

Stocktaking of GFF Strategy

Investors Group Meeting

November 5–6, 2024

TFC Meeting

November 7, 2024

Abuja, Nigeria





OUTLINE

1. Portfolio Results
2. Key Performance Indicator Analysis

GFF partner countries continue to increase coverage of interventions to millions of beneficiaries

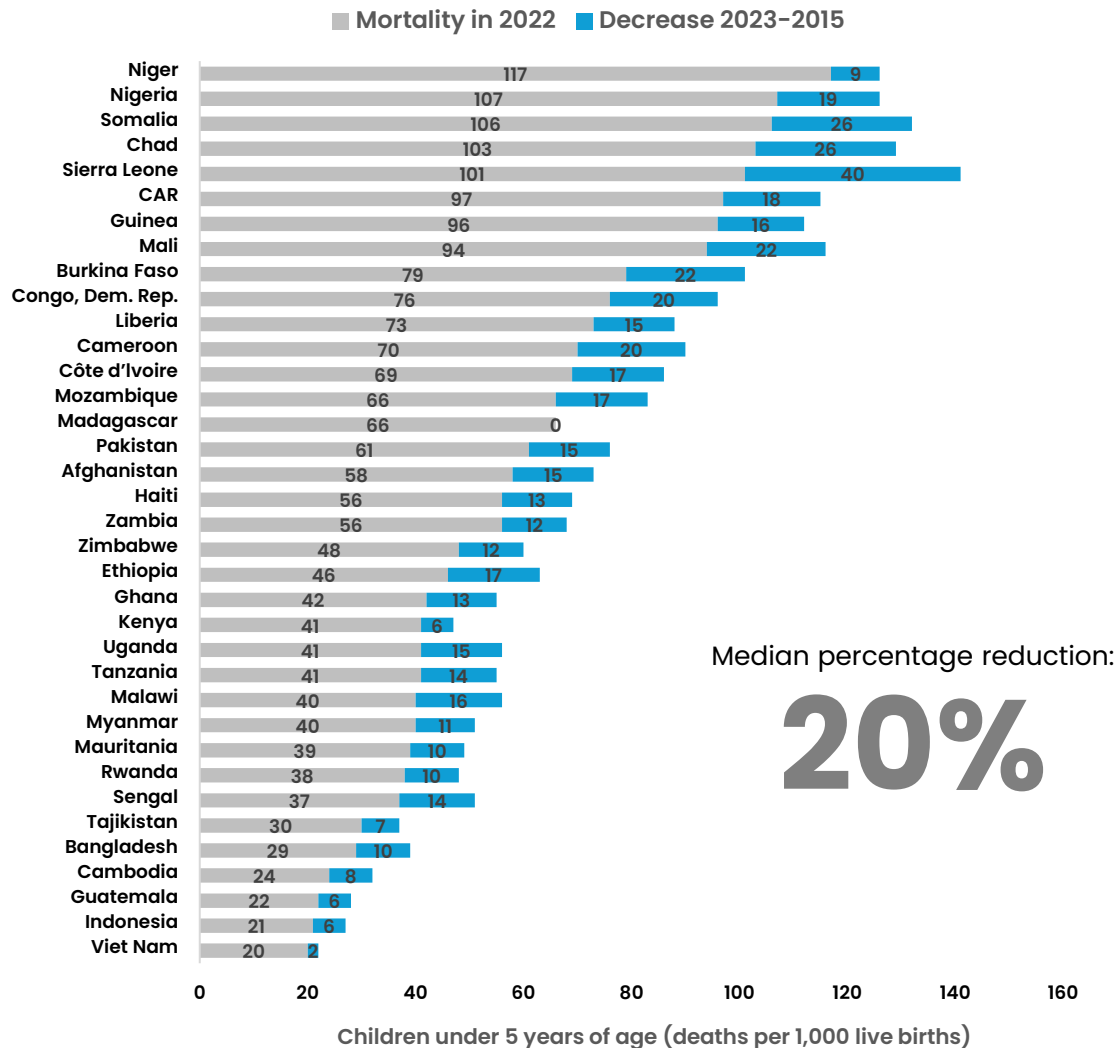
GFF partner countries have reached more than 30 million women with ANC4, safe delivery care and early initiation breastfeeding in the past year.

Partner countries have also reached 145 million women with demand for modern contraceptives in the past year, resulting in more than 50 million unintended pregnancies averted.

Indicator	Total Beneficiaries reached since baseline till 2022	Additional Beneficiaries reached in 2023
# of women receiving 4+ ANC visits	100M	32M
# of women receiving safe delivery care	130M	34M
#of women initiating early breastfeeding	135M	37M
#of unintended pregnancies averted as a result of contraceptive demand being met	285M*	54M*

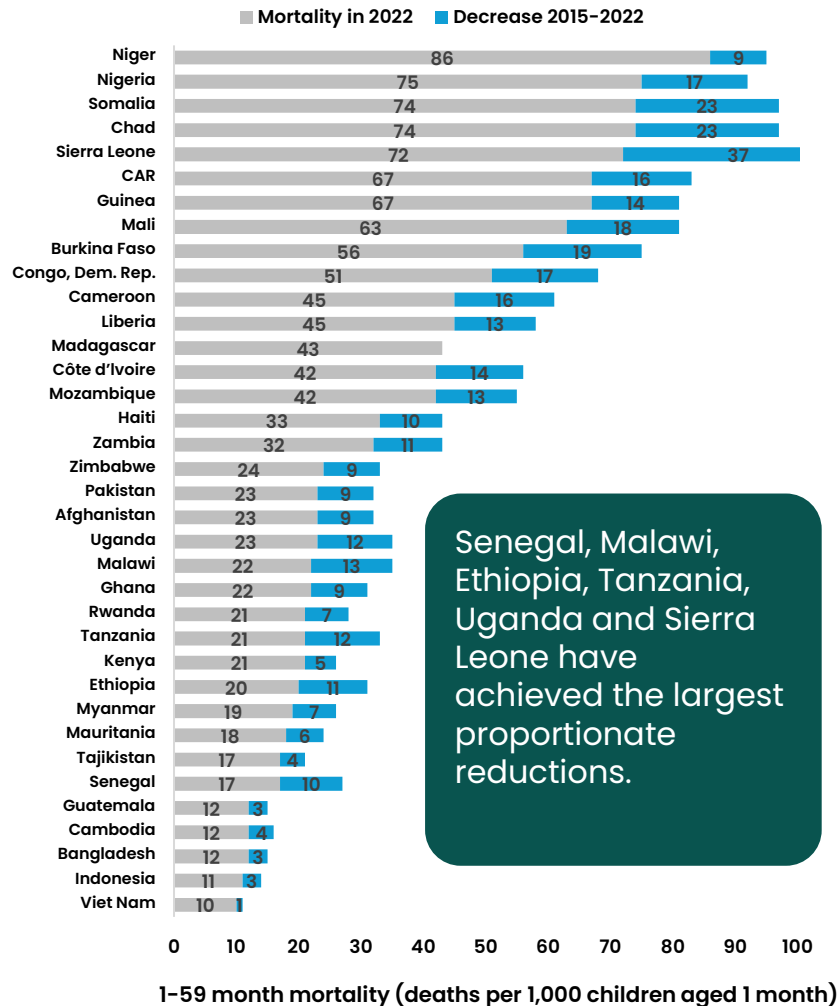
*The estimates of unintended pregnancies refer to the middle of the next calendar year (i.e., estimates through mid year 2023 shown in first column and mid year 2024 shown in the second column)

Under-five mortality has decreased, but levels are higher on average in fragile and conflict affected countries



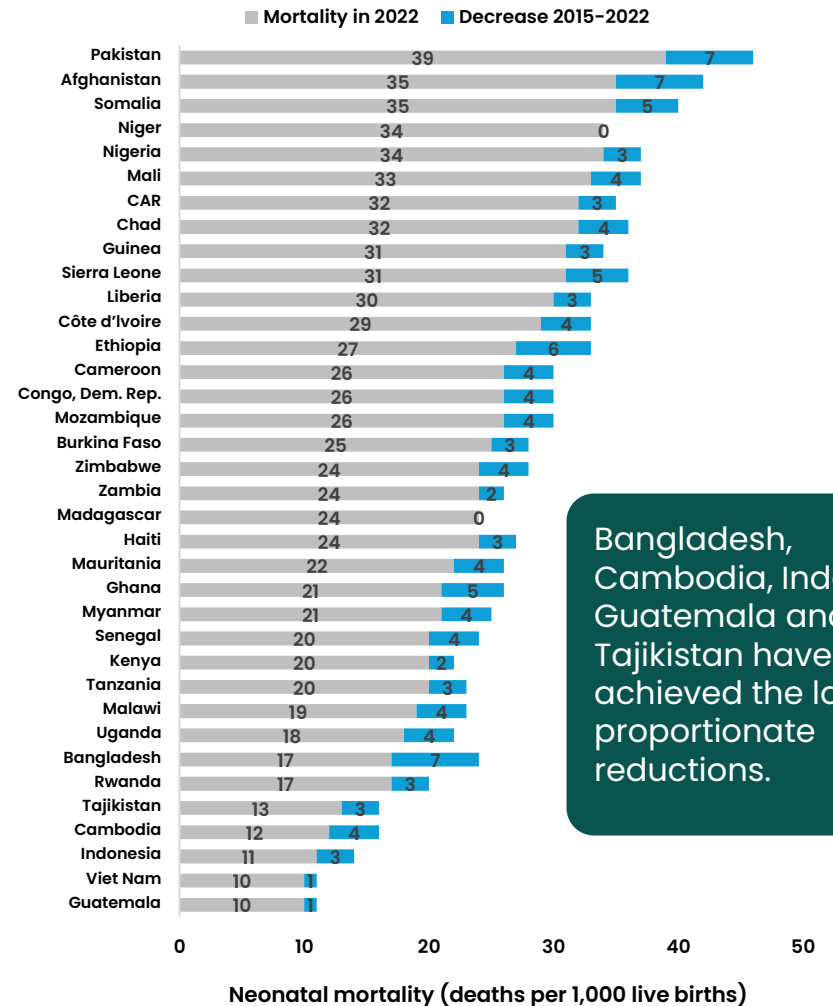
- All GFF supported countries except Madagascar achieved reductions in the U5MR between 2015 and 2022
- 4 countries have achieved the SDG 3.2.1 and 3.2.2 targets (Vietnam, Indonesia, Guatemala, Cambodia)
- Of the top 10 highest mortality countries, 8 (80%) are FCV countries
- The median U5MR for the GFF countries dropped from 67 deaths per 1,000 live births in 2015 to 56 in 2022.
- Malawi, Sierra Leone, Senegal, Uganda and Ethiopia have achieved the largest proportionate reductions

The under five mortality estimates mask major differences between mortality in the 1-59 month age group, which has decreased more rapidly, and mortality among newborns, which has decreased more slowly



Senegal, Malawi, Ethiopia, Tanzania, Uganda and Sierra Leone have achieved the largest proportionate reductions.

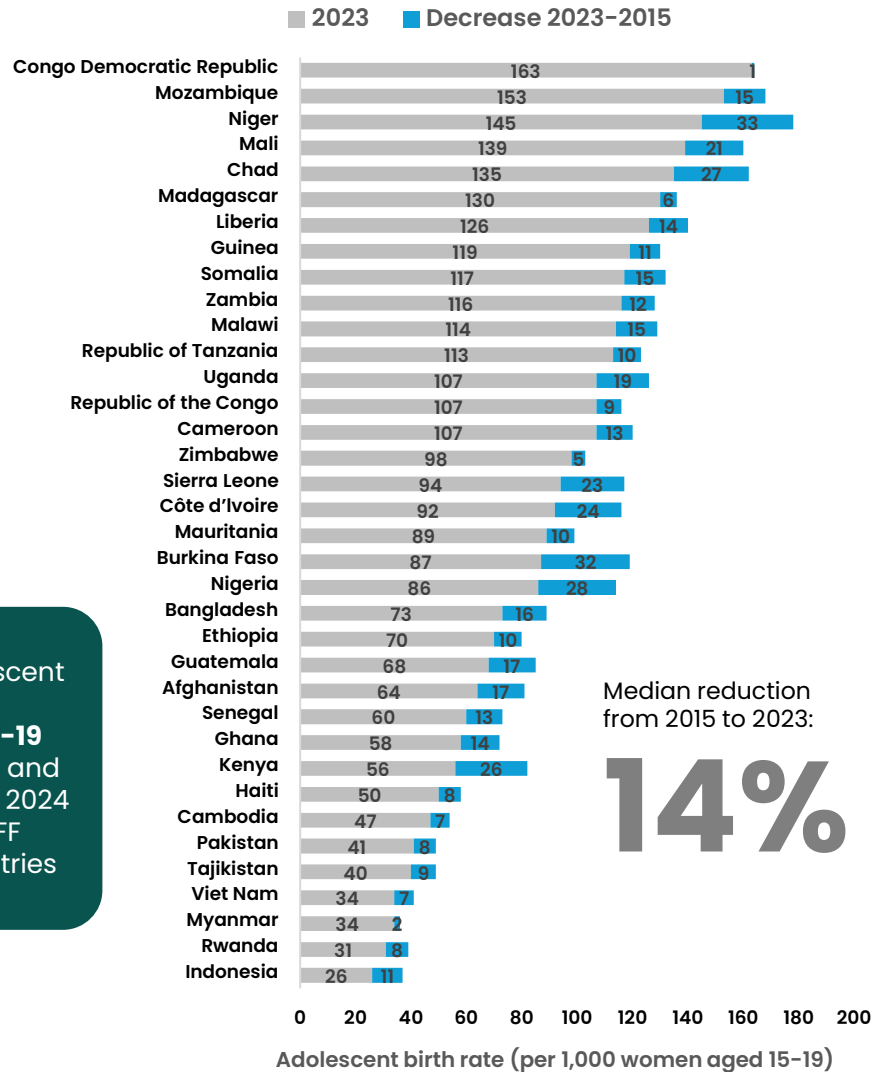
Median percentage reduction from 2015:
25% for 1-59 month olds
13% for newborns



Bangladesh, Cambodia, Indonesia, Guatemala and Tajikistan have achieved the largest proportionate reductions.

Analyses from Countdown to 2030; data source: UNIGME estimates. Stillbirths are not included in the figure alongside neonatal deaths this year because there are no new stillbirth estimates since last year's IG meeting.

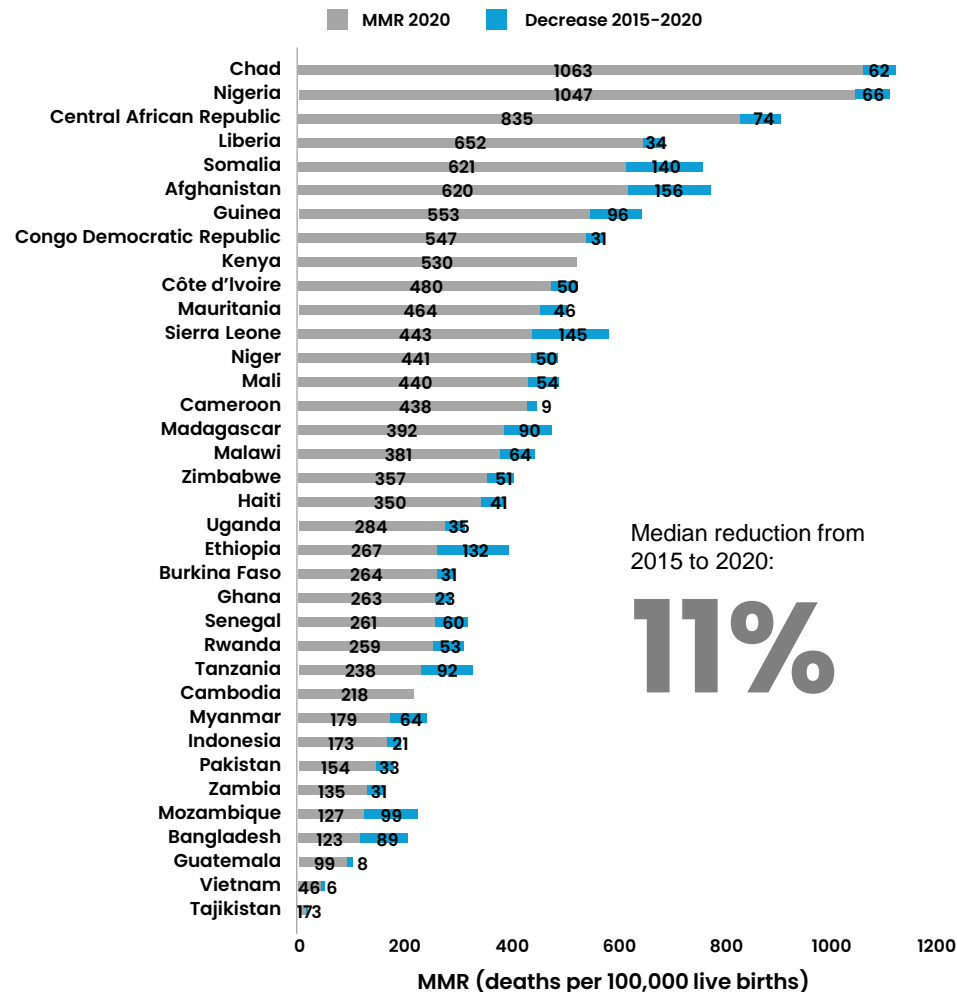
High adolescent birth rates across many GFF partner countries underscore the need to address gender barriers and youth rights



Trends in adolescent births per 1,000 women aged 15-19 by country, 2015 and 2023, UNDP WPP 2024 estimates, 36 GFF supported countries

- Adolescent birth rates (ABR) are associated with multiple negative consequences ranging from reduced life opportunities to poorer health and well-being outcomes for young women and their children.
- **All** GFF countries experienced decreases in their ABR, albeit with some reductions being very small.
- The median rate dropped from 115 births per 1,000 women aged 15-19 in 2015 to 90 in 2023, with a median percentage reduction from 2015 for all GFF countries of **14%**.
- Kenya, Indonesia, Burkina Faso, Nigeria, Afghanistan and Cote d'Ivoire have achieved the largest proportionate reductions.
- However, **15 (42%)** of all GFF countries had an ABR exceeding 100 per 1,000 women aged 15-19 in 2023.

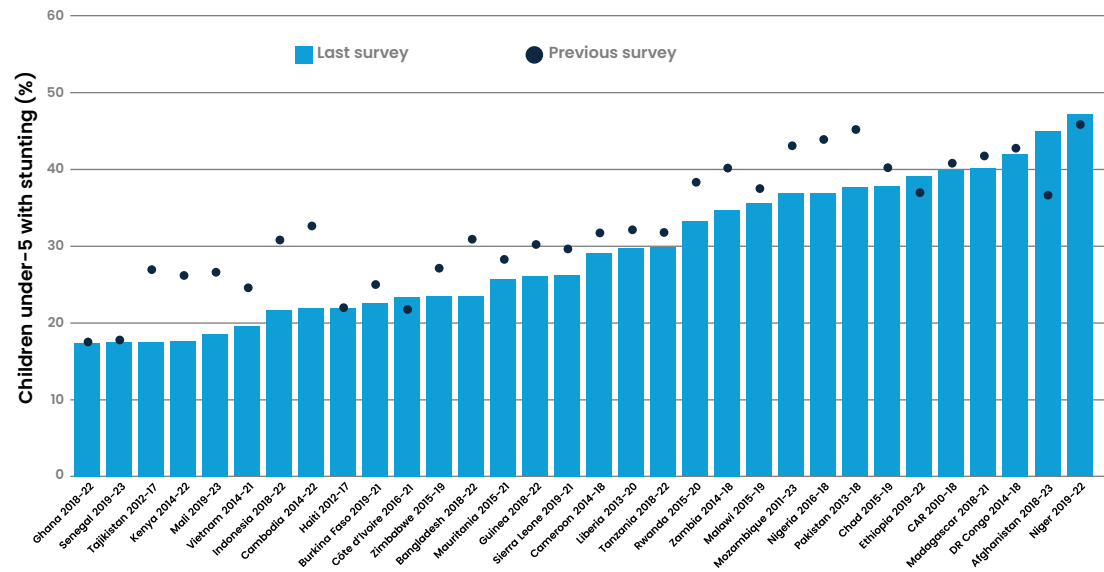
Maternal mortality has decreased in all GFF countries, but accelerated progress is needed



- **All** GFF partner countries experienced MMR reductions since 2015. NB: Kenya and Cambodia reduction is not reflected in these global estimates due to new data available since the 2020 estimates were published.
- Mozambique, Bangladesh, Ethiopia, Tanzania and Myanmar have achieved the largest proportionate reductions (noting the estimates precede the coup in Myanmar).
- **Only 6** countries have an MMR less than 140 per 100,000 live births, the Ending Preventable Maternal Mortality national target to be achieved by 2030.

Stunting levels have decreased, but remain high in many GFF countries, placing children at increased risk of death and poor development

Stunting prevalence (%), 32 GFF countries, last household survey (bar) after 2017, and previous survey (dots) in or before 2017, countries ordered by prevalence in most recent/last survey.

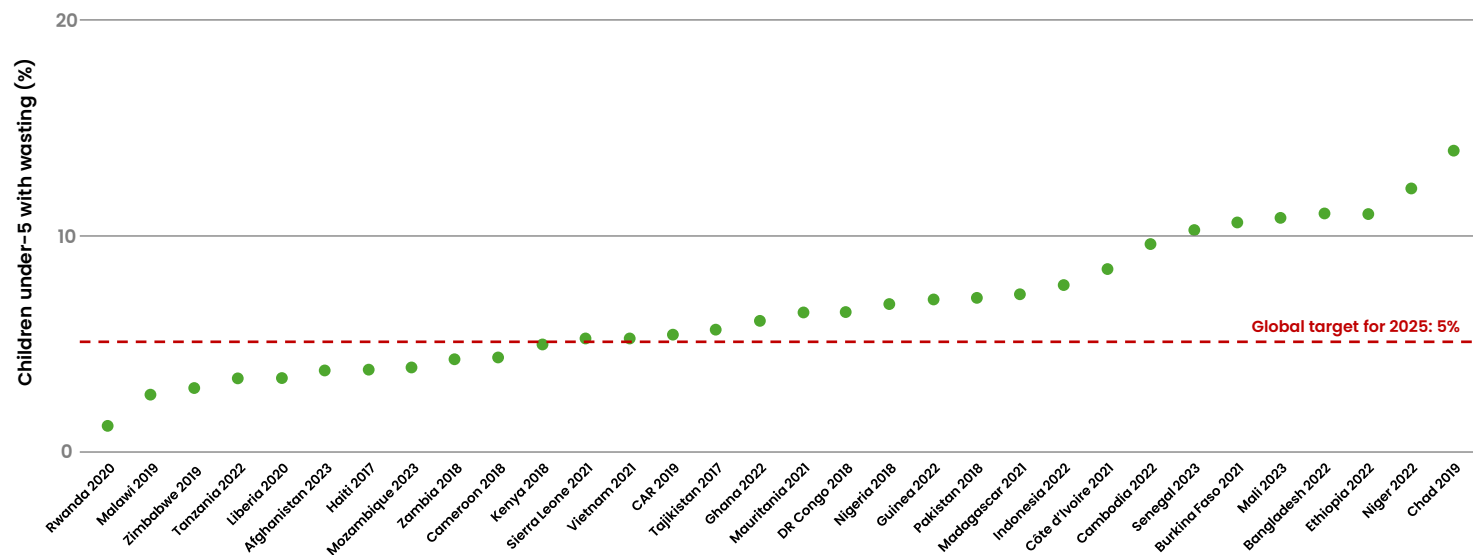


Note: Data source, DHS, MICS, SMART and other national nutrition household surveys. Countries included are those with two surveys in the past 10 years, one in 2017 or before and one after 2017.

- The median stunting prevalence across the 32 GFF countries with available data dropped about **6 percentage points** (from 33.6% to 27.6%) over the two survey time periods.
- Bangladesh, Mali, Cambodia, Tajikistan and Kenya achieved around a **9-percentage point or greater** reduction in stunting prevalence between their last two surveys.
- However, **15** countries had a stunting prevalence at or exceeding **30%** (classified by the WHO as high prevalence) based on their latest survey estimates and **4** countries experienced an increase in stunting levels between the two surveys.

Childhood wasting, a life-threatening condition, remains a serious problem in many GFF countries that needs urgent attention

Wasting prevalence (%), 32 GFF countries, latest household survey (2017–2023), countries ordered by prevalence.



Data source: DHS, MICS, SMART and other national nutrition household surveys. Countries included are those with survey data in 2017 or later

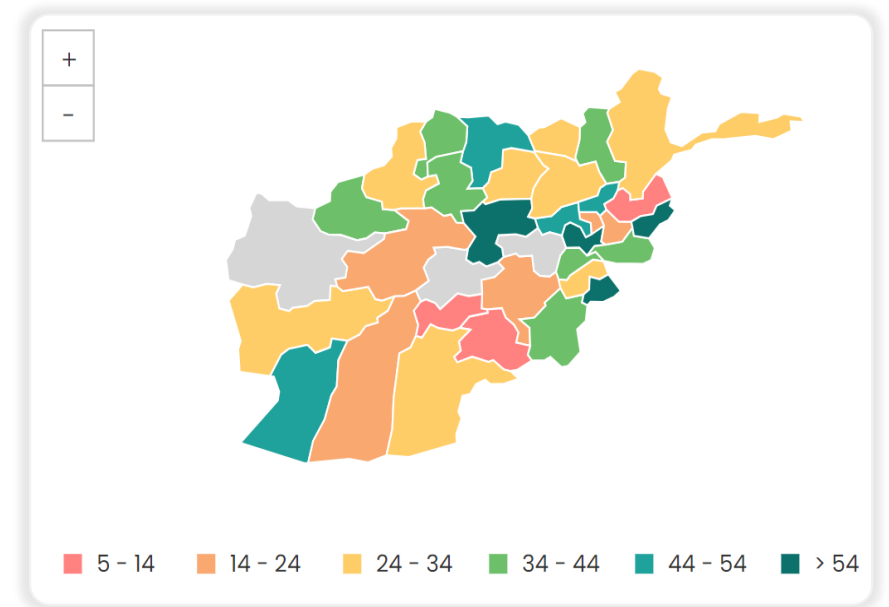
- Latest household survey estimates show that **17** or approximately half of all GFF countries with data had a wasting level exceeding the global target of 5% or lower.
- **Five** other GFF countries have wasting levels hovering around 5%.
- Increases in household food insecurity in many GFF countries due to climate change effects on food systems, conflict disruptions, and financial crises following the COVID19 pandemic place children at elevated risk of acute malnutrition

Improvements in national averages mask large equity gaps, illustrated here based on disparities related to poverty, maternal education and subnational geography

Equity distribution of RMNCAH-N Co-Coverage Index, by wealth status and maternal education



Geographic equity distribution of post-partum care in Afghanistan

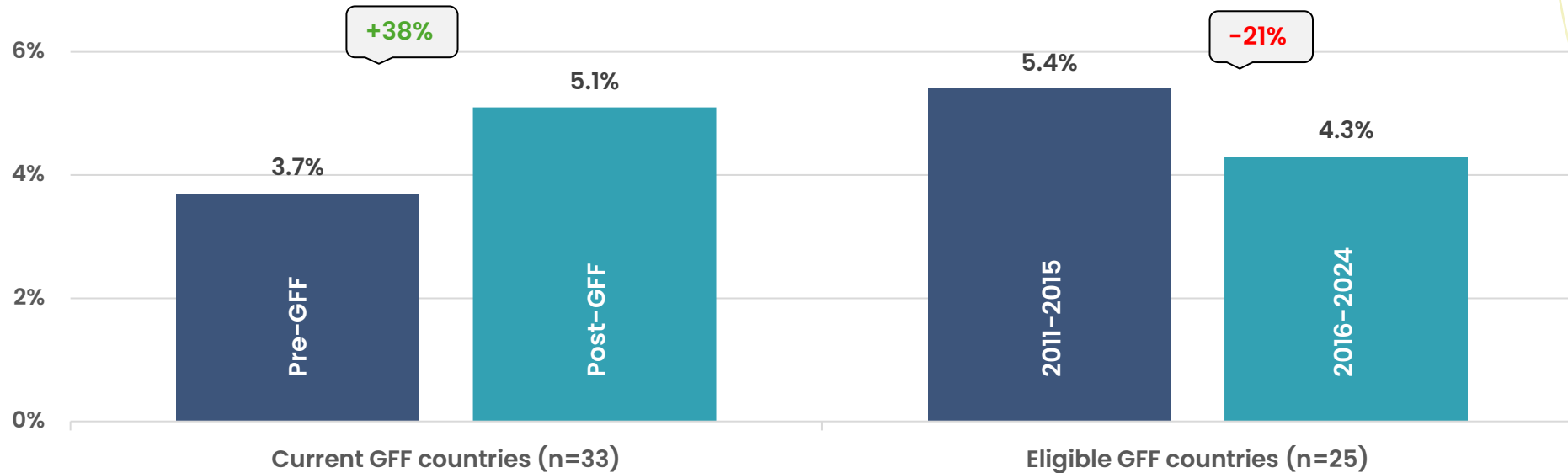


Proportion of women who have postpartum contact with a health provider within 2 days of delivery in Afghanistan, HMIS 2023

The CCI is the weighted average of the percentage coverage of eight interventions along four stages of the continuum of care: reproductive care; maternal care; childhood immunization; and management of childhood illness.

GFF partner countries have allocated more IDA to RMNCAH-N than they did prior to engaging with GFF, while countries that are eligible but not yet supported have decreased RMNCAH-N IDA allocations over time

Figure: Median percent of IDA allocated to RMNCAH-N (FY2011-FY2024)



6 new country-specific projects co-financed with IDA were approved in the last year. 3 are coded as having 75% or more of the resource going to RMNCAH-N. The remaining 3 are not tagged with RMNCAH-N specific codes in the WB system, but have very significant RMNCAH-N content:

- **Kenya:** Objective is to improve utilization and quality of primary healthcare services and strengthen institutional capacity for service delivery.
- **Tajikistan:** Objectives are to improve the quality and efficiency of primary healthcare services and strengthen national capacity to respond to public health emergencies
- **Zambia:** Objective is to promote human capital development and productivity among poor and vulnerable girls and women, while strengthening social protection delivery systems.



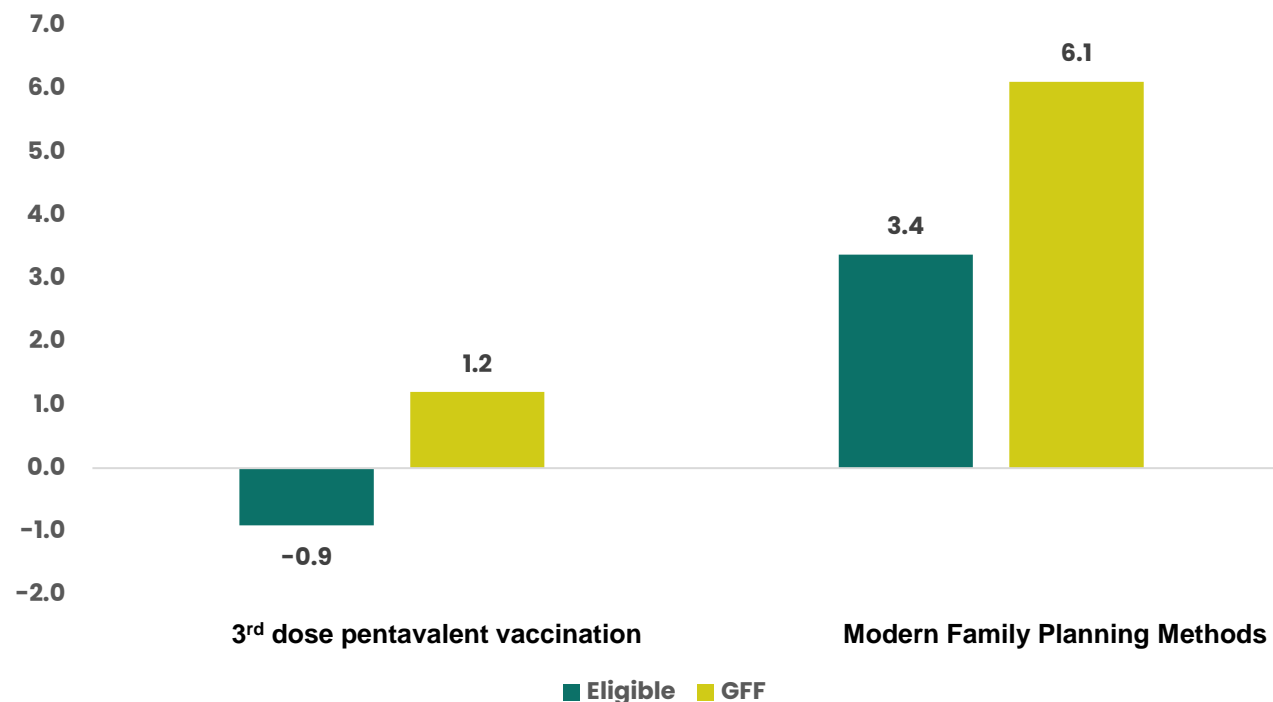
The first two have strong focus on essential RMNCAH-N services delivered through PHC systems. The GFF invests in the third to strengthen health and nutrition focus within a large cross-sectoral human capital project.

GFF partner countries continue to scale service delivery faster than countries that are GFF eligible but not yet supported

In 2023, compared to 2022:

- 71% of GFF partner countries have reached more children with routine pentavalent vaccination (median improvement 3.5 percentage points)
- 100% of GFF partner countries have reached more women with modern contraceptives (median improvement 5 percentage points)
- In comparison, a smaller percentage of countries that are GFF eligible but not yet supported have demonstrated improvements

Median average annual percent change in number of beneficiaries reached since GFF engagement began



Headwinds: Global trends with adverse impacts on women, children, and adolescents

Pushback on gender equality and SRHR

- Gender equality is either stalling or sliding in nearly 40% of the world's countries – and almost 860 million women and girls are living in places ranked as “very poor” when it comes to women's economic well-being, education, health, and beyond.
- Pushback on SRHR has manifested in various forms, including attempts to restrict access to abortion, reductions in bodily autonomy, and proposals to repeal laws against female genital mutilation, particularly affecting vulnerable groups

Climate change direct and indirect impacts:

- Studies have shown that extreme heat and changing climate and precipitation patterns are adversely affecting maternal health: pregnant women face twice the risk of death from severe malaria and are more likely to develop severe anemia; women in coastal areas with higher salinity levels face increased risks of preeclampsia, gestational hypertension and miscarriages.
- For adolescents, the risk is greater as climate change exacerbates conflict, food insecurity and economic crisis across the Global South—where they are more vulnerable to forced sex and early child marriage.
- Extreme weather events lead to food insecurity and worsen health issues for women and children, with significant increases in malnutrition cases among women in regions of Africa during severe droughts.

Economic threats:

- Shrinking fiscal space in many countries and crippling debt burdens
- Economic growth in Sub-Saharan Africa slowed to 2.6 percent in 2023
- By the end of this year, half of economies in fragile and conflict-affected situations will still be poorer than before the pandemic.
- 2024 is likely to be one of the warmest years on record, significantly impacting global commodity markets.

More headwinds: Global trends with adverse impacts on women, children, and adolescents

Changing global priorities in health

- 41 of the world's poorest countries can't return to pre-COVID-19 levels of health spending until at least 2027.
- RMNCAH-N objectives are much less prominent in the SDG agenda compared to the MDG framework. The emergence of competing priorities in the health sector (e.g., UHC and COVID) and non-health arena (climate change) appear to have diverted attention from RMNCAH-N.
- Emphasis on transnational issues like pandemic preparedness and response, addressing health needs of aging populations (non-communicable diseases, aging populations)

Conflict escalation

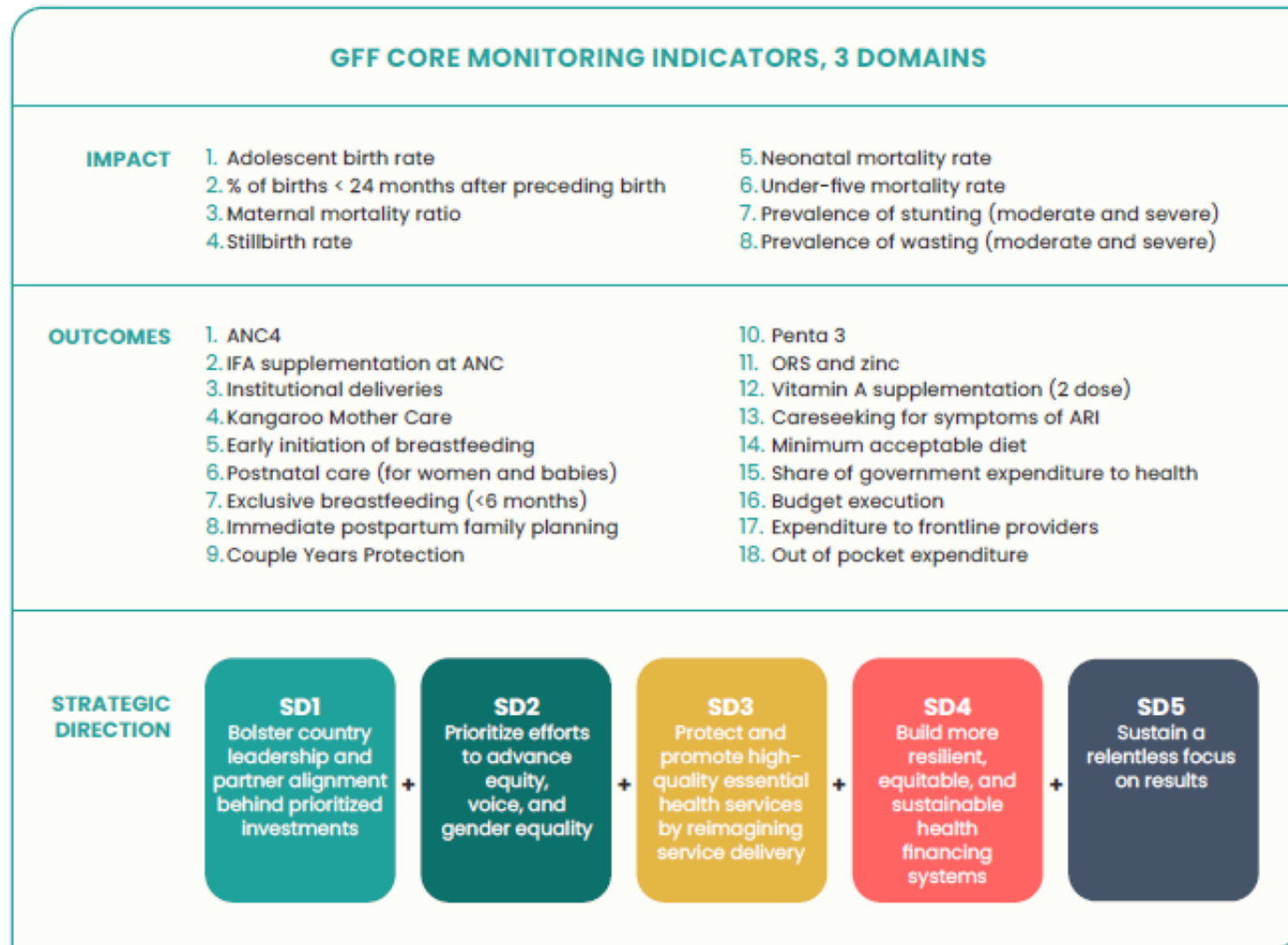
- Fifteen (42%) of the 36 GFF supported countries are considered fragile or conflicted-affected settings.
- Among the 20 countries with the highest neonatal mortality rates, 19 are conflict-affected.
- A CD Lancet report found that countries experiencing conflict had poorer measures of child nutritional status, lower coverage of essential RMNCAH-N services, and greater health inequalities compared to non-conflict countries.



Strategy Update

based on Key Performance
Indicator Analysis

The GFF Results Measurement Framework includes three key domains, including Strategy Key Performance Indicators

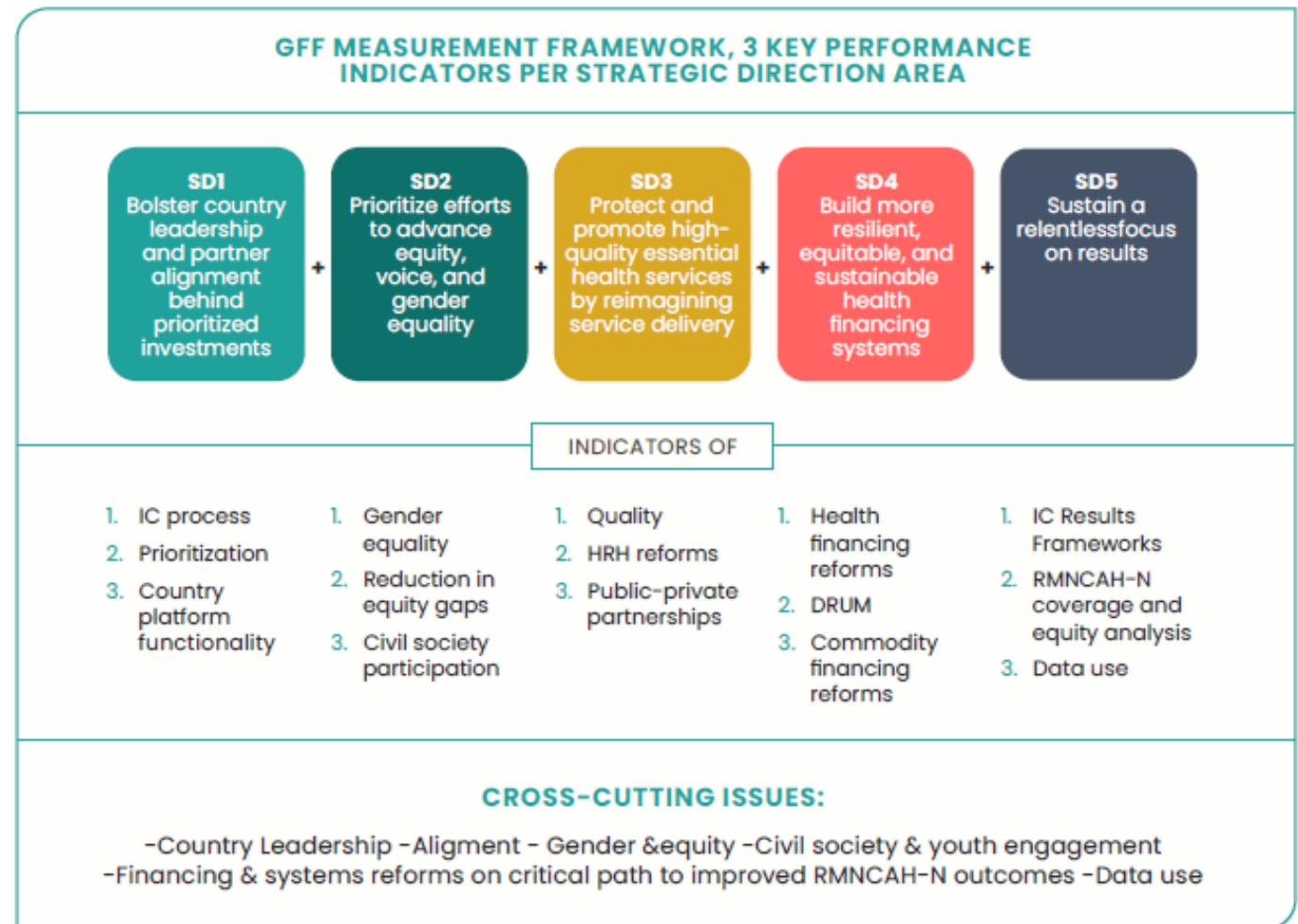


These 3 domains provide a critical overview across the portfolio of countries, to:

- Identify where progress is on track and where there are gaps
- Identify where GFF should provide more support to countries
- Promote cross-country learnings based on evidence

The Key Performance Indicators specifically assess progress in delivery of the GFF Strategy

KPIs complement the reporting on the core impact/outcome and logic model indicators (output, medium/long term outcome, impact) by focusing on activities/reforms directly supported by the GFF



The KPIs are a strategy and management tool to help guide action and improvement

WHAT THE KPIS ARE

Summary of country progress based on documentation and evidence

Utility-focused perspective on progress and gaps in GFF partner country engagements, focused on how and where the GFF provides support through its strategy and support modalities

Way of understanding what is happening in the 'missing middle,' between the inputs at the beginning of the results chain and the outcomes and impacts at the end.

Tailored approach that enables focus on specific reforms and strengthening actions that countries have prioritized

WHAT THE KPIS ARE NOT

Report from countries

Full record of everything that countries have achieved

Tool for tracking inputs, health outcomes or impact.

One-size-fits-all set of measures

The KPIs have multiple use cases within the Secretariat, the broader partnership and externally

Within Secretariat

- Strategic prioritization
- Allocation of resources
- Day-to-day portfolio management work

Within broader partnership and externally

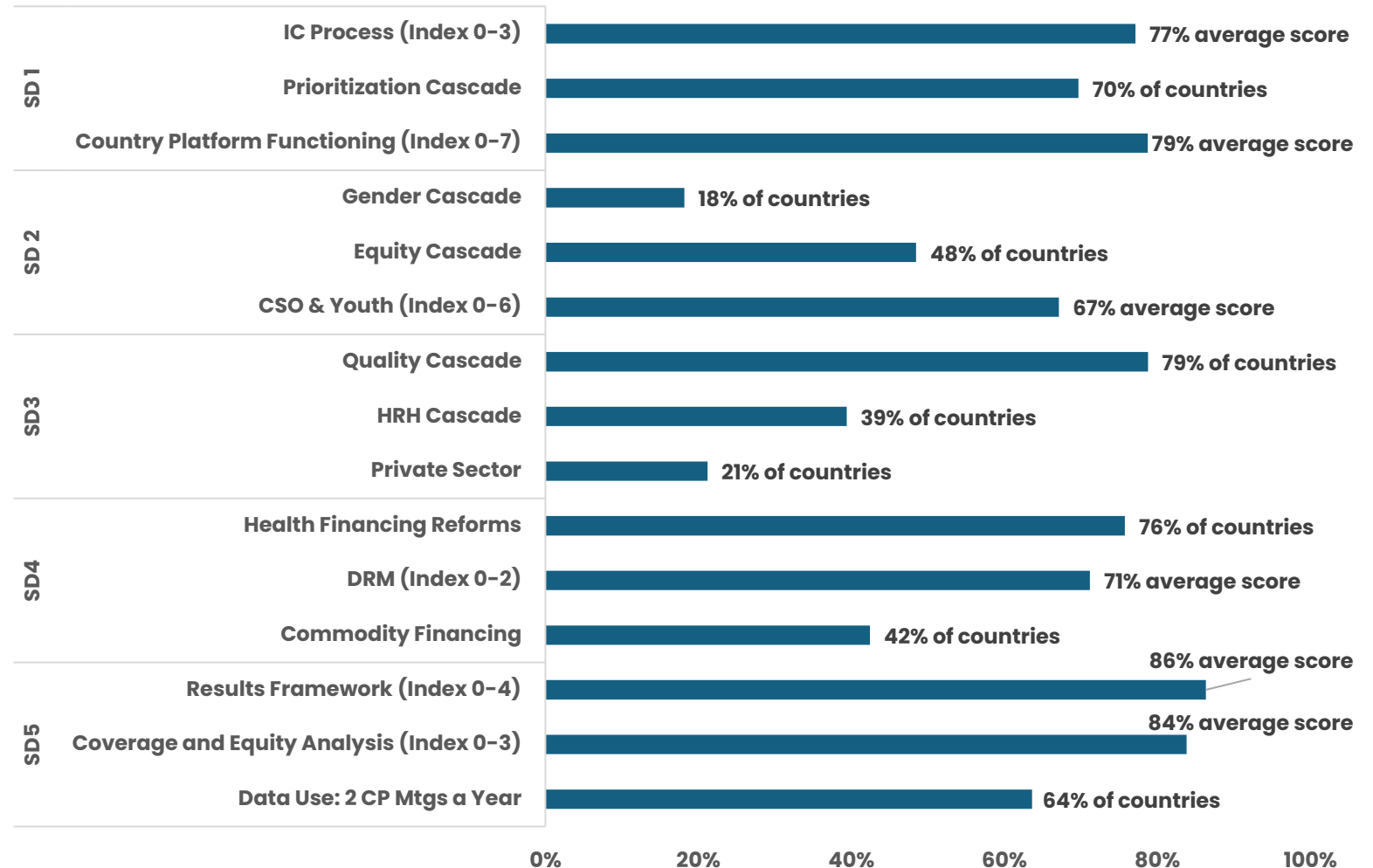
- Cross-country engagement and learning
- Reporting to, and dialogue with, governance bodies
- GFF Annual Report and data portal
- Independent evaluation

High level summary view of KPI Dashboard for fiscal year 2024

Fiscal Year 2024 (July 1 2023 to June 30 2024) marks the first full cycle of KPI tracking

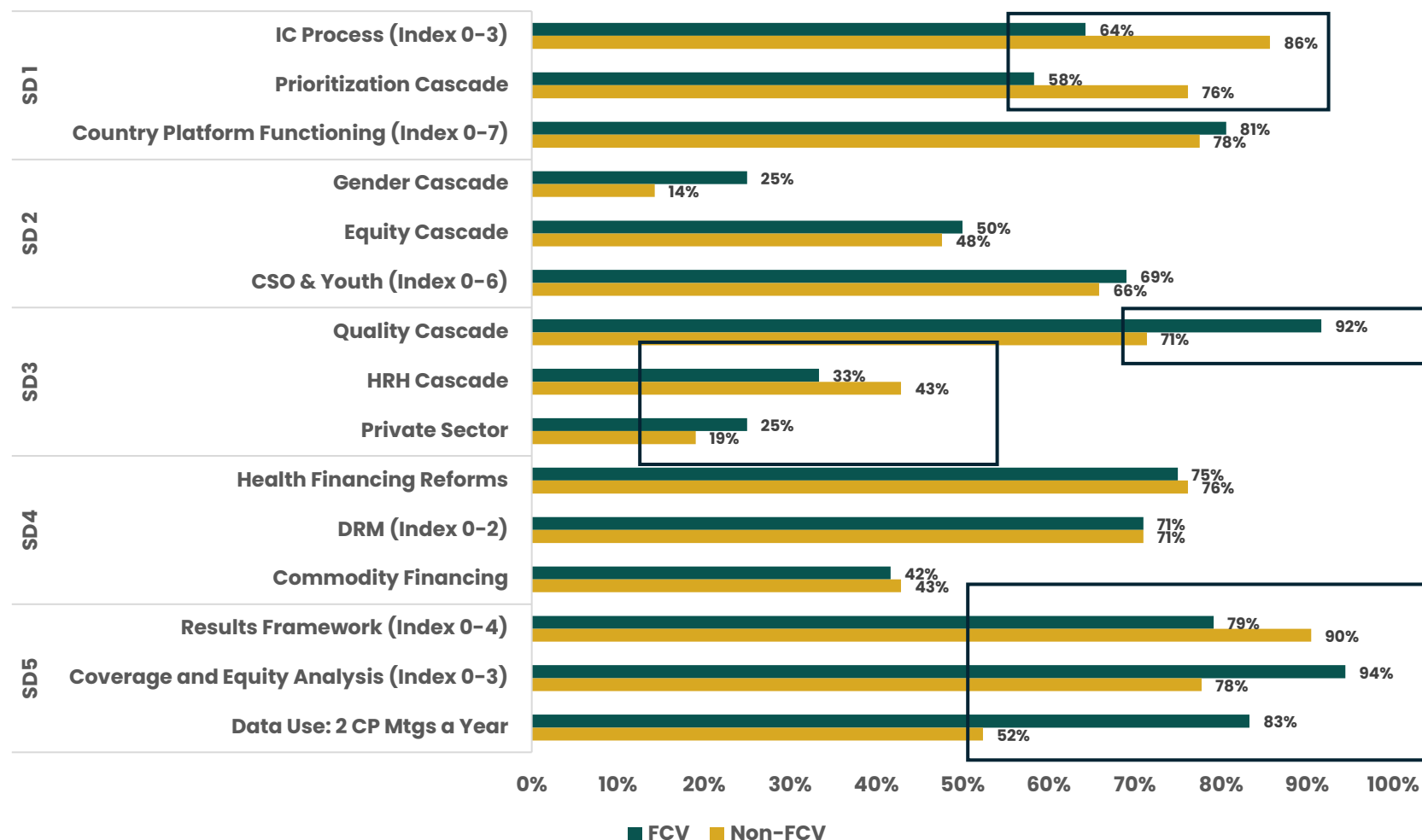
Shifts from previous reporting include:

- Streamline and simplify indicator definitions and criteria based on IG and TFC feedback
- Stronger focus specifically on GFF engagement and support
- Institutionalization of process, including through new internal online workspace and technical/programmatic leads to serve as 'owners'



NB: The denominator for IC Process, Country Platform Functionality, and CSO & Youth is 35 countries. For the remaining KPIs, the denominator is 33 countries. Myanmar is excluded from the analysis due to no active GFF engagement in the time period covered by this analysis (Fiscal Year 2024)

Differences between Fragile, Conflict and Violence Countries and non FCV countries emerge for some indicators



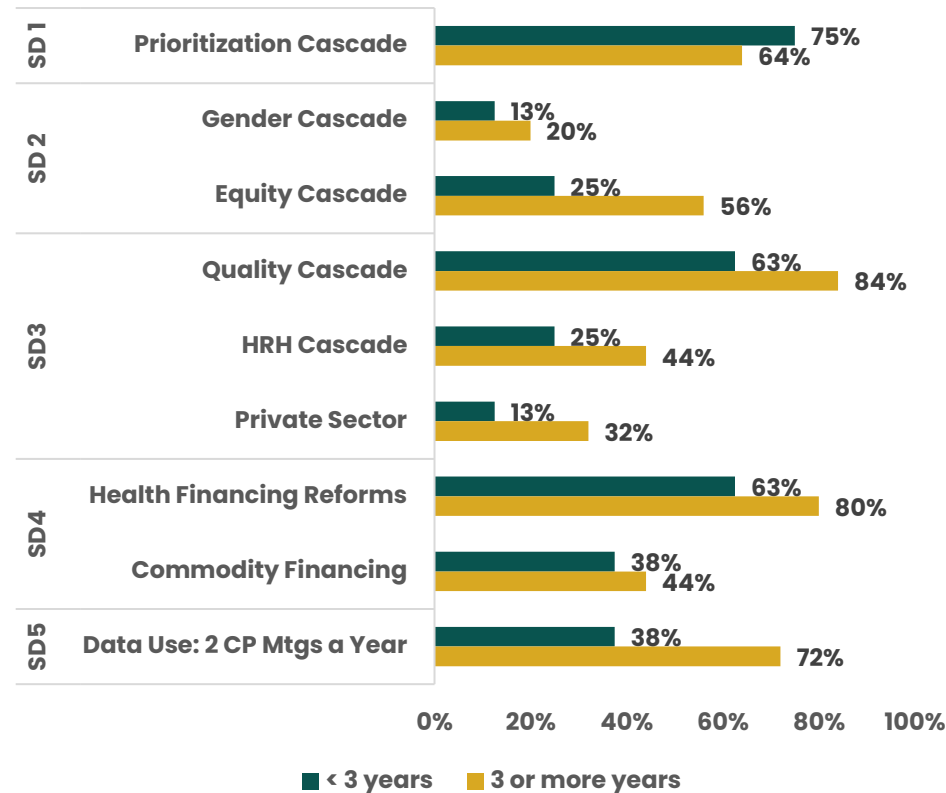
Key challenges and opportunities in FCV countries are explored further in the IG FCV paper

Countries that have implemented for three or more years tend to show higher scores than countries implementing for shorter periods of time

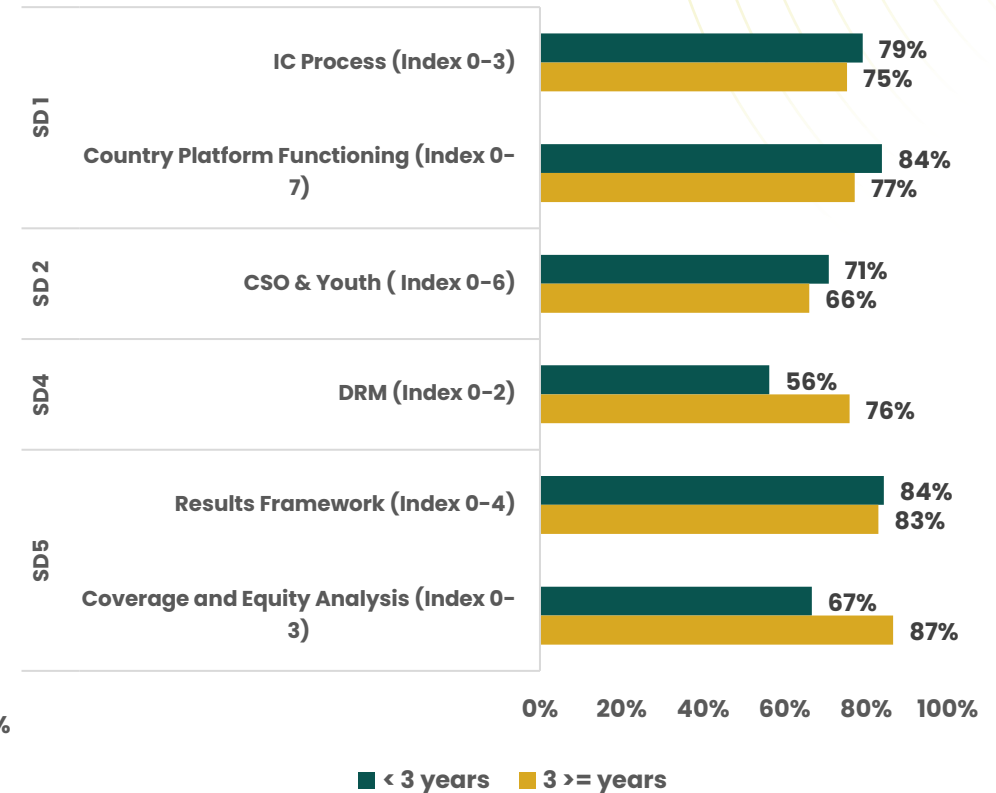
For reforms requiring sustained commitment over a multi-year period, longer duration of implementation is strongly associated with higher scores.

However, the prioritization cascade scores are not associated with longer implementation. Countries implementing for a short period of time are closer to the upfront work of developing their ICs, when prioritization activities are especially intensive.

Cascades: Percent of countries meeting the KPI Benchmark in 2024 by years of Implementation



Indices: Average percent score across GFF countries by Years of Implementation





SD1

Bolstering country leadership

KPI 1: IC Process Cascade

33 countries now have a finalized IC, out of which:

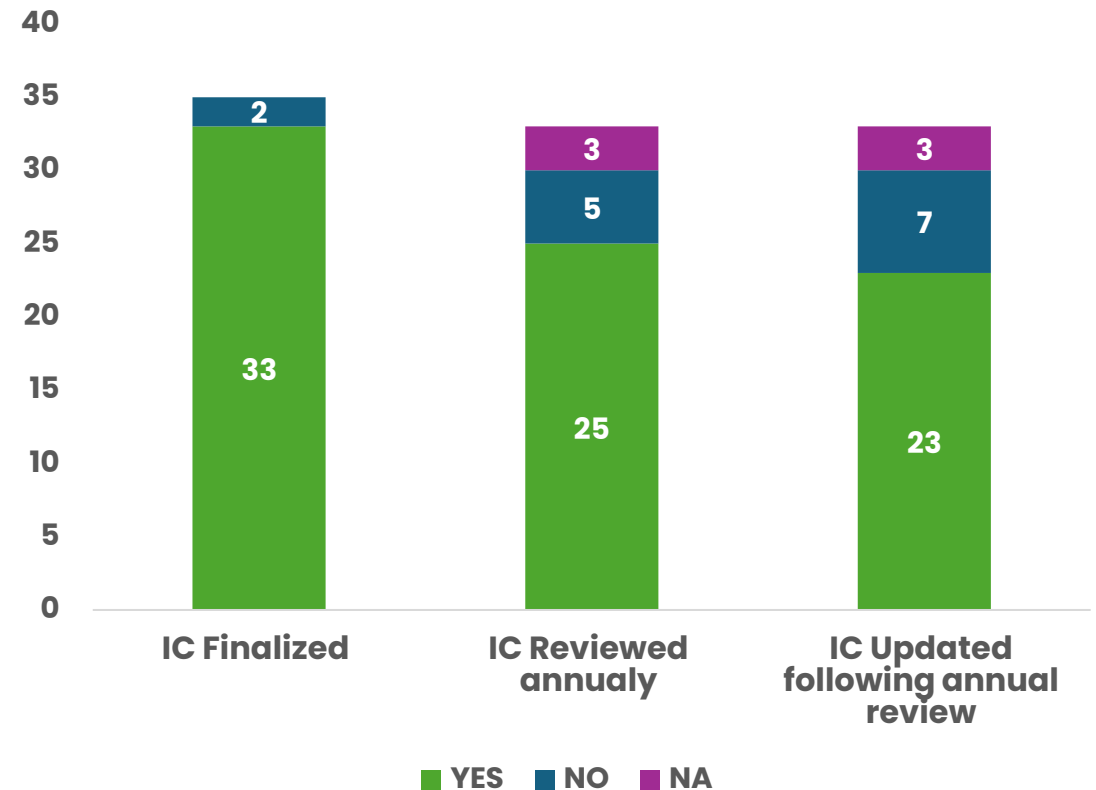
- Tajikistan finalized first IC in past year
- Kenya, Liberia and Senegal have completed their first ICs and are working on their second

Haiti has nearly finished developing its first IC. Next steps are to complete costing and validation.

Cameroon has completed its first IC and is planning to use a new RMNCAH-N plan currently in development as the main basis for its second IC in the future.

Progress is being made in shifting toward the living IC approach, with annual review and updating.

KPI1: IC Process Cascade

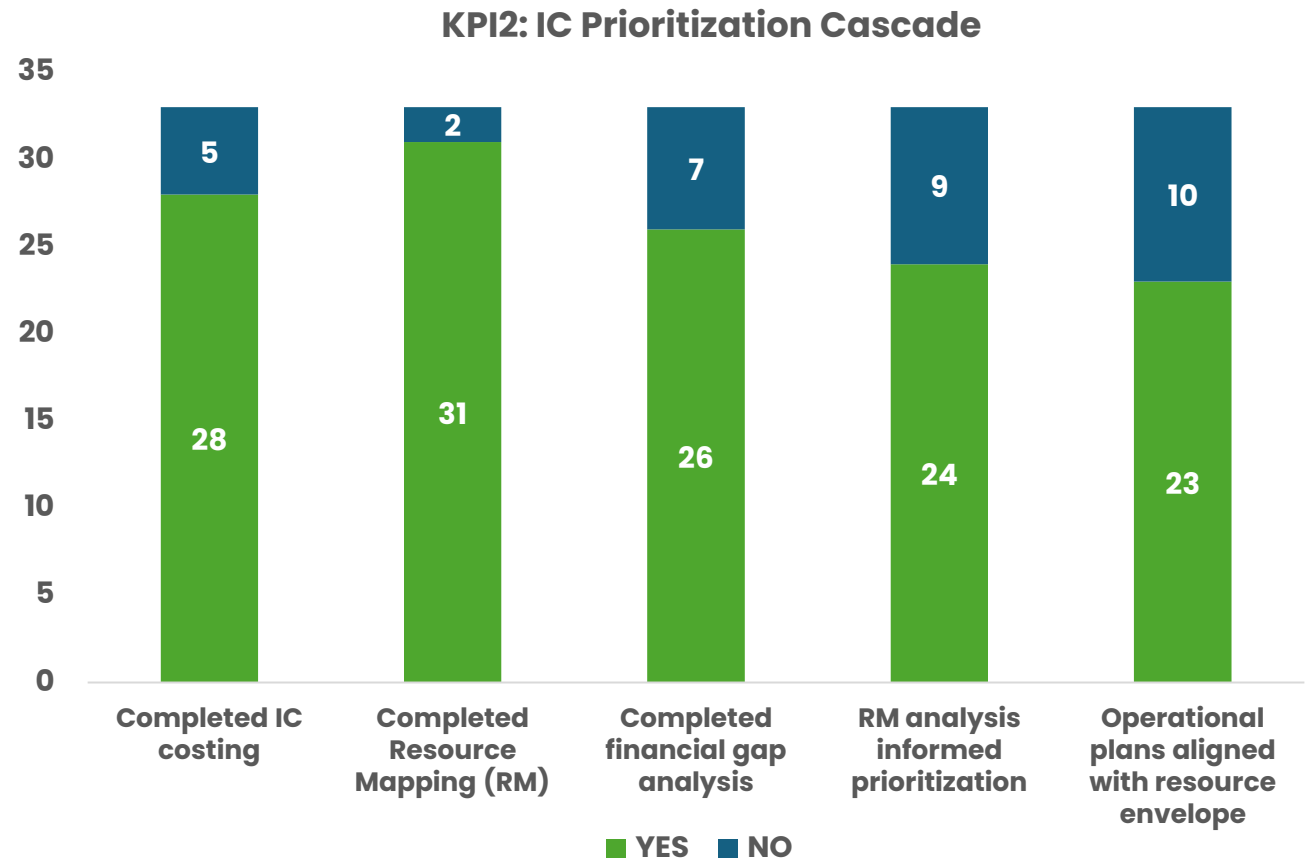


KPI 2: Prioritization cascade

All but two countries (Guatemala and Vietnam) with a finalized IC have completed Resource Mapping at least once. All but three of those countries have also completed costing.

While GFF has made progress on aligning external and national resources with national plans, ensuring the efficiency and equity of IC financing requires strengthening.

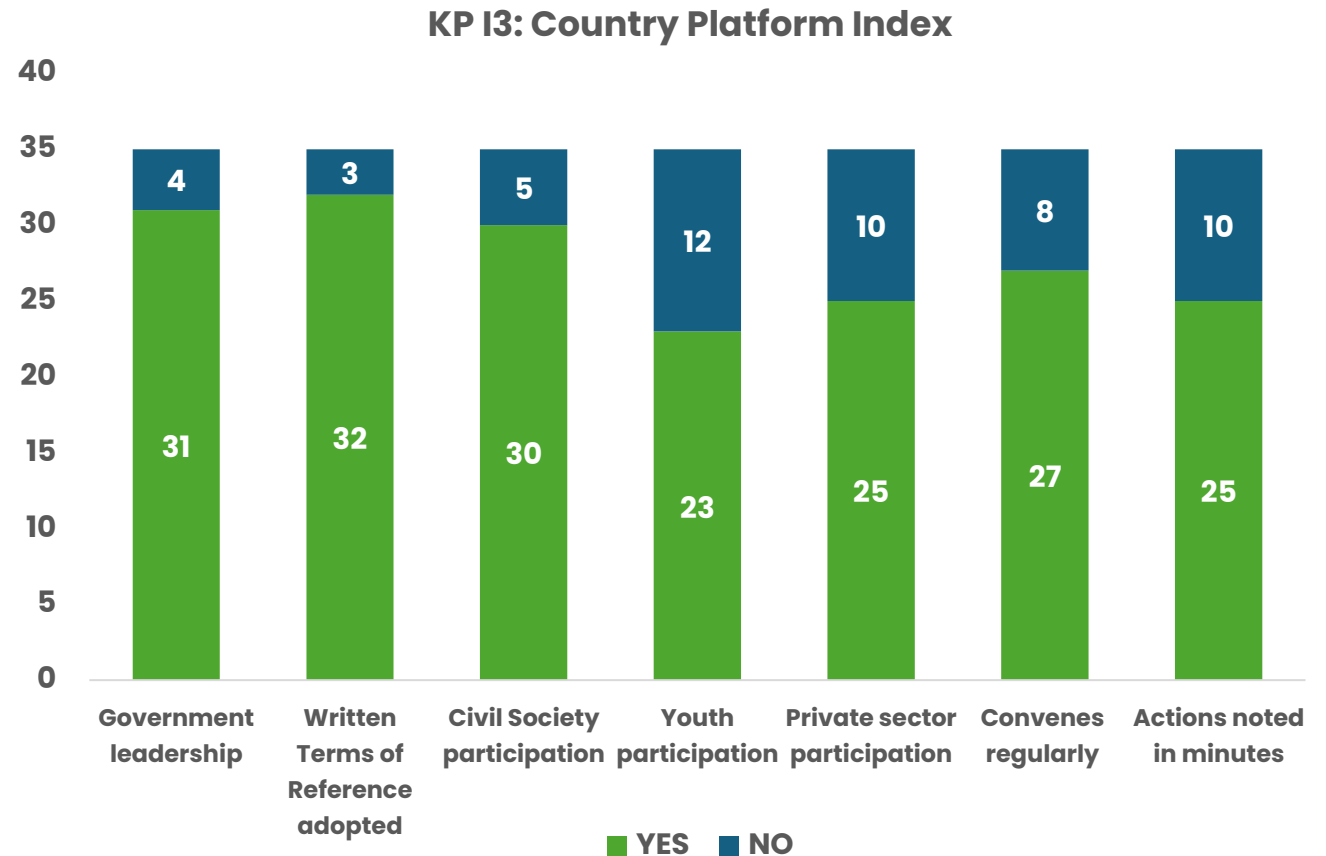
In Mauritania, as part of the annual and mid-year review, a roundtable is organized with partners to identify who funds what to develop a funded and prioritized operational plan.



KPI 3: Country Platform Index

Based on IG and TFC feedback, this indicator has been disaggregated this year to show differences in participation by group. This is helping to identify gaps in youth and private sector participation and strengthen inclusivity.

The GFF has been conducting consultative processes to update the CSO and youth engagement framework and a review of its private sector engagement to inform strengthening actions.



SDI: How is the GFF addressing gaps?

- Cross-exchange and learning with Government Focal Points and LOs on how the living IC can be effectively operationalized and used to improve regular review and prioritization
- Updating LO terms of reference, engagement modalities and feedback mechanisms
- Development of new annual assessment of GFF in-country support, including a new Country Platform assessment approach, to identify 'bright spots' and areas for improvement which will include stakeholder input to help identify bottlenecks and solutions.
- Providing TA to countries to improve Country Platform Functionality
- Partnership Agreement between the GFF and World Bank to clarify and strengthen how the two work together operationally and instituting meetings with regional directors
- Updating CSO and Youth Engagement framework based on previous lessons, including ensuring the visibility and integration of CSO and youth organizations in IC development, implementation and monitoring as well as representationally within the CP.

Strengthening role of Country Platform in review of progress and aligning on actions

Example of activity that contributes to KPI 2

- Updated IC guidance and toolkit reflects lessons learned from the first eight years of GFF engagement and consultations with GFF partners and stakeholders involved in IC development.
- Emphasizes a focus on implementation and learning, with a key role for the Country Platform in regular review of progress to enable course correction and updates to prioritized plans.

Country example: Guinea

- The GFF has supported the Ministry of Health to set up a multisectoral country platform consisting of three inter-linked coordination bodies, whose quarterly meetings attract 80–90 participants from health programs, regional and district teams, other ministries, civil society, and development partners.
- The platform actively monitors RMNCAH-N progress and uses data to align on priority actions. This includes departments in the Ministry of Health as well as other line Ministries to coordinate actions across sectors.

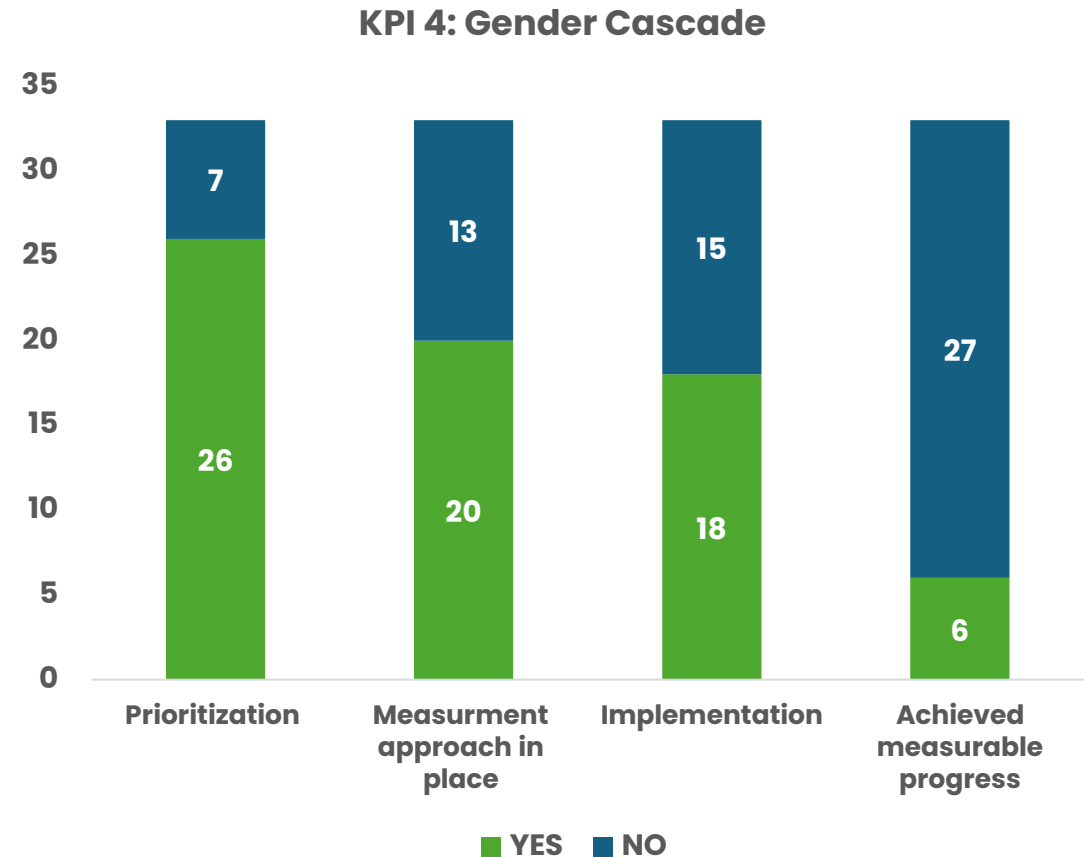
SD2

Prioritize efforts to advance voice,
equity and gender equality



KPI 4: Gender cascade

- Most countries now prioritize gender, but major gaps remain in measurement and implementation.
- Only 6 countries (Afghanistan, Bangladesh, CAR, DRC, Indonesia, Liberia) have achieved measurable progress in addressing the gaps.
- More countries are being supported to explicitly incorporate gender equality in Disbursement Linked Results (e.g., Bangladesh and Mozambique) as well as in other WB financing instruments (e.g. Guinea and Rwanda).

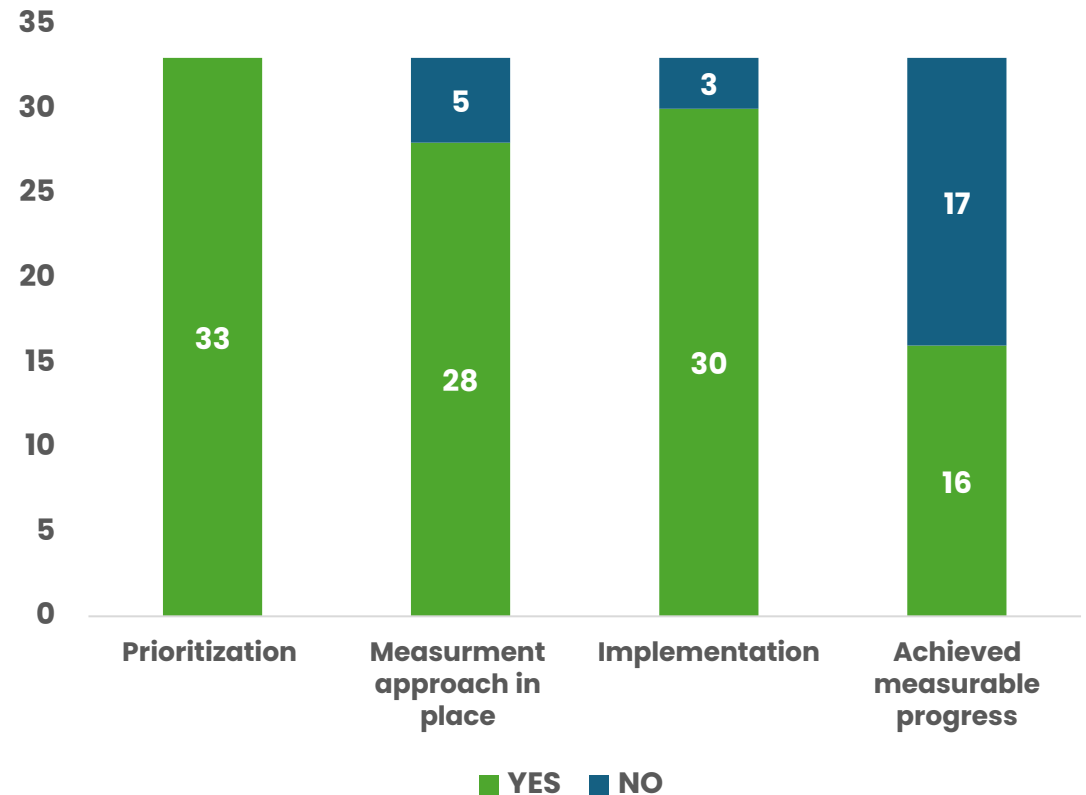


KPI 5: Equity cascade

- All GFF country engagements now include focus on equity gaps, with majority of countries prioritizing geographic inequities.
- Other key equity gaps prioritized include marginalized populations, households in poverty, and populations with limited health access.

In Chad, as part of the PBF program, geography and poverty equity gaps were used in addition to insecurity to evaluate the equity bonus given per health facility, districts and regions. The PBF project ensures that health facilities providing free care to those in poverty receive higher subsidies. Health care provided to the poor free of charge in the project area increased from 0 to 24,206.

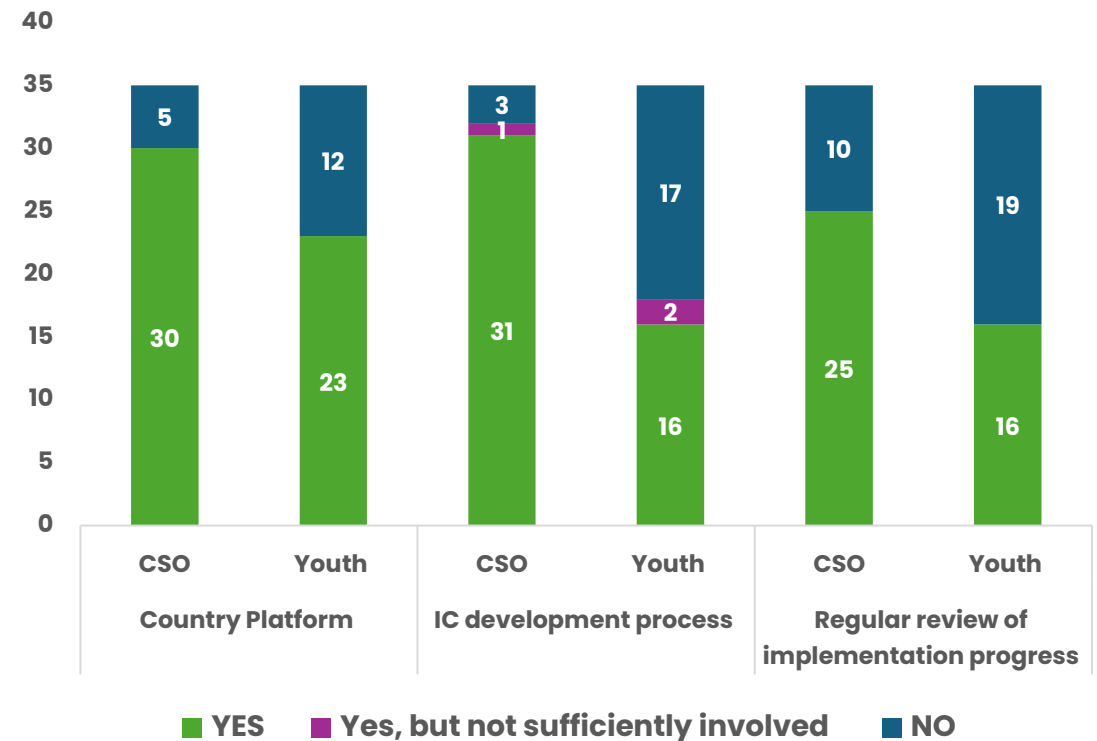
KPI 5: Equity Cascade



KPI 6: Civil society and youth engagement

- While there is need to strengthen both civil society and youth engagement, there is a significant gap between CSO and youth engagement.
- There are clear gaps in youth participation in IC development processes and regular review of progress, despite youth being a recognized part of Country Platforms in 23 countries.

KPI 6: Civil society and youth participation Index



SD2: How is the GFF addressing gaps?

- Increasing focus on reaching adolescent girls with SRHR services and equitable HPV rollout, leveraging the joint WB/GFF commitment on HPV.
- Deepening partnership through the new World Bank SWEDD Plus regional project to ensure broader operational reach in GFF partner countries.
- Catalyzing legal and policy action to remove barriers to gender equality and improve RMNCAH-N outcomes, through World Bank instruments.
- Enhancing TA to strengthen implementation and measurement of strategies to address gender inequalities and other equity gaps
- Leveraging GFF supported country equity diagnostics to support countries to better target and understand the access and quality needs of women, children, and adolescent populations and ensure equitable resource distribution.
- Updating CSO and youth framework with a focus on equal participation for CSOs and youth as part of country platform and grant marking.

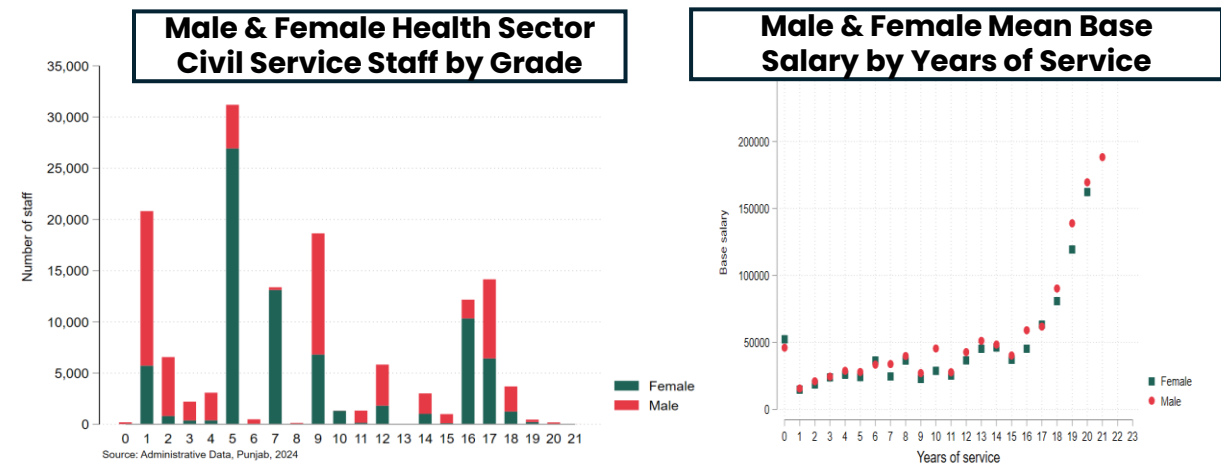
Leveraging World Bank instruments to integrate gender into DLIs

Example of Pakistan

- Women friendly service readiness
 - DLI 1: PHC facilities meeting essential health services delivery norms
- Clean, functional female washroom
- Labor room privacy
- Trained female provider available
- At least 3+ midwives assigned to Basic Health Units
 - DLI 3: Timely & appropriate referral between PHC and higher levels of care
 - Emergency transport available for obstetric referrals
 - DLI 7: Reduction in stock outs of select FP & nutrition commodities & essential medicines
 - No stockouts on obstetric meds
 - At least 3 FP methods, short & long term, no stockout

Applied research on supporting female workforce & leadership

- DLI 10: Strengthened monitoring & performance management of PHC providers & facilities for integrated service delivery
 - Performance management system review with gender lens
 - Revised performance management guidelines to secure and support female leadership in the health sector
- DLI 11: Increased community engagement in LHW-uncovered areas
 - Landscape analysis and advice for gender lens design of strategy and procurement for alternate CHW outsourcing model
 - Implementation research to guide feasibility & course correction of alternate CHW model, ensuring support for female workers & clients





SD3

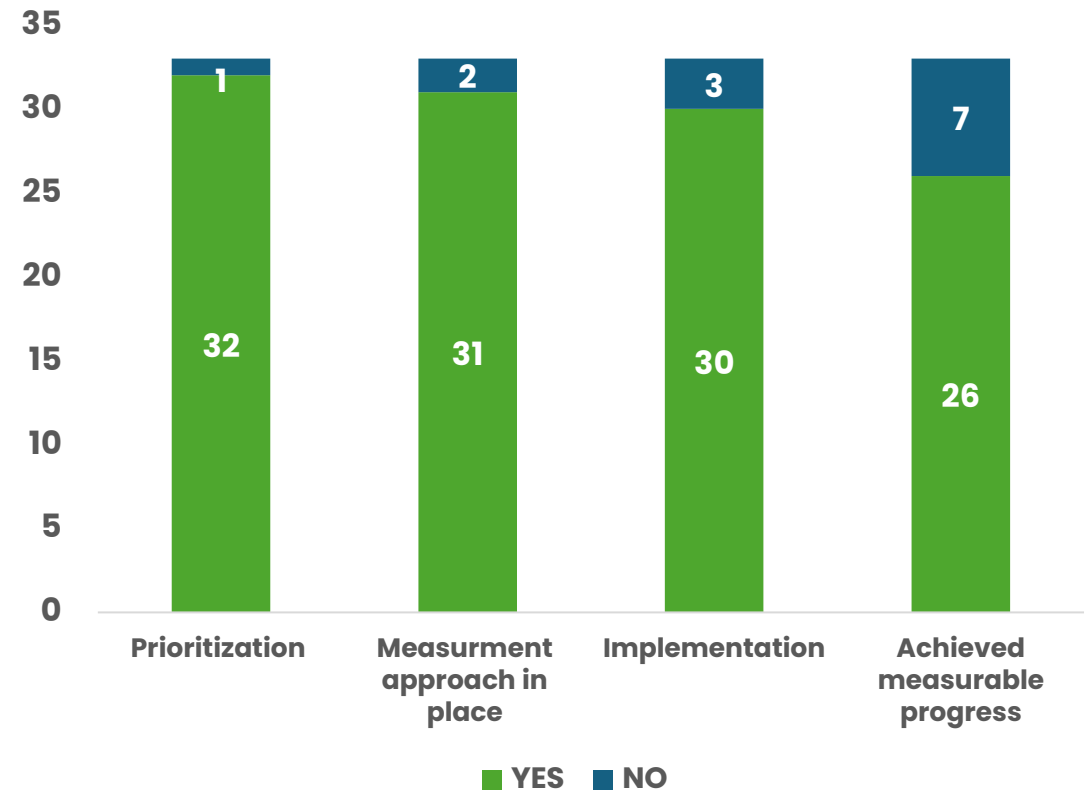
Protect and promote high quality essential health services by reimagining service delivery

KPI 7: Quality cascade

- Nearly all GFF country engagements prioritize quality improvement. The most common aspect of quality prioritized is facility readiness to provide quality care. Other key aspects of quality prioritized include service delivery re-design, PBF quality scorecards and facility-level quality assessment tools linked to supervision.

Indonesia is using Disbursement Linked Results on capacity to provide CEmONC services by district hospitals. Verification of quality standards in areas covered by the project showed achievement above the set target.

KPI 7: Quality Cascade

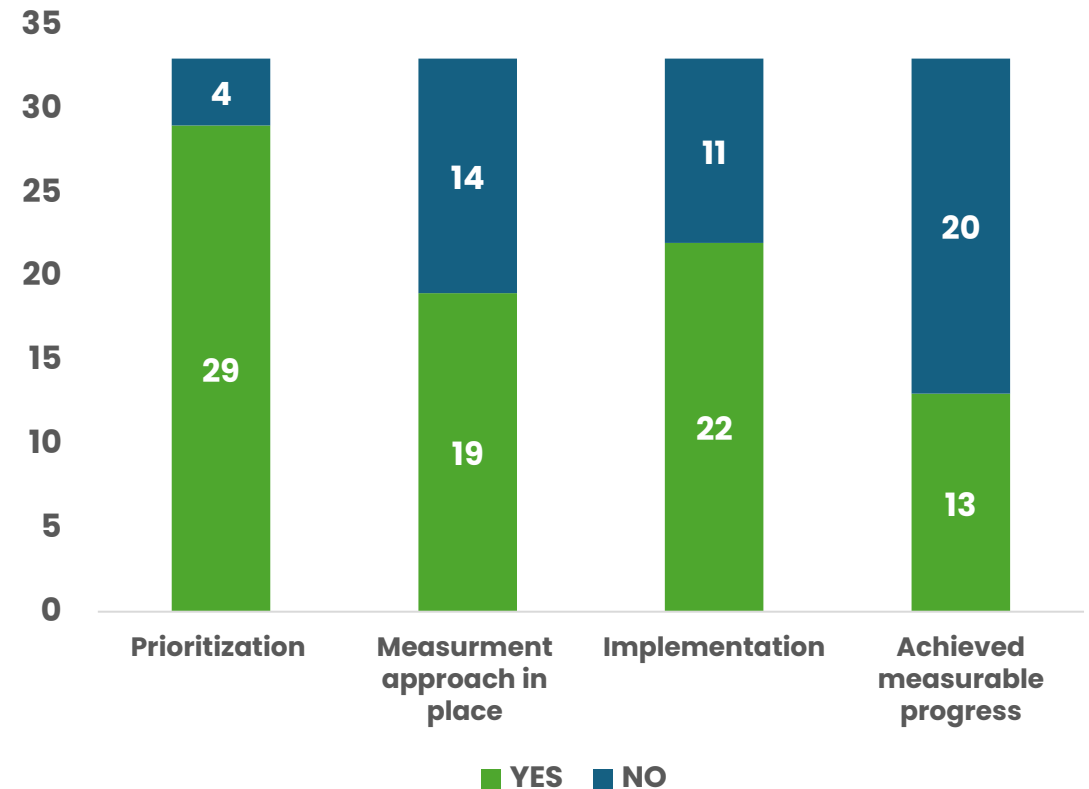


KPI 8: Human Resources for Health cascade

- Key types of reforms prioritized include competency building, availability and production of HRH, distribution and retention and strengthening management, planning and supervision.
- 7 countries have not begun implementing prioritized reforms yet, reflecting both the recency with which some countries have done the prioritization as well as challenges in implementing reforms.

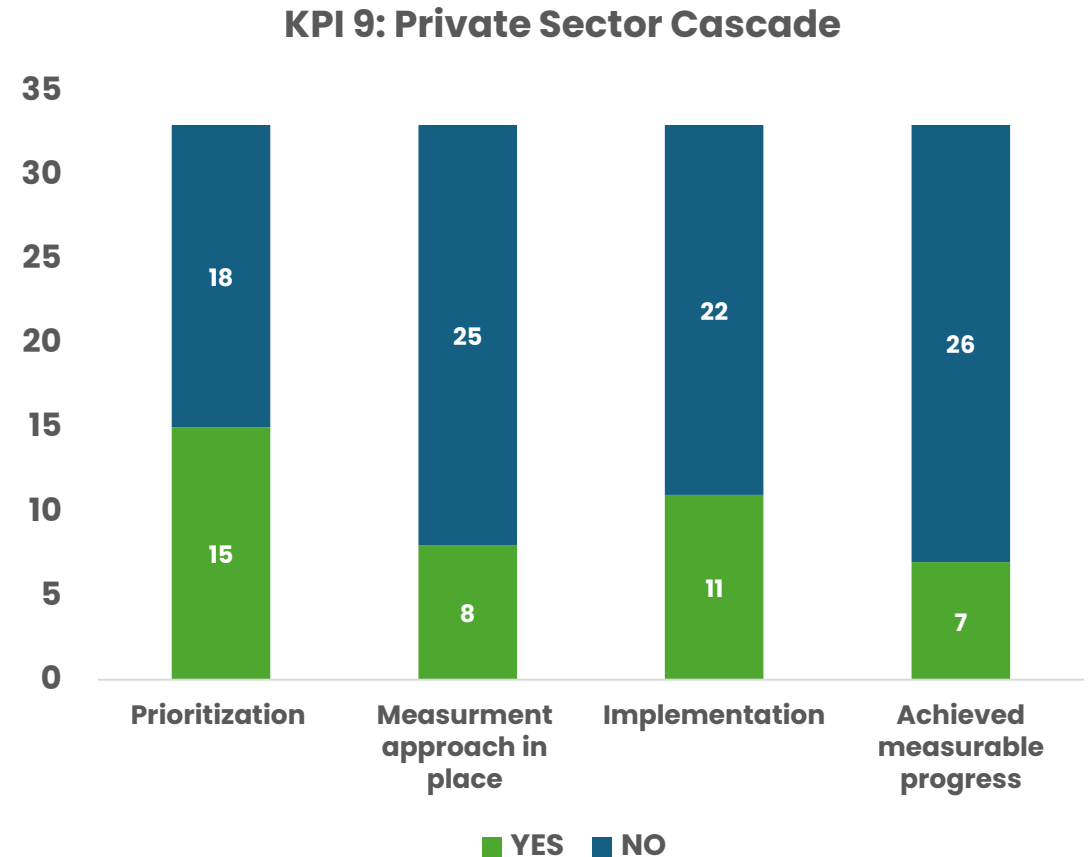
In Guinea, 400 health workers were recruited and trained in RMNCAH-N competencies to help address the immediate need for health workers at the district level in the two project target regions (Kindia and Kankan).

KPI 8: Human Resource for Health Cascade



KPI 9: Private Sector cascade

- Not all GFF partner countries prioritize private sector engagement strategies, given how context-specific the public-private mix across countries is. Key types of reforms prioritized include improving governance of private sector in health and inclusion of private sector in health financing or service delivery reforms.
- Among countries that have prioritized reforms in their ICs, there are significant gaps in having a measurement approach in place to track implementation of those reforms. Only 7 countries (Afghanistan, Cote d'Ivoire, Indonesia, Liberia, Madagascar, Nigeria and Somalia) have achieved measurable results through their reforms so far.



SD3: How is the GFF addressing gaps?

- Leverage the World Bank commitment to reach an additional 1.5 billion people with quality health services. GFF focus within that commitment is on RMNCAH-N services and on equity.
- The approach to quality is showing measurable results, but in many countries the level of scale is limited. Major focus on improving institutionalization and scale of quality improvement at national and subnational levels.
- A review of GFF private sector engagement has been underway with a technical working group to reflect lessons and prioritize key entry points, including strategic purchasing to address key gaps in existing delivery channels (e.g., adolescent SRHR).
- Address fiscal constraints to expanding health workforce by leveraging WB project instruments to incentivize DRM for HRH; and by aligning advocacy with Finance Ministries for HRH budgets. Work more closely with the WB Governance global practice to leverage public employment and management expertise to inform GFF technical TA and co-financing investments around HRH deployment, performance management and contracting modalities (especially of CHWs).
- Enhance TA for strengthening measurement of progress in implementation of quality, HRH and private sector reforms.

Service Delivery Redesign

Example of activity that contributes to KPI 8

- GFF support to countries with the aim of better aligning their service delivery models with the needs of their populations to improve health outcomes, especially for mothers and newborns
- Includes support for analytics, policy development, formative assessments and implementation research

5 countries with “full package” of formative research and policy support:

- Chad, Niger, DRC, Cote d’Ivoire, Pakistan

Several countries at various stages of support:

- E.g., Nigeria, Ghana, Bangladesh

Next phase:

- Support to existing countries to implement reforms and undertake implementation research to strengthen roll out
- Close collaboration with Service Delivery Innovations team of World Bank HNP

SD4

Build more resilient, equitable and sustainable health financing systems

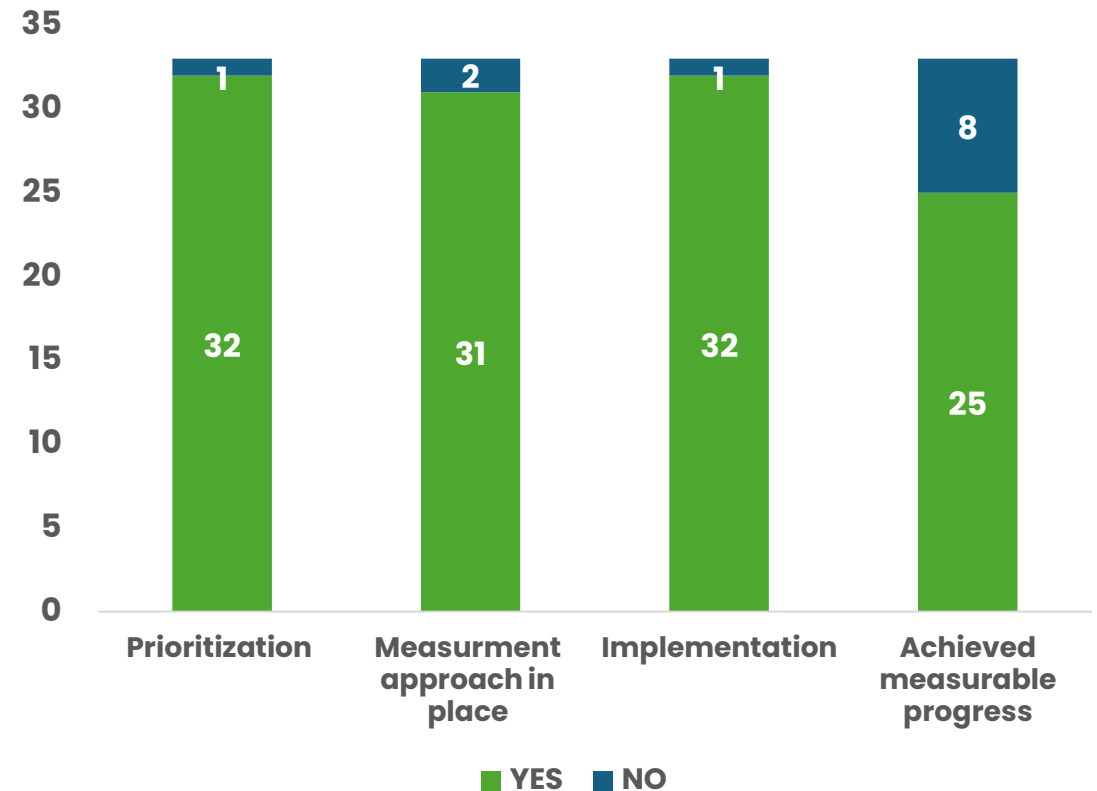


KPI 10: Health Financing reform cascade

- Nearly all GFF countries have prioritized health financing reforms in their ICs and projects, and all are under implementation.
- Key types of reforms prioritized include purchasing reforms, allocative efficiency, resource alignment, domestic resource mobilization and increasing access and use of financial data.

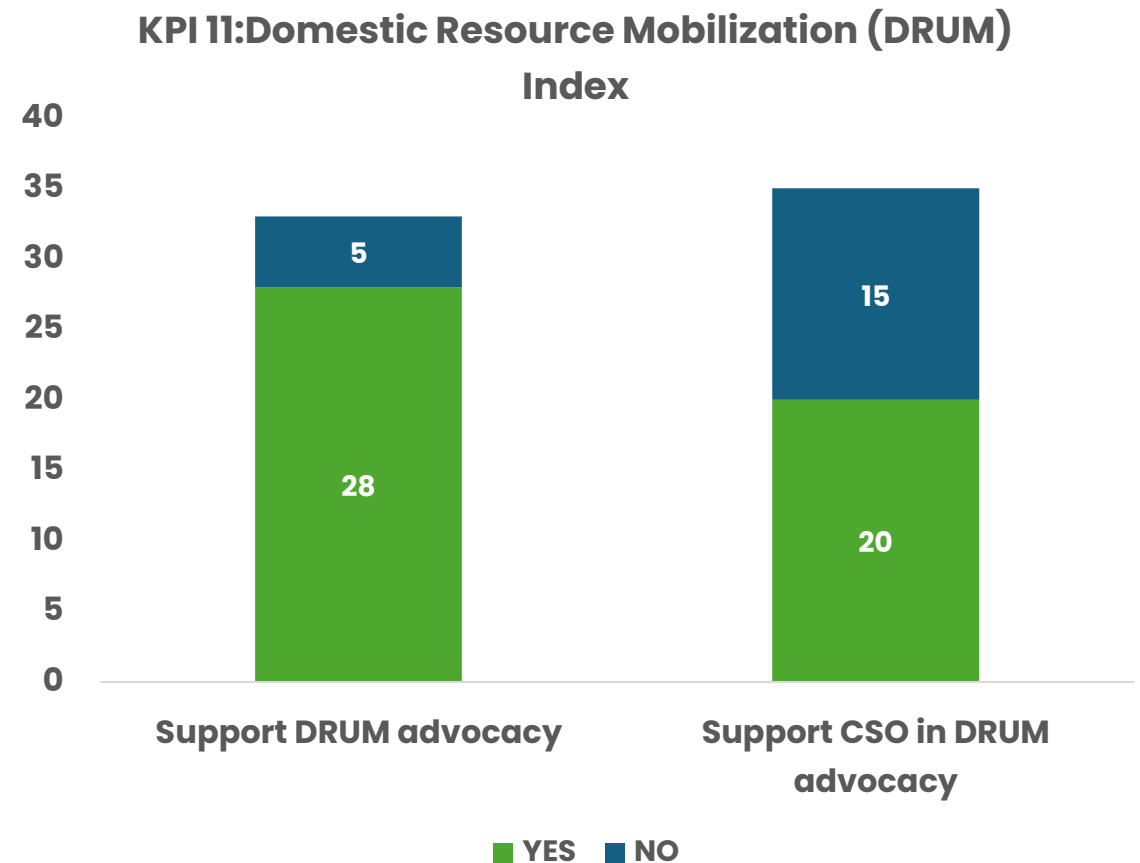
In Bangladesh the GFF supports interventions aimed at increasing both financial and human resources (midwives) to the frontlines. Progress is monitored through specific DLIs. Results show that measurable progress has been achieved in scaling up the midwifery cadre and in more timely disbursement of funds at the district level.

KPI 10: Health Financing Reform Cascade



KPI 11: Domestic resource mobilization advocacy

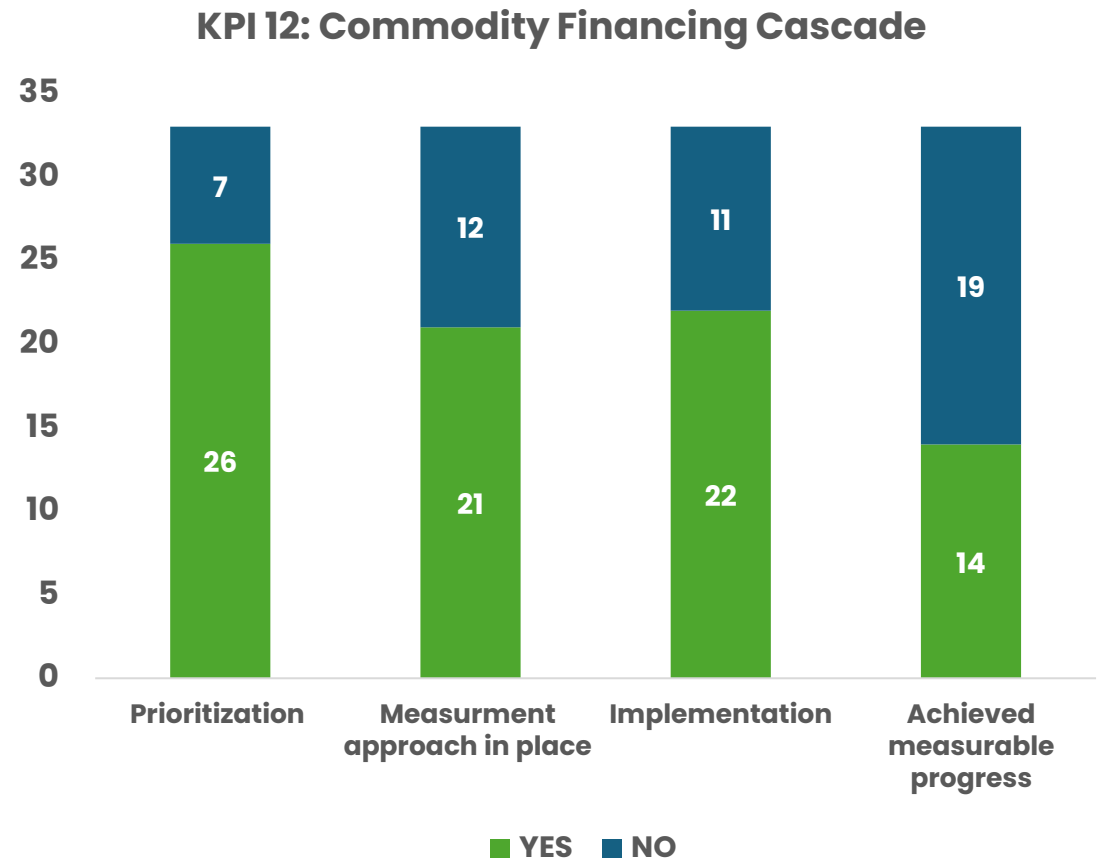
- In approximately two-thirds of country engagements with support for DRM advocacy, CSOs are engaged in the advocacy process.
- For example, in Malawi, Liberia and Madagascar CSOs advocated for increased budget. The budgets for health increased from 8.8% in 2023 to 11.5% in 2024 in Liberia and by 3.7% for the same period in Malawi. In Madagascar, CSO advocacy has supported an increase in the health budget from 7.8% in 2022 to 8.5% in 2023.



KPI 12: Commodity financing cascade

- Nearly 80% of GFF countries have prioritized commodity financing reforms in their ICs and projects. Key reforms include support for regulatory reform to improve access to quality RMNCAH-N commodities, improving government capacity to manage supply chain functions, and increasing domestic financing for RMNCAH-N commodities and diagnostics.
- Gaps remain, with 5 countries that have prioritized reforms lacking a measurement approach.

In Burkina Faso, health commodities are distributed by the public and private sectors. To improve the availability of health products, a last-mile distribution strategy was piloted in 8 health districts, which showed an improvement in the availability of health products in the pilot sites. To scale up, a three-year plan is being implemented, taking into account the country's security context. The proportion of health facilities with no shortages of the 25 tracer drugs was 58% as of June 30, 2024, against an annual target of 41%.



SD4: How is the GFF addressing gaps?

- Support GFF countries as they strengthen systems for tracking financing reform progress, to support more resilient, equitable and sustainable health financing systems.
- Systematically assess existing GFF health financing technical assistance (BETF) and needed TA to ensure successful support for HF reform implementation, with specific focus on countries not yet achieving measurable results.
- Codify and systematize GFF contributions to DRM advocacy and roll-out technical analytics to assist in DRM advocacy.
- Build on previous experience and continue and expand support for CSO budget advocacy and tracking – also integrated as part of updated CSO and Youth engagement framework.
- Strengthen GFF's commodity financing technical assistance program to support countries as they move from prioritization to results in commodity financing reforms. This includes:
 - a) market systems analysis to identify investment opportunities
 - b) building resource mapping capabilities to develop better estimates and data to inform negotiation across funding sources
 - c) leveraging FASTR to oversee performance and cost-effectiveness
- Launch the GFF Challenge Fund for RMNCAH-N commodities to accelerate results.

Challenge Fund for RMNCAH–N Commodities

Example of activity that contributes to KPI 12

- The Problem: Fragmented supply chains; low levels of domestic financing for commodities & supply chain management; HRH capacity and hiring; vertically funded donor programs; poor support for private sector; lack of alignment of partners
- The opportunity: in countries with strong commitment and a WB pipeline or implementing project, incentivize more focus with additional investment and TA from Challenge Fund

ENTRY POINTS

Multi-sector:

Potential to collaborate with

- Governance on PFM and Public Employment and Management
- Digital Development on logistics management information systems

Partnerships:

- BMGF, USAID Frontier Health Markets, RHSC, UNFPA, CIFF

Rapid Cycle/FASTR deployment:

- Identification of stockouts, with root cause analysis and follow up

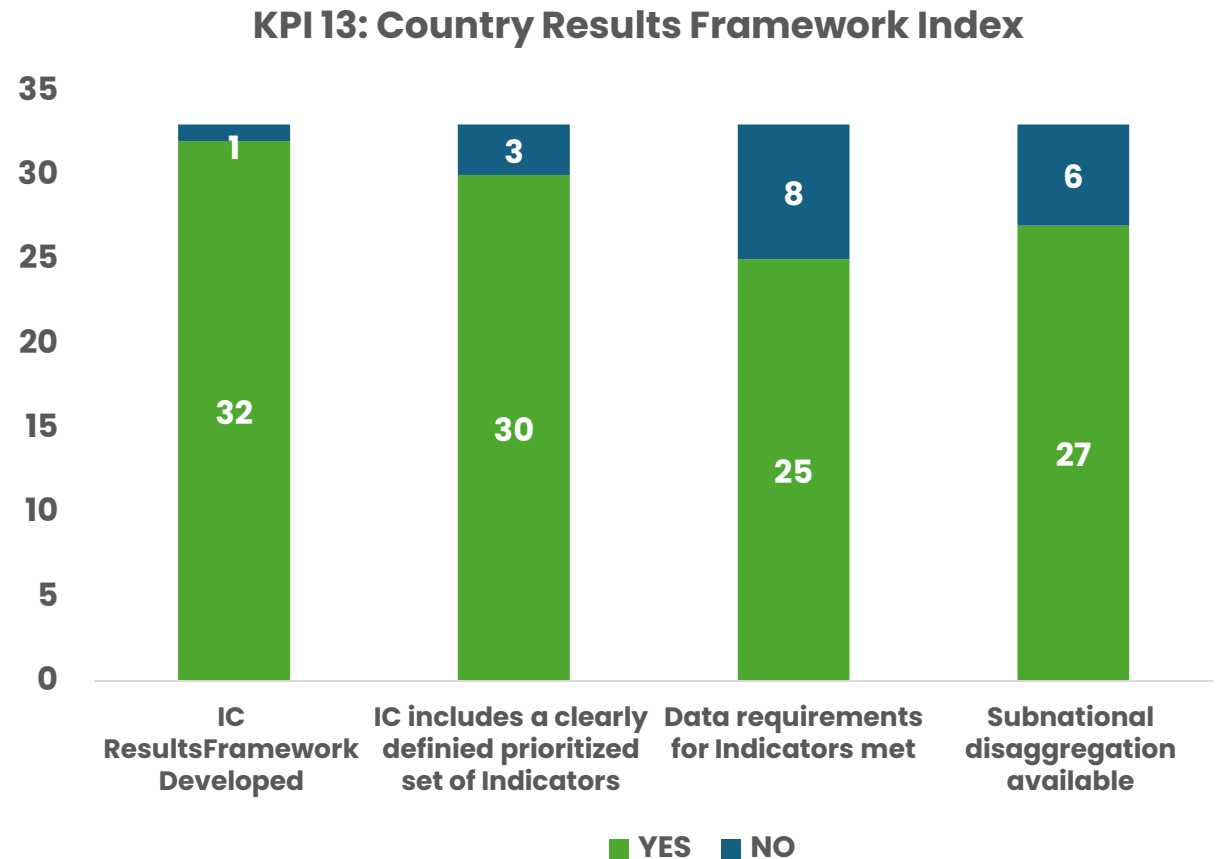


SD5

Sustain a relentless focus on results

KPI 13: Country results framework index

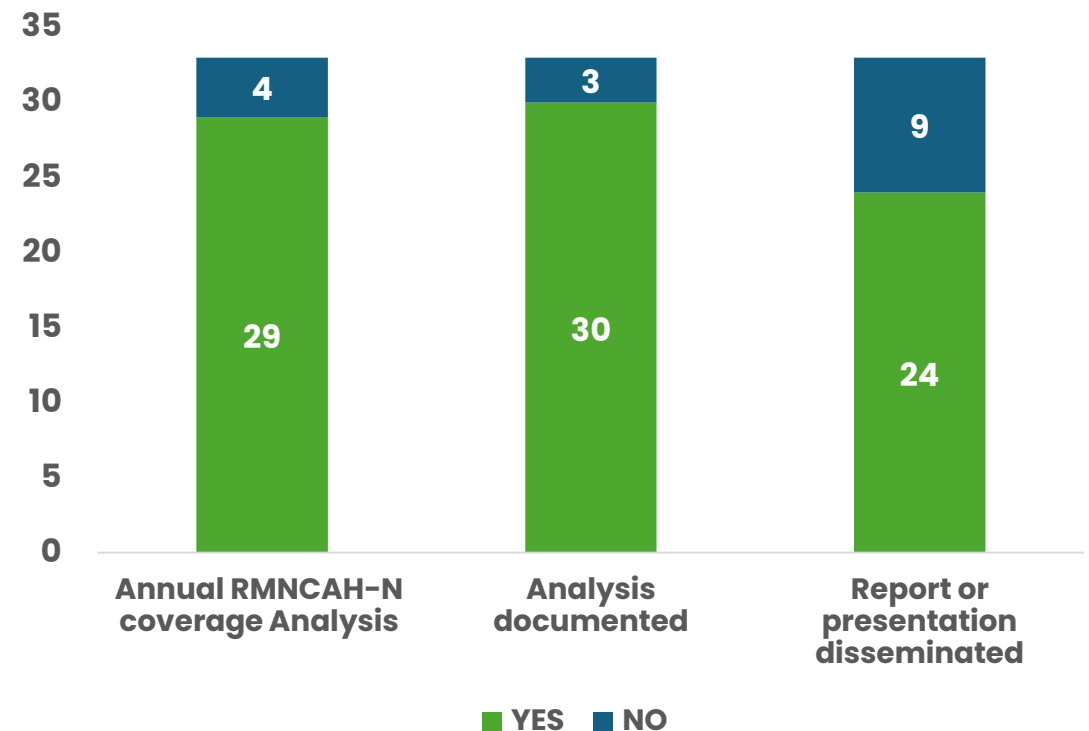
- All but one GFF country with a finalized IC have developed results frameworks for their ICs, which they own and manage through their own processes. The one remaining country (Zimbabwe) is in process of finalizing its results framework.
- Most countries can meet data requirements for core RMNCAH-N indicators with subnational disaggregation, but gaps persist for services targeting specific groups, such as adolescents. Another gap area for some countries is indicators to track systems reforms which are not well covered through routine country health information systems (e.g., specific HRH or commodity financing reforms).



KPI 14: RMNCAH-N coverage & equity analysis

- Twenty six GFF partner countries have participated in a multi-country process co-convened by Countdown to 2030 and the GFF to help strengthen country capacity to update their RMNCAH-N coverage and equity analysis annually, based on all available data sources.
- Through a collaborative approach involving Ministries of Health, local universities and technical institutions and the GFF Liaison Officer, support is provided to document, disseminate and use the coverage and equity analyses to help inform decision-making.

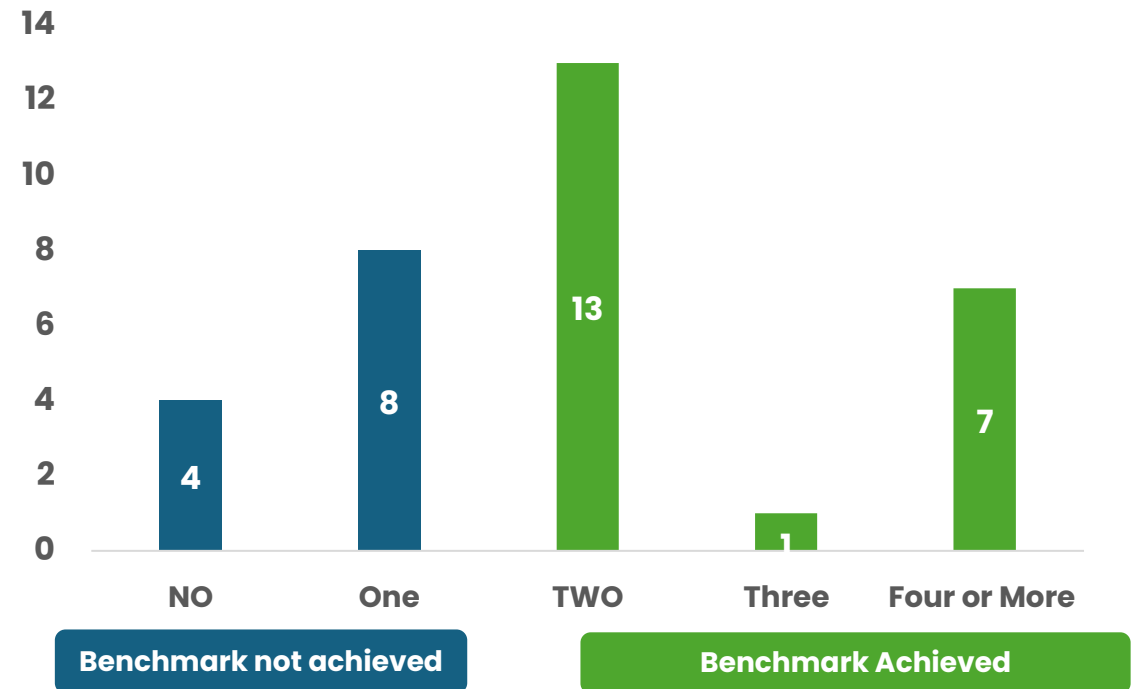
KPI 14: Annual RMNCAH-N Coverage & Equity Analysis



KPI 15: Data use

- 21 out of 33 countries with a finalized IC met the benchmark of two or more meetings of the Country Platform or similar forum to review progress and use data for decision-making. One third of the countries in that group (Afghanistan, Ethiopia, Ghana, Guatemala, Rwanda, Zambia, Zimbabwe) met the upper benchmark of four or more meetings with data use in the past year.
- Out of the countries that did not meet the benchmark of at least 2 meetings with data use in the past year, 8 countries had one meeting with data use in the past year and four had none.

KPI 15: Data Analysis and Use Meetings in the Past Year



SD5: How is the GFF addressing gaps?

- The GFF is strengthening the support for results measurement and data use as a core part of its model of support to each country. Key strengthening actions include a refresh of the Results Specialist role and a redistribution to ensure that each country engagement is covered. The GFF is also strengthening partnerships and its contribution to the alignment agenda on indicators, measurement approaches and data use.
- The GFF is scaling up FASTR to help address gaps by supporting countries to better align their cycles for generating, analyzing and using data with real world decision-making needs. The GFF is forming new partnerships and developing new tools and approaches to accelerate the scaling of FASTR in response to country demand.
- As part of the Country Platform strengthening agenda, the GFF is enhancing its support to Country Platforms to regularly review progress and use data to inform policy, allocation of resources and other key decisions. With advice and guidance from the Results Advisory Group, the GFF is also strengthening the documentation of data use, including case studies on how data analysis and use processes have helped inform specific decisions.
- The GFF is in process of expanding the Monitoring & Action for Gender & Equity (MAGE) initiative to enable the scale up of gender-responsive monitoring support to additional countries and new areas like adolescent health (e.g., integrating gender into DLIs and other World Bank financing instruments).

Strengthening country analytical capacity and data use with Countdown to 2030

Example of activity that contributes to KPI 14s and 15

- Supporting countries to establish and strengthen a regular process to update their RMNCAH-N coverage and equity analysis annually using all available data sources (basis for GFF Strategy KPI #14)
- Partnership has scaled up to support all 26 GFF partner countries in Africa
- Ongoing collaboration between Ministry of Health and local institutions with expertise in analytics (i.e., academic institutions, statistics agencies, public health institutes), with GFF Liaison Officer playing key role.
- Country collaboration teams conduct additional analyses of priority topics where relevant – e.g., those prioritized by countries in their strategies and Investment Cases
- Analytics are presented at Country Platforms or similar fora and have been used for country strategic plans, prioritization processes, proposal making, etc.
- Countries share analytics with GFF for their Country Profile Pages in the GFF Data Portal, as well as CD website

