



Maximizing the Impact of Global Fund Investments by Improving the Health of Women and Children

Second report to the independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health

Submitted May 2015

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ACRONYMS AND ABBREVIATIONS

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
BCC	behavior change communication
CHW	community health worker
COIA	Commission on Information and Accountability
CRVS	civil registration and vital statistics
GBV	gender-based violence
GFF	Global Financing Facility
HEW	health extension worker
HIV	human immunodeficiency virus
HMIS	health management information system(s)
HRH	human resources for health
HSS	health systems strengthening
HTM	HIV, tuberculosis and malaria
iCCM	integrated community case management
iERG	independent Expert Review Group
IPTp	intermittent preventive treatment of malaria – in pregnancy
ITN	insecticide-treated net
LLIN	long-lasting insecticidal net
M&E	monitoring and evaluation
MDG	Millennium Development Goal
MiP	malaria in pregnancy
MNCH	maternal, newborn and child health
NFM	New Funding Mechanism
ODA	official development assistance
ORS	oral rehydration salts
PBF	performance-based financing
PMTCT	prevention of mother-to-child transmission of HIV
PSM	procurement and supply chain management
RBF	results-based financing
RMNCAH	reproductive, maternal, newborn, child and adolescent health
SRH	sexual and reproductive health

STI	sexually transmitted infection
TB	Tuberculosis
TERG	Technical Evaluation Reference Group
UNFPA	United Nations Population Fund
UNICEF	United Nations Children’s Fund
WHO	World Health Organization

EXECUTIVE SUMMARY

The continued contribution of the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) to the United Nations *Global Strategy for Women's and Children's Health* (Global Strategy) is representative of the sustained momentum for accelerated progress aimed at achieving Millennium Development Goals 4 (reducing child mortality) and 5 (improving maternal health). The *Global Strategy* is a step toward better health for women and children, and international and national partners are working rapidly to translate it into concrete action and measurable results immediately, as well as looking toward the post-2015 development era. The updated *Global Strategy for Women's, Children's, and Adolescents' Health*, to be launched in September 2015, is a roadmap for ending all preventable deaths of women, children, and adolescents by 2030 and improving their overall health and well-being, and builds upon the 2010-2015 *Global Strategy*.

The Global Fund is pleased to submit this document to the independent Expert Review Group (iERG) for inclusion in its final report. *Part 1: Investing in Women and Children through the New Funding Model* examines the investments the Global Fund has made in reproductive, maternal, newborn, child and adolescent health (RMNCAH) through the new funding model (NFM) launched in 2013. It outlines how disease-specific investments in HIV, TB and malaria have impacted the health of women and children, as well as how investments in health system strengthening (HSS) are working to build resilient health systems for all. It also summarizes recommendations for more gender-responsive programming under the NFM. *Part 2: Innovative Partnerships* highlights progress to date since initiating several innovative partnerships for country-level co-financing under the NFM, providing several country examples of what has been successful thus far.

The document concludes by briefly outlining how the Global Fund will ensure continued investments in women and children as it begins to develop its new strategy and highlights how the strategy fits into the larger global landscape for RMNCAH investments. As part of the ongoing consultation process, the Global Fund's contribution to RMNCAH is one of the components being considered, as well as gender equality by addressing gender-related barriers to accessing health services by women and girls. For the Global Fund, both disease-specific and HSS investments that improve the health of women and children will continue to play an important role in the overall global health agenda, including achievement of universal health coverage, which is central element in global and national health discussions. The Global Fund strongly supports the post-2015 agenda for development and the Sustainable Development Goals (SDGs), with their overarching principles of sustainability and equity, particularly for women and children.

INTRODUCTION

The three health-related Millennium Developed Goals (MDGs) – reducing child mortality (MDG 4), improving maternal health (MDG 5) and combating HIV/AIDS, malaria and other diseases (MDG 6) – are strongly interconnected. The Global Fund remains committed to the vision of the United Nations *Global Strategy for Women's and Children's Health* (Global Strategy) and has continued playing an important role in making a meaningful contribution toward improving reproductive, maternal, newborn, child and adolescent health (RMNCAH) [1].

Accountability remains critical to the objectives of the *Global Strategy*. The Commission on Information and Accountability for Women's and Children's Health (CoIA) has created a framework that links accountability for resources to the results, outcomes and impacts they produce, as well as an independent Expert Review Group (iERG) which provides global oversight and reporting on the progress and results. This is the last year of the iERG's mandate, and the final report will provide an overview of RMNCAH progress globally and in the 75 priority countries since 2011. The iERG has specifically asked the Global Fund to submit evidence, including case studies, on the progress achieved in implementation of health programs supported by the Global Fund that cover a range of interventions for women and children across the continuum of care for RMNCH worldwide and, in the Countdown priority countries¹ in particular.

This is the Global Fund's second submission to the iERG. It summarizes how the Global Fund has supported and continues to contribute to the improvement of maternal and child health through its investments of a wide range of HIV, tuberculosis (TB), malaria and health systems strengthening (HSS) interventions across the continuum of care. It also highlights progress to date since initiating several innovative partnerships for country-level co-financing under the NFM. The Global Fund has identified opportunities to leverage existing flexibilities and to increase synergies between disease-specific financing, building resilient health systems, RMNCAH services and gender-responsive programming in its current strategy and funding model. The Global Fund will also ensure continued investments in women and children as it begins to develop its new strategy. There is growing global commitment to improving the health of women and children, and this document highlights how the new strategy will fit into the larger landscape for RMNCAH investments.

¹ Countdown to 2015 is a collaboration among individuals and institutions established in 2005 that aims to stimulate country action to improve maternal, newborn, and child health, by tracking coverage for interventions needed to attain MDGs 4 and 5. The Countdown's list of priority countries was expanded to 75 countries (including the recently-established nation of South Sudan), including the 49 low-income countries that are covered by the Global Strategy.

PART 1: INVESTING IN WOMEN AND CHILDREN THROUGH THE NEW FUNDING MODEL

1.1 Global Fund Commitment to Improving RMNCAH

The Global Fund remains committed to changing this landscape and contributes to the improvement of reproductive, maternal, newborn, child and adolescent health (RMNCAH) through its support of a wide range of HIV, TB, malaria and HSS interventions across the continuum of care. Strategic Action 1.4 of the *Global Fund Strategy 2012–2016: Investing for Impact*² specifically seeks to maximize the impact of investments on improving the health of mothers and children and the *Gender Equality Strategy: Action Plan 2014–2016*³ concurrently focuses on achieving strategic, high-impact and gender-responsive investments that will save lives, prevent new infections and help care for women and girls infected and affected by HIV, TB and malaria.

While the Global Fund has supported integrated interventions from the outset, the recent adoption of these strategies offers the potential to reconsider how Global Fund grants impact the health outcomes of women and children. The New Funding Model (NFM), in particular, represents a key opportunity to maximize synergies of Global Fund investments. It is designed to make the Global Fund strategy of “investing for impact” come to life and build linkages with RMNCAH more firmly into access to funding processes and grant management. Global Fund flexibility has enabled very ambitious integration strategies to date and the NFM further enables the Global Fund to proactively pursue opportunities for leveraging synergies among its disease-specific and HSS funding and broader RMNCAH needs.

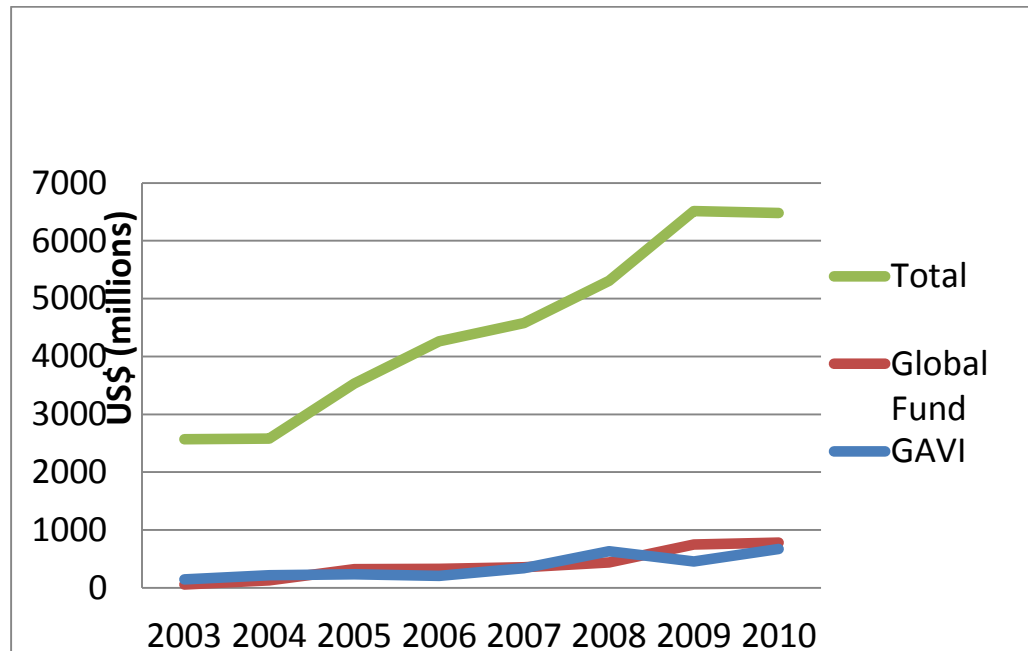
1.2 Investments in RMNCAH under the NFM

To reiterate the historic contribution of the Global Fund to women and children, as presented in the Global Fund’s first report to the iERG, it is estimated that between 2003 and 2010, the Global Fund contributed US\$ 3.12 billion to maternal, newborn and child health (MNCH) overall. In 2010, the Global Fund’s contribution as a share of the total official development assistance (ODA) to MNCH for the 74 Countdown Priority countries was estimated at approximately 12 percent (see Figure 1.1)[2-3].

² Full information on the strategy is available online from: <http://www.theglobalfund.org/en/about/strategy/>

³ Full information on the strategy is available online from: http://www.theglobalfund.org/documents/publications/other/Publication_GenderEqualityStrategy_ActionPlan_en/

Figure 1.1: Official development assistance to MNCH for the 74 Countdown priority countries, 2003–2010



Source: Graph based on data from Hsu et al., 2012 [3]

Following its replenishment in 2013, the Global Fund has continued to support interventions that directly and indirectly benefit the health of women and children.⁴ The Global Fund recently analyzed its investments in RMNCAH by examining the several of the key disease-specific modules/interventions including: prevention of mother to child transmission of HIV (PMTCT), prevention programs for adolescents and youth, orphans and vulnerable children (OVC) package, “RMNCH linkages” and GBV, collaborative interventions with other sectors and programs, integrated community case management (iCCM), intermittent preventive therapy in pregnancy (IPTp) and the continuous distribution of long-lasting insecticide nets (LLINs) through ANC. These initial eight modules/interventions were selected because of their ability to be easily tracked and quantified, as well as their direct contribution toward building integrated service delivery platforms for improving health outcomes for women and children.

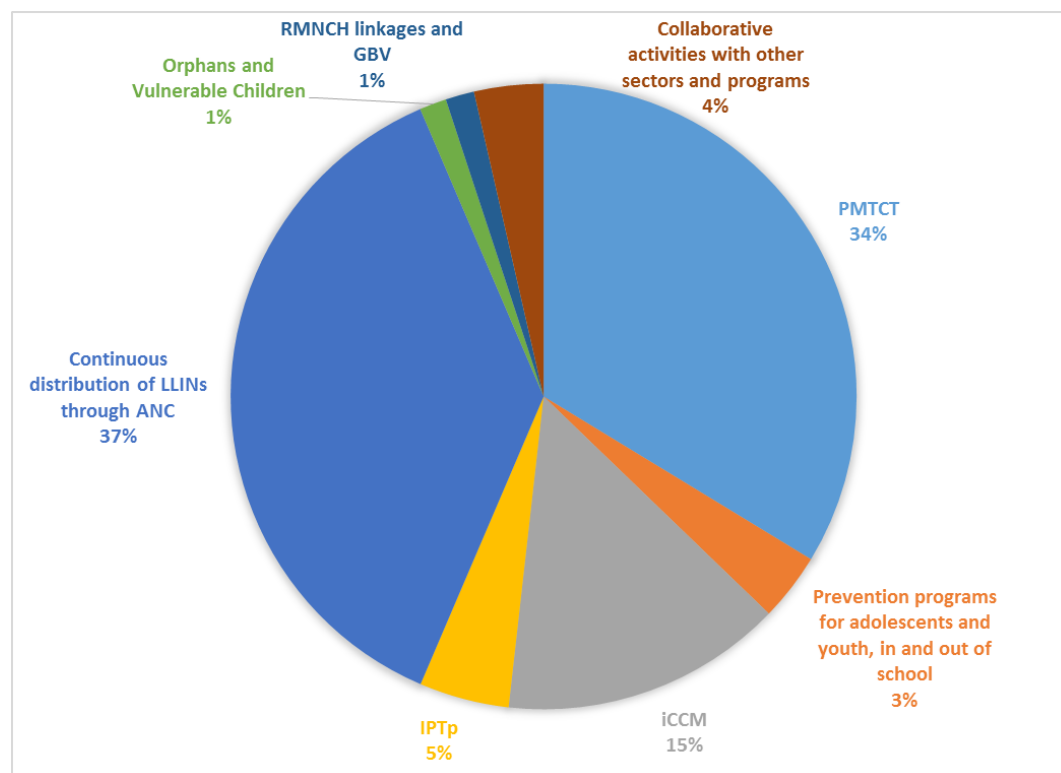
Under the NFM, the request for these RMNCAH modules/interventions in Windows 1-4⁵ represents 8.6 percent of the total allocation request, amounting to USD \$435,482,841. Figure 1.2 below is a breakdown of the requests. While the results are significant, it is important to highlight that this analysis is not exhaustive. The eight modules/interventions selected represent only a portion of the Global Fund’s investments in RMNCAH. There are

⁴ Disbursement data on cumulative signed funding by disease, including health systems strengthening, for the period 2002–2013, can be accessed at <http://www.theglobalfund.org/en/about/fundingspending/>.

⁵ Window 1 -4 includes submissions in May, June, August and October 2014, respectively.

many other interventions supported by the Global Fund (e.g., ARVs, case management of malaria, LLINs distribution through mass campaigns, etc.) which also target women and children.

Figure 1.2: Funding Requests for RMNCAH in the NFM



Under the NFM, countries have been encouraged to proactively identify opportunities to link high-impact RMNCAH interventions with HIV, TB and malaria programs. A recent review of the Global Fund's investments during this period demonstrates that over 90 percent of the funding requests for RMNCAH interventions have come from Band 1⁶ countries where women, children and adolescent girls are among the most vulnerable.

The continuous distribution of LLINs through ANC represents a significant percentage of funding requests for RMNCAH interventions under the NFM. In **Indonesia**, for example, the Global Fund is supporting the distribution of approximately 1.4million LLINs through the ANC channel, aiming to provide 100 coverage for pregnant women and children. This complements the domestic contribution of approximately 1.8m LLINs, thereby reaching almost 3.2million population (1:1 ratio for distribution). To complement ANC distribution, through large scale mass LLINs campaigns, the national program also aims to increase the use of LLINs among general population, pregnant women and children in high prevalence

⁶ The country bands are four groupings of countries based on two features: whether their gross national income (GNI) is above or below US\$2,000 per capita; and whether the composite measure of their disease burden is above or below a Board-designated level. Band 1 countries have below US\$2,000 GNI and an above disease burden threshold.

areas of eastern Indonesia where the malaria program is still in the control stage and where 70% of malaria cases occur. Similarly, in **Nigeria**, concerted efforts are being invested to scale-up continuous delivery of LLINs through antenatal care clinics, the Expanded Program on Immunization (EPI), in schools and community distribution under both public and private sector to increase LLIN coverage among at pregnant women and children under five. The Global Fund is supporting the distribution of about 15 million LLINs during 2015 - 16. Scale-up and continuous distribution strengthening activities include coordination, planning, training, logistics, communication and supervision.

The Global Fund is also working in the area of infant and children health with a clear focus on eliminating mother to child transmission of HIV and supports programs on orphaned and vulnerable children to help them break the cycle of HIV infections and AIDS-related deaths under the NFM. The majority of countries in high HIV burden countries have sought Global Fund support for operationalizing Option B+ within the NFM, which contributes to the improved health of women living with HIV beyond the period of pregnancy. Challenges remain however, to ensure the continuum of HIV care from ANC Option B+ to life-long ART services. Global Fund's work with girls and young women serves as an important element in the continuum of care from these early years of life to adulthood. It encourages efforts to integrate health programs that affect young women and girls, and to support efforts to prevent and respond to gender-based violence (GBV).

The Global Fund is also accelerating its focus on programs that strive to mitigate adolescents' risks of acquiring HIV and staying on treatment. This is especially critical given the recent data that adolescents were the only age group where deaths from HIV increased, while there was a 30 percent decrease in HIV related deaths in other population groups. More importantly, the Global Fund is engaging its partners in developing a solid strategy that will go beyond preventing and treating adolescents to also providing the most vulnerable among them with strong fundamentals to enable them stay free from disease.

Keeping adolescent girls and young women HIV-free and in school, not only impacts the HIV epidemic but has the potential to create a critical mass of healthy, educated and financially more independent women who get married later, have children later – if they decide to have them - and gauge the size of the family they can support. Only, then, will they have a chance at equal opportunity.

In **Zambia**, the National Strategy identifies children, adolescents (10-14) and young people (15-24) as key population. The Global Fund will contribute to the implementation of critical interventions targeted to this age group through its non-government organization grant recipient, Churches Health Association of Zambia (CHAZ), to refocus to ensure complementarity with the ongoing approaches and interventions for the group and impact. Some of the proposed activities include support implementation of the SMS mobile technology platform to inform and educate youth on HIV, safe sexual behavior, and where to find high-impact clinical services and information on TB screening, symptoms and treatment. Likewise, in **Swaziland**, the Global Fund is also engaged in country dialogue with the government as well as other technical partners to strengthen the opportunities to prioritize interventions addressing both in and out of school adolescent. This aligns and

responds and responds to Swaziland's clearly articulated strategic response to an HIV epidemic which disproportionately affects young people, particularly adolescent girls and young women, where HIV prevalence among girls aged 15-19 is over 5 times greater than boys of the same age. The Country's Extended National Strategic Framework (eNSF) clearly outlines the need for a combination of information, behavioral interventions and access to services are required for both in and out of school adolescents. In country partners, notably the Ministries of Health and Education and Civil Society, have identified a number of priority Tinkhundla (geographic areas) where additional support and resources will be provided to schools and teachers to facilitate comprehensive life skills training for students. To address the needs of out of school young people, a combination of a similar training curriculum and facilitated referrals to HIV and SRH services accessible at local facilities. The National AIDS Council (NERCHA) continues to play a critical role in convening both strategic investment and partner initiatives from technical and bilateral partners – (UNFPA, UNESCO, UNAIDS, UNICEF, EU, World Bank, PEPFAR). Through the HIV/TB grant which is currently being discussed, the Global Fund is exploring opportunities to strengthen this role so knowledge gathered from pilot and demonstration projects can continue to inform investments for adolescents now in grant making, in reprogramming and into the next cycle.

Of note, an increasing number of countries have also started requesting the Global Fund to support RMNCAH related needs of female key populations, including women who inject drugs, female sex workers and female prisoners. Under the NFM, SRHR services are integrated into comprehensive packages of services to those female key populations, serving needs of the most at risk and the most marginalized.

1.3 Building Resilient Health Systems to Improve the Health of Women and Children

In addition to disease-specific investments through the NFM, HSS investments have also been used to support integrated service delivery to improve the health of women and children. Support for building resilient health systems is strongly emphasized in the current Global Fund Strategy (2012-2016), which states that the Global Fund will “maximize the impact of Global Fund investments on strengthening health systems.” An effective health system is necessary to realize the Global Fund's core mandate,⁷ and the synergistic relationship between disease-control program funding and funding for cross-cutting aspects of health systems is a cornerstone of the Global Fund's effectiveness at the country level.

The Global Fund's investments in health systems strive to achieve the following objectives, which have both a direct and indirect impact on the health of women and children: (i) strengthening the performance of priority health system components; (ii) fostering

⁷ As emphasized in the Framework Document of the Global Fund to Fight AIDS, Tuberculosis and Malaria. See also GF/B15/DP6: Global Fund Strategic Approach to Health Systems Strengthening, and GF/B16/DP10: Strategic Approach to Health Systems Strengthening.

synergies among the three disease programs, as well as between them and other health programs, primarily RMNCAH; (iii) building the capacity of health systems to scale up integrated service delivery platforms; (iv) supporting community and civil society actors, including community health workers, and the private sector; and (v) working towards addressing gender inequalities and human rights issues through relevant legal, policy and regulatory frameworks.

The Global Fund has observed a near tripling of the number of countries (35% to 90%) applying for cross-cutting support for building resilient health systems, suggesting that there is a growing need for, and attention toward, this type of investment. Overall, it is estimated that over one-third of the cost expenditures in the Global Fund portfolio contribute to countries' health systems. This support reflects non-commodity and non-administrative costs associated with HIV, TB and/or malaria investments. While many interventions are funded under disease-specific grants, the effects are often leveraged for greater and broader health systems impact, improving the health of women and children.

Within its HSS framework, the Global Fund prioritizes five specific health system components to address the common risks that affect successful delivery of HIV, TB and malaria programs: procurement and supply chain management, health management information systems, human resources for health, service delivery and financial management. The Global Fund's investments in these priority areas yield substantial benefits to country health systems, including effective delivery of health services is the foundation of a health system and is an important determinant in improving the overall health status of the population. Investments in building resilient health systems also bring the potential to leverage synergies that exist between different health and community services, thus maximizing impact, quality and efficiency of service delivery, at health facilities and directly in communities. Collectively the following examples demonstrate how the Global Fund has encouraged using HSS support for improving the health of women and children.

1.3.1 Investing in Human Resources for Health

There are many examples of how countries have leveraged Global Fund support under the NFM for building resilient health systems to improve service delivery and outcomes from RMNCAH. For example, in **Afghanistan**, the Global Fund supports health and community workforce development through building capacity of female community health nurses. The workforce will be deployed to scale up provision of basic package of health services, including HIV, TB, malaria and maternal and child health services for women and girls who otherwise cannot access health services without escorts of male family members. These investments in service delivery and human resources are complemented with strengthening the health information system, with the expected target to have over 90 percent of service facilities submitting high quality-monthly activity reports within one month of completion of the reporting quarter. The Global Fund's HSS investments in Afghanistan bring potential to increase vulnerable population's access to services, improve quality of care and optimize data availability. These investments are targeting HIV, TB and

malaria programs, but they also have spill-over effects on broader range of RMNCAH health outcomes, helping contribute to higher efficiency and value for money. Similarly, in **Zimbabwe**, the Global Fund is financing an emergency health worker retention scheme that was put into place to try and reverse the enormous out-migration of health staff from the country due to economic collapse in 2008-2009. Between 2009 and 2014, the Global Fund supported nearly 20,000 critical health workers, which was highly successful in motivating staff to return to work, decreasing vacancy rates, improving retention rates of nurses and doctors, and overall, greatly improving coverage of health services for women and children.⁸

The Global Fund has also made a considerable investment in human resources for health in **Ethiopia** to improve the coverage of health services through the provision of integrated training⁹ for 32,000 health extension workers. As summarized below in Box 1, this program has resulted in significant improvements in ANC coverage and RMNCAH services, contributing to an increase to 57% of at least one ANC visit, while also resulting in a 70% reduction in malaria incidence and an increase of over 30% of case notifications of smear positive TB.

Box 1: Impact of HSS investments on women and children in Ethiopia

⁸ UNDP HRRS Verification exercise report Dec 2009 and Administrative data from the HR Board March 2011

⁹ This cadre supports a basic package of 17 interventions, including malaria, TB, HIV, RMNCAH, rural water and sanitation and nutritional education. Global Fund support focused on pre-service training, integrated refresher training every two years and career development training.

Since 2002, **Ethiopia** has been an implementing partner of the Global Fund. The Global Fund has supported the various components of the Health Extension Program (HEP) through its round-based grants over the years, including pre-service training of the health extension workers and integrated refresher training on the five standard modules (i.e., iCCM, C-MNCH, EPI, TB-HIV and First Aid) to maintain and upgrade the skills of the health workers. The Global Fund grants have accounted for fifty percent of the integrated refresher training costs in recent years.

The benefits of this program are myriad and have been well-documented. To date, almost 32,000 HEWs have been trained. There is 1 health post for every 5,000 population and 2 HEW deployed per health post. This cadre has been highly accredited for effectively supporting a variety of health extension services, including malaria and RMNCAH. Through its HSS investments, the Global Fund has been a key contributor, creating growing momentum for the improvement in ANC coverage and RMNCAH services overall.

Ethiopia has achieved MDG4 and is making progress on MDG5. There has been a 50-75% reduction in malaria incidence between 2000-2015 (WHO Global Malaria report), increase in ANC with at least one ANC visit of 57% (mini-DHS 2014), and increase in immunization coverage as well as improvement in family planning services. Current use of contraceptives has increased to 42% in 2014, compared to 29% in 2011 (mini-DHS 2014). Analysis of Global Fund data has also shown that for TB, the involvement of HEWs in sputum collection and treatment improved smear-positive case detection and treatment success rate, possibly because of an improved service access. The current HIV-TB NFM grant, though additional incentive funding, aims to scale up TB reach pilot to 500 zones, following evidence that this approach works community settings.

Under the NFM, the Global Fund will continue its investments in HEP (approximately USD\$10 million over the next 2.5 years), support universal scale-up of iCCM across all health posts, strengthen community health information systems and improve last mile distribution.

1.3.2 Strengthening Laboratory Capacity

In addition to investing in human resources for health, improving and strengthen laboratory capacity and quality assurance is also a critical component in the effective delivery of health services of women and children. In **Indonesia**, for example, the Global Fund, with other key partners, supports strengthening of the national laboratory. Testing medicines at the national laboratory, instead of sending samples abroad, has meant that additional funds can now be used to help build capacity both at the laboratory and within the disease programs, ensuring a more robust quality assurance system that is locally implemented and monitored. In the end this translates into better quality medicines for the women and children of Indonesia, as well as a more robust quality assurance system that is locally implemented and overseen. Through the NFM, the Global Fund continues to support

this effort, with significant reprogramming of fund towards procurement of laboratory equipment for further strengthening. In addition, newly proposed HSS activities are currently under discussion and are also anticipated to include supply chain strengthening.

1.3.3. Building Country Data Systems

The Global Fund supports tracking progress in women's and children's health and survival which offers a critical entry point upon which to build an enabling environment for strengthen civil registration and vital statistics (CRVS). The Global Fund has been an early supporter of national efforts to build data systems that directly and indirectly improve RMNCAH programming. Strengthened country data systems are crucial to making robust plans and measuring and evaluating impact. In March 2014, the Global Fund Board approved an additional USD\$17million for the Special Initiative on Country Data Systems to strengthen key data systems needed for results reporting and impact assessments to inform program implementation and also to support the midterm review of the Global Fund Strategy 2012-2016, during which CRVS and mortality analysis was identified as one of the key areas for additional focus.

The Global Fund, in collaboration with WHO, KNCV, the Bill and Melinda Gates Foundation and other key partners, is now investing in CRVS in countries, with special emphasis on developing platforms for country mortality and causes of death reporting. Through the special initiatives on country data systems, seventeen (17) high-impact and priority countries are being supported to carry out mapping of mortality data sources and analysis of mortality and causes of death data from health facilities, community vital registers, sample registration system, surveys and surveillance sources. Support for mortality analysis is a new but very active area of work for the Global Fund since last year. Currently, ten (10) countries (Tanzania, Nigeria, Ethiopia, Zambia, Zimbabwe, Kenya, Sudan, Bangladesh, Indonesia and Vietnam) are developing their national plans for mapping and analysis of mortality data from various sources. Six (6) additional countries are in the process of drafting concept papers for funding to undertake similar analyses. The Global Fund, together with partners, has developed a guidance note and a generic protocol for mortality analysis and is facilitating technical cooperation with WHO and other partners to support both protocol development and execution of the work for mortality analysis as well as longer term mortality data system development.

1.4 Gender-Responsive Programming

In addition to introducing the NFM, which has enabled more gender-responsive programming, the Global Fund also launched its *Gender Equality Strategy: Action Plan 2014–2016* in March 2014. This *Action Plan* focuses on achieving strategic, high-impact and gender-responsive investments that will save lives, prevent new infections and help care for women and girls infected and affected by HIV, TB and malaria. It is aimed at creating and sustaining partnerships to support gender-responsive grants, at the global, regional and country levels, in addition to strengthening gender-related technical capacity of the

Global Fund and improved communications. Gender-responsive programming, incorporated into the disease-specific and HSS programs, will contribute to the improved health of women and children even beyond RMNCAH linkages.

The Community, Rights and Gender Department of the Global Fund recently undertook a review of 20 concept notes submitted in Windows 1-3 of the NFM in order to understand how future grants are likely to advance gender-responsive programming, as set forth in the *Global Fund Gender Equality Strategy*. The review was designed to measure how well concept notes had integrated gender analyses¹⁰ and gender-responsive programming that is appropriate based on epidemiological and country context.

The concept notes reviewed were from 18 countries, and they included four HIV components, five TB, six TB/HIV, four malaria and one HSS. The findings demonstrate that nearly all HIV and TB/HIV concept notes included a gender analysis of the epidemics and national responses, which is an encouraging finding. However, the analysis also suggests that even with a solid gender analysis, countries often have difficulty choosing the priority issues to target and designing appropriate interventions to address them. This is especially true for addressing young girls' vulnerabilities to HIV as well as issues of gender-based violence. Similarly, while many HIV or TB/HIV concept notes included programs targeting particular groups of women and girls, such as pregnant women or female sex workers, there are limited examples where the design of programs responds adequately to the analysis or addresses the diverse and complex needs of women and girls.

This review has been very value to the Global Fund and has given rise to several recommendations to successfully integrate gender considerations into concept notes, while keeping NFM principles of investing for impact. The recommendations are summarized below in Box 2.

Box 2: Recommendations to further integrate gender considers in NFM

- Analysis of disease context with sex- and age-disaggregated data is essential for better prioritization of interventions.
- Good gender analysis should be translated into evidence-based, effective interventions within the allocation budget. This could be, for example, delivering HIV services through family planning community health workers, with whom women in rural area have established relationships and trust.
- Appropriate technical assistance with respect to gender-responsive programming across all diseases should be a priority – both for concept note development and for grant implementation. Applicants should seek technical assistance from gender partners and/or organizations supporting technical assistance for gender analysis and identifying right interventions.
- Most Country Coordinating Mechanisms (CCMs) should do more to bring representatives of diverse women's groups as well as gender experts into the Global Fund processes in a meaningful way.
- Efforts should be made by CCMs and other country-level actors to identify effective HIV programming for adolescent girls and young women, as well as addressing gender-based violence with an adequate budget within the allocation amount.

With these recommendations, the Global Fund will continue to encourage countries to work with technical partners and civil society experts to make their concept notes more gender responsive to achieve gender equality through the Global Fund grants, as envisaged in the Gender Equality Strategy.

PART 2: INNOVATIVE PARTNERSHIPS

Harmonizing and aligning health investments has been an ongoing challenge for the Global Fund and its partners. Countries supported by the Global Fund share similar constraints, including insufficient and unpredictable financial resources, weak health systems and shortages of human and other resources. As a result, in order to fully maximize its impact on the health of women and children, the Global Fund recognizes that it is critical for its investments to be closely aligned with other resources, above and beyond the country allocation.

Under the NFM, the Global Fund has actively sought new opportunities for country-level co-financing with partner organizations in settings where there are existing Global Fund-supported HIV, TB or malaria programs. The Global Fund is working with partners to make use of complementary resources to support integrated service delivery for RMNCAH and formalized three exciting new partnerships with Memoranda of Understanding (MoU) in the last two years with the World Bank, UNICEF and UNFPA, in addition to ongoing collaborate work with other key stakeholders, including civil society. The Global Fund has also played an active role in the business planning process and oversight of the Global Financing Facility.

2.1 Expanding Access through Results-Based Financing: Global Fund & World Bank

In late 2013, the Global Fund and the World Bank announced a new partnership to support select countries to expand access to essential health services for women and children through results-based financing (RBF). The Global Fund, through this partnership, has identified opportunities for the inclusion of HIV, TB and malaria indicators in RBF projects funded by the World Bank's International Development Association (IDA) and the World Bank-managed Health Results Innovation Trust Fund (HRITF). Partnership activities have focused on the integration of services, scale-up of existing RBF programs to cover larger geographical areas and closer collaboration to ensure a more effective supply chain for essential health commodities to reach the populations most in need, particularly women and children. To date, this work has been initiated in Benin and the Democratic Republic of Congo (DRC). Early lessons experiences in DRC, outlined in Box 2, demonstrate how this partnership can serve as a model for harmonization and alignment at country level. Countries expressing an interest in replicating this model to date include Burundi, Togo, Zambia and Zimbabwe.

Box 2: Harmonization and alignment in DRC

In **Democratic Republic of Congo (DRC)**, a unique and innovative partnership is financing and supporting the scale up of the performance-based financing (PBF) program. The Global Fund, UNICEF, GAVI, World Bank and the RMNCH Trust Fund have come together with the government to design a program that aims to rapidly increase access to essential maternal and child health services. It is expected that by the end of 2015, all the health zones in two provinces (Equateur and Bandundu) will be covered by a comprehensive package of services implemented through PBF. The Global Fund, GAVI, and UNICEF have committed financial, technical and human resources to work with the WB to scale-up PBF in DRC.

The Global Fund is working synergistically to enable partners to complement each other and utilize their comparative advantage to maximize effectiveness, avoid duplication of efforts and improve efficient use of resources. The Global Fund is expected to provide essential malaria test kits and drugs as well as HIV/TB commodities to health facilities participating in PBF. In addition, the Global Fund will finance key services for malaria, TB, and HIV in many of the 110 targeted health zones in the Bandundu and Equateur.

This collaborative approach is contributing toward the provision of an integrated package of services implemented through PBF, offered to a larger portion of the population. It is expected that such alignment of development partners will contribute to not only strengthening the health system (e.g., efficient, efficacy and better governance) both from a service delivery and stewardship aspect but will also achieve the intended results in terms of improving utilization and quality of care as well as achieving the intended maternal and child health results. Overall, this collaborative approach is aligned with the Ministry of Public Health's objective to reduce partners' fragmentation and ensure harmonization. Discussions for further innovation with GAVI, USAID, UNFPA and Gates Foundation are ongoing.

2.2 Comprehensive Care for Pregnant Women and Children: Global Fund & UNICEF

Since the Global Fund-UNICEF MoU was signed in April 2014, efforts have been focused on supporting countries to develop robust, technically sound Global Fund concept notes with strong RMNCAH components. The child health component of the MoU (i.e., the provision of amoxicillin for pneumonia and ORS/zinc for diarrhea) and associated platform costs are being integrated into malaria concept notes, and in some instances HSS concept notes, as part of a comprehensive approach to the management of febrile illnesses in children through the integrated community case management (iCCM) platform. The maternal health component of the MoU (i.e., the provision of iron-folic acid, tetanus vaccinations, syphilis screening and treatment, and deworming pills) on the other hand, is being integrated into

the HIV and HIV/TB concept notes, as part of a broader strategy to promote comprehensive antenatal care for pregnant women.

In particular, there has been a growing global interest in iCCM. To date, approximately 75 percent of the 25 countries targeted by the agreement have been supported to submit integrated concept notes. Seventeen (17) countries have submitted concept notes that include iCCM in malaria/HSS applications¹¹ and eight (8) countries have submitted integrated concept notes through HIV, HIV/TB applications¹². Six (6) iCCM priority countries (DRC, Ethiopia, Burkina Faso, Nigeria, Uganda, Zambia) and seven (7) maternal health/HIV priority countries (Burundi, Chad, DRC, Malawi, Nigeria, Tanzania, Uganda, and Zambia) have already moved into the grant-making phase under the Global Fund's new funding model and will continue to receive support to operationalize the GF-UNICEF MoU, including a strong focus on procurement and supply chain management (PSM) and health systems strengthening.

Many high burden countries in Africa have leveraged these innovations to enable RMNCAH integration. The partnership between the Global Fund and UNICEF has enabled the implementation and scale-up of iCCM. Two examples are provided below in Box 4.

Box 3: Scaling-up iCCM in Africa

In **Nigeria**, the Global Fund aims to contribute to the reduction in under 5 child mortality rate from malaria, pneumonia and diarrhea among children aged 2-59 months, thereby accelerating achievement of health-related MDGs. iCCM roll-out will be strengthened in partnership with Rapid Access Expansion 2015 program (RACE)/WHO and UNICEF in two states (Niger and Kebbi). This is unique partnership managed with Global Fund providing the Malaria health commodities and other partners (State Ministries of Health, RACE/WHO, UNICEF, Malaria Consortium/DFID) providing the non-malaria health commodities; with all partners providing required technical and management input.

In **Uganda**, the Global Fund will support iCCM activities in 33 districts in a scaled manner. The Ministry of Health, together with key partners, has prepared an iCCM implementation plan 2015-2016 to be funded through the Global Fund under the NFM. Resources from the Government of Uganda, UNICEF and other donors will complement Global Fund funding and support the procurement and distribution of the non-malaria commodities for the iCCM program in these 33 targeted districts. The main iCCM activities to be funded by the Global Fund for the period 1 January 2015 to 31 December 2016 include: the training of Village Health Teams (VHTs) in iCCM, the production and distribution of iCCM materials, advocacy and community sensitization, the procurement of ACTs and RDTs to be distributed by VHTs, and support supervision of VHTs. An iCCM Task Force composed of key stakeholders has been developed to guide the implementation of iCCM activities in the country.

¹² Burundi, Chad, DRC, Malawi, Nigeria, Tanzania, Uganda and Zambia

To date, approximately \$164 million has been mobilized across 8 countries (DRC, Ethiopia, Nigeria, Uganda, Zambia, Burkina Faso, Cote d'Ivoire, Ghana) for iCCM. This includes resources mobilized both through the Global Fund's new funding model (approximately \$72million) as well as co-financing leveraged through national governments (domestic resources), UNICEF and other partners and funding mechanisms.

2.3 Strengthening Sexual and Reproductive Health: Global Fund & UNFPA

The Global Fund and UNFPA signed a MoU in August 2014 to maximize the availability of essential medicines and commodities to complement Global Fund grant. This partnership focuses on strengthening integration of sexual and reproductive health (SRH) interventions to realize equitable access to integrated SRH services that are anchored in human rights and are gender responsive. The goal is to prevent new HIV infections, eliminate stigma and discrimination, increase access to antiretroviral drugs, and prevent AIDS related morbidity and mortality, particularly among women, girls, adolescents and key populations, as well as to prevent malarial and TB morbidity and deaths, including among pregnant women. Thirteen priority countries have been identified (Bangladesh, Chad, Cote d'Ivoire, Ethiopia, Eritrea, Indonesia, Mozambique, Nigeria, South Africa, Tanzania, Togo, Uganda, and Zambia) for implementation. This partnership will also address the three Ebola-affected countries (Liberia, Sierra Leone and Guinea) through HRH investments, mainly in midwifery.

Improving procurement and supply chain management (PSM) is a key component of achieving the targets and objectives set out in this MoU with UNFPA, as well as the MoU with UNICEF. It necessitates aligning national leadership, optimizing plans and policies, mapping capacity needs, providing technical assistance and guidance, and facilitating the effective co-ordination of the in-country supply chain. To this end, the Global Fund, UNFPA, and UNICEF issued a joint PSM communiqué in December 2014 emphasizing the importance of strengthening supply chains for essential health commodities to improve RMNCAH. The PSM communiqué, summarized in Box 4, builds upon the Joint Vision Statement of the Inter-Agency Supply Chain Group which calls for all parties to improve coordination by "identifying areas of convergence, optimizing synergies across supply-chains, and focusing efforts toward advancing country-led national systems to meet future demands."

Box 4: Joint PSM Communiqué

The Global Fund, UNICEF and UNFPA issued a joint PSM communiqué in December 2014 emphasizing the importance of strengthening supply chains for essential health commodities to improve RMNCAH. The major areas of support include: to develop or strengthen national supply chain strategic plans, map capacity needs and commodity gaps, and provide requisite technical assistance and guidelines to do so, including RMNCH commodity quantification tools. The agencies also aim to facilitate the effective and coordinated management of RMNCH commodities, in particular diarrhea, pneumonia, maternal and contraceptive commodities and build integrated PSM systems that deliver RMNCH commodities to the people who need them.

In addition, as part of this collaboration, the Global Fund is planning to sign a second MoU to centralize procurement of condoms for Global Fund portfolios through UNFPA, given the experience and comparative advantage of UNFPA. Similar to the pooled procurement mechanism (PPM) already in existence, UNFPA will be the preferred agent for condom procurement. This is expected to address current challenges around quality and lead times, and build economies of scale, taking advantage of the existing long-term agreements with pre-qualified suppliers. Around forty-nine (49) countries with an HIV component are expected to benefit from this arrangement, with the aim to scale it up to all eligible countries. Starting the second semester of 2015, all PPM countries are expected to transition to UNFPA for condom procurement.

2.4 Supporting the Vision of the Global Financing Facility

The vision of the Global Financing Facility (GFF) in support of *Every Woman, Every Child* is to contribute to global efforts to end preventable maternal, newborn, child and adolescent deaths by 2030 providing smart, sustainable and scalable financing for RMNCAH. Every aspect of GFF's design is being shaped by many stakeholders, including the Global Fund.

To date, the Global Fund has worked closely with key partners in the development of the Global Financing Facility, particularly in relation to the contribution to the Businesses Plan and the support to the process of country engagement in the four front-runner countries (DRC, Kenya, Tanzania, and Ethiopia). The Global Fund supports the GFF's efforts to finance RMNCAH at scale through the mobilization of increased domestic financing. It also supports the vision to drive learning and innovation around effective and efficient financing approaches with the goal of financial sustainability for RMNCAH and the health sector.

The Global Fund is very committed to being an active partner with the GFF, with a main focus on collaboration at the country level and building on previous joint work with the Bank and others on RMNCAH. The Global Fund is a main contributor to RMNCAH in many countries and will continue to work and commit to seeking alignment of interventions in this area. The degree of programmatic intersection with RMNCAH will, however, vary from country to country. The four frontrunner countries provide a good illustration of how key partners can all work together to improve health.

CONCLUSION

While women, adolescent girls and children continue to be disproportionately impacted by HIV, TB and malaria, significant progress has been made. The Global Fund remains committed to this fight and is currently developing its new Strategy (2017-2021). As part of the ongoing consultation process, the Global Fund's contribution to RMNCAH is one of the key components being considered. The Global Fund strives to ensure its disease-specific and HSS investments are strategic and improve the health of women and children

and works in close collaboration with key partners to promote harmonization both at global- and country-level. To further increase the impact on women and children's health, lessons learned need to be documented, and new and innovative ways of working need to be further developed.

Collaboration is essential to moving forward. The Development Continuum Working Group has informed the upcoming strategy formulation, and four thematic areas (i.e., programmatic sustainability, financial sustainability, challenging operating environments and communities, gender and political) have been identified. During the strategy consultation process, the Global Fund will consider how it can continue to innovate around data quality, and how to improve the use of data for better decision-making. It will also consider how to expand support for UHC, sustainability and domestic co-financing for health, which are all critical for improved RMNCAH outcomes.

Future directions for the Global Fund's investment in RMNCAH include: more focused investments in health systems strengthening for building resilient health systems with a broader reach for vulnerable populations including women and children, increasing domestic investments and responsible transitions, increasing differentiation and tailored partnerships with countries in different stages of development, improving flexibility and agility to deliver programming in challenging operating environments and empowering communities, particularly women, to lead lasting change. Overall the Global Fund aims to ensure that its entire portfolio of support contributes to health systems, as well as improves health outcomes for the three diseases and RMNCAH.

The Global Fund has a key role to play in promoting the health of women and children through fighting the three diseases. It will also continue to make available opportunities for strengthening health systems and community engagement, which are essential for rights-based and successful health outcomes for women and children. The Global Fund remains committed to the United Nations *Global Strategy for Women's and Children's Health* and to the updated *Global Strategy for Women's, Children's, and Adolescents' Health*. It will continue to work with partners to minimize the risk of missed opportunities and to strengthen its approach to maximizing the impact of its investment on improving RMNCH through the NFM.

As momentum grows globally to further accelerate RMNCAH, the Global Fund will remain a key financial partner. The Global Fund is committed to continuing its support to countries' efforts to improve health outcomes for women and children within the framework of its mandate: to fight HIV/AIDS, TB and malaria. Continuous engagement in structured dialogue with key donor and technical partners, as well as country stakeholders, remains a strategic priority for the Global Fund. We have two historic opportunities before us: ending HIV, TB and malaria as pandemics/public health threats and creating an inclusive human family. Investing in women and children will be critical in this fight.

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