Technical Brief: Strategic Support for Strengthening Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH)

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The Global Fund

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1. 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 Sustainable Development Goals (SDGs), which promote healthy lives and vibrant communities. Essential to achieving these goals will be efforts to strengthen the delivery of integrated health services for all women, newborns, children and adolescents through ensuring equitable and 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, and importantly, the Global Fund's Strategy is aligned with the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030).

The purpose of this technical brief is to provide guidance on how to make best use of the current Global Fund allocation to support interventions for women, newborns, children and adolescents. While not an exhaustive list, it highlights key opportunities both within HIV, TB and malaria programs, as well as across the health system, for leveraging Global Fund resources to support improved health outcomes for HIV, TB and malaria. It provides an overview of the Global Fund's support for integrated service delivery and outlines four key investment opportunities through the lens of RMNCAH: antenatal care (ANC) and postnatal care (PNC), integrated community case management (iCCM), integrated sexual and reproductive health and rights and HIV (SRHR-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

Why women, newborns, children and adolescents?

Adolescent girls and young women continue to be disproportionately at risk of new HIV infections. Worldwide, nearly 1,000 young women and girls are infected with HIV every day. If we don't prevent them from getting infected with HIV, the massive increase in the youth population in Africa will lead to more new infections than at the height of the epidemic in the early 2000s.

Only half of children living with HIV receive antiretroviral therapy.

While TB generally strikes more men than women, it remains among the top five causes of death for women between age 15 and 44 in low- and middle-income countries.

More than 10 million people fall ill with TB every year, and nearly 40 percent of those are "missed" – meaning they go untreated and unreported and can continue to spread the disease to others.

After years of steady declines, malaria cases are on the rise. With growing resistance, we face the possibility of not being able to protect or treat effectively those most vulnerable to malaria – particularly children under 5, who represent two-thirds of all malaria deaths.

Malaria in pregnancy is potentially fatal for the mother and can also result in miscarriage, low birth weight or premature birth for the newborn.

Biomedical interventions such as access to treatment, while urgent and necessary, are not sufficient to reduce women's vulnerability to HIV, TB and malaria. Only structural transformations – social, political and cultural – will end the spread of the diseases.

maximize the impact of Global Fund's support for HIV, TB and malaria, and for the health of women, newborns, children and adolescents more generally.

In addition, this document also 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.

Applicants, including country stakeholders, members of the Country Coordinating Mechanism (CCM), technical assistance providers and writing teams, are encouraged to review this document in parallel with the current resources available for this allocation period:

- HIV, TB, Malaria and RSSH Information Notes
- Adolescent Girls and Young Women in High HIV Burden Settings Technical Brief
- Gender Equity Technical Brief
- The Modular Framework Handbook
- The Global Fund Applicant's Handbook
- Instructions Guide to the Funding Request

2. A focus on four areas of integrated service delivery

This technical brief specifically focuses on service delivery. 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, through the different levels and sites of care within the health system, and according to their needs throughout the life course.[1]

The Global Fund is committed to stepping up the fight against the three diseases by increasing resource commitments and innovation, by scaling up prevention and treatment and by strengthening health systems to be more efficient and effective to deliver integrated health services. This section explores four prioritized service delivery areas for RMNCAH – antenatal and postnatal care (ANC/PNC), integrated community case management (iCCM), integrated sexual and reproductive health and rights and HIV (SRHR-HIV) services and adolescent health – that will enable this fight. It outlines what interventions are supported by the Global Fund and identifies opportunities for collaboration and co-financing for the delivery of other essential services in each area.

2.1 Antenatal and postnatal care

The provision of care during and immediately following pregnancy addresses the physical and mental health of women and adolescent girls, including those living with HIV, as well as their newborns. Antenatal care (ANC) represents the usual entry point into the healthcare system at the primary health care level for women of reproductive age and is a key opportunity for the integrated

[1] Additional information about integrated, people-centered health services is available at the following website: https://www.who.int/servicedeliverysafety/areas/people-centred-care/ipchs-what/en/

provision of HIV, TB, malaria and other health services. In the 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 assessments, preventive measures and interventions for common physiological symptoms, as well as health system interventions to improve ANC utilization and the quality of services.

The current WHO ANC model adopted in 2016 recommends a minimum of eight ANC contacts. 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 an important platform to provide HIV, TB and malaria services during pregnancy, as well as serves as a continuum for 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 postnatal period. Importantly, the provision of care must continue without interruption following delivery to ensure that the mother-baby pair is retained in care and remains healthy during this critical period. Thus, postnatal care (PNC) must be planned for and delivered as part of a continuum of ANC.

The Global Fund currently supports key elements of ANC/PNC through its investments in HIV, TB and malaria, and more specifically through: (i) the prevention of mother-to-child transmission of HIV (PMTCT), provision of pre-exposure prophylaxis to prevent HIV infection in high risk women, screening for intimate partner violence, differentiated HIV testing in male partners and early infant diagnosis (EID), (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 interventions are included in the HIV, malaria and TB modular frameworks and can be included in an applicant's funding request.

Malawi: ANC as the entry point for HIV testing and counselling (HTC) and PMTCT/ART services

The implementation of Option B+ in Malawi has been associated with rapid expansion of integrated PMTCT/ART services to all maternal, neonatal and child health (MNCH) sites. By offering HIV testing and counselling (HTC) to all women accessing ANC and delivery care, over 80% of those testing positive are initiated on ART. Improved client satisfaction was reported with Option B+, particularly because it does not require stopping breastfeeding and also facilitates improvement in quality and follow-up of mother-infant pairs.

Applicants are encouraged to think comprehensively about a pregnant woman's overall health and invest to strengthen ANC/PNC comprehensively. The maternal and newborn health community still faces challenges around access, retention and quality of care, and there are opportunities to invest in key components of the health system such as human resources for health, data systems, procurement and supply chain systems and laboratory systems to strengthen ANC/PNC that improve HIV, TB and malaria services, and also contribute to strengthening ANC/PNC overall. Innovation is encouraged and applicants should use the country dialogue as an opportunity to identify key bottlenecks to delivering high-quality ANC/PNC and prioritize investments that will contribute to improved maternal and newborn health outcomes in the three diseases and beyond. In general,

applicants are encouraged to shift from systems investments focused on a single-disease or intervention to those that have impact across health services and outcomes.

The table below highlights essential components of ANC. While not an exhaustive list, it provides examples of 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. Components not included in this table, but clearly justified in the funding request, will also be considered. 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/PNC.

Essential components of ANC/PNC	Eligible for Global Fund support	Modular Framework Module(s) *Intervention(s)*
Primary prevention of HIV during pregnancy	Yes	HIV PMTCT *Prong 1*
Prevention of mother-to-child transmission (MTCT) of HIV[2] and syphilis	Yes	HIV PMTCT *Prongs 1, 2, 3 & 4*
Prevention and management of STIs under SRH services	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities	HIV PMTCT *Prong 3*
Management of unintended pregnancy	No*	
Preventive measures (e.g., antibiotics for asymptomatic bacteriuria, antibiotic prophylaxis to prevent recurrent urinary tract infection, anti-D immunoglobulin administration, preventative anthelminthic treatment, screening for intrapartum abnormality/congenital malformations, and tetanus toxoid vaccination)	No*	
Prevention of malaria with LLINs and IPTp	Yes	Malaria Vector Control *LLIN continuous distribution* Malaria Specific Prevention Interventions *IPTp*
Treatment of malaria with appropriate case management	Yes	Malaria Case Management *Facility based treatment*
Screening of TB in pregnant women	Yes	TB TB Care and Prevention *Case detection and diagnosis*
Prevention of pre-eclampsia and management of eclampsia	No*	

[2] The Global Fund recommends repeated HIV testing take place in ANC settings where burden of HIV is high among women of reproductive potential. Women are at higher than average risk of HIV acquisition during pregnancy and those who test negative should be offered PrEP while those testing positive should be immediately initiated on ARVs. This should be seen as a part PMTCT programming in order to identify women with new infections and potentially high viral loads and get them started on ART as soon as possible in order to decrease chances of MTCT, as well as a key prevention strategy for women in high-burden areas.

Antibiotics for preterm prelabor rupture of membrane	No*	
Early infant diagnosis	Yes	HIV PMTCT *Prong 4*
Strategies to retrain mother-baby pair in care	Yes	HIV PMTCT *Prong 4*
Procurement and supply chain systems strengthening for availability of ANC/PNC commodities	Yes	RSSH Health Products Management Systems Strengthening *Multiple interventions*
Strengthening information system for improved collection of disaggregated data and effective use of data to monitor and improve ANC/PNC coverage and quality of services	Yes	RSSH Health Management Information System and M&E *Multiple interventions*
Improving integrated laboratory services for ANC/PNC	Yes	RSSH Laboratory systems strengthening *Multiple interventions*
Training costs and supportive supervision for ANC/PNC staff	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.[3] An integrated approach to supportive supervision is strongly encouraged.	RSSH Human Resources for Health *Education and production of new health workers; In-service training*
Strengthening delivery of ANC/PNC services (includes improving infrastructure, strengthening referral systems, social contracting, etc.)	Yes	RSSH Integrated Service Delivery and quality of care *Strengthening service organization and facility management; Improving service delivery infrastructure*
Improving quality of care of ANC/PNC (includes activities that strengthen the development and use of tools for the provision of high quality integrated care)	Yes	RSSH Integrated Service Delivery and quality of care *Quality of care*
Addressing demand-side barriers	Yes	RSSH Community systems strengthening *Multiple interventions*
Community advocacy (e.g., engagement of religious/community leaders, mothers groups)	Yes	RSSH Community systems strengthening *Community-led advocacy*

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

No single partner can fully support ANC/PNC. Harmonization at country-level is critical, therefore, and investments by the Global Fund and other partners should be linked to and drawn from 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 and the postpartum period. This may include, for example, complementary resources from the Global Financing Facility (GFF)

[3] For additional information on funding requests for human resources for health, please review the Global Fund's Human Resources for Health Technical Brief

and the World Bank to cover health systems gaps, Gavi for maternal and newborn immunization or UNICEF's support for the diagnosis and treatment of maternal chronic conditions.

2.2 Integrated community case managenent

One of the clearest opportunities to use Global Fund support for the delivery of integrated services is through integrated community case management (iCCM). iCCM extends the case management of common childhood illness beyond health facilities so that more children have access to lifesaving treatments at community level and the severely ill are referred early for appropriate treatment. The iCCM strategy utilizes trained and supervised community health workers (CHWs) or community nurses/midwives – linked to facility-based services – to deliver curative interventions in the community. They are capacitated to assess, diagnose and treat malaria, pneumonia and diarrhea in sick children, as well as to identify and refer severely ill children or those who need further care at health facilities and to provide key health advice to families including sleeping under insecticide treated bednets (ITN), for example.[4] More recently, the iCCM package has been adapted to integrate screening for severe acute malnutrition and the identification of sick children who have HIV, or are at risk for HIV or TB, in addition to the current illness, and ensure that they are taken to a health facility for assessment and special care as needed.[5] A 2016 Cochrane review found that the integrated management of newborn and childhood illness (IMNCI) strategy[6] was associated with a 15% reduction in child mortality when activities were implemented in both health facilities and communities.[7] iCCM is, therefore, an important strategy for extending care to the community level in countries where access to health facilities is poor. It supports the provision of basic primary health care services for children beyond health facilities, informs the district level about community health needs and ensures linkages between the community and primary health facilities.

Burkina Faso: Innovation and comprehensive iCCM

Burkina Faso has developed a community health strategy and operational plan which serves as a pillar of the health system**.** 17,900 community health workers (CHWs) have been recruited and trained on essential packages to reduce inequalities in access to basic health services, working closely with primary health centers and 326 community based organizations (CBOs). The package of services provided includes comprehensive iCCM (e.g., diarrhea, malaria testing and treatment with ACT, TB and RMCH services) in 30% of districts in hard to reach areas**.** CHWs receive a monthly incentive using mobile money with a significant national contribution. CHW reports are compiled and integrated into DHIS2. A mhealth project is now being implemented with CHWs in the Sahel region of the country using mobile phones to collect real time data on pregnant mothers and children and sending this information directly to the central level.

For countries scaling-up RMNCAH interventions, the costs associated with moving from malaria-focused community case management to iCCM for common illnesses in 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 (for example, acute malnutrition, hygiene and sanitation and infant and young child feeding). HIV and TB programs should consider using the iCCM strategy to increase

[4] 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.
[5] 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*.
[6] The Integrated Management of Childhood Illness (IMCI) strategy has been renamed IMNCI in many countries to include newborn health.
[7] 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).

the identification of at risk children for HIV and TB to increase the impact on the overall health outcomes in children.

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 the disease programs and for child health more broadly. The scope of work of CHWs should be clearly defined. CHW programs should be designed to complement and extend the capacity of national disease programs, not to replace them, and maximize efficiencies through an integrated approach where possible. Applicants should review the Human Resources for Health Technical Brief which provides detailed guidance on the Global Fund's approach to human resource investments, specifically CHWs.

It is important to highlight that iCCM services in many countries are currently underutilized compared to the estimated need. It is critical, therefore, to ensure that where iCCM is implemented, it complements and is well-linked to the health facilities so that patients who need these services are able to receive them, rather than just shifting care from the facility to the community for those already accessing service. Also, 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.[8,9]

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. The Global Fund has recently released findings from its thematic review of iCCM in 18 countries in sub-Saharan Africa.[10] Lessons from this review are outlined below. Applicants are encouraged to think through the challenges and opportunities and discuss how to resolve them before scaling-up iCCM and community-based services more broadly.

- ***Scaling-up****:* (1) Strong leadership, policy support and national partnership facilitate scaling-up; (2) Use evidence from pilots to guide the scale-up policy facilitates scale-up speed; (3) Successful primary health care programs at the community level should serve as a platform for iCCM introduction and speedy scale-up; and (4) Integrating an already existing and competent pool of CHWs into the MoH staff structure and salaries facilitates the recruitment and training of CHWs to provide iCCM at scale.
- ***Enabling environment:*** Although high-level government leadership is important in driving policy changes necessary for program implementation, the most critical actors in iCCM policy development and implementation are the technical officers within MoH, supported by Technical Working Groups composed of key development partners, such as WHO and UNICEF.
- ***Health workforce:*** (1) Varied incentives between MoH and other implementing partners can lead to high CHW dissatisfaction; (2) iCCM programs often experience attrition due to inconsistent payments, irregular payments, promotion to clinical positions, desire to work in urban areas, or high burden work for low compensation; and (3) High turnover raises costs for iCCM due to costs for recruitment and training.
- ***Supportive supervision and quality*****:** (1) The presence of a trained pool of supervisors ensures optimal ratio; (2) The use of standard checklists improves quality of supervision; and (3) Mobile

[8] 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).

[9] 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

[10] Report forthcoming *(as of September 2019)*.

technologies improve communication and enable more accurate and timely information exchange.

- ***Supply chain management*:** (1) Additional funding is necessary for integration of iCCM and MOH supply chain including inclusion of iCCM drugs and supplies into the LMIS; and (2) Increased support for quantification and forecasting of needs at both community and health facility is also needed.
- ***Service delivery:*** (1) Referral links between CHWs and health facilities should be strengthened; (2) CHW availability should be aligned with iCCM service delivery schedule; and (3) Refresher trainings should be based upon assessed gaps/needs.
- ***Monitoring and evaluation (M&E):*** (1) Implementation of M&E improvements for iCCM requires close discussion between implementing partners and MOH; (2) mHealth strategies must be incorporated into MOH systems and strengthened; (3) There is the need for country agreement on what type of iCCM data is needed at what level, as well as the need for iCCM incorporation into DHIS 2 reporting platform; and (4) Regular evaluations and reviews are key for iCCM service quality.

The table below highlights the essential components of iCCM and which components are eligible for Global Fund support. It notes how countries can request support using the modules for malaria and RSSH, respectively. Applicants can also review the Global Fund's Malaria Information Note in parallel with this technical brief for additional information on iCCM. For pneumonia, diarrhea and severe acute malnutrition commodities and supplies not supported by Global Fund, countries should mobilize local resources or work with other global and local stakeholders to support these marginal costs.

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. Applicants should review the Global Fund's HIV Information Note and Global Fund's TB Information Note for more information about community-based service delivery.

Critical components of iCCM	Eligible for Global Fund support	Modular Framework Module(s) *Intervention(s)*
Training and supervision for community health workers (CHW)	Yes, in-service training should be integrated within broader training packages, and education should focus on scaling up the production CHWs workers and/or improving the competencies initially acquired	RSSH Human Resources for Health *Community health workers: education and production of new CHWs;* *Community health workers: in-service training for CHWs*
Salary costs for community health workers (CHW)	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.	RSSH Human Resources for Health *Community health workers: support to renumeration and for deployment new/existing CHWs*
Rapid diagnostic tests (RDTs) for malaria diagnosis	Yes	Malaria Case Management *iCCM*
Artemisinin-based combination therapy (ACT) for malaria treatment	Yes	Malaria Case Management *iCCM*
Respiratory timers for pneumonia diagnosis	No*	
Antibiotics for pneumonia treatment, and oral rehydration salts (ORS) and zinc for diarrhea treatment	No*	
Strengthening procurement and supply chain infrastructure and tools for management of malaria and non-malaria commodities for iCCM	Yes	RSSH Health Products Management Systems Strengthening *Multiple interventions*

Strengthening data systems, including the development of data quality assessment methods, tools and procedures and strengthening data quality control practices at community levels	Yes	RSSH Health Management Information System and M&E *Multiple interventions*
Strengthening referral system from community to facility	Yes	RSSH Integrated Service Delivery and Quality Improvement *Service organization and facility management*
Improving quality of care at community level	Yes	RSSH Integrated Service Delivery and Quality Improvement *Quality of care*
Addressing demand-side barriers	Yes	Malaria Case management *IEC/BCC and iCCM* RSSH Community systems strengthening *Multiple interventions*

** 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 on CCMCentral.com, which provides tools and examples of best practice for countries considering investing in strengthening iCCM.

Finally, it is important to underscore 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. 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 provides additional information about IMNCI in the context of a package of care for newborns and children spanning the home, community and health facilities.

2.3 Integrated sexual and reproductive health and rights and HIV services

The importance of integrated sexual and reproductive health and rights[11] and HIV (SRHR-HIV) services is widely acknowledged; however, missed opportunities still remain. As SRHR services are often the first point of contact with the health system for many women and girls at risk of HIV, they present a key opportunity for the provision of HIV prevention and testing services and active referral to HIV treatment and care services. Similarly, for women and girls living with or affected by HIV,

[11] As outlined in the report of the Guttmacher-*Lancet* Commission, the definition of SRHR reflects an emerging consensus on the services and interventions needed to address the sexual and reproductive health needs of all individuals. Additionally, it addresses issues, such as violence, stigma, and bodily autonomy, which profoundly affect individuals' psychological, emotional, and social wellbeing, and it addresses the needs and rights of previously neglected groups. It offers a universal framework to guide in designing policies, services, and programs that address all aspects of SRHR effectively and equitably.

access to quality SRHR services, including family planning, STI screening, post-violence care and antenatal care, becomes critical for the prevention, care and treatment of HIV.

In addition to addressing the needs of women, girls and their partners, addressing the unmet HIV and other sexual health needs of key populations including men who have sex with men, sex workers, people who inject drugs, prisoners and transgender people through an integrated SRHR-HIV approach, as well as addressing discrimination and violence against key populations, is critical. WHO's Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations should be consulted for normative guidance in this area.

Different models have been successfully used to date to enable the integration of SRHR and HIV services. Many HIV prevention and treatment interventions can be successfully integrated into SRHR service delivery, and *vice versa*, to maximize health outcomes when there are adequate resources and training. Examples of bidirectional SRHR-HIV integration include, but are not limited to, the following strategies: condom programming in both SRHR and HIV services; family planning services offered with differentiated HIV testing services performed in family planning clinics; cervical cancer screening and same-day treatment in HIV treatment, care and support settings; prevention of HIV and PMTCT of HIV and syphilis in ANC; HIV prevention, treatment and care during post-partum care; and the screening, prevention and co-management of STIs (e.g., syphilis, HPV and HCV) in HIV treatment, care and support.[12] While the 'one-stop shop' model is frequently promoted, it is important to acknowledge that not every health facility needs to provide all services within one setting. The overall aim of integrated service delivery remains to deliver quality services that are not disjointed and are easy for the user to navigate, but the context should dictate which SRHR and HIV services should be integrated.

There are two areas of key importance for the Global Fund in this allocation period – family planning and cervical cancer. The first priority is ensuring that family planning clinics are leveraged appropriately to address HIV and other SRHR needs of adolescent girls and young women (AGYW) in high HIV prevalence settings. Results from the recent ECHO Study demonstrated that new HIV infection was alarmingly high among young women receiving family planning services (i.e., an overall incidence of 3.81 per 100 women years for new HIV infections throughout the course of the trial).[13] These findings underscore the need for more ambitious HIV and STI prevention and management efforts for women seeking contraception and other family planning services. Priority HIV prevention services should include condom and lubricant programming, behavior change interventions and pre-exposure prophylaxis (PrEP). The Global Fund prioritizes the provision of differentiated HIV testing services for AGYW attending family planning clinics in high prevalence settings.

The second priority area is ensuring the allocation of resources for cervical cancer activities. Cervical cancer is one of the three AIDS-defining cancers and the second most common cancer in women worldwide. This risk will only rise with increasing ART coverage and longevity of women living with HIV. To address this, the Global Fund's Policy on Co-Infections and Co-Morbidities has set the stage for applicants to invest funds from their grant allocation into activities for cervical cancer prevention and control. Applicants now have the potential to reach more women for the prevention, screening and treatment of cervical cancer through the delivery of SRHR-HIV services.

[12] Zapata T, Forster N, Campuzano P, et al. (2017). How to Integrate HIV and Sexual and Reproductive Health Services in Namibia, the Epako Clinical Case Study. International Journal of Integrated Care, 17(4), 1.

[13] The level of HIV risk among eSwatini, Kenyan, South African and Zambian women in the trial was notably high. The majority of the participants were under 25 years old and were not identified as at high risk for HIV—but were sexually active and seeking contraception. The new information from the ECHO trial should be used to improve counseling, expand both pregnancy and HIV prevention method choices and rapidly and urgently integrate and the integration of HIV prevention, testing and care services with contraceptive/family planning programs.

Zambia: Integration of HIV and cervical cancer can reduce mortality among women living with HIV

In Zambia, cervical cancer screening is linked to HIV services as a cost-effective way of improving health outcomes of women living with HIV. Since 2016, the Global Fund has supported the integration of the cervical cancer program's "See and Treat" approach into the existing HIV program. This reduces loss to follow-up in women needing treatment for pre-cancerous lesion and will expand cervical cancer screening to more than 100,000 women, 28% of whom are living with HIV.

The table below, while not exhaustive, highlights many critical components of SRHR-HIV services 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 integrated SRHR-HIV services	Eligible for Global Fund support	Modular Framework Module(s) *Intervention(s)*
Family planning counseling and related services including provision of contraceptive commodities and infertility treatment	Yes	HIV PMTCT *Prongs 1, 2, & 4*
HIV prevention and testing in family planning/SRHR services (including interventions such as provision of male and female condoms and lubricants, condom demand creation activities, pre-exposure prophylaxis and behavior change interventions)	Yes	HIV Prevention* *Condom and lubricant programming, PrEP, Behavior change interventions,* and *Sexual and reproductive health services, including STIs*
HIV testing and counseling in family planning/SRHR services, (including services to support safe disclosure of HIV serostatus for women living with HIV who experience or fear violence, as well as HIV testing services such as self-testing, partner testing)	Yes	HIV Differentiated HIV testing services* *Facility-based testing, Community-based testing* and *Self-testing*
Diagnosis, prevention and co-management of STIs	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities	HIV Prevention* *Sexual and reproductive health services, including STIs* and *Prevention and management of coinfections and comorbidities*
Prevention of mother-to-child transmission of HIV (PMTCT) and syphilis	Yes	HIV PMTCT *Prongs 1-4*
Cervical cancer screening and treatment, as well as the provision of HPV vaccination for prevention	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities. Applicants are encouraged to identify opportunities for co-financing for HPV vaccination activities.	HIV Prevention* and Treatment, care and support *Prevention and management of coinfection and comorbidities*
Antiretroviral therapy for eligible people living with HIV	Yes	HIV Treatment, care and support *Differentiated HIV service delivery and HIV care*
Management of unintended pregnancy	No	
Voluntary medical male circumcision	Yes	HIV Prevention* *Voluntary medical male circumcision*

Gender-based and intimate partner violence prevention and treatment	Yes	HIV Prevention* *Addressing stigma, discrimination and violence* and *Gender Based Violence Prevention and post violence care*
Training costs and supportive supervision for staff	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.[14] An integrated approach to supportive supervision is strongly encouraged.	RSSH Human Resources for Health *Education and production of new health workers; In-service training*
Strengthening procurement and supply chain infrastructure and tools for integrated management of SRH and HIV commodities	Yes	HIV Prevention* Condom and lubrication programming[15] RSSH Health Products Management Systems Strengthening *Multiple interventions*
Strengthening data systems for SRHR-HIV, including collection and analysis of sex and age disaggregated data and the integration of data collecting systems into a combined HMIS	Yes	RSSH Health Management Information System and M&E *Multiple interventions*
Strengthening integrated laboratory systems for delivery of SRHR-HIV services	Yes	RSSH Laboratory system strengthening *Multiple interventions*
Service delivery strengthening at health facilities for integration of SRHR-HIV services (e.g. facility management, referral systems, infrastructure, social contracting, etc.)	Yes	RSSH Integrated Service Delivery and Quality Improvement *Strengthening service organization and facility management* and *Improving service delivery infrastructure*
Activities to improve the quality of SRHR-HIV services	Yes	RSSH Integrated Service Delivery and Quality Improvement *Improving quality of care*
Community advocacy, peer-support, and meaningful engagement of people living with HIV	Yes	HIV Treatment, care and support *Counseling and psychosocial support* RSSH Community systems strengthening *Community led advocacy*

* There are multiple target groups for these interventions which may include: MSM, TGs, sex workers, PWID, AGYW, men and boys and non-specified population groups. Please consult the HIV Modular Framework for more details.

Importantly, when identifying their programmatic needs for the integration of SRHR and HIV services, applicants are encouraged to use the Rapid Assessment Tool for SRH and HIV Linkages. In addition, the comprehensive resource pack produced by the Interagency Working Group (IAWG) on SRH &

[14] 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.

[15] Better stewardship of national condom programs requires improved quantification of need and understanding of existing use, strengthened procurement and supply systems, and a strong evidence base to understand market dynamics and factors influencing uptake and use. National condom programs also require efforts to develop a supportive environment, including national demand creation efforts, improved coordination and advocacy in support of a total market approach, and enabling policy and regulatory environments that support diversified markets to ensure condom access is sustained. Additional information may be found in the HIV Information Note.

HIV Linkages should be closely reviewed with this technical brief for additional information on potential interventions. The IAWG provides guidance on how SRHR and HIV policies and programs can and should be linked, including the integration of service delivery, to maximize health outcomes, as well as other essential resources for linking SRHR and HIV services.

2.4 Adolescent health

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, especially vulnerable subgroups, and plan for adolescent-responsive health systems in their Global Fund funding requests. Historically, there has been a focus on critical HIV prevention and SRHR services for adolescents, particularly on adolescent girls and young women (AGYW) given that this population continues to be disproportionately at risk of HIV infection. HIV infections among young women aged 15-24 years globally are 60% higher than among young men of the same age.[16] Every week, about 6,200 young women aged 15-24 years are infected with HIV globally.[17] In sub-Saharan Africa, AGYW aged 15-24 years represent 10% of the total population, but account for about 25% of all HIV infections.[18] Countries also struggle to adequately address the needs of young key populations, as well as the general health of adolescents more broadly. According to a 2017 report by WHO and partners, more than 3,000 adolescents die every day, totaling 1.2 million deaths a year, largely from preventable causes.[19]

While it is critical to ensure access to expanded SRHR information and services for adolescents 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 should receive comprehensive health, educational and social services appropriate to their life stage which are delivered in a way that best reach this population. There is a range of different service delivery models (e.g., school-based services, community-based services, home-based care, mobile visits, adolescent-responsive SRH clinics, etc.)[20] available to provide integrated health services to adolescents that may address key challenges in the adolescent population, as well as subgroups that are often 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.[21]

The Global Fund presently invests in integrated HIV prevention, treatment, care and support for adolescents in and out of school, and its TB and malaria recommendations for children and adults are also relevant for adolescents. Applicants are encouraged to explore how they can leverage investments in the three diseases and RSSH to deliver quality health services across the prevention and treatment continuum for adolescents, linking with education and social protection programs. Applicants should also make use of the current guidance to support country implementation, the Global Accelerated Action for the Health of Adolescents (AA-HA!).

[16] UNAIDS (2019). Global AIDS Update 2019 (https://www.unaids.org/sites/default/files/media_asset/2019-global-AIDS-update_en.pdf)
[17] UNAIDS (2019). Global HIV & AIDS Statistics – 2019 fact sheet (https://www.unaids.org/en/resources/fact-sheet)
[18] UNAIDS (2018). Global AIDS Update 2018 (https://www.unaids.org/sites/default/files/media_asset/miles-to-go_en.pdf)
[19] As reported in *AA-HA! Guidance* which was produced by WHO in collaboration with UNAIDS, UNESCO, UNFPA, UNICEF, UN Women, World Bank, the Every Woman, Every Child initiative and The Partnership for Maternal, Newborn , Child & Adolescent Health.
[20] The Evidence 2 Action Project has created a decision-making tool for designing youth friendly spaces.
[21] 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).

It is important to recognize that health outcomes for adolescents are usually linked to their social environments and are frequently mediated by their behaviors.[22] For long-term sustainable impact, the Global Fund encourages multi-sectoral approaches, such as linking interventions between health, education and community engagement. For example, applicants 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, as well as such as programs intended for the return of girls to school following pregnancy or economic empowerment programs. The Global Fund's Adolescent Girls and Young Women in High- HIV Burden Settings Technical Brief should be reviewed in parallel with this document as it provides guidance on the different types of interventions that seek to reduce HIV incidence among AGYW, including those also targeted at male partners in high HIV burden settings.

Engagement of the adolescent community is also critical. Adolescents groups in their diversity can be a strong voice in community organizations at all levels, particularly members of key populations. The Global Fund strongly encourages the inclusion of measures to strengthen community systems for adolescents through social mobilization, building community linkages, collaboration and coordination within funding requests, as well as including them as an integral part of the design and delivery of grants. The Community Systems Strengthening Technical Brief can be reviewed in parallel with this document as it provides guidance on different types of community engagement.

Ukraine: Mobile outreach to adolescents

Through Global Fund support, ICF Alliance for Public Health has organized the "Social Patrol," a mobile team comprised of a social worker, nurse and psychologist. The patrol visits remote areas to provide adolescent with counseling on HIV and STI prevention, educational materials, testing for HIV, STIs and hepatitis, basic medical care, psychological counseling and referrals to prevention projects. Services are provided in particular to street children and young people at risk, with access to testing from the age of 14. The patrol visits help to eliminate the practical barriers and fears that impede adolescents from accessing formal health-care institutions and NGOs for care.

While not exhaustive, the table below highlights 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	Modular Framework Module(s) *Intervention(s)*
Policy and governance interventions to promote adolescent-responsive health systems	Yes	HIV Prevention *Integration into national multi-sectoral responses of AGYW programs* RSSH Health Sector Governance and Planning *National health sector strategies and financing for implementation*

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

Behavioral change and social protection programs (e.g., CSE, gender norm changing, CCTs/incentives, harm reduction activities)	Yes	HIV Prevention *Social protection interventions, Comprehensive sexuality education* and *Behavior change interventions*
Community systems strengthening activities for adolescents	Yes	RSSH Community systems strengthening *Multiple interventions*
Removing stigma and discrimination for adolescents	Yes	HIV Prevention *Addressing stigma, discrimination and violence*
Prevention of HIV and STIs (e.g., condom demand creation and distribution, pre-exposure prophylaxis)	Yes	HIV Prevention *Condom and lubricant programming, PrEP* and *Behavior change interventions*
Preventing adolescent pregnancy including access to contraceptive commodities	Yes	HIV PMTCT *Prong 1*
Cervical cancer prevention for all adolescent girls, and screening and treatment in adolescent girls who have tested positive for HIV	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 and Treatment, care and support *Prevention and management of coinfection and comorbidities* and *prevention, diagnosis and treatment of advanced disease*
Voluntary medical male circumcision	Yes	HIV Prevention *Voluntary medical male circumcision*
Diagnosis and co-management of STIs for adolescents	Yes, in accordance with the Global Fund's Policy on Co-infections and Co-morbidities	HIV Prevention *Sexual and reproductive health services, including STIs*
HIV testing and counseling for adolescents	Yes	HIV Differentiated HIV Testing Services *Facility-based testing, Community-based testing* and *Self-testing*
Treatment, care and support for adolescents living with HIV	Yes	HIV Treatment, Care and Support *Multiple interventions*
TB care and prevention in adolescents	Yes	TB TB care and prevention *Multiple interventions*
Management of unintended adolescent pregnancy	No	
Antenatal and postnatal care for adolescents	Yes	See previous section on ANC/PNC for additional details
Young key population (MSM, PIWD, sex workers, TGs) interventions as part of programs for adolescent and youth	Yes	HIV Prevention programs and Differentiated HIV testing services *Multiple interventions*
Mental health services for adolescents	Yes, the Global Fund recognizes that mental health problems are the main cause of illness and disability among adolescents,[23] and thus	HIV Prevention *Gender-based violence prevention and post violence care*

[23] Half of all mental health disorders in adulthood start by age 14, but most cases are undetected and untreated. Refer to the WHO Fact Sheet on health risks and solutions for adolescents for more information.

	supports investments in psychosocial support for adolescents, particularly those living with and affected by HIV, as well as key populations	
Strengthening procurement and supply chain infrastructure and tools to provide integrated care for adolescents within the different models of service delivery	Yes	HIV Prevention Condom and lubrication programming[24] RSSH Health Products Management Systems Strengthening *Multiple interventions*
Strengthening data systems for adolescent health, including the collection and analysis of sex, age and geographical disaggregated data	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 *Multiple interventions*
Training costs and supportive supervision for an adolescent-competent workforce	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.[25] An integrated approach to supportive supervision is strongly encouraged.	RSSH Human Resources for Health *Education and production of new health workers; In-service training*
Strengthening service delivery for adolescent health which may include investments in innovative approaches (e.g., mobile services, school-based care, community-based services, ICT), infrastructure and support for adequate referral networks	Yes	RSSH Integrated Service Delivery and Quality Improvement *Strengthening service organization and facility management* and *improving service delivery infrastructure*
Improvement initiatives to improve the quality of care for adolescents	Yes	RSSH Integrated Service Delivery and Quality Improvement *Improving quality of care*
Addressing demand-side barriers for adolescent health (i.e., barriers to specific service utilization such as HCT or uptake of contraceptives)	Yes	HIV Prevention *Behavioral change intervention, Addressing stigma, discrimination and violence* and *social protection interventions*
Implementation research for adolescent health, including key subgroups of interest such as younger adolescents and in different settings/delivery platforms	Yes, countries can consider developing adolescent-specific, prioritized research agendas to develop the local evidence base for future investments in adolescents	HIV Prevention *Integration into national multi-sectoral responses of AGYW programs*

[24] Better stewardship of national condom programs requires improved quantification of need and understanding of existing use, strengthened procurement and supply systems, and a strong evidence base to understand market dynamics and factors influencing uptake and use. National condom programs also require efforts to develop a supportive environment, including national demand creation efforts, improved coordination and advocacy in support of a total market approach, and enabling policy and regulatory environments that support diversified markets to ensure condom access is sustained. Additional information may be found in the Global Fund's HIV Information Note.

[25] For additional information on funding requests for human resources for health, please review the Human Resources for Health Technical Brief.

3. Monitoring and evaluation

The success of integrated service delivery will be measured by their impact on health outcomes for HIV, TB, malaria and associated co-morbidities among the specific population groups, as well as how much these interventions improve the performance of targeted health system components. A set of coverage, output, outcome and impact indicators are provided in the Global Fund's Modular Framework Handbook. In addition to these indicators, the performance framework includes work plan tracking measures (WPTM) that are qualitative milestones and/or input or process measures used to quantify 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 institutionalizing service integration. The Global Fund's Approach to Monitoring and Evaluation can be reviewed for further information.

Independent of Global Fund monitoring requirements and aligned with the principles of country ownership, applicants 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.[26] 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 SRHR and HIV services.[27] Overall, such data will allow countries to monitor progress in integration efforts.

4. 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 through ANC/PNC, iCCM, integrated SRHR-HIV services and adolescent health varies according to country contexts due to different economic, political and health systems realities.[28] 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

[26] The iCCM global and country level indicator matrices are available at http://ccmcentral.com/benchmarks-and-indicators/indicators/.
[27] 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 SHR 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.
[28] 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/.

prioritize and mitigate these demands, all levels of the health system need to be engaged in integrated planning, implementation and monitoring for a more coordinated approach to the RMNCAH, particularly within decentralized health systems.

4.1 Performing situation and gap analyses

Deciding which RMNCAH services are the "best fit" to maximize HIV, TB and malaria 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 how to best scale-up RMNCAH services to improve health outcomes, 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[29] 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 for HIV, TB and malaria with a focus on RMNCAH and potential areas for the integration of health service delivery;
- a summary of the health system context as relevant for disease-specific outcomes and RMNCAH 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 RMNCAH and integrated service delivery; and
- a summary of the past and current status of the following:
  - gender equality[30] and human rights, as well as the health of key populations;
  - 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 disease-specific programming strategies and criteria for prioritization within RMNCAH[31];
- identify existing areas of integration of HIV, TB, malaria and RMNCAH services, quality of service delivery and the 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, PEPFAR, Gavi , World Bank and GFF - 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 the delivery of HIV, TB and malaria services for women, newborns, children and adolescent and identify opportunities for integrated service delivery;

[29] 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/.
[30] 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.
[31] Countries are encouraged to review the recommended evidence-based packages outlined in the Global Strategy on Women's, Children's and Adolescents' Health.

- identify policy, programming and funding gaps in the country that impede progress for the three disease in the context of RMNCAH, as well as impede integrated service delivery more broadly; 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 no specific 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"[32] that can be used by countries to identify opportunities to strengthen RMNCAH and integrated service delivery in a way that makes sense technically, economically and contextually. The 2014 WHO Technical Guidance Note: Strengthening the inclusion of reproductive, maternal, newborn and child health in concept notes to the Global Fund can also assist applicants with these analyses. Finally, WHO has recently made available guidance, products and tools to support the operationalization of its Framework on integrated, people-centered health services. Applications should make best use of these materials to help conceptualize, plan and implement integrated services.

4.2 Key considerations

Applicants are encouraged to request support for programing to improve HIV, TB and malaria outcomes by investing in RMNCAH to strengthen the overall quality, effective coverage and efficiency of care. Several key considerations during the funding request process are highlighted below:

Development of national plans for RMNCAH: 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 stakeholders from the HIV, TB and malaria communities, as well as RMNCAH stakeholders more broadly. 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 RMNCAH: Applicants may require support to ensure that RMNCAH is part of the on-going country dialogue. Technical partners like the **H6** can assist countries to highlight RMNCAH 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 requests that include identified RMNCAH priorities and platforms for integrated service delivery. Needs should be identified as early in the process as possible. Partners can provide advice on identifying and funding technical assistance.

RMNCAH stakeholders as part of the country dialogue process*:* During the development of the Global Fund funding request, it is important that key RMNCAH 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 country dialogue process to ensure that relevant RMNCAH activities and opportunities

[32] 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.

for integrated programming are identified and included in the funding request. While no funds are specifically earmarked for RMNCAH, the CCM should take these perspectives into consideration as they identify priority interventions and look to maximize efficiencies and impact.

Engaging in implementation research in RMNCAH: Countries can consider engaging in implementation research to help explore and strengthen the evidence on the optimal delivery systems for integrated HIV, TB and malaria services for women, newborns, children and adolescents. In particular, the Global Fund recognizes that quality of care is a critical aspect of any programming, including interventions for RMNCAH. High coverage rates alone will not improve outcomes. Countries can consider both activities and research to improve the standards of care and quality measures for assessing, improving and monitoring the quality of care for women, newborns, children and adolescents.[33]

4.3 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 is also working closely with World Bank, Gavi and other partners through such financial coordinating platforms for RMNCAH such as the Global Financing Facility (GFF) to promote harmonization and alignment of resources in developing the country investment cases. Countries are encouraged to consider their programmatic and funding needs for RMNCAH comprehensively and identify which partners are able to provide complementary financing for specific components.

In addition, the Global Fund has an agreement 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 for pneumonia and oral rehydration salts and zinc for diarrhea treatment to complement Global Fund inputs for malaria. Similarly, UNFPA can help to strengthen the integration of SRH interventions and enable equitable access to integrated, quality SRHR and HIV services that are anchored in human rights and are gender-responsive. Applicants should engage with these and other partners during the country dialogue process to ensure that opportunities to strengthen effective links between RMNCAH 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.[34]

5. Conclusion

While women, newborns, children and adolescents continue to be disproportionately impacted by HIV, TB and malaria, significant progress has been made. The Global Fund remains committed to

[33] 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.

[34] For additional information about the implementation of these agreements, 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."

this fight, as reflected in the strategy for the period 2017–2022. The Global Fund's contribution to reproductive, maternal, newborn, child and adolescent health is one of the key pillars in this strategy. As momentum grows globally to further accelerate gains in RMNCAH, the Global Fund remains a key financial partner 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.