EURO HEALTH GROUP

WACI HEALTH

EXECUTIVE SUMMARY

Independent Evaluation of the Global Financing Facility for Women, Children and Adolescents (GFF)

February 2025

Evaluation team:
Eleanor Brown – team leader
Kathleen Attawell – team member
Cynthia Carlson – team member
Joyce Ng'ang'a (Waci Health) – team member
Dominic Nkhoma – team member
Jenna Bates – team member
Michele Gross – team member/project director
Maria Mareckova – research assistant
Anna Krivacsy – junior researcher
Julian Schweitzer – external advisor
Jette Ramløse – project coordinator

HEAD OFFICE, DENMARK
Rosenkæret 13, st. tv.
2860 Søborg
Denmark
Tel. +45 39 69 68 88
ehg@ehg.dk

REGIONAL OFFICE, EASTERN EUROPE
AND CENTRAL ASIA
Resavska 12
11000 Belgrade
Serbia
Tel. +381 11 3233 865
smatovic@ehg.dk

Abbreviations and acronyms

CES	Country engagement strategy
CRVS	Civil registration and vital statistics
CSO	Civil society organization
DLI	Disbursement-linked indicator
EHG	Euro Health Group
FASTR	Frequent Assessments and System Tools for Resilience
FGHI	Future of Global Health Initiatives
Gavi	Global Vaccine Alliance
GBV	Gender-based violence
GFF	Global Financing Facility for Women, Children and Adolescents
The Global Fund	The Global Fund to Fight AIDS, Tuberculosis and Malaria
HSS	Health systems strengthening
IBRD	International Bank for Reconstruction and Development
IC	Investment case
IDA	International Development Association
KI	Key informant
KII	Key informant interview
KPI	Key performance indicator
LIC	Low-income countries
LMIC	Low- and middle-income countries
LO	Liaison officer
MAGE	Monitoring & Action for Gender & Equity project
MDG	Millennium Development Goal
MOF	Ministry of Finance
MOH	Ministry of Health
MPDSR	Maternal and perinatal death surveillance and response
NHIS	National health insurance scheme
NMR	Neonatal mortality rate
PBF	Performance-based financing
PFM	Public financial management
PHC	Primary health care
QoC	Quality of care
RBF	Results-based financing
RMET	Resource mapping and expenditure tracking
RMNCAH-N	Reproductive, maternal, newborn, child, adolescent health and nutrition
SDG	(UN) Sustainable Development Goal
SRHR	Sexual and reproductive health and rights
TA	Technical assistance
TOC	Theory of change
UHC	Universal health care
UNICEF	United Nations Children's Fund
WHO	World Health Organization

Acknowledgements

We extend our sincere gratitude to Peter Hansen, Danielle Charlet, and Ilona Varallyay from the Results and Learning Workstream for their invaluable contributions. We also appreciate the time and insights provided by the GFF Secretariat staff and the Steering Committee, whose participation in key informant interviews, group discussions, in-person meetings, and critical reviews significantly enriched all deliverables.

Executive Summary

Introduction - The Global Financing Facility for Women, Children and Adolescents (GFF) is a country-led, multi-stakeholder partnership housed at the World Bank, dedicated to mobilizing additional financing, innovation and policy support to improve Reproductive, Maternal, Neonatal, Child and Adolescent Health and Nutrition (RMNCAH-N). Established in 2015 by the United Nations, the World Bank, the governments of Canada, Norway, the United States, alongside partner countries, the GFF was conceived as a catalytic funding platform to drive progress towards the Millenium Development Goals (MDGs), paving the way for the realization of the Sustainable Development Goals (SDGs). Its innovative model was designed to address persistent global barriers to RMNCAH-N goals including limited country ownership, fragmented donor support, and inadequate financial and operational sustainability.

In alignment with aid effectiveness principles[1] and the 2023 Lusaka Agenda five key shifts,[2] the GFF has introduced a pioneering country-driven, collaborative model for global health, grounded in sustainable financing and results-oriented approaches. By integrating in-country technical support and small volumes of catalytic trust fund grants with larger financing streams such as the World Bank's International Development Association (IDA)/International Bank for Reconstruction and Development (IBRD) loans, the GFF facilitates access to more comprehensive solutions to RMNCAH-N challenges. The unique value of the GFF lies in its ability to bring together different approaches essential to delivering sustainable RMNCAH-N results with a focus on strengthening country leadership through government-led country platforms and Investment Cases (ICs) that prioritize RMNCAH-N investments and strengthen health systems.

Since 2020, the global health landscape has faced unprecedented challenges, including the COVID-19 pandemic, the escalating impacts of climate change, and ongoing conflicts worldwide. These factors have impacted global health financing, complicating efforts by countries to achieve population health improvements and meet their SDG commitments. The GFF's adaptable model remains crucial in addressing these evolving challenges while fostering resilience in RMNCAH-N systems globally.

Objectives and scope - The GFF commissioned Euro Health Group (EHG) and Waci Health to conduct a strategic evaluation assessing progress since its inception in 2015 and providing insights for the next strategic period. The evaluation primarily synthesized existing key evidence[3] while incorporating a **formative component** to examine emerging themes that could impact on the remainder of the strategy and inform future planning. The **temporal scope** covered the period from GFF's inception in 2015 to the present with a primary focus on 2021-2025. The **geographic scope** included **all 36 GFF partner countries**.

Methods and approach - The evaluation employed a theory-based, process-oriented approach, grounded in testing the GFF logical framework and theory of change (TOC). The analysis focused on three primary areas of investigation aligned with GFF's strategic directions, supported by six analytical modules designed to test the underlying assumptions of the TOC. A mixed-methods approach ensured robust triangulation across diverse data sources and analytical methods. Key data sources included an extensive document review, 163 key informant interviews (KIIs), two online surveys, and case studies—both in-country and

[1] OECD DAC (2005) Paris Declaration on Aid Effectiveness https://doi.org/10.1787/9789264098084-en
[2] Future of Global Health Initiatives (2023) Lusaka Agenda https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/12/Lusaka-Agenda.pdf
[3] Key evidence sources include ICs, relevant strategies, country led IC evaluations, WB project documents and reports (including appraisals), routine monitoring data, country reports (annual), GFF strategies, policies, guidelines, frameworks, briefs, stories of impact, factsheets and annual reports. Along with country case studies, regional reports and previous studies and evaluations.

desk-based—covering ten countries.[4] To generate comprehensive evidence, address the evaluation questions, and develop actionable recommendations, the team applied a variety of analytical techniques. These included trend analysis of key performance indicators (KPIs) and service coverage, financial analysis, thematic analysis, forcefield analysis, assessment of technical assistance (TA), and identification of success factors and barriers to progress. A strength of evidence rating has been applied to orient the users on the robustness of the findings for each evaluation question.[5]

Evaluation findings

Through rigorous mixed-methods data collection and analyses, the evaluation team generated findings aligned with the three high-level evaluation questions and sub-topics as presented below.

---

1 **High level evaluation question 1: To what extent is the GFF country engagement model: (a) coherent and fit for purpose of catalyzing sustainable improvements in the health of women, children and adolescents through a systems approach responsive to country needs and context; and (b) being implemented effectively and efficiently?**

The GFF's country engagement model—comprising the Investment Case (IC), country platforms, and technical expertise—has strengthened government leadership in RMNCAH-N and enhanced donor coordination, contributing to improved prioritization and efficiency in several countries. ICs have played a key role in aligning investments with national priorities, with notable successes in countries like Indonesia and Ethiopia. While their direct impact on IDA and domestic resource allocation varies, there is growing recognition of their value in guiding health financing decisions. Country platforms have facilitated dialogue and engagement, supporting alignment efforts despite challenges in sustainability and CSO participation. Leadership capacity-building efforts have shown promise but face limitations due to staff turnover and political instability. Stronger integration of ICs within national financial planning and clearer tracking of their influence on resource allocation remain critical priorities.

Sub-topic 1: GFF contribution to the country-led alignment agenda

Effectiveness of the IC and country platforms in enhancing alignment and prioritization

- Government counterparts view the GFF approach and tools as enabling strong government leadership. In six out of ten case study countries (Malawi, Tanzania, Ethiopia, Côte D'Ivoire, Niger, Nigeria), governments emphasized 'One Plan, One Budget, One Report,' seeing the GFF as aligning well with this vision.
- The IC process puts the government in a leadership role but has had mixed success in aligning development partners. While countries like Niger and Ethiopia have successfully used the IC to drive alignment, others have struggled to integrate donor priorities.
- The functionality and effectiveness of country platforms vary. In countries like Nigeria and Ethiopia they have facilitated stronger coordination, but in others, their effectiveness has been inconsistent.
- Political instability and restricted civic space have hindered civil society organization (CSO) participation in the country platforms (e.g., in Niger, Afghanistan, and Guinea).
- CSOs face challenges in maintaining consistent engagement due to limited GFF funding and capacity-building support.

Challenges in country leadership and capacity building

---

[4] Afghanistan, Côte D'Ivoire, Ethiopia, Guinea, Indonesia, Malawi, Niger, Nigeria, Pakistan and Tanzania.

[5] The strength of evidence rating in this executive summary is an aggregate assessment for each high-level evaluation. The rating is based on a 3-point evidence scale:1=strong ,2=moderate and 3=limited. The strength of evidence is visually represented by dark green boxes placed before each high-level evaluation question, indicating findings with strong evidence.

- The GFF has invested in strengthening country-level leadership through capacity-building efforts, but evidence of impact is limited. While programs like the Country Leadership Program and Female Leadership Program (FemLeague) have been well received, leadership transitions and staff turnover in government ministries hinder sustainability.

Challenges in alignment and financial efficiency

- Structural barriers to alignment persist, including centralized, project-based funding, duplication in project management, and fragmented health sector investments.
- Resource mapping and expenditure tracking (RMETs) highlight high spending on project management units, underscoring the need for greater cost-effectiveness.

Impact of investment cases on RMNCAH-N prioritization

- The ICs are generally of high quality, leveraging robust evidence and enhance RMNCAH-N prioritization. Country case studies demonstrate strong bottle-neck analyses, equity considerations, and a focus on health system strengthening.
- In some cases, key equity concerns, such as adolescent health, are identified but not clearly prioritized in final investment plans. For example, Côte D'Ivoire's IC highlights adolescent health but does not make it a central priority in the final investment plan.
- Aligning ICs with national health development plans has increased their relevance but, in some cases, reduced GFF visibility. In Malawi, for instance, the second IC was fully integrated into the national health sector plan, leading to less distinct recognition of GFF's contributions.

Sub-topic 2: Effectiveness/efficiency of the GFF model in supporting country-led, systems-oriented change

GFF's role in strengthening health systems, quality of care (QoC), and primary health care (PHC)

- GFF, working in concert with the World Bank, supported financing instruments, such as disbursement-linked indicators (DLIs), and have improved budget alignment and service delivery.
- By integrating RMNCAH-N interventions into broader health system reforms, GFF has strengthened PHC in countries like Indonesia and Nigeria, improving maternal and child health services.
- Investments in QoC have enhanced service delivery by embedding quality initiatives within national health strategies, improving governance and oversight of QoC.

Emerging partnerships and alignment with other RMNCAH-N actors

- The GFF is well-positioned to scale RMNCAH-N initiatives through partnerships with The Global Fund, Gavi, and UNICEF, leveraging joint financing models to reduce operational costs.
- A co-financing initiative in Indonesia targeting zero-dose children integrated GFF/World Bank and Gavi resources, reducing duplication and aligning reporting structures.
- Stakeholders acknowledged GFF's potential to influence government RMNCAH-N budget allocations, particularly for family planning commodities, but more evidence is needed to assess long-term impact.

Challenges in implementation

- Health financing fragmentation complicates efficiency. Dual ministry structures in some countries (e.g., Côte D'Ivoire) present challenges in aligning funding flows and responsibilities.
- GFF's role in health systems strengthening (HSS) complements World Bank efforts, but clarity is needed on how development partners define HSS. RMET analyses indicate that funding from other partners remains concentrated in disease-specific areas rather than broader system-wide reforms.

- Performance-based financing (PBF) and DLIs require stronger alignment with national priorities. In Pakistan, DLIs were perceived as administratively burdensome with limited benefits.
- Measuring improvements in QoC and PHC requires further attention. While countries have made strides in monitoring QoC, systematic evaluations of PHC strengthening efforts remain limited.

---

1 High level evaluation question 2: To what extent are the GFF operational structure and support modalities: (a) coherent and fit for purpose for delivering the strategy through the country engagement model; and (b) implemented effectively and efficiently?

While there are clear successes in mobilizing RMNCAH-N financing and enhancing program implementation, the effectiveness of TA, advocacy, communications, and evidence generation remains inconsistent. The GFF model benefits from operational efficiencies by utilizing existing World Bank systems and processes. However, findings from key informant interviews and surveys suggest that GFF investments could be more impactful by increasing staff engagement and expanding national TA support in countries. This would ensure more consistent capacity development and sustained implementation support.

Sub-topic 1: Effectiveness of key components of the operational structure and support modalities

Leveraging the World Bank collaboration in supporting RMNCAH-N

- Leveraging IDA/IBRD: GFF has successfully increased IDA allocations for RMNCAH-N, catalyzing $3.2 billion in additional funding, with notable successes in Nigeria, Indonesia, Niger, and Ethiopia.
- TA: While GFF's flexible TA funding has complemented World Bank lending instruments, its effectiveness has been inconsistent due to challenges in sustainability and local capacity building.
- Efficiency gains: The use of existing World Bank processes has improved efficiency, but bureaucratic constraints outside the control of the GFF have occasionally delayed GFF program implementation.

Factors contributing to success

- Strategic use of catalytic funding: GFF's flexible funding has enabled support for underfunded priorities such as comprehensive sexuality education in Niger and decentralized HSS for women, children and adolescents in Nigeria.
- Policy dialogue and donor alignment: In Ethiopia, GFF's support improved coordination between USAID and the MOH, leading to better-aligned financing with national health strategies.
- Multi-sectoral approaches: Collaboration with sectors such as education in Bangladesh and Ethiopia and social protection in Côte d'Ivoire, Kenya, and Rwanda has strengthened RMNCAH-N outcomes.
- Gender equity focus: GFF has promoted gender-sensitive health financing and programming, ensuring that RMNCAH-N interventions address gender disparities and improve.

Barriers to effectiveness

- Unclear roles and responsibilities: External stakeholders struggle to distinguish between GFF and World Bank roles, leading to coordination challenges.
- Dependence on World Bank project performance: Implementation delays in World Bank projects affect GFF grant execution.
- Limited national TA availability: Countries prefer long-term, embedded national TA over short-term, externally contracted consultants.
- Challenges in documenting GFF influence: The indirect nature of GFF's influence and contributions makes attributing specific outcomes difficult.

Sub-topic 2: Relevance, suitability, and coherence of GFF's operational structure and support modalities

Adequacy of support to countries

- IC design and country engagement: GFF has been effective in the early stages of country engagement, facilitating IC development, RMET analysis, and health data improvements with strong government stakeholder appreciation.
- Implementation gaps: While GFF excels in early-stage engagement, sustained implementation support is weaker, with country engagement often decreasing post-IC development.
- In-country engagement: The support provided by country-based liaison officers (LOs), as well as GFF focal points, results specialists and other technical specialist staff, was almost universally appreciated by country stakeholders, especially by the government focal points.

Challenges in GFF's operational model

- Limited in-country presence: Reliance on remote support and short-term consultants reduces the visibility and impact of GFF's efforts. LOs are valued but overburdened, while short-term consultants often lack long-term engagement and integration into national efforts.
- World Bank rigidities: Delays in World Bank disbursements have slowed GFF program execution and reduced the effectiveness of diverse financing approaches.
- Weak documentation of learning and best practices: While GFF invests in knowledge products and training, there is limited evidence of their application in improving programming across countries.
- Private sector constraints: GFF's ability to advocate for private sector solutions remains underutilized, requiring clearer engagement strategies and incentives for investments.

1 High level evaluation question 3: To what extent have GFF partner countries achieved measurable improvements in the health of women, children, and adolescents? To what extent has the GFF demonstrated an added value in contributing to country-led processes and outcomes, and how?

The GFF has demonstrated added value in contributing to country-led processes RMNCAH-N by enhancing country planning, prioritization, resource mobilization, and efficiency. It has also played a role in strengthening health systems, improving data availability and use, and supporting aid effectiveness.

Sub-topic 1: GFF's added value at country level

Broad consensus that the GFF adds value at country level

- HSS prioritization: In alignment with broader global health initiatives, the GFF is seen as a key contributor to support for health financing, information systems, PFM, NHIS, and RBF, ensuring sustainability and efficiency. It emphasizes sustainable domestic financing for RMNCAH-N while driving World Bank engagement in PHC/RMNCAH-N and balancing focused RMNCAH-N efforts with broader HSS needs.
- Aid effectiveness and country leadership: The GFF supports government-led platforms, aligning donors with national priorities and strengthening country ownership through using existing structures rather than creating parallel systems, improving donor coordination (e.g., restored donor confidence in Ethiopia).
- Flexible approach: GFF's flexibility and catalytic funding enables adaptability, especially in fragile and LMIC/UMIC settings helping countries to respond to funding gaps and evolving health priorities (e.g. Ethiopia's contraceptive commodities) in part by leveraging World Bank engagement and donor alignment.
- Strategic partnerships: The GFF leverages World Bank IDA, a unique advantage over other global health initiatives and contributes to strengthened multi-sectoral efforts (e.g., Kenya and Liberia's infrastructure and WASH challenges) but is constrained by funding.

Key contextual factors influencing GFF's success

- Political commitment and governance: Strong government leadership enables progress (Guinea, Indonesia, Nigeria, Ethiopia), while instability, turnover, and weak commitment hinder engagement (Afghanistan, Niger, Pakistan).
- Health financing and capacity: Low health spending, reliance on external funding, and debt distress limit domestic resource mobilization (Côte d'Ivoire, Ethiopia, Malawi, Pakistan).
- Alignment and timing: Mismatched donor priorities and planning cycles disrupt coordination (Côte d'Ivoire, Guinea, Tanzania), while fragmented global health initiatives further complicate alignment.
- Transparency concerns: Perceived opacity in IDA funding and GFF processes weakens trust.
- Key success factors: In-country presence, strong TA, flexible GFF model, and World Bank influence drive impact where effectively leveraged.

GFF's support for health financing reforms

- Limited additional resources but improved alignment: While GFF has not significantly mobilized new donor funding beyond IDA, it has enhanced coordination (e.g., in Malawi, Guinea, Nigeria, Ethiopia).
- Improved efficiency in resource allocation: GFF has supported budget tracking and PBF (Nigeria, Guinea, Malawi, Côte d'Ivoire), though budget execution remains a challenge in some countries.
- RMET support strengthens planning/budgeting: It has improved donor coordination and resource tracking in Tanzania, Guinea, Niger, Malawi, Nigeria, though standardization challenges persist.
- Overall mixed progress: While GFF has supported key reforms (health insurance in Indonesia, RBF in Nigeria, NHIS in Côte d'Ivoire), implementation tracking remains weak.
- Facilitating MOH-MOF dialogue: GFF has improved health financing discussions between health and finance ministries in several countries (Niger, Sierra Leone), increasing commitment to RMNCAH-N.
- Private sector engagement: GFF has made minimal progress in mobilizing private sector funding, though it has supported private sector governance reforms (Côte d'Ivoire, Ethiopia, Nigeria).

Results measurement, data use, and opportunities for improvement

- Tailored data support – GFF strengthens data availability, quality, analysis, and use based on country needs, investing in civil registration and vital statistics (CRVS), maternal and perinatal death surveillance and response (MPDSR), and partnerships (Countdown 2030, Monitoring & Action for Gender & Equity (MAGE), FASTR).
- Value of routine data use: GFF's promotion of routine data use and rapid analytics enhances decision-making, particularly in complex settings. Challenges in data use for decision-making: While data analysis and use in decision-making have improved, systematic data use for program adaptation and accountability remains limited, with persistent challenges in availability and quality.
- Challenges in data use & CRVS: Systematic data use for adaptation and accountability remains limited; CRVS progress is uneven due to resource constraints, paper-based systems, and data gaps.
- Measuring GFF's contribution: Tools like the data portal, logic model, and KPIs improve tracking, but assessing direct country-level impact remains challenging.

Sub-topic 2: Progress towards RMNCAH-N outcomes

Health outcomes and service delivery improvements

- Maternal and child mortality reduction: Most partner countries have seen declines in maternal and under-five mortality rates, but neonatal mortality and stillbirth rates remain high.
- Family planning and adolescent health: Some improvements have been noted in countries like Niger and Kenya, but socio-cultural barriers and funding constraints continue to limit progress.

- Nutrition and stunting reduction: Countries like Indonesia have made significant progress in reducing stunting, but malnutrition remains a persistent challenge in many countries.

Sub-topic 3: Equity and gender

Gender equality and equity considerations

- Gender-sensitive financing: GFF has supported the integration of gender considerations into health sector plans, supporting targeted financing for SRH services in Côte d'Ivoire and Pakistan.
- CSO and youth engagement: CSO participation in country platforms is promoted by GFF but meaningful engagement is inconsistent, with insufficient financing for CSO involvement.
- Geographic inequities: GFF has facilitated improved prioritization of under-served regions in national health plans, though reaching the most vulnerable populations remains a challenge.
- Strengthening data and measurement frameworks for gender equality: Initiatives such as MAGE have been introduced, but it is still too early to assess their full impact.

Conclusions

GFF structure and systems

1. The GFF has contributed to increased investment and improved strategic focus on RMNCAH-N in partner countries through grant financing, technical input, and collaboration with World Bank Task Teams, mobilizing additional funding for large-scale programs. It has shaped program design by integrating gender, SRHR, equity, and quality of care, with greater impact observed in countries with sustained engagement. However, its contributions are more visible in planning than in implementation due to resource constraints and limited reporting on supervision outcomes, a gap expected to improve with expanded country engagement strategy (CES) reporting.

2. The GFF effectively integrates RMNCAH-N interventions into health programs by leveraging World Bank systems, ensuring efficiency and alignment with broader sector investments. While initial coordination challenges existed, collaboration has improved, supported by a new partnership agreement with World Bank regional offices. Strengthened structures and multisectoral approaches have advanced GFF's mandate, but a systematic TA needs assessment is lacking, making its alignment with country priorities unclear. Additionally, program monitoring and reporting require enhancement to improve accountability and impact measurement.

3. The GFF operates as a streamlined, partner-driven organization, but its limited in-country presence affects engagement with governments, development partners, and CSOs, impacting coordination and implementation support. While the expansion of results specialists has improved country-level impact, constraints remain in shaping implementation and strengthening partnerships. Capacity-building efforts have been well received, but their effectiveness in advancing the GFF's core mandate is unclear, suggesting a need to prioritize resources toward areas that align more directly with its strategic directions.

Country engagement model

4. The GFF has successfully facilitated donor and development partner alignment with national RMNCAH-N plans, reducing fragmentation and promoting integration into national health strategies. This approach has improved financing and programmatic efficiencies while addressing fiscal constraints. However, sustaining commitments and ensuring coordinated implementation at the country level remain areas for further strengthening.

5. While GFF has made strategic investments in health financing and systems strengthening, it has not fully maximized its partnership with the World Bank to mobilize additional domestic health resources. Engagement with MOF remains limited, and efforts to attract new funding from development partners and the private sector have had mixed success. A clearer strategy is needed to expand and diversify financing for RMNCAH-N.

6. The GFF country engagement model is flexible and has adapted well to country needs, particularly by integrating RMNCAH-N priorities into national health sector plans. However, improved communication on country-specific strategies and clearer adaptation of engagement model components to different contexts are needed. Strengthening national health leadership through budget tracking and investment decision-making tools could further enhance effectiveness. Additionally, the role and functionality of country platforms should be assessed and adjusted to improve decision-making, prioritization, and implementation oversight.

7. The GFF has not consistently ensured meaningful engagement of diverse population groups in IC implementation and accountability, nor has it clearly defined the expected outcomes of CSO participation. While CSOs value capacity-building and cross-country learning, the impact on strengthening organizations remains unevaluated. Their contributions to budget tracking and advocacy are inconsistent, with unclear returns on investment. A more strategic and clearly defined approach to CSO engagement is needed to mobilize and sustain meaningful participation across partner countries.

Technical areas

8. The GFF has effectively integrated HSS into its RMNCAH-N approach, complementing World Bank efforts in health financing and system performance. It has supported national health insurance schemes and financing reforms toward UHC but lacks a clearly defined HSS strategy with focused priorities. While the GFF has improved data availability and analysis, greater emphasis is needed on utilizing and documenting data to inform country-level decision-making.

9. The GFF plays a vital role in promoting gender equality, equity, SRHR, and adolescent health, but to maximize impact, these priorities must be further mainstreamed into national plans, World Bank projects, and implementation processes ensuring they are embedded at all levels of HSS. Its multi-pronged approach—leveraging policy dialogue, grants, IDA financing, RBF, data, and capacity building—effectively prioritizes these issues. Strengthening strategic partnerships with other donors and sectors is essential to enhance coordination, alignment, and impact, particularly for reaching vulnerable populations

Results

10. The GFF has contributed to improving data availability, quality, and use for decision-making but has not effectively captured or shared key lessons from partner countries. Limited evidence exists on the impact of its efforts, particularly in leadership and CSO development. Strengthening systematic learning, evaluation, and documentation of its evolving approach can enhance adaptability. Leveraging evidence more effectively, especially in fragile and decentralized health systems, and expanding cross-country learning will further improve impact. Greater monitoring and evaluation of capacity development efforts are needed to assess their effectiveness.

11. The GFF has strengthened its results-tracking and reporting across the portfolio by measuring country progress against country engagement strategies and reporting strategic direction KPIs. However, challenges remain in effectively capturing GFF-specific contributions to country-level outcomes. The logic model and indicators are not fully aligned with strategic KPIs, leading to inconsistencies in measurement. To enhance clarity, targeted reporting and analysis are needed to better define the GFF's contributions, focusing on causal pathways, funded interventions, and progress on country engagement strategies.

Recommendations

1. Maintain the GFF and resource it appropriately (human and financial) to enable it to continue and strengthen delivering on its mandate to improve gender equality, equity and access in RMNCAH-N health services for women, children and adolescents.

Related Conclusions: 1, 2, 4, 5

- Use the next strategy and funding period to consolidate GFF efforts across its existing portfolio and only consider expansion in existing countries if resourcing is adequate. This will allow the GFF to further test, document and scale up its comparative advantages and value added within these countries.
- Put into operation and monitor the progress of the new partnership agreement between the World Bank regional offices and the GFF, to clarify roles and responsibilities of the GFF and World Bank teams in countries.
- Define areas where the GFF personnel in countries can clarify and set out their comparative advantage to the World Bank in relationships with government officials to facilitate more consistent progress in implementing RMNCAH-N interventions, especially in gender, equity, and adolescent health and programing.
- Consider the development of a limited set of internal management indicators that would monitor progress on clarifying and strengthening the GFF/World Bank responsibilities. Conduct regular reviews and update internal agreement on ways of working as needed.
- Consider a 'maturity model' that builds on the differentiated approach outlined in the GFF's expansion plan, tailored to country income levels and specific contextual challenges. This model should provide a structured framework to identify and implement RMNCAH-N focused health financing approaches, including PBF, that are most appropriate in politically challenging environment.

2. Strategic communication and partnerships: Enhance and strengthen strategic engagement with partners in a country, including engagement of CSOs.

Related Conclusions: 6, 9

- Develop a public-facing country framework that details the strategy and intervention approach of the GFF in each country.
- Better communicate the country framework with partners, including how the GFF intends to work with development partners, and increase transparency with respect to results.
- Strengthen post-IC development engagement with relevant in-country development partners, including UN partners, to support the implementation of action to address gender and equity and mainstreaming in national health plans, budgets and programs.
- Differentiate the GFF approach by target partners (including government (MOF in addition to MOH), UN partners, relevant development partners including donors, and CSOs).

- Enhance CSO engagement in GFF country platforms by providing more consistent funding, capacity-building, and structured participation mechanisms to support their role in accountability, IC monitoring, and advocacy. Improve timely invitations, transparent selection processes, and collaboration frameworks to ensure meaningful and sustained involvement.

3. GFF resourcing and TA support: Review GFF human resources, allocation and TA provision to ensure that available resources are deployed as effectively as possible.

Related Conclusions: 2, 3

- Review the current allocation of human resources and longer-term consultants, including where staff and consultants are located and what they are doing, to ensure adequate capacity in partner countries to support the delivery of the GFF mandate.
- Transition from the catalytic phase of strengthening RMNCAH-N prioritization to providing enhanced support for countries to implement their RMNCAH-N projects and achieve agreed upon results.
- Conduct a detailed review of all TA provided across the portfolio to assess its outcomes and identify priority areas for future TA investment.
- Strengthen monitoring and reporting of the effectiveness and outcomes of TA support.

4. Health system strengthening and RMNCAH-N: Finalize the HSS strategy to clarify how HSS should contribute to improvements in RMNCAH-N, and areas of GFF focus based on its comparative advantage.

Related Conclusions: 8

- Focus and build on HSS support in areas where GFF has a comparative advantage in specific contexts, relative to other development partners. These include relevant aspects of health financing for RMNCAH-N, health information, quality of care and equity in service delivery. There is less evidence that the GFF has a comparative advantage in financing human resources for health, relative to other development partners.
- Strengthen coordination for HSS in line with GFF commitments under the Lusaka Agenda, by collaborating with the World Bank and other Future of Global Health Initiatives partners to enhance the coordination and alignment of development partner support for HSS, under the leadership of the MOH. This effort should focus on fostering alignment around health financing strategies to ensure coherent and effective support.
- Further advocate for and support alignment among global health stakeholders—including Global Health Initiatives (e.g., The Global Fund, Gavi), UN agencies, and development partners—as they increasingly invest in HSS. This includes prioritizing effective coordination to prevent duplication, reducing country transaction costs, and enhance the efficiency and impact of TA. The GFF should contribute to these efforts as part of a collective approach, rather than serving as the lead agency.
- Strengthen collaboration on health financing strategies by working with all partners to streamline efforts, align investments with country-led priorities, and minimize fragmentation. The GFF should focus on leveraging shared objectives and resources to strengthen national health systems while ensuring that its role remains complementary to broader global health financing initiatives.
- Maintain the core focus on RMNCAH-N and avoid expanding into broader agendas that could risk spreading efforts too thin and thereby undermining its effectiveness. For example, the GFF should refrain from directly engaging in or allocating GFF resources to areas such as climate change and pandemic preparedness. Instead of direct engagement, the GFF should focus on

influencing the World Bank's approach to these areas to ensure that RMNCAH-N priorities are effectively addressed in climate change and pandemic preparedness planning.
- Continue identifying areas where the GFF model can advance RMNCAH-N differently than others and more effectively. For example, leverage its expertise to influence the World Bank in addressing government financing for RMNCAH-N commodities.
- Strengthen efforts to address gaps in reaching marginalized and vulnerable populations by leveraging the GFF's comparative advantage, particularly in multi-sectoral programing. For instance, strengthen the focus and effectiveness of work with adolescents in sexual and reproductive health.

5. Health financing: In coordination with the World Bank, maintain and strengthen focus on advocating for additional and more efficient spending on health (specifically RMNCAH-N) in partner countries.

Related Conclusions: 1, 4, 5

- Align with the World Bank and other partners (e.g., WHO and civil society) to support MOH in advocacy to the MOF and other sectors to make the case for increased investment in health ensuring that budget expenditure focuses on the highest impact interventions for women, children and adolescents.
- In partnership with the World Bank, continue and amplify use of analytics (e.g., strategies for health financing for RMNCAH-N and producing data on cost effectiveness of prioritized interventions) for advocacy.
- Continue and scale up support to resource pooling for health, as part of support to alignment of donor financing to prioritized areas, building on lessons learned from previous SWAps and latest fund pooling in Nigeria.
- Build on the GFF's valuable support for RMET and budget tracking initiatives. Where feasible, focus on strengthening national capacity for RMET to improve data-driven decision-making and accountability. Where possible, extend resource mapping to the sub-national level to provide a more detailed view of resource allocation and utilization.
- Continue providing TA to enhance domestic resource mobilization, strategic purchasing for RMNCAH-N services, risk pooling and PFM strengthening in contexts where the GFF can deliver clear value. This includes supporting health insurance reforms aimed at reducing out-of-pocket expenditure, improving public financial management, and mobilizing additional resources for RMNCAH-N and health through tax reform.
- Clarify a private sector engagement strategy for the GFF, in alignment with other Global Health Initiatives.
- In collaboration with the World Bank (e.g., Macro-economics, Trade and Investment Global Practice, and Governance Global Practice), further trial domestic resource mobilization initiatives in select countries, through using mechanisms such as Development Policy Operations.

6. Results and reporting: Strengthen data availability, quality, and utilization at country level.

Related Conclusions: 8

- Strengthen support for the systematic use of data for country decision making, and document how it is being used to improve health investment, efficiency, and quality of care.
- Prioritize country data mapping, outlining country data availability, quality, and use and identifying GFF's input and support in the country framework. Collaborate with government systems and other Global Health Initiatives to align metrics and reporting frame under country leadership.

- Continue to use and embed Frequent Assessments and System Tools for Resilience (FASTR) into country data systems to rapidly collect data, e.g., on quality, health system bottlenecks, gender, and equity.

7. Results and reporting: Improve the articulation and measurement of contribution to country results.

Related Conclusions: 8, 11

- Develop a contribution analysis framework that describes causal pathways and GFF's contribution to RMNCAH-N in partner countries.
- When developing the upcoming strategy, revise the logic model to ensure alignment with the strategic directions and corresponding KPIs. This should prioritize indicators that measure the outcomes of GFF-specific support and those where progress can be feasibly attributed to the GFF's contribution.
- Develop a measurement approach which better reflects the GFF's adaptability in responding to diverse country contexts while ensuring accountability for results (e.g., flexible KPIs or baskets of indicators).

8. Learning and capacity building: Focus knowledge and learning work on capturing, documenting and sharing learning from country experience, providing more in-country mentoring and reduce focus on holding external stakeholder workshops.

Related Conclusions: 7, 10

- Develop a more focused and strategic approach to the GFF's learning agenda, prioritize the generation of evidence on pathways to change and translate evidence into policy change and action. This should involve systematically evaluating and learning from its experience, to identify what works and what does not work and why, while strengthening cross-country learning.
- Reduce GFF's focus on developing learning materials and delivering country leadership training, given the limited measurable outcomes from these activities, the GFF's limited resources, and the potential for duplication with other development partner capacity building and leadership training initiatives.
- The GFF learning team should instead work with LOs and longer-term national consultants to consolidate and embed the knowledge and skills gained by government and CSO teams through the Country Leadership Program.
- Conduct an assessment of the contribution and impact of investments in CSO capacity building before committing to additional resources, ensuring that future investments are evidence-based and aligned with strategic priorities
- Provide more detailed reporting on GFF activities in each partner country. This could take the form of a report aligned with an annual workplan or similar framework including detailed information on GFF investments, influencing activities and their outcomes, and the corresponding results to enhance transparency and accountability.

About Euro Health Group

Euro Health Group is a global consultancy company owned and governed by the not-for-profit Euro Health Foundation. We are based in Copenhagen, Denmark with an Eastern European and Central Asia (EECA) regional office. We have worked since 1990 to improve global health through the provision of technical assistance and consultancy services in more than 100 low- and lower- middle income countries.