

Putting Women, Children and Adolescents at the Center of an Inclusive, Resilient Response and Recovery

GFF 2020–2021 ANNUAL REPORT: Key Findings

The COVID-19 pandemic has had wide-ranging health, social, and economic impacts. Among the ripple effects, disruptions to essential health services are having devastating consequences, particularly for women, children and adolescents.

- Stretched health systems, lockdowns, fear of contracting the virus and financial hardship have reduced access to essential health services, including routine immunizations, pregnancy care, and family planning. Many health facilities have been unable to support communities, whether from a lack of health workers, or not having enough protective equipment or medical supplies, such as oxygen.
- Since the pandemic struck, GFF partner countries have experienced up to a 25 percent drop in coverage of life-saving health interventions.
- Across some of the poorest countries, the estimated increase in mortality of women and children caused by disruptions to services is more than double the officially reported COVID-19 death toll.
- At the same time, the pandemic has already pushed close to 100 million people into extreme poverty, with low-income countries hardest hit. The economic downturn has meant more financial hardship for households that lost incomes, resulting in fewer families seeking care.
 - Nearly 20 percent of households across 24 GFF partner countries rank financial barriers as the main reason for not accessing health care.

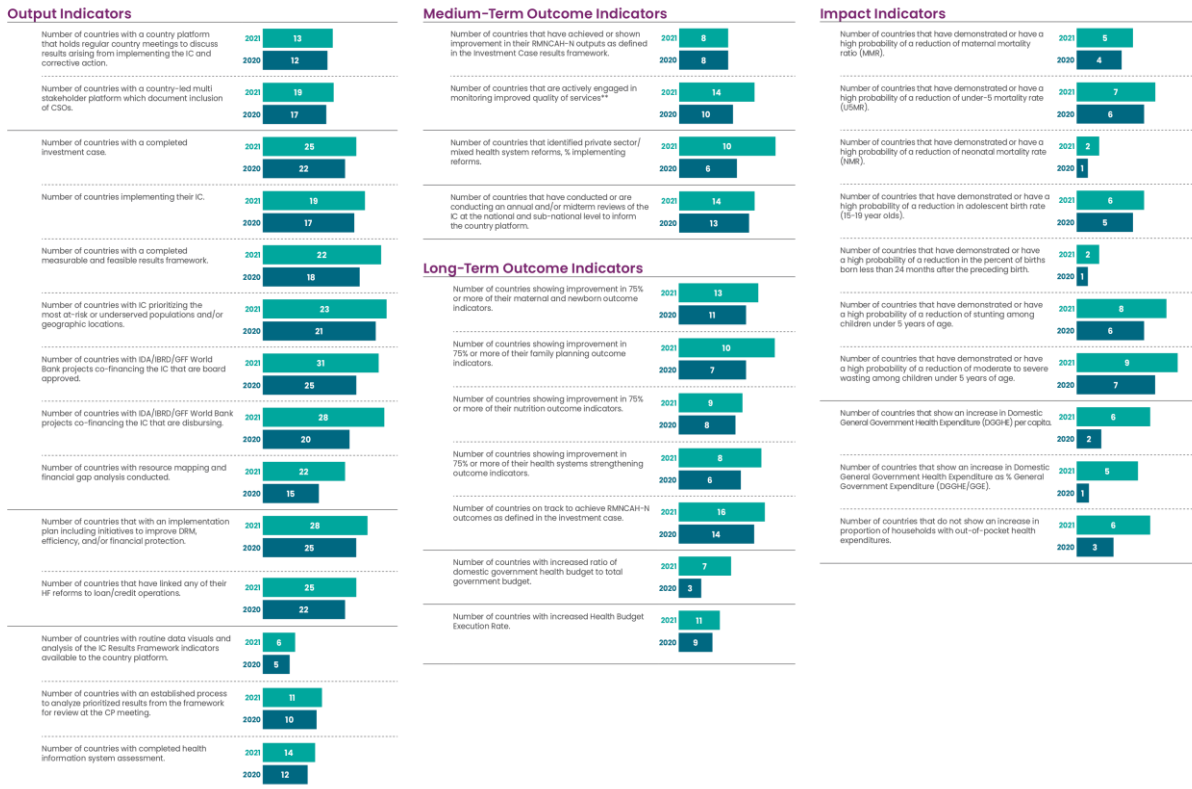
The crisis is far from over. COVID-19 continues to disrupt health systems, further widening existing inequities with long-lasting impacts on women.

- The ongoing monitoring of essential health services has reaffirmed substantial service delivery disruptions well into 2021 — with some countries experiencing up to 40 percent disruptions as recently as July 2021.
- Existing inequities have worsened, hitting women and children hardest — between 2019 and 2020, across half of GFF's partner countries, the gap in coverage of essential health services widened within each country. For example, in Bangladesh, the gap in postnatal care coverage between higher and lower-performing districts, increased from 12 percent to 20 percent.
- In countries where the GFF has been engaged the longest equity gaps have narrowed — out of the countries partnering with the GFF since 2015/16, 63 percent reduced geographic equity gaps between 2019 and 2020.
- However, countries newer to the GFF partnership have seen equity gaps widen. These countries reported increased geographical equity gaps in 71 percent of coverage indicators between 2019 and 2020 for postnatal and antenatal care, institutional deliveries, immunization, and family planning. This is leaving the poorest and those hard to reach without access to these essential services.
- Socioeconomic and gender inequities are also widening, which will make recovery even more uneven. Households in poorer countries are more likely to forgo care due to financial reasons compared to richer countries. Members of female-led households in five GFF partner countries are up to three times more likely to forgo care because of reduced income, compared to male-led households.

Against this context, 2020 presents a mixed picture: While some countries were able to maintain and even accelerate gains, others saw progress slow or even reverse.

- Thanks in part to strong pre-COVID-19 commitments and investments to improve the health of women, children, and adolescents, some countries have been able to limit the damage and even improve some key areas:
 - Mozambique increased antenatal coverage from 49 percent in 2018 to 53 percent in 2019 and 59 percent in 2020
 - Kenya increased the percentage of assisted deliveries increased from 67 percent in 2019 to 78 percent in 2020
 - Cambodia improved coverage of deliveries with skilled birth attendant from 84.5 percent in 2018 to 88 percent by the end of 2020.
 - Several countries have stayed on track along the GFF process, and completed or implemented investment cases, and conducted additional resource mapping and expenditure tracking.

- However, other countries saw progress reverse or slow in some indicators. Progress in *prenatal care* reversed in six countries and slowed in another six compared to previous years. Similar trends were observed for *postnatal care*, where the pandemic reversed progress in two countries and slowed progress in seven countries. For *safe deliveries in health centers*, two countries saw progress reversed and nine saw a slower rate of progress. Five countries saw declines in *family planning services* and three countries experienced a slower rate of progress compared to previous years.
- Despite the challenges this year, the GFF Logic Model (shown below) shows the partnership’s foundational support — together with the COVID-19 response and rollout of the new GFF strategy — is showing results with progress across the portfolio for nearly all key indicators.



Before COVID-19 struck, increased investment in maternal and child health resulted in improved outcomes and strengthened primary healthcare in many of the world’s poorest countries.

- For over five years, the GFF has been working with countries to significantly improve the health of women, children, and adolescents through their investment cases.
- The GFF partnership works. Countries where the GFF has been engaged long enough to effect such changes had seen positive trends in indicators for reducing child deaths and adolescent pregnancy and improving child growth and nutrition as well as in sexual and reproductive health. Key interventions for reducing maternal and newborn deaths, such as use of skilled birth attendants, facility-based births, and postnatal and antenatal care, were improving in quality and scale.
- Nearly two-thirds of countries were instituting reforms to improve efficiency in health spending and directing more resources to frontline health, with promising results in domestic resource mobilization for maternal and child health.
- Since the GFF was founded, it has committed US\$815.5 million to 36 countries — leveraging a further US\$5 billion from IDA/IBRD financing to implement investment cases for maternal and child health.
- More World Bank financing is being committed to women and children’s health. The share of IDA financing towards RMNCAH increased by 37 percent following GFF engagement, showing the power of cofinancing in mobilizing more funding targeted to improving health and nutrition outcomes for women, children, and adolescents.

As the COVID-19 pandemic spread, the GFF adapted its support to help countries respond to immediate needs, safeguard essential health services, and reclaim the gains made through previous years of leadership and investment.

- Building on its portfolio, the GFF provided tailored technical assistance, adapted existing grants, and provided new financial support. This assistance combined with data analysis and monitoring and real-time knowledge, helped drive policy, advocacy, and resource allocation decisions.
 - In Liberia, the existing GFF grant was restructured to address low service demand, adapting the delivery of routine health services to COVID-19 and increasing the capacity of frontline health facilities to purchase supplies and redistribute staff, which helped expand service delivery.
 - In Rwanda and Mozambique, emergency grants have been approved to help countries roll out vaccines and address service disruptions.
- The GFF's resource mapping and expenditure tracking (RMET) tool was expanded to help decisionmakers understand equity gaps and health system weaknesses to drive policy.
 - In the DRC, Chad, and Niger, RMET revealed funding for routine health services dropped sharply as resources were shifted to COVID-19 emergency response efforts. This helped governments understand funding gaps to inform allocation decisions.

In addition, the rollout of GFF's 2021–25 strategy has already helped to **reduce inequities** by supporting the most disadvantaged and vulnerable populations and **strengthen primary health systems** as well as **safeguarded more and better financing for health** — making them more integrated and responsive to global health shocks and the needs of women, children, and adolescents.

REDUCING INEQUITIES: While maternal and child mortality has dropped significantly over the last decades, progress has been uneven between and within countries. The GFF is supporting partner countries to take an equity lens — targeting the most at-risk populations — in the development and implementation of their investment case. For some countries inequities are largely attributed to socioeconomic reasons, while for others it's due to geographic barriers, such as hard to reach rural and urban settings. Targeting and monitoring access and availability of health services for the most at-risk populations sheds light on inequities to support the goal of leaving no one behind.

Key highlights include:

- Out of the 25 countries with investment cases, 21 focus on reducing geographical inequalities in accessing services; 18 identify and prioritize marginalized populations, and 18 include actions to promote gender equality.
- In Rwanda, the GFF is working with the government and partners to make sure the poorest households receive cash transfers to improve their nutrition, ensuring emergency cash transfers reach the right families. In Guinea and Tanzania, more resilient frontlines built with national leadership and support from the GFF and other partners protected equity gains.
- Progress in closing gender equality gaps through the GFF's Gender Equality Road Map has been made in countries such as Niger, Liberia, Ethiopia, and Tanzania while CSO engagement has been strengthened in countries such as Uganda, Cote d'Ivoire, Senegal, and Mali.
 - In Niger, the GFF partnership with the WB led to the adoption of legal reforms on gender and SRHR including comprehensive sexual education secondary school and prevention, treatment, and economic and social reintegration of survivors of female genital fistula.

BUILDING STRONGER HEALTH SYSTEMS: The pandemic has underscored that strong primary and community-level care form the backbone of efficient and equitable health systems, which the GFF is specifically designed to deliver across partner countries. As part of the COVID-19 response and through its role as an implementing partner of the ACT-Accelerator, the GFF has supported countries to strengthen the primary health care for the front lines and community-based services and enhance private sector engagement and data systems such as CRVS. The GFF also supported the integration and protection of sexual and reproductive health and rights (SRHR) services as well as nutrition into basic health packages.

Key highlights include

- With help from the GFF, Mozambique invested in mobile medical outreach and mobilized community health workers and NGOs to expand services and methods of contraception that do not require adolescents to visit health facilities. During the first half of 2021 and despite school closures, over 56,000 adolescent boys and girls have been counseled in SRHR.

- With GFF support, Cambodia has been able maintain the focus on essential health and nutrition services amid the pandemic. Between 2018 and 2020, child growth monitoring increased 27 percent, the number of pregnant women receiving micronutrient supplementation increased from 80 percent to 89 percent, and the number of women receiving basic nutrition services increased by 10 percent.
- The GFF partnered with the IFC to support the Africa Medical Equipment Facility to help small businesses to access up to US\$300 million in loans and leases across East and West Africa. A US\$10 million deal signed with the Co-operative Bank of Kenya is already enabling the bank to lend up to US\$20 million to health care facilities with the aim to strengthen health care delivery for the poorest and most vulnerable populations, including women and children.
- 21 countries included CRVS strengthening in their investment case and 13 countries allocated GFF grants and IDA funding to CRVS for a total of US\$95 million.

SAFEGUARDING MORE AND BETTER FINANCING: As countries worked to stabilize and strengthen their health systems amid the pandemic, the GFF helped governments determine the impact of COVID-19 on health spending, conduct RMET to enhance donor alignment, and mobilize more resources for health. The GFF also provided technical assistance to help countries accelerate the efficiency of health expenditures and bolster strategic contracting to expand quality services. As part of the Global Action Plan (GAP), the GFF has been intensifying collaboration with Gavi, Global Fund (GF), World Health Organization (WHO), and the World Bank under the GAP health financing accelerator.

Key highlights include:

- Twenty-five countries have a health financing implementation plan including initiatives to improve domestic resource mobilization, efficiency, and/or financial protection. In addition, 22 countries have investment cases linked to World Bank development loans that use tools to incentivize health financing reforms. Rwanda increased the health budget execution rate from 87 percent to 101 percent and the budget share allocated to health from 7.4 to 8.8 percent, between 2019 and 2020.
- GFF-supported policy dialogue in Ethiopia on domestic resource mobilization at the regional and district levels triggered discussions to invest in community-based health insurance.
- In the DRC, a health financing analysis and policy dialogue led by the GFF, Gavi, and Japan helped develop a social spending component in the IMF's Extended Credit Facility for the DRC. As a result, the government committed to increase funding for primary health care for the next three years.
- Out of the 27 countries carrying out RMET, 12 focused on RMET that considers the impacts of COVID-19 on health spending to understand funding gaps for specific health programs, assess the efficiency of budget commitments, and advocate for more resources. In Malawi, supplies and equipment comprised the largest cost of the COVID-19 response plan and produced the largest funding gap. In Niger, significant funding gaps existed for infection control, service delivery capacity, and building and equipping isolation sites.

The global and country context has evolved significantly since the start of the pandemic, and with continued uncertainties, the GFF partnership will remain responsive to country needs. Further, COVID-19 has also taught us that none of us can do it alone. Innovative collaboration and alignment will be more important than ever. The GFF, alongside its partners and hand-in-hand with country leadership, will continue to learn and innovate to support immediate needs for COVID-19 tools and delivery, maintaining essential health services with sustained efforts to strengthen countries' health systems.