

Delivering on the GFF Promise:

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

Key Messages

Amid overlapping crises, progress is still being made in GFF partner countries to improve the health and well-being of women and youth.¹

96% of GFF partner countries have seen a **decline in maternal mortality rates**

94% of GFF partner countries have seen a **decline in under-five mortality rates**

76% of GFF partner countries have seen a **decline in adolescent birth rates**
100% of countries partnering for at least five years saw a decline

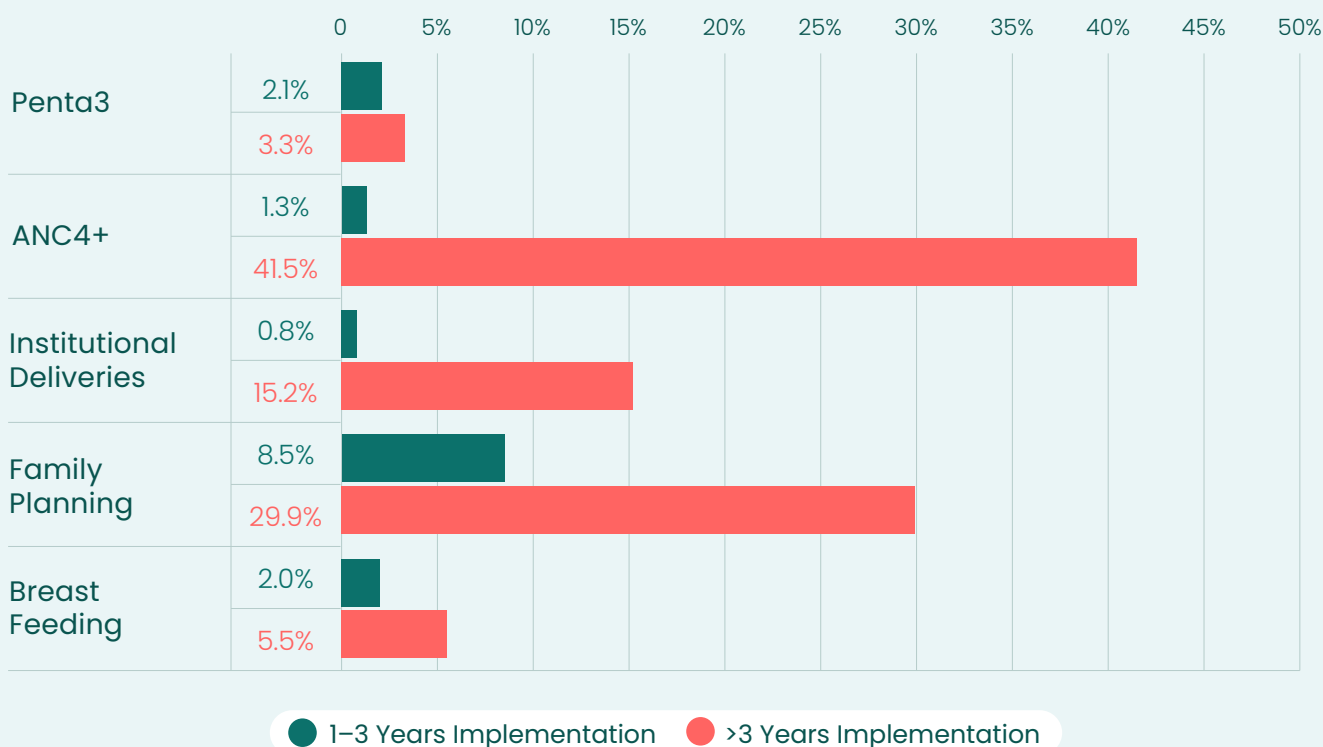
75% of GFF partner countries have seen a **decline in stunting among children under-five**
88% of countries partnering for at least five years saw a decline

56% of GFF partner countries have seen a **decline in stillbirths**
78% of countries partnering for at least five years saw a decline

The longer countries partner with the GFF, the stronger the progress in improving access to essential health services for women and youth.² Partner countries implementing GFF-supported health plans for 3+ years have seen:

- An increase in coverage of prenatal care visits³ of 41.5% vs. 1.3% for countries implementing for 1–3 years.
- An increase in coverage of institutional deliveries of 15.2% vs. 0.8% for countries implementing for 1–3 years.
- An increase in coverage of breastfeeding of 5.5% vs. 2% for countries implementing for 1–3 years.

Median improvement between the time countries started implementation of their investment case until 2022



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

Health systems and financing reforms for women, children and adolescents continue to increase. This is particularly important to address vulnerabilities in the face of intertwined crises, including climate change.

- 89% percent of GFF partner countries have prioritized health financing actions related to domestic resource mobilization (DRM), efficiency, and financial protection.
- In GFF partner countries, the average percentage of IDA allocated to RMNCAH-N rose by 40%, an increase of US\$3.2 billion in new financing (this increase compares the period of 2011–2015 and 2016–2023). This is set against a decline of 27% in countries that are GFF-eligible, but not supported, over the same period.

The GFF is deepening its work with global health partners, including Gavi, Global Fund, UN agencies, and country CSO and youth-based organizations.

- As members states renew commitments to UHC, this year has marked a greater focus on working better together across the global health ecosystem to support country priorities and progress.

The Progress

- 1 The GFF has consistently supported initiatives to strengthen country leadership, including by aligning funding with country priorities, and working in cross-sector partnerships.**
 - 32 countries completed and had government validate an investment case (IC).
 - The **Democratic Republic of the Congo** is implementing a single contract that aligns donors at provincial levels (*contrat unique*) and supports cross-sector coordination on health through the *Groupe Inter Bailleurs Santé*.
 - To coordinate investments and avoid duplication, **Sierra Leone** has deployed data from sector-wide resource mapping and expenditure tracking (RMET).

- 2 The GFF is helping to improve equality by investing in community-centered sexual and reproductive health and rights initiatives, supporting legal reforms, and strengthening registration systems for equal rights.**
 - 27 partner countries have identified one or more gender gaps and formulated strategies to address them. Sixteen of these countries have begun implementing the strategies, with eight showing measurable progress.
 - The majority of GFF partner countries have improved geographic equity across: (1) antenatal care; (2) vaccination; (3) institutional deliveries; (4) postnatal care; and (5) family planning services.
 - In **Guatemala**, the lowest-performing districts recently increased the percentage of institutional deliveries, while the highest-performing areas remained stable. In **Bangladesh**, the GFF is cofinancing sexual and reproductive health programs, aimed at keeping girls in school. This will inform the scale-up of adolescent health programs in the country.

- 3 The GFF is supporting countries to build resilient health systems, with primary care at the core.**
 - There has been measurable progress in improving the quality of RMNCAH-N service delivery in 23 countries.
 - In **Chad, Côte d'Ivoire, DRC, Niger, and Pakistan** assessments to identify gaps in systems quality and barriers to access essential care for women have been done. Service delivery redesign will come next.
 - Progress is greater in GFF partner countries vs. GFF eligible countries not currently supported:
 - From 2016 to 2022, the average annual change in women using modern contraceptives totaled 5.8% in partner countries vs. 4.3% in eligible countries. The annual change in the number of children who received three doses of DPT vaccine was 0.8% in partner countries vs. -0.3% in eligible countries.

- 4 The GFF is supporting the scale-up of and efficiency of domestic resources for RMNCAH-N services.**
 - The GFF supported 27 countries to develop and implement financial efficiency reforms, such as payment reforms and public financial management improvements.
 - In **Rwanda**, where the IC focuses on improving nutrition, RMET has tagged nutrition-related lines in the national budget, enabling the government to monitor allocations to nutrition programs.

- 5 GFF countries are strengthening investing in the creation, analysis and use of data.**
 - Nearly all GFF countries have developed strong results frameworks, signifying commitment to a systematic planning and implementing initiatives outlined in the IC.
 - The GFF supports **Zambia** with real-time data visualization related to health facilities to inform decision making—including availability of health services and health status of the population using scorecards, as well as digitized civil registration and vital statistics (CRVS) indicators at provincial and district hospital-level.
 - **Kenya** piloted projects for mobile registration in selected counties to improve CRVS. In Narok county registration agents were deployed to more than 20 hard-to-reach communities. Within two months, almost 10,000 birth registrations were recorded, and more than 8,000 birth certificates were issued.
 - **Liberia** has introduced CRVS into 65% of hospitals, 17% of health centers and 29% of health districts.

The Challenge

Overlapping global crises have exacerbated global health inequities between and within countries.⁴

40% of GFF partner countries are categorized as fragile and conflict-affected settings, shocks from climate events or pandemics risk upending already-stretched health services, pushing women and youth into greater vulnerability.

>60 countries, including 35 out of the 36 GFF partner countries, are off-track to meeting the global goals for maternal, newborn, and stillborn mortality reduction by 2030.

The Opportunity

Collectively, these challenges continue to jeopardize the health, rights and opportunities for women, children and adolescents in the hardest-to-reach communities. Yet, there are a growing number of examples where strong country leadership, a relentless commitment to improving the health of women and youth, and continued investments in health systems and financing reforms are leading to better coverage of health services and improved health outcomes. The GFF's approach to sustainable financing is working and ensures that health services for women, children and adolescents are prioritized and integrated at scale.

Endnotes

1. This analysis includes all GFF partner countries that have data from two surveys completed in the last ten years.
2. This translates to: 100 million pregnant women with four or more antenatal care visits; 130 million women with safe delivery care; 135 million newborns with early initiation of breastfeeding; 630 million women and adolescents supplied with modern contraceptives, helping to avert 230 million unintended pregnancies.
3. ANC4+
4. A woman's lifetime risk of maternal death is over 100 times greater if she is born in a low-income country than if born in a high-income country; a child born in sub-Saharan Africa is 15 times more likely to die before their fifth birthday than a child born in a high-income country; and an adolescent girl in a low-resource setting is 8 times more likely to give birth before her 18th birthday than an adolescent girl in a high income country. Source: <https://childmortality.org/wp-content/uploads/2023/01/UN-IGME-Child-Mortality-Report-2022.pdf>.

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