Evaluation Brief

Evaluation of Community Responses and Systems Strengthening

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Evaluation Briefs are produced by the Global Fund's Evaluation and Learning Office to synthesize the key learnings and takeaways formulated in independent evaluations.

This evaluation brief is a high-level summary of the documents developed for the Evaluation of Community Responses and Systems Strengthening and LINK HERE, including:

- The Evaluation Report
- The Independent Evaluation Panel Commentary
- The Secretariat Management Response

For a more complete view of the evaluation, the final evaluation documents can be accessed individually through the above links.

This independent evaluation was managed by the Evaluation and Learning Office of the Global Fund and conducted by Health Management Support Team. The evaluation was conducted under the oversight of the Global Fund Independent Evaluation Panel (IEP).

Click here to learn more about our evaluation findings at:
https://www.theglobalfund.org/en/iel/

Introduction

Community Responses and Systems Strengthening (CRSS) is a strategic approach led by the Global Fund to Fight AIDS, Tuberculosis and Malaria, which empowers communities as central actors in combating these diseases and building resilient health systems. CRSS is built on two interlinked pillars: Community-Led Responses (CLR), where communities themselves, especially key and vulnerable populations lead activities to improve access to prevention, testing, treatment, and care; and Community Systems Strengthening (CSS), which focuses on building the capacity, coordination, and sustainability of community responses through interventions such as community-led monitoring, research and advocacy, capacity building, and fostering engagement and linkages with formal health systems. The main stakeholders in CRSS include community-based and community-led organizations, key and vulnerable populations (such as people living with HIV, TB, and malaria, adolescent girls and young women, LGBTQI+ communities, people who use drugs, prisoners, and mobile populations), civil society platforms, regional learning hubs, government health agencies, and technical and funding partners like the Global Fund Secretariat. By bringing together these diverse stakeholders, CRSS aims to create more equitable, effective, and sustainable health systems, ensuring that community voices are central to decision-making and service delivery.

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Evaluation Objectives

Evaluation Purpose

1. Provide the Global Fund with an assessment of its approach to CRSS and its contribution to improving access to HTM services, grant implementation and performance; and
2. Provide learnings on challenges and gaps, and recommendations for how the Global Fund can better conceptualize and invest in CRSS.

Objectives

1. To assess Global Fund's approach to CRSS and factors that facilitate and hinder progress towards sustainable community systems.
2. To assess the effectiveness of the interventions prioritized by the Global Fund under CSS (CLM, research and advocacy, and capacity building/leadership).
3. To assess the complementarity and integration of CRSS with formal health systems at country level.
4. To assess the contribution of community-led and community-based responses supported by the Global Fund to improve access to HTM services, grant implementation and performance.

A summary of the evaluation methodology is provided at the end of this brief.

Evaluation Conclusions and Key Findings

The section below provides a high-level overview of the evaluation's key conclusions and findings, with some background and context where relevant. It is followed by a summary of the evaluation recommendations, as well as the Secretariat's level of acceptance and initial response to each recommendation. For the full evaluation recommendations, please see Evaluation Recommendations and the Secretariat Management Response.

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1 *Admirable commitment to putting communities at the center*

The Global Fund's strategy acknowledges the crucial role of communities in combating the three diseases and supports community-led responses and system strengthening. The Global Fund Strategy highlights the role of community responses and systems strengthening (CRSS) in disease programs, though its definitions remain complex and lack specificity in certain key areas (i.e. community-led responses). The evaluation identified limited evidence regarding the Global Fund's adaptation of its approach within challenging operating environments (COEs) and opposition to human rights though it still engaged key and vulnerable populations through indirect support, advocacy via Community systems strengthening (CSS), and strengthening access to service provision. Communities are integrated into national strategic plans and community health strategies. Key stakeholders at both global and national levels acknowledge the role that civil society organizations (CSOs) play in supporting the implementation of the Global Fund's country disease programs.

2 *Lack of overarching CRSS framework*

The evaluation found that the absence of an integrated framework linking community system strengthening (CSS) to community-led responses (CLR) and health outcomes - along with a lack of a shared definition of "communities" - has resulted in inconsistent approaches to CRSS, with investments in community-led responses (CLR) favored over those in community-systems strengthening (CSS). This is linked to the way the Global Fund Secretariat is structured with different teams managing different CRSS aspects without coming together to reflect on a country-level approach.

3 *Inconsistent understanding of communities and CLR*

The term "communities" is interpreted by stakeholders either as affected populations in certain contexts, or as key populations in others. Based on these distinctions, community-led responses (CLR) may be understood as the work of community health workers (CHWs), or the services delivered by civil society organizations for key populations, including

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initiatives that address human rights and gender-based barriers. Both perspectives are key for achieving a comprehensive response to the three diseases.

4 *Communities contribute to a wider variety of health outcomes than appears to be commonly recognized*

The evaluation identified numerous roles that communities and civil society play in providing services and supporting elimination of the three diseases. Yet these were not consistently known by many involved in developing national responses.

The evaluation found that communities and civil society provide multiple important services and supporting elimination of HIV, TB and malaria. Yet many stakeholders involved in the development of national responses were unaware of the roles communities and civil society play in the fight against the three diseases.

Area: Investment

5 *Investing in Community Systems Strengthening is critical to the Global Fund having impact, yet difficult to do effectively.*

Designing effective investments presents significant challenges due to the complex set of interconnected and hard-to-quantify factors which inform prioritization and costing, and alignment with community health strategies. These complexities are further exacerbated by limited data on the effectiveness of community system strengthening (CSS) on health system strengthening or the integration of community systems with formal health systems to improve health outcomes.

The evaluation also found Global Fund investments enable Community-based organizations (CBOs) and civil society organizations (CSOs) to provide community health care and expand access to HIV, TB and malaria services. These efforts are adapted to each disease and context and are aimed especially at key and vulnerable populations who may not normally be able to access mainstream services.

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6 *Underinvestment in communities and CSOs*

Given the critical role that communities and civil society play in fighting epidemics, there is insufficient investment in them to have significant impact. This is particularly true in countries where governments are struggling to reach some key populations (particularly gay men and other men who have sex with men, MSM), and leave this to civil society, without providing the needed resources.

Communities and civil society have a critical role in fighting epidemics, though they often lack adequate funding. This gap is especially evident where governments struggle to reach key populations (i.e. gay men and other MSM) and rely on civil society without providing the necessary resources. The evaluation also found current CRSS investments will not result in sustainability and are limited in scope and budget.

7 *Investment in CLR is not fully supported by investment in CSS*

Most of the increase of Global Fund investments in CRSS has gone towards CLR. CSS represented 1% of investments in Grant Cycle 6 (GC6) and Grant Cycle 7 (GC7) grant budgets compared to 6% (GC6) and 7%(GC7) for CLR. The evaluation also found that CRSS investments are not priorities for countries. There is substantial global evidence demonstrating that investing in the capacity building and leadership development of organizations and coalitions is effective in strengthening community responses and subsequent health outcomes. However, the Global Fund is not prioritizing sufficient funding nor maximizing its existing investments in this area.

Operationalization

8 *CSS is de-coupled from CLR in practice*

Incorporating CSS within Resilient and Sustainable Systems for Health (RSSH) investments may lead to an artificial de-coupling of CSS from CLR, potentially increasing competition for limited resources among communities and other RSSH modules.

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9 *Community system maturity is not systematically considered*

Communities and civil society organizations (CSOs) are diverse and complex. Large organizations such as the Global Fund may not be able to address these complexities across different countries. While all Global Fund grants aim to adjust to local contexts, the evaluation found a lack of tools to support consistent design and decision making, resulting in individual discretion determining what CSS support is needed to support what CLR.

10 *Lack of measurement results in lack of evidence*

Although investment in CRSS is increasing, there is insufficient evidence demonstrating how investment in CSS supports CLR or how CRSS affects health outcomes. This absence of evidence is due to gaps in systematic data collection, reporting, and analysis. Existing indicators are not all mandatory and may not be structured to provide the needed information. Service delivery results are often disaggregated by sector, which means contributions from communities are not clearly visible.

11 *Lack of assessment and sustainability or integration planning*

Planning and preparation for sustainability of CLR often starts late to be able to address the legal, structural, relational and capacity needs which require multiple cycles to change. There is also a lack of assessment aimed at understanding the current community system, both in terms of the government's readiness to support community efforts as well as the community's capacity to deliver services, making it difficult to create a coherent plan or track progress over time.

12 *Community Engagement Strategic Initiative complements grant investments*

The Community Engagement (CE) Strategic Initiative addresses critical gaps in CSS; its scope is currently limited and alignment with CLR activities varies. The evaluation also found that intercountry CSO platforms have contributed to country-level CSO engagement. In fact,

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dedicated funds for capacity building, for example the CRG/CE Strategic Initiative, have been reported to contribute to community systems and community-led responses, and offer insights that may inform adjustments to the Global Fund's approach to CSS.

13 *Community-led monitoring requires a more tailored approach*

Community-led monitoring (CLM) has been effective in some contexts, but in others, it may need further evaluation, assessment, and support for adaptation, creating opportunity costs for countries with other CSS priorities. In some instances, CLM has been encouraged more than other necessary CSS interventions without adequate assessment, which can occasionally lead to duplication or lack of linkages with other initiatives.

14 *The current model is not designed for integrated efforts*

With declining resources, it will be essential to seek efficiency and savings through the integration of efforts and disease management. The Global Fund's current structure and tools do not support this approach. The evaluation also found that eventhough opportunities to strengthen the sustainability of CRSS exist, they require further documentation, institutionalization, and dissemination. With the Global Fund's support, disease management has shifted from a vertical to more horizontal, integrated approach though external support remains necessary, along with coordination at subnational levels that involves CSOs.

15 *Abundant, high-quality but scattered guidance*

Country stakeholders find the large number of different guidance documents produced by different Global Fund teams difficult to navigate. The guidance lacks a clear CRSS approach, despite efforts to link and cross-reference guidance. Similarly, CSS is framed mainly as a community responsibility, instead of being linked to the government systems which support it by providing a favorable operating environment.

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16 *Limited community-level coordination in countries*

The current approach of developing funding requests may lead to competition rather than collaboration between communities and civil society, especially when their representation on the CCM is limited. In countries close to transition out of Global Fund support (such as Montenegro or Lao), the evaluation found there are fears that once the Global Fund leaves and the Country Coordination Mechanism (CCM) is dismantled, there will be no government funding for the CSO sector, which has been previously required as part of the Global Fund's co-financing approach.

17 *Cooperation needed with others working with community systems*

The Global Fund partnership demonstrates effective collaboration with traditional technical and financial partners. However, in the current context of constrained funding, optimal resource utilization may be hindered by limited engagement with other key investors working at the community level, such as multilateral development banks.

Evaluation Recommendations and the Secretariat Management Response

Building on the findings and insights gathered throughout the process, the evaluation culminated in a set of recommendations.

The evaluation recommendations are outlined below alongside the Secretariat's level of acceptance of each recommendation and initial response to each, as set out in the Secretariat Management Response.

Overall the Secretariat is committed to simplifying processes under the steer and guidance of an internal Grant Life Cycle (GLC) Governance Mechanism[1]. Final decisions on changes and simplification will only take place later in 2025. The Secretariat will be using the recommendations of the evaluation to inform potential changes.

[1] The Secretariat has consolidated and formalized the Grant Life Cycle (GLC) governance structure, including the GLC Steering Committee. This governance mechanism is responsible for overseeing the end-to-end grant life cycle, including processes, systems and additional information requirements.

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Recommendation 1	Level of acceptance
Develop a comprehensive framework for CRSS, which links to RSSH and health systems maturity framework.	Accept

In response to recommendation 1, the Secretariat:

- Agrees that it will address fragmentation and conceptual ambiguity in how community-led responses (CLR) and community systems strengthening (CSS) are understood and applied across countries.
- Emphasizes the need to establish a clear, coherent, and operational CRSS maturity framework that aligns short-term delivery priorities with long-term systems development.
- Understands that the framework will need to include staged, maturity-based tools to help countries and partners design, implement, and assess CRSS investments over time.
- Considers that it will anchor CRSS within the broader RSSH agenda, clarify linkages between CLR, CSS, and formal health systems, and promote integration into national health strategies while preserving community autonomy.

Recommendation 2	Level of acceptance
Improve the monitoring and results framework to make community contributions to health outcomes more measurable and visible.	Partially accepted

In response to recommendation 2, the Secretariat:

- The Secretariat agrees on the importance of capturing and communicating community contributions but highlights methodological challenges in attributing national health outcomes to specific actors, including communities, an issue recognized across global health monitoring frameworks.
- Due to limited actionable proposals in the evaluation, the Secretariat will prioritize operationally realistic improvements that build on existing data systems and can be implemented within current resource constraints.

Recommendation 3	Level of acceptance
Develop a multi-cycle sustainability plan for countries which includes critical community-led responses as part of funding requests, based on the new CRSS framework and the maturity model.	Partially Accepted

In response to recommendation 3, the Secretariat:

- Supports the importance of CRSS sustainability but will align efforts with broader sustainability initiatives already underway to avoid duplication.

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- Rejects the creation of a standalone CRSS sustainability strategy, citing risks of fragmentation and artificial separation from broader health systems planning.
- Instead, it commits to a cross-departmental, integrated approach that embeds CRSS within national policy and financing processes.
- Planned actions include structured integration into country planning, improved measurement and costing, and targeted engagement with governments and financing actors to ensure CRSS is considered in transition pathways.

Recommendation 4	**Level of acceptance**
Adjust incentives for FPMs to be accountable to supporting countries adhere to the CRSS framework and make progress on sustainability plans.	Partially Accepted

In response to recommendation 4, the Secretariat:

- Agrees with the intent to strengthen CRSS accountability but found the recommendation too vague, particularly regarding what “incentives” for Fund Portfolio Managers (FPMs) would entail.
- Commits to using this opportunity to close knowledge gaps and elevate the importance of CRSS through key actors like Country Coordinating Mechanisms (CCMs) and Principal Recipients (PRs).
- Recognizing organizational disconnects, the Secretariat aims to improve coordination across Strategy, Strategy, Investment and Impact Division (SIID), and Grant Management Division (GMD) to ensure consistent prioritization of CRSS in grants.
- Plans to include integrating CRSS into program design, costing, performance frameworks, and sustainability discussions, positioning it as a core program element rather than a parallel investment.

Recommendation 5	**Level of acceptance**
Update investment guidance for CLM to provide more explicit steer on how CLM should be integrated into health systems, appropriate pathways to scale, and better adaptation to context.	Partially Accepted

In response to recommendation 5, the Secretariat:

- Chooses not to issue a standalone CLM Technical Brief for GC8, but instead to integrate CLM guidance within existing Technical Advice and Partnerships (TAP) and RSSH information notes.
- Commits to documenting and distilling emerging integration models across the portfolio to guide CLM programs on when and how to integrate effectively.

- Plans on publishing a targeted CLM integration resource, focusing on implementer-level, thematic, and system-level integration pathways to support scale-up and institutionalized accountability, by the end of 2025.

Independent Evaluation Panel (IEP) Commentary

The IEP endorsed the Evaluation of Community Responses and Systems Strengthening.

The IEP Commentary concluded:

> "**The IEP endorses the Evaluation of CRSS.** The IEP, being observant of the evaluation process from supplier selection to delivery of the final deliverables, considers that the evaluation was carried out independently. The evaluation provides adequate evidence about a central pillar of the Global Fund model at a time when shifts in the global health landscape are likely to increase demands on communities while tightening both domestic and international financing for the range of interventions assessed."

Evaluation and Learning Methodology

- The evaluation used a **mixed-methods, theory-based approach**, combining process evaluation, outcome harvesting, and contribution analysis to assess CRSS contributions to HIV, TB, and malaria outcomes.
- Data collection included **document reviews, 60 key informant interviews**, six country case studies, and a portfolio analysis of CRSS investments in 19 countries, with political economy analysis in 15 of them.
- **Triangulation of data sources**, including budget reviews and monitoring data, was enhanced by **AI-driven thematic coding**, and findings were graded for evidence strength.
- A **participatory Learning Partnership (LP)** involving Regional Learning Hub representatives contributed to the evaluation design, analysis, and recommendations, emphasizing the need to address **legal and regulatory barriers early** to support sustainability

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