

February 2017

Guidance on Matching Funds: Resilient and Sustainable Systems for Health

Introduction

This guidance explains how eligible countries can use matching funds for human resources for health (HRH) and integrated service delivery, one of the matching funds related to resilient and sustainable systems for health (RSSH).¹ Instructions are provided below, including examples of the types of interventions and programs that could be supported, and how matching funds can be used to complement existing and planned programming supported by the country allocation.

Overview of Matching Funds for HRH and Integrated Service Delivery

Human resources for health (HRH) are a fundamental part of the effort to achieve the health-related sustainable development goals and to build resilient and sustainable systems for health (RSSH). HRH challenges have been recognized as a critical bottleneck to the scale-up and delivery of high quality health services, including for HIV, TB and malaria. These include shortages and mal-distribution of health workers, high turnover, and poor working conditions for health workers. Improving quality of care is also very important, as health outcomes can be lower than expected despite high coverage of services. Improving quality of care is therefore very important to improving the effectiveness and strategic impact of Global Fund's investments.

The Global Fund recognizes that without efforts to create integrated delivery channels for HIV, TB and malaria, interventions could be duplicated, fragmented and inefficient. The Global Fund's new strategy also explicitly emphasizes the importance of integrated service delivery for women, newborns, children and adolescents. The Global Fund therefore supports work to strengthen the integration of relevant HIV, TB and malaria interventions into relevant service delivery platforms including integrated community case management (iCCM), ante-natal care, integrated sexual and reproductive health and HIV services, and adolescent health. Countries must critically evaluate what packages of services and models of delivery are most appropriate and feasible given their particular context.

To improve the impact of investments in human resources for health (HRH) and service delivery, the Global Fund is making matching funds available to complement planned programming in these areas. It anticipates that investments in HRH and integrated service delivery facilitated by matching funding will lead to more integrated, people-centered health services, and result in improved health services and health outcomes.

Interventions and Programs Related to HRH and Integrated Service Delivery

Matching funds can be used to support the following interventions and programs:

- Evidence-informed country-level human resources for health (HRH) policy development and implementation. Please refer to the Global Fund's [HRH technical guidance note](#) for

¹ There is a second RSSH matching fund on improving data systems, generation and use. Specific guidance on this matching fund will be provided directly to eligible countries by Global Fund country teams.

more information. This includes country-level HRH assessments, including labor market, workload analyses and capacity assessments. This work can include community-based health workforce policy development and implementation that is linked to broader HRH planning. It can also include activities to improve the collection, analysis and strategic use of health workforce data, remuneration policies and integrated service delivery mechanisms such as iCCM.

These investments are expected to improve HRH by improving policies to ensure quality, retention and distribution of health workers. Better HRH policies and improved deployment of health workers should allow for better prevention and treatment of the three diseases, including an enhanced ability to identify missing cases, and ultimately better health outcomes.

- Inclusion of disease interventions (e.g. prevention of mother to child transmission, early infant diagnosis, pediatric TB and case management for malaria) into integrated service delivery platforms, with a focus on ante- and post-natal care, more integrated sexual, reproductive health and HIV services, including for adolescents, and improved iCCM. Quality of care initiatives and development of relevant policies and regulatory frameworks can also be supported. Please see the [RMNCAH technical briefing note](#), and other relevant [technical guidance notes](#) for more information on services, as well as the HIV, TB and malaria [information notes](#).

Support in this area should inform disease-specific and national health plans, alleviate bottlenecks to service provision and strengthen capacities needed for integrated service delivery.

Example of Matching Funds for HRH and Integrated Service Delivery

Country A is already supporting incentives and training for community health workers (CWHs), and plans to continue this from the new allocation 2017-2019. However, there are concerns about the sustainability of this program, so there is need for a transition plan to ensure the government takes over the incentive payments, as well as training. There is a national community health worker plan in place, but it is not yet linked up to the broader HRH plan that is currently being developed. Matching funds are therefore requested to develop a sustainability plan supported by analyses of how many CHWs are needed and where they are needed, based on epidemiological hotspots, as well as the planned numbers of primary care workers. The aim is to ensure that all health workers, including CHWs, can be funded by the government within a five year timeframe, based on fiscal space assumptions of the Ministry of Finance. Matching funds will also support revision of the CHW policy to ensure integrated training, and more integrated delivery of services.

In general, matching funds should complement existing HRH and integrated service delivery programming supported by existing or planned grants. Matching funds can include support for activities similar to the ones described in the example above, in terms of strengthening policy processes, dialogues, and analyses around HRH and integrated service delivery. They can also support implementation of these policies, for example, implementation of integrated service delivery programming. Matching funding from grants cannot include funding for HRH salaries and other forms of remuneration.