Building Resilient and Sustainable Systems for Health (RSSH) Information Note

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The Global Fund

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Executive Summary

Resilient and sustainable systems for health (RSSH) are essential to ending HIV, TB and malaria as epidemics. They also yield broader outcomes, delivering health care in a sustainable, equitable and effective way, accelerating progress toward universal health coverage and helping countries prepare for emerging threats to global health security. This information note offers guidance for applicants preparing a funding request to the Global Fund. It provides an overview of the guiding principles for investing in RSSH and outlines key investment opportunities.

Guiding principles for investing in RSSH

RSSH investments should:

- *Focus on results for individuals and communities*. Improve health outcomes in the short term and support systems development in the long-term; robust monitoring and evaluation is essential.
- *Improve health equity.* HIV, TB, and malaria disproportionately affect the poorest households, so design investments to reach all people.
- *Innovate and evaluate.* Test bold innovations and evaluate them rigorously. Innovations need to be practical and efficiently use limited resources.
- *Take a "do no harm" approach*. Align with ongoing country-level efforts and harmonize with partner initiatives. Proactively assess if there are any unintended negative consequences of Global Fund investments on national health systems and take appropriate measures to avoid or mitigate the risks.
- *Address barriers to health services.* This includes human rights and gender-related barriers and inequities that result in key populations being left behind.
- *Improve efficiency and effectiveness.* Contribute to making health systems more efficient and effective, and improve delivery of high-quality HIV, TB and malaria services.
- *Promote integrated approaches*. Improve efficiency through integration. Identify opportunities for integration across disease control programs at all levels of the health system, including governance, health financing, health systems management and service delivery.
- *Consider sustainability*. Invest in activities that improve sustainability, and use a differentiated approach reflecting country context.
- *Encourage increased domestic resources*. Stimulate domestic investments in health, as this is an essential component for sustainable health programs.
- *Leverage digital health technologies.* Makes use of emerging digital health technologies to improve countries' health information systems and other health systems functions.

Applicants are strongly encouraged to:

- Explore how constraints in the health system impede national progress in the fight against HIV, TB and malaria.
- Discuss opportunities for investing in RSSH at the beginning of the funding cycle and develop a funding request that addresses common system constraints.

- Perform a robust needs assessment and gap analysis of the relevant aspects of the health system, using data to investigate systems-related bottlenecks common to national disease programs. Assess how RSSH investments can help resolve them.
- Engage country-level RSSH stakeholders in an inclusive country dialogue.
- Discuss the program split and assign an amount for RSSH interventions[1].
- Present a RSSH funding request either within a disease-specific request or as standalone request, as per current Global Fund policy.[2]
- Submit the entire RSSH request with the first submitted funding request to allow for review at the beginning of the process.

The key areas for RSSH investment opportunities can be found in the Global Fund's Modular Framework Handbook and are summarized below. Investments can include:

1. **Health products management and systems strengthening**. Policy strategy and governance; storage and distribution capacity; procurement capacity; regulatory and quality assurance support; avoidance, reduction and management of health care waste.
2. **Health management information systems and M&E**. Routine reporting; program and data quality; analysis, evaluations, review and transparency; surveys; administrative and finance data sources; and civil registration and vital statistics.
3. **Human resources for health including community health workers**. Education and production; remuneration & deployment; in-service training; and policy and governance frameworks.
4. **Integrated service delivery and quality improvement**. Quality of care; service organization and facility management; and service infrastructure.
5. **Financial management systems**. Public financial management systems and routine grant financial management.
6. **Health sector governance and planning**. National health sector strategies and financing; policy and planning for national disease control programs.
7. **Community systems strengthening**. Community-based monitoring; community-led advocacy and research; social mobilization; building community linkages and coordination; and institutional capacity building, planning and leadership development.
8. **Laboratory systems**. National laboratory governance and management structures; infrastructure and equipment management systems; quality management systems and accreditation; information systems and integrated specimen transport networks; and laboratory supply chain systems.

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[1] Further information will be provided in each country's Allocation Letter.
[2] Further information can be found in the Applicant's Handbook.

1. Introduction: How to use this information note

Addressing overarching health systems weaknesses is key to an effective and efficient response to HIV, TB and malaria. This document, *Building Resilient and Sustainable Systems for Health through Global Fund Investments,* offers guidance to applicants and should be read in conjunction with the following Global Fund documents:

- HIV, TB and Malaria Information Notes to understand how investments in health systems can complement disease-specific investments
- The Modular Framework Handbook that outlines the RSSH modules and interventions
- The Global Fund Applicant's Handbook
- Instructions Guide to the Funding Request

2. Guiding principles for investing in RSSH

Since its inception, the Global Fund has clearly acknowledged that investments in resilient and sustainable systems for health (RSSH) lay the foundation for an effective, efficient, and sustainable response to HIV, TB and malaria. This is important as common systems constraints impede the delivery of health services and threaten continued progress in the fight against the three diseases.

The Global Fund Strategy 2017-2022: *Investing to End Epidemics* explicitly commits to support resilient and sustainable systems for health, providing a critical path on how the Global Fund will work with partners to support a global and country level response that is inclusive, impactful and sustainable. It supports the Sustainable Development Goals (SDGs) and the achievement of Universal Health Coverage (UHC), including supporting UHC roadmaps and other initiatives that include HIV, TB and malaria services as part of a country's essential package of care. The Global Fund's investment approach is also aligned with the vision of the Global Action Plan for Healthy Lives and Well-being For All and the UHC2030 principles.

The following principles guide the Global Fund's approach to investing in RSSH.

2.1 Invest for results

It is essential to be rigorous and robust in measuring the impact of RSSH investments – on both disease outcomes and the performance of the health systems itself. This requires setting clear and realistic targets, measuring progress frequently and carefully, and investing accordingly.

While the Global Fund recognizes that a mix of RSSH investments is needed given the diverse needs at the country level, applicants are encouraged to shift from a focus on short-term, input-focused support (such as vehicles, travel, training costs, equipment, and others) towards more strategic investments (such as strengthening management, improving accountability mechanisms, empowering service providers, and others) that build capacity and lead to sustainable results.[3] The goal is to maximize effectiveness and efficiency while supporting systems that are integrated, well-

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[3] This principles is outlined in the TRP report on RSSH Investments in the 2017-2019 funding cycle. The Global Fund may work further with the TRP to develop further guidance on strengthening versus support.

resourced and fully incorporated into the overall health sector. Importantly, such a shift will need to be phased and differentiated based on the epidemiological profile and maturity of the health system in each country. While the impact of some investments may not be captured within the three-year Global Fund funding cycle, the focus should be on identifying a balance between interventions that demonstrate quick results, and those that take longer to influence health outcomes and improve the performance of the system.

2.2 Improve health equity

In many countries, HIV, TB, and malaria have a disproportionate impact on the poorest households. These populations are more susceptible to disease and face more barriers to accessing prevention and treatment services. Investments in RSSH should address equity issues related to gender, key populations, wealth, education and the urban-rural divide, for improved access to quality health services. Improving equity requires robust measurement to identify those most at risk, where they live and how they are accessing services. It also involves special efforts to reach more disadvantaged communities and address barriers to access, including those that are physical, financial and cultural.

2.3 Innovate and evaluate

Health systems that are continually learning and challenging themselves will out-perform those that rely upon a "business as usual" approach. The Global Fund encourages stakeholders to test innovations and rigorously evaluate them to maximize learning. Emphasis should be on innovations that are practical, low-cost, can be reproduced at scale and can be implemented without significant technical assistance or management support.

2.4 Do no harm

The Global Fund supports a "do no harm" to health systems approach and advocates that investments are aligned with national priorities and harmonized with initiatives of other technical partners and donors. Applicants should proactively assess if there are any unintended negative consequences of Global Fund investments on country health systems and take appropriate measures to avoid or mitigate such risks.[4] For example, providing salaries in line with national human resources procedures and salary scales, and supporting health management information systems and supply chain systems in a way that is aligned to national policies, can avoid creating unintended disparities and inefficiencies. Adopting a "do no harm" approach may require reflection and learning from past investments.

2.5 Address human rights and gender-related barriers to health services

Promoting and protecting human rights and gender equality in the context of the three diseases is one of the key pillars of the Global Fund Strategy 2017-2022. The Global Fund continues to champion the importance of addressing barriers and inequities to quality health services and access to information in all countries. This includes human rights and gender-related barriers that result in key populations being left behind; if this happens, the health system is not being fully responsive to

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[4] For example, HRH investments can be scrutinized using the checklist in Annex 1 of the HRH technical briefing note.

the needs of the population it is meant to serve. Investing in programs to remove human rights-related and equity-related barriers is essential. Communities should be active and equal partners in national health responses, supporting quality health services that are accessible and acceptable to meet the needs of all communities and key affected populations. For more information see: the Technical Brief on Community Systems Strengthening, the Technical Brief on Human Rights, and the Technical Brief on Addressing Gender-Related Inequities Across the Three Diseases.

2.6 Improve efficiency and effectiveness

Investments in RSSH should maximize allocative, technical and cross-programmatic efficiencies for national priorities and make health systems more effective. Maximizing efficiency requires improved collaboration between disease-specific and other health system actors to enhance joint planning, and more integrated programming, budgeting and financing. For example, applicants are encouraged to leverage existing capacity where possible to avoid duplication and to reduce the underutilization or misuse of resources. This can be done, for example, by using common laboratory diagnostics and services, or training a multipurpose health workforce. Additional resources for applicants are found in the Technical Brief on Value for Money.

2.7 Promote integrated approaches

Integration attains more efficient and sustainable investments and enables the delivery of people-centered health services. This requires planning, financing, managing and delivering health programs and services that are easy for the user to navigate. Applicants should explore opportunities and entry points for integration across the health system at different levels, as follows:

- G*overnance* level: to coordinate strategic and operational planning across various health programs;
- *Health financing* level: to facilitate improved resource mobilization, pooling and strategic purchasing functions;
- *Health systems management* level: to support strengthening national procurement and supply chains, national health management information systems and national laboratory systems; and building and sustaining a multipurpose health workforce;
- *Service delivery* level[5]: to provide a defined package of essential health services for each level of care based on the model of strong primary health care (PHC), including at the community level, and a functional referral system. Additional information on integrated service delivery can be found in the RMNCAH Technical Brief.

Importantly, it may not be feasible for some countries to shift to integrated service delivery for the entire population at once. It also may not be appropriate in particular contexts or for groups that are frequently marginalized due to human rights-related barriers. The Global Fund recommends thoughtful consideration of key entry points for integration within the national context and implementing a phased approach. For more information see the WHO Technical Brief on Integrated Health Services.

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[5]The current Global Fund Strategy highlights four clear opportunities for integrated service delivery through the lens of reproductive, maternal, newborn, child and adolescent health (RMNCAH): i) antenatal care (ANC), ii) integrated community case management (iCCM), iii) integrated sexual and reproductive health and HIV (SRH-HIV) services, and iv) adolescent health. Additional information may be found in the RMNCAH Technical Brief.

2.8 Consider sustainability

As part of its Sustainability, Transition, and Co-Financing (STC) Policy, the Global Fund encourages all applicants to consider sustainability as they prepare funding requests. Applicants from challenging operating environments (COEs) and countries close to transition should consider their specific contexts when developing RSSH investments. In COEs, investments should be focused on building basic health system functions. This requires engaging with a broad range of both humanitarian and development partners to coordinate donor approaches, and engagement with governments. Applicants are encouraged to review the Global Fund's Challenging Operating Environments Policy for more information.

The Global Fund also encourages all upper-middle income countries, regardless of disease burden, and lower-middle income countries with low disease burdens to proactively strengthen transition preparedness. Considerations for transition should be included in country dialogue, co-financing commitments, funding requests, and program design. This often includes better understanding and addressing strategic RSSH related challenges – whether related to data and information systems, procurement of health products, strengthened ability of governments to work and contract with non-state actors, and/or integration of service delivery – that are essential to sustaining and scaling-up service coverage both during and after transition from Global Fund financing. More information on transition contexts can be found in the Sustainability, Transition and Co-financing Guidance Note.

2.9 Encourage increased domestic resources

Sustainability also requires evaluating and implementing strategies for progressively increasing domestic financing for health and domestic ownership of Global Fund supported interventions. As most funding for the health sector already comes from domestic resources, even in low income countries, the Global Fund encourages domestic investments in health. To leverage additional domestic financing and continue to expand prevention, treatment and care for people affected by the diseases, applicants should develop and implement health financing strategies aimed at expanding domestic funding to guarantee sustainable health systems and reduce dependence on donors. The Global Fund can also support efforts by countries to explore innovative financing mechanisms with other development and private sector partners. More information on domestic resource mobilization and co-financing can be found in the Sustainability, Transition and Co-financing Guidance Note.

2.10 Leverage digital health technologies

The potential of digital technologies to strengthen health systems and improve patient health is recognized in the 2018 WHO Resolution on Digital Health. Digital technologies can be used to improve countries' health information systems, using its data to improve care and programs, and can also support program implementation directly. Additional guidance on priorities and principles for including digital health technology in applications to the Global Fund can be found in the forthcoming Technical Brief on Digital Health.

3. Guidance on preparing RSSH funding requests

Applicants are strongly encouraged to discuss RSSH needs at the beginning of the country dialogue and develop a funding request that addresses common systems constraints faced by disease programs. They should perform a robust needs assessment and gap analysis of the health system before submitting a RSSH funding request. Evidence should be used to highlight specific problems and inform how RSSH investments will help resolve them and lead to better delivery of services. CCMs should engage RSSH stakeholders in these discussions, for example through the inclusion of experts from national technical working groups.

The Applicant's Handbook: a practical guide to preparing a funding request provides specific guidance on the following aspects: 1) supporting an inclusive approach to country dialogue with national stakeholders, RSSH focal persons and key international donors, 2) agreeing upon a program split[6] between eligible diseases and RSSH and 3) submitting a funding request through the differentiated application process. Applicants should have an inclusive dialogue on how to distribute their allocated amount of Global Fund funding, including how much to assign for RSSH activities.

Applicants can present their RSSH funding requests within a disease-specific request or as a standalone RSSH request, as per current Global Fund policy.[7] Applicants are encouraged to include their entire RSSH request with the first submitted funding request. They should also include appropriate indicators in the performance framework to measure trends, outcomes and impact of RSSH investments, as well as a periodic monitoring plan with measurable objectives that will assess progress of these investments.

4. Setting priorities: investing in RSSH for impact

The Global Fund's Modular Framework Handbook outlines eight modules aligned with RSSH investments. This section describes each module and provides examples of investments from the previous funding cycles.

4.1 Health products management and systems strengthening

Access to essential medicines and other health products[8] is a key building block of a strong health system and is critical to reaching UHC. Ineffective health product management systems contribute to inefficiencies and weaken the overall health system's ability to respond to the healthcare needs of the population. Ineffective systems can also put prevention and treatment programs at risk and may result in disruption of provision of essential medical services. Improved access also addresses antimicrobial resistance when medicines are available, affordable and used appropriately.

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[6] Countries are informed of their overall allocation and an indicative amount for each eligible disease component (program split) in the Allocation Letter. Applicants should use a documented and inclusive process to confirm or revise the program split. This needs to be completed before the submission of the first funding request or the program continuation request. Funding for RSSH should be earmarked from the overall allocation but does not need to be noted in the program split unless a standalone RSSH funding request is submitted.
[7] Further information can be found in the Applicant's Handbook.
[8] As defined in Guide to the Global Fund Policies on Procurement and Supply Management of Health Products, health products include: pharmaceutical products; durable and non-durable in-vitro diagnostic products, microscopes and imaging equipment; vector control products; and consumable/single-use health products (e.g., condoms, insecticides, therapeutic nutritional support, general laboratory items and injection syringes) which are financed out of the grant funds.

Efficient procurement and effective and sustainable supply chain systems for health products are key components of RSSH. Countries often require financial and technical support to develop or strengthen their capacities to perform the various functions of health products management systems. Global Fund investments will continue to support building national capacity to strengthen and sustain systems for effective management of health products.

Investments in health products management should be adapted to each country's context. This includes: the political and economic environment; governance and legal/regulatory context; donor landscape and opportunity to contribute to existing investments, infrastructure and communications; health status and epidemiology; maturity of the private and public procurement and supply chain sectors; manufacturing, wholesaling and retailing structures and capacity in the pharmaceutical sector; and the level of procurement and supply chain expertise within the existing country health sector. Additional information can be found in the Guide to Global Fund Policies on Procurement and Supply Management of Health Products (2018) and the Health Products Management Annex to the STC Guidance Note (2019).

The following areas have been prioritized:

Strengthen policy environment, strategy and governance
Applicants are encouraged to have a well-developed and costed national strategic plan for health products management endorsed by relevant national authorities and other stakeholders. Funding requests should articulate activities to improve the performance and efficiency of supply chain systems to ensure uninterrupted availability of health products. Under the framework of a national strategic plan, countries are encouraged to design cross-cutting interventions to strengthen national health products management systems, and support interventions that are not limited to disease-specific supply chains only.

Requests for funding for the development and/or implementation of a national strategy for managing health products at all levels of health care can include:
- development or update of a national medicines policy;
- development or update of a national strategy for health products supply chain management/ logistics plan/ implementation plan;
- updating the essential medicines lists, national drug forms and standard treatment guidelines;
- interventions to integrate management of the disease specific health products into the national system;
- inter-country experience sharing, study visits, technical assistance; and
- support to national health products management/PSM coordination mechanisms.

Practical tip: A situation analysis should support the development of a well-costed strategic plan for strengthening in-country health products management systems. National strategic plans endorsed by relevant national authorities and other relevant stakeholders should guide funding requests to the Global Fund. These plans should include cross-cutting interventions in domains such as integration of disease specific supply chains into larger systems, governance structures, business models, information systems, demand forecast, selection, procurement, warehousing and distribution, regulatory capacity and waste management and demonstrate synergies and complementarity across sectors and donor support.

👥 Global Fund investments have supported supply chain integration for multiple disease programs in **Kenya, Ethiopia, Uganda, Tanzania, Zambia, Zimbabwe, Nigeria** and **Ghana.** Through joint planning, co-investment, and collaboration with national governments and development partners such as USAID, DFID, World Bank, UNICEF and UNFPA, the goal of this integrated approach has been to address structural problems, reduce costs and improve customer service by improving the efficiency/performance of the public-sector health product supply-chain.

Improvement of storage and distribution capacity and infrastructure
Global Fund may provide support to strengthen national supply chain performance following global best practices and benchmarks. Activities can include: strengthening storage capacity, inventory management and distribution of medicines and other health products; assessment of the supply chain maturity; developing performance monitoring mechanisms and indicators; warehouse management capacity building; capacity to develop dashboards and stock security monitoring reports; fleet management capacity; and contract management capacity.

👥 In **Mozambique**, the Global Fund has supported a partnership between Central de Medicamentos e Artigos Medicos (CMAM) and Coca-Cola to map all routes from central to health facility level and identify the optimal network and most cost-efficient models for distribution of health products.

Support to information systems includes upgrades to logistics management information systems (LMIS) and linkages to other data systems. It can also include investing in innovative information technologies and capacity to manage national forecasting and supply planning. Investments in infrastructure development will be mainly targeted to lower-income countries. However, the volume and scope of such support should be determined by a country-specific needs assessment. In higher income countries, small and medium infrastructure-related activities must be accompanied by strong justification including supporting documentation for the lack of domestic or other donor resources (for example, to build or renovate a warehouse or purchase vehicles).

Strengthen countries' procurement capacity
Applying good procurement practice for health products at the country level is essential for cost-effective health products to be procured in the right quantities, of assured quality and from reliable suppliers, and delivered in a timely manner and at the lowest total cost. The Global Fund may support the following activities to strengthen in-country capacity for effective procurement: assessment of procurement capacity; activities to strengthen procurement mechanisms including technical assistance; development of metrics to monitor procurement efficiency and supplier's performance monitoring.

Strengthen national regulatory and policy environment
National regulatory authorities support Ministries of Health to ensure the quality, safety and efficacy of health products. A weak regulatory system can have a direct impact on diagnostic and treatment outcomes. Many low- and middle-income countries have limited enforcement capacity of their regulatory mandate to assess, approve and proactively monitor the quality of health products. The underreporting of adverse drug reactions and adverse events, and very few regulatory decisions on medicines safety, highlights the need for improved and intensified approaches to strengthen post-marketing surveillance. In addition, the rise in substandard and falsified health products in all markets

is hampering efforts to ensure the quality, safety and efficacy of health products. Exposure to substandard and counterfeited health products endangers health, promotes antimicrobial resistance and undermines confidence in health professionals and health systems.

Activities in this strategic area should support countries to deliver and implement regulation that protects the public while enabling timely access to and innovation of quality products. Activities should focus on regulatory system strengthening and include market surveillance of quality, safety and efficacy. Specific examples of investments opportunities include: activities to strengthen capability of the national regulatory authorities (NRA) in their key functions; optimizing registration process for more rapid uptake of new technologies; increasing capacity to conduct post-marketing surveillance and pharmacovigilance; activities to strengthen medicines and health technologies (including in-vitro diagnostics and equipment) quality control (QC) activities, such as supporting QC lab accreditation or prequalification; access to relevant technical support, meetings, equipment, and others; activities to strengthen NRA in inspection and enforcement capacity, including updates and dissemination of regulatory frameworks; and strategies to combat counterfeits. Further guidance is provided in the Technical Brief on Strategic Support for Effective Regulatory Systems.

In **Tanzania**, the Global Fund is contributing to a program to strengthen health products management. The Medical Stores Department (MSD) initially received Global Fund funding, in collaboration with the U.S. Government, for the construction of warehouses to increase operations capacity to match demands of HIV, TB, malaria and reproductive health. The Global Fund supported a strategic review of MSD, and integration of supply-chain training into the national curriculum of health workers. Support was also provided for sustainability and systems strengthening to improve system governance at the board level, information systems, finance, human resources, and logistics system re-design, including laboratory system standardization. The Tanzanian Food and Drug Authority (TFDA) was also equipped to provide reference standards and implement a quality improvement program; the TFDA laboratory attained WHO prequalification and ISO 17025 certification through this support. Finally, support facilitated the establishment of pharmacovigilance systems to monitor and report adverse drug reactions.

Avoidance, reduction and management of health care waste

Environmentally responsible procurement and supply chain management calls for planning and implementation of sustainable procurement practices. It entails safe and environment-friendly management of health care waste, including treatment and disposal to minimize adverse impacts to the environment and human health. During the implementation of Global Fund grants, international conventions, guidelines and human rights that aim to protect human health and the environment from hazardous substances and waste are to be respected.[9] The Global Fund encourages partner countries to develop and strengthen comprehensive, sustainable, climate smart procurement, supply and waste management systems that support the avoidance, reduction and management of health care waste, including health care waste that is generated under Global Fund grants. Partner countries are recommended to assess national infrastructure, policy and

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[9] Basel Convention on the Control of Transboundary Movements of Hazardous Wastes and their Disposal; Rotterdam Convention on the Prior Informed Consent Procedure for Certain Hazardous Chemicals and Pesticides in International Trade; Stockholm Convention on persistent organic pollutions (POPs); Minamata Convention on Mercury Stockholm Convention, Basel Convention, ILO Nursing Personnel Convention (No.149), ILO Chemicals Convention (No.170), ILO Promotional Framework for Occupational Safety and Health Convention (No.187),Occupational Cancer Convention (No. 139), and UN Human rights guidance and national regulations towards the realization of the SDGs.

regulatory frameworks and capacities in the public and private sector to avoid, reduce and manage health care waste. Applicants are encouraged to address gaps during in-country dialogue and include participation of communities and civil society. Applicants should develop and include appropriate interventions to strengthen national waste management systems in the funding request, particularly for handling and proper treatment and disposal of waste generated from Global Fund supported grant activities. Specific details of what type of support may be requested can be found in the modular framework itself. Further guidance is provided in the forthcoming technical brief on the Sustainable Management of Healthcare Wastes.

4.2 Health management information systems and monitoring and evaluation

National health sector and disease programs require the right data, at the right level of disaggregation, and at the right time, to assess progress. Coordinated data collection systems and data sources that provide high quality data are needed for ongoing program monitoring and for assessing the impact of disease control efforts. The Global Fund encourages systematic efforts and long-term investments in data systems to improve the availability and quality of data, and enhanced capacity to disaggregate and analyze and use of data for strategic decision-making. Applicants are encouraged to seek support for investments in these areas. Further details on the Global Fund's approach to investment in data systems and M&E are provided in the Global Fund Data Use for Action and Improvement (DUFAI) Framework.

The Global Fund has specified six key areas of investment in health management information systems (HMIS) and monitoring and evaluation (M&E), as follows: i) routine reporting; ii) program and data quality assessments; iii) surveys (population-based and among risk groups); iv) administrative, and finance data sources; v) civil registration & vital statistics (CRVS) system; and vi) analysis, evaluation and review. These areas are included under the Management Information and Monitoring and Evaluation module in the RSSH Modular Framework Handbook, which provides an illustrative list of activities that could be budgeted under each intervention. Specific guidance on prioritizing M&E system investments in these areas is provided in the Guidance Note on Essential Set of Data System Investments.

Routine Reporting
A key focus for Global Fund investments is on the strengthening, integration, and maintenance of national health information systems to increase the availability, quality and use of data. The Global Fund supports countries to develop a national Health Information System (HIS) Strategy and associated costed implementation plan. This strategy should serve and be aligned with the M&E Strategy and plans of the national health sector and disease specific strategic plans. The HIS Strategy should also encompass all levels, including facility and community information systems. If a national eHealth Strategy exists, the HIS strategy is usually a part of that overarching eHealth Strategy. It may be useful to conduct an HIS review first, assessment or situational analysis to inform or update the HIS Strategy or HIS implementation plan. Countries are highly encouraged to include an HIS review and/or development of an HIS strategy and implementation plan in the funding request. Development of HIS national policies and legislation for privacy and security, data standards and interoperability, information and communication technologies infrastructure, data stewardship, and data use agreements are also critical and can be supported by the Global Fund.

Requests to the Global Fund to strengthen and maintain integrated information systems should be aligned with the national HIS strategy. Emphasis should also be placed on the ability of the system to generate data that could be disaggregated by age, sex, sub-national levels, and populations groups (such as HIV key populations, adolescent girls and young women, and others). This includes investments in paper and electronic reporting systems, including case-based and community reporting.

> **Practical tip:** Essential elements for health information systems that should be considered for the funding request include: an HIS review or assessment, a national HIS Strategy and costed implementation plan, HIS policies and legislation, a HIS technical working group or similar governance and coordination body, dedicated HIS core team staff, routine technical assistance, regular user training on updates and data use, and data quality assessment strengthening activities. Applicants should consult the Guidance Note on Essential Set of Data System Investments for detailed recommendations.

A key aspect of routine reporting is integration of multiple data collection systems into a single national integrated health HMIS and/or interoperability between reporting systems to facilitate improved analysis for decision-making and accountability at all levels. The Global Fund sees integration/interoperability of information systems as essential across disease-specific reporting systems and across HMIS, Logistics Management Information Systems (LMIS) and lab information systems.

The District Health Information System 2 (DHIS2) has been adopted by over 50 countries, including **Malawi**, as a platform for national health information management to support strategic and operational decision-making in health service delivery. In Malawi, a system to allow the DHIS2 and OpenLMIS to exchange key data elements has been developed to improve data use. For example, advanced analytics and visualization allow users to compare service statistics and disease caseloads with availability and use of vital health products. This interoperability capacity is facilitating improvements in data quality, program and supply-chain management, needs quantification, monitoring product use and enhancing communication between health program managers and managers.

Program and Data Quality
The quality of routine data, both from health facilities and community, should be assessed regularly. Key dimensions of data quality should be considered, such as completeness, accuracy and timeliness. Investments should be requested so data is reliable and usable. This includes activities to improve and maintain data quality in the system on a regular basis. For example, targeted supervisions and/or monthly district data quality review meetings can be supported to ensure data is cleaned and verified.

Activities to monitor and assess program quality are essential and should be included in HMIS & M&E plans. Examples include: health facility assessments with a quality of services component; other assessments of program quality including cost efficiency analyses; and methods and tools to monitor or assess routine quality improvement activities.

Analysis, evaluations, review and transparency

Global Fund investments should be focused on strengthening regular in-country data analyses and reviews, including using data to understand what is working and what is not at various levels, and to inform decisions around increased program performance, quality, efficiency and impact. This includes efforts to make those reviews and analytical outputs widely communicated with relevant in-country stakeholders and the

> **Practical tip:** Applicants should include sufficient funding for program reviews and/or independent program and impact evaluations in their funding requests.

global community. Countries with significant Global Fund investments in HIV, TB and malaria may plan and conduct program reviews or independent evaluations twice during the national strategic planning cycle (at least every 3 years as mid-term and end-term reviews of the national strategies). In addition, applicants should plan for annual or bi-annual reviews at national level and quarterly or monthly reviews at sub-national levels. Countries where the Global Fund investments are focused towards specific programmatic areas or population groups should plan for targeted evaluations of these key programmatic components. Such in-country reviews and evaluations are expected to continuously inform programming and implementation, and assessment of progress and impact. Further information on evaluation across various portfolios is provided in the Global Fund Data Use for Action and Improvement (DUFAI) Framework.

Surveys

The Global Fund supports both population-based and facility-based surveys that seek to generate information on morbidity, mortality, service coverage and bio-behavioural aspects of the general populations or key populations at risk. Most of these surveys are usually supported jointly with other key international partners. Some specific examples include: Demographic and Health Surveys, Bio Behavioral Surveys in key populations, TB prevalence survey, AIDS Indicator Survey, and Malaria Indicator Survey.

Administrative and finance data sources

Applicants are encouraged to invest on establishing systems that generate information on key health administrative and service availability statistics, including health workforce, inventory of health care providers and institutions, health care utilization, and coverage by social protection mechanisms. Likewise, investing in systems that generate information on the financing and funding landscape is crucial. These include: National Health Accounts (NHA) with HIV, TB and malaria sub-accounts; annual health budget review and analysis; and expenditure studies such as national AIDS spending (NASA).

Civil registration and vital statistics (CRVS)

Accurate vital statistics and the ability to monitor and respond to causes of death play a critical role in the control of major diseases such as HIV, TB and malaria. Applicants are encouraged to include funding to strengthen CRVS systems. Particular focus should be on strengthening mortality and causes of death reporting in health facilities and to the extent possible, from community registers. These efforts should be linked with continuous support for analysis and use of mortality data to inform policy decisions and program implementation. Further details are provided in the document Information Note: Global Fund investments in mortality data systems, analysis and use.

Overall, applicants are encouraged to include investments to scale-up capacities and to maintain sustainable systems for data generation, quality assurance, transmission, access, interoperability, analysis and use at country level, and allocate sufficient resources for M&E. The Global Fund will

take the country's context into consideration when making funding decisions on data systems and M&E needs, as these will vary from country to country.

4.3 Human resources for health, including community health workers

Human resources for health (HRH) challenges have been recognized as a critical bottleneck to the scale-up and quality improvement of health services, including for HIV, TB and malaria. The links between the availability and accessibility of HRH and subsequent service coverage and health outcomes are well established. HRH challenges include shortages and inequitable distribution, high turnover, inadequate skills, poor working conditions and a lack of reliable health workforce data. HRH strategies should be developed to address these issues.

Funding requests for HRH support should be strategic and aligned with national policies and global HRH strategies. HRH investments will be prioritized if health workforce challenges represent a barrier to the availability, accessibility, acceptability[10] or quality of services for prevention, diagnosis, treatment and care of HIV, TB and malaria (and broader health goals), especially in fragile contexts and countries with high disease burden and low economic status. General principles to consider when developing funding requests for HRH are to: invest sustainably, robust evidence about the country's HRH labor market should support investments, invest in integrated, people-centered HRH approaches, and engage in strategic partnerships around HRH issues. Refer to the Human Resources for Health: Technical Brief for more information on the Global Fund's approach to HRH investments.

Priority areas relevant to Global Fund's funding opportunities for HRH include:

Pre-service education
Increasing the supply of competent health workers may be essential for the delivery of ambitious health goals including for HIV, TB and malaria. Pre-service education interventions are potentially relevant in all countries supported by the Global Fund, varying according to country context. For sustainability, investments in education should focus on supporting in-country pre-service training of primary health care (PHC) providers. Interventions may include: revising curricula or instruction modalities; training health educators; enhancing the capacity and improving the quality of education institutions; updating systems for accreditation and quality control of health worker education; and/or supporting governments so quality standards are aligned across public and private sectors. Pre-service education also represents an opportunity to address imbalances such as increasing the representation of women, having ethnic minorities and rural practitioners be part of the health workforce.

Remuneration and deployment
Where fiscal space and/or economic demand for health workers is insufficient, Global Fund resources may be allocated for salaries for relevant health workers. This follows WHO's Global Strategy on Human Resources for Health: Workforce 2030 and the High Level Commission on Health Employment and Economic Growth 2017-2021. Funding requests must comply with current Global Fund budgeting guidelines[11] and should include an HRH sustainability plan beyond Global Fund support. The plan should explain how the health system will maintain a larger health workforce

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[10] Tanahashi T. Health service coverage and its evaluation. *Bulletin of the World Health Organization.* 1978;56(2):295-303.
[11] The Global Fund's Budgeting Guidelines (2014) can be found here.

over the long term and specify how salary support will be taken over by domestic funding. Funding requests must also show how requests for support with salaries are in line with national human resources procedures and salary scales (both government[12] and non-government), or how the request is part of a deliberate HRH strategy adopted by the government to change the *status quo*. Applicants must also outline how HRH is supported by other donors for complementarity. Requests for salary support should be accompanied by HR information systems (HRIS) that can report and track HRH at facility level. Salaries should be transparent and traceable to the facility level where health workers are employed.

Support for funding positions may extend also to community health workers (CHWs), even if they are employed by NGOs or CSOs. If a country has a specific policy framework on CHWs support by the health system, proposed investments in CHWs should be in alignment with that policy or strategy. In countries without such policies/strategies, it may be appropriate for the Global Fund to support their development, especially if there is evidence that investment in CHWs would be a cost-effective way to improve disease outcomes as part of a multidisciplinary team approach. The scope of work of CHWs should be clearly defined: CHW should be part of PHC delivery and play an appropriate role within disease programs. It is also important to align with relevant national salary scales and have sustainability plans in place, for example, how CHWs can be absorbed into the civil service and regularly supported by appropriate supervision and supplies. Applicants are encouraged to review the recently released WHO guideline on health policy and system support community health worker programs.

👥 In **Zambia**, the Global Fund is supporting the education of 500 community health assistants (CHAs) per year, and is equipping them with supplies including bicycles, shoes, lab coats and mosquito nets. It is also co-funding their salaries with the government. The newly-qualified CHAs will be mainly deployed to rural areas, with the objective of improving access to preventive and curative services and reducing the burden on rural nurses by taking on some of their routine activities.

The Global Fund will consider funding interventions to improve retention and motivation, especially in rural and remote locations in low-income countries and COEs (for example, educational and regulatory interventions, non-financial incentives and improved working conditions and career development opportunities). In countries where the national health system has a functioning performance-based financing policy and system, Global Fund support may be provided to ensure that incentives include an appropriate level of focus on the three diseases as part of a broader and balanced package of PHC services.

In-service training

In-service training such as updating health workers on new procedures and guidelines, will continue to be funded if necessary. Integrated training that addresses all three diseases and that can be nationally certified is preferred to maximize efficiencies and effectiveness of health workers. Training can be done in collaboration with national academic universities to support national capacity. To rationalize requests for support for in-service training, applicants must provide justification for: (i) identified needs and gaps, (ii) delivery methods which minimize disruptions to service delivery, (iii) alignment with national training strategies/capacity building plans and national *per diem* policies, and

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[12] Alignment with government salary scales is one of the enabling factors that should be in place before a country can begin the process of planning for transition away from Global Fund support.

(iv) plans for embedding the relevant competencies in pre-service education. It is recommended that training frameworks/ plans be developed to strengthen continuous professional development so health workers receive timely and appropriate trainings with minimal disruption to service delivery.

<u>HRH policies, governance and workforce planning/management</u>
Effective health workforce governance and management is essential for appropriate use and impact of investments in HRH. This type of support is very strategic and potentially relevant in all countries supported by the Global Fund. Countries are also encouraged to consider investments in information and communications technology to facilitate effective health workforce planning and management. The Global Fund supports ethical and sustainable investments in HRH. Countries requesting funding for HRH should place these investments within an overall national workforce strategy and request necessary implementation and capacity support. The approach should be tailored to the specific country context. For example, in COEs and low-income countries, efforts should focus on availability of HRH and the quality of services provided. Priority will be given to interventions aimed at building and strengthening capacity for HRH regulation, education, management and planning, and retention and motivation.

Once a country becomes ineligible for Global Fund financing under the <u>Sustainability, Transition, and Co-Financing Policy</u>, it may receive "transition funding". It is expected that countries submitting requests for this type of funding will have secured adequate domestic funding for all HRH support that focuses on service provision. The only exception may be support for CSOs and/or temporary human resources engaged in new functions that need to be put in place specifically for transition preparedness activities. If support for HRH education, remuneration and other recurrent costs is requested, the country should include an explanation in their transition plan on how the production and employment of health workers will be transferred to national systems funded by domestic resources by the end of the last Global Fund grant.

Georgia has recently introduced an integrated screening program for active case detection of TB, HIV and hepatitis B at the primary health care level. The Global Fund supported the design and delivery of training for doctors and nurses on case detection and data management, the central government provided test systems and consumables, and the local government provided incentive payments for health facilities to participate. Since most primary health care services are provided by the private sector, a memorandum of understanding was signed with the relevant network of service providers, to allow sufficient doctors and nurses to be released from their duties and attend training to provide these additional services. The program was successfully piloted in eight districts, and it plans to expand to other districts in 2019.

4.4 Integrated service delivery and quality of care

As countries expand access to a package of high-quality, safe, and acceptable integrated, people-centered health services (IPCHS),[13] service delivery management and quality improvement systems are critical. Appropriate guidelines and mechanisms should be developed to improve the quality of care.

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[13] Please review WHO's Framework on integrated, people-centered health service for additional details.

> **Practical Tip:** Several key questions can help guide applicants as they begin to conceptualize, plan and implement integrated service delivery:
>
> - What problem are we trying to solve through integration? Which is a feasible entry point?
> - What needs to be done at each level of the health system to achieve better services for users, and better use of resources?
> - What type of services need to be integrated to achieve improved efficiency and better health outcomes? To what degree should services be integrated?
> - How can we ensure that we leave no one behind if services are integrated?
> - What information is needed to measure integration processes and clinical outcomes, and inform the replication and/or scale-up of successful interventions?

Applicants may request support for the activities listed below. In addition, further guidance on integrated service delivery and specific examples of funding opportunities may be found in the RMNCAH Technical Brief.

Quality of care

Quality of care means delivering effective, safe, people-centered, efficient, timely, equitable, and integrated health services. Implementing high quality care starts at the national level with supportive policies in place and strong leadership at each level of the health system enforcing these policies. Focus on strong measurement, learning, coordinated programming for improved health outcomes, and sometimes redesign of care processes is also needed. Activities should strengthen the development and use of tools for the provision of high quality health services to all people.

A supportive policy and programmatic environment that will institutionalize a national direction on quality health care can enable the delivery of integrated services. Achieving this will require strengthening governance and accountability through rules, policies and processes to help maintain strategic oversight of health goals and priorities. Implementing good quality care will need national commitment, such as setting up a national agency responsible for quality monitoring and improvement, with regulatory powers, which can aid in sharing lessons learned across facilities and addressing performance gaps. The Global Fund will provide support for activities to strengthen leadership at all levels – national, subnational, facility and communities – and this should also be considered in the context of HRH investments. Measuring progress, learning and using data for improvement are also critical for continuous quality improvement.

In **Togo** and **Chad**, countries have prioritized Global Fund investments to implement a program of quality improvement of integrated antenatal and postnatal care. This program uses skills and competency based in-service training, standards-based audit, and collaborative learning at facility level. This allows for essential packages of interventions, including those for HIV, TB, and malaria, to be delivered to mothers and newborns during antenatal and postnatal care in a safe effective, patient centered timely, efficient and effective manner.

Applicants can also request support for provider-initiated feedback mechanisms. Patient-reported measures can improve patient experience, adherence to treatment, provider engagement with their care, and health outcomes. Activities may include: developing scorecards, developing complaint mechanisms, creating accountability tools, analyzing feedback data for service performance assessment and improvement of integrated service delivery and operational research in this area.

Analyzing and reporting quality data should be a prerequisite for all quality improvement activities to improve service delivery and further optimize the health workforce and patient experience.

<u>Service organization and facility management</u>
The Global Fund can invest in interventions to more effectively deliver health services in facilities and in the community. Activities can include strengthening planning and management capacity, accountability mechanisms that improve participation and empowerment, innovation around integrated supportive supervision, and referrals between communities and facilities. Interventions such as decentralized financing to health facilities and various contracting mechanisms, are discussed under *Section 4.6 Health sector governance and planning*.

<u>Service delivery infrastructure</u>
Investments in infrastructure should be cross-cutting and multipurpose to support the delivery of a package of essential health services to avoid duplication and maximize efficiencies. Interventions may include: providing necessary operational or recurrent inputs that are essential for uninterrupted delivery of integrated services, such as consumables and utility-related costs, and upgrading or scaling up service delivery infrastructure, including facilities, equipment, furniture and vehicles.

All construction and renovation projects should follow national standards. Applicants should seek technical support in the relevant areas for implementing investments in construction and renovation. Attention should be given to prevent healthcare-associated infections and drug-resistance infections by improving water, sanitation and hygiene and infection control and prevention. In higher income countries, small and medium infrastructure-related activities, such as building or renovating a warehouse or ante-natal clinic, purchasing vehicles, purchasing X-ray machines, and others, may be supported only with strong justification and by providing convincing explanation of the lack of domestic or other donor resources. Low-income countries may have more flexibility to include such interventions. However, large infrastructure projects such as building a medical or nursing school, or a general hospital are normally not supported by the Global Fund. Exceptions can be made in post-conflict countries or other COEs with strong justification. Decisions on support for such requests will be made based on the review of other needs and of the Global Fund's overall investment portfolio in the country. Please see Annex 1 for additional guidance in this area.

4.5 Financial management systems

The quality of financial management systems used at national level for grant implementation and its related assurance activities, fundamentally affects the Global Fund's ability to fulfill its fiduciary responsibilities and timely disbursements. It also affects the implementers' ability to successfully implement grants and national programs. The Global Fund encourages adequate fiduciary controls to be in place for the management of donor funds, and that a minimum set of reliable financial information is available for grant implementation. For additional information on strengthening financial management and oversight, see the <u>Financial Management Handbook for Grant Implementers</u>.

The Global Fund has prioritized support in the following areas:

<u>Public financial management systems</u>
Strengthening public financial management (PFM) includes activities supporting the strengthening of a country's PFM systems for budgeting, accounting, reporting and assurance provision. This

includes activities promoting harmonization with other development partners on financial management implementation arrangements for better health outcomes and sustainable impact. The activities should have a direct bearing on Global Fund supported interventions in the health sector and promote sustainability and harmonization in financial management.

In **India**, an integrated financial management information system (IFMIS) is being implemented at the Ministry of Health both at central and state levels. The Global Fund has leveraged the use of this system to meet its reporting requirements; the Global Fund's cost inputs have been translated into the government's chart of accounts and embedded in the IFMIS. The Government of India has covered the cost of IFMIS installation, and the Global Fund is supporting the training of MoH staff through grant budgeting. In addition to efficient budget absorption, the successful implementation of IFMIS at central and state levels will facilitate MoH to obtain accurate information on timely basis and report to the Global Fund in required reporting format.

Routine grant financial management
Routine grant financial management improvement includes activities that enable better fiduciary control, and timely and quality reporting for program performance of Global Fund grants. It includes activities aimed at strengthening processes and systems, such as: risk, assurance and treasury management directly at the grant level; specific grant-related accounting software enhancements; introduction of tools and process development; capacity building directly related to Principal Recipients (PRs) and sub-recipients (SR) grant implementers; and HRH-related activities, such as recruiting PR finance staff.

4.6 Health sector governance and planning

Strengthening the governance of the health system is critical to improve coordinated planning, financing and implementation across disease control programs. The Global Fund strongly supports the development of national health strategies and the establishment of strong links with disease specific national strategic plans in all countries. It has prioritized the following interventions.

National health sector strategies and financing
The Global Fund can support activities that contribute to planning, developing and reviewing national health sector strategies, policies, regulations, guidelines and protocols, with linkages to policies and strategies for the three diseases and broader reach to other health outcomes. As a member of the International Health Partnership (IHP) for UHC 2030, the Global Fund is committed to mobilizing national governments, civil society and other development agencies to agree on a single, country-led national health strategy that will drive the achievement of UHC, in part through the delivery of essential packages of services. Accompanying health sector budgets and annual operational plans from national to sub-national levels are also important. To implement these plans, including in federalized and/or decentralized settings, applicants can request support for strengthening governance mechanisms and building leadership and management capacity.

Plans and mechanisms for engagement with the private sector to deliver services for the three diseases can also be supported, including mapping of key stakeholders, existing regulations, and service delivery models, as well as development of policies and regulations that incentivize contribution of private service providers while minimizing potential harms and ensuring equity in service delivery.

As previously noted, digital health is a growing priority for the Global Fund. Requests for digital health technologies should be supported by documentation of how the activity requested fits within the national eHealth or Digital Health Strategy. If a strategy does not exist, support can be requested under the 'national health sector strategies and financing' intervention. Requests for specific digital health activities should be included in relevant modules (HMIS, health products management, etc.). Additional guidance on priorities and principles for including digital health technology in applications to the Global Fund can be found in the forthcoming Digital Health Technical Brief.

Activities that contribute to improved health financing policies resulting in increased financial resources for public, private and non-government/community institutions for the three diseases and beyond, can also be supported. This includes improving domestic revenue mobilization, pooling and strategic purchasing, and relevant health financing studies to improve efficiency and resource mobilization. Strategic purchasing includes social contracting which is the process by which government resources are used to fund entities that are not part of government, such as civil society organizations (CSOs), to provide health services. Support can be requested to organize public procurement of health services delivered by CSOs (like technical specifications, contracts and M&E); capacity building for CSOs to access public funding, or for public entities to work with CSO to provide services to key populations. This includes promoting political dialogue at national and regional level in collaboration with partners and helping countries to design grants and co-financing commitments to catalyze change.

In **Panama**, the Global Fund is supporting a strategy for CSOs to receive public funding to provide HIV and TB services to key populations. Global Fund has funded the provision of comprehensive and medium term technical assistance to: a) conduct an in-depth analysis of the national regulatory framework and identify the different options available; b) draw up procedures and guidelines for public procurement of non-state actors; and c) strengthen national capacities for the public procurement of non-state actors. It is expected that Panama will start funding CSOs to deliver outreach and adherence services for key populations in 2020.

Policy and planning for national disease control programs
Activities related to coordinated policy, planning and management of HIV, TB and malaria national disease control programs at the central and regional level can be supported through the development of aligned disease specific national strategic plans, annual operational plans and budgets.

Countries are also strongly encouraged to align national disease plans with broader national health sector strategies, including quality of care, HRH and health financing strategies. Support can also be requested to build capacity for coordinated planning, programming and implementation of disease programs, and to identify common cross-cutting health systems needs and approaches to improve integration into the health system. This requires improved collaboration between disease-specific and health system actors. Multi-sectoral planning is also important to ensure social determinants of health, and protection related to justice, housing, labour, poverty and social welfare are included.

In **Benin**, under the direction of the Office of the President, an exercise was undertaken to identify opportunities for efficiency gains and improve donor coordination for optimization of resources. The country updated its Community Health Strategic Plan to support the delivery of a package of integrated services at the community level delivered by qualified community health

agents and *relais communitaires*. During the country dialogue process, Benin earmarked resources for a stand-alone RSSH grant to complement already-existing community investments through its malaria grant, and support for health products management and health management information systems. The country also benefited from catalytic funding for human resources for health, which it utilized to further scale-up the proposed integrated approach, allowing for community health workers to deliver the complete package of services. The funding request was clearly aligned with broader national health reforms and harmonized with the 2109-2023 Integrated Strategic Plan to Fight the Epidemics.

4.7 Community systems strengthening to support community responses

Responses that are led by and based in communities – and the systems and structures needed to support them – are central to ending the three diseases, achieving UHC and global health security. These objectives will not be attained without the engagement and central involvement of communities and the systems that underpin community responses. Community systems and formal health systems may be thought of as evolving, inter-linked systems that interact and complement each other in a myriad of ways. Increased planning, coordination between communities and formal health services is a key opportunity for the advancement of integrated, people-centered care, reducing the demands on the formal health system and strengthening country's overall system for health.

Community responses, often included under disease-specific modular frameworks, describe the interventions by which communities respond to the challenges and needs they face, including the delivery of a wide range of prevention, treatment, care and support services and the promotion human rights, gender equity and an enabling environment. *Community systems* is a broad term that describes community structures, mechanisms, processes and actors that support a spectrum of community responses that meet the health needs of people. *Community systems strengthening (CSS),* included under the RSSH modular framework, refers to interventions that support the development of informed, capable, coordinated and sustainable structures and mechanisms through which community members, community-led and community-based organizations and community groups interact, coordinate and deliver their responses to the challenges and needs affecting people in their communities.

> **Practical tip:** Understanding the difference between community responses and community systems strengthening is important. For example, a KP-led organization doing peer outreach is an example of a community response. Strengthening the ability of the KP-led organization to develop bi-directional referral system with the health facility and to be able to monitor and evaluate their outreach program would be an example of strengthening a community system.

Given their centrality to achieving global and national targets to end HIV, TB and malaria, interventions that strengthen the most marginalized, under-served and key and vulnerable populations should be prioritized. At the same time, support for more formalized cadres, including CHWs, should be included under the HRH module.

Global Fund's CSS priorities for the Global Fund's 2020-22 allocation period include:

Community-based monitoring

To improve accessibility and quality of services, applicants are encouraged to fund community based monitoring (CBM), a process by which service users or local communities gather, analyze and use information regarding the performance of health services on an ongoing basis to improve service responsiveness and for accountability.[14] CBM increases community engagement and buy-in through collaborative processes identifying and addressing bottlenecks and gaps in service provision and providing feedback to decision makers using short local feedback loops. It provides a unique source of data to inform programmatic decision making and oversight and for policy review and development.

Community led advocacy and research

Service providers, national programs, policy makers, and local and national leaders are held accountable by community led and based organizations for the effective delivery of services and programs and the protection and promotion of human rights and gender equity. Advocacy and research is required so national strategies, policies and guidelines support the full spectrum of community responses, including differentiated service delivery. In addition, formal health systems should effectively work with and finance community led and based organizations, particularly those who provide services to key and vulnerable populations. Support should be provided for community-driven advocacy to hold disease specific and broader health responses to account, and to address issues aimed at social transformation such as human rights, gender inequality and sustainable financing for health. Long term sustainability needs strong and diverse civil society and communities to advocate for the right to health, domestic financing and to hold their leaders accountable to the commitments that they have made.

Ghana has developed comprehensive and integrated human rights, key populations and community system strengthening programs for HIV, TB, and malaria in its current Global Fund grant. Matching funds for human rights and key populations support comprehensive programs enabling peer educators to deliver programs and raise awareness about human rights. The aim of the grant is to increase access to justice through integrated legal programs, such as 'Know your rights', peer paralegals and a 'hotline' service linked to rapid legal aid through local human rights organizations. For successful implementation of these programs, community systems strengthening interventions support capacity building of community organizations and key population networks on disease responses and TB and HIV community-based monitoring for stigma, discrimination, breaches of medical confidentiality and other human rights violations.

Social mobilization, building community linkages, collaboration and coordination

Communities should be strengthened to engage in activities to improve their health and well-being and to create an enabling environment. This may include the creation or strengthening of national community platforms that improve coordination, joint planning and effective linkages between communities and the formal health systems, other actors and broader movements such as human rights and women's movements. Strong informal and formal relationships between communities, formal health systems and other stakeholders enables them to work in complementary and mutually reinforcing ways, maximizing the use of available resources and avoiding unnecessary duplication and competition. Support for national community platforms facilitates the work of communities to:

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[14] For more information, please see EANNASO's Community Guide on Community-based Monitoring Mechanisms for Global Fund Grants.

articulate and prioritize their specific needs; better engage and inform national processes; and enhance the development of national strategies, plans and polices.

In **Tanzania**, the African Coalition Against TB (ACT) undertook advocacy that led to a stronger partnership between the National TB and Leprosy Program (NTLP) and community-based TB advocates. This included the formulation and validation of a community action plan to address policy, program and data gaps identified in the human rights and gender assessments carried-out in 2017; the development of an advocacy strategy to tackle stigma and discrimination, diagnostic and treatment constraints, and support the implementation of the TB workplace policy; and the establishment of the "Community and TB Care Technical Working Group" endorsed by the NTLP to define models of interventions that bring TB services closer to the communities.

<u>Institutional capacity building, planning and leadership development</u>
Activities that support the establishment and sustainability of community led and based organizations and networks is necessary for these organization and networks to more fully leverage the comparative value of communities and enabling them to be more equal partners in the co-production of health. Strengthening capacity is key to underpinning and promoting quality services, social mobilization, community-based monitoring and advocacy.

Costa Rica is in the process of transitioning away from Global Fund funding for its HIV response. Currently, the entire grant is directed to key population services, human rights and related systems development. To support smooth transition planning, the country has drawn on the expertise of key populations, such as men who have sex with men (MSM) and trans women. These communities have contributed consistently to the country's planning process. As a result, Costa Rica's sustainability and transition plans have the support of communities affected by HIV, for the country to be better positioned for long-term success. The country's sustainability and transition workplan includes specific programs so key populations continue to receive comprehensive health services, such as funding key population organizations to provide prevention services, and programs to reduce human rights-related barriers and inequities to services.

Most community-led and based service delivery and program activities will be included under the relevant disease modules and interventions since community responses have historically been primarily specific to a particular disease. The different types of community roles in service delivery are described in more detail in each of the disease-specific information notes for HIV, TB and malaria. It is important to note that many community led and based organizations have opportunities to provide additional integrated services to their beneficiaries and these should be actively considered in funding requests including for cross-cutting RSSH support. The Global Fund emphasizes that, while encouraging integrated approaches, community systems strengthening interventions should maintain a clear link to a country's response to HIV, TB and/or malaria.

For more detailed information on the Global Fund's investments in community systems strengthening and how to submit a funding request in this area, please refer to the <u>Technical Brief on Community Systems Strengthening.</u>

4.8 Laboratory systems

Reliable and timely results from laboratory investigations are crucial elements in decision-making in almost all aspects of health services and disease prevention and control programs. Critical decisions dependent on laboratory results concern health security, national economies and meeting obligations such as the International Health Regulations and the health and well-being of individuals.

Increasing fragmentation of health systems, including health laboratory services, leads to inefficiencies and suboptimal health outcomes. Moving away from disease-specific laboratory services to a more integrated approach results in more efficient use of resources and better service delivery. Laboratory system improvements should be built on a common vision, which has been articulated in a costed laboratory national strategic plan linked to disease specific plans and to the overarching national health strategy. Coupled with strong leadership, the laboratory agenda should be included in the national health sector strategy. Global Fund contributions should be complementary to domestic and other donors' investments and should be framed within a national strategic vision.

Strengthening of national laboratory services and systems depends on partnerships beyond the laboratory facility itself with technical and clinical professionals, healthcare managers at the community, regional and national levels, and public health programs. Private and non-government laboratories play a significant role in the delivery of services and are part of the network of national laboratories. Thus, private labs are key partners in building national capacity, as well as through public-private partnership models that can increase access to diagnostic services and patient care.

The Global Fund can provide support for laboratory systems in the following areas:

Governance
Strong laboratory governance ensures that the laboratory is a central component of national health systems. With several different donors, implementers and technical partners involved across many programs, strong system coordination mechanisms need to be in place so efforts and funding align with national lab strategic plans. Support can therefore be provided for the development of a national laboratory policy and strategic plan to enable laboratory systems to conduct disease surveillance, and provide accurate and timely diagnostics across the laboratory network, in line with a country's programmatic goals and available clinical interventions. Decisions to classify laboratory services in the tiered network and choice of technologies should be based on the list of essential in-vitro diagnostics, testing complexity, cost, throughput, specimen referral requirements, human resource requirements, needs of the program and patient population being served. This also applies to other health technologies, such as medical devices, that are crucial in the prevention, diagnosis, care and treatment of illness. An effective national health plan should include these technologies, as well as an appropriate system for assessment planning, procurement and management of these devices. Support can be provided to build capacity in planning for and managing these health technologies.

Human resources for laboratory systems
The human resources crisis within the laboratory system is acute in many countries, characterised by an inadequate number of staff and inadequate skill sets. Activities supported include those that are aimed at improving the equitable distribution and retention of a skilled laboratory workforce, especially in hard-to-reach areas and those serving marginalized populations. In addition, countries

with limited pre-service lab training programs should prioritize establishing pre-service and postgraduate training programs as part of laboratory HRH strengthening.

Infrastructure and equipment management systems

Support from the Global Fund may be used for interventions that scale-up integrated laboratory services according to tiered level, whether facility-based or community-based. Such interventions may include upgrading infrastructure, including refurbishing facilities to comply with international recommendations and required biosafety levels, equipment, back-up power, furniture, information communication technology (ICT) as well as connectivity for lab technologies. Expert advice should be sought when upgrading laboratories to BSL3 level. Public-private partnerships for maintenance of laboratory equipment should be pursued where possible.

Quality Management Systems for all level of laboratories

Quality assurance (QA) is the foundation of any laboratory management program. It aims to ensure that the results produced by the laboratory are reliable. Implementation of quality management systems (QMS) is one of the core indicators of the WHO Framework of Indicators and Targets for Laboratory Strengthening under the End TB Strategy. Over the past decade, quality performance-enablers have been developed to guide the implementation of a sustainable QMS leading to accreditation. These include the Stepwise Laboratory Quality Improvement Process Towards Accreditation (SLIPTA), the WHO Laboratory Quality Stepwise Implementation tool (LQSI tool), the Caribbean Laboratory Quality Management System – Stepwise Improvement Process (LQMS-SIP) towards Accreditation and the Laboratory Quality System Handbook. It is recommended that countries incorporate laboratory standards, comprehensive quality systems and goals for accreditation in their plans for laboratory development. Countries are encouraged to develop and implement accreditation programs, including country-specific standards and monitoring systems.

Information systems and integrated specimen transport networks

The laboratory core business is to produce information for health care providers and information for public health disease surveillance and response. With advances in information communication technology (ICT), significant opportunities exist to harness its power. In addition, the use of mobile technologies for monitoring specimens and the return of lab results could be used to send results to the patients' local clinics. Global Fund resources should be invested in laboratory information systems (LIS) that are interoperable with the electronic medical records (EMRs) and national health management information system (HMIS and LMIS). The use of instruments with inbuilt connectivity capabilities and establishment of national program and systems data dashboards will improve visualization.

👥 In **Kenya**, under the leadership of the National Public Laboratories and in collaboration with other partners, the Global Fund has supported the rollout of a Laboratory Information Systems (LIS). This has enabled central servers to host data warehouse; a dashboard to provide data elements for tracking and testing indicators; pre-analytical data during specimen collection, rejection, testing and results reporting; automation of laboratory testing systems; remote ICT solutions; and immediate access of results and notification.

Laboratory supply chain systems

The characteristics of laboratory commodities affect the design and management of the laboratory logistics system. Large numbers of commodities are needed. Laboratory commodities come in a

variety of preparations and packaging, and some laboratory commodities have extremely short shelf lives and special storage conditions. Laboratory equipment is often closed, and reagents are machine specific. Laboratory supply chain are complex systems and should be integrated into the national supply chain system with the necessary laboratory supply chain management skills in that system. Refer to the Section 4.1 on health products management and systems strengthening for additional details.

Laboratory equipment

New conventional technologies and near point of care (POC) technologies have been introduced in recent years, but inappropriate placement and isolation of the laboratory networks has meant this equipment is not fully utilized, resulting in inefficiencies. Countries should conduct laboratory network optimization analyses to establish needs when considering acquiring new equipment and for the appropriate placement of both conventional and near POC equipment through reagent rental or all-inclusive approaches. This approach will lead to improved service delivery and efficiency, which is necessary for optimization and to avoid procurement of more equipment than needed. Systems for sustainability and takeover of POC testing sites by national governments needs to be considered and planned from the beginning. The Global Fund favors reagent rental and all-inclusive pricing per test and discourages outright purchase of laboratory equipment. The use of standardized key performance indicators to monitor suppliers, end users, and equipment is encouraged.

> **Practical Tip:** Laboratory equipment should be multi-disease diagnostic testing platforms. These platforms offer technical and financial efficiencies to countries in their disease control efforts, while expanding access to care and saving lives. Given the polyvalent nature of the instruments, laboratory costs relating to service maintenance and consumables for this instrument can be apportioned across programs. Testing laboratories should have laboratory information systems (LIS) to ensure connectivity and improved data migration between the laboratories and facilities. Strengthening diagnostic integration within the country's national tiered laboratory network will be essential for accelerated use of under-utilized instrument fleets.

The Technical Brief on Strategic Support for Integrated Laboratory Services should be reviewed in parallel with this document for more detailed information on the Global Fund's tailored investments in strengthening laboratory systems.

5. Key Resources

Applicants are strongly encouraged to consult the following additional resources.

Health systems strengthening needs assessment and gap analysis
- BACKUP Technical Support for RSSH
  https://www.giz.de/fachexpertise/downloads/giz2015-en-backup-intervention-area-HSS.pdf
  https://www.giz.de/fachexpertise/downloads/giz2016-en-backup-CM-application-guidelines.pdf
- Health Systems Assessment Approach: a how-to manual
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Annex 1

Guidance for Applicants on Investments in Facilities and/or Infrastructure Renovation and Construction

Countries may use resources provided by the Global Fund to improve or scale-up health infrastructure:

- *"Improving"* means enhancing the functionality and/or quality of existing facilities by renovating and/or redesigning a part or full facility, and/or installing equipment and/or furniture.
- *"Scaling-up"* means increasing the operational output by enlarging existing facilities or constructing new facilities.
- *"Health infrastructure"* means facilities that are necessary for uninterrupted operation of the health system and may include: service delivery facilities (outpatient clinics, inpatient clinics), support facilities (supply chain warehouse, residential accommodation for healthcare personnel), administrative facilities (offices of the Ministry of Health, offices of regional/district health departments) and others.

However, applicants should consider the following guidance when making a request for investments in infrastructure. The proposed amount and justification for these investments should be discussed and agreed with the Global Fund's Secretariat Country Teams.

1. **Differentiated approach**

   In middle-income countries, small and medium infrastructure-related activities, such as building or renovating a warehouse or an ante-natal care clinic, purchasing large-scale equipment (X-ray machines, ultrasound) may be supported as long as strong justification and a convincing explanation of the lack of domestic or other donor resources is provided to the Global fund. Applicants requesting investments in infrastructure are encouraged to provide evidence of co-financing the infrastructure projects from domestic or other donor resources.

   Low-income countries may have more flexibility to include such interventions. However, large infrastructure projects such as building a medical or nursing school, or a general hospital, are normally not supported by the Global Fund. Exceptions can be made in post-conflict countries or other COEs with strong justification.

   Decisions on support for such requests will be made based on the review of other needs and of the Global Fund's overall investment portfolio in the country.

2. **National Standards and Norms**

   All construction/renovation projects should strictly follow national architectural and engineering standards and norms for health facilities. In countries where relevant national standards and norms are not available, or are outdated, applicants must include in the funding request the necessary technical support to either develop new national standards or use the standards and norms of other relevant countries, as a benchmark. In all cases, infrastructural plans must be approved by national authorities, according to the national regulations, before the work starts.

3. **Information to be included in the Funding Request**
   Applicants should provide *full and precise description* of the type of works that are needed for infrastructural projects. The Global Fund Secretariat may request the Local Fund Agent (LFA) to review the amount and justification.

   The work can be grouped under one or more of the following categories, and the Global Fund will generally take the differentiated approach to investments as shown below:

Country classification	Furnishing an existing facility *Provision of furniture and/or equipment. No civil work is involved, except some minor works as necessary for installing the equipment of furniture.*	Light refurbishment and/or refreshment of existing facility *Requires some (mostly internal) civil work, but without structural changes of the existing facility.*	Renovation/Construction[15]: *Either expanding the existing facility, completing unfinished facility, or constructing a new facility.*
Low-income countries	Yes	Yes	Generally not supported
Middle-income countries	With strong justification	With strong justification	Generally not supported
Post-conflict countries or other COEs	Yes	Yes	With strong justification

In each case, the funding request should include a detailed narrative explaining the volume and scope of the work. In case of light refurbishment/refreshment and renovation/construction, the narrative should also be accompanied by photo materials of the existing site, as well as a sketch of the expected end-product.

Each request for light refurbishment/refreshment and for renovation/construction should include a detailed explanation of project supervision arrangements. Where possible, these arrangements should follow national regulations. Review of requests for investments in infrastructure refurbishment/renovation/construction will take into consideration the robustness of the proposed monitoring and supervision arrangements.

4. **Criteria for Justification**
Applicants should explain in detail the purpose and expected outcomes of the proposed infrastructural projects. Justification should clarify the size and composition of the beneficiary population (for example, outreach area covers 500,000 population, among which there are high

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[15] In general the Global Fund does not provide funding for buying land

number of internally displaced people, who do not have access to service delivery facilities) and should explain why such investment is necessary. Applicants should also specify what will be the consequences if the investment is not approved and how this will affect the overall program implementation and/or national strategy implementation.

5. **Sustainability Plan**

When requesting funding for infrastructural projects, applicants should provide convincing evidence (or plan) of the commitment by relevant authorities to operationalize and maintain the infrastructure in question for long-term, sustainable use, including the availability of plans and resources for adequate staffing, security, maintenance and operational costs. Applicants should also specify an agreed plan on handing over the infrastructure to local stakeholders.