

Global Financing Facility for Women, Children and Adolescents

This brief is intended to support government officials, development partners, civil society, and other stakeholders in advocating for prioritization of medical oxygen, pulse oximetry, and respiratory therapies in investment cases for women's, children's, and adolescent health and nutrition in GFF partner countries.

The Global Financing Facility for Women, Children and Adolescents (GFF), housed at the World Bank Group (WBG), was established in 2015 with the vision to end preventable maternal and child deaths. Over the past decade, US\$2.5 billion in GFF grants has leveraged more than \$11 billion in additional WBG financing to expand access to lifesaving care in 38 countries.

As of January 2026, [56 countries are eligible](#) for support under the new GFF [2030 strategy](#), which lays out two goals:

- **Delivery of quality, affordable essential health and nutrition services** for women, children, and adolescents.
- **Transformation of country health systems** to prioritize and sustain their investments in women, children, and adolescents.

As medical oxygen and pulse oximetry are essential tools to diagnose, monitor, and treat a wide range of conditions that threaten the health and survival of women, children, and adolescents, increased access to them is well-aligned with the GFF's goals. As oxygen therapy treats hypoxemia regardless of the underlying cause, it is a non-disease-specific treatment and especially well-suited for health system strengthening.

Tips!

- **Embed oxygen in maternal, child, and adolescent health priorities** by positioning oxygen, pulse oximetry, and respiratory therapies as essential for maternal, newborn, and child survival (e.g., for pneumonia, neonatal care, obstetric emergencies), in alignment with results frameworks.
- **Define a costed, system-wide oxygen package** that includes production, delivery devices, pulse oximeters, maintenance, workforce (biomedical engineers), and data—and that is clearly linked to service delivery outputs and outcomes.
- **Include measurable indicators** that track performance (e.g., percentage of facilities/neonatal intensive care units/pediatric wards/labor wards with functional oxygen systems, pulse oximetry coverage, uptime, and others).



Prioritizing medical oxygen in country investment cases

GFF-eligible countries should include medical oxygen and pulse oximetry as part of their national investment case for primary health care (PHC), with a focus on improving reproductive, maternal, newborn, child, and adolescent health and nutrition (RNMCAHN) outcomes. The investment case is usually a three- to five-year plan – ideally updated on an annual basis – that outlines how partner country governments will prioritize and use domestic resources and funding from the GFF, WBG, bilateral donors, philanthropies, and other global financing partners to accelerate achievement of national maternal, child, and adolescent health goals.

At its core, a GFF investment case answers three questions:

1. *What are the biggest causes of death and poor health for women, children, and adolescents?*
2. *Which interventions will have the greatest impact?*
3. *How will they be financed and implemented at scale?*

Prioritization of medical oxygen and pulse oximetry in national investment cases starts with demonstrating how increased access to both addresses these three questions: *How many lives can be saved with increased access to pulse oximetry and medical oxygen? What type of investments are most cost-effective? How much will they cost to deliver at scale?*

There is strong evidence to help make the case for including medical oxygen in country investment cases. The work of the [Lancet Global Health Commission on medical oxygen security](#), the [Global Oxygen Alliance investment case](#), and a vast, peer-reviewed literature hosted at the [Access to Oxygen \(A2O₂\) Resource Library](#) include estimates of gaps in oxygen access for all regions, many countries, and critical populations, including pregnant women and children.

Government officials, development partners, and other stakeholders involved in the GFF may be unaware of the wide gaps in access to pulse oximetry, oxygen, and respiratory care that are contributing to preventable deaths for women, children – especially newborns – and adolescents. Active stakeholder engagement in GFF-supported country platforms and development of national investment cases and budget processes can bring attention to these gaps and help strengthen maternal, newborn, child and adolescent health services.



Engaging in country investment case development

The GFF operates through **country platforms**, which coordinate priorities, financing, and implementation across government, the World Bank, United Nations (UN) agencies, donors, and civil society. The country platform is typically chaired by the country's ministry of health, with strong involvement from the ministry of finance.

The GFF country-led, catalytic financing model embodies the Lusaka Agenda and Accra Reset principles of country ownership. The GFF operates through **government-led country platforms**, which coordinate priorities, financing, and implementation across the whole of government, WBG, United Nations (UN) agencies, donors, civil society, and private sector partners operating in the country. The country platform is typically chaired by the country's ministry of health, and a **government focal point for the GFF within the ministry of health** usually leads day-to-day coordination of the country platform. This person is supported by a **GFF country coordinator (GCC)**, a local member of the GFF Secretariat team who facilitates communications and engagement between the government and global and national stakeholders and helps coordinate technical assistance and financing alignment. The GCCs are core team members for WBG lending operations—co-financed by GFF. In addition, each GFF partner country has a **GFF focal point** in the GFF Secretariat who is responsible for managing the GFF portfolio in a given country. This integrated GFF and WBG country team approach provides structured pathways for external actors to engage in a predictable, government-led governance framework. Contact names and emails for each GFF partner country are available on the GFF website (see below).

The investment case process typically begins with a government-led situation analysis to identify the leading health burdens, service gaps, and system constraints, followed by the prioritization of high-impact RNMAHN interventions and the costing of a targeted package of services. This is translated into an investment case developed jointly by the government, GFF, WBG, and other partners, aligned with national strategies and fiscal frameworks. The GFF then offers a grant envelope linked to WBG (IDA or IBRD) financing and RNMAHN results that is negotiated with the government and approved by the WBG's

Board of Directors, typically with the ministry of finance acting as the borrower. This on-budget financing is typically disbursed according to agreed implementation arrangements and results frameworks, either through national treasuries or dedicated project accounts. The ministry of health is usually responsible for implementation and reporting and periodic reviews used to trigger subsequent disbursements.

The GFF also provides a platform for mobilizing other sources of funding e.g. from bilateral sovereign donors, philanthropies, or the private sector to align their financing behind these country-led plans and bring those resources on-budget, reducing health sector fragmentation. External actors, including UN agencies and other global and regional technical organizations, provide evidence, data analysis, and support for prioritizing and costing interventions, as well as strengthening health system diagnostics. They may also be contracted by the government to support project implementation. During financing discussions, they may also align and/or co-finance parts of the investment case, including through parallel funding, pooled resources, or contributions coordinated alongside the GFF and the WBG.



Maximizing success: Practical tips

Collect the evidence

- ▶ Review existing national health and oxygen plans (if available) to identify priorities.
- ▶ Review existing investment cases to determine whether medical oxygen and pulse oximetry have been included.
- ▶ Collect all available quality, national and subnational evidence about the current state of access to medical oxygen and pulse oximetry and how closing coverage gaps will contribute to maternal, child, and adolescent survival and quality of life.

Leverage civil society

- ▶ Engage with relevant national civil society groups, including those focused on oxygen.
- ▶ Engage with and educate members of Parliament, who approve WBG loans for their country, about the importance of oxygen investments.
- ▶ Meet with members of the GFF Civil Society Coordinating Group active in their countries.
- ▶ Engage the consortium leads for the new GFF x CIVIC Platform (PATH, African Institute for Development Policy, and Organization of African Youth) to prioritize oxygen investments in their advocacy and grantmaking for increasing domestic resource mobilization.

Engage key stakeholders early

- ▶ Map and engage the key institutions and individuals shaping the investment case process in-country—including but not limited to the ministry of health/government focal point, ministry of finance, GCC and GFF focal points, bilateral and philanthropic donors, UN and other technical agencies, and civil society and youth partners.
- ▶ Request to join or observe the country platform and participate in consultations and technical working groups related to investment case development, costing, and assessment.
- ▶ Advocate for inclusion of oxygen in the investment case by presenting the evidence collected and remaining engaged throughout the budgeting, design, implementation, and assessment process. (NOTE: There are often additional opportunities later on in the process to do this, e.g., when WBG-GFF co-financed projects are restructured or enter a second financing phase).

Influence the investment case

- ▶ Draft a package of evidence-based interventions that would increase oxygen access for pregnant women, children, and adolescents and would deliver impact, equity, and value for money.
- ▶ Cost the interventions, including capital investments and ongoing operational and delivery costs.
- ▶ Develop relevant oxygen-related targets and indicators to measure the impact of the investment on women's, children's and adolescents' health.

Examples of priority oxygen investments

Facility oxygen care package (neonatal, pediatric, and maternity wards)

Output: Functional oxygen systems established in neonatal intensive care units (NICUs), pediatric wards, and maternity wards.

Activities: Procure/install concentrators, pressure swing adsorption (PSA)–/liquid oxygen–linked supply, bubble continuous positive airway pressure, and delivery devices (flowmeters, cannulae, masks).

Indicators:

- ▶ Percentage of facilities with functional oxygen systems in NICUs, pediatric wards, and maternity wards.
- ▶ Oxygen availability by ward (hours/day or percentage of uptime).
- ▶ Time from hypoxemia diagnosis (blood oxygen saturation <90 percent) to initiation of oxygen (minutes).

Pulse oximetry + clinical use

Output: Routine screening and monitoring of hypoxemia.

Activities: Scale up pulse oximeter with neonatal/pediatric probes; integrate into triage and inpatient protocols.

Indicators:

- ▶ Percentage of newborns/children with blood oxygen saturation assessed at admission.
- ▶ Percentage of hypoxemic newborns/children correctly identified.
- ▶ Percentage of hypoxemic newborns/children correctly treated with oxygen.

Workforce capacity (clinical + biomedical)

Output: Trained workforce to deliver and maintain oxygen systems.

Activities: Train clinicians in oxygen therapy and newborn, pediatric, and obstetric care; train biomedical engineers in installation, preventive maintenance, and repair.

Indicators:

- ▶ Percentage of clinicians in NICUs, pediatric wards, and maternity wards trained in oxygen therapy.
- ▶ Percentage of wards/facilities with access to biomedical maintenance support.
- ▶ Percentage of equipment functionality.

Oxygen data systems (health management information system integration)

Output: Oxygen indicators embedded in health management information system for NICUs, pediatric wards, and maternity wards.

Activities: Add oxygen metrics to health management information system dashboards; conduct routine data review and use.

Indicators:

- ▶ Percentage of wards/facilities reporting oxygen indicators.
- ▶ Percentage of hypoxemic newborns/children/pregnant women receiving oxygen.
- ▶ Stockout rates/downtime of oxygen systems.

Contact information

- ▶ **Government focal points**
<https://www.globalfinancingfacility.org/country-support>
- ▶ **GFF Country Coordinators**
<https://www.globalfinancingfacility.org/contact-us>
- ▶ **GFF Secretariat**
<https://www.globalfinancingfacility.org/secretariat>
- ▶ **World Bank country offices**
<https://www.worldbank.org/ext/en/where-we-work>

Resources

- ▶ **GFF Transform 2030 Strategy**
<https://www.globalfinancingfacility.org/strategy>
- ▶ **Country-led Investment Cases for Improved Health of Women, Children, and Adolescents**
<https://gffklportal.org/knowledge/ic-principles-guidance-and-resources/>
- ▶ **GFF CSOs and Youth Engagement web page**
https://www.globalfinancingfacility.org/partnership/csos-youth_
- ▶ **Global Financing Facility Medical Oxygen Investment Guide**
<https://www.path.org/resources/global-financing-facility-oxygen-investment-case-guide/>
- ▶ **GFF Data Portal**
<https://data.gffportal.org/>