The Global Fund

TRP

REPORT ON RSSH INVESTMENTS IN THE 2017-2019 FUNDING CYCLE

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Contents

List of acronyms

ANC	Antenatal care
CBO	Community-based organization
CHW	Community health worker
COE	Challenging operating environment
CSR	Community systems and responses
DHIS2	District Health Information System 2
DHMIS	District health management information system
e-LMIS	Electronic logistics management system
GOV	Governance, leadership, and accountability
HEW	Health extension worker
HMIS	Health management information systems
HRH	Human resources for health
iCCM	Integrated community case management
IMCI	Integrated management of childhood illness
IPTp	Intermittent preventive treatment in pregnancy
ISD	Integrated service delivery
MNCH	Maternal, newborn and child health
MOH	Ministry of health
NCD	Non-communicable diseases
NGO	Non-governmental organization
PAAR	Prioritized above allocation request
PFM	Health sector financing and financial management
PIM	Program implementation and management
PIU	Program implementation unit
PMTCT	Prevention of mother-to-child transmission
PPM	Public-private mix
PrEP	Pre-exposure prophylaxis
PSM	Procurement and supply chain management
RMNCH or RMNCAH	Reproductive, maternal, newborn, child and adolescent health
RSSH	Resilient and sustainable systems for health
SARA	Service availability and readiness assessment
SDGs	Sustainable Development Goals
TRP	Technical Review Panel
UHC	Universal health coverage
WHO	World Health Organization
WISN	Workload indicator of staffing needs

Executive Summary

At the request of the Strategy Committee, the Technical Review Panel (TRP) undertook a review of funding requests that included investments in resilient and sustainable systems for health (RSSH), submitted in the 2017-2019 allocation period. The purpose was to gather lessons learned from the TRP's assessment of these proposals and to make recommendations on key strategic changes needed to strengthen Global Fund's investments in RSSH in the future. This report notes the main successes and challenges in RSSH funding requests in this allocation period; provides high-level findings for the attention of the Strategy Committee as well as specific technical recommendations on the different health systems components; and makes recommendations regarding RSSH application processes.

Based on the review, the TRP commends the Global Fund on RSSH investments made to date; supports further RSSH investments; and encourages refinement of RSSH strategic efforts, country dialogue and funding processes to improve health and disease impacts from health systems strengthening components. The TRP identified six key high-level issues for the attention of the Strategy Committee:

- Focused attention to RSSH has been observed in funding requests, however significant challenges remain. Further prioritization of RSSH investments should be encouraged across the health systems pillars, based on stronger country situational analyses of RSSH bottlenecks or challenges.
- Further differentiation of RSSH investments is needed along the health systems development continuum, with a greater shift from systems support to systems strengthening and sustainability. Additional guidance is needed from the Global Fund to clarify the steps of the continuum (start-up, support, strengthening, and sustainability) for each health system pillar, and to encourage movement toward sustainable systems.
- Weak indicators in the modular framework and few and/or poor indicators in funding requests impact performance monitoring of RSSH investments. Health systems indicators in the modular framework need to be revised, expanded and utilized.
- Significant efforts are needed to achieve stronger integration across the three diseases and with other health programs, such as reproductive, maternal, newborn, child and adolescent health (RMNCAH) and non-communicable diseases, where integration can strengthen service delivery, improve efficiency, equity and/or impact and value-for-money.
- Comprehensive broad engagement beyond the health ministry is needed to strengthen vital elements of the health system. This includes supporting community engagement processes and capacities, addressing human rights and gender, health workforce planning and finance, and engaging private health service providers in addressing the three diseases.
- There is limited attention in funding requests to strengthening health system components that may be vital to sustaining disease impacts such as governance and accountability and financial management. These components are relevant for all countries but particularly those nearing transition. Global Fund program implementation arrangements should be designed to reinforce health system capacity.

In addition, this report contains specific findings and recommendations for each health systems pillar based on analysis of funding requests.[1]

[1] Besides the text in the full report, Annex 1 also provides a summary of the specific findings and recommendations.

Report

1. Introduction

The Technical Review Panel (TRP) recognizes resilient and sustainable systems for health (RSSH) as one of the core pillars for maximizing impact against the three diseases: HIV/AIDS, Malaria and Tuberculosis, as articulated in the 2017-2022 Global Fund Strategy: "Investing to End the Epidemics". At the request of the Strategy Committee, the TRP, supported by the TRP Secretariat, established a Working Group to review RSSH investments in funding requests submitted in the 2017 – 2019 allocation period (Windows 1 – 5). The purpose of this review, undertaken in the period May-September 2018, was to synthesize lessons learned and, based on this, provide recommendations on how the Global Fund can leverage further RSSH improvements in the next allocation period (2020-2022). The Technical Evaluation Reference Group (TERG) and the Global Fund Secretariat also have concurrent efforts underway to evaluate RSSH investments, policies and access to funding processes to inform the next allocation period. Together, it is expected that these three reviews will provide a robust picture of the strengths and weaknesses of Global Fund investments in RSSH to advise the Strategy Committee on how to further refine the Global Fund's current approach to maximize efforts in building RSSH in the next funding period. This report provides a summary of the conclusions and recommendations of the TRP.

The specific objectives of the review are to:

1. Share lessons learned on funding requests investments that are most likely to lead to progress in achieving results across the three diseases, and in building resilient and sustainable systems for health contributing to the integration of disease programs into the overall health system as part of a country's advancement towards universal health coverage (UHC).

2. Provide advice to the Strategy Committee and the Board on how the Global Fund can encourage tailored investments in RSSH in countries at different stages of the development continuum to maximize impact.

3. Identify key gaps observed in investments within the different elements that constitute health systems and provide high-level recommendations on critical issues for the Strategy Committee, Global Fund Secretariat, applicants, and technical partners to consider in preparation for the next allocation period.

4. Present feedback on the application process as it relates to RSSH, including how the different application mechanisms (namely, RSSH request as part of disease application, standalone RSSH request, and RSSH matching funds) and associated guidance and tools can be adapted to maximize health system strengthening and disease-related performance measures.

2. Approach of analysis

The TRP based its framework of analysis on the "building blocks" approach to health systems development pioneered by the World Health Organization (WHO). This approach is well understood by countries and global health partners and provides both sufficient coverage and granularity to be useful. However, to address key concerns from a Global Fund perspective, these six health systems building blocks were expanded to include three more components: private sector engagement, community systems and responses, and a review of program implementation for RSSH, which provides lessons learned on implementation arrangements.

Therefore, the framework for the RSSH analysis included the following nine components: health management information systems (HMIS); procurement and supply chain management (PSM); human resources for health (HRH); integrated service delivery (ISD); community systems and responses (CSR); private sector engagement and public-private mix (PPM); governance, leadership, and accountability (GOV); health sector financing and financial management (PFM); and program implementation and management (PIM).

The TRP analysis of RSSH investments is based on the following four streams of work: 1) consolidation of lessons learned from each of the five review windows in the 2017-2019 allocation period; 2) analysis of RSSH investments against a "health systems development" continuum; 3) analysis of performance framework indicators provided in 50 selected funding requests; and 4) analysis of application modalities and processes. The TRP also considered to what degree requests for RSSH investments addressed the Global Fund's strategic focus on promoting and protecting human rights and gender equality.

1. Consolidation of lessons learned from TRP Review Windows

As a starting point, the TRP compiled a list of key lessons learned gathered from its review in each Window in the allocation period. This initial synthesis of observations (i.e. positive trends in RSSH investments and main gaps) enabled the TRP to note recurrent RSSH issues, as well as issues requiring in-depth analysis. With support from the Secretariat, the TRP selected 50 funding requests [2] as case studies for in-depth analysis. The selected funding requests correspond to 24% of the total number of funding requests reviewed by the TRP in Windows 1-5, and make up 38% (US$3.9 billion) of the total allocation reviewed in the five Review Windows. In selecting the case studies, the TRP prioritized funding requests that had significant RSSH investments, while ensuring that the purposefully chosen sample included applicants from each of the differentiated Global Fund country categories: focused, core and high impact countries. Therefore, the TRP is confident that the mix of countries in the case study sample provides a robust basis for the findings and recommendations made in this report.

2. Analysis of RSSH investments along the health system development continuum

To analyze RSSH investments across the 'health system development continuum', the TRP developed a framework to analyze whether RSSH investments were principally targeting

[2] Out of 205 funding requests submitted in TRP Review Windows 1-5. As program continuation funding requests do not include budgets or performance frameworks, these were excluded from review.

interventions for 'system support' as opposed to 'system strengthening'[3]. System support interventions are primarily concerned with providing inputs, travel and training costs, equipment, etc., to ensure that activities are implemented. In general, these interventions facilitate the establishment of a system and/or program. Examples of interventions and or activities that were health systems support oriented included requests for cars, computers, phones, travel costs for routine monitoring, furniture and office equipment, payments for fuel and maintenance of vehicles, cost for regular training or overseas training, software, reimbursement for importation, among others. An additional phase before 'system support' is the early stage of system development or establishment, especially in contexts like challenging operating environments (COEs).

System strengthening, on the other hand, includes interventions that have longer term effects. For instance, supporting policy development and implementation; strengthening institutional frameworks and relationships; promoting strong human resource management including a focus on pre-service training; and other types of interventions that build capacities needed to achieve and sustain health impacts. Examples of interventions that are more health systems strengthening oriented include requests for upscaling of volunteer network; development of protocols for data quality monitoring; development of standard operating procedures for quality control in laboratories; transfer from Global Fund procurement system to the national procurement systems; digitized DHMIS data (electronic District Health Management Information System); development of strategies to engage with the private sector;, technical assistance for DHIS2 (District Health Information System 2) roll-out; technical assistance for improving PSM procedures including e-LMIS (Electronic Logistics Management System); establishing medicine regulatory authority among others. In order to take into account the development of sustainable systems for transitioning countries, an additional phase namely 'system sustainability' was added to the health systems development continuum framework.

Using the framework shown in Table 1 below, the TRP analyzed the RSSH budgets of 16 funding requests, out of the selected 50 case studies – focusing on RSSH key areas, namely HMIS, PSM, HRH, private sector engagement, community systems and responses, integrated service delivery, financial management and governance. In the analysis, the TRP classified proposed RSSH investments according to the health systems development continuum – from initial systems establishment (e.g. in Challenging Operating Environment (COE) settings), through supporting health systems (in countries that have little resources beyond direct service delivery), to strengthening health systems (in countries with a blend of domestic and external resources) on the road towards sustainability in the eventual absence of donor funding, including the Global Fund.

[3] The analysis using the health systems development continuum was based on: G. Chee, N. Pielemeier, A. Lion, and C. Connor. 2013. "Why differentiating between health system support and health system strengthening is needed." International Journal of Health Planning and Management 28(1):85-94.
"Supporting the health system can include any activity that improves services, from distributing mosquito nets to procuring medicines. These activities improve outcomes primarily by increasing inputs. Strengthening the health system is accomplished by more comprehensive changes to performance drivers such as policies and regulations, organizational structures, and relationships across the health system to motivate changes in behavior and/or allow more effective use of resources to improve multiple health services".

Table 1: General evolution of health systems development: the 4Ss model

Parameter	System start-up (establishment)	System Support	System Strengthening	System Sustainability
Scope	Emergency; early development of systems	May be focused on a single disease or intervention	Activities have impact across health services and outcomes	Systems are integrated, resourced and fully incorporated into the overall health sector
Longevity	Short term; depending on country situation	Effects limited to period of funding	Effects will continue after activities end	Effects are continuing without external/ extra support
Approach	Input heavy for all systems	Provide inputs to address identified system gaps impacting service delivery	Revise policies and institutional relationships to change behaviors and resource use to address identified constraints in a more sustainable manner	Systems are adjusted to adapt to changes and resources are continuous, relevant and available domestically

As an illustration, Annex 2 shows the evolution of HMIS along the four stages of the health systems development continuum.

3. Performance Framework Indicator Analysis

As a part of the analyses, the TRP completed an in-depth review of indicators included in the funding requests. Specifically, the TRP analyzed if indicators that measure RSSH modules were included in the performance framework and what type of indicators were included, in relation to the RSSH modular framework.

4. Analysis of application modalities and processes

The TRP assessed the extent to which RSSH was addressed in the different applications modalities (i.e. full reviews, tailored reviews, matching funds requests, and prioritized above allocation requests (PAAR)) and in the different portfolio categories (focused, core and high impact portfolios). In its review of the 50 case study funding requests, the TRP looked at how the applicants proposed to invest funding across the health systems development continuum; how matching funds and PAAR applications were linked to the allocation requests; and how presentations of RSSH investments in standalone requests differ from those RSSH requests embedded in disease program applications. The TRP's review did not consider program continuation requests as they are light applications that do not include sufficient budget and performance framework information for analysis.

3. Findings and recommendations

In its analysis, the TRP found that there is increased attention to RSSH in funding requests. In addition, the TRP noted many strengths in RSSH investments in response to Global Fund guidance and incentives in the current allocation period (2017-2019). However, there are areas in which the TRP believes further gains can and should be achieved. To contribute to increased impact from future Global Fund RSSH investments, the TRP's review identified issues and recommendations that are relevant to the Strategy Committee, the Secretariat, applicants and technical partners.

Section 3.1 below presents high level recommendations with strategic and policy implications. Section 3.2 presents the technical findings in greater detail, as well as recommendations geared towards applicants, the Secretariat and technical partners that further substantiate the high-level recommendations to the Strategy Committee.

3.1 Overall findings and recommendations for the attention of the Strategy Committee

The TRP observed that the attention to RSSH increased significantly in the 2017-2019 allocation period. Country requests have embraced the new Global Fund strategy and its attention to RSSH to maximize impact against the three diseases. RSSH investments were not only reflected in stand-alone RSSH applications but also constituted a considerable portion of the disease funding requests. On average 13% of the allocation in the 50 funding requests reviewed by the TRP was invested in RSSH. RSSH components were also reflected in the Matching Fund and above allocation requests, complementing RSSH components in the main allocations. Based on the funding requests, the TRP also observed that Global Fund RSSH investments complement substantially other development partner's health systems development efforts.

The TRP observed the following positive investments in RSSH with potential to significantly contribute to program implementation and meaningful outcomes in the three diseases:

- Substantial investments into health information systems and progress towards electronic and interoperable data systems;

- Significant investments in procurement, distribution and effective use of commodities;

- Health systems investments to support innovative service delivery models, including at the community level, to extend services to key and vulnerable populations and for prevention, diagnosis and treatment;

- Emerging health financing instruments that create opportunities to invest in RSSH through new modalities, such as results-based financing.

While acknowledging this progress, the TRP notes that challenges remain and that attention to RSSH needs to be further strengthened in the next allocation period (2020-2022) in order to achieve the strategic goals of building resilient and, particularly, sustainable systems. In this regard, the TRP finds the following issues and recommendations as relevant to the Strategy Committee.

Issue 1: Focused attention to RSSH has been observed in funding requests, and further strategic and prioritized RSSH investments should be encouraged across health systems components, however, significant challenges remain.

Prioritized RSSH investments should be encouraged across health systems components, based on stronger country situational analyses of RSSH bottlenecks or challenges. RSSH strengthening priorities should be country-centered and respond to each country's individual needs in order to address the most relevant barriers to achieving results in the three diseases, sustaining impact and advancing UHC. While Global Fund RSSH financing during the next allocation period is expected to again have strong focus on strengthening HMIS, PSM and HRH systems, interventions in other health systems areas will be needed where these areas are identified as major barriers to long-term program success. For example, as countries shoulder greater responsibility for financing disease services, systems for health governance and accountability become increasingly important for sustained success.

Recommendations:

- The Global Fund should continue to invest in RSSH with attention to stronger prioritization of health systems components and activities based on country needs and other donor and government investments, incentivizing countries to shift from systems support towards systems strengthening, in line with a clearly identified differentiation model and policy.

- Applicants should more clearly base their RSSH investment requests on evidence drawn from relevant country analyses, e.g. health systems needs assessment, gap analyses, investment plans, or macroeconomic data (for example, a Human Resources Development Strategy, HSS landscape analysis or a financial gap analysis). If such analyses have not been undertaken, their development should be encouraged to support RSSH funding requests.

Issue 2: Further differentiation of RSSH investments is needed along the health systems development continuum, with a greater shift from systems establishment and support, to systems strengthening and sustainability.

Building RSSH requires strong investments in systems strengthening and sustainability interventions. Country health systems present themselves at different stages of the overall development continuum. Even within a given country, the various elements of health systems may develop towards sustainability at different paces, some reaching sustainability while other elements may still be in earlier stages. In other words, it is possible that a country reaches system sustainability for some elements while other elements still require Global Fund support.

The TRP analysis shows that RSSH investments tend to focus more on systems support interventions – approximately 66%[4] – as opposed to system strengthening and system sustainability efforts[5]. If program and grant management costs are included as RSSH costs (as it is one of the modules in the RSSH modular framework), the investments in systems support increases to approximately 75%. Figure 1a-j below illustrates the focus of RSSH investments in some of the analyzed funding request case studies.

Countries tend to focus RSSH investments on activities and interventions that support earlier stages of health systems development. For example, for transitioning countries, there may be significant gaps in governance and finance, yet countries are still requesting substantial funds for program management units. When portions of grants transition to domestic financing, there have not always been adequate systems in place to sustain the effectiveness and efficiency of the disease programs that were attained with Global Fund support. This, for example, can result in stock-outs of medications and other critical health products.

Recommendations:

- Given the above findings, the TRP recommends the establishment of a policy that encourages further differentiation and prioritization along the development continuum of RSSH investments where feasible, with an emphasis to shift away from systems support interventions towards system strengthening and sustainability efforts. Examples include, investing in pre-service training as opposed to in-service training; integrated service delivery platforms; and health sector financing plans which include innovative approaches. The TRP recommends the Global Fund Differentiation Model (portfolio categorization) be accompanied by strategic policy guidance and monitoring indicators to incentivize this shift.

[4] Of the 50 funding requests sample

[5] This includes the 16 funding requests budgets analyzed using the health systems development framework.

Figure 1a-j: Analysis of RSSH investments along development continuum in selected case study countries

Figure 1a: Afghanistan TB

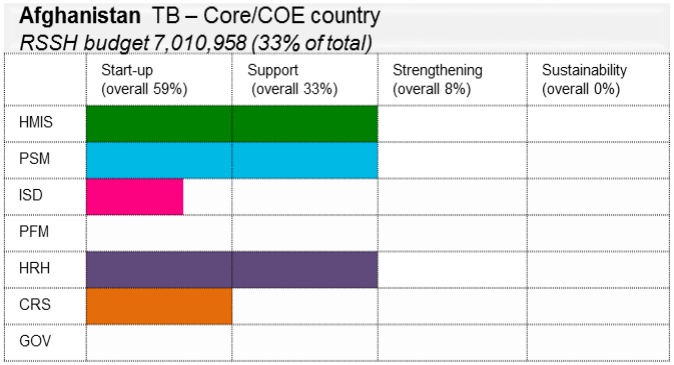


Figure 1b: Benin RSSH

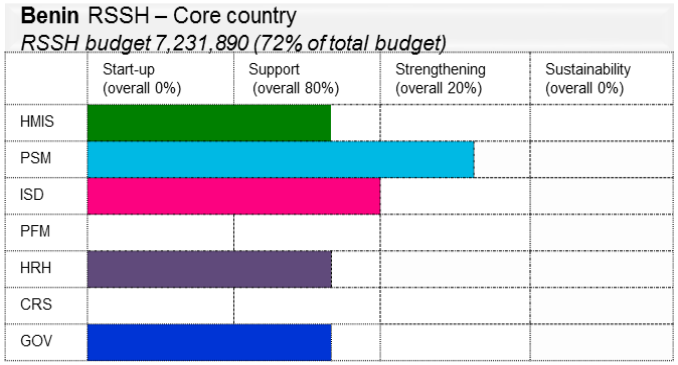


Figure 1c: Ethiopia RSSH

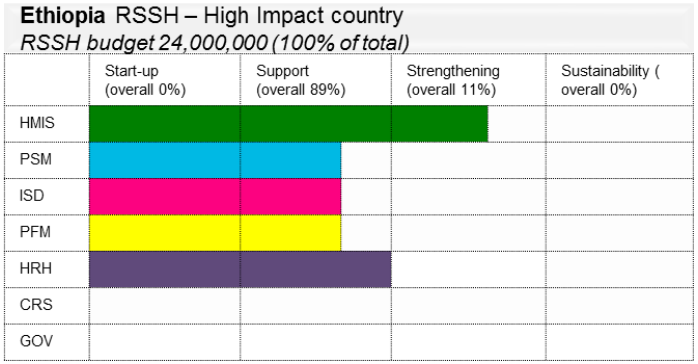


Figure 1d: Ghana malaria

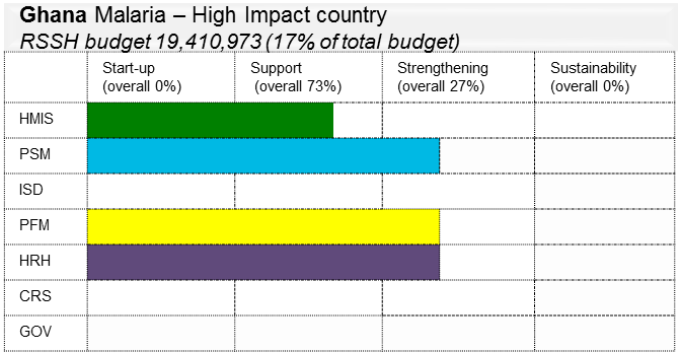


Figure 1e: Mongolia TB

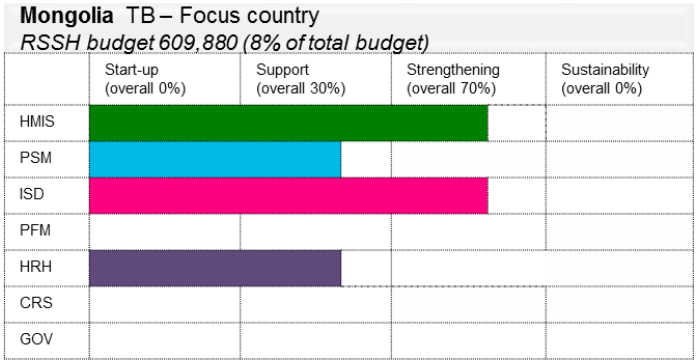


Figure 1f: Nepal HIV

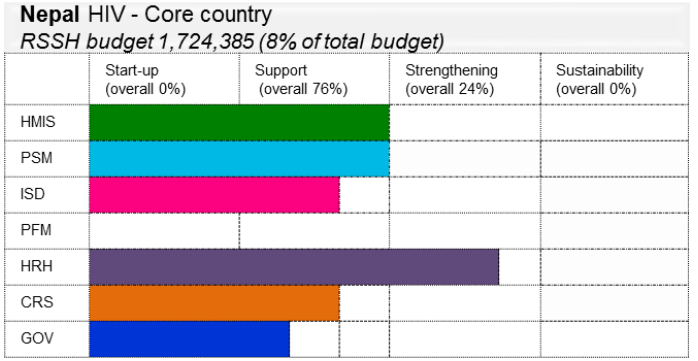


Figure 1g: Nigeria TB/HIV

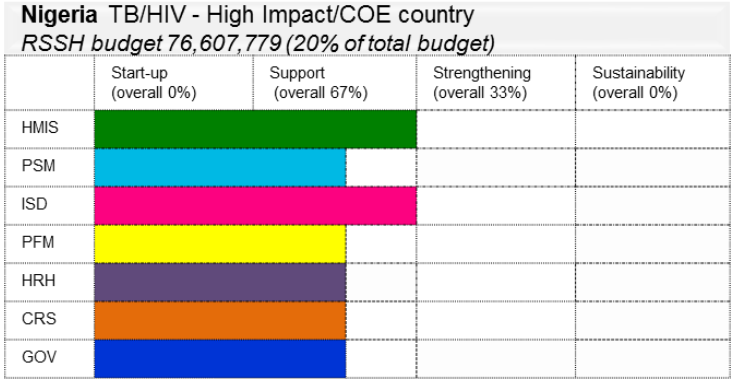


Figure 1h: Somalia HIV

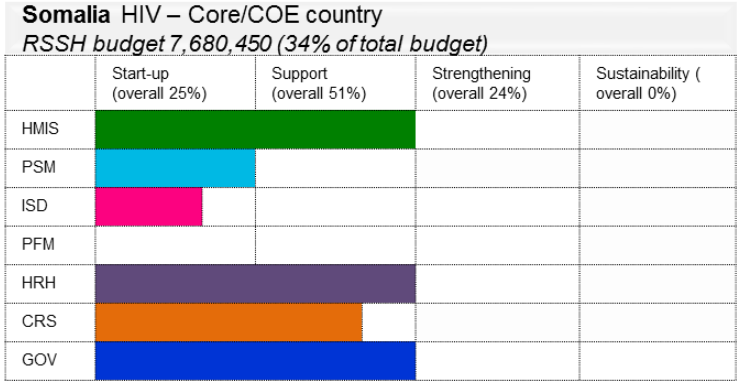


Figure 1i: Suriname TB/HIV

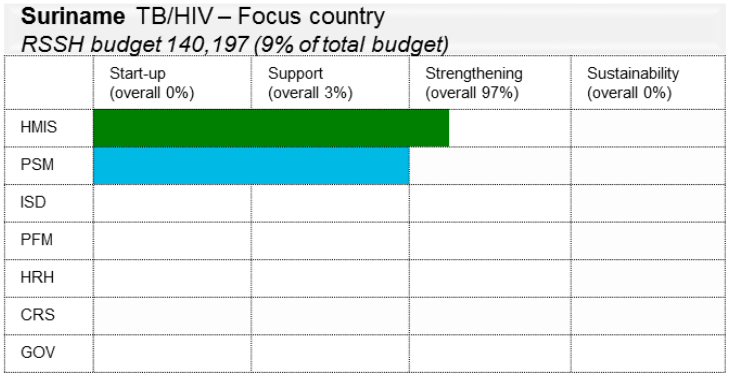
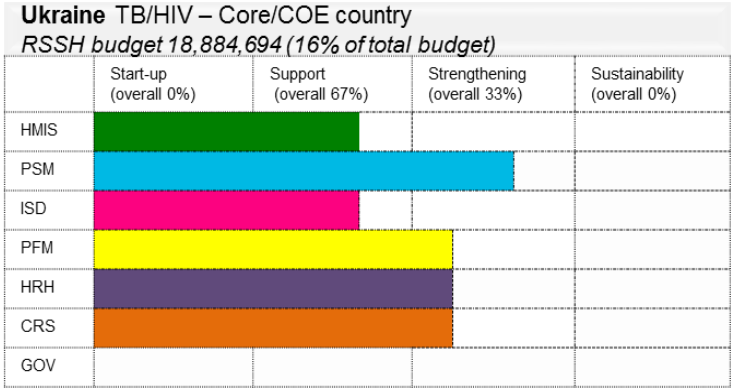


Figure 1j: Ukraine TB/HIV



Issue 3: Weak RSSH indicators, including low uptake of indicators, negatively impact performance monitoring and accountability.

To ensure progress and accountability in RSSH, robust tracking of the performance of RSSH investments is crucial. The TRP's analysis demonstrates that RSSH indicators are seldom identified in the funding request's performance framework, even when requests include RSSH investments. Thirty-eight percent of case studies reviewed by the TRP (19 out of 50 applications) did not include any RSSH indicators despite having RSSH investments. A notable example is a TB/HIV funding request which included nearly US$ 77 million in RSSH investments but had no RSSH indicators in the performance framework. In other cases, there were substantial investments in a range of health systems components, but only included a few systems indicators, not measuring all the investments. Another overall observation is that while the Global Fund uses Maternal and Under-5 Mortality Rates as overall proxy indicators of health status improvement, only 8 out of 50 countries included it as an impact indicator for Global Fund investment.

In addition, the indicators that are used are not always the most relevant, nor promote broader Global Fund strategic priorities. Although HRH is a frequent element in funding requests, indicators on HRH, as well as on service delivery are seldom used. Indicators related to the number of new graduates are not used in funding requests, therefore showing a lack of attention to the distribution of health staff and sustainable pre-service training approaches. TRP also notes that there are relatively few indicators in the funding request performance framework that are sensitive enough for tracking changes in integrated service delivery within a framework of moving towards UHC.

The TRP also notes that some of the indicators included in the Global Fund modular framework are not sensitive enough to allow for program monitoring and management. Furthermore, RSSH investments are often tracked by inputs and processes rather than those that measure investment outcomes, both in terms of disease programs and especially relative to the overall health system. The most frequently used types of indicators are those specific to monitoring and evaluation activities of processes and less often, critical management indicators like drug stock-outs. Annex 3 illustrates the TRP's analysis of the use of RSSH indicators in selected funding requests.

The limited inclusion of RSSH indicators is a missed opportunity to inform program reviews (ratings) and thus has implications for addressing specific systems issues that impact the effectiveness of programs. While the TRP understands that some of these gaps may be filled during grant making, their absence in funding requests implies that countries are not considering measurement in funding request development. These gaps also impede the review process.

Recommendations:

The TRP recommends strong attention to monitoring/tracking of RSSH investments in funding requests:

- The modular framework should be revised to include indicators that are relevant and sensitive to tracking progress in RSSH, ideally drawing on international monitoring indicators such as the WHO Sustainable Development Goals (SDGs) Framework, using indicators that are standardized across countries and donors.

- Update the RSSH guidance for applicants to encourage robust performance tracking of RSSH investments to include in funding requests at least one indicator in each RSSH area for which funding is sought.

- The TRP acknowledges that matching funds, PAAR and program continuation requests are designed to simplify the application process by limiting the amount of information that is required at the application stage. However, given the importance of utilizing all funds well, the TRP recommends these requests include a performance framework to track outcomes of proposed investments.

Issue 4: Significant efforts are needed to achieve stronger integration across the three diseases and with other health programs, such as RMNCAH and non-communicable diseases, where integration can strengthen service delivery, improve efficiency, equity and/or impact and value-for-money.

Integration, both across the three diseases as well as more broadly to other health services such as RMNCAH or Non-Communicable Diseases (NCDs) is lacking. While there has been considerable attention and efforts in some areas, such as in TB/HIV, disease programs interventions still tend to operate through vertical activities. For example, 3% of budgets across TB, HIV and combined TB/HIV funding requests in the sample reviewed by the TRP showed a separate investment for TB/HIV integration activities[6]. In terms of RMNCAH, while Global Fund efforts, particularly in expanding prevention of mother-to-child transmission (PMTCT) programs, matching funds requests for adolescent girls and young women and malaria interventions targeting pregnant women and children under five, rarely do these programs discuss opportunities and potential outcomes beyond the target disease. While there are some applications that promote iCCM (integrated community case management), and especially integrated management of childhood illness (IMCI), they are primarily at the pilot phase across countries and are yet to be brought to scale. There are considerable missed opportunities in other systems areas as well, for example, district health information software (second version or DHIS2) often does not include all important indicators for the three diseases and challenges remain to achieve one procurement and supply chain system across the three diseases. Initiatives for private sector engagement usually take a vertical approach and many countries do not capture and maximize the use of private sector data. Moreover,

[6] According to analysis of the 50 funding request case studies.

integration of service delivery at community level is lagging, which is compounded by weak coordination among multiple donors.

Recommendations:

The TRP recommends the Global Fund to proactively promote coordination across government units/agencies and partners for improved integration, including:

- Provide clearer guidance to applicants on how RSSH requests can be better tailored to support integration at all service delivery levels. This includes efforts to strengthen integration with reproductive, maternal, newborn, child and adolescent health (RMNCAH) as well as opportunities in non-communicable disease programs.

- Review the RSSH Modular Framework to include more sensitive and relevant indicators for monitoring progress of integration. Examples of such indicators include: stock outs of the package of medicines for integrated management of childhood illnesses (IMCI); and percentage of primary health facilities offering HIV, TB and malaria (and potentially RMNCAH) services together. Work towards 'one PSM' that reaches the last mile and a system-wide approach to other RSSH components such as HRH, health information system (HIS), finance, management, integrated community services, etc.

- Strengthen joint planning, monitoring and reporting, and a comprehensive RSSH landscape analysis to identify barriers to, and opportunities for, integration to inform the investment approach and prioritization.

- Capture and incorporate private sector data in the DHIS2 to provide a more comprehensive view of the overall system and responses. Inclusion of data on private sector services and performance could further improve the potential for synergistic actions, such as integration of services, and efficient resource utilization.

Issue 5: Comprehensive broad engagement beyond the health ministry is needed to strengthen vital elements of the health system.

Resolving issues that impact service delivery and the achievement of results in the three diseases and in health care overall, is often significantly impacted by stakeholders outside the health ministry and groups who are typical partners in the health sector. Funding requests show little evidence that key partners like the Ministry of Finance and/or Ministry of Planning, community groups (beyond disease advocates) and the private sector are engaged in the discussions on strengthening critical aspects of the health system. For example, the TRP notes that:

- Community health worker (CHW) programming is often conflated with community systems and responses (CSR), and that broader community engagement processes are neglected.

- Human resource planning and financing has not been effectively addressed, even though 80% of funds requested in HRH are for recurrent salary support for the expansion of

health personnel, including CHWs. In addition, many funding requests do not address the important human resource issues like shortages of health care workers, strategies to regularize positions and absorb costs, pre-service training, maldistribution of health personnel, lack of career path advancement, and gaps in discussions of gender relative to HRH.

- The TRP has observed that equity, gender and human rights issues are not consistently addressed in RSSH funding requests even when these issues are critical, for example with respect to leadership and governance, community systems and responses, and human resources.

- While private health providers (e.g. clinics, labs, training institutes and drug sellers) are essential actors in disease responses in many countries, TRP noted that across the funding requests reviewed they have not been reflected as an integral part of underlying disease program plans.

Recommendations:

The TRP recommends the Global Fund strengthen policy and guidance to:

- Further incentivize applicants to increase engagement beyond the Ministry of Health, with Ministries of Finance, community and non-government organizations, and private sector.

- Enhance knowledge, skills and equip relevant community-based and non-governmental organizations.

- Ensure HRH requests are framed within broader HRH plans with commitments and plans to absorb recurrent costs.

- Mainstream gender and human rights analyses in RSSH components to address key equity gaps and include under-represented groups in planning and accountability mechanisms.

- Support development of practical guidance on Private Sector Engagement (Public-Private Mix).

Issue 6: Sustainability: Limited attention in funding requests to strengthening health systems components vital to sustaining disease impacts.

The TRP notes that the vast majority of RSSH investments are in information systems, PSM and HRH (as noted above largely for salary support), areas which are critical in early stages of programming and for expansion of systems. However, there is little attention to sustainability and to strengthening health systems component, especially financing and governance, which may be particularly critical as a country moves towards transition. For example:

- Investments to improve leadership, governance and accountability are important to achieving progress and sustaining gains in disease control, including after transition. However, the TRP saw very few funding requests which included investments in these areas.

- Funding requests were generally silent on public expenditure management challenges linked to sustaining services (e.g. at peripheral, sub-national levels).

- The TRP noted that among the funding requests reviewed, there was limited evidence of robust planning in health care financing for the three diseases, and a lack of concrete proposals for sustained and/or increased domestic financing.

- Attention to specific health systems elements, required to unlock the potential of the very significant Global Fund investments in medicines and diagnostics, was often inadequate in funding requests. Examples include ensuring that distribution systems reach the "last mile" and that systems investments accompany GeneXpert machine purchase, to enable their optimal utilization.

- Program implementation financing and management costs are often requested, even by transition countries, long after these costs and associated responsibilities should have been absorbed into existing government structures.

Recommendation:

- TRP recommends the Global Fund to encourage countries to invest in development of health systems financing strategies and/or capacity, which should inform country discussions on program sustainability.

- The TRP recommends that, to ensure good value for money, the significant Global Fund investments in commodities and other health technologies should be protected by ensuring that complementary investments are being made to ensure that these commodities and technologies are appropriately used to enhance service delivery.

- Project implementation should support capacity building for public health systems management. Separate program implementation units to manage only Global Fund grants should be reviewed and maintained only where there is strong justification, for example, in cases where government capacity to manage funds is weak.

Issue 7: There are opportunities to further improve the application approach and process to better respond to RSSH needs.

The TRP observed that in most cases RSSH modules and interventions included as part of the disease program request did not adequately address system challenges. Comparatively, standalone RSSH funding requests covered a wide range of RSSH modules beyond the specific system needs for the three diseases programs. Standalone RSSH requests, therefore, implicitly

support or benefit other health programs in the country, for example, through improvements of information, supply systems, or strengthening community services.

Furthermore, the TRP was in a better position to review systems strengthening and sustainability when funding requests from the same country were submitted in the same review window (stand-alone disease funding requests, including PAAR and matching fund requests). Joint or simultaneous submission enabled the TRP to assess linkages between the programs, or lack thereof, and to identify duplications and opportunities to improve synergy in health systems strengthening across the applications. On the contrary, it was difficult to review matching funds and PAAR applications that were submitted for review separately from the main allocation requests, as is for disease funding requests submitted in different windows, making it difficult to assess opportunity for integration and synergy.

As regards to portfolio categorization and the differentiated application modalities, RSSH investments were generally smaller for focused countries compared to core or high impact countries. Despite being smaller, the RSSH requests from focus countries, applicants most appropriately, addressed systems strengthening rather than systems support needs. Furthermore, the TRP observed that RSSH investments were overall higher for those core or high impact countries that were classified as COE, with the investments primarily focusing on systems support, more often than not keeping service delivery going. RSSH investments in COE funding requests, however, did not consistently address the RSSH related issues associated with the challenging context.

The TRP also notes missed opportunities in the strategic priorities for RSSH matching funds, for example, in procurement and supply chain management, including reaching the "last mile". In addition, the matching funds conditions did not encourage applicants to also meet the match with government funding, as a way of promoting program evolution towards sustainability.

Recommendations

- The Global Fund should continue to promote integration across the three diseases by encouraging joint submission of funding requests (i.e. ideally submission of all components including RSSH at the same time).

- The TRP recommends that stand-alone funding requests for RSSH should be promoted, especially in countries which receive large Global Fund investments and/or Global Fund resources for all three diseases. Ideally, the stand-alone RSSH request should be submitted at the same time as the disease requests.

- The TRP recommends that operationalization of the matching funds approach be reviewed in order to:
    - Ensure timeliness of submission of requests with allocation request;
    - Expand the matching funds criteria to encourage applicants to put up government funding for the match;

- Strengthen guidance to applicants, clarifying what can be funded under the matching funds strategic priorities; and
- Consider including PSM in matching funds as an important health systems strategic priority.

3.2. Specific findings on key elements of RSSH and recommendations for the Secretariat and applicants

In this section, the TRP notes more detailed findings on key elements of a health system, namely: (1) Health management information systems (HMIS); (2) Procurement and supply chain management (PSM); (3) Human resources for health (HRH); (4) Integrated service delivery (ISD); (5) Community systems and responses (CSR); (6) Private sector engagement and public-private mix (PPM); (7) Governance, leadership and accountability (GOV); (8) Health sector financing and financial management (PFM); and (9) Program implementation and management (PIM).

For each of these key elements, the TRP provides specific recommendations to the Secretariat, technical partners, and applicants to inform country dialogue and efforts around the development of RSSH investments in the next funding cycle. In general, the majority of funding requests are focused in HMIS, PSM, HRH and PIM, with significantly less attention to other areas. This may be appropriate depending on the specific country needs, government and other donor priorities, the country's stage on development continuum, and the focus of other areas of the funding request. The TRP notes that, given funding constraints, prioritization is essential both across and within these system areas. It is critical when countries make investment choices in funding requests, that decisions are based on solid understanding of the health system through situational analysis, health sector assessments, and national strategies.

3.2.1 Health management information systems

Key findings:

Funding requests show evidence that investments in health information systems have substantially contributed to the establishment of electronic information systems in many countries; currently the district health information system or DHIS2 is being implemented in over 80 countries, many of them supported by Global Fund investments. This includes progress from information systems that address a single disease, to integration of data from the three diseases leading to health system-wide interoperability, and subsequently to improvement of data quality, timeliness and utilization. This ultimately leads to dashboards for real-time access to information. In addition, the TRP has observed that there is an increased emphasis on information-use for improved decision making. For example, in one country, the malaria funding request presented an excellent analysis of the epidemiologic

situation using routine data and data from carefully designed surveys. This data was used by the applicant to select appropriate interventions to strategically address an observed upsurge in malaria.

Although progress has been made in HMIS, weaknesses remain.

- Some countries continue to use multiple data management systems – e.g. disease specific, community worker specific systems – with unclear complementarity and which do not feed into the DHIS2. Also, HMIS is not often connected to other relevant management information systems, such as laboratory information systems or logistics information systems.

- Large HMIS investments have yielded good results in terms of improving availability of data. However, use of this data and its influence on program management is often not evident in funding requests. The TRP observed that many funding requests missed opportunities to analyse, interpret and use available programmatic data to improve the selection of interventions. In the case of malaria, opportunities remain for applicants to make better use of existing data on age, sex, population mobility, and demographics to facilitate identification of the most vulnerable populations; understand whether they access services; and design appropriate interventions, including selection of vector control interventions. Despite the overall global decline in malaria incidence, some countries showed an upsurge of malaria morbidity and in some cases mortality. However, these countries did not acknowledge or reflect an understanding of the reasons behind this significant change in the epidemiological situation in the funding request. Several applicants analysed trends of annual parasitic incidence data in their proposals but stopped short of listing possible reasons for observed upsurge in malaria cases.

- HIV funding requests tend to overly-rely on modelling, and gaps in the availability of specific data are still observed – such as the size estimates of HIV key populations, gender and age data breakdown and data on policy or legal barriers to accessing services for key populations. As such, strategic data on both key and general populations are still infrequently used for prioritization; this applies to both country and regional grant requests. In TB, since health management information systems often do not disaggregate treatment outcomes by sex, gender or age, funding requests do not present sex and age differentiated treatment outcomes and identify factors that might be associated with identified inequities. Noting that malaria can be regional, thus cutting across borders, it is relevant to consider promoting harmonization of information systems to facilitate regional monitoring of disease spread and progression as well as effects of joint or collaborative regional actions taken.

Recommendations:

- The TRP encourages countries to continue moving along the HMIS continuum towards integration and to continue support for DHIS2, avoiding introduction of parallel data systems.

- As information systems become better integrated, managers at all levels should use available program data to make better resource allocation decisions; by disaggregating national, regional, district level information to better target areas of need and redress disparities in services. Applicants should be encouraged to include activities in the funding requests that promote the use or improve the quality of data. Guidance may need to be updated to shift from the establishment of integrated information systems to investment to ensure use of data for program management and monitoring.

3.2.2 Procurement and supply management

Key findings:

- *Significant PSM challenges affecting program performance persist, but funding requests often do not adequately explain how those challenges will be addressed.*

The TRP saw some funding requests which proposed robust plans for addressing PSM strengthening. However, despite the investment in the Global Fund's Supply Chain Initiative and the important work of national governments and other donors in supporting the strengthening of PSM systems, a large number of funding requests continue to acknowledge serious PSM challenges. Stock outs, above-market prices and sub-standard product quality continue in many settings, and funding requests document weaknesses in forecasting, LMIS (Logistic Management Information System), quality assurance and control, and coordination between partners. These challenges are underpinned by human capacity limitations, as well as weak PSM-related financial, operational and administrative systems and ultimately weak use of performance indicators to monitor PSM performance. In many cases, these challenges are long-standing and affect program performance. This is of particular concern given that an estimated 40% of Global Fund funding is spent on health commodities, and weak PSM systems can jeopardize achieving health impact and value for money of these investments. This issue is linked to several other challenges:

  - The lack of information in funding requests on PSM support from national governments and other donors;
  - Inadequate use of performance indicators (i.e. coverage indicators and/or work plan tracking measures) to demonstrate that PSM investments are producing results and contributing to improvements across the three diseases.
  - Lack of consistent language and definitions used for PSM, often confounding PSM with health commodity purchase line items in the funding request text or budget lines

- *Relatively weak attention to 'last mile' supply chain challenges*

Countries often focus on interventions to address warehousing and logistics constraints at central, regional and sometimes district levels. However, delivery of supplies below the district level is frequently not addressed, and this is of particular concern in cases where 'last mile' delivery challenges have been noted to affect program performance in the past.

- *Program risks when procurement of first line drugs are transitioned to domestic funding before health systems readiness is established*

Overall in the 2017-2019 cycle, the TRP observed that many countries chose to meet their co-financing commitment through financing – and usually procuring – commodities domestically, which is laudable. This shift to domestic financing has greater potential for success in cases where systems are developed to support the transition. The TRP noted, however, that there were many applicants with systems challenges that were already constraining, or likely to constrain, the success of transition. Examples include countries which did not meet their co-financing commitment for ARV or TB drug purchase, countries whose finance release systems did not support timely and predictable procurement, and countries whose domestic procurement and governance systems were not supportive of buying commodities at market prices and in accordance with Global Fund quality policies. Nevertheless, these same applicants presented funding requests to transition first line drugs to domestic funding – or increase the percentage funded by domestic funding – while not paying adequate attention to addressing the documented PSM challenges, including putting risk mitigation measures in place. The TRP noted that unless countries have adequately addressed health systems challenges with measures in place to mitigate risks, these programs could be at high risk of experiencing drug stock-outs, poor quality drugs and high prices, with drug resistance and low treatment coverage as potential consequences.

- *Enabling health system environments for introduction and/or scale-up of new technologies require more systematic evaluation*

The Global Fund provides substantial funds to scale up newer technologies and interventions – for example GeneXpert, viral load machines, Pre-exposure prophylaxis (PrEP) and HIV self-testing. However, the TRP finds that funding requests do not consistently provide information on the complementary health systems that need to be in place for the new technologies to achieve their intended health impact. For example, new diagnostics require changes to policy, guidelines, diagnostic algorithms, cascade trainings and supervision, connectivity solutions, recurrent budgets for maintenance, spare parts and supplies, sample transport systems, and so on. Most applicants do not address these systems issues in their funding request; neither when making a request to introduce the technologies, nor when requesting additional technologies as part of a scale up plan. Even in the context of documented challenges with the utilisation of current machines, applicants request funding for additional machines, without explaining how the challenges to utilisation of existing and new machines will be remedied.

Recommendations:

- To ensure PSM requests are strategically focused, they should be informed by clear gap analysis and identification of expected PSM improvements/targets, tracked through the performance framework.

- The TRP recommends applicants to collaborate closely with other partners supporting PSM to ensure coordinated and integrated support. Funding requests should explain the

overall PSM funding landscape and which gap the Global Fund is filling. The Global Fund and partners should continue to support and work to improve co-ordination among multiple donors and stakeholders supporting PSM, for instance, through joint in-country Technical Working Groups and ensuring effective high-level oversight by the Ministry of Health.

- Particularly in cases where 'last mile' challenges have been identified as a constraint affecting program performance, funding requests should explain how the CCM will work with partners to develop and implement a strategy to address 'last mile' delivery challenges. This should be further addressed during grant making, during the elaboration of PSM action plans in close consultation with the Secretariat, principal recipients and other donor programs. Monitoring should include measures to gauge improvements at lower level health facilities (e.g. stock outs and timely receipt of laboratory results at selected lower tier facilities).

- During the development of funding requests, applicants and Secretariat are encouraged to pay attention to the complementary health systems that need to be addressed to enable successful transition of commodity budgets to domestic funding. This will include discussing aspects such as: the procurement capacity and governance; capacity for timely release of government funding linked to financial systems and economic readiness; capacity to distribute to the 'last mile', and capacity to monitor quality at the sourcing as well as the supply chain level. Where weaknesses are identified in relation to any of these systems, the funding request should explain how systems will be strengthened through the grant and/or through work supported by other partners.

- Countries should work with the Secretariat to mitigate potential risks of transitioning drugs to domestic finance. For example, by discussing which commodities are best suited for transition; what percentage of the commodity budget line could be safely transitioned; mechanisms for monitoring pricing, stock-outs and quality of products once transitioned; and contingency plans to address commodity access problems that may arise. Such analysis of transition readiness and risk mitigation strategies should be made available to the TRP, to inform its assessment of whether the proposed transition is technically sound and sustainable.

- Applicants requesting funding for new technologies should include analysis of the readiness of health systems to support introduction of these new technologies. Furthermore, to enable the Global Fund to assess value for money, relevant indicators should be included in the modular framework to enable periodic monitoring of utilisation of existing machines. Such information on utilisation should be shared with the TRP to inform their review of funding requests.

3.2.3 Human resources for health

Key findings:

- Many funding requests do not acknowledge or address the common problem of shortage or maldistribution of human resources for health. Some funding requests did not mention HRH challenges nor the risks these pose to meeting service delivery targets.

- The TRP notes that a significant proportion (an estimated 80%) of Global Fund HRH investments in funding requests reviewed in Windows 1-5 went towards HRH salaries or remuneration. The TRP note some HRH requests were not aligned with the Global Fund HRH guidance nor demonstrated value for money. For example, large requests for workforce incentives and salaries in the funding request budget crowded out other essential RSSH investments. Incentive schemes for government workers are often inconsistent within countries and there is no standard salary scale for non-governmental CHWs among donors.

- Requests for HRH and CHW expansion are not often supported by findings from a HRH needs assessment or HRH Strategy, showing how expansion fits within the overall national HRH gap analysis or strategy. Furthermore, how the expansion is integrated with the rest of the workforce is seldom qualified. Such requests are often not accompanied by appropriate budgets and attention to all supporting systems required to ensure effectiveness, sustainability and value for money of the expanded workforce. It was challenging for the TRP to assess strategic focus and technical soundness in funding requests that were not based on quantitative or qualitative HRH gaps analysis.

- The TRP observed continued reliance on expensive traditional in-service training (classroom-based trainings and workshops) as opposed to the use of e-Technology which is more efficient for training and supervision. Additionally, training requests were often not supported by a needs assessment. There is a greater reliance on in-service training, as opposed to strengthening pre-service training; this is an inefficient use of resources and results in absence of staff from health care facilities during training. Lastly, there is no evidence that in the face of HR shortages, funding requests will be used to develop a multi-skilled cadre or multidisciplinary teams that are able to provide comprehensive services

- In Window 5, the TRP saw a unique example of focus on HRH efficiency in a matching fund request for Human Resource Information Systems, which would enable a better oversight of health worker capacity and HRH gaps. However, examples of the use of task shifting and other HRH efficiency enhancing measures are few. This is illustrated by a funding request that foresaw the use of nurses and doctors for TB contact tracing, rather than relying on community TB treatment supporters for this function.

- The TRP has observed a common tendency for funding requests to propose rapid expansions of CHWs that are not accompanied by appropriate budgets and attention to all the supporting systems required to ensure effectiveness, sustainability and value for money of deploying CHWs. For example job descriptions of CHWs, in the context of the basic

health package of services to be provided; training programs for CHWs, including pre-service and in-service training; management, supervision and accountability (e.g. including scope of data collection/reporting); and remuneration are often not reflected in funding requests. A positive example of CHW extension is Ethiopia's health extension worker (HEW) model, which integrates community health workers into the primary health care system, promotes regular interaction with clinics and allows for a career path for the community health worker.

- The TRP notes that it is uncommon to see efforts to transition CHW and health staff from Global Fund support to domestic funding (i.e. exit plans/transition planning for the end of the Global Fund grant) in funding requests. While CHWs are very important for service delivery, countries still need a vision and strategy for HRH development and gradual absorption of CHWs into the formal health service.

- Finally, most funding requests do not explicitly address gender issues arising in the selection, deployment and support of the health workforce, such as gender-power relationships and dynamics between health providers and clients, and within the health workforce itself, which may undermine coverage and quality of care.

Recommendations:

- The TRP recommends the Global Fund to refine the HRH Framework that guides prospective applicants, to require countries to consider HRH investments in relation to the development continuum presented in Table 1.

- The TRP recommends applicants requesting support for HRH activities to either refer to, or request funding for, an HRH needs assessment and a 'human resources for health' plan. Such plans should be developed in consultation with partners and should outline interventions to fill gaps in health workforce, strategies to ensure their retention and policies for community health volunteers. The TRP recommends applicants to conduct evaluations like Service Availability and Readiness Assessments (SARA) or Workload Indicator of Staffing Needs (WISN) to assess existing workload and ability to absorb additional functions as a consequence of integration of services. Such analyses can also be used to reduce extraneous workload (registers, reports, stock management).

- As best practice, the TRP recommends applicants to base their funding requests on strategic HRH activities in the national HRH plan or HRH section of the National Health Plan. Applicants should clarify how government funding and other donors are addressing critical HRH challenges. Inclusion of funding analysis at HRH intervention level will enable the TRP to better assess the strategic focus of the funding request, in relation to the country needs and support from other partners. Where the Global Fund is investing in salaries, a clear plan demonstrating the transition of that support to national budgets should be required along with documented commitment of the national government.

- The TRP recommends applicants to increase attention on HRH quality and efficient use of existing workforce. Training requests should prioritize improving pre-service training and

increased use of e-technology, and alternative training approaches that are more cost-effective. For example: internet-based learning, e-based capacity building approaches, traditional telemedicine, social networking, and e-learning on the job training. Training requests should be justified by referring to a needs assessment and HRH plan.

- The TRP recommends countries and their donor partners to adopt a common HRH compensation framework to avoid significant differences in remuneration for the same work by non-governmental service providers.

- Importantly, applicants should prioritise investments to improve the effectiveness and sustainability of CHWs. The TRP recommends partners to provide guidance on managing decentralization of TB, HIV and malaria prevention and care, including on primary health care reform. Increasing the workload assigned to community health workers may require an adjustment of national policies, laws and regulations. It is critical that CHWs are supported over the long term, preferably through absorption into the formal health system. Early takeover of recurring costs by government is essential, even if it means doing so incrementally over time, to establish ownership and to build mechanisms and capacity for social contracting. The TRP recommends that more attention should be given to strengthening community accountability and ownership, as CHWs need to be accountable to the communities they serve.

3.2.4 Integrated service delivery[7]

Key findings:

- Integration, both across the three diseases as well as more broadly to other health services such as RMNCAH, a priority articulated in the Global Fund strategy, and non-communicable diseases, is lacking. While there are some efforts at integration in areas where there has been considerable global attention, such as in TB/HIV, TB and HIV disease programs still tend to operate through vertically implemented activities.

- The ISD module included in the sample funding requests generally represented about 15% of the country's total RSSH request. However, the interventions proposed are poorly defined. Applicants tend to view the ISD module as a "catch-all" module in which they include interventions that have no relevance to integration. For example, interventions such as "lab investments" and "service delivery infrastructure" are placed within the ISD module, when the proposed interventions don't contribute towards integration of systems.

- TB/HIV integration continues to pose challenges and when funding requests included efforts to strengthen integration, the focus was often limited to few activities. Only 3% of budgets across TB, HIV and combined TB/HIV funding requests in the sample reviewed

[7] Integration refers to the coordination and harmonization of health system components and national disease control programs in a manner intended to improve their combined efficiency and effectiveness. Integration is a vital component of what WHO refers to as "people-centered" services. Private sectors and community systems are part of the integration domain.

by the TRP showed a separate investment for TB/HIV integration activities. However, the TRP has noted a number of examples where there is increasing attention to important areas of integrated TB/HIV service delivery, for example, TB screening in HIV clinics and HIV testing in TB clinics, as well as attention to key populations like prisoners.

There are also some other interesting examples where TB programs in particular are considering non-communicable diseases like early screening and treatment for TB among diabetic patients and vice versa. The TRP observed that when funding requests included efforts to strengthen integration, the focus was often limited to a few activities. For example, integration of HIV testing or Intermittent Malaria Preventive Therapy in pregnancy (IPTp) and bednet distribution in antenatal care. One positive example of integration observed was a funding request that included several innovative TB interventions to maximise impact, such as incorporation of TB services into maternal child health care, TB collaboration with non-communicable diseases and programs for migrants and childhood TB.

- In terms of RMNCAH, efforts being made include expanding prevention of mother-to-child transmission (PMTCT) programs and malaria programs that target pregnant women and children under five using antenatal care platforms to deliver malaria case management. However, these programs do not systematically include outcomes beyond the target disease or maximize the opportunities the RMNCAH platform offers.

- That being said, there are some promising examples, such as matching funds requests for adolescent girls and young women and some RSSH and HRH matching grants. The program in Afghanistan, working to improve community access to antenatal care for women, is particularly notable. In addition, while there are some applications that promote iCCM (integrated community case management), and especially integrated management of childhood illness (IMCI), which with greater attention could improve results, funding requests generally support pilot phases and are rarely brought to scale.

- The lack of appropriate indicators contribute to these gaps. In the RSSH modular framework, there are two coverage indicators for integration of service delivery, namely: 1) number of health facilities per 10,000 population and 2) number of outpatient visits per person per year. However, neither of these indicators are reflective of integration nor are they sensitive to changes in the system. In addition, there are few outcome indicators that are tied to improvements in RMNCAH.

- In general, funding requests did not aim to improve integration with general health services beyond the three diseases. For instance, one applicant proposed to implement an anti-discrimination training module specifically for HIV, not recognising opportunities to spread this module across an integrated disease platform. In another case, a funding request included interventions targeting young people but which focused only on one disease. When funding requests included public-private mix, applicants often adopted vertical approaches targeting specific disease programs and missed opportunities to integrate across health services.

- How the Global Fund channels financing and the guidance it gives to applicants may also create barriers to integration of health systems. For example, in Window 5, the Global Fund request for proposals for multi-country TB interventions among refugees in Eastern Africa did not encourage applicants to program TB services as an integral part of the package of basic health services provided to refugees in camps. Also, although the Global Fund is supportive of integration of health systems, it predominantly tracks investments outcomes by disease program. Multiple other donors follow a similar approach for ease of reporting, fundraising and program management, pushing countries' health systems towards vertical disease-specific systems. This approach is in conflict with the objective of moving towards universal health coverage, which is promoted when resources are shared across the system, and by joint planning, fundraising and reporting.

- When looking at specific RSSH pillars, TRP observes the following integration issues:

  HMIS: Integration of TB, Malaria and HIV diseases surveillance into DHIS2 is progressing, however, parallel disease specific data systems and surveys still exist and may not be available for other potentially relevant services decision makers. Systematic capture and use of data from community level into routine data systems, e.g. for rapid response to emergencies such as malaria outbreaks, is usually under-developed.

  HRH: The TRP continues to see incentive/remuneration schemes which are specific to projects and disease. CHWs may be siloed, having weak linkage with formal health system. IMCI models (e.g. iCCM) may be parallel, managed by donor-financed implementation partners.

  CSR: Integration of community systems and responses is lagging, influenced not only by the constraints posed by donor funding modalities but also by the organization and limitations of the other vertical systems, which feed into/support the potential for integrated care at community level. For example, for the full package of IMCI medication, the Global Fund may finance malaria inputs, but in the absence of other childhood-disease inputs being provided, the Global Fund is inadvertently encouraging verticalization and missing important opportunities to comprehensively address childhood illnesses.

  PSM: The TRP observes that commodities continue to be procured by single disease programs, or donated through global programs or by externally funded commodity pools. Commodities linked to (often externally funded) priority programs may be provided via parallel distribution systems to the service delivery level. For example, commodities for iCCM funded by different donors in different regions can result in stock-outs and an incomplete childhood service package.

Recommendations

- The Global Fund and applicants should see integration as a way of designing and investing in activities, and not as a discrete module in the Modular Framework. In this regard, applicants should explain in their funding requests how integration is supported

in each of the RSSH pillars for which they are requesting funding. There is need for partners to improve guidance and support to applicants on how RSSH requests can be better tailored to strengthen integration. Applicants should, for example, explain how funds requested for commodities will be used in ways that support integration, referring to best practice and guidelines, for example, the management of fever in IMCI as part of the malaria response.

- Revise the RSSH Modular Framework to include more sensitive and relevant indicators for monitoring progress of integration. Examples of such indicators include stock outs of the package of medicines for integrated management of childhood illnesses (IMCI) and percentage of primary health facilities offering HIV, TB and malaria (and potentially RMNCAH) services together.

- Strengthen PSM efforts supported by the Global Fund to move countries towards an integrated PSM system which relies on (and responds to) health facility 'pull' rather than push, with frontline drugs integrated into a unified national system of procurement.

- Promote through every health service interaction by providing a common package of services. For example, improving integration of PMTCT into MNCH services, strengthening mobilization of communities to increase antenatal care (ANC) utilization and strengthening integration of malaria in pregnancy interventions into RMNCAH programs in order to reach more pregnant women with malaria screening, anaemia prevention and IPTp. Similarly, HIV testing services should integrate sexual and reproductive health services more comprehensively, to strengthen value for money and effectiveness of the HIV prevention program.

3.2.5 Community systems and responses[8]

Key findings:

The TRP notes that only a small number of funding requests propose activities for strengthening community systems that are comprehensive and at sufficient scale to make a difference. Overall, few applications request support to increase the engagement of communities to address gaps in coverage across the three diseases. Even fewer include funding to support communities to advocate against unsound and inequitable policies, laws, and regulations – which are often linked to structural, political, and cultural reticence to provide or scale-up services for key populations. Where they exist, such efforts are often limited in scope and scale. Specific weaknesses observed in CSR are as noted below.

[8] Strengthening community systems and responses is an approach that promotes the development of informed, capable and coordinated communities, community-based organizations, groups, networks and structures. It enables them to contribute to the effectiveness and long-term sustainability of health and other interventions at the community level, including the development of an enabling and responsive environment. It helps strengthen community health programs that reach the "last mile", increasing the impact of programs and reducing the burden on health facilities. In addition, community systems strengthening is also important for ensuring that programs reach excluded and marginalized populations whose health and human rights are compromised, including key populations, which the Global Fund defines as those that experience a high epidemiological impact from one of the diseases combined with reduced access to services and/or being criminalized or otherwise marginalized.

- *Inadequate development of community health systems*

Overall, where support is requested for community systems strengthening, proposed activities tend to focus on efforts to extend service delivery at the community level. Such programming is often limited to deploying CHWs with narrowly defined responsibilities and insecure contractual arrangements, and does not focus on strengthening broader community responses. Only a few applicants have requested support to strengthen community health systems in ways that ensure integration within the overall health system. The TRP still saw applications that requested funding for disease-specific community health programs, when there was opportunity for joint programming (for example, between HIV and TB, or between malaria and maternal, newborn and child health programs). Too few programs are built for sustainability. For instance, many programs did not subsume CHWs with disease-specific responsibilities into human resources for health plans or arrange for the government to take over remuneration and ongoing support to CHWs in the longer term. Furthermore, the TRP notes that few funding requests discuss gender considerations in recruitment and deployment of CHWs.

- *Concerns about sustainability of community responses*

Among those countries approaching transition from Global Fund support, few developed robust mechanisms to ensure sustainable funding for community systems responses. In particular, many countries nearing transition did not systematically include sustainability plans to fund community-based organizations or non-governmental organizations after transition – even though such organizations provide the best opportunities for reaching and engaging key populations in many disease control programs.

- *Inadequate monitoring and evaluation of CSR efforts*

Evaluations of progress in community systems and response efforts rely too heavily on activity-level indicators. Furthermore, too little attention is paid to assessing the degree to which CSR are contributing to lifting human rights and gender-related barriers to access, and improving coverage and quality of care.

Recommendations:

- *Increase efforts to expand community engagement in responses to the three diseases, particularly addressing critical barriers (especially human rights and gender-related barriers) to access services.*

The TRP recommends applicants to increase the involvement of civil society organizations in governance, planning, service delivery and accountability monitoring mechanisms in funding requests. The TRP recommends the Global Fund, partners and applicants to promote and facilitate capacity building of relevant community-based organization (CBOs) and non-governmental organizations (NGOs), so that they can effectively play their role in providing a meaningful interface with various government entities (health, social services, justice) at

different levels. Organizations serving key populations deserve special attention in this regard, and to do so requires an appropriate level of investment over time from donors and the government.

- *Strengthen community-based health systems programming in ways that extend coverage to hard-to-reach and marginalized populations.*

The TRP recommends applicants to ensure stronger linkages between emerging community health systems and the formal health system, with respect to referrals, supportive supervision, supplies and information flows. Applicants should enhance collaboration between disease programs and with other primary health care programs in designing and implementing community-based health programs. In addition, the TRP recommends applicants to introduce mechanisms that provide official recognition and more reliable compensation packages for community cadres.

- *Strengthen sustainability planning for CSR.*

The TRP recommends that, as appropriate, countries should consider sustainability and transition as early as possible and that countries nearing transition be requested to provide country sustainability plans as part of their funding requests and demonstrate that civil society organizations were meaningfully engaged in the development of these plans. In particular, it is important to develop social contracting mechanisms or other innovative financing approaches to support the continuation of critical work by CBOs and NGOs, especially with respect to the provision of services to key populations. In this regard, provision of technical assistance to strengthen the capacity of community organizations to provide an interface with government at different levels, where necessary is important. Furthermore, community systems strengthening should not only be seen as relating to service delivery, as is often the case. Financial support to community systems strengthening should begin early from local and government sources. The TRP recommends partners to prioritize technical assistance for community actors to increase their knowledge and comfort in supporting prevention, and patients care.

- *Develop and use indicators to track CSR efforts.*

The TRP recommends the Global Fund to work with partners to identify and advise applicants on appropriate indicators to track CSR efforts. It is important that indicators track both the level of engagement of communities in the activities supported by the Global Fund and the results of CSR investments.

3.2.6 Private sector engagement and public-private mix[9]

Key findings:

- As the context differs from country to country, the opportunities for non-state actors to play an important role in health systems varies. While acknowledging that inclusion of PPM in funding requests depends on context, the TRP notes that overall there is limited inclusion of private sector health services in national plans and funding requests. In recent review windows, there has been greater acknowledgement of the importance of PPM in service delivery. However, how PPM would be leveraged and funded are not clarified. In other cases, when PPM is included in the request, the assigned budget or the scope and ambition of the work proposed are inadequate.

- Where PPM initiatives have been included, there is usually insufficient information in funding requests to enable the TRP to determine whether the PPM strategies proposed are appropriate. For example, how the private sector will reach key populations such as migrants, refugees and minority groups in remote areas is often not explained and/or no data is provided. In addition, data is not included to explain who is accessing private sector services and who is likely to benefit from expansion of PPM. Similarly, the cost effectiveness of PPM relative to other service provision options is often not provided in funding requests or not well tracked, in cases where PPM is funded.

- Proposed PPM initiatives are often highly vertical in approach, missing integration opportunities. For example, funding requests that propose expansion of TB case finding and treatment often miss the opportunity to leverage private sector facilities for delivery of integrated TB and HIV services.

- Although the quality of care provided by private sector facilities is an issue of concern in many countries, funding requests do not address mechanisms to monitor quality of service provision, quality of inputs (e.g. drugs) to private sector providers, and quality of outcomes. In addition, funding requests in general do not provide sufficient information on how the government regulates and provides oversight on private sector practitioners.

- Only few funding requests capitalized on the private sector's potential to contribute to malaria programs and to limit the circulation of counterfeit malaria drugs and oral Artemisinin monotherapies.

Recommendations

- The TRP recommends that the Global Fund develops guidance for applicants on PPM; this should guide countries to consider PPM investments in relation to the development continuum presented in Table 1 (see Section 2 of this report). Countries which are new to PPM should include in the funding request, pilots and research on costs, access and impact of PPM approaches. Meanwhile, countries with existing PPM approaches should

[9] Private sector includes the range of non-state health input producers, including private not-for-profit and private-for-profit health services providers, pharmaceutical manufacturers and sales outlets, and logistics and information firms.

provide evidence in the funding request of the pilots' cost and impact to justify proposals for expansion and sustaining partnerships.

- Guidance on PPM should advise applicants on best practice interventions to be included in funding requests to improve quality of PPM investments, and should support applicants to design PPM integration interventions. For example, proposed private sector engagement for TB case finding and management should be extended to include comprehensive HIV services.

- PPM guidance should encourage applicants to align the budget for PPM with the scale and scope of planned activities, and the potential of the private sector to contribute to diseases control efforts. Funding requests should explain or refer to documents that explain PPM models, including: alignment with standards for care, recording and reporting for both case notifications and treatment outcomes; implementation plans for mandatory notification; and financial and non-financial incentives within PPM models and their cost-effectiveness.

- If PPM is addressed by donors other than the Global Fund, applicants should indicate the extent of PPM activities covered in relation to the National Health Plan. Ideally, applicants should undertake strategic planning, including mapping the interventions funded by other donors; identifying and analysing the gaps; clarifying the roles, coordination and collaboration between the non-state actors and the government institutions; establishing a social contracting mechanism through which NGOs will be funded; and specifying the capacity-building and other communities systems strengthening needs of the civil society and how exactly and by whom they will be addressed.

- The TRP recommends partners to support countries in strengthening regulatory approaches and to disseminate lessons learned to incentivize the private sector to follow standards (e.g. introduce certification and financial incentive systems that reward good practices). Partners should also support countries to better understand private sector delivery models and promote cross-learnings – to promote uptake of innovative PPM approaches, improved data collection, and monitoring and evaluation of PPM.

3.2.7 Governance, leadership and accountability[10]

Key findings

- The TRP observed that funding requests (including NSP-tailored review funding requests) were generally aligned with national strategies, which in many cases articulated how proposed investments would address the most urgent country priorities, building on previous investments. Alignment of Global Fund investments with the larger national health strategy facilitates overall health sector stewardship.

[10] Governance, leadership and accountability in the health sector refers to the formal and informal rules, processes, institutions and capacities that govern decision-making, relationships, oversight and accountability within a health system and which together shape, steer and drive the collected organizations responsible for health. Leadership, governance and accountability have political, strategic, institutional and operational management dimensions.

- There has been limited investment by the Global Fund into building leadership, strengthening governance, or supporting institutionalization of health systems in countries (with a few notable exceptions, mainly in transition countries). Service delivery suffers when leadership or political commitment issues are left unaddressed. For example, in one funding request, there had been a stock-out of first line TB drugs for over a year, and the TRP found no evidence of leadership effort to address the problem. While these types of situations are frequent in countries experiencing serious conflicts or protracted crises, the TRP notes that when political commitment is weak, these situations may also occur in countries with more developed systems.

- Similarly, applications seldom propose interventions to strengthen participation in governance systems by groups that are under-represented in decision-making, including women and representatives of civil society, nor do they propose mechanisms to engage these groups in accountability processes.

- Global Fund resources, like most external funds, are additive to overall country resources and national budgets, allowing governments to redirect domestic resources intended for the same interventions and thereby compromising the sustainability of programs. It can then be difficult for governments to re-absorb those resources. In light of this, the Global Fund's co-financing policies are critically important for promoting sustainability and should be reviewed regularly for effectiveness and impact on systems strengthening for the three diseases.

- The TRP observed that drug stock-outs, delayed procurements and late salary payments in countries with maturing programs are often signals of/associated with poor financial governance. However, Global Fund resources are not often allocated to support health sector planning and budgeting processes. Budgets and priority setting can be political in nature, with lengthy negotiation processes which lead some countries to have delayed release of funds and sub-optimal predictability. There can be long gaps during which few or no public resources are available which makes it difficult to institutionalise service delivery systems and strengthen accountability. On-going decentralization or devolution efforts exacerbate these problems at the local level.

- The TRP noted many cases, including in transition countries, where leadership around the contracting of services to NGOs was not sufficiently robust to ensure optimal governance and accountability. Without strong leadership to oversee contracting processes and effective distribution of budgets between programs, critical interventions such as services for key populations may lack sufficient sustainability. This is particularly a risk in transition countries where the Global Fund has been the primary funder of such services.

- The re-entry of several countries into Global Fund financing after their transition, as well as increasing rates of HIV transmission in some countries approaching transition gives cause for concern. Therefore, extended partnerships (dialogue and technical support) with transition countries may be needed post-transition to support leadership and governance, and to ensure sustained focus on priority programs.

Recommendations:

- The Global Fund and applicants should work on identifying metrics for measuring and tracking stewardship (political commitment, governance capacity, accountability systems). Where applicable, funding requests should illustrate political commitment through appropriate level of regulatory and strategic planning, budgeting and accountability systems in the given context.

- Applicants should link Global Fund investments in the three diseases to broader stewardship of the health sector. In this regard, applicants should be encouraged to identify the role of parliament, the extent of negotiations with the ministry of finance, the budget cycle, and accountability processes in their funding requests – in order to broaden their sector stewardship beyond the immediate implementation of disease control activities.

- Identifying ways for the Global Fund to better support and encourage political commitment is a matter for all levels of the Global Fund and its partners, especially where the absence of that commitment impedes the implementation of programs and reduces effectiveness and systems strengthening.

- Accountability mechanisms for health systems strengthening should be transparent and predictable, and include Global Fund program inputs along with other partners' contributions (i.e. RSSH and funding landscapes).

3.2.8 Health sector financing and financial management[11]

Key findings:

- The TRP observed that very few funding requests used Global Fund resources to develop national health financing strategies in order to improve the overall sustainability of health system investments. In some countries, there is limited experience on how to invest in health financing strategy development and implementation.

- There is insufficient information in most funding requests to enable sound assessment of the funding landscape, the financing context and the sustainability of the proposals. Without this data, it is challenging to make an informed assessment of allocative efficiency of Global Fund investments. This information could be provided by the Secretariat or by the country as most of this data is now commonly available. Key information on the macroeconomic situation is vital for good systems planning: e.g. are budgets going up or down; what other partners are engaged in the same areas of investment; what is the budget execution rate and how does it vary across the country or the health system?

[11] Health sector financing includes the major health systems functions associated with raising, pooling and distributing resources to the periphery in order to finance the delivery of services, and then to account for spending back to the centre.

- Use of out-of-pocket payments (OOP) to fund recurrent expenses at the facility level or contribute to health worker salaries is a challenge to sustainability of services which is often not addressed in funding requests. Strong financial management, particularly the shift to compulsory pre-paid financing arrangements for health services, is critical for achieving universal health coverage and for equity. Although the Global Fund finances commodities that are distributed for free, it is not always clear in funding requests if patient consultations and related services are also free at the point of use (and in some countries there is evidence that they are not free).

- While engagement between ministries of health and finance for disease control strategies appears to have increased, the TRP notes that such engagement is not evident in funding requests or not systematic (i.e. based on plans, costing data, commitments to drive sustainability and capacity to spend money to achieve specific results). However, the Global Fund has recently started to explore innovative financing mechanisms that bring disease control investments into health sector financing discussions, in partnership with other major donors and the Ministry of Finance. Recent examples include results-based financing approaches, cash on delivery, and loan buy-downs.

- The TRP observed that there is insufficient emphasis in funding requests on adequate implementation arrangements for effective flow of funds and financial management, which presents risks for systems strengthening and sustainability in disease programs. Specifically, although investing in separate financial management arrangements to implement Global Fund grants may lead to better implementation, it does not support financial management capacity for the wider health system. Where the public health system is inefficient and underspending, the complimentary support from government investment in the disease programs and health systems that is needed for Global Fund investments to achieve their planned impact will be compromised.

- Based on evidence annexed to funding requests and references to previous grants in most funding requests, domestic budget expenditure rates are often significantly under 100%. From a health systems' strengthening perspective, spending all available public funds in accordance with planned budgets is vital to building systems and in itself requires strong, well-managed financial systems. Few funding requests include support to financial management or public expenditure capacity building particularly at the decentralised level.

- In general, a very limited number of funding requests included meaningful investments into strengthening financing arrangements or domestic financial management systems. Proposed investments tend to focus on project implementation and other strategies that 'lift' financial management out of the Ministry of Health or to fund the salaries of grant implementation management staff.

- The TRP found that funding requests did not target sub-national financial management capacity as a foundation of disease control. Few proposals linked the sustainability of disease control interventions to decentralized management of funds, improvement of budget execution at sub-national level, and strengthening financial management capacity.

Recommendations

- Funding requests should include a table of basic macroeconomic and financing data. Core data provided in funding requests should include at least: a core set of macroeconomic indicators (reflecting the size of the economy, growth and debt) and basic health expenditure and financing data (reflecting investment in health, source of funding and budget execution).

- The TRP recommends the Global Fund to promote sustainable financing systems in all countries eligible for funding, by investing appropriately in health systems financing taking into account the stage of countries in the health systems development continuum. Furthermore, the Global Fund could incentivize applicants to develop robust health financing strategies (i.e. strategies to raise, pool and distribute resources for health) and support national efforts to move decisively towards universal health coverage. Funding requests should reference country strategies to strengthen health financing and financial management systems.

- The TRP recommends applicants put greater efforts into building and tracking progress in health financing and financial management systems, drawing on technical assistance from partners, including the Global Fund where needed. Examples of relevant indicators for tracking include: year-on-year increase in national health budget; percentage of the public health budget fully utilised; published health financing strategy with targets for monitoring level of achievement.

- The TRP recommends the Global Fund to invest in supporting country financial management and public expenditure management capacity especially at health systems strengthening and sustainability stages.

3.2.9 Program implementation and management[12]

Key findings:

- Funding requests with program management costs of more than 25% to 30% were commonly seen by the TRP, and a few smaller grants in fact had estimated management costs of 50% or more.

- Where separate program management arrangements are created, these are most often through third party contractors (i.e. a non-governmental organisation or a private contractor) or programs are delivered through specially created program implementation units (PIUs) which may be housed in public sector institutions but operate independently. As outlined in the financing section above, how funds flow is an essential aspect of sustainability and systems strengthening. Where countries and the Global Fund prioritize

[12] Program implementation and management refers to the arrangements established and funded from grants for the delivery of Global Fund grants.

delivery of results in short and medium term over longer term systems strengthening, there is a risk that systems will not be strengthened in crucial ways and reversals in disease control will result once transition takes place.

- Separate program implementation arrangements also create barriers to systems strengthening; as they build financial management, decision-making capacity and accountability among external entities rather than within the ministry or public sector institutions. Furthermore, in countries that rely on contracting, a lack of investment into government or public sector capacity and commitment to contract services (for example, for NGOs to provide services to key populations) puts those services at risk following transition.

- Conversely, where program implementation is led by the public sector, individuals within the system are capacitated to take decisions, learn new systems, track resources and become accountable for outcomes. The TRP saw funding requests from countries approaching transition that continued to rely on external implementation support funded by the Global Fund grants. Some of the common problems that may arise from isolated or short-term program implementation arrangements, such as the Global Fund 3 year funding cycle are summarised in Annex 4.

Recommendations:

- Following the principle of "first, do no harm" (in this case to health systems), implementation approaches and project delivery (including funding flows, HRH support, decision-making and accountability) should reinforce national systems strengthening efforts in both the short and long terms, in ways that are appropriate to the country's trajectory on the economic development continuum. As they move across the continuum, countries should absorb a larger proportion of costs, especially recurrent costs, and management burden.

- The Global Fund, consulting broadly, should develop a best practice guide on project implementation approaches using a health systems strengthening lens. The guidance note on Sustainability, Transition and Co-Financing (STC) of programs supported by the Global Fund should be reinforced and closely followed. This guidance should also include management of implementation units, local capacities' transfer and strengthening for program planning and management.

- Where parallel implementation arrangements or PIUs are agreed as essential for successful service delivery, the Global Fund should require applicants to describe the capacity-building activities and support they will undertake as part of grant implementation with a projected timeline and milestones to build financial management function within national entities, usually the Ministry of Health.

Annexes

Annex 1: Summary of the RSSH review and sub-sector findings and recommendations

Issue	Findings	Recommendations
Further promote health systems strengthening in accordance to country needs	• TRP analysis shows that about 66% of RSSH investments (of the review sample) focus on systems support rather than system strengthening and system sustainability efforts. This will likely result in only short-term impacts.	Revise RSSH guidance to: • Prioritize RSSH investments in health systems components and activities based on country needs and other donor and government investments, incentivizing countries to shift from systems support towards systems strengthening, in line with a clearly identified differentiation model and policy. • Use an RSSH landscape analysis as the basis for investment, building on NSPs, donor documents, etc. • Build capacity of health sector actors in health systems analysis.
Further differentiate RSSH investments along the health systems development continuum	• RSSH investments tend to focus more on systems support interventions than on system strengthening and system sustainability efforts. • Countries tend to focus RSSH investments on activities and interventions that support earlier stages of health systems development.	• Develop an RSSH investment framework, associated guidance and information note to a) enable countries to prioritize health systems elements, and b) assist them to plan how they will progress along the health systems development continuum (i.e. moving from systems support interventions towards system strengthening and sustainability). • Provide policy guidance and tracking measures to incentivize this shift.

Issue	Findings	Recommendations
Improve accountability through better performance indicators and monitoring	• RSSH indicators are seldom identified in the FR performance framework, even when requests include RSSH investments. • Indicators that are used are not always the most relevant, nor promote broader Global Fund strategic priorities. • Some indicators in the modular framework are not sensitive enough to be useful for program monitoring and management. • Limited inclusion of RSSH indicators is a missed opportunity to inform program reviews.	Increase attention to tracking measures, monitoring and reporting by: • Revising the RSSH modular framework to include more relevant and sensitive indicators for tracking progress towards RSSH, demonstrating links to the three diseases and UHC. • Updating RSSH guidance to ensure FRs include at least one indicator for each RSSH intervention funded. • Revising FR guidance so all FRs include performance frameworks with system and disease relevant key indicators and targets. • Ensuring that chosen indicators are used by both government and development partners so that Global Fund is not supporting stand-alone reporting.
Promoting greater integration to strengthen service delivery and improve efficiency, equity and impact	• Challenges remain in integration across the three diseases and in maximizing efficiencies with other services, such as RMNCAH and IMCI. • Most initiatives proposed for private sector engagement take a vertical (one disease) approach.	• Be more prescriptive in guidance to applicants about how RSSH requests can better support integration. This includes efforts to strengthen integration with RMNCAH, in non-communicable disease programs and in support of systems areas such as HMIS, PSM, finance, community systems, integrated HRH and governance. • Revise the RSSH Modular Framework to include more sensitive and relevant indicators for monitoring progress of integration. *(see also integration section below)*

Issue	Findings	Recommendations
Promote engagement beyond the health ministry to strengthen vital elements of the health system	• Human resource planning and financing are not effectively addressed. Many funding requests do not address issues such as shortages of health care workers, strategies to regularize positions and absorb costs, pre-service training, maldistribution of health personnel, lack of career path advancement, and gaps in discussions of gender relative to HRH. • Community health worker (CHW) programming is often conflated with community systems and responses (CSR), and broader community engagement processes are neglected. • Equity, gender and human rights issues are not consistently addressed in RSSH funding requests. • Private health sector (providers, institutions and drug sellers) are not reflected as an integral part of underlying disease program plans.	Strengthen policy, guidance and grant monitoring to: • Further incentivize applicants to increase engagement beyond the Ministry of Health, with Ministries of Finance, community and non-government organizations, and private sector. • Ensure HRH requests are framed within broader health work force policies, strategies or (national) plans with commitments and plans to absorb recurrent costs. • Mainstream gender and human rights analyses in RSSH components to address key equity gaps and include under-represented groups in planning and accountability mechanisms. • Support development of practical guidance on Private Sector Engagement (Public-Private Mix).
Limited attention in funding requests to strengthen health systems components vital to sustaining disease impacts	• Regardless of where a country is in the development stage, there was little attention in FRs to sustainability and to strengthening health systems components, especially financing and governance, that may be particularly critical as a country moves towards transition.	• Encourage countries to develop health financing strategies and/or capacity. • As appropriate for the country context, identify measures to track and measure stewardship, including engagement with broader stakeholders, like parliament, to both facilitate and protect GF investments and progress in the three diseases.

Issue	Findings	Recommendations
Strengthen RSSH through Program Management and Implementation approaches	• Program management and implementation of Global Fund programs remains largely external to mainstream health programs or public sector services, with separate program implementation units (PIUs) even in countries approaching transition. • Program management costs can be very high potentially affecting value for money. • Program management arrangements can diminish or even create barriers to health systems strengthening when they build capacity in external or third-party contractors. • Lack of investment in public sector capacity (for financial management, governance, or contracting for example) can put disease programs at risk following transition.	• Develop a best practice guide on project implementation approaches using a health systems strengthening approach. • Where need for a PIU is determined, require PIU plans include capacity-building activities and support they will undertake as part of grant implementation with a projected time line and milestones. Include transition plans. • Streamline PRs wherever possible and where international organizations are PRs, consider transition plans, based on the development context and other areas of risk.

Sub-Sector	Findings	Recommendations
1. Health and Management Information System (HMIS)	• HMIS activities are often disease specific and not connected to other parts of the health information system. • RSSH investments are often tracked by input rather than relevant indicators of outcome. • Use of the data to influence program management is often not evident. • Gaps in the availability of specific data needed for program targeting and assessment are common. • Neither monitoring and evaluation systems nor surveys are capturing or explaining the loss of patients across the continuum of care. • Some HMIS lack efficiency, with too much data obscuring key monitoring information.	Ensure evolution along the HMIS continuum towards integration and continue support for DHIS2 by: • Revise RSSH guidance to encourage differentiation along the development continuum of RSSH investments in funding requests. • Revise GF performance framework to include more relevant indicators.
2. Procurement and Supply Management (PSM)	• Significant PSM challenges continue to affect program performance, but many FRs did not explain how those challenges would be addressed (including by the full range of partners) and how progress would be measured. • Funding requests reflected relatively more focus on investments to build logistics capacity at more central levels, with less emphasis on addressing the many PSM problems that persist at the periphery. • There is a trend of shifting of first line commodity procurement to domestic finance, without	• PSM investment requests to be rooted in gap analysis and a partner funding landscape. Better M&E linked to outcome of investments is required. • The performance monitoring framework should be strengthened to include, for example, utilisation of diagnostic machines and stock-outs at peripheral service delivery levels. Applicants should be encouraged to increase use of PSM indicators in GF grants. • The Global Fund should continue to encourage better co-ordination among multiple donors supporting PSM, including through joint in-country Technical Working Groups on PSM.

Sub-Sector	Findings	Recommendations
	commensurate attention given to the systems readiness to support this transition • Significant funds are requested for new technology scale up, without sufficient assurance of the health systems readiness to make effective use of those technologies.	• During funding request development, when transition of commodity budgets to domestic funding is being considered, risk assessment and mitigation strategies should be undertaken. When there are ongoing GF grants, pricing, stockouts and quality of products should be monitored and mitigation strategies undertaken. • The results of assessments on risk levels and mitigation strategies should be available for the TRP's review, to enable assessment whether the transition decision is technically sound and supportive of value for money. • Applicants requesting funding for introduction and scale up of new technologies should provide information to enable the TRP to assess the health systems readiness for introducing a new technology. M&E indicators should be added to the modular framework which enable monitoring utilisation.
3. Human Resources for Health (HRH)	There remain significant gaps in HRH requests: • Most do not address problems of shortage or maldistribution of HRH. • Some do not fit with GF HRH guidance nor demonstrate value for money. • Most HRH are focused at the systems support end of the health systems continuum: funding staff salaries and other remuneration. • Many requests proposed rapid expansion of CHWs, often for one-disease, without evidence of HRH needs assessment or planning, attention to supporting systems required for CHW	Refine the Global Fund Framework on HRH to ensure related funding requests are: • grounded in HRH needs assessment and plans; • tailored to country context and relative stage of development; • focussed on HRH quality and efficiency; • prioritizing improved effectiveness and expansion of CHWs; • Grounded in a clear and realistic exit strategy (e.g., Ministries of Finance are committed to absorbing new health care worker salaries or arrangements for social contracting in place).

Sub-Sector	Findings	Recommendations
	effectiveness, or an exit strategy for sustaining workers after the grant. • Few include new technologies (e.g., e-learning), task shifting or other efficiency enhancing measures. • Continued reliance on expensive traditional in-service training (classroom-based trainings and workshops), and training requests are not often justified by a needs assessment.	• The Global Fund should work with partners to provide guidance to applicants on key investments to improve effectiveness and sustainability of CHWs. • Training requests should prioritize in-service training, improving pre-service training and increased use of more cost-effective; e.g. e-learning, on the job training, step-down training. Training requests should be justified by reference to a needs assessment and HRH plan.
4. Integrated Service Delivery (ISD)	• While there are some notable exceptions, many FRs continue to propose work linked only to a single disease and miss opportunities for integration across diseases, and beyond, to leverage and include other public health services. • In the Global Fund RSSH modular framework, the two "integration" indicators are not reflective of integration nor are they sensitive to changes in the system. • The ISD category of investments generally represents 15% of the country's total RSSH request, however the relevance of many of the interventions placed under the ISD modules to integration is ill-defined (hold-all for requests that cannot be put anywhere else). • Integration is also lagging within specific HSS pillars: In HRH, remuneration and incentive schemes are often inconsistent and can result in service distortions when attached to one disease program; to PSM, where the achievement of a	• Better tailoring of Global Fund tools and dialogue to influence service integration, including in grant application, review, budget negotiation and on-going monitoring. • Mainstream integration in each of the RSSH pillars included in the request, (as opposed to the current stand-alone ISD section). • Increase accountability by revising the RSSH modular framework to include more granular, sensitive and relevant indicators for integration as well as outcomes in RNMCAH for example through IMCI indicators. • Integrate service delivery at the community, wherever possible using approaches like IMCI. PSM strengthening efforts supported by the GF should be moving countries towards an integrated PSM system with frontline drugs integrated into a unified national system of procurement.

Sub-Sector	Findings	Recommendations
	single procurement and supply chain system is challenged by funding modalities, procurement capacity and governance issues; to PPM initiatives where a vertical lens is usually taken in FRs; to HMIS, where integration and harmonization of diseases surveillance/monitoring system with the comprehensive health system monitoring (into the wider system) is lagging. • At the community level, integration is also lagging – e.g. malaria is often not integrated with treatment of pneumonia and diarrhoea at community level; how the funds enter the system influences implementation approaches as well as procurement and distribution of commodities. Global Fund processes may create barriers to integration. For example, financial and program management reporting are predominantly disease focused which can reinforce rather than integrate vertical disease-specific systems, for example procurement and distribution of commodities.	
5. Community Systems and Responses	• Community systems strengthening are often limited to deploying community health workers (CHWs) while broader community engagement processes are neglected. • Countries nearing transition do not consistently include sustainability plans for community-based organization (CBO) and non-governmental organization (NGO) funding. - Few funding requests discuss gender issues and human rights issues that arise in health systems, for	• Increase efforts to expand community engagement, particularly addressing critical barriers (especially human rights and gender-related barriers) to access to services and closing coverage gaps. • Strengthen community-based health systems programming in ways that further extend coverage to hard-to-reach and marginalized populations, improving the continuum of care, the quality of services and integration within the overall health system.

Sub-Sector	Findings	Recommendations
	instance the identification and support of CHWs, their access to the populations they serve, and their accountability to the community	• Strengthen sustainability planning for community systems response (CSR) with greater attention to sustainable arrangements for social contracts between appropriate levels of government and community organizations. • Develop and use outcome indicators to track CSR efforts.
6. Public-Private Mix (PPM)	• Limited inclusion of private sector health services in national plans and funding requests. When included, proposed activities are often limited in scope and ambition and have insufficient budgets. • PPM initiatives are often vertical in approach, missing integration opportunities. • FRs do not address mechanisms to monitor quality of service provision, quality of inputs to private sector providers, and quality of outcomes. • Insufficient recognition of the private sector's potential to contribute to UHC for malaria and to limit the circulation of counterfeit malaria drugs and oral Artemisinin monotherapies. • Civil society engagement interventions are usually implemented in isolation (one-off procedure) and do not fall within a comprehensive strategy of fully functioning contracting mechanism for CSOs/NGOs (e.g. legal framework and policy)	• Global Fund to develop PPM guidance to explain what countries at different levels of PPM maturity should include in their funding requests. • Countries which are new to PPM approaches should focus on pilots and capturing research on costs, access and impact of PPM approaches. Countries with existing PPM approaches should provide evidence of the pilots' cost and impact to justify proposals for expansion and sustaining partnerships. Focus also required on ensuring service delivery integration in PPM, as appropriate, as well as the guiding and monitoring quality standards. • Applicants should align the budget for PPM with the scale and scope of planned activities, and the potential of the private sector to contribute to addressing the epidemics. • Applicants should indicate the extent of PPM activities funded by other partners and in relation to the National Health Plan. • Partners to support countries in strengthening regulatory approaches and to disseminate lessons learned to incentivize the private sector to follow standards. Partners should also support countries to better understand private sector delivery models and promote cross-learnings to incorporate innovative PPM approaches, improve data collection and M&E of PPM.

Sub-Sector	Findings	Recommendations
7. Governance, Leadership and Accountability (GOV)	• Most proposals are demonstrably consistent with national strategies. However, few funds are devoted to improving stewardship, accountability or governance, even fewer measures are available to determine progress. • Applications rarely propose interventions to strengthen participation in governance systems by groups that are under-represented in decision-making, including women and representatives of civil society, nor do they propose mechanisms to engage these groups in accountability processes. • Many cases, including in transition countries, have been noted where leadership around the contracting of services to NGOs was not sufficiently robust to ensure optimal governance and accountability. Without strong leadership to oversee contracting processes and effective distribution of budgets between programs, critical interventions such as services for key populations may lack sufficient sustainability.	• The Global Fund and its partners should work on identifying metrics for stewardship (political commitment, governance capacity, accountability systems). • Applicants should be encouraged to identify the role of parliament, the extent of negotiations with the ministry of finance, the budget cycle, and accountability processes in their funding requests. • Where there is evidence of lagging political commitment, actively engage Global Fund Leadership and stakeholders to address issues. • Develop and implement transparent and predictable accountability mechanisms. • Consider extended partnerships (dialogue and technical support) with countries post-transition to support leadership and governance, and to ensure sustained focus on priority programs
8. Financial Management (PFM)	• The TRP observed that few funding requests used Global Fund resources to develop national health financing strategies or to improve the overall sustainability of health system investments. • There is insufficient information in most funding requests to enable sound assessment of the funding landscape, the financing context and the sustainability of the proposals making it challenging to take an informed decision on allocative efficiency of Global Fund investments.	Revise funding request guidelines to request: • Basic table of macro and financing data. • More in-depth discussion of how efforts fit within overall national health financing strategies. • Encourage countries to develop health financing strategies and to refer to these strategies when applying to the Global Fund.

Sub-Sector	Findings	Recommendations
	• Although the Global Fund finances commodities that are distributed for free, it is not always clear in funding requests if patient consultations and related services are also free at the point of use (and in some countries, there is evidence that they are not free). • Investing in separate financial management arrangements to implement Global Fund grants may lead to better short term implementation but it does not support financial management capacity for the wider health system, especially in the longer term.	• Revise guidelines and operational guidance to encourage GF resources be included within national financial management and accountability systems to the extent possible. • Management of Global Fund resources should build capacity and be integrated into a broader strategy of strengthening financial management and accountability systems. • Attention should also be paid to building capacity in health system financing and financial management.

Annex 2: Key Elements of HMIS along the System Evolution Continuum

Health Systems Phases along the Systems Evolution Continuum: HMIS example				
	Systems Start-Up (Establishment)	**Systems Support**	**Systems Strengthening**	**Systems Sustainability**
Key features of HMIS evolution phases	Initial development of a carefully chosen set of essential data items needed for key decisions and monitoring of progress. Design of paper recording and reporting tools that impose the least possible burden upon front line health workers. Regular and timely submission of these data to higher levels for analysis and feedback of sensitive indicators to the field as part of supportive supervision. Data/information used for service utilization and supplies monitoring.	Gradual improvement in quality of data, its use in the facilities by health workers, graphically displayed to show progress on chosen key indicators designed to show progress in each program area. Initial attention to essential data for each program evolves towards combined integrated data selection assuring common data definitions (data dictionary), elimination of duplication and extension to the needs of all PHC program managers. A smoothly running paper disease (and other) information systems can then be gradually transitioned towards an integrated computerised system (best based on DHIS2 as a platform). Data/information used as per previous column and to make decisions on integration of services and resource allocation.	Integrated computerised disease information systems expanded with other essential support functions: (LMIS, finance, personnel, labs, emergency…). Disease information systems moving towards direct (web-based) data entry systems Data timeliness and quality assured and dashboards made to enable users at all levels to access key indicators which are used by all to make decisions on resource allocations, service needs and health outcomes. Research undertaken to validate outputs from information systems. Data/information used as per previous column and for instant overview of service utilization, resource use and outcomes to inform strategic directions as well as for regular international reporting.	Information systems regularly maintained including upgrading of HR capacities Outputs of information systems part of regular publications, decision-making processes and outcome monitoring processes Information system resources requirements standardized in and covered as part of the national health sector and facility budgets. Data/information used as per previous column and for routine sector monitoring, program evaluation, and to inform policy and strategy development.

Annex 3: Analysis of the use of standard RSSH indicators in funding request

RSSH Indicators:			Impact			Outcome							Coverage								
Country	Component	HSS I-1	HSS I-2	HSS I-3	HSS O-1	HSS O-2	HSS O-3	PSM-2	PSM-3	M&E-1	M&E-2	M&E-3	HW-1	HW-2	HW-3	HW-4	HW-5	SD-1	SD-3	HF-1	no RSSH Indicator
Afghanistan	TB	x		x	x	x				x	x					x					
Bangladesh	HIV									x											
Bangladesh	Malaria									x											
Bangladesh	TB																				none
Benin	RSSH		x	x	x	x		x		x	x		x		x			x			
Chad	TB/HIV			x	x	x		x		x											
Cote d'ivoire	HIV									x											
Eritrea	HIV				x			x					x								
Ethiopia	RSSH	x		x	x	x		x		x											
Ghana	Malaria	x	x	x	x	x		x		x											
Guatemala	HIV																				none
Guatemala	Malaria										x										
India	Malaria									x											
Indonesia	TB/HIV								x		x										
Madagascar	Malaria							x													
Mongolia	TB																				none
Mozambique	TB/HIV																				none
Nepal	HIV									x											
Nepal	Malaria									x											
Nepal	TB																				none
Nigeria	TB/HIV																				none
Pakistan	TB																				none
Pakistan	HIV									x											
Philippines	TB									x											
Senegal	TB	x		x	x					x					x						
Somalia	HIV	x		x		x		x		x											
South Sudan	HIV									x											
Suriname	TB/HIV																				
Tanzania	Malaria	x	x	x		x	x	x		x	x	x	x						x	x	
Tanzania	RSSH	x	x	x	x	x			x	x	x	x	x						x	x	
Thailand	TB/HIV																				none
Tunisia	HIV																				none
Uganda	Malaria				x					x	x										
Uganda	TB/HIV																				none
Ukraine	TB/HIV																				none
Vietnam	TB																				none
Zambia	Malaria																				none
Zambia	TB/HIV										x										
Zimbabwe	TB/HIV																				none
El Salvador	HIV																				
Guatamala	Malaria										x										
Mali	Malaria																				none
Mauretania	Malaria																				none
Nicaragua	Malaria									x											
Angola	RSSH	x		x	x	x		x		x	x										
Niger	TB/RSSH							x													
Nigeria	TB/RSSH								x	x											
Rumania	TB																				none
Belize	TB/HIV																				none
Panama	TB/HIV																				none
		HSS I-1	HSS I-2	HSS I-3	HSS O-1	HSS O-2	HSS O-3	PSM-2	PSM-3	M&E-1	M&E-2	M&E-3	HW-1	HW-2	HW-3	HW-4	HW-5	SD-1	SD-3	HF-1	
No. times indicator used:		8	4	10	10	9	2	10	3	22	10	2	4	0	2	1	0	1	2	2	
																	Countries no RSSH indicator at all:				19

Annex 4: Problems that may arise from isolated or short term program implementation arrangements

Problem	Impact
Program are conceived and developed in isolation of other priorities and/ or independently of national/ sub-national health systems plans and investments	The program is not coordinated with other investments and may not be supported by necessary subsystems investments.
Implementation takes place through a specially appointed team/ unit (such as a Program Implementation Unit) hired for the purpose and incentivized to deliver the program results (and disbanded at the end of the program)	PIU staff are paid off-budget and/ or are hired from outside the system to deliver the program components. Their capacity is strengthened. They leave the system on program completion.
The PIU ensures the program remains on track irrespective of what else happens in the health system or wider public sector	The sustainability of the program is compromised in a number of ways associated with 'pushing through' program implementation. Good short-term results; little or no long-term systems strengthening results or sustainability.
Programs address one aspect of a health systems strengthening component without necessarily "seeing" the whole investment plan, coordinating with other investors/ partners or ensuring harmonised processes	Failure to have impact on systems strengthening. For example, supporting the collection of data at some levels of the health system but not others.
Where national systems fail, third parties step in to resolve logistical challenges and keep the program functioning. While valid in some circumstances, this approach does not necessarily build national systems	Short term program boosts (for example, through addressing commodity distribution failures or community health worker stipends) if not translated into national commitments (and capacity) are temporary.
Program investments include recurrent expenditure with no plan or commitment (either stated from the outset or monitored over the program period) to absorb costs into public budgets.	When the program ends, the continuation of the services starts to wane, costs are cut and eventually the systems gains stall or regress.
Program implementation partners are funded through contracts drawn up, supervised and funded through the program implementation period by the PIU with no national/ sub-national capacity or commitment or resources used (other than participation in selection and monitoring implementation progress).	When the program ends, the implementing partner is no longer funded and the services delivered by the partner (and associated capacity developed) are lost.

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