RSSH Update

GF/B53/19

For Information
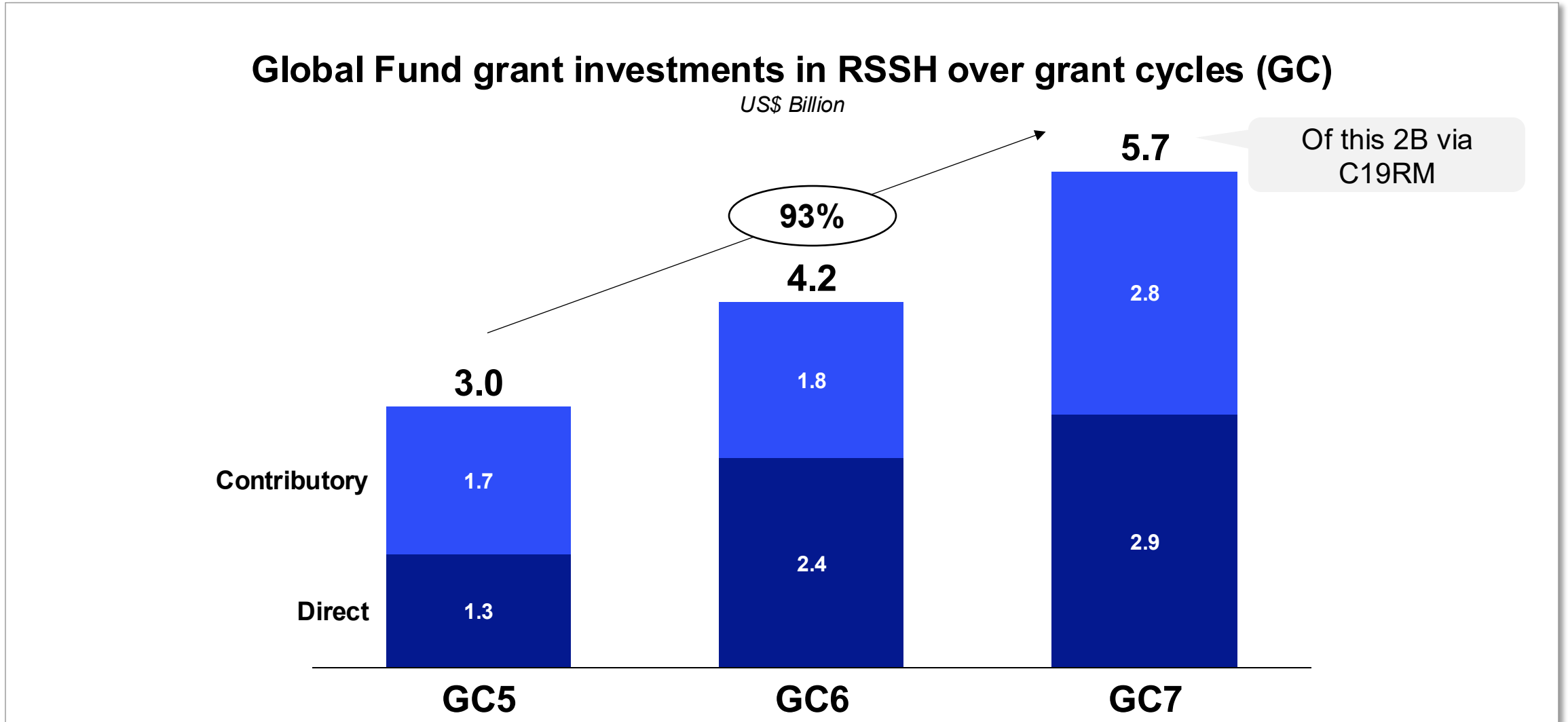
53rd Board Meeting
7 – 9 May 2025, Geneva, Switzerland

Objectives

1	**Provide an update on RSSH implementation**
2	**Share how investments are demonstrating shifts towards system strengthening and sustainability**
3	**Share preliminary thinking on RSSH priorities in GC8**

Recap: We scaled up investments in RSSH at an unprecedented rate for the GC7 allocation period, around half of which through C19RM

Global Fund grant investments in RSSH over grant cycles (GC)

US$ Billion

3.0

Contributory 1.7

Direct 1.3

4.2

1.8

2.4

93%

5.7

2.8

2.9

Of this 2B via C19RM

GC5   GC6   GC7

The Global Fund Secretariat established an RSSH acceleration initiative

The **Implementation Acceleration initiative** was established at the end of 2023. It works across divisions to improve our delivery of RSSH investments, ensuring the best possible use of unprecedented levels of funding, from C19RM and GC7, for RSSH.

To drive implementation acceleration across RSSH, we made deliberate decisions to a) **focus** solely on what is critical for implementation acceleration, b) include priority investment areas **agnostic of source of funds,** and c) **build mechanisms for early visibility and resolution of issues potentially blocking implementation.**

Since Jan 2024:
- **17 "Cohort" (highest priority) Countries** (representing >50% of direct RSSH investments over GC7 period) developed visions of success and workplans;
- An RSSH Steering Group has been established providing executive level oversight, technical resources, and prioritizing management attention on these 17 Cohort Countries;
- Cohort countries have completed three monitoring and issue resolution cycles, surfacing **170+ issues** and identifying relevant resolution paths, and
- Further lighter touch monitoring for remaining 25 "priority" countries completed.

RSSH investments are supporting countries to deliver results at scale, despite the intrinsic challenges

70,142 Community Health Workers & **56,012** other health professionals trained

1,832 health facilities implemented Infection Prevention Control programs

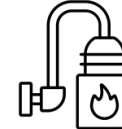**487** districts digitized with completed e-LMIS upgrades

274 pressure swing adsorption (PSA) plants have been procured, delivered &/or installed

257 districts rolled out event-based surveillance

185 labs upgraded; **102** pharmacies upgraded; **19** warehouses upgraded

53 incinerators installed

Note: Unvalidated data. Numbers should be treated as underestimated as based on available information, i.e., monitoring updates via cohort country workplans and available grant reporting from across the portfolio. Reporting period - other than PSA - from Jan 2024 to latest available data point (either June 2024, September 2024, or date of last Monitoring & Issue resolution meeting). For PSA grand total as of Dec 2024.

Thematic deep-dives on implementation progress

THE GLOBAL FUND

Our investments demonstrate efforts toward HTM outcomes, system strengthening and sustainability

Successes across thematic areas (next slides)   *…are demonstrating the Global Fund's ability to deliver on RSSH through:*

- Human resources for health (HRH) & community health workers

- Community systems strengthening

- Integrated laboratory systems strengthening

- Surveillance systems strengthening

- Health information systems

- Health product and waste management systems (HPWMS)

- Medical oxygen, respiratory care and therapeutics

1. **Clear contributions to HIV, TB and malaria programs, as well as Pandemic Preparedness & Response** through improving quality of essential systems in an integrated way – relevant across all thematic areas
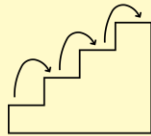
2. Robust intentional engagement on **systems maturity building and sustainability** – e.g., Health Information Systems, Supply Chains, HRH, Laboratory Systems, Oxygen.

3. **Scaled up infrastructure and equipment leveraging C19RM,** allowing us to focus on system strengthening and sustainability in GC8 – Laboratory Systems, HPWMS, Oxygen.

Human Resources for Health including Community Health Workers

$508M to 69 countries over the GC7 period[1] (28% through C19RM)

Focus areas

- Strengthening **maturity of CHW systems for service integration**

- **Advancing sustainability planning** – supporting HRH analysis and strategic plans, facilitating resource alignment to country integrated workforce needs

- Investing in quality and innovations in HRH **capacity building** – *e.g.*, electronic community health information systems to improve CHW supervision

Key successes (in addition to November B52 presentation)

Indonesia

Strengthening implementation of **integrated health services** including HTM through investments in **polyvalent CHWs** in 40 districts
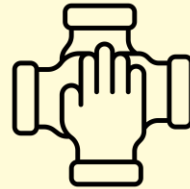
Kenya, Tanzania, Nigeria

Partnered with **RMNCH Directorates** to train 1,500 healthcare workers through a blended learning approach, **improving malaria testing, HIV screening, and maternal newborn health outcomes**

Burkina Faso

Transforming community health with a costed**, country-led, five-year strategy** for sustainable impact

Africa wide

Helped the MOH assess **CHW system maturity in 21 African countries** to guide investments towards gaps. Supported CHW financing and sustainability, including gap analysis (Ethiopia), co-financing (Liberia), increase in CHW financing (Malawi)

[1] $844M including all HRH cost items across direct RSSH modules

Community Systems Strengthening

$225M to **95** countries
over the GC7 period
(41% through C19RM)

Focus areas

- Embedding **community-led monitoring (CLM) data use** as part of routine quality improvements to support HIV, TB and malaria delivery

- Targeted **capacity development of community-led partners** to support service delivery and CLM to improve people-centered care in 25 countries

- **Sustainability of community investments** including analysis on HRH and CHWs, social contracting and Public Financial Management

Key successes (in addition to November B52 presentation)

Investments in **integrated CLM mechanisms** (e.g., HIV, TB, malaria, and sanitation) reduced shortages and stockouts:

Philippines

A People Living with HIV coalition presented CLM data on **ARV stockouts** at the Dept of Health – resulting in 146K additional ARV units for 2024

Sierra Leone

CLM data from 160 **TB** community-based awareness and engagement activities led to **expeditions in drug supplies (fewer stockouts)** and the establishment of more accessible TB sites with reduced travel time

DRC

Between July 2023 and March 2024, **TB commodity shortages** fell by 23% in Kongo Central and by 24% in Kinshasa

Nigeria

Expanding integrated CLM programs – proven to improve supply of **malaria** commodities and the reduction of stockouts – to **13,320** facilities by 2026

Integrated Lab Systems Strengthening

$479M to **90** countries
over the GC7 period
(73% through C19RM)

Focus areas

C19RM facilitated **intentional scaling of infrastructure investments** and responded to demand for **laboratory-based surveillance activities,** *e.g.*, **genomic sequencing, waste water environmental surveillance**

GC7 HTM grants reflect shift from commodity procurement to areas that facilitate **more integrated systems strengthening** – a trend planned to continue in GC8

Efforts place focus on improving quality and programmatic **sustainability** via enhancing support delivery through **regional bodies** to increase ownership, while contributing towards **supportive services** to embed within national systems – impact accelerated via **private sector in-kind support**

Key successes

Increasing equitable access to **quality-assured HTM diagnostic services**, with reduced test results turnaround time via **integrated sample referral networks and electronic result return systems** (Bangladesh, El Salvador, the Gambia, India, Kenya, Philippines, Rwanda, Uganda, Zambia, Zimbabwe)

Enhancing infrastructure, equipment productivity and biosafety & biosecurity to attain **international standards** in DRC, Indonesia, Mozambique, Uganda, Zambia, Zimbabwe to process high-risk samples e.g. Mpox, Ebola, Marburg, Crimean-Congo hemorrhagic fever
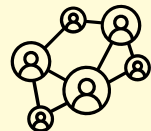
Lifting **laboratory leadership,** with leadership training, uptake of best practices & innovations scaled through peer-to-peer learning to deliver technical support → **500 lab leaders** trained in priority countries; sharing technical expertise (e.g., Kenya-Zimbabwe, South Africa- Ghana, Asia Pacific Twinning, West Africa surveillance data sharing)

Surveillance Systems Strengthening

$275M to **89** countries over the GC7 period (89% through C19RM)

Focus areas

The Global Fund evolved during COVID-19 to fund broader **surveillance systems strengthening** including early detection of, and response to, outbreaks:

- **Digitization of early warning surveillance**, *e.g.,* expansion of DHIS2 for epidemic-prone disease reporting

- Improving communities, health facilities' **capabilities** to detect and report outbreaks

- Translation of JEE reports into **National Action Plans for Health Security,** and systematic application of **7-1-7 metrics for continuous quality improvement**

Key successes

Malawi

Strengthening guidance and training to **detect and report measles and cholera outbreaks** rapidly, overachieving the global 7-1-7 target

Zambia

Supporting **coordinated investments** at the Zambia National Public Health Institute (NPHI), boosting e-IDSR coverage at sub-District level and rolling out **community event-based surveillance (EBS)** in collaboration with MOH Community Health Dept

Ghana

Demonstrating the use of early warning surveillance; early detection during **recent widespread cholera outbreaks, fatal meningitis outbreak**, environmental events of serious human consequences

Philippines

Improving data analyses and interpretation capabilities by building **automated dashboards** for epidemic prone diseases

Africa wide

Targeted digitalization, data management support to Africa CDC to improve continental response to **Mpox**

Health Information Systems (HIS)

$432M to **92** countries
over the GC7 period
(0% through C19RM)

Focus areas

- Support **data system digitalization** with emphasis on effective use of digital system outputs/tools

- Implement Global Fund **data quality improvement** framework launched in October 2024

- Explore and pursue further opportunities for **data system and processes integration**

- Increase **data and data system coverage** (e.g., to include geo-enablement of HMIS) to better target program implementation

- **Drive data analysis and use**, especially at **subnational levels** for more efficient and impactful programming and data quality improvement

- Emphasis on **health information exchange and data standards**

Key successes (see Strategic Performance Report for further info)

79% (30 of 38) of countries in KPI cohort increasing **digital HIS maturity** by at least one level compared to 2022 baseline levels (KPIS6a)

51% (18 of 35) of countries in KPI cohort improved **maturity in data analysis and use** compared to 2022 baseline levels (KPI S6b)

84% (21 of 25) of High Impact countries in KPI cohort established **use of disaggregated data** to inform planning and decision making (KPI S7)

Health Product and Waste Management Systems

$513M to **92** countries
over the GC7 period
(61% through C19RM)

Focus areas

- **Warehousing & Storage**: Covers storage capacity, design, and operations improvements including inventory management

- **Waste Management**: Promotes environmentally sustainable equipment, ensuring the safe disposal of byproducts from healthcare services

- **Information Systems:** eLMIS, WMS, ERP, TMS, and ITN Campaign Management tools

- **Strategy & Governance**: *e.g.*, Supply chain maturity assessments, strategy development, leadership & governance

- **Distribution & Alternative Delivery Channels:** third-party/ forth-party contracts management, distribution optimization planning, delivery to channels including private sector pharmacies
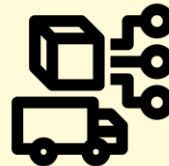
Key successes

Warehouses and storage upgrades are progressing – with at least 19 warehouses already upgraded
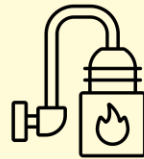
Waste management equipment – procurement conversion was high with over 50 incinerators being procured and planned to be installed throughout 2025

Information Systems – eLMIS systems scaled up across multiple countries. In Indonesia, for example, 811 PHCs, in 427 districts of the 38 provinces, have started using SMILE in its current version

Centrally funded technical advisory support provides invaluable advanced engineering and technical assistance support for C19RM related investments *e.g.*, site assessments and operations improvements, while supporting upstream interventions necessary to address **future sustainability**, *e.g.*, management plan

Medical Oxygen & Respiratory Care

$317M over the GC7
period to 67 countries[1]
(100% through C19RM)

Focus areas

Leading funder of medical oxygen and respiratory care through C19RM, with focus on:

- **Expanding sources** (*e.g.*, PSA plants, LOX, O2 concentrators), distribution (piping, cylinders), direct patient delivery (*e.g.*, pulse oximeters), consumables, and **system improvements** such as capacity building and national scale-up strategies

- **Demand driven technical assistance** to 59 countries for end-to-end procurement, installation, and sustainable operations

- Ensuring **sustainability** through engagement on routine maintenance requirements, and guaranteeing optimal provision of servicing, spare parts, and warranty coverage

[1] $564M in total for medical oxygen & respiratory care (2021-25)

Key successes

- Delivery in progress for most of 415 PSA plants. A potential to produce **15,000 Nm3./hr of medical oxygen to treat over 3M patients annually.**

- **Oxygen contributes to treatment for infectious diseases** (HIV, TB, Malaria), maternal and child health, chronic conditions (e.g., asthma, COPD, cardiac disease), surgery, and critical care.

- Establishing **sustainable operations,** including robust infrastructure, systems, extended warranty and preventative maintenance, energy (including solar, e.g. Cape Verde, DRC), and training of 600 professionals, in 120 facilities in the operation of plants. In Liberia, a PPP model is being developed for PSA plant operations with MoH and development partners.

- Secretariat responded with bespoke offerings through PPM, shaped by a cross-Secretariat O2 working group, to accelerate end-to-end PSA plant implementation, demonstrating the ability of PPM to quickly pivot to respond to emerging needs to support grant implementation.
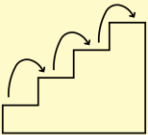
Looking ahead

GC8 will build on GC7 successes and adapt to rapidly changing contexts

Building on GC7 efforts that demonstrate that the Global Fund can deliver on RSSH through:

1. **Clear contributions to HTM programs, as well as pandemic preparedness and response** through improving quality of essential systems in an integrated way – all thematic areas

2. Robust intentional engagement on **systems maturity building and sustainability** – e.g., Health Information Systems, Supply Chains, HRH, Laboratory Systems, Oxygen

3. **Scaled up infrastructure and equipment leveraging with C19RM,** which allows us to focus on system strengthening and sustainability in GC8 – Laboratory Systems, HPWMS, Oxygen

...we are now well-positioned to adapt to rapidly changing contexts and work towards sustained impact

>

- Established the **in-country implementation arrangements** and **secretariat capability to deliver RSSH programs at scale**

- Contributed to building **strong platforms** (*e.g.*, Community Health Workers, Community-led monitoring) and **systems maturity** that countries can build on

- Scaled up infrastructure and equipment, **facilitating GC8 funding to focus on systems strengthening and sustainability**

- Built **best practices** of integrating HTM work into PHC services and health systems, enabling us to support rapid move by countries toward HTM integration

Looking ahead: GC7 efforts provide a strong position for GC8 efforts on maximizing impact, efficiency and sustainability

Three main GC8 directions for RSSH, building on ongoing country/GC7 work

- **Revise priority countries**

- **Further focus on thematic areas** to invest in a country (from ~5-7 to ~2-3)

- **Prioritize interventions in each thematic area**, with clear focus on systems maturity building and sustainability (see Annex)

1. Focus

2. Leverage
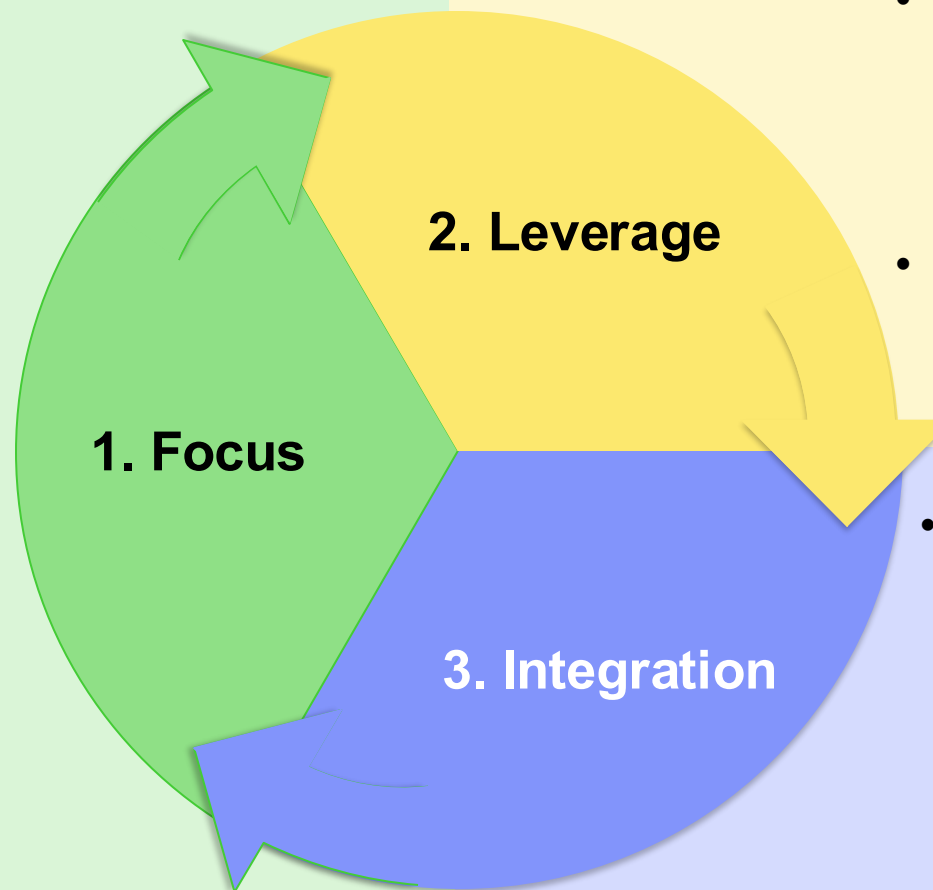
3. Integration

- Identify specific RSSH areas for **co-financing** and link it strongly to RSSH grant design, through the funding request processes

- Continued **partnership** with World Bank, GFF, Gavi, and other partners, for mutual leverage

- Enhance **integration of HTM work into PHC services and health systems** in target countries through multiple levers, to improve programmatic outcomes, efficiency, and sustainability (see next slide)

To support countries' efforts to accelerate integration, we aim to take a differentiated approach and adapt our levers

Principles

- Ensure **country stewardship** and **differentiated approach** based on country opportunities
- Involve a broad set of stakeholders under **MOH senior leadership**
- **Focus on outcomes**
- **Preserve quality** of activities
- Do it **in partnership** e.g., with the World Bank

Focus Areas (What)

- **Integrate HTM services in PHC and other services** (e.g., HIV for PHC, sexual health; TB screening and active case finding in selected PHC and outreach activities; Malaria with ANC, EPI)

- Integrate vertical **HRH investments** – staffing, training, supervision, quality improvement

- Integrate and improve **other key RSSH functions** – lab, data, supply chain, community, surveillance

Adaptation of Levers (How)

Approaches/Levers (How) - preliminary

- **Change messaging** – convey our commitment to supporting acceleration of integration efforts and include in Global Fund guidance, e.g., info notes, allocation letters (tbd)

- **Change process** – Support planning and operationalization of integration in 2025, under senior MOH leadership, leading to more integrated GC8 funding requests in target countries

- **Change engagement** – Enhance Secretariat engagement to support integration into GC7 grants and GC8 funding request steps

- **Change TA** – Leverage set-asides, CI/CMLIs and other partners to support operational planning for integration

Annex

[Preliminary] Thematic priorities for systems strengthening, integration and sustainability (1/4)

Human Resources for Health

Areas of focus to maximize impact (preliminary)

- Strengthen **polyvalent CHWs and multi-professional teams at PHC level and high-volume facilities**, supported by task sharing and referral system. Focus on in fragile settings

- **HRH analytics and planning**, including sustainability planning for CHWs, packaged with **co-financing commitments**

- **Gradual and context-specific integration of disease specific HRH investment** through HRH plans & salary harmonization

- **Integrated quality improvement, blended learning for pre-service education, continuous professional development,** including clinical mentoring, peer learning & accredited courses

Areas of less attention in GC8 (illustrative)

- Support for **disease-specific HRH positions** that deliver services for only one disease

- **Workshop-based in-service trainings** and **stand-alone supervisions** de-linked from training & quality improvement

- **Salary support not clearly aligned with HRH strategies** and not supported by PHC deployment plans and transition plans

Community Systems Strengthening

Areas of focus to maximize impact (preliminary)

- **Maturation of community health systems for increased sustainability and integrated service delivery,** including better preparedness for pandemics and other emergencies

- **Community-led monitoring (CLM), prioritizing "mature CLM" programs** and ensuring data safety and security for responding to emergencies and understanding impact on HTM for KVPs

- Community coordination and **engagement in policy & decision making**, **prioritizing integrated approaches** and linkages between community health and formal health services (*e.g.* policy updates, UHC, strategic planning, referral pathways, data systems)

Areas of less attention in GC8 (illustrative)

- Investing in **vertical, siloed service delivery models** that cannot be easily and sustainably integrated

- CSS interventions that are not linked to effective and quality program implementation or oversight based on geographical prioritization and data.

[Preliminary] Thematic priorities for systems strengthening, integration and sustainability (2/4)

Laboratory Systems Strengthening

Areas of focus to maximize impact (preliminary)

- Use of **regional initiatives** and leveraging **existing capabilities** of Supranational Reference Labs, Centers of Excellence and National Public Health Institutions to drive laboratory systems sustainability: support to **ILSS** (Sample referral networks, integrated LIS and interoperability, integrated QMS (Establishing National PT schemes)
- **Data driven initiatives** that inform investments and **lab network optimization** *e.g.*, **Lab maturity model** assessment and operational planning
- **Equipment service and maintenance contracts for** point of care equipment not already on **all-inclusive pricing contracts**

Areas of less attention in GC8 (illustrative)

- Construction of **new laboratory Infrastructure**
- Continued all-out purchase or un-supported procurement of **diagnostic equipment and materials**
- **Siloed/disease specific lab systems interventions** *e.g.* disease specific informatics applications, Specimen referral systems
- **Short-term training** (*i.e.,* not linked to retention programs)
- **Laboratory HR costs** (*e.g.,* salaries, incentives, etc.

Surveillance Systems Strengthening

Areas of focus to maximize impact (preliminary)

- Maintain, strengthen and expand **early warning surveillance at sub-national levels linked to testing/results** return for priority pathogens for **optimal response**
- Focused strengthening of robust **digital systems for reporting, linkage of multiple data streams (lab, climate) via data hubs**
- **Encourage sustainability** by leveraging **CHW** and **community networks for early warning surveillance; investing in frontline FETP**
- Targeted investments based on use of **7-1-7 continuous quality improvement metrics and surveillance maturity model**

Areas of less attention in GC8 (illustrative)

- **Specialized surveillance modalities** such as environmental surveillance for select pathogens.
- **New infrastructure** *e.g.* **emergency operations center**
- **Advanced Field Epidemiology Training Program**
- Development and publication of National guidelines and dissemination

[Preliminary] Thematic priorities for systems strengthening, integration and sustainability (3/4)

Health Information Systems (HIS) and M&E

Areas of focus to maximize impact (preliminary)

- **Strengthen HIS, including data governance**, based on HIS maturity level
- Strengthen **data availability, quality, analysis, interpretation and use** at all levels, with a focus on **subnational level using an integrated approach** (HTM and notifiable diseases)
- Continue **system digitalization based on digital system maturity**
- **Geo-enablement of HMIS** for targeted and efficient public health response
- Strengthen HMIS to **collect data on service availability and readiness** (e.g. via DHIS2 health facility profile, supervision check-list, etc) to replace tHFA
- Emphasize **system integration/interoperability/linkages** across data systems including climate, notifiable data streams, etc.

Areas of less attention in GC8 (illustrative)

- Discontinue support to costly and resource intensive **harmonized health facility surveys (HHFA)** and **replace targeted health facility assessment (tHFA)** with **routine data** collection as much as possible

Health Product & Waste Management Systems

Areas of focus to maximize impact (preliminary)

- **Supply chain maturity assessments** and development of **product agnostic, holistic costed national SC strategies**
- Deployment of interoperable, product-agnostic, and standards
- **Leadership and governance** strengthening
- Standards-compliant **supply chain information systems**
- Leveraging **AI powered insights platforms** to strengthen analytics, data-use, forecasting, and demand-planning
- Design of innovative, client-centric, **multi-channel distribution (incl. private sector) approaches** for critical health products
- **Operations improvement** at existing facilities and assets (inventory processes, fleet management and routing, etc.)
- Effective **logistics outsourcing**; **contract & performance management**

Areas of less attention in GC8 (illustrative)

- Investments in **warehousing and waste management infrastructure**
- **On site data collection** that can be done via information systems

[Preliminary] Thematic priorities for systems strengthening, integration and sustainability (4/4)

Medical Oxygen & Respiratory Care

Areas of focus to maximize impact (preliminary)

- Sustainability of existing PSA plant supply infrastructure, *e.g.* warranty and maintenance, operational capacity building (to be complemented with co-financing)

- Exceptional O2 PSA plant and/or piped distribution system investments based on significant justification of critical access gaps in high HTM burden settings

Areas of less attention in GC8 (illustrative)

- General expansion of PSA plant/bulk O2 infrastructure (noting above exception)

- Liquid O2 capacity and distribution systems (LOX)

- Medical O2 delivery equipment

- Building O2 associated infrastructure and generators