8/31/2026

Financing Navigation Guide

Reproductive Health SUPPLIES COALITION

RESULTS FOR DEVELOPMENT

Abbreviations and Acronyms

ACT	Artemisinin-based Combination Therapy
CH	Child Health
CFT	Comprehensive Financing Tool
CNF	Child Nutrition Fund
DLI	Disbursement Linked Indicators
DPP	The Dual Prevention Pill
DRM	Domestic Resource Mobilization
FP	Family Planning
GDP	Gross Domestic Product
GFF	Global Financing Facility
GNI	Gross National Income
HIV	Human Immunodeficiency Virus
HSS	Health Systems Strengthening
IDA	International Development Association
IMF	International Monetary Fund
IPF	Investment Project Financing
IsDB	Islamic Development Bank
KIIs	Key Informant Interviews
LLF	Lives and Livelihoods Fund
LMICs	Low- and Middle-Income Countries
MH	Maternal Health
MMS	Multiple Micronutrient Supplementation
MNCH	Maternal, Neonatal and Child Health
MVA	Manual Vacuum Aspirators
NH	Neonatal Health
NLU	New and Lesser Used Products Fund
P4R	Program for Results
PFM	Public Financial Management
PMTCT	Prevention of Mother-to-Child Transmission
POCUS	Point-of-Care Ultrasound
R4D	Results for Development
RH	Reproductive Health
RHSC	Reproductive Health Supplies Coalition
RMNCAH-N	Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition

S-CAP	Sustainable Commodity Access Program
TAG	Technical Advisory Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VII	Vaccine Independence Initiative
WB	World Bank

Executive Summary

Access to reproductive health (RH) and neonatal health supplies[1] in low- and middle-income countries (LMICs) is increasingly constrained by insufficient, fragmented, and unpredictable financing. Declining donor support, limited fiscal space, and complex public financial management (PFM) systems with technical capacity gaps, poor execution rates, weak accountability mechanisms and outdated accounting structures, among other challenges, have made it difficult for governments to sustainably procure priority health supplies. While a growing number of global financing and co-financing mechanisms exist to support commodity procurement, they are often difficult to navigate due to unclear eligibility rules, varying co-financing requirements, and limited to no guidance on how to use them together strategically.

The *Financing Navigation Guide* (henceforth referred to as, The Guide), addresses this challenge by providing practical, country-focused guidance on how to interpret, navigate, and optimize global financing and co-financing mechanisms for the procurement of reproductive and neonatal health commodities. The Reproductive Health Supplies Coalition (RHSC) contracted and provided technical oversight to Results for Development (R4D) to develop the *Comprehensive Financing Tool (CFT)*, an interactive resource aimed at equipping country-level decision-makers with the resources they need to effectively and efficiently fund RH and neonatal health supplies (explored in more detail on page 23). The Guide, which complements a detailed global mapping by translating technical information into actionable insights for country decision-makers and partners, forms one of the foundational components of the *CFT*.

The Guide provides a set of guiding questions (based on the scope of the global financing and co-financing mechanisms) organized around three core considerations: commodity scope, time horizon and administrative burden, and domestic co-financing considerations. Recognizing that most mechanisms require domestic contributions, the Guide emphasizes the importance of

[1] For this scope of work, reproductive health (RH) supplies encompass family planning, maternal health, menstrual health, and safe abortion commodities.

assessing not only fiscal space, but also strengthening PFM capacity, budget execution, and institutional coordination.

The Guide also offers practical considerations for stacking and sequencing multiple mechanisms. It encourages countries to build on existing financing arrangements, prioritize options that offer the best value for money — an optimal combination of cost, quality, quantity and sustainability — and avoid overextending limited fiscal and administrative capacity. Government leadership, alignment with national strategies, and realistic implementation planning are emphasized throughout.

Finally, the Guide includes snapshots of country utilization for selected mechanisms, highlighting where countries have accessed financing for specific commodities and documenting early success stories where available. While utilization evidence is still evolving, particularly for newer mechanisms, these examples illustrate how global financing tools are being applied in practice.

Together, the Guide and accompanying global mapping aim to reduce information asymmetries, support more coordinated financing strategies, and strengthen countries' ability to sustainably procure reproductive and neonatal health supplies.

Introduction and Scope

Background and Rationale

Access to RH and neonatal health supplies[2] in LMICs is threatened by insufficient, unreliable, and fragmented financing. Declining donor contributions, stagnant domestic spending, and growing demand have created significant funding gaps. Global financing mechanisms, positioned to supplement and incentivize domestic resource mobilization (DRM), are often complex and difficult to navigate due to unclear requirements for eligibility, a lack of guidance on how to optimize or leverage multiple mechanisms at once, and inefficiencies in application and reporting processes. Simultaneously, mobilizing domestic resources in LMICs for RH and neonatal health is subject to competition from other health areas, shifting political priorities, limited fiscal space, and PFM challenges. Taken together, these dynamics undermine the impact of both global and domestic financing opportunities to improve access to RH and neonatal health supplies in low-resource settings.

Donors and country-level decision-makers alike are eager to overcome information asymmetries and other barriers that hinder the effective use of global financing mechanisms and directly impact the availability of essential products for maternal and neonatal health, safe abortion, family planning, and menstrual health. By equipping countries with clearer guidance on leveraging global financing options, country stakeholders are empowered to play a more proactive and informed role to not only increase financial commitments for RH and neonatal health supplies, but also ensure that financing approaches are diversified, coordinated, aligned, and responsive to financing realities at the country-level as well as the needs of the end-user.

In response to these challenges, this Guide introduces a structured mapping of global financing and co-financing mechanisms relevant to RH and neonatal health commodities and provides practical guidance on how countries can navigate and optimize their use. The Guide is designed to:

- reduce information asymmetries by clarifying eligibility requirements, financing modalities, and DRM expectations across mechanisms, and
- highlight strategic questions and overarching guidance for the optimization, stacking and sequencing of multiple global financing mechanisms.

Together, the Guide and accompanying global mapping aim to support country decision-makers and partners to make more informed, coordinated, and sustainable financing choices that strengthen access to priority health supplies.

[2] For this scope of work, reproductive health (RH) supplies encompass family planning, maternal health, menstrual health, and safe abortion commodities.

Health Area and Commodity Scope

In our mapping and this Guide, we have prioritized specific health areas relevant to RHSC's mandate – reproductive health – and its associated commodities. Importantly, RHSC's definition of reproductive health is inclusive of maternal and menstrual health products in addition to family planning and safe abortion. We elected to incorporate neonatal health and associated commodities as part of the scope of this project given their overlap with the focus commodities of many global financing and co-financing mechanisms, as well as to better meet the needs of country-level decision-makers, who often seek to approach maternal and neonatal health priorities jointly.

As part of the initial refinement of the prioritized health areas and commodities, we consulted RHSC's Financing Technical Advisory Group (TAG)[3] to determine what specific commodities would be included or excluded from our prioritized list. In practice, this translates to the commodities highlighted specifically in our global mapping as options that countries can filter their selection by. In general, we included all maternal, neonatal, family planning, safe abortion, and menstrual health supplies as well as maternal and neonatal health-related medical devices, diagnostics, and consumables. We deprioritized vaccines, multi-use products (e.g., aspirin), multipurpose prevention products (e.g., the Dual Prevention Pill, or DPP, to prevent Human Immunodeficiency Virus (HIV) and pregnancy), and sterilization-related products. We did, however, still include deprioritized commodities in the mapping if they were included in a financing mechanism that was selected for. While we did not holistically map child health and nutrition commodities as part of this exercise, there are 'Child Health' and 'Nutrition' categories within the Mapping and the CFT due to the coverage of several of the commodities by these mechanisms, and their impact on maternal and neonatal health. For the full commodity scope included in our mapping, see **Annex A**.

Global Mechanism Scope

For this mapping and Guide, we included global mechanisms that explicitly provide financing or co-financing for the procurement of the prioritized commodities. As a result, we deprioritized global mechanisms that exclusively finance the enabling environment and/or do not include commodity procurement or cannot be awarded directly to country governments. Bilateral agreements are also excluded. Recognizing that financing of RH and neonatal commodities alone is insufficient without the broader enabling environment and resources for data systems, supply chain management, and last-mile distribution, many of these excluded mechanisms will be included in a different component of the *CFT*, focused on advocacy opportunities and the enabling environment. Decisions regarding the inclusion and de-prioritization of mechanisms were based on a combination of review of publicly available materials, key informant interviews (KIIs) with representatives from the mechanisms, and discussions with RHSC's

[3] RHSC's Financing TAG includes representation from a wide range of RHSC member organizations and partners who bring a breadth of technical and programmatic expertise spanning health systems financing, advocacy, procurement, systems strengthening, and a range of reproductive and neonatal health areas. They also represent a wide range of multisectoral stakeholders. The TAG's remit is to serve as a consultative body in the development of the Comprehensive Financing Tool.

Financing TAG. For a list of the included and deprioritized mechanisms, see **Annex B**. The mechanisms included in our mapping are also described in the **Overview of Global Financing and Co-Financing Mechanisms** section.

Geographic Scope

Within our mapping and this Guide, the technical information and strategic guidance provided are broadly applicable to 79 countries that are primarily comprised of LMICs per the World Bank's Fiscal Year 2026 classifications. However, within this figure, we also included two currently unclassified countries (Ethiopia and Venezuela). This geographic scope was guided by two primary principles: 1) that the information would be valuable to as many countries as possible and 2) in the same vein, that the geographic scope would have significant overlap with the country eligibility of the mechanisms we included in our mapping as well as other major initiatives in RH (e.g., FP 2030). See **Annex C** for the full geographic scope of our mapping and the Guide.

How to Use this Guide

The Guide is positioned as a complement to our detailed mapping of global financing and co-financing mechanisms, currently available in Excel format in **Annex D**.

Within the mapping in Excel, there are several tabs to orient users to the information available and navigation logic, including:

- **Version:** title, version number, date of last update, and author
- **Instructions:** background, objective, and scope of the mapping plus how to use, update, and maintain the mapping
- **Reference:** definitions for each of the column names used in the "Detailed Mechanism Info" tab
- **Mechanism Mapping Tool:** where users can select their country and commodity or commodity group of interest, and view summary information on relevant mechanisms
- **Detailed Mechanism Info:** detailed information, across 24 data fields, for each mechanism

We anticipate that users will interact most with the "Mechanism Mapping Tool" tab, where they can select a country within the aforementioned geographies and a specific commodity, commodity group (e.g., reproductive health, maternal health, child health, neonatal health, safe abortion or available for any commodity group) or type of funding of interest to view the funding mechanisms for which they are eligible. Within the same "Mechanism Mapping Tool" tab, users can view a snapshot of key information about each of the relevant mechanisms. For more in-depth information, users can consult the "Detailed Mechanism Info" tab.

While the structured mapping serves as a detailed, searchable repository of information on global financing and co-financing mechanisms, this Guide is intended as the "how-to" for using that information. The Guide expands on the information contained in the mapping by providing the rationale for its scope and structure, translating technical details into narrative guidance, and offering strategic guidance for how countries can interpret and apply the information in practice. Through a set of guiding questions and illustrative considerations, the Guide supports country decision-makers and partners to assess fit, anticipate trade-offs, and make more strategic, coordinated financing decisions for the procurement of the prioritized commodities.

Overview of Global Financing and Co-Financing Mechanisms

In the current version of our mapping, there are thirteen global financing and co-financing mechanisms profiled spanning various mechanism types, including grants, pre-financing, matching funds, and concessional loans. Reiterating our inclusion and exclusion criteria above, the mechanisms included in our mapping explicitly provide financing or co-financing for the procurement of the prioritized commodities whereas mechanisms that exclusively finance the enabling environment and/or do not include commodity procurement or cannot be awarded directly to country governments have been excluded. Bilateral agreements are also excluded.

Many of the profiled mechanisms require some level of domestic co-financing from country governments, though the manifestation of this may vary (i.e., from demonstrating budget allocations to contributing funds to providing receipts for commodities previously purchased).

See **Table 1** for a snapshot of the mechanisms included across key characteristics, such as: product scope, mechanism type and whether domestic co-financing is required, match ratios (if relevant), and whether funding can be used toward procurement costs only or if programmatic costs associated with procurement may also be covered. See **Annex D** for more detailed information on each of the mechanisms.

Table 1 Global Mechanisms Mapped + Key Characteristics

NAME	MECHANISM TYPE	PRODUCT SCOPE	MATCH RATIO (GOVT: MECHANISM)	COSTS COVERED BY MECHANISM
Axmed Match Fund	Co-Financing, with Match	Maternal Health (MH), Neonatal Health (NH), Child Health (CH), Safe Abortion*	1:1	Procurement only
Beginnings Fund	Co-Financing	MH, NH, CH	N/A	Procurement + Programmatic

NAME	MECHANISM TYPE	PRODUCT SCOPE	MATCH RATIO (GOVT: MECHANISM)	COSTS COVERED BY MECHANISM
Islamic Development Bank (IsDB) Lives and Livelihoods Fund (LLF)	Concessional loan, with grant portion	Any Group of Commodities*	N/A	Procurement + Programmatic
United Nations Population Fund (UNFPA) Supplies Partnership Routine RH Commodities Funding Stream	In-Kind/Non-Monetary Donation	Family Planning (FP), MH, Safe Abortion	N/A	Procurement Only
UNFPA Supplies Partnership Match Fund	Co-Financing, with Match	FP, MH, Safe Abortion	1:1	Procurement only
UNFPA Supplies Partnership New and Lesser Used (NLU) Products Fund	Direct Financing	FP, MH, Safe Abortion	N/A	Procurement only
UNFPA Supplies Partnership Bridge Fund	Pre-Financing	FP, MH, Safe Abortion	N/A	Procurement only
UNICEF Child Nutrition Fund (CNF)	Co-Financing, with Match	MH, CH, Nutrition	1:1	Procurement + Programmatic
UNICEF Vaccine Independence Initiative (VII) Subscription	Pre-Financing	MH, NH, CH, Nutrition	N/A	Procurement + Programmatic
UNICEF VII Ad-Hoc	Pre-Financing	MH, NH, CH, Nutrition	N/A	Procurement + Programmatic
World Bank (WB)/ International Development Association (IDA) Investment Project Financing (IPF)	Co-Financing	Any Group of Commodities*	N/A	Procurement + Programmatic
WB/IDA Program for Results (P4R)	Co-Financing	Any Group of Commodities*	N/A	Procurement + Programmatic
WB/Global Financing Facility (GFF) Sustainable Commodity Access Program (S-CAP)	Co-Financing, with Match	FP, MH, NH, CH	3:1	Procurement + Programmatic (85% of the S-CAP grant is for commodity financing and 15% primarily for commodity distribution)

* There are no specific commodities excluded provided they fall under the mechanisms' focus health areas

Optimizing the Use of Global Mechanisms

To optimize the use of global financing and co-financing mechanisms for the procurement of prioritized commodities, we offer several guiding questions under three basic themes: (i) commodity scope; (ii) time horizon and administrative burden; and (iii) the availability of domestic resources. Additionally, we provide considerations for countries seeking to stack and sequence the use of multiple mechanisms simultaneously.

Note: In a future iteration of this work, this section and the accompanying questions will be expanded to further incorporate considerations for domestic financing and built into an interactive, online tool.

Strategic Guiding Questions

1. Commodity Scope

What type of commodity does your country want to procure?

- For several mechanisms, this will dictate eligibility for use. See **Table 1** and **Annex D**.
- Importantly, the following mechanisms do not explicitly exclude commodities within their broader focus health areas: Axmed's Match Fund, and IsDB's LLF.

Is the commodity considered new or lesser-used?

- For a select group of new and lesser-used FP and MH commodities, this question will determine whether UNFPA's NLU Fund is an appropriate fit. *Note: Use of the NLU fund requires that a product introduction or transition plan is already in place, and there is evidence of its implementation (e.g., trainings underway or conducted, integration of the product into national quantification exercise and/or supply plan)*

Is your country interested in procuring a single commodity or bundled commodities?

- While there's some nuance here based on the specific use-case, procurement of single commodities – e.g., for product introduction or scale-up or to fill short-term gaps – may benefit from the following mechanisms: UNFPA's NLU Fund, UNFPA's Bridge Fund, Axmed's Match Fund or the UNICEF CNF. For bundled commodities – e.g., to respond to a health system's needs, gain efficiencies and/or unlock results-based financing – WB/IDA IPF, WB/P4R, IsDB's LLF or the Beginnings Fund may be better options. WB/GFF's S-CAP, positioned as an add-on to other WB/IDA initiatives, may serve in a hybrid capacity.

2. Time Horizon and Administrative Burden

Is the commodity needed urgently – e.g., to respond to or prevent a stockout?

- If yes, dependent on eligibility, consider options with shorter, more straightforward application processes and shorter lead times, including: Axmed's Match Fund, UNFPA's Bridge Fund or the UNICEF CNF. UNFPA's Bridge Fund, particularly, is intended to overcome short-term liquidity constraints due to delayed budget releases.

What is your country's administrative capacity or timeline for commodity procurement?

- From application to fund release, IsDB's LLF typically takes 18-24 months. For this reason, IsDB should be considered for longer-term and larger-scale projects and commodity needs.
- UNFPA's Match Fund typically releases funding for procurement at three different points in the calendar year, with 50% released in January and smaller tranches released in June/July and September/October. UNFPA's fund release timelines need to be considered alongside a country's commodity needs, supply planning, and budget planning.
- GFF grants are tied to existing WB IDA mechanisms, such as the IPF or P4R, and updates or changes to these instruments are dependent on when they are being developed or re-negotiated. GFF's S-CAP mechanism will also be tied to use of an existing IDA mechanism; it will not be a standalone offering to countries.

3. Domestic Resource Considerations

How much domestic resources countries must commit to procuring prioritized commodities - and whether they can commit any at all - is a prime consideration for if and how to use the mechanisms included in our mapping.

Types of Co-Financing Requirements

Nearly all of the mechanisms included in our mapping require domestic co-financing from the country. While the structure and stringency vary, these requirements generally fall into one or more of the following four categories:

- Minimum Domestic Spending Requirements: Countries must demonstrate a baseline level of domestic expenditure on commodities or health areas to participate.
  Example: Participation in UNFPA's Supplies Partnership, with requirements for domestic expenditure defined in Annex A of the Country Compact
- Matching Fund Requirements: Countries must allocate and/or contribute funds for procurement, which are then matched by the financing mechanism at a fixed ratio (often 1:1).
  Example: UNFPA Supplies Partnership Match Fund, Axmed Match Fund, UNICEF CNF
- Repayable Financing Requirements: Countries must repay funds provided, typically through concessional loans or bridging mechanisms.
  Example: UNFPA Bridge Fund, IsDB's LLF
- Verification-Based Requirements: Countries must demonstrate domestic resource mobilization through proof of procurement of quality-assured products and/or via third-party verification.
  Example: UNFPA, UNFPA Match Fund, GFF S-CAP

Key Domestic Resource Considerations

With the type(s) of domestic co-financing requirements identified, countries should next consider the following key questions:

What is your country's ability to mobilize domestic resources to meet the co-financing requirements for procurement of the prioritized commodities? Relatedly, will there be any distortions within domestic budgets as a result of allocating funds toward the co-financing requirement?

- In addition to an exercise to determine whether there is adequate fiscal space to take on a co-financing requirement, countries should evaluate what trade-offs would need to be made to other health areas, programs and/or priorities within domestic budgets to take on this co-financing requirement.

What is the likely administrative burden of utilizing a mechanism with a domestic co-financing requirement?

- Administratively, countries must consider: 1) whether the co-financing requirement is for one or more years and if the latter, if it is likely to remain static year-to-year or fluctuate; 2) when the co-financing requirement is due, and whether that timeline does or does not align with existing budget cycles; 3) what processes are required to approve and release funds to meet the co-

financing requirement, and whether they are timely or subject to delays; and, 4) what the impact of delays on budget execution could mean for access to the mechanism and/or procurement timelines.

- While not made explicit by most mechanisms, aside from maximum allocation amounts like UNFPA's Match Fund, countries should also consider the trade-offs between the level of co-financing available and the administrative burden required to access the funds. For example, Axmed's Match Fund and UNICEF's CNF do not have explicit minimum buy-ins required for their match.[4] Both Axmed and UNICEF's CNF also have relatively straightforward application processes, suggesting that these are likely good options for countries with a limited amount of funding and administrative capacity to contribute toward match requirements. IsDB's LLF, on the other hand, has a time-intensive administrative process and generally expects to disburse loans of a significantly higher amount (e.g., approximately $10m USD).

Stacking and Sequencing Mechanisms

Many LMICs are eligible for multiple global financing and co-financing mechanisms and want to strategically stack and/or sequence their use for maximum impact. While the optimal mix and order of mechanisms are highly country-specific, a set of cross-cutting considerations can help governments think more strategically about how to stack and sequence available options. These considerations emphasize alignment with government priorities, efficient use of limited domestic resources, and realistic assessments of implementation and administrative capacity.

Note: Inputs from country governments on their existing domestic financing arrangements and commitments will inform the recommendations in the interactive, online tool.

Government Leadership

Government strategies, investment cases, and supply plans should serve as the starting point for deciding which mechanisms to use and in what sequence. Financing mechanisms are most effective when they are clearly aligned with nationally-defined priorities (e.g., what commodities to procure, at what scale and over what time horizon). Depending on the context, this may require first focusing on building political will around RH and neonatal supplies financing.

Many mechanisms included in this mapping explicitly require evidence of government leadership and prioritization, including costed plans, investment cases, or formal agreements (e.g., GFF investment cases, UNFPA Country Compacts, or commodity introduction plans for new and lesser-used products). Using these documents to guide

[4] However, Axmed did offer $30k USD as a reference point for a minimum buy-in, which is reflected in our global mapping in Annex D.

financing decisions can help ensure that stacked mechanisms reinforce rather than compete with one another, and support a coherent national approach to commodity financing.

Start with the "Lowest-Hanging Fruit"

Countries should first assess whether they are fully leveraging mechanisms that are already in use or readily available. In practice, this means mechanisms with broad eligibility and established country engagement, such as:

- Support via UNFPA routine RH commodities funding stream, and access to mechanisms under the UNFPA Supplies Partnership
- WB-linked financing under the IDA umbrella (e.g., IPF or P4R)

These mechanisms often form the backbone of commodity financing for the prioritized commodities in many countries. Before layering on additional or more complex financing instruments, governments should ensure that existing mechanisms are well-aligned with current commodity needs, quantification exercises, and supply plans, and that available allocations are being fully and efficiently used.

Prioritize the Best Value for Money, Based on Need

When sequencing multiple mechanisms, countries should generally prioritize those that offer the greatest value for money relative to domestic resource commitments. This often means:

- Using grant-based or donated resources first, where available and appropriate;
- Fully exhausting 1:1 matching mechanisms before pursuing options with less favorable match ratios; and,
- Being deliberate about when and how concessional loans are introduced into the financing mix.

As shown in **Table 1**, the Match ratio for all relevant mechanisms is 1:1 with one exception: GFF's S-CAP offers a $1 USD match for every $3 USD contributed by a country government. As a result, we recommend that country governments exhaust their access to 1:1 matches – a better value for their domestic co-financing – before pursuing S-CAP. S-CAP's match could, however, be particularly advantageous for UNFPA countries with less access to routine RH commodities funding and/or the Match Fund based on their country grouping as there is no upper limit for S-CAP matching, unlike for UNFPA.

Eligibility breadth also matters. Some mechanisms, such as those under the UNFPA Supplies Partnership or World Bank, are available to a large number of countries, while others (e.g., Axmed's Match Fund or the Beginnings Fund) are limited to a much smaller subset. Countries eligible for more narrowly targeted mechanisms may want to take advantage of these opportunities when they align closely with government priorities, recognizing that such options may not be scalable over time.

Avoid Overextending Capacity for Domestic Co-Financing

As described in the previous section, nearly all the mechanisms included in our mapping require some form of domestic co-financing. For that reason, countries should be cautious about spreading limited fiscal space and administrative capacity across too many mechanisms at once.

Stacking mechanisms should be done strategically to fill clearly defined financing gaps, rather than layering multiple domestic co-financing requirements on the same set of commodities. In practice, this may mean prioritizing fewer mechanisms with higher impact or better match terms, and sequencing others only once those opportunities have been fully exhausted. Overarchingly, domestic co-financing is not commodity specific (excluding mechanism specific excluded commodities), and mechanisms can support multiple commodities or health areas based on a country's need or gap in supply. Careful attention to domestic co-financing requirements can help ensure that global financing complements, rather than strains, domestic financing efforts.

Beyond the availability of domestic resources, countries must also assess whether their PFM systems can support co-financing requirements in practice. This includes the ability to allocate funds within budget structures, provide proof of this allocation or disbursement, ensure timely budget execution and cash releases, and effectively navigate procurement and payment processes. For mechanisms involving repayable financing, debt constraints and fiscal rules may further limit participation. As a result, even where domestic resources exist, PFM bottlenecks should be considered when assessing the country's ability to access and effectively utilize co-financing mechanisms.

Deeper Dive: UNFPA and GFF

In this section, we provide a deeper overview of the UNFPA and World Bank GFF mechanisms included in this Guide because each organization hosts multiple, interconnected mechanisms with distinct elements and eligibility rules that warrant further explanation.

Deeper Dive: UNFPA Supplies Partnership

- In order for countries to be eligible for all the mechanisms under the UNFPA Supplies Partnership umbrella – i.e., the Routine RH Commodities Funding Stream, Match Fund, NLU Fund and Bridge Fund – they must have a formal agreement in place between the UNFPA Supplies Partnership, UNFPA Country Office, and a country's national government (with some exceptions for countries in humanitarian or political crises). This formal agreement is referred to as a *Country Compact*. Signing of this Country Compact automatically provides countries with eligibility to the NLU and Bridge Funds. Eligibility for the Routine RH Commodities Funding Stream is based on a UNFPA calculated need-based algorithm. Finally, within the multi-year Country Compact, the requirements for country-specific co-financing for the Match Fund are defined in Annex A. Countries must have maintained or increased their expenditure for RH commodities from the previous year – as described in their Country Compact, and specifically Annex A, in order to access the Match Fund. Provided this requirement is satisfied, countries can access the Match Fund up to a certain allocated amount – which varies year-to-year – based on their country grouping, which is a reflection of their "ability to pay" and a composite of four indicators (Gross National Income (GNI) per capita, Gross Domestic Product (GDP) growth, WB Income Classification, and the International Monetary Fund's (IMF) debt sustainability analysis). See **Annex D** for country-specific groupings and maximum Match allocations for Fiscal Year 2026.

Deeper Dive: World Bank GFF

- The GFF is a multi-partner financing facility hosted at the World Bank that supports countries to mobilize and align domestic and external resources for Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAH-N). GFF financing is deployed through existing WB lending instruments and anchored in a country-led investment case.

- To access GFF financing, countries must develop a well-prioritized RMNCAH-N investment case or have a costed national plan that can serve as one. Investment cases are developed through a participatory process coordinated via a country platform under government leadership and used to align GFF grant resources with WB project financing and domestic budgets.

- Within our mapping and this Guide, we profile three WB and GFF-linked financing mechanisms: Investment Project Financing (IPF), Program-for-Results (P4R), and the Sustainable Commodity Access Program (S-CAP). All three mechanisms can support procurement of RMNCAH-N commodities, alongside related programmatic costs. Through IPF, commodity procurement can be financed through dedicated budget-line items within a World Bank IDA project whereas P4R disburses funds against verified achievement of Disbursement-Linked Indicators (DLIs), after which funds may be used flexibly, including for commodity procurement. S-CAP is designed to close verified RMNCAH-N commodity financing gaps by offering a $1 GFF match for every $3 of domestic resources committed by governments. Domestic resources can include both WB project financing and non-WB project financing (other government domestic sources). Use of S-CAP requires strong country coordination, on-budget domestic financing commitments, and alignment around a single supply and financing plan, and is intended as a complement to existing ecosystem partner efforts such as the UNFPA Supplies Partnership, etc.

Country Utilization

In this section, we provide a snapshot of how countries recently utilized select global financing and co-financing mechanisms included in this Guide, with a focus on *which countries have engaged which mechanisms, for what types of products, and where early success stories are emerging*. While evidence on lessons learned is not yet available for all mechanisms, particularly those that are newly operational – e.g., the Beginnings Fund, UNFPA Bridge Fund, and GFF's S-CAP – the examples below illustrate how different financing modalities are being applied in practice, incorporating insights on lessons learned whenever available. *Note: As the mechanisms included in our mapping mature, and additional documentation on country utilization and lessons learned becomes available, this section will be updated.*

Axmed Match Fund

Countries (as of December 2025): Nigeria, Rwanda

Utilization:

- Thus far, Nigeria has received two deliveries of commodities matched through Axmed. Axmed is also working with the government of Rwanda to match their full annual quantified need for maternal, neonatal, and child health commodities in alignment with the Ministry of Health, Rwanda Biomedical Centre and national procurement agency.

UNFPA Supplies Partnership Match Fund

Countries (as of December 2025):
***Family planning commodities only*:** Benin, Bolivia (Plurinational State of), Burkina Faso, Burundi, Cameroon, Central African Republic, Congo, Djibouti, Honduras, Kenya, Kyrgyzstan, Lao People's Democratic Republic, Lesotho, Liberia, Madagascar, Mali, Mauritania, Mozambique, Nepal, Nigeria, Pakistan, Rwanda, Sao Tome and Principe, Senegal, Sierra Leone, Tajikistan, Togo, Uganda, United Republic of Tanzania, Yemen, Zimbabwe.

***Maternal health and Family planning commodities*:** Chad, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Malawi, Niger, Papua New Guinea, Timor-Leste, Zambia
***First-time contributions for contraceptives*:** Yemen, Central African Republic, Djibouti and Papua New Guinea.

Utilization:

- Between 2022 and 2025, UNFPA's Match Fund awarded more than $65m for reproductive health commodities. In 2024, the Match Fund became a permanent feature of the UNFPA Supplies Partnership.
- Papua New Guinea, in particular, demonstrated a dramatic increase in their domestic expenditure on reproductive health commodities; in 2022, the government contributed $186k USD to reproductive health commodities and in 2023, increased this contribution to $1.5m USD.

UNFPA Supplies Partnership NLU Products Fund

Countries (as of December 2025):
***Hormonal intra-uterine devices*:** Comoros, Democratic Republic of Congo, Guinea, Honduras, Kenya, Madagascar, Malawi, Nigeria, Rwanda, Senegal, Sierra Leone, Somalia, Uganda, Yemen, Zambia.
***Misoprostol-Mifepristone combipack*:** Benin, Bolivia, Cambodia, Comoros, Ethiopia, Kenya, Lao People's Democratic Republic, Liberia, Mozambique, Nepal, Rwanda, Sierra Leone, Togo, Zambia.
***Heat Stable Carbetocin*:** Bolivia, Comoros, Congo, Côte d'Ivoire, Democratic Republic of Congo, Kyrgyzstan, Liberia, Madagascar, Nigeria, Rwanda, Sierra Leone, South Sudan, Togo, Uganda, Yemen
***Tranexamic acid injection*:** Burundi, Comoros, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Liberia, Madagascar, Sao Tome and Principe, Sierra Leone, South Sudan, Uganda, Yemen, Zambia.
Manual vacuum aspiration kits: Burundi, Ethiopia, Kenya, Lao People's Democratic Republic, Malawi, Nepal, Pakistan, Rwanda, South Sudan, Uganda, Zambia, Zimbabwe.
No-scalpel vasectomy kits; Supplies for tubal ligation: Burundi, Nepal, Papua New Guinea, Rwanda
Technical support: Bolivia (Plurinational State of), Kenya, Zambia.

Utilization:

- Countries procured the following through the NLU Products Fund: DMPA-SC injectable contraceptive, Heat-stable carbetocin, Hormonal intra-uterine devices, Manual vacuum aspiration kits, Misoprostol-Mifepristone combipack, No-scalpel vasectomy kits, Tranexamic acid injection.

UNICEF CNF Match Window

Countries (as of December 2025): Angola, Burkina Faso, Cambodia, Eswatini, Ethiopia, Honduras, Indonesia, Kenya, Mauritania, Namibia, Nigeria, Pakistan, Papua New Guinea, Senegal, Sierra Leone, Timor-Leste, Uganda and Zambia.

Utilization:

- To date, UNICEF's CNF has unlocked $99m USD in domestically financed and matched resources to procure maternal and child nutrition commodities, including multiple micronutrient supplements (MMS).
- In Pakistan, CNF funds made available through the Match Window were used to provide MMS to 59,700 pregnant women.
- As recently as March 2026, Indonesia's Ministry of Health also partnered with UNICEF's CNF to procure MMS for pregnant women across 38 provinces in the country.

UNICEF Subscription Vaccine Independence Initiative (VII)

Countries (in 2022): Democratic Republic of Congo, which used ad hoc financing for 3y prior to transitioning to Subscription VII in 2022

Utilization:

- In 2024, 22 countries utilized the Subscription VII
- In 2025, 22 countries utilized Subscription VII

UNICEF Ad-Hoc Vaccine Independence Initiative (VII)

Countries (in 2025): South Sudan

Utilization:

- In 2024, 25 countries utilized the Ad-Hoc VII
- In 2025, 12 countries utilized Ad-Hoc VII

What's Next?

As noted throughout this Guide, the strategic questions and recommendations for how to interpret, navigate, and optimize global financing and co-financing mechanisms will be expanded to incorporate considerations from country-level domestic financing arrangements and built into an interactive, online tool. Through this online tool, country decision-makers will have the ability to leverage the existing technical information from our global mapping as well as provide country-specific inputs on domestic financing factors so that our strategic questions and recommendations can be further tailored to a country's context. Alongside this functionality, users of the *CFT* will have access to a suite of additional, complementary resources, including:

- a methodology for countries to track financing flows from origin to disbursement to improve transparency and identify areas for improvement
- case studies highlighting examples of countries successfully utilizing global financing mechanisms alongside domestic resource mobilization, and
- resources with adaptable messaging for country-level advocacy and communications to champion the procurement of reproductive and neonatal health supplies

This suite of resources, collectively referred to as the *Comprehensive Financing Tool* (CFT), will be piloted in two countries for iterative refinement prior to finalization. The final version of the CFT will be hosted on the RHSC website and broadly disseminated to country-level stakeholders and partners. The anticipated publication of the *CFT* is November 2026.

Annexes

Annex A. Included and Deprioritized Commodity Scope

FAMILY PLANNING	MATERNAL HEALTH	NEONATAL HEALTH	*CHILD HEALTH	*NUTRITION	SAFE ABORTION
PRIORITIZED					
Combined oral contraceptive pills	AI-enabled POCUS	APT sepsis tools	Albendazole	Balanced energy protein (BEP) supplements	Manual vacuum aspiration (MVA) kits
Contraceptive implants	Antiretroviral medicines for PMTCT	Caffeine citrate injection	Amoxicillin dispersible tablets 250 mg	F-75 therapeutic milk	Mifepristone
Copper intra-uterine devices	Artemisinin-based combination therapies (ACTs)	Chlorhexidine digluconate 7.1% gel	Artemisinin-based combination therapies (ACTs)	F-100 therapeutic milk	Misoprostol
DMPA-SC injectable contraceptive	Azithromycin	Gentamicin injection	Azithromycin	Medium-quantity lipid-based nutrient supplements (MQ-LNS)	Misoprostol-Mifepristone combipack
Emergency contraceptive pills	Balanced energy protein (BEP) supplements	Level 2 newborn care equipment bundle	Mebendazole	Micronutrient powders (MNP)	
Emergency reproductive health kits	Blood reagents	Lung surfactant	Oral rehydration salts (ORS)	Multiple micronutrient supplements (MMS)	
Female condoms	Calcium gluconate injection	Vitamin K injection	Vitamin A supplements	Ready-to-use therapeutic food (RUTF)	
Hormonal intra-uterine devices	Calcium tablets	Other Commodity (Not Listed Above)	Zinc sulfate tablets	Small-quantity lipid-based nutrient supplements (SQ-LNS)	

Injectable contraceptives	Calibrated blood collection drapes	Vitamin A supplements
Male condoms	Dexamethasone injection	
No-scalpel vasectomy kits	Digital intrapartum monitoring tools	
Postpartum intra-uterine device (PPIUD)	EMOTIVE bundle	
Progestin-only pills	Ferric carboxymaltose injection	
Supplies for tubal ligation	Ferrous sulfate tablets	
Vaginal Ring	Folic acid tablets	
	Heat-stable carbetocin	
	HIV test kits	
	IV iron	
	Labetalol tablets	
	Magnesium sulfate injection	
	Methyldopa tablets	
	Misoprostol	
	Multiple micronutrient supplements (MMS)	

	Oxytocin injection	
	Tranexamic acid injection	
	Tranexamic acid-misoprostol combipack	
	DEPRIORITIZED	
Sterilization products (male and female)	Influenza vaccine	BCG vaccine
Dual Prevention Pill (DPP)	Oral Antibiotics	HepB vaccine
	Rubella vaccine	Oral polio vaccine
	Tetanus vaccine	Blood products
	Aspirin	
	Calcium	
	Safe blood and associated products	

** A set of child health and nutrition commodities were included in the CFT due to coverage of them by prioritized mechanisms*
Note: If deprioritized products are covered by any financing mechanisms, they will still appear in the CFT.

Annex B. Included and Deprioritized Global Financing and Co-Financing Mechanisms

MECHANISM NAME	RATIONALE
Included Mechanisms	
Axmed Match Fund	Includes pre-financing or bridge financing, financing or co-financing for procurement of prioritized commodities
Beginnings Fund	
IsDB Lives and Livelihoods Fund	
UNFPA Routine RH Commodities Funding Stream	
UNFPA Match Fund	
UNFPA New and Lesser Used (NLU)	
UNFPA Bridge Fund	
UNICEF Child Nutrition Fund (CNF)	
UNICEF Vaccine Independence Initiative (VII) Subscription Pre-Financing	
UNICEF VII Ad-Hoc Pre-Financing	
World Bank IDA Investment Project Financing (IPF)	
World Bank IDA Program for Results (P4R))	
World Bank GFF S-CAP	
Deprioritized Mechanisms	
CHAI Catalytic Opportunity Fund	Not commodity-specific, cannot be awarded to country govts

UNFPA Maternal, Neonatal and Child Health (MNCH) Accelerator	Short-term funding that has now been closed
UNFPA Funding Compact	Not a financing mechanism; will be discussed within the context of other UNFPA mechanisms
UNFPA Health Systems Strengthening (HSS)	Not commodity-specific
UN Sanitation and Hygiene Fund	Funds not eligible for direct commodity procurement, nor granted directly to govt
Global Fund Catalytic Matching Fund	The Access Fund, which supports catalytic investments in co-financing for select products, is the most relevant mechanism for our purposes. However, the Access Fund does not currently include any of our prioritized commodities.
Global Fund Catalytic Multi-Country Fund	

Annex C. Geographic Scope

Included Countries (n=79)		
Afghanistan	Honduras	Sao Tome and Principe
Angola	India	Senegal
Bangladesh	Indonesia**	Sierra Leone
Benin	Jordan	Solomon Islands
Bhutan	Kenya	Somalia
Bolivia (Plurinational State of)	Kiribati	South Sudan
Burkina Faso	Kyrgyzstan	State of Palestine
Burundi	Lao People's Democratic Republic	Sri Lanka
Cambodia	Lebanon	Sudan
Cameroon	Lesotho	Syrian Arab Republic
Central African Republic	Liberia	Tajikistan
Chad	Madagascar	Timor-Leste
Comoros	Malawi	Togo
Congo	Mali	Tunisia
Côte d'Ivoire	Mauritania	Uganda
Democratic People's Republic of Korea	Micronesia (Federated States of)	United Republic of Tanzania
Democratic Republic of Congo	Morocco	Uzbekistan
Djibouti	Mozambique	Vanuatu

Egypt	Myanmar	Venezuela (Bolivarian Republic of)
Eritrea	Namibia	Vietnam
Eswatini	Nepal	Yemen
Ethiopia*	Nicaragua	Zambia
Gambia	Niger	Zimbabwe
Ghana	Nigeria	
Guatemala**	Pakistan	
Guinea	Papua New Guinea	
Guinea-Bissau	Philippines	
Haiti	Rwanda	

** Currently unclassified by the World Bank, ** upper-middle income country*

Annex D. Global Mapping of Financing and Co-Financing Mechanisms

Available here in Excel.