MAGE: Monitoring and Action for Gender and Equity

A Global Financing Facility and Johns Hopkins University Partnership to Advance Gender Results

The Global Financing Facility (GFF) advances gender integration, measurement, and results through the MAGE partnership with Johns Hopkins University (JHU) for improved health systems and reproductive, maternal, newborn, child, and adolescent health and nutrition (RMNCAHN) outcomes for women, children, and adolescents. In 2025, MAGE is building on progress from the last three years to advance and strengthen data, measurement, and evidence for gender results in the GFF's 2026-30 strategic vision and its implementation through investment and support to countries in Africa, Asia, and Latin America.

The MAGE approach focuses on strengthening the GFF secretariat and systems. This is done to prioritize gender equality reforms and results in country investments, specify measurable indicators to track progress, and hold GFF accountable for not just gender prioritization, but for supporting countries to implement these priorities and achieve results.

The MAGE Approach to Advancing Gender Equality and RMNCAHN Outcomes

1. Using a 4 Pillars framework to prioritize gender equality reforms in GFF's support to strengthen health systems for better RMNCAHN outomes.	**2.** Specifying sex-specific, sex-disaggregated, and gender power relations and systems indicators with adequate data, sources.	**3.** Tracking GFF's institutional progress on gender equality with a cascade Key Performance Indicator (KPI) on gender prioritization, implementation and results.
4. Strengthening gender measures in countries' routine monitoring & facility data for improving women friendly and respectful RMNCAHN service.	**5.** Expanding data analysis and use in countries to assess women's experience of care, health insurance access, role in health workforce and leadership.	**6.** Using implementation research and timely analytics to improve and scale up sectoral reforms that advance gender equality & RMNCAHN.

The MAGE approach focuses on supporting countries by collaborating with governments and key stakeholders to strengthen gender measures and their use in health data and monitoring systems. This include not just specifying gender indicators in routine as well as newly evolving data sources, but incorporating them in analyses and dashboards to assess progress on key priorities - such as women's experience of quality, respectful maternal and reproductive health care, their access to health insurance, and their equitable role and leadership in the health workforce. The MAGE team partners with country experts to support implementation research and analytics for scaling up systems level reforms with gender equality implications. It also collaborates with a range of World Bank teams in health, nutrition, social protection, governance, gender, jobs, among others.

MAGE collates and showcases gender and RMNCAHN data, trends, and analytics. This is done on the GFF data portal, annual reports, and strategic communications. The MAGE website and the GFF Knowledge and Learning portal provide a range of important resources and guidance on RMNCAHN related gender monitoring and evaluation.

The 4 Pillars Framework to Prioritize Gender Equality in GFF Supported Health Systems Reforms

1. Quality of Care	2. Health Care Financing	3. Health Workforce, Governance & Policies	4. Data & Information Systems
Meets women's & girls' needs, rights, preferences	**Benefits & protects women & girls on coverage & costs**	**Support & reward women workers, leaders, caregivers**	**Use quality measures to track progress on health & gender equity**
• Maternal health and Family Planning are part of PHC, UHC • Women and girls receive quality, respectful care • Mothers don't face barriers as primary caregivers for child health needs	• Health insurance schemes address gender barriers • Women and girls have targeted access to social protection • Reduction in maternal health and FP related out-of-pocket expenses	• More gender equity in jobs, pay, task-shifting • Support & protection of female workers • Gender imbalance in leadership is addressed • Gender equitable policies are financed and implemented	• M&E systems prioritize core gender indicators • Quality data on gender indicators are collected, analyzed, reported • Decision-makers use gender data and evidence

Maximizing entry points in reform areas that most readily align with GFF/WBG operations and financing advantage and can lead to systems level shifts at scale for women's and girls' disadvantage as consumers and producers of health.

The essential value of MAGE is realized through progress made in GFF supported countries

Types of MAGE support on gender and measurement for GFF countries

1.	2.	3.
Specification of and quality assurance on gender and RMNCAHN indicators.	Identification and collection of data on gender indicators through routine systems.	Rapid assessments and investigative analytics on key systems reforms related to the four gender and RMNCAHN MAGE priority pillars.

4.	5.	6.
Development of well-defined gender and health program initiatives and policies with specific implementation pathways and measures of success.	Analysis, visualization, and use of gender and RMNCAHN data for assessing programmatic performance and deliberating correction action.	Implementation research and process documentation with a gender lens to ensure innovative approaches on RMNCAHN benefit women and girls.

In Pakistan, MAGE has supported the government of Punjab to address the rapid attrition of Lady Health Workers by developing an alternate approach involving outsourcing the recruitment and deployment of higher-skilled female community health workers (CHWs) to provide critical RMNCAHN services in underserved areas. MAGE also supports implementation research to track the rollout and progress of this approach, allowing real-time problem correction and concurrent evidence-based scale up.

In Ghana, MAGE supported the Ministry of Health to revise and launch the new Health Sector Gender Policy, accompanied by an Action Plan and measurable indicators. The Policy and the Action Plan emphasize women's needs, preferences, and decision-making in accessing and using RMNCAHN services, and sets targets for improving women's professional standing and leadership in the health sector. MAGE also supports the assessment of trends and gaps in women's use of family planning and adolescents' use of health services.

In Afghanistan, MAGE and the GFF's FASTR (Frequent Assessments and System Tools for Resilience) team modelled estimates of the impact of the Taliban's 2024 ban on training female nurses and midwives, showing significant reductions in women's and children's access to maternal and child health services. Skilled birth attendance would be most affected due to gender sensitivity about male providers, leading to increased maternal mortality. The high-level donor steering group has appreciated these findings in developing options to mitigate the ban's negative impact.

In Côte d'Ivoire, MAGE conducted a rapid gender assessment of the national health insurance scheme, *Couverture Maladie Universelle* (CMU), revealing that women are less likely to enroll in and use health insurance compared to men. Key reasons include the exclusion of maternal and reproductive health services from the benefits package; women's lack of access to subsidized premiums because of their concentration in the informal workforce, women's dependency on marital status for coverage, and their higher susceptibility to various administrative and logistical challenges, such as the lack of identity papers for themselves and their children.

In Ethiopia, MAGE analyzed women's maternity care experiences at health facilities using Performance for Monitoring and Action Ethiopia data to assess the extent to which women received "women-friendly, respectful maternal care" during their recent childbirth. Findings revealed that over a third of women did not have their basic needs met, over half were not allowed inquiry or choices, and almost two-thirds lacked a say in informed decisions about their care. These issues were more prevalent among uneducated, rural, poor women, and among adolescent girls. The findings were discussed with the Ministry of Health and key stakeholders, leading to shared recommendations for corrective action.