Catalytic Opportunity Fund

Impact and Insights Paper

2019-2025: COF's impact story, lessons learned, and insights for sexual and reproductive health financing

Prepared by the Clinton Health Access Initiative (CHAI) with funding from the Gates Foundation and UK International Development. Developed in partnership with the Malawi Ministry of Health, Nigeria Federal Ministry of Health and Social Welfare, Rwanda Ministry of Health, Uganda Ministry of Health, and Zambia Ministry of Health.

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Executive summary

Scaling access to new and underutilized sexual and reproductive health (SRH) products in low- and middle-income countries (LMICs) is fundamental to meeting the health needs of women. For decades, highly effective SRH products have taken years, sometimes decades, longer to reach women and girls in LMICs than in high-income settings. Every year a product remains unavailable represents preventable deaths, unintended pregnancies, and missed opportunities.

Large-scale donor-funded SRH programs have existed for decades, yet dedicated financing for new product introduction was largely absent from them. Additionally, traditional donor financing tends to be highly fragmented and externally driven, producing slow timelines, duplicate investments, poor sequencing of activities, and products that stalled before reaching the women who needed them most.

That challenge has become more acute. The withdrawal of USAID, previously the largest source of global health and family planning (FP) funding, compounded by cuts from the UK and multiple European donors, has already materially reduced access to SRH services globally. Governments in LMICs are under pressure to absorb both routine services/systems and new product introductions with already limited resources. In this environment, how financing is organized and deployed matters more than ever.

The Catalytic Opportunity Fund (COF) is a flexible, rapid-response, small grants funding mechanism for new and underutilized SRH product introduction and scale-up. Unlike traditional financing, the COF moves quickly: deploys grants with rapid agility to fill critical gaps, responds to emerging opportunities, and unlocks progress at key moments. Launched in

COF HIGHLIGHTS AT A GLANCE

- US$36.6M committed across 174 grants in 29 countries
- 4 product tracks: DMPA-SC, hormonal IUD, MA combipack, PPH products
- 62 distinct product introductions supported across 29 countries
- 75,000+ health workers trained
- ~12 million people reached with demand generation
- 2024 external evaluation confirmed significant improvements in effectiveness and efficiency of product introductions in LMICs

"From the UK International Development perspective, the COF has demonstrated the value of aligning catalytic financing with government-led priorities while strengthening coordination across an otherwise fragmented SRHR financing landscape. As global health financing becomes more constrained, alignment is more important than ever and there are important lessons from the COF. Financing mechanisms will need to increasingly focus on leveraging domestic resources, aligning with multilateral financing, and supporting countries to transition from externally funded introduction towards sustained, government-led scale-up."

- UK International Development from the UK government

2019, it grew from a single-product mechanism into a model applied across four SRH products, committing US$36.6 million across 174 grants in 29 countries by end of 2025. The COF pools donor financing around shared investment strategies aligned to government plans, which cuts fragmentation, sharpens sequencing of key activities, builds country ownership, and directs every dollar where it can move the needle fastest.

Over seven years of implementation have generated meaningful results and a rich body of lessons. This Paper distills what the COF is, its outcomes, and key lessons from implementation to inform how the community can strengthen financing and grantmaking approaches for SRH going forward. In an era of hyper-constrained resources in global health, fragmentation and duplication are not options we can afford. Dedicated financing, deployed with speed and coordination, is what accelerates access to lifesaving products for women and girls.

Context and rationale

Scaling access to new and underutilized SRH products in LMICs requires two things to go right simultaneously: dedicated catalytic financing must be available, and it must be deployed in a way that actually works. When SRH products are left to market forces alone, the result is predictable: limited and delayed scale-up in LMICs.

The financing need

Many commodities suffer from a "market trap": countries need affordable prices to generate demand, while manufacturers need sufficient demand to lower prices and scale supply. Breaking that cycle requires coordinated financing and market intervention, including investment to build demand. For example, across HIV antiretroviral therapies, vaccines, and contraceptive implants, substantial price reductions, often exceeding 50-90 percent, have been achieved only after scale-up funding was committed and demand was aggregated and backed by predictable financing mechanisms such as pooled procurement and volume guarantees.

The hormonal IUD (H-IUD) illustrates this: broadly available in high-income countries since 1990, it remained out of reach in LMICs for over three decades. It was not until donor intervention, working alongside governments, suppliers, and procurement agencies to control costs, and with dedicated financing for rollout in LMICs, that broader access became viable.[1] Speed matters too, because rapid scale-up is the path by which both affordability and health impact are achieved: the faster a product reaches scale, the sooner prices fall and the sooner women benefit.

How financing is deployed matters as much as whether it exists

Mobilizing financing is only part of the equation; how that financing is organized and deployed is equally critical. Large-scale donor-funded SRH programs via official development assistance (ODA) have existed for decades yet did not include dedicated financing for new product introduction. In our experience, the expectation that introduction costs will be absorbed into existing programs or government budgets regularly fails in practice, leaving critical activities including training, guideline development, demand generation, and supply chain unfunded and stalled. Even when earmarked financing exists, it often has been fragmented, externally driven, and poorly coordinated, producing slow timelines, duplicate investments, and product rollouts that remain stalled for years. Despite decades of investment in family planning and maternal health, this is why high-impact SRH methods continue to struggle to reach scale in LMICs. SRH product introduction requires moving quickly toward emerging opportunities or challenges as they arise. It demands nimbleness, speed, and the ability to respond in real time.

The COF response: rapid, catalytic financing

The COF was created in 2019 as a rapid-response, small-grants funding mechanism to fill financing gaps, initially to accelerate DMPA-SC and self-injection introduction and scale-up. Its key value and distinction from other funding sources was the flexibility and speed of the funding: grants are deployed

[1] Hormonal IUD Access Group (n.d.) Hormonal IUD Access Group. Available at: https://www.hormonaliud.org/hormonal-iud-access-group (Accessed: 29 April 2026)

nimbly in real time to remove country bottlenecks to scale, address critical gaps, respond flexibly to government momentum and needs, and unlock progress at key moments. In doing so, it demonstrated a better model for how product introduction financing should work.

Why this matters now

This context has only become more urgent. ODA is projected to decline by 40-60 percent over the next five years. The withdrawal of USAID, previously the source of 54 percent of global SRHR (sexual and reproductive health and rights) funding, has already materially disrupted contraceptive access and is projected to contribute to 17 million unintended pregnancies and 34,000 maternal deaths. Governments in LMICs, already stretched across competing priorities, are now expected to absorb budgets for both routine service delivery and the introduction of new health innovations. As available financing contracts, the margin for inefficiency, duplication, and poor coordination is one we can ill afford, underscoring the need for a mechanism like the COF.

Value proposition and design

What is the COF?

The COF is a grantmaking fund that pools donor funding and channels it toward coordinated, government-aligned investments to support best-practice product introduction. By aligning funding to countries' national strategies and directing resources toward the highest-priority bottlenecks, the COF strengthens country ownership, improves the efficiency of investments, and supports more sustainable integration of products into health systems.

The best way to see the COF is as a tool funders deploy flexibly to align around a shared strategy, direct limited resources to the highest-impact opportunities, move quickly, minimize waste, and reduce the transaction costs of grantmaking across many countries and grants. Beyond individual grants, it advances system-level outcomes, supporting global market development for products, improving product availability, and strengthening coordination across the SRH ecosystem.

The COF creates value by:

- **Bridging financing gaps for country readiness.** The COF fills time-sensitive gaps in country-level funding for introduction activities tailored to specific in-country bottlenecks, while longer-term financing is mobilized.
- **Strengthening government ownership and country agency.** Requiring MOH endorsement of all grants and tying projects to government strategies and public sector systems give a structural incentive to partners to coordinate with governments and gives MOHs a lever to steer investments toward national priorities.
- **Coordinating fragmented investments.** Aligning donors around a common investment strategy reduces duplication and ensures activities are appropriately sequenced.
- **Deploying funding with speed and nimbleness.** The COF operates as a rapid response fund that quickly identifies opportunities and unlocks key bottlenecks to scale at the right time in LMICs.

"The COF's greatest contribution has been its ability to pool resources and streamline financing for SRH product introduction. Unlike fragmented donor-driven mechanisms, COF ensures predictable funding aligned with our national priorities, reducing duplication and delays. This makes it more effective than ad-hoc grants or vertical financing streams that often operate in silos.

All stakeholders work towards a common goal defined by government priorities through government plans and strategies. The government takes a leading role by mapping out partners against our national SRHR strategy, by so doing, duplication of efforts has been minimized.

Finally, the COF's requirement for Ministry of Health endorsement has been critical. It ensured that investments were aligned with our national SRHR strategy and minimized duplication of donor efforts. This aspect should be emphasized as a key differentiator from traditional financing streams."

— **Dr. Juliana Kanyengambeta Mubanga**, Deputy Director, Reproductive Health Directorate, Ministry of Health, Malawi

- **Connecting country action to global market development.** The COF finances country-level uptake that drives global market maturation by directing resources flexibly toward the geographies and opportunities with the greatest impact, which ultimately supports longer-term price reductions for products in LMICs.
- **Setting standards for best practice product introduction and aligning investments.** Reinforcing programmatic standards across the SRH community—through optimal sequencing of pre-introduction, training, demand, supply across public and private sectors, alignment with national plans, and product-specific implementation guidance—allows partner investments to follow a common set of principles for optimal rollout.

Core design principles

The value proposition above describes *what* the COF delivers; the design principles below describe *how* it is structured to deliver it. The COF is operationalized as a rapid, small-grants funding mechanism administered by CHAI. It uses an open, competitive call for proposals 3–4 times per year to identify and fund high-impact opportunities. Its key design features are shown in Figure 1.

Figure 1: Key design features of the COF

Feature	Description
Open-call, competitive model	Grants are solicited through open calls 3–4 times per year, allowing in-country partners to apply and speak to local bottlenecks rather than responding to globally directed funding. This bottom-up approach surfaces opportunities centralized planning might miss and prompts local MOH leaders and partners to coordinate and own how rollouts are resourced and planned, leveraging structures and programming already in place in-country.
Catalytic, time-bound investments	Grants run 9–12 months and must target specific introduction bottlenecks. Applicants must show how the activities meet the COF's specific definition of catalytic activities.
Pooled donor funding	Donor funding is pooled around a shared investment strategy and common criteria, directing limited resources toward a coordinated approach and reducing duplication. Pooling funding across products also enables flexible reallocation across products based on progress toward global market access goals and evolving market needs.
Government & country ownership	Applications must demonstrate MOH endorsement, alignment with national strategies, use of government systems and structures, and clear pathways for integration into health systems and sustained impact. These requirements are reinforced through the COF's eligibility criteria and scoring rubric and are a key focus for reviewers during the review process and feedback provided to applicants.
Adaptive funding	Grantees can reallocate resources to respond to urgent government priorities or pivot given other incoming investments or changes to MOH budgets, a flexibility that traditional bilateral programs cannot typically offer with as much agility. MOHs frequently cite this flexibility as a key value proposition of the COF that maximizes impact of the funding.
Criteria as strategic levers	COF investment strategy and criteria are shaped by thoughtful consideration for and the intersection of government priorities, global clinical evidence, global market access conditions and strategies, and country gaps. Country and activity eligibility, are flexibly adjusted over time to respond to these evolutions, functioning as strategic levers that direct funding toward the most pressing priorities for each product.

Rapid response	Funding is deployed within just 4-5 months of application submission, enabling grantees to respond to urgent and time-sensitive MOH bottlenecks to introduction.
Transparent & multi-stakeholder investment decision-making	Funding decisions follow a standardized, publicly available scoring rubric and leverage a pool of reviewers with expertise in market dynamics, country context, and implementation for the therapeutic/product category. Key donors and multilateral organizations in the space are also engaged during review to improve bidirectional visibility, harmonization of investments, and coordination.
Time-bound by design	COF funding tracks are intentionally time-bound and not intended to be permanent funding vehicles. Each track is established to address a defined problem and is graduated or wound down as the market matures, bottlenecks resolve, or the goal moves beyond what catalytic funding can address. Regular reassessment of whether the conditions that warranted a track still hold ensures resources stay directed where they continue to add value.

"The most significant value-add is supporting the country to develop and implement plans for the roll-out of new commodities, ensuring these plans are synchronized and aligned with other country-level plans such as the Family Planning Implementation Plan and the RMNCAH [Reproductive, Maternal, Newborn, Child, Adolescent, and Healthy Aging] Plan and Investment Case. This allows the government to set the pace and direction of the introduction process.

By funding the creation of national guidelines and the convening of Technical Working Groups (TWGs), the COF ensures that the Ministry remains the primary 'architect' of the scale-up, rather than just a passive recipient of external donor priorities.

By identifying specific, unfunded steps in the national roll-out plan, the COF ensures that investments from the government and other donors are complementary rather than duplicative."

— Dr. Chris Ebong, Principal Medical Officer, Ministry of Health, Uganda

From proof of concept to broader model

The COF began in 2019 as a single-product fund for DMPA-SC scale-up. It worked: catalytic financing, deployed quickly against specific bottlenecks, accelerated introduction in ways other funding sources had not. It soon became clear that the barriers DMPA-SC faced were not unique to that product. Other new and underused SRH products struggled to reach country-level rollout for the same reasons. The COF gained additional donor support and expanded into more funding tracks (Figure 2).

Figure 2: Evolution of the COF's funding tracks

Funding Track	DMPA-SC Scale-up	Hormonal IUD Introduction & Scale-Up	MA Combipack Scale-Up	Introduction & Scale-Up of Postpartum Hemorrhage Products
Product	**DMPA SC**	**Hormonal IUD**	**Medical Abortion Combipack**	**PPH medicines:** Oxytocin, Misoprostol, heat-stable Carbetocin, & tranexamic acid **PPH medical devices:** Calibrated blood drape, Non-pneumatic Anti-Shock Garment
Duration	2019-2025[1]	2021-Current	2022-2026[1]	2023-2026[1]
Principles of the COF	Catalytic & short-term activities that 1) Deepen access to DMPA-SC self-injection within public-sector channels; 2) Expand access to DMPA-SC self-injection through pharmacies and/or drug shops in large private sector markets; and 3) Introduce DMPA-SC self-injection in new countries Note: The DMPA-SC COF funding track included a Regulatory and Advocacy track which operated separately between 2020 and 2024 to address regulatory and policy barriers to SI access through private-sector channels, including private pharmacies and drug shops.[2]	Catalytic & short-term activities that drive introduction scale up of government-led hormonal IUD in alignment with country prod uct introduction plans. Pre-introduction and introduction activities are supported. Not intended for pilots designed to help government decide to introduce hormonal IUD.	Catalytic & short-term activities that drive scale up of MA combipacks.	Catalytic and short-term activities that drive government led introduction and scale-up of priority and evidence-based, lifesaving medicines and medical devices that prevent, detect, and treat PPH. Not intended for activities designed to help government decide to introduce PPH medicines.
Relevant Reviewers/ Stewards	Advancing Injectable Markets for Sustainability (AIMS) led by PATH (Steward)	Hormonal IUD Access Group led by CHAI and FHI360 (Co-steward)	RHSC Safe Abortion Supplies Working Group (Reviewers)	CHAI coordinates closely with relevant global partners)[3]
Donors	Gates Foundation, Children's Investment Fund Foundation (CIFF)	Gates Foundation, UK's Reproductive Health Supplies Programme	UK's Reproductive Health Supplies Programme	UK's Reproductive Health Supplies Program, MSD for Mothers[4]

[1] New grant award cycle ended in 2025. However, there are still active grants expected to be completed in 2026.
[2] The DMPA-SC Regulatory COF was a separate funding track from 2020-2024 and then merged with DMPA-SC Scale-up COF in 2024.
[3] The Reproductive Health Supplies Coalition Maternal Health Caucus was a co-steward from 2023-2025 for PPH 1.0 (pre-update). The Reproductive Health Supplies programme is an initiative with funding from UK International Development.
[4] MSD for Mothers is an initiative of Merck & Co., Inc., Rahway, NJ, USA.

What COF grants do in practice

Across four funding tracks, COF grants have funded six main types of activity: building public sector capacity via training, mentorship, and other health workforce capacity building; strengthening private sector access where relevant; updating policies and clinical guidelines; supporting national coordination and strategy development; enabling government-led demand creation; and integrating products into data and supply chain systems (Figure 3). Grant scopes vary by the specific bottlenecks they address: some grants implement comprehensive rollout activities across training, supply, and demand generation, while others target a single bottleneck that complements existing or past work in the country, such as demand generation, data system integration and strengthening, or development of a costed introduction plan. In addition, depending on the funding track's strategy, grants can span activities for pre-introduction to set the stage for an efficient, well-sequenced rollout (e.g. guidelines development, strategy development, quantification and forecasting, etc.) or active introduction activities.

Figure 3: Illustrative activities supported by H-IUD COF grants

	Illustrative Activities	Activities Conducted by Grantees
Public Sector Capacity Building	• Training public sector trainers, mentors, facility providers, pharmacy managers and students on H-IUD insertion • Equipping community health workers and mobilizers • Building MOH capacity in supervision, mentoring, behavior change campaigns	• **Nigeria:** Conducted first H-IUD training of expert trainers, master trainers, and state trainers • **Kenya:** Acquired training mannequins and conducted first training of national and county trainers • **Rwanda:** Facilitated first national training for master trainers, on-site managers, and pharmacists
Policies, Strategy, National Coordination	• Pre-introduction stage: develop introduction vision, convene product introduction taskforce • Introduction stage: develop project plans with national program • Ensuring integration of tools (e.g., training curricula, counseling materials) into standard FP curricula and processes	• **Kenya:** Convened government and stakeholders to develop and test H-IUD orientation/training package • **Nigeria:** Developed and tested H-IUD training package • **Uganda:** Visioning workshop for H-IUD introduction
Government-Led Demand Creation	• Formative research and messaging development with government leadership, pre-testing behavior change campaign strategies • Develop and deploy demand generation materials that are integrated into routine MOH activities and processes	• **DRC:** Developed demand generation campaign plan with MOH and translated messages in local languages • **Nigeria:** Produced radio jingles in local languages; 20-episode radio program; social media campaign
Data Systems	• Integration of H-IUD into the national reporting system • Updating existing FP dashboard • Training government staff using the new FP guidelines, data entry and recording, and use of data for decision making	• **Madagascar:** Developed stock monitoring dashboard that was adopted by MoH; established coordination teams of central and district level logistic mgmt • **Nigeria:** Developed data entry module for FP dashboard
Supply Chain Systems	• Integration of H-IUD quantification and forecasting into national procurement, monitoring and ordering systems • Development and integration of IUD equipment into the national essential equipment list	• **Rwanda:** Trained pharmacists on supply chain mgmt. for H-IUD/ e-LMIS • **Madagascar:** Advocated for inclusion of H-IUD on EML • **Zambia:** Supported IUD insertion/ removal equipment procurement

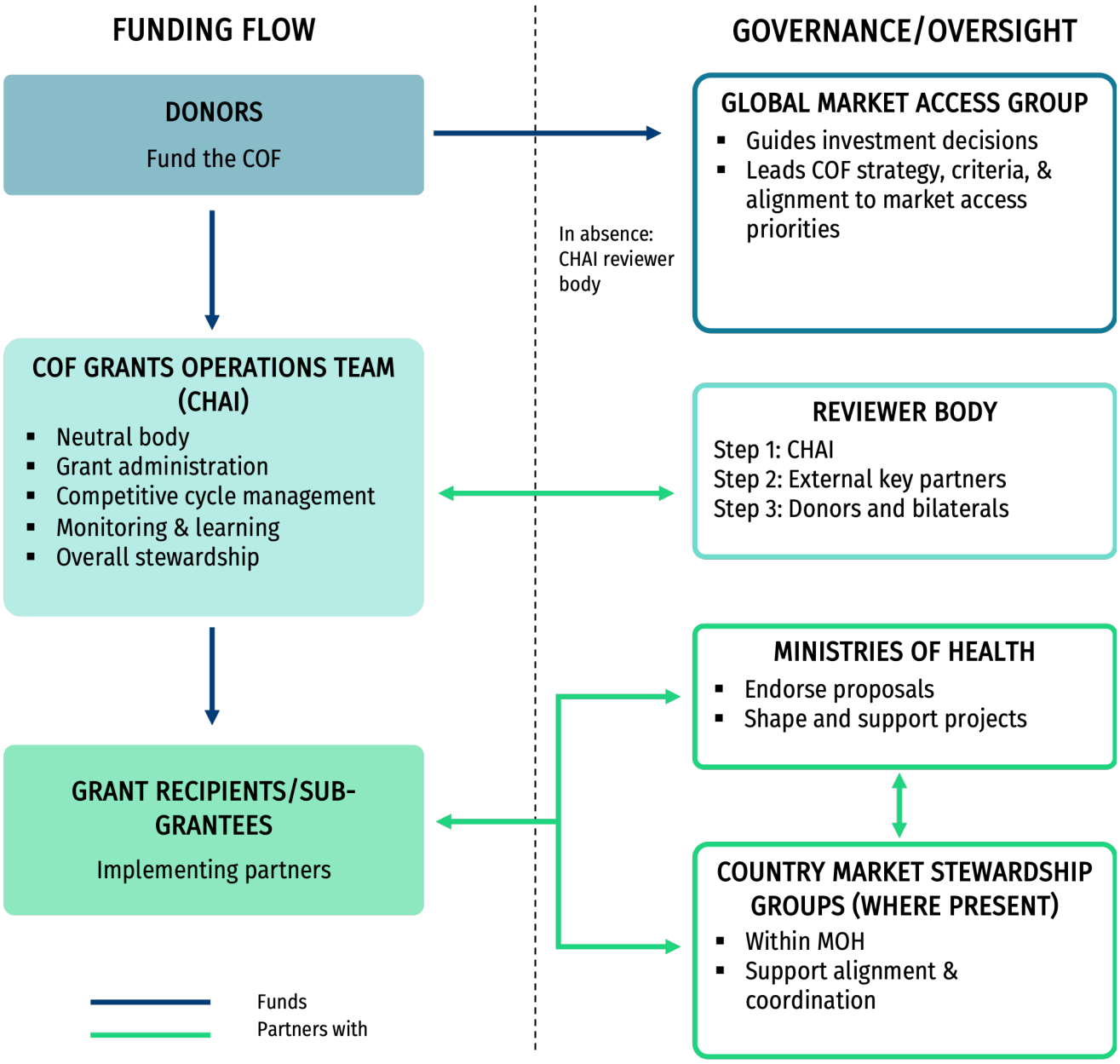
Architecture of the COF model and other players in the ecosystem

Donors fund the COF, which is administered by the COF Team within CHAI's Global Women's and Newborn Health team (in the Finance and Operations sub-team); a neutral body responsible for grant administration, competitive cycle management, monitoring and learning, and overall stewardship to deploy funds toward program and product goals. As a matrixed good, the COF requires collaboration across CHAI and the broader women's and newborn health community to define product-specific criteria, create application materials, and review applications for alignment with product strategies. Funds then flow to grant recipients and sub-grantees, the implementing partners on the ground (Figure 4).

While CHAI administers the COF, we partner with a global market shaping group, where relevant, or a body of reviewers to lead programmatic proposal reviews and investment decisions. These market access groups manage global product strategy and monitor market health for the product. Of the four funding tracks, the DMPA-SC and H-IUD COFs draw reviewers from their relevant market shaping groups—the Access Collaborative and the Hormonal IUD Access Group, respectively (comprising partners, donors, suppliers, and others). The medical abortion (MA) Combipack COF previously partnered with a global market access group, and the postpartum hemorrhage (PPH) COF has none in place; both were reviewed by CHAI, alongside external reviewers from key partners in the space.

On the governance side, global market access groups steward funds, guide investment decisions, and lead COF strategy, criteria, and alignment to market access priorities (with CHAI serving as the reviewer body in absence of such a group). A three-step reviewer body, comprising CHAI reviewers, external key partners, and donors and bilaterals, works alongside the operations team. Ministries of health review and endorse proposals as well as shape projects, while country market stewardship groups, where present, sit within the MOH to support alignment and coordination of product introduction investments and the work of grant recipients.

Figure 4: Overview of COF funding flows and governance



Impact and evidence

Evidence points to a clear and growing impact of the COF on product introduction outcomes. A 2024 independent external evaluation by Hera[2] found that the **COF has played a significant role in improving the effectiveness and efficiency of product introductions,** a finding reinforced by CHAI's COF monitoring and learning data across the portfolio.

Results

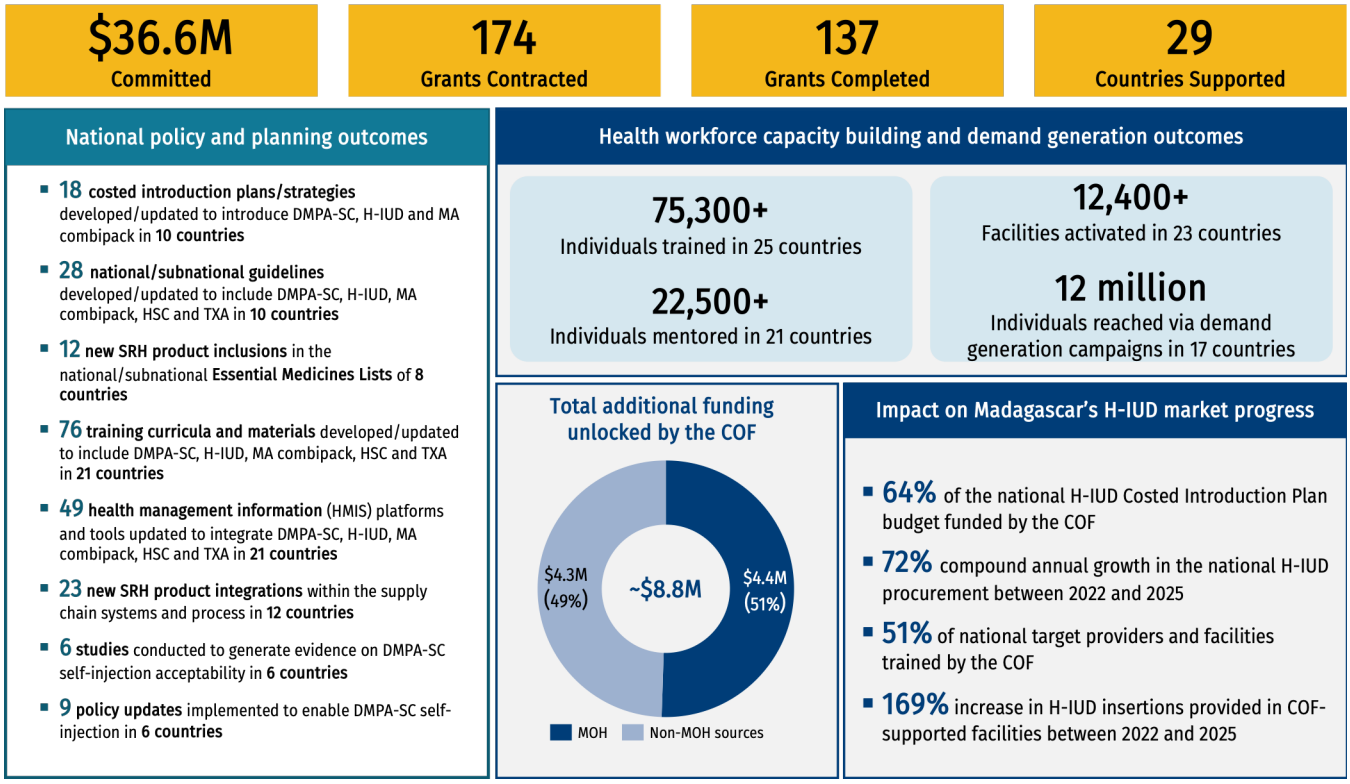
COF-supported activities, executed across countries and funding tracks, have driven measurable progress. Three impact analyses (2022–2024) found that the COF:

- Delivered strong cost-efficiencies in training models and activities at scale
- Strengthened government ownership by requiring alignment to government plans, use of national health systems, and MOH endorsement
- Funded investments consistently more coordinated with national plans than other funding sources
- Drove stronger sequencing, reduced duplication, and improved sustainability through MOH involvement from the outset of proposal design
- Catalyzed policy and regulatory changes expanding access channels for SRH products, including enabling private pharmacy provision of DMPA-SC self-injection in multiple countries

Between 2019 and 2025, the COF advanced national strategies, policies, guidelines, and data and supply chain systems to strengthen country readiness, then drove active scale-up through health workforce capacity building and demand generation. In a subset of countries, these efforts helped unlock additional resources from both government (MOH) and external sources such as other SRH partners and donors (Figure 5).

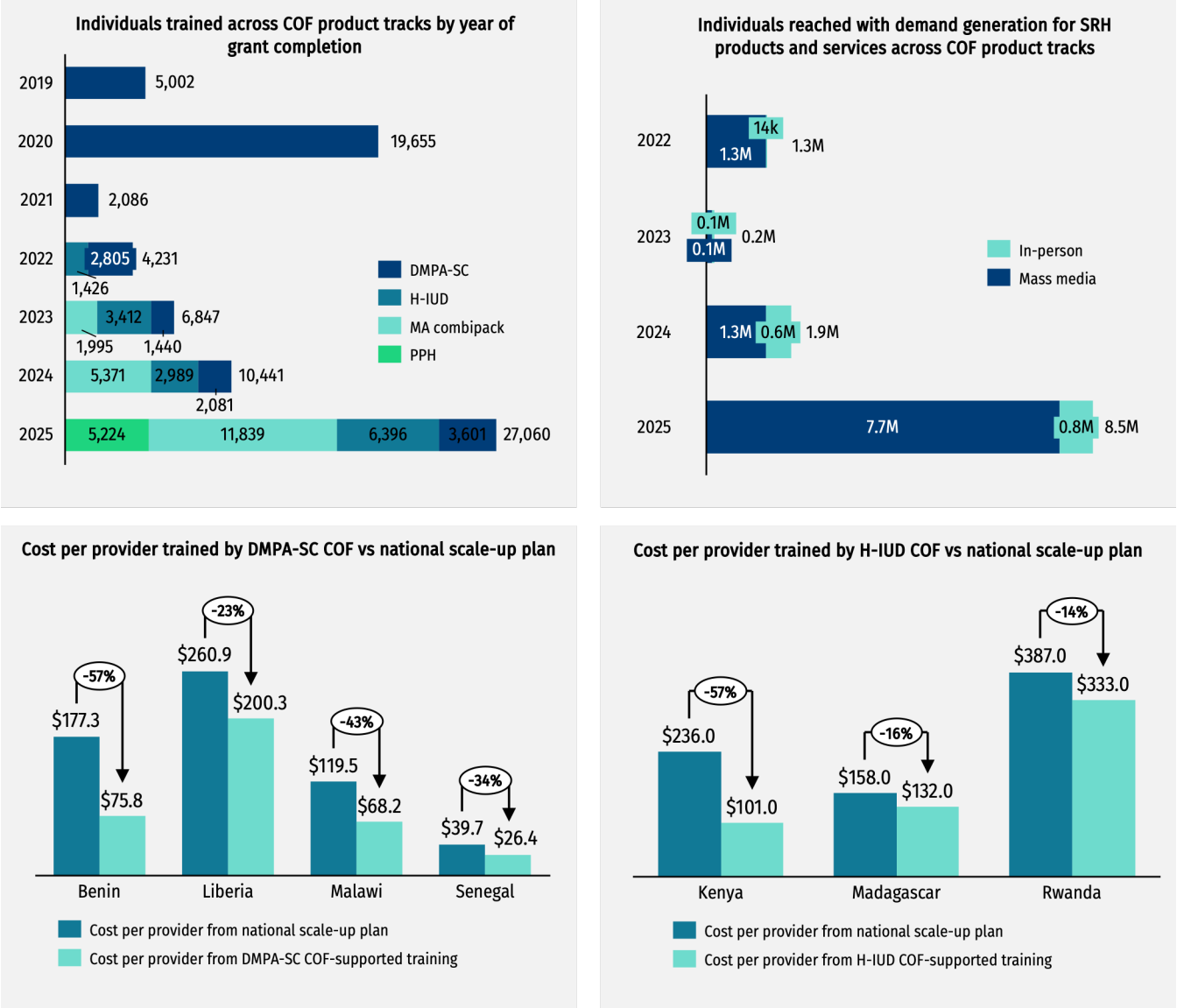
[2] Hera is a Belgium-based consultancy specializing in health, development, and human rights, providing monitoring and evaluation expertise to clients like UNICEF, and the Global Fund (hera.eu).

Figure 5: COF's impact at a glance



The COF has accelerated scale-up of new and underutilized SRH products by strengthening health workforce capacity, generating demand, and driving cost-efficiencies in training models in LMICs (Figure 6).

Figure 6: COF-supported training and demand generation outcomes



Highlights

- The COF **trained 75,322 individuals** (master trainers, providers, pharmacists, etc.) from 2019-2025[3]
- The COF reached almost **12 million individuals with demand generation** for key new SRH products from 2019-2025, leveraging largely mass media channels (especially radio and social media)[4]
- As the longest operating COF, the DMPA-SC COF accounted for the largest proportions of individuals (49 percent; 36,670/75,322) trained and facilities (34 percent;

[3] The 2020 spike in individuals trained was driven by 11 DMPA-SC COF grants implemented in 9 countries which focused majorly on large-scale provider trainings to drive scale-up of SI. DMPA-SC COF grants in later years expanded their scope to support other activities (e.g., demand generation, data and supply chain systems strengthening, etc.).

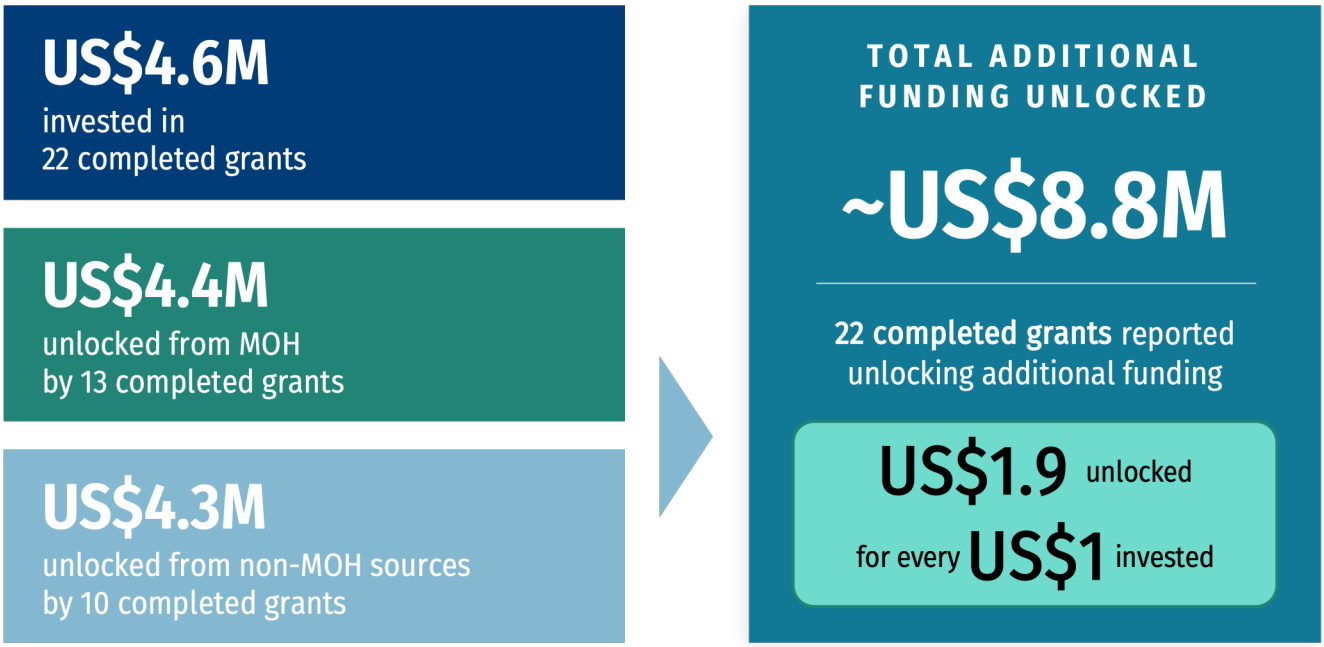
[4] The scope of COF grants between 2019 and 2021 was largely focused on trainings and less on demand generation, which explains the lack of data on demand generation for this period.

4,288/12,486) activated between 2019 and 2025

- Impact analyses done in 2022 and 2024 showed **COF-supported DMPA-SC and H-IUD trainings achieved substantial cost efficiencies for cost per provider relative to budgeted costs outlined in national introduction plans** by leveraging cost-efficient and localized training models

The COF has emerged as an effective tool for unlocking additional resources to advance SRH markets. Some grantees have successfully influenced the mobilization of additional resources during the grant lifetime, whether from MOH, donors, partners, or other means (Figure 7).

Figure 7: Additional funding unlocked compared to investment in COF grants



Highlights

- 49 of 137 completed grants reported that the COF investment helped unlock additional resources: 22 of these 49 grants, implemented in 12 countries, reported the USD value of unlocked additional resources, totaling US$8.8 million (average of ~US$400,000 in additional funding unlocked per grant, although the amount unlocked varied substantially across the 22 grants, ranging from ~US$2,000 to ~US$3.4 million)[5,6,7]
- The DMPA-SC and MA combipack COFs helped unlock 92 percent of the total

[5] A COF project is confirmed to have unlocked additional resources if the project influenced an increase in government budget allocation for healthcare worker training, increased government commitment for commodity procurement, another SRH partner committing partner funds to roll out introduction activities in a geography that has not yet introduced the product or integrating introduction activities in its existing SRH program, another partner donating/supplying the introduced SRH product, a donor coming in to fund the next phase work, etc.

[6] This is an underestimate of the true USD value of additional resources unlocked. In cases where grantees did not provide the USD value of reported unlocked resources (e.g., procured DMPA-SC, H-IUD and MA combipack), the COF team calculated estimates of these data using the UNFPA contraceptive price catalogue.

[7] Sole attribution of additional resources unlocked to the COF is inherently complex given the COF's catalytic, complementary role alongside governments, bilateral programs, and other partners.

additional funding unlocked, with 81 percent of this unlocked in Ethiopia (via UNFPA donation of DMPA-SC post-COF project implementation, and additional donor funding) and Bangladesh (significant increase in MOH budgets for MA combipack procurement and provider trainings)

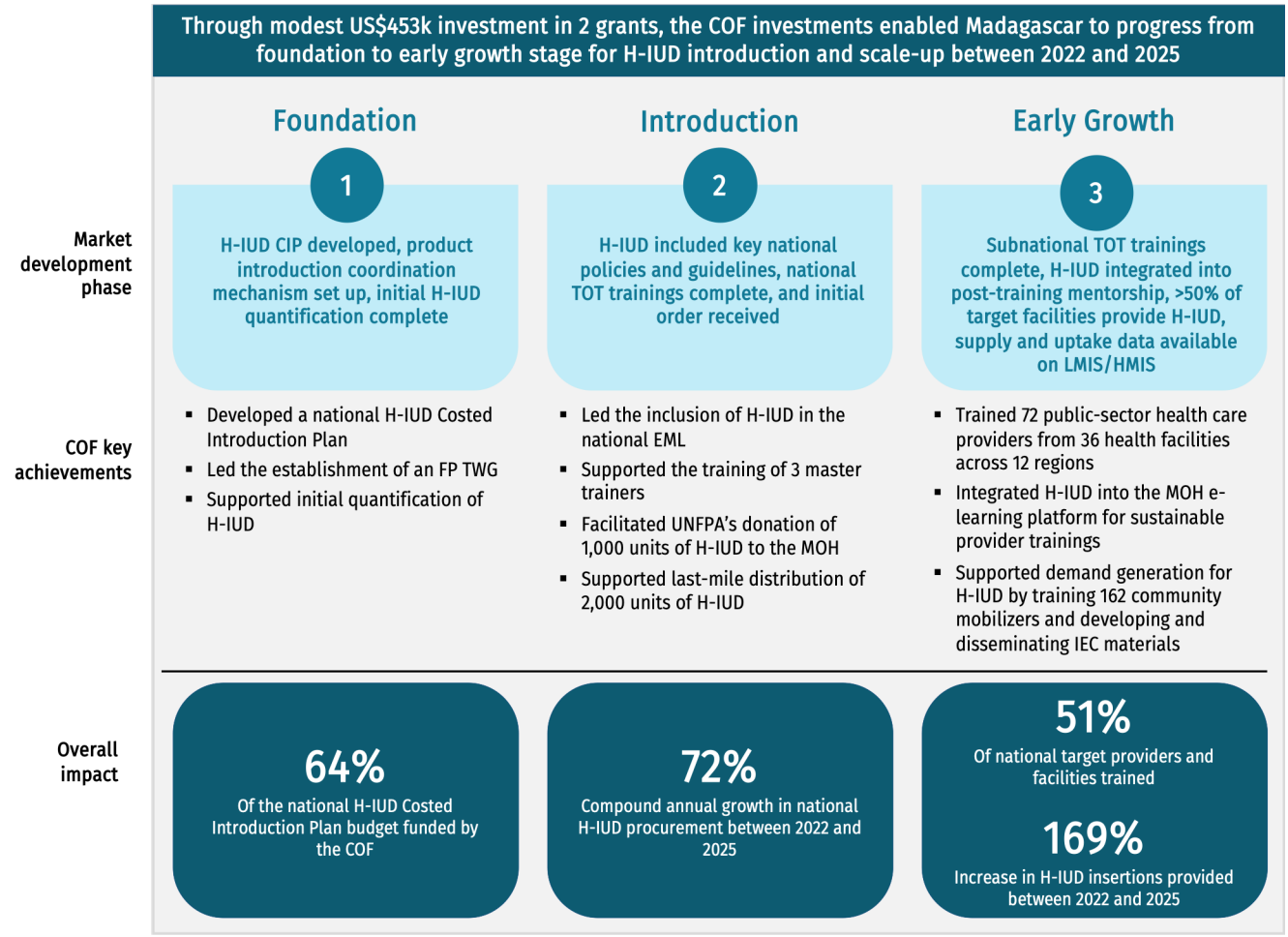
- The MOH of six countries (Bangladesh, Burundi, India, Madagascar, Nigeria, and Pakistan) accounted for half (US$4.4 million) of total funding unlocked, with the Bangladesh MOH accounting for 69 percent of this amount
- In Nigeria, the COF influenced the MOH at the national and subnational levels to mobilize additional resources for family planning (including H-IUD), PPH products (heat-stable carbetocin [HSC], tranexamic acid [TXA], and calibrated blood drapes) and post-abortion care (via the MA combipack COF) compared to the other five countries where the COF unlocked funding for either MA combipack or H-IUD

Country case study

In addition, the COF has been successful in supporting countries' transition in their market development. The Market Development Framework (MDF) is a global mapping tool designed to capture country-level context, progress, and plans related to H-IUD introduction in the public sector. The purpose of this tool is to provide a clear, up-to-date global picture that can help partners better align resources, identify gaps and opportunities, and ultimately ensure that countries receive the most appropriate and timely support. The MDF maps five distinct phases along the product introduction and scale-up journey: from a government's initial decision to introduce a product, until the product is fully integrated into national policies and guidelines and data management systems; providers are trained and proficient in service delivery; and the supply meets the demand. Progression through the milestones defined in the MDF is dependent on the country's context, funding access and commodity availability.

In Madagascar, the COF played a significant role in driving public-sector introduction of H-IUD and its scale up to early market growth via modest US$500,000 investment across two grants between 2022 and 2025 (Figure 8).

Figure 8: COF's impact on Madagascar's H-IUD introduction and market development



For more information on the COF Monitoring and Learning system (including indicators and data collection), and the Market Development Framework, see the Annex.

Lessons learned

Seven years of implementation across four funding tracks and reach in 29 countries have generated substantial learning: about what contributed to strong performance, where the model encountered constraints, and under what conditions this type of financing is most effective. We share these lessons not as a fixed framework, but as practical insights that can inform how financing approaches for SRH continue to evolve.

What worked: key successes

Building government endorsement into funding requirements shifted how partners worked and created a structural incentive for partners to better coordinate with MOH.

Requiring MOH endorsement and alignment with national strategies changed partner behavior: rather than simply advancing partner or externally driven agendas, partners engaged MOHs early in proposal design, and MOHs began steering how introduction funding flowed across their landscape. It was not done perfectly, but the shift was real. The government endorsement requirement remains one of the value-adds most commonly cited by MOHs, one they say eliminates considerable inefficiency in managing product introduction.

Rwanda's H-IUD introduction shows what this looks like in practice. The MOH developed a national costed introduction plan, mapped resource gaps, and assigned partners to different components of rollout. It engaged USAID to fold H-IUD activities into existing programs in 20 districts and directed its partner of choice to seek COF funding for the remaining geographies, working with them on their application. The COF funded what no other source had covered, in direct response to government-identified needs, enabling Rwanda to rapidly scale H-IUD nationally in under two years.

Sound investment decisions depended on country intelligence and intentional partnerships.

A global open-call fund creates an inherent tension: applications arrive from many countries, but assessing alignment with government priorities requires deep country intelligence to triangulate proposed activities against supply chain forecasts, national strategies, each country's stage of introduction, and awareness of other investments in the space. This insight cannot be easily sourced at scale. We addressed it by building reviewer bodies that combined CHAI staff and community partners who hold this knowledge, but for some tracks, maintaining wide country eligibility while ensuring sufficient country context in review proved difficult. This is a constraint of the open-call model at scale, and it requires deliberate planning to triangulate country intelligence and build reviewer capacity.

Catalytic financing at a critical moment is what drove H-IUD introduction across Sub-Saharan Africa.

Successful pilots had demonstrated acceptability and positive uptake, and ministries of health were ready to move to national introduction planning, but no dedicated financing existed to act on it, and momentum stalled. The H-IUD COF filled that gap, moving quickly to meet countries at their moment of readiness by funding training, mentorship, guideline development, supply chain integration, and demand generation across multiple countries at once. To date it has enabled 18 countries to introduce the H-IUD. Without catalytic financing deployed at the right moment, that progress would have stalled waiting for other funding to materialize.

"In Rwanda the government endorsement letter was never a filing formality. MOH engagement began well before any letter was signed. Partners work with RBC [Rwanda Biomedical Centre] to co-develop the workplan from the ground up: which activities, in which districts, using which government systems, and to what end.

A different funding mechanism, one with its own design process, reporting requirements, geographic priorities, or timeline disconnected from the national rollout would have cost Rwanda months in managing parallel workplans, reconciling activity sets, and navigating misaligned priorities. The COF was structured to respond to what government had already identified rather than to impose a new structure, and that alignment is precisely what enabled the fast pace of scale-up. That is the ideal arrangement: the implementing partner functions as a delivery vehicle for the government's plan.

Today, the H-IUD is fully embedded in RBC's FP/PPFP [postpartum family planning] mentorship across all 30 districts, no longer a partner-led activity but a government-owned program. Through COF investments, more than 10,316 women were reached, and monthly H-IUD consumption quadrupled between Q4 2022 and Q4 2023. It also produced a notable multiplier effect: copper IUD uptake nearly tripled alongside the H-IUD rollout as provider training strengthened overall IUD competency."

— **Dr. François Régis Cyiza**, Director, Health Facilities Programs Unit; Maternal, Child and Community Health (MCCH) Division; Rwanda Biomedical Centre (RBC), Ministry of Health, Rwanda

The catalytic, time-bound design incentivized strong value for money.

COF-funded activities tend to be more cost-efficient than traditional partner-led approaches for two reasons. First, COF requirements push grantees to leverage existing government systems rather than build parallel partner-led models as discussed; training delivered through government cascade structures, for example, is consistently cheaper than NGO-led approaches. Second, the scoring rubric and reviewer feedback hold every new scope of work accountable for cost-efficiency, and because each goes through competitive review, value for money is reassessed as country conditions and bottlenecks evolve.

Funding criteria served as a benchmark that aligned partners around what constitutes best-practice introduction.

Whether a product reaches scale or stalls often comes down to sequencing: a costed plan the MOH resources from its own and existing funds before identifying the gaps that remain; supply available before providers are trained; and demand creation timed to training and phased rollout, with needs continuously reassessed as funding and programming evolve. Correct sequencing is essential to avoiding commodity wastage and maximizing return on every investment, yet it is consistently under-executed, and it is why products often never reach the facility. The COF embedded these standards into its funding criteria, giving partners a shared benchmark to plan against and align to government-preferred service delivery models as each new product enters a market. We iterated the best practice criteria by product: for H-IUD, for example, reinforcing post-training mentorship and supportive supervision timed with demand generation and supply availability was especially critical, so providers build skills and confidence that create a virtuous cycle for H-IUD provision. This was a critical pivot to embed in the COF criteria as in the early days of introduction,

countries were rolling out training activities but we were not seeing the gains translate into improved uptake for women.

Pooled donor funding created financing continuity and strategic flexibility.

As described, the COF draws on multiple donors with varied funding cycles, fiscal years, and contracting timelines. Without deliberate coordination, gaps in one donor's cycle can disrupt financing availability for the broader community. Pooled funding bridged gaps between donor cycles, enabled resource reallocation across products, and maintained consistent financing availability regardless of any single donor's timeline.

Administering the COF at scale required significant operational iteration.

In the COF's early years, a rolling admissions process created unpredictable application volumes and project approval timelines of roughly six months, with repeated pauses in intake to work through application backlog. Through iteration, the COF arrived at an operational model that could deliver on its rapid-response mandate: a predictable, well-resourced competitive cycle with applications processed and grants deployed within four months of submission. Getting there required several key pivots:

- **Resourcing the function.** Moving COF operations under a dedicated team with appropriate staffing addressed these early bottlenecks and gave the mechanism the process execution discipline it had been missing to manage complex pre-award and post-award operations.
- **Shifting from rolling intake to competitive funding cycles.** In 2023, the COF moved from rolling admissions to structured competitive cycles with set intake windows and a defined number of fundable slots. This introduced predictability in volume, timing, and spend-down, and ended the reactive stop-and-start dynamic that had been delaying applicants.
- **Building tools for faster, more objective review.** A standardized scoring rubric and capped feedback rounds replaced an open-ended review process that had allowed timelines to balloon. A public COF Award Directory reduced overlapping applications from the same country, further streamlining review.
- **Scaling reviewer capacity as demand surged.** As application volumes grew from 34 approvals in 2023 to 54 in 2024, with individual cycles eventually drawing over 100 applications, an internal preliminary review stage was introduced to filter lower-impact applications before they reached the full reviewer pool, protecting reviewer bandwidth and maintaining pace.
    - **Professionalizing fund operations and systems as the mechanism matured.** Investment in staffing, SOPs, an M&E system, and a grants management system transitioned the COF from a lean pilot into a fully functioning grantmaking mechanism capable of operating reliably at scale as funding availability and volume of proposals increased.

Open, rolling enrollment may suit a new fund building awareness and traction and with heavy guardrails on who can apply, but there is a tipping point at which dedicated resourcing and smart operational design become essential to maintain quality, manage volume, and deliver on the speed that makes catalytic financing valuable.

What was challenging

While the operational pivots described above matured the COF into a high-functioning rapid-response mechanism, some challenges remain as funding and application volumes continued to grow.

Scaling and resourcing the review process and reviewer bodies became an increasing constraint as volumes grew.

External reviewers who were entirely volunteers in the early years required dedicated funding by 2025. As the fund grew, sourcing reviewers with sufficient country intelligence, triangulating proposals against MOH plans, and sustaining the quality of the review process all became harder to manage. Operational investment in the review and administration process needed to be explicitly budgeted and right-sized relative to the volume of funding being deployed, so that the cost of running the mechanism remains proportionate to the impact returns it generates.

Application quality varied significantly.

The open-call model generates a broad pipeline, but applicants were not equally positioned to write strong proposals. Smaller, more local organizations sometimes struggled to meet criteria, partly because they were less connected to centralized government planning or had limited visibility into national strategies, and their proposals took more time to review.

Quality also varied by product. FP proposals (DMPA-SC and H-IUD) tended to be stronger, since countries had more established FP coordination mechanisms and documented strategies to anchor against. MA combipack and PPH proposals were often weaker and harder to assess, because those products sit within broader comprehensive abortion care and maternal health plans where scale-up plans for specific products are hard to isolate or poorly documented. The review process became a useful way to give feedback that strengthened proposals and prompted domestic coordination, though at the cost of more intensive cycles and greater demands on reviewer time.

Longer-term financing did not materialize, which is exactly why a dedicated vehicle for new product introduction is needed.

The COF was conceived as a transitional mechanism, on the expectation that bilateral financing would absorb introduction costs and domestic investment would follow for scale-up. That did not happen at the scale or speed anticipated: governments face competing priorities, and large bilateral investments in new product introduction largely have not come. The lesson, set against today's hyper-constrained funding landscape in global health, is that this absence is precisely why dedicated, flexible catalytic financing for introduction is a standing necessity rather than a temporary bridge. Introduction costs are one-off investments to bring a product to scale and embed it in government systems; once done, they settle into a routine service cost governments can sustain. That makes them exactly what donors should fund, alongside greater domestic financing. The H-IUD COF proves the point: absent other financing, it was the primary vehicle that made H-IUD scale-up possible across sub-Saharan Africa, now in 18 countries and growing.

Learnings on when to apply the model

The rapid, small-grants model added the most value against a clear problem that catalytic financing could solve, and where the COF filled a distinct gap in the funding landscape. It was not the right fit for every problem or product.

Fit by problem type. The DMPA-SC regulatory advocacy COF funded grants to unlock policy bottlenecks to self-injection access. The grants produced meaningful results, but regulatory change was a poor fit: influencing policy frameworks requires sustained engagement well beyond short grant windows and modest budget caps, and demand for the funding was low. We merged it into the DMPA-SC Scale-up fund. The lesson: fund design

should match the nature of the problem, and fit is worth pressure-testing before launching a track.

Fit by product. The model worked well for H-IUD and DMPA-SC scale-up, where clear global market-access objectives and well-defined country bottlenecks were exactly what catalytic financing could move. PPH proved more complicated. The track began in 2023 to scale HSC and TXA and delivered strong early results: in Sierra Leone, two grants of about US$100,000 each trained 50 trainers and mentors and 1,484 health workers, activated 773 facilities across eight districts, and produced new national guidelines and training packages. In 2025, as E-MOTIVE trial[8] results and updated WHO guidelines[9] prompted MOHs to adopt new recommendations, we shifted the PPH strategy to support E-MOTIVE interventions and added blood-collection drapes to product eligibility.

Knowing when a track has run its course. As large, dedicated investments entered the PPH space in 2026, including UNITAID's investment in Jhpiego and large-scale donor investments such as the Beginnings Fund[10], the COF's coordinating role became less central, and with limited funding of its own the small-grants track no longer added enough to continue. The conditions that make this model valuable are specific and can expire, which is why each track is worth reassessing as evidence, government demand, and the funding landscape change.

[8] The E-MOTIVE trial, a cluster-randomized study across four countries in Africa, found that early hemorrhage detection combined with a first-response treatment bundle reduced severe PPH by 60 percent (NEJM, 2023: https://www.nejm.org/doi/full/10.1056/NEJMoa2303966).

[9] WHO's 2025 Consolidated Guidelines on PPH incorporate the E-MOTIVE evidence and endorse the MOTIVE bundle as first-response treatment (WHO, 2025: https://iris.who.int/server/api/corebitstreams/88bf11a5-93b6-4d6b-bdaa-856b46c8ed3c/content).

[10] The Beginnings Fund, launched in 2025, is a philanthropic partnership pooling >US$500 million to strengthen maternal and newborn health workforce, products, and systems across 10 African countries by 2030 (beginningsfund.org)

Recommendations for future SRH financing

The COF experience generated practical insights that may be useful to donors and fund managers as they design and deploy financing for SRH product introduction or other health programmatic areas:

1. Provide flexible funding for new product introduction that is fast and flexible enough to meet country momentum.

As the Lessons learned describe, additional large-scale investment for new product introduction did not materialize at the scale or pace anticipated, which reaffirms why dedicated, flexible financing for new product introduction remains a standing need rather than a temporary bridge.

Introductions are one-off investments to bring a product to scale and embed it in government systems; once complete, it settles into a routine service cost that governments can sustain and integrate into existing programming efforts, which makes it exactly the kind of catalytic investment donors are well placed to fund.

That financing also has to be flexible and rapid. The COF's unique value proposition was its agility—meeting timely moments in countries with readiness and significant government demand, as their bottlenecks and circumstances rapidly evolved. When introduction costs are expected to be absorbed into existing funding streams, the work stalls, moves too slowly, or does not happen at all, meaning significantly slower timelines and missed windows of opportunity.

2. Pool and coordinate how funding is structured around shared market goals early, before fragmentation takes hold.

Donors investing independently in the same product space, with separate strategies and implementing partners, inadvertently fragment the market they are trying to build. Aligning around shared goals and pooling resources toward them lets donors prioritize geographies, coordinate supply and demand, and sequence investments, so limited funding goes further and market impact compounds within and across countries. This is a critical step to undertake very early on when planning for a new product launch and introduction in LMIC markets. It lets donors shape market development more intentionally than any single investment can alone. As the Lessons learned note, pooling funding created financing continuity by bridging gaps between donors' funding cycles and shifting resources across products as market needs evolved. A COF or COF-like funding vehicle can serve as

Call to Action

Seven years of the COF point to what works for donors and funders: Provide funding for SRH product introduction and make it rapid, flexible, and government-aligned. These investments bring a product to scale and then products become integrated into government systems, settling into routine costs that governments can embed into health systems. The need for dedicated funding for new product introduction will persist alongside growing domestic financing. Deploy financing with the speed and agility to meet government momentum and seize timely opportunities in countries; pool the funding with other donors to enable coordination around shared goals and investment strategies before market fragmentation stalls scale-up in LMICs; anchor every investment in government priorities by requiring government alignment and use of government systems; and match the financing design and instrument to the problem that you're looking to solve.

the coordinating mechanism even when donors enter with distinct objectives: the H-IUD COF aligned UK International Development and the Gates Foundation behind a single investment approach for catalytic resources backed by one global market-access strategy for H-IUD. For DMPA-SC, CIFF and the Gates Foundation aligned around shared bottlenecks and deploying catalytic funding via complementary COF funding tracks. Coordination is easiest to establish while the market is still taking shape, so aligning early compounds the benefit.

3. Require funded partners to demonstrate alignment with government plans and other investments to maximize coordination and impact.

Too often, donors and implementing partners operate in silos rather than in service of government-led priorities. One of the most practical steps donors can take to improve the quality, efficiency, and sustainability of introduction funding is to require grantees to demonstrate endorsement from MOHs, alignment with national introduction strategies, use of government systems and structures, and awareness of what other partners are funding in the same space. Reflecting the earlier lessons learned, these requirements gave partners a structural incentive to coordinate with governments and target specific bottlenecks. Impact analyses and MOH interviews bear this out: governments call it one of the COF's biggest value-adds, giving them visibility into what partners propose and a real chance to steer investment toward their own priorities, which they noted few other funding sources allow. Past impact analyses tell us that by aligning governments, activities are high-impact and result in a more effective and efficient product rollout.

> "Donors should adopt COF's core principles: make government endorsement mandatory by funding only MOH-identified priorities tied to national plans, ensuring country leadership sets the agenda rather than responding to donor pilots; fund the "missing middle" of catalytic preparatory work — guideline updates, provider training cascades, demand generation, and LMIS integration that large commodity funders don't cover but MOHs need to move products from registration to uptake. Use a harmonization structure that coordinates all partners under one MOH-led workplan so NGOs, private sector, and donors deliver through shared systems instead of duplicating trainings and materials; build sustainability and exit into design by requiring activities to integrate with national budgets, supervision, and supply systems from day one with clear handoff criteria; and keep funding rapid, small, and product-specific with fast 3-12 month cycles to de-risk early introduction and prove models quickly before domestic financing takes over scale."
>
> — **Dynes Kaluba**, Chief Safe Motherhood Officer, Ministry of Health, Zambia

4. Institutionalize the principles that worked into other financing vehicles.

A dedicated funding vehicle for new SRH product introduction may prove essential; however, the principles that have made the COF effective are not dependent on replicating the COF or small-grants funding mechanism itself. Coordinating investments and pooling resources around a shared strategy, embedding best-practice standards into funding, meaningfully aligning investments to government plans and structures, and ensuring that funded activities address specific bottlenecks: these can all be built into any financing vehicle. The opportunity is to carry these principles forward into how SRH financing is structured, so that it is more

coordinated, more government-responsive, and more focused on the specific barriers that stand between a product and the women who need it.

5. Invest in localization deliberately.

One lesson from the COF is that smaller, locally headquartered organizations in LMICs often struggled to meet criteria, with limited visibility into government planning and weaker connections to national processes that left their proposals less competitive. The COF worked to close this gap through updated scoring rubrics that favored local partners, a searchable public website, webinars, guidance and examples on strong applications, detailed feedback, and referrals to PATH's Access Collaborative's technical-assistance programs for declined applicants. The share of local grantees rose over time. However, the majority of grantees remain international NGOs with country offices. The most useful support is hands-on and hard to scale across an open-call Fund with wide country eligibility. In addition, technical capacity for relevant hands-on support depended on visibility into MOH planning that some local partners may not have. Shifting toward locally-led implementation requires intentional investment to strengthen local organizations' links to government systems, resources, and technical capacity to lead government-aligned work, and ability to compete for and manage funding.

Annex

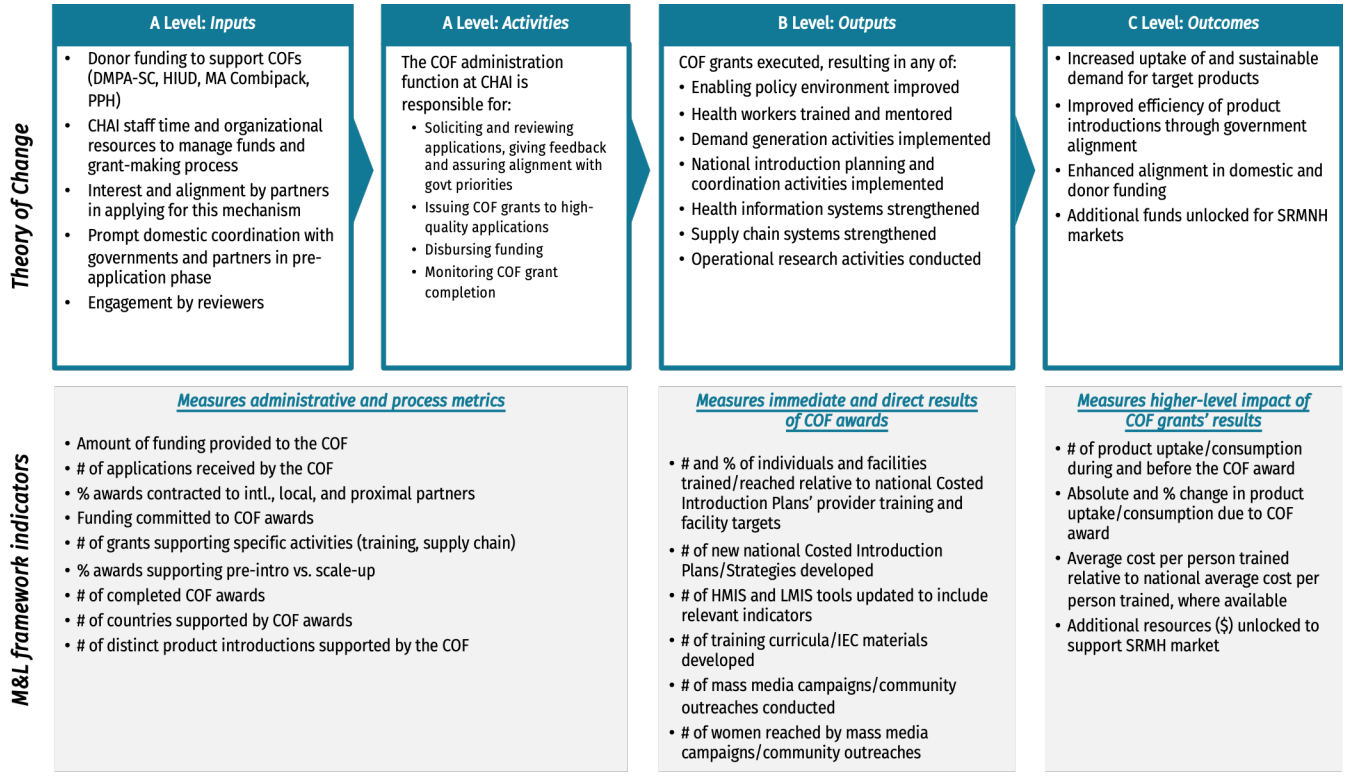
As funding and resourcing grew and the fund matured, CHAI formalized its COF monitoring and learning (M&L) system and strategy, developing a COF M&L system in Q3 2025. We rolled out standardized indicators, final report templates, and a centralized M&L database across the four funding tracks, with indicator data collection beginning in Q4 2025. The system comprises three components: a standardized M&L framework with indicators tailored to each funding track, an M&L database, and final grant report templates that grantees complete at the end of their project. Together, these components enable data aggregation both by individual funding track and across the full COF portfolio.

Grantees implement 9-12-month grants and submit a final report upon project completion.

Data in these reports reflect the full lifetime of the grant; for select indicators, grantees also provide a comparison against pre-grant trends over the same duration. Importantly, grantees are only asked to report against indicators relevant to their project's activities, for example, a grant focused on pre-introduction activities with no training component would not be expected to report on the number of health workers trained.

Indicators are organized across three levels: **Activity/Input** (e.g., grants supporting demand generation or training), **Output** (e.g., health workers trained, facilities activated), and **Outcome** (e.g., service uptake, resources unlocked).

Figure 9: COF Monitoring and Learning framework and indicator overview



CHAI completed retrospective data collection for previously completed grants before the M&L system was launched in 2025. Prior to the COF M&L system, grants completed between 2019 and Q3 2025 did not have standardized indicators or formalized reporting requirements, meaning COF's total impact over this period is likely underestimated. However, CHAI has aggregated available historical data, as some grantees voluntarily included relevant data and certain indicators were more consistently reported than others even before the M&L system was in place. In particular, activity- and output-level indicators are relatively well documented historically. Outcome-level indicators, by contrast, were rarely reported prior to the M&L system and therefore underrepresent COF's impact to date. Despite current limitations, the data still provide meaningful performance trends and insight into the reach of the COF.

Figure 10: Key outputs and milestones advancing policies, guidelines, data and supply chain systems for product introduction and scale-up

	DMPA-SC	H-IUD	MA combipack	PPH products	Total
National costed introduction plans (CIP)	**2** CIPs developed in **2** countries **8** subnational CIPS updated in **2** countries	**4** CIPs developed in **4** countries	**3** national strategies developed in **3** countries **1** national strategy updated in **Bangladesh**		**18** CIPs/national strategies developed/updated
National clinical guidelines	**7** clinical guidelines updated to include DMPA-SC in **4** countries	**5** clinical guidelines updated to include H-IUD in **4** countries	**9** clinical guidelines updated to include MA combipack in **4** countries	**7** clinical guidelines updated to include HSC and TXA in **2** countries	**28** national clinical updated
Essential medicines lists (EML)	**2** new DMPA-SC inclusions in the national EMLs of **2** countries	**H-IUD** included in the national EML of **Madagascar**	**7** new MA combipack inclusions in the national/subnational EMLs of **4** countries	**HSC** and **TXA** include in subnational EML in **Nigeria**	**12** new product inclusions in EMLs
Training curricula/ materials	**38** curricula/materials developed and updated to include DMPA-SC in **16** countries	**21** curricula/materials developed and updated to include H-IUD in **8** countries	**14** curricula/materials developed and updated to include MA combipack in **6** countries	**3** curricula/materials developed and updated to include HSC and TXA in **Sierra Leone**	**76** training curricula/materials developed and updated
Facilities activated	**4,288** facilities activated to provide DMPA-SC in **16** countries	**2,938** facilities activated to provide H-IUD in **10** countries	**3,906** facilities activated to provide MA combipack in **12** countries	**1,354** facilities activated to provide MA combipack in **4** countries	**12,486** facilities activated to provide new and lesser-used SRH products
Data system	**15** national HMIS platforms and tools strengthened to integrate DMPA-SC within government systems in **8** countries **7** DMPA-SC integrations within	**19** national HMIS platforms and tools strengthened to integrate H-IUD within government systems in **8** countries **10** H-IUD integrations within national health	**15** national HMIS platforms and tools strengthened to integrate MA combipack within government systems in **7** countries **5** MA combipack integrations within national health	**HSC** and **TXA** integrated within national health information systems of **Uganda**	**49** national HMIS platforms and tools strengthened **24** new product integrations within health information systems of supported countries

	DMPA-SC	H-IUD	MA combipack	PPH products	Total
	national health information systems of **6** countries	information systems of **6** countries	information systems of **4** countries		
Supply chain system	**2** new DMPA-SC integrations within national and subnational supply chain systems and processes in **2** countries	**9** new H-IUD integrations within national and subnational supply chain systems and processes in **6** countries	**12** new MA combipack integrations within national and subnational supply chain systems and processes in **7** countries		**23** new product additions to national/ subnational supply chain system systems and processes
DMPA-SC self-injection (SI) acceptability studies	**6** studies conducted to generate evidence on SI acceptability in **6** countries				**6** studies conducted
DMPA-SC SI policy updates	**9** policy updates implemented to enable SI scale-up in **6** countries				**9** policy updates implemented

Figure 11: Market Development Framework for new and underutilized SRH products

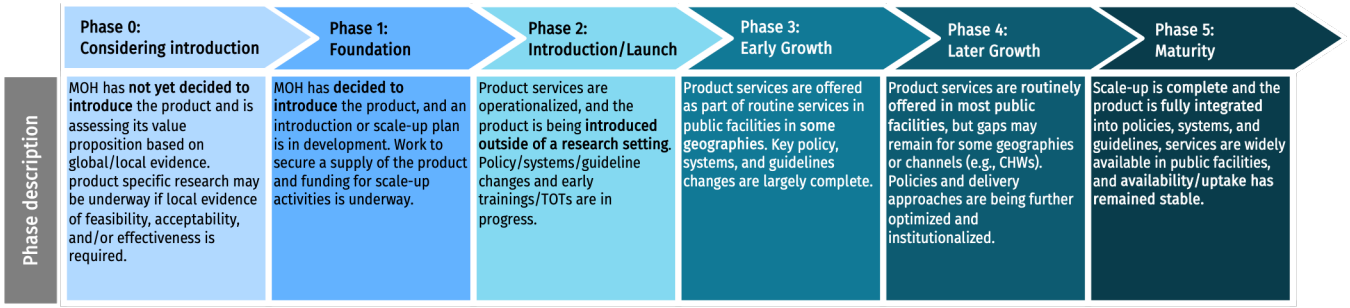
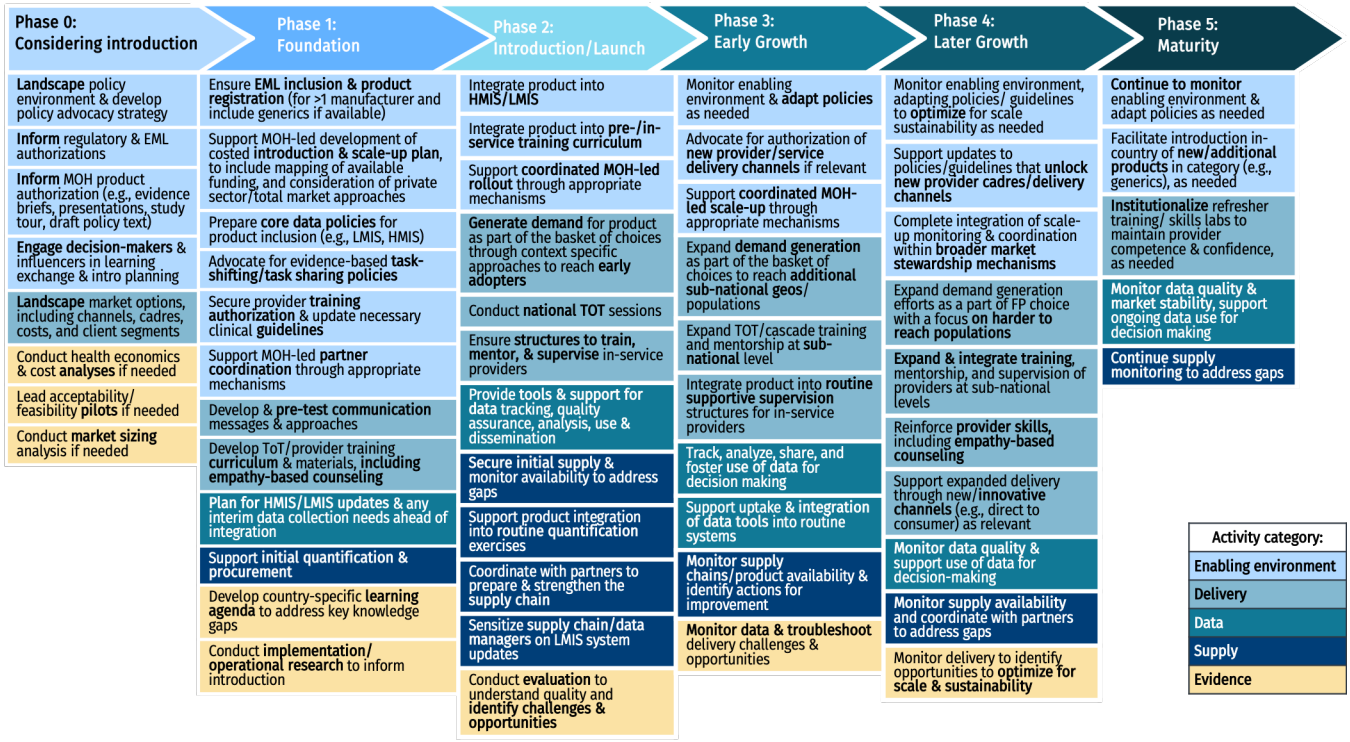


Figure 12: Market Development Framework: Core country-level activities to support SRH product introduction & scale-up across phases



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