2020–2021

ANNUAL REPORT

Putting women, children and adolescents at the center of an inclusive, resilient response and recovery

RECLAIM THE GAINS

GLOBAL FINANCING FACILITY

SUPPORTED BY WORLD BANK GROUP

1818 H Street NW. Washington DC 20433
Telephone: 202-473-1000
Website: www.globalfinancingfacility.org

TABLE OF CONTENTS

From the Investors Group Co-Chairs

The pandemic has taken a terrible toll on the lives of people around the world — well beyond the direct impacts of COVID-19. It has disrupted health services, interrupted supply chains, and pushed even more people into poverty. COVID-19 has exposed and exacerbated inequalities between countries and within countries. The sharpest impact has been felt —and will continue to be felt — by the poorest and most vulnerable people, particularly marginalized women, children, and adolescents in the world's poorest countries.

This challenge makes the GFF's reason for being — to improve the health and quality of life for all women, children, and adolescents in the world's poorest countries — more critical than ever. Since the onset of the pandemic, the GFF has been supporting partner countries to balance the complex requirements for COVID-19 tools and delivery, maintaining essential health services, and strengthening country health systems, including the integration of comprehensive sexual and reproductive health and rights. At the center of these efforts is transformational country leadership driving for change and seizing the opportunity to transform the trajectory. Countries can tackle urgent needs now while also improving primary care systems and community-based services. And, as countries address the wide-ranging impacts of COVID-19, we can also support them to double down on efforts to help health systems come out of this stronger.

The GFF's 2021–25 strategy reaffirms the GFF's laser-like focus on accelerating progress on reproductive, maternal, neonatal, child, and adolescent health and nutrition outcomes in the world's poorest countries. The GFF partnership has been hard at work operationalizing the strategy by putting into practice the new GFF gender equality road map. In addition, the GFF directs efforts toward closing equity gaps; accelerating progress on effective investment case implementation; driving more efficient and sustainable financing; addressing alignment challenges; and promoting accountability, all with a relentless focus on achieving measurable results for sustainable impact.

However, these efforts require a fully funded GFF. With US$1.2 billion available for immediate needs as part of a broader funding request of US$2.5 billion by 2025, we can collectively contribute to saving 5 million lives by 2025 and mobilize an additional US$18 billion for the health of women and children — a significant return on investment that will shape the productivity of the next generation and restore human capital as the backbone of a resilient recovery.

Now is the time for the GFF to double down on the global commitment to ensure that all women, children, and adolescents can access the quality, affordable health care they need to survive — and thrive — through this pandemic and for decades to come.

Minister Lia Tadesse Gebremedhin
Minister of Health,
Federal Democratic Republic of Ethiopia
Co-chair, GFF Investors Group

Joshua Tabah
Director General, Health and Nutrition,
Global Affairs Canada
Co-chair, GFF Investors Group

"The GFF has been supporting partner countries to balance the complex requirements for COVID-19 tools and delivery, maintaining essential health services, and strengthening country health systems. At the center of these efforts is transformational country leadership driving for change and seizing the opportunity to transform the trajectory."

From the Director

The unprecedented global impact of the COVID-19 pandemic has brought the world's attention to the necessity of investing in health as a precondition for equity and prosperity. Since starting in this role, I have been humbled and impressed by the power of the GFF Partnership. I have seen tremendous country leadership and commitment and innovation emerge, giving us hope for what's possible. And while the pandemic has laid bare inequity and weaknesses in health systems, it has also shined a light on where we need to focus our attention — and where the opportunity lies.

As we continue to support countries in their efforts to maintain essential services including maternal and child health, nutrition, sexual, and reproductive health and rights, my priorities are also to ensure we have an adequately trained and resourced health workforce, high quality primary health care, and more resilient health systems. As a former health minister in Colombia, I have also seen first-hand the importance of country leadership, the inclusion of civil society and other actors around the decision-making table, and the commitment to catalyze and align resources for the greatest impact.

Above all, an inclusive and responsive recovery will require us to be ambidextrous. We will need to tackle the pandemic and build back better by strengthening health systems. I believe we can — and must — do both at once.

The global and country context has evolved significantly since the start of the pandemic, and with continued uncertainties, our support will remain responsive to country needs. Further, COVID-19 has also shown that none of us can do it alone. Innovative collaboration and alignment through the Global Action Plan and within the ACT-Accelerator will be more important than ever.

I want to express my gratitude and appreciation to country leaders, civil society and community organizations, partners, donors and staff who have been working in pursuit of our shared goals, particularly during these unprecedented and difficult circumstances. If fully funded to implement our strategy, the GFF partnership can not only reclaim the gains, but also boost equity, build stronger and more resilient systems, and catalyze and align additional funding for health. This step change serves as the backbone for pandemic preparedness and response, places countries back on track toward achieving the Sustainable Development Goals, and helps ensure that all women, children, and adolescents can survive and thrive.

Juan Pablo Uribe
Director,
Global Financing Facility

"The COVID-19 pandemic isn't a reason to forsake one crisis for another but rather to seize this opportunity to create the necessary step change to build the primary health care system that offers protection against health threats and provides comprehensive and quality care for the communities we serve."

Update from the Secretariat

From the very onset of COVID-19, at the GFF we have been deeply concerned about the pandemic's far-reaching and potentially devastating consequences. Unfortunately, those concerns were well-founded: GFF's partner countries have experienced up to a 25 percent drop in coverage of essential health interventions, affecting women, youth and children the most.

In addition to the astonishing number of lives lost to COVID-19 and its impact on essential health services, the socioeconomic consequences will undoubtedly further fuel poverty and instability. With the global economic recession and increasing poverty, the pandemic has created or exacerbated financial barriers to health care, most acutely felt by the poorest and most vulnerable households. Across some of the poorest countries, the estimated increase in mortality caused by drops in the use of essential health services is more than double the officially reported death toll for COVID-19.

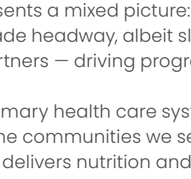
Against this context, this year the GFF portfolio presents a mixed picture: In some countries, progress has reversed on some key indicators, while other countries have made headway, albeit slower than expected. Several countries have been able to adapt — with support from the GFF and partners — driving progress and even accelerating outcomes.

The pandemic presents an opportunity to build primary health care systems that protect against public health threats and provide comprehensive and quality care for the communities we serve. Often in GFF partner countries, a health worker in a remote village is the same person who delivers nutrition and family planning services and COVID-19 vaccines. Similarly, community engagement activities that address pandemic fears and vaccine hesitancy can also promote the use of essential health services. This type of complementarity is also what we hear from our partner countries and community partners. By equipping health systems and health workers with better tools, improved systems, and more training, they will be further prepared to cope with the current pandemic and protect patients. These gains will be felt throughout the wider health system and help deliver quality care.

This year's annual report dives deeper into understanding the impact of and response to COVID-19, offering lessons on how to build back better. While no approach is one-size-fits-all, the pandemic has reinforced the centrality of country leadership in responding to the immediate impacts on essential health services while also addressing the persistent inequalities further exacerbated by COVID-19 impacts.

There is a long road ahead before we see the end of the pandemic. Indeed, ongoing monitoring and policy dialogue confirm the increased need and demand from countries for stronger, more prepared service delivery and health systems — with 31 ministers of finance requesting additional support in the past few months alone.

Through new tools and approaches, fresh ways of working, and more rigorous data built on foundational support and country leadership, the GFF strategy for 2021–25 is already helping countries shape and drive necessary change during COVID-19 response and recovery efforts. As we work together to end this pandemic, we have our eye on the future. The GFF remains focused on ensuring the investments we and our partner countries make now are done with a view toward getting back on track as soon as possible and building toward a better, healthier future for all women, children and adolescents.



Monique Vledder
Head of Secretariat,
Global Financing Facility

OVERVIEW

Set to ignite a decade of accelerated actions to improve health outcomes and gender equality, the year 2020 marked half a decade into the Sustainable Development Goals, 10 years since the establishment of United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), 20 years since the United Nations Security Council Resolution on Women, Peace and Security, and 25 years since the Beijing Declaration and Platform for Action.

Instead, 2020 saw the onset of an unprecedented global pandemic with wide-ranging health, social, and economic impacts. Among the devastating ripple effects, disruptions to essential health services caused by the pandemic have ignited a secondary health crisis — particularly for women, children, and adolescents.

In the early days of the pandemic the Global Financing Facility (GFF) and its partners sounded the alarm, warning of a secondary crisis for women, children, and adolescents. Fueled by these concerns and anecdotal evidence emerging from countries, the GFF began in-depth routine monitoring of how COVID-19 affected the use of services, such as pregnancy care, assisted childbirth, family planning consultations, and childhood immunizations. This ongoing effort has drawn on data from health care facilities across GFF partner countries as well as household surveys on the socioeconomic impacts to shed light on factors driving the disruptions and variations across countries and services.

In fact, since the COVID-19 pandemic struck, GFF's partner countries have experienced up to a 25 percent drop in coverage of life-saving health interventions for women, children, and adolescents. These persistent and significant reductions in the utilization of essential health services due to COVID-19 are likely to have far-reaching and devastating consequences for women and children. Across some of the poorest countries, the estimated increase in mortality caused by drops in the use of essential health services is more than double the officially reported COVID-19 death toll.

To respond to the pandemic and the escalation of widespread disruptions, GFF adapted its support to help country-led COVID-19 response efforts, while protecting essential health services. The GFF's immediate response to COVID-19 focused on technical and financial support for countries to plan, resource, and implement strategic shifts to maintain essential services and address demand constraints.

This effort was combined with data analysis, monitoring, and advocacy to drive evidence-based prioritization, policy, funding, and allocation decisions. The GFF response to COVID-19 and its continued broader support to countries led to not only limit the damage, but also — in some cases — to advance progress in key areas.

Before the pandemic, interventions for reducing maternal and newborn deaths — such as the use of skilled birth attendants, facility-based births, and antenatal and postnatal care — were improving across the majority of GFF partner countries. With support from the GFF and other partners, countries had been improving the health of women, children, and adolescents, while also reducing equity gaps. Nearly all GFF partner countries had demonstrated positive trends in sexual and reproductive health. Countries where the GFF has been engaged long enough to affect such changes had improved outcome indicators for reducing child deaths and adolescent pregnancy as well as for improving child growth and nutrition. Estimates of maternal mortality indicated impressive reductions in most countries. Nearly two-thirds of GFF partner countries instituted budget and financial reforms designed to improve efficiency in health spending and direct more resources to frontline health care, with promising country results in prioritizing and increasing domestic resource mobilization for women's, children's, and adolescent health.

As expected, 2020 presents a mixed picture: In some countries progress reversed on key indicators, while other countries made progress, albeit slower than expected. Some others were able to adapt, with support from the GFF and other partners, and were able to drive progress, and even accelerate outcomes. Despite the challenges, compared to 2019 more countries are making progress — even amid the pandemic. This speaks to the collective commitments of countries, civil society organizations (CSOs), along with other partners, and provides further evidence of the relevance and impact of the GFF foundational support. However, progress remains fragile and uneven with inequity widening within some countries.

Building on progress made and lessons learned, the rollout of GFF's 2021–25 strategy is already helping countries shape and drive necessary change during COVID-19 response and recovery efforts — to build stronger, more equitable, and resilient systems and catalyze and align additional funding for health as the backbone for pandemic preparedness and response. This is helping support the pathway to reclaim the gains, boost equity, and ensure women, children, and adolescents have access to the services they need.

This annual report seeks to understand the impact of COVID-19 on countries and communities. The report also details the rollout of the GFF strategy for 2021–25 and provides concrete examples of how GFF is addressing persistent inequalities — further exacerbated by COVID-19 impacts — to strengthen health systems and support global health security.

1. PUTTING WOMEN, CHILDREN, AND ADOLESCENTS AT THE CENTER OF COVID-19 RESPONSE EFFORTS

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. The crisis is far from over. COVID-19 continues to disrupt health systems, further widening existing inequities with long-lasting impacts on women. But thanks to commitments and investments made in earlier years, some countries have been able to limit the damage and reclaim the gains. Against this context, this year's annual report presents a mixed picture: While some countries were able to maintain and even accelerate gains, others saw progress slow or even reverse. But despite the challenges this year, the GFF Logic Model shows the partnership's foundational support is producing results with progress across the portfolio for nearly all key indicators.

Unpacking Disruptions and Access to Essential Health Services

Throughout the pandemic, stretched health systems, lockdowns, stockouts, and supply shortages have meant countries have faced challenges to control the spread of COVID-19 while at the same time dealing with a secondary crisis as essential health services became less available for women, children, and adolescents. Feeding into the crisis, fear of contracting COVID-19 meant women and mothers have been less likely to seek care for themselves or their children, while financial barriers further reduced demand.

Health systems overstretched

Many health facilities have been unable to support communities, whether from lockdowns, a lack of health workers, or having enough protective equipment or medical supplies, such as oxygen. Across the 18[1] GFF partner countries with active timely monitoring of service disruptions, outpatient consultations, pregnancy care visits, and childhood vaccinations have decreased significantly. Services were most impacted in the first quarter of the pandemic, with disruptions ranging between 5 and 75 percent. As the pandemic has raged on, all GFF countries continued to face the threat of disruption.

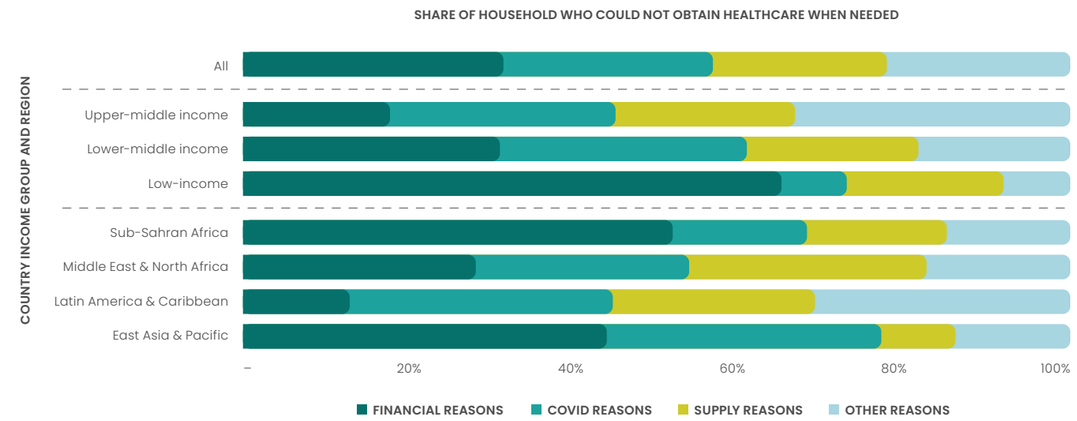
Across GFF partner countries, challenges have included the lack of trained health personnel and supplies at health facilities, fewer open health care facilities, and displaced health care funding. For example, in Nigeria, one in four facilities reported having no face masks on hand. Only one in two facilities reported receiving training in infection prevention control or in the use of personal protective equipment (PPE). In Liberia, only one in two had enough masks or gloves for clinicians and 97 percent experienced a decrease in service delivery due to supply chain disruptions. At the start of the pandemic, reprogrammed financing from national health programs funded approximately 40 percent of the COVID-19 response in Niger and the Democratic Republic of Congo (DRC).

Community barriers to care

While overstretched health systems have limited the availability of essential services, the fear of contracting COVID-19, along with exacerbated financial barriers, have also resulted in fewer families seeking care. Household surveys across 39 countries — including 24 GFF partner countries — confirm nearly 20 percent of households in these countries rank financial barriers as the main reason for not accessing health care (figure 1.1).

As the pandemic continues to expose longstanding financial and gender inequities, financial reasons to forgo care have become common among poorer countries compared to richer countries. In fact, poorer countries have been four times more likely to report financial barriers as a reason for not accessing care (67 percent vs. 17 percent). Households in Ethiopia, Malawi, Nigeria, and Uganda have indicated sudden income loss, irrespective of how much they earned, as another reason to forgo care. Members of female-led households in Burkina Faso, Ghana, Malawi, Nigeria, and Uganda have been up to

Figure 1.1. Reasons for Forgone Care in 39 Low- and Middle-Income Countries



Source: Staff analysis of high-frequency COVID-19 phone surveys conducted in July 2021.

1 The 18 GFF partner countries include the following: Afghanistan, Bangladesh, Cameroon, DRC, Ethiopia, Ghana, Guinea, Haiti, Kenya, Liberia, Madagascar, Malawi, Mali, Nigeria, Senegal, Sierra Leone, Somalia, and Uganda.

three times more likely to forgo care as a result of reduced income, compared to male-led households (figure 1.2).

Prolonged and deepening economic crisis

For many of the world's poorest people the financial hardship caused by the pandemic is expected to be prolonged and deep. World Bank estimates for 2020 show the pandemic has already pushed close to 100 million people into extreme poverty, with low-income countries (LICs) hardest hit.

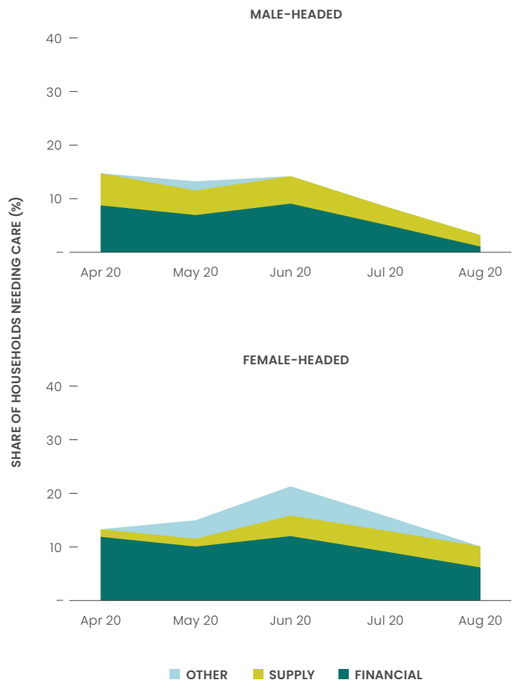
The poorest and most fragile countries have been experiencing falling public revenues, rising debt, and constrained fiscal space. As of September 2021, International Monetary Fund (IMF) projections for 52 countries show per capita government expenditure will remain below 2019 levels. For low and low- and middle-income countries (LMICs), estimates indicate per capita general government spending on health will fall by nearly 10 percent between 2019 and 2026, to an average of US$82 — instead of growing to US$114, as expected with no pandemic. This projected economic recession is expected to reduce government health spending and access to health services, especially for the poor and most vulnerable. This will not just halt progress in health but also reverse gains and bring consequences reaching far into the future.

Country Leadership and Commitment to the GFF Model Continues Amid COVID-19: Limiting the Damage and Reclaiming the Gains

The crisis has reaffirmed the GFF partnership model is fit-for-purpose to support countries in keeping a focus on women, children, and adolescents and addressing system bottlenecks, while also highlighting the fragility and unevenness of progress and service coverage. The portfolio presents a mixed picture: In some countries progress reversed on key indicators, while other countries made progress, albeit slower than expected. And in some countries, progress happened even faster than anticipated.

The GFF data on disruptions and drops in service utilization highlights the complex and evolving challenges across countries, along with the varying degrees of impact. At the same time, and in light of the challenges, the pandemic has been met with an extraordinary response — from frontline health workers, to youth advocates, civil society organizations, and governments — doubling down on the commitment to women, children, and adolescents.

Figure 1.2. Reason for Forgone Care by Gender of Household Head



Source: Staff analysis of high-frequency COVID-19 phone surveys conducted in July 2021.

Even as the pandemic has upended ways of working, multiplied pressures, and unleashed a new set of challenges — in many cases resulting in slower progress and declines in key health outcomes such as antenatal care, institutional deliveries, childhood immunizations, and family planning — some countries have managed to make gains in these same areas.

For example, in six GFF partner countries the pandemic reversed progress in prenatal care. In another six countries the pandemic slowed progress 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 compared to pre-pandemic trends. For safe deliveries in health centers, two countries saw progress reversed and nine saw a slower rate of progress compared to pre-pandemic levels. As shown in table 1.1, five countries saw declines in family planning services and three countries experienced a slower rate of progress compared to previous years.[2]

2 Routine monitoring data for all countries sourced from country health management information systems (HMIS), unless otherwise specified.

Table 1.1. Declines in Family Planning Services in Five Countries during the COVID-19 Pandemic

	PRIOR TO COVID-19	IN 2020
Guinea	Women attending four or more antenatal care visits increased 27 percent between 2018 and 2019	Progress slowed to a 9 percent increase between 2019 and 2020
Cove d'Ivoire	The number of women accessing postnatal care within 72 hours of delivery increased 38 percent between 2018 and 2019	Progress slowed to a 6 percent increase between 2019 and 2020
Bangladesh	The number of women receiving at least one postnatal care visit increased 11 percent between 2018 and 2019	The number of women receiving postnatal care declined 28 percent between 2019 and 2020
Uganda	The percentage of women with institutional deliveries increased from 56 percent in 2016 to 60 percent in 2019	The percentage of women with institutional deliveries declined back to 57 percent by 2020
Liberia	The number of couple years protection (CYP) increased 13 percent from 2015 to 2019	The total number of CYP declined by 3 percent between 2019 and 2020

In contrast, several GFF partner countries have been able to not only limit the damage, but also drive improvements in some key areas — thanks in part to strong pre-COVID-19 commitments and investments as well as quick and effective adaptations by governments after the pandemic hit. For example:

- In **Kenya**, the percentage of assisted deliveries increased by 24 percent between 2014 and 2020, including a sharp increase from 67 percent in 2019 to 78 percent in 2020.
- In **Rwanda**, the number of newborns receiving a home visit by community health workers on the third day after birth increased by 18 percent between 2018 and 2019 and maintained progress with a small increase between 2019 and 2020, amid the pandemic.
- **Uganda** maintained and even increased the rate of progress in antenatal care, from 9.3 percent growth on average between 2016 and 2019 to 10.7 percent growth between 2019 and 2020.
- **Mozambique** continued to increase antenatal coverage between 2019 and 2020, moving from 49 percent in 2018 to 53 percent in 2019 and 59 percent in 2020. In addition, more community health workers were trained and the number of facilities providing comprehensive obstetric and neonatal care services increased from 54 percent to 61 percent from 2018 to 2020.
- **Cambodia** improved coverage of deliveries in health facilities with a skilled birth attendant from 84.5 percent in 2018 to 85.1 percent in 2019 and managed to increase coverage at a faster rate in 2020, moving to 88 percent by the end of the year.
- The **DRC** and **Kenya** reported improved family planning indicators together with **Cameroon**, **Madagascar**, and **Sierra Leone**. In Cameroon, the modern contraceptive prevalence rate among girls increased by four percent between 2019 and 2020. In Madagascar, the number of new patients seeking family planning services increased 4 percent between 2017 and 2019, and a further 11 percent between 2019 and 2020. In Sierra Leone, the number of new patients seeking family planning services decreased between 2016 and 2018, at which point the country turned the trajectory around with the largest increase (17 percent) between 2019 and 2020.
- In **Madagascar**, the number of diarrhea cases treated with oral rehydrating salts and zinc increased 34 percent between 2017 and 2020, in the context of an increasing number of functional community nutrition sites. The number of functional community nutrition sites in Madagascar increased 65 percent, moving from 3,747 in 2017 to 6,175 in 2020.

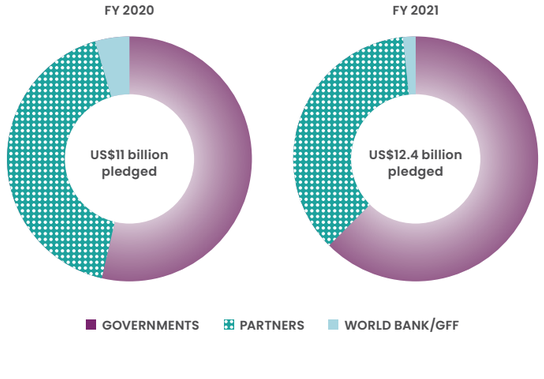
Throughout the year, countries have continued close engagement with the GFF and their commitment and efforts to improve health helped to limit the damage:

- Three additional countries completed the development of their investment cases, bringing the total to 25 from the previous year; two more countries began implementing their investment case despite strained health systems.
- Thirteen out of the 23 GFF partner countries implementing their investment case for more than a year improved more than half of their medium-term outcome indicators.
- Civil society engagement to implement and monitor investment cases continued to grow, with 19 country platforms benefiting from this engagement, up from 17 in 2019, bringing an increased accountability for results.

- Seven more countries completed resource mapping and expenditure tracking (RMET), bringing the total to 22 — almost a 50 percent jump from 2019 and illustrating the GFF's push for aligning funding around priorities.

Notably, and despite the fiscal pressures of the pandemic, several countries continued to deliver on their commitment for health financing. For example, in FY 2020/21.[3]

- Out of the total US$12.4 billion pledged to implement country-led investment cases in 22 GFF partner countries, governments committed US$7.5 billion (or 60 percent), representing a 27 percent increase from the US$5.9 billion allocated to 21 countries the previous year.



- Other partner commitments to investment cases comprised US$4.3 billion (34 percent) down from US$4.6 billion (42 percent) the previous year.

- The World Bank and the GFF Trust Fund invested a cumulative US$667 million (5 percent), out of a total of US$12.4 billion to catalyze partner and government support (up from 4 percent last year).

These efforts build on the GFF's model (see box 1.1), with partner countries in the lead, thus fueling even greater possibilities. Progress across the GFF portfolio, with countries on track against critical indicators (figure 1.3), reaffirms the success of the GFF model and highlights the impact of the GFF support to COVID-19 response efforts, building on the foundation and guiding principle of GFF country-led support to strengthen primary health care and frontline service delivery.

3 Data from the GFF's resource mapping and expenditure tracking exercise (RMET) 2020–21.

Box. 1.1. The GFF Logic Model

Reporting on the model

The GFF Logic Model continues to serve as the framework for measuring and reporting how GFF-supported investments under country-led investment cases have contributed to better health for women, children, and adolescents. The model illustrates how GFF support translates into activities, including the development of investment cases, the identification of funding gaps and needed reforms, and the convening of investors and stakeholders around implementation. These efforts link to larger health system and financing reforms that support longer-term improvements in outcomes to accelerate the achievement of universal health coverage and improved RMNCAH-N outcomes, including improved sexual and reproductive health and rights. Success is measured using a set of indicators, which rely on four primary sources: (a) output data collected on a quarterly basis on a Tableau-based management tool used at the GFF Secretariat; (b) World Bank project data; (c) outcome data collected from each GFF partner country annually from health and financial information systems; and (d) impact data collected from population-based surveys and the Systems of Health Accounts for expenditure data.

Monitoring country progress

The GFF's approach to results measurement builds upon, aligns with, and aims to contribute to strengthening country's own data systems, sources and capacities. For example, the GFF makes catalytic investments to help strengthen country data systems, link different components of the data system, and introduce and scale innovations, tools, and approaches that help strengthen the generation, analysis, and use of data. Through a partnership approach, the GFF supports countries to strengthen their analytical capacities and use data for decision making at multiple levels, using country platforms as a key entry point. Since the beginning of the COVID-19 pandemic, the GFF has scaled up its support to help countries monitor service disruptions and use data to safeguard and strengthen service delivery.

With the launch of its new strategy, the GFF is significantly strengthening its approach to data and measurement to help partner countries improve their use of data for decision making, bolster results reporting, and increase transparency. As such, a new advisory body within the GFF governance structure — the Results Advisory Group — provides oversight of the GFF results function and reports regularly to the Investors Group.

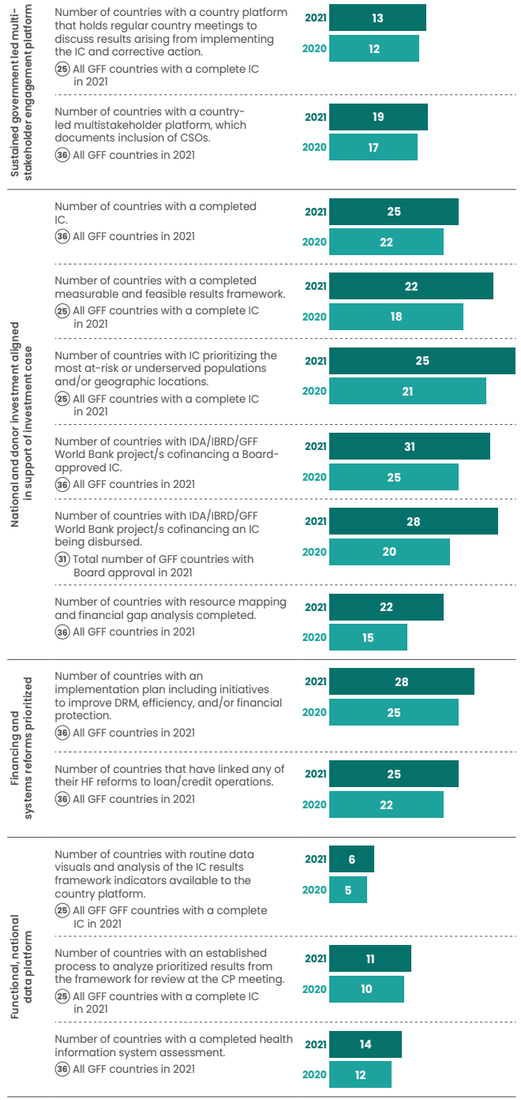
In order to support data use by GFF partner countries and stakeholders, the GFF has partnered with countries to launch a new data portal - data.gffportal.org. The portal provides transparent, user-friendly access to RMNCAH-N, health systems, and financing data to help facilitate use of the data for decision-making and accountability.

With the launch of its new strategy, the GFF is significantly strengthening its approach to data and measurement to help partner countries improve their use of data for decision making, strengthen results reporting, and increase transparency.

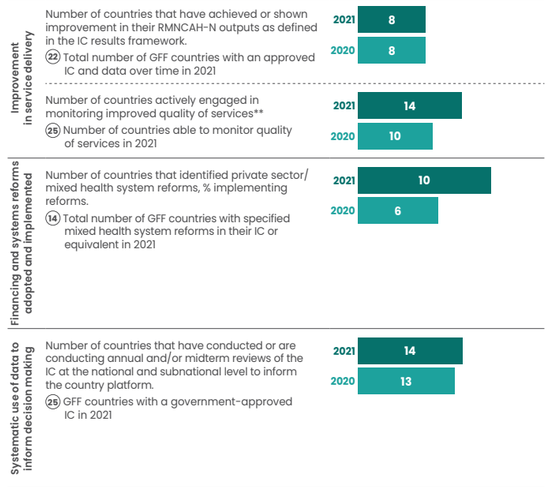
Figure 1.3. Progress against GFF Logic Model

The tables below summarize the progress and achievements across the portfolio of the 36 GFF partner countries in terms of outputs, outcomes, and impact indicators under the GFF Logic Model, as of June 2021. They also include a summary of priority areas under country investment cases such as RMNCAH-N, health financing, health systems strengthening, and equity.

Output Indicators



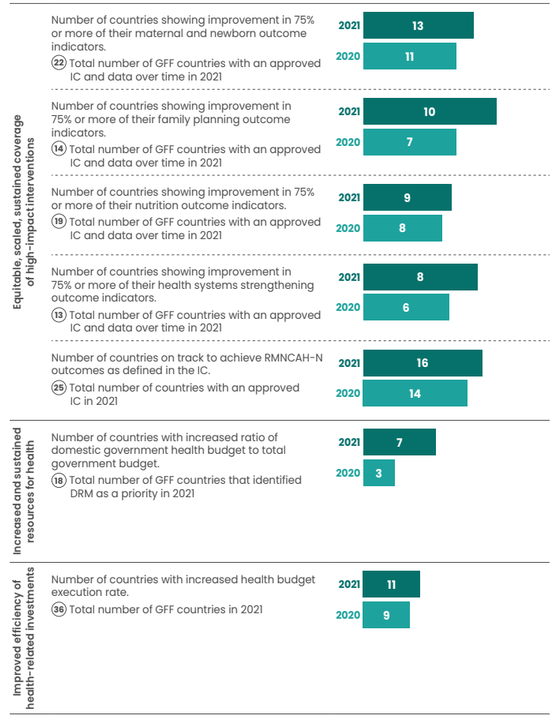
Medium-term Outcome Indicators



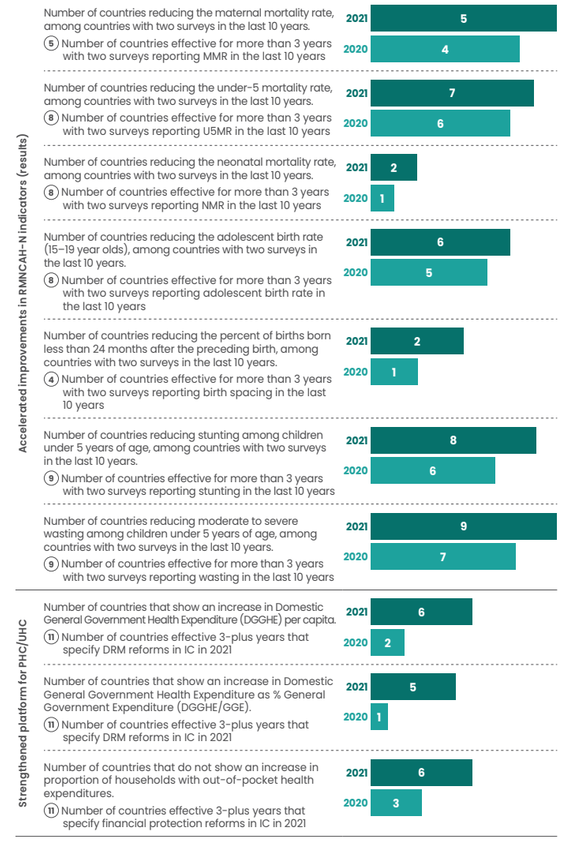
Abbr	Definition
CP	Country Platform
CSO	Civil Society Organization
DRM	Domestic Resource Mobilization
GFF	Global Financing Facility
HF	Health Financing

Abbr	Definition
IBRD	International Bank for Reconstruction and Development
IC	Investment Case
IDA	International Development Association
RMNCAH-N	Reproductive, Maternal, Newborn, Child, Adolescent Health and Nutrition

Long-term Outcome Indicators



Impact Indicators



Investment Case Prioritization

	RMNCAH-N													Health Financing							Health Systems Strengthening											Equity				
	Newborn health	Child health	Adolescent health	Maternal health	Health (other)	SRHR/family planning	Newborn nutrition	Child nutrition	Adolescent nutrition	Maternal nutrition	Nutrition (other)	GBV	NCDs (prevention and control)	Public financial management	Donor pooling, coordination and alignment	Health insurance	Provider payment	Health benefit packages	Private sector engagement	Other	Quality of care	HRH	Infrastructure	Community health	CRVS	Supply chain management	HIS and M&E	Integrated disease surveillance	Emergency preparedness	Governance	Digital health	Geographic focus	Gender focus	Socioeconomic focus	Priority populations focus
COUNT OF YES	21	24	22	25	7	22	18	22	17	21	6	8	7	19	17	13	19	16	12	2	22	20	12	22	16	18	22	7	8	19	8	23	18	23	18
Afghanistan	✓	✓		✓		✓	✓	✓		✓			✓	✓	✓		✓	✓	✓		✓	✓		✓			✓			✓		✓	✓	✓	
Bangladesh		✓	✓	✓		✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓			✓	✓				✓	✓		✓	✓		✓	✓	✓	
Burkina Faso	✓	✓	✓	✓		✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓
Cambodia	✓	✓	✓	✓			✓	✓		✓							✓	✓			✓	✓		✓			✓					✓	✓	✓	✓
Cameroon	✓	✓	✓	✓		✓	✓	✓						✓	✓		✓		✓		✓			✓	✓	✓	✓					✓		✓	✓
Central African Republic	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓		✓	✓		✓	✓			✓	✓		✓		✓	✓	✓	✓	✓		✓	✓	✓	✓
Cote d'Ivoire	✓	✓		✓		✓		✓		✓				✓	✓	✓	✓	✓	✓		✓	✓	✓	✓		✓	✓			✓		✓		✓	
DRC	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓
Ethiopia	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Guatemala		✓	✓	✓		✓		✓	✓	✓	✓		✓	✓								✓	✓	✓			✓			✓	✓	✓	✓	✓	✓
Guinea	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓			✓	✓	✓	✓	✓	✓
Indonesia	✓		✓	✓				✓	✓	✓	✓										✓			✓	✓		✓			✓	✓	✓	✓	✓	✓
Kenya	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓			✓	✓		✓	✓		✓	✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓
Liberia	✓	✓	✓	✓		✓			✓	✓											✓			✓	✓				✓	✓		✓	✓	✓	
Madagascar	✓	✓	✓	✓	✓	✓	✓	✓		✓				✓	✓		✓	✓			✓	✓	✓	✓	✓	✓	✓	✓				✓			
Malawi		✓	✓	✓		✓	✓	✓	✓	✓				✓	✓		✓				✓	✓	✓			✓				✓		✓	✓		✓
Mali	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		✓	✓	✓			✓	✓			✓	✓	✓				✓	✓	✓	✓	✓
Mozambique	✓	✓	✓	✓	✓	✓		✓				✓		✓	✓				✓		✓	✓		✓	✓	✓	✓					✓		✓	✓
Nigeria	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		✓			✓		✓	✓	✓	✓
Rwanda	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	✓	✓								✓	✓		✓			✓	✓	✓	✓	✓	✓
Senegal	✓	✓	✓	✓		✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓
Sierra Leone	√	✓	✓	✓		✓	✓	✓		✓		✓		✓			✓				✓			✓	✓	✓	✓	✓		✓		✓	✓	✓	✓
Tanzania	✓	✓	✓	✓		✓	✓	✓	✓	✓				✓		✓	✓				✓	✓				✓	✓					✓	✓	✓	✓
Uganda	✓	✓	✓	✓		✓	✓		✓	✓		✓			✓		✓	✓	✓		✓	✓	✓	✓	✓	✓	✓		✓	✓		✓	✓	✓	✓
Vietnam		✓		✓									✓			✓	✓	✓			✓		✓	✓		✓						✓	✓	✓	✓

Source: World Bank/GFF.

Note: IC-complete countries only

Adapting GFF Support to Respond to Immediate Country Demand and Get Back on Track

Since the beginning of the pandemic, the GFF has maintained a laser focus on (a) protecting and promoting the continuation of essential health services for the most vulnerable populations in the GFF's 36 partner low-income countries (LICs) and LMICs, and (b) strengthening frontline community and primary care services and systems to help partner countries prepare for the equitable, affordable, and safe delivery of vaccines and tools. Leveraging its unique relationship with the World Bank and country platforms, the GFF has provided financial support, along with technical assistance and real-time learning, to forge strategic partnerships with other entities and realize a greater impact (table 1.2).

The GFF support for partner countries in response to COVID-19 has sought to balance countries' immediate needs for COVID-19 tools and delivery with the need for maintaining essential health services and sustained efforts to strengthen country health systems. This support has focused on securing investments in primary care, community services, and system strengthening interventions critical for essential health services as well as helping countries address bottlenecks in the delivery of the COVID-19 vaccines and tools. For example:

- Continued support on data for decision making and real-time country knowledge exchanges to inform policy dialogue, investment decisions, and resource allocations to help countries protect essential services and make timely adjustments to service delivery in response to emerging challenges, such as stockouts of medicines or drops in health service uptake.
- Restructured existing support and rollout of new special COVID-19 essential health services grants and technical assistance to respond to high country demand for adapting and innovating service delivery models, protecting health workers, and identifying and addressing critical system bottlenecks, including supply chain challenges. This support further builds on past in-country engagements, adapting primary health systems to respond to COVID-19.
- Continued investments in capacity building, technical assistance, and analytic support to countries, building from GFF's comparative advantages to ensure investments leverage existing health systems and contribute to their optimization beyond the pandemic response.

Box 1.2 highlights a few examples of GFF support to partner countries in COVID-19 response efforts.

Table 1.2. Overview of GFF Support to Partner Countries in Response to COVID-19

PROVIDE TECHNICAL ASSISTANCE

Support countries to adapt and innovate health service delivery models and monitor service disruptions, which inform remedial actions, health financing policy, and resource allocation decisions.

ADAPT EXISTING AND PROVIDE ADDITIONAL FINANCIAL SUPPORT

Restructure existing or approve new grants to help countries procure and roll out vaccines and address disruptions to essential health services.

FORGE NEW PARTNERSHIPS FOR GREATER IMPACT

Join as partner in the ACT-Accelerator and strengthen partnership with the World Bank and IFC to help countries boost frontline service delivery for COVID-19 tools and protection of essential health services.

DEPLOY REAL-TIME KNOWLEDGE AND LEARNING

Launch a new program to share real-time knowledge to help countries identify strategic shifts that will protect and maintain essential health services.

Box 1.2. Examples of GFF Support in Partner Countries

Repurposing Existing GFF Financing for Liberia in Response to Emerging Needs

LIBERIA

In 2020, when COVID-19 began threatening Liberia's important gains for women, children, and adolescent health, the GFF supported the government to better understand the impacts of the virus on health services. Through close monitoring via GFF-supported phone surveys, the Ministry of Health identified nationwide disruptions across a range of services. The survey results showed the drivers of low service volumes in health facilities included changes in facility policies regarding treatment availability or services as well as public health measures. Facilities also persistently cited a lack of medical supplies and medicines as a cause for lower service volumes since the pandemic began.

The GFF acted quickly to adapt its support, using its existing grant linked to the World Bank's Liberia Health System Strengthening Project. The grant now addresses low service demand, adapting the delivery of routine health services to COVID-19, and increasing the capacity of frontline health care. For example, with support from the GFF and the World Bank, the government has adopted the existing performance-based financing program to increase subsidies, which enables frontline health providers to purchase PPE and emergency commodities and incentivize health workers to continue providing quality routine maternal and child services.

As of June 2021, nearly US$7.7 million of GFF grant financing has been allocated to 8 hospitals, 63 primary health facilities, and 3 county-level health teams, with a portion of these resources used for improving capacity in COVID-19 preparedness, prevention, diagnostics, and therapeutics. Some primary health facilities have used the funds to purchase medical supplies, and tracer drugs as well as laboratory, communication, and office equipment. The funding also redistributed staff within their counties to respond to emerging needs, which helped expand service delivery. At the hospital level, new training, coaching, and mentorship programs have helped medical and administrative staff identify priority interventions to bridge service gaps in maternal and child health.

Piloting COVID-19 Essential Health Services Grants and Technical Assistance

RWANDA

A GFF grant worth US$15 million is supporting the government to protect essential health and nutrition services, which remain vulnerable to shocks during the ongoing pandemic. The grant complements Rwanda's ongoing COVID-19 response and ensures decades of progress in strengthening the health system will not be undermined by the pandemic. The GFF funding builds on US$30 million in World Bank/International Development Association (IDA) additional financing to Rwanda focused on the acquisition and deployment of safe and effective COVID-19 vaccines, with the aim of vaccinating 60 percent of the population by 2022. The vaccination program is a central piece of the government's comprehensive plan to save lives and enable the full reopening of the economy, putting the country back on a path towards more inclusive and sustainable growth.

GFF support:

- Assists community health workers to conduct outreach activities
- Provides incentives for creating demand for services
- Supports basic screening for both essential health services and COVID-19
- Provides support to optimize patient flows through health facilities
- Supports resource tracking and routine monitoring of impact of COVID-19 on essential health services

MOZAMBIQUE

A GFF grant worth US$15 million is cofinancing a US$100 million World Bank/IDA project in support of Mozambique's efforts to expand its current COVID-19 vaccination campaign. The project supports the government to acquire, manage, and deploy COVID-19 vaccines and to strengthen the readiness and capacities of the national health systems as well as to ensure continuity of essential health services, particularly for women, children, and adolescents. As the largest contribution to Mozambique's vaccination efforts, the operation enables the country to purchase around 7 million doses, which will cover around 20 percent of the eligible population.

GFF support:

- Provides training and support to community health workers in rural areas to facilitate the rollout of the COVID-19 vaccine campaign
- Promotes demand for vaccination campaigns and increasing access to essential health services and information
- Integrates essential services and institutionalizing last-mile outsourcing of essential drug and vaccine distribution

GFF-World Bank: A financing partnership to keep the focus on women, children, and adolescents

Building on previous efforts to improve development effectiveness, the GFF approach combines technical assistance and small volumes of catalytic trust fund grants linked to larger amounts of World Bank International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) financing. In addition, the GFF approach convenes global and local development partners in country-led platforms to help partner countries align and maximize their use of domestic and external resources in synergistic ways to achieve better, more sustainable health results. GFF grants work within the World Bank's convening power to facilitate a broader dialogue and drive country action, strengthening health system and increasing domestic financing across multiple sectors — such as social protection and education — which in turn can yield more efficient use of other funding sources.

A recent analysis of the GFF cofinancing of IDA and IBRD lending finds evidence of GFF leverage on World Bank funding for women, children, and adolescent health. More specifically, the analysis finds that among countries supported by the GFF, the share of IDA financing committed to women and children's health increased 37 percent through GFF engagement, compared to earlier years, showing the power of GFF cofinancing in mobilizing more funding targeted to improving the health of women, children, and adolescents.

As of June 30, 2021, the
GFF Trust Fund committed a total of

US$815M

for 46 GFF projects in 36 countries

The need for urgent and continued support

Building on the strong results of its first five years, the new GFF strategy aims to strengthen its country-led partnership model and impact. Developed in close consultation with countries, global partners, and CSOs, the strategy doubles down on efforts to protect and accelerate progress for women, children, and adolescents. In October 2020, the GFF's governing bodies strongly endorsed the new strategy, along with a clear road map for enabling countries to build back better from the pandemic, ensuring every woman, child, and adolescent everywhere can survive and thrive. With this new strategy, the GFF is catalyzing system improvements essential for ending the acute phase of the pandemic and once again accelerating progress toward the Sustainable Development Goals.

As part of its support over the past year, which includes rolling out the new strategy, the GFF has contributed to three key areas:

- **Closing inequities by supporting the most disadvantaged and vulnerable populations** and promoting the voices and participation of those populations in designing and monitoring the investment cases to ensure no one is left behind.
- **Building stronger health systems** by integrating sexual and reproductive health and rights (SRHR) services into basic health packages, innovating service delivery, mobilizing more private sector capital in health, investing in civil registration and vital statistics systems, and taking a multisectoral approach to health care.
- **Ensuring resilience in health financing** as countries continue to stabilize and strengthen their health systems in the face of the COVID-19 pandemic, the GFF will continue to work with each partner country to strengthen domestic mobilization and improve the efficiency of health spending in line with each country's health objectives.

From a lack of training in pandemic preparedness and response to supply chain disruptions and a shortage of health workers, the pandemic has presented significant challenges that threaten the continuity of services and improvements to key interventions for reducing maternal and newborn deaths.

Despite the remarkable progress demonstrated across GFF-supported countries, COVID-19 continues to pose severe challenges. Well into 2021, the ongoing country monitoring of essential health services has reaffirmed substantial service delivery disruptions. In fact, across some of the poorest countries, the estimated increase in mortality caused by disruptions to essential health services is more than double the officially reported COVID-19 death toll.

The past year shows what countries and communities can accomplish through commitment and innovative solutions. The pandemic also underscores how strong primary health care functions as the backbone of efficient and equitable health systems, which GFF support is specifically designed to deliver across its partner countries. As the pandemic continues, the resulting mixed picture provides an urgent call to action to ensure countries leading the response and recovery efforts have the resources and support needed to put women, children, and adolescents at the center of response and recovery.

Driving Transformational Change through Knowledge and Country Leadership

To help countries respond to the pandemic, strengthen alignment, and build resilient health systems, the GFF has invested in a comprehensive approach to capacity building, knowledge sharing, and targeted support for national leaders. To support systemic change through its Knowledge and Learning Program launched in 2020, the GFF has made available a diverse set of learning tools to build competence and disseminate actionable knowledge among stakeholders.

Early on in the COVID-19 pandemic, the GFF launched a virtual Service Delivery Learning Program (SDLP) to support country-level efforts to protect and promote essential services for pandemic response and recovery efforts. In response to this challenge, the SDLP has brought together approximately 150 health officials and other relevant stakeholders, such as donors, civil society, and private sector representatives from 18 GFF partner countries to develop and implement context-specific action plans. A series of microlearning resources, including those focused on stakeholder engagement, have also been developed and made available to a broader group supporting country platforms. These resources are available on the new GFF Knowledge & Learning Portal and in the GFF Knowledge Toolkit. Combined with the publication of new country case studies, these resources have enhanced collaboration and peer (south-south) learning among GFF countries.

In support of enabling stronger country leadership, the GFF worked with partners to design and launch a Country Leadership Program for Health System Change (CLP) to support leaders championing actions on the health of women, children, and adolescents. Since April 2021, the program has been supporting senior leaders from diverse organizations in Ethiopia, Kenya, and Malawi. The CLP focuses on strengthening the leadership impact and sharing specialized knowledge in integrated governance, systems change, and evidence-based policy, enabling collaboration and networking among leaders. Leaders can utilize a wide range of tools tailored to their specific needs and engage with others through online workshops and webinars, among other collaborative tools. Over the next two years, the GFF expects to reach approximately 150 high-level country leaders in 15 to 20 countries.

Source: World Bank/GFF.

2. ADVANCING EQUITY AND PROMOTING GENDER EQUALITY

Uneven Progress across GFF Partner Countries

While there have been significant reductions in maternal and child mortality 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 they are 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.

By 2021, the intensified efforts to bridge equity gaps have led to progress across GFF partner countries.

Out of the 25 countries with completed investment cases:

23 focus on reducing geographical inequalities in accessing services

18 identify and prioritize marginalized populations, including displaced persons

18 include actions to promote gender equality

Of the 23 countries implementing their investment case for more than one year:

20 are tracking subnational data as part of their efforts to scale up support towards the equity agenda. The GFF has conducted geographic equity analysis for nine of these countries to understand the pandemic's impacts on equitable coverage of services.

In some countries that have been engaged with the GFF the longest, and where investments prioritized maternal and child health, the impact is not as stark — with equity gaps narrowing and coverage of essential health services increasing. For example, out of the countries partnering with the GFF since 2015, 63 percent reduced geographic equity gaps between 2019 and 2020.[4] In contrast, countries newer to the GFF partnership reported increasing geographical equity gaps in 71 percent of coverage indicators for antenatal and postnatal care, institutional deliveries, immunization, and family planning, leaving many women, children, and adolescents — especially the poorest and those hard to reach — without access to these services.

Some of these inequities have been worsened by the impacts of COVID-19 and the economic knock-on effects, which have hit women and children hardest. Over the past year, GFF partner countries have faced the added challenge of addressing inequity while fighting the pandemic. To support this challenge and as part of its strategy, the GFF is working with governments and partners to prioritize and align efforts, such as:

- Through diagnostic work the GFF has been helping identify the drivers of inequity to guide its operational approach, including country-led investment cases and World Bank/International Development Association (IDA) projects. The diagnostic work will also inform future engagement with the World Bank's Social Protection and Jobs Global Practice as the GFF and the World Bank work together to determine the socioeconomic barriers to care more accurately.

- A holistic approach to mainstreaming civil registration and vital statistics (CRVS) systems, including prioritizing the reform of policies in the health sector to ensure life events are captured timely and at the place of occurrence; advancing equitable and gender-responsiveness and monitoring in all CRVS systems; building electronic systems for sustainable and efficient delivery of CRVS services and using CRVS data for decision making.

- Financial incentives such as performance-based financing (PBF) and funding disbursement-linked indicators (DLIs) to support countries to be more precise in their targeting strategies to reach the front lines and the poorest women, children, and adolescents as well as vulnerable and marginalized populations. These at-risk populations include rural populations, refugees, or those affected or displaced by conflict or climate change.

How COVID-19 has underscored inequalities across and within countries

As part of the 2021–25 strategy rollout, the focus on equity has helped provide a clearer picture of where inequalities have worsened and where improvements have held. As the pandemic continued to disrupt health services and cause financial hardship, progress continued in some areas already performing better, as expected, even during the pandemic. At the same time, progress stagnated or even reversed in the areas most lagging. As a result, between 2019 and 2020, across half of GFF's partner countries, the coverage gap for essential health services within countries widened.

For example:

- In **Bangladesh**, while equity gains have been made since 2017, the inequitable coverage of postnatal care worsened between 2019 and 2020, with higher-performing districts maintaining very high rates of coverage (more than 95 percent) and lower-performing districts experiencing a drop from 88 percent to 80 percent coverage. This increased the coverage gap from 12 percent to 20 percent.[5]

- **Malawi** experienced widening inequities in antenatal care, with top districts seeing coverage increase from 31 percent to 55 percent and lagging districts declining from 21 percent to 19 percent. This increased the

4 In countries where subnational data is available.

5 All routine monitoring data sourced from country DHIS2 systems, unless otherwise stated.

coverage gap between the top and bottom quintiles from 10 percent to 36 percent[6] between 2019 and 2020.

- In **Tanzania**, both top performing and lagging regions improved their antenatal care coverage in 2020. However, top performing regions continued to rapidly expand coverage, while improvement in the lowest-performing regions was slower than in previous years, which increased the equity gap in antenatal care service delivery from 18 percent to 23 percent.

Closing the equity gap: What works

Since its inception, the GFF has helped countries place even greater efforts to target the most disadvantaged and vulnerable populations. This support has included strengthening the front lines and building the capacity of community health workers to deliver services to the poorest; promoting results-based approaches that incentivize health providers to expand quality last-mile services; and working with governments on health financing approaches that often include social benefits, such as cash transfers, to help poor families access essential health services.

Across some GFF partner countries, these approaches and systematic investments in women and children's health over the past several years have enabled more precise targeting strategies to reach the front lines and the poorest women, children, and adolescents as well as other vulnerable and marginalized populations, despite the disruptions to essential health services caused by COVID-19.

6 Subnational data for Malawi sourced from the DHIS2, in collaboration with mEHS monitoring.

SPOTLIGHT ON RWANDA

Closing Gaps in Nutrition Outcomes and Targeting the Poorest Families Impacted by COVID-19

The GFF continues to support Rwanda's efforts to combat chronic malnutrition and reduce stunting through health, nutrition, and social protection interventions. Through an US$18 million contribution to Rwanda's investment case, the GFF is catalyzing support for delivering a core package of services to families with the greatest needs. In parallel, the GFF is supporting key policy and public financing reforms laying the foundation for sustained impact.

Mitigating the economic impacts and addressing gender inequality

As part of its COVID-19 response and recovery efforts, the government of Rwanda is deeply committed to protecting essential health and nutrition services, especially for the most vulnerable women and children. With COVID-19 threatening gains made over the past few years, the government launched a response and economic recovery plan in April 2020, including disease preparedness actions and public awareness campaigns to deliver an effective pandemic response. The plan includes specific measures to mitigate the impact of COVID-19 on the poorest families through expanding (a) cash transfers to beneficiaries who commit to using the amount for key health and nutrition services, and (b) emergency cash transfers to around 100,000 new households who had lost income due to lockdowns, and thus most likely to cut expenses on food and health services.

The GFF has provided technical assistance to help the government design and roll out cash transfers under the recovery program. With the pandemic affecting an increasing number of households, the number of beneficiaries registering for support has grown rapidly. To help manage the expanded program, the GFF funded capacity-building activities for local government officials, including virtual trainings and technologies for remote service delivery and monitoring. This funding has enabled communities to provide health care services in a safe manner throughout the pandemic.

To ensure better targeting, the GFF also helped the government strengthen the links between relevant data systems and thus automate enrollment. The system improvements enabled the government to target the poorest households with pregnant women or children below two years of age, and track use the services offered. The linked systems, coupled with other reforms to enhance targeting of poorer families, have helped quadruple enrollment from 30,000 active beneficiaries in March 2020 to almost 127,000 active beneficiaries in June 2020. Each family receives approximately US$7.50 per month until their child turns two years old and is continuously incentivized to attend the required antenatal and postnatal visits, along with growth monitoring and promotion sessions.

Targeting hard-to-reach families with emergency cash transfers

The GFF also funded analytical work to help the government understand the impact of COVID-19 on families working in the informal sector, including in local and cross-border trading, local transportation, and other professions. These households, which represent the "missing middle" segment between poor households targeted by the social safety nets and those employed in the formal sector, are more difficult to identify and thus have been traditionally left out social protection programs. In response to this challenge, the GFF financed an analysis of the socioeconomic and geographical characteristics of these households, the frequency of economic shocks they face, and the self-insurance programs available to them. The analysis informed the targeting of emergency cash transfers (delivered with the support of nongovernmental organizations), reaching 83,000 informal sector households as of June 2021.[7] Better targeting of social programs leads to improved delivery of benefits to those most in need, while contributing to the efficient use of public resources, which is particularly critical as Rwanda faces budget constraints in 2021.

7 Data sourced from the Rwanda Local Administrative Entities Development Agency (LODA) MIS.

SPOTLIGHT ON GUINEA

Protecting Equity Gains with More Resilient Front Lines

Building on lessons learned, the government of Guinea revised its investment case in 2020 with a focus on closing service delivery gaps. While covering all regions in the country, the revised investment case focuses on strengthening service delivery in five priority regions with lagging health outcomes and resources — Boke, Kankan, Kindia, Faranah, and Labé — including by investing more to better equip the front lines with medical commodities and trained community health workers. To help the government deliver on these priorities, the GFF is providing a US$10 million catalytic grant through the Guinea Health Service and Capacity Strengthening Project that will leverage other funding to support the work.

Previously, government efforts, with support from the GFF and other partners, had already helped to build more resilient health systems and improve health outcomes for the poorest and most vulnerable populations. Between 2018 and 2019, 27 percent, or 75,000 more women had four antenatal care visits and 5 percent more children had received the third dose of the pentavalent vaccine. Technical assistance from the GFF and partners also helped improve quality of services across the health sector. According to service availability and readiness assessment (SARA) surveys, facility service readiness scores for obstetric services notably improved between 2017 and 2020, with average national scores rising from 37 percent to 42 percent and from 37 percent to 50 percent (for basic and comprehensive emergency obstetric and newborn care respectively). Over the same period, average SARA service readiness scores for antenatal care improved from 41 percent to 52 percent.

When the pandemic arrived in Guinea in early 2020, health services took a direct hit. Based on an analysis of essential health service disruptions by April 2020, childhood vaccinations were estimated to be 13 percent lower than expected and by May 2020, the volume of outpatient visits was estimated at 28 percent lower than expected.[8] To curb these impacts, the government took swift action and developed the Resilience Strengthening Plan for the Continuity of Services in the Context of COVID-19, which launched in May 2020. The plan focused on strengthening supply chains to make personal protective equipment (PPE) available to health care workers, providing training on infection control, and strengthening staffing for core health services as well as engaging communities and civil society on public communications campaigns to tackle service demand issues. The plan, combined with the existing health system preparedness and better equipped front lines, especially in regions prioritized in the investment case, helped lay the foundation for health services to rebound quickly. Both antenatal care and institutional deliveries recovered by June 2020 and remained stable even during successive waves of COVID-19 throughout the year.

Also notable is that service recovery appears to have been even faster and more sustained in prioritized regions (see figure 2.1). First antenatal care visits in prioritized regions saw double the increase compared to other regions (8 percent and 4 percent respectively in 2019 and 2020). Similarly, institutional deliveries in these regions increased by 22 percent, compared to an 11 percent increase in other regions throughout the same period. The prioritization of high-impact interventions in these regions helped protect equity gains made over the past two years and ensure women, children, and adolescents were not left behind amid the pandemic.

Figure 2.1. Antenatal and Institutional Delivery Service Recovery in Prioritized Regions in Guinea, 2019–20

Source: Guinea HMIS data.

8 Data for the statistical analysis sourced from the Guinea HMIS system. Additional information about the mEHS analysis can be found online: https://papers.ssrn.com/sol3/papers.cfm?abstract_id=3916767.

SPOTLIGHT ON TANZANIA

Decreasing Inequality in Health Service Coverage Despite COVID-19

Following two decades of sustained growth, Tanzania formally became a low- and middle-income country (LMIC) in July 2020. However, the COVID-19 pandemic has significantly slowed economic growth, adversely affecting lives and livelihoods of millions of people.

Over the past few years, bridging inequities in health service delivery has been a core focus of the GFF's engagement in Tanzania. Through an investment case — One Plan II — that prioritizes nine regions with lagging health outcomes, along with critical shortages of health care workers and essential medicines, the government of Tanzania remains committed to improving access to services for the poorest and most vulnerable women, children, and adolescents. The GFF supported the implementation of the investment case through a US$40 million grant linked to the World Bank's Strengthening Primary Health Care for Results Program and played a critical role in mobilizing financiers, such as the Power of Nutrition, UNFPA, UNICEF, WHO, and the governments of Canada, Denmark (DANIDA), Ireland, Switzerland, the United States (PEPFAR, USAID) as well as other donors to pool funding around priorities.

As part of the investment case, the government channeled funding directly to frontline health care facilities through results-based financing (RBF). This funding helped strengthen facilities' autonomy in deciding how to spend the resources to achieve specific results, including targets for improving equity. At the same time, with technical assistance from the GFF, and armed with lessons learned from the nine priority regions, the government launched, in parallel, a direct health financing facility (DHFF) that channels funding to more than 5,800 health facilities in other districts throughout the country. The DHFF works to expand quality services, increase service utilization, reduce stockout of medicines and medical supplies, and improve health center infrastructure.

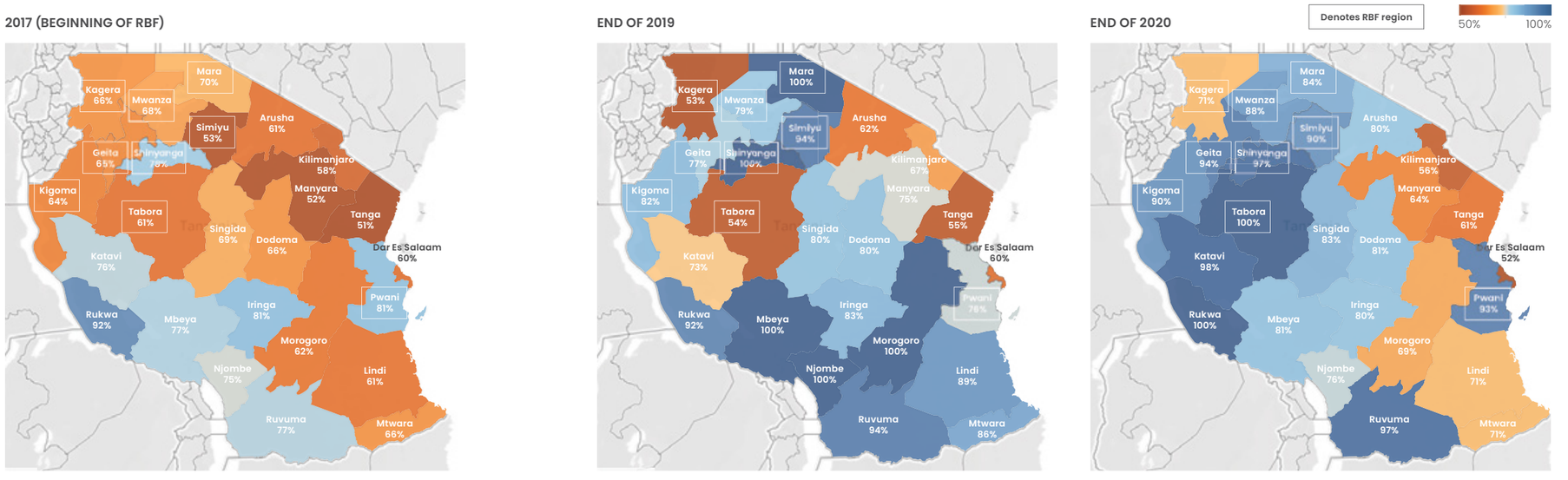
These efforts have contributed to increasing access to services — reducing inequities in the priority regions and achieving notable improvements in service coverage throughout the country. Highlights include the following gains:

- An increase of 40 percent in institutional deliveries in nine priority regions, compared with an average of just 9 percent in other regions between 2017 and 2020
- A remarkable jump in institutional deliveries in the regions of Tabora and Simiyu, from 62 percent to 100 percent and 51 percent to 90 percent respectively, between 2017 and 2019

While maternal and child health indicators such as institutional deliveries dipped slightly at the national level, the regions not implementing RBF were hit hardest between 2019 and 2020, with access to services declining and becoming more uneven (see figure 2.2, all panels). For example, Morogoro, Lindi, and Mtwara in the southeast, which had significantly improved institutional deliveries between 2017 and 2019, saw gains compromised by the end of 2020, with coverage dropping up to 31 percent. In Kilimanjaro, the single-year decline in 2020 brought coverage of institutional deliveries to below the 2017 baseline level: increasing from 58 percent in 2017 to 67 percent in 2019 and then dropping to 56 percent by the end of 2020.

The collective efforts of the government, the GFF, and other partners have helped build stronger front lines and more resilient health systems in regions piloting financing equity agenda, resulting in their ability to weather the initial impacts of COVID-19 on essential health services, providing important learnings for expanding further the approach across regions still lagging behind.

Figure 2.2. Regional Coverage of Institutional Deliveries in Tanzania, 2017 through 2020



Source: Tanzania DHIS2.

In 2020, Global Health 50/50 included the GFF among the highest performing organizations active in global health to advance gender equality.

Strengthening Gender Equality to Drive Progress in Health

Through its country-led model, the GFF has been uniquely positioned to support gender equality and empower women and girls for improved health outcomes. In the world's poorest countries, the GFF promotes universal access to sexual and reproductive health and rights (SRHR), and more equitable health and social systems that shift norms, including access and decision-making power over their own health. Over the past few years, GFF catalytic financing and technical assistance has put gender equality at the core of country investment cases, targeting deliberate interventions to help close gender gaps. This has resulted in 18 country investment cases with strong actions to support gender equality.

As an active partner in the Generation Equality Forum in June 2021 and as a coleader of the Bodily Autonomy and Sexual and Reproductive Health and Rights Action Coalition, the GFF has been working with partners to translate global commitments to country-specific actions, with a special focus on integrating sexual and reproductive health services into basic health packages and facilitating the policy and financing reforms needed to increase access to services (see box 2.1).

A new road map for advancing gender equality

As part of its new strategy, the GFF is doubling down on efforts with a new Gender Equality Road Map. The road map outlines the specific gender transformative and responsive actions the GFF is taking to accelerate efforts to support countries in closing gender gaps in health. It provides a detailed plan for analyzing, prioritizing, and learning — to remove drivers of inequality across health systems and thus improve health outcomes throughout all stages of country engagement. The road map also aims to strengthen coordination with other global efforts and support a more systematized country-led process to address gender inequality.

As part of its expanded support to countries, the GFF has made key progress in promoting gender equality across health services:

- **Providing technical assistance to increase evidence of how gender equality improves health outcomes.** For example, the GFF is supporting Niger and Uganda in using RBF strategies to incentivize improvements in health service quality and utilization among adolescent girls.
- **Increasing investments in gender-responsive monitoring and data systems.** For example, the GFF, Gavi, and the Global Fund have established a working group to coordinate and align support to countries in this area and works with Countdown to 2030 to include a systematic focus on gender equality into annual health sector reviews.
- **Supporting policy dialogue and reforms to remove legal barriers for women and girls' access to SRHR. The GFF is expanding its reform-driven focus to include legal reforms that shape gender equality.** To accomplish this goal, the GFF is working with countries such as Liberia, Ethiopia, and Tanzania to analyze and identify specific country-driven opportunities for policy dialogue and legal reforms.
- **Creating an enabling environment to empower women and girls as leaders in the health sector.** The launch of GFF's country leadership program, in collaboration with Femleague, has helped target current and future female leaders in Kenya, Malawi, and Ethiopia to increase their access to and voice in decision making within the sector.

Box 2.1. The GFF SRHR Acceleration Plan

The GFF is coleading the Bodily Autonomy and Sexual and Reproductive Health and Rights Action Coalition of the Generation Equality Forum, a movement of civil society, international organizations, and policy makers that aims to secure a set of concrete, ambitious, and transformative commitments to achieve immediate and irreversible progress toward gender equality.

At the Generation Equality Forum in June 2021, the GFF launched the Sexual and Reproductive Health and Rights Acceleration Plan together with Canada, the Netherlands, Norway, the United Kingdom as well as the Buffet Foundation and the Bill & Melinda Gates Foundation (BMGF). Through the acceleration plan, the GFF and partners will step up SRHR efforts and funding to deliver on the Generation Equality Forum agenda, which will over the next five years:

- Expand access to family planning for more than 25 million additional adolescents and women
- Integrate comprehensive SRHR services for the health systems in at least 20 additional countries and catalyze increased and more efficient financing for SRHR
- Advance legal and policy reforms in 10 countries to create more opportunities for women, girls, and adolescents to access SRHR services and information
- Increase support to women and youth-led organizations networks and movements with at least US$3 million per year

Source: World Bank/GFF.

Promoting Community Participation and Civil Society Engagement

Engaging civil society organizations (CSOs) and communities at both global and country levels is central to the GFF equity agenda and for ensuring the voices and needs of the women, children, and adolescents are positioned at the heart of the country-led supported process. This means promoting increased community-led services, stronger advocacy, and mutual accountability for health outcomes. Over the past year, the GFF has continued to strengthen community and CSO engagement focusing on three areas of work: (a) collaborating for more and better financing; (b) supporting an inclusive COVID-19 response; and (c) driving stronger advocacy and accountability for health services and outcomes.

Collaborating for more and better financing

Through the Joint Learning Network for Universal Health Coverage (JLN), the GFF has coordinated with global health partners[9] to provide CSOs with long-term financial and

GFF Six Action Areas for Advancing Gender Equality

1. **Prioritize** analytical and technical support demonstrating the relationship between gender inequality and poor health outcomes, and between gender equality and improvements in health and well-being.
2. **Increase** country investments in gender-responsive monitoring and data systems.
3. **Support** the foundations for reforms that enable the integration of sexual and reproductive health and rights into universal health coverage policies and programs.
4. **Intensify** engagement with local women's organizations, youth groups, and other national gender equality actors to inform and support GFF country platforms.
5. **Create** a supportive environment to empower women and girls as leaders in the GFF process at country and global levels.
6. **Strengthen** country-level engagement beyond the health sector.

9 GFF's partners for the Joint Learning Network Initiative include: The Global Fund to Fight AIDS, Tuberculosis and Malaria; Gavi; the Vaccine Alliance; UHC 2030; and the Partnership for Maternal, Newborn and Child Health (PMNCH) as well as country based CSOs.

technical assistance to build their capacity to implement country advocacy and accountability plans for universal health care and health financing. The JLN translates the strategies and approaches under the GAP accelerators on sustainable financing and CSO engagement into concrete actions. Twenty GFF partner countries started implementing the program in November 2020 and will be receiving grants for their advocacy and accountability action plans.

Supporting an inclusive COVID-19 response

The GFF has supported CSOs and governments to codesign COVID-19 response plans. During the implementation phase, CSOs mobilized communities to disseminate information on COVID-19 and vaccination programs and advocated to the government for more resources for testing, treatments, and vaccines.

- In **Uganda**, the Faith for Family Health Initiative assessed budgets and conducted focus groups to understand the impact of COVID-19 on essential health services. The findings show that quality of services decreased during the pandemic and that preparedness and response plans did not integrate women, children, and adolescent health services. In addition, key community members were not included in the District COVID-19 Response Committee. Using these findings, the GFF trained champions for women, children, and adolescent health to advocate for tangible improvements. This helped drive outcomes such as the Ntoroko district government's budget increasing by 23.6 percent for health and 33.6 percent for women, children, and adolescents in comparison to fiscal year (FY) 2020/21 budgets. The community champions are now included in the District COVID-19 Response Committees.

Driving stronger advocacy and accountability for health services and outcomes

Civil society and youth have taken part in platforms at global, national, and local levels, calling for more accountability and more attention to the needs of all communities.

- In the Federation Nationale des OSC de Santé en **Cote d'Ivoire** and the government of Cote d'Ivoire published a joint study on how COVID-19 has affected access to and the use of health services in six districts. The report provided the evidence needed to strengthen demand and prioritize improvements in service provision. Community-based organizations are now ensuring provision of commitments made on quality and affordable health and nutrition services for women, children, and adolescent health.

- Youth groups have also been heavily involved in advocating for health service expansion and improvements. For instance, in **Senegal**, youth engaged in the first youth-led roundtable on health financing, organized by the GFF, which connected partners from across Dakar's health and nutrition sectors to agree on a common road map for funding SRHR services for youth. In **Mali**, Conseil Consultatif National des Enfants et Jeunes du Mali — a youth-led organization — coordinated with religious leaders to successfully advocate for improved access for youth-specific SRHR. In **Kenya**, the Organization for African Youth generated evidence for the Ministry of Health on the importance of adolescents' access to health services.

The pandemic has further stressed the importance of the role of community and CSO participation to address equity gaps and ensure inclusive and people-centered policies. To enable a stronger civil society and youth-led movement across its partner countries, the GFF is launching a new CSO and youth engagement framework, which will support the critical role CSOs and youth play in driving advocacy and independent accountability. Organizations led by youth and women represent an integral part of the civil society constituency. At the same time, they face unique challenges. To help overcome these barriers, the GFF has dedicated specific support for these organizations, which will amplify and leverage their voices to achieve the goals for improving health care shared within the GFF and across its partner countries.

3. BUILDING RESILIENT AND EQUITABLE HEALTH SYSTEMS

Resilient health systems are not only necessary for providing quality and affordable care to all — they are also imperative for global health security, as shown by the COVID-19 pandemic. As the pandemic raged on through 2020 and into 2021, health systems in many GFF partner countries became overwhelmed with a surge in demand for critical care and a shortage of hospital beds, tests, medical commodities, and personal protective equipment (PPE). In response, the GFF expanded its support to partner countries for the system changes necessary to maintain essential services and scale up effective and equitable delivery of COVID-19 vaccines and tools as they became available.

As part of pandemic response efforts, GFF support has helped some countries strengthen their current health systems through scaling up digital health innovations, strengthening engagement with the private sector, and investing more in civil registration and vital statistics (CRVS) systems to better target service delivery. In others, GFF support has emphasized strengthening primary care on the front lines and in the community, improving capacities, and supporting the health workforce to deliver higher quality services — including sexual and reproductive health and rights (SRHR) — as well as strengthening the integration of nutrition into primary health care. COVID-19 has highlighted that how services are delivered can have a major impact for pandemic response and the disruption of supply and demand of services.

Prioritizing and Strengthening Primary Care and Community-Based Services to Deliver Essential Health Services within the Pandemic Response

As part of the COVID-19 response and through its role as an implementing partner of the ACT-Accelerator Health response and systems connector, the GFF has been supporting countries in modifying service delivery approaches to manage COVID-19 cases and prevent transmission while ensuring continuity of services across the continuum of care, including safeguarding access to nutrition and SRHR services. This includes shifting services to community delivery via community health workers and the private sector, using telemedicine or dispensing practices. Building frontline delivery platforms has also been vital for supporting key public health functions, such as disease prevention and surveillance capacity, which need much greater attention.

COVID-19 has already disrupted contraceptive use and access to other critical SRHR services for more than

5M women and adolescents living in GFF partner countries. Prior to the pandemic, 75 million women and adolescents across the GFF partner countries already lacked access to modern methods of contraception.

Comprehensive health systems to deliver on SRHR

In 2020, the GFF scaled up support in prioritizing SRHR in country investment cases and facilitated broader dialogue on policy and financing reforms to create health systems responsive to the needs of women and children. Specific support includes integrating SRHR into primary and community health care; strengthening country supply chains and procurement systems for family planning and other reproductive health commodities; ensuring more efficient resource allocation for SRHR; and building robust data and results measurement systems to track funding and progress.

For example, the GFF supports governments and health service providers to integrate equitable and affordable SRHR services into basic health service packages delivered in multiple ways, including in health facilities, specific youth and adolescent friendly spaces in facilities and schools, and communities through community health workers.

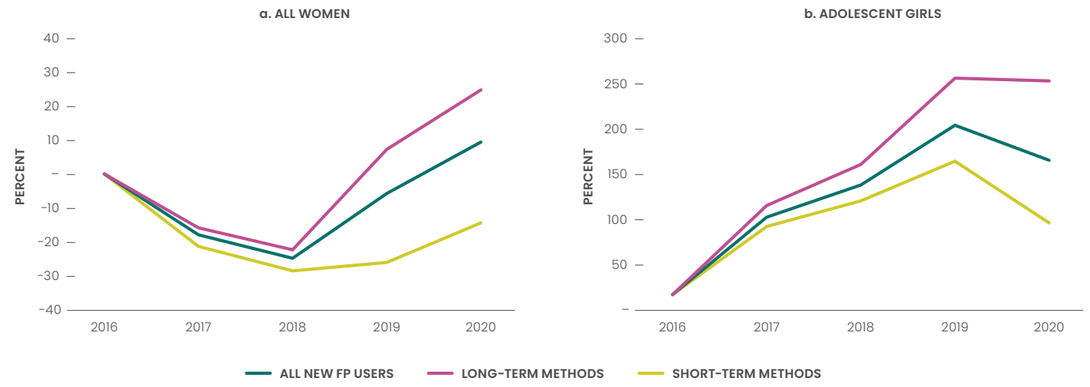
- In **Mozambique**, the GFF provided a US$25 million grant to cofinance an US$80 million World Bank program in support of Mozambique's investment case. To incentivize SRHR results, the program uses a financing mechanism that distributes funds in a phased manner, based on reaching pre-agreed targets. As part of the investment case, the GFF has been supporting the government in prioritizing actions to tackle teen pregnancy through adolescent friendly services that conveniently provide information on and access to contraceptives, including in schools. In the first half of 2021, despite school closures, over 56,000 adolescent boys and girls have been counseled in SRHR. As a response to the impacts of COVID-19, the government of Mozambique — with help from the GFF, the World Bank, and other partners — invested in mobile medical outreach and mobilized community health workers and nongovernmental organizations (NGOs) to increase services and the provision of other methods of contraception that do not require adolescents to visit health facilities. The GFF support continues through a new essential health services (EHS) grant that integrates essential services into the country's COVID-19 response efforts, vaccination rollout and last-mile outsourcing of essential drug and vaccine distribution, including SRH commodities.

Within its comprehensive approach to strengthening health systems, the GFF also helps countries scale up improved access to contraceptives. As part of this approach, the GFF cofinances projects to procure contraceptives in the Democratic Republic of Congo (DRC), Ethiopia, Guinea, Kenya, Sierra Leone, Uganda, and Nigeria.[10]

- In **Sierra Leone**, family planning is a core priority intervention area in the investment case, focusing on an adolescent health package that includes teenage pregnancy prevention and ending early child marriages, female genital mutilation and gender-based violence. Over the past few years, the GFF has supported a concerted effort to reduce stockout of family planning commodities by strengthening supply chains informed by Sierra Leone's family planning costed implementation plan and forecasting analysis. In addition, the government has invested in significant training of service providers to offer long-term family planning methods as well as extensive community engagement and outreach to increase awareness of these methods. As shown in figure 3.1, between 2016 and 2020 more new family planning clients used more long-term methods than short-term methods among all women (panel a). Among adolescent girls (panel b), short-term methods increased 87 percent from 2016 to 2020, and long-term methods increased more than 250 percent, from 21,088 to 73,820.

10 countries have shown improvement in 75 percent or more of their family planning outcome indicators in 2020.

Figure 3.1. Percent Change in Family Planning Clients in Sierra Leone, 2016–20



Source: World Bank/GFF.

Beyond Health Systems: Leveraging World Bank Financing to Address Legal and Policy Barriers to SRHR Services for Women and Girls

- In **Liberia**, the GFF is supporting policy dialogue to advance public health reforms to improve women and girls' access to sexual and reproductive health services.
- In **Niger**, GFF support has resulted in policy reforms allowing pregnant girls to stay in school. Current reforms will increase access for adolescents to SRHR information in schools to avoid early pregnancy and reduce the dropout rate for girls. In addition, Niger will be the first country in the Sahel to adopt a specific decree to prevent, treat, and ensure the socioeconomic reintegration of survivors of genital fistula.

10 Under the Accelerating Nutrition Results in Nigeria (ANRiN) project, contraceptives are included in the adolescent sexual and reproductive health service delivery contracts in Kaduna state.

Increasing access to nutrition through health systems

Undernutrition disproportionately affects the poorest and most vulnerable members of society. The GFF supports countries to prioritize nutrition as an essential building block for the healthy development and well-being of women, children, and adolescents by embedding evidence-based, nutrition-specific interventions in health systems and working across sectors to address determinants of poor nutrition outside of health. The GFF country engagement also aims to increase resources to nutrition through domestic resource mobilization, linking to IDA/IBRD funding, and aligning financing of donor partners at the country level.

The GFF is leveraging its health system efforts to support delivery and access to nutrition interventions into the continuum of maternal and child health services. Investments include building capacity at community and health facility levels, training health workers to improve child feeding practices, strengthening supply chain to ensure the integration and delivery of nutrition commodities such as micronutrient and ready-to-use therapeutic foods, and supporting governments in the preparation, internal resource mobilization, data production, and rollout of nutrition plans.

Prior to the COVID-19 pandemic, GFF support had contributed to significant results across partner countries, for example:

- In **Bangladesh**, between 2014 and 2018, the prevalence of stunting in children under five years dropped from 36 to 28 percent.

- In **Indonesia**, between 2018 and 2019, child stunting decreased from 30.8 to 27.7 percent. In both countries, the coverage of children with nutrition services, such as growth monitoring and promotion, along with positive nutrition care practices, such as feeding children a minimal acceptable diet, improved.

In 2020, the GFF continued to channel funds through health systems while strengthening its support to nutrition and multisectoral approaches by cofinancing World Bank projects beyond the health sector in countries, such as Bangladesh, Cambodia, Cameroon, Guatemala, and Liberia.

- In **Guatemala**, the GFF supports an investment case that focuses on the establishment of strong results mechanisms and on increasing domestic investment to the country's conditional cash transfer program. The investment case prioritizes 10 departments — and targets municipalities within those departments — based on high levels of stunting in children under five years, food insecurity, and extreme poverty. Given the link between poor water, sanitation, and hygiene (WASH) and child malnutrition, illness, and death, the investment case also addresses the lack of improved sanitation services and low access to safe drinking water in rural areas. WASH-related activities include the incorporation of hygiene messaging into behavior change communication campaigns as well as infrastructure for small water and sanitation systems, household water filters, and strengthened water quality monitoring systems in collaboration with Guatemala's municipal development councils. In 2021, Guatemala began conducting a baseline assessment to measure nutrition outcomes in priority departments and municipalities with the goal to monitor progress under the investment case.

- In **Cambodia**, the GFF is cofinancing the Cambodia Nutrition Project to help deliver on the priorities of the country's investment case for 2019–23. The project has a strong equity lens, focusing on vulnerable populations in seven provinces with lagging health outcomes and high poverty among rural, remote, and ethnic minority populations. Through this project, the government has been able to maintain the focus on essential health and nutrition services amid the COVID-19 pandemic and drive better nutrition outcomes. Between 2018 and 2020, child growth monitoring increased 26 percent, the percentage of pregnant women receiving micronutrient supplementation increased from 80 percent to 89 percent. With the pandemic-induced economic downturn, many families are facing financial hardship — about 45 percent of households continued to experience income losses in March 2021, affecting their ability to pay for care[11]. Through the project, the government continues to champion the Health Equity Fund, a social health insurance program that aims to remove financial barriers to services for the poor. In 2020, the fund covered more than 3.3 million poor people — a 35 percent coverage increase from 2019. With help from the GFF, the program has been extended to cover children below the age of two in households working in the informal sector, previously not covered by the program. The program also includes transportation allowances as an additional benefit to enable women and children access priority health services.

As of June 30, 2021, the GFF invested nearly

30% **of trust fund resources in nutrition linked to US$1.84 billion of World Bank financing to scale up nutrition interventions across 22 countries. An additional US$14 million in GFF grants is financing technical support and capacity building for nutrition in these countries.**

11 World Bank, Results from the High-Frequency Phone Survey of Households https://documents1.worldbank.org/curated/en/833701624563697124/pdf/Main-Report.pdf

Box 3.1. Stronger Frontline Delivery to Reduce Stillbirths

Each year, an estimated two million babies — mostly in developing countries — are born with no sign of life at 28 weeks of pregnancy or later, representing a devastating loss for families that could often be prevented through quality antenatal and postnatal care. Globally, these stillbirths equal a rate of 13.9 per 1,000 births, which is above the global target of less than 12 stillbirths per 1,000 births by 2030. Until recently, many countries were not routinely counting or reporting stillbirths, making it a harder to find solutions to address the issue.

Three-quarters of global stillbirths occur in just 20 high-burden countries, 12 of which receive GFF support. The service disruptions amid the COVID-19 pandemic have increased the stillbirth rate, as women delayed antenatal care due to infection concerns or travel restrictions and were therefore not able to access health facilities to give birth safely. A 2021 review of almost 367,300 pregnancy outcomes across 12 countries reported a 28 percent increase in the number of stillbirths, as compared to pre-pandemic estimates.[12]

Over the past few years, several GFF partner countries have developed strategies to improve care at the time of birth, which has helped reduce maternal and newborn mortality. Building on this progress, the GFF is supporting countries to prioritize health system reforms and scale up investments in health and data systems for monitoring and preventing stillbirths. Specific areas of support include the following:

- **Measuring the return on investment of addressing stillbirths at country-level** — ensure stillbirths are included in country-led investment cases, including estimates of the expected stillbirth reduction as a result of health system reforms and scale-up of interventions that are known to prevent stillbirths.
- **Improving measurement of stillbirths** — promote the importance of tracking stillbirths through CRVS systems and capturing stillbirth data in health facilities and routine health information systems. Support analytical work on the constraints and opportunities of both the routine reporting of stillbirths and the inclusion of stillbirths in perinatal surveillance and review systems.
- **Routine tracking** — ensuring stillbirths are included in routine tracking across the 36 GFF partner countries from 2021 onwards.

Source: World Bank/GFF.

12 Stillbirth data gathered from a 2021 article: "Effects of the COVID-19 Pandemic on Maternal and Perinatal Outcomes: A Systematic Review and Meta-Analysis." *Lancet Global Health* 9: e759–72. https://doi.org/10.1016/S2214-109X(21)00079-6.

Enabling Resilience within and Beyond the Health Sector

Integrating CRVS across systems

CRVS systems are one of the foundations of resilient health systems and fair societies where every life is counted and counts. Without legal documentation, millions of women and children are excluded from health coverage, access to education, and social protection programs. Strong CRVS systems enable faster and more reliable data and reporting to help countries understand trends in fertility, mortality and cause of death, identify populations at risk, and develop informed strategies to better target service delivery (box 3.1) as part of their COVID-19 response efforts.

Over the course of the pandemic, many GFF partners countries have experienced CRVS disruptions due to lockdowns and less demand for registration services, especially when requiring in-person visits to complete the process. For example, in Burkina Faso civil registration processes were disrupted due to a reduced number of civil registrars. In Mozambique and Uganda, closings of health centers and civil registration offices and halting of public communications campaigns led to system disruptions.

With COVID-19 disrupting health systems the need for better data became more felt, even in countries with already stronger CRVS systems. For example, in 2020 the birth registration in Kenya reached 83 percent, up from 76 percent in 2019 but decreased slightly in Rwanda from 87 percent to 86 percent. In terms of death registration, both Kenya and Rwanda experienced drops from 2019 to 2020 (figure 3.2).

Snapshot of GFF Support to CRVS as of June 2021:

21 **countries** included CRVS strengthening in their investment case*

13 **countries** allocated GFF grants and IDA funding to CRVS totaling US$95 million

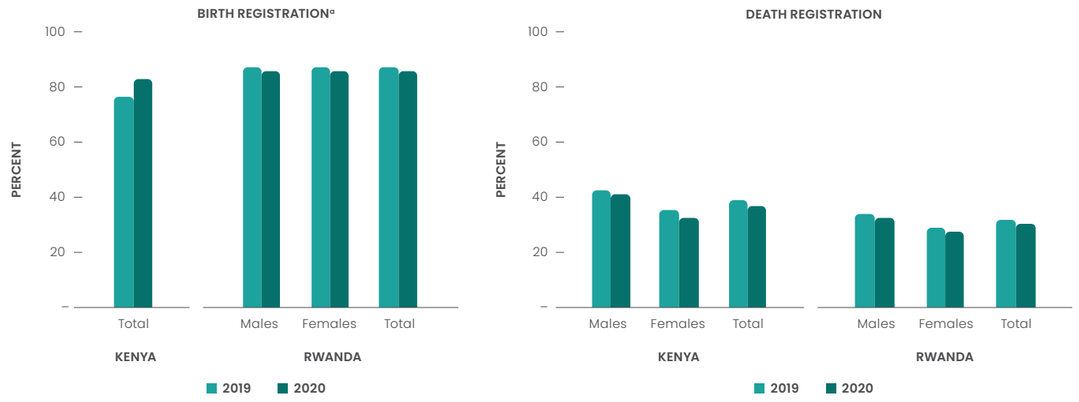
- **US$40.1 million** GFF grants
- **US$55 million** IDA to match GFF grants
- Rwanda mobilized an additional **US$6.5 million** from its own resources

4 **countries** (Indonesia, Rwanda, Uganda, Pakistan) have received technical assistance for advisory services and analytics aimed at strengthening CRVS systems

Building on partner country achievements, the GFF has continued to provide financing and technical assistance to help governments formulate policy and strategies, modernize systems and equipment, train staff, and conduct public awareness campaigns.

- The GFF helped **Ethiopia** and **Uganda** to complete five-year national strategic CRVS plans and helped **Chad** and **Guinea** develop CRVS implementation plans. GFF funding also supported training of staff in **Rwanda** and **Ethiopia**, among other actions.

Figure 3.2. Completeness of Birth and Death Registration in Kenya[13] and Rwanda,[14] 2019–20



Source: Civil Registration Services, 2019; National Institute of Statistics of Rwanda, 2020
Note: a. Birth registration completeness not disaggregated by sex in Kenya.

13 Data gathered from Kenya Vital Statistics Report 2019, published by Civil Registration Services, Statistics Division, Nairobi, Kenya. Available online: https://crvssystems.ca/sites/default/files/assets/files/CRVS_Kenya_e_WEB.pdf.

14 Data gathered from Rwanda Vital Statistics Report 2020, published by the National Institute of Statistics of Rwanda. Available online: https://www.statistics.gov.rw/publication/1705.

* These include Investment Cases that are complete and under development as well as World Bank projects.

COVID-19 has also accentuated the value of adopting electronic systems. With earlier support from the GFF and other partners, countries such as **Liberia**, **Uganda**, and **Rwanda** established or expanded registration service delivery points in health facilities, transitioned to electronic systems, and invested in modern information technology equipment and internet connectivity. With more resilient systems in place, these three countries were able to better manage and absorb the initial shock of the pandemic.

In **Rwanda**, where the GFF helped the government strengthen the digital CRVS system and link it to the national population registration system, birth registrations increased remarkably in 2019 with only slight disruptions in 2020. With more complete and accurate databases, the government can now target social welfare support, such as the Nutrition Sensitive Direct Support program, to the appropriate beneficiaries and complete timely cash transfers to eligible families. The new CRVS system also enables families with younger children to easily access COVID-19 and other emergency-related benefits. It also allows for timely registration of deaths and their causes to help the government's pandemic response and recovery efforts. The GFF is further supporting this effort by helping the government find innovative ways to implement the program during lockdowns. For example, video tutorials have been introduced for training of civil registrars, while a pilot program for digital identity verification is ongoing.

Strengthening the role of the private sector

The COVID-19 crisis has disrupted global supply chains, affecting the provision of medicines, contraceptives, and crucial protective equipment for frontline health workers.

Mitigating these gaps, while effectively addressing a surge in service demand, has encouraged countries to find ways to work with the private health sector for resources, innovation, and reach. While strengthening the public health sector delivery capabilities and mobilizing domestic resources remains a priority, private providers can play an important role in serving a sizable proportion of the population in many low- and middle-income countries (LMICs).

The GFF has been supporting countries to strategically integrate the private sector across the health system through a series of building blocks: dialogue, analytics and data systems, policy and strategy for governance, and leveraging private delivery capacity. Applied across health financing, service delivery, and enabling environment reforms, these key actions can lead to effective and long-term public-private engagement that focuses on equity.

- **Cote d'Ivoire** is working with the GFF to improve equity and efficiency in service delivery by scaling up strategic purchasing of services from private providers. Through a series of actions, the GFF has helped strengthen policy dialogue between the public and private sectors, promote regulatory reforms, strengthen contracting, and make improvements across the health system. The country's stronger health system has promoted greater trust between the public and private sectors, along with a clear strategy reforming the strategic purchase of services from provide providers. In addition, the system improvements demonstrate the GFF's private sector building blocks in action (table 3.1):

Out of 25 GFF partner countries with completed investment cases

17 **are investing in strengthening public-private dialogue and have identified mixed health systems reforms.**

Table 3.1. GFF Private Sector Building Blocks for Improving the Health System in Cote d'Ivoire

	DIALOGUE	ANALYTICS & DATA SYSTEMS	POLICY & STRATEGY FOR GOVERNANCE	LEVERAGING PRIVATE DELIVERY CAPACITY
	SETTING THE FOUNDATION			
STEP 1	• Mapped private sector actors to gauge their interest and capacity to participate in policy dialogue and partnerships • Supported private sector participation through the IC country platform	• Fielded nationwide census of private health facilities to identify capacity to deliver essential health services • Supported surveys to assess quality of private health facilities	• Reviewed policies and regulations to understand legal requirements and gaps in framework to govern and engage the private sector.	• Carried out regional review of strategic purchasing to identify lessons applicable to CIV setting.
	STRATEGY DEVELOPMENT			
STEP 2	• Involved private sector representatives in wide range of policy and reform initiatives, including identifying priorities and opportunities	• Established e-licensing for facilities and healthcare professionals to build efficiencies and ministry capacity to encourage quality • Created interactive Master Health Facility List to facilitate "whole system" planning and programming	• Supported MOH in drafting first ever Private Sector Engagement Policy to integrate the private sector in health • Helped streamline application of policies	• Supported MOH and partners on options analysis for contracting private capacity to deliver services • Helped private providers to engage in dialogue on strategic purchasing reforms
	RESULT			
STEP 3	• Greater trust built between public and private sectors to embark on partnerships and reforms (including strategic purchasing)	• Collected timely and accurate information, which was used in policy and partnership design • Modern and efficient systems regulating private sector that help strengthen quality of services	• Set a clear vision to engage the private sector in strategic partnership areas • Revised regulations to reform strategic purchasing and governing of private sector	• Implementation of a balanced strategic purchasing policy to respond to population needs • Increased access to quality health services through contracting of private providers

Source: World Bank/GFF.

Innovative financing

To support countries as they flex their health systems to respond to the crisis, the GFF has expanded its innovative financing portfolio to de-risk private investments and mobilize more capital for urgent needs. For example:

- Throughout COVID-19, many private providers have needed additional medical equipment, but for some smaller facilities, access to finance remains a challenge. The GFF partnered with the International Finance Corporation (IFC) to support the Africa Medical Equipment Facility (AMEF), which partners with local banks and medical equipment manufacturers to establish risk-sharing facilities for small businesses to access up to US$300 million in loans and leases across East and West Africa. Through this platform, GFF grants provide guarantees for loans made to small and medium size facilities serving low-income populations in Kenya, together with technical assistance to borrowers on quality of care. To date, two banks and two medical equipment manufacturers have partnered with the facility: The Cooperative Bank of Kenya and NSIA Banque Côte d'Ivoire, along with medical equipment manufacturers GE Healthcare and Philips Healthcare. As demand for equipment continues to grow amid the pandemic, these manufacturers are engaging with the financial institutions working with AMEF to identify a pipeline of financing opportunities. For example, a US$10 million deal signed with the Cooperative Bank of Kenya is already enabling the bank to lend up to US$20 million to small and medium health care facilities in the country, with the aim to strengthen health care delivery for the poorest and most vulnerable populations, including women and children. AMEF also supports training of staff working in financial institutions to manage financial transactions under AMEF.

Other innovative financing approaches supported by the GFF have also continued to help countries strengthen health systems and service delivery:

- In 2019, the GFF collaborated with the government of Cameroon, Grand Challenges Canada, Nutrition International, the World Bank, and other partners to launch a groundbreaking Development Impact Bond (DIB) to save infant lives by expanding the use of skin-to-skin contact after birth (known as kangaroo mother care or KMC). The three-year DIB, which ended in 2021, successfully met its key targets. It helped equip 10 hospitals to deliver quality KMC and trained 47 neonatal clinicians and 121 community health workers to support mothers in delivery of KMC to low-birth-weight babies. As a result, 1,221 babies received quality KMC, 28 percent above the DIB target of 951 babies. Eighty percent of babies born within the timeframe of the DIB were exclusively breastfed at point of discharge from hospital and 80 percent of babies had appropriate weight gain at 40 weeks gestational age.

Integrated and multisectoral approaches for better outcomes: The role of improved WASH

The GFF invests in building stronger, better integrated health systems as well as supporting a multisectoral approach that delivers improved health and nutrition outcomes through interventions in other sectors, such as WASH, education, and social protection, while improving gender equity. Through financing and technical assistance, the GFF enables countries to invest in key determinants of women, children, and adolescent health and nutrition outside of the health sector. GFF grants shape World Bank IDA and IBRD operations, capitalizing on cross-sectoral links that could have a major impact on health and nutrition outcomes in GFF partner countries.

Safe drinking-water, sanitation, and hygiene are critical to health and well-being, and contribute to building livelihoods and resilient communities. In many GFF countries, the lack of access to WASH affects millions of women and children. In health facilities at all levels, inadequate WASH threatens infection prevention and control and can diminish the quality of care. According to estimates from the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF), in 2019 more than half of health facilities in Sub-Saharan Africa lacked basic water services and over 70 percent lacked basic sanitation services. The GFF supports programs that integrate WASH in health projects and beyond to address the key determinants of health and nutrition for women, children, and adolescents.

To improve the quality and quantity of WASH in health care facilities, the GFF is collaborating with the World Bank's Water Global Practice on a new operational toolkit for WASH in health facilities, which will help countries with all aspects of implementation from initial needs assessment to development of standards, management models, infrastructure development, and support for advocacy and behavior change. The toolkit also incorporates guidance on gender, inclusion, climate and disaster resilience, and fragility, conflict, and violence. Toolkit application began in 2021, with the first application in the eastern and southern Africa countries of Uganda and Zambia, leveraging GFF and World Bank cofinanced projects focused on health systems improvements, the COVID-19 emergency response, and the maintenance of essential health services. This work has leveraged the Bank's Global Water Security & Sanitation Partnership (GWSP) and GFF funding, with a joint outreach to expand this work to other countries in the Africa region through 2022.

Out of 25 GFF partner countries with completed investment cases,

10 **have prioritized WASH reforms in their investment cases.**

4. ENSURING HEALTH FINANCING RESILIENCE

In 2020, many GFF partner countries were forced to stretch their already constrained budgets while seeking additional funding to respond to the demands of the pandemic. The World Bank projects a severely uneven global recovery, with 80 percent of advanced economies expected to regain pre-pandemic per capita levels by 2022 compared to approximately 33 percent of emerging market and developing economies. Building on International Monetary Fund (IMF) projections, World Bank data show that even under the most realistic economic scenarios, public and private spending will continue to decline, putting progress toward universal health care at risk. For 52 countries, in 2026 government per capita spending will remain below pre-pandemic levels. Low-income countries (LICs) in this group will have to double the health share of their government spending to ensure pre-pandemic trends.

Prioritizing Health Financing in GFF Partners countries:

28 countries have a health financing implementation plan including initiatives to improve domestic resource mobilization, efficiency, and/or financial protection.

25 have investment cases linked to World Bank development loans that use mechanisms to incentivize health financing reforms.

Challenges to health spending include record levels of debt across these countries as well as pressing demands from all sectors affected by the pandemic. According to data from the GFF's resource mapping and expenditure tracking (RMET) — a tool for supporting decisions on resource mobilization and allocation — in 2020 US$12 billion was pledged to fund investment cases in 22 GFF partner countries. Of this, government funding accounted for US$7.5 billion, or more than 60 percent of the total amount, while partner commitments were US$4.9 billion. Government funding in 2020 represented a 27 percent increase from 2019 where governments had committed US$5.9 billion in support of 21 investment cases, while partner funding remained largely the same. Some countries, such as Ethiopia, Cote d'Ivoire, and the Democratic Republic of Congo (DRC), increased their contributions to health between 2019 and 2020 by US$119 million, US$17.8 million, and US$3.8 million respectively.

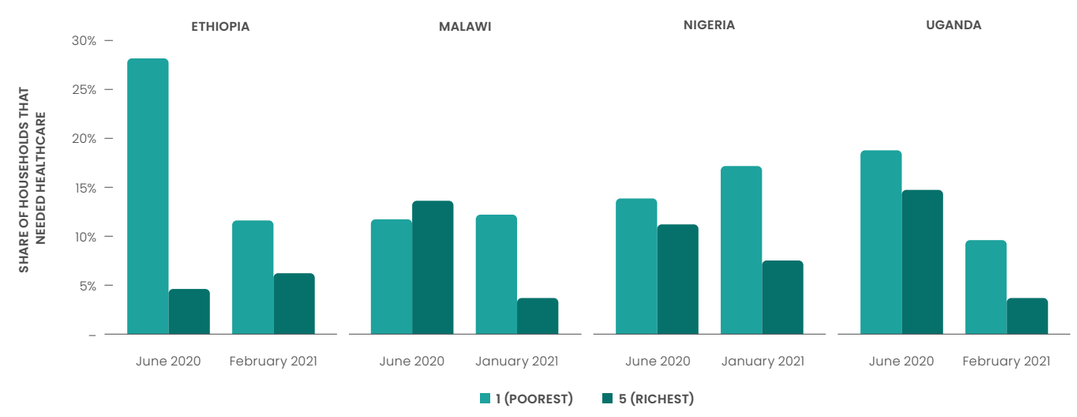
As countries worked to stabilize and strengthen their health systems in the face of the pandemic, the GFF collaborated with partners to help governments determine the impact of COVID-19 on health spending, conduct RMET to enhance donor alignment, and mobilize more resources for health.

The GFF also provided technical assistance to help countries accelerate the efficiency of health expenditures and bolster strategic contracting to improve availability of essential supplies and services.

Helping Countries Understand COVID-19's Macroeconomic Impact

The GFF cofinances frequent household surveys carried out by the World Bank in 40 countries, including 19 GFF partner countries, to understand what prevented families from seeking care during the COVID-19 pandemic. Data from these surveys confirm financial barriers as the main reason for not accessing care for about two-fifths (38 percent) of households in these countries, on average. Financial reasons are more common among poorer countries compared to richer countries with poorer countries 62 percent more likely to report this as a reason for not accessing care. Data from Ethiopia, Malawi, Nigeria, and Uganda suggest that sudden loss of livelihoods, irrespective of income level, also ranks high as a reason many families forgo treatment (see figure 4.1).

Figure 4.1. Share of Households Forgoing Health Care in Four African Countries, by Income Level, June 2020 and February 2001



Source: World Bank household surveys conducted in Ethiopia, Malawi, Nigeria, and Uganda, and cofinanced by GFF.

The GFF has supported policy dialogue in Cote d'Ivoire, Ethiopia, Tajikistan, and Zimbabwe to understand the economic impact of COVID-19 on public revenues and health spending and discuss realistic financing options. In **Ethiopia**, for example, discussions focused on how the government increased health allocations and protected social spending from 2019 to 2020 and highlighted the importance of DRM at the regional and district levels. This has triggered discussion on policy options for investing in community-based health insurance to cover essential services packages for poor families within Ethiopia's health financing reform agenda.

The pandemic's financial impacts threaten to widen persistent inequities within and across countries, calling for a response that integrates social safety nets and financial protection in the health sector to reduce out-of-pocket expenses for the poorest populations. This requires governments to increase the share of public resources to the front lines, often using performance-based financing (PBF) programs. However, these programs can be unsustainable as they often depend on donor resources that can be misaligned to public financial management systems. A new approach supported by the GFF and the World Bank provides some lessons for anchoring performance-based program in the country's public financial management systems to achieve sustainability.

Strengthening Partnerships

Achieving sustainable financing reforms requires commitment and collective action by governments and their international development partners. For example:

1. As part of the Global Action Plan, 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, which focuses on implementing financing reforms and policies toward universal health care (UHC).

    - In the **DRC**, building on earlier progress that saw the DRC increase its health budget for health from 7 percent to 10 percent between 2017 and 2019, the GFF has been collaborating with the IMF to further improve DRM for a more resilient primary health care system. A health financing analysis by the GFF, Gavi, and Japan helped develop a social spending component in the IMF's Extended Credit Facility for the DRC. In this process, the GFF and the World Bank led the coordination of policy dialogue between the government and donors such as Gavi, Bill & Melinda Gates Foundation, the GF, USAID, the European Union, WHO, Canada, France, and Belgium. As a result, in early 2021 the government of the DRC committed to increase funding for primary health care for the next three years. This is expected to incentivize higher budget disbursement for primary health care and increased spending for other areas such as vaccines and communicable diseases. The program is already driving change as the government meets targets for pentavalent, rotavirus, and yellow fever vaccines.

    - In **Tajikistan**, the GFF and WHO led an effort to align support of the international partners and donors with government priorities. This effort is helping lay the groundwork for joint analytical and technical assistance across the major health agencies to help the government implement reforms.

2. Through the GFF and World Bank collaboration, longer-term support to countries is helping drive DRM.

    - In **Rwanda**, the GFF is supporting a World Bank program that links the release of funds to improved efficiency of resource allocation. The program aims to ensure proper targeting within social programs, increase DRM for nutrition, along with child- and gender-sensitive social safety nets, and strengthen the country's multisectoral approach to improve human capital outcomes. Under the government's leadership, from 2019 to 2020 the health budget execution rate increased from 87 percent to 101 percent and the budget share allocated to health increased from 7.4 to 8.8 percent.

    - In **Ethiopia**, the GFF and the World Bank are contributing resources to a pool fund based on the achievement of results, paving the way for other partners to adopt a similar financing mechanism and for the government to explore options to expand this approach across the health sector. In 2020, the fund began to focus on closing equity gaps, improving domestic budget allocation, and strengthening financial management. The GFF played a critical role in promoting DRM and efficiency, which is incentivizing other donors to contribute to the fund.

    - In **Burkina Faso**, the GFF helped redesign the health financing component of the World Bank Health Services Reinforcement Project in 2021 to reflect recent changes in country priorities and current macroeconomic and security challenges. Over the next two years, the project will focus on providing direct financial support for free healthcare for children under five years and pregnant women and on strengthening strategic purchasing to enhance the quality and efficiency of services. Finally, the project will focus on two additional regions where health systems face more pressures, especially by the influx of internally displaced populations.

Resource Mapping and Expenditure Tracking in the Context of COVID-19

Given the pandemic-induced global recession, and more limited prospects for domestic resources to increase, the GFF has focused on prioritizing greater efficiency of national health expenditure. In 2021, 60 percent of GFF partner countries have used resource mapping and expenditure tracking (RMET) to make budget and program decisions, and, despite the challenges of the pandemic, three countries — Cote d'Ivoire, Madagascar, and Senegal — initiated a second round of RMET. For example, the government of **Cameroon** conducted RMET to identify resource gaps in the national health strategy, which will then drive equitable allocation of resources across the country. RMET data showed northern regions had disproportionately high budget allocations compared to southern regions. Based on these findings, the government and donors have been able to redistribute funds to areas in need. By strengthening transparency of the health expenditures in each region, the exercise identified bottlenecks for improving budget performance and helped donors understand the financial landscape and make more informed decisions.

As the COVID-19 crisis continued, countries also needed to mobilize additional resources and reprogram existing ones while ensuring available resources are allocated efficiently and deployed rapidly to address the crisis. In 2020, the GFF collaborated with WHO to adapt the RMET tool to support countries in assessing the most critical funding gaps in both emergency and routine health services. The GFF and WHO also developed guidance and provided technical assistance to several countries on how to use the data to understand the impact of the COVID-19 response on essential health services. Even though these exercises captured data from the earlier stages of the pandemic and did not include the procurement and distribution of vaccines, several findings emerged. For example:

In 2020:

27 GFF countries carried out RMET

Of these,

12 focused on RMET for COVID-19

16 countries completed, or are finalizing RMET

11 countries are currently in the RMET process.

a. In 2020, several countries had allocated significantly more budget for their COVID-19 response compared to their investment cases for the same year.[15]

    - In **Ghana**, COVID-19 spending represented a 30 percent increase in addition to the overall budget, including both domestic and international resources

    - In **Pakistan** and **Malawi**, the budget for COVID-19 response represented 3 percent of additional budget for the investment case

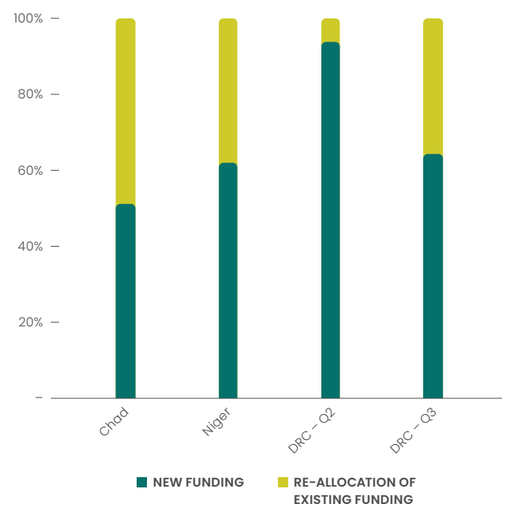
b. Three countries directly reprogrammed funding from essential health services to the COVID-19 response (see figure 4.3).

    - In **Chad**, more than 50 percent of the budget for the COVID-19 response was primarily funded by donors and the other half was reprogrammed from routine health services.

    - In **Niger**, out of the US$28 million COVID-19 response, US$9 million was reprogrammed from national health strategy programs and US$19 million represents new funding. The existing US$3 million government budget was also reprogrammed.

    - In the **DRC**, 35 percent of the total funding for COVID-19 was reprogrammed from the country's investment case. RMET data helped determine whether partner and domestic funding for COVID-19 could be secured without further weakening the implementation of the investment case. Data illustrated the five provinces

Figure 4.3. New versus Reprogrammed Funding COVID-19 in Three Countries



Source: World Bank/GFF.

15 Differences across countries stem from the fact that some countries have gathered COVID-19 related data for specific COVID-19 priorities included in their individual national health system (NHS) only. In contrast, other countries have conducted a full-fledged RMET of their entire COVID-19 response plan with more COVID-19 activities requiring higher resources needs.

affected by COVID-19 received the most funding, enabling the government to efficiently and equitably allocate resources across the health sector.

c. RMET also enabled countries 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 faced the largest funding gap.

   - In **Niger**, significant funding gaps existed for infection control, service delivery capacity, and building and equipping isolation sites.

d. Resource mapping also provided countries with a critical accountability tool, which enabled them to track donor coordination, budget allocation, and budget execution.

   - In **Ghana**, the government used mapping to assess alignment to the COVID-19 response plan, which enabled partners offering new funding to avoid areas covered by other donors and engage in dialogue with the government to identify areas requiring more resources.

Box 4.1. Generating Global Knowledge on Resource Mapping and Expenditure Tracking

Drawing from country experiences in health financing, the GFF has worked with partners to develop global knowledge products related to RMET implementation and data use as well as invested in assessments of bottlenecks hindering donor alignment.

- To increase knowledge and learning on harmonizing RMET with national health accounts (NHA), the GFF collaborated with the Clinton Health Access Initiative to organize a technical learning event focusing on the experiences of Malawi and Zimbabwe. At the same time, the GFF and WHO jointly developed a work plan that increases support for countries as they align their RMETs and NHAs.

- The GFF developed a master database with RMET country data to facilitate cross-country analysis, which has enabled stakeholders to better understand trends in donor allocation and funding across countries as well as trends in domestic resource mobilization at a global level. Moving forward, the GFF aims to institutionalize the database, which will boost data visualization across partner countries.

5. COUNTRY DATA PROFILES

The Country Data Profiles section provides the most current and available information on each GFF partner country's progress on reproductive, maternal, newborn, child and adolescent health and nutrition (RMNCAH-N) coverage and impact indicators. It also includes progress on core health financing indicators, and provides monitoring of essential health services data for 18 partner countries.

GFF Catalytic Role: provides details on GFF support for the implementation of country investment cases. Details on the ongoing country collaboration are provided in the following areas:

- Developing and implementing a costed and prioritized investment case
- Prioritizing and implementing health financing and systems reforms
- Strengthening the country platform and convening financial and technical partners
- Improving data for decision-making

RMNCAH-N Coverage Indicators: presents trend data for coverage indicators. All country data profile pages include a standard set of 9 RMNCAH-N coverage indicators from available population-based surveys from 2010 to 2020. Additional key nutrition-specific and/or education-specific indicators are presented for countries where the GFF co-finances a nutrition-focused World Bank project or where education is a strong focus of the IC.

Standard 9 RMNCAH-N coverage indicators

- Antenatal care: 4+ visits
- Careseeking for symptoms of pneumonia
- DTP3 coverage (three doses of diphtheria-tetanus-pertussis vaccine)
- Institutional Delivery
- Oral rehydration salts treatment of diarrhea
- Postnatal care for mothers
- Skilled attendant at delivery
- Vitamin A supplementation, full coverage
- Demand for family planning satisfied with modern methods

Core RMNCAH-N Impact Indicators are collected by countries and partners using population-based surveys. These include Demographic Health Survey (DHS), Multiple Indicators Cluster Surveys (MICS), SMART, and malaria indicator survey (MIS).

Core GFF RMNCAH-N impact indicators

- Maternal Mortality Ratio
- Under-5 Mortality Rate
- Neonatal Mortality Rate
- Adolescent Birth Rate (15-19)
- Births <24 months after the preceding birth
- Stunting among children under 5 years of age
- Moderate to severe wasting among children under 5 years of age
- Stillbirths per 1,000 pregnancies

The Health Financing Indicators focus on the three core GFF indicators from Global Health Expenditure Database (GHED), in addition to key country-specific indicators from country data sources such as BOOST, NHA, and other budget reports. If data is available, multiple data points are presented for each indicator between 2015 and 2020.

Core GFF health financing indicators

- Share of government budget allocated to health (%)
- Health budget execution rate (%)
- Share of health expenditure going to frontline providers (%)
- Domestic General Government Health Expenditure (DGGHE) per capita (US$)
- Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)
- Out-of-pocket spending on health, per capita (US$)

Shortfalls in Service Delivery: The GFF supports routine monitoring of disruptions to essential health services in 18 countries. The essential health services data are sourced from country routine health information systems and shown monthly starting at the beginning of 2020.

For all countries, the number of monthly deaths from Covid-19 is reported as a measure of the pandemic's reach. The data on deaths from the Covid-19 pandemic were sourced from Johns Hopkins University (JHU) dashboards and compiled into monthly aggregates. The data used in this report were sourced 8/24/2021.

Resource Mapping, a key component of the GFF approach, helps countries assess funding gaps, align donor and government resources, and improve the efficiency and equity of health spending. The latest resource mapping data is presented for each country. Data from previous resource mapping exercises is available on the GFF data portal where more than one exercise has been completed.

Monitoring the Country-Led Process provides details on country progress across the key process indicators in the GFF approach. Each country receives a score between 1-5 for each indicator. This score is not meant for cross-country comparisons since each country is at a different stage in the process and has different priorities.

AFGHANISTAN

THE GFF'S CATALYTIC ROLE

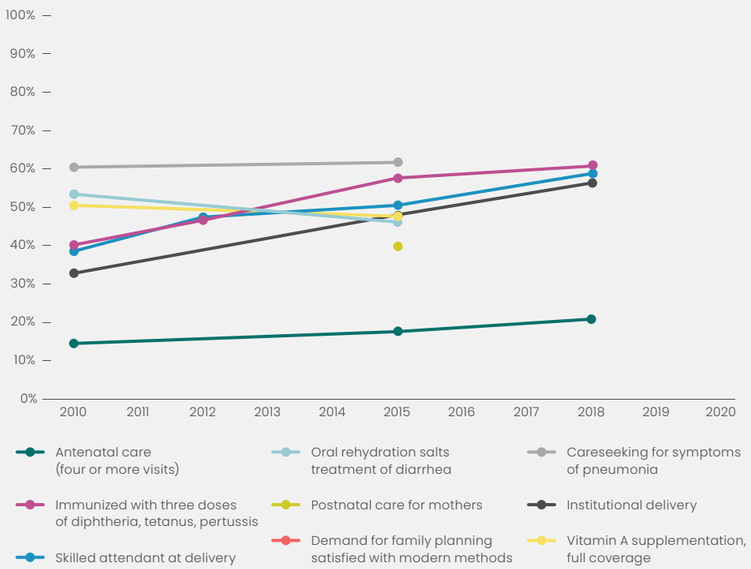
The GFF's engagement in Afghanistan began in 2015 with a focus on transforming the country's health service delivery model to expand access to quality care in most provinces, while also improving accountability and resource efficiency. Support from the GFF, World Bank, and other partners had contributed to improvements in several core maternal and child health indicators, such as more attended births, improved access for women and girls to contraceptives, and increased antenatal and postnatal care.

Building on this progress, in 2020, the GFF supported the expansion of Afghanistan's investment case to better align initiatives financed by other partners and increase the share of health resources around priorities. However, the recent security events in Afghanistan, coupled with the impacts of the COVID-19 pandemic are threatening more than two decades of health progress, calling for a refocused GFF approach.

The GFF is working closely with the World Bank and other development partners to understand the implications of the current crises on the health system and ways to ensure (a) continuation of the current NGO-based service delivery model; (b) the ability of women and girls to access services, and for female healthcare workers to safely support service delivery in communities; (c) mitigation of medical supply chain disruptions and economic shocks affecting households' ability to pay for care.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

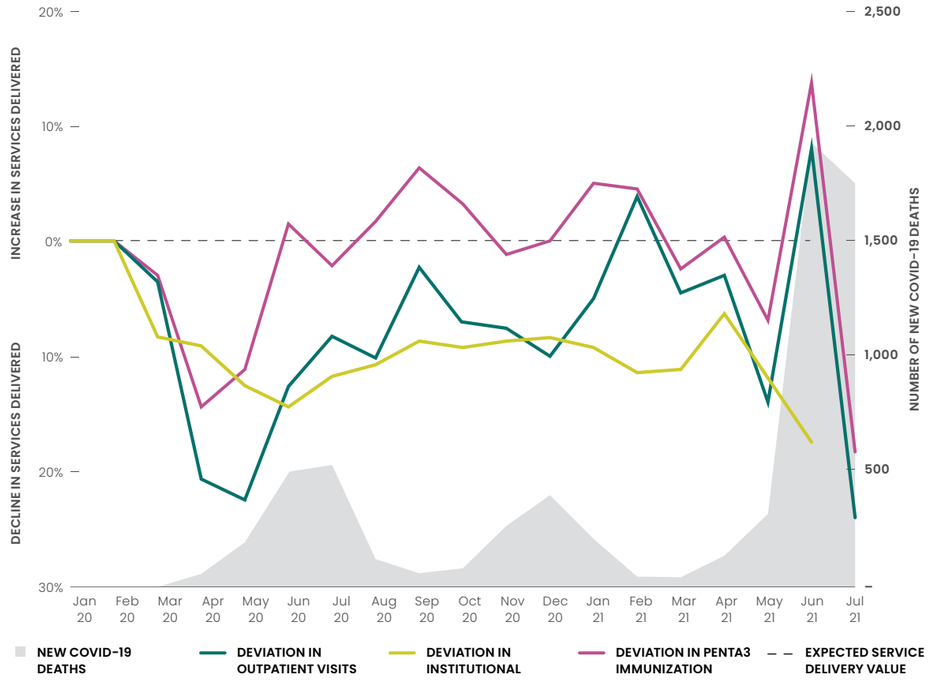
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	701	2015	638	2017
Under 5 mortality rate (per 1,000 live births)	76.8	2015	49.6	2018
Neonatal mortality rate (per 1,000 live births)	34.9	2015	23	2018
Adolescent birth rate, 15–19 (per 1,000 women)	58	2015	62	2018
Births <24 months after the preceding birth (%)	32.4	2015	–	–
Stunting among children under 5 years of age (%)	40.4	2013	36.6	2018
Moderate to severe wasting among children under 5 years of age (%)	9.5	2013	5	2018
Stillbirths (per 1,000 pregnancies)*	19.8	2015	–	–

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Afghanistan is 30 for the year 2015 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	4.5	4.9	4.2	4.2	3.8
Health budget execution rate (%)	–	78	89	142	96	85
Share of health expenditure going to frontline providers (%)	–	55.5	55.1	54.9	–	53
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	3.1	3.1	3.4	2.6	–	–
DGGHE as share of general government expenditure (%)	2	2.1	2.3	1.8	–	–
Out-of-pocket spending on health, per capita (US$)	46.2	45.7	49.6	39.1	–	–

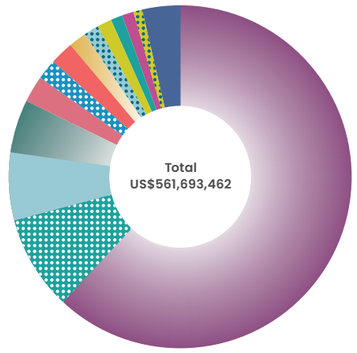
SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

The utilization of essential services in Afghanistan was lower than expected during the COVID-19 pandemic. Large declines in the volume of outpatient visits and institutional deliveries were observed in the early months of the pandemic, with a 23% shortfall in outpatient visits in May 2020. Though the volume of pentavalent 3 vaccination returned to expected levels in 2020, initial declines have not been offset, and the volume of vaccinations dropped to 18% below expected values by July 2021. Institutional delivery and outpatient visits have not returned to expected levels. The volume of institutional deliveries reached a shortfall of 18% in June 2021, and outpatient visits reached a shortfall of 24% in July 2021.

FY 2020



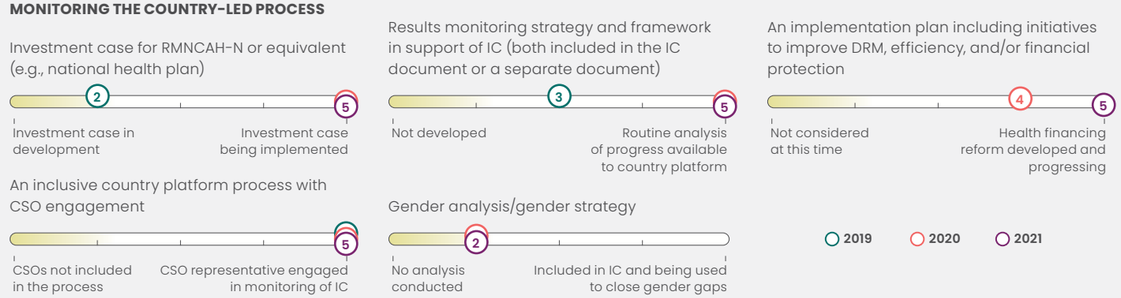
RESOURCE MAPPING

In Afghanistan, a resource mapping exercise was commissioned to support health budget alignment and harmonization and take stock of both on- and off-budget health resources at national and subnational levels. A critical takeaway of the resource mapping is that a significant portion of funding for health is on-budget (62%), with the government contributing approximately 5% of the overall funding. The key findings of this exercise will help the Ministry of Public Health (MOPH) and its international partners make informed decisions in ongoing and future planning and budgeting process, support with updating the investment case (IC) for Afghanistan, and promote alignment, coordination, and efficiency in the use of scarce resources. Mapping for the government and development partners captured actual health resources available for fiscal year (FY) 2018/19 and forward-looking budgets for FY 2020/21. The MOPH is currently finalizing costing of the IC, which will allow calculation of the funding gap for the overall health sector as well as by specific IC priority.

- GOVERNMENT OF AFGHANISTAN*
- CANADIAN AID
- USAID
- GAVI
- UNICEF
- GF
- ROTARY INTERNATIONAL
- EU
- WHO
- JICA
- BMGF
- GERMANY
- CERF
- OTHER

*Government of Afghanistan includes on-budget contributions from IDA, GFF TF, and Afghanistan Reconstruction Trust Fund (USAID, Global Affairs Canada, and the EU)

MONITORING THE COUNTRY-LED PROCESS



BANGLADESH

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** Together with other partners, the GFF is cofinancing the World Bank's Health Sector Support Project (HSSP), which includes an essential services package and focuses on lagging regions, such as Sylhet and Chittagong, to improve equity.

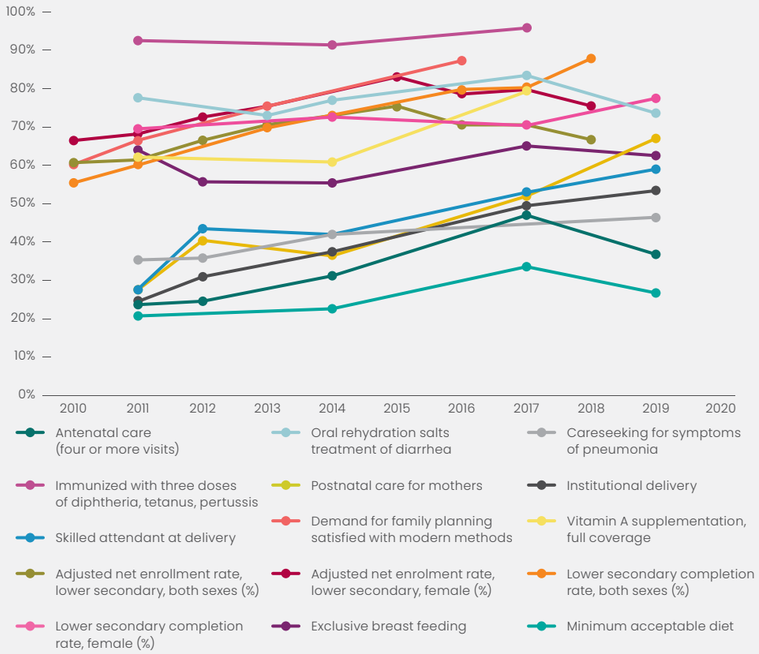
- **Prioritizing and implementing health financing and systems reforms:** The GFF is helping to boost efficiency in procurement and budget planning. By helping to strengthen fiduciary systems and promoting the use of disbursement-linked indicators, the GFF has contributed to improved budget planning, execution, and monitoring as well as increased budget allocation and execution for frontline service delivery.

- **Strengthening the country platform and convening financial and technical partners at country level:** In cooperation with the World Bank and other partners, the GFF is supporting the sector-wide approach platform — which coordinates analytical, technical, and financial support to the government — including monitoring project results. The GFF is also contributing to stronger partner alignment on health financing reforms and domestic resource mobilization. In addition, to help expand access to quality health care, the GFF supported initial dialogue to further develop private-public collaboration in service delivery.

- **Prioritizing adolescent health through cross-sectoral interventions in health and education:** To address adolescent pregnancy, keep girls in school, and increase access to adolescent and nutrition services in the Sylhet and Chittagong regions, the GFF is supporting implementation of the National Strategy for Adolescent Health, which aligns the health and education sectors in developing school-based programs. In addition, the GFF is supporting analytical work on identifying successful and impactful adolescent health (AH) programs in Bangladesh and their key elements of success.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

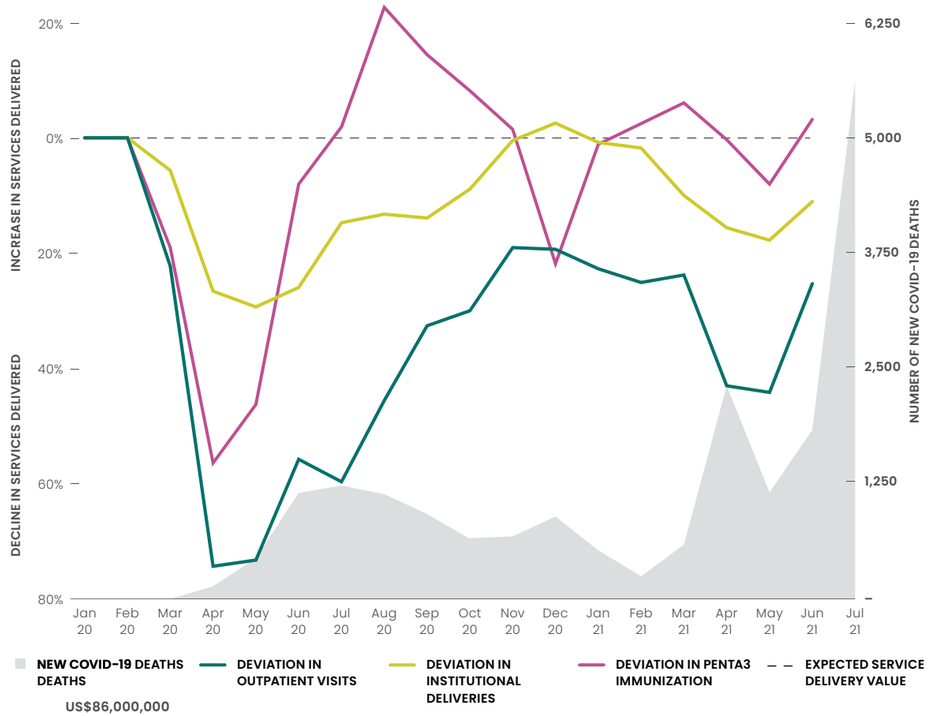
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	165	2019	163	2020
Under 5 mortality rate (per 1,000 live births)	45	2017	28	2020
Neonatal mortality rate (per 1,000 live births)	30	2017	15	2020
Adolescent birth rate, 15–19 (per 1,000 women)	108	2017	74	2020
Births <24 months after the preceding birth (%)	11.3	2014	–	–
Stunting among children under 5 years of age (%)	30.8	2017	28	2019
Moderate to severe wasting among children under 5 years of age (%)	14	2014	8.4	2017
Stillbirths (per 1,000 pregnancies)	21.4	2014	24.9	2017

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Bangladesh is 26 for the year 2017 and 28 for the year 2014 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

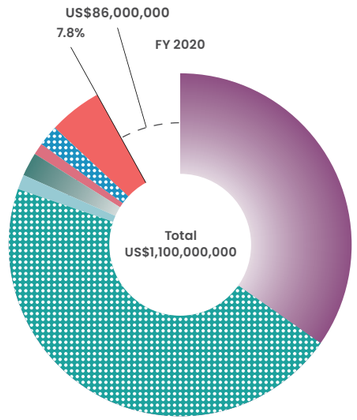
	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	4.7	5.2	5.2	5.0	4.9
Health budget execution rate (%)	–	–	84	85	85	74
Share of health expenditure going to frontline providers (%)	–	–	19	33	31	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	5.8	5.7	6.2	7.1	–	–
DGGHE as share of general government expenditure (%)	3.4	3	3	3	–	–
Out-of-pocket spending on health, per capita (US$)	23.6	25.3	27.6	31.0	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

COVID-19 has severely disrupted the volume of essential health services delivered in Bangladesh. Bangladesh experienced a 74% shortfall in the volume of outpatient consultations in May 2020 and a cumulative decline of 40% through to June 2021 compared to the expected values. The shortfall in the number of children immunized with penta3 reached 56% in May 2020, and a cumulative level of 12.9% through June 2021.



RESOURCE MAPPING

Bangladesh has a well-established donor coordination platform to align partners around shared priorities through a sectorwide approach (SWAp), which has helped the government direct domestic and international funding to support key health goals. As such, elements of resource mapping and expenditure tracking are inherent to the SWAp mechanisms of joint planning, resource allocation, and implementation monitoring. Through the SWAp, the government of Bangladesh has aligned more than US$1.1 billion in domestic and international public financing in support of its Fourth Health, Nutrition, and Population Sector Program for 2017–22; the GFF contributes to and is an integral part of the partnership.

- GOVERNMENT OF BANGLADESH
- WORLD BANK
- GFF TRUST FUND
- SIDA
- NETHERLANDS
- CANADA
- FCDO
- GAP

* Updated data will be available on the GFF data portal Bangladesh country page.

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

3 — 5

Investment case in development — Investment case being implemented

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

3 — 5

Not developed — Routine analysis of progress available to country platform

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

5

Not considered at this time — Health financing reform developed and progressing

An inclusive country platform process with CSO engagement

1 — 5

CSOs not included in the process — CSO representative engaged in monitoring of IC

Gender analysis/gender strategy

2 — 4

No analysis conducted — Included in IC and being used to close gender gaps

2019 2020 2021

BURKINA FASO

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF provided impetus for revising the investment case (IC) for Burkina Faso to focus on resilience and response to insecurity, health insurance, and community health. IC priorities expanded to respond to emerging needs and pave the way for universal health care. In addition to helping mobilize donors around these objectives, the GFF contributed to mapping resources and supported an allocative efficiency study and the use of the Equist tool with a focus on equity. Facilitated by the GFF, civil society organizations (CSOs) participate in national platforms and play a critical role in the monitoring and revision of the IC along with advocating for an increase of government funding.

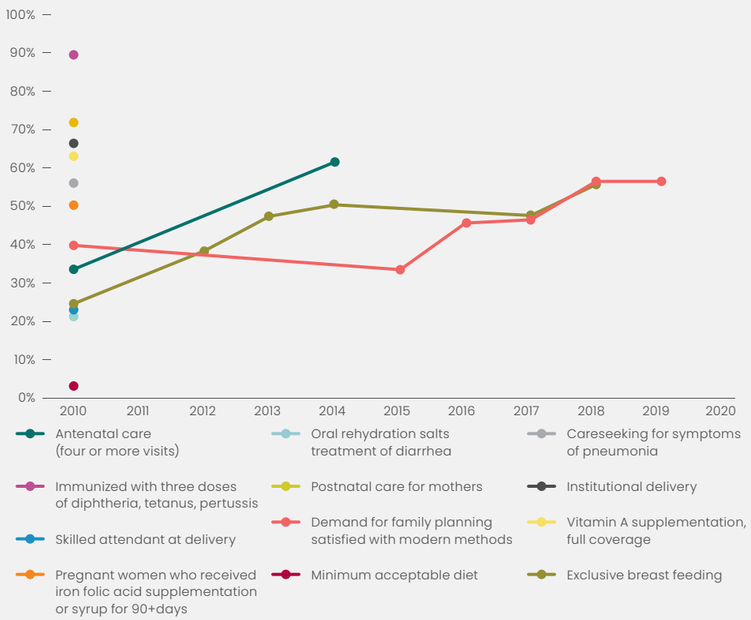
- **Prioritizing and implementing health financing and systems reforms:** The GFF is supporting reforms such as the expansion of Burkina Faso's free health care model, which will deliver free family planning and care for children under-five and pregnant women. The National Health Insurance Fund underway aims to strengthen social protection and provide insurance for the poor. As part of this effort, the strategy to strengthen community health includes significant community health infrastructure investments as well as the training of skilled health workers.

- **Strengthening the country platform and convening technical and financial partners at country level:** Within the country platform, the GFF has helped to strengthen CSO engagement and promote effective private-public dialogue. Stronger alignment has incentivized the GFF, Gates Foundation, GAVI, the Global Fund, and the World Bank to agree on a common agenda and participate in joint missions to monitor the IC, focusing on data systems evaluation, supply chain, and health financing. The GFF supported capacity building in stakeholder engagement, service delivery adaptation to the COVID-19 context and market management for health. The alignment agenda is also supported by the GFF through the "One Plan-One-Budget-Report" approach.

- **Improving data for decision making:** The GFF has coordinated a collaboration between the government, Countdown to 2030, and Johns Hopkins University to build capacity for data collection to enable monitoring of IC implementation. In addition, the GFF is collaborating with the World Bank on analysis of service delivery-related data in the context of COVID-19. Efforts to strengthen civil registration and vital statistics systems, with GFF assistance, will boost child protection and access to basic services, education, and social protection as well as facilitate planning for services such as vaccinations and growth monitoring.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

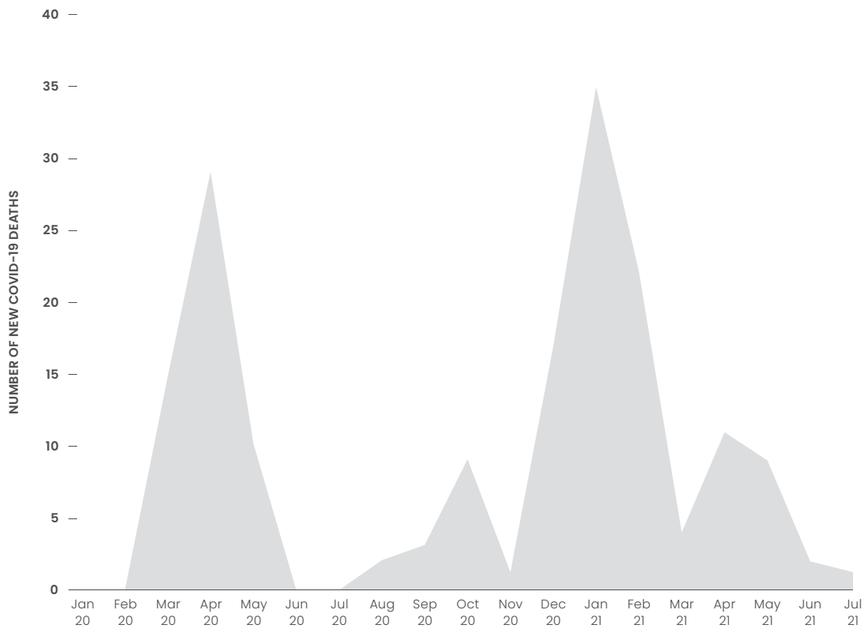
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	341	2010	330	2015
Under 5 mortality rate (per 1,000 live births)	129	2010	82	2015
Neonatal mortality rate (per 1,000 live births)	28	2010	23	2015
Adolescent birth rate, 15–19 (per 1,000 women)	132	2014	124	2018
Births <24 months after the preceding birth (%)	17.4	2014	16.1	2018
Stunting among children under 5 years of age (%)	24.9	2017	21.1	2018
Moderate to severe wasting among children under 5 years of age (%)	8.4	2017	8.6	2018
Stillbirths (per 1,000 pregnancies)	–	–	–	–

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Burkina Faso is 20 for the year 2015 and 24 for the year 2010 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

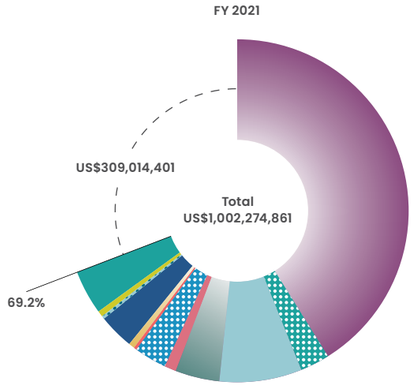
	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	12.4	12	11	13.7	11.6
Health budget execution rate (%)	–	94	93	100	87	97
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.5	16.4	19.2	17.1	–	–
DGGHE as share of general government expenditure (%)	7.2	11	10	8.8	–	–
Out-of-pocket spending on health, per capita (US$)	12.1	12.9	14.1	14.4	–	–

DEATHS FROM COVID-19 IN BURKINA FASO



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

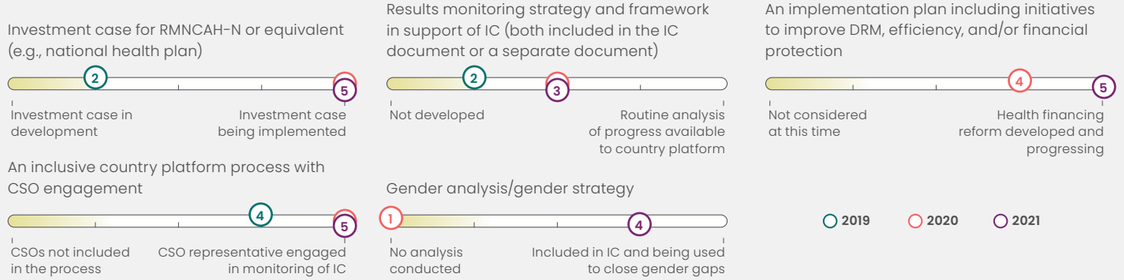
RESOURCE MAPPING



A resource mapping of the UHC strategy (2020–24) was conducted in 2020. The GFF investment case is an essential element of the UHC strategy, as it was revised with the purpose of becoming the central document for the upcoming high level UHC financing forum. The resource mapping focuses on RMNCAH and health system strengthening priorities for 2020 and 2021. The analysis shows that the government of Burkina Faso is maintaining its engagement in funding the UHC strategy and remains the main source of funding in 2020 and 2021. Sixteen donors are aligned to the UHC strategy in 2020 and 2021. The funding gap slightly increased between 2020 and 2021 due to an increase in cost of the UHC strategy from 2020 to 2021 (see figure). Funding gap analysis by priority area highlights nutrition, malaria, child health, and community health are particularly underfunded while the health system strengthening component appears to be slightly overfunded underlining room for improving allocative efficiency. Further analysis needs to be conducted by the Ministry of Health to better understand reasons behind underfunding of key priorities to reach UHC targets and define strategies to make existing resources more efficient.

GOVERNMENT OF BURKINA FASO · WORLD BANK IDA · GLOBAL FUND · GAVI · BMGF · USAID · NETHERLANDS · EU · UNICEF · WHO · UNFPA · OTHER · GAP

MONITORING THE COUNTRY-LED PROCESS



CAMBODIA

THE GFF'S CATALYTIC ROLE

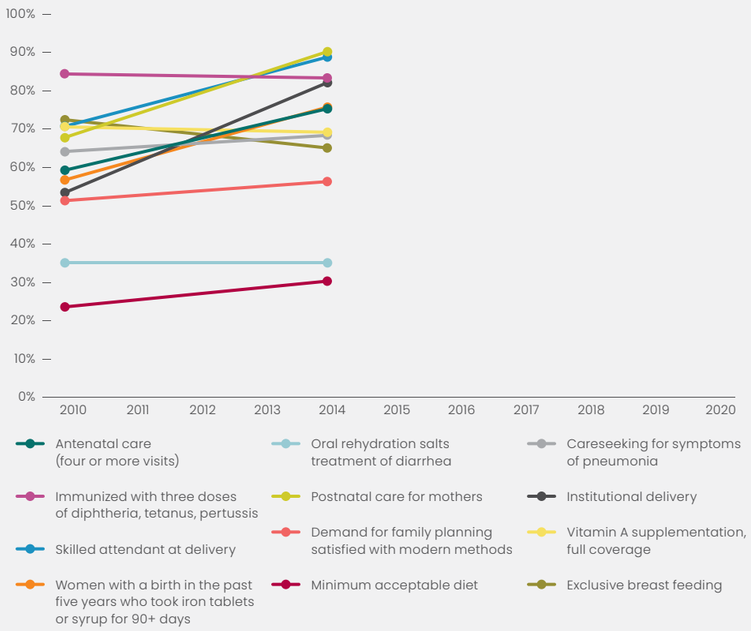
- **Developing a costed and prioritized investment case:** The GFF-supported investment case (IC), built around stakeholder alignment, prioritizes reducing maternal and child undernutrition, neonatal mortality, and adolescent fertility. The IC also focuses on closing equity gaps in seven priority provinces. To support delivery of the IC, a US$10 million GFF grant is cofinancing the Cambodia Nutrition Project, which invests in maternal and child health and nutrition.

- **Prioritizing and implementing health financing and systems reforms:** The GFF's technical assistance and financing supports the government's health financing reform agenda to mobilize domestic resources for the health and nutrition of women, children, and adolescents; enhance efficiency of existing resources; and provide financial protection for the poor. The reforms build on the success of the Health Equity Fund (HEF) and service delivery grant (SDG) systems. HEF provides financial protection for the poor seeking care at public health facilities, while SDGs channel flexible funds to public health facilities.

- **Improving the coordination and quality of health and nutrition services:** The GFF contributes to improved integration of health and nutrition service delivery and defragmenting of financing. In collaboration with the Cambodia Nutrition Project partners — UNICEF, Alive & Thrive, and a consortium of local and international NGOs — the GFF is financing technical assistance to strengthen the health system, enhance nutrition service delivery, and improve the nutrition behaviors of mothers, infants, and young children.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

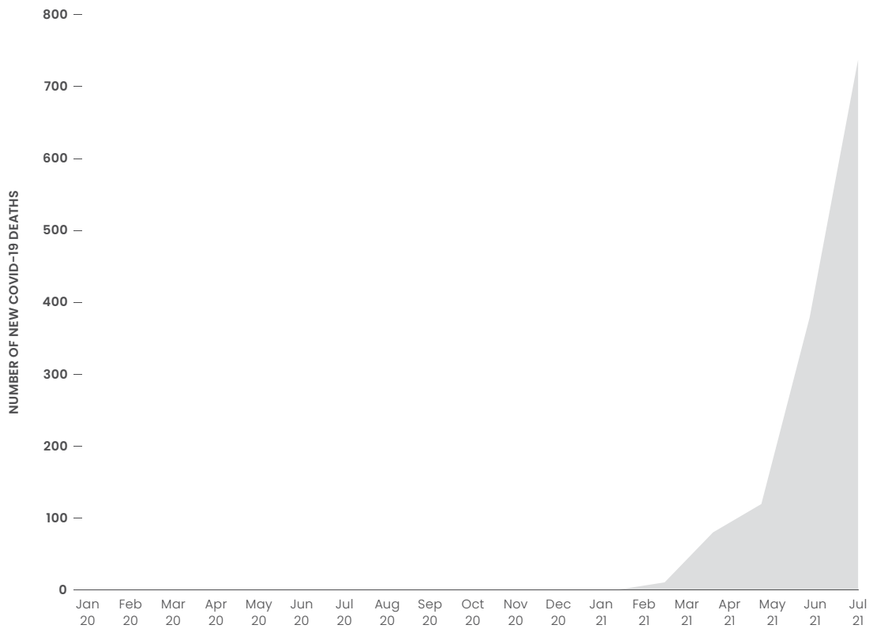


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	206	2010	170	2014
Under 5 mortality rate (per 1,000 live births)	54	2010	35	2014
Neonatal mortality rate (per 1,000 live births)	27	2010	18	2014
Adolescent birth rate, 15–19 (per 1,000 women)	46	2010	57	2014
Births <24 months after the preceding birth (%)	16.1	2010	13.3	2014
Stunting among children under 5 years of age (%)	39.9	2010	32.4	2014
Moderate to severe wasting among children under 5 years of age (%)	10.9	2010	9.6	2014
Stillbirths (per 1,000 pregnancies)	–	–	5.8	2014

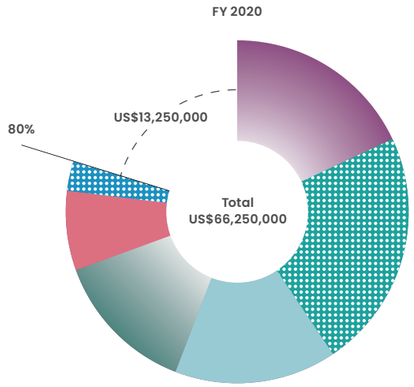
*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Cambodia is 14 for the year 2014 and 17 for the year 2010 (per 1,000 total births). See https://childmortality.org/ data for more information.

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	14.2	12.9	13	11.7	–
Health budget execution rate (%)	–	93	98	99	97	–
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	15.6	16.9	15.1	19.3	–	–
DGGHE as share of general government expenditure (%)	6.6	6.3	4.9	5.2	–	–
Out-of-pocket spending on health, per capita (US$)	41.3	45.5	49.6	52.1	–	–

DEATHS FROM COVID-19 IN CAMBODIA



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.



RESOURCE MAPPING

Cambodia's investment case (IC) is focused on three key issues: reducing newborn mortality, reducing child undernutrition, and decreasing adolescent fertility. The Cambodia Nutrition Project, or CNP (2019–24), a US$53 million investment lending operation, will fund an estimated 80% of the activities included in the IC and is closely aligned with its strategic priorities. The CNP harmonizes financing from IDA, GFF, German KfW, Australian DFAT, and the Health Equity and Quality Improvement Project multidonor trust fund (pooling financing from Australian Aid, German KfW and KOICA) and includes 23% of domestic resources from the Royal Government of Cambodia. A detailed resource mapping exercise of the IC was planned in early 2020, but has been delayed due to the COVID-19 pandemic and will resume in fiscal year 2021. The resource mapping will identify funding gaps by priority and will show trends in domestic resource mobilization and donor alignment around the IC.

- GOVERNMENT OF CAMBODIA
- WORLD BANK
- GFF TF
- KfW
- AUSTRALIAN DFAT
- HEALTH EQUITY AND QUALITY IMPROVEMENT
- GAP

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

2019 2020 2021

CAMEROON

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** Revised in September 2020, Cameroon's investment case (IC) focuses on scaling up results-based financing (RBF) in disadvantaged regions to improve equity in spending, incentivizing birth registration through performance-based financing, and strengthening kangaroo mother care to improve the management of low birthweight and/or preterm infants in order to reduce neonatal mortality through a development impact bond. High-impact interventions have already contributed to reducing maternal mortality. The COVID-19 pandemic has, however, disrupted health services and affected IC implementation.

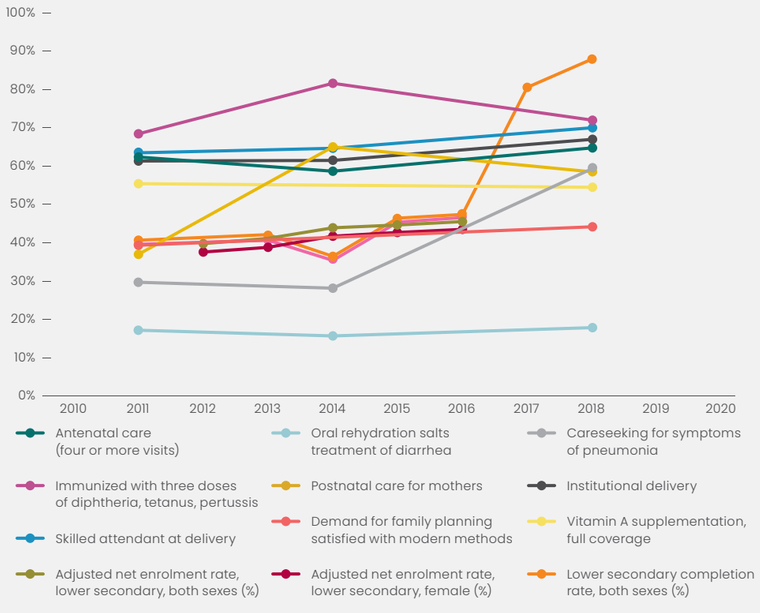
- **Prioritizing and implementing health financing and systems reforms:** To increase efficiency and move more resources to frontline services, the IC supports reforms to expand RBF for primary health care, along with a voucher scheme to increase demand for services. Through training and technical assistance, the GFF supports finalizing the health financing strategy, enhancing domestic resource mobilization, and developing a roadmap for universal health care, including scaling up RBF at the central level. The GFF also seeks to strengthen pharmaceutical regulations and the drugs supply chain.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF serves as a catalyst for leveraging partnerships to support IC implementation. Existing tools and frameworks between institutions intend to facilitate alignment as well as ongoing discussions and negotiations. The resource mapping and expenditure tracking exercise conducted in 2020 revealed a funding gap of 57.3 percent for the period Change to 2017-2022 for implementing the IC.

- **Improving data for decision making:** The GFF supports strengthening the country's health management information system and data quality through workshops and investment in equipment. The RBF project promotes the use of quality data at the primary care and district levels. Creation of accessible dashboards that visualize country and program-level data across output, outcome, and impact indicators to enhance data use is under way. Ongoing efforts are improving the interoperability of the RBF and national online health information system (DHIS2). The GFF supports monitoring the use of essential health services in times of COVID-19.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

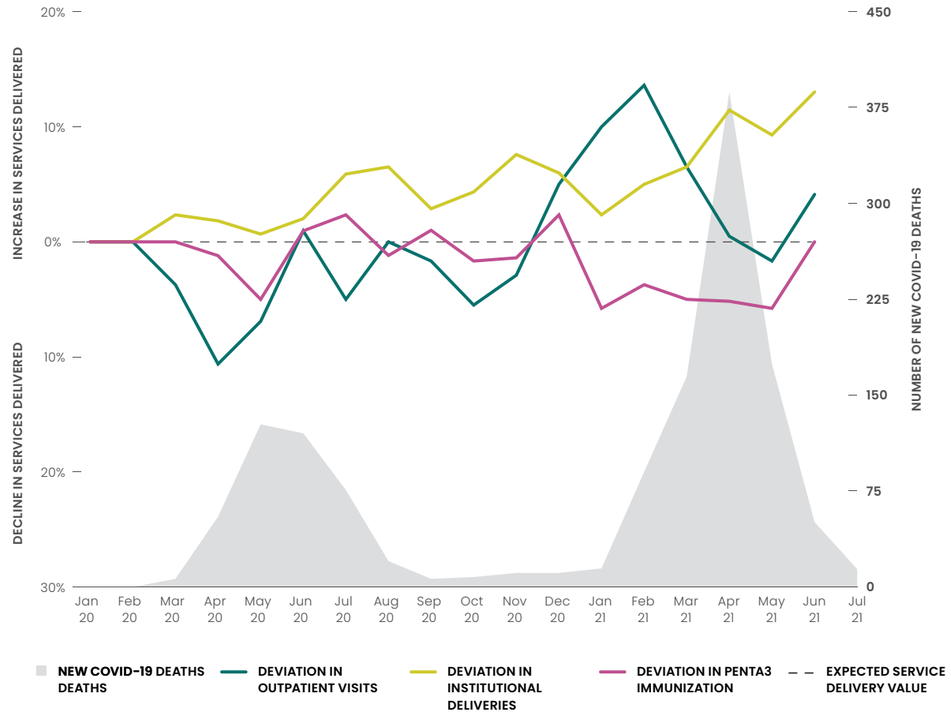
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	782	2011	406	2018
Under 5 mortality rate (per 1,000 live births)	103	2014	80	2018
Neonatal mortality rate (per 1,000 live births)	28	2014	28	2018
Adolescent birth rate, 15–19 (per 1,000 women)	119	2014	122	2018
Births <24 months after the preceding birth (%)	21.3	2014	25.3	2018
Stunting among children under 5 years of age (%)	31.7	2014	28.9	2018
Moderate to severe wasting among children under 5 years of age (%)	5.2	2014	4.3	2018
Stillbirths (per 1,000 pregnancies)	–	–	14.6	2018

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Cameroon is 20 for the year 2018 and 21 for the year 2011 (per 1,000 total births). See https://childmortality.org/ data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	5.6	5.7	4.8	4.0	4.3
Health budget execution rate (%)	–	–	95	97	98	92.5
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	8.3
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	5	5.2	2.1	3.2	–	–
DGGHE as share of general government expenditure (%)	1.8	1.8	.7	1.1	–	–
Out-of-pocket spending on health, per capita (US$)	34.8	35.5	37.6	40.9	–	–

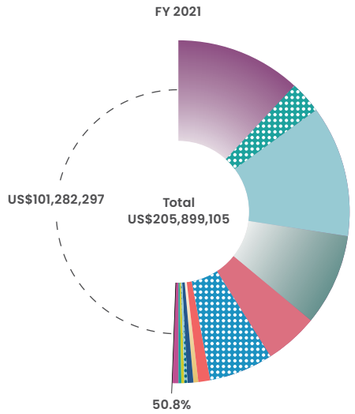
DEATHS FROM COVID-19 IN CAMEROON



Monitoring Essential Health Services during COVID-19

Cameroon experienced shortfalls of up to 11% in the volume of outpatient consultations and 5% in the volume of Penta3 vaccinations in the spring of 2020 compared to the expected values. However, outpatient consultations rose to 14% higher than the expected volume by February 2021. While Penta3 and outpatient consultations dipped again in the spring of 2021, the volume of institutional deliveries remained relatively consistent with expected values.

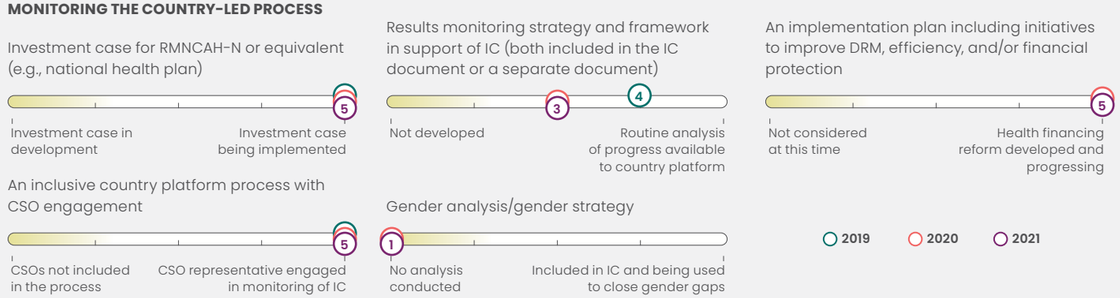
RESOURCE MAPPING



A detailed resource mapping and expenditure tracking exercise (RMET) was conducted in Cameroon, based on the four RMNCH priorities identified in the 2017–22 investment case (IC). The objective was to analyze the evolution of the resources committed by the government of Cameroon and its partners to these health priorities, and to determine the funding gap to be filled through better alignment of external aid and increased mobilization of domestic funding. The RMET shows gaps by priority, but also subnational region. Despite a fairly large number of 25 partners funding the IC priorities, a financing gap of 57% of the total cost over four years remains (the gap is 49% in 2020, as shown in the graphic). Mobilization of both domestic and external funding towards RMNCH priorities is critical, particularly in light of the high out-of-pocket spending, which accounts for over 70% of current health expenditure in Cameroon.

GOVERNMENT OF CAMEROON
WORLD BANK/GFF TRUST FUND
USAID
AFD
KfW
CDC
BID
LAD
UNICEF
SUPPLIES
CERF
GFATM
OTHER
GAP

MONITORING THE COUNTRY-LED PROCESS



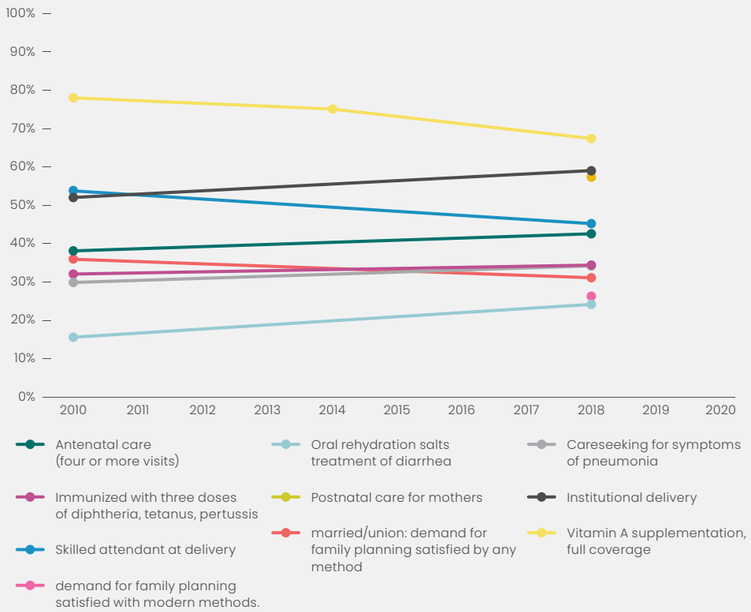
CENTRAL AFRICAN REPUBLIC

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF supported the development of a government-led investment case (IC) that focuses on high-impact interventions and multisectoral mobilization. Strong government commitment to prioritization helped narrow down the package and geographical targeting and led to the development of a community health worker strategy document and of private sector and civil society organization (CSO) road maps.
- **Prioritizing and implementing health financing and systems reforms:** The IC aims to improve health spending efficiency by institutionalizing resource mapping and expenditure tracking and support the delivery of quality health services through results-based financing and capacity building of community health workers. With GFF assistance, the government established a health financing coordination department to improve resources mobilization and utilization. Daily use of a geolocation monitoring and supervision system greatly contributed to improving governance and regular monitoring of activities.
- **Strengthening the country platform and convening financial and technical partners at country level:** Ongoing efforts are strengthening and broadening the country platform to include more CSOs. GFF technical assistance has contributed to the establishment of an active health management information systems technical working group. To help mobilize donors around the IC and institutionalize measurement of country-level alignment, the GFF is focused on improving the generation and use of data, including recommendations for new data collection efforts.
- **Improving data for decision making:** The GFF is providing support for the development of a clear IC results framework with baseline and targets and an IC monitoring system and a monitoring mechanism. The government set up an interagency and multipartner national health information system, staffed by data managers recruited from districts across the country.

RMNCAH-N COVERAGE INDICATORS

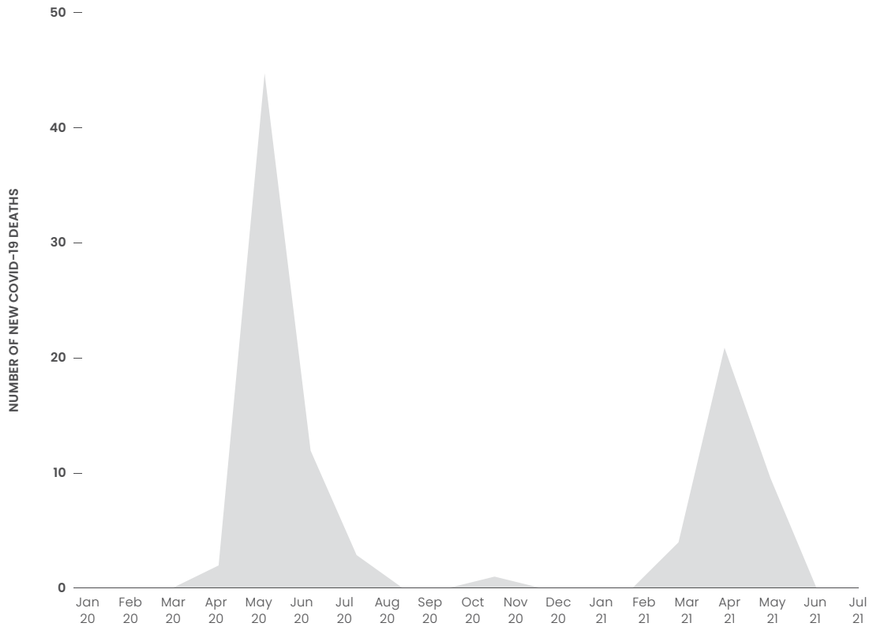
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	–	–	–	–
Under 5 mortality rate (per 1,000 live births)	179	2010	99	2018
Neonatal mortality rate (per 1,000 live births)	–	–	28	2018
Adolescent birth rate, 15–19 (per 1,000 women)	229	2010	184	2018
Births <24 months after the preceding birth (%)	–	–	–	–
Stunting among children under 5 years of age (%)	40.7	2010	39.8	2018
Moderate to severe wasting among children under 5 years of age (%)	7.4	2010	5.4	2018
Stillbirths (per 1,000 pregnancies)	–	–	–	–

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	13.1	10.6	8.8	10.6	12.0
Health budget execution rate (%)	–	–	27	103	59	42
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	1.7	2.4	3.3	3.4	–	–
DGGHE as share of general government expenditure (%)	3.3	5	5.3	4.2	–	–
Out-of-pocket spending on health, per capita (US$)	9.3	12	16.9	22.4	–	–

DEATHS FROM COVID-19 IN CENTRAL AFRICAN REPUBLIC



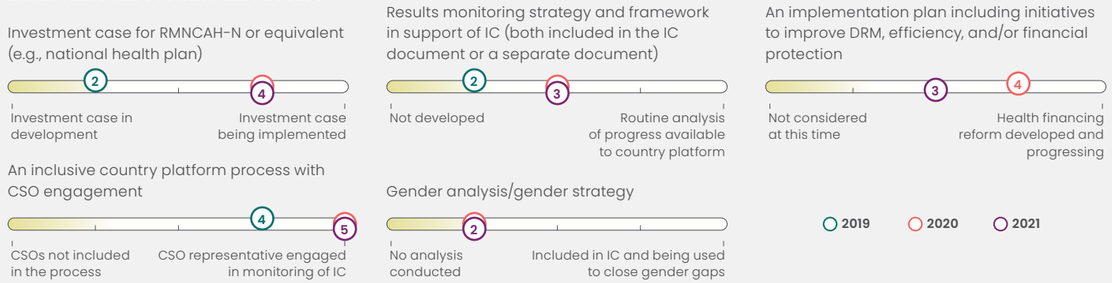
While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

Since joining the GFF, the Central African Republic has made RMNCAH-N a national priority, and the country is taking major steps towards achieving the Sustainable Development Goals through the development and implementation of its investment case (IC) for the reduction of maternal and child mortality. An important part of this initiative is resource mapping and expenditure tracking, which helps assess funding gaps, align donor and government resources, and improve the efficiency and equity of health spending.

Previous resource mappings and detailed costing exercises have shown that over the period covered by the CAR investment case for 2020 to 2022, financing needs amount to US$151 million. The government and funding partners have committed to supporting the implementation of the interventions prioritized in the IC, and a resource mapping exercise currently nearing completion will not only confirm the government and partner financing, but will also track expenditure on IC priorities in 2020.

MONITORING THE COUNTRY-LED PROCESS



CHAD

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) for Chad is still under development with some delays as a result of the COVID-19 pandemic and political instability. A situation analysis has been completed and an early draft theory of change developed. The GFF and partners have provided technical assistance to conduct a bottlenecks analysis using the Equist tool, along with IC costing using the One Health tool.

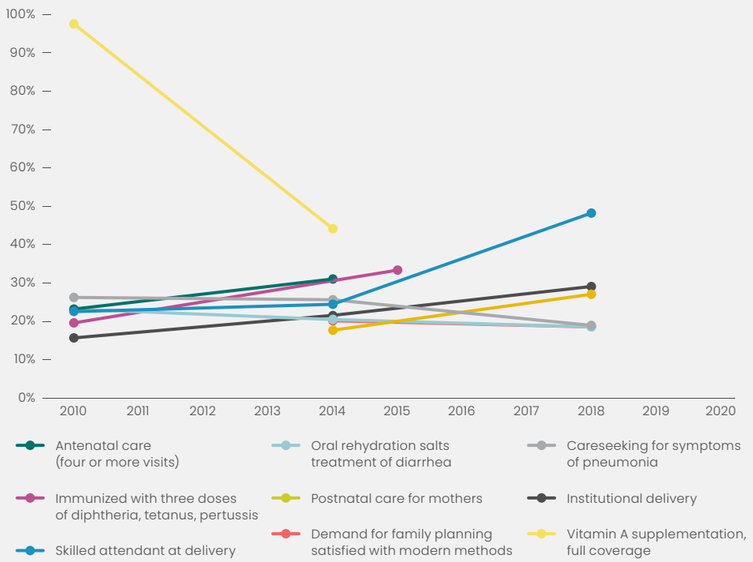
- **Prioritizing and implementing health financing and systems reforms:** The GFF supports enhancing the public finance management system and provides technical assistance for a public expenditure review and a review of fiscal space to increase domestic resource utilization and mobilization. To facilitate this, an initial resource mapping and expenditure tracking exercise has been completed. The IC process also involves a feasibility analysis of pooling mechanisms and supports the institutionalization of results-based financing (RBF), to include strengthening the community health worker program. The GFF supports improving equity through free health care and health insurance for the poorest.

- **Strengthening the country platform and convening financing and technical partners at country level:** The GFF is supporting capacity building and providing funding to civil society organizations to strengthen their involvement in IC development and implementation, while also engaging with potential new partners interested in joining the IC. The country platform conducted learning activities on stakeholder engagement, IC development and implementation, and maintenance of essential health services in the COVID-19 context.

- **Improving data for decision making:** The GFF supports the ongoing development of a clear IC results framework with baselines and targets, which included an assessment of data availability and quality. Reforms aim to strengthen the civil registration and vital statistics system and enhance data collection and use by the country platform. As part of the RBF program, data on quality of care will be regularly collected and analyzed and data gaps will be assessed. A phone survey to monitor essential health services during the COVID-19 pandemic is ongoing.

RMNCAH-N COVERAGE INDICATORS

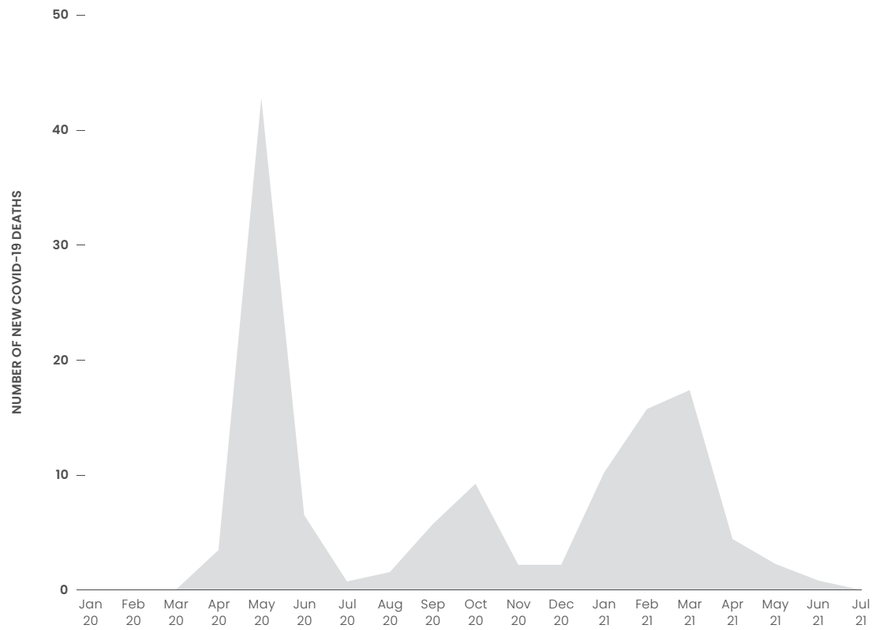
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	860	2014	–	–
Under 5 mortality rate (per 1,000 live births)	133	2014	122	2019
Neonatal mortality rate (per 1,000 live births)	34	2014	33	2019
Adolescent birth rate, 15–19 (per 1,000 women)	179	2014	138	2019
Births <24 months after the preceding birth (%)	30.2	2014	–	-
Stunting among children under 5 years of age (%)	32	2018	29.2	2019
Moderate to severe wasting among children under 5 years of age (%)	13.5	2018	13.9	2019
Stillbirths (per 1,000 pregnancies)	–	–	–	–

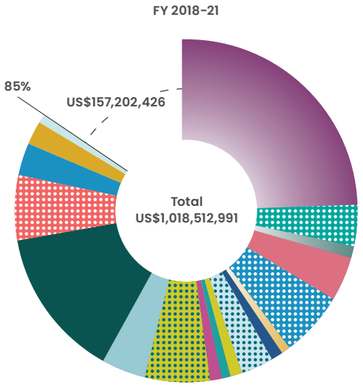
HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	9	6.3	4.6	6.9	7.6
Health budget execution rate (%)	–	98.3	91.3	92.3	98.6	83.5
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	29.8
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	7.5	5.8	4.7	5	–	–
DGGHE as share of general government expenditure (%)	5.2	5.7	4.7	5.2	–	–
Out-of-pocket spending on health, per capita (US$)	19.9	19.2	17.1	18.1	–	–

DEATHS FROM COVID-19 IN CHAD



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING



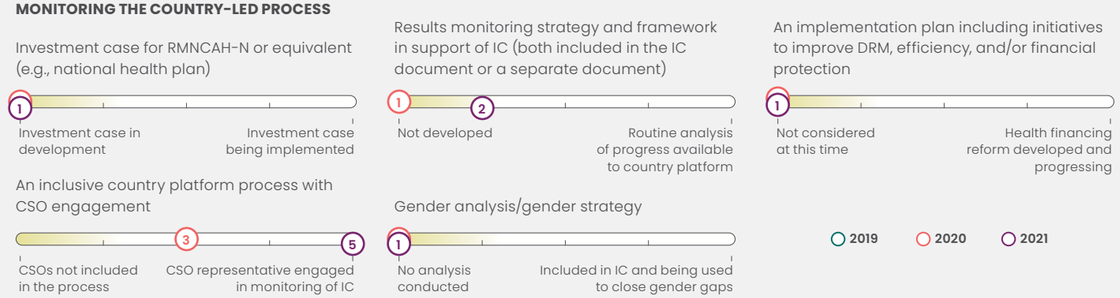
The first resource mapping and expenditure tracking (RMET) exercise was completed in May 2021 and covered the period from 2018 to 2021. As the investment case (IC) is under development, the RMET focused on the priorities of the National Health Development Plan (PNDS 3).

The exercise helped identify available resources from 26 donors (76%). The largest financial contributions are provided by the Global Fund (23%), USAID (12%), UNICEF (12%), EU (7%), Gavi (10%), WB/IDA (6%) and AFD (6%), with funding completed by the government budget (24%). The decrease in funding planned from the year 2021 is partly explained by the lack of predictability of future commitments from both the government and donor partners..

Overall, the combined budgetary commitments of donors and the government over the period from 2018 to 2022 (and beyond) for the RMNCAH and for nutrition were respectively 19% and 19.4% of total resources allocated to the health sector. Notably, the said commitments have increased over the last three years, from 2018 to 2020, by 85.6% for the RMNCAH and by 24.1% for nutrition.

GOVERNMENT OF CHAD · AFD · SWISS COOP. · EU · USAID · USAID (OFDA) · WHO · WFP · UNFPA · UNHCR · UNICEF (OWN FUNDS) · UNICEF (OTHER FUNDS) · WORLD BANK · GLOBAL FUND · GAVI · UE (ECHO) · BMGF · BPRM · GAP

MONITORING THE COUNTRY-LED PROCESS



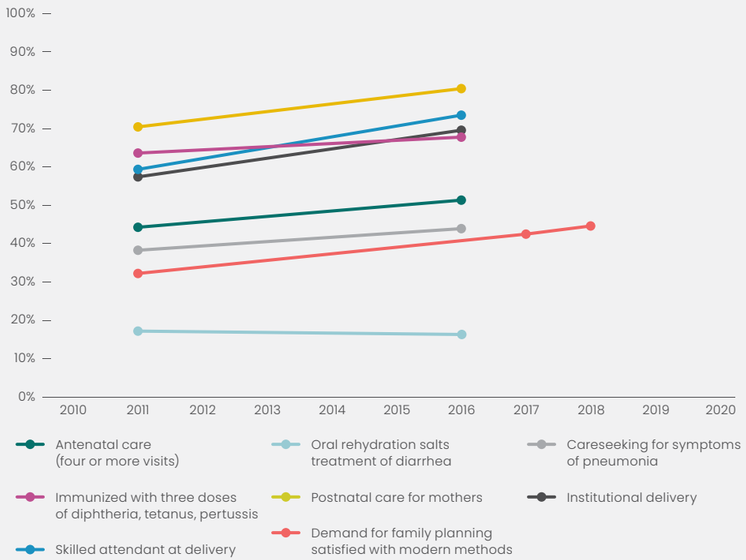
COTE D'IVOIRE

THE GFF'S CATALYTIC ROLE

- **Development of a costed and prioritized investment case:** The investment case (IC) for Cote d'Ivoire has helped mobilize and align development partners around health financing priorities, which include increasing public spending on primary health care through decentralization, strengthening collaboration with the private sector, scaling up strategic purchasing to move more resources to the frontlines, and linking the universal health insurance scheme with evidence-based tools to track progress.
- **Prioritizing and implementing health financing and system reforms:** The strategic purchasing mechanism provides a framework for the implementation of the universal health insurance. The IC aims to enhance equity and quality of services purchased through insurance and the effectiveness of the targeted free healthcare system. The government plans to integrate and scale up strategic purchasing and performance-based financing at the national level to both public health care providers and the private sector health care providers (40 percent of health service, mainly in urban areas and economic centers).
- **Strengthening the country platform and convening financial and technical partners at country level:** In 2019, the government established the National Platform for the Coordination of Health Financing. Involving a broad range of partners, the platform supports implementation of health financing reforms and ensures adequate and sustainable funding of the health sector when development partners transition out of the country. For better alignment on priorities, the GFF provided human resources to lead the development partners' technical working group on health financing, and ensured technical assistance to the private sector and civil society.
- **Improving data for decision making:** With good quality data available in the country, GFF efforts have focused on alignment of methods to track primary health care financing and the implementation of a results framework to monitor the IC priorities.

RMNCAH-N COVERAGE INDICATORS

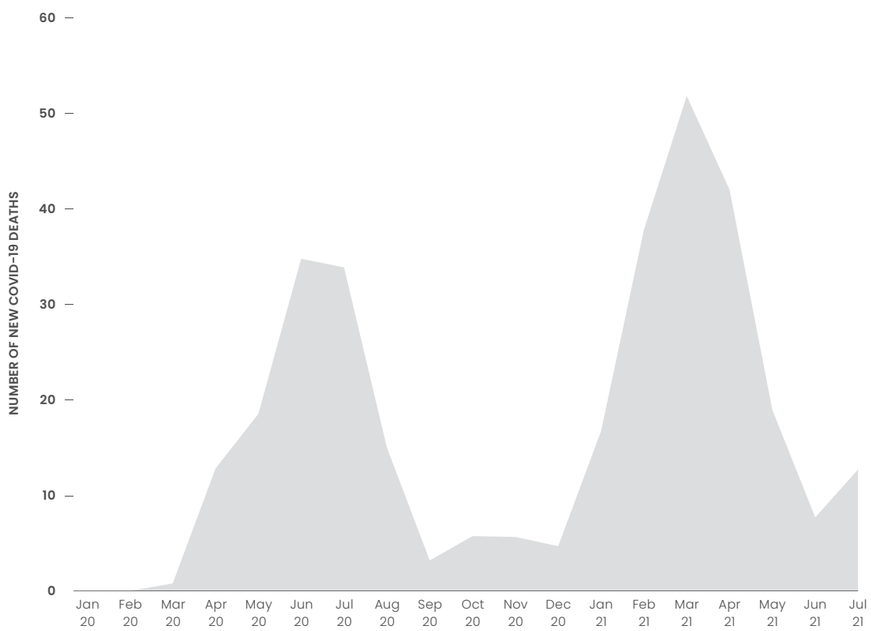
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



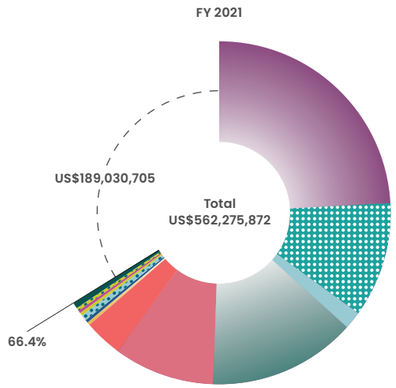
RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	614	2011	–	–
Under 5 mortality rate (per 1,000 live births)	108	2011	96	2016
Neonatal mortality rate (per 1,000 live births)	38	2011	33	2016
Adolescent birth rate, 15–19 (per 1,000 women)	129	2011	124	2016
Births <24 months after the preceding birth (%)	14.9	2011	–	–
Stunting among children under 5 years of age (%)	29.8	2011	21.6	2016
Moderate to severe wasting among children under 5 years of age (%)	7.5	2011	6	2016
Stillbirths (per 1,000 pregnancies)	–	–	–	–

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	6.6	6	6.1	5.4	5.3	7.4
Health budget execution rate (%)	–	90	90	86	85	70
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	15.5	17.1	19.7	20.7	–	–
DGGHE as share of general government expenditure (%)	4.7	4.8	5.1	5.1	–	–
Out-of-pocket spending on health, per capita (US$)	27	27	27.3	28.3	–	–

DEATHS FROM COVID-19 IN COTE D'IVOIRE



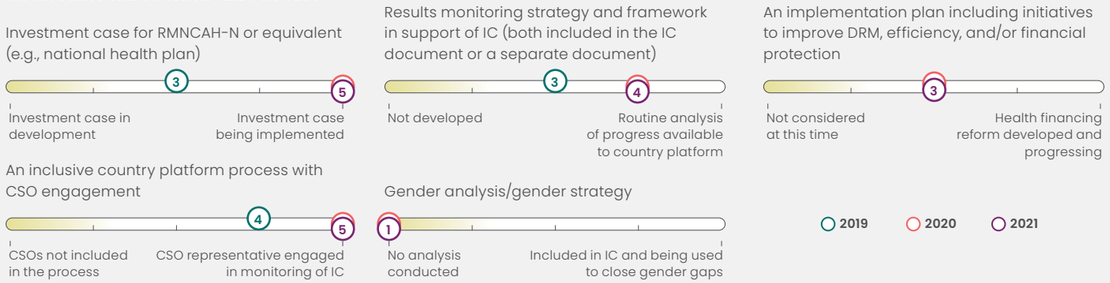
While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.



RESOURCE MAPPING

The investment case process in Cote d'Ivoire has been central to obtaining government engagement to increase its yearly health budget, which increased by 16.6% between 2019 and 2020. Based on the government budget increase and resource mapping data collected among donors, the investment funding gap was reduced by 50% between 2020 and 2021, from 57% in 2020 to 34% in 2021. From this year on, the Ministry of Health and Public Hygiene will be in charge of rolling out the RMET exercise through the Directorate of Financial Affairs, which will be working on the integrating of RMET with the National Health Accounts.

MONITORING THE COUNTRY-LED PROCESS



DEMOCRATIC REPUBLIC OF CONGO

THE GFF'S CATALYTIC ROLE

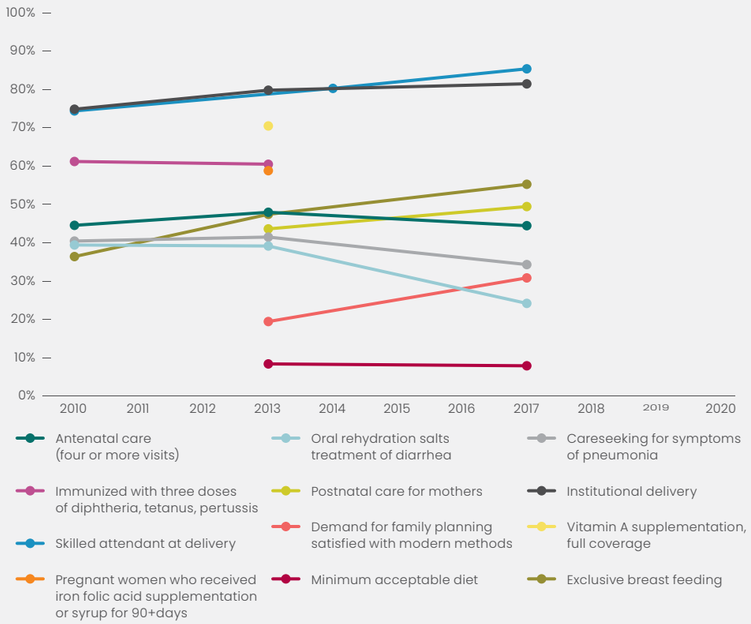
- **Prioritizing and implementing health financing and health systems reforms:** The investment case (IC) for the Democratic Republic of Congo prioritizes domestic resource utilization and mobilization, aided by GFF-supported resource mapping and expenditure tracking (RMET). To improve budget execution, the GFF and partners support public financial management reforms, including program-based budgeting and the creation of an administrative and financial department. In addition, performance-based financing and the strategic purchase of a health services package, along with three disease-specific packages, aim to improve service delivery.

- **Strengthening the country platform and convening financing and technical partners at country level:** The GFF seeks to enhance donor alignment at national and provincial level. Partners have evaluated a single contract and RMET results, while the GFF also supports advocacy efforts conducted in collaboration with civil society to increase mobilization of internal resources.

- **Improving data for decision making:** The GFF supported analytical studies on fiscal space and bottlenecks hindering internal resource mobilization and budget execution, presented at the universal health coverage conference held in Kinshasa in February 2020.

RMNCAH-N COVERAGE INDICATORS

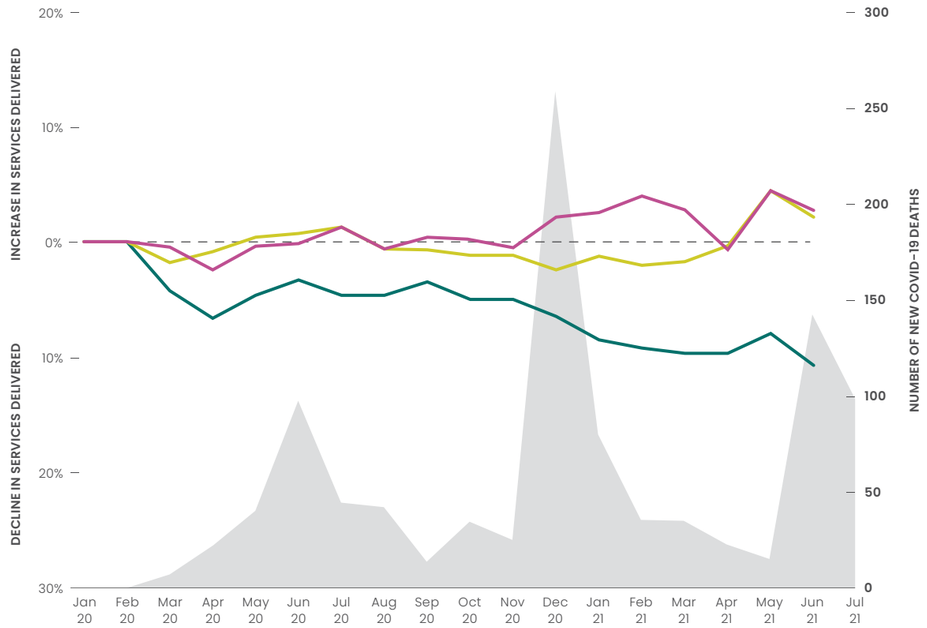
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	846	2014	–	–
Under 5 mortality rate (per 1,000 live births)	104	2014	70	2017
Neonatal mortality rate (per 1,000 live births)	28	2014	14	2017
Adolescent birth rate, 15–19 (per 1,000 women)	138.1	2014	109	2017
Births <24 months after the preceding birth (%)	27.1	2014	–	–
Stunting among children under 5 years of age (%)	42.7	2014	41.8	2017
Moderate to severe wasting among children under 5 years of age (%)	7.9	2014	6.5	2017
Stillbirths (per 1,000 pregnancies)	–	–	–	–

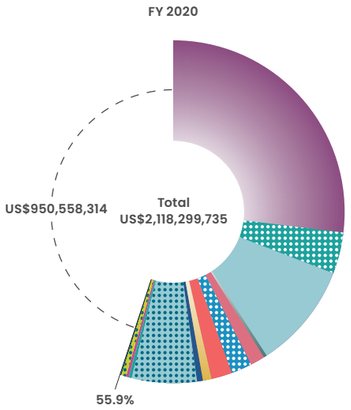
HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	8.9	6.7	7.8	7.6	11	10
Health budget execution rate (%)	34.1	97	54	52.7	57.1	67.7
Share of health expenditure going to frontline providers (%)	29	9	9	12	15	21.3
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	4.3	3.2	2	3	3.7	–
DGGHE as share of general government expenditure (%)	6.4	5.9	4.6	6.7	6.2	–
Out-of-pocket spending on health, per capita (US$)	7.9	8.2	8.3	8.3	8.5	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

The Democratic Republic of Congo experienced its largest shortfall in the volume of outpatient consultations (11%), in June 2021, leading to a cumulative shortfall of 4% compared to the expected values. Penta3 vaccinations and institutional deliveries remained near expected levels throughout this period. While the volume of institutional deliveries dipped in December 2020, the volume of deliveries returned to expected values by April 2021.

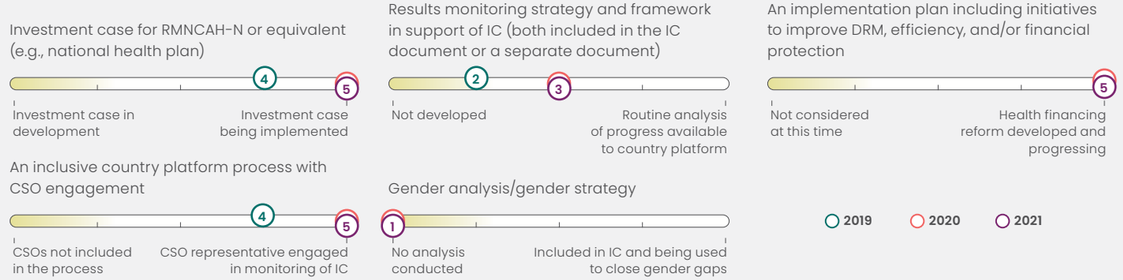


RESOURCE MAPPING

The resource mapping has been completed for the Plan National de Développement Sanitaire (PNDS) 2019-22, which serves as the country's prioritized national health strategy and investment case (IC). The resource mapping (RM) shows trend analysis between fiscal years 2019 and 2020. Data for this assessment was provided by the Ministry of Health (MOH) through the program-based budgeting (PBB) process, which consolidated domestic and international budget as well as expenditure data with respect to the PNDS. The health donor's coordination group, known as Groupe Inter-Bailleurs de la Santé (GIBS) also provided feedback. The MOH has indicated these estimates are still being updated by the GIBS and could change. The IC funding gap doubled between 2019 and 2020, due to an increased cost of the PNDS between 2019 and 2020 and a decreased donor contribution to the IC. Because of COVID-19, not all donors could maintain the same level of engagement in 2020, as several had to reprioritize funding to the COVID-19 response. Nevertheless, more donors are aligned to the IC in 2020 compared to 2019. Domestic resource has slightly increased in absolute terms but has decreased in relative terms of covering the IC cost.

GOVERNMENT OF DRC · GFATM / BMGF · EUROPEAN COMMISSION · CANADA · FRANCE
WORLD BANK/GFF TRUST FUND · USAID · WHO · GAVI · UNFPA
UNICEF / BMGF · FCDO · BELGIUM · OTHERS
GAP

MONITORING THE COUNTRY-LED PROCESS



ETHIOPIA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF supports Ethiopia's first investment case (IC) to expand essential health services — particularly in underserved regions — by increasing human resources at the primary health care level, strengthening community mobilization, improving the supply chain, and addressing barriers to access. Up to 90 percent of the funding, linked to results, has been disbursed with GFF awarding a second round of funding to Ethiopia for US$30 million. The GFF has also supported the development of a new IC that emphasizes equity with more financial incentives at subnational levels and addresses lagging issues such as neonatal and adolescent care. The IC strengthens equity by incentivizing deliveries attended by skilled birth providers in the lowest three performing regions (Afar, Oromia, and Somali), and focused on family planning and adolescent health.

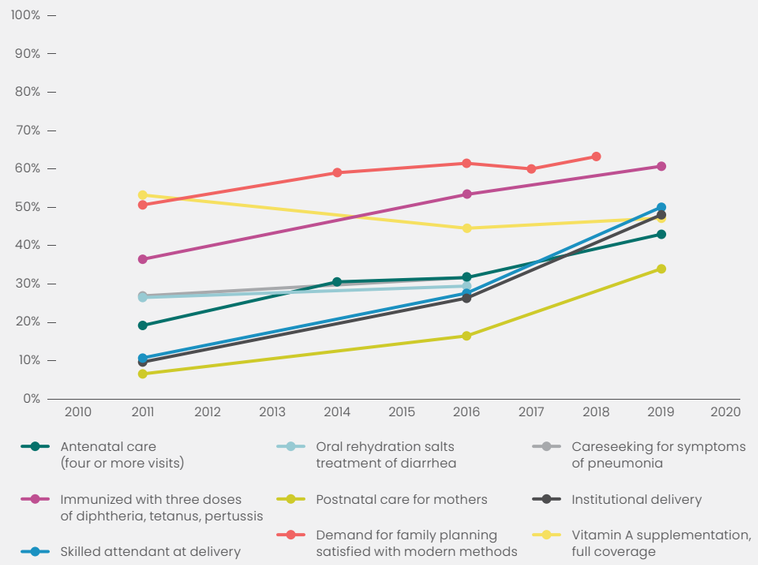
- **Prioritizing and implementing health financing and health system reforms:** The GFF provides analysis and policy recommendations for domestic resource utilization and mobilization for health and assisted the government in monitoring budget priorities. In parallel, the GFF plays a critical role in fostering domestic resource mobilization and resource efficiency, which is drawing donor interest to join the Sustainable Development Goals Performance Fund (SDG-PF). The GFF supported the implementation of disbursement-linked indicators related to community-based health insurance, rolled out to more districts and resulting in higher utilization of care. GFF technical assistance supported the automation of the Pharmaceuticals Supply Agency's core business process and fiduciary system to enhance efficient procurement and distribution and helped transform the civil registration and vital statistics system by transitioning to electronic registration.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF partnership has played a critical role in fostering the domestic resource mobilization and efficiency agenda for Ethiopia during the SDG-PF retreat, which has attracted other donors interested in joining he SDG-PF in the coming year. The GFF has also helped strengthen engagement with the private sector through analytics, technical assistance, and building capacity to select and manage private sector initiatives and public-private partnerships. In addition, the GFF has helped crystalize alignment around key health financing reforms such as results-based financing and program-based budgeting under the leadership of the Ministries of Health and Finance.

- **Improving data for decision making:** The GFF supported implementation and tracking of the IC results framework with baseline indicators and targets. Working with the Ministry of Health, the GFF has also supported the institutionalization resource monitoring and expenditure tracking, which is used to communicate annual partner resource commitments and evaluate expenditures against these commitments.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

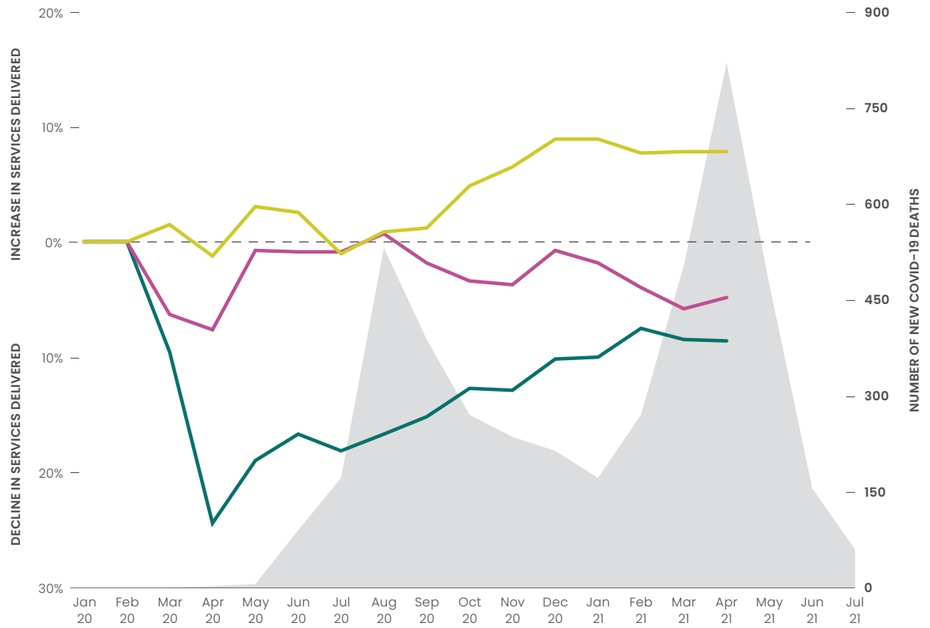


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	412	2016	–	–
Under 5 mortality rate (per 1,000 live births)	67	2016	55	2019
Neonatal mortality rate (per 1,000 live births)	29	2016	30	2019
Adolescent birth rate, 15–19 (per 1,000 women)	80	2016	79	2019
Births <24 months after the preceding birth (%)	21.7	2016	–	–
Stunting among children under 5 years of age (%)	38.4	2016	36.8	2019
Moderate to severe wasting among children under 5 years of age (%)	9.8	2016	7.2	2019
Stillbirths (per 1,000 pregnancies)	17.3	2011	11.7	2016

* The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Ethiopia is 26 for the year 2016 and 30 for the year 2011 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	8.6	8.1	8.9	–	–
Health budget execution rate (%)	–	80	77	83	–	–
Share of health expenditure going to frontline providers (%)	–	36	41	37	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	6.0	6.3	6.2	5.7	–	–
DGGHE as share of general government expenditure (%)	5.6	5	4.8	4.8	–	–
Out-of-pocket spending on health, per capita (US$)	8.8	8.9	8.6	8.6	–	–

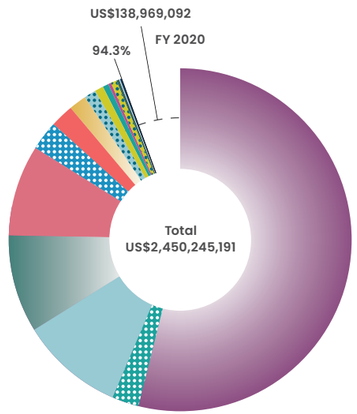
SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

The volume of essential health services suffered disruptions as early as March and April 2020 in Ethiopia, with a 24% shortfall in April compared to expected values. Outpatient consultations remained lower than expected throughout the pandemic, leading to a cumulative shortfall of 15% through June 2021. Penta3 vaccinations rose following an initial drop only to experience a second shortfall of 6% in March 2021. Institutional deliveries continued to improve in 2021 relative to pre-COVID levels, remaining above the expected volume after September 2020.

RESOURCE MAPPING



The resource mapping (RM) shows trend analysis between FY 2018/19 and FY 2019/20. Resource mapping in Ethiopia is based on the Health Sector Transformation Plan (HSTP). The HSTP is the national health strategy and the investment case (IC). The consolidated data for this assessment was based on HSTP actual annual budget and annual HSTP resource mapping provided by the Ministry of Health. The RM trend analysis indicated major findings in terms of the government's improved commitment to the health sector, which resulted in a significant decline in the HSTP financing gap. Government finance to the health sector showed a significant increase from 38.5% in 2018/19 to 53.1% in 2019/20. Accordingly, the HSTP financing gap has declined from 26% in 2018/19 to 5.7% in 2019/20. On the other hand, donors contribution both on and off budget and alignment to the IC more or less are similar in both fiscal years. In addition, community contribution entailing both society's in cash and in-kind contribution to the sector indicated similar contribution levels in both years.

GOVERNMENT OF ETHIOPIA · SHI, CBHI · EU · AICS · IRISH AID
WORLD BANK/GFF TRUST FUND · CHANNEL 3 FUNDS · GAVI · UNFPA · GAP
COMMUNITY CONTRIBUTION · FCDO · THE NETHERLANDS · WHO
GLOBAL FUND · UNICEF · AECID

MONITORING THE COUNTRY-LED PROCESS

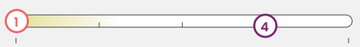
Investment case for RMNCAH-N or equivalent (e.g., national health plan)

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement

Gender analysis/gender strategy



2019 · 2020 · 2021

GHANA

THE GFF'S CATALYTIC ROLE

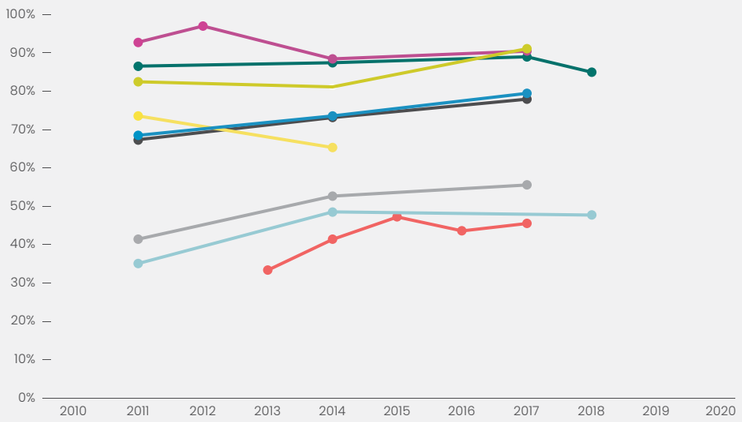
- **Developing a costed and prioritized investment case:** The GFF is supporting the development of the Health Sector Medium Term Development Plan (HSMTDP 2022–25) that will serve as the country's investment case (IC). The IC focuses on enhancing public financing system and strengthening primary health care, while improving RMNCAH-N outcomes and addressing noncommunicable diseases. Focus is placed on scaling up reforms for primary health care service providers, improving maternal and neonatal services, strengthening noncommunicable disease management at the primary level, and scaling up innovations, including in the areas information systems, electronic medical records, and telemedicine. The GFF will leverage World Bank/ International Development Association as well as domestic government financing in support of the IC.

- **Prioritizing and implementing health financing and health system reforms:** The GFF will also support health financing improvements, including a focus on public financial management at the frontline level. To enhance the efficient use of funding, the GFF is backing a resource mapping and expenditure tracking exercise to improve understanding of the magnitude and allocation of domestic and external public financing for health.

- **Improving use of data for decision making:** The GFF supports integration of regular resource tracking into the government's reporting systems, while fostering use of these data for decision making. The GFF will also bolster health sector monitoring by strengthening the use of information to inform planning and budgeting. Technical assistance to the government will include support in strengthening capacities to routinely review, visualize and utilize monitoring information, as well as support for the governance and structures necessary to institutionalize these processes.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

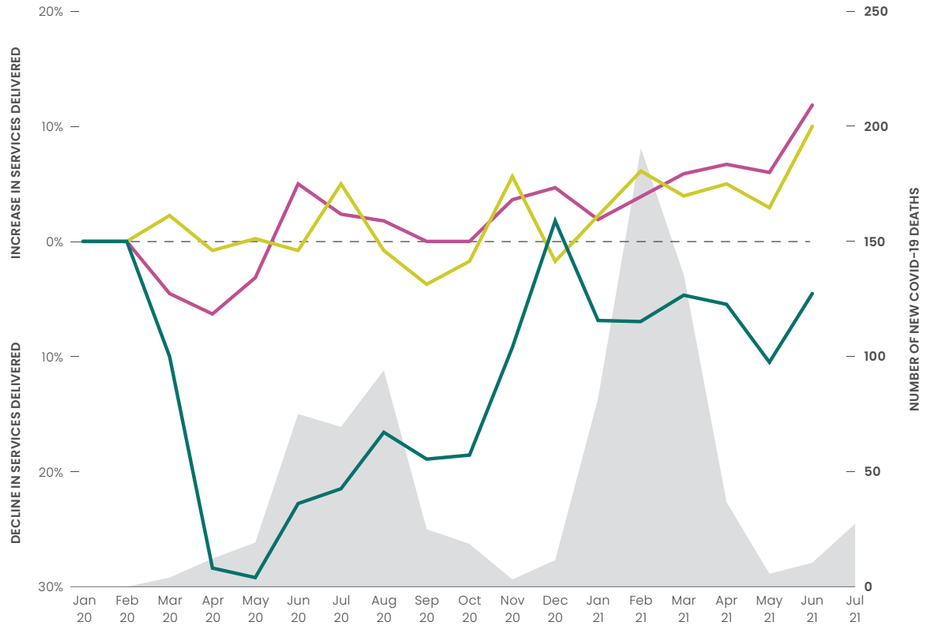
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	325	2014	310	2017
Under 5 mortality rate (per 1,000 live births)	60	2014	56	2017
Neonatal mortality rate (per 1,000 live births)	29	2014	27	2017
Adolescent birth rate, 15–19 (per 1,000 women)	76	2014	75	2017
Births <24 months after the preceding birth (%)	13.1	2014	–	–
Stunting among children under 5 years of age (%)	18.8	2014	17.5	2017
Moderate to severe wasting among children under 5 years of age (%)	4.7	2014	6.8	2017
Stillbirths (per 1,000 pregnancies)*	14	2014	23.2	2017

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Ghana is 22 for the year 2017 and 24 for the year 2014 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	13.8	14.6	13.1	14.3	13.4
Health budget execution rate (%)	–	124.8	72.8	102.9	109	96
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	28.6	25.6	22	30.3	–	–
DGGHE as share of general government expenditure (%)	8.6	6.5	6	6.4	–	–
Out-of-pocket spending on health, per capita (US$)	29.2	25.3	27.8	29.4	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



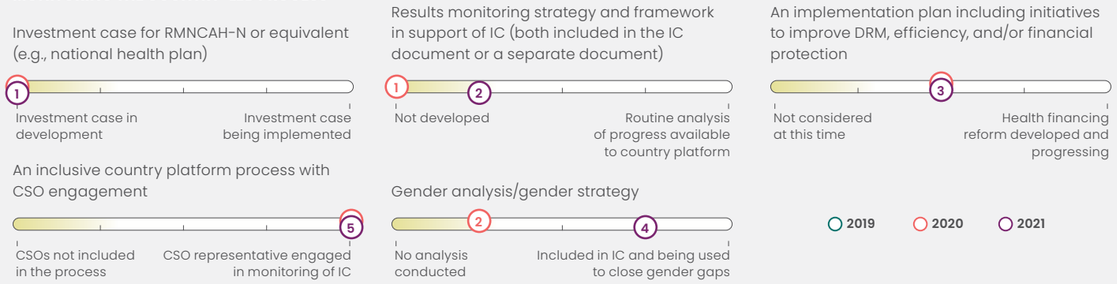
Monitoring Essential Health Services during COVID-19

Ghana experienced a shortfall in the volume of outpatient consultations in April and May 2020, dipping to 28% and 29% fewer outpatient visits respectively compared to expected values. While outpatient consultations returned to expected levels in November and December, they dropped again in January through April 2021. Ghana experienced a 6% shortfall in the volume Penta3 vaccinations in April 2020, followed by a return to expected values. The cumulative number of institutional deliveries was higher than the expected number from the start of the pandemic through 2021.

RESOURCE MAPPING

Ghana began developing the Health Sector Medium Term Development Plan (HSMTDP 2022–25) that serves as Investment Case for Ghana. HSMTDP outlines priority interventions to achieve UHC. Resource mapping for the HSMDP is in progress, guided by the priority interventions in UHC Roadmap, that captures funding commitments across the health sector that will finance the plan's implementation.

MONITORING THE COUNTRY-LED PROCESS



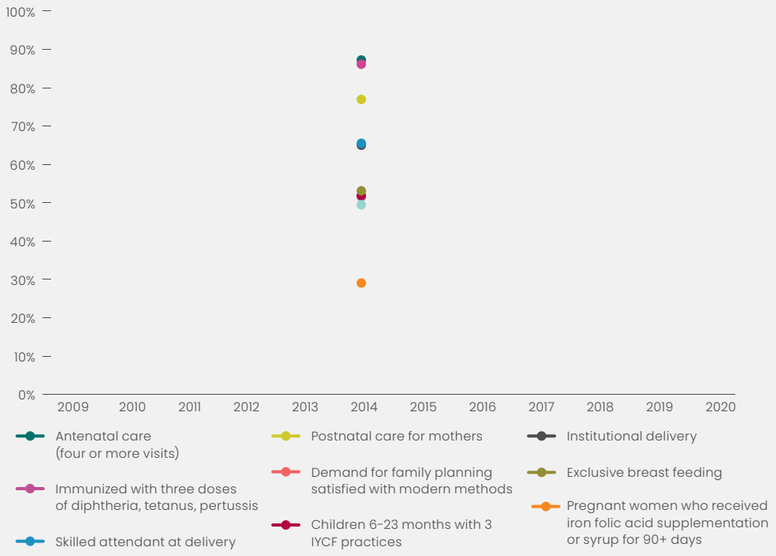
GUATEMALA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF supports the National Multisectoral Nutrition Strategy, which functions as the investment case for Guatemala. Taking a holistic approach to nutrition improvement, the strategy focuses on over- and undernutrition and includes interventions in five key sectors: health, water and sanitation, social protection, social and behavior change, and agriculture.
- **Prioritizing and implementing health financing and systems reforms:** The GFF piloted a US$9 million performance-based buy-down, conditioned on the achievement of program results and a domestic reinvestment of US$18 million into the country's conditional cash transfer program. The GFF provided technical assistance to three pilot districts to strengthen public financing management and improve alignment between the national health budget and annual operating plans as well as purchasing plans at departmental level.
- **Strengthening the country platform and convening financial and technical partners at country level:** In 2020, the multistakeholder technical working group that supports a national-level coordination mechanism for nutrition met twice, due to the pandemic. The GFF is supporting improved coordination between the Ministry of Social Development and the Ministry of Health, by ensuring linkages between the two ministries through the redesign and digitization of their respective information systems.
- **Improving data for decision making:** The GFF is supporting the re-engineering of the national health management information system to improve data capture, transformation, and utilization, which includes enabling longitudinal tracking of patients. The GFF is also supporting the Secretariat for Food Security and Nutrition in developing a plan to monitor the implementation of the national nutrition strategy, including the review of indicators, data sources, baselines, and targets.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	140	2014	–	–
Under 5 mortality rate (per 1,000 live births)	19.7	2018	19.9	2019
Neonatal mortality rate (per 1,000 live births)	17	2014	–	–
Adolescent birth rate, 15–19 (per 1,000 women)	92	2014	–	–
Births <24 months after the preceding birth (%)	18.8	2014	–	–
Stunting among children under 5 years of age (%)	46.5	2014	–	–
Moderate to severe wasting among children under 5 years of age (%)	.7	2014	–	–
Stillbirths (per 1,000 pregnancies)*	10.7	2014	–	–

* The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Guatemala is 14 for the year 2014 (per 1,000 total births). See https://childmortality.org/data for more information.

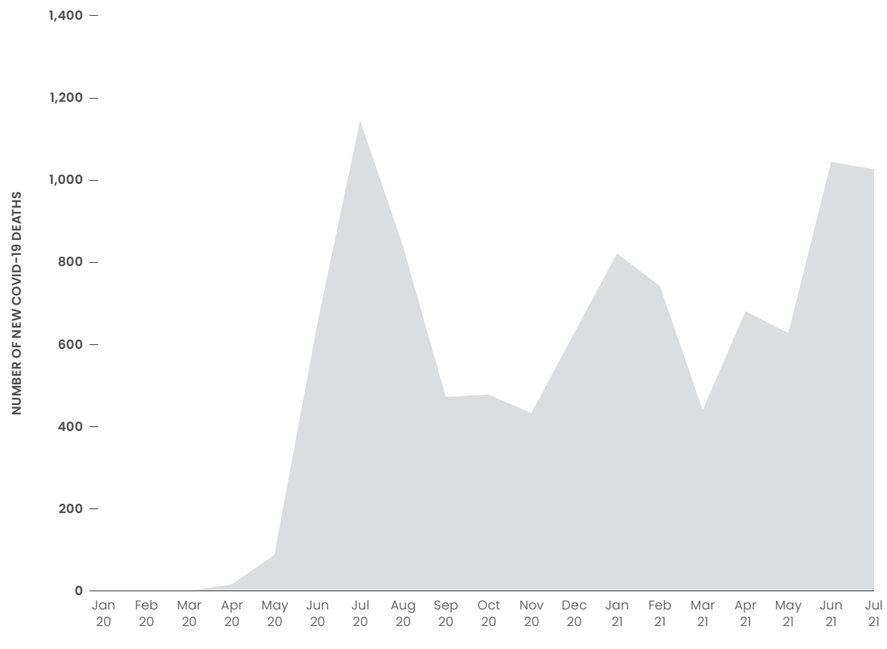
HEALTH FINANCING

	2015	2016	2017	2018	2019	2020*
Share of government budget allocated to health (%)	9.3	9.0	9.0	9.1	9.4	11.4
Health budget execution rate (%)	84	92.8	86.1	91.8	95.4	86.5
Share of health expenditure going to frontline providers (%)**	37.7	30.2	33.9	35.0	31.8	28.5
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	87.2	91.1	93.1	93.5	–	–
DGGHE as share of general government expenditure (%)	18.1	18.2	17.2	16.7	–	–
Out-of-pocket spending on health, per capita (US$)	128.1	135.5	140.7	149.3	–	–

* The 2020 budget approved by Congress of the Republic of Guatemala was increased by USD$ 205m to address COVID-19 and other health issues.

** For Guatemala, the share of health expenditure going to frontline providers refers to the percent of current health expenditures on primary health care.

DEATHS FROM COVID-19 IN GUATEMALA

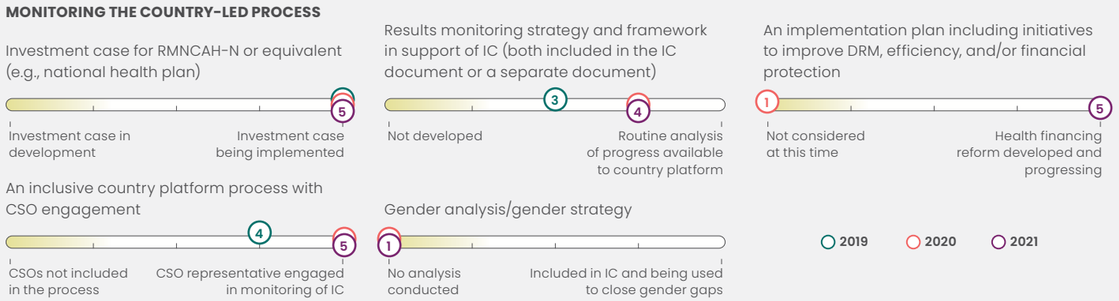


While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

Guatemala is not dependent on external financing, with less than 2% of total financing for the health sector from external sources. The GFF is supporting efforts to improve the planning, financial flow, and utilization of resources from the central Ministry of Health to departments within the ministry through improved alignment of annual purchasing and operating plans. The National Secretariat for Food Security and Nutrition (SESAN), which developed the investment case(IC) and will oversee its implementation, plans to conduct a costing and resource mapping exercise for the new investment case, to support planning, potential reprioritization and resource mobilization for any included activities demonstrated as being unfunded. The GFF will support SESAN in this exercise in any way requested or needed.

MONITORING THE COUNTRY-LED PROCESS



GUINEA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF is supporting the investment case (IC) that focuses primarily on community health care and the application of a package of community health services. The IC also promotes multisectoral coordination to operationalize civil registration and vital statistics (CRVS) operations and resource mapping and expenditure tracking to align donor resources around priorities.

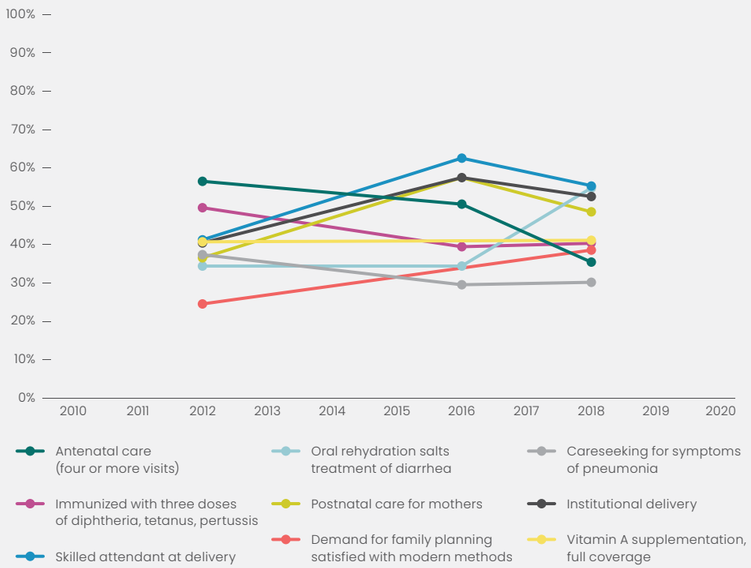
- **Prioritizing and implementing health financing and system reforms:** The IC aims to increase budgeting capacity and execution at the central and decentralized levels and improve spending efficiency and delivery efficiency of health services through results-based financing. Modernizing the CRVS system is also a priority area supported in collaboration with the Centre of Excellence, the European Union, UNICEF, UNFPA, and others. Efforts to enhance health services delivery also include reorganization of the strategy and development for the Ministry of Health and development and implementation of a comprehensive strategy for community health workers.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF strengthens the country platform by expanding engagement with civil society organizations and the private sector, building an accountability agenda and developing a communication plan. In addition, GFF technical support contributed to the development of an active technical working group for health financing management. The GFF is also supporting increased collaboration with the European Union and other partners on the health financing agenda for Guinea.

- **Improving data for decision making:** The GFF supports the collaborative development of a results framework with baselines, targets, and systems to monitor the IC. In partnership with the Global Fund and GAVI, the GFF continues to focus on strengthening health management information systems.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

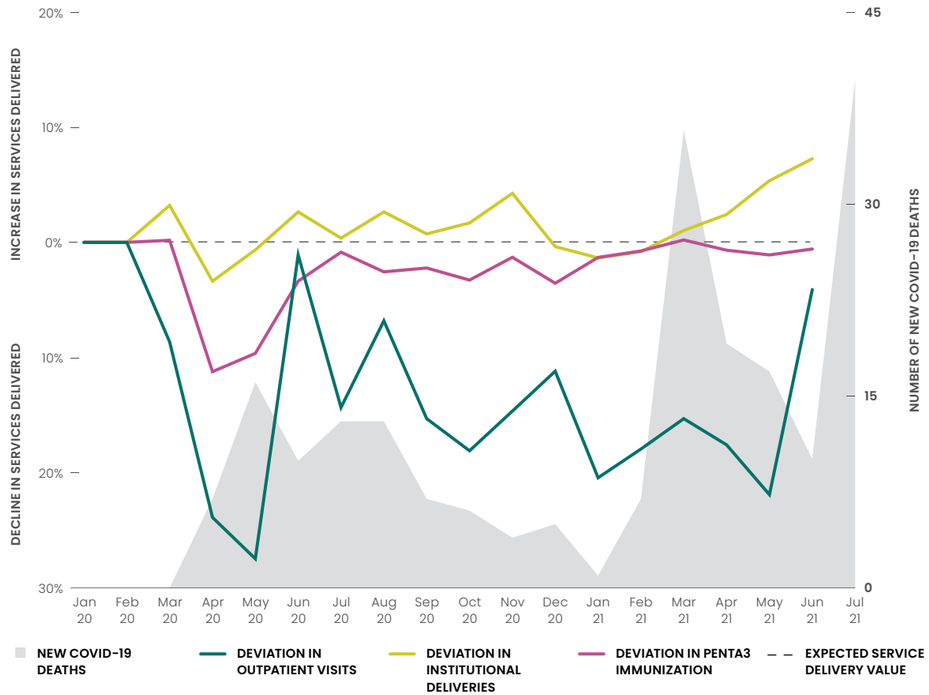
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	724	2012	550	2016
Under 5 mortality rate (per 1,000 live births)	123	2012	111	2018
Neonatal mortality rate (per 1,000 live births)	33	2012	32	2018
Adolescent birth rate, 15–19 (per 1,000 women)	146	2012	120	2018
Births <24 months after the preceding birth (%)	12.8	2012	16.4	2018
Stunting among children under 5 years of age (%)	31.2	2012	30.3	2018
Moderate to severe wasting among children under 5 years of age (%)	9.6	2012	9.2	2018
Stillbirths (per 1,000 pregnancies)*	–	–	13.4	2018

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Guinea is 25 for the year 2018 and 26 for the year 2012 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

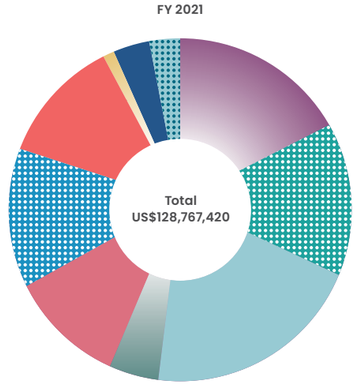
	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	5	6	7	8	6
Health budget execution rate (%)	–	89	73	40	58	78
Share of health expenditure going to frontline providers (%)	–	–	–	21	36.7	26.1
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	3.3	4.9	6.1	6.3	–	–
DGGHE as share of general government expenditure (%)	2	4.1	4.1	4.1	–	–
Out-of-pocket spending on health, per capita (US$)	22.1	19.7	20.5	23.2	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

Guinea experienced a 29% shortfall in the volume of outpatient consultations in May 2020 compared to expected values, followed by a rise in September and then persisting shortfalls over the remaining months of the year. Institutional deliveries and Penta3 vaccinations remained close to expected values throughout the pandemic, following an initial drop in the volume of Penta3 vaccinations early in the pandemic.



RESOURCE MAPPING

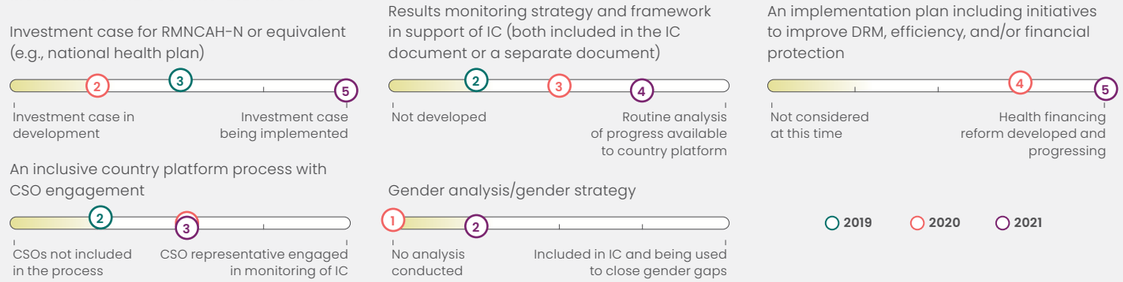
Resource mapping shows that the Guinean government's health budget allocation for investment case priorities represents 17.6% of such funds available in 2021, indicating that there is good potential for further government resources to be directed towards RMNCAH-N priorities.

The majority of the IC financing (82.4%) is from technical and financial partners. The Global Fund (20.1%), the World Bank (14.4%), the European Union (13.1%), UNICEF (12.2%) and USAID (10.6%) are the five largest financial partners. Their combined contributions make up about 70.4% of the total IC funding for the fiscal year 2021 (US$ 90.7 million out of a total of US$ 128.8 million).

A new resource mapping exercise is currently underway, which will not only identify resources for 2022 and beyond, but also track the expenditure in 2020 of previously mapped funding.

GOVERNMENT OF GUINEA · GLOBAL FUND · EU · UNFPA
WORLD BANK IDA · GAVI · UNICEF · OTHER
USAID · WHO · GAP

MONITORING THE COUNTRY-LED PROCESS



HAITI

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) for Haiti, which is under development, has created momentum for streamlining links between existing strategies, such as the 2021-31 Health Sector Plan, and setting priorities around which the many partners in Haiti could align. Despite delays due to the COVID-19 pandemic and significant political unrest, the country, with support from key partners, continues to advance on important reforms in community health, supply chains, information systems, and surveillance.

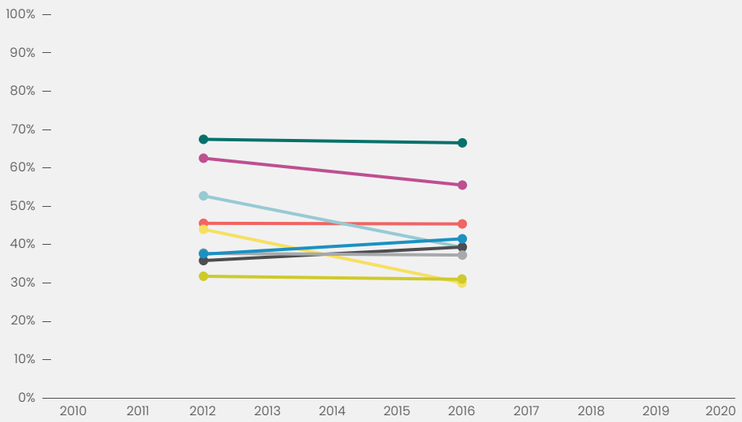
- **Prioritizing and implementing health financing and systems reforms:** The IC focuses on moving resources to the front lines for increased efficiency and enhancing preventive care through community service delivery. To better balance the geographic deployment of human resources, the government launched a standardized national community health workers strategy. Other priority reform areas include scaling up results-based financing for primary health care services with World Bank and GFF support, creating a sustainable medical storage and distribution mechanism to strengthen the supply chain, and enhancing surveillance and laboratory capacity.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF is acting as a catalyst for leveraging partnerships within the Ministry of Health and with other government and nongovernment entities to achieve outcomes and priorities outlined in the IC and increase donor alignment. Recently, the Global Fund entered a cofinancing agreement with the World Bank and GFF for health systems reforms. The GFF and partners are supporting the restructuring of the project implementation unit and cooperating to scale up performance-based financing.

- **Improvement of data for decision making:** To support data-informed decision making, the government of Haiti continues to strengthen epidemiological surveillance and monitoring and evaluation mechanisms, building on significant improvements in health management information systems. In addition, parallel efforts are under way to improve the interoperability of other data systems used for the country's supply chain, human resources, community health, and laboratories.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

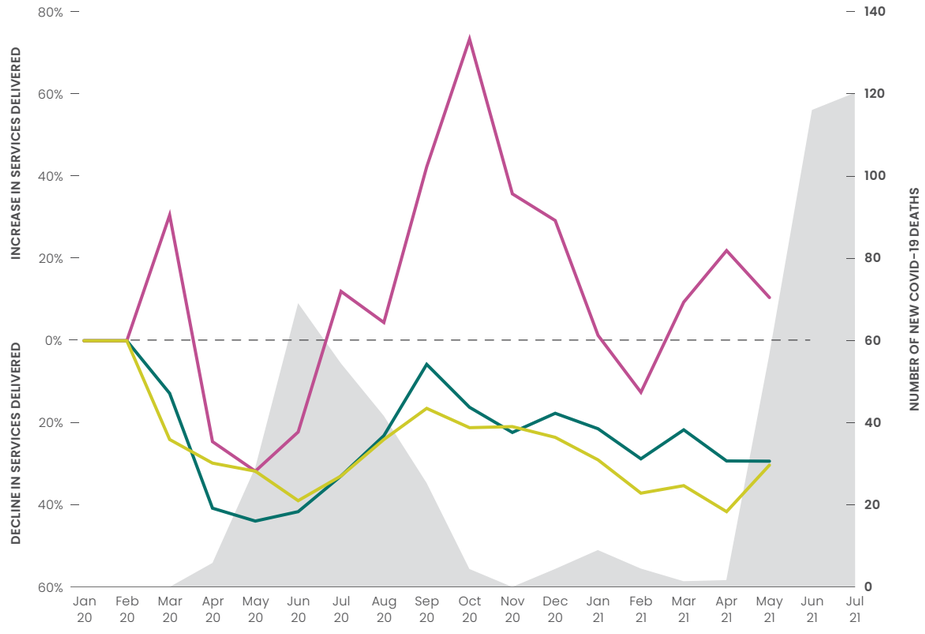
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	–	–	529	2016
Under 5 mortality rate (per 1,000 live births)	88	2012	81	2016
Neonatal mortality rate (per 1,000 live births)	31	2012	32	2016
Adolescent birth rate, 15–19 (per 1,000 women)	66	2012	59	2016
Births <24 months after the preceding birth (%)	19.4	2012	17.8	2016
Stunting among children under 5 years of age (%)	21.9	2012	21.9	2016
Moderate to severe wasting among children under 5 years of age (%)	5.1	2012	3.6	2016
Stillbirths (per 1,000 pregnancies)*	–	–	–	–

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Haiti is 20.5 for the year 2016 and 21.5 for the year 2012 (per 1,000 total births . See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	4.4	3.9	3.9	10.9	4.1
Health budget execution rate (%)	–	77	90	83	100	93
Share of health expenditure going to frontline providers (%)	–	–	94.7	95.8	97	91.4
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	7.5	6.5	7.4	7.7	–	–
DGGHE as share of general government expenditure (%)	4.4	5	5.4	4.8	–	–
Out-of-pocket spending on health, per capita (US$)	22.9	20.9	25.1	28	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



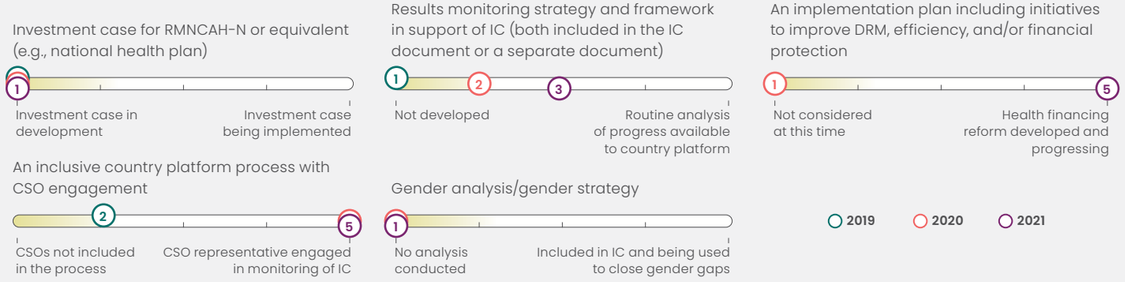
Monitoring Essential Health Services during COVID-19

Haiti experienced declines in the volume of essential health services delivered, with shortfalls of up to 44% for outpatient consultations, 26% for Penta3, and 35% for institutional deliveries compared to the expected values. Penta3 vaccinations rose to reach well above expected levels in April 2021, but the volume of outpatient consultations and institutional deliveries have remained below expected values.

RESOURCE MAPPING

In July 2019, the External Cooperation division within the planning unit of Haiti's Ministry of Public Health and Population launched a resource mapping of funding — both national budget and external financing — in the health sector. Among the objectives of this resource mapping exercise is an assessment of how available financing maps to budgetary requirements outlined in sectoral strategies and plans. These strategies and plans include the country-led investment case under development, key reforms in the health sector, and geographic distribution of funds. Haiti initially planned to complete its resource mapping by May 2020. However, the COVID-19 outbreak interrupted the resource mapping exercise in January 2020. The resource mapping exercise will be undertaken as part of the investment case development process, once priorities have been defined.

MONITORING THE COUNTRY-LED PROCESS



INDONESIA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF supports the development and implementation of the National Strategy to Accelerate Stunting Prevention (StraNas Stunting), which serves as the investment case (IC) for Indonesia. Within the IC the GFF supports the convergence of high impact interventions across sectors. In addition, it also supports the scaleup of (a) early childhood development (ECD) services for parents and children under two; (b) nutrition-sensitive food assistance; and (c) behavior change communication (BCC) efforts. It also supports the strengthening of governance and accountability systems, including establishment of a data-driven monitoring and evaluation system for the IC to strengthen management capacity for implementation.

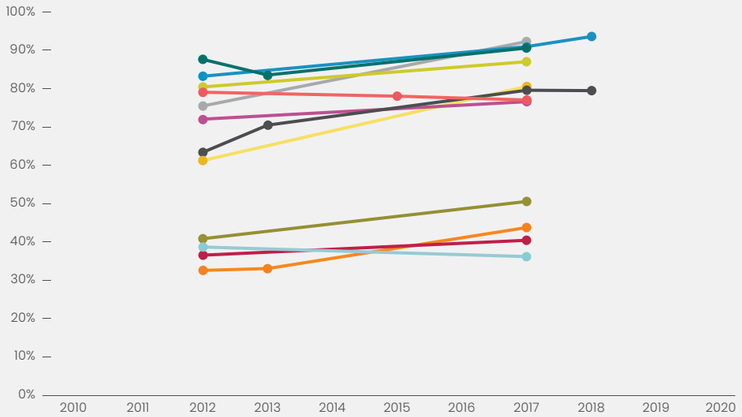
- **Prioritizing and implementing health financing and systems reforms:** The GFF contributed to the scaling up of a village convergence scorecard, the child-length mat, and mobilization of health development workers (HDWs) to empower 70,000+ villages to converge services and leverage village budget for stunting reduction. Moreover, the GFF supports the rollout of innovative technology solutions (for example, the e-HDW mobile application) to enable real-time monitoring from 75,000 villages and improve HDW capacity to manage the convergence program at village level. In addition, the GFF helps improve the performance assessment of fiscal transfers to districts and villages to enhance accountability for results. The GFF also backs introduction of a new financing instrument to incentivize coordination and implementation of the convergence program. Furthermore, the GFF supports development of a system for tracking government expenditures on priority nutrition interventions and institutionalizing a comprehensive nutrition budget review to link spending with performance.

- **Strengthening the country platform and convening financial and technical partners at country level:** At the national level, the GFF has helped to strengthen the leadership and oversight capacity of the Office of Vice President to secure political commitment at all levels. At the district level, GFF has supported districts to implement the convergence action plan and enhance alignment of planning and budgeting process with the priorities outlined in StraNas Stunting.

- **Improving data for decision making:** The GFF supports establishment of a results monitoring team in the Office of the Vice President to address bottlenecks; use of monitoring dashboard as data visualization tool at central and district levels; institutionalization of district performance assessment for planning and budgeting; and peer-to-peer learning and best practice sharing across districts.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

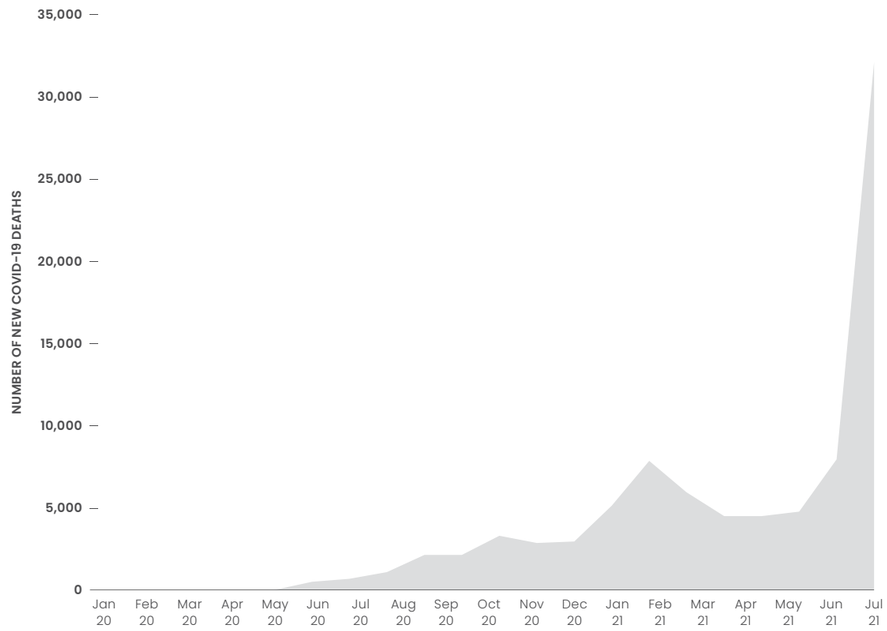


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	359	2012	305	2015
Under 5 mortality rate (per 1,000 live births)	40	2012	32	2017
Neonatal mortality rate (per 1,000 live births)	19	2012	15	2017
Adolescent birth rate, 15–19 (per 1,000 women)	48	2012	36	2017
Births <24 months after the preceding birth (%)	10.5	2012	9	2017
Stunting among children under 5 years of age (%)	30.5	2018	27.7	2019
Moderate to severe wasting among children under 5 years of age (%)	10.2	2018	7.4	2019
Stillbirths (per 1,000 pregnancies)*	10.6	2012	8.9	2017

* The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Indonesia is 10 for the year 2017 and 11 for the year 2012 (per 1,000 total births). See https://childmortality.org/ data for more information.

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	8.4	8.1	8.5	–	–
Health budget execution rate (%)	–	90	97	62	–	–
Share of health expenditure going to frontline providers (%)	–	17.4	25.5	27.3	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	41	50.4	51.2	55.1	–	–
DGGHE as share of general government expenditure (%)	7	8.4	8.1	8.5	–	–
Out-of-pocket spending on health, per capita (US$)	41.3	41.8	39.6	38.9	–	–

DEATHS FROM COVID-19 IN INDONESIA

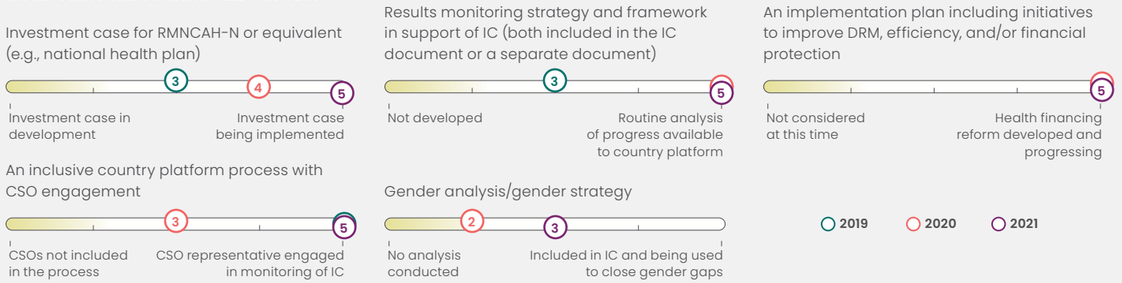


While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic. In addition, the GFF is supporting some of the innovations and adaptation to a COVID-19 environment, including innovative modeling techniques to adapt to a limited travel environment.

RESOURCE MAPPING

Since Indonesia's investment case is focused on nutrition, the country's resource mapping covers multiple sectors. Indonesia's National Planning Agency and Ministry of Finance are leading a budget tagging exercise that enables multisectoral resource mapping for domestic resources. With support from the World Bank and GFF, the government launched financing reforms for institutionalizing multisectoral expenditure tracking system, which is prepared on an annual basis and linked to a robust performance review and course correction process. The multisectoral nutrition budget tagging, tracking, and evaluation is included in the disbursement-linked indicators in the GFF cofinanced project (INEY PforR). Results for budget tagging and tracking were completed in 2019 and 2020. The nutrition budget performance reviews in 2019 and 2020 were widely disseminated to key national stakeholders and have been used to improve the prioritization of the interventions, strengthen program implementation, and guide resource allocation by identifying service delivery gaps.

MONITORING THE COUNTRY-LED PROCESS



KENYA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment framework:** The investment framework prioritizes 20 counties across Kenya and informs county-specific, evidence-based, prioritized work plans linked to World Bank and GFF Trust Fund financing. Strategies focus on reducing coverage disparities in underserved counties and marginalized populations and addressing bottlenecks and gaps in the health system that hinder delivery of services and scale-up of evidence based, high-impact interventions.

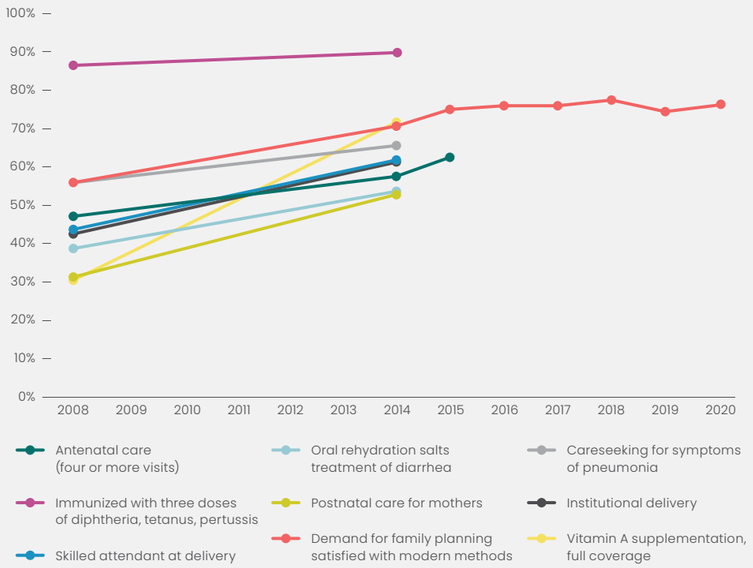
- **Prioritizing and implementing health financing and systems reforms:** GFF support, linked to the Transforming Health Systems for Universal Care Project (THS-UCP), has helped counties increase budget allocation for health and shift to a model based on results for key indicators in alignment with national priorities. The reproductive, maternal, newborn, child, and adolescent health multidonor trust fund technical assistance, directly aligned with the THS-UCP, has helped standardize planning and budgeting, improve supply chain management, and enhance coordination and accountability. The GFF also provided technical assistance to support the design and implementation of universal health care reforms and strengthened engagement with the private sector.

- **Strengthening the country platform and convening financial and technical partners:** The platform is currently focusing on the evaluation of the concluded investment framework, which will also advise ongoing engagements on RMNCAH-N in the country.

- **Improving data for decision making:** Prioritized work plans are monitored quarterly through the following methods: scorecard, resource allocation and mobilization, advocacy, identification of priority areas and decision making, progress monitoring, and performance review. In 2020, the government published its report, used to identify counties lagging in birth and death registration. In addition, birth and death registration will be accelerated through piloting a GFF-supported mobile civil registration unit for remote areas.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

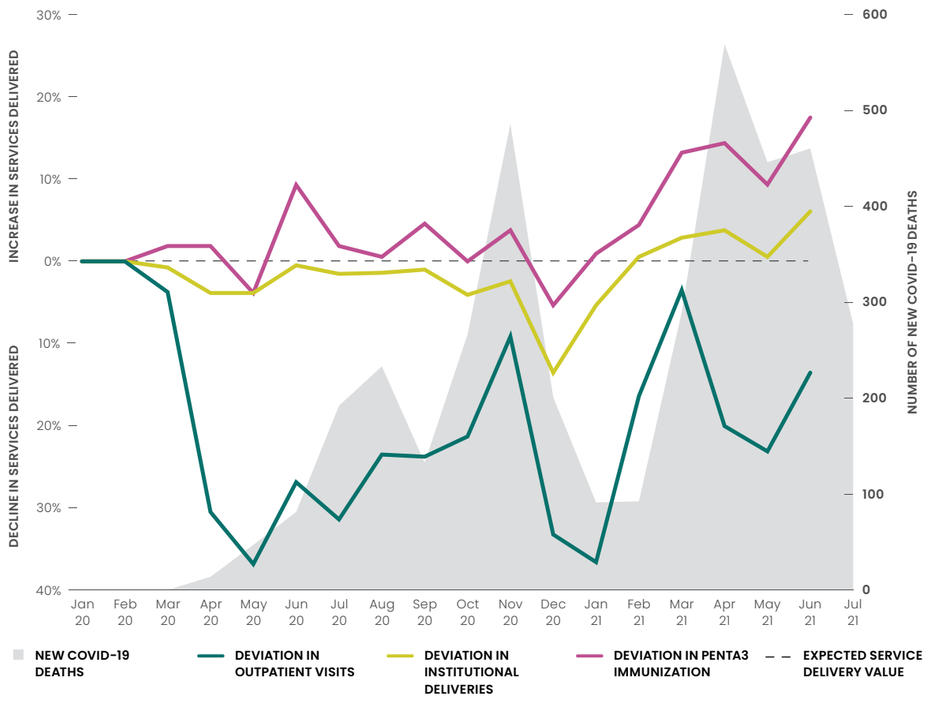


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	488	2008	362	2014
Under 5 mortality rate (per 1,000 live births)	74	2008	52	2014
Neonatal mortality rate (per 1,000 live births)	31	2008	22	2014
Adolescent birth rate, 15–19 (per 1,000 women)	103	2008	96.3	2014
Births <24 months after the preceding birth (%)	22.6	2008	17.9	2014
Stunting among children under 5 years of age (%)	35.3	2008	26.2	2014
Moderate to severe wasting among children under 5 years of age (%)	6.7	2008	4	2014
Stillbirths (per 1,000 pregnancies)*	11.5	2008	13.3	2014

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Kenya is 20 for the year 2014 and 21 for the year 2008 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	6.5	6.8	7.4	9.1	11.5
Health budget execution rate (%)	–	72	77	78	–	–
Share of health expenditure going to frontline providers (%)	–	34	34	37	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	28.2	31	32.4	37.2	–	–
DGGHE as share of general government expenditure (%)	7.8	8	7.9	8.5	–	–
Out-of-pocket spending on health, per capita (US$)	18.8	18.1	18.2	20.9	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



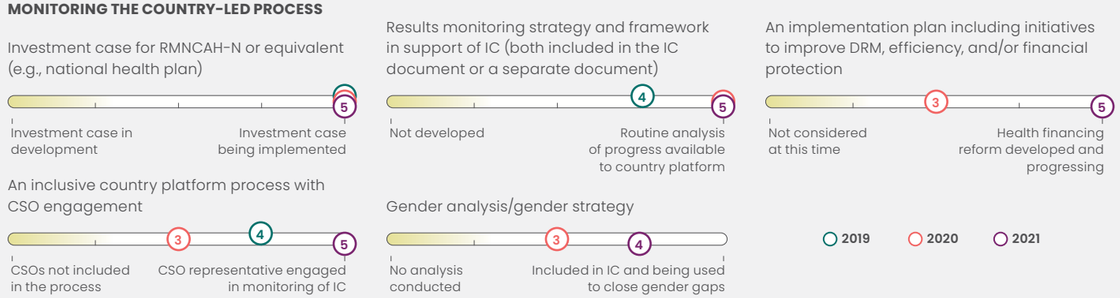
Monitoring Essential Health Services during COVID-19

In April and May of 2020, Kenya recorded a 37% shortfall in the volume of outpatient visits compared to expected values. Outpatient consultations remained below expected values throughout the pandemic, reaching a cumulative shortfall of 25% through June 2021 compared to the expected volume. Institutional deliveries and Penta3 vaccinations remained closer to expected values through 2020, dipping in December 2020 and rising the following spring. The cumulative shortfall in institutional deliveries stood at 4% through June 2021.

RESOURCE MAPPING

Resource mapping informs and supports the implementation of the RMNCAH investment framework. The financial requirement for RMNCAH investments for the 20 priority counties was estimated at US$989 million from 2017-18 to 2019-20, (according to RMNCAH investment framework). Although detailed information is not currently available, Kenya's Ministry of Health estimates the government contributes 43% of all health expenditures, households (26%) through out-of-pocket payments, donors (18%), and other private sources (13%), representing a progressive trend toward an increased government share of funding and a decreased share from external partners. External contributing health partners include the Bill & Melinda Gates Foundation, the Clinton Health Access Initiative, Global Fund, Gavi, the governments of Denmark, Japan (JICA), United Kingdom (DFID), and United States (PEPFAR, USAID, CDC), the United Nations H6 partners, and the World Bank.

MONITORING THE COUNTRY-LED PROCESS



LIBERIA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** Across Liberia, the GFF has helped prioritize six lagging counties based on remoteness, low performance, and limited resources. Four counties received additional funding based on identified needs, while a new quality improvement bonus has incentivized results and increased funding for frontline health centers. The GFF's resource mapping and expenditure tracking (RMET) exercise showed the investment case successfully aligned partners such as Global Fund, USAID, UNICEF, World Bank, and others around priorities.

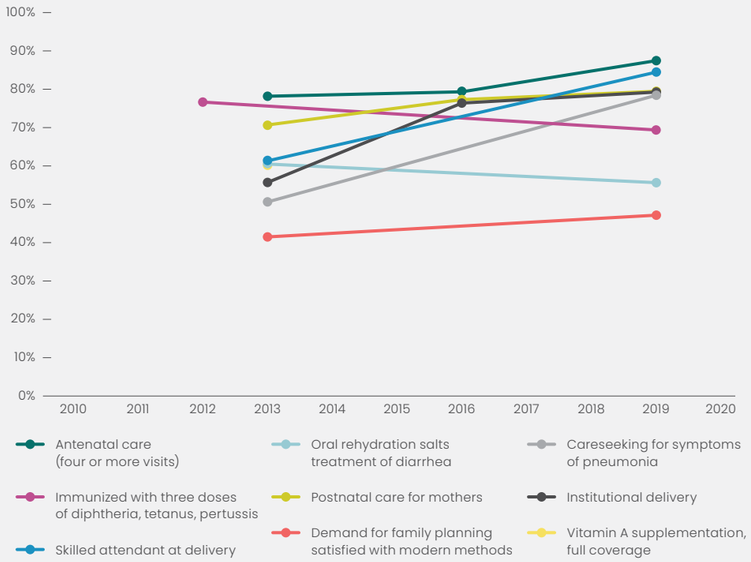
- **Prioritizing and implementing health financing and system reforms:** The GFF helped build and support country capacity to conduct an electronic RMET system and health financing strategy. A GFF-supported public expenditure review found significant inefficiencies and decreases in domestic and external funding for priority counties. The RMET results, along with the review's recommendations, are guiding reforms. The GFF is also supporting analytical work on performance-based financing (PBF) approaches implemented by partners to help create a harmonized national system. Partners have agreed to align approaches in the next funding cycle.

- **Strengthening the country platform and aligning financial and technical partners at country level:** The GFF has spearheaded joint donor missions with the World Bank, GAVI, Global Fund, and USAID, which resulted in agreement on specific actions with the Liberia Ministry of Health (MOH). The GFF is also supporting the Health Sector Coordination Committee, chaired by the MOH, and promoting inclusion of nongovernmental and civil society organizations, along with country representatives. A 2020 country platform assessment (CPA) showed improved coordination and collaboration, including within joint missions.

- **Improving data for decision making:** The CPA also demonstrated that GFF support for verification of PBF data by health facilities, use and dissemination of performance evaluation review and RMET data, and scorecard data visualizations have led to routine data quality improvements (for instance, the error rate fell from 45 percent in Q4 of 2018 to 11 percent in Q3 of 2020). The GFF has also helped expand civil registration and vital statistics systems in 65 percent of hospitals, 17 percent of health centers and 29 percent of health districts. Maternal and neonatal deaths are now reviewed weekly at the central level by a newly established technical committee supported by the GFF.

RMNCAH-N COVERAGE INDICATORS

Data on immunization are presented from the WHO/UNICEF joint reporting process and recent population-based surveys. All other RMNCAH-N coverage indicators are presented from the most recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	1,072*	2013	742	2019
Under 5 mortality rate (per 1,000 live births)	94	2013	93	2019
Neonatal mortality rate (per 1,000 live births)	26	2013	37	2019
Adolescent birth rate, 15–19 (per 1,000 women)	149	2013	128	2019
Births <24 months after the preceding birth (%)	15.5	2013	–	–
Stunting among children under 5 years of age (%)	31.6	2013	30	2019
Moderate to severe wasting among children under 5 years of age (%)	5.6	2013	3	2019
Stillbirths (per 1,000 pregnancies)*	10.7	2013	11.5	2019

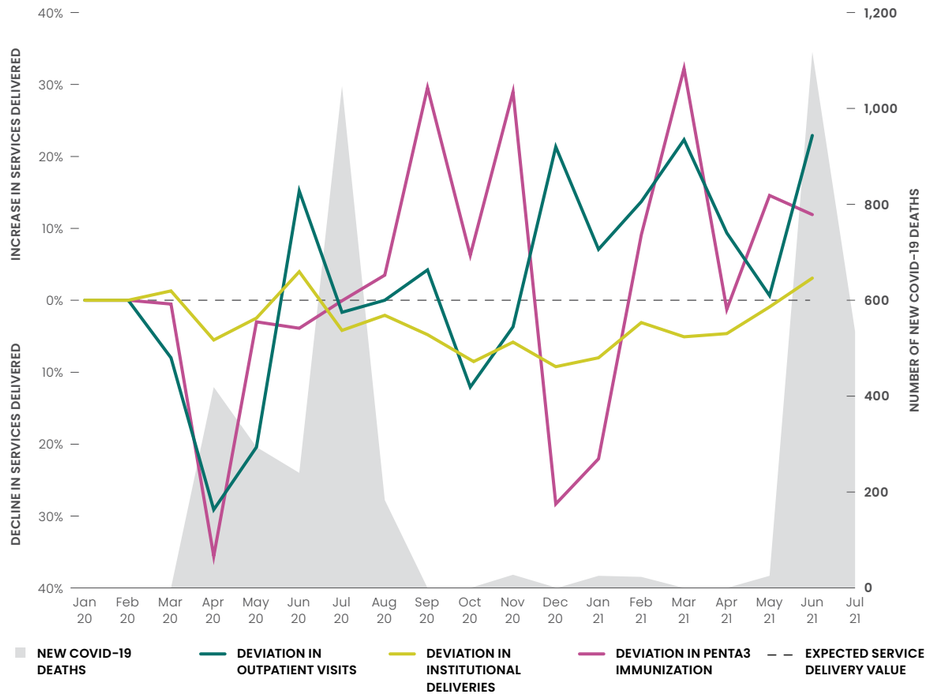
*2013 MMR DHS value represents pregnancy-related mortality.

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Liberia is 24 for the year 2019 and 25 for the year 2013 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	12.4	11.7	12.9	13.0	14.3	16.3
Health budget execution rate (%)	88.7	88.8	69.9	84	79.3	99.9
Share of health expenditure going to frontline providers (%)	–	43	43	32	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	8.3	9.9	9.8	11.4	–	–
DGGHE as share of general government expenditure (%)	3.3	3.9	4.2	5.2	–	–
Out-of-pocket spending on health, per capita (US$)	34.2	32.8	25.9	19	–	–

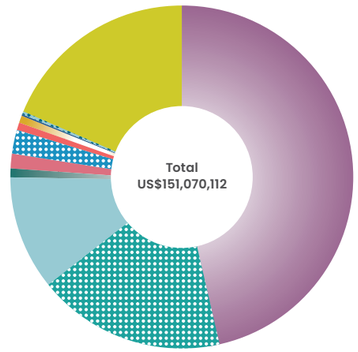
SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

In Liberia, the volume of outpatient consultations declined compared to expected values in the spring of 2020, reaching a shortfall of 29%. While outpatient consultations rose to 22% higher than expected values in December, institutional deliveries remained below expected levels through the spring of 2021. The number of children immunized with Penta3 dropped in the spring of 2020 compared to the expected levels, reaching a 35% shortfall, but rose to 30% higher than expected values in September 2020 and remained above expected values through 2021.

FY 2021



RESOURCE MAPPING

The resource mapping shown in the graphic at left is sourced from the government of Liberia's online national resource mapping system (ZOHO). As of October 2021, the government and donors listed below collectively contribute US$151 million to the investment case(IC). Domestic government resources account for approximately 47% of total resources available. As donor contributions are verified at the end of the 2021 calendar year,* the total amount of resources will increase. The government of Liberia is committed to funding the IC through increased resource mobilization and demonstrates their commitment through updating, analyzing, and making informed decisions based on resource mapping data.

- GOVERNMENT OF LIBERIA
- USAID
- GFATM
- UNFPA
- BMZ/GERMAN
- GAVI
- WHO
- EU
- CRS
- PEOPLE'S REPUBLIC OF CHINA
- OTHER

* Contributions from World Bank and the GFF Trust Fund forthcoming

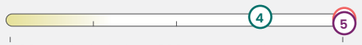
MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

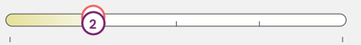
Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement



Gender analysis/gender strategy



2019 2020 2021

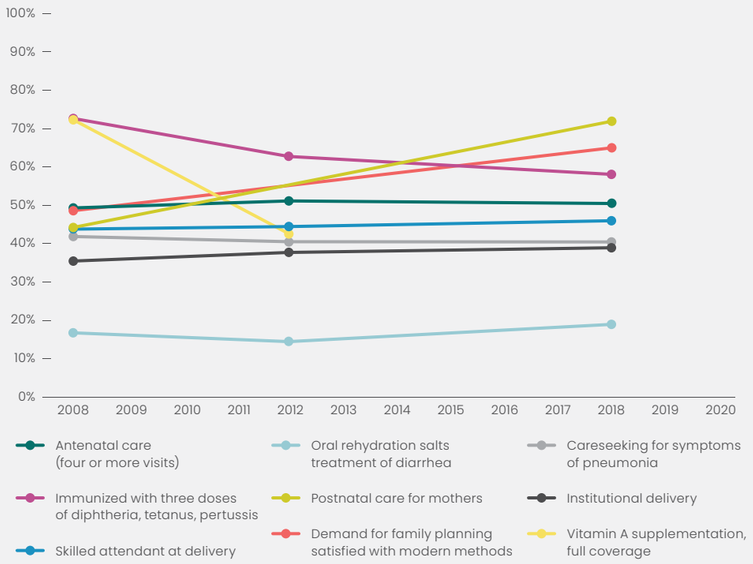
MADAGASCAR

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF helped the government develop a US$502 million investment case (IC) for Madagascar aligned with the national Health Sector Development Plan. The IC aims to save the lives of approximately 10,000 newborns, 3,000 mothers, and 40,000 children under five years.
- **Prioritizing and implementing health financing and systems reforms:** The government plans to develop a new health financing strategy on universal health care. Other key objectives include increasing financial autonomy for health at the local level.
- **Strengthening the country platform and convening financial and technical partners at country level:** Three government focal points within the Ministry of Public Health have helped aligned partners around the development of the IC, backed by technical expertise from the core group and the technical working group. Collaboration between the GFF and partners on National Health Accounts and resource mapping and expenditure tracking has the potential to increase the transparency of donor and government financing.
- **Improving data for decision making:** A rollout of a web-based health data system (DHIS2) is strengthening health management across the country at the primary health care level. Based on DHIS2 data, the GFF has been able to produce information on the disruption of essential health services during the COVID-19 pandemic.

RMNCAH-N COVERAGE INDICATORS

Data on immunization are presented from the WHO/UNICEF joint reporting process and recent population-based surveys. All other RMNCAH-N coverage indicators are presented from the most recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	478	2012	–	–
Under 5 mortality rate (per 1,000 live births)	62	2012	59	2018
Neonatal mortality rate (per 1,000 live births)	26	2012	21	2018
Adolescent birth rate, 15–19 (per 1,000 women)	163	2012	151	2018
Births <24 months after the preceding birth (%)	22.9	2008	–	–
Stunting among children under 5 years of age (%)	47.4	2012	41.6	2018
Moderate to severe wasting among children under 5 years of age (%)	8.6	2012	6.4	2018
Stillbirths (per 1,000 pregnancies)*	–	–	–	–

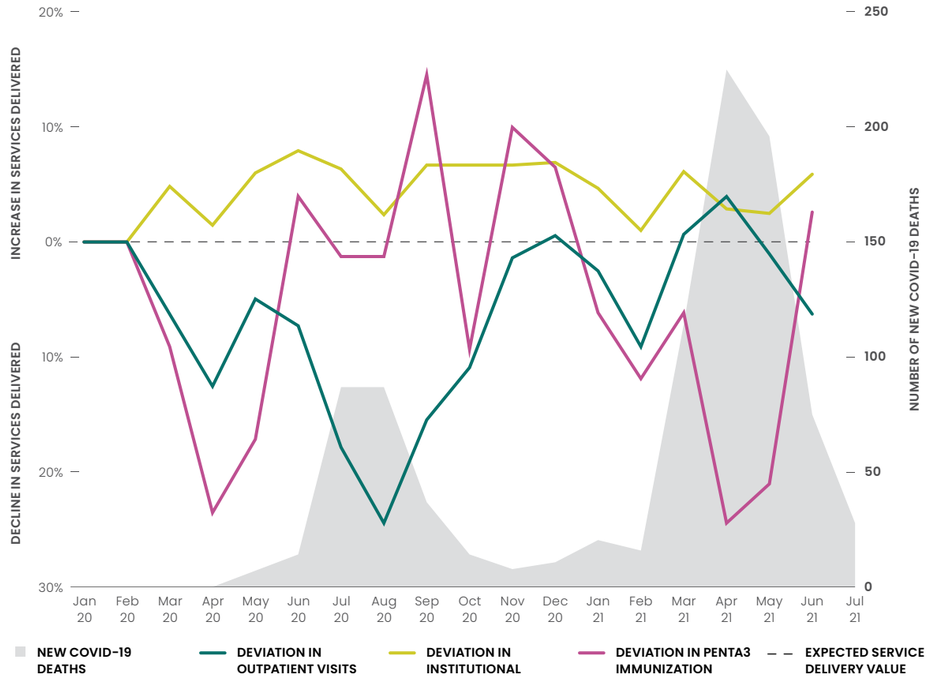
*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Madagascar is 18 for the year 2008 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)*	–	–	–	–	4.6	4.2
Health budget execution rate (%)	–	–	–	–	86	91
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.3	11.3	11.6	7.9	–	–
DGGHE as share of general government expenditure (%)	15.3	17.5	15	10.5	–	–
Out-of-pocket spending on health, per capita (US$)	5.6	5.4	6.1	6.2	–	–

*Does not include partner/external financing data.

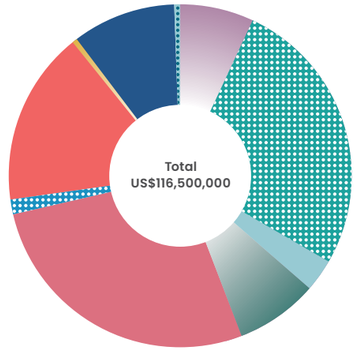
SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

With the onset of COVID-19 in Madagascar, shortfalls in the volume of services provided reached levels above 20% compared to expected values for children immunized with the third dose of pentavalent and outpatient consultations. While Penta3 rose to higher values than expected by September 2020, shortfalls returned in April and May 2021. Outpatient consultations remained lower than expected throughout this period, with an overall cumulative shortfall of 10% through June 2021.

FY 2021

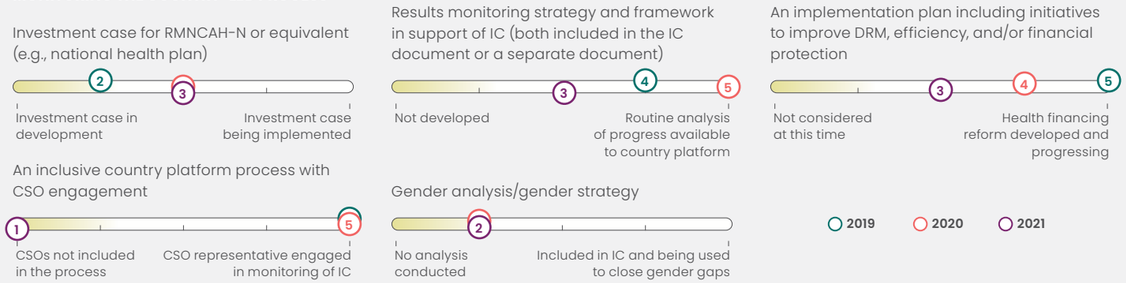


RESOURCE MAPPING

A resource mapping and expenditure tracking (RMET) exercise accompanied the development of the RMNCHA-N investment case (IC) and was completed in 2020. Covering 2020 through 2023, the exercise identified resources available from donors as well as from the government budget. The RMET exercise has shown that, FY 2021, about US$116 million was available to cover the cost of interventions included in the IC, of which about 93% were provided by development partners. Among the partners, the largest financial contributions were provided by the World Bank, through IDA financing, and by USAID. The exercise also showed some important financing gaps for 2021, especially for routine child immunization.

GOVERNMENT OF MADAGASCAR · GLOBAL FUND · FRENCH DEVELOPMENT AGENCY · UNICEF · OTHER
WORLD BANK IDA · GAVI · EU · WHO · GAP
USAID · UNFPA

MONITORING THE COUNTRY-LED PROCESS



MALAWI

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF supported the development of the investment case (IC) for Malawi tied to the operational plan for the national Health Sector Strategic Plan 2017–22 (HSSP-II). The GFF is cofinancing a World Bank project, Investing in Early Years for Growth and Productivity, approved prior to IC development and aligned with IC priorities.

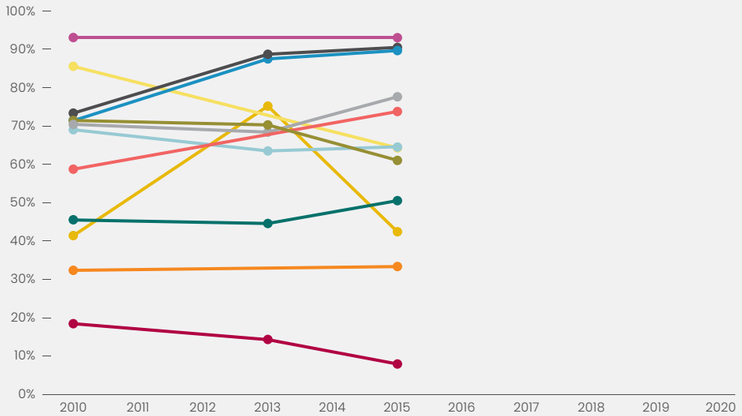
- **Prioritizing and implementing health financing and systems reforms:** The main reform focuses on improving decentralized, district-level planning, budgeting, and execution, including strengthening the financial autonomy of health facilities. The GFF has given new momentum to improving district implementation plans and using them to inform national budget allocation as part of decentralizing service delivery responsibilities. The clearer identification of underfunded priorities, rolled up from subnational level, is designed to enhance donor alignment. The IC also focuses on improving the recruitment and effective deployment of community health workers and nurse-midwives.

- **Strengthening the country platform and convening financial and technical partners at country level:** The Health Sector Working Group, chaired by the Secretary of Health, will be used as a mechanism to track and support IC implementation. IC integration into the operational plan for the HSSP-II and tracking of inputs and outputs are still in an early phase. The aim is to better align donors around the identified priorities and support engagement of all interested civil society organizations during IC implementation to enhance accountability. The GFF also coordinates with key partners to support the government in preparing a new HSSP for 2022–30, to launch in April 2022.

- **Improving data for decision making:** The IC supports introducing digital data collection tools, building capacity to collect and use data, and increasing coordination and interoperability across existing data systems. Other reforms include linking the civil registration and vital statistics electronic system and web-based health management information system to determine the share of registered births as well as supporting the adoption, integration, and use of birth certificates and unique ID in the provision of health services. A secondary analysis of health data is under way to determine changes in essential health services utilization levels at the national and subnational levels during the COVID-19 pandemic.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

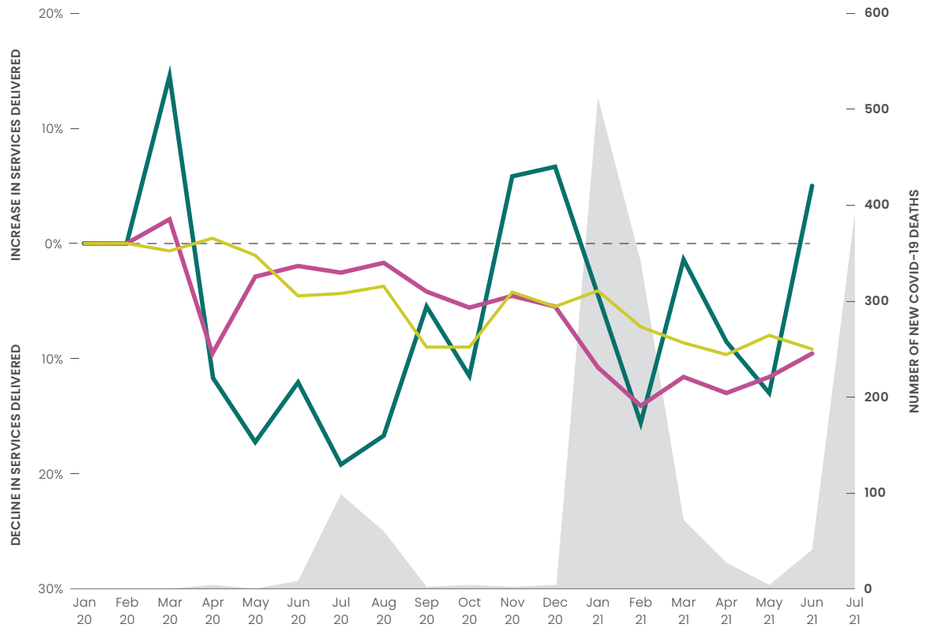


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	675	2010	493	2015
Under 5 mortality rate (per 1,000 live births)	112	2010	63	2015
Neonatal mortality rate (per 1,000 live births)	31	2010	27	2015
Adolescent birth rate, 15–19 (per 1,000 women)	152	2010	136	2015
Births <24 months after the preceding birth (%)	15	2010	11.5	2015
Stunting among children under 5 years of age (%)	47.3	2010	37	2015
Moderate to severe wasting among children under 5 years of age (%)	4	2010	3	2015
Stillbirths (per 1,000 pregnancies)*	15.8	2010	13.5	2015

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Malawi is 17 for the year 2016 and 20 for the year 2010 (per 1,000 total births). See https://childmortality.org/data for more information.

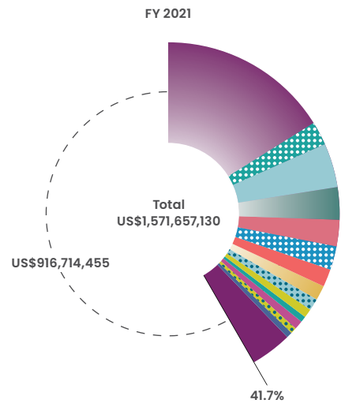
HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	10.2	9.6	9.7	9.4	9.3
Health budget execution rate (%)	–	103	94	98	–	79
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Government per capita total health expenditure	–	10	8.9	9.6	–	–
Government Total Health Expenditure as % of Total Government Expenditure	–	11.9	10	9.5	–	–
Out-of-pocket spending on health, per capita (US$)	3.9	3.5	3.6	4	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

Malawi recorded shortfalls in the volume of institutional deliveries and Penta3 between May 2020 and June 2021 compared to expected values. The volume of Penta3 vaccinations reached its lowest levels in February 2021, contributing to a cumulative shortfall of 4%. Outpatient consultations fell to a monthly shortfall of 16% in February, contributing to a cumulative decline of 7% through June 2021. Institutional deliveries remained low throughout this period, with a cumulative shortfall of approximately 4% compared to expected levels.

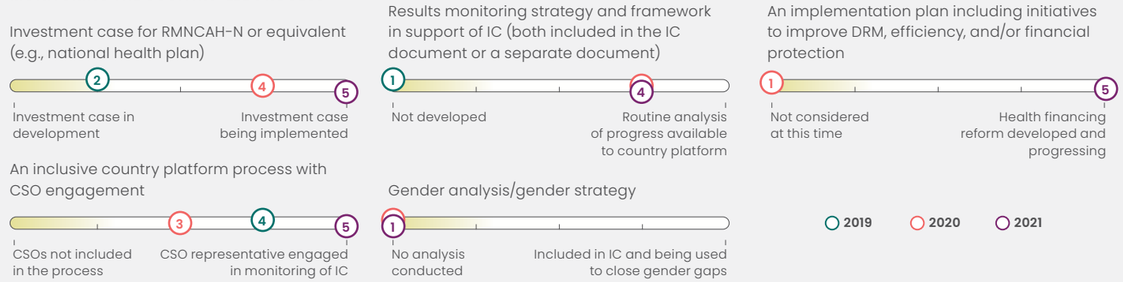


RESOURCE MAPPING

Malawi has conducted extensive resource mapping and expenditure tracking for the health sector. More than 180 donors and implementing partners in Malawi who contribute to health financing, with external financing accounting for 75% of funding. As such, aid coordination is a key priority in improving the efficiency and effectiveness of health spending. The Ministry of Health consolidated and costed priorities from national and subnational government annual plans and strategies, then analyzed their funding sufficiency and urgency by priority and district. The resulting HSSP II Operational Plan was launched in July 2020 and illustrates the key funding gaps and opportunities for enhancing allocative efficiency and aid effectiveness. The government of Malawi will continue to update the operational tool on an annual basis, with increasing emphasis on data use and tracking implementation.

GOVERNMENT OF MALAWI · HEALTH SERVICES JOINT FUND · GFATM · EU · GIZ
WORLD BANK/GFF · USAID EXCLUDING PEPFAR · KfW · UNITED STATES/PMI · OTHER
USG - PEPFAR · GAVI · BMGF · GAP
UK · UNICEF

MONITORING THE COUNTRY-LED PROCESS



MALI

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) for Mali focuses on health financing reforms and service delivery improvements through prioritized interventions, including scaling up the community health worker program, improving the supply chain for health supplies and equipment, increasing adolescent access to health services, and reducing gender-based violence. However, recent political volatility has hindered IC implementation.

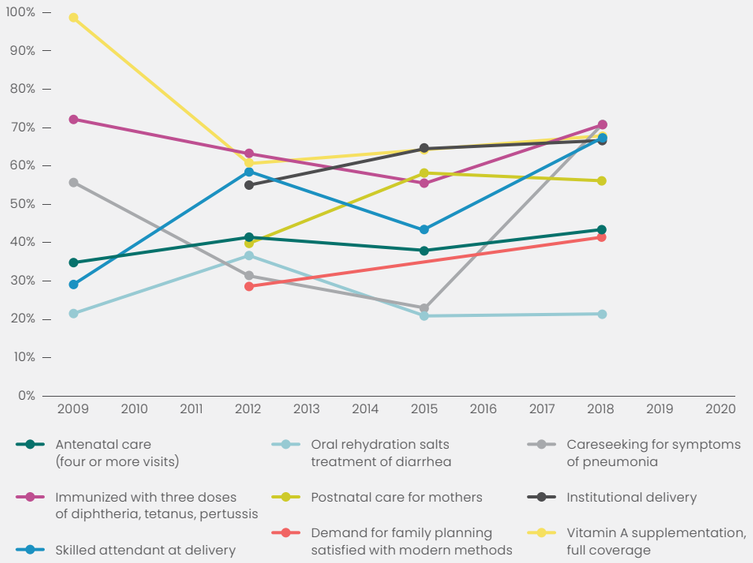
- **Prioritizing and implementing health financing and systems reforms:** To improve financing efficiency and availability, the IC aims to increase domestic resource mobilization and roll out contracting for a package of services. The government has streamlined the process of contracting verification agents and introduced performance-based financing. In addition, technical assistance has been deployed to help defragment insurance schemes to advance universal health care. In close collaboration with the World Bank and the community health worker task force, the GFF is focusing on national-level efforts, including financing as well as scaling up the community health worker strategy, including through digital innovations.

- **Strengthening the country platform and convening financial and technical partners at country level:** Developed through an inclusive platform, the IC has been weakened by political unrest and the COVID-19 pandemic. Major donors and development partners are loosely aligned around the IC, with resource mapping and expenditure tracking expected to provide further useful data on budgeting and expenditure progress on the alignment agenda.

- **Improving data for decision making:** As part of the IC, the GFF supports improving the country's civil registration and vital statistics system. Moreover, GFF technical assistance is helping to improve the quality, availability and use of health data. A monitoring system for the IC is also under development and the essential services monitoring under COVID-19 has been progressing well.

RMNCAH-N COVERAGE INDICATORS

Data on immunization are presented from the WHO/UNICEF joint reporting process and recent population-based surveys. All other RMNCAH-N coverage indicators are presented from the most recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

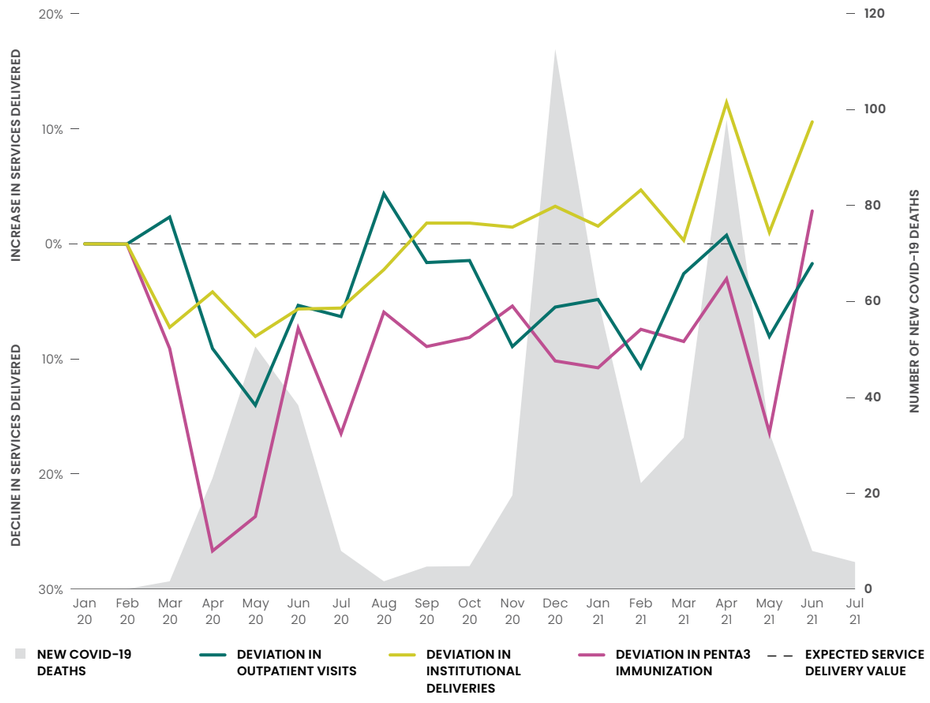
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	368	2012	325	2018
Under 5 mortality rate (per 1,000 live births)	108	2015	101	2018
Neonatal mortality rate (per 1,000 live births)	31	2015	33	2018
Adolescent birth rate, 15–19 (per 1,000 women)	151	2015	164	2018
Births <24 months after the preceding birth (%)	21.2	2012	22.8	2018
Stunting among children under 5 years of age (%)	30.4	2015	26.9	2018
Moderate to severe wasting among children under 5 years of age (%)	13.5	2015	8.8	2018
Stillbirths (per 1,000 pregnancies)*	–	–	11.9	2018

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Mali is 20 for the year 2018 and 22 for the year 2012 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

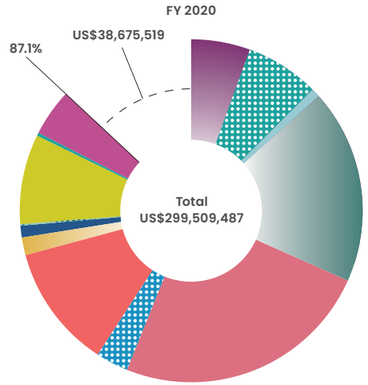
	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	6	6.2	5.3	5.1	6.7
Health budget execution rate (%)	–	68	79	94	93	94
Share of health expenditure going to frontline providers (%)	–	–	–	24.2	12.5	10.2
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	6.9	9.4	10.3	9.9	–	–
DGGHE as share of general government expenditure (%)	4.4	5.4	5.4	5.4	–	–
Out-of-pocket spending on health, per capita (US$)	10.6	10.5	11.1	11.9	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

Mali experienced a decline in the volume of essential health service utilization in April and May of 2020 compared to expected levels. In April 2020, Penta3 vaccinations dropped by more than 26% compared to expected values. After nearing expected values in November 2020, the volume of Penta3 vaccinations declined again in May of 2021. Mali experienced cumulative shortfalls of 12% in Penta3 vaccinations, 5% in outpatient consultations, and 3% in institutional deliveries compared to expected values.

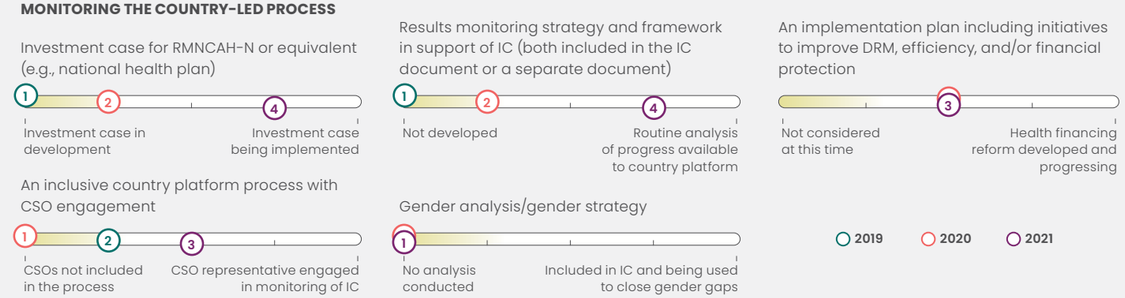


RESOURCE MAPPING

In 2020 Mali conducted the first round of resource mapping of its investment case (IC) for 2019 through 2023, which targets three priority areas: delivery of quality health services across the continuum of care, support to the health system pillars, and governance. The exercise tracked actual expenditures for 2018 and 2019, and also assessed budget commitments at the subnational level, for all 74 districts. As Mali joined the GFF in mid-2018, the country is currently in the initial stages of institutionalizing resource mapping, having first developed its IC. Data collection for the resource mapping and expenditure tracking exercise was completed in 2020; preliminary findings are being validated, with final results expected in fiscal year 2021. The resource mapping will be used to assess alignment with the Mali Action Plan (under development), to evaluate subnational resource allocation, and to advocate for additional financing to close the funding gap.

GOVERNMENT OF MALI · WORLD BANK/IDA · GFF TRUST FUND · GLOBAL FUND · USAID · CANADA · NETHERLANDS · FRENCH DEVELOPMENT AGENCY · EU · WHO · SAVE THE CHILDREN · AfDB · OTHER · GAP

MONITORING THE COUNTRY-LED PROCESS



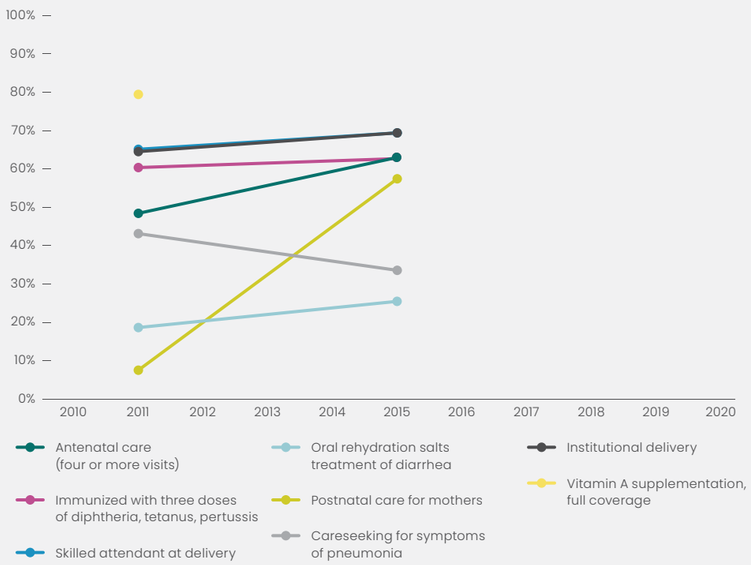
MAURITANIA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** Development of the country's investment case (IC) is ongoing, concurrent with creation of a new health strategy and finalization of the latest Mauritania Demographic Health Survey (DHS). This timing ensures increased partner alignment and allows the GFF to provide catalytic funding to implement the IC.
- **Prioritizing and implementing health financing and systems reforms:** The government has developed a national health finance strategy to reach universal health care, which includes health finance reforms such as establishment of a common health fund, transitioning to budget-programming, and increased efficiency and equity of primary health care spending. These reforms are supported by GFF and partners. Further support for integration of adolescent health and redefinition of the primary health care packages is also discussed.
- **Strengthening the country platform and convening financial and technical partners at country level:** The development partners' health coordination group, led by the European Union, serves as one of the current platforms for alignment awaiting the re-establishment of the national health coordination committee, led by the Ministry of Health. The GFF and partners have supported the inclusion of national civil society organizations in the health processes.
- **Improving data for decision making:** The GFF is supporting a national health information software system and results-based financing portal assessment to look at data quality. The new DHS on its way will allow recent and updated data for decision-making.

RMNCAH-N COVERAGE INDICATORS

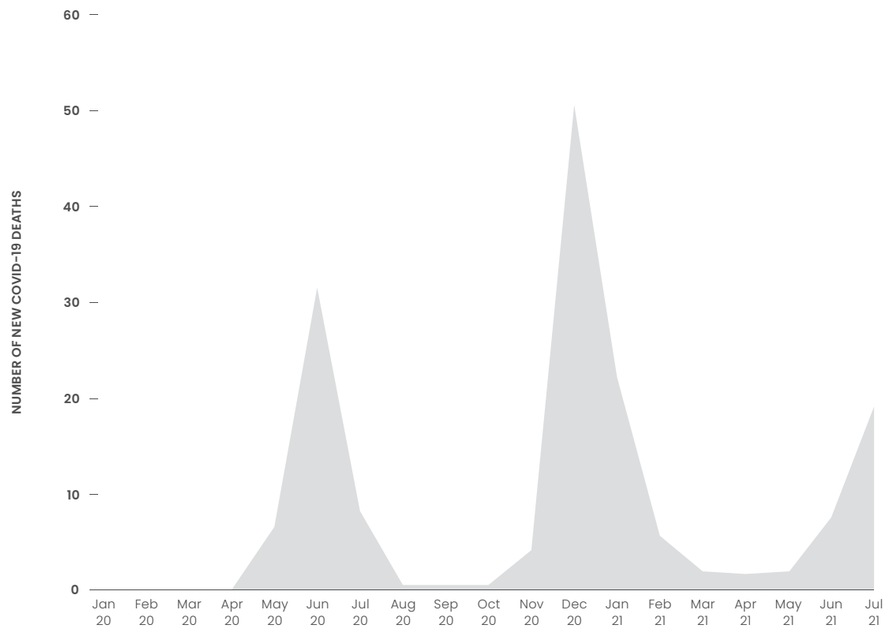
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	715	2011	582	2015
Under 5 mortality rate (per 1,000 live births)	118.5	2011	54	2015
Neonatal mortality rate (per 1,000 live births)	34.3	2011	29	2015
Adolescent birth rate, 15–19 (per 1,000 women)	71	2011	84	2015
Births <24 months after the preceding birth (%)	–	–	–	–
Stunting among children under 5 years of age (%)	23	2012	22.8	2018
Moderate to severe wasting among children under 5 years of age (%)	11.7	2012	11.5	2018
Stillbirths (per 1,000 pregnancies)	–	–	–	–

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	4.5	–	4.5	5.3	6
Health budget execution rate (%)	–	98	99	97.4	102	84
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	21.6	18.4	19.6	19.6	–	–
DGGHE as share of general government expenditure (%)	5.5	5.8	6	6	–	–
Out-of-pocket spending on health, per capita (US$)	26.7	25.4	26.2	28.3	–	–

DEATHS FROM COVID-19 IN MAURITANIA

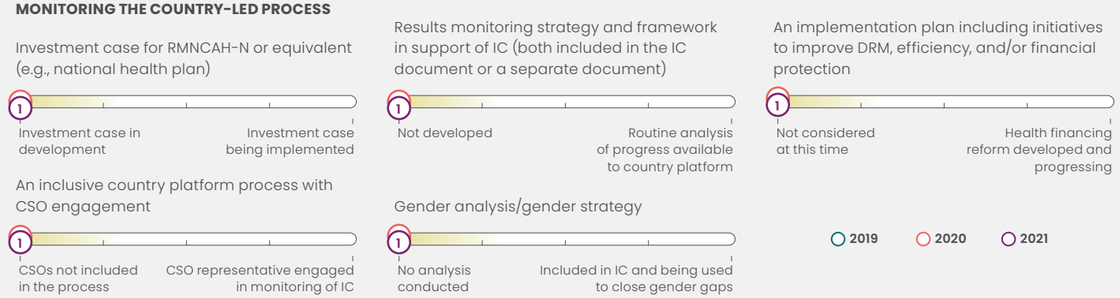


While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

Mauritania is in the process of finalizing their new national health strategy this year from which the investment case (IC) will be extracted. Due to the COVID-19 situation, the resource mapping exercise designed to go hand in hand with the development of the health strategy and the IC was delayed. The data collection tool has been developed and tested. When launched, the tool will collect and analyze the data to inform the health strategy and IC priorities.

MONITORING THE COUNTRY-LED PROCESS



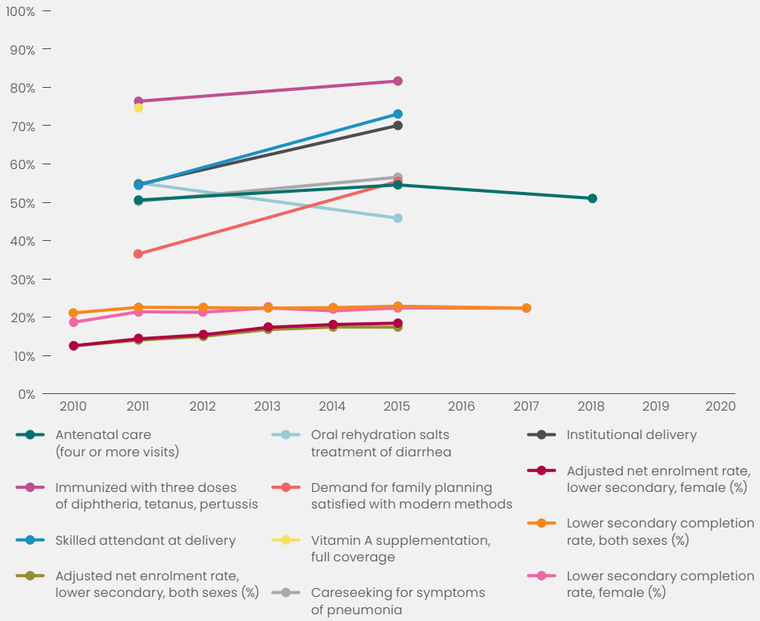
MOZAMBIQUE

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) addresses bottlenecks in service delivery, prioritizing lagging areas such as adolescent health and nutrition. By improving coordination between development partners, the IC increases effectiveness and efficiency by aligning partners around a results-focused health agenda.
- **Prioritizing and implementing health financing and systems reforms:** The IC seeks to maintain and increase the ratio of domestic health expenditures financing to total government expenditures. Key reforms designed to address system bottlenecks and improve the health service quality include quality-of-care scorecards and performance-based transfers to health facilities and district hospitals. The IC also focuses on scaling up the community health worker program and increasing primary health care staff to strengthen care at the community level, while also outsourcing last-mile distribution of drugs to the private sector to address shortages of essential medicines in primary health care.
- **Strengthening the country platform and convening financial and technical partners at country level:** In December 2020, the government chose to restructure the existing sectorwide approach, opting instead to establish a new country platform. The GFF is supporting efforts to revitalize the dialogue between the government and development partners.
- **Improving data for decision making:** The GFF is providing assistance to strengthen data collection for better health financing management and address weaknesses in the quality of data as revealed by the results-based program currently under way.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

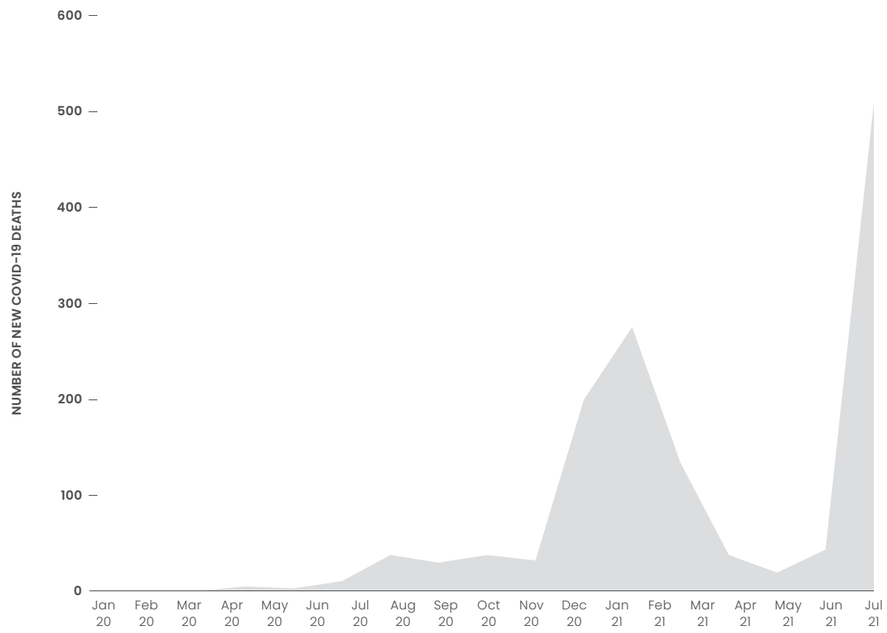
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	**408**	2011	–	–
Under 5 mortality rate (per 1,000 live births)	**97**	2011	–	–
Neonatal mortality rate (per 1,000 live births)	**29.9**	2011	–	–
Adolescent birth rate, 15–19 (per 1,000 women)	**167**	2011	**194**	2015
Births <24 months after the preceding birth (%)	**14.4**	2011	**18.8**	2015
Stunting among children under 5 years of age (%)	**42.6**	2011	**41.6**	2019
Moderate to severe wasting among children under 5 years of age (%)	**5.9**	2011	**4.1**	2019
Stillbirths (per 1,000 pregnancies)	**10.7**	2011	–	–

* The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Mozambique is 25 for the year 2011 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	12	12	15	12	–
Health budget execution rate (%)	–	72	84	87	90	93
Share of health expenditure going to frontline providers (%)	–	26	24	26	21	21
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	10.7	7.0	7.7	8.5	–	–
DGGHE as share of general government expenditure (%)	5.6	5.6	5.6	5.6	–	–
Out-of-pocket spending on health, per capita (US$)	4.5	3.4	3.6	3.9	–	–

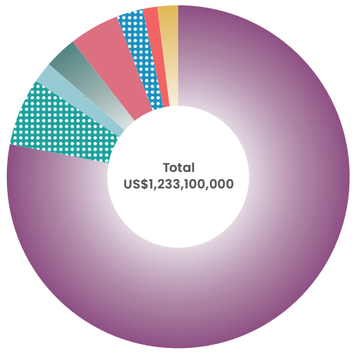
DEATHS FROM COVID-19 IN MOZAMBIQUE



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

FY 2018-2023



The investment case (IC) for Mozambique has acted, since its inception in 2016, as a catalyzer for MOH and partners to advance health system strengthening efforts and alignment, breaking the traditional verticalization and fragmentation of partners' support. In 2018, the GFF conducted a health expenditure review, showing a sustained national effort to increase funding for health (200% for the period from 2009 through 2018, corrected both in real terms and in comparison with other sectors such as internal security, peace promotion and governance). As the work on the midterm review of the IC progresses, preliminary conversations have highlighted the need to strengthen efforts in key areas, such as health financing reforms and RMET. Simultaneously, the MOH's COVID19 pandemic response spurred a renovated appetite to map resources being allocated to the response and to track public expenditure in health, so as to improve strategic planning, resource mobilization and allocation. Mozambique's Minister of Health and the National GFF focal point continue to play a central role in promoting the use of RMET to conduct efficiency analysis and promote the use of data to make planning and budgeting decisions, asking partners, including the GFF, to support these efforts.

- GOVERNMENT OF MOZAMBIQUE
- WORLD BANK
- GFF TF
- NETHERLANDS (MULTIDONOR TRUST FUND)
- CANADA (MULTIDONOR TRUST FUND)
- UNITED KINGDOM (MULTIDONOR TRUST FUND)
- PROSAUDE
- USAID

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

An inclusive country platform process with CSO engagement

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

Gender analysis/gender strategy

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

2019 2020 2021

MYANMAR

THE GFF'S CATALYTIC ROLE

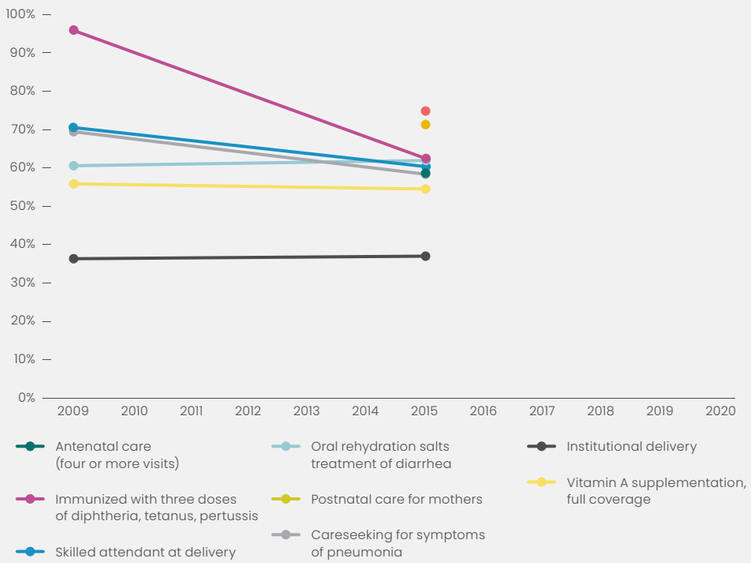
The GFF has supported the government of Myanmar to strengthen primary health care systems, reform health financing, and leverage private sector expertise for the delivery of quality health services to the poor and most vulnerable populations. The US$10 million GFF grant cofinances the US$100 million IDA credit through additional financing for the Myanmar Essential Health Services Access Project, which aims to increase coverage of essential health services of adequate quality, with a focus on maternal, newborn, and child health.

The GFF grant also has a particular focus on harnessing the private sector and ICT innovations for strengthening health systems. The ongoing political and humanitarian crisis in Myanmar has significantly impacted progress in health, while COVID-19 is continuing to put extra pressures on already strained health systems.

The World Bank has paused disbursements in its lending operations (including GFF cofinancing) while an assessment of the situation as per the Bank's operational policies is under way. The GFF has therefore refocused its engagement towards technical assistance and analytical work, together with development partners, to assess ways for continuing investments in service delivery while building a resilient health system for the future.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

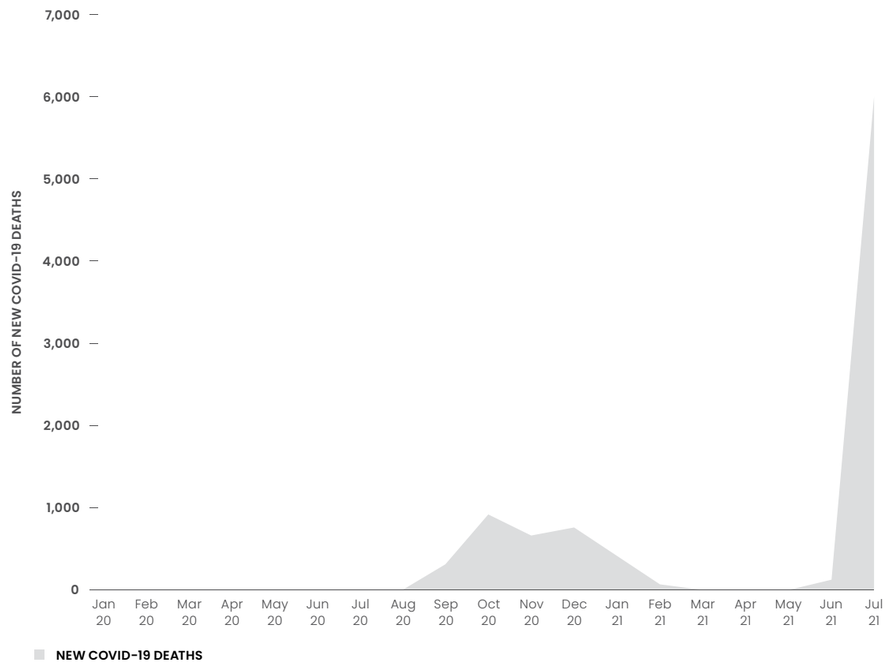


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	–	–	227	2015
Under 5 mortality rate (per 1,000 live births)	62	2012	47	2020
Neonatal mortality rate (per 1,000 live births)	30	2011	22	2019
Adolescent birth rate, 15–19 (per 1,000 women)	–	–	36	2015
Births <24 months after the preceding birth (%)	–	–	13.2	2015
Stunting among children under 5 years of age (%)	35.1	2009	29.4	2015
Moderate to severe wasting among children under 5 years of age (%)	7.9	2009	6.6	2015
Stillbirths per 1,000 pregnancies	–	–	11.8	2015

* The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Myanmar is 15 for the year 2015 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	4	5	6	–	–
Health budget execution rate (%)	–	110	94	76	–	–
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	13.6	8.1	8.6	8.8	–	–
DGGHE as share of general government expenditure (%)	5	3.1	3.6	3.5	–	–
Out-of-pocket spending on health, per capita (US$)	43.5	44.4	43.8	45.3	–	–

DEATHS FROM COVID-19 IN MYANMAR

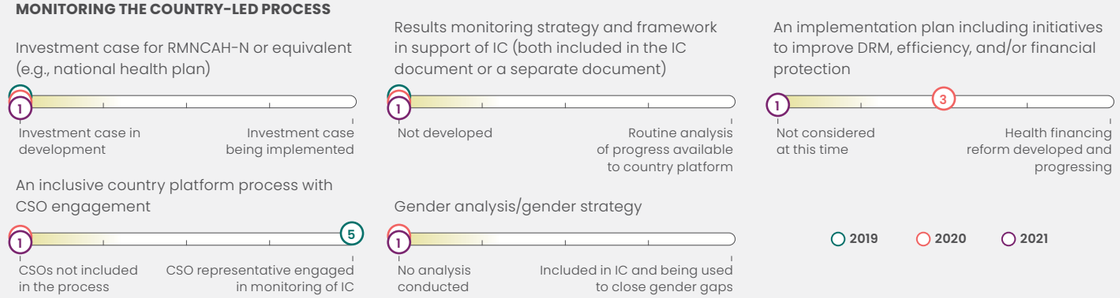


While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

Due to the ongoing political and humanitarian crisis in Myanmar, the GFF has refocused its engagement towards technical assistance and analytical work, together with development partners to assess ways for continuing investments in service delivery while building a resilient health system for the future.

MONITORING THE COUNTRY-LED PROCESS



NIGER

THE GFF'S CATALYTIC ROLE

- **Developing of a costed and prioritized investment case:** The investment case (IC) under development for Niger builds on the existing national health platform and prioritizes, among other interventions, sexual and reproductive health and rights (SRHR) as well as stunting.

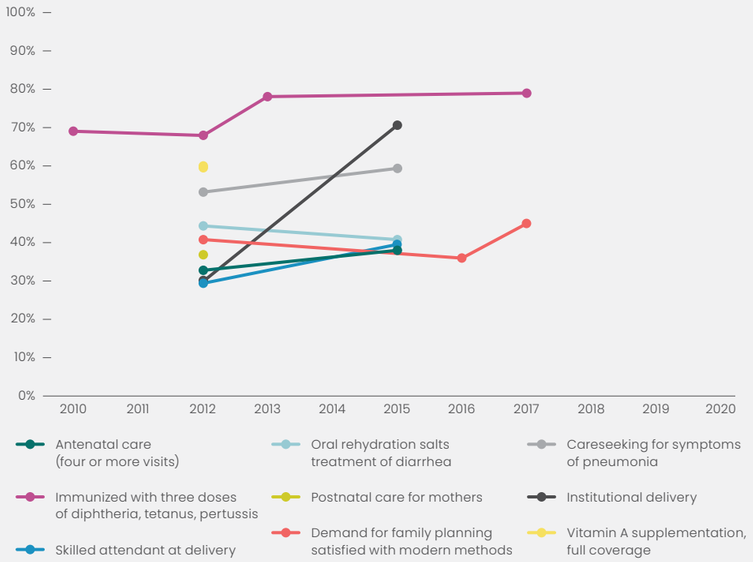
- **Prioritizing and implementing health financing and systems reforms:** Niger is among the "accelerator countries" for sustainable health financing within the Global Action Plan. As such, the IC prioritizes health financing reforms, such as strategic purchasing and efficiency reforms. As part of the national universal health coverage strategy, the GFF supports a new results-based financing scheme to strengthen the free health service policy for women and children under five years old and improve adolescent access to quality services. To inform reforms, the GFF is supporting assessments on fiscal space, equity, and financial protection as well as efficiency of public finance management. The GFF supports policy dialogue via World Bank instruments on gender equality and increasing adolescents' access to SRHR services, among others.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF is working to align multiple donors around key priorities and a technical working group representing all stakeholders meets twice a month to finalize the IC, which will implemented through the existing national health platform. The resource mapping and expenditure tracking exercise helped establish a collaboration with the World Health Organization to jointly track COVID-19 resources. The GFF is also collaborating closely with the World Bank, Global Fund, and UNICEF to support the operationalization of the community health worker strategy.

- **Improving data for decision making:** The GFF is promoting greater coordination among partners to support better data and monitoring via geospatial mapping, strengthening of the web-based health data management system, and other tools. As part of the IC process, data quality assessments and development of the IC results framework are currently under way, in collaboration with the technical working group and partners. The Countdown to 2030 initiative has helped strengthened GFF collaboration on RMNCAH-N with the National Institute of Statistics.

RMNCAH-N COVERAGE INDICATORS

Data on immunization are presented from the WHO/UNICEF joint reporting process and recent population-based surveys. All other RMNCAH-N coverage indicators are presented from the most recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

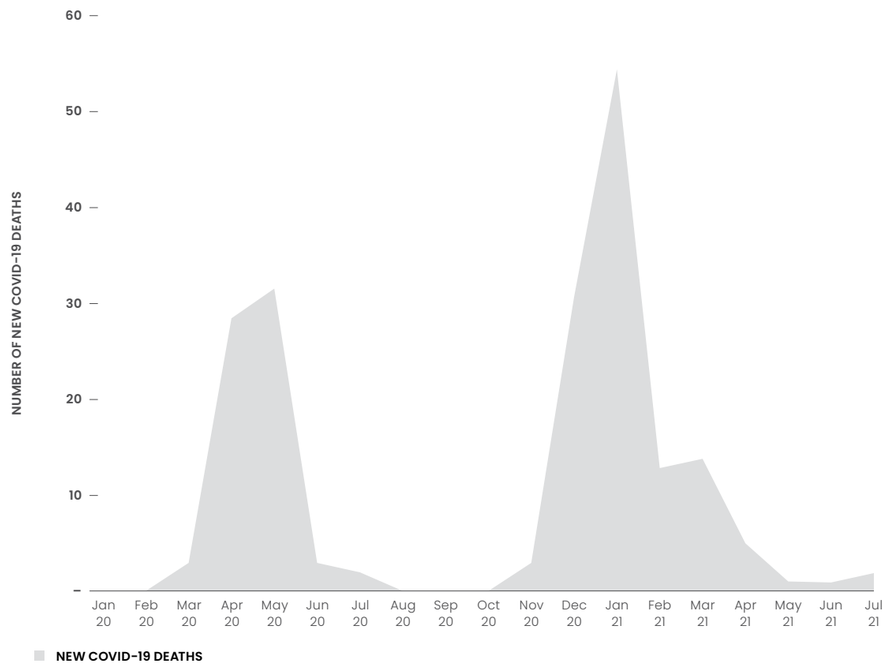
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	535	2012	520	2015
Under 5 mortality rate (per 1,000 live births)	127	2012	126	2015
Neonatal mortality rate (per 1,000 live births)	24	2012	24	2015
Adolescent birth rate, 15–19 (per 1,000 women)	206	2012	146	2015
Births <24 months after the preceding birth (%)	23	2012	–	–
Stunting among children under 5 years of age (%)	45.7	2019	45.1	2020
Moderate to severe wasting among children under 5 years of age (%)	10.2	2019	10.7	2020
Stillbirths (per 1,000 pregnancies)*	16.6	2012	–	–

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Niger is 21 for the year 2012 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	6.6	4.9	5.6	5.7	6.3	6.3
Health budget execution rate (%)	–	72	72	91	79	76
Share of health expenditure going to frontline providers (%)	–	7.1	27.9	19.5	21.8	18.3
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	5.4	4.7	9.7	10.3	12.4	14.5
DGGHE as share of general government expenditure (%)	4.6	4.7	5.3	10.0	5.3	5.9
Out-of-pocket spending on health, per capita (US$)	16.8	17.3	15.4	15.6	16.4	17.0

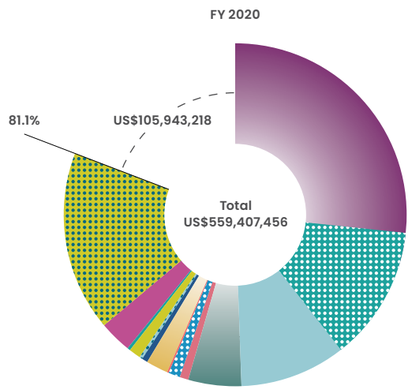
DEATHS FROM COVID-19 IN NIGER



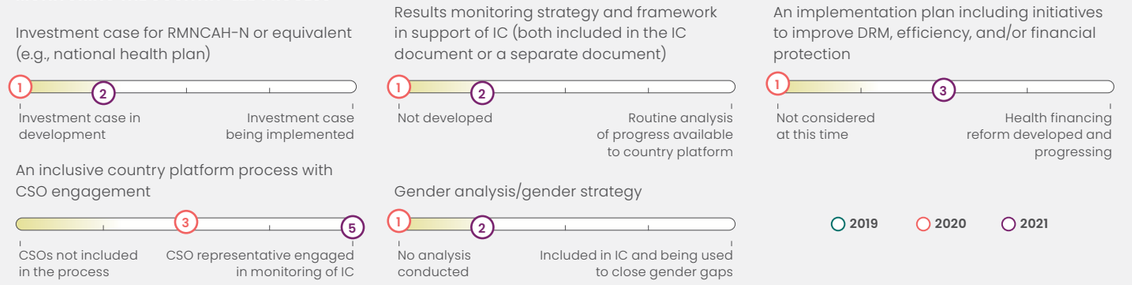
While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

The resource mapping and expenditure tracking (RMET) exercise in Niger focused on the Health Development Plan (PDS) and showed the importance of external resources COVID-19 response plan (67% of the resources committed for the financing of the PDS in 2020 come from external financing, with 91% for the COVID-19 response plan). The exercise also showed a relatively large share of resources going through the state budget (64%), and a significant financing deficit for the health care services program, despite the fact that it alone accounts for more than 45% of the total funding allocated to the PDS. Lack of efficiency in the allocation of resources, with some overfunded subprograms (capacity building, availability of health products, nutrition) and some largely underfunded (protection mechanisms of financial risk, communicable diseases). Inequity in the allocation of resources at the regional level was also seen (for example, low level of resource allocation per capita in the Maradi region, which has one of the highest infant and child mortality rates). The upcoming RMET exercise must integrate information needs into the government budgeting tools and enable a greater predictability of partners' financial commitments.



MONITORING THE COUNTRY-LED PROCESS



NIGERIA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) for Nigeria aligns with the National Strategic Health Development Plan II and prioritizes: (a) increased domestic resource mobilization for the Basic Health Care Provision Fund; (b) equity, by mobilizing additional resources and using additional financing in the Nigeria State Health Investment Project to deliver high-impact maternal and child care in three fragile northeastern states; and (c) increased efficiency of the Accelerating Nutrition Results Project for the delivery of community nutrition services by nonstate actors.

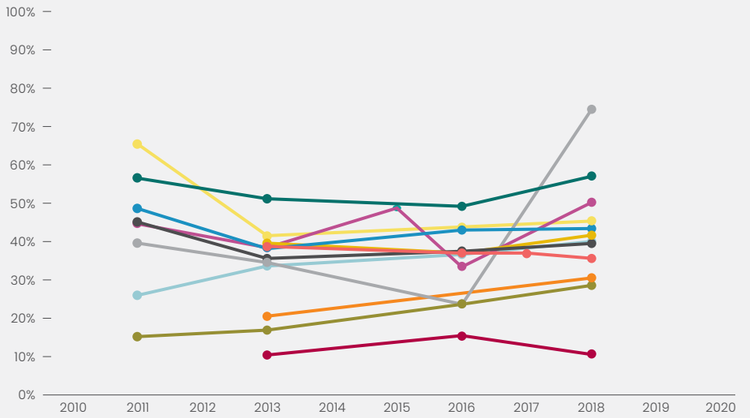
- **Prioritizing and implementing health financing and systems reforms:** The GFF supported the operationalization of a law to deliver a basic minimum package of services and provided a US$20 million grant for a pilot in three states to demonstrate proof of concept. This resulted in bringing together donor and government resources and expanding implementation to 21 of the country's 37 states.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF participates in meetings with the Development Partners Group for Health and supports increased coordination and alignment among the World Bank and other partners. In addition, GFF engagement contributed to the relaunching of a health and nutrition coordination platform.

- **Improving data for decision making:** To assess the impact of the COVID-19 pandemic on services, the GFF supported analysis of national health information system data to identify areas of service disruption and inform health system interventions to mitigate effects on demand and delivery of essential services. In addition, the GFF provided technical support to the government of Nigeria for a COVID-19 emergency grant to develop response guidelines for including a triage and service protocol for the provision of routine health services.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

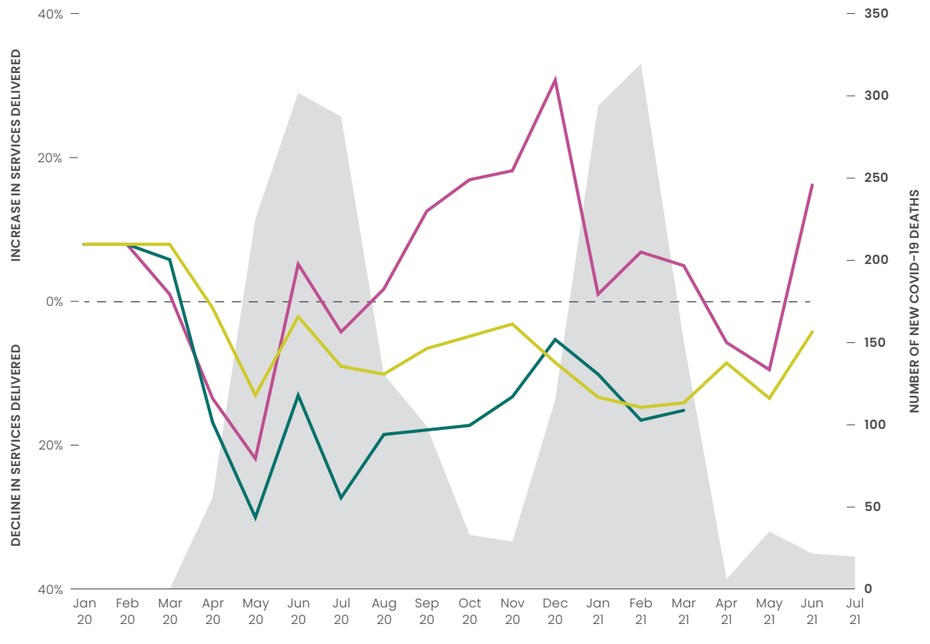


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	576	2013	512	2018
Under 5 mortality rate (per 1,000 live births)	128	2013	132	2018
Neonatal mortality rate (per 1,000 live births)	37	2013	39	2018
Adolescent birth rate, 15–19 (per 1,000 women)	122	2013	106	2018
Births <24 months after the preceding birth (%)	23.2	2013	24.9	2018
Stunting among children under 5 years of age (%)	36.8	2013	36.8	2018
Moderate to severe wasting among children under 5 years of age (%)	18	2013	6.7	2018
Stillbirths (per 1,000 pregnancies)*	12.3	2013	17.5	2018

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Nigeria is 22 for the year 2018 and 23 for the year 2013 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	4.1	4.1	4.0	4.8	3.9
Health budget execution rate (%)	–	–	–	72.7	86.2	–
Share of health expenditure going to frontline providers (%)	–	–	88	79.1	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	16.1	10.3	10.5	12.5	–	–
DGGHE as share of general government expenditure (%)	5.3	5	4.4	4.4	–	–
Out-of-pocket spending on health, per capita (US$)	70.3	59.7	57.1	64.2	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



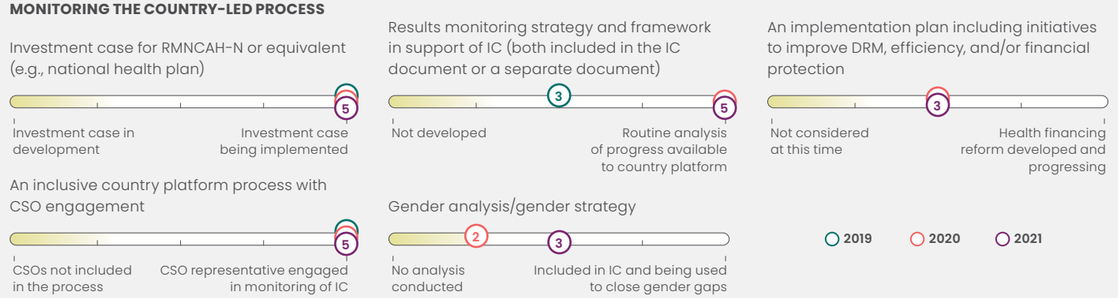
Monitoring Essential Health Services during COVID-19

Nigeria experienced shortfalls in the volume of outpatient consultations and institutional deliveries during COVID-19, with shortfalls of 24% in outpatient consultations, 19% in Penta3 vaccinations, and 13% in institutional deliveries in May 2020 compared to expected values. While Penta3 vaccinations rose by September 2020, reaching up to 15% higher than expected in December, outpatient consultations and institutional deliveries remained low in September, with shortfalls of 6% in institutional deliveries and 8% in outpatient consultations 8%. Nigeria reached cumulative shortfalls of 8% in institutional deliveries and 15% in outpatient consultations compared to expected levels.

RESOURCE MAPPING

Resource mapping and expenditure tracking (RMET) in Nigeria is currently in the initial phase of planning and design. The main focus of the exercise will be on mapping and tracking donor financing, which accounts for three-quarters of domestic spending. Documenting all sources of funds is essential for the Federal Ministry of Health (FMOH) in Nigeria, not only to align and channel resources to sector priorities, but also to address issues relating to the adequacy, sustainability, efficiency, transparency, and equity of financing in the implementation of the Basic Health Care Provision Fund (BHCPF). BHCPF is one of three World Bank-supported projects cofinanced by the GFF. The RMET exercise will support FMOH to leverage an initiative directed by the Office of the Federal Accountant General's Consolidation Accounts Department to collect information on external financing. The RMET process will develop a systematic process for collating development assistance for health expenditure used in budgeting, resource allocation decisions, and preparing consolidated financial statements for the health sector.

MONITORING THE COUNTRY-LED PROCESS



PAKISTAN

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) for Pakistan is led by the Federal Ministry of Health and was developed in collaboration with UNICEF and ICHESS, a contractor focused on supporting universal health care. While the national IC is close to completion, provincial IC implementation plans have not yet been developed.

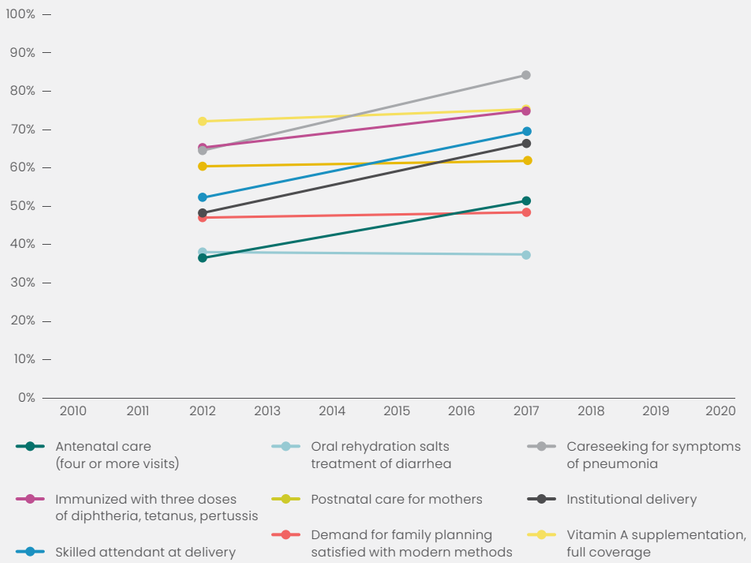
- **Prioritizing and implementing health financing and systems reforms:** Current costing of the IC is inconsistent with available resources. The government is seeking efficiencies in financing through the costed Essential Health Package Service, derived from the evidence-based Disease Control Priorities, or DCP3, project. Pooled procurement of essential commodities and strategic purchasing of services, including quality monitoring, are under consideration.

- **Strengthening the country platform and convening financial and technical partners at country level:** The development of the IC has so far been conducted through a core committee, as the country platform is still evolving. A National Health Sector Coordination Platform is expected to convene stakeholders and coordinate universal health care efforts, including health and nutrition services for women, children, and adolescents. The GFF and partners will focus on building government stewardship capacity.

- **Improving data for decision making:** The GFF has provided support through the Countdown to 2030 initiative to align the national results framework with available health data sources. It will also collaborate with the Bill & Melinda Gates Foundation's technical assistance facilities in building country and provincial platform capacity to undertake regular data reviews and remedial action plans. For the past two years, the GFF has been providing technical assistance to the government to defragment and strengthen civil registration and vital statistics systems.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

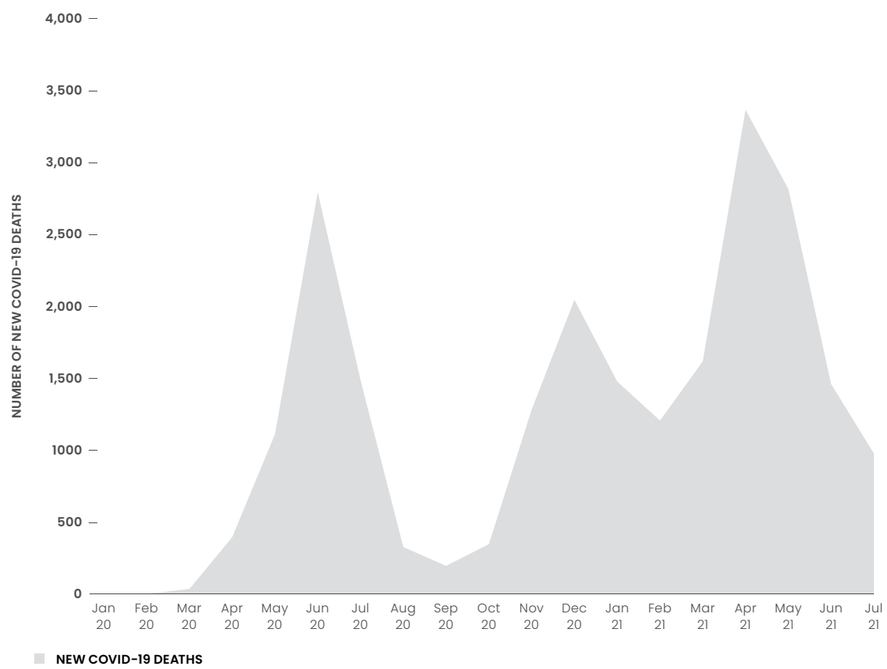
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	178	2014	140	2019
Under 5 mortality rate (per 1,000 live births)	89	2012	74	2017
Neonatal mortality rate (per 1,000 live births)	55	2012	42	2017
Adolescent birth rate, 15–19 (per 1,000 women)	44	2012	46	2017
Births <24 months after the preceding birth (%)	36.6	2012	36.6	2017
Stunting among children under 5 years of age (%)	45	2012	37.6	2017
Moderate to severe wasting among children under 5 years of age (%)	10.5	2012	7.1	2017
Stillbirths (per 1,000 pregnancies)*	33.3	2012	23.4	2017

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Pakistan is 32 for the year 2017 and 35 for the year 2012 (per 1,000 total births). See https://childmortality.org/data for more information.

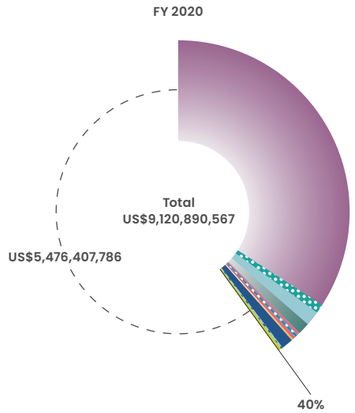
HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	3.6	4	4.6	–	–
Health budget execution rate (%)	–	98	105	90	–	–
Share of health expenditure going to frontline providers (%)	–	–	7	9	13	14
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.1	11.2	13.4	15.2	–	–
DGGHE as share of general government expenditure (%)	3.7	4.1	4.3	5.3	–	–
Out-of-pocket spending on health, per capita (US$)	23.8	24.6	25.5	24.1	–	–

DEATHS FROM COVID-19 IN PAKISTAN



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

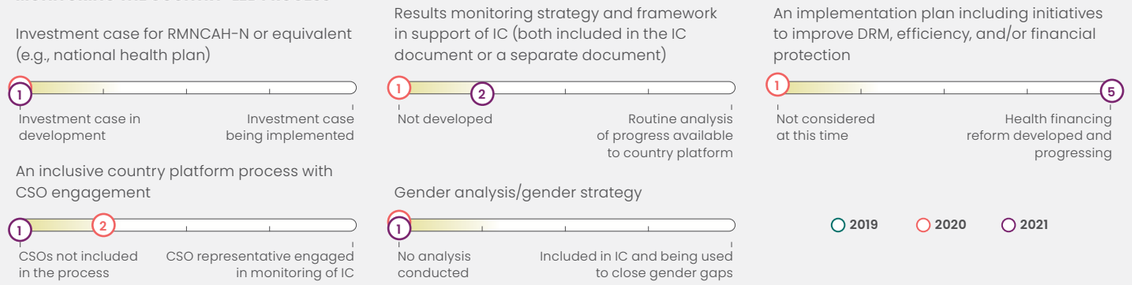


RESOURCE MAPPING

Pakistan's first ever resource mapping and expenditure tracking (RMET) was completed earlier this year by Ernst and Young. The resource mapping report shows a large shortfall between the draft costed investment case (IC) and the total resource envelope at hand. The World Bank and GFF hopes to undertake another round of resource mapping and conduct the first expenditure tracking with budget and expenditures mapped against IC priorities. Moreover, with support of BMGF, the World Bank and GFF will work with the government to institutionalize RMET over the coming three to four years and promote interoperability of the IFMIS, DHIS2, and NHA.

- GOVERNMENT OF PAKISTAN
- WORLD BANK IDA
- GAVI
- BMFG
- USAID
- JICA
- FDCO
- UNICEF
- WHO
- UNFPA
- OTHER
- GAP

MONITORING THE COUNTRY-LED PROCESS



RWANDA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF supports the development of the costed National Early Childhood Development Program Strategic Plan (NECDP SP) 2018–24, which serves as the investment case (IC) for Rwanda.[1] Priorities include a community-based behavioral change programs, the roll out of innovative approaches for growth monitoring, the scale-up of the home-based early childhood development and reforming of the community health worker program through improved performance management and incentives system.

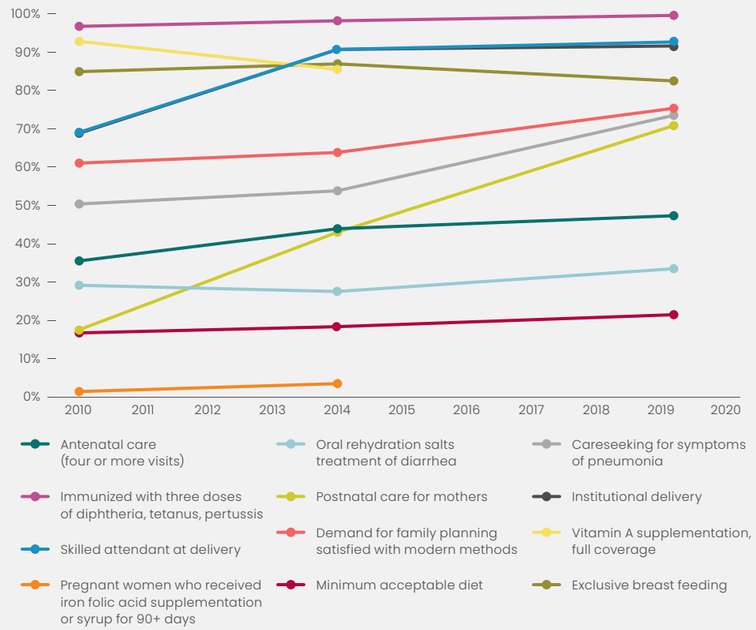
- **Prioritizing and implementing health financing and systems reforms:** The GFF supports strengthening public financial management through a comprehensive multisectoral nutrition budget tracking and evaluation system to ensure resources are efficiently used and directed toward the most vulnerable groups. The GFF also supports reforms in improving financial sustainability and operational management of community-based health insurance that contributes to improving financial protection for the poorest. The GFF has supported the rollout and expansion of the nutrition sensitive direct support cash transfer program and supports the interoperability of information systems to effectively administer the program, focusing on better targeting and digital payment systems.

- **Improving data for decision making:** The GFF supports focus on establishing a performance monitoring dashboard to track the convergence program, strengthening the interoperability across sectoral data systems (health management information system, social protection, national identification) and enhance capacity regarding data analytics. The GFF supports the government in scaling up various accountability tools (including scorecards for child health, development, and nutrition) to enhance the implementation of priority programs at district level. Furthermore, the GFF promotes the use of data for decision making within the country platform and subnational governments. In addition, the GFF has contributed to the regulatory reforms to improve registration of birth and deaths at the health facility level and link the national civil registration and vital statistics system to the safety net programs to enable better enrollment and compliance monitoring.

[1] NECDP changed to NCDA (National Child Development Agency) in December 2020

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

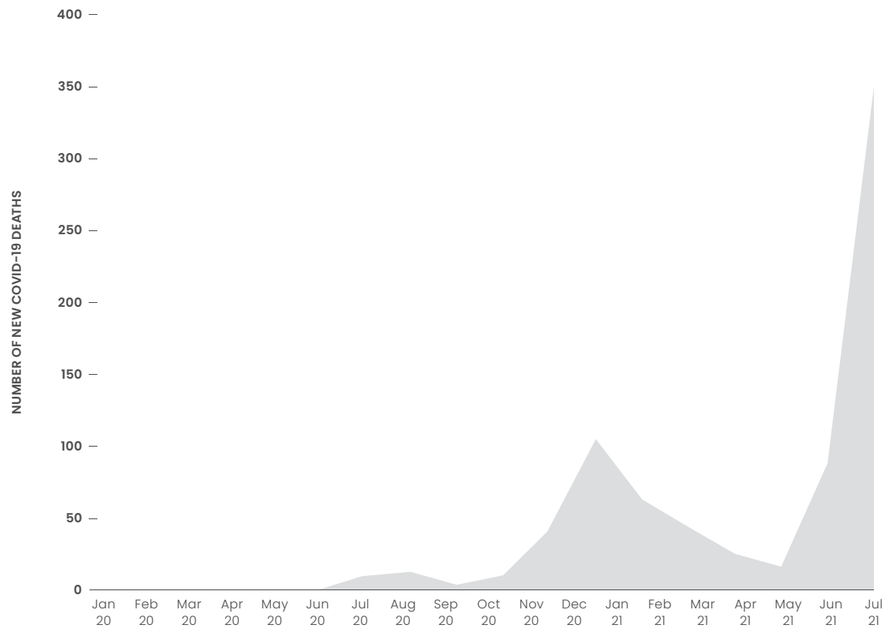


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	**210**	2014	**203**	2019
Under 5 mortality rate (per 1,000 live births)	**50**	2014	**45**	2019
Neonatal mortality rate (per 1,000 live births)	**20**	2014	**19**	2019
Adolescent birth rate, 15–19 (per 1,000 women)	**45**	2014	**32**	2019
Births <24 months after the preceding birth (%)	**14**	2014	–	–
Stunting among children under 5 years of age (%)	**37.9**	2014	**33.1**	2019
Moderate to severe wasting among children under 5 years of age (%)	**2.2**	2014	**1.1**	2019
Stillbirths (per 1,000 pregnancies)*	**15.4**	2014	–	–

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Rwanda is 17 for the year 2019 and 19 for the year 2014 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	**11.3**	**9.7**	**9.3**	**7.4**	**8.8**
Health budget execution rate (%)	–	**81**	**94**	**92**	**87**	**101**
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	**15.8**	**16.6**	**17.2**	**18.4**	–	–
DGGHE as share of general government expenditure (%)	**7.9**	**8.9**	**8.9**	**8.9**	–	–
Out-of-pocket spending on health, per capita (US$)	**6.1**	**5.9**	**5.9**	**6.1**	–	–

DEATHS FROM COVID-19 IN RWANDA

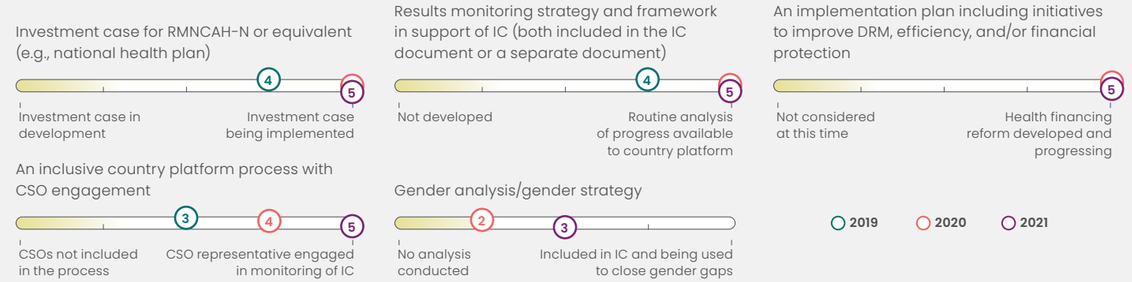


While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

The Ministry of Health has detailed information on external resources through the government's health resource tracking tool. However, since Rwanda's investment case focuses primarily on nutrition, multisectoral resource mapping is needed. The GFF supports the Nutrition Expenditure and Institutional Review (NEIR) that provides detailed analysis of the level and composition of government and donor spending on multisectoral nutrition program using the National Early Childhood Development Program Strategic Plan (which serves as the GFF investment case for Rwanda) as reference. Moreover, the review identified critical institutional and public financial management arrangements critical to enhance budget oversight and accountability for results. NEIR provides groundwork for policy dialogue with the government on institutionalizing multisectoral expenditure tracking system through IFMIS and a comprehensive budget review linking spending and performance. This has been agreed as one of the key reforms in the upcoming Human Capital for Inclusive Growth development project. The GFF supports ongoing technical assistance in fiscal year 2021 to support government achieving such objectives.

MONITORING THE COUNTRY-LED PROCESS



SENEGAL

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) for Senegal prioritizes providing of a high-impact health and nutrition package, enhancing adolescent health through multisector approaches, increasing health services supply by strengthening human resources, and strengthening health system governance. The IC also addresses equity by focusing on the regions with lagging health outcomes and socio-economic indicators.

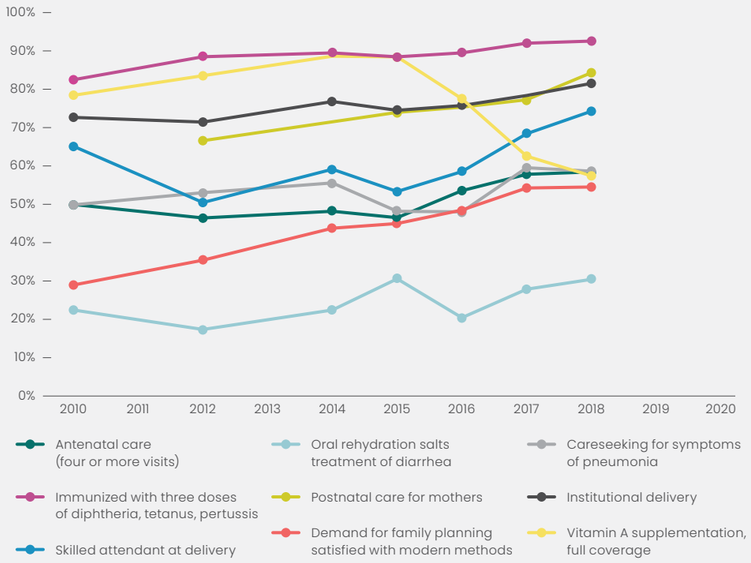
- **Prioritizing and implementing of health financing and systems reforms:** The GFF supports development of harmonized fiduciary procedures to help the government manage funding and strengthen internal audits, as well as training accountants to implement program-based budgeting. The IC aims to increase the domestic budget for health and integrates free health care into an insurance scheme. By expanding demand-side financing mechanisms in prioritized regions, the IC seeks to improve financial access to services and support universal health care. The GFF also supports strengthening human resources in remote areas, introducing cash transfers to empower women and girls, and strengthening the supply chain by contracting private operators for last-mile drug and equipment supply.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF platform is the first health coordination mechanism in Senegal. It draws attention to government priorities and supports partner alignment, enabling civil society participation in the implementation and monitoring of the IC. A financing Providing for Health coordinator (funded by the GFF) supports the government in overseeing health financing reforms, aligning partners around health financing for UHC and facilitating information sharing. The GFF also supports the development of a unique work plan to ensure more efficient use of resources for the health package.

- **Improving data for decision making:** The GFF supports stronger data monitoring of IC implementation. Data analysis and phone surveys have helped monitor essential health services delivery and utilization during the COVID-19 pandemic.

RMNCAH-N COVERAGE INDICATORS

Data on immunization are presented from the WHO/UNICEF joint reporting process and recent population-based surveys. All other RMNCAH-N coverage indicators are presented from the most recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

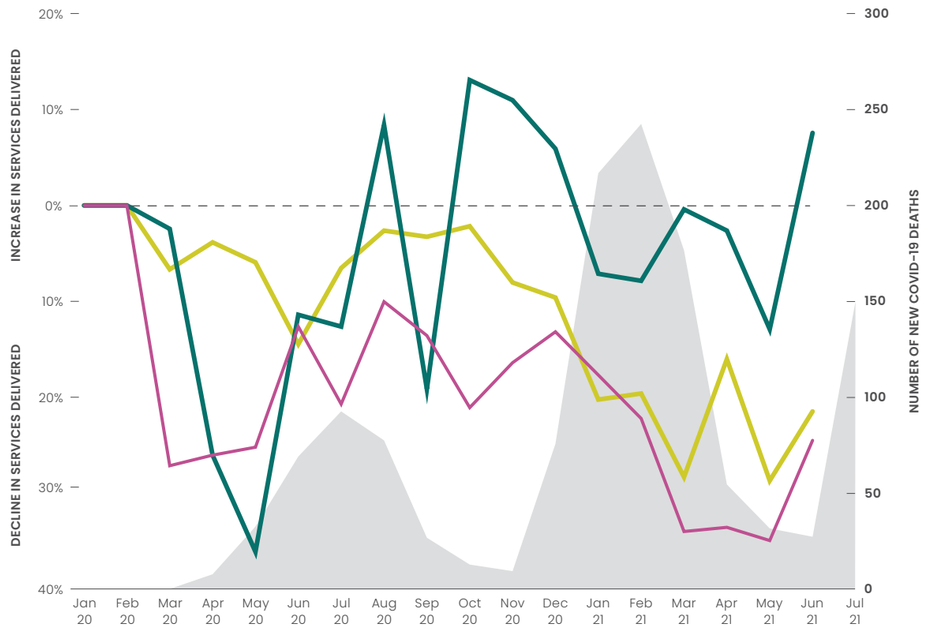
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	236	2017	–	–
Under 5 mortality rate (per 1,000 live births)	51	2018	37	2019
Neonatal mortality rate (per 1,000 live births)	23	2018	21	2019
Adolescent birth rate, 15–19 (per 1,000 women)	68	2018	71	2019
Births <24 months after the preceding birth (%)	15.8	2017	14.2	2018
Stunting among children under 5 years of age (%)	18.8	2018	17.9	2019
Moderate to severe wasting among children under 5 years of age (%)	7.8	2018	8.1	2019
Stillbirths (per 1,000 pregnancies)*	18.5	2018	19.8	2019

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Senegal is 19.7 for the year 2019 and 19.8 for the year 2018 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	5.2	4.7	4.2	5	5.7
Health budget execution rate (%)	–	92	81	89	91	95
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	13.1	13.6	12.7	14	–	–
DGGHE as share of general government expenditure (%)	4.7	4.5	4.3	4.3	–	–
Out-of-pocket spending on health, per capita (US$)	27.2	27.7	29.6	32.9	–	–

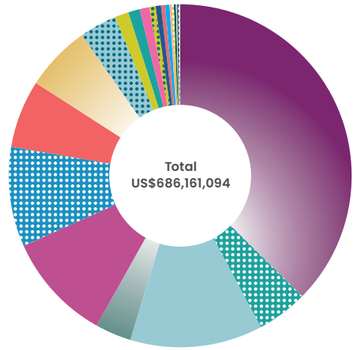
SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

The volume of Penta3 vaccinations, outpatient consultations, and institutional deliveries declined in Senegal compared to expected values in spring 2020. Penta3 recorded a 27% shortfall in March 2020 and outpatient consultations a 36% shortfall in May compared to expected levels, with further declines in institutional deliveries and Penta3 vaccinations in March through May 2021. These resulted in cumulative shortfalls of 13% and 9% for Penta3 and institutional deliveries, respectively, through June 2021.

FY 2021



RESOURCE MAPPING

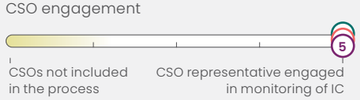
Senegal completed his resource mapping and expenditure tracking (RMET) in June 2021. The analysis shows that the resources allocated to investment case (IC) priorities amount to US$814 million for the period 2019 to 2022. Technical and financial partners are strongly aligned to the IC, contributing nearly half (49%) of the total resources, while government contribution remains modest (30%). The World Bank (27.5%), USAID (19.3%), Gavi (13.0%), AFD (12.3%), and the Global Fund (10.4%) represent the top five donors. Combined, these account for approximately 82.5% of total donor funding for the period from 2019 to 2022, with no funding gap. Expenditure tracking indicates that the overall execution rate of the year 2020 resources is above 80%.

- GOVERNMENT
- TERRITORIAL COLLECTIVES
- HOUSEHOLD SPENDING
- PRIVATE SECTOR
- IDB
- WORLD BANK
- USAID
- GLOBAL FUND
- AFD
- LUXDEV
- GAVI
- UNFPA
- CDC
- BMGF
- ENABEL
- JICA
- OTHER
- UNITAID
- OMS
- CANADA
- COOPÉRATION ESPAGNOLE
- UNICEF
- SAVE THE CHILDREN
- OIM
- PORTUGAL
- UNDP

MONITORING THE COUNTRY-LED PROCESS

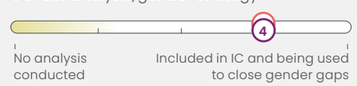
Investment case for RMNCAH-N or equivalent (e.g., national health plan)

An inclusive country platform process with CSO engagement



Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

Gender analysis/gender strategy



An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

2019 2020 2021

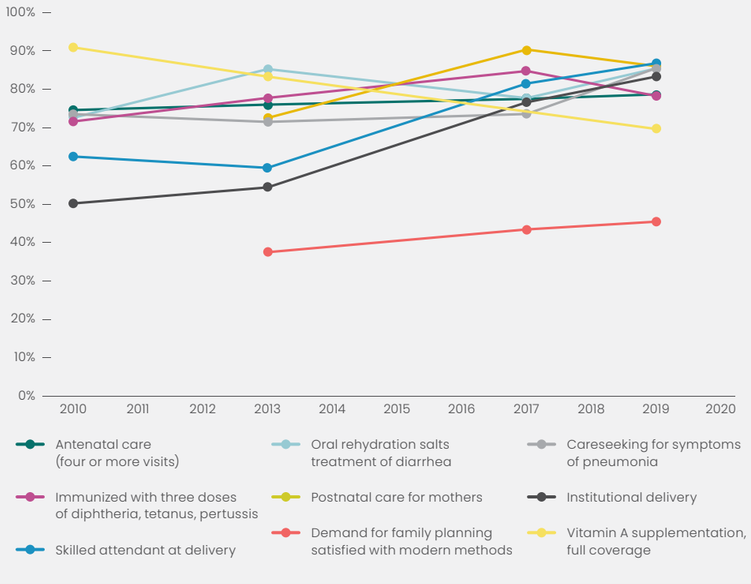
SIERRA LEONE

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF supported the development of a costed investment case (IC) for Sierra Leone, and while prioritization was limited, a results framework was set up to monitor implementation. Though delayed, preparations for the World Bank/GFF project are ongoing.
- **Prioritizing and implementing health financing and systems reforms:** The IC will promote efficiency gains from supply-side readiness. By increasing the proportion of funding to primary health care, the IC will contribute to improving allocative efficiency. The GFF supports strengthening health financing systems, including enhancing health management information systems, resource mapping and expenditure tracking, monitoring and evaluation, and capacity building.
- **Strengthening of the country platform and convening financial and technical partners at country level:** The country platform provides the GFF with a channel to promote donor alignment around the IC.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

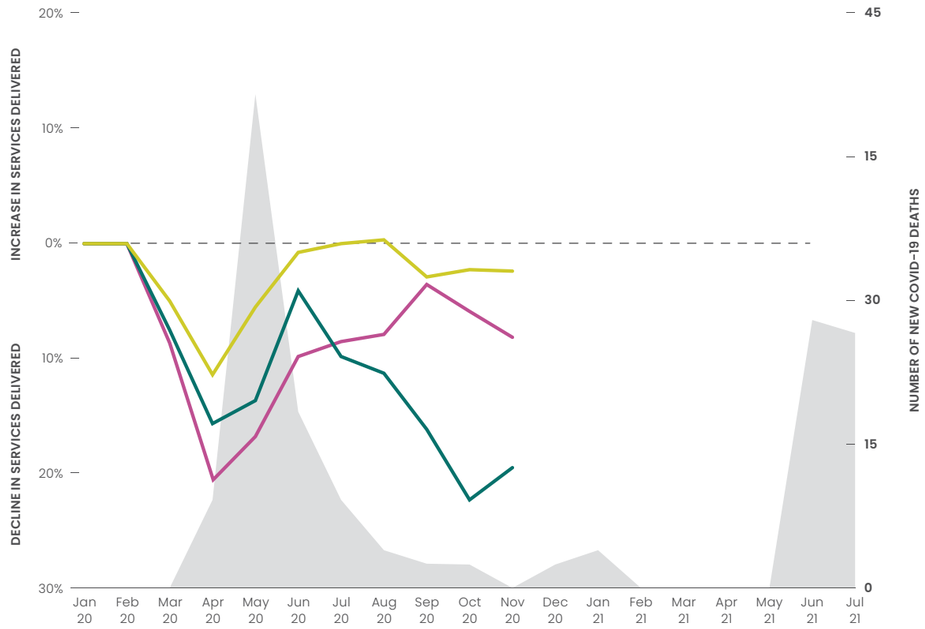


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	1,165	2013	717	2019
Under 5 mortality rate (per 1,000 live births)	156	2013	122	2019
Neonatal mortality rate (per 1,000 live births)	39	2013	31	2019
Adolescent birth rate, 15–19 (per 1,000 women)	125	2013	102	2019
Births <24 months after the preceding birth (%)	16.1	2013	15	2019
Stunting among children under 5 years of age (%)	37.9	2013	29.5	2019
Moderate to severe wasting among children under 5 years of age (%)	9.3	2013	5.4	2019
Stillbirths (per 1,000 pregnancies)*	8.1	2013	9.9	2019

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Sierra Leone is 24 for the year 2019 and 26 for the year 2013 (per 1,000 total births). See https://childmortality.org/data for more information.

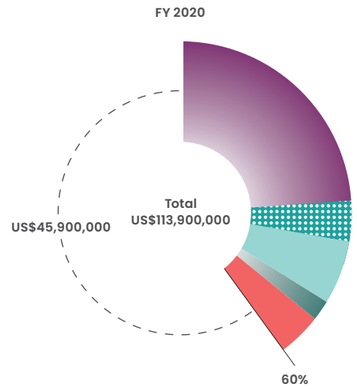
HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	–	–	–	11	11
Health budget execution rate (%)	–	100	91	78	79	102
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	9.7	9.7	9.2	8.3	–	–
DGGHE as share of general government expenditure (%)	7.9	7.9	7.9	7.2	-	–
Out-of-pocket spending on health, per capita (US$)	44.4	36.2	33.8	38.4	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

Sierra Leone recorded declines in the volume of services provided, with shortfalls of 12% for institutional deliveries, 16% for outpatient consultations, and 21% for Penta3 vaccinations in April 2020 compared to expected values. While institutional deliveries reached expected levels by August 2020, outpatient consultations and Penta3 remained low until November 2020. Cumulative shortfalls reached 13% for outpatient consultations and 10% for Penta3 immunization.



RESOURCE MAPPING

Resource mapping is a key component of the GFF approach. The resource mapping exercise helps countries assess funding gaps, align donor and government resources, and improve the efficiency and equity of health spending. Resource mapping is adapted to each country's needs and context.

The Sierra Leone Ministry of Health previously conducted resource mapping for the investment case (IC), which identified more than 15 partners aligned to and financing the RMNCAH strategy (2017–21). The Ministry of Health, with GFF support, is currently conducting its first sector-wide resource mapping and expenditure tracking exercise (RMET) in health. Specifically, analysis will include levels and composition of domestic health expenditures, and evaluate budget execution, for both donors and the government. The main objective of the exercise is to generate evidence that informs budget planning and execution, and ensure government priorities are adequately funded and implemented. The resource mapping presented here showcases budget planned and financing gaps for the IC during 2019 and 2020. This resource mapping is part of the RMNCAH RMET, completed and shared with partners in July 2021, while the sector-wide RMET is expected to be completed before the end of 2021.

MOHS · WORLD BANK · FCDO · GAVI · GF · GAP

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

1 2 3 4 5

Investment case in development — Investment case being implemented

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

1 2 3 4 5

Not developed — Routine analysis of progress available to country platform

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

1 2 3 4 5

Not considered at this time — Health financing reform developed and progressing

An inclusive country platform process with CSO engagement

1 2 3 4 5

CSOs not included in the process — CSO representative engaged in monitoring of IC

Gender analysis/gender strategy

1 2 3 4 5

No analysis conducted — Included in IC and being used to close gender gaps

2019 · 2020 · 2021

SOMALIA

THE GFF'S CATALYTIC ROLE

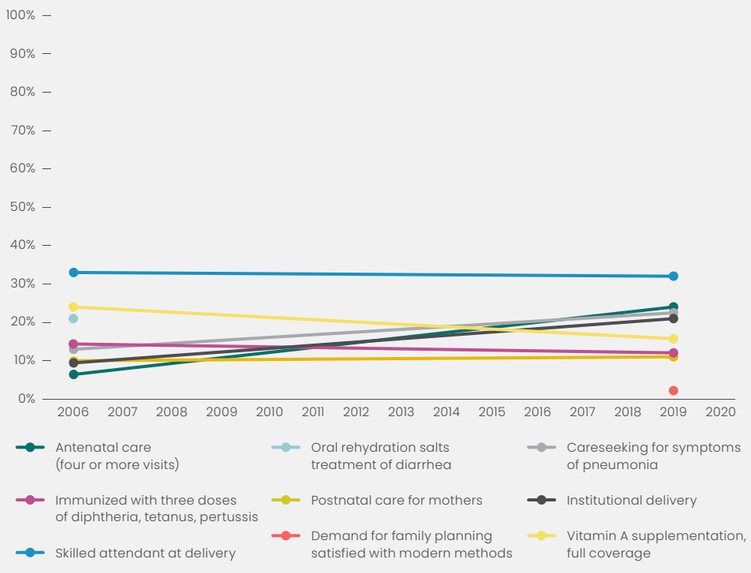
- **Developing a costed and prioritized investment case:** The investment case (IC) for Somalia prioritizes implementation of the essential package of health services (EPHS) to reduce fragmentation in health service delivery. The GFF provides technical support to help the government improve donor alignment, coordination, and enhance transparency in service delivery. The EPHS prioritizes cost-effective health interventions known to have the greatest impact upon the country's burden of disease.

- **Prioritizing and implementing health financing and systems reforms:** With a focus on government stewardship, the GFF and World Bank support activities to strengthen the capacity of the Ministry of Health to carry out key public sector stewardship functions, including regulatory roles and better measuring results. It also supports capacity building for utilizing health information, including institutionalizing resource mapping and expenditure tracking to harmonize it with National Health Accounts data collection process.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF provides support to the country platform (Somali Health Sector Coordination Committee), which serves as a mechanism for coordination among stakeholders including the private sector and civil society organizations. The GFF and World Bank support the Ministry of Health and state ministries to expand partnerships with nonstate actors such as nongovernmental organizations and the private sector to improve health outcomes. Going forward, the GFF and World Bank will also focus on enhancing the public sector's ability to procure and manage these contracts.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

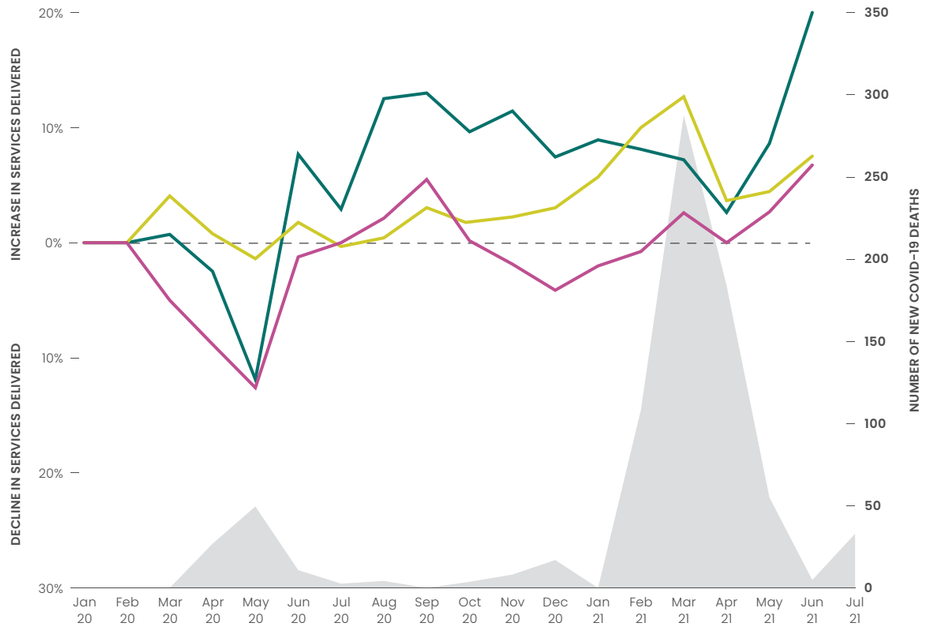
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	1044	2006	692	2020
Under 5 mortality rate (per 1,000 live births)	135	2006	–	–
Neonatal mortality rate (per 1,000 live births)	41	2006	–	–
Adolescent birth rate, 15–19 (per 1,000 women)	123	2006	118	2020
Births <24 months after the preceding birth (%)	–	–	41.2	2020
Stunting among children under 5 years of age (%)	38	2006	27.8	2020
Moderate to severe wasting among children under 5 years of age (%)	11	2006	11.6	2020
Stillbirths (per 1,000 pregnancies)*	–	–	–	–

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Somalia is 27 for the year 2019 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

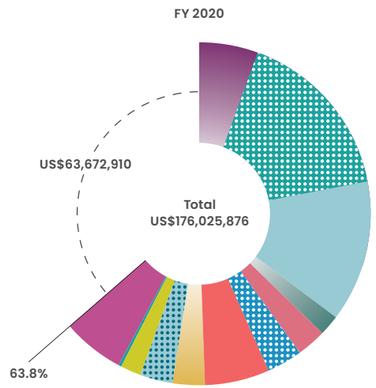
	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	–	–	0.4	1.6	2.0
Health budget execution rate (%)	–	–	–	–	–	–
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	–	–	–	–	–	–
DGGHE as share of general government expenditure (%)	–	–	–	–	–	–
Out-of-pocket spending on health, per capita (US$)	–	–	–	–	–	–

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

The volume of essential health services provided in Somalia dipped in May 2020, with Penta3 vaccinations and outpatient consultations each recording shortfalls of 12% compared to expected values. Services reached expected values by June 2020, with the volume of outpatient consultations and institutional deliveries remaining at or above the expected levels through June 2021.



RESOURCE MAPPING

Somalia conducted resource mapping and expenditure tracking as part of its first investment case (IC) development. Prior to the exercise, little information was available on Somalia's health sector funding – including sources (who), projects and activities (what), and geographical distribution (where) – creating fragmentation. This problem was especially acute since external health financing constitutes a large share of total health sector funding, and most is off-budget. Resource mapping helped the government develop a full understanding of Somalia's health funding landscape to improve future planning and align the country's IC and health strategies with available resources. The exercise mapped resources – both humanitarian and development – to Somalia's 2nd Health Sector Strategic Plan (HSSP II) 2017–21, and essential package of health services at a subnational level.

GOVERNMENT OF SOMALIA
FCDO
GFATM
USAID
GAVI
KfW
ITALY
FINLAND
SIDA
NORWAY
UNICEF
OTHER DONORS
GAP FOR HSSPII

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

1 2
Investment case in development — Investment case being implemented

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

1 3
Not developed — Routine analysis of progress available to country platform

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

1 3
Not considered at this time — Health financing reform developed and progressing

An inclusive country platform process with CSO engagement

2 3
CSOs not included in the process — CSO representative engaged in monitoring of IC

Gender analysis/gender strategy

1 3
No analysis conducted — Included in IC and being used to close gender gaps

2019 2020 2021

TAJIKISTAN

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** Based on the National Health Strategy (NHS) for the period from 2021 to 2030, the GFF will support identification of key priority actions to be implemented over the next 3 to 4 years, with a special focus on ensuring sustainable financing of the health sector.

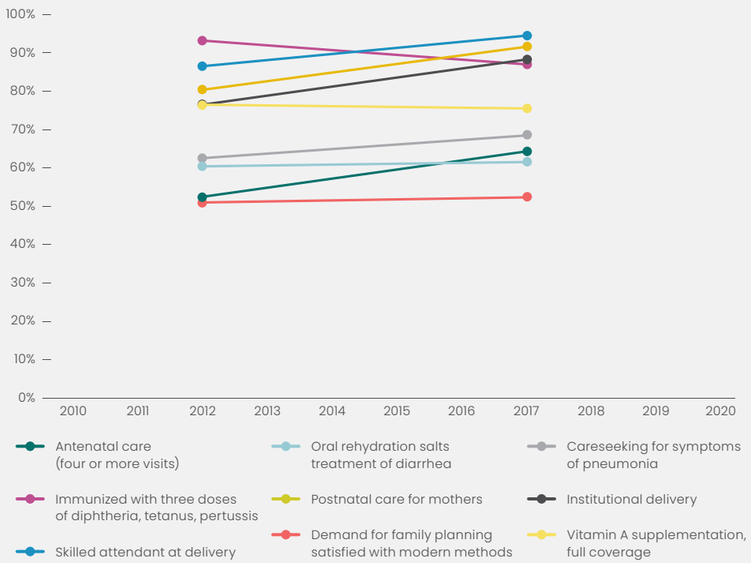
- **Prioritizing and implementing health financing and systems reforms:** In collaboration with the World Bank, WHO, and five other key development partners (ADB, EU, GAVI, GFATM, IsDB), a joint statement has been developed to support health financing transition in the Republic of Tajikistan. In addition, the GFF Trust Fund is cofinancing an IDA project that supports the introduction of program-based budgeting – an essential public financial management reform – in primary health care in Tajikistan. Resource mapping and expenditure tracking (RMET) has captured information on funds available from international donors and the government, to assist in comparing available funding to the total cost of the NHS; calculating funding gaps, and identifying funding sources to fill the gap and reorient priorities for NHS implementation. The GFF is working to institutionalize the RMET within the Ministry of Health and Social Protection.

- **Strengthening the country platform and convening financing and technical partners at country level:** In addition to its convening role in the area of health financing, the GFF contributes to the implementation of the COVID-19 pandemic response measures, which includes supporting the COVID-19 vaccination program by facilitating interagency cooperation and ensuring the effective communication flow between key national and international stakeholders.

- **Improving data for decision making:** The GFF is supporting data use and analytical capacity through collaboration with Countdown to 2030 to identify key drivers of positive change and key challenges to the improvements in maternal and child health. This analytical work will also inform the development of the investment case.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

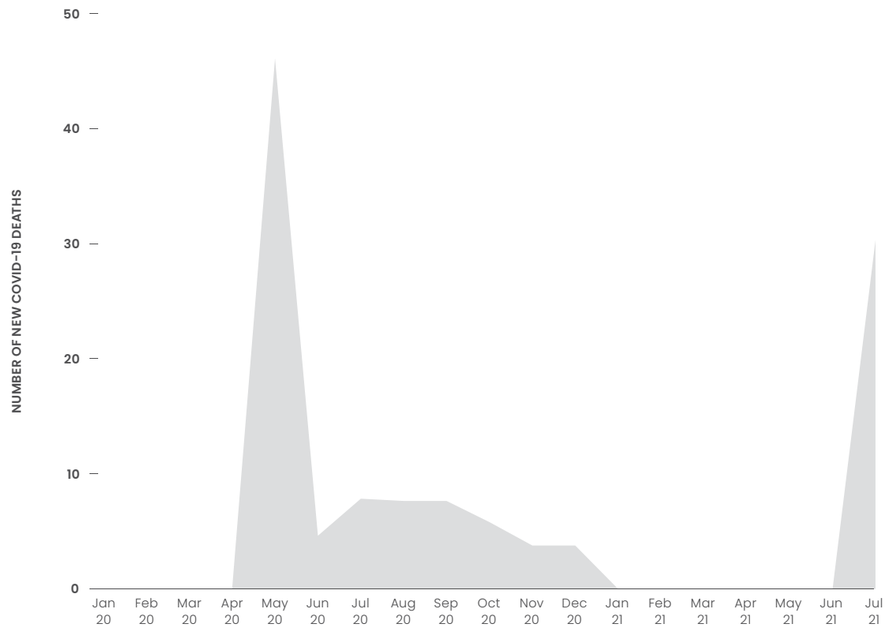
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	35	2010	32	2015
Under 5 mortality rate (per 1,000 live births)	43	2012	33	2017
Neonatal mortality rate (per 1,000 live births)	19	2012	13	2017
Adolescent birth rate, 15–19 (per 1,000 women)	54	2012	54	2017
Births <24 months after the preceding birth (%)	33.1	2012	35.9	2017
Stunting among children under 5 years of age (%)	26	2012	17.5	2017
Moderate to severe wasting among children under 5 years of age (%)	10	2012	5.6	2017
Stillbirths (per 1,000 pregnancies)*	8.5	2012	7.1	2017

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Tajikistan is 9 for the year 2017 (per 1000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	6.3	6.2	6.4	7.6	10.4
Health budget execution rate (%)	–	92.4	94.2	93.7	99.2	75.2
Share of health expenditure going to frontline providers (%)	–	27.3	26	27	29.3	17.8
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	19.7	15.3	18.3	–	20.2	26.4
DGGHE as share of general government expenditure (%)	6.4	6.3	6.2	6.4	7.6	10.4
Out-of-pocket spending on health, per capita (US$)	40	37	37	40.9	–	–

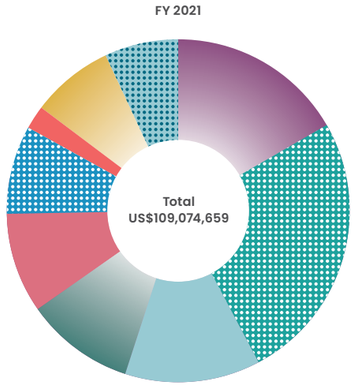
DEATHS FROM COVID-19 IN TAJIKISTAN



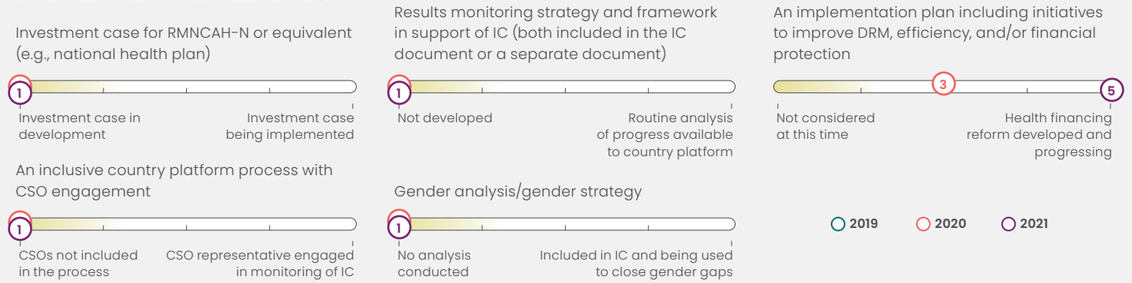
While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

Tajikistan is in early stages of the investment case development, which will be formed as a short-term prioritized implementation plan for the new National Health Strategy (NHS) for 2021–30. A resource mapping exercise was conducted in 2020 and covered data from donors and development partners, public resources programmed into a medium-term expenditure framework,, and a comparison of resources available with preliminary estimated cost of the NHS implementation. The mapping showed US$921 million available for health, with 68% coming from the state budget and 32% from external investments. Data from 24 donors and development partners showed a total of US$298 million investments for health planned between 2021 and 2025. The mapping of government resources show that the total government funding from 2020 through 2022 totals US$623 million. The GFF is working with the Ministry of Health and Social Protection to institutionalize resource mapping and establish a system and process for routine data collection on health projects supported by donors and development partners. The collected data will be used for planning and management of health projects by the ministry as well as for data analysis and reporting to other government institutions.



MONITORING THE COUNTRY-LED PROCESS



TANZANIA

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The GFF is cofinancing a World Bank project (One Plan II) in support of the investment case (IC) for Tanzania. GFF has channeled funds into an existing health basket fund used as a pooling mechanism, with donors aligned around results-based financing (RBF) of health priorities, linked to One Plan II indicators. In addition, the GFF and partners supported resource mapping and expenditure tracking (RMET) and RMET institutionalization, along with multiple advisory services and analytics.

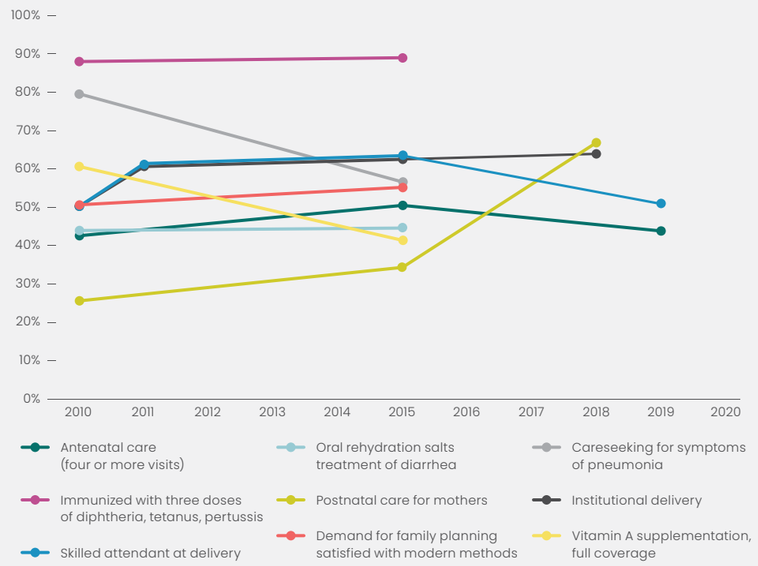
- **Prioritizing and implementing health financing and health systems reforms:** The IC aims to achieve efficiency gains by implementing RBF in eight regions, promoting fiscal decentralization and autonomy of health facilities. Learnings from RBF have led the government to roll out the direct health facility financing in 5,807 facilities to increase spending efficiency. The GFF is supporting capacity building in health governance, focusing on public financial management. Now implemented in 8 of the country's 31 regions, the Strengthening Primary Health Care for Results program, which ties payments to outcomes, has increased access to nutrition services, and improved the delivery and quality of services in 1,734 facilities. RBF incentivizes services to clients of the Tanzania Social Action Fund at a higher rate. A 30 percent share of government health expenditure goes to primary health care and 5,807 health facilities have received direct funding.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF has contributed to the "health basket" funding and the institutionalization of mapping of resources. GFF support has ensured donor alignment and funding of indicators linked to incentives.

- **Improving data for decision making:** The GFF supports strengthening the quality of data and building national capacity in analytics through its collaboration with Countdown to 2030.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	454	2010	556	2015
Under 5 mortality rate (per 1,000 live births)	81	2010	67	2015
Neonatal mortality rate (per 1,000 live births)	26	2010	25	2015
Adolescent birth rate, 15–19 (per 1,000 women)	116	2010	132	2015
Births <24 months after the preceding birth (%)	15.6	2010	18.8	2015
Stunting among children under 5 years of age (%)	42	2010	34	2015
Moderate to severe wasting among children under 5 years of age (%)	4.8	2010	4.4	2015
Stillbirths (per 1,000 pregnancies)*	17.2	2010	18.4	2015

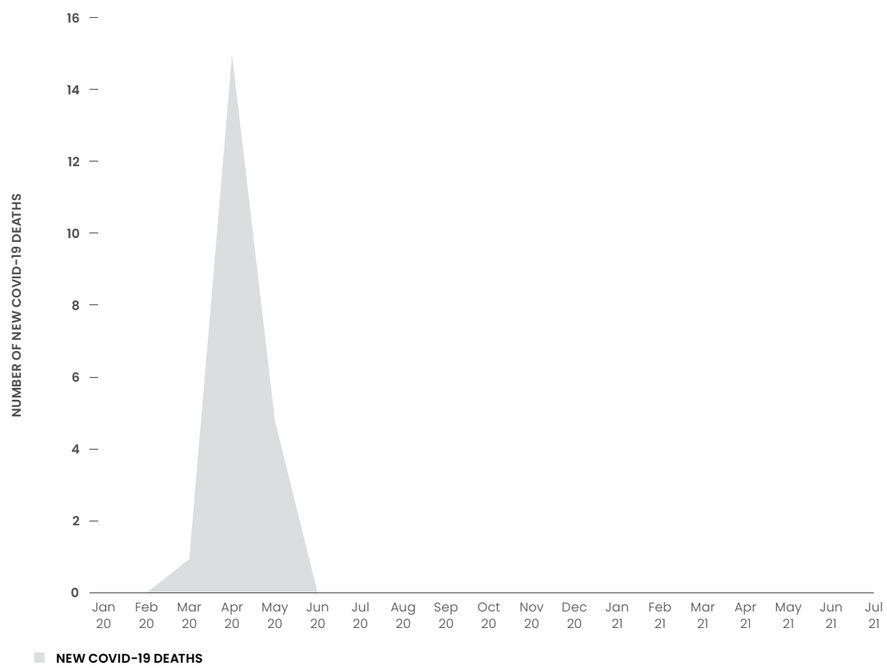
*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Tanzania is 20 for the year 2015 and 22 for the year 2010 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	8.1	9	10	8	7
Health budget execution rate (%)	–	61	77	72	55	53
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	–	18	–	18	12	14
DGGHE as share of general government expenditure (%)	–	8	–	8	6	5
Out-of-pocket spending on health, per capita (US$)	–	9	–	13	13	13

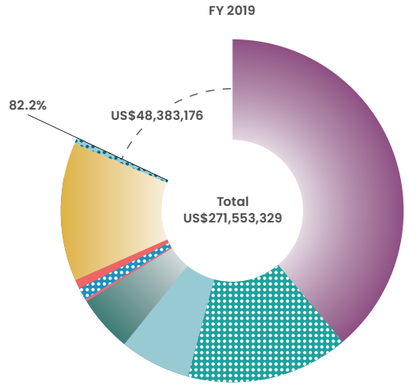
Source: National Health Account (NHA) and Public Expenditure Review (PER) for the Tanzania HF data

DEATHS FROM COVID-19 IN TANZANIA



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

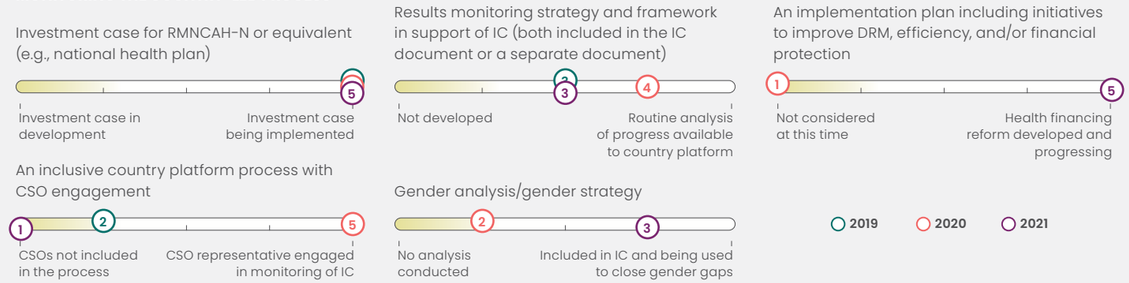


In Tanzania, the RMET approach was applied in 2018 and 2019 to assess the fiscal landscape and inform the development of the national health strategy. The report highlighted the commitment of the government of Tanzania to improved health outcomes and indicated domestic financing for the investment case (IC) rose from 20% in 2018 to 39% in 2019. In addition to the increases in government spending, the report also indicated a decrease in donor contributions in relative and absolute terms, and illustrated the equity and efficiency of resource allocation around RMNCAH-N priorities and provinces.

As the country moves forward to revise the previous strategy and develop the One Plan III strategy, the government aims to conduct an updated RMET to inform priorities and improve donor alignment with national health goals. Despite the delays introduced by the COVID-19 pandemic to conduct the RMET exercise, Tanzania plans to complete the exercise in 2022, which will inform the implementation of the RMNCAH-N strategy and help identify potential funding gaps across programmatic areas in the years to come.

GOVERNMENT OF TANZANIA · BASKET FUND · WB/GFF/ USAID/PON · USAID · PEPFAR · USG · GAVI · GFATM · UNFPA · GAP

MONITORING THE COUNTRY-LED PROCESS



UGANDA

THE GFF'S CATALYTIC ROLE

- **Development a costed and prioritized investment case:** The GFF is supporting the government of Uganda and partners in the development of a successor investment case (IC) or Sharpened Plan (FY 2020/21–FY 2024/25). The new plan outlines the health system and health financing priorities required to accelerate progress on health outcomes for women, children, and adolescents in the face of the COVID-19 pandemic.

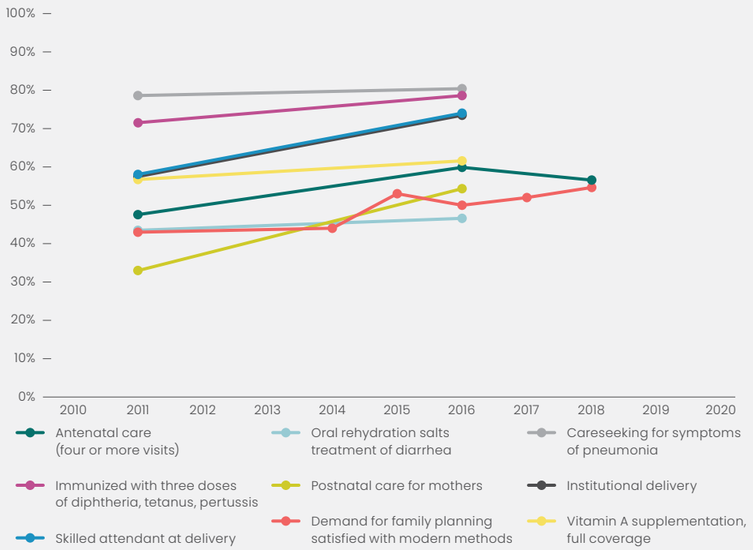
- **Prioritizing and implementing health financing and systems reforms:** Health financing reforms aim to improve allocative and technical efficiency of resources and increase domestic resource mobilization. With support from the GFF and the World Bank, the government explored revenue generation opportunities, including expanding taxes on alcohol and tobacco to increase domestic public investment for health. The GFF is also supporting implementation of health reforms that are emerging as priorities for the coming years, such as improving the quality and efficiency of health service delivery through the scale-up of results-based financing (RBF). Following the implementation of the national RBF framework for the health sector, the RBF approach is being institutionalized by the Ministries of Health and Finance to take on a strategic purchasing function. The next phase will focus on fortifying links between strategic purchasing reforms and reforms intended to strengthen the community health platform and interventions to improve adolescent health as well as enhance human capital.

- **Strengthening the country platform and convening financial and technical partners at country level:** The GFF-supported country platform is gaining momentum as a key platform for policy dialogue on the health and wellbeing of women, children, and adolescents.

- **Improving data for decision making:** The GFF has focused on strengthening the civil registration and vital statistics systems to improve birth and death registration. It is also supporting efforts to improve data generation and use, including through implementation research, to ensure the success of strategic purchasing reforms, understand the impact of COVID-19 on essential health services, and improve service quality and equity. With support from the Swedish International Development Cooperation Agency and the World Bank, the government of Uganda is conducting operations implementation research, with technical support from the GFF and partners. Early findings will also inform the updated Sharpened Plan.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	438	2011	336	2016
Under 5 mortality rate (per 1,000 live births)	90	2011	64	2016
Neonatal mortality rate (per 1,000 live births)	27	2011	27	2016
Adolescent birth rate, 15–19 (per 1,000 women)	134	2011	132	2016
Births <24 months after the preceding birth (%)	25.3	2011	24.3	2016
Stunting among children under 5 years of age (%)	33.4	2011	28.9	2016
Moderate to severe wasting among children under 5 years of age (%)	4.7	2011	3.4	2016
Stillbirths (per 1,000 pregnancies)	20	2011	16.3	2016

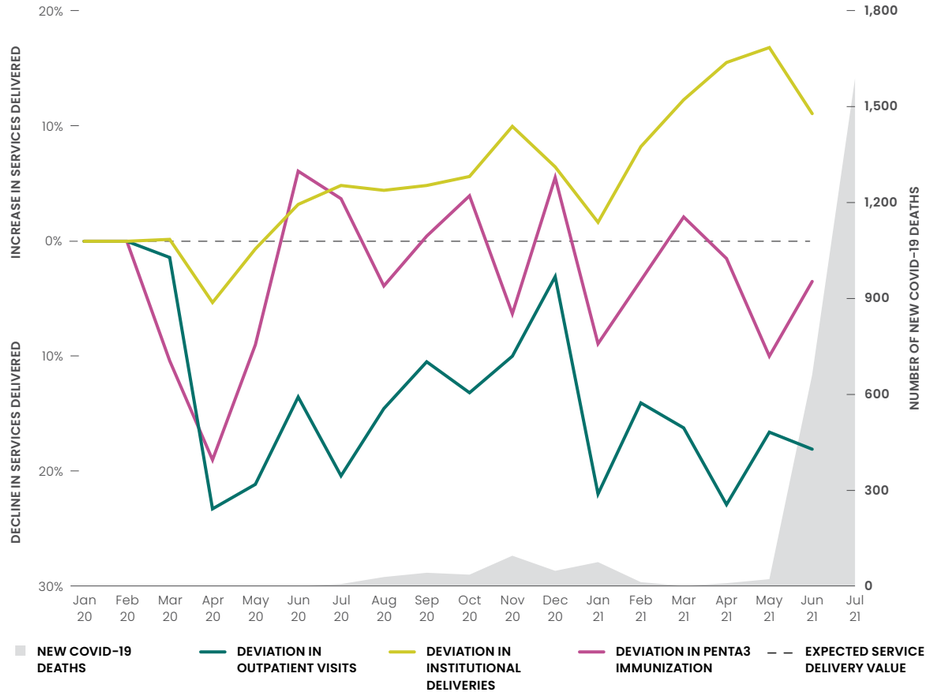
*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Uganda is 19 for the year 2016 and 20 for the year 2011 (per 1,000 total births). See https://childmortality.org/data for more information.

HEALTH FINANCING

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	6.9	8.9	6.7	7.3	7.2
Health budget execution rate (%)	–	91	76	61	76	85
Share of health expenditure going to frontline providers (%) *	–	25.2	20.3	23.7	25.2	21.7
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	6.6	6.5	6.3	6.8	–	–
DGGHE as share of general government expenditure (%)	5.1	5.1	5.1	5.1	–	–
Out-of-pocket spending on health, per capita (US$)	17	16.3	16.3	16.6	–	–

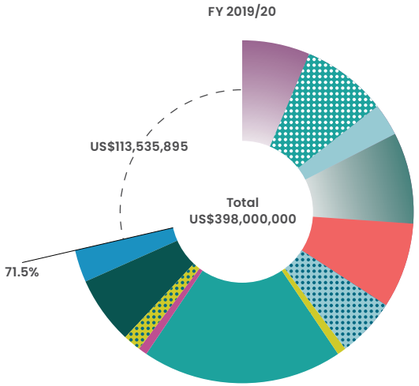
*Share of the budget allocated to primary health care.

SHORTFALL IN SERVICE DELIVERY COMPARED TO PRE-PANDEMIC TRENDS



Monitoring Essential Health Services during COVID-19

Uganda experienced shortfalls in the volume of essential health services provided during Covid-19, with 19% shortfalls for Penta3 and 28% shortfalls for outpatient consultations recorded in April 2020 compared to expected values. While the volume of Penta3 vaccinations reached expected levels by June, outpatient consultations remained low. Uganda experienced a cumulative shortfall of 13% in outpatient consultations through June 2021 compared to expected levels while some essential services, including institutional delivery, out-performed expected volumes despite initial disruptions.

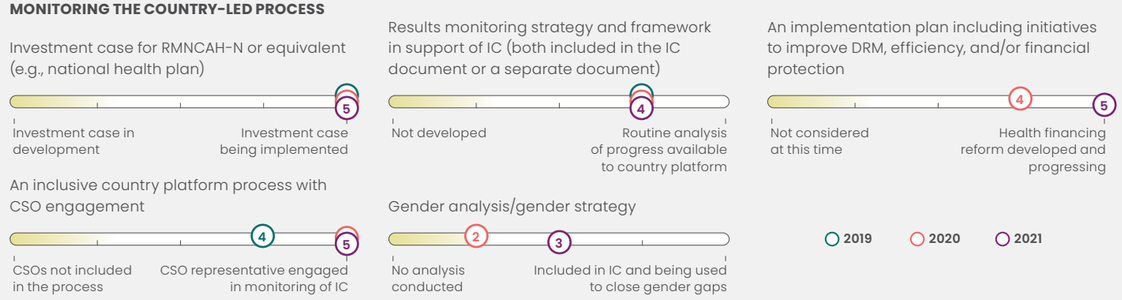


RESOURCE MAPPING

Uganda's investment case for the RMNCAH Sharpened Plan spans over the period from FY 2016/17 through 2019/20. In 2018/19, the Ministry of Health conducted a resource mapping of the IC looking at source of funding and funding gap at national and decentralized levels. Overall, the exercise shows the IC funding gap decreased over time from 46% to 29% between 2017/18 and 2019/2020, thanks to increased donor contribution: donors funded 48% of the IC cost in 2017/2018, which jumped to 65% in 2019/20. This rise was mainly driven by increased contributions from GAVI, GFTAM, and the World Bank/GFF. Because the cost of implementing the IC increased between 2017/18 and 2019/2020, government contribution remained the same over time in relative terms, but did increase in absolute terms between 2017/18 and 2019/20. The government of Uganda is preparing its new IC and result of the previous resource mapping will help the Ministry of Health in prioritizing interventions to improve the DRM agenda in the policy dialogue with the Ministry of Finance.

- GOVERNMENT OF UGANDA
- WORLD BANK/GFF TRUST FUND
- FCDO
- GAVI
- SIDA
- UNICEF
- WHO
- GFTAM
- MALARIA CONSORTIUM
- BTC/ENABEL
- USG/USAID
- OTHERS
- GAP

MONITORING THE COUNTRY-LED PROCESS



VIETNAM

THE GFF'S CATALYTIC ROLE

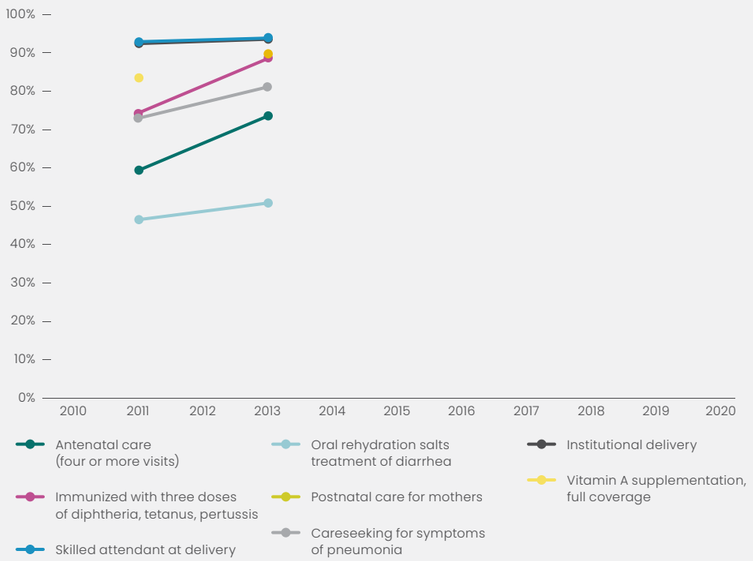
- **Supporting the government of Vietnam's push to strengthen the primary health care system:** In alignment with the government's focus on strengthening the primary health care system, the GFF is cofinancing the World Bank project, Investing and Innovating for Grassroots Health Service Delivery. The project aims to improve PHC and address unmet care needs by enhancing efficiency, quality, and utilization of commune-level health services. The project covers all regions of Vietnam and prioritizes rural and remote communities. Nine of the 13 project provinces are among the poorest in the country. Accordingly, project objectives include improving continuity of care and collaboration across levels of the health system, enhancing electronic medical records technology, upgrading infrastructure, and improving organization around key medical conditions at the grassroots level.

- **Prioritizing and implementing health financing and systems reforms:** The GFF supports health financing reforms, including social health insurance, by helping to align donor financing and providing technical assistance for revision of legislation and associated policies. With GFF support, the World Bank conducted a study to assess progress and barriers to health-related public-private partnerships. The GFF supports the transition to diagnostic-related grouping payments to help reduce hospital costs and increase efficiency.

- **Improving data for decision making:** The GFF is helping address gaps in health management information systems and improving health data availability, quality, and use, especially at the grassroots level, including by enhancing interoperability between central and subnational data systems. The GFF has helped align independent civil registration and vital statistics (CRVS) initiatives toward a common goal and supported the development of a detailed CRVS action plan. GFF resources have already led to improvements in cause-of-death reporting, one of the weakest aspects of CRVS in the country.

RMNCAH-N COVERAGE INDICATORS

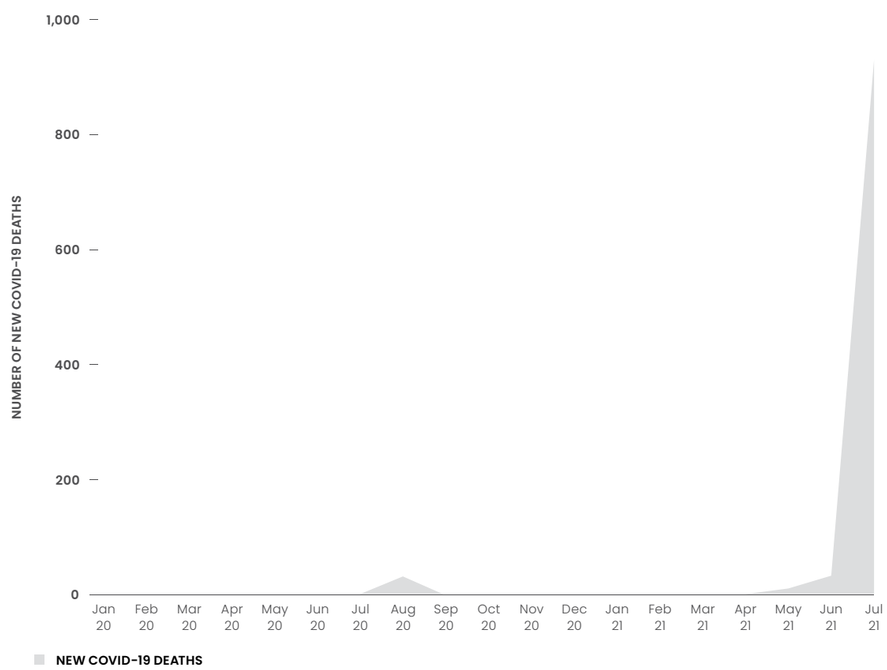
Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	**69**	2009	**46**	2019
Under 5 mortality rate (per 1,000 live births)	**56.9**	1999	**21**	2019
Neonatal mortality rate (per 1,000 live births)	–	2011	–	–
Adolescent birth rate, 15–19 (per 1,000 women)	**46**	2011	**45**	2013
Births <24 months after the preceding birth (%)	–	–	–	–
Stunting among children under 5 years of age (%)	**23.8**	2017	**23.3**	2018
Moderate to severe wasting among children under 5 years of age (%)	**6.4**	2015	**5.8**	2017
Stillbirths (per 1,000 pregnancies)*	–	–	–	–

HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	–	–	–	–	–
Health budget execution rate (%)	–	–	–	–	–	–
Share of health expenditure going to frontline providers (%)	–	–	–	–	–	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	**49.3**	**58.8**	**64.6**	**69.1**	–	–
DGGHE as share of general government expenditure (%)	**7.8**	**9.6**	**9.3**	**9.3**	–	–
Out-of-pocket spending on health, per capita (US$)	**51.3**	**55.3**	**63.2**	**68.1**	–	–

DEATHS FROM COVID-19 IN VIETNAM

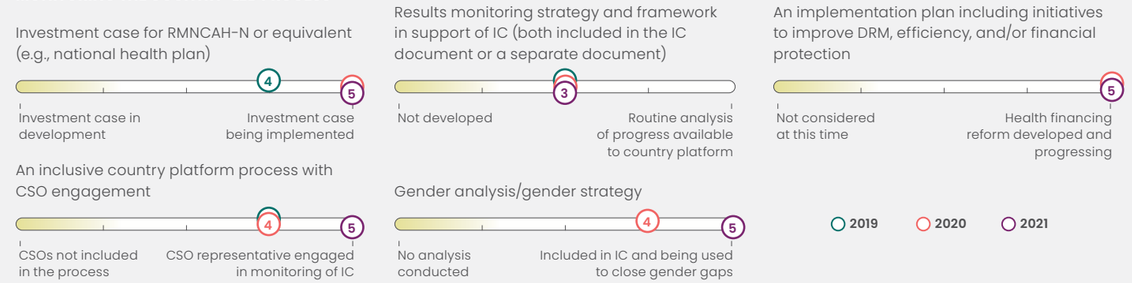


While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

RESOURCE MAPPING

Vietnam is no longer highly dependent on external assistance for the health sector, with external financing accounting for 2.7% in 2014. But some major development partners (e.g., the European Union, Gavi, and the Global Fund) have completed or are reducing the scale of their assistance, necessitating a shift to government budget or health insurance. The recently approved Grassroots Health Service Delivery Project, under implementation beginning May 2020, fills an important financing gap for Vietnam. The project is supported by an IDA-Transitional Support (IDA-TS) credit of US$80 million, a cofinancing grant of US$5 million from the Integrating Donor-Financed Health Programs Multidonor Trust Fund (MDTF) funded with Australian support, a cofinancing grant of US$3 million from the Tackling Non-Communicable Diseases Challenges in Low- and Middle-income Countries MDTF (Pharmaceutical Governance Fund), and US$21.25 million from the government of Vietnam, in addition to the U$17 million GFF financing for the IDA-TS credit buydown.

MONITORING THE COUNTRY-LED PROCESS



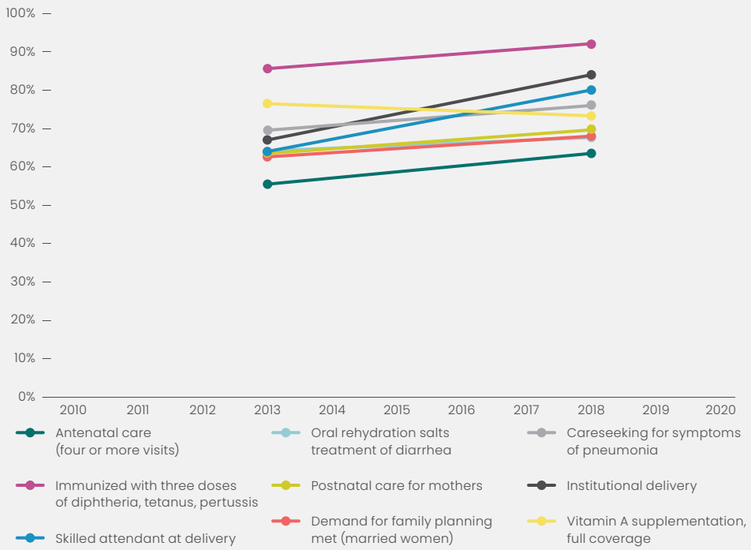
ZAMBIA

THE GFF'S CATALYTIC ROLE

- **Developing costed and prioritized investment case:** With strong leadership from the government and support from the GFF, Zambia has been developing an investment case (IC) since December 2019. The IC will be a subset of a national roadmap, aligned with the upcoming five-year National Health Strategy Plan (2022–26). The COVID-19 pandemic has delayed completion of the IC, now expected in late 2021.
- **Prioritizing and implementing health financing and systems reforms:** During IC development, focus has shifted to the broader objective of strengthening systems. Due to substantial fiscal constraints, health financing reforms — especially efficiency improvements — are still in initial stages.
- **Strengthening the country platform and convening financial and technical partners at country level:** The IC is being developed by an existing national steering committee, recently expanded to include all stakeholders. The GFF provided technical assistance to the Ministry of Health (MOH) to support this ongoing evolution, including revising terms of reference and engaging with private sector partners. Besides the MOH and GFF, several cooperating partners, including the Swedish International Development Cooperation Agency, World Health Organization, and UNFPA, have supported the process by filling gaps to help overcome delays related to COVID-19. UNICEF contributed technical support in using the EQUIST data tool to help identify key bottlenecks and priorities.
- **Improving data for decision making:** Improving the use of data, particularly at the subnational level, will serve as a main objective of the IC currently under development. Specific priorities and areas of investment have yet to be determined.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.

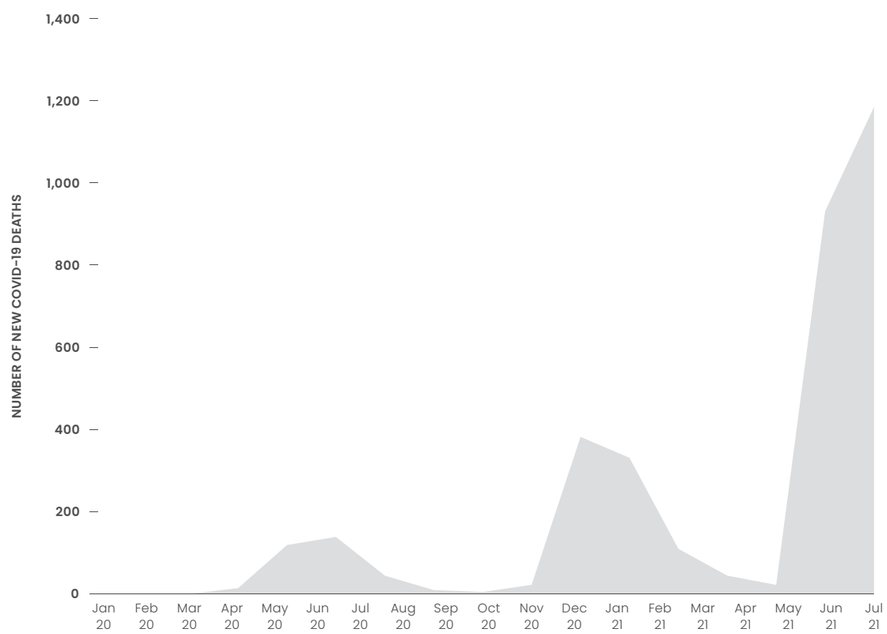


RMNCAH-N IMPACT INDICATORS	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	398	2013	252	2018
Under 5 mortality rate (per 1,000 live births)	75	2013	61	2018
Neonatal mortality rate (per 1,000 live births)	24	2013	27	2018
Adolescent birth rate, 15–19 (per 1,000 women)	141	2013	135	2018
Births <24 months after the preceding birth (%)	15.5	2013	14	2018
Stunting among children under 5 years of age (%)	40.1	2013	34.6	2018
Moderate to severe wasting among children under 5 years of age (%)	6	2013	4.2	2018
Stillbirths (per 1,000 pregnancies)*	13.3	2013	12.1	2018

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Zambia is 15 for the year 2018 and 16 for the year 2013 (per 1,000 total births). See https://childmortality.org/data for more information.

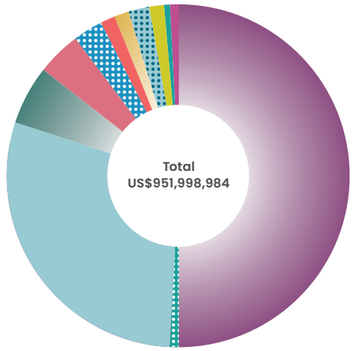
HEALTH FINANCING	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	9.6	8.3	8.9	9.5	9.3	8.8
Health budget execution rate (%)	94	92.5	98	75	–	–
Share of health expenditure going to frontline providers (%)	58	62	61	69	84	–
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	17	22	36	29	–	–
DGGHE as share of general government expenditure (%)	8.6	8.0	10.2	8.7	7.0	–
Out-of-pocket spending on health, per capita (US$)	7.3	7	8	7.6	8	–

DEATHS FROM COVID-19 IN ZAMBIA



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.

FY 2019



RESOURCE MAPPING

As part of the aid coordination mechanisms, Zambia has routinely mapped donor activities and financing in the health sector since the 1990s. The depicted figure shows the estimated funding in the health sector in Zambia in fiscal year 2019. The next step is to further breakdown the data to assess funding sufficiency for RMNCAH activities. This will be achieved through an expanded resource mapping and expenditure tracking exercise set to launch by the end of 2021.

- GOVERNMENT OF ZAMBIA
- WB
- USAID
- GLOBAL FUND
- EU
- OTHER
- SIDA
- WHO
- JOINT FUNDING
- FCDO
- JICA
- ELMA

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)

1 Investment case in development — 3 Investment case being implemented

An inclusive country platform process with CSO engagement

3 CSOs not included in the process — CSO representative engaged in monitoring of IC

Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

3 Not developed — Routine analysis of progress available to country platform

Gender analysis/gender strategy

1 No analysis conducted — Included in IC and being used to close gender gaps

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

1 Not considered at this time — 3 Health financing reform developed and progressing

2019 2020 2021

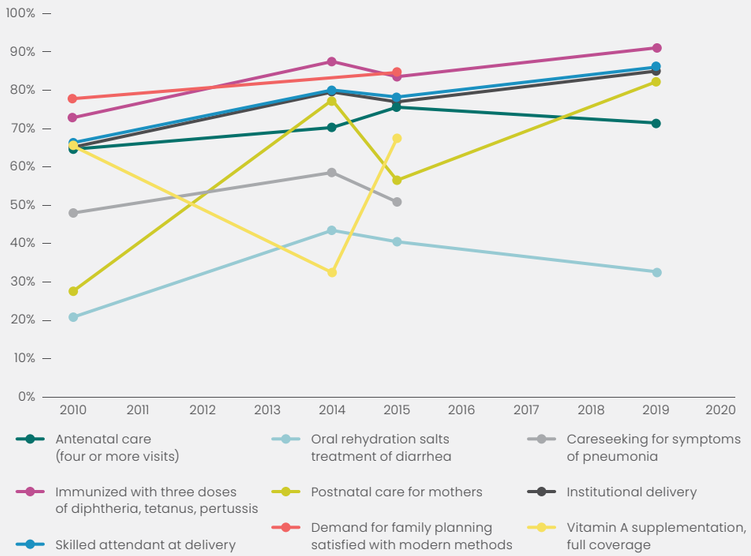
ZIMBABWE

THE GFF'S CATALYTIC ROLE

- **Developing a costed and prioritized investment case:** The investment case (IC) under development for Zimbabwe focuses on the broader health sector, including women, children, and adolescent health and nutrition. The IC priorities are included in the National Health Strategy (2021–25) and partly financed by a US$25 million GFF grant. The One Health tool and the World Bank-developed Health Interventions Prioritization Tool (HIPtool) were used to identify key priorities, increasing focus on results, efficiency, and partner alignment.
- **Prioritizing and implementing health financing and systems reforms:** World Bank additional financing for the Health Sector Development Support Project was approved in December 2020. The financing includes US$20 million to support the IC, specifically for results-based financing (RBF) implementation in 18 districts, expansion of the urban voucher program for the poor, expansion of quality in hospitals, and enhancing governance and health financing reforms. It also includes dedicated funding for the COVID-19 response, enabling the government to fund part of its national response plan.
- **Strengthening the country platform and convening financial and technical partners at country level:** As a result of the GFF-supported country platform assessment, the government chose the Health Sector Coordination Framework as the new country platform. The new platform will need to be strengthened to perform as a key tool for donor coordination and alignment, using data for strategic decision making and course correction.
- **Improving data for decision making:** Zimbabwe has a strong and functional health management information system with well-designed risk-based verification for RBF and a rich culture of data collection. GFF support has focused on assessing the disruption to basic essential services caused by COVID-19, supporting a feasibility assessment for using block chain technology in commodity tracking and RBF verification, and studying the use of machine learning for early warning of service disruption and RBF institutionalization.

RMNCAH-N COVERAGE INDICATORS

Data on all reported RMNCAH-N coverage indicators was retrieved from recent available population-based surveys.



RMNCAH-N IMPACT INDICATORS

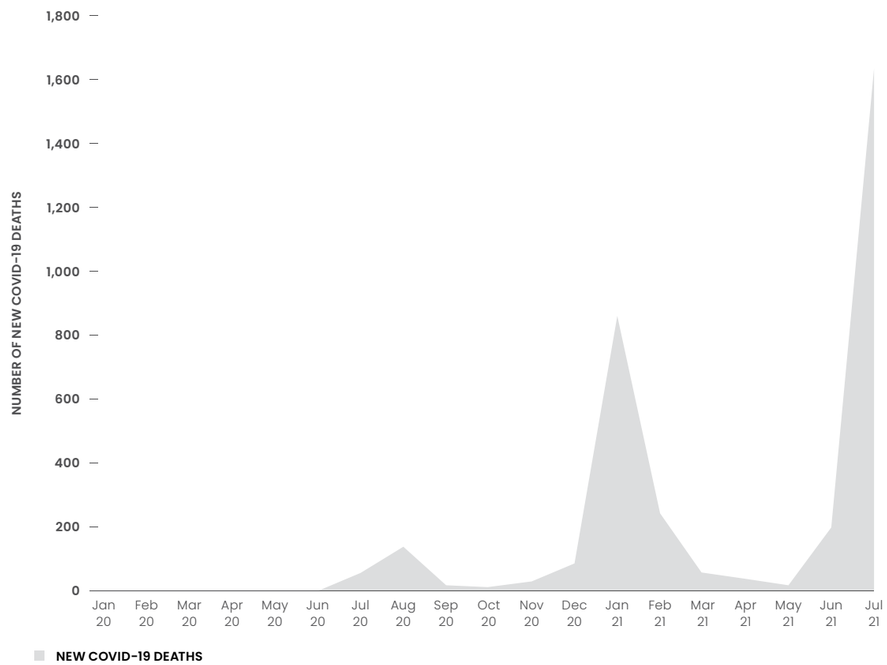
	Previous		Recent	
Maternal mortality ratio (per 100,000 live births)	614	2014	462	2019
Under 5 mortality rate (per 1,000 live births)	75	2014	65	2019
Neonatal mortality rate (per 1,000 live births)	29	2014	32	2019
Adolescent birth rate, 15–19 (per 1,000 women)	120	2014	108	2019
Births <24 months after the preceding birth (%)	–	–	–	–
Stunting among children under 5 years of age (%)	27.6	2014	23.5	2019
Moderate to severe wasting among children under 5 years of age (%)	3.3	2014	2.9	2019
Stillbirths (per 1,000 pregnancies)*	15	2010	12	2015

*The estimated stillbirth rate reported by the UN Inter-Agency Group for Child Mortality Estimation for Zimbabwe is 18 for the year 2015 and 24 for the year 2010 (per 1,000 total births). See https://childmortality.org/data for more information.

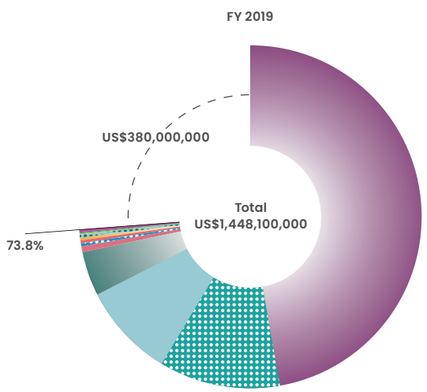
HEALTH FINANCING

	2015	2016	2017	2018	2019	2020
Share of government budget allocated to health (%)	–	7.5	6.9	8.6	12.9	18.9
Health budget execution rate (%)	–	98	99	87	91	80
Share of health expenditure going to frontline providers (%)	–	–	–	11.7	8.3	11.6
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	22.4	26.2	32.8	39.3	–	–
DGGHE as share of general government expenditure (%)	7.6	7.6	7.6	7.6	–	–
Out-of-pocket spending on health, per capita (US$)	27.8	26.2	26.4	34.2	–	–

DEATHS FROM COVID-19 IN ZIMBABWE



While the GFF supports routine monitoring of disruptions to essential health services in 18 partner countries, monthly data on deaths related to COVID-19 is provided for all 36 GFF partner countries through July 2021 to show the pandemic's ongoing impact. The GFF continues to support partner countries in monitoring core RMNCAH-N outcomes and investment case priorities throughout the pandemic.



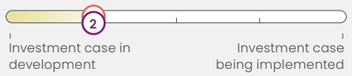
RESOURCE MAPPING

The Ministry of Health and Child Care (MOHCC) has been conducting annual resource mapping and expenditure tracking since 2015. This exercise collects budget and expenditure data for domestic and external sources of funding within the health sector. The data have been used to inform planning and coordination of resources in the health sector (for example, Global Fund grant applications), to identify and address inefficiencies in the health sector, and to inform the costing and gap analysis of national strategic plans, in particular the National Health Strategy (2016–20). Zimbabwe is in the process of developing a health sector investment case through 2025, which will be finalized once the National Health Strategy (2021–25) is in place, to ensure alignment between the two documents.

GOVERNMENT OF ZIMBABWE · GLOBAL FUND · USG · HEALTH DONOR FUND · FCDO · SIDA · BMGF · EU · GAVI · UNFPA · UNICEF · OTHER · GAP

MONITORING THE COUNTRY-LED PROCESS

Investment case for RMNCAH-N or equivalent (e.g., national health plan)



Results monitoring strategy and framework in support of IC (both included in the IC document or a separate document)

An implementation plan including initiatives to improve DRM, efficiency, and/or financial protection

An inclusive country platform process with CSO engagement

Gender analysis/gender strategy

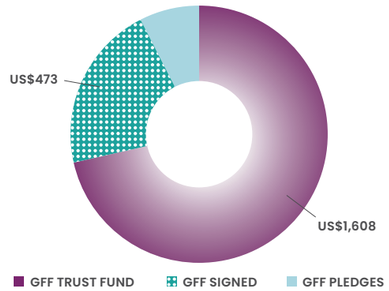
2019 · 2020 · 2021

Contributions, Commitments and Disbursements

Contributions

The GFF was launched in July 2015, building on the experience and structure of the Health Results Innovation Trust Fund (HRITF). As of June 30th, 2021, the total value of contributions and new pledges to the GFF Trust Fund is US$2.25 billion equivalent from 14 donors, including US$473 million for HRITF and $1.775 billion for the GFF (figure 1). Figure 2 provides the breakdown of the GFF signed and pledged contributions by donor.

Figure 1. Total Fund Value in US$, Millions

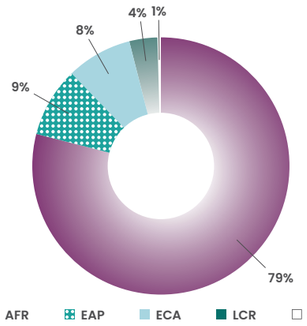


Source: World Bank/GFF.

Figure 2. GFF Contributions by Donor in US$, Millions

Source: World Bank/GFF.

Figure 3. GFF Board-Approved Projects by Region, % of Total



Source: World Bank/GFF.

GFF Commitments

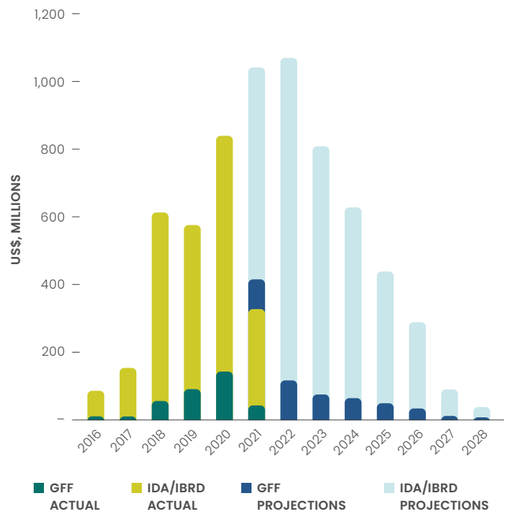
The GFF Trust Fund resources are used in a catalytic way to help align priorities in the country-led investment cases with various funding sources in each GFF partner country. In 2020–21, the World Bank and the GFF Trust Fund invested US$667 million, out of a global total of US$12 billion pledged to investment cases in 22 countries to support resource mobilization and to implement priorities. Government contributions to the investment cases comprise US$7.5 billion, an increase in absolute government funding from the US$5.9 billion allocated by the governments of 21 countries the previous year, while partner commitments total US$4.9 billion. A gap of US$8.8 billion remains. As these countries continue to stabilize and strengthen their health systems amid COVID-19, the GFF will continue to work with each country to enhance domestic mobilization and improve the efficiency of health spending in line with country priorities.

As of June 30th, 2021, the GFF Trust Fund committed a total of US$815.5 million for 46 GFF Projects in 36 countries. Of this, US$686.6 million, combined with additional US$5.0 billion IDA/IBRD, has been approved by the World Bank's Board of Executive Directors (table 1). The remaining US$129 million is at an advanced preparation stage.

Seventy-nine percent of the Board-approved GFF amount supports GFF countries in the Africa region, followed by 9 percent in South Asia, 8 percent in East Asia, 4 percent in Latin America and the Caribbean regions, and less than 1 percent in Europe and Central Asia Region (figure 3). The complete list of Board-approved projects is provided in table 1.

In addition, the GFF Trust Fund has committed US$87 million in grants to strengthen essential health services amid COVID-19 across 6 countries. Out of these grants, US$30 million for Rwanda and Mozambique is linked to US$130 million in IDA financing already approved by the Board in the first half of 2021.

Figure 4. GFF Projects: Disbursements Projections and Actual Disbursements, as of June 30, 2021



Source: World Bank/GFF.

Table 1. List of World Bank Board Approved GFF Projects in US$, Millions

PROJECT	BOARD DATE	GFF AMOUNT	IDA AMOUNT	IBRD
Tanzania	5/28/2015	$40	$200	
DRC (AF-CRVS)	3/29/2016	$10	$30	
Cameroon	5/3/2016	$27	$100	
Nigeria (AF)	6/7/2016	$20	$100	
Kenya	6/15/2016	$40	$150	
Uganda	8/4/2016	$30	$110	
Liberia (AF)	2/23/2017	$16	$15	
Guatemala	3/24/2017	$9		$100
DRC (AF)	3/31/2017	$40	$340	
Ethiopia	5/9/2017	$60	$150	
Bangladesh	7/28/2017	$15	$500	
Bangladesh (education)	12/18/2017	$10	$510	
Mozambique	12/20/2017	$25	$80	
Rwanda (health)	2/28/2018	$10	$25	
Afghanistan	3/28/2018	$35	$140	
Rwanda (SP-AF)	4/12/2018	$8	$80	
Guinea	4/25/2018	$10	$45	
Indonesia	6/21/2018	$20		$400
Nigeria (nutrition)	6/27/2018	$7	$225	
Burkina Faso	7/6/2018	$20	$80	
Nigeria (part 2)	8/13/2018	$20	$0	
CAR	9/27/2018	$10	$43	
Malawi	12/19/2018	$10	$50	
Mali	3/19/2019	$10	$50	
Cote d'Ivoire	3/22/2019	$20	$200	
Cambodia	4/4/2019	$10	$15	
Haiti	5/16/2019	$15	$55	
DRC (nutrition)	5/28/2019	$10	$492	
Vietnam	6/19/2019	$17	$80	
Senegal	9/26/2019	$15	$140	
Tajikistan (early years)	4/30/2020	$3	$70	
Myanmar	5/29/2020	$10	$100	
Zimbabwe	9/21/2020	$25	-	
Madagascar (CRVS)	9/29/2020	$3	$140	
Zambia (COVID-19)	10/20/2020	$5	$20	
Zambia	6/28/2021	$10	$14	
Somalia	6/28/2021	$25	$75	
Chad	8/6/2021	$16.5	$90	
TOTAL BOARD APPROVED		**US$686.5**	**US$4,514**	**US$500**

Source: World Bank/GFF.

GFF Trust Fund and IDA/IBRD Disbursements

As of June 30th, a total of US$350 million GFF and US$2.3 billion IDA/IBRD of the Board-approved amount in table 1 has been disbursed. Figure 4 illustrates the actual disbursements and projections for future periods on a calendar year basis. As a response to the COVID-19 pandemic, the GFF disbursements in calendar year 2020 (US$840 million combined GFF and IDA) exceeded the GFF disbursements in 2019. Based on the current implementation progress, about $1 billion of the GFF TF funding and IDA/IBRD is expected to be disbursed in 2021.

About the GFF

The Global Financing Facility (GFF) is a multi-stakeholder partnership housed at the World Bank that supports country-led efforts to improve the health of women, children and adolescents. Since 2015, the GFF has been working with countries, donors, CSOs, the private sector, foundations and global health partners to unlock additional financing, innovation and policies that improve access to and quality of reproductive, maternal, newborn, child, and adolescent health and nutrition services.

To date, US$686.6 million in GFF grants have been linked to US$5.0 billion of International Development Association (IDA) and International Bank of Reconstruction and Development (IBRD) financing and alignment of domestic and external financing. Through these investments, the GFF has helped to improve — and save — millions of lives, building sustainably into the future as well as in the face of crises.

By supporting countries to convene global and local development partners in country-led platforms, the GFF enables countries to prioritize and scale up the most neglected interventions, strengthen health systems, and reimagine service delivery to achieve better, more sustainable health results to reach universal health coverage and build human capital.

Before COVID-19 hit, years of significant improvements in health for women, children, and adolescents had been driven by a concerted effort from governments, the World Bank, and global health partners, including the GFF. Gains included improved access to family planning, child immunizations, safe births with a skilled attendant, access to safe drinking water, and better child nutrition. In addition to short-term shocks, COVID-19 also threatens to reverse this substantial progress.

As part of its new five-year strategy, the GFF is doubling down on its commitment to protect and promote essential health services for women, children, and adolescents, end the pandemic, and support efforts for a more inclusive recovery.

Investors Group Members

ABT Associates (representing the private sector constituency)

Bill & Melinda Gates Foundation

Burkina Faso Youth Action Movement (representing the youth constituency)

Centre for Reproductive Health and Education Zambia (representing the civil society constituency)

European Commission

Gavi, the Vaccine Alliance

Global Fund to Fight AIDS, Tuberculosis, and Malaria

Government of Afghanistan

Government of Burkina Faso

Government of Cambodia

Government of Canada

Government of Central African Republic

Government of Côte d'Ivoire

Government of Denmark

Government of Ethiopia

Government of Germany

Government of Haiti

Government of Japan

Government of the Kingdom of the Netherlands

Government of Niger

Government of Norway

Government of United Kingdom

Government of United States

Government of Zimbabwe

Laerdal Global Health (representing the private sector constituency)

MSD for Mothers (representing the private sector constituency)

PAI (representing the civil society constituency)

PATH Kenya (representing the civil society constituency)

Pathfinder International (representing youth constituency)

Partnership for Maternal, Newborn, and Child Health

Qatar Fund for Development

The Susan Thompson Buffett Foundation

UNFPA

UNICEF

World Bank Group

World Health Organization

Trust Fund Contributors

The GFF Trust Fund is supported by the Governments of Burkina Faso, Canada, Côte d'Ivoire, Denmark, the European Commission, Germany, Japan, the Netherlands, Norway, Qatar, and the United Kingdom; the Bill & Melinda Gates Foundation; the Susan T. Buffett Foundation; Laerdal Global Health; MSD for Mothers and the Rockefeller Foundation.

List of Acronyms

AFD Agence française de développement

AfDB African Development Bank

AECID Spanish Agency for International Development Cooperation

AICS Agenzia Italiana per la Cooperazione allo Sviluppo (Italian Agency for Development Cooperation)

AMEF Africa Medical Equipment Facility

ANC antenatal care

ANC4 four antenatal care visits

BCC behavior change communication

BEmONC Basic Emergency Obstetric and Newborn Care

BHCPF Basic Health Care Provision Fund

BMGF Bill & Melinda Gates Foundation

BMZ Federal Ministry of Economic Cooperation and Development (Germany)

CBHI community-based health insurance

CDC Centers for Disease Control and Prevention

CEmONC Comprehensive Emergency Obstetric and Newborn Care

CERF Central Emergency Response Fund

CP country platform

CRS Catholic Relief Services

CRVS civil registration and vital statistics

CSO civil society organization

CYP couple years protection

DGGHE domestic general government health expenditure

DHS demographic health survey

DHIS2 district health information software 2

DIB Development Impact Bond

DLIs disbursement-linked indicators

DRC Democratic Republic of Congo

DRM domestic resource mobilization

ECD early childhood development

EHS essential health services

EPHS essential package of health services

EU European Union

FCDO Foreign, Commonwealth & Development Office

FY fiscal year

GAP Global Action Plan

GAVI Gavi, the Vaccine Alliance

GBV gender-based violence

GFATM the Global Fund to Fight AIDS, Tuberculosis and Malaria

GFF Global Financing Facility

GWSP Global Water Security & Sanitation Partnership

HDI Human Development Index

HDWs health development workers

HF health financing

HIS health information system

HRH human resources for health

HRITF Health Results Innovation Trust Fund

HSMTDP Health Sector Medium Term Development Plan

HSSP Health Sector Support Project

HSSP II Health Sector Strategic Plan II

IBRD International Bank for Reconstruction and Development

IC investment case

IDA International Development Association

IFC International Finance Corporation

IFMIS Integrated Financial Management Information System

IMF International Monetary Fund

IPT2 intermittent preventative treatment (for malaria)

JICA Japan International Cooperation Agency

JLN Joint Learning Network

KfW German Development Bank (government-owned)

KMC Kangaroo Mother Care

KOICA Korea International Cooperation Agency

LICs low-income countries

LMICs low-and middle-income countries

MICS Multiple Indicator Cluster Survey

MeHS monitoring essential health services

MOH Minister of Health

MOPH Ministry of Public Health

MDTF Multidonor Trust Fund

M&E monitoring and evaluation

NCDs non-communicable diseases

NCDA National Child Development Agency

NEIR Nutrition Expenditure and Institutional Review

NGOs nongovernmental organizations

NHA National Health Accounts

NHS National Health Strategy

ODA official development assistance

PBF performance-based financing

PMNCH Partnership for Maternal, Newborn, and Child Health

PPE personal protective equipment

RBF results-based financing

RMET resource mapping and expenditure tracking

RMNCAH-N reproductive, maternal, newborn, child and adolescent health and nutrition

SARA service availability and readiness assessment

SDG Sustainable Development Goal

SHI social health insurance

SIDA Swedish International Development Cooperation Agency

SRHR sexual and reproductive health and rights

SWAp sectorwide approach

THP-UCP transforming health systems for universal care project

UHC Universal Health Coverage

UNFPA United Nations Population Fund

UNICEF United Nations Children's Fund

USAID United States Agency for International Development

WASH water, sanitation, and hygiene

WHO World Health Organization

Appendix B

Data Sources

INDICATOR	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Congo Democratic Republic
GFF CORE IMPACT INDICATORS								
Maternal Mortality Ratio (per 100,000 live births)	UN Inter Agency Report 2015; UN Inter Agency Report 2017	SVRS 2019; SVRS 2020	DHS 2010; EMDS 2015	DHS 2010; DHS 2014	DHS 2011; DHS 2018		DHS 2014	DHS 2014
Under-5 mortality rate (per 1,000 live births)	AHS 2015; AHS 2018	BDHS 2017; SVRS 2020	DHS 2010; EMDS 2015	DHS 2010; DHS 2014	DHS 2011; DHS 2018	MICS 2010; MICS 2018	DHS 2014; MICS 2019	DHS 2014; MICS 2017
Neonatal mortality rate (per 1,000 live births)	AHS 2015; AHS 2018	BDHS 2017; SVRS 2020	DHS 2010; EMDS 2015	DHS 2010; DHS 2014	MICS 2014; DHS 2018	MICS 2018	DHS 2014; MICS 2019	DHS 2014; MICS 2017
Adolescent Birth Rate - 15-19 (per 1,000 women)	AHS 2015; AHS 2018	BDHS 2017; SVRS 2020	MIS 2014; MIS 2017-2018	DHS 2010; DHS 2014	MICS 2014; DHS 2018	MICS 2010; MICS 2018	DHS 2014; MICS 2019	DHS 2014; MICS 2017
Births <24 months after the preceding birth (%)	DHS 2015	BDHS 2014	MIS 2014; MIS 2017-2018	DHS 2010; DHS 2014	DHS 2011; DHS 2018		DHS 2014	DHS 2014
Stunting among children under 5 years of age (%)	ANNS 2013; AHS 2018	BDHS 2017; SVRS 2019	ENN 2017; ENN 2018	DHS 2010; DHS 2014	MICS 2014; DHS 2018	MICS 2010; MICS 2018	SMART 2018; SMART 2019	DHS 2014; MICS 2017
Moderate to severe wasting among children under 5 years of age (%)	ANNS 2013; AHS 2018	BDHS 2014; BDHS 2017	ENN 2017; ENN 2018	DHS 2010; DHS 2014	MICS 2014; DHS 2018	MICS 2010; MICS 2018	SMART 2018; SMART 2019	DHS 2014; MICS 2017
Stillbirths rate (per 1,000 pregnancies)	DHS 2015	BDHS 2014; BDHS 2017		DHS 2014	DHS 2018			
RMNCAH – N COVERAGE INDICATORS								
Antenatal visits for pregnancy: 4+ visits	MICS 2010; DHS 2015; AHS 2018	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; MIS 2014	DHS 2010; DHS 2014	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014	MICS 2010; DHS 2013; MICS 2017
Careseeking for symptoms of pneumonia	MICS 2010; DHS 2015		EDSBF-MICS IV 2010	DHS 2010; DHS 2014	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018	MICS 2010; DHS 2013; MICS 2017
Demand for family planning satisfied by modern methods (all women)			EDSN-MICS IV 2010; PMA2020 2015; PMA 2016; PMA2020 2017; PMA2020 2018; PMA2020 2019	DHS 2010; DHS 2014	EDS-MICS 2011; DHS 2018	MICS 2018	EDS-MICS 2014; MICS 2018	DHS 2013; MICS 2017
Demand for family planning satisfied by modern methods (married/union)		DHS 2011; DHS 2014; DHS 2017; MICS 2019						
Demand for family planning satisfied by any method (married/union)						MICS 2010; MICS 2018		
DPT3	MICS 2010; AHS 2012; DHS 2015; AHS 2018	DHS 2011; DHS 2014; DHS 2017	EDSBF-MICS IV 2010	DHS 2010; DHS 2014	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014	MICS 2010; DHS 2013
Institutional Delivery	MICS 2010; DHS 2015; AHS 2018	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010	DHS 2010; DHS 2014	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018	MICS 2010; DHS 2013; MICS 2017
Postnatal care for mothers	DHS 2015	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010	DHS 2010; DHS 2014	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2018	MICS 2010; EDS-MICS 2014	DHS 2013; MICS 2017
Skilled attendant at delivery	MICS 2010; AHS 2012; DHS 2015; AHS 2018	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010	DHS 2010; DHS 2014	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018	MICS 2010; DHS 2013; MICS 2017
Oral rehydration salts treatment of diarrhea	MICS 2010; DHS 2015	DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010	DHS 2010; DHS 2014	EDS-MICS 2011; MICS 2014; DHS 2018	MICS 2010; MICS 2018	MICS 2010; EDS-MICS 2014; MICS 2018	MICS 2010; DHS 2013; MICS 2017
Vitamin A supplementation	MICS 2010; DHS 2015	DHS 2011; DHS 2014; DHS 2017	EDSBF-MICS IV 2010	DHS 2010; DHS 2014	EDS-MICS 2011; DHS 2018	MICS 2010; SMART 2014; SMART 2018	MICS 2010; EDS-MICS 2014	DHS 2013
NUTRITION SPECIFIC INDICATORS								
Pregnant women who received iron folic acid supplementation or syrup for 90+ days			EDSBF-MICS IV 2010	DHS 2010; DHS 2014				DHS 2013
Exclusive breast feeding		DHS 2011; MICS 2012; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010; NNS/SMART 2012; NNS/SMART 2013; NNS/SMART 2014; SMART 2017; SMART 2018	DHS 2010; DHS 2014				MICS 2010; DHS 2013
Minimum acceptable diet		DHS 2011; DHS 2014; DHS 2017; MICS 2019	EDSBF-MICS IV 2010	DHS 2010; DHS 2014				DHS 2013; MICS 2017

Cote d'Ivoire	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
DHS 2011	DHS 2016	GSS 2014; DMHS 2017	DHS 2014	DHS 2012; MICS 2016	DHS 2016	DHS 2012; SUPAS 2015	DHS 2008; DHS 2014	DHS 2013; DHS 2019	ENSOMD 2012
DHS 2011; MICS 2016	DHS 2016; DHS 2019	DHS 2014; MICS 2017	INE 2018; INE 2019	DHS 2012; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013; DHS 2019	ENSOMD 2012; MICS 2018
DHS 2011; MICS 2016	DHS 2016; DHS 2019	DHS 2014; MICS 2017	DHS 2014	DHS 2012; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013; DHS 2019	ENSOMD 2012; MICS 2018
DHS 2011; MICS 2016	DHS 2016; DHS 2019	DHS 2014; MICS 2017	DHS 2014	DHS 2012; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013; DHS 2019	ENSOMD 2012; MICS 2018
DHS 2011	DHS 2016	DHS 2014	DHS 2014	DHS 2012; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013	DHS 2008
DHS 2011; MICS 2016	DHS 2016; DHS 2019	DHS 2014; MICS 2017	DHS 2014	DHS 2012; DHS 2018	DHS 2012; DHS 2016	RISKESDAS 2018; Susenas 2019	DHS 2008; DHS 2014	DHS 2013; DHS 2019	ENSOMD 2012; MICS 2018
DHS 2011; MICS 2016	DHS 2016; DHS 2019	DHS 2014; MICS 2017	DHS 2014	DHS 2012; DHS 2018	DHS 2012; DHS 2016	RISKESDAS 2018; Susenas 2019	DHS 2008; DHS 2014	DHS 2013; DHS 2019	ENSOMD 2012; MICS 2018
	DHS 2011; DHS 2016	DHS 2014; MICS 2017	DHS 2014	DHS 2018		DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013; DHS 2019	
DHS 2011; MICS 2016	DHS 2011; Mini DHS 2014; DHS 2016; DHS 2019	MICS 2011; DHS 2014; GMHS 2017; MICS 2018	DHS 2014	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	DHS 2012; RISKESDAS 2013; DHS 2017	DHS 2008; DHS 2014; MIS 2015	DHS 2013; MIS 2016; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018
DHS 2011; MICS 2016	DHS 2011; DHS 2016	MICS 2011; DHS 2014; MICS 2017	DHS 2014	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018
DHS 2011; PMA 2017; PMA 2018	DHS 2011; PMA2020 2014; DHS 2016; PMA2020 2017; PMA2020 2018	PMA2020 2013; DHS 2014; PMA2020 2015; PMA2020 2016; PMA2020 2017	DHS 2014	EDS-MICS 2012; DHS 2018	DHS 2012; DHS 2016	DHS 2012; PMA2020 2015; DHS 2017	DHS 2008; DHS 2014; PMA 2015; PMA 2016; PMA 2017; PMA 2018; PMA 2019; PMA 2020	DHS 2013; DHS 2019	DHS 2008; MICS 2018
DHS 2011; MICS 2016	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014; MICS 2017	DHS 2014	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	Routine Immunization Survey 2012; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018
DHS 2011; MICS 2016	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014; MICS 2017	DHS 2014	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	DHS 2012; RISKESDAS 2013; DHS 2017; RISKESDAS 2018	DHS 2008; DHS 2014	DHS 2013; MIS 2016; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018
DHS 2011; MICS 2016	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014; MICS 2017	DHS 2014	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013; MIS 2016; DHS 2019	DHS 2008; MICS 2018
DHS 2011; MICS 2016	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014; MICS 2017	DHS 2014	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017; BPS 2018	DHS 2008; DHS 2014	DHS 2013; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018
DHS 2011; MICS 2016	DHS 2011; DHS 2016	MICS 2011; DHS 2014; MICS 2017	ENSMI 2008; DHS 2014	EDS-MICS 2012; MICS 2016; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013; DHS 2019	DHS 2008; ENSOMD 2012; MICS 2018
	DHS 2011; DHS 2016; DHS 2019	MICS 2011; DHS 2014		EDS-MICS 2012; DHS 2018	DHS 2012; DHS 2016	DHS 2012; DHS 2017	DHS 2008; DHS 2014	DHS 2013	DHS 2008; ENSOMD 2012
			DHS 2014			DHS 2012; RISKESDAS 2013; DHS 2017			
			DHS 2014			DHS 2012; DHS 2017			
						DHS 2012; DHS 2017			

Appendix B

Data Sources *(continued)*

INDICATOR	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan
GFF CORE IMPACT INDICATORS								
Maternal Mortality Ratio (per 100,000 live births)	DHS 2010; DHS 2015	DHS 2012; DHS 2018	MICS 2011; MICS 2015	DHS 2011	DHS 2015	DHS 2012; ENISED 2015	DHS 2013; DHS 2018	UNIA 2014; UNIA 2019
Under-5 mortality rate (per 1,000 live births)	DHS 2010; DHS 2015	MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011	UNIGME 2012; UNIGME 2020	DHS 2012; ENISED 2015	DHS 2013; DHS 2018	DHS 2012; DHS 2017
Neonatal mortality rate (per 1,000 live births)	DHS 2010; DHS 2015	MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011	UNIGME 2011; UNIGME 2019	DHS 2012; ENISED 2015	DHS 2013; DHS 2018	DHS 2012; DHS 2017
Adolescent Birth Rate - 15-19 (per 1,000 women)	DHS 2010; DHS 2015	MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011; AIS 2015	DHS 2015	DHS 2012; ENISED 2015	DHS 2013; DHS 2018	DHS 2012; DHS 2017
Births <24 months after the preceding birth (%)	DHS 2010; DHS 2015	DHS 2012; DHS 2018		DHS 2011; AIS 2015	DHS 2015	DHS 2012	DHS 2013; DHS 2018	DHS 2012; DHS 2017
Stunting among children under 5 years of age (%)	DHS 2010; DHS 2015	MICS 2015; DHS 2018	SMART 2012; SMART 2018	DHS 2011; NIP 2019	MICS 2009; DHS 2015	SMART 2018; SMART 2019; SMART 2020	DHS 2013; DHS 2018	DHS 2012; DHS 2017
Moderate to severe wasting among children under 5 years of age (%)	DHS 2010; DHS 2015	MICS 2015; DHS 2018	SMART 2012; SMART 2018	DHS 2011; NIP 2019	MICS 2009; DHS 2015	SMART 2018; SMART 2019; SMART 2020	DHS 2013; DHS 2018	DHS 2012; DHS 2017
Stillbirths rate (per 1,000 pregnancies)	DHS 2010; DHS 2015	DHS 2018		DHS 2011	DHS 2015	DHS 2012	DHS 2013; DHS 2018	DHS 2012; DHS 2017
RMNCAH – N COVERAGE INDICATORS								
Antenatal visits for pregnancy: 4+ visits	DHS 2010; MICS 2013; DHS 2015	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011; AIS 2015; MIS 2018	DHS 2015	EDSN-MICS IV 2012; ENISED 2015	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; DHS 2017
Careseeking for symptoms of pneumonia	DHS 2010; MICS 2013; DHS 2015	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011; AIS 2015	MICS 2009; DHS 2015;	EDSN-MICS IV 2012; ENISED 2015	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; DHS 2017
Demand for family planning satisfied by modern methods (all women)	DHS 2010; DHS 2015	EDSM-V 2012; DHS 2018		DHS 2011; AIS 2015	DHS 2015	EDSN-MICS IV 2012;PMA2020 2016; PMA2020 2017	DHS 2013; PMA2020 2016; PMA2020 2017; PMA2020 2018	
Demand for family planning satisfied by modern methods (married/union)								DHS 2012; DHS 2017
Demand for family planning satisfied by any method (married/union)								
DPT3	DHS 2010; DHS 2015	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011; AIS 2015	MICS 2009; DHS 2015;	Niger Child Mortality and Survival Survey 2010; EDSN-MICS 2012; ENCV 2013; ENCV 2017	MICS 2011; DHS 2013; NNHS 2015; MICS 2016; NNHS 2018	DHS 2012; DHS 2017
Institutional Delivery	DHS 2010; MICS 2013; DHS 2015	EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011; AIS 2015	MICS 2009; DHS 2015;	EDSN-MICS IV 2012; ENISED 2015	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; DHS 2017
Postnatal care for mothers	DHS 2010; MICS 2013; DHS 2015	EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015		DHS 2015	EDSN-MICS IV 2012	DHS 2013; MICS 2016; DHS 2018	DHS 2012; DHS 2017
Skilled attendant at delivery	DHS 2010; MICS 2013; DHS 2015	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011; AIS 2015	MICS 2009; DHS 2015;	EDSN-MICS IV 2012; ENISED 2015	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; DHS 2017
Oral rehydration salts treatment of diarrhea	DHS 2010; MICS 2013; DHS 2015	MICS 2009; EDSM-V 2012; MICS 2015; DHS 2018	MICS 2011; MICS 2015	DHS 2011; AIS 2015	MICS 2009; DHS 2015;	EDSN-MICS IV 2012; ENISED 2015	MICS 2011; DHS 2013; MICS 2016; DHS 2018	DHS 2012; DHS 2017
Vitamin A supplementation	DHS 2010; DHS 2015	MICS 2009; EDSM-V 2012; DHS 2018	MICS 2011	DHS 2011	MICS 2009; DHS 2015;	EDSN-MICS IV 2012	DHS 2013; MICS 2016; DHS 2018	DHS 2012; DHS 2017
NUTRITION SPECIFIC INDICATORS								
Pregnant women who received iron folic acid supplementation or syrup for 90+ days	DHS 2010; DHS 2015						DHS 2013; DHS 2018	
Exclusive breast feeding	DHS 2010; MICS 2013; DHS 2015						MICS 2011; DHS 2013; MICS 2016; DHS 2018	
Minimum acceptable diet	DHS 2010; MICS 2013; DHS 2015						DHS 2013; MICS 2016; DHS 2018	

Rwanda	Senegal	Sierra Leone	Somalia	Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
DHS 2014; DHS 2019	DHS 2017	DHS 2013; DHS 2019	MICS 2006; SHDS 2020	UN Inter Agency Report 2010; UN Inter Agency Report 2015	DHS 2010; DHS 2015	DHS 2011; DHS 2016	General Statistics Office (GSO) - Census 2009; General Statistics Office (GSO) - Census 2019	DHS 2013; DHS 2018	MICS 2014; MICS 2019
DHS 2014; DHS 2019	DHS 2018; DHS 2019	DHS 2013; DHS 2019	MICS 2006	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	General Statistics Office (GSO) - Census 2019 1999; General Statistics Office (GSO) - Census 2019	DHS 2013; DHS 2018	MICS 2014; MICS 2019
DHS 2014; DHS 2019	DHS 2018; DHS 2019	DHS 2013; DHS 2019	MICS 2006	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016		DHS 2013; DHS 2018	MICS 2014; MICS 2019
DHS 2014; DHS 2019	DHS 2018; DHS 2019	DHS 2013; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011; MICS 2013	DHS 2013; DHS 2018	MICS 2014; MICS 2019
DHS 2014	DHS 2017; DHS 2018	DHS 2013; DHS 2019	SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016		DHS 2013; DHS 2018	
DHS 2014; DHS 2019	DHS 2018; DHS 2019	DHS 2013; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	National Institute of Nutrition 2017; National Institute of Nutrition 2018	DHS 2013; DHS 2018	MICS 2014; MICS 2019
DHS 2014; DHS 2019	DHS 2018; DHS 2019	DHS 2013; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	National Institute of Nutrition 2015; National Institute of Nutrition 2017	DHS 2013; DHS 2018	MICS 2014; MICS 2019
DHS 2014	DHS 2018; DHS 2019	DHS 2013; DHS 2019		DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016		DHS 2013; DHS 2018	DHS 2010; DHS 2015
DHS 2010; DHS 2014; DHS 2019	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018	MICS 2010; DHS 2013; MICS 2017; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015; MIS 2017; AHSPPR 2019	DHS 2011; DHS 2016; MIS 2018	MICS 2011; MICS 2013	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
DHS 2010; DHS 2014; DHS 2019	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018	MICS 2010; DHS 2013; MICS 2017; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011; MICS 2013	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015
	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018			DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; PMA2020 2014; PMA2020 2015; PMA2020 2016; PMA2020 2017; PMA2020 2018		DHS 2013; DHS 2018	DHS 2010; DHS 2015
DHS 2010; DHS 2014; DHS 2019		DHS 2013; MICS 2017; DHS 2019	MICS 2006; SHDS 2020						
DHS 2010; DHS 2014; DHS 2019	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018	MICS 2010; DHS 2013; MICS 2017; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011; MICS 2013	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
DHS 2010; DHS 2014; DHS 2019	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018	MICS 2010; DHS 2013; MICS 2017; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; AIS 2011; DHS 2015; AHSPPR 2018	DHS 2011; DHS 2016	MICS 2011; MICS 2013	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
DHS 2010; DHS 2014; DHS 2019	DHS 2012; DHS 2015; DHS 2016; DHS 2017; DHS 2018	DHS 2013; MICS 2017; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	DHS 2010; DHS 2015; AHSPPR 2018	DHS 2011; DHS 2016	MICS 2013	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
DHS 2010; DHS 2014; DHS 2019	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018	MICS 2010; DHS 2013; MICS 2017; DHS 2019	MICS 2006; SHDS 2020	DHS 2012; DHS 2017	AHSPPR 2019; DHS 2015; AIS 2011; DHS 2010;	DHS 2011; DHS 2016	MICS 2011; MICS 2013	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
DHS 2010; DHS 2014; DHS 2019	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018	MICS 2010; DHS 2013; MICS 2017; DHS 2019		DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011; MICS 2013	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015; MICS 2019
DHS 2010; DHS 2014	DHS 2010; DHS 2012; DHS 2014; DHS 2015; DHS 2016; DHS 2017; DHS 2018	DHS 2013; MICS 2017; DHS 2019	MICS 2006; Somalia-Micronutrient-Survey 2019	DHS 2012; DHS 2017	DHS 2010; DHS 2015	DHS 2011; DHS 2016	MICS 2011	DHS 2013; DHS 2018	DHS 2010; MICS 2014; DHS 2015
DHS 2014; DHS 2010;									
DHS 2014; DHS 2019; DHS 2010;									
DHS 2019; DHS 2010; DHS 2014;									

Appendix B

Data Sources *(continued)*

INDICATOR	Afghanistan	Bangladesh	Burkina Faso	Cambodia	Cameroon	Central African Republic	Chad	Congo Democratic Republic
GFF HEALTH FINANCING INDICATORS								
Share of government budget allocated to health (%)	Ministry of Finance annual budget reports 2016-2020	Health Budget Brief 2021-2022	Rapports annuels Ministère de l'économie, des finances et du développement 2016-2020	Verified DLI 2016; Verified DLI 2017; Verified DLI 2018; Verified DLI 2019	Ministry of Economy 2016; Ministry of Economy 2017; Ministry of Economy 2018; Ministry of Economy 2019; Ministry of Economy 2020;	Ministry of Finance Budget execution reports 2016-2021	Ministry of Finance and Budget 2016-2020	DRC National Health Accounts Reports 2015-2020
Health budget execution rate (%)	Ministry of Finance annual budget reports 2016-2020	Ministry of Finance portal	Rapports annuels Ministère de l'économie, des finances et du développement 2016-2020	National Health Progress Reports (NHPR) 2016-2019	Verified DLI 2018; Verified DLI 2019; Verified DLI 2017;	Verified DLI 2017; Verified DLI 2018; Verified DLI 2019; Verified DLI 2020	Ministry of Finance and Budget 2016-2020	DRC National Health Accounts Reports 2015-2020
Share of health expenditure going to frontline providers (%)	RMET 2016-2020	Single contract quarterly MOH evaluation					Ministry of Public Health 2020 (definition: grants given to District and District Hospitals)	DRC National Health Accounts Reports 2015-2020
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	DRC National Health Accounts Report 2015-2019
Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	DRC National Health Accounts Report 2015-2019
Out-of-pocket spending on health, per capita (US$)	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	DRC National Health Accounts Report 2015-2019
EDUCATION SPECIFIC INDICATORS								
Adjusted net enrollment rate, lower secondary, both sexes (%)		WDI 2010; WDI 2011; WDI 2012; WDI 2013; WDI 2015; WDI 2016; WDI 2017; WDI 2018			WDI 2012; WDI 2013; WDI 2014; WDI 2015; WDI 2016			
Adjusted net enrolment rate, lower secondary, female (%)		WDI 2010; WDI 2011; WDI 2012; WDI 2013; WDI 2015; WDI 2016; WDI 2017; WDI 2018			WDI 2012; WDI 2013; WDI 2014; WDI 2015; WDI 2016			
Lower secondary completion rate, both sexes (%)		WDI 2010; WDI 2011; WDI 2016; WDI 2017; WDI 2018			WDI 2011; WDI 2013; WDI 2014; WDI 2015; WDI 2016; WDI 2017; WDI 2018			
Lower secondary completion rate, female (%)		WDI 2010; WDI 2011; WDI 2013; WDI 2016			WDI 2011; WDI 2013; WDI 2014; WDI 2015; WDI 2016			

Cote d'Ivoire	Ethiopia	Ghana	Guatemala	Guinea	Haiti	Indonesia	Kenya	Liberia	Madagascar
MOH Department of Finance Reports 2015-2020	Verified DLI 2016; Verified DLI 2017; Verified DLI 2018	Ministry of Health Budget Unit Reports 2016-2020	Decrees of approval of the National Budget of Income and Expenditure of the State of Guatemala: year 2015 Decree No. 22-2014; year 2016 Decree No. 14-2015; years 2017 and 2018 Decree No. 50-2016; years 2019 and 2020 Decree No. 25-2018; and SICOIN report No. R00804768.rpt	MOH annual reports 2016-2020	Ministry of Public Health and Population Reports 2016-2020	Ministry of Finance budget reports 2016-2018	Controller of Budget 2014-2020	Liberia Health Financing Unit, FY2021 budget reports 2015-2020	ENSOMD 2012-2013; MICS 2018; DHS 2008-09
MOH Department of Finance Reports 2016-2020	Verified DLI 2016; Verified DLI 2017; Verified DLI 2018	Ministry of Health Budget Unit Reports 2016-2020	(Integrated Government Accounting System -SICOIN) 2015; (Integrated Government Accounting System -SICOIN) 2016; (Integrated Government Accounting System -SICOIN) 2017; (Integrated Government Accounting System -SICOIN) 2020; (Integrated Government Accounting System -SICOIN) 2018; (Integrated Government Accounting System -SICOIN) 2019	MOH annual reports 2016-2020	Ministry of Public Health and Population Reports 2016-2020	Audit reported for central government health function, BPK (Badan Pemeriksa Keuangan - The Audit Board of the Republic of Indonesia) 2016-2018;	Verified DLI 2016; Verified DLI 2017; Verified DLI 2018	Liberia Health Financing Unit, FY2021 budget reports 2015-2020	MICS 2018; ENSOMD 2012-2013; DHS 2008-09
	single contract quarterly evaluations done by MOH 2016-2018		(Integrated Government Accounting System -SICOIN) 2017; (Integrated Government Accounting System -SICOIN) 2020; (Integrated Government Accounting System -SICOIN) 2019; (Integrated Government Accounting System -SICOIN) 2018; (Integrated Government Accounting System -SICOIN) 2015; (Integrated Government Accounting System -SICOIN) 2016;	single contract quarterly evaluations done by MOH 2018-2020	Ministry of Health Reports 2017-2020	NHA country reports 2016-2018	Single contract quarterly evaluations done by MOH 2016-2018	Single contract quarterly evaluations done by MOH 2016-2018	MICS 2018; DHS 2008-09
WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2 015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	Immunization Coverage Evaluation 2011; ENSOMD 2012-2013; DHS 2008-09
WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	MICS 2018; ENSOMD 2012-2013; DHS 2008-09
WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	MICS 2018; DHS 2008-09

Appendix B

Data Sources *(continued)*

INDICATOR	Malawi	Mali	Mauritania	Mozambique	Myanmar	Niger	Nigeria	Pakistan
GFF HEALTH FINANCING INDICATORS								
Share of government budget allocated to health (%)	GoM FY 2016-2020	Les lois de finances de 2016, 2017, 2018, 2019 (includes only domestic allocations)	MoH 2016; MoH 2018; MoH 2019; MoH 2020	e-SISTAFE: government's electronic financial management system, 2016-2019		Reports on the implementation of the general state budget (ministry of finance) 2016-2020	Federal Appropriation Act 2016 - 2021	Verified DLI 2016; Verified DLI 2017; Verified DLI 2018
Health budget execution rate (%)	GoM FY 2016-2020	Rapports annuels de performance budgétaire 2016-2020	MoH 2016; MoH 2017; MoH 2018; MoH 2019; MoH 2020	e-SISTAFE: government's electronic financial management system, 2016-2020		Reports on the implementation of the general state budget (ministry of finance) 2016-2020	Verified DLI 2018; Verified DLI 2019	Verified DLI 2016; Verified DLI 2017; Verified DLI 2018
Share of health expenditure going to frontline providers (%)		RAP 2020 (definition: dépenses effectuées au niveau district sanitaire (CSCOM, CSREF) 2018-2020		e-SISTAFE: government's electronic financial management system 2020; e-SISTAFE: government's electronic financial management system 2017; e-SISTAFE: government's electronic financial management system 2018; e-SISTAFE: government's electronic financial management system 2016; e-SISTAFE: government's electronic financial management system 2019;		NHA 2018-2019 and Program performance report (PPR) annual reviews of the PDS 2016-2020	NHA 2017-2018	RMET 2017; RMET 2018; RMET 2019; RMET 2020
Domestic General Government Health Expenditure (DGGHE), per capita (US$)	Malawi National Health Accounts Report 2015/2016-2017/2018 2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018
Domestic General Government Health Expenditure (DGGHE) as share of General Government Expenditure (%)	Malawi National Health Accounts Report 2015/2016-2017/2018 2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018
Out-of-pocket spending on health, per capita (US$)	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018
EDUCATION SPECIFIC INDICATORS								
Adjusted net enrolment rate, lower secondary, both sexes (%)				WDI 2010; WDI 2011; WDI 2012; WDI 2013; WDI 2014; WDI 2015				
Adjusted net enrolment rate, lower secondary, female (%)				WDI 2010; WDI 2011; WDI 2012; WDI 2013; WDI 2014; WDI 2015				
Lower secondary completion rate, both sexes (%)				WDI 2010; WDI 2011; WDI 2012; WDI 2013; WDI 2014; WDI 2015; WDI 2017				
Lower secondary completion rate, female (%)				WDI 2010; WDI 2011; WDI 2012; WDI 2013; WDI 2014; WDI 2015; WDI 2017				

Rwanda	Senegal	Sierra Leone	Somalia	Tajikistan	Tanzania	Uganda	Vietnam	Zambia	Zimbabwe
Finance Law 2016-2020	Ministry of Finance 2016-2020	GoSL 2020 budget document 2019; GoSL 2020 budget document 2020	Verified DLI 2018; Verified DLI 2019; Verified DLI 2020	Ministry of Finance 2018-2019; Ministry of Finance (covid 2020 budget) 2020	National Health Account (NHA)and Public Expenditure Reviews (PER) 2016-2020	MoH 2016; MoH 2017; MoH 2018; MoH 2019; MoH 2020		Verified DLI 2017; Verified DLI 2018	MoHCC appropriation accounts 2016-2020
Integrated Financial Management Information System 2016-2020	Ministry of Finance 2016-2020	RMET, "2020 Enacted Budget" for 2020 budget		Ministry of Finance 2016-2020	National Health Account (NHA)and Public Expenditure Reviews (PER) 2016-2020	MoH 2016; MoH 2017; MoH 2018; MoH 2019; MoH 2020		Ministry of Finance, Annual Financial Reports 2016-2018	MoHCC appropriation accounts 2016-2020
				Ministry of Finance 2016-2020		MoH 2016; MoH 2017; MoH 2018; MoH 2019; MoH 2020			Program Based Budgeting 2018; Program Based Budgeting 2019; Program Based Budgeting 2020
WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	Ministry of Finance 2015-2020	National Health Account (NHA)and Public Expenditure Reviews (PER) 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018
WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	Ministry of Finance 2015-2020	National Health Account (NHA)and Public Expenditure Reviews (PER) 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018
WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	National Health Account (NHA)and Public Expenditure Reviews (PER) 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018	WHO-GHED 2015-2018

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