

The Role of the Global Fund Supporting Countries to Build Resilient and Sustainable Systems for Health

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Executive Summary

Resilient and sustainable systems for health

The Ebola crisis in West Africa is a wake-up call – a stark reminder that local health threats and weak health systems are global threats that can decimate economies and cause instability. There are several important efforts under way to understand what went wrong and apply new learning to support countries to build resilient and sustainable health systems, including the UN Secretary-General’s High-level Panel that will inform actions by the G7, G20 and future investments in global health and development.

While we tend to focus on what did not work in the Ebola response, it is perhaps as important to think about what did work and about the remarkable successes in global health of the past 15 years that were catalyzed by the Millennium Development Goals. These successes and challenges provide us with important lessons on how to build resilient and sustainable systems for health.

Systems for health, differently from health systems, do not stop at a clinical facility but run deep into communities and can reach those who do not always go to health clinics, particularly the vulnerable and the marginalized. To reach “the last mile”, systems for health focus on people, not issues and diseases. Systems for health involving the community will always be the first to identify report and respond to emergency health threats.

As a component of an effective response, countries that contained or prevented Ebola outbreaks across their borders – including Côte d’Ivoire, the Democratic Republic of Congo, Mali, Nigeria, Senegal and Uganda – often used management units within national health systems they had built through domestic and external investments to combat diseases including vaccine-preventable diseases, HIV, tuberculosis and malaria. African leadership and community engagement played a key role in responding, containing and preventing further spread of Ebola.

The Ebola crisis also points to problems that are unique to challenging operating environments and makes poignant the need to understand health as part of a development continuum. This requires differentiated investments that respond to a country’s position on the continuum between challenging operating environment and self-sustaining state.

A 21st-century partnership with smart investments tailored to each country is required to build resilient and sustainable systems for health that can respond to emerging epidemics as well as providing basic health services to ensure prosperous and stable communities and nations. Building such systems will be the foundation for countries to achieve universal health coverage in the era of Sustainable Development Goals and health security in an ever more mobile and interconnected world.

The role of the Global Fund

The architecture of global health is complex and no single organization can be responsible for building resilient and sustainable systems for health. Partnership is key: beginning with the full array of partners in every country – government, the non-governmental sector including community and faith-based organizations, the private sector, traditional leaders and others – and including global partners as well. The Global Fund was created as a 21st-century partnership from

the community to the global level with a specific mission to end HIV, TB and malaria as threats to public health. Early in the evolution of the Global Fund, there was a recognition that strong health systems integrating robust community responses were needed to reach that overriding objective. In addition, there was a clear understanding that in countries hit hardest by these diseases, fighting specific diseases protected the overall health system. More than one-third of Global Fund investments go to support countries to build resilient and sustainable systems for health, strengthening the ability of countries to protect their people from all diseases and better respond to outbreaks.

Based on experience, lessons learned from successes and failures of the past dozen years, the Global Fund's contributions to supporting countries in building resilient and sustainable systems for health are now focused on seven main approaches:

- (1) Support **national health strategies** and national strategic plans to control HIV, TB and malaria;
- (2) Focus on a person, not just a disease: support **integrated service delivery**;
- (3) Support **specific aspects of a resilient health system** central to the Global Fund's mission and core competencies, such as procurement and supply chain management, quality assurance of programs through strong data management and human resources, and financial and risk management;
- (4) Capture and catalyze **innovation** from across all sectors to drive greater impact and value for money;
- (5) Promote and reinforce **community responses** and involve communities in national decision-making;
- (6) Support countries to **increase domestic and leverage international financing** for health; and
- (7) **Tailor investments** to the unique stage a country is in along the development continuum, to its specific health system and to the unique constellation of partners in each nation.

The Global Fund strongly supports the development of national health strategies and national strategic plans as the most effective way to achieve sustainable impact in global health and promote country ownership. Through a partnership approach, investments in strengthening health systems can be coordinated with domestic and international resources. Mobilizing national governments, civil society and other development agencies to agree on a single, country-led national health strategy is essential to aligning external financing and technical support and building accountability at all levels.

The approach to funding introduced by the Global Fund in 2014 provides implementing partners with flexible timing, strong alignment with national strategies and predictability of the level of funding available. Active engagement with implementers and partners throughout the funding application and grant implementation can lead to greater impact.

In many countries, significant investments over the past 15 years in prevention, treatment and care have brought tremendous advances to health systems, effectively clearing hospital beds so that health systems can operate better and people can be treated for all diseases. By controlling HIV, TB

and malaria, many countries are now able to tackle other diseases, strive for universal health coverage and achieve better health security, including the ability to address the risk of drug and micro bacterial resistance.

Integrated service delivery to address each person's multiple needs together is also important to improve health outcomes but also to enhance programmatic effectiveness and cost efficiency. Notable progress has been made in the integration of HIV and TB services, breaking barriers that prevented TB patients from being tested for HIV, or HIV patients from being given prophylaxis against TB. The Global Fund has also been a major financier of reproductive, maternal, child and adolescent programs. Working closely with the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Bank and, more recently, the Global Financing Facility, the Global Fund invests to improve the lives of women, adolescents and children with the conviction that integrated delivery of services close to people in need is essential for resilience.

With approximately 50 percent of the Global Fund's total investments going to medicines and health products and equipment, procurement and supply chain management is and will remain a central feature of the Global Fund's engagement in countries. Strong health management and information systems with good data quality are also essential to enhance the resilience of health systems and to ensure quality of programs for impact. At its onset, the Ebola outbreak dramatically showed the consequences of poorly functioning surveillance systems and an inability to use data at the community level to respond immediately.

In order to build resilient systems for health, it is also essential to invest in financial and risk management and health financing. Universal health coverage can be achieved through policy reforms and instruments such as health insurance and performance-based funding. Health coverage with appropriate services, delivered in an equitable manner, is required.

In all these areas, the Global Fund will continue to drive greater results and value for money through strategic partnerships with the private sector and civil society. Innovations like an e-Marketplace have the potential to revolutionize how countries procure health commodities in the future. As an online platform that is open to everyone and essentially becomes a reliable marketplace and clearinghouse for information, prices, sales and overall tracking of health products, an e-Marketplace could reduce costs for governments, promote sustainable transitions away from external support, and increase transparency in the global pharmaceutical market. In the next Global Fund strategy, innovation will feature prominently as a key tool to build resilient systems for health.

One of the foundational insights of the Global Fund was that strong community action is central to resilient and sustainable systems for health. Communities of affected people are the first to identify and to respond to emerging health crises, and effective engagement with communities helps both to ease the burden of these crises on specialist health facilities and personnel, and to reach those who are most marginalized and affected by poor health. In line with this broad vision, the Global Fund has championed a much broader concept of systems for health. Partnerships with community, non-governmental and faith-based organizations have ensured greater scale, reach and impact of programs, and mean that the Global Fund and country-level partners are more directly accountable to those served.

The Global Fund has also made substantial contributions to sustainability, for instance by implementing counterpart financing policies for domestic funding support to the three diseases

and the health sector in a large number of countries. With 80 percent of total allocations being applied for through concept notes, governments have committed an additional USD6 billion HIV, TB, malaria programs and relevant health systems strengthening interventions in for 2015-2017, over and above their spending in 2012-2014; a positive and promising result. Based on these trends, domestic financing is estimated to contribute a total of USD41 billion over 2017-2019, allowing governments to finance approximately 42% of the overall response to the three diseases. Moving forward, the Global Fund will further explore opportunities in this area by supporting and learning from governments' initiatives like those in Senegal and in Kenya, by joining hands with high-net-worth individuals, and by refining its transition policies.

As a 21st century partnership, the Global Fund is addressing rising and systemic challenges in global health. Through differentiated approaches based on the specific needs and characteristics of each country, as well as the differing needs of those communities most affected by HIV, TB and malaria, the Global Fund partnership is contributing significantly to improving health outcomes in many countries. Renewed focus on resilient and sustainable systems for health will lead to better results against the three diseases and for health, as well as increased financial protection and equity, contributing to the goal of universal health coverage. Stronger systems for health will also strengthen countries' ability to prevent, detect and respond to future health crises, reducing risk for individuals and communities, and ultimately contributing to a healthier and safer world for all.

I. Introduction

In 2000, AIDS, TB and malaria were killing approximately 6 million people a year. The Global Fund was created in 2002 to support countries and communities around the world to unite against the epidemics by channeling financial resources toward effective prevention, care and treatment programs for the people affected, and by harnessing the power of partnerships. Since then, remarkable progress has been made: in the countries supported by the Global Fund. The number of new infections per year due to HIV, TB and malaria has declined from 250 million in 2005 to 208 million in 2013. AIDS-related mortality reached a peak of 2.0 million deaths in 2005 but by the end of 2014, AIDS-related deaths had declined by 50 percent, primarily thanks to expanded access to antiretroviral (ARV) therapy (from 5 percent coverage in 2005 to 40 percent coverage in 2014). TB-related deaths declined by 30 percent between 2003 and 2013 in countries where the Global Fund invests, a significant reduction. It is estimated that the number of deaths from TB would have been about three times higher in the absence of interventions. The number of deaths due to malaria has almost halved thanks to increased access to treatment and significant advances in prevention and care: between 2000 and 2013, estimated malaria mortality rates decreasing by 47 percent worldwide and by 54 percent in Africa.

Yet, AIDS, TB and malaria are still with us and remain major global health threats as well as significant burdens to health systems. HIV remains the leading cause of death of women of reproductive age in low- and middle-income countries. While highly effective treatments for malaria have significantly reduced the number of deaths, in some places malaria remains a leading cause of death of children under five. Tuberculosis is actually increasing in some relatively high-income countries and multidrug-resistant strains of TB infect approximately 500,000 people a year. HIV treatment resistance is also growing, creating major threats to individuals and public health systems around the world.

Getting to control of HIV, TB and malaria is necessary in order to build resilient and sustainable systems for health and health security in an increasingly globalized and interconnected world. The Ebola outbreak is the most recent - and dramatic - example of a “globalized disease” that can quickly spread to any corner of the world. By drawing on the lessons (positive and negative) that have emerged from the past 13 years of operations in over 100 countries, and by focusing on areas and interventions within its core competencies, the Global Fund aims to play its part in national and global efforts to advance universal health coverage and health security as part of the post-Ebola effort and the Sustainable Development Goals.

Based on learning by the Global Fund partnership, this paper focuses on key elements needed to build resilient and sustainable health systems, and on which the Global Fund will focus as a piece of broader national and international tapestry: (1) supporting national health strategies and national strategic plans to control HIV, TB and malaria; (2) focusing on a person and not just a disease: supporting integrated service delivery; (3) supporting specific aspects of a resilient health system (procurement and supply chain management, quality assurance of programs through strengthened human resources and better data management, and financial and risk management); (4) capturing and catalyzing innovation from across all sectors to drive greater impact and value for money; and (5) promoting and reinforcing community responses, and involving communities in national decision-making.

Key elements to building sustainable systems for health include: (6) supporting countries to increase domestic and leverage international financing; and (7) tailoring investments to the unique stage a country is in along the development continuum, to its specific health system and to the unique constellation of partners in each nation.

Building resilient and sustainable systems for health

The Global Fund supports countries to build resilient and sustainable systems for health because it cannot achieve its mission to end HIV, TB and malaria as epidemics without strong systems. HIV is the first example of large-scale external financing to tackle a global epidemic that required building systems for chronic care, treatment and prevention. More than one-third of investments by the Global Fund support building resilient and sustainable systems for health. These investments contribute in a significant way to health and health systems for individuals, communities and nations.

The concepts of resilience and sustainability are inseparable. Financing plays a unique and essential role to guarantee that health gains are passed on to the next generation and that strengthened social wellbeing can lead to lasting prosperity. Items in section 6 and 7 specifically look at mechanisms to increase domestic financing and at how the Global Fund tailors its investments based on each country's position along the development continuum, on the specificity of each health system and on the unique constellation of partners in each nation.

II. Supporting National Health Strategies and National Strategic Plans to Control HIV, Tuberculosis and Malaria

01 Investing in national health strategies

Investing effectively to achieve impact in global health requires supporting the development and implementation of national health strategies and national strategic plans for each disease so that the whole is greater than the sum of its parts. Through a partnership approach, investments in strengthening health systems can be coordinated with domestic and international resources.

The Global Fund strongly supports the development of national health strategies and the establishment of strong links with disease specific national strategic plans. As a member of the International Health Partnership (IHP+), the Global Fund is committed to mobilizing national governments, civil society and other development agencies to agree on a single, country-led national health strategy. Solid design and implementation of national health strategies facilitate donor alignment, increase harmonization and build accountability at all levels.

In this regard, the introduction of a new funding model in 2014 has further strengthened the Global Fund's ability to invest strategically for sustainable impact. The funding model provides implementers with flexible timing, strong alignment with national strategies and predictability of the level of funding available. There is active engagement with implementers and partners throughout the funding application process and grant implementation to ensure greater impact. The funding model has received overwhelmingly positive feedback from countries and is currently being reviewed for additional improvements.

Especially encouraging are countries' efforts to use the Global Fund's allocation for developing a comprehensive response to address all diseases and relevant health system issues by either preparing a single funding application, as was done by Sudan, or simultaneously submitting multiple disease applications with a strong focus on building resilient health systems, as Burkina Faso did. Such integrated conceptualization of investments in diseases and health systems increases efficiency and maximizes health impact to reach beyond HIV, TB and malaria. Analysis of these and other country experiences is useful to explore the feasibility of doing more integrated concept note submission during the next funding cycle.

02 Investing in national strategic plans to control HIV, tuberculosis and malaria

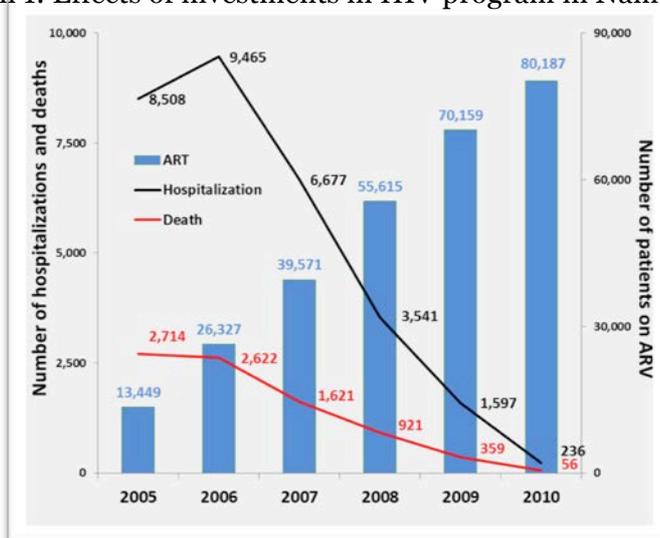
At the beginning of this century, many of the countries hardest hit by HIV, TB and malaria were being decimated by these diseases. At its peak, HIV accounted for as much as 90 percent of hospital bed occupancy in many countries in sub-Saharan Africa. Much progress has been made, yet HIV remains the leading cause of death among women of reproductive age. In many countries in Africa, malaria is still the leading cause of death for children under five.

Over the past thirteen years, countries, bilateral programs, and development partners (including the Global Fund) have substantially invested in national strategic plans to expand prevention, diagnosis, treatment, care and support services. Programs supported by the Global Fund, as of mid-2015, are providing ARV therapy for 8.1 million people, have tested and treated 13.2 million people for TB, and have distributed 548 million insecticide-treated nets to protect families against

malaria. Smart investments led to disease-specific and system-related effects, helped maximize sustainability, improved efficiency, and yielded benefits across a broader range of health outcomes, including for maternal and child health. At the same time, the Global Fund has continued to champion the importance of addressing barriers to equitable and effective programming, including human rights and gender-related barriers that result in the people already most affected by the three diseases being excluded from the response.

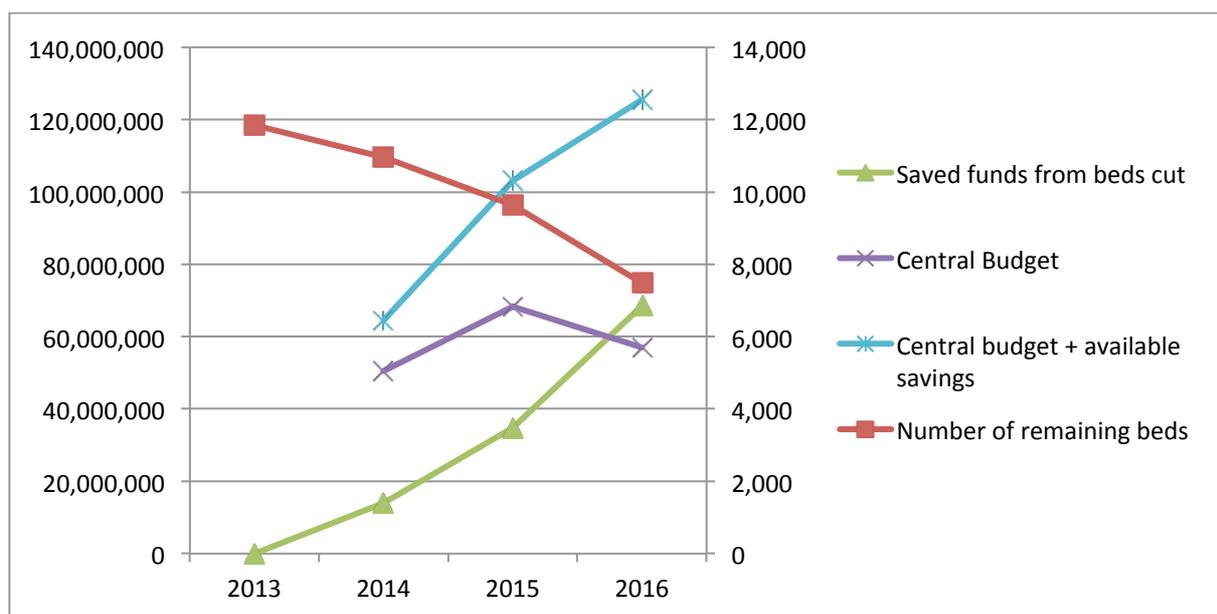
Improvements to service delivery have resulted in better health outcomes, and have led to improved efficiencies by reducing the stress on health systems. In Namibia, which funds the majority of its national HIV programs with support from PEPFAR and the Global Fund, investments in ARV therapy have brought benefits to the health system by reducing hospitalizations and decreasing mortality due to HIV. Graph 1 indicates that, as the number of patients on ARVs increased between 2005 and 2010, hospitalizations decreased dramatically, providing the opportunity to expand hospital admissions for other health needs. Also, fewer people (including fewer health workers), died of AIDS, meaning stronger human resources for health.

Graph 1: Effects of investments in HIV program in Namibia



Reforms in TB programs can also lead to strong effects on the health system. Kazakhstan has a TB budget of over US\$200 million from domestic resources that is mostly used to support hospitalization of TB and multidrug-resistant TB patients. The Global Fund has supported the country in instituting a number of reforms on health financing and treatment of TB by decentralizing TB treatment. These interventions will allow domestic resources to be reinvested in other areas of the health system, particularly in primary health care (See Graph 2).

Graph 2: Financial efficiency: reducing hospital-based TB treatment and reinvesting savings to strengthen PHC and health systems



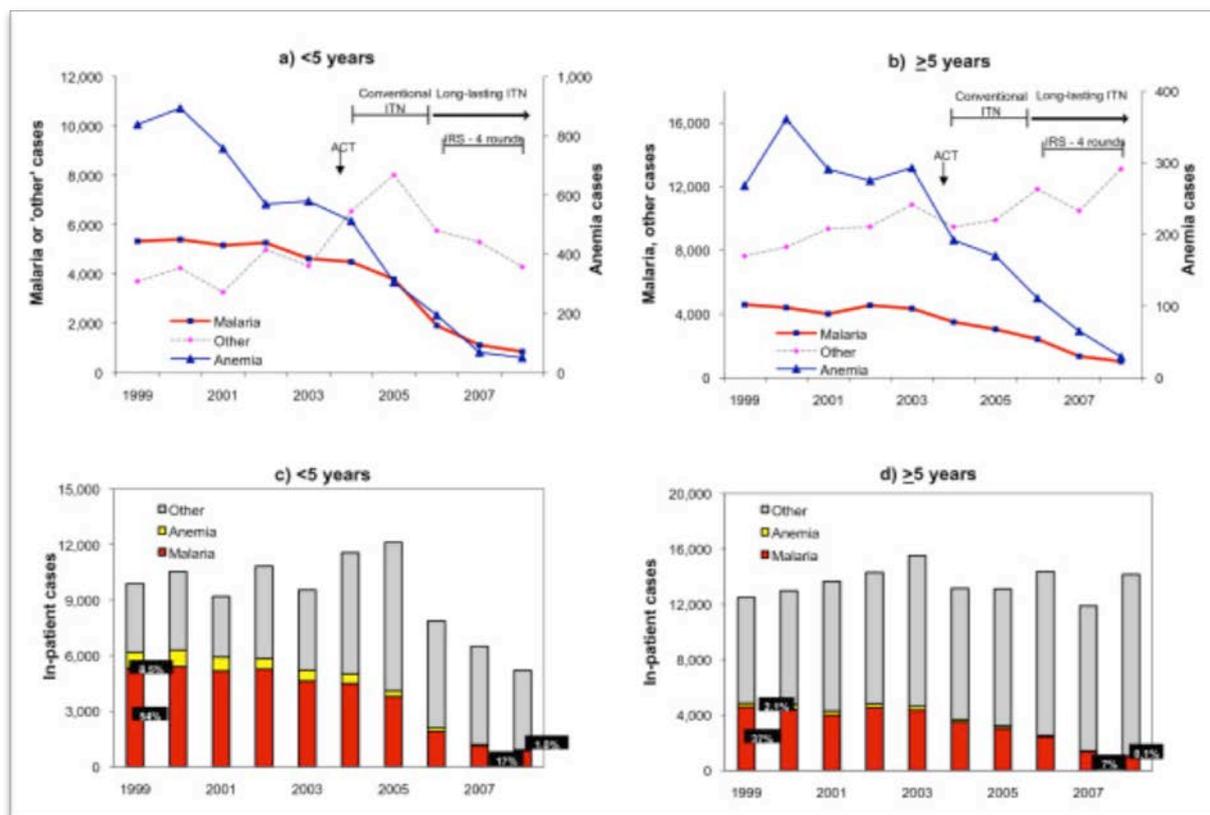
Given the high burden malaria imposes on overstretched health systems, malaria programs can provide an important platform for indirect positive effects on health systems. Across malaria-endemic countries in Africa, an average of 25 to 35 percent of all outpatient clinic visits are for malaria. In these same countries, between 20 to 45 percent of all hospital admissions are a result by malaria¹. Due to late presentation at a health facility, inadequate clinical management, and frequent unavailability of effective drugs, case fatality rates among hospitalized malaria patients range from 15 to 35 percent among all age groups. Where effective malaria control has been achieved in high-burden areas, this has resulted in fewer outpatient clinic visits and a dramatic reduction in hospitalizations for malaria. This “unburdening” of the health system frees up health care workers and hospital beds, allowing health care systems to function more efficiently.

Zanzibar offers an example of the tremendous effects of scaling up malaria interventions on the malaria-related burden at health facilities (See Graph 3). In Zanzibar, the Ministry of Health and partners accelerated malaria control from September 2003 onwards. The impact of increasing use of insecticide-treated nets, indoor-residual spraying and artemisinin-based combination therapy (ACT) was assessed against the pre-intervention period. For all age groups combined, malaria deaths fell by an estimated 90 percent, malaria in-patient cases by 78 percent, and parasitologically-confirmed malaria outpatient cases by 99 percent. Anemia inpatient cases decreased by 87 percent; anemia deaths in outpatient cases also declined. In sum, scaling up effective malaria interventions reduced malaria-related burden at health facilities by over 75 percent within 5 years².

¹ Lantos-Hyde United States Government Malaria Strategy 2009-2014

² Aregawi MW et al. *Reductions in malaria and anaemia case and death burden at hospitals following scale-up of malaria control in Zanzibar, 1999-2008*. Malaria Journal 2011 Feb 18; 10:46

Graph 3: Reductions in malaria and anemia cases and death burden at hospitals following scale-up of malaria control in Zanzibar, 1999-2008



III. Focus on a Person, Not Just a Disease: Supporting Integrated Service Delivery

The Global Fund increasingly supports integrated service delivery, where multipurpose service delivery points are developed at a facility or deep in the community to provide a range of services, often by the same provider. The aim is to address individuals' multiple and diverse needs at different points in their lives, improving health outcomes first and foremost, but also enhancing programmatic effectiveness and cost-efficiency. This approach can also create and strengthen synergies between different health and community services, maximizing impact, quality and efficiency of service delivery.

01 Integration of HIV and tuberculosis

Tuberculosis is the number one cause of death among people living with HIV. The integration of HIV and TB services has progressively increased over the past 15 years, breaking barriers that prevented TB patients from being tested for HIV, or HIV patients being given prophylaxis against TB. Under the new funding model introduced in 2014, the Global Fund required integrated TB-HIV concept notes from the 38 countries with the highest co-morbidity of TB and HIV, thus bringing together TB and HIV actors and fostering joint planning and implementation. For example, in Kenya, the Global Fund has provided funding for the integration of TB screening services into prevention of mother-to-child transmission (PMTCT) programs, which have been integrated into the antenatal care platform. This has resulted in a 43 percent increase in the number of clients screened for TB during antenatal visits.

02 Integration across health issues

The Global Fund is continually working to improve the lives of women, adolescents and children, and supports more integrated programming in the area of reproductive, maternal, child and adolescent health (RMNCAH). The Global Fund Strategy 2012-2016 specifically seeks to maximize investments to improve the health of mothers and children. Similarly, the 2014-2016 Action Plan of the Gender Equality Strategy focuses on achieving strategic, high-impact and gender-responsive investments that will save lives, prevent new infections, and help care for women and girls infected and affected by HIV, TB and malaria.

It is estimated that between 2003 and 2010, the Global Fund contributed US\$3.12 billion to maternal, newborn and child health overall. Following its replenishment in 2013, the Global Fund has continued to support interventions that directly and indirectly benefit the health of women and children. Requests for key RMNCAH modules/interventions in 2014³ represent 8.6 percent of the total allocation requests, amounting to approximately US\$435 million. Over 90 percent of the funding requests for RMNCAH interventions have come from low-income, high-burden countries, where women, children and adolescent girls are among the most vulnerable populations.

The Global Fund has entered new partnerships to better respond to the challenge of integration of disease programs with reproductive, maternal, newborn, child and adolescent health programs. The Global Fund and the World Bank are partnering to support selected countries in expanding access to essential health services for women and children through facility-level performance-based financing. A Memorandum of Understanding was signed with UNICEF in April 2014 to

³ Windows 1-4 include submissions in May, June, August and October 2014, respectively.

maximize the availability of essential non-HIV, TB and malaria medicines and commodities for pneumonia and diarrhea treatment for integrated community case management and to strengthen the antenatal care platform (i.e. through the provision of iron, folic acid, deworming pills, syphilis screening and treatment for pregnant women) in ways that complement Global Fund inputs. There are currently twenty-five priority countries for the Global Fund-UNICEF partnership. Similarly, an agreement signed in August 2014 with UNFPA seeks to maximize the availability of essential medicines and commodities to women as a complement to Global Fund grants. Thirteen priority countries have been selected for the initial implementation phase. Together both Memorandum of Understanding are generating further co-investments in RMNCAH, complementing the almost ten percent of Global Fund financing to RNMCAH via HIV, TB and malaria interventions.

These new partnerships underpin collaborative work on service integration at the country level. For example, in Congo (Democratic Republic), partners are working together under national leadership to expand performance-based financing programs to cover larger geographical areas, and to ensure that an effective supply chain for essential health commodities is in place for populations most in need, particularly women and children. The Global Fund supports the provision of essential malaria test kits and drugs as well as HIV-TB commodities to health facilities. UNICEF and GAVI complement this support by focusing on child health services and critical commodities. The World Bank supports the design and management of the performance-based funding program and the verification of results. It is expected that by the end of 2015, all health zones in two provinces will be covered by a comprehensive package of services through these partnerships for integrated service delivery.

In collaboration with UNICEF, malaria services are being delivered through integrated community case management, an approach that promotes the overall health of a child rather than responding only to an individual disease. To date, 17 priority countries have included an integrated community case management component in their Global Fund grants. In these countries, testing and treatment for malaria is being accompanied by testing and treatment by community health workers for diarrhea and pneumonia. Children in hard-to-reach areas are treated for different causes of febrile illness, and this has resulted in improved health outcomes. In Uganda, resources from the government, UNICEF and other external funders complement Global Fund investments to support the procurement and distribution of a comprehensive package of health commodities as part of a plan to roll out integrated community case management in 33 districts across the country.

Another important partnership for integration is with the Global Financing Facility (GFF), which recently joined global efforts to end preventable maternal, newborn, child and adolescent deaths by 2030 through smart, sustainable and scalable financing for RMNCAH. The Global Fund has worked closely with key partners in the development of the GFF, particularly in the preparation of the business plan and in the engagement with the four front-runner countries (Congo (Democratic Republic), Ethiopia, Kenya and Tanzania). The Global Fund supports the GFF's efforts to finance RMNCAH at scale through the mobilization of increased domestic financing. It also supports the vision to drive learning and innovation in relation to effective and efficient financing approaches, with the goal of financial sustainability for RMNCAH and the health sector more broadly.

Reaching adolescent girls and young women with services that span the education and social protection sectors is an emerging priority for the Global Fund, given growing evidence of the importance of keeping girls in school for positive health outcomes. Increased investments are urgently needed to reach adolescent girls and young women: more than one-third of new HIV infections globally occur among young women in sub-Saharan Africa, a group accounting for 68

percent of the nearly 4 million young people living with HIV between the ages of 15 and 24. The Global Fund, in partnership with the President's Emergency Plan for AIDS Relief (PEPFAR), the World Bank, and private sector partners, is supporting countries in implementing cash incentive programs to keep adolescent girls and young women in school, a proven protective factor against HIV infection. In many cases, the initiatives build off of existing social protection programs. In other cases, such as Swaziland, the Global Fund is exploring the impact of innovative approaches to cash incentive investments on the vulnerability to HIV of girls and young women. This includes consultations with adolescent girls to inform grant-making and implementation decisions.

IV. Supporting Specific Aspects of Resilient Systems for Health

No single international or bilateral organization has the ability or mandate to support countries to build resilient and sustainable systems for health. Learning from others and from its own investments, the Global Fund is focused on aspects of health systems related to its mission, capacity and ability. Investments in procurement and supply chain management, in health information systems and in human resources are central to the Global Fund's mission.

01 Procurement and supply chain management

A well-functioning health system strives for equitable and uninterrupted access to medicines, products and technologies of assured quality, safety, efficacy and cost-effectiveness, as well as scientifically sound and cost-effective use. The Global Fund supports countries in strengthening their procurement and supply management systems in order to effectively forecast, quantify, procure, store, distribute, and assure the efficiency and quality of procurement and supplies for all diseases. Over 40 percent of the Global Fund's total investments are being spent on medicines, health products and equipment. In many low-income, high-burden countries this percentage is even higher. In this context, the Global Fund's focus is on supporting countries in improving their in-country supply chains and pharmaceutical management to maximize impact, manage investment risks, and build sustainable systems.

Six core principles underpin the Global Fund's strategy and guide investments in procurement and supply management: securing country ownership, working in partnerships, differentiating approaches according to country contexts, engaging with the private sector, engaging with civil society and communities, and managing immediate risk to ensure continuity of services. This approach is being rolled out in numerous countries. In Nigeria, the Global Fund is working to integrate the vertical supply chains at the federal and state level, building on existing collaborations with the U.S. government, GAVI, UNICEF, UNFPA, and the Bill & Melinda Gates Foundation. Partners have agreed to invest in a pilot integration project in 14 states, together with the Federal Ministry of Health. It is focusing on four main workstreams: coordination between the federal and state levels to improve commodity planning; development of a logistics management information system and coordination unit; improved warehousing and network integration; and transportation and distribution to improve logistics management. Similarly, the Global Fund is collaborating with the government of Ghana and the United States Agency for International Development (USAID) to support the Ministry of Health's Supply Chain Master Plan, a five-year plan to create a unified, functional supply chain.

As part of its Pooled Procurement Mechanism, the Global Fund signs two-year contracts with suppliers of mosquito nets, antimalarial medications and ARVs. Recently, building on work initiated by UNAIDS, the Government of South Africa, the Clinton Access Initiative and the Global Fund, a viral load diagnostic for HIV has been added. From 2013-2015, these contracts led to overall savings of over US\$500 million. At the same time, the Global Fund has put great emphasis in improving the overall performance of procurement of core pharmaceuticals made through the Pooled Procurement Mechanism: in 2015, 80 percent of deliveries arrived on time, a doubling from previous years.

02 Quality assurance of programs for impact

Strengthening information systems, data quality and data use

Bolstering support to health management and information systems, and improving data quality and data use at all levels of health care provision, is enhancing the capacity and resilience of health systems in many countries. Integrating multiple data collection systems into one single national health management information system can improve decision-making and accountability, from individual health care workers in the community to sub-national, national, regional and global policy makers. It is important to move beyond surveillance and reporting to active use of data in real time at all levels, both to quickly respond to changing circumstances as public health crises emerge and to deliver the highest quality of services to every person encountering the health system at all times.

During the Ebola outbreak in 2014, countries like Nigeria, Senegal and Mali were able to successfully contain the epidemic thanks to high levels of vigilance that led to the rapid detection of imported cases and the rapid introduction of control measures. All three countries used health systems they had built through domestic and external investments to combat infectious diseases including HIV, TB and malaria and vaccine-preventable diseases. They had their own high-quality laboratories, facilitating the rapid detection or discarding of cases; and they used local staff and existing infrastructures in innovative ways. For example, Mali used medical students with training in epidemiology to increase staff numbers for contact tracing. These countries also benefited from government support at the highest level that treated the first case as a national emergency. African leadership played a key role in establishing emergency operations centers and recognizing the critical importance of public information campaigns that encouraged community cooperation.

Rwanda offers a good example of the use of data management systems for quality assurance at all levels outside of an emergency context. The health management information system receives data from all public and private health facilities. At the community level, a cell phone-based reporting system used by 45,011 community health workers in 30 districts reports diagnosis, treatment, and essential drug logistic information. Throughout the system, health professionals and community health workers are held accountable for the timeliness and accuracy of reporting. Their performance is monitored on a quarterly basis by the Ministry of Health and reinforced through the operation of an integrated performance-based financing system.

The Global Fund is working with many partners to collect critical sub-national data, including for key populations and specific sub-groups, and data disaggregated by gender and age. The Global Fund is supporting the implementation of the District Health Information System along with other partners, including intensive capacity building and dissemination of monitoring and evaluation standards, guidelines and data collection forms. Work is also being done to develop technology to ensure inter-operability of the various existing systems. In Ethiopia, for example, the Global Fund is supporting the implementation of an integrated health management information system for all health areas, including maternal and child health, through capacity building for district hospital management teams and health information officers. Ninety-three percent of hospitals and 80 percent of health facilities in Ethiopia are implementing the new system. To improve data quality, the Global Fund is providing additional support for health management information system software. The main aim is to strengthen the use of data for planning and decision-making at the district and national levels.

The Ebola outbreak demonstrated that an effective surveillance system starts at the community level. By expanding the network of community health workers through investments in integrated community case management, the Global Fund is strengthening the first line of response in several countries. Special attention is being given to ensure surveillance systems are integrated into health management/data management systems to strive for better case reporting and to track notifiable diseases such as Ebola, measles, cholera and polio.

The Global Fund is also working with partners to strengthen joint planning, facilitate assessments of allocative efficiency, and improve quality of service delivery. Countries are now required to complete an epidemiological analysis to identify disease trends and data gaps prior to submitting their concept notes in order to ensure support is targeted to the right populations in the right places and that respective health systems are being strengthened to support those investments.

Related to this, support is being provided to enable countries to do better size estimates and mapping of key populations – those subgroups of the general population that are simultaneously most affected by the diseases, excluded from appropriate services, and disenfranchised and subject to human rights violations. Yet to date only 25 countries have nationally adequate estimates for at least two key population groups. The Global Fund is working to redress this by working with partners to ensure all size estimation or mapping initiatives involve consultation with the populations themselves to ensure their design does not put these highly stigmatized communities at further risk of human rights violations. The Global Fund is also supporting mortality analyses in numerous countries. Together with partners, it has developed a guidance note and a generic protocol for mortality analysis and is facilitating technical cooperation with the World Health Organization (WHO) and other partners to support both protocol development and execution of the work for mortality analysis as well as longer-term mortality data system development. It is also working with partners to support countries in conducting health facility assessments at the national and sub-national levels, as this is a key tool to measure service availability and readiness as well as quality of services and data.

Supporting human resources for health

Human resources for health are critically important to build resilient health systems. In Ethiopia, for example, the Global Fund's supports a program on integrated training for 32,000 health extension workers. The program has resulted in significant improvements in maternal and child services, with an increase to 57 percent of pregnant women with at least one antenatal visit, a 70 percent reduction in malaria incidence and an increase of over 30 percent of case notifications of smear-positive TB.

Important efforts have also been taken to ensure that longer-term, sustainable approaches are put in place, that are aligned with country policies and resources. The Global Fund Budgeting Guidelines aim to ensure that any remuneration is aligned to government plans and pay scales, and that a feasible plan for absorption of costs is in place before any remuneration is approved. For example, in Zimbabwe, the Global Fund is financing an emergency health worker retention scheme that was put into place to try and reverse the enormous out-migration of health staff from the country due to economic collapse in 2008-2009. Between 2009 and 2014, the Global Fund supported nearly 20,000 critical health workers, which was highly successful in motivating staff to return to work, decreasing vacancy rates, improving retention rates of nurses and doctors, and overall, greatly improving coverage of health services. With economic recovery, the government has started to increase its contributions, allowing the Global Fund to exit the scheme completely by 2016.

In Sierra Leone, the Global Fund supported salaries and incentives for rural-based health workers under the Health Workers Salary Scheme, which was a joint financing mechanism with the UK's Department for International Development (DFID) and the Government of Sierra Leone. This support was in the process of being taken on by the government before Ebola struck. Efforts are now needed to ensure the program is sustainable, while at the same time helping to address the severe human resource constraints now facing Sierra Leone.

The Global Fund is in the process of removing salary top-ups (also referred to as incentive payments⁴) in its grants by making these items ineligible for funding except under exceptional circumstances; in these cases they need to be accompanied by proper justification that must be approved by the Grant Approval Committee and the Global Fund Board, as well as a clear transitional exit plan and concrete endorsement of the mechanism by the government and in-country partners.

03 Financial and Risk Management

Strong financial and risk management plays a key role in the effectiveness of health systems. Although other organizations have a much greater role than the Global Fund, within a limited scope it is possible to contribute to the overall effort. Several types of investments can strengthen the performance, transparency and accountability of financial management systems in relation to the health sector. These include strengthening civil society organizations and institutions promoting financial accountability to provide effective oversight of public financial management processes and performance; supporting training to deepen knowledge about best practices in public financial management; and developing and implementing relevant tools, regulations and processes for improvement.

The Global Fund works with in-country partners to improve risk management, advising partners how to assess and address risk, in applications for funding and in operations. The Global Fund provides risk management tools and defines minimum standards of performance. A tool called Quality Risk Assessment Action Planning and Tracking allows assessment and analysis and tracking of risk. An operational risk management assessment involves preparing an implementation map – mapping the main implementers of a grant, outlining how funds, services and commodities are channeled to people affected by the diseases. The funding model encourages a transition of risk management from the Global Fund to implementing partners.

Investments in financial management and health financing contribute to universal health coverage through support to implementing relevant health financing and policy reforms and instruments such as national health accounts, health insurance and performance-based financing, leading to improved coverage of appropriate services in an equitable manner without exposing the population to financial hardship. The Global Fund currently supports national health accounts in 46 countries through a collaboration with WHO. It also supports other initiatives to generate reliable data for universal health coverage implementation, disaggregated at sub-national, disease, and beneficiary

⁴ There are two types of incentive payments. Performance-based incentives are linked to individuals, and reflect grant performance. Retention-based incentives are put in place if there is a high risk of turnover that affects program implementation; they may be payable where there is a high risk of losing key staff which would significantly and adversely affect grant implementation, for example, to retain medical staff in difficult locations or where remuneration is not sufficiently competitive to prevent the risk of significant staff turnover.

levels. These include use of data on pharmacy sales to improve estimates of out-of-pocket spending by diseases in the Asia-Pacific region, and joint expenditure analyses with PEPFAR.

Rwanda exemplifies the case for Global Fund investments in health insurance. In Rwanda, low utilization of services, including for HIV, TB and malaria and also other health programs, was due to high out-of-pocket expenditures that limited access to services, especially for the most underserved. The Global Fund now provides support for a package of measures to expand community-based health insurance as well as support for performance-based funding, which covers HIV, TB, malaria and other programs that benefit key populations.

V. Driving Innovation

Capturing and catalyzing innovation from across all sectors can drive greater impact and value for money. Innovation is often thought of in terms of new technology. However, some of the most exciting innovations brought about by large investments in health of the past 15 years have been at the health and community systems delivery level. As part of the newly created “Innovation Hub”, the Global Fund is working with private sector and civil society partners to capture the key innovations that have significantly improved the delivery of services, and therefore the health of people, and to scale them for maximum impact, but also to identify remaining gaps and catalyze further innovation. Here too, the focus is on aspects of health delivery within the Global Fund’s mission and core competency.

01 Procurement and supply chain management

In the area of procurement and supply chain management, efforts are directed towards solving some of the recurring challenges encountered by implementers, in particular treatment and service disruptions that are often caused by the occurrence of stock-outs of health products. The purpose is to strengthen national supply chains to foster patients’ timely access to quality-assured medicines and other health products. For example, the Global Fund has partnered with Coca-Cola to use its distribution and marketing expertise to strengthen health product supply chains in countries in Africa that have requested this support. The project began in Tanzania in 2010 and resulted in improved forecast accuracy, decreased lead-time for procurement of key medicines, a substantial reduction in stock-outs and in emergency procurements. A strong performance management framework was also put in place. The partnership with Coca Cola, which includes USAID and the Gates Foundation, enabled the medical stores department to expand its distribution network to service over 5,000 clinics (from an initial 500 delivery points) and improved the availability of critical medicines, reducing stock replenishment lead times by up to two-thirds. The partnership with Coca Cola is currently being considered for expansion to Mozambique, Ghana, Liberia, Guinea, Nigeria, Zambia and Ethiopia.

Learning from the significant advantages that have been achieved by the innovations by the pooled procurement mechanism, the Global Fund challenged itself to square the circle of building country procurement capacity for sustainable systems while providing every country, even those that have or will transition from the Global Fund, access to the lowest-cost, high-quality products. The innovation, which is in testing and pilot phase, is the e-Marketplace. The e-Marketplace is designed as an open source, cloud-based e-market exchange platform that Global Fund implementers in country, and ultimately other organizations as well, will gain access to. The aim of this platform is to provide affordable, accessible, quality products to implementing partners, thus allowing for critical savings. In the long-term, the e-Marketplace will enable countries transitioning from external funding to put in place simplified, sustainable procurement practices, and increase transparency across the market, reducing costs and securing quality.

02 Quality assurance of programs for impact

Discussions of innovation often focus on technology, which is important. But there has been enormous innovation and creativity in designing more efficient and effective service delivery mechanisms to expand access and to reach the last mile. Often these innovations are driven by responsiveness to community needs, demands and ideas. Health outcomes across different sites

within a given country are variable, indicating that some sites have found ways, or “workarounds”, to overcome health systems challenges to deliver high quality services – so called “positive deviants”. By replicating these practices to more sites, and shifting from a coverage approach to a resource maximization approach, it may be possible to achieve better outcomes and ultimately reach more people with the same resources. These approaches are an integral part of national health systems strengthening and can be leveraged in the immediate term to gain efficiencies and improve quality at the site level.

Identifying the practices of positive deviants is often carried out in the business world as entities seek to increase efficiencies through observing variations of performance and practice within their own networks of facilities. The quality improvement and efficiency work leverages this private sector approach as well as what is already known through case studies to identify, disseminate and replicate positive deviant practices. The methodology involved a literature review of over 200 case studies, more than 50 expert interviews, and most crucially, observing 45 highly performing sites in three countries (Uganda, Kenya and Senegal). Preliminary findings demonstrate approaches that are responsive to site-level data –whether it be indicators around retention or overall patient waiting times. Practices were put in place after noting a challenge and implementing a solution that did not involve intense resources or policy changes. At the aggregate level, positive deviant sites across countries and case studies tend to organize and differentiate services; manage facilities in ways that motivate and retain staff; and, implement patient-centered care. These approaches are not complex or overly technical. For example, in response to long waiting times, a site in Uganda created a differentiated client flow such that new patients and existing patients seeking ARV therapy experienced different journeys through the clinic. Initiating patients required many more services and consultations than existing patients seeking drug refills. The results of differentiated client flows were better matching patient needs while also cutting down on waiting times for all clients at the clinic. Other findings suggest reductions in provider costs through community and HIV drug distribution; three-month ARV refills; and, community-based DOT modes. Dissemination and further demonstration of these practices are underway through technical consultations and engagement with partners.

03 Financial and risk management

The Global Fund is working with the private sector to improve financial and risk management capacity in programs supported by the Global Fund. A partnership with Ecobank provides capacity building support focused on Nigeria and South Sudan. With Munich Re, the partnership is focused on vulnerable communities with potential solutions such as life insurance, critical illness cover, living benefit products, universal health covers and improved access to health. With SAP, the Global Fund has developed a multi-country approach with pilots launched in six countries on a grant management dashboard tool designed to help implementers manage their programs better.

VI. Promoting and Reinforcing Community Responses and Involving Communities in National Decision-Making

Communities were the first to respond to the HIV pandemic – in every country in the world. The recent re-emergence of Ebola has reinforced our understanding of the essential role of communities in identifying, understanding, and defining how we respond to health crises. Strong community action is therefore central to resilient and sustainable systems for health. As long as health systems are viewed as ending at a clinical facility, there will be health systems rather than systems for health. Universal health coverage – and health security – will not be attainable without communities. They are essential to designing effective interventions, to implementing and evaluating the reach and robustness and quality of health services, to creating demand for services and to reaching those who do not always go to health clinics – in particular the vulnerable and marginalized. They are also essential in promoting prevention and healthy behaviors, helping to limit the demands on the health system. And systems for health that involve the community will always be the first to identify, report and respond to emerging health threats.

However, a challenge is that effective community action on AIDS, TB and malaria does not take place in a vacuum. The aims and approaches, as well as the outcomes of community action, are determined by a range of factors including the socio-legal environment, funding mechanisms, levels of political support, technical capacity, and the performance of national health systems and programs to fight AIDS, TB and malaria. Therefore, effectively enabling community responses is not just about saying the Global Fund will fund the right things, but also about ensuring the right range of financial, political, legal and technical support for a given context. And it is about recognizing that in many countries decision-makers have been reluctant to enable meaningful community action and participation in decision-making.

Since its foundation, the Global Fund has recognized the vital role of communities, not only in its unique governance structure, which places affected communities at the heart of country and global decision making, but also in its approach to implementation. The Global Fund's Board and the Country Coordinating Mechanisms, which countries are required to establish to become eligible for funding, have seats reserved for civil society groups and for people living with and affected by the three diseases. This principle has been further emphasized as part of the evolving funding model, now requiring that approaches to use funding be designed based on expanded consultations and engagement with affected communities. UNAIDS is an invaluable partner in supporting community organizing.

The Global Fund has also made clear its expectation that grants should be implemented jointly by governmental and non-governmental organizations, recognizing that non-governmental programs can be more nimble and responsive, and can provide excellent quality biomedical and community based services. Indeed, in many countries in sub-Saharan Africa a large proportion of health facilities is managed by faith-based organizations like CHAZ, one of the Global Fund's Principal Recipients working on AIDS, TB and malaria in Zambia, and community sector groups like TASO in Uganda, which grew from a small organization of people living with HIV to a non-governmental organization providing services across the country. Global Fund grants also build on innovative community approaches developed by countries. Meanwhile, the TB/HIV grant currently under negotiation with Congo (Democratic Republic) will ensure the continuity of Médecins sans Frontières' ground-breaking community ARV therapy distribution points, which have helped to reduce by a quarter the number of visits that stable HIV patients have to make to health facilities.

While in several countries the government now directly funds community organizations to ensure services are delivered with maximum reach and impact - including to highly vulnerable and marginalized populations - elsewhere placing all grant funds under governmental administration can constitute a barrier to responses for criminalized and excluded groups. Funding through non-governmental organizations therefore has a key role to play in these contexts.

The need to ensure that tailored and appropriate services are reaching those in need, including vulnerable and marginalized groups, has led to a shift for some large non-governmental organizations, who in many cases have moved away from their usual approach of direct implementation towards focusing on building the capacity of local, community-led organizations to deliver services. In Madagascar, for instance, over a period of years the non-government Principal Recipient implementing HIV programs with key populations shifted towards enabling key population organizations to take the lead in implementation.

The Global Fund, with its civil society partners and technical partners, especially the Joint United Nations Programme on HIV/AIDS (UNAIDS), created and championed the concept of “community systems” as an integral part of systems for health. Its community systems strengthening framework, developed in 2008, outlines the investments and support needed to help communities fulfill their potential role in building resilient systems for health. New applicants are encouraged to work with all of the available resources to deliver effective, appropriate services at a community level, and are also encouraged to allocate some of their funding to strengthen community systems to support a range of capacity building, institutional development, and community-led advocacy activities.

There are many examples of how Global Fund investments in community systems have helped increase program impact while also ensuring that systems are left stronger and more sustainable. In Peru, the Global Fund supports a project to improve the basic management skills of groups of people living with HIV and helping them to register as non-governmental organizations, therefore improving service delivery and advocacy capacity in selected states. In 2012, national authorities in Mexico committed to absorbing parts of the grant activities previously supported by the Global Fund, which focused on key populations, particularly men who have sex with men and injecting drug users. Through the development of a transition plan and a strong collaboration between the Government and the Principal Recipient (Funsalud), in 2013 the government fully absorbed activities in 20 metropolitan zones previously supported through Global Fund financing.

Strengthening community systems is also relevant for malaria programs. In Honduras, the Global Fund incentivizes the active participation of the community to reduce the gap between the poorest and the most remote communities and health services. Local actors, including community members themselves, carry out social audits of malaria results at local level, enabling them to adapt and improve approaches over time. This builds on the success of a project implemented in Wampusirpi (Gracias a Dios), which, through a comprehensive and integrated malaria control approach, ensured significant community participation and helped to change habits and knowledge related to malaria prevention. As a result, the malaria incidence rate was reduced by 85 percent from 2009 to 2011. In its forthcoming grant, Nigeria has used the CSS framework as an opportunity to develop integrated community responses to AIDS, TB and malaria: community based organizations will be supported to work with other key stakeholders to link different services and to provide outreach that addresses health needs in a more comprehensive way.

Community systems strengthening is an important strategy for empowering and more effectively reaching marginalized or excluded populations. In India, the Global Fund supports the Pehchan Programme, building the capacity of two hundred community-based organizations for men who have sex with men, transgender individuals and hijras in 17 states to be more effective partners in the government's HIV prevention program. This is leading to increased coverage and demand for health services, as well as decreased risky behavior. Meanwhile the grant to Congo (Democratic Republic) mentioned above will also support men who have sex with men and sex workers – two populations highly affected by HIV in a country with relatively low levels of HIV in the general population - to become more organized and to contribute to the delivery of effective, comprehensive prevention, care and support services while also addressing the stigma and human rights abuses that contribute to their vulnerability.

Sustained health impact is also dependent on promotion and respect for human rights. The Global Fund promotes a human rights-based approach to programs, underpinned by the requirement that communities, in particular those most affected, participate in the governance, design and implementation of grants. Based on input from affected communities in Moldova, Global Fund support has enabled a revision of TB control guidelines to emphasize community-led outpatient treatment and care, leading to greater reach of groups that were missed by a facility-focused approach. The Global Fund also requires concept notes to identify human rights-related barriers - including legal barriers - that are likely to impede impact, and where these exist to include programming measures from community to national levels to remove or mitigate these barriers. Myanmar was one of the first countries to include interventions from the new removing legal barriers module - including community-based monitoring of access and rights, and documentation of human rights violations. The civil society sub-recipient leading this component, Pyi Gyi Khin, supports community networks to collect information on violations that are then reported to the Parliament Committee. Bringing human rights to this level of dialogue is an achievement in itself, and this model demonstrates how monitoring and response can be effectively led by communities.

VII. Supporting Countries to Increase Domestic and Leverage International Financing for Health

The evolving nature of health delivery, and therefore of health financing, requires a paradigm shift – a fundamental change in thinking. UNAIDS has recently reported that low- and middle-income countries now pay for more than half of their HIV response. Countries foot 80 percent of the bill for TB and nearly half for malaria. The time has come to talk about how increased domestic finance can leverage international investments in health, rather than the current conversation about how international resource commitments leverage domestic financing. In the same way, when thinking about innovative financing, the tendency is for international organizations to create mechanisms and bring them to countries to implement. Some of the most creative approaches are being developed by ministries of finance and health in country. An inventory of these domestic innovations could help international organizations to develop mechanisms to support country-driven efforts and to fill gaps in the toolkit.

The Global Fund implements counterpart financing policies to support countries to increase domestic funding for the three diseases and the health sector. The current funding model supports ministries of health and finance to access an additional 15 percent of a country resource envelope as domestic resources increase. With 80% of total allocations being applied for through concept notes, governments have committed an additional USD6 billion HIV, TB, malaria programs and relevant health systems strengthening interventions in for 2015-2017, over and above their spending in 2012-2014; a positive and promising result. Based on these trends, domestic financing is estimated to contribute a total of USD41 billion over 2017-2019, allowing governments to finance approximately 42% of the overall response to the three diseases.

While a major share of these financial commitments have been provided for specific disease programs, they significantly contribute to resilient and sustainable health systems through investments in human resources, and support for integrated services, among others. A number of governments have also taken on a significant share of support for drugs and commodities, freeing up Global Fund resources to be reinvested in health systems. For example, the government of Papua New Guinea has allocated funds for all TB drugs and malaria drugs and diagnostics previously supported by the Global Fund. This has allowed for more support to strengthen the integrated community case management platform. In addition to commitments provided for disease programs, specific cross-cutting health system interventions are also supported in 12 countries.

Senegal and Kenya offer other important examples of innovative ways to increase domestic financing that could be replicated in other countries. In Kenya, the National AIDS Control Council (NACC) is focusing on maximizing efficiency of existing delivery options for increased value and results, as well as promoting innovative and sustainable domestic HIV financing options. To increase efficiency and cost savings in HIV programming, the Ministry of Health is aiming to integrate HIV and RMNCH services. By 2019 the NACC aims to increase domestic financing for the HIV response to 50 percent from the current 17 percent of all HIV spending and is considering the establishment of an HIV Trust Fund. The government of Senegal is also working to increase domestic financing for health. It recently initiated a budget allocation of approximately US\$10 million toward subsidies for health services for various vulnerable groups (children under five, pregnant women, the elderly). This budget allocation will be managed by the national health insurance institution for universal health coverage, established by law and financed from

consolidated national revenues. With a membership of 32 percent, the target is to cover at least 75 percent of the population by 2017. Government plans to cover 50 percent of the insurance premium of all clients and there will be a co-payment fee to access services. Exemptions for the extremely poor will be considered.

The growing involvement of high-net-worth individuals from countries receiving Global Fund financing is opening new exciting opportunities to channel resources in innovative ways. High-net-worth individuals from India, Indonesia, South Africa and Viet Nam have made commitments to the Global Fund of more than US\$100 million to support programs in their own countries. In Indonesia, a private sector health fund is being established to complement government investments. Other countries are also exploring similar mechanisms. These private sector-driven health funds bring new domestic resources to health, are funded by business leaders who have significant influence and can push for increased government financing for health that can be “matched” with private sector contributions, and can drive greater efficiencies and value for money by bringing good business practice to government efforts. In this sense, the private sector contributes much more than money, as it brings new solutions, ideas and innovation to global health and development.

VIII. Differentiating Along the Development Continuum

Health partners are engaged in increasingly diverse and complex environments. To continue to maximize impact, the Global Fund is evolving towards increased differentiation and tailored partnerships with countries in different places along the development continuum, taking into consideration the unique characteristics of each health system and the presence and role of critical partners. Progress along this continuum is not in one direction only, as countries advance and sometimes suffer setbacks, and is not along one dimension only but includes politics, policies, institutions, economics, and public health.

Based on the above, the Global Fund has prioritized differentiation in the development of its next strategy. Diversifying the way the Global Fund invests and engages in different country settings is not merely about the financial investments. It is about choosing what to support in different contexts, and doing it more effectively through partnerships.

For countries early in the continuum, the Global Fund is funding a large percentage of disease program budgets, as well as key system components. When a country is going through the complex transition from a post-conflict state to establishing government administration and financial management, there are often major systemic and capacity gaps in the health sector that greatly affect ability to implement programs. In these countries, increased investments to strengthen core elements of the health system are crucial to build the resilience needed to respond to the three diseases and address broader health needs. Flexibility and responsiveness are critical for the Global Fund's engagement in these more volatile contexts. Broader partnerships are also needed with actors who are experienced in operating in challenging environments and who are well connected with community networks and leaders. In countries facing exceptional circumstances, and especially difficult development challenges, the United Nations Development Programme (UNDP) has been serving as interim Principal Recipient, developing national capacity to prepare national entities to take over the role of Principal Recipient. Areas of capacity development include program and financial management, fiduciary controls and oversight, procurement and supply chain management etc. To date UNDP has successfully transitioned out of 23 countries.

At the other end of the continuum, there are countries with ability to pay for core commodities and adequate human resources. In these contexts, the Global Fund supports activities that allow an effective transition to self-sustainability. This includes investments in key and vulnerable populations and concentrated epidemics where political will may be lacking, and activities to ensure a government's ability to contract with non-governmental and civil society organizations. Further efforts include integration of novel mechanisms such as performance-based funding, and partnering with other institutions to develop transition instruments to support successful transitions away from external support.

Between the two extremes of the development continuum lie a large number of countries where tailored approaches are being provided, based on the unique health needs and characteristics of health systems, on the socioeconomic and political environment, and on the fabric of partners present in each setting. By tailoring investments and processes through differentiation, the Global Fund, as a financial institution, plays an important and increasing role in influencing political will, capacity development and long-term programmatic and financial sustainability.

IX. Conclusion

At the World Health Assembly in May 2015, German Chancellor Angela Merkel said, “The human right to health can only be enforced if a sustainable health system is in place or is put in place in every country on Earth.” The Global Fund works to contribute as one partner to building resilient and sustainable systems for health based on lessons learned from others, its own past investments and its own core competencies. At the centre of the Global Fund are people, not diseases. And only by focusing on people can the right to health be achieved.

A focus on each person means integrated service delivery, to address an individual’s needs together. It means community health systems, for proactive and holistic care. It means quality services and equitable access.

Resilient and sustainable systems for health also require investments in financial management and health financing, as well as policy reforms and instruments such as national health accounts, health insurance and performance-based funding. They require assured quality, safety, efficacy and cost-effectiveness in health products. They require effective procurement and supply-chain management. They require strong health management and information systems with good data quality and data use. They require constant innovations such as the e-Marketplace, to revolutionize how countries procure health commodities, reducing costs for governments, promoting sustainable transitions away from external support, and increasing transparency in the global pharmaceutical market. They also require strong efforts toward sustainability, with incentives for greater domestic funding support to the health sector.

As a 21st century partnership, the Global Fund is addressing the rising and systemic challenges in global health. Through differentiated approaches based on the specific needs and characteristics of each country, as well as the differing needs of those communities most affected by HIV, TB and malaria, the Global Fund partnership is contributing to significantly improving health outcomes in many countries. Renewed focus on resilient and sustainable systems for health will lead to better results against the three diseases and for health, as well as increased financial protection and equity, contributing to universal health coverage. Stronger systems for health will also strengthen countries’ ability to prevent, detect and respond to future health crises, reducing risk for individuals and communities, and ultimately contributing to a healthier safer world for all.

As the world prepares the transition to the post-2015 era, the Global Fund is evolving its longer-term vision. Reducing the burden of HIV, TB, and malaria, contributing to universal health coverage, and strengthening health security are ambitious goals for the future. Building on the experience of the past and on the strong partnerships established around the world, the Global Fund is fully committed to turn that vision into practice: resilient and sustainable systems for health will be critical for success.