

## GFF STRATEGY APPROACH 2026–2030

### OVERVIEW

The current [five-year strategy](#) for the Global Financing Facility for Women, Children and Adolescents (GFF) concludes at the end of 2025. This paper lays out the global context, consultative approach, and proposed timeline for the development of a new strategy to guide the GFF priorities and workplan for the ensuing five-year period, 2026–2030.

### ACTION REQUESTED

Members of the IG are requested to provide feedback on the proposed approach to guide development of the next five-year GFF strategy, with a process launching in Q1 of 2025.

### CONTEXT AND OBJECTIVES

**July 2025 will mark the 10-year anniversary of the GFF, which was launched in 2015 at the Third International Conference on Financing for Development in Addis Ababa, Ethiopia.** The GFF was initiated by the United Nations, World Bank Group (WBG), and the governments of Canada, Norway, and the United States, along with four front-runner countries (Democratic Republic of Congo, Ethiopia, Kenya, and Tanzania), with the goal to end preventable maternal, newborn, child and adolescent deaths by 2030. The GFF was designed as an innovative, country-led platform to coalesce, align, and catalyze international and domestic financing for reproductive, maternal, newborn, child, and adolescent health and nutrition (RNMCAH-N) in low- and lower-middle-income countries with the highest burdens of maternal and child mortality, and thereby contribute to achieving Sustainable Development Goal 3 (SDG3) on Health and Well-Being for All as well as achievement of all related SDGs.

**The GFF has proven to be a critical source of financial and technical support to countries, which represent two-thirds of the global burden of preventable maternal and child mortality and with some of the most challenging operating environments.** From 2016 to 2023, the GFF mobilized US\$2.6 billion and committed more than US\$1.4 billion of grant financing in 38 countries,<sup>1</sup> linked to more than US\$11 billion in financing from the World Bank's International Development Association (IDA) and International Board for Reconstruction and Development (IBRD). This dynamic leverage effect, coupled with knowledge sharing, technical assistance support, and aligned cofinancing, has enabled GFF partner countries to undertake ambitious transformation agendas to strengthen their primary health care (PHC) systems and reduce health inequities among women, children and adolescents, by expanding and ensuring access to

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<sup>1</sup> This includes [36 GFF partner countries](#) and exceptional support to Honduras and Ukraine.

family planning, prenatal care, safe deliveries, breastfeeding, and other life-saving health and nutrition services and commodities, and by strengthening PHC surveillance efforts for pandemic preparedness.

**As detailed in the [GFF's 2023 Annual Report](#), the longer countries have partnered with the GFF, the stronger their demonstrated progress in improving access to essential health services for women and youth.** GFF countries continue to show higher rates of increases in coverage of essential health interventions, such as child and youth vaccinations and access to modern contraception. A striking 96 percent of GFF partner countries have seen a decline in maternal mortality rates, and 94 percent have seen a decline in mortality for children under age five. Three-quarters of GFF partner countries have seen a decline in adolescent birth rates and in stunting among children under age five. These numbers rise to 100 percent and 88 percent respectively for countries who have partnered with the GFF for at least 5 years.

**Being embedded at the WBG has enabled the GFF to drive more systemic and sustainable investments in health equity.** The GFF was housed at the WBG with the premise that catalytic grants and targeted technical assistance linked to much larger amounts of IDA and IBRD financing would incentivize partner countries to prioritize investments in health for women, children, and adolescents and to align and maximize their use of domestic and external resources in synergistic ways to achieve better, more sustainable health results. That bet has paid off: the GFF has worked not only with health ministries but also with finance and other sector ministries to promote system, policy, and financing reforms that have unlocked more resources for health. Eighty-nine percent of GFF partner countries have prioritized health financing actions related to domestic resource mobilization, budget efficiency, and financial protection. As of 2023, the average percentage of IDA funds allocated to RNMCAH-N had risen by 40 percent in GFF partner countries, an increase of US\$3.2 billion in new financing as compared to the pre-GFF period, and against a decline of 27 percent in countries that are GFF-eligible but are not yet receiving financial support from the partnership.

**Despite this progress, global health and nutrition outcomes for women, children and adolescents continue to lag in several critical areas.** The COVID-19 pandemic triggered early and protracted [disruptions](#) in coverage of essential and preventative health services in most GFF-eligible countries, which have been slow to recover. The World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) [report](#) that global childhood immunization coverage stalled in 2023, leaving 2.7 million additional children un- and under-vaccinated compared to pre-pandemic levels. Progress in reduction of stillbirths and maternal and newborn mortality has been far too slow, and adolescent birth rates, while declining since 2015, remain stubbornly high in GFF partner countries. One-third of GFF countries are classified as fragile, conflict and violence-affected (FCV) and are facing greater challenges in achieving results. According to the latest Every Woman Every Child global progress report, [Protect the Promise](#), in 2020 alone 5 million children died before they reached their fifth birthday, with almost half of those deaths occurring among newborns. That same year, a staggering 149 million children were stunted, including an increase

of more than 10 percent in Africa. Furthermore, global data mask persistent health inequities within and across countries.

**Endorsed by the IG in Q4 2020, the current five-year [GFF Strategy 2021-2025](#) is focused around five strategic directions (SDs):**

- *SD1: Bolster country leadership*
- *SD2: Prioritize efforts to advance equity, voice, and gender equality*
- *SD3: Protect and promote high-quality, essential health services by reimagining service delivery*
- *SD4: Build more resilient, equitable, and sustainable health financing systems*
- *SD5: Sustain a relentless focus on results*

In July 2023, the IG approved [Key Performance Indicators \(KPIs\)](#) to measure strategy implementation across each of the five SD areas. In November 2023, the GFF Secretariat presented an [update](#) to the IG detailing implementation status and the percentage of countries meeting KPI benchmarks, along with next steps for action. A new strategy update will be provided to the IG at its November 2024 meeting.

**As implementation of the current GFF strategy moves into its fifth and final year, it is timely and appropriate to revisit and update the strategy to maximize the GFF's impact going forward.** Starting in January and continuing through November 2025, the GFF plans to embark on development of a new five-year strategy that will cover the period from 2026 to 2030. The revised strategy will consider the evolving global and national contexts for RNMCAH-N financing, emerging evidence, the global funding landscape, and what is needed to accelerate progress toward the SDG 2030 deadline.

## KEY ISSUES FOR CONSIDERATION IN THE NEW STRATEGY

**Country-driven and iterative learning, innovation, and adaptation have been hallmarks of the GFF's first decade to drive better health outcomes for women, children and adolescents.** A priority for the GFF from day one has been to make global health financing more effective by fostering country ownership, sharing evidence and best practices, identifying systemic barriers and inefficiencies, and linking financing to results. As a country-led and multistakeholder global partnership, at each step of the way the GFF has embedded learning by doing, agility, and a rigorous focus on results into its operations, continually adapting and refining its approaches and increasing its impact over time. As demonstrated during the COVID-19 emergency, the GFF has provided a trusted platform for cross-country knowledge sharing and peer-to-peer learning. The current GFF strategy, KPIs, and the extensive analyses and assessments prepared for the IG and Trust Fund Committee (TFC) over the past several years are further testament to the GFF's strong results measurement and innovation culture, which has fueled the evolution and maturation of the GFF model over the past decade. The new GFF strategy will build on this progress and will continue to identify more and better innovations to accelerate results in the future.

**The GFF’s next level of impact will depend on strategic choices to be made on expanding support to more eligible high-burden countries versus deepening and expanding the scale of support to existing GFF partner countries.** Evidence to date underscores both that the GFF’s catalytic model of targeted and aligned co-investment is delivering results, and that significant gaps remain where new and/or sustained attention and investment from the GFF could have a much larger impact on the health outcomes for women, children, and adolescents. To date, 11 of 36 GFF partner countries have received two rounds of GFF financing. An objective of the current GFF strategy was to scale up support to 50 eligible countries, and country demand for GFF support has been high. However, recent resource mobilization efforts fell short of their targets and expansion was deprioritized, with a view to consolidate gains in existing partner countries. The remaining GFF-eligible countries are home to many of the populations lagging furthest behind on RMNCAH-N outcomes, and achieving the GFF’s goal of ending preventable maternal, newborn, child and adolescent deaths by 2030 will not be possible without action in those countries. In addition to accelerating progress in the existing GFF partner countries, potential expansion to other eligible high-burden countries should again be a key consideration during development of the next strategy.

**Global prioritization and financing for the RNMCAH-N agenda is on the decline.** The creation of the GFF in 2015 was the outgrowth of years of increasing high-level attention to maternal and child health, including through the G7 Muskoka Agenda and the United Nations (UN) Secretary General’s Every Woman Every Child global partnership. The GFF was recognized by world leaders as a leading financing mechanism for delivering on the [Global Strategy for Women’s, Children’s and Adolescents’ Health](#) (2016–2020) and SDG3. In the wake of the COVID-19 pandemic, however, political support has been shifting away from PHC and women’s, children’s, and adolescents’ health toward addressing climate change, conflicts, food security, and other global crises. This heightened demand for external financing from low- and middle-income countries has placed increasing pressures on Official Development Assistance (ODA) budgets, which in turn are declining in many leading donor markets. At the same time, a recent WBG report found that one-half of IDA countries are experiencing an [“historic reversal”](#) in economic growth prospects, and that one out of three IDA countries is poorer on average than it was before the COVID-19 pandemic. Moreover, the WBG found that in the face of rapidly rising energy and food prices and debt service costs, the share of domestic government budgets for health in nearly half of IDA countries has [declined](#) since 2021 and is not expected to rebound until at least 2026 or later.

Thus, other key considerations for the next GFF strategy will be how the GFF can and should evolve to respond to strong country demand for GFF grants, how to catalyze new funding sources, and how to re-elevate and sustain women’s and children’s health on global and national agendas.

**The broader global health and financing landscape has also evolved since the GFF was established in 2015.** The GFF intentionally took into account the lessons from several of the major global health initiatives (GHIs) that were established in the early 2000s. The GFF was therefore deliberately structured to take a horizontal, health systems approach and promote alignment of external financing around country investment cases for RNMCAH-N to close critical financing gaps. In recent years, other GHIs have also

begun to recognize the importance of investing in health system strengthening; however, there has been mixed success in promoting joint investments across GHIs for collective impact. The GFF's prioritization of alignment and its operational approach to program most resources through government systems are already closely aligned to the strategic shifts called for in the Lusaka Agenda for the future of GHIs, including to bolster country leadership, reduce fragmentation, and improve efficiency and coordination. Moreover, there has been growing global recognition of the need to step up investments in PHC as part of universal health coverage (UHC). At the UN General Assembly in September 2023, world leaders committed to redouble their efforts toward UHC by 2030. In support of this effort and as part of its own evolution, in April 2024 the WBG announced an ambitious goal to expand access to essential health services to 1.5 billion people by 2030. Given this evolving context, the development of the new strategy should reassess the GFF's comparative advantage among the GHIs, what it will take for the GFF to fully realize its goals, and to consider whether the GFF mandate should be extended beyond its originally conceived end date of 2030.

## STRATEGY DEVELOPMENT APPROACH

**The new GFF five-year strategy is expected to build on the [current one](#), taking the evolving context and lessons into account and targeting opportunities to accelerate, deepen and sustain progress to 2030.** As previously noted, the GFF has already conducted extensive and ongoing analysis of its operations and has continued to learn and adapt its approaches in real time. The five strategic directions in the current GFF strategy also remain highly relevant to achieving the partnership's goals, and they are expected to require continued action and investment beyond 2025. The recently completed GFF [independent evaluation](#) provides a further deep dive into the experience to date of the GFF country engagement model, operational structure, and support modalities, which will be a critical input for the new strategy. Given these lessons learned, the approach to the new strategy will include identifying opportunities to continue strengthening GFF operations and better target financing and interventions to achieve both speed and scale of impact, rather than to make major shifts in the operational model.

**The new GFF strategy will be informed by a series of reviews and a global consultative process.** The process will be managed by a small core team in the GFF Secretariat with support from an external firm to facilitate stakeholder engagement and compile feedback. Building on the experience of development of the current strategy in 2020, the process will be overseen by a **Strategy Steering Group**, which will be cochaired by a country minister and a senior global partner leader, and the group will be comprised of a subset and cross-section of IG and TFC members. Steering group members will be nominated by their respective constituencies and will be expected to consult and represent their views in the process. The steering group will meet approximately monthly between January and November 2025, and the full membership of the IG and TFC will be regularly briefed on the strategy process and will also have an opportunity to provide direct input during IG and TFC meetings.

### *Technical Analyses and Reviews*

In addition to the independent evaluation, other relevant external reports, and papers previously discussed by the IG, the GFF Secretariat has prepared a new set of reviews that will be discussed at the 19th IG Meeting and will inform development of the new strategy. These include, inter alia, papers examining the GFF experience to date on alignment, reviews of health financing and strengthening data systems, and papers on the health system strengthening framework for RNMCAH-N, scaling, and operating in fragile contexts. See **Appendix A** for a non-exhaustive list of documents.

As part of the review process, the GFF Secretariat also plans to convene leading technical experts in each of the RNMCAH-N pillars to examine the current evidence and build consensus on what measures are needed to accelerate progress toward 2030 as well as set the priorities for action by the GFF.

### ***Consultative Process***

**There will be two rounds of stakeholder consultations, pre- and post-strategy draft.** The first round will inform the strategic directions and initial drafting of the new strategy, while the second round will seek to validate the emerging strategy and identify any critical gaps and opportunities before it is finalized. Feedback will be sought in both oral and written forms, and through a combination of face-to-face and virtual meetings. Online public feedback opportunities will be provided through a strategy portal on the GFF website and advertised widely.

**Stakeholder groups to be engaged through the consultative process and planned engagement opportunities will include the following:**

- **GFF partner country stakeholders:** GFF liaison officers and country focal points will seek input directly from ministers and country stakeholders through bilateral meetings and GFF country platforms. A convening of government focal points in the first quarter of 2025 will provide an opportunity for cross-country feedback.
- **Donors:** Representatives of bilateral donors and foundations will be engaged both through their capitals/headquarters teams as well as through their local missions or offices located in GFF partner countries. TFC members will play an integral role throughout the strategy process, and a retreat of TFC alternates could provide an opportunity for a deeper dive on the GFF's future strategic directions.
- **Civil society and youth organizations:** PNMCH and Global Health Visions are currently leading a virtual consultative process with civil society organization (CSOs) to guide the next phase of civil society and youth engagement in the GFF. This process will be leveraged to seek CSO inputs into the new strategy. Priority will focus on bringing in the perspectives and experience of local CSOs and community groups in GFF partner countries.
- **Global health initiatives and UN partners:** Where possible, existing collaboration forums will be utilized to solicit inputs and feedback from GHIs and UN agencies.

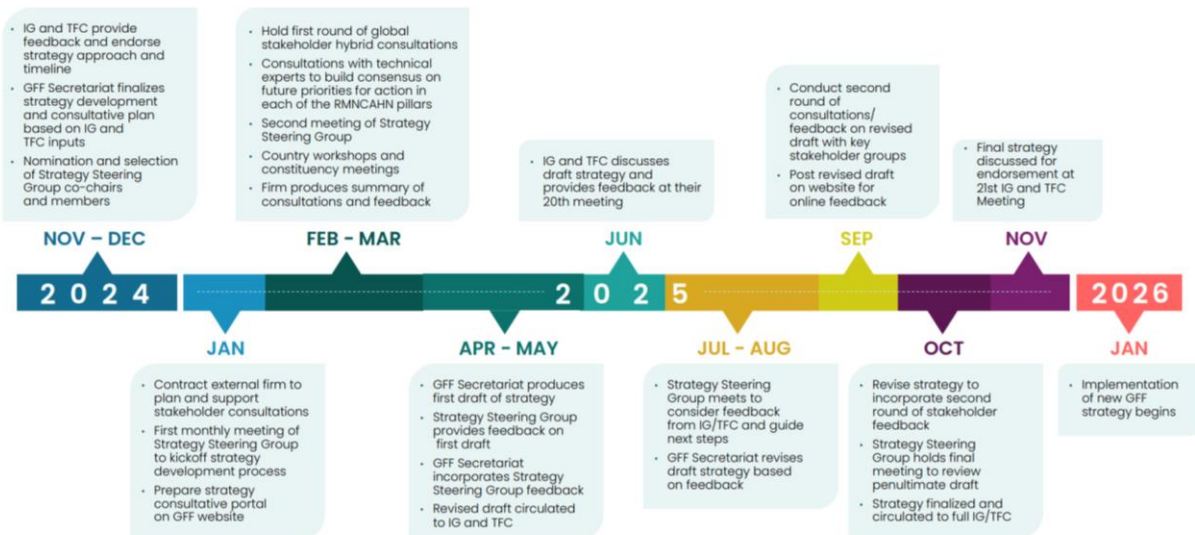
- **GFF and WBG staff:** The GFF Secretariat will organize direct consultations with WBG regional and country teams and GFF focal points.
- **Private sector:** Contributing foundations will nominate a representative to the Strategy Steering Group and will also meet as a constituency to provide collective feedback.
- **Other:** Selected global and regional opinion leaders, experts and influencers will be identified for feedback through 1:1 interviews conducted by the external firm.

## PROPOSED TIMELINE

The strategy development process will kick off in January 2025 and continue through November 2025. Following is a proposed timeline of key milestones:

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The strategy development process will kick off in January 2025 - with the aim to be completed in November 2025. Following is a proposed timeline of key milestones:



## DISCUSSION GUIDE

- Do members concur with the proposed strategy approach and timeline, or are any adjustments needed?
- Does the approach paper identify the right issues for consideration in development of the new strategy, and/or are there other factors that should also be considered?
- Do members agree with the proposed approach to consultations and target stakeholder groups, and/or are there other suggestions for stakeholder engagement?
- What other analyses, documents, or evidence should inform the strategy approach in addition to the documents highlighted in Appendix A?



## APPENDIX A: LIST OF KEY REFERENCE DOCUMENTS FOR GFF STRATEGY

### External Reports

Independent Evaluation of the GFF, November 2024 (forthcoming)

[The Lusaka Agenda: Conclusions of the Future of Global Health Initiatives Process](#), Dec 2023

[Delivering on the GFF Promise: 022-2023 GFF Annual Report, October 2023](#)

[Protect the Promise, EWEC Global Progress Report, 2022](#)

[Mainstreaming Scaling: A Case study of GFF, July 2024](#)

### Papers Prepared for the GFF Investors Group

IG17: [GFF's Private Sector and Innovation Strategy](#), November 2023

IG17: [GFF Climate Change and Health Agenda](#), November 2023

IG18: [Health Financing Update, June 2024](#)

IG18: [GFF's Approach to Gender Equality](#), June 2024

IG19: GFF Approach to Strengthening Country Data Systems and Monitoring Performance of GFF Strategy, November 2024 (forthcoming)

IG19: Annual GFF Assessment of In-Country Support, November 2024 (forthcoming)

IG19: FCV Review of the Global Financing Facility's Operating Model in Fragile and Conflict-Affected Situations, November 2024 (forthcoming)

IG19: Stocktaking of GFF role in Alignment Agenda, November 2024 (forthcoming)

IG19: Health Systems Strengthening for RMNCAH-N Framework, November 2024 (forthcoming)

IG19: CSO and Youth Engagement Framework (forthcoming)