

Guidance Note for Developing a Resilient and Sustainable Systems for Health Funding Request

February 2020

This guidance note aims to support countries in developing funding requests for the 2020-2022 funding cycle to better address resilient and sustainable systems for health (RSSH) challenges that impact the achievement and sustainability of disease outcomes. It is based on lessons learned from the Technical Review Panel review of funding requests submitted during the 2017-2019 funding cycle.

The guidance note is based on prioritizing RSSH investments that bolster the fight against HIV, TB, and malaria while also capturing health system “adjacencies.” For example, in many countries to truly strengthen integrated supportive supervision for HIV, TB, and malaria it will be necessary to improve the supervision of primary health care more broadly.

Table 1 lists questions to support applicants considering RSSH investments during funding request development. These questions encourage countries to identify the system wide RSSH challenges within their contexts and propose options for addressing them. **Table 2** lists a more focused set of questions, based on RSSH sub-objectives. The guidance may not apply in every context but is useful for countries that aim to address RSSH challenges.

Applicants should also consider the following documents when developing funding requests and contemplating how to best include proposals for RSSH investments:

- (i) [Funding Request Instructions](#);
- (ii) [RSSH Information Note](#);
- (iii) [Global Fund Modular Framework](#) (for more details on all 7 sub-objectives of RSSH); and
- (iv) [Global Fund Strategy 2017-2022](#).

Table 1. Questions for consideration in proposing RSSH investments – Overall Objectives

Overall Objectives	
Situation analysis & lessons learned	<ul style="list-style-type: none"> • Does the funding request carefully follow the guidance in the funding request instructions? • Does the funding landscape analysis address RSSH investments? • If a universal health coverage (UHC) strategy or roadmap exists, is the funding request aligned with it? • Are cross-cutting RSSH investments included in one funding request (whether stand-alone or part of a disease funding request)? If not, does the funding request explain why RSSH funding is spread over different funding requests? • Has the funding request taken advantage of the flexibility provided to complex operating environments (COEs)?
Results Focus	<ul style="list-style-type: none"> • Does the funding request consider payment-for-results (PfR) approaches? • Does the funding request identify specific indicators by which to measure the effectiveness of RSSH investments? • Do the RSSH indicators support progress on HIV, TB, malaria, and their “adjacencies”? • Does the funding request identify how progress on the chosen RSSH indicators will be measured? • Does the funding request identify how data collection for RSSH indicators will be financed and carried out? Is there a reasonable schedule for data collection?
Integration	<ul style="list-style-type: none"> • Does the funding request explore opportunities for integrated approaches, as relevant, at the service delivery level, supply chain, labs, health management information system (HMIS), and human resources for health (HRH) systems? • Does the funding request have opportunities for integration been identified in governance, financing, management, and service delivery? • To what extent is service delivery integrated, with a focus on ante-natal and post-natal care; child health, including integrated community case management; sexual and reproductive health; and adolescent health services?
Prioritization	<ul style="list-style-type: none"> • Are RSSH priorities (rather than categories of expenditure) clearly identified, and are they based on the situational analysis? • Are the RSSH activities targeted on the key disease and RSSH challenges or are they fragmented? • Are there too many, unlinked RSSH activities that could impede implementation? • Do the RSSH investments represent value-for-money in terms of economy, technical, & allocative efficiency?
Shift from start-up & support to strengthening & sustainability	<ul style="list-style-type: none"> • Are the proposed investments mostly focused on health systems start-up and support (i.e., short-term funding of inputs) or are they aligned with health systems strengthening (i.e., activities that last beyond the funding cycle) and sustainability (where domestic resources are used and health systems improvements are institutionalized)? • Will proposed investments enhance sustainability of disease and RMNCAH outcomes? • Are the proposed RSSH investments differentiated along the health systems development continuum?
Reaching the under-served	<ul style="list-style-type: none"> • Is the situational analysis for the three diseases and for lagging RMNCAH indicators broken down geographically, by income quintile, by gender, by ethnicity and, as needed, by key and vulnerable populations? • Does the proposal indicate how inequities in service delivery and financial barriers to access will be addressed? Are stigma and other social barriers to access addressed?
Private Sector	<ul style="list-style-type: none"> • Is there an analysis of the size and importance of the private sector in providing services for the three diseases and primary health care (PHC)? Is the private sector described /differentiated by NGO, faith-based or commercial entities? • Based on analysis, are there any ongoing or planned activities with the private sector (e.g., public-private mix in TB, malaria, HIV, PHC)?
Innovations	<ul style="list-style-type: none"> • What kind of innovations related to RSSH have been introduced recently in the country? Have any evaluations been carried out? • What kind of innovations related to RSSH are being requested? Have they planned evaluations of the innovations? Are the innovations likely to be sustainable?

Table 2. Questions for consideration in proposing RSSH investments – Sub-Objectives

RSSH Sub-Objectives	
Community systems strengthening	<ul style="list-style-type: none"> • Are community systems strengthening (CSS) activities comprehensive, scaled large enough to make a difference, and effectively targeted at increasing the engagement of communities in addressing gaps in coverage across the three diseases, especially for key and vulnerable populations? • Is the investment likely to improve access to services, community engagement and overcoming stigma/discrimination/other human rights, gender and age-related barriers? • Is there evidence of the CCM having analyzed their CSS needs and developed effective programs to meet those needs, including legal empowerment and community-based monitoring activities that go beyond service delivery? • Are there efforts to expand community engagement in response to the three diseases, particularly addressing critical barriers (especially those related to human rights and gender) to access and improve quality of services? • Is there improved sustainability planning for community systems and responses compared to the previous implementation period?
Opportunities for Integration, including links to RMNCAH	<ul style="list-style-type: none"> • Have opportunities for integration and entry points for integration been identified across the health system at different levels (governance, financing, management, service delivery)? • To what extent is service delivery integrated, with a focus on ante-natal and post-natal care; child health, including integrated community case management; sexual and reproductive health and HIV; and adolescent health services? • Have there been additional efforts at integration, for example supervision and training of polyvalent health workers, and supporting more integrated lab, supply chain and data systems?
Health products management systems	<ul style="list-style-type: none"> • Are gaps and barriers in national pharmaceutical and diagnostic policy, legislation and regulation that impact access to affordable and quality-assured health products identified, and do proposed interventions address them? • Does the request include required support to transition (or when co-procured) with domestic financing, without commensurate attention given to the systems readiness to support this transition? • Is performance data for access to health product (OSA), inventory (national and district) and expiries available at a quarterly level? If not, are investments in place, to create this data and report it to relevant stakeholders? • Are root causes identified, for underperforming (parts of the) supply chains? • Are investments in Planning Innovation, Supply Chain Segmentation and/or Private Sector engagement identified to remove the underperforming root causes? • Are investments in supply chain coordinated between disease components, and with other donors, and/or are there plans to do so? • Does the request contribute to developing more integrated supply chains, and address and contribute to sustainable health care waste management systems? • Are human resource capacity to plan, manage and deliver procurement and supply chain services, and information systems to collect, analyze and report data, properly addressed?
Laboratory systems	<ul style="list-style-type: none"> • Does the request demonstrate integration of laboratory systems (common specimen transport systems, lab information systems, QMS, supply chain systems etc.)? • Does it demonstrate efficiencies across lab service delivery areas? • Are investments based on a national laboratory strategic plan, and is there evidence of coordination by the national director of lab services? • Is there provision for maintenance of lab equipment?
Human Resources for Health (HRH)	<ul style="list-style-type: none"> • Are disease specific human resources for health (HRH) investments rationalized as part of the national HRH strategy? Is there an appropriate mix of HRH investments? • Are payments to health workers justified given the country context (e.g. low GDP)? • Is there a transition plan that outlines how the country plans to absorb recurrent HRH costs, and is this based on an analysis of the labor market and fiscal space? • Do the proposed investments accelerate the development and adoption of an integrated health workforce involving development of integrated community approaches, including the use of multi-disciplinary community (health) workers that deliver health services for more than one disease? • Is there an indication of how payments to program management staff will be linked to performance? • Are investments for in-service training and supervision likely to increase health worker skills and performance? • Are investments in HRH coordinated between disease components, and with other donors, and/or are there plans to do so?
Health management information systems	<ul style="list-style-type: none"> • Does the funding request include adequate funding to strengthen and/or maintain the integrated national health management information system, including disease specific data reporting and use? This should include funding for a) a core HMIS staff/team and their specialized training (e.g. DHIS2 Academies), b) periodic TA to the HMIS core team/ Ministry, c) governance and coordination mechanisms (e.g. quarterly HIS TWG meetings), d) HMIS strategy, policies and processes/SOPs, e) hardware and software, d) connectivity, e) district/facility/community user data entry and data use

	<p>training, f) routine data quality review processes and supervision, and g) for routine sub-national reviews to regularly use data in the system.</p> <ul style="list-style-type: none"> • If appropriate to the country systems and disease context, does the funding request include adequately planned activities for patient level reporting systems and use? Are the use cases for the system(s) adequately specified (e.g. system for case-based surveillance use case in all facilities and an Electronic Medical Record system for point of care clinical decision support in hospitals and high-volume facilities only, etc.), and is it clear how this fits within the national HMIS/HIS/eHealth Strategy and will be coordinated/integrated with existing systems? • Are the required surveys to report on impact/outcome indicators planned: population-based surveys such as DHS and/or, disease specific surveys such as IBBS, MIS, MICS and (iii) TB prevalence surveys? • Are there appropriate measures to monitor and assure program and data quality planned and included in the funding request, e.g. national level health facility assessments and data quality reviews? • Did the country request support for periodic national and sub-national data analysis including national program reviews, annual reviews, quarterly review of sub-national data, program evaluations, support for analytical capacity building, etc. • Does the funding request include investments in administrative and financial data sources such as Master Facility List, database for health facilities and health workers, national health accounts, etc. • What are the activities planned for strengthening Civil Registration and Vital Statistics, as appropriate? Are there adequate interventions and investments requested to collect data related to births and deaths and cause of death analysis? • Are there any interventions proposed for strengthening data demand and data utilization that foster program implementation decision-making?
<p>Health sector governance and planning</p>	<ul style="list-style-type: none"> • Does the funding request consider capacity and weaknesses in leadership, governance, policy-making, planning, programming, management and coordination at the Ministry of Health, regional/provincial levels, national disease programs, healthcare facilities and communities, and provide relevant support where needed? • Is there alignment between health sector strategy and disease national strategic plans (NSPs), and promotion of cross-program and service delivery integration? • Have cross-cutting management, governance and motivation approaches been considered (e.g. contracting for service delivery, providing subsidies to non-state actors, performance-based financing, decentralized facility financing, conditional cash transfers (CCTs) or vouchers)? • Is there appropriate support for the development of policy and regulatory frameworks? • Does the funding request consider challenges in healthcare financing policies and regulations to ensure equitable coverage, access and utilization of services?
<p>Financial management systems</p>	<ul style="list-style-type: none"> • Are gaps in financial management systems identified and do the proposed interventions address these gaps in an effective manner? Is there an amount provided for strengthening PFM systems' component (s) to enable the Global Fund to make the use them in the future and if not, why? • Does the funding request explain how investments in financial management systems are coordinated across disease components and donors (or the approach to do so)? • Is there support for the use of country or public financial management systems' components (including institutional arrangements, policies & procedures, planning and budgeting, Financial Management Information Systems, Chart of Accounts, Fund Flows, Internal Audit and Supreme Audit Institution) for financial management of the Global Fund grants in the short, medium or long term, based on country context, including their PFM strategy? If certain PFM systems are not used, do they include a justification? • Where a program implementation unit is deemed necessary, does the funding request support, as relevant, the use of donor and/or Global Fund disease/RSSH-harmonized implementation arrangements that includes, but is not limited to, the financial management function?