

Advisory Paper on Resilient and Sustainable Systems for Health

Technical Review Panel

October 2021

Acronyms

AGYW - Adolescent girls and young women

CEPA - Cambridge Economic Policy Associates

COVID-19 - Coronavirus disease

C19RM - Global Fund COVID-19 Response Mechanism

HSS - Health systems strengthening

HIV - Human immunodeficiency virus

OIG - Office of the Inspector General

PPE - Personal protective equipment

PCE - Prospective Country Evaluation

PMU - Program management unit

RSSH - Resilient and sustainable systems for health

SC - Strategy Committee

SDG - UN Sustainable Development Goals

TAP - Technical Advice and Partnerships Department

TERG - Technical Evaluation Reference Group

TRP - Technical Review Panel

TORs - Terms of Reference

TB - Tuberculosis

WHO - World Health Organization

Preamble

This paper is intended as a TRP advisory on how Global Fund RSSH investments can be optimized to strengthen health systems in support of the implementation of HIV, TB and malaria programs, while also strengthening pandemic preparedness and response.

It is based on TRP observations from its review of Funding Requests for the 2020-2022 allocation cycle as documented in the TRP “Lessons Learned”; previous analysis of RSSH investments in the 2017-2019 allocation period; and the professional experience of TRP members with the impacts of the Coronavirus disease (COVID-19) pandemic on HIV, TB and malaria programs and health systems. Due to time and resource constraints, it was not possible to analyze the 2020-2022 Funding Requests in greater detail, nor conduct an extensive literature review on the impacts of COVID-19. The paper is therefore not positioned as an in-depth analysis of current Funding Requests or literature review, but as an advisory paper on how Global Fund investments in health systems could be strengthened to contribute to sustainable improvements in HIV and AIDS, TB and malaria programs and to future pandemic preparedness and response and wider health goals.

The work was already ongoing before the Global Fund Board approval of the 2023-2028 Strategy Framework and therefore it is not written with this in mind. The recommendations and conclusions of the paper, however, are highly relevant to the operationalization of the new Strategy.

Executive Summary

The advisory paper is structured by responding to three research questions as detailed under the TORs and methodology (Annex 1). It builds upon previous Global Fund RSSH reports and TRP lessons learned, as referenced throughout the paper and under Annex 2.

The paper reflects upon the 2017-2022 Global Fund Strategy¹ and RSSH investments over the 2017-2019 and 2020-2022 allocation periods, as well as the impact of COVID-19 on Global Fund programs. It acknowledges that a new Strategy Framework for 2023-2028² has been approved by the Board, the accompanying Strategy Narrative will be recommended to the Board at the 17th Strategy Committee meeting and that both have been developed using inputs including the wealth of available TRP reports and recommendations and TRP input through the process. This advisory paper aims to supplement these inputs and inform the operationalization of the 2023-2028 Strategy and for the 2023-2025 allocation period.

The advisory paper first explores RSSH issues brought about by COVID-19. Particularly, it highlights the adverse impact on HIV, TB and malaria programs, where people living with the diseases are not being as widely tested, diagnosed and treated, as well as on health systems as a whole. Disruption to health systems is acknowledged across the areas of human resources for health; routine surveillance, data capture and reporting; supply chain management; laboratory system platforms; and service delivery, particularly outreach work. Shortage of finances, at both the individual and national levels, are noted as a consequence of COVID-19-related lockdowns and diversion of resources to address the COVID-19 pandemic, posing a risk to the sustainability of programs. The pandemic also affected health-seeking behavior, due to fear and stigma around COVID-19 itself and restrictions to reach health facilities. A rise in gender-based violence has also been reported during the pandemic. Moreover, COVID-19 has revealed new health system needs for pandemic preparedness and response, notably adequate governance frameworks and structures. The

¹ The Global Fund, ‘The Global Fund Strategy 2017-2022’: https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf.

² The Global Fund, ‘The Global Fund 2023-2028 Strategy Framework’: https://www.theglobalfund.org/media/11223/strategy_globalfund2023-2028_framework_en.pdf.

challenge has been for the latter to integrate frameworks for health system strengthening and global security and ensure multi-sectoral engagement and coordination of Governments with communities and the private sector.

The paper further moves on to enumerate key implementation issues affecting the Global Fund's RSSH investments, as identified by TRP members through their review of Funding Requests, as well as building on previous reports (a summary Matrix of identified issues by category is available under Annex 3). While acknowledging the considerable progress made in response to past RSSH reviews, the paper notes that there remain challenges. The first set of issues arise from attempting to strengthen RSSH while remaining within the Global Fund's core mandate, business and operational model. Namely, while the 2017-2022 Strategy and the 2023-2028 Strategy Framework uphold the importance of RSSH in supporting the Global Fund fulfill its mandate of ending the three diseases, it has and may well continue to be difficult to operationalize how RSSH investments should be delivered in practice if they are to have benefits beyond the three disease programs. The paper flags that RSSH investments require longer-term commitments and investments than the three-year Global Fund allocation periods. Due to a lack of in-country presence and limited engagement with relevant stakeholders, the Global Fund also has a limited span of control, both in terms of its mandate and the resources it offers for RSSH. The paper highlights the focus of Global Fund contributions on "supporting" rather than "strengthening" health systems, namely focusing on short-term support (such as salaries and equipment) rather than longer-term changes in policies and regulations, organizational structures and behaviors which could sustain changes. This limits the potential of Global Fund investments to contribute to lasting benefits beyond the period of investments and does not help to build resilience and sustainability. Another challenge is represented by the lack of involvement of key in-country RSSH, HIV, TB and malaria stakeholders and experts, which implies that other investments in the system are not systematically reflected in Funding Requests. There is also limited evidence of country-level engagement beyond ministries of health and of community engagement, with the pandemic showing that meaningful engagement is critically important.

A second set of RSSH implementation challenges are those arising from specific Global Fund processes and the way they are operationalized. The paper notes with concern that RSSH guidance and information notes are not consistently used by applicants, as they are not mandatory and their use not routinely monitored. Limited attention to human rights and communities is seen both in programming and in the lack of equity-sensitive RSSH indicators in the Modular Framework. In addition, the diversity of views on RSSH among the Global Fund Secretariat, stakeholders and Global Fund donors leads to siloed RSSH implementation and confusing messaging and ends up in RSSH investments being fragmented and often sacrificed when cuts must be made. Finally, the paper highlights the lack of appropriate RSSH indicators in Global Fund grants and the absence of meaningful monitoring and course correction in case of under-performance. The paper offers recommendations on how to optimize RSSH investments to best support HIV, TB and malaria programs, improve impact and safeguard Global Fund investments. In addition to feeding into preparations for the implementation of the 2023-2028 Strategy, this paper aims to inform the update of application materials for the 2023-2025 allocation period (Annex 4).

The analysis prioritizes three sets of recommendations. Firstly, **RSSH strategic recommendations** include the need for a broader approach to public health programs, health systems and health sector development, if the Global Fund is to reach wider health outcomes that contribute to pandemic preparedness and response. Global Fund RSSH investments should contribute to integrated, functional structures and form part of longer-term commitments and investments. This also speaks to the need for the aforementioned shift from short-term and input-driven "support" to longer-term "strengthening" of health systems. The paper argues that the Global Fund should also adopt a "whole

of government” approach to RSSH and enhance partnerships, realizing that multisectoral coordination is critical to bringing epidemics under control and to build sustainability.

Secondly, **Key RSSH implementation recommendations** touch upon the need for sustainable financing and for encouraging improved domestic resource mobilization, development of sustainability plans and in-country contingency planning. The paper recommends that the Global Fund align RSSH investments with the evolving objective on pandemic preparedness and response, particularly in the areas of surveillance, supply chain and human resource management and response coordination. In addition, RSSH investment would benefit from improved performance monitoring and increased attention to human rights and communities, including community system strengthening. This also needs to be strategically and sustainably planned.

Thirdly, the paper lists **suggestions that require the updating of documentation and procedures prior to the 2023-2025 allocation period**. Among these are promoting a greater understanding of RSSH and its application, by requesting a unified investment approach and integrated plans for RSSH investments. The Global Fund Secretariat is also recommended to improve compliance on RSSH guidance by introducing mandatory requirements. Finally, the TRP recommends ensuring application and grant processes facilitate effective RSSH investments.

Among the three sets of recommendations, the top three overarching recommendations are as follows:

1. Develop a Theory of Change and accompanying Performance Framework that lays out the rationale for Global Fund RSSH investments, clarifying how the RSSH investments will support HIV, TB and malaria programs and pandemic preparedness and response using a differentiated approach based on the health systems development continuum. The Performance Framework should include benchmarks and targets to improve tracking of the quality of implementation of the RSSH investments in supporting HIV, TB and malaria programs. (See Sections 4.1.2, 4.2.2, 4.2.3, 4.3.2);
2. Require early assessment of the sustainability of RSSH investments, through their linkage to National Health Plans or other resources plans, such as for Human Resources for Health and consideration of longer-term health systems investments that go beyond the 3-year allocation period (See Sections 4.1.2, 4.2.1, 4.3.2);
3. Ensure RSSH indicators are systematically reflected in the performance frameworks of the final grants, proactively monitored and promptly addressed in case of under-performance (See Section 4.2.3, 4.3.2)

These three overarching recommendations are mutually supportive. A Theory of Change can provide key performance indicators for monitoring the future outcomes and impact of health systems investments while linkage to national strategic health sector plans will not only support sustainability planning but these plans will provide the indicators to monitor the longer-term outcomes and impacts of the Global Fund health systems investments.

Finally, the paper suggests opportunities for further studies, notably 1) to examine the details regarding how RSSH requested investments have been implemented and spent, as well as their impact, by building on the deep-dive analyses the Secretariat has been conducting and 2) to undertake a detailed investment analysis for the 2020-2022 allocation period, as was done for the 2017-2019 allocation period, with a focus on how RSSH investments are utilized along the development continuum, particularly with regards to progress from system support to strengthening and sustainability.

In a world where global health has been profoundly shaped by the COVID-19 pandemic, the TRP considers that these studies would give the Global Fund, as a major global health agency, the ultimate impetus for continued and increasingly impactful health systems investments to bring the epidemics under control and be better prepared for the next pandemic outbreak, if it arises.

Contents

Acronyms	2
Preamble.....	3
Executive Summary.....	3
1. INTRODUCTION.....	9
2. APPROACH OF ANALYSIS AND PAPER OUTLINE.....	10
Approach and methodology.....	10
Limitations of the assessment.....	11
3. FINDINGS: RSSH CHALLENGES TO HIV, TB AND MALARIA PROGRAMS DUE TO COVID-19 AND CHALLENGES FACING GLOBAL FUND RSSH INVESTMENTS.....	11
3.1 Major RSSH challenges to the HIV, TB and malaria programs due to the COVID-19 pandemic.....	11
3.1.1 The impact of COVID-19 on HIV, TB and malaria programs	11
3.1.2 COVID-19 impact on health systems	12
3.1.3 COVID-19 has revealed health system needs for pandemic preparedness and response	17
3.2 Critical challenges that continue to affect RSSH investments supporting HIV, TB and malaria programs	17
3.2.1 Key RSSH investment challenges arising from strengthening RSSH while remaining within the Global Fund mandate, business and operational model	19
3.2.2 Key RSSH investment challenges arising from Global Fund processes and their implementation ...	25
4. DISCUSSION AND RECOMMENDATIONS.....	27
4.1 RSSH Strategic Issues	28
4.1.1 Integrate key RSSH elements to support HIV, TB and malaria programs and pandemic preparedness and response	28
4.1.2 Shift RSSH investments from supporting to strengthening and sustaining health systems.....	29
4.1.3 Expand engagement with stakeholders	30
4.2 Key RSSH implementation issues	31
4.2.1 Support the ongoing and increased need for sustainable financing and management of Global Fund investments.....	31
4.2.2 Foster integration of health system strengthening and health security so that RSSH investments can be used to contribute to pandemic preparedness and response, while supporting outcomes against HIV, TB and malaria and related health areas	32
4.2.3 Improve performance monitoring of health system investments.....	34
4.2.4 Strengthen attention to human rights and communities.....	34

4.3 RSSH issues that require the updating of documentation and procedures prior to the 2023-2025 allocation period	35
4.3.1 Create a better understanding of RSSH and its applicability	35
4.3.2 Improve compliance with Global Fund documentation for RSSH investments	36
4.3.3 Ensure application and grant processes facilitate effective RSSH investments	36
 CONCLUSION AND NEXT STEPS	 37
 ANNEXES	 38
 Annex 1: Terms of Reference for the 2021 Working Group on RSSH.....	38
Annex 2: References	40
Annex 3: Issues Matrix.....	43
Annex 4: Indicative list of Secretariat work recommended to be undertaken in preparation for the 2023-2025 allocation period.....	45

1. Introduction

The Technical Review Panel (TRP) recognizes the continued importance of supporting resilient and sustainable systems for health (RSSH) as one of the core objectives in the 2017-2022 Global Fund Strategy and as a critical foundation for maximizing the impact of investments to end the three epidemics.

In the new Global Fund 2023-2028 Strategic Framework, through the goal of “Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability”, RSSH continues to have an important role as a “mutually reinforcing contributory objective” under the primary goal to “end AIDS, TB and malaria while working with and to serve the health needs of people and communities”.³

The emergence of the COVID-19 pandemic has called attention to pandemic preparedness and response as an important element to incorporate within the disease control and public health systems. As pandemic preparedness and response takes on an increasingly prominent role within the global health agenda and in preparation for the implementation of the Global Fund Strategy for the period 2023-2028, the TRP established a Working Group⁴ to explore and make recommendations on how the Global Fund can be most impactful as it continues to help strengthen health systems, within the current COVID-19 context.

This TRP advisory paper builds on the TRP’s review of Funding Requests for the 2020-2022 allocation period in TRP Windows 1-5 and the lessons learned documented as part of these reviews in the 2020 Technical Review Panel Lessons Learned Report⁵ of April 2021 (the TRP Lessons Learned Report). It further considers the progress made following earlier RSSH reviews, such as the comprehensive 2018 TRP Report on RSSH Investments in the 2017-2019 Funding Cycle⁶ (the 2018 TRP RSSH Report), the 2019 TERG Thematic Review on Resilient and Sustainable Systems for Health⁷ (the TERG report) and the 2019 OIG Report on Managing Investments in Resilient and Sustainable Systems for Health⁸ (the OIG report). In addition, the Working Group consulted and held focus group discussions with additional TRP members, who had professional experience on the impacts of COVID-19 on public health programs across their respective areas of expertise, especially with regard to emerging health system issues (referred hereafter as “focus group discussions”).

While this paper provides examples of COVID-19 impacts on HIV, TB and malaria and health systems, it recognizes that documentation on the impact of the pandemic on health systems is extensive. Consequently, the paper does not attempt to conduct a full literature review of the health systems impacts of the pandemic. The paper also considers it important not to focus exclusively on COVID-19, as any future pandemic, if it emerges, may well be different and may have different impacts on health systems. This paper explicitly intends to be forward-looking on broad health systems’ resilience; and in line with the 2023-2028 Strategy’s evolving objective on contributing to pandemic preparedness and response, the paper reflects on how health systems can be better prepared to face pandemics in the future.

³ As outlined in the Executive Summary and under Section 2, work on this report was already ongoing at the time of Board approval of the 2023-2028 Strategy Framework.

⁴ The RSSH Working Group included HIV, TB, malaria and crosscutting experts, including Human Rights and Gender (HRG), Strategic Investment and Sustainable Finance (SISF) and RSSH experts.

⁵ TRP, ‘2020 Technical Review Panel Lessons Learned’: https://www.theglobalfund.org/media/10771/trp_2020-lessonslearned_report_en.pdf.

⁶ TRP, ‘Report on RSSH Investments in the 2017-2019 Funding Cycle (2018)’: https://www.theglobalfund.org/media/8093/trp_rssh2017-2019fundingcycle_report_en.pdf.

⁷ TERG, ‘Position Paper – Thematic Review on Resilient and Sustainable Systems for Health’ (2019): https://www.theglobalfund.org/media/8793/terg_resilientsustainablestemsforhealthreview_paper_en.pdf.

⁸ The Global Fund’s OIG, ‘Audit Report: Managing Investments in Resilient and Sustainable Systems for Health’ (2019): https://www.theglobalfund.org/media/8441/oig_qf-oig-19-011_report_en.pdf.

The key question the paper seeks to address is:

How can Global Fund RSSH investments be optimized to strengthen health systems in support of the implementation of HIV, TB and malaria programs, while strengthening pandemic preparedness and response?

Specifically, the paper intends to answer the following questions:

1. What were the major RSSH challenges to HIV, TB and malaria programs due to the COVID-19 pandemic?
2. What are the critical challenges that continue to affect Global Fund RSSH investments supporting HIV, TB and malaria programs?
3. Are there any particular parameters of the Global Fund's investments in RSSH which should be reconsidered going forward to better support HIV, TB and malaria programs, optimize impact and safeguard Global Fund investments?

2. Approach of analysis and paper outline

Approach and methodology

The scope of this TRP review focused on assessing the RSSH challenges to the HIV, TB and malaria programs due to the COVID-19 pandemic including a review of the ongoing RSSH investment challenges noted in Funding Requests during the first five windows of the 2020-2022 allocation period. The detailed scope of work is attached as Annex 1. While the TRP recognizes that conducting a deep dive review following up on the comprehensive 2018 TRP RSSH Report, with specific attention to reviewing the actual RSSH investments made during the 2017-2019 allocation period could produce some useful lessons learned for the Global Fund, this was outside of the scope of work of this TRP review.

As the TRP review was being finalized, the Global Fund Board approved the new 2023-2028 Strategic Framework⁹ (Global Fund Strategy Framework). In addition to assessing the RSSH investments under the current 2017-2022 Global Fund Strategy, this paper also provides recommendations that may support the implementation of the 2023-2028 Global Fund Strategy objective to *Maximize People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability*.

This assessment was mainly undertaken through a review of TRP Lessons Learned which were drawn from the TRP's review of Funding Requests during the first five windows of the 2020-2022 allocation period. These were compared with the findings of the above-mentioned in-depth analyses of RSSH investments conducted by the TRP through the 2018 TRP RSSH report, the OIG and TERG reports from 2019, plus the 2021 synthesis report of the TERG's prospective country evaluations¹⁰ (TERG PCE report) and various relevant RSSH resources from the Secretariat to see where progress had been made and where issues remained.

COVID-19 pandemic documentation reviewed included the Global Fund COVID-19 Response Mechanism (C19RM) Funding Request template and guidance notes, country COVID-19 pandemic disruption reports provided with Funding Requests, the regular COVID-19 pandemic reports compiled for the Global Fund Board and Secretariat¹¹ as well as related pandemic reports from other

⁹ Approval of Global Fund Strategy Framework, Extraordinary Board Meeting GF/EB01-2021/0222.07.2021, Virtual. See particularly decision point 3b and points 56 and 68.

¹⁰ TERG, 'Global Fund Prospective Country Evaluation 2021 Synthesis Report': https://www.theglobalfund.org/media/11081/terg_2021-pce-synthesis_report_en.pdf.

¹¹ The Global Fund, 'COVID-19': <https://www.theglobalfund.org/en/covid-19/>.

agencies. This was complemented by consultation with additional TRP members and review of Global Fund¹² and partner technical documentation on the impacts of COVID-19 on HIV, TB and malaria programs. Individual TRP Working Group members consulted with their expert groups (i.e. HIV, TB, malaria, RSSH, human rights and gender, and strategic investments and sustainable financing) on the first two questions through group calls and emails. Two focus group discussions were held with TRP members with extensive COVID-19 experience in their respective countries or from their work. A further eleven TRP members provided inputs into this assessment, beyond the eight Working Group members.

The TRP did not review the Funding Requests to the Global Fund's COVID-19 Response Mechanism (C19RM) and so these Funding Requests were not part of the reviewed documentation.

The Working Group met regularly through seven video calls over the course of three months to share and reflect upon findings and agree on key recommendations. The TRP Secretariat supported the Working Group by organizing calls and compiling required documents. A detailed list of references is attached as Annex 2.

The paper identifies the critical RSSH challenges made more visible or compounded by COVID-19 and those still being observed or outstanding from previous reports. These findings are described in Section 3 of the paper. Section 4 combines, where possible, those challenges and presents them as key issues, with recommendations for consideration by the Global Fund and applicants.

Limitations of the assessment

Due to time constraints, this assignment did not allow a more extensive review of the RSSH challenges, particularly identifying the actual expenditure and impact of the RSSH investments from the 2017-2019 allocation period. Opportunities for these and additional suggested areas for further assessment are included at the end of this paper.

3. Findings: RSSH challenges to HIV, TB and malaria programs due to COVID-19 and challenges facing Global Fund RSSH investments

3.1 Major RSSH challenges to the HIV, TB and malaria programs due to the COVID-19 pandemic

3.1.1 The impact of COVID-19 on HIV, TB and malaria programs

COVID-19 was declared a pandemic by WHO on 11 March 2020¹³ and, since then, it has profoundly impacted the world, threatened public health, and caused major economic and social disruption globally. To date, more than 200 million people have been infected, over 4.4 million people have died¹⁴ and an additional 97 million people have been plunged into extreme poverty.¹⁵ As countries have gone into lockdown, access to health care for the poorest and most vulnerable has been cut and already fragile health systems have been pushed to the brink. The pandemic threatens to

¹² The Global Fund, 'The Impact of COVID-19 on HIV, TB and Malaria Services and Systems for Health: a snapshot from 502 health facilities across Africa and Asia' (The Global Fund COVID-19 Disruption report)" (2021): https://www.theglobalfund.org/media/10776/covid-19_2020-disruption-impact_report_en.pdf.

¹³ World Health Organization, 'WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020': <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.

¹⁴ World Health Organization, 'WHO Coronavirus (COVID-19) Dashboard': <https://covid19.who.int/>.

¹⁵ World Bank, 'Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021?': <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021>.

reverse the gains that the Global Fund has made so far in the fight against HIV, TB and malaria and in building RSSH. Therefore, there is an urgent need to mitigate the pandemic's disruption to systems for health and to build capabilities for pandemic preparedness and response in countries to strengthen the resilience of HIV, TB and malaria programs.

The disruption caused by COVID-19 on the systems for health that the Global Fund is working to strengthen has meant that people are not being as widely tested, diagnosed, or treated for HIV, TB and malaria. In the aforementioned April 2021 Global Fund report on the impact of COVID-19 on the three diseases and RSSH¹⁶, information from programmatic spot-checks and data from 502 health facilities in 32 countries in Africa and Asia showed that for the period between April and September 2020, compared to the same six-month period in 2019:

- HIV testing fell by 41%, increasing the risk of people not knowing their HIV status and therefore not accessing the treatment they need, as well as unknowingly infecting others;
- TB referrals, where patients suspected of having TB are referred to the next step of diagnosis and treatment, declined by 59%;
- Malaria diagnoses fell by 31%; and
- Antenatal care visits fell by 43%.

Additionally, WHO reported that there has been a 21% drop in TB diagnosis and treatment due to COVID-19. Meanwhile, reported data from Kerala (India) and South Africa shows three-fold higher mortality among TB patients co-infected with COVID-19.

The Global Fund swiftly set up the C19RM as an emergency response to the pandemic in 2020. At the time of writing this paper, the C19RM has awarded more than US\$1.8 billion to support country responses to COVID-19, initiate urgent improvements in health and community systems and mitigate the impact of COVID-19 on HIV, TB and malaria programs.¹⁷ This is in addition to grant flexibilities introduced to allow countries with 2017-2019 Global Fund grants to meet immediate COVID-19 response demands. The C19RM is continuing into 2021 with a renewed focus on strengthening health and community systems. In addition, the Global Fund has partnered with key global health organizations to create the Access to COVID-19 Tools Accelerator (ACT-A), a unique global collaboration that supports the development and equitable distribution of tests, treatment and vaccines – and the strengthening of health systems – that the world needs to defeat COVID-19.

3.1.2 COVID-19 impact on health systems

As noted above, the COVID-19 pandemic has presented many challenges to HIV, TB and malaria programs and the health systems that deliver them. A list of the main challenges identified by the TRP from reviewing Funding Requests and from focus group discussions are outlined below.

(a) Health systems disruptions due to COVID-19

The COVID-19 pandemic has had many repercussions on health systems and its impacts were noted by TRP members in almost all parts of the health system.

Repurposing of **human resources for health** to address the COVID-19 pandemic affected the delivery of services for HIV, TB and malaria, including prevention, testing, treatment and monitoring, in most countries. This includes healthcare workers, as well as other frontline workers from HIV, TB

¹⁶ See note 12

¹⁷ Global Fund Data Service: https://data-service.theglobalfund.org/viewer/covid_approved_funding_report

and malaria programs. In addition, technical assistance providers were unable to travel both within and between countries because of COVID-19.

TRP members noted, in focus group discussions, the example of Cambodia, where international technical assistance for HIV, TB and malaria was redirected to address the COVID-19 pandemic, to support the technical and other health care workers who were already mobilized to address the COVID-19 pandemic. This mainly took place during the first and second waves of the COVID-19 outbreak in Asia, when fears about the outbreak and how to respond to it prevailed.

Gender emerged as an issue regarding PPE, with a lack of equal availability of PPE across the gender spectrum¹⁸. A disproportionate number of women work in frontline health and care settings and distribution of adequate PPE often favors higher cadre health workers, who may be at less immediate risk of acquiring COVID¹⁹. Where data has been gathered, it showed a very high proportion of people with Long COVID-19 are women and that they acquired their infection occupationally.²⁰

Routine **surveillance, data capture and reporting** were affected by the COVID-19 pandemic and its associated lockdowns (low to severe in many countries). For example, in several countries, the COVID-19 pandemic caused the postponement of special surveys, including Integrated Bio-Behavioral Surveys (IBBS). In Botswana, the TB prevalence survey was canceled in 2020 due to COVID-19 disruption.

Supply chain management has been disrupted globally by the COVID-19 pandemic, with low to high levels of disruption for HIV, TB and malaria programs reported, depending on the COVID-19 pandemic effects in particular countries. Supply chain disruption for drugs, diagnostics and consumables for all three programs may increase loss-to-follow-up.

There have been positive examples from countries where, even during the peak of the COVID-19 pandemic, supplies for HIV, TB and malaria have continued, particularly for the distribution of bed nets. However, as is reflected in the Global Fund's disruption report²¹, the COVID-19 pandemic, especially in the early stages, considerably disrupted procurement and supply management of antiretrovirals (ARVs), HIV test kits, laboratory supplies and other supplies. This subsequently led to a concerted push by countries and technical partners to ensure that the initial procurement and supply chain management disruptions were addressed, through multi-month dispensing, decentralized drug distribution and moving up orders to earlier delivery (taking into account the delays of transportation).

Maintaining opioid substitution therapy (methadone) has been a challenge in many countries.²² The Multi-country Eastern Europe and Central Asia Funding Request for the 2020-2022 allocation period reported that COVID-19 also affected domestically procured methadone and buprenorphine. With Global Fund support, many countries have expanded methadone (and sometimes buprenorphine) maintenance therapy for opioid use disorders. Many countries require

¹⁸ WHO (2019): <https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf>

TRP 2020 Lessons Learned Report: https://www.theglobalfund.org/media/10771/trp_2020-lessonslearned_report_en.pdf

¹⁹ Center for Global Development (CGDEV 2020) <https://www.cgdev.org/publication/protecting-community-health-workers-ppe-needs-and-recommendations-policy-action>

Think Global Health (2020, as cited in the CGDEV document): <https://www.thinkglobalhealth.org/article/covid-19-it-aint-over-until-theres-ppe-all-over>

²⁰ The Guardian (2021): <https://www.theguardian.com/society/2021/jun/13/why-are-women-more-prone-to-long-covid>

²¹ See note 12

²² UNODC (2021) <https://www.unodc.org/unodc/en/hiv-aids/new/stories/take-home-opioid-substitution-therapy-in-the-context-of-covid-19.html>

most people on methadone to present themselves daily for directly observed administration of the medicine, which was risky or simply not possible during COVID-19 lockdowns. Because of COVID-19, some countries arranged for the first time for take-home doses of methadone or outreach workers to do home visits. In a few countries, take-home doses were accompanied by telehealth sessions or were monitored with the use of electronic medicine boxes. Opioid overdose has been shown to have increased in several countries during periods of COVID-19 restrictions and the risk is only exacerbated if people are denied access to medication for opioid use disorders.

During the first wave of the COVID-19 pandemic, many countries repurposed **the laboratory system platforms**, such as Real-Time Polymerase Chain Reaction (RT-PCR) and Cartridge Based Nucleic Acid Amplification Test (CBNAAT - GeneXpert™) for COVID-19 diagnosis, which led to lower testing rates with increased turn-around times for HIV viral load and TB testing. Testing times have returned to normal in many countries, but it still remains an issue in some countries, notably in Sub-Saharan Africa, East Asia and the Pacific Islands. Optimal use of laboratory services for HIV and TB may still be affected, due to the repurposing of resources for COVID-19.

Furthermore, the reduced levels of HIV testing may give a false impression to policy and other decision-makers that epidemic levels have reduced, especially in countries that traditionally rely on new diagnosis as the main indicator of the levels of the epidemic.

TRP Focus Group discussions reported that in Uganda, the overlap between malaria and COVID-19 symptoms has been impacting the diagnosis of both diseases, as the delayed diagnosis of COVID-19 is causing some COVID-19 cases to be treated as malaria cases and, vice-versa.

Service delivery, particularly outreach work, has been severely impacted by COVID-19 and ensuing lockdowns in many countries. In the case of TB, it was found that follow-up of directly observed treatment decreased. For malaria programs, integrated vector control activities were affected by time shifts, diversion of human resources and delays due to lockdowns, notably in Sub-Saharan Africa and Greater Mekong Subregion countries, among others. With regards to HIV services, there was a need to address concerns relating to advanced HIV disease, especially higher loss to care, low testing, ARV treatment interruptions and low implementation of advanced hub packages, including testing for co-morbidities that can likely increase mortality. Some service delivery models adapted to the COVID-19 restrictions through greater utilization of online platforms, increased self-testing and reduced numbers of clinic visits. However, these measures were seen as temporary and are yet to be fully adopted by countries. Changes in service delivery also exposed the need for infrastructure, skills and security to be updated at the health facility level, especially to enable digitalization.

As mentioned above when discussing the diversion of resources, problems with medication delivery including opioid substitution therapy affected service delivery. Reduced community-based testing coverage was seen in most of Sub-Saharan Africa and Eastern Europe and Central Asia. There were major disruptions in the community systems delivering prevention and screening, as those services and their implementers were not necessarily seen as essential to be continued during the quarantine. This is also reported in the 2020 TRP Lessons Learned Report.

Thanks partly to Global Fund support, there has been considerable expansion of peer educators and other outreach workers who, in many countries, are important service providers for HIV and TB key populations. Their work was impeded during periods of COVID-related restrictions. Similarly, paralegals have been important in helping criminalized key population members and people living

with HIV to overcome barriers to access health services, but this work has also been affected by COVID-related restrictions.

On the positive side, in several countries, COVID-related restrictions have accelerated the move to novel forms of health care and encouraged innovations. Many health systems are deploying self-testing for HIV (and COVID-19) as well as multi-month dispensing of ARVs and other medicines. These innovations had often long been requested by communities but roll-out had been delayed until lockdowns and isolation made this essential.

(b) Shortage of finances at all levels

The pandemic has impacted finances at both the individual and national levels. In focus group discussions, TRP members reported that there is a diversion of domestic resources and donor support to address the COVID-19 pandemic, and that the current and forecasted macroeconomic impact of COVID-19 is likely to be a major setback to sustainability. Focus group discussions also noted that, although governments and donors repurposed budgets for COVID-19, weak financial management systems in some countries led to delays in funds being disbursed and made available where needed.

COVID-19 lockdowns have also had a major impact on the informal economy and the livelihoods of key populations, including but not limited to sex workers and people who use drugs. These populations, which are already criminalized, marginalized and living in financially precarious situations, were disproportionately affected by the COVID-19 pandemic and related lockdowns. The NSWP Global Network of Sex Work Projects has reported that because of the COVID-19 pandemic, many sex workers have experienced a total loss of income as they were unable to continue their work without violating COVID-related restrictions and thereby risking arrest and/or heavy fines by the police.²³

The TRP notes that the Global Fund's strong emphasis on social contracting or performance-linked payments in the 2020-2022 allocation period to ensure the sustainability of the disease programs may be at risk under COVID-19, as early reports show that some implementers have not been able to deliver their programs and reach their targets because of restricted movement due to the pandemic.

COVID-19 has also made it harder for the TRP to assess HIV, TB and malaria Funding Requests:

- Funding Requests vary in the details provided on the COVID-19 pandemic's impact on disruptions in service provision, macroeconomic situation (current and forecasted), and perspectives on domestic resource mobilization;
- They do not provide much detail on C19RM and other external funding;
- There is insufficient information on the impacts of COVID-19 on sustainability and equity; and
- It is difficult to ascertain value-for-money in terms of economy, efficiency, and equitable healthcare delivery, because of emergency procurement procedures.

(c) Restricted health-seeking behavior and increased stigma and discrimination

The policing of COVID-related lockdowns and other regulations contributed to fear and stigma around COVID-19 itself, which affected health-seeking behavior more broadly, particularly with respect to HIV, TB and malaria key and vulnerable populations. Patients were often no longer able to reach health facilities because of lockdown and stay-at-home orders, due to disruptions to public

²³ Global Network of Sex Work Projects: <https://www.nswp.org/page/covid-19>

transportation services. Recommendations to visit medical facilities only in cases of urgent need also limited health-seeking behavior.

In addition, patients also reported fears of contracting COVID-19 from attending health facilities. Similarly, it was reported²⁴ in some countries that people with respiratory problems, including persons with suspected or confirmed TB, were avoiding seeking health care out of fear of violating COVID-19 lockdowns, or because they feared they would be presumed to have COVID-19 and consequently be forced into quarantine and possibly prevented from working. Lastly, it was also noted that at the start of the pandemic, in some cases, patients showing COVID-19-like symptoms such as fever were not attended to by facilities that did not have COVID-19 testing capability. Consequently, they ended up in endless referrals, resulting in delays in treating fevers that were probably due to other causes rather than COVID-19.

As also referenced above, increased stigma and discrimination due to the overlap of symptoms of TB and malaria with COVID-19 was noted.

There has been a rise in gender-based and intimate partner violence during the COVID-19 pandemic and its associated lockdowns and increased isolation.²⁵ This was foreseen by the United Nations Population Fund (UNFPA) based on earlier such experiences.²⁶ The COVID-19 pandemic showed that there are still relatively few safe places to which survivors of gender-based violence may flee, if they are able to, or other services offered for women and girls at risk of gender-based violence.

Several countries have released some incarcerated people, including pretrial detainees, as a COVID-19 control measure in closed settings.²⁷ In many cases, however, people have been released without adequate links to health care and other basic services in the community, including without information and support related to COVID-19 prevention and care. In focus group discussions, the TRP members noted that in many countries, correctional and health services were not equipped to follow up with formerly incarcerated people and this was exacerbated by the current pandemic.

Few countries and planning processes are using the same approach to COVID-19 that is routine for other pandemics, such as in Liberia,²⁸ and are missing the opportunity to develop effective services and approaches that meet the needs of people when they are experiencing the acute and long-term impacts of COVID-19 infection. Many national responses prioritize top-down public health control measures, often accompanied by “victim-blaming” and stigmatizing approaches, rather than engaging people with COVID-19. The latter could importantly help design interventions that will engage those most at risk of acquiring COVID-19 and provide appropriate targeted support and care for people when they are unwell - especially with symptoms that do not require hospitalization and long-term symptoms. This is particularly true given that at least 10% of those who acquire COVID-19 have remitting and relapsing symptoms for more than 12 weeks and few people with long COVID-19 were hospitalized.

²⁴ The Deadly Divide TB Commitments vs TB Realities FINAL HLM Report.pdf Nov 2020

http://www.stoptb.org/assets/documents/communities/The%20Deadly%20Divide_TB%20Commitments%20vs%20TB%20Realities%20FINAL%20HLM%20Report.pdf

²⁵ Center for Global Development (2021) <https://www.cgdev.org/publication/violence-against-women-and-children-during-covid-19-one-year-and-100-papers-fourth>

²⁶ https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf

²⁷ DLA PIPER – A global analysis of prisoner releases in response to COVID-19 (2020)

<https://www.dlapiper.com/~media/files/insights/publications/2021/03/dla-piper-prison-population-during-covid-19.pdf>

²⁸ WHO (2021) <https://www.who.int/news-room/feature-stories/detail/how-reinforced-community-health-structures-and-capitalizing-on-lessons-learned-from-the-ebola-virus-epidemic-of-2014-16-helped-liberia-respond-to-the-challenge-of-its-second-major-disease-outbreak-in-five-years>

3.1.3 COVID-19 has revealed health system needs for pandemic preparedness and response

(a) Inadequate governance frameworks and structures

The COVID-19 pandemic has exposed the inability of the health systems in many countries to address the basic health care needs at the time of peak disease outbreaks, such as non-availability of oxygen, lifesaving steroids, isolation beds and human resources, among others. In addition, there has been limited access to diagnostics and efficient lab networks and systems, due to weak lab governance structures and inadequate funding to support the implementation of National Strategic Laboratory Plans and National Action Plans, which had been developed following Joint External Evaluation in a number of countries. In most countries, COVID-19 pandemic preparedness and response has been a reactive rather than a systematic approach, and contingency planning had not taken place beforehand. There was limited reference to the 2005 International Health Regulations as the guidance to strengthen pandemic preparedness and response.

One major challenge to the COVID-19 response has been the lack of integration of two major guiding frameworks, namely the WHO Health Systems Framework and the Global Health Security Framework. An integrated framework with technical guidance for health systems strengthening and global security could help in this effort to increase pandemic preparedness.

Pandemic responses have required multi-sectoral engagement and coordination across government departments and with different communities and the private sector. In many countries there were no suitable structures for this and, where new structures have been formed, they have not involved a sufficiently diverse range of actors and skills.²⁹

The findings above concur with those of the aforementioned Global Fund COVID-19 Disruption Report and Independent Pandemic Preparedness and Response Panel report, which acknowledge that resilient and sustainable systems for health are the essential foundation to fighting infectious diseases, whether ending HIV, TB and malaria as epidemics, fighting new pandemics like COVID-19, or preparing and responding to future health threats.

Arguably, addressing the basic need for health care in pandemic times presents challenges, but there were some examples of shifting to innovative models of people-centered healthcare services. The Global Fund COVID-19 Disruption Report showed that, in responding to the disruption caused by the pandemic, countries that implemented adaptive measures to counter the impact of COVID-19 on health service continuity fared better than those who did not adapt. More than two-thirds (68%) of facilities surveyed by the Global Fund adopted at least one adaptive measure, such as dispensing long-term supplies of medicines for HIV and TB to patients or switching to a door-to-door delivery system for mosquito nets and medicines for malaria prevention. These successful adaptations point to how, in some areas, COVID-19 has been a catalyst for positive change, accelerating new approaches and innovations to improve service delivery and providing an opportunity for synergies in delivering health services. It is only by continuing to invest in resilient and sustainable systems for health and by further investigating and scaling up these successful adaptive measures, that COVID-19 can be defeated and its knock-on effects on HIV, TB and malaria programs halted and reversed.

3.2 Critical challenges that continue to affect RSSH investments supporting HIV, TB and malaria programs

The previous section has identified health systems issues that were important in the COVID-19 response and are likely to be important in future threats or pandemics.

²⁹ The Independent Panel for pandemic preparedness and response Report (2021) <https://theindependentpanel.org/mainreport/>

This section reviews recent and previous analyses of Global Fund investments in health systems to identify the challenges which the Global Fund faces in investing in health systems. Literature reviewed included the above-mentioned comprehensive 2018 TRP RSSH Report, the 2019 TERG Report, the 2019 OIG Report, as well as the 2021 TERG PCE Report and the 2020 TRP Lessons Learned Report.

Following the 2018 TRP RSSH Report presentation to the Global Fund Strategy Committee (SC) in October 2018, the Secretariat on the basis of this paper as well as the above-mentioned TERG and OIG reports developed a roadmap that was presented to and adopted by the SC in March 2019.

This roadmap guided the Secretariat in updating the strategic direction for RSSH investments, including the update of Funding Request materials and RSSH guidance notes prior to the 2020-2022 allocation period, with an emphasis on:

- Strengthening RSSH capacity and voice in the country dialogue process;
- More proactively advancing integration in a cross-cutting and holistic manner;
- Strengthening the differentiation and prioritization of RSSH investments along the development continuum;
- Prioritization of interventions, based on careful assessments of what is most critical to achieving particular outcomes rather than focusing on input activities;
- Strengthening operationalization and implementation of existing investment guidance, while secondarily filling targeted gaps in guidance;
- Continuing to deepen collaboration with Gavi and other partners for maximum leverage, efficiency and complementarity; and
- Improving the measurement of the outcomes of RSSH investments.

As reported by the Secretariat to the SC in March 2021, there has been considerable progress noted. Investments in RSSH have increased from the 2017-2019 to the 2020-2022 allocation period, particularly in community systems strengthening and health management information systems. Proposed activities for integrated lab system strengthening contributed significantly as part of the Global Fund's response to COVID-19. Progress was noted in the areas of partner collaboration and measurement of RSSH impact. In addition, several Strategic Initiatives have been developed leveraging government and other partner support for strategic and innovative RSSH investments. In addition to commodity provision, further improvement of key health systems such as surveillance, supply chain management and governance were highlighted in the C19RM application and guidance documentation.

While the action undertaken by the Secretariat does respond to the findings of the various RSSH reviews, the fact that many of these issues have continued to be noted by the TRP in its lessons learned documents from its review of Funding Requests for the 2020-2022 allocation period and by the above-referenced TERG PCE report show that further action is still required. Challenges fall into two main categories: those arising from trying to strengthen RSSH while remaining within the Global Fund's core mandate, business and operational model and those arising from specific Global Fund processes and the ways they are interpreted by applicants or applied by the Secretariat.

Those which seem most critical to address if the Global Fund is to improve the quality and effectiveness of its health systems investments are listed below.

3.2.1 Key RSSH investment challenges arising from strengthening RSSH while remaining within the Global Fund mandate, business and operational model

(a) The primary Global Fund focus on HIV, TB and malaria reflected in Funding Requests limits integration and wider health system benefits

The Global Fund was originally established as the Global Fund to Fight AIDS, TB and malaria, and, despite a broader strategy for 2017-2022, the Global Fund still has a clear focus on the three diseases. Although building RSSH is one of the four core objectives of the Global Fund Strategy 2017-2022, it has been difficult to operationalize where health systems and wider health outcomes (reflecting the Global Fund Strategy's wider commitment to achieving the UN Sustainable Development Goals, or SDGs³⁰) fit in the hierarchy of outcomes for the Global Fund, vis-à-vis outcomes for the three disease programs.

Under the new Strategic Framework for 2023-2028, "Maximizing people-centered integrated systems for health to deliver impact, resilience and sustainability" becomes a "mutually reinforcing contributory objective" under the primary goal to "end AIDS, TB and malaria" while "working with and to serve the health needs of people and communities". This helpfully clarifies the intent to improve health and the need for integrated health systems to support this but will again require careful thinking and clarification of how RSSH investments should be positioned and delivered in practice if they are to have benefits beyond the three disease programs.

Various reports on Global Fund RSSH investments have noted:

- **There is a loss of focus on the Health SDG (SDG 3) and wider health outcomes.** RSSH investments such as information systems, labs and procurement and supply management continue to be disease program focused, with inadequate consideration of wider objectives promoting SDGs and focused on short-term systems support for the three disease programs.³¹
- There is a discrepancy between highly recognized needs for substantive and quality investment in reproductive, women's, children's and adolescent health (often with a gender-based violence component) and the reality where, based on TRP's observation, these activities are often included in the Prioritized Above Allocation Request.³²
- There is a limited reference in Funding Requests to the broader SDG agenda (and hence reference to how they reflect the broader health sector development and goal to end the epidemics) or to wider health outcomes in general. The 2020 TRP Lessons Learned Report noted that,

"The RSSH component of the Funding Requests often addressed only the specific needs of the three disease programs rather than the underlining RSSH needs reflected in the national health plans which represent country ownership, are born out of epidemiological evidence and are shaped by broad consultative processes. In particular, the TRP noted that few Funding Requests included investments in health governance and leadership either through systems, institution building, leadership training, or financial or other management systems for health."

³⁰ United Nations Sustainable Development Goals: <https://sdgs.un.org/goals>

³¹ Cambridge Economic Policy Associates - CEPA 2019, as referenced in the TERG report:

https://www.theglobalfund.org/media/8793/terg_resilientsustainablehealthreview_paper_en.pdf

³² https://www.theglobalfund.org/media/10771/trp_2020-lessonslearned_report_en.pdf (p.19) and from focus group discussions amongst TRP HRG experts.

- As noted in the 2018 TRP RSSH Report and 2020 TRP Lessons Learned report, **opportunities for integration are frequently missed**, especially at the community level, or are limited to the three disease programs only (as opposed to including other related health programs). Specifically:
- Digital and health management information systems investments are focused on specific components of the health system, rather than as part of a comprehensive digital health strategy. Logistics management information systems are fragmented across disease components and between public and private sectors.
- Labs for TB and HIV operate vertically or independently of clinical labs in hospitals and health centers. There is often no domestic funding for critical lab reagents, putting investments in lab equipment at risk. Lab systems strengthening is also underfunded, with a lack of domestic resources for National Laboratory Strategic Plans and National Action Plans. This impacts their implementation, noting that Funding Requests also lack reference to these plans among their priority interventions. In addition, Global Fund investments in outright procurement of equipment without service and maintenance is a risk.
- There is limited attention to RSSH in TB Funding Requests. Overall RSSH investments are mostly included in HIV or malaria components.
- Funding Requests often lack plans for supporting necessary systems such as trained staff, transport for samples and results when new equipment or commodities (e.g., GeneXpert or diagnostic tests) are funded.
- However, there is some encouraging progress on integration: both the 2018 TRP RSSH Report and the 2020 TRP Lessons Learned Report note some progress in countries on integrating data systems, but still many gaps remain, including for key population data and cross-border harmonization.
- **Splitting RSSH across different disease Funding Requests creates problems in assessment, coordination, implementation and performance monitoring.** RSSH is not presented holistically in Funding Requests: usually it is split across different disease-focused requests, often submitted at different times, making it difficult for the TRP to assess the country context and the strategic focus and technical soundness of what is proposed. Standalone RSSH Funding Requests should be submitted, covering the RSSH needs for all three disease programs before or with the first disease-specific Funding Request in the allocation period. In circumstances where that is really not possible, it would be helpful if all the Funding Requests containing RSSH are submitted together to allow full assessment of the RSSH investments as a whole. Guidance on a minimum percentage to be invested in RSSH in the allocation letter would support difficult budget allocation decisions.
- **There is inadequate contextual information on health systems** in Funding Requests to justify RSSH investments. National strategic plans for the disease programs do not usually contain sufficient detail on the health systems involved, and this is reflected in Funding Requests. While the TRP has noted improvements in the analysis and presentation of epidemiological data in disease Funding Requests, there is usually inadequate use of data and analysis of RSSH challenges and Funding Requests have minimal information on what outcomes the investments are expected to achieve.

- RSSH activities through disease-specific Funding Requests were challenging to implement, when intended to be integrated across diseases.³³ Where single-disease funding requests each cover a part of the total required RSSH investments, it is hard for national disease programs to plan, budget and implement HSS interventions effectively. In addition, the relevant departments of the ministries of health, such as the planning, supply chain, laboratory and human resource departments, are not sufficiently involved in developing the Funding Requests.

As the OIG report noted, in part, these effects are the result of the Global Fund allocation period; disease program investments tend to be shorter-term in nature, whereas **RSSH investments require longer commitments and investments**. This is difficult given the three-year Global Fund allocation periods.

More broadly, these issues also result from the Global Fund operational model. The Global Fund has a **limited span of control, both in terms of its mandate and the resources** it offers for RSSH. Lack of in-country presence of Global Fund technical teams limits local engagement at the political and health sector levels, while its RSSH budgets, though substantial, are not sufficient to address all HSS needs. Hence, the Global Fund alone cannot expect to show much impact on health systems challenges. As noted in the OIG report, these factors constrain the potential impact and slow implementation of Global Fund RSSH investments.

The TRP noted emerging good practice examples, including in Nigeria, where the Global Fund entered into a joint Memorandum of Understanding with the State Government of Kaduna, the Bill and Melinda Gates Foundation, Aliko Dangote Foundation, the UK Foreign Commonwealth & Development Office and UNICEF to strengthen primary health care systems. In other countries, the Global Fund has entered into co-financing agreements with the World Bank that include elements of systems strengthening for improved health outcomes including HIV, TB and malaria. Another example is the Global Fund, World Bank and the Government of Australia co-financing investment in the Lao People's Democratic Republic, to support the country in achieving universal health coverage by 2025. The project, entitled the Health and Nutrition Services Access Project, will strengthen the Lao health system and improve the quality and coverage of health and nutrition services by providing funds to health centers and departments using results-based instruments. In Côte d'Ivoire, the Global Fund is partnering with *Agence Française de Développement* and the French 5% initiative for the establishment of a regional branch for the national pharmaceutical agency, aimed at increasing its storage capacity, optimizing its supply chain operations and increasing traceability of health products. The RSSH investment also supports the integration of the national pharmaceutical agency with district pharmacies, hospitals and primary health care centers through the inter-operability of inventory & supply chain management information systems at all levels. This also includes a significant capacity-building component with long-term embedded technical assistance.

(b) Most RSSH investments support rather than strengthen health systems, limiting their sustainability

The 2018 TRP RSSH Report reviewed the content of proposed RSSH investments in the 2017-2019 allocation period and noted that most of the investments presented as RSSH were short-term systems support, and focused on inputs such as salaries, vehicles, and equipment, which do not strengthen the underlying systems in the longer term. The 2020 TRP Lessons Learned Report cited the same issue, suggesting a lack of improvement.

³³ TERG PCE Report

Figure 1: Support vs. Strengthening of Health Systems³⁴

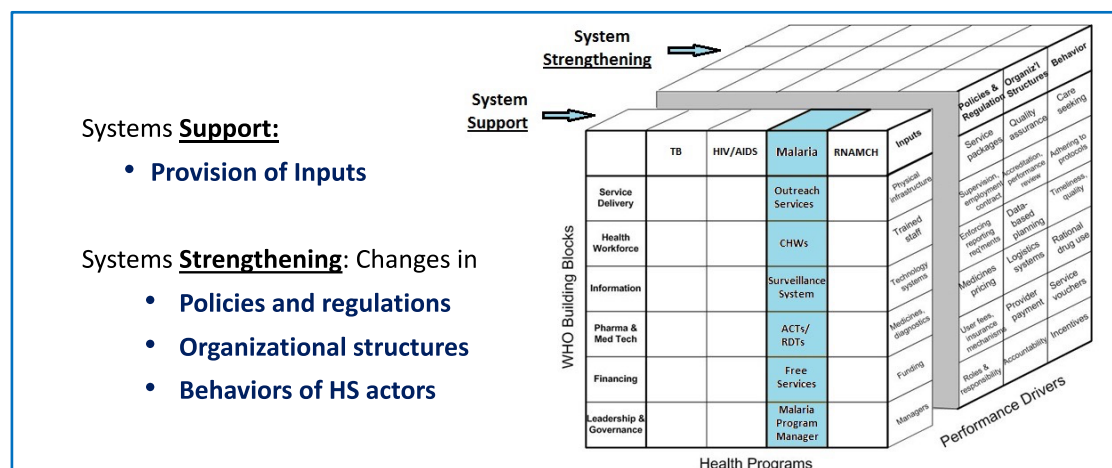


Figure 1³⁵ explains the difference between support and strengthening interventions in health systems. While short-term support to key health system inputs, such as salaries and equipment, is necessary in settings such as challenging operating environments where underlying health systems may be lacking, health systems strengthening includes investments that will lead to changes in policies and regulations, organizational structures and behaviors, which will ultimately strengthen health systems and make them more sustainable. Where basic inputs such as staff, infrastructure and equipment can be funded domestically, Global Fund RSSH investments should be focused on the additional costs of strengthening the health system and building resilience, including being prepared for and responsive to outbreaks. Thus, the nature of Global Fund RSSH investments and the grant implementation arrangements should be tailored according to where a country's health system is on the development continuum. However, the TRP made the following observations:

- The 2018 TRP RSSH Report found that 80% of Global Fund human resource investments were for salaries, a short-term input that governments should be covering in all but the most challenging environments.
- Further, the 2020 TRP Lessons Learned report continued to note large numbers of training events (per diems, travel costs) with unfocused aims and insufficient justification in the RSSH modules.
- The 2020 TRP Lessons Learned Report found that many Funding Requests included poor quality and unsustainable RSSH investments, mainly systems and salary support. Where strengthening activities were included, they were often placed in the Prioritized Above Allocation Request, with less chance of being funded. The report specifies that:

“The TRP noted a continued emphasis on supporting health systems rather than strengthening systems, with substantial funding going to continuing functioning of national entities. Overall, the TRP rated the Funding Request focus on RSSH as poorer than in the 2017- 2019 allocation cycle, with only 34 percent of Funding Requests rated as demonstrating a strategic focus on RSSH compared to 41 percent previously. Moreover, despite an increased number of disease-RSSH integrated applications, this is also reflected in RSSH funding supporting disease program implementation rather than the wider

³⁴ Chee, G., Pielemeier, N., Lion, A. and Connor, C. (2013), Why differentiating between health system support and health system strengthening is needed. *Int J Health Planning and Management*, 28: 85-94. <https://doi.org/10.1002/hpm.2122> Adapted by Abt Associates and S Postma.

³⁵ WHO Monitoring the building blocks of health systems (2010): https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf

applicability for strengthening and sustaining of health systems supporting service delivery beyond the three diseases.”

- Competing funding priorities within disease programs and the absence of a recommended level of funding for RSSH overall leads to each disease program focusing on system support for that program, while investments for wider health system strengthening interventions are often left to the Prioritized Above Allocation Request. '.
- Investments in community systems strengthening are not strategically planned with sustainability in mind.
- The TRP Lessons Learned report noted that there has been a marked increase in program management costs across funding requests for the 2020-2022 allocation period, compared to the 2017-2019 allocation period, which are sometimes miscategorized as RSSH investments. Separate program management units that manage grants outside of the government institutions and processes persist even in countries with more developed health systems. Whether program management units are situated in government or in separate Principal Recipients, the more that is spent on grant management costs (an average of 12% but ranging from 0 to 41% in TRP review of Window 1 Funding Request budgets for the 2020-2022 allocation period as an illustrative sample) without a sustainable transition plan, the less remains for strengthening government financial systems, which are vital for long term program efficiency and sustainability.

These challenges relate in part to the Global Fund three-year allocation period. System strengthening activities usually involve introducing new behaviors or changing existing ones, often requiring building consensus across different parts of the system and the Global Fund implementation period of three years encourages a project approach to RSSH investment that is not aligned with the holistic and long-term thinking, which is essential for meaningful system strengthening investments.

Limited system strengthening investments in turn limits the potential of **Global Fund RSSH investments** to contribute to lasting benefits beyond the period of the investment and hence do not help to build resilience and sustainability:

- The 2020 TRP Lessons Learned report outlined lack of ambition to create sustainable and at scale, nationally-led human resource capacity building.
- The 2020 TRP Lessons Learned report also showed that transition Funding Requests were developed building on recommendations from transition readiness assessment reports, without assessing the capacity of health systems along the health systems development continuum or how key areas of the proposed transition program will be accomplished or by whom and over what time frame (beyond the life of Global Fund support).
- The OIG Report noted that sustainability plans for RSSH investments are not submitted in Funding Requests.
- The TRP 2018 RSSH report found few investments in sustainability such as governance, accountability, leadership and financial management systems and health financing. Most financial management systems investments are directed to grant management, thereby not strengthening national financial management systems. While this may facilitate Global Fund grant performance, if grant management is done by a separate program management unit, this may not strengthen government financial systems which are critical if the recipient country is to take on domestic financing of the programs and sustain them.

- As reported by the 2018 TRP RSSH report and the TERG Report, community systems tend to be equated with community health worker programs and service delivery, and funding for community systems is limited to incentives and supplies for community health workers, with inadequate attention to capacity building, financing and sustainability of community systems.

(c) Co-ordination and engagement limited by the lack of involvement of key in-country RSSH, HIV, TB and malaria stakeholders and experts

Health system resilience and sustainability require multisectoral responses. Multiple reports including the aforementioned 2018 TRP RSSH report and the CCM Evolution Report³⁶ note weaknesses in the engagement of stakeholders in-country, with too little engagement at the country level between different parts of government, in-country RSSH experts, communities, development partners and other stakeholders. Even where these stakeholders are involved, this is often at the country proposal development stage and the engagement is not sustained into grant implementation, monitoring and review.

Suboptimal co-ordination with other key stakeholders and other donors impacts the efficiency of Global Fund investments, specifically:

- The TRP has noted that RSSH investments from the government and other partners are minimally reflected in applications; both in terms of technical assistance and implementation support. This makes it hard to assess the complementarity and/or additionality of Global Fund investments. The 2020 TRP Window 2 Lessons Learned reported:

“If the funding request does not explicitly align health system investments with the broader National Health Plan, it is difficult for the TRP to assess the soundness of the proposed RSSH investment’s contribution to the more comprehensive health plan. This is especially true where the TRP is not provided with other national health strategy documents that could provide important context, such as documents explaining national approaches to healthcare financing, universal health care and primary health care strengthening. National Health Accounts data is not frequently shared with the TRP. Such data would support a broader health system analysis, which is required to ensure allocative efficiency and integration of the three diseases into the broader system.”

- There is little evidence of country-level engagement on RSSH beyond ministries of health (and often insufficient engagement of relevant departments within them) and outside of constituencies represented in Country Coordinating Mechanisms. Engagement often excludes ministries of finance, community groups and private sector actors, among others.
- Lack of meaningful engagement of affected communities in planning, implementing and monitoring of RSSH grant or RSSH-focused interventions.

Again, in part this is due to the emphasis on the disease programs and the structuring of Funding Requests around them. The OIG Report pointed out that national disease programs may not have the capacity or mandate to co-ordinate with the other departments and groups in government which need to be engaged in health systems interventions. This has important implications for the potential impact and sustainability of Global Fund investments. Global Fund resources alone are not sufficient to address all health systems issues. The OIG report points out that poor coordination with other partner inputs (whether government, development partner or private sector) may mean complementary resources to complete Global Fund-supported projects are lacking. There is a need to review partnerships for RSSH investments to ensure more substantial and sustainable commitments and also more accountability. While this can be done at headquarter level (e.g. GF

³⁶ CCM Evolution report (2018): https://www.theglobalfund.org/media/7398/bm39_04-ccmevolution_report_en.pdf

country teams coordinating country inputs with GAVI), this is a first and foremost task for the implementing governments in coordination with the in-country partners.

3.2.2 Key RSSH investment challenges arising from Global Fund processes and their implementation

In this section, the TRP notes other challenges that stem from the way that the Global Fund Secretariat is structured and functions, as well as the processes and tools used for Funding Request and implementation management (as reported in the TERG PCE report, among others).

(a) Lack of compliance with Global Fund RSSH guidance

Much work has been done by the Secretariat in response to the various RSSH reports. The Global Fund RSSH guidance was extended and updated and an RSSH elements checklist was added, but the TRP has noted little evidence that this RSSH guidance has been used by applicants in developing their Funding Requests.

For instance, the guidance is clear that investments in human resources for health should be accompanied by national human resource plans to show how the investments will support wider human resource planning and development; and in the case of support for salaries, a plan should be included showing how those costs will be transitioned to government. Despite this, the TRP has noted the Funding Requests for the 2020-2022 allocation period did not usually provide such supporting plans and documentation.

The aforementioned OIG report noted that guidelines and information notes on RSSH are not consistently used by applicants because they are not mandatory and the Secretariat does not routinely monitor their use. The TRP notes that there may be a need to spend more time orienting applicants on RSSH guidance and Funding Request materials in particular, making sure that the consultants who support Funding Requests include experienced RSSH experts with the necessary specialist technical and country experience.

The OIG report also mentions that project feasibility studies were not completed as required in 33% of grants sampled. Where feasibility or other studies are completed, these are often done after the implementation start date, thus potentially affecting the effectiveness or quality of implementation.

(b) Limited attention to human rights and communities

Proposed RSSH investments often pay little attention to some key stakeholders, including health care workers and the communities they serve. The TRP specifically calls attention to the following:

- Funding Requests often lack attention to human rights and gender issues in RSSH interventions, and equity, gender and human rights are not adequately addressed in RSSH proposals particularly in leadership and governance, community systems and human resources.
- Human resources for health investments are largely short-term inputs, such as in-service training or travel allowances. These are not sustainable and do not pay attention to wider issues around health care worker training, deployment and motivation.
- Community systems strengthening is recognized to be critical to reaching all key and vulnerable populations and ensuring that their needs are met, but community interventions are not strategically or sustainably planned. Community system strengthening investments are usually focused on short-term inputs for community health worker programs, such as salaries, allowances and supplies, rather than wider systemic engagement and long-term capacity strengthening. Inadequate attention is paid to ensuring the future financing and sustainability of community systems strengthening.

- There is a lack of equity-sensitive RSSH indicators in the Modular Framework and consequently in the Performance Frameworks submitted with Funding Requests

(c) Global Fund structures, Funding Requests and grant processes sometimes impede effective RSSH investment

Disease programs tend to have precedence over RSSH support. As noted in the TERG report,³⁷ when overall funding declines and cuts have to be made, RSSH investments are cut before disease investments, even when such RSSH investments will strengthen HIV, TB and malaria programs.

The 2019 TERG review noted the diversity of views on RSSH among the Global Fund Secretariat, stakeholders and Global Fund donors. This diversity leads to siloed RSSH implementation within the Global Fund and confusing messaging in RSSH documents³⁸. Similarly, the OIG report noted that responsibility for RSSH is divided among many different teams in the Secretariat leading to fragmented responses and the lack of a holistic vision for RSSH.

In the same way, RSSH investments are fragmented across different funding requests. As noted earlier and reported in the TERG PCE report, implementation is very difficult when RSSH activities, which are intended to be integrated across diseases, are divided across different disease-specific grants.

Frequent changes in RSSH interventions during grant-making mean that what is eventually funded for RSSH can vary from what the TRP approved. For example, the TERG PCE report mentions that Cambodia, the Democratic Republic of Congo and Guatemala increased overall RSSH investment from the Funding Request stage to the final approved grant, while Mozambique, Myanmar and Uganda decreased the RSSH investment. In some cases, the TERG PCE report notes that changes during grant-making led to cuts in RSSH interventions, such that RSSH investments were below the 5-11% of total grant value recommended by the Secretariat to the selected PCE countries.

Significant start-up delays in year 1 of the grant implementation were noted to affect RSSH as well as human rights and gender equity activities, leading to low overall absorption for these investments. According to the TERG PCE report, adaptations related to COVID-19 disruption in year 3 of the implementation period mostly impacted RSSH investments. For example, in Mozambique delays in recruitment of an RSSH lead resulted in delays in the implementation of critical RSSH investments. Similarly, the approval of Matching Funds in the 2017-2019 allocation period was delayed well into grant implementation and mostly affected RSSH.

The TERG PCE report also notes that the grant revision process was burdensome and was typically avoided except when used as a financial management tool, rather than to maximize impact in cases where implementation was off-track and needed correction. Resources were reprogrammed to be used later in the allocation period, rather than comprehensively restructuring grants for impact. Uganda, Mozambique and the Democratic Republic of Congo, for example, avoided HIV grant revisions despite a clear need for them.

The OIG report commented that the Global Fund has a limited span of control over RSSH investments due to the complexity of in-country challenges and the Global Fund's limited resources

³⁷ See note 7

³⁸ For instance, as noted in the TERG report, the requirement for the inclusion of a set percentage for RSSH previously introduced in the 2017-2019 allocation period was waived under the 2020-2022 period and left to the applicant's discretion. While some countries still included RSSH, others did not feel compelled to do so in a significant way, other than addressing 'short-term disease program-focused issues, which are not necessarily enhancing health systems resilience and or leading to sustainability. Another example is that the Global Fund modular framework states clearly that only interventions benefiting more than one disease program can be reported as RSSH. At the same time, it then states that single disease surveys can be included as RSSH.

as well as to its mandate. The OIG report also noted that investment feasibility studies were not completed as required in 33% of the sampled grants that required feasibility studies.

(d) Poor RSSH performance monitoring

Performance monitoring was highlighted across RSSH reports as needing improvements. The 2018 TRP RSSH Report and the OIG report noted that the lack of good RSSH indicators makes monitoring performance difficult and presents a risk to delivery. The 2018 TRP RSSH report found thirty-eight percent of performance frameworks had no RSSH indicators even where RSSH investments were included in the Funding Request in the 2017-2019 allocation period. Those indicators that were used tended to measure inputs and activities rather than outcomes. Much work was done between 2019 and 2021 by the Secretariat and TRP to develop additional RSSH indicators in the Modular Framework. However, the Window 2 2020 TRP Lessons Learned Report noted that RSSH indicators very rarely appeared in Funding Requests and accompanying performance frameworks.

The lack of appropriate RSSH indicators in Global Fund grants has several implications. The technical soundness, strategic focus and value for money of RSSH investments are often difficult to assess in Funding Requests, as they are not clearly identified in budgets or the performance framework. Further, in such cases, the Secretariat will not be able to monitor implementation and discuss remedial measures if the performance of RSSH grants goes off-track. Additionally, it means that the significant amounts spent by the Global Fund on RSSH cannot be clearly linked to outcomes.

As noted above:

- Performance Frameworks lacked specificity on key RSSH and human rights, gender and equity investments.
- Where indicators were proposed, poor quality data limited their use, if any data was collected at all.
- Grant coordination and performance monitoring are weak.
- Opportunities for community-led monitoring were rarely taken.
- RSSH investments are sometimes seen as an intermediate stage to disease program outcomes.

4. Discussion and recommendations

The previous sections described the different RSSH challenges resulting from the COVID-19 pandemic, as well as RSSH challenges which continue to be impediments to the resilience and sustainability of HIV, TB and malaria programs as observed during TRP review of windows 1-5 of the 2020-2022 allocation period. Many of these issues have been noted previously but have not yet been sufficiently addressed.

In this section, these challenges are summarized as a set of collective RSSH issues to be addressed and the TRP has provided recommendations for the Global Fund to consider if it is to contribute to pandemic preparedness and response and strengthen health systems supporting and sustaining HIV, TB and malaria programs. This addresses Question 3: **What parameters should the Global Fund re-consider for RSSH investments going forward, to better support HIV, TB and malaria programs, optimize impact and safeguard Global Fund investments?**

The section is organized in the following sub-sections:

- Overall RSSH strategic issues;
- Key RSSH implementation issues; and

- RSSH issues that require the updating of documentation and procedures prior to the 2023-2025 allocation period.

Recommendations are presented at both strategic and operational levels for the Global Fund and country applicants and, where necessary, for technical partners.

4.1 RSSH Strategic Issues

This section relates to the strategic RSSH challenges identified in responses to Questions 1 and 2 and stemming from the Global Fund mandate and its operational model. While these challenges were all identified under the 2017-2022 Global Fund Strategy, they remain relevant as issues that the new Global Fund Strategic Framework for 2023-2028 will need to address in its operationalization.

4.1.1 Integrate key RSSH elements to support HIV, TB and malaria programs and pandemic preparedness and response

The TRP welcomes the affirmation of RSSH as a key contributory objective (namely: “Maximizing People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability”) in the new Global Fund Strategy Framework. However, it notes that this alone will not ensure the best quality RSSH investments, just as the literature review has documented that despite being a “core objective” in the 2017-2022 Strategy RSSH investments to date have not been as high quality as they should be. The TRP recommends that the Board steer on about what needs to be different under the objective going forward and the specific sub-objectives they have approved are duly operationalized to avoid RSSH implementation gaps. The TRP also observes that future investments by the Global Fund, limited to the three diseases mandate, with RSSH investments seen as supporting the implementation of the disease programs, including for pandemic preparedness and response to mitigate the impact on HIV, TB and malaria programs, will support the pursuit of the SDGs, globally as well as in-country, to some extent. but may not, however, sufficiently contribute to the overall universal health care agenda, or pandemic preparedness and response, including to mitigate the impact on HIV, TB and malaria programs. As described earlier, a focus on disease outcomes as the primary outcomes has limited and constrained the impact of RSSH investments. Strengthening underlying health systems in a way that makes the HIV, TB and malaria programs stronger, so that wider health outcomes are achieved and are more resilient (including to future pandemic impacts), requires a broader approach to public health programs, health systems and health sector development. Similarly, a narrow disease-focused approach to health systems may only marginally contribute to pandemic preparedness and response, and if so in a reactive rather than systematic way, such as through commodity provision and service continuation focus, as documented in the section on COVID-19 challenges.

The section on COVID-19 challenges above highlights the importance of coordinated “whole of government” responses³⁹. The ability to plan, coordinate and negotiate across programs and departments is critical and, in many cases, may require new structures or strengthening and reforming the existing ones. The disease programs will be able to mitigate and negotiate the potentially inevitable diversion of resources in a pandemic if they are part of integrated, functional structures.

Lastly, with its three-year implementation period model, with the development of funding requests primarily based on the national strategic plans for the three diseases, there may be little motive and incentive for investing in longer-term strengthening and sustaining of underlying health systems, as

³⁹ WHO (2016): <https://www.who.int/global-coordination-mechanism/dialogues/glossary-whole-of-govt-multisectoral.pdf>

this requires longer-term commitments and investments based on the country's national health sector plan. In addition, another disincentive is that disease programs are often held accountable for RSSH activities that are not under their scope or mandate. Implementation arrangements need to also reflect the responsibilities at the country level.

It is with the above observations in mind that the TRP offers the following recommendations for further consideration, especially with regards to the operationalization of the new Global Fund Strategy Framework for 2023-2028.

Strategic recommendations

For the Global Fund and applicants:

- Operationalize the new Global Fund 2023-2028 Strategy Framework by investing in resilient health systems, with an emphasis on the development of core national capacities to respond to multiple epidemics, including AIDS, TB, malaria and COVID-19. These investments should aim to:
 - Increase access to services, including for key and vulnerable populations;
 - Improve integrated laboratory systems, information sharing, supply chain and logistics arrangements including integrated sample transport;
 - Strengthen integrated supervision and enhance the quality of care;
 - Strengthen platforms and structures for delivering essential health services, including community services, primary health care and health service provision by the private sector;
 - Ensure complementarity of Global Fund investments with national and partner interventions;
 - Improve infection prevention and control; and
 - Promote health financing policies and mechanisms that lead to increased domestic resource mobilization.
- Within the new Global Fund Strategy, ensure that RSSH investments are optimized by integrating key RSSH elements that support HIV, TB, malaria, pandemic mitigation and potentially other essential health services, such as non-communicable diseases and Reproductive, Maternal, Newborn, Child and Adolescent Health.

4.1.2 Shift RSSH investments from supporting to strengthening and sustaining health systems

As extensively established before and in section 3 above, the past and current RSSH investments continue to primarily support rather than strengthen health systems. Even countries (seven in the 2020-2022 allocation period based on transition projections⁴⁰) that should soon transition from Global Fund assistance often propose activities that are short-term and input-driven, while at the same time longer-term investment activities are often proposed in the Prioritized Above Allocation Request, without an assurance they will be funded⁴¹), thus even jeopardizing the “within allocation” investments.

While it is understandable in the COVID-19 pandemic context that current and future systems investments will be more of a supportive nature, both the three-year allocation period and Global Fund Strategies (current and future) assume that RSSH investment should lead to health systems that eventually can be sustained by the countries themselves. The new Global Fund 2023-2028 Strategy Framework states: “Maximizing People-centered Integrated Systems for Health to Deliver

⁴⁰ Projected transitions from Global Fund country allocations by 2028: projections by component: https://www.theglobalfund.org/media/9017/core_projectedtransitionsby2028_list_en.pdf

⁴¹ Noting that it depends on additional resources becoming available and being prioritized for funding

Impact, Resilience and Sustainability”. Following through on this objective requires the early identification and planning of strategies that will sustain RSSH investments, preferably in line with the differentiation of countries along the health system development continuum, taking into account any progress, or lack thereof, from systems support to systems strengthening through previous Global Fund investments or other donor funding.

Strategic recommendations

For the Global Fund:

- Create greater conceptual clarity, potentially including a theory of change and accompanying performance framework, showing how RSSH investments can support HIV, TB and malaria programs and pandemic preparedness and response, with reference to the health systems development continuum/differentiation of the countries.
- The Global Fund differentiation model should be accompanied by guidance and indicators to help countries shift from support to strengthening/sustaining investments.
- Consider RSSH investments beyond the three-year implementation period; for instance, phased investments over multiple allocation periods, embedded in a solid national health sector plan.
- Identify local experts to support program management and when this is transferred to governments, build in a mandatory sliding scale for program management costs with government contributions increasing and Global Fund contributions decreasing.

For applicants:

- Develop the RSSH investment request reflecting on how it will build on the achievements of previous investments and looking forward to enhancing systems strengthening and sustainability.
- Define how the proposed RSSH interventions fit into existing country health and community systems, and how they will be sustained beyond the grant lifecycle of each allocation period and be protected during health system threats.
- Ensure that where new innovations and technologies (such as GeneXpert equipment or digital health) are funded, the necessary supporting systems (human resources, sample transport, IT development, maintenance etc.) and strategies are also in place and demonstrate how these will be established before deployment of the equipment or innovation.

4.1.3 Expand engagement with stakeholders

The COVID-19 pandemic has shown the need for in-country multisectoral coordination among, for example, health, security and economic government agencies, as well as engagement with the private sector and communities. Engagement with stakeholders has also been one of the RSSH challenges in the past, with disease program-led investments struggling to engage appropriately with wider stakeholders. The new Global Fund 2023-2028 Strategy Framework refers to:

“The Global Fund Partnership: Communities, governments, civil society, donors, technical partners, private sector and other partners working together at all levels to deliver results, each with distinct, complementary roles and accountabilities, in support of core principles of impact, equity, human rights and country ownership, adapted to local context.”

This “whole of government” or “whole of society” approach is critical and may eventually not only bring the epidemics under control, but also ensure a sustainable approach to controlling them. How to operationalize it will require efforts beyond those taken previously, to ensure that this materializes.

As noted above, there are several areas where the partnership could be further enhanced, especially at the country level, engaging with government and in-country experts, key population-led organizations and coordination with other local partners, including the private sector. Current governance mechanisms may be further enhanced for improved engagement and coordination of local actors, not least increasing their role in the development, implementation and monitoring of the Global Fund grants.

Strategic recommendations

For the Global Fund:

- Consider supporting annual, or otherwise regular, country roundtables on RSSH for all relevant stakeholders, including relevant units of technical partners, especially those without in-country presence, to coordinate, streamline and monitor health systems investment activities, led by the RSSH focal unit(s) from the recipient government. These should build on the experiences of RSSH harmonization meetings organized in the past (in Benin and Togo for instance) jointly with GAVI, the Vaccine Alliance, the World Bank, the United Nation’s Children Fund and all relevant RSSH stakeholders. These could be hosted remotely by Global Fund Country Teams if they do not already exist. Where suitable working groups or other fora already exist, the Global Fund Country Team should try to plan their visits to be able to attend.

Operational recommendations

For the Global Fund:

- Funding Requests with RSSH investments should include a current and forecasted partner funding landscape for RSSH investments to identify other sources of support to health systems, including those from the government. This can be in a table and not necessarily accompanied by detailed standalone analysis.

For applicants:

- Engage national RSSH experts from government and other development partners, as well as community representatives during grant development and, importantly, implementation.

4.2 Key RSSH implementation issues

This section includes recommendations to further enhance countries’ applications for RSSH funding to support HIV, TB and malaria and pandemic preparedness by addressing specific RSSH implementation issues as detailed above.

4.2.1 Support the ongoing and increased need for sustainable financing and management of Global Fund investments

The TRP shares concerns, detailed above, that Global Fund investments categorized as RSSH to date rarely contribute to sustainable disease programs. The inadequate attention to sustainability is the result of a lack of underlying health systems planning and a non-integrated approach that does not engage relevant stakeholders among health system actors. This is most visible in human resources for health, the support and deployment of which should be based on an overarching

human resource strategy or plan. These national human resource plans should be the basis for decisions on the redeployment of staff during a crisis and should subsequently consider the utility of continued employment when the country is no longer supported by the Global Fund.

At the same time, there were limited investments in (public) financial management, as this often falls outside of the remit of the Global Fund's most common main counterpart at the country level, namely, the ministries of health. If such activities were funded, they were primarily addressing grant management, rather than strengthening national financial systems.

The current and forecasted COVID-19 impacts have reshaped the international and local funding landscape in ways that will impact sustainable financing for health programs and HIV, TB and malaria in particular. Through two rounds of funding by the C19RM, the Global Fund has significantly invested in mitigating the adverse effects of the COVID-19 pandemic. The impact of these investments will need to be considered in future Funding Request processes to ensure that they are complementary and future investments will build on them; see Annex 4 for a consolidated set of recommendations on updating the Funding Request guidance.

Strategic recommendations

For the Global Fund:

- Consider how to encourage more “ambitious” targets for health financing, for example, with catalytic funding for improved domestic resource mobilization and innovative health financing mechanisms aimed at sustainability.

Operational recommendations

For the Global Fund:

- Amend the RSSH guidance to require financial, human resources and other types of sustainability plans to be submitted for RSSH investments.

For applicants:

- Emphasize the need for human resources for health sustainability plans and ensure they include contingency planning for redeployments and career progression.

4.2.2 Foster integration of health system strengthening and health security so that RSSH investments can be used to contribute to pandemic preparedness and response, while supporting outcomes against HIV, TB and malaria and related health areas

The COVID-19 pandemic, as witnessed in the past year, resulted in significant disruption to HIV, TB and malaria programs and other health services. These were primarily caused by underlying health systems weaknesses, including surveillance, supply chain management and response coordination, which were not strong enough to be able to flex. Despite countries' adoption of the International Health Regulations⁴² as a basis for pandemic preparedness and response, responses were hardly systematic; thus, the impacts of the pandemic varied between and within countries. As one of the larger funding agencies supporting the development and strengthening of health systems, the Global Fund can play a significant role in future pandemic preparedness and response.

The Global Fund 2023-2028 Strategy Framework has an “evolving” objective to contribute to pandemic preparedness and response which includes “...to build pandemic preparedness and response capabilities and contribute to resilient and sustainable systems for health”. Achieving this

⁴² WHO (2021) WHO's work in health emergencies: https://cdn.who.int/media/docs/default-source/documents/emergencies/a74_9add1-en.pdf?sfvrsn=d5d22fdf_1&download=true,

objective will require strengthening health systems to build the needed preparedness and response capabilities.

Strategic recommendations

For the Global Fund:

- Redefine the need for resilient health systems strengthening not only for supporting HIV, TB and malaria but as a significant contribution to pandemic preparedness and response strategies in line with the new Global Fund Strategy. Further refine the definition of “resilience” in line with the global health security framework⁴³. This can be done through the development of a clear theory of change, showing how the Global Fund can contribute to strengthening RSSH and pandemic preparedness and response and then updating the guidance for applicants.

For applicants:

- Review, update and operationalize the International Health Regulations as the basis of a country’s pandemic preparedness and response mechanism, with a particular reference to:
 - (Disaggregated) data-driven risk analysis for epidemics/pandemics within the country;
 - Human resources reallocation and repurpose planning;
 - Funding health security, allocation and contingency planning for HIV, TB and malaria and RSSH programs;
 - Establishment of appropriate governance structures to address policies on pandemic preparedness and response and coordinate the integration of RSSH and pandemic preparedness and response.

Operational recommendations

For the Global Fund:

- Support a broad RSSH investment program that allows for the continuation of HIV, TB and malaria programs and prevents future programmatic shocks;
- Support, under the governance module, the formation of multisectoral pandemic response coordination structures with clear interaction with Country Coordination Mechanisms; and
- Develop guidance on pandemic preparedness and response to be used as part of the HIV, TB and malaria/RSSH Funding Request processes.

For applicants:

- Include a broad integrated RSSH investment program that allows for the continuation of HIV, TB and malaria programs and prevents future programmatic shocks, building on previous and planned investments;
- Develop the pandemic preparedness and response capacities of outreach and frontline health and non-health workers who contribute to health responses; and
- Address the security needs of frontline health and non-health workers.

⁴³ Global Health Security Agenda (GHSA) 2024 Framework (2018): <https://ghsagenda.org/wp-content/uploads/2020/06/ghsa2024-framework.pdf>

4.2.3 Improve performance monitoring of health system investments

Despite the revision and expansion of the RSSH indicators in the past few years, they continue to be inadequately used to monitor the performance of health systems improvement; instead, disease indicators are primarily used to check on the overall performance of the grant. This means progress and outcomes of RSSH are not tracked, making it also difficult to advocate from within the Secretariat and in countries for RSSH elements to be seen as significant for the implementation of HIV, TB and malaria programs.

Operational recommendations

For the Global Fund:

- Develop a detailed performance and monitoring framework based on the RSSH theory of change framework;
- Strengthen the use of RSSH indicators in the Performance Framework and ensure that Secretariat routinely monitors them with a proactive approach, with close follow-up in case of underperformance;
- Make RSSH performance a separate element of the grant rating process, rather than part of the disease program rating, irrespective of standalone or RSSH integrated grant;
- Update guidance to make it mandatory for applicants to use data from routine systems in Funding Requests and ensure investments in capacity development to use data; and
- Consider the use of community monitoring, or increasing it where it is already in use, (for example, a shadow report, as a part of community systems strengthening outputs) to inform grant performance.

4.2.4 Strengthen attention to human rights and communities

Key and vulnerable populations are often most negatively impacted by pandemics, as has been noted earlier, hence attention to their needs is critical to pandemic responses. The review of literature has shown that human rights and gender considerations are not consistently integrated in Global Fund RSSH investments, which is a lost opportunity for further strengthening HIV, TB and malaria programs and pandemic preparedness and response. The new Global Fund 2023-2028 Strategy Framework has an increased emphasis on maximizing health equity, gender equity and human rights and on maximizing the engagement and leadership of most affected communities to leave no one behind.

At the same time, Funding Requests show that community systems and responses, purportedly addressed both human rights and gender as well as RSSH, are not strategically nor sustainably proposed. They are often limited to community health worker programs that are rarely sustained beyond Global Fund support. In other cases, significant investments in human rights and gender, as well as RSSH are included in the Prioritized Above Allocation Request.

Strategic recommendations

For the Global Fund and the applicant:

- Plan mitigation programs to address stigma and discrimination among key populations and focus on the thoughtful implementation of the same, including close monitoring.

Operational recommendations

For applicants:

- Clearly differentiate community service delivery and community systems and responses and monitor the progress of both dimensions;
- Undertake a human rights and gender review of the health systems prior to and during the formulation of Funding Requests;
- Expand the application of digital information systems by community health worker networks for case finding, testing, linking to services and adherence;
- Use community systems to address the increased gender-based and intimate partner violence;
- Engage local law enforcement (including incarceration) authorities to address local issues related to service continuation and COVID treatment for key HIV and TB populations in incarceration facilities;
- Strengthen community systems to plan, implement and deliver HIV, TB and malaria programs; and
- Build-in the “strengthening” component of community systems strengthening in interventions that are subject to social contracting.

4.3 RSSH issues that require the updating of documentation and procedures prior to the 2023-2025 allocation period

Given the issues identified above, the new Global Fund 2023-2028 Strategy Framework and the continued need for a greater understanding of the roles and potential of RSSH investments in HIV, TB and malaria programs and pandemic preparedness and response, this last section provides suggestions for enhancing Global Fund Funding Request processes and guidance, to be developed before the 2023-2025 allocation period, supporting the implementation of the new Global Fund 2023-2028 Strategy. The section is primarily directed at the Global Fund.

4.3.1 Create a better understanding of RSSH and its applicability

Despite many years of implementing health system strengthening activities, there continues to be a lack of common understanding of how RSSH investments will contribute to or enhance the overall mission of the Global Fund, namely epidemic control and disease program sustainability during and beyond Global Fund financing. Both within the Secretariat and in Global Fund-supported countries there are divergent views on RSSH. This results in insufficient evidence and justification to support effective RSSH investments. In addition to developing supplemental guidance, this section advocates for an RSSH theory of change as an appropriate way forward to justify RSSH investments in support of HIV, TB and malaria, as well as pandemic preparedness and response.

Strategic recommendations

For the Global Fund:

- Adopt a unified RSSH investment approach based on the theory of change in Global Fund policy documents, the RSSH modular framework and other RSSH guidance documents to ensure applicants and other stakeholders share a clear idea of the purpose of RSSH investments; and
- Amend guidance to require financial, human resource and other types of plans to be submitted for RSSH investments.

Operational recommendations

For the Global Fund:

- Provide ongoing guidance to countries on the types of activities, with accompanying budgets, that can be included in RSSH modules, depending on the country's health system context and how to align performance frameworks with appropriate indicators. Examples include providing countries with investments “prototypes”, such a Human Resources training module or a model on how to contract intermediaries, among others;
- Consider more detailed guidance on 1) justifying RSSH investments based on a country's national health sector plan, 2) reflecting RSSH investments in the core Funding Request as opposed to doing so in the Prioritized Above Allocation Request, to enhance/predict the likelihood and feasibility of implementation, and 3) linking RSSH Strategic Initiatives to country programs and grants to enhance synergies; and
- Ensure all applicants “contextualize” their RSSH request within the national health sector plan and include the plan as supporting documentation to the funding request.

4.3.2 Improve compliance with Global Fund documentation for RSSH investments

While additional RSSH investment guidance was provided during the 2020-2022 allocation period, the review of Funding Requests during the first five windows shows little evidence that RSSH guidance is used for detailing the RSSH or disease Funding Request, especially with regards to integrated people-centered health care and strengthening of community systems and monitoring. Many TRP Review and Recommendation Forms shared with applicants for clarification of issues suggest considerable additional information needs, including at times the submission of plans to justify the proposed investments in RSSH, even suggesting that feasibility studies be undertaken to justify the request.

Operational recommendations

For the Global Fund:

- Consider making the use of guidance mandatory for all Funding Requests or based on specific criteria;
- Ensure Secretariat staff is aware of guidance and discusses it with applicants before and during the development of the Funding Requests, and during implementation; and
- Require Secretariat staff to monitor the use of this guidance.

4.3.3 Ensure application and grant processes facilitate effective RSSH investments

It is understood that despite the Global Fund being one the largest funders of RSSH activities to support HIV, TB and malaria programs in many countries, it cannot fully fund every aspect of health system strengthening. But as mentioned above, the already short three-year allocation period to implement health systems investments is further affected by several review steps and grant management processes. Examples include start-up delays, often necessary but diligence-intensive grant review and revision processes, incorrect classification of managerial costs and shifting budgets from RSSH to disease-specific priorities. This leads to limited and delayed RSSH investments and eventual questioning of RSSH effectiveness. The new Global Fund 2023-2028 Strategy Framework provides an opportunity to review and address some of the more strategic RSSH investment issues.

Operational recommendations

For the Global Fund:

- Simplify and shorten the grant-making and revision processes; and
- Ensure that feasibility studies and other required inputs are submitted with Funding Requests; and
- The TRP recommends that the Technical Advice and Partnerships Department, including the RSSH team, engage with Country Teams on 1) monitoring of RSSH activity implementation and 2) possible sign-off when RSSH interventions recommended by TRP are being changed during grant-making or grant implementation.

Conclusion and next steps

This review has identified lessons learned from the impact of the COVID-19 pandemic on health systems and those contained in Global Fund reports on RSSH. COVID-19 has highlighted the importance of strengthened resilient and sustainable health systems, the wide engagement of stakeholders across the health sector and the need to reach, engage and protect all populations.

The new Global Fund 2023-2028 Strategy offers a framework to do this through an objective to “Maximize People-centered Integrated Systems for Health to Deliver Impact, Resilience and Sustainability in order to catalyze sustainable HIV, TB and malaria and broader health outcomes and in support of UHC”. Operationalizing this approach successfully will require the application of the lessons learned from how the COVID-19 pandemic played out in countries and the Global Fund’s previous experience of supporting health systems to ensure the best outcomes.

While the Global Fund works on the details and operationalization of the 2023-2028 Strategy, a significant study is recommended to uncover and examine the details with regards to how RSSH requested investments have been implemented and spent, as well as the impact these investments have had on HIV, TB and malaria disease programs and pandemic preparedness and response. Another useful study would be a detailed RSSH investment analysis for the 2020-2022 allocation period, as was done for the 2018 TRP RSSH report; this would enable a proper comparison of the 2020-2022 with the 2017-2019 allocation period. These studies would give the Global Fund, as a major global health agency, the ultimate impetus for continued and increased health systems investments to bring the epidemics under control and be better prepared for the next pandemic outbreak, if it arises.

Annexes

Annex 1: Terms of Reference for the 2021 Working Group on RSSH

Context

In 2018, at the request of the SC, the TRP carried out a deep dive analysis of the extent to which RSSH investments in funding requests submitted to the Global Fund are positioned to contribute to achieving the Global Fund's strategy, and what strategic shifts are needed to accelerate progress around building resilient systems for health.

- The TRP's RSSH report – including concurrent assessments by the Secretariat and TERG – was welcomed by technical partners, the SC and Board.
- The report informed the development of the RSSH roadmap, as well as updates to application materials in the 2020-2022 period.

Focus of the review

The WG will develop an advisory paper answering the following key question: **How to further optimize Global Fund RSSH investments to strengthen health systems to support the implementation of HTM programs and pandemic preparedness and response in countries?**

The outcomes of the WG analysis will be two sets of recommendations:

- **Strategic:** How RSSH investments can strengthen health systems to support the implementation of HIV, TB and malaria programs and pandemic preparedness/response in the GF-supported countries.
- **Operational:** Essential methods and processes to ensure more effective and efficient RSSH investments by the Global Fund.

Detailed review methodology

Sub-Question 1 - What were the major RSSH challenges to the HIV, TB and malaria programs due to the COVID-19 pandemic?

Approach

1. Review of information on COVID-19 disruption from the Secretariat, partners, and reflections by Sub-Working Group members based on their review of the funding requests, their host group observations (if any) and their own professional experience.
2. Focus group discussion with COVID-19 experienced TRP members beyond WG members.
3. Discussion and development of recommendations on the major challenges.

Outcome

1. Brief summary of COVID problems experienced in countries, particularly for the implementation of HIV, TB and Malaria programs

2. Overview of health system issues related to the COVID problems
3. Recommendations enhancing RSSH investments for Pandemic Preparedness and Response

Sub-Question 2 - What are the critical challenges that continue to affect Global Fund RSSH investments supporting HIV, TB and malaria programs?

Approach

1. Review of relevant documentation (including Lessons Learned on Global Fund applications reviewed in 2020 and 2021, TERG PCE-2021, TRP/RSSH report 2018, TERG/RSSH report 2019, and OIG/RSSH report 2019, among others).
2. Enumerate the critical challenges that continue to face RSSH investments and their implementation and prioritization in order of significance.
3. Identification of potential solutions for how to address those challenges (strategically and operationally).

Outcome

1. Summary of key RSSH challenges supporting HIV, TB and Malaria programs
2. Recommendations enhancing RSSH investments supporting HIV, TB and Malaria programs

Sub-Question 3 - Are there any particular parameters of the Global Fund's investments in RSSH which should be re-considered going forward to better support HIV, TB and malaria programs and safeguard the Global Fund investments?

Approach

1. Based on the analyses of Questions 1 and 2, develop key strategic and operational recommendations for the Strategy Committee and the Secretariat. This may include suggestions on how application processes, guidelines and forms for the 2023-2025 allocation period could be improved to strengthen RSSH interventions and their potential to enhance health systems' resilience safeguarding Global Fund investments in HIV, TB and Malaria programs.

Outcome

1. Develop two sets of recommendations:
 - Strategic (for consideration during the Global Fund strategy discussions)
 - Operational (providing input into application and country engagement processes for the 2023-2025 allocation period)
2. Identify areas for further study on effective and efficient use of RSSH investment to make HIV, TB and malaria programs and health systems more resilient.

Annex 2: References

- The Global Fund, 'The Global Fund Strategy 2017-2022: Investing to End Epidemics' https://www.theglobalfund.org/media/2531/core_globalfundstrategy2017-2022_strategy_en.pdf.
- The Global Fund, 'The Global Fund 2023-2028 Strategy Framework' (22 July 2021) https://www.theglobalfund.org/media/11223/strategy_globalfund2023-2028_framework_en.pdf.
- Technical Review Panel, '2020 Technical Review Panel Lessons Learned' (1 April 2021) https://www.theglobalfund.org/media/10771/trp_2020-lessonslearned_report_en.pdf.
- Technical Review Panel, 'Report on RSSH Investments in the 2017-2017 Funding Cycle' (October 2018) https://www.theglobalfund.org/media/8093/trp_rssh2017-2019fundingcycle_report_en.pdf.
- Technical Evaluation Reference Group, 'Position Paper – Thematic Review on Resilient and Sustainable Systems for Health' (July 2019) https://www.theglobalfund.org/media/8793/terg_resilientsustainablestemsforhealthreview_paper_en.pdf.
- The Global Fund's Office of the Inspector General, 'Audit Report: Managing investments in Resilient and Sustainable Systems for Health' (3 May 2019) https://www.theglobalfund.org/media/8441/oig_gf-oig-19-011_report_en.pdf.
- The Global Fund, 'Decision Points for the Extraordinary Board Meeting 2021' (22 July 2021) https://www.theglobalfund.org/media/11201/bmex01_decisionpoints_report_en.pdf.
- Technical Evaluation Reference Group, 'Global Fund Prospective Country Evaluation 2021 Synthesis Report' (19 February 2021) https://www.theglobalfund.org/media/11081/terg_2021-pce-synthesis_report_en.pdf.
- The Global Fund, 'COVID-19' <https://www.theglobalfund.org/en/covid-19/>.
- The Global Fund, 'The Impact of COVID-19 on HIV, TB and Malaria Services and Systems for Health: a snapshot from 502 health facilities across Africa and Asia' (April 2021) https://www.theglobalfund.org/media/10776/covid-19_2020-disruption-impact_report_en.pdf.
- World Health Organization, 'WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020' (11 March 2020) <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020>.
- World Health Organization, 'WHO Coronavirus (COVID-19) Dashboard' <https://covid19.who.int/>.
- Mahler, DG., Yonzan, N., Lakner, C., Andres Castaneda Aguilar, R. and Wu, H. *World Bank Blogs*. 'Updated estimates of the impact of COVID-19 on global poverty: Turning the corner on the pandemic in 2021?' (24 June 2021) <https://blogs.worldbank.org/opendata/updated-estimates-impact-covid-19-global-poverty-turning-corner-pandemic-2021>.
- World Health Organization, 'WHO Information Note: COVID-19 considerations for tuberculosis (TB) care' (5 May 2021) <https://www.who.int/publications/i/item/WHO-2019-nCoV-TB-care-2021.1>.
- World Health Organization, 'Global tuberculosis report 2020' (15 October 2020) <https://www.who.int/publications/i/item/9789240013131>.
- World Health Organization, 'Impact of the COVID-19 Pandemic on TB Detection and Mortality in 2020' (22 March 2021) <https://www.who.int/publications/m/item/impact-of-the-covid-19-pandemic-on-tb-detection-and-mortality-in-2020>.

Kumar, M.S., Surendran, D., Manu, M.S., Rakesh, P.S., and Balakrishnan, S. 'Mortality of TB-COVID-19 coinfection in India' (26 December 2020) <https://theunion.org/sites/default/files/2021-01/Letter%20Rakesh%200947%20FINAL.pdf>.

Western Cape Department of Health and the National Institute for Communicable Diseases, South Africa, *Clinical Infectious Diseases* 'Risk Factors for Coronavirus Disease 2019 (COVID-19) Death in a Population Cohort Study from the Western Cape Province, South Africa' (29 August 2020) <https://academic.oup.com/cid/advance-article/doi/10.1093/cid/ciaa1198/5899044>.

Wang, Y., Feng, R., Xu, J., Hou, H., Feng, H. and Yang, H. *Journal of Medical Virology* 'An updated meta-analysis on the association between tuberculosis and COVID-19 severity and mortality' (1 June 2021) <https://onlinelibrary.wiley.com/doi/10.1002/jmv.27119>.

The Global Fund, 'Funding Approved for COVID-19 Response' https://data-service.theglobalfund.org/viewer/covid_approved_funding_report.

World Health Organization, *Human Resources for Health Observer Series No. 24* 'Delivered by Women, Led by Men: A Gender and Equity Analysis of the Global Health and Social Workforce' (2019) <https://apps.who.int/iris/bitstream/handle/10665/311322/9789241515467-eng.pdf>.

Nepomnyashchiy, L., Westgate, C., Wang, A., Olsen, H., Yadav, P. and Ballard, M. *Centre for Global Development* 'Protecting Community Health Workers: PPE Needs and Recommendations for Policy Action' (15 June 2020) <https://www.cgdev.org/publication/protecting-community-health-workers-ppe-needs-and-recommendations-policy-action>.

Ballard, M. and Westgate, C. *Think Global Health* 'COVID-19: It Ain't Over Until There's PPE All Over' (4 May 2020) <https://www.thinkglobalhealth.org/article/covid-19-it-aint-over-until-theres-ppe-all-over>.

Cox, C. *The Guardian* 'Why are women more prone to long COVID?' (13 June 2021) <https://www.theguardian.com/society/2021/jun/13/why-are-women-more-prone-to-long-covid>.

United Nations Office on Drugs and Crime 'UNODC HIV/AIDS Section organizes CND side event on take-home opioid substitution therapy in the context of COVID-19: successes and opportunities' (16 April 2021) <https://www.unodc.org/unodc/en/hiv-aids/new/stories/take-home-opioid-substitution-therapy-in-the-context-of-covid-19.html>.

NSWP Global Network of Sex Work Projects 'COVID-19' <https://www.nswp.org/page/covid-19>.

Stop TB 'A Deadly Divide: TB Commitments vs TB Realities' (November 2020) http://www.stoptb.org/assets/documents/communities/The%20Deadly%20Divide_TB%20Commitments%20vs%20TB%20Realities%20FINAL%20HLM%20Report.pdf.

Bourgault, S., Peterman, A. and O'Donnell, M. *Center for Global Development* 'Violence Against Women and Children During COVID-19 – One Year On and 100 Papers In: A Fourth Research Round Up' (12 April 2021) <https://www.cgdev.org/publication/violence-against-women-and-children-during-covid-19-one-year-and-100-papers-fourth>.

United Nations Population Fund (UNFPA), 'Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage' (27 April 2020) https://www.unfpa.org/sites/default/files/resource-pdf/COVID-19_impact_brief_for_UNFPA_24_April_2020_1.pdf.

DLA Piper 'A global analysis of prisoner releases in response to COVID-19' (December 2020) https://www.dlapiper.com/~/_media/files/insights/publications/2021/03/dla-piper-prison-population-during-covid-19.pdf.

World Health Organization 'How lessons learned from the Ebola virus helped Liberia respond to the COVID-19 pandemic' (12 May 2021) <https://www.who.int/news-room/feature-stories/detail/how-reinforced-community-health-structures-and-capitalizing-on-lessons-learned-from-the-ebola-virus-epidemic-of-2014-16-helped-liberia-respond-to-the-challenge-of-its-second-major-disease-outbreak-in-five-years>.

The Independent Panel for Pandemic Preparedness and Response 'COVID-19: Make it the Last Pandemic' (May 2021) https://theindependentpanel.org/wp-content/uploads/2021/05/COVID-19-Make-it-the-Last-Pandemic_final.pdf.

United Nations Department of Economic and Social Affairs 'Sustainable Development Goals' <https://sdgs.un.org/goals>.

Chee, G., Pielemeier, N., Lion, A. and Connor, C. *The International Journal of Health Planning and Management* Vol 28. 'Why differentiating between health system support and health system strengthening is needed' (2013) pp. 84-94 <https://onlinelibrary.wiley.com/doi/10.1002/hpm.2122>.

World Health Organization 'Monitoring the Building Blocks of Health Systems: A Handbook of Indicators and Their Measurement Strategies' (2010) https://www.who.int/healthinfo/systems/WHO_MBHSS_2010_full_web.pdf.

The Global Fund, '39th Board Meeting – CCM Evolution: CCM Code of Conduct, CCM Policy and Level of Ambition' (9-10 May 2018) https://www.theglobalfund.org/media/7398/bm39_04-ccmevolution_report_en.pdf.

The Global Fund, 'Projected Transitions from Global Fund country allocations by 2028: projects by component' (March 2021) https://www.theglobalfund.org/media/9017/core_projectedtransitionsby2028_list_en.pdf.

World Health Organization, 'WHO's work in health emergencies' (5 May 2021) https://cdn.who.int/media/docs/default-source/documents/emergencies/a74_9add1-en.pdf?sfvrsn=d5d22fdf_1&download=true.

Global Health Security Agenda, '2024 Framework' (November 2018) <https://ghsagenda.org/wp-content/uploads/2020/06/ghsa2024-framework.pdf>

Annex 3: Issues Matrix

Category	RSSH Issues due to COVID	Key implementation issues
Procurement and supply management	COVID-19 Challenge 1: Health Systems disruptions due to COVID-19 – Disruption to supply chain management , especially PPE, Drugs and other commodities (p14)	
Health management information systems	COVID-19 Challenge 1: Health Systems disruptions due to COVID-19 – Adverse impact on routine surveillance, data capture and reporting (p.14) Postponement of IBBS	RSSH Challenge 1: The primary Global Fund focus on HIV, TB and malaria as reflected in Funding Requests limits integration and wider health system benefits (p.20) Lack of contextual information on health systems
Human resources for health	COVID-19 Challenge 1: Health Systems disruptions due to COVID-19 – repurposing of HRH (p.13) Safety issues due to insufficient PPE	RSSH Challenge 2: Most RSSH investments support rather than strengthen health systems , limiting quality of services and systems sustainability (p.22)
Integrated service delivery	COVID-19 Challenge 1: Health Systems disruptions due to COVID-19 – Impact on service delivery , particularly due to lockdowns leading to limited outreach work, reduced service availability and treatment interruptions (p.15)	RSSH Challenge 1: The primary Global Fund focus on HIV, TB and malaria as reflected in Funding Requests limits integration and wider health system benefits (p.20) Opportunities for integration missed, between HTM diseases, with other chronic disease, with other systems (e.g., Lab) and with programs of other development partners
Laboratories	COVID-19 Challenge 1: Health Systems disruptions due to COVID-19 – Disruption to lab service , leading to lower testing rates and repurposing of GX machines (p.15)	
Governance	COVID-19 Challenge 4: Lack of adequate governance frameworks and structures , particularly in terms of integration, compliance with IHR and pandemic preparedness (p. 18)	RSSH Challenge 3: Co-ordination and engagement limited by the lack of involvement of key in-country RSSH, HIV, TB and malaria stakeholders and experts (p.25) Notable absence of government and other stakeholder investment, coordination or support for RSSH

Category	RSSH Issues due to COVID	Key implementation issues
Community systems response	<p>COVID-19 challenge 3: Restricted health seeking behaviors and increased stigma and discrimination (p.16)</p> <p>Avoidance of seeking health services out of fear for incarceration</p> <p>Increase in GBV</p>	<p>RSSH Challenge 5: Limited attention to human rights and communities (p.26)</p> <p>Limited HRG considerations in RSSH investments</p> <p>Lack of long-term and sustainable strategies for CSR</p>
Financial management and sustainability	<p>COVID-19 Challenge 2: Shortage of finance at all levels – both, individual and national levels; diversion of health sector funding to the addressing the pandemic (p.16)</p> <p>Informal sector workers faced hardships</p> <p>Limited outputs of social contracting with CSOs</p>	<p>RSSH Challenge 2: Most RSSH investments support rather than strengthen health systems, limiting quality of services and systems sustainability (p.22)</p> <p>Challenge 4: Lack of compliance with Global Fund RSSH guidance, notably on RSSH investments and sustainability (p.26)</p>
Cross-cutting		<p>RSSH Challenge 6: Global Fund structures, Funding Request and grant processes sometimes impede effective RSSH investment (p.27)</p> <p>RSSH Challenge 7: Poor RSSH performance monitoring, with limited attention to RSSH indicators and little involvement of community stakeholders (p.28)</p>

Annex 4: Indicative list of Secretariat work recommended to be undertaken in preparation for the 2023-2025 allocation period

Access to Funding

- Request information in Funding Requests on the impact of COVID-19 on sustainability and equity
- Consider submission of RSSH in a single Funding Request for holistic presentation/review. When standalone RSSH Funding Requests are submitted, they should cover the RSSH needs for all three disease programs and be submitted before or with the first disease-specific Funding Request in the allocation period
- Develop the RSSH investment request reflecting on how it will build on the achievements of previous investments and looking forward to enhancing systems strengthening and sustainability
- Require Funding landscape table for RSSH
- Require data from routine systems to be enclosed in Funding Requests
- Require national health sector and other relevant system plans as annexes to Funding Requests
- Ensure that feasibility studies and other required inputs are submitted with Funding Requests

TAP

- Enhance specificity of RSSH and human rights and gender elements to Performance Frameworks
- Add equity-sensitive indicators to the Modular and Performance Frameworks
- Improve the RSSH guidance and modular framework to encourage “ambitious” targets for health financing, amend the RSSH guidance to require financial, human resource and other types of sustainability plans to be submitted for RSSH investments
- guidance to require financial, human resource and other types of plans to be submitted for RSSH investments
- Consider more detailed guidance on 1) justifying RSSH investments on the basis of a country’s national health sector plan, 2) reflecting RSSH investments in the core Funding Request as opposed as in the Prioritized Above Allocation Request, to enhance/predict the likelihood and feasibility of implementation, and 3) linking RSSH Strategic Initiatives to country programs and grants to enhance synergies

Shared

- Identify the expenditure and impact of RSSH investments from the “past” allocation period
- Consider longer RSSH allocation periods

- Develop a theory of change showing how RSSH investments can support HIV, TB, malaria and pandemic preparedness and response
- Accompany the differentiation model with guidance and indicators to help countries shift from support to strengthening/sustaining investments
- Develop a system for monitoring underperformance against RSSH indicators