THE GLOBAL FUND

Update on Strategy Implementation Preparations

47th Board Meeting

GF/B47/09/B

10-11-12 May 2022, Geneva / Virtual

Outline

1. Theory of Change (slides 5-8)
2. Strategy Delivery (slides 10-12)
3. SC/Board engagement with strategy implementation (slides 14-15)
4. Work in progress summaries for 10 Key Changes (slides 17 – 28)
5. Annex (slide 30-31)

Voice Over and Executive Summary

This is a complicated deck. It is complicated because it seeks to present the Global Fund's theory of change and how it will be adapted to deliver the new Strategy in under 30 slides! We hope this short voice over helps and the Secretariat is always available to answer questions.

- **Slides 5-8: Theory of change of the Global Fund model.** This is also described in detail in the "Partnership Enablers – How We Work" section of the new Strategy. In brief, it is:
  - *We address the largest pandemic threats in the highest burden and lowest income countries by raising and investing additional funds in partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases. Investments are country-owned and prioritized, rigorously and independently reviewed, implemented by local partners and managed for performance.*

- **Slides 10-12: Global Fund levers and 10 Key Changes.** Describes 1) how the Global Fund has many "levers" it uses to deliver the new Strategy (from Board policies on country funding, to the design and review of funding requests, to selection of monitoring and evaluation activities and 2) how the 10 changes noted in the Strategy are actually mini-theories of change that utilize these levers for achieving specific outcomes. Both are nested within our broader model for change.

- **Slides 14-15: SC/Board engagement with strategy implementation.** Describes the SC/Board's role in providing oversight and guidance to implement the strategy and launch the next cycle of grants in 2023 and onwards

- **Slides 17-28: Our current, work in progress, thinking on delivering each of the 10 Key changes**, including a problem statement, 3-year vision of success and major change levers proposed to achieve these changes. This section begins by reviewing the key cross-cutting themes emerging across multiple working areas for Board discussion.

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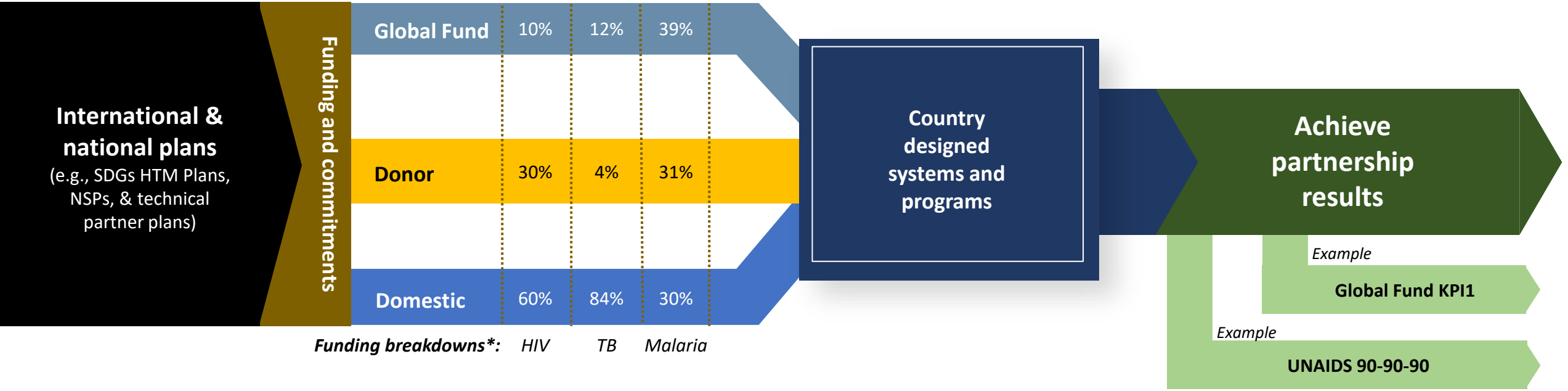
The Theory of Change for the Global Fund and adaption to the new Strategy

- The Global Fund partnership has a well-established and proven theory of change based on the principles of country-ownership, evidence-based interventions and a multi-stakeholder partnership.
- The 2023-2028 Strategy describes the specific priorities of Global Fund investments vis-à-vis the actions of other partners and identifies the most important strategic areas of engagement, specific and common to the three diseases, that will accelerate the pace of program implementation and achievement of partnership wide results.
- The new Strategy directs the underlying Theory of Change to articulate and plan how the Global Fund actions, efforts, and investments, working in partnership with others through a series of 'levers,' can put greater emphasis on certain elements to accelerate progress, enhance impact, and ensure sustainability of investments.
- Progress through a set of key change pathways is modulated by the Global Fund's successful application of its levers as part of Strategy delivery and is based on a set of underlying contextual assumptions and enablers, including clear roles and accountabilities of partners.
- The interconnected change pathways contribute to the achievement of medium- and long-term outcomes that in turn advance impact as defined by the Strategy.
- Global Fund teams are using the logic of the Theory of Change as they focus on the key changes identified by the new Strategy and to inform Strategy delivery efforts.
- The Theory of Change will guide the development of the Strategy M&E Framework by informing the key questions and insights for which data is required to measure progress of the change areas and achievement of outcomes, as well as to prioritize the most critical measurement areas for Strategy-level key performance indicators.

Setting the context of a Global Fund Theory of Change

The Global Fund seeks to address the largest pandemic threats in the highest burden and lowest income countries by raising and investing additional funds in partnership with governments, civil society, technical agencies, the private sector and people affected by the diseases. Investments are country-owned and prioritized, rigorously and independently reviewed, implemented by local partners and managed for performance.



- Within the broader health ecosystem, the Global Fund's Theory of Change differentiates the Global Fund's work from other essential global health actors and functions, such as WHO's leadership role on norms and standards, UNITAID's on accelerating upstream innovations, and GAVI's on vaccination.

*Global Fund Results Report 2020, Global Fund

Underlying Theory of Change for the Global Fund Model

Mobilize financial resources and political will and scientific/ technical assistance…

To empower and support in-country actions including governments, civil society, the private sectors and communities to drive, actionable plans towards ending HTM by 2030 and building RSSH, leaving no one behind…

By enabling the implementation of effective efforts and interventions…

That lead to required changes and achievement of results aligned to Strategy objectives..

That advance impact

Inputs/ Levers

Raise funds

Raise funds based on investment case targets

Policies for allocation & sustainability

Policies ensure appropriate allocation of resources and strengthened financial sustainability

Grant design, review & approval

Quality grants designed based on country context, aligned to technical guidance and Strategy objectives

Sourcing operations

Effective and efficient sourcing operations

Implementation mechanisms

Mechanisms during grant implementation support successful delivery and achievement of grants results

Performance management

Effective performance management leads to learning and continuous improvement for current and future cycle of grants

Enabled by partners with clear roles & accountabilities

Activities and interventions

To prevent transmission of HTM

To improve access to quality treatment and care

To tackle the socio-economic determinants of HTM, including human rights related barriers, gender inequalities and other inequities

To reinforce systems for health, including community systems, to enable sustainable and effective delivery of interventions, and to ensure no one is left behind

Intermediate and long-term outcomes

Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

Tangible improvements in the integration, resilience, sustainability and inclusivity of systems for health, including community systems, as a platform for UHC

Maximizing Health Equity, Gender Equality and Human Rights

Demonstrable progress in reducing health inequities, including those arising from human rights related barriers and gender inequalities

Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

Communities are enabled to engage and influence global health ecosystem and full grant life cycle

Mobilizing Increased Resources

Domestic financial and program resources mobilized to achieve and sustain results

Contribute to Pandemic Preparedness and Response

Pandemic preparedness & response capabilities strengthened

Equity in access to effective quality HTM prevention, treatment, care and support programs

Impact

Rapid and sustainable progress in reducing incidence and mortality from HTM and to achieve SDG3 target of ending HTM as public health threats

and achieving health and wellbeing for all

Assumptions:

- Donors & countries fulfill funding commitments
- Technical partner guidance available, relevant and impactful
- Necessary partners engaged for meaningful participation from grant design to oversight
- A culture of learning exists at all stages to drive program improvement

Directing the underlying Global Fund Theory of Change to deliver on the new Strategy

*A set of **key changes** are identified in the new Strategy to put **greater emphasis** on areas that will **accelerate progress of implementation** to deliver the ambition of the Strategy*

- Across all three diseases, an intensified focus on prevention.
- Emphasis on integrated, people-centered services
- Focus on accelerating the equitable deployment of and access to innovations
- Much greater emphasis on data-driven decision-making
- Systematic approach to supporting the development and integration of community systems for health
- Intensified action to address inequities, human rights and gender-related barriers
- A stronger role and voice for communities living with and affected by the diseases
- Emphasis on programmatic and financial sustainability
- Explicit recognition of the role the GF partnership can and should play in pandemic preparedness and response

*The changes are **operationalized though levers** within the GF model*

- **Raise funds**
- **Policies for allocation & sustainability**
- **Grant design, review & approval**
- **Sourcing operations**
- **Implementation mechanisms**
- **Performance management**

*To influence key **activities and interventions***

- To prevent transmission of HTM
- To reduce mortality resulting from HTM
- To tackle the socio-economic determinants of HTM, including human rights related barriers, gender inequalities and other inequities
- To reinforce systems for health, including community systems, to enable sustainable and effective delivery of interventions, and to ensure no one is left behind

To achieve the intermediate and long-term outcomes aligned to the Strategy objectives*

Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability

Tangible improvements in the integration, resilience, sustainability and inclusivity of systems for health, including community systems, as a platform for UHC

- Services are integrated, people-centered, and of high quality
- Innovations equitably introduced and taken up
- Decision-making based on quality and timely data and evidence
- Enhanced, tailored community responses, including service delivery platforms

Maximizing Health Equity, Gender Equality and Human Rights

Demonstrable progress in reducing health inequities, including those arising from human rights related barriers and gender inequalities

Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind

Communities are enabled to engage and influence global health ecosystem and full grant life cycle

Mobilizing Increased Resources

Domestic financial and program resources mobilized to achieve and sustain results

Contribute to Pandemic Preparedness and Response

Pandemic preparedness & response capabilities strengthened

Equity in access to effective quality HTM prevention, treatment, care and support programs

To ultimately achieve impact

Rapid and sustainable progress in reducing incidence and mortality from HTM and to achieve SDG3 target of ending HTM as public health threats

And

Achieving health and wellbeing for all

Enabled by partners with clear roles & accountabilities, the Global Fund funding model is designed to deliver efficient, effective and catalytic investments aligned to the objectives of the 2023-2028 Strategy

*Specific outcomes and results being defined by technical teams and measures discussed in measurement consultations

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Theory of Change Levers

"Levers" are the key aspects of the GF model that can be used and adapted to drive and shape investments and progress in key areas of the Strategy. They range from what we allocate funds for, to what we ask countries to prioritize in funding requests, to how we manage the prioritization and performance of investments.

Inputs/ Levers	*Illustrative examples**
Raise funds *Raise funds based on investment case*	• Replenishment • Communication Strategy
Policies for allocation & sustainability *Policies ensure appropriate allocation of resources and strengthened financial sustainability*	• Eligibility Policy • Allocation formula • STC Policy • COE Policy • Matching Funds • Qualitative Adjustments • Strategic Initiatives • Multi-Country approaches
Grant design, review, & approval *Quality grants designed based on country context, aligned to technical guidance and Strategy objectives*	• CCM Evolution • Partner engagement • Allocation letters & technical guidance • Funding request guidance/ application materials • Civil society engagement • TRP Review • GAC/ Board Approval

Inputs/ Levers	*Illustrative examples**
Sourcing operations *Effective and efficient sourcing operations*	• Pooled procurement • Sourcing & supplier contracts • Quality assurance for Pharmaceutical and Diagnostics Products Policies
Implementation mechanisms *Mechanisms during grant implementation support successful delivery and achievement of grants results*	• Performance frameworks and annual funding decisions • Grant revisions and portfolio optimization • Technical assistance • CCM oversight • Partner engagement • Communities & civil society engagement • OIG reviews/audit
Performance management *Effective performance management leads to learning and continuous improvement for current and future cycle of grants*	• LFAs • Risk monitoring • KPI Reporting • Evaluation and reviews • Country Portfolio Reviews • County dialogue/ Peer-to-peer learning • Situation Rooms

**To be further defined in Strategy Delivery working groups*

The “Strategy Delivery” process uses the Theory of Change logic in planning to implement the Strategy

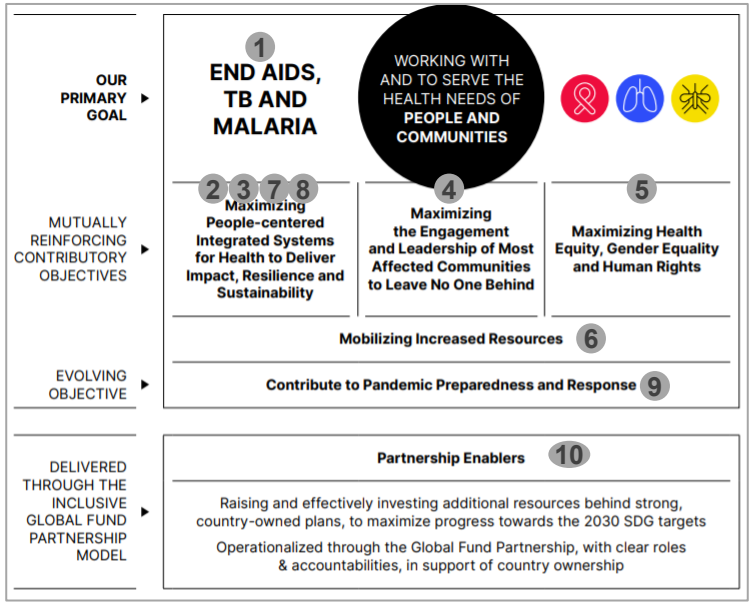
Strategy Delivery planning aims to translate Strategy Objectives into delivery plans…

With focus on 10 Key Changes that highlight areas for accelerated change…

To determine most critical Change Levers for effective implementation…

Geared toward our Primary Goal to end AIDS, TB and Malaria

Strategy Framework



10 Key Changes in Strategy Narrative

1. Incidence Reduction
2. People-Centered Integrated Systems for Health
3. Service delivery by community-based/led organizations
4. Voice for Communities
5. Health Equity, Human Rights, Gender Equality
6. Health Financing
7. Accelerate equitable intro & scale-up of new tools & innovation
8. Improve generation and use of data
9. Pandemic Preparedness & Response
10. Partnership Model

Change Levers

- Raise funds
- Policies for allocation & sustainability
- Grant design, review, & approval
- Sourcing operations
- Implementation mechanisms
- Performance management

Monitoring results

- 2023+ M&E and KPI Frameworks with targets
- Monitoring 3-year and 6-year outcomes

Ongoing Strategy Delivery planning is designed to facilitate Secretariat’s readiness to hit the ground running in the new Strategy period 2023+

Ongoing intensive period of coordinated, comprehensive planning efforts to ensure readiness for new Strategy launch by Q4 2022

Key elements of "Strategy Delivery" planning in 2022

Strategy Delivery planning with focus on 10 key changes

- Reflect on **lessons learnt** from previous cycle
- Deep dive on **10 key changes** to facilitate accelerated results, through cross-functional working groups
- Assess and determine **most critical Change Levers** to affect change during implementation in this cycle, incl. **Catalytic Investments**

Ongoing
Intensive focus in Q1-Q2

Grant launch planning

- Analyze and align on delivery plans
- Translate **proposed Change Lever updates into evolution of grant lifecycle material**, e.g. evolution of application material, modular frameworks, review bodies, etc. as needed
- Plan operationalization of **Catalytic Investments**

Ongoing
Q1 – Q4

Consolidated Department / Division planning

- Reflect on **lessons learnt** from previous cycle
- **Holistic Department / Division planning based on strategy objectives**, incorporating recommendations related to 10 key changes
- Refine assessment of **most critical Change Levers** to affect change during implementation in this cycle
- Draft **3-year delivery plans** and resource requests

To be launched in Q2

Organizational budgeting

- Consolidate and finalize **3-year delivery plans**
- **Allocate resources** based on 3-year delivery plans, in line with prioritization methodology
- Share with **AFC for approval**
- **Execute delivery plans**, incl. operational changes, ongoing change management and communications

Ongoing execution
Q2 – Q3

Regular strategy implementation updates to the SC through 2022 aimed to cover progress in planning & execution and seek guidance on critical areas

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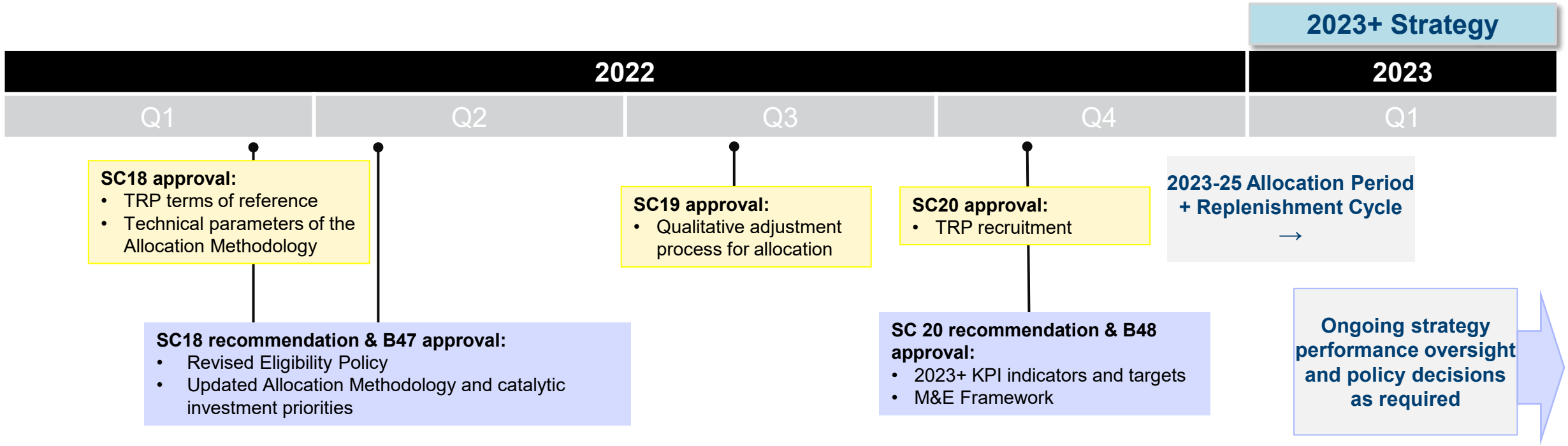
SC/Board decisions and related Secretariat actions needed to launch the next cycle of grants



Secretariat Actions*

- Funding Request Template Development Q1-2
- Grant Operating System Development Q1-4
- Grant Modular Framework (modules & indicators) Q1-2

- Information Notes Q2
- Guidance materials devt Q2-3
- Catalytic MF/ MC/ SI Operationalization Q2-3
- TRP Recruitment Q2-4
- Update OPN for FR & GM policies, procedures, RACI Q2-3

- Publication of Application Materials and Info Notes (July)
- Assessing cofinancing requirements Q3-4
- Developing allocation letters Q3-4
- Partner and Applicant Training/Info Sessions Q3-Q1 2023
- Eligibility List for allocation Q3-4

- Running allocation
- Sending allocation letters (Dec)

- Country dialogue and supporting Funding Request/Grant development

*preliminary draft of timelines

SC and Board to receive regular Strategy Implementation updates and provide oversight & guidance from 2023 onward

Regular updates on Strategy Implementation to the SC and Board covering critical topics for information & guidance

Consolidated programmatic updates

- Strategic Performance Report (2 per year)
- Country Funding & Portfolio Optimization Update (3 per year)
- Strategic Initiatives Update (2 per year)
- C19RM Update and business continuity (3 per year)

Thematic deep dives

- CRG Report (1 per year)
- TRP Report (2 per year)
- Evaluation Reports & Secretariat Management Responses (TBC)
- On demand thematic updates, e.g. Supply Operations, Health Financing, CCMs, etc.

Oversight updates

- Risk Management Report (2 per year)
- CRO Annual Opinion (1 per year)
- OIG Annual Report & Opinion (1 per year)
- Joint Agreed Management Actions (2 per year)

Operational issues related Strategy to be covered in AFC and EGC discussions

AFC

- Annual Financial Report (1 per year)
- Financial Statements and Financial Performance Update (2 per year)
- Resource Mobilization Update (2 per year)
- Strategic Performance Report (2 per year)
- HR Update (1 per year)
- Risk Management Report (2 per year)
- CRO Annual Opinion (1 per year)
- OIG Annual Report & Opinion (1 per year)
- Joint Agreed Management Actions (2 per year)

EGC

- Ethics Officer Annual Report and Opinion (1 per year)
- Report of the CG (2 per year)
- AMAs from OIG Audits on the Ethics and Integrity Framework (based on agreed timeline)

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Preliminary themes emerging from "Strategy Delivery" planning discussions focused on 10 key changes

Directiveness	**Overall higher appetite to be more directive in critical areas for impact (both from SC and Secretariat)** while respecting country ownership. Can utilize levers like GAC/TRP review, catalytic investments, allocation letters, funding request forms, to drive right types of decisions, and have process to flag and discuss where countries are not funding most impactful interventions.(All groups)
Quality Standards	**Setting quality standards** (including recommended tools, products, program elements, best practices) as part of funding applications **is a key way to improve quality while maintaining country ownership**. Quality standards must be set in advance of the FR review processes and aim to influence upfront portfolio analysis & country dialogue instead of waiting until FR review. (Incidence Reduction: HIV, TB, Malaria, Accelerate equitable intro/uptake of new tools/innovation, Voice for Communities)
Funding request / grant making launch	**Funding Request/Grant-Making Process** (e.g. funding request template, technical guidance, allocation letter, etc.) is a major change lever for most Key Changes but must be targeted and balance magnitude of changes that can be digested and reflected at country level this grant cycle (All)
CCMs and Country Dialogue	**Changing CCM representation or changing/expanding country dialogue are coming up frequently as change levers.** Need to consider how much CCMs can take onboard and how it will be translated at country level.(Incidence reduction TB, HIV, Malaria; IPCSH; Service delivery by CBO/CLOs; Voice for Communities; Health Equity/HRts/GE; Pandemic Preparedness)
Health Financing	**Health financing and co-financing are critical for delivering aims across our mission** and particularly for increasing coverage of effective interventions. Need all-Partnership effort to emphasize increasing total available health financing in next round of negotiation/approval of grants and mainstream HF elements in disease & grant discussions. (All groups)
Data	**Every WG has identified increased data needs** (e.g. new indicators, sub-national data, HF data, analytical capacity, etc.) for better decision making and resource allocation. Important to clarify for whose benefit and need to balance with countries' capacity & capability to collect reliable data. Potential major OPEX driver for next strategy cycle. (All groups)

Snapshots of discussions on 10 key changes in following slides

Work in Progress Summary for HIV Incidence Reduction

Problem statement	Overall, we are far from reaching targets on incidence reduction, both in terms of Global Fund grant performance and globally, with incidence increasing in some regions and in some populations (especially key populations in MIC). Incidence reduction rests on both high coverage of early treatment (to reduce virus circulating) and prevention **for those most at risk**. While we successfully reach high treatment coverage in some settings, the lack of precision programming to respond to epidemic dynamics, especially among KP and AGYW, means many at high risk are still not being reached with effective prevention or treatment.		
Scope	• Support & strengthen national prevention leadership & accountability • Ensure service delivery innovation & integration – to reach & achieve scale where, how & to whom services are delivered • Ensure countries have & use data necessary to prioritize investment & manage & steward programs effectively • Focus on countries where our leverage/investment is significant &/or incidence trends are deeply concerning but be prepared to address significant policy hurdles	**3-year vision of success**	• Priority countries have: (1) demonstrated increased availability of people-centered prevention; (2) made policy &/or regulatory changes to permit innovation & task shifting/sharing of prevention services & can monitor service quality & effective scale; (3) mobilized, allocated & appropriately prioritized increased domestic resources for prevention (NASA reported) • Health systems (community & facility) are PEP/PrEP-friendly and provide PEP/PrEP to HIV-negative individuals at significant risk of HIV acquisition • Data on behavior, access & use of prevention services, social determinants, prevention outcomes, proxies for incidence is available & effectively used

Preliminary work areas	Preliminary examples of major change levers

1. Support & enhance national prevention stewardship, leadership, management & planning for prevention to get scale & precision	**Focus** efforts in countries where **high burden or epidemic expansion** is driving concern (addressing epidemics amongst KPs & AGYW)
	• **Policies for allocation & sustainability**
	  • Use **catalytic investments** to accelerate progress in (i) increased access to/use of prevention options (condom, PrEP, harm reduction, targeted health communication) to reduce unmet need (ii) new non-health facility and community delivery channels (including virtual) & (iii) quality standards for prevention services and/or implementation of supportive policy changes
	  • Fully leverage health financing levers to mobilize additional resources & effectively use them for incidence reduction
	• **Grant design, review, & approval**
	  • Expanded country dialogue & funding request – engage right partners, including to address social determinants & drive innovation, strategic intentional engagement around HIV policy/ legislative/ regulatory hurdles, use of data to develop scenarios for optimal prevention investments & outcomes.
	  • Use allocation letter and funding request templates/guidance to specify expectation for targeted prevention investments, including focus on prevention innovations, access to expanded prevention options & diversification of prevention platforms
	  • Develop, operationalize, monitor and assess quality standards / expectations for HIV services/interventions, especially for prevention, across the grant life cycle
	• **Implementation mechanisms:** Strengthen prevention implementation through enhanced implementation support, greater implementer accountability for prevention progress including routine prevention implementation reviews & LFA capacity on prevention priorities
	• **Performance management:** Standardize expectations for measurement of prevention outcomes beyond coverage monitoring, invest in tools & data systems to routinize data that guide targeting of prevention interventions, & strengthen capacity for data use in-country

2. Prevention innovation: expand access to new & existing prevention options & diversify delivery platforms to include private sector & community	
3. Data for local program-related decision making & resource allocation/prioritization to enable greater precision of prevention	

Work in Progress Summary for TB Incidence Reduction

Problem statement	The world is off-track to meet the End TB target of 80% incidence reduction by 2030. To accelerate progress towards this target and recover ground lost due to COVID-19, how we can implement the new Global Fund strategy to support countries in mobilizing and effectively using financial resources to deliver equitable and people-centered interventions that address barriers in access to quality TB services?		
Scope	• Critical priority interventions, shifts, new areas & investments including in health system for TB incidence reduction in GF supported countries • GF Secretariat internal work including cross programs collaboration to effectively support successful operationalization of this work • Existing & new partnerships that need to be leveraged at country, regional & global level to enable reaching goal/target • GF support to strengthen surveillance systems in countries for more accurate TB incidence estimates	**3-year vision of success**	• Reduced number of missing people with DS and DR-TB • Increased TB treatment coverage • Increased number of TB patients tested with rapid diagnostics at time of diagnosis • Increased number of eligible TB patients receiving TPT (TB preventive treatment)

Preliminary work areas	Preliminary examples of major change levers
1. Early & accurate diagnosis of DS-TB & DR-TB by ensuring all people with presumptive TB are screened & tested using the latest evidence-based, WHO-rec'd screening & diagnostic tools	**Grant design, review, & approval:** • Develop, operationalize, monitor & assess quality standards / expectations for TB Services across grant life cycle • Improved joint TAP/GMD approach to support TB priority countries **Policies for allocation & sustainability:** Design & implement **catalytic investments** (MF & SI) which continue to incentivize and support progress on finding missing people with TB and scale-up of TB prevention **Implementation mechanisms:** • Expand TB partners/stakeholders & have non-state PR & more SR for TB • Support strong coordination & stewardship role of National Tuberculosis Program • Engage TB communities in the design, planning and implementation of people-centered TB response, including increasing their representation in the CCM • Engage with private sector and other stakeholders in the TB response **Raise funds:** Cost effectiveness analysis to reduce large inefficiencies in TB care, and co-financing/innovative financing to increase overall funding levels **Sourcing operations:** Market shaping of key TB diagnostics & drugs with GDF to support rapid introduction of tools & latest recommendations at country level
2. Access appropriate quality TB treatment & successfully complete medication, using latest recommended drugs & regimens & patients' support	
3. Screening & testing of household & close contacts of people with TB, & vulnerable & at-risk groups such as PLHIV & children (& others as per country epidemiological context) & early access to latest recommended TB preventive treatment	
4. Enablers to address structural and access barriers for an inclusive, integrated, people centered and right based quality TB response	

Work in Progress Summary for Malaria Incidence Reduction

Problem statement	Despite big advancements made in the last decades, progress against malaria incidence reduction (at least by 90% by 2030 vs 2015) and other targets is off track. To accelerate progress and recover ground lost due to COVID-19 disruptions, the focus is on how we can implement the new GF strategy to support countries to mobilize and effectively use financial resources and deliver people-centered interventions that address access to quality malaria services in diverse contexts across the GF portfolio: (i) countries *nearing elimination* and will need support to get them across the finish line; (ii) countries in control phase but *are potentially at a turning point* where incidence reduction during the next strategic period is possible; (iii) Countries in control phase where *an increase in incidence* may not be an indicator of failure.

Scope	• What are critical priority interventions, innovations & investments incl. in health systems to support incidence reduction tailored to local epi context to maximize impact across transmission spectrum? • How will the Secretariat leverage new / upgraded partnerships at country, regional & global level? • What will be done differently to position implementors for enhanced implementation success? • How can the GF strengthen generation & use of malaria data?	**3-year vision of success**	• Countries nearing elimination - RAI & defined set of countries at zero cases of malaria &/or certified malaria free • Scale up - to expand equitable access to quality early diagnosis & treatment of malaria • Reinforce - Sustained effective vector control, scale up of chemoprevention & synergistic intro. of RTS,S with Gavi • Precision – Stratification to better target and tailor interventions • Rapid introduction of new tools in fight against malaria • Robust comprehensive data systems & surveillance to inform country level decision making • Empowerment of communities & malaria leaders at all levels • Significant reduction in malaria incidence or elimination in a subregion of SSA to demonstrate feasibility of future eradication

Preliminary work areas	Preliminary examples of major change levers

1. Prioritization and tailoring to the local epidemiology and context	• **Policies for allocation & sustainability: Catalytic Investments** to support vector control and address biologic threats
	• **Grant design, review, & approval:** Leverage access to funding processes, tools and quality standards to signal key changes & need for data-driven prioritized investments for improved outcomes based on optimal mix of interventions tailored to epi context; updated NSPs and Funding Request scenario analysis, impact modeling; continuous quality improvement efforts, through innovative service delivery models to maximize uptake of services & impact; expand country dialogue platform and enhance inclusive in-country discourse (CCM evolution)
	• **Sourcing operations:** New Product Introduction CI; support national programs & implementers to adopt innovative products and interventions
	• **Implementation mechanisms:**
	  • Joint work with partners to support program shifts for optimal intervention mix, incorporating community voices, relevant service delivery sectors and RSSH & PP; evolve capacity building to focus on management skills at national/subnational level and move away from short term TA to longer term local capacity building, establish strong partnerships and joint vision with new WHO, PMI, RBM leadership
	  • Maximize joint efforts and support of Secretariat and partner expertise for domestic financing, STC, private sector engagement and innovative financing; robust evaluation of cost effectiveness of tools and sequential prioritization (VfM SI);
	  • Engage partners to strengthen evaluation and planning related to impact of climate events/change on malaria.
	• **Performance management:** Evolve M&E capability at country level & Secretariat with stronger malaria expertise; analytic capacity through data CI, grant and partner support for capacity building in data use at country level. Engage WHO/partner fora to enable required evolution of global malaria M&E framework & adapt GF Modular/Performance Framework / KPIs.

2. Malaria program delivery success	
3. Better coordinated partnership efforts and strengthened political will	
4. Evolution to address biological (and other) threats	

Work in Progress Summary for People-centered Integrated Systems for Health

Problem statement	Vertical and centralized approaches to planning, financing, and implementing disease-specific programs miss opportunities to contribute to health care services that are less fragmented, respond to people's needs, and are sustainable.		
Scope	• Improve access to quality health services by **investing in primary health care & community systems** to improve health outcomes, including for HTM, and strengthen pandemic preparedness • Proactively promote **integration of health systems functions & platforms** where efficiencies can be gained including **linkages between facility & community-based care,** private sector approaches • **Engagement of patients & communities** in the design, delivery, monitoring of health services • Build & strengthen **partnerships** that can advocate for & advance shared integration agenda & provide TA to enable shifts at country & partner level	**3-year vision of success**	• Priority integration opportunities defined, understood & advanced by GF, TRP, partners & country stakeholders (e.g., labs, CHW, CLO, CBO, SRH platforms) • Updated GF policies and support processes (e.g., Modular Framework, KPIs, technical briefs, PFs, trainings, partnerships, etc.) • Demonstrated value / impact through clear metric measurement • More & better quality GF investments for strengthening and sustainability, rather than support, tailored to country context & PHC maturity • Less siloed systems & HTM services at health facility & community level • Improvements in pandemic response capabilities

Preliminary work areas	Preliminary major change levers
1. **Support integration of health services and health systems functions** to: i. boost and sustain HTM ii. Contribute to building multi pathogenic pandemic capabilities, e.g., lab, work force, surveillance iii. Boost broader health outcomes e.g., co-infection and co-morbidity iv. Improve patient experience of care v. Gain system-level efficiencies	• **Policies to boost RSSH investments, quality & sustainability:** Incentivize increased funding for integrated services and systems by: a) expanding RSSH CI matching funds; b) promoting increased domestic funding to support country-relevant integration; c) strengthening current STC policy to encourage RSSH investments; d) leveraging opportunities for innovative financing deals around broader PHC/health sector projects; e) supporting countries to develop RSSH investment cases spanning multiple cycles; f) in allocation letters promoting case for increasing RSSH investments, differentiating for country contexts where RSSH is most relevant for boosting health outcomes. • **Enabling grant design, review and approval:** Enable design of high-quality, integrated services and systems by: a) updating FR templates/guidance, budget templates, including a programmatic gap table for RSSH priority areas & 'RSSH quality standards', to prioritize investment across key systems components at all levels, prioritize platforms that facilitate delivery of integrated services, & encourage engagement of appropriate health & community system authorities/stakeholders; b) working consultatively with partners to develop and apply 'quality standards' for health systems investment c) incentivizing, in select countries, integrated funding request, based on long-term health sector plans & strategies; d) encouraging RSSH representation on CCMs to strengthen strategic oversight; e) strengthening health sector plans and disease NSPs to highlight priority RSSH investments. • **Sourcing for integration:** Support successful delivery of integrated services/systems programming through: a) integration of non-HTM commodities and/or working with non-traditional partners to fund these to deliver more integrated service packages. • **Joined-up implementation partnerships:** Support successful delivery of health systems programming by: a) ensuring better alignment with disease partners (e.g., PEPFAR, StopTB, RBM, etc.) on approaches and action on health system efficiencies; b) leveraging bi-laterals (e.g., USAID, FCDO, AFD, GIZ) and MDBs (e.g., World Bank, Islamic Development Bank) to support to RSSH agenda through set asides & innovative financing deals, fostering synergies on shared priorities including support for robust national vision and strategies for RSSH and integration agendas; c) leveraging TA to strengthen government/PR/SR capacity to engage with private sector and CLM organizations; d) establishing community health Situation Room & CLO/CBO south-south mentorship hub. • **Measure for RSSH performance:** Drive learning & continuous improvement by: a) including indicators that measure integrated health system functions and pandemic preparedness in modular framework & encouraging countries to include in performance framework; b) integrating CLM data as part of disease program monitoring/grant-level implementation review; c) adapting detailed budget templates and modular framework to enable effective tracking of investment in these work areas.
2. Strengthen **engagement of service users, clients & communities and investment in key systems components at community level** (CHWs, CLOs, CBOs) including CLM for strong and resilient systems for health with capacity to surge and readiness to scale with clear sustainable financing pathways	

Work in Progress Summary for Pandemic Preparedness

Problem statement	Globally, and in the countries where the Global Fund invests, there has been insufficient resilience to pandemic threats such as COVID-19. Alongside the critical work of its partners, the Global Fund partnership is uniquely positioned to help strengthen countries' pandemic preparedness capabilities through building people-centered, integrated RSSH and resilient HTM programs better able to prevent, detect and respond to infectious disease threats.		
Scope	• Resources mobilized through 7th Replenishment $18b investment case to build countries' pandemic preparedness (PP) capabilities as critical part of RSSH. • This work will be done in a fully integrated manner through investments to build RSSH, resilient HTM programs, community engagement & leadership in PP, & through equitable, rights-based & gender-responsive approaches. • Potential additional financing for PP is currently out of scope of this presentation although conceptual work is ongoing and will be presented to the SC and Board.	**3-year vision of success**	• Next grant cycle launched with clear guidance for countries on how GF investments should be leveraged to build PP capabilities (e.g., IHR capacities, & based on National Action Plans for Health Security) in an integrated manner through core RSSH, HTM, community investments etc. • CCMs/LFAs/TRP/GAC have PP considerations incorporated into core processes, documents &, as relevant, membership requirements. • Countries have access to required technical support throughout grant lifecycle. • Board-approved KPIs & M&E Framework reflect relevant indicators to measure integrated PP approach & outcomes.

Preliminary work areas	Preliminary examples of major change levers

1. **Policy-level incorporations**	• **Policies on allocation & sustainability:** Upcoming Board decisions integrate PP as a critical part of RSSH, including Allocation & **Catalytic Investments** (Q2 – 4 RSSH proposals have integrated components to build PP capabilities), Qualitative Adjustments (Q3), KPI & M&E Framework (Q4)
	• **Grant design, review and approval:**
	  • Allocation Letter, funding request & grant making documents & tools (e.g., modular framework, health product management template), guidance materials, technical & information notes (including on implementation arrangements), co-financing and application focus integrate PP as a critical part of RSSH.
	  • Documents that guide the work of core GF bodies including CCM & LFA documents, TRP ToRs, GAC ToRs.
	  • Grant management tools & systems such as progress updates & annual funding decision templates.
	• **Implementation mechanisms:** Technical support modalities including through Situation Rooms, focus of 5% funds, technical partner agreements, leveraging new support providers as needed.
	• **Performance management:** KPI & M&E Framework development process.

2. **Country communications**	
3. **A2F & grant making process**	
4. **Grant lifecycle**	
5. **Impact measurement**	

Work in Progress Summary for Health Equity, Human Rights and Gender Equality

Problem statement	Health inequities, human rights barriers, and gender inequality inhibit our ability to deliver effectively on our mission. Only by addressing these barriers and inequities through ambitious evidence-informed and partnership-wide approaches, adequate financial and network resourcing, and in exercise of GF influence, can we most impactfully shape our investments to improve health outcomes and achieve impact on the epidemics.		
Scope	• What can we do differently across the Secretariat to reduce inequities, & address HRts & gender related barriers & increase country ownership & capacity? • How can we strengthen responses to HRts crisis situations, sexual exploitation & harassment, & ensure safety & security of providers & communities accessing GF-supported services? • What is the GF's role & scope within the context of sexual & reproductive rights? • What are the key drivers of inequitable health outcomes where data is needed to better inform our investments for impact. How can that data be accessed & used for decision-making? • What can GF do differently to advance youth-responsive programming for young KP & AGYW & partners? • How can GF more effectively leverage its diplomatic voice to challenge laws, policies & practices that limit impact on HTM?	**3-year vision of success**	• Integrated programs that address human rights-related barriers, in particular stigma, discrimination, & criminalization have increased in scale & effectiveness • GF/country partners routinely leveraging disaggregated data to inform investment decision-making including for age & gender responsive programming • GF widely recognized as a leader in advancing gender equality & human rights • Clear definitions, processes, roles, accountabilities, & measurement approaches are used across the Secretariat & partners with improved alignment, effectiveness & impact of efforts

Preliminary work areas	Preliminary examples of major change levers

• **Enhance quality and scale of programming** that improves Human Rights (HR), Gender Equality (GE), Health Equity (HE) to increase health outcomes in HTM	• **Policies for allocation & sustainability:** Design/ Expand catalytic investment to remove HR barriers for priority portfolios; Integrate equity criteria in design & implementation of all **Catalytic Investments;** Apply key policy levers (CF/FoP, allocation letters) to progress comprehensive HR programming across the portfolio, and gender responsive program design.
	• **Grant design, review, & approval:** Develop/apply strengthened guidance/ review criteria; Require HE, HR, GE analysis in grants/grant design to strengthen HE, HR, GE, SGBV/ IPV, SRHR, men's access to health services; Introduce marker to measure contribution of GF investments to GE
	• **Implementation mechanisms**
	  • Leverage BDB findings/ up to date investments to scale up and develop differentiated approach to implement and monitor & evaluate HE, HR, GE, using extended country dialogue and country level support
	  • Work with ministries of gender, domestic policy makers beyond health, communities/govt partners to embed HTM in national plans, to remove barriers to health outcomes
	  • Leverage GF's partnerships & network resources, develop/ strengthen TORs/ MOUs with technical partners, facilitate partnership wide dialogue & action with a focus on changing the underlying norms that impede HE, HR, GE
	  • Strengthen country data systems and country ability to deploy disaggregated data in decision making including on gender responsive programs, and achieving equity in health outcomes
	  • Develop and implement relevant policy/guidance/processes for approach to human rights in crisis situations
	  • Focus on empowering communities for reporting, treatment & support and monitoring for SGBV, on incentivizing programs to reduce stigma & discrimination; Strengthen linkages between disease programs and national social protection programs
	  • Position GF as a leading voice on the human rights, equity & gender-related aspects of Pandemic Preparedness; Embed capacities across secretariat in HR, HE, GE
	• **Raise funds:** Incentivize increased domestic investment in HR programs, and for GE/HE responsive programs
	• **Performance management:** Revise KPIs to include targets specific to HE, HR, GE & include in corporate M&E framework; Incorporate performance metrics for scale up of HR, HE,GE programs; Embed in corporate risk framework

• **Engage with domestic policy beyond health sector** to remove HR, GE, HE obstacles to health outcomes	
• **Leveraging partnerships and diplomatic voice** to address HR, GE, HE to enhance disease outcomes for key and vulnerable population	
• **Increase secretariat capability to address HR, GE, HE topics** to improve health outcomes for the three diseases	

Work in Progress Summary for Service Delivery by CBO/CLOs

Problem statement	Global Fund needs to expand and strengthen community-led/based organizations (CLO/CBOs) and service delivery in scale up of impactful HIV, TB, and malaria responses. How can our processes and policies be evolved to support and expand community-based/led organizations service delivery to enable responsive and sustainable HTM responses and systems for health?		
Scope	• What practices and approaches need to be reflected across our polices and processes to ensure that CLO/CBOs are adequately resourced to design, manage, and implement high quality effective interventions? • What criteria and definition(s) need to be used to establish clear community-based/led implementer types across the portfolio? • What are the opportunities and challenges within the current grant design, operational policies and guidelines that facilitate or impede community-based/led programming? • What are the risk profiles for CLO/CBOs and how can they be mitigated? • What entry points and opportunities should we prioritize?	**3-year vision of success**	• Increased impact on disease outcomes based on contributions by CLO/CBOs • % increase in #/$ of funding to local CLO/CBOs by GF • Increased no. of countries with effective CLM platforms leading to higher impact on HTM • Increased number of grants that include CSS investments for CLO/CBO organizations • Key secretariat functions have strengthened capabilities in CLO/CBO responses • No. of countries integrating costed CLO/CBO responses into national strategies

Preliminary work areas	Preliminary examples of major change levers

1. Scale up impactful, highest quality CLO/CBO delivered responses to HIV, TB & malaria
2. Strengthen capabilities & coordination internally & externally to align on & leverage critical role CLO/CBOs in disease responses
3. Evolve grant financing arrangements to incentivize investment in service delivery by CLO/CBOs & indigenous civil society orgs
	• **Policies for allocation & sustainability:**
	  • Develop **catalytic investments** that support and incentivize CBO/CLO CSS & service delivery
	  • Expand, embed and communicate innovative financing and contracting mechanisms as permissible approaches within grants
	• **Grant design, review and approval:**
	  • Develop, communicate & support consistent application of operational definitions for CLO/CBOs
	  • Leverage GF technical guidance, tools, and processes to positively influence CLO/CBO engagement to drive coverage, effectiveness & impact, including guidance on role of CLO/CBO-led interventions in optimal program design for disease responses
	  • Explicitly encourage & monitor selection of CLO/CBO implementers & prioritize investment in high-quality CSS/CLO/CBO-led interventions in grant design & portfolio optimization/program revision
	• **Implementation mechanisms:**
	  • Strengthen & leverage CCM, national, regional & global capabilities to address barriers & incentivize engagement & involvement of CLOs/CBOs to deliver impact
	  • Establish, launch & maintain cross-partner CSS/CLO/CBO response coordination platform, to drive joint accountability & alignment
	• **Performance management:**
	  • Incorporate disease specific metrics on CLO/CBO led intervention coverage and effectiveness across M&E framework
	  • Evolve risk management & assurance mechanisms to address implementation risks and support effective CLO/CBO service delivery where it can increase impact

Work in Progress Summary for Voice for Communities

Problem statement	Ample evidence exists on the positive impact of ensuring community leadership throughout HTM responses, from reducing health inequities, to increasing reach and engagement. What must TGF do to better recognize and more effectively support the critical role communities play in achieving the organization's mission to end the epidemics?		
Scope	Country/Grant level processes: Country dialogue, implementation oversight, CCM representation, engagement in 'related' processes & fora (NSPs, integration agenda etc.), pandemic preparedness related governance & processes (JEE etc.); Advocacy: Global, regional & country level mobilization: replenishment, CS/community resourcing; Strengthening & building community partnerships: equip communities to effectively engage in GF strategy & policy development, build linkages between movements & sectors (e.g. GHS, PPR, climate); Communications: recognizing community level expertise & leadership, amplifying community voices through strategic communications & diplomatic voice.	**3-year vision of success**	• CCM community constituencies report improved level of meaningful engagement • Communities have contributed to the design, implementation & oversight of GF investments in HTM programs responsive to the needs of key & vulnerable populations • GF advocacy ecosystem is more substantively & sustainably resourced, incl. in smart & timely use of our diplomatic voice • Partnerships established with communities in the PP 'space' & with emerging health areas • Lessons from past strategy cycles/C19RM/community engagement integrated in new strategy • Cross-Secretariat/functional 3-year operational plan developed & endorsed

Preliminary work areas	Preliminary examples of major change levers

1. Strengthen community engagement across the grant life cycle (e.g., CCM representation, oversight, implementation)
2. Strengthen & build community partnerships
3. Use GF's influence to promote and protect community leadership and engagement (e.g., advocacy strategy)
	• **Grant design, review and approval:**
	  • Develop and apply minimum expectations for community engagement across grant lifecycle, evolve application material, guidance, etc.
	  • Continued CCM strengthening to improve community representation, facilitate data use, improve communication platforms
	• **Implementation mechanisms:**
	  • Roll-out support for development of country-level community engagement plans at earliest stages of funding cycle
	  • Clarify roles & responsibilities across GF partnership & establish shared accountability mechanisms in promoting & facilitating community engagement with in-country partners
	  • Strengthen relationships with communities across HTM & expand engagement with non-traditional community actors
	  • Establish and maintain 'community technical situation room' to leverage community expertise for problem solving
	  • Launch periodic country community dialogue on GF grant implementation arrangements, progress, performance, challenges, etc. at the country/grant level
	  • Proactively advocate for GF values, e.g. community representation at all levels of governance and decision-making
	• **Raise funds:** Build & strengthen resource mobilization advocacy of civil society & community networks, incl. for domestic financing & use of appropriate financing models
	• **Policies for allocation & sustainability**: Assess & evolve Community Engagement **Catalytic Investment** to focus on addressing key challenges to improve equity & effectiveness for communities across HTM

Work in Progress Summary for Health Financing (HF)

Problem statement	GF occupies a unique position in the global health architecture, which faces gaps in health financing. How can we leverage our comparative advantage to close that gap? How can we move to more efficient and scalable delivery of HF objectives for co-financing and blended finance? HF is relevant to all GF strategic objectives, but what are the priorities to focus our limited capacity on?		
Scope	• Scalable delivery of co-financing & innovative finance • Supporting countries to maximize VFM of resources delivered behind HTM + RSSH, incl in GF grants & especially trade-offs between interventions • Supporting countries to improve PFM budget implementation (Finance department leads but critical for HF agenda) • Supporting countries to achieve sustainable financing of service delivery by CSOs/CBOs and develop service purchasing capacity. • Supporting countries to generate & make decisions with health financing data	**3-year vision of success**	• Coherent approach to co-financing across GF results in significant rise in domestic resource mobilization for health, & co-financing of priority HTM & RSSH investments, in GF priority countries, set against COVID-19 context. Grants designed to leverage HF tools better. • A strengthened & pragmatic approach to tracking VFM in GF grants shows improvement against baseline. • Significant increase in joint investments with other partners, loans leveraged where appropriate & capacity to scale up built. • Demonstrable GF contribution to country health financing capacity.

Preliminary work areas	Preliminary examples of major change levers

1. **Domestic resource mobilization:** Further enhance & streamline our co-financing approach, especially important given the fiscal aftermath of COVID-19	• **Policies for allocation & sustainability:**
	  • Strategic Initiatives: (a) Domestic Resource Mobilization, Transition & VFM; (b) Data; and (c) fully-replenishable mechanism to allow more effective seeding of blended finance deals. These would enable an improved Secretariat offer to support country HF choices, sustainability, co-developed VFM tools with technical partners, data for HF decision making, and ability to move fast on IF deals.
	• **Grant design, review and approval:**
	  • Enhancement of co-financing processes & their application through access to funding & grant implementation, through updated operational policies/cross-Secretariat roles & responsibilities, & enhanced data collection.
	  • Updated operational processes incl. dedicated policies for blended finance, reducing need for exceptions.
	• **Implementation mechanisms:**
	  • Enhance focus on using health finance alongside grants as strategic tools to leverage wider resources, program aims and change at country level.
	  • Enhanced Framework Agreements with MDBs that streamline transactions & specify leverage for deals & TA
	  • Explore approaches and/or policies that better enable and support blended finance/joint investments with MDBs where appropriate to increase impact
	  • Technical assistance to improve governments buying services from external providers (including piloting more social contracting from GF grants), backed by incentive to scale up, including around co-financing
	  • Embed VFM throughout the Global Fund grant cycle
	• **Performance management:** New pragmatic approach to tracking VFM in GF grants and strengthened focus on HF data for co-financing & greater consideration of VFM in new product introductions

2. Improve Secretariat capacity to **deliver blended finance deals at scale** with low internal transaction costs & clarity for partners	
3. Increase capacity in-country to make purchasing & allocation choices that **deliver VFM**, & improve VFM in our GF grants	
4. **Enable sustainable service delivery by CSOs/communities**, including sustainable finance & effective purchasing by govt.	
5. **Improve Health Financing data** as a critical dependency to addressing the other work areas prioritized	

Work in Progress Summary for Accelerate Equitable Introduction & Scale Up of New Tools & Innovation

Problem statement	Failure to rapidly roll-out new evidence-based products and practices inhibits country and strategic progress, although we have examples of rapid roll-out with catalytic funding support. Scarce new COVID-19 therapeutics have been difficult to procure in advance of WHO guidance & low/poor country demand slows roll-out of any product. A disconnect exists between market shaping interventions and in-country processes, which are highly dependent on WHO approval/clinical guidelines. The GF has limited ability to drive program adoption; and timing and sequencing of product introduction efforts, combined with limited national capacity (especially regulatory) further dampens country demand. There is lack of holistic portfolio management approach on which products are most likely to deliver impact, and a need to clarify roles and responsibility across secretariat (and the wider partnership) .

Scope	• **Addressing challenges to rapid and equitable product introduction/ launches** • **Addressing challenges to country-level adoption/uptake** –to address blockages/financing/limited capacity for country adoption of new products& product transitions • **Maximizing partnerships at country-regional, & global level -** partnerships to shape market & ensure equitable access & accelerated NPI at scale, & synchronizing requisite country level action • **Developing Secretariat portfolio approach, playbook & RACI to support the above**	**3-year vision of success**	• KPIs reflect ambition for accelerated & more equitable access to a suite of products & tools reflecting public health best practice & best buys for the 3 diseases & communicable disease control - with reduction in time to: i) introduce products through GF grants/WAMBO; and ii) remove products that are no longer considered safe or best practice • Coordinated & cohesive GF Secretariat approach • 2023-2025 allocation & catalytic funding that enables enhanced capacity & TA to accelerate country preparedness/decision making, in-country implementation, VFM & regulatory capacity for new product introduction.

Preliminary work areas	Preliminary examples of major change levers

1. Addressing challenges to **product introduction/launches**	• **Policies for allocation & sustainability:** NPI Acceleration Access Fund, including advanced financing mechanisms & **catalytic interventions** to incentivize first-movers, influence pricing, secure supply, & de-risk product introduction
	• **Grant design, review and implementation:**
	  • Enhanced operational guidance, including on adoption of WHO guidance, enhanced VfM/cost effectiveness guidance, and focused & intentional use of country demand levers
	  • Embed total cost for product transition into grant design & country dialogue processes & integrate transition planning into demand planning processes
	  • Technical/implementation support & capacity building to support in-country readiness & facilitate faster adoption of WHO/relevant guidance (regional & national)
	• **Collaboration and alignment with partners:**
	  • Formal alignment with partners on 3-5-10 year product portfolio plan & implementation roadmaps
	  • Mechanisms and policies to support accelerated introduction considering regulatory pathways (e.g. ERP) and clinical guidelines
	  • Formal mechanism with partners, including with regional (e.g., Africa CDC), national, & CSO partnerships to shape demand for products, & accelerate introduction timelines to secure early access
	  • Formal mechanisms to support in-country regulatory capacity, technology & VfM assessment capacity & other country demand levers
	• **Sourcing operations:**
	  • Identify unmet needs & develop agreed 3–5-10-year product portfolio pipeline, transition plans, & NPI process, included in NPI playbook
	  • Review potential for expanded access to pooled mechanisms

2. Addressing challenges to accelerate **country-level rapid adoption/uptake** (tools & support)	
3. Maximizing **partnerships** at country-regional, & global level	
4. Optimizing Secretariat RACI & playbook	

Strategy implementation preparation on data & partnerships remains at early stage as content largely derived from & in support of other Key Changes

	Improving generation & use of data	Partnership model
Illustrative work areas & gaps identified	• **Incidence reduction:** Data for local program related decision making & resource allocation for prevention services • **HF:** HF data is fragmented, diverse & generally weak in many countries. Clear focus on HF data for co-financing. • **Voice for communities:** Facilitate use of Community-Led Monitoring (CLM) data as part of CCM/partner oversight & program design/decisions. Resource & scale up in-country online tools & platforms for community discussion & coordination. • **People-centered integrated systems for health:** CLM data is not used optimally or integrated with other HMIS to inform programmatic & financial decisions & priorities. Integrate CLM data as part of disease program monitoring/grant-level implementation review.	• **Encourage changes to CCM representation to increase inclusivity & changing/expanding country dialogue** to focus attention on critical issues emerging as common change levers. • **Establish, launch & maintain cross-partner CSS/CLO/CBO response coordination platform** (ensure strategic, geographic, programmatic alignment). • **HF:** Improved Framework Agreements for collaboration on VFM with technical partners at country level. Enhanced Framework Agreements with MDBs that streamline transactions for deals & TA & embed GF principles. • **Formal alignment with partners on 3-year product portfolio plan & implementation roadmaps**, including with WHO, Unitaid, FIND, PEPFAR (COP/ROP - annual), implementing partners, & other partners. • **People-centered integrated systems for health:** Ensure better alignment with disease partners (e.g., PEPFAR, StopTB, RBM, etc.) & for shared vision on health system efficiencies & their role as enablers at country level.
Key questions to resolve	• Need intentional focus on how we support strengthening in-country analytical capacity at central & sub-national levels for decision making linked to accountability & governance structures. • Need to be clear whether systems exist/can be built in-country to collect data & measure new indicators.	• CCMs: Need to consider how much CCMs can take onboard while respecting country ownership & how it will be translated at country level. • How can the SC and the Board best support the Secretariat in taking forward the identified work areas?

Outline

1. Theory of Change (slides 5-8)
2. Strategy Delivery (slides 10-12)
3. SC/Board engagement with strategy implementation (slides 14-15)
4. Work in progress summaries for 10 Key Changes (slides 17 – 28)
5. Annex (slide 30-31)

Strategy Delivery working groups have been established for 10 key changes

Cross functional working groups developing operational plans for implementation of each key change

10 Key Changes in Strategy Narrative	Scope
Incidence Reduction	Identify critical priority areas & investments (prevention, structural barriers, better coordinated partnership support etc.) for GF support & leadership to reduce disease incidence for HTM
People-Centered Integrated Systems for Health	Support integration of health services and health systems functions to boost and sustain HTM, contribute to building Pandemic Preparedness, and improve patient experience of care. Strengthen engagement of service users, clients, communities for strong and resilient systems for health
Pandemic Preparedness & Response	Identify priority investment areas for building multi-pathogen PP capacity through investments to build RSSH, resilient HTM programs, community engagement & leadership in PP, and through equitable, rights-based, gender-responsive approaches
Health Equity, Human Rights, Gender Equality	Enhance quality and scale of programming that improves Health Equity, Human Rights, Gender Equality, engage with domestic policy beyond health sector and leverage partnerships/diplomatic voice to remove HE/HR/GE obstacles to better health outcomes; increase Secretariat capability to address HE/HR/GE topics to improve health outcomes
Service delivery by community-based/led organizations	Scale-up of highest quality, impactful CLO/CBO-delivered responses to HTM. Strengthen capabilities & coordination internally & externally to align on & leverage critical role CBO/CLOs play in disease responses. Evolve grant financing arrangement to incentivize investment in service delivery by CBO/CLOs
Voice for Communities	Strengthen community engagement across grant lifecycle, strengthen and build community partnerships, and use GF's influence to promote and protect community leadership and engagement (e.g. advocacy strategy)
Health Financing	Further enhance & streamline GF co-financing approach; improve Secretariat capacity to deliver blended finance deals at scale; increase capacity in-country to make purchasing & allocation choices that deliver VFM; enable sustainable service delivery by CSOs/communities; Improve health financing data
Accelerate equitable intro & scale-up of new tools & innovation	Address challenges to rapidly accelerate intro & scale-up of new tools & innovations so new tools are available & used at scale in relevant countries. Maximize partnerships at country, regional, global level. Develop Secretariat portfolio approach and playbook
Improve generation and use of data	Strengthen programmatic country-level data and M&E systems that will subsequently facilitate better access and use of data at all levels. Refine GF digital health agenda to ensure priority investments into country data systems that result in quality, timely, disaggregate data aligned to human principles
Partnership Model	*TBC*

Example of how a key change area directs the underlying Theory of Change for Strategy Delivery

Change Pathway: *Intensified action to address inequities, human rights and gender-related barriers*

Inputs/ Levers

Raise funds
Raise funds based on investment case targets

Policies for allocation & sustainability
Policies ensure appropriate allocation of resources and strengthened financial sustainability

Grant design, review & approval
Quality grants designed based on country context, aligned to technical guidance and Strategy objectives

Sourcing operations
Effective and efficient sourcing operations

Implementation mechanisms
Mechanisms during grant implementation support successful delivery and achievement of grants results

Performance management
Effective performance management leads to learning and continuous improvement for current and future cycle of grants

Lever details (preliminary)

Raise funds
Incentivize increased domestic investment in HRts, gender & KP prevention interventions

Policies for allocation & sustainability
Integrate equity criteria in design & implementation of all Catalytic Investments; Integrate programs to remove human rights/gender related barriers as continuing priority in CIs '23-'25

Grant design, review & approval
- Build new partnerships across the spectrum of actors working in gender & human rights
- Position GF as a leading voice on the EHRG-related aspects of PPR
- Formalize responsibilities for addressing EHRG throughout the Secretariat & establish accountability structures for doing so
- GF Board & Executive Management to formally engage with govts. on EHRG issues

Implementation mechanisms
- Leverage our partnerships & network resources (such as CCM oversight) to better support areas in EHRG
- Support scale up & sustainability of comprehensive programs to remove human rights & gender related barriers in access to HIV, TB & Malaria service, including in PHC, with greater focus on incentivizing programs to reduce stigma & discrimination
- Facilitate partnership-wide dialogue & action on responses to HRts & Gender Equality issues with a focus on changing the underlying norms that impede equity in health outcomes

Activities and interventions

To reduce incidence of HTM

To reduce mortality resulting from HTM

To tackle the socio-economic determinants of HTM, including human rights related barriers, gender inequalities and other inequities

Work areas (preliminary):
- Refine GF role & support to HRts, Gender, & Equity to create better health outcomes for the three diseases
- Enhance quality & scale of programming related to HRts, Gender Equality, & Health Equity within HTM: Enhance domestic engagement with a multi-sector approach
- Enhance quality & scale of programming related to HRts, Gender Equality, & Health Equity within HTM: Improved policies & processes within the Secretariat

To reinforce systems for health, including community systems, to enable sustainable and effective delivery of interventions, and to ensure no one is left behind

3-year vision of success (preliminary)

Clear definitions, processes, roles, accountabilities, and measurement approaches are used across the Secretariat and partners with improved alignment, effectiveness and impact of efforts

GF/country partners routinely leveraging disaggregated data to inform investment decision-making including for age and gender responsive programming

GF widely recognized as a leader in advancing gender equality and human rights

Integrated programs that address human rights-related barriers, in particular stigma, discrimination, and criminalization have increased in scale and effectiveness

6-year vision of success

Intermediate Outcomes

Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability
Tangible improvements in the integration, resilience, sustainability and inclusivity of systems for health, including community systems, as a platform for UHC

Maximizing Health Equity, Gender Equality and Human Rights
Demonstrable progress in reducing health inequities, including those arising from human rights related barriers and gender inequalities

Maximizing the Engagement and Leadership of Most Affected Communities to Leave No One Behind
Communities are enabled to engage and influence global health ecosystem and full grant life cycle

Mobilizing Increased Resources
Domestic financial and program resources mobilized to achieve and sustain results

Contribute to Pandemic Preparedness and Response
Pandemic preparedness & response capabilities strengthened

Long-term outcome

Equity in access to effective quality HTM prevention, treatment, care and support programs

Impact

Rapid and sustainable progress in reducing incidence and mortality from HTM and to achieve SDG3 target of ending HTM as public health threats
And
Achieving health and wellbeing for all

Enabled by partners with clear roles & accountabilities, the Global Fund funding model is designed to deliver efficient, effective and catalytic investments aligned to the objectives of the 2023-2028 Strategy