Building Resilient and Sustainable Systems for Health through Global Fund Investments Information Note

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I. Introduction

This Information Note, *Building Resilient and Sustainable Systems for Health through Global Fund Investments,* offers guidance to applicants designing and implementing Global Fund supported activities. The purpose of the information note is to assist applicants in identifying opportunities to strengthen systems for health to achieve a greater impact on health outcomes.

Sections 2 and *3* discuss the importance of investing to build resilient and sustainable systems for health (RSSH), as well as the Global Fund's commitment to the promotion of and respect for gender equality and human rights in all of its programming. *Section 4* outlines the specific funding opportunities available to applicants in the seven priorities areas of RSSH as articulated in the new Global Fund Strategy 2017-2022. *Section 5* then provides basic guidance on the process of preparing funding applications for Global Fund support for RSSH and highlights where additional application instructions may be found. Finally, key references are listed in *Section 6.*

The Global Fund encourages all stakeholders at country-level, including ministerial representatives, members of the Country Coordinating Mechanism (CCM), key partners and consultants providing technical assistance to make use of this information note, as well as the other important resources available on the [Global Fund website](), while preparing funding request to the Global Fund. Applicants are also encouraged to review the document [The Role of the Global Fund in Supporting Countries to Build Resilient and Sustainable Systems for Health (2016)]() for additional information about the Global Fund's commitment to strengthening resilient and sustainable systems for health.

II. Global Fund's Commitment to Building Resilient and Sustainable Systems for Health

The Global Fund has always recognized that strong health systems that integrate robust community responses are needed to end HIV, TB and malaria as threats to public health. Therefore, the Global Fund has prioritized investments in building resilient and sustainable systems for health (RSSH) as a core aspect of its work, as highlighted in the new [Global Fund Strategy 2017-2022 "Investing to End Epidemics."]() This focus on RSSH aims to continue strengthening and expanding the capacity of systems to address health issues in a sustainable, equitable and effective manner, including for the three diseases. By strengthening systems for health, it is also expected that they will be prepared for and able to cope with any potential future shocks.

Global Fund Strategy 2017-2022 outlines seven sub-objectives under its core objective of building RSSH: (1) strengthen community responses and systems; (2) support reproductive, maternal, newborn, child and adolescent health (RMNCAH) and platforms for integrated service delivery; (3) strengthen global and in-country procurement and supply chain systems; (4) leverage critical investments in human resources for health; (5) strengthen data systems for health and countries' capacities for analysis and use; (6) strengthen and align to robust national health strategies and national disease-specific strategic plans; and (7) strengthen financial management and oversight.

Investments in RSSH are a necessary complement to the core investments in HIV, TB and malaria control programs. While disease grants provide preventive, diagnostic, treatment, care and support services, as well as help strengthen disease-specific enablers to ensure effective implementation of disease programs, RSSH investments contribute to addressing system-wide constrains that not only affect the three diseases but other health programs as well. To this end, the Global Fund's RSSH investments help strengthen the level of integration of national HIV, TB and malaria programs into national systems for health. This does not diminish the important role of disease-specific programs; rather, it maximizes the outcome and impact of these programs by bringing them under a common system umbrella and eliminating inefficient disease-specific parallel systems.

The Global Fund's commitment to RSSH represents an important paradigm shift in thinking about the delivery of health services. Systems for health, differently from health systems, do not stop at a clinical facility but run deep into communities and can reach those who do not always go to health clinics, particularly the most vulnerable and marginalized. Systems for health focus on people, not issues and diseases. This new thinking

reflects the transition from the Millennium Development Goals to Sustainable Development Goals (SDGs) and the increasing importance of universal health coverage (UHC) as a health policy goal.

The Global Fund strives to contribute to UHC in a systematic and coordinated way. As a member of the [International Health Partnership (IHP+) for UHC 2030](#), the Global Fund supports the overall goal of IHP+'s work on effective development cooperation post-2015 to attain the health-related SDGs. The Global Fund's investments in RSSH are reflective of its commitment and adherence to the IHP+ principles of coordination and alignment, as well as its health systems-focused approach articulated in the new strategy.

01   Using a differentiated approach to build resilient and sustainable systems for health

The Global Fund is now taking a differentiated approach, adapting its processes to ensure that they better meet the needs of countries depending on where they sit along the *development continuum*.[1] The aim is to ensure simpler processes, more effective investments and more capacity development and long-term programmatic and financial sustainability.

At one end of the development continuum are "challenging operating environments" (COEs) which are countries that can be divided into two groups: countries facing challenging circumstances more broadly, including chronic weaknesses in capacity and governance, and crisis countries in war or dealing with the aftermath of natural disasters.[2] Additionally, countries experiencing emergencies, or countries with areas affected by subnational or cross-border crises affecting people at risk of or living with HIV, TB and malaria, may be classified as COEs on an ad-hoc basis. The Global Fund's new [Challenging Operating Environments Policy](#) aims to systematize the Global Fund's approach to COEs and to provide overall guidance on future engagement in these contexts. Put in place in late 2015, it has enabled more flexible Global Fund processes, the expansion of partnerships with other agencies, and a greater focus on systems for health. However, there exist continuing obstacles in COEs including how to address gaps in service delivery, how to address governance concerns, and how to improve data and analysis for decision-making. The Global Fund will continue to invest in building the capacity of formal and informal health institutions and structures in COEs. In particular, more investments are needed in human resources for health, health financing and governance, including transparent and accountable public financial management, which tend to be neglected areas in COEs. More support is also needed to develop stronger national health sector strategies that are costed and prioritized, a particularly challenging task in COEs.

By contrast, countries in the sustainability or transition planning process should work toward embedding sustainability in their programs. This requires a multi-pronged approach to investing in appropriate systems for health, capacity building, and service delivery interventions while at the same time evaluating and implementing strategies for progressively increasing domestic financing for health. A key activity to embedding sustainability is developing and implementing robust, costed disease-specific National Strategic Plans (NSPs). NSPs should be clearly aligned with the overall national health sector strategies and associated health financing and workforce strategies. Furthermore, to enhance sustainability, Global Fund financed programs should be implemented through country systems, including national health information systems, national procurement and supply chain systems and public financial management systems. Systems for democratic oversight and local oversight supported by civil society are also essential for sustained investments. In contexts where there are capacity constraints that do not allow for implementation through country systems, applicants are encouraged to make use of RSSH funding to strengthen the relevant system components so that country systems can eventually be used for implementation.

The Global Fund encourages all countries to build sustainability considerations into their program design. In the new [Sustainability, Transition and Co-financing Policy](#), the Global Fund outlines its principles for enhancing sustainability and provides a framework to support countries in transitioning successfully from Global Fund financing, which is differentiated along the development continuum. Additional information for

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[1] The differentiated approach and the development continuum are explained in more detail in the Sustainability, Transition and Co-financing Policy, which can be found [here](#). The development continuum reflects countries' varying income levels, epidemiological contexts, human rights and gender issues and the maturity of their health systems.

[2] For a comprehensive discussion on defining COEs, please see the report of the Development Continuum Working Group "Evolving the Global Fund for Greater Impact in a Changing Global Landscape" which was first published in March 2015.

applicants to develop funding requests in accordance with this policy can be found in the The Global Fund Sustainability, Transition and Co-financing Guidance Note (*forthcoming*).

02 Using RSSH investments to increase allocative efficiency

The resources required to address the burden of HIV, TB and malaria are greater than currently available. In the context of competing priorities, sustainable investments in the three diseases, particularly with national resources, necessitates skillful advocacy and strong evidence. Making the greatest impact, and strongest argument for funding, requires an evidence-based approach that focuses programs toward populations most likely exposed to the diseases.

Allocative efficiency, defined as the optimal distribution of investments to best serve national needs and priorities, has been embedded into the Global Fund grant-making process. Applicants are required to complete an epidemiological analysis to identify disease trends and data gaps prior to submitting their funding requests. This aims to focus investments to the right populations in the right places. Investments in RSSH can increase allocative efficiency through strengthened information systems and epidemiological intelligence, as well as through improved alignment and integration of high-quality interventions to match the context of epidemics. In addition, RSSH encourages people-centered, integrated systems of health that extend beyond the three diseases and make more efficient use of resources by avoiding duplication and providing the development of system-wide integrated services.

III. Addressing Gender Equality and Human Rights Through Resilient and Sustainable Systems for Health

The Global Fund continues to champion the importance of addressing barriers to quality health services in all country and regional settings, including human rights and gender-related barriers that result in the people already most affected by the three diseases being excluded from the response of the health system. As such, 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. Effective investments in RSSH for sustained health impact are dependent upon respect for gender equality and human rights. The Global Fund promotes a human rights-based approach to programs, underpinned by the requirement that communities, in particular those most affected, participate in the design, implementation and governance of grants. The Global Fund also requires grant applicants to identify gender inequalities and human rights-related barriers that are likely to undermine impact, and, where these exist, to include programming measures from community to national levels to remove or mitigate these barriers.

03 Gender equality

Gender inequality can be one of the key root causes of vulnerability to HIV, TB and malaria, as well as of the marginalization of certain key populations when it comes to accessing health and social services. The [Global Fund Gender Equality Strategy](#), adopted in 2008, affirms the Global Fund's commitment to funding programs and activities that address gender inequalities.

To promote gender equality in responses to the three diseases and beyond, the Global Fund expects grants to include activities that scale up services and interventions to reduce gender-related risks and vulnerabilities to infection. Similarly, where relevant, RSSH interventions should also include gender-sensitive/responsive programming, developed with the meaningful participation of women, girls, adolescents and key populations.

When preparing RSSH funding requests, applicants should include an analysis on gender equality[3] and explore synergies with ongoing efforts to promote it. Additional guidance for applicants to ensure gender equality and address the specific issues faced by women and girls in all their diversity in the development and implementation of Global Fund supported grants can be found in the technical brief on [Addressing Gender Inequalities and Strengthening Responses for Women and Girls](#).

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[3] For additional guidance on preparing a gender equality analysis, please see: http://resyst.lshtm.ac.uk/resources/how-do-gender-analysis-health-systems-research-guide. In addition, for specific guidance on performing a gender analysis in COEs, please see: http://www.buildingbackbetter.org/#overview.

04 RSSH as a fundamental and integral part of the right to health

The right to the highest attainable standard of health is guaranteed in Article 12 of the International Covenant on Economic, Social and Cultural Rights[4] and is one of the guiding principles of the Global Fund. The Global Fund's commitment to promote human rights in the context of the three diseases and beyond is made explicit in the Global Fund's new strategy which commits to introducing and scaling-up programs that remove human rights barriers to accessing HIV, TB and malaria services. Human rights barriers include all stigmatizing, discriminatory and punitive laws, policies, practices and attitudes that impede people's access to health care and services and their participation in designing, implementing and monitoring health programs.

Investing in programs to remove human rights barriers is essential in ensuring that communities are active and equal partners in national health responses, as well as in making sure quality health services are available and accessible to meet the needs of communities and key populations. Under the Global Fund [Sustainability, Transition and Co-Financing Policy](), funding requests must include, as appropriate, programs that respond to key and vulnerable populations, human rights barriers and vulnerabilities in all countries, regardless of income level.

Human rights barriers differ in each country. Therefore, applicants are strongly recommended to take clear steps through an inclusive and participatory country dialogue, so as to: identify who is most likely to be excluded from participating in governance, designing and implementing health responses and accessing health services; identify barriers to participation in health responses and access to services; identify programs and approaches that are needed to remove such barriers; and request funding for programs to remove identified human rights barriers .

Programs to remove such barriers include, but are not limited to: (i) medical ethics and health-related human rights capacity building for health care providers, health care administrators and health care regulators, including community health workers; (ii) community-led monitoring of human rights violations in the health care settings; (iii) community-led advocacy for a human rights-based approach to health response design, implementation and monitoring; and (iv) legislative reform for those countries that retain punitive legislation for affected communities and key populations.

Additional information on how to include these interventions in applications to the Global Fund can be found in the [Technical Brief on Community Responses and Systems](), as well as in the section on human rights and gender in each of the disease-specific information notes.

IV. Global Fund's Investments in Building Resilient and Sustainable Systems for Health

A previously noted, the Global Fund Strategy 2017-2022 has outlined seven sub-objectives under its core objective to build resilient and sustainable systems for health: (1) strengthen community responses and systems; (2) support reproductive, maternal, newborn, child and adolescent health (RMNCAH) and platforms for integrated service delivery; (3) strengthen global and in-country procurement and supply chain systems; (4) leverage critical investments in human resources for health; (5) strengthen data systems for health and countries' capacities for analysis and use of health information; (6) strengthen and align to robust national health strategies and national disease-specific strategic plans; and (7) strengthen financial management and oversight. This section highlights priority activities in these seven sub-objectives that applicants should consider as they prepare funding requests.

05 Strengthen community responses and systems

The recent re-emergence of critical public health threats (e.g., 2014 Ebola outbreak) has reinforced a shared understanding of the essential role of communities in identifying, understanding and defining how countries

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[4] https://treaties.un.org/doc/publication/unts/volume%20999/volume-999-i-14668-english.pdf

and partners respond to health crises.[5] Health systems become systems for health when communities are considered a part of them. Community engagement and action on health is an important complement to improving conventional facility-based health services. Understanding the synergies between the formal health system and the community system is essential in guiding investments for better outcomes for the three diseases and beyond.

Strong community responses and systems are central to resilient and sustainable systems for health. Universal health coverage and health security will not be attainable without the involvement of communities. They are essential to designing effective interventions, to implementing and evaluating the robustness and quality of health services, to creating demand for services and to reaching those who do not always go to health clinics – in particular the vulnerable and marginalized. They are also essential in health promotion, prevention, fostering healthy behaviors and can reduce the demands on the health system. Systems for health that involve the community will always be the first to identify, report and respond to emerging health threats.

For the different types of community responses to work effectively, it is also important to ensure community actors – which include informal groups, local or village associations, community health workers (CHWs) and community based organizations, among others – have the skills, capacity and support needed to plan and deliver these activities effectively. In other words, strong community systems are needed as a platform for strong community responses. Strengthening community systems requires capacity building in a range of areas including planning, program and financial management, monitoring and evaluation, community engagement, as well as in relevant technical areas. It also means ensuring community actors have access to the resources they need, and systems for channeling funding are an important element of this. Community actors also need support to coordinate and link their efforts with other entities since, to be effective, most programs involve a range of service providers, each responsible for a different set of interventions, and all of which need to be accessible to the population.

In funding requests to the Global Fund, most community-led service delivery and program activities should be included under the relevant disease modules and interventions since community responses are often specific to each 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.[6] It is also important to note that in practice, however, services delivered by the community (i.e., CHWs) invariably extend beyond the three diseases. The Global Fund supports an integrated approach to community-led service delivery and program activities, including training, supportive supervision, supply and information collection and use in the community.

In addition to the funding opportunities available in the disease-specific modules, there is also a RSSH community response and systems module that can be used to request funding for community-based monitoring, advocacy, social mobilization and institutional capacity building. Communities play an important role along the development continuum. In both COEs and countries in transition, communities strongly contribute to resiliency, and all countries across Global Fund's differentiated portfolio can request funding for their specific needs. The Global Fund supports community responses and systems through RSSH investments in the following four areas:

1.   Community-based monitoring
Community-based organizations and other community groups can be strengthened to independently monitor, document and analyze the performance of health services to provide feedback to service providers and as a basis for accountability and advocacy. This provides support for policy review and development. Community-based organizations can establish and implement mechanisms for ongoing independent monitoring of health

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[5] Community is a widely used term that has no single or fixed definition. Broadly, communities are formed by people who are connected to each other in distinct and varied ways. Communities are diverse and dynamic, and one person may be part of more than one community. Community members may be connected by living in the same area or by shared experiences, health and other challenges, living situations, culture, religion, identity or values. Key populations, people or communities indicate those who are most vulnerable to and affected by conditions such as malaria, tuberculosis and HIV and are most often marginalized and have the greatest difficulty in achieving their rights to health. This includes children, young people and adults affected by specific diseases such as HIV, tuberculosis or malaria; women and girls; men who have sex with men; transgender people; injecting and other drug users; sex workers; people living in poverty; street children and out-of-school youth; prisoners; migrants and migrant laborers; people in conflict and post-conflict situations; refugees and displaced persons.
[6] Applicants are strongly encouraged to review the three disease-specific information notes available here for additional information on the Global Fund's investments in community responses and systems within HIV, TB and malaria programming.

policies and performance and quality of all services, activities, interventions and other factors that are relevant to the disease, including prevention, care and support services, financing of programs, and of issues and challenges in the environment (e.g., discrimination and gender-based inequalities) that constitute barriers to an effective response to the disease and to an enabling environment.

2. Community led advocacy

Service providers, national programs, policy makers, and local and national leaders are held accountable by community-based organizations for the effective delivery of services, activities and other interventions, as well as for the protection and promotion of human rights and gender equality. Communities and affected populations can conduct dialogue, advocacy and foster consensus at local and national levels, as well as part of regional initiatives, to hold to account the responses of the disease specific programs, as well as promote broader issues aimed at social transformation such as discrimination, gender inequality and sustainable financing.

3. Social mobilization, building community linkages, collaboration and coordination

Communities and affected populations can be strengthened to engage in activities to improve their health and their own environment. This may include community action, the establishment of community organizations and the creation of networking and effective linkages with other actors and broader movements such as human rights and women's movements. Strong informal and formal relationships between communities, community actors and other stakeholders enable them to work in complementary and mutually reinforcing ways, maximizing the use of resources and avoiding unnecessary duplication and competition.

4. Institutional capacity building, planning and leadership development

Capacity building of community sector groups, organizations and networks in a range of areas is necessary for them to fulfill their roles in service provision, social mobilization, monitoring and advocacy. This includes:

- support in planning, institutional and organizational development, systems development, human resources, leadership, and community sector organizing; and

- provision of technical, material and financial support to the community sector as required to enable them to fulfill roles in service provision, social mobilization, monitoring and advocacy.

Similar to community-led service delivery and program activities, requests to strengthen community responses and systems are normally included in disease-specific applications in order to enhance the impact of these investments. However, as the Global Fund moves toward a more integrated approach and application process, these requests can also be included in applications for cross-cutting RSSH support, particularly when these investments benefit the three diseases and beyond and address more complex, cross-cutting community systems needs or activities such as community mobilization around UHC, for example.

> *Box 1: Examples of Global Fund investments in community responses and systems*
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> In **Ukraine**, which has the second-highest HIV prevalence rate in Eastern Europe and also carries a high burden of multi-drug resistant tuberculosis, Global Fund grants are aimed at improving the public health system through greater patient-oriented prevention, treatment, care and support. Programs focus on people who inject drugs, sex workers, men who have sex with men and people living with HIV and TB in prisons. Global Fund support is being used to create and sustain self-help groups of men who have sex with men. It also supports community advocacy for the scale-up of oral substitution therapy for injecting drug users.
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> In **Uganda**, community involvement in malaria control efforts was considered active but uncoordinated prior to the engagement of strong networks of community and civil society organisations in 2003 with the establishment of networks such as the Malaria Childhood Illness NGO Network Secretariat (MACIS). MACIS has been able to play a more effective role on the Global Fund Country Coordinating Mechanism (CCM) over time. Communities and networks of civil society have developed strong partnerships for engagement at the community level in malaria control efforts. This has been facilitated through health delivery at the local level relying on a body of community volunteers and organizations based in affected communities. In turn, these communities and organizations are able to monitor the implementation of project activities providing data and feedback directly from affected communities to MACIS.

For more detailed information on the Global Fund's investments in community responses and systems and how to submit a funding request in this area, please refer to the [Technical Brief on Community Responses and Systems](#).

06 Support reproductive, maternal, newborn, child and adolescent health, and platforms for integrated service delivery

Although much progress has been made in the fight against HIV, TB and malaria, the burden of these diseases is still substantial and disproportionately affects the most underserved and marginalized, including women, newborns, children and adolescents. To this end, the new strategy has prioritized RSSH and promoting and protecting human rights and gender equality as two of the four new strategic objectives. Under RSSH, one of the key sub-objectives is support for reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions and platforms for integrated service delivery.

In addition to investing in disease-specific, evidence-based RMNCAH interventions,[7] the Global Fund recognizes that without efforts to create integrated delivery channels, interventions could be duplicative, fragmented and inefficient. The Global Fund, therefore, has prioritized four areas of integrated service delivery for women, newborns, children and adolescents: antenatal care (ANC), integrated community case management (iCCM), integrated sexual and reproductive health and HIV (SRH-HIV) services and adolescent health. Each of these is made up of a package of preventive and curative interventions and represents an excellent opportunity to maximize the impact of Global Fund support for the health of women, newborns, children and adolescents.

The delivery of these integrated services requires collaboration and coordination, and strategies to strengthen these areas of service delivery should not be considered in isolation. Countries must critically evaluate what packages of services and models of delivery are most appropriate and feasible, and discuss where, how and by whom they should be provided. Achieving integrated health services can generate significant benefits in all countries along the development continuum. However, there is no "one-size-fits-all" model for integrated health services. Integrated health services can be adapted and implemented across a variety of service delivery models, settings and target populations.

Investments in RSSH and the three diseases should support integrated service delivery by ensuring linkages between health and community systems, supporting wider social protection systems and by improving the overall accessibility, acceptability, quality, efficiency, coverage, uptake and sustainability of RMNCAH services. The Global Fund funds interventions for strengthening RMNCAH and the delivery of integrated services in the following four areas:

1.   Developing a supportive policy and programmatic environment
Developing a supportive policy and programmatic environment that enables the delivery of packages of integrated services for women, newborns, children and adolescents is critical to improving health outcomes. The integration of services should be designed based on sound evidence-based approaches and demonstrate potential efficiencies and effectiveness, building the resilience and sustainability of the health system. The Global Fund will provide support for activities in this area, such as: advocacy and support for relevant policy development to support service integration; revision of clinical guidelines integrating different interventions and programmes; development of referral systems; and the integration of HIV, TB, malaria and RMNCAH services into primary healthcare platforms.

2.   Strengthening service organization and facility management
Strengthening service organization and facility management is aimed at improving effectiveness and efficiency of organizational management systems for integrated service delivery for women, newborns, children and adolescents, whether in health facilities or in the community. The Global Fund invests in the following interventions to support integrated service delivery:

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[7] Applicants are strongly encouraged to review the three disease-specific information notes available [here](#) for additional information on the Global Fund's investments in HIV, TB and malaria for women, newborns, children and adolescents.

- Developing and implementing regulatory frameworks related to service delivery;

- Improving service organization and management systems (e.g. referral system, waste management);

- Developing a comprehensive approach to ensuring quality of care across service delivery units (e.g., mechanisms that go beyond the three diseases), including supervision mechanisms;

- Highly synergistic RMNCAH integrated services with justification (e.g., prevention and treatment of anemia, breastfeeding, mental health, malnutrition and cervical cancer screening and treatment); and

- Operational costs for service delivery at integrated health centres (e.g., utility costs or facility management costs for ANC).

3. Strengthening laboratory systems

Efficient and reliable laboratory services are an essential and fundamental component of any strong and effective health system. Disease surveillance, diagnosis, prevention, treatment and health promotion all rely on laboratory services. When determining needs, countries should consider the entire laboratory network and identify measures required for strengthening, integrating and optimizing this network for ongoing sustainability. Integrating diagnostic services for different diseases within the same facility helps avoid duplication of investments in infrastructure and laboratory supporting systems, such as specimen transport, supply chain management and information systems. An integrated approach to build capacity of laboratory workers is more efficient and can help ensure standardization of the way core laboratory issues, such as quality assurance are addressed. The Global Fund has prioritized the following areas of support for laboratory systems that contribute to improved service integration:

- Development of integrated laboratory networks and service delivery;

- Human resources for laboratory support;

- Improving laboratory infrastructure;

- Integrated procurement and supply chain management for laboratories;

- Equipment management systems;

- Integrated quality management systems;

- Laboratory management information systems; and

- Governance.

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.

4. Improving service delivery infrastructure

Support from the Global Fund may be used for interventions aimed at supporting the scale-up, accessibility, availability and quality of integrated health services for women, newborns, children and adolescents, whether facility-based or community-based. Such 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, vehicles, etc.

It is important to note that all construction and renovation projects should follow national standards. Applicants should seek technical support in the relevant areas, as necessary, for implementing investments in construction and renovation.

In higher income countries, small and medium infrastructure-related activities, such as building or renovating a warehouse or ANC clinic, purchasing vehicles, purchasing X-ray machines, etc., 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 (e.g., 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.

Provider initiated feedback mechanisms
Providing high quality integrated care with adequate provider feedback mechanisms is an important aspect of the Global Fund's overall push for improved program quality across all initiatives. Activities related to establishing provider initiated feedback mechanisms to obtain service user feedback may include, for example, developing scorecards, developing complaints mechanisms, creating accountability tools, analyzing feedback data for service performance assessment and improvement of integrated service delivery and operational research in this area.

> **Box 2: Examples of Global Fund investments integrated service delivery**
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> In **Côte d'Ivoire**, the Global Fund is supporting a nationwide measles vaccination campaign which includes other interventions for children under the age of 5: provision of free long-lasting insecticidal nets, doses of vitamin A and deworming treatment.
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> In **Uganda**, the Global Fund has supported the gradual implementation and scale-up of iCCM activities in 33 districts. The Ministry of Health, together with key partners, has prepared an iCCM implementation plan 2015–2016, funded through the Global Fund. Resources from the Government of Uganda, UNICEF and other donors complement Global Fund funding and support the procurement and distribution of the non-malaria commodities for the iCCM program in 33 targeted districts. The main iCCM activities funded by the Global Fund include: training of village health teams (VHTs) in iCCM; production and distribution of iCCM materials; advocacy and community sensitization; procurement of artemisinin-based combination therapies and rapid diagnostics tests to be distributed by VHTs; and supportive supervision of VHTs.

Applicants submitting funding requests that prioritize interventions for women, newborns, children and adolescents, particularly integrated service delivery, are also encouraged to review the [Technical Brief on strengthening, sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) interventions in funding requests to the Global Fund](#).

07 Strengthen global and in-country procurement and supply chain systems

Medicines and health products are important for addressing health problems and improving quality of lives. They form an indispensable component in the prevention, diagnosis and treatment of diseases and addressing disability and functional deficiency. Improved access to essential medicines and health products is critical to reaching universal health coverage and is recognized as a key building block of a strong system for heath. Weak procurement and ineffective supply chains weaken the overall health system's ability to respond to the healthcare needs of the population, put prevention and treatment programs at risk, and remain a significant barrier to supply of essential health products.

Efficient procurement and effective and sustainable supply chain systems, as key components of resilient and sustainable systems for health, are central to achieving the core mission of the Global Fund. Countries often require financial and technical support to develop or strengthen their capacities to perform the various functions of the procurement and supply chain systems. As such, the Global Fund has been investing in the

strengthening of health product management, including supply chains, since its inception on the basis of country requests and will scale-up its focus on strengthening global and in-country procurement and supply chain systems under the new strategy.

While it is important that interventions be rooted in procurement and supply chain best practices, the Global Fund maintains that its investments in supply chain systems should fit the circumstances of each country. There will be no *one size fits all* approach. In deciding what will and will not be funded, the Global Fund will consider the following key factors: political and economic environment; governance and legal 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 structure and capacity in the pharmaceutical sector; and, the level of procurement and supply chain expertise within the existing country supply chain system. In addition, the Global Fund is currently developing a Supply Chain Strategy to guide further its investments for better impact and results.

A diagnostic and situation analysis should support the development of a well-costed master plan for strengthening in-country procurement and supply chain systems. Costed national strategic procurement and supply chain plans endorsed by relevant national authorities should guide investments and, therefore, funding requests to the Global Fund. In addition, funding requests for Global Fund investments in procurement and supply chain management should articulate the landscape of in-country resources across the domains of procurement, warehousing and distribution, as well as demonstrate leveraging and complementarity. When gaps and needs are identified, the Global Fund is able to invest in the following interventions, as outlined below.

1. **Effective operationalization of procurement and supply chain systems**

Activities for which the Global Fund may provide funding support include those that contribute to improving the performance and efficiency of supply chain systems to ensure appropriate and uninterrupted supply of medicines, health products and technologies all along the supply chain, and benefit HIV, TB and malaria program implementation. Under the framework of a national strategic plan, countries are encouraged to design cross-cutting interventions to ensure that the national procurement and supply chain system is strengthened, not just disease-specific supply chains. Possible interventions include:

- *Identify strengths and weaknesses*
    - Support authorities in producing a procurement and supply chain system gap analysis; and
    - Organize national coordination mechanisms to ensure a harmonized and coordinated approach to implementation of procurement and supply chain activities, involving all relevant stakeholders.

- *Strengthen national regulatory and policy environment*
    - Support authorities in developing or reviewing national health products policies, policy on diagnostics, health products related regulation and operational plans;
    - Support authorities in developing the policy framework for evidence-based selection of medicines, other health products, equipment and technologies according to international standards (e.g., essential list of medicines, uptake of new regimens);
    - Strengthen the capacity of the national regulatory authorities that oversee the implementation of health products regulation overall, with a focus on often neglected areas including rational use and pharmacovigilance activities;
    - Strengthen regulatory systems to combat sub-standard/spurious/falsely labeled/falsified/counterfeit medicines and health products; and
    - Strengthen regulatory systems to ensure right-touch, transparent and efficient regulation of health facilities, including private facilities, promoting job growth across the health sector.

- *Build procurement and supply chain workforce[8]*
  - Invest in qualified and empowered staff by developing a human resources strategy for pharmacy personnel and supply chain workforce, including health logisticians, with a recruitment, equitable distribution and retention policy; and
  - Build the capacity of the procurement and supply chain workforce in quality assurance, procurement, storage and distribution.

- *Monitor the procurement and supply chain system*
  - Develop quality assurance and performance monitoring activities throughout the procurement and supply chain to ensure the availability of quality health products;
  - Support the development of monitoring systems to assess the availability and price of health products at regular intervals;
  - Support the develop of community-level monitor groups; and
  - Strengthen procurement capacity and establishing procurement strategies to mitigate risk and improve procurement outcomes according to needs and context.

2. Improvement and development of procurement and supply chain systems infrastructure and tools

Activities for which the Global Fund may provide support include those that ensure appropriate storage and distribution of medicines and other health products. These relate to developing or strengthening reliable warehousing, distribution and logistics management information systems (LMIS), and investing in innovative information technologies and capacity to manage national forecasting and supply planning. Activities include:

- Ensure appropriate storage capacity and conditions from the port of entry to the peripheral level of the health system according to international norms and standards by refurbishment or scale-up of storage facilities;

- Improve transportation for distribution of medicines and other health products;

- Develop improved information systems to track product stocks, disbursements, distribution and to analyze use rates enabling prediction of stock replenishment needs;

- Implement an asset management system that improves visibility of health equipment's, location, installation, maintenance and usage rates; and

- Develop or invest in hardware and software for the procurement and supply chain system.

Investments in infrastructure development will be mainly targeted to lower-income countries. However, in each of the above cases, 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 (e.g., building or renovating a warehouse or purchasing vehicles) must be accompanied by strong justification including documentation of the lack of domestic or other donor resources for these purposes.

> **Box 3: Examples of Global Fund investments in procurement and supply chain systems**
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> In **Tanzania**, the Global Fund is contributing to a program to strengthen medicines management. The program consists of several coordinated projects including the construction of warehouses in collaboration with the U. S. Government to increase operations capacity to match demands of HIV, TB, malaria and reproductive health program scale-up. In addition, the scope of this project includes special costing and sustainability studies for the central warehouse and support to strengthen logistics-data management capacity. With support from the Global Fund, supply-chain training is now integrated in the national curriculum of health workers. In addition, the Global Fund has supported the country to equip the Tanzania Food and Drug Authority (TFDA) to provide reference standards and implement a quality

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[8] The Global Fund is member of the Initiative Board of People that Deliver which is a global partnership whose mission is to build global and national capacity to implement evidence-based approaches to plan, finance, develop, support and retain the national workforces needed for the effective, efficient and sustainable management of health supply chains. More information is available at: http://www.peoplethatdeliver.org/.

improvement program. The TFDA laboratory attained WHO prequalification and ISO 17025 certification through this support. This project has also facilitated the establishment of pharmacovigilance systems to monitor and report adverse drug reactions.

Following the destruction of products and the Central Medical Stores (CMS) facilities in **Ghana**, the Global Fund in collaboration with USAID and the Government of Ghana (GoG) is initiating a supply-chain transformation project by swapping CMS fire debt for the establishment of an efficient supply chain system. Through this arrangement, the Global Fund, in collaboration with USAID, has agreed with the GoG to build an efficient and sustainable supply-chain focusing on Last Mile Distribution, LMIS, warehousing and distribution optimization, the establishment of framework contracts for essential medicines financed through National Health Insurance System and the transition from the current and temporary central warehousing arrangement to a Ministry of Health owned/operated warehousing system. Additionally, the project is financing the economic contribution of supply-chain performance to health service delivery.

In **Nigeria**, through joint planning, co-investment and collaboration with the national Government and development-partners (USAID, DFID & UNFPA), the Global Fund is investing to support supply chain integration for otherwise multiple vertical programs. The goal of this integration project is to address structural problems, reduce costs and improve customer service by improving the efficiency/performance of the public-sector health product supply-chain.

08 Leverage critical investments in human resources for health

Human resources for health (HRH) challenges have been recognized as a critical bottleneck to the scale-up and delivery of high quality health services, including for HIV, TB and malaria. The links between effective health workforce coverage and subsequent service coverage and health outcomes are well established. Most countries supported by the Global Fund face HRH challenges, including shortages and mal-distribution, high turnover, inadequate skills, poor working conditions and a lack of appropriate health workforce information. In addition, human resources manage and make decisions about the use of all the other inputs to the health system. HRH are, therefore, a fundamental part of the effort to achieve the health-related sustainable development goals and to build resilient and sustainable systems for health.

In general, HRH investments will be prioritized if health workforce challenges represent a barrier to the availability, accessibility, acceptability or quality of services[9] providing evidence-based interventions for prevention, diagnosis, treatment and care of HIV, TB and malaria and to the achievement of broader health goals, especially in countries with high disease burden and low economic status. General principles to consider when developing funding requests for HRH are: (i) invest according to the country's HRH labor market; (ii) invest more sustainably; (iii) invest in more integrated HRH approaches; and (iv) engage in strategic partnerships. Countries are also encouraged to consider investments in information and communications technology.

The priority areas relevant to Global Fund's funding opportunities for HRH are summarized below:

1.   HRH policies, governance and workforce planning/management
Effective health workforce governance and management is essential to ensure appropriate use and impact of investments in HRH. Therefore, this type of support is very strategic and potentially relevant in all countries supported by the Global Fund. Interventions may include building or strengthening capacities to:

- Lead short- and long-term health workforce planning and development;

- Mobilize and use resources effectively and accountably;

- Create better working conditions, reward systems and career structures for health workers;

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[9] Tanahashi T. Health service coverage and its evaluation. *Bulletin of the World Health Organization*. 1978;56(2):295-303.

- Set strategic policies on education of health workers;

- Identify suitable strategies to engage in a collaborative manner and enter into partnerships with civil society organizations (CSOs) and the private sector;

- Develop and strengthening the HRH payroll and other financial management mechanisms to enhance efficiency, accountability, and transparency in managing, monitoring and reporting of HRH spending;

- Increase data availability, analysis and utilization of the health workforce and labor market data;

- Improve human resource management capacity, including the effective usage of human resource information systems;

- Formalize new cadres of health workers (e.g., CHWs), standardizing their education, regulation and integration and linkage into the national health system;

- Support inter-sectoral collaboration between different institutions within and outside of the health sector (e.g., civil service commission, Ministry of Finance, Ministry of Education, etc.); and

- Support the development of the Human Resources Information System (HRIS), including the introduction of a National Health Workforce Accounts.[10]

2. Education and training

Increasing the supply and/or competencies of health workers is essential for the achievement of ambitious health goals including those relating to HIV, TB and malaria. Therefore, education and training interventions are potentially relevant in all countries supported by the Global Fund, although the focus of such action will vary depending on the country context.

- In-service training (e.g., updating health workers on new procedures and guidelines) will continue to be funded if it can be shown to be necessary. In order to rationalize requests for support for in-service training, applicants must provide justification in terms of: (i) identified needs and gaps, (ii) innovative delivery methods minimizing disruptions to service delivery, (iii) alignment with national training strategies/capacity building plans as well as national *per diem* policies; and (iv) plans for embedding the relevant competencies in pre-service training. Use of new e-learning technologies will be considered, where appropriate.

- The Global Fund will also prioritize and support pre-service education. For maximum sustainability, investment in HRH accreditation, education and training should focus on pre-service education and on primary health care providers. Relevant interventions may include: updating systems for accreditation and quality control of health worker education; revising curricula or instruction modalities; training health educators and establishing clinical faculty positions; enhancing the capacity and improving the quality of training institutions; and/or supporting governments to ensure that quality standards are aligned across public and private sectors.

- Pre-service education also represents an opportunity to address imbalances (e.g. increase the representation of women, ethnic minorities and rural practitioners in the health workforce). All countries supported by the Global Fund should ensure that balance and sensitivity to gender and ethnicity issues are included in all health workforce policies.

3. Salaries and remuneration

In line with WHO's Global Strategy on Human Resources for Health: Workforce 2030 and the High Level Commission on Health Employment and Economic Growth 2017-2021, the Global Fund will invest in both capital and recurrent expenditure (including salaries), where appropriate.

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[10] More information on national health workforce accounts is available in the WHO Policy Brief here.

- Where fiscal space and economic demand for health workers is insufficient, Global Fund resources may be allocated for salaries (i.e., full salaries or contributions to salaries) for relevant health workers, with justification.

- Funding requests for scaling up the health workforce must comply with current Global Fund budgeting guidelines[11] and should submit a HRH sustainability plan beyond Global Fund support. The plan should explain how the health system will maintain a larger health workforce over the long term, and specify how salary support will be taken over by domestic funding.

- Funding requests must 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*.

In addition, if a country has a specific policy framework on CHW 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 outcomes across one or more disease programs. The Global Fund will consider funding CHW salaries even if they are employed by NGOs or CSOs. It is also important to align with relevant salary scales and ensure sustainability plans are in place.

4. Retention and motivation

The Global Fund will consider funding interventions to improve retention and motivation, especially in rural and remote parts of the country. The Global Fund will prioritize low-income countries and COEs when providing support for such interventions.

- Salary top-ups and incentives should be avoided unless they are the only way to pay HRH a living wage and/or are essential for delivery of disease programs;

- Other types of retention and motivation mechanisms, such as educational and regulatory interventions, non-financial incentives and improved working conditions and career development opportunities, should be considered first;

- In countries where the national health system has a functioning performance-based financing policy and system in place, Global Fund support may be provided to ensure that the incentives include an appropriate level of focus on the three diseases as part of a broader and balanced package of primary health care services.

Overall, the Global Fund aims to make ethical and sustainable investments in HRH, which necessarily places restrictions on the types of support that will be offered, especially in countries without relevant national policies and strategies to guide HRH investments. All countries requesting funding for HRH should place these investments within an overall national workforce strategy and request necessary implementation and capacity support. Furthermore, the Global Fund's approach may differ from one country to another. An intervention that is appropriate in one context may not be appropriate in a different context. For example, in many COEs, there are severe deficiencies in the availability of HRH and in the quality of services that they are able to provide. There will be a need to support a wide range of activities relevant to HRH, so it is important to be strategic. Priority will be given to interventions aimed at building and strengthening capacity for HRH regulation, education, management and planning. Similarly, in many COEs, salaries are low and/or payroll systems not functioning properly, with obvious implications for HRH retention and motivation. Many will also require support with scaling up of pre-service education, which may include support for students being educated outside of the country if the country's own education system is not functioning adequately.

Once a country becomes ineligible, it may submit an application for "transition funding" under the Global Fund's Sustainability, Transition, and Co-Financing policy. In general, it is expected that countries submitting

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[11] The Global Fund's Budgeting Guidelines (*forthcoming*).
[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.

funding applications for "transition funding" grants (i.e., the final grant from the Global Fund) will, in most cases, have secured adequate domestic funding for all HRH support that focuses on service provision (with the exception of support for civil society organizations and or temporary human resources engaged new functions that need to be put in specific place for transition preparedness activities). Therefore, it is unlikely, although possible, that these countries will need to request support for core HRH interventions. Where and when the "transition funding" does include support to HRH education, remuneration and other recurrent costs, the country should include within the overall transition plan details outlining how the production and employment of health workers will be transferred to national systems funded by domestic resources by the end of the grant.

Box 4: Example of Global Fund investments in HRH

In **Afghanistan,** the Global Fund supports health and community workforce development through building capacity of female community health nurses. This workforce supports scaling-up the provision of a basic package of health services, including HIV, TB and malaria and maternal and child health services for women and girls who otherwise could not access health services unless they were escorted by male family members. The Global Fund's investments in Afghanistan aim to increase access to services for vulnerable populations and to improve the quality of care. These investments are targeting disease-specific programs, but they also have spill-over effects on a broader range of RMNCAH health outcomes, helping contribute to higher efficiency and value for money.

In **South Africa,** the Global Fund is currently paying salaries for human resources working to develop and implement a new system for supply chain management for a range of drugs and essential supplies. It will take two years for the recurrent costs to be embedded in the government budgeting cycle, but this process has begun.

Applicants are encouraged to ensure that their requests for HRH support are strategic and aligned with national policies and global HRH strategies. In addition, funding requests for investments in HRH should articulate the landscape of in-country resources, as well as demonstrate leveraging and complementarity. Applicants should make use of the information in this document as well as the document [Strategic Support for Human Resources for Health: Briefing Note for Global Fund Applicants,](#) which further articulates the Global Fund's approach to HRH investments.

09 Strengthen data systems for health and countries' capacities for data analysis and use

Strengthening health information systems is critical to establishing a resilient and sustainable system for health. Having quality data, in a timely manner, is necessary for governments to both respond quickly to changing circumstances as public health crises emerge and to deliver the highest quality of services to every person encountering the health system. It is important for countries to aim to move beyond surveillance and reporting to active use of data in real time at all levels, to inform policies, manage and evaluate programs and formulate budgets. Integrating multiple data collection systems into one single national integrated health management information system (HMIS) improves decision-making and accountability, from individual health care workers in the community to sub-national, national, regional and global policy makers.

A comprehensive national monitoring and evaluation (M&E) system should include numerous types of data collection and data elements. WHO has developed a five-year health sector strategic planning cycle in which different data feed into a coordinated planning process. The cycle should be reviewed closely while prioritizing activities for strengthening data systems through Global Fund investments. These investments need to be aligned with the national M&E plan while also ensuring data availability for HIV, TB and malaria, as well as RMNCAH. In addition to investments in data collection methods, focus should be placed on the capacity to disaggregate, analyse and use the data yielded. The Global Fund investments in robust country data systems also contribute towards risk assurance. Key outcome and impact measures will be tracked from these systems to ensure quality and successful programs, as defined in its strategy and in line with its mission. Applicants should include investments to scale up capacities and establish sustainable systems at country level in their funding request to the Global Fund and ensure full utilization of allocated resources for M&E. The Global Fund

recommends that grants allocate 5-10% to M&E. For additional information, please review the [Operational Policy Note on Program and Data Quality](#).

It is also important to note that strong health information systems are core to improving program quality. A fundamental driver of quality improvement is the use of data for learning and action. This should be done through an iterative process that aims to drive continuous improvements in the design, implementation and evaluation of programs and the results that they achieve. The right data needs to be available at the right time and used by actors at different levels of the system to drive improvements.

Examples of activities that can be included in applications to the Global Fund to strengthen country health information systems include the following:

1. **Routine information systems**

   - Establishment, maintenance and strengthening of national HMIS, district health information system (DHIS2), mobile platforms for community level data collection and reporting, support to other systems or sentinel sites for routine data collection to facilitate the following activities: recording and reporting of outpatients, in-patients and mortality (all cause and disease specific), reporting from public, private and community based service providers, geospatial analysis, any related web-based/electronic system to support data reporting from all levels of health system, and reporting forms and tools with appropriate disaggregation of indicators. Countries must clearly prioritize their routine information systems needs in funding requests to the Global Fund.

   - Support for human resources for data systems
     o Capacity building of M&E personnel that benefit multiple disease programs;
     o Training community health workers on relevant data gathering and reporting; and
     o Training staff at all levels to use data to make informed management and program decisions and monitor program progress.

2. **Program and data quality**

   - Activities related to assessments of program and/or data quality, as well as monitoring of quality improvement activities or interventions including:
     o Health facility assessments with a quality of services component;
     o Other assessments of program quality;
     o Data quality assessments and validations;
     o Supervisory visits specific to data collection and reporting only (supervisory visits related to other aspects of the program should be included under the "Program Management" module); and
     o Methods and tools to monitor or assess quality improvement activities or interventions including databases, tools, standards

3. **Evaluations, reviews, data analysis and use**

   - Program reviews and evaluations including analysis, interpretation and use of programmatic and epidemiological data;

   - Plausibility assessments to link funding and interventions to impact along the full results-chain, through in-depth analysis of all available data;

   - Evaluation of the entire program or a specific component of the program (targeted evaluations);

   - Developing and sharing periodic reports through websites/publications;

   - Operations research (e.g., specific to any of the components of HIV, TB, and malaria control programs); and

   - Model-based estimations, such as Spectrum and Estimation and Projection Package programs.

Applicants should include sufficient funding for program reviews and/or independent program and impact evaluations in their funding requests. 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 (i.e., at least every 3 years as mid-term and end-term reviews/evaluations). Countries where the Global Fund investments are focused toward specific programmatic areas or population groups may plan for targeted evaluations of these key programmatic components. Such reviews and evaluations are expected to continuously inform programming and implementation, as well as the assessment of progress and impact.

4. **Surveys and studies**

    - Surveys and studies related to assessment of morbidity, mortality, service coverage and bio-behavioral surveys/studies in general populations or identified populations at risk (e.g., Demographic and Health surveys, health and morbidity surveys to assess out-of-pocket expenditures or burden)

5. **Administration and financing of data systems**

    - Establishing systems for periodic (e.g., annual) reporting on key health administrative and service availability statistics, such as inventory of health care providers and institutions;

    - National Health Accounts and sub-accounts;

    - National Health Workforce Accounts;

    - Setting up of financial reporting/ accounting systems;

    - Annual review of health sector and/or disease program budget and expenditures by funding source; and

    - Expenditure studies (e.g., NASA or other spending assessments)

6. **Civil registration and vital statistics (CRVS) systems**
Activities related to establishing and/or strengthening and scale up of CRVS systems such as:

    - Strengthening reporting of hospital morbidity and mortality statistics;

    - ICD-10 implementation and cause of death reporting in clinical settings;

    - Integration of mortality reporting into HMIS/DHIS 2;

    - Sample vital registration systems and sample registration with verbal autopsy ;

    - Reporting and analysis of mortality data from community vital registers;

    - Establishment of SMS system of reporting;

    - Training of community health workers on reporting vital events; and

    - Analysis and use of mortality data from surveys, surveillance, routine reports and vital registers.

Further information on strengthening CRVS systems is provided in the CRVS Technical Brief.

The health information system needs of countries will vary depending on each unique context. When investing in data systems for health and strengthening countries' capacities for analysis and use systems, the Global Fund will take into consideration the unique characteristics of each health information system and the presence and role of critical partners in this area.

Box 5: Examples of Global Fund investments in data systems for health

The Global Fund is supporting the coordinated implementation of the HMIS Strengthening Plan in the **Democratic Republic of Congo**. This support is focused on a number of key areas such as the district health information system (DHIS2) national roll-out, HR strengthening measures and improved analytical abilities and data use. Importantly, Global Fund support is harmonized with key partners such as the World Bank, DFID/IMA and Gavi.

The Global Fund is investing in the improvement of the HMIS in **Tanzania** by focusing on the integration of disease-specific programs into the HMIS and the utilization of the DHIS2 platform for reporting on all program data in the country. Some elements of disease program data, including for malaria and HIV, have already been incorporated into the DHIS2 platform, and there is current support for the alignment of TB reporting.

The Global Fund is also working alongside partners, including in-country stakeholders and the Health Information Systems Programme at the University of Oslo, to strategize on key areas of DHIS implementation and support. For example, the Global Fund is supporting the development of a regional strategy to enhance the DHIS support, both IT and public health, available in regions of **West and Central Africa** to strengthen national health information systems.

10 Strengthen and align to robust national health strategies and national disease-specific strategic plans

Investing effectively to achieve impact in global health requires supporting the development and implementation of national health strategies and national strategic plans for each disease so that the whole is greater than the sum of its parts. Through a partnership approach, investments in building resilient and sustainable systems for health can be coordinated with domestic and international resources.

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 across Global Fund's differentiated portfolio. 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. Solid design and implementation of national health strategies facilitate donor alignment, increase harmonization and build accountability at all levels.

Countries are also strongly encouraged to align and integrate individual national disease plans into their respective broader health sector strategies. Where relevant, countries should use harmonization mechanisms and tools, such as the [Joint Assessment of National Strategies](#) (JANS) – a shared approach to assessing the strengths and weaknesses of a national health strategy – in order to engage multiple partners in the strategy development, review and health system gap analysis. Countries are also encouraged to use the JANS approach for assessing the alignment and coherence between the overall national strategy and the disease-specific plans.

Accordingly, the Global Fund will invest in interventions that support national strategic plans and promote alignment with disease-specific plans. Interventions eligible for Global Fund support include:

- Activities that contribute to planning, developing and reviewing national health sector strategies, health systems-related strategies and sub-strategies (e.g., HRH or procurement and supply chain systems), policies, regulations, guidelines and protocols with linkages with HIV, TB and malaria, as well as a broader reach to other health outcomes.

- Developing and supporting mechanisms to supervise, monitor and report on the implementation of health sector and disease-specific laws, policies, regulations, including national and other consultative forums. This also includes developing and supporting institutional accountability/monitoring mechanisms to ensure service quality and delivery meet legal and policy standards.

- Activities that contribute to financing of these plans, improving adequate provision of financial resources to public, private and non-government/community institutions for effective delivery of services and disease control programs such as improving revenue collection or pooling and purchasing for ensuring financial sustainability of service delivery.

- Activities at the local, district, regional and national levels aimed at: integrated planning, programming, budgeting and financing health and disease control programs; integrating national disease strategies and budgets into broader health sector strategy; developing comprehensive national health sector strategic plans, health sector budget and annual operational plan; and oversight, technical assistance and supervision from national to subnational level.

- HRH-related costs, such as capacity building for policy makers.

Box 6: Example of Global Fund investments to strengthen national health strategies

In 2005, **Ethiopia** started to provide anti-retroviral treatment (ART) free of charge with the support of grants from PEPFAR and the Global Fund. The free ART program was a huge success. However, the program was rolled out at a time when Ethiopia was trying to cope with a human resource crisis in the health sector. In response, the Ethiopian Ministry of Health took leadership in harmonizing HIV national strategy objectives with objectives of the broader health sector strategy and planned investments in HRH accordingly, including the investments provided by international partners. As a result, the same time as the HIV treatment services were being scaled up rapidly, the access and use of other health services increased significantly, especially primary care services. This applied primarily to services provided by Health Extension Workers. Because of the close articulation between the strategic plan for HIV and the national health strategy, potential risks could be effectively mitigated. A "win-win" outcome is greatly enhanced when international partners, like the Global Fund, align their support with the national strategy.

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11 Strengthen financial management and oversight

The quality of financial management systems used in national level grant implementation and its related assurance activities fundamentally affects the Global Fund's ability to fulfill its fiduciary responsibilities and timely disbursements, as well implementers' ability to successfully implement grants and national programs. The Global Fund strives to ensure that adequate fiduciary controls are in place for the management of donor funds both at the Secretariat and country level and that there is a minimum set of reliable financial information available about the implementation of grants.

Accordingly, in order to support applicants and grant implementers to enhance financial management capabilities, the Global Fund has included strengthening financial management and oversight as a core component of RSSH in the new strategy. It aims to maximize the performance of program investments by improving implementers' financial management capacity for the sustainable fiduciary management of grants. It also works to enhance country ownership, demonstrate aid effectiveness and improve efficiency, accountability and transparency. Robust financial management systems are an important element of building RSSH. Investments in financial management and health financing contribute to universal health coverage through support for implementing relevant health financing and policy reforms and instruments such as national health accounts, health insurance and performance-based financing, leading to improved coverage of appropriate services in an equitable manner without exposing the population to financial hardship.

To this end, the Global Fund is able to provide technical and financial support and encourages applicants to prioritize and propose specific plans and budgets relating to strengthening financial management capacity with clear output indicators in grant budgets for consideration and approval, as appropriate. The Global Fund has prioritized support for strengthening financial management and oversight in the following areas:

1. Public financial management strengthening
Public financial management strengthening includes activities supporting the strengthening and alignment with country financial management systems for budgeting, accounting, reporting and assurance provision

including for Global Fund grants as well as 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 the Global Fund's intervention in the health sector, and promote sustainability and harmonization in financial management. Possible interventions include:

- Financing country action plans for public financial management;

- Financing plans for accountability and oversight;

- Enhancing internal controls;

- Process improvements;

- Information systems strengthening;

- Activities to ensure collaboration with other development partners for achievement of synergies; and

- HRH-related activities, such as capacity building of auditing bodies and implementers.

2. Routine financial management improvement

Routine financial management improvement includes activities supporting financial management capacity improvements for Global Fund grants to enable better fiduciary control, timely and quality reporting for program performance. It includes any 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 Recipient and sub-recipient grant implementers; and

- HRH-related activities, such as recruiting Principal Recipient finance staff.

Box 7: Examples of Global Fund investments in financial management systems

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

In **Sierra Leone**, based on shared-services principles, a centralized administration unit called the "Integrated Health Program Administration Unit" has been established in Sierra Leone's Ministry of Health by development partners including the Global Fund, GAVI and World Bank. The Sun System platform (financial management information system) is being developed and installed with technical and financial support from the Global Fund.

V. Guidance on Preparing and Submitting Funding Requests for Building Resilient and Sustainable Systems for Health

It is important that applicants clearly understand the ways in which they can request funding for building resilient and sustainable systems for health from the Global Fund. General guidance is available in the Global Fund's Operational Policy Note on Access to Funding, Grant Making and Approval (*forthcoming*).

Applicants are strongly encouraged to discuss RSSH upfront and develop a comprehensive approach. Performing a robust needs assessment and gap analysis of the health system is an important preparatory step before submitting a funding request. Evidence should demonstrate a clear understanding of what the problems are and how RSSH investments will help resolve these problems and lead to better delivery of services. The need for specific analytical evidence may vary from country to country. The Applications' Handbook: a practical guide to preparing a funding request can help guide applicants through this process.

In addition, the Applicant's Handbook also provides specific guidance on the following aspects: 1) ensuring an inclusive approach to country dialogue; 2) agreeing upon a program split between eligible diseases and RSSH; and 3) submitting a funding request through the new differentiated application process. Applicants will need to discuss, in an inclusive manner, how to distribute their allocated amount of Global Fund funding, including how much to allocate for RSSH activities. Applicants are strongly encouraged to request support for RSSH. As guidance, in the past the approximate allocation for cross-cutting investments (i.e., interventions that address systems-related issues across multiple disease programs) varied between 5-11%. This trend continued during the 2014-2016 funding cycle as well. For budgeting purposes, the amount allocated for RSSH modules, regardless of whether these modules are included as part of a funding request for a disease-specific program or a stand-alone RSSH grant, will count toward the RSSH allocation from a country's overall funding envelope.

The Global Fund recommends that, if possible, applicants present their RSSH funding request for the entire portfolio (i.e., covering health system's needs across the three diseases), either integrated with a single disease-specific funding request or through a standalone RSSH funding request.

In addition, applicants are also strongly encouraged, when appropriate, to develop a comprehensive response to addressing all diseases and relevant health system issues by either preparing a single funding application for the three diseases and RSSH, or simultaneously submitting multiple disease applications with a strong focus on RSSH (or multiple disease applications and a stand-alone RSSH application). Such integrated conceptualization and planning of investments in diseases and systems for health increases efficiency and maximizes health impact to reach beyond HIV, TB and malaria.

VI. Key References

The Global Fund's investments in RSSH are synergistic with its investments in HIV, TB and malaria programs. Support for systems for health, as described in this information note, is dedicated to cross-cutting interventions that contribute to strengthening the performance of health system functions that benefit multiple disease programs and health services, especially to communities. Applicants, particularly those with the greatest needs, are strongly encouraged to request support from the Global Fund and make full use of this document, other Global Fund support tools and key resources listed below.

Global Fund Information Notes and Technical Briefs

- ➢ [Addressing Gender Inequalities and Strengthening Responses for Women and Girls](#)
- ➢ [The Global Fund HIV Information Note](#)
- ➢ [The Global Fund Malaria Information Note](#)
- ➢ [The Global Fund Tuberculosis Information Note](#)
- ➢ [The Global Fund Human Rights, Gender and Malaria Technical Brief](#)
- ➢ [The Global Fund Reproductive, Maternal, Newborn, Child and Adolescent Health Technical Brief](#)
- ➢ [Technical Brief on Community Responses and Systems](#)

Further selected Global Fund documents

- ➢ [Global Fund Strategy 2017-2022 "Investing to End Epidemics." (2016)](#)
- ➢ [Applying for funding](#)
- ➢ [The Applicant's Handbook. A practical guide to preparing a funding request (2016)](#)
- ➢ [Funding Request Instructions (2016)](#)
- ➢ [Global Fund Gender Equality Strategy](#)
- ➢ [Global Fund Modular Framework Handbook](#)
- ➢ [Frequently Asked Questions. The 2017-2019 Funding Cycle (2016)](#)
- ➢ [The Role of the Global Fund in Supporting Countries to Build Resilient and Sustainable Systems for Health (2016).](#)
- ➢ The Global Fund Sustainability, Transition and Co-financing Guidance Note (*forthcoming*)
- ➢ [The Challenging Operating Environments Policy](#)

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
- ➢ BACKUP Health
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VII. List of Abbreviations

ANC	-	Antenatal Care
ART	-	Anti-retroviral Treatment
CCM	-	Country Coordinating Mechanism
CHW	-	Community Health Worker
CMS	-	Central Medical Stores
COE	-	Challenging Operating Environment
CRVS	-	Civil Registration and Vital Statistics
CSO	-	Civil Society Organizations
DHIS2	-	District Health Information System
GoG	-	Government of Ghana
HMIS	-	Health Management Information System
HRH	-	Human Resources for Health
HRIS	-	Human Resources Information System
iCCM	-	Integrated Community Case Management
IFMIS	-	Integrated Financial Management Information System
IHP+	-	International Health Partnership
JANS	-	Joint Assessment of National Strategies
LMIS	-	Logistics Management Information Systems
M&E	-	Monitoring and Evaluation
MACIS	-	Malaria Childhood Illness NGO Network Secretariat
NSP	-	National Strategic Plan
RMNCAH	-	Reproductive, Maternal, Newborn, Child and Adolescent Health
RSSH	-	Resilient and Sustainable Systems for Health
SDG	-	Sustainable Development Goal
SRH	-	Sexual and Reproductive Health
TFDA	-	Tanzania Food and Drug Authority
UHC	-	Universal Health Coverage
VHT	-	Village Health Teams