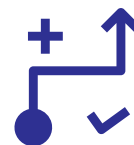
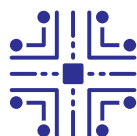


Strategic initiative for resilient and sustainable systems for health

Technical support, South-to-South collaboration, peer review and learning



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II INTRODUCTION

WHO and Global Fund share a long-standing commitment to the Sustainable Development Goals including Universal Health Coverage and a successful track record of scaling-up interventions for HIV, TB and malaria, and to strengthening health systems.

In 2016 the Global Fund Board approved a number of catalytic investments to support activities that complement country allocations and that are essential to achieve the aims of the Global Fund Strategy 2017-2022. One type of catalytic investment was the establishment of Strategic Initiatives, which are needed to provide limited funding for centrally managed approaches that cannot be addressed through country grants but are critical to ensure country allocations deliver against the Global Fund Strategic Objectives.

This report pertains to the Strategic Initiative, **Global Fund Strategic Objective 2: Building Resilient and Sustainable Systems for Health, Workstream 1.3 – Technical Support, South to South, Peer Review and Learning** (RSSH 1.3), the primary goal of which is to support health systems and effective HIV, tuberculosis and malaria programming. This is the overall report for the HTM component of the Strategic Initiative for Technical Support, South-to-South Collaboration, Peer Review and Learning, and covers the timeframe from 1 January 2017 to 31 December 2020. It describes the technical support provided, the results, lessons learned, collaboration modalities and quality assurance, performance monitoring and accountability mechanisms.

RSSH 1.3 is the broadest of the Strategic Initiatives, as it is focused on maximizing impact against HIV, TB, malaria as well as building resilient and sustainable health systems. The implementation and results of this initiative show that RSSH 1.3 has had a catalytic effect, improving funding requests approval rates, south-to-south collaboration around grant implementation and strengthening health systems, and could not have been funded through country grants. For example, it is neither possible nor practical for countries to use their country grants to conduct peer reviews of funding requests – which must be organized by external technical partners. Countries also cannot use their country grants to develop national strategic plans, which go beyond the scope of Global Fund grants.

Strategic Framework for Collaboration

On 11 October 2018, Dr Tedros, Adhanom Gebreyesus, Director-General, WHO and Peter Sands, Executive Director, Global Fund signed a Strategic Framework for Collaboration between the two organizations. The framework is one of the outcomes of the strategic initiative RSSH 1.3 and serves as the foundation to guide collaboration at country, regional and global levels on a wide spectrum of policy, technical and programmatic areas to combat HIV, TB and malaria. At the same time, it supports countries' efforts in building resilient and sustainable systems for health (RSSH), improving reproductive, maternal and newborn, child and adolescent health (RMNCAH) and addressing wider determinants of health. The objectives of the framework for collaboration were developed in alignment with the Global Fund Strategy for 2017-2022 and the WHO General Programme of Work towards the achievement of Universal Health Coverage.

The catalytic effects of collaboration under the Global Fund Strategic Initiative RSSH 1.3. have enhanced outputs, outcomes and, it is expected, impact. These collaborative efforts at country, regional and headquarters level directly support the Global Fund Strategic Objectives 1 and 2 and their related Operational Objectives under the Global Fund Strategy for 2017-2020.

Support to key operational objectives of Global Fund strategy 2017-2022

The broad collaboration under Strategic Initiative RSSH 1.3 has contributed directly to Global Fund strategic objectives and strategy enablers, improving both the efficiency and impact of Global Fund investments. All of the activities of the RSSH 1.3 initiative directly supported Global Fund's **strategic objective to maximize impact against HIV, TB and malaria**. WHO in particular has supported differentiated approaches to be more responsive to specific country contexts, and has worked intensively with countries to enable them to sustain programmes independent of donor support. The collaborative implementation of RSSH 1.3 has directly contributed to the related operational objective of **improving effectiveness in challenging operating environments** through innovation, increased flexibility and partnerships, for example through supporting Somalia's TB National Strategic Plan development. WHO and Global Fund's collaboration has further supported the operational objective of **supporting sustainable responses for epidemic control and successful transitions**, in particular through the Tbilisi workshop on transitioning to domestic funding and the follow-up technical support provided to many countries to support their transition and preparation for final 'transition grants'.



The RSSH 1.3 collaboration was specifically designed to contribute directly to Global Fund's strategic objective to **build resilient and sustainable systems for health** in order to accelerate the end of the epidemics and attain universal health coverage. Numerous examples are given in this report detailing support for integrated service delivery, engaging communities, and promoting quality services and equitable access. The collaboration further prioritized support for **strengthening national health strategies and disease control plans** to ensure integrated and harmonized approaches. WHO and Global Fund together implemented activities contributing to the related operational objective of **supporting reproductive, women's, children's and adolescent health**, and **platforms for integrated service delivery**, particularly through the integration workshop in Kigali, Rwanda, and follow-up technical support provided for countries to develop their integration roadmaps. Examples in this report clearly demonstrated the contributions to other operational objectives, including **strengthening global and in-country procurement and supply chain systems** (e.g. in Ukraine) and **leveraging critical investments in human resources for health (HRH)**, for example through supporting countries to develop long-term HRH plans and training community health workers. Most clearly, the RSSH 1.3 collaboration supported Global Fund's operational objective to **strengthen and align to robust national health strategies and national disease-specific strategic plans**, specifically through the support given for development of 37 national strategic plans and the resulting four-fold increase in the number of country-components invited to submit tailored national strategic plan-based funding requests in 2020 compared to the number invited in 2016.

The implementation of this intensive collaboration operationalized the vital '**Strategic Enabler**' recognized in Global Fund's Strategy for 2017-2020 – '**Support for Mutually Accountable Partnerships**'. The results show the impact of Global Fund's increasing focus on its partnership model to achieve impact at country level. For example, WHO's technical support for 88 quality funding requests in 69 countries in 2020, resulted in a 94% Technical Review Panel (TRP) approval rate of funding requests supported by WHO.

The many examples provided in this report are supported by detailed bi-annual reports and demonstrate that the Global Fund Strategic Initiative RSSH 1.3 has realized its intended objectives. At the same time lessons learned can be drawn from the experience such as the importance to have flexibility to respond to country needs and the advantage of having joint planning meetings before workshops to align and reinforce the messaging from partners to countries on important issues such as sustainability and transition for example.

Concrete Global Fund and WHO collaboration at country, regional and global levels, the support of global and country-level partners, coordinated implementation and active performance monitoring were key factors contributing to the success of this initiative.

KEY RESULTS AT A GLANCE

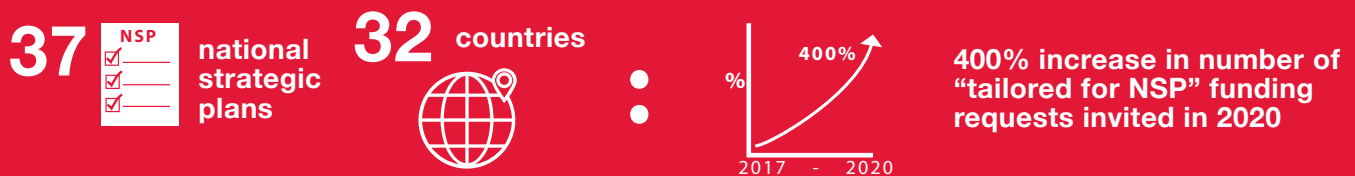
Support for development of quality funding requests through peer review workshops



South to South learning for improved implementation



National Strategic Plan development



Timely technical support to countries





II ACHIEVEMENTS

Capacity building through regional and country-to-country exchange & learning

Peer review and expert reviews for the development of quality funding requests

As part of the Global Fund Strategic Initiative for Technical Support, South-to-South Collaboration, Peer Review and Learning, from 2017 to 2020 WHO provided intensive support to countries in preparation for their funding requests through 6 peer review workshops, and many expert reviews, remote expert reviews and direct technical assistance. The objective of all peer-review workshops and expert reviews was to ensure the submission of funding requests of the highest possible quality, while building local capacity, resulting in funding request approval by the Global Fund Technical Review Panel (TRP).

Peer-review workshops allowed countries to review their own Global Fund funding applications and receive concrete feedback for improvement before final submission. Participants engaged in **self-assessment, peer review, country discussions and feedback**, with support from multi-disciplinary advisers from WHO, UNAIDS, civil society organizations, Stop TB Partnership, USAID, PEPFAR and the Global Fund. **These peer review and expert review workshops were recognized as a highly effective platform for South-to-South learning to strengthen quality of proposals.**

WHO peer review and quality funding request support for the grant cycle 2017-2019

In total, WHO provided peer review and quality funding request support to **59 funding requests** for the Global Fund application windows 2 to 6 in 2017-2018.

Peer review workshops

	AFRO/EMRO			EURO
Date	May 2017	July 2017	April 2018	March 2018
Location	Nairobi Kenya	Entebbe Uganda	Nouakchott Mauritania	Copenhagen Denmark
Countries participated	18	5	4	5

WHO peer review and quality funding request support for the 2020-2022 grant cycle

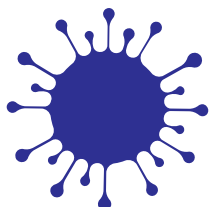
To support the launch of the Global Fund grant cycle 2020-2022, WHO provided country technical support for **88 funding requests in 69 countries** for Windows 1-3 for all three diseases plus HIV/TB, RSSH and Integrated funding requests, in all six regions. This support was provided through peer review workshops, expert reviews and multidisciplinary expert remote reviews. Two examples of these successful workshops are illustrated below.



WHO along with UNAIDS organized a **peer review workshop focused on Window 1 in February 2020, in Nairobi, Kenya**, using proven methodology and providing support to eleven countries.

WHO South East Asia Regional Office organized a **peer review workshop on leveraging Global Fund proposals in February 2020 in Bangkok, Thailand** for countries submitting funding requests for Window 1 and in subsequent windows. A RSSH clinic was set up for each of the country teams to jointly discuss approaches on RSSH across HIV, TB and malaria, with representatives of technical partners and the Global Fund. Country teams prepared detailed roadmaps and plans for finalization and submission of their proposal.

COVID-19 and country support



In the context of the Coronavirus pandemic, WHO and partners adjusted to the new working environment by mobilizing in-country technical assistance capacities, complemented by remote expert reviews and virtual peer review meetings. In total, WHO provided intensive remote support to **47 countries** for submission of funding requests to Windows 2a, b, c and 3 during the COVID-19 pandemic in 2020.

WHO and UNAIDS, along with UNICEF, Stop TB Partnership, Global Fund and other partners, also organized a **series of technical webinars** for HIV, TB, and cross cutting elements such as RSSH, community systems, sustainability, transition, human rights and gender. The webinars were well attended by country representatives preparing Global Fund applications, along with consultants and partners from country level.

WHO headquarters, regional and country level staff along with UNAIDS, RSSH experts and other partners, conducted comprehensive and multi-expertise remote reviews of draft funding requests. For priority countries, WHO AFRO conducted virtual peer review meetings with national teams, supporting a total of 18 countries submitting HIV/TB and RSSH funding requests. **Multi-disciplinary expert remote reviews** were also conducted by PAHO, WPRO and EURO regional offices.

Beyond the remote support, WHO provided in-country technical assistance to a further **19 countries** for specific elements required for funding request development, to support country dialogue, prioritization, procurement and supply management (PSM) and RSSH elements, with particular focus in the African Region.

In parallel, the Strategic Initiative regional focal points provided guidance to countries in reprogramming grant savings and applying for the Global Fund COVID-19 Response Mechanism (C19RM) for emergency response and to mitigate the disruption on HIV, TB, and malaria programmes. At headquarters level, a mechanism was set up for rapid inputs from WHO for C19RM applications.

Results

Results of WHO support for 2017-2019 grant cycle funding requests

The peer review process proved to be a **highly valuable method for engagement with other countries, partners and communities.** WHO support resulted in the submission of high-quality funding requests, which the TRP approved in large majority.



Results of WHO support for 2020-2022 grant cycle funding requests

The funding requests submitted in Windows 1 to 3 of the 2020-2022 grant cycle were of robust quality as only five funding requests were sent back for iteration out of 88 applications supported by WHO. In total, **94% of the funding requests supported by WHO were approved for grant making by the TRP for windows 1 to 3 in 2020.**



Lessons learned

- **Improved quality of funding requests:** Country representatives who prepared proposals learned through the structured peer review process and the tailored feedback from experts. Support for in-country dialogue and prioritization efforts were able to improve critical elements of their funding requests. As noted by the Technical Review Panel, this has proved to be an efficient platform for South-to-South learning and collaboration while ensuring high quality of funding request submissions.
- **Capacity Building:** Peer review workshops are particularly important for country capacity building and individual learning in Global Fund application process. The self-assessment session was the most revealing exercise and participants were keen on having additional time for this session.
- **South-to-south collaboration:** The peer review creates stimulation and opportunities for connection between programmes of different countries, and even different regions. WHO/EURO was able to successfully conduct their first peer review workshop and benefit from the experience and tools developed by the other regions like WHO/AFRO, which was a good example of cross-regional learning and exchange.
- **Personal attention:** Dedicated time with experts allowed country managers and writers of the funding requests to analyze better their country context, understand the weaknesses and gaps in their proposals and improve funding requests.
- **Leadership:** It was beneficial for these workshops to be led at the regional level (e.g. WHO Regional Office for Africa and UNAIDS regional offices) to bring more local expertise to countries and to have closer follow up after the workshop, creating better ties across countries.
- **Partnership:** The engagement of different partners helped to integrate wide knowledge and resources to accomplish better results. It is critical for Global Fund to participate and to share the latest lessons learned and recommendations from the TRP during these workshops.
- **Diversity:** Workshops with participants from multiple regions were very well received and cost effective.
- **Logistics:** The size of workshops can create logistical difficulties which need to be well planned with the selection of the venue. Ensuring sufficient rooms and space for breakout groups, with background documents printed and on USB keys, as well as good WIFI, are also important aspects for a successful meeting.
- **Process:** The remote expert reviews highlighted the importance that “almost final” drafts be presented for review. This requires close coordination with the CCMs as well as with portfolio managers and teams of the Global Fund Secretariat along with key country stakeholders. The instruments used to collect the information from reviewers needs to be adapted for this specific exercise.
- **Participation:** The presence of senior programme leadership helped in quick decision making by the country teams, and many countries were able to submit their funding requests as a direct outcome of the workshops.

South-to-south collaboration

Through this initiative, WHO and Global Fund focused on south-to-south collaboration as a means to improve grant implementation and countries' planning, and identified three priorities as levers of change:

1. Integration of health systems and services with equitable access to quality health services and a Universal Health Coverage (UHC) approach;
2. Preparing countries for transition away from Global Fund financing towards domestic financing; and
3. Encouraging innovation through technologies and service delivery strategies.

To catalyze country actions supporting these priorities, WHO organized three cross-cutting thematic workshops reinforced by targeted, in-country technical support. As inclusive, participative, inter-regional events, these successful workshops provided a dynamic forum for south-to-south collaboration.

Preparation for transitioning towards domestic financing

Forty-nine Global Fund-eligible countries classified as upper-middle income or lower-middle income with low or moderate disease burden are in the process of sustainability and transition planning. Under the RSSH 1.3 Strategic Initiative, WHO and Global Fund worked closely with countries to support their transition from external to domestic financing, including tailored technical support and recommendations to help countries prepare early and in a sustainable manner for their transition.



In October 2018, WHO Regional Office for Europe in collaboration with WHO headquarters, Global Fund and USAID jointly organized a successful *“Interregional workshop in preparation for transitioning towards domestic financing in TB, HIV and Malaria response”*, in Tbilisi, Georgia. The primary goal of the workshop was to allow countries and partners to exchange good practices and lessons learned related to transitioning from external to domestic financing of TB, HIV and malaria programmes, and to define necessary actions

for successful transitions. Prior to the workshop, WHO approached partners involved in the transitioning agenda to discuss and define the important thematic areas. Then technical working groups were established for each thematic area to support consensus-building and preparation. This collaborative approach was highly valuable as it allowed the development of a shared vision with all key global partners for coordinated and improved outcomes.

In total, representatives from **23 countries from all six WHO regions participated**, including government representatives highly engaged in transition planning and managers of national disease programmes. Many representatives of civil society and community organizations also participated, alongside international technical and donor agencies. Participating countries included: Algeria, Armenia, Bhutan, Bosnia and Herzegovina, Botswana, Brazil, Dominican Republic, Estonia, Georgia, Iran, Kazakhstan, Malaysia, Mexico, Mongolia, Montenegro, Morocco, Panama, Paraguay, Sri Lanka, Suriname, Tajikistan, The Former Yugoslav Republic of Macedonia and Ukraine.

Outcomes

Lessons learned and recommendations were summarized into an [Outcomes Document](#) on transition to domestic financing, which presents guiding principles and technical recommendations for the benefit of the participating countries as well as others. This document has already been used as a resource for both Global Fund country teams and WHO staff to share lessons learned and guidance. WHO has further advocated the transition agenda throughout the WHO European Region network of partners.

WHO follow-up in-country technical support in preparation for transitioning towards domestic financing

As a result of the October 2018, inter-regional **Workshop on preparation for transitioning towards domestic funding of TB, HIV and malaria programmes** in Tbilisi, Georgia, support for national regulatory systems to ensure quality procurement was identified as a particularly important issue in the Eastern European region. In response, a number of countries requested technical assistance for follow up capacity building.

Armenia

Armenia's new TB National Strategic Plan for 2021-2025 was developed in consideration of the Actionable Recommendation of the Tbilisi Workshop and includes a Transition and Sustainability plan based on the Transition Preparedness Assessment in 2015. Based on this, Armenia has developed its funding request tailored for transition.

Georgia

Georgia is strengthening its CCM for coordinated multi-partner and multi-sectoral response to HIV and TB using the Framework to implement UN Common Position, and is revising the current National Strategic Plan on TB and HIV (2023-2025) to prioritize investment areas with the highest impact, addressing transition from external to domestic financing

Kazakhstan and Tajikistan

The funding requests have included specific interventions for smooth transition from external to domestic financing.



Kyrgyzstan

WHO supported Kyrgyzstan to modernize legislation in the area of medicines and medical regulations, and to strengthen the National Regulatory Agency to increase affordable access to quality assured, effective and safety medicines, including for HIV and TB. WHO also conducted in-country workshops to ensure Quality Management System establishment, implementation, and maintenance in the National Regulatory Agency, in accordance with international standards.

Mongolia

The Ministry of Health developed the National Transition Plan to ensure the sustainability of current programmes, in coordination with WHO and the Global Fund and with participation of civil society. It was based on a comprehensive assessment of national HIV/AIDS and TB programme implementation and funding; services for at risk populations; and health sector financing.

Ukraine

In follow-up to the Tbilisi workshop, Ukraine established a Central Procurement Agency to ensure centralized and effective medical procurement that includes medicines and diagnostics for TB and HIV programmes, and coordinated procurement of medicines through international organizations. WHO supported the strengthening of pharmacovigilance systems and preparedness, to contribute to affordable access to quality assured, effective and safe medicines. WHO undertook a Central Procurement Agency capacity assessment project to support the country's transition from external to domestic funding, and supported capacity building of experts from Ukraine's National Pharmacovigilance Centre and National TB programme. As a result, Ukraine's most recent funding request addresses elements of sustainability and transition to domestic financing.

Regional level interventions

The **WHO Eastern Mediterranean Regional Office** undertook extensive work following the Tbilisi workshop to adapt the learnings and recommendations on transition to the Middle Eastern regional context. The workshop materials and structure were later used as a model for bilateral consultations and support to countries in the region. WHO further invested in the development of a regional guidance document: ***“Key consideration for strengthening sustainability and transition from Global Fund to domestic resources in EMR countries”***. It provides detailed situation analysis of domestic investments in Eastern Mediterranean Region eligible countries, as well as guidance for improving efficiencies in managing HIV, TB and malaria programmes that would lead to strengthening sustainability and moving toward transition. It takes into account the special situation of the challenging operating environment in most Global Fund eligible countries in that region. The document is being validated through bilateral virtual meetings with the involved countries and will inform the process of developing countries' road maps for strengthening sustainability in 4 to 5 countries in the region during 2021

Support for integration and human resources for health



In Spring 2019 WHO headquarters and its African Regional Office, in collaboration with the Global Fund, held a cross-cutting thematic workshop: ***“Accelerating UHC: Workshop on Ending the Epidemics of HIV, TB and Malaria and other Communicable Diseases through Integrated People-Centred Health Services (IPCHS)”*** in Kigali, Rwanda.

In total, the workshop brought together 159 participants from 15 countries including: Afghanistan, Benin, Cambodia, Kenya, Kyrgyzstan, Lao PDR, Malawi, Moldova, Nepal, Pakistan, Papua New Guinea, Rwanda, Sierra Leone, Sudan and Thailand. Along with the Global Fund, partners providing support included: UNAIDS, UNICEF, GIZ BACKUP Health, RBM Partnership to end Malaria, and Stop TB Partnership.

The overall goal of this workshop was to support countries to apply strategic investment approaches and available evidence for integrating HIV, TB, malaria services and programmes into Integrated People-Centred Health Services and the national health system, with a specific focus on the primary health care workforce. In preparation for this workshop, WHO and Global Fund jointly developed an assessment tool on integration of health services and a policy brief which served as guidance for countries. Country representatives discussed the benefits of integrating HIV, TB and malaria services into the national health system and plan, as well the need to strengthen the human resources for health element.

Outcomes

Each of the participating countries developed a roadmap to guide health system strengthening with an entry point of integration of HIV, TB, malaria and other communicable diseases, to be extended to non-communicable diseases, RMNCAH and other priority programmes. WHO and other partners committed to further support countries to implement their country integration roadmaps. Following this workshop, many countries appointed focal persons to continue the work on integrated people-centred approach, and some countries requested WHO support to implement their integration roadmaps.



Study on human resources for health in the Eastern Mediterranean Region

Prior to the IPCHS workshop in Kigali, Rwanda, and as part of the Strategic Initiative, the WHO Regional Office for the Eastern Mediterranean (EMRO) conducted an analysis of Global Fund investments in human resources for health (HRH) in the Eastern Mediterranean Region and in particular in Sudan and Afghanistan. The study, was published in July 2020 in the journal *Human Resources for Health*. This important research presents new evidence on the magnitude and composition of Global Fund's HRH investments and the HRH-related outputs in this region, and was used to inform the Kigali workshop.

The analysis of data between 2015-2017 found that about 16 percent of Global Fund budget and expenditure in this region goes to direct human resources for health (HRH) related activities.

Specifically, Global Fund investments in HRH are mainly directed to programme related in-service training, however, they are increasingly being used to support outputs such as pre-service training as well as salary support such as top-ups and performance incentives. The study revealed an increased level of coordination between stakeholders in the two case countries examined, with some examples of Global Fund investments contributing to sustainable and institutionalized HRH outputs.

The findings suggest a need for improved information management systems to better track HRH expenditure and key HRH outputs, which could be codified into grant performance measurement criteria by the Global Fund. HRH remains a key issue in strengthening the health system of low and middle income countries and while this study suggests that Global Fund's HRH investments in the Middle Eastern region are in the similar range with the global average qualitatively, however, there appears to be a need to further scale up these investments considering the unique HRH challenges in this region towards building a more sustainable health workforce.

[Follow up support to countries implementing integration roadmaps](#)

After the Kigali workshop, with funding from the Strategic Initiative, WHO responded to requests from countries for support of their implementation of Integrated People-Centred Health Services roadmaps to accelerate universal health coverage through ending the epidemics of HIV, TB and malaria

Rwanda

As part of the implementation of its integration roadmap, Rwanda focused on improving capacity for integrated data management. An “Orientation workshop on meta data dictionary, data element definition and standard operating procedures in data management”, was organized with WHO technical and financial support in October 2019 with a total of 200 participants. Health care providers, M&E specialists and data manager officers from district hospitals and directors in charge of health at the administrative district level, including representative of private health facilities, were trained as master trainers, who in turn provided training of health centre and private facility staff in the following weeks.

Outcomes: As a result of these capacity-building efforts Rwanda now benefits from improved data reporting and data analysis across diseases including HIV, TB and malaria, through its health management information system. This improvement was particularly due to the capacity building of data managers and health care workers to improve data management practices, including the identification of roles and responsibilities related to data management.

Pakistan

Following the Integrated People-Centred Health Services workshop in Kigali, WHO was requested to support the Department of Health, Khyber Pakhtunkhwa, with implementation of its integration roadmap. The WHO Country Office worked with the Department of Health from July to December 2019 to support development of a provincial technical committee on IPCHS and provincial strategic plans for HIV, hepatitis, TB and malaria. This work also aimed to build capacity of district and facility staff on community engagement and empowerment; support development of services packages for HIV/AIDS, TB and malaria; and contribute to resource mobilization for people-centred health services efforts.

Outcomes: Orientations on IPCHS were conducted in provincial departments of health, a benchmark assessment of health facilities in Bannu was completed, and support was provided for training of trainers and training at district level on community engagement and empowerment. In total, 156 health care providers were trained and support was also provided for IPCHS and the Family Practice Approach. A total of 74 Community Health Committee members were identified and trained, and the Community Health Committee was endorsed by the Department of Health.

Using the experience gained at Khyber Pakhtunkhwa, WHO Country Office for Pakistan developed a concept paper for strengthening of Health System & Service Delivery, and it is foreseen that the same approach will be expanded in other provinces.



Benin

As part of the country's IPCHS integration roadmap, Benin requested WHO support to update the mapping of health services and health facilities using national protocols, and to develop an operational guide for the new community health policy. WHO arranged a workshop to validate the protocols and methodology, then organized field teams to map health services and health facilities using the national protocols. WHO also facilitated the dissemination of the National Integrated Strategic Plan, and supported the development of the operationalization of the Community Healthcare Workers Policy.

Outcomes: A mapping exercise of health services and health facilities was completed using national protocols to inform decision-making. An operational guide for the new Community Healthcare Workers Policy was validated.

Moldova

The WHO Regional Office for Europe provided support to develop new HIV and TB National Strategic Plans for 2021-2025 based on the Integrated People Centred Health Services approach. IPCHS elements were also included in the HIV/TB funding request submitted to Global Fund. Moldova's current approach is based on the integrated and people-centered approach and will be further expanded with the implementation of the new national strategic plans.

Outcomes: New HIV and TB National Strategic Plans are based on Integrated People Centred Health Services approach, and this was translated into Moldova's funding request to the Global Fund.

Promoting innovations in diagnostics and service delivery for impact

The past decade has seen exciting advances in diagnostics for HIV, TB, malaria and sexually transmitted diseases and their affordability, accessibility and availability. However, many barriers remain to their integration into health services.

To examine key gaps, barriers and successes, the Pan American Health Organization (PAHO) organized with WHO Headquarters and Unitaid, an *“Experts workshop on policy options for innovations in diagnostics and service delivery for impact in HIV, STIs, TB and malaria”*, which took place in Lima, Peru in April 2019, sponsored by the Global Fund.



The **75 participants from 26 countries and five world regions** included laboratory coordinators, experts in diagnostic methods, public health specialists and authorities, representatives of civil society and technical cooperation agencies, and experts from PAHO and WHO. Country representatives collectively identified key gaps, barriers, and successes in implementing integrated diagnostic networks and innovations in diagnostics.

Experts reviewed innovations in diagnostic technologies and service delivery that improve the response to priority communicable diseases, such as the introduction of rapid and point-of-care tests for HIV/syphilis, TB, infant HIV diagnosis, HIV viral load, and hepatitis as well as the use of multiplex or integrated molecular platforms across diseases. Best practices were identified to guide the introduction and large-scale deployment of innovative diagnostic technologies and integrated laboratory services at the national or subnational level.

Outcomes

The workshop improved participants' knowledge about recent innovations in diagnostic methods and integrated laboratory services, as well as how to provide services effectively in order to improve impact on priority communicable diseases.



A formal call for action was developed and endorsed by attendees containing policy recommendations for effective implementation of innovative technologies and integrated laboratory services that could improve HIV, TB, and malaria programmes, if implemented on a larger scale: ***“Call to Action: Expanding access to diagnostics by innovation and integration towards the Elimination of Priority Communicable Diseases”***.

In follow up, PAHO entered into discussions with the Global Fund to invest in the area of integrated laboratories in the region. As a result, as part of the National Laboratory Systems Component of the Global Fund Strategic Initiative Service Delivery Innovation, a project on laboratory integration will be implemented in the PAHO region.

Follow up support to countries for strengthening laboratories

Latin America

PAHO efforts through various sources led to having laboratory networks in 20 countries increased their capacity for testing and diagnostics and they are currently following WHO general technical guidance.

Georgia

WHO EURO organized a mission in Georgia on the “Integrated use of GeneXpert platform for optimal testing” in order to assess possible institutional opportunities and barriers for expanding existing GeneXpert’s services with integration of TB testing with viral hepatitis C and HIV testing in existing facilities; and to assess workload, cost-effectiveness and human resources needs in case of integrated TB/HIV/hepatitis C GeneXpert services.

Moldova

During the support for the development of Moldova’s TB and HIV National Strategic Plans, action points from the Lima workshop were included such as implementation of an integrated sample (TB/HIV/HCV/NCD and potentially COVID-19) transportation system.

Case study – the Philippines and South Africa

South-to-South collaboration for scaling-up TB diagnosis systems

Accurate diagnosis in people with presumptive TB is key to reaching the goals of the End TB Strategy. Currently, most countries are testing less than 1% of their population annually for TB bacteria, but some – notably South Africa – are doing better. South Africa, which is one of eight countries with the highest TB rates in the world, is now annually testing around 4% of its population for TB bacteria using X-pert MTB/RIF.

In late 2018, the Philippines, another country with very high TB rates – but where only the equivalent of 1% of the population were tested for TB bacteria annually – expressed interest in learning about South Africa’s success in TB testing. To facilitate this exchange, WHO helped organize a study tour for a team from the Philippines to go to South Africa in January 2019. The tour included presentations about the South African system and visits to the relevant departments of the Ministry of Health and laboratories. The field visit was coordinated by WHO Global TB Programme with the Global Fund country team for the Philippines and the national Ministry of Health authorities of the Philippines and South Africa.

Since the team members from the Philippines were especially interested in the South African transportation system, the tour included observation of storage and packaging of samples, transport methods and communication methods between facilities. Staff from the Philippines Department of Health are now incorporating what they learned from this study tour into the roll-out of their own X-pert-based TB diagnostic sample transportation network to make it more efficient and impactful in finding people with TB.



Strengthening National Strategic Plans

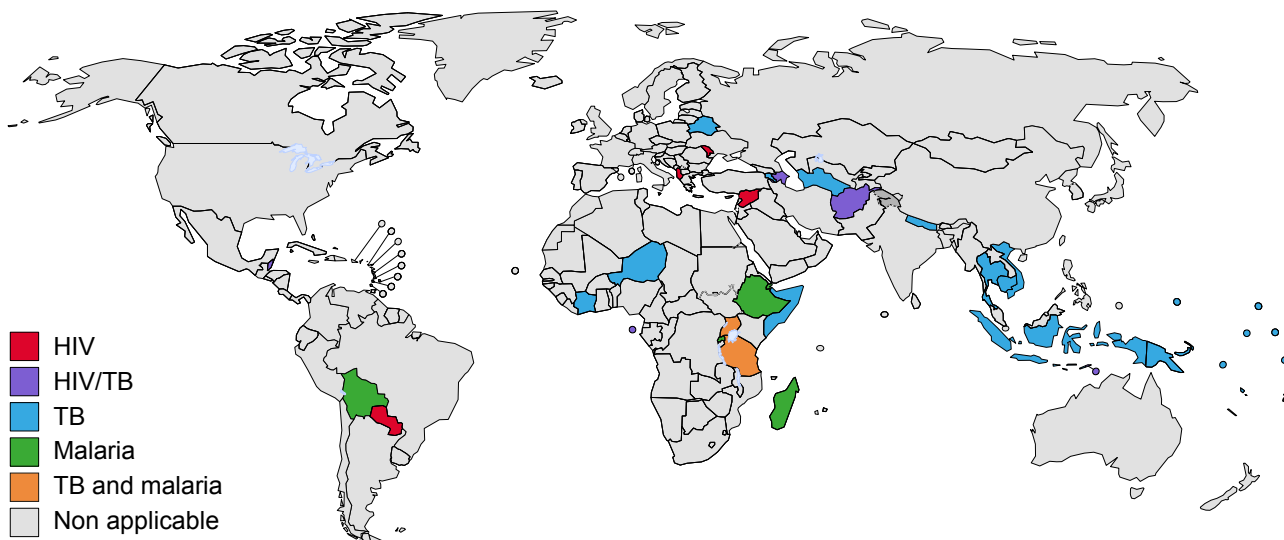
WHO support allowed countries to improve the quality of their disease-specific strategic plans and enabled significantly more countries to submit 'Tailored for National Strategic Plans' funding requests.

Through this initiative, WHO and Global Fund have worked to strengthen national strategic plans and prepare more countries to be able to submit national strategic plan-based funding requests. In total, WHO provided technical support for the development of **37 national strategic plans** (HIV, TB, malaria, and joint TB/HIV) in **32 countries** from July 2019 to December 2020, using resources from the Strategic Initiative. WHO also actively contributed to the development of the Regional Framework to Implement the End TB Strategy in the Western Pacific, which informs national TB plans.

WHO's technical support to countries for national strategic plan development led to a total of **42 country-components** being invited to submit 'Tailored for National Strategic Plans' funding requests for the **2020-2022 funding cycle**. This marks a significant increase from the 10 country-components submitted during the 2017-2019 cycle.

Support for National Strategic Plans

July 2019 - December 2020



Aligning disease-specific strategic plans with overall national health sector plans



WHO and Global Fund launched this effort by organizing the *“Workshop: Strategizing for Impact – developing National Strategic Plans for HIV, TB and Malaria based on National Health Sector Plans”* in Hammamet, Tunisia from 19-21 June, 2019.

This important workshop brought together **115 participants from 10 countries**. Several partner organizations participated including UNAIDS, GIZ BACKUP Health and the RBM Partnership to End Malaria, along with representatives from

communities, the Global TB Civil Society Task Force, youth sector and NGOs, to discuss how to develop disease-specific strategic plans and health sector strategies with better consideration of cross-cutting health systems elements and strengthening linkages between disease programmes and the overall health sector.

Workshop goals:

1. Support countries as they seek to improve the programmatic and technical quality of disease-specific national plans;
2. Help ensure national strategic plans are driven and led by the country, build on existing in-country processes and experiences, are needs- and evidence-based, costed and prioritized, and demonstrate strong linkages between health and non-health sectors and with overall national health sector plans; and
3. Strengthen synergies between the programmes and their priority initiatives for expanded provision of people-centred services.

The Tunisia workshop strengthened global, regional and country level capacity on National Strategic Plan development; including the participatory nature of the process and taking into account shifts in context, such as the move from a vertical disease programmes focus to a health systems and people-centred focus.

Outcomes

- » An information note on available tools and resources for disease specific and cross-cutting elements for HIV, TB and malaria national strategic plans was produced as a comprehensive reference guide for countries.
- » National country teams and partners committed to develop a process that results in a national strategic plan that is technically sound, prioritized, costed, feasible to implement, with impact and good articulation of cross-cutting aspects, in a manner that is inclusive of stakeholders, community, civil society and partners.
- » Countries pledged to further develop and finalize their roadmaps to develop national strategic plans, and partners also committed to support the national strategic plan development process in individual countries based on their identified assistance needs.



WHO in-country support for development of national strategic plans

Following the workshop in Tunisia, the *National Strategic Plan Information Note*, which describes the cross-cutting health systems approach and contains links to all the relevant resources, was provided to all regions and shared with the WHO country staff and consultants. Countries, following their own cycle, made direct requests to WHO for support to update their national strategic plans. WHO provided this support ensuring alignment with international guidelines, national health sector strategic plans, local context and evidence; and ensuring inclusive country dialogue, appropriate prioritization and costing.

The following country examples provide insight into two very different contexts. Armenia's approach to development of its National Strategic Plan for TB is an example of a highly inclusive, multi-sectoral process, and showed alignment with national health sector plans, WHO principles and TB response. The example of Somalia's approach to developing its National Strategic Plan for TB demonstrates the possibilities for an inclusive approach and focus on human rights and marginalized populations, even in a complex and challenging operating environment.

Case study - Development of the Republic of Armenia National Strategic Plan for TB

Armenia's approach to development of its National Strategic Plan for TB is an example of a highly inclusive multi-sectoral and multi-partner process. It provides a model of alignment with national health sector plans and with WHO strategies and guidelines, emphasizing response to TB through an integrated and people-oriented model of TB service delivery.

Armenia is a high-priority country for TB control as it bears a very high burden of drug-resistant TB. As the country's National Strategic Plan for TB was due to expire at the end of 2020, Armenia's Ministry of Health requested WHO support to develop a new National Strategic Plan for TB for 2021 – 2025.

Inclusive participation

The Ministry of Health established a **multi-sectoral national working group** consisting of representatives from regulatory authorities and agencies, including the Ministry of Health, National Center for Pulmonology (NCP), National Centre for AIDS Prevention, and representatives of civil society and TB affected community organizations, centres in TB research, as well as the Global Fund Project Implementation Unit. This group worked jointly with WHO experts in Health System Strengthening, Health Financing, TB, HIV, and community organizations. The NCP led the process under the overall coordination of the WHO Country Office.

To ensure **maximum inclusivity and transparency**, a wide range of national and international key stakeholders involved in different aspects of the TB response in Armenia were invited to participate in a **two-day National Consultation** in December 2019, including health and non-health governmental sector and civil society and TB affected community, international organizations, subnational health level and academies. All Ministries involved in national strategic plan implementation were consulted, namely the Ministry of Justice, Ministry of Foreign Affairs, Ministry of Labor and Social Affairs, Ministry of Finance, State Educational Institutions, and the Ministry of Development and Investments.

To ensure **maximum inclusivity and transparency**, a wide range of national and international key stakeholders involved in different aspects of the TB response in Armenia were invited to participate in a **two-day National Consultation** in December 2019, including health and non-health governmental sector and civil society and TB affected community, international organizations, subnational health level and academies. All Ministries involved in national strategic plan implementation were consulted, namely the **Process**

Despite the restrictions imposed by COVID-19, work on National Strategic Plan development continued through virtual meetings and teleconferences from January to October 2020.

To **strengthen the role and engagement of civil society organizations and the TB affected community in TB response**, the TB European Coalition in coordination with the NCP and WHO organized a national policy dialogue in October 2020. **Almost all national and international TB stakeholders in the country participated** to discuss the new National Strategic Plan and defined areas of civil society and TB community involvement in the TB response, and to identify practical initiatives to increase cooperation between the National TB Programme and civil society in promoting an **integrated people-centred approach to TB response** in the country.

Results

Armenia's new National Strategic Plan for TB for 2021-2025 aligns the national TB response with the latest evidence and national strategic policies and entails evidence-based, effective and efficient actions for TB prevention, diagnostics, treatment, care, and supervision for implementation of the national policy for TB elimination in the country. It takes into account regional and global commitments and strategies and is aligned with the WHO End TB strategy and Tuberculosis Action Plan for the WHO European Region, as well as with principles of Universal Health Coverage. The plan contains clearly defined goals, targets and objectives to end TB as a public health problem in Armenia by 2025 through multi-sectoral TB response, universal access to quality TB services and integrated people-oriented care with a particular focus on drug resistant TB.

The new robust National Strategic Plan for TB will be the basis for the **Global Fund funding request** in early 2021.



Lessons Learned

- **South-to-South Collaboration:** Providing a forum where countries from various regions can share experiences and learn from each other gave countries real-life examples to emulate, along with best practices to adopt. For example, Guyana representatives appreciated having opportunities to learn from countries in the African region regarding the processes of NSP development.
- **Strengthening capacity through support:** In preparation for transitioning, countries need additional technical support in strengthening their national capacities to properly address integration and health system issues and prioritize interventions for a sustainable approach. The same need for specific expertise and capacity building support was emphasized for development of national strategic plans.
- **Productive partnership:** Joint preparation for the integration workshop in March and the NSP workshop in June 2019 were very productive and led to stronger engagement with the Global Fund grant management division and access to funding department. The briefing sessions organized for instance with the FPMs of the countries participating in the Integration workshop were very well received and promoted better understanding and support.
- **Valuable outputs:** Producing “global goods” from the workshops such as the outcomes document on transition, the high-level technical brief on IPCHS and the information note on NSP development are important resources for countries.
- **Ad-hoc joint working groups:** It has been very important and useful to have a core group across departments and with Global Fund focal points which meets regularly to prepare the workshops.
- **Logistics:** Having facilitators’ meetings before the workshop and at the end of each day helps to align WHO staff from the various offices, as well partners.



Providing timely technical support to countries

WHO provided extensive in-country support across various areas under the Global Fund Strategic Initiative RSSH 1.3, conducting 87 technical support missions to countries who requested assistance with Global Fund processes from 2018 – 2020.

WHO receives frequent technical support requests from countries, and also from Global Fund portfolio managers to assist with their disease programmes and Global Fund processes. These requests are shared with the Country Coordinating Mechanism and checked by the relevant WHO departments in regional offices and headquarters to ensure appropriate coordination and information sharing.

WHO regional focal points coordinate technical support related to Global Fund processes in their respective regions, mapping country needs, identifying consultants and opportunities for co-financing and collaboration with other technical partners, and monitoring the support provided. They disseminate information from the cross cutting thematic workshops and draw priorities for collaboration with Global Fund for the next cycle through regional consultations.

In addition to the technical support provided to countries for development of funding requests and national strategic plans, through this strategic initiative, WHO carried out a total of 87 technical support missions. This support covered a wide range of needs: recommendations for an integrated service delivery and health system approach to govern HIV/AIDS services; revision of disease resistance management planning; training of healthcare workers to offer integrated TB and HIV services; TB pilot community-based integrated service delivery project; operationalization manual for programmatic management at national, provincial, district and community levels; mapping exercise of health services and health facilities using national protocols etc.

One important thematic area of support was the revision and optimization of differentiated HIV testing strategies in 16 countries. The WHO and Global Fund coordinated effort to scale up differentiated HIV testing approaches provides a concrete example of successful collaboration and a model to follow in the future.

Table 1. Country technical support missions – January 2018 to December 2020

	HIV	TB	Malaria	HIV/TB	RSSH/PSM	Integration	Total
AFRO	32	2	1	2	11	5	53
AMRO	6	0	2	0	1	1	10
EMRO	4	1	0	0	1	1	7
EURO	2	2	1	0	3	2	10
SEARO	1	0	0	0	0	0	1
WPRO	2	4	0	0	0	0	6
TOTAL	47	9	4	2	16	9	87

Differentiated HIV testing country support & assistance

Countries around the world have agreed to strive for the 90-90-90 HIV goals by 2020. The aim is for 90% of all people living with HIV to know their HIV status, 90% of all people with diagnosed HIV infection to receive sustained antiretroviral therapy and 90% of all people receiving antiretroviral therapy to have viral suppression.

To reach these goals, the Global Fund and WHO both emphasize the critical importance of closing the “testing gap” – which refers to the trend for some population groups to be less likely to access HIV diagnosis than others. As part of this joint Global Fund and WHO effort, fourteen African countries plus Indonesia and the Philippines have received support to implement new, differentiated testing strategies that will address the availability of HIV testing and populations targeted. The objective has been to reach people living with HIV/AIDS who do not know their status, in a more efficient and cost-effective, and client-centred way.

WHO with the support of Global Fund HIV advisers and country teams, followed on with providing technical support directly and in partnership in 16 countries in 2019 and 2020. The two organizations have held monthly meetings on differentiated HIV testing services to report activities, progress, needs and to guide partners and donors on their investments.

Closing the HIV testing and treatment gap



From 2019 to 2020, with the Strategic Initiative RSSH 1.3, WHO provided remote and in-country support for differentiated HIV testing to: Burkina Faso, Chad, Cote d’Ivoire, DR Congo, Ghana, Guinea, Indonesia, Lesotho, Madagascar, Malawi, Mali, Niger, Philippines, Tanzania, Togo, and Zimbabwe.

WHO HIV department also supported training of 28 francophone, lusophone and anglophone consultants in February 2019 in WHO differentiated HIV testing, linking in with partners like IAS, CHAI, BMGF, USAID, PSI, UNAIDS, ILO, and Unitaids. These consultants have been used by WHO and other partners to support differentiated HIV testing technical assistance.

WHO also provided remote support and expertise for specific country activities through reviewing grants, funding requests and reprogramming efforts. Some examples of support have included supporting reprogramming requests from Malawi which resulted in an additional US\$3 million to be allocated toward self-testing and mobilizing co-funding using savings from the country grants and partners to support an innovative pilot of Scanform. Coordination activities have also engaged CHAI, IAS, BMGF, Unitaid, PSI, GSS Health, ICI Sante, and PEPFAR to review technical support in countries.

The resources from the Strategic Initiative RSSH 1.3 filled the support gap in the identified countries, after savings from Global Fund grants were leveraged as well as funding from WHO country offices and partner agencies such as Unitaid/PSI and USAID, to optimize resources and impact.



Outcomes

HIV testing strategies are now being developed in ways that are specific to each country's situation. Differentiated HIV testing assessments and strategies were completed and implemented in Burkina Faso, Ghana, Guinea, and Tanzania.

Tanzania

In Tanzania, the development of a differentiated testing strategy and acceleration plan have served as a road map for scaling up HIV self-testing. In 2019 the HIV self-testing policy was passed by law and the age of consent for accessing HIV testing decreased from 18 to 15 years old. From no HIV self-testing being used in 2019, the country has by the end of 2020 nearly 3.5 million HIV self-testing kits in the pipeline aligned with its strategy and with procurement covered by Unitaid, Global Fund and PEPFAR.

Ghana

In Ghana, initial support on differentiated testing led to revised plans and targeted approaches to reach the 95-95-95 targets in priority districts. As part of the strategy and plan, HIV Self-Testing was introduced and follow-up assistance in 2020 supported the finalization of the national policy and implementation guide covering private and community testing and integration in existing strategies to reach partners of people living with HIV.

Burkina Faso

In Burkina Faso, in 2019, a costed operational plan for differentiated service delivery approach for HIV testing (and extended for treatment) was completed and adopted by the Ministry of Health. At the end of 2020, the comprehensive plan was being rolled out in 31 pilot sites with at least 1 month of implementation. As part of this, an HIV self-testing pilot was launched and will be carried forward into the new Global Fund grant. This activity moved the country over the two-year period from having minimal differentiated testing options, with no index partner, partner notification, social network testing or self-testing, to now introducing and starting wide scale use in Global Fund grants in time for the 2021-2023 cycle.

Lesotho

In Lesotho, for example, which has the world's second highest HIV prevalence, testing is very widespread, but 23% of the country's population had not been reached at the start of this project. This is because adolescents and men – who have the highest HIV prevalence and lowest antiretroviral treatment rate – tend not to visit the facilities where testing is offered. New approaches to reaching these groups include creating community-level peer-to-peer groups that offer counselling, education, condoms and self-tests.



Guinea

Similarly, in Guinea, the percentage of women accessing HIV testing has climbed steadily because of a strong focus in health facilities on prevention of mother-to-child-transmission, but only 34% of men know their status. Now, mobile clinics will begin active outreach to harder-to-find, male populations. In addition, health workers in public health facilities will be trained to more proactively propose testing; while social workers will be trained to encourage testing of the partners and children of women with HIV diagnosed during antenatal check-ups.

Based on the successes of the initial differentiated testing support, Global Fund and partners have supported a new Strategic Initiative bringing differentiated testing, treatment for 10 HIV priority countries. It will build on the successes and lessons learned from the support through the Strategic Initiative RSSH 1.3 and accelerate scale-up and public health impact of these strategic approaches across the HIV cascade.

Lessons Learned

- » The trust that WHO built with the health authorities in the countries through the years of collaboration is playing a major role in getting results at country level.
- » It is important that country technical assistance requests be cross-checked with regions and headquarters departments to avoid any duplication and to focus better on the gap. Collaboration across the three levels of WHO is a key factor in ensuring that country needs and requests are addressed in a cohesive manner.
- » The HIV situation room has been a helpful platform to organize important joint technical support missions like for instance to Nigeria and Ghana to accelerate progress at country level. Having the flexibility of using the Strategic Initiative resources has allowed WHO to take part in these joint missions.
- » Having a flexible source for in-country support is crucial in order to rapidly deploy the support and be responsive to country needs like with the support for HIV testing strategies. All the support cannot be planned three years ahead.

Strengthening WHO and Global Fund collaboration

Global Fund and WHO have accelerated efforts to make their collaboration mutually accountable, signing both the Strategic Framework for Collaboration between WHO and Global Fund, and the Framework for Regional Collaboration with the WHO Regional Office for Africa.

The last three years saw a concerted effort to analyze, improve and strengthen collaboration between Global Fund and WHO. Implementation of the RSSH 1.3 Strategic Initiative stimulated significant vertical and horizontal collaboration across all WHO levels with the Global Fund. It is the broadest of the Strategic Initiatives, as it applies to HIV, TB, malaria as well as Resilient and Sustainable Health Systems. The design and successful execution of Strategic Initiative RSSH 1.3 is an example for successful collaboration between WHO and the Global Fund for the purpose of achieving impact at country level.

The Strategic Framework for Collaboration

Initial consultations to set up a foundation for strengthened collaboration began in early 2018 with broad participation of Global Fund staff and WHO staff from headquarters and regions. In parallel, the WHO regional focal points conducted reviews and regional consultations, working with Representatives of WHO Country Offices. As a result, the Strategic Framework for Collaboration between the Global Fund and WHO was signed on 11 October 2018 by the WHO Director-General and Global Fund Executive Director, guiding worldwide collaboration in support of the health Sustainable Development Goal, including Universal Health Coverage, and for country impact.

The agreement is based on both the respective and common mandates and strengths of each agency. It ranges from support on normative guidance to joint work on investment advice on the three diseases and health systems, from innovations to support to south-to-south cooperation, from joint resource mobilization to enhancing the quality and timeliness of information flows, as well as the reporting of data and estimates related to health financing, service coverage and health outcomes.

This groundbreaking framework for collaboration was recognized as a valuable approach to structuring other partnerships. The Global Fund Office for the Inspector General (OIG) recognized that this recently negotiated framework agreement “promotes accountability, assigning roles and responsibilities to each partner for the engagement of services, delivery, monitoring, and reporting of results” and that it resulted in a reduction of project administration costs from 13% to 7%. The OIG further highlighted accountability mechanisms contained in the Strategic Framework for Collaboration, in that it is “supported by a detailed annex of accountabilities, roles and responsibilities between the Global Fund and WHO, and clarifies the reporting re-



quirements of these activities, including the value and status of investments”.¹ Based on the success of the Strategic Framework for Collaboration the Global Fund later signed similar strategic framework agreements with UNAIDS, Stop TB Partnership and the RBM Partnership to End Malaria.

Regional Framework for Collaboration

One of the aims of the Strategic Framework for Collaboration between WHO and the Global Fund is to promote stronger collaboration at regional level. Based on the global level framework, the WHO Regional Office for Africa (AFRO) signed a **Framework for Regional Collaboration** with the Global Fund on 9 February 2019, in Addis Ababa. This sent a strong message from the top leadership and was a critical step to enable WHO Country Offices and Global Fund Grant Management Country Teams to align their efforts in order to improve impact at country level.

The regional framework for partnership, in alignment with the global framework, focuses on the AFRO transformation agenda and the Global Fund Strategy. A joint operational plan articulated concrete activities based on agreed domains of collaboration for 32 priority countries for Universal Health Coverage (UHC). Regular high-level meetings have been taking place between AFRO and Global Fund senior leadership to assess progress and elaborate next step for this collaboration.

Focused thematic collaboration led to concrete results

At the request of the Global Fund Strategy Committee, WHO conducted a preliminary analysis of the Global Fund investments in RSSH in 2018 in high impact countries to understand the landscape and identify **opportunities to improve investment impact**. This analysis was done in collaboration with the Global Fund secretariat and the TERG. The results of the WHO analysis of Global Fund investments in RSSH were presented to the Strategy Committee meeting in March 2018 to inform Global Fund’s approach towards RSSH.

A core group from WHO Strategic Partnership and Cross cutting Coordination (SPC) office and from the Global Fund Technical Advice and Partnerships department which had led the development of the Strategic Framework for Collaboration (SFC) between the two agencies, has continued to meet very regularly – in total eight coordination meetings were held in 2020.

This SFC core group helped identify RSSH priorities and support needs, collaborate for the peer review workshops, share updates on COVID-19 response, set up a mechanism for rapid inputs from WHO for Global Fund COVID-19 Response Mechanism applications, and update the SFC actions and results matrix for 2020 priorities. It led to the organization of bilateral consultation between WHO and Global Fund on RSSH to plan focused thematic collaboration in 2021.

¹ Audit Report: Audit of Global Fund Capacity Building and Technical Assistance. Geneva: Global Fund Office of the Inspector General; 2020 (GF-OIG-20-009; https://www.theglobalfund.org/media/9504/oig_gf-oig-20-009_report_en.pdf, accessed 11 January 2021).

High-level collaboration: Joint WHO Global Fund Review and Steering Committee

In November 2019, the high-level Joint Review and Steering Committee for the Strategic Framework for Collaboration between Global Fund and WHO provided an effective platform for discussion to take stock of the collaboration, review progress, and to articulate future priorities. RSSH was highlighted as a key area for collaboration. Joint priorities were articulated around WHO leadership at country level, support to develop high quality funding requests, and strengthening implementation of country grants to maximize results.

On 24 February 2021, the second Steering Committee for the Strategic Framework for Collaboration articulated the priorities for 2021 in the new context of COVID-19 and with specific opportunities for joint work around various elements of RSSH such as health financing, quality of care, community systems strengthening and private sector engagement.



“Partners at the frontline”

Stories of examples of WHO and Global Fund collaboration were collected to put together an advocacy brochure on the impact at country level of WHO and Global Fund collaboration: “Partners at the Frontline”. The joint WHO – Global Fund brochure was released at the end of 2019 and was widely disseminated through Global Fund governance structures and WHO regions and countries.

Lessons Learned

Important to have a core group between WHO and Global Fund to nurture and monitor the collaboration and prepare for annual senior leadership review to see the progress, discuss, address the challenges and plan priorities. It is important to sustain this regular engagement, and it needs to be further expanded to the regional offices.





Quality assurance, performance monitoring & accountability

Management of quality assurance, performance monitoring & implementation

Throughout the duration of Strategic Initiative RSSH 1.3, quality assurance and performance monitoring were assured through regular joint coordination meetings organized by the WHO Strategic Partnerships and Cross-Cutting Coordination (SPC) office. The SPC facilitated the timely reporting among the twelve components of strategic initiatives managed by WHO. It also supported the revision of some of the agreements like the data strategic initiative, prequalification of medicines and diagnostics and the addition of a malaria component in the National Health Accounts agreement. The SPC office assured sound management of quality assurance, performance monitoring and implementation through hosted several fora for the purpose of: (1) regular information sharing – the Joint Working group, (2) coordination and monitoring – the Task Force for Global Fund, and (3) implementation (Task Force and Videolinks with regions) which made the collaboration and coordination between departments and partners more efficient.

From 2018 to 2020 SPC organized:

- » 17 video conferences with the focal points from the six regional offices, for the coordination and planning of the implementation of activities under the RSSH 1.3;
- » 42 meetings of the HQ Task Force which encompasses focal points from the Communicable and Non-communicable Diseases division and focal points from the UHC/ Life Course and WHO Health Emergency Programme divisions to get updates on the implementation of the various strategic initiatives and prepare WHO's participation in the Strategy Committee, Global Fund Board meetings, the TRP Partner's meetings, and the Impact Through Partnership meetings;
- » 82 meetings of the Joint Working Group (JWG)

Monitoring technical support

In order to respond to the strategic needs of country programmes, the six WHO regional focal points coordinated technical support in their regions, mapping country needs to help inform choice of intervention, identifying consultants, opportunities for co-financing and collaboration with other technical partners, ensuring latest guidelines are followed and monitoring the quality of the support provided. They disseminated information from the cross cutting thematic workshops such as the approach on developing national strategic plans and addressing cross-cutting elements. They drew priorities for collaboration with Global Fund for the next cycle through regional consultations.

As part of the implementation of the Regional Strategic Framework for Collaboration signed with WHO Regional Office for Africa in 2019, the close collaboration between the regional office and Global Fund secretariat has continued. A high-level discussion between the AFRO Regional Director and the Global Fund Executive Director and respective teams was organized on 7 April 2020 to adapt the regional collaboration in the context of COVID-19. Discussion were focused on the Global Fund priority and opportunities in AFRO, continuity of HIV, TB, malaria and RSSH services in COVID-19 context. Nine main actions were agreed for 2020 on COVID-19 response; on AFRO support to funding requests for HIV, TB, Malaria and RSSH; on laboratory support for COVID-19 and communicable diseases, on mitigating COVID-19 impact on the three diseases and sustaining essential health services.

Outcomes

- » The exchange platforms (Joint Working Group, Task Force and videolinks) allowed the sharing of experiences and collection of inputs from the six WHO regions and departments across WHO divisions and ensured oversight and alignment on the various strategic initiatives and technical support. As a result, WHO's participation in Global Fund fora was more comprehensive and effective.
- » In the context of the COVID-19 pandemic, WHO, while repurposing some of its staff to support the response to the COVID-19 at the regional and country levels, adapted the operating architecture to maintain technical assistance capacity to ensure that countries benefit from the Global Fund allocations, grant flexibilities and C19RM. This was the result of close collaboration with Global Fund and other key partners.
- » All technical and financial reports for the strategic initiatives were submitted according to the timelines. Revision letters were processed to improve implementation of agreements
- » Intensive cross-regional exchanges and linkages with other strategic initiatives were strengthened, which improved technical support coordination and communication between WHO HQ, regions and Global Fund grant division and Technical Advice and Partnership department.

Lessons learned

- » Network of WHO HQ and regional focal points on Global Fund related activities and support is critical to align the messaging across regions and to collaborate in a more effective manner with Global Fund.
- » Close coordination with WHO departments and other strategic initiatives have helped to identify co-financing opportunities for urgent technical assistance and to leverage technical work for example during workshops. This will be even more important to coordinate the efforts across the various upcoming strategic initiatives and ensure synergies.
- » Importance of having some flexibility built in the strategic initiative agreement to respond to urgent country needs and adapt to evolving context.
- » Importance of planning adequately and with enough advance, the activities and financial resources needed so that extensions or increases in agreements are done in a timely manner to ensure a smooth continuation of implementation.

Financial update

The total allocated for the Strategic Initiative RSSH 1.3 was \$8,348,368 for the period 2017 to 2020 but with only a limited amount used in 2017 as the agreement was signed on 1 December 2017. The total implementation amounted to \$8,288,368. Full implementation was prevented by the COVID-19 pandemic which cancelled a regional workshop on transition and sustainability, nonetheless 99.30% implementation was achieved.

Table 2. Financial implementation by workstreams

	USD
Six regional peer review workshops and multiple multi-disciplinary expert reviews to support 59 funding requests in 2017 and 2018 and 88 funding requests in 2020	1,230,950
Three Cross-cutting thematic workshops for 59 countries for south to south collaboration on Transition and sustainability, Integration, and Innovations in diagnostics and follow up support to countries	960,241
Peer-to-Peer Learning Exchange Field Visit from Philippines to South Africa	23,448
One global workshop to strengthen national strategic plans and in-country support to develop 37 national strategic plans for HIV, TB and malaria with NHSP alignment	1,102,252
Technical support to countries based on country requests	1,372,424
Consultation meetings and activities for strengthening WHO-Global Fund Partnership for better impact at country level	106,599
Global and regional coordination for quality assurance, sustainability, monitoring and accountability to support robust funding requests, organization of workshops for South-to-South learning, quality in-country technical support tailored to context and following international guidelines, and information sharing.	2,950,224
Programme Support Cost 7%	542,230
Total Financial implementation	8,288,368

