financing mechanism, the joint financing framework (JFF).

The JFF enables GFF Trust Fund Committee (TFC) donors to cofinance specific country ICs through the GFF Trust Fund. This serves the purpose of increasing efficiencies while channeling funds through on-budget government systems. The JFF has been rolled out in **Mali**,¹⁹ with support from the Netherlands, and in **Nigeria**, with funding from Children's Investment Fund Foundation (CIFF) and the UK government.

Donors Invest through the GFF's *Deliver the Future* Campaign

To continue to improve the health outcomes of women, children and adolescents—and address the critical health financing gap—GFF partners announced in 2024 they would be investing more than US\$115 million of new financing in the GFF. The funding is in addition to the contributions announced at the World Health Summit the previous year, bringing the total raised through the *Deliver the Future* campaign to US\$568 million.²⁰

As partner countries deepen and expand their commitment to health, further increasing demand for GFF's support, the funds will be used to continue the partnership's ongoing efforts in the 36 GFF partner countries while driving new grants and technical assistance to close health equity gaps and improve health outcomes in hard-to-reach communities.





Examples of GFF support through second-round grants

Bangladesh

The GFF, together with World Bank IDA financing, is providing a catalytic US\$25 million grant to support the government in prioritizing interventions such as child nutrition, adolescent health, quality maternal and newborn care, data use, and coordination.

Nigeria

A project to crash maternal and under-five mortality and improve resilience of the health system is being financed by a US\$500 million IDA credit and US\$70 million in GFF grant financing—which includes joint financing from the UK's Foreign, Commonwealth & Development Office (US\$11 million) and CIFF (US\$12.5 million). See page 22 for more details on GFF engagement in Nigeria.

Mali

A US\$25 million GFF grant, including US\$15 million from the government of the Netherlands through joint financing, is supporting the country's efforts to improve access to and use of essential quality RMNCAH-N services as well as strengthen health emergency preparedness in targeted areas.

Guinea

A US\$10 million GFF grant to cofinance US\$85 million from IDA is supporting the country's national health plan to improve the quality and use of health services, focusing on RMNCAH-N.

Kenya

A US\$15 million GFF grant is improving the quality and utilization of PHC services and stronger institutional capacity to deliver vital health services to women, children and adolescents.

Enabling Women and Adolescents to Live Healthy, Productive Lives

The leading cause of mortality for adolescent girls is pregnancy and childbirth complications. Babies born to adolescent girls face a higher risk of severe neonatal abnormalities and death. Integrating sexual and reproductive health and rights (SRHR) into country health plans is an important lever for improving health outcomes and enabling women, children and adolescents to live healthy, productive lives.

The GFF supports countries to accelerate progress in this area by strengthening systems that shift norms toward increasing women's and girls' access, voice, choice and agency—always working within countries' respective laws. For example:

- In **Mozambique**, the GFF supports school health platforms to make health information available to adolescent girls and boys at secondary schools.
- In **Niger**, the GFF is supporting programs to meet demand for family planning services.
- In **Mauritania**, the GFF is supporting inclusion of specific indicators for adolescents and family planning in the country's strategic purchasing scheme.
- In **Ethiopia**, the use of disbursement-linked indicators (DLIs) has contributed to increased modern contraceptive prevalence rates (mCPR) in response to demand in rural areas.



All 36 GFF partner countries have reached more women with modern contraceptives and nearly all partner countries (97 percent) have prioritized SRHR in their ICs, up from 80 percent in 2021. In the last year alone, the median increase in demand for family planning satisfied among GFF partner countries was 5 percent.

The GFF is also supporting reforms through technical assistance provided in partnership with the World Bank's Sahel Women's Empowerment and Demographic Dividend (SWEDD) project, working in **Cameroon, Côte d'Ivoire, Liberia** and **Senegal** to remove legal barriers so pregnant girls can remain in school.

The GFF has initiated a new collaboration with Women, Business and the Law (WBL)—an annual study measuring the enabling conditions that affect women's economic opportunity in 190 economies. The collaboration is collecting data in 26 countries in Sub-Saharan Africa on legal and policy frameworks affecting women and adolescents' access to education and sexual and reproductive health (SRH) services. For example, the data analysis has found that less than half of the countries explicitly guarantee girls' right to education during pregnancy (only 9) and after childbirth (only 10) and even fewer countries have policies to support pregnant and adolescent parenting students in attending schools. This mapping will allow GFF to leverage World Bank instruments by providing overview of key areas to advance legal reforms improving women and adolescent health outcomes.



Health in a Changing Climate

The accelerating climate crisis is worsening health outcomes and posing a growing threat to human health, particularly women, children and adolescents in LMICs. With 2024 the hottest year on record,²¹ extreme weather is becoming the norm. Cyclones, floods, extreme heat, and droughts are disrupting food production and harvests, limiting—and in some cases cutting off—access to essential health care services, and adversely affecting reproductive, maternal and neonatal health outcomes. The knock-on effects of disasters and conflict also put women and girls at greater risk of sexual and gender-based violence.

The GFF focuses efforts on ensuring that country ICs, health plans, and World Bank projects prioritize building country capacity to address specific climate impacts on women, children and adolescents. The GFF has committed to support countries to understand their climate risks and options for adaptation and resilience by working with the World Bank to carry out climate and health vulnerability assessments in up to 20 GFF countries with a focus on the unique needs of women, children and adolescents. For example, rising ground water salinity in some geographies is resulting in increasing incidence of pre-eclampsia and eclampsia in pregnant women—a major cause of maternal mortality, and one around which health systems must be capacitated to recognize, treat and prevent.



Women and girls are not only on the front lines of climate change but also hold the key to transformative solutions. Empowering them is not just a moral imperative—it is critical to achieving sustainable and equitable progress.

Tjedu Moyo
Founder and Executive Director,
Lunia Centre for Youths
Zimbabwe



Deep Dive: Partnering for Progress in Nigeria

As Africa's most populous country, **Nigeria's** levels of maternal and child mortality are among the highest in the world, with maternal mortality representing 20 percent of the global burden. A woman in Nigeria is more than 100 times more likely to die giving birth than in the United Kingdom, France or Germany.²²

While the scale of the challenge is daunting, Nigeria is taking decisive steps to prioritize the health of women, children and adolescents, with the support of its development partners.

Building on lessons from past initiatives, the government has unveiled the Nigeria Health Sector Renewal Investment initiative, a bold plan designed to crash maternal and child mortality. This initiative adopts a sector-wide approach (SWAp) to foster alignment among partners around national health priorities, which is crucial in a resource-constrained environment.

As part of this effort, the World Bank recently approved a **US\$570 million project cofinanced with the GFF** to transform PHC and reach 40 million vulnerable people, particularly women and children.²³ These funds will help close critical financing gaps for provision of PHC services and family planning commodities for the most vulnerable communities.

Through previous and ongoing efforts, including as part of the establishment of a basic health care provision fund, the government has already invested more resources into PHC. Financing and technical assistance from the GFF helped pilot this health insurance reform in three states and mobilized government resources to expand it nationwide. The pilot project helped to strengthen about 900 PHC facilities with critical infrastructure such as maternity wards, medicines and skilled health workers. Deliveries, pregnancy medications and other services were provided



for free, and some facilities even covered transportation expenses for midwives to reach isolated communities.

“The impact was profound,” says Fauziyya Abubakar Abare, a midwife who worked with Gombe State’s Primary Health Care Development Agency, which supported the implementation of the initiative.

At the same time, the GFF and the World Bank supported the Nigeria State Health Investment project to reach communities in the northeastern region of Nigeria, which has been grappling with conflict and weakened health systems, leaving many without health care. As a result, from 2014 and 2020, before the COVID-19 pandemic, safe deliveries jumped from 22 percent to 68 percent and the number of children immunized each year tripled to reach 1 million.

Adolescent health also became a priority, given Nigeria’s large youth population. Through an integrated service delivery project supported by the World Bank and the GFF, adolescent girls are now able to access counseling on family planning at the same time as receiving other services, including nutrition services. This outreach is leading to increased use of modern contraceptives. The project enables highly trained health workers to visit communities and provide nutritional advice to families. Covering a total of 12 states in Nigeria, the project has helped provide nutrition services to nearly 5 million pregnant women and more than 7 million children under the age of five while supporting the treatment of children from among the 2.6 million affected by severe malnutrition nationally.

These efforts have empowered young women such as 17-year-old Maryam Ishah, who points out the life-changing nature of accessing these services.

“I learned a lot from the counselors at the health center and now I am able to share this information with my community. When I grow up, I want to be a doctor and help others take charge of their health,” Ishah says.

As Nigeria navigates this pivotal moment, the government’s commitment to collaboration and strategic investment offers a promising path toward transforming its health sector, potentially saving countless lives and ensuring the right to health for all women, children and adolescents.



“

We are continuing to build the momentum with all the partners we’re working with and our government at the federal level, CSOs and the private sector to have this push to crash maternal mortality.

H.E. Dr. Muhammad Pate
Coordinating Minister of Health
& Social Welfare
Federal Republic of Nigeria

Country Snapshots

This map shows selected results across GFF partner countries.

Mali

The GFF has been supporting the strengthening of nutrition services since 2019—with promising results: screening of children from 6 to 59 months for acute malnutrition by community health workers increased from 55 percent in 2019 to 90 percent in 2023.

Côte d'Ivoire

The 2024 RMET has found that financing is not always aligned with need in some areas—with support at the regional level varying widely, from US\$4 to US\$15 per capita per year. The RMET results are being used to monitor resource flow to subnational level and improve allocative efficiency of funding.

Nigeria

The rates of exclusive breastfeeding (from newborn to five months) doubled from 17 percent to 34 percent between 2017 and 2023. The GFF has also supported improvements in the delivery and use of high-impact interventions through several World Bank projects: Nigeria State Health Investment project, Accelerating Nutrition Results in Nigeria, and the Basic Health Care Provision Fund.²⁴

Tanzania

The Safer Births Bundle of Care (SBBC) has demonstrated significant progress across intervention sites, cutting maternal deaths by 75 percent and newborn deaths by 40 percent. The GFF helped de-risk the decision by the government of Tanzania to scale up this innovation through grant financing as well as funding the study. See page 09 for more details.²⁵

Rwanda

The government can now track nutrition spending across sectors, assess budget adequacy, and direct resources toward high-impact interventions. In 2023, the nutrition budget increased by 25.6 percent, rising from RF277 billion in 2022 to RF348 billion. Further, the percentage of districts implementing the child scorecard to track convergence of nutrition services increased from 87 percent in 2022 to 100 percent in 2023.

Malawi

Since fiscal year 2023, the government has increased health investment from 8.5 percent of the national budget to 12.2 percent. Malawi's investment in health includes training more health care workers. This, together with other initiatives, has led to Malawi achieving some of the largest proportionate reductions in under-five mortality.



Afghanistan

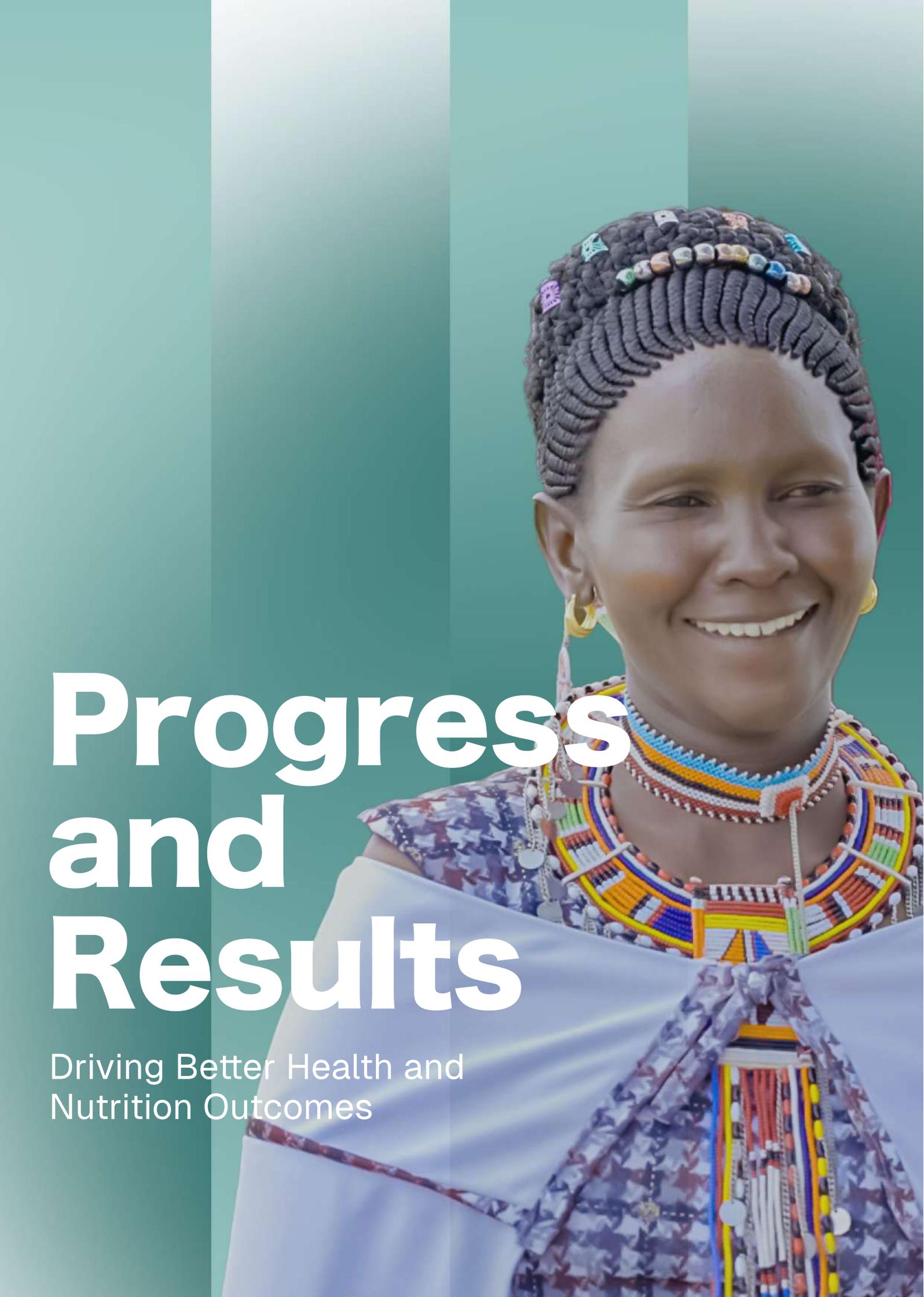
The GFF is funding a study to map health resources at the provincial level. To be completed in late 2025, the study aims to identify inefficiencies, overlaps and gaps in funding between various health programs run by nongovernmental organizations (NGOs), United Nations (UN) agencies and others. In a context of dwindling funds and donor fatigue on Afghanistan, this study will help stakeholders prioritize further and more smartly. See page 45 for more details on GFF engagement in Afghanistan.

Viet Nam

The GFF supported the US\$17 million buy-down of the World Bank loan for health in Viet Nam, facilitating the government's willingness to allocate resources for health and bring more focus on reaching the most vulnerable women, children and adolescents. Through this project, approximately 11,000 health staff were trained in 10 technical areas, improving service quality and efficiency. See page 16 for more details on GFF engagement in Viet Nam.

Madagascar

The health budget as a proportion of the national budget has increased from 7.8 percent in 2022 to 8.5 percent in 2023.



Progress and Results

Driving Better Health and
Nutrition Outcomes

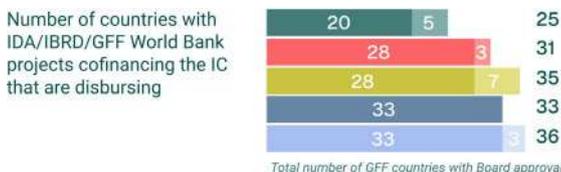
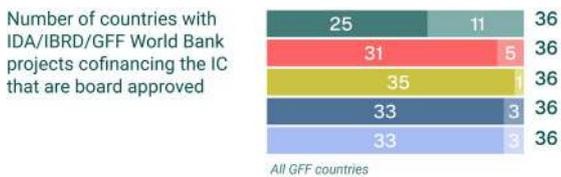
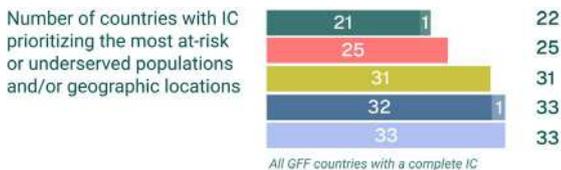
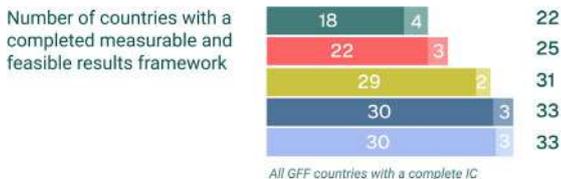
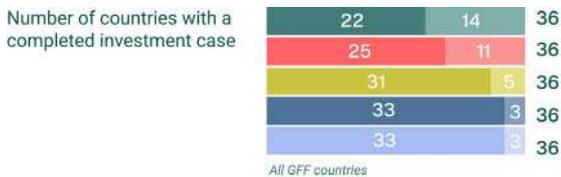
Progress against the GFF Logic Model

Output indicators

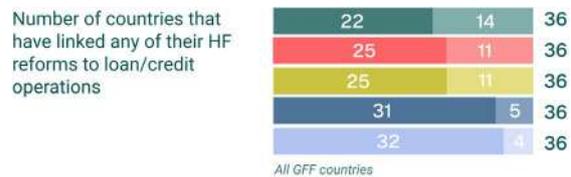
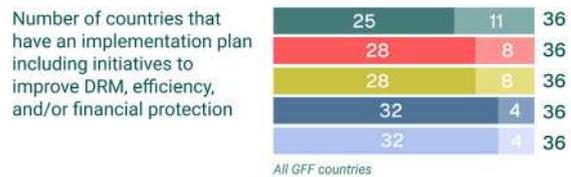
Sustained government led multistakeholder engagement platform



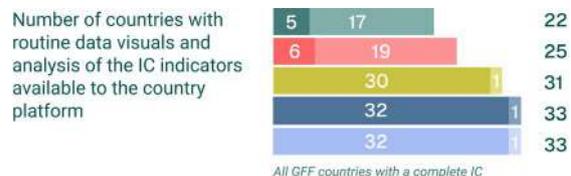
National and donor investment aligned in support of investment case



Financing and systems reforms prioritized

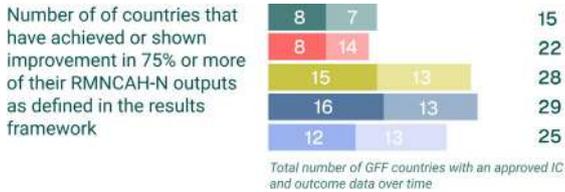


Functional, national data platform

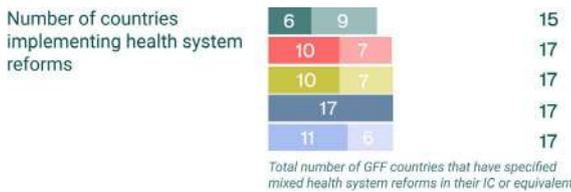


Medium-term outcome indicators

Improvement in service delivery



Financing and systems reforms adopted and implemented



Systematic use of data to inform decision making



Number of countries showing improvement in 75% or more of their nutrition outcome indicators

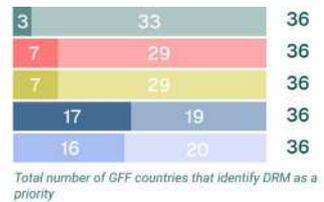


Number of countries showing improvement in 75% or more of their health systems strengthening outcome indicators



Increased and sustained resources for health

Number of countries with increased ratio of domestic government health budget to total government budget



Improved efficiency of health-related investments

Number of countries with increased Health Budget Execution Rate



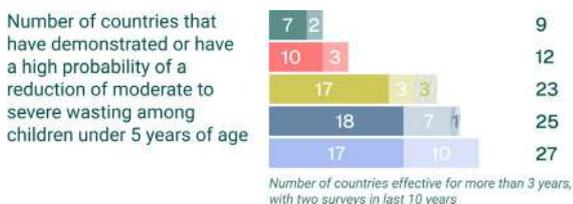
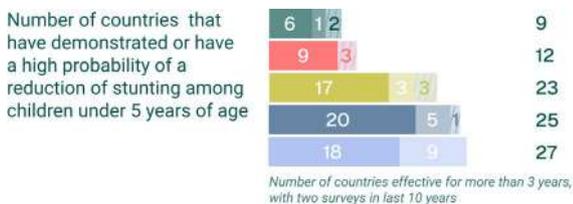
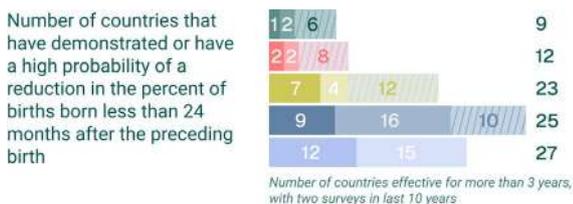
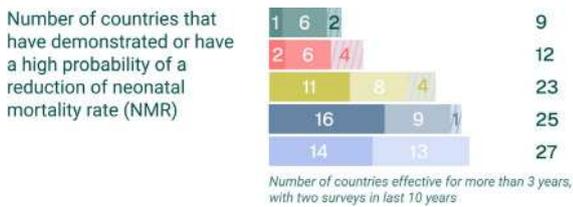
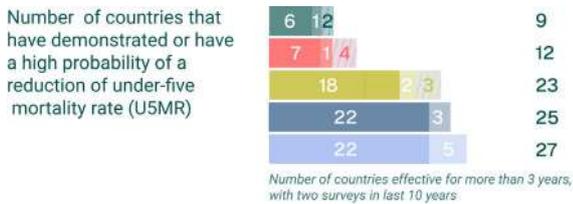
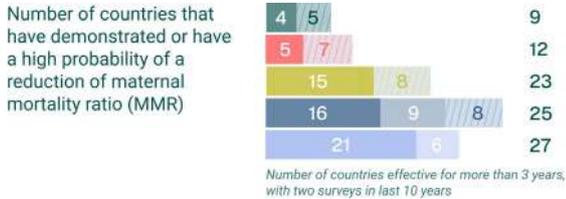
Long-term outcome indicators

Equitable, scaled, sustained coverage of high impact interventions

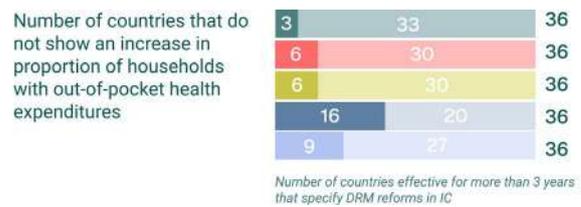
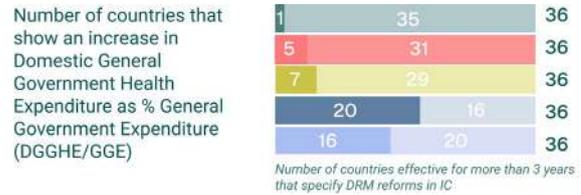
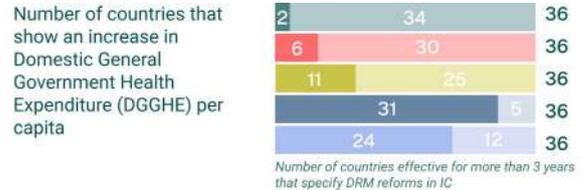


Impact indicators

Accelerated improvements in RMNCAH-N indicators (“results”)



Strengthened platform for PHC/UHC





Overview of Strategic Directions 1-5: Delivering the Strategy and Measuring Results

The GFF partnership relies on a five-year strategy built around five strategic directions that guide GFF support to countries. Key performance indicators (KPIs) track strategy implementation across the GFF strategic directions and allow for analysis and oversight. Introduced to monitor the strategy's implementation, the KPIs complement the reporting on the core impact and logic model indicators by focusing on activities and reforms directly supported by the GFF.

01

Identify where progress is on track and where gaps exist

02

Identify where GFF should provide more support to countries

03

Promote cross-country learnings based on evidence

The next section will present 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

STRATEGIC DIRECTION 1

Bolster Country Leadership and Partner Alignment

23

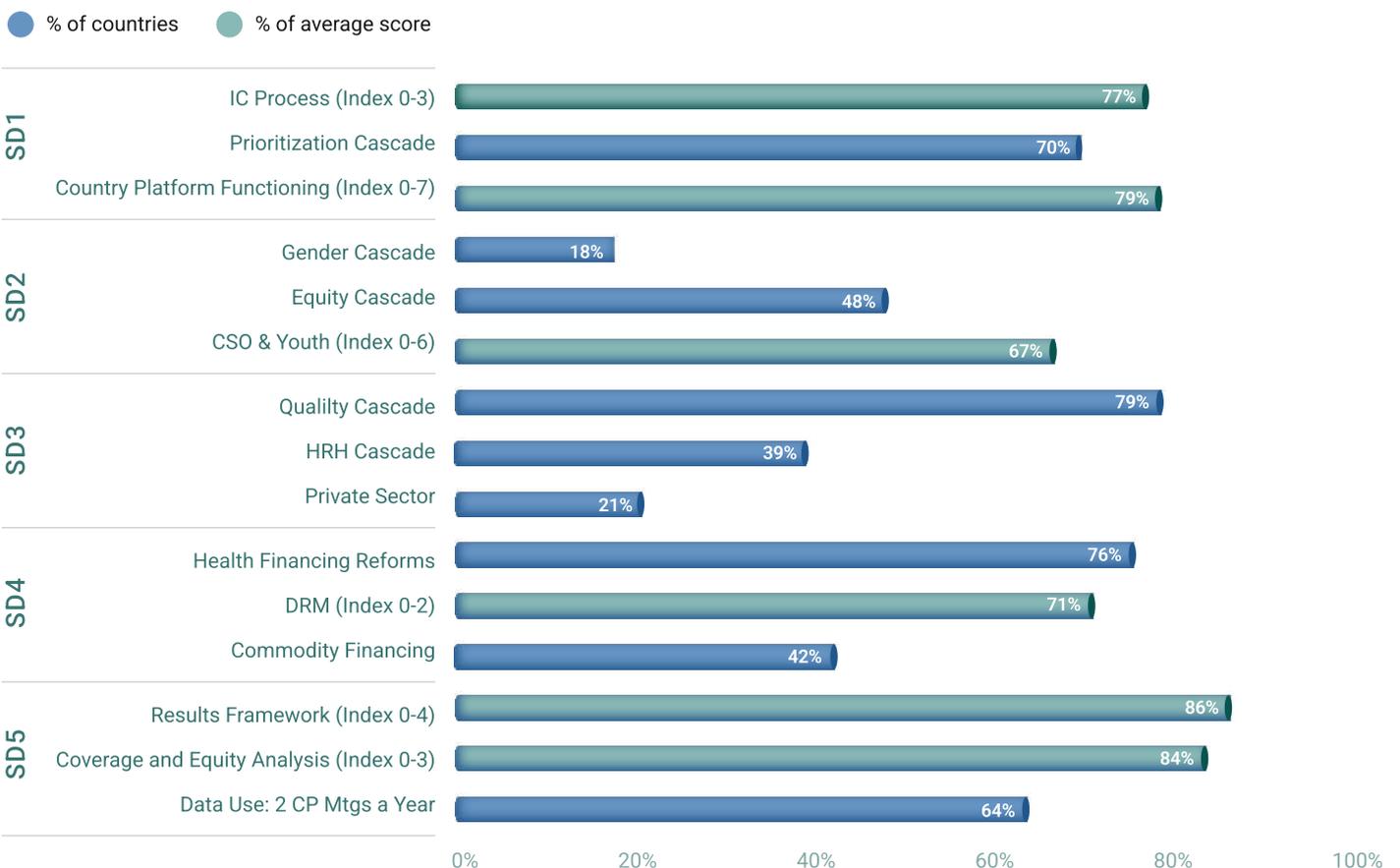
countries have completed resource mapping and aligned their operational plans with the resource envelope available.

STRATEGIC DIRECTION 2

Advance Equity, Voice and Gender Equality

26

countries are prioritizing actions to integrate gender equality in their investment cases (ICs).



STRATEGIC DIRECTION 3

Protect and Promote High Quality Essential Health Services by Reimagining Service Delivery**26**

countries have achieved measurable improvements in the quality of services accessed by women, children and adolescents.

STRATEGIC DIRECTION 4

Build More Resilient, Equitable and Sustainable Health Financing Systems**32**

countries have prioritized health financing reforms in their ICs and projects.

STRATEGIC DIRECTION 5

Sustain a Relentless Effort on Results**26**

countries in Africa have received GFF partnership support to establish and strengthen a regular process for updating their RMNCAH-N coverage and equity analysis annually.

STRATEGIC DIRECTION 1

Bolster Country Leadership and Partner Alignment

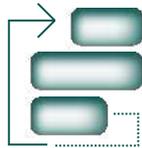
The GFF has consistently supported initiatives to strengthen country leadership and partner alignment, including by helping to link funding with country priorities to drive transformative change, and working beyond health in cross-sectoral partnerships with education, social protection and governance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



KPI 1

Investment Case Process

Nearly all countries (33) have finalized their ICs, which showcases their commitment to women's, children's and adolescent health.



KPI 2

Prioritization

Almost all GFF countries with a completed IC have conducted resource mapping at least once and finalized costing of their IC to understand resource needs and gaps.



KPI 3

Country Platform Index

GFF partner countries are progressing well in establishing a functioning country platform. Out of the 31 countries with a government leadership role clearly demonstrated in convening the platform, the majority (27) convene their platform regularly. This year, the data analysis goes further to break down country platform participation by stakeholder groups.

For example, data confirm that most countries with functioning platforms are engaging CSOs in the dialogue. The GFF is actively conducting consultative processes to update the CSO and youth engagement framework, along with a review of its private sector engagement, to inform ways to strengthen their participation.



Several GFF partner countries have made progress in these areas:

Tajikistan

In May 2024, the government of Tajikistan launched its first IC at the sidelines of the International Human Capital Forum held in Dushanbe. The government of Tajikistan organized a high-level event to launch the Prioritized Action Plan, supported by the GFF. The plan focuses on investments and health sector reforms to ensure women, children and adolescents, especially in poorer communities, can access the health care they need.

Kenya, Liberia and Senegal

Kenya, Liberia, and Senegal are working on their second ICs, building on previous progress and lessons learned. These efforts show how countries are taking the lead in identifying priorities, costing them, and aligning them to the envelope of resources available.

Mauritania

As part of the annual and mid-year review, the government of Mauritania organized a roundtable with partners to identify all available funding sources and develop a prioritized, funded operational plan.

Guinea

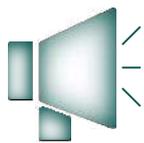
In Guinea, the GFF supported the Ministry of Health to set up a multisectoral country platform consisting of three interlinked coordination bodies, whose quarterly meetings attract 80 to 90 participants from health programs, regional and district teams, other ministries, civil society, and development partners. The platform actively monitors RMNCAH-N progress and uses data to align on priority actions. This includes departments in the Ministry of Health as well as other line ministries to coordinate actions across sectors.

STRATEGIC DIRECTION 2

Advance Equity, Voice and Gender Equality

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 (SRH) services, 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.

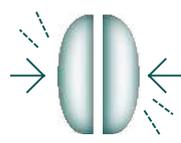


KPI 4

Gender and Voice

The majority (78 percent) of GFF partner countries are prioritizing actions to integrate gender equality in their ICs, with support from the GFF. Gaps persist in measurement and implementation of gender strategies, with six countries showing measurable progress in addressing these gaps. More countries, including **Bangladesh** and **Pakistan**, are receiving support from the GFF to explicitly integrate gender equality into disbursement-linked results (DLRs), along with other World Bank financing instruments, such as in **Guinea** and **Rwanda**.

Further, and in collaboration with Johns Hopkins University, the GFF is generating evidence on women's leadership in health, including country case studies from **Ethiopia**, **Zambia** and **Madagascar**. Over 140 women across GFF partner countries have participated in the "Greater Leaders Program," a program to support a network of women leaders.



KPI 5

Equity

All GFF country engagements now prioritize actions to address equity gaps in health care access. The large majority of these countries have established a measurement approach and begun implementing strategies to bridge these gaps. However, only 16 countries have demonstrated measurable progress in improving equity outcomes so far. The majority of countries are focusing on reducing geographic inequities by enhancing health care access for the hardest-to-reach communities. Other critical dimensions of equity being addressed include improving access for marginalized populations and supporting households living in poverty to access health care.



KPI 6

Civil Society and Youth Engagement

The majority of GFF partner countries with platforms are engaging CSOs in the dialogue within the country platform. Even though the role of youth is acknowledged as a significant part of country platforms in 23 GFF partner countries, some gaps still exist in terms of youth representatives engaging in the IC development processes and the regular review of progress.

Examples of GFF partner countries that have made progress in these areas:

Liberia

In Liberia, the government is spearheading policy reforms to address female genital mutilation (FGM), working closely with CSOs, including the Association of Female Lawyers of Liberia, on continued policy dialogue with key decision makers across justice, health, internal affairs, education, social protection and other sectors. Efforts also aim to address discriminatory practices, raise awareness, and debunk myths around SRHR, gender-based violence (GBV) and FGM.

Mali

In Mali, the Centre Sahélien de Prestations d'Études d'Écodéveloppement et Démocratie Appliquée is advancing efforts to increase local resource mobilization to support community health workers through the development of action plans, monitoring mechanisms and budget advocacy. The municipality of Sirakorola secured a new budget for community nutrition programs, while the municipality of Muéguetan mobilized funds to affiliate three community-based health organizations with the country's social security scheme.

GFF Support in Partner Countries to Advance Legal Reforms and Data Generation & Use

Ghana

Support the finalization of the gender health policy to enhance equity in health including SRHR as well as the revision of the Domestic Violence Act.

Global

The GFF is working in partnership with UN agencies such as the United Nations Population Fund (UNFPA) to strengthen collaboration on legal reforms for SRHR and commodity financing to advance primary health care as well as with the World Health Organization (WHO) and the Partnership for Maternal, Newborn and Child Health (PMNCH) to support both country level and global efforts on this agenda.

Liberia

Support to the adoption of the FGM law to protect women and girls from harmful practices and support their sexual and reproductive health and rights (SRHR).

Regional

Support the West African Health Organization (WAHO)—part of the Economic Community of West African States (ECOWAS)—with the development of the SRHR directive to the adoption and implementation of national policies and laws that protect and promote sexual and reproductive health and rights, at the ECOWAS country level.



Use of Data and Evidence for Improved Learning and Accountability

MAGE Monitoring for Action and Gender Equity

In partnership with Johns Hopkins University, the GFF launched the Monitoring for Action and Gender Equity project, which aims to strengthen integration of gender and equity, with an enhanced focus on reaching adolescent girls with SRH services, including the prevention of cervical cancer. The GFF is in process of expanding the MAGE initiative to enable the scale-up of gender-responsive monitoring support to additional countries and new areas such as adolescent health.

ADLAB Adolescent Health Learning, Action, and Benchmarking

The Adolescent Health Learning, Action, and Benchmarking, a collaboration between the GFF and World Bank Development Economics Research Group, is working to strengthen evidence and learning on effective adolescent health interventions, to make health programs more responsive to adolescents' needs, and to redefine the measurement of adolescent health in a holistic way. In **Madagascar**, the youth network participated in the revision of the RMNCAH-N investment case to ensure youth priorities are reflected. In **Cambodia**, a nine-month fellowship program for 15 young health policy fellows will develop adolescent health case studies supported by research mentors, with dissemination through national and regional platforms.

Pakistan: Leveraging World Bank Instruments to Integrate Gender into Disbursement-Linked Indicators

In **Pakistan**, efforts to enhance women friendly service readiness are centered on improving PHC facilities to meet essential health service delivery norms. Key initiatives include ensuring clean, functional female washrooms, labor room privacy, and the availability of trained female providers. Basic health units now aim to have at least three midwives assigned. To support timely and appropriate referrals

between PHC and higher-level care, emergency transport for obstetric referrals is prioritized. Additionally, measures are being implemented to reduce stockouts of family planning and nutrition commodities as well as essential medicines, with a focus on maintaining obstetric medication supplies and ensuring at least three family planning methods—both short- and long-term—are consistently available.



STRATEGIC DIRECTION 3

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

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 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 (HRH) reforms and public-private engagement.



KPI 7

Quality

Nearly all GFF partner countries prioritize interventions to improve the quality of health services. The most commonly prioritized action is improving facility readiness to provide quality care. Other priorities include service delivery redesign, performance-based financing quality scorecards, and facility-level quality assessment tools linked to supervision. Most GFF partner countries (26 out of 33 with ICs) have achieved measurable progress in improving the quality services accessed by women, children and adolescents.



KPI 8

Human Resources for Health

The majority of GFF partner countries (29 out of the 33 with ICs) are prioritizing reforms to strengthen HRH such as competency building, availability and production of HRH, distribution and retention and strengthening management, planning, and supervision. Out of these countries, 22 have begun implementing their reforms and 13 have achieved measurable progress so far.



KPI 9

Private Sector

Not all GFF partner countries prioritize private sector engagement strategies due to the context-specific nature of the public-private mix across countries. Among the 15 countries prioritizing reforms, focus is placed on improving governance of the private sector in health and integrating the private sector into health financing or service delivery. However, significant gaps exist in developing a measurement approach to track implementation of reforms, with only seven countries—**Afghanistan, Côte d'Ivoire, Indonesia, Liberia, Madagascar, Nigeria** and **Somalia**—achieving measurable results to date.



Examples of GFF partner countries that have made progress in these areas:

Indonesia

Indonesia is using DLRs focusing on capacity building to provide comprehensive emergency obstetric and newborn care (CEmONC) services by district hospitals. Verification of quality standards in areas covered by the project showed service quality achievement above the set target.

Guinea

In Guinea, 400 health workers have been recruited and trained in RMNCAH-N competencies, addressing immediate needs in Kindia and Kankan districts and improving services for women, children and adolescents.

Côte d'Ivoire

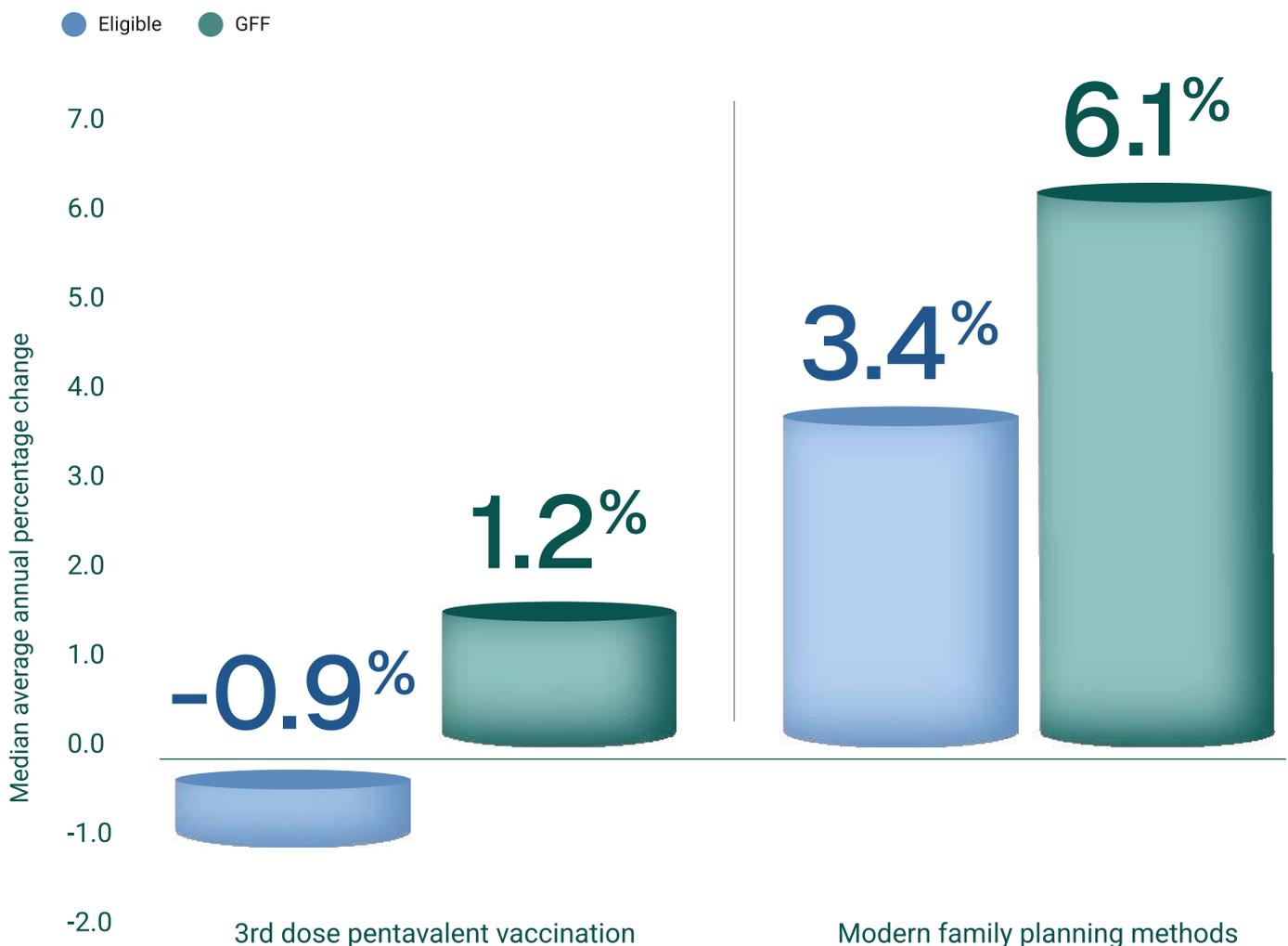
In Côte d'Ivoire, the GFF and World Bank collaboration has catalyzed private sector engagement as a key element of the Ministry of Health's long-term strategy. Starting in 2020, efforts identified the entry point for improving RMNCAH-N outcomes to include regulation and licensing of the private sector providers. This support spurred discussions resulting in support to the government on a reform of regulatory frameworks allowing to expand the national health insurance scheme to include private nonprofit providers for the first time. Targeted support is now scaling up to address these critical needs.

Accelerating health service delivery in partner countries

As illustrated in figure 3, GFF partner countries continue to scale service delivery faster than countries that are GFF eligible but not yet supported. In 2023 compared to 2022:

- **71 percent of GFF partner countries** have reached more children with routine pentavalent vaccination (median improvement 3.5 percentage points)
- **100 percent of GFF partner countries** have reached more women with modern contraceptives (median improvement 5 percentage points)

FIGURE 3. MEDIAN AVERAGE ANNUAL PERCENT IN NUMBER OF BENEFICIARIES REACHED SINCE GFF ENGAGEMENT BEGAN

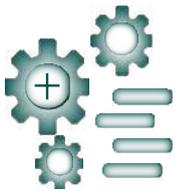


Source: Global Financing Facility.

STRATEGIC DIRECTION 4

Build More Resilient, Equitable and Sustainable Health Financing Systems

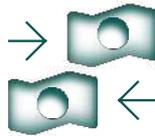
The GFF's agenda on domestic resource utilization and mobilization (DRUM) aims to increase both the volume and efficiency of domestic public resources for RMNCAH-N services and intensify support for health financing reforms in partner countries.



KPI 10

Health Financing Reform

Thirty-two out of 36 GFF partner countries prioritized health financing reforms in their ICs and projects, and all are under implementation. Key types of reforms prioritized include purchasing reforms, allocative efficiency, resource alignment, domestic resource mobilization (DRM) and increasing access and use of financial data. Seventy-eight percent of countries implementing health financing reforms have achieved measurable progress so far.



KPI 11

Domestic Resource Mobilization Advocacy

Eighty-five percent (28 out of 33) of GFF partner countries that have ICs are engaged in DRM advocacy. In more than two-thirds of these countries, CSOs are engaged in the advocacy process.



KPI 12

Commodity Financing

Nearly 80 percent of GFF countries have prioritized commodity financing reforms in their ICs and projects. Key reforms include support for regulatory reform to improve access to quality RMNCAH-N commodities, improving government capacity to manage supply chain functions, and increasing domestic financing for RMNCAH-N commodities and diagnostics. However, gaps remain, with five countries lacking a measurement approach.

Examples of GFF partner countries that have made progress in these areas:

Bangladesh

In Bangladesh, the GFF supports interventions aimed at increasing both financial and human resources (midwives) to the front lines. Progress is monitored through specific DLIs. Results show that measurable progress has been achieved in scaling up the midwifery cadre and in more timely disbursement of funds at the district level.

Malawi, Liberia and Madagascar

In Malawi, Liberia and Madagascar, CSOs advocated for increased budget. The budgets for health increased from 8.8 percent in 2023 to 11.5 percent in 2024 in Liberia and by 3.7 percent for the same period in Malawi. In Madagascar, CSO advocacy has helped support an increase in the health budget from 7.8 percent in 2022 to 8.5 percent in 2023.

Burkina Faso

In Burkina Faso, health commodities are distributed by the public and private sectors. A last-mile distribution strategy was piloted in eight health districts, which helped improve the availability of health products. To scale up efforts, a three-year plan is being implemented, taking into account the country's security context. As of June 2024, 58 percent of health facilities had no shortages of the 25 tracer drugs, exceeding the annual target of 41 percent.



Challenge Fund

This pilot mechanism, with an initial focus on increasing access to and sustainable financing of RMNCAH-N commodities, has generated strong interest from teams across the World Bank in close coordination with government counterparts, in areas such as private sector partnerships, digital infrastructure, HRH for supply chain, last-mile delivery, and commodity security. Twenty-six expressions of interest were received, with 15 currently being developed into full proposals. Demand has exceeded available resources, with funding requests totaling approximately US\$54 million against the US\$34 million allocated by the TFC for this pilot initiative.

Improving Service Delivery with Resource Mapping in Afghanistan

As an essential element of GFF's approach, RMET plays an important role in aligning donors and government funding to the priorities of the IC.

In the complex context of **Afghanistan**, with the country's persistent humanitarian crisis, humanitarian aid and development funding have begun to intertwine, which could lead to potential inefficiencies and gaps in resource allocation.

To address this, the GFF is funding a subnational resource mapping to clarify health resources at the provincial level. Initial findings of the study highlighted that despite the extensive efforts of development and humanitarian

partners, the country's health sector faces persistent challenges in funding shortages. A key area affected is service delivery, particularly primary and secondary services. Significant disparities in health funding allocation across diseases and provinces suggest potential misalignments in resource distribution within the health sector.

Through this study, set to be completed by mid-2025, the GFF and other donors aim to improve the targeting and efficiency of health resources in the country. By identifying areas of duplication and misalignment, the pilot will help optimize funding distribution and support more effective service delivery.



STRATEGIC DIRECTION 5

Sustain a Relentless Effort on Results

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, 34 countries shared data (up from 32 countries in 2022), 33 countries shared subnational data (up from 31 countries in 2022), and 16 countries shared specific age- and sex-disaggregated data (up from 12 countries in 2022).



KPI 13

Country Results Framework Index

All but one GFF country with a finalized IC have developed and currently manage results frameworks, which include clearly defined sets of indicators to measure progress. The majority of countries with results frameworks meet data requirements for core RMNCAH-N indicators with subnational disaggregation that can shed light on equity gaps. However, some data gaps persist for health services targeting specific groups, such as adolescents, and for tracking systems reforms not well covered through routine country health information systems (for example, specific HRH or commodity financing reforms).



KPI 14

RMNCAH-N Coverage & Equity Analysis

Twenty-six GFF partner countries have participated in a multicountry process convened by Countdown to 2030 and the GFF to help strengthen country capacity for updating RMNCAH-N coverage and equity analysis, based on all available data sources. Through a collaborative approach involving ministries of health, local universities and technical institutions as well as the GFF liaison officer, support is provided to document, disseminate and use the coverage and equity analyses to help inform decision making. As a result, 29 out of 33 countries with a finalized IC now update their RMNCAH-N coverage and equity analysis annually.



KPI 15

Data Use

Twenty-one out of 33 countries with a finalized IC met the benchmark of two or more meetings of the country platform or similar forum to review progress and use data for decision making. One-third of countries in that group (**Afghanistan, Ethiopia, Ghana, Guatemala, Rwanda, Zambia and Zimbabwe**) met the upper benchmark of four or more meetings with data use in the past year. Out of the countries that did not meet the benchmark of at least two meetings with data use in the past year, eight countries had one meeting with data use in the past year and four had none.

Strengthening Country Analytical Capacity and Data Use with Countdown to 2030

As part of a collaboration with Countdown to 2030 for Women's, Children's and Adolescents' Health, the GFF has been actively supporting countries in establishing and strengthening a regular process for updating their RMNCAH-N coverage and equity analysis annually using all available data sources (the basis for the GFF strategy's KPI 14). The partnership has expanded to support all 26 GFF partner countries in Africa. This ongoing collaboration involves the ministries of health working closely with local institutions that have expertise in analytics, such as academic institutions, statistics agencies, and public health institutes, with GFF liaison officers playing a key role.

Additionally, country collaboration teams conduct supplementary analyses on priority topics identified in national strategies and investment cases. These analytics are shared during country platform meetings or similar forums, where they have been instrumental in shaping strategic plans, guiding prioritization processes, and informing proposal development. Countries also contribute their analytics to the GFF data portal's country profile pages and the [Countdown to 2030 website \(countdown2030.org\)](https://countdown2030.org) ensuring broader access and utility of this critical data.



Improving Country Data Systems and In-Time Monitoring Approaches

The GFF's frequent assessment and systems tools for resilience (FASTR) rapid-cycle analytics and data-use initiative supports countries with timely, rigorous and low-cost approaches to monitoring PHC performance and resiliency. Ministries of health in 12 countries implemented one or more of FASTR's rapid-cycle approaches in 2024, leveraging these insights for adaptive management and decision making.

FASTR's approaches have provided timely, on-demand support during shocks—for example, capturing the impact of health worker strikes on service use in **Kenya** and monitoring the impact of the monkey pox outbreak on RMNCAH-N services in the **Democratic Republic of Congo**. FASTR also provided ongoing performance technical assistance in support of national monitoring and evaluation (M&E) processes. In **Madagascar**, for example, the Ministry of Health has used the results from FASTR's rapid-cycle health facility survey in ministry staff meetings

to guide coaching and mentoring to PHC facilities on improved quality of care. In **Nigeria, Somalia, and Tajikistan**, results are being fed into national M&E processes via joint annual reviews, providing an up-to-date view on health sector performance with a focus on key RMNCAH-N indicators. Finally, growing FASTR implementation across countries is generating new opportunities for peer learning and collaboration. For instance, the Senegal Ministry of Health has institutionalized FASTR's rapid-cycle methodologies and has served as a peer mentor in **Madagascar** and **Mali**, building the competency of those ministries to scale and institutionalizing FASTR in their contexts.

For more details on FASTR, visit the [GFF data portal](#) and the new [FASTR resource repository](#), which provides data and results from participating countries.²⁶



CRVS: Tracking life—and death—data to improve health outcomes

Civil registration and vital statistics (CRVS) systems form one of the foundations of resilient health systems and fair societies. Strong CRVS systems, which include registration of births and deaths, enable faster and more reliable data to help countries understand trends in fertility and mortality, identify at-risk populations, and develop strategies to better target service delivery.

Together with UNFPA and other partners, the GFF supports 17 partner countries with policy reforms to strengthen CRVS and establish stronger links to health systems, focusing on modernization and building electronic systems and reforms to expand CRVS registration. The GFF has assisted countries in: (1) strengthening their legal and regulatory frameworks; (2) improving staff capacity in the health sector and civil registration agencies; (3) advancing data collection and data management systems, including integrating civil registration with health information systems; and (4) enhancing community engagements and awareness.

As a result of these efforts, many countries have seen substantial increases in birth registration rates, based on the latest data available. For instance, **Liberia's** under-five registration rate improved from 25 percent in 2013 to 66 percent in 2019–2020, **Kenya's** rate rose from 67 percent in 2014 to 76 percent in 2022, and **Rwanda's** rate increased from 56 percent in 2014–2015 to 86 percent in 2019–2020. Nevertheless, several countries, such as **Mozambique** and **Madagascar**, continue to face challenges in this domain.

The GFF has also supported efforts to enhance death registration and the accurate recording of causes of death as a component of a functional CRVS system. This initiative aims to ensure that every death is registered and that the cause of death is accurately recorded, which is important for public health planning and resource allocation.

For example, in **Kenya**, the GFF supported the transition from the tenth to the eleventh version of the International Classification of Disease (ICD) for recording causes of death (COD);

reviewing the medical certificate of causes of death forms for facility deaths; developing a training curriculum in COD certification and coding; and training of certifiers and ICD coders. In **Uganda**, the GFF supported the development of a death registration module in the mobile vital records system with an application program interface for data exchange with the district health information system (DHIS2), development of a module in DHIS2 to determine medical certificate of cause of death, and training of health workers in cause of death certification and ICD 11 coding.

By improving the quality and comprehensiveness of birth and death data, the GFF helps countries develop more effective health policies and interventions. Through continuous investment in capacity building, digitalization, and community engagement, countries can work toward ensuring that every death is registered and accurately recorded, ultimately contributing to better health outcomes.



GFF Financials: Contributions, Commitments and Disbursements

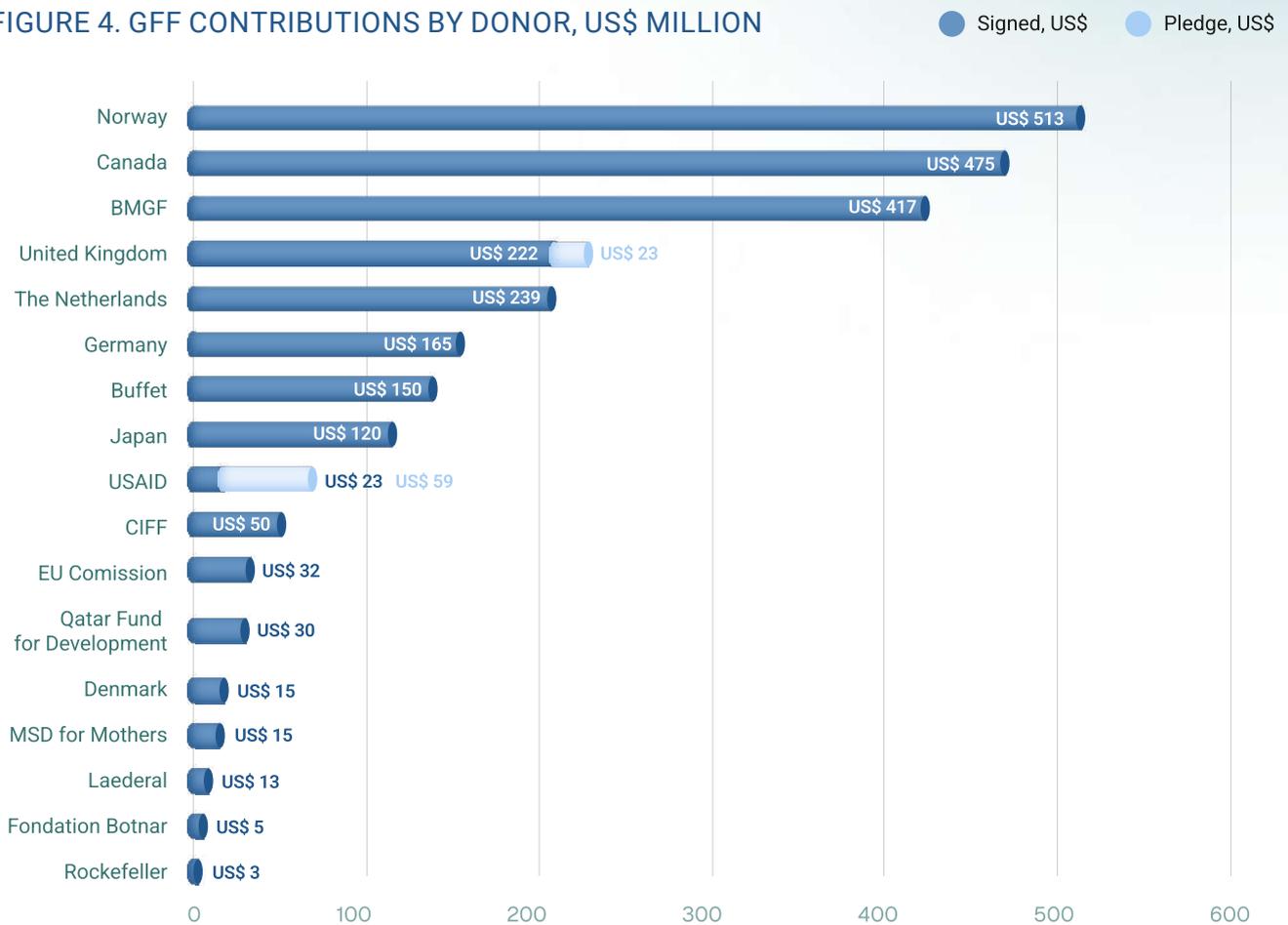
Contributions

As of December 31, 2024, the total value of contributions and new pledges to the GFF Trust Fund is:

US\$2.6 billion
equivalent from 17 donors

Figure 4 provides the breakdown of signed and pledged contributions to the GFF Trust Fund by donor.

FIGURE 4. GFF CONTRIBUTIONS BY DONOR, US\$ MILLION



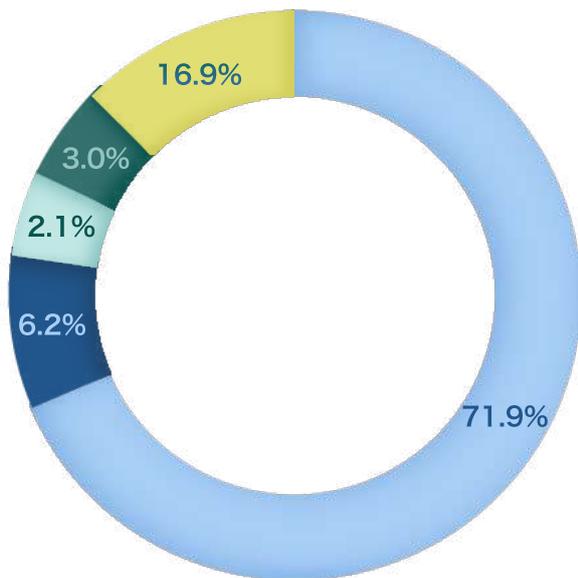
Source: Global Financing Facility.

Commitments

As of December 31, 2024, the GFF Trust Fund has committed a total of US\$1.39 billion for grants in 38 countries (see figure 5). Out of this amount, a total of US\$1.32 billion linked to US\$10.21 billion in World Bank IDA/IBRD financing has been approved by the World Bank’s Board of Executive Directors.

The majority (71.9 percent) of GFF country grants approved by the World Bank Board supports partner countries in the Africa Region, followed by 16.9 percent in South Asia, 6.2 percent in East Asia, 3.0 percent in Latin America and the Caribbean regions, and 2.1 percent in Europe and Central Asia. The complete list of the Board-approved GFF country grants to countries is provided in table 1 and table 2.

FIGURE 5. WORLD BANK BOARD-APPROVED GFF COUNTRY GRANTS BY REGIONS



Regions	GFF grant	Share
● AFR	948.1	71.9%
● EAP	81.4	6.2%
● ECA	28.0	2.1%
● LCR	39.0	3.0%
● SAR	222.2	16.9%
TOTAL	1,318.7	100%

Source: Global Financing Facility.

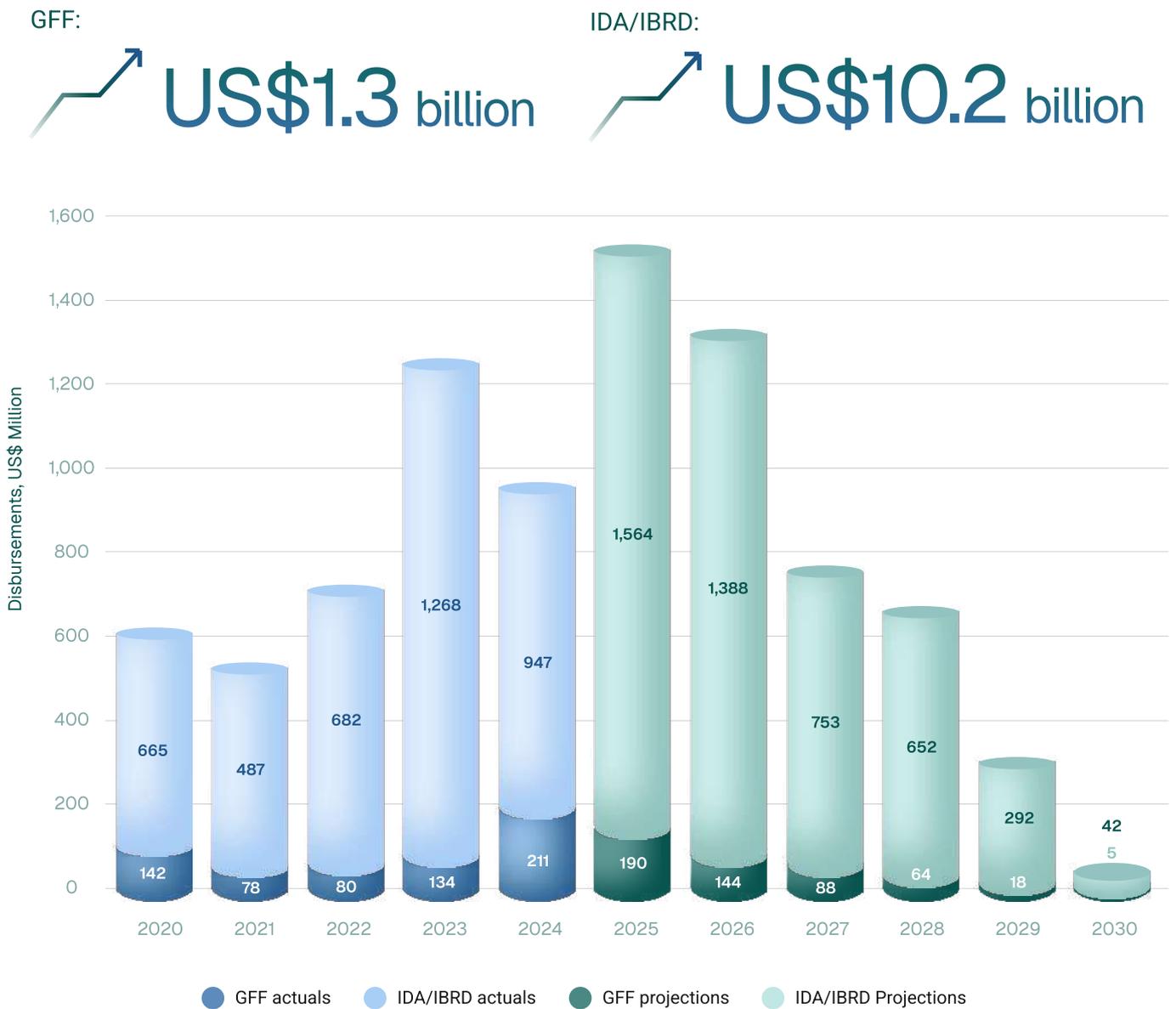


GFF Trust Fund and IDA/IBRD disbursements

As of December 31, 2024, a total of US\$812 million GFF country grants has been disbursed, which is linked to a total of US\$5.5 billion IDA/IBRD disbursements.

Figure 6 illustrates the actual disbursements and projections for future periods on a calendar year basis. GFF country programs demonstrated a significant rebound with a record-high disbursement in 2024, despite the IDA disbursement being lower than in 2023. It is anticipated that the robust momentum of GFF disbursement will continue into 2025.

FIGURE 6. GFF COUNTRY GRANTS & IDA/IBRD PROJECT DISBURSEMENTS (ACTUALS AND PROJECTIONS): BOARD-APPROVED PROJECTS AS OF DECEMBER 31, 2024



Source: Global Financing Facility.

Note: The IDA/IBRD disbursement projection is based on a linear distribution from 2025 until the project’s closing year. Historical disbursements reflect project cancellations and refunds as of Dec 31, 2024. Thus, the numbers could vary from previous reports.

Table 1 and table 2 show the Board-approved GFF first- and second-round country grants and essential health services (EHS) grants that represent strategic financial commitments aimed at strengthening health systems and improving maternal, newborn, child and adolescent health outcomes. These grants are allocated to World Bank projects to support country-led health initiatives. The tables outline the distribution of these funds, demonstrating the GFF's commitment to driving impact in partner countries.

TABLE 1. BOARD-APPROVED GFF FIRST- AND SECOND-ROUND COUNTRY GRANTS, US\$ MILLION

Category	GFF Countries	Board Date	GFF Grant	IDA	IBRD
GFF First-Round Country Grants	Afghanistan	3/28/2018	35.0	133.3	-
	Bangladesh	7/28/2017	15.0	490.6	-
	Bangladesh (Education)	12/18/2017	1.2	485.7	-
	Burkina Faso	7/6/2018	19.1	73.7	-
	Cambodia	4/4/2019	10.0	15.0	-
	Cameroon	5/3/2016	14.6	86.1	-
	Central African Republic	9/27/2018	9.9	42.0	-
	Chad	8/6/2021	16.5	90.0	-
	Côte d'Ivoire	3/22/2019	19.3	200.0	-
	Democratic Republic of Congo (AF)	3/31/2017	39.9	329.6	-
	Democratic Republic of Congo (AF-CRVS)	3/29/2016	9.2	39.8	-
	DRC Nutrition	5/28/2019	10.0	492.0	-
	Ethiopia	5/9/2017	59.3	155.8	-
	Ghana	6/10/2022	15.0	150.0	-
	Guatemala	3/24/2017	9.0	-	100.0
	Guinea	4/25/2018	9.9	42.3	-
	Haiti	5/16/2019	15.0	55.0	-
	Indonesia	6/21/2018	19.9	-	400.0
	Kenya	6/15/2016	39.2	130.6	-
	Liberia (AF)	2/23/2017	16.0	9.7	-
	Madagascar	3/29/2022	17.0	100.0	-
	Madagascar (CRVS)	9/29/2020	3.0	140.0	-
	Malawi (Part 1)	12/19/2018	10.0	50.0	-
	Malawi (Part 2)	6/13/2024	10.0	50.0	-
	Mali	3/19/2019	10.0	48.4	-
	Mauritania (HCP)	3/21/2024	15.0	52.3	-
	Mozambique	12/20/2017	21.1	77.1	-
	Myanmar	5/29/2020	-	-	-
	Niger (HCP-Health)	9/23/2021	25.0	100.0	-
	Nigeria (AF)	6/7/2016	11.3	223.4	-
	Nigeria (Nutrition)	6/27/2018	7.0	173.2	-
	Nigeria (Part 2)	8/13/2018	6.2	-	-
	Pakistan	6/7/2022	40.0	258.0	-
	Rwanda (Health)	2/28/2018	10.0	25.0	-
Rwanda (SP-AF)	4/12/2018	8.0	79.3	-	
Sierra Leone	12/9/2021	10.0	40.0	-	
Somalia	6/28/2021	25.0	75.0	-	
Tajikistan	10/24/2023	2.5	40.0	-	
Tajikistan (Early years)	4/30/2020	3.0	70.0	-	
Tanzania	5/28/2015	34.0	186.2	-	

TABLE 1. BOARD-APPROVED GFF FIRST- AND SECOND-ROUND COUNTRY GRANTS, US\$ MILLION (CONTINUED)

Category	GFF Countries	Board Date	GFF Grant	IDA	IBRD
	Uganda	8/4/2016	29.9	109.2	-
	Viet Nam	6/19/2019	17.0	80.0	-
	Zambia	6/28/2021	10.0	14.0	-
	Zambia (COVID-19)	10/20/2020	5.0	20.0	-
	Zimbabwe	9/21/2020	24.7	-	-
	Senegal (Part 1)	3/5/2013	4.5	-	-
	Senegal (Part 2)	9/26/2019	10.0	120.0	-
Subtotal of first-round country grants:			752.1	5,152.4	500.0
	Bangladesh	12/19/2024	25.0	378.8	-
	Côte d'Ivoire	6/30/2023	20.0	200.0	-
	Ethiopia	12/13/2022	25.0	400.0	-
	Ethiopia (HCP)	6/16/2023	5.0	400.0	-
	Guinea	9/23/2024	10.0	85.0	-
	Kenya	3/13/2024	15.0	200.0	-
	Mali	6/28/2024	10.0	100.0	-
	Mozambique	2/29/2024	15.0	100.0	-
	Nigeria	9/26/2024	50.0	500.0	-
	Afghanistan (AF)	12/7/2023	20.0	-	-
Subtotal of second-round country grants:			195.0	2,363.8	
	Côte d'Ivoire	5/19/2022	5.0	200.0	-
	Kenya	6/15/2023	9.0	220.0	-
	Pakistan	6/7/2022	2.0	-	-
	Tajikistan	3/24/2023	2.5	35.0	-
	Zambia	3/28/2024	7.0	150.0	-
Subtotal of strategic initiatives grants:			25.5	605.0	
GRAND TOTAL:			972.6	8,121.2	500.0

Source: Global Financing Facility.

TABLE 2. BOARD-APPROVED GFF ESSENTIAL HEALTH SERVICES (EHS) GRANTS, US\$ MILLION

Category	GFF Countries	Board Date	GFF Grant	IDA	IBRD
Essential Health Services (EHS)	Afghanistan	5/24/2022	19.0	-	-
	Burkina Faso	6/28/2022	13.0	48.3	-
	Cambodia	3/10/2022	15.0	55.0	-
	Cameroon	12/23/2021	-	-	-
	Central African Republic	6/3/2022	12.0	58.0	-
	Ethiopia	12/13/2022	20.	-	-
	Ghana	6/10/2022	16.0	-	-
	Guinea	12/19/2023	16.0	158.0	-
	Honduras	6/16/2022	15.0	60.0	-
	Indonesia (Phase 1)	3/12/2023	2.6	-	-
	Indonesia (Phase 2)	6/26/2023	17.0	-	600.0
	Liberia	9/28/2022	11.0	20.0	-
	Madagascar	3/29/2022	15.0	-	-
	Malawi	6/21/2022	10.0	50.0	-
	Mozambique	6/3/2021	-	-	-
	Pakistan	6/7/2022	40.0	-	-
	Rwanda	4/16/2021	15.0	30.0	-
	Senegal	6/30/2023	15.0	-	-
	Sierra Leone	12/9/2021	10.0	-	-
	Tajikistan	10/24/2023	10.0	-	-
	Tanzania	12/20/2022	25.0	250.0	-
	Tanzania Innovation	6/26/2024	8.5	-	-
	Uganda	12/16/2021	16.0	164.3	-
Ukraine	12/20/2022	10.0	-	103.5	
Zimbabwe	12/7/2023	15.0	-	-	
EHS TOTAL:			346.1	893.6	703.5

Source: Global Financing Facility.

Appendices

LIST OF ACRONYMS

ADLAB	Adolescent Health Learning, Action and Benchmarking
COD	causes of death
CeMNC	comprehensive emergency obstetric and newborn care
CHVA	Climate Health and Vulnerability Assessment
CRVS	civil registration and vital statistics
CSO	civil society organization
DHIS2	district health information software 2
DLI	disbursement-linked indicator
DLR	disbursement-linked result
DRM	domestic resource mobilization
DRUM	domestic resource utilization and mobilization
ECOWAS	Economic Community of West African States
FASTR	frequent assessment and system tools for resilience
FCS	fragile and conflict-affected settings
FGM	female genital mutilation
FY	fiscal year
GBV	gender-based violence
GFF	Global Financing Facility
HPV	human papillomavirus
HRH	human resources for health
HRP	Human Reproduction Program
IBRD	International Bank for Reconstruction and Development
IC	investment case
ICD	International Classification of Disease
IDA	International Development Association
JFF	Joint Financing Framework
KPI	key performance indicator
LIC	low-income country
LMIC	lower-middle-income country
MAGE	Monitoring and Action for Gender and Equity
mCPR	modern contraceptive prevalence rates
M&E	monitoring and evaluation
NCDA	National Child Development Agency
NGOs	nongovernmental organizations
PHC	primary health care

RF	Rwandan franc
RMET	resource mapping and expenditure tracking
RMNCAH-N	reproductive, maternal, newborn, child and adolescent health and nutrition
SBBC	Safer Births Bundle of Care
SRH	sexual and reproductive health
SRHR	Scaling Up Nutrition Civil Society Alliance
SWAp	sector-wide approach
SWEDD	Sahel Women's Empowerment and Demographic
TFC	Trust Fund Committee
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WAHO	West African Health Organization
WBL	Women, Business and the Law
WHO	World Health Organization

GFF PARTNER COUNTRIES

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

TRUST FUND COMMITTEE MEMBERS

The current GFF Trust Fund Committee members include the Susan Thompson Buffett Foundation, Canada, Children’s Investment Fund Foundation, Bill & Melinda Gates Foundation, Germany, Japan, Malawi (IG Co-Chair), the Netherlands, Norway, Sierra Leone (Ministerial Network Chair), United Kingdom and the World Bank Group.

Since inception, the GFF Trust Fund has also been supported by: Denmark, the European Commission, Fondation Botnar, Laerdal Global Health, MSD for Mothers, Qatar Fund for Development and Rockefeller Foundation.

INVESTORS GROUP MEMBERS

ASAPSU Côte d'Ivoire (representing GFF youth constituency)	Government of Ethiopia	Government of the United Kingdom
Bill & Melinda Gates Foundation	Government of Germany	Government of the United States
Children’s Investment Fund Foundation	Government of Japan	Health NGOs Network, HENNET (representing the civil society constituency)
Faith for Family Health Initiative (representing the civil society constituency)	Government of Kenya	Japan International Cooperation Agency (JICA)
Gavi, the Vaccine Alliance	Government of Liberia	Laerdal Global Health (representing the private sector constituency)
GEM Hub Initiative (representing the civil society constituency)	Government of Malawi (co-chair)	Lunia Center for Youths Zimbabwe (representing GFF youth constituency)
Global Fund to Fight AIDS, Tuberculosis, and Malaria	Government of Mali	MSD for Mothers (representing the private sector constituency)
Government of Burkina Faso	Government of the Kingdom of the Netherlands (co-chair)	Partnership for Maternal, Newborn, and Child Health
Government of Canada	Government of the Federal Republic of Nigeria	The Susan Thompson Buffett Foundation
Government of Central African Republic	Government of Norway	UNFPA
Government of Côte d'Ivoire	Government of Rwanda	UNICEF
Government of Denmark	Government of Senegal	World Bank Group
Government of Democratic Republic of Congo	Government of Sierra Leone (Ministerial Network chair)	World Health Organization
	Government of Tanzania	

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 Cristina Bianchessi, Tianying Chen, Karin Gichuhi, Leila Hanafi, Peter Hansen, Brendan Hayes, Supriya Madhavan, Vineetha Menon, Charlotte Pram Nielsen, Marwa Ramadan, Jennifer Requejo, Aissa Santos, Matthijs Schuring, Sheryl Silverman, Maletela Tuoane, Vincent Villeneuve, GFF focal points, liaison officers and the World Bank country teams.

Writing and editorial support were provided by Kip Patrick, Quintilla Wikeley and Kara Watkins.

Endnotes

- 1 Under-five stunting data based on district health surveys (DHS), multiple indicator cluster surveys (MICS), standardized monitoring and assessment of relief and transitions (SMART) and other national nutrition household surveys. Out of 32 countries with two surveys in the past ten years at appropriate times to make a comparison, 25 showed improved, three were relatively stable and four showed increases in stunting. Analysis performed by Countdown to 2030.
- 2 Child mortality data based on United Nations Inter-agency Group for Child Mortality Estimation (UNIGME) estimates, with analysis by Countdown to 2030.
- 3 Reductions in maternal mortality in Kenya and Cambodia are not reflected in the 2020 global estimates due to new census and survey data that became available after the estimates were published. Data analysis by Countdown to 2030, based on World Bank/United Nations maternal mortality statistics, available in: Trends in Maternal Mortality 2000 to 2020: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division. 2023. Geneva: World Health Organization. <https://www.who.int/publications/i/item/9789240068759>.
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