The Value of the Comprehensive Financing Tool

Country Perspectives

Reproductive Health Supplies Coalition

RESULTS FOR DEVELOPMENT

Acknowledgements

This case study was developed by the Reproductive Health Supplies Coalition (RHSC) in partnership with Results for Development (R4D). We are grateful to the government officials, partners, and stakeholders in Tanzania, Nigeria, and Guatemala who shared their experiences and insights into the development of the Comprehensive Financing Tool.

Introduction

Access to reproductive, maternal, neonatal, child health, and nutrition (RMNCH-N) supplies in low- and middle-income countries (LMICs) is threatened by financing that is insufficient, unreliable, fragmented, and unsustainable. Declining donor funding, stagnant domestic spending, and rising demand have widened funding gaps—amid significant cuts to official development assistance and growing competition across health areas for limited fiscal space. Global financing mechanisms meant to supplement and incentivize domestic resource mobilization (DRM) for reproductive health and neonatal health are often hard to navigate, with unclear eligibility, little guidance on combining mechanisms, and inefficient application and reporting processes.

Domestic financing faces its own constraints: competition from other health priorities, shifting political agendas and growing opposition to reproductive health, limited fiscal space, and systematic challenges like weak public financial management — particularly a lack of tools to make the financing system visible. Together, these barriers limit both global and domestic financing from improving access to RMNCH supplies in low-resource settings.

In response to these challenges, 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 that equips country decision-makers with the resources they need to navigate complex funding landscapes and optimize domestic and global resources for RMNCH-N products. The CFT was developed in consultation with a multisectoral Technical Advisory Group spanning civil society, advocacy organizations, technical partners, donors/funders, private sector partners, product manufacturers, financing experts, and a range of different supply chain partners.

About this Case Study

This case study provides three different country perspectives on the challenges related to financing for RMNCH-N-commodities at the country level and how the CFT helps to address some of the most pressing challenges experienced across the countries. The three country perspectives highlighted within this case study include (i) Nigeria; (ii) Tanzania and (iii) Guatemala. All three countries were engaged either via in-person workshops or meetings and/or via virtual engagements to pilot the CFT from August-October 2026. Engagements were conducted directly with government stakeholders who are anticipated to be users of the CFT; this includes representatives from the Ministry of Health, local government authorities, national procurement agencies and/or Ministry of Finance. Country-level data, challenges, and perspectives were gathered during these engagements and have been summarized within the country spotlights shared below. Notably, these different consultations varied in approach and length. In Nigeria and Tanzania, we conducted multi-day consultations including hands-on use of the CFT and the complementary resources. In Guatemala, the consultation was much shorter (90 minutes) and more high-level, seeking input on the overarching framing and functionality of the CFT. Across all three countries, we have supplemented inputs from the consultations with publicly available data sources and the summary of key challenges and themes is based on our interpretation of articulated government perspectives, experiences, and feedback throughout the consultations.

Country Spotlights

Tanzania

The RMNCH-N landscape in Tanzania has seen a significant decline in maternal mortality over the past 5 years, and neonatal mortality and modern contraceptive prevalence rates (mCPR) have shown some favourable progress as well (see Box 1 for a snapshot of the Tanzania RMNCH-N landscape). Tanzania has leveraged multiple global and domestic financing mechanisms to support RMNCH-N commodity financing, demonstrating its policy and budget commitment to RMNCH-N financing (see Box 1 for further details). While Tanzania has made significant progress to ensure RMNCH-N commodity, country stakeholders also noted various challenges related to RMNCH-N commodity financing during the pilot workshop, which are summarized below:

- **Fragmented and uncoordinated financing:** There are multiple sources of RMNCH-N commodity financing that come in at different times with different conditions; managing and coordinating these sources to ensure timely procurement can sometimes be challenging.
- **Unsustainable financing:** Financing sources come in and out; they are not always predictable or sustainable, making it hard to plan and manage financing for commodities
- **Insufficient financing resources:** Financing challenges result in procured volumes not consistently meeting demand.
- **Reliance on external financing:** While trends in donor financing have shifted, there has been an overdependence on external financing for commodities in the past, particularly for family planning commodities
- **Limited awareness and transparency:** There is a lack of awareness and transparency on all the funding mechanisms Tanzania is eligible for, making it challenging to make informed decisions related to commodity financing
- **Competing priorities:** A growing population with growing demands places pressure on the health system that needs to accommodate multiple priorities with a budget that is not sufficient to cover all needs; this sometimes crowds out focus on financing for RMNCH-N commodities
- **Delayed Disbursements:** Untimely disbursements makes it challenging to procure commodities at the right time, even though financing is available

Box 1: Tanzania RMNCH-N Commodity Financing Snapshot

RMNCH-N Indicator Landscape (Tanzania)				Source
Maternal Mortality (per 100,000 live births)	454 (2010)	556 (2015/16)	104 (2022)	Tanzania Demographic Health Survey (TDHS, 2010, 2015-16, 2022)
Neonatal Mortality (per 1,000 live births)	26 (2010)	25 (2015/16)	24 (2022)	Tanzania Demographic Health Survey (TDHS, 2010, 2015-16, 2022)
mCPR, married women	27.4% (2010)	32% (2015/16)	31% (2022)	Tanzania Demographic Health Survey (TDHS, 2010, 2015-16, 2022)
Current health expenditure (% of GDP)	3.6% (2021)	5% (2022)	5.14% (2023)	WHO Global Health Expenditure Database
RMNCH-N Commodity Financing Landscape (Tanzania)				
Existing Global Financing Mechanisms	- UNFPA Supplies Partnership - Beginnings Fund - Global Fund - World Bank via Global Financing Facility - Health Basket Fund – ringfencing for family planning commodities			
Existing Domestic Financing Mechanisms	- Co-financing commitments across various mechanisms (i.e. Global Fund, Beginnings Fund, UNFPA Supplies Partnership, FP2030, EWENE) - Digitalized funds withdrawal from health facility accounts for commodity procurement - Universal Health Insurance with minimum benefit package covering essential maternal, newborn, and child health commodities			

Nigeria

Nigeria's RMNCH-N landscape has shown some progress in the use of modern contraceptives among married women, and maternal and neonatal mortality continue to see a slow decline (see Box 2 for a snapshot of the Nigeria RMNCH-N landscape). Nigeria is eligible for and participates in a number of global funding mechanisms that support RMNCH-N commodity financing at both the national and/or subnational level. The country also leverages several domestic financing arrangements to finance commodities (see Box 2 for further details). Despite progress made within the RMNCH-N landscape, Nigeria country stakeholders continue to note challenges related to RMNCH-N commodity financing as summarized below:

- **Fragmented health system at the national level:** The responsibility for buying, paying, and delivering RMNCH-N commodities at the federal level is spread across several ministries, departments, and agencies (MDAs), making coordination challenging with no one clear lead
- **Decentralized subnational health system:** The decentralized subnational system results in budgets for commodity financing varying across Nigerian states with limited oversight and coordination from the federal level
- **Limited information sharing:** The information sharing culture between ministries, agencies, donors, and other actors, is limited, hindering informed decision-making and coordination across multiple stakeholders
- **Lack of awareness and information:** Information on the types of global financing mechanisms available to Nigerian stakeholders is asymmetrical, and when it is available, application instructions and requirements are not always clear to follow
- **Access to global financing mechanisms:** Requirements for documentation to access global financing mechanisms are stringent and often inflexible, making it difficult for the country to access needed financing mechanisms

Box 2: Nigeria RMNCH-N Commodity Financing Snapshot

RMNCH-N Indicator Landscape (Nigeria)				Source
Maternal Mortality (per 100,000 live births)	576 (2013)	512 (2018)	572 (2024)	Nigeria Demographic Health Survey, 2013, 2018; Nigeria Verbal and Social Autopsy Study, 2024
Neonatal Mortality (per 1,000 live births)	37 (2013)	39 (2018)	41 (2023/24)	Nigeria Demographic Health Survey, 2013, 2018, 2023/24
mCPR, married women	10% (2013)	12% (2018)	15% (2023/24)	Nigeria Demographic Health Survey, 2013, 2018, 2023/24

Current health expenditure (% of GDP)	4.08% (2021)	4.21% (2022)	Not available (2023)	WHO Global Health Expenditure Database
RMNCH-N Commodity Financing Landscape (Nigeria)				
Existing Global Financing Mechanisms	- World Bank Investment Project Financing (IPF) (National) - World Bank via Global Financing Facility (National) - AxMed Match Fund (Subnational) - UNFPA Supplies Partnership (Subnational) - UNICEF Child Nutrition Fund (Subnational) - Islamic Development Bank Lives and Livelihoods Fund (LLF) (Subnational)			
Existing Domestic Financing Mechanisms	- SWAp – Pooled basket fund (National) - National Health Insurance Agency GIFSHIP for MNCH commodities (10% cost for enrolees) - BHCPF for Family Planning and MNCH commodities			

Guatemala

The RMNCH-N landscape in Guatemala shows promising improvement in modern contraceptive use, with some improvements also seen in maternal and neonatal mortality (see Box 3 for a snapshot of Guatemala's RMNCH-N landscape). From a health financing perspective, Guatemala allocates ~17.5% of its budget to health and dependence on external donors is minimal (see Box 3 for further details). It leverages innovative DRM strategies, such as the alcohol tax for which some of the funds are earmarked for family planning commodities. While Guatemala's RMNCH-N and health financing characteristics are different from what we see in Tanzania and Nigeria, challenges still persist, as summarized below:

- **Earmarked funding helps, but is not enough:** A legally mandated share of alcohol tax revenue gives Guatemala a dedicated domestic funding source for contraceptives, but it does not cover the full cost of the national family planning program, and other RMNCH-N commodities must still compete for general health budget resources.[1]
- **Budget execution can be unpredictable:** Challenges related to high allocation and low expenditure have been seen over the past years, resulting in money not being spent on RMNCH-N services and commodities
- **Limited access to external funds to bridge gaps:** While Guatemala's reliance on largely domestic sources for financing is positive, encouraging long-term sustainability and resilience in commodity financing, a lack of access to external financing mechanisms can create risk when there is an emergency or national financing is reduced or not fully executed.
- **Supplier diversity:** Guatemala is actively in the midst of diversifying its supply base for reproductive health commodities, so as to have more procurement options and ability to access better prices for quality SRH products.

Box 3: Guatemala RMNCH-N Commodity Financing Snapshot

RMNCH-N Indicator Landscape (Guatemala)				Source
Maternal Mortality Ratio (per 100,000 live births)	125.3 (2021)	96.6 (2022)	93.7 (2023)	World Health Organization (2021-2023)
Neonatal Mortality (per 1,000 live births)	10.9 (2022)	9.8 (2023)	9.5 (2024)	World Health Organization (2022-2024)
mCPR, married women	34.4% (2002)	44% (2008/09)	48.9% (2014/15)	ENSMI Rounds
Current health expenditure (% of government spending)	18.21% (2016)	17.65% (2019)	17.41% (2021)	WHO Global Health Expenditure Database, 2016, 2019; PAHO Country Profile , 2021

[1] https://thepalladiumgroup.com/news/Sustainable-Funding-How-Guatemala-Uses-its-Drug-and-Alcohol-Tax-for-Family-Planning

RMNCH-N Commodity Financing Landscape (Guatemala)	
Existing Global Financing Mechanisms	- World Bank via Global Financing Facility
Existing Domestic Financing Mechanisms	- Alcohol tax: Guatemala uses alcohol taxes to support family planning. - Contraceptive budget line included within budget with 100% of contraceptives procured with public funds via UNFPA - National Commission for Contraceptive Security that helps plan and secure funding for procurement.

Summary of RMNCH-N Commodity Financing Challenges

Although Tanzania, Nigeria, and Guatemala's RMNCH-N landscape and health commodity financing structures vary, they face many of the same challenges as it relates to financing of RMNCH-N commodities. Tanzania has a relatively centralized system where domestic resources, pooled basket funds, and donor contributions come together at a national level and then are distributed to the council and health facility level. In addition, Tanzania has historically relied heavily on external financing, particularly for family planning commodities. Nigeria's financing is anchored in its federal structure with responsibility split across different federal agencies and states owning their own commodity budgets. Like Tanzania, Nigeria also relies on external financing for health services. Guatemala is the exception when it comes to reliance on external sources, as it finances almost all of its health spending, including procurement of contraceptives. Common challenges across all countries that may also be applicable for other LMICs are summarized as follows:

- **Insufficient financing:** In all three countries, funding falls short of need. Tanzania and Nigeria still have a gap between need and volumes procured despite use of domestic and global mechanisms. Guatemala's domestic budget, including its earmarked alcohol tax funds, doesn't cover full program needs.
- **Fragmented and poorly coordinated financing:** In Tanzania, multiple funding sources arrive at different times with different conditions, making it hard to combine them into one supply plan. In Nigeria, fragmentation is more institutional, with several federal ministries and agencies sharing responsibility for paying for, buying and delivering commodities, with no single agency taking full ownership.
- **Unpredictable funding and delayed disbursement:** In Tanzania and Nigeria, delayed disbursements sometimes prevent timely procurement, and funding sources can be unpredictable, making planning difficult. Guatemala has had instances of high allocations and low spending, leaving budgeted funds unspent on commodities and services.
- **Dependence or lack of dependence on external financing:** Tanzania and Nigeria have historically depended on donors, particularly for family planning commodities, leaving them exposed as donor funding shifts. Guatemala faces the opposite risk: with only about 2% of health financing from external sources, it is highly self-sufficient, but has little cushion when domestic funds are delayed or cut. This can contribute to stockouts.
- **Limited awareness of and access to global financing mechanisms**: Tanzania and Nigeria both report limited awareness of which global mechanisms they are eligible for. In Nigeria, the information that exists is not always easy to follow, and strict, inflexible documentation requirements make it hard to access mechanisms the country needs.
- **Limited information sharing and transparency:** In Nigeria, limited information sharing between ministries, agencies, donors, and other actors hinders coordinated decisions. In Tanzania, limited transparency about available funding mechanisms makes informed financing decisions harder.

- **Competing priorities:** Across all countries, a growing population and rising demand stretches a limited health budget across many priorities, which can crowd out RMNCH-N commodities.

While these consultations revealed commonalities across different challenges Nigeria, Tanzania, and Guatemala face in reproductive and neonatal commodity financing, they each face several unique challenges. Many of the challenges outlined above may be broadly applicable across a wide range of LMICs, while other challenges are likely to be more nuanced or country-specific. The CFT aims to overcome both.

The Value of the CFT

About the CFT

The CFT is an interactive dashboard that enables decision-makers to explore a variety of different financing opportunities—both globally and domestically—to inform decision-making for RMNCH-N commodity financing. The tool enables country users and advocates to select a specific country and see relevant information on domestic financing opportunities, global financing and co-financing mechanisms, and relevant strategic financing options to explore in one place. The strategic options are specific to each country context, prioritized against relevance, fit, and feasibility.

The CFT is comprised of four key elements, each supporting country users to improve financing for RMNCH-N commodities:

1. **Domestic Financing Options:** The CFT identifies a range of opportunities to improve domestic financing and efficiency based on important enabling factors for their effective use.
2. **Global Financing Mechanisms:** The CFT aggregates details on global financing and co-financing mechanisms a country is eligible for and offers guidance on how to leverage them, making them easier to use.
3. **Commodity Financing Flow Mapping:** The CFT's complementary Financing Flow Mapping (FFM) Suite enables visibility into financing flows from origin to execution, identifying bottlenecks and supporting improved transparency and decision-making.
4. **Advocacy Suite of Resources:** The CFT also includes a corresponding set of advocacy resources and key messages to equip both advocates and decision-makers with tangible success stories and guidance on making the case for investment in RMNCH-N commodities.

How the CFT Responds to Country Challenges

Table 1.0 below demonstrates how the CFT responds to the above-mentioned challenges that were common across Tanzania, Nigeria, and Guatemala and likely relevant for other LMICs.

Table 1.0: CFT Response to Country Level Challenges on RMNCH-N Commodity Financing

Challenge	How countries experience the challenge	How the CFT responds	Output the country user gets from the CFT
Insufficient financing	Gap between need and procured volumes for RMNCH-N commodities	Provides strategic options to improve efficiency and/or expand use of domestic resources while also offering strategies to leverage multiple global financing mechanisms the country is eligible for Further offers a suite of advocacy resources to improve policy and budget commitments for RMNCH-N commodities *Value-add CFT element(s): Domestic Financing Options; Global Financing Mechanisms; Advocacy Suite of Resources*	A set of strategic options, prioritized by relevance and fit to the country context that users can then act on to improve DRM and optimize the use of global financing mechanisms A suite of advocacy resources supporting country users with key messages and resources to advocate for more financing for RMNCH-N commodities
Fragmented and poorly coordinated financing	Multiple funding sources with different conditions and arriving at different times, making supply planning challenging Institutional fragmentation with multiple agencies	Brings together multiple decision-makers across different government agencies to effectively complete the tool. Captures all domestic and external financing mechanisms in one place	A shared and consolidated picture of how RMNCH-N commodities are currently financed and a set of prioritized strategic options that government agencies can leverage and plan to act on together

Challenge	How countries experience the challenge	How the CFT responds	Output the country user gets from the CFT
	responsible for planning and executing on commodity budgets Decentralized systems in which subnational governments set their own commodity budgets, with limited national oversight or coordination	Maps commodity financing flows from origin to execution, showing which agencies (and, where relevant, levels of government) are responsible at each stage *Value-add CFT element(s): Commodity Financing Flow Mapping, Domestic Financing Options; Global Financing Mechanisms; Advocacy Suite of Resources*	Mapping of commodity financing flows, identifying roles and responsibilities across government agencies
Unpredictable funding and disbursement delays	Delayed disbursements experienced through delayed procurements Unspent funds resulting in poor budget execution rates	Provides a set of strategic options to improve budget efficiency and execution Further provides the FFM Suite of tools to help understand commodity financing flow bottlenecks contributing to delayed disbursements and unpredictability *Value-add CFT element(s): Commodity Financing Flow Mapping, Domestic Financing Options*	Strategic options and resources (i.e., the commodity financing flow mapping suite of tools) to improve the predictability and timeliness of commodity financing, which can inform budget planning and advocacy around releases and spending

Challenge	How countries experience the challenge	How the CFT responds	Output the country user gets from the CFT
Dependence/lack of dependence on external financing	Over-reliance on donor financing, particularly for family planning commodities, leaves funding unsustainable and unpredictable as external support shifts, risking stockouts Where external financing is minimal, lack of contingency if domestic funds are insufficient, resulting in potential stockouts	Assesses the current mix of domestic and external financing and identifies options to balance the two: strengthening domestic financing where reliance on donors is high, and identifying eligible global mechanisms as a back-up where domestic funding falls short *Value-add CFT element(s): Domestic Financing Options; Global Financing Mechanisms*	A set of prioritized strategic options to consider and further act on to maximize use of domestic and global financing resources for RMNCH-N commodities
Limited awareness of and access to global financing mechanisms	Limited awareness and subsequent use of multiple global financing mechanisms leveraged in a strategic and sequenced manner to optimize financing for RMNCH-N commodities Stringent and often inflexible documentation requirements that make some mechanisms difficult to access	Maps the global financing and co-financing mechanisms each country is eligible for, filtered by commodity group or commodity of interest, with details and guidance on how to leverage them in the most strategic order *Value-add CFT element(s): Global Financing Mechanisms*	A roadmap of how to leverage multiple global financing mechanisms in a strategic manner with details and guidance on each mechanism
Limited information	Limited data-informed decision-making for	Makes financing information, including eligibility for global	An evidence-based summary of the country's financing landscape and

Challenge	How countries experience the challenge	How the CFT responds	Output the country user gets from the CFT
sharing and transparency	RMNCH-N commodity financing	mechanisms, existing health financing arrangements for commodities, and key fiscal space indicators visible to all stakeholders *Value-add CFT element(s): Domestic Financing Options; Global Financing Mechanisms*	options that can be shared across ministries, agencies, and partners to support data-informed decisions
Competing priorities	Stretched health budget that sometimes crowds out critical RMNCH-N commodities	Assesses policy and budget commitments and the enabling environment for RMNCH-N commodity financing alongside the country's fiscal space Helps teams identify realistic options and build the case for prioritizing RMNCH-N commodities within a constrained health budget Further offers a suite of advocacy resources to improve policy and budget commitments for RMNCH-N commodities *Value-add CFT element(s): Domestic Financing Options; CFT*	Evidence and prioritized strategic options that can support advocacy and budget negotiations to protect RMNCH-N commodity financing Key messages to make the case for investment in RMNCH-N commodities

Challenge	How countries experience the challenge	How the CFT responds	Output the country user gets from the CFT
		Advocacy Suite of Resources	

Conclusion

The experiences of Tanzania, Nigeria, and Guatemala show that countries with very different health systems—a centralized procurement system with pooled funding, a federal system where states set their own commodity budgets, and a largely self-financed system with dedicated domestic revenue—often face common challenges. Insufficient and unpredictable financing, fragmented funding sources, limited visibility of available global financing mechanisms, and competing priorities within constrained health budgets all contribute to the RMNCH-N commodity financing gap. As external financing for health continues to shift, these challenges are likely to grow, making it more important than ever for countries to plan strategically, use domestic resources efficiently, and leverage global financing mechanisms in a coordinated and strategic manner. Notably, many countries also experience unique challenges based on their specific domestic financing systems or unique attributes to their health systems. The CFT is positioned to be relevant across both—common challenges and those that are more country-specific.

> **It's helpful to see all the different global funding mechanisms Tanzania is eligible for in one spot; it would be great to see a similar tool for other commodities beyond RMNCH-N.**
>
> **- Tanzania Government Stakeholder**

The CFT aims to respond to some of these challenges by bringing together information on global financing mechanisms, domestic financing options, commodity financing flows, and advocacy resources for RMNCH-N commodity financing. It helps countries move from a fragmented picture of RMNCH-N commodity financing to a shared, evidence-based set of strategic options for further exploration and prioritization. The CFT's value will be most evident when multiple stakeholders use the tool to advance the RMNCH-N commodity financing agenda:

i. **Country government stakeholders and decision-makers** can use the tool ahead of budget preparation, health financing strategy development, or reviews of commodity plans, so that its outputs inform decisions at critical planning processes.

ii. **Advocates and civil society** can draw on the CFT's outputs and advocacy resources to make the case for increased and protected budget allocations for RMNCH-N commodities.

iii. **Donors and partners** can support countries to complete the CFT and to implement the strategic options it identifies, ensuring that global and domestic resources work together to keep essential RMNCH-N commodities available for the women, newborns, and families who need them.

Access the Comprehensive Financing Tool

The CFT is free to use online at: **https://rhsupplies.org/data-tools/comprehensive-financing-tool/**

Related resources

- **Advocacy Resources for RMNCH-N Commodity Financing**
- **Financing Flow Mapping Suite**