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The new wave of funding and portfolio optimization for C19RM

Delegations from nine countries came together to attend a South-South Regional Workshop on “Preparing the new RSSH funding cycle for 2023-2025. Investing in primary health care: a key lever to achieve the goals of the fight against the three pandemics and the objective of universal health coverage” held in Dakar, Senegal, between 18 – 20 January.

The workshop was organized jointly by the Global Fund and the African Constituencies Bureau (ACB), with the essential support of GIZ Backup Health and the World Health Organization (WHO), to assist countries in preparing the health system strengthening components of their funding requests. The countries represented were the Central African Republic, Chad, Congo, DRC, Guinea-Bissau, Madagascar, Mali, Mauritania, and Senegal.

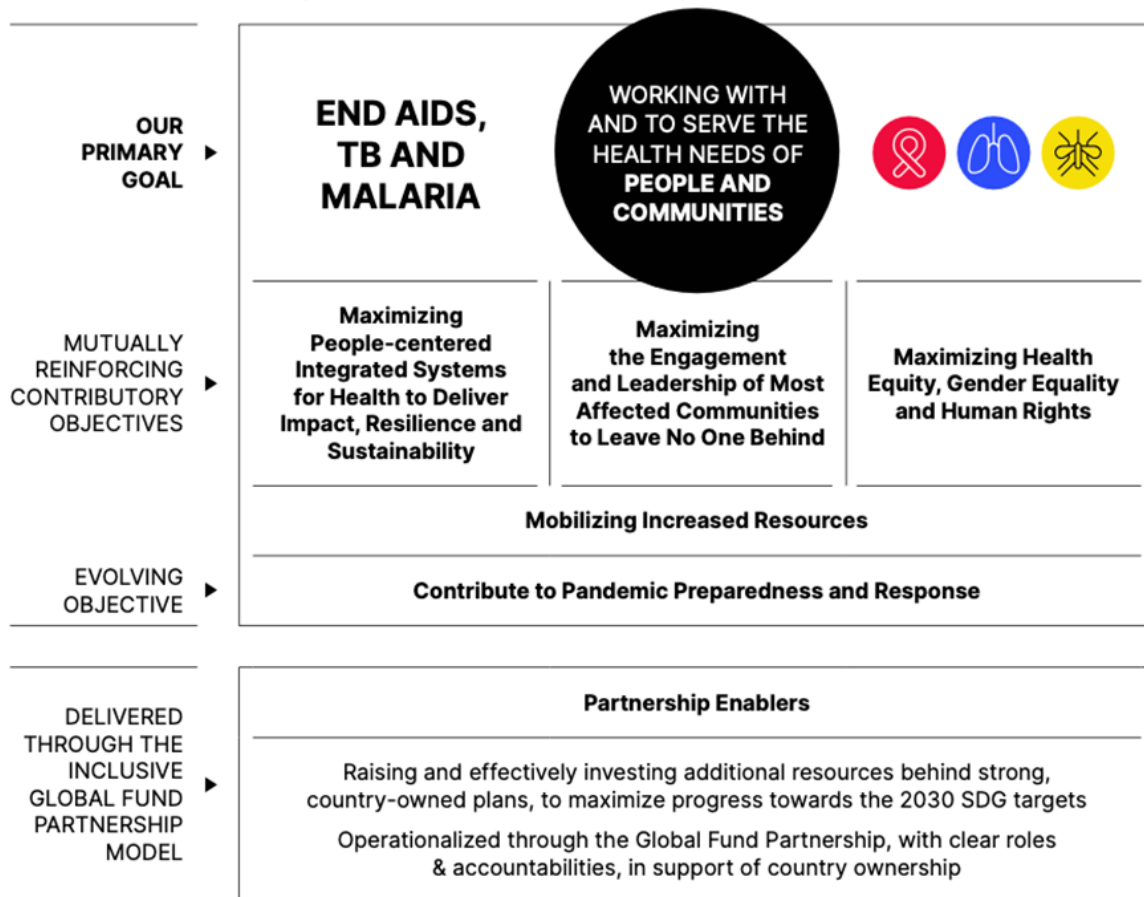
A packed agenda was designed around the three sessions of: Lessons learned in Planning and Implementing Health System Strengthening (HSS) Investments During the Global Fund’s NFM3 Cycle; Primary Health Care – Modular and Measurement Framework for HSS; and the Prioritization of HSS Investments to Be Supported in the Framework of the Programmatic Gap Analysis.

This article looks at what is requested of countries for RSSH under the Grant Cycle 7 (GC7) 2023-2025, followed by the new wave of COVID-19 Response Mechanism (C19RM) portfolio optimization.

Priority areas in RSSH under GC7

As readers familiar with the [Global Fund Strategy 2023-2028](#) will know, RSSH occupies a key position as one of the three “mutually reinforcing contributory objectives” which at the same time stresses the importance of placing people and communities at the heart of the Global Fund partnership’s response.

Figure 1. Global Fund Strategy Framework



As well as the existing ways of addressing RSSH ³/₄strengthening health systems representation in Country Coordinating Mechanisms (CCMs), transitioning from health systems support to health systems strengthening, and improved cost-effectiveness as per the [Sustainability, Transition, and Co-financing Policy](#)), the Global Fund’s investment approach comprises some new approaches:

- Strengthening integrated, person-centered quality health services to improve HIV, TB, and malaria (HTM) outcomes.
- Alignment with “critical approaches” to supply chain, laboratory, and human resources for health (HRH) systems.
- Contribute to pandemic preparedness and response (PPR) through strengthening laboratory, surveillance, human resources for health and medical oxygen systems and supply chains
- Improve measurement of RSSH through the revised modular framework (indicators and work plan action items).
- Protection from sexual exploitation, abuse, and harassment and protection of children (see [Guidance Note](#)).

The main resources available for those preparing their 2023-2025 funding requests include the [RSSH Information Note](#) and the [Modular Framework Handbook](#). There are other complementary resources such as the new [Strategy](#), various [technical briefs and guidance notes](#), and the World Health Organization’s policy guidelines and directives.

The Global Fund also explained the differences between the former RSSH modules under NFM3 and those under GC7 and described the comments on RSSH made by the Technical Review Panel (TRP) in

Table 1. TRP Recommendations on Person-Centered and Integrated Health Services

- 1 Many interventions are vertical, disease-specific, and not integrated across health systems; they do not address stigma and discrimination in public health systems
- 2 The quality of services is often mentioned, but rarely measured. The TRP encourages investment in community-led monitoring as part of this approach
Community-led responses and systems must address community infrastructure and services in addition to investments in community health workers (CHWs) which must also be optimized, with a view to scaling up investments in a peer-led contingent of community health workers from key and vulnerable populations and aligning with WHO guidance
- 3 Government leadership, national health financing, and public funding management systems need strengthening. Governments of grant-implementing countries need to increase funding for comprehensive community systems
- 4 Person-centered services must be included in universal health coverage (UHC) plans, including in the private sector
- 5 Applicants should give priority to strengthening core systems functions for health, including procurement and supply chain management, and essential health services
- 6

The new indicators in the RSSH section of the Modular Framework focus on integrated person-centered health services. The metrics for measuring integrated and people-centred quality service outcomes linked to HTM outcomes ask: How have our investments improved integrated services within HTM and beyond? How have our investments improved the quality of care? How have we advanced systems that matter for HTM outcomes and PPR? This means measuring both the direct result(s) of investments but with a greater focus on lives saved, as well as measuring progress against all RSSH objectives.

RSSH and funding applications

Key messages

1. There must be inclusive dialogue at the country level with key stakeholders: Ministry of Health divisions (e.g., national laboratories, HRH, community health, health information directorates), local governments, Ministry of Finance, professional accreditation bodies (e.g., nursing associations), private sector, pandemic preparedness partners (International Health Regulations focal point).
2. The Global Fund recommends that countries consolidate RSSH applications and include them in the first funding application submitted (in a disease-specific application or as a stand-alone RSSH application). Its preference is for submission of a one-time funding request integrating HRM and RSSH. This will provide a clearer understanding of the country's vision in terms of health system priorities and the virtual cycle between the improvement of the health system and the progresses of the disease indicators.
3. Revised Program Allocation Process: countries should indicate the amount for RSSH from the allocations for HTM and malaria in the program breakdown form, and use the new RSSH prioritization and gap analysis annex to inform discussions on program distribution
4. The RSSH Priority Setting and Gap Analysis Appendix encourages an evidence-based discussion of priorities and gaps. Section 1 on Priority Analysis should identify the top three RSSH priorities for each disease program and explain how the investment will address programmatic gaps. Section 2 is the Priority Setting Process and asks for a description of the priority-setting approach, justifying the prioritization of specific areas with evidence-based needs to substantiate the inevitable trade-offs that have to be made, and explaining how these areas fit into the national plans. Section 3, the

Funding Gap Analysis is submitted for RSSH modules that are major cost-drivers.

Extension of the COVID-19 Response Mechanism

The Global Fund provided an update on the C19RM grant application process.

The Board approved the extension of C19RM with the ability to allocate funds until 30 June 2023 and to use and implement funds until 31 December 2025. The extension maintains the sense of urgency and ability to deploy funds quickly while investing in longer term activities. A longer implementation period for these refocused investments provides time to achieve measurable results, maximize impact, and optimize the use of funds. It provides an opportunity to:

- Refocus investments on health systems strengthening and build capacity for health and PPR.
- Ensures alignment and complementarity between C19RM investments and 2023-2025 core grants during the development, award, and implementation stages of funding requests.

Two main activities are envisaged:

1. Reinvestment of existing C19RM funds needed to support investment alignment with strategic priorities.
2. Other C19RM portfolio optimization awards to supplement reinvestment efforts to fund unfunded demand after reinvestment.

Maximizing the use of existing C19RM portfolios will be undertaken in two distinct phases:

C19RM Portfolio Optimization: Wave 1

Wave 1

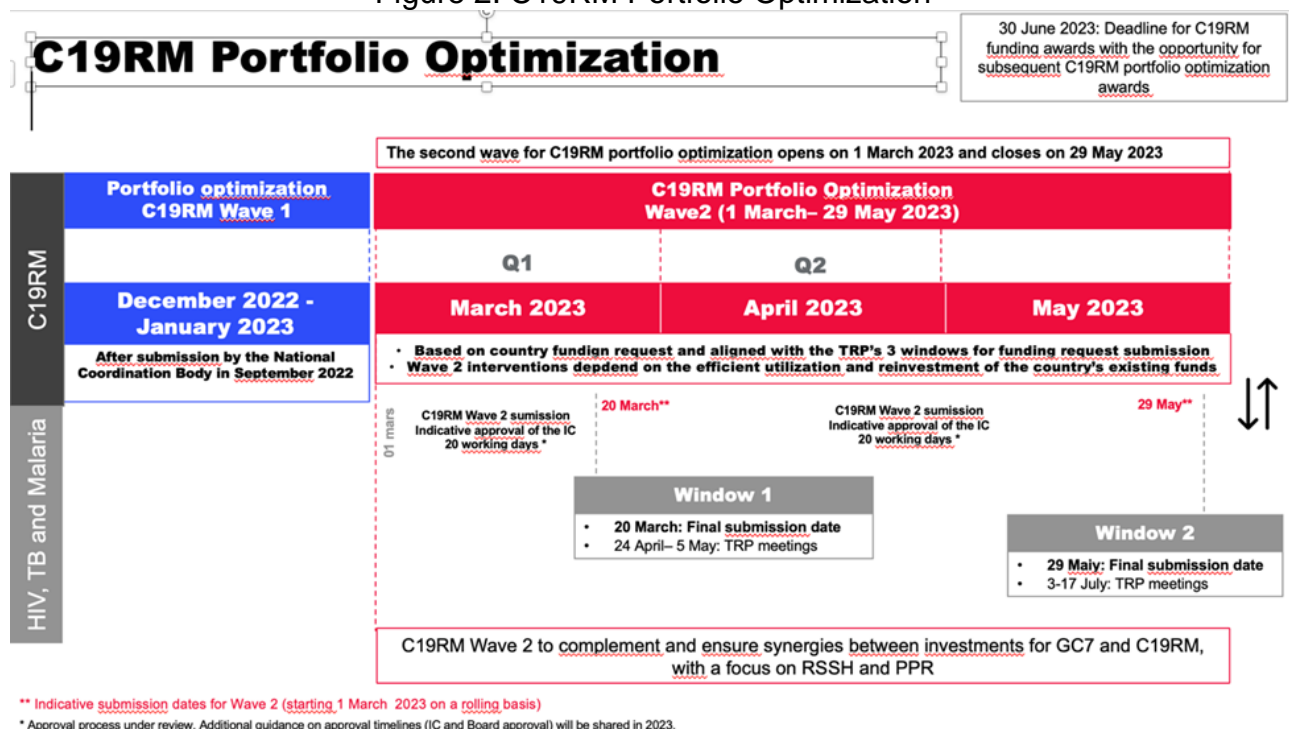
December
2022-January
2023

- CCMs submitted unfunded applications: September 2022.
- Review of applications: Secretariat and Grants Approval Committee (GAC)/the COVID-19 Technical Advisory Group (CTAG) reviewed submissions, identifying high priority interventions.
- Focus on strategic priority areas: urgent procurement and supply management (PSM) needs for the three diseases for backorders, oxygen and respiratory care, TB surveillance and mitigation; with additional opportunities within laboratory systems, community health workers, testing and treatment, and PPE and beyond.
- Funds approved in December 2022 – January 2023: by investment committee on a rolling basis, starting with the highest quality/most urgent.
- Expectations: demonstrate efficient use (absorption) and visibility into reinvestment of existing funds (reprogramming) in Wave 2 portfolio optimization.

C19RM Portfolio Optimization: Wave 2

- Transition to longer-term RSSH/PPR investments: CHWs/community systems and interventions, including linkage to broader HRH and infection control and prevention; laboratory systems, including waste management; end-to-end surveillance; oxygen and respiratory systems; supply chain (limited countries), emergency logistics, waste management.
- C19RM National Coordination Body: will invite applicants to submit portfolio optimization applications aligned to the windows for the three diseases (proposed submission dates 24 March, 28 April, 2 June).
- Award: subject to countries demonstrating effective use and reinvestment of existing funds. Complement and maximize synergies between the grant cycle (GC7) and C19RM, particularly around RSSH.
- Country guide and application form: will be updated and distributed in January. Can use/update previous applications, if applicable.
- Awarded through 30 June 2023, with the possibility of subsequent optimization of the C19RM portfolio (implementation by 31 December 2025).
- Channeled through existing Principal Recipients: if new Implementers proposed, it was recommended that they be considered first as Sub-recipients. Applications from new implementers were reviewed and approved by the C19RM Investment Committee (IC) on an exceptional basis.

Figure 2. C19RM Portfolio Optimization



Some participants reported that they were still unclear about the Global Fund's intentions. For example, the Global Fund asked countries to consider both RSSH and COVID-19 plans during national dialogue for the HTM funding requests: yet the C19RM has two additional windows for C19RM in April and June.

Global Fund PPR policy is based on the International Health Regulations (IHR)

The IHR is a legally binding agreement for pandemic preparedness signed by 196 countries. Technical areas are defined and measured through two major tools: the Joint External Assessments (JEE) and the State Party Self-Assessment Annual Reporting (SPAR). These needs analyses underpin the development of National Health Security Action Plans (NHSAP) which are multi-sectoral and help prioritize countries' response plans. They are led by the national IHR focal point and their governance involves the Department of Health, as well as other relevant sectors.

Preparation for and response to pandemics: key take-home messages

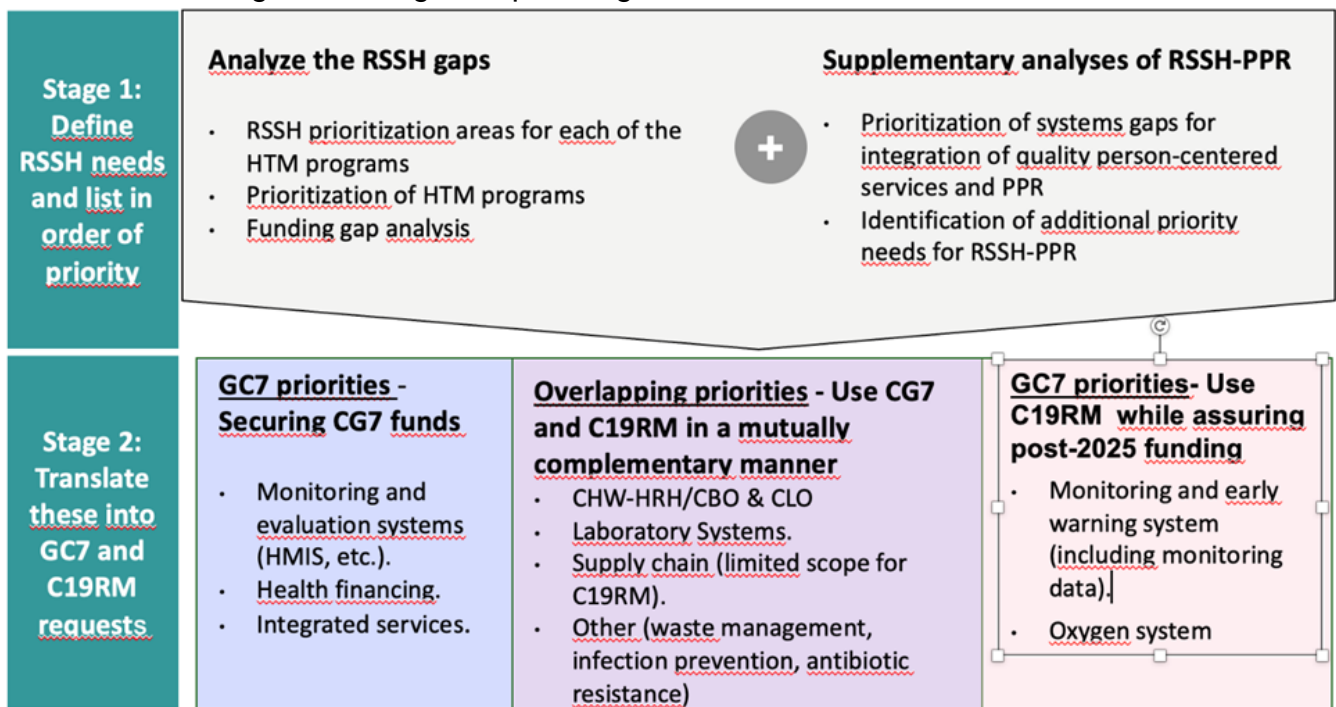
Countries are strongly encouraged to:

Main priority areas are:

- Involve national PPR entities (and IHR focal point(s)) to understand what the priorities are for NHSAP operational planning.
 - Involve other key stakeholders to identify priorities for PPR in relation to their thematic areas:
 1. Public Health Directorate and the Health Emergency Management Operational Center (PHEOC).
 2. Surveillance Directorates.
 3. Laboratory Management Directorates.
 4. Focal points for prevention and control of infections.
 5. Field Epidemiology Training Program (FETP) managers.
 - Develop and submit proposals that concretely support the implementation of the NHSAP and other PPR areas.
 - Ensure coordination with other donors.
 - Ensure good complementarity between GC7 & C19RM
- Monitoring
 - Laboratory systems
 - Human resources for PRP
 - Oxygen delivery system
 - Prevention and control of infections/antibiotic resistance
 - PPR governance, planning and coordination

The Global Fund ended by reiterating the importance of ensuring that planning is comprehensive, complementary and integrated to make the most of scarce resources for the two funding streams:

Figure 3. Integrated planning for GC7 and C19RM interventions



Conclusion

The Global Fund's health system strengthening division has taken note of the TRP's findings and recommendations on missed opportunities in the planning of NFM3. It has developed documents that propose actions that will give the health system more structure. The Global Fund show a willingness to support countries not only to maximize the impact of interventions on the three diseases but also on the whole gamut of services that comprehensive public health care should offer. It is now up to the countries, during their national dialogue and discussions on the contribution they expect these funds to make to their health system, to articulate their vision for achieving universal health coverage.

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