

MAINSTREAMING SCALING INITIATIVE CASE STUDIES

The Global Financing Facility (GFF)

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Mainstreaming Scaling in the Global Financing Facility:
A Case Study

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For the Global Financing Facility and
The Scaling Community of Practice

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Preface

The [Scaling Community of Practice](#) (SCoP) launched an action research initiative on mainstreaming scaling in funder organizations in January 2023. This initiative has three purposes: to inform the CoP members and the wider development community of the current state of support for and operationalization of scaling in a broad range of development funding agencies; to draw lessons for future efforts to mainstream the scaling agenda in the development funding community; and to promote more effective funder support for scaling by stakeholders in developing countries. (For further details about the Mainstreaming Initiative, see the [Concept Note on the COP website](#)).

The Mainstreaming Initiative is jointly supported by Agence Française de Développement (AFD) and the Scaling Community of Practice (CoP). The study team consists of Richard Kohl (Lead Consultant and Project Co-Leader), Johannes Linn (Co-Chair of the Scaling CoP and Project Co-Leader), Larry Cooley (Co-Chair of the Scaling CoP), and Ezgi Yilmaz (Junior Consultant). MSI staff provide administrative and communications support, in particular Leah Sly and Gaby Montalvo.

The principal component of this research is a set of case studies of the efforts to mainstream scaling by selected funder organizations. These studies explore the extent and manner in which scaling has been mainstreamed, and the major drivers and obstacles. The case studies also aim to derive lessons to be learned from each donor's experience, and, where they exist, their plans and/or recommendations for further strengthening the scaling focus.

The present case study focuses on the Global Financing Facility for Every Woman Every Child (GFF). It was prepared by Johannes Linn, Co-Chair of the Scaling Community of Practice. The GFF funded this study as an externally led learning exercise in support of the development of its own strategic directions and as a contribution to the Mainstreaming Initiative of the Scaling Community of Practice.

Acknowledgements

Author is indebted to all interviewees for making available their valuable time and insights. Their contributions are the essential foundations for this report. Luc Laviolette and Petra Vergeer of the GFF provided crucial information on the journey of the GFF since its foundation and guided the preparation of the report. Any errors or fact or interpretation in this report are entirely those of the author.

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List of Acronyms

AFD	Agence Française de Développement
BETF	Bank Executed Trust Fund
CES	Country Engagement Strategy
CSO	Civil Society Organization
DRUM	Domestic Resource Use and Mobilization
FASTR	Frequent Assessment and Systems Tools for Resilience
FCV	Fragility, Conflict and Violence
FGHI	Future of Global Health Initiatives
GFF	Global Financing Facility
GHI	Global Health Initiative
HRH	Human Resources for Health
HRITF	Health Results Innovation Trust Fund
IDA	International Development Association
IDIA	International Development Innovation Alliance
K&LP	Knowledge and Learning Portal
MEHS	Monitoring of Essential Health Services
ODA	Official Development Assistance
RBF	Results Based Finance
RETF	Resident Executed Trust Fund
RMET	Resource Mapping and Expenditure Tracking
RMNCAH-N	Reproductive Maternal Newborn Child and Adolescent Health and Nutrition
SCoP	Scaling Community of Practice
TA	Technical Assistance, Advice and Capacity Building
UHC	Universal Health Coverage
UN	United Nations
USD, US\$	United States Dollar
UNICEF	United Nations Children's Fund

Executive Summary

The Global Financing Facility (GFF) was set up in 2015 to support developing countries in addressing serious systemic constraints in the provision of basic health services, with a special focus on Reproductive Maternal Newborn Child and Adolescent Health and Nutrition (RMNCAH-N). In recognition of the fact that the achievement of the Sustainable Development Goals by 2030 will require the availability of sufficient, well-utilized and sustainable financing the GFF has been designed from its very beginning to pursue sustainable impact at scale in assisting countries with particularly weak health systems to achieve universal health coverage (UHC).

This case study reviews the experience of the GFF in pursuing sustainable impact at scale. The purpose of this review is twofold: to analyze the GFF's efforts to support sustainable impact at scale which will help inform its strategic direction for the next five years; and to draw lessons that will contribute to the evidence base on mainstreaming scaling in funder organizations that is being assembled and analyzed under the Initiative on Mainstreaming Scaling in Funder Organizations, sponsored by the Scaling Community of Practice. The review is not an in-depth evaluation of the GFF's performance, but a high-level qualitative assessment of the scaling approach and experience of the GFF. It draws on extensive documentary evidence and over twenty interviews with a wide range of stakeholders whose views are given voice in text boxes as appropriate.

The study starts (in Section 2) by putting the GFF's operations into the broader context of the health sector ecosystem at the international and national level. Internationally, the health finance architecture is highly fragmented, with many funders typically providing support for one-off projects, narrowly focused on specific health interventions and outcomes driven by funder priorities, with little coordination and no integration into national health systems and budgets. At the national level, many actors engage in health service provision, with an urgent need to develop or strengthen coherent and inclusive strategic national priorities, to build up domestic institutional and financing capacities, and to coordinate investment funding and technical assistance from a plethora of international partners. It is in this context that the GFF was created with the highly ambitious goal to support countries in their efforts to develop and implement solutions in an inclusive and coordinated manner that would address the systemic weaknesses of their health sectors while also investing in the provision of basic health services especially for women, children and adolescents at scale. In assessing the GFF's design and implementation from a scaling perspective it is critical to remember the tough objective it has been set.

The study next (in Section 3) considers the GFF's approach to achieve its ambitious objectives. It included the following elements from the GFF's beginning: (i) support for and encouragement of country leadership on a comprehensive health sector agenda; (ii) development and implementation of a country-owned health sector strategy (the "Investment Case") in support of the long-term UHC goal and with a special focus on achieving RMNCAH-N targets; (iii) building a national institutional mechanism (the "Country Platform") to inform and coordinate the activities of the many national and international actors to align them in support of the Investment Case, where possible under the banner of "One-Plan, One Budget, One Report;" (iv) provision of technical assistance for health system strengthening, (v) cofinancing with the World Bank as a way to leverage increased financing from the Bank and benefit from its technical capacity, presence on the ground and convening power; and (vi) a relentless focus on results in terms of progress towards long-term health sector outcome targets, esp. for women, adolescents and children, and in terms of improvements of the sustainable functioning and financing of the health system.

Section 3 further traces the journey of the GFF over the ten years since its creation to today by highlighting necessary adaptations in its approach that were introduced based on the evolving experience with the implementation of the GFF's agenda. These included (i) strengthening the implementation of the

Investment Case, the Country Platform and the alignment process for national and international stakeholders; (ii) refining the results management framework for improved tracking of impact and systemic changes; (iii) developing tools for more effective health sector financial resource mapping and planning; (iv) more in-depth engagement with and support for civil society and the private sector in health system strengthening; (v) supporting innovative solutions for sustainable health impact at scale; (vi) creating a strong knowledge, learning and networking platform; (vii) strengthening in-country engagement by the GFF through its liaison officers; and (viii) reinforcing its links with the World Bank. In many ways, the journey of the GFF has been a study in adaptive management, one of the backbones of effective mainstreaming.

Note to readers familiar with the GFF: Since Chapter 3 covers mostly descriptive material needed for an understanding of the GFF, readers familiar with the GFF may wish to skip this chapter.

Section 4 then systematically assesses whether and how the current GFF approach maps into the basic criteria for an effective mainstreaming approach. These criteria were developed under the Initiative on Mainstreaming Scaling in Funder Organizations. The bottom line is that the design of the GFF “ticks all the boxes” on good mainstreaming of scaling in terms of three dimensions: (i) *basic design criteria* (long-term perspective, transformative vision of scale); (ii) *drivers of the mainstreaming process* (leadership, incentives for management and staff, policies and procedures, analytical tools, knowledge and learning, and monitoring and evaluation); and (iii) *support for good scaling practices* (including focusing on scaling from the beginning not at the end of program; exploring effective public, private and hybrid pathways; considering and where possible changing the enabling systemic conditions of scaling; pursuing partnerships; and acting as an effective intermediary). This strong alignment of the GFF design with mainstreaming criteria is striking and likely highly unusual for the international official funder community.

Section 4 concludes by highlighting seven areas where the design could be strengthened further,

- Define scale and scaling for the GFF and its partners to be sure there is a clear understanding that the GFF is pursuing transformative scaling and not merely transactional scaling.
- Further develop and integrate the GFF’s approach to scaling innovative solutions as part of its support for recipient countries.
- Explore and take into account, as far as possible, political economy considerations that are needed to fully understand how sustainable scaling pathways can best be supported.
- Assess the experience of GFF in fragile and conflict-affected states and draw lessons for the design and implementation of GFF support in these settings.
- Consider whether and how to incorporate the principle of “One Plan, One Budget, One Report” effectively in the GFF strategy and operational modality.
- Extend the GFF approach to localization to include a focus on procuring local (country-based) analytical and advisory capacity and nationally produced goods and services.
- Plan for effective transition (or hand-off) at the end of GFF country engagement.

Section 5 then pulls together evidence – mostly from interviews and the GFF’s own documentation – on the GFF’s experience with implementation of its design features. The basic conclusion is that there are clear indications that the GFF has contributed to improving health outcomes for millions of women and children in its recipient countries and to strengthening the health systems. Evaluations, reviews and interviews for this study further demonstrate that there is strong support for the GFF. However, improvements at country level are not uniform and there is room for improvement in the way the GFF programs are implemented. However, much of this will require action not only by the GFF, but also by country authorities and by development partners, and especially the World Bank. Section 5 considers specific implementation challenges, including the delivery of the GFF country engagement instruments (Investment Case, Country Platform, stakeholder alignment, and results measurement and management),

selected special issues of engagement at country level (with the CSOs and the private sector, and the way the GFF is organized and resourced on the ground), and the role of incentives that the GFF can deploy in the pursuit of its support for health sector scale goals.

Section 5 notes the following recommendations:

- The GFF should use the results of Investment Case evaluations and mid-term reviews to draw lessons for more effective Investment Case design and implementation, both for the country and for the GFF more generally.
- The GFF should continue the work of the Alignment Working Group with a view to develop specific rules of engagement by all stakeholders, and especially by the international development partners in the Country Platform. In this connection, paying special attention to the incentives offered by GFF for its counterparts in-country and for other development partners for aligning themselves effectively in support of the Investment Case.
- The World Bank and other development partners need to revisit their own managerial and staff incentives to ensure that they support the long-term scaling agenda in countries supported by the GFF, with clear leadership by each funder organization's top management.
- The GFF should carefully prioritize its own activities in view of its limited administrative and staff resource and avoid getting overstretched in responding to a multiplicity of potential agenda items. Among the top priorities should be the following items, in addition to the ones already mentioned:
 - Further strengthen the GFF's in-country presence with stronger engagement by the World Bank's office and an upgraded status of Liaison Officers.
 - Engaging with the GFF funders to further refine the GFF results metrics so they are regarded as helpful.
 - Further develop and intensify the GFF's support for countries to engage the private sector in seeking to develop and implement its Investment Case;

The study concludes with Section 6 pulling together lessons for the funders community. It concludes that the GFF example demonstrates that (i) there is a clear need for an intermediary to support scaling; (ii) such an intermediary can be designed and operated; (iii) there are key design elements, instruments and organizational characteristics for such an intermediary; (iv) implementation challenges should be expected to arise in what is a very complex task to which the GFF has responded with learning and adaptation; and (v) the GFF's unique design in support of transformative impact at scale in addressing many of the pressing problems of the national and international health architecture deserves all the support it can get from its funders.

Mainstreaming Scaling in the Global Financing Facility: A Case Study

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1. Introduction

The Global Financing Facility (GFF) represents “a proven model for delivering health effectively, sustainably and at scale,” as stated in the GFF’s 2023 replenishment report “Deliver the Future.”¹ This focus on scaling is further demonstrated in the same report in a quote (see Box 1) summarizing succinctly the core elements of the GFF’s approach in support of sustainable health impact at scale in the countries that it serves, with a particular focus on Reproductive Maternal Newborn Child and Adolescent Health and Nutrition (RMNCAH-N). The GFF is therefore a natural candidate for the action-research Initiative on Mainstreaming Scaling in Funder Organizations, which is sponsored by the Scaling Community of Practice.²

The purpose of this particular case study is twofold: to assist the GFF in developing its strategic direction for the next five years with a review of its efforts to support sustainable impact at scale since it was set up in 2015; and to contribute to the evidence base on mainstreaming scaling in funder organizations that is being assembled and analyzed under the Mainstreaming Initiative of the Scaling Community of Practice.

The GFF differs from most other funder organizations included in this Initiative since it has focused on scaling since its inception rather than introducing scaling into an existing operational model, as has been the case for many of the other funder organizations participating in this Initiative. This allows a focus not only on design but also on the implementation of the scaling approach of GFF and on GFF’s impact at scale, albeit in a preliminary manner, since in many ways, as we shall see, the design and implementation are still work in progress.

The GFF also differs from most other funders in that it focuses primarily on supporting the strengthening of health systems for sustainable outcomes at scale, while also supporting the scaling of specific health solutions. It channels much of its financing through by cofinancing with World Bank-funded projects, while providing complementary technical and advisory support for health investment planning, coordination and implementation designed to improve long-term health outcomes in the RMNCAH-N.

This review of the GFF’s scaling experience does not represent a formal evaluation of the GFF’s performance.³ Instead, it explores the initial design, the journey of the GFF from its launch in 2015 until

Box 1. How GFF supports scaling

“Housed at the World Bank, the GFF focuses on prioritizing and scaling up high impact interventions and system investments alongside crowding in more and better domestic and external financing for improving the health of women, children and adolescents. Through its unique country-led approach, the GFF complements the work of other global health initiatives through partnering with countries to help identify their health priorities and support the development of country-owned prioritized health plans. Centered on delivering the most impactful interventions and systems to benefit women, children and adolescents, these plans are costed and all GFF investments are delivered within a country’s system and budget.” (GFF Replenishment Report “Deliver the Future” 2023)

¹ GFF (2023a). https://www.globalfinancingfacility.org/sites/default/files/Investment%20Opportunity_EN_web.pdf

² See the Concept Note for information on this Initiative: <https://scalingcommunityofpractice.com/mainstreaming-the-scaling-agenda/>. For other funder mainstreaming case studies see <https://scalingcommunityofpractice.com/resources/case-studies/>. And for an Interim Synthesis Report on Findings and Lessons see <https://scalingcommunityofpractice.com/resources/summary-reports/>.

³ A formal external and independent evaluation will be carried out in the second half of 2024.

the end of 2023, the changes in its scaling approach during these years, and how the current design of the GFF approach matches key criteria for the mainstreaming of scaling.⁴ The review represents a qualitative assessment, based on a number of interviews with stakeholders involved with design and implementation of this novel financing facility (see Box 2) and on a review of relevant documentation (see the Annex or a list of references). Given the limited time and effort that could be devoted to this assessment and hence the limited nature of the evidence, the conclusions by necessity have to be taken as preliminary and tentative, more in the nature of hypothesis to be further tested, rather than definitive conclusions leading to definitive recommendations. Future analysis should in particular collect more feedback from GFF partner country stakeholders, from development partners on the ground, from GFF funders, and from World Bank teams working with the GFF. In addition, with the further development of the GFF results metrics and monitoring processes, it should be possible to explore a quantitative analysis of how successful the GFF is in terms of supporting sustainable impact at scale.

Box 2: Who were the interviewees and what were shared views?

The semi-structured interviews involved 25 stakeholder representatives who received a set of questions in advance: 5 GFF managers and staff, 5 senior World Bank managers and 7 World Bank staff, 3 recipient country representatives, 3 GFF funder representatives, 2 interviewees from the think tank community, and 1 each from the private sector and civil society. All interviewees had in-depth and extended familiarity with the functioning of the GFF. They all agreed that

- a focus on how to achieve sustainable impact at scale is critical to address the health challenges of GFF recipient countries;
- the GFF is well designed to aim for sustainable impact at scale; but
- it faces very challenging tasks and implementing the scaling agenda is work in progress.

Quotes from the interviews are interspersed with the text of this report where appropriate to substantiate its findings.

The GFF is placed in a context of a very complex and fragmented international health architecture and one of the reasons for its establishment was to assist countries to design and implement their health sector strategies more effectively in this context. Section 2 of this paper therefore briefly summarizes the prevailing challenges posed by the international finance architecture for GFF partner countries and for the GFF. The paper then describes in Section 3 the decade-long journey from the creation of the GFF to today and the many adaptations it has experienced in reaction to the evolving opportunities and challenges it faced during its implementation. Section 4 reviews the current alignment of the design of the GFF with key criteria for successful mainstreaming of scaling in funder organizations based on the emerging conclusions of the Mainstreaming Initiative. Section 5 looks at the available evidence on the implementation of the GFF's agenda for selected key aspects of its operational approach. For each of the Sections 4 and 5 the paper ends with a set of recommendations for the GFF and its stakeholders. Section 6 presents mainstreaming lessons for the funder community more generally based on the GFF experience.

This review is intended to serve a diverse set of audiences, including (a) the wide array of stakeholders involved with the GFF, who will already know much what is presented in this paper about the basic characteristics of the GFF, and who therefore may wish to concentrate on Sections 4 and 5 which focus specifically on scaling design and implementation; and (b) readers from among a wider range of development experts who are less familiar with the GFF and hence will find Section 3 of interest, since it provides essential information helpful for an understanding of what the GFF is and does and how it has adapted over time in light of emerging experience.

⁴ The criteria are based on the ongoing work under the Mainstreaming Initiative. See Kohl et al. (2024) <https://scalingcommunityofpractice.com/wp-content/uploads/2024/06/FINAL-Interim-synthesis-report.pdf>

2. The Context of International Health Sector Finance

The international development and climate finance architecture suffers from well-known and growing challenges of fragmentation. According to a recent World Bank study the number of donor entities and transactions increased dramatically over the last twenty years, while the average size of transactions decreased, with the average value of ODA grants in 2019 only amounting USD 0.8 million.⁵ According to the same World Bank report this problem of fragmentation is particularly pronounced in the social sectors, including the health sector. A recent review of donor engagement in the health sector concludes that “[d]espite many efforts to achieve better coordination, fragmentation is an enduring feature of the global health landscape that undermines the effectiveness of health programmes and threatens the attainment of the health-related Sustainable Development Goals.”⁶ For recipient countries the fragmentation of international health sector finance is a longstanding problem (Box 3).

Box 3: Fragmentation from a recipient country perspective

“The global health architecture is a real problem, esp. the fragmentation. It causes bottlenecks and funders fail to support sustainable impact at scale, mostly because of this fragmentation.” (Interview with a senior health official)

Added to the problems of fragmentation, are well-known deeply ingrained problems of international assistance practice that limit the development effectiveness of funder support in the health sector as in other development fields. These problems include the one-off, short-term nature of project funding with unsustainable delivery strategies, esp. for high-cost “last-mile” populations; off-budget and input-based financing of funder-driven solutions that often do not reflect the country’s own priorities and are implemented by project implementation units that disappear when the funding ends; a primary focus on getting the money out the door, aiming for short-term results while limiting fiduciary risks and protecting the funder’s “brand”; uncoordinated and potentially duplicative or conflicting technical assistance support; and a multiplicity of monitoring and evaluation requirements imposed by funders on recipient organizations. These problems were supposed to be addressed over the last two decades by international agreements and resulting efforts to improve the effectiveness of development assistance, starting with the Paris Declaration on Aid Effectiveness in 2005 and followed by subsequent high level convenings and declarations,⁷ but the fundamental problems of funder fragmentation and delivery remain largely unchanged.

In the health sector, the emergence of the so-called “vertical funds” has created additional challenges. Vertical funds, in particular the Global Fund and Gavi the Vaccine Alliance, have addressed a limited number of specific health threats very effectively but their narrow focus also has created distortions in health delivery systems. “The most commonly discussed problems with vertical programs are (i) creation

⁵ For the general issue fragmentation of development assistance system, see World Bank (2022): “In 2009, only 22 countries had more than 80 donor entities whereas by 2019, 92 countries (two-thirds) had at least 80 donor agencies, with Ukraine reaching the highest number at 170 donor entities.” (p. 13) “After a decade of slowly decreasing transactions, there was a sharp increase (24 percent from 2018) in transactions in 2019 to an all-time high of more than 222,000 transactions with an average size of \$1.4 million. ODA grants dominated with 190,323 transactions (86 percent) with an average value of \$0.8 million in 2019.” (p. 24) <https://thedocs.worldbank.org/en/doc/ef73fb3d1d33e3bf0e2c23bdf49b4907-0060012022/original/aid-proliferation-7-19-2022.pdf>

⁶ Spicer et al. (2020), p.1 <https://doi.org/10.1186/s12992-020-00592-1>

⁷ See the website of the Global Partnership for Effective Development Co-operation: <https://www.effectivecooperation.org/landing-page/about-partnership>

of parallel systems for funding and management, (ii) distortion of national priorities and (iii) lack of contribution to overall strengthening of the healthcare system.”⁸

A recent report for Future of Global Health Initiatives (FGHI) reviews the track record of six global health initiatives (GHIs) and in particular of the Global Fund and Gavi.⁹ It notes that while these funds have contributed significantly to addressing the specific health challenges they are designed to respond to, they also often contribute to “[f]our ‘mega-trends’ of proliferation, verticalization, circumvention of government systems, and fragmentation.”¹⁰ According to the report, the vertical health funds tend to suffer from limited local presence, lack of country ownership, disregard of country context and enabling conditions, and financing approaches that are off-budget. They bypass government and operate outside government systems, face difficulties in capacity building, and employ a short-term project approach. Their procurement practices risk distorting local markets and their interventions are not cost effective and sustainable, and countries face transitioning challenges as they graduate from vertical fund support (“falling off a cliff”¹¹). However, very importantly, the report notes that the GFF “operates differently” from the other vertical funds in a number of ways, but unfortunately it does not go into detail of the why and how. In any case, the FGHI report does not systematically address the scaling aspects of the six funds it covers in its review.

As noted in the introduction, the GFF was established in part to help its partner countries overcome some of the problems created by the fragmented health finance architecture and the traditional operating modalities of health funders. At the same time, the GFF also needs to work within the context of the prevailing challenges that health systems in the recipient countries face, including fragmentation and weak capacity of governmental and private health institutions, lack of financial resources, frequent transitions in political leadership and/or fragility and conflict, and widely diverging interests of different stakeholder groups. Taking all these challenges together, it is clear that the GFF faces a huge and complex task in its support for “prioritizing and scaling up high impact interventions and system investments alongside crowding in more and better domestic and external financing for improving the health of women, children and adolescents.” (Box 1 above)

It is this context that we need to assess the design and implementation of the GFF agenda, recognizing that its success depends not only on its own efforts but also on those of many other actors at country and global levels. It also depends on whether and how the incentives that the GFF can offer to its national and international partners work effectively to bring the partners along in pursuing sustainable impact at scale. However, before we turn to this assessment, let us in the next section review the nearly 10-year journey of the GFF since its creation and the way it has adapted in response to the emerging lessons from its operation.

⁸ Glassman et al. (2020) <https://www.cgdev.org/blog/getting-convergence-how-vertical-health-programs-add-health-system>

⁹ Witter et al. (2023).

https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/08/FGHI_final_report_designed.pdf

¹⁰ Ibid. p. 11

¹¹ Ibid. p. 43

3. The GFF's Journey to Impact at Scale Since Its Creation

The GFF was established in 2015. This section reviews its origin, key features of its initial design, and adaptations over the years since its creation.

3.a The origins of the GFF

In setting up the GFF, a small group of funders, led by Canada and Norway, was principally motivated by the recognition that while there had been significant progress during the preceding 20 years in addressing the health needs of women, adolescents and children, much remained to be done during the next fifteen years if the ambitious targets of the Sustainable Development Goals (SDGs) were to be achieved. In this effort, the funders were joined by the leaders of the World Bank and the United Nations and by senior officials from developing countries (such as Ethiopia). The GFF was conceived as a financing arm for the Every Woman Every Child Initiative sponsored by the UN Secretary General in support of a global strategy for women's, children's and adolescents' health.¹² Key objectives of the promoters of the GFF were to ensure that women's and children's health were given due attention in the implementation of the SDGs, that countries were in the lead in the implementation of their scaling plans, that they received adequate financial and technical support from the international community for strengthening their health systems to achieve universal health coverage, and that international and domestic financial resources were targeted to strengthen RMNCAH-N services and outcomes. A particular goal of the creators of the GFF was to ensure greater attention to and funding for RMNCAH-N by the World Bank (see Box 4).

Box 4. Funder interest in strengthening World Bank support for global health

"My authorities were especially interested in strengthening the World Bank's role in global health by leveraging its broad resource base and technical capacity for the reform of health systems and the achievement of universal health coverage, including a move from support for hospitals to front line primary health care." (Interview with a representative of a GFF funder country)

The design of the GFF was informed by the prior experience with the Health Results Innovation Trust Fund (HRITF), which was established at the World Bank in 2007. According to published reviews¹³ and interviews with GFF funder representatives and staff, the HRITF was to test and scale a results-based financing (RBF) approach for maternal and child health solutions. It supported RBF programs in 32 countries with USD 420 million in grants that co-financed USD 3.4 billion in IDA financing. Based on rigorous impact evaluations it was found that RBF financing "can be highly effective and even cost effective when it comes to improving coverage and the quality of targeted services across many aspects of maternal and neonatal health."¹⁴ However, the experience also showed that the "retail" and funder-driven approach of the HRITF – i.e., support for individual RBF pilot projects – did not lead to the scaling of solutions at country level, in large part due to systemic constraints in the health sectors of recipient countries, a lack of focus of the HRITF program on addressing these constraints, and insufficient financial resources to address the financing needs of the health sectors in many developing countries. The GFF absorbed the resources and the project portfolio of the HRITF and incorporated a number of elements of its design, including the results-based focus and cofinancing with the World Bank. But its objectives were broader and more ambitious and,

¹² For more information on the Every Woman Every Child Initiative see Every Woman Every Child (2022) <https://www.who.int/publications/i/item/9789240060104>. At the behest of Canada, the creation of the GFF also became an item of the G7 agenda.

¹³ Bauhoff and Glassman (2017) <https://www.cgdev.org/blog/health-results-innovation-trust-fund-10-what-have-we-learned-so-far>; Kadpal (no date) https://gffklportal.org/wp-content/uploads/2022/02/IE-and-emerging-lessons_Eeshani-Kandpal.pdf

¹⁴ Kadpal (no date) p. 12; this review also stresses the importance of ensuring that the incentives provided through the RBF approach are sufficiently strong to change health provider and user behavior.

perhaps most importantly, at the core of its motivation was the recognition that health strategies, policies and programs had to be country owned and driven, if they were to achieve sustainable impact at scale.

3.b Scale goals, principles and criteria of the GFF at its creation

From the outset, a clear vision of scale goals, principles and financing criteria guided the design of the GFF as articulated in the GFF Business Plan of 2015,¹⁵ all consistent with and supportive of an effective approach to scaling.

The GFF's scale goals: The GFF's scale goals are best reflected in the words of the GFF Business Plan of 2015:

"The goal of the GFF is to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children, thereby preventing up to 3.8 million maternal deaths, 101 million child deaths, and 21 million stillbirths in high-burden countries by 2030. The GFF aims to reduce inefficiency in health spending over time, ultimately resulting in a reduction of the incremental resource needs for RMNCAH of approximately 15% by 2030, which would lower the resources required by more than US\$6 billion per year. Additionally, the GFF aims to mobilize more than US\$57 billion from 2015 to 2030 by crowding-in domestic resources, and by attracting new external support and improving coordination of existing assistance. The need for external support is frontloaded, with domestic resources progressively taking over from development assistance. Prompt initiation of GFF support creates more opportunities to plan for economic growth and capture its benefits in ways that shift countries onto trajectories toward sustainable financing, which would enable nearly 20 countries to graduate from receiving GFF funding by 2030 as their resource gaps close completely."¹⁶

The GFF's basic principles: The GFF's basic principles are also succinctly presented in the Business Plan:

"The facility is guided by the following principles:

- *Country leadership and ownership*, based on the International Health Partnership (IHP+) principles and aligned with national health sector strategies and RMNCAH plans, and their budget processes and cycles;
- *Efficiency* through prioritizing the highest impact, evidence-based intervention packages and the capacities required for their effective delivery at scale;
- *Equity* by prioritizing the disadvantaged and most vulnerable;
- *Results focus* and prioritization of high-impact countries, populations and approaches;
- *Simplicity, alignment, and complementarity* that builds on the strengths of existing mechanisms."¹⁷

GFF financing criteria: And the Business Plan lays out three overarching financing criteria:

"The GFF brings partners together to provide smart, scaled, and sustainable financing to achieve and measure RMNCAH results at country level:

- Smart financing ensures that evidence-based, high-impact interventions-whether clinical and preventive interventions, health systems strengthening, or multisectoral interventions are prioritized and delivered in an efficient, results-focused manner;
- Scaled financing entails mobilizing the additional resources necessary to finance fully the RMNCAH agenda from domestic and international, and public and private sources;

¹⁵ GFF 2015

https://www.globalfinancingfacility.org/sites/gff_new/files/GFF_Business_Plan_FINAL%20web%20version.pdf

¹⁶ Ibid., p. vii

¹⁷ Ibid., p. 3

- Sustainable financing secures universal access to essential services for every mother and every child by capturing the benefits of economic growth and addressing the challenges of transitioning from low-to middle-income status.

At the heart of the GFF approach is a rigorous focus on achieving and measuring results.

The GFF provides results-focused financing while also supporting the systems needed to monitor progress and measure results, particularly civil registration and vital statistics (CRVS).¹⁸

3.c Basic design features and instruments¹⁹

In addition to the high-level goals and principles cited above, important design features and instruments have characterized the GFF’s operational practice from the start and have remained in place throughout its existence to date. As we shall see in Section 4, these are directly relevant to the mainstreaming of scaling in GFF design and implementation.²⁰

General design features

The GFF design includes the following aspects, many of which support scaling:

- Support for countries with the highest unmet health needs (mostly IDA recipients);
- A long-term perspective to 2030, with up to three rounds of support for each eligible country, with each round covering four-years;
- Support for strengthening health systems;
- Development of policies for sustainable long-term health sector financing;
- Flexibility in responding to country conditions and preferences;
- Flexible results based financing;
- Intermittent evaluation and assessment of GFF performance in general and in specific areas;
- An inclusive governance and funding structure.²¹

Operational instruments

GFF employs the following key operational instruments:

- *The Investment Case*: a 3-5 year prioritized health sector strategy developed by the country with support from the GFF, linked to long-term health sector objectives and with a special focus on key aspects of the RMNCAH-N agenda;
- *The Country Platform*: a convening, coordination and alignment mechanism for all stakeholders in the RMNCAH-N space, including relevant government ministries, the private sector, civil society and international development partners, in support of the design and implementation of the Investment Case;
- *Health finance system reform*: an assessment and strategy for long-term health sector financing focused on adequacy of financing, ideally based on a resource mapping exercise and full costing of expenditure priorities.

¹⁸ Ibid., p. vii/viii

¹⁹ See GFF 2019 for an excellent overview of key elements of the GFF operational approach.

https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-Country-Implementation-Guidelines-En.pdf

²⁰ The information in this subsection is based on the GFF Business Plan (GFF 2015) and interviews.

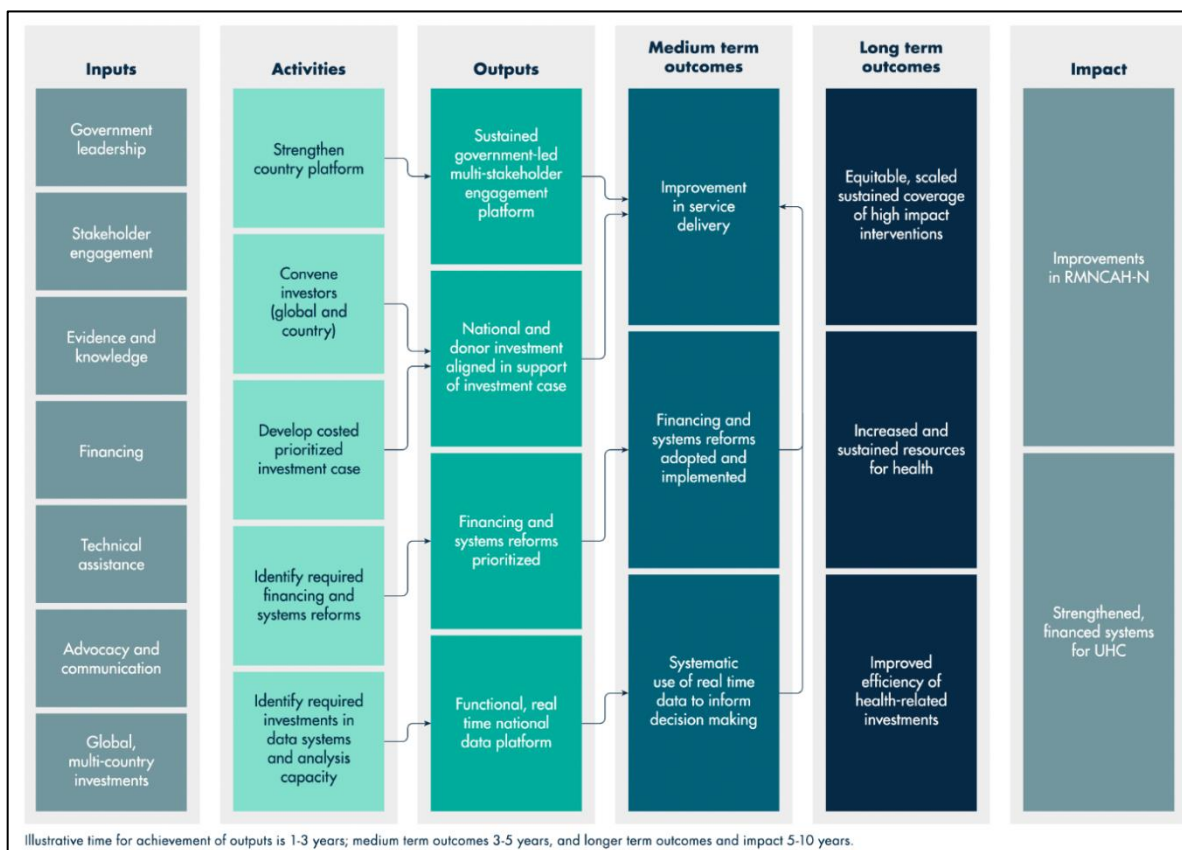
²¹ The GFF governance structure consists of a decision making body, the Trust Fund Committee, with representation from all funder organizations (and a recipient country representative with voice, but no vote); and an advisory body, the Investment Committee, with wide representation of international stakeholders. Funders include advance country governments and foundations.

- *Cofinancing with the World Bank*: the bulk of GFF financing (about 75 percent) is deployed in the form of “recipient executed trust fund” grants (RETF) in support of World Bank- financed projects for RMNCAH-N purposes.
- *Technical assistance (TA)*: about 22 percent of GFF financing is deployed for TA, mainly in the form of “Bank executed trust fund” grants (BETF) for analytical work and capacity development largely in the health sector in support of the Investment Case.²²
- *Results tracking (monitoring and evaluation)*: the GFF supports the strengthening of existing data systems that allow the countries and the GFF to track health sector outputs and outcomes at country and global level.
- *Knowledge & Learning*: the GFF also focuses on sharing knowledge and learning from its partner countries (through case studies) as well as sharing between stakeholders from different partner countries (through workshops, Communities of Practice, etc.). All with the aim to enhance the competence of GFF stakeholders to catalyze country-led change for results-focused health systems with sustainable financing.

3.d The GFF’s Theory of Change

The GFF’s Theory of Change brings together the various elements of the GFF’s approach to achieve sustainable impact at scale in Figure 1. It effectively links GFF inputs and outputs with medium and long-term outcomes and impact and as such provides the core elements of a pathway to sustainable impact at scale.

Figure 1. The GFF’s Theory of Change



Source: GFF 2020b

²² The remaining 3 percent of funding is devoted to defray administrative costs of the GFF.

3.e Adaptations in the design of the GFF

Over the nine years of its existence the GFF adapted its approach in various ways, but stayed true to the basic goals and principles of its original design. Changes were based on (a) external evaluations such as the one commissioned in 2018 by the European Union²³ (Box 5), (b) an internal implementation review by the GFF Secretariat in 2020,²⁴ (c) special thematic reviews, (d) regular annual reporting, and (e) consultation with partner countries and (f) engagement with the Investment Group and Trust Fund Committee. The resulting lessons led to an impressively large number of refinements of the GFF’s design and its implementation, many of which are reflected in the GFF Strategy 2021-2025, the Operational Plan 2021-2025 and the 2023 GFF replenishment document.²⁵ The most important of these changes are briefly summarized below, all of them designed directly or indirectly to enhance GFF’s sustainable impact at scale.

Box 5. Key findings from an early GFF evaluation

“The GFF has taken on a wide ranging, ambitious, high risk agenda centred on supporting the willingness, capacity and commitment of countries to take on increasing responsibility for a growing portfolio of quality investments to support women’s, children’s and adolescents’ health. In this, the GFF has made some discernible progress at both global and country levels although it is early days and it is unlikely that any of the gains are yet irreversible.” (p. 1) “Key informants raised three main risks to making faster progress: (i) A failure to build deep and meaningful partnerships based on shared objectives and modalities, (ii) failing to ensure sustainability in the longer term, and, above all, (iii) a failure to be genuinely catalytic.” (p.3)

Source: Health Advisory Service (2018)

- Investment Case, Country Platform, and results management: Initially, GFF efforts to prepare Investment Cases and establish country platforms were seen as separate efforts from those of the government and hence not sufficiently country owned.²⁶ Over time the GFF focused on helping governments improve their own health sector strategies and strengthening existing country coordination platforms. A guidance note on country platforms was issued in 2018²⁷ and a refined set of Investment Case guidelines were released in 2024.²⁸ Since GFF inception, the GFF also steadily strengthened its results framework with a detailed results dashboard that contains metrics on health outcomes and well as key elements of health policy and health system capacity, as reflected for example in the Annual Report 2022-2023 and in a new measurement framework describing how to monitor and report on performance of GFF’s 2021-2025 Strategy.²⁹ In addition, the GFF developed and introduced the Frequent Assessment and System Tools for Resilience (FASTR), a rapid-cycle monitoring mechanism that helps health sector actors in timely and effective decision making. (Box 6, next page)

²³ Health Advisory Service (2018)

<https://p4h.world/app/uploads/2023/02/EC20HAS18120GFF20Report20Final20420July202018.x23569.pdf>

²⁴ GFF 2020a. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG10-3-Issues-Paper.pdf

²⁵ GFF 2020b. https://www.globalfinancingfacility.org/sites/default/files/GFF-Strategy_2021-2025_EN_FINAL.pdf; and GFF 2021c. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG12-5-Operational-Plan.pdf;

²⁶ Based on interviews.

²⁷ GFF 2022g.

https://www.globalfinancingfacility.org/sites/gff_new/files/Country%20Platform%20Guidance%20Note_English.pdf

²⁸ GFF 2024a. https://www.globalfinancingfacility.org/sites/default/files/06-2024/Updated-IC-Principles-Guidance-Resources_English.pdf

²⁹ GFF 2024b

Box 6. Better decisions with FASTR

Rapid-cycle monitoring approaches provide timely, rigorous, and high-priority data that responds to each country's specific priorities and data use needs. Employing a collaborative and country-led approach, these analyses are further reinforced by learning and capacity enhancing activities to use the data for practical purposes. All approaches are customized to the specific country context and aim to support country initiatives. This continuous cycle of analyze-learn-strengthen-act seeks to improve the systematic use of data for decision-making towards improved RMNCAH-N outcomes.

Source: <https://data.gffportal.org/key-theme/rapid-cycle-analytics-and-data-use>

- **The alignment agenda:** During the early years of implementation it became apparent that the approach to aligning the various national and international stakeholders for the implementation of the Investment Case proved a major challenge. As a result, GFF organized an Alignment Working Group of senior officials from recipient and funder countries which engaged in intensive consultations and developed an approach to strengthen the alignment of stakeholders. Starting with the principle of “one plan/one budget/one report” this group developed a systematic approach to stakeholder alignment, consisting of a diagnostic exercise and the deployment of a “maturity model” of alignment, which is used to help stakeholders to engage more effectively with the Investment Case and Country Platform.³⁰ This approach is currently being tested in four countries. In addition, the GFF has developed a Joint Policy Financing Framework, which is to offer funder members of the GFF the opportunity to jointly finance RMNCAH-N programs at country level by channeling their funds through an umbrella financing facility.³¹
- **Domestic Resource Utilization and Mobilization (DRUM) window:** In 2019 the GFF established the DRUM window “to intensify GFF support for health financing reforms in GFF-supported countries and align this support with the updated GFF Strategy” and strengthened its analytical approach and advisory engagement in support of recipient countries’ health financing system.³² The introduction of DRUM also served as a transition for GFF from a focus on developing a health finance strategy, which often remained a document on a shelf, to supporting the development and implementation of important health financing reforms.
- **Essential Services window:** With the onset of the COVID pandemic in March 2020, it became quickly clear that essential health services in many developing countries faced severe pressures because of the diversion of budgetary resources in response to the pandemic. In order to protect the sustainability of basic services, the GFF developed MEHS, a special monitoring program for its recipient countries (which served as the basis for FASTR, the rapid-cycle monitoring mechanism mentioned above), and provided dedicated grants through a newly resourced Essential Services window.³³
- **Health systems approach:** The GFF developed over the years an increasingly comprehensive approach to strengthening the health system in recipient countries, by engaging and seeking to improve complementary elements of the health system value chain, including education and social protection as well as issues of governance and support for subnational government engagement in

³⁰ GFF no date, d. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG13-3-Alignment-Working-Group-Recommendations-for-IG-endorsement.pdf

³¹ GFF 2023b

³² GFF 2022a <https://www.globalfinancingfacility.org/resource/improving-health-financing-accelerate-progress-towards-universal-health-coverage>

³³ GFF 2020c <https://www.globalfinancingfacility.org/news/blog/monitoring-continuity-essential-health-services-during-covid-19-pandemic>; GFF 2021e https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG12-3-Protecting-Essential-Health-Services.pdf

the health sector. Currently, efforts also under way to develop a new GFF track in the Human Resources for Health (HRH) area as well as supply chain and commodity financing, which are regarded as critical for the sustainability of the health system.

- **Civil society engagement:** From its inception, the GFF was designed to engage with civil society in the recipient countries, in recognition of their important role in helping shape an inclusive health sector strategy, gaining understanding, ownership and support from the population at large for health sector policies and interventions, and providing essential feedback on how health sector reforms and interventions affected the population. The Strategy 2021-2025 reflects the intention for significantly strengthened support by the GFF for effective engagement with civil society in recipient countries. (Box 7)

Box 7: Strengthening GFF support for CSO engagement

“The GFF will expand and deepen efforts to amplify the voice of the vulnerable and most left behind populations by facilitating greater and more diverse participation of CSOs and representatives of affected communities, including women and adolescent girls, in all aspects of its work. CSOs are critical in the country engagement process as they hold governments accountable, ensure domestic financing goes to the most vulnerable, and mobilize demand for services, especially at the subnational level. Yet civic space remains highly constrained in many GFF partner countries, so the GFF process can and should provide an important platform and catalyst for civil society to be heard by, and foster collaboration with, government. While local CSOs need to be careful to maintain their independent advocacy and accountability roles, a key lesson from the first five years of the GFF is that they also often require financial and/or technical support to participate effectively in the country platforms. To address some of these issues, a GFF-CSO Task Force conducted a review of these and other lessons and developed an updated and costed CSO and youth engagement framework that calls for increased GFF support for capacity building to enable CSOs and youth to expand and deepen their participation in country platforms and advocacy and accountability activities. With the updated framework, the GFF will step up its financial and technical support toward more meaningful and effective CSO and youth engagement in the GFF process in all partner countries.” GFF 2020b, p. 22

Private sector engagement: From the beginning, the GFF approach included a focus on engagement with private sector actors seen as funding partners for the GFF Trust Fund and as financing and implementing partners in-country.³⁴ An early assessment in 2018 showed the potential for private sector engagement in bringing health sector solutions to sustainable scale, but also identified key challenges.³⁵ (Box 8) The GFF Strategy 2021-2025 reiterated the importance of engaging the private sector, but with continued challenges facing the GFF at country level in engaging with the private

Box 8. GFF engagement with the private sector: an early assessment

“The private sector is a key part of the GFF value proposition, and brings financial capital, technical expertise, capacity and innovation that countries can draw on for their RMNCAH-N objectives. There has been significant progress made in the initial years of implementing the GFF private sector strategy, with notable successes including several GFF countries leveraging private capacity to deliver quality essential services and products through contracting at scale, as well as development of new innovative financing instruments to mobilize capital, with a focus on results and equity... In terms of early challenges, the ability to take private sector initiatives to scale has been particularly important, as are the related constraints around transaction cost, limited government capacity to strategically design and manage time-intensive private sector partnerships and contracts, and create enabling regulatory environment, etc. These will need to be mitigated for all stakeholders to come together to successfully deliver on the private sector agenda.” GFF 2018, p.1

³⁴ GFF 2016 <https://www.globalfinancingfacility.org/sites/default/files/GFF-IG2-8-Private-Sector-Engagement.pdf>

³⁵ GFF 2018. https://www.globalfinancingfacility.org/sites/gff_new/files/images/GFF-IG7-6-Private-Sector-Update.pdf

sector, another stock take was carried out (see Box 9) and a consultative process with private sector partners initiated to develop a new strategic approach to private sector involvement.³⁶

Box 9: A recent assessment of progress with GFF’s private sector engagement

“The early phase of GFF private sector support focused on ... foundational activities [(private sector analytics and data systems, financing and service delivery reforms, capacity building and partnerships)] as starting points in order to bring data to the dialogue with governments on private sector engagement, and to support stakeholders to collaborate through the GFF country platforms. Activities included establishing public-private dialogue, baseline analytics, expanding knowledge and learning tools, and supporting performance-based contracting. Often, countries requested support on how to include the private sector in country platforms, how to conduct private sector assessments to capture the role of the private sector in their health system (since in many countries even basic private facility and provider data was missing), and how to use this information to define private sector engagement for improving RMNCAH-N outcomes. However, this approach at times was slowed at country level due to unintentional “siloing” of private sector activities, where they were seen and managed as separate from broader health financing and service delivery reforms, thereby reducing the scale of impact of the private sector engagement. This 4 also affected the sustainability and longer-term results of private sector contributing alongside the public sector for medium-long term RMNCAH-N outcomes.”

GFF 2023c <https://www.globalfinancingfacility.org/sites/default/files/2023-12/IG17/GFF-IG17-7-Private-Sector-Strategy.pdf>

- Innovation with impact at scale: Innovation was not a special focus of the GFF at its inception with hardly a mention in the 2015 Business Plan. However, by 2019 innovation had become a topic of interest and the GFF undertook a joint innovation initiative together with UNICEF, piloting an approach to test and scale innovative RNMCAH-N solutions in four countries.³⁷ The initiative had considerable success in two of the four countries (e.g., in Tanzania³⁸). Based on this experience, the GFF Secretariat developed a promising conceptual approach to scaling innovations for RNMCAH-N and presented it to the GFF governance body in November 2022³⁹ and will be integrated in the GFF’s next strategy.
- Knowledge and Learning: Since its inception, the GFF developed a very active knowledge and learning program for its stakeholders and staff. With a competency-based approach it aims to develop capacity at country level, with the GFF Knowledge and Learning Portal (K&LP) offering a wide range of learning and networking opportunities.⁴⁰ Among the offerings is a Country Leadership Program and a Female Leadership Program, a Stakeholder Engagement Program (especially tailored to the needs of civil society organizations), support for the Alignment Process (see above), a Service Delivery Redesign Community of Practice, a Civil Registration and Vital Statistics Learning Package, Primary Health Care Financing Workshops, a Competency Framework for Data Use, and a Digital Health Competency Framework. The GFF has also supported a network of recipient country ministers that meets regularly before meetings of the GFF governing bodies. This network is chaired by a minister from a recipient country.
- Strengthening the GFF’s in-country engagement: The GFF recognized early on that it needed to be engaged directly at country level to ensure effective implementation of its agenda. On the

³⁶ GFF 2023c <https://www.globalfinancingfacility.org/sites/default/files/2023-12/IG17/GFF-IG17-7-Private-Sector-Strategy.pdf>

³⁷ GFF 2022c

³⁸ GFF 2022d

³⁹ GFF, 2022e https://www.globalfinancingfacility.org/sites/default/files/2022-11/GFF-IG15-Update-on-the-GFF-Innovation_EN-PPT.pdf

⁴⁰ For a 2023 update on the GFF knowledge and learning activities, see GFF 2023d. For the K&LP see <https://gffklportal.org> and <https://www.youtube.com/watch?v=lktjLgGBhbE>.

government's side the linkage was established through the appointment of a Country Focal Point, usually a senior health official. Moreover, because of its partnership with the World Bank, the GFF could count on the Bank's country offices to serve as a means for continuous engagement. However, this turned out not to be sufficient. The GFF therefore appointed Liaison Officers, local consultants to serve as the GFF's in-country representative. At this time, every one of the 36 active GFF recipient countries hosts a GFF Liaison Officer. These representatives, often with relatively senior credentials (e.g., former government officials), were generally located in the health ministries and could promote and monitor first-hand progress on the ground, trouble shoot and coordinate as needed and possible. The GFF is currently reviewing the status and role of the Liaison Officers with a view to strengthening their ability to support the GFF program on the ground. As part of its knowledge and learning program the GFF supports communities of practice respectively for Country Focal Points and for Liaison Officers.

- Strengthening links with the World Bank: GFF relies on its links with the World Bank to generate many catalytic and symbiotic impacts. Leveraging much larger World Bank (mostly IDA- on average 1 dollar of GFF funding leverages more than 7 dollars of World Bank funding) funding for RMNCAH-N interventions⁴¹ is a key feature of the GFF value proposition by drawing on the strength of each, the GFF and the Bank, and ultimately designed to result in more and more effective support for RMNCAH-N in the partner countries: The GFF provides essential administrative technical capacity and financing for analytical, technical assistance and advisory activities, which the World Bank administrative budget often does not cover sufficiently; and World Bank provides GFF with in-country support through access to key ministries (and especially the ministry of finance), through its convening power with other international partners, and through the presence of its often sizable country offices. As we shall discuss in greater depth in the next section, the GFF has developed various initiatives to enhance World Bank engagement. They include:
 - a guidance note for World Bank project teams;⁴²
 - the introduction of the Country Engagement Framework and Strategy, which identifies the value-add of GFF and World Bank engagement as a basis for their funding decisions in a country;⁴³
 - development of a GFF “Challenge Fund” which will “incentivize countries and [World Bank] country teams” by providing funding to accelerate progress on select priorities ;⁴⁴ and
 - collaboration with World Bank technical units for education, social protection and governance and with the World Bank Group's private sector arm, the International Finance Corporation, on private sector engagement.

4. Assessing the GFF's Design from a Scaling Perspective

The previous two sections noted that the GFF is operating in an extremely complex international health finance system globally and at country level, and that in large measure its aim is to overcome the many problems of this system by providing targeted support to recipient countries for achieving sustainable RMNCAH-N health benefits at scale. The preceding section also demonstrated the intensive efforts of GFF to adapt its approach in light of the lessons learned during the early years of implementation. In this section we review how the current GFF design stacks up against key criteria that commonly define how effectively funders have mainstreamed scaling considerations into their operational practice, based on the

⁴¹ Typically, World Bank projects are 5-10 times the size of GFF grants, but some are 25 times as large. See GFF 2024c for a methodology and analysis of the GFF-IDA funding relationship.

⁴² GFF 2022f

⁴³ GFF 2023e.

⁴⁴ GFF 2023b

findings of the ongoing initiative on mainstreaming scaling in funder organizations by the Scaling Community of Practice.⁴⁵ The purpose of this assessment is not to evaluate the design of GFF, but to gain a better understanding how effectively scaling is mainstreamed in the design of the GFF and where there may be areas for strengthening the design that could be considered in connection with the GFF strategy refresh envisaged for 2025.

The criteria for assessing GFF design are divided into three categories: (i) basic requirements for scaling; (ii) internal drivers and enablers of scaling in GFF, i.e., internal factors that explain whether and how effectively GFF design is focused on supporting scaling; and (iii) key aspects of “good” scaling, i.e., the extent to which specific aspects of effective scaling are integrated into the GFF approach to supporting RMNCAH-N in recipient countries. For each criterion a brief rationale is offered based on established principles and lessons from scaling practice, followed by an assessment of the extent to which the GFF design meets the criterion concerned.

4.a How does the GFF design meet basic requirements of scaling?

Three criteria are assembled under this heading:

- A long time horizon: It is well established that scaling requires an extended time frame, commonly 10-15 years. In terms of its design, the GFF has a 12-years horizon for engagement with its eligible countries through three successive 4-year rounds of potential support. This far exceeds the standard length of project periods of most development funders (3-5 years) and represents one of the GFF’s greatest potential strength from the scaling perspective.
- A well-defined vision of scale and scaling pathway: Scaling requires a vision of scale for the desired impact, which in turn requires a solid assessment of the development problem(s) to be addressed and the scale of impact required that would significantly address the problem. GFF broadly defines its long-term goals at global and country level as achieving universal health coverage (UHC) with a special focus on specific targets for RMNCAH-N. The pathways to achieve these goals and targets are indicated in the Investment Cases in terms of the first 3-5 years, with broad indications of how they would continue beyond.
- Clear articulation of scale as transformational, not transactional: The GFF scaling approach is not transactional (i.e., merely deploying larger projects for a one-time increase in the scale of impact), but transformational. With its focus on a long-term scale goal and pathway to scale and with explicit consideration of the systemic changes required in the financing, institutional and policy environment of the country’s health system, the GFF aims clearly for a sustainable transformation of a country’s health system. Going forward, one aspect that the GFF might consider clarifying is its definition of sustainable impact at scale and scaling. Currently, while the terms scale and scaling are used in the GFF documents they are not defined explicitly.

4.b What were the internal drivers and enablers of GFF’s design and focus on scaling?

The introduction and maintenance of a systematic focus on sustainable impact at scale requires a number of internal drivers and enablers that have to be in place for scaling to become and remain a clear institutional focus. GFF design meets all the standard criteria in this regard:

- Leadership: Leadership at the top of the organization in support of the mainstreaming of scaling as a fundamental organizational goal and modus operandi is critical. GFF has had such leadership from three principal sources: (i) from the funders represented in the Trust Fund Committee, some of whom played a key role in the establishment of the GFF; (ii) more recently from selected country

⁴⁵ See Kohl et al. (2024). <https://scalingcommunityofpractice.com/wp-content/uploads/2024/06/FINAL-Interim-synthesis-report.pdf>

representatives, esp. in connection with their representation in the Trust Fund Committee, their contribution to the Alignment Working Group, and their engagement in the Ministerial Working Group; (iii) from the GFF Secretariat's management throughout its existence; and (iv) from the World Bank's health sector management. This broad-gauged support has been essential for keeping a clear and systematic focus on the scaling agenda of the GFF. And while there may have been differing views among and within these groups of important leaders of the GFF effort, there appears to exist unequivocal support for its mission of sustainable impact at scale in RNMCAH-N.

- Incentives for management and staff: Judging from the interviews, incentives for the GFF secretariat and staff are well aligned with the scaling mission, including the recognition that successful scaling requires adaptation and refinement of the approach in line with lessons learned. Staff have well-defined responsibilities for particular aspects of the GFF's scaling agenda (including for Investment Case, Country Platform, Results Management, resource use and mobilization, private sector engagement, etc.).
- Operational policies, processes and procedures: Operational policies, processes and procedures of funder organizations need to spell out how the scaling agenda is to be implemented. The GFF has well-established operational policies and procedures in support of its scaling mandate. These include guidelines for Investment Case development and implementation, for Country Platforms, for results monitoring and management, for collaboration of World Bank project teams with the GFF, and for the development of Country Engagement Strategies.
- Organizational, technical and budgetary support: Scaling requires dedicated organizational, technical and budgetary resources to ensure that the scaling function is properly supported. Often times, staff of funder organizations feel overwhelmed by the many mandates they are asked to deliver on (environment and social protection, climate, gender, fiduciary requirements, etc.) without adequate resources ("unfunded mandates") or without the technical support needed. It comes then as a no surprise that they resist further mandates and in particular see the need to focus on scaling as yet another unfunded mandate. By its design, the GFF serves as a solution to this problem, since it offers World Bank project teams much of the organizational, technical and budgetary support that they require to deal with systemic challenges in the health sector. The grant co-financing acts, moreover, as a sweetener for governments that may be reluctant to borrow from the World Bank for health sector interventions due to the perceived cost of World Bank loans and credits relative to grant resources available from other funders. The GFF grant financing therefore makes it easier for World Bank health teams to convince governments, and especially Ministers of Finance, to seek Bank financing.
- Analytical tools, training, knowledge, and networking: Scaling needs to be supported by building the capacity of all stakeholders to participate in the scaling process. As noted in section 3, over the years GFF developed a strong analytical, training, knowledge and networking capacity. Examples for analytical tools include the Resource Mapping and Expenditure Tracking (RMET) tool used to map and assess public financing and expenditure for health; and a maturity model for the alignment of stakeholders around a common RMNCAH-N agenda. GFF also offers a wealth of training opportunities under its Knowledge and Learning Portal and provides opportunities for networking and mutual learning by various stakeholder groups, including recipient countries ministers, Country Focal Points, CSO representatives, and the GFF Liaison Officers.
- Monitoring, evaluation and adaptation: The mainstreaming process needs to be monitored, evaluated and adapted with evolving experience. The GFF has done so consistently both overall and for specific areas of its support for scaling. It monitors overall progress as regards aggregate health and health system impact with its dashboard of results indicators at country level through the GFF data portal and at global level as, for example, reflected in its Annual Reports. It monitors progress as regards commitments made in its strategy and replenishment documents in regular reports to

the Trust Fund Committee and Investors Group. As noted earlier, an independent evaluation was commissioned by the European Union in 2018 and an internal review of performance in the form of an Issues Paper was prepared for the Strategy 2021-2025. Another independent evaluation will be carried out in 2024 in preparation for the next GFF strategy refresh. Based on the lessons emerging from these evaluations and reviews, as well as on reviews of specific areas of engagement (e.g., Investment Cases, Country Platforms, results management, etc.) the GFF has adapted its strategy and operational approach significantly since its creation as noted in Section 3 above.

4.c How does the GFF design address key aspects of a scaling “good” approach?

The Initiative on Mainstreaming Scaling in Funder Organizations has identified a number of characteristics that define an “good” or effective approach by funders to support scaling through their engagement with their recipients at country level.⁴⁶ This subsection will briefly review to what extent the GFF has incorporated these criteria in its design.

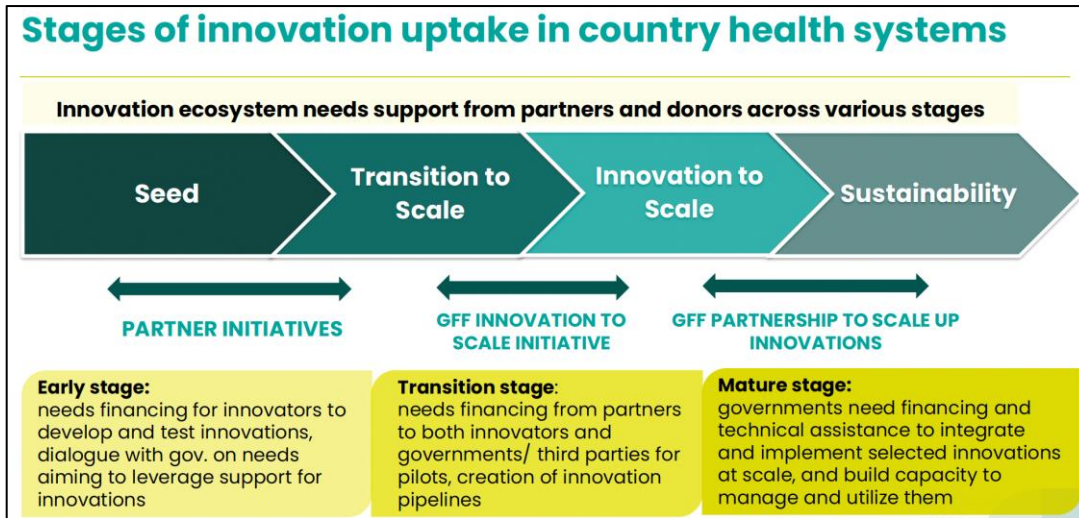
- Vision of scale from the beginning: It is important that the funder organizations support the development of a long-term vision of scale from the beginning of a strategy, program or project. This helps to guide the scaling process towards a well-identified long-term goal, to develop suitable scaling pathways, and to monitor progress against the long-term goals. The vision and goals are not written in stone. Over time, it may well be appropriate to revise them as evidence is gathered on the challenges to be addressed and the solutions available to respond. In its support for the preparation of investment cases the GFF effectively meets this criterion. Investment cases define the long-term vision and goals of the country’s health sector strategy and the result monitoring framework that allows tracking progress against these goals over time. The vision and results frameworks are revised and adapted as countries revise their health sector strategies and in connection with the preparation of second (and eventually third) rounds of GFF support for a country.
- Defining the scaling pathway – public, private, or hybrid: It is important to be clear what is the expected pathway for the scaling process. Is it principally a public sector pathway involving government provision of goods and service (or policies and regulations), or principally a private sector, market-based pathway, in which non-governmental are the main providers of goods and services? Or is it a mixed/hybrid pathway in which public and private sector actors jointly act? The GFF has recognized that in the health sector, and specifically for RMNCAH-N, a hybrid pathway is typically necessary with government agencies generally involved in providing regulatory oversight and in organizing and financing health service delivery, especially for the poorer segments of the population, while the private sector is engaged in the supply chain for medical products, and often also in the delivery of health services especially for the better-off populations.⁴⁷ The GFF investment cases therefore consider support for hybrid pathways with private sector engagement and the country platforms involve private sector representatives.
- Defining the pathway from innovation to scale: Innovation is generally regarded as a key aspect to underpin more effective development and achievement of ambitious development goals, such as the SDGs. However, to reach scale a systematic effort has to be made to develop and support a pathway for the systematic testing and roll-out of the innovation. As noted in Section 3, the GFF has taken up the innovation agenda in recent years with a pilot program supporting specific innovations

⁴⁶ These characteristics in turn are consistent with the “Scaling Principles and Lessons” developed by the Scaling Community of Practice; see Scaling Community of Practice (2022). https://scalingcommunityofpractice.com/wp-content/uploads/2022/03/Scaling-Principles-and-Lessons_v3.pdf

⁴⁷ The GFF recognizes that poor people may also rely on private health services, often of low quality but with potentially significant out-of-pocket payments required.

in four countries. The conceptual four-stage pathway developed by the GFF for scaling innovation (see Figure 2) is similar to and consistent with the six-stage pathway for scaling innovation developed by the International Development Innovation Alliance (IDIA), of which the World Bank is also a member.⁴⁸ The rationale for GFF engagement in supporting the RNMCAH-N innovations and their scaling and the overall approach is well developed in a set of technical slides that was presented to the GFF governance body in November 2022.⁴⁹ Looking towards the future, the GFF is now exploring how best to use this approach to support governments in identifying and scaling relevant innovations for inclusion in the GFF’s next strategy.

Figure 2. THE GFF pathway from innovation to sustainable scale



Source: GFF 2022g.

- Considering and creating the enabling conditions for scaling: A central feature of a systematic scaling approach is the need to recognize that context matters and that the enabling conditions in the ecosystem that allow scaling – or the barriers that may hinder it – have to be considered in developing a scaling pathway. Moreover, to the extent possible, if essential enabling conditions are not in place, they have to be created through appropriate analysis, policy reform, capacity building communication and advocacy.⁵⁰ Key enabling conditions in the health sector relate to
 - leadership,
 - demand,
 - supply chain capacities and management,
 - the policy and regulatory environment,
 - institutional capacities of the health system,
 - costing and financing, and
 - the politics of health sector development.

⁴⁸ For the GFF approach, see GFF, No date, a. https://www.globalfinancingfacility.org/sites/default/files/2022-11/GFF-IG15-Update-on-the-GFF-Innovation_EN-PPT.pdf; for the IDIA framework on scaling innovations see IDIA (2017).

<https://static1.squarespace.com/static/6295f2360cd56b026c257790/t/62a1d43829d380213485d4f9/1654772794246/Scaling+innovation.pdf>

⁴⁹ GFF, No date, a.

⁵⁰ The qualifier “to the extent possible” is important as we shall see when we explore the implementation of the GFF design. If the GFF cannot help create the enabling conditions or remove barriers to scaling, the expectations of GFF’s potential impact have to be pitched at the right level.

In supporting the preparation and implementation of investment cases, the GFF is intensively involved with helping assess, create and monitor most of these enabling factors. Specifically, the GFF works closely with national health sector leaders and helps them develop their leadership capacities through its Country Leadership Program and by supporting the network of ministers from recipient countries. The investment cases are designed to analyze the demand and supply conditions, strengthen the policy and regulatory framework and to help build the institutional foundations of the health sectors in recipient countries. The Domestic Resource Use and Mobilization (DRUM) approach provides support for assessing public health expenditures needs and costs as well as analyzing and mapping resource mobilization instruments and their potentials with a view to identify any financing gaps and develop long-term strategies for closing them. The one enabling factor that is not systematically – or at least not explicitly – considered at country level by the GFF at country level is the political economy of health sector development and reform. This is not surprising given that the World Bank and its affiliated bodies, such as the GFF, by statute not permitted to engage in the political affairs of its member countries. However, the paper prepared by the GFF Alignment Group on “Working together to meet country needs” does an excellent job in assessing in general terms the various factors that are relevant for a better understanding of the political economy of health sector alignment among national and international stakeholders.⁵¹ It demonstrates the value of such an analysis and also the feasibility of deploying it in an appropriate manner. Understanding the political economy of national health sector reform should be a consideration that informs the approach that the GFF pursues at country level to the extent World Bank policy allows. (See Box 10)

Box 10. Understanding the politics of health sector reform.

Effective support for health sector reform requires a good understanding of the political forces that may support or impede it, at the present time as well as into the future. This requires solid evidence on who are the potential winners and losers of reform, how these are represented by the positions of the main political factions and stakeholder groups (including external funders), what can be done to create a common position among parties with different perspectives and how to ensure lasting support for reform across political cycles. This might include embedding reform in constitutional and legal provisions, and also finding ways to compensate the losers to the extent that is appropriate and feasible. The World Bank has engaged in political analysis of this kind in the past. It should therefore be possible to develop a sensible approach for the GFF to take into consideration political factors in its support for countries’ health sector reform.

Source: Based on the author’s experience as a senior operational manager in the World Bank.

⁵¹ GFF, No date, d. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG13-3-Alignment-Working-Group-Recommendations-for-IG-endorsement.pdf

- Meeting the special conditions for scaling in fragile and conflict affected states : The pursuit of sustainable impact at scale is particularly challenging in the context of fragility, conflict and violence (FCV), but also increasingly important.⁵² The 2021 GFF replenishment document “Reclaim the Gains” promises that “[t]he GFF’s expansion will prioritize fragile and conflict-affected states with high burdens of maternal and child mortality. Approximately half of the new countries would fall into this category, which is especially important because they are generally furthest from achieving the SDG targets.”⁵³ Yet, other recent GFF documents, such as the Strategy 2021-2025, the Annual Report 2022-2023, and 2023 replenishment document “Deliver the Future” hardly mention the FCV challenge or what specifically GFF plans to do to address it. Since a third of the GFF’s active partner countries have FCV status, the Secretariat is currently conducting a review – with the FCV group at the World Bank – of the appropriateness and performance of the GFF model in FCV settings. Afghanistan represents an important example of GFF engagement in FCV-affected situations: Despite extremely difficult conditions after the takeover by the Taliban in 2021, the GFF served as a facilitator with a clear focus on a clear prioritized plan and coordination platform to support the delivery of health services by nongovernmental organizations to a significant share of the Afghan population. (Box 11) GFF support for FCV is an area that deserves attention in the preparation of the GFF strategy refresh in 2025.
- Equity and inclusion: One of the five principles of the GFF Strategy 2021-2025 states: “Equity and inclusion: The GFF targets the most disadvantaged and vulnerable populations in terms of gender, socioeconomic status and other dimensions of equity, and promotes the voice and participation of those populations in designing and monitoring the investments intended to benefit them so that no one is left behind.”⁵⁴ With the GFF focus on RMNCAH-N interventions, this principle underpins all its activities. Indeed, one of its key goals is to ensure not only that its own resources are pursuing equity and inclusion, but that it catalyzes other actors – national and international – to also channel more of their resources towards equitable and inclusive health care. The GFF Gender Equity Road Map and the GFF Country Equity Diagnostics are important tools for the pursuit of equity and inclusion goals under GFF-supported programs.⁵⁵
- Country ownership and national processes: The first principle for GFF engagement as stated in the GFF Strategy 2021-2025 is: “Country leadership and ownership: The GFF country-led process builds and sustains political will to prioritize and increase domestic investments in the health of women,

Box 11. GFF support for maintaining health services in Afghanistan

“After the takeover by the Taliban in 2021, a key challenge for funders was to keep functioning in the chaos after the takeover, uncertainty of government policy, and severe disruptions of health delivery systems. The major funders in the health sector got together (the 4G) to share information, develop efforts to support the UN system, reprogramming projects, etc. In this context the GFF played a key role in supporting the round-table process: It served as the secretariat for the Health Sector Working Group, one of five funder working groups. GFF provided technical analysis and penholder support for the development of a health sector transition strategy. Its neutral stance across agencies made it a trusted intermediary; in this regard it had a critical role.” Interview with World Bank staff

⁵² Cooley and Papoulidis (2017) <https://www.brookings.edu/articles/scalable-solutions-in-fragile-states/>

⁵³ GFF 2021a. https://www.globalfinancingfacility.org/sites/default/files/GFF_Replenishment_Document_EN.pdf

⁵⁴ GFF 2020b, p. 9 https://www.globalfinancingfacility.org/sites/default/files/GFF-Strategy_2021-2025_EN_FINAL.pdf

⁵⁵ For the Gender Equity Road Map see GFF 2020e https://www.globalfinancingfacility.org/sites/default/files/GFF-Roadmap-for-Advancing-Gender-Equality_EN.pdf; for an example of a Country Equity Diagnostics see the Mali case, GFF 2024d <https://documents1.worldbank.org/curated/en/099121423052035019/pdf/P17282302c8bf90db0bfa70213a17418153.pdf>

children and adolescents, and advances the UHC 2030 principles to promote global partner alignment with country priorities, plans and budgets.”⁵⁶ This principle is embedded in the GFF approach to the Investment Case and to the Country Platform. Country ownership is conceived of broader than government ownership, as the Country Platform, while led by the government, usually the Ministry of Health, is designed to bring together all major national stakeholders, including representation from the private sector and civil society. Country ownership is also reflected in the GFF’s approach to working with and through government systems. Moreover, GFF does well in terms of current efforts in the development community to increase the extent of “localization” – i.e., increased reliance on and strengthening of country capacity in development assistance and partnerships –, since the GFF actively promotes the development of country capacity to lead and manage health system strengthening. The one area where the focus on localization could be strengthened is perhaps in the regard to the procurement of analytical and advisory capacity in technical assistance and in the procurement of goods and services for the implementation of GFF-cofinanced World Bank projects.

- Partnerships, coordination and alignment with international funders: The GFF is built on the principle of supporting partnerships and fostering coordination and alignment around the Investment Case. This involves not only partnership with and coordination of national stakeholders, but also the coordination and alignment of international development partners in support of the design and implementation of the Investment Case. Thus, an important function of the GFF is to help overcome the problems created by the fragmentation in the international health finance architecture at country level. As noted in the report and recommendations prepared by the GFF Alignment Working Group, one element of successful coordination at country level is the concept of “One Plan, One Budget, One Report.”⁵⁷ The idea is that all external partners funding supports the Investment Case, is on budget and over time channeled through the government, and subject to one reporting mechanism with a common set of metrics for all development partners. The GFF’s RMET tool (mapping of financing, costing and expenditure planning) are a key instrument for implementing the One Plan, One Budget, One Report concept. However, with the exception of the report of the Alignment Working Group this does not feature prominently in GFF strategy and guidance documents. In preparing the GFF Strategy refresh in 2025, this gap could and should be closed.
- Results management, monitoring and accountability – the use of evidence: In the scaling literature, evidence plays a key role in all phases of the scaling process – in setting the vision, in planning for scale, in assessing the role and evolution of enabling factors, in monitoring and evaluating progress towards achieving the scale goals sustainably, in holding the main actors accountable for their contributions, and in adapting the scaling strategy in light of experience and lessons learned.⁵⁸ The GFF has developed an elaborate results measurement framework, which tracks not only health results metrics at country level, but also includes key metrics of health system performance in terms of institutional and financial capacity which are important enabling factors to ensure continued scaling and sustainability of progress. A requirement from a scaling perspective is that the results metrics measure not only progress against base line, but also against long-term targets. This is recognized in many of the results metrics that the GFF has recently refined.⁵⁹
- GFF as an intermediary and the role of incentives: One of the important conclusions in the recent scaling literature is that successful scaling requires an intermediary that supports the scaling process

⁵⁶ Ibid.

⁵⁷ See GFF, November 16, 2021d. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG13-3-Alignment-Working-Group-Recommendations-for-IG-endorsement.pdf

⁵⁸ Scaling Community of Practice 2022

⁵⁹ GFF 2024b.

not only financially, but also with analytical, advisory, coordination and advocacy engagement.⁶⁰ To be successful in this role, the intermediary organization needs to have the necessary resources to support and incentivize the various actors involved in the scaling process.⁶¹ In its design, the GFF in effect is precisely such an intermediary, carrying out all the functions listed above. In terms of resources, it does bring to the table significant financing and technical capacity, which in turn can serve as incentives for other actors to support the Investment Case, including:

- GFF cofinancing with the World Bank is to incentivize the Bank to engage more and more effectively on the RMNCAH-N agenda at country level.
- The cofinancing of GFF grant finance with World Bank loans and credits is to encourage Ministries of Health and Ministries of Finance to devote more resources to the RMNCAH-N agenda.
- The technical assistance, analytical and advisory work, training and capacity development of the GFF is to capacitate and incentivize government, private and CSO partners to support the Investment Case and engage constructively in the Country Platform.
- The support of the GFF for the government to exert effective leadership in coordination of external assistance, is to provide an incentive to the international development partners to join the Country Platform and integrate their assistance for health sector strengthening as part of the design and implementation of the Investment Case.

A key question for the GFF in supporting sustainable RMHCAH-N impact at scale is whether the incentives it offers are strong enough to induce the intended reaction among the other actors in support of the investment case. We will explore the answer to this question in Section 5.4 below in considering the evidence on how these incentives have worked in practice.

- “Handoff” and “sunset”: Whether they realize it or not, funders face a critical question when their financing ends: have they created the conditions for sustainable scaling to continue beyond the project they have supported? In other words, when the project and their financing ends, can they hand off responsibility for financing and for all other forms of support that they provided to other actors, public or private, national or international? And to the extent funders have performed an intermediary function – financial and non-financial – have they successfully supported the development and engagement of a successor intermediary that can and will carry forward the work of an intermediary? For international global health funds such as the Global Fund and Gavi, the so-called “transition” problem has been recognized as a serious challenge.⁶² GFF has so far not faced this issue, since with its long-term engagement it has not yet had to phase out its support for countries. However, this time will come, sooner for some countries than for others, and in particular for the IBRD borrowers that GFF can only support for one four-year round (e.g., Indonesia). The idea of an eventual hand-off is also built into the original design the GFF with the specification of a “sunset” provision that the GFF should terminate in 2030. Whether or not this sunset rule will be implemented by 2030, the ultimate goal of funding mechanisms such as GFF should be to work themselves out of a job, at least as far as possible at the level of an individual country. So far, apparently no explicit consideration given by the GFF to its handing-off challenge. Since effective hand-off requires the necessary conditions to be put in place well ahead of time, the basic approach

⁶⁰ Scaling Community of Practice 2022 https://scalingcommunityofpractice.com/wp-content/uploads/2022/03/Scaling-Principles-and-Lessons_v3.pdf

⁶¹ For an exploration of the role of incentives in scaling, see Linn (2013). <https://www.amazon.com/Getting-Scale-Development-Solutions-Millions/dp/0815724195?asin=0815724195&revisionId=&format=4&depth=1>

⁶² Witter et al. (2023). https://d2nhv1us8wflpq.cloudfront.net/prod/uploads/2023/08/FGHI_final_report_designed.pdf

for the transition planning needs to be part of the GFF’s operational approach. This is an issue that deserves consideration as part of the GFF strategy refresh in 2025.⁶³

4.d A summary overview of the GFF design from a scaling perspective and recommendations

The analysis in this section demonstrates that “the GFF’s design ticks all the boxes” – to quote a funder representative when interviewed for this case study – in its support for sustainable impact at scale of recipient countries’ efforts to meet their RNMCAH-N goals. In this regard, GFF demonstrates a remarkable alignment with the principal criteria for effective mainstreaming of scaling in funder organizations.

This section highlighted seven areas where the design of GFF could be strengthened. Define scale and scaling for the GFF and its partners to be sure there is a clear understanding that the GFF is pursuing transformative scaling and not merely transactional scaling.

- Further develop and integrate the GFF’s approach to scaling innovative solutions as part of its support for recipient countries.
- Explore and take into account, as far as possible, political economy considerations that are needed to fully understand how sustainable scaling pathways can best be supported.
- Assess the experience of GFF in fragile and conflict-affected states and draw lessons for the design and implementation of GFF support in these settings.
- Consider whether and how to incorporate the principle of One Plan, One Budget, One Report effectively in the GFF strategy and operational modality.
- Extend the GFF approach to localization to include a focus on procuring local (country-based) analytical and advisory capacity and nationally produced goods and services.
- Plan for effective transition (or hand-off) at the end of GFF country engagement.

The GFF is already addressing some of these issues (innovation and scaling; scaling in FCV situations, etc.) in preparation for its strategy refresh envisaged for 2025; the other could appropriately be added for consideration.

5. Assessing the Implementation of the GFF’s Design from a Scaling Perspective

We now turn to the question how effectively the GFF’s design has fared in implementation since its launch in 2015. Considering the ambitious task the GFF has been set, it would not be unexpected to find that there is some distance between the desired changes and impacts that the GFF aspires and the actual progress. Thus the rejoinder to the funder interviewee’s comment on GFF design that was cited above should not come as a surprise: “The GFF design ticks all the boxes – on paper; implementation is not always working so well.” In reviewing the progress to date, we focus on those aspects of GFF implementation that are particularly important from the perspective of scaling. The assessment however must be prefaced with a number of caveats:

- As noted in the introduction, no in-depth evaluation of implementation was possible for this case study, which had to rely on a small number of prior evaluations and reviews and on a limited number of interviews; a limitation of particular importance is that only very few interviews could be arranged with representatives from recipient countries.
- As noted in section 2 above, the GFF operates in a highly complex environment of health service provision and finance in its recipient countries and while it is intended to address many of the resulting systemic challenges in the health sector, it is important to temper expectations of impacts

⁶³ It is worth noting that none of the interviewees supported the 2030 sunset provision, preferring an extension, possibly indefinite, beyond 2030 in the face of expected country needs for GFF support beyond that date.

with a sense of realism of what is possible over what time horizon. Fundamental changes in health systems are difficult, take time and need to be effectively resourced.

- To its credit, the GFF Secretariat has continuously striven to adapt the design and implementation process of the GFF as noted in section 3 above. While it is possible from these changes to infer certain challenges encountered in implementation, it is generally too early to assess what has been the impact of recent changes in GFF practice in response to these changes.

This section groups implementation issues under four broad headings: (i) general progress with GFF implementation; (ii) implementation of country engagement instruments by the GFF; (iii) selected specific issues in country engagement; and (iv) issues of incentives and accountability.

5.a General progress with GFF implementation

The GFF was successfully launched in 2015 and since then has supported RMNCAH-N development in 38 of 67 eligible countries. It has raised over USD 2.5 billion in pledges from its 17 funder members and committed a total of USD 1.45 billion in grants, of which USD 1.19 billion were cofinanced with USD 8.75 billions of IDA/IBRD financing (i.e., a leverage ratio of over 7:1). The GFF grants range in size between USD 9 million and USD 60 million so far (not including support for special initiatives).⁶⁴ While causation is difficult to prove, a number of indicators show that there has been a positive impact of GFF support. IBRD/IDA funding in GFF supported countries increased significantly, with hundreds of millions of women, children and adolescents reached. As shown in Figure 3, tens of millions of additional beneficiaries have been reached (Panel A), and RMNCAH-N indicators significantly improved in the great majority of beneficiary countries despite the negative impacts of the COVID crisis (Panel B). And as demonstrated in Panel C of Figure 3, improvements in GFF supported countries exceed those in GFF-eligible countries that have not yet received GFF support. As shown on the left side of Panel C, the average annual increase in number of beneficiaries reached with immunization and modern family planning is greater in GFF supported countries than it is in a comparator group of countries that are GFF eligible but not yet supported. These two indicators of immunization and family planning were used as the basis for this analysis, because standardized estimates that are comparable across countries are available for both GFF supported countries and non-GFF supported countries from WHO/UNICEF and Track20, respectively. The right side of Panel C shows that there has been a much larger increase in RMNCAH-N financing from IDA in GFF supported countries, compared to the same comparator group of countries that is eligible but not yet supported. While not a causal analysis per se, this analysis is consistent with the GFF theory of change – that is, by engaging with country clients, World Bank task teams and other development partners to use data for evidence-informed prioritization, more resources can be channeled toward high impact RMNCAH-N interventions.

⁶⁴ The information in this paragraph is based on the GFF Annual Report 2022-23, GFF 2023f <https://www.globalfinancingfacility.org/sites/default/files/GFF-Annual-Report-2022-2023.pdf>

Figure 3. Selected GFF Performance Metrics

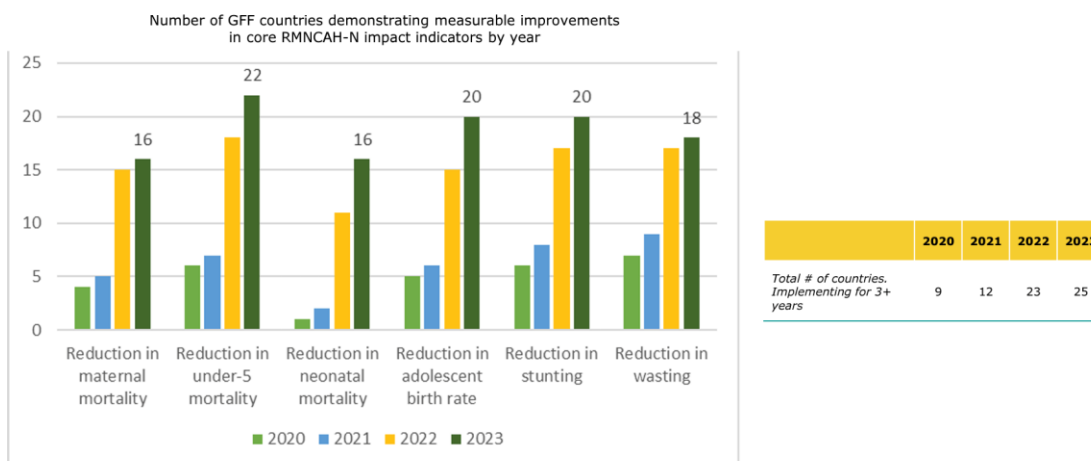
Panel A

Since the start of implementation of their Investment Cases through to 2022, GFF partner countries continue to increase coverage of intervention to millions of beneficiaries

	TOTAL NUMBER REACHED SINCE BASELINE	ADDITIONAL NUMBER REACHED SINCE BASELINE*
# of women receiving 4+ ANC visits	100M	25M
# of women initiating early breastfeeding	135M	24M
# of women receiving safe delivery care	130M	23M
# of women using modern contraceptives	630M	52M
# of unintended pregnancies averted as a result of contraceptive demand being met	230M	19M

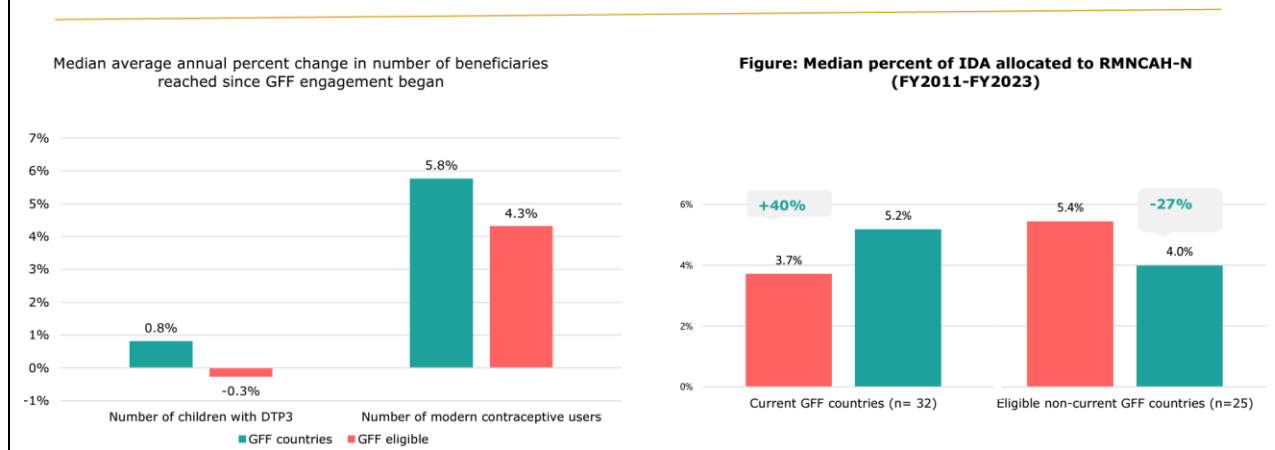
Panel B

An increasing number of GFF partner countries demonstrate progress in core RMNCAH-N impact indicators – logic model



Panel C

GFF countries continue to have higher rates of increase in coverage and greater additionality of IDA financing for RMNCH-N



Source: GFF 2023g. <https://www.globalfinancingfacility.org/sites/default/files/2023-12/IG17/GFF-IG17-3-Stocktaking-PPT.pdf>

External evaluations and assessments have consistently noted the overall strength of the GFF, even as they also identified specific areas where implementation needed to be strengthened. This includes the European Commission-sponsored evaluation (2018), a review by the team of experts from the Center of Global Development (2021) and most recently a review of the future of global health initiatives (GHIs) (2023). (Box 12) The Future of Global Health Initiatives report is particularly revealing since it favorably contrasts the performance of the GFF with that of other GHIs, in particular the Global Fund and Gavi. All interviewees expressed their overall support for the GFF based on the implementation to date, even as all indicated specific areas where implementation could be strengthened. Perhaps the most telling demonstration of this assessment is that all felt that it would not be desirable to stick with the 2030 sunset rule. In particular, the interviews with senior representatives from recipient countries revealed strong

Box 12. Evaluations and assessments of GFF performance

“The GFF has taken on a wide ranging, ambitious, high risk agenda centred on supporting the willingness, capacity and commitment of countries to take on increasing responsibility for a growing portfolio of quality investments to support women's, children's and adolescents' health. In this, the GFF has made some discernible progress at both global and country levels although it is early days and it is unlikely that any of the gains are yet irreversible.” EC GFF Evaluation 2018, p. 1.

“The portfolio-wide findings suggest that the GFF delivers a clear value-add within the global health architecture by directing more funding to flow directly through governments via increased World Bank lending for RMNCAH-N (especially in the context of COVID-19-related service disruptions and fiscal contractions).” Keller et al. 2021, Abstract

The FGHI report notes that GFF-supported countries “show higher average annual rate of changes in family planning and vaccination than GFF-eligible countries” (p. 31); that the GFF is the only global health initiative (GHI) not “mainly driven by GHIs' own objectives, especially getting money spent and attribution of focal results” (p. 45); that the GFF “channels its money through government systems, based on a model of leveraged finance, which reduces its scope to act as an independent entity in country and increases its alignment to broader government agendas” (p. 50); and that “GHI funders should ensure that all GHIs have core performance metrics related to alignment with national systems and with each other, which should routinely be tracked by their Boards; this is currently the case with the GFF but not the other larger GHIs.” (p. 57). Witter et al. 2023

appreciation of GFF and its continued engagement. We turn next to review the implementation experience in specific areas of GFF engagement.

However, the GFF's results metrics also show significant variations across countries in health outcomes and implementation of systems strengthening efforts which indicate that the GFF's approach, instruments and incentives work differently in differing country contexts. In the remainder of this section we will explore various aspects of the GFF implementation experience.

5.b Implementation of country engagement instruments by the GFF

In this subsection we focus on the experience with implementation of Investment Cases, Country Platforms, alignment, results measurement for monitoring and decision making.

The Investment Case: There is general agreement among interviewees and prior assessments that the effectiveness of implementation of Investment Cases differs considerably across countries, but overall would benefit from strengthening.⁶⁵ It worked well in some countries (e.g., Cote d'Ivoire and Ethiopia), but less so in others (e.g., Kenya). Many factors likely explain the divergence in the quality of Investment Case design and implementation, not least the ability and willingness of a country's stakeholders to participate constructively as well as the readiness of international development partners to participate in and align with the Investment Case. However, interviewees also identified aspects of GFF engagement that were considered as unhelpful. In the early years the GFF was seen by some interviewees as having just accepted existing health sector strategies without significant strengthening, while some country representatives noted that the GFF tried to insist on development of an investment case separate from the government's strategy. Over time, it appears that a more consistent approach has been developed ensuring country ownership. One issue which appears to be of general relevance is that investment cases are not as effective as they could be in setting priorities given resource constraints.⁶⁶ A key problem appears to be that Investment Cases often have not been linked to resource mobilization and expenditure planning based on realistic costing (see Box 13, next page),⁶⁷ although there are exceptions such as the Investment Cases for Cote d'Ivoire and Mozambique⁶⁸, and it appears that prioritization is supported in recent years by the GFF's DRUM approach that considers both resources and costs of delivery. From the perspective of an effective scaling approach, it is also noteworthy that investment cases differ widely in their time horizons: some consider longer term time horizons (e.g., the Ethiopia Investment Case links to a government health sector strategy that extends over 10 years), while others have much shorter time horizons not effectively linked to longer-term objectives and pathways. The new GFF guidance document should go a long way to address concerns with Investment Case preparation and implementation, but mid-

⁶⁵ See GFF 2020a and interviews. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG10-3-Issues-Paper.pdf

⁶⁶ Keller et al. (2021) <https://www.cgdev.org/sites/default/files/prioritizing-public-spending-health-lower-income-countries-role-global-financing.pdf>

⁶⁷ An independent review of investment cases in 2021 flagged concerns about the lack of prioritization in GFF supported investment case. Keller et al. (2021). <https://www.cgdev.org/sites/default/files/prioritizing-public-spending-health-lower-income-countries-role-global-financing.pdf>

⁶⁸ See references to these two investment case in the Annex under GFF documents.

term reviews and evaluations during and after Investment Case implementation will offer important reality checks and lessons.

Box 13. Differing perspectives on the implementation of the Investment Case

“It’s key that the Investment Case is country driven. The process matters more than the product (there tends to be too much focus in the World Bank on the product); GFF needs to be a flexible thought partner, not the thought leader or harboring hidden agendas.” Interview with current GFF Secretariat staff.

“The Investment Case is a weak instrument for resource and expenditure planning. It works as a process in bringing everyone to the table and identify what could be done better by whom, but it is not effectively linked to funding and because it has to be everything to everybody it ends up not making any hard choices and prioritizing in a constrained resource environment. It does not actually help coordinating donors.” Interview with former GFF Secretariat staff.

“Within the investment cases themselves, we observe limited use of systematic criteria (e.g., cost-effectiveness evidence or equity optimization) to guide prioritization decisions within the available budget; we also note limited links between the investment case and countries' essential medicines lists and health benefits packages... GFF efforts to directly influence government RMNCAH-N spending decisions and their efficiency seem to occur primarily through follow-on resource mapping and expenditure tracking.” Source: Keller et al. (2021) p.31.

The Country Platform: As for the Investment Case, it appears that the effectiveness of country platform implementation has varied widely across GFF recipient countries for reasons similar to the divergence of Investment Case performance. Among interviewees there was general agreement that strengthening of the Platforms is an important agenda item for the GFF going forward.⁶⁹ However, interviews also demonstrated that there is a fine line between too little and too much engagement by the GFF; as usual, the right kind of engagement is critical. (Box 14) Some country representatives noted that in the early years, the GFF tried to impose a duplicate platform structure on existing government-led structures; others stated that, while they recognized GFF support so far as highly valuable, more help from the GFF in actually managing the platform would be welcome, especially in strengthening the participation of ministries other than the ministry of health, ensuring effective participation of civil society and private sector representatives, and further engagement of international development partners. One funder representative noted that in some countries the bilateral funder agencies felt insufficiently informed to participate effectively in the Country Platform. Other interviewees referred to the difficulties in some countries to maintain senior-level participation of the main stakeholder representatives. Questions were also raised in interviews about whether it is possible to link country platforms of different international health funds (in particular the Global Fund and Gavi), or at least learn from some of those platforms that are regarded as perhaps more effective (e.g., the Global Fund). Two country representatives welcomed the One-Plan/One-Budget/One-Report approach in their country as part of the Country Platform process (see Box 14, next page). A more systematic implementation of One-Plan/One-Budget/One-Report should be explored. Moreover, since there currently is much interest in country platform approaches to coordinate and incentivize more effective development and climate financing and policy engagement of key stakeholders,⁷⁰ the GFF Secretariat may wish to join with other funders in exploring the lessons from cross-sectoral experience with country platforms (e.g. in the climate area).

⁶⁹ GFF 2020a https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG10-3-Issues-Paper.pdf

⁷⁰ Kelly and Papoulidis, 2022; <https://ieg.worldbankgroup.org/blog/country-platforms-fragile-states-new-path-development-cooperation>; Engberg and Linn, 2023 <https://www.brookings.edu/articles/a-concerted-push-to-achieve-the-sdgs-needs-a-practical-scaling-approach/>

Box 14: Differing perspectives on the GFF Country Platform

“Representation/engagement of key stakeholders in the Country Platform is critical; it should be the country’s platform, not that of GFF; key elements are regular meetings, focus on results and policies. It should be tiered, with top-level policy platform, ministerial-level senior program platform, and technical working groups on specific themes/issues (e.g., finance, nutrition, etc.). Moreover, the coordination mechanism should be linked with other coordination mechanisms (e.g., country-wide platforms for donor coordination); it should clearly identify roles and accountability, be relevant by addressing serious substantive issues, and allow for monitoring and feedback.” Interview with GFF staff.

“The Country Platform in general works well, in pursuit of One-Plan/One-Report/One-Budget. A Midterm Evaluation will assess progress involving all stakeholders. But more support from GFF would be welcome, esp. post-COVID, which changed the situation a lot. Even more support to leverage other funders would be welcome.” Interview with country representative.

Stakeholder alignment: An essential element of the implementation of the Investment Case and the Country Platform is the issue of stakeholder alignment. The establishment of the Alignment Working Group (see section 3.e above) responded to a sense of frustration among funder and recipient country officials alike about the global health finance architecture (see Box 15) and about more needing to be done to get towards an effective alignment of stakeholders, and especially the external funders, around the Investment Case and in the Country Platform. During interviews, country representatives, while welcoming the alignment process, noted that change in the mindset of funders is needed for effective cooperation. Funder representatives attributed the lack of alignment principally to insufficient transparency of recipient governments, the GFF and the World Bank in sharing relevant information on their program, to a lack of long-term financial planning, and to insufficient incentives for the World Bank to deploy its convening capacity by engaging in and supporting the alignment process. World Bank representatives in turn noted that the funder community is highly diverse, with many smaller funders only passively aligning themselves, and many of the larger funders going their own way, irrespective of the alignment process. GFF secretariat staff pointed towards the alignment maturity tool developed by the Alignment Working Group, now being piloted in four countries, as an instrument to help create a better alignment of all stakeholders, but especially of the international funding community. In any case, the alignment issue clearly remains a significant challenge for effective implementation of the Investment Cases and hence for an effective scaling of RMNCAH-N interventions at country level. A continued active engagement by the Alignment Working Group, supported by the GFF Secretariat, would therefore appear to be highly desirable – and welcome by country representatives.

Box 15: Concerns about the global health finance architecture

“This is a real problem, esp. the fragmentation. Funders fail to support sustainable impact at scale, mostly because of this fragmentation and the bottlenecks it causes.” Interview with country representative.

“Sustainable impact at scale is hugely important for my funder organization. The earlier attention to health sector-wide approaches, including SWAPs, has dissipated, with most focus now on the narrow vertical funds with insufficient support for health system transformation.” Interview with funder representative.

Results measurement for monitoring and adaptation: As noted in Sections 3 and 4, the GFF has developed over time an elaborate results measurement framework. The goal is to demonstrate progress in RNMCAN in the countries it supports individually and in aggregate. While interviewees appreciated these efforts, some country representative felt they still did not have enough and/or the right data to support their decision making process, while funder representatives felt that the current results metrics and reporting did not allow them to make an effective case in their capitals demonstrating the impact of their tax payers' money channeled through GFF on the health and welfare of people in recipient countries, particularly when contrasted with the results reporting of the vertical health funds, such as the Global Fund and Gavi. The GFF Secretariat recognizes the challenge and is in the process of refining its results measurement approach. (see Box 16) Going forward, two aspects deserve special attention: (i) continued efforts to respond to funders' needs for results measurement that help them make the case for support to the GFF – although this is a tall order considering the nature of GFF engagement in support of health system reform; and (ii) ensuring that the current results metrics are effectively applied in a country context, and in particular that results metrics are defined in relation to targets, not only baseline, and that progress with changing the enabling conditions (i.e., systems changes) are adequately measured.

Box 16: Different perspectives on the challenges of measuring and reporting results

“Better utilization of data for decision making would be helpful, esp. resource tracking, which will be very important for alignment.” Interview with country representative.

“The GFF's ability to articulate what it has done and with what impact is limited. This is compounded by the problem of attribution, since GFF funds and activities are contributing along with others. Health systems reforms are important, but not clear how much of reform happens and how sustainable it is. Hence, it's difficult to make the case in donor organizations and their political leaders.” Interview with funder representative.

“The results 'baskets' of Investment Cases are not clear to funders. The causal links of GFF programs is opaque; the concept of leverage is overly simplistic – every organization is leveraging every other one. Overall, GFF makes a contribution, but it still needs to mature.” Interview with funder representative.

“The GFF is much more focused on sustainable health sector impact at scale than the Global Fund and Gavi; the latter do 'campaigns' for maximum impact in relatively narrow areas over the short term, but do not really focus on sustainability and systemic change. Their job is relatively easy and straightforward; the impact is important, but it is ultimately limited in time and scale. Pursuing and achieving systemic and catalytic change is really hard; reforming institutions and policies is tough. We need to be modest. The complex goals and outcomes of GFF are difficult to communicate with ministers, parliaments and publics in donor countries, but we have to set realistic goals and communicate our impact and value proposition as clearly as possible.” Interview with GFF Secretariat staff.

5.c Selected specific issues in country engagement

In this subsection we take a look at implementation in three specific areas of GFF country engagement: (i) enlisting the support of civil society organizations (CSOs), (ii) engagement with the private sector, and (iii) resourcing and organization of the GFF's engagement in country.

Enlisting the support of CSOs: As noted in section 4, the GFF Strategy 2021-2025 planned for a significant intensification of the GFF's effort to support CSO engagement, based in part on feedback and recommendations received from CSO organizations.⁷¹ Senior recipient government representatives interviewed acknowledged these efforts with approval, even as they also noted that it not always easy from their perspective to incorporate CSOs into the country-led GFF processes, due to the multiplicity of

⁷¹ See for example the letter from 50 CSO organizations in connection with the 2018 GFF replenishment: “Joint Open Letter to Secretariat of the Global Financing Facility.” WEMOS (2018) <https://www.wemos.org/en/wemos-sends-open-letter-to-gff-endorsed-by-more-than-50-csos/>

CSO organizations and interests and the differences in capacities to participate in the process. (Box 17) Representatives from an international umbrella organization for the GFF welcomed the establishment of a CSO Steering committee for the GFF with its three working groups (on accountability, finance and capacity). They also noted that GFF support for CSO engagement in Country Platforms was very important in getting governments to seek CSO input and that while CSO engagement varies across countries it has improved in recent years. In terms of impact, they concluded that the GFF had served to prioritize RMNCAH-N in recipient countries and the World Bank. One area of concern is that CSOs do not have a role in signing off on GFF programs in recipient countries, in contrast to the Global Fund practice.

Box 17. Different perspectives on CSO participation

“Working with CSOs and bringing them into the strategy and delivery process is a strength of the GFF. The GFF supported CSO engagement with the Health Sector Working Group (HSWG). GFF small grants to NGOs are designed to support their engagement with the Ministry of Health and the HSWG have been very helpful in getting them to understand the health agenda better and engaging in a constructive manner.” Interview with a senior health ministry official.

“CSO engagement in the Country Platform has been a challenge, given their large numbers. Where CSOs are well organized under an umbrella organization, their contribution works well; for others less so.” Interview with a senior health ministry official.

“The Country Platform is a good vehicle to engage with the CSOs. It is an opportunity for CSOs to argue for better, more equitable outcomes, to influence budget allocation with better quantity and quality, and to influence allocation, design and implementation of IDA and other funders’ support.” Interview with representative of CSO umbrella organization.

“The ability of the GFF to work with local CSOs was much improved with the introduction of a recipient-executed small grants program for CSOs which helped to mobilize CSO engagement and support.” Interview with World Bank official.

Engaging with the private sector: As for the CSOs, the GFF envisaged engagement with the private sector from early on. In 2023, the GFF Secretariat conducted a review of lessons learned from prior engagement with the private sector under GFF supported health program.⁷² Among the main conclusions were the following: (i) the private sector plays an important role in the national health system that must be reflected in system analysis, planning and action; (ii) rather than stand-alone initiatives, private sector engagement needs to be integrated into overall financing and delivery approaches; (iii) innovative health financing solutions hold some potential to bridge short- to medium-term financing gaps, but are difficult to scale; (iv) the GFF should focus on enhancing the effectiveness of private involvement in supply chain management, especially in meeting the health needs of poor women, children and adolescents, through improved contracting, licensing, standard setting, training and data provision for private actors; and (v) partnerships with private business need to be further explored, based on some successful examples for specific countries. In conclusion, the GFF’s private sector review recommended a consultative process to help define GFF priorities to leverage private sector financing and expertise. The interviews conducted for this case study confirm the basic findings of the 2023 review, but they provide additional insights from the perspective of recipient country representatives and the private sector. Perhaps the most important aspect is that the GFF is seen as not yet giving enough priority and resources to private sector engagement. (Box 18, next page) With the consultative process now proceeding, it will be important to define a suitable private sector engagement modality for the GFF, given the importance of the private sector’s engagement in a successful scaling process in the health sector.

⁷² GFF 2023c. <https://www.globalfinancingfacility.org/sites/default/files/2023-12/IG17/GFF-IG17-7-Private-Sector-Strategy.pdf>

Box 18: Different perspectives on private sector engagement

Government interviewees noted that their authorities are eager to explore increased engagement with the private sector and would like to see more support from the GFF for the developing a better understanding of the private sector's role, for the preparation of a private sector strategy, and for a more productive engagement with the private sector in the Country Platform.

The private sector representative indicated that there is great interest from the private sector side in more effective engagement by the GFF in supporting private sector engagement, but that the record so far has been mixed. The GFF has more success in some countries than in others, but frequently has not been effective in reaching out to and working with the private sector. "GFF's engagement model with the private sector needs reshaping. If the GFF wants to be serious on private sector engagement, it must give it real priority, give it the needed resources and staffing and demonstrate impact."

Resourcing and organizing the GFF's engagement in country: The interviews flagged two implementation challenges that deserve further consideration:

- *The balance between GFF financing devoted to cofinancing World Bank projects and those devoted to providing technical assistance, advice and capacity building (TA):*⁷³ Currently, by far the larger share of GFF grants is devoted to cofinancing with the World Bank (75% of the approved budget), while TA funding is more limited (23% of the approved budget), as previously noted. Some interviewees from the GFF and World Bank staff thought more resources should be allocated to TA in view of the ambitious system reform agenda and the in-depth engagement needed at country level, and since the World Bank's own budgetary resources devoted to analytical work in support of the preparation of its projects is strictly limited. Others however felt that the resources available for TA were sufficient. GFF management noted that the Country Engagement Strategy (CES), which guides the design and delivery of GFF support for each country, addresses the balance between cofinancing and TA resources on a country by country basis in an appropriate manner. Government officials that were interviewed for this case study did not specifically address the balance issue, but did mention areas where they thought more GFF TA support would be needed, inter alia for supporting the Country Platform, in private sector engagement, and in data management for decision making.

⁷³ The former is referred to as Recipient Executed Trust Fund expenditure (RETF) since the grant is administered by the recipient (typically a government agency) along with the proceeds of the World Bank loan, while the latter is referred to as Bank Executed Trust Fund expenditure (BETF) since the grant is administered by the GFF Secretariat, albeit in agreement with the authorities. BETF resources are referred to as "TA resources" in the text.

- *GFF country presence – the role and status of GFF Liaison Officers:* Government interviewees, funder representatives as well as GFF and World Bank staff expressed their strong appreciation for the work of the GFF Liaison Officers since they are a critical element in linking the GFF with its stakeholders in the recipient countries, and in connecting the World Bank country offices with the GFF programs, and especially with the Ministry of Health, in whose offices they are generally posted. However, one of the government representatives noted that the effectiveness of the Liaison Officer in the country is limited by their relatively junior status (Box 19). The question of how to strengthen the GFF presence in-country will deserve further consideration, especially as the pressures for localization of funder engagement will continue to increase.

Box 19. A country perspective on the role and status of the GFF Liaison Offer

“The effectiveness of the Liaison Officers is limited by the fact that they are relatively junior consultants, not equal in status to the heads of mission of other funders with whom they have to interact but cannot engage with as peers; moreover they cannot make decisions but have to refer back to GFF headquarters.” Interview with a government official.

Looking ahead, as part of the GFF strategy refresh it will be important to assess the TA resource implications of any new initiatives or elements to be included in the GFF strategy in order to avoid loading unfunded mandates on the Secretariat and its staff. Similarly, the extent to which administrative resource constraints permit further expansion of local presence and/or whether the GFF can make more use of the World Bank’s presence in country is a topic that will deserve further exploration.

5.d Incentives and accountabilities

As noted in Section 4.3 above, the GFF is designed to provide incentives to other actors involved in RMNCAH-N to align with and support the design and implementation of the Investment Case through participation in the Country Platform to align their engagement in support of a country’s RMNCAH-N goals. As we have seen in Section 5.1, the overall result of GFF’s engagement on balance is positive in achieving key RMNCAH-N objectives at a global level. However, we also noted that at country level there are wide divergencies in impact. We will now consider to what extent incentives played a role in the GFF engagement with the World Bank, with recipient country stakeholders, and with development partners.

GFF engagement with the World Bank: From the GFF results data, the GFF Secretariat’s own assessment and interviews we know most about how the GFF’s engages with the World Bank. Overall GFF engagement and cofinancing has significantly increased deployment of Bank financing for RMNCAH-N, as demonstrated in Figure 3 above. And, according to interviewees, they also led overall to increases in the Bank’s health teams’ efforts to support the Investment Case and Country Platform. Over the years, a lot of progress has been made in building links between the GFF and Bank engagement at project level and by connecting with the Bank’s technical staff not only in the health sector team, but also education, social protection, governance and public finance, as well as on FCV issues. However, according to the interviews, the Bank’s prevailing internal incentive structures have not systematically encouraged project team leaders to support the GFF’s scaling agenda at the project and country level, and therefore much depends on the personal attitudes and inclinations of the Bank’s project teams and especially task team leaders whether and how they engage with the GFF. Key issues have been, inter alia: a reward structure that focuses on project delivery to the Bank’s Board, the short time horizons implicit in a one-off project approach, the lack of accountability for achieving long-term sustainable results at scale, Bank management’s lack of support for building partnerships in the past, and discontinuity of staff at country level. (Box 20)

Box 20. World Bank staff views on the Bank’s incentives for project teams

“In the relationship between the World Bank and the GFF, the quality and mindset of people is critical, esp. on the Bank’s side. For Bank teams the main incentive for working with the GFF is the fact that they will get ‘free’ budget support from GFF to do important preparation and implementation work for their projects, given that project preparation and supervision budgets are very constrained; and the fact that GFF facilitates partnerships with

government and with development partners, and adds grant funding which makes the WB project more attractive to governments. Things that get in the way are the short time horizon and discontinuity of Bank staff and the narrow focus on the project.” Interview with senior World Bank official.

“Some project team leaders are very supportive of engaging the GFF (e.g., in Indonesia and Rwanda), other less so. The promise of grant funding for the project and additional budget allocations for team leaders acts as an incentive since they are short of budget resources, but that doesn’t necessarily assure that the goals of the team leader are aligned with those of the GFF. For example, the Bank tends to focus only on M&E for the project, while the GFF aims to improve overall sector M&E practices for the government.” Interview with Senior World Bank technical specialist.

“Incentives are critical. For the project team leader, the extra money and technical policy support matters of GFF matter. But the transactions cost of effective coordination of development partners can be enormous and there is no reward to the project team leader for successful coordination, no promotion, no bonus, no performance review credit. Potential partner funder practices do not help: each funder needs tailor-made reports; they have no real interest to align unless their boards give very clear instructions. What’s needed for all funders is this: Signaling by management that it cares for more than a little project covering parts of a country, and that staff are rewarded for effectively supporting national system change.” Interview with World Bank senior technical expert.

These concerns should not come as a surprise, since the problems that the interviews highlight are of long-standing nature⁷⁴ and some of them were flagged in the GFF’s 2020 “Issues Paper”: “At the country level, in many cases the WB does not have the capacity nor the incentives to support the preparation and implementation of the country Investment Case; the priority for Bank staff is on designing and monitoring IDA/IBRD projects. This was evident in a few countries in the early years of the GFF, where World Bank IBRD/IDA projects even went to Board before the Investment Case process had been completed. There is also a tendency within the WB to view the GFF as just another funding stream, rather than as a catalytic global partnership whose additional resources come with the expectation of a shared accountability to deliver on the country’s investment case objectives. The different institutional incentives have also led to some confusion about the respective roles of WB team leaders and GFF Focal Points.”⁷⁵

Interviews with GFF funder representatives showed that there are also some concerns among GFF funders about the GFF’s ability to influence the World Bank’s engagement due to the disincentives that Bank staff face and that cannot be easily overcome by the incentives that the GFF offers. However, the three government representatives that were interviewed remarked on the close collaboration between GFF and the Bank. This difference in perspectives is worth further exploration with more extensive interviews of country representatives.⁷⁶

As noted above, the GFF Secretariat has taken various initiatives to strengthen its engagement with the World Bank, including the “Challenge Fund” that is being introduced in 2024 to incentivize the Bank’s country teams, along with the countries, with additional resources to engage effectively with the GFF. It is too early to tell whether this initiative will significantly affect the way Bank project team leaders engage with the GFF.

Looking ahead, the Secretariat should also review other ways to intensify its engagement with its World Bank counterparts. However, while there may be aspects of the engagement by GFF that could be strengthened for more effective deployment of its incentives for Bank staff, much will depend on the World Bank’s management of its own incentives for its operational staff. The focus on sustainable impact at scale and the search for new operational modalities by senior Bank management under the ongoing reforms

⁷⁴ As a former World Bank staff member and Regional Vice President (some 20 years ago) I can attest that my experience with the World Bank’s incentives for operational staff mirrors the concerns of today’s World Bank staff.

⁷⁵ GFF 2020a. https://www.globalfinancingfacility.org/sites/gff_new/files/documents/GFF-IG10-3-Issues-Paper.pdf

⁷⁶ This review did not explore the practical implications of the links that the GFF has established with the Bank’s technical units beyond the health sector. These are areas where the Bank’s technical capacity is potentially of great significance to the achievement of the GFF’s wider systems reform agenda.

exercise of institutional renewal⁷⁷ represent an excellent opportunity to strengthen the Bank's own incentives for transformative and sustainable impact at scale. Strong messaging by top management, including the President, and making the effective implementation of the GFF's scaling mandate a test or pilot case could serve as an instrument that would not only make the GFF more effective – and increase its attractiveness to its funders –, but could also help reform the World Bank's operational modalities more generally.

GFF engagement with country stakeholders: We have much less information about how effective the GFF incentives are in generating the types of action by governments and other health sector stakeholders. Overall, it appears that the GFF's grant cofinancing with the World Bank provides does incentivize governments to borrow more from the World Bank for health-related projects than might otherwise be the case, and the provision of TA (analytical work, advice and capacity building) strengthens a country's ability to design and implement the Investment Cases. Small grants to CSOs and support for CSO umbrella organizations have helped bring them more effectively into the Country Platform. However, interviewees – GFF and World Bank staff, country and funder representatives alike – recognized that ultimately, much depends on the country's political economy, including the government's readiness and capacity to tackle the health sectors challenges and to take on the leadership role in getting everyone to seriously engage in the Country Platform. Additional GFF financing incentives, such as the "Challenge Fund," more intensive support through the GFF's TA, more engagement with the private sector, and more forward-leaning engagement by the World Bank's country offices and project teams, could all help, but ultimately country conditions serve as constraints that limit the effectiveness of any outside engagement.

GFF engagement with international development partners: The GFF has no financial incentives to offer to international development partners (other than the World Bank) except the resources it brings, together with the World Bank, for potential cofinancing and pooled funding arrangements. Indirectly, it can and does influence other funders' engagement by encouraging and strengthening government leadership in developing and implementing the investment Case and the Country Platform, helping to develop realistic and prioritized health financing plans, sharing information transparently, and encouraging the World Bank to play its potential supportive convening role. The GFF needs to continue strengthening its role in these regards, but ultimately, the other development partners, including bilateral funders, big foundations, and especially the vertical funds (Global Fund and Gavi) – just like the World Bank – have to adapt their own operational modalities to focus more explicitly on transformational scaling, if they want to be supportive of the government's and the GFF's efforts to ensure that their activities are aligned in support of the government-led Investment Case and Country Platform. The successful cases for funder cooperation on the ground, including the case of recent cooperation in Afghanistan, reflects what is possible, if only all main partners focus their attention on the big prize – long-terms sustainable impact at scale.

5.e A summary overview of the GFF implementation from a scaling perspective and recommendations

In view of the complexity of the health sector ecosystem nationally and globally the progress that GFF has supported in many of its recipient countries is very encouraging. But the experience over the last 10 years also demonstrates the challenges which individual funders face that aim to support scaling, especially if they look to achieve transformational impact. To achieve such an impact requires difficult changes in the systemic enabling environment. This puts great demands on national capacities and require strong political leadership. It also requires the active and constructive engagement by the international partners who need to be ready to adapt their own traditional short-term, transactional project-based approaches, first

⁷⁷ World Bank (2023).

<https://www.devcommittee.org/content/dam/sites/devcommittee/doc/documents/2023/Final%20Updated%20Evolution%20Paper%20DC2023-0003.pdf>

and foremost among them – but by no means only – the World Bank. Specific recommendations for improvements in implementation include the following:

- The GFF should use the results of Investment Case evaluations and mid-term reviews to draw lessons for more effective Investment Case design and implementation, both for the country and for the GFF more generally.
- The GFF should continue the work of the Alignment Working Group with a view to develop specific rules of engagement by all stakeholders, and especially by the international development partners in the Country Platform. In this connection, the GFF would pay special attention to the incentives it offers to its counterparts in-country and to other development partners for aligning themselves effectively in support of the Investment Case;
- The World Bank and other development partners need to revisit their own managerial and staff incentives to ensure that they support the long-term scaling agenda in countries supported by the GFF, with clear leadership from each funder organization’s top management.
- The GFF should carefully prioritize its own activities in view of its limited administrative and staff resource and avoid getting overstretched in responding to a multiplicity of potential agenda items. Among the top priorities should be the following items:
 - Further develop and intensify the GFF’s support for countries to engage the private sector in seeking to develop and implement the Investment Case;
 - Further strengthen the GFF’s in-country presence with stronger engagement by the World Bank’s office and an upgraded status of Liaison Officers; and
 - Engaging with the GFF funders to further refine the GFF results metrics so that funders find them in making the GFF’s case to their own constituencies.

6. Lessons for Funders and for the Scaling Community of Practice

The GFF represents a unique experiment in supporting the pursuit of sustainable impact at scale in the GFF recipient countries. There is no other similar organization in the global health finance architecture focused so unequivocally on transformative scaling. And there is widespread agreement that the current global and national health systems face huge challenges and desperately need the support of an organization like the GFF. The experience of the GFF carries important lessons for the funder community at large. The principal lessons are summarized below.

1. There is a clear need for an intermediary institution to support systematic scaling.

One of the key findings of the recent scaling literature is that intermediary institutions are needed for effective scaling. The experience of the GFF in the health sector confirms this conclusion. The complexity, fragmentation and lack of alignment of the many actors in the sector around a common long-term vision and pathway to sustainable impact at scale underpin the need for an intermediary organization such as the GFF. Since for many other sectors (agriculture and food security, education, social protection, infrastructure, etc.) and thematic areas (especially climate change) similarly conditions prevail, the lessons from the GFF are of direct relevance.

2. It is possible to design and operate an intermediary at the global level in support of scaling at a country level.

As the analysis in Section 3 above showed, the it is possible to set up and operate a well-designed intermediary organization that supports scaling in a particular sector. The design of GFF allows replication in other sectors and thematic areas.

3. The GFF embodies important design elements that need to be preserved and could be replicated for other sectors and thematic areas.

These design elements include the following

- A long-term perspective and scale goals in regard to the GFF's engagement in partner countries and in regard to the GFF as an intermediary organization; in other words, as sustained commitment to support transformation scaling in the health sector;
- A country driven approach that stresses inclusiveness and empowerment of major stakeholders in partner countries;
- An explicit and systematic focus on supporting system strengthening in regard to policies and institutions, with a special focus on establishing effective long-term sector financing conditions;
- A clear link between support for system change and investment project finance, represented in the case of GFF by its mandate to co-finance World Bank projects;
- Integration of support for innovation with impact at scale along with the support for investment projects which offers an opportunity to bridge the long-standing gap between innovation finance and finance in support of scaling;
- Development of a comprehensive system of institutional processes, platforms and incentives that supports national and international stakeholders and actors in the sector to align at country level around a common, inclusively determined set of long-term objectives and a scaling pathway to achieve these objectives;
- A comprehensive monitoring and evaluation approach that allows the tracking of progress towards national and global long-term sector goals combined with a data development, learning, training and networking mandate;
- An inclusive governance structure for the GFF that has brought together representatives at a global level from the key stakeholder groups and allows for continuous learning and accountability of the GFF in real time;
- Financial support and constructive guidance from the GFF funder community.

4. The GFF developed a set of key instruments at country level to support the delivery of the key design elements just listed:

- The Investment Case, which lays out a strategy and implementation modalities to achieve the long-term sector goals;
- The Country Platform, which brings together the main national and international stakeholders and partners for inclusive and aligned design and imp– local/external partnerships;
- A comprehensive set of analytical tools to gather information on sector finance (spending and financing), to analyze and promote spending priorities, and to help align all sources of finance (including external finance) with the needs of the Investment Case; and
- Comprehensive results monitoring and management tools that track and assess not only the impact of GFF action in terms of health outcomes, but also the progress made in regard to key aspects of system change (policies, institutional capacity, etc.)

5. There is also an important set of instruments at the organizational level of the GFF that have critically contributed to its focus on sustainable impact at scale:

- Sustained effective commitment by the GFF leadership to the scaling mandate;
- Cofinancing and close collaboration with – and support from the World Bank in the partner countries and at headquarters;

- The establishment of the Alignment Working Group bringing together representatives of GFF funder organizations and country partners to monitor, assess and advise on the alignment process at country level;
- Monitoring of aggregate impact of GFF operations and of progress against organization goals and targets;
- A systematic approach to replenishing GFF funding, including the development of highly visible and high-level replenishment events.

6. Implementation of the intermediary function is a challenge and needs continued attention and adaptation.

This lesson should not come as a surprise considering the complexities of the problems that the GFF is mandated to address. The challenges include the following:

- Engaging in a continuing process of learning and adaptation in (i) developing local presence and localization, including the strengthening local intermediary capacity; (ii) not getting stretched to thinly, but keeping a clear focus on key priorities; (iv) building bridges for private engagement; Engaging with/bridging to the private sector a challenge; and (v) in handing off to national government or private sector funders and implementers at end of program engagement
- Ensuring alignment of all key national stakeholders and external partners; this requires (i) the deployment by the of incentives that are strong enough to overcome the incentives among national and international actors that militate against alignment; and (ii) over time a more systematic focus on transformative scaling by all national partners which will help change internal incentives and thus facilitate their alignment with the national sector objectives.

7. Continued and stepped-up funder support for the GFF and similar intermediary organizations is critical.

Funders of the GFF recognize that the GFF design is strong and deserves support. But they also show some skepticism about the results of the GFF's activities and about aspects of its implementation as the consider continued and potentially increased support for SOFF, which is critical for the long-term success of the GFF and its scaling approach. Funders may wish to consider the following factors:

- The GFF Secretariat is clearly focused on the implementation challenges and engaged in a continuous learning and adaptation process.
- It is understandable that, at a time when national budgets in funder countries are sorely stretched, ministers, parliaments and tax payers demand unequivocal demonstration of GFF value added. However, GFF funders should bear in mind the severity of the challenges in the health sector architecture nationally and internationally that GFF has to grapple with, accept that it is difficult to measure and attribute improvements in health systems and their outcomes, and remember that systemic changes take time, patience and continued adaptation.
- The fact that in some countries implementation of the GFF model seems to be stuck at any given time should not come as a surprise. Funders' own bilateral programs get stuck intermittently for reasons beyond their control.
- Funders' own bilateral organizations on the ground along with other multilateral finance facilities contribute to the challenges of the health finance architecture and the resulting implementation difficulties that the GFF faces on the ground. More systematic and effective focus by all external funders on transformative scaling with go a long way towards facilitating the work of the GFF in support of the successful implementation of national health strategies.
- Finally, the GFF model of country engagement is based on the principle of providing incentives to key actors to change their modus operandi. This however requires that the incentives are not only correctly designed and administered, but also that they are adequate in their size so that they

outweigh countervailing incentives on the ground. This in turn requires that the GFF is adequately resourced with funder contributions.

For these reasons, GFF funders would be well-advised to continue supporting the GFF financially so it can continue to deliver on its promise to support the achievement of sustainable health impact at scale for the women and children of the eligible GFF recipient countries. At the same time, they should look to applying the lessons from the GFF experience as a possible way to organize their support in other sectors and thematic areas in the pursuit of sustainable impact at scale in addressing global development and climate challenges.

Annex

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References are grouped in two categories: “General” and “GFF Documents”. The former are in alphabetical order by author(s), the latter by year (with “no date” listed last). URLs are provided where available and were last accessed in June 2024.

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