



Independent observer
of the Global Fund

UPDATE ON THE IMPLEMENTATION OF THE GLOBAL FUND STRATEGY 2017-2022

A report prepared for the Board meeting on 3-4 May in Kigali, Rwanda, provided an update on the implementation of the objectives and sub-objectives from the Global Fund's 2017-2022 Strategy. For each sub-objective, the report described the progress achieved to date, as well as key challenges and risks, and future plans.

In addition, the report identified the key performance indicator (KPI) tied to each sub-objective. The template used for the report includes space for the latest KPI data, but no such data was provided for this report. Full reporting on the 2017-2022 KPI Framework won't be available until early 2018.

It appears that these Strategy implementation reports will be provided to the Board on a regular basis. This is something new; no regular progress reports were prepared for the previous Strategy (for 2012-2016).

The report is in the form of a slide deck, so there are lots of bullets and very few complete sentences. Nevertheless, there is a lot of information packed into the report's 28 pages. For space reasons, we have to be selective concerning what we can report in this article. We have chosen to provide examples of progress made under the first three of the four strategic objectives – maximize impact against the diseases; build resilient and sustainable systems for health; and promote and protect human rights and gender equality. (The fourth strategic objective is mobilize increased resources.). The information is provided in the form of tables.

Table 1: Strategic objective 1– Maximize impact against HIV, TB and malaria

Sub-objective 1a: Scale-up evidence-based interventions with a focus on the highest burden countries with the lowest economic capacity and on key and vulnerable populations disproportionately affected by the three diseases.

- ○ A Partner Support Platform is being developed to mobilize the technical, financial and political strength of the Impact Through Partnership (ITP) initiative to respond to issues that are on a critical path to maximizing impact at country level and that are not being addressed through existing grant and partner resources.
- Allocative efficiency models are being applied in the following high-impact countries: Bangladesh, Cambodia, Indonesia, Myanmar, Pakistan, Philippines, Thailand and Vietnam (for HIV); Philippines and Zimbabwe (for TB); and Philippines, DRC, Tanzania and Zimbabwe (for malaria).

Sub-objective 1c: Support grant implementation success based on impact, effectiveness, risk analysis and value-for-money.

Progress:

- To measure program quality, baseline information has been collected in Tanzania. Efforts to measure efficiency are in the design stage in Kenya, Ghana, Uganda, Senegal, Togo, Sierra Leone and Niger. Country dialogues on program quality and efficiency are underway in Mozambique, Tanzania, Zambia, Zimbabwe, Malawi, Côte d'Ivoire and DRC.
- Risk and assurance orientation sessions for country teams are ongoing. A review of the Bangladesh operational risk committee has been completed. Content for a new integrated risk tool merging the Capacity Assessment Tool (CAT) and the Qualitative Risk Assessment Tool (QUART) is almost complete.

Sub-objective 1e: Support sustainable responses for epidemic control and successful transitions.

Progress:

- Progress on transition readiness assessments (TRAs):

Latin American and the Caribbean: TRAs completed in Jamaica; planned or in progress in Paraguay (HIV/TB), Panama (HIV/TB) and Cuba (HIV). Additional TRAs planned for 2017.

Eastern Europe and Central Asia: TRAs completed in Belarus, Bulgaria, Georgia, Ukraine and Moldova. Albania, Bulgaria and Romania conducted a Eurasian Harm Reduction Network case study for harm reduction programs. TRAs in progress in Armenia, Kyrgyzstan, Kosovo and Uzbekistan. Additional TRAs planned for 2017.

Middle East and North Africa: TRA completed in Morocco in coordination with UNAIDS.

Southeast Asia: A malaria elimination pilot in Sri Lanka was planned for the first quarter of 2017. A malaria elimination pilot is underway in Philippines.

- Efforts are ongoing to coordinate with partners (including, among others, UNAIDS, USAID and the World Bank) to leverage resources and existing analyses of transition readiness and sustainability; and to minimize duplication.
- Health financing strategies and sustainability initiatives have been completed in Kenya, Tanzania, Benin, Togo and Ethiopia; and are ongoing in Ghana, Ukraine, Tanzania, South Africa, Bangladesh, Togo, Côte d'Ivoire, Sénégal, Cameroon, Uganda, Liberia, Malawi and Ethiopia.
- Regarding National Health Accounts: 53 high impact and core countries have been trained on System of Health Accounts (6% of the countries have completed three consecutive years of health and disease accounts estimations; 11% at least two consecutive years; and 19% one year).
- Provision of technical assistance (TA) to countries to enable them to produce estimates of pharmaceutical data in order to improve health and disease expenditure estimates is ongoing in Ghana, Uganda and Zambia. A conceptual framework for establishing a health financing consortium by 2019 has been developed.

Table 2: Strategic objective 2 – Build resilient and sustainable systems for health

Sub-objective 2a: Strengthen community responses and systems.

Progress:

- Within the Community Rights and Gender (CRG) Technical Assistance Strategic Initiative, requests for TA have been received and are being screened for eligibility. The goal is to provide targeted TA to 10 countries.
- The London School of Economics has produced a paper which spells out three options for a program of operational research on community-based monitoring and feedback.

Sub-objective 2b: Support reproductive women's, children's and adolescent health and platforms for integrated service delivery.

Progress:

- The Liverpool School of Tropical Medicine has been commissioned to lead three-year studies on program quality improvement of integrated antenatal care (ANC) and postnatal care (PNC) in at least six countries. A log frame and activity plan have been developed; core training manuals to improve availability, content and quality of integrated ANC and PNC have been developed; a multi-country consensus-building workshop was organized to draft standards of care for integrated ANC and PNC; and inception visits were held in Togo and Niger to finalize an MOU and baseline assessment parameters, and to ensure partner alignment.
- A RMNCAH (reproductive, maternal, newborn, child and adolescent health) technical briefing note has been prepared and disseminated to CCMs. The note provides updated guidance on how the Global Fund can strategically invest in RMNCAH activities and integrated service delivery in order to improve the effectiveness and efficiency of services provided.

Sub-objective 2c: Strengthen global and in-country procurement and supply chain systems.

Progress:

- The Global Fund is developing a Supply Chain Strategy and Implementation Plan, and will conduct supply chain diagnostic studies in 12 countries (see [separate article](#) in this issue).

Sub-objective 2d: Leverage critical investments in human resources for health (HRH).

Progress:

- Work is ongoing on a project to allocate Matching Funds for human resources for health (HRH) and service delivery to seven countries: Afghanistan, Benin, Ethiopia, Guinea, Liberia, Sierra Leone and Zambia. [Technical guidance](#) has been developed and disseminated. Discussions concerning technical support in five of the countries have been held with the World Health Organization. Sierra Leone has already applied for the matching funds in Window 1 of the 2017-2019 funding cycle.
- An [HRH Technical Briefing Note](#) has been developed and disseminated to CCMs.

Sub-objective 2e: Strengthen data systems for health and countries' capacities for analysis and use.

Progress:

- 20 Health Facility Assessments (HFAs) and Data Quality (DQ) reviews have been launched in high impact and core countries. Five of the reviews are nearing completion.
- An initial draft of a differentiated measurement framework to better address progress in achieving Strategic Objectives 2 and 3 has been completed.

Sub-objective 2g: Strengthen financial management and oversight.

<p>Progress:</p> <ul style="list-style-type: none"> • As part of the IHP+ (International Health Partnership) program on harmonizing financial management systems to promote efficiency, aid effectiveness, and transparency, progress has been achieved in three priority countries: Sierra Leone, Liberia and Sudan. In Sierra Leone, an integrated health program administration unit was established. In Liberia and Sudan, joint financial management assessments (with partners) were conducted and related action plans are being finalized with the respective ministries of health. • Financial management capacity assessments were completed for PRs in 11 countries: Zambia, Uganda, Indonesia, Namibia, Malawi, Tanzania, South Sudan, Kenya, Pakistan, Madagascar and Togo.
Cross-cutting initiatives for Strategic Objective 2
<p>Progress:</p> <ul style="list-style-type: none"> • An RSSH Dashboard, an Excel-based tool that contains country-level data from partners and grant data, was launched in November 2016 to support country dialogues. The goal of the dashboard is to facilitate analysis of health systems and to better understand the main issues and challenges faced. So far, country teams have made 46 requests for RSSH analysis and the information has been used for country dialogues in 16 countries.

Table 3: Strategic objective 3 – Promote and protect human rights and gender equality

Sub-objective 3a: Scale-up programs to support women and girls, including programs to advance sexual and reproductive health, and rights.
<p>Progress:</p> <ul style="list-style-type: none"> • Thirteen focus countries have been selected for AGYW (adolescent girls and young women) scale-up. Under the CRG Strategic Initiative, TA requests to increase quality of programming and performance frameworks have been received from about half of the countries.
Sub-objective 3c: Introduce and scale-up programs that remove human rights barriers to accessing HIV, TB and malaria services.
<p>Progress:</p> <ul style="list-style-type: none"> • Standardized tools have been developed to conduct human rights baseline studies in 20 countries. Desk reviews for eight countries (Ghana, Benin, Mozambique, Kyrgyzstan, Ukraine, Indonesia, Sénégal and Cameroon) were scheduled to be submitted by mid-March. Four country missions are planned for the second quarter of 2017.
Sub-objective 3e: Support meaningful engagement of Key and Vulnerable Populations and networks in Global Fund–related processes.

Progress:

- The [Community Action Leadership Collaborative](#) (CALC) has been engaged to provide support on the use of HIV key population implementation tools in program design and planning. In-country TORs were developed for the sex worker and MSM implementation tools. A global meeting on implementation tools was held.
- The Global Coalition of TB Activists and some malaria consortiums were engaged to provide support to, and strengthen networking and mobilization of, TB- and malaria-affected communities to enable their meaningful engagement in country dialogues. Work plans were developed and regional consultations held on modules for analyzing malaria-related gender and human rights barriers. A regional meeting on malaria was held and support was provided for country dialogues in the Greater Mekong region.

Cross-cutting initiatives for Strategic Objective 3

Progress:

- Stakeholders met in late 2016 to discuss strategy for the AGYW Meaningful Engagement Fund, part of the CRG Strategic Initiative. A roadmap for AGYW engagement in 13 countries in Eastern and Southern Africa is being finalized. An independent review on, and recommendations for, meaningful community engagement during grant-making and grant implementation have been finalized.

Strategy Implementation Reporting, Document GF-B37-19, should be available shortly at www.theglobalfund.org/en/board/meetings/37.

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