Resilient and Sustainable Systems for Health (RSSH) implementation for the new Strategy

Informal Pre-Board Retreat, 8 May 2022

47th Board Meeting

GF/B47/09/C

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Board Information

Content Overview

1. **RSSH investments in 5th and 6th replenishment cycles (incl. C19RM) (R5 and R6)**

2. **RSSH priority areas and key shifts to deliver the Strategy, with more emphasis on integrated, people-centered services**

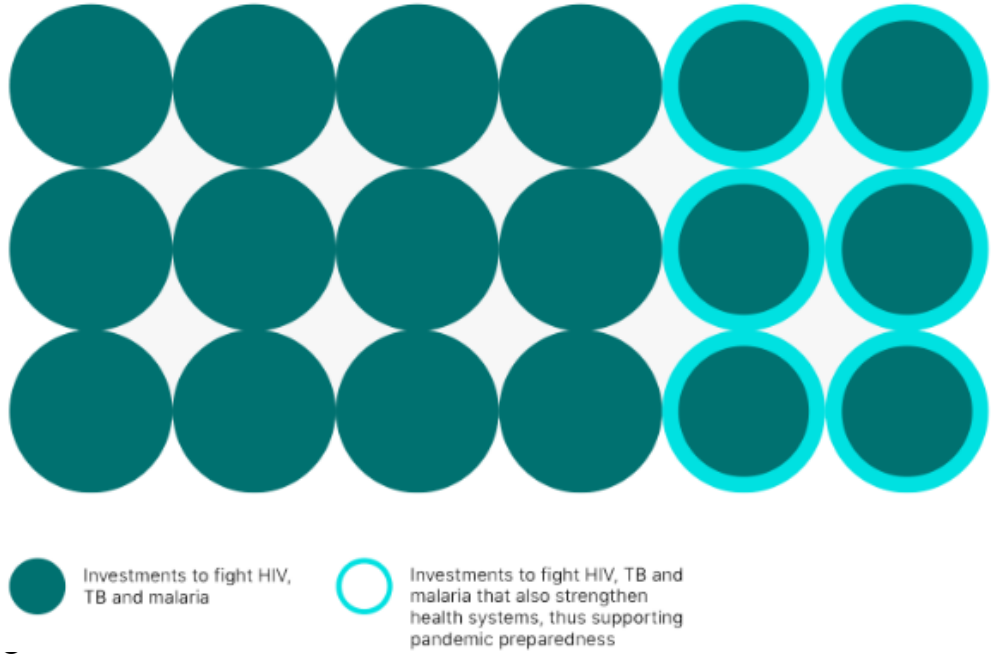
This document aims to share the **evolution of RSSH** in the past cycles, **RSSH's focus,** and proposed **changes** to improve the quantity and quality of RSSH grants and HIV, TB and malaria (HTM) and Pandemic Preparedness (PP) results in the next Strategy cycle. This is a work-in-progress document for discussion and Board & Strategy Committee(SC) inputs.

NB: R5 = New Funding Model (NFM) 2, R6= NFM3, R7=NFM4

Context: RSSH requires an execution plan for the ambitions set in the new Strategy

The Investment Case (IC) estimates US$6 billion (1/3 of total) for RSSH

How US$18 Billion Supports HIV, TB and Malaria Programs and Strengthens Health Systems for Resilience, Sustainability and Pandemic Preparedness



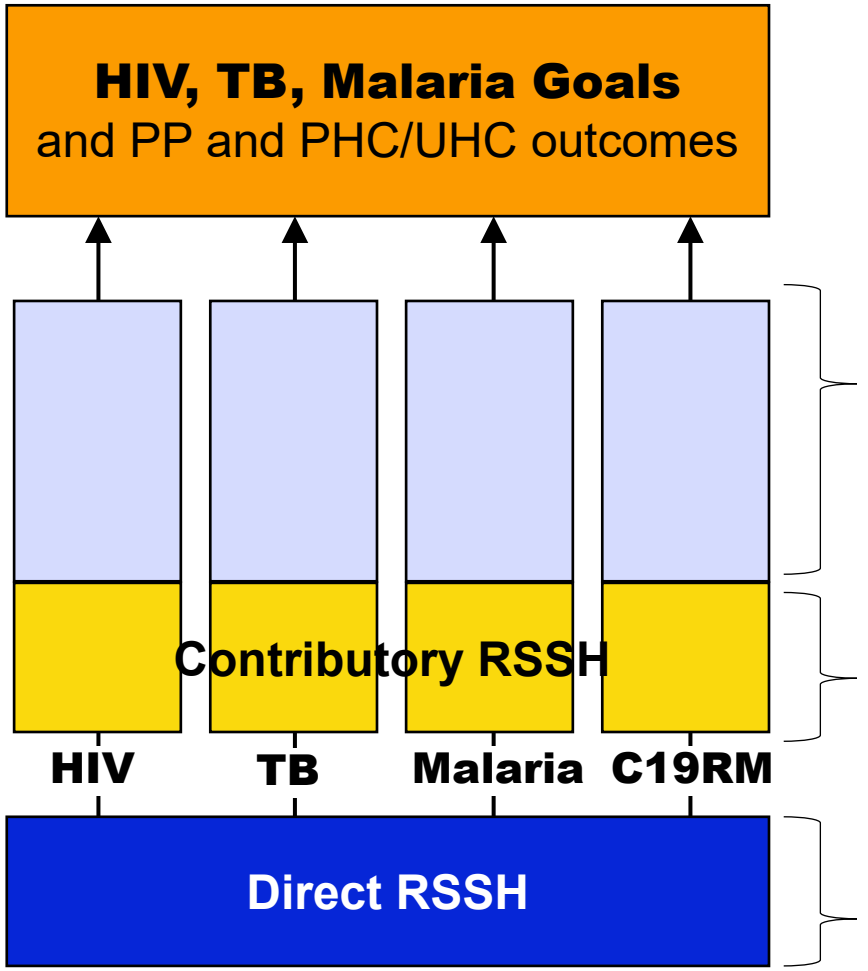
The SC requested clarification on:

- What have been **RSSH investments in R5 and R6**? What lessons have we learned?
- What will be **the approaches for RSSH** to achieve the **quality** and **scale** set in the new Strategy?
- What are the **Strategy implementation levers** the Secretariat proposes to meet the ambitions for RSSH?

RSSH investments in R5 and R6 (incl. C19RM)

Replenishment cycle	5th (R5)	6th (R6)	7th (R7)
Year	2018-20	2021-23	2024-26
New Funding Model	NFM2	NFM3	NFM4

“RSSH investments” include direct and contributory grants that build systems to accelerate achieving HTM goals



Global Fund investments

Disease-specific service delivery (incl. life saving commodities) – building country systems through delivering services

Disease-specific “**Contributory**” **RSSH** investments that strengthen systems and health platforms beyond the 3 diseases

“**Direct**” **RSSH** investments that strengthen systems components for health in an integrated way

RSSH invest-ments (breakdown next slides)

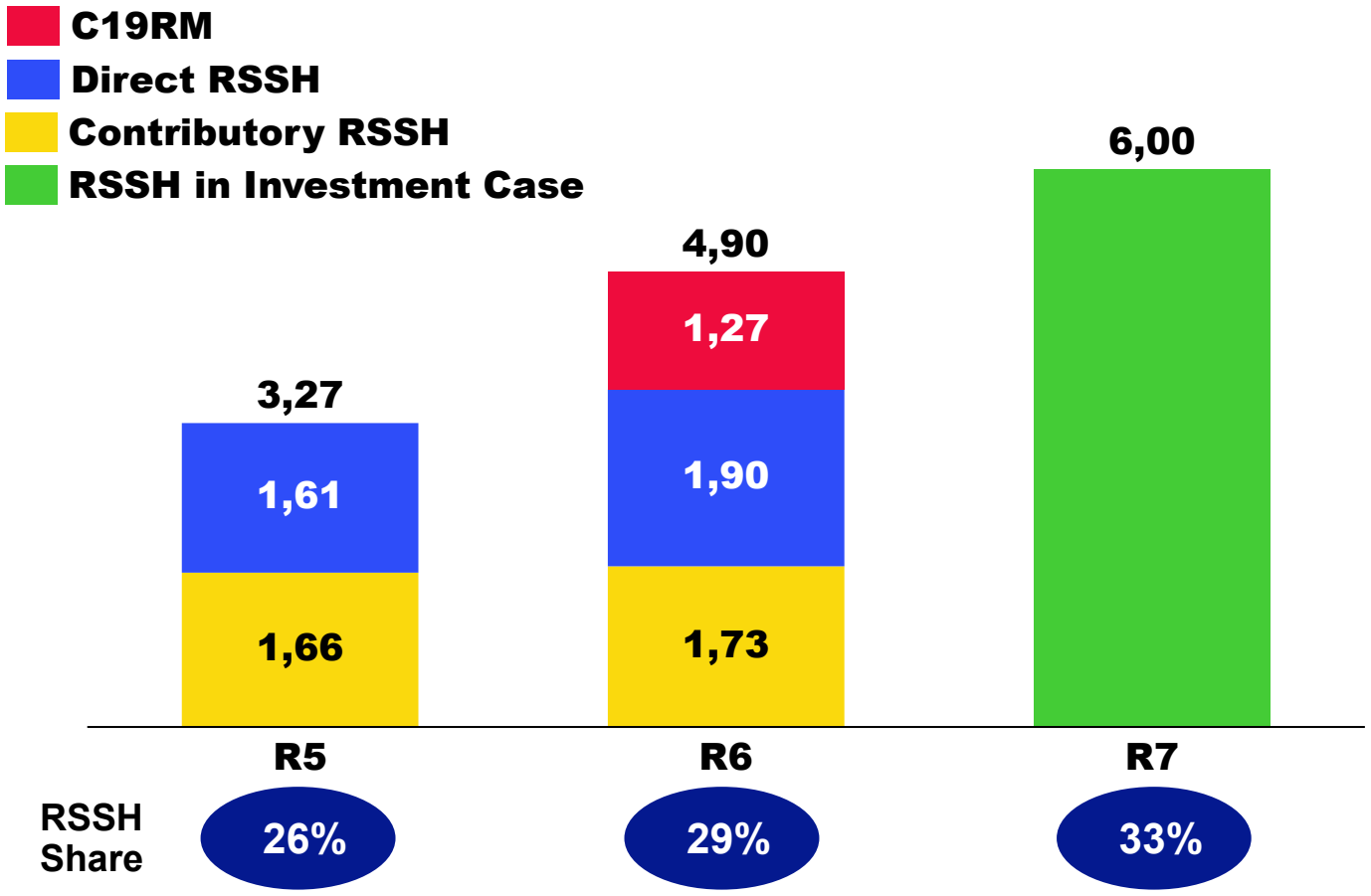
Contributions to the IPCQs*

- Integrated service delivery beyond HTM (e.g., mental health, NCDs)
- Provide integrated people-centered systems to provide health services for HTM, PP and beyond

* IPCQs: Integrated People-Centered Quality Health Services

RSSH investments are increasing in absolute $ amount and % share, with C19RM accelerating the shift

Total RSSH investments *(USD, billion)*



Key insights

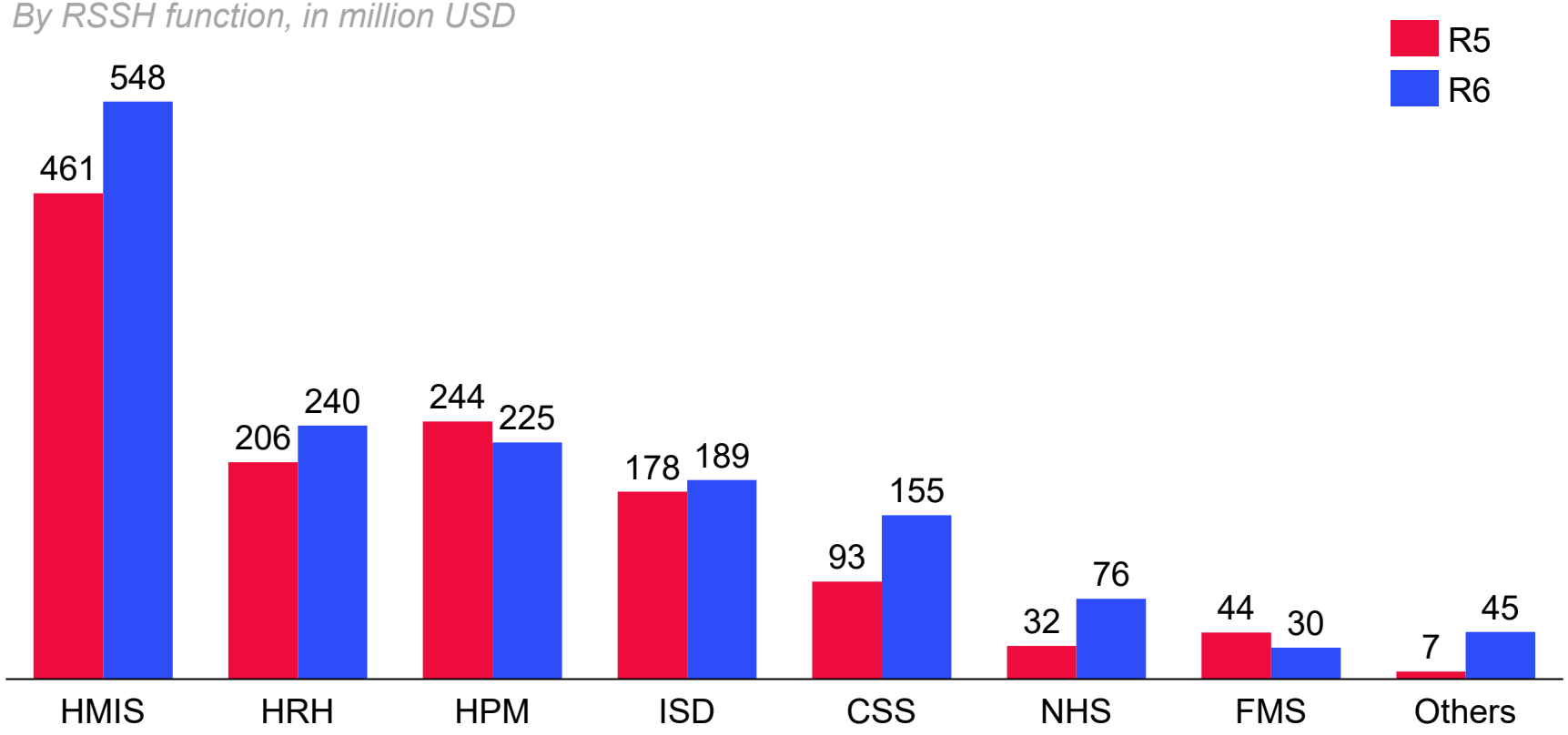
- Although the increase in RSSH investments in R6 has been modest, C19RM added a large amount for RSSH – this is expected to continue in R7 given its critical role in delivering the Strategy in strengthening countries' pandemic preparedness capabilities
- It is critical to focus on quality, ROI, and sustainability of HTM gains, as well as size in order to have the desired impact

NB :The $ amount of the direct and C19RM investments includes Catalytic Investments and estimated share (assumption, not a reconciliation exercise) of OPEX allocated to the RSSH investments

Largest direct RSSH investments in R6 are HMIS, HRH and health products, with notable increases in community

"Direct" investments in RSSH comparison R5 and R6

By RSSH function, in million USD



HMIS = Health Information Systems, **HRH** = Human Resources for Health, **HPM**= Health Product Management, **ISD**= Integrated Service delivery, incl. labs system strengthening, quality of care, and service delivery infrastructure investments, **CSS** = Community Systems Strengthening, **NHS** = National Health Strategy, **FMS**=Financial Management Systems

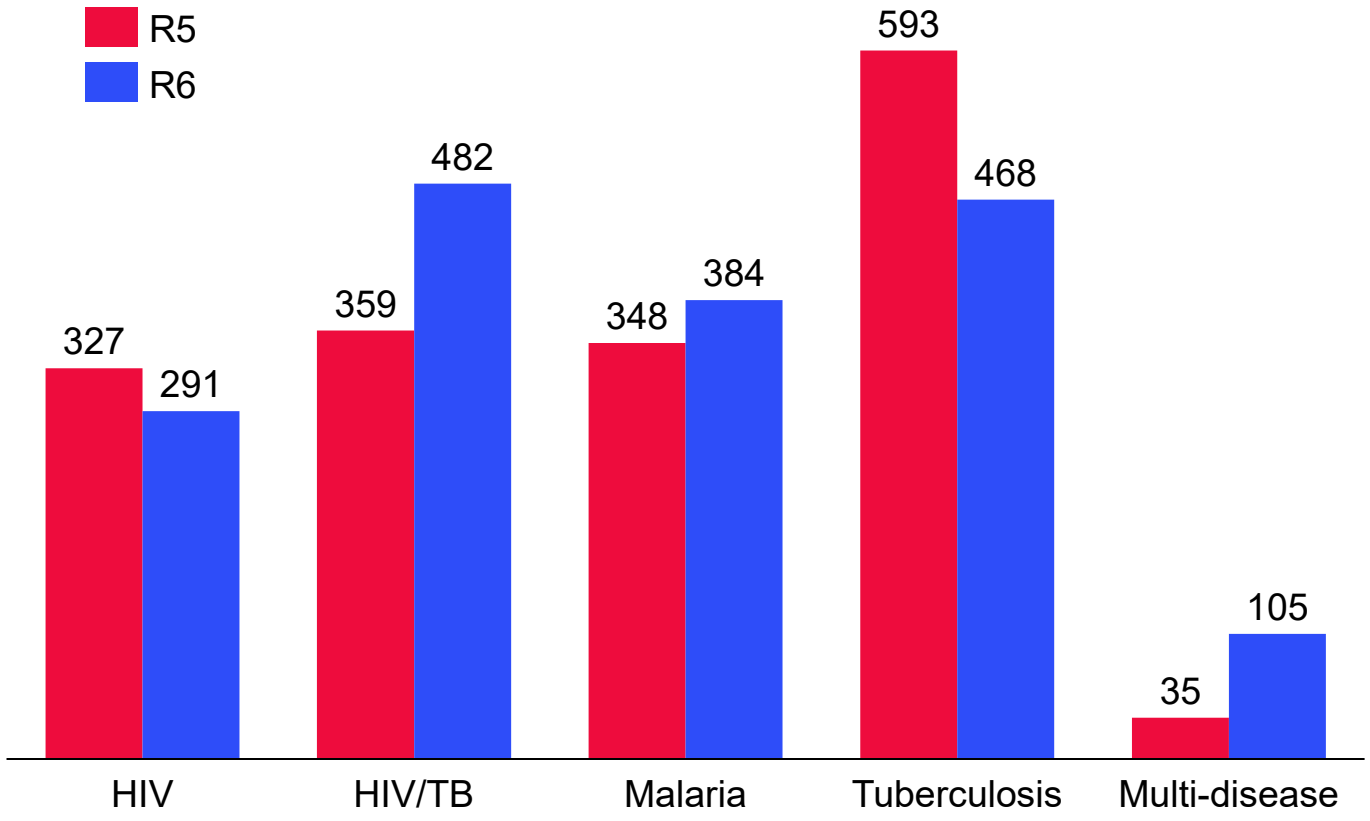
Key insights

- Investments in HRH, HMIS, health products, and ISD (incl. labs system strengthening, quality of care, and service delivery infrastructure investments) have been largest
- Increase in HMIS driven by investments in routine reporting systems
- Increase in HRH investments have been driven by Community Heath Workers (CHW) related interventions and renumeration
- Large increase in CSS driven by institutional capacity building, planning and leadership development

Contributory RSSH investments are largest in HIV/TB and TB, and there are opportunities for further integration

Contributory investments in RSSH R5 vs R6

By type of grant, in million USD

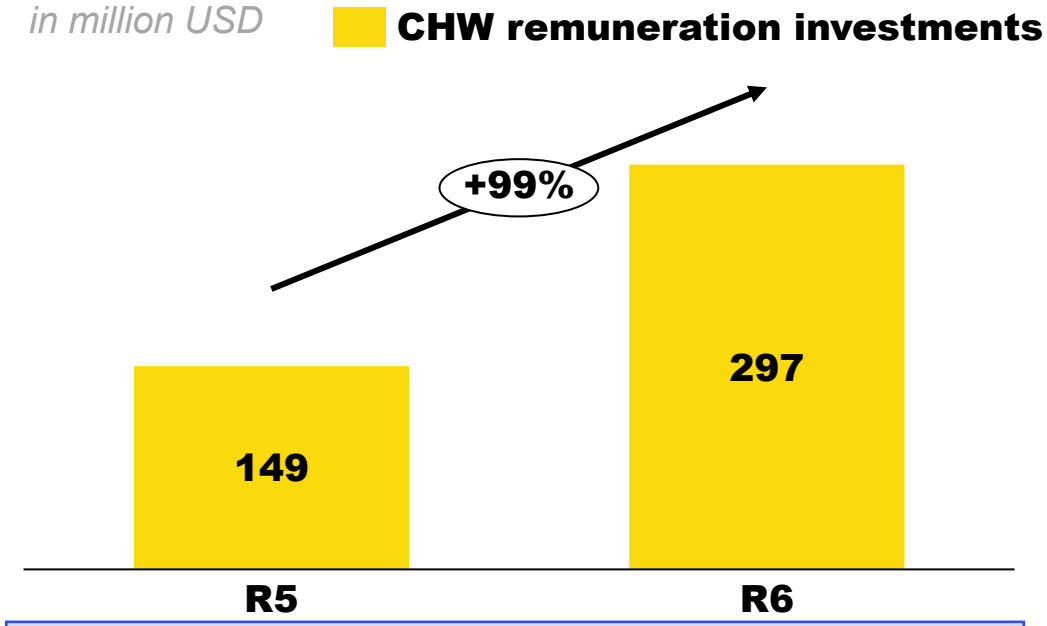


Key insights

- Contributory RSSH investments are relatively stable over R5 and R6 and equally spread, with largest contributions by HIV/TB and TB
- The multi-disease RSSH investments increased, but remain small
- Majority (80%) of the diseases funding focused on HRH investments
- Key opportunities for contributory RSSH in R7 include (among others): (i) further scale-up of community-level interventions and integration across HTM; (ii) HRH integration across HTM at the facility/implementation level; and (iii) integrated use of digital solutions

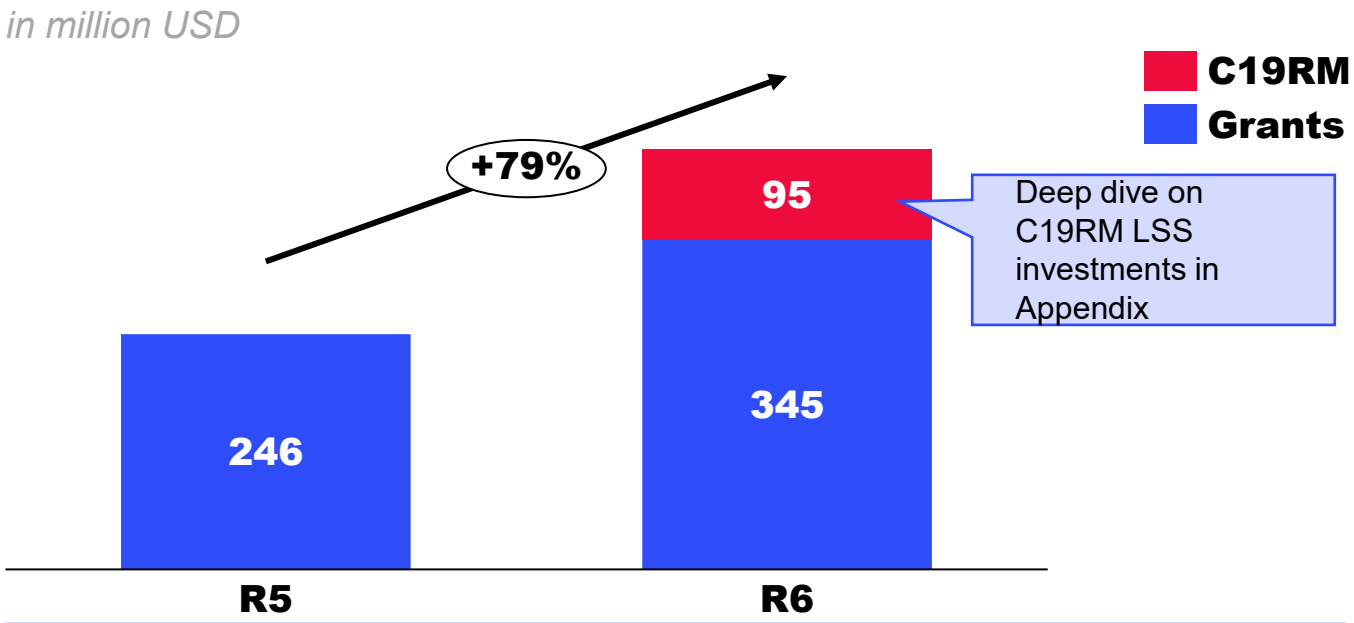
Notably, CHWs and LSS are critical growth areas in the post-COVID-19 grants

Investment for CHWs increased by 99% (remuneration analysis)



- CHW remuneration investments represent 30% of the total remuneration portfolio in R6 (vs. 18% in R5) and are the **key driver for the growth in HRH investments**
- We expect a similar increase in **other CHW investments** (analysis in progress)

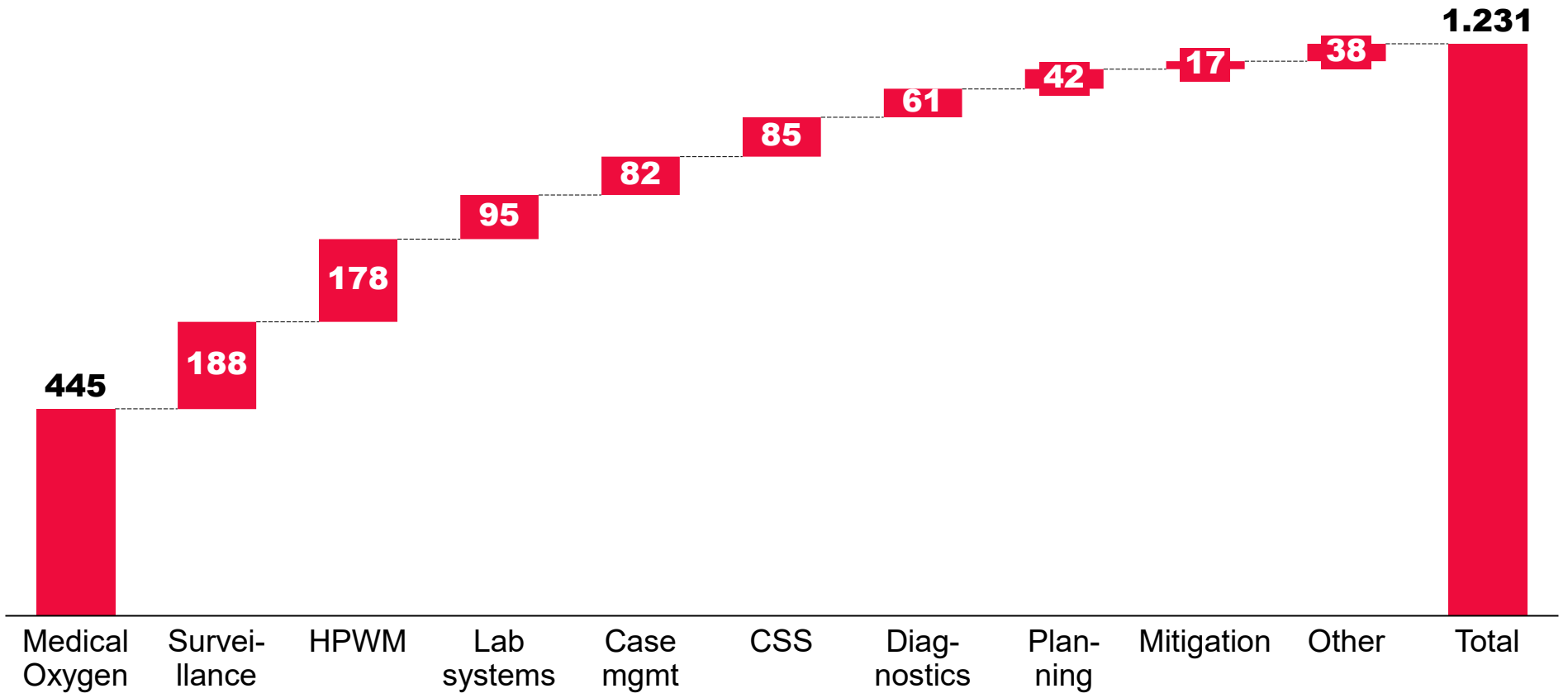
Lab system investments grow in R6, and further accelerated by C19RM investments



- This is separate a analysis on lab investments, including direct and contributory investments, with **lab systems** accounting for **13% of total lab investments in R6**
- Overall laboratory investments account for 18.7% of all R6 investments. Majority of investments were equipment and reagents/consumables (US$1,7B) and HPM costs (US$625M)

~36% of C19RM investments are related to RSSH, mainly driven by Oxygen, surveillance and HPWM

C19RM investments in RSSH



Key insights

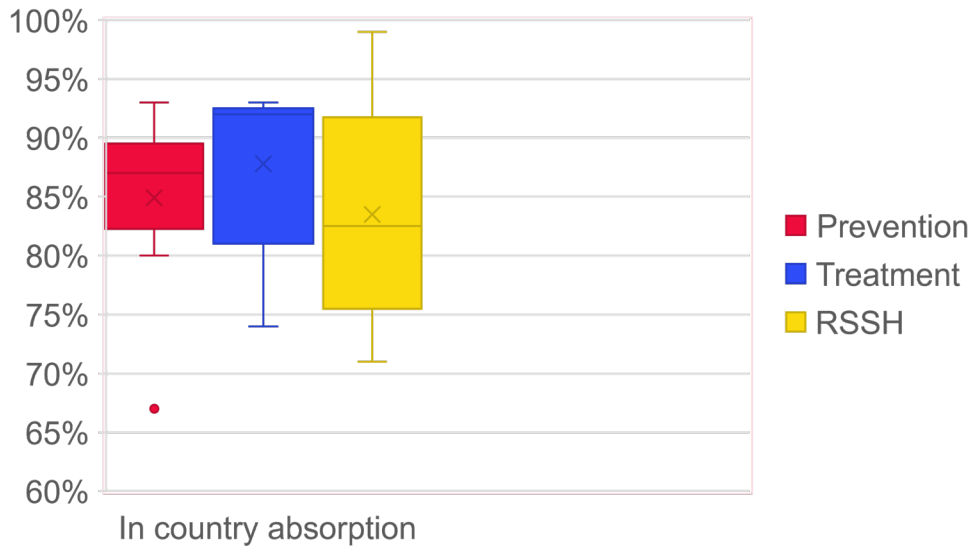
- Large RSSH investments are in medical oxygen, other health equipment, salaries for community based and facility-based health workers, renovation and construction, and TA/ consultant fees
- C19RM supports integration: e.g., bi-directional testing for TB and COVID-19; support for CHW to decentralize delivery of the COVID-19 response (incl. testing) and adapted HTM services

NB: Explanation on calculation of RSSH related C19RM investments in Appendix.

HPWM= Health Products and Waste Management

Direct RSSH grants face absorption and quality issues in R5 and R6

RSSH absorption still lags HTM



- Although RSSH absorption (> 80%) shows improvement from previous cycles, it is still below target, and behind key HTM modules
- This will require better understanding of RSSH challenges and pursuing mitigating actions to drive implementation

TRP/TERG observations on RSSH investments

+ Many funding requests demonstrated efforts **to integrate systems** across HTM and in some cases beyond.

+ Investments in info systems provides opportunities to **integrate data systems** across HTM and HS functions.

- RSSH investments continue to be **fragmented** across FRs with inadequate contextual information provided.

- RSSH investments are **not adequately based on robust and costed national strategic plans (NSPs)** and policies, limiting opportunities for efficiencies and integration.

- 70-80% of direct RSSH investments (in R5) were system **"support" rather than** systems **"strengthening."**

- **Lack of clarity on the overall purpose** of and need for RSSH investments.

- **Insufficient prioritization and focus on RSSH** across funding request/grant-making, implementation, monitoring, evaluation and learning.

In past cycles, our approach to improve RSSH grants had only modest results – different approaches are needed

	What we tried	What did not work well/challenges faced
Operational guidance / incentive mechanisms	▪ Suggestions on RSSH priorities in allocation letters ▪ Clearer guidance in information notes, modular frameworks, technical briefs	▪ Guidance had limited effects on encouraging or improving quality of RSSH grants – stronger incentives and coordinated partner push needed ▪ Guidance was perceived as too technical and not sufficiently practical for guiding grant making
Country government and leadership	▪ CCM evolution and trainings to improve CCMs' functionalities	▪ Some challenges regarding basic functioning of CCM, thus it was difficult to focus on improvements in RSSH representation ▪ Heavy reliance on strong leadership from governments
Country support	▪ Strengthened country dialogue in selected countries, with participation by technical partners (e.g., Nigeria, DRC, Mali)	▪ TA generally has not been effective and not specialized/practical enough for RSSH sub-topics ▪ RSSH and related teams' support limited because of limited bandwidth and generalist profile of the RSSH team

Need different approaches in: (1) **policy/systems incentives** to better consider and integrate RSSH priorities; (2) **country engagement** focused on NSP, senior govt. leadership support, CCM/PR representation with joint partner engagement; (3) **technical support** through targeted specialist TA, including the specialized RSSH team

Country experiences highlight valuable lessons learned for increasing high-quality RSSH investments

Malawi

- **Constrained financial environment** : While there is an appetite to invest more in RSSH (currently 6%), HTM commodities (e.g., ART) are prioritized over RSSH because HTM allocation is limited compared to need, with GF being the main funder, and the government facing extreme financial constraints. Over 83% of GF HIV allocation is allocated for commodities and PSM costs.
- **Multiple donor investments in RSSH with fragmentation:** The government has defined prioritized RSSH areas, but difficult to coordinate and implement given the large number of external organizations supporting at different levels (e.g., multiple patient data systems supported by donors).
- **C19RM investments strengthened RSSH**: C19RM funding has allowed the Ministry of Health (MOH) to undertake significant RSSH investments to fill critical gaps in the system, including on HMIS, Laboratory Systems, and HRH.

DRC

- **Evolution of RSSH:** Over the years, RSSH investments have strengthened and strategically expanded in DRC. MOH ownership has been strong with an emphasis on donor alignment. Strengthening the capacity of the MOH for oversight and implementation remains a priority.
- **Controversial program split:** CCM initially allocated a substantive amount for RSSH, but later reduced it to enable funding of outstanding programmatic gaps. This presented a challenge for designing more efficient and effective RSSH interventions within limited resources and urgent health needs.
- **Need for a focused RSSH approach:** A reiteration process helped reframe the country dialogue for a more inclusive process guided by robust heath system analytics. RSSH investments were anchored in a more focused approach, resulting in 5 prioritized provinces for most RSSH interventions.
- **Appetite for innovation**: Maniema Province was identified as an enabling environment for health system innovation (e.g., via a provincial-based approach, direct facility financing (DFF)).

Good practices suggest how to address challenges through strong national plans and strategic support

Mali

- RSSH investments were prioritized with **26% of total allocation in direct RSSH investments**
- **Clear national priorities:** Cross cutting RSSH investments were well implemented via the **Mali Action Plan** (MAP). Strategic priorities of this plan include :
  - Integrated service delivery at community level
  - PHC program quality improvement
  - Data for impact (also at community level)
  - Supply chain and laboratory network
- **RSSH grants aligned with strategic plans, health service assessment and other interventions**
  - From the TRP Review: *"The RSSH portion of this funding request was particularly strong – very well aligned to the needs identified in strategic plans and health service assessments and placed within a landscape of interventions funded by other partners."*

Nigeria

- **Challenge of siloed lab system investments successfully addressed via:**
  - Support to lab leadership and governance with support to establishment of a Lab Technical Working Group (TWG)
  - Alignment to National Lab Strategic Plan
  - Lab infrastructure upgrades benefiting all programs
  - Quality Management Systems benefiting all programs
  - Investment in multi disease testing technologies
- **Prioritization of integrated approaches in Nigeria:** Investments have enabled greater alignment towards integrated approaches to systems advancement via support for integrated Diagnostic Network Optimization and Specimen Referral Networks at high-level lab forums

RSSH priority areas and key shifts

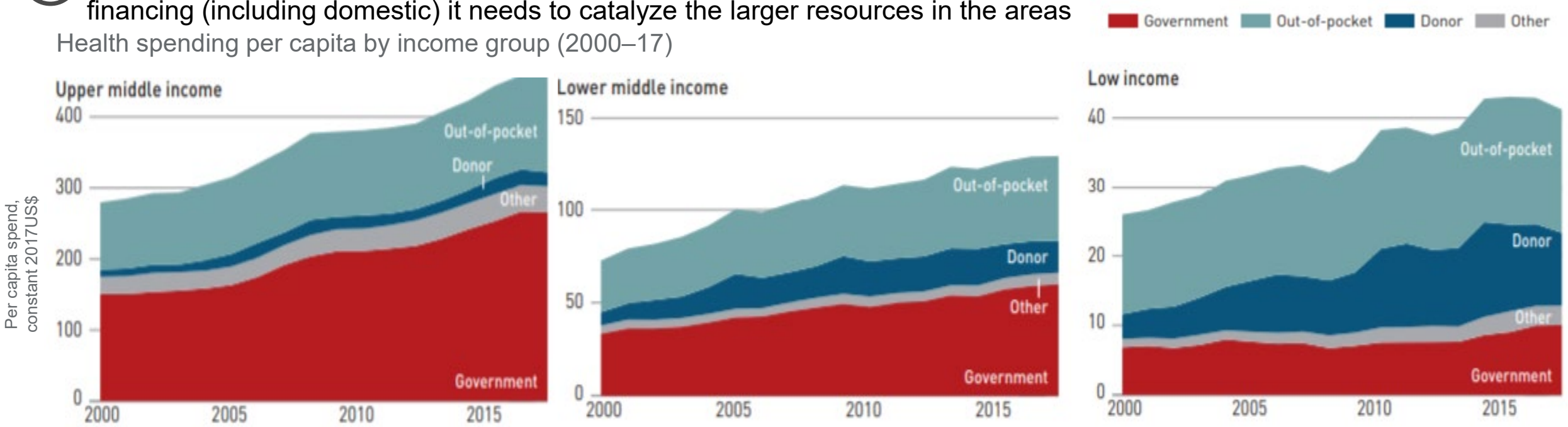
Context: Global Fund is a very small financier of RSSH

Growing UHC gap: World Bank estimates a **$176bn UHC gap by 2030** in 54 LICs and LMICs.
Development Assistance for Health (DAH) cannot be gap filler: UHC gap is ~35 times larger than all DAH available.

Govt. spending represented about 60% of global spending on health; Global public spending on health grew at 4.3% a year between 2000 and 2017.

Need to define comparative advantage: Given that the Global Fund RSSH support is some 1% of the overall financing (including domestic) it needs to catalyze the larger resources in the areas

Health spending per capita by income group (2000–17)



Given the enormous RSSH financing gaps, the Global Fund must be a catalytic investor that enhances policy reforms, systems strengthening, and better use of domestic resources, focusing on critical gaps and its comparative advantages

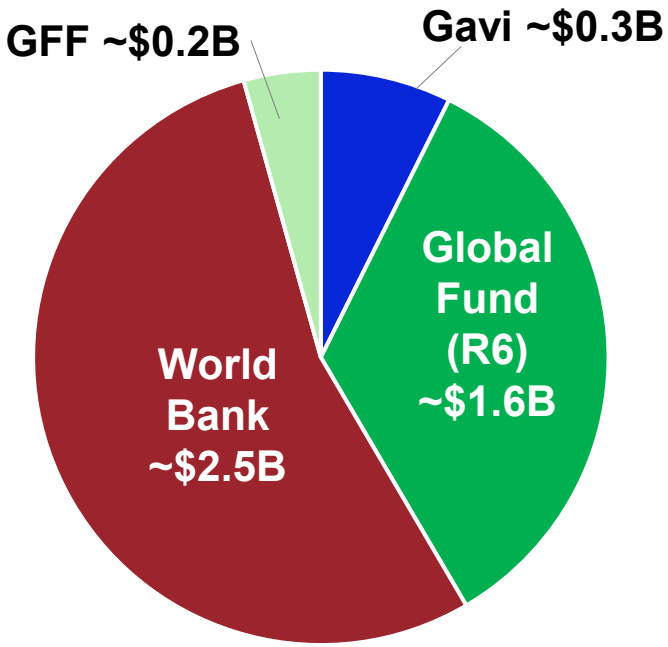
THE GLOBAL FUND

Sources: Global Spending on Health: A World in Transition, WHO 2019; The figure of $176 bn comes from the 2019 Monitoring Report: Primary Health Care on the Road to Universal Health Coverage, World Bank- WHO. LICs = low-income countries, LMICs = lower middle-income countries

Context: Global Fund is playing a unique and critical role in global "systems for health" ecosystems

The Global Fund is a significant grant financier of systems for health among multilaterals*

Annual health systems funding by global financing institutions



Source: World Bank, GFF, Gavi, TGF financial info.
* Large amount of health systems funding also available through bilateral funders (e.g., PEPFAR, USAID)

The Global Fund plays an important complementary role with other financiers with its focus on key systems functions

WORLD BANK GROUP

- Provide result-based **financing platforms** to promote comprehensive HS/PHC reforms
- Promote **comprehensive service delivery re-design** for PHC/RMNCAH-N improvements

GLOBAL FINANCING FACILITY

- **Leverage World Bank IDA for RMNCAH-N**
- Strengthen country owned platform and partner resource alignment
- Health financing reform support

Gavi The Vaccine Alliance

- Focus on **health system functions** that contributes to immunization results – e.g., Supply chain and data (in close coordination with GF), "zero-dose" service delivery

THE GLOBAL FUND

- **Only significant global funder of a wide range of systems for health and PP functions,** such as supply chain, surveillance and data, lab, community system, HRH, PSE

Based on lessons learned, we will aim for stronger focus, country dialogues, and measurement

Key lessons from past cycles

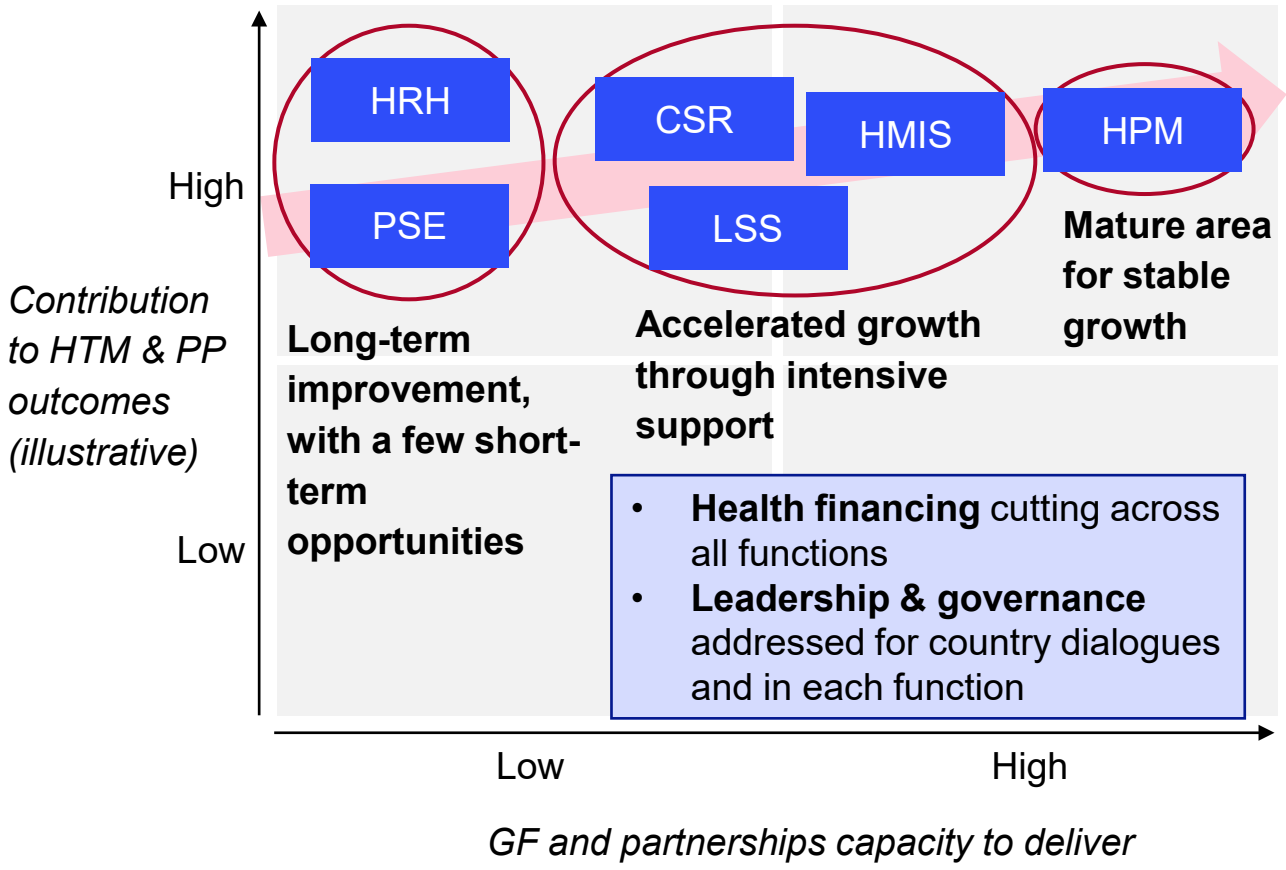
- RSSH is increasing, but we **need to be bolder** to deliver the new Strategy
- RSSH should focus on its catalytic role in **advancing key health systems functions** that contribute to HTM and where we have comparative advantage
- Push for RSSH must be **differentiated** based on country HTM and resource context and RSSH opportunities
- Need different approaches in **policy/ system incentives**, **country engage-ment/dialogue**, and **technical support**
- Need **much more robust evidence** on the impact of RSSH investments

RSSH vision for the next cycle

- **Have a deliberate focus on the key health systems functions for HTM & PP to accelerate impact** (community, lab, data, supply chain, and health financing systems, harnessing the private sector) to facilitate integrated, people-centered quality services.
- **Strengthen RSSH investments through a set of complementary changes** in policy/system incentives, country dialogue and engagement, strengthened partnerships and technical support.
- **Strengthen measurement of RSSH** to assess results, contributions to HTM & PP, as well as HTM contributions to systems.

Going forward, we will have more deliberate focus on key RSSH functions needed to deliver the Strategy

Portfolio approach to key RSSH functions



CSR = Community Systems Response (including CHW, CSS)

By focusing on the key RSSH functions, we aim to build/refine:

RSSH sub-teams	▪ RSSH sub-teams with experts (aim to expand for priority areas)
Sub-execution plans/TOCs	▪ Scaling/quality targets ▪ Progression models ▪ Priority countries and approaches based on country needs/progress ▪ Function-specific levers (e.g., lab)
Partnerships	▪ In-country partnerships with bi/multi-laterals, local TA agencies ▪ RSSH sub-situation rooms
Tools for country dialogue	▪ Focused info note, Matching Funds, risk matrix, quality standard, programmatic gap table, budget template, etc.
Measurement	▪ Indicators based on progression model; modelling of RSSH's catalytic/sustained impact on HTM

We will strengthen country dialogue through a combination of shifts in critical levers

Proposed shifts for R7 in identified critical levers

	From…	…to
Policy and systems incentives	Limited incentives, focused on technical guidance	▪ **Matching Fund for RSSH and PP** ▪ **Strong case for RSSH grant in allocation letter** (explore proposing RSSH amounts), when RSSH is most relevant (differentiation of RSSH focus) ▪ **Integrated RSSH gap analyses and consolidated RSSH requests** ▪ Use of **RSSH quality standards, risk matrix, and budget table** to guide priority areas ▪ Use **co-financing policy** to enhance domestic spending on RSSH
Country engagement/ dialogue	Inconsistent country leadership engagement and representation	▪ Strengthen **national RSSH plans/** (integrated)**NSPs** spanning multiple cycles along with key partners to improve quality of funding requests and resulting grants ▪ Strengthen **country dialogue**, incl. senior MOH engagement in RSSH discussion on CCMs ▪ Empower **health systems entities as Principal Recipients(PRs)/Sub-recipients(SRs)**
Technical support	Limited generalist TA by small teams without established partners	▪ **Expert TA** by re-organized RSSH sub-teams, plus expanded capacity of other RSSH related teams and departments ▪ Introduce a **system to trigger TA for funding requests** ▪ Stronger and targeted **in-country partnerships** with bi-laterals, MDBs, expert TA agencies in priority RSSH functions ▪ **Partner Situation Rooms** on select RSSH key functions

We carefully considered several ideas, but had reasons for not proposing them

Ideas considered	Reasons for not proposing them
Set minimum % allocation to RSSH across countries	▪ This would not be appropriate in all circumstances (e.g., where there is urgent need for HTM commodities and the GF is the only financier) and might incentivize suboptimal or non-technically aligned deployment of funds in some contexts. Countries already have flexibility to use allocations to meet RSSH funding needs.
Require integrated funding requests	▪ Requiring this slows down grant-making (as everything needs to move at the pace of the slowest disease), and integrated funding requests do not necessarily result in integrated grants. Instead, will use integrated RSSH gap analyses attached to funding requests to identify high-impact opportunities for integration and strongly encourage countries to submit consolidated RSSH funding requests to maximize impact.
Introduce longer grant terms	▪ Grant terms are not really the issue as all interventions can run over multiple grant cycles (e.g., HTM interventions do this). Longer grant terms would affect the GF's ability to manage funds against pledge commitments. Instead, planning for RSSH investments should take a multi-cycle approach. The GF will also work to support more robust health strategies with realistic costing and budgeting that span multiple planning cycles to underpin these requests.

We aim to scale-up integrated, people-centered services at community level through multi-pathogen CHWs and CSS

Why?

- **HTM contribution:**
  - **For malaria,** CHWs are delivering a full range of interventions from prevention, to testing and treatment.
  - **For HIV and TB**, CHWs deliver prevention- and treatment-related interventions (such as community-based testing and treatment, treatment adherence support), but also interventions that address stigma, discrimination, human rights violations and gender inequalities.
- **Investment in multi-pathogen CHWs and key systems is needed to**:
  - Significantly increase access to quality, integrated, people-centered services, including for HTM & broader PHC
  - Boost multi-pathogenic PP capabilities among the most vulnerable comms./pops.
  - Provide employment, particularly for women.

What shifts are needed ?

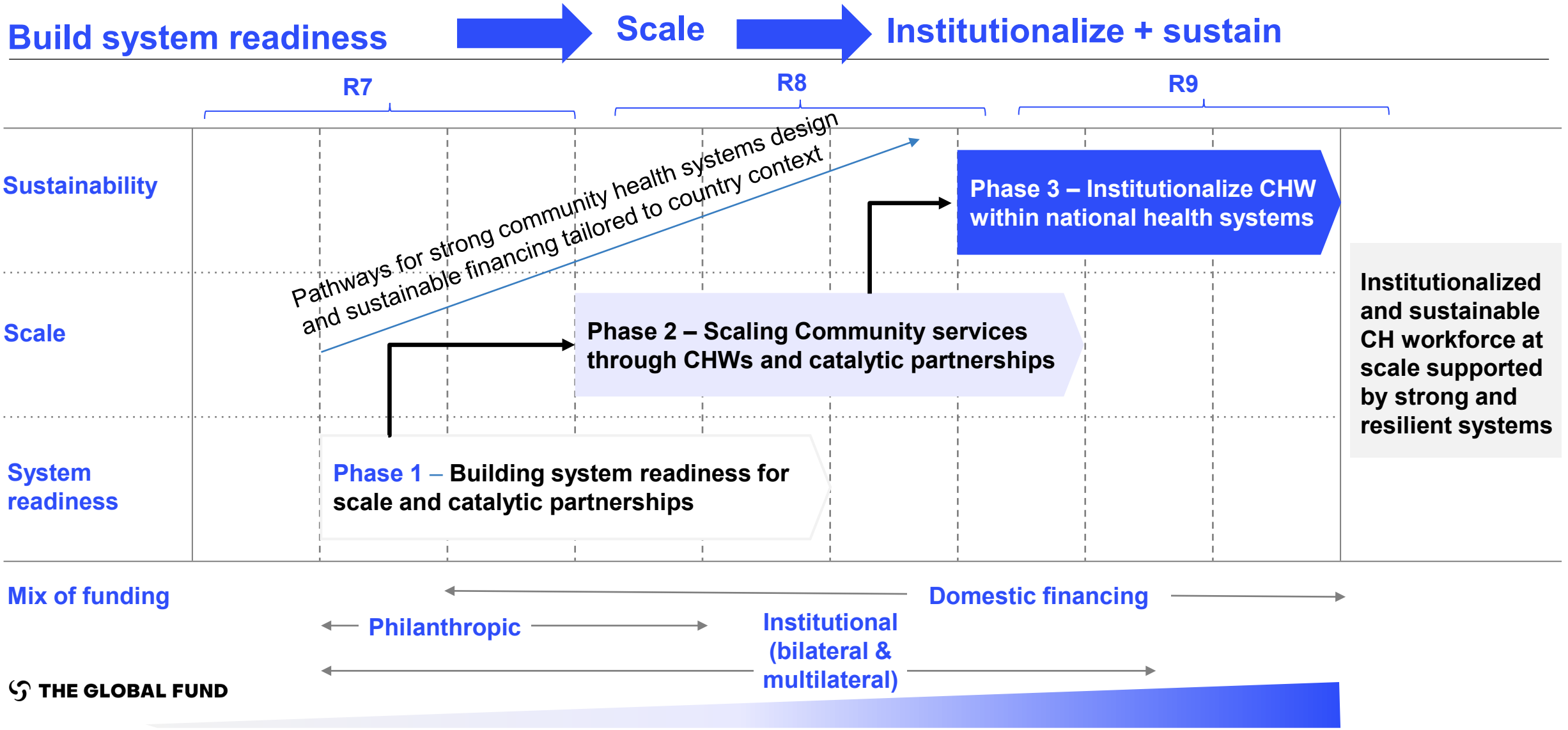
From…	…to
Piece-meal	Well-designed investment **across systems** components & covering non-HTM commodities
Short-sighted, short-term	Medium/long-term support spanning funding cycles and **development of sustainable financing pathways**
Small scale US $377 million in R6	Major investment area aiming for close to US$**1 billion in R7** (roughly 5%* of the US$18 billion replenishment ask)

How?

Incentivize more & higher quality investment	**Targeted TA:** to move funds with speed, tighter design of the community service interventions, support on priority interventions, more flexibility with TA partners
	Matching Funds: to unlock more and better investments, incl. country commitments, influence design of GF grants and, ultimately, country programs and health systems
	In coordination with other Catalytic Investments funding, **enhanced guidance** and application of **quality standards**
Leverage partner-ships	Private sector philanthropy, bilats and MDBs leveraging set-asides and innovative financing deals

* Source: Internal HRH finance mapping exercise

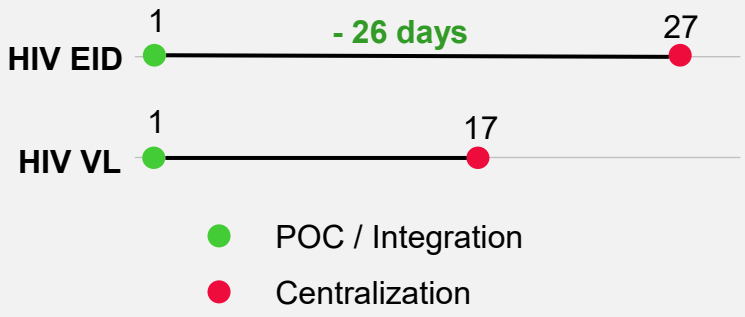
For CHW and Community-based services we aim to move from building system readiness to institutionalization



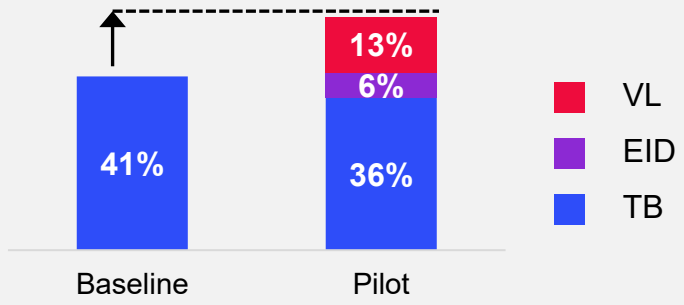
We are aiming to double LSS investments and integrate all lab components to support HTM

Why: Lab systems contributes to overall HTM outcomes

Integration generates considerably shorter overall median turn-around time (TAT) to result delivery…



And improved utilization rates with **lower total cost of ownership** where integration has been piloted.



Source: Multidisease testing for HIV and TB using the GeneXpert platform: A feasibility study in rural Zimbabwe/ASLM Study Zimbabwe

What: We are aiming to scale and integrate lab investments

Shifts from vertical disease-specific lab investments to systems/multi-pathogen approach:

- Lab Information Systems
- Consolidated procurement of equipment & infrastructure upgrades
- Diagnostic Network Optimization and integrated sample transport
- Core genomics facilities
- Educational programs for biomedical lab staff & engineering

Shift in scale of lab investments: from **12% to 25%** of total GF investments

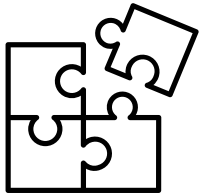
How: We aim to address RSSH bottlenecks comprehensively

- Strengthen **lab directorates** through empowering them to be SRs; leadership programs; targeted TA to establish/update NLSPs and address governance structures for lab sector
- Work with **health finance** to secure operating budgets for lab directorates
- Use new **lab risk matrix** to guide investment approaches contextualizing to lab maturity
- Build strong **partnership** with AU/ACDC, ASLM, WHO, USG and regional reference networks

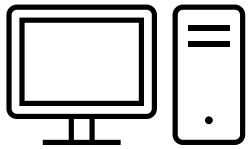
On HMIS, we will take differentiated approach focusing on institutionalization and digitization

1. Target GF country data system objectives **to meet the HTM, PP and RSSH data needs prioritized in the new strategy** (including for identifying inequalities and gender & human rights concerns)

2. Intensify focus on **institutionalizing the foundations and governance** of integrated and resilient national data systems



3. Use a **maturity model method as a framework** for prioritizing foundations and enabling clear measurement of progress, while tailoring to country-specific contexts



4. Move to advanced levels of **digitalization of HMIS** as a critical enabler

HMIS objectives targeted to meet the priority data needs for HTM, PP and RSSH in the new GF Strategy:

Data system governance	1. **Data systems governance and leadership strengthened**, leveraging coordination of GF grant investments with governments and partners
Foundations	2. **Digital HMIS foundations strengthened**, including infrastructure, workforce and data quality
Interoperability and integration	3a. **Community health and private health services** data integrated in the national HMIS 3b. **Data system digital enterprise interoperability progressed, with particular focus on joint data use of program health services data with logistics and lab data**
Individual level & case-based	4. **Digital data systems for real-time case surveillance and individual level monitoring deployed and maintained** with accurate programmatic design, in prioritized countries
Data Use	5. **Granular data use at all levels facilitated in the HMIS** including automated dashboards for cascade analysis, digital data repositories, etc.

Key Indicators*	Targets*	
	2022	2023
KPI 6d: % of High Impact (HI)/Core countries with fully deployed and functional digital HMIS	70%	Adjust indicator and targets per new M&E FW
% of HI/Core countries reporting on data quality with “medium” or “good” rating	80%	85%
% of HI/Core countries with CHIS integrated in to the national HMIS	50%	Adjust indicator and targets per new M&E FW
# of HI/Core countries with HMIS / LMIS interoperability	15	25

*Indicators and targets to be adjusted based on current M&E development

The new Health Finance (HF) approach will strengthen RSSH through a set of change levers

HF change levers leveraging:

Policies	Strategic use of Global Fund policies, i.e., Sustainability, Transition and **Co-financing policy** to ensure complementarity between GF grants and domestic financing in terms of **RSSH investments.**
Advocacy & Partnerships	Increase focus of domestic financing advocacy at global (e.g., Sustainable Finance Accelerator, bilateral partners), regional (e.g., AU, ALM), and national level (e.g., Ministries of Finance, leveraging CSOs, IMF mission) for disease and RSSH investments.
Blended finance	Funding health sector plans with partners in order to pool and attract additional funding and efficiently fund **system level investments** (e.g., Lao PDR and Pakistan National Health Support Project on PHC). Also leveraging Debt2Health for **RSSH investments.**
Value for Money	Leveraging allocative, technical and cross programmatic efficiency support at system level to ensure efficient and effective use of existing and new funds allocated towards **system-level investment** including through results-based payment methods.
TA	Supporting HF reforms, national planning and HF strategies and ensuring focus on **system level investments** in support of HTM, supporting specific TA on insurance, user fee, CHWs, CSOs etc.

We aim to improve measurement of RSSH results and its relationship with HTM & PP outcomes over next the three years

2022

- Finalize the **RSSH measurement framework** outlining the linkages between improvements in RSSH functions (e.g., lab, community health, HMIS, HRH) and HTM, PP and health system outcomes
- Finalize **RSSH KPIs and Modular Framework** with a focus on integrated people-centered health services
- Establish approaches (e.g., rapid facility survey) to measure RSSH progress

2023

- Assess the **strengths and weaknesses** of available measurement tools and approaches available at GF for RSSH measurement
- Monitor/measure **progress of RSSH functions** in relation to HTM and PP outcomes
- Model relationships to test the **measurement framework** to refine RSSH measurement for R7

2024

- Collect **initial evidence of RSSH results and impact**
- Revise RSSH modular framework/KPI/ measurement to **improve the measurement of the relationship between RSSH investments and HTM and PP outcomes**

Discussion questions for Board/SC

Does the **reflection of the past cycles** capture key lessons to address in the R7?

What are the **specific outcomes and metrics** anticipated by the Board for RSSH investments in relevant contexts?

How do you see our **proposed shifts in the use of levers** to improve the quality and scale of our RSSH investments? What do you expect us to address more, and why?

How can we best strengthen our **partnerships to enable** success?

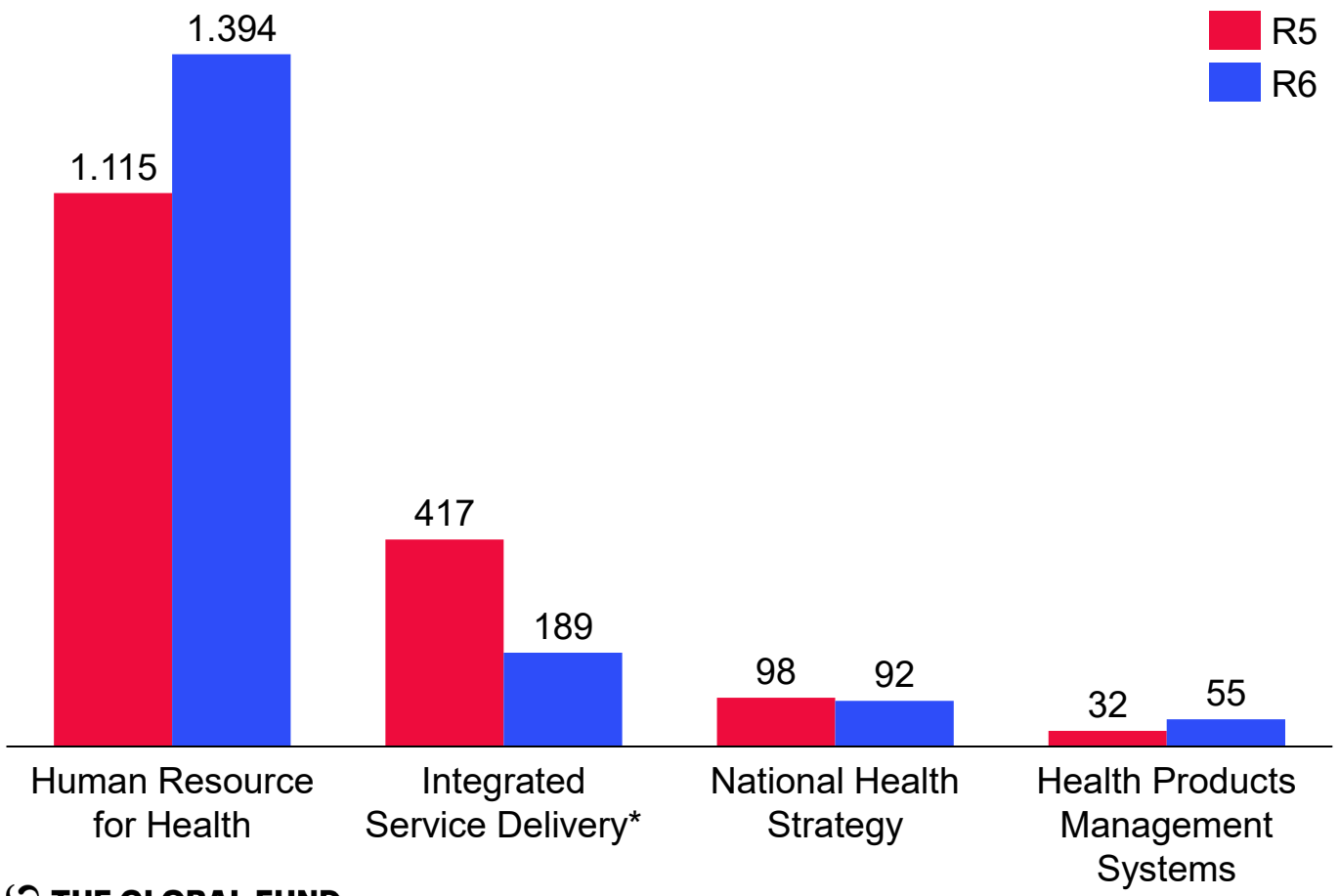
Appendix

Annexes & Background Materials

Contributory RSSH investments are largest in HRH, and there are opportunities to further promote integration

Contributory investments in RSSH R5 vs R6

in million USD

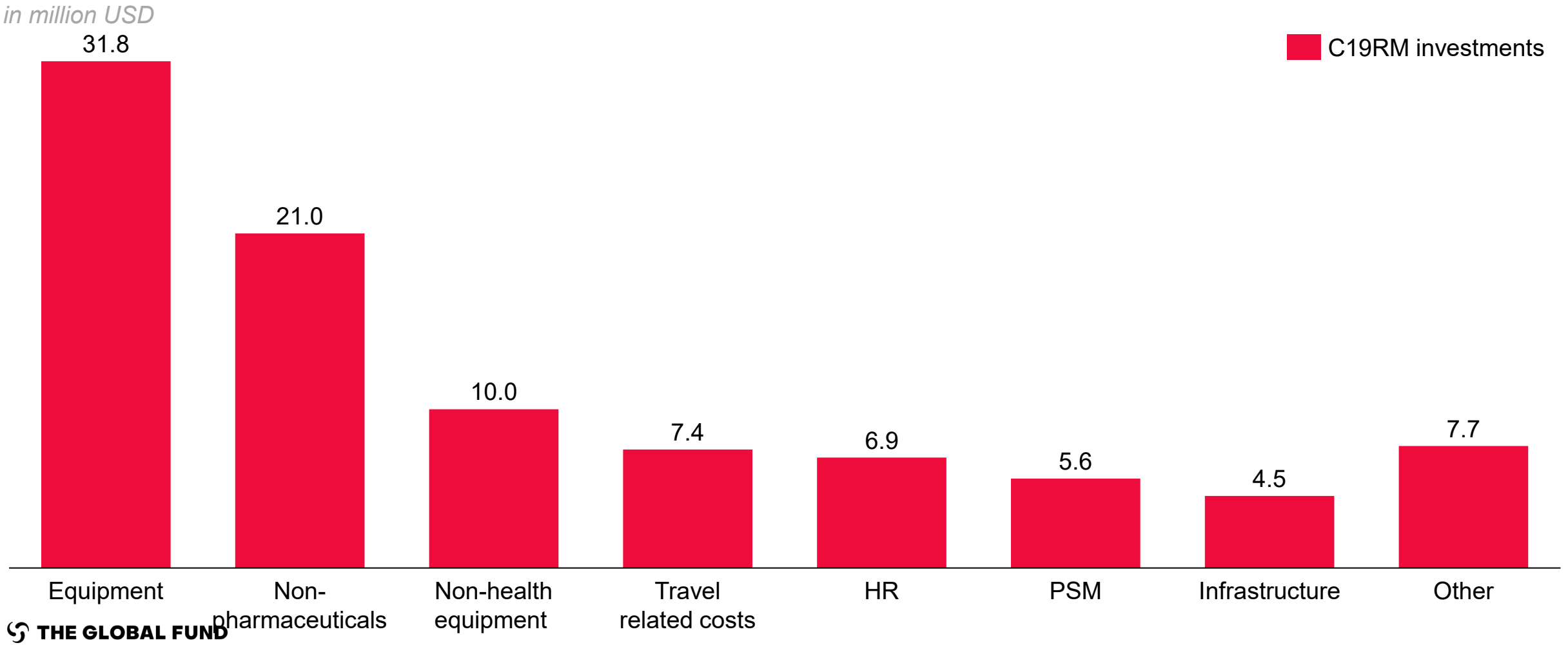


Key insights

- Main part of the contributory RSSH by HIV, TB, Malaria is HRH investments (80%) – its increase in R6 is driven by CHWs
- Reduction in contributory Integrated Service Delivery (ISD) investments in R6 was because health product equipment investments were channeled through C19RM
- Key opportunities for contributory RSSH in R7 include: (i) further shift to community-level interventions and integration; (ii) HRH integration at the implementation/facility level; and (iii) integrated use of digital solutions

Investments in LSS in C19RM

Awarded C19RM investments related to LSS



In-Country Absorption across modules largely within target range – continuous monitoring of lower ICA intersections

Deep Dive – In-Country Absorption

In-Country Absorption Level by Investment Landscape (17-19)

Module Name..	Module Name	WCA HIV*	WCA TB	WCA Malaria	WCA Others	Rest of Africa HIV*	Rest of Africa TB	Rest of Africa Malaria	Rest of Africa Others	Rest of World HIV*	Rest of World TB	Rest of World Malaria	Rest of World Others	ICA (Budget $M)
Vector control	Vector control			> 85%	> 85%			> 65%	< 65%			> 85%	> 85%	86% (1,760)
Prevention	Comprehensive prevention programs for MSM	> 85%			< 65%	> 85%			> 65%	> 85%			> 65%	88% (106)
	Comprehensive prevention programs for people who inject drugs (PWID)..	> 85%			> 85%	> 65%				> 85%				91% (127)
	Comprehensive prevention programs for sex workers and their clients	> 85%			> 85%	> 85%			> 65%	> 85%			< 65%	88% (133)
	Comprehensive prevention programs for TGs	> 65%				> 65%				> 85%				83% (12)
	Comprehensive programs for people in prisons and other closed settings	< 65%				> 85%				> 85%				86% (10)
	PMTCT	> 65%			> 65%	< 65%			> 65%	> 65%				67% (98)
	Prevention programs for adolescents and youth, in and out of school	> 65%			> 85%	> 65%			> 85%	> 85%				80% (172)
	Prevention programs for general population	Outlier > 120%			> 65%	> 85%			< 65%	Outlier > 120%				89% (135)
	Prevention programs for other vulnerable populations	> 65%			> 85%	> 65%				> 85%			< 65%	83% (58)
	Specific prevention interventions (SPI)			> 85%	> 85%			< 65%	< 65%			> 65%	< 65%	93% (153)
	TB care and prevention	> 85%	> 65%		> 85%	> 85%	> 85%		< 65%	> 85%	> 65%		< 65%	84% (936)
Treatment	Case management			> 85%	> 65%			> 85%	< 65%			> 85%	< 65%	88% (875)
	Differentiated HIV Testing Services	> 85%				> 85%				> 65%			< 65%	93% (239)
	MDR-TB	> 85%	> 85%		> 65%	> 85%	> 65%			> 85%	> 85%		< 65%	92% (683)
	TB/HIV	> 65%	> 65%		> 85%	> 65%	> 85%		< 65%	> 85%	< 65%		< 65%	74% (103)
	Treatment, care and support	> 85%			Outlier > 120%	> 85%			> 85%	> 85%			> 65%	92% (2,745)
RSSH Related	RSSH: Community systems strengthening	> 65%	< 65%	> 65%	< 65%	> 65%	> 65%	< 65%	< 65%	> 65%	> 65%	< 65%	< 65%	75% (71)
	RSSH: Financial management systems	> 85%	> 85%	> 85%	> 85%	> 65%	> 85%	Outlier > 120%	> 85%	> 85%	> 85%	> 85%		99% (42)
	RSSH: Health management information systems and M&E	> 85%	> 85%	> 85%	> 65%	> 65%	> 65%	> 85%	< 65%	> 65%	> 65%	> 65%	< 65%	83% (437)
	RSSH: Health products management systems	Outlier > 120%	> 65%	> 65%	> 65%	> 85%	< 65%	> 85%	< 65%	> 65%	< 65%	> 65%	< 65%	82% (239)
	RSSH: Health sector governance and planning	> 65%	< 65%	> 85%	< 65%	> 65%	> 85%	Outlier > 120%	Outlier > 120%	> 65%	> 85%	> 85%		88% (25)
	RSSH: Human resources for health, including community health workers	> 65%	> 85%	> 65%	> 65%	> 65%	> 85%	> 85%	Outlier > 120%	< 65%	> 85%	> 65%	< 65%	77% (203)
	RSSH: Integrated service delivery and quality improvement	< 65%	< 65%	> 85%	> 85%	< 65%	> 65%	> 65%	< 65%	< 65%	> 85%	> 65%	> 85%	71% (161)
Others	Payment for results		< 65%	> 85%		< 65%		> 85%		< 65%	< 65%	< 65%		52% (16)
	Reducing human rights-related barriers to HIV/TB services	> 65%			< 65%	> 85%				> 65%			> 65%	82% (59)
Program Mana..	Program management	> 85%	> 85%	> 85%	> 85%	> 85%	> 85%	> 85%	< 65%	> 85%	> 85%	> 85%	< 65%	94% (1,489)
Grand Total		> 85%	> 65%	> 85%	> 85%	> 85%	> 85%	> 85%	> 65%	> 85%	> 85%	> 85%	< 65%	88% (11,088)

Key Insights

- Continuous monitoring and pro-active steering of In-Country Absorption levels important to maintain overall trend of high ICA
- In aggregate trend towards 85% target for majority of modules with those outside within 10% variation range
- Improvement focus for next cycle on instances below target for RSSH and prevention modules

Module	Average
Vector control	86%
Prevention	85%
Treatment	88%
RSSH	84%
Others	67%
Program mgmt	94%

THE GLOBAL FUND

Outlier > 120% | > 85% | > 65% | < 65%

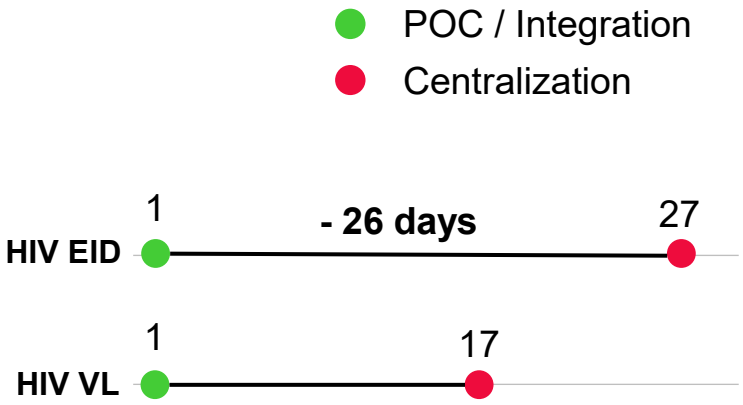
NB: Figures are rounded.

* HIV includes HIV/TB grants

Integration has practical, results-driven effects on HTM outcomes

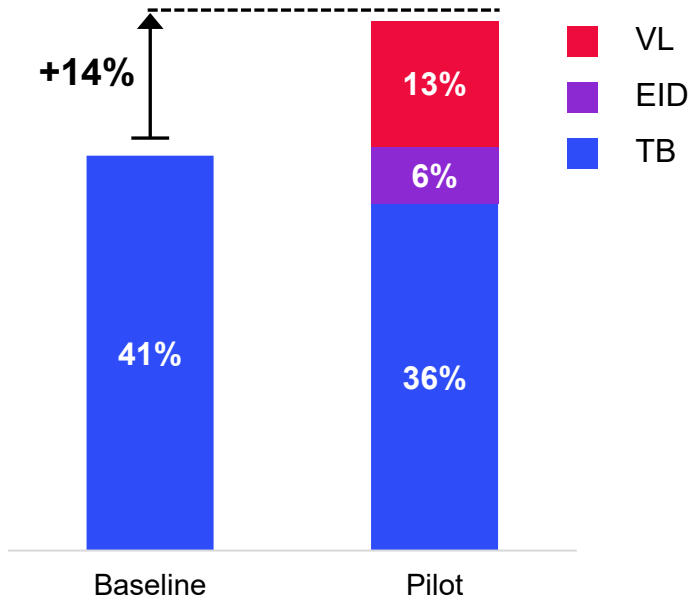
Integration generates considerably shorter overall median turn-around time (TAT) to result delivery…

TAT of HIV tests in Centralized models vs. Mutualized (POC) model (number of days)



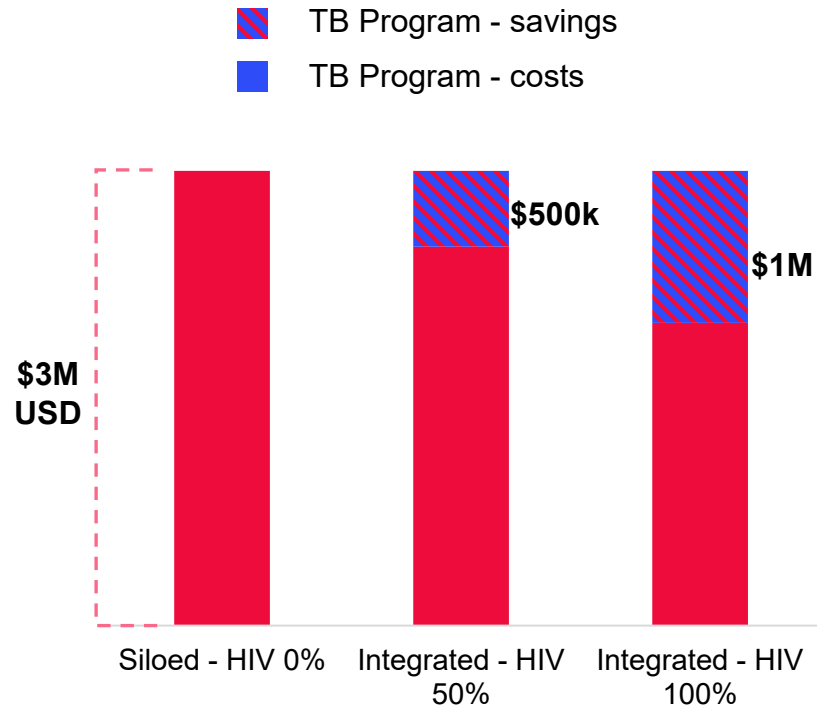
Improved utilization rates with **lower total cost of ownership** where integration has been piloted…

Utilization rate across four sites offering all 3 tests



And produces program savings by sharing **fixed costs** between disease programs

TB testing program savings according to proportion of sharable costs absorbed by HIV program (0%, 50%, 100%)



Source: Multidisease testing for HIV and TB using the GeneXpert platform: A feasibility study in rural Zimbabwe

Source: Integrated testing for TB and HIV using GeneXpert devices expands access to near point of care testing. Lessons learned from Zimbabwe African Society for Laboratory Medicine (August 2019)

Global Fund HMIS key achievements

Highlighted impacts of Global Fund grant and catalytic investments in digital HMIS coordinated and leveraged with other key partners supporting these data systems.

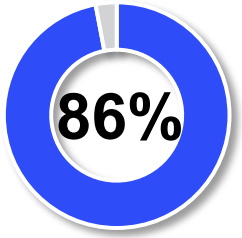
Accelerated

digitization of health services data

High Impact (HI) and Core countries have facility-level HIV, TB and malaria program data digitized in their national HMIS on at least monthly (HIV, malaria) or quarterly (TB) basis.

Catalyzed

data systems integration while improving utility



HI and Core countries now have all three (HIV, TB, malaria) program reporting data fully integrated into their national HMIS. Reducing the number of data "silos" increases efficiencies.

Enhanced

completeness and timeliness of reporting

2018		2021	data reporting
86%	➡	91%	completeness
68%	➡	76%	timeliness

Optimized

data use

30+

Global Fund countries implemented HMIS dashboards to automate and visualize their HIV & TB cascade. WHO guidelines and tools for national malaria repositories fully implemented in high-burden-high impact countries.

THE GLOBAL FUND

Covid-19 surveillance

41 Countries enabled by the Global Fund through past investments and existing partnerships **to rapidly add Covid-19 surveillance module to their existing national HMIS platform** (DHIS2), rather than adding new parallel systems.

Real-time case-based data systems

Increased programmatic quality and created cost efficiencies in grant investments for complex cased-based digital real-time data systems. Supported development and dissemination of **WHO "Smart" guidelines** and **DHIS2 data "starter" packages** for HIV & TB case-based surveillance.

Community-level data

- **58% of HI and Core countries have community health information systems (CHIS) fully in place**, of those 48% integrated in national HMIS.
- UNICEF Guidance for **CHW Strategic Information and Service Monitoring and M&E FW** developed, aligned across partners.
- **Global Fund grants investments for CHIS increased by 69%** between previous and current grant cycles.