

Global Health Action Special Series

# Global Financing Facility for Women, Children, and Adolescents: Examining national priorities, processes, and investments



*The GFF's trajectory will shape health outcomes and future societies.*

## GLOBAL HEALTH ACTION SERIES

Healthy women and children are foundational for strong societies. Yet millions of preventable deaths among them still occur each year, underscoring the urgent need for stronger health systems and sustainable financing. The Global Financing Facility (GFF), hosted by the World Bank, aims to unite partners behind one national plan, align investments, and mobilize more resources for the health and rights of women, children, and adolescents.

A new [Special Series](#) in *Global Health Action*, “Global Financing Facility for Women, Children, and Adolescents: Examining national priorities, processes, and investments,” offers an independent assessment of the GFF’s first seven years. Researchers independently reviewed 54 GFF-related plans and projects from 28 countries and conducted four in-depth country studies, providing rich insights into the realities of financing, power, and participation in global health. The research was conducted by the **Countdown GFF Policy Analysis Collaboration**, a multidisciplinary group of mostly African-based academics, advocates, and policymakers, several with direct experience linked to GFF planning. The series includes nine academic papers, three commentaries, and an editorial.

## Key findings:

### BILLIONS

**\$14.5 billion was mobilized for women’s, children’s, and adolescents’ health** through 30 GFF-linked World Bank project between 2015-2022. The GFF grants comprised a small share of this total (4%). Most of the funding came from governments or low-interest World Bank loans. Many country stakeholders did not understand the GFF approach or that their grants are tied to World Bank loans.

### PEOPLE, POWER, AND PLATFORMS

The GFF shows promise through its emphasis on country-led plans informed by evidence.

**Power and politics also shaped key decisions.** Civil society, youth, and private sector were frequently left out of policy processes, especially early on. Countries developed Investment Cases with many priorities, often through inclusive processes. whereas, the GFF-linked World Bank projects addressed fewer priorities, sometimes did not align with the Investment Cases, and were developed with few actors, notably World Bank, government and GFF. True country ownership requires inclusive platforms that are resourced, representative, and accountable.

### COUNTING FOR ACCOUNTABILITY

**GFF has demonstrated a willingness to learn and adapt**, including through improved data platforms and evaluation efforts. The GFF-linked projects often track a limited set of indicators, missing critical measures of impact, quality, and equity. Strengthening national health information systems, prioritizing data on service quality and equity, and investing in independent, well-resourced accountability mechanisms are critical to ensure GFF funding is truly catalytic.

## Four Thematic Content Analyses

### Maternal and newborn health, including stillbirth

- 24 GFF planning documents from 11 African countries.
- Pregnancy and childbirth care are strongly emphasized, while stillbirth prevention, postnatal care, and care for small and sick newborns receive limited attention.
- Highlights the need for more balanced investments across the life course.

### Adolescent sexual and reproductive health (ASRH)

- 28 GFF planning documents from 16 countries.
- Adolescent health content was more strongly included in ICs than PADs but weaker in indicators and financing.
- Findings highlight the need for consistent, measurable targets and dedicated financing for ASRH.

### Community

- 12 GFF planning documents from 6 Francophone countries.
- Community health is included but unevenly funded.
- Investments centered on community health workers, with limited support for wider engagement.
- Findings underscore the need to integrate community health into national planning and budgeting.

### Quality of MNH

- 25 GFF documents from 11 African countries.
- Most documents mentioned quality, but the definitions were unclear and did not consistently include core components as defined by the WHO quality of care framework.
- Little attention was paid to the experience of care and quality of newborn care.
- Greater impact requires bridging approaches that link system investments with person-centred maternal and newborn care.

## Methodology

- GFF planning documents included:
  - National Investment Cases (24 documents): These are country-led planning documents co-developed and used by the government, GFF, and other partners to identify priority interventions for RMNCAH-N
  - GFF-linked Project Appraisal Documents (PADs) (30 documents): These are World Bank documents that describe a project that is financed by the World Bank, primarily by the International Development Association (IDA), and includes the GFF Multi-Donor Trust Fund Grant.
- Thematic content analysis applied the M3 framework (mindset, measures, money) to determine how thematic or health areas are described and framed in documents, how they are measured, and how they are financed.
- Country studies applied an adapted health policy analysis framework to guide the data collection and analysis.
- Multi-layered policy analysis examined the content of the GFF documents, the four thematic content studies, and the four country policy studies.

## Country Studies

### Burkina Faso - Form and function

- 74 documents reviewed and 23 interviews.
- Strong political commitment to GFF process, which was inclusive, multi-sectoral
- and alignment with national health priorities.
- Implementation constrained by policy fragmentation, competing interests, weak institutional anchoring, and political instability
- Effective policy alignment, promotion, and implementation requires transformational and distributive leadership.

### Mozambique - Sailing in stormy seas

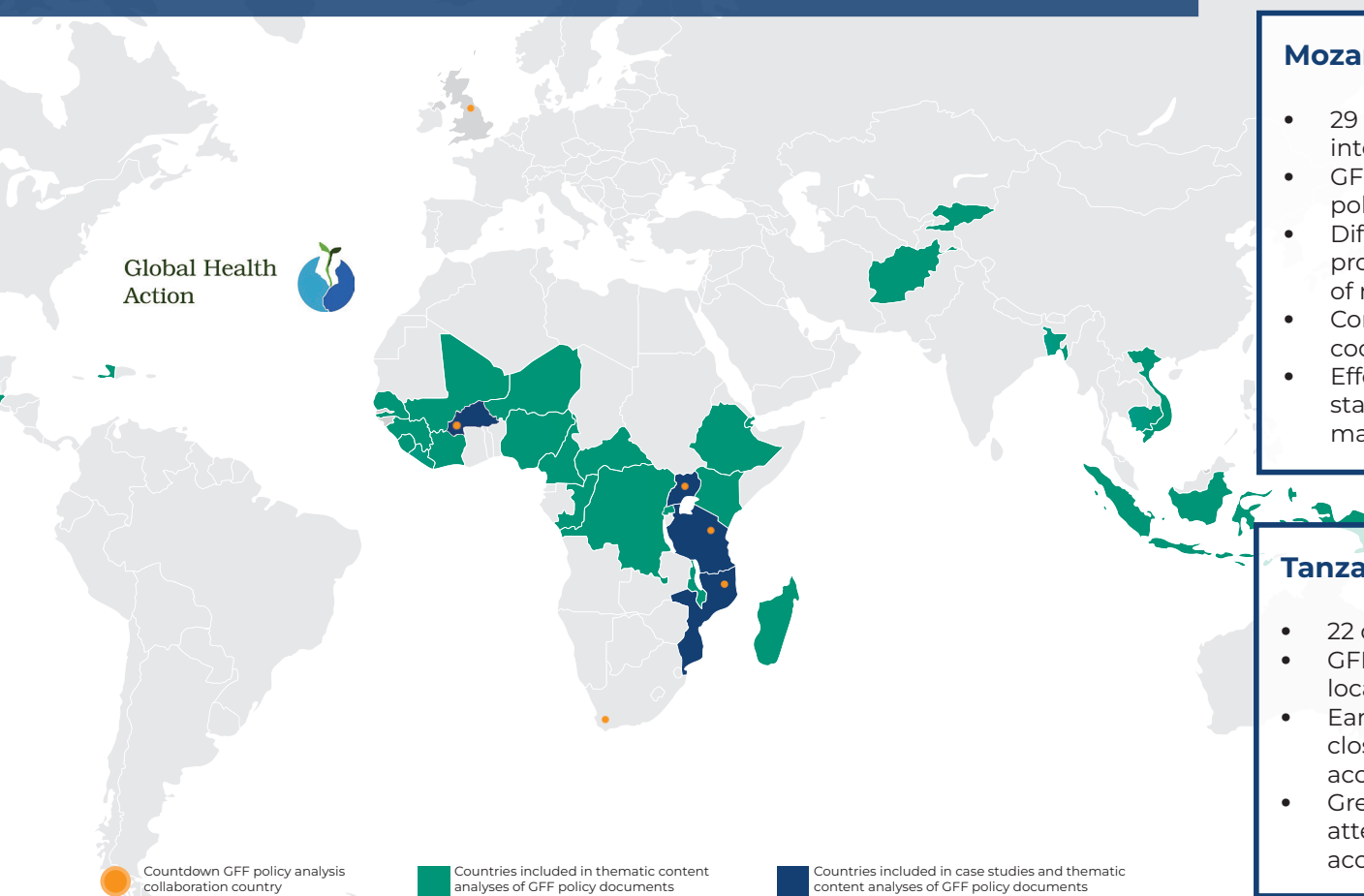
- 29 documents reviewed and 14 key informant interviews
- GFF with MOH enabled stakeholders convening and policy alignment
- Different viewpoints regarding the consultation processes, benefits, impacts, and transparency of national planning documents under the GFF.
- Contextual challenges, scepticism, and weak coordination hindered progress.
- Effective aid coordination requires inclusive stakeholder engagement, relationship management, and long-term institution building.

### Tanzania - Who is at the table?

- 22 documents and 21 key informant interviews
- GFF process was country-led, evidence-based, and locally relevant.
- Early phases were dominated by powerful elites and closed-door practices, limiting transparency and accountability.
- Greater inclusivity, community engagement, and attention to vulnerable groups are needed for accountability.

### Uganda - National ownership

- 8 policy documents reviewed and 16 key informant interviews
- National policy priorities and platforms shaped the agenda under the Ministry of Health leadership.
- Global actors and civil society influenced priorities, though some civil society groups were excluded.
- Showed the need for more inclusive and transparent engagement.



## Unwrapping the GFF - overview paper

- 54 GFF planning documents from 28 countries and cross-cutting analyses looking at four thematic content analyses and four country studies.
- US\$14.5 billion mobilised through World Bank projects (2015-2022), with GFF contributing 4%.
- Significant variation in priorities and processes across country documents and their development.
- GFF has mobilized resources for women's, children's, and adolescents', but countries face trade-offs: loans and narrowed priorities.
- GFF has potential and is learning as it grows, but needs more transparent accountability.

## Papers in the series

### Editorial and commentaries

1. George AS, Kinney MV, Lawn JE, Waiswa P. Behind the billions: Policies, politics and power of the Global Financing Facility for Women's, Children's, and Adolescents' Health. 2025;18(1):2554021. doi: 10.1080/16549716.2025.2554021.
2. Demby A, Laviolette L. Delivering on the Promise of Better Health for Women, Children, and Adolescents. Glob Health Action. 2025; 18: 2542609. doi: 10.1080/16549716.2025.2542609.
3. Khosla R, Bustreo F, Soucat A, Phumaphi J. Navigating Power, Participation, and Priorities: Critical Reflections for Global Financing Facility New Strategy Global Health Action. 2025; 18:2534250. doi: 10.1080/16549716.2025.2534250.
4. Musuva A, Ssenyonio A, Offosse MJ. Short-Term Relief: The Global Financing Facility's Missed Opportunity for Catalysing Sustainable Health Investment. Glob Health Action. 2025; 18: 2555052. doi: 10.1080/16549716.2025.2555052.

### Academic articles

5. Kinney MV, Kwasiga D, Lawn JE, Walmisley U, Kumar MB, Kiendrébéogo JA, et al. Unwrapping the Global Financing Facility: understanding implications for women's children's and adolescents' health through layered policy analysis. Glob Health Action. 2025;18(1):2476820. doi: 10.1080/16549716.2025.2476820.
6. Kiendrébéogo JA, Sory O, Kaboré I, Kafando Y, Steege R, George AS, et al. How does community health feature in Global Financing Facility planning documents to support reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNAH-N)? insights from six francophone West African countries. Glob Health Action. 2024;17(1):2407680. doi: 10.1080/16549716.2024.2407680.
7. Kinney M, Kumar MB, Kaboré I, Kiendrébéogo J, Waiswa P, Lawn JE. Global Financing Facility investments for vulnerable populations: content analysis regarding maternal and newborn health and stillbirths in 11 African countries, 2015 to 2019. Glob Health Action. 2024;17(1):2329369. doi: 10.1080/16549716.2024.2329369.
8. Kumar MB, Kinney M, Kiendrébéogo J, Shamba D, Lawn JE, Waiswa P. Examining priorities and investments made through the Global Financing Facility for maternal and newborn health: a sub-analysis on quality. Glob Health Action. 2024;17(1):2406486. doi: 10.1080/16549716.2024.2406486.
9. Walmisley U, Kinney MV, Kiendrébéogo JA, Kafando Y, George AS. Any better? A follow-up content analysis of adolescent sexual and reproductive health inclusion in Global Financing Facility country planning documents. Glob Health Action. 2024;17(1):2315644. doi: 10.1080/16549716.2024.2315644.
10. Chivangue A, Kinney MV, Stella D, Namburete D, George AS. Sailing global health initiative ships into stormy seas: navigating the introduction of the Global Financing Facility in Mozambique. Glob Health Action. 2025;18(1):2518651. doi: 10.1080/16549716.2025.2518651.
11. Kiendrébéogo JA, Sory O, Kaboré I, Kafando Y, Kumar MB, George AS. Form and functioning: contextualising the start of the global financing facility policy processes in Burkina Faso. Glob Health Action. 2024;17(1):2360702. doi: 10.1080/16549716.2024.2360702.
12. Wanduru P, Kwasiga D, Kinney M, George A, Waiswa P. Policy analysis of the Global Financing Facility in Uganda. Glob Health Action. 2024;17(1):2336310. doi: 10.1080/16549716.2024.2336310.
13. Shamba D, Baraka J, Kinney MV, George AS, Msemu G, Lawn JE, et al. Who is at the table and who has the power? Case study analysis of decision-making processes for the Global Financing Facility in Tanzania. Glob Health Action. 2025; 18: 2552531. doi: 10.1080/16549716.2025.2552531.

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Access the full Global Health Action Special Series and communication materials at: <https://soph.uwc.ac.za/news/new-special-series-in-global-health-action-on-the-global-financing-facility-for-women-children-and-adolescents>

