RSSH Gaps and Priorities Annex – Template

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The purpose of this annex is to help applicants go through a structured process that results in a prioritized RSSH request that is fully supported by, and informed by the needs of the HIV, TB and/or malaria disease programs. It is also meant to inform the program split discussions. We therefore encourage applicants to complete this annex early in country dialogue.

**Section 1 – Analysis of RSSH priorities, including those related to community systems strengthening, based on programmatic gaps**

Identify the top three[[1]](#footnote-2) priorities for RSSH (by module [[2]](#footnote-3)) for each disease program (HIV, TB and malaria) and briefly explain how investing in these areas will help to address specific programmatic gaps while contributing to RSSH and pandemic preparedness.

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| Disease component | Top three RSSH priorities (by module), including those related to community systems | Link with specific programmatic challenges and/or priorities to ensure quality |
| HIV | Community Systems strengthening-  1.1 Strengthening key population (KP) groups is crucial for promoting health in general and specifically preventing HIV, protecting human rights, and supporting social and economic development.  1.2. Current programs under NACP, have a multifaceted approach that addresses the complex and interconnected issues faced by Key population groups, including sex workers, men who have sex with men, transgender individuals, and people who inject drugs.  1.3. As per section 23 of the HIV and AIDS (Prevention & Control) Act, 2017, an Ombudsman must be appointed by the State Government to inquire into complaints relating to acts of discrimination mentioned in section 3 and providing of healthcare services. | Community activities are supported through targeted (TIs), Link worker scheme (LWS), Sampoorna Suraksha Kendra (SSK), One Stop Centres (OSC) and CSS for prevention to treatment services. Human rights are protected through Government policies like HIV AIDS act and Transgender protection act. Grievance redressal mechanisms are also embedded at various levels of programming, to address issues raised by the community. Social Protection by linkages to existing government schemes is supported through various program implementation units from TIs, ICTC, ART centers. Yet communities do face challenges  CSS activities under this grant request are planned to-   1. Scale up of community-led monitoring 2. Create a pool of community resources at national and subnational levels towards gathering local community intelligence and delivering community-led monitoring. 3. Build the capacity of community organizations to take part in national HIV/AIDS response 4. Support National program outcomes and community members to access services from Prevention, treatment, and care (Increased coverage) for HIV, Viral Hepatitis, TB, Malaria, RCH, and NCDs. 5. Reduction in stigma and discrimination.   Additionally, this grant request proposes to continue the 74 One Stop Centres for KP.  Rational for including activities under this grant-  COVID 19 Pandemic and implementation of C19RM grant highlighted the need to strengthen communities as networks to not just respond to their own needs, but to also support the national program.  Building community capacity and leadership to bridge gaps is imperative. It is evident that Key Populations have the following:  *Limited Resources:* Many of the small community groups operate on a shoestring budget, making it difficult to obtain appropriate resources to support their activities. This hampers their capacity to efficiently carry out their programs and stifle their progress.  *Inadequate Capacity:* Many CBOs are small, they lack the technical competence needed to run complicated programs or projects. Lack of capacity adds to their limiting resources or effectively implementing programs.  *Limited engagement:* To fulfil their goals, community-based organizations rely on the engagement of community people. Getting individuals to engage, on the other hand, can be difficult, if they are not organized as networks.  *Fragmentation:* In some communities, there are multiple community-based organizations working on similar issues but with different approaches or agendas. This creates competition for resources and make it difficult to coordinate efforts and achieve collective impact.  To overcomes these challenges, this grant request looks to providing support to existing community-based organizations to increase their organizational and leadership capacities toward the sustainability of the organizations. This grant will also support the capacitating and strengthening 42 state-level networks for all typologies, including KPs and PLHIV (40 KP networks, 2 PLHIV state-level networks in states where networks do not exist). NACO’s SR will work with NG-PRs in supporting these groups. This will include the registration of organizations based on priority states and needs.  To ensure effective implementation of HIV and AIDS (Prevention & Control) Act, 2017, NACO had formulated the Model State Rules dealing with the appointment, terms and conditions, qualifications and manner of inquiry etc. These Rules shall be modified by each State Government as per their preference. The Ombudsman has been placed at the State level and forms part of the grievance redressal mechanism under the HIV and AIDS (P&C) Act, 2017. The Ombudsman has a duty to provide resolution within a period of 30 days from the receipt of the complaint. However, in some it is possible, these systems are not fully functional. It is envisioned that community champions, leaders, and networks would collaborate to advocate for their communities' health and human rights, assuring access to health, social services, and economic advantages, and reducing stigma and prejudice  Under this grant, it is proposed that the SR (to NACO) will support NACO in the following activities:  • Strengthen community systems to streamline the process of lodging complaints with the help of community leaders.  • Regular monitoring and compilation of reports of the Ombudsman and Complaints Officer.  • Regional Consultations for SGRC to strengthen GRM in healthcare settings.  Though other prevention and support services proposed under OSC, the project will also endeavor to provide support to key and vulnerable population and provide need-based supportive services. |
| HIV | Strengthening Laboratory Systems- | To implement the same, the national program seeks funds to enhance laboratory systems and boost laboratory evidence for improved clinical outcomes and HIV preventive strategy recommendations. It will improve access to excellent HIV and associated diagnostics by capitalising on current achievements and laboratory infrastructure. The project will conduct initiatives focusing on quality testing for HIV, viral load (VL), and sexually transmitted infection (STI), as well as developing NACP's capacity for HIV Drug Resistance (HIV DR) and HIV incidence testing in collaboration with NACO and the SACS. Outcomes from this effort will lead to -   * 4 functional HIV DR testing Labs under NACP * Available data on HIV DR by year 3 * Available guidance under the NACP on testing for HIV DR management * Infrastructure for sample biobank for HIV-1 set-up at NARI * Mechanism of collection of biological samples to develop and replenish biorepository. * Initiation of NG/CT/Syphilis testing at 10 RRSTLs. * Policy and guidelines on STI lab-based surveillance and testing available. * Training package on syphilis rapid testing available for use. * Evidence under NACP on usage of lab-based assay for calculation of HIV incidence * Evidence under NACP on usage of 4th generation rapid kits * Guidance on usage of 4th generation kits under NACP available. * 111 labs successfully transitioned accreditation to ISO 15189: 2022 version. |
| HIV | **Supply Chain Management –** Another crucial enabler for the HIV programme is the supply chain. commodities, consumables, and medications are necessary at every step, whether it be prevention, testing, ART, or VL. The nation's supply chain management (SCM) progresses from an ad hoc to an integrated phase. | Though there is a felt need for continued support under this grant, the activity will be transitioned to the government grant, from NG-PR.  The government with support from a agency will implement the project. The project will   * strengthen technical assistance in developing/improving the e-LMIS for real-time data capture, reporting, and improved visibility for informed decision-making. * Streamline distribution and delivery of all commodities acquired centrally/locally using various models to assure product availability and accessibility at the last mile. * Strengthen and upgrading (automation) of state and facility-level pharmacy store infrastructure for the storage of ARV drugs, diagnostics, and other commodities. |
| TB | 1. Health Financing System | 1. Ni-Kshay Poshan Yojana (NPY) is a priority scheme for NTEP wherein rigorous efforts are put in to ensure timely direct benefit transfer (DBT) to all beneficiaries through the Government’s Public Financial Management system (PFMS). Fund monitoring and fund allocation is rigorously undertake for timely completion of the activity. However, certain gaps exist that need to be addressed, like delays in payments due to administrative (lack of funds, lack of trained HR) or technical constraints at the bank level, PFMS structure, Ni-Kshay portal updating, etc. Investing in PFMS will ensure timely allocation and payments to the beneficiaries. |
|  | 1. Community systems strengthening | To further Prime Ministers TB Free India initiative, and the achievement of the END TB targets 5 years earlier, TB champions proposed in this FR to be involved in TB Free activities will address the following gaps:  1. Many individuals in India still lack access to rapid and accurate diagnostic tests for TB, such as GeneXpert or molecular tests. TB champions can advocate for the expansion of these services, especially in rural and underserved areas.  2. Lack of awareness about TB symptoms and the importance of seeking early diagnosis. TB champions can work on community-level education and awareness campaigns to promote early detection.  3. TB patients often face stigma and discrimination, which can deter them from seeking treatment or adhering to it which the champions can work on reducing stigma through community engagement and advocacy.  4. To further facilitate community involvement in TB prevention and elimination efforts as community support is vital for successful outcomes.  Investment in TB champions will address multiple gaps and challenges related to removing human rights and gender related barriers to TB services, and community engagement, linkages and coordination. |
| Malaria | 1.  2.  3. |  |

**Section 2 – Cross-cutting RSSH priorities and the prioritization process**

Based on the analysis above and a joint dialogue between HIV, TB, malaria and RSSH stakeholders: (1) Select the cross-cutting RSSH areas (mapped to modules) that will be included in each funding request[[3]](#footnote-4); (2) summarize why these RSSH areas have been prioritized between the disease programs and RSSH stakeholders; (3) explain the approach used to collaboratively discuss and prioritize these areas; and (4) summarize how these priorities are aligned with those articulated in the national health sector plan and other key national policies and strategies. The details of the interventions and activities, including a detailed rationale and expected outcomes, should be outlined in the funding request.

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| Describe the response here:  Module- Community Systems Strengthening  To combat the HIV pandemic in a comprehensive, coordinated, and socially acceptable manner, NACP recognizes that interventions must engage with all stakeholders. NACP-V strategic guidance, data analysis, lessons learned, and community consultation have all influenced the many components of our grant application. Community consultations (Minutes annexed with the proposal) show felt need from the community, towards working on CSS. Activities presented under this grant are based on these consultations.  NACP-V section 8.1, seeks to undertake bottom-up institutionalized community system strengthening. Lessons learnt have confirmed the need of a multi-sectoral strategy that incorporates communities, overcomes social and structural barriers to HIV prevention and care, and promotes the human rights and dignity of all HIV-positive people. The execution of the C19RM project, showed the need to develop communities as networks for effective program implementation and sustainability of community groups.  NACP acknowledges the contribution of communities in various aspects of the program. However it is critical to establish networks and community-based organisations (CBOs) in order to achieve sustained development and effect good change in local communities. PLHIVs networks operate in a more organized mechanism, compared to KP networks. Given the above apart from CSS and CLM initiatives, this proposal looks at capacitating community groups to build systems. Building their capacity will help them collectivize and strengthening community networks, which will in turn leverage-   * Leveraging their collective resources and expertise to create positive change for their communities. * Local networks have a better understanding of the local context, including cultural and social norms and group dynamics. This understanding will help effectively implement interventions and ensure tailored response to community needs and priorities. * The national program acknowledges CBOs as powerful advocates for change, helping to raise awareness of critical issues and mobilizing support for policy and programmatic changes at the local, national, and international levels. * Strengthening networks and CBOs can help ensure the sustainability of interventions by building local capacity and promoting ownership of development initiatives. This can help ensure that interventions are locally led and that they continue beyond the life of the project. |
| The tuberculosis (TB) component of the funding request from India aligns strongly with several important factors. Firstly, it fulfills the application focus requirements outlined in the allocation letter received by India for TB. Additionally, it takes into account the GF Country Portfolio Analysis and incorporates dialogue with the National Tuberculosis Elimination Program (NTEP), National AIDS Control Organization (NACO), and Ministry of Health (MOH) officials. Moreover, the recommendations from various evaluations conducted by the country program and the input gathered from key affected populations during stakeholder consultation sessions in 2022 and 2023 have been considered.  Furthermore, the funding request builds upon the valuable knowledge and achievements gained from successful interventions in the current TGF TB grant. It strategically positions the upcoming TGF investment for 2024-2027 to integrate TB within the broader health system. The process of prioritizing interventions for inclusion in the funding request involved a collaborative and inclusive approach. Key affected populations, public and private healthcare providers, civil society organizations, government leaders, and other interest groups were actively involved in the prioritization and allocation process to ensure their voices were heard.  As a guiding principle, the funding request focused on cost items that complement the current limitations in government funds and other donor investments. Priority was given to evidence-based key interventions that directly contribute to national targets for TB programs. Additionally, relevant interventions in the area of Resilient and Sustainable Systems for Health (RSSH) were selected to create an enabling environment and work towards the long-term sustainability and resilience of the health system.  The prioritization process involved several steps.   * In the first step, recommendations from various sources, such as portfolio analysis, the allocation letter, and program evaluations, were reviewed. * The second step involved country dialogues to identify disease-specific issues and the potential for cross-cutting interventions in the RSSH domain. * Modular discussions were then conducted in the third step to gain a deeper understanding of the problems and their relevance to disease programs. * The fourth step focused on synchronizing activities and budgets between disease programs and stakeholders, aiming to identify any overlapping or unnecessary duplications. Adjustments and confirmations of modules and interventions were made throughout these steps.   Finally, in the fifth step, the RSSH activities were prioritized to ensure alignment with the budget allocation. Modules, interventions, and activities in the RSSH cross-cutting area were reassessed and mapped to determine their potential facilitation through PAAR and the C19RM proposal |

**Section 3 – Funding gap analysis**

For the priorities identified in Section 2 (which should be further described in the funding request), fill in the funding gap analysis table below. Alternatively, applicants can include a funding gap analysis table using their own format. List assumptions and sources of data as relevant.

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| Module | Intervention | Funding gap analysis |
| CSS | Community Systems Strengthening for CLM and Advocacy | A. Total amount needed:  B. Total amount funded and by whom:  C. Gap (A-B):  D. Global Fund investment:  E. Remaining gap (C-D):  Assumptions:  Data sources:    The funding landscape table included with this grant request package gives information on funding gaps. As an integrated program, the India HIV program delivers a comprehensive service, including community support (described in section 2) via different interventions such as TI, LWS, OSC, CSC and SSK. Although the CSS activities indicated here are in addition to the present programs, establishing financial shortfalls for this activity would be difficult. |
| 1. Removing human rights and gender related barriers to TB services | Eliminating TB-related stigma and discrimination | A. Total amount needed: 1,317,409  B. Total amount funded and by whom: Domestic/External: 1,305,023  C. Gap (A-B): 12,385  D. Global Fund investment: US$ 12,385  E. Remaining gap (C-D):0  Assumptions: Activities planned through the program under NSP;  Data sources: NSP budget |
| 2. RSSH: Community systems strengthening | 1. Capacity building and leadership development  2. Community engagement, linkages and coordination under TB | A. Total amount needed: 25,056,010  B. Total amount funded and by whom: Domestic: US$ 13,050,238  C. Gap (A-B): 12,005,772  D. Global Fund investment: 12,005,772  E. Remaining gap (C-D): 0  Assumptions: Activities planned through the program under NSP  Data sources: NSP budget |

RSSH Gaps and Priorities Annex – Instructions and Illustrative Examples

This Annex should be filled in and included with the Funding Request submission when the applicant is requesting RSSH support in the funding request. As per the [Applicant Handbook](https://www.theglobalfund.org/media/4755/fundingmodel_applicanthandbook_guide_en.pdf), it is strongly recommended to include the entire RSSH request in one funding request (disease or standalone RSSH), rather than dividing it across the different disease funding requests.

This Annex provides information about an applicant’s RSSH priorities by disease (Section 1) and how these were further prioritized into a coherent RSSH funding request aligned with the national health sector plan (Section 2). Applicants are also asked to provide information about existing funding, funding gaps and how the funding request fills these gaps (Section 3).

A full description of the priorities listed in this annex should be included in the funding request (rationale, activities, alignment with critical approaches, etc.). Note that content provided in the funding request should not be duplicated in the RSSH priorities and gaps annex. Kindly refer to information provided in each of the documents as needed.

**Section 1 – Analysis of RSSH priorities, including those related to community systems strengthening, based on programmatic gaps**

Identify the top three priorities for RSSH (by module) for each disease program and explain how investing in these areas will help to address specific programmatic gaps and/or address priorities to ensure quality HIV, TB and malaria services while contributing to broader health system strengthening and pandemic preparedness. It is recommended to prioritize up to three areas as this is a prioritization process, however countries can list more than three areas if needed. RSSH investments should contribute to the essential public health functions, leveraging support to high-quality health services oriented to the populations’ evolving needs to achieve universal health coverage.[[4]](#footnote-5) The guiding questions in the [RSSH Information Note](https://www.theglobalfund.org/media/4759/core_resilientsustainablesystemsforhealth_infonote_en.pdf) should be used to facilitate the country dialogue.

One to two sentences can be included for each priority, plus an additional two to three sentences to describe how the priority area addresses challenges within the disease program. This information should supplement the information provided in the funding request, which provides the context of the health sector and a clear rationale for the request. Supporting documentation (e.g., national strategies, evaluations, etc.) should also be included as appropriate.

The table below provides illustrative examples:

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| Disease component | Top three RSSH priorities (by module), including those related to community systems | Link with specific programmatic challenges and/or priorities to ensure programmatic quality |
| HIV | 1. Laboratory systems strengthening  2. Health products management forecasting, and supply planning (quantification)  3. Community system strengthening | 1. Persistent challenges in sample transport and results return systems for early infant diagnosis (EID)  2. Challenges with a) sufficient stocks available for differentiated service delivery of ARVs for patients who are doing well on treatment and b) inadequate quantities of condoms and lubricants in prevention programs.  3. Challenge with capacity of community-based organizations (CBOs) to provide integrated services for HIV and TB and referral to higher level services. |
| TB | 1. HRH and quality of care  2. Community systems strengthening  3. Laboratory systems strengthening | 1. Challenge with implementation and quality of care for TB cases due to HRH shortages and maldistribution of the health workforce, including CHWs.  2. Challenge of TB case finding at the community level due to poor capacity of TB CBOs and lack of integration into the PHC system.  3. Challenge with TB diagnostics including integrated sample transportation. |
| Malaria | 1. Human resources for health and quality of care  2. Health products management / warehouse and distribution systems  3. Monitoring and evaluation systems | 1. Challenge with quantity, distribution and quality of care provided by health workers, including community health workers, for case management at PHC level and in the community.  2. Challenges with a) supply chain management, products’ quality monitoring and resistance monitoring (applicable to ITNs, RDTs & ACTs) and b) last mile kitting and distribution of ACTs and RDTs for CHWs.  3. Need to improve and evolve malaria surveillance and data collection tools and processes to enable continuous quality improvement (CQI) and accurate surveillance. |

**Section 2 – Cross-cutting RSSH priorities and the prioritization process**

Based on the analysis above, disease and RSSH stakeholders should meet jointly to prioritize the cross-cutting RSSH areas they want to include in each funding request. The results of this meeting should be described in this section, as follows.

First, briefly summarize which RSSH areas have been prioritized across the diseases for inclusion in the funding request(s). In general, applicants should prioritize only a few areas, and ensure they are well designed and adequately funded. Make sure to map the areas to the relevant RSSH modules as its important to correctly classify the areas into the correct modules and interventions. The interventions, activities, and alignment with the relevant critical approaches for lab, human resource and health product management systems, should be fully explained in the funding request.

Second, explain why these areas have been prioritized and how they support the disease programs. This may include potential synergies between the various areas (e.g., how human resources for health and monitoring and evaluation systems may be complementary). Applicants should also consider how integrated service delivery, enhanced private sector engagement and digital health systems can strengthen the disease programs and primary health care.

Third, explain the process undertaken to prioritize these areas. For example, one or more meetings were held, and stakeholders included relevant HIV, TB, malaria and RSSH colleagues. Minutes can be attached as needed.

Finally, explain how these priorities are aligned with those articulated in the national health sector plan and other national policies and strategies, including community systems, human resources for health, quality of care, health products management, health financing, laboratory and/or private sector policies.

Below is an illustrative example:

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| Based on the above analysis and three subsequent discussions hosted by the CCM between the disease programs and RSSH stakeholders, the CCM decided to focus this funding request on the following areas: human resources for health (including community health workers), community systems strengthening, laboratory systems, and health product management systems. Stakeholders included directors of the relevant parts of the Ministry of Health, including the National Laboratory Director, HRH Director, HMIS Director, Quality of Care Director, plus others such as private sector, professional bodies, CHWs representatives.  Discussions considered Global Fund’s comparative advantage and future coordination with other development partners on this work. Human resources for health (HRH) and quality of care for community health workers was selected as partner x supported the definition of service delivery models and the development of care protocols, and this could be further leveraged by identifying key HRH competence gaps at facility and community level. Funding will strengthen HRH planning and quality improvement processes linked to integrated supportive supervision to improve quality of care for all three diseases.  Labs, community systems strengthening, and health product management systems were also selected as they all hinder the three disease programs and need to be addressed. Labs will focus on xyz, community systems strengthening will focus on abc and health product management will focus on xyz, with the aim to improve abc and strengthen the disease programs.  The request ties to the main priorities outlined in pages x-x of the national health strategic plan, and links to priorities outlined on pages x-x of the national lab directorates strategic plan, pages x-x of the national HRH plan, and pages x-x of the national supply chain plan (all attached). |

**Section 3 – Funding gap analysis**

Complete the funding landscape table below for the relevant RSSH modules that are the main cost drivers in the funding request. Alternatively, applicants can include a funding gap analysis table using their own format if one already exists (for example using the costing tables in costed national strategies).

The purpose is to analyze the funding landscape and funding gaps for the key modules (and interventions if the data is available) and demonstrate how Global Fund investments will help address the funding gap.

As part of the funding request, these tables should align with and complement the following information:

* If applicable, ensure consistency with data provided in the RSSH annex with the data included in the detailed gap tables of the Funding Landscape Template and/or RSSH co-financing commitments included in the Funding Landscape Template, the Funding Request, and/or the commitment letter.
* The funding gap analysis should include Global Fund allocation and C19RM funding as relevant.
* The analysis from the Community Health Worker (CHW) Programmatic Gap Tables should inform the costing of the funding gap for CHWs in the RSSH Annex.
* Assumptions and data sources should be included.

The table below provides illustrative examples:

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| Module | Intervention | Funding gap analysis |
| Laboratory systems |  | A. Total amount needed: 30 million (based on lab assessment)  B. Total amount funded & by whom: US$15 million funded by EU, 2 million from C19 funding, plus US$3 million of domestic financing.  C. Gap (A-B): US$10 million  D. GF investment: US$3 million  E. Remaining gap (C-D): US$7 million  Assumptions: EU funding will cover 2 years, and government commitments will cover three.  Data sources: EU, Ministry of Finance, Lab systems operational plan. |
| Health product management systems | Sustainable health care waste management system | A. Total amount needed: US$30 million (based on National Strategic Plan for Healthcare Waste Management)  B. Total amount funded & by whom: US$10 million (infrastructure) funded by World Bank, US$5 million (infrastructure) by JICA, plus US$5 million by domestic financing, including public-private partnership for extended producer responsivity.  C. Gap (A-B): US$10 million  D. GF investment: US$3 million (TA)  E. Remaining gap (C-D): US$7 million  Assumptions: JICA funding covers 2 years, WB funding covers 3 years  Data sources: JICA, WB, government budgets, National Strategic Plan for Healthcare Waste Management |
| Human resources for health | Community health workers: integrated supportive supervision | A. Total amount needed: US$4 million (8000 CHWs based on CHW Programmatic Gap Analysis Tables)  B. Total amount funded & by whom: US$1 million funded by UK FCDO (500k), plus C19 funding wave 1 (500K) (2000CHWs based on CHW Programmatic Gap Analysis Tables))  C. Gap (A-B): US$3 million  D. GF investment: US$2 million (4000 CHWs based on CHW Programmatic Gap Analysis Tables)  E. Remaining gap (C-D): US$1 million  Assumptions: Analysis based on CHW gap analysis tables, which estimate that a total of 8000 CHWs need integrated supervision @ 500USD/CHW. FCDO commitment covers first year. Only half of these will be covered by GF investments.  Data sources: CHW Programmatic Gap Analysis Tables, FCDO, Community health worker strategy and operational plan |

1. It is recommended to identify three areas each, as this is a prioritization process. However countries can list more than three areas if needed. [↑](#footnote-ref-2)
2. The RSSH modules are: (1) Community Systems Strengthening; (2) Health Products Management Systems; (3) Monitoring and Evaluation Systems (4) Health sector planning and governance for integrated people-centered services, including private sector engagement; (5) Health financing systems; (6) Human resources for health and quality of care; (7) Laboratory Systems; (8) Medical Oxygen and respiratory care system. For more information refer to the [Global Fund’s Modular Framework Handbook](https://www.theglobalfund.org/media/4309/fundingmodel_modularframework_handbook_en.pdf). [↑](#footnote-ref-3)
3. In general, it is recommended to prioritize only a few areas and ensure they are well designed and adequately funded. Ensure to map the areas to the relevant modules, as its important to correctly classify the areas into the correct modules and interventions. [↑](#footnote-ref-4)
4. Essential public health functions, health systems and health security: developing conceptual clarity and a WHO roadmap for action. Geneva: World Health Organization; 2018. License: CC BY-NC-SA 3.0 IGO. And [UHC Compendium: Health interventions for universal health coverage](https://www.who.int/universal-health-coverage/compendium) [↑](#footnote-ref-5)