

During the last 20 years, the global community has narrowed the equity gap between men and women in many areas. The proportion of women delivering with a skilled attendant has increased by more than 30% overall and doubled in many countries. Fertility rates among adolescents have declined by nearly a quarter and for all women by 20%. Primary education completion and secondary education enrollment rates are increasing, and literacy gaps between boys and girls are closing. Yet critical gaps remain—evident in women's access to markets, use of social services, and in the 5 million mothers and children who are dying each year from preventable conditions.

ONLY 15 COUNTRIES OF 137 MET THE GOAL TO REDUCE MATERNAL MORTALITY BY THE END OF 2015



Photo: Dominic Chavez/World Bank

The Global Financing Facility (GFF) was launched in 2015 in part to address the under-performance of Millennium Development Goal 5, to reduce maternal mortality. Only 15 countries of 137 met this goal by the end of 2015, and it was the goal that had the largest number of countries categorized as *seriously off-target*¹. One insight explaining that under-performance is that maternal and reproductive healthcare remains systematically under-financed in health systems around the world. The GFF supports country-led efforts to channel health and social sector investment where it will have the biggest impact on health outcomes. For many countries this means tightening a focus on primary and community health systems and on interventions like contraceptive access, emergency obstetric services, breastfeeding promotion, cervical cancer screening and treatment, and other evidence-based services.

However, closing these pervasive gaps requires a continued mindset shift in the way the global community thinks about women and health. There is a need to move beyond the traditional focus on women's reproductive capacities and their role as passive recipients of healthcare. Expanding the framing on women's health outcomes to include a focus on gender inequality addresses health challenges throughout the lifecycle and acknowledges women's inter-connected role as both users and providers of healthcare, and more broadly as contributors to families, societies and economies². This thinking points to solutions that address the social and gender inequalities that put girls and women at increased risk of ill health and maintain their low status in the health system.

¹ <http://datatopics.worldbank.org/mdgs/>

² Langer, A., et al. (2015). Women and Health: The key for sustainable development. *The Lancet*, 386(9999), 1165-1210. DOI: 10.1016/S0140-6736(15)60497-4

Gender equality and female empowerment underpin policies and interventions designed to strengthen health-care systems. For example, we know that women's empowerment is critical for driving improved health, nutrition, and education outcomes across the entire life cycle. For every additional year of a mother's educational attainment, which is an important development objective in its own right, research also suggests a nearly 10% reduction in child mortality, often mediated through improved nutrition caring practices including allocation of household resources to purchase of more nutritious foods^{2,3}. We see this effect in antenatal care seeking, skilled delivery use, post-natal care attendance, and demand and use of modern contraception⁴.

Lastly, progress in girls' and women's health and equality requires advancement in the data systems that support public service delivery. For example, birth and marriage registration systems contribute to efforts to combat child marriage, a critical gender equality issue, and one that is directly linked to early pregnancies and childbearing and a host of poor reproductive, maternal, child health and nutrition outcomes. Legal protection against gender-based violence help change harmful social norms and power dynamics, and are the foundation for effective responses to forced sexual acts. Death registration is important for establishing rights to property and inheritance and access to social benefits associated with orphanhood or widowhood. Civil registration and vital statistics systems are also essential for understanding causes of death and tracking patterns of excess mortality, which is clustered amongst poor women and their children in many countries.

A NEW APPROACH

To respond to the tide of global change and prepare for the new development era, the United Nations (UN), in partnership with the World Bank Group and other partners, launched the GFF at the Third International Financing for Development Conference in 2015.

The GFF is a multi-stakeholder partnership that is helping countries tackle the greatest health and nutrition issues affecting women, children and adolescents. Through the GFF's innovative approach to financing, countries are significantly increasing investment in the health of their own people by prioritizing underinvested, high-impact areas of health—such as sexual and reproductive health and rights, newborn survival, adolescent health, and nutrition. The GFF catalyzes funding by using modest multisector GFF Trust Fund grants to leverage far greater sums of domestic resources, link with IDA/IBRD financing, align external financing, and crowd in resources from the private sector. This approach is contributing to saving and improving the lives of millions of women, children and adolescents.

This approach also creates the space and flexibility for countries to make investments to address health determinants from outside the health sector. While highly context-specific, these could include investments in areas such as reducing child marriage, increasing access to quality and inclusive education, as well as improving retention and learning outcomes, demand-side financing, social protection approaches targeting the poor, improvements to rural road networks to increase access to emergency obstetric services, investment in gender-responsive water, sanitation and hygiene infrastructure, access to finance and jobs for women and marginalized communities, and improving the gender sensitivity of national normative and legal frameworks for adolescent girls and women.

COUNTRY HIGHLIGHTS:

- **Mozambique:** Poor health outcomes in Mozambique have a substantial gender bias and are exacerbated further by regional disparities—for example the difference in quality of health systems between urban and rural parts of the country. In some provinces, the pregnancy rate for 15-19-year-olds has reached 65%, and 50% of all adolescent girls suffer from chronic malnutrition. Furthermore, sexual and reproductive health outcomes that disproportionately affect women are driven by power dynamics at the community and household level. These manifest in adolescents' inability to negotiate the terms of sexual relationships, early marriage, early child-bearing, and the cascade of health and human capital implications that result from these circumstances. There is significantly higher vulnerability among young women for poor health outcomes, such as sexually transmitted diseases. For example, the HIV prevalence is three times higher among women ages 15-24 years compared to men of the same age in Mozambique⁵.

The GFF is supporting Mozambique's investment case for enhanced delivery of reproductive, maternal, newborn, child and adolescent health and nutrition services. The development of this investment case included extensive youth group and civil society consultation

² Gakidou, Emmanuela et al. (2010). Increased educational attainment and its effect on child mortality in 175 countries between 1970 and 2009: a systematic analysis. *The Lancet*, Volume 376, Issue 9745, 959 - 974

³ United Nations Children's Fund (UNICEF) (2011) Gender Influences on Child Survival, Health and Nutrition: A Narrative Review. New York: UNICEF.

⁴ Ahmed S, Creanga AA, Gillespie DG, Tsui AO (2010) Economic Status, Education and Empowerment: Implications for Maternal Health Service Utilization in Developing Countries. *PLoS ONE* 5(6): e11190.

⁵ Source: Chapman J, Nascimento N, Mandal M, Tresves-Kagan S, Dinis A, and Costa A. 2018. Characterizing Male Sexual Partners of Adolescent Girls and Young Women in Mozambique: Key Findings. *Measure Evaluation*.

and seeks to address regional health financing disparities while specifically addressing gaps in service coverage and quality in maternal health and sexual and reproductive health and rights. This includes the national scale-up of a school health program that seeks to improve reproductive rights for adolescents.

- **Bangladesh:** Through the GFF, Bangladesh is working across sectors to stem early marriage and early pregnancies to reduce maternal and neonatal deaths and improve the health and wellbeing of adolescents. The country directs part of its GFF/IDA investments toward the education sector, to reduce drop-out rates among female and disadvantaged students, by providing, for example, stipends for female students; sexual and reproductive health, nutrition and rights and gender equity are taught as part of the curriculum; and adolescent health services, menstrual hygiene, basic sanitation and nutrition services provided for girl students in schools and in communities. Together these interventions are helping to foster more equitable gender norms, keep girls in school, delay the age of marriage, and postpone the timing of their first birth to increase the chances of survival for both mother and child.

- **Cameroon:** Through its work with the GFF, Cameroon is on track to quadruple its allocation of health financing to primary and secondary facilities where the majority of RMNCAH services are delivered, from 6% to 22% by 2020. It is also focusing on high-priority and hard to reach populations—widening access to child vaccinations, maternal immunization against tetanus, family planning, and access to other essential health and nutrition services. Cameroon is also investing in education and social protection including a conditional cash transfer program for adolescent girls linked to education outcomes, providing life skills coaching, a girls' health module in school curriculum, and an education sector performance-based financing pilot.

- **Afghanistan:** In addition to supporting a new approach to performance contracting for the delivery of reproductive, maternal, and child health services, the GFF is supporting an innovation program that includes cash transfers intended to address barriers to skilled-birth attendance like the cost of transportation – an issues directly linked to decision making power over household spending and lack of priority given to women's health needs. Additionally, the government is using these innovation funds and GFF process to address demand- and supply-side bottlenecks to contraceptive access to improve birth spacing and address unintended pregnancy.

In the first two years of the GFF, there have been important lessons learned that will inform the new wave of countries and the implementation phase of all participating countries. These lessons include:



the importance of using gender and intersectional analysis of health determinants during the planning phase to support prioritization;



an inclusive investment case development process that gives agency to women, young people, and marginalized populations surfaces new thinking;



and grounding the GFF process in a relentless focus on results creates room for strategies that address gender and socio-economic determinants of reproductive, maternal, newborn, child and adolescent health and nutrition outcomes.