

RSSH and Pandemic Preparedness and Response in GC7 and C19RM

Information Session – February 28, 2023

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Agenda

1 New RSSH Investment Approach

- New Modules
 - Critical Approaches
 - Key Messages for Country Dialogue
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2 Focus on how to integrate Pandemic Preparedness and Response approaches when designing RSSH investments

- Interventions Relating to RSSH Investments
 - Guiding Principles for Investing in Pandemic Preparedness
 - PPR Measurement Systems and KPIs
 - C19RM and the New Pandemic Fund
-

3 Q&A

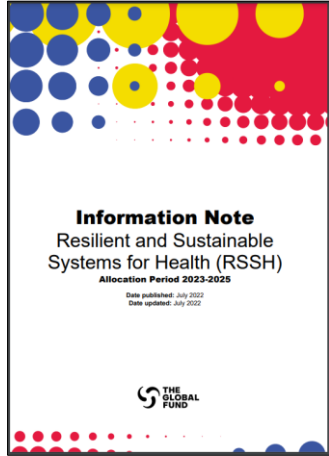
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New RSSH Investment Approach



Key RSSH Resources for Funding Requests

Updates for the 2023-2025 Allocation Period



[RSSH Information Note](#)

Provides guidance to applicants preparing funding requests for RSSH. Information Notes for HIV, TB and malaria are available [here](#).



[Modular Framework](#)

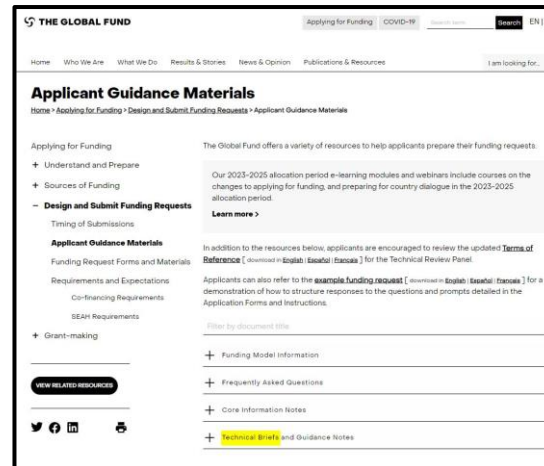
The Modular Framework is aligned with the revised Global Fund RSSH Information Note and Critical Approaches.

Additional Resources



[1. Global Fund Strategy \(2023-2028\)](#)

With an emphasis on priorities for integrated people centered care.



[2. Technical Briefs](#)

[3. Global Guidelines](#)

Current international guidelines including WHO recommendations

RSSH: Investment Approach

Key messages

New this cycle

1. **Strengthen integrated, people-centered quality health services** to improve HIV, TB and malaria outcomes.
2. **Ensure alignment with ‘critical approaches’*** for health product management, lab and human resources for health (HRH) systems.
3. **Contribute to pandemic preparedness** through strengthening lab, surveillance, HRH, health product management and medical oxygen systems.
4. **Improve RSSH measurement using revised modular framework** (modules, interventions, indicators and workplan tracking measures).
5. **Consider Protection from Sexual Exploitation, Abuse and Harassment (PSEAH) and child protection** (see [Guidance Note](#)).

Ongoing

1. **Strengthening RSSH-PPR country dialogue and representation on CCM.**
2. **Shifting from health systems support to strengthening.**
3. **Enhancing value for money** (economy, effectiveness, efficiency, equity and sustainability) **and sustainability** ([STC policy](#), [VFM Technical Brief](#)).

*Critical approaches are a set of evidence-based recommendations and best practice for health system strengthening for RSSH interventions supported by the Global Fund.

An integrated people-centered approach is needed for:



Equity in Access



Quality of care



Responsiveness and participation



Efficiency



Resilience

RSSH Modules

Changes between allocation periods

Modules

2020-2022 allocation period (GC6)

1. Health sector planning and governance
2. Integrated service delivery and quality improvement
3. Financial management systems
4. Community systems strengthening
5. Health Products Management Systems
6. Human resources for health and quality of care
7. Laboratory systems
8. Health management information systems & M&E



Modules

2023-2025 allocation period (GC7)

1. Health sector planning and governance for integrated people-centered services
2. Community systems strengthening
3. Health Financing Systems **New**
4. Health Product Management Systems
5. Human resources for health and quality of care
6. Laboratory systems
7. Medical Oxygen and Respiratory Care Systems **New**
8. Monitoring and Evaluation Systems*

 **RSSH/PP**

*** Includes new Pandemic Surveillance Intervention**

RSSH Modular Framework indicators focus on Integrated People-Centered Quality Health Services (IPCQS)

Changes between allocation periods

Modules 2020-2022 allocation period (GC6)
Metrics to measure RSSH investment inputs and outputs, isolated from HIV, TB and malaria.
<ul style="list-style-type: none">• Have we done the activities as planned (e.g., training conducted)?• Are key inputs available (e.g., active health workers per 10,000 population)?• Are key services (not linked with HIV, TB and malaria) provided (e.g., diagnostic, antenatal care)?



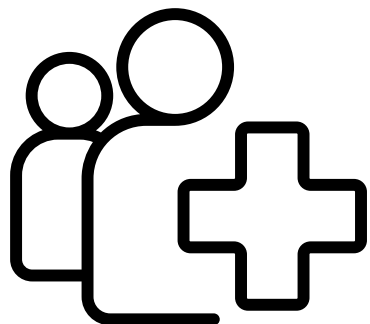
Modules 2023-2025 allocation period (GC7)
Metrics to measure integrated, people-centered quality services outcomes linked with HIV, TB and malaria results.
<ul style="list-style-type: none">• How did our investments enhance integrated services across HIV, TB and malaria and beyond?• How did our investments improve quality of care?• How did we advance the systems that matter for HIV, TB and malaria and PPR outcomes?

- Measure direct outcome/s of investments, and shift focus closer to lives saved.
- Measure progress on all RSSH-PPR related strategic objectives.

RSSH: Critical Approaches

HIV, TB and Malaria Program Essentials

The Global Fund has articulated a series of **program essentials for HIV, TB and malaria** which specify the characteristics of evidence-based interventions supported by the Global Fund. Investments in the health system should enable these interventions.



RSSH Critical Approaches

The Global Fund has identified **critical approaches for RSSH** to support investments in 3 areas: **human resources for health, health products management systems and national laboratory systems**.

The critical approaches set out specifications for RSSH interventions supported by the Global Fund. The aim is to drive uptake and adoption of evidence-based recommendations and best practice for health system strengthening.

Adherence to these critical approaches will help design, plan, develop and ensure that RSSH interventions delivered by Global Fund-supported programs are set up to achieve the maximum impact.

They are 'lighter touch' than the program essentials in terms of operationalization.

RSSH: Human Resources for Health (HRH) and Quality of Care

Key messages

Countries are encouraged to support HRH and quality of care, aligned to new strategic direction:

- Catalyze HRH development in an **evidence-based and sustainable manner**
- Update approach to HRH and quality of care by gradually moving away from:
 - short-term salary support → remuneration based on **HRH strategic planning**; scale up workforce development, especially primary care teams, including CHWs (all types)
 - one-off in-service training → quality **supportive supervision** using data for **improvement** + training
- Focus on HRH planning, management and governance; HRH analysis and policy reform to optimize deployment and skills mix; prioritize evidence-based interventions.
- Apply these updates to entire workforce, including CHWs



Critical approaches guide this strategic shift.

Main areas supported:

- ✓ HRH planning, management and governance, including for CHWs.
- ✓ Education and production of new health workers, including CHWs
- ✓ Recruitment, remuneration and deployment of new and existing HRH, including CHWs
- ✓ Interventions to improve health workers' performance, including for CHWs i.e:
 - ✓ In-service training
 - ✓ Integrated supportive supervision (**NEW**)
 - ✓ Quality improvement and capacity building for quality of care (**NEW**)

RSSH: Health Product Management (HPM) Systems

Key Messages

Countries are encouraged to support HPM systems, aligned to evolving strategic direction:

- Emphasize **effective, integrated and sustainable HPM systems** to deliver uninterrupted availability of health products.
- Focus on **equitable access to quality-assured existing and new health products** (HPs)
- Promote **ethical, environmentally sustainable and transparent procurement practices** that comply with public procurement standards and Global Fund's **value for money** framework, including waste management considerations.
- Strengthen country capacity to accelerate the **equitable deployment of and access to innovations**.

 **Critical approaches** guide this strategic shift.

Main areas supported:

- ✓ Policy, strategy and governance and coordination of national HPM systems
- ✓ Planning, storage and distribution capacity, design, and operations (incl. outsourcing)
- ✓ Health product information system implementation and use
- ✓ Planning and procurement capacity for health products
- ✓ National regulatory and quality assurance systems
- ✓ Avoidance, reduction and management of healthcare waste
- ✓ Integrated national laboratory system strengthening (*elaborated further in Lab slides and requested using lab modules)

RSSH: Laboratory Systems Strengthening

Key messages

Countries are encouraged to request support, aligned to new strategic direction:

- Aim is **integrated national laboratory systems** that can meet needs of all diseases. Requires **strong national laboratory leadership and governance structures** to provide coordination and drive integration.
- **Encourage proactive participation** of national laboratory directorates in country dialogue and funding request preparations.
- Focus on **updating workforce policies and implementation** to institutionalize training programs for the next generation of skilled medical laboratory staff.
- Include **investments supporting pandemic preparedness** (for example, support for detection of pathogens which are not HIV, TB or malaria).



Critical approaches guide this strategic shift.

Main areas supported:

- ✓ Governance and leadership
- ✓ HRH for laboratory systems
- ✓ Infrastructure, equipment management systems, supply chains
- ✓ Laboratory information systems
- ✓ Quality management systems for tiered testing networks
- ✓ Specimen transport systems and diagnostic network optimization
- ✓ Laboratory-based surveillance: genomics, next generation sequencing, environmental surveillance, integrated human and animal disease surveillance for zoonoses, One AMR surveillance, innovation and implementation research.

RSSH and Funding Requests

Inclusive country dialogue and robust prioritization are key

Key messages

(1) Ensure Inclusive Country Dialogue

Key stakeholders include: Ministry of Health departments (e.g., National Lab, Human Resources for Health, Community Health, Health Information Directorates), local government, Ministry of Finance, professional accreditation bodies (e.g., Nursing Councils), private sector, *pandemic preparedness partners*.

(2) Consider consolidated RSSH Funding Requests

Countries are encouraged to consolidate the RSSH request and include it in first submitted funding request (within a disease-specific request or as a standalone RSSH request). Single integrated funding request is also encouraged across HIV, TB, malaria and RSSH.

(3) **New** Revised Program Split Process

Countries to indicate the amount for RSSH (including PP) from allocations for HIV, TB and malaria in program split form, and use the **new** 'RSSH priorities and gap analysis' annex to inform program split discussions.

RSSH Priorities and Gap Analysis Annex

Encourages an evidence-based discussion on priorities and gaps

- **Section 1 – Analysis of RSSH priorities.** Identify the top three RSSH priorities for each disease program and explain how investments will address programmatic gaps.
- **Section 2 – Prioritization process**
Explain the approach used for prioritization, explaining rationale for prioritization and alignment with national plans.
- **Section 3 – Funding gap analysis**
For RSSH modules that are the main cost drivers. Countries may use their own format, if preferred.

RSSH: Guiding Questions During Funding Request Development

Applicants should consider what are the:

- RSSH priorities and gaps stemming from the national health sector strategy, national strategic plan for the three diseases and other sub-sectoral strategies?
- RSSH priorities for community-based and community-led service delivery and support systems?
- Key RSSH risks to HIV, TB and malaria program delivery, including their quality and sustainability? How will the identified RSSH priorities address them?
- Missed opportunities for integration, including at service delivery level, that may delivery gains in equity, efficiency and impact for HIV, TB and malaria programs? What are the potential barriers to and risks of integration?
- Interventions for the identified RSSH priorities covered by other sources and what gaps need to be covered by Global Fund funding?
- Lessons learned from TRP recommendations and/or implementation challenges from the previous RSSH investments?

In addition, applicants can consider if:

- Investments in the RSSH priorities more focused on health systems support (i.e., mostly short-term funding of inputs) or on health systems strengthening (i.e., activities that last beyond the funding cycle).
- The results of previous RSSH investments have been monitored and evaluated. What positive results have been achieved and how can these be consolidated?



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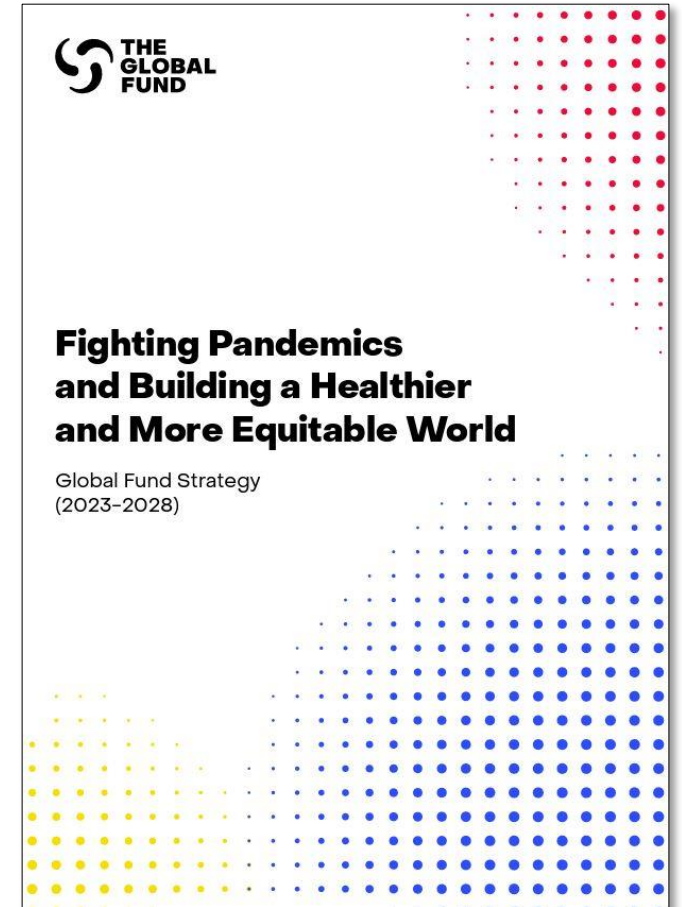
How to Integrate Pandemic Preparedness and Response (PPR) Approaches When Designing RSSH Investments

Pandemic Preparedness is a new, evolving objective in the Global Fund Strategy and primary focus of C19RM extension

Aim: Additional, targeted and measurable investments in pandemic preparedness in GC7 and C19RM, **synergistic with existing and future investments.**

Objectives: Countries successfully deploy funding for pandemic preparedness (PP) in ways that are directed towards International Health Regulations (IHR) capacities e.g., implementation of National Action Plans for Health Security, synergistic with HIV, TB and malaria and RSSH investments, and target specific priority areas of PP (e.g., early warning & community-based surveillance, related lab systems and HRH, IPC & AMR, emergency response management, etc.).

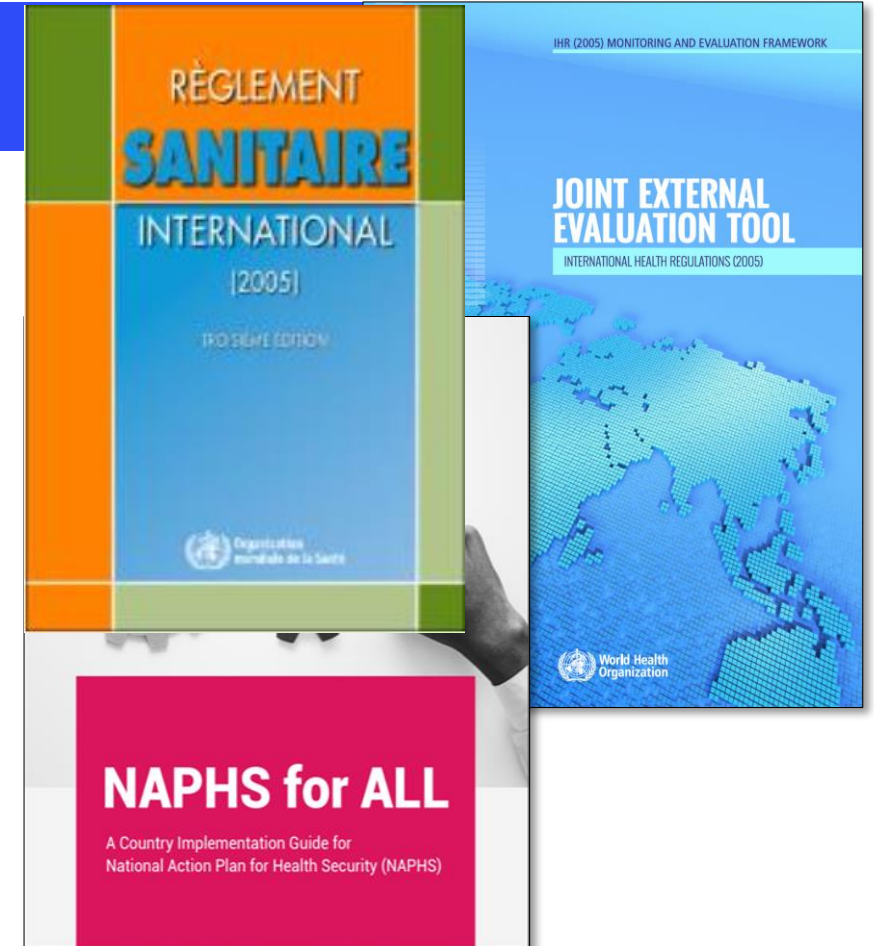
For more information see the [Global Fund's Strategy](#) and the [C19RM Technical Information Note](#). C19RM application materials can be found [here](#).



Pandemic Preparedness is based on the International Health Regulations (IHR)

IHR is a legally binding commitment to pandemic preparedness signed by 196 countries.

- **Technical areas are defined and measured through two key instruments:**
 1. Joint external evaluation (JEE).
 2. State Party self-assessment Annual Reporting (SPAR) tool.
- **Gap analysis leads to development of costed National Action Plans for Health Security (NAPHS):**
 - NAPHS are multi-sectoral and prioritized plans for intervention.
 - Directed by the National IHR Focal Point.

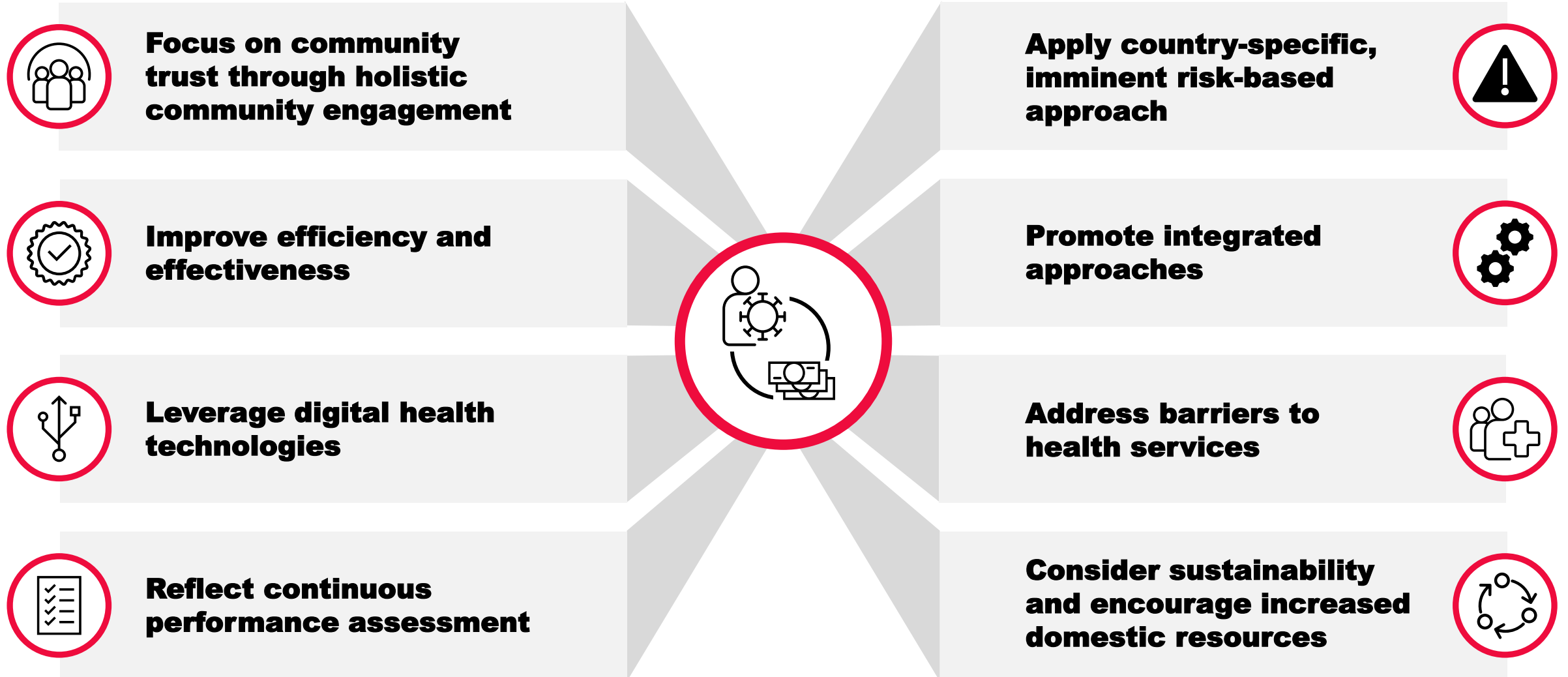


Map of PPR/JEE Interventions Relating to RSSH Investments

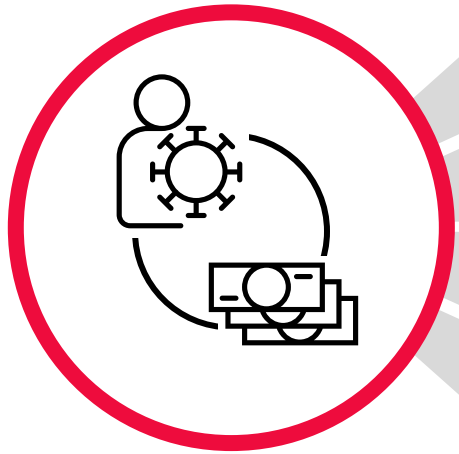
	RSSH-PPR Program Category	WHO Joint External Evaluation/Benchmark Interventions
1	Health Sector Planning and Governance	Legal Instruments (P.1.1); National IHR Focal Point functions (P.3.1); Multisectoral coordination mechanisms (P.3.2); Strategic planning for IHR preparedness or health security (P.3.3); Multisectoral coordination on AMR (P.4.1); Emergency risk assessment and readiness (R.1.1); Public Health Emergency Operations Center (PHEOC) (R.1.2); Management of health emergency response (R.1.3).
2	Health Financing and Financial Management Systems	Financial Resources for IHR Implementation (P.2.1); Financial Resources for Public Health Emergency Response (P.2.2).
3	Community Systems and Responses	Gender equality in health emergencies (P.1.2); Risk Communication and Community Engagement (CCE) system for emergencies (R.5.1); Risk communication (RC) (R.5.2); Community engagement (R.5.3).
4	Monitoring and Evaluation Systems/Surveillance for priority epidemic-prone diseases and events	Surveillance of AMR (P.4.2); Surveillance of zoonotic diseases (P.5.1); Response to zoonotic diseases (P.5.2); Early warning surveillance function (D.2.1); Event verification and investigation (D.2.2); Analysis and information sharing (D.2.3); Health Care Acquired Infection (HCAI) surveillance (R.4.2); Prevention of Multi-Drug Resistant Organism (MDRO) (P.4.3); Public health response at points of entry (PoE.2).
5	Human Resources for Health and Quality of Care	Multisectoral workforce strategy (D.3.1); Human resources for implementation of IHR (D.3.2); Workforce training – Field Epidemiology Training Programs (D.3.3); Workforce surge during a public health event (D.3.4); Activation and coordination of health personnel in a public health emergency (R.1.4).
6	Health Product Management Systems	Emergency logistic and supply chain management (R.1.5).
7	Laboratory Systems Strengthening	Specimen referral and transport system (D.1.1); Laboratory quality system (D.1.2); Laboratory testing capacity modalities (D.1.3); Effective national diagnostic network (D.1.4); Biosafety and biosecurity system is in place for human animal and agriculture facilities (P.7.1); Biosafety and biosecurity training and practices in all relevant sectors (including human animal and agriculture) (P.7.2).
8	Medical Oxygen and Respiratory Care	Case management (R.3.1); Utilization of health services (R.3.2); Continuity of essential health services (EHS) (R.3.3); IPC programs (R.4.1); Safe environment in health facilities (R.4.3); Optimal use of antimicrobial medicines in human health (P.4.4).

Note: The Joint External Evaluation (JEE) tool is a monitoring and evaluation mechanism that was developed in 2016 within the World Health Organization (WHO)'s International Health Regulations (IHR) framework. The JEE examines capacities across 19 technical areas to establish a baseline assessment, enabling countries to have a greater understanding of their gaps and weaknesses in health security, so they can focus efforts to improve in these areas. Read more: <https://www.cdc.gov/globalhealth/healthprotection/stories/global-jee-process.html>

8 Guiding Principles for Investing in Pandemic Preparedness



Guiding Principles for Investing in Pandemic Preparedness (1/2)



Focus on community trust through holistic community engagement

Improve PP by including communities in the preparedness enterprise, including country governance.



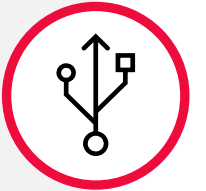
Improve efficiency and effectiveness

Contribute to making health systems more efficient and effective and improve delivery of high-quality health services.



Leverage digital health technologies

Based on health information exchange and interoperability standards, make use of emerging digital health platforms and tools to improve countries' health information systems and related surveillance functions.

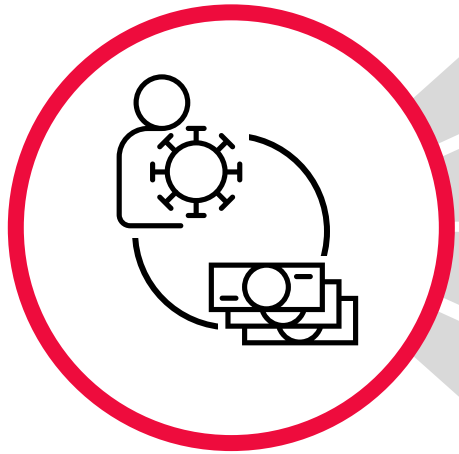


Reflect continuous performance assessment

In addition to Joint External Evaluations, use Intra-Action Reviews (IARs), After-Action Reviews (AARs), Simulation Exercises (SimEx), and novel timeliness metrics e.g., "7-1-7", to pressure test readiness capacities and inform investment priorities.



Guiding Principles for Investing in Pandemic Preparedness (2/2)



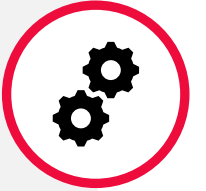
Apply country-specific, imminent risk-based approach

Based on Intra-Action Reviews (IARs), After-Action Reviews (AARs), Simulation Exercises (SimEx), and infectious disease surveillance data, align with ongoing country-level efforts e.g., NAHPS, and harmonize with partner initiatives.



Promote integrated approaches

Improve efficiency through integration. Identify opportunities for integration across disease control programs at all levels of the health system, including governance, health financing, health systems management and service delivery.



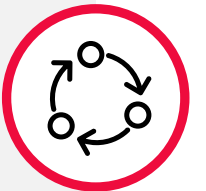
Address barriers to health services

This includes human rights and gender-related barriers and inequities that limit access to Primary Health Care (PHC) services, including at community level. Pandemic responses often exacerbate gender inequalities and should be addressed in PP strategic and operational plans.



Consider sustainability and encourage increased domestic resources

Invest in activities that improve sustainability and use a differentiated approach reflecting country context. Stimulate domestic investments in PP via data-driven and targeted investments cases and advocacy strategies.



Key Questions for Engagement with National IHR Focal Points, NPHI and/or PHEOC* Managers



- If there is a national IHR focal point, where are they located e.g., President's Office, Prime Minister's Office?
- Is there a National Public Health Institute (NPHI)?
- If not, does the Ministry of Health have a unit responsible for IHR* and NAPHS* implementation?
- Is there a national PHEOC and, if so, where is it located e.g., NPHI, MOH?
- Has there been a joint external evaluation (JEE) in the past five years? Is a JEE planned?
- Is there a process for NAPHS annual operational planning?
- Have there been recent Intra-action reviews of COVID-19 response, After-action reviews of other outbreaks, or Simulation exercises related to essential response functions?
- Who are they main technical and donor partners for IHR/NAPHS implementation?
- How are civil society, communities, and non-state actors represented in IHR/NAPHS operational planning processes?

***PHEOC**: Public Health Emergency Operations Center – **IHR**: International Health Regulation – **NAPHS**: National Action Plan for Health Security

Guiding Principles for Surveillance

Focus on strengthening of **country Early Warning Surveillance and response** capabilities to improve timeliness and quality of detection of and response to outbreaks and epidemics - as defined in IHR/JEE/NAPHS. EWS is indicator- and event-based surveillance.

Emphasize holistic (End-to-End) surveillance investment linkages to Lab, data systems, workforce/FETP* & CHW*/community-based surveillance.

Consider **integrated planning** e.g., NAPHS, Pandemic influenza Preparedness, Ebola, cholera, AMR*, digital health, HIV, TB and malaria surveillance, etc.

Enable optimal implementation with rapid and sustainable progress in preparedness efforts to detect and prevent outbreaks and the next pandemic.

Particularly important to consider donor financing landscape e.g., Pandemic Fund.

*FETP: Field Epidemiology Training Program – CHW: Community health workers – AMR: Antimicrobial resistance

Key Questions for Engagement with National Epidemiologic Surveillance Managers



- Where is the Epidemiologic Surveillance unit located, in the MOH or NPHI?
- How is this unit engaged with IHR/NAPHS implementation, i.e., through working groups, other coordination bodies?
- Is there a national surveillance and/or surveillance system strengthening strategy for notifiable communicable diseases?
- Are there national disease surveillance guidelines e.g., IDSR?
- Are there relevant pathogen-specific surveillance strategies or plans (in addition to HIV, TB, and malaria), e.g., Pandemic Influenza Plans, Ebola/Viral Hemorrhagic Fever (VHF), zoonotic disease/One Health, etc.
- Have there been Intra-action reviews of COVID-19 epidemiologic surveillance (including rapid response, contact tracing, 7-1-7, etc.), after-action reviews of early warning and rapid response to other outbreaks, and/or simulation exercises related to essential early warning and rapid response functions?
- Who are the key Surveillance technical and donor partners?

Guiding Principles for IPC/AMR

Focus beyond PPE, on IPC* program strengthening including protecting health workers/ health worker safety.

Leverage longstanding critical role of IPC* for TB prevention, as already in TB Modular Framework.

Reference national **IPC strategies**, **AMR Roadmaps** and **JEE/NAPHS operational priorities**.

Consider many **AMR opportunities** within Lab, Workforce, and Surveillance domains.

*IPC: Infection prevention and Control

Key Questions for Engagement with Infection Prevention and Control & Antimicrobial Resistance Managers



- Are there national IPC and/or AMR focal points? If so, where are they located e.g., NPHI, MOH?
- Is there a current IPC and/or AMR strategy, plan/roadmap?
- Is there a national One Health strategy, plan/roadmap?
- Is IPC/AMR reflected in the IHR/NAPHS implementation plan?
- Are there IPC/AMR working groups, and where are they located?
- Have there been recent IAR, AAR*, and/or Simex related to IPC in the context of COVID-19 response and/or other outbreaks, e.g., Ebola.

*AAR: After action review

Guiding Principles for HRH – CHWs in Early Warning Surveillance (EWS)

Health care services, in particular primary health care, at both **facility** (both and private) and **community levels** are fundamental to effective EWS.

Key to success is **improving workforce capabilities** at sub-national level and national levels for data analyses and interpretation (including event triage and verification).

Specialized cadres such as field epidemiologists (both as part of routine analysis and interpretation for EWS, and as part of rapid response) are also vital.

In EWS, **community-based surveillance** should be developed and implemented deliberately so as not to overwhelm response capacities (see IDSR CBS Annex).

Surveillance cadres should be reflected **within national health and public health workforce strategies**, within NPHIs (e.g., FETP programs) and domestic resource mobilization efforts.

Key Questions for Engagement with Public Health & Pandemic Workforce Managers



- Is there a national field epidemiology training program (FETP)?
- If so, where is the FETP located e.g., where in the NPHI, MOH and/or School of Public Health?
- Is FETP included within the current IHR/NAPHS implementation plan?
- Is FETP reflected in the national Health Workforce Strategy/Roadmap or operational plan?
- Is there domestic financing of FETP?
- Who are the main technical and donor partners in FETP implementation e.g. AFENET?

Guiding Principles for Medical Oxygen and Respiratory Care

Emphasize operationalization of existing PSA plant investments. Still a relatively immature health sub-sector. C19RM 2021 investments (US\$600 million heavily favored bulk O2 infrastructure).

Shift focus to site readiness, installation and implementation, as well as medium and longer-term **ecosystem strengthening** (although still focused on procurement given complexity and delays).

Consider key areas of focus in C19RM and GC7:

- Integration of **oxygen delivery** across national and subnational policies, plans and guidelines.
- Clinical recommendations for the **management of hypoxia with oxygen therapy**.
- Selection, installation and maintenance of **oxygen technologies and supplies** with clear **regulations and standards**.
- Monitoring and evaluation integrated into routine tools for **clinical surveillance**.

Key Questions for Engagement with Medical Oxygen and Respiratory Care Managers



- Is there a Medical Oxygen and Respiratory Care (MO/RC) Department/Unit and/or technical focal point in the MOH?
 - This could also be within a general Case Management or Clinical Services unit.
- Is there a current national strategy, operational plan, and/or roadmap for strengthening MO/RC capacity?
- If so, was this plan/roadmap based on a recent assessment of gaps/needs?
- Is there a Case Management Working Group within the COVID-19 response coordination body (if still functional) or within the IHR/NAPHS governance body?
- Is MO/RC reflected in either NAPHS and/or respiratory pathogen-specific preparedness plans, e.g., Pandemic Influenza Plan?
- Are relevant Engineering cadres included in pre-service and in-service health workforce plans?
- Who are the main technical and donor partners for MO/RC?

Guiding Principles for T&T

Reflect challenges of pandemic context for deployment of related **Tx countermeasures**.

Emphasize **Surge Preparedness** based on ability to rapidly deploy **integrated T&T service models with oral antivirals** in the event of VOC, future surge.

Consider generics as currently available for both **oral antivirals**.

Remember Ag RDTs can be justified investments where firmly linked to T&T pilots or phased implementation per above.

Guiding Principles for Laboratory in Early Warning Surveillance


Ensure timely and quality laboratory diagnostics linked to surveillance - essential to early warning surveillance.

Consider sustainable specimen transport systems linked to public health surveillance.

Promote lab-based surveillance within a comprehensive **epidemiologic surveillance strategy**.

Data from next-generation genomic sequencing & waste-water surveillance can contribute to early warning surveillance if implemented correctly.

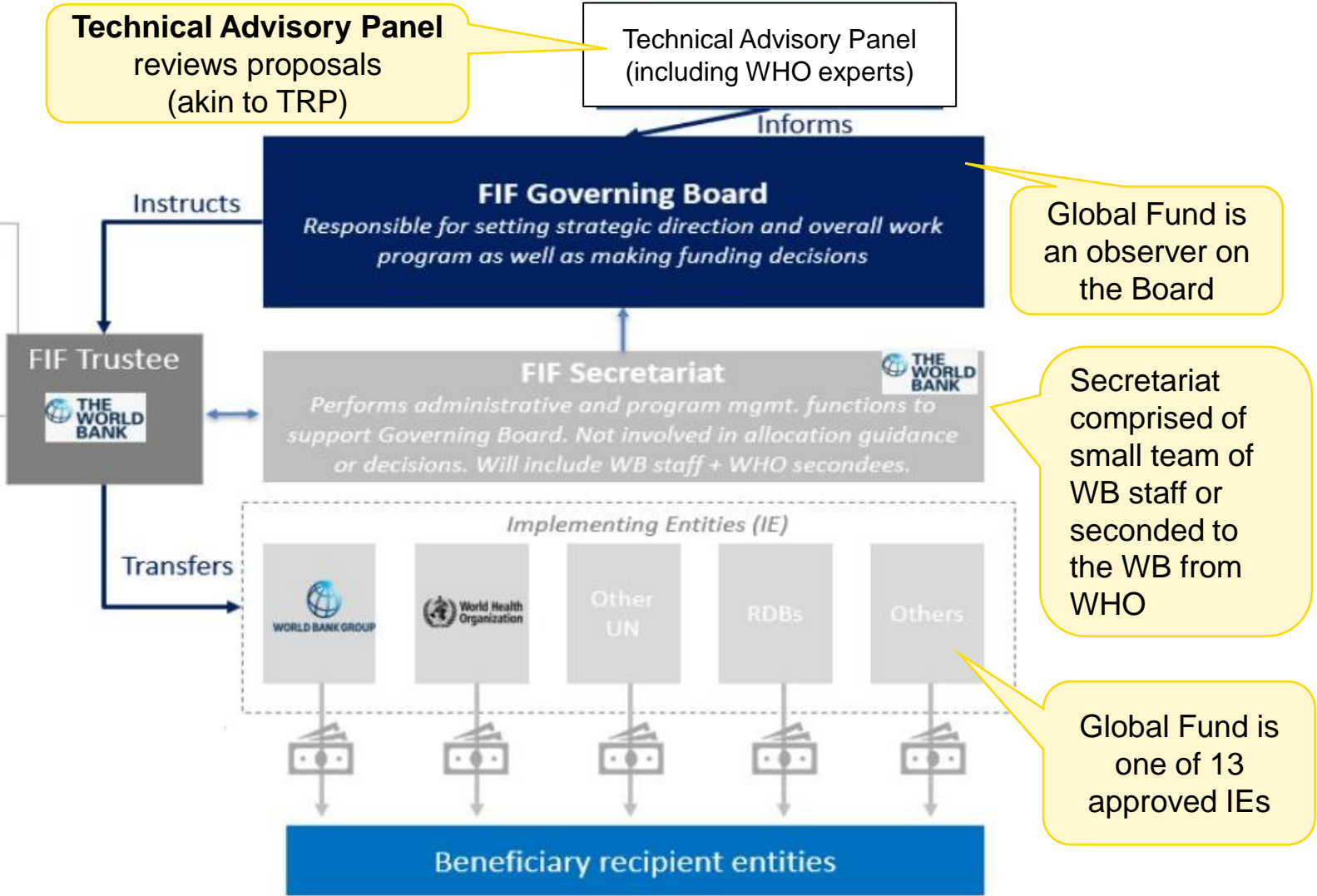
The Pandemic Fund was launched in September 2022 and launched its first Call for Proposals on 3 March 2023



The Pandemic Fund

FOR A RESILIENT WORLD

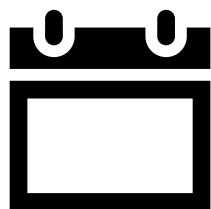
Aims to provide **grant financing** for projects that seek to strengthen PPR functions; to **support and reinforce capacity building and implementation of pandemic PPR under the International Health Regulations (IHR) (2005)**



The Pandemic Fund's First Call for Proposals (CfP) *Knowns*



~**US\$300 million** available for investment in **Laboratory, Surveillance, and Human Resources** through a competitive process, co-financing requirements



Timeline
CfP opened on **3 March** and closes **19 May**

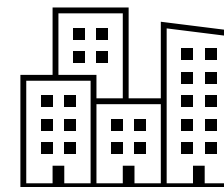
Highly aligned with areas of investment under C19RM and GC7 (see next slide)



All countries eligible to receive financing from IDA and IRBD are eligible, plus regional entities



Proposals may be submitted by eligible countries, regional entities, or **IEs** – as single-country, **multicountry**, and/or regional entity proposals



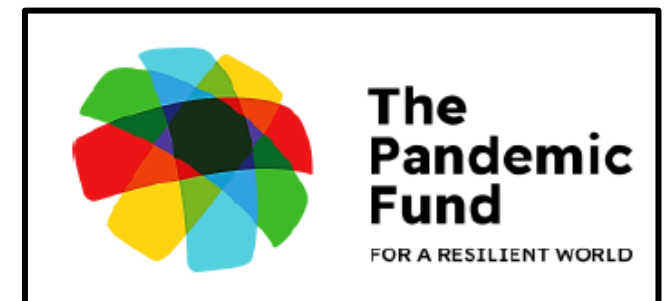
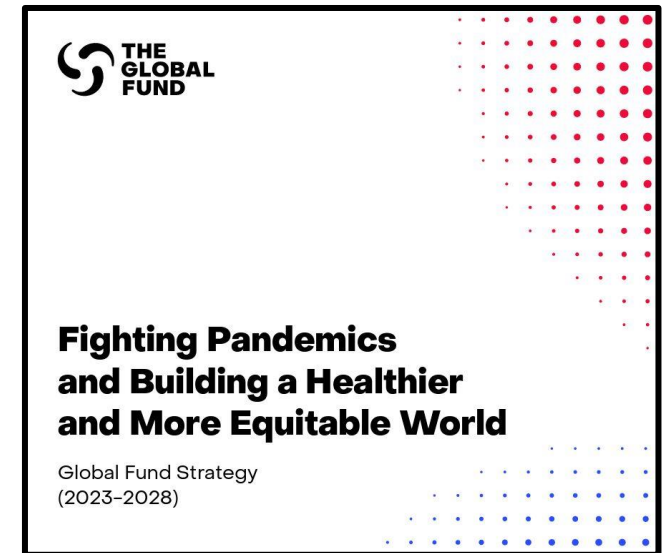
Each proposal must identify at least one IE to channel financing



Investments must be in line with JEE indicators¹, National Action Plans for Health Security (NAPHS), and related plans, as applicable, and with Pandemic Fund's Results Framework

The Pandemic Fund and the Global Fund

- First Call for Proposals coincides with GC7 and C19RM PO2 FR development.
- Countries can indicate interest in being considered for funding through the Pandemic Fund with the Global Fund as an “Implementing Entity”, on the first page of the [Funding Request](#) form for C19RM additional funding (alternatively, countries could indicate interest by 28 February through an EOI to the Pandemic Fund).
- An approved C19RM Funding Request may be considered as part of a proposal from the Global Fund to the Pandemic Fund.
- The basis on which the Global Fund is able and willing to act as an “Implementing Entity” has yet to be determined by the Global Fund Board, and will be determined, in large part, by the extent to which the Pandemic Fund’s requirements can be accommodated within existing Global Fund processes and without compromising key principles.
- The Pandemic Fund is expected to announce successful proposals by July 2023.



Thank you!



The Global Fund to Fight
AIDS, Tuberculosis and Malaria

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Annexes

- **Key Messages for Country Dialogue Involving PPR Stakeholders**
- **Annex A: Background information on SPAR and Global Fund interventions for Pandemic Preparedness in the updated Modular Framework**
- **Annex B: Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR)**
- **Annex C: Laboratory Systems Strengthening in more detail; Waste Management**
- **Annex D: More detailed information on RSSH and PPR Investment Approaches**



Key Messages for Country Dialogue Involving PPR Stakeholders



Applicants are strongly encouraged to perform a robust needs assessment and gap analysis of the relevant aspects of the health system, using data to investigate systems-related bottlenecks common to national disease programs. Assess how RSSH investments can help resolve them.

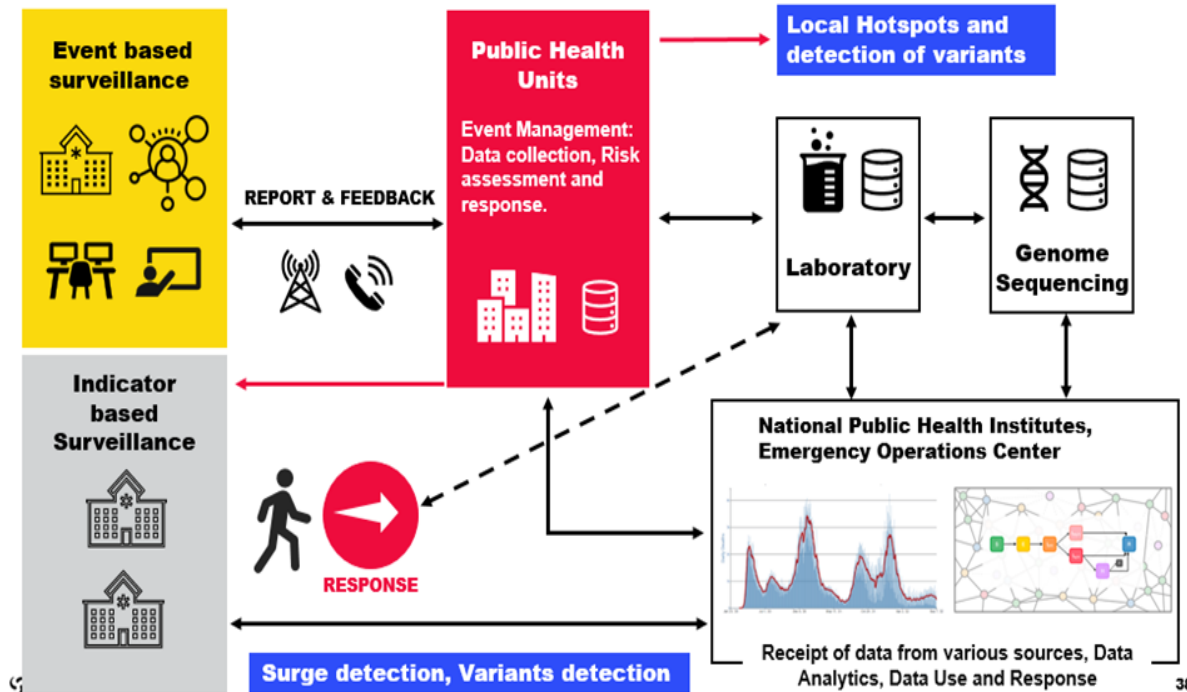
Governance	Program Split	Define Priorities	Invest Holistically
Ensure that country governance structures, processes, and convenings are fit-for-purpose, including leadership by health sector PP authorities overseeing health emergency response, IHR commitments, JEE and NAPHS implementation, and inclusive, participatory and representative of all constituencies.	<ul style="list-style-type: none">• Discuss the program split for HIV, TB and malaria, and earmark an amount for RSSH/PP from each disease.• Consider PP investments in HRH, surveillance, M&E and laboratory systems.	Define operational priorities based on the Benchmarks for IHR capacities and informed by recent IAR/AAR/SimEx and other functional assessment tools.	Discuss opportunities for investing in the same or similar RSSH-PP technical domains, e.g., Lab investments from RSSH-HTM should be considered simultaneously with PP multi-pathogen, notifiable disease investments with reference to holistic lab system plans and priorities.

RSSH Pandemic Preparedness consideration:

End-to-End Surveillance

Countries are encouraged to support end-to-end surveillance

End to End Surveillance and Response



Main areas supported:

- ✓ Health Facility and Community Surveillance
- ✓ Data systems and Data use
- ✓ Laboratory Systems
- ✓ Outbreak detection and response
- ✓ Staffing
- ✓ Capacity building of local authorities

RSSH Pandemic Preparedness consideration:

Infection Prevention and Control (IPC)

Countries are encouraged to support IPC program strengthening

- **Aim** is for strong national, subnational, and facility programs that **engage in active prevention programs to reduce TB, COVID, and other priorities** in healthcare.
- This requires **engagement of IPC stakeholders** in country to **collaboratively develop national plans, guidelines, and frameworks**.

Main areas supported:

- Strengthen national, subnational, and facility IPC programs.
- Development and dissemination of strategies and guidelines.
- Implementation of guidelines, including training, supportive supervision, quality assurance/ quality improvement.
- Preparedness and readiness that impacts TB prevention, including installation of triage points for all health centers, isolation capacity at facility or regional levels considering ventilation or other needs.
- Healthcare associated infection surveillance and outbreak response and prevention.

RSSH Pandemic Preparedness consideration:

Antimicrobial Resistance (AMR)

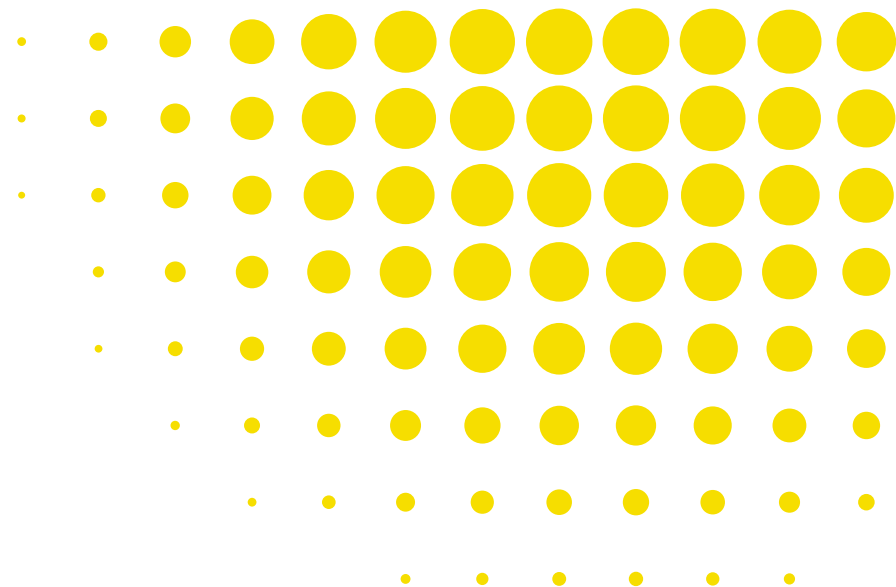
Countries are encouraged to support AMR detection and surveillance

Key areas:

- Strengthen microbiology laboratories for bacteria and fungi at facility and national reference level, including development/ strengthening of EQA programs, phenotypic, genotypic, and next-generation sequencing capacity.
- Longitudinal surveillance/ biorepository to track and document emerging resistant genotypes.
- Surveillance of bloodstream infections/ AMR to inform practical decision-making, including antibiograms or treatment guidelines.
- Early warning detection of key resistant pathogens such as multi-drug resistant organisms, and related response and prevention activities.

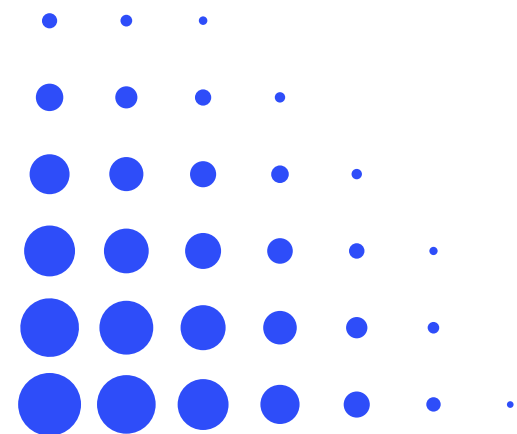
Main areas supported:

- ✓ Laboratories: staffing, equipment, reagents and other consumables (including Xpert Carba-R cartridge), training, EQA programs, specimen repository and associated expenses, bioinformatics.
- ✓ Surveillance: staffing, equipment, IT systems, training, consultants.



Annex A

Background information on SPAR and Global Fund interventions for Pandemic Preparedness in the updated Modular Framework



Background on SPAR indicators selected for KPIs

- State Parties self-assessment annual reporting (SPAR) are reported on an annual basis for the purpose of monitoring progress towards implementation of IHR core capacities
- Scored on an annual basis on a scale of 1-5 with 5 being the highest

Code new code (old code)	Indicator
C4.4 (C.5.3)	Laboratory testing capacity modalities. Range from 1-5 with 5 being: Laboratory system can perform in all capacities including access to whole genome sequencing; identification of unknown and high consequence pathogens and has access to viral culture. Laboratory networks configured to support all diagnostic services that are integrated are sustainable, with maximum population coverage, and exercised, reviewed, evaluated and updated on a regular basis as applicable.
C5.1 (C.6.1)	Early warning surveillance function. Range from 1 to 5 with 5 being: National guidelines and/or SOPs for surveillance have been developed and implemented at national, intermediate and local levels; and the system is exercised (as applicable), reviewed, evaluated and updated on a regular basis, with improvement at all levels in the country.
C6.1 (C.7.1)	Human resources for implementation of IHR. Range from 1-5 with 5 being: Country has documented policies or procedures for sustainable appropriate human resources in all relevant sectors to detect, assess, notify, report and respond to events according to IHR provisions, that are exercised (as applicable), reviewed, evaluated and updated on a regular basis and country may assist other countries in planning and developing human resources for IHR implementation, to the extent possible.

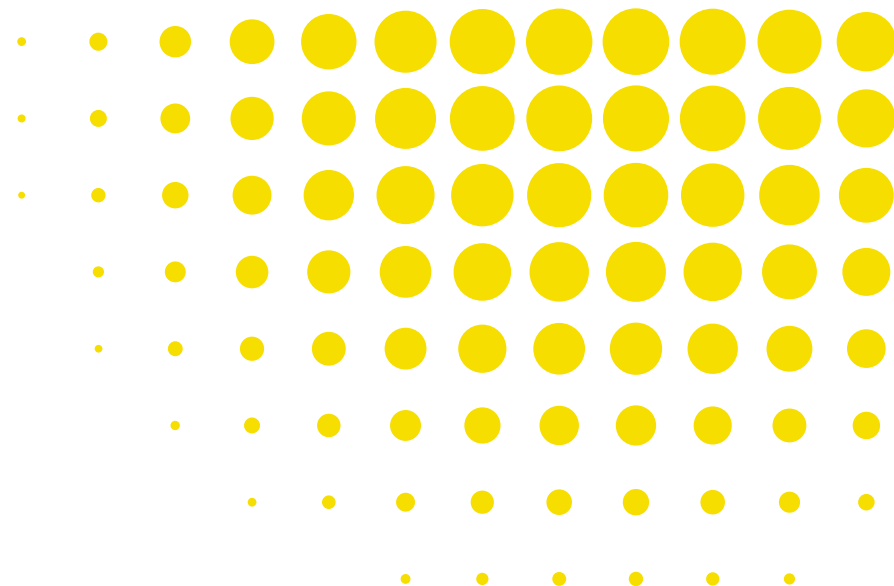
- As presented in the updated [Modular Framework](#), applicants are eligible in the next funding cycle to use HIV, TB and malaria funds to invest in building capacities in areas relevant to these 3 SPAR domains (see next slides).

New RSSH/PP Modules in the Updated Modular Framework Mapped to relevant JEE/ SPAR technical domains (1/2)

GF PP/RSSH Intervention	JEE Domain	SPAR Domain
RSSH/PP: National laboratory governance and management structures	D1.4. Effective national diagnostic network	C4.5 Effective national diagnostic network
RSSH/PP: Quality management systems and accreditation	D1.2. Laboratory quality system	C4.3 Laboratory quality system
RSSH/PP: Laboratory Information Systems	--	--
RSSH/PP: Network optimization and geospatial analysis	D1.3. Laboratory testing capacity modalities	C4.4 Laboratory testing capacity modalities
RSSH/PP: Laboratory-based surveillance	D1.3. Laboratory testing capacity modalities P4.2. Surveillance of AMR P6.1. Surveillance of foodborne diseases and contamination	C4.4 Laboratory testing capacity modalities C9.2 on IPC/HCAI surveillance
RSSH/PP: Laboratory supply chain systems	D1.4. Effective national diagnostic network	C4.5 Effective national diagnostic network
RSSH/PP: Specimen referral and transport system	D1.1 Specimen referral and transport system	C4.1 Specimen referral and transport system
RSSH/PP: Biosafety and biosecurity, infrastructure and equipment	P7.1. Whole-of-government biosafety and biosecurity system is in place for human, animal and agriculture facilities P7.2. Biosafety and biosecurity training and practices in all relevant sectors (including human, animal and agriculture)	C4.2 Implementation of a laboratory biosafety and biosecurity regime
RSSH/PP: Bulk oxygen supply	--	--
RSSH/PP: Oxygen distribution and storage	--	--
RSSH/PP: Oxygen delivery and respiratory care	--	--
RSSH/PP: Oxygen support stems	--	--
RSSH/PP: Surveillance for priority epidemic-prone diseases and events	D2.1. Early warning surveillance function D2.2. Event verification and investigation D2.3. Analysis and information sharing	C5.1 Early warning surveillance function C5.2 Event management

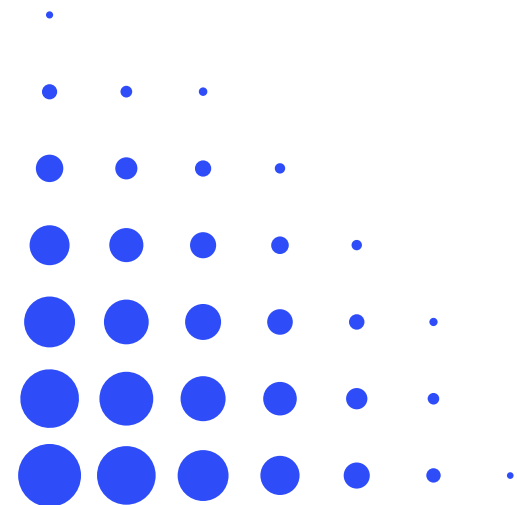
New RSSH/PP Modules in the Updated Modular Framework Mapped to relevant JEE/ SPAR technical domains (2/2)

GF PP/RSSH Intervention	JEE Domain	SPAR Domain
RSSH/PP: HRH planning, management and governance including for community health workers (CHWs)	D3.1. Multisectoral workforce strategy	C6.1 Human resources for implementation of IHR C6.2 Workforce surge during a public health threat
RSSH/PP: Education and production of new health workers (excluding community health workers)	D3.3. Workforce training	C6.1 Human resources for implementation of IHR C6.2 Workforce surge during a public health threat
RSSH/PP: Remuneration and deployment of existing/new staff (excluding community health workers)	D3.4. Workforce surge during a public health event	C6.1 Human resources for implementation of IHR C6.2 Workforce surge during a public health threat
RSSH/PP: In-service training (excluding community health workers)	D3.3. Workforce training	C6.1 Human resources for implementation of IHR C6.2 Workforce surge during a public health threat
RSSH/PP: Integrated supportive supervision for health workers (excluding CHWs)	D3.2. Human resources for implementation of IHR	C6.1 Human resources for implementation of IHR
RSSH/PP: Quality improvement and capacity building for quality of care	D3.2. Human resources for implementation of IHR	C6.1 Human resources for implementation of IHR
RSSH/PP: Community health workers: selection, pre-service training and certification	D3.3. Workforce training	C6.1 Human resources for implementation of IHR
RSSH/PP: Community health workers: contracting, remuneration and retention	D3.2. Human resources for implementation of IHR	C6.1 Human resources for implementation of IHR
RSSH/PP: Community health workers: In-service training	D3.3. Workforce training	C6.1 Human resources for implementation of IHR
RSSH/PP: Community health workers: Integrated supportive supervision	D3.2. Human resources for implementation of IHR	C6.1 Human resources for implementation of IHR



Annex B

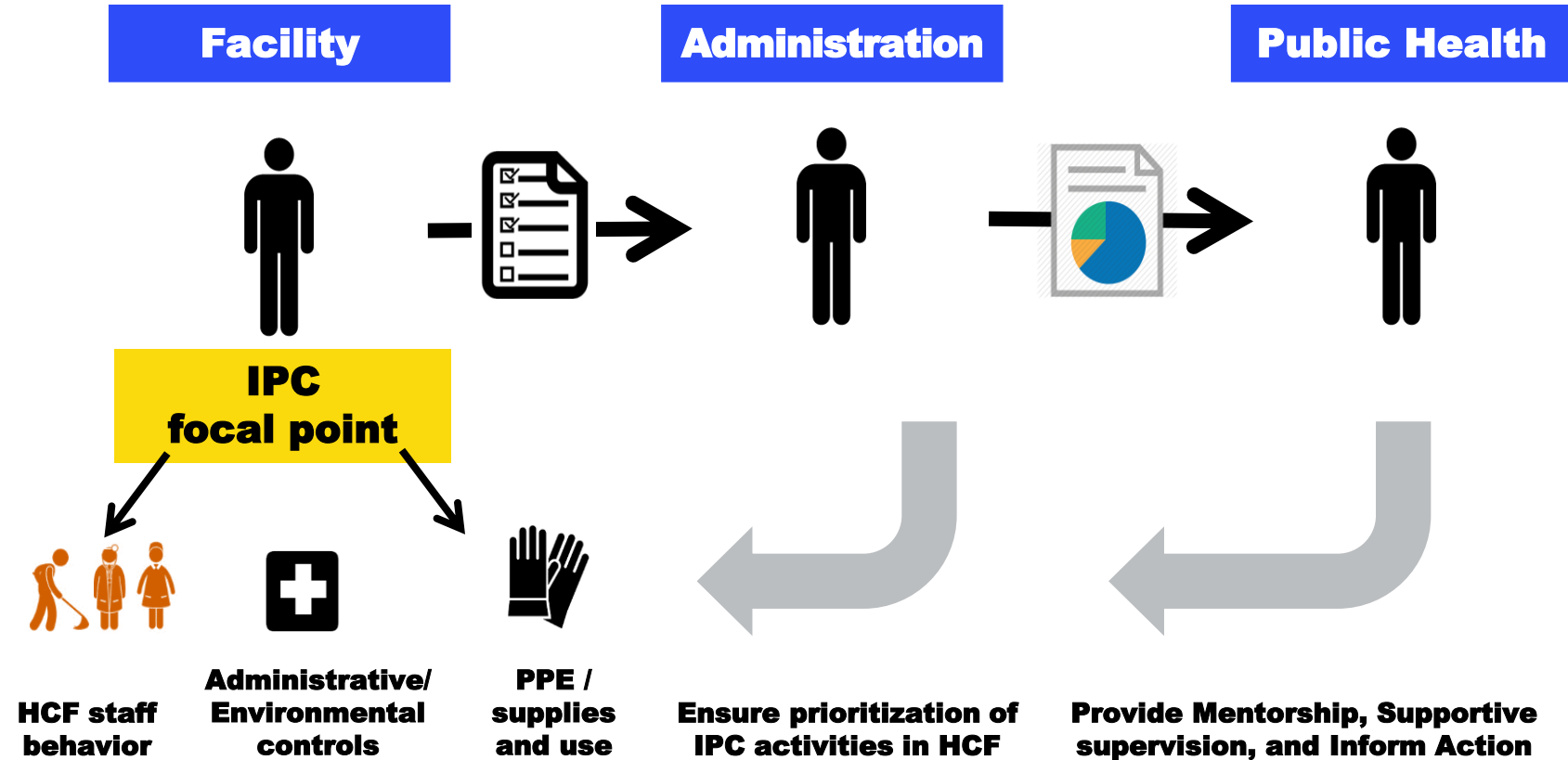
Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR)



IPC is a Clinical and Public Health Specialty

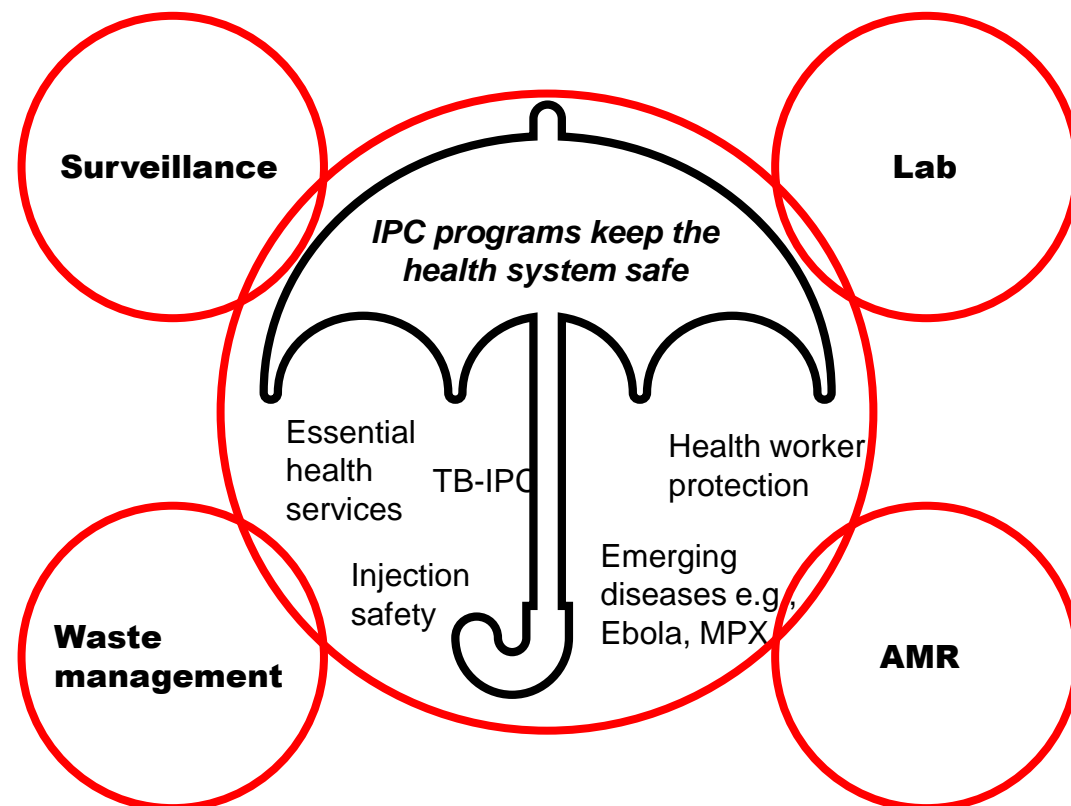
IPC is a specialized program requiring:

- Technical expertise and experience at national, sub-national, and facility levels.
- Program implementation approaches with monitoring and quality improvement.
- Policies, budget, and buy-in at high levels.
- Sufficient and correct use of commodities.



IPC strengthens health systems and improves TB prevention

- COVID-19 pandemic: early focus on protecting health workers through PPE and health products (US\$600 million via C19RM)
- Opportunity now to strengthen IPC programs:
 - Improve health system resiliency and ensure maintenance of health services.
 - Impact TB prevention, since IPC program strengthening is a cornerstone for TB prevention and a recommended activity.



IPC program strengthening is a key TB prevention strategy and part of the TB modular framework

- Develop and implement appropriate airborne infection prevention and control measures across all levels of the health care delivery system, in congregate settings and at the community level. TB-IPC programs should be part of the wider health system effort to prevent transmission of infections at the health facility and community level.
- Ensure administrative controls are in place and followed to protect health care workers and patients attending health facilities, environmental measures provide a safe working environment and adequate personal protective equipment (PPE) are available and properly used by health care workers and patients.

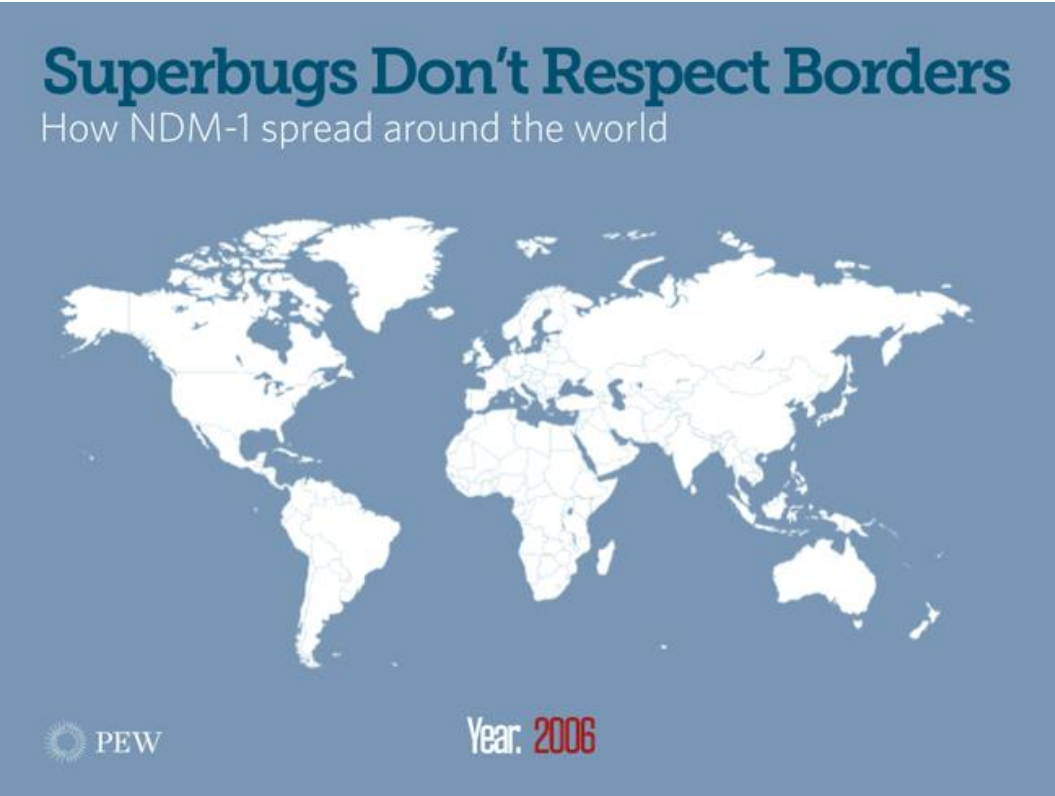
Module	Intervention	Scope and Description of Intervention Package - Illustrative List of Activities
TB/DR-TB Prevention	Infection prevention and control (IPC)	Activities related to airborne infection prevention and control including implementation administrative, environmental, and personal protection measures. For example: <ul style="list-style-type: none">• Setting up cough triage, Germicidal UV systems, ventilation systems (mechanical, natural, and mixed), particulate respirators, personal protection measures.• Procurement and renovation of tools for IPC including infrastructure changes and consumables required at the health facility setting, such as for TB/DR-TB lab, ward, clinic.• Training, supportive supervision, and capacity building on IPC.

RSSH/PP Human Resources for Health (HRH) Modules:

- **Planning, education, in-service training, supportive supervision, quality improvement activities**

Why is AMR a Pandemic Preparedness Issue?

Extensively drug resistant bacteria are spreading



Notes from the Field

Pan-Resistant New Delhi Metallo-Beta-Lactamase-Producing *Klebsiella pneumoniae* — Washoe County, Nevada, 2016

Lei Chen, PhD¹; Randall Todd, DrPH¹; Julia Kiehlbauch, PhD^{2,3}; Maroya Walters, PhD⁴; Alexander Kallen, MD⁴

MMWR Morb Mortal Wkly Rep. 2017 Jan 13; 66(1): 33.
Published online 2017 Jan 13. doi:
10.15585/mmwr.mm6601a7

Future Science
OA

The COVID-19 pandemic: a threat to antimicrobial resistance containment

Raspail C Founou^{1,2,3}, Ariel J Blocker^{1,4}, Michel Noubom^{1,5}, Cedrice Tsayem⁶,
Jimbou P Phoukam^{2,7}, Maarten Van Donnen^{1,8} & Louis J Founou^{1,3,9}

Epidemiological Alert

PAHO
Pan American Health Organization
World Health Organization
Regional Office for the Americas

Emergence and increase of new combinations of carbapenemases in Enterobacterales in Latin America and the Caribbean

22 October 2021

Mature frameworks should be leveraged

GLOBAL ACTION PLAN ON ANTIMICROBIAL RESISTANCE

World Health Organization

Health Topics Countries Newsroom Emergencies Data About WHO

Library of AMR national action plans

A library of existing, publicly available national action plans on antimicrobial resistance has been compiled which countries may wish to consult. WHO will update this library regularly as new information becomes available on existing national action plans, and as new plans are published. WHO welcomes any additional information of relevance to existing and newly developed national action plans. Please note that the library contains only those national action plans which have been officially approved.

National Action Plans

WHO Regional Office for Africa

15 November 2022
Benin: National multisectoral action plan against antimicrobial resistance 2019-2024

1 January 2018
Burkina Faso: National multisectoral strategic plan to combat antimicrobial

26 May 2022
Burundi: Multisectoral national action plan against antimicrobial resistance 2020-2023

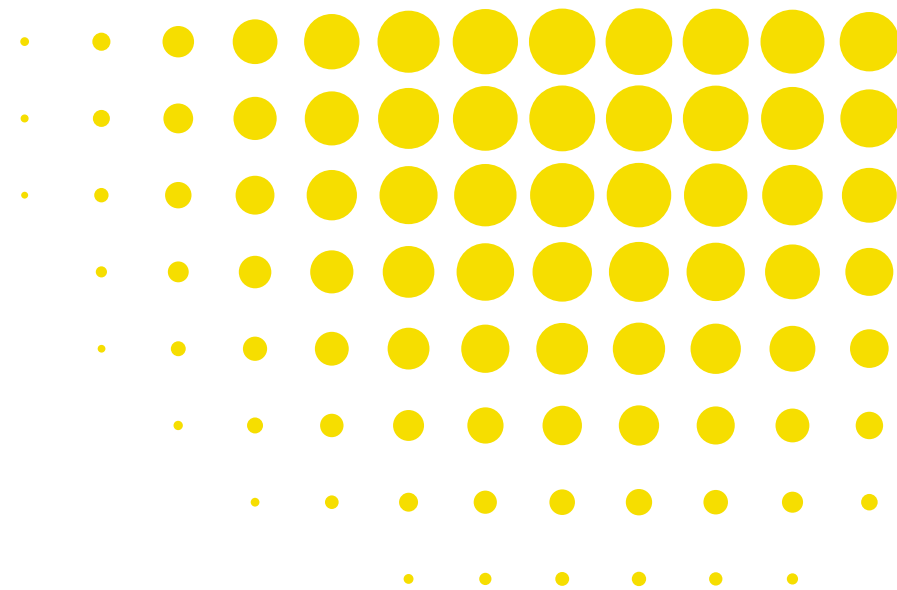
6 June 2022
Cabo Verde: National action plan against antimicrobial resistance 2018-

World Health Organization

Level	P4.3. Prevention of multidrug resistant organism (MDRO)	Choose one level
Level 1	Priority MDRO pathogens (phenotypes and genotypes) have not been identified by national authorities, and MDRO pathogens are not detected	
Level 2	National strategy or guidance for MDRO containment exists and includes colonization screening priority MDRO pathogens (phenotypes and genotypes) have been identified by national authorities. Some health facilities can detect priority MDRO pathogens based on laboratory data	
Level 3	Selected health facilities have access to MDRO phenotype confirmation. Facilities notify national levels when priority MDRO pathogens are detected	Choose one level
Level 4	All health facilities ²⁹ have access to MDRO phenotype confirmation. Facilities notify national levels when priority MDRO pathogens are detected in a timely manner. Responses are tracked and supported at the national level	
Level 5	Functional system in place to rapidly communicate and track the detection, confirmation and notification of novel or priority MDROs within hospitals and to national levels. All hospitals are able to launch response activities to priority MDRO pathogens in a timely manner. Facilities regularly communicate pertinent MDRO data to local referral networks to inform prevention/containment efforts	
Level 5	The national AMR surveillance system's data is analysed, interpreted and reported together with antimicrobial consumption and/or use data for human health, and analysis of similar data across sectors (human and animal health and agriculture) is attempted	
Level 3	Guidelines for appropriate use of antimicrobials are available and antimicrobial stewardship programs ³⁰ are established in some health care facilities. The "Access, Watch and Reserve" (AWaRe) ³¹ classification of antibiotics is	

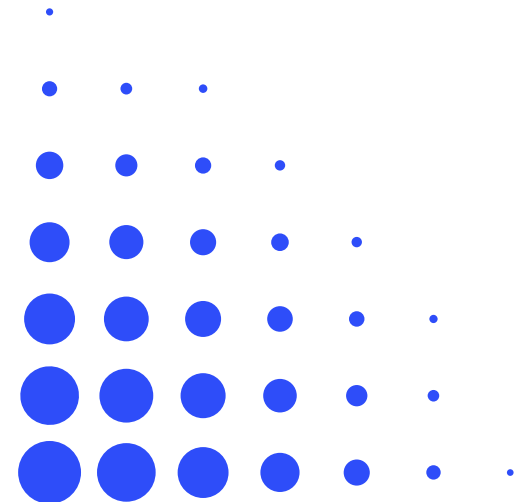
JOINT EXTERNAL EVALUATION TOOL

THIRD EDITION



Annex C

**Laboratory Systems Strengthening in more detail;
Waste Management**



Lab Systems Strengthening

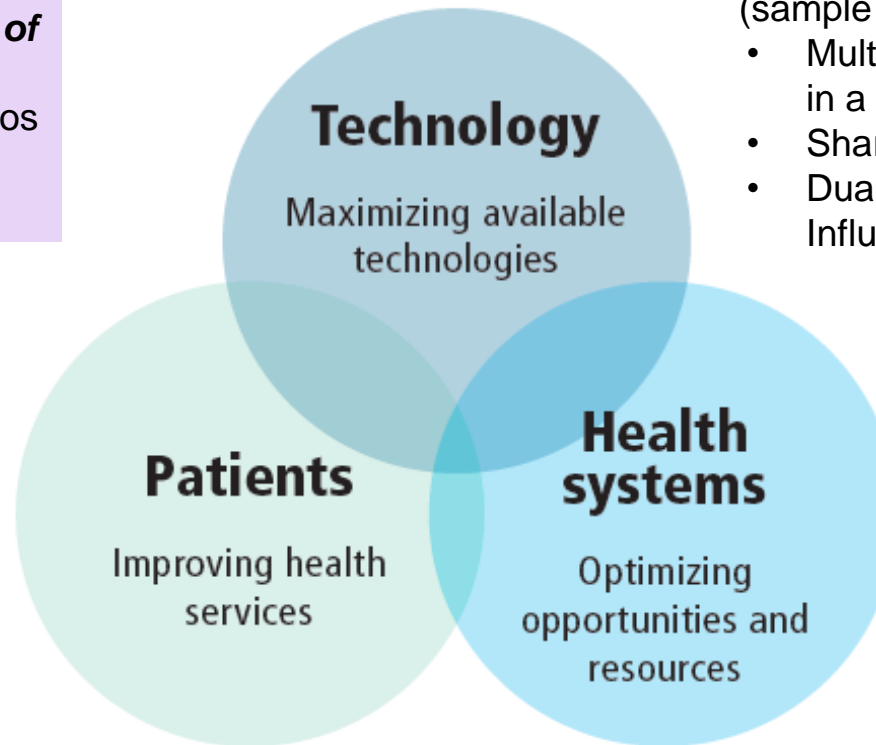
- **Involve National Laboratory Directors in funding request preparation !!**
- **Keep eyes on the prize → 5 lab indicators:**
 - 1) ISO accreditation of national reference laboratories (especially BSL3 facilities!)
 - 2) External Quality Assurance, Proficiency Testing
 - 3) Functionality/ utilisation rate of diagnostic platforms
 - 4) Moving from paper to digital data management (Lab Info Systems)
 - 5) Availability of essential diagnostics → thinking beyond HIB, TB and malaria.



Multi-level impact of diagnostic integration

A fundamental shift to accelerate progress in all dimensions

“An accurate diagnosis is the first step to getting effective treatment. No one should suffer or die because of a lack of diagnostic services, or because the right tests were not available.” Dr Tedros Adhanom Ghebreyesus WHO Director-General



Integration in Technology

(sample processing and testing)

- Multiplexing [detection of multiple pathogen targets in a single rxn tube]
- Shared usage of automated molecular DX platforms
- Dual target POC RDTs (e.g., Syphilis /HIV, Influenza A/B, YFV/ dengue)

Patient-centered integration

(at the patient – clinician interface)

- routinely screen for multiple signs/symptoms
- Active Case Finding (community outreach for C19/HTM/VHF)
- Integrated testing services for C19/HTM/HBV/HPV/ Flu etc. in diverse settings

Integration of Laboratory Systems

- Human resources
- Sample Transport Networks
- Laboratory Information Management Systems
- Quality Management Systems
- Inventory Management, including forecasting, procurement and supply chain
- Equipment service and maintenance

Laboratory Systems Strengthening (LSS) Core Capacities

8 broad categories of LSS interventions: greatly expanded eligibility compared to previous funding cycle

- Newly named categories:
 - Specimen Referral & Transport
 - Dx Network Optimization & geospatial analyses
 - Lab-based surveillance

8 interventions within RSSH/ PP module

National laboratory governance and management structures

Quality management systems and accreditation

Laboratory Information systems

Network optimization and geospatial analysis

Laboratory based surveillance

Laboratory supply chain systems

Specimen referral and transport systems

Biosafety and biosecurity, infrastructure and equipment management

Integrated laboratory-based disease surveillance

Illustrative activities eligible for funding under RSSH and/or Pandemic Preparedness modules

- **Civil registration & Vital Statistics:** lab-based attribution of cause of death; building capacity for basic pathology services
- **Routine syndromic lab-based surveillance** for notifiable diseases → multi-disease testing platforms
- **Genomics and Next Generation Sequencing:** build core sequencing facilities for detection of new pathogens and variants
- **Environmental surveillance:** Wastewater / sewage surveillance to monitor ongoing community-level transmission of priority diseases & new variants
- **Integrated multiplexed serosurveillance:** Establish population-representative, serosurvey platforms to test for pathogens using multiplex bead array technology to inform programmatic interventions
- **Blood transfusion facilities and biobanking:** Establish and strengthen quality-assured blood banks, and repositories for population-based immunology studies
- **Antimicrobial resistance stewardship & One Health Initiatives**

Tip : activities relating to AMR should be framed as SURVEILLANCE rather than Clinical Dx, in order to avoid potential complications with GF PQ policies.

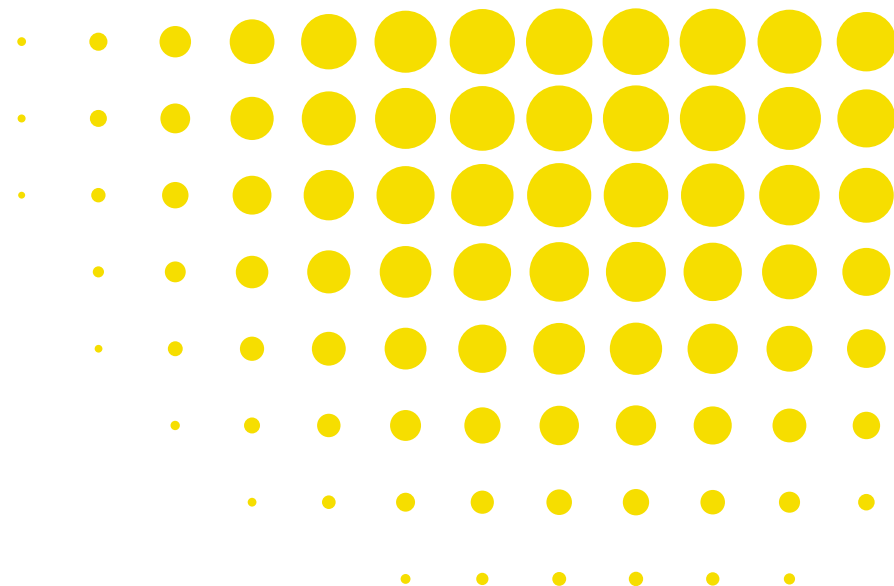
Waste Management

Avoidance and reduction of healthcare waste

- Classified as an intervention under RSSH/*Health Product Management Systems*
- Aim to allocate at least 1% of overall total budget towards waste management
- Emphasize national planning and coordination → we cannot simply buy expensive equipment (e.g. incinerators) and expect that to solve the problem

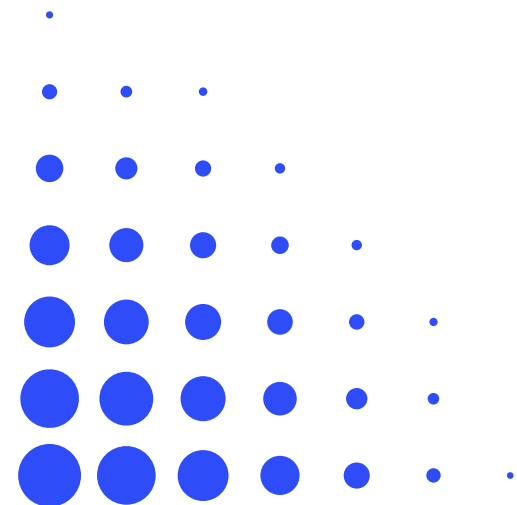
Waste management cannot be viewed as a 'luxury' or afterthought, something to be addressed only after reaching other procurement targets





Annex D

More detailed information on RSSH and PPR Investment Approaches



PPR activities included in RSSH Modules

1	RSSH: Health Sector Planning and Governance	5	RSSH/PP: Human Resources for Health and Quality of Care (<i>with critical approaches</i>)
2	RSSH: Health Financing and Financial Management Systems	6	RSSH/PP: Health Product Management Systems (<i>with critical approaches</i>)
3	RSSH: Community Systems and Responses	7	RSSH/PP: Laboratory Systems Strengthening (<i>with critical approaches</i>)
4	RSSH: Monitoring and Evaluation Systems	8	RSSH/PP: Medical Oxygen and Respiratory Care

Pandemic Preparedness activities included under RSSH/PP modules

Infection Prevention and Control (IPC):
Activities under HRH, Lab, O2 & RC

Antimicrobial Resistance (AMR):
Activities under Lab, Surveillance, HRH modules

Surveillance:
Intervention under
M&E module

Investment approaches map with the [Information Note](#), which give additional detail on each module.

Global Fund Strategy (2023 – 2028)

Opportunities for integrated service delivery

“Integrated, people-centered quality services (IPCQS) ... requires supporting and incentivizing HIV, TB and malaria service integration, as relevant, together with services to address coinfections and comorbidities of the three diseases, other adjacent health areas, such as sexual and reproductive health and rights, and reproductive, maternal, newborn, child and adolescent health services, relevant COVID-19 services, and integrated into primary health care services.”



HIV

Integrate services to prevent, identify, and treat advanced HIV disease, comorbidities, and coinfections. This includes HIV service integration with other diseases, and as part of services for ante- and post-natal care, sexual and reproductive health and harm reduction, with care pathways adapted for aging populations.



TB

Increase efforts to prevent TB transmission, including by addressing structural determinants, a renewed focus on finding and treating all people with drug-susceptible and drug-resistant TB, service integration, differentiated and tailored service delivery models, as well as greater partnership across all sectors.



Malaria

Integrate service delivery, extending and optimizing the reach and quality of public sector and community services, as well as **improving access to quality malaria diagnosis and care** in settings where large numbers of people seek services in the private sector.

IPCQS: Integration needed at governance, systems and service delivery levels

Governance and health financing:

Coordinated strategic and operational planning, and health financing across various health programs (e.g., coordinated disease NSPs and health sector strategies, budgets and financial flows).

Health systems functions:

- National health product management systems
- National monitoring and evaluation systems (surveillance & surveys).
- National laboratory systems (e.g. integrated sample transport systems; multi-pathogen diagnostics).
- National health workforce (e.g., multi-use community health workers).

Service delivery level:

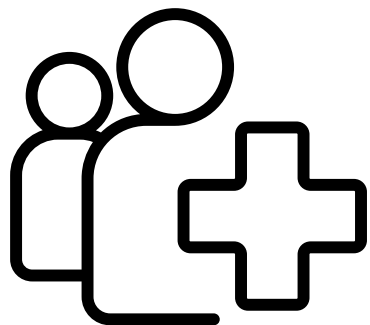
Organize services at facility level around package of essential health services, plus functional referral system. (e.g., maternal and child health platforms iCCM, ANC/PNC).



RSSH: Critical Approaches

HIV, TB and Malaria Program Essentials

The Global Fund has articulated a series of **program essentials for HIV, TB and malaria** which specify the characteristics of evidence-based interventions supported by the Global Fund. Investments in the health system should enable these interventions.



RSSH Critical Approaches

The Global Fund has identified **critical approaches for RSSH** to support investments in 3 areas: **human resources for health, health products management systems and national laboratory systems**.

The critical approaches set out specifications for RSSH interventions supported by the Global Fund. The aim is to drive uptake and adoption of evidence-based recommendations and best practice for health system strengthening.

Adherence to these critical approaches will help design, plan, develop and ensure that RSSH interventions delivered by Global Fund-supported programs are set up to achieve the maximum impact.

They are 'lighter touch' than the program essentials in terms of operationalization.

RSSH: Human Resources for Health (HRH) and Quality of Care

Key messages

Countries are encouraged to support HRH and quality of care, aligned to new strategic direction:

- Catalyze HRH development in an **evidence-based and sustainable manner**
- Update approach to HRH and quality of care by gradually moving away from:
 - short-term salary support → remuneration based on **HRH strategic planning** and scale up workforce development, especially PHC teams, including CHWs (all types)
 - one-off in-service training → quality **supportive supervision** using data for **improvement** + training
- Focus on HRH planning, management and governance; HRH analysis and policy reform to optimize deployment and skills mix; prioritize evidence-based interventions.
- Apply these updates to entire workforce, including CHWs



Critical approaches guide this strategic shift.

Main areas supported:

- ✓ HRH planning, management and governance, including for CHWs.
- ✓ Education and production of new health workers, including CHWs
- ✓ Recruitment, remuneration and deployment of new and existing HRH, including CHWs
- ✓ Interventions to improve health workers' performance, including for CHWs i.e:
 - ✓ In-service training
 - ✓ Integrated supportive supervision (**NEW**)
 - ✓ Quality improvement and capacity building for quality of care (**NEW**)

RSSH: Critical Approaches for HRH and Quality of Care

(1) A package of more effective interventions to improve HRH performance

- Quality of care data to inform HRH performance improvement interventions
- More and better supervision and quality improvement: integrated technical content, as feasible and relevant; reviews quality of care data; uses problem-solving; includes CHWs
- Better training: skills- and competence focused; delivered on site; integrated where feasible and relevant; innovative and more efficient approaches e.g., blended learning; complemented by mentoring/supervision
- Support to institutionalization: e.g., strengthen quality of pre-service training and continuous professional development programs, with focus on integrating disease-specific content; strengthening leadership and management, supervision of supervisors.

(2) Catalyze support for integrated HRH strategic planning supporting country workforce development (including CHWs)

- HRH analysis used for HRH strategic planning (inc. sustainable financing)
- Scale up production of HRH with a focus on strengthening multi-disciplinary PHC teams, based on HRH analysis
- Optimization of HRH distribution e.g., workload-based assessments, geospatial analysis
- Integration of CHWs within broader HRH strategic planning and shift from short-term to medium- and long-term support, spanning funding cycles, within sustainable financing plans

(3) Enhance system readiness to scale CHWs aligned with WHO guidance

- **New** - [CHW Programmatic Gap Tables](#): systematic identification of investment gaps to ensure CHWs are fully supported across systems components before scaling further.
- **New** - provision of non-malaria medications for iCCM (antibiotics, zinc, ORS) for U5 children where eligibility requirements are met.

RSSH: Health Product Management (HPM) Systems

Key Messages

Countries are encouraged to support HPM systems, aligned to evolving strategic direction:

- Emphasize **effective, integrated and sustainable HPM systems** to deliver uninterrupted availability of health products.
- Focus on **equitable access to quality-assured existing and new health products (HPs)**
- Promote **ethical, environmentally sustainable and transparent procurement practices** that comply with public procurement standards and Global Fund's **value for money** framework, including waste management considerations.
- Strengthen country capacity to accelerate the **equitable deployment of and access to innovations**.

 **Critical approaches** guide this strategic shift.

Main areas supported:

- ✓ Policy, strategy and governance and coordination of national HPM systems
- ✓ Planning, storage and distribution capacity, design, and operations (incl. outsourcing)
- ✓ Health product information system implementation and use
- ✓ Planning and procurement capacity for health products
- ✓ National regulatory and quality assurance systems
- ✓ Avoidance, reduction and management of healthcare waste
- ✓ Integrated national laboratory system strengthening (*elaborated further in Lab slides and requested using lab modules)

RSSH: Critical Approaches for HPM Systems

Planning & Procurement	<ul style="list-style-type: none"> • Quantification and forecasting exercises should be planned regularly (i.e., bi/annually) in a structured way to include important product categories of HIV, TB, and malaria health products. • Once financing is confirmed, procurement planning and execution should be effective considering all value-for-money (VfM) procurement channels e.g., (non/pooled, national/international) considering key criteria of quality, price and lead time to ensure timely delivery to countries.
Storage & Distribution	<ul style="list-style-type: none"> • Findings from recent Health Products Management (HPM) system design and operational assessments and national strategies should inform investments to enable the most effective use of existing capacity, determine if additional capacity is needed and, if so, how much and where in the system. • Objective, systematic assessment to determine what activities should be outsourced or insourced, and if sufficient processes and people are in place to manage all aspects of the HPM systems, including for required governance/coordination, monitoring and supportive supervision.
Regulatory & Quality Assurance (QA)	<ul style="list-style-type: none"> • Strengthen national regulatory systems to benefit the three disease programs & beyond with an integrated approach to cover Essential Medicines List/Essential Diagnostics List development/updates, timely registration to facilitate new health products introduction, quality testing and post-market surveillance, effective pharmacovigilance & other QA system strengthening activities (for pharma & lab products).
Health Product Information Systems	<ul style="list-style-type: none"> • Management information system (e.g., Logistics Management Information Systems, Warehouse Management Systems, Laboratory Information Systems) design, governance, management and use should be prioritized to ensure data is used regularly for evidence-based decision-making and to improve HPM system performance. • End-to-end visibility of the supply chain should be addressed through use of master data across systems and interoperability of critical systems to exchange data. • A Supply Chain Digitalization Roadmap should be used in conjunction with standardized approaches to health product information systems. • Inventory management practices should be data-informed to ensure minimum/maximum stock levels of core health products are maintained
Waste Management	<ul style="list-style-type: none"> • Conduct comprehensive national assessments of waste management systems to inform the design of waste management systems interventions to minimize carbon footprint of segregation/ removal/ decontamination/ recycling/ and disposal systems using innovative technologies.
Integrated National Lab Systems	<ul style="list-style-type: none"> • Strengthen disease-specific diagnostic services, with as much national integration as possible. Necessary network mapping, equipment optimization, lab products quantification/procurement/inventory management, robust referral and sample transfer network etc. with a strong quality management system should be prioritized. (elaborated further in the critical approaches for laboratory systems)

RSSH: Laboratory Systems Strengthening

Key messages

Countries are encouraged to request support, aligned to new strategic direction:

- Aim is **integrated national laboratory systems** that can meet needs of all diseases. Requires **strong national laboratory leadership and governance structures** to provide coordination and drive integration
- **Encourage proactive participation** of national laboratory directorates in country dialogue and funding request preparations
- Focus on **updating workforce policies and implementation** to institutionalize training programs for the next generation of skilled medical laboratory staff
- Include **investments supporting pandemic preparedness** (for example, support for detection of pathogens which are not HIV, TB or malaria).



Critical approaches guide this strategic shift.

Main areas supported:

- ✓ Governance and leadership
- ✓ HRH for laboratory systems
- ✓ Infrastructure, equipment management systems, supply chains
- ✓ Laboratory information systems
- ✓ Quality management systems for tiered testing networks
- ✓ Specimen transport systems and diagnostic network optimization
- ✓ Laboratory-based surveillance: genomics, next generation sequencing, environmental surveillance, integrated human and animal disease surveillance for zoonoses, One AMR surveillance, innovation and implementation research

RSSH: Critical Approaches for Laboratory Systems

1

Funding requests should be based on updated National Laboratory Strategic Plans and adopt a transparent and reliable tracking system to monitor implementation progress, including metrics on timeliness, coverage, and access of diagnostic testing services.

2

Successful participation in **External Quality Assurance Schemes** (i.e., Proficiency testing (PT) panels, inter lab comparisons, site supervision and mentoring, virtual/online PT panels etc) for all diagnostics.

3

Establish **all-inclusive pricing modalities** that include service and maintenance and training for laboratory equipment and point of care instruments.

4

Implement **ISO 15189 standards** towards attainment of accreditation in all clinical public and private laboratories.

5

Routinely conduct **integrated diagnostic network optimization exercises** to improve access, coverage, and cost-efficiency of investments in diagnostics

6

Design and implement **integrated specimen referral networks** for priority disease surveillance and outbreak response. Outsourcing of transport services to private sector is encouraged.

RSSH: Health Sector Planning and Governance

Key messages

Countries are encouraged to:

- **Support effective planning, leadership and governance** of the national health sector, including the private sector
- **Support better prioritization and budgeting** for RSSH, including health product management, labs, HRH, community health strategies, M&E systems
- **Strengthen primary health care and universal health coverage strategies** and multi-sectoral policies and ensure inclusion of HIV, TB and malaria considerations
- **Facilitate planning for more integrated people centered quality health services**, including for HIV, TB and malaria

Main areas supported:

- ✓ Strengthen **national and sub-national health sector strategies**, policies, planning and regulations. Includes capacity building and mechanisms for developing, implementing, supervising and reporting on strategies
- ✓ Focus on **integration, cross-programmatic efficiency and equity**, including intersectoral planning to address social determinants and involvement of key populations and vulnerable groups in resource allocation and design of policies
- ✓ **Strengthen national policy and regulatory frameworks to effectively engage the private sector** in service provision. Includes technical assistance and capacity building and application of market-based approaches and innovations.

RSSH: Health Financing Systems

Key messages

Countries are encouraged to:

- **Strengthen health financing systems** to support increased resource mobilization, pooling and purchasing, and their effective use for universal health coverage and progress toward HIV, TB and malaria outcomes.
- **Leverage allocations to improve investments in health financing systems:** health financing strategies/planning, advocacy and monitoring of domestic resource mobilization, health financing data and analytics, public financial management, enhancing mechanisms for public financing of civil society organizations.

Main areas supported:

- ✓ Mobilizing domestic resource and improving the efficiency of domestic investments;
- ✓ Strengthening public financing management systems and routine financial management systems;
- ✓ Enhancing the generation/development and use of health financing data and improving resource tracking;
- ✓ Reducing financial barriers to access;
- ✓ Enhancing sustainable government public financing of services provided by communities and civil society;
- ✓ Supporting the integration of national disease responses into pooled financing mechanisms; and
- ✓ Strengthening value for money of investments in individual technologies and delivery modalities.

RSSH: Co-Financing and Innovative Finance

Additional considerations

Co-financing

- To access Global Fund allocations, **countries must comply with co-financing requirements**, and are encouraged to make ambitious and realistic co-financing commitments to RSSH and the national, HIV, TB, and Malaria responses.
- **For low-income countries:** Co-financing requirements allow for full flexibility for these countries to focus 100% of additional co-financing commitments on strengthening health systems
- **For middle income countries:** Co-financing commitments focused on RSSH should support these countries in addressing bottlenecks to long-term sustainability and/or eventual transition from Global Fund financing.
- **More information** available in the [Sustainability, Transition, and Co-Financing Guidance Note](#).

Innovative Financing

- ✓ Countries are encouraged to explore the use of **innovative finance mechanisms**, such as Debt2Health, joint investments (i.e., blending loans and grant resources), and outcome-based financing modalities, to complement existing resources
- ✓ These mechanisms – particularly joint financing – may help crowd in additional resources for health systems, including primary health care service delivery, and strengthen overall alignment with other development partners

RSSH: Community Systems and Responses (CS&R)

Key messages

Countries are encouraged to:

- Place communities at the center of the response
- Design, cost and implement CS&R interventions, linked to health response objectives and community health strategies, to improve access to, and quality of services
- Remove siloed approaches to funding request development and grant implementation.

Three new tools for optimal design, prioritization and costing

1. Community systems strengthening (CSS) Decision Making Guide
2. CLM Design and Costing Guide
3. Technical resources on effective advocacy using CLM data, indicators and best practices

Main areas supported:

- ✓ Community-led monitoring (CLM) approaches, focusing on effective CLM data use for advocacy
- ✓ Community-led research and advocacy for policy reform
- ✓ Social mobilization, community linkages and coordination
- ✓ Capacity building and leadership development, focusing on key and vulnerable population-led organizations to deliver peer-led responses.

Reference: [CSS technical brief](#).

RSSH: Monitoring and Evaluation (M&E) Systems

Key Messages

Countries are encouraged to support M&E Systems, aligned to evolving strategic direction:

- **Strengthen National Health Management Information Systems (HMIS) strategies and M&E plans** as the foundation for investments
- **Integrated and/or interoperable data systems** to provide quality data for program monitoring, assessing impact of disease control efforts and early warning of pandemics. Ensure shared functionality with other health information systems, such as lab, logistics, human resources, and finance information systems
- **Build capacity for data analysis and use** at all levels of health system, and enhance data quality and availability to identify inequalities and inequities
- **Assessment of M&E systems** to identify system strengthening needs and priorities

Main areas supported:

- ✓ Data governance, leadership and management
- ✓ Data generation, availability and quality including: routine reporting, surveys, operational research, surveillance (HIV, TB and malaria plus PP), administrative data sources, civil registration and vital statistics, data quality
- ✓ Analysis, evaluations, reviews, and data use
- ✓ Monitoring of health inequalities and inequities

RSSH: M&E Systems Considerations

1

National HMIS strategies and M&E plans that emphasize strengthening the national data systems and data analysis and use. These should be developed based on an interdisciplinary approach between national community health, disease programs, M&E and HMIS teams.

2

Integrated and/or interoperable systems that support the priority data needs of the three diseases, RSSH and pandemic preparedness and can be scaled-up nationally. Integrated and/or interoperable systems include community data and data arising from community-led monitoring mechanisms, as well as private health sector data.

3

Investments that reflect an enterprise architecture approach which considers the linkages and shared functionality with other health information systems, such as lab, logistics, human resources, and finance information systems.

4

Enhanced quality of all data sources, as well as data analysis and use activities including **analytical capacity building** at local, subnational and national levels and partnership with local and regional technical and academic institutions. The use of innovative digital approaches, as well as analytical outputs and data from community-led monitoring systems, is strongly encouraged.

5

Platforms, approaches and adaptations of monitoring tools to collect qualitative and quantitative data to generate, analyze and use disaggregated data. An important example is the funding of **gender analysis assessments** to identify gender-related barriers to services with findings informing specific interventions.

RSSH: Medical Oxygen and Respiratory Care

Key messages

Countries are encouraged:

- **Support new areas which complement and extend C19RM investments**
- Includes **focus on oxygen and respiratory care systems as part of pandemic preparedness:**
 - Promote access to and coverage of sustainable O2 services; and
 - Linked to case management capacity within International Health Regulations/ Joint external evaluation framework.
- Also consider the following:
 - Bulk oxygen supply;
 - Oxygen distribution and storage;
 - Oxygen delivery and respiratory care; and
 - Oxygen support systems.

Main areas supported:

- ✓ Integration of oxygen delivery across national and subnational policies, plans and guidelines
- ✓ Clinical recommendations for the management of hypoxia with oxygen therapy,
- ✓ Selection, installation and maintenance of oxygen technologies and supplies with clear regulations and standards
- ✓ Monitoring and evaluation integrated into routine tools for surveillance

RSSH cross cutting consideration:

Private Sector Engagement (PSE)

Countries encouraged to:

Support PSE to **improve access to and quality of care and enhance financial protection** for patients in private sector, and improve HIV, TB and malaria outcomes.

Understand role of private sector in service delivery, then design PSE mechanisms appropriately

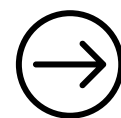
Options for engagement: policy dialogue, financing, information exchange and regulation

Definition of private sector: individuals and organizations that are neither owned nor directly controlled by governments and are involved in health services, which includes for-profit and not-for-profit, formal and informal, domestic and international service providers.

Activities can be included under the Private Sector intervention in the Governance Module, or under relevant disease modules.

Main areas supported:

- ✓ Financial mechanisms and structures for contracting, outsourcing, public/private partnership, strategic purchasing and market shaping.
- ✓ Development of PSE strategies, policies and guidelines and regulations, including certification, licensing, accreditation, establishment of networks, franchising and social marketing.
- ✓ Interoperable data systems and inclusion in surveillance systems.



For more information, please refer to the upcoming [Technical Brief on Private Sector Engagement](#).

Approaches to Strengthen Private Sector Engagement in Service Delivery

<div>Desired outcomes</div> <div><div>✓ Increase access to quality and affordable preventive, diagnostic and treatment services wherever patients seek care</div><div>✓ Improve value for money -- economy, efficiency, effectiveness, equity and sustainability</div><div>✓ Harness the potentials of NGOs, CBOs and other non-state actors in improving health outcomes</div><div>✓ Improve accountability toward programmatic results at the population level</div><div>✓ Improve stewardship role of ministries of health in health sector - both public and private</div></div>	
Systematic Engagement	<div>Policy dialogue</div> <div><div>• Supporting development of national private sector engagement strategies</div><div>• Advocating inclusion of HIV, TB and malaria related services in the benefit packages</div></div>
	<div>Governance</div> <div><div>• Helping governments to create enabling regulatory environment for private sector to ensure availability of quality products and services for HIV, TB and malaria (i.e., TMA, Social Marketing...)</div><div>• Supporting governments in monitoring and HIV, TB and malaria quality improvement of services in private sector</div></div>
	<div>Information sharing</div> <div><div>• Improving accountability by sharing quality data on service delivery</div><div>• Supporting governments in monitoring and quality improvement of services in private sector</div><div>• Improving capacity of private sector by training of personnel, and sharing updated technical guidelines</div></div>
	<div>Financing</div> <div><div>• Purchasing or contracting of HTM services by PRs, SRs and Governments from the private sector</div><div>• Contracting HIV, TB and malaria services with Civil Society Organizations and NGOs (Social Contracting)</div><div>• Co-payment and financial incentives for appropriate care (full test, diagnose and treat pathway)</div><div>• Developing long term public private partnership</div></div>

RSSH cross cutting consideration:

Digital Health

Countries encouraged to:

- **Increase use of digital technologies to improve countries' information systems**, including use of data to improve IPCQS, national disease programs and health system functions (HMIS, labs, HRH, etc).
- Focus on data aggregation and use at local, regional and national level, and support for governance, innovation and infrastructure

Activities can be included under relevant interventions under RSSH and disease modules.

Main areas supported:

- ✓ **Data aggregation and visualization** (e.g., a 'one-stop' dashboard for monitoring and evaluation purposes; lab test results at point of care)
- ✓ **Innovative digital health advancements** (e.g., patient tracking apps on mobile phones)
- ✓ **Digital health leadership and governance** (e.g., National digital health strategy and policies; governance bodies)
- ✓ **Digital health capabilities at points of care and national, regional and district levels** (e.g., case surveillance, workforce tracking, financing planning, lab information systems, telemedicine, etc.)
- ✓ **Digital health infrastructure** (e.g., local access to IT equipment and facilities, communication infrastructure)
- ✓ **Digital health accelerators** (e.g., data governance, including cyber security and data privacy, private sector collaborations, coordinated country strategies; precision health innovations bringing together advanced/predictive analytics to inform strategic planning)

Acronyms

AAR – After-Action Review

ARM – Antimicrobial Resistance

CHW – Community Health Worker

CLM – Community-Led Monitoring

CSR – Community Systems and Responses

CSS – Community Systems Strengthening

FETP – Field Epidemiology Training Program

HMIS – Health Management Information System

HPM – Health Product Management

HRH – Human Resources for Health

HTM – HIV/AIDS, TB and Malaria

IAR – Intra-Action Review

iCCM – Integrated Community Case Management of Malaria

IHR – International Health Regulations

IPC – Infection Prevention and Control

IPCQS – Integrated, People-Centered Quality Services

JEE – Joint External Evaluation

KPI – Key Performance Indicator

LSS – Laboratory Systems Strengthening

M&E – Monitoring and Evaluation

MO – Medical Oxygen

NAPHS – National Action Plan for Health Security

NPHI – National Public Health Institute

PHC – Primary Health Care

PHEOC - Public Health Emergency Operations Centers

PPR – Pandemic Preparedness and Response

PSEAH - Protection from Sexual Exploitation, Abuse and Harassment

Q&A – Quality Assurance

RC - Respiratory Care

RSSH – Resilient and Sustainable Systems for Health

SimEx – Simulation Exercises

SOP – Standard Operating Procedure

SPAR – State Party self-assessment Annual Reporting tool

VfM – Value For Money

VHF – Viral Haemorrhagic Fever