The Global Financing Facility (GFF) in support of Every Woman Every Child aims to accelerate efforts to end preventable maternal, newborn, child and adolescent deaths and improve the health and quality of life of women, adolescents and children.

The GFF means smart, scaled and sustainable financing designed to achieve and measure results.

1. SMART
Smart financing ensures that evidence-based interventions—whether clinical and preventive, health systems strengthening, or multisectoral—are prioritized and delivered in an efficient, results-focused manner.

2. SCALED
Scaled financing entails mobilizing the additional resources necessary to finance fully the RMNCAH agenda from domestic and international, and public and private sources.

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

GFF INVESTMENT CASES BUILD ON EXISTING PLANNING PROCESSES, IN LINE WITH THE PRINCIPLE OF COUNTRY OWNERSHIP:

HIGH-LEVEL VISION

Consultation → Core Analytics → Agreement on 2030 results (impact-level) and main obstacles to be focused on → Analysis by obstacle of demand, supply, enabling environment, multisectoral → Agreement by obstacle on results (output/outcome level) and interventions (long- and short-term) → Investment Case

DETAILED DIAGNOSIS AND PRIORITIZATION

MOBILIZATION OF FINANCING FOR INVESTMENT CASES

The GFF mobilizes resources for Investment Cases in two ways:

→ Improving the efficiency of financing for them

→ Attracting additional resources from a range of sources.

Once an Investment Case is agreed upon, financiers—both national and international—decide jointly on which elements are to be financed by each partner, in a country-led process. This reduces the gaps and overlaps in financing and ensures that financing is directed to high-impact interventions that are within the scope of the priorities that have been identified, leading to more efficient use of resources and better results.

Domestic sources are by far the largest contributors of financing for RMNCAH at the national level, and significant increases in domestic financing are required to close the resource gap for RMNCAH.
Prompt initiation of GFF support creates more opportunities to plan for economic growth and capture the benefits of it in ways that shift countries onto trajectories toward sustainable financing, which would enable nearly 20 countries to graduate from receiving GFF funding to fully financing their national RMNCAH responses from domestic resources by 2030. Currently, 62 high-burden, low- and lower-middle-income countries (highlighted above) are eligible for financing from the GFF Trust Fund.

**LINKING GRANT FUNDING TO WORLD BANK IDA AND IBRD PROJECTS**

As one of the multiple—both external and domestic—financiers of national RMNCAH Investment Cases, the GFF Trust Fund provides grant funding to countries in tandem with IDA and IBRD financing.¹ The GFF Trust Fund financing is linked to IDA and IBRD projects for three reasons:

- This helps lower transaction costs and increase efficiency, because jointly financed projects are prepared and supervised by the same World Bank staff and governments do not need to establish duplicate administrative structures.

- The link situates the trust fund resources in the on-going strategic dialogue between governments (including ministries of finance) and the World Bank, which is important to connect the work on health financing and domestic resource mobilization with broader macroeconomic policy discussions.

- It helps ensure that trust fund resources are on-budget and that they are additional to the financing provided by IDA and IBRD, rather than substituting for it.

¹ The process of allocating IDA and IBRD financing to countries is determined by existing World Bank Group procedures, which means that the level of IDA and IBRD resources used for RMNCAH is not fixed at a global level or mandated by the World Bank Group.

**INNOVATIVE ENGAGEMENT OF GLOBAL AND LOCAL PRIVATE SECTOR RESOURCES**

The private sector has considerable resources—operational, financial, and technical—that can make significant contributions to RMNCAH results at country level but are under-leveraged in many countries. Three challenges have been identified that the private sector brings particular comparative advantages to:

- Inadequate access to capital for healthcare providers, both in the form of working capital and capital to scale up operations (which limits the ability of these providers to contribute to RMNCAH results).

- Weak supply chains that result in shortages of key commodities

- Insufficiently adapted and inappropriate use of medical technology