



In the village of Kelo, Chad, Veronique rests under her newly installed insecticide-treated net, collected earlier in the day at a village distribution event. Her one-year-old, Haltaguin, got malaria last year but recovered completely because treatment was available. With support from the Global Fund and UNICEF, the government of Chad launched a national campaign in 2014 to distribute nearly 7.3 million mosquito nets throughout the country.

The Global Fund / Andrew Esiebo

Maximizing the Impact of Global Fund Investments by Improving the Health of Women and Children

Second report to the independent Expert Review Group (iERG) on Information and Accountability for Women's and Children's Health

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Acronyms and abbreviations

AIDS	acquired immunodeficiency syndrome
ANC	antenatal care
ART	antiretroviral therapy
CMNCH	community maternal, newborn and child health
CoIA	Commission on Information and Accountability
CRVS	civil registration and vital statistics
EPI	Expanded Program on Immunization
Gavi	Gavi, the Vaccine Alliance (formerly the Global Alliance for Vaccines and Immunizations, or the GAVI Alliance)
GBV	gender-based violence
GFF	Global Financing Facility
HEW	health extension worker
HIV	human immunodeficiency virus
HMIS	health management information system(s)
HRH	human resources for health
HRITF	Health Results Innovation Trust Fund
HSS	health systems strengthening
HTM	HIV, tuberculosis and malaria
iCCM	integrated community case management
IDA	International Development Association
iERG	independent Expert Review Group
IPTp	intermittent preventive treatment of malaria – in pregnancy
LLIN	long-lasting insecticidal net
MDG	Millennium Development Goal
MNCH	maternal, newborn and child health
MoU	memorandum of understanding
NFM	new funding model
ODA	official development assistance
ORS	oral rehydration salts
OVC	orphans and vulnerable children
PBF	performance-based financing
PEPFAR	United States President's Emergency Plan for AIDS Relief
PMTCT	prevention of mother-to-child transmission of HIV
PPM	pooled procurement mechanism
PSM	procurement and supply chain management
RACe	Rapid Access Expansion 2015 program
RBF	results-based financing
RMNCAH	reproductive, maternal, newborn, child and adolescent health
RMNCH	reproductive, maternal, newborn and child health
SDG	Sustainable Development Goal
SRH	sexual and reproductive health
TB	tuberculosis
UHC	universal health coverage
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VHT	village health team
WHO	World Health Organization

Executive summary

The continued contribution of the Global Fund to Fight AIDS, Tuberculosis and Malaria (the Global Fund) to the United Nations *Global Strategy for Women's and Children's Health* (the *Global Strategy*) is representative of the sustained momentum for accelerated progress aimed at achieving Millennium Development Goals 4 (reducing child mortality) and 5 (improving maternal health). The *Global Strategy* is a step toward better health for women and children, and international and national partners are working rapidly to translate it into immediate concrete action and measurable results, as well as looking toward the post-2015 development era. The updated *Global Strategy for Women's, Children's, and Adolescents' Health*, to be launched in September 2015, is a roadmap for ending all preventable deaths of women, children and adolescents by 2030, and for improving their overall health and well-being, building upon the 2010–2015 *Global Strategy*.

The Global Fund is pleased to submit this report to the independent Expert Review Group (iERG) for inclusion in its final report. *Part 1: Investing in Women and Children through the new funding model* examines the investments the Global Fund has made in reproductive, maternal, newborn, child and adolescent health (RMNCAH) through the new funding model (NFM), which was launched in 2013. It outlines how disease-specific investments in HIV, TB and malaria (HTM) have impacted the health of women and children, as well as how investments in health systems strengthening (HSS) are working to build resilient health systems for all. It also summarizes recommendations for more gender-responsive programming under the NFM. *Part 2: Innovative Partnerships* highlights progress to date since initiating several innovative partnerships for country-level co-financing under the NFM, presenting several country examples of what has been successful thus far.

For the Global Fund, both disease-specific and HSS investments that improve the health of women and children will continue to play an important role in the overall global health agenda.

The report concludes by briefly outlining how the Global Fund will ensure continued investments in women and children as it begins to develop its new strategy, and highlights how the new strategy will fit into the larger global landscape for RMNCAH investments. As part of the ongoing

consultation process, the Global Fund's contribution to RMNCAH is one of the components being considered, as well as gender equality, which requires the removal of gender-related barriers to women's and girls' access to health services. For the Global Fund, both disease-specific and HSS investments that improve the health of women and children will continue to play an important role in the overall global health agenda, including achievement of universal health coverage, which is a central theme in global and national health discussions. The Global Fund strongly supports the post-2015 agenda for development and the Sustainable Development Goals (SDGs), with their overarching principles of sustainability and equity, particularly for women and children.

Introduction

The three health-related Millennium Development Goals (MDGs) – reducing child mortality (MDG 4), improving maternal health (MDG 5) and combating HIV/AIDS, malaria and other diseases (MDG 6) – are strongly interconnected. The Global Fund remains committed to the vision of the United Nations *Global Strategy for Women's and Children's Health* (the *Global Strategy*) and has continued to play an important role in making a meaningful contribution toward improving reproductive, maternal, newborn, child and adolescent health (RMNCAH) [1].

Accountability remains critical to the objectives of the *Global Strategy*. The Commission on Information and Accountability for Women's and Children's Health (CoIA) has created a framework that links accountability for resources to the results, outcomes and impacts they produce, as well as an independent Expert Review Group (iERG), which provides global oversight and reporting on the progress and results. This is the last year of the iERG's mandate, and the final report will provide an overview of RMNCAH progress globally and in the 75 priority countries since 2011. The iERG has specifically asked the Global Fund to submit evidence, including case studies, of the progress achieved in implementation of health programs supported by the Global Fund that cover a range of interventions for women and children across the continuum of care for RMNCAH worldwide and, in the *75 Countdown* to 2015 priority countries¹ in particular.

This is the Global Fund's second submission to the iERG². It summarizes how the Global Fund has supported and continues to contribute to the improvement of maternal and child health through its investments in a wide range of HIV, tuberculosis (TB) and malaria (HTM) and health systems strengthening (HSS) interventions across the continuum of care. It also highlights progress to date since initiating several innovative partnerships for country-level co-financing under the new funding model (NFM). The Global Fund has identified opportunities to leverage existing flexibilities and to increase synergies among disease-specific financing, HSS, RMNCAH services and gender-responsive programming within its current strategy and funding model. The Global Fund will also ensure continued investments in women and children as it begins to develop its new strategy. There is growing global commitment to improving the health of women and children, and this document highlights how the new strategy will fit into the larger landscape for RMNCAH investments.

¹ *Countdown to 2015* is a collaboration among individuals and institutions established in 2005 that aims to stimulate country action to improve maternal, newborn and child health by tracking coverage for interventions needed to attain MDGs 4 and 5. The Countdown's list of priority countries was developed in three phases expanding from 74 to 75 countries in 2011 (to include the recently-established nation of South Sudan), and this list includes the 49 low-income countries that are covered by the *Global Strategy*.

² The first report was submitted to the iERG in June 2014. It is available at: http://apps.who.int/woman_child_accountability/iERG/reports/GF_submission_iERG_2014.pdf



- PART -

1

INVESTING IN WOMEN AND CHILDREN THROUGH THE NEW FUNDING MODEL

Pregnant women at Chirundu Hospital in Zambia are offered a package of antenatal health services at no cost thanks to Global Fund support. Services include HIV testing and counseling, malaria prevention education, and home-based care.

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1.1 Global Fund commitment to improving reproductive, maternal, newborn, child and adolescent health

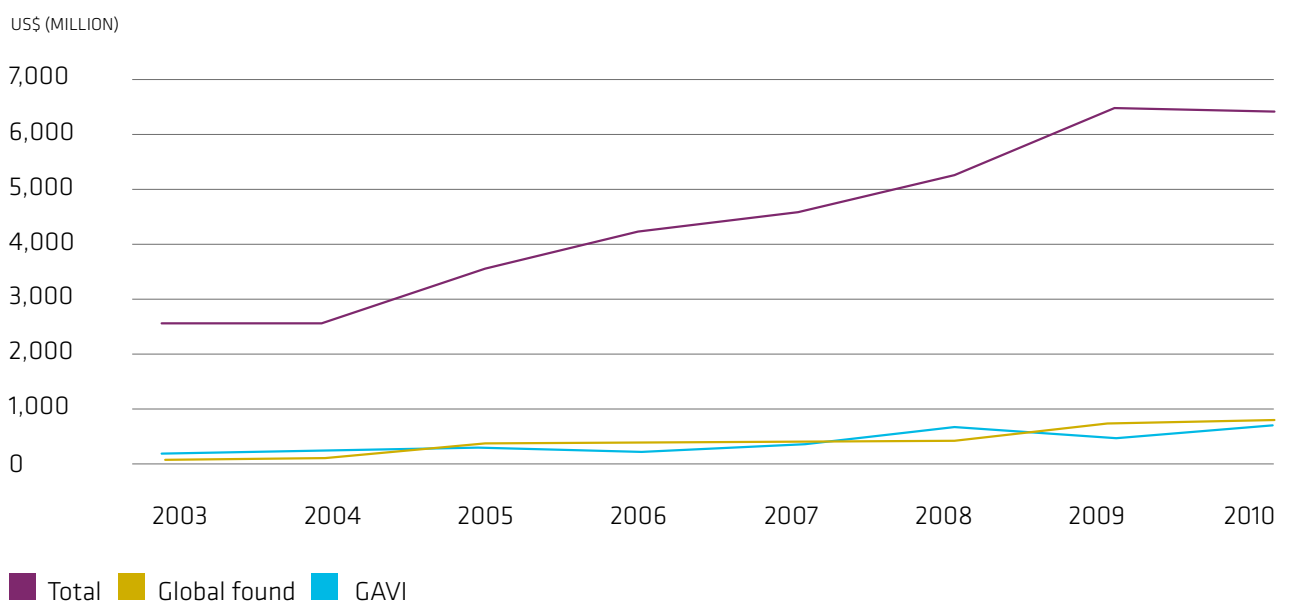
The Global Fund remains committed to changing the landscape for investments into reproductive, maternal, newborn, child and adolescent health (RMNCAH) and committed to contributing to the improvement of RMNCAH through its support for a wide range of HIV, TB and malaria (HTM) and health systems strengthening (HSS) interventions across the continuum of care. Strategic Action 1.4 of the *Global Fund Strategy 2012–2016: Investing for Impact*³ specifically seeks to maximize the impact of investments on improving the health of mothers and children, and the *Gender Equality Strategy: Action Plan 2014–2016*⁴ concurrently 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 HTM.

While the Global Fund has supported integrated interventions from the outset, the recent adoption of these two strategies offers the potential to reconsider how Global Fund grants impact the health outcomes of women and children. The new funding model (NFM), in particular, presents a key opportunity to maximize Global Fund investments. The NFM is designed to make the Global Fund strategy of “investing for impact” come to life and build linkages with RMNCAH more firmly into the funding processes and grant management. Global Fund flexibility has enabled very ambitious integration strategies to date, and the NFM further enables the Global Fund to proactively pursue opportunities for leveraging synergies among its disease-specific and HSS funding and broader RMNCAH needs.

1.2 Investments in RMNCAH under the new funding model

To reiterate the historic contribution of the Global Fund to women and children, as presented in the Global Fund’s first report to the iERG, it is estimated that between 2003 and 2010, the Global Fund contributed US\$ 3.12 billion to maternal, newborn and child health (MNCH) overall. In 2010, the Global Fund’s contribution as a share of the total official development assistance (ODA) to MNCH for the then 74 *Countdown to 2015* priority countries was estimated at approximately 12 percent (see Figure 1.1) [2–3].

Figure 1.1: Official development assistance to MNCH for the 74 Countdown priority countries, 2003–2010



Source: Graph based on data from Hsu et al., 2012 [3]

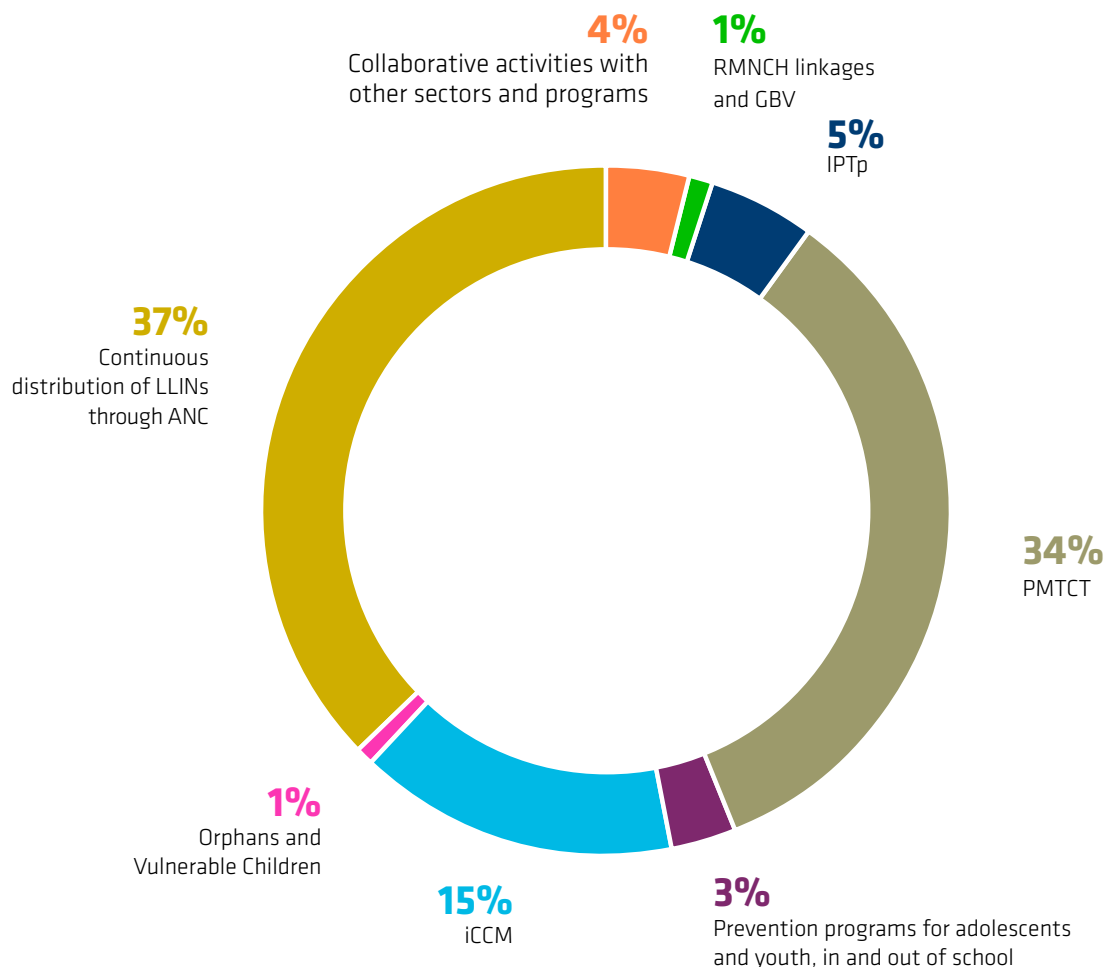
³ Full information on this strategy is available online: <http://www.theglobalfund.org/en/about/strategy/>

⁴ Full information on this action plan is available online: http://www.theglobalfund.org/documents/publications/other/Publication_GenderEqualityStrategy_ActionPlan_en/

Following its replenishment in 2013, the Global Fund has continued to support interventions that directly and indirectly benefit the health of women and children.⁵ The Global Fund recently analyzed its investments in RMNCAH by examining eight key disease-specific modules/interventions: prevention of mother-to-child transmission (PMTCT) of HIV; prevention programs for adolescents and youth; orphans and vulnerable children (OVC) package; RMNCH linkages and gender-based violence (GBV); collaborative interventions with other sectors and programs; integrated community case management (iCCM); intermittent preventive treatment of malaria in pregnancy (IPTp); and the continuous distribution of long-lasting insecticidal nets (LLINs) through antenatal care (ANC). These initial eight modules/interventions were selected because they could be easily tracked and quantified, and because of their direct contribution to building integrated service delivery platforms for improving health outcomes for women, children and adolescents.

Under the NFM, the requests for these RMNCAH modules/interventions in Windows 1–4⁶ represent 8.6 percent of the total allocation requests, amounting to US\$ 470,657,745. Figure 1.2 shows how this total amount was divided among the selected modules/interventions. While this demonstrates that significant amounts of funding have been allocated to these eight modules/interventions, it is important to highlight that they represent only a portion of the Global Fund's investments in RMNCAH; there are many other interventions supported by the Global Fund that also target women and children (e.g. antiretroviral medications, case management of malaria, LLINs distribution through mass campaigns, etc.).

Figure 1.2: Funding requests for eight RMNCAH modules/interventions in the NFM



⁵ Disbursement data on cumulative signed funding by disease, including health systems strengthening, for the period 2002–2013, is available online: <http://www.theglobalfund.org/en/about/fundingspending/>.

⁶ Windows 1–4 include submissions in May, June, August and October 2014, respectively.

Under the NFM, countries have been encouraged to proactively identify opportunities to link high-impact RMNCAH interventions with HTM programs. A recent review of the Global Fund's investments during this period demonstrates that over 90 percent of the funding requests for the selected RMNCAH interventions have come from Band 1 countries,⁷ where women, children and adolescent girls are among the most vulnerable.

The continuous distribution of LLINs through ANC represents a significant proportion of funding requests for RMNCAH interventions under the NFM. In **Indonesia**, for example, the Global Fund is supporting the distribution of approximately 1.4 million LLINs through ANC, complementing the coverage provided using domestic resources (approximately 1.8 million LLINs), to cover 100 percent of children and pregnant women in high and moderate endemic areas of eastern Indonesia, thereby reaching almost 3.2 million people (1:1 ratio for distribution to each child and each pregnant woman). To complement LLIN distribution through the ANC channel, the national program also uses mass distribution campaigns to increase the use of LLINs among the general population, pregnant women and children in high-prevalence areas of eastern Indonesia, where the malaria program is still in the control stage and where 70 percent of the country's malaria cases occur.

Similarly, in **Nigeria**, concerted efforts are being made in both the public and private sector to scale up continuous delivery of LLINs through ANC clinics as well as through the Expanded Program on Immunization (EPI), schools and community distribution in order to increase LLIN coverage among pregnant women and children under 5. The Global Fund is supporting the distribution of about 15 million LLINs during 2015–2016. Scale-up and continuous distribution strengthening activities include coordination, planning, training, logistics, communication and supervision.

Under the NFM, the Global Fund is also working in the area of infant and child health with a clear focus on PMTCT of HIV, and supports programs on orphans and vulnerable children (OVC) to help them break the cycle of HIV infections and AIDS-related deaths. The majority of high-HIV-burden countries have sought Global Fund support for operationalizing Option B+ within the NFM, which contributes to the improved health of women living with HIV beyond the period of pregnancy. Challenges remain, however, to ensure the continuum of HIV care from antenatal PMTCT to life-long antiretroviral therapy (ART) services. The Global Fund's work with girls and young women serves as an important element in the continuum of care, supporting them during the years between childhood and adulthood. It encourages efforts to integrate programs that provide services for health issues that affect young women and girls, and also supports efforts to prevent and respond to GBV.

The Global Fund is also accelerating its focus on programs that strive to reduce adolescents' risks of acquiring HIV and increase their chances of staying on treatment if they are already living with HIV. This is especially critical in light of recent data that revealed that, globally, adolescents were the only age group where deaths from HIV increased over the period 2005–2012 [4]. More importantly, the Global Fund is working with technical partners to develop and implement strategies that take a comprehensive approach to preventing TB and HIV infection among adolescents, and to ensuring access to the range of services that adolescents need in order to access and stay on treatment.

Keeping adolescent girls and young women HIV-free and in school not only impacts the HIV epidemic but has the potential to create a critical mass of healthy, educated and more financially independent women who will get married later, have children later – if they decide to get married or have children at all – and gauge the size of the family they can support. Only then will young women have a chance at equal opportunity.

In **Zambia**, the national strategy identifies children, adolescents (aged 10–14) and young people (aged 15–24) as key populations. The Global Fund will contribute to the implementation of critical interventions targeted at these age groups through its nongovernmental organization grant recipient, Churches Health Association of Zambia (CHAZ), to refocus to ensure complementarity with other ongoing approaches and interventions for these age groups and to ensure impact. The Global Fund will provide support to develop and implement a short message service (SMS) mobile technology platform to inform and educate youth about safe sexual behavior, and where to receive clinical services and information on TB screening, symptoms and treatment, for example.

⁷ The country bands are four groupings of countries based on two features: whether their gross national income (GNI) is above or below US\$ 2,000 per capita; and whether the composite measure of their disease burden is above or below a Board-designated level. Band 1 countries have per capita GNI below US\$ 2,000 and disease burden above the threshold.

Likewise, in **Swaziland**, the Global Fund is also engaged in country dialogue with the government and other technical partners to strengthen the opportunities to prioritize interventions for adolescents both in and out of school. This aligns with and responds to Swaziland's clearly articulated strategic response to an HIV epidemic that disproportionately affects young people, particularly adolescent girls and young women; HIV prevalence among girls aged 15–19 in Swaziland is over five times greater than the prevalence in boys of the same age. The country's Extended National Strategic Framework (eNSF) clearly outlines the need for a combination of information, behavioral interventions and access to services for adolescents both in and out of school. In-country partners, notably the Ministries of Health and Education and Civil Society, have identified a number of priority tinkhundla (administrative subdivisions or communities smaller than districts) where additional support and resources will be provided to schools and teachers to facilitate comprehensive life-skills training for students. To address the needs of out-of-school young people, there needs to be a combination of a similar training curriculum and facilitated referrals to HIV and sexual and reproductive health (SRH) services at local facilities. The National Emergency Response Council on HIV and AIDS (NERCHA) continues to play a critical role in convening both strategic investment and partner initiatives from technical and bilateral partners, including the European Union, the United States President's Emergency Plan for AIDS Relief (PEPFAR), UNAIDS, UNESCO, UNFPA, UNICEF and the World Bank. Through the TB/HIV grant that is currently being discussed, the Global Fund is exploring opportunities to strengthen this role so that knowledge gathered from pilot and demonstration projects can continue to inform future investments for adolescents.

Notably, an increasing number of countries have also started requesting the Global Fund to support RMNCAH-related needs of key female populations, including women who inject drugs, female sex workers and female prisoners. Under the NFM, sexual and reproductive health and rights (SRHR) services are integrated into comprehensive packages of services for those key populations of women, serving the needs of those who are most at risk and most marginalized.

1.3 Building resilient health systems to improve the health of women and children

In addition to disease-specific investments through the NFM, HSS investments have also been used to support integrated service delivery to improve the health of women and children. Support for building resilient health systems is strongly emphasized in the current Global Fund Strategy 2012–2016, which states that the Global Fund will “maximize the impact of Global Fund investments on strengthening health systems.” An effective health system is necessary to realize the Global Fund's core mandate [5–7], and the synergistic relationship between funding for disease-control programs and funding for cross-cutting aspects of health systems is a cornerstone of the Global Fund's effectiveness at the country level.

The Global Fund's investments in health systems strive to achieve the following objectives, which have both a direct and indirect impact on the health of women and children:

- (i) strengthening the performance of priority health system components;
- (ii) fostering synergies among the three disease programs, as well as between them and other health programs, primarily RMNCAH;
- (iii) building the capacity of health systems to scale up integrated service delivery platforms;
- (iv) supporting community and civil society actors, including community health workers, and the private sector; and
- (v) working toward addressing gender inequalities and human rights issues through relevant legal, policy and regulatory frameworks.

The Global Fund has observed a near tripling of the percentage of countries (from 35 to 90 percent) applying for cross-cutting support for building resilient health systems, suggesting that there is a growing need for, and attention toward, this type of investment. Overall, it is estimated that over one-third of the expenditures in the Global Fund portfolio contribute to countries' health systems. This support reflects non-commodity and non-administrative costs associated with HTM investments. While many interventions are funded under disease-specific grants, the effects are often leveraged for greater health systems impact, improving the health of women and children more broadly.

Within its HSS framework, the Global Fund prioritizes five specific health system components to address the common risks that affect successful delivery of HTM programs: procurement and supply chain management

(PSM), health management information systems (HMIS), human resources for health (HRH), service delivery and financial management. The Global Fund's investments in these priority areas yield substantial benefits to country health systems, including effective delivery of health services, which is the foundation of a health system and is an important determinant in improving the overall health status of the population. Investments in building resilient health systems also bring the potential to leverage synergies that exist between different health and community services, thus maximizing impact, quality and efficiency of service delivery, at health facilities as well as directly in communities. Collectively the following examples demonstrate how the Global Fund has encouraged using HSS support to improve the health of women and children.

1.3.1 Investing in human resources for health

There are many examples of how countries have leveraged Global Fund support under the NFM for building resilient health systems to improve service delivery and RMNCAH outcomes. For example, in **Afghanistan**, the Global Fund supports health and community workforce development through building capacity of female community health nurses. The workforce will be deployed to scale up provision of a basic package of health services, including HTM and maternal and child health services for women and girls who otherwise could not access health services unless they were escorted by male family members. These investments in service delivery and human resources are being complemented by strengthening of the HMIS; the target is for over 90 percent of health facilities to be submitting high-quality activity reports within one month of completion of the reporting quarter. The Global Fund's HSS investments in Afghanistan carry the potential to increase access to services for vulnerable populations, and to improve the quality of care and optimize data availability. These investments are targeting HTM programs, but they also have spill-over effects on a broader range of RMNCAH health outcomes, helping contribute to higher efficiency and value for money. Similarly, in **Zimbabwe**, the Global Fund is financing an emergency health worker retention scheme that was put into place to try and reverse the enormous emigration of health staff from the country due to the economic collapse in 2008–2009. Between 2009 and 2014, the Global Fund supported nearly 20,000 critical health workers in the country; this 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 for women and children [8, 9].

The Global Fund has also made a considerable investment in HRH in **Ethiopia** to improve the coverage of health services through the provision of integrated training for 32,000 health extension workers. As summarized below in Box 1.1, this program has resulted in significant improvements in ANC coverage and RMNCAH services.

Box 1.1: Impact of HSS Investments on Women and Children in Ethiopia

Since 2002, Ethiopia has been an implementing partner of the Global Fund. The Global Fund has supported various components of the Health Extension Program (HEP) through its round-based grants over the years. Global Fund support has focused on pre-service training of health extension workers (HEWs), integrated refresher training on the five standard modules every two years (i.e. iCCM, CMNCH, EPI, TB/HIV and first aid) to maintain and upgrade the skills of the health workers, as well as career development training. The Global Fund grants have accounted for 50 percent of the integrated refresher training costs in recent years.

To date, almost 32,000 HEWs have been trained. This cadre effectively supports a basic package of 17 health extension interventions, including malaria, TB, HIV, RMNCAH, rural water and sanitation, and nutritional education. There is one health post for every 5,000 population and two HEWs are deployed per health post. Through its HSS investments, the Global Fund has been a key contributor, creating growing momentum for the improvement in ANC coverage and RMNCAH services overall.

The benefits of this program are myriad and have been well documented. Ethiopia has achieved MDG 4 and is making progress toward MDG 5. There has been a 50–75 percent reduction in malaria incidence between 2000 and 2015 [10], an increase to 57 percent in the proportion of pregnant women who have at least one ANC visit [11], and an increase in immunization coverage. There has also been an improvement in coverage of family planning services; current use of contraceptives has increased to 42 percent in 2014, compared to 29 percent in 2011 [11]. Analysis of Global Fund data has also shown that for TB, the involvement of HEWs in sputum collection and treatment brought an increase of over

30 percent in the number of notifications of cases of smear-positive TB and an improved treatment success rate, possibly because of improved access to services. The current TB/HIV NFM grant, through additional incentive funding, aims to scale up the reach of the TB pilot project to 500 zones, following evidence that this approach works well in community settings.

Under the NFM, the Global Fund will continue its investments in Ethiopia's HEP (approximately US\$ 10 million over the next 2.5 years), support universal scale-up of iCCM across all health posts, strengthen community health information systems and improve "last mile" distribution (i.e. the final stage of the supply chain, when products can be accessed by end users).

1.3.2 Strengthening laboratory capacity

In addition to investing in HRH, improving and strengthening laboratory capacity and quality assurance is also a critical component in the effective delivery of health services for women and children. In **Indonesia**, for example, the Global Fund, with other key partners, supports strengthening of the national laboratory, which involves, but is not limited to, procurement of necessary specialized equipment, reference standards for products being tested, training of laboratory staff and training of trainers. Quality testing for commodities (i.e. pharmaceuticals and test kits) procured by the Global Fund at the national laboratory, instead of sending samples abroad, has meant that additional funds can now be used to help build capacity both at the laboratory and within the disease programs. In the end, this translates into better quality medicines for women and children in Indonesia, as well as a more robust quality assurance system that is locally implemented and overseen. Through the NFM, the Global Fund continues to support this effort, with significant reprogramming of funds toward procurement of laboratory equipment for further strengthening of the facilities. In addition, newly proposed HSS activities are currently under discussion and are anticipated to include supply chain strengthening.

1.3.3. Building country data systems

The Global Fund supports tracking progress in women's and children's health and survival, which offers a critical entry point from which to build an enabling environment for strengthening civil registration and vital statistics (CRVS). The Global Fund has been an early supporter of national efforts to build data systems that directly and indirectly improve RMNCAH programming. Strengthened country data systems are crucial to making robust plans and measuring and evaluating impact. In March 2014, the Global Fund Board approved an additional US\$ 17 million for the Special Initiative on Country Data Systems, to strengthen key data systems needed for results reporting and impact assessments to inform program implementation, and also to support the midterm review of the *Global Fund Strategy 2012–2016*, during which CRVS and mortality analysis were identified as key areas for additional focus.

The Global Fund, in collaboration with the World Health Organization (WHO), the KNCV Tuberculosis Foundation, the Bill & Melinda Gates Foundation and other key partners, is now investing in CRVS in selected countries, with special emphasis on developing platforms for country-level reporting of mortality and causes of death. Through the special initiatives on country data systems, 17 high-impact and priority countries are being supported to carry out mapping of mortality data sources and analysis of mortality and cause-of-death data from these sources, including health facilities, community vital registers, surveys and surveillance sources. Support for mortality analysis is a new but very active area of work for the Global Fund since 2014. Currently, ten countries (Bangladesh, Ethiopia, Indonesia, Kenya, Nigeria, Sudan, Tanzania, Viet Nam, Zambia and Zimbabwe) are developing their national plans for mapping and analysis of mortality data from various sources. Six additional countries are in the process of drafting concept papers for funding to undertake similar analyses. The Global Fund, together with partners, has developed a guidance note and a generic protocol for mortality analysis and is facilitating technical cooperation with 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.

1.4 Gender-responsive programming

In addition to introducing the NFM, which has enabled more gender-responsive programming, the Global Fund also launched its *Gender Equality Strategy: Action Plan 2014–2016* in March 2014. This *Action Plan* 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 HTM. It is aimed at creating and sustaining partnerships to support gender-responsive grants, at the global, regional and country levels, in addition to strengthening gender-related technical capacity of the Global Fund and improved communications. Gender-responsive programming, incorporated into the disease-specific and HSS programs, will contribute to the improved health of women and children, even beyond RMNCAH linkages.

The Community, Rights and Gender Department of the Global Fund recently undertook a review of 20 concept notes submitted in Windows 1–3 of the NFM in order to understand how future grants are likely to advance gender-responsive programming, as set forth in the Action Plan. The review was designed to measure how well the concept notes had integrated gender analyses⁸ and gender-responsive programming in ways that are appropriate, based on epidemiological and country context.

The 20 concept notes reviewed were from 18 countries, and they included 4 HIV, 5 TB, 6 TB/HIV, 4 malaria and 1 HSS components. The findings demonstrated that nearly all HIV and TB/HIV concept notes included a gender analysis of the epidemiology and national responses, which is an encouraging finding. However, the analysis also suggested that even with a solid gender analysis, countries often have difficulty choosing the priority issues to target and designing appropriate interventions to address them. This is especially true for addressing young girls' vulnerabilities to HIV as well as issues of GBV. Similarly, while many HIV or TB/HIV concept notes included programs targeting particular groups of women and girls, such as pregnant women or female sex workers, there are limited examples of programs that were designed to respond adequately to the results of the analysis or to address the diverse and complex needs of women and girls.

This review has been very valuable to the Global Fund and has given rise to several recommendations for how to successfully integrate gender considerations into concept notes, while adhering to the NFM principles of investing for impact. The recommendations are summarized in Box 1.2.

Box 1.2: Recommendations to Further Integrate Gender Considerations in the NFM

- Analysis of the disease context using sex- and age-disaggregated data is essential for better prioritization of interventions.
- Good gender analysis should be translated into evidence-based, effective interventions within the allocation budget. This could be, for example, delivering HIV services through family planning community health workers, with whom women in rural areas have established relationships and trust.
- Appropriate technical assistance with respect to gender-responsive programming across all diseases should be a priority – both for concept note development and for grant implementation. Applicants should seek technical assistance from appropriate organizations for gender analysis and for identifying appropriate interventions.
- Most Country Coordinating Mechanisms (CCMs) should do more to bring representatives of diverse women's groups, as well as gender experts, into the Global Fund processes in a meaningful way.
- Efforts should be made by CCMs and other country-level actors to design effective HIV programming for adolescent girls and young women, as well as programs to address gender-based violence. Both programs must have adequate funding from within the allocation amount.

With these recommendations, the Global Fund will continue to encourage countries to work with technical partners and civil society experts to make their concept notes more gender-responsive in order to achieve gender equality through the Global Fund grants, as envisaged in the *Action Plan*.

⁸ Gender analysis looks at epidemiology and national disease responses from a gender perspective to identify potential gaps in efforts to address gender-related barriers toward achieving greater impact. A gender analysis, for example, may find a majority of new infections occur among low-risk women of reproductive age who are most likely to have partners who belong to key high-risk populations. If the corresponding programming then includes prevention programs for female partners of males who inject drugs then, based on this analysis, it would be considered "successful" gender-responsive programming.



- PART -

2

INNOVATIVE PARTNERSHIPS

In Puerto Princesa, the Philippines, volunteers attend a 35-day training program to become microscopists. After completion of their training they are sent to the field to analyze blood samples for the presence of the malaria parasite. Students are typically women and the position of microscopist gives them a high status in their community. The program has been offered for free with Global Fund support.

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Harmonizing and aligning health investments has been an ongoing challenge for the Global Fund and its partners. Countries supported by the Global Fund share similar constraints, including insufficient and unpredictable financial resources, weak health systems and shortages of human and other resources. As a result, in order to fully maximize its impact on the health of women and children, the Global Fund recognizes that it is critical for its investments to be closely aligned with other resources, above and beyond the country allocation.

Under the new funding model (NFM), the Global Fund has actively sought new opportunities for country-level co-financing with partner organizations in settings where there are existing Global Fund-supported HIV, TB or malaria (HTM) programs. The Global Fund is working with partners to make use of complementary resources to support integrated service delivery for reproductive, maternal, newborn, child and adolescent health (RMNCAH), and has formalized three exciting new partnerships with Memoranda of Understanding (MoU) in the last two years with the World Bank, UNICEF and UNFPA, in addition to ongoing collaborative work with other key stakeholders, including civil society organizations. The Global Fund has also played an active role in the business planning process and oversight of the Global Financing Facility (GFF).

2.1 Expanding access through results-based financing: the Global Fund and the World Bank

In late 2013, the Global Fund and the World Bank announced a new partnership to support select countries to expand access to essential health services for women and children through results-based financing (RBF). The Global Fund, through this partnership, has identified opportunities for the inclusion of HTM indicators in RBF projects funded by the World Bank's International Development Association (IDA) and the World Bank-managed Health Results Innovation Trust Fund (HRITF). Partnership activities have focused on the integration of services, scale-up of existing RBF programs to cover larger geographical areas, and closer collaboration to ensure a more effective supply chain for essential health commodities to reach the populations most in need, particularly women and children. To date, this work has been initiated in Benin and the Democratic Republic of Congo (DRC). Early experiences in the DRC, outlined in Box 2.1, demonstrate how this partnership can serve as a model for harmonization and alignment of the work by partner agencies at the country level. Countries expressing an interest in replicating this model include Burundi, Togo, Zambia and Zimbabwe.

Box 2.1: Harmonization and Alignment in the Democratic Republic of Congo (DRC)

In the DRC, a unique and innovative partnership is financing and supporting the scale-up of the results-based financing (RBF) program. The Global Fund, UNICEF, Gavi, the World Bank and the RMNCH Trust Fund have come together with the government to design a program that aims to rapidly increase access to essential maternal and child health services. It is expected that by the end of 2015 all the health zones in two provinces (Equateur and Bandundu) will be covered by a comprehensive package of services implemented through the RBF program. The Global Fund, Gavi and UNICEF have committed financial, technical and human resources to work with the World Bank to scale-up RBF in the DRC.

The Global Fund is working synergistically to enable partners to complement each other and utilize their comparative advantage to maximize effectiveness, avoid duplication of efforts and improve efficient use of resources. The Global Fund is expected to provide essential malaria test kits and drugs as well as TB and HIV commodities to health facilities participating in RBF. In addition, the Global Fund will finance key services for addressing HTM in many of the 110 targeted health zones in Bandundu and Equateur.

This collaborative approach is contributing toward the provision of an integrated package of services implemented through RBF, offered to a larger portion of the population. It is expected that such alignment of development partners will contribute not only to strengthening the health system both from a service delivery and stewardship aspect (i.e. in terms of efficiency, efficacy and better governance), but will also achieve the intended maternal and child health results and improvements in utilization and quality of care. Overall, this collaborative approach is aligned with the Ministry of Public Health's objective to reduce partners' fragmentation and ensure harmonization. Discussions about further innovation with Gavi, USAID, UNFPA and the Gates Foundation are ongoing.

2.2 Comprehensive care for pregnant women and children: the Global Fund and UNICEF

Since the Global Fund–UNICEF MoU was signed in April 2014, efforts have been focused on supporting countries to develop robust, technically sound Global Fund concept notes with strong RMNCAH components. The child health component of the MoU (i.e. the provision of amoxicillin for pneumonia and ORS and zinc for diarrhea) and associated platform costs are being integrated into malaria concept notes, and in some instances health systems strengthening (HSS) concept notes, as part of a comprehensive approach to the management of febrile illnesses in children through the integrated community case management (iCCM) platform. The maternal health component of the MoU (i.e. the provision of iron-folic acid, tetanus vaccinations, syphilis screening and treatment, and deworming pills), on the other hand, is being integrated into the HIV and TB/HIV concept notes, as part of a broader strategy to promote comprehensive antenatal care (ANC) for pregnant women.

There are currently 25 priority countries where UNICEF and the Global Fund are working together to operationalize the MoU. Within these priority countries, 22 are being targeted for the integration of child health interventions within the malaria and stand-alone HSS concept notes, and 11 are being targeted for the integration of maternal health strengthening within HIV and HIV/TB concept notes. There are conjoint efforts in 8 countries which have indicated an interest to scale-up MNCH interventions and have submitted both malaria and HIV/TB concept notes.

To date, 22 of the 25 countries targeted by the agreement have been supported to submit integrated concept notes. Nineteen countries have submitted concept notes that include iCCM in both malaria and stand-alone HSS applications⁹ and eight countries have submitted integrated concept notes through HIV and TB/HIV¹⁰ applications. Seven iCCM priority countries (Burkina Faso, Cote d'Ivoire, Democratic Republic of Congo, Ethiopia, Nigeria, Uganda and Zambia) and seven maternal health/HIV priority countries (Burundi, Chad, Democratic Republic of Congo, Malawi, Nigeria, Tanzania, Uganda and Zambia) have already moved into the grant-making phase under the Global Fund's NFM and will continue to receive support to operationalize the Global Fund–UNICEF MoU, including a strong focus on procurement and supply chain management (PSM) and HSS.

Many high-burden countries in Africa have leveraged these partnerships to enable RMNCAH integration. The partnership between the Global Fund and UNICEF has enabled the implementation and scale-up of iCCM. Two examples are provided in Box 2.2.

Box 2.2: Scaling-up Integrated Community Case Management (iCCM) in Africa

In **Nigeria**, the Global Fund aims to contribute to the reduction in the under-5 child mortality rate from malaria, pneumonia and diarrhea, thereby accelerating achievement of health-related MDGs. The iCCM roll-out will be strengthened in partnership with WHO's Rapid Access Expansion 2015 program (RAcE) and UNICEF in two states (Niger and Kebbi). This is a unique partnership in which the Global Fund is providing the malaria health commodities and other partners (state ministries of health, RAcE, UNICEF and the Malaria Consortium/United Kingdom Department for International Development) are providing the non-malaria health commodities, and all partners are providing the required technical and management input.

In **Uganda**, the Global Fund will support gradual implementation and scale-up of iCCM activities in 33 districts. The Ministry of Health, together with key partners, has prepared an iCCM implementation plan 2015–2016, to be funded through the Global Fund under the NFM. Resources from the Government of Uganda, UNICEF and other donors will complement Global Fund funding and support the procurement and distribution of the non-malaria commodities for the iCCM program in these 33 targeted districts. The main iCCM activities to be funded by the Global Fund for the period 1 January 2015 to 31 December 2016 include: training of village health teams (VHTs) in iCCM; production and distribution of iCCM materials; advocacy and community sensitization; procurement of artemisinin-based combination therapies and rapid diagnostics tests to be distributed by VHTs; and supportive supervision of VHTs. An iCCM Task Force comprising key stakeholders has been developed to guide the implementation of iCCM activities in the country.

⁹ Burkina Faso, Burundi, Comoros, Cote d'Ivoire, DRC, Ethiopia, Ghana, Madagascar, Malawi, Mali, Mauritania, Mozambique, Nigeria, Niger, Rwanda, Somalia, South Sudan, Uganda and Zambia.

¹⁰ Burundi, Chad, Democratic Republic of Congo, Malawi, Nigeria, Tanzania, Uganda and Zambia.

To date, approximately US\$ 164 million has been mobilized for iCCM across eight countries (Burkina Faso, Côte d'Ivoire, Democratic Republic of Congo, Ethiopia, Ghana, Nigeria, Uganda, Zambia). This includes resources mobilized both through the Global Fund's NFM (approximately US\$ 72 million) as well as co-financing leveraged through national governments (domestic resources), UNICEF and other partners and funding mechanisms.

2.3 Strengthening sexual and reproductive health: the Global Fund and UNFPA

The Global Fund and UNFPA signed an MoU in August 2014 to maximize the availability of essential medicines and commodities to complement Global Fund grants. This partnership focuses on strengthening integration of sexual and reproductive health (SRH) interventions to realize equitable access to integrated SRH services that are anchored in human rights and are gender-responsive. The goal is to prevent new HIV infections, eliminate stigma and discrimination, increase access to antiretroviral drugs, and prevent AIDS-related morbidity and mortality, particularly among women, girls, adolescents and key affected populations, as well as to prevent malarial and TB morbidity and deaths, including among pregnant women. Thirteen priority countries have been identified for implementation of the partnership efforts: Bangladesh, Chad, Côte d'Ivoire, Eritrea, Ethiopia, Indonesia, Mozambique, Nigeria, South Africa, Tanzania, Togo, Uganda and Zambia. This partnership will also assist the three Ebola-affected countries – Guinea, Liberia and Sierra Leone – through investments in human resources for health (HRH), mainly in midwifery.

Improving PSM is a key component of achieving the targets and objectives set out in this MoU with UNFPA, as well as the MoU with UNICEF. This necessitates aligning national leadership, optimizing plans and policies, mapping capacity needs, providing technical assistance and guidance, and facilitating the effective coordination of the in-country supply chain. To this end, the Global Fund, UNFPA and UNICEF issued a joint PSM communiqué in December 2014 emphasizing the importance of strengthening supply chains for essential health commodities to improve RMNCAH. The PSM communiqué, summarized in Box 2.3, builds upon the Joint Vision Statement of the Inter-Agency Supply Chain Group, which calls for all parties to improve coordination by “identifying areas of convergence, optimizing synergies across supply-chains, and focusing efforts toward advancing country-led national systems to meet future demands.”

Box 2.3: Joint PSM Communiqué

The Global Fund, UNICEF and UNFPA issued a joint PSM communiqué in December 2014 emphasizing the importance of strengthening supply chains for essential health commodities to improve RMNCAH. The objectives include:

- to develop or strengthen national supply chain strategic plans;
- to map capacity needs and commodity gaps;
- to provide the requisite technical assistance and guidelines to do so, including RMNCAH commodity quantification tools;
- to facilitate the effective and coordinated management of RMNCAH commodities (in particular diarrhea, pneumonia, maternal and contraceptive commodities); and
- to build integrated PSM systems that deliver RMNCAH commodities to the people who need them.

In addition, as part of this collaboration, the Global Fund is planning to sign a second MoU to centralize procurement of condoms for Global Fund portfolios through UNFPA, given the more extensive experience and comparative advantage of UNFPA. Similar to the pooled procurement mechanism (PPM) already in existence, UNFPA will be the preferred agent for condom procurement. This is expected to address current challenges around quality and lead times, and build economies of scale, taking advantage of the existing long-term agreements with pre-qualified suppliers. Around 49 country programs with an HIV component are expected to benefit from this arrangement, and the aim is to scale it up to cover all eligible countries. Starting in the second semester of 2015, all PPM countries are expected to transition to UNFPA for condom procurement.

2.4 Supporting the vision of the Global Financing Facility

The vision of the Global Financing Facility (GFF) is to contribute to global efforts to end preventable maternal, newborn, child and adolescent deaths by 2030, by providing smart, sustainable and scalable financing for RMNCAH. Every aspect of the GFF's design is being shaped by many stakeholders, including the Global Fund.

To date, the Global Fund has worked closely with key partners in the development of the GFF, particularly in relation to its contribution to the development of the business plan and in providing support to the process of country engagement in the four front-runner countries (Democratic Republic of Congo, 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.

The Global Fund is very committed to being an active partner with the GFF, with a main focus on collaboration at the country level and building on previous joint work with the World Bank and other partners on RMNCAH. The Global Fund is a main contributor to RMNCAH in many countries and will continue to work and commit to seeking alignment of interventions in this area. The degree of programmatic intersection with RMNCAH will, however, vary from country to country. Experience in the four front-runner countries provides a good illustration of how key partners can all work together to improve health.



- PART -

3

CONCLUSION

Ma Yee Yee (left) could barely walk when she first came to a TB clinic for a chest X-ray, and was diagnosed with tuberculosis. Co-infected with HIV, she still feels weak. But her health is improving steadily, thanks to treatment and the strong support she receives from her family, including her sister (right).

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Conclusion

While women, adolescent girls and children continue to be disproportionately impacted by HIV, tuberculosis (TB) and malaria, significant progress has been made. The Global Fund remains committed to this fight and is currently developing its new strategy for the period 2017–2021. As part of the ongoing consultation process, the Global Fund’s contribution to reproductive, maternal, newborn, child and adolescent health is one of the key components being considered. The Global Fund strives to ensure that its disease-specific and health systems strengthening (HSS) investments are strategic and improve the health of women and children. The Global Fund works in close collaboration with key partners to promote harmonization both at the global and country level. To further increase the impact on women and children’s health, lessons learned need to be documented, and new and innovative ways of working need to be further developed.

Collaboration is essential to moving forward. The Development Continuum Working Group has informed the upcoming strategy formulation, and four thematic areas have been identified: (i) programmatic sustainability, (ii) financial sustainability, (iii) challenging operating environments, and (iv) communities, gender and political commitment. During the strategy consultation process, the Global Fund will consider how it can improve the use of data for better decision-making. It will also consider how to expand support for universal health coverage (UHC), sustainability and domestic co-financing for health, which are all critical for improved RMNCAH outcomes.

The Global Fund is committed to continuing to support countries’ efforts to improve health outcomes for women and children within the framework of its mandate: to fight HIV/AIDS, TB and malaria.

Future directions for the Global Fund’s investment in RMNCAH include: more focused investments in HSS for building resilient health systems with a broader reach for vulnerable populations, including women and children; encouraging increased domestic investments and responsible transitions; building tailored partnerships with countries in different stages of development; improving flexibility and agility to deliver programming in challenging operating environments; and empowering communities, particularly women, to lead lasting change. Overall the Global Fund aims to ensure that its entire portfolio of support contributes to health systems, and improves health outcomes for the three diseases and RMNCAH.

The Global Fund has a key role to play in promoting the health of women and children through fighting the three diseases. It will also continue to make available opportunities for strengthening health systems and community engagement, which are essential for rights-based and successful health outcomes for women and children. The Global Fund remains committed to the United Nations *Global Strategy for Women’s and Children’s Health* and to the updated *Global Strategy for Women’s, Children’s, and Adolescents’ Health*, which is currently being developed for the post-2015 era. The Global Fund will continue to work with partners to take optimum advantage of opportunities and to strengthen its approach to maximizing the impact of its investment on improving RMNCAH through the new funding model.

As momentum grows globally to further accelerate gains in RMNCAH, the Global Fund will remain a key financial partner. The Global Fund is committed to continuing to support countries’ efforts to improve health outcomes for women and children within the framework of its mandate: to fight HIV/AIDS, TB and malaria. Continuous engagement in structured dialogue with key donor and technical partners, as well as country stakeholders, remains a strategic priority for the Global Fund. We have two historic opportunities before us: ending HIV, TB and malaria as pandemics/public health threats; and creating an inclusive human family. Investing in women and children will be critical in this fight.

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