

## CONCEPT NOTE: Global Financing Facility (GFF) Strategy (2026-2030)

June 2025

### OVERVIEW AND PURPOSE

**This concept note proposes a directional framework to guide development of the next GFF five-year strategy for 2026–2030.** With guidance from the GFF Strategy Steering Group (SSG), this note proposes a set of indicative goals, objectives and priorities to be further developed in the full strategy. The proposed directions in this note have been informed by a wide range of inputs, including consultations with country and global stakeholders; the recent [GFF independent evaluation](#); [stocktaking](#) of the current strategy and other recent [papers](#) prepared for the GFF governing bodies; and a set of strategic diagnostics around the latest global mortality and morbidity burdens for women, children and adolescents, including the shifts now underway in the political and financial landscape for global health.<sup>1</sup>

**With feedback from the GFF Investors Group (IG) and Trust Fund Committee (TFC) and ongoing consultations, this note will serve as the basis for producing a full draft strategy paper by September 2025.** Following a second round of consultations on the draft paper, the strategy will then be finalized for IG and TFC endorsement at their 21st meetings in November 2025, with implementation to commence in January 2026.

**As the global health and development finance landscape is expected to undergo a major realignment over the course of the strategy period, the new GFF strategy is also intended to be a living document that guides the partnership's contributions to building a more resilient, country-led, future global health architecture.** The GFF will actively engage with partners and stakeholders in applying lessons learned from the GFF's country-led, country-owned model and help pave the way toward a smarter, leaner global health architecture that truly puts countries in the driver's seat, in line with the [Lusaka Agenda](#) principles, and with women, children and adolescents at the center.

### ACTION REQUESTED

The GFF Secretariat is requesting feedback on the strategy concept note from IG and TFC members on the following overarching questions:

- Do the proposed vision, mission, goals, objectives and priority areas outlined in this concept note reflect the right level of ambition and focus for the next GFF strategy, given the evolving landscape?
- Are there specific changes or areas of elaboration you would like to see reflected in the full strategy regarding the context, goals, objectives, or priority areas?

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<sup>1</sup> An interim report on consultation feedback and the strategic diagnostics have been shared with Investors Group and Trust Fund Committee members as pre-reads for the 20<sup>th</sup> IG and TFC meetings on June 4-5, 2025.

- Are there any priority areas missing from the concept note that you would like to see elevated in the strategy, and if so, where would you propose to deprioritize?

## STRATEGY CONTEXT

**Ten years since its launch in 2015 at the Financing for Development Conference in Addis Ababa, the GFF's country-led, catalytic model has demonstrated impressive [results](#).** The GFF's unique value-add in the global health architecture is its ability to leverage and influence World Bank Group (WBG) financing for women's, children's, and adolescent health and nutrition. Since 2015, GFF has mobilized US\$2.6 billion in grant funding, including US\$1.4 billion for grants that have been linked to more than US\$11 billion in IDA/IBRD financing. Every US\$1 of donor support to the GFF has been linked to US\$7 from the International Development Association (IDA), the WBG's fund for the poorest countries. IDA financing allocated to health and nutrition for women, children, and adolescents has *increased on average by nearly 40 percent* in GFF-supported countries as compared to a *decrease of 21 percent* for non-GFF-supported countries over a similar period. Since joining the partnership, all 36 GFF-supported countries have reduced their maternal mortality and adolescent birth rates, and nearly all (97 percent) have reduced their mortality rates for children under the age of five. Nearly 80 percent of GFF countries achieved reduced levels of childhood stunting, and hundreds of millions of women, children, and adolescents have received lifesaving health and nutrition services with GFF support.

**The global context for the GFF has evolved significantly since 2015 and since the [current five-year strategy](#) was approved in 2020. Major challenges<sup>2</sup> facing GFF-eligible countries include:**

- **Women and children's health goals are off-track:** The latest United Nations (UN) estimates for [maternal](#) and [child](#) mortality show slowing progress and persistent global inequities. Mortality burdens are also shifting: Today, as many women in Sub-Saharan Africa die from [cervical cancer](#)-related causes as from maternal mortality.
- **Backsliding on gender and sexual and reproductive health and rights (SRHR):** UN Women reports that in 2024, one-quarter of countries worldwide saw a [backlash on women's rights](#) and a rise in gender-based violence. The rise of far-right governments and movements is [threatening SRHR](#) and gender equity goals.
- **Sharp ODA budget cuts, lower domestic spending, and rising debt:** [Development assistance for women's, children's, and adolescent health is projected to decrease by nearly 40 percent by 2028.](#)<sup>3</sup> Government health spending in more than two-thirds of low- and lower-middle-income countries has [stagnated or declined](#) in real terms, and the number of countries experiencing debt distress has [risen](#) sharply.
- **Fragility and conflict are increasing:** Over the past five years, global conflicts have doubled and fragility remains at a near-record-high level. Fifteen out of the 36 current GFF-supported partner countries are currently classified as fragile, conflict-affected, or violent (FCV) states.

<sup>2</sup> Note: Landscape analysis provided under separate cover provides an in-depth review of the political and financial context. GFF burden analysis forthcoming.

<sup>3</sup> These estimates are extrapolated based on overall ODA projection and expected prioritization of global health and RMNCAH-N within development funding. ODA projections are based on OECD, IMF, and government sources.

**Given these dynamics, in the next strategy the GFF has an imperative and an opportunity to help partner countries respond to these challenges and supercharge progress to reduce preventable mortality and morbidity for women, children, and adolescents, as well as to reduce their donor dependency.** The recent GFF independent evaluation reaffirmed the unique value-add of the GFF country-led model and concluded that the GFF should be adequately resourced to continue to deliver on its core mandate to end preventable maternal and child deaths. Country demand for the GFF’s catalytic financing and technical support remains very strong, particularly considering the sharply reduced external financing environment. Partner governments are asking for the GFF to double down on supporting them to crowd in and align external resources to strengthen primary health care (PHC) systems that deliver for women, children and adolescents. At the same time, many donors and other global stakeholders are asking the GFF to focus its catalytic investments on a clearly defined set of highest impact interventions.

**Taken together, the findings of the evaluation, strategic diagnostics, and consultations to date point to the need for the GFF to prioritize the following areas in the next five-year strategy:**

- **Crowd in additional resources for women’s, children’s, and adolescent health and nutrition services** from IDA, other development banks, domestic financing, and official development assistance (ODA) and non-ODA resources that are increasingly aligned with country priorities.
- **Focus on areas of greatest comparative advantage and the most critical interventions** to improve health and nutrition outcomes for women, children and adolescents, including continued strong support for guaranteeing access to family planning and other sexual and reproductive health (SRH) services.
- **Speed up progress in the countries, interventions, and commodities with the potential for greatest impact** toward ending preventable maternal and child deaths.
- **Bolster country resilience and self-reliance to provide scaled and sustained coverage** of essential health services for women, children, and adolescents on the path to universal health coverage (UHC).
- **Clearly define the comparative advantages of the GFF vis-à-vis the WBG and other global health initiatives (GHIs).**

**VISION, MISSION, AND GOALS** Given this context, the GFF proposes a framework for the 2030 strategy structured around the following vision, mission, and goals:

### **GFF Vision**

**No women, children, or adolescents die of preventable causes**

### **Mission 2030**

**Enable at least XXX million<sup>4</sup> women, children and adolescents in countries with the highest global burdens of maternal and child mortality to access quality, affordable health and nutrition services by 2030.**

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<sup>4</sup> This target will be defined in the strategy based on further analysis of the GFF’s expected contribution toward the WBG’s goal to reach 1.5 billion people with quality, affordable health services by 2030.

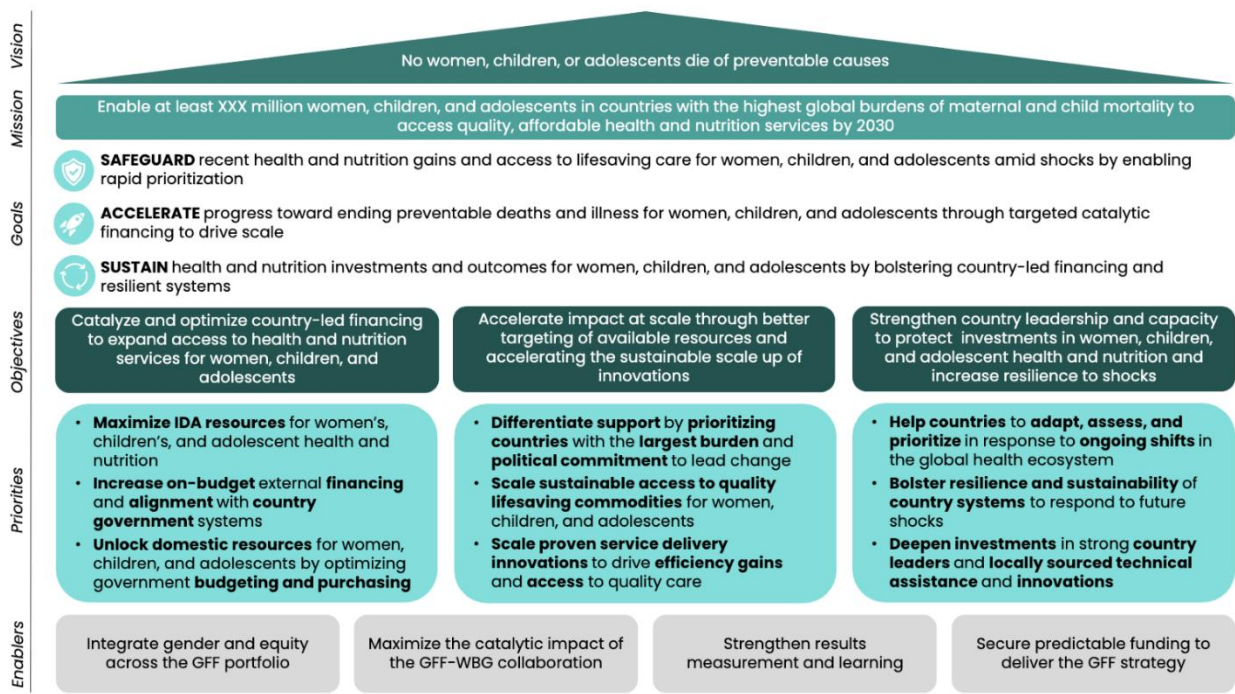
# Goals

In support of this vision and mission, the GFF proposes three overarching goals for the next strategy around the themes of SAFEGUARD, ACCELERATE, and SUSTAIN:

- **Goal 1: SAFEGUARD** recent health and nutrition gains and access to lifesaving care for women, children and adolescents amid shocks by enabling rapid prioritization.
- **Goal 2: ACCELERATE** progress toward ending preventable deaths and illness for women, children and adolescents through targeted catalytic financing to drive scale.
- **Goal 3: SUSTAIN** health and nutrition investments and outcomes for women, children and adolescents by bolstering country-led financing and resilient systems.

Figure 1 provides a visual overview of the proposed strategy framework.

Figure 1. Proposed Framework At-A-Glance for GFF Strategy 2026–2030



## STRATEGIC OBJECTIVES AND PRIORITIES

### **Proposed Strategic Objective 1: Catalyze and optimize country-led financing to expand access to health and nutrition services for women, children and adolescents.**

The WBG's flagship commitment to [reach 1.5 billion people](#) by 2030 with expanded access to health services and the IDA21 policy commitment to expand access to SRH present a major opportunity for the GFF to expand and deepen its impact over the next five years. As the WBG steps up its efforts to help countries strengthen their health systems and accelerate progress toward universal primary health care (PHC) and UHC, the GFF has a critical role to play—as health and nutrition services for women and children are at the core of PHC strengthening and a key driver for realizing UHC. The GFF proposes to **fully leverage its position within the WBG** to help countries increase IDA, mobilize more domestic resources, free up resources through **more effective prioritization and more efficient budget execution**, and **align external financing** to country priorities for health and nutrition services targeting women, children and adolescents. **Priorities to include the following:**

- **Maximize IDA resources for women's, children's, and adolescent health and nutrition.** The momentum from a strong IDA21 replenishment and the 1.5 billion commitment enables the GFF to double down on its partnership with the WBG, using its catalytic grants and technical assistance to incentivize prioritization of IDA allocations for health and domestic budgeting of services targeting women, children and adolescents. The GFF will work with the WBG to create a strong pipeline of health sector projects that will crowd in more resources in support of the Bank's 1.5 billion goal and the SRH target. Specifically, this effort will include expanded use of financial instruments such as disbursement-linked indicators (DLIs), legal reforms linked to budgetary support, and other leverage tools. In the highest impact countries, the GFF will also pursue opportunities to embed health and nutrition services for women, children and adolescents in IDA-financed projects in adjacent sectors such as education, social protection and governance.
- **Increase on-budget external financing and alignment with country government systems.** Ministers of health in GFF partner countries stressed the high value they place on the GFF's role in convening, facilitating, and helping align external financing around government systems and budgets. They view this as a core value-add of the GFF, working in collaboration with other major bilateral and multilateral financiers such as Gavi, regional development banks, and the Global Fund, to strengthen country leadership and oversight and reduce fragmentation. Among the mechanisms the GFF can further leverage to crowd in more resources are the existing in-country pooled mechanisms and the recently established Joint Financing Framework (JFF). While the GFF has traditionally focused its work around the development of country investment cases (ICs) or "one plan," going forward, a strategic shift for the GFF will be to focus increasingly on driving partner alignment around annual budgeting processes.
- **Unlock additional domestic resources for women's, children's, and adolescent health and nutrition by increasing budget efficiency and driving smarter government purchasing.** With limited fiscal space and decreasing external flows, it is even more imperative that countries find savings from their existing budgets. With its comparative advantage among GHIs due to its position in the WBG and access to ministries of finance (MOFs), the GFF will continue to **help ministries of health identify budget efficiencies, improve budget execution, and in turn advocate more effectively to their finance ministry counterparts** for higher budget allocations for health. In close collaboration with the WBG, the GFF will

also build on its existing private sector engagement portfolio and relationship with the International Finance Corporation (IFC) to develop public-private partnerships (PPPs) that help partner countries **attract more private sector participation in medicine and commodities supply chains and strengthen strategic purchasing of commodities** for women's, children's, and adolescent health and nutrition to bring down supply unit costs and enable affordable expansion of coverage and service delivery. Building country-owned health information systems and digitalizing health records are other areas where country demand for support is high and where private sector partnerships can play an important role. The GFF will work with Laerdal Global Health and the World Economic Forum in the next month to **convene private sector leaders** in women's, children's, and adolescent health and nutrition to further articulate the GFF's comparative advantage in engaging the private sector in the full strategy.

#### Discussion questions:

- Do you agree with focusing the GFF's work on health financing toward unlocking more and better utilized funds for women's, children's, and adolescent health and nutrition?
- How much emphasis should the GFF place on facilitating the alignment of other external financing at country-level in a resource-constrained environment?
- Are there other opportunities the GFF should explore with the World Bank to improve domestic resource mobilization, budget efficiency and private sector engagement?

#### **Proposed Strategic Objective 2: Accelerate impact at scale through better targeting of available resources and accelerating the sustainable scale up of innovations**

**The GFF's core country footprint has not changed since 2019, yet country mortality and morbidity burdens have shifted over time.** Some currently supported GFF partner countries have been very successful in reducing critical coverage gaps and reducing mortality rates, while more than two dozen eligible countries with high maternal and child mortality burdens have not been able to access GFF support due to limited resources. GFF results to date show that considerable progress is possible on reducing preventable maternal and child deaths. However, bending the curve further and faster will require **more rigorous prioritization** of the countries and communities most in need and **ramping up access to lifesaving commodities and service delivery innovations at scale** to unlock the major barriers to progress. Accelerating impact at scale will also require directing more GFF financing and technical support toward the **most promising and cost-efficient solutions**. **Priorities are as follows:**

- **Differentiate support to countries with priority on those with the largest burdens and political commitment to lead change.** Since its inception, the GFF has applied the same basic package of support for each of its partner countries, with eligibility for up to three rounds of grant financing each. The GFF proposes to **revise its list of eligible countries**<sup>5</sup> based on new mortality and morbidity data (including maternal mortality, under-five mortality, total fertility, child stunting, and cervical cancer rates) and considering other relevant factors (such as high child marriage rates), fragility, and country commitments. Using these most recent data, the overall universe of GFF-eligible countries during the

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<sup>5</sup> Based on forthcoming burden analysis conducted by the GFF Secretariat.



new strategy period is expected to shrink. In a major shift, the GFF proposes to **adopt a more targeted model based on three categories of eligible countries**. A first category of countries would be eligible for a “core plus” package of enhanced technical assistance and financial support toward countries with the highest burdens<sup>6</sup> of maternal and child mortality and to FCV countries. Highest priority will be placed on “highest impact” countries that contribute the most to the global mortality burden, including those with the most complex or stubborn challenges. A second category of countries would be targeted to a narrower set of financing and technical assistance (TA) needs to address specific obstacles or enablers, while a third category of countries may receive only very focused TA. This differentiated approach will enable the GFF to provide support to more countries than it is currently and with greater efficiency, while also preserving some flexibility to respond to emerging country needs or opportunities.

- **Scale sustainable access to quality lifesaving commodities for women, children and adolescents.** One of the most important constraints to accelerating progress is the availability of quality, essential commodities and supplies for women’s, children’s, and adolescent health and nutrition. In the absence of adequate government financing, commodities are also the main source of out-of-pocket expenditures, which are key drivers of inequality and poverty. While recent innovations in commodities hold promise to simplify health service delivery and reduce health care costs, many of these innovations have not been scaled into PHC programs. The GFF is well-placed to **incentivize and support governments to integrate delivery of essential health and nutrition commodities into national health systems** and ensure they are sustainably financed through national budgets. The GFF will draw on its technical expertise in women’s, children’s, and adolescent health, its links to WBG expertise in public administration and health system strengthening, its ability to transfer funds to the IFC, and partnerships with the United Nations Population Fund (UNFPA), United Nations Children’s Fund (UNICEF), and other partners. The GFF will also work with interested funders and stakeholders to define and **establish a special “acceleration window”** that can augment core GFF financing to enable provision of grants and TA targeting the sustainable financing of core commodities and strengthening of supply chain systems.
- **Scale proven service delivery innovations to drive efficiency gains and access to quality care.** Slower than anticipated progress in reducing maternal and child mortality calls for more ambitious approaches. An intermediary financier such as the GFF can help curate available innovations, translate pilots into large-scale programs, and de-risk the scale-up phase, including support for implementation research and evaluation. Highly successful initiatives such as the [Saving Births Bundle of Care \(SBBC\) project](#) in Tanzania—which achieved a 75 percent reduction in maternal deaths and 40 percent decline in early newborn deaths—offer other countries a proven model to help them “crash” preventable maternal and child mortality. The GFF will support countries to **adapt the lessons from innovations such as SBBC** and others for their own country contexts, scale them up through IDA-financed projects, and ensure that costs are built into the country budget from the start. The GFF also proposes to work with interested funders to **develop innovation scale-up windows that target high-priority, high-impact challenges**, such as maternal and newborn mortality, cervical cancer prevention and treatment, SRHR, and service delivery enabled by artificial intelligence (AI). However, it may be essential to set a cap for these targeted funds to ensure they do not come at the expense of core GFF funding.

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<sup>6</sup> Countries with highest rates and with highest total numbers.

#### Discussion questions:

- To what extent should the GFF differentiate between the support it offers to the “highest impact” countries versus others?
- To what extent does the idea of creating dedicated windows to scale commodities and service delivery innovations resonate, or should the GFF focus on crowding in more resources for the core trust fund?
- Are there other ways that the GFF can incentivize acceleration to scale in more countries?

#### **Proposed Strategic Objective 3: Strengthen country leadership and capacity to protect investments in women’s, children’s, and adolescent health and nutrition and to increase resilience to shocks**

**Crises and resource scarcity demand maximizing efficiency.** Applying lessons from the COVID-19 pandemic, the GFF proposes to help countries adapt to a rapidly changing development assistance landscape and build their capacity to protect investments in essential health and nutrition services for women, children and adolescents while building more resilient and sustainable delivery systems. **Protecting access to SRHR will be a priority focus area** in the face of growing restrictions worldwide. By helping countries strengthen their adaptation and resilience capabilities, the GFF can also help countries be better prepared to address climate emergencies and other future shocks. **Priorities to include the following:**

- **Help countries in the short-term to adapt, assess and prioritize in response to the ongoing shifts in the global health ecosystem.** The current GFF strategy was developed at the height of the COVID-19 emergency, and now the new strategy is being developed amid another systemic crisis in global health. Over the next 12 to 18 months, the GFF will collaborate with partner countries to **rapidly assess the impact of the aid crisis** on their programs and populations and help them **identify budget trade-offs and efficiencies** that will enable them to **maintain and sustain cost-effective delivery** of essential health services for the most vulnerable populations. Protecting access to family planning services and SRHR will be a specific focus. The GFF will deploy a light version of the **rapid resource mapping and expenditure tracking (RMET)**, frequent assessments and system tools for resilience (FASTR), lessons from the [service delivery redesign](#) approach as well as other real-time prioritization tools to identify trade-offs and drive rapid decision making.
- **Bolster resilience and sustainability of country systems to respond to future shocks.** The GFF will orient its TA to countries on areas critical to accelerating and promoting sustainability, including for example putting stronger emphasis on project implementation support to strengthen delivery of quality, gender-responsive health services in response to adverse weather events. The GFF will **systematically use a fragility filter** to ensure its support to fragile states and regions is well-adapted to their needs and contributes to increasing resilience. In close collaboration with the WBG, the GFF will also strengthen its support to help countries **integrate climate shock considerations** into planning and **accelerate digitalization** of their health records, build **country-owned health information systems**, and institutionalize the **systematic use of rapid analytics, data, and AI tools to improve their adaptive capacity** for data-driven and prioritized action, budget execution, and service delivery and reduce reliance on international experts.



- **Deepen investments in strong country leaders and locally sourced technical assistance and innovations.** The GFF plans to continue and strengthen its two flagship leadership platforms, the **Ministerial Network**, and the female leadership program (**FEMNET**). To increase ownership and long-term sustainability, the GFF will aim to source more TA in-country and/or regionally—which will be managed by relevant government directorates—while also strengthening their capacity to forge **partnerships with local experts and organizations** in areas that fall outside the government's core competencies. As previously agreed with the IG and TFC, the GFF also will invest in capacity building and **engagement of local civil society and youth organizations** in partner countries to harness community-driven perspectives and ideas to strengthen the design and impact of IDA projects.

#### Discussion questions:

- Are there other ways the GFF should partner with countries to bolster resilience, reduce donor dependency, and promote self-reliance?
- Given the rising threats to rollback SRHR, how much spotlight should the GFF place in the strategy on protecting and promoting SRHR?
- Do you have other suggestions for how the GFF should best focus its support to strengthen country leadership and capacity building?

## STRATEGIC ENABLERS

The GFF also proposes that the strategy highlight four cross-cutting strategic priorities—or “enablers”—that are essential to the GFF’s ability to deliver on all three primary objectives:

- **Integrate gender and equity across the GFF portfolio.** Gender equity and SRHR are and will remain central to the GFF. The GFF proposes to accelerate the shift from addressing gender as a discrete workstream and pillar (as it is in the current strategy) to fully integrating gender across the GFF’s portfolio and levers for driving system-level changes, including through service delivery, health financing, data analytics, and knowledge sharing.
- **Maximize the catalytic impact of GFF–WBG collaboration.** The GFF is a primary partner for the WBG to deliver on its 2030 goal to reach 1.5 billion people with quality, affordable health services and its IDA21 commitment on SRH. As the WBG steps up its support to countries on broader health financing and health systems strengthening (HSS) reforms to achieve UHC, the GFF will narrow its focus on its comparative advantage to ensure that these reforms lead to better health and nutrition outcomes for women, children and adolescents. Over the next five years, GFF will deepen its integration with the WBG and embed more of its catalytic work in Bank programs.
- **Strengthen results measurement and learning.** A robust set of strategy key performance indicators (KPIs) will be developed to monitor results, aligned with countries’ own reporting systems. The GFF will strengthen country capacity to manage health system performance and improve data use for decision making. The GFF will also focus on **accelerating South-South knowledge exchange** among countries and between national and subnational entities to facilitate more rapid adoption and scaling of effective solutions. Key learning tools will include a comparative analysis of GFF partnership country data to

identify outliers in performance and underlying causes, along with a forthcoming framework to guide systems strengthening for achieving outcomes for women's, children's, and adolescent health and nutrition.

- **Secure predictable funding to deliver on the GFF strategy.** Achieving the strategy's goals and objectives will be contingent on securing adequate and predictable financing to implement the strategy over the next five years, which in turn will require strategic investments in resource mobilization, partnerships, stakeholder engagement and communications.

#### **Discussion questions:**

- Do you agree with the proposed approach to mainstream gender and equity across the GFF portfolio, or should this continue to be featured as a discrete pillar, as is the case in the current strategy?
- Does the note sufficiently define the comparative advantage and complementarity of the GFF vis-à-vis the WBG, and what further delineations would be helpful to include in the strategy?

## **CONCLUSION**

**This proposed framework represents a strategic evolution of the GFF's current portfolio, in response to a changing environment and lessons learned, to significantly expand the number of women, children and adolescents with access to quality, affordable health and nutrition services by 2030—toward the vision to end preventable deaths of women, children and adolescents.** The proposed strategic objectives and priorities reflect areas where there is strong country demand for GFF support; where the GFF is seen as having a comparative advantage vis-à-vis the WBG and other global health partners; and where further sharpening and targeting of the GFF's work can maximize country impact. The suggested priorities under proposed objective 1 to maximize and optimize country-led financing reflect a greater ambition to crowd in even larger amounts of IDA and other sources of financing and an intensified approach to help partner countries align more external financing. The priorities proposed under objective 2 to differentiate the core GFF financing model and scale up access to commodities and service innovations represent a significant shift in the way the GFF currently operates. The priorities proposed under objective 3 to strengthen country leadership and increase country resilience reflect the demand both to respond to the current challenges and also to help countries expedite their transitions to greater self-reliance, with a deliberate focus on addressing fragility. The priority cross-cutting drivers for the GFF to achieve these objectives will include protecting and promoting gender equity and access to SRH services and commodities; deepening the GFF partnership and integration with the WBG; strengthening measurement of results and impact; and ensuring sufficient, predictable resources for implementation over the five-year strategy period. **These and other priority issues that may emerge during the ongoing consultations will be further developed in the full draft strategy.**