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WACI HEALTH

FINAL REPORT

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

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Table of contents

List of tables

List of figures

Boxes

Abbreviations and acronyms

ANC	Antenatal care
AFD	The French Development Agency
ARTF	Afghanistan Rehabilitation Trust Fund
BETF	Bank-executed trust funds
BHCFP	Basic Health Care Provision Fund
CES	Country engagement strategy
CRVS	Civil registration and vital statistics
CSE	Comprehensive sexual education
CSO	Civil society organization
DLI	Disbursement-linked indicator
DFF	Direct facility financing
DPF	Development policy financing
DPO	Development policy operation
DRUM	Domestic resource utilization and mobilization
EHG	Euro Health Group
EQ	Evaluation question
FASTR	Frequent Assessments and System Tools for Resilience
FCAS	Fragile and conflict-affected settings
FCDO	(UK) Foreign, Commonwealth & Development Office
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
HAS	Health Advisory Service
HRH	Human resources for health
HRITF	Health Results Innovation Trust Fund
HSS	Health systems strengthening
HSTP	Health Sector Transformation Plan
IBRD	International Bank for Reconstruction and Development
IC	Investment case
IDA	International Development Association
IFC	International Finance Corporation
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
MDTF	Multi-donor trust funds
MMR	Maternal mortality ratio

MOF	Ministry of Finance
MOH	Ministry of Health
MOU	Memorandum of understanding
MPDSR	Maternal and perinatal death surveillance and response
NHIS	National health insurance scheme
NMR	Neonatal mortality rate
NSHIP	National State Health Investment Project
PAD	(World Bank) project appraisal document
PBF	Performance-based financing
PFM	Public financial management
PforR	Program for results
PHC	Primary health care
QOC	Quality of care
RBF	Results-based financing
RETF	Recipient Executed Trust Fund
RMET	Resource mapping and expenditure tracking
RMNCAH-N	Reproductive, maternal, newborn, child, adolescent health and nutrition
SC	Steering Committee
SCF	Save the Children
SDG	(UN) Sustainable Development Goal
SRHR	Sexual and reproductive health and rights
SWAP	Sector-Wide Approach
TA	Technical assistance
TFC	GFF Trust Fund Committee
TOC	Theory of change
TTL	(World Bank) Task Team Leader
UHC	Universal health care
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
U5MR	Under-five mortality rate
World Bank	World Bank
WHO	World Health Organization

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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.

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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

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[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.

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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.

Introduction

1. 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.

The GFF has pioneered a country-driven, collaborative model for global health linked to sustainable financing and results by combining technical assistance (TA) and small volumes of catalytic trust fund grants with larger amounts of financing from sources such as the World Bank's International Development Association (IDA)/ International Bank for Reconstruction and Development (IBRD). The GFF's value proposition 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 platforms and Investment Cases (ICs) that prioritize RMNCAH-N investments and strengthen health systems.[6]

Through its 2021-2025 strategy, the GFF currently supports 36 partner countries to make impactful investments across five key strategic directions[7] to accelerate progress toward better health for women, children, and adolescents and build more inclusive and resilient health systems.[8] GFF's partner countries have utilized its model to advance gender equality, mobilize domestic resources, improve data use, and make progress toward Universal Health Coverage (UHC), alongside other critical priorities.

While the GFF has achieved recognition as a key player in ensuring that RMNCAH-N remains a priority on the global health agenda, stakeholders have noted a need for clearer communication regarding its unique value proposition and clearer articulation of the outcomes achieved through GFF-supported investments.[9]

Additionally, broader global challenges, such as the COVID-19 pandemic, economic crises, and climate change, have slowed progress toward RMNCAH-N goals. Despite progress, over 60 countries, including 35 of the 36 GFF partner countries, are lagging in meeting global goals for reducing

[6] Global Financing Facility. Protecting, Promoting, and Accelerating Health Gains for Women, Children, and Adolescents: 2021-2025 Strategy. October 2020. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Strategy-2021-2025.pdf

[7] Strategic Directions: 1. Bolster country leadership and partner alignment behind prioritized investments in health for women, children and adolescents; 2. Prioritize efforts to advance equity, voice, and gender equality; 3. Protect and promote high-quality, essential health services by reimagining service delivery; 4. Build more resilient, equitable and sustainable health financing systems; and 5. Sustain a relentless focus on results.

[8] Global Financing Facility. Protecting, Promoting, and Accelerating Health Gains for Women, Children, and Adolescents: 2021-2025 Strategy. October 2020. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Strategy-2021-2025.pdf

[9] Tenth Investors Group Meeting, 20 April 2020. "GFF Strategy Refresh Issues Paper." GFF/IG10/3.

maternal, newborn, and stillborn mortality.[10] According to a World Bank analysis, over 40 governments are projected to decrease their health spending between now and 2027 compared to pre-COVID-19 levels, placing additional strain on the financing of global health initiatives.[11] The past eight years have been marked by significant transformation in the global health landscape, including the impact of COVID-19 on investment priorities, as well as strategic shifts and record-high replenishments of major GFF partners such as the Global Fund to Fight AIDS, Tuberculosis and Malaria (The Global Fund) and the Global Vaccine Alliance (Gavi).

In light of these developments and to gain insights that will inform the next strategic period, the GFF commissioned Euro Health Group (EHG) in consortium with Waci Health to conduct an external, independent evaluation of its model, operations and results. The evaluation team (including in-house staff from EHG and Waci Health) carried out the evaluation from May to February 2025.

1.1 Evaluation objectives

The evaluation has two main objectives:

1. To generate evidence, strengthen accountability, and enable learning on the GFF model (e.g. the country engagement model, operational structure, and related support modalities) and the 2021-2025 strategy.
2. To inform course corrections and strengthen actions for the remainder of the current strategy period as well as inform the development of the next GFF strategy (2026 onwards).

1.2 Temporal and geographical scope

The evaluation included a **summative component**, which looked at implementation and progress to date, primarily against the current strategic directions and inputs, activities, and outputs highlighted in the 2021-2025 strategy theory of change (TOC).[12] The evaluation largely relied on synthesizing existing key evidence,[13] along with a **formative component.** This component focused on emerging themes that could affect the current strategy and guide the development of the future strategy. The **temporal scope** covered the period from the inception of the GFF in 2015 to the present, with a primary focus on the period 2021-2025. The **geographic scope** included **all 36 GFF partner countries**.

The primary audiences for this evaluation were the GFF Trust Fund Committee (TFC), the Investors Group, GFF partner countries, and the Secretariat.

Findings and recommendations of the evaluation will inform development of the next GFF strategy covering 2026-2030. They will help shape the future direction of the GFF and its place within the global health architecture, including opportunities to broaden its scope to address emerging challenges and to leverage new avenues for collaboration and investment to advance the health and nutrition of women, children and adolescents.

[10] Global Financing Facility. Deliver the Future: Catalyzing opportunities for women, children and adolescents. June 2023.
[11] Kurowski, Christoph; Kumar, Anurag; Mieses Ramirez, Julio Cesar; Schmidt, Martin; Silfverberg, Denise Valerie. 2023. Health Financing in a Time of Global Shocks: Strong Advance, Early Retreat. World Bank. http://hdl.handle.net/10986/39864.
[12] The TOC denotes seven main input areas and five activity areas leading to four desired outputs.
[13] 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.

Design and Methods

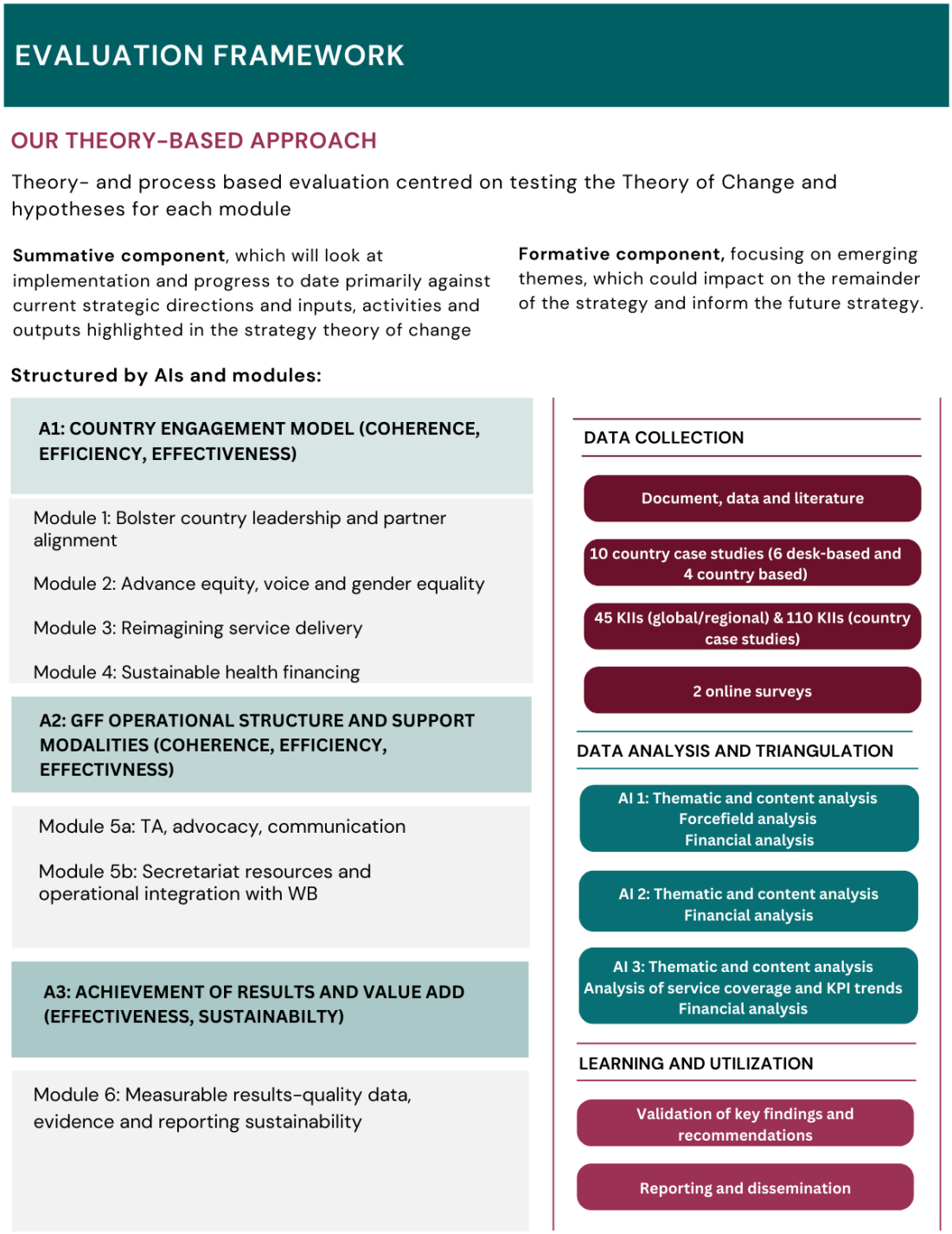
2. Evaluation design and methods

2.1 Approach and methods

The approach was structured around three main components, comprising:

- A theory-based analytical approach with testable assumptions for each module, informing the findings, conclusions and recommendations.
- The articulation of three areas of investigation that address 'high level strategic questions'.
- Six analytical modules that group sub-topics around the GFF's strategic directions.

Figure 1. Evaluation framework



2.1.1 Testing the GFF theory of change (TOC)

The evaluation employed a theory-based and process evaluation approach, testing the GFF logical framework and TOC.[14] It focused on understanding *how* change has been achieved, tracing the causal pathways across different levels, identifying mechanisms driving change, and examining challenges. A review of the logic model highlighted key points: while it effectively outlines the technical scope, principles, and overall logical flow, it lacks some critical elements, such as clear linkages between inputs, outputs and outcomes, as well as key causal assumptions that inform strategic programing decisions. The evaluation's theory-based approach recognized that the GFF operates as a contribution model, meaning that results cannot be attributed directly to the GFF but rather to its role in catalyzing broader action.

2.1.2 Three areas of investigation

Based on initial discussions with the GFF during the inception phase, the evaluation focused on three interrelated areas of investigation, aligned with the GFF's strategic directions. These areas addressed high-level strategic questions deemed essential for the evaluation.

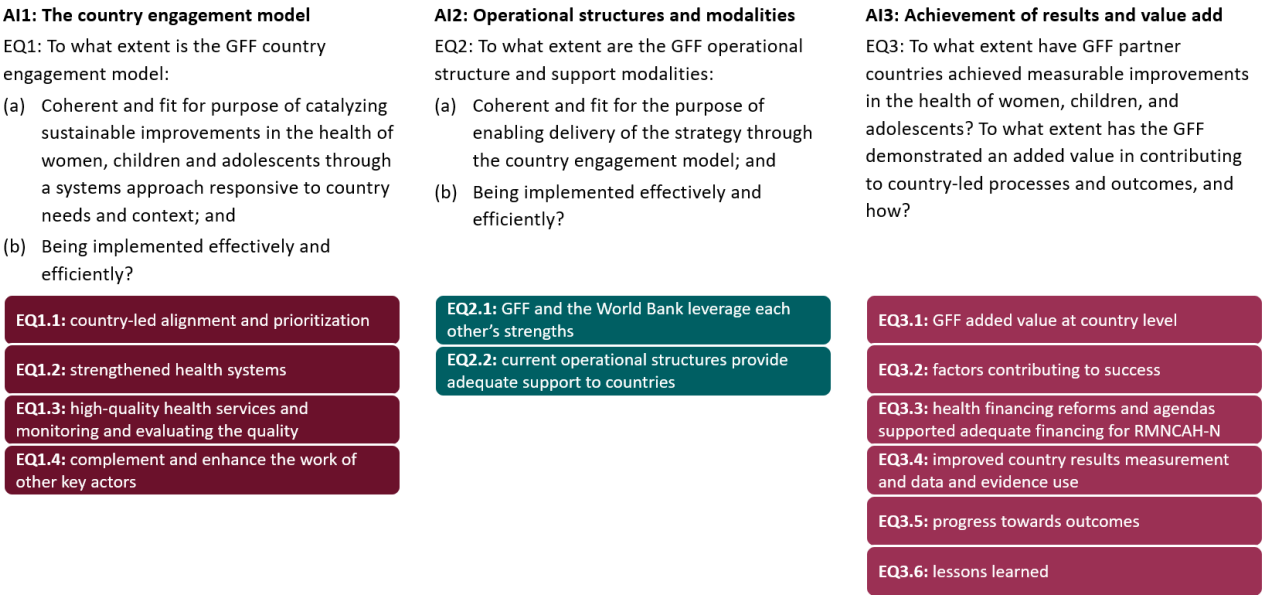
2.1.3 Six analytical modules

Each module (Figure 1) focused on testing individual assumptions, allowing for aggregation of findings to answer broader strategic questions identified at the outset. The design ensured a clear line of sight from the primary data collection and analytical methods to the generation of findings against evaluation questions (EQs) and sub-EQs, ultimately leading to conclusions and recommendations.

2.2 Evaluation questions

Discussions with the Steering Committee (SC) and the GFF Secretariat during the inception phase resulted in the following evaluation questions, which are addressed in Section 4.

Figure 2. Overview of final evaluation questions



[14] The 'logic framework and theory of change' according to pg. 14 of the current GFF strategy

2.3 Data collection

2.3.1 Key informant interviews (KIIs)

To assess the GFF model, operations and results from a global perspective, a series of KIIs were conducted. During the inception phase, eight preliminary KIIs with GFF stakeholders, including group discussions with the Steering Committee and GFF Secretariat. In the data collection phase, an additional 45 interviews were conducted with global and regional stakeholders, along with 110 KIIs for in-country and desk-based case studies. Gender representation was nearly balanced, with 49 percent male and 51 percent female participants among global stakeholders, and 48 percent male and 52 percent female among country stakeholders (Volume II, Annex 1).

A stakeholder mapping exercise, conducted in collaboration with the GFF Secretariat, identified key informants (KIs) from governments, donor agencies, the private sector, civil society organizations (CSOs), and global health partners, including United Nations (UN) agencies such as WHO, UNICEF, UNFPA, and UN Women. Interviews followed a semi-structured protocol and were recorded for transcription and documentation.

2.3.2 Document review

The evaluation included a comprehensive document review of approximately 110 global-level GFF documents and external data sources. For each of the 10 country case studies, 15-20 documents were reviewed and coded for thematic analysis. This process began during the inception phase and continued throughout the data collection and analysis. A summary of KIs and documents can be found in Volume II, Annex 1.

2.3.3 In-country and desk-based case studies

A series of in-country and desk-based case studies were conducted to provide in-depth analysis and test the TOC and key assumptions. Four in-country case studies and six desk-based studies allowed for cross-comparative analysis across different contexts.

Each case study applied a mixed-methods approach, incorporating a structured document review, KIIs, and additional evidence gathering to assess progress, achievements, and contextual drivers related to the GFF model. Data from these case studies were coded by EQ, assumptions, and key themes in a country-specific evidence matrix using an Excel database and then triangulated with other data sources including surveys and global-level interviews.

For the six **desk-based case studies**, up to six KIIs were conducted with key stakeholders, including the GFF Liaison Officer (LO) and Country Focal Point, along with a representative of the Country Platform and government ministries.

The four in-country studies, led by national consultants, involved more extensive fieldwork, including up to 20 KIIs and group discussions with stakeholders at national and sub-national levels. These studies provided detailed insights into country-specific experiences with the GFF model. All case studies were consolidated into country briefs (Vol. III), contributing to the overall evaluation analysis.

The final selection of case study countries ensured a geographic spread and included countries from fragile and conflict-affected settings (FCAS), as well as those with varying health outcomes and government budget allocations to health.

Table 1. Country case study selection

Country	Type of case study	Country characteristics
Afghanistan	Remote	Low-income countries (LIC), FCAS, declining trends in health outcomes and government budget allocation to health
Côte D'Ivoire	In-country	Low- and middle-income countries (LMIC), declining trends in health outcomes and government budget allocation to health, Francophone West Africa
Ethiopia	In-country	LIC, FCAS, declining trends in health outcomes and government budget allocation to health
Guinea	Remote	LIC, declining trends in health outcomes and government budget allocation to health, Francophone West Africa
Indonesia	Remote	LMIC, declining trends in health outcomes and government budget allocation to health
Malawi	In-country	LIC, declining trends in health outcomes and government budget allocation to health
Niger	Remote	LIC, FCAS, declining trends in health outcomes, increasing government budget allocation to health, Francophone West Africa
Nigeria	Remote	LMIC, FCAS, declining trends in health outcomes, decreasing government budget allocation to health
Pakistan	In-country	LMIC, declining trend in health outcomes, data on government budget allocations to health not available
Tanzania	Remote	LMIC, declining trends in health outcomes, stagnant government budget allocation to health

2.3.4 Online surveys

Two online surveys were conducted to gather insights from a broad range of stakeholders. The first survey targeted 35 GFF partner countries,[15] focusing on implementers' perspectives on how the country engagement model has been used to enhance healthcare for women, children and adolescents, along with their views on the associated processes. The second survey targeted global-level stakeholders, including GFF and World Bank staff, particularly those without a country presence, to assess the relevance and effectiveness of GFF's operational structure and support modalities.

Survey design was informed by initial country case studies, allowing questions to be tailored to address key evidence gaps. Both surveys featured a combination of Likert scale and open-ended questions to capture quantitative and qualitative data. The country-level survey was available English, French, Spanish, and Portuguese, while the global-level survey was available in English and French.

Surveys were distributed using email and WhatsApp, managed by EHG, with three follow-up reminders sent to encourage participation. The country-level survey was sent to 616 respondents,

[15] 36 GFF countries with the exception of Myanmar. Responses included: Platform members, CSO network representatives, partners, donors, private sector and other stakeholders based on discussions with GFF during the inception phase.

including representatives from GFF country platforms, with a 34 percent response rate (208 responses). The global-level survey was sent to 145 respondents, receiving 50 responses, also yielding a 34 percent response rate. Detailed survey analysis can be found in Volume II, Annex 5.

2.4 Analytical methods

2.4.1 Data analysis

A range of analytical approaches was used to gather evidence, address the EQs, and develop informed recommendations.

Evaluability assessment and gap analysis – The evaluability of the EQs was assessed with GFF evaluation managers and key stakeholders during the inception phase. This iterative process continued during data collection with assessments and identification of data gaps.

Analysis of key performance indicator (KPI) trends and service coverage – Progress toward GFF strategic goals and KPIs was evaluated by triangulating evaluation data with existing sources. This included assessing trends in service delivery coverage, quality indicators, and, where possible, health system and sustainability outcomes.

Financial analysis –Quantitative and qualitative analyses were conducted to assess GFF's impact on health sector financing, focusing on revenue mobilization, pooling, and strategic purchasing:

- **Domestic financing analysis**: Trends in health budgets and RMNCAH-N expenditures were analyzed across 10 countries, comparing pre- and post GFF implementation. Interviews helped identify the extent to which these changes could be attributed to GFF and its role in the health sector in public financial management (PFM) reforms.
- **Donor health budgets and expenditures**: GFF and IDA/IBRD funding trends were examined to assess GFF's influence in catalyzing donor financing towards the ICs. While direct attribution was not the objective, the analysis provided insights resource mobilization efforts, including qualitative reviews of GFF-enabled interventions and its role in influencing donor funding decisions.
- **Resource pooling, allocation and strategic purchasing**: The analysis explored how GFF funding contributed to improved service delivery through donor coordination, joint resource allocation, and strategic purchasing, with a focus on equity. Sustainability of GFF-funded interventions and alignment with long-term objectives were also assessed.

Thematic analysis –Thematic analysis was conducted in two stages. First, document reviews and notes from KIIs and group discussions were coded based on the areas of investigation, EQs, and TOC assumptions. In the second stage, coded excerpts, country briefs, and evidence matrices were analyzed. Findings were triangulated and validated during a three-day workshop.

Forcefield analysis[16] – Forcefield analysis was employed to identify the driving and constraining factors impacting the development of well-prioritized and realistic ICs. This method helped diagnose constraints and prioritize efforts by focusing on reducing barriers to change in GFF programing.

[16] Forcefield Analysis is a change management tool used to assess an organization's position relative to a desired change by identifying both driving forces that support the change and constraining forces that resist it, with a focus on reducing the impact of constraints to effectively move progress forward.

Analysis of TA – Quantitative analysis provided an overview of active TA across the GFF portfolio, highlighting grant amounts allocated to different TA categories in supported countries.

Country engagement strategy (CES) analysis of success factors and factors limiting progress – Quantitative analysis was conducted on factors enabling success and limiting progress, using CES meeting notes from case study countries.

2.4.2 Triangulation

The evaluation relied on the triangulation and synthesis of evidence from multiple data sources and analytical methods to enhance the validity and reliability of findings, conclusions, and recommendations. Quantitative and qualitative data were systematically collated and coded in alignment with the evaluation matrix, supporting the triangulation process and reducing the risk of bias. Triangulation included: 1) data from multiple sources, including GFF databases, KIIs, online survey, and document review; and 2) data from various stakeholder categories at global and country level including the World Bank/GFF, government, external stakeholders, development partners and CSOs.

2.4.3 Strength of evidence

All data sources were assessed with consideration of their strengths and limitations. Conflicting evidence was documented in the report. A strength of evidence rating was applied to guide users of the evaluation report in understanding the robustness of findings for each EQ.

Table 2. Robustness rating for main findings

Rating	Assessment of the findings by strength of evidence
Strong (1)	Evidence comprises of multiple data sources (which enable triangulation from at least two different sources, including quantitative data, documentation, and/or KIIs) which are of good quality and/or evidence is repeated by multiple KIIs of different stakeholder categories.
Moderate (2)	Evidence comprises of multiple data sources (which enables triangulation from two data sources, including quantitative data, documentation, and/or KIIs) of acceptable quality, and/or the finding is supported by fewer data sources of good quality.
Limited (3)	Evidence comprises of few data sources (limited triangulation) or generally based on data sources that are viewed as being of lower quality.

2.5 Stakeholder engagement

Stakeholders were engaged throughout the evaluation to maximize the utility and validity of findings, conclusions, and recommendations (see Volume II, Annex 2). In the **inception** phase, the GFF Secretariat and SC members were consulted to refine the evaluation design, approach, and questions. This phase included inception consultations, stakeholder mapping, and the identification of country-level KIs with support from country focal points and LOs. Regular bi-weekly updates and online meetings with the GFF Secretariat ensured continuous coordination.

In the **data collection and analysis** phase, global and country-level stakeholders participated in surveys, KIIs, focus-group discussions, and in-country engagements with national consultants. Efforts were made to incorporate the perspectives of the GFF's end users, including women, children, and adolescents, by engaging with CSOs representing these groups. A recommendation workshop with

the GFF Secretariat and SC was held to discuss preliminary findings and gather feedback on proposed recommendations.

During the **synthesis and reporting** phase, the GFF Secretariat and SC reviewed draft and final reports with findings presented to the TFC and Investors Group. Feedback presentations for GFF in-country case studies were conducted with key country stakeholders to share findings and gather additional input.

2.6 Limitations

The evaluation encountered a number of limitations (Table 3). Mitigation efforts included increased sampling at the global and country levels, along with robust triangulation and assessment of the strength of the evidence. Some limitations also align with areas where recommendations have been proposed for the GFF, such as demonstrating its contribution.

Table 3. Limitations and mitigation efforts

Limitations	Mitigation efforts
The GFF is housed within the World Bank, and thus embedded into its systems, including reporting structures. However, documentation of GFF activities and how it 'leverages' the World Bank to improve RMNCAH-N outcomes is often scarce. While GFF is a contribution model, there is little available analysis on the strengths of its contribution or expected outcomes. Additionally, World Bank reporting rarely includes lessons relevant to the GFF.	The evaluation assessed 'leverage' by examining the integration of RMNCAH-N into GFF components, including the IC, TA, and design inputs, and the World Bank Project. Document reviews and stakeholder interviews provided additional evidence to assess plausibility of GFF's leveraging and to identify lessons learned. Pre- and post GFF comparisons of the RMNCAH-N programing quality and World Bank country engagement strategies were also conducted to strengthen the evidence of GFF leveraging World Bank investments.
The GFF model has low visibility, particularly among country-level stakeholders such as donors, CSOs, and development partners, while it is more recognized by government counterparts. Certain aspects of the country engagement model, such as the IC, are more visible than others (e.g., the GFF's design contributions to World Bank projects). Key stakeholders often had limited views of the GFF's involvement across all areas of work. This was evident in the country level survey where government stakeholders provided consistently positive feedback, while CSOs, development partners and donors were positive.	Stakeholder perspectives were triangulated with documents and data detailing GFF funding and activities to mitigate potential bias from limited stakeholder knowledge. Survey and KII tools were developed in collaboration with GFF staff, ensuring clarity and comprehensibility for external stakeholders. These tools were meant to help assess respondents' familiarity with the GFF and explore specific areas of its work such as contribution to IC development. To further reduce bias in triangulation, KII excerpts and survey responses were disaggregated by stakeholder categories.
In online surveys, information bias was a concern, as respondents most engaged with GFF were more likely to participate, potentially skewing results toward more positive responses. Additionally, the high representation of GFF and World Bank staff at the global level may have introduced a bias toward favorable assessments of GFF activities.	Potential bias was addressed through careful interpretation of findings and triangulation of survey data with information from KIIs, group discussions, and document reviews. The country-level survey included a broad range of stakeholders, including development partners, government representatives, CSOs, academia, the private sector, and GFF/World Bank staff.
Key stakeholders consulted at the global and country levels were primarily those with a higher likelihood of engagement with the GFF and a more positive attitude towards it. These included	Additional key stakeholders, including donors and global development partners, were purposively sampled to ensure a broader range of perspectives. Efforts were

Limitations	Mitigation efforts
the GFF Investors Group and partners, key bilateral funders of RMNCAH-N, World Bank staff, GFF focal points, TA providers, government/ Ministry of Health (MOH), CSOs, private sector and other stakeholders engaged in country platforms.	made to include national government stakeholders in the sampling process.
While discussions were held with country government leaders, these were primarily within ministries of health rather than ministries of finance. This may have limited the analysis of how effectively GFF grants 'leveraged' funding for health and RMNCAH-N projects	Interviews were conducted with World Bank directors to gain insights into the perspectives of MOF on GFF grants and their attitudes toward GFF grants.
The evaluation aimed to assess the GFF's **added value** by analyzing country portfolio budgets. Although the RETF and the BETF financial data were provided at the country level, their utility for understanding the broader financial impact was limited.	Country activity budgets were used as a primary reference for assessing the GFF activities, supplemented by key stakeholder interviews and document reviews. However, full operational budgets, including global and country level staffing and operations costs, were not made available to the evaluation team.

The GFF model

3. Description of GFF model

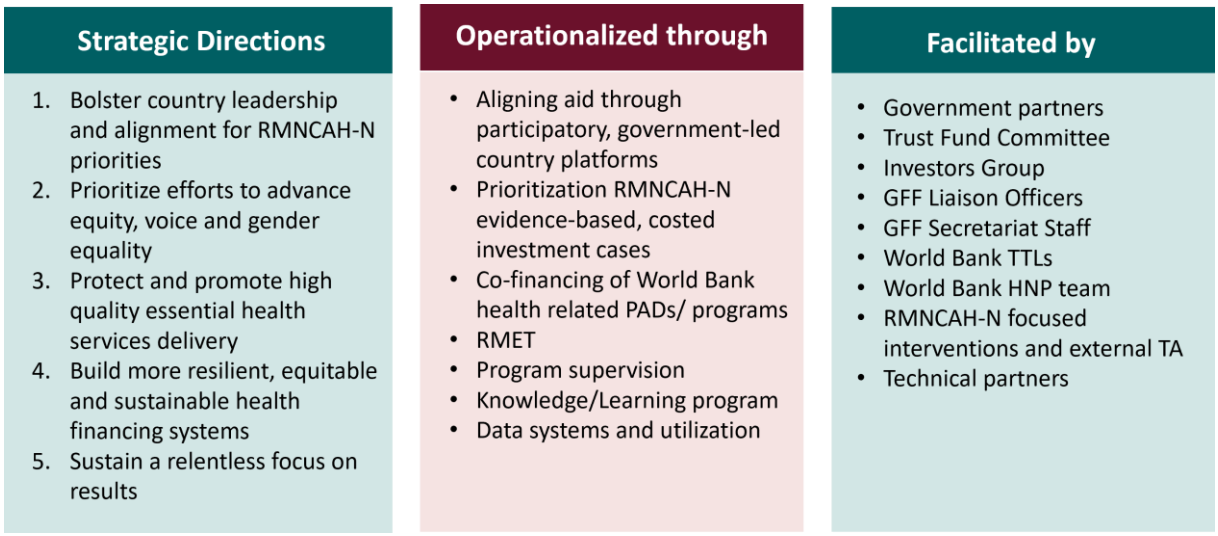
3.1 GFF model as designed

The GFF 2021 – 2025 strategy sets out the intended long-term outcomes for RMNCAH-N and health financing which include:

- Equitable, scaled, sustained coverage of high impact interventions
- Increased and sustained resources for health
- Improved efficiency of health-related investments.

These outcomes are to be achieved through five strategic directions. Figure 3 illustrates the operationalization of the strategy.

Figure 3. The GFF Operational Model



Depending on the context, the GFF operates through a specific set of mechanisms described in Box 1.

Box 1. Terminology and definitions

GFF models and frameworks

- **GFF operational model:** The operational structure and support modalities, including the Secretariat and liaison officers, recipient-executed funding to co-finance IDA and IBRD operations, World Bank-executed funding for core and flexible technical assistance, and partnerships with the World Bank.
- **GFF country engagement model:** The design and implementation of GFF programs at the country level, including investment case development, country platforms, linkages to and leveraging of IDA/IBRD financing, and technical assistance for health financing, quality of care, data quality and use, and equity and gender.
- **GFF country engagement strategy:** Internal strategies detailing GFF investments in each partner country, reviewed annually. Recommendations **to this report include having an** external-facing country framework.
- **World Bank's country partnership framework:** A management tool used to guide and review the World Bank's country programs. The framework identifies key objectives and

development results through which the World Bank intends to support member countries, based on country priorities and systematic country diagnostics.[17]

World Bank financing mechanisms

- **International Bank for Reconstruction and Development (IBRD) loans:** Loans for middle-income and creditworthy low-income countries to fund development projects.
- **International Development Association (IDA) credits:** Grants and zero- to low-interest loans offered by the World Bank to 74 low-income countries for programs to support economic growth, reduce inequalities, and improve living conditions.[18]
  IBRD and IDA funds are disbursed through:
  - **Recipient-executed trust funds (RETF):** Funds managed by third-party recipient (e.g., the government). The Bank plays an operational role.
  - **Bank-executed trust funds (BETF):** Funds that support the World Bank's work program, typically for advisory and technical assistance.

Public financial and results-based financing mechanisms

- **Public financial management:** Laws, rules, and systems for mobilizing revenue, allocating public funds, spending, accounting, and auditing at national and sub-national levels.
- **Results-based financing (RBF):**[19] An umbrella term encompassing a range of incentive-based approaches, also referred to as 'pay for performance' or 'performance-based incentives' including:
  - **Program for results (PforR):** World Bank model linking fund disbursement to achievement of results, using national institutions and processes.
  - **Disbursement-linked indicators (DLIs):** Incentives tied to specific policy actions or process measures.
  - **Performance-based financing:** Payments linked to service provider performance with financial incentives based on service quantity and quality.
  - **Direct facility financing:** Grants health facilities financial autonomy to manage funds based on output-based payments, financial management, and reporting principles.

Development policy operations (DPOs)

- **DPOs:** World Bank policy-based operational funding that rapidly disburses funds to support policy and institutional reforms promoting growth and poverty reduction.[20]
- **Prior actions:** Critical policy and institutional actions required to achieve the objectives of a program supported by the DPO.

3.1.1 The evolution of the GFF operational model

At its inception, the GFF was designed as an innovative, country-led, catalytic funding model/ platform to mobilize resources, drive innovation, and foster partnerships to address the root causes of poor health and nutrition outcomes among women, children, and adolescents in the world's poorest countries.[21]

[17] World Bank Group. Country Engagement. Country Engagement, accessed 13 November.
[18] What Is IDA? | About | International Development Association - World Bank, accessed November 12, 2024.
[19] Fritsche, Gyorgy Bela; Soeters, Robert; Meessen, Bruno. *Performance-based financing toolkit (English).* Washington, D.C. : World Bank Group. http://documents.worldbank.org/curated/en/369941468325159289/Performance-based-financing-toolkit
[20] Development Policy Operations: A Framework to Assess Country Readiness for Making Productive Use of Development Policy Operations (October 2006). https://documents1.worldbank.org/curated/en/642491468315300410/pdf/37876.pdf
[21] World Bank (undated) The Global Financing Facility in support of Every Woman Every Child – Executive Summary. https://www.worldbank.org/content/dam/Worldbank/document/HDN/Health/GFF-Executive-Summary_EN.pdf

By working hand in hand with, and contributing to, the much larger World Bank IDA and IBRD resources available to countries, the GFF seeks to shape RMNCAH-N priorities within national health strategies and World Bank programs.

In its early years, the GFF worked with country stakeholders to establish or leverage existing **country platforms**[22] to develop prioritized **RMNCAH-N ICs -** prioritized RMNCAH-N plans agreed upon by national stakeholders. These platforms and the ICs, aimed to align development partners around shared priorities, facilitated by MOH leadership, with support from GFF liaison officers and Secretariat staff.

To improve transparency and coordination, the GFF promoted **resource mapping and expenditure tracking (RMET)** and other budgeting processes, enabling governments and partners to track RMNCAH-N funding. However, aligning multiple partners under a single RMNCAH-N plan faced challenges in some countries (e.g., **Malawi and Nigeria**). Over time, the GFF refined its country engagement model approach:

1. **Investment Case guidelines update (2024):** ICs were refined as "living documents" to be updated regularly. While ICs (if present) should align with costed national health sector strategies, their focus remains RMNCAH-N components.[23]
2. **Gender equality roadmap (2020):** The 'GFF Roadmap on Advancing Gender Equality' aimed at strengthening the GFF contribution to gender equality.[24]

IC priorities also inform World Bank Project Appraisal Documents (PADs) helping to ensure robust planning and maximizing impact. GFF grants are relatively small and complement World Bank funding, for specific PAD components that relate directly to the GFF's 'Every Woman Every Child' mandate. The GFF provides two sources of grant funding: the Recipient Executed Trust Fund (RETF) - direct grant funding, and the Bank-Executed Trust Fund (BETF) – funding for complementary assistance aligned with PAD activities.

3.1.2 The GFF's lean and catalytic approach

Unlike other major global health initiatives (e.g. the Global Fund, Gavi) the GFF employs a horizontal approach, focusing on integrated health system strengthening and quality services delivery for women, children and adolescents, rather than targeting specific disease.

Through a country-led, on-budget financing model, the GFF promotes institutional capacity building while maintaining partnership with the World Bank, allowing it to extend beyond merely scaling up specific services.[25] This integration helps ensure that **GFF programs are endorsed by both technical ministries and ministries of finance.** The World Bank funds are essentially considered to be

[22] Country platforms are "A multi-stakeholder forum or partnership for a (and/or sub-groups where appropriate) under the leadership of a national MOH (or the appropriate sub-national level entity in the case of countries with decentralized systems of health administration). The multi-stakeholder country platform plays a central role in the country-level process to develop, implement and monitor national RMNCAH-N strategies or ICs and health financing strategies as part of, or closely aligned with countries' broader national plans" GFF (2017) Guidance Note: Inclusive Multi-stakeholder Country Platforms in support of Every Woman Every Child

[23] Country-led ICs for Improved Health of Women, Children and Adolescents. Principles, guidance, and resources. 2024

[24] Global Financing Facility. Roadmap for Advancing Gender Equality. https://www.globalfinancingfacility.org/sites/default/files/GFF-Roadmap-for-Advancing-Gender-Equality_EN.pdf.

[25] GFF Strategy 2021-2025

government funds, as they are mostly given as IDA credits and IBRD loans. The GFF operates with minimal in-country presence, reinforcing government leadership rather than visibility.[26,27]

Designed as a catalytic model, GFF aims to leverage investments in RMNCAH-N. Every dollar "in GFF is linked to US$ 7.30 in World Bank funds" (e.g. IDA/ IBRD loans), and recent business cases for the GFF predicted that US$ 800 million in GFF financing could leverage a further US$ 8 billion on World Bank funding for women, girls and children.[28]

The GFF maintains a small Secretariat, and key staff such as liaison officers based in each country, working with government focal points. In addition, Secretariat-based focal points and results specialists provide support to country operations. Current administrative costs are reported to be low (up to 3%) with 74% of the funds allocated through grants for country government-led programs.[29]

Having learned from the Health Results Innovation Trust Fund (HRITF)[30] - which had a narrow impact due to reliance on World Bank staff - the GFF funds technical support to strengthen the quality of project design, implementation, and policy development. For example, this includes gender and equity analysis, data systems design, policy briefs and strategy support.

By directly supporting World Bank project design, the GFF enhances bandwidth and capacity for World Bank staff and strengthens collaboration.

3.1.3 GFF model and the Future of Global Health Initiatives

The GFF is one of the organizations at the core of the Future of Global Health Initiatives (FGHI) process which focuses on ensuring that GHIs are working to complement domestic financing to ensure strong health systems and capacity through working more effectively, efficiently and equitably.[31] An analysis of FGHIs in 2023[32] suggested that the GFF demonstrates a number of the aid effectiveness principles outlined in the 2004 Paris Declaration.[33] More recently the GFF has committed to supporting the implementation of the FGHI Lusaka Agenda.[34] Box 2 provides an overview of how the GFF model differs from other similar organizational models.

[26] Salisbury NA, Asiimwe G, Waiswa P, et al. Operationalizing the Global Financing Facility (GFF) model: the devil is in the detail. 2018: doi:10.1136/ bmjgh-2018-001369
[27] HAS 181: The Global Financing Facility Progress, Additionality, Effectiveness, 2018
[28] The financial data is based on health financing data for 27 countries financed by the GFF, reported in the FCDO 'Business Case: Global Health Directorate, Global Financing Facility (2024)'
[29] Foreign and Commonwealth Development Office (2024)" Business Case: Global Financing Facility Phase 3", Global Health Directorate
[30] NORAD (2012) Evaluation of the Health Results Innovation Trust Fund. https://www.norad.no/contentassets/27864624a7b548b6a1b7d9dcbc6c9b14/evaluation-of-the-health-results-innovation-trust-fund-hritf.pdf
[31] https://futureofghis.org/about/
[32] Wellcome Trust (2023) https://futureofghis.org/research-other-inputs/reimagining-the-future-of-global-health-initiatives-study/
[33] https://www.oecd-ilibrary.org/development/paris-declaration-on-aid-effectiveness_9789264098084-en
[34] FGHI (2023) Lusaka Agenda - https://futureofghis.org/final-outputs/lusaka-agenda/

Box 2. How the GFF differs (or doesn't) from other GHIs[35, 36, 37, 38]

- **Country-drive approach:** Operates through partner country governments, aligning with national **systems** and priorities, though still influenced by GFF donor priorities and expectations.
- **Broad health systems focus:** Unlike disease-specific GHIs, the GFF emphasizes RMNCAH-N and broader HSS.
- **Influence over attribution:** Works behind the scenes to leverage and influence, rather than claiming direct attribution for results, making contributions challenging to measure.
- **No GFF-specific reporting requirements:** Uses national health indicators instead of requiring separate GFF indicators. A new measurement framework (KPIs for the five strategic directions) has been introduced, indirectly linked to the logic model.
- **Integration with the World Bank:** Enables cross-sector collaboration but also presents certain constraints.

[35] Witter, N. Palmer, R. James, S. Zaidi, S. Carillon, R. English, G. Loffreda, E. Venables, S. Habib, J. Tan, F. Hane, M.P. Bertone, S-M. Hosseinalipour, V. Ridde, A. Faye, and K. Blanchet, Reimagining the Future of Global Health Initiatives, 2023: https://futureofghis.org/research-other-inputs/reimagining-the-future-of-global-health-initiatives-study/

[36] Global Fund (2024) Strategic Review 2023-Final Report.

[37] Gavi (2024) Mid-term evaluation of Gavi's 2021-2025 strategy. Mid-Term-Evaluation-Gavi-5.0_final report-Vol-I.pdf

[38] Gavi (2023) Evaluation of the operationalization of Gavi's strategies through Gavi's policies, programmatic guidance, and use of funding levers. Evaluation-operationalisationFinal-report.pdf

Evaluation findings

4 Findings

4.1 High level EQ 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?

1 **EQ1 summary finding:** 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 with country-led processes

4.1.2 EQ 1.1: How has the implementation of the GFF country engagement model contributed to country-led alignment and prioritization, in support of women, children, and adolescent's health?

1 **Overall summary finding:** The IC development process puts the government into a leadership position in RMNCAH-N, and more broadly in health and development. However, the IC has worked with variable success as a tool to align development partners. In addition, the functionality, effectiveness and impact of country platforms varies strongly by context.

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1 **Finding 1.1.1: Government counterparts view the GFF approach, IC associated processes (such as the RMET) as enabling strong government leadership.**

KIs (global and country level government stakeholders) strongly supported both the country-led GFF approach and the use of the IC to prioritize and align development partners around national priorities. Government stakeholders consistently raised concerns about lack of transparency over development partner activities and health sector investments, expressing an appetite for further alignment with government priorities. In six out of ten case study countries (Malawi, Tanzania, Ethiopia, Cote D'Ivoire, Niger, Nigeria), the government mantra was 'One Plan, One Budget, One Report', and the GFF approach is viewed as being very aligned to this.[39]

[39] 'One Plan, One Budget, One Report' was a mantra that evolved as part of efforts to improve alignment and increase investment in PHC services (see Woldie M, Yitbarek K, Dinsa GD. Synopsis: Resource Mobilisation and Allocation for Primary Health Care: Lessons from the Ethiopian Health System. Lancet Global Health Commission on Financing Primary Health

1 **Finding 1.1.2: The GFF has invested in leadership capacity-building training at the country level, but its impact remains unclear due to limited evidence of sustained improvements, challenges in political leadership, staff turnover, and government transitions, raising questions about whether GFF should expand, refine, or reprioritize its approach, particularly in relation to donor complementarity.**

The GFF has invested in strengthening country-level leadership through capacity-building (training) efforts, but the impact of these initiatives remains unclear. While 439 leaders across six countries were trained between 2022 and 2024, country case studies provide limited evidence of sustained leadership improvements resulting from these efforts. Additionally, there is little reference to other leadership training financed by donors, including the World Bank, raising questions about whether GFF's role in leadership capacity building is complementary or duplicative.

Country case studies highlight specific efforts to enhance national leadership, with mixed results:

- Niger: GFF and the World Bank strengthened national leadership by providing government counterparts with data and decision-making support processes, such as the RMET, which was well-received by the MOH. However, a government transition led to significant leadership capacity losses, as new officials had low awareness and ownership of GFF-introduced tools and approaches.
- Côte d'Ivoire: GFF engaged high-level political actors, including the Prime Minister's Office, MOH, and Director General of Health, contributing to national leadership strengthening. However, challenges in coordination and national ownership remain.
- Ethiopia (CES meeting): The Country Leadership Program and Female Leadership Program (FemLeague) have been well received, with the government requesting an expansion to mid-level health managers and professionals within the MOH.

Despite these efforts, key informants noted that stronger political leadership is needed in many countries to improve donor and partner alignment. Staff turnover and government transitions—including forceful takeovers, as seen in Niger—highlight the need for rapid capacity-building of government counterparts. This challenge is further exacerbated by long-term development horizons (over five years), which can reduce the sustainability of leadership gains.

Given these findings, it remains unclear whether GFF should expand leadership capacity-building efforts, refine its approach to better address political leadership gaps, or shift focus toward more targeted TA, which has been identified as a high-demand input (see Finding 2.1.7 for further details).

1 **Finding 1.1.3: The evaluation validated the GFF's internal assessments, confirming that the ICs follow a rigorous, evidence-based process, incorporating bottleneck and equity analyses, costed RMNCAH-N interventions, and health financing strategies to improve prioritization and effectiveness. However, their impact varies depending on the quality of evidence used, integration within national health plans, and government ownership.**

The ICs are a key tool for prioritizing RMNCAH-N within PHC, using bottleneck and equity analyses to inform costed interventions and health system investments. ICs incorporate health financing as a core building block to improve efficiency, alongside investments in quality of care and demand-side

Care. 2022). While 'One Plan, One Budget, One Report' pre-dates the GFF, it has been endorsed by the GFF, (see From Slogans to Action: Realizing the One Plan, One Budget and One Report Agenda | Global Financing Facility, accessed 28/09/24), and was found to be widely cited in some specific African countries in the evaluation's country case studies.

initiatives—which are often overlooked barriers to service uptake. However, the extent to which ICs translate priorities into concrete investments varies, particularly in adolescent health, where high-priority needs (e.g., in Niger, Côte d'Ivoire, Tanzania) are not always reflected in costed plans.

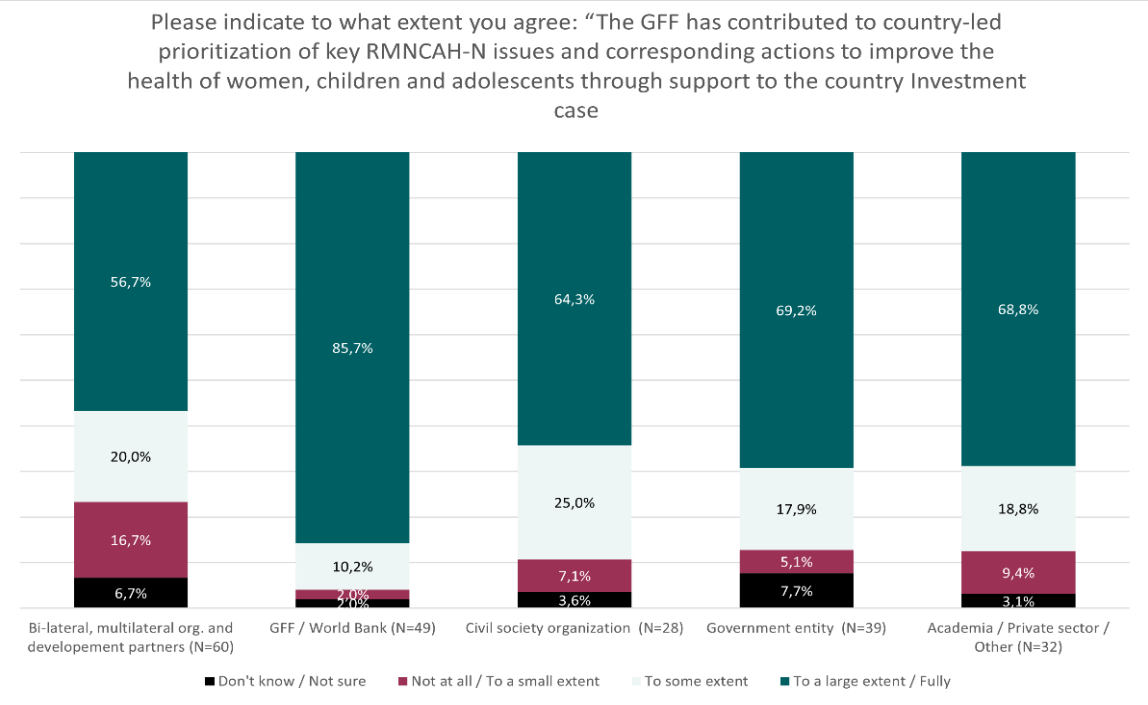
Countries with ICs fully integrated into national health sector strategies (e.g., Ethiopia, Malawi, Indonesia) demonstrate stronger RMNCAH-N alignment and government ownership, while standalone ICs (e.g., Côte d'Ivoire, Guinea, Nigeria) face challenges in sustainability and coordination. Indonesia's IC has effectively driven nutrition-focused efforts through strong government leadership and donor engagement, whereas Pakistan and Guinea have struggled with inactive country platforms, and Niger's progress was disrupted post-coup.

ICs also serve as a mechanism to drive health financing, donor coordination, and resource allocation. Countries are leveraging ICs to strengthen health financing (Côte d'Ivoire, Ethiopia, Indonesia, Niger, Nigeria, Tanzania), resource mapping (Côte d'Ivoire, Ethiopia, Malawi, Afghanistan, Guinea, Niger, Nigeria, Tanzania), and donor coordination (Ethiopia, Pakistan, Afghanistan, Indonesia, Niger). Many ICs also emphasize quality of care and data-driven decision-making, but demand-side barriers, particularly for adolescent and maternal health services, require stronger implementation focus.

Progress through ICs is most evident in maternal and child health (Côte d'Ivoire, Guinea, Nigeria, Tanzania), adolescent health (Ethiopia, Guinea, Niger, Nigeria), nutrition (Ethiopia, Afghanistan, Indonesia, Nigeria), and gender equity (Pakistan, Afghanistan), though political stability, platform functionality, and donor alignment influence success. The country survey reinforces the role of ICs, with 69% of respondents recognizing GFF's contribution to RMNCAH-N prioritization (see Figure 4), underscoring the need for stronger integration of ICs within national systems and more deliberate investment in demand-side initiatives to drive service uptake and impact.

Refer to Volume III and Volume II, Annex 6 for more information summarizing key findings from country case studies, including the nature of the country platform and investment case, focus on GFF levers through ICs, World Bank operations, and TA, as well as notable areas of progress.

Figure 4. Country-level survey (Q7) responses



2 **Finding 1.1.4: The process of developing the ICs has been successfully adapted to country contexts and situations, but there is mixed evidence on the extent to which it has worked to be inclusive of diverse stakeholders.**

The country case studies identified the IC as a core component of the GFF, but they have operated in very different ways in different contexts. In three out of ten case study countries (Guinea, Nigeria and Cote D'Ivoire) the ICs were standalone documents. The IC was not always led by the GFF, and the rest were aligned with either the national RMNCAH-N strategy (in two countries, Indonesia and Tanzania) or the broader national health sector development plan (Afghanistan, Ethiopia, Malawi, Niger). Broader stakeholder inclusion was not always required to ensure a robust, country-led IC. In Pakistan, where the IC was led by the government with support from UNICEF and focused on primary health care (PHC), GFF shifted its support to a World Bank project on the implementation of primary health care, which included RMNCAH-N. In Indonesia, the IC aligned with the national stunting strategy and was rapidly developed with strong government leadership. In Afghanistan, the IC was used to cost the health system needs for the period of the IC (2023-2025) preventing the collapse of the health system in the Taliban era and leading to nearly full funding from the Afghanistan Rehabilitation Trust Fund (ARTF) and donors.[40]

> *"… more substantive engagement with country level actors is required for better understanding of the challenges and opportunities in realizing these substantive aspirations, appreciating that most of health sector activities are largely implemented through partners and substantive engagement of these actors is critical."* – Country level survey respondent

There is evidence among stakeholders of consistent satisfaction with inclusion of stakeholders in the process of developing the Investment case, but the lesser involvement of specific stakeholder groups

[40] Country KIs

such as the private sector, youth and academia.[41] For example, in Niger the project was based on a long-term multi-phased approach, but it allowed for select donors to come back into the country with a clear vision of where to invest post-coup, and with a new military government in place.[42]

1 **Finding 1.1.5: Alignment with national health development plans has significantly improved the relevance of the ICs and receptiveness of country stakeholders, but with some trade-offs in terms of visibility.**

In some countries, the IC development process has clearly improved. This was noted in two out of ten case study countries. For example, KIs noted that Malawi's first IC was viewed as duplicative of the government's national health development plan. However, the second and current IC is now aligned with the national health sector plan, directly extracting and costing RMNCAH-N interventions from it. Despite this improvement, some stakeholders reported that the RMNCAH-N agenda could still be more prominent.

However, there is less buy-in to the IC in some settings, due to lack of clarity and expectations about the GFF's role. While the GFF has increasingly aligned the IC with national health development plans, this has also impacted perceptions of the GFF's utility in some countries. For instance, in the country case studies, e.g. Malawi,[43] stakeholders were unclear about the GFF's value add to existing country alignment efforts. And while most of the country-level survey responses (60.1 percent) felt that the IC contributed to the prioritization of RMNCAH-N issues, a few of the qualitative responses showed a lack of clarity about the GFF's role.

> *"The GFF LO does, however, take the minutes in the health sector development partner group – which is much appreciated. But this is a fairly passive role and not really influencing how GFF monies are best aligned with partners."* – Country survey respondent

2 **Finding 1.1.6: There is mixed evidence on whether the country platforms are functional and contributing to a clear alignment agenda.**

The GFF strategy on national leadership envisages that country platforms will use the ICs as one of the tools to push for greater alignment. The recent GFF KPI reports state that most country platforms sampled are active (27 out of 35 have been convened at least twice, for instance).[44] Previous external assessments have found lower scores, which suggests that there have been recent improvements in functionality.[45] The qualitative data from the country case studies shows a more mixed picture, however: six out of ten of the CPs were said to be fully active. According to some key stakeholders and documents, tension existed between the GFF 'government-led' approach and the government's willingness to host a country platform in only one country case study – Niger. Political instability, and

[41] Evidence of this comes from key stakeholder interviews with country stakeholders, and self-assessment reports of the ICs and the country platforms (internal reports, dated September 2023). Further evidence comes from external surveys of the functionality of GFF country platforms, see for instance, Kyolo, J (2020)," Assessment of the Status and Effectiveness of National Multi-Stakeholder Country Platforms Used to Implement the Global Financing Facility".

[42] Country KI and Dossier d'investissement du Niger pour la santé reproductive, maternelle, néonatale, infantile, adolescent et la nutrition (srmnia-nut) 2022-2026

[43] Volume III, Malawi Case Study

[44] Global Financing Facility (2024), "Stock-taking of GFF Strategy", Prepared for the Investors' Group Meeting (November 5th to 6th 2024) and the TFC Meeting (November 7th 2024), Abuja, Nigeria, available from: PowerPoint Presentation, accessed 26/11/2024

[45] Assessment of the Status and Effectiveness of National Multistakeholder Country Platforms Used to Implement the Global Financing Facility - PAI.

the contraction of civic space, impacted inclusion of CSOs in country platforms in Niger, Afghanistan and Guinea.

There were numerous examples (e.g., Ethiopia, Côte D'Ivoire, Tanzania, Nigeria, Guinea) where the country platforms were active and engaged in advancing the alignment agenda, using data to track improvements in key RMNCAH-N indicators. In Nigeria, the GFF-supported platform has facilitated strong CSO participation in IC development and monitoring. The Nigeria Civil Society Working Group has mentored youth coalitions in developing an RMNCAH-N scorecard to track governance, while CSOs have advocated for increased health financing, contributing to the release of the 1 percent of the Consolidated Revenue Fund. CSO and youth representatives also participate in the RMNCAEH-N coordination platform.[46]

The structure, function, and location of the country platform and adaptation to local context were critical in determining its contribution to the alignment agenda. In Côte d'Ivoire, the country platform, functioning as the national technical working group, effectively brought together a broad range of stakeholders to collectively address alignment issues. While this approach worked well, in other countries, such a broad focus risked diverting a specific focus on RMNCAH-N. Some qualitative responses from the country-level survey responses indicated that, while the GFF was aligned with the broader health sector working group, it was not directly involved with the RMNCAH-N group. Heavily devolved settings may present challenges, with a need to be present at sub-national and federal level, but not always – a challenge noted in Pakistan but not in Nigeria.

2 **Finding 1.1.7: Ensuring involvement of CSOs in country platforms and bolstering their engagement in pushing for accountability of decision-makers has proved to be challenging.**

While the GFF has increased its inclusion, focus and funding on CSO engagement at country level,[47] global and country level CSO key informants, corroborated by the country surveys[48], noted that the GFF's support is insufficient to allow CSOs to play a consistent, active role with respect to accountability for results. According to CSO KIs, in comparison to other donor-led country platforms which attract significantly more resources and capacity-building efforts, albeit with financial sustainability challenges, the GFF's support to CSOs compares relatively poorly in terms of consistent funding and level of resourcing. Finally, it is unclear how specific CSO, and youth platforms are contributing to RMNCAH-N outcomes (see Section 4.3.7 below).[49]

1 **Finding 1.1.8: Country stakeholders widely recognize progress in efforts to improve alignment in RMNCAH-N programing and financing, with GFF playing a significant role in facilitating this progress.**

GFF's support has contributed to stronger dialogue and coordination between governments and development partners, particularly in settings where country leadership is strong. For instance, in Ethiopia, GFF's engagement in the national health sector plan helped improve alignment between USAID and the MOH around priority areas.

[46] Country KI, GFF_TFC_CEF_November 30 2023 & brochure - GFF – NGR

[47] See, for instance, the GFF's 'Civil Society and Youth Engagement Framework' (2021-2025) which has provided up to US$5 million in grant funding for CSOs and youth engagement.

[48] In response to Q13, "to what extent have diverse voices been actively engaged in the development of the IC", 40% respondents selected "to a large extent/fully", 25% to "some extent" and 18% to "a small extent/not at all".

[49] Internal project data reporting on CSO and youth engagement reported outcomes.

However, persistent structural barriers continue to hinder full alignment.[50] Analyses from ICs and RMETs reveal ongoing challenges, including centralized, project-based funding, duplication in project management units, and siloed, disease-specific approaches. These inefficiencies contribute to underinvestment in health systems and institutional strengthening. While GFF's approach has encouraged greater coordination, further efforts are needed to systematically measure and track alignment outcomes, particularly in demonstrating how improved alignment enhances efficiency in donor spending. Additionally, RMETs indicate high levels of spending on project management units, suggesting a need for further action to improve cost-effectiveness at the country level. [51]

Sub-topic 2: Effectiveness and efficiency of model in supporting country-led, systems-oriented change for improved health for women, children and adolescents across different contexts

4.1.3 EQ 1.2: How has the GFF supported partner countries to strengthen their health systems to deliver and sustain high-quality health services for women, children, and adolescents?

1 **Overall summary finding:** The GFF is contributing to strengthening health systems by improving health functions (quality of care, national health insurance schemes (NHIS), verification of results, financial management), building capacity of health leaders to use performance-based financing levers, and supporting longer-term health sector development. The GFF makes a valid contribution in providing technical expertise, TA, and resources in flexible ways, deepening the World Bank's interventions in HSS for improved outcomes for women, children and adolescents.

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2 **Finding 1.2.1: The GFF approach to HSS – providing TA, building health financing capacities and using health financing levers – is responsive to country needs and context, however, greater alignment is needed.**

The GFF adopts a health systems strengthening approach to improve health services for women, children and adolescents, working alongside the World Bank. In most country case studies, exercises like the RMET and financial analysis from ICs have revealed that funding from others is often concentrated in disease-specific areas. In contrast, the GFF collaborates with the World Bank to direct investment into underfunded areas of the health system, such as health governance and establishment of the institutions which will implement universal health insurance, for instance. The studies also indicate that the GFF and World Bank focus on building long-term system capacities. For example, in Niger, they follow a 15-year multi-phased approach, while in Indonesia, they partnered on a stunting initiative linked to the national health insurance scheme, with GFF investing in data analytics to measure reform impacts. In Niger and Nigeria, the GFF also contributed to expanding national health insurance schemes as part of broader efforts to strengthen public financial management included in the World Bank package of support.

> *"When we talk about strengthening the health system, we don't know exactly what we're doing. And that's true. Because countries have said: yes, we want your money. But the health*

[50] Volume III, country case studies

[51] For instance, the RMET for Niger (see the Niger country case study in Volume III) found that up to 26% of development assistance was spent on centralized project management units often located in the capital city. This supports the finding that efficiencies are needed for how donor funds are being used in country.

> *system is very poor. And if we don't have support to strengthen it, the money will be used inefficiently"* – Government KI

However, RMET analyses reveal the need for greater alignment in health systems strengthening. In Niger, the RMET reported it challenging to measure budgets allocated to health systems strengthening due a lack of clear and transparent definitions, possibly caused by the "crowding in" effect due to pressures to demonstrate contributions in this area. Lack of clarity of how each development partner is defining 'health systems strengthening' hampers the RMET analysis. The RMETs consistently reveal a concentration of development finance in disease-specific areas.

> *"The GFF supports the government to operationalize the alignment of partners. The partners involved in the sector are involved in the development of the investment file. They are involved in the implementation of the investment file. And they also participate in the platform, in the dynamism of the platform. We have UNICEF, we have UNFPA, we have USAID, we have national and international NGOs, we have the national coalition of civil society organizations, etc., etc. So, this means that the alignment is respected."* – Government KI

2 **Finding 1.2.2: The risk of fragmentation in health financing reforms necessitates improved alignment.**

In several countries reviewed, there was evidence of increased crowding of the health financing sector. In Côte D'Ivoire, for example, health financing reforms including the national health insurance scheme were being led by two separate ministries (health and social protection), resulting in siloed approaches. The GFF worked to support the government's leadership in this area by clarifying roles and responsibilities between the two line-ministries (MOH for service delivery, and Ministry of Social Protection leads on enrollments and payments) and support to align donor-funded TA. In other settings, heightened pressure to demonstrate that development partners were working in health systems strengthening resulted in increased allocation of activities under the umbrella of HSS, without specifications of how this was being concretely done.[52] This presents a risk of further inefficiencies of investments in health financing reforms and development, which is a critical area of health systems strengthening and is an area where the GFF could contribute further. This is particularly because donor funding tends to be short-term,[53] which contrasts with the longer and multi-phase approach that the GFF and World Bank take in some settings.

1 **Finding 1.2.3: GFF-supported financial instruments—ranging from donor pooled financing to performance-based levers like disbursement-linked indicators—are enhancing RMNCAH-N outcomes while keeping donors on budget. However, the separation of roles in releasing performance-based funds, with the World Bank holding final authority, highlights the need for better alignment of financial incentives.**

In five out of ten study countries (Nigeria as part of the Sector-Wide Approach (SWAP), Ethiopia, Tanzania, Afghanistan, and Niger), donor pooled funding has not only delivered well-documented benefits but also produced a strong additional effect when combined with GFF-supported

[52] For instance, the RMET in Niger (2023-2024) found that, "It is worth noting the importance of the "health system reinforcement" heading, which by virtue of its very general scope has brought together a large number of financial contributions...and the existence of such a heading may have represented a fairly logical "way out". p.20.
[53] Gavi funding is based on a five-year cycle (https://www.gavi.org/investing-gavi/funding) and Global Fund on a three year cycle (https://www.theglobalfund.org/en/how-we-fund-our-grants/)

instruments.[54] This combined approach has helped donors stay on budget, a positive outcome that is key to the GFF and future strategy.

For example, in Nigeria, the World Bank, alongside the GFF, supported a MOH-led initiative to create a single account integrated with government budgets. This structure ensured that fund flows were tracked, and fiduciary safeguards were maintained—thus enabling additional donors (such as the Gates Foundation and the UK FCDO) to invest in the Basic Health Care Provision Fund.[55]

The GFF further employs performance-based financial levers, notably the integration of RMNCAH-N DLIs into World Bank projects. These DLIs have been linked to improved outcomes—ranging from increased contraceptive prevalence rates to strengthened health systems through multi-sectoral nutrition convergence in Indonesia, supply chain digitalization, and the expansion of community-based health insurance in Ethiopia.[56] However, some country experiences, such as in Pakistan, have revealed that DLIs can impose heavy administrative burdens for limited gains.

It is important to note that while the GFF relies on DLIs to incentivize performance, the ultimate authority to release performance-based funding rests with the World Bank. This separation of roles may limit the GFF's ability to fully ensure that the desired results are effectively incentivized.

Additionally, the GFF employs other levers, such as mandatory 'prior actions' (policy measures required ahead of loan approval), to bolster RMNCAH-N focus.[57] Although these measures have advanced policy engagement—as seen in Niger with efforts on comprehensive sexuality education in secondary schools as part of an ongoing World Bank project[58] —their impact can be undermined if compliance is evaded, and further evidence is needed to assess their full effectiveness.

1 Finding 1.2.4: GFF-supported approaches have demonstrated effectiveness in fragile contexts, offering strategic advantages. However, further adaptation of the model may be necessary to address the complexities of politically challenging contexts.

Several country case studies, including Pakistan, Niger, Afghanistan, Ethiopia, and Nigeria, were characterized by fragility, coups, or conflict-affected geographies. The country case studies showed the adaptability of the GFF's approach in fragile settings in terms of country platforms, efforts to align donors, and engagement with the government. CPs tended to be important donor-led forums to coordinate funding, advocacy and engagement with the government. The GFF could also leverage the World Bank's power to convene and politically engage in difficult situations. For instance, in Afghanistan, the World Bank country office led on engagement with the newly installed Taliban government. The GFF helped align donors and agencies, providing a needed platform for donors to

[54] D'Aquino L, Pyone T, Nigussie A*, et al* Introducing a sector-wide pooled fund in a fragile context: mixed-methods evaluation of the health transition fund in Zimbabwe *BMJ Open* 2019;**9:**e024516. doi: 10.1136/bmjopen-2018-024516
[55] Nigeria country case study; World Bank (2024) PAD-Primary Healthcare Provision Strengthening Program (draft)
[56] Structured review of World Bank 'Project Appraisal Documents' (PADs) included in the country case studies. DLIs – disbursement linked indicators – are project targets which are linked to payment and provide financial incentives for specific targets to be reached.
[57] A 'prior action' is an institutional and / or policy change which is required as part of a World Bank financing, as they are deemed critical to the achievement of a program objective. See Development Policy Financing (DPF), accessed 11/09/24.
[58] A 'prior action' is an institutional and / or policy change which is required as part of a World Bank financing, as they are deemed critical to the achievement of a program objective. See Development Policy Financing (DPF), accessed 11/09/24.

discuss and agree on how to advocate and engage with the government while direct contact was prohibited.

Country case studies provide evidence that facility-level performance-based financing (PBF) can be effective, and even advantageous, even in fragile settings. For example, in Afghanistan, the Afghanistan Relief Trust Fund (ARTF), established by the World Bank with GFF support, used the IC to design a project that contracted UNICEF to run the PHC sector, preventing its collapse under the Taliban-led government. In Niger, after donors withdrew following a military coup, there is evidence that the health services were maintained in part due to PBF/ quality of care mechanisms and that the IC and donor pooled health funds enabled rapid donor re-entry and alignment with the IC.

However, PBF faced criticism from all categories of KIs in some contexts. In Pakistan, there was consensus that the performance-based financing approach (commonly referred to as 'Program for Results') performance[59] approach was unsuitable, and in Zimbabwe, key informants and survey respondents indicated that the health governance system's immaturity made this approach inappropriate and potentially harmful. These cases highlight the need for a differentiated approach in politically challenging contexts, an area where the GFF could further leverage learning for broader impact.

The GFF Expansion Plan to Support 50 countries in the period 2018-2023 described the types of approaches that the GFF would use, organized by country income level. The evaluation findings suggest that this typology could be refined based on a more detailed 'maturity' model, reflecting on the need for input-based approaches in some countries with politically challenging contexts, or where health governance and financial systems are not sufficiently developed.

4.1.4 EQ 1.3: How has the GFF contributed to high-quality health services? And what mechanisms are in place to monitor and evaluate the quality of health services for women, children and adolescents?

1 **Overall summary finding:** The GFF has improved the focus on QoC in RMNCAH-N, with a clear read-across from the ICs to IDA/IBRD use, while embedding QoC within a broader systems approach that prioritizes national capacity development to lead QoC initiatives.

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1 **Finding 1.3.1: The GFF's investment in QoC is seen as strategic and important, though additional evidence is needed to demonstrate its impact on structural improvements.**

Investments in QoC, particularly through a systems-based approach rather than focusing on single interventions like provider training for example, are essential to drive increased service utilization. Additionally, evidence consistently shows that improvements in service accessibility alone do not lead to better health outcomes.[60]

[59] World Bank developed PforR financing instrument Program-for-Results Financing (PforR) (worldbank.org).

[60] Countdown to 2030, Women, Children and Adolescent Health (2023)" Progress in Reproductive, Maternal, Newborn and Child Health and Nutrition in 36 GFF-Supported Countries", which found that while institutional delivery rates had increased substantially, rising from 65% to 80% between 2015 - 2019 in GFF-supported countries, access to quality care was still highly variable and inequitable. For instance, service utilization for maternal health in African was found to have increased the most in facilities that lacked access to emergency obstetric care. The Lancet Global Health Commission 2018 called for investments in high quality health systems in order to reach the Sustainable Development Goals (see High-quality health systems in the Sustainable Development Goals era: time for a revolution - The Lancet Global Health, accessed 15/09/24).

Within health financing schemes, QoC serves as a key outcome to quickly assess returns on investment. In the country case studies, there was a clear alignment between GFF-supported components, such as the IC and PAD, and the QoC approaches integrated into World Bank health projects. Evidence showed a stronger emphasis on QoC in projects post-GFF support. For example, in Afghanistan, the earlier World Bank project linked financing to service volume with additional payments for results.[61] The more recent GFF-supported project, however, tied payments directly to robust QoC measurements, verified by an external agency.[62]

Survey results indicated high visibility of GFF's support to QoC, with 75 percent of respondents aware of its work in this area. Qualitative responses highlighted that investments in QoC were broad, covering human resources for health (HRH), procurement, commodities, and direct service delivery. However, some stakeholders felt that focusing on clinical and process-related QoC was premature, given the low levels of HRH and structural quality. Despite this, the evaluation found significant investments in HRH, training, and other structural quality aspects.[63]

1 **Finding 1.3.2: The GFF and World Bank's approach to QoC, integrated within a broader health systems strengthening framework, adds value to their interventions.**

The QoC approach was embedded in long-term efforts to strengthen health governance in nearly all (nine out of ten) case study countries, including Côte d'Ivoire, Niger, Nigeria and Tanzania (see Volume III). This included building capacity within country-led agencies to conduct QoC verification, improve supportive supervision, and collaborate with agencies managing national health insurance schemes. This underlines the importance of the GFF's approach to embedding QoC into wider health systems strengthening efforts.

2 **Finding 1.3.3: While there is evidence of improvements in quality of care in service delivery, further work is needed to demonstrate the cost-effectiveness of incorporating QoC responses and measurement into health systems.**

The GFF strategy promises a greater focus on measurement of quality of care, including patient perception data.[64] The evaluation found diverse ways of measuring QoC across the country case studies, reflecting adaptation and tailoring to local context aligning with the need for national QoC standards that reflect priorities.[65] The data on QoC reviewed in select country case studies demonstrated an improvement in quality of care. Recent KPI data shows that there has been measurable progress in 26 of the GFF countries (an improvement from 23 in 2023).[66]

However, the cost of measuring QoC can be significant, especially when reliant on patient perception data, posing a challenge where substantial investments in data systems have already been made by

[61] World Bank Sehatmandi Project, P160615, available from: projects.worldbank.org/en/projects-operations/project-detail/P160615, accessed 23/08/24
[62] World Bank 'Health Emergency Response' project, (2022, Project ID P178775). Available from World Bank Document, accessed 23/08/24, as well as key stakeholder interviews, and project results monitoring data particularly for quality of care.
[63] The World Bank defines structural quality of care as 'equipment, human resources, incentives, and organizational factors', cited in (2019)" Delivering quality health services: a global imperative for universal health coverage", World Health Organization, OECD, IBRD, World Bank, p.33. However, in some cases, country key stakeholders used this term to also refer to buildings and infra-structure, particularly in countries with low service availability.
[64] Global key stakeholder interviews
[65] Detailed review of the QoC frameworks in specific country case studies.
[66] GFF internal document on KPIs progress for 2024 and 2023.

national governments. Pilots using Frequent Assessments and System Tools for Resilience (FASTR)[67] for rapid QoC data collection offer a potentially promising, cost-effective method for scalable QoC measurement, building on prior evidence. Further data on the impact of investing in QoC would be valuable for sustaining these measurement efforts.

2 **Finding 1.3.4: The GFF has supported efforts to strengthen PHC financing, governance, and service delivery through targeted investments and innovations, creating a foundation for integrating RMNCAH-N priorities within PHC. However, missed opportunities remain where RMNCAH-N priorities are not explicitly embedded in national PHC strategies or World Bank (WB) initiatives, particularly in addressing maternal mortality and scaling up QoC innovations.**

The GFF has contributed to enhancing PHC financing mechanisms through investments in financial tracking, policy development, and service delivery innovations. In countries such as Ghana, Kenya, and Ethiopia, GFF has helped strengthened PHC financing by supporting resource tracking, health transition planning, and program-based budgeting reforms. In Vietnam and the DRC, feasibility studies and progress reports were funded by GFF to help influence PHC and hospital reforms and improve evidence-based decision-making. Similarly, GFF has facilitated global and regional PHC financing discussions, including co-organizing PHC financing workshops in Mauritania, Vietnam, and Madagascar with WHO and the WB.

Despite these efforts, RMNCAH-N prioritization within PHC remains inconsistent across countries. The World Bank/GFF projects focused on strengthening PHC in eight out of ten case studies, including Indonesia, Pakistan, Nigeria, Niger, Tanzania, and Guinea. However, GFF alignment with national PHC strategies has, in some cases, potentially diluted the focus on critical RMNCAH-N priorities. In Indonesia, a stunting-focused initiative effectively strengthened PHC and reduced child stunting from 31.4% in 2018 to 21.6% in 2022, but maternal health remained underemphasized despite Indonesia's high maternal mortality rate relative to economic peers.

Similarly, in Afghanistan, while QoC measurement approaches collect data that could be used to assess signal functions for emergency obstetric care, it is unclear whether this is a strategic focus or a missed opportunity to strengthen maternal health within PHC. In Pakistan, the GFF supported basic PHC packages include RMNCAH-N investments such as expanded access to contraception, which can contribute to reducing maternal mortality. However, a more targeted, systematic focus on maternal mortality is needed across multiple country programs. Many GFF-supported projects introduce innovative and multi-sectoral approaches, particularly when working with vulnerable populations, yet the extent to which these innovations explicitly prioritize maternal health varies significantly.

While GFF's investments in PHC create a strong foundation for integrating RMNCAH-N priorities, challenges remain in ensuring direct and systematic alignment with maternal and child health outcomes. Alignment with national and WB-led health priorities can sometimes result in missed opportunities where critical RMNCAH-N issues—such as maternal mortality—are not prioritized. While financial reforms enhance health system sustainability, they do not always explicitly prioritize RMNCAH-N services, and the scaling of QoC and digital innovations for maternal and newborn care remains inconsistent across countries. The extent to which GFF's influence is maximized depends on

[67] Rapid Cycle Analytics and Data Use | GFF (gffportal.org)

whether RMNCAH-N gaps left by national policies are filled by other actors or require greater GFF intervention.

3 **Finding 1.3.5: More evidence and learning are needed on promising areas of broader World Bank project design that affect RMNCAH-N.**

Currently, there is limited information on how specific sub-components of World Bank/GFF projects are functioning in practice. For example, in Indonesia, initiatives such as nutrition counseling for fathers, school-based nutrition education, and expanded adolescent access to family planning have been implemented. Despite efforts like household-level tracking of nutrition counseling,[68] evidence of these interventions' effectiveness remains scarce. This is a critical gap because the GFF model strategically integrates RMNCAH-N innovations—such as embedding adolescent-focused interventions within broader primary health care packages. To fully assess their impact, the GFF must enhance the standard World Bank learning and evaluation practices to effectively capture and utilize this emerging evidence.

4.1.5 EQ 1.4: How well does the GFF complement and enhance the work of other key actors on RMNCAH-N, health system strengthening and health financing?

3 **Overall summary finding:** Other RMNCAH-N actors and donors view the GFF as being uniquely positioned to influence RMNCAH-N to achieve scale, especially in strengthening PHC and working in multi-dimensional projects (e.g., across demand and supply sides). There is emerging evidence of added value in joint financing approaches, but with more evidence needed of how this can work in practice.

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3 **Finding 1.4.1: Key stakeholders view the GFF as being uniquely placed for strengthening PHC.**

Much of the GFF/World Bank's portfolio is focused on improvements in primary health care. The two surveys and external, global level KIIs revealed that some key stakeholders viewed GFF as having a strategic advantage in this area. This is particularly because of the capacity of the GFF/World Bank projects to work at scale, as well as working across both demand and supply sides including work on health financing. Some stakeholders (particularly donors) viewed GFF and the World Bank as having comparative advantages in building stronger health systems and thus achieving longer-term sustainable changes.

2 **Finding 1.4.2: GFF partnerships with other development partners is an emerging area of work, showing early promise in reducing operational costs and leveraging financial tools to address critical health issues.**

New partnership initiatives include co-financing partnerships with organizations like The Global Fund and Gavi as well as piloting co-financing efforts for specific RMNCAH-N areas, such as family planning commodities.[69]

In Indonesia (see Volume III, county case studies), co-financing from Gavi was used to reach zero-dose children. Integration with the GFF/World Bank model reduced operating costs and aligned

[68] Key stakeholder interviews

[69] The Sustainable Financing for Health Accelerator is a six-member partnership to enhance support for health financing at country level. It includes the GFF, the World Bank, GAVI the Vaccine Alliance, The Global Fund, and the International Labor Organization. Information on FP commodities was cited in global key stakeholder interviews

results reporting with both the IDA project and government health information systems. Strong government counterpart financing and leadership focused on the most underserved populations – children both at risk of stunting and lacking immunization. The GFF/World Bank model offered a joint approach, ensuring partner funds were front-loaded and disbursed within their project timelines.

Recent learning from these joint financing models has revealed challenges, such as aligning operational and project reporting systems.[70] However, early signs suggest potential for harmonizing health systems strengthening efforts. Notably, the convergence of health agendas, in this case such as stunting and zero-dose initiatives, offers opportunities for greater operational efficiency and directly addresses the high costs associated with multiple project management units at the country level, a significant cost driver identified by RMETs. The GFF model and integration with the World Bank means that partner budgets can be 'front-loaded' to offset any delays to disbursement and the impact on partner reporting. Project reporting can also draw down on any data systems strengthening work which is integrated into the project, though in a few contexts, trade-offs in terms of the focus of reporting on RMNCAH-N were reported.

3 **Finding 1.4.3: The GFF model and approach in some specific areas in RMNCAH-N offer a step change in addressing problematic areas of RMNCAH-N, but more evidence is needed on how well these work in practice.**

Key stakeholders noted that the use of IDA as a lever to encourage governments to allocate and fund budget lines for family planning commodities is being trialed. While this is at an early stage, the financing model offers advantages to transitioning from donor financing to government financing, as the World Bank supports governments with public financial management until their procurement systems are steady. Further evidence is needed to assess how the strengths of the GFF/World Bank model can advance the financing of family planning commodities.

The country case studies also indicated some collaboration between the GFF and other RMNCAH-N actors, such as UN agencies and development partners, enabling the GFF to address problematic or challenging areas in RMNCAH-N, or to improve the equity focus. However, partner collaboration could be strengthened with more active engagement, particularly at the country level. Notable examples of effective collaboration include joint work with UNICEF using equity tools like EQUIST to develop ICs, and partnerships with Countdown 2030 in six out of ten case study countries (e.g., Niger, Côte d'Ivoire, and Tanzania), which have enhanced investments in data availability and systems.[71]

> *"… but my experience has been depending on who your country manager is for (development partner), that person might not see the same value add of engaging as a 4G[72] than the institution would see it. So sometimes you have an engagement and a commitment at the global level, but it doesn't trickle down to the country level.* – Country KI

Evolving partnerships with agencies like WHO, particularly in health financing and sexual and reproductive health research, are promising. However, while stakeholders acknowledged alignment efforts at the global level, collaboration was described as inconsistent at the country level,

[70] Sustainable Financing for Health Accelerator (SFHS)" Lessons learned from joint financing of health systems strengthening in low and middle income countries", Internal report

[71] EQUIST is a UNICEF-sponsored tool, for further information see EQUIST – Home, accessed 24/09/24.

[72] Collaboration between Gavi, the Global Fund, the Global Financing Facility, and the World Bank Group

potentially leading to missed opportunities in designing technical approaches and joint efforts to improve quality of care. UN agencies, in particular, expressed a desire for more integrated work and access to funding for technical assistance to enhance alignment around strategies.[73] However, this type of funding is currently limited by World Bank procedures.

> *"Without GFF at the table, this lens on PHC and RMNCAH-N wouldn't be there. They have made a huge contribution in the RMNCAH space."* – Country KI

4.2 High level EQ 2:

To what extent are the GFF operational structure and support modalities: (a) Coherent and fit for the purpose of enabling delivery of the strategy through the country engagement model; and (b) Being implemented effectively and efficiently?

1 **EQ2 summary finding:** Evidence indicates mixed effectiveness in how the World Bank and the GFF leverage each other's strengths. While there are more positive findings related to leveraging RMNCAH-N financing and program improvements, the picture is very mixed related to the TA offered, advocacy and communications, and evidence and learning. The GFF model offers several efficiencies by using existing World Bank systems and processes. However, KII and survey findings suggest that GFF investments could be made more effective through increasing GFF staff effort and national TA in countries to provide more consistent capacity development and implementation support.

Beyond the comparative advantages outlined in Table 4, an important aspect of assessing GFF's effectiveness is understanding how it operates within the broader World Bank ecosystem. Notably, GFF provides flexible technical assistance (TA) funding that is not as readily available through IDA financing. This flexibility allows for targeted support to country governments, including technical expertise in HSS and RMNCAH-N, which complements the World Bank's traditional lending instruments. The evidence for this analysis is found across this section and later sections in this report.

Table 4. The comparative advantages of, and challenges faced by the GFF [74,75,76,77]

Area of comparative advantage	Strengths	Challenges
Specialist technical expertise	• Evidence that GFF staff and TA expertise in RMNCAH-N, HSS and gender enables a more conducive environment for World Bank to operate in. • Critical inputs to World Bank PAD design and preparation	• Limited pool of national TA • Short-term, non-national TA considered less appropriate compared to national TA • Lack of follow up on the usefulness and impact of some TA.

[73] Global level key stakeholder interviews, and some country level key stakeholder interviews
[74], GFF 2021-2025 Strategy https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Strategy-2021-2025.pdf
[75] GFF (2020) IG10 Refresh Issues Paper. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG10-3-Issues-Paper.pdf
[76] KIIs and Case Study Reports
[77] Survey results

	• Technical support to government partners.	
Links with the World Bank	• Utilization of World Bank expertise, evidence and influence • Opportunities to take a multi-sectoral approach, e.g., links with education in Bangladesh and Ethiopia, with social protection in Côte d'Ivoire, Kenya and Rwanda) • Efficiency and lean operation through the use of World Bank offices and systems • Engaging with and leveraging a range of World Bank instruments e.g. Investment Project Financing, PforR, Development Policy Financing/ Development Policy Operations.	• Lack of clarity about respective roles and responsibilities of the GFF and World Bank among external stakeholders • GFF project performance dependent on World Bank project/government program performance, with implementation held up by procedural hindrances or disbursement delays, affecting program and GFF grant implementation • Weak acceptability of performance-based financing in some contexts (especially those in debt distress) • Challenges in documenting influences 'behind the scenes'.
Contribution to resource prioritization	• Leveraging IDA for RMNCAH-N and HSS • Use of RMET to increase efficiency of resource allocation and budget execution • Use of flexible grants to ringfence funds for RMNCAH-N and to safeguard 'softer' aspects (e.g. Comprehensive Sexuality Education (CSE) in Niger, state level support in Nigeria) • Strategic use of conditionalities and results-based financing (RBF) • Influencing other donors (e.g. in Ethiopia) • Prioritization is generally equity informed and focused.	• Timing and sequencing with government planning cycles is critical • Insufficient leveraging of World Bank levers to influence especially domestic resource mobilization • Limited budget advocacy.
HSS focus	• Health financing support e.g. RMET, PFM, chart of accounts, NHIS, RBF • Health information system and data support • Focus on system strengthening, addressing key bottlenecks and sustainability • Aligns well with Lusaka commitments.	• Lack of a clear HSS strategy and approach to prioritization of support • Risk of GFF support for aspects of HSS and health financing where it does not have a comparative advantage • Need for coordination and alignment of donor support for HSS and health financing as well as for funding.
Support for aid effectiveness and country leadership	• Working with and through government and ability to work with different sector ministries/the right sector ministries (e.g. working with the Ministry of Planning in Malawi) • Use of existing country plans and structures	• Challenges related to donor alignment including the strong dominance of siloed programing • Dependence on country leadership and commitment, which is not always forceful enough to push forwards an alignment agenda.

	• Provides support to and facilitates donor coordination and alignment where there is political appetite in countries • Contributes to the national UHC plans and global UHC 1.5 billion target.	• Not viewed as a service delivery partner thus not able to mobilize diverse constituencies and stakeholders.
Flexible model and approach	• Support adapted to country priorities and context, including working in fragile states • Flexible and catalytic funding, which is effective as an incentive in both LMICs (for IDA) and UMICs (for IBRD) contexts.	• Communicating the model to external stakeholders • Risk of being spread too thin due to streamlined staffing and lack of visibility and focus on the GFF's comparative advantage in responding to country priorities e.g. emergency financing of commodity procurement • Inadequate support for ongoing capacity development of different stakeholders to implement and monitor ICs.
Partnerships	• Helpful partnerships developed for example, with Countdown on data, with UNICEF/EQUIST on equity and with WHO on Human reproduction program and health financing at a global level.	• Limited GFF time/resource capacity to support coordination and alignment across multiple partners when government capacity is also limited • Poor communication and collaboration with partners including UN technical agencies and bilateral donors in some contexts • Limited ability to fund UN and other partners due to financing restrictions.

To further illustrate how GFF influences country-level progress, a force-field analysis was conducted (see Figure 5). This analysis identified key factors that either facilitate or hinder the success of GFF-supported initiatives. Findings indicate that GFF plays a dual role in shaping the enabling environment for RMNCAH-N:

1. **Strengthening the enabling environment -** GFF has actively contributed to a more conducive environment for RMNCAH-N reforms by:
    - **Enhancing policy dialogue and donor alignment:** In Ethiopia, GFF's support for the national health sector plan improved coordination between USAID and the MOH, aligning financing with national priorities.
    - **Providing catalytic funding:** The flexibility of GFF funding has been critical in supporting priorities that might otherwise lack sufficient financing, such as CSE in Niger and decentralized health system support in Nigeria.
    - **Leveraging World Bank instruments effectively:** GFF has facilitated the use of RBF and investment project financing (IPF) in several countries, supporting more strategic and efficient resource allocation.
2. **Addressing challenges in the obstructive environment -** Despite these strengths, GFF has had to navigate significant structural and operational barriers, including:
    - **Fragmented donor funding and project-based approaches:** RMET analyses have highlighted persistent inefficiencies such as duplication in project management units and siloed, disease-

specific funding. While GFF has improved coordination, further efforts are needed to track alignment and its impact on efficiency.

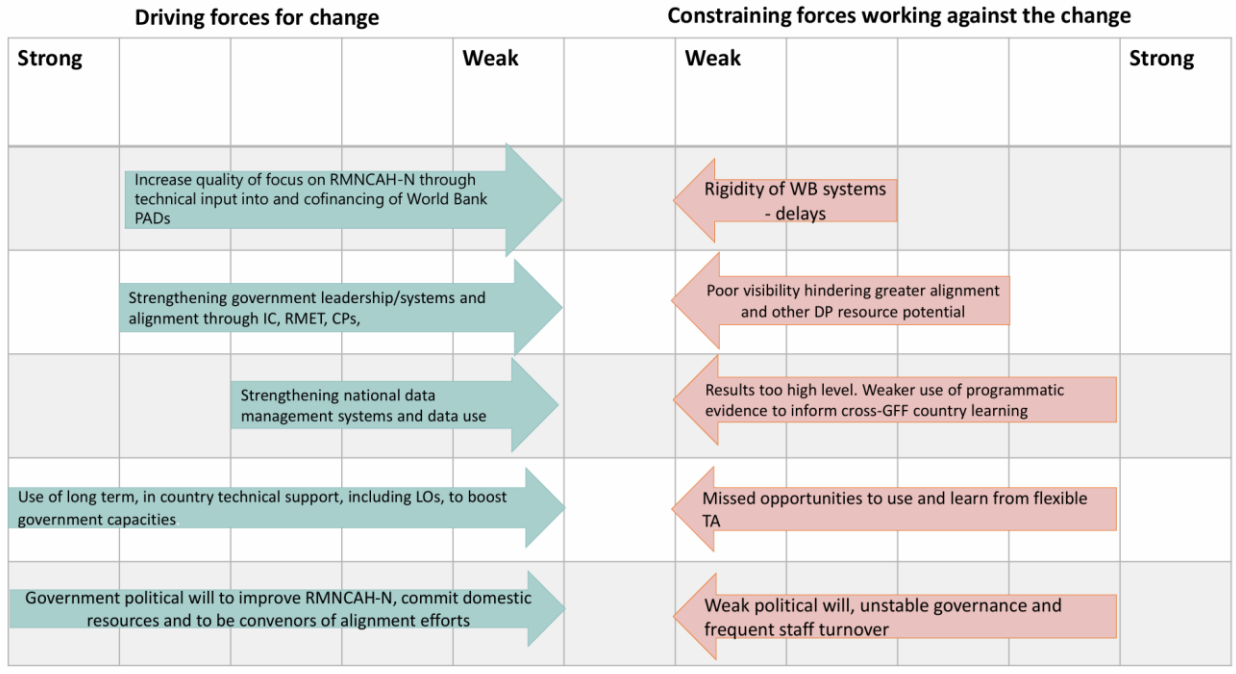
- **Delays and procedural constraints in World Bank operations:** GFF's reliance on World Bank implementation structures means that its grants and technical assistance can be affected by delays in broader IDA-financed programs. Addressing these bottlenecks is critical for improving program execution.
- **Challenges in influencing domestic resource mobilization (DRM):** While GFF has successfully leveraged IDA funding for RMNCAH-N, its impact on increasing domestic financing remains limited in many countries, requiring stronger budget advocacy efforts.

Implications for GFF's role and future directions - Overall, GFF's comparative advantage lies in its ability to complement and enhance World Bank operations by providing flexible TA, facilitating alignment, and addressing inefficiencies in donor coordination. However, to maximize its impact, GFF must:

- Strengthen mechanisms for tracking and demonstrating alignment outcomes, particularly how improved coordination leads to greater efficiency in donor spending.
- Address structural challenges such as project duplication and high spending on management units by advocating for better harmonization among donors.
- Enhance its ability to influence DRM efforts by leveraging World Bank financing instruments more strategically.

By building on these strengths and addressing key challenges, GFF can continue to play a critical role in strengthening RMNCAH-N programs and improving health outcomes in partner countries.

Figure 5. Force Field Analysis of GFF/World Bank projects to improve women, child and adolescent RMNCAH-N



Sub-topic 1: Effectiveness of key components of the operational structure and support modalities in enabling countries to make progress toward their intended outcomes across different contexts

4.2.2 EQ 2.1: How do GFF and World Bank leverage each other's strengths for support to RMNCAH-N at both global and at country level (focusing on IDA/IBRD allocations, health financing, TA, advocacy and communication, and evidence and learning)? What are opportunities to maximize complementarity?

1 **Overall summary finding:** There is strong evidence of mixed effectiveness of how the World Bank and the GFF leverage each other's strengths – with more positive findings in leveraging financing and program content for RMNCAH-N, but varied findings regarding TA, advocacy, communications, and evidence and learning.

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1 **Finding 2.1.1: The GFF and World Bank are successfully leveraging each other's strengths in increasing the amount of World Bank funding that is invested in RMNCAH-N interventions in GFF supported countries compared to non-GFF supported countries.**

Analysis of GFF data, along with extensive KIIs conducted at both global and country levels, indicated that the GFF has played a significant role in increasing World Bank financing for RMNCAH-N. This has been achieved through the mobilization of additional IDA resources, complemented by GFF grants. In addition, 80 percent of global survey respondents fully agreed or largely agreed with the statement that the "GFF has contributed to a maintained or increased allocation of resources for actions to improve the health of women, children and adolescents".[78] The following quotations present divers perspectives on the GFF's contribution to increasing financing for RMNCAH-N. (See Finding 3.1.1 for more details)

> *"Ministry of Finance – talk to them about financing RMNCAH – typically other partners don't have that entry point. The World Bank can work on anything in development, but we come and say 'health is important' – GFF team augments our ability to do that. Mainly co-financing is bought to the project – in [GFF-supported country] it has this grass-roots project and then GFF came in with the buy-down."* – Global KI
>
> *Additional distinct value-adds of the GFF include the following: The availability of GFF grant co-financing when linked to IDA funding for health investments acts as an incentive to prioritize investing in this area, over other competing sectors. This fosters closer collaboration between the ministries of health and finance. All GFF/World Bank funding is "on-budget" — meaning it is channeled through treasury, involves coworking between the ministries of finance and health, and becomes part of the government's ongoing health budget and planning, bolstering country ownership and management of health. This also creates efficiencies as budgets are administered centrally and additional tracking and administrative costs are avoided.* – Deliver the Future Replenishment Report, pg. 23
>
> *"The GFF and the World Bank co-finance the project to strengthen the overview of health systems in twelve provinces. I believe that they are pooling their efforts together, and that these actions are integrated and supported by each other. So, for me, it's a good thing. The*

[78] Global survey responses – Q4.

GFF has also financed studies that required technical assistance directly managed by this project to strengthen the overview of the health system." – Country KI

1 **Finding 2.1.2: The GFF's collaboration with the World Bank has strengthened RMNCAH-N programing through complementary expertise, improved coordination and alignment efforts and targeted technical assistance.**

The collaboration between the GFF and World Bank teams has been instrumental in strengthening RMNCAH-N programming by providing complementary expertise and strategic technical assistance. While the two teams often work in an integrated manner, the GFF's contribution has been both complementary (enhancing existing World Bank expertise) and additional (providing unique, non-substitutable support). Analysis of World Bank projects and Country Partnership Frameworks across ten country case studies (self-reported data), comparing periods before and after GFF engagement, indicates that the GFF has played a key role in elevating the World Bank's focus on RMNCAH-N.[79]

In some specific cases, the GFF's support was similar to that of World Bank task teams, but went beyond providing financial resources, enabling the implementation of complex, labor-intensive projects that may have otherwise faced significant operational challenges. World Bank country teams often faced competing priorities, limiting their capacity to fully support RMNCAH-N programing and progress toward targets. A critical factor differentiating the GFF from World Bank country teams is its access to flexible technical assistance (TA) and analytical resources, which are not readily available to World Bank country teams. This flexibility has allowed the GFF to support policy and program design, facilitate coordination across sectors and stakeholders, and strengthen the capacity of governments to drive RMNCAH-N priorities.

Additionally, the GFF has been effective in linking agendas across multiple line ministries, facilitating alignment between health, nutrition, gender, and social protection programs. This cross-sectoral approach has been a feature of GFF's engagement, contributing to more integrated and sustainable RMNCAH-N interventions.

Country examples of GFF contributions to strengthening financing and implementation include:
Indonesia and Malawi: Supporting multi-sectoral convergence and health financing alignment
In Indonesia, the World Bank's national child stunting project benefited from both GFF and World Bank nutrition expertise. While GFF grant funding represented less than 1% (Indonesia) and 15% (Malawi) [80] of the total financing, its strategic contribution particularly in Indonesia was pivotal in supporting the project's multi-sectoral design, which involved coordination across 13 line ministries and sub-national governments. In Indonesia the GFF played a key role in:

- Strengthening national and sub-national country platforms to mobilize and align ministries under a unified convergence approach.

[79] This analysis was based on the difference in funding provided by the World Bank for RMNCAH-N activities in relevant PADs developed prior to 2016 and post the introduction of GFF support to countries, which varied by year.
[80] The reason for this difference is that the GFF country engagement grants are similar for all GFF supported countries to allow for the provision of RMNCAH-N analytics, IC development and other country engagement activities, no matter the size of the World Bank investment. Given the relative population sizes between Malawi and Indonesia, and therefore the scale of World Bank support, the percentage spent on country engagement will naturally be higher in Malawi than in Indonesia, as the scale of GFF country engagement support is necessarily the same across most countries and particularly needed in an LIC like Malawi.

- Supporting analytical work that shaped broader World Bank investments in health and nutrition.
- Linking different RMNCAH-N agendas, such as adolescent health and nutrition, to ensure a more comprehensive intervention strategy. [81]

A country key informant highlighted this impact:

> *"I would say everything in our financing has built off on what the analytical work that we did with support from the GFF, so this entire US$ 1 billion that I'm talking about in direct one-and-two-phase investments; but even more, in what we were doing on the health insurance side or going on some of the other projects was also influenced by the GFF. So, to me, a lot of the World Bank's IBRD allocations for Indonesia get informed by and programed by the analytical work that we have been able to do with GFF resources."* – Country KI

Malawi: Strengthening multi-sectoral nutrition and health sector strategy implementation
In Malawi, the GFF's engagement added critical child and adolescent nutrition components to an existing World Bank nutrition program that had previously focused only on early childhood nutrition. The GFF's contribution included:

- Technical assistance and additional financing that increased capacity for cross-sectoral engagement, particularly with the Ministry of Gender, Community Development, and Social Welfare.
- Support to the Malawi MOH through Essential Health Services programming. [82]
- Influencing the design of the World Bank's latest project by helping align it with the new Malawi Health Sector Strategic Plan.[83]

By leveraging targeted TA and financial support, the GFF facilitated greater government ownership and coordination in implementing RMNCAH-N priorities.

Nigeria: Catalyzing health financing reforms and strengthening RMNCAH-N service delivery
In Nigeria, the GFF played a catalytic role in advancing RMNCAH-N, PHC, and health financing reforms by addressing critical gaps and leveraging evidence for advocacy. Key contributions included:

- Deploying state-level technical assistance to enhance implementation capacity.
- Providing 'proof of concept' for direct facility financing (DFF) and PBF for MNCH programs in conflict-affected states.
- Co-financing the scale-up of the National State Health Investment Project (NSHIP) in six states, demonstrating the cost-effectiveness of DFF and PBF interventions.
- Supporting impact evaluations and cost-effectiveness analyses (together with the World Bank), demonstrating costs effectiveness which then informed the application of these models to the Basic Health Care Provision Fund (BHCPF). [84,85]

[81] Indonesia country case study document review and interviews
[82] Malawi country case study document review and interviews
[83] Ibid
[84] Zeng, W., Pradhan, E., Khanna, M., ... Odutolu, O. (2022) 'Cost effectiveness analysis of the decentralized facility financing and performance-based financing program in Nigeria', *Journal of Hospital Management and Health Policy,* 6, 13
[85] Impact Evaluation of Nigeria State Investment Project, December 2018

1 **Finding 2.1.3: The GFF's partnership with the World Bank enhances efficiency by lowering administrative costs and promoting RMNCAH-N investments through multi-sectoral approaches in countries where the World Bank also invests, such as in agriculture, WASH, community development, livelihoods, and economic empowerment, though more effort is needed to exploit the opportunities for multi-sectoral collaboration.**

By operating within the World Bank, leveraging its systems, and working hand in hand with its in-country teams, the GFF has maintained a relatively lean workforce, with approximately 100 personnel, including the 36 Liaison Officers based in partner countries.[86] This structure has also contributed to minimizing transaction costs associated with GFF support to countries.[87]

While initial challenges existed in ensuring joint working among GFF and World Bank teams (see Finding 2.1.5) collaboration has improved through more intentional cross-fertilization between the technical teams, including increased interchangeability of staff.[88] Some technical, such as nutrition and quality of care, are jointly covered, while others are divided based on institutional expertise. The World Bank takes more of a lead in health financing, digital health and climate change, with a continued focus on PBF, whereas the GFF takes the lead on gender, maternal health and SRHR.

Key informant interviews suggest that these clearer delineations have contributed to stronger and more cohesive working relationships at the headquarters level. Efforts to improve coordination between the GFF and World Bank at country level are ongoing.[89]

2 **Finding 2.1.4: By working with and through the World Bank funding mechanisms, GFF investments and resources more fully apply aid effectiveness principles, as funds are aligned with government priorities and systems.**

The GFF plays a key role in supporting government in aligning development partner aid through its country engagement approach. Government KIs highlighted the GFF's catalytic role in bringing together RMNCAH-N funders to support national plans as seen in Guinea, Senegal, and Sierra Leone for example.[90] However, despite these efforts, alignment across many countries has been less successful. That said, the GFF's support has been broadly welcomed, KIs indicated that its approach genuinely facilitated greater country ownership and leadership of their RMNCAH-N efforts, fostering greater government-led coordination and strategic planning.

> *"[Country organization] and the GFF-supported Secretariat & platform are the only functional mechanism where there was a formal way for all sectors to come together. Work with not only national sectors but subnational sectors. A lot of coordination"* – Country KI

> *"What has been extremely helpful with the GFF funding is that it's catalytic in a way it's on the sidelines of it, what is leveraging these other resources from the World Bank's investment here, which is about 40 million dollars over five years. And GFF is 20 million dollars over the same period, so you're able to do a two-for-one swap where you could use the GFF money to*

[86] The breakdown of GFF human resources is 41 Secretariat staff, 19 additional team members working on a variety of assignments or secondments and 36 LOs, currently on short term contracts but soon to be moved onto staff contracts. Secretariat communications, September 2024

[87] GFF-IG10-3-Issues-Paper.pdf

[88] Global KIIs

[89] Global KIs

[90] Country case studies

> *start your own programs you know it wouldn't take you that far…. If you take the World Bank programs by themselves, there are so many holes in it that it will take forever to get to the objective. What we've been able to do is to craftily use the GFF resources to be able to leverage the resources from the World Bank to get mutual results accomplished."* – Country KI

1 **Finding 2.1.5: A key challenge within the current operational model is the lack of clear definition and communication regarding the respective roles and responsibilities of the GFF and the World Bank. This has resulted in low visibility of the GFF at country level, confusion among external stakeholders, and, in some instances, autonomy for GFF staff due misalignment with World Bank country teams' understanding of the GFF's model.**

Beyond, direct beneficiaries of GFF support, there is limited awareness and visibility of GFF support in many countries, particularly after the initial country engagement phase that leads to the development of an RMNCAH-N investment case or plan (see Finding 2.2.4 below).

In the GFF's early years, key informants reported significant confusion within World Bank teams regarding its role, with some initially perceiving it as a multi-donor trust fund (MDTF) similar to others supporting World Bank programs. Additionally, some senior World Bank managers initially viewed the GFF as a potential competitor for donor funding. However, as collaboration between the teams has evolved, there has been greater clarity and improved working relationships, with a better understanding of their respective mandates and distinct roles.[91]

Enhancing the GFF's visibility is critical to strengthening its convening power and reinforcing its case for future replenishment efforts. However, key informants also noted a trade-off between maintaining a lower profile within World Bank operations and effectively mobilizing broader support for RMNCAH-N investments (see Finding 1.1.5). To address these challenges, the GFF is currently negotiating a new partnership agreement to establish a clearer partnership agreement with the World Bank regional programs, which will better define the roles and responsibilities at the country level.[92]

1 **Finding 2.1.6 The GFF has provided significant TA across its portfolio with half of the support allocated to flexible TA. However, while TA has been instrumental in supporting RMNCAH-N implementation and system strengthening, gaps in documentation, utilization of TA outputs, and mechanisms for assessing TA quality limit the ability to fully evaluate its effectiveness and impact.**

Table 5 provides a breakdown of the different types of TA financed by the GFF in the 10 case study countries, from GFF's inception to date.[93]

Table 5. Value of the different categories of TA provided by GFF to date - 10 case study countries

TA Categories	Total Grant	% of Total
IC Design TA	$346,312.34	1.54%
Project Preparation	$3,651,793.65	16.20%

[91] Global KI

[92] Global KI

[93] GFF fund financial data

Supervision	$5,888,699.94	26.13%
IC Implementation and Country Platform Support	$1,251,214.20	5.55%
Flexible TA	$11,398,985.85	50.58%
Grand Total	$22,537,005.98	100.00%

According to KIs and documentary evidence, the GFF's technical support for IC design and project preparation was well-tailored to country needs during the scoping and development phases.[94] This support included resource mapping, expenditure tracking and data management system strengthening. However, the effectiveness of other types of TA is less well-documented.[95] Table 6 provides an overview of the categories of TA currently being actively supported across the portfolio as of November 2024, excluding those that has already been completed.

Table 6. Overview of the TA categories currently being actively supported

TA Categories (Core + Flexible)	Grant Amount US$	Percentage of Total Grant Amount
Core TA		
Supervision	12,605,916.09	25.19%
IC Implementation Support	2,897,000.00	5.79%
RMET	2,575,000.00	5.15%
IC/Project Design	1,901,627.00	3.80%
Flexible TA		
Quality RMNCAH-N and SRHR	8,745,000.00	17.47%
DRUM	7,275,000.00	14.54%
Results Monitoring TA (incl. FASTR)	4,140,600.00	8.27%
Demand-side interventions	1,923,000.00	3.84%
Implementation Research	1,859,000.00	3.71%
Governance	1,400,000.00	2.80%
Gender and Equity	1,100,000.00	2.20%
HRH	1,050,000.00	2.10%
CSO	850,000.00	1.70%
Country Leadership	600,000.00	1.20%
Private Sector	400,000.00	0.80%
CRVS TA	265,000.00	0.53%
Country platform TA	130,000.00	0.26%
Supply Chain and Commodity financing	165,000.00	0.33%
Alignment	164,000.00	0.33%
Grand Total	**50,046,143.09**	**100.00%**

[94] GFF (2022) GFF Technical Assistance study, country case study reports
[95] Country case study reports

As shown in Table 6, a large proportion of TA (25.2%) has gone to supervision (core TA) of World Bank/GFF co-financed projects. Supervision costs primarily cover the monitoring and oversight responsibilities of the World Bank and GFF Secretariat technical staff across 36 partner countries. Among flexible TA allocations, the largest portion supports quality RMNCAH-N (17.5%) and domestic resource utilization and mobilization (DRUM) (14.5%). In contrast, country platform (0.26%) and alignment (0.33%) activities received limited TA funding. This is presumably because these areas are core responsibilities of the LOs and TTLs during GFF start-up efforts, with most TA having already been provided before the period covered in this analysis (which only includes **active TA**).

Case study: The Nigeria case study highlighted the positive impact of TA on performance-based contracting in the Accelerating Nutrition Results in Nigeria (ANRiN) project. Specifically, the transfer of US$ 3 million from the RETF to BETF was instrumental in supporting effective project implementation. However, while this funding contributed significantly to project outcomes, attributing these gains solely to the GFF.

Portfolio wide TA activities: Beyond country-specific support, a substantial portion of TA is commissioned by the GFF Secretariat for portfolio-wide initiatives, including:

- Support to RMET (Resource Mapping and Expenditure Tracking)
- Enhancing RMNCAH-N service quality through measurement-driven health reforms and accountability mechanisms
- Developing guidance, toolkits, and knowledge products to diagnose and address governance bottlenecks

Strengthening TA identification, reporting, and quality assurance: The GFF has recently introduced a more systematic process for identifying TA needs and tracking and reporting on outputs. Through its intranet workspace, the results of Country Engagement Strategy (CES) reviews are now being recorded to provide greater transparency regarding the justification for TA allocations and key deliverables and expected outcomes.[96]

However, while these developments address challenges raised in the 2022 GFF TA Report—including the need for a more structured approach to TA identification, greater flexibility in engaging providers, and improved visibility of TA strategies, activities and results[97] —there is still no dedicated mechanism for assessing the quality of TA provided (of which 50 percent of the overall TA is considered flexible TA).

Gaps in documentation and utilization of TA outputs: Although TA is assumed to have contributed to implementation and systems strengthening, there appears to be no documentation detailing full terms of reference for different TA activities, how TA outputs were used to improve country program implementation, and the policy impact of TA interventions.

This gap appears to be partly due to the current focus on active TA, with completed TA projects yet to be uploaded into the workspace. While some high-level descriptions exist, the lack of clarity on how TA needs were defined and what results were achieved remains an issue—particularly for

[96] GFF Country Engagement Strategy Workspace (work in progress)

[97] GFF (2022) GFF Technical Assistance study, slide 40

policy-related TA. However, recent improvements in reporting processes aim to address this limitation, ensuring that TA outcomes and effectiveness are systematically captured in the future.

1 **Finding 2.1.7: Program evidence generation and analysis is not being consistently applied to facilitate GFF learning on best practices at the global level or across countries.**

A significant weakness in the current GFF and World Bank approach is the limited use of programming evidence to generate knowledge materials and facilitate learning at both global and country levels. While the GFF has clearly invested in several useful tools, guidance documents, and 'how to' manuals/guides, as well as training for Liaison Officers,[98] the application of these resources to drive systematic learning and best practices across countries remains inconsistent.

Gaps in workshop-based learning and training effectiveness: There is little evidence that workshop based GFF knowledge sharing and learning efforts at the global or country level have resulted in measurable changes in behaviors and practices. For example, while the Country Leadership Program aims to strengthen national leadership, there is little documented evidence of its impact.[99] Post-training reports primarily focus on participant appreciation of training, which is high,[100] but they lack concrete evidence on how trainings are being applied in practice and their effectiveness in improving country leadership.

In most cases, the reports only capture intentions to use the training or self-reported changes in individual practices, rather than systematic evaluations of institutional improvements resulting from GFF learning efforts. Notably, the only documented after-effect of an external workshop-based training identified in the evaluation was negative, highlighting the need for a more rigorous approach to assessing learning outcomes. [101] Some of this is a result of the limited resources available for knowledge and learning in the GFF.[102]

Missed opportunities for cross-program learning: While country and global KIIs identified some good practices at the country level – such as introduction of FASTR approach, improved data systems, and data-driven decision making – the GFF has not fully leveraged these experiences to facilitate cross-country learning. Specifically, there is limited accessibility to consolidated knowledge materials that showcase good practices, lessons learned, and successful implementation models. This represents a missed opportunity for the GFF to:

- **Strengthen in-country decision-making** by providing evidence-based guidance
- **Engage global stakeholders** through structured knowledge-sharing platforms
- **Facilitate peer-to-peer learning** and promote cross-country exchange of best practices

Strategic considerations for enhancing GFF knowledge and learning: Given the resource constraints for knowledge and learning, the GFF should consider prioritizing areas where it has a comparative advantage, rather than investing heavily in workshops, which are already widely provided by other

[98] GFF-Annual-Report-2020-2021.pdf
[104] There is considerable documentation on how much participants have appreciated the training provided in the K&L reports but we couldn't find evaluations that followed up on the impact the training has had changing practices.
[100] See the GFF Knowledge and Learning Report, FY 2023 and GFF Final Evaluation of Country Leadership Program, 2024.
[101] The Dakar workshop is expected to enable CSOs to develop an action plan to better coordinate their activities at the national level. After the two workshops, the level of organization of CSOs has not changed because there are many differences of opinion and discord that hinder better coordination of actors. GFF_Compte rendu_Réunion d'échanges GFF-OSC.pdf
[102] Secretariat feedback

development partners.[103] Additionally, leadership and management skill development require long-term, sustained efforts. GFF could likely achieve great impact by:

- **Strengthening post-training follow-up** and mentorship programs for those who have already received training
- **Investing in rigorous evaluations to assess the long-term outcomes** of leadership and capacity-building initiatives
- **Enhancing systematic knowledge consolidation and dissemination,** ensuring that evidence from GFF-supported programs informs future decision-making.[104]

1 **Finding 2.1.8: The GFF and World Bank have missed opportunities to fully leverage each other's strengths, particularly by not fully exploiting and operationalizing the priorities outlined in the GFF's strategic documents.**

While the GFF partners with a number of not-for-profit groups in partner countries, a missed opportunity lies in strengthening the role and integration of the private (for-profit) sector into country RMNCAH-N programing. For example, Cote d'Ivoire has recently begun working with the International Finance Corporation (IFC) to leverage its expertise in engaging private sector groups, given the sector's significant role in providing RMNCAH-N services.[105] Similar efforts could be made in other countries where the IFC is supporting private sector initiatives.

Additionally, the GFF has made significant efforts to develop strategies for enhancing gender-sensitive programing and improving adolescent access to RMNCAH-N services. Some gender-sensitive support is beginning to show effectiveness (see Finding 3.6.3), but the efforts to improve adolescent programing and results are less clear (See Finding 3.6.2). According to World Bank interviewees, GFF's provision of gender technical expertise is one of the most highly valued aspects of its support. Moving forward, it will be important for the GFF to continue tracking progress in integrating gender sensitive approaches and equitable adolescent access to RMNCAH-N services within World Bank programs to ensure sustainable impact.[106]

2 **Finding 2.1.9: The extent and effectiveness of the GFF advocacy efforts are poorly documented, making it difficult to assess their value with certainty.**

GFF advocacy is often characterized as "under-the-radar" influencing, particularly in challenging RMNCAH-N areas, with limited publicly available evidence on what has been done or the effectiveness of these efforts. The lack of a formal advocacy strategy further complicates efforts to measure and evaluate its impact. Some KIs noted that finding concrete evidence of GFF advocacy is inherently challenging, as much of this work happens behind closed doors and is not in the public domain.[107] However, there are country case study examples of GFF's role in public advocacy efforts:

- **Indonesia:** GFF has contributed to policy discussions on key health financing and nutrition issues, including:
    - Action on micro-nutrients (e.g., fortification of rice)
    - Support for a tobacco tax to generate additional revenue for health budgets.

[103] E.g. World Bank ALP Leadership https://www.worldbank.org/en/olc/course/31768 or USAID Momentum Program https://usaidmomentum.org/about/projects/country-and-global-leadership/
[104] Njah et al (2021) Measuring for Success: Evaluating Leadership Training Programs for Sustainable Impact. https://pmc.ncbi.nlm.nih.gov/articles/PMC8284530/
[105] CdI case study
[106] Global and Country KIIs
[107] Global KIs

  - Development of a policy brief on a sugar tax,[108] though progress has been constrained by political sensitivities.[109]
  - Strong engagement in national-level coordination, with the Country Platform (CP) meeting biannually to align stakeholders.
- **Nigeria:** GFF's advocacy efforts played a role in influencing the National Council of Health's decision to establish subnational RMNCAEH-N coordination platforms, strengthening decentralized governance and coordination.[110]

Despite these examples, the GFF's comparative advantage in advocacy remains unclear. A key challenge is balancing its "country-led" approach with the ability to advocate for policy changes in difficult contexts. On the one hand, the GFF could work more strategically to leverage the World Bank's influence. On the other hand, the GFF could strengthen its collaboration with influential local actors, including UN agencies and national rights-based organizations, which have well-established mandates for advocating for women's, child, and adolescent health.

Sub-topic 2: Relevance, suitability and coherence of key components of the operational structure and support modalities

4.2.3 EQ 2.2: To what extent do the current structures and ways of working provide adequate support to countries, including for the design and implementation of ICs and other key aspects of the country engagement model? What are lessons and opportunities to improve?

2 **Overall summary finding:** We found moderate to weak evidence that the current structures and ways of working provide adequate support to countries, both from the World Bank and GFF. While some areas of strength are noted by country stakeholders, particularly in the GFF's support for the initial country engagement work (e.g., the IC and country platforms), there is less evidence that support is adequate for implementation and other key aspects of the country engagement model. The main message is that countries desire more dedicated GFF support time.

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1 **Finding 2.2.1: GFF's longer-term, flexible in-country technical support is widely recognized as a comparative advantage, highly valued by governments and stakeholders for its role in strengthening capacity, policy dialogue facilitation, and enhanced coordination. While its effect is evident across country case studies, further systematic analysis could provide deeper insights into its effectiveness.**

GFF provides a standardized TA package for undertaking an RMNCAH-N situation analysis, facilitating the set-up or enhancement of country platforms and development of investment case including analytical work and research, partnership building and alignment, and capacity strengthening.[111] Findings from documents, KIIs, and surveys indicate that World Bank programs have benefited from GFF's specialized TA, particularly through the expertise of its in these early country engagement stages.

[108] The World Bank Group, Global Financing Facility, the Global Fund, and Bill and Melinda Gates Foundation. A Dual Edged Fiscal Policy Tool for Double Burden of Malnutrition, n.d.
[109] Country KI
[110] FY24 Nigeria CES review 2023.10.04
[111] GFF Identifying Opportunities to Improve GFF Technical Assistance, December 2022 (Dalberg analysis)

As noted in EQ 1, additional support in countries was provided for prioritizing RMNCAH-N interventions through using RMET analysis and in some countries, improving health data systems, especially through FASTR.[112] Without this additional targeted assistance, such focused prioritization likely would not have occurred, given the competing demands on health resources.

> *"The GFF – I think one of its big strengths, and we had several members of the GFF team participate, there is a lot of technical knowledge within the staff. They know how to define a particular indicator: what makes sense, what doesn't make sense, what is measurable, what is not measurable. Even if it sounds great, it just may be that the data may not be there. They're really good on these points and very well-respected by other partners."* – Global KI
>
> *"The contribution of the LO is excellent in being very knowledgeable about the context, being available, and working closely with one of his staff. Working very closely to set the agenda for any meetings, ensuring minutes are tracked. [The LO] is also tracking IC deliverables."*
> – Country KI

2 **Finding 2.2.2: The rigidity of certain World Bank systems poses challenges for GFF investments, limiting the effectiveness of the GFF/World Bank blended financing approach and constraining its ability to drive results at scale.**

While the GFF's close ties to the World Bank provide advantages in leveraging large-scale financing, they also present challenges, particularly when World Bank disbursements are delayed, hindering project implementation. Key informants highlighted that delays in disbursement can slow the execution of GFF-supported programs, reducing the effectiveness of the blended financing approach.

These delays are often linked to procedural barriers, such as government project approvals and the establishment of financial management systems, as well as design challenges, including disbursement-linked indicators (DLIs) and the absence of ring-fenced health budgets, which can create bottlenecks for RMNCAH-N investments. These findings align with the 2018 Health Advisory Service (HAS) assessment, which also noted constraints in how World Bank processes impact the timely implementation of GFF investments.[113]

Balancing system strengthening with implementation agility: There is limited evidence that World Bank adapted its operational processes to provide greater flexibility in response to these challenges. However, a key trade-off exists between working through and strengthening national government systems and ensuring faster implementation of RMNCAH-N which is critical for achieving short-erm impact. Recognizing this tension, new efforts are underway to reform aspects of the World Bank operations to introduce greater flexibilities.[114]

> *"Basically, the World Bank isn't willing to change its stripes and way of operating, whether it's slower, it's uncooperative on the ground, not a good partner, and … It wasn't so much the complaint about GFF but was the complaint about because of its close affiliation with the Bank and to some extent dependency on the Bank that the Bank was in a sense the bad guy here from their [organization's] perspective".* – Global KI

[112] Country case study reports
[113] HAS 181: The Global Financing Facility Progress, Additionality and Effect
[114] Private communications

> *"From a couple of countries, (there weren't) very positive things about that. And that was because the DLIs were often unattainable. And so there have been a number of country offices where, or countries where, for the first year or two years, let's say, not a single disbursement was made because the DLI was identified in such a manner that it was almost impossible to attain. I think in the beginning Tanzania was one of those cases. And then the partners were called in at some point to sort of say, it doesn't seem to be working, we need to re-adjust the DLIs, how can we do that, etc., etc."* – Global KI

1 **Finding 2.2.3: The GFF Secretariat teams (in country and HQ staff) provide relevant and coherent support to government leadership and systems.**

The GFF Secretariat teams, including country-based LOs, focal points, results specialists and other technical specialist staff, are widely recognized for providing valuable and well-coordinated support to government leadership and health systems.[115] This support has been highly appreciated by country stakeholders, particularly government focal points, who noted the GFF's role in facilitating coordination, strengthening technical content, and reinforcing system-building efforts. Key contributions of GFF Secretariat teams include:

- **Supporting government focal points**, mainly through the LOs, in RMNCAH-N coordination, particularly through facilitating Country Platform meetings and strengthening stakeholder engagement.
- **Helping build system foundations** that align with the 2021–2025 GFF strategy, creating the conditions necessary for health system reforms.
- **Enhancing the technical quality of RMNCAH-N programs**, helping ensure interventions are aligned with global best practices and tailored to country-specific needs.

The partnership between the GFF and World Bank country offices has been a key enabler in driving alignment among development partners, strengthening country ownership, and influencing resource allocation decisions.[116] However, this influence varies depending on factors such as individual government's political leadership and the level of GFF staff engagement.

1 **Finding 2.2.4: GFF's limited in-country presence and reliance on remote support and short-term consultants reduces its visibility and impact during RMNCAH-N implementation.**

The evaluation findings indicate that GFF Liaison Officers (LOs) are highly valued by government counterparts and other in-country stakeholders. However, due to the transactional nature of their work, LOs often shoulder significant responsibilities and are unable to fully engage in all aspects of their roles.[117]

While short-term, non-national consultants provide valuable expertise, their lack of long-term engagement with GFF priorities and limited integration into ongoing strategic efforts can reduce the effectiveness and sustainability of their contributions.[118] Stakeholders expressed a strong preference for longer-term national TA or longer-term international TA with deep knowledge of the country

[115] Country case studies, see Finding 2.2.3 for some of the challenges with the LO role.
[116] Ibid
[117] Country case studies.
[118] Country case study reports

context and TA embedded within government offices, rather than short-term support, which is often perceived as lacking traction within national programs.[119]

Calls for increased GFF in-country presence: Key informants from seven of the ten case study countries, as well as global informants, suggested that GFF's in-country support should be increased to provide greater technical assistance.[120] This was further reinforced by the global survey, in which 23% of respondents stated that the GFF needed a stronger country presence, particularly through longer-term consultants. Several stakeholders recommended that the GFF enhance its in-country presence by:

- Deploying longer-term national consultants dedicated to RMNCAH-N, supporting World Bank programs.
- Increasing the duration of external consultants' country assignments, ensuring stronger relationships with local partners.

These efforts would complement and enhance the technical support provided by the World Bank Task Team Leaders (TTLs) and GFF LOs to provide more comprehensive technical support (see also Finding 2.2.1 and Finding 3.1.1 on value added of the GFF).

GFF's declining visibility during implementation: The GFF is most visible and appreciated during the IC preparation phase and related country platform discussions, where multiple stakeholders collaborate to define RMNCAH-N priorities. However, once countries transition to implementing RMNCAH-N interventions, GFF' presence and influence diminishes and becomes less visible. The current model – relying on remote support or short-term consultants – is widely perceived as limiting the GFF's impact - a view echoed by KIs in seven out of ten case study countries.[121]

Communication and coordination during World Bank design and implementation: Several KIs mentioned poor communication and coordination during World Bank program design and implementation:

> *"The other problem is that no one has any kind of insight on that, because the IDA loans are a bilateral process between the Bank (and governments). When they do the cap, partners might or might not be involved in looking at what the issues are at country level. It might just be a consultant that the World Bank has recruited to develop the cap. The loan goes through a negotiation with the Ministry of Finance. It's not always clear to which extent the loan is going to be involved".* – Global KI
>
> *"They're putting some funds, yet to be announced, but it will be in the double-digit millions level into GFF, but it's part of a larger investment in the sector-wide, country-led overall plan. And if the team that is trying to put together a portfolio of investments – if this just goes into a black box and they can't coordinate, they don't know what GFF is doing, they don't know what the World Bank is doing, they don't know what objectives they're actually accomplishing and whether those are going to run counter to everything else we're doing to support the country-led plans."* – Global KI

[119] Country and Global KIs
[120] ibid
[121] Côte d'Ivoire, Ethiopia, Indonesia, Malawi, Nigeria, Pakistan, Tanzania

Balancing external TA and local capacity building: To strike a balance the GFF has, in some cases, embedded skilled national consultants within counterpart organizations, providing them with remote support from GFF specialists. This approach has proven to be an effective compromise, particularly in countries with persistent capacity challenges, as it builds local expertise and strengthens national systems rather than relying solely on international technical assistance.

4.3 High level EQ 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?

1	**EQ3 summary finding:** The GFF has demonstrated added value in contributing to country planning and prioritization of RMNCAH-N, resource mobilization, allocation and efficiency, data availability and use, and support for HSS that underpins improvements in RMNCAH-N service delivery. It has done this through its country and regional staff, technical expertise, embedded ways of working with the World Bank, working through government systems, and support for aid effectiveness. The extent to which partner countries have achieved measurable improvements in the health of women, children and adolescents varies and the extent to which the GFF has contributed to improvements is difficult to attribute.

Sub-topic 1: Specific role and value add of GFF in contributing to country-led improvements across different contexts

4.3.1 EQ 3.1: Where and how does the GFF add value at country level? a) What are its strengths? b) What are key barriers or obstacles faced in bringing about this added value at country level? c) How could it leverage its strengths and available resources to maximize its value add?

1	**Overall summary finding:** The GFF has added value in most partner countries through its: country staff, regional advisers and specialist technical expertise; contribution to resource mobilization; focus on HSS and RMNCAH-N; support for aid effectiveness; flexible model and approach; and ability to work with a range of stakeholders. The GFF has specific strengths that contribute to its value add including technical expertise, country staff, and its links with the World Bank.

1	**Finding 3.1.1: There is a bro**ad **consensus that the GFF adds value at country level, though perceptions of its value vary across different stakeholder groups.**

The GFF describes its value add as its ability to bring together different approaches essential to delivering sustainable RMNCAH results, including:[122]

- Strengthening country leadership through a government-led country platform and IC, plus strong representation of GFF-supported country leaders in the GFF global Investors Group.
- Prioritizing investments in RMNCAH-N services and health system strengthening reforms within existing country resources to women, adolescents and children on the road to UHC.

[122] GFF-IG10-3 Issues Paper

- Driving results-based financing for RMNCAH-N through national systems (both domestic and external), e.g., through the link with IDA/IBRD and by linking financing to results through mechanisms such as disbursement linked indicators.

Convening and aligning global and country partners around country-led plans to achieve impact at scale: Table 4 under EQ2 highlights four key areas where the GFF adds value: 1) **HSS**, focusing on health financing, information systems, and addressing sustainability challenges, including support to RMET, PFM, NHIS, and RBF, and championing RMNCAH-N and PHC, 2) **promotion of aid effectiveness and country leadership** by working with government structures, coordinating donors, and aligning with national plans, while engaging the right ministries like in Malawi, 3) **a flexible approach** which tailors support to country-specific priorities, including fragile states, and uses catalytic funding effectively across LMIC and UMIC context, and 4) **strategic partnerships** including the ability to leverage World Bank funding. These four key areas are elaborated below.

HSS: A range of documents highlight the GFF's focus on HSS to strengthen RMNCAH-N as a value add. A recent review noted that the GFF's approach is consistent with the FGHI focus on strengthening health systems and support for countries to move towards sustainable domestic financing.[123] Championing RMNCAH-N within the SDG framework and focusing on PHC and HSS to improve RMNCAH-N was an added value identified by KIIs.

> *"In some GFF countries, we see a greater emphasis in World Bank engagement on maternal, child and adolescent health*." – Global KI
>
> *"The GFF plays an important role because it incentivizes the World Bank to focus more on PHC and to support countries to build their PHC capacity."* – Global KI
>
> *"The GFF's focus on HSS is critical and a value add in contexts where most GHIs and donor focus is on vertical programs and disease-specific areas."* – Global KI

There is, however, a tension between remaining focused on RMNCAH-N and wider HSS support. Some stakeholders expressed their desire for the GFF to stay focused on accelerating sustainable RMNCAH-N results and addressing related bottlenecks rather than expanding its mandate to cover all aspects of PHC and HSS. GFF's forthcoming HSS strategy should help to clarify where it will focus HSS efforts and why.

Aid effectiveness and country leadership: The GFF's support for country leadership and aid effectiveness is viewed as an important value add, with few other organizations championing this approach. Key informants highlighted working through government systems as an important value add of the GFF. For example, in Ethiopia, the GFF's support for government-led processes and for alignment is reported to have helped restore donor confidence in donor pooled funding arrangements, which had been undermined by internal conflict. Malawi is an example of where the GFF's model, specifically working with government structures, was seen by some KIs as a strength. Country survey respondents cited the GFF's main value add as coordination and alignment (28%).

> *"The GFF has not established real coordination structures, but uses the country existing structures, this is a key strength. Other global health agencies have set up standalone*

[123] Witter et al

> *coordination platforms, but the GFF uses existing country structures."*
> – Development partner KI
> *"Harmonization brought about by the GFF in Francophone West African countries has been important and innovative."* - Global KI

Flexible approach: Catalytic funding is viewed as a key added value of the GFF. For example, it was highlighted as an added value by 22 percent of survey respondents. Several GFF partner countries are categorized as fragile states, and although evidence is limited, the flexibility of the GFF model, along with its ability to leverage the World Bank's government engagement (for example, in Afghanistan) is recognized as a potential added value.

Ethiopia is also an example where the GFF's flexibility has added value. According to Save the Children, the cut to UK official development assistance during the pandemic, along with inflationary pressures, led to a significant shortage of funding for contraceptive commodities in Ethiopia. At the request of the government, the GFF conducted a costing exercise and found that domestic resources would be insufficient to cover the shortfall. GFF technical assistance facilitated a co-financing arrangement between the government and donors, including USAID, the Bill & Melinda Gates Foundation, and the Buffett and Packard Foundations, contingent on the government demonstrating an increase in domestic spending on family planning over time.[124]

Strategic partnerships: Partnerships with organizations like Countdown 2030, UNICEF, and WHO have enhanced data, equity, and health financing efforts. Additionally, the GFF's ability to leverage World Bank IDA is recognized as a key area of added value.

> *"Leveraging increased IDA is a unique value proposition of the GFF. Other GHIs can't leverage this"* - Global KI

Documents and KIIs suggest that the GFF has opportunities to maximize its value add by leveraging multi-sectoral approaches to contribute to improved health outcomes. In Kenya and Liberia, for example, weaknesses in road infrastructure and water and sanitation are described as critical health system challenges.[125] However, the GFF reports that it has had to deprioritize multi-sectoral work in part due to funding constraints.

Strengths of the GFF that contribute to its added value: Table 4 also highlights three areas of key strengths which contribute to the GFF's value add: 1) **Technical expertise and country staff**: GFF staff, including LOs and technical advisors, provide essential expertise in RMNCAH-N, HSS, and gender, supporting World Bank project design and government partners, 2) **World Bank links**: GFF utilizes World Bank resources, adopting a multi-sectoral approach for efficiency and leveraging various instruments (e.g., PforR, Development policy financing (DPF)) across sectors like education and social protection, and 3) **Resource mobilization**: GFF enhances funding for RMNCAH-N and HSS, aligns donor efforts, and strategically uses grants to influence other donors.

[124] SCF, 2023. The GFF's contribution to improving health financing and health outcomes in Ethiopia. Policy brief

[125] Volume III case studies

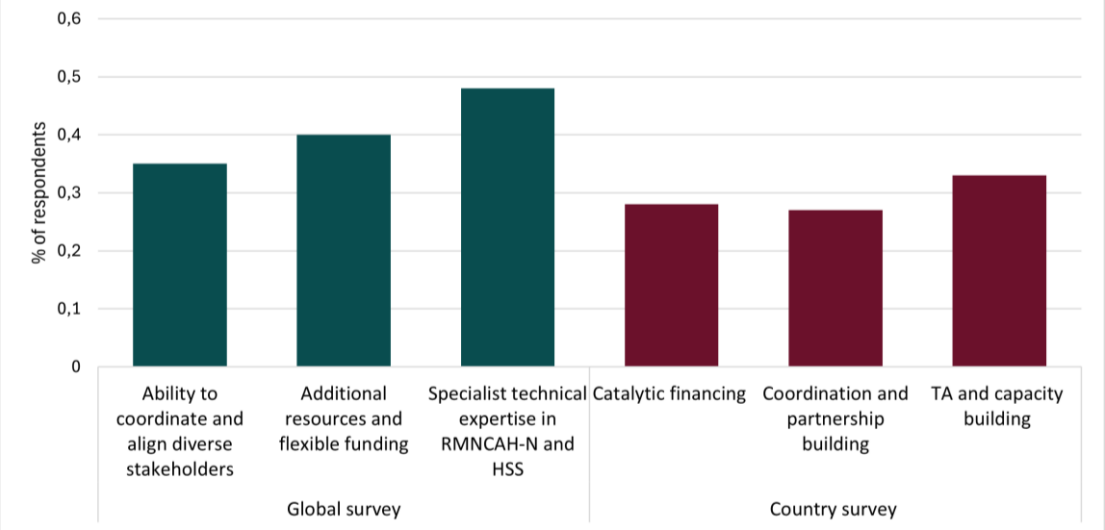
Country case studies highlight technical expertise and analytic work as a strength of the GFF. In Nigeria, the GFF's analytical work and technical staff were seen as an asset to inform project design. In Côte D'Ivoire, the GFF's application of a gender lens in its support for the NHIS was seen as a key contribution.

Global CSO KIs emphasized the GFF's strengths as contributing to partner coordination and alignment, prioritization of RMNCAH-N interventions in ICs, targeted financing, and inclusion of diverse partners in GFF governance and country platforms. In Ethiopia, for example, where the IC has been based on existing national health sector plans – the Health Sector Transformation Plan I (2015-2019) and the current Health Sector Transformation Plan II (HSTP-II) 2020/21-2024/25 – the development of the IC involved a top-down and bottom-up approach, incorporating inputs from various regions, situational analyses, and stakeholder consultations.[126] In the development of the HSTP-II, the GFF played an integral role in encouraging and supporting the government to work through a multi stakeholder platform with markedly more consultation with civil society in the design of the HSTP-II than the HSTP-I.[127]

Regarding the strengths GFF brings to the World Bank, 48 percent of global survey respondents highlighted specialist technical expertise in RMNCAH-N and HSS, 40 percent additional resources and flexible funding; and 35 percent the GFF's ability to coordinate and align diverse stakeholders. In Ethiopia, for example, the GFF's technical expertise and support to the World Bank was reported to have helped expand the scope of the successor program to the MDG initiative to include comprehensive emergency obstetric care and other critical interventions.[128]

Country survey respondents similarly highlighted the GFF's strengths as TA and capacity building (33 percent), catalytic financing (28 percent) and coordination and partnership building (27 percent) (Figure 6).

Figure 6. Survey respondents' perceptions of the GFF's key strenghts



[126] Country KI

[127] SCF, 2023. The GFF's contribution to improving health financing and health outcomes in Ethiopia. Policy brief

[128] Country KI

Box 3. KI and survey suggestions for ways in which the GFF could improve to maximize its value add

- Better articulate and communicate the GFF model, way of working and value add.
- Further strengthen country platforms.
- Strengthen support for monitoring of IC implementation.
- Better articulate the importance of strengthening PHC and health systems to improve health outcomes for women, children and adolescents.
- Focus TA on aspects of HSS where the GFF has a comparative advantage and where other donors do not provide support.
- Maximize opportunities to take a multi-sectoral approach to improving RMNCAH-N in co-financed projects.
- Build on use of financing instruments and approaches e.g. RBF to improve quality of care as well as service coverage.
- Leverage the relationship with the World Bank to promote dialogue between the ministries of health and finance around RMNCAH-N financing.
- Expand and enhance strategic partnerships and engagement with technical partners.
- Strengthen advocacy on gender and equity issues within the World Bank.

4.3.2 EQ 3.2: What factors have contributed to success? What factors have limited progress? What lessons have been learned?

2 **Overall summary finding:** The GFF's effectiveness is impacted by a range of contextual and institutional factors. Factors that have contributed to success include government and World Bank leadership and commitment, in-country GFF presence and staff effectiveness, credible TA and analytics, influence on co-financed projects, flexibility, and strategic partnerships. Factors limiting progress include political and governance issues, country health financing and capacity constraints, alignment and timing difficulties, and limited GFF country capacity.

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2 **Finding 3.2.1: GFF-specific factors that have contributed to or hindered success include in-country presence, TA, ability to influence the World Bank, flexibility of the GFF model, and the commitment of World Bank country leadership.**

GFF country presence, the LOs and GFF technical and regional advisers: Country case studies highlight GFF's in-country presence in Côte d'Ivoire, Niger, Nigeria, and Tanzania as a key factor in enhancing engagement and project alignment (Table 7). Effective and skilled LOs have been widely recognized as contributing to success. Conversely, KIs noted that the GFF was less able to influence or to provide support in the few countries where it does not have a presence or LOs have limited scope to operate (see also Finding 2.2.4). For example, in Malawi, limited in-country presence has constrained stakeholder engagement, with suggestions to base focal persons locally for more effective collaboration.[129]

In addition, GFF technical and regional advisers have made an important contribution through the provision of technical expertise and ensuring key issues such as HMIS and gender are on the agenda.

[129] Malawi Case Study Vol III.

Relationship and association with the World Bank: The credibility of the World Bank, and hence of the GFF's TA, analytics and tools, is a critical factor in contributing to success (see EQ 2 for more detailed discussion of the GFF's relationship with the World Bank). World Bank country leadership's commitment to health and support for the GFF is critical. In countries where this commitment is not strong, it is more difficult for the GFF to leverage the World Bank. The GFF's ability to influence the design of World Bank projects including strategic use of conditionality, e.g., DLIs to incentivize results or focus on issues such as equity, is viewed as an important success factor. But the extent to which this is realized depends on the commitment of the World Bank.

Approach to TA provision and analytics: Technical assistance has been highlighted as key GFF input in most country case studies (Table 7). In Ethiopia, GFF supported the development of theories of change and results frameworks for ICs, aligning them with World Bank operations and DLIs. In Nigeria, Countdown to 2030 and FASTR initiatives have strengthened data quality and use. Embedded local TA is reported to be more effective and more appreciated by national partners than intermittent external TA (see EQ 2 for a more detailed discussion of TA).

The GFF model's flexibility and responsiveness: In all country case studies, flexibility and responsiveness of the GFF model was identified as one of the key factors contributing to success. The ability to respond to government priorities and leverage strategic opportunities has been instrumental in advancing engagement. In Ethiopia, the GFF's flexibility and responsiveness to country needs was highlighted, for example, in terms of support to the government to monitor the provision of essential health services during the COVID-19 pandemic and for private sector assessments. Similarly, in Nigeria, the GFF provided support for monitoring of essential health services during COVID in response to country needs and in some partner countries, the GFF's use of strategic partnerships has also contributed to progress.

> *"There are some reforms I wouldn't have expected on supply chain in DRC. Some of the vested interests are not so anchored in the country so the GFF has been able to take advantage of the opportunities this space provides"* – Global KI

2 **Findings 3.2.2: Contextual factors that have contributed to, or hindered success include political commitment and governance, country financing for health and capacity, alignment and timing, and transparency.[130]**

Political commitment and governance: Strong government leadership and commitment (e.g. in Guinea, Indonesia, and Nigeria) can enable progress. In Ethiopia, a key success factor identified was the importance of having dedicated senior personnel within the MoH to oversee GFF activities, which helped to ensure a continuous focus on RMNCH.[131]

In contrast, political instability, frequent changes in government personnel, conflict, security challenges and lack of government commitment to health (e.g. in Afghanistan, Ethiopia, Guinea, Niger and Pakistan) can undermine the GFF's ability to engage with government, other donor engagement, and project and service delivery. For example, in Côte D'Ivoire, a key challenge has been the excessive fragmentation of health coordination structures.

[130] Internal GFF document
[131] Country KI

> *"The political instability in Guinea (with frequent changes of the MOH counterpart) has been an ongoing challenge"* – Country KI
> *"The donor landscape has changed following the coup d'état in Niger. Some donors have withdrawn their support and exited the pooled fund."* – Country KI

A GFF Issues Paper notes that "When government leadership is weak there is a significant risk of losing momentum on the RMNCAH-N agenda, particularly during the implementation phase. An important lesson learned is that the GFF has under-invested in understanding what kind of capacity is needed and capacity building for government focal points to champion complex reform processes to improve RMNCAH-N processes."[132]

Financing for health and country capacity constraints: Competing priorities on the global agenda, protracted low (and declining) government expenditure on health and possible disbursement effects, heavy reliance on external funding, high country indebtedness and debt distress, and strong macro-fiscal space constraints are limiting the scope for domestic resource mobilization and were noted in the majority of country case studies (Côte d'Ivoire, Ethiopia, Guinea, Malawi, Niger, Tanzania and Pakistan).

> *"The IC faces challenges due to limited funding and low government health spending."*
> – CES Meeting Minutes Pakistan

Alignment and timing challenges: Misalignment between donor priorities and national planning cycles has been a recurring issue (e.g., in Côte d'Ivoire and Guinea). Donor fragmentation in Guinea has restricted investment in IC-prioritized regions, as noted in CES meeting minutes: *"Other donors (in Guinea) are not fully aligning their resources to the IC … limited progress is being made in the IC prioritized regions which are not supported by the World Bank."* Additionally, vertical donor programs and challenges in aligning Global Health Initiatives have further complicated coordination efforts. In Tanzania, discussions emphasized the need for global-level support to enhance alignment among major partners like Global Fund and GAVI.[133]

Transparency: Lastly, there is a perception among some external stakeholders that IDA funding, GFF/ World Bank project design, implementation and reporting, and GFF country engagement frameworks lack transparency which can undermine efforts to improve coordination and alignment. However, while there is scope to improve communication about projects, it is important to note that World Bank project information, including on implementation, is in the public domain.

> *"Once the IDA loan has been signed off, no one knows or gets any feedback on how it's being implemented or its results" "I hear from country colleagues that it's very much a black box"*
> – Global KI

[132] GFF-IG10-3-Issues-Paper
[133] Tanzania CES meeting notes 2024

Table 7 summarizes key factors influencing GFF's engagement, based on Country Engagement Strategy (CES) review notes from nine out of ten case study countries. These notes capture stakeholder perspectives on both challenges and enabling factors, highlighting recurring institutional and contextual factors that have shaped GFF's effectiveness across different settings.

Table 7. Factors affecting GFF engagement across case study countries

		Côte d'Ivoire	Ethiopia	Guinea	Indonesia	Malawi	Niger	Nigeria	Pakistan	Tanzania
Factors contributing to success	In-country presence	✓					✓	✓		✓
	Credible TA and analytics	✓	✓		✓	✓	✓	✓	✓	✓
	Influence on World Bank co-financed projects	✓	✓	✓	✓	✓		✓	✓	✓
	Flexibility of the GFF model	✓	✓	✓	✓	✓	✓	✓	✓	✓
	World Bank leadership and commitment	✓		✓			✓			✓
Factors limiting progress	Challenges associated with political and governance issues	✓	✓	✓		✓	✓	✓	✓	
	Country health financing and capacity constraints	✓	✓	✓		✓	✓		✓	✓
	Alignment and timing difficulties	✓		✓	✓	✓	✓		✓	✓
	Limited GFF country capacity		✓			✓			✓	

4.3.3 EQ 3.3: To what extent/how has GFF support (RETF, BETF, Secretariat TA, global advocacy etc.) for country health financing reforms and agendas supported adequate financing for RMNCAH-N?

1 **Overall summary finding:** The GFF has effectively leveraged IDA for RMNCAH-N programming but has not significantly contributed to mobilizing additional donor resources or increasing domestic resource allocation. However, the GFF has played a critical role in enhancing the alignment of existing donor financing. Additionally, GFF support for RMET and health financing reform has provided substantial value.

The GFF Strategy states that, in order to build more resilient, equitable and sustainable health financing systems, the GFF will: 1) prioritize greater efficiency in national health expenditures in partner countries, 2) step up joint advocacy for protecting domestic resources for health and develop strategies for partner countries to mobilize more resources as their macro-fiscal situation allows, 3) provide practical support for prioritization in expenditure allocations, and 4) incentivize country prioritization and implementation of health financing reforms.

1 **Finding 3.3.1: GFF financing has successfully leveraged the W**orld **Bank IDA/IBRD for RMNCAH-N programing.**

A range of documents attest to the ability of GFF financing to leverage IDA/IBRD funding for RMNCAH-N. For example, "GFF grants have catalyzed loans from the World Bank towards health and, within that, to RMNCAH-N. This is seen as a key success of the model"[134] and "the share of World Bank funding allocated to RMNCAH-N in GFF countries increased by more than 12 percent between 2016 and 2022. In contrast, GFF-eligible countries that are not supported by the GFF saw a decline of two percent in World Bank financing allocated to this agenda".[135]

Analysis of the data gathered from country case studies and feedback from KIs, and survey respondents is consistent with this. Analysis of data from 2011-2023 found that, in GFF countries, the percentage of health IDA allocated to RMNCAH-N increased by 40 percent (from 3.7 to 5.2 percent), but in eligible non-GFF countries, it decreased by 27 percent (from 5.4 to 4 percent).

This is aligns with recent GFF analysis and reporting, which indicate median 40 percent increase in IDA allocations to RMNCAH-N in partner countries (see Figure 7).[136] Table 8 below presents the results of GFF's analysis of IDA commitments allocated to RMNCAH-N, revealing that GFF-supported countries experienced a 16 percent increase in share of IDA allocated to RMNCAH-N, amounting to an additional US$ 3.2 billion. Eligible but not yet supported countries experienced a 27 percent decrease in their total IDA allocations to RMNCAH-N.

[134] Witter et al, 2023. Reimagining the future of GHIs.
[135] GFF, 2023. Deliver the Future.
[136] https://data.gffportal.org/sites/live/files/2024-03/IDA_to_RMNCAHN_Full_Methodology_Note.pdf

Figure 7. Median percent of IDA allocated to RMNCAN-N (FY2011-FY2023)[137]

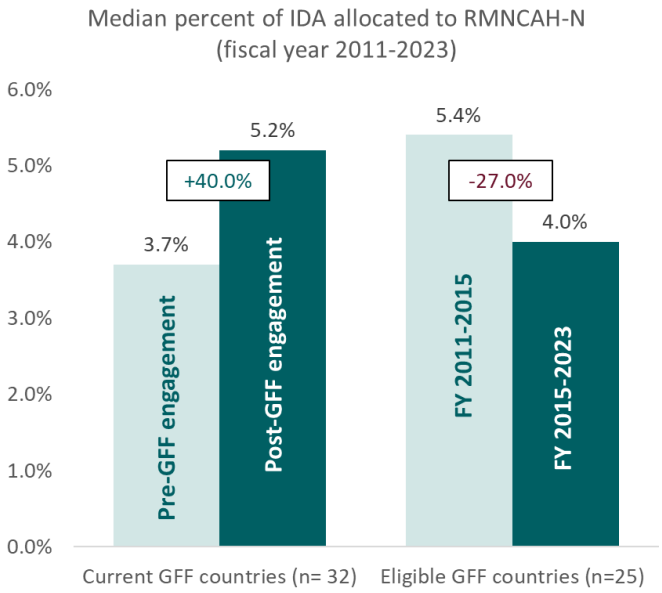


Table 8. IDA allocated to RMNCAH-N in GFF and non-GFF countries[138]

Country group	Period	Total IDA commitments to RMNCAH-N	Total IDA commitments	Median IDA commitments to RMNCAH-N	Percent of total IDA going to RMNCAH-N	Median percent of IDA going to RMNCAH-N
Current GFF countries	Pre-GFF engagement	$ 3,695,833,860	$ 77,496,401,000	$ 53,350,990	4.8%	3.7%
	Post-GFF engagement	$ 6,930,357,401	$ 125,635,810,960	$ 124,883,426	5.5%	5.2%
	Diff./Prop. Change	$ 3,234,523,541	$ 48,139,409,960	$ 71,532,436	**+16%**	**+40%**
Eligible GFF countries	FY2011-FY2015	$ 1,022,894,747	$ 17,707,777,619	$ 8,680,000	5.8%	5.4%
	FY2016-FY2023	$ 1,695,063,248	$ 30,084,241,256	$ 21,569,566	5.6%	4.0%
	Diff./Prop. Change	$ 672,168,501	$ 12,376,463,637	$ 12,889,566	**-2%**	**-27%**

KIs and in documentation highlight several examples of the GFF's success in leveraging financing from RMNCAH-N:

- **Nigeria:** the GFF leveraged a US$ 50 million grant to secure a US$ 500 million World Bank loan aimed at enhancing the coverage and quality of PHC services.
- **Indonesia**: the GFF leveraged World Bank financing to support expansion of the Jaminan Kesehatan Nasional, Indonesia's national health insurance scheme.
- **Niger**: A GFF grant was combined with World Bank IDA funding, providing additional resources to increase the quality and utilization of essential RMNCAH-N services in targeted areas.
- **Ethiopia**: A GFF grant was combined with a significant IDA loan to facilitate a more substantial and coordinated investment in the health sector. A Save the Children report concluded that the GFF had leveraged US$ 1,090 million for RMNCAH-N through IDA.[139]

[137] Sources: a)https://data.gffportal.org/sites/live/files/202403/IDA_to_RMNCAHN_Full_Methodology_Note.pdf
b) https://data.gffportal.org/key-theme/ida-investments-rmncah-n
[138] Ibid
[139] SCF, 2023. The GFF's contribution to improving health financing and health outcomes in Ethiopia. Policy brief.

Beyond direct RMNCAH-N investments, GFF has played a crucial role in **broader health system strengthening**, leveraging World Bank financing in **nine out of ten** country case studies.

- **Tanzania**: the GFF leveraged World Bank funding to expand health services, particularly in rural and underserved areas. By supporting the development and implementation of the One Plan II strategy,[140] the GFF facilitated the expansion of essential health services to remote communities.
- **Pakistan**: the GFF collaborated closely with the World Bank to blend GFF grants with IDA loans in support of the Sehat Sahulat Program, a government health insurance initiative aimed at providing free health services to low-income families.[141] This collaboration expanded the program's reach, improved its financial sustainability, and enhanced health service delivery for Pakistan's most vulnerable populations.

The global survey further underscores GFF's catalytic role in financing RMNCAH-N. Sixty-three percent of respondents agreed that GFF has been instrumental in maintaining or increasing the share of IDA resources allocated to RMNCAH-N.

> *"We have seen a larger increase in allocation of IDA in GFF-supported countries to specific RMNCH codes as well as adolescent health codes tracked by the World Bank system compared to non-GFF supported countries" "In Uganda, the GFF/World Bank co-financed project represented a significant increase in resources allocated to MNCH."*
> – Global survey respondents

At the same time, qualitative responses provided insights into why some respondents did not fully agree that the GFF has played a catalytic role in leveraging IDA. Some cited a lack of visibility into high-level funding decisions, making it difficult to assess the GFF's precise role—particularly since the World Bank also independently funds RMNCAH-N initiatives. Others acknowledged that while GFF support has generally helped prioritize RMNCAH-N within World Bank projects, its impact has sometimes been constrained by structural limitations in project design.

Country case studies also suggest that the GFF has enhanced World Bank prioritization of RMNCAH-N in some countries.

- **Malawi**: GFF support for the HSSP III has contributed to broader focus within World Bank health investments.
- **Nigeria:** the World Bank has increasingly prioritized RMNCAH with the GFF cited as a key driver in this shift.

1 **Finding 3.3.2: The GFF has not made a significant contribution to leveraging additional donor resources for RMNCAH-N but has contributed to improved alignment of existing donor financing.**

The GFF reports that it has successfully crowded in donor funding, with development partners contributing 49 percent of total investment case commitments in 2020. However, it remains unclear and is difficult to assess whether this represents additional funding or merely alignment of existing

[140] The Global Financing Facility in Tanzania - A brief summary. https://www.wemos.org/wp-content/uploads/2023/03/The-Global-Financing-Facility-in-Tanzania-2019.pdf
[141] EVT health financing analysis

funding to the investment case. Feedback from Kis, surveys, and country case studies suggest that GFF's role in leveraging additional donor funding has been limited. For example, only 38 percent of global survey respondents perceived the GFF as playing a catalytic role in leveraging other/additional donor resources for RMNCAH-N. TTLs vary in the extent to which they can support GFF-related activities. In most, if not all case study countries, the WB TTL only has limited time to commit to RMNCAH-N coordination, collaboration and alignment.

Nevertheless, there is evidence – including from country case studies – that the GFF has contributed to donor alignment around related plans (see also Section 4.1.5).

- **Malawi:** GFF TA contributed to HSSP III, which emphasized stronger donor coordination.
- **Guinea, Niger, Nigeria and Pakistan:** GFF support, including for the RMET process, has played a critical role in improving donor coordination and alignment with national priorities.[142]
- **Nigeria**: the GFF was reported as instrumental in aligning partners around a set of prioritized health system interventions. The RMET process also facilitated aid coordination discussions, ultimately leading to the establishment of a health sector-wide approach.
- **Ethiopia**: A government KI noted that "The GFF has been instrumental in revitalizing harmonization efforts within Ethiopia's health sector." Despite challenges, including limited donor engagement in the "one plan, one report" initiative, the alignment assessment has helped improve donor coordination and support. This effort has also influenced partners like USAID to align their projects with government priorities.

1 **Finding 3.3.3: Overall, the GFF's contribution to leveraging increased domestic resource allocation for RMNCAH-N (additional to IDA/IBRD) has been limited, although with some exceptions, and there is the potential to strengthen this.**

Case studies and survey responses: Among case study countries, health budget allocations varied, with most countries showing a declining trend interrupted by peaks due to external factors, such as the COVID-19 pandemic. Notable trends include: [143]

- **Ethiopia:** Increased health budget from 8.6 percent (2016) to 13.8 percent (2022)
- **Tanzania**: Significant **rise** to 16.5 percent in 2022
- **Côte d'Ivoire:** Steady allocation of 5–7 percent.
- **Afghanistan & Guinea:** Fluctuating allocations; Afghanistan dropped sharply from 4.5 percent (2016) to 1.8 percent (2020), while Guinea's ranged between 3.8 percent and 10.3 percent.
- **Malawi, Nigeria, and Niger:** Relatively stable trends.

The GFF's contribution was noted in two countries. In Tanzania, it was reported that "financing gaps identified through resource tracking and expenditure analysis supported by the GFF resulted in government increasing funding to reduce financing gaps."[144] The GFF has concentrated on scaling up investments in RMNCAH through enhanced resource mobilization efforts. It has worked closely with the Tanzanian government to align health investments with national priorities and supported the

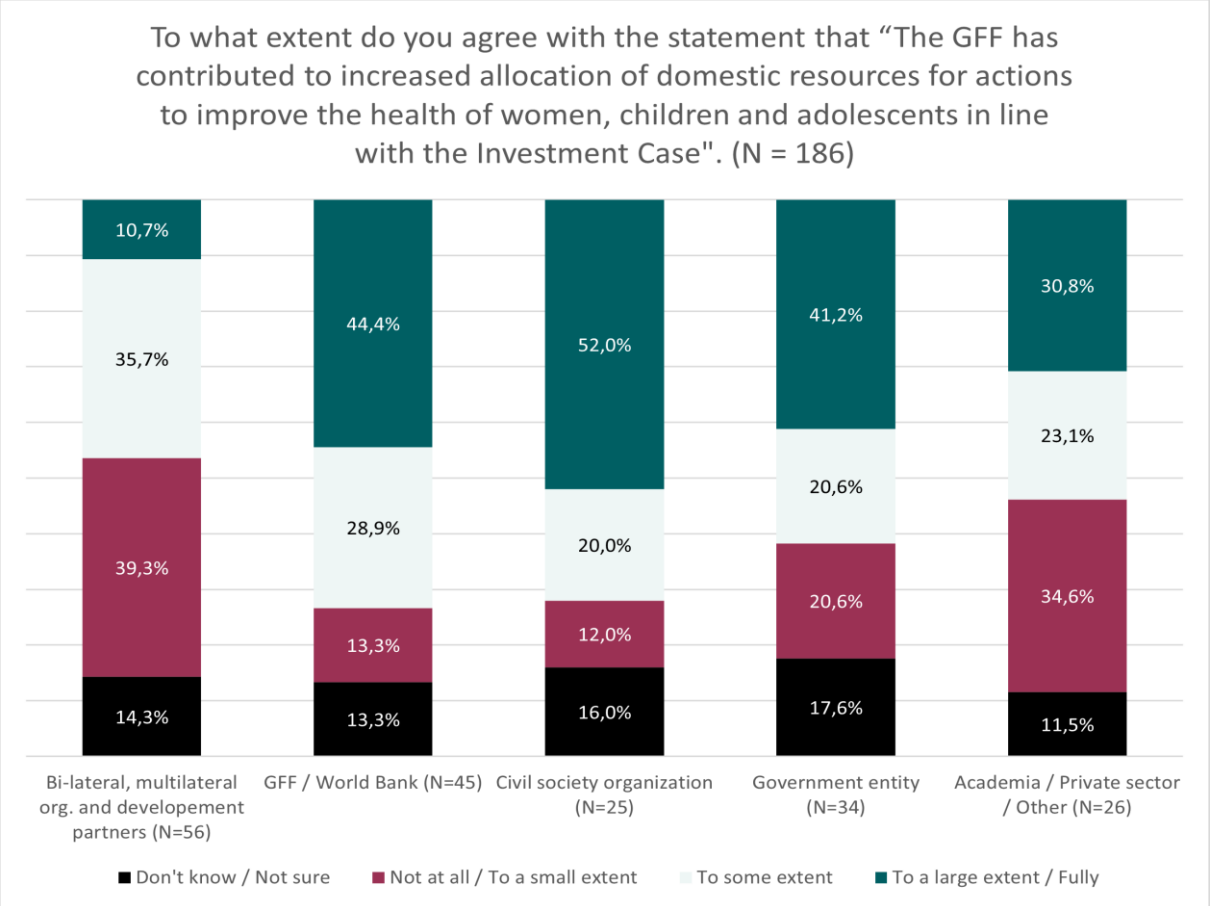
[142] Volume III, Country case studies
[143] https://data.gffportal.org/sites/live/files/2024-03/IDA_to_RMNCAHN_Full_Methodology_Note.pdf
[144] Country KI

development of a health financing strategy aimed at increasing domestic health funding while optimizing the use of external resources.[145]

In Nigeria, GFF grant funding supported a pilot of the Basic Health Care Provision Fund in three states, laying the foundations for national expansion. This led to increased state health allocations resulting in a more robust health infrastructure and service delivery system and potentially contributing to improved health outcomes across the country.[146]

Among country survey respondents, 33 percent believed the GFF has contributed to increased allocation of domestic resources for RMNCAH-N in line with the IC to a large extent/fully, 27 percent that it has contributed to some extent, and 25 percent to a small extent/not at all. World Bank, GFF, and government respondents were more likely to recognize the GFF's influence. However, many cite economic constraints as a barrier to domestic resource mobilization.

Figure 8. Country-level survey (Q15) responses.



Domestic resource mobilization: A 2021 policy paper[147] notes that *"the causal effect of the GFF in influencing increased resource allocation for health within partner country health budgets is challenging to discern given the impact of broader economic trends on revenues and spending in LMICs, the non-linear nature of government decision making and the involvement of other health multilaterals with co-financing requirements".*

[145] https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Annual-Report-2018-2019.pdf
[146] GFF 2017-18 Annual Report
[147] CGD, 2021. Policy Paper 246.

Many GFF partner countries remain highly donor dependent, facing significant challenges in increasing domestic resource mobilization due to the debt crisis and limited fiscal space. A GFF Issues Paper notes *"the domestic resource mobilization agenda has proven to be much more complex than anticipated when the GFF was launched in 2015 due to current fiscal realities, reluctance of MoFs to increase health sector financing when budget execution remains low and resources are inefficiently used, lack of reliable data on health sector financing, and limited public revenue generating capacity".*[148] The GFF DRUM investment review also found that *"there have been clear challenges in ensuring use of RMET analytics alongside ICs in country reforms. This has limited the effectiveness of RMET and ICs as tools for mobilizing domestic resources"*.[149]

Among the 10 evaluation case study countries, only three (Indonesia, Niger, and Côte d'Ivoire) consistently increased domestic general government health expenditure per capita. However, Indonesia and Côte d'Ivoire were already on an upward trajectory before joining the GFF in 2017, suggesting pre-existing momentum. In contrast, three countries (Malawi, Nigeria, and Tanzania) saw declines in health expenditure, with 2021 levels falling below those of 2015, likely due to financial constraints or shifting national priorities. Nigeria and Tanzania joined the GFF in 2015 (the starting point for this evaluation), while Malawi, which joined in 2017, had already been on a downward trend since 2015-2016.

A 2020 review by E&K Consulting found that only two of the nine countries analyzed increased domestic funding for RMNCAH-N.[150] Similarly, the analysis of the ten evaluation case study countries shows that between 2016 and 2022, only Ethiopia and Tanzania increased the share of the national budget allocated to health, while other countries saw no change or reductions.

Feedback from KIs and survey respondents highlights the need for realistic expectations regarding the GFF's role, particularly as health funding is expected to decline post-COVID-19. However, despite these challenges, GFF's ability to leverage fiscal space for health and RMNCAH-N through its relationship with the World Bank remains a key value-added opportunity. Evaluation findings suggest that this aspect of the GFF's work should not be deprioritized.

> *"It is important to manage expectations … I don't believe one can expect that GFF is going to change the resource allocation of the government and increase resources going into health, and within health, resources going into RMNCAH"* – Global survey respondent

1 **Finding 3.3.4: The GFF has contributed to improving the efficiency of resource allocation, particularly by supporting resource mapping, expenditure tracking, and strategic purchasing in some countries. However, progress in improving budget execution has been more limited, with barriers such as weak public financial management systems, political instability, and competing fiscal priorities affecting implementation.**

The GFF has contributed to improving the efficiency of resource allocation, particularly by supporting resource mapping, expenditure tracking, and strategic purchasing in some countries. However, progress in improving budget execution has been more limited, with barriers such as weak public

[148] GFF-IG10-3 Issues Paper.

[149] GFF Review of DRUM investments 2019-2023.

[150] E&K Consulting, 2020. Comparative analysis of selected GFF-related investments.

financial management systems, political instability, and competing fiscal priorities affecting implementation.

Case studies: Across the ten case study countries, the impact of GFF on budget execution tracking has been mixed. While four countries (Côte d'Ivoire, Niger, Nigeria, and Pakistan) demonstrated notable improvements in budget execution, evidence suggests that GFF's role in directly influencing these improvements has been limited or indirect. The GFF has played a role in facilitating technical assistance, resource allocation efficiency, and donor coordination, but its ability to address structural barriers to budget execution—such as delays in fund disbursement, rigid budget processes, and underfunded health sectors—remains constrained.

In cases where budget execution has improved, stronger government commitment, complementary World Bank financing, and technical assistance from the GFF have played a role, particularly in aligning investments with national priorities and improving tracking mechanisms. However, in countries where budget execution remains weak, challenges such as inconsistent fiscal space, weak public financial management, and external shocks (e.g., COVID-19, political instability) have hindered progress.

Resource mobilization and allocation: The GFF's DRUM approach supports countries to strengthen domestic resource utilization and mobilization (DRUM) for health. It helps identify health financing gaps and bottlenecks and enhance capacity to track health expenditure, increase transparency and make informed decisions about resource allocation. For instance, in Indonesia, GFF has provided technical assistance to explore policy options for increasing revenue.

Given fiscal constraints at the country level, the GFF has shifted its focus from increasing domestic resource mobilization to optimizing existing resources, emphasizing allocative and technical efficiency and budget execution improvements. As noted in the survey responses, country case studies, and key documents GFF's influence on government RMNCAH-N spending decisions and efficiency primarily occurs through resource mapping and expenditure tracking.[151] For example around 30% of global survey respondents (Q7) highlighted the GFF's role in resource mapping and financial alignment, which has helped optimize resource allocation, close financing gaps, and better align donor support with national priorities.

Several countries have demonstrated improvements in resource allocation efficiency due to GFF support:

- Nigeria: Performance-Based Financing (PBF) models linked to the Basic Health Care Provision Fund (BHCPF) have enhanced allocative efficiency.
- Guinea: The GFF has strengthened MOH capacity to manage health financing, ensuring better alignment of resources with RMNCAH-N priorities.
- Malawi: GFF support has improved budget allocation and disbursement, integrated high-impact interventions, and enhanced financial planning, accountability, and expenditure tracking.

[151] CGD, 2021. Policy Paper 246.

- Côte d'Ivoire, Niger, Nigeria, and Pakistan: These countries have shown notable improvements in budget execution.

> *"I think the GFF has done much to find efficiencies, but it has been hard to demonstrate increased domestic resource mobilization outside of a couple of countries" "Aspirations to mobilize additional domestic financing for health have not been met although there is likely some increased efficiency in the use of resources"* – Global survey respondents

1

Finding 3.3.5: The GFF has provided valuable support to countries for RMET, facilitating improved planning, budgeting, and tracking of both government and donor resources. This support has been recognized by governments and is actively utilized for planning in seven out of ten case study countries, highlighting its significance and effectiveness.

The RMET process has been widely implemented across GFF partner countries, with nearly all countries with a finalized Investment Case (IC) completing an RMET exercise. While the funding modalities vary—with some RMETs financed through World Bank mechanisms, the funding ultimately comes from GFF's BETF. Additionally, the GFF has supported workshops, advocacy, and data-use discussions in several cases. The RMET has proven useful in highlighting donor fragmentation, identifying funding gaps, and improving resource alignment, though standardization challenges persist.

Implementation and Challenges

- As of last year, **15 countries completed RMET exercises, 11 of which were supported by the GFF, and 16 others have ongoing RMET** processes (see Vol II, Annex 8 for details on FY 2023-2024).
- RMETs are **conducted alongside ICs**, collecting government and donor budget and expenditure data.
- 50 percent of completed RMETs **include both expenditure and forward-looking budget data**.
- Comparisons across countries are difficult due to **lack of standardization**, as RMETs are adapted to country-specific financing and health system contexts.
- **Differences in government and donor financial structures and timelines** further complicate alignment.

To address these challenges, the GFF is developing guidance on a minimum data set for tracking, enhancing evidence-based planning and budgeting. Additionally, it is working with WHO to harmonize RMET and national health accounts exercises and engaging with the Global Fund and Gavi to ensure coordinated country support for RMET.

In seven of ten evaluation case study countries, government feedback indicates the RMET process has been valuable, particularly in identifying funding gaps, improving donor alignment, and strengthening government leadership:

- **Tanzania:** Identified underinvestment in child health and donor misalignment.
- **Côte d'Ivoire:** Highlighted funding gaps and overlaps.
- **Guinea:** Focused attention on underperforming regions.
- **Niger:** Resource mapping helped identify and address funding gaps for more efficient resource allocation.
- **Malawi:** Improved donor alignment.

- **Nigeria:** Contributed to Sector-Wide Approach (SWAp) discussions.

The GFF also reports that RMET has improved data sharing between major donors and governments, facilitated joint discussions, and strengthened government leadership in health financing.

While GFF support for expenditure tracking has been valuable, it has received less emphasis than resource mapping in most countries, partly because it is a more complex and ongoing activity. For example, the GFF supported expenditure tracking in Niger and nutrition budget tagging and expenditure tracking in Indonesia. Evidence suggests that this resulted in improved local health efficiency, leading to better support for stunting services and of protection of existing budgets in Indonesia.

1 **Finding 3.3.6: The GFF has provided valuable support for health financing reforms leading to the development of action plans in many countries. However, progress in implementing these reforms has been mixed across countries.**

Document review, KIIs and country case studies provide evidence that the GFF has played a significant role in supporting health financing reforms in a number of partner countries, with a focus on efficiency, financial protection, and domestic resource mobilization. This includes, for example, support for roll out of the direct financing facility (DFF) in Tanzania, for adoption of RBF in Nigeria, for the government-led health financing plan in Niger, for PBF in Chad, for PFM reforms, performance-based budgeting and strategic purchasing in Ethiopia, for implementation of RBF in Guinea, and for expansion of NHIS coverage in Nigeria. Nearly two-thirds of partner countries have instituted budget and financial reforms aimed at improving efficiency. However, while many countries have prioritized reforms, tracking implementation remains a challenge, and progress on ensuring adequate RMNCAH-N funding has been limited.

Key areas of support: A review of DRUM **and GFF-supported initiatives** shows that the GFF has contributed to **health financing reforms** in almost all partner countries, focusing on (See Volume II, Annex 7 for further details):

- Efficiency of resource use (27 countries).
- Financial protection (22 countries).
- Domestic resource mobilization (increasing budget allocation to health and raising more tax revenue) in 24 countries.
- Implementation of health insurance schemes in 6 countries.
- Alignment and resource pooling in 9 countries.
- Allocation of financing to PHC in 8 countries.
- Purchasing of health services in 25 countries.
- PFM-related reform in 17 countries.
- Improved HF data quality and use and accreditation systems in 4 countries.

Country level impact:

In Ethiopia, the GFF has supported the development of a comprehensive health financing strategy aimed at increasing institutional deliveries, contributed to identifying program-based budgeting as a critical public financial management reform, including supporting pilot programs at the sub-national level and working with the World Bank on aligning various financing approaches, including

community-based health insurance.[152] The GFF has also supported health financing reform related to mechanisms to improve revenue generation by health facilities to ensure they can provide a quality service.

In Côte D'Ivoire, the GFF has contributed to demonstrable progress in strengthening health financing through technical and financial support for expansion of the universal health insurance scheme (CMU), performance-based financing and program budget reform.

In Niger, GFF TA and inputs were directly visible in the work on health financing. The World Bank and GFF worked in highly complementary ways in this area. The GFF-supported IC and RMET were used to identify where greater prioritization could improve the efficiency of investments. This then led to a health financing policy paper developed by the MOH with the support of the World Bank and GFF. The World Bank also developed an options paper analyzing the needs for health financing support, and how the current project could build on this area of work.[153]

In Indonesia, the GFF has focused on strengthening the country's health financing system through partnerships with the World Bank. Efforts have included mobilizing domestic resources and aligning donor contributions with Indonesia's health priorities. Specific initiatives have targeted improving the coverage and quality of maternal and child health services and supporting the implementation of Indonesia's national health insurance scheme. This approach has enhanced the sustainability and effectiveness of Indonesia's health financing strategy.

In Nigeria, GFF co-financing for the scale-up of NSHIP into six conflict-affected states provided proof of concept for DFF and PBF. [154] Subsequent World Bank and GFF-supported impact evaluation and cost-effectiveness analyses of DFF and PBF in NSHIP demonstrated that these were cost-effective interventions for strengthening MCH services in Nigeria, which were then applied to the subsequent BHCPF project.[155, 156]

While nearly all partner countries have prioritized health financing reforms, some lack mechanisms to track implementation progress. With GFF support, 31 countries have prioritized reforms to secure adequate funding for RMNCAH-N commodities, but few have demonstrated progress in implementation.[157]

2 **Finding 3.3.7: The GFF has contributed to improved dialogue between the MOH and MOF in some countries and this is an area where the GFF can add value.**

The GFF has supported multiple countries on MOH-MOF dialogue through the Joint Learning Network for UHC and also provided direct support. For example, it has facilitated joint budget

[152] Country KI

[153] Technical Report Niger Health Financing System Assessment Accelerating Informed Decision-Making for Universal Health Coverage Financing. https://documents1.worldbank.org/curated/en/099121423052543374/pdf/P17571207c00e10700b6450408231c3941e.pdf

[154] Impact Evaluation of Nigeria State Investment Project, December 2018.

[155] Zeng, W. et al, 2022. Cost effectiveness analysis of the decentralized facility financing and performance-based financing program in Nigeria, *Journal of Hospital Management and Health Policy,* 6, 13.

[156] Impact Evaluation of Nigeria State Investment Project, December 2018.

[157] GFF Annual Report 2022-2023.

reviews in the Central African Republic. In Niger, according to a country KI, *"the GFF has helped strengthen the leadership of the MOH, particularly in its relations with the MOF to increase funding for the sector. Challenges remain, however, in convincing the MOF the importance of investing in maternal and child health."* GFF support to improve data availability, quality and analysis has also helped to improve MOH credibility and ability to dialogue effectively with MOF.

> *"The GFF has been a key partner in helping to improve the relationship between the MOH and MOF in Sierra Leone. By working to build trust and demonstrate the value of health as an investment rather than just an expenditure, the GFF has facilitated a more constructive dialogue between the two ministries"* – Global KI
> *"… in relation to financing, there have been reflections, small seminars, which have enabled States to reflect and bring together ministers of health and finance to better understand what health is, why we need to invest in health … this would have been impossible without the GFF"* – Global KI

2 **Finding 3.3.8: The GFF has not been successful in crowding in private sector funding.**

The evaluation found little evidence that the GFF has contributed to crowding in the private sector funding for health (see Finding 2.1.8). However, there is evidence of GFF support for private sector engagement tailored to country contexts.

The GFF reports that 17 of 36 partner countries have identified private sector or mixed health system reforms. Among evaluation case study countries, the GFF has supported analytical work to strengthen government engagement with and oversight of the private sector for example in Côte d'Ivoire (see Box 4 below), for private sector assessment and strategy development in Ethiopia, and for contracting non-state actors to deliver services in conflict-affected areas in Nigeria.[158]

Box 4. Targeted private sector governance support in Côte D'Ivoire

Since 2020, GFF and World Bank investments have been supporting the MoH to establish the key building blocks for improving the governance of private sector health service providers. These activities focus on expanding the information available to the MoH on private facilities, enhancing licensing efforts, and supporting better oversight of private providers. "GFF TA has supported mapping of 3,326 private health facilities across the country and developed an interactive database, improved regulations and health facility classification, development of an E-Licensing Platform and a comprehensive policy and regulatory review which identified barriers to private sector participation in health."[159]

4.3.4 EQ 3.4 (a): To what extent/how has the GFF supported countries to improve results measurement and data and evidence use? What are the opportunities to improve the quality of data and evidence?

1 **Overall summary finding**: The GFF has taken a comprehensive and flexible approach to supporting data availability, quality and use, and initiatives such as FASTR, which has contributed to improvements. However, the consistent use of this data for decision-making and accountability remains a challenge.

[158] The GFF in Nigeria, 2019; and NSHIP, BHCPF, and ANRiN PADs.
[159] 2nd round grant CIS-CIV Jan 2023 draft V02

2 **Finding 3.4.1: The GFF has taken a comprehensive and adaptable approach to improving data availability, quality, analysis, and use, responding to country needs and the strength of existing health information systems.**

The GFF support includes capacity building for data collection, analysis and use; investment in country health information systems such as civil registration and vital statistics (CRVS) and maternal and perinatal death surveillance and response (MPDSR); and collaboration with partnership-based projects and initiatives such as Countdown 2030, Monitoring & Action for Gender & Equity (MAGE), and FASTR. These efforts have been widely recognized, with 60 percent of global survey respondents identifying data generation and use as a key strength of the GFF.

The GFF is currently supporting 26 countries to improve data analysis capacity with 34 percent of survey respondents acknowledging its role in helping to strengthen M&E, data analysis, and health information systems. Case study findings further illustrate these contributions, including capacity-building efforts in Niger and since 2022 support for annual RMNCAH-N coverage and equity analyses which encourages the use of analysis for decision making in Côte d'Ivoire, Malawi, Nigeria, and Tanzania through the Countdown 2030 partnership. Additionally, GFF-World Bank projects have provided critical support for monitoring the impact of COVID on delivery of essential health services, for example in Nigeria (see Box 5).

The GFF has also demonstrated flexibility in tailoring its support to country contexts. For example, in Indonesia, where high-quality data are already available, the focus has been on improving analysis and use rather than data collection

Box 5. GFF support to monitoring the impact of COVID-19

In Nigeria, in partnership with Exemplars in Global Health, the GFF supported monitoring of essential health services during COVID-19 through mobile data collection, which was highly appreciated by government. As one KI noted *"this was the only data on EHS available during COVID-19". Otherwise, we would have been making decisions without any evidence."* The rapid availability of data on service volume compared to pre-pandemic predictions, disaggregated by local government area,[160] was seen as critical in identifying low-performing areas as well as factors promoting resilience in high-performing areas.

1 **Finding 3.4.2: The GFF has contributed to improving data availability, quality and analysis.**

GFF support for improving data availability, quality, and analysis was highlighted across eight case study countries. For example, in Ethiopia, GFF provided technical assistance to strengthen HMIS and CRVS, supporting facility-level training, a national CRVS strategic plan, and DLIs to improve timely reporting and facility assessments. In Guinea, GFF contributed to the improvements in HMIS, funded data specialists, and improved data use at the national level through coordination meetings, with ongoing efforts to develop facility-level dashboards.[161] In Tanzania, GFF helped to strengthen the utilization of RMNCAH-N scorecards, embedded M&E expertise, and worked to enhance data consistency and decision-making.[162]

In Côte D'Ivoire, the GFF is reported to have contributed through setting up mechanisms to monitor and evaluate the quality of results, such as the TWG for monitoring and evaluation of the national

[160] Nigeria EHS States Profiles.
[161] Country KI
[162] FY24 Tanzania CES Review 2024.06.04

platform, performance-based funding to monitor the quality of healthcare provision in general and RMNCAH-N in particular, and the quality score evaluation grid. The GFF has also supported the country Countdown team to monitor progress and the performance of RMNCAH-N indicators. Some key informants highlighted the importance of the availability of good data for the credibility of the MOH with the MOF.

> *"I think to a large extent, the GFF has improved monitoring in Liberia, particularly data and data on equitable access to services"* – Country KI
>
> *"Ministries of Health that have stronger data (on results) are seen as more productive by the Ministry of Finance"* – Global KI

2 **Finding 3.4.3: Improvements in the availability of sub-national data have supported better prioritization in countries. However, progress in improving the availability of gender- and age-disaggregated data has been slower. Additionally, there have been advancements in the sharing of disaggregated data by countries.**

Overall, there is a positive trend. In 2022, 32 countries shared national data with the GFF, (up from 23 countries in 2021), 31 shared sub-national data (31), (up from 17), and 12 shared age and sex disaggregated data, (up from 2).[163]

> *"Attention has only recently been given to equity and gender in data and measurement work, and this has been a big gap"* – Global KI

1 **Finding 3.4.4: While there is evidence of improvement in data analysis, review and its use in decision making, evidence of the systematic use of data to adapt programing or improve accountability remains limited. Challenges with data availability, quality and use persist across many countries.**

The GFF supports partner countries in data use during country platform meetings and has also developed a 'data use for decision making' learning package, though its impact has not yet been assessed. Among global survey respondents, 38 percent agreed that the GFF has helped build the data-drive decision-making capacity of government, CSOs and other stakeholders. Additionally, the GFF has provided consistent support to improve data use during the current strategy timeframe and there have been improvements in data use.[164] For example, 28 percent reported that the GFF has fully contributed to strengthening data use, 22 percent to some extent, and 39 percent of country survey respondents indicated that data is used extensively by country platforms or decision-making bodies.

The GFF has supported the development of theories of change, result frameworks and measurement approaches for ICs and World Bank-financed projects, as well as support to strengthen regular country-led review processes. However, evidence from case studies and surveys suggest that regular review and use of data for decision-making remain inconsistent. Guinea and Tanzania stand out as exception, with Guinea's RMNCAH directorate holding regular data review meetings (including taking action such as addressing declines in immunization) and Tanzania incorporating RMNCAH-N scorecard results into country platform discussions. In contrast, other case study countries showed limited evidence of systematic data use in decision-making. This may just reflect the situation in case study countries and, hence, would explain the difference between the findings from these countries and the survey feedback.

[163] GFF Annual Report 2022-2023.
[164] GFF Annual Report 2022-2023.

Despite overall improvements, documented examples of data-driven decisions remain scarce. Notable exceptions include Uganda, where data on teenage pregnancy increased government prioritization of the issue. Global survey respondents indicated demand form decision-makers plays a key role in driving data use. More in-depth investigation of this and other factors that influence the use of data for decision making, for example, the value of timely data generated through initiatives such as FASTR, would help to inform the focus of future GFF support to strengthen this.

Persistent challenges identified by KIs include data quality and validation issues, limited data sharing beyond country platforms, and insufficient integration of data systems. In seven out of ten case study countries, including Nigeria, Tanzania, and Côte d'Ivoire,[165] stakeholders reported significant issues with data availability, quality, and usability in decision-making. In Côte d'Ivoire, "obtaining quality sub-national data has been problematic and time consuming, requiring vigorous data cleaning processes". The lack of reliable and integrated data systems continues to undermine evidence-based decision-making at all levels of the health system.

2 **Finding 3.4.5: GFF data-related initiatives to improve routine data use and rapid analytics show promise.**

GFF initiatives aimed at enhancing the use of routine data and rapid analytics for timely decision-making have demonstrated added value, particularly in challenging contexts. Currently, 19 countries receive support through FASTR initiative, which has generated among policy makers, as seen in Nigeria.[166]

FASTR has provided useful data in a range of countries, including health facility reporting quality and completeness in Ethiopia, immunization service coverage in Afghanistan, facility readiness and drug availability in Burkina Faso, and the impact of delays in BCG vaccine delivery on service use in Liberia.

As a relatively new initiative, it is too early to draw firm conclusions about its impact on data-driven decision-making. However, the approach shows promise and systematic tracking of how FASTR-generated data is used would be beneficial for measuring its effectiveness.

1 **Finding 3.4.6: The intent of the GFF's focus on strengthening CRVS is good, but this is acknowledged to be a challenging area and there appears to have been mixed progress.**

The GFF focus on CRVS systems aligns with its broader agenda of improving data for decision making, but progress has been uneven due to persistent challenges. To date, the **GFF has supported 14 countries** in CRVS strengthening through support to advocacy, dialogue between health ministries and CRVS agencies, strengthening CRVS systems including digitalization and financing. Additionally, technical support has been provided to seven countries, including for CRVS assessment and strategic planning in Pakistan and Uganda, CRVS coordination mechanism establishment and alignment in Chad, and for evaluation of biometrics-based ID verification and an e-consent pilot in Rwanda (for more detail, see Volume II, Annex 9.)

There is evidence of progress in some partner countries. Ethiopia, Kenya and Rwanda have reported significant improvements in birth and death registration, supported by the GFF's contribution to health worker training, mobile registration pilots, and CRVS reforms, respectively. Innovative cross sectoral approaches such as Rwanda's collaboration between health, nutrition and social protection

[165] GFF CES Reviews.
[166] FY24 Nigeria CES review, 2023; IC MTR.

sectors, have shown promise and could offer valuable lessons for other countries seeking to enhance their CRVS systems.

However, many GFF-supported countries still lack functional CRVS systems, and CRVS maturity levels vary widely. Key challenges include insufficient government resources, reliance on paper-based registration systems, and limited availability of vital statistics.[167] For example, the Uganda endline review identified significant challenges, noting that: *"obtaining reliable vital statistics, including cause of death, through hospital reporting, surveys and the civil registration system has a long way to go*".[168]

Addressing these challenges requires sustained investment and stronger integration of CRVS financing into national health plans and budgets. The GFF's collaboration with other partners in strengthening health information systems could further support CRVS improvements.

2 **Finding 3.4.7: Country and portfolio level reporting and evaluations demonstrate that GFF support for Health Management Information System (HMIS) strengthening has led to improvements in data quality and use, particularly in tracking RMNCAH-N service coverage and equity, but progress remains uneven across countries.**

The GFF contributes to HMIS strengthening alongside other partners. HMIS strengthening is a priority for 26 partner countries, with GFF partnering with Countdown to 2030 to review data quality and completeness and analyze coverage and equity data.

GFF support has contributed to improvements in the quality and use of HMIS data, including tracking RMNCAH-N service coverage and equity. GFF contributions were evident in five of ten evaluation case study countries. For instance, in Tanzania, the endline review noted that: "health information system strengthening focused on the DHIS2 which has become a solid health facility data reporting system that can generate many relevant statistics, provided the right data quality controls are done and the system is better protected against too many data requests" though inoperability issues persist.[169] In Kenya, the MOH reported higher quality, more complete, and timely DHIS data, with the RMNCAH Scorecard capturing data at national, county, and facility levels.[170]

Strengthening maternal and perinatal death surveillance and response (MPDSR) is also a priority for the GFF. A March 2023 GFF report noted that MPDSR support had been weaker compared to CRVS, but steps have been taken to address this. Currently, around half of GFF partner country ICs include MPDRS as an investment area, with 11 co-financed partner countries incorporating MPDSR investments, suggesting IC influence on investment decisions (For more details see Volume II, Annex 9.)

The evaluation identified opportunities to strengthen data quality and use, including enhanced collaboration and data sharing with partners like Countdown 2030, WHO, and UNICEF, expansion of FASTR, and building on collaboration with WHO on a standard country data quality measurement framework.

[167] GFF IG-10-3 Issues Paper.
[168] Endline review of the IC in Uganda, 2020.
[169] Tanzania endline review, 2022.
[170] MOH. Eight years of Kenya's partnership with the GFF, presentation to the 17th GFF Investors Group Meeting, November 29-30, 2023.

"The GFF is doing good work on alignment e.g. of standard indicators to monitor HSS with WHO, TGF and GAVI but not collaborating as much or as well as it could do, and needs to, with WHO and others on support for strengthening data and HMIS at country level" – Global KI

4.3.5 EQ 3.4 (b): To what extent/how has GFF improved its results tracking and reporting across the portfolio?

1 **Overall summary finding**: The GFF has recently made efforts to enhance results tracking and reporting across its portfolio by measuring country progress against engagement strategies and tracking progress towards strategic KPIs in the GFF Strategy. However, challenges remain in clearly identifying, measuring, and reporting the outcomes of GFF-specific support and its contribution to broader results.

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1 **Finding 3.4.8: The GFF has made efforts to improve results tracking and reporting, using tools such as the data portal, logic model, and measurement framework with KPIs for each strategic direction. However, it still faces challenges in clearly measuring and articulating its contribution to country-level results.**

The GFF produces extensive reporting, but stakeholders highlight the need for more targeted analysis on what is being done and funded, progress with country engagement strategies, and causal pathways that demonstrate GFF's added value.

"The GFF is less good on indicators that measure, and report on, what they are doing, what has been done versus what was planned, what the funding is spent on, what is working well and less well and why"—Global KI

The data portal includes country-reported data and with a range of credible independent sources to track progress towards the long-term outcome and impact indicators in the logic model. However, some global KIs questioned whether its value, noting redundancies with other data sources to some extent and as it does not fully reflect the GFF's specific contributions.

Initially, the GFF intentionally did not focus on GFF-specific results and attribution, aligning with its country-led approach and supporting government systems. More recently, it introduced the measurement framework to better track and report country progress towards strategic direction KPIs, aiming to improve reporting on contribution to results. The GFF reports progress towards the strategic direction KPIs based on the percentage of countries meeting KPI benchmarks (for indices this is reported as the average percentage of criteria in the index that are met and for the cascades this is the percentage of countries achieving the last step of the cascade).[171] Despite these improvements, challenges persist:

- **Heavy reliance on self-reported data** to measure and report contributions.
- **Gaps in the logic model**, particularly in linking **inputs to expected outputs and outcomes**.
- **Lack of clarity on causal pathways**, with missing steps between **outputs and medium-term outcome;** does not fully identify how and why GFF's interventions have contributed (or failed to contribute) to progress.

[171] The GFF reports that data sources for reporting against strategic direction KPIs include ICs, PADS, implementation status reports, mid-term reviews, evaluation reports and data shared by countries.

- **Underlying assumptions in the logic model** that do not always hold true (see Table 9).

> *"There are many steps between the GFF model and impact - these are not captured in the logic model*" – Global KI

Table 9. Evaluation findings on assumptions underlying the GFF logic model

Assumption 1: The GFF and World Bank are well placed to support governments to strengthen co-ordination and alignment	• This assumption partially holds. • There is strong evidence from countries such as Afghanistan and Niger that in fragile contexts, the World Bank is well placed to take on a strong convening role. This is reinforced when there is a donor pooled fund. However, there is also evidence that the World Bank is not always well resourced to contribute to alignment and coordination. GFF efforts to strengthen coordination are enhanced by processes such as RMET and alignment initiatives such as 'one plan, one budget, and one report'.
Assumption 2: The GFF model is able to influence governments to give health sufficient priority in an environment of increasing resource constraints and competing priorities	• This assumption partially holds. • The presence of the GFF reflects government prioritization in health. There is no evidence that governments do not prioritize health, although some may do so without viewing health as an investment. There is fairly strong evidence that the GFF has limited influence on government allocations to the health sector, although there is strong evidence that the GFF has been able to lever increased IDA/IBRD agreements and loans with national governments. There is some evidence that the GFF has been able to use specific budget tools such as budget tagging to protect health budgets in the face of significant pressures (e.g. Indonesia using budget tags for nutrition projects).
Assumption 3: There is a shared agenda and effective engagement between the MOF and the MOH in GFF countries	• This assumption mostly does not hold. • Some MoH stakeholders would like to see more GFF support in facilitating engagement; given the World Bank's relationship with the MoF, the GFF has a potential added value to do this.
Assumption 4: Country platforms facilitate effective and inclusive multi-stakeholder engagement	• This assumption mostly holds. • There is good evidence that the CPs can facilitate multi-stakeholder engagement, particularly in the development of the IC, although the extent of inclusive engagement depends on the country and political context.
Assumption 5: Countries are committed to implementation of policies that are supportive of equitable, scaled and sustained delivery of high-impact interventions, financing and systems reforms and UHC	• This assumption largely holds. • There is strong evidence that countries (MoH) are committed to HSS; there is less evidence of how much non-health actors, such as MoF, support health financing reforms. There is some evidence that governments are moving towards UHC, and many World Bank projects focus on strengthening PHC as a part of this.
Assumption 6: The GFF has a clear strategy for HSS with partners and gains can be identified	• This assumption only partially holds. • The GFF has an approach which is broadly 'health systems focused', but as yet has no HSS strategy.
Assumption 7: Other donors are willing to align, in accordance with their HQ priorities, their support to country ICs	• This assumption partially holds. • There is evidence of donors aligning with the IC / national health strategies in some case study countries, but not in others.
Assumption 8: GFF engages with other key actors to ensure a	• This assumption partially holds.

coherent approach to support for RMNCAH-N, HSS and health financing reform	• There is some evidence that the GFF's support for alignment is contributing to a more coherent approach to support for RMNCAH-N, but less evidence of this with respect to HSS and HF reform.
Assumption 9: The World Bank TTL team has the mandate and bandwidth to coordinate and collaborate effectively with other donors and partners supporting RMNCAH-N in GFF partner countries	• This assumption does not hold. • TTLs vary in the extent to which they can support GFF-related activities. In most, if not all case study countries, the World Bank TTL only has limited time to commit to RMNCAH-N coordination, collaboration and alignment.
Assumption 10: The GFF Secretariat and the World Bank partnership framework provides clarity of roles and accountability mechanisms	• This assumption partially holds. • Roles and responsibilities are clearer now between the World Bank DC team and GFF Secretariat, but further work is underway to bring clarity to the country level. The GFF and World Bank have not codified their partnership in detail. The 2020 Issues Paper points to a number of pressure points created by having the GFF as a multi-donor trust fund within the World Bank, many of which relate to the lack of capacity of World Bank staff in countries who are more incentivized to focus on the loan programs they are managing.
Assumption 11: The GFF provides or funds effective technical assistance that is tailored to country context and needs	• This assumption partially holds. • The TA for developing ICs, undertaking RMET and improving health data management systems are well tailored to country contexts and needs. What is less clear is the effectiveness of other areas of TA that have been provided, including the significant proportion of TA that goes to supporting the implementation of World Bank programs.
Assumption 12: The GFF has the staff capacity to deliver the country engagement model and to catalyze action to strengthen country systems and deliver results	• This assumption only partially holds. • Country stakeholders indicated that having more GFF staff in the country would enable the GFF to more fully engage with the considerable transactions needed to assist with alignment, coordination and communications. There is reasonably strong evidence that the GFF does not have the staff capacity, in terms of staffing numbers, to deliver the country engagement model and to catalyze action to strengthen country systems.
Assumption 13: GFF countries have made stronger progress in financing for RMNCAH-N than non-GFF countries	• This assumption partially holds. • The evaluation found that this assumption holds true with respect to leveraging World Bank IDA and IBRD financing for RMNCAH-N but does not hold true for donor or domestic financing. There is good evidence in a number of evaluation case study countries that health financing allocated to RMNCAH-N within World Bank projects has increased and that some countries have increased the share of health budgets allocated to RMNCAH-N.
Assumption 14: Improvements in country data quality and availability lead to improved decision making and accountability	• This assumption only partially holds. • The evaluation found that this assumption has not consistently held true across GFF partner countries. While there is evidence from some countries of regular review of data and evidence, the evaluation found limited documented evidence of data being used to improve decision making and accountability.
Assumption 15: GFF's support to voice, equity and gender equality contributes to prioritization of SRHR at country level	• This assumption only partially holds. • The evaluation found that limited evidence that the GFF's support to voice, equity and gender equality has contributed to prioritization of RMNCAH-N or SRHR at country level, but there is evidence that GFF support has helped to increase focus on equity and gender equality within ICs and World Bank projects.

- The current KPIs in the GFF measurement framework may not fully capture or appropriately measure the GFF's contribution. For example:
  1. Strategic Direction 1: Assessing national strategies and plans might be more relevant than focusing on ICs in contexts where the national strategy or plan has been adopted as the IC.
  2. Strategic Direction 3: HRH reforms and public-private partnerships may not best reflect the GFF's role in safeguarding and promoting high quality essential health services; other GFF interventions may have a greater impact.
  3. Strategic Direction 4: A more suitable KPI could reflect GFF's comparative advantage in fostering resilient, equitable, and sustainable health financing systems, beyond focusing on commodity financing reforms.
  4. Strategic Direction 5: The KPI on data use could emphasize how data is used for decision-making.
- There has been a lack of reporting on the progress of implementing country engagement strategies, but these strategies are relatively new, and reporting on them is currently in progress. This ongoing reporting is expected to provide more insights into how these strategies are being executed and their impact on country-level outcomes.
- There is a limited follow-up on or evaluation of GFF investments, e.g. in TA and capacity building, or how its investments have contributed to e.g. improvements in service coverage or scale up of innovations.
- The GFF has a limited staff capacity for results measurement and reporting, both in the Secretariat and at country level. Although there has been an increase in GFF results specialists, their primary focus has been on providing support to countries to improve data availability, quality and analysis. However, the TOR of the Results Specialists has been revised recently to include a strong focus on supporting data use processes at country level.

> *"Annual reports have been difficult to draw clear conclusions from. And they don't report against the GFF Strategy. There is an ongoing effort to develop a common results framework that balances country-specific needs and cross-country comparability, but this has not been fully resolved yet"* - Global KI
>
> "*The GFF faces a challenge in articulating and evaluating its value add and results, specifically its place in the contribution chain, e.g. how much is country data improvement due to the GFF and how much due to others including UN agencies and technical partners"*- Global KI

2 **Finding 3.4.9: The GFF faces a challenge in balancing donor reporting requirements, minimizing the reporting burden on countries, and maintaining a streamlined operation.**

While the GFF has made considerable efforts to develop the data portal to track country profiles, core indicators and IC-specific metrics in response to GFF partner and donor requests, reporting complexities remain due to the integrated nature of the GFF model.

Unlike vertical funds that track discrete outputs (e.g., TB treatments or vaccine procurement), the GFF's integration with World Bank, health systems investments, and country led processes are the same characteristics that make it more challenging to report on the GFF as though it were a vertical fund. Donors need to recognize that the GFF operates differently from other Global Health Initiatives (GHIs). However, despite these challenges, the GFF must improve its documentation of its contributions, strengthen its understanding of causal pathways, and report more effectively on how it leverages resources for impact.

Sub-topic 2: Progress towards outcomes of the GFF strategy with focus on the priority thematic areas of sexual and reproductive health and rights (SRHR) and gender equality

4.3.6 EQ 3.5: To what extent has there been demonstrable progress towards outcomes in the areas prioritized in the GFF strategy and reflected in the logic model?

1

Overall summary finding: The GFF's reporting on logic model indicators shows good progress toward output indicators but less progress on medium- and long-term outcome indicators. Similarly, progress against strategic direction KPIs has been mixed, with newer GFF priorities, such as gender, HRH, and commodity financing, showing weaker performance. These reported findings are broadly consistent with evaluation findings, but assessing progress towards expected outcomes remains challenging due to limitations in GFF reporting.

1

Finding 3.5.1: Findings reported by the GFF against the logic model indicators in annual reviews align with the evaluation's assessment of progress, showing good progress on output indicators but less progress on medium- and long-term outcomes and impact.

Portfolio-wide findings reported in the most recent Annual Report (2022-2023) indicates strong performance at the output level, though certain areas – such as data analysis, regular data use, and health information system assessments – have progress more slowly (see Box 6).

While tracking contributions to outcomes and impact remains challenging, the most recent reporting against the KPIs provides a more up to date picture (see Finding 3.5.2 below).

Box 6. GFF reported progress towards logic model output indicators[172]

- Almost all countries have a country platform (33) which documents the inclusion of CSOs, but fewer (only 17) hold regular meetings to discuss results and corrective action.
- Almost all countries have a completed IC (33), of which almost all (32) prioritize under-served populations and geographic areas, have a results framework (30), and all 33 have co-financed projects that are approved and disbursed.
- Almost all countries have had RMET conducted and have an implementation plan including initiatives to improve DRM, efficiency and financial protection (32).
- While most countries have data related to the IC results framework available (32), fewer have an established process to analyze results (21) and completed health information system assessments (18).

Mixed progress on medium- and long-term RMNCAH-N outcome indicators: While most GFF partner countries (31) are engaged in monitoring service quality, fewer have seen improvements in 75 percent or more of their RMNCAH-N outputs (16), identification and implementation of private sector/mixed health system reforms (17) making systematic use of data (21). Progress on long-term outcome indicators remains uneven, with fewer than half of partner countries showing improvements in maternal and newborn (18), family planning (14), nutrition (12), health system strengthening outcomes (12), increased and sustained domestic resources for health (17), and improved budget execution (15). Despite challenges, most indicators - except nutrition and HSS outcome indicators – are trending positively.

[172] Delivering on the GFF Promise: Protecting and Promoting the Health and Well-Being of Women, Children and Adolescents. GFF Annual Report 2022–2023

A CGD Policy Paper notes: *"Regularly reported performance data for World Bank operations enables some analysis of trends. However, progress against these indicators is not necessarily evidence of the GFF's causal effect. Available data from World Bank project reporting paints a mixed picture on RMNCAH-N coverage and service delivery improvements within and across countries… Alongside the challenges associated with tracking results data, there is an overall need for more rigorous evaluation to understand the why behind performance trends".*[173]

The above is consistent with the GFF's 2022-2023 Annual Report findings, showing stronger improvements in maternal mortality ratio (MMR, 96 percent) and under-five mortality rate (U5MR, 95 percent), but lower progress on adolescent birth rate (76 percent) and under-five stunting (75 percent). Available data also suggest service coverage improvements, but less progress in quality of care.

Country case study trends: Case study countries report mixed progress, although only a sample of GFF partner countries, the findings suggest that there has been less progress in improving neonatal mortality, stillbirth and adolescent health indicators than in reducing maternal mortality ratio (MMR) and under-five mortality rate (U5MR). With some exceptions, improvement in nutritional indicators has been limited (see Volume III for details):

- **Indonesia:** Stunting prevalence fell from 30.8 percent (2018) to 21.5 percent (2023) (INEY ICR, June 2024).
- **Tanzania**: Maternal mortality and U5MR declined (from 67 to 42 per 1,000 live births, 2015–2022); moderate/severe wasting decreased (4.4 percent to 3.3 percent); adolescent pregnancies also declined. There has been less improvement in the neonatal mortality rate (NMR). While it is not possible to attribute this to the GFF's engagement, two non-World Bank/GFF KIs linked these results to Program for Results (PforR) projects. However, neonatal mortality and stunting remain high, with quality of care still weak.
- **Guinea**: Service coverage indicators, such as facility-based deliveries and postnatal care uptake, improved, but outcome indicators varied, even in GFF-World Bank focus regions.
- **Nigeria**: Co-financed projects showed declines in maternal mortality (576 to 512 per 100,000 live births, 2013–2018) (see also latest global estimates in Figure 9), U5MR (132 to 102 per 1,000), and neonatal mortality (39 to 32 per 1,000). However, stillbirths increased (12.3 to 17.5 per 1,000), and stunting remained unchanged (36.8 percent)
- **Ethiopia:** GFF-supported initiatives contributed to increased skilled deliveries and quality of care in target regions. However, ANC1 coverage declined (by 21.5 percent to 51 percent, 2020–2023), while institutional deliveries increased (by 10.4 percent to 58 percent).[174] However, as Table 10 below shows, there has been mixed progress.

Overall, while progress is evident, improvements are inconsistent across indicators and countries, particularly for nutrition, neonatal mortality, and stillbirth reduction.

[173] CGD Policy Paper 246. December 2021.
[174] GFF FASTR Ethiopia presentation August 2023

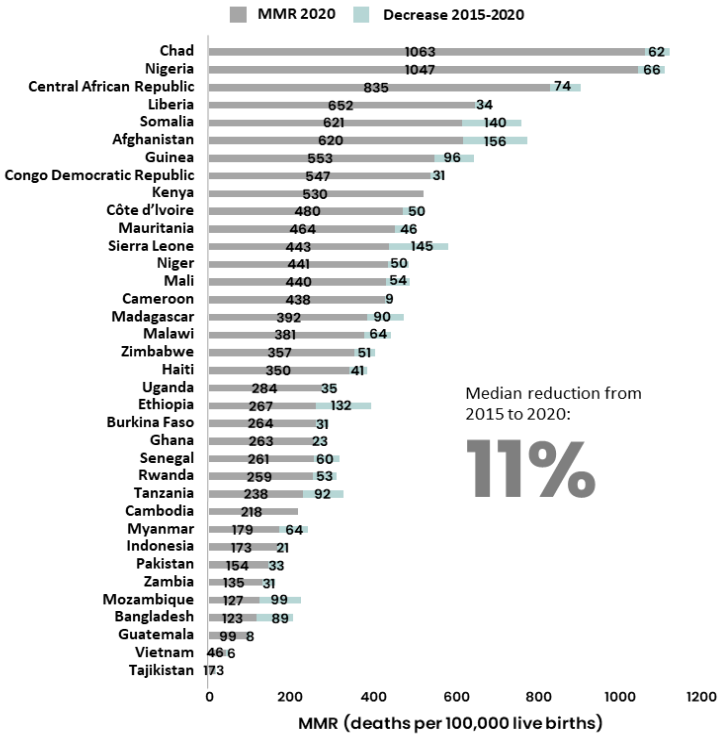
Table 10. Progress against selected RMNCAH indicators in Ethiopia

Indicator		Year		Year	Progress
MMR	412	2016	-	2019	
U5MR	67	2016	55	2019	Improved
NMR	29	2016	30	2019	Not improved
Stillbirths	17.3	2011	11	2016	Improved
Adolescent birth rate	80	2016	79	2019	Unchanged
percent of births <24 months after preceding birth	21.7	2016	-	2019	
Stunting U5s	36.8	2019	39	2023	Not improved
Moderate and severe wasting U5s	7.2	2019	11	2023	Not improved

Source: Volume III, Country Case Study Reports

The latest global estimates show that MMR has declined in all but two GFF countries (Kenya and Cambodia). However subsequent data from Kenya's census and Cambodia's DHS suggest that both countries have also experienced MMR reductions (see Figure 9). Despite overall progress, evidence suggests that the pace of maternal mortality reduction has slowed, highlighting the need for accelerated efforts to sustain and improve gains.

Figure 9. Decrease in maternal mortality in GFF countries (2015-2020) [175]



Donor support for family planning remains stable but lags behind growing needs, with slow progress in increasing government funding for family planning commodities. The GFF support to commodity financing reform focused on system strengthening, addressing bottlenecks and supporting PFM reforms. It also supports resource allocation challenges through approaches including use of DLIs in Nigeria and Mozambique to incentivize family planning expenditures.

[175] Data source: Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UDESA/Population Division. Geneva: WHO; 2023. Analysis by Countdown to 2030.

GFF reporting against the commodity financing reform KPI as of 2024 shows 26 countries have prioritized commodity financing reforms, 22 countries have begun implementation, and 14 have achieved measurable progress (see Table 11). Key reforms include:

- Increased financing for priority RMNCAH-N commodities and diagnostics (14 countries).
- Enhanced government oversights of quality and equitable access (13 countries).
- Improved patient access to quality RMNCAH-N commodities and diagnostics (12 countries).
- Expanded and diversified last mile distribution points (12 countries).
- Improved supply chain resilience (4 countries).

Table 11. GFF reporting against the commodity financing reform KPI

2023	22% of countries	• 31 countries with prioritized reforms/actions to ensure adequate financing for RMNCAH-N commodities through government systems, 18 have a measurement approach in place, 20 have started implementing reforms/actions, and 8 with measurable progress
2024	42% of countries	• 26 countries have prioritized reforms/actions, 21 have a measurement approach in place, 22 have started implementation, and 14 have achieved measurable progress.

GFF support for RMNCAH-N prioritization, enhanced data and its use, and adequate financing – along with co-financed projects using RBF – has the potential to improve service coverage and quality. An analysis of 29 co-financed projects found five projects with PforR and 18 with PBF/RBF components, with 71 percent of total spending lined to RMNCAH-N coverage or quality indicators.[176] However, GFF results metrics reveal significant cross-country variations in health outcomes and system strengthening efforts, indicating that is approach, instruments and incentives work differently across country contexts.

1 **Finding 3.5.2: GFF reporting on strategic direction KPIs shows mixed progress, with newer priority areas – often requiring longer timeframes – lagging behind.**

Based on GFF data where KPI values are comparable between years, progress between 2023 and 2024 is detailed in Vol II, Annex 11. Overall, most KPIs have shown progress. GFF partner countries are making steady progress against strategic directions 1, 3, 4, and 5, indicating enhanced RMNCAH prioritized investments, high-quality health service delivery, stronger health systems, and better results monitoring. However, progress towards strategic direction 2 is lagging, with only 18 percent of countries meeting the gender equality KPI, 48 percent of countries demonstrating progress towards reduction in equity gaps, and 67 percent of countries involving CSOs in regular implementation reviews as of 2024.

[176] Keller, J. M., Silverman, R., Kaufman, J., Glassman, A. Prioritizing public spending on health in lower-income countries: The role of the Global Financing Facility for Women, Children and Adolescents. Center for Global Development: https://www.cgdev.org/publication/prioritizing-public-spending-health-lower-income-countries-role-global-financing

Sub-topic 3: Equity and gender

4.3.7 EQ 3.6: What lessons can be learned from the GFF's experience in supporting the advancement of SRHR, equity, voice and gender equality, and how can these lessons be applied to future initiatives?

1 **Overall summary finding:** The GFF has contributed to advancing efforts to address geographical inequities, but its contribution to supporting and addressing the needs of the most vulnerable and marginalized populations has been more limited. It is still too early to assess the GFF's contribution to advancing gender equality and the added value of its support for CSO and youth organization participation remains unclear due to a lack of evaluation. Additionally, lessons about advancement of equity, voice and gender equality are not systematically documented.

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1 **Finding 3.6.1: The GFF has contributed to reducing geographical inequities in RMNCAH-N service access, through progress has been mixed.**

Global KIs and country case studies highlight GFF's contribution to supporting the expansion of RMNCAH-N and PHC services to underserved areas and populations. This has been achieved through:

- Supporting a strong equity focus in ICs aligned with national priorities, as in Côte D'Ivoire.
- Co-financed projects with targeted equity focus, such as nutrition programs in Cambodia and Indonesia – where a World Bank project targets the poorest 40 percent of households at high risk of stunting in priority districts[177] (see Annex 10 for further details).

Additional approaches to addressing geographical inequities include:

- Strategic partnerships, e.g., with UNICEF.
- Equity-focused tools, such as GFF Country Equity Diagnostics.
- Enhanced data availability, enabling identification of underserved areas (e.g., Ethiopia).
- Incentivization mechanisms, including DLIs and other conditionalities to improve service coverage in under-served areas (e.g., Ethiopia).
- Health insurance expansion, supporting targeted NHIS scale-up for underserved populations, including:
    - Couverture Maladie Universelle (CMU) in Côte D'Ivoire.
    - NHIS scale-up in conflict-affected states in Nigeria.
    - Subsidized health care for the poorest, for example in Guinea (see Box 7).

Box 7. Financing health services for the poorest in Guinea

The PAD includes a fund to pay the health care fees for 'indigent' families. "The program which builds on the lessons from the Bank's Productive Social Safety Net Project, focuses on a local, community-driven process to identify indigents, verify such indigents through independent local NGOs, develop an electronic database on these people administered by the district health authorities, and provide all selected indigents with a corresponding indigent health card, which will allow the poorest people to access RMNCH services free of charge at primary level facilities. The facilities providing services to the indigent population will bill the central government (the project) for services rendered (after NGO verification). The activities to be financed under this component will focus on financing the community selection of indigents and the NGO verification process, administrative expenses related

[177] INEY I ICR, June 2024

to management of the database, issuing cards, training and communication activities, and reimbursement to health facilities for services rendered to indigents. "[178]

The GFF Secretariat notes that sub-national prioritization is central to nearly all GFF-World Bank co-financed projects, consistently based on equity considerations–targeting areas with low coverage of essential services or high burden of disease or stunting burdens.

As of 2024, GFF reporting on the equity gap reduction KPI indicates that 33 countries have prioritized strategies, 28 have established measurement approaches, 30 have begun implementing strategies, and 16 have demonstrated measurable progress.

1 Finding 3.6.2: Limited evidence exists on the impact of efforts targeting specific vulnerable or marginalized populations.

While partner countries decide on prioritization methods – whether geographic or population based – GFF's influence is limited. Geographical prioritization often incorporates equity considerations but effectively reaching vulnerable and marginalized populations is often challenging. In some cases, the GFF adopts a flexible approach, such as in Côte d'Ivoire, where CMU coverage has significantly increased, but enrolment of women and the poorest remains low. To address this, the GFF provided a grant to fund a pilot social protection project linking cash transfers to CMU enrolment. Data limitations can hinder effective targeting of these groups. For example, while DHIS2 data highlights performance disparities between administrative units, it is less useful for analyzing specific population sub-groups.

Adolescents are a priority for the GFF: The GFF developed guidance on the use of financing levers to improve adolescent SRHRH. As of 2024:[179]

- 25 of 36 partner countries have prioritized adolescents in their ICs and projects.
- 4 of 10 case study countries explicitly prioritize adolescent SRHR, with some ICs playing a role in shaping interventions. In Niger, strong evidence shows that while the World Bank project built on existing priorities for adolescent health priorities, its design was directly informed by the IC through a prioritization process, integrating gender empowerment into the different project components which relied on GFF TA.

GFF-supported adolescent health initiatives:

- **Guinea:** Use of PBF to increase focus on adolescents.
- **Ethiopia:** DLIs to improve the quality of adolescent health services.
- **Niger:** Support for CSE in schools
- **Kenya:** Use of vouchers to promote adolescent service uptake.
- **Nigeria:** GFF grants enhanced co-financed projects by providing TA for adolescent health implementation research and project supervision.

A review highlighted GFF's efforts to ensure strategic allocation of grants and to influence how World Bank loans are spent, ensuring investment in neglected areas, including adolescent SRHR.[180]

[178] Guinea PAD 2018, p. 14

[179] GFF, 2022. Financing for results to improve ASRH and well-being.

[180] Witter S. et al. Reimagining the future of Global Health Initiatives. Final report. July 2023

However, despite early signs of progress, adolescent SRH remains inconsistently addressed. While adolescent services are reported to have improved in some countries like Liberia[181] and adolescent health indicators improved countries including Kenya, others are lagging. For example, in Malawi, adolescent service uptake is lower than among older women and adolescent birth rate reduction has lagged. In Indonesia key adolescent interventions – such as iron supplementation and counselling on preventing early marriage – were reported as 'not happening' or lagging.

> *"We have planned to double down on equity – there is geographic targeting but not beyond this"* – Global KI

1 **Finding 3.6.3: The GFF's strategic focus on gender, along with its partnership with MAGE to enhance gender-sensitive monitoring in countries, shows promise but is still relatively new. It is too early to identify lessons or assess the impact of these efforts.**

The GFF has developed a Gender Equity Road Map and identified six areas of action to advance gender equality,[182] which build on its comparative advantage.

The GFF's efforts to advance gender equality follow a multi-pronged approach, leveraging various tools such as policy dialogue, GFF grants, IDA, and analytical and technical support to inform strategy and project design. These efforts include RBF, data generation through FASTR surveys, and leadership capacity building for women in the health workforce. Gender equity activities are regularly reviewed and highlighted on the GFF's data portal. The MAGE partnership supports gender integration in GFF-supported country operations across four areas: quality of care, health care financing, health workforce governance and policies, and data and information systems. The GFF reports that this framework is being used to inform engagement with government and World Bank teams in the design of new projects.[183]

Priority areas for gender-related reform include access to and quality of care (18 countries); action on gender-based violence (GBV) (13 countries); support for financial coverage or benefits for women and girls (10 countries); gender equality and health workforce (4 countries). The GFF reports that strengthening gender-responsive monitoring is a priority in four countries (Bangladesh, Ghana, Guinea, Pakistan) and that some countries are being supported to incorporate gender equality DLIs (Bangladesh, Mozambique). MAGE has advanced gender related data and analytics in two key GFF reform areas for RMNCAH-N: health financing and human resources for health.

Overall, the GFF's reporting on its gender equality KPI suggests that there has been mixed progress, noting that while most countries prioritize gender, gaps remain in implementation and measurement. As of 2024, 26 countries have prioritized strategies to address gender gaps; 20 have a measurement approach in place; 18 have a strategy being implemented; but only 6 have achieved measurable progress.

[181] Liberia – IC 2016-2020 End term evaluation report, 2023
[182] Analytical and technical support to demonstrate the relationship between gender inequality and poor health outcomes; increasing country investment in gender-sensitive monitoring and data systems; support for reforms and integration of gender and SRHR into UHC; empowering women and girls and engaging with women's organizations; and strengthening engagement beyond the health sector.
[183] Mage (mageproject.org)

GFF reporting on progress with its approach to gender equality notes that, as of October 2023, country implementation of identified gender priorities remains a challenge.[184] It also identifies limitations including the early stage of gender integration in some partner countries, the impact of political instability and conflict on progress, and limited country capacity to track progress with gender-related reforms.

While it is challenging to assess measurable progress in advancing gender equality, the evaluation identified several strong examples of GFF's contributions:

- **Prioritization of gender within the IC:** In Guinea, it was reported that the IC development process enabled issues that had previously been neglected to be prioritized and addressed. This included a new project on adolescent and youth sexual and reproductive health rights in regions where there had been limited interventions, which is being financed by the French Development Agency (AFD). Gender is central to the IC in Cote D'Ivoire (see **Box 8**).
- **Policy dialogue**: In Cameroon, GFF-supported dialogue helped amend a national regulation allowing pregnant girls to remain in school.
- **Strategic financing**: The use of DPOs in Niger and Sierra Leone have supported gender-related initiatives. Pakistan is also an example of where gender has been integrated into the World Bank project through specific DLRs.
- **Incentives for PHC providers**: In Uganda, financial incentives have been used to encourage providers to offer family planning counseling and commodities to adolescent girls.
- **Gender analysis of health insurance**: GFF supported gender analysis of health insurance programs in Côte d'Ivoire and Ghana.
- **Gender analysis of health facility surveys and respectful maternity care**: In Burkina Faso, gender analysis of the 2023 health facility survey identified areas for improvement. For example, only 56 percent of facilities had required supplies for antenatal care (ANC) and 84 percent had required supplies for delivery care and trained provider availability for RMNCAH-N was inadequate, except for family planning. Analysis in Zambia showed gaps in BeMONC facility readiness, notably staff, and less than half of women experiencing delivery care in unplanned settlements in Lusaka were asked for consent before examinations or involved in decision making about their care.
- **Male involvement**: Efforts to promote male involvement have been seen in Indonesia and Niger.
- **Women's empowerment**: The GFF-World Bank project includes a focus on women's empowerment at the village level and behavioral change communication targeted at addressing gender-based issues such as early child marriage and prevention of early child-bearing.
- **Multi-Sector approaches**: In countries like Bangladesh, Côte d'Ivoire, Ethiopia, Indonesia, Liberia, and Kenya, the GFF has employed multi-sector approaches to address gender issues. For instance, in Bangladesh, GFF supports cross-sectoral efforts to tackle early marriage and pregnancies, while in Liberia, it has helped integrate health and education sectors to provide sexual and reproductive health (SRH) information to girls in school and build school counselors' capacity. In the Health Emergency Response project in Afghanistan, funded by a range of donors, including the World Bank, through the Afghanistan Reconstruction Trust Fund, there is a strong focus on gender equity which is visible in the KPIs being monitored on

[184]GFF. Progress update: Measuring progress on GFF's approach to gender equality. 18th IG meeting, June 2024

female staff, the inclusion of cash transfers to reach vulnerable households, and in links to the funding of livelihoods and agricultural support which intend to reach female households.

Box 8. Gender in the IC in Cote D'Ivoire

The IC roadmap makes explicit how the GFF will support the government in closing gender gaps, through six areas of action:

- ✓ Action 1: Prioritize analytical and technical support demonstrating the relationship between gender inequality and unsatisfactory health outcomes, and between gender equality and improved health and well-being.
- ✓ Action 2: Increase the country's investment in gender-sensitive monitoring and data systems.
- ✓ Action 3: Support the foundations of reforms that enable the integration of sexual and reproductive health and rights into universal health coverage policies and programs.
- ✓ Action 4: Intensify engagement with local women's organizations, youth groups and other national gender equality actors to inform and support GFF's national platforms.
- ✓ Action 5: Create an enabling environment to empower women and adolescents as leaders in the GFF process at national and global levels.
- ✓ Action 6: Strengthen commitment at national level beyond the healthcare sector.[185]

Box 9. GFF contribution to advancing gender mainstreaming in Pakistan

The country case study noted improvements in the gender equity and prioritization agenda, specifically in Punjab province, due to dedicated technical support from the GFF. Discussions on mainstreaming gender in development programs, managerial HR recruitment, prioritization of gender considerations in workplace practices and in health services delivery at PHC level have been held with positive acceptance by the government. However, it is still too early to see measurable outputs or results, given that this only began in the last six months.

GFF experience in some countries shows that it is feasible to push gender issues even in difficult contexts. However, gender remains a challenge in many countries: for example, the GFF-World Bank nutrition project in Indonesia includes gender dimensions of stunting and a lot of work has been done around gender empowerment, but there is no evidence of what has been achieved. Gender-related challenges in other countries include how to make health services more gender responsive, how to improve gender-sensitive monitoring and how to generate and sustain government interest in gender.

1 **Finding 3.6.4: Meaningful CSO engagement in IC processes and country platforms varies across countries, and CSO involvement in monitoring IC implementation appears to be limited.**

Reviews, country case studies, surveys and CSO feedback indicate inconsistent CSO participation and contribution to the GFF model. One review concluded that: *"in some countries, CSO participation in the GFF mechanism has become a matter of formality"*.[186]

[185] Improving SRMNEA-N results by advancing gender equality: GFF brief to operationalize the measure, November 2020

[186] E&K Consulting, 2020. Comparative analysis of selected GFF-related investments

The GFF reports that 33 of 36 partner countries have a country platform that documents the inclusion of CSOs.[187] Strong engagement examples include in Nigeria CSO and youth representatives are included in the RMNCAH-N coordination platform and CSOs, have been engaged in advocacy to increase health financing[188] and support youth coalitions in developing an RMNCAH-N scorecard to measure governance and monitor IC implementation.[189] In contrast, there has been a lack of CSO involvement in Pakistan, in the absence of a national civil society platform, and limited CSO involvement in Ethiopia,[190] and in Indonesia, where government provides strong leadership.

Challenges related to CSO engagement in country platforms and GFF country processes include tokenistic involvement, infrequent meetings, not receiving invitations to meetings or receiving them too late, government selection of CSO representatives, and short-term funding for CSO work. Global and country CSO KIs highlighted the importance of secure, longer-term funding to support their sustained engagement in country processes and their ability to contribute to monitoring and accountability. Experience suggests that CSO capacity and government willingness to involve CSOs are critical factors.

> *"We have the country GFF platform that is a multi-stakeholder platform, but CSOs are hardly involved in the development of the IC, especially the review of country level priorities"* – Global KI
>
> *"Civil society engagement is critical for tracking IC implementation and accountability, but often there is a lot of focus on IC development and less on monitoring IC implementation"* – Global KI
>
> *"There should be more deliberate collaboration and investment in CSOs to enhance their coordination, advocacy, and accountability roles"* – Country KI

2 **Finding 3.6.5: The extent to which diverse CSO and community voices are represented varies.**

In survey feedback, for example, 43 percent of country respondents say that there has been moderate to broad engagement of diverse voices in the development of ICs, but 27 percent say that the engagement of diverse voices in this process has been limited or insufficient. Country case study findings and global CSO KIs suggest that, overall, meaningful engagement of youth in the IC development is weak.

> *"There is a need for more effort to ensure youth representation in the country platform"* – Global KI

2 **Finding 3.6.6: There is a lack of clarity about the outcomes of GFF support for CSO and youth engagement and plans for ensuring the sustainability of engagement.**

The GFF emphasizes that CSOs and youth-led organizations play a vital role in advancing equity and improving health outcomes. These groups help ensure that policies, plans, and budgets prioritize reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N), while

[187] GFF Annual Report 2022-2023.
[188] KIs; GFF TFC CEF, November 2023; GFF Nigeria brochure.
[189] Health Budget Network.
[190] CES review Ethiopia, 2022.

incorporating the perspectives of women, children, and adolescents. It reports that CSOs and youth organizations have been actively involved in the development of ICs in 17 countries and in advocacy and accountability in 28 countries.[191]

The GFF has encountered some structural challenges in supporting CSOs, given its institutional set up, which can make direct funding difficult. Grants have been provided to CSOs and youth-led organizations through PAI, but this arrangement has ended.[192] Through the Joint Learning Network for Universal Health Coverage, the GFF has coordinated with global health partners to provide CSOs with long-term financial and technical assistance to build their capacity to implement country advocacy and accountability plans for UHC and health financing.

CSO and youth engagement in GFF global governance has demonstrated added value, with country-level examples of their advocacy making a difference. For instance, CSOs and youth organizations influenced resource allocation for family planning commodities in Madagascar, the adoption of an adolescent health policy in Kenya, and secured funding for adolescent sexual and reproductive health in Mozambique. They have also taken action on accountability, such as monitoring adolescent health indicators and developing community-based scorecards. However, it remains unclear how these efforts influence national processes or how they will be scaled up and sustained. There is limited evidence of evaluation regarding the outcomes of GFF's capacity building and leadership training for CSOs and youth organizations, or systematic monitoring of their value add and impact in country processes, though an evaluation is planned. Additionally, attributing reported changes in policy and financing directly to CSO advocacy alone is challenging.

[191] GFF. The impact of GFF's partnership with civil society and youth.
[192] https://pai.org/projects/gff-ngo-host-at-pai/

Conclusions

5 Conclusions

5.1 GFF structure and systems

Conclusion 1 - The GFF has played a role in increasing investment in RMNCAH-N in partner countries. Through its investments and technical input, the GFF has helped improve the quality and strategic focus on RMNCAH-N programing. However, this contribution is not always clearly communicated or visible.

- **Leveraging financing for RMNCAH-N:** The GFF's grant financing, high-quality technical inputs, and collaboration with World Bank Task Teams have helped mobilize additional IDA/IBRD financing for large-scale, multi-sectoral RMNCAH-N programs.
- **Shaping RMNCAH-N program design:** The GFF has influenced RMNCAH-N program design by integrating gender, SRHR, equitable service delivery, and quality of care improvements.
- **Sustained engagement yields greater impact:** Countries with longer-term GFF engagement have demonstrated more progress, as their support has had time to mature. To maximize its contribution to RMNCAH-N outcomes, the GFF should consolidate and deepen its work within its existing portfolio.
- **Visibility of contributions:** The GFF's contribution is most evident during the planning phase but becomes less apparent during program implementation. This is partly due to its limited financial and human resources for ongoing support and monitoring. While the GFF provides substantial supervision funds to the World Bank and GFF technical experts for field visits that strengthen program implementation, there is limited reporting on how supervision efforts translate into programmatic changes. This challenge is expected to improve as CES reporting expands.

Conclusion 2 - The GFF effectively integrates RMNCAH-N interventions into health programs and projects by leveraging World Bank systems and processes. This approach ensures efficiency and alignment with broader health sector investments.

- **Strengthening GFF-World Bank collaboration:** While there have been challenges in coordination between the GFF and the World Bank, relationships between teams have improved over time. The new partnership agreement between the GFF and World Bank regional offices aims to enhance clarity and strengthen collaboration through a structured partnership agreement.
- **Enhancing structures and processes:** Key improvements in mutual structures and processes have advanced the GFF's RMNCAH-N mandate, particularly by better leveraging multisectoral and multi-stakeholder approaches to strengthen health interventions.
- **Technical assistance and program monitoring:** The GFF provides substantial TA to co-financed GFF-World Bank programs. However, a systematic TA needs assessment is lacking, making it unclear whether TA provision aligns with country priorities and how it contributes to program outcomes. Additionally, there is scope to enhance program monitoring and reporting to ensure greater accountability and impact measurement.

Conclusion 3 - The GFF operates as a streamlined organization fostering partner-driven action and efficiency. However, this lean structure comes with trade-offs, particularly in terms of limited in-

country presence, which may affect its ability to engage with governments, development partners, and CSOs. This, in turn, influences key aspects of the country engagement model, such as coordination and alignment, and implementation support.

- **Limited in-country presence:** Most GFF staff are based at the Secretariat in Washington, DC, with only a small number deployed in-country. While the expansion of GFF results specialists has positively impacted the countries they support, the GFF's ability to directly shape implementation, strengthen partnerships, and address capacity gaps at the country level remains constrained.
- **Strategic use of resources for capacity development:** While capacity-building efforts for government and CSO leadership have been well received, their effectiveness in advancing the GFF's core mandate is uncertain. Moving forward, there may be a need to prioritize resources toward areas that more directly align with the GFF's comparative advantage and strategic objectives.

5.2 Country engagement model

Conclusion 4 - The GFF has contributed to increased donor alignment around RMNCAH-N priorities.

- **Reducing Fragmentation and Improving Efficiency:** The GFF has helped align donor and development partner support with national RMNCAH-N plans, integrating investment case priorities into national health strategies. This approach has the potential to reduce fragmentation, improve programmatic and financing efficiencies, and help address fiscal space constraints faced by governments and development partners.
- **Ensuring sustained commitment and implementation:** Despite these improvements, further efforts are needed to translate alignment into sustained donor commitments and coordinated implementation at the country level, ensuring long-term impact and effectiveness.

Conclusion 5 - The GFF has faced challenges in leveraging additional financing for RMNCAH-N despite investments in health financing and systems strengthening.

- **Underutilized opportunities for domestic resource mobilization:** The GFF has yet to fully optimize its partnership with the World Bank to mobilize greater domestic health financing. Its engagement with Ministries of Finance remains limited, constraining efforts to secure increased domestic funding beyond IDA resources.
- **Limited success in expanding external contributions:** The GFF has also struggled to attract additional development partners and private sector contributions. A clearer strategy is needed to expand and diversify financing sources to sustain RMNCAH-N investments.

Conclusion 6 - The GFF country engagement model has strong comparative advantages and focusing on these would improve GFF effectiveness.

- **Adaptability and integration:** The GFF's flexible engagement model has adapted to country contexts and its partnership with the World Bank. The shift from stand-alone ICs to prioritizing RMNCAH-N within national health sector plans is a positive step, as seen in Nigeria and, to some extent, Malawi, where alignment around a sector-wide approach has been strengthened.

- **Enhancing communication and context-specific adaptation:** The GFF could improve communication of its country-specific strategies and clarify how its engagement model adapts to diverse contexts, particularly in countries with weaker health systems or challenging political environments where performance-based financing may face operational challenges.
- **Strengthening national health leadership:** The GFF supports national health leadership by investing in key processes like the RMET and budget tagging, enabling policymakers to better manage investment decisions. Expanding efforts, such as budget tracking at the sub-national level, could further enhance impact.
- **Improving the effectiveness of country platforms:** The country platform's effectiveness and inclusivity depend on its position within the system—whether as a high-level political platform or a technical working group—each with trade-offs for decision-making, prioritization, and oversight. In low-performing country platforms, the GFF and its partners should analyze root causes and adjust accordingly to improve performance.

Conclusion 7 - The GFF has not consistently ensured meaningful engagement of different population groups, particularly in IC implementation and accountability. Additionally, The GFF has not clearly articulated the expected outcomes of CSO participation, nor has it systematically monitored or evaluated the effectiveness of these engagements.

- **Capacity building and learning opportunities:** CSOs value capacity-building efforts and cross-country learning, which have been critical to their participation in IC development and country platforms. However, the impact of these efforts on strengthening CSOs and youth-led organizations has not been systematically evaluated.
- **Inconsistent accountability contributions:** While CSOs contribute to budget tracking and advocacy, the effectiveness and consistency of their engagement varies across partner countries, and the return on investment in this area remains unclear.
- **Need for a clear strategy on CSO engagement:** The GFF's approach to CSO engagement lacks a clear definition and strategic focus, making it difficult to mobilize and sustain meaningful participation.

5.3 Technical areas

Conclusion 8 - The GFF has appropriately integrated HSS into its approach to improving RMNCAH-N. However, it needs to further refine its comparative advantages in supporting national and sub-national health systems.

- **Complementing World Bank efforts in health financing:** The GFF has strategically invested in targeted aspects of health systems, complementing the World Bank's role in areas such as health financing, public sector performance management, and system strengthening. It has also provided technical expertise to ensure that health financing levers support RMNCAH-N and has contributed to national health insurance schemes and financing reforms toward UHC. However, its HSS strategy remains undefined, lacking clarity on focus areas and priorities.
- **Improving data utilization for decision-making:** The GFF has enhanced data availability, quality, and analysis but must ensure better utilization and documentation of how data informs country-level decision-making

Conclusion 9 - The GFF's plays a crucial role in promoting gender equality, equity, SRHR, and adolescent health. However, to maximize impact, these priorities must be further mainstreamed into national plans, World Bank-supported projects, and implementation processes, ensuring they are embedded at all levels of HSS.

- **Leveraging a multi-pronged approach:** The GFF's work in SRHR, gender, and equity demonstrates the value of a comprehensive approach that utilizes multiple levers, including policy dialogue, GFF grants, IDA financing, RBF, data and evidence, and capacity building to prioritize these issues effectively.
- **Enhancing strategic partnerships for greater impact:** Addressing inequity and gender inequality requires a coordinated, multisector approach across partner countries. Since the GFF and other donors often target similar vulnerable and hard-to-reach populations, stronger strategic partnerships can improve alignment and impact.

5.4 Results

Conclusion 10 - The GFF has made valuable contributions to improving data availability, quality, and use at the country level. Its efforts to enhance routine data utilization and provide rapid analysis for timely decision-making have been beneficial. However, the GFF has not effectively captured, documented, or shared key lessons from partner countries, and there is limited evidence of the impact of its capacity-building efforts.

- There is little evidence to show how effective GFF capacity development efforts have been, both in terms of leadership capacity development and CSO capacity development.
- **Enhancing systematic learning and adaptation:** The learning team could play a stronger role in systematically evaluating and documenting the GFF's experiences, including lessons from earlier phases of support, how its approach has evolved, and the rationale behind these adaptations.
- **Leveraging evidence for continuous improvement:** The GFF should utilize its evidence better to assess what works and what does not, particularly in fragile states and decentralized health systems. Expanding cross-country learning could further strengthen its impact.
- **Assessing the impact of capacity development:** There is little evidence on the effectiveness of the GFF's capacity development efforts, particularly in leadership training and CSO capacity-building. Strengthening monitoring and evaluation in this area is needed.

Conclusion 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. While the GFF produces a large volume of reports, challenges remain in effectively measuring and reporting on the GFF-specific outcomes and its contribution to country-level results.

- **Refining the logic model and indicators:** The current logic model tracks both GFF-attributable outcomes and broader outcomes beyond its direct influence. However, the model and its indicators are not fully aligned with the strategic direction KPIs or their cascade criteria, which can lead to inconsistencies in measurement.
- **Clarifying GFF's contribution**: Clarifying the GFF's contribution requires targeted additional reporting and analysis—specifically on what the GFF funds and implements, as well as

progress on country engagement strategies. Greater focus on causal pathways, contributions to outcomes, and the GFF's value add would improve clarity and impact assessment.

Recommendations

6 Recommendations

Recommendation 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.			
Critical[193]	**Strategic/ Operational** 1 – strategic 2 – operational 3 – operational and strategic 4 – operational and strategic 5 – operational and strategic	**Responsibility for taking forward**: GFF Secretariat, World Bank Health, Nutrition and Population Global Practice leadership, Country teams (World Bank country directors, GFF country managers)	**Standalone:** No - Partially dependent on uptake of Recommendations 2 and 3.
Operationalization	1. 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 it to more fully test, document and scale up its comparative advantages and value add within these countries. 2. 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. 3. 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 in order to facilitate more consistent progress in implementing RMNCAH-N interventions, especially in gender, equity, and adolescent health and programing. 4. 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.		

- [193]**Critical Recommendations**, address areas that the evaluators feel essential and necessary to implement for the GFF to achieve its Strategic Directions. These recommendations are underpinned and supported by robust evidence and findings in the evaluation report.
- **Important Recommendations**, address areas that evaluators argue are of relevance and significance for the GFF to prioritize. Such recommendations highlight changes or emphasize ongoing developments intended to enhance delivery of the 2021-2025 strategy. The evidence for these recommendations is at least moderately robust in the evaluation report.
- **Considerations**, address areas where changes are likely to be required in the future. However, the evaluation findings, whilst informative and useful, are not conclusive and robust enough to qualify as a critical or important recommendation.

	5. 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 performance-based financing, that are most appropriate in politically challenging environment.
Related Conclusions	• **Conclusion 1:** The GFF has played a role in increasing investment in RMNCAH-N in partner countries. Through its investments and technical input, the GFF has helped improve the quality and strategic focus on RMNCAH-N programing. However, this contribution is not always clearly communicated or visible. • **Conclusion 2:** The GFF effectively integrates RMNCAH-N interventions into health programs and projects by leveraging World Bank systems and processes. This approach ensures efficiency and alignment with broader health sector investments. • **Conclusion 4:** The GFF has contributed to increased donor alignment around RMNCAH-N priorities. • **Conclusion 5:** The GFF has faced challenges in leveraging additional financing for RMNCAH-N despite investments in health financing and systems strengthening.
Rationale (findings related to EQ 1.2, 2.1, 3.3)	**Finding 1.2.3**: GFF-supported financial instruments—ranging from donor pooled financing to performance-based levers like disbursement-linked indicators—are enhancing RMNCAH N outcomes while keeping donors on budget. However, the separation of roles in releasing performance-based funds, with the World Bank holding final authority, highlights the need for better alignment of financial incentives. **Finding 2.1.1 and 3.3.1:** The GFF and World Bank are successfully leveraging each other's strengths relating to increasing the amount of World Bank funding that is invested in RMNCAH-N interventions in GFF supported countries compared to non-GFF supported countries. **Finding 2.1.2:** The GFF's collaboration with the World Bank has strengthened RMNCAH-N programing through complementary expertise, improved coordination and alignment efforts and targeted technical assistance. **Finding 2.1.3:** The GFF's partnership with the World Bank enhances efficiency by lowering administrative costs and promoting RMNCAH-N investments through multi-sectoral approaches in countries where the World Bank also invests, such as in agriculture, WASH, community development, livelihoods, and economic empowerment, though more effort is needed to exploit the opportunities for multi-sectoral collaboration. **Finding 2.1.4:** By working with and through the World Bank funding mechanisms, GFF investments and resources more fully apply aid effectiveness principles, as funds are aligned with government priorities and systems.

	Finding 2.1.5: A key challenge within the current operational model is the lack of clear definition and communication regarding the respective roles and responsibilities of the GFF and the World Bank. This has resulted in low visibility of the GFF at country level, confusion among external stakeholders, and, in some instances, autonomy for GFF staff due misalignment with World Bank country teams' understanding of the GFF's model. **Finding 2.1.8:** The GFF and World Bank have missed opportunities to fully leverage each other's strengths, particularly by not fully exploiting and operationalizing the priorities outlined in the GFF's strategic documents.
Trade-offs	Maintaining a close working relationship with governments and the World Bank is essential for ensuring that RMNCAH-N investments are fully integrated into national planning and health systems. However, this comes with the challenge of navigating bureaucratic constraints, including rigid rules and processes that appear to be imposed by both governments and the World Bank. These constraints can lead to delays in approvals, disbursements, and program implementation. **Implications:** • **For governments:** Greater integration strengthens national ownership and sustainability but may also limit flexibility in adapting to emerging needs due to strict procedural requirements. • **For the GFF:** Close alignment with government systems enhances long-term impact but may slow down implementation due to administrative bottlenecks. • **For implementing partners:** Dependence on government and World Bank systems can delay funding flows, affecting service delivery and responsiveness. **Suggested approach for the GFF in line with the above operationalization measures:** To mitigate these trade-offs, the GFF and World Bank should collaborate on unblocking key bottlenecks in approvals and disbursement processes. Strengthening mechanisms for regular review of progress and operational adjustments can help improve efficiency, while clearer coordination between the GFF and World Bank can streamline decision-making and resource flow.

Recommendation 2: Strategic communication and partnerships: Enhance and strengthen strategic engagement with partners in country including engagement of CSOs.			
Critical	**Strategic / Operational:** 1 – operational 2 – operational 3 – operational 4 – operational 5 – operational	**Responsibility for taking forward:** GFF leadership and communications department	**Standalone:** No – Dependent on Recommendation 3, as country engagement can incur high transaction costs to reach out to people on a regular basis.
Operationalization	1. Develop a public-facing country framework[194] that details the strategy and intervention approach of the GFF in each country. 2. Better communicate the country framework with partners, including how the GFF intends to work with development partners, and increase transparency with respect to results. 3. 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. 4. Differentiate the GFF approach by target partners (including government (MOF, in addition to MOH), UN partners, relevant development partners including donors, and CSOs). 5. 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.		
Related Conclusions	• **Conclusion 6:** The GFF country engagement model has strong comparative advantages and the model's effectiveness could be improved by focusing on these. • **Conclusion 9:** The GFF's plays a crucial role in promoting gender equality, equity, SRHR, and adolescent health. However, to maximize impact, these priorities must be further mainstreamed into national plans, World Bank-supported projects, and implementation processes, ensuring they are embedded at all levels of HSS.		

[194] This is additional to the internally facing country engagement strategies currently employed by the GFF.

Rationale (findings related to EQs 1.1., 1.4, 3.6)	**Finding 1.1.1:** Government counterparts view the GFF approach, IC associated processes (such as the RMET) as enabling strong government leadership. **Finding 1.1.7 and Finding 3.6.4**: Ensuring involvement of CSOs in country platforms and bolstering their engagement in pushing for accountability of decision-makers, has proved to be challenging. **Finding 1.4.2**: GFF partnerships with other development partners is an emerging area of work, showing early promise in reducing operational costs and leveraging financial tools to address critical health issues. **Finding 2.1.5**: A key challenge within the current operational model is the lack of clear definition and communication regarding the respective roles and responsibilities of the GFF and the World Bank. This has resulted in low visibility of the GFF at country level, confusion among external stakeholders, and, in some instances, autonomy for GFF staff due misalignment with World Bank country teams' understanding of the GFF's model. **Finding 3.1.1**: There is broad consensus that the GFF adds value at country level, though perceptions of its value vary across different stakeholder groups.
Trade-offs	Enhancing communication and engagement around the GFF's country framework and operational model will help improve transparency, coordination, and stakeholder alignment. It will also help set clearer expectations regarding the GFF's role in national health financing and planning. However, greater visibility and dialogue may inadvertently raise expectations among partners—such as UN agencies, CSOs, and development actors—that the GFF will provide additional financial or technical support beyond its current scope. **Implications:** • **For governments:** Increased clarity on the GFF's role can support stronger national leadership and planning but may also lead to expectations of additional financial commitments from the GFF. • **For development partners (including UN agencies, CSOs, and donors):** Improved engagement can foster better coordination and alignment of efforts but may also create pressure on the GFF to expand its technical assistance or funding beyond its intended role. • **For the GFF and the World Bank:** A more clearly articulated and differentiated approach will help avoid confusion about roles and responsibilities but could also require additional effort to manage expectations and maintain focus on core priorities. **Suggested approach for the GFF in line with the above operationalization:** To mitigate these trade-offs, the GFF should clearly define its role, leverage partnerships to avoid unnecessary expansion of responsibilities, strategically use country platforms, and proactively manage expectations by aligning messaging with its realistic scope of support.

Recommendation 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.			
Critical	**Strategic / Operational** 1 – operational 2 – strategic 3 – operational 4 – operational	**Responsibility for taking forward:** The GFF Executive and TFC/IG	**Standalone: No** - dependent on Recommendation 1.
Operationalization	1. Review its current allocation of human resources and longer-term consultants, including where staff and consultants are located and what they are doing, to ensure that it has adequate capacity in partner countries to support the delivery of its mandate. 2. Follow-up on catalytic work to strengthen RMNCAH-N prioritization to focus more now on supporting countries to implement their RMNCAH-N projects and achieve agreed results. 3. Undertake an in-depth review of all the TA provided across the portfolio to determine what outcomes the TA has achieved and where future TA needs to be prioritized. 4. Strengthen monitoring and reporting on the effectiveness and outcomes of its TA support.		
Related Conclusions	• **Conclusion 2:** The GFF effectively integrates RMNCAH-N interventions into health programs and projects by leveraging World Bank systems and processes. This approach ensures efficiency and alignment with broader health sector investments. • **Conclusion 3:** The GFF operates as a streamlined organization fostering partner-driven action and efficiency. However, this lean structure comes with trade-offs, particularly in terms of limited in-country presence, which may affect its ability to engage with governments, development partners, and CSOs. This, in turn, influences key aspects of the country engagement model, such as coordination and alignment, and implementation support.		
Rationale (findings related to EQ 2.1, 2.2., 3.2. and 3.3.)	**Finding 2.1.6:** The GFF has provided significant TA across its portfolio with half of the support allocated to flexible TA. However, while TA has been instrumental in supporting RMNCAH-N implementation and system strengthening, gaps in documentation, utilization of TA outputs, and mechanisms for assessing TA quality limit the ability to fully evaluate its effectiveness and impact.		

	Finding 2.2.4: GFF's limited in-country presence and reliance on remote support and short-term consultants reduces its visibility and impact during RMNCAH-N implementation. **Finding 3.2.1:** GFF-specific factors that have contributed to or hindered success include in-country presence, TA, ability to influence the World Bank, flexibility of the GFF model, and the commitment of World Bank country leadership. **Finding 3.3.5:** The GFF has provided valuable support to countries for RMET, facilitating improved planning, budgeting, and tracking of both government and donor resources. This support has been recognized by governments and is actively utilized for planning in seven out of ten case study countries, highlighting its significance and effectiveness.
Trade-offs	Enhancing the GFF's resourcing and technical assistance (TA) support by increasing in-country presence and providing more long-term consultants can strengthen the implementation of RMNCAH-N interventions. This would improve the effectiveness of support to government departments and ensure better alignment with national priorities. However, there is a risk that this additional support could substitute for government-led functions, potentially undermining long-term capacity development and sustainability. Furthermore, redirecting resources to expand in-country support may require trade-offs, such as reducing funding for other areas of GFF support, including flexible TA or global-level initiatives. **Implications:** • **For governments:** Increased in-country GFF presence can provide valuable implementation support but may create dependence on external advisers rather than strengthening internal capacity. • **For the GFF:** Allocating more resources to in-country TA may enhance program effectiveness but could divert funds from other critical functions, such as high-level policy engagement or cross-country learning. • **For development partners:** Greater engagement in-country can improve coordination, but the shift in focus may reduce GFF's flexibility in responding to emerging technical assistance needs. **Suggested approach for the GFF in line with the operationalization above:** To balance these trade-offs, the GFF should ensure that TA complements government roles, focus in-country support on capacity-building, adopt a hybrid model of in-person and remote TA, and strengthen monitoring and reporting to track TA effectiveness and impact.

Recommendation 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.			
Important	**Strategic / Operational:** 1 – strategic 2 – operational 3 – strategic 4 – strategic 5 – strategic 6 - strategic	**Responsibility for taking forward:** GFF Executive and whole Secretariat team	**Standalone:** Yes
Operationalization	1. 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 (HRH), relative to other development partners. 2. Strengthen coordination for HSS in line with GFF commitments under the Lusaka Agenda, by collaborating with the World Bank and other FGHI 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. 3. 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, reduce country transaction costs, and enhance the efficiency and impact of technical assistance (TA). The GFF should contribute to these efforts as part of a collective approach, rather than serving as the lead agency. 4. 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.		

	5. 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, it 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. 6. 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. 7. 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.
Related Conclusions	• **Conclusion 8:** The GFF has appropriately integrated HSS into its approach to improving RMNCAH-N. However, it needs to further refine its comparative advantages in supporting national and sub-national health systems.
Rationale (findings related to EQ 1.2., 1.3, 2.1 and 3.4)	**Finding 1.2.1:** The GFF approach to HSS – providing technical assistance, building health financing capacities and using health financing levers – is responsive to country needs and context however greater alignment is needed. **Finding 1.2.4:** GFF-supported approaches have demonstrated effectiveness in fragile contexts, offering strategic advantages. However, further adaptation of the model may be necessary to address the complexities of politically challenging contexts. **Finding 1.3.2:** The GFF and World Bank's approach to QoC, integrated within a broader health systems strengthening framework, adds value to their interventions. **Finding 2.1.3:** The GFF's partnership with the World Bank enhances efficiency by lowering administrative costs and promoting RMNCAH-N investments through multi-sectoral approaches in countries where the World Bank also invests, such as in agriculture, WASH, community development, livelihoods, and economic empowerment, though more effort is needed to exploit the opportunities for multi-sectoral collaboration. **Finding 2.1.4:** By working with and through the World Bank funding mechanisms, GFF investments and resources more fully apply aid effectiveness principles, as funds are aligned with government priorities and systems. **Finding 3.4.7:** Country and portfolio level reporting and evaluations demonstrate that GFF support for Health Management Information System (HMIS) strengthening has led to improvements in data quality and use, particularly in tracking RMNCAH-N service coverage and equity, but progress remains uneven across countries.

Trade-offs	Finalizing the Health Systems Strengthening (HSS) strategy to focus on areas where the GFF has a comparative advantage will improve efficiency and alignment with national priorities. However, balancing the GFF's investment in HSS with its core RMNCAH-N focus presents challenges. Allocating more time and resources to HSS may divert attention from direct RMNCAH-N service delivery, while limiting the scope of HSS investments may leave gaps in country needs that other partners may not fully address. **Implications:** • **For governments:** A clearer focus on GFF's comparative advantage in HSS can improve health financing, information systems, and equity in service delivery, but some health system gaps (e.g., HRH financing) may remain unaddressed if other partners do not fill them. • **For the GFF:** Prioritizing **HSS areas where it adds the most value ensures efficiency but requires careful country-by-country decision-making on how much investment is appropriate without spreading efforts too thin.** • **For development partners:** Strengthened coordination with the World Bank and other GHIs can improve harmonization in health financing and HSS investments, but the GFF's selective approach may mean that some health system gaps remain unfunded if alignment is not strong. **Suggested approach in line with operationalization above:** To navigate these trade-offs, the GFF should prioritize HSS investments in areas of clear comparative advantage, maintain a country-specific approach to working through a health systems approach in order to improve RMNCAH-N outcomes, and strengthen coordination with partners to ensure complementary investments in broader health system needs.

Recommendation 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.			
Important	**Strategic / Operational:** 1 – strategic 2 – operational 3 – operational 4 – operational 5 – operational 6 – strategic	**Responsibility for taking forward:** GFF Secretariat, World Bank Regional Directors, GFF and World Bank country staff	**Standalone:** Yes
Operationalization	1. Align with the World Bank and other partners (e.g., WHO and civil society) to support Ministries of Health in advocacy to the Ministries of Finance 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. 2. 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. 3. Continue and scale up support to sector-wide 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. 4. Build on the GFF's valuable support for resource mapping and expenditure tracking (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 against indicators of quality of care in RMNCAH-N. 5. 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.		

	6. Clarify a private sector engagement strategy for the GFF, in alignment with other GHIs. 7. 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 DPOs.
Related Conclusions	• **Conclusion 1:** The GFF has made a strong contribution to leveraging improved investment in RMNCAH-N in partner countries and, through its investments and technical inputs, has improved the quality and focus on RMNCAH-N, though this contribution is not always clearly communicated or visible. • **Conclusion 4 -** The GFF has contributed to increased donor alignment around RMNCAH-N priorities. • **Conclusion 5 -** The GFF has faced challenges in leveraging additional financing for RMNCAH-N despite investments in health financing and systems strengthening.
Rationale (findings related to EQ 2.1., 3.2, and 3.3)	**Finding 2.1.8:** The GFF and World Bank have missed opportunities to fully leverage each other's strengths, particularly by not fully exploiting and operationalizing the priorities outlined in the GFF's strategic documents. **Finding 2.1.9:** The extent and effectiveness of the GFF advocacy efforts are poorly documented, making it difficult to assess their value with certainty. **Finding 3.3.2:** The GFF has not made a significant contribution to leveraging additional donor resources for RMNCAH-N but has contributed to improved alignment of existing donor financing. **Finding 3.3.3:** Overall, the GFF's contribution to leveraging increased domestic resource allocation for RMNCAH-N (additional to IDA/IBRD) has been limited, although with some exceptions, and there is the potential to strengthen this. **Finding 3.3.4:** The GFF has contributed to improving the efficiency of resource allocation, particularly by supporting resource mapping, expenditure tracking, and strategic purchasing in some countries. However, progress in improving budget execution has been more limited, with barriers such as weak public financial management systems, political instability, and competing fiscal priorities affecting implementation. **Finding 3.3.7:** The GFF has contributed to improved dialogue between the MOH and MOF in some countries and this is an area where the GFF can add value.
Trade-offs	Strengthening advocacy for increased and more efficient health financing, particularly for RMNCAH-N, in partnership with the World Bank and other stakeholders, can lead to greater investments in health and improved financial sustainability. However, this effort requires careful balance to ensure that advocacy efforts are perceived as **country-led** rather than externally driven. Additionally, an increased focus on overall health financing may dilute the specific attention on RMNCAH-N, potentially affecting targeted progress in maternal, child, and adolescent health.

Implications:

- **For governments:** Strengthened advocacy can improve health budget allocations, but there is a risk that Ministries of Finance may perceive it as external pressure rather than a government-led priority.
- **For the GFF and the World Bank:** Closer collaboration on health financing could enhance collective impact, but it requires balancing engagement with Ministries of Finance while maintaining the GFF's distinct focus on RMNCAH-N.
- **For development partners and CSOs:** Aligning advocacy efforts with WHO, civil society, and other GHIs can create a stronger, unified case for health investment, but differing priorities among partners may lead to challenges in messaging and focus.

Suggested approach for the GFF in line with operationalization above:

To manage these trade-offs, the GFF should ensure that advocacy efforts are country-driven, balance broad health financing goals with RMNCAH-N priorities, and enhance documentation of its impact. Additionally, it should strategically leverage its partnership with the World Bank and ensure that a clear private sector engagement strategy to diversify financing mechanisms exists.

Recommendation 6. Results and reporting: Strengthen data availability, quality, and utilization at country level.			
Important	**Strategic / Operational** 1 –strategic 2 – operational 3 – operational	**Responsibility for taking forward:** GFF Results Team, World Bank Task Teams	**Standalone:** Yes
Operationalization	1. Strengthen support for the systematic use of data for country decision making, and document how data is being used to improve health investment, efficiency, and quality of care. 2. 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 GHIs to align metrics and reporting frame under country leadership. 3. Continue to use and embed FASTR into country data systems to rapidly collect data, e.g., on quality, health system bottlenecks, gender, and equity.		
Related Conclusions:	• **Conclusion 8:** The GFF has appropriately integrated HSS into its approach to improving RMNCAH-N. However, it needs to further refine its comparative advantages in supporting national and sub-national health systems.		
Rationale (findings related to EQ 3.4)	**Finding 3.4.2:** The GFF has contributed to improving data availability, quality and analysis. **Finding 3.4.3:** Improvements in the availability of sub-national data have supported better prioritization in countries. However, progress in improving the availability of gender- and age-disaggregated data has been slower. Additionally, there have been advancements in the sharing of disaggregated data by countries. **Finding 3.4.4:** While there is evidence of improvement in data analysis, review and its use in decision making, evidence of the systematic use of data to adapt programing or improve accountability remains limited. Challenges with data availability, quality and use persist across many countries.		
Trade-offs	Strengthening data availability, quality, and utilization at the country level will improve evidence-based decision-making, enhance health investment efficiency, and support better prioritization of RMNCAH-N interventions. However, this must be balanced with maintaining a country-led approach, ensuring that data-related requirements do not impose an undue burden on national systems or divert resources from service delivery. Additionally, aligning GFF's data priorities with government frameworks and other global health initiatives (GHIs) may require compromises in standardization, comparability, and timeliness of data reporting.		

Implications:

- **For governments:** Improved data use can enhance national planning and accountability, but additional data collection and reporting requirements must be aligned with existing systems to avoid inefficiencies.
- **For the GFF:** Strengthening data utilization will improve transparency and the ability to demonstrate impact, but greater demands on country systems may require additional investment in capacity-building and technical support.
- **For development partners:** A more robust data ecosystem can enhance collaboration and program coordination, but alignment with multiple frameworks may require trade-offs in indicator selection and reporting processes.

Suggested approach for the GFF in line with operationalization above:

To navigate these trade-offs effectively, the GFF should ensure country-led data strengthening, align with global and national frameworks, invest in capacity-building, leverage real-time data tools like FASTR, and promote systematic data use for adaptive programing.

Recommendation 7: Results and reporting: Improve the articulation and measurement of contribution to country results.			
Critical	**Strategic / Operational** 1 –operational 2 – strategic 3 – operational	**Responsibility for taking forward:** GFF Results Team	**Standalone:** Dependent upon Recommendation 6a.
Operationalization	1. Develop a contribution analysis framework that describes causal pathways and GFF's contribution to RMNCAH-N in partner countries. 2. 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. 3. 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).		
Related Conclusions:	• **Conclusion 8:** The GFF has appropriately integrated HSS into its approach to improving RMNCAH-N. However, it needs to further refine its comparative advantages in supporting national and sub-national health systems. • **Conclusion 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. While the GFF produces a large volume of reports, challenges remain in effectively measuring and reporting on the GFF-specific outcomes and its contribution to country-level results.		
Rationale (findings related to EQ 3.4)	**Finding 3.4.8:** The GFF has made efforts to improve results tracking and reporting, using tools such as the data portal, logic model, and measurement framework with KPIs for each strategic direction. However, it still faces challenges in clearly measuring and articulating its contribution to country-level results. **Finding 3.4.9:** The GFF faces a challenge in balancing donor reporting requirements, minimizing the reporting burden on countries, and maintaining a streamlined operation.		
Trade-Offs	Enhancing the articulation and measurement of the GFF's contribution to country results will improve transparency, accountability, and the ability to demonstrate impact. However, this effort must be balanced with the GFF's country-led approach, ensuring that reporting does not become overly burdensome for partner governments or misaligned with national priorities. Additionally, strengthening reporting systems may require increased staffing and resources, potentially diverting efforts away from direct programmatic support.		

Implications:

- **For governments:** Improved clarity on GFF contributions can support national planning and policy-making, but additional reporting requirements may create administrative burdens if not well integrated into existing country systems.
- **For the GFF:** A more structured results measurement approach can enhance credibility with donors and partners but may require additional staff or technical resources, which could limit flexibility in other areas.
- **For donors and development partners:** More rigorous reporting can provide better insights into GFF's impact but may necessitate balancing standardized indicators with country-specific approaches to maintain relevance and comparability.

Suggested approach for the GFF in line with operationalization above:

To navigate these trade-offs, the GFF should align reporting with country-led processes, adopt flexible measurement approaches, strengthen contribution analysis without excessive complexity, optimize internal resources for tracking results, and engage stakeholders in refining reporting expectations to maintain efficiency and responsiveness.

Recommendation 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.			
Important	**Strategic/ Operational** 1 – strategic 2 – strategic 3 – operational 4 – operational 5 – operational	**Responsibility for taking forward:** GFF Knowledge and Learning Team, with Liaison Officers	**Standalone:** No, interlinked with Recommendation 6 on data articulation and utilization.
Operationalization	1. Develop a more focused and strategic approach to the GFF's learning agenda, prioritizing the generation of evidence on pathways to change and translating 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. 2. 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. 3. The GFF learning team should instead work with Liaison Officers (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. 4. 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 5. 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.		
Related Conclusions	• **Conclusion 7:** The GFF has not consistently ensured meaningful engagement of different population groups, particularly in IC implementation and accountability. Additionally, The GFF has not clearly articulated the expected outcomes of CSO participation, nor has it systematically monitored or evaluated the effectiveness of these engagements. • **Conclusion 10:** The GFF has made valuable contributions to improving data availability, quality, and use at the country level. Its efforts to enhance routine data utilization and provide rapid analysis for timely decision-making have been beneficial.		

	However, the GFF has not effectively captured, documented, or shared key lessons from partner countries, and there is limited evidence of the impact of its capacity-building efforts.
Rationale (findings related to EQ 2,1 and 3.6)	**Finding 3.6.3:** The GFF's strategic focus on gender, along with its partnership with MAGE to enhance gender-sensitive monitoring in countries, shows promise but is still relatively new. It is too early to identify lessons or assess the impact of these efforts. **Finding 2.1.7:** Program evidence generation and analysis is not being consistently applied to facilitate GFF learning on best practices at the global level or across countries. **Finding 2.1.6:** The GFF has provided significant TA across its portfolio with half of the support allocated to flexible TA. However, while TA has been instrumental in supporting RMNCAH-N implementation and system strengthening, gaps in documentation, utilization of TA outputs, and mechanisms for assessing TA quality limit the ability to fully evaluate its effectiveness and impact.
Trade-offs	Shifting the GFF's knowledge and learning agenda toward capturing, documenting, and sharing country-level experiences, while reducing external stakeholder workshops and leadership training, can lead to more practical, country-driven learning and improved policy influence. However, this shift may disappoint stakeholders who have come to expect participation in these workshops and leadership programs. Similarly, reducing direct investments in CSO capacity building may strain relationships with CSO partners who have relied on GFF support and expect continued engagement. **Implications:** • **For governments:** A more country-focused learning agenda can enhance practical, context-specific knowledge-sharing, but may require additional effort from government actors to integrate and apply lessons without structured training programs. • **For CSOs and development partners:** Reduced direct investment in capacity building could weaken engagement with civil society, requiring alternative mechanisms to maintain their meaningful participation. • **For the GFF:** The shift could improve efficiency and effectiveness in knowledge-sharing but may require careful communication and expectation management to avoid negative perceptions from stakeholders who previously benefited from GFF-led training and workshops. **Suggested approach for the GFF in line with operationalization above:** To navigate these trade-offs, the GFF should proactively manage stakeholder expectations, strengthen country-level mentoring, develop targeted learning materials, assess the impact of past CSO capacity-building efforts, and enhance reporting and transparency to demonstrate the benefits of the new approach.

Annexes

Annexes

See Volume II and Volume III of the report for annexes.

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.