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Strategy Development: Landscape Analysis - Resilient and Sustainable Systems for Health (RSSH)

VERSION: 29 MAY 2020

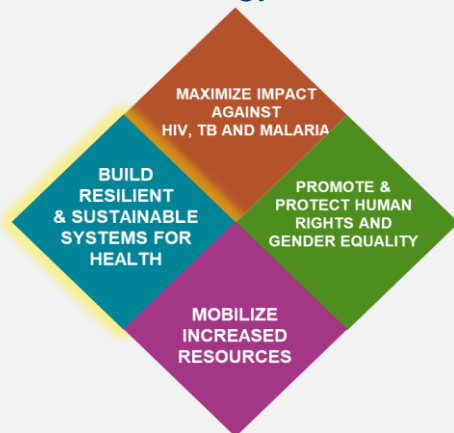
Key Messages

- **COVID-19 pandemic presents significant and still unknown challenges to health systems and domestic resource mobilization**
- **Off-track to achieving 2030 UHC & 3 disease targets:** disproportionate impact on vulnerable groups.
- **UHC financing gaps are vast:** Global Fund & Development Assistance for Health (DAH) are small share of overall resources, must make catalytic investments in systems with demonstrable results; domestic resources critical to improve service coverage, quality of care, financial protection.
- **Community systems critical to reaching most vulnerable/last mile:** GF key funder, uniquely positioned to strengthen community responses.
- **Engage private sector:** high care-seeking from private sector in high-burden MICs; strengthened engagement & implementation models required.
- **Timely, stratified data improves impact:** improved data use for decision making critical to reaching under-served, poor & vulnerable groups.
- **Market shaping impact:** leverage pooled procurement function; catalyze access to affordable quality-assured commodities with domestic resources.
- **RSSH supports Health Security:** growing evidence of improved health security due to disease-based GF RSSH investments.

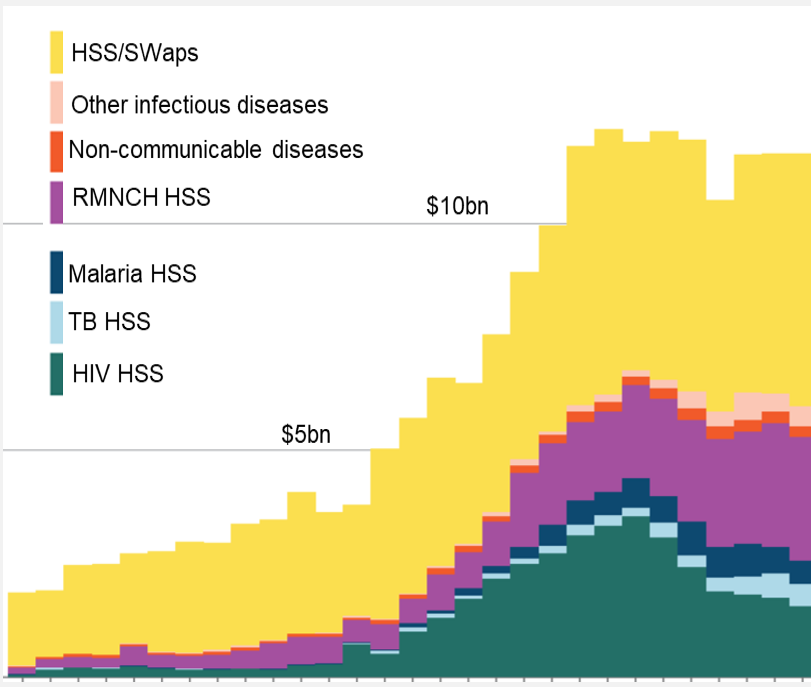


RSSH investments contribute to SDG3 on health & SDG 1, 2, 4, 5, 6, 16 goals on WASH, nutrition, education, social protection.

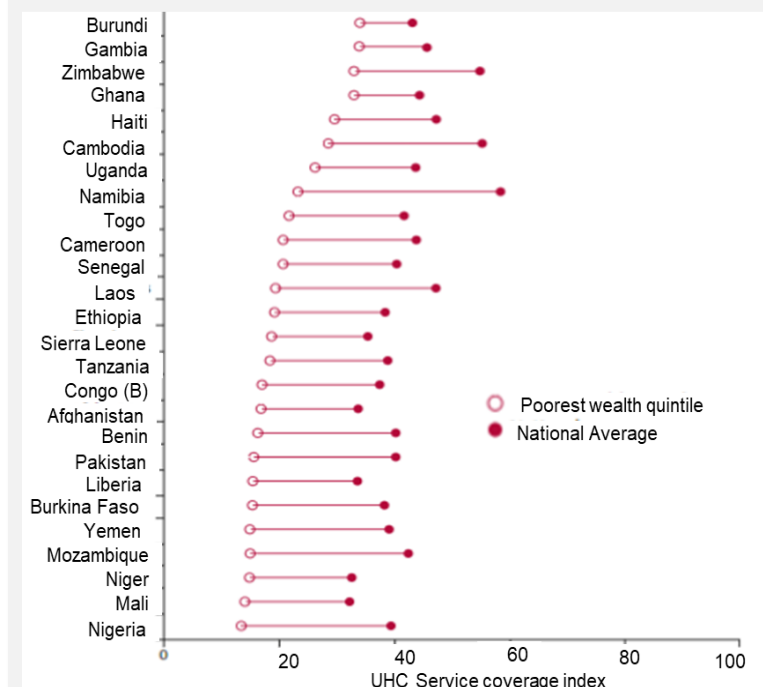
2017-2022 GF Strategy: RSSH Objective



Global trends: Development Assistance for Health in HSS investments

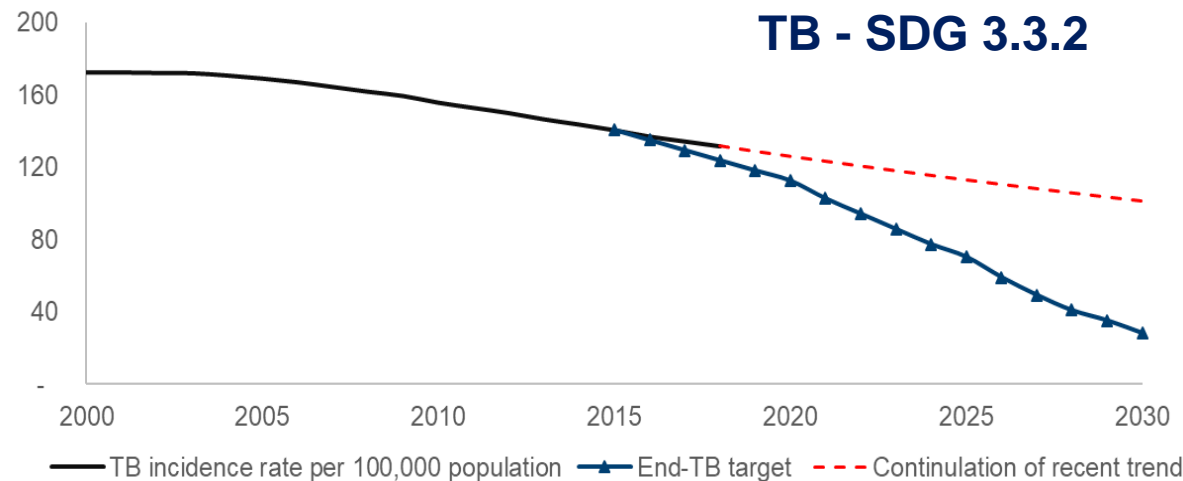
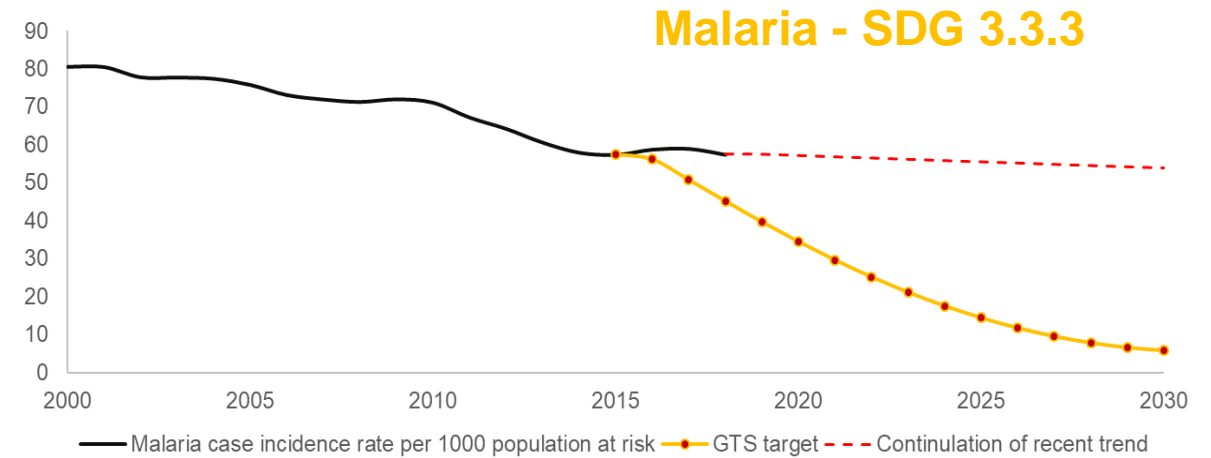
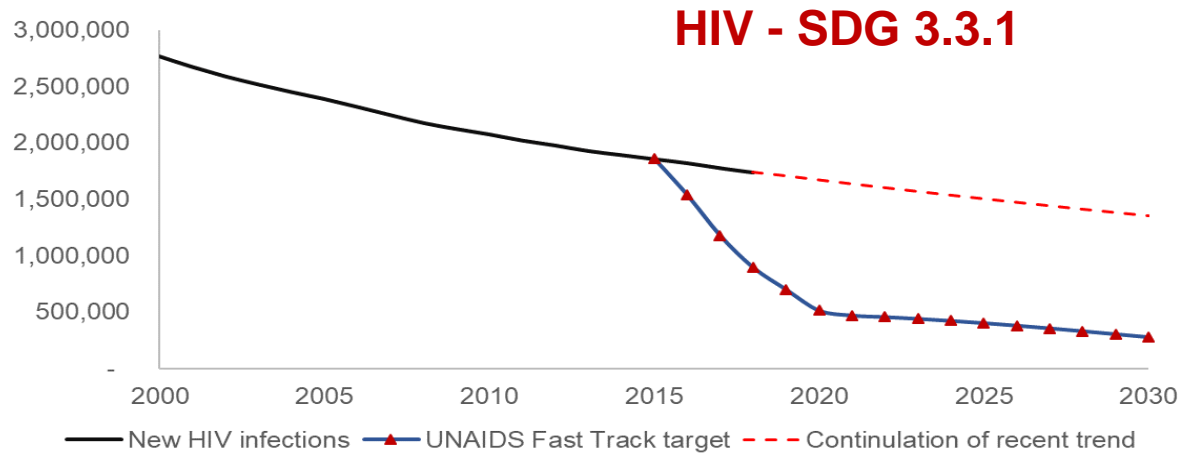


Improving equity in access & outcomes is critical



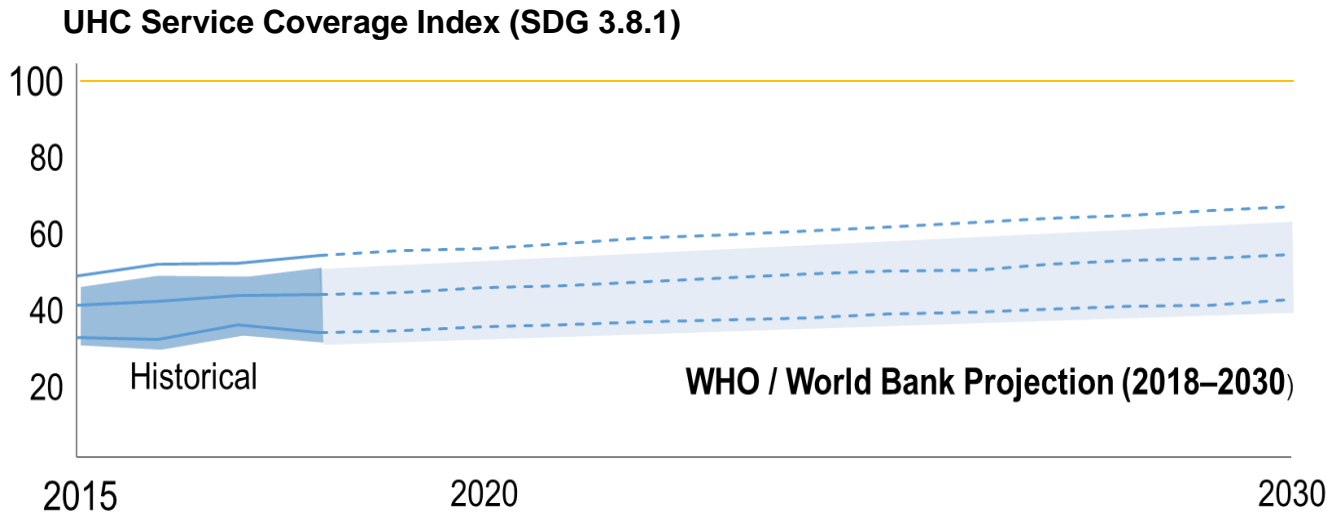
Context: off-track to meet 2030 goals for HIV, TB, malaria pre COVID-19

HIV, TB, malaria new infections: 2030 SDG 3.3 targets aim to end the epidemics



Progress against UHC has plateaued: implications for 3 disease goals

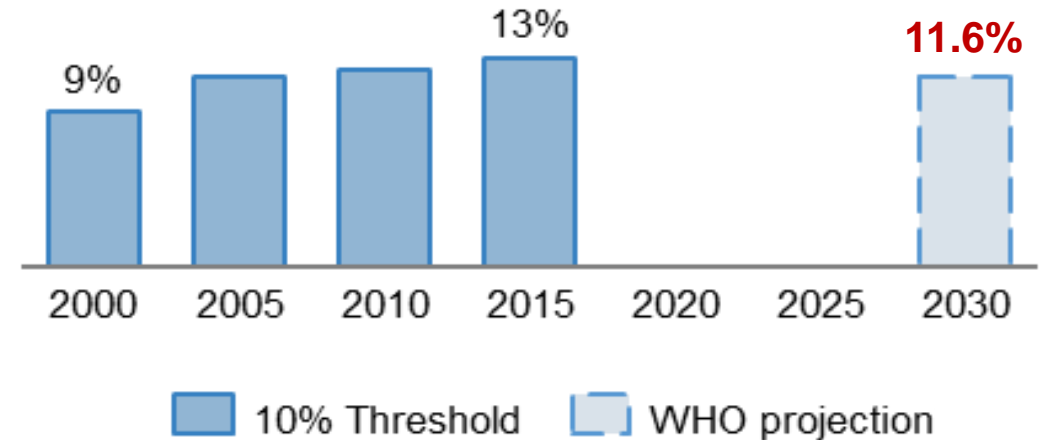
2030 UHC Coverage Target: 100% access to key services*
SDG 3.8.1 target



*UHC Coverage refers to the coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, maternal, newborn and child health, infectious diseases, non-communicable diseases and service capacity and access, among the general and the most disadvantaged population). The indicator is an index reported on a unitless scale of 0 to 100

2030 Financial risk protection: 0% of population with OOP**
SDG 3.8.2 target

Projection of population facing catastrophic payments (10% threshold, in million people) with current trajectory



**OOP= Out of pocket expenditures

Without improvements in service coverage and quality of care, 2030 goals for HIV, TB, and malaria cannot be achieved and vulnerable groups will be most affected.

DAH: Defining comparative advantage critical to being effective



Growing UHC gap: World Bank estimates a **\$176bn UHC gap by 2030** in 54 LICs and LMICs.



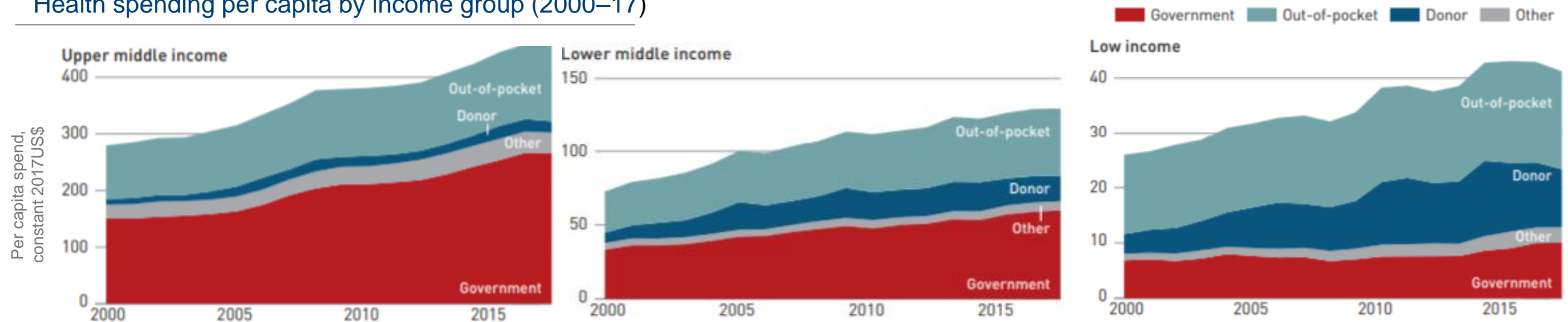
Public spending growing; DAH cannot be gap filler: UHC gap is ~35 times larger than DAH available.

- Govt. spending represented about 60% of global spending on health; Global public spending on health grew at 4.3% a year between 2000 and 2017.



Need to define comparative advantage: Global Fund is the largest multilateral grant financier for RSSH; as >1% of the overall financing (including domestic) needs to be catalytic & differentiate focus.

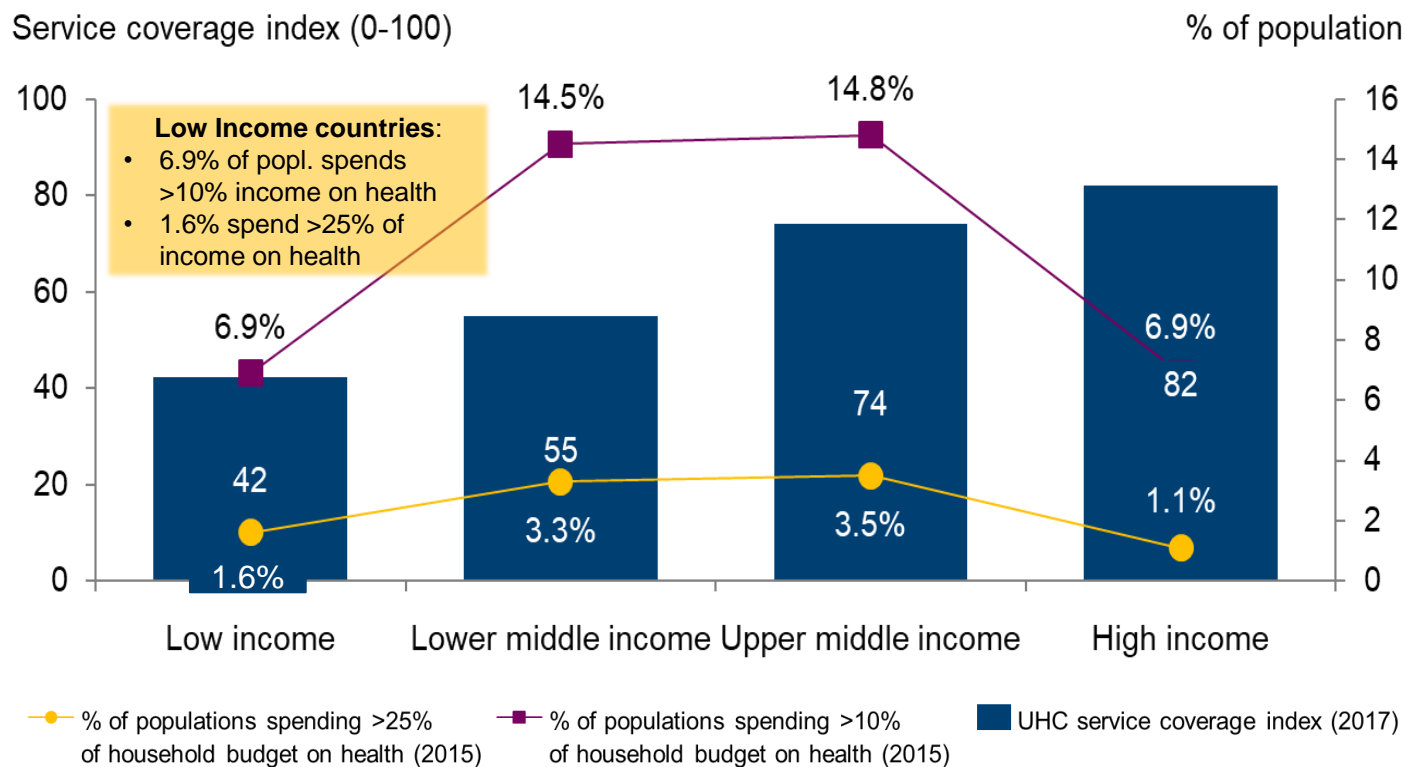
Health spending per capita by income group (2000–17)



Given the enormous gaps in financing, there is an opportunity to consider the role the Global Fund as a catalytic investor – promoting innovations & testing them at scale.

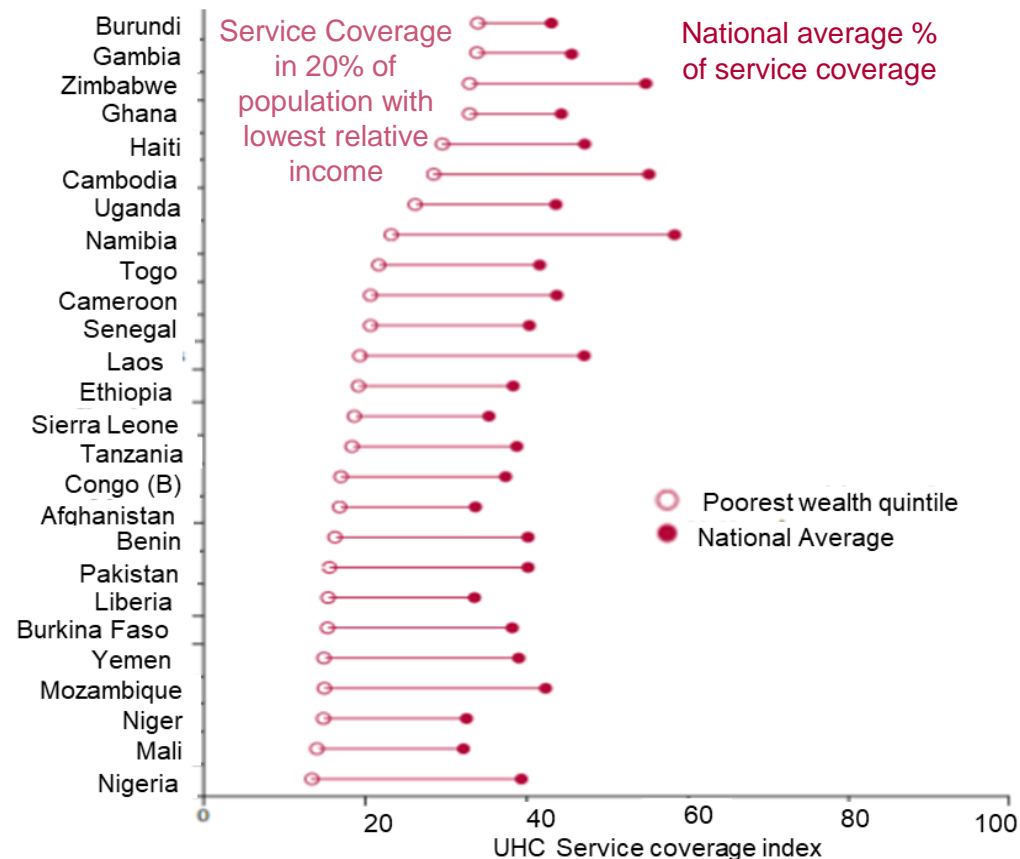
Limited progress on UHC: Addressing equity in financing and access is critical

High catastrophic health expenditures in low & middle-income countries where ~80% of global population concentrated



Source: Primary Health Care on the Road to Universal Health Coverage (WHO, 2019)

Within countries, financially & socially vulnerable groups have less access to key services

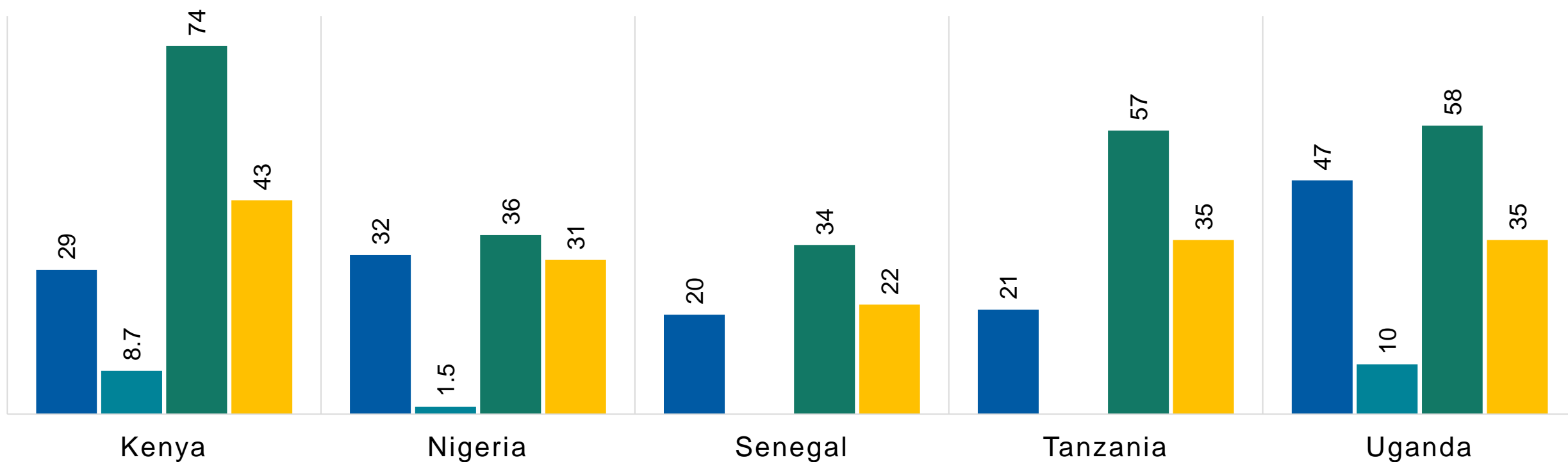


Source: The Lancet Global Health: Monitoring UHC 2018

Vast inequities in demand & access persist both within and across countries – there is a need to focus on underserved populations and take a people-centered approach to health financing.

Limited progress on UHC: Poor quality of care and provider performance widespread

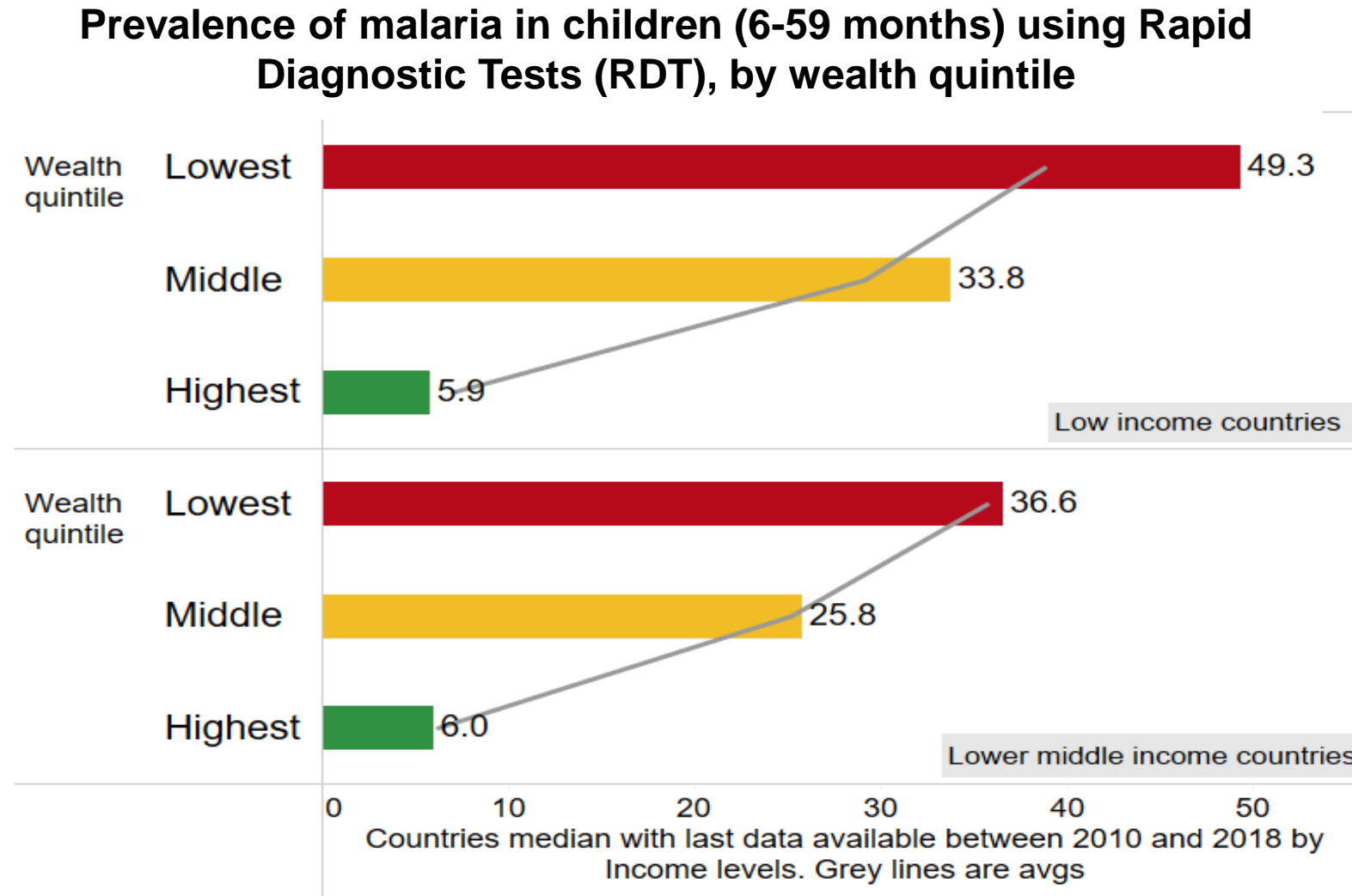
■ Absenteeism % (a) ■ Caseload (b) ■ Diagnostic Accuracy % (c) ■ Adherence to Guidelines %



(a) % of health workers absent on the day of the survey; (b) patients per day (c) Vignettes

On the supply side, low diagnostic accuracy & limited adherence to clinical guidelines emphasize Quality of Care issues i.e. increase in demand for & access to services alone not adequate to reach UHC goals.

Impact: Serious inequities in health outcomes persist in high-burden countries



Source: DHS/MIS, last year available between 2010-2018; 21 GF High Impact countries

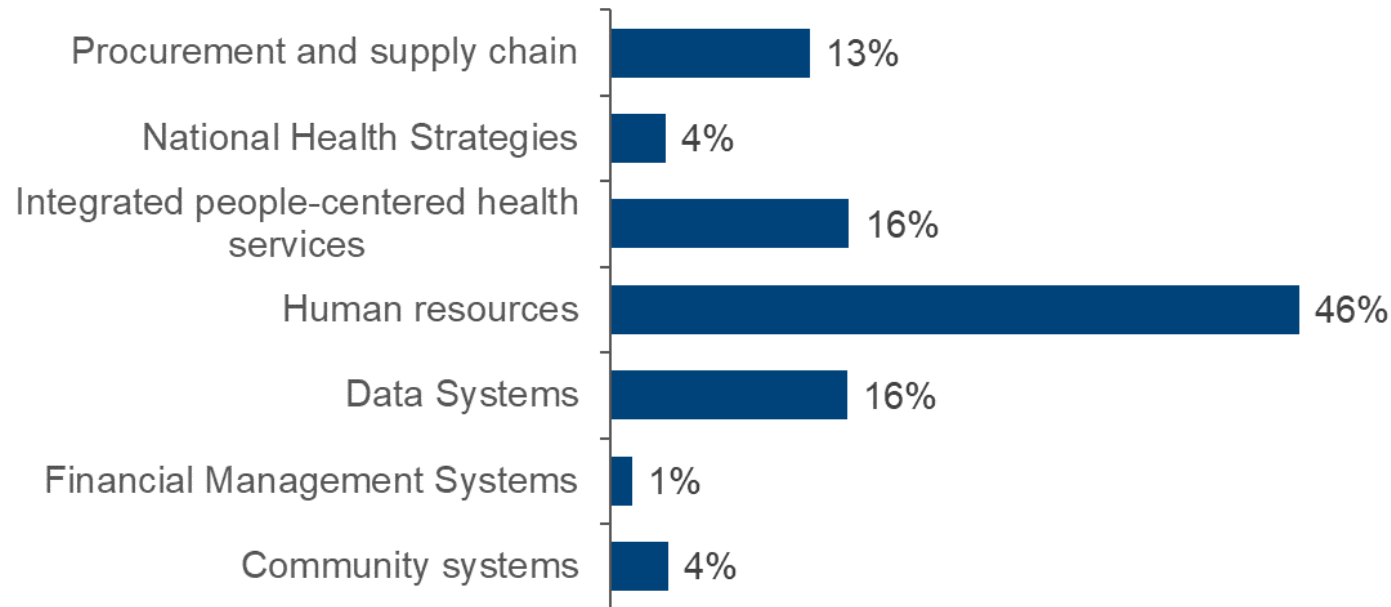
Despite significant progress in addressing morbidity & mortality, in most cases vast inequities in health outcomes for the three diseases persist, preventing progress towards ending the epidemics.

Global Fund currently invests more than US\$1 billion/year in RSSH

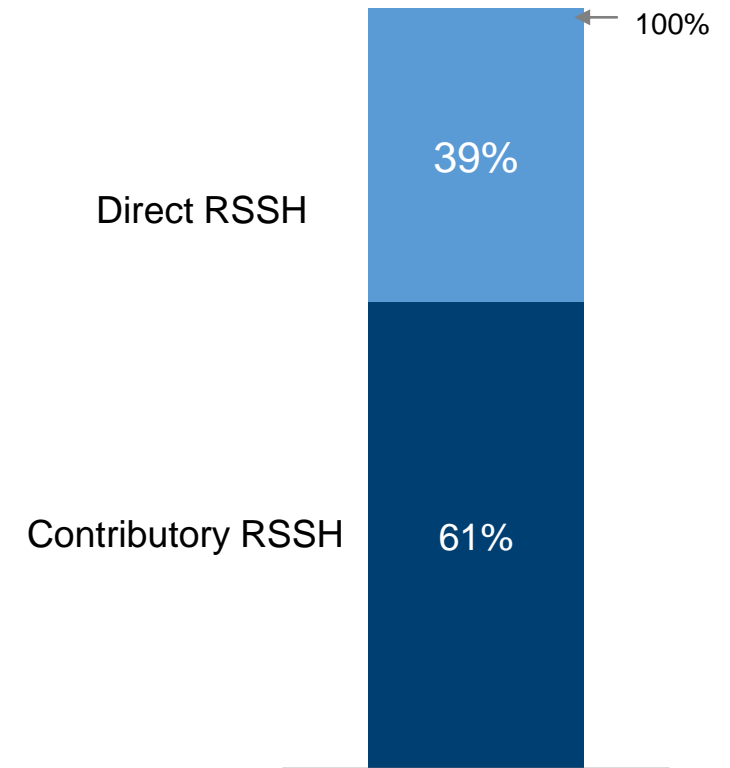
2017-19 allocation period: \$3.33 bn invested in RSSH

Direct RSSH: stand-alone grants or crosscutting RSSH/HSS modules within disease grants.

Contributory RSSH: disease-specific investments that have a positive spill-over effect & reinforce the health system.



2017-19 RSSH Investments



2017-19 GF investments: Allocations, Matching Funds, Strategic Initiatives

Direct and contributory RSSH benefit are essential to improving HIV, TB and malaria outcomes, achieving broader health outcomes and accelerating progress towards UHC.

Global Fund RSSH investments differentiated, designed to catalyze domestically sustainable impact

Investments differentiated along the development continuum

Low-income countries

Longer-term health system development Investments, balanced with disease focus:

- Allocative efficiency in HRH, CHWs
- Improvement in quality of ANC & community level service delivery.
- Investments in national health accounts & budget mgt.
- Community based service delivery
- Payment for results models

Lower middle-income countries

Investments develop system capacity, strengthen domestic governance & service delivery, esp. for three diseases:

- Inclusion of ATM into National Health Insurance benefits package
- Supply chain transformations in high impact portfolio
- Cross-programmatic efficiency
- Community based service delivery
- Payment for results models to improve quality & cost-effective expansion of service coverage

Upper middle-income countries

Investments to support sustainable transition:

- Social contracting for service delivery and cross-programmatic efficiency
- Expand NHI coverage to under-served populations
- Facilitate access to framework pricing for commodities

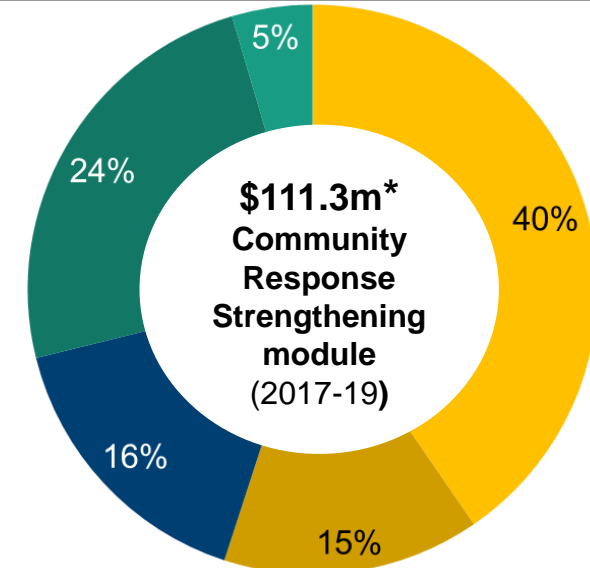
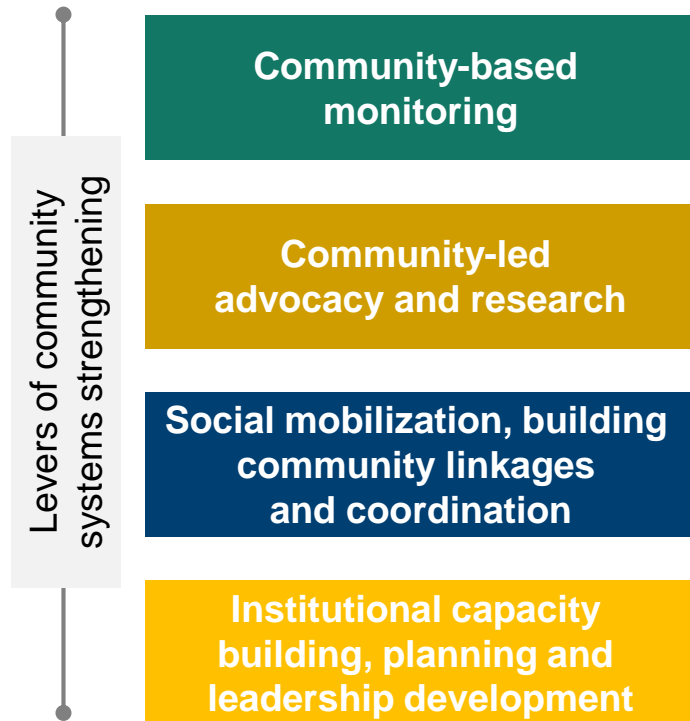
Challenging Operating Environments & Fragile States

Balance between ensuring immediate service delivery and supporting longer-term health system development:

1. In acute emergencies, priority is direct support for service delivery in immediate term
2. As stability increases, vertical projects & services knitted together into service delivery platforms and health systems reform & strengthening

Global Fund supports community systems and responses to catalyze & sustain impact

Priority interventions for Community Systems Strengthening (CSS) To catalyze scale-up and impact through strengthened system capacity and community engagement



* This is a subset of GF CSS investments; Estimate does not include CSS investments budgeted under other modules in 2017-19 country grants & CSS funded by GF Catalytic Funds

- Other community responses and systems intervention(s)
- Community-based monitoring
- Social mobilization, building community linkages, collaboration and coordination
- Community led advocacy
- Institutional capacity building, planning and leadership development

Opportunity to scale-up, further strengthen community systems and responses and promote human rights and gender equity, to achieve progress against the three diseases & fill critical gaps – particularly for marginalized groups.

Global Fund invests significantly in data systems to improve effectiveness

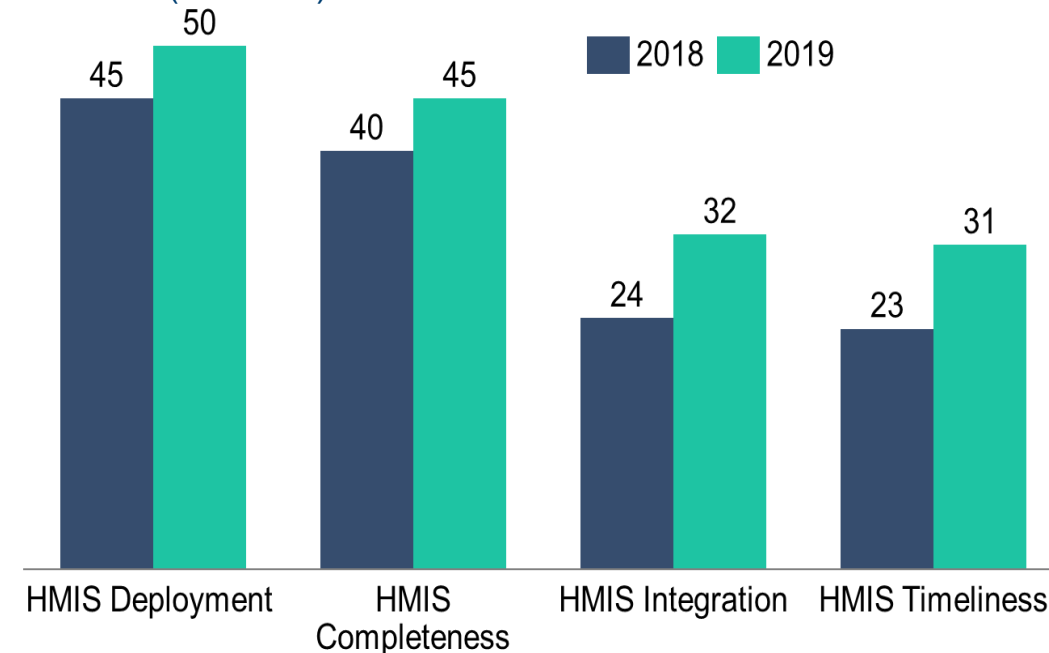
Data-led decision-making a critical global public good to invest in to:

- Improve countries' program planning, resource allocation and programmatic integration
- Bridge information silos between different systems for triangulation and joint use of program, logistics and lab data at national and sub-national levels

Snapshot: Successes in rolling out digital HMIS (2017-19)

- HMIS and logistics, lab/diagnostics data is now **interoperable in key high burden countries**
- The national **HMIS is deployed and maintained in 50 of 51** high-burden countries
- **Significant improvement in Data quality and data use** in high burden countries
- **Partnerships** with Rockefeller Foundation, University of Oslo/DHIS2, WHO, GAVI, Gates, USG, World Bank, among others, to catalyze in-country data use for decision-making
- Critical **private sector engagement & partnerships** e.g. Microsoft and Google

GF funding HMIS roll-out & strengthening in high burden countries (2017-19)







Source: Global Fund KPI 6, KPI Report 2020





Opportunity to further increased cost-effectiveness in prevention, diagnosis, treatment and care, disease surveillance and health security.

Illustration: Catalyzing impact at country-level to improve outcomes

Georgia: Integrated Hep B, HIV and TB screening program

-  GF partnered with Georgian govt. to **roll-out integrated screening for TB, HIV and hepatitis B in PHCs**, in response to **TB specialist shortage**
-  Brokered agreement with private sector to retrain health workforce in case-detection & data management, with **incentives for participating PHCs**
-  In 2019, program **successfully piloted in 8 districts**, with support from local governments
-  Success in **increasing TB screening rates at PHCs**; On-going work to **roll out the program in all districts**

India: TB patient provider Support Agency in India

-  Govt. partners with GF & World Bank defined **financial incentives** for the **private sector** to participate in the **national TB case notification & treatment adherence plan**
-  **Free diagnostics and drugs** provided to the private sector
-  All TB patients provided **conditional cash transfers to support treatment**; **piloting of digital platforms** to reinforce adherence to treatment
-  Share of **microbiologically confirmed TB patients from the private sector increased (20%)** and **treatment success rate** in the private sector **increased to 60%**

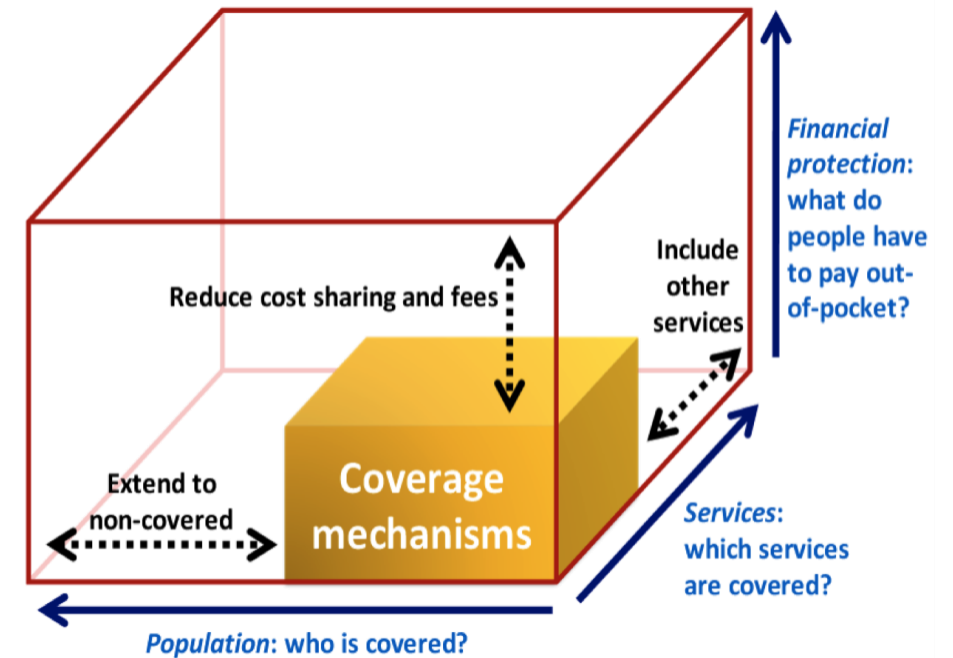
Opportunity to further strengthen strategic partnerships & design mechanisms that leverage the Global Fund's relative advantage to catalyze country-led innovations in financing, service delivery and monitoring.

Going Forward: Reaching the under-served & catalyzing effective domestic financing

UHC components	Opportunities for GF to contribute towards UHC
Improved coverage	Increase service coverage, especially for key and vulnerable populations, by: <ul style="list-style-type: none"> Strengthening community action Geographic targeting, expansion to underserved areas Social contracting
Expanded services	Expand package of health services by: <ul style="list-style-type: none"> Scaling-up integrated packages of services for HIV, TB and malaria, and beyond (e.g. RMNCH) Efficiencies in disease financing for expanded services Expansion of pooled procurement Private sector engagement
Improved financial protection	Address out-of-pocket expenditures by: <ul style="list-style-type: none"> Rolling-out of national health insurance platforms Addressing user fees, make cost of care negative Advocacy to increase budgets & financial risk protection



WHO: Towards Universal Health Coverage



Source: World Health Report 2010

Opportunity to explore new mechanisms for reaching the under-served, catalyzing cost-effectiveness in national systems and piloting innovative service delivery models.

Opportunity: Further strengthen Global Fund's role in market shaping

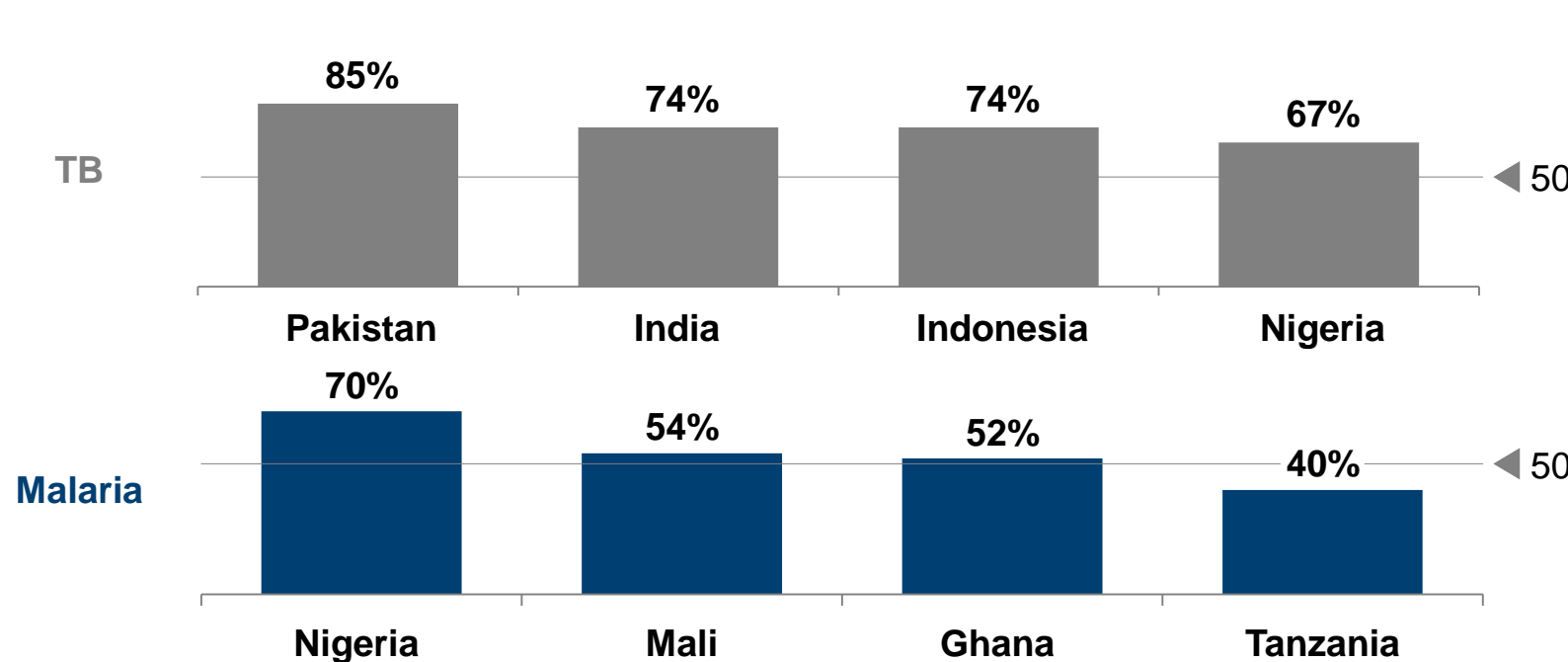


Leveraging Global Fund's position to build healthier markets on the supply side & capacity for strategic procurement & sourcing to shape demand from countries, driving down cost of access to quality commodities.

Opportunity: Comprehensive care strategies that consider the private sector

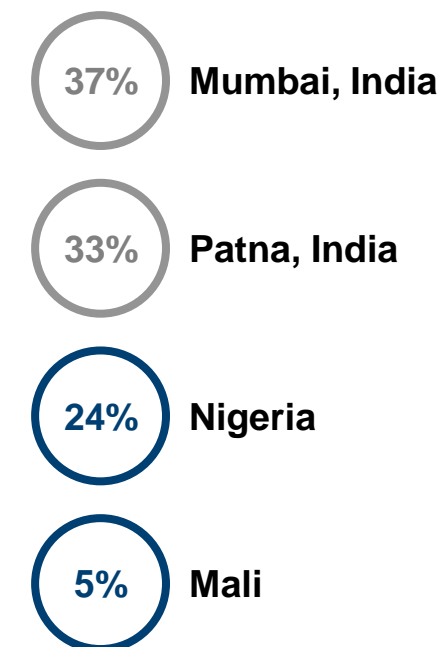
Use of the private sector likely to rise with greater urbanization

% of patients seeking treatment in the private sector (selected countries)



Improvement in quality of care needed

% of patients receiving correct treatment



Opportunity to how to better engage with the private sector to improve quality of care and outcomes, with a focus on equity.

Opportunity: Shift focus from inputs to outcomes for people and investing for results



Financing is one of many factors that influence access to and quality of service delivery & rate of utilization



Service utilization is influenced by all the building blocks of health systems e.g. organization of service delivery, human resources, medicines, technologies, efficient financing, demand creation

Input or “pillar” financing approach to RSSH takes focus away from disease outcomes for people:

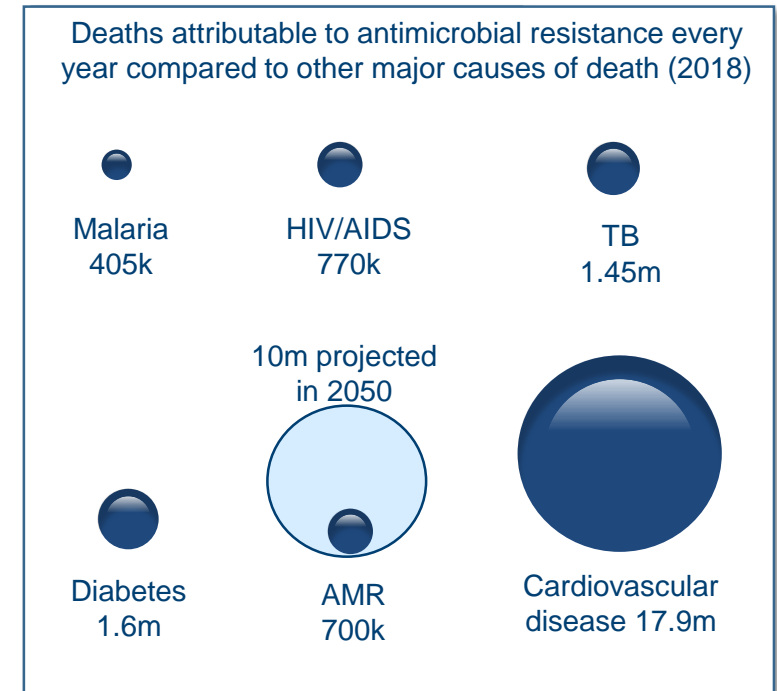
1. **Leads to unfocused and unprioritized list of RSSH activities:** absence of broader strategic direction
2. **Limits innovative thinking:** Evidence on catalyzing sustainable positive health outcomes points to need for:
 - a. Engaging with the private sector or the NGO/CBO sector,
 - b. Cash and non-cash transfers,
 - c. Directly financing health facilities, and
 - d. Improving management, and other “cross-cutting” approaches.

Focusing on financing inputs or “pillars” will not be sufficient for achieving 2030 goals; critical to catalyze focus on cost-effectiveness.

Opportunity: Leveraging RSSH investments to strengthen global health security

RSSH investments are key to improving global health security and strengthening impact in the fight against the 3 diseases in a globalized world:

- **Establishing supra-national labs**, increase lab specimen transport and focus on supply chain
- **Expansion of antimicrobial resistance (AMR) activities** for TB, HIV and malaria
- **Integration of disease specific surveillance systems** with national systems and at points of care/entry
- **Continue responding to HRH needs:** Bolster system capacity, invest to increase available field epidemiologists and health-care workers
- Development & mobilization of **community & civil society networks**



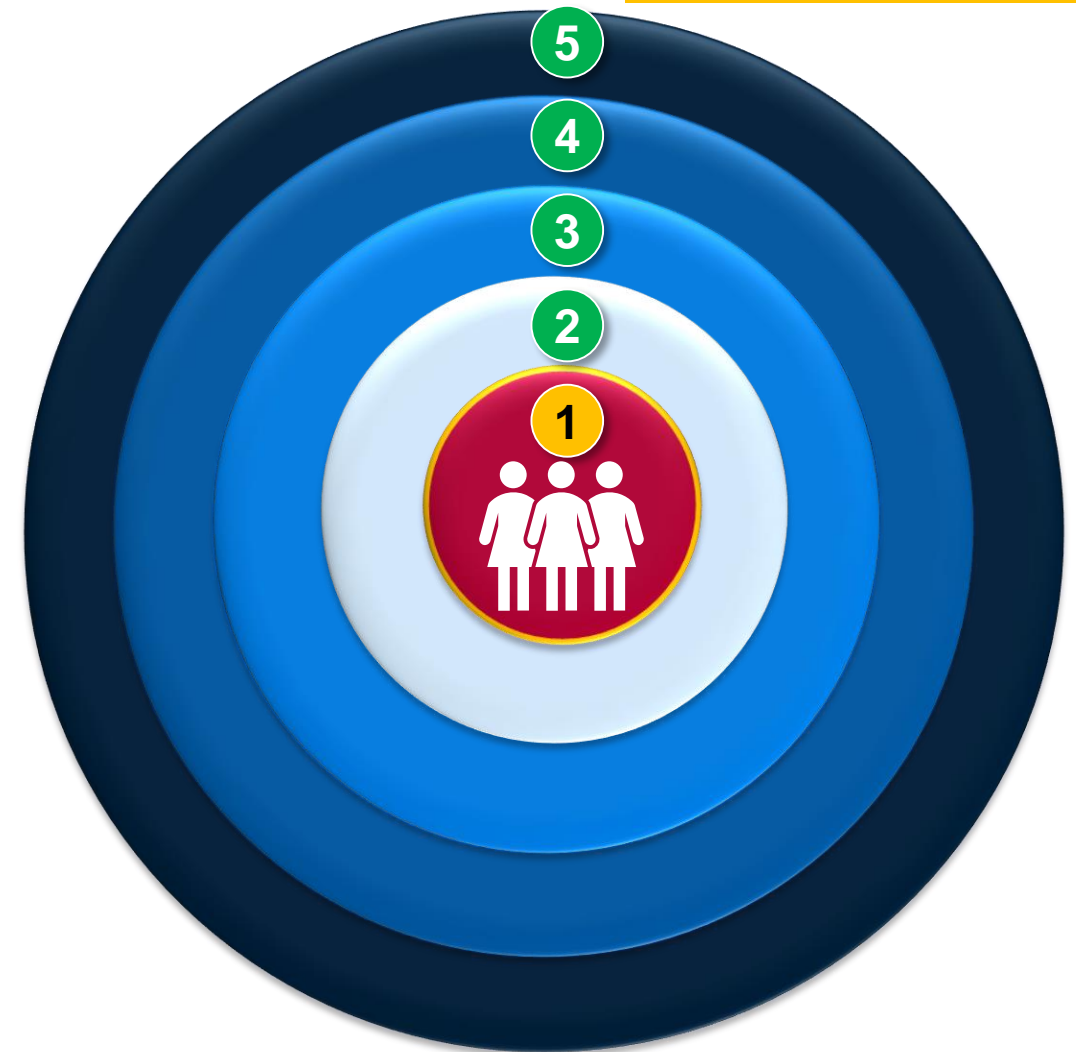
Source (right): World Health Organization, The Review on Antimicrobial Resistance, Jim O'Neill

Opportunity to consider how RSSH investments can be leveraged to improve global health security and to protect progress in the fight against the 3 diseases.

Opportunity: Develop an impact focussed, people-centered approach to RSSH

Illustrative Model

- 1 People Needing Services:** Understanding & addressing barriers to access and measuring whether the under-served are being reached
- 2 Define Priority HIV, TB, Malaria, & Adjacent Services:** Ensure their quality
- 3 Service Providers:** Consider all service providers (public, private, NGO/ CSOs, community, people themselves) and select the most appropriate for the context
- 4 Support for Service Providers:** 1) Management; 2) Purchasing and financing; 3) Drugs, equipment, supplies; 4) Human resources for health; 5) Health information & analysis; 6) Labs; 7) Behavior change
- 5 Enabling Environment:** 1) Facilitating innovations in technologies and techniques; 2) Advocacy; 3) Domestic resource mobilization & risk pooling; 4) Align external support to national needs; 5) Governance, Leadership & Stewardship; 6) challenging operating environments require special consideration



Consider taking a people-centered approach, with focus on tangible results against the 3 diseases while building RSSH.