



GLOBAL  
FINANCING  
FACILITY



SUPPORTED BY

WORLD BANK GROUP

# Marking 10 Years of Meaningful Progress

ANNUAL REPORT 2024-2025





© 2026 International Bank for Reconstruction and Development / The World Bank  
1818 H Street NW  
Washington DC 20433  
Telephone: 202-473-1000  
Internet: [www.worldbank.org](http://www.worldbank.org)

This work is a product of the staff of The World Bank with external contributions. The findings, interpretations, and conclusions expressed in this work do not necessarily reflect the views of The World Bank, its Board of Executive Directors, or the governments they represent.

The World Bank does not guarantee the accuracy, completeness or currency of the data included in this work and does not assume responsibility for any errors, omissions or discrepancies in the information, or liability with respect to the use of or failure to use the information, methods, processes or conclusions set forth. The boundaries, colors, denominations, links/footnotes and other information shown in this work do not imply any judgment on the part of The World Bank concerning the legal status of any territory or the endorsement or acceptance of such boundaries. The citation of works authored by others does not mean the World Bank endorses the views expressed by those authors or the content of their works.

Nothing herein shall constitute or be construed or considered to be a limitation upon or waiver of the privileges and immunities of The World Bank, all of which are specifically reserved.

#### RIGHTS AND PERMISSIONS

The material in this work is subject to copyright. Because The World Bank encourages dissemination of its knowledge, this work may be reproduced, in whole or in part, for noncommercial purposes as long as full attribution to this work is given.

Any queries on rights and licenses, including subsidiary rights, should be addressed to World Bank Publications, The World Bank Group, 1818 H Street NW, Washington, DC 20433, USA; fax: 202-522-2625; e-mail: [pubrights@worldbank.org](mailto:pubrights@worldbank.org).

Cover photo: © Mariano Silva/World Bank  
Design: Triboro

# Contents

GFF ANNUAL REPORT  
2024–2025

---

<b>FOREWORD</b>	<b>3</b>
-----------------	----------

---

<b>OVERVIEW</b>	
A Decade of Impact: A Milestone Moment	4
Results at a Glance	5
Nutrition: Progress and Persistent Challenges	8
Resilience in Crisis Settings	9
Investing in Women’s and Adolescent Health: Building Human Capital and Opportunity	11
Transforming Financing: More and Smarter Investment	12
Deep Dive: Senegal	16
Transforming Health Systems: The GFF Strategy 2026–2030	18

---

<b>PROGRESS AND RESULTS</b>	
Overview of Strategic Directions: Delivering on the GFF Strategy 2021–2025	20
<b>Strategic Direction 1</b>	21
Bolster Country Leadership and Partner Alignment	
<b>Strategic Direction 2</b>	23
Advance Equity, Voice and Gender Equality	
<b>Strategic Direction 3</b>	25
Protect and Promote High Quality Essential Health Services by Reimagining Service Delivery	
<b>Strategic Direction 4</b>	26
Build More Resilient, Equitable and Sustainable Health Financing Systems	
<b>Strategic Direction 5</b>	28
Sustain a Relentless Effort on Results	

---

<b>GFF FINANCIALS</b>	<b>31</b>
Contributions, Commitments and Disbursements	

---

<b>APPENDICES</b>	<b>36</b>
-------------------	-----------

# FOREWORD

**T**HE GLOBAL FINANCING FACILITY was created to help accelerate progress on one of the most persistent and consequential challenges in global health. It emerged from an urgent, collective recognition that the health of women, children, and adolescents despite representing the foundation of every country's future remained chronically underfunded and underserved. What was missing was not just more money—it was focus, better use of the resources already available, and above all, ownership. When we launched in Addis Ababa 10 years ago, it was the culmination of that collective resolve: a shared commitment that countries must lead, financing must align, and results must follow. This annual report marks a decade in the making—and a testament to that promise becoming reality.

For me, it is also something more personal. I was part of the team establishing the GFF—present in those early debates about what a country-led model focused on this agenda could look like. For years we were challenging orthodoxies and there was certainly skepticism about whether a different approach could hold together in practice. To now serve as its director is a privilege I do not take lightly. It means I carry both the history of the ambition and the responsibility of seeing it through in a moment that demands more of us than ever.

The evidence belongs to the countries that built it. As of 2025 reporting, all 36 GFF partner countries had reduced maternal and child mortality—at more



than twice the global average annual rate of reduction for maternal mortality, and 25 percent faster for under-five mortality. These numbers represent choices made by governments, sacrifices made by health workers, and trust placed by families in a system that too often had let them down.

Across GFF partner countries, there are women like Ndeye—a midwife in Senegal who became her village’s first skilled birth attendant in 2021, working by flashlight in a facility without electricity. Today, that same health post operates around the clock, able to reach women whenever they need care. Senegal has reduced maternal mortality by 35 percent between 2017 and 2023, emerging as a regional leader. It happens when determination meets a system that has been built to match it.

Tanzania’s Safer Births Bundle of Care tells a similar story. After demonstrating significant reductions in maternal and neonatal mortality through coordinated interventions during labor and delivery, the model is now being scaled to other GFF partner countries. Progress, when it is rooted in evidence and country ownership, travels.

The road ahead is less certain. Development assistance for health is projected to decline by 20 percent even as needs intensify. Climate shocks, conflict and debt burdens strain health systems, and nearly 42 percent of GFF partner countries already operate in contexts of fragility, conflict or violence.

But these challenges clarify the opportunity. The World Bank Group has committed to delivering quality, affordable health services to 1.5 billion people by 2030—one of the most ambitious health targets the institution has ever set. The GFF is central to making that commitment real for the women, children and adolescents who are hardest to reach. The GFF’s new TRANSFORM 2030 strategy, unanimously endorsed by our governing bodies in November 2025, was designed precisely with this in mind.

None of this is something any one institution or team can claim credit. The GFF works because governments lead, because health workers show up, and because partners are willing to put a shared plan above their own preferences. Our role is to support that, and to keep learning from it.

Health is the foundation for everything else: education, economic growth, jobs, stability, prosperity. That truth has not changed in ten years. What has changed is the evidence base that supports it, and the growing coalition committed to acting on it. I am grateful to be part of this work—and the stories of women, children and adolescents across our partner countries give me more hope than any statistic ever could.

**MONIQUE VLEDDER**

Director, Health, World Bank Group  
Director, Global Financing Facility



# OVERVIEW

## A Decade of Impact: A Milestone Moment

2025 marked ten years since the Global Financing Facility was launched with an ambitious goal: to end preventable deaths of women, children and adolescents. A decade later, GFF partner countries are delivering transformational progress—as this report shows—through a proven, catalytic model of country leadership, aligned financing and a relentless focus on results.

As of 2025 reporting, all 36 GFF partner countries had achieved reductions in maternal mortality, under-five mortality and adolescent birth rates while expanding access to modern contraceptives. Three-quarters had reduced childhood stunting. After years lagging behind global averages for mortality reduction, GFF partner countries now outpace them.

Despite facing the highest burdens of maternal and child mortality globally, all partner countries have made significant advancements in health and nutrition outcomes that have saved millions of lives and expanded opportunities for women and their families.

# Results at a Glance

## KEY METRICS

To date, the GFF partnership has helped countries reach millions of women, children and adolescents, including:

**160 MILLION**

pregnant women with four or more antenatal care visits (28 million in 2024)

**195 MILLION**

women with safe delivery care (31 million in 2024)

**209 MILLION**

newborns with early initiation of breastfeeding (37 million in 2024)

Helping to avert

**386 MILLION**

unintended pregnancies as a result of contraceptive demand being met (54 million in 2024)



## GFF PARTNER COUNTRIES OVERCOME CHALLENGES TO ACCELERATE HEALTH GAINS

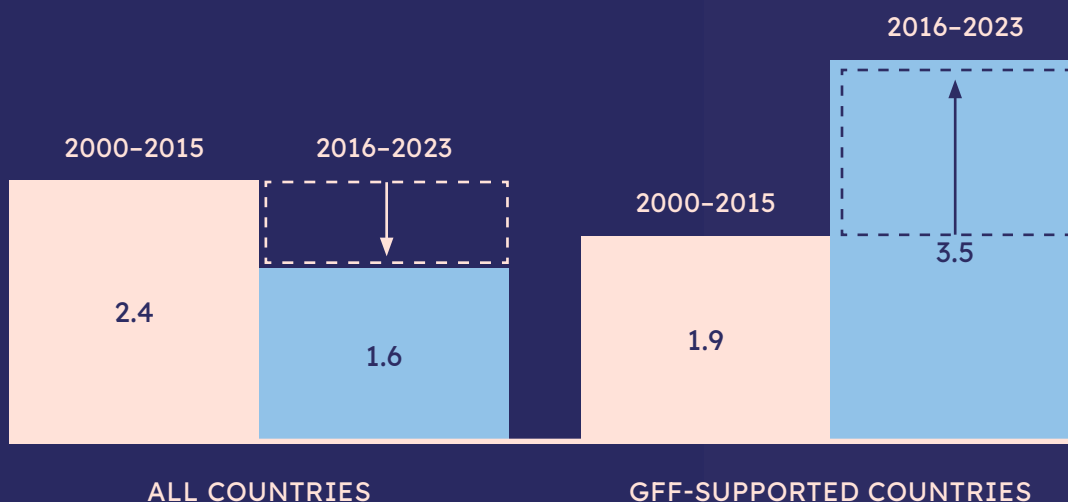
While global improvements in maternal and child health have slowed in recent years, GFF partner countries are instead seeing an acceleration in their rates of reduction. This is particularly remarkable given that nearly 42 percent of GFF partner countries are in fragile, conflict-affected and violent (FCV) settings.

### SIGNIFICANT GAINS IN MATERNAL MORTALITY

All GFF partner countries experienced reductions in maternal mortality between 2015 and 2023. With a median reduction of 26 percent across all countries, these reductions ranged from 6 percent in Madagascar to 55 percent in Mozambique.

From 2000 to 2015, GFF-supported countries had a lower average annual rate of maternal mortality reduction compared to the global average (see figure 1). But from 2016 to 2023, partner countries achieved double the global average annual rate of reduction: 3.5 percent annually compared to 1.6 percent. While the global average rate of reduction decreased by 33 percent between these two periods, GFF partner countries saw an 84 percent increase.

**FIGURE 1.** Average Annual Rate of Reduction for Maternal Mortality



*Source:* Original figure for this publication adapted from: *Trends in Maternal Mortality 2000 to 2023: Estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division*. Geneva: WHO, 2025.



### CHAD'S SURGE IN SKILLED BIRTH ATTENDANCE TRANSFORMS MATERNAL CARE

In Chad, through performance-based financing, skilled birth attendance surged more than 6 times—from 115,046 deliveries in 2020 to 746,144 by March 2025. More mothers and babies now have access to lifesaving care at the moment it matters most.

### SIERRA LEONE DELIVERING MEASURABLE GAINS FOR WOMEN AND CHILDREN

In Sierra Leone, institutional deliveries in target districts increased from 70 percent in 2024 to 85 percent by Q3 2025, reflecting improved access to and utilization of facility-based care. Maternal death reviews now cover 95 percent of cases, up from 80 percent in 2021, reinforcing accountability and action to reduce preventable maternal mortality. Investments in health worker training further enhanced service quality and strengthened referral systems across target districts.

## **AN EVIDENCE-BASED SOLUTION FOR MATERNAL AND NEWBORN SURVIVAL**

The Safer Births Bundle of Care (SBBC) equips health workers with innovative clinical tools, frequent on-site simulation training, and real-time support to respond effectively to emergencies during labor and birth. It is a powerful example of how innovation, when paired with government leadership, strong support, and implementation, can deliver lifesaving impact at scale. In 2020, the Safer Births Bundle of Care program received a GFF Innovation-to-Scale award to launch its first phase of scaling up at 30 health facilities across five regions in **Tanzania**, reaching around 300,000 births over three years. A GFF-supported study published in the **New England Journal of Medicine** in 2025 revealed remarkable results: Over the three-year period, the program achieved a 75 percent drop in maternal deaths and a 40 percent decline in early newborn deaths. Replication and scale-up of the Safer Births model is happening in real time: Its second phase has been implemented at 142 hospitals across the five regions in Tanzania. The program is also expanding across Africa. Nigeria is adapting SBBC within its national framework, with two states having begun implementation.



**To donors, development partners, and ministries of health: This is a call to action. Maternal and newborn deaths are preventable. With the Safer Births program, we can help make safe births a common reality—not just in Tanzania, but around the world.**

DR. BENJAMIN KAMALA, Clinical Epidemiologist and Research Scientist, Haydom Lutheran Hospital, Tanzania

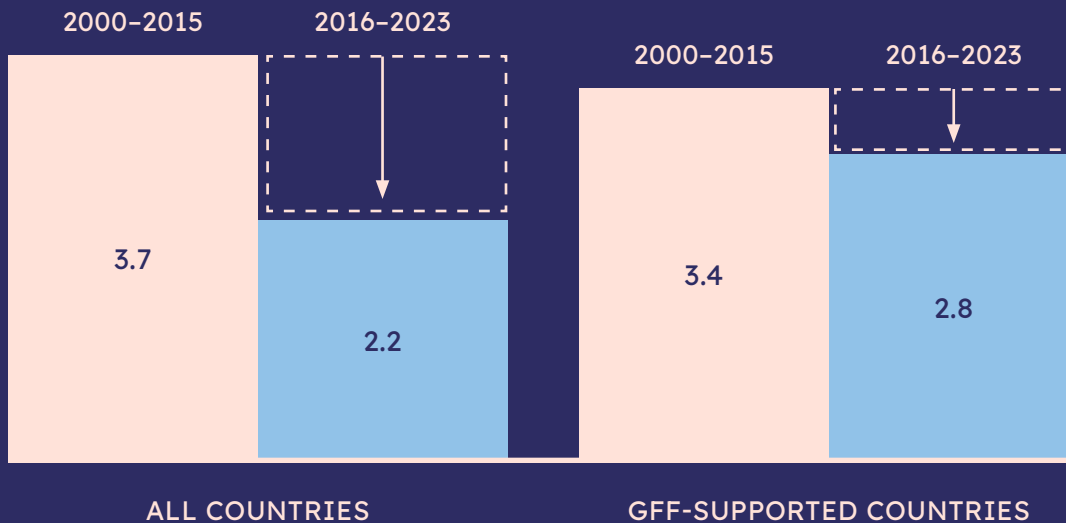
## GFF PARTNER COUNTRIES REDUCING UNDER-FIVE MORTALITY

The median under-five mortality rate for GFF partner countries also dropped, from 66.9 deaths per 1,000 live births in 2015 to 50.8 in 2023. All GFF partner countries have experienced declines in under-five mortality since the GFF was launched.

Four countries have achieved the Sustainable Development Goal targets for child mortality: **Cambodia, Guatemala, Indonesia and Vietnam**. Five—**Ghana, Malawi, Sierra Leone, Uganda and Zambia**—achieved reductions of 30 percent or greater between 2015 and 2023.

Similar to maternal mortality, the downward trajectory of the rate of under-five mortality has also accelerated (figure 2). From 2000 to 2015, GFF-supported countries had a lower annual rate of reduction for under-five mortality compared to the global average. From 2016 to 2023, the inverse became true: GFF partner countries reduced child mortality at 2.8 percent annually compared to the global average of 2.2 percent—more than 25 percent faster.

**FIGURE 2.** Average Annual Rate of Reduction for Under-Five Mortality



*Source:* Original figure for this publication adapted from: *Levels and Trends in Child Mortality Report 2024: Estimates Developed by the United Nations Inter-Agency Group for Child Mortality Estimation*. New York: UNICEF, 2025.



## COORDINATED INVESTMENTS AND EFFORTS TO REDUCE UNDER-FIVE MORTALITY IN UGANDA

In **Uganda**, coordinated investments in results-based financing, health financing reforms, and health system strengthening worked together to reduce under-five mortality. Scaling up results-based financing to more than 1,400 facilities increased use of antenatal care, family planning and outpatient services for young children. At the same time, upgrading health centers, expanding caesarean section capacity, and training over 1,250 health workers improved access to quality maternal and child health services.

Stronger data systems and financing reforms helped sustain these gains. Together, these efforts contributed to a 19 percent decline in under-five mortality between 2016 and 2022.

## SLOWER PROGRESS ON NEWBORN SURVIVAL

While progress continues, mortality reductions among newborns have not kept pace with reductions among children ages 1 to 59 months. From 2015 to 2023, the median reduction in mortality for children between these ages was 28 percent, compared to just 15 percent for newborns. Six countries achieved the greatest proportionate reductions in neonatal mortality—20 percent or more: **Bangladesh, Cambodia, Guatemala, Indonesia, Tajikistan** and **Uganda**.

Among the ten GFF partner countries with the highest under-five mortality rates, all have a greater proportion of deaths in the 1–59 month age group, ranging from 64.5 percent in **Mali** to 70.6 percent in **Niger**. This pattern underscores the importance of integrated child health and nutrition services that support both newborns and children to survive and thrive.

# Nutrition: Progress and Persistent Challenges



© Fauzan Ijazah/World Bank

## STUNTING LEVELS CONTINUE TO FALL

The median stunting prevalence across 32 GFF partner countries with available data dropped 4 percentage points—from 32 percent in earlier surveys (pre-2018) to 28 percent in the most recent surveys after 2018. Four countries achieved particularly strong gains, with reductions of 9 percentage points or greater: **Cambodia, Kenya, Indonesia and Tajikistan.**

This progress represents millions of children with improved prospects for healthy development, better educational outcomes and greater economic productivity in adulthood. Yet the challenge remains immense.

~~30.8%~~

19.8%

~~10.2%~~

7.4%

---

### INDONESIA CUTS STUNTING THROUGH NATIONAL STRATEGY BACKED BY STRONG LEADERSHIP

In **Indonesia**, the GFF contributed to an initiative that helped reduce stunting prevalence from 30.8 percent in 2018 to 19.8 percent in 2024, and wasting from 10.2 to 7.4 percent in the same time period. The initiative supports nationwide implementation of Indonesia's National Strategy for Stunting Reduction, developed with GFF support, and led by the country's vice president with broad political commitment.

Fifteen GFF partner countries still have stunting prevalence at or exceeding 30 percent. Five countries experienced increases in stunting: **Afghanistan, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia and Niger.** In four additional countries, prevalence remained unchanged.

This shows the need to support countries to finance and fully implement their prioritized multisectoral plans to address malnutrition.

# Resilience in Crisis Settings



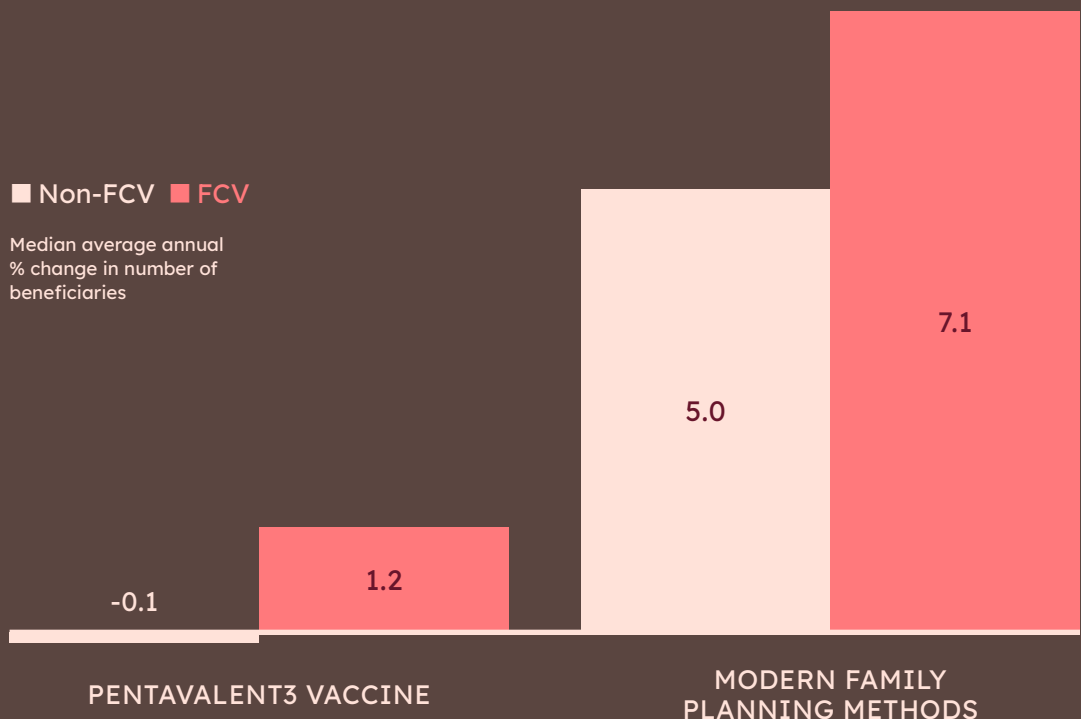
## **PROGRESS IN FRAGILE SETTINGS OUTPACING EXPECTATIONS**

Fifteen of the 36 GFF partner countries—nearly 42 percent—are classified as FCV settings. These countries face compounding challenges: armed conflict, forced displacement, climate shocks, economic instability and weakened health systems.

Yet the data reveals that although FCV countries have a higher mortality burden on average due to the compounding challenges they face, they have achieved large improvements after engaging with the GFF. Twelve of the 15 FCV countries achieved reductions of 20 percent or greater in under-five mortality. For maternal mortality, seven of the top 10 highest-burden countries are FCV contexts, yet these countries experienced greater decreases in maternal mortality on average compared to non-FCV partner countries: a median reduction of 28 percent versus 24.5 percent between 2015 and 2023.

Service delivery is also expanding faster in fragile contexts. The annual growth rate for family planning coverage in fragile settings reached 7.1 percent—significantly higher than the 5.0 percent rate in non-fragile partner countries (figure 3).

**FIGURE 3.** Change in Number of Beneficiaries Reached Since GFF Engagement Began, by FCV Status



*Source:* Original figure for this publication adapted from WHO/UNICEF estimates of national immunization coverage for pentavalent vaccination and Track20 for family planning.

*Note:* For GFF partner countries, median average annual percent change from start of investment case implementation through 2024. For eligible countries that are not yet supported, median average annual percent change shown is from 2016 through 2024. Thirty-five (35) countries with active GFF engagements in 2024 included in the analysis.

Examples of FCV countries making large gains in 2024 illustrate this momentum:

Family planning coverage increases:

- **Chad:** +10 percent
- **Somalia:** +8 percent
- **Democratic Republic of Congo:** +8 percent

Pentavalent vaccination (third dose) increases:

- **Haiti:** +11 percent
- **Mali:** +9 percent
- **Democratic Republic of Congo:** +8 percent

These gains demonstrate that with country leadership, aligned financing and data-based decision making, progress is possible even amid extraordinary adversity.



### SUSTAINING ESSENTIAL HEALTH SERVICES IN THE DEMOCRATIC REPUBLIC OF CONGO

In the **Democratic Republic of Congo**, GFF support built on a longstanding national health platform to keep essential maternal, child and adolescent health services running despite conflict, epidemics and instability. As a result, by latest estimates, 65 percent of pregnant women completed at least four antenatal visits, and 71 percent of children under five were fully vaccinated. Investments in infrastructure helped rehabilitate 175 health facilities—expanding access to lifesaving care for the most vulnerable.



© Foresight Films/World Bank

**In a fragile environment, service delivery and continuity are most important. Our partnership with the GFF has helped us protect essential services for women, children and adolescents by ensuring resources reach where they are needed, even during crises. We work together to build a more resilient health system despite ongoing shocks.**

**DR. ALI HAJI ADAM ABUBAKAR,**  
Minister of Health, Somalia



# Investing in Women's and Adolescent Health: Building Human Capital and Opportunity



---

## STRENGTHENING COMMUNITY HEALTH AND QUALITY CARE IN MALI

In Mali, GFF support aligns a country-led investment case with fragile-context realities—prioritizing community health workers, supply chains, adolescent health and services against gender-based violence. Building on a proven performance-based financing platform, the quality of care, medicine availability and patient satisfaction improved despite insecurity. GFF-supported resource mapping strengthened partner coordination and enabled faster funding adjustments during COVID-19 and conflict.

For adolescent girls worldwide, pregnancy and childbirth complications remain the leading cause of death. In 15 GFF partner countries—42 percent of the portfolio—adolescent birth rates exceed 100 per 1,000 women ages 15–19. This crisis intersects with child marriage: in countries where adolescent birth rates reach 150 per 1,000, child marriage prevalence consistently exceeds 50 percent. Early pregnancy and marriage can trap girls in cycles of poverty, forcing them out of school and limiting economic opportunities.

A surging youth population will create a shortfall of nearly 300 million jobs over the next decade, with the deepest impact in Africa and among young women whose economic participation fundamentally depends on access to health services. Investing in adolescent health, nutrition and reproductive health services enables young people to complete their education, delay early pregnancy and acquire the skills needed for productive employment.

In **Liberia**, the GFF leveraged performance-based financing to expand access for adolescent girls to health information and integration of these services into the school system for sustainability.

In **Mozambique**, the GFF supported design of disbursement-linked indicators focusing on adolescent school health services, community-based nutrition, domestic resources for family planning financing and improved supply chain management.

**By amplifying the voices of youth and civil society using data that reflect adolescent realities, and co-designing services with communities, the GFF enables countries to place women, children and adolescents at the heart of health and nutrition systems. When lived experience and evidence drive decisions, services are more responsive, more inclusive, and more likely to create lasting change.**

ARAFAT KABUGO, Program Manager, Naguru Youth Health Network,  
Uganda / GFF Investors Group Youth Representative



# Transforming Financing: More and Smarter Investment

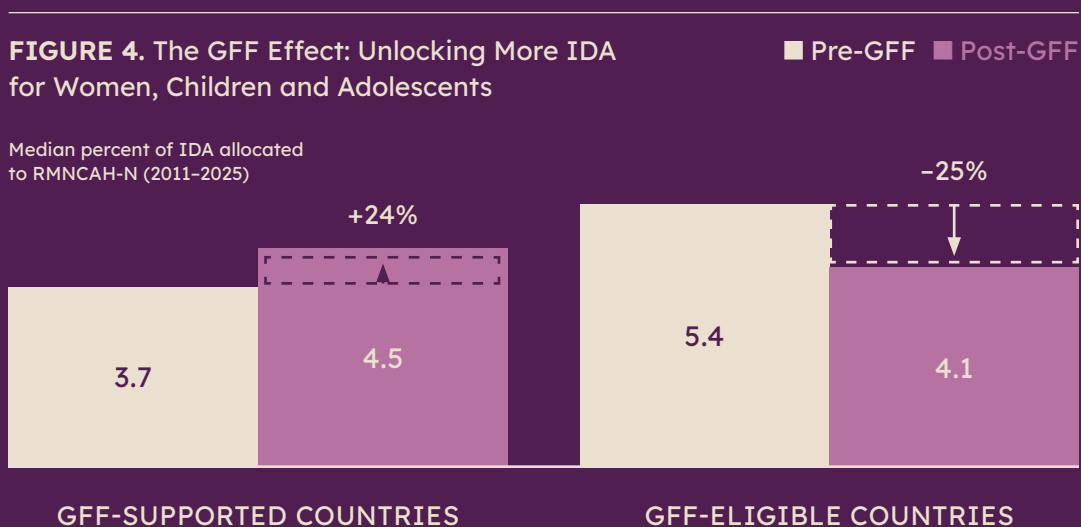


## IDA ALLOCATION INCREASE: THE GFF DIFFERENCE

Between July 2015 and December 2025, the GFF mobilized US\$2.5 billion in grant financing that to date has unlocked almost US\$11 billion in World Bank Group (WBG) resources, including International Development Association (IDA) and International Bank for Reconstruction and Development (IBRD) financing for reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAH-N) services.

As a result, GFF partner countries are committing more of their own funding for RMNCAH-N. Marking a significant acceleration, in 2025 countries invested **US\$1.48 billion** in IDA for RMNCAH-N, compared to US\$879 million in 2024—a nearly 70 percent increase in a single year, reflecting stronger government commitment and fiscal ownership.

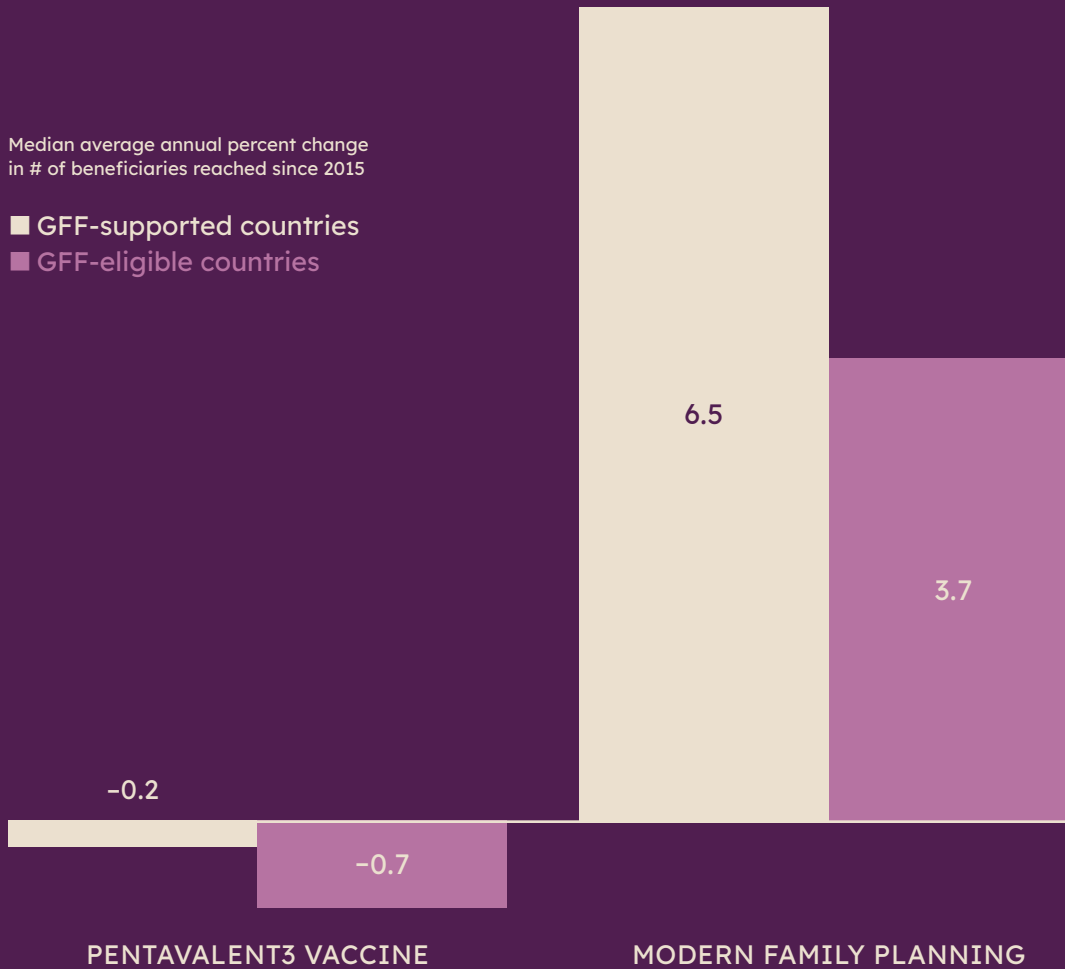
As shown in figure 4, the impact of the “GFF effect” becomes even clearer when comparing GFF-supported countries to countries that are eligible for GFF support but have not yet engaged. Since partnering with the GFF, countries increased their allocation of IDA to RMNCAH-N by **24 percent** relative to pre-engagement levels. In contrast, comparable countries that have not engaged with the GFF **decreased** their RMNCAH-N IDA allocations by 25 percent over a similar period.



Source: Original figure for this publication adapted from World Bank and Global Financing Facility data.

Similar trends have emerged for delivery of essential services. Since 2015, GFF-supported countries continue to scale service delivery faster than countries that are GFF-eligible but not yet supported (see figure 5). Between 2023 and 2024, 64 percent of GFF-supported countries reached more children with routine pentavalent vaccination, with a median improvement of +3.5 percentage points. Over the same period, all GFF partner countries reached more women with modern contraceptives, with a median improvement of 5 percentage points.

**FIGURE 5.** Faster Expansion of Service Delivery in GFF-Supported vs. GFF-Eligible Countries



**Source:** Original figure for this publication adapted from WHO/UNICEF estimates of national immunization coverage for pentavalent vaccination and Track20 for family planning.  
**Note:** For GFF partner countries, median average annual percent change from start of investment case implementation through 2024. For eligible countries that are not yet supported, median average annual percent change shown is from 2016 through 2024. Thirty-five (35) countries with active GFF engagements in 2024 included in the analysis.

## COUNTRY-LED FINANCING REFORMS AT SCALE

Thirty-four (34) GFF partner countries have prioritized specific health financing reforms in their investment cases and World Bank-supported projects. All 34 are now implementing these reforms, and 29 achieved measurable progress in 2025, up from 25 in 2024.

Key reforms include strategic purchasing mechanisms, improved allocative efficiency, enhanced resource alignment, domestic resource mobilization and increased access to and use of financial data for decision making.



### USING EVIDENCE TO ADVANCE HEALTH FINANCING REFORM

In **Uganda**, the GFF supported three analytical studies on health financing—a fiscal space analysis, an assessment of options to pool development assistance for health, and a baseline study to support the mainstreaming of results-based financing. Launched in June 2025, these studies provide critical evidence to inform ongoing health financing reforms and shape the next phase of support to the health sector.

### ALIGNING DONORS, PARTNERS AND FINANCING

The GFF works closely with leading donors and local, regional, and global health institutions and platforms—including, for example, Countdown to 2030, Gavi, the Global Fund, Partnership for Maternal, Newborn, and Child Health (PMNCH), Scaling Up Nutrition Civil Society Network (SUN), UNICEF, UNFPA, Unitaid and the World Health Organization (WHO), among many others at both country and global levels—to bring the best evidence and expertise on RMNCAH-N to bear and coordinate their support for partner countries. The GFF model is even more relevant in a time of resource scarcity and with calls from leaders of lower- and middle-income countries for a new era of health sovereignty rooted in national ownership, investment and leadership.

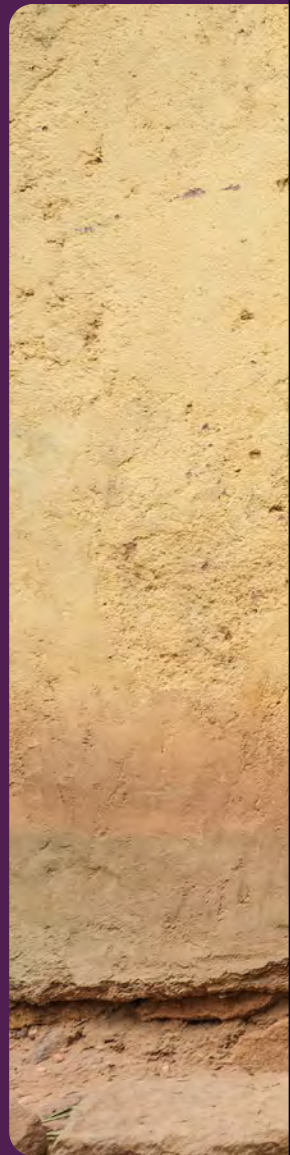
## STRENGTHENING CIVIL SOCIETY AND YOUTH LEADERSHIP IN HEALTH

In 2025, the GFF and CIVIC: The Civil Society and Social Innovation Alliance selected two global consortiums to lead a major new effort to strengthen civil society and youth engagement across health systems. Supported by a US\$10 million investment over two years, these consortiums will manage subgrants and provide technical assistance to ensure ongoing, meaningful participation of civil society and young leaders in GFF partner countries. By amplifying grassroots voices, strengthening local advocacy, and fostering inclusive dialogue with policymakers, the GFF-CIVIC platform aims to deepen accountability and ensure that investments in women's, children's and adolescents' health are informed by the needs of the communities they serve.



**The partnership between the GFF, CIVIC, civil society and youth supports countries in their efforts to strengthen health systems. By placing domestic resource mobilization at the heart of collective action, we are building sustainable, equitable, inclusive responses that are guided by country priorities.**

VALERIE GYSTIANE, Program Manager,  
ONG FESADE, Cameroon / GFF Investors  
Group Civil Society Representative





## TURNING ALIGNMENT INTO ACTION

In **Ethiopia**, annual reviews of government and partner funding has helped improve alignment, set clearer priorities, and identify critical financing gaps in the health sector. This approach has led to concrete results, including the 2025 RMNCAH Compact, which brings together eight development partners to help leverage up to US\$150 million in new domestic resources for essential maternal and child health commodities. Sector alignment diagnostics further supported better coordination between government and donors, increasing prioritization and steadily reducing funding gaps across the health sector.



## **COORDINATING RESOURCES FOR GREATER HEALTH IMPACT**

In **Kenya**, the GFF supported the national resource mapping exercise to better align partner investments and strengthen the country's health financing system. The analysis, which will expand to county level in 2026, helps target resources to priority gaps identified in the investment case. Alongside, the GFF is working with the Ministry of Health to budget for piloting and scaling the Safer Births Bundle of Care (SBBC), and with the Kenya Healthcare Federation to engage private sector leaders in rolling out the model in tertiary facilities.

## **UNLOCKING SYNERGIES IN MOZAMBIQUE**

In October 2025, a joint mission under the Lusaka Agenda brought together the World Bank's health program-for-results (PforR) initiative, bilateral partners, and the global health initiatives—GFF, the Global Fund, and Gavi—to align behind **Mozambique's** health priorities. Moving beyond fragmented approaches, partners identified opportunities to integrate and co-finance primary health care (PHC), from family planning and nutrition to immunization and HIV, including in hard-to-reach areas such as the Tete province. At a time of fiscal pressure and declining external aid, the mission highlighted the power of co-financing through the World Bank's PforR initiative to reduce duplication, improve efficiency, and maximize impact. This collaboration offers a strong blueprint for strengthening health systems and accelerating progress toward universal health coverage (UHC) in Mozambique.

## **SOUTH-SOUTH COLLABORATION DRIVES ZAMBIA'S DIGITAL HEALTH ROAD MAP**

In 2025, a GFF-supported learning visit to **Rwanda** helped shape **Zambia's** new digital health road map. By applying lessons from Rwanda, Zambia is improving system interoperability, data quality and real-time monitoring to make health services more responsive.

# DEEP DIVE: SENEGAL

## A Leader in Maternal and Newborn Health

**WHEN NDEYE COUMBA DIENG** arrived in Fass Mambaba in 2021, she became the village's first midwife. The remote community in Senegal's Kaffrine region was eager for her services—but the health post and its understaffed team was not yet ready to provide them.

"The health post lacked certain equipment. At night, we worked by torchlight," Ndeye recalls. "Trust was hard to build in the dark."

### TRANSFORMATION THROUGH INVESTMENT

Today, Fass Mambaba tells a different story—one that reflects Senegal's broader transformation over the past decade. Solar power now lights the health post. Medical equipment functions reliably. A well-trained team supports deliveries, antenatal and postnatal care, family planning and vaccinations. With Senegal's expanding health insurance program, more families can access these services. These transformations were made possible through the Investing in Maternal, Child and Adolescent Health (ISMEA) project, co-financed by the GFF and the World Bank.

### A REGIONAL LEADER IN HEALTH INNOVATION

Since joining the GFF partnership in 2015, Senegal has emerged as a

regional leader in maternal and child health innovation. In November 2025, the country hosted the GFF's Investors Group and Trust Fund Committee meetings in Dakar—a recognition of its decade of progress and its role in shaping the partnership's next five-year strategy.

Between 2017 and 2023, with support from the GFF, Senegal reduced maternal mortality from 236 to 153 deaths per 100,000 live births, a 35 percent reduction. Over the same period, stillbirths dropped from 19.8 per 1,000 total births to 16 per 1,000. The GFF also supported the enrollment of 4.9 million people, including 96,138 pregnant women and 538,585 children under five, in community-based health insurance and piloted free health care for children under five through insurance programs in Kaffrine. After demonstrating increased access to health care, the enrollment effort expanded to six regions.

### COUNTRY-LED STRATEGY

In 2024-2025, Senegal finalized its RMNCAH-N Strategic Plan 2024-2028, now recognized as the national investment case. The framework is fully aligned with the country's broader development vision, consolidating health, nutrition and human capital development policies into a single coherent strategy. This approach helps identify areas of

Rokhaya Ndao with her youngest child, born under Ndeye's care.





**We have created trusted resources in every neighborhood by investing in young girl leaders and peer educators. These young people are changing behaviors, guiding their peers to services, and transforming how communities understand adolescent reproductive health.**

**YANDÉ GAYE, Coordinator, Center for Adolescents, Senegal**



budgetary vulnerability and adjust priorities for strategic optimization of available resources to provide quality health services, particularly for women, children and adolescents.

In April 2025, Senegal's technical team collaborated with Countdown to 2030 and the GFF in an analysis workshop in Nairobi, Kenya, producing updated coverage estimates for key RMNCAH-N indicators that show progress toward key goals across maternal, child, and adolescent health and nutrition outcomes.

### **PERSISTENT CHALLENGES AND FUTURE PRIORITIES**

Despite significant progress, challenges remain. Geographic and socioeconomic inequalities persist, with regions such as Kolda, Kédougou, and Matam experiencing higher maternal and child mortality rates than other areas. Low birth weight affects 18 percent of newborns, and anemia impacts as many as four out of five children under five.

The adolescent fertility rate remains high, with the 2023 Demographic Health Survey for Senegal indicating that 13 percent of adolescents under 20 years of age have already given birth to at least one child. Addressing these challenges will require sustained commitment to the multisectoral approach, continued investment in the most underserved regions, and further expansion of adolescent health services.

Efforts are already underway to address these issues, including the recruitment of 895 health professionals and training of more than 2,300 staff in key areas, significantly strengthening human resources for health. In addition, the

GFF supported tracking and strategic workforce planning through implementation of digital human resources tools, helping strengthen human resource management and deliver quality health services, especially in underserved regions.

### **FROM DARKNESS TO LIGHT**

Back in Fass Mambaba, the transformation is personal. Rokhaya Ndao gave birth to both her children at the health post—her daughter in the dark, her son with full light and proper equipment.

"She told me how much that changed everything," Ndeye says. "The safety, the comfort, the experience."

Word has spread throughout the village and surrounding areas that quality care provided by trained staff is now available. Families who once risked dangerous journeys to other facilities now come to Fass Mambaba. Three little girls in the village have been named after Ndeye—a symbol of the trust that has been built.

For Ndeye, Fass Mambaba has become much more than a workplace. "It is my home," she says.

That sense of ownership—of health workers committed to their communities, of communities trusting their health facilities, of a government investing in its people's future—captures the essence of Senegal's decade-long partnership with the GFF. From darkness to light, from isolation to connection, from crisis to care: this is the pathway Senegal is charting for maternal and child health.

# Transforming Health Systems: The GFF Strategy 2026–2030



In December 2025, as global health and finance leaders assembled in Tokyo for the Universal Health Coverage High-Level Forum, the GFF launched its next five-year strategy: **TRANSFORM 2030: Transforming Health Systems, Saving Lives**. The strategy was unanimously endorsed by the GFF's Investors Group and Trust Fund Committee at their November 2025 meetings in Dakar, Senegal.

A decade after the GFF's founding, the world faces fundamentally different challenges than in 2015 when the partnership was launched. Development assistance for health is projected to decline significantly, and countries are facing multiple shocks. Yet these headwinds have also catalyzed new opportunities: deeper global commitment to reducing dependence on external financing, strengthened recognition of the need for more efficient country-led approaches, and growing calls for greater health sovereignty.

## **BUILDING ON A DECADE OF RESULTS**

The new strategy, developed in consultation with more than 1,100 country and global stakeholders, builds on the proven success outlined throughout this report. It also reflects the GFF's commitment to country leadership, collaboration, gender equity and leaving no one behind.

TRANSFORM 2030 responds to this moment by focusing on the GFF's areas of comparative advantage: operating as a country-led partnership with the unique ability to leverage WBG financing, align external support on-budget, harness the private sector and strengthen health systems that work for women, children and adolescents.

The strategy sets two goals, enabling partner countries to achieve:

**Goal 1:** Delivery of quality, affordable essential health and nutrition services for women, children and adolescents

**Goal 2:** Transformation of country health systems to prioritize and sustain their investments in women, children and adolescents

## **A PATHWAY TO GREATER EQUITY, RESILIENCE, AND VALUE**

Through TRANSFORM 2030, the GFF will be a key contributor to the World Bank Group's goal to deliver affordable, quality care to 1.5 billion people by 2030.





© Hoang Anh/World Bank

# PROGRESS AND RESULTS

## **OVERVIEW OF STRATEGIC DIRECTIONS: DELIVERING ON THE GFF STRATEGY 2021-2025**

The GFF Strategy 2021-2025 was built around five strategic directions that guide GFF support to countries. Key performance indicators (KPIs) track strategy implementation across the GFF strategic directions and allow for analysis and oversight.

Introduced to monitor the strategy's implementation, the KPIs are used to help the GFF and partners decide where to focus support and resources to improve results for women, children and adolescents by:

- 1. Identifying where country progress is on track**
- 2. Highlighting gaps where the GFF should provide more support to countries**
- 3. Promoting cross-country learnings based on evidence**

The KPIs also show how the GFF works with partner countries, focusing specifically on reforms and strengthening actions directly supported by the GFF, rather than a comprehensive record of country achievements. This tailored approach enables the partnership to better understand what is happening in the missing middle between initial inputs and final health outcomes, allowing for targeted support where it matters most.

The next section will present in more detail the progress made under each of the five strategic directions:

**Strategic Direction 1:** Bolster Country Leadership and Partner Alignment

**Strategic Direction 2:** Advance Equity, Voice and Gender Equality

**Strategic Direction 3:** Protect and Promote High Quality Essential Health Services by Reimagining Service Delivery

**Strategic Direction 4:** Build More Resilient, Equitable and Sustainable Health Financing Systems

**Strategic Direction 5:** Sustain a Relentless Effort on Results



# Strategic Direction 1: Bolster Country Leadership and Partner Alignment



© World Bank Burkina Faso

The GFF has continued to reinforce country leadership and partner alignment by supporting governments to advance and update nationally owned investment cases, strengthen prioritization through improved costing and resource mapping and enhance the effectiveness of country platforms.

## **KPI 1 Investment Case Process**

Thirty-five (35) countries—all GFF partner countries except Myanmar, where GFF support is on hold—have finalized an investment case, with continued progress in review and updates.

## **KPI 2 Prioritization**

Thirty (30) countries have completed investment case costing and resource mapping to understand resource needs and gaps, while 28 countries have completed a financial gap analysis and 26 have used resource mapping analysis to inform their prioritization. Several countries are interested in digitalizing resource mobilization and expenditure tracking (RMET) processes and data, and the GFF is supporting knowledge sharing and learning.

## **KPI 3 Country Platform Index**

GFF partner countries are making progress in building functional and effective country platforms—32 of which are under government leadership. Three countries measured an increase in youth participation last year, raising the number to 26. Four additional countries began to note actions in minutes—now practiced by 29 countries. The GFF piloted a new country platform assessment approach in **Chad** and **Ethiopia**, which will be scaled across the portfolio.

Several GFF partner countries have made progress in these areas:

### **BURKINA FASO**

From 2023 to 2025, **Burkina Faso** allocated more than 60 percent of its total health resources to PHC. The country is close to institutionalizing the RMET process, and its findings are now regularly used in annual planning at central and regional levels, as well as in key strategies, such as the Community Health Strategy (2024-2027).

### **DEMOCRATIC REPUBLIC OF CONGO, LIBERIA, MALI, AND RWANDA**

These four countries are developing their second investment cases, putting into action their commitment to prioritize, fund, and implement high-impact health interventions—especially for women, children and adolescents.

### **KENYA**

**Kenya** launched its second RMNCAH-N investment case, a comprehensive road map projected to save more than 45,000 lives by improving the quality of services. The investment case helps mobilize resources and guide counties in delivering accessible and cost-effective health services for women, children and adolescents, while supporting health financing reforms, including the rollout of social health insurance under the UHC agenda.

### **MOZAMBIQUE**

**Mozambique** is developing an investment case aligned with the Lusaka Agenda, to which the GFF, Gavi, and the Global Fund have committed support.

### **SENEGAL**

**Senegal** launched its second investment case aimed at strengthening PHC and reducing mortality.



© Dasan Bobo/World Bank

## HELPING COUNTRIES PRIORITIZE INVESTMENTS IN HEALTH

In 2025, the GFF accelerated its support to country-led, data-driven prioritization of health investments. Support included scaling up funding gap analyses, assessing service delivery performance and helping countries adapt priorities based on evidence during planning and project preparation. These efforts enabled the timely identification of service delivery disruptions—particularly at subnational levels—and highlighted gaps in quality of care, allowing resources to be directed where they could have the greatest impact.

In **Nigeria**, GFF-supported analyses identified major funding gaps, including a significant decline in health financing in 2025. This evidence informed programming and resource mobilization decisions.

In **Senegal**, a GFF-supported analysis on the impacts of declining external health financing informed national

budget prioritization. The analysis identified RMNCAH-N as the area most affected by reduced donor allocations. In response, the government adopted a new policy framework with clearly defined priorities, including eliminating preventable maternal and child deaths, and developed plans to mobilize more domestic resources while reducing the financial burden on households.

In **Sierra Leone**, GFF-supported analyses revealed variations in service delivery across districts that were not apparent in national data. The findings also highlighted gaps in the quality of care, underscoring the importance of monitoring both service coverage and quality. The Ministry of Health is now using this evidence to set priorities, address subnational disparities and roll out a new performance management system across all 16 districts. Results from fiscal space and funding gap analyses are also being used to mobilize additional resources from the Ministry of Finance and development partners.

# Strategic Direction 2: Advance Equity, Voice and Gender Equality



GFF partner countries continue to advance equity, voice and gender equality by integrating gender-responsive actions into their investment cases, prioritizing strategies to reduce geographic- and population-based inequities and strengthening the engagement of civil society and youth in national platforms.

## **KPI 4 Gender and Voice**

More than 80 percent of GFF partner countries have prioritized actions toward gender equitable health systems, socioeconomic reforms, and policy efforts that advance women’s and girls’ choice, access, and power to achieve better RMNCAH-N outcomes. Twenty partner countries are beginning to implement their strategies, while 11 have already achieved measurable progress. In several cases, it is still too early to assess measurable results, as implementation has only recently begun. Sustained, multiyear commitment will be essential to drive meaningful and lasting progress.

## **KPI 5 Equity**

All GFF partner countries with a finalized investment case have prioritized strategies to reduce inequities and gaps in health care access. The most common focus is on geographic disparities—such as underserved areas or regions with high stunting and mortality—followed by poor and marginalized populations.

Since last year, two additional countries have prioritized inequities, two have established measurement approaches, four have begun implementation, and five have achieved measurable results.

More than half of partner countries have now demonstrated measurable progress, while 15 countries require additional time to advance implementation.

## **KPI 6 Civil Society and Youth Engagement**

Almost all (32) GFF partner countries with platforms are engaging civil society organizations (CSOs) in country platform dialogues, and 26 of them are engaging youth. After last year’s finding that youth involvement was lagging, GFF supported countries to raise youth engagement, with noticeable results in investment case development—growing from 16 to 20 countries. Some gaps remain, including a slight decline in CSO engagement in the investment case development process.



© Arne Hoel/World Bank

Examples of GFF partner countries that have made progress in these areas:

### **CENTRAL AFRICAN REPUBLIC**

In the **Central African Republic**, survivors of gender-based violence (GBV) received holistic and free services in five district hospitals (baseline 0) and 21 satellite health facilities. This involved financing treatment for 2,982 GBV survivors.

### **ZAMBIA**

In **Zambia**, the GFF is advancing equality between men and women through initiatives that target women's leadership and improve the quality of care. Through the Countdown to 2030 collaboration, the GFF is backing a study on respectful maternity care to better understand women's experiences during childbirth. The GFF has also supported a country study on women's leadership in RMNCAH-N and immunization, and the Greater Leader Program to strengthen the leadership capacity of women in health.

## **PARTNERSHIPS AROUND SRH SERVICES AND HPV VACCINATION FOR ADOLESCENT GIRLS**

The GFF has stepped up efforts to support adolescent girls' health through various World Bank instruments. It now helps 30 countries prioritize adolescent health, with 27 countries already implementing these programs. The GFF is developing a partnership with the International Development Research Center to address challenges in reaching adolescent girls with sexual and reproductive health (SRH) services. Additionally, the GFF's support for human papillomavirus (HPV) vaccination support has reached 16 countries.

## **SUPPORTING EQUITY DIAGNOSTICS FOR BETTER PRIORITIZATION**

The GFF has revamped its approach to supporting country equity diagnostics by partnering with Pelotas University (Brazil) and Countdown to 2030. The GFF is now completing equity diagnostics for all 36 partner countries and will support their use for investment case development, project preparation and prioritization due to shocks.



© World Bank

# Strategic Direction 3: Protect and Promote High Quality Essential Health Services by Reimagining Service Delivery



The GFF continues to support countries in strengthening the quality, resilience and reach of essential health services by prioritizing quality improvement, advancing human resources for health reforms focused on women, children and adolescents and fostering strategic engagement with the private sector.

## **KPI 7 Quality**

All GFF partner countries have now prioritized quality improvement, with the commitment of three countries over the past year. Two more countries now have a measurement approach for quality of care, three have begun implementation, and two have achieved measurable progress. These results align with the independent GFF evaluation, which found that GFF support has helped catalyze significant improvements in quality of care.

## **KPI 8 Human Resources for Health (HRH)**

The majority of GFF partner countries (32, up from 29 last year) have prioritized strategies to strengthen HRH. In this effort, the GFF works closely with the World Bank's Health Unit, which leads overall on HRH, while GFF focuses specifically on RMNCAH-N to ensure HRH reforms benefit women, children and adolescents. In the past year, two additional countries prioritized HRH strategies for RMNCAH-N, five established a measurement approach, six began implementation, and four achieved measurable progress.

## **KPI 9 Private Sector**

The GFF strategically supports countries in developing private sector engagement strategies, tailored to each country's needs and context. In 2025, GFF helped **Afghanistan** and **Cambodia** prioritize and advance their private sector engagement strategies for health service delivery. Since last year, **Kenya** has also made progress in implementing public-private collaboration mechanisms.

Examples of GFF partner countries that have made progress in these areas:

## **CAMBODIA**

With financial and technical support from GFF, **Cambodia** is developing a private sector engagement framework to engage and harness private sector capacity for social protection within its UHC strategy. The framework will guide and help build capacity for purchasing health goods and services and contracting with private sector providers in the country.

## **DEMOCRATIC REPUBLIC OF CONGO**

In the **Democratic Republic of Congo**, the performance-based financing program has had positive effects on the availability of medical supplies, infection prevention and control measures, and provider adherence to clinical protocols. Health centers also saw significant improvements in the availability of equipment, family planning products and clinical protocols.



# Strategic Direction 4: Build More Resilient, Equitable and Sustainable Health Financing Systems



GFF partner countries are strengthening the sustainability and equity of their health financing systems through expanded health financing reforms, domestic resource mobilization advocacy and commodity financing efforts. Nearly all partner countries are advancing prioritized reforms with growing measurable results, while more are implementing actions to improve access to essential RMNCAH-N commodities and reinforce sustainable domestic financing.

## **KPI 10 Health Financing Reform**

All but two GFF partner countries (34) have now identified and prioritized specific health financing reforms. All of these countries have a measurement approach in place and are advancing with implementation. Most have already achieved measurable progress, demonstrating the growing impact of GFF support in strengthening national health financing systems and driving reforms. Compared to last year, progress has increased across all four stages: two additional countries have prioritized strategies, three more have adopted a measurement approach, two more have begun implementation, and four more have achieved measurable progress.

## **KPI 11 Domestic Resource Mobilization Advocacy**

The GFF has supported domestic resource utilization and mobilization (DRUM) advocacy in 30 partner countries, up by two countries compared to last year. In 20 of these countries, the GFF has engaged CSOs in the advocacy process, the same number as the previous year.

GFF has leveraged its influence in DRUM by participating in ministry-level financing dialogues, enhancing evidence and data analytics to support increased domestic financing, improving public financial management for better resource allocation and execution, and strengthening alignment among development partners to promote sustainable financing.

## **KPI 12 Commodity Financing**

Supporting partner countries to advance reforms that increase access to essential RMNCAH-N commodities is a growing priority within the GFF strategy. Compared to last year, four additional countries have prioritized specific reforms, bringing the total number to 30. Four more countries have established a measurement approach, reaching 25 countries, while six more have begun implementation,

covering 29 countries. Two additional countries—**Madagascar** and **Zambia**—have achieved measurable progress, bringing the total number to 15.

Key reforms focus on regulatory changes to improve access to quality RMNCAH-N commodities, strengthening government capacity to manage supply chains, and increasing domestic financing for RMNCAH-N commodities and diagnostics.

**IN 2025, THE GFF:**

- Conducted an internal review of closed technical assistance grants in health financing to assess performance and identify opportunities to apply the lessons and deliverables going forward.
- Strengthened systematic engagement of CSOs in DRUM advocacy through the new CIVIC initiative implemented in collaboration with the World Bank’s governance practice.
- Strengthened its commodity financing technical assistance through creation of a new role and strengthening partnerships.
- Launched the GFF Challenge Fund, based on a pilot round of US\$34 million to 10 countries, for RMNCAH-N commodities.

# Strategic Direction 5: Sustain a Relentless Effort on Results



GFF partner countries are strengthening their focus on results by reinforcing national results frameworks, expanding routine RMNCAH-N coverage and equity analyses and deepening the use of data for decision making. Nearly all countries now manage structured results frameworks with prioritized indicators and improved subnational reporting. Annual coverage and equity analyses are becoming standard practice across the portfolio, supported by strengthened analytical capacity. At the same time, more countries are regularly convening platforms to review progress and apply evidence in shaping policy and implementation, demonstrating steady momentum toward data-informed action.

### **KPI 13 Country Results Framework Index**

Almost all GFF partner countries, except one that is in the process of developing its investment case, have developed and currently manage results frameworks, with clearly defined sets of indicators that measure progress. Thirty-two (32) GFF partner countries include clearly defined prioritized set of indicators, while 30 countries meet the data requirements for indicators, and 33 countries are able to report and analyze data at the subnational level—an increase of five countries since last year.

### **KPI 14 RMNCAH-N Coverage and Equity Analysis**

The large majority (32) of GFF partner countries are now updating their RMNCAH-N coverage and equity analyses annually, with three additional countries meeting this benchmark for the first time this year. This includes all 26 GFF partner countries in Africa, which participated in a multi-country convention to strengthen analytical capacity, co-convened by Countdown to 2030 and the GFF. The workshop produced updated country-level analyses for 42 key reproductive, maternal, newborn, and child health indicators. Core findings have been disseminated in 26 countries.

### **KPI 15 Data Use**

In 2025, 29 countries met the benchmark of holding two or more country platform meetings or similar forums to review progress and use data for decision making, an increase of eight countries over the previous year. The number of countries meeting three or more times and actively using data rose from eight to 13.

For example, in **Côte d'Ivoire**, evidence and analytics are presented for review and discussion at every country platform meeting, enabling informed decision making at the national level.



## **IN 2025, THE GFF:**

- Expanded gender-responsive monitoring to more countries by scaling up the Monitoring and Action for Gender and Equity (MAGE) initiative. Gender is now fully integrated across the GFF results measurement framework.
- Actively supported the PHC measurement alignment agenda led by WHO.
- Worked closely with Gavi and the Global Fund to strengthen country health management information systems.

## **DRIVING DATA-POWERED HEALTH SYSTEM PERFORMANCE ACROSS 23 COUNTRIES**

In 2025, the GFF's frequent assessments and systems tools for resilience (FASTR) initiative helped 23 countries use timely data for decision making. FASTR's RMNCAH-N service use monitoring and rapid-cycle health facility phone surveys helped countries track progress on RMNCAH-N investment cases and other national strategies. They also helped strengthen the performance of health system reforms and programs supported by World Bank/GFF co-financing, and supported the review of results during joint annual reviews and other national and subnational performance discussions.

## FASTR BY THE NUMBERS THROUGH THE END OF 2025

- 23 Countries adopting rapid-cycle analytic approaches
- 17 Documented data use examples attributed to FASTR
- 13 Countries using rapid-cycle analytics to monitor their investment cases
- 16 World Bank/GFF operations actively using FASTR to manage for results
- 6 Countries using on-budget IDA/ Recipient-Executed Trust Fund resources to support FASTR
- 20 Country platform meeting or similar fora where FASTR results were shared and discussed
- 340 Country change agents trained on FASTR approaches
- 5,903 Downloads of FASTR reports from the resource repository

## In 2025, FASTR has:

### **ENABLED NATIONAL PERFORMANCE DIALOGUE VIA JOINT ANNUAL REVIEWS OF THE HEALTH SECTOR**

In **Nigeria**, longstanding challenges with poor data quality had limited the use of health management information systems (HMIS) data, forcing reliance on expensive and infrequent surveys. The country was able to use its own HMIS data for the first time since the government revitalized the joint annual review of the health sector. The Federal Ministry of Health utilized the FASTR analytics platform to assess RMNCAH-N service performance across the country, highlighting increased uptake of maternal health and family planning service use, aligned with the government's push to crash maternal mortality. After this positive experience, Nigeria recently hosted delegations from Burkina Faso, Democratic Republic of Congo, Liberia, Sierra Leone, and Zambia for a hands-on workshop on real-time service analysis and action planning. With GFF support—including the introduction of a new AI-powered analytics assistant much appreciated by participants—Nigeria is not only strengthening its own data-driven decision making but also emerging as a regional leader in using routine data to drive results.

### **ILLUMINATED HEALTH FACILITY PERFORMANCE IN FRAGILE AND HARD-TO-REACH AREAS**

In **Somalia**, the Ministry of Health presented findings from the first round of FASTR's phone-based survey alongside HMIS results to a national coordination meeting, using triangulated evidence to inform policy dialogue. The integration of survey and routine data has strengthened discussion of essential package of health service providers in fragile and hard-to-reach settings.



## **ENABLED TIMELY PERFORMANCE MONITORING FOR LARGE-SCALE NATIONAL REFORMS**

In **Tajikistan**, two rounds of the FASTR health facility survey have been completed alongside the in-person service delivery indicator baseline, with semi-annual rounds three and four underway to inform implementation of the Millati Solim (Healthy Nation) project. The survey findings are being used to track service readiness over time and support adaptive management within the national reform program.

## **STRENGTHENED COUNTRY COMPETENCIES AT SUB-NATIONAL LEVELS**

In **Guinea**, FASTR's RMNCAH service use monitoring has been institutionalized in the Ministry of Health. In 2025, the ministry organized and led its own district-level training for HMIS officers to build capacity in using the FASTR analytics platform for routine service monitoring and interpretation. This has strengthened subnational ability to generate and use rapid-cycle evidence within quarterly review processes at all levels.

# GFF FINANCIALS

Contributions,  
Commitments and  
Disbursements



# Contributions

As of December 31, 2025,  
the total value of signed  
contributions and new pledges  
to the GFF Trust Fund totaled:

\$2.7

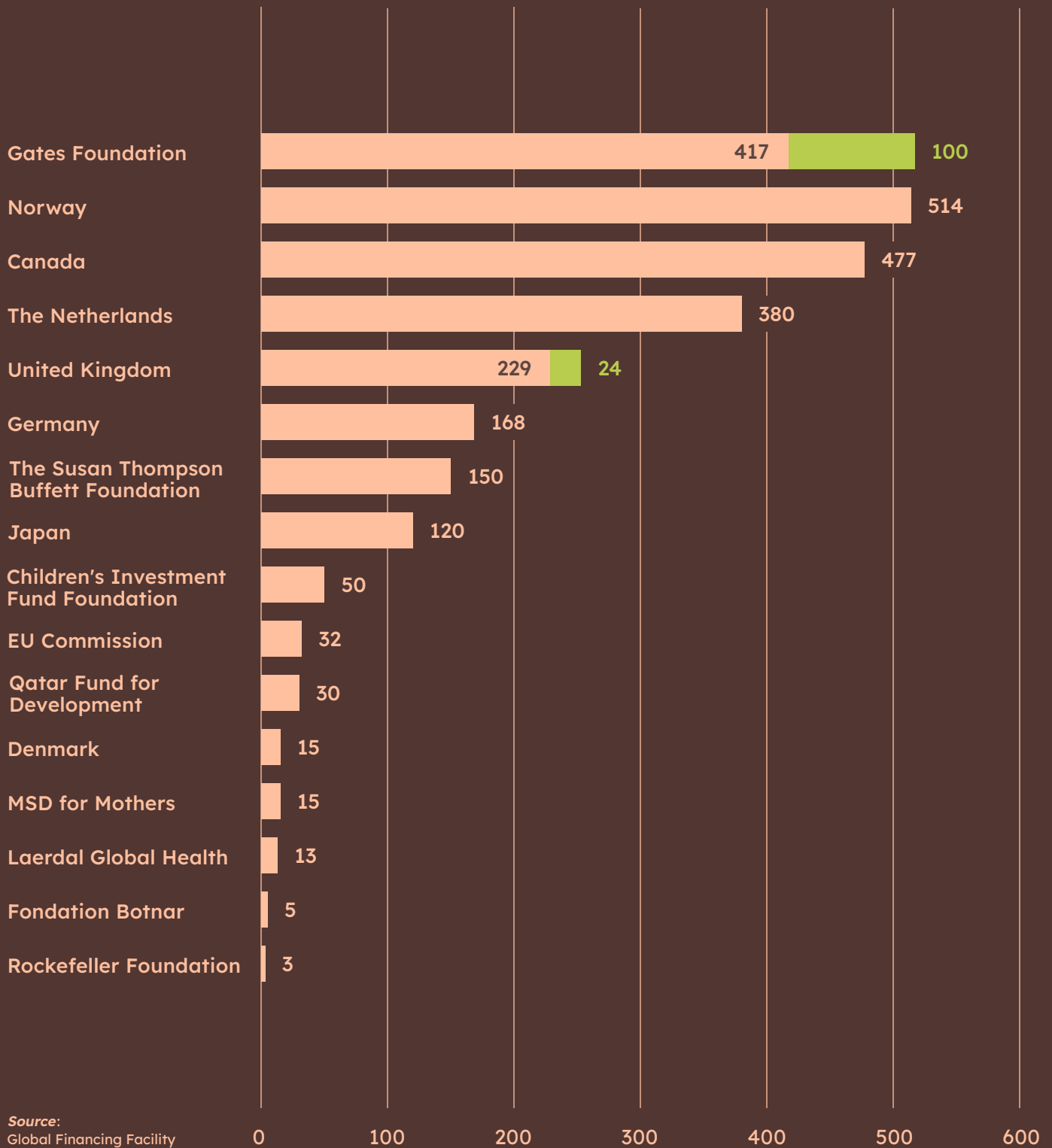
BILLION

equivalent from 16 donors



**FIGURE 6.** Signed and Pledged Contributions to the GFF Trust Fund, by Donor

■ SIGNED, US\$ ■ PLEDGED, US\$



Source: Global Financing Facility







# Commitments

As of December 31, 2025, the GFF Trust Fund has committed a total of US\$1.5 billion for grants in 38 countries. Out of this amount, a total of US\$1.4 billion linked to US\$10.8 billion in World Bank IDA/IBRD financing has been approved by the World Bank's Board of Executive Directors (see figure 7). The majority (74 percent) of GFF country grants approved by the World Bank Board supports partner countries in the Africa region (AFR), followed by 12 percent in the Middle East, North Africa, Afghanistan and Pakistan region (MENAAP), 6 percent in East Asia and Pacific region (EAP), 3 percent in Latin America and the Caribbean (LCR) and South Asia (SAR) regions, and 2 percent in the Europe and Central Asia region (ECA).

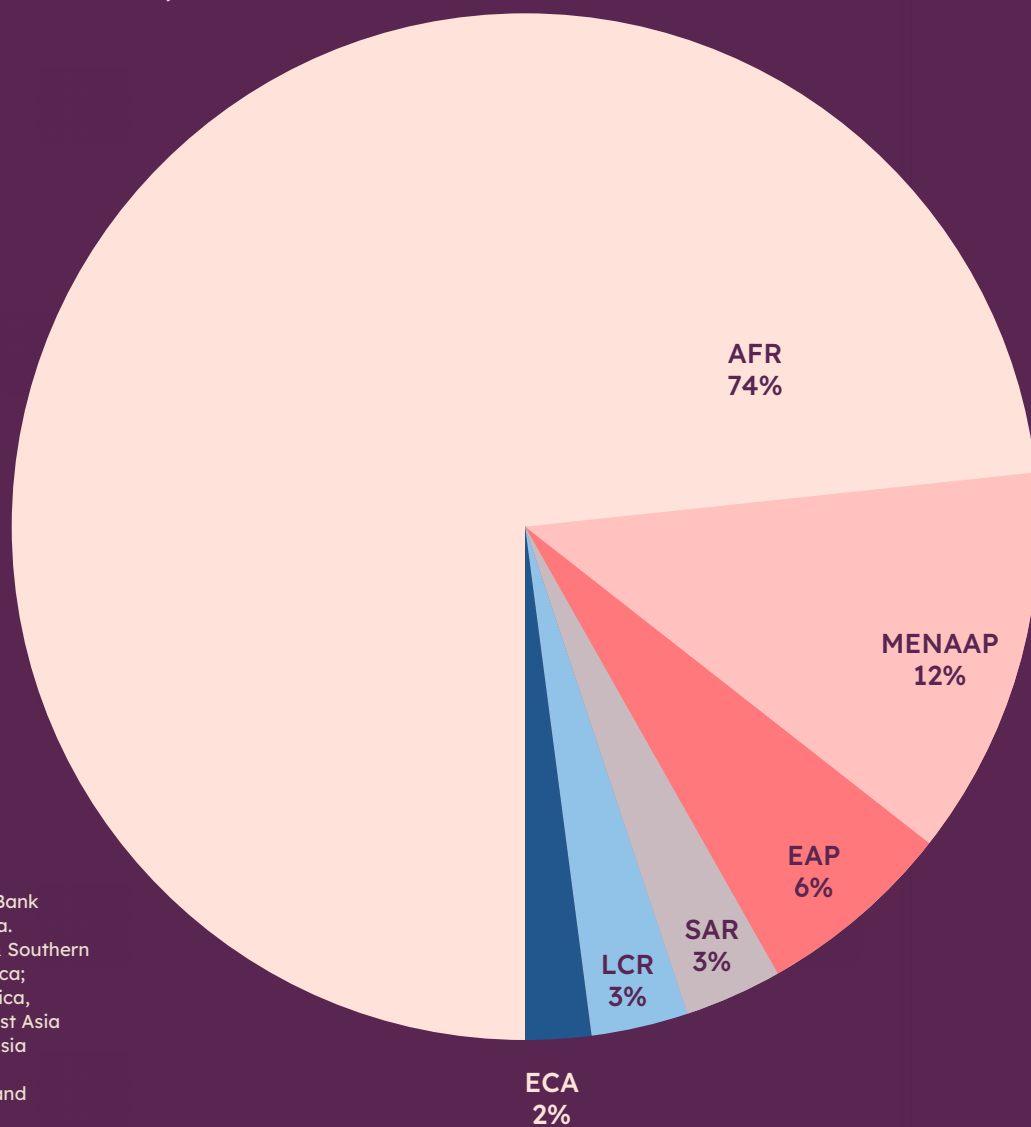
The complete list of the Board-approved GFF country grants to countries is provided in table 1 and table 2.



**FIGURE 7.** World Bank Board-Approved Country Grants, by Region

REGION		GFF GRANT ALLOCATED	LINKED IDA	LINKED IBRD	TOTAL LINKED IDA/IBRD
AFR		1,018.7	7,274.3		7,274.3
MENAAP		171.0	551.3		551.3
EAP		81.4	139.0	1,000.0	1,139.0
SAR		41.2	1,355.3		1,355.3
LCR		39.0	115.0	100.0	215.0
ECA		28.0	145.0	103.5	248.5
<b>TOTAL</b>		<b>1,379.3</b>	<b>9,580.0</b>	<b>1,203.5</b>	<b>10,783.5</b>

**GRAND TOTAL 10,783.5**



*Source:* Original figure for this publication adapted from World Bank and Global Financing Facility data.  
*Note:* AFR = Combining Eastern & Southern Africa and Western & Central Africa; MENAAP = Middle East, North Africa, Afghanistan & Pakistan; EAP = East Asia and Pacific region; SAR = South Asia region; LCR = Latin America and Caribbean region; ECA = Europe and Central Asia region.

# Disbursements

As of December 31, 2025, a total of US\$1 billion GFF country grants has been disbursed, which is linked to a total of US\$6.5 billion in disbursements from IDA and the International Bank for Reconstruction and Development (IBRD).

Figure 8 illustrates the actual disbursements and projections for future periods on a calendar year basis.

*Source:* Original figure for this publication adapted from World Bank and Global Financing Facility data.

*Note:* GFF = Global Financing Facility; IDA = International Development Association; IBRD = International Bank for Reconstruction and Development. Disbursements prior to 2021 are not included in the chart. The IDA/IBRD disbursement projection assumes a linear distribution of the undisbursed balance from 2026 through the project's closing year. Historical disbursements reflect project cancellations and refunds as of December 31, 2025. Thus, the numbers could vary from previous reports. Disbursement projections for future years will be recalibrated as additional country grants are approved under the 2026-2030 strategy.

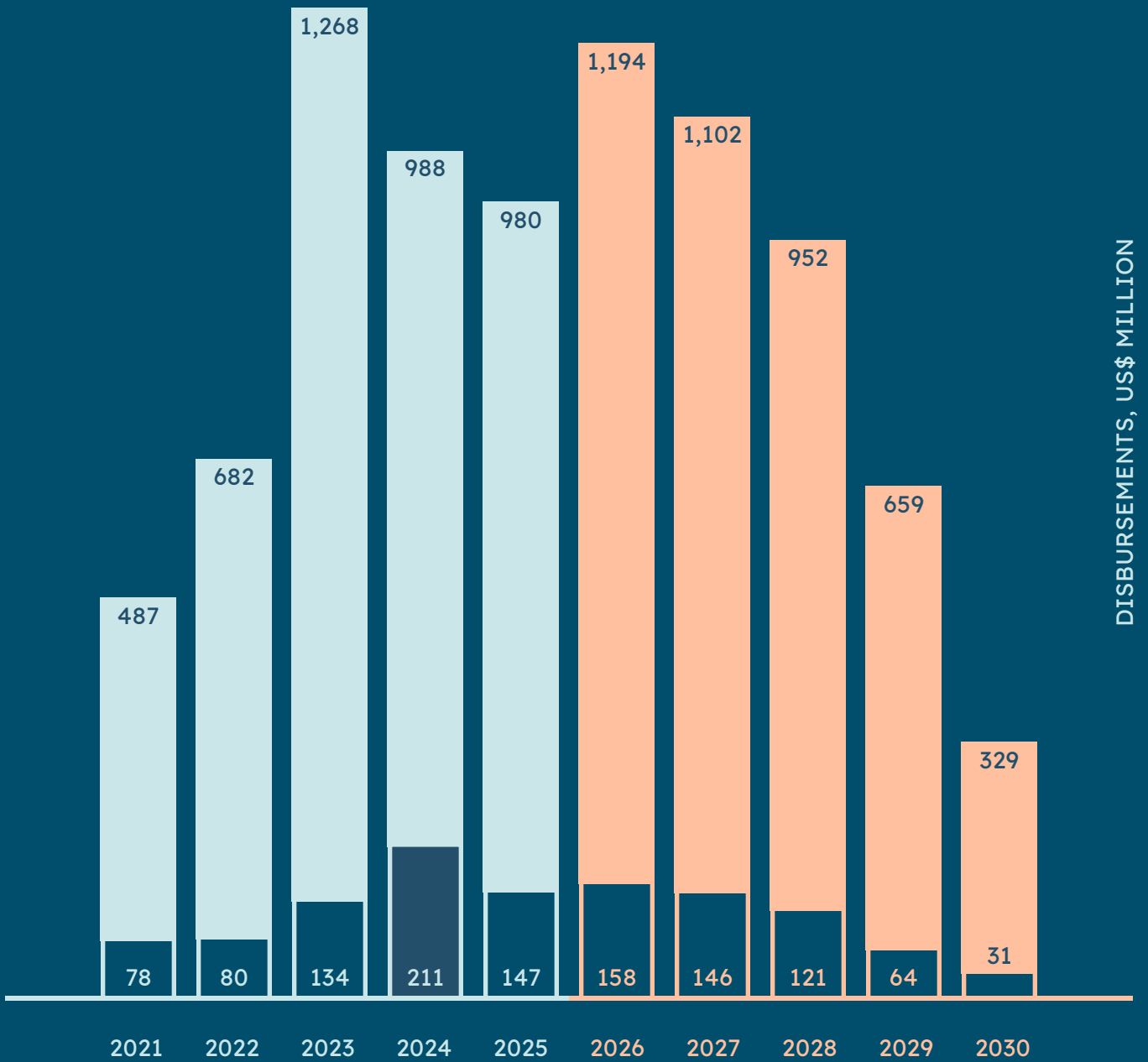
© Achmad Zulkarnain/World Bank



**FIGURE 8.**

GFF Country Grants and IDA/IBRD Project Disbursements (Actuals and Projections): Board-Approved Projects as of December 31, 2025

- GFF ACTUAL
- IDA/IBRD ACTUAL
- GFF PROJECTIONS
- IDA/IBRD PROJECTIONS



**Table 1.** Board-Approved GFF First-Round Country, Strategic Initiative Grants, and Challenge Fund Grants (US\$ MILLION)

CATEGORY	GFF PARTNER COUNTRIES	BOARD DATE	CLOSING DATE	GFF GRANT	LINKED IDA	LINKED IBRD
<b>GFF first-round</b>	AFGHANISTAN	3/28/2018	6/30/2026	35.0	133.3	-
	BANGLADESH	7/28/2017	6/30/2024	15.0	490.6	-
	BANGLADESH (EDUCATION)	12/18/2017	6/30/2023	1.2	485.7	-
	BURKINA FASO	7/6/2018	6/28/2024	19.1	73.7	-
	CAMBODIA	4/4/2019	6/30/2026	10.0	15.0	-
	CAMEROON	5/3/2016	12/31/2022	14.6	86.1	-
	CENTRAL AFRICAN REPUBLIC	9/27/2018	1/31/2023	9.9	42.0	-
	CHAD	8/6/2021	12/31/2026	16.5	90.0	-
	CÔTE D'IVOIRE	3/22/2019	4/14/2025	19.2	195.4	-
	DEMOCRATIC REPUBLIC OF CONGO (AF)	3/31/2017	6/30/2024	39.9	328.5	-
	DEMOCRATIC REPUBLIC OF CONGO (AF-CRVS)	3/29/2016	12/31/2020	9.2	39.8	-
	DEMOCRATIC REPUBLIC OF CONGO (NUTRITION)	5/28/2019	7/4/2026	10.0	492.0	-
	ETHIOPIA	5/9/2017	6/30/2022	59.3	155.8	-
	GHANA	6/10/2022	6/30/2026	15.0	150.0	-
	GUATEMALA	3/24/2017	7/31/2027	9.0	-	100.0
	GUINEA	4/25/2018	6/30/2024	9.9	40.5	-
	HAITI	5/16/2019	12/31/2026	15.0	55.0	-
	INDONESIA	6/21/2018	12/30/2023	19.9	-	400.0
	KENYA	6/15/2016	9/30/2023	39.2	130.2	-
	LIBERIA (AF)	2/23/2017	11/30/2021	16.0	9.7	-
	MADAGASCAR	3/29/2022	6/30/2026	17.0	100.0	-
	MADAGASCAR (CRVS)	9/29/2020	6/30/2026	3.0	140.0	-
	MALAWI	12/19/2018	6/30/2025	10.0	48.8	-
		6/13/2024	12/31/2029	10.0	50.0	-
	MALI	3/19/2019	6/30/2024	10.0	48.4	-
	MAURITANIA (HCP)	3/21/2024	6/30/2029	15.0	52.3	-
	MOZAMBIQUE	12/20/2017	12/31/2023	21.1	75.1	-
	NIGER (HCP-HEALTH)	9/23/2021	12/31/2026	25.0	100.0	-
	NIGERIA (AF)	6/7/2016	10/31/2020	11.3	221.0	-
	NIGERIA (NUTRITION)	6/27/2018	12/31/2024	7.0	131.2	-
	NIGERIA (PART 2)	8/13/2018	6/30/2021	6.2	-	-
	PAKISTAN	6/7/2022	12/31/2026	40.0	258.0	-
	RWANDA (HEALTH)	2/28/2018	12/31/2026	10.0	25.0	-
	RWANDA (SP-AF)	4/12/2018	12/31/2021	8.0	79.3	-
	SIERRA LEONE	12/9/2021	12/31/2027	10.0	40.0	-
	SOMALIA	6/28/2021	12/31/2026	25.0	75.0	-
	TAJIKISTAN	10/24/2023	12/31/2028	2.5	40.0	-
	TAJIKISTAN (EARLY YEARS)	4/30/2020	11/30/2027	3.0	70.0	-
	TANZANIA	5/28/2015	6/30/2021	34.0	186.2	-
	UGANDA	8/4/2016	9/30/2023	29.9	109.2	-
	VIETNAM	6/19/2019	12/31/2024	17.0	69.0	-
	ZAMBIA	6/28/2021	12/31/2024	10.0	10.8	-
	ZAMBIA (COVID)	10/20/2020	12/31/2024	5.0	19.0	-
ZIMBABWE	9/21/2020	3/31/2024	24.7	-	-	
SENEGAL—1	3/5/2013	6/30/2019	4.5	-	-	
SENEGAL—2	9/26/2019	12/31/2025	10.0	120.0	-	
	<b>SUBTOTAL OF FIRST-ROUND COUNTRY GRANTS</b>			<b>752.0</b>	<b>5,081.8</b>	<b>500.0</b>
<b>Strategic initiatives</b>	CÔTE D'IVOIRE	5/19/2022	12/31/2026	5.0	200.0	-
	KENYA	6/15/2023	12/31/2028	9.0	220.0	-
	PAKISTAN	6/7/2022	12/31/2026	2.0	-	-
	TAJIKISTAN	3/24/2023	6/30/2027	2.5	35.0	-
	UGANDA	4/1/2025	12/31/2031	9.0	250.0	-
	ZAMBIA	3/28/2024	6/30/2028	7.0	150.0	-
	<b>SUBTOTAL OF STRATEGIC INITIATIVES GRANTS</b>			<b>34.5</b>	<b>855.0</b>	
<b>Challenge Fund</b>	SOMALIA	6/28/2021	12/31/2026	5.0	7,274.3	
	<b>SUBTOTAL OF CHALLENGE FUND SUPPLY CHAIN</b>			<b>5.0</b>		
	<b>GRAND TOTAL</b>			<b>791.5</b>	<b>5,936.8</b>	<b>500.0</b>

**Table 2. Board-Approved GFF Essential Health Services and Second-Round Country Grants (US\$ MILLION)**

CATEGORY	GFF PARTNER COUNTRIES	BOARD DATE	CLOSING DATE	GFF GRANT	IDA	IBRD	
<b>Essential health services (EHS)</b>	AFGHANISTAN	5/24/2022	5/31/2027	19.0	-	-	
	BURKINA FASO	6/28/2022	9/30/2024	12.9	46.6	-	
	BURKINA FASO (PART 2)	1/24/2025	1/31/2030	7.0	-	-	
	CAMBODIA	3/10/2022	12/31/2027	15.0	55.0	-	
	CENTRAL AFRICAN REPUBLIC	6/3/2022	9/30/2027	12.0	58.0	-	
	ETHIOPIA	12/13/2022	6/30/2026	20.0	-	-	
	GHANA	6/10/2022	6/30/2026	16.0	-	-	
	GUINEA	12/19/2023	1/31/2032	16.0	158.0	-	
	HONDURAS	6/16/2022	11/30/2028	15.0	60.0	-	
	INDONESIA	3/12/2023	12/30/2023	2.6	-	-	
		6/26/2023	8/31/2028	17.0	-	600.0	
	LIBERIA	9/28/2022	8/31/2026	11.0	20.0	-	
	MADAGASCAR	3/29/2022	6/30/2026	15.0	-	-	
	MALAWI	6/21/2022	12/31/2025	10.0	50.0	-	
	PAKISTAN	6/7/2022	12/31/2026	40.0	-	-	
	RWANDA	4/16/2021	6/30/2025	15.0	29.9	-	
	SENEGAL	6/30/2023	12/31/2025	15.0	-	-	
	SIERRA LEONE	12/9/2021	12/31/2027	10.0	-	-	
	TAJIKISTAN	10/24/2023	12/31/2028	10.0	-	-	
	TANZANIA	12/20/2022	12/31/2027	25.0	250.0	-	
	TANZANIA (INNOVATION)	6/26/2024	12/31/2027	8.5	-	-	
	UGANDA	12/16/2021	6/30/2025	15.9	151.8	-	
	UKRAINE	12/20/2022	12/23/2026	10.0	-	103.5	
ZIMBABWE	12/7/2023	11/15/2025	15.0	-	-		
	<b>EHS TOTAL</b>			<b>352.9</b>	<b>879.2</b>	<b>703.5</b>	
<b>GFF second-round</b>	BANGLADESH	12/19/2024	6/30/2029	25.0	379.0	-	
	BURKINA FASO	1/24/2025	1/31/2030	10.0	150.0	-	
	CAMEROON	10/29/2025	12/31/2030	10.0	90.0	-	
	COTE D'IVOIRE	6/30/2023	6/30/2028	20.0	200.0	-	
	ETHIOPIA	12/13/2022	6/30/2026	25.0	400.0	-	
	ETHIOPIA (HCP)	6/16/2023	7/7/2028	5.0	400.0	-	
	GUINEA	9/23/2024	12/31/2029	10.0	85.0	-	
	KENYA	3/13/2024	6/30/2029	15.0	200.0	-	
	MALI	6/28/2024	6/30/2029	10.0	100.0	-	
	MOZAMBIQUE	2/29/2024	12/31/2028	20.0	100.0	-	
	NIGERIA	9/26/2024	6/30/2029	50.0	500.0	-	
	AFGHANISTAN (AF)	12/7/2023	5/31/2027	20.0	-	-	
	AFGHANISTAN (AF2)	3/6/2025	5/31/2027	15.0	160.0	-	
		<b>SUBTOTAL OF SECOND-ROUND COUNTRY GRANTS</b>			<b>235.0</b>	<b>2,764.0</b>	
		<b>GRAND TOTAL</b>			<b>587.9</b>	<b>3,643.2</b>	<b>703.5</b>

Source: Original tables for this publication adapted from World Bank and Global Financing Facility data. Note: IDA = International Development Association; IBRD = International Bank for Reconstruction and Development. When multiple GFF country grants are linked to a single World Bank project, the IBRD/IDA amount is presented only once in Table 1 and 2 to avoid double counting.

**The Joint Financing Framework (JFF) builds on the core alignment support provided by the GFF and reduces administrative burden and transaction costs for partner countries by offering a one-stop platform to crowd in external funding around specific WBG-financed projects (see table 3).**

**Table 3. Joint Financing Framework: Signed Contributions and Grants (US\$ MILLION)**

GFF PARTNER COUNTRIES	DONOR	SIGNED CONTRIBUTIONS	JFF RE GRANTS (INCL. FEES)	JFF BE GRANTS	LINKED IDA/IBRD
BURKINA FASO	GATES FOUNDATION	2.5	0.0	2.5	150.0
ETHIOPIA	GATES FOUNDATION	10.8	10.4	0.4	60.0
MALI	THE NETHERLANDS	15.8	15.6	0.2	100.0
NIGERIA	UNITED KINGDOM	12.5	11.0	1.5	500.0
	CHILDREN'S INVESTMENT FUND FOUNDATION (CIFF)	21.9	20.3	1.6	
UKRAINE	THE NETHERLANDS	10.5	10.4	0.1	103.5
<b>JFF TOTAL</b>		<b>74.0</b>	<b>67.7</b>	<b>6.3</b>	<b>913.5</b>

Source: Original table for this publication adapted from World Bank and Global Financing Facility data. Note: JFF = Joint Financing Framework; RE = recipient executed; BE = Bank executed; IDA = International Development Association. a. Contribution amounts are as of December 31, 2025. As some are not yet fully paid, the unpaid portion may change over time due to exchange rate fluctuations. b. Because JFF financials are reported separately from the GFF core funding, the IDA amounts shown here reflect project financing regardless of whether any GFF core grants exist. However, the US\$60 million in IDA for the Ethiopia project is purely additional leverage from the JFF contribution, as there were no core grants linked to that project.

# APPENDICES

## List of Acronyms

### ACRONYM MEANING

CSO	civil society organization
DRUM	domestic resource utilization and mobilization
FASTR	frequent assessment and system tools for resilience
FCV	fragile, conflict-affected, and violent settings
FY	fiscal year
GBV	gender-based violence
GFF	Global Financing Facility
HMIS	health management information systems
HIV	human immunodeficiency virus
HPV	human papillomavirus
HRH	human resources for health
IBRD	International Bank for Reconstruction and Development
IDA	International Development Association
JFF	Joint Financing Framework
KPI	key performance indicator
MAGE	Monitoring and Action for Gender and Equity
PMNCH	Partnership for Maternal, Newborn, and Child Health
PHC	primary health care
PforR	program-for-results
RMET	resource mapping and expenditure tracking
RMNCAH	reproductive, maternal, newborn, child and adolescent health
RMNCAH-N	reproductive, maternal, newborn, child, and adolescent health and nutrition
SBBC	Safer Births Bundle of Care
SRH	sexual and reproductive health
SUN	Scaling Up Nutrition Civil Society Network
UHC	universal health coverage
UN	United Nations
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WBG	World Bank Group
WHO	World Health Organization

## GFF Partner Countries

Afghanistan  
 Bangladesh  
 Burkina Faso  
 Cambodia  
 Cameroon  
 Central African Republic  
 Chad  
 Côte d'Ivoire  
 Democratic Republic of Congo  
 Ethiopia  
 Ghana  
 Guatemala  
 Guinea  
 Haiti  
 Indonesia  
 Kenya  
 Liberia  
 Madagascar  
 Malawi  
 Mali  
 Mauritania  
 Mozambique  
 Myanmar  
 Niger  
 Nigeria  
 Pakistan  
 Rwanda  
 Senegal  
 Sierra Leone  
 Somalia  
 Tajikistan  
 Tanzania  
 Uganda  
 Vietnam  
 Zambia  
 Zimbabwe

## ACKNOWLEDGMENTS

This report was prepared by the Global Financing Facility, under the leadership of Monique Vledder, GFF Director, and Luc Laviolette, Head of the GFF Secretariat, and in collaboration with the GFF's 36 partner countries and representatives of civil society organizations. Contributors include Aissa Santos, Anne-Sophie Monceau, Brendan Hayes, Charlotte Pram Nielsen, Cristina Bianchessi, Jennifer Harris Requejo, Karin Gichuhi, Matthijs Schuring, Marwa Ramadan, Peter Hansen, Rachel Neill, Richa Bhattarai, Supriya Madhavan, Sheryl Silverman, Tianying Chen, Vincent Villeneuve, GFF focal points, country coordinators and the World Bank country teams.

Writing and editorial support were provided by Kip Patrick and Kara Watkins. French translation by Aline Sazerac de Forge and Marion Celine Zibelli.

## Trust Fund Committee Members

The current GFF Trust Fund Committee members include Canada, Children's Investment Fund Foundation, Gates Foundation, Germany, Japan, the Netherlands, Norway, Sierra Leone (Ministerial Network Chair), the Susan Thompson Buffett Foundation, United Kingdom, and the World Bank Group.

Since inception, the GFF Trust Fund has also been supported by: Denmark, the European Commission, Fondation Botnar, Laerdal Global Health, MSD for Mothers, Qatar Fund for Development and Rockefeller Foundation.

## Investors Group (IG) Members 2025

### SOVEREIGN CONTRIBUTORS

- Government of Canada
- Government of Denmark
- Government of Germany
- Government of Japan, Japan International Cooperation Agency (JICA)
- Government of the Kingdom of the Netherlands (IG Co-Chair)
- Government of Norway
- Government of the United Kingdom

### GFF PARTNER COUNTRIES\*

- Government of Burkina Faso
- Government of Central African Republic
- Government of Côte d'Ivoire
- Government of Ethiopia
- Government of Liberia
- Government of Nigeria
- Government of Rwanda
- Government of Senegal
- Government of Sierra Leone (Ministerial Network Chair)
- Government of Tanzania

\* The GFF supports 36 partner countries. Membership on the IG rotates every three (3) years.

### YOUTH

- Lunia Center for Youths, Zimbabwe
- Naguru Youth Health Network, Uganda

### CIVIL SOCIETY

- Health NGOs Network (HENNET), Kenya
- Plateforme HINA, Madagascar
- Femmes-Santé-Développement (FESADE), Cameroon
- The Consortium of Reproductive Health Associations (CORHA), Ethiopia

### PHILANTHROPIC ORGANIZATIONS

- Gates Foundation
- Children's Investment Fund Foundation
- The Susan Thompson Buffett Foundation

### MULTILATERAL PARTNER INSTITUTIONS

- Gavi, the Vaccine Alliance
- Global Fund to Fight AIDS, Tuberculosis, and Malaria
- Partnership for Maternal, Newborn, and Child Health
- UNFPA
- UNICEF
- World Bank Group
- World Health Organization

### PRIVATE SECTOR

- Laerdal Global Health

