

GFF HEALTH FINANCING UPDATE

OVERVIEW

This paper provides an update on how the Global Financing Facility (GFF) implements its approach to health financing with the objective of improving the health outcomes for women, children, and adolescents. The paper serves as a discussion to gather inputs on how to address ongoing challenges on implementation of the health financing agenda and identify opportunities where additional effort and collaboration can help to accelerate impact.

ACTION REQUESTED

The Investors Group (IG) is requested to provide guidance on the investments and the progress to date in implementing health financing support for improved maternal, child, and adolescent health outcomes as outlined in this paper.

CONTEXT

The access to good quality healthcare in low- and middle-income countries (LMICs) for women, children and adolescents remains low, and has been stagnating for the past decade. Inequity in reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) service coverage between and within countries persists, and at times has worsened with the poorest households, those in rural areas and with the lowest education least likely to be covered. The world is off track to make significant progress towards Universal Health Coverage (UHC)¹, with 4.5 billion still not covered by essential health services. The global proportion of the population with catastrophic out-of-pocket health spending (OOPs) has continuously increased since 2000.

This paper outlines GFF’s approach to support countries as they ensure the adequacy of financing for primary healthcare (PHC) to achieve improved results for women, children and adolescents. The paper builds on GFF’s Operational Plan for Implementing the [GFF’s Approach to PHC](#) (IG, Nov. 2022) and [GFF’s Financing of PHC presentation](#) (IG, June 2022). It recognizes the importance of PHC platforms for improving health outcomes for women, children, and adolescents, as the backbone of the GFF’s activities. The PHC level typically includes community health workers, health centers, and first-level hospitals, such as district hospitals. It is not only an important first point of contact for health system users but also offers the most cost-effective and equity-supporting essential interventions to improve RMNCAH-N.

Despite decades worth of overwhelming evidence of the fundamental importance of PHC², funding for PHC often remains inadequate and ineffective in low and middle income countries (LMICs), and donor financing for PHC is often fragmented and not well aligned with government priorities. Government spending on PHC in LMICs remains very low (USD3 in low-income countries and USD16 in lower-middle income countries versus USD840 per person per year in high-income countries in 2019 for example) and out of pocket payments remain the main source of financing PHC in LMICs, constraining women, children, and adolescents’ access to needed services. Additionally, policy dialogue and global advocacy around financing for PHC often focuses on operational budgets for PHC, ignoring the largest cost drivers for providing PHC services – human resources for health (HRH) and drugs and commodities (implicating payroll management and procurement functions).

While every country must take its own path, we know that raising money without prioritizing essential PHC services will not lead to the desired RMNCAH-N results. Looking ahead, the latest Global Economic Prospect report from the World Bank³ depicts a bleak economic outlook, and a majority of GFF partner countries (60 percent) will likely be unable to increase government spending for health or other critical areas of development over the next five years due to stagnation or contraction of their per capita spending levels.⁴ The large shocks of the past few years, including the pandemic and the economic effects of the invasion of Ukraine, have tended to hit low-income households in LMICs disproportionately and exacerbate poverty. Additionally, social unrest and conflict is on the rise globally, including in LMICs. Political instability has threatened progress in several LMICs in the past few years, and conflicts in several GFF partnership countries have set countries back on health outcomes for women, children, and adolescents.

¹ World Health Organization; World Bank. 2023. Tracking universal health coverage: 2023 global monitoring report. Washington, DC: World Bank.

² Realising the full potential of Primary Health Care, Policy Brief. Paris: OECD; 2019.

³ World Bank. 2024. Global Economic Prospects, January 2024. Washington, DC: World Bank (<https://openknowledge.worldbank.org/server/api/core/bitstreams/7a21a380-5c54-4a8d-9c54-22180abb1adb/content>)

⁴ 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 (<https://openknowledge.worldbank.org/server/api/core/bitstreams/4fa6b841-6a76-45a3-a527-a2bcaeb37c97/content>).

Without adequate resources used equitably and efficiently to finance PHC, RMNCAH-N indicators will continue to lag behind. As such, the GFF has committed to a focused engagement to ensure adequate financing for PHC in LMICs to protect the health of the most vulnerable and improve the lives of women, children, and adolescents.

PROGRESS TO DATE

The GFF model is founded on the principle of supporting country-owned, costed health plans to improve the health of women, children, and adolescents. The hallmark of the GFF model has been its country leadership approach, supporting countries' priorities – including an emphasis on equity, gender equality, support for the alignment of resources, and the use of data for better decision-making and faster action. This includes supporting countries to drive greater investment in health and reduce fragmentation and duplication – using GFF grants to catalyze more World Bank/IDA financing for health and aligning domestic financing and external resources behind health plans. Since the inception of the GFF in July 2015, dramatically increasing financing for RMNCAH-N has been a central part of the mission. Specifically, GFF has worked to support countries as they increase the volume, efficiency, and equity of domestic public resources for RMNCAH-N services whilst ensuring a greater focus, impact, and volume of Official Development Assistance (ODA).

Initially, GFF's efforts to improve health financing sustainability-focused primarily on the development of national health financing strategies in GFF countries, as well as the inclusion of those priorities in country investment cases (ICs). As more countries joined the GFF between 2015 and 2018, there was growing recognition of the need to complement longer-term political consensus-building with both pragmatic, immediate support to health financing reform implementation and advocacy for health financing.

To address the gaps and strengthen GFF's engagement in health financing, in 2019, GFF's governance approved dedicated financing for the Domestic Resource Utilization and Mobilization (DRUM) agenda within the multi-donor trust fund. From 2019-2023, the GFF financed grants in four broad complementary areas as part of the DRUM agenda:

1. *Co-financing World Bank operations through recipient-executed health financing country DRUM grants (RETF)*. These grants co-finance World Bank IDA operations to incentivize a focus on innovation in health financing and targeting collaboration between World Bank Health Nutrition and Population (HNP) and other Global Practices (e.g. Social Protection and Jobs, Governance).
2. *Resource mapping and expenditure tracking (RMET)*. Grants to support regular mapping and tracking of financial resources (ODA and domestic financing) in investment cases and national health strategies.
3. *Governance for GFF (G4GFF)*. Collaboration with the Governance Global Practice in the World Bank to strengthen the integration of governance and public financial management in the IC development and implementation.
4. *Domestic Resource Mobilization and Utilization (DRUM)*. Technical assistance and country grants to support health financing agendas in GFF countries through the integration of key reform in investment cases, advocacy, analytics, and learning at the global, regional, and country levels, and support for World Bank task teams through technical assistance grants.

A systematic summary of the [DRUM investments](#) across these areas was produced in June 2022. A short synthesis of DRUM investments across these areas from 2019-2023 is included here based on the 2022 report, activity completion summaries, and additional recent updates.

Co-financing World Bank Operations- Leveraging IDA financing in support of health financing reforms for women, children and adolescents has been a key element of the GFF DRUM agenda. By 2022, IDA/IBRD operations that were co-financed by the GFF allocated about USD 2,908 million to support improvements in health financing in 33 countries through 44 operations (including \$406 million in co-financing from the GFF). Overall, there has been a shift in the mix of the health financing activities supported by GFF co-financed projects from funding predominantly various results-based financing programs towards broader health financing reforms related to public financial management, pooling of health resources, and support for national health insurance schemes. Of GFF co-financed Bank operations, nine included reforms to strengthen public financial management systems and increase the effectiveness of domestic resources allocated to the health sector, four projects supported improvements in pooling schemes and/or health insurance reforms and three projects supported financial protection programs (e.g., out-of-pocket fee exemption schemes, vouchers for medications) to shield vulnerable households against catastrophic and impoverishing health expenditure. In addition to the support for health financing reforms as part of GFF's core co-financing of IDA/IBRD operations, the DRUM agenda financing has enabled the GFF to provide more targeted support for the development and preparation of development policy operations (DPOs). DPOs provide direct budget support for policy and institutional reforms. Disbursements are contingent on the adoption or implementation of specific policy and instructional changes (prior actions) made based on the achievement of specific indicators (triggers). The GFF has financially supported several DPOs, including three for health financing policy reform measures. Two of those DPOs were in Rwanda and one in Indonesia. These examples, demonstrate considerable contribution to the health financing agenda for RMNCAH-N in GFF countries.

RMET- RMET investments have supported countries to use resource mapping data to inform budgeting and planning of country investments and inform shifts in funding allocations and efforts for external mobilization of resources through partners. From 2019-2023, the GFF financially supported 28 GFF countries to identify and track external and domestic resources against identified health priorities. At the regional and global levels, GFF supported cross-country exchanges and engagements with countries and development partners on RMET through a global workshop and virtual webinars. The GFF also collaborated closely with WHO's National Health Accounts team to harmonize budgeting and expenditure tracking exercises in two GFF countries and develop global guidance based on these experiences. The GFF also began a collaboration with The Global Fund and GAVI to better align health resource tracking support in countries and to support countries to leverage health resource tracking data for decision-making.

Leveraging GFF's RMET support and broader country-engagement model, the GFF has also supported greater donor alignment over the past several years through its launch of an Alignment Working Group led by ministers of health, together with FCDO, WHO, USAID, Bill & Melinda Gates Foundation, Gavi and Global Fund, and the roll-out of alignment frameworks with the World Bank across seven countries. Early experiences from this work, have demonstrated strengthened government leadership of country health agendas and stewardship of donor finances through a "One Plan, One Budget, One Report" approach.

G4GFF- The G4GFF collaboration has provided countries with governance and public financial management expertise to strengthen investment case development and implementation. It has been instrumental in fostering greater collaboration between World Bank governance and health experts to jointly address fundamental public financial management and other governance challenges undermining the impact on health financing and service delivery reforms in GFF countries, including on human resources for health management. The work focused on capacity building of key government officials at the federal and sub-national levels across critical functions including budget planning and management, procurement, monitoring, and reporting. In Pakistan, for example, the project was able to strengthen provincial-level management of the country's expanded immunization

program. Globally, G4GFF contributed to cross-country learning events and published [learnings](#) on public financial management and COVID-19.

DRUM TA and Analytics- As part of the GFF DRUM agenda, the GFF defined a program of analytical work and a country grant program that includes the GFF contributions to the design of GFF co-financed IDA operations as well as technical assistance grants to GFF countries. Through this work the GFF supported 27 countries to develop and implement financial efficiency reforms, such as payment reforms and public financial management improvement; and 22 countries to develop and implement financial protection reforms such as insurance expansion towards UHC and implementation of vouchers. This included grants in 22 countries contributing to fiscal space analyses, other analytics, and workshops on strategic purchasing for RMNCAH-N, and mainstreaming PBF activities amongst others. At the global and regional levels, the GFF supported three annual health financing fora and four regional workshops on performance-based financing (PBF) mainstreaming and PHC financing. The GFF collaborated with the Joint Learning Network's (JLN) Domestic Resource Mobilization and Efficiency collaboratives to produce eight Public Expenditure Summaries and foster a thriving community of practice supporting learning and adaptation of analytical products to county-specific needs, by among other activities, organizing several meetings and technical webinars for its members.

The GFF's health financing engagement has made significant strides in improving health systems that deliver RMNCAH-N outcomes through the approach and activities described above. Despite this progress, there have been notable challenges that have limited the effectiveness of some of the support across the DRUM agenda. For example, while country-demand for GFF's support and investment in RMET and the broader alignment agenda demonstrates the importance of the work at the country-level, there have been clear challenges in ensuring use of RMET analytics alongside investment cases in country reforms. This has limited the effectiveness of RMET and investment cases as leverage tools for mobilizing domestic resources, closing the "gap" in needed financing, and ensuring donors align financing around country priorities. Additionally, health financing reforms require the use and leveraging of quality analytics, political windows of opportunity, and intensive advocacy. While the GFF has contributed to many important and useful health financing analytics and development of a PHC financing learning program, there is need to target the work more specifically to windows of opportunity and to increase advocacy around PHC financing.

Based on lessons learned from country experiences, alongside the evolving global economic and political environment, the GFF has refined and strengthened its approach to health financing to focus on system-strengthening actions that secure the funding and successful implementation of country ICs and RMNCAH-N outcomes. The approach also aims to address the specific health financing agenda of low-income countries and conflict-afflicted countries where GFF works. Recognizing the specific profiles of GFF countries (countries with limited fiscal space for health, including many fragile and conflict-affected countries) GFF will focus on the PHC financing agenda most needed in these contexts to improve access to quality care for vulnerable groups and strengthening the gender responsiveness of country health systems. GFF will leverage the support and investments already made, coupled with continued and new support with the **key focus to help countries ensure the adequacy of financing for PHC to achieve RMNCAH-N outcomes** – financing for inputs such as HRH, commodities, and operational budgets and financing for RMNCAH-N service outputs and outcomes.

THE WAY FORWARD: KEY INVESTMENTS IN HEALTH FINANCING TO ADVANCE RMNCAH-N OUTCOMES

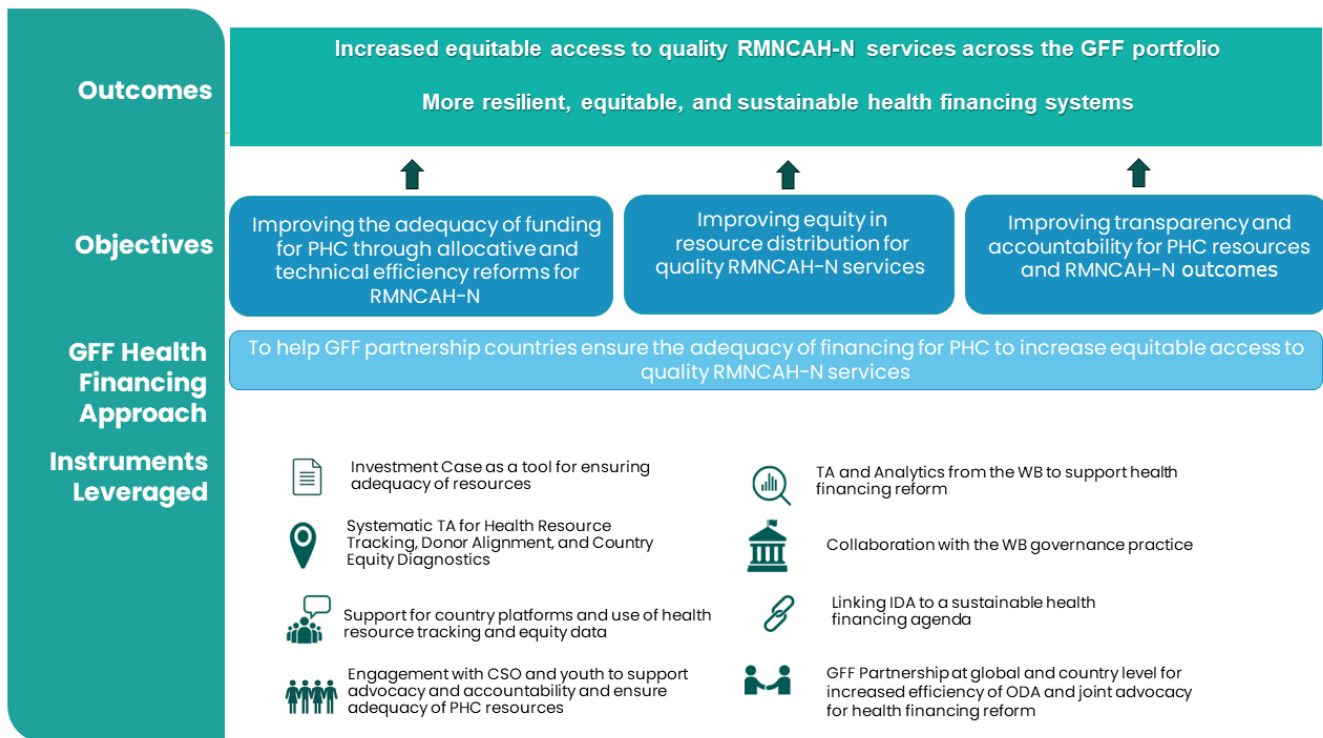
Moving forward, the GFF will continue to provide both health financing analytical and technical support accompanied by continued support and shaping of World Bank operations. GFF's investments in health financing to advance RMNCAH-N outcomes focus on ensuring the adequacy of financing for PHC. In the context of the GFF

partnership countries, adequacy of financing for PHC is defined as enough financing to ensure women, children, and adolescents have equitable and affordable access to quality RMNCAH-N services. The GFF supports countries to strengthen the allocative and technical efficiency of PHC and RMNCAH-N financing reforms, equity in resource distribution of quality RMNCAH-N services, and transparency and accountability for PHC financing for RMNCAH-N services. This includes supporting countries as they consider how to allocate more and spend more efficiently to PHC, how to allocate resources equitably, and how to align funding flows and incentives to achieve RMNCAH-N outcomes.

What does successful support through GFF’s health financing agenda look like? GFF support for financing PHC for RMNCAH-N aims to strengthen governments’ prioritization, planning and budgeting (including donor alignment), and spending on PHC – ensuring resource allocation and use adequately reflects the core health needs of women, children, and adolescents and the most vulnerable. Work supported as part of the GFF’s health financing approach will contribute to:

- Improved government prioritization of PHC for RMNCAH-N in government strategies (ICs)
- Resource allocation and spending that reflects the health needs of women, children, and adolescents
- Improved government visibility into sources of public and external financing for PHC
- Increased donor partner alignment against government priorities on PHC for RMNCAH-N
- Increased government capacity to identify equity challenges and opportunities for drivers of health equity

Figure 1: GFF Health Financing Agenda Theory of Change



The GFF health financing approach is structured along a theory of change (ToC) [Figure 1] centered around three technical objectives. These include:

1. **Improving the adequacy of funding for PHC through allocative and technical efficiency reforms for RMNCAH-N.** The key focus of this work is around strengthening country PHC financing prioritization,

allocation, alignment and tracking. Across all GFF partnership countries, this will include work related to: (1) budget allocation for, and budget execution of, PHC financing including, for example, support for allocation formulas aimed at protecting resources for PHC and RMNCAH-N from within the overall health envelope; (2) supporting routine use of health financing data for prioritizing and tracking PHC reforms; (3) alignment of donor funding towards national PHC and RMNCAH-N priorities.

Depending on country context and need, this may also include work on: supporting countries as they move towards more strategic purchasing and use of provider payment modalities (designed around service delivery organization for PHC) – including institutionalization of performance-based financing mechanisms; engage the private sector in PHC service delivery and governance functions; strengthen investments in human resources for health, including on community health, based on analytics and global evidence, and plan and budget for RMNCAH-N drugs and commodities (immunizations, family planning, malaria, TB, HIV) – including co-financing requirements and transitions from donor financing.

2. **Equity in resource distribution for quality RMNCAH-N services.** The GFF will support countries to ensure that resource use of quality RMNCAH-N services follows needs, not location or ability to pay – minimizing financial hardship. GFF technical assistance will focus on limiting gaps in service use for specific population groups (women, children and adolescents).
3. **Transparency and accountability for RMNCAH-N.** GFF work will contribute to ensuring public scrutiny of PHC resource adequacy and health system performance on RMNCAH-N. GFF will also foster advocacy efforts amongs donors and global partners to advocate for more and better use of resources for RMNCAH-N. GFF will also work to ensure that women, children and adolescents know their rights and how to demand quality RMNCAH-N services.

To achieve these objectives the GFF will continue to support work in the areas detailed as part of the DRUM agenda above, while streamlining the focus and building on what has worked and applying lessons learned to course correct around what has not worked in the past. Support will continue to include World Bank IDA co-financing, technical assistance and collaboration and partnerships with World Bank HNP, Governance, and Social Protection and Jobs Global Practices along with other global partners (WHO, Global Fund, GAVI, UNICEF). The investments are across several areas:

1. ***Improving the quality and focus of World Bank operations design around health financing reforms for RMNCAH-N outcomes through shaping the use of IDA financing.***

The GFF will continue to work with World Bank country teams to integrate key elements of PHC financing reforms in World Bank operations to ensure the focus on achieving RMNCAH-N outcomes. Important reforms span World Bank HNP, Governance, and Social Protection and Jobs practices, and the GFF's unique position at the World Bank allows us to incentivize support for PHC financing for RMNCAH-N across sectors and global practices. This includes incentivizing increased allocation and expenditure at the PHC-level. It also includes incentivizing public-financial management reforms to ensure finances make it to the frontline for service delivery and systems are strengthened to ensure tracking on the use of these funds. For example, through strengthening PHC budget preparation, execution, reporting, and auditing within the Ministries of Health and in dialogue with Ministries of Finance. GFF will continue to work with GFF partnership countries implementing or transitioning to mainstreaming PBF schemes to ensure sustainability for the gains achieved from these

programs, whilst strengthening government capacity to implement more strategic purchasing of RMNCAH-N services. This support may also include connections to social protection reforms with the health system. Increasingly, GFF will contribute to operations that focus on financing of human resources for health and commodities for RMNCAH-N, recognizing these are significant cost drivers in the system. The analytic support described in the following sections will both help inform the design of these World Bank operations, as well as help implement them.

2. Ensuring use of routine health financing and health equity and financial protection data in the design and implementation of investment cases and national health strategies.

Anchored in the GFF's Country Engagement Strategies, the support will focus on strengthening Country Platforms (inclusive of government, donors, CSOs, youth and the private sector) and country governments' use of routine health financing and health equity and financial protection data in the design, prioritization, and implementation of investment cases and national health strategies – ensuring advocacy and prioritization and alignment of domestic and ODA finances for RMNCAH-N and a focus on women, children and adolescents. This support aims to ensure the adequacy of financing for RMNCAH-N, including human resources for health and commodities, by strengthening the prioritization of RMNCAH-N activities and reform. Specific activities include capacity building for strengthening and institutionalizing health resource tracking exercises to ensure the use of data for domestic resource mobilization, intra-sectoral allocation and prioritization, donor alignment (building on the agenda of the Future of Global Health Initiatives), and accountability for use. For example, this work will contribute to advocating for and protecting resources for core RMNCAH-N service delivery, informing donor funding requests like from The Global Fund or GAVI, tracking commitments to PHC, and donor-transition planning. It will also include facilitating partnerships with donor partners to jointly support this work - including other Global Health Initiatives (Global Fund, GAVI) and WHO. For this work, the GFF will continue to engage with and leverage World Bank expertise, global guidance, and good practices to support country capacity building through collaborations with the World Bank HNP and Governance Practices (including G4GFF).

GFF has also been developing Country Equity Diagnostics (CED) to identify a broader range of equity-relevant policy recommendations depending on the nature of the specific equity bottlenecks identified in GFF partnership countries. Accurate country-level measurement and diagnostics around socioeconomic health equity are required to assess public policy performance in addressing the health needs of the poorest populations and to support better targeting of beneficiaries in countries where the GFF is engaged. The objectives of the CED are to (i) provide a structured approach to measuring levels and trends in socioeconomic health equity in each of the 36 GFF countries; (ii) understand the drivers of health equity by considering both supply and demand side factors; (iii) inform ongoing and upcoming World Bank and GFF investments for equity-focused targeting and monitoring of beneficiaries; (iv) provide results and visuals to Ministries of Health and Country Platforms to inform a range of country-led use cases (e.g., IC development, regular reviews of implementation progress, evaluations).

3. Strengthening the accountability and transparency for the use of RMNCAH-N resources.

This will include the scaling-up of engagement with CSOs working on budget advocacy and tracking, also as part of GFF's broader engagement strategy with civil society. Moving forward the GFF is collaborating with partners on how to take forward the next phase of [the Joint Learning Agenda](#) (JLA), a multi-partner initiative with the Global Fund, Gavi, the Partnership for Maternal, Newborn, and Child Health, and the UHC2030 Partnership (*see IG paper GFF-IG18-2.3*).

4. Targeted PHC financing implementation support in GFF countries.

The GFF will continue to provide support for PHC financing reform implementation and capacity building based on country context and demand – through support from the GFF Secretariat and grants to World Bank task teams. In the 18 GFF partnership countries where the GFF currently supports implementation of advisory services and analytical tasks through World Bank task teams, the GFF will continue to work with task teams to track the status of the investments, ensure investments effectively contribute to PHC financing reform implementation, and document the contribution to RMNCAH-N outcomes. To achieve this the GFF is conducting a PHC financing country landscaping to better understand the existing investments’ status and contributions, as well as PHC financing contexts and related PHC financing agendas across GFF partnership countries. This landscaping will inform further targeted implementation support to ensure reforms are focused on improving RMNCAH-N outcomes. For example, the landscaping will help GFF to articulate a more nuanced technical support program for specific contexts like fragile and conflict affected countries.

While PHC financing implementation support will be country context-specific, technical areas the GFF has invested in GFF partnership countries over the last several years and areas for potential investment moving forward include:

- **Support for the design of RMNCAH-N benefit packages and progress towards greater strategic purchasing for RMNCAH-N outcomes.** This may include supporting countries to match RMNCAH-N service delivery goals with financing reforms – ensuring health financing reforms follow service delivery design and organization.
- **Support to better integrate social safety nets (SSN) and health systems** to make SSN work better for women, children, and adolescents and make the health system work better for the poor through potential service delivery innovations and integrated data systems.
- **Support to strengthen public-private engagement for RMNCAH-N service delivery.** Support on identifying opportunities for engaging the private sector for RMNCAH-N objectives through dialogue processes to improve the delivery of quality services and strengthen mixed health systems governance.
- **Support improved strategic investments for HRH availability, quality and sustainability.** Building on a GFF [HRH agenda policy note](#) and [operational plan](#) presented to the GFF Investors Group in November 2022, the GFF partnership will provide strategic and technical support to support countries institutionalize community health worker cadres, support development and implementation of prioritized and costed HRH strategies; and adapt RMET processes to further capture HRH costs.

5. Global and cross-country learning, advocacy, and global public goods and knowledge products

Finally, the GFF will continue to support global- and regional-level PHC financing-related knowledge sharing, learning, and advocacy as well as analytics aimed at informing and strengthening GFF’s country engagement. This includes support for global and regional advocacy through engagement in fora, events, and campaigns. It also includes support for cross-country learning through regional workshops and study-tours including collaborations with the Joint Learning Network for UHC, WHO, and others on PHC financing for RMNCAH-N. This also includes support to the GFF’s health financing engagement with global and regional partners, such as the WHO, the Global Fund, GAVI, the Bill and Melinda Gates Foundation, and others through platforms like the Sustainable Health Financing Accelerator, the Health Resource Tracking Implementation Partners Group, Health Resource Tracking Joint Agreement with GAVI and the Global Fund, the WHO Country Connector on Private Sector Engagement, the GFF/UNFPA Supply Partnership, the Immunization Financing and Sustainability Alliance Technical Team led by GAVI, and regional bodies like Africa CDC and Regional Economic Communities. Support

will also include translating global guidance into practical tools for country application. For example, supporting development of a learning course and materials on Driving Nutrition Action Through the Budget, building on analytical work co-financed by GFF to make public financial management systems responsive to nutrition needs in low capacity contexts. It will also include development of “how to” guidance for World Bank task teams on optimizing health public private partnerships (PPPs) from an RMNCAH-N and inclusivity and equity perspective.

WHAT IS DIFFERENT: SUMMARY OF HEALTH FINANCING APPROACH REFINEMENT

The GFF health financing approach for improving RMNCAH-N outcomes, builds on several years of GFF investment in health financing to accelerate results, while factoring in lessons learned and evolving global political and economic contexts. Health financing has always been, and remains, a key pillar of the GFF strategy.

Areas of focus include strengthening prioritization, planning and budgeting (including donor alignment), and spending on PHC – ensuring resource allocation and use adequately reflects the core health needs of women, children, adolescents and the most vulnerable. The approach:

- **Focusing on adequacy of financing (for operational, human resources, and drugs and commodity costs) and recalibrating the focus on domestic resource mobilization.** Going forward, the GFF will engage more directly in support and technical assistance to ensure adequacy of resources for all key cost drivers of quality service delivery for women, children and adolescents – this includes not only operational budgets for facility functioning at the frontlines but also financial resources for human resources and importantly drugs and commodities. Adequacy of financing requires that enough resources be available in the system. Therefore, the GFF will continue to support advocacy for domestic resource mobilization at the country- and global-levels by supporting the development of country health financing profiles for use in country dialogues, advocacy through CSO support, advocacy at global fora and events, and incentives through World Bank operations. However, the GFF recognizes that most partner countries will struggle to increase fiscal space for health in the coming years. It will be important to focus on adequate and efficient allocation and spending of domestic and donor resources for PHC to ensure resources are optimized in service of women, children, and adolescents. Therefore, the GFF will continue to focus technical assistance and support around improving the use of resources.
- **Scaling-up RMET support building on lessons learned.** Based on the experiences over the last few years, the GFF is focusing significant efforts on increasing the quality and use of the support it provides to GFF countries on RMET. The GFF has already addressed some of the challenges experienced through increasing knowledge sharing opportunities across countries, building partnerships with other global actors to provide aligned support around RMET, and building GFF Secretariat capacity to scale-up support for RMET in GFF countries. Additional shifts and renewed principles include: (1) identifying and strengthening existing in-country health resource tracking systems – scoping for existing systems and exercises and strengthening these systems; (2) significant focus and intentionality on building public financial management systems to ensure the sustainability of RMET work working with the G4GFF program; (3) alignment of RMET work across development partners building on new partnerships with GAVI, the Global Fund and the WHO and engaging with additional regional partners to build regional and country capacity; (4) identifying and supporting champions within ministries of finance and health and other relevant entities to lead on health resource tracking reform through tailored coaching, supervision and south-south exchanges; (5) advocacy for data use – driving local demand for evidence-based planning and budgeting; and (6) intentional leveraging of health resource tracking data in discussions related to aid

alignment, budget utilization, effectiveness and targeting through country platforms and other windows of opportunity and dialogue at the country-level.

- **Doubling down on the equity and gender lens and ensuring that PHC financing is in service of women, children and adolescents.** Health financing is a system function that should be leveraged in support of ultimate service delivery goals. The GFF health financing approach is supporting specific areas of service delivery organization reforms in GFF countries to ensure that health financing reforms better support RMNCAH-N outcomes. Drawing on the country equity analyses, GFF will also further work to support countries as they target the most vulnerable populations. Finally, in 2024 the GFF is working on a landscaping of PHC financing across all GFF countries, to understand better opportunities for targeting and segmenting GFF health financing technical assistance.