



The Global Financing
Facility in Support of
Every Woman Every Child

Shifting the focus from inputs to results can help get high impact quality health care to women and children in some of the poorest communities around the world, and give them a better chance of surviving and thriving.



THE CHALLENGE

Is it too much to expect that a baby in Ethiopia and a baby in the United States should have the same opportunity to be born safely? Or that a mother in the Democratic Republic of the Congo and a mother in Norway or Canada should have the same opportunity to survive childbirth and care for her child?

Today, they do not: the child mortality rate in low-income countries is more than 15 times higher than in high-income countries. And maternal mortality is nearly 30 times higher. As the global community enters a post-2015 world of Sustainable Development Goals (SDGs), a considerable part of the reproductive, maternal, newborn child, and

adolescent health (RMNCAH) agenda remains unfinished. A large funding gap remains US\$33.3 billion in 2015 alone in high-burden, low- and lower-middle-income countries, equivalent to US\$9.42 per capita per year that can only be addressed by dramatic increases in financing from both domestic and international sources.



2012, 6.6 million children under five years old died around the world.

RESPONDING TO THE CHALLENGE

Announced in September 2014, the Global Financing Facility in support of Every Woman Every Child (GFF) aims to address the stark disparities while fostering new ways of financing for development in the post-2015 era.

Far too many newborns, children, adolescents, and women still die from preventable conditions every year, and far too few have reliable access to quality health services. The GFF aspires to prevent up to 3.8 million maternal deaths, 101 million child deaths and 21 million stillbirths in 63 high-burden countries by 2030, to support the United Nations Secretary-General's renewed Global Strategy for Women's and Children's Health and the Sustainable Development Goals.

Achieving and then sustaining such a transformation in health outcomes demands a change in how reproductive, maternal, newborn, child and adolescent health (RMNCAH) initiatives are financed, implemented and measured.

The GFF is rallying partners around country priorities, starting in the Democratic Republic of the Congo, Ethiopia, Kenya, and Tanzania, its four front-runner countries; and preparing to go to scale in a much larger group of countries from among the 32 countries accounting for 88 percent of all child and maternal deaths globally.

The GFF can help prevent up to:

3.8 million maternal deaths



101 million child deaths



21 million stillbirths in high burden countries by 2030



The GFF is bringing to bear smart, scaled and sustainable financing designed to achieve and measure results. This means:

- ▶ **Smart:** ensuring that evidence-based, high-impact interventions—such as nutrition, immunization and family planning—are prioritized and delivered in an efficient, results-focused manner
- ▶ **Scaled:** mobilizing the additional resources necessary to fully finance the maternal and child health agenda from both domestic and international, and both public and private sources
- ▶ **Sustainable:** securing universal access to essential services for every mother and every child by anticipating the economic transition of countries from low- to middle-income status



DELIVERING ON THE PROMISE

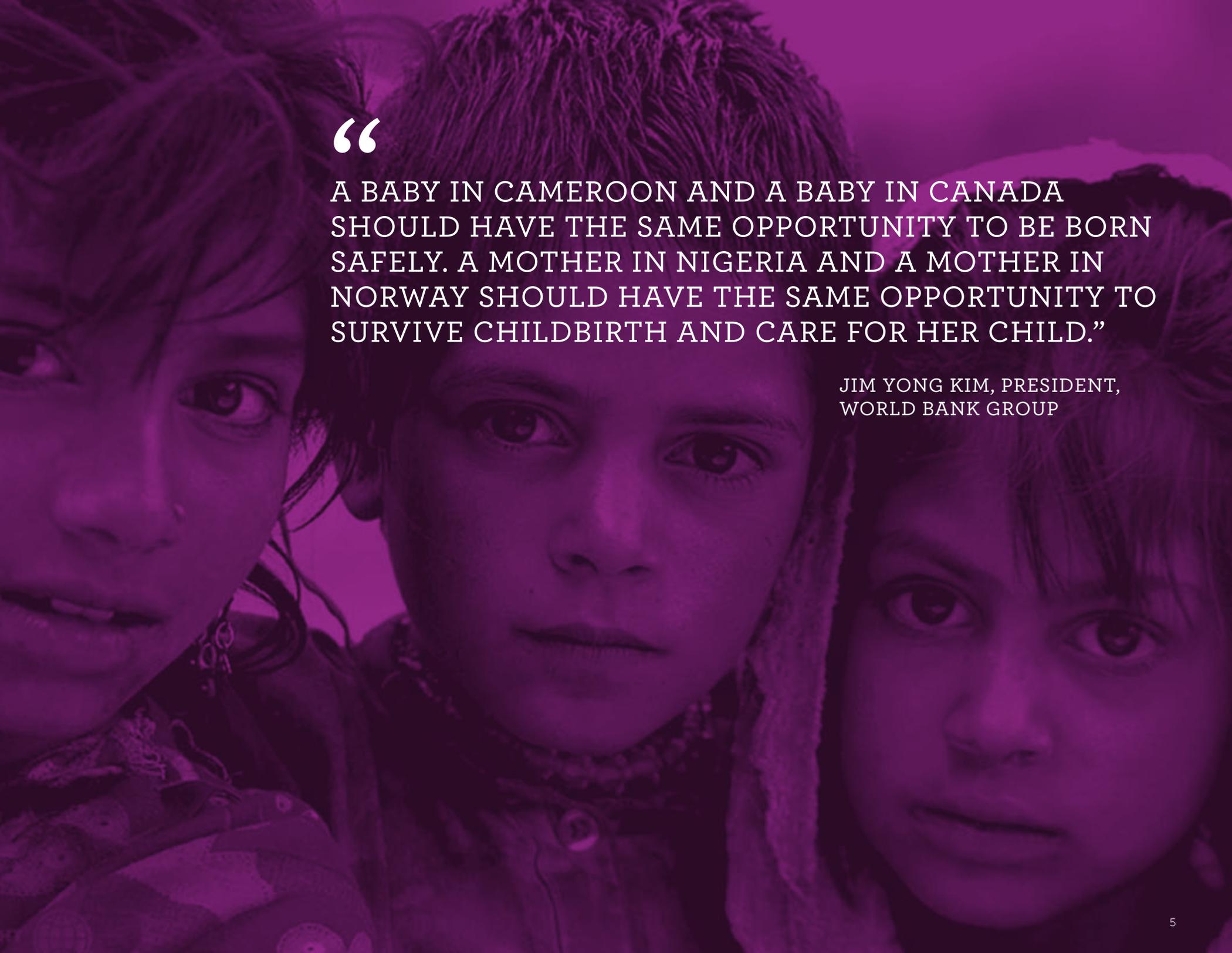
It is clear that if we are to bring about transformative improvements in maternal, adolescent and child health, we need to tackle tough issues and go beyond Official Development Assistance (ODA) resources.

The GFF acts as a pathfinder in a new era of financing for development by pioneering a model that shifts away from a focus solely on ODA to an approach that combines domestic financing, external support, and innovative sources for resource mobilization and delivery (including the private sector) in a synergistic way.

A GFF Trust Fund has been established at the World Bank. It builds on the experience and management capacity of the Health Results Innovation Trust Fund (HRITF) in providing results-focused financing to support countries to achieve RMNCAH results. It leverages additional financing for RMNCAH by linking grant funding to World Bank loans. The trust fund mobilizes the expertise of the entire World Bank Group, including the International Finance Corporation (IFC), the World Bank Group's private sector arm.

A total of 63 high-burden, low- and lower-middle income countries are eligible to receive grant resources from the trust fund. To reach all 63 countries, the GFF Trust Fund needs to rapidly increase its funding commitments beyond the current US\$800 million already committed by Norway and Canada to US\$2.6 billion.

**IT IS TIME TO ACT.
IF NOT NOW,
THEN WHEN?**



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A BABY IN CAMEROON AND A BABY IN CANADA SHOULD HAVE THE SAME OPPORTUNITY TO BE BORN SAFELY. A MOTHER IN NIGERIA AND A MOTHER IN NORWAY SHOULD HAVE THE SAME OPPORTUNITY TO SURVIVE CHILDBIRTH AND CARE FOR HER CHILD.”

JIM YONG KIM, PRESIDENT,
WORLD BANK GROUP

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