

# Technical Brief

## Strengthening sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) in funding requests to the Global Fund

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*This technical brief, Strengthening sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) interventions in funding requests to the Global Fund, offers guidance to applicants designing and implementing Global Fund supported activities as part of broader country strategies. The aim of this document is to assist countries in identifying opportunities to integrate service delivery in the areas of SRMNCAH for greater impact. It discusses the importance of investing in sustainable systems for health to support SRMNCAH interventions within the Global Fund's mandate to fight HIV, TB and malaria, with focus on strengthening the availability, accessibility and quality of services to improve the health and well-being of women, newborns, children and adolescents. This technical brief outlines funding opportunities in four key areas: antenatal care (ANC), integrated community case management (iCCM), integrated sexual and reproductive health and HIV (SRH-HIV) services and adolescent health programs.*

*The Global Fund encourages all SRMNCAH stakeholders at country-level, including representatives from the Ministry of Health, members of the Country Coordinating Mechanism (CCM) and other coordinating platforms, key partners, community representatives and consultants providing technical assistance, to make use of this technical brief, as well as the other important resources available on the [Global Fund website](#), while preparing funding requests to the Global Fund and implementing grants.*

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# I. Introduction

Although much progress has been made in the fight against HIV, TB and malaria, the burden of these diseases is still substantial and disproportionately affects the most underserved and marginalized, including women, newborns, children and adolescents. It is imperative, therefore, to deliver even greater results for these populations to reach the targets set by the new Sustainable Development Goals (SDGs) which promote healthy lives and vibrant communities. Essential to achieving these goals will be efforts to strengthen the provision of information and the delivery of integrated health services for all women, newborns, children and adolescents through ensuring high-quality care across the life course.

To this end, the [Global Fund Strategy 2017-2022 “Investing to End Epidemics”](#) has prioritized building resilient and sustainable systems for health (RSSH) and promoting and protecting human rights and gender equality as two of the four new strategic objectives. A key sub-objective under this strategy is support for reproductive, maternal, newborn, child and adolescent health (RMNCAH) interventions and platforms for integrated service delivery. Global Fund’s investments in this area are aligned with the [Global Strategy for Women’s, Children’s and Adolescents’ Health \(2016-2030\)](#) and facilitate and strengthen country-level implementation of national health strategies and national disease-specific strategic plans.

This technical brief explores how to address common health system-related constraints that limit the successful implementation of integrated HIV, TB and malaria programs for women, newborns, children and adolescents and outlines opportunities for integrated service delivery for SRMNCAH more broadly. Many important lessons have been learned to date from the Global Fund’s efforts to achieve a joint TB and HIV programming approach,<sup>1</sup> as well as experiences with sexual and reproductive health (SRH) and HIV service integration which this information note draws upon.

The Global Fund offers funding opportunities to support national programs to achieve greater impact against the three diseases and priority co-infections and co-morbidities,<sup>2</sup> as well as to strengthen cross-cutting systems for health. To maximize their impact, investments in HIV, TB and malaria should be complemented with resources for strengthening linkages to SRMNCAH interventions. This document highlights opportunities for global and country-level co-financing with partner organizations in settings where there are existing Global Fund-supported programs to support the integration of health services for improved programmatic effectiveness and efficiency.

## II. Building resilient and sustainable systems for health that deliver integrated health services

As defined by the World Health Organization (WHO), integrated health services are health services that are managed and delivered in a way that ensures people receive a continuum of health promotion, disease prevention, diagnosis, treatment, disease management, rehabilitation and palliative care services, at the different levels and sites of care within the health system, and according to their needs throughout their life course.<sup>3</sup> Achieving integrated health services can generate significant benefits in all countries along the development continuum. However, there is no “one-size-fits-all” model for integrated health services. Integrated health services can be adapted and implemented across a variety of service delivery models, settings and target populations. Integration does not imply that all interventions can, nor should be, reduced into a single package.

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<sup>1</sup> Enhanced joint HIV and TB programming enables the Global Fund to better target resources, to scale-up services and to increase their effectiveness and efficiency, quality and sustainability. Identified HIV-TB priority countries now complete a single concept note for TB and HIV which entails systematic and ongoing country level dialogue between TB and HIV programs and stakeholders prioritizing the alignment of planning and strategic investments, including for cross-cutting areas like HSS and CSS. More information is available in the Joint HIV and TB Programming Information Note available at <http://www.theglobalfund.org/en/applying/resources/>.

<sup>2</sup> Please refer to the Global Fund’s Policy on Co-infections and Co-morbidities ([Board Decision GF/B33/DPo8](#)) for additional information.

<sup>3</sup>For additional definitions and further discussion, please refer to “Technical Brief No.1. Integrated Health Services – What and Why?” available at [www.who.int/healthsystems/technical\\_brief\\_final.pdf](http://www.who.int/healthsystems/technical_brief_final.pdf).

WHO's [Framework on integrated people-centred health services](#) outlines different models of integration which have been employed in different country contexts as an effective strategy to meet a range of health system challenges. Integration is key design principle for strategies to enhance access and encourage universal health coverage (UHC). Investments in RSSH and the three diseases should support integrated service delivery for women, newborns, children and adolescents by ensuring linkages between health and community systems, supporting wider social protection systems and by improving the overall accessibility, acceptability, quality, efficiency, coverage, uptake and sustainability of SRMNCAH services.

In order to strengthen the actual delivery of integrated health services, it is important to note that investments must also embed technical strategies for integration in policy dialogues and documents, as well as build capacity of national ministries of health to align separate management and institutional processes. These macro-level efforts include investing in ministerial capacity to: (i) integrate planning and budgeting of individual programs into coherent and cost-effective health strategic, budgeting and planning processes; (ii) incentivise good public financial management practices; and (iii) strengthen overall governance and oversight functions by creating credible ministerial capacity to collect performance data and enforce compliance with quality control and efficiency strategies.

Accordingly, the Global Fund has prioritized seven areas of support for RSSH that will collectively aid in strengthening national capacity and restructuring the health system to achieve universal health coverage. These include: strengthening community responses and systems (including community SRMNCAH services); leveraging human resources for health; strengthening global and in-country procurement and supply chain systems; strengthening data systems for health; supporting national health strategies and national disease-specific strategic plans; financial management and oversight; and integrated service delivery for women, newborns, children and adolescents. The **Information Note on Building Sustainable and Resilient Systems for Health through Global Fund Investments** ([LINK](#)) should be reviewed in parallel with this document for additional information.

### III. Funding opportunities to strengthen ANC, iCCM, integrated SRH-HIV services and adolescent health

In addition to investing in disease-specific, evidence-based SRMNCAH interventions,<sup>4</sup> the Global Fund recognizes that without efforts to create integrated delivery channels, interventions could be duplicated, fragmented and inefficient. The Global Fund, therefore, has prioritized four areas of integrated service delivery for women, newborns, children and adolescents: antenatal care (ANC), integrated community case management (iCCM), integrated sexual and reproductive health and HIV (SRH-HIV) services and adolescent health. Each of these is made up of a package of preventive and curative interventions and represents an excellent opportunity to maximize the impact of Global Fund support for the health of women, newborns, children and adolescents.

The delivery of integrated services through ANC, iCCM, integrated SRH-HIV services and adolescent health requires collaboration and coordination, and strategies to strengthen these areas of service delivery should not be considered in isolation. Countries must critically evaluate what packages of services and models of delivery are most appropriate and feasible, and discuss where, how and by whom they should be provided. They should also consider how to align separate ministerial processes to support improved access to HIV, TB, malaria and other essential SRMNCAH services.

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<sup>4</sup> Applicants are strongly encouraged to review the three disease-specific information notes available [here](#) in parallel to this technical brief for additional information on the Global Fund's investments in HIV, TB and malaria for women, newborns, children and adolescents.

## 01 Antenatal Care

The provision of care during pregnancy addresses the physical health, mental health and wellbeing of women and adolescent girls, including those living with HIV. Antenatal care (ANC) represents the usual entry point into the healthcare system for women of reproductive age and is a key opportunity for the integrated provision of information and service delivery. In the recently released document [WHO recommendations on antenatal care for a positive pregnancy experience](#), WHO provides guidance on the provision of interventions related to nutrition, maternal and fetal assessment, preventive measures and interventions for common physiological symptoms, as well as health system interventions to improve ANC utilization and the quality of services.

The 2016 WHO ANC model recommends a minimum of 8 ANC contacts, and the overarching aim is to provide pregnant women with respectful, individualized, person-centered care at every contact. While core interventions are recommended, WHO also notes the importance of flexibility to employ different options based on the country context. ANC is also a continuum and can be used as a platform to promote the use of skilled attendance at birth and healthy behaviors such as breastfeeding, early postnatal care and family planning. Monitoring the timing of ANC initiation, the number of visits and the interventions received during each visit is important to assess both the quality and the continuum of care received during pregnancy, at delivery and in the post-natal period.

The Global Fund currently supports key elements of ANC through its investments in HIV, TB and malaria, and more specifically through: (i) the prevention of mother-to-child transmission of HIV (PMTCT), (ii) the distribution of long-lasting insecticide treated nets (LLINs), provision of intermittent preventive treatment in pregnancy (IPTp) and case management to prevent and treat malaria in pregnancy, and (iii) the screening, diagnosis and treatment of TB in pregnant women. These disease-specific interventions are included in the HIV, TB and malaria modules, respectively. Countries are encouraged to include them in funding requests as appropriate. In addition, countries can use the RSSH-integrated service delivery module to support the integration of other essential interventions in ANC to ensure that women receive comprehensive information and quality care during and after pregnancy. As ANC still faces challenges around access, retention and quality of care, applicants should also consider investing in the other priority RSSH areas, such as community responses and systems, human resources for health, data systems and procurement and supply chain systems, to strengthen ANC as part of the overall health system.

The table below highlights essential components of ANC. While not an exhaustive list, it notes which components are eligible for Global Fund support and how countries can request this support using the modules for HIV, TB, malaria and RSSH, respectively. For additional guidance on which interventions to include in Global Fund applications and how to implement grants, please review the [WHO Technical Guidance Note: Strengthening the inclusion of reproductive, maternal, newborn and child health \(RMNCH\) in concept notes to the Global Fund](#) which contains a comprehensive resource lists for countries considering investing in strengthening integrated service delivery at ANC.

Essential components of ANC	Eligible for Global Fund support	Component Module Intervention(s)
<b>Family planning counseling and related services including provision of commodities and infertility treatment</b>	Yes	HIV PMTCT <i>Prongs 1, 2 &amp; 4</i>
<b>Primary prevention of HIV during pregnancy</b>	Yes	HIV PMTCT <i>Prong 1</i>
<b>Prevention of mother-to-child transmission (MTCT) of HIV and syphilis</b>	Yes	HIV PMTCT <i>Prongs 1, 2, 3 &amp; 4</i>
<b>Prevention and management of STIs</b>	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities	HIV Prevention Program for General Population (and Key Populations Modules)

		<i>Diagnosis and treatment of STIs and other sexual health services</i>
<b>Management of unintended pregnancy</b>	No*	
<b>Screening, prevention and treatment of anemia and nutritional support</b>	Yes	RSSH Integrated Service Delivery <i>Service organization and facility management</i>
<b>Gender-based and intimate partner violence prevention and treatment</b>	Yes	HIV Gender based violence prevention and treatment programs <i>Multiple interventions</i>
<b>Preventive measures (e.g., antibiotics for asymptomatic bacteriuria, antibiotic prophylaxis to prevent recurrent urinary tract infection, anti-D immunoglobulin administration, preventative anthelmintic treatment, screening for intrapartum abnormality/congenital malformations, and tetanus toxoid vaccination)</b>	No*	
<b>Prevention of malaria with LLINs and IPTp</b>	Yes	Malaria Vector Control <i>LLIN continuous distribution</i>  Malaria Specific Prevention Interventions <i>IPTp</i>
<b>Treatment of malaria with appropriate case management</b>	Yes	Malaria Case Management <i>Facility based treatment</i>
<b>Screening of TB in pregnant women</b>	Yes	TB TB Care and Prevention <i>Case detection and diagnosis</i>
<b>Prevention of pre-eclampsia and management of eclampsia</b>	No*	
<b>Antibiotics for preterm prelabor rupture of membrane</b>	No*	
<b>Training costs and supportive supervision for ANC staff</b>	Yes, in-service training should be integrated within broader training packages, and pre-service education should focus on scaling up the production of health workers and/or improving the competencies acquired during education/training. <sup>5</sup>	RSSH Human Resources for Health <i>Capacity building for health workers</i>
<b>Salary support for ANC staff</b>	Yes, the Global Fund will consider funding interventions to improve retention and motivation, especially in rural and remote parts of the country. The Global Fund will prioritize low-income countries and COEs when providing support for such interventions.	RSSH Human Resources for Health <i>Retention and scale-up of health workers</i>
<b>Procurement and supply chain systems strengthening for availability of ANC commodities</b>	Yes	RSSH Procurement and Supply Chain Management Systems <i>Multiple interventions</i>
<b>Strengthen information system for improved collection of disaggregated</b>	Yes	RSSH

<sup>5</sup> For additional information on funding requests for human resources for health, please review the document **Strategic Support for Human Resources for Health: Technical Guidance Note for Global Fund Applicants.** ([LINK](#))

<b>data and effective use of data to monitor and improve ANC coverage and quality of services, as well as support for the integration of data systems throughout the health system</b>		Health Management Information System and M&E <i>Multiple interventions</i>
<b>Service delivery strengthening at ANC (e.g. improving laboratory services, improving infrastructure, strengthening referral system, reducing barriers to care, creating linkages with non-HIV, TB and malaria interventions)</b>	Yes	RSSH Integrated Service Delivery <i>Multiple interventions</i>
<b>Addressing demand-side barriers</b>	Yes	RSSH Community responses and systems <i>Multiple interventions</i>
<b>Community advocacy (e.g., engagement of religious/community leaders, mothers groups)</b>	Yes	RSSH Community responses and systems <i>Community-led advocacy</i>

*\*Commodities not funded by the Global Fund provide a co-funding opportunity for governments and other development partners supporting governments in this area, including UNFPA, UNICEF and the World Bank, to invest in ANC.*

Harmonization at country-level is critical. Investments by the Global Fund and other partners should be linked to broader national health plans and strategies. Countries are strongly encouraged to explore co-financing opportunities for strengthening ANC to complement the Global Fund's HIV, TB, malaria and RSSH investments for the delivery of integrated services during pregnancy.

## 02 Integrated Community Case Management

One of the strongest opportunities to use Global Fund support for the integration of disease-specific services is through integrated community case management (iCCM). iCCM is a strategy to train, support and supply community health workers (CHWs) and other community stakeholders, such as midwives, to diagnose and treat pneumonia, diarrhea and malaria in sick children and to provide key information to families.<sup>6</sup> Newborn health and nutrition are also commonly included as part of iCCM and, more recently, CHW training packages have been adapted to integrate services for HIV and TB.<sup>7</sup> iCCM extends the case management of childhood illness beyond health facilities so that more children have access to lifesaving treatments at community level or in rural areas. A 2016 Cochrane review found that the integrated management of newborn and childhood illness (IMNCI) strategy<sup>8</sup> was associated with a 15% reduction in child mortality when activities were implemented in both health facilities and communities.<sup>9</sup> iCCM is an additional tool for implementing IMNCI in countries where access to health facilities is poor. It supports the provision of basic health services for children beyond health facilities, informs the district level about community health needs and ensures linkages between the community and primary health facilities.

For countries scaling-up SRMNCAH interventions, the costs associated with moving from malaria-focused management to integrated management for children are marginal. The Global Fund encourages malaria programs that are already investing in the fixed costs of training and supervision of health workers, to include pneumonia and diarrhea management, as well as other elements where applicable (e.g., hygiene and sanitation, infant and young child feeding, HIV and TB services, etc.), in order to increase the impact on the overall health outcomes in children.

<sup>6</sup> WHO/UNICEF Joint statement: integrated community case management (iCCM). Geneva/New York: WHO/UNICEF; 2012. Available from: [http://www.unicef.org/health/files/iCCM\\_Joint\\_Statement\\_2012.pdf](http://www.unicef.org/health/files/iCCM_Joint_Statement_2012.pdf).

<sup>7</sup> In an important step towards improving the coverage of HIV- and TB-related interventions for mothers and children, WHO, UNICEF and partners have capitalized on existing tools and services. A series of inter-partner consultations have resulted in an adaptation of the three-part WHO/UNICEF package for community health workers, *Caring for the newborn and child in the community*. In addition, the results of the consultation on childhood TB integration are available [here](#).

<sup>8</sup> The Integrated Management of Childhood Illness (IMCI) strategy has been renamed IMNCI in many countries to include newborn health.

<sup>9</sup> Tarun Gera, Dheeraj Shah, Paul Garner, Marty Richardson, and Harshpal S. Sachdev, Cochrane Review: Integrated Management of Childhood Illness (IMCI) Strategy for children under five. Cochrane Database of Systematic Reviews, 2016. 6(CD010123).

iCCM services in many countries are currently underutilized compared to the estimated need. It is important to ensure that where iCCM is implemented, patients who need or want access to these services are able to receive them, rather than just changing the venue from the facility to the community for those already accessing service. To ensure that iCCM is cost-effective and achieves the intended impact, its scale-up will need to be based on local evidence for what improves demand and utilization.<sup>10,11</sup> In practice, many countries face challenges around iCCM implementation, including supply chain issues, remuneration/attrition of CHWs, fragmented data systems and an imbalance in financing for non-malaria commodities. Applicants, therefore, are encouraged to think through these challenges and possibly discuss with regional neighbors how to solve such problems before scaling-up iCCM.

The table below highlights the essential components of iCCM and which components are eligible for Global Fund support. It notes how countries can request the support using the modules for malaria and RSSH, respectively. Countries can also review the **Information Note on Formulating the Technical Content of a Funding Request for Malaria** ([LINK](#)) in parallel with this technical brief for additional information on iCCM. Applicants that wish to include other interventions in iCCM, such as services for TB and HIV, are encouraged to do so and should use the appropriate disease-specific modules and interventions in their funding requests.

Critical components of iCCM	Eligible for Global Fund support	Component Module Intervention(s)
<b>Training and salary costs for community health workers (CHW)</b>	Yes, if a country has a specific policy framework on CHWs support by the health system, proposed investments in CHWs should be in alignment with that policy or strategy. In countries without such policies/strategies, it may be appropriate for the Global Fund to support their development, especially if there is evidence that investment in CHWs would be a cost-effective way to improve outcomes across one or more disease programs.	RSSH Human Resources for Health <i>Capacity building for health workers and Retention and scale-up of health workers</i>
<b>Rapid diagnostic tests (RDTs) for malaria diagnosis</b>	Yes	Malaria Case Management <i>iCCM</i>
<b>Artemisinin-based combination therapy (ACT) for malaria treatment</b>	Yes	Malaria Case Management <i>iCCM</i>
<b>Respiratory timers for pneumonia diagnosis</b>	No*	
<b>Antibiotics for pneumonia treatment, and oral rehydration salts (ORS) and zinc for diarrhea treatment</b>	No*	
<b>Supportive supervision</b>	Yes	Malaria Case Management <i>iCCM</i>
<b>Strengthening procurement and supply chain infrastructure and tools for management of malaria and non-malaria commodities for iCCM</b>	Yes	RSSH Procurement and Supply Chain Management Systems <i>Multiple interventions</i>
<b>Strengthening data systems, including the development of data quality assessment methods, tools and</b>	Yes	RSSH Health Management Information System and M&E <i>Multiple interventions</i>

<sup>10</sup> Management Sciences for Health (MSH). Lessons learnt: documents from integrated community case management (iCCM). Evidence Review Symposium 3–5 March 2014, Accra, Ghana. Available from: Collins DH, Jarrah Z, Wright KD, et al. The cost of integrated community health services for treating child pneumonia, diarrhoea, and malaria in three African countries: economic research using systematic sampling. *Lancet*. 2013 Jun 17; 381(S31).

<sup>11</sup> Perspective: Integrated Community Case Management of Childhood Illness: What Have We Learned? Bernadette Daelmans, Awa Seck, Humphreys Nsona, Shelby Wilson, and Mark Young *Am J Trop Med Hyg* 2016; 94:571-573 doi:10.4269/ajtmh.94-3intro2

<b>procedures and strengthening data quality control practices at community levels</b>		
<b>Strengthening referral system and service delivery at facility level</b>	Yes	RSSH Integrated Service Delivery <i>Service organization and facility management</i>
<b>Addressing demand-side barriers</b>	Yes	Malaria Case management <i>IEC/BCC and iCCM</i>

\* Commodities not funded by the Global Fund provide a co-funding opportunity for governments or other development partners to invest in the IMNCI/iCCM platform.

For more guidance on which iCCM interventions and implementation strategies to include in funding requests and opportunities to leverage strategic partnerships, countries can make use of resources compiled by the iCCM Task Force. The website [CCMCentral.com](http://CCMCentral.com) provides tools and examples of best practice for countries considering investing in strengthening iCCM.

In addition, it is important to note that Global Fund continues to recognize the need for quality, integrated service delivery for newborns and children at the facility level as well and provides funding opportunities for the prevention, diagnosis, treatment and care of pediatric HIV, TB and malaria, in addition to supporting training packages and community mobilization as part of the IMNCI strategy. Applicants should review the Global Fund's disease-specific information notes in parallel with this technical brief for more information about what funding opportunities are available for child health programming.<sup>12</sup> Integrated case management and delivery of interventions combining prevention and treatment remains the recommended approach for reasons of quality, effectiveness, efficiency and child rights. The recent WHO publication *Towards a Grand Convergence for child survival and health: A strategic review of options for the future building on lessons learnt from IMNCI*<sup>13</sup> (LINK) provides additional information about IMNCI in the context of a package of care for newborns and children spanning the home, community and health facilities.

### 03 Integrated Sexual and Reproductive Health and HIV Services

The importance of integrated sexual and reproductive health and HIV (SRH-HIV) services is now widely acknowledged. SRH services are often the first point of contact with the health system for many women and girls at risk of HIV, presenting an opportunity for health providers to reach these patients with HIV prevention and treatment services. Similarly, for women and girls living with or affected by HIV, access to quality sexual and reproductive health services, including family planning and antenatal care, becomes essential for the promotion, prevention, care and treatment of HIV. There is a growing evidence-base documenting the numerous benefits of integrating SRH and HIV services (e.g., STI prevention and treatment, family planning and cervical cancer screening) to improve cost-effectiveness, uptake, access to and quality of care.<sup>14</sup>

Much work has been done in the area of SRH and HIV linkages and integration, and the comprehensive resource pack produced by the [Interagency Working Group \(IAWG\) on SRH & HIV Linkages](#) can be closely reviewed with this technical brief. The IAWG provides guidance on how SRH and HIV policies and programs can, and should be, linked, including the integration of service delivery, to maximize health outcomes,<sup>15</sup> as well as other essential resources for linking SRH and HIV.<sup>16</sup> In addition, countries are encouraged to address the unmet sexual health needs, as well as the continued discrimination and violence

<sup>12</sup> Applicants are strongly encouraged to review the three disease-specific information notes available [here](#) in parallel to this technical brief for additional information on the Global Fund's investments in HIV, TB and malaria for women, newborns, children and adolescents.

<sup>13</sup> Costello AM and Dalglish SL on behalf of the Strategic Review Study Team. "Towards a Grand Convergence for child survival and health: A strategic review of options for the future building on lessons learnt from IMNCI." Geneva: WHO, 2016.

<sup>14</sup> Sexual & Reproductive Health & HIV Linkages: Evidence Review & Recommendations, IPPF, UCSF, UNAIDS, UNFPA, WHO, 2009

<sup>15</sup> [http://srhhivlinkages.org/wp-content/uploads/2013/04/top10questions\\_2010\\_en.pdf](http://srhhivlinkages.org/wp-content/uploads/2013/04/top10questions_2010_en.pdf)

<sup>16</sup> Resources include: an Index of 30 SRHR and HIV linkages indicators covering about 60 countries to measure progress and identify gaps across 3 domains (policy/laws; health systems; and integrated service delivery); an electronic toolkit to guide users to key resources and provide an overview of SRHR and HIV linkages, including sections on how to integrated services and monitor progress; SRHR and HIV linkages infographic snapshots for 30 countries; an updated job aid for healthcare workers on EMTCT/PMTCT; a related integrated commodities package; and guidance on integrated service delivery for EMTCT/PMTCT.

against key populations including men who have sex with men, sex workers, people who inject drugs, prisoners and transgender people through an integrated approach.

Different models have been successfully used to date to enable the integration of SRH and HIV services. Many HIV interventions can be successfully integrated into SRH service delivery, and *vice versa*, to maximize health outcomes when there are adequate resources and training. Examples of bidirectional SRH and HIV integration include, but are not limited to, the following strategies: family planning into HIV counseling and testing (HCT); cervical cancer screening in HIV treatment, care and support; PMTCT of HIV and syphilis in ANC; HIV treatment and care into post-partum care; and the screening, prevention and co-management of STIs (e.g., syphilis, HPV and HCV) in HIV treatment, care and support. It is important to acknowledge that not every health facility needs to provide all services within one setting, and the context should dictate which services should be integrated.

When identifying their programmatic needs for the integration of SRH and HIV services, applicants are encouraged to use the [Rapid Assessment Tool for SRH and HIV Linkages](#) published by the IAWG. While not exhaustive, the table below highlights many critical components of SRH and HIV integration and notes which are eligible for Global Fund support and how applicants can submit a funding request using the modules for HIV and RSSH, respectively.

Critical components of integrated SRH and HIV services	Eligible for Global Fund support	Component Module Intervention(s)
<b>Family planning counseling and related services including provision of contraceptive commodities and infertility treatment</b>	Yes	HIV PMTCT <i>Prongs 1, 2, &amp; 4</i>
<b>Prevention of HIV and STIs (including biomedical and non-biomedical interventions such as provision of male and female condoms, pre-exposure prophylaxis and behavioral change programming)</b>	Yes	HIV Prevention Programs for General Population <i>Behavioral interventions as part of programs for general population; and</i> <i>Condoms as part of programs for general population</i>
<b>HIV testing and counseling, including services to support safe disclosure of HIV serostatus for women living with HIV who experience or fear violence</b>	Yes	HIV HIV Testing Services <i>Effective and differentiated HIV testing services</i>
<b>Diagnosis and co-management of STIs, specifically including syphilis, HPV, and hepatitis C virus (HCV)</b>	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities	HIV Prevention Programs for General Population <i>Diagnosis and treatment of STIs and other sexual health services for general population</i>
<b>Prevention of mother-to-child transmission of HIV (PMTCT) and syphilis</b>	Yes	HIV PMTCT <i>Prongs 1-4</i>
<b>Cervical cancer screening and treatment, as well as the provision of HPV vaccination for prevention</b>	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities. Countries are encouraged to identify opportunities for co-financing for HPV vaccination activities.	HIV Prevention Programs for General Population <i>Diagnosis and treatment of STIs and other sexual health services for general population</i>
<b>Antiretroviral therapy for eligible people living with HIV (including for preventing HIV transmission), and treating opportunistic infections.</b>	Yes	HIV Treatment, Care and Support <i>Multiple interventions</i>
<b>Management of unintended pregnancy</b>	No	

<b>Comprehensive programs for sex workers and their clients</b>	Yes	HIV Comprehensive programs for sex workers and their clients <i>Multiple interventions</i>
<b>Comprehensive programs for people who inject drugs (PWID) and their partners</b>	Yes	HIV Comprehensive programs for people who inject drugs (PWID) and their partners <i>Multiple interventions</i>
<b>Comprehensive programs for transgender groups (TGs)</b>	Yes	HIV Comprehensive programs for TGs <i>Multiple interventions</i>
<b>Gender-based and intimate partner violence prevention and treatment</b>	Yes	HIV Gender based violence prevention and treatment programs <i>Multiple interventions</i>
<b>Training costs and supportive supervision for staff</b>	Yes, in-service training should be integrated within broader training packages, and pre-service education should focus on scaling up the production of health workers and/or improving the competencies acquired during education/training. <sup>17</sup>	RSSH Human Resources for Health <i>Capacity building for health workers</i>
<b>Salary support for health facility staff providing integrated SRH-HIV services</b>	Yes, the Global Fund will consider funding interventions to improve retention and motivation, especially in rural and remote parts of the country. The Global Fund will prioritize low-income countries and COEs when providing support for such interventions.	RSSH Human Resources for Health <i>Retention and scale-up of health workers</i>
<b>Strengthening procurement and supply chain infrastructure and tools for integrated management of SRH and HIV commodities</b>	Yes	RSSH Procurement and Supply Chain Management Systems <i>Multiple interventions</i>
<b>Strengthening data systems for SRH-HIV, including collection and analysis of sex and age disaggregated data and the integration of data collecting systems into a combined HMIS for the entire health sector</b>	Yes	RSSH Health Management Information System and M&E <i>Multiple interventions</i>
<b>Service delivery strengthening at health facilities for integration of SRH-HIV services (e.g. improving laboratory services, facility management and referral systems)</b>	Yes	RSSH Integrated Service Delivery <i>Multiple interventions</i>
<b>Community advocacy, peer-support, and meaningful engagement of people living with HIV</b>	Yes	RSSH Community responses and systems <i>Community-led advocacy</i>

## 04 Adolescent Health

There is a growing need to leverage the current investments in sexual and reproductive health (SRH) and maternal and child health (MCH) by focusing on the health of adolescents. Worldwide, HIV is one of the five leading causes of death in adolescents, and issues that affect adolescents more acutely than other age groups need more targeted, strategic investments.

<sup>17</sup> For additional information on funding requests for human resources for health, please review the document **Strategic Support for Human Resources for Health: Technical Guidance Note for Global Fund Applicants.** [\(LINK\)](#)

The Global Fund currently targets the adolescent population through its investments in disease-specific programming, as well as activities that build resilient and sustainable systems for health. To date, the Global Fund has invested in integrated HIV prevention, treatment, care and support for adolescents in and out of school, and will continue to expand the scope of this engagement. Similarly, the Global Fund's TB and malaria recommendations for children and adults are also relevant for adolescents. The [\*\*Technical Brief "Maximizing impact by addressing adolescents' needs in Global Fund concept notes: Strategic Investments for Adolescents in HIV, Tuberculosis and Malaria Programs"\*\*](#) outlines key considerations for adolescents in the three disease intervention areas and can be reviewed in parallel with this document as applicants prepare funding requests that include interventions for adolescents. Countries can also make use of the recent joint WHO-UNAIDS publication [\*\*Global standards for quality health-care services for adolescents: a guide to implement a standards-driven approach to improve the quality of health care services for adolescents\*\*](#)<sup>18</sup> as this document provides normative guidance on improving the quality of health-care services that promote, protect and improve the health and well-being of adolescents.

Historically, there has been a narrow focus on critical HIV prevention and SRH services for adolescents. While ensuring access to expanded SRH information and services for adolescents – including comprehensive sexuality education – in the context of HIV prevention efforts, services for adolescents must also go beyond sexual health and address the full range of adolescents' health and development needs. Adolescents need comprehensive health, educational and social services appropriate to their life stage. These services must be delivered where they can be reached.<sup>19</sup> There is a range of different service delivery models (e.g., school-based services, mobile services, home-based care, SRH clinics, etc.)<sup>20</sup> available to provide integrated health services to adolescents that may address key challenges in the adolescent population, as well as subgroups that may be particularly vulnerable within the adolescent population. Integrated health services may include sexual and reproductive health, substance use, mental health, nutrition, injuries, violence, infectious and non-infectious diseases, for example.<sup>21</sup> Countries are encouraged to explore how they can leverage investments in building resilient and sustainable systems for health to deliver quality health services for adolescents, linking with education and social protection programs, in these different environments as well.

Health outcomes for adolescents are usually linked to their social environments and are frequently mediated by their behaviors.<sup>22</sup> Behavioral change, promoting healthy practices, building adolescents' assets and taking steps to address structural factors, such as socio-cultural and economic factors that put adolescents at risk, are also critical for health programming, as well as the prevention of health problems in adulthood. For sustainable impact, the Global Fund is exploring cross-sectoral approaches, such as the link between health and education as previously mentioned. Countries can invest in approaches such as cash transfers to keep adolescent girls and young women in school, especially post-primary and secondary level, so as to create a critical mass of healthy, educated and financially independent women who get married later and are better able to plan their families. Applicants are encouraged to consider submitting a funding request to the Global Fund for these types of social investments, as well as other social investments that can help adolescents who have become pregnant, including community outreach services and spaces where they can receive peer support and mentorship from other women.

Engagement of the adolescent community is also important. Adolescents groups can be a strong voice in community organizations at all levels, particularly members of key populations. The Global Fund strongly

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<sup>18</sup> Contents of this document include the following: Volume 1 – Standards and criteria, Volume 2 – Implementation guide, Volume 3 – Tools to conduct quality and coverage measurement surveys to collect data about compliance with the global standards and Volume 4 – Scoring sheets for data analysis.

<sup>19</sup>For more information, please see the UNAIDS GAP Report 2014, available at:

[http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf)

<sup>20</sup> The Evidence 2 Action Project has created a decision-making tool for designing youth friendly spaces available at:

<http://www.e2aproject.org/publications-tools/pdfs/thinking-outside-the-separate-space-yfs-tool.pdf>

<sup>21</sup> While countries may prioritize services according to the local situation, the range of services that adolescents require usually includes mental health, sexual and reproductive health, HIV, nutrition and physical activity, injuries and violence, substance use, and immunization. To inform countries' efforts in articulating national packages of adolescent health services, see WHO recommended services and interventions for adolescents at <http://apps.who.int/adolescent/second-decade/section6/page1/universal-health-coverage.html> (Adapted from Global Standards for quality health care services for adolescents, WHO, 2015).

<sup>22</sup> For more information on the link between social environments and adolescent behavior, please see <https://www.healthypeople.gov/2020/topics-objectives/topic/Adolescent-Health>.

encourages the inclusion of measures to strengthen community systems for adolescents through social mobilization, building community linkages, collaboration and coordination within grant applications. The ***Community Systems Strengthening Technical Brief*** ([LINK](#)) can be reviewed in parallel with this document as it provides guidance on different types of community engagement.

In addition to the specific investment opportunities in the three disease intervention areas, the table below also highlights additional critical components of adolescent health and notes which components are eligible for Global Fund support.

Critical components of adolescent health	Eligible for Global Fund support	Component Module Intervention(s)
<b>Policy and governance interventions to promote adolescent-responsive health systems</b>	Yes	HIV Prevention programs for adolescents and youth, in and out of school <i>Other interventions for adolescents and youth</i>
<b>Behavioral change programs (e.g., comprehensive sexual education, gender norm changing, CCTs/incentives, harm reduction activities)</b>	Yes	HIV Prevention programs for adolescents and youth, in and out of school <i>Multiple interventions</i>
<b>Community systems strengthening activities for adolescents</b>	Yes	RSSH Community responses and systems <i>Multiple interventions</i>
<b>Removing stigma and discrimination for adolescents</b>	Yes	HIV Prevention programs for adolescents and youth, in and out of school <i>Addressing stigma and discrimination and legal barriers to care</i>
<b>Prevention of HIV and STIs (e.g., condoms, pre-exposure prophylaxis)</b>	Yes	HIV Prevention programs for adolescents and youth, in and out of school <i>Male and Female condoms programming</i> <i>Oral pre-exposure prophylaxis (PrEP)</i>
<b>Preventing adolescent pregnancy including access to contraceptive commodities</b>	Yes	HIV PMTCT <i>Prong 1</i>
<b>Cervical cancer prevention for all adolescent girls, and screening and treatment in adolescent girls who have tested positive for HIV</b>	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities. Countries are encouraged to identify opportunities for co-financing for HPV vaccination activities.	HIV Prevention programs for adolescents and youth, in and out of school <i>Linkages and/or integration of programs for AGYW with adolescent and youth friendly HIV, SRH and TB services</i>
<b>Diagnosis and co-management of STIs for adolescents</b>	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities	HIV Prevention programs for adolescents and youth, in and out of school <i>Linkages and/or integration of programs for AGYW with adolescent and youth friendly HIV, SRH and TB services</i>
<b>HIV testing and counseling for adolescents</b>	Yes	HIV HIV Testing Services <i>Effective and differentiated HIV testing services</i>
<b>Treatment, care and support for adolescents living with HIV</b>	Yes	HIV Treatment, Care and Support <i>Multiple interventions</i>

<b>TB care and prevention in adolescents</b>	Yes	TB TB care and prevention <i>Multiple interventions</i>
<b>Management of unintended adolescent pregnancy</b>	No	
<b>Antenatal care for adolescents</b>	Yes	See previous section on ANC for additional details
<b>Young key population (PIWD, sex workers, TGs) interventions as part of programs for adolescent and youth</b>	Yes	HIV Prevention programs for adolescents and youth, in and out of school <i>Young Key Population interventions as part of programs for adolescent and youth</i>
<b>Mental health services for adolescents</b>	Yes, the Global Fund recognizes that mental health problems are the main cause of illness and disability among adolescents, <sup>23</sup> and thus supports investments in psychosocial support for adolescents, particularly those living with and affected by HIV, as well as key populations.	HIV Prevention programs for adolescents and youth, in and out of school <i>Other interventions for adolescents and youth</i>
<b>Strengthening procurement and supply chain infrastructure and tools to provide integrated care for adolescents within the different models of service delivery</b>	Yes	RSSH Procurement and Supply Chain Management Systems <i>Multiple interventions</i>
<b>Strengthening data systems for adolescent health, including the collection and analysis of sex, age and geographical disaggregated data</b>	Yes, particularly when countries do not have data on adolescents or when analysis of existing data is weak	RSSH Health Management Information System and M&E <i>Multiple interventions</i>
<b>Training costs and supportive supervision for an adolescent-competent workforce</b>	Yes, in-service training should be integrated within broader training packages, and pre-service education should focus on scaling up the production of health workers and/or improving the competencies acquired during education/training. <sup>24</sup>	RSSH Human Resources for Health <i>Capacity building for health workers</i>
<b>Salary support for health facility staff providing adolescent health services</b>	Yes, the Global Fund will consider funding interventions to improve retention and motivation, especially in rural and remote parts of the country. The Global Fund will prioritize low-income countries and COEs when providing support for such interventions.	RSSH Human Resources for Health <i>Retention and scale-up of health workers</i>
<b>Strengthening service delivery for adolescent health which may include investments in innovative approaches (e.g., mobile services, school-based care, community-based services, ICT) and support for adequate referral networks</b>	Yes	RSSH Integrated Service Delivery <i>Multiple interventions</i>
<b>Addressing demand-side barriers for adolescent health (i.e., barriers to specific service utilization such as HCT or uptake of contraceptives)</b>	Yes	HIV Prevention programs for adolescents and youth, in and out of school <i>Community mobilization and norms change</i>
<b>Implementation research for adolescent health, including key</b>	Yes, countries can consider developing adolescent-specific,	HIV

<sup>23</sup> <http://www.who.int/mediacentre/factsheets/fs345/en/>

<sup>24</sup> For additional information on funding requests for human resources for health, please review the document **Strategic Support for Human Resources for Health: Technical Guidance Note for Global Fund Applicants.** [\(LINK\)](#)

<b>subgroups of interest such as younger adolescents and in different settings/delivery platforms</b>	prioritized research agendas to develop the local evidence base for future investments in adolescents	Prevention programs for adolescents and youth, in and out of school <i>Other interventions for adolescents and youth</i>
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Investments in adolescent health are investments in both the present and the future. Countries are strongly encouraged to include activities that prioritize the adolescent population, including particular vulnerable subgroups (e.g., young key populations, adolescent girls, etc.), and plan for adolescent-responsive health systems in their Global Fund funding requests.

## IV. Monitoring and evaluating integrated service delivery for women, newborns, children and adolescents

Integrated service delivery is a goal of most healthcare systems, and the Global Fund supports the integration of disease-specific services as part of a larger movement around primary healthcare. A key challenge to date has been the lack of consensus on how to measure integration, which makes it difficult to monitor progress, especially beyond the national level. Although there is an absence of internationally agreed upon indicators specifically to measure service integration, efforts such as the [Health Data Collaborative](#) and [Primary Health Care Performance Initiative](#) demonstrate how a broad network of partners are working together develop practical tools that provide guidance on how to make primary health care improvements. Additional ways to fully capture the effect of integration on the health system and its impact on health outcomes, especially among the most vulnerable populations, as well as to monitor performance at operational, strategic and policy implementation levels, including at the decentralized level, are also being identified. This is an area of evolving work which, for example, could be addressed through special studies and thematic evaluations commissioned by the Global Fund.

Existing monitoring frameworks should be used for Global Fund reporting purposes. The success of integrated service delivery will be measured by how much these interventions improve the performance of targeted health system components, as well as by their impact on health outcomes for HIV, TB, malaria and associated comorbidities among the specific population groups. A set of coverage, output, outcome and impact indicators are provided in the Global Fund's performance framework, which is part of the application package. In addition to these indicators, the performance framework includes workplan tracking measures (WPTM) that are qualitative milestones and/or input or process measures used to measure progress over the grant implementation period for modules and interventions that cannot be adequately measured with coverage or output indicators. WPTM are an additional way to measure progress in instituting service integration. [The Global Fund's Approach to Monitoring and Evaluation](#) can be reviewed for further information.

Independent of Global Fund monitoring requirements, countries are also encouraged to have indicators for their own health planning that evaluate integrated services for women, newborns, children and adolescents. The [Monitoring Framework for the Global Strategy for Women's Children's and Adolescents' Health \(2016-2030\)](#) can be reviewed for guidance in this area. In addition, several partners have developed tools that can assist countries in monitoring discrete packages of integrated services. For example, the iCCM Task Force has developed iCCM indicators that provide a comprehensive and standardized approach to monitor iCCM programs and assess progress towards improved coverage of life-saving curative interventions.<sup>25</sup> Similarly, the IAWG for SRH & HIV Linkages has developed a compendium of indicators and related assessment tools at outcome, output and impact levels for the integration of SRH and HIV services.<sup>26</sup> Overall, such data will allow countries to monitor progress in integration efforts.

<sup>25</sup> The iCCM global and country level indicator matrices are available at <http://ccmcentral.com/benchmarks-and-indicators/indicators/>.  
<sup>26</sup> Based on a theory of change, the *SRH and HIV Linkages Compendium* published by the IAWG for SRH and HIV Linkages is a nice example of this work. It contains a focused set of indicators and related assessment tools (including two indicators that specifically measure which SRH and HIV services are integrated and how) that have relevance to tracking the links between SRH and HIV programs at national and sub-national levels. The compendium is available at [http://srhhivlinkages.org/wp-content/uploads/SRH-HIV-Linkages-Compendium\\_rev.pdf](http://srhhivlinkages.org/wp-content/uploads/SRH-HIV-Linkages-Compendium_rev.pdf).

In countries where the Global Fund is supporting various components of integration, together with partners, the Global Fund encourages the development of national service integration progress reports, which could then be shared with the Global Fund and other partners. These progress reports, based on standardized measurement approaches described above, are critical to assessing the overall impact of integrated service delivery on improved health outcomes and will serve as important pieces of evidence to support scaling-up Global Fund investments in future applications and/or reprogramming requests.

## V. Preparing funding requests

Although there is growing momentum around integrated service delivery for women, newborns, children and adolescents, the Global Fund acknowledges that the actual implementation of integrated health services varies according to country contexts due to different economic, political and health systems realities.<sup>27</sup> It is also important to recognize that integration may place additional demands on the national health system, which may initially increase the costs necessary to ensure readiness of the system (e.g., support for human resources, facility capacity, new technologies, etc.). To help prioritize and mitigate these demands, all levels of the health system need to be engaged in integrated planning, implementation and monitoring, particularly within decentralized health systems. Specific factors that may inhibit the integration of health services have been identified and are summarized in the [\*\*\*GHI Principle Paper on Integration in the Health Sector\*\*\*](#). Depending on the context, countries must take such factors into consideration as they begin to conduct their situation and gap analyses and discuss opportunities for strengthening SRMNCAH and platforms for integrated service delivery with support from the Global Fund.

### 05 Performing a situation analysis and a gap analysis

Deciding which SRMNCAH services are the “best fit” to maximize outcomes and how to deliver them through an integrated response within the country requires knowledge of the national context (and the subnational context, in some countries) and also requires a thorough analysis of the needs and gaps related to disease-specific programming and the overall health system. As such, it is important for a country to first perform a situation analysis and then, from this, derive a gap analysis. These activities are interrelated and help with priority setting for SRMNCAH, not just for the purpose of Global Fund applications but as part of developing National Strategic Plans and RMNCAH Investment Cases, for example.

The **situation analysis** can provide the following information:

- an equity analysis<sup>28</sup> of disease burden and access to prevention and treatment services for HIV, TB and/or malaria, particularly for vulnerable populations;
- a summary of targets and strategic priorities and objectives of the country, including a descriptive section on the current national policies and guidelines with a focus on SRMNCAH and potential areas for the integration of health service delivery;
- a summary of the health system context as relevant for disease-specific outcomes and SRMNCAH outcomes, including a brief overview of the service delivery infrastructure, human resources, procurement and supply chain management and health-care financing;
- a STEEP (social, technology, economic, environmental and political) analysis of factors that foster improved services for SRMNCAH and integrated service delivery; and
- a summary of the past and current status of the following:
  - gender equality<sup>29</sup> and human rights, as well as the health of key populations;

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<sup>27</sup> For more information about the Global Fund’s holistic and multidisciplinary approach that seeks to reach those most in need, reduce inequalities, and support sustainable transition across the development continuum as countries move toward self-sustainability, please review the final report of the Development Continuum Working Group available at: [http://www.theglobalfund.org/BM33\\_DevelopmentContinuumWorkingGroup\\_Report\\_en/](http://www.theglobalfund.org/BM33_DevelopmentContinuumWorkingGroup_Report_en/).

<sup>28</sup> Countries are encouraged to make use of WHO’s Health Equity Assessment Toolkit (HEAT) which is available at [http://www.who.int/gho/health\\_equity/assessment\\_toolkit/en/](http://www.who.int/gho/health_equity/assessment_toolkit/en/).

<sup>29</sup> Countries are encouraged to make use of UNAIDS’s Gender Assessment Tool which is available at [http://www.unaids.org/sites/default/files/media\\_asset/JC2543\\_gender-assessment\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/JC2543_gender-assessment_en.pdf).

- activities currently funded from national resources with corresponding values and program costs, and needs that are currently not funded;
- activities currently funded from international resources with corresponding values and program costs, and needs that are currently not funded

Using the above information, a **gap analysis** can be conducted, and the results should:

- indicate specific programming strategies and criteria for prioritization within SRMNCAH<sup>30</sup>;
- identify existing areas of integration of SRMNCAH services and potential opportunities for expansion;
- map out internal and external partners already supporting these areas and their respective contributions, with particular attention to Global Fund’s partnerships with UNICEF, UNFPA, Gavi and the World Bank recently launched in many countries;
- map out existing country-level coordinating mechanisms and opportunities for improved harmonization;
- identify weaknesses and bottlenecks in the health system that impede SRMNCAH and integrated service delivery;
- identify policy, programming and funding gaps in the country that impede SRMNCAH and integrated service delivery; and
- identify key affected and underserved populations (e.g., migrants, sex workers, difficult to reach communities, etc.) as well as inequities in service coverage

While there is currently no normative guidance on the delivery of integrated health services for women, newborns, children and adolescents, the [GHI Principle Paper on Integration in the Health Sector](#) includes an “integration scoping tool”<sup>31</sup> that can be used by countries to identify opportunities to strengthen SRMNCAH and integrated service delivery in a way that makes sense technically, economically and contextually. In addition, in 2014 the World Health Organization (WHO) and partners updated the [WHO Technical Guidance Note: Strengthening the inclusion of reproductive, maternal, newborn and child health in concept notes to the Global Fund](#) to assist country teams and stakeholders with these analyses.

## 06 Key considerations during the application process

Applicants are encouraged to request funding for programs that benefit one or more of the three priority diseases for the Global Fund and also have linkages to broader SRMNCAH needs. Applications may address not only access to SRMNCAH commodities but also improvements in overall quality of care, for both community and facility-based interventions, and can address missing links in service delivery of SRMNCAH that are commonly described in gap analyses. Several key considerations during the funding request process are highlighted below:

***Development of national plans for SRMNCAH:*** The country’s national health strategy is the foundation of the funding request. It is important that this be developed through an inclusive process that includes key SRMNCAH stakeholders. During this process, it is important to perform a situational and gap analyses, as discussed above. It is also important to identify and discuss potential opportunities and challenges for integrated service delivery early on in the planning process to ensure that they are adequately addressed in the national plan.

***Technical assistance and programmatic guidance in SRMNCAH:*** Applicants may require support to ensure that SRMNCAH is part of the on-going country dialogue. Technical partners like the [H6](#) can assist countries to highlight SRMNCAH needs and costs, as well as to opportunities for integrated service delivery within the country context. Technical assistance may also be needed for preparing Global Fund funding

<sup>30</sup> Countries are encouraged to review the recommended evidence-based packages outlined in the Global Strategy on Women’s, Children’s and Adolescents’ Health.

<sup>31</sup> The tool comprises three elements: (i) an overarching question for each of five functional domains (policy, program/organization, system support strategies, services, and health promoting behaviors), (ii) a series of features or characteristics for each functional domain, and (iii) determination of the extent to which the function is present fully, partially or not at all. Many of the elements in the tool are generic; specification and adaptation to local conditions is required to make the tool meaningful and useful. The tool is best used in a consultative group setting with multiple participants who bring different perspectives and experiences to the exercise.

requests that include identified SRMNCAH priorities and platforms for integrated service delivery. Needs should be noted and sourced as early in the process as possible. Partners can provide advice on identifying and funding technical assistance.

***SRMNCAH stakeholders as part of the country dialogue process:*** During the development of the Global Fund funding request, it is important that key SRMNCAH stakeholders, including the inclusion of several experts, as well as women and adolescents living with or affected by HIV, TB and malaria, are part of the application development process to ensure that relevant SRMNCAH activities and opportunities for integrated programming are identified and included in the application.

***Engaging in implementation research in SRMNCAH:*** Countries can consider engaging in implementation research to help explore and strengthen the evidence on the optimal delivery systems for integrated services for women, newborns, children and adolescents.

***Quality improvement in SRMNCAH:*** The Global Fund recognizes that quality of care is a critical aspect of any programming, including interventions for SRMNCAH. High coverage rates alone will not improve outcomes. Countries can consider activities to improve the standards of care and quality measures for assessing, improving and monitoring the quality of care for women, newborns, children and adolescents.<sup>32</sup>

## 07 Co-financing with partners

In order to maximize its impact on health of women, newborns, children and adolescents, it is critical for Global Fund investments to be best aligned with other resources. There are opportunities for country level co-financing with partner organizations in settings where there are existing Global Fund supported HIV, TB, malaria or RSSH programs. The Global Fund has been working closely with World Bank, Gavi and other partners through the [Global Financing Facility \(GFF\)](#) to promote harmonization and alignment of resources for SRMNCAH. Countries are encouraged to consider their programmatic and funding needs for SRMNCAH comprehensively and identify which partners are able to provide complementary financing for specific components.

In addition, the Global Fund has a Memorandum of Understanding (MoU) with UNICEF to identify opportunities for country-level co-financing – domestic or international donors – to increase availability of essential medicines and commodities for iCCM such as antibiotics, oral rehydration salts and zinc for pneumonia and diarrhea treatment to complement Global Fund inputs for malaria. Similarly, the Global Fund has a MoU with UNFPA to strengthen the integration of SRH interventions and enable equitable access to integrated, quality SRH and HIV services that are anchored in human rights and gender-responsive. Applicants should engage with these partners during the country dialogue process to ensure that opportunities to strengthen effective links between SRMNCAH and disease-specific interventions are identified and financed. Countries are also encouraged to leverage existing and new partners' technical assistance and explore co-financing opportunities to enable improved planning and programming for women, newborns, children and adolescents.<sup>33</sup>

## VI. Conclusion

While women, children and adolescents continue to be disproportionately impacted by HIV, TB and malaria, significant progress has been made. The Global Fund remains committed to this fight, as articulated in the new strategy for the period 2017–2022. The Global Fund's contribution to sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) is one of the key pillars in this strategy. As momentum grows globally to further accelerate gains in SRMNCAH, the Global Fund remains a key financial partner

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<sup>32</sup> WHO has recently published additional resources on quality improvement for maternal and newborn care which are available at <http://apps.who.int/iris/bitstream/10665/249155/1/9789241511216-eng.pdf?ua=1>.

<sup>33</sup> For additional information about the implementation of these MoUs, as well as country examples of how co-investments have been leveraged to date, please see the Global Fund's second report to the iERG "[Maximizing the Impact of Global Fund Investments by Improving the Health of Women and Children](#)."

working in close collaboration with other partners to promote harmonization both at the global and country level. The Global Fund is committed to continuing to support countries' efforts to build resilient and sustainable systems for health that improve health outcomes for women, newborns, children and adolescents within the framework of its mandate: to fight HIV/AIDS, TB and malaria.